



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 127-bed hospital on Grand Cayman, a 18-bed hospital in Cayman Brac, satellite outpatient clinic in Little Cayman and six 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:**

**COLLECTOR**

**Salary range: CI\$46,944 to CI\$63,120 per annum**

**The Collector will act as an intermediary between the patient and the insurance companies while ensuring all outstanding payments are requested and collected in a timely manner for all patients.**

**Primary Responsibilities:** The successful candidate will complete assigned insurance collection queues on a daily basis, which will include technical denials, at risk claims and past due balances. Review outstanding claims and make weekly inquiries on payments from the insurance companies on any overdue claims. The candidate will own the reconciliation process between submitted claims and payment received from the insurance companies and will appeal denied claims with the relevant insurance provider. The candidate will address billing issues and errors, which require liaising with the Medical Records Department, Billing Team, and Business Analysts to resolve any billing issues affecting timely payment from insurance companies. Analyse payments from insurance companies to determine any over or underpayment and report such payment issues to the Billing and Collections Team Lead. Meet all daily, weekly, and monthly performance targets as set by the Insurance and Billing Supervisor and Patient Financial Services Manager.

**Qualifications and Experience:** The successful candidate must hold an Associate's Degree in Accounting or similar discipline with a minimum of three (3) years' experience in an insurance, collections, or accounting environment; OR have eight (8) years or more experience in an insurance, collections, or accounting environment. The candidate must have strong customer service experience and experience working with MS Word, Outlook, and Excel. The candidate must be able to work under pressure and meet deadlines. Must be able to work independently as may be required to work remotely.

**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: March 16<sup>th</sup>, 2025**

*Committed to Caring for You*

## Job Description

<b>Job title</b>	<i>Collector</i>	<b>Job Holder</b>	
<b>Reports to</b>	<i>Insurance/Billing 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 127-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.

This position is critical as part of the Insurance Collections Team in the efforts to meet collection goals and increase overall collections for the Cayman Islands Hospital.

### Job purpose

To act as an intermediary between the patient and the insurance companies while ensuring all money owed to the hospital by the insurance providers are collected.

### Dimensions

This position is a direct report to the Insurance/Billing Supervisor with no supervisory requirements.

### Duties and responsibilities

- Work and complete assigned insurance collection queues on a daily basis, which will include technical denials, at risk claims & past due balances.
- Review outstanding claims and make weekly inquiries on payments from the insurance companies on any overdue claims.
- Meet all daily, weekly and monthly performance targets as set by the Insurance/Biller Supervisor and PFS manager.
- Own the reconciliation process between submitted claims and payment received from the insurance companies.
- To appeal denied claims with the relevant insurance provider.
- Address billing issues and errors, which requires liaising with the Medical Records department, Billing Team, and Business Analysts to resolve billing issues affecting timely payment from insurance companies.
- Analyze payments from insurance companies to determine any overpayment or underpayment and report such payment issues to the Billing & Collections Team Lead.
- Investigate and resolve complex denials inclusive of correcting errors and supplying additional requirement/s to facilitate the resubmission of denied claims.
- Develops and maintains a positive relationship with insurance company representatives.
- Respond to inquiries from patients and insurance companies in a courteous, friendly & timely manner (24 – 48hours).
- Performs other duties as required by the Insurance/Billing Supervisor or the Patient Financial Services Manager.
- Liaise with patients regarding additional details needed to resolve the processing of claims and/or the investigation of denials where needed.

- Meet all daily, weekly and monthly performance targets as set by the immediate supervisor and PFS manager.
- Request additional patient information from Medical Records as required.

## Qualifications, Experience & Skills Requirement

### Education and Experience Requirements:

- Must hold an Associate's Degree in Accounting or similar discipline.

### Performance Requirements:

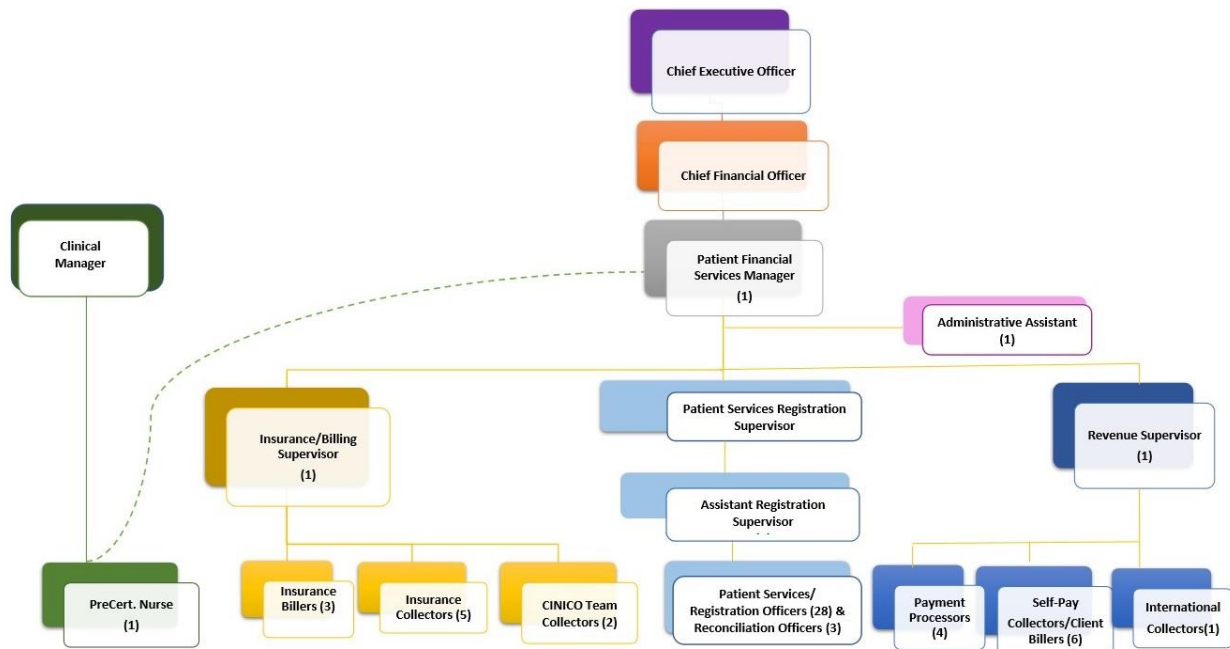
#### Knowledge:

- Have a minimum of three (3) years' experience in an insurance, collections or accounting environment OR have eight (8) years or more experience in an insurance, collections, or accounting environment.

#### Skills and abilities:

- Strong customer service experience
- Have working experience with MS Word, MS Outlook and Excel.
- Must be able to work under pressure and meet deadlines.
- Be punctual and ensure regular attendance
- Must be able to work independently as may be required to work remotely

## Reporting Relationship



## Direct reports

This position is a direct report to the Insurance/Billing Supervisor with no supervisory requirements.

## Other Working Relationships

- Must work with the billing and collection team to ensure proper records are maintained for each patient and that claims are processed in a timely manner.
- Liaise with cashiers regarding patient services, payments received, and charges posted to patient's records.
- Work with Medical Records staff to obtain medical records to verify diagnosis for claims processing and to verify account charges.

- Interact with insurance companies (including overseas insurance companies) to verify coverage, submit claims and follow up on disputes and payments.
- Contact patients and relatives to obtain insurance information, claims forms and arrange payment plans for percentage not covered by insurance.

### Decision Making Authority and Controls

- Decision making occurs within the scope of the postholder's responsibilities.
- The post holder is expected to organize and plan his/her work within the guidelines given by the Billing & Insurance Supervisor but must utilize his/her own discretion as to the use of time and delivery of output.

### Working conditions

Post holder will work in an office environment with the potential for long periods of uninterrupted work sessions in groups and/or alone. Some project types work in reviewing and improving systems. The core hours for this position are 8:30 am to 5:00 pm, Monday through Friday, unless otherwise agreed upon by the post holder and the supervisor, or as necessary for the 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 postholder is expected to perform their duties in an environment where increase in fee and collection efforts are not always well received by the patient, payer, and other staff.
- Needs to be accurate and pays attention to detail to ensure that patient accounts are maintained in an accurate and timely manner.

### Evaluation Metrics

- Meet all daily, weekly and monthly performance targets as set by the immediate supervisor and PFS manager.
- % of claims processed versus claims waiting to be processed on a monthly basis
- Attitude and maintenance of good relationships with insurance company representatives
- Clear queues on a timely basis
- Accurate and timely reconciliations
- Billing errors addressed accurately and timely (within 2 business days)

<b>Approved by:</b>	<i>PFS Manager</i>
<b>Date approved:</b>	<i>2-Feb-23</i>
<b>Reviewed:</b>	
<b>Next Review</b>	
<b>Employee Signature</b>	
<b>Date signed</b>	
<b>Manager Signature:</b>	
<b>Date Signed:</b>	