



Billing Associate

Who We Are

Family Tree Clinic is a leader in sexual and reproductive health care in the Twin Cities and Minnesota. Founded by community activists and volunteers in 1971, our vision is to eliminate health disparities through innovative, personalized sexual health care and education for diverse needs. We work to achieve this vision through providing patient-centered health care services, community education and outreach; and through developing alliances across the state to promote sexual health and freedom in our communities. The staff at Family Tree is a team of committed, passionate, and smart individuals who work hard and are eager to learn and grow together as we provide services and education to our community.

Core Value Statements

Commitment to furthering social and reproductive justice: striving for and demonstrating a conscious awareness of cultural markers and lenses related (but not limited) to race, ethnicity, country of origin, religion, family narrative, gender identity, immigration status, gender presentation and expression, sexual orientation and expression, mental and physical ability, size, class, and age; sex positive; striving to center justice lenses in our daily work and long-term goals

Mission-focused: conveying passion for our mission with an understanding that our work evolves over time, and that there are many ways we accomplish our collective goals; supporting a workplace environment that is in service to our mission

Collaborative and accountable: being mindful of our differences and striving for self-awareness; accountable to colleagues, patients, clients and community members; acknowledging one's own mistakes and striving to learn from them; supportive of ongoing learning

Direct and respectful: being honest, candid and straight-forward in a way that acknowledges the power of our words; assuming the best intentions when engaged in difficult conversations; conveying respect for each other and our clients; upholding workplace standards and Family Tree's mission in all of our interactions

Position Summary

The Billing Associate is responsible for clinic billing functions, medical records management, and reviewing the overall patient fee revenue cycle. This position is also responsible for adhering to effective and high-quality standards, training and practices for billing services, supporting billing functions and processes, assuring timely collection of payments, auditing team member's insurance verification, and generating accurate reports to support the financial management and revenue cycle of the clinical

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operations. The Billing Associate contributes to an organizational culture that is passionate, supportive, patient-and-client-centered and accountable to one another and our community.

Primary Duties:

Collaborative responsibilities

- Participate in organizational training, workshops, and meetings focused on racial justice & anti-oppression as able
- Serve as a resource for governmental reimbursement programs, including having a working knowledge of Medicaid and other state health insurance programs
- Decrease outstanding patient and insurance balances by collecting payments and finding appropriate funding for individual patient situations
- Maintain a detailed knowledge of technology and systems troubleshooting and triage in order to support daily clinic operations
- Work with Clinic Director and medical staff to ensure efficient and high-quality clinic operations
- Develop and maintain training materials, systems, and resources for clinical staff
- Assist with training as requested

Independent responsibilities

- Maintain an expert working knowledge of NextGen Electronic Practice Management System (EPM), and a working knowledge of the Electronic Health Record System (EHR, and File Maintenance)
- Manage & process medical records
- Be available for patient complaints and billing questions
- Utilize the NextGen EPM software to schedule appointments, facilitate communication between patients and medical staff, and check patients in and out
- Support billing set up for new services and programs

Program/Department Coordination Responsibilities

Front Desk and Patient Support:

- Credential and re-credential all medical providers with Medicare and other federal government programs, the State of Minnesota, and all private insurance accepted in the clinic
- Follow up with providers to ensure timely documentation and accurate coding for visits
- Support lab and external vendor billing coordination and issue resolution
- Respond to Chart Audits from Commercial and State insurances (as needed)
- Provide patient education around insurance, payment options, and funding sources for care

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- Run daily and weekly audits of scheduled appointments, focusing on proactive communication and insurance verification with patients
- Participate in check-ins with supervisors, staff meetings, caucus meetings, and other departmental or organizational meetings, training, and in-services
- Back up for checking in patients for in-person and telehealth appointments, and providing and processing appropriate paperwork
- Back up for checking out patients and accepting and record payments, as well as sell over-the-counter supplies

Revenue Cycle and Billing Responsibilities:

- Maintain billing and revenue cycle related systems in the Electronic Practice Management portion of the Electronic Health Record System, NextGen (EPM)
- Process all insurance claims and post all payments in a timely manner with an understanding of electronic claims and remittances
- Generate and submit claims to the Clearinghouse
- Review and troubleshoot rejected or denied claims from NextGen and Clearinghouse.
- Submit appeals as needed
- Perform payer follow-up for unpaid, denied or no-response claims
- Review insurance payments for accuracy and identify items requiring corrections
- Maintain accurate patient account balances, credits, refunds and write-offs
- Ensure patient statements are accurate and mailed in a timely manner
- Respond to patient calls, patient portal messages, emails and voicemails regarding billing questions
- Set up, monitor and maintain patient payment plans and follow up on failed payments
- Identify patients eligible for financial assistance and internal funding programs, such as MFPP and other Grant fundings available.
- Oversee the disbursement of the We Are Family Fund and other Grant funding programs
- Update Sliding Fee Schedules annually and routine updates such as CPT changes
- Stay current on payer policies and regulatory updates impacting services
- Maintain provider and practice information in payer portals
- Handle patient questions and inquiries in person, online, and over the phone
- Additional tasks and responsibilities as assigned

Prior Authorization Responsibilities

- Review and respond to requests for prior authorizations from pharmacies, insurance companies, and patients
- Prepare and submit prior authorizations by phone, fax and through Cover My Meds

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- Contact patients and pharmacies to collect necessary information for prior authorizations, as well as to communicate timeline and results of authorization submissions
- Work closely with clinic staff to collect any needed information or resources for prior authorizations, including but not limited to chart notes, lab results, and medication histories
- Follow up with insurance companies and pharmacy benefit managers to resolve coverage issues as needed
- Create and maintain detailed documentation of in-progress prior authorizations
- Engage patients and parents with patience and compassion regarding the status and process of their prior authorizations
- Submit appeals and supporting documentation requesting that previously denied determinations be changed or overturned

Qualifications

Required

- Ability and willingness to challenge and change systemic and personal actions and behaviors that contribute to systems of oppression
- At least one year of experience working as a medical biller OR working with insurance claims and medical coding
- Experience using Electronic Practice Management systems and Electronic Health Records
- Ability to perform and coordinate many different tasks at one time
- Ability to be flexible and handle interruptions
- Working knowledge of health insurance, especially Minnesota Healthcare Programs, Medicaid, and Medicare

Preferred

- Customer service experience navigating conversations around money or other difficult topics
- Experience with NextGen Electronic Practice Management, including EPM, EHR, and File Maintenance
- Prior authorization experience
- Strong attention to detail, organizational skills, and ability to manage multiple tasks simultaneously
- Strong, documented de-escalation and conflict resolution experience
- Knowledge about Family Planning and LGBTQ+ healthcare needs

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- Ability to work independently utilizing a high degree of problem-solving skills, and to work collaboratively in a team setting
- Ability to learn independently and through reading
- Ability to maintain client confidentiality

Salary & Benefits:

Starting hourly wage is \$22 or higher based on experience and qualifications beyond what is required in the job description. This is a benefits-eligible position consisting of 11 paid holidays, 15 paid vacation days and 15 paid sick days to start (paid time off increases after one year), 2 paid personal days; medical, dental, vision, life, and long-term disability insurances; a 401k with employer matched contributions. With all benefits included, the total effective compensation package may be valued upwards of \$27.12 per hour. This figure represents the combined value of wages and benefits if maximum benefits are selected. It is not the hourly base wage.

Hours: 40 hours per week, Monday through Friday with the potential for flexible hours with manager's approval.

Supervisor: Finance Director

Typical Working Conditions: The person in this position uses Family Tree's Internet-based telephone system to place and receive calls and typical office equipment like a computer, printer, copier, and fax machine. Average days will be spent looking at computer screens at a sit-stand desk. Combination of office and clinical environments with hazards common to clinical environments including potential exposure to communicable diseases.

To Apply: Please send a cover letter stating your interest in the position and resume to the Finance Director (she/her) at wnichols@familytreeclinic.org.

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