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## POSITION DESCRIPTION

### Program Administrator

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#### ABOUT URBAN TRIAGE, INC.

Urban Triage, Inc. is dedicated to inspiring a profound transformation within cultures, institutions, and communities, forging a path toward a humane future for all. We actively engage with systems to implement systematic, sustainable, equitable, and clinically sound approaches to enhance health behaviors and prevent illness.

Our vision is to break down barriers and foster a thriving environment through education, community support services, and diligent advocacy. We aim to dismantle obstacles such as inadequate education, limited access to resources, and disparities in class and health, creating a foundation for lasting change.

At the heart of our work is a deep-rooted trust within the community and a proven track record of empowering change. Together, we can build a brighter, healthier future for everyone.

#### POSITION OVERVIEW – PROGRAM ADMINISTRATOR

The Program Administrator plays a critical role in ensuring operational excellence and regulatory compliance across Urban Triage’s seven housing programs. This position is responsible for conducting thorough quality assurance reviews of case manager files, maintaining documentation integrity across digital systems and databases, and managing Medicaid billing through the ForwardHealth Portal.

This position is hybrid-eligible and may be performed fully remotely. The Program Administrator will review approximately 200 case files per 30-day period and provide weekly compliance reports covering the prior week’s case management activity.

This position begins at 20–30 hours per week with the potential to grow to 40+ hours per week by Q4 2026 or January 2027, based on organizational capacity and individual performance.

#### QUALIFICATIONS

- Commitment to the mission and values of Urban Triage, Inc.
- Associate’s or Bachelor’s degree in health administration, social services, public health, business administration, or a related field preferred; **equivalent or lived experience considered**. Minimum two (2) years of experience in program administration, compliance, quality assurance, or a related field — preferably within a nonprofit, housing, or social services organization.

- Prior experience with Medicaid billing, the ForwardHealth Portal, or healthcare claims processing is strongly preferred; candidates with general medical or human services billing experience and a willingness to train will also be considered.
- Demonstrated ability to review, audit, and maintain complex case management files and databases with a high level of accuracy.
- Strong understanding of housing program documentation requirements, including HUD, CoC, ESG, or similar funding-stream compliance, preferred.
- High organizational skills, exceptional attention to detail, and the ability to manage and prioritize a large volume of files efficiently.
- Intermediate to advanced computer literacy, including proficiency with database systems, electronic case management platforms, and Microsoft Office or Google Workspace.
- Excellent written and verbal communication skills for reporting compliance findings and collaborating with case managers.
- Self-motivated, dependable, and able to work independently with minimal supervision in a remote or hybrid environment.
- Must pass a background check.
- Being bilingual (English/Spanish) is a bonus.

## **TASKS AND RESPONSIBILITIES**

### **1. Quality Assurance & Compliance Review**

- Conduct weekly compliance reviews of all case management activity completed during the prior week across all seven housing programs.
- Review approximately 200 case files per 30-day period by accessing Urban Triage's digital file systems and case management databases.
- Ensure all required forms are fully and correctly completed for each case file, identifying any missing, incomplete, or inaccurate documentation.
- Verify that all required documents are present and properly filed in accordance with program-specific requirements and Urban Triage standards.
- Track compliance findings and generate clear, organized weekly reports summarizing the status of each case manager's files.
- Communicate deficiencies and outstanding documentation needs directly to the relevant case managers and supervisor in a timely and professional manner.
- Monitor corrective action and follow up to ensure all identified deficiencies are resolved within required timeframes.
- Maintain accurate records of all compliance reviews, findings, and resolutions for audit and reporting purposes.
- Stay current on program-specific documentation requirements across all seven housing programs and update internal compliance checklists as needed.

### **2. Medicaid Billing & ForwardHealth Portal Management**



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- Perform Medicaid billing 4–10 hours per week, depending on claim volume, ensuring all billing is completed accurately and in a timely manner.
- Review case files prior to billing to confirm all required documentation, authorizations, and service records are present and complete.
- Access and navigate the ForwardHealth Portal to submit Medicaid claims on behalf of Urban Triage.
- Monitor claim statuses, identify and resolve claim rejections or denials, and resubmit as necessary.
- Maintain detailed billing records and reconcile submitted claims against documentation on file.
- Flag any documentation gaps that could delay or disqualify billing and communicate these to the relevant case manager or supervisor.
- Adhere to all Medicaid billing compliance requirements, including HIPAA regulations and Wisconsin DHS guidelines.
- Support preparation for billing audits by maintaining organized and accessible billing documentation.

### 3. Administrative & Operational Support

- Maintain and organize Urban Triage’s digital file systems to ensure records are up to date, accessible, and properly secured.
- Assist in developing, refining, and implementing internal compliance checklists, file audit tools, and quality assurance workflows.
- Collaborate with program supervisors and the Director of Programming to identify systemic documentation issues and recommend process improvements.
- Participate in internal meetings related to program compliance, file audits, and Medicaid billing as requested.
- Maintain strict confidentiality of all client records in accordance with HIPAA and Urban Triage privacy policies.
- Complete additional administrative tasks as assigned by the Director of Operations or CEO.

## SCHEDULE & COMPENSATION

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- Hours: Part-time, 20–30 hours per week, with the potential to expand to 40+ hours per week by Q4 2026 or January 2027.
- Work Location: Fully remote or hybrid — candidate must have reliable internet access and a private, secure workspace.
- Compliance reviews must be completed weekly, covering all case management activity from the prior week.
- Billing hours will vary from 4 to 10 hours per week, depending on claim volume.
- Compensation is commensurate with experience.

## **BENEFITS**

- Life, Dental, and Vision Insurance.
- Employee Wellness Benefits.
- Paid Time Off and Sick Leave.
- 1 Paid Week Summer Break.
- 2 Weeks Paid Christmas Break.
- Performance bonuses and compensation incentives after one year if Urban Triage has the financial resources.

## **DISCLAIMER**

This job description has been designed to indicate the general nature and essential duties and responsibilities of the position. It may not include every task or requirement, and duties and responsibilities may change at any time with or without notice.

## **COMPLIANCE REQUIREMENTS**

This role requires strict adherence to all federal, state, and local guidelines regarding client confidentiality, HIPAA regulations, ForwardHealth billing standards, and Urban Triage company policies. The Program Administrator must comply with Urban Triage's Code of Conduct, Privacy Policies, and Data Security Protocols at all times.