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**Job Ref. No.** HRJIC513

**Position:** Assistant Manager, Provider Partnerships

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Jubilee Insurance was established in August 1937, as the first locally incorporated Insurance Company based in Mombasa in 1937. Jubilee Insurance has spread its sphere of influence throughout the region to become the largest Composite insurer in East Africa, handling Life, Pensions, General and Medical Insurance. Today, Jubilee is the number one insurer in East Africa with over 450,000 clients. Jubilee Insurance has a network of offices in Kenya, Uganda, Tanzania, Burundi and Mauritius. It is the only ISO certified insurance group listed on the three East Africa stock exchanges – The Nairobi Securities Exchange (NSE), Dar es Salaam Stock Exchange and Uganda Securities Exchange. Its regional offices are highly rated on leadership, quality and risk management and have been awarded an AA- in Kenya and Uganda, and an A+ in Tanzania. For more information, visit [www.Jubileeinsurance.com](http://www.Jubileeinsurance.com).

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We currently have an exciting career opportunity for the position of **Assistant Manager, Provider Partnerships – Medical Department**.

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#### **Role Purpose**

The job holder will be responsible for providing clinical guidance to the medical staff, manage all matters relating to provider contracting, accreditation and audits. The person will also manage company strategic direction on disease management and cost of treatment. The post holder will report to the **Head of Provider Partnerships** and will be based at the Head Office in Nairobi.

#### **Responsibilities:**

1. Participates in Provider Partnership Committee meetings for accreditation of new providers and rationalization of existing providers
2. Assist in supervision of country-wide provider audits to ensure that quality, cost-effective medical services can be guaranteed for clients
3. Supervise regular updating of the Jubilee Insurance Provider Panel for various products and timely sharing with clients
4. Relationship Management with providers and ensuring providers are satisfied with the company
5. Liaising with providers where validity of services rendered does not conform with policy provisions, provider panel rules and acceptable medical practice
6. Ongoing evaluation of provider management processes and recommending process improvements to management.
7. Working with the business to review and interpret the impact of system updates and provider agreements
8. Negotiation of prices for all billable services rendered by providers
9. Monitoring medical cost trends of providers and engaging high-cost providers to reduce unnecessary expenditure
10. Analysis of claims, ailments and provider data to inform decision making in scheme cost controls. Continuously researching and advising on measures to contain costs and improve healthcare outcomes.
11. Fraud management by guiding actuarial data analysis, training of claims and care management team and conducting impromptu provider audits
12. Retail business clinical underwriting to establish risk of new applicants and existing members
13. Client presentations and member education on wise benefit utilization and risk management. Support the business development and relationship managers during client service meetings
14. Provide guidance to the care management team, claims team and contact center agents on provider and claims issues. Providing technical and operational support to the regional offices in provider related queries.
15. Support regular training of care team, claims team and contact center agents on medical procedures or latest treatment protocols where knowledge gaps are identified.
16. Work closely with Claims Manager and Operations Manager on provider relation matters
17. Ensure compliance to any regulatory or health sector changes e.g. changes in billing/payments requirements, changes in the health legislation affecting the business.
18. Interacting with clients, brokers and clinicians as needed, to resolve problems in a manner that is legal, ethical and consistent with the principles of the policy.

#### **Functional Skills**

1. Health benefits plan Management
2. New ideas generation
3. Excellent analytical skills
4. Performance reporting and management
5. Training supervision and management

**Key Competencies**

1. Visionary Leadership
2. Entrepreneur Spirit
3. Market Awareness
4. Customer Focus
5. Continuous Innovation
6. Ownership & Commitment
7. Team Spirit

**Qualifications**

1. Bachelor of Medicine/Bachelor of Surgery
2. Basic understanding of Insurance Concepts
3. Proficient in the use of Microsoft Office suite and packages

**Relevant Experience**

Minimum of two (2) years' work experience in Clinical Practice and Managing Health Plans and Medical Providers..

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**Applications to be sent to [Recruitment@jubileekenya.com](mailto:Recruitment@jubileekenya.com) quoting the Job Reference Number and Designation given above  
before 13<sup>th</sup> June 2019.**

**Only shortlisted candidates will be contacted.**