



UGANDA EPISCOPAL CONFERENCE

UGANDA CATHOLIC SECRETARIAT

THE UGANDA EPISCOPAL CONFERENCE – MEDICAL ADMINISTRATION SCHEME

Introduction:

The Uganda Episcopal Conference Medical Administration Scheme, is a membership health risk pooling mechanism for Clergy in Uganda—initiated by the Conference of Catholic Bishops of Uganda, to provide support to beneficiary priests to access comprehensive & integrated quality medical & surgical care within the 300 Catholic Health Network’s multi-tiered hospitals & health facilities in Uganda—which are supported and coordinated by the Uganda Catholic Medical Bureau.

The Scheme is currently composed of 13 members—including 11 Dioceses and 2 Major National Seminaries--namely Arua Diocese, Fort-Portal Diocese, Gulu Archdiocese, Hoima Diocese, Kabale Diocese, Kotido Diocese, Lira Diocese, Masaka Diocese, Mbarara Archdiocese, Moroto Diocese, Nebbi Diocese, Katigondo & Alokulum National Major Seminaries collectively providing a beneficiary pool of 1,347 priests—accounting for 45% of the targeted national pool.

JOB TITLE:	SCHEME ADMINISTRATOR
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Nature of engagement:	Full-time (100% Level of Effort).
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JOB LOCATION:

The Uganda Catholic Secretariat
Uganda Episcopal Conference – Medical Administration Scheme
Offices Plot 672, Hanlon Road, NSAMBYA.
Kampala, Uganda.

Job Purpose: The Scheme Administrator, with support from the Scheme Board, shall support and coordinate the day-to-day operations of the Scheme. He/She shall support the underwriting process for claims by maintaining accurate records and proposing the modification of existing policies. He/She shall be responsible for reviewing claims, coordinating and following up with beneficiaries undergoing clinical care, and reporting to the Scheme Board.

The Scheme Administrator shall administratively report to the Secretary General of the Uganda Episcopal Conference and operationally report to the Medical Administration Scheme Board.

Key Roles and Responsibilities:

Administrative

- a) Manage and monitor the Medical Scheme's performance, identify process improvements, and make recommendations to the Board of Directors.
- b) Coordinate Scheme Renewals and invitations as they fall due. Prepare renewal reports/documentation.
- c) Maintaining membership and beneficiary database, preparing annual medical photo cards for eligible beneficiaries, and ensuring record accuracy.
- d) Ensure operational efficiency and excellence by managing client/beneficiary expectations and health service requirements.
- e) Quarterly production of member statements and management of membership details.
- f) Customer care responsibilities including effective communication with patients/beneficiaries, scheduling appointments, advising on their healthcare options, resolving complaints, ensuring follow-up care, collaborating with healthcare providers, and continuously seeking ways to improve the patient experience.
- g) Supporting the Audit process.

Claims Management/Underwriting

- h) Facilitate communication between the Scheme and Members regarding over-the-cap healthcare expenses, renewals, and related matters.
- i) Review medical claims for compliance with applicable policy guidelines and consistency with the principles of the policy. Includes confirmation & ensuring accuracy of claim details prior to claim approval.
- j) Responsible for data entry, accurately inputting patient information, medical history, diagnostic and treatment data, clinical notes, and billing details, as well as ensuring compliance with regulations
- k) Reviewing individual insured utilization.

Communication

- l) Handling of Coverage Inquiries with health service providers, members, and Pre-authorize services that require prior approval from the UEC-MAS.
Includes vetting & confirmation of validity of clinical services given by the service provider in relation to the benefits covered, treatment given, adherence to provider-scheme MoU, and cost of treatment, as well as assistance in obtaining additional required information on claims from providers.
- m) Ensuring client satisfaction and timely feedback to queries.
- n) Perform any other relevant tasks as requested by supervisors.

KEY COMPETENCIES

- 1) Critical and Strategic Thinker.
- 2) Mature Team Player with supervisory skills
- 3) Strong Analytical Skills.
- 4) Excellent interpersonal and Communication Skills.
- 5) Client focus.
- 6) Willingness to Learn.
- 7) Attention to detail.
- 8) High level of integrity and professionalism.

QUALIFICATIONS, SKILLS AND EXPERIENCE

- The applicant should hold a Bachelor's Degree in Public Health, Healthcare Management, Project Management, Medical Insurance or any Health discipline
- Additional relevant training, a Certificate in Medical Insurance, or a good understanding of the concepts of Healthcare system will be an added advantage.
- Demonstrated proficiency with MS Office Software (i.e., Word, Excel, PowerPoint) is required.
- A minimum of two (2) years of proven related work experience in medical/health insurance-related work.

FURTHER INFORMATION

All suitable qualified candidates should address their Application Letters, Updated Curriculum Vitae, and relevant academic documents as well as names and contact information for 3 references to;

THE SECRETARY-GENERAL

Uganda Episcopal Conference - Uganda Catholic Secretariat

Plot 672, Hanlon Road, NSAMBYA

Kampala, Uganda.

Applications in **PDF format** with supporting documentation may be sent by email to; uec@infocom.co.ug.

Only shortlisted candidates will be contacted.

Deadline: **31st May 2024**