

## CALL CENTER SUPERVISOR (MEMBER SERVICES)

<b>Full-time position with generous benefits</b>	<b>Telecommuting option for candidates in California</b>	<b>Career growth opportunities in a dynamic department</b>
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**Seeking a motivated, motivational team leader who can keep a call center functioning while working from home.** The Call Center Supervisor supervises and directs day-to-day activities for 13 employees in the 27-person Member Services Department of [Health Plan of San Mateo \(HPSM\)](#), a County-funded nonprofit founded in 1987 that manages over 140,000 members' health care, including all of our community's Medi-Cal eligible residents. If you are good at improving employees' performance, staying on top of details and optimizing operational efficiency, then this job could be perfect fit for you.

### Position overview

- Oversee the day-to-day operations of all call center activities and supervision of the call center staff
- Provide guidance to the staff as applicable to ensure individual and team adherence to call quality standards, deadlines and procedures
- Monitor daily call queue activities and adjust staffing schedule to ensure adequate coverage
- Resolve complex issues and handle escalated calls, which require additional research with providers, health networks and internal HPSM departments that are further escalated by a Member Services Representative or Member Services Representative Lead

### Key skills

- Assist the team in carrying out department responsibilities and collaborate with others to support short and long-term goals/priorities for the department
- Set priorities for the team to ensure task completion and performance goals are met, such as average speed of answer, abandonment rate, service level, average handle time, quality and staff schedule adherence
- Identify and resolve operational problems using defined processes, expertise and judgement
- Collaborate with Member Services Manager to develop strategies to reinforce, train and disseminate information to meet operational and service performance requirements
- Oversee the exempt grievance process as it relates to Member Services to ensure that all state and federal regulations are achieved
- Maintain a collaborative relationship with internal and external business partners to ensure member and provider satisfaction
- Assist with new hire recruitment and interviews
- Contribute subject matter expertise and carry out project assignments in a timely and effective manner
- Participate in cross-functional project teams that ultimately improve the member experience
- Facilitate planning of the team's weekly meeting
- Implement changes to internal policies, procedures and workflows based on new or updated regulations, laws and contract language
- Audit trend reports for individual and team performance, and take corrective measures as needed
- Oversee production of weekly, monthly and ad-hoc reports, and present results to the management team
- Hold individual monthly 1:1s with each team member to review call audits and attendance
- Provide coaching, feedback and annual performance reviews, as well as formal corrective action
- Work on other projects and duties as assigned

### Requirements

These are the qualifications typically needed to succeed in this position. However, you don't need to meet every requirement to apply.

### Education and experience

- BA or BS degree (preferably in an area related to healthcare or supervision)
- Four years of customer service experience in a health care setting or call center, preferably in a managed care environment

- Previous supervisory experience in a customer service setting
- Experience coaching staff, handling conflict resolution, implementing initiatives or projects, and collaborating with other professional and non-clinical staff preferred

**Knowledge of:**

- Principles and practices of health care service delivery, managed care, Medi-Cal, and medical benefits and services
- Principles and techniques for effective communication and education to serve diverse social and ethnic groups
- Supervisory principles and strategies
- Call center customer service best practices
- Computer applications, including proficiency in Microsoft Office Suite
- Medicare and Medi-Cal health insurance plans
- Medical terminology
- A call center production environment

**Ability to:**

- Work as part of a professional team and follow department procedures
- Adapt to changes in requirements/priorities for daily and specialized tasks
- Communicate effectively both verbally and in writing
- Analyze issues and resolve problems with minimal guidance
- Sometimes work weekends and outside regular business hours

**Salary and benefits**

**The starting salary range** depends on the candidate's work experience.

**Excellent benefits package** includes:

- HPSM-paid premiums for employee's medical, dental and vision coverage (employee pays 10% of each dependent's premiums)
- Fully paid life, AD&D and LTD insurance
- Retirement plan (HPSM contributes equivalent of 10% of annual compensation on top of salary)
- 13 paid holidays a year, 12 paid sick days a year and paid vacation starting at 16 days a year
- Tuition reimbursement plan
- Employee wellness program

**To apply**, complete an [HPSM Employment Application](#) and submit it with a resume and cover letter with salary expectations to [careers@hpsm.org](mailto:careers@hpsm.org). Submissions without a cover letter and salary expectations may not be considered.

Health Plan of San Mateo (HPSM) is a local County-funded nonprofit manages the health care for over 140,000 low-income people San Mateo County, including all its Medi-Cal eligible residents. HPSM is proud to be an Equal Opportunity Employer and an affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity or Veteran status.