

Job Ref. No: JHIL197

Position: Claims Registrar

Terms of Employment: Fixed Term Contract

Jubilee Insurance was established in August 1937, as the first locally incorporated Insurance Company based in Mombasa. 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 1.9 million 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.

We currently have an exciting career opportunity for a **Claims Registrar** within **Jubilee Health Insurance Limited**. The position holder will report to the **Senior Medical Claims Assessor** and will be based at our Head Office in Nairobi.

Role Purpose

The Claims Registrar will be responsible for the efficient assessment and registration of claims in strict adherence to established standards, policies, and procedures. The role requires a keen eye for detail, ensuring accuracy and compliance throughout the claims process. Additionally, the role holder will be expected to maintain a high level of productivity by consistently meeting daily targets, demonstrating both efficiency and reliability in delivering quality service.

Main Responsibilities

Operational

- 1. Verification of Member and Provider Details** – Thoroughly review and confirm the accuracy of member, scheme, and provider information before data entry to ensure seamless claims processing.
- 2. Precise Data Capture** – Accurately input claim details into the system from claim documents, minimizing errors and maintaining data integrity.
- 3. Efficient Claims Indexing** – Systematically categorize and index claims using the Invoice ID for easy retrieval and streamlined processing.
- 4. Quality Control for Scanning** – Identify and flag claims requiring rescanning due to poor legibility, ensuring that all records are clear and complete for assessment.
- 5. Collaborative Issue Resolution** – Engage experienced staff for guidance and clarification on complex cases, ensuring claims are processed correctly and efficiently.
- 6. Claims Validation and Vetting** – Carefully assess the validity of services provided by verifying treatment details, benefit coverage, provider panel adherence, and treatment costs to uphold compliance and prevent discrepancies.
- 7. Communication and Notation** – Utilize the Notes function to alert approvers of any irregularities or notable observations during the registration process, enhancing transparency and decision-making.

Corporate Governance

- 1.** Ensure strict adherence to industry regulations, insurance claims protocols, and corporate policies to safeguard the organization's integrity and mitigate legal risks.

2. Uphold the laws and regulations of Kenya, including insurance claims procedures, anti-fraud measures, and internal risk controls, while ensuring company policies are implemented consistently across all claims processes.
3. Ensure all claim-related documentation is accurate, secure, and audit-ready, minimizing exposure to fraud and regulatory penalties.

Culture

1. Promote ethical decision-making in claims adjudication, ensuring claimants are treated with respect and fairness while upholding the company's reputation as a responsible corporate citizen.
2. Champion initiatives that enhance employee engagement, resilience, and a shared commitment to excellence.
3. Create personalized development plans that align with your career aspirations and the organization's objectives

Key Competencies

1. Strong background in medical claims assessment, including knowledge of medical terminology, coding (ICD-10, CPT, HCPCS), and treatment procedures.
2. Experience working with insurance regulatory compliance, fraud detection, and risk mitigation in claims processing.
3. Familiarity with policy interpretation and customer service in handling claims disputes and resolutions.
4. Proficiency in claims management systems and data analysis tools used in health insurance.
5. Hands-on experience coordinating with healthcare providers, underwriters, and legal teams to validate and process claims efficiently.

Academic and Professional Qualifications

1. Bachelor's degree /Diploma in Nursing, Clinical Medicine, Healthcare Management, or a related field.
2. Relevant certifications in customer service or customer experience are advantageous.

Relevant Experience

At least **1 year of experience** in health insurance claims processing, adjudication, or claims management.

If you are qualified and seeking an exciting new challenge, please apply via

Recruitment@jubileekenya.com

quoting the Job Reference Number and Position by 3rd November 2025.

Only shortlisted candidates will be contacted.