

# **Member Services Representative**

## **General Purpose/Scope:**

The Member Services Representative triages inbound calls and provides first call resolution for all calls to Integra.

## **Responsibilities:**

- Provide call center coverage as needed and first call resolution
- Coordinates with members, vendors and providers to ensure timely delivery of quality in-home services that are aligned with members' service plans
- Develops and maintains effective working relationships with members, families, advocates, service providers, and all members of the care management team
- On an ongoing basis, monitors and ensures the timely execution and delivery of services to members, ensuring there are no lapses in service
- Maintains and updates member records with pertinent information as necessary
- Handles member, vendor, and provider requests for information and member materials
- Obtains MD Orders, prescriptions, forms and all other documentation necessary from members and providers to ensure good quality service
- Procures missing documentation as needed and ensures that all required documentation is present, complete, and accurate in Care Compass
- Mails/Faxes documentation to members and vendors as needed (Care Plan, NOAs, CDPAP forms).
- Fields member and provider telephone calls, responding to inquiries and resolving information requests
- General office duties such as sorting mail, faxing, scanning, filing, updating and printing documents
- All other duties and responsibilities as assigned

## **Qualifications:**

- Highschool diploma required, preferred Bachelor's Degree
- Minimum of two years of administrative experience
- Knowledge of Health Care Organizations, Home Care and/or Long Term Home Care Agencies
- Knowledge of Medicaid/Medicare eligibility requirements and MLTC processes and regulatory requirements
- High volume in-bound out-bound call experience

### **Skills/Abilities:**

- Demonstrated ability to organize, problem solve and complete tasks within designated time frames
- Self-starter with high level of accountability and responsibility
- Excellent written, verbal, and interpersonal communication skills
- Exemplary customer service skills
- Highly organized and able to effectively manage multiple priorities
- Bilingual (verbal) language ability a plus
- Ability to multitask
- Proficiency in Microsoft Word & Excel a plus

## **Care Management Coordinator**

### **General Purpose/Scope:**

The Care Management Coordinator works in conjunction with the Care Management Team to ensure the timely implementation of quality services to Integra's members.

### **Responsibilities:**

- Provide call center coverage as needed and first call resolution
- Coordinates with members, vendors, and providers to ensure timely delivery of quality in-home services that are aligned with members' service plans
- Ensures services are in place for all newly enrolled members and that services are ended timely & appropriately for dis-enrolling members
- Confirms all documentation is complete, authorizations are received by vendor/provider, and member's services/supplies are in place
- Develops and maintains effective working relationships with members, families, advocates, service providers, and all members of the care management team
- On an ongoing basis, monitors and ensures the timely execution and delivery of services to members, ensuring there are no lapses in service
- Maintains and updates member records with pertinent information as necessary
- Handles member, vendor, and provider requests for information and member materials
- Obtains MD Orders, prescriptions, forms and all other documentation necessary from members and providers to ensure good quality service
- Procures missing documentation as needed and ensures that all required documentation is present, complete, and accurate in Care Compass

- Mails/Faxes documentation to members and vendors as needed (Care Plan, NOAs, CDPAP forms).
- Completes Member Engagement Questionnaire for new enrollees
- Daily Care Management communication & follow-up
- Fields member and provider telephone calls, responding to inquiries and resolving information requests
- General office duties such as sorting mail, faxing, scanning, filing, updating and printing documents
- Translation support for the Care Team as needed
- All other duties and responsibilities as assigned

**Qualifications:**

- Minimum High School Diploma, Bachelor's Degree preferred
- Minimum of two years of administrative experience
- Previous experience working with Health Care Insurances
- Knowledge of Health Care Organizations, Home Care and/or Long Term Home Care Agencies
- Knowledge of Medicaid eligibility requirements and MLTC processes and regulatory requirements

**Skills:**

- Demonstrated ability to organize, problem solve and complete tasks within designated time frames
- Self-starter with a high level of accountability and responsibility
- Excellent written, verbal, and interpersonal communication skills
- Exemplary customer service skills
- Highly organized and able to effectively manage multiple priorities
- Bilingual (verbal) language ability an asset
- Proficient in Microsoft Word & Excel a plus

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