

Medical Claims Examiner

Location: In person, Phoenix, Arizona

Employment Type: Full-Time

Salary: Competitive/Based on Qualifications

Department: Claims Operations

Reports to: Claims Supervisor/Manager

Position Summary

We are seeking a detail-oriented and experienced Medical Claims Examiner to join our growing Third-Party Administrator (TPA) team. This role is responsible for reviewing, analyzing, and adjudicating medical claims in accordance with plan documents, client guidelines, state and federal regulations, and internal policies. The ideal candidate has strong analytical skills, a solid understanding of medical terminology and claims processing, and experience working within self-funded employer health plans.

Essential Duties & Responsibilities

- Review and adjudicate medical claims accurately and within established turnaround times
- Interpret plan documents, benefit structures, and client-specific provisions
- Apply CPT, HCPCS, and ICD-10 coding knowledge during claim review
- Evaluate claims for medical necessity, eligibility, coordination of benefits, and provider contract compliance
- Process adjustments, corrections, and reprocessing requests
- Identify and escalate potential fraud, waste, and abuse concerns
- Ensure compliance with ERISA, HIPAA, and applicable state/federal regulations
- Maintain detailed and accurate documentation within claims systems
- Respond to internal and external inquiries regarding claim determinations
- Meet productivity and quality assurance standards

Qualifications & Skillsets

- High school diploma or equivalent required; associate or bachelor's degree preferred
- 2+ years of medical claims processing experience (TPA or self-funded environment preferred)
- Strong knowledge of medical terminology, CPT/HCPCS, and ICD-10 coding
- Experience with coordination of benefits and subrogation preferred
- Familiarity with ERISA and self-funded health plans strongly preferred
- Proficiency with claims adjudication systems and Microsoft Office
- Excellent analytical, organizational, and problem-solving skills
- Strong written and verbal communication skills
- Ability to manage high-volume workload while maintaining accuracy
- Experience working with multiple employer group plans
- Knowledge of stop-loss provisions

Why Join Vault

Vault Strategies is at the forefront of transforming healthcare cost strategies for employers. If you are passionate about delivering results, building strong relationships, and growing with a team that values innovation and impact- we want to hear from you.

Vault offers growth and mobility that is tough to match. To learn more about our company, visit www.allthingsvault.com!

About Vault Strategies

At Vault, our unwavering focus is on the success of our partners and members. We have developed a comprehensive service ecosystem that optimizes healthcare benefit administration, manages both financial and clinical risks, and promotes cost containment and sustainability. Through collaboration, we help our partners deliver high-quality, affordable healthcare services, ensuring their long-term success and the well-being of the communities they serve.

Our core values define who we are. We are innovative, constantly pushing the boundaries to create unique solutions for evolving needs. We are dedicated to our mission and the people we serve, consistently going above and beyond expectations. Compassion drives us to act with kindness, empathy, and respect, ensuring everyone feels valued and heard. We are progressive, embracing challenges and using every experience as an opportunity for growth. As a family-focused organization, we foster a culture of trust, support, and unity, both within our team and with our partners. Finally, we cultivate a joyful environment where positivity and enthusiasm fuel our progress, creating lasting success for everyone involved. To learn more about Vault Strategies, visit www.allthingsvault.com.

To apply, please email sblackwell@allthingsvault.com, or visit <https://www.linkedin.com/jobs/view/4375725982>.