



<https://medivest.com/job/claims-administrator/>

## Claims Administrator

### Description

Medivest Claims Administrators play a vital role in ensuring that fiduciary accounts are administered in full compliance with the standards set forth by the Medicare Secondary Payer (MSP) Statute and applicable regulations. They are tasked with effectively communicating with members, healthcare providers, pharmacies, ancillary supply vendors, attorneys, and insurance companies, demonstrating expertise in MSP compliance. Representatives frequently answer inquiries and proactively reach out to these parties, performing a variety of tasks that require exceptional customer service, communication, and clerical skills.

### 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

- Enter new claims and reimbursement requests into Medivest's proprietary system.
- Adjudicate claims in accordance with applicable agreements, medical fee schedules, and Medicare Secondary Payer standards.

### Hiring organization

Medivest

### Employment Type

Full-time

### Beginning of employment

ASAP

### Job Location

2100 Alafaya Trail, Ste 204, 32765,  
Oviedo, Florida, United States  
Remote work from: Florida

### Working Hours

8AM to 5PM

### Date posted

March 4, 2026

### Valid through

31.05.2026

- Review quotes and authorizations from medical/supply vendors.
- Coordinate benefits between payers, providers, and miscellaneous third parties.
- Review and respond to claim appeals submitted by providers or members.
- Assist in the processing and mailing of the weekly check run.
- Ability to coordinate benefits with medical providers and insurance companies.
- Explain relevant account coverage and funds guidelines to providers or members.
- Process correspondence with CMS and Medicare Regional Office.

## Qualifications

### Education and Experience Qualifications

- High School Diploma/GED· Minimum 2 years experience working in a medical office setting, preferably with payment processing and/or PHI handling
- Basic knowledge of workers' compensation and general liability insurance claims industry – Preferred
- Entry level knowledge of medical coding and/or medical claims processing
- Basic math skills with ability to perform accurate calculations – Preferred

### Skills & Abilities Requirements

- Independent decision making, negotiation, and problem-solving skills
- Ability to work in small teams on dynamic projects
- Strong analytical skills to assess service issues and develop effective solutions
- Excellent verbal and written communication skills, with the ability to explain complex regulatory concepts to both internal teams and clients
- 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
- Quick learner with a high aptitude for and commitment to mastering industry-specific knowledge, particularly within the MSP sector
- Proficiency in the use of common office technology, including software such as Microsoft Office Suite, Microsoft 365, and Adobe
- Fluent in both Spanish and English, with outstanding oral and written communication skills in both languages (preferred, not required).

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#### **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

#### **Work Environment**

- Administrative office based in Oviedo, FL
- Corporate office based in Santa Barbara, CA
- Remote work setup and functionality
- Access to a stable internet connection and the ability to troubleshoot minor technical issues independently
- Access to a quiet and comfortable workspace that supports focus and productivity
- Ability to set up and maintain an ergonomic workspace to prevent strain or injury (including appropriate desk, chair, and computer equipment)

#### **Job Benefits**

- Medical
- Dental
- PTO