

HEALTHSMART MANAGEMENT SERVICES ORGANIZATION, INC.

JOB DESCRIPTION

JOB TITLE: Member Services Representative
DEPARTMENT: Member Services
CLASSIFICATION: Full-Time (Non-Exempt)
REPORT TO: Director, Capitation and Member Services
EFFECTIVE: June 1, 2005

POSITION SUMMARY:

To assist members and physicians' with grievances and member transfers. Also, to process timely capitation payments to the physicians'.

EDUCATION & EXPERIENCE REQUIREMENTS:

1. High school graduate.
2. 2-5 Years experience in a managed care environment HMO/IPA/Medical Group preferred.
3. Knowledge of the Local Initiative and Two-Plan Model Structure.
4. Knowledge of the Grievance and Disenrollment Process preferred.

SKILLS:

1. Must be detail oriented and work well with a team.
2. Diligent in maintaining tracking/monitoring of capitation process to ensure that all IPA capitation is processed in a timely manner.
3. General understanding of Health Plan and Regulatory Agency Grievance and Disenrollment requirements.
4. Ability to type 40 WPM and experience w/ 10 Key Typing.
5. After hours and weekend work as needed.
6. Able to Multi-task.
7. Strong communication and organizational skills.
8. Familiar with Excel, Word and Access Programs.

DUTIES AND RESPONSIBILITIES:

Member Services:

1. Daily Intake Member calls
2. Investigate, address and resolve member complaints
3. Assist members in PCP Transfer requests.
4. Assist members with eligibility and PCP information
5. Responsible for Maintenance of IPA's monthly logs (Due by the 30th of every month)
6. Notify Department Lead of all Formal Complaints, Grievances and Disenrollment Requests.
7. Access Studies (Phone Shopping): PCPs.
8. Mail, Fax and Compile data for Member Satisfaction Surveys and Provider Satisfaction
9. Surveys.
10. Daily Intake of Provider calls regarding eligibility/capitation issues.
11. Investigate, address and resolve provider complaints.
12. Investigate, address and resolve member eligibility discrepancies.
13. Address eligibility issues with the department Lead/Manager (Written Correspondence)
14. Request Capitation adjustments, etc.
15. Follow up on payment (s).
16. Mail Health Plan(s) Eligibility Rosters to PCPs
17. Mail Health Plan, IPA's Correspondence to PCPs
18. Mail Health Education Information to PCPs
19. Process Health Education Material Requests
20. Assist PCP's/staff with any issues
21. Address Grievances with Department Lead.
22. Responsible for Maintenance of IPA's monthly logs (**Due by the 30th of every month**)
23. Any other duties as assigned.

Capitation/Eligibility Maintenance:

1. Verify Health Plan Eligibility/Capitation Rosters against PMW (monthly)
2. Edit Member records in PMW:
 - a. PCP
 - b. Address, Telephone Number
 - c. Benefit Codes, Cap Rate, Etc.
3. Meet IPA's Capitation dead lines.
4. Print Recon/Discrepancies Report (Forward to Department Lead)
5. Prepare Capitation Checks and return processed checks to Department Lead.
6. Any other duties as assigned.

Assist other Departments with Member/Provider issues:

1. **Authorization Department:**
 - a. Verify conflicting Eligibility.
 - b. Assist in possible disenrollments.
 - c. Any other duties as assigned.

2. **Claim Department:**

- a. Editing PMW with correct eligibility
- b. Verifying eligibility on “LIVE” claims for the first 2-3 weeks of the month.
- c. Any other duties as assigned.