



## Job Description

**Job Title:** Customer Relations Specialist  
**Reports:** Customer Service Supervisor  
**Department:** Operations – Customer Service

**FLSA Status:** Non-Exempt  
**Internal Job Grade:** 12

### Summary /Overview

In a hybrid role which offers 2 days in office and 3 days remote, the Customer Relations Specialist works with the Customer Service team to investigate and resolve issues affecting enrollment of customers in the Access Health CT Exchange system. S/he is responsible for resolving escalated inquiries in which investigation is necessary. Resolutions are based on policy, regulations, and procedures affecting enrollment of customers in the Access Health CT Exchange system. This position has no supervisory responsibilities and reports to a Customer Service Supervisor.

### Essential Duties and Responsibilities

- Serve as first level representative in handling escalated account inquiries that arise directly from the customer or from high profile vendors and stakeholders such as the Governor's Office, CT Insurance Department (CID), DSS Hearings, Conduent Appeals Department, Public Affairs, Legal Department, and Department Heads
- Utilize trained and researched knowledge of the Affordable Care Act (ACA) to resolve issues of a sensitive nature efficiently and accurately
- Resolve service problems through clarification of the customer's complaint, determination of the cause of the problem, selection of the best solution to the problem, explanation to the customer of how the problem will be resolved, expedite correction or adjustment; follow-up to ensure resolution.
- Research employer appeals received from the federal exchange and consumer exemptions
- Resolve inquiries via phone, email, mail, or social media
- Utilize Worker Portal/Admin Tool and utility tool to resolve escalated issues
- Log all customer calls according to established procedures and notate all action taken in the Customer Relationship Management (CRM) system
- Access other sources for input in resolving an issue. Other sources include but are not limited to, insurance carriers, legal department, or department heads
- Act independently in determining appropriate course of action to resolve issues, inquiries, or requests within established timeframes
- Verify and investigate general inquiries
- Serve as point-of-contact to high profile stakeholders throughout resolution process.
- Maintain confidentiality of all customer information according to the State of CT's Ethics policy, AHCT's Non-Disclosure agreement and AHCT's Privacy and Security Policy. (*ex: Personally Identifiable Information (PII), Protected Health Information (PHI) and Federal Tax Information (FTI)*)
- Act as a Subject Matter Expert (SME) on customer issues resolution
- Coordinate with other team members and/or departments to resolve issues promptly
- Support operational readiness via system testing support
- Attends all team training sessions
- Other duties as required which **may include** the following:
  - Attendance at weekly meetings with the carriers, working directly with the carrier to correct issues that cannot be resolved within AHCT's application system.
  - Attend Connecticut Insurance Department (CID) meetings and other outside meetings, as necessary

*During Open Enrollment:*

- Educate consumers in the field on the opportunities available to obtain healthcare insurance under the Affordable Care Act
- Oversee consumer enrollment process and guiding new store team members through the online process to apply for, reapply for, or change health care insurance coverage using the Access Health CT website
- Provide daily statistics to the Field Enrollment Manager
- Provide detailed information for issues recurring frequently and offer suggestions for resolution where applicable
- Assist durational enrollment specialists when needed during particularly busy times

**Qualifications:** the requirements listed below are representative of the knowledge, skill, and/or ability required.

- BS/BA in a related topic or equivalent experience.
- Bilingual skills a plus
- 2-3 years of experience in customer service including systems and processes within the health insurance industry preferred
- Ability to understand, use and explain complex systems
- Thorough understanding of the process and healthcare insurance benefits of the Affordable Care Act and updates on current regulations, as well as the ability to communicate that information
- Must achieve a passing score of 80 on online certification exam within the first 2 weeks of hire
- Ability to work in a rapidly changing environment
- Competent in Microsoft Office system
- Excellent communication, interpersonal, negotiation and organizational skills
- Strong ability to evaluate complex problems and draw conclusions
- Demonstrated strength in developing, documenting, maintaining, and explaining procedures/processes and/or solving problems

**Physical Demands:** the physical demands 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 individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit, hear, use hands to type data, and utilize a phone or other electronic communication devices. This employee may occasionally have to operate business machines. Specific vision abilities required in this job include close vision and the ability to adjust focus.

**Work Environment:** this is an in-office role 2 predetermined days a week and 3 days remote. In office, the noise level in the work environment is usually moderate. Requires fast-paced deadlines and has a high stress at times. *Travel within CT to enrollment locations may be required during the Open Enrollment period.* No travel otherwise.

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