



HUB Billing and UHA Manager Position Description

TITLE: HUB Billing and Umbrella Hub Arrangement (UHA) Manager
REPORTS TO: HUB Operations Manager
CLASSIFICATION: Full-Time, Hybrid Work

Summary: We are seeking a detail-oriented and experienced billing specialist to oversee the billing and claims reimbursement operations of the Iowa Community HUB. The HUB is a nonprofit, community care hub (CCH) that collaborates with organizations statewide to maximize access to resources and support community initiatives through clinic to community partnerships. This position will play a critical role in ensuring accurate billing, timely reimbursement, and the successful operations of the Umbrella HUB Arrangement (UHA). To learn more about CCHs, click [HERE](#), and to learn about UHAs, click [HERE](#).

Compensation: The Iowa Community HUB is considered a top emerging community care hub nationally, yet we are still a growing nonprofit. In an effort to be transparent, the position is salary only with plans to start benefits in 2025. Currently, we offer flexible work hours, and flexible time off all within a hybrid work environment. This position is compensated at \$65,000/year.

Essential Functions: Essential functions for this position include the following items. Other duties must be performed as assigned or required.

- Perform all job functions according to the mission and values of our organization.
- Billing Process Management: Oversee the billing process for all services provided by the Iowa Community HUB, including medical, social, and other support services, ensuring accuracy and compliance with relevant regulations and guidelines.
- Claims Submission: Prepare and submit claims to insurance carriers/ third-party payers in a timely manner, utilizing appropriate billing codes and documentation to maximize reimbursement.
- Revenue Cycle Management: Monitor the revenue cycle from service delivery to payment receipt, identifying and addressing gaps or delays in the billing and reimbursement process to optimize cash flow and revenue generation.
- Denial Management: Investigate and resolve claim denials and rejections, work closely with internal staff, payers, and vendors to address coding errors, documentation deficiencies, and other issues impacting reimbursement.



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- **Accounts Receivable:** Manage accounts receivable and collections efforts, track outstanding balances, follow up on overdue payments, and implement strategies to minimize bad debt and improve cash collections.
- **Financial Reporting:** Generate regular reports on billing activity, revenue performance, and accounts receivable status, provide insights and analysis to inform decision-making and strategic planning.
- **Compliance:** Ensure compliance with billing regulations, payer policies, and contractual obligations, staying abreast of changes in reimbursement rules and guidelines and implementing necessary updates to billing processes and procedures.
- **Umbrella Hub Arrangement (UHA) Management:** Establish and manage contracts with payers and member community-based organizations (CBOs) for payment, perform Data Preparer role for member CBOs, and provide technical assistance/training/support for member CBO to ensure proficiency in compliance requirements.
- **Quality Improvement:** Participate in quality improvement initiatives to enhance the efficiency and effectiveness of billing operations, collaborating with internal stakeholders and external partners to implement best practices and streamline processes.

Qualifications: The requirements listed below are representative of the minimum knowledge, skills and ability required.

Education/Experience:

- Bachelor's degree in healthcare administration, business administration, finance, health information management or a related field (master's degree preferred).
- At least 3 years of experience in healthcare billing, revenue cycle management, or financial operations, with demonstrated leadership.
- Strong knowledge of medical billing practices, coding systems (e.g., CPT, ICD-10, etc.), and reimbursement methodologies.
- Proficiency in billing software and electronic health record (EHR) systems, with experience using billing modules, reporting tools and other business tools.
- Familiarity with healthcare compliance regulations (e.g., HIPAA, Medicare/Medicaid billing rules) and payer guidelines.
- Excellent analytical and problem-solving skills, with the ability to identify trends, analyze data, and implement process improvements.
- Effective communication and interpersonal skills, with the ability to collaborate with internal and external stakeholders to achieve common goals.



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- Attention to detail and accuracy, with a commitment to maintaining high standards of quality and integrity in financial operations.
- Ability to transfer data and billing records for storytelling, reporting and data visualization for stakeholders

Physical Demands & Work Environment: The physical demands described here are representative of those that must be met by employee to successfully perform the essential functions of this job.

- Up to 80% of the job may be spent sitting while performing computer and phone tasks.
- Up to 20% of the job may be spent in meetings.
- Must be able to carry a laptop and small supplies when necessary.
- Must be able to perform hand and wrist movements in performing administrative tasks.
- Ability to talk and hear for virtual communications.
- Ability to contact individuals via phone and/or operate virtual conferencing.
- Ability to operate a PC/laptop and to enter & retrieve information from a computer.
- Ability to handle varying levels of stress.

(The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should be viewed as general guidelines.)

Environmental – There is little to no exposure to hazardous environmental conditions.

If interested, contact Renee Allard, HUB Administrator at 515-635-1285 or rallard@iacommunityhub.org