



'Helping our members stay healthy, get well, live better and deliver peace of mind'

POSITION DESCRIPTION

CUSTOMER CARE CONSULTANT – GENERAL TREATMENT (CLAIMS)

Position Summary

The Customer Care Consultant (CCC) delivers excellent customer service internally and externally, via email, both verbal and written communication and in some cases, face to face. The CCC will provide accurate and timely processing in accordance with the business needs and strategies of the organisation and in accordance with Government legislations, policies and schedules. There is an expectation that excellence is a priority when managing tasks and services to St.LukesHealth members at all times, while building positive and effective relationships with all internal employees, liaising with all staff in all branches, statewide.

Key Capabilities

Essential

- 2+ years' experience in a similar role preferably within the health sector
- Advanced written and verbal communication skills
- Exceptional face-to-face and telephone service delivery with advanced problem solving skills
- Advanced computer processing, Word and Outlook skills
- Pleasant and professional manner with the ability to work under pressure with good time management skills
- Self-starter with a strong work ethic
- Demonstrated ability to interact and co-operate with people from all walks of life

Qualifications

Certificate IV General Insurance/working towards completion or equivalent experience in a similar environment.

Employment Conditions

Permanent Full/Part time / Casual

Reports to

Claims Manager

Industrial Instruments

St. Lukes Collective Agreement 2008
BFI Award 2010
Fair Work Act

Working location

Launceston

Professional Development

At St.LukesHealth your professional development plan will focus on helping you develop and grow at every level of your career to identify and develop strengths to enable you to do your best work every day. You will undertake induction training and be provided with a structured programme to develop skills relevant to work at this level.

1 Key Responsibilities

- 1.1 Timely and accurate assessment and processing of General Treatment claims
- 1.2 Timely and accurate assessment and processing of the Quality and Accuracy (QA) of General Treatment claims processed
- 1.3 Provide accurate support and expertise to new/existing customers internally and externally at a point of call wherever possible before referral is required.
- 1.4 Provide accurate General Treatment quoting advice both verbally and written to customers at a point of call wherever possible before referral is required
- 1.5 Provide accurate General Treatment benefit usage advice both verbally and written to customers internally and externally at a point of call wherever possible before referral is required
- 1.6 Provide accurate support and advice to customers internally and externally relating to General Treatment HI-CAPS claiming at point of call wherever possible before referral is required
- 1.7 Resolve complaints at point of call wherever possible before referral is required.
- 1.8 Communicate effectively all system issues to the Claims Manager for timely and accurate assessment and delegation.
- 1.9 Maintain a working knowledge of all St.LukesHealth products, provide accurate support and advice both verbally and written to other General Treatment Claims staff when directed within the scope of your current level (1-4)
- 1.10 Prepare reports and recommendations within the scope of your current level (1-4), draft and generate routine correspondence as required and when directed within the scope of your current level (1-4)
- 1.11 Communicate effectively and respectfully with other team members, Managers and other departments as required, sharing information in a timely manner and in accordance with business values and mission and when directed within the scope of your current level (1-4)
- 1.12 Maintain a flexible working mentality within the scope of this roles, undertake any other duties/task and learning opportunities as required and when directed .
- 1.13 Maintaining a focus on the business of St.LukesHealth during business hours .

2 Key Result Areas

- 2.1 Provides timely, efficient and effective service to new/existing members and consistently provides a high level professional approach to customer service ensuring all standards are met when dealing with members either face-to-face or by telephone.

- 2.2 Consistently processes accurate transactions relating to member services and utilises good time management skills to achieve the strategic objectives that drive the work outcomes within the team to achieve targets.

- 2.3 Is collaborative and communicates well both verbally and written, with all stakeholders, willingly providing solutions/ suggestions, resolving issues as they arise and following up with the individual to ensure satisfaction and in accordance with business values and mission.

- 2.4 Leads by example in modelling Code of Conduct values and preferred behaviours, wearing appropriate uniform and appearing professional at all times (personal dress and verbal interactions).

- 2.5 Takes accountability and is proactive for own professional development, completes annual mandatory training and keeps up to date with the latest Health Insurance products and rate changes.

- 2.6 Ensures all matters in relation to risk and workplace safety management is compliant with legislation, applies the standards required by APRA are integrated into the work practices of St.LukesHealth and risk issues are handled effectively and efficiently in area of responsibility.

3 Progression

Progression in levels CA1 to CA4 will be on the basis of your current level and by obtaining the required skills and competency standards and on being selected on merit for a position when a position at the higher level becomes available.

Minimum:

- 3770 hours at Level 1-2 or at Level 2
- Passed performance criteria for level 1 and 2
- Completed required competencies for level 2
- Completed mandatory training

Values

STEWARDSHIP *Taking care of the future*

We encourage creativity and respond to the needs of our members to stay healthy, get well quicker, live better with illness and deliver peace of mind through the considered and innovative management of risk, capital, resources, people and products.

I do my job well and know what it takes to deliver effective, meaningful and honest outcomes for our members.

I strive to improve the experience for members and team mates and accept my part in seeking good outcomes for everyone.

People are important to me and to the organisation so I will behave in a way that encourages rather than discourages the members.

I have information that is important to members and will ensure I consider all their needs, working with others to meet those needs.

RESPECT *Respect the individual*

Our people put the team ahead of their personal success and commit to building the capacity of each other and our organisation through respect, communication, empowerment, valuing the individual strengths to serve our members

I lead by example and set a high standard that motivates and encourages high achievement in others.

I have the power to make a difference in a member's life and will ensure I treat everyone respectfully.

I consciously devote my time and energy towards guiding and helping our members.

I am thoughtful and considerate when dealing with members, demonstrating kindness and patience.

EXPERIENCE *Value the engagement*

We are dedicated to partnering with our members and our people to deliver exceptional service, actively engaging with our community to build our reputation as innovative leaders in the health insurance industry.

Good outcomes are the key focus of my service delivery.

My attitude determines my altitude and I approach everything in a positive and constructive manner.

I am a good listener and show sensitivity to the needs of members.

I will solve member enquiries and issues promptly and ask for help when I need it.

INNOVATION *Dare to disrupt*

We are committed to creating an ambitious and proactive environment that focusses on and encourages forward thinking and new ideas, partnerships, embracing change and continually enhancing the member experience.

I strongly believe I can make a difference through my own efforts and acknowledge the efforts of others.

I make decisions that can improve what we do and am always looking at ways to do things better.

I ask insightful questions to encourage others to think for themselves and solve their own problems.

I am most effective when I'm part of a team, contributing new ideas and supporting change.

INTEGRITY *Do right, be real and be brave*

We are professional and honest in our working relationships striving for fairness in our decision making and in our treatment of one another that ultimately affects the business outcomes and builds member trust.

I know what I'm good at and do this to a standard of excellence when dealing with members.

I act professionally and have a pride in my appearance, my attitude and my demeanour.

I see the best in people and motivate them to develop their skills towards better outcomes for our members.

I show members they matter by being warm, sincere and sensitive to their feelings.