



KENINDIA

ASSURANCE COMPANY LIMITED

General Business | Life & Pensions | Health



The business seeks to fill the following vacancy:

Care Manager

Reporting to Section Head Medical Claims

JOB PURPOSE

Collaborate with medical clients, intermediaries, and medical service providers to facilitate access to quality, timely, effective, and cost-efficient healthcare services with the aim of achieving business growth, profitability, and customer retention.

PRINCIPAL ACCOUNTABILITIES

Care Management

- Review pre-authorization of admission, discharges, scheduled and emergency medical cases, issue timely responses as per policy benefits and company guidelines.
- Review of patient's history and records to determine cause of disease and assess if treatment correlates with the diagnosis and applicable benefits.
- Coordinate local and international emergency evacuations, referrals, and transfers
- Set the appropriate parameters for each admission (claim reserve, initial authorized cost and duration) and ensure their compliance.
- Negotiation of doctors' and hospital bills and charges in view of reducing the cost of care before or during admissions.
- Visit patients admitted within Nairobi and follow up the ones admitted outside Nairobi. Post discharge follow up of patients to ensure adherence to care.
- Follow up care of admitted patients with the doctors and providers to ensure quality care and cost containment.
- Implement preventive care program through health talks, wellness and the chronic disease management program CDMP. (Specialization)

- Send weekly and monthly report on admissions, exceptional claims, long stay, savings amongst others.
- Audit service provider applications, process contracts and provider feedback (Specialization).

Customer Service

- Oversee weekly sending out active members list to the providers.
- Update intermediaries and/ or scheme administrators on clinical, coverage and bills of admitted clients.
- Provide feedback and update to intermediaries and schemes on requested providers.
- Coordinate with the clients and medical providers to leverage on NHIF.
- Ensure adherence to contracts and service level agreements between providers and the company.
- Process reimbursement documents and communicate to clients about the status of their claims.
- Register, follow through and resolve the customers and provider queries and complains in time and advise them on outcome and the details of the medical product.

Your Stability, Our Priority



We are now ISO 9001 Certified

KNOWLEDGE AND EXPERIENCE

Experience:

Qualifications:

Academic Qualification

- Bachelors degree Nursing/ Diploma in Nursing

Professional Qualifications

- Nursing Council of Kenya
- AIK

Experience:

- Four years' experience in health insurance

Knowledge

- Understanding of insurance industry

SKILLS AND COMPETENCIES

- Claims Management
- Analytical skills.
- Customer Management
- Customer Management
- Influencing skills
- Negotiation skills
- Policy interpretation skills
- Processing of all classes of insurance
- Communication skills
- Interpersonal skills
- Customer Service
- IT skills (fluency)
- Integrity
- Reliability
- Transparency
- Professionalism
- Teamwork
- Quality

Submit your application by logging in to <https://kenindiahr.peopleshr.com/jobportal>
no later than **31st October 2026** at **5:00 p.m.**

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