Job title	HIM Coder	**Job Holder**	
Reports to	HIM/Coding Manager	**Section**	Health Information Management

Background Information

The Cayman Islands Health Services Authority (HSA) is a Joint Commission International (JCI) Accredited organisation and the premier healthcare provider in the Cayman Islands, delivering health care and public health functions for residents of the Cayman Islands in accordance with the National Strategic Plan for Health. The HSA is a statutory authority operating under the Ministry of Health & Environment & Sustainability.

The Anthony S. Eden Hospital (*formerly George Town Hospital*) is a 136-bed facility. It offers 24-hour accident and emergency services, ambulance services, an urgent care clinic, full maternity services and NICU, haemodialysis, a full-service outpatient pharmacy, and several diagnostic and specialist services. We provide access to care across Grand Cayman through our four district health centres, and outpatient clinics are located at Smith Road Medical Centre & Bay Town House. In the Sister Islands, the Faith Hospital, an 18-bed facility in Cayman Brac, serves its residents, as does a clinic in Little Cayman.

Medical Coders play a vital role in the HSA's revenue cycle, ensuring that all claims are accurately coded according to established Coding Classification Methodologies and international and industry standards to facilitate maximum reimbursement and statistics. The revenue cycle is defined as all administrative and clinical functions that contribute to the capture, management, invoicing, and collection of patient service revenue.

Coders work closely with all healthcare providers – private and in-house and the Patient Financial Services department to gather and provide accurate billing information, including charges and missing clinical documentation.

Job Purpose

Medical coders review and analyze medical records to assign diagnosis and procedure codes for reimbursement. They ensure claims are accurately coded and reimbursed following coding guidelines and regulations.

Dimensions

- Coding of 100 outpatient and a minimum of 30 Inpatient encounters per day
- Post holder does not supervise any staff

- Post holder has no budgetary responsibilities

Duties and Responsibilities

1. Review patient records for completeness of documentation

2. Apply knowledge of medical terminology, disease processes, and pharmacology to assign accurate codes for each diagnosis according to clinical documentation in the medical record

3. Prepare Deficiency Notices for incomplete documentation and route to the appropriate physician

4. Consistently follow up with delinquent/deficient physicians to ensure timely completion of records and report delinquencies where necessary

5. Assist Medical Staff and other patient care providers with documentation and coding.

6. Maintain established work productivity standards.

7. Stay up to date with changes in coding regulations and guidelines

8. Attend departmental meetings as requested

    - Weekly Training Huddle
    - Quarterly department team meeting with HIM Manager
    - Quarterly in-house training

9. Perform similar and other related duties as assigned

Qualifications, Experience & Skills Requirement.

Education
Post holder must have a Diploma in Medical Coding and Billing or Medical Coding. Certification as a CPC (Certified Professional Coder or CCS (Certified Coding Specialist) (or working towards certification) would be an asset. An Associate Degree in Health Information Technology

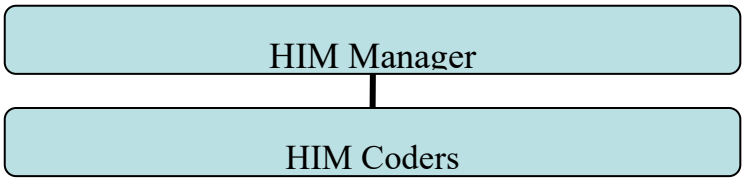
Experience
3 – 5 years' previous outpatient and/or inpatient hospital coding experience as well as experience with computer systems and electronic medical records. A comprehensive understanding of medical terminology, physiology and anatomy and ICD-10-CM/ICD-10-PCS coding practices and guidelines.

Experience with hospital patient registration system, revenue cycle, billing and collections, health insurance practices, and industry regulatory requirements.

Skills and Abilities

- Vigilance and keen attention to detail
- Proficiency and knowledge of medical terminology
- Proficiency in coding systems (such as ICD-10-CM, ICD-PCS and CPT-4 codes)
- Analytical skills
- Working knowledge and understanding of local insurance laws & policies
- Computer literacy
- Excellent Time Management to meet deadlines and productivity targets
- Ethical attitude
- Excellent organizational skills
- Excellent written and oral communication skills
- Excellent telephone and email etiquette
- Ability to work under pressure.
- Ability to work independently.

Reporting Relationship



Direct Reports

- The post-holder does not have any direct reports

Other Working Relationships

Coders work within the hospital setting and, therefore, in addition to working with medical professionals and the Patient Financial Services department, will also work with other service providers such as, but not limited to:

- Physiotherapy
- Diagnostic services
- Laboratory
- Radiology
- Other Support Services

Decision Making Authority and Controls

The post-holder has access to medical records and all information needed for coding patient encounters and will make day-to-day decisions on routine matters pertaining to assigning codes.

They must refer decisions concerning organizational policy, as it relates to coding and other matters, to their direct line manager.

Working conditions

- The post-holder works in a **home office environment**
- The Health & Safety Department must conduct virtual assessments annually.
- The HIM Manager must conduct a virtual assessment quarterly to ensure proper setup of the Coder home office to support patient confidentiality purposes.
- Working hours are usually Monday to Friday, however, other shifts may be assigned at the manager's discretion to allow efficiency.
- Shift work and some overtime may be required.

Physical requirements

The Coders perform their duties via an electronic system and sit for the duration of their shift at the computer.
Excessive use of the computer and repetition of tasks can cause visual and mental fatigue.

Problem/Key Features

Poor or incomplete documentation will decrease coding efficiency.
Recording and follow-up of coding deficiencies.

Evaluation Metrics

95-100% coding accuracy on monthly audits of a random sample of 5% of total encounters coded for the month.

Attaining 95-100% targeted productivity goal of 100 Outpatient encounters per 7.5-hour shift or 30 Inpatient encounters per 7.5-hour shift

Maintaining less than 5% denials for incorrect coding of claims

Employee Signature:	
Employee Print Name	
Approved by Signature	
Approved by Print Name	
Date approved	January 2018
Reviewed	June 2026
Next Review	June 2029.