

MEDICAL SERVICES

Care Manager

DEPARTMENT	REPORTS TO	LEVEL	EXPERIENCE	LOCATION
Medical Services	Care Management Team Leader	Mid-Level	2+ years	Nairobi, Kenya

Role Purpose

The Care Manager is a clinically trained professional at the heart of ACS's medical operations function. The role carries three interconnected responsibilities: adjudicating pre-authorizations with speed and clinical accuracy, negotiating medical costs with healthcare providers during active admissions and service delivery, and providing sound clinical guidance to members navigating the healthcare system.

A particularly critical aspect of this role is the ability to step down care — identifying situations where a member can receive equivalent quality of treatment at a more cost-effective facility or care setting, and facilitating that transition in a way that is clinically safe, member-centred, and clearly communicated. The Care Manager must balance advocacy for the member's health outcomes with stewardship of scheme sustainability.

The ideal candidate is a clinically confident, commercially aware healthcare professional — typically a registered nurse or clinician with managed care experience — who can make sound, defensible clinical decisions under time pressure while maintaining strong relationships with providers, members, and internal teams.

Key Accountabilities

Care Coordination & Case Management

- Coordinate and manage care plans for assigned members.
- Conduct clinical assessments and evaluate members' healthcare needs.
- Monitor admissions, ongoing treatment, referrals, and discharge processes.
- Facilitate continuity of care across healthcare providers and service points.
- Ensure timely escalation of critical and emergency cases.

Utilization Management

- Review treatment plans to ensure appropriateness, quality, and cost-effectiveness.
- Facilitate pre-authorizations and care approvals in accordance with clinical guidelines.
- Monitor healthcare utilization and identify opportunities for cost containment.
- Support interventions aimed at reducing unnecessary admissions and readmissions.

Provider & Stakeholder Engagement

- Liaise with healthcare providers to coordinate member care and treatment plans.
- Collaborate with internal teams to ensure seamless service delivery.
- Participate in provider engagements, case reviews, and clinical discussions.
- Foster positive relationships with members, providers, and other stakeholders.

Chronic Disease & Wellness Management

- Monitor high-cost, chronic, and complex medical cases.
- Support disease management and wellness initiatives.
- Promote preventive healthcare and member education programs.
- Guide members on available healthcare resources and treatment options.

Member Advocacy & Experience

- Act as an advocate for members throughout their healthcare journey.
- Provide guidance on benefit utilization and access to care.
- Address member concerns and facilitate timely resolution of service issues.
- Support initiatives aimed at improving member satisfaction and outcomes.

Clinical Quality & Compliance

- Ensure adherence to clinical protocols, policies, and regulatory requirements.
- Participate in clinical audits, quality reviews, and risk management activities.
- Monitor quality indicators and recommend improvement initiatives.
- Support implementation of evidence-based clinical practices.

Reporting & Documentation

- Maintain accurate and up-to-date clinical records and case documentation.
- Prepare care management, utilization, and case review reports.
- Track and report on key care management metrics and outcomes.
- Ensure confidentiality and proper management of member information.

Key Performance Indicators

- Member Care Coordination
- Quality of Clinical Outcomes
- Case Management Effectiveness
- Timeliness of Pre-Authorizations
- Member Satisfaction
- Care Plan Compliance
- Hospitalization and Readmission Management
- Utilization Management Effectiveness

Qualifications

- Bachelor's Degree or Diploma in Nursing, Clinical Medicine, Medicine, Pharmacy or a related healthcare field.
- Valid professional registration and licensing where applicable.

Added Advantage

- Professional qualification in AIIK, ACII, or Certificate in Insurance.
- Formal training in customer experience or call centre operations.
- Knowledge of medical scheme operations, SLAs, and healthcare provider management.
- Understanding of ISO Quality Standards and Data Protection Act compliance.

Experience

- Minimum of 2 years' experience in case management, utilization management, clinical care, managed care, medical insurance, or healthcare administration.
- Experience in a medical insurance, TPA, healthcare management, or managed care environment is preferred.
- Knowledge of healthcare benefits, pre-authorizations, and clinical protocols.

Core Competencies

- Clinical assessment and decision-making skills
- Case management expertise
- Patient advocacy and member support
- Strong communication and interpersonal skills
- Analytical and problem-solving abilities
- Relationship management
- Attention to detail
- Report writing and documentation
- Time management and prioritization
- Professional integrity and confidentiality

How to apply

Send your CV and cover letter to hr@acs.co.ke with "Care Manager" in the subject line by **2 November 2026**.