Job Description

Job Title: Claims Administrator
Reporting to: Team Leader – Claims
Salary: Grade 2
Working Hours: Between 08:00 – 18:00 Monday – Friday
Hours: 35.75

About Medicash
Medicash is the UK's largest provider of corporate health cash plans, supporting more than 700,000 people across the UK to take a positive approach to their health and wellbeing. Since our founding, Medicash has evolved to meet the changing needs of our members. Today, we're driven by a clear vision: to help one million people live healthier lives by 2030.

As a not-for-profit organisation with strong roots in Liverpool, we're driven by doing the right thing for our customers, our communities, and each other. We work in a regulated environment and take quality, fairness, and good customer outcomes seriously, but we're equally proud of our friendly, supportive culture. Our teams are collaborative, social, and passionate about what they do, with many colleagues choosing to stay and grow with us for the long term. We believe in investing in our people, prioritising wellbeing, and creating a workplace where everyone feels valued, supported, and able to make a real difference.

Role Purpose
As a Claims Administrator, you'll be responsible for processing customer claims accurately, efficiently and fairly, ensuring customers receive timely outcomes and a high quality service.

You'll take ownership of claims from receipt through to resolution, ensuring all decisions are correct, clearly recorded and in line with policy rules, regulatory requirements and The Medicash Way.

We operate in a regulated environment, so doing what is right for the customer is at the heart of everything we do. You'll follow clear processes and quality standards, supported by training, coaching and a team that wants you to succeed.

Key Responsibilities

Supporting Our Customers
- Process customer claims accurately and efficiently through internal systems
- Take ownership of claims from initial receipt through to completion
- Ensure claims are assessed fairly and in line with policy rules and scheme guidelines
- Contact customers where additional information is required, ensuring clear and professional communication
- Deliver timely outcomes, helping to meet agreed service levels

Delivering a Great Experience
- Ensure all claim decisions are clear, consistent and support good customer outcomes
- Apply attention to detail when reviewing documentation and receipts
- Support a smooth customer journey by reducing delays and avoiding rework
- Contribute to a positive and consistent customer experience, even where there is no direct contact

Process, Quality & Compliance

- Follow all internal processes, policies and regulatory requirements when assessing claims
- Ensure Data Protection standards are adhered to when handling customer information
- Maintain clear, accurate and compliant system notes for all claims processed
- Ensure claims would stand up to audit, complaint or regulatory review
- Identify and escalate any risks, trends or issues to your Team Leader

Supporting Vulnerable Customers

- Be alert to potential vulnerability when reviewing claims and supporting information
- Ensure vulnerable customers are identified and prioritised in line with internal processes
- Apply a fair and customer-first approach to all claim decisions

Quality & Continuous Improvement

- Work towards agreed performance targets including:
    - Quality Assurance (QA)
    - First Time Right (minimising rework)
    - Productivity and claim workload
    - Service level adherence
- Engage positively with QA feedback and coaching
- Take ownership of personal development and continuous improvement

Flexibility & Business Needs

- Support the team and wider business by undertaking any other reasonable duties appropriate to the role and level of responsibility
- Be open to changes in processes, priorities or ways of working as the business evolves
- Contribute to continuous improvement activity and operational change

Knowledge, Skills & Experience

Essential:

- Strong attention to detail and accuracy
- Ability to follow processes, policies and procedures consistently
- Good analytical and problem-solving skills
- Ability to manage workload effectively and meet deadlines
- Customer-focused mindset with a commitment to fair outcomes

Desirable:

- Previous experience in a claims processing or administrative role
- Understanding of regulated environments or financial services
- Experience reviewing documentation (e.g. invoices, receipts, claims evidence)
- Experience working to productivity and quality targets

Our Values

Customer Focused
Do what's Right
Own it
One Team, Always Improving