



Classification: Program Technician III

Position Title: Lead Service Center Representative

Position Number: 801-310-9929-023

Division/Branch: Service Center/Operations/Call Center

Location: Sacramento County

Job Description Summary

Under general direction of the Supervising Program Technician III (SPT III), the Program Technician III (PT III), Lead Service Center Representative, acts as the team lead for technical issues and resolves escalated interactions and enrollment discrepancies from consumers, potential consumers, and other entities such as Qualified Health Plans (QHPs), Certified Insurance Agents (CIAs), Certified Enrollment Counselors (CECs) or County Eligibility Workers (CEWs). Routes incidents via queues within the Customer Relationship Management (CRM) system. Acts as team lead for Service Center Representatives (SCR) and responds to escalated interactions as the next level of support. Responds to customer service contacts via the Automated Call Distribution (ACD) System, the Covered California website, CRM system, and/or chat interactions in response to health insurance questions, enrollment, health plan options, and changes to enrollee accounts. Duties may include access to information systems containing protected enrollee information, including federal tax information, protected health information, and personally identifying information.

Job Description

35% (E)

Acts as a Lead Service Center Representative, as the next level of support, for SCRs, QHPs, CIAs, CECs, or CEWs. As the lead, assists SCRs, QHPs, CIAs, CECs, or CEWs with escalated consumer telephone or other medium (fax, email, mail, web, chat, etc) inquiries via conference or transfer. Locates and applies approved resources in the CRM and Knowledge Base; applies task guide instructions, job aids, and Covered California policies when utilizing the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) database and CRM system. Provides guidance in password reset and other login issues and provides technical knowledge of CalHEERS, CRM, and Knowledge Base. Acts as a team resource in policy and procedure in all aspects of CalHEERS enrollment and eligibility determinations and Knowledge Base articles. Serves as a guide to staff resources in customer resolution and performs the full range of advisory services in relation to resolving customer enrollment issues by providing Tier 2 CalHEERS application support for Service Center staff. Identifies and provides SPT III with feedback on training needs of staff by assessing and reviewing the SCR's general skills, technical knowledge, CRM documentation, and efficiency of CalHEERS navigation.

35% (E)

Evaluates, identifies, and resolves the more difficult consumer enrollment issues, discrepancies, and consumer complaints escalated from SCRs, QHPs, CIAs, CECs, or CEWs through telephone calls or the CRM system, as well as routes work to other Service Center unit queues within the CRM system. Follows established consumer or external partner authentication policies and procedures for inbound and outbound telephone calls and complies with all Health Insurance Portability and Accountability Act (HIPAA) guidelines and regulations regarding the handling of privileged personal health information. Develops and maintains in-depth business knowledge including the ability to respond to

inquiries routed through work queues within the CRM and CalHEERs business systems. Possesses, acquires, and maintains the technical and business expertise required to complete tasks effectively and to create helpful customer solutions. Demonstrates an understanding of new information and continually strives to build knowledge. Stays current with broadcast messages, emails, and other written materials and consistently provides the most up-to-date and accurate application enrollment status to consumers. Successfully completes all assignments and training within minimum standards and continually maintains a working knowledge of all Covered California policies and processes, hot topics, and pending legislation. Assists with the development of or makes recommendations on processes, policies, procedures, and process improvements. Identifies potential issues that adversely affect consumers and suggests remedies to supervisor. Processes and evaluates detailed semi-technical data and manual work streams (e.g., forms, files, instructional consumer articles, reports, notices, statistical data, etc.) utilizing Covered California databases. Reviews, processes, and verifies incoming and outgoing consumer documents and compiles reports utilizing complex laws, rules, regulations, policies, guidelines, procedures, instructional memos, computer software, etc. on a daily basis.

15% (E)

Backs up the SCR staff as assigned or when workload volumes are high. Responds to customer inquiries received through Covered California's toll-free telephone number, through inbound and outbound calls, fax, email, mail, web, or chat, etc. Handles customer questions, complaints, and requests using business knowledge, professionalism, and efficiency to maximize one-call resolutions; performs caller verifications and records details of inquiries and actions taken to resolve each request; and accurately determines best course of action to meet the caller's needs. Assists with Manual Workstream coordination and processing. Occasionally works overtime during peak workload periods that extends beyond normal business hours.

10% (E)

Attends and actively participates in staff and individual team meetings, sharing information and ideas with co-workers to maintain an environment conducive to learning and supports cohesive team atmosphere. Compiles, develops, and submits team meeting agenda topics and discussion materials to their supervisor. Travels locally to attend meetings or trainings. Provides guidance to employees or in various work groups. Assists supervisor or manager in special assignments and projects.

5% (M)

May attend Quality Assurance calibration meetings and actively suggests opportunities to improve the customer experience. Maintains workstation in an organized manner as outlined by management to facilitate efficient and effective retrieval of information. Attends refresher training.

Scope and Impact

a. Responsibility for Decisions and Consequences of Error: This position usually receives guidance set forth in policies with very little day-to-day supervision. The impact of an error could involve a loss to the consumer of financial and health coverage and could result in reduction of public opinion regarding Covered California.

b. Administrative Responsibility: This position does not have administrative responsibility.

c. Supervision Exercised: This position does not exercise supervision, but acts as a team lead over Program Technician IIs.

d. Frequent Internal Personal Contacts: Service Center staff including peers, leads, supervisors, managers, representatives from the Priority Support Unit, Quality Assurance Team, or other Covered California units.

e. Frequent External Personal Contacts: Consumers, Qualified Health Plan representatives, CalHEERS Team, Certified Enrollment Counselors, Certified Insurance Agents, staff from Certified Enrollment Entities, County Eligibility Workers, Advocates, and Health Care Provider representatives.

Physical and Environmental Demands

Work Environment

Work in a climate-controlled office under artificial lighting; exposure to computer screens and other basic office equipment; office space is open and thus noisy; work in a high-pressure fast-paced environment, under time-critical deadlines; work long hours; must be flexible to work days/nights, weekends and select holidays as needed; during peak periods, may be required to work overtime; appropriate dress for the office environment.

Essential Physical Characteristics

The physical characteristics described here represent those that must be met by an employee to successfully perform the essential functions of this classification. Reasonable accommodations may be made to enable an individual with a qualified disability to perform the essential functions of the job, on a case-by-case basis. Ability to attend work as scheduled and on a regular basis and be available to work outside the normal workday when required. Continuous: Upward and downward flexing of the neck. Frequent: sitting for long periods of time (up to 90%); repetitive use of hands, forearms, and fingers to operate computers, mouse, and dual computer monitors, printers, and copiers (up to 90%); long periods of time at desk using a keyboard, manual dexterity and sustained periods of mental activity are needed; using headsets to talk with customers for extended periods (up to 90%); Occasional: walking, standing, bending and twisting of neck, bending and twisting of waist, squatting, simple grasping, reaching above and below shoulder level, and lifting and carrying of files, and binders.

Note: Some of the above requirements may be accommodated for otherwise qualified individuals requiring and requesting such accommodations.

Working Conditions and Requirements

a. Schedule: Must be able to dedicate up to 6 weeks of full-time shifts, 8am-5pm, while in training. Must be able to work a shift as early as 7:30 am and as late as 6:30 pm, working days, nights, weekends, and select holidays as needed. Occasionally works overtime during peak workload periods that extends beyond normal business hours.

b. Travel: Travels locally to attend meetings or trainings up to 5% of the time.

c. Other: