



Position: Temporary Member Services Enrollment Representative

Department: Member Services

Reports to: Member Services Manager

About PSHP

Few industries are growing as quickly with such a strong career outlook as health care. Puget Sound Health Partners is poised to become the local industry leader in supporting health care delivery within the 65+ market arena, and we're looking for qualified individuals to join our winning team. Our goal is to promote our members' health through local provider innovation, work as responsible stewards of health care resources and be an active partner in improving the health of our communities. We believe that experience, teamwork and accountability will help us succeed. We offer a competitive salary, comprehensive benefit package, and rewarding growth potential. PSHP is an equal opportunity employer.

Summary of Duties

The role of the Member Services Team is to build trusted relationships with our members. This is achieved in our call center, answering questions and providing certain administrative services such as assisting in and processing enrollment and disenrollment. This position is an important part of helping members to understand and receive their health benefits and getting their related claims processed and paid. The candidate must be qualified to handle customer service inquiries through to resolution.

Primary Responsibilities

- Assist members with benefit plan options available to them through the enrollment process. Resolve member service inquiries related to:
 - Medical benefits, eligibility and claims
 - Pharmacy benefits, eligibility and claims
 - Correspondence requests
 - Premiums
 - Enrollment/Disenrollment
- Own problem through to resolution on behalf of the member in real time or through comprehensive and timely follow-up with the member
- Process enrollment forms from initial data entry to finalized status;
- Work with Administrative team to ensure timely receipt of all member materials;
- Help members navigate the company Web site by locating information online with the member
- Contact provider's offices or billing agents on behalf of an enrolled member to resolve an issue
- Communicate with the Medical Management Team so they can in turn communicate with care providers on behalf of the member
- Research complex issues across multiple databases and work with support resources to resolve member issues
- Connect members with internal specialists for assistance when needed
- Partner with Appeals Coordinator to resolve escalated issues

Required Knowledge, Skills, and Abilities

- Expert in need identification, intake and listening skills
- Strong verbal and written communication skills
- Strong time management skills
- Strong problem solving approach to quickly assess current state and formulate recommendations
- Ability to translate jargon and complex processes into simple, step-by-step instructions members can understand and act upon
- Flexibility to customize approach to meet all types of member communication styles and personalities
- Excellent conflict management skills including:
 - Professionally and adeptly resolve issues while under stress
 - Diffuse conflict and member distress
 - Demonstrate personal resilience
 - Strong attention to detail
 - Strong documentation skills

Education and Training

- Associate degree or equivalent experience required
- Customer service background required
- Healthcare experience required
- Medicare or Medicare Advantage experience required.

Working Conditions

Working conditions are normal for an office environment.

Location

Federal Way, Washington