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# Example of Medical Claims Examiner Job Description

Our innovative and growing company is looking for a medical claims examiner. We appreciate you taking the time to review the list of qualifications and to apply for the position. If you don’t fill all of the qualifications, you may still be considered depending on your level of experience.

## Responsibilities for medical claims examiner

* Involved in fact finding, information search and data gathering
* Identifies and resolves routine and recurring problems
* Batch and prioritize a minimum of 175 IPA claims processing per day utilizing the company’s in - house claims processing system
* Establishes proof of loss by reviewing medical documentation presented, requesting additional information from sources such as administrators, brokers, hospitals, physicians
* Reviews claims using a variety of file/information formats of multiple TPAs, interpreting and comparing contracts, dispersing reimbursements, and ensuring that all claims contain the required documentation to support the Stop Loss claim determination
* Adjudicates claims in medical Stop Loss system and approves or denies based on compliance with the SPD and the Stop Loss policy
* Sets financial risk reserves for each Stop Loss claim filed
* Applies the appropriate contractual provisions associated with assigned Stop Loss claims including plan specifications of the underlying plan document and professional case management resources
* Claims practices, procedures and protocols to the medical facts of each claim to decide on reimbursement or denial of a claim
* Develops, coordinates and implements a plan of action for each claim accepted to ensure it is managed effectively and all cost containment initiatives are implemented in conjunction with the clinical resources

## Qualifications for medical claims examiner

* Sound comprehension of coverage provided by healthcare related insurance policies
* Ability to manage litigation, to establish loss and expense reserves and to evaluate issues of liability and damages in assigned matters
* Ability to self-manage a high caseload through the use of creative and critical thinking
* Ability to analyze complex issues and to convey summations of same to Managers and Director
* Travel required as necessary (approximately 20%)
* 1-2 years of experience minimum, processing and adjudicating medical claims required and experience independently reviewing simple to moderately complex claims for adjudication purposes in a managed care environment