



INSURANCE VERIFICATION SPECIALIST/CALL CENTER AGENT JOB ANNOUNCEMENT

Santa Cruz Community Health (SCCH) began as a women's health collective in 1974 with the mission to improve the health of our patients and the community and advocate the feminist goals of social, political, and economic equality. Now, more than 45 years later, we serve that same mission as a nonprofit Federally Qualified Health Center operating three separate sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serving women and children; the East Cliff Family Health Center in Live Oak, serving everyone; and the Santa Cruz Mountain Health Center providing easier access to care for our patients in the San Lorenzo Valley.

SCCH has a diverse patient population and an engaging and friendly work environment. Our caring and committed staff works as a team to fulfill our mission so that all our patients have access to comprehensive, quality health care.

POSITION SUMMARY:

The Insurance Verification Specialist/Call Center Agent ensures accurate and efficient insurance verification and program eligibility for all SCCH patients. This position also handles inbound/outbound calls in a timely manner to identify and address patients' needs while ensuring a positive and effective experience for every caller. This position requires exceptional critical thinking, excellent customer service and communication skills, organizational and time management skills, attention to detail and collaboration with the Billing, Front Office, and Medical Records teams.

Classification: Full-time, non-exempt

Location: Administrative Office

Reports to: Patient Communications Manager

Hours: Varies; Evening/Saturday shifts

may be required as part of Team Based Care and organizational staffing support

CORE JOB RESPONSIBILITIES:

ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO :

INSURANCE VERIFICATIONS RESPONSIBILITIES:

- Utilize insurance portals for verification of insurance eligibility.
- Document and scan related insurance and financial information in the electronic health record (EHR).
- Communicate to patients and/or families regarding payment and insurance requirements prior to appointment.
- Encourage patients to bring insurance information or supporting program documentation at time of visit.
- Provide exceptional customer service with assistance to program and eligibility inquiries.

CALL CENTER RESPONSIBILITIES:

- Manage inbound and outbound call in a friendly and timely manner.



- Schedules patient appointments appropriately according to scheduling and payor protocols.
- Gathers information and relates that information efficiently and effectively to appropriate departments.
- Acts as a patient liaison with other departments
- Monitors and responds to department voicemail, WELL messages, patient portal messages, and after-hours messages
- Seeks and supports changes in department workflow processes, suggests improvements, and participates in organized efforts to improve service levels

GENERAL JOB PERFORMANCE STANDARDS:

KNOWLEDGE OF WORK - Posses and utilizes knowledge of the job which is essential to perform the specific functions and related work.

QUANTITY OF WORK - Accomplishes an appropriate volume of satisfactory work under normal conditions. Ability to produce results.

QUALITY OF WORK - Consistently demonstrates accuracy, thoroughness, neatness and dependability to produce work within acceptable standards.

TIMELINESS - Completes assignments on or ahead of schedule.

ABILITY TO LEARN NEW DUTIES - Interprets, learns and responds to instructions for new situations, procedures or methods.

JUDGEMENT and COMMON SENSE - Decisions/actions are sound, including safety awareness.

COOPERATION - Willing to work with others toward common goals.

COMMUNICATIONS - Demonstrates relevance and clarity of written and oral expression. Effectiveness in exchanging ideas and information.

INITIATIVE - Ability to originate, develop or create new ideas or take steps to get things done.

PROBLEM SOLVING - Identifies and evaluates alternate solutions and selection of the most appropriate course of action.

ATTENDANCE AND PUNCTUALITY - Shows daily ability to be at work on time, including being prepared to work on time after breaks, meal periods, and other authorized absences from work

QUALIFICATIONS

Minimum Qualifications

- Desire to serve the community clinic population with excellent health care
- High School Diploma or GED
- Experience and/or interest in health care
- Fluent bilingual Spanish/English



- Ability to work some evenings and some Saturdays
- Excellent patient/customer service, communication, and follow-through skills
- Experience working in a highly service-oriented environment where metrics and measurement tools are leveraged to assess results
- Experience working with multiple healthcare service lines.

Preferred Qualification:

- Associate degree in health or related field
- Ability to work with practice management and EHR systems.
- Knowledge of health insurance plans.
- Knowledge of healthcare terminology, procedures, and practice.
- Knowledge of HIPAA regulations.
- Experience working with under-resourced populations.

Skills & Knowledge:

- Knowledge of standard healthcare practice policies and procedures.
- Experience working on computers.
- Knowledge of Microsoft Office software products.
- Ability to work with practice management and EHR systems.
- Knowledge of health insurance plans and associated federal and state assistance programs.
- Knowledge of healthcare terminology, procedures, and practice.
- Knowledge of HIPAA regulations.

WORK CONDITIONS:

Working conditions described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions. Variations in conditions may occur under certain circumstances.

SALARY AND BENEFITS:

Competitive compensation & benefits package are available to staff working at least 20 hours per week. Paid time off and paid holidays accrue from date of hire. Employer subsidized group health, dental, vision and life insurance plans the first of the month after 30 days of employment. Automatic 2% enrollment in an employer sponsored 401K plan with a 2% retirement match.

APPLICATION PROCESS:

To apply, download our employment application on our Careers page. Submit application and current resume with letter of interest Human Resources. No phone inquiries, please.

**SANTA CRUZ COMMUNITY HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER
(W/M/V/D).**