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Lien Resolution Specialist 3

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
$ 72,500

Date posted
May 20, 2026

Valid through
30.06.2026

Description

The Lien Resolution Specialist 3 (LRS 3) is an advanced-level position responsible for handling the most complex lien identification, verification, negotiation, and resolution work in the department. This role focuses primarily on non-Traditional Medicare lien types, including Medicare Advantage Plans (MAP), Medicaid, ERISA, Tricare, private health insurance, and other complex or non-standard lien types. The LRS 3 manages a higher caseload, exercises advanced negotiation skills, and may mentor junior team members on complex processes.

This role is critical to ensuring timely settlement disbursements by securing lien satisfaction and compliance with regulatory guidelines on the department's most challenging cases.

The ideal candidate is detail-oriented, highly organized, and capable of communicating effectively with payers, attorneys, and internal teams. Candidates with deep experience in lien resolution, paralegal work, insurance claims management, subrogation, healthcare administration, or similar fields are strongly 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.

Department Specific Responsibilities

- Review and manage incoming lien referrals for complex and non-Traditional Medicare lien types.
- 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 MAP plans, Medicaid agencies, ERISA plan administrators, Tricare, and private insurers.
- Negotiate reductions or waivers on complex liens and document justification thoroughly.
- 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 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.
- May mentor junior LRS 1 and LRS 2 staff on complex processes.
- Identify issues and propose solutions proactively to improve lien resolution workflows.

Qualifications

Education and Experience

- 3–5 years of lien resolution experience or equivalent experience in a related field *(e.g., senior paralegal, insurance claims management, subrogation, healthcare billing/administration, 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
- Familiarity with Medicare, Medicaid, ERISA, workers' compensation, and the general liability insurance industry — Preferred
- Demonstrated experience negotiating complex claims, liens, or settlements across multiple payer types — Preferred

Skills & Abilities

- Strong negotiation, decision-making, and problem-solving skills
- Strong written and verbal communication skills
- Detail-oriented with excellent organizational skills
- Ability to manage a higher caseload with varying timelines and complexity
- 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