Public Benefits & Medicaid Specialist

Full-Time | 40 Hours/Week | Providence, Rhode Island | $25-$30/hour + Benefits

REGULAR SCHEDULE	This is the position's standard 40-hour workweek.
Wednesday-Friday	Flexible
Saturday-Sunday	10:00 AM-4:00pm
Monday-Tuesday	Flexible

Evening and weekend hours are part of the regular schedule, not additional hours on top of a Monday-Friday workweek.

About ITO Health

ITO Health is a public benefit company building innovative technology to close the gap between healthcare and social care. Our platform equips staff with tools identify social needs, determine eligibility for programs, complete applications, and ensure successful follow up.

Too often, people are screened for social needs and then given a phone number, website, or referral and left to navigate a complicated system on their own. We are building a different model: identify what someone needs and help them actually get it.

Our team works with health plans, health care organizations, clinical teams, community organizations, and government agencies.

About the Role

Public Benefits & Medicaid Specialists sit at the center of ITO Health's work: helping people find, understand, and keep the benefits they are eligible for.

The role combines two kinds of work that are often treated separately. Like a community health worker, you will build trust with people navigating complicated systems, sometimes during difficult moments in their lives. Like a benefits coordinator, you will manage documentation, track cases, complete applications and renewals, and follow them through to resolution. We are looking for someone who can do both well.

You will work directly with individuals and families - **primarily by phone** - to understand their circumstances, identify programs for which they may qualify, complete applications and renewals, obtain supporting documentation, and troubleshoot problems along the way. The role includes both proactive outreach to people who may qualify for assistance and responding to people who come to us for help.

What You'll Do

- Guide people through Medicaid and other public-benefit applications, redeterminations, and renewals, translating complicated requirements into understandable next steps.
- Conduct proactive outreach to people who may qualify for benefits and respond to inbound requests for assistance.
- Build relationships grounded in trust and respect rather than treating navigation as a transaction.
- Complete applications and renewals with people over the phone and help obtain the documentation needed to submit them.
- Follow up thoughtfully and persistently when someone does not answer, an application is incomplete, or a person initially decides not to continue.

- Track cases accurately and follow through until resolution. A case is not done simply because a referral was made or an application was started.
- Submit applications and supporting documentation through state benefit systems and other approved channels.
- Coordinate with community organizations, clinical teams, health plans, and agency staff to resolve barriers.
- Document interactions and outcomes clearly, protect sensitive information, and follow applicable privacy and program requirements.
- Recognize when someone needs assistance beyond what we can provide and make a responsible handoff.
- Identify recurring barriers and opportunities to improve ITO Health's technology and navigation processes.
- Complete required training and stay current on relevant public-benefit program rules and procedures.

What We're Looking For

We care less about a particular degree or resume than about how you work with people and whether you get things done. No specific college degree is required.

The strongest candidates combine empathy with organizational discipline. You should be able to establish trust quickly, explain complicated information clearly, manage multiple cases and documents, and follow a process without letting things fall through the cracks.

We are also looking for a particular kind of persistence. People have busy lives and competing priorities. Someone may want help but become frustrated with a long application, stop responding, or decide halfway through that they would rather deal with it another day. A good navigator respects each person's autonomy while recognizing when encouragement, another phone call, or another ten minutes together could make the difference between an unfinished application and someone actually receiving benefits.

That is not about being pushy. It requires empathy, judgment, persistence, and the ability to read the person you are working with.

You May Be a Great Fit If You

- Genuinely enjoy talking with and helping people.
- Can establish rapport quickly, particularly over the phone.
- Are comfortable making a high volume of outbound calls and trying again when someone is difficult to reach.
- Can be respectfully persistent without becoming pushy.
- Work efficiently while maintaining accuracy and attention to detail.
- Are comfortable discussing income, household circumstances, insurance, and other potentially sensitive topics.
- Are organized and can manage multiple cases at different stages.
- Enjoy solving problems and figuring out complicated systems.
- Are comfortable learning and using new technology.
- Take ownership of your work and follow things through to completion.
- Can work at off hours, as listed above, reliably.

Helpful experience. Experience in community health work, case management, benefits navigation, health care, social services, customer service, or a related field is helpful, but it is not required.

We can teach the right person the programs and systems.

An Opportunity to Learn Health Care From the Ground Up

This can be an especially strong opportunity for someone considering medical school, an MPH, social work, health policy, public health, or another health-related graduate program.

You will see firsthand how Medicaid, public benefits, health care organizations, and government systems intersect - and how income, housing, food access, insurance, and other circumstances affect people's health. You will interact with patients, clinicians, social workers, health plans, community organizations, and government agencies while developing practical experience that can be difficult to get in a traditional entry-level health care position.

Depending on your interests and the organization's needs, there may also be opportunities to contribute to quality improvement, program evaluation, research, and product development.

Schedule & Location

This is a 40-hour-per-week position based in Providence, Rhode Island. The regular schedule is Saturday and Sunday from 10:00 AM to 4:00 PM. We want to work together with you to figure out the remaining schedule during the week, with the goal of some later afternoon-evening hours.

Compensation & Benefits

$25-$30 per hour, depending on experience, plus benefits.

Why ITO Health

This is not a traditional call-center or narrowly defined benefits position. You will work alongside people in health care, technology, product, public benefits, and operations. Because we are a growing company, specialists do not just use our systems - they help us understand what is working, what is getting in the way, and how our technology and processes should improve.

The outcome of the work is concrete: helping someone obtain health coverage, food assistance, or another benefit that can make a meaningful difference in their life.

Equal Opportunity

ITO Health is an equal opportunity employer. We welcome applicants of all backgrounds and do not discriminate on the basis of race, color, religion, sex, pregnancy, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, veteran status, or any other characteristic protected by law. Reasonable accommodations are available during the application and interview process.