

Medical Billing Specialist

Job Description Position Title: Medical Billing Specialist

Agency Program: Finance

Reports to: CFO

FLSA Category: Non-Exempt

Triangle Family Services (TFS) is a dynamic nonprofit human services agency with an 86-year history of serving families in crisis in Wake County and surrounding counties. Our life-changing programmatic work includes trauma-focused mental health services, domestic violence interventions, supervised visitation, housing stabilization services, homeless engagement, and financial counseling. (tfsnc.org) The ideal candidate will thrive in a fast-paced, team-oriented work environment with the ability to operate independently to achieve results.

Essential Job Function – Act as point person for all client accounts and the revenue cycle

Qualifications:

- Bachelor's degree preferred
- Previous billing experience with licensed therapists, primary care, maternal health and or lactation services
- Certification as a biller preferred or specific training as such

Knowledge, Skills and Abilities: Excellent communicator. Able to solve problems with a high level of attention to detail. Able to analyze billing and financial statements. The knowledge and ability to effectively manage through the revenue cycle.

Responsibilities:

1. Billing and Front Office Duties:

- Review daily appointment log and charts for appointments as to any insurance payment issues and order chart completeness, if necessary to complete billing processes.
- Ensure all claims are clean prior to sending them out to the third-party payor. Actively work denials by following up with clinical staff as needed to ensure corrected claims.
- Review, account and reconcile fee-for-service transactions received from both insurance companies and clients to encompass all accounts receivable charges and payments.
- Maintain a sliding scale and payment plan arrangement list for all necessary departments.
- Review and maintain utilization review by communicating with clinicians for authorization justification and frequency limits and requesting authorizations weekly and as needed.
- Review and work through clearinghouse rejections and denials.
- Review Pending Charge Error reports and resolve errors. Communicate with clinicians if resolution is needed on their end.
- Review Charge Generation weekly for errors and adjustments that are needed.
- Run the Service Activity Analysis weekly and monthly for productivity calculations and forecasting.
- Review for incomplete documentation and send to the clinicians twice a week for follow up, and before month end closing; also, to be included in productivity calculations.
- Run the Late Billing report to include in productivity calculations and provide to Clinical Director for escalation.
- Review discharges and balances past one year for write off consideration.
- Review outstanding insurance charges past 45 days with no insurance correspondence for rebill opportunities.
- Review and resolve claim denials.
- Stay up-to-date on insurance policies and billing procedures, to include Alliance All Provider Meetings.

- Meet at least once a month with the billing agency to review system or billing concerns.
 - Complete account allowances include contractual adjustments, sliding scale fees, and write offs.
 - Add non-ucr charges and ensure they are accurate.
 - Complete receipt entries and maintain unapplied cash; to be reconciled by Month End.
 - Month End completion and reporting; to include pending activity, cash analysis, charge analysis, allowance analysis, and accounts receivable prior and current reporting, programmatic reporting.
 - Troubleshoot EHR and maintain billing rules, and payor, organization and activity maintenance
2. Pre-certification/Authorization
 - Obtain all pre-certification and authorizations prior to first visit and as needed during care and with any change.
 - Obtain all pre-certifications and authorizations required.
 - Refer any payment plans or difficult insurance issues to Business Manager for review and set-up and then resume responsibility for billing/payments.
 3. Cash Application
 - Review clinician logs for missed encounter forms.
 - Review charts for encounters to note the need for any other billing needed, noted on encounter forms and any insurance notification required.
 4. Accounts
 - Meet with patients to review contractual obligations, fee schedule and billing mechanisms as needed.
 - Follow up all insurance claims as needed.
 - Implement collection process per Collection Policy.
 - Run monthly reports on receivables and review to confirm accuracy.
 - Answer calls regarding client accounts, document calls and follow up as needed.
 - Verify insurance coverage.
 - Stay updated on billing codes and procedures to maximize insurance reimbursement.
 5. Team
 - Participates as part of a team by performing any other duties as assigned or needed.
 - Participates in activities designed to enhance public awareness of Triangle Family Services.
 - Contributes to maintaining productive and positive working relationships with care providers, and other staff at TFS and other health care facilities and organizations.
 - Other tasks as assigned.

DOSE Program

- Review payments entered into Apricot for accuracy and reconcile deposit reporting to Apricot's reports.
- Review client balances and communicate with case managers when balance review is requested from them.
- Create a transaction history for case managers as requested for client/PO inquiries.
- Communicate with clients regarding balance inquiries and address client balance escalations.
- Run Quality Assurance reports and correct errors populating for duplicate entries, to include enrollments, classes registered, intakes and transactions.

This is a full-time 40 hours per week position with flexibility as agreed upon within agency guidelines. Salary will be commensurate with experience and includes a full benefit package.

TFS provides equal employment opportunities to all applicants and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. Furthermore, TFS identifies diversity as one of our core workplace values.

TFS is a family-friendly workplace that offers flexible scheduling options and hybrid work arrangements during COVID-19. This position will function in a fast-paced environment that requires both independence and collaboration; TFS identifies teamwork as one of our core workplace values. Most TFS employees wear multiple hats and regularly encounter opportunities to expand their skills, knowledge, and reach. We take our commitment to our clients and our donors very seriously: we work hard. We also, however, find joy, hope and fun in our daily work activities and collegial interactions.

TFS has made the decision to require all employees to be fully vaccinated against COVID-19, where allowed by state or local law and where vaccine supply is readily available. The only exceptions to this requirement are employees who are approved for an accommodation for religious, medical, or disability-related reasons.

Please submit a cover letter and resume to resume@tfsnc.org with the position title (**Medical Billing Specialist**).