



<https://medivest.com/job/lien-resolution-specialist-2/>

Lien Resolution Specialist 2

Description

The Lien Resolution Specialist 2 (LRS 2) is an intermediate-level position responsible for handling all aspects of lien identification, verification, negotiation, and resolution across a mixed-complexity caseload. This role works across all payer types, including Medicare Parts A & B, Medicare Advantage Plans (MAP), Medicaid, ERISA, Tricare, and private health insurance. The LRS 2 operates with greater independence than entry-level staff and is expected to negotiate lien reductions, manage multi-payer communications, and contribute to process improvement across the department.

This role is critical to ensuring timely settlement disbursements by securing lien satisfaction and compliance with regulatory guidelines.

The ideal candidate is detail-oriented, highly organized, and capable of communicating effectively with payers, attorneys, and internal teams. Candidates with backgrounds in lien resolution, paralegal work, insurance claims, healthcare administration, or similar fields are encouraged to apply.

Responsibilities

Essential Duties and Responsibilities

- Demonstrate, model, and expect adherence to the company's core values and mission.
- Perform duties in a manner compliant with company policies.
- Stay informed about changes in industry regulations and company procedures.
- Communicate clearly and professionally with internal and external stakeholders via phone, video conferencing, and email.
- Maintain confidentiality and handle sensitive information with discretion and in accordance with HIPAA regulations.
- Provide exceptional service to clients, members, and colleagues.
- Address and resolve issues and concerns promptly, escalating complex cases to the appropriate department or manager when necessary.
- Accurately document all interactions and transactions, ensuring that records are complete, up-to-date, and compliant with company and regulatory requirements.
- Work collaboratively with team members and other departments to achieve organizational goals.
- Contribute to a positive team environment.
- Seek opportunities for professional development and skill enhancement.
- Participate in training sessions and stay updated on industry trends and best practices.
- Prioritize tasks effectively to meet deadlines and organizational objectives.
- Identify issues and propose solutions proactively.
- Take initiative to improve processes and enhance service delivery.
- Adapt to changing priorities, projects, and work environments.
- Embrace new challenges and changes with a positive attitude.

Hiring organization

Medivest

Employment Type

Full-time

Job Location

2100 Alafaya Trail, 32765, Oviedo, Florida, United States

Remote work from: Central Florida

Working Hours

8AM to 5PM

Base Salary

\$ 65,000

Date posted

May 20, 2026

Valid through

30.06.2026

Department Specific Responsibilities

- Review incoming lien referrals across all payer types and initiate contact with applicable payers.
- Maintain accurate and timely notes, status updates, and documentation in the case management system.
- Track lien amounts, dates of service, and communications from initial referral through resolution.
- Submit and follow up on requests for lien information to relevant entities including CMS, BCRC, MAP plans, and third-party administrators.
- Negotiate reductions or waivers where appropriate and document justification.
- Ensure compliance with legal and regulatory requirements, including HIPAA.
- Provide regular updates to referring attorneys and/or internal stakeholders regarding lien status and required documentation.
- Coordinate with internal departments to ensure timely settlement timelines.
- Draft and send necessary correspondence using standardized templates and communication protocols.
- Follow all internal SOPs by lien type to ensure consistency and accuracy.
- Escalate high-risk or complex cases to the Team Lead or Director of Lien Resolution as needed.
- Maintain confidentiality of sensitive member information and adhere to privacy and data security standards.
- Participate in training programs and department meetings.
- Collaborate with peers to improve department-wide processes and resolve operational bottlenecks.

Qualifications

Education and Experience

- 1–3 years of lien resolution experience or equivalent experience in a related field (*e.g., paralegal, insurance claims, healthcare billing, subrogation, or legal support*) — **Required**
- High School Diploma or GED — Required
- Associate’s or Bachelor’s degree in healthcare administration, legal studies, or a related field — Preferred
- Demonstrated proficiency in handling Traditional Medicare liens or equivalent transferable experience — Preferred
- Familiarity with Medicare, Medicaid, ERISA, or similar payers — Preferred
- Basic knowledge of workers’ compensation and the general liability insurance industry — Preferred

Skills & Abilities

- Independent decision-making, negotiation, and problem-solving skills
- Strong written and verbal communication skills
- Detail-oriented with excellent organizational skills
- Ability to manage multiple cases with varying timelines
- Ability to work in small teams on dynamic projects
- Highly motivated and task-oriented, capable of managing a heavy workload, responding quickly to inquiries, and maintaining attention to detail
- Strong time management skills, able to maintain productivity and focus without distraction

- Proficiency in the use of common office technology, including software such as Microsoft Office Suite, Microsoft 365, and Adobe

Physical Requirements

- Ability to sit for extended periods while working at a computer workstation
- Extensive use of a computer, including keyboarding, mouse operation, use of a headset, and viewing a computer screen for long periods
- Ability to type accurately and efficiently for prolonged periods

Job Benefits

- Medical Insurance
- Dental Insurance
- PTO