IBUKUN COMPREHENSIVE COMMUNITY SERVICES, INC.

MEDICAID BILLING & REVENUE CYCLE SPECIALIST

Position	Medicaid Billing & Revenue Cycle Specialist
Department	Accounting / Finance
Employment Status	Full-Time
Classification	Non-Exempt
Reports To	Chief Executive Officer / Executive Director and/or designated Accounting leadership
Location	Chicago, Illinois
Salary Range	$50,000–$60,000 annually, commensurate with experience

Position Summary

Ibukun Comprehensive Community Services, Inc. is seeking an experienced Medicaid Billing & Revenue Cycle Specialist to manage Medicaid billing, claims submission, payment reconciliation, denial management, and related revenue-cycle activities.

The ideal candidate will have direct experience with Illinois Medicaid behavioral-health billing, including familiarity with the Illinois Department of Healthcare and Family Services (HFS), IMPACT, Medicaid Managed Care Organizations (MCOs), and YouthCare/HealthChoice Illinois.

This position is responsible for helping ensure that eligible services provided by Ibukun are accurately documented, billed timely, reimbursed appropriately, and maintained in accordance with Medicaid, contractual, and audit requirements.

Essential Duties and Responsibilities

- Manage the Medicaid billing process from service documentation through claim submission and reimbursement.
- Verify Medicaid eligibility and payer information prior to billing.
- Review service documentation to determine whether it supports billing requirements.
- Prepare and electronically submit clean Medicaid claims within required filing deadlines.
- Review CPT, HCPCS, ICD-10, modifiers, units, dates of service, and other billing information for accuracy.
- Monitor claim status and identify unpaid, rejected, suspended, or denied claims.
- Investigate denials and submit corrected claims, reconsiderations, or appeals when appropriate.
- Track outstanding Medicaid accounts receivable and maintain detailed aging reports.
- Post and reconcile Medicaid and managed-care payments.
- Review remittance advice and Explanation of Benefits/Explanation of Payment documentation.
- Identify underpayments, overpayments, duplicate payments, and other reimbursement discrepancies.
- Coordinate with clinical, program, CQI, accounting, and administrative staff to resolve documentation or billing deficiencies.
- Maintain accurate billing records and supporting documentation for Medicaid and DCFS-related services.
- Assist management with monthly Medicaid revenue and accounts-receivable reporting.

- Support internal and external audits by producing billing records, claim histories, payment documentation, and supporting records.
- Maintain strict compliance with HIPAA and all applicable confidentiality requirements.
- Stay current with changes to Illinois Medicaid billing policies, fee schedules, managed-care requirements, and applicable regulations.
- Perform other billing and revenue-cycle responsibilities as assigned.

Required Qualifications

- Minimum 2–3 years of Medicaid billing experience.
- Strong preference for experience with Illinois Medicaid and behavioral-health or community mental-health services.
- Knowledge of Medicaid claims submission and reimbursement processes.
- Experience investigating and resolving denied or rejected claims.
- Working knowledge of CPT, HCPCS, ICD-10, modifiers, and healthcare billing terminology.
- Strong Microsoft Excel and reporting skills.
- Ability to reconcile claims, payments, and accounts receivable.
- Excellent organizational skills and attention to detail.
- Ability to manage confidential information appropriately.
- Strong written and verbal communication skills.
- Ability to work independently and meet strict billing deadlines.

Preferred Qualifications

- Illinois HFS Medicaid billing
- IMPACT enrollment/provider systems
- YouthCare
- HealthChoice Illinois
- Medicaid Managed Care Organizations (MCOs)
- Behavioral-health or mental-health billing
- Residential or community-based youth services
- DCFS-funded programs
- Electronic Data Interchange (EDI) claim submission
- Medicaid audits and compliance reviews
- Revenue-cycle management
- Electronic Health Record (EHR) or Electronic Medical Record (EMR) billing systems

Key Performance Expectations

- Submit claims accurately and within required billing deadlines.
- Minimize preventable claim denials.
- Follow up promptly on outstanding claims.
- Maintain accurate Medicaid accounts-receivable records.
- Identify documentation deficiencies before claims are submitted.
- Reconcile Medicaid payments with submitted claims.
- Provide management with timely reports regarding billed services, collections, denials, and outstanding receivables.
- Maintain billing records in an audit-ready condition.

Education

Associate or bachelor's degree in Accounting, Finance, Healthcare Administration, Health Information Management, Business Administration, or a related field preferred.

Relevant Medicaid billing experience may be considered in lieu of a degree.

Work Schedule

Full-time position. Regular business hours are expected, with additional time as necessary to meet billing deadlines, month-end reconciliation requirements, audits, or other organizational needs.

Equal Employment Opportunity

Ibukun Comprehensive Community Services, Inc. is an Equal Opportunity Employer and considers qualified applicants without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other status protected by applicable federal, state, or local law.