



**Position Title:** Quality Assurance Lead

**Reports To:** Director of Member Services and Support Operations

**Location:** Denver, CO

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Connect for Health Colorado is the state-based health insurance marketplace and support network that allows individuals, families and small employers to compare and purchase health plans from companies including the major health plans in the state in a convenient way. We provide high quality customer assistance by phone and in person, as well as access to federal financial assistance to reduce the cost of health insurance. Our mission is to increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado.

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**Position Summary:**

The Quality Assurance Lead manages all Quality aspects of the Community Support Unit and Member Services functions. She/he is responsible for monitoring and evaluating inbound and outbound interaction quality; tracking issues in the quality monitoring systems or tools and analyzing the results; working with other internal teams to define quality metrics and, providing feedback to help develop training programs and improve performance. This individual manages the call monitoring processes to support a superior customer experience in all business channels.

The Quality Assurance Lead works collaboratively with leadership from different business units to gather feedback, identify requirements and execute established call audit processes. She/he oversees the team of Specialists who monitors and evaluates customer call interactions to assess trends and recommend coaching and training initiatives aligned with key departmental goals and objectives. This role develops and maintains QA processes and compliance standards for all Community Support and Member Services functions and generates regular quality reports for departmental leadership indicating trends, areas of opportunity, and insight into business goals and objectives.

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**Position Responsibilities:**

The Quality Assurance Lead has primary responsibility for the following:

- Develop and maintain QA processes and compliance standards for all Community Support and Member Services functions.
- Manage, motivate and develop a team of QA specialists to drive quality, efficiency and an enhanced customer experience.
- Plan and forecast QA team workload to insure auditing requirements are met in a timely manner.
- Develop and distribute weekly and monthly trend reports to management teams for coaching, feedback and to assist in meeting business goals and objectives.

- Recommend ongoing training needs and coaching plans based on trends analysis.
- Conduct regular quality calibrations with department leadership to assure consistency.
- Maintain collaborative relationships with leadership and all internal and external partners to assure consistency in quality processes and adherence to processes and procedures.
- Review weekly and monthly quality reports for accuracy and timely address any discrepancies.
- Maintain current knowledge of applicable federal and state regulations and laws and monitor changes to ensure team/department adaptation and compliance.
- Other duties as assigned.

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**Position Requirements:**

- Bachelor's degree preferred or equivalent experience.
- Minimum 2 years of experience developing and maintaining quality assurance standards, analyzing data and developing trend reporting required.
- Minimum 2 years of contact center operations or related work experience required.
- Knowledge of Microsoft Office (Outlook, Word, Excel).
- Conflict management through composure and patience.
- Minimum 1 year of experience in a management or leadership role required.
- Excellent organizational, interpersonal, written and verbal communication skills.
- Ability to manage priorities and workflow.
- Working knowledge of eligibility and enrollment operational policies and procedures in existence at county offices, medical assistance sites and the Marketplace.
- Experience with document organization and contract management; managing data in spreadsheets, report development, and analysis.
- Working knowledge and familiarity with state technology systems (i.e. PEAK, CBMS, MMIS), used to support state medical program eligibility and enrollment.
- Strong knowledge of customer care processes, techniques and call protocol, both inbound and outbound.

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**Work Environment:**

- Typical office setting; the Connect for Health Colorado office is in the DTC area, near the intersection of I-25 & I-225
- Work schedule may include some non-traditional hours, weekends and evening events.
- Full time position
- On-site during office hours, typically 8am-5pm

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**Compensation:**

Connect for Health Colorado offers a competitive salary and benefits package. Using Connect for Health Colorado's annual benefits allowance, employees may elect from various benefit offerings and tailor a package to best suit their individual needs. Connect for Health Colorado employees are eligible to participate in the organization's 403(b) plan and are additionally provided with paid time off, short and long-term disability and life insurance.

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**To Apply:**

Click [HERE](#). No phone calls please.

**Connect for Health Colorado is an equal opportunity employer (EOE). Connect for Health Colorado may, at its discretion, conduct a background check on any workforce member and/or require job candidates to successfully complete a background check as a condition of employment.**

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