



The Health Services Authority is responsible for the provision and administration of primary and secondary levels of healthcare services and public health functions for residents of the three Cayman Islands through a 136-bed hospital on Grand Cayman, a 18-bed hospital in Cayman Brac, satellite outpatient clinic in Little Cayman and four District Health Centers on Grand Cayman offering the most comprehensive range of inpatient and outpatient services in a single health system in the Cayman Islands.

We invite applications for the following position:

### **BILLER**

Salary range: CI\$38,436 - CI\$51,732 per annum

**The Biller is responsible for preparing, reviewing, and submitting accurate insurance claims and invoices within established deadlines to support timely revenue generation for the Health Services Authority. The role involves daily monitoring of billing reports, correcting errors, finalizing claims for submission, and ensuring all encounters are processed efficiently in line with performance targets. This position requires strong attention to detail, the ability to meet strict deadlines, and effective communication skills, along with proficiency in basic office systems. The candidate works closely with supervisors to maintain billing accuracy, resolve discrepancies, and support the overall efficiency of the revenue cycle**

**Qualifications and Experience:** The successful candidate should possess an Associate degree, O level passes with Mathematics and English. This should be supported by at least three (3) years of working experience in an office environment. The individual must demonstrate solid administrative capability, attention to detail, and the ability to work efficiently under pressure while meeting strict deadlines. Proficiency in Microsoft Word and Excel, along with strong observational and organizational skills, are required.

**A remuneration and benefits package, commensurate with experience and qualifications will be offered to the successful candidate.**

**NOTE: Incomplete applications will not be considered. All applicants must complete and submit an HSA Application Form via e-mail to [hsa.jobs@hsa.ky](mailto:hsa.jobs@hsa.ky) using pdf format. Log on to our website at [www.hsa.ky](http://www.hsa.ky) to access Application Form and Job Description.**



**Application Deadline: May 24, 2026**

Committed to *Caring* for You

## Job Description

<b>Job title</b>	<i>Billor</i>	<b>Job Holder</b>	
<b>Reports to</b>	<i>Insurance Supervisor</i>	<b>Section</b>	<i>Patient Financial Services (PFS)</i>

### Background Information

The Cayman Islands Health Services Authority (“HSA”) provides and administers health care services and public health functions for residents of the Cayman Islands in accordance with the National Strategic Plan for Health.

Services are delivered primarily through the 136-beds at the Cayman Islands Hospital (the country’s principal health care facility), and the 18-beds at the Faith Hospital on Cayman Brac. Ancillary services are offered at district health centres, and clinics for dental and ophthalmologic care. Residents of Little Cayman can access care through the island’s clinic which is a purpose-built facility.

The work of the Insurance Biller controls the pace at which paper claims are converted to cash. Downstream processes (including collections) depend on timely and accurate claim submission.

### Job purpose

To analyze, compile and submit insurance claim forms and invoices to insurance companies daily within insurance company submission deadlines (first claim no later than within 180 days of first service) in order to maximize revenue for Health Services.

### Dimensions

- This position reports directly to the Insurance Supervisor with no supervisory requirements.
- May be promoted to Insurance/Billing Supervisor.

### Duties and responsibilities

- Complete a daily review of the all assigned/Key reports (please see below) and makes any corrections necessary to ensure the claim is finalized for submission.

#### KEY REPORTS

Claims submitted & transmitted report – daily review and reconciliation  
 Corrections required by edit reasons – daily review and reconciliation  
 Corrections required by discharge – daily review and reconciliation  
 Holds report – daily review and reconciliation

- Clears all encounters from the assigned queue daily.
- Performs a final review of all claims printed prior to billing.
- Delivers claims to local commercial payers on a weekly basis.

- Meet all daily, weekly and monthly performance targets as set by the Insurance/Billing supervisor and PFS Manager; and be guided by the targets as per the evaluation metrics as agreed on between the immediate supervisor and the post holder. Performs such other duties as required by Management.

## Qualifications, Experience & Skills Requirement

### Education and Experience Requirements:

- Associate degree with O Level passes in Mathematics and English or equivalent.

### Performance Requirements:

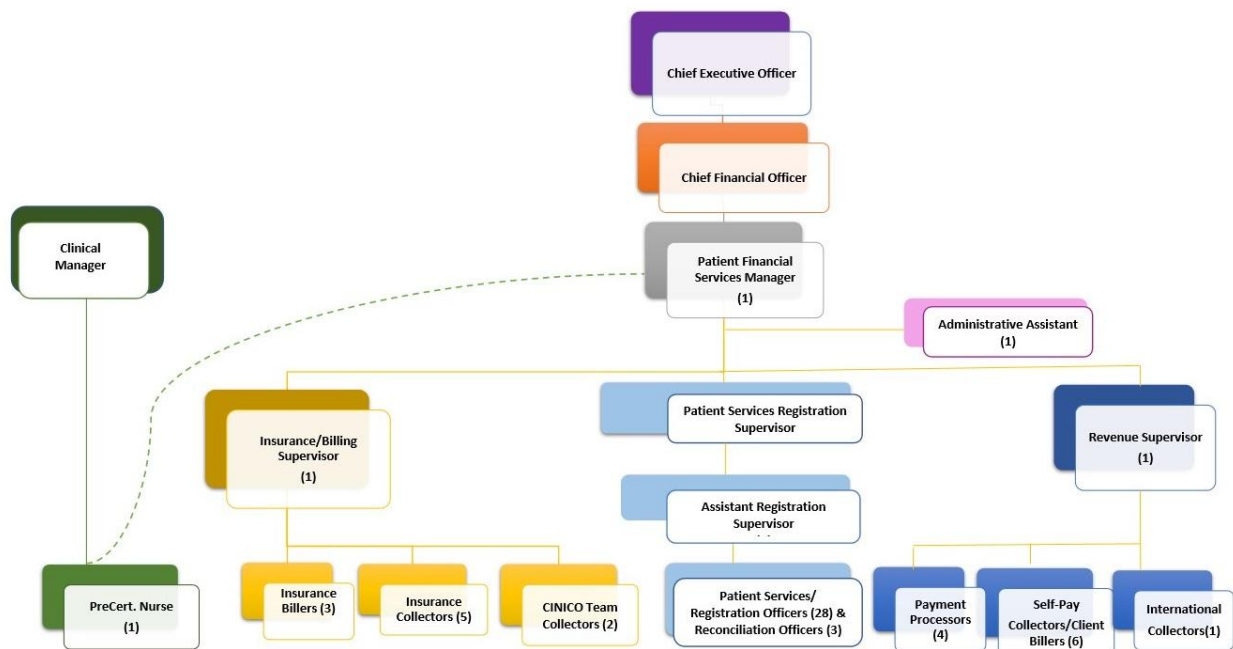
### Knowledge:

- Have a minimum of three years' experience in an office environment.

### Skills and abilities:

- Have a working knowledge of MS Word and Excel.
- Must be observant, able to work under pressure, and meet deadlines.

## Reporting Relationship



## Direct reports

Post holder will be responsible for planning and completing the daily assignments as given by the Insurance/Billing Supervisor.

## Other Working Relationships

The post holder will be required to contact patients to ensure the accuracy of billing information on claims as needed.

- Clinical Staff
- PFS Pre-certification clerical staff
- Health Insurance Providers
- Chief Financial Officer
- Senior Managers
- Team leads in the revenue cycle
- Corporate Compliance Team
- HIM Department

## Decision Making Authority and Controls

Must be able to determine whether the invoice is to be submitted to primary or secondary coverage. Must determine if invoice is a second request.

## Working conditions

Post holder will work in an office environment with long periods of time in uninterrupted work sessions in groups and alone. The core hours for this position are 8:30 am to 5:00 pm, Monday through Friday, unless otherwise agreed to by the post holder and supervisor in writing, or as required for completion of job duties.

## Physical requirements

The position requires the incumbent to stand for extended periods of time, do repetitive tasks with few breaks, and so forth.

## Problem/Key Features

- The post holder will be required to carry out duties in a timely manner.
- Claims and invoices must be matched and dispatched within 24 hours.
- This can be a fairly stressful job with pressures coming from Management to provide significant volumes of work in a short period of time.

## Evaluation Metrics

Total billed claims vs total generated revenues per month must be 95%  
Total billed invoices vs total encounter per month  
Total unbilled encounters must be < 2% for service date > 180 days  
Value of unbilled claims > 180 days  
Cash received from first time billing

<b>Approved by:</b>	<i>CFO</i>
<b>Date approved:</b>	<i>25/Mar/26</i>
<b>Reviewed:</b>	<i>25/Mar/26</i>
<b>Signature of position holder</b>	
<b>Date signed</b>	