

### **Member Services Representative**

The Member Services Representative will be directly responsible for answering incoming provider and member phone calls regarding claims, eligibility, benefits, and payment inquiries. Bilingual in English/Spanish is a plus.

The Member Services Representative will also serve as support to the Claims Processor (as needed). Responsibilities include, but are not limited to, monitoring and adjudicating medical, dental, and vision claims and ensuring timely processing and payment of claims.

The Member Services Representative will have talent and experience in both customer service and/or claims processing and will be expected to take part in both daily position responsibilities (listed below), as well as various team projects. The Member Services Representative is expected to be a team player, therefore, a good attitude and strong work ethic are imperative, as well as excellent communication skills both written and verbal. The Member Services Representative will report to the Member Services Team Lead.

### **Position Responsibilities**

- Provide customer service regarding claims, eligibility, benefits, and payment inquiries
- Process Medical, Dental, and Vision claims utilizing ICD-9 and CPT codes
- Ensure timely submission and payment of all Medical, Dental, and Vision claims
- Review medical billing and coding, perform various data entry tasks, and file documents
- Provide customer service support regarding claims, eligibility, and payment inquiries
- Manage claim files (locate/request files, file claim documents, reconstruct missing files, transfer misfiled documents, etc.)
- Retrieve, print, fax, or mail supporting documentation to providers or others as directed following strict HIPAA protocol.
- Provide backup for any support functions in the office
- Receive, screen, and route incoming telephone calls and other electronic correspondence
- Contact or receive contact from customers or other authorized third parties to obtain and/or provide necessary file information to comply with quality and process standards
- Generate and send appropriate forms to claimant for completion
- Complete all necessary forms, log documents into the system, and route them to the appropriate parties
- **Maintain HIPAA compliance and confidentiality at all times and protect all personal health information (PHI) as it relates to patient data**

**Compensation breakdown:**

**Pay Rate:** \$15.00/hour

**Full Time Schedule (40 hours per week):**

- Monday-Friday 8:30am-5:00pm
- Two paid 15-minute breaks are allotted for every 8-hour shift
- 30-minute lunch break is allowed and unpaid
- Reports to Member Services Team Lead
- Possible shift work in the future depending on company needs

**Employee Benefits:** Full-time employees will be eligible for benefits after 30 days of consecutive employment, including health, dental, vision, life, 401k, telemedicine, Employee Assistance Program, and more.

**Personal Leave Time (PLT):** PLT is accrued over time and is allowed with prior approval from Team Lead with the following exceptions:

- First 45 days of employment: No paid vacation time
- Peak Season (Sept 1-Feb 1): All employees receive a maximum of 2 days paid vacation per month with prior approval from Team Lead