COVERED CALIFORNIA

Job Description

Classification: Program Technician II

Position Title: Service Center Representative

Position Number: 801-314-9928-VAR

Division/Branch: Service Center/Operations

Location: Fresno County

Job Description Summary

Under general supervision of the Supervising Program Technician III (SPT III), the Program Technician II (PT II) acts as a Service Center Representative (SCR) and answers customer service contacts via the Automated Call Distribution System (ACD), the Covered California website, Customer Relationship Management (CRM) system, and/or chat interactions regarding health insurance plans and options. The SCR interacts, identifies, and solves the needs of the 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). The SCR provides information on health insurance plans, coverage options, premiums, and health coverage benefits; and inputs accurate customer information for determining eligibility for tax credits and subsidies. The SCR also screens individuals for Medi-Cal eligibility, referring customers to the appropriate county if applicable. Duties include access to various information systems which contain protected enrollee information, including federal tax information, protected health information, and personally identifying information.

Job Description

30% (E)
Delivers a positive consumer experience in a fast-paced call center environment. Contacts or responds to consumers and external business partners such as QHPs, CIAs, CECs, or CEWs utilizing a toll-free telephone number, electronic or physical mediums (fax, email, mail, web, chat, etc.), or in writing, including but not limited to helping navigate the website, understanding and explaining the application and renewal process, and assisting consumers to understand how Covered California can benefit them. Thoroughly and efficiently gathers consumer information, assesses and fulfills caller needs, and educates consumers/callers where applicable. Documents in computer system(s) the details of inquiries and actions taken. Resolves consumer issues via one-call resolution guidelines and/or escalation process. Follows and utilizes processes, procedures, and system resources to provide accurate, consistent information.

30% (E)
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. 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. Occasionally works overtime during peak workload periods that extend beyond normal business hours.

25% (E)
Collects and enters essential data elements into a computer system(s) to initiate, renew, or change enrollment into Covered California or Medi-Cal. 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. Provides an overview of qualified health plans for Covered California, including tier levels, plan benefits, deductibles, out-of-pocket costs, advanced premium credits, and monthly premium costs. Updates consumer's Covered California account and provides eligibility results, if applicable.

10% (E)
Through required initial and refresher trainings, develops and maintains an effective level of business knowledge necessary to respond to external and internal verbal and written inquiries. Continually maintains a working knowledge of Covered California policies and processes, hot topics, and pending legislation. Remains informed of essential information through channels such as emails, employee knowledge databases, and team meetings. Adheres to business guidelines, safety, and security procedures. Attends and actively participates in required meetings.

5% (M)
Assists new employees with training or in various work groups. Assists supervisor or manager in special assignments and projects. Travels locally to attend meetings or trainings.

Scope and Impact

a. Responsibility for Decisions and Consequences of Error: This position is subject to minimum of continuous and direct control. The impact of an error could involve a loss to the consumer of financial and health coverage and could result in the 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.
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: Customers, 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, open office environment, under artificial lighting or in a dedicated space for teleworking; exposure to computer screens and other basic office equipment; work in a high-pressure fast-paced environment, under time-critical deadlines; work strenuous and long hours; must be flexible to work days/nights, weekends and select holidays as needed; during peak workload periods, works 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 a 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, 8 am-5 pm, 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 extend beyond normal business hours

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

c. Other: