



Classification: Associate Governmental Program Analyst

Position Title: Special Projects Analyst

Position Number: 801-312-5393-VAR

Division Branch: Service Center/CR&R/Special Projects

Location: Sacramento County

Job Description Summary

Under direction of the Staff Services Manager I (SSM I), the Associate Governmental Program Analyst (AGPA), Special Projects Analyst, independently performs research and analytical assignments in the Consumer Relations & Resolution (CR&R) Branch. Focuses on the reduction of consumer, carrier, county, and advocacy group duplicate enrollment-related escalations across service channels and addresses financial inaccuracies including over-consumption of subsidies. Resolves highly in-depth and analytical eligibility and enrollment-related issues impacting consumers doing business with Covered California. Researches issues using a variety of tools, policies, and regulations to ensure swift and accurate resolution of time-sensitive assignments. Performs cross-functional duties related to other units within the CR&R Branch including Appeals and Escalations Resolution (ER). Duties may include access to information systems containing protected enrollee information, including federal tax information, protected health information, and personally identifying information.

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35% (E)

Mitigates Appeals and Escalations by resolving eligibility and enrollment discrepancies identified by the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS); Policy; Service Center; and other Covered California divisions. Independently researches and resolves multiple/duplicate enrollments involving overlapping eligibility and/or coverage, application errors resulting in eligibility discrepancies, and defects pertaining to enrollment and eligibility issues in CalHEERS to prevent consumers from concurrently having more than one subsidized active enrollment. Researches, analyzes, and resolves highly in-depth, analytical, and time-sensitive consumer duplicate enrollment-related issues. Works independently with consumers, Qualified Health Plans (QHP)/Qualified Dental Plans (QDP) carriers, and counties to research and resolve the more in-depth assignments. Coordinates and leads the research and resolution of enrollment and eligibility discrepancies. Utilizes the CalHEERS, Salesforce, Customer Relationship Management (CRM), and "GetInsured" (GI) to research and resolve enrollment and eligibility issues. Analyzes and reviews enrollment history. Contacts consumers who have multiple active cases with overlapping financial assistance and works with the consumers to achieve continuity of enrollment under one active case. Manually calculates Advanced Premium Tax Credits (APTC) and California Premium Subsidy (CAPS) amounts, as needed. Utilizes the CalHEERS Level 3 (L3) to manually correct enrollment start/end dates, APTC/CAPS amounts, and other retroactive/prospective corrections to eligibility.

35% (E)

Conducts research and adjudicates a caseload of consumer issues related to open and special enrollment, renewals, terminations, and effective dates of coverage. Provides consultative services, responds to, and maintains regular contact with consumers and internal/external business partners as part of the case management process. Records details of actions taken to complete each assignment. Develops and maintains supporting case files and documentation. Documents all required contact and research documentation within the Salesforce system and CalHEERS. Completes all assigned work as outlined in unit processes and procedures and applicable State and



Federal laws. Records details of actions taken to complete each assignment. Researches and analyzes issues from consumers, such as eligibility and enrollment decisions, Open and Special Enrollment inquiries, and general inquiries. Manages a time-sensitive portfolio of cases. Adheres to all Health Insurance Portability and Accountability Act (HIPAA), Personally Identifying Information (PII), and Protected Health Information (PHI) requirements.

25% (E)

Performs cross-functional duties including assisting ER, Appeals, and Service Center Operations as needed. Duties may include assisting with urgent access to care and access to care escalations, formal complaints, informal resolutions, writing statements of position, and appearing at appeal hearings. Maintains contact with other Covered California divisions and entities as warranted or required. Serves as a team lead as needed on studies, projects, or program areas. Attends meetings with internal and external stakeholders.

5% (M)

Travels locally off-site to attend meetings and/or trainings.

Responsibility for Decisions and Consequence of Error:

Using a considerable amount of independence, reviews, researches, and recommends decisions on issues and inquiries submitted to the CR&R Branch. If improper decisions are made consumers may experience delays in health care coverage or access to care issues.

Administrative Responsibility:

This position does not have administrative responsibilities.

Supervision Exercised:

This position does not exercise supervision, however may act as a lead of a team or project.

Personal Contacts:

Internal: CR&R staff and managers, Covered California training team (CCU), staff and managers from other Covered California units, internal Information Technology staff, and CalHEERS Team.

External: Consumers, Qualified Health and Dental Plan representatives, California Department of Social Services, Department of Health Care Services, California Department of Managed Health Care, County Eligibility Workers and County Appeals staff, advocacy staff, external IT staff, other external contacts as necessary.

Physical and Environmental Demands:

Work Environment: Work in a climate-controlled office under artificial lighting; exposure to computer screens and other basic office equipment; office space is open and thus noisy; work in a high-pressure fast-paced environment, under time-critical deadlines; work long hours; must be flexible to work days/nights, weekends and select holidays as needed; during peak periods, may be required to work overtime; appropriate dress for the office environment.

Essential Physical Characteristics: The physical characteristics described here represent those that must be met by an employee to successfully perform the essential functions of this classification. Reasonable accommodations may be made to enable an individual with a qualified disability to perform the essential functions of the job, on a case-by-case basis. Ability to attend work as scheduled and on a regular basis and be available to work outside the normal workday when required. Continuous: Upward and downward flexion of the neck. Frequent: sitting for long periods of time (up to 70%); repetitive use of hands, forearms, and fingers to operate computers, mouse, and dual computer monitors, printers, and copiers (up to 70%); long periods of time at desk using a keyboard, manual dexterity and



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sustained periods of mental activity are needed; using headsets to talk with internal and external customers for extended periods (up to 60%); Frequent: walking, standing, bending and twisting of neck, bending and twisting of waist, squatting, simple grasping, reaching above and below shoulder level, and lifting and carrying of files, and binders.

Working Conditions and Requirements:

Work Schedule/Hours: Core business hours are 8:00 am - 5:00 pm, Monday through Friday.

Travel Requirements: Travels locally off-site to attend meetings and/or trainings up to 5% of the time.