

**Job Title:** REP, CUSTOMER SERVICE I

**Career Band:** II

**Location:** CANTON CROSSING

**Hire Range:** \$28,550 - \$35,687

**Reference #:** 003345

**Responsibilities**

Uses knowledge of products and the contractual provisions that govern administration to provide customer service and education, to interpret contractual language to the customer for the purpose of providing benefit utilization and limitations, to determine the need for managed care initiatives, and to administer all types of services to customers within the business segment through telephonic inquiries, written and/or electronic inquiries and claims adjustments

Examines adjudicated claims to identify key elements and processing requirements based on diagnosis, procedure, provider, medical policy, contracts and policy procedures. Researches, investigates and initiates resolution of pends by the processing system. Calculates and verifies deductibles, maximums, co-payments and coinsurance for resolving inquiries, facilitating adjustments, initiating extra contractual and reporting of any systems processing errors, overpayments and underpayments. Develops and applies the ability to analyze customer contracts and needs involving current product mix, risk assessment, and revenue impact. Develops service techniques and technical competence for the purpose of maximizing customer retention, satisfaction, and potential financial savings.

Demonstrates the flexibility to process and service various types of products within each line of business according to the established quality, productivity and performance metrics. Learns and retains the ability to access information and effectively administer services using the company's automated systems.

Learns information required to effectively provide service to clients as it relates to inquires concerning pre-existing condition, knowledge of policies and riders, identification of other insurance and coordination of benefits, benefit exclusions, administration of direct pay, credit card payment, debit accounting and other enrollment and billing transactions. Appropriately documents all client interactions according to established departmental procedures.

**Qualifications**

Required: High School diploma or equivalent. Minimum of 0-2 years of previous customer service experience in a service or claims environment.

Abilities and Skills: Use of automated systems, PC or CRT proficiency, excellent oral and written communication skills, time management and organizational management skills. Strong analytical ability and problem-solving skills necessary to work effectively in a high volume, fast paced work environment. Must have experience in performing job functions that are detailed in nature, requiring strong follow-up skills, active listening and decision making skills based on quality and service expectations.

Preferred: 1-2 years of college in Business or other related field. Healthcare and/or Insurance industry experience preferred. Call Center experience preferred. Bilingual in Spanish, etc. is a bonus.

Note: The incumbent is required to immediately disclose any debarment, exclusion, or other event that makes him/her ineligible to perform work directly or indirectly on Federal health care programs.

**Equal Employment Opportunity**

We are an Equal Employment Opportunity / Affirmative Action Employer.

**Other Information**

Department: Regional Dental

**Hire Range Disclaimer**

Please note that the "Hire Range" posted is only a suggested hire range. Actual salary will be based on relevant job experience and work history.

**Please respond by 11/30/09**

**Where To Apply**

[www.CareFirst.com](http://www.CareFirst.com)