Cypress BENEFIT ADMINISTRATORS

JOB DESCRIPTION

Job Title: Customer Service (Provider Relations) Supervisor
Reports To: Director of Operations
Position: Full-time

SUMMARY

The Customer Service Supervisor coaches, counsels, and trains a Provider Relations Representatives, in accordance with company policies and applicable labor laws. The Supervisor is responsible for promoting quality, superior customer service, and identifying enhancements and changes to workflows to increase effectiveness and productivity. Provides on-going feedback on what is going well and areas for improvement/growth. Must be able to make independent decisions, multi-task and prioritize tasks, and with other internal departments to meet company goals.

KEY QUALIFICATIONS & EXPERIENCE

Possesses strong/broad understanding of the claim's analyst process, medical/dental terminology, and claims processing procedures. Understands Self-Funding and Third-Party Administrating concepts and how decision making impacts the "big picture". Is considered a resource for others as it relates to claims questions and problem-solving (Previous experience in a formal or informal leadership role desired).

Demonstrates ability to work and problem-solve independently --- has taken initiative to research and resolve processing and system issues using available resources and without waiting for direction. Views obstacles encountered as opportunities for improvement and offers ideas and solutions.

Possesses superior Customer Service skills --- seeks to understand expectations of internal and external customers. Knows which questions to ask and what information to verify to get to the root cause of a problem. Outlines options and presents unfavorable information in a manner that demonstrates empathy, is supported by SPD, and reflects a willingness to go the extra mile.

Possesses excellent verbal and written communication skills --- has demonstrated the ability to effectively and professionally communicate information to both internal and external customers. This includes facilitating meetings, conducting training sessions,

organizing and documenting workflows and processes, handling escalated calls, and /or responding to appeals.

Respected by co-workers --- is able to focus on performance and behavior, rather than personality in relating to others and in resolving conflicts/issues. Actively listens and considers all perspectives prior to decision-making or addressing issues. Encourages and helps foster an environment of trust and mutual respect. Constructively addresses issues and holds co-workers accountable. Provides peers with direct and constructive feedback in a positive and professional manner.

Results orientated – understands where tasks and assignments fall into the big picture and organizes and prioritizes accordingly. Diligently follow-ups with Leadership, peers, other departments, and customers.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Report to work during core business hours (8:00 a.m.-5:00 p.m.) on a consistent, regular basis.

Provide a positive, stable and consistent presence on the floor.

Provide full-time support as a technical resource for claims and other departments, Vendors, and Customers during core business hours on a consistent, regular basis.

Coach and counsel employees to meet and exceed quality, customer service and productivity standards; remove obstacles preventing individuals form meeting goals. Perform live monitoring as recorded call audits on a regular basis.

Maintain adequate staffing levels through management of staffing schedules and management of call volumes and peak periods.

Work closely with Claims Supervisors to identify training needs, and to research/develop/document and present policies and procedures.

Provide training support for new employees and existing staff.

Address and document performance issues; coach or discipline employee as necessary.

Handle and resolve escalated phone calls/issues

Identify, resolve, or escalate training, guideline, overpayment, and/or SPD interpretation issues.

Perform regular individual and team meetings and complete annual evaluations.

Participate in the interviewing, hiring and development process of new hires to department.

Facilitate Appeals discussions and send appropriate correspondence, when required.

Evaluate and enter reporting data as needed.

Perform other duties as assigned by management.

EXPERIENCE
Prior medical claims adjudication experience, with strong background in medical terminology, CPT, ICD-9, and HCPCS coding.

Detailed understanding of claims processes, customer service, and self-funded employee benefit offerings.

Demonstrated results in providing exceptions customer service and/or leading a successful Customer Service team.

Attention to detail with superior quality results.

Demonstrated Problem-Solving and Decision-making skills.

Strong interpersonal skills and ability to work in a fast-paced team environment.

Ability to navigate and utilize multiple applications and resources efficiently.

Must possess a strong sense of initiate and ability to work independently.

Must be able to work core business hours of 8:00AM to 5:00PM Monday through Friday.

An Equal Opportunity Employer

Cypress Benefit Administrators consider applicants on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

Job Type: Full-time