MPIP BUSINESS OFFICE ACCOUNTING DIVISION

PURPOSE

The MPIP Accounting Division Policies and Procedures detail and standardize the process of patient accounting operations and provide consistent methods that adheres to Texas Tech HSC El Paso Operating Policies and Procedures.

2.1. MPIP CASH DEPOSITS AND COLLECTION AGENCY ACCOUNTS SECTION

POLICY:

The MPIP Cash Deposits and Collection Agency Accounts Section is responsible for recording all daily bank deposits on the next business day after the deposit was processed by approved financial institution (J. P. Morgan Chase Bank). Responsible for monitoring and addressing any variances related to all deposits: Automated Clearing House (ACH), Lockbox Wholesale, Lockbox Retail and Credit Cards deposits to include E commerce online payment system.

In charge of proper recording and monitoring of delinquent accounts to include, collection process and batched payment posting on a daily basis. Reviews accuracy of payment reports received by contracted collectors. Process monthly payments fees assessed by collectors for services rendered. Payment transfers from clinical departments within the same fiscal month to create a zero balance effect under the collection agency fund offset payments issued to collectors. Follow up on insufficient funds check returns and file reports for collections at local County Attorney Office.
PROCEDURES:

a. **Cash Deposits**: Daily access to J. P. Morgan Chase Portal to download previous day deposit report, sorted by type of payment and analyzed by Coordinator to determine the type of deposit and account to create cash receipts. Cash Receipts prepared for account distribution and submitted to Accounting Services for recording on TTUHSC financial system by Fund, Organization, Account, and Program.

b. **Credit Card Payments**: Process credit card payments in the form of mailed statement coupons with credit card information and faxed VPay credit cards. Record credit card payments under respective fiscal year received Credit Card Log by date of payment and date cleared on bank account to allow reconciliation on lag days from collection to payment clearance.

c. **Collection Agency Accounts**: Weekly process of analyzing collection agencies level accounts, data reports, payment reports and posting payments to patient’s accounts in Centricity Business System. Compiling monthly data to determine collectors’ payments based on percentage of collected funds.

d. **Returned Checks**: Non-sufficient Funds Returned Items-NSF Checks come directly from financial institution on a weekly basis. Check imaging and information is downloading directly from financial institution website (J. P. Morgan Chase Online Banking). Information entered under Centricity Business prevents acceptance of additional check payments from NSF patients until issue is resolved. Before reporting the NSF check to local County Attorney’s Office a Demand Letter sent allows 10 days for patient to pay for uncollected fees, plus NSF bank fees. If no action occurs during the notification period, the check reports to the local County Attorney’s Office.

RESPONSIBILITIES:

- **COORDINATOR**:
  1. Assist in supervising one Lead Cashier position.
  2. Responsible for cash deposit recording in Banner Financial System.
  3. Prepares Benchmarking Reports and forwards to all clinical departments for further processing.
  4. Assist clinical departments with cashiering training.
  5. Aid with Receipt Writer application training and troubleshooting.
  6. Audits clinical department’s petty cash box and reviews cash handling operations to ensure that all meet proper internal controls.

- **LEAD CASHIER**:
1. Assist Coordinator with all processes related to cash deposit recording and with collection agency account process.

2. Process the daily desk top deposits by accessing the J.P. Chase Morgan website.

3. Posts collection agency payments and runs monthly collection agency analysis reports.

4. Monitors all insufficient funds check returns.

5. Prepares necessary documentation to follows state laws in reporting NSF checks to local County Attorney’s Office.

2.2 MPIP PATIENT ACCOUNT PAYMENT PROCESSING SECTION

POLICY:

MPIP Patient Account Payment Processing Section posts all deposits within three businesses after the date of deposit. Payments posting items follow a batch system approach. Payments are posted and processed according to the method of transmittal of back up files by payers including: 835 Remittances (EDI Files) and manual posting of downloaded or mailed EOB files.

This office section reconciles all payments deposited in Banner Financial System in comparison to all payments posted in Centricity Business System. Monthly reconciliation due date is on the 10th business day after the closing date of the prior fiscal month. In addition to payment processing, this office posts all necessary rejection and recoupment transactions.

Unlocated Accounts funds remain under suspense status for a period not to exceed 90 business days. A research log and all back up documents kept in a binder for easy access to anyone inquiring about these funds. The paycode for these entries under this account is 556.

PROCEDURES:

a. Centricity Payment Posting: Daily posting of all items within three business days of bank deposit for the payer pool including, but not limited to: Medicaid, Medicare, Insurance, Patient Payments, Title V Programs, Hospital District, Company Contracts, Crime Victims, US Marshalls, Bankruptcies and other Special Programs.

b. Unlocated Accounts: These accounts serve as a temporary posting account. Items remain limited under this account for no more than 90 days. Sr. Director monitors account monthly.
c. **Reconciliation:** Patient Service Supervisor prepares monthly payment processing reconciliation. All items posted in Centricity Business System should have a deposited amount under Banner Financial System within the prior or current month. The Batch Summary Report identifies the date the funds were posted in the current month in comparison to funds receipt in the Mail Log and vise-versa. Variances between the two are attributed to a timing difference noted in the monthly trust fund reconciliation. Transaction items in the monthly Ledger report identify items pending to post in Centricity and items deposited in Banner the last day of the month as a result of an internal fund process transfer or FiTS transactions in which no cash receipt was created.

**RESPONSIBILITIES:**

- **PATIENT SERVICE SUPERVISOR:**
  1. Supervises and assigns work for 3 Sr. Account Process, 2 Sr. Business Assistants and 1 Student Assistant on a daily basis.
  2. Reconciles all payment and recorded entries from Centricity Business System and Banner Financial System on a monthly basis.
  3. Runs Batch Summary Reports query, updates Centricity Posting Balance Sheet and all other components of the reconciling process.
  4. Monitors and approves the flow of unposted and unlocated accounts to ensure timely process, proper recording and posting of funds.
  5. Runs monthly query for Credit Balance Report and provides report to refund's Lead Account Processor.
  6. Post all clinical/physician bonus and stipends as needed.
  7. Assists in preparing Hospital District /MSA Contract Fee for Service component posting.

- **SR. ACCOUNT PROCESSOR (1):**
  1. Posts the following items: Commercial Insurance, Government Programs, E commerce, V-Pay, Self Pay Credit Cards Payments, NSF Recoveries, and Attorney’s Settlement Checks, ACH Deposits, Special Contracts, Cross Campus Internal Purchase Fund Transfers.
  2. Logs batches in Texas Tech Web based Mail Log and assist with other special projects and duties as assigned.

- **SR. ACCOUNT PROCESSOR (2):**
  1. Process posting and monitors Hospital District Files.
2. Post Special Program payments such as: Title V, Sanchez Jail Company Account, Breast Cancer Clinic Payments. Post HD/MSA Contract Payments, Medicaid 835 Remittance Files for El Paso 1st and Superior.

3. In addition, responsibilities include posting Non Documented Write-Offs and Anesthesia capitation payments and adjustments.

4. Logs batches in Texas Tech Web based Mail Log and assists with special projects and other office duties.

- **SR. ACCOUNT PROCESSOR (3):**
  
  1. 835 Remittance Processes: Identify files in Centricity Business System to be downloaded and electronically post payments.
  
  2. Prints all Medicaid Remittance EOB details from www.tmhp.com and status reports for departments, save files and provides to MIP's Student Assistant for further processing.
  
  3. In addition, Sr. Account Processor will work with Edit List generated after the electronic posting of 835 files is ran to make sure all rejection codes are entered timely, will balance and close files.
  
  4. Downloads back up files for each electronic remittance and saves it under office (s) Drive for transferring and importing. Manually posts Railroad Medicare, Case Management, CIDC TMHP Medicaid and Scarcity Medicare Physician Bonus.
  
  5. Log batches in Texas Tech Web based Mail Log and assists office section with special projects assigned by supervisor or management.

- **SR. BUSINESS ASSISTANT (1):**
  
  1. SBA runs Hospital District (HD) queries in Centricity Business and prepares IDX script file on a monthly basis or as received.
  
  2. SBA assists in posting all Commercial, Government insurance, contract postings and patient payments.
  
  3. Log batches in Texas Tech Web based Mail Log and assists with other special projects and duties as assigned.

- **SR. BUSINESS ASSISTANT (2):**
  
  1. Process and distributes all mail correspondence received from authorize financial institution (J. P. Morgan Chase) and distributes it according to payment type.
  
  2. Prints daily ACH deposit report from bank’s website and prepare batches for payment posting team.
3. Compiles and endorse stamp all checks received to transfer to Lead Cashier to initiate the desktop deposit. All items balance before distribution with calculator tapes for easily balancing.


5. Assist office section with any other special projects.

- **STUDENT ASSISTANT:**

1. Performs data entry in Centricity Business for all Medicaid In Process (MIP’s) and Texas Medicaid Health Plan (TMHP) payment rejections provided and generate by Account Processors out of the remittance and status reports.

2. Assist refund team with additional work as needed to include, stuffing envelopes with refund check correspondence and write off’s.

3. Pulls backup from Medicare, HMO, and Commercial insurance websites to facilitate posting procedure.

4. Assists with daily payment entry and other assigned office duties.

5. Log batches and sends to scanning department.

### 2.3 MPIP CENTRAL CASHIER OFFICE POLICY

MPIP Central Cashier Office centralizes daily cash collections from clinical departments to including offsite clinics and MPIP cashier office. Daily cash collections delivered follow a cash count audit to verify accuracy. All money counted in the presence of clinical cashier and all currency bills greater than $5.00 validate with counterfeit pens to identify any forfeited currency. If suspicious currency detected by cashier, and not detected by counterfeit pens, then currency bills must pass further inspection through ultraviolet scanner for double verification. If item(s) do not pass, cashier reports suspicious item to the Secret Service.

All payments post within three business days from the date of collection by office personnel.

Lead Account Processor handles bank deposits and does not participate in any cash collection processes. Personnel collecting cash do not post their own batches, but instead exchange batches of cash control logs and cash banks with other available cashiers, no exceptions. Employees who collect cash may not post their own batches or process deposits. Supervisor will ensure separation of duties comply with institutional policies.

Cashiers Office personnel provide financial information to walk in patients. Employees access Centricity Business to verify outstanding current charges to determine payment collections and provide patients with a receipt at the time of payment. Cashiers maintain
their cash drawers locked when required to move away from working area. Cashiers do not share cash or give change to the public or coworkers for other purposes unrelated to cashiering. Cashing employee’s checks is a violation of institutional policies. Lead Account Processor assists each cashier with change as needed from the designated cash box for this purpose.

Copay Re-Allocation Report is worked monthly. Cashiers monitor all copay credits and process transfers when applicable. All cashier staff identify outstanding credit balances and thoroughly analyze patients’ accounts to determine credit balance amount and process the necessary adjustments to allow these funds to post without further credits. Unidentified credit balances from the report transfer to the refund team by classifying invoice account under Financial Status Classification (FSC) 794 Refund in Review (RIR).

PROCEDURES:

a. **Cash Count Audits:** Cashier's office is central location for all clinic payment and deposit posting. Each clinic delivers cash collections to central cashiering for verification. Lead Cashiers or Office Assistant conducts daily cash count audits to verify the amount of funds collected and to verify the correct process of the data entry documents for posting of payments to include: cash bank dispositions, currency count distribution, patient deposits charge entry forms and any manual cash receipts issued. Once all items verify accurately, then currency transfers to deposit cash box and all documentation is submitted for entry in the Centricity Business System.

b. **Cashiering:** Each cash custodian maintains responsibility for their assigned cash funds. Before any cash handling activates a bonding form must be submitted to the central cashiering office. Comingling of funds is prohibited. Assigned funds are for the sole use of providing change to patients during payment collection process. A receipt for payment must be provided to patients at the time of collection. Cash collections must be balanced daily and cash custodian followed by a cash count audit by other office employee or office supervisor preparing all data entry documentation.

c. **Bank Deposit:** Lead Account Processor (LAP) sums all listed amounts on Cash Bank Disposition forms from all collections for the previous day. To match this amount to the total currency deposit count. LAP prepares the deposit slip for all cash currency. LAP counts all cash, checks and credit cards to balance with all Cash Bank Dispositions. After all checks are counted and balanced, they are verified for accuracy on issue date and amount written in words and digits to avoid any returned items form the financial institution. After LAP balance and verifies all checks, LAP initiates the desk top deposit through the financial institution website J. P. Morgan Chase Portal using the desktop scanner transmitting all information contained within the check. If scanner is unable to detect any given digits, the check is process with a manual deposit slip along with the cash. All credit card receipts balance to Cash Bank Disposition totals of credit card collections, then transfer to MPIP Coordinator for further processing.

d. **Payment Posting/Data Entry:** Payments postings work daily with a not-to-exceed deadline of three days from the date of deposit. Employees under this section process date entry of payments by patient account utilizing the Receipt Application Log providing a breakdown of copay amount collected by cashiers listed with billing area.
provider, patient's account number, amount collected and type of payment (cash, credit or check post with Pay Codes, 11, 30 and 11K respectively). These payments post by creating an invoice with 657 Financial Status Classification. Due to payment recorded prior to charge entry, these payments create credits and match once charge entry is processed. Please see below process for Copay Credit Reallocations.

e. Financial Payment Plans: Financial Payment Plans offer patients an option upon requesting a payment resolution during their cashier office visit. Employees verify account balances and determine what discounts apply to any given patient. Accountants verify to applicable discounts and the available credit on the patient's open credit cards to pay the amount in full utilizing their credit card for payment. To verify credit available information, employees log in to the Trans Union Portal.

f. Copay Credits Reallocation: Lead Account Processor runs daily query matching outstanding copay credits to outstanding charge balances. This query runs every morning for thirty minutes to an hour. Any unmatched credits work manually to allow the transfer to other outstanding charge balances.

RESPONSIBILITIES:

- **LEAD ACCOUNT PROCESSOR:**
  1. Supervises and assigns daily work to Central Cashiering Office personnel.
  2. Ensures all internal controls are implemented and abided by employees of this office.
  3. Trains clinical personnel on cashiering processes and provides daily assistance in person and by telephone.
  4. Troubleshoots any issues related to the use of receipt application programs.
  5. Reports and instructs clinical personnel with processes for short/over cash collection issues.

- **LEAD CASHIER (1):**
  1. Audits cash count audits for all incoming daily collections from clinical cashier that include: both in person deliveries from in house clinics and armored service deliveries of collections from offsite clinics.
  2. Posts daily payments in Centricity Business System as specified under payment posting section.
  3. Works on a minimum of 25 aged accounts with copay credits per day.

- **LEAD CASHIER (2):**
  1. Attends daily flow of patients by providing financial information, collecting payments and facilitating payment plans.
2. Assists with daily payment posting as specified under Payment Posting section.

3. Employee conducts daily cash count audits to cover for Lead Cashier 1 in case of absence. Employee will not have reconciliation nor deposit responsibilities.

- OFFICE ASSISTANT:

1. Attends daily flow of patients by providing financial information, collecting payments and facilitating payment plans.

2. Assists with daily payment posting as specified under Payment Posting section.

3. Employee conducts daily cash count audits to cover for Lead Cashier 1 in case of absence. Employee will not have reconciliation nor deposit responsibilities.

2.4 MPIP PATIENT FINANCIAL SERVICES SECTION POLICY

MPIP Patient Service Section maintains an efficient flow of patient calls on a daily basis. Employees under this section handle a variety of calls ranging from, account balance status, payment posting status, appointment information and other financial related issues. Unit Manager ensures that Medical Billing Associates (MBA) reviews no less than 30 delinquent accounts. Section monitors aged account receivable balances including self pay, company accounts and financial class discount accounts. Other programs such as company accounts, special revenue programs, attorney settlements and bankruptcies process through this section. The Unit Manager ensures that each process is followed correctly and timely according to contract and institution policies.

PROCEDURES:

a. Patient Incoming and Outgoing Calls: Daily Calls are answered timely and with a high degree of customer service that supports institutional Service Plus philosophy. Employees should be trained to handle a diversity of telephone calls and should make sure patients receive the help they need at our office level before transferring calls out to other office employees. Unit Manager monitors that amount of incoming and abandoned calls for 4 Medical Billing Associates. In the absence of any employees the Unit Manger should connect to the telephone lines to ensure no lost calls or a minimum number of these are registered as lost. One phone line is specifically assigned for incoming Attorney's representatives to handle any questions or requests for information and documentation. Only one Medical Billing Associate should be connected to this line at a time.

b. Financial Payment Plans: Financial Payment Plans are offered to patients requesting a payment resolution at the time of telephone call assistance. Employees are trained to verify account balances and to determine what discounts apply to any
given patient account and whether the patient has credit available through the Trans Union.

c. **Credit Card Payment Intake:** Medical Billing Associates should make every attempt possible to collect payments over the telephone on outstanding Self Pay account balances, if exist at the time of call. If a valid credit card is available employee will provide the credit card information to the MBA Representative who will enter information through the Texas Tech Patient Payment -Ecommerce to complete transaction and collect funds. System will generate a confirmation number that must be provided to patient at the time of call.

d. **Company Accounts and Special Revenue Accounts:** Company Accounts are set up in Centricity Business as a separate, yet attached to patient account level with their own special FSC. Company Accounts are a designed component for Special Revenue Funds in which grant funds contracts, or other written pay agreements exist. Unit Manager is in charge of processing the billing, monitor collections and distribution of payment for these accounts. Special Revenue accounts are those in which no billing claim format is process, but funds are either collected as part of a special designed program for Self Pay Patients or other special circumstances in which billing is not involved.

e. **Bankruptcy Status Accounts:** Bankruptcy Status accounts are handled by one Medical Billing Associate. When bankruptcy notices are received employee ensures proper recording on these accounts. FSC 798 is used for this purpose. MBA monitors and post the information in Centricity Business System. Payments collected are transfer to the Payment Posting Section for to ensure payments are recorded on patient’s accounts with Pay code 83 Bankruptcy Write Off.

**RESPONSIBILITIES:**

- **UNIT MANAGER:**

Supervises and manages the daily work of four Medical Billing Associates. Oversees, assign and direct employees towards accomplishing daily projects. In charge of implementing, distributing and monitor work assignments for all employees under his/her supervision. Unit Manger monitors the daily flow of patient telephone calls to ensure all telephone calls are answered timely that messages are not pick up within the same day.

Must refer at least thirty delinquent accounts to collection agencies and prepares accounts for transition to collectors. Works closely with Collection Agency Accounts Section Coordinator to verify and assure proper recording of these accounts.

Oversees and process billings, collections and payment distribution for company accounts and special revenue funds.

- **MEDICAL BILLING ASSOCIATE (1):**

Handles all incoming calls in a timely and professional manner and assist patients and attorney representative’s walk-ins with questions pertaining to accounts and documents. Informs and assists patients in obtaining insurance information and
forward to appropriate division. Handles and prepares itemized statements, bankruptcies, affidavits, liens, subpoenas on attorney accounts as requested. Reviews and approves any settlement request from attorneys. Handles and informs patients of the 10% and 60 day payment plan. Weekly prepares a minimum of 20 delinquent accounts ready to get referred to the collection agency. Self-pay work filed must be current and worked daily.

- **MEDICAL BILLING ASSOCIATE (2):**

Handles all incoming calls in a timely and professional manner. Informs and assists patients in obtaining insurance information and forwards to appropriate division. Handles and prepares itemized statements. Informs patients of the 10% and 60 day payment plan. Weekly preparation of a minimum of 30 delinquent accounts ready to get referred to the collection agency. Self-pay work filed must be current and worked daily.

- **MEDICAL BILLING ASSOCIATE (3):**

Handles all incoming calls in a timely and professional manner. Informs and assists patients in obtaining insurance information and forwards to appropriate division. Handles and prepares itemized statements. Informs patients of the 10% and 60 day payment plan. Weekly preparation of a minimum of 30 delinquent accounts ready to get referred to the collection agency. Self-pay work filed must be current and worked daily.

- **MEDICAL BILLING ASSOCIATE (4):**

Handles all incoming calls in a timely and professional manner. Informs and assists patients in obtaining insurance information and forwards to appropriate division. Handles and prepares itemized statements. Informs patients of the 10% and 60 day payment plan. Weekly preparation of a minimum of 30 delinquent accounts ready to get referred to the collection agency. Self-pay work filed must be current and worked daily.

- **STUDENT ASSISTANT (1):**

Handles front desk walk-in customer/patients/agency representatives. Helps Unit Manager manage Bankruptcy Chapter 7 & 13 accounts along with Company Accounts and Third Party billing. Reviews monthly credit reports and emails the appropriate departments. Perform duties as assigned by Unit Manager.

### 3 MPIP REFUNDS SECTION

**POLICY**

MPIP REFUNDS SECTION must process refunds on a weekly basis. All refunds should be carefully analyzed before determining the amount to be refunded. Monthly credit reports are monitored by Lead Account Processor who will determine which aged credits should be given priority. Credit list are distributed to Sr. Account processors for review.
and to determine credit balance transfer or refund amount. All refunds should be examined by Sr. Account Processors, followed by a second review by Lead Account Processor to determine that the correct approach was used before refund check is requested to be issued.

Refund documents are signed by Account Processors and Lead Account Processor to attest that all steps were followed in reviewing and determining the refund amount.

PROCEDURES:

a. **Credit Balance Report:** Credit Balance Report is run every first business day of the month. Lead Account Processor will access Centricity Business to extract the report. The report will be broken down into different sections that will include credits as a result of deposits, copay’s, excess payments, and payments by other sources.

b. **Refunds:** Amounts to be refunded are identified by Credit Balance Report, Insurance Requests and Clinical Department Requests.

- Account Processor will access patient’s account to identify refund request amount or credit balance amount. In the case of an insurance letter request, the employee will verify that a payment exists and it was posted in our system before refunded. Amounts are verified for validity. For self pay credit balances, the employee will analyze the patient’s account to make sure no other outstanding balances are present in which the credit could be transfer to reduce patient’s liability. If no other outstanding balances exist the refund can be processed.

- Account Process will download the patient account ledger into a MS-Word document for easy process. Will review all invoices listed and will write notes for Lead Account Processor to identify special circumstances that will apply to refund amount. The MS-Word File will be saved under the (s) Drive, MPIP Accounting, and Refunds by Account Processor, by batch number. Account Processor will provide the batch number to Lead Account Processor for review and approval.

- Lead Account Processor review patient’s accounts and creates a log for approval to be signed by both the employee who created the refund (Account Processor) and reviewer (Lead Account Processor). The log should balance the total amount of refunds issued within any given batch.

- Approved refunds are entered into the Direct Payment System for Accounts Payable to process payment request and to authorize printing of refund checks through the Easy Print Portal.

- Checks are printed and logged in Centricity Business System by patients account with Pay Code 97 with existing batch number on MS-Word file. Copies of checks are scanned together with batch slip and patients account ledgers and any emailed or letter requests for refunds. Items are searchable under MPIP’s Document Repository by batch slip number.
c. **Stale Dated Checks**: Amounts to be refunded are identified by Credit Balance Report, Insurance Requests

d. **Insurance Refund Research Inquires**: Amounts to be refunded are identified by Credit Balance Report, Insurance Requests

**RESPONSIBILITIES:**

- **LEAD ACCOUNT PROCESSOR**:

  Supervises, reviews, assigned and monitor the work of two Sr. Account Processors on a daily basis. Responsible for creating Credit Balance Report, formatting and distribute to each department’s section for further processing. In charge of reviewing refunds prepared by Sr. Account Processors. Runs Daily Credits to transfer credit amounts and to submit items for refund process when need it.

- **SR. ACCOUNT PROCESSOR (1)**:

  Analyze patient’s accounts to determine refund amount. Process refund paper work documentation both electronic and received letter requests. Works refunds from Credit Balance Report, emailed requested and insurance requests. Prepares patients account ledgers for review and approval from Lead Account Processor. Enters Check on Direct pay System.

  Prepares approved checks for data entry process and organize records for scanning and prepares check correspondence.

- **SR. ACCOUNT PROCESSOR (1)**:

  Analyze patient’s accounts to determine refund amount. Process refund paper work documentation both electronic and received letter requests. Works refunds from Credit Balance Report, emailed requested and insurance requests. Prepares patients account ledgers for review and approval from Lead Account Processor. Enters Check on Direct pay System.

  Prepares approved checks for data entry process and organize records for scanning and prepares check correspondence.

4 **MPIP ACCOUNTING DIVISION MANAGEMENT**

**POLICY**

MPIP ACCOUNTING DIVISION MANAGER will manage, oversee, direct, assign and monitor the work of five office sections that include, MPIP Cash Deposits and Collection Agency Accounts, MPIP Payment Posting, MPIP Patient Services, MPIP Central Cashiering and MPIP Refunds, Will design and implement work methods that can efficiently allow maximum personnel work performance. Analyze and develop strategies on how to improve quality and quantity of work.
In addition, manager will be in charge of reconciling MPIP Trust Fund Account and submitted to Accounting Services no later than 60 days after the end of each month. Accounting manager will review collections to ensure all items are posted properly and timely. Monitor the proper recording of revenues, transfers and refunds on Trust Fund Account and address any variances to upper management and Accounting Services.
1. POLICY

MPIP is responsible for monitoring and tracking all receipts and payments to assure that all departments comply with HSC OP 50.17. Cashiers and Clinic Supervisors must sign a Change Fund Custodian Receipt form (Exhibit: A) and Certification form. (Exhibit: B) The cashier is responsible for the petty cash/change fund received as stated in the Control Policy. Upon separation from TTUHSC the custodian must clear with MPIP cashiers and sign the Cash Fund Release form. (Exhibit C)

2. PROCEDURES

A. RULES FOR CASHIERING

1. Funds must not be taken from the cash box for any purpose other than providing change for patient collections. The balance of the cash box must equal the book balance plus patient collection.

2. Cashing personal checks for employees is a violation of TTUHSC policy. HSC OP 50.21

3. There should be only one person with access to the cash box at a time. The cashier’s supervisor and/or administrator may be the back-up. The cashier of the box will be held responsible for any cash over/short. Cash funds must never be commingled with personal funds. Discrepancies must be reported, documented, and may result in disciplinary action.

4. All cash boxes must be safeguarded overnight in the clinic safe. If a clinic is off-site, a safe must be available. Under no circumstances should cash boxes be left in drawers or left out of combination safes while the clinic is closed. It is required that safe combinations be changed twice a year and/or upon the separation of an employee.
5. Cash boxes must never be left unattended or unlocked.

6. If the cashier must leave the cash box under another staff member’s control the cash box must be checked out by reconciliation from the outgoing cashier and checked in (in the presence of the outgoing cashier) by the incoming cashier.

7. The balancing of patient collections should be reconciled in the presence of the cashier’s supervisor (or other key holder) and signed off by both the cashier and supervisor and should be done on a daily basis.

8. Cash boxes must never be combined or split. If an increase/decrease in the balance of the cash fund is desired, a revised Cash Fund Control Plan (CFCP) must be submitted to Accounting Services in accordance with HSC OP 50.21.

9. Any violation of these policies or those listed in the HSC OP Manual must be reported to the department administration immediately for investigation and disciplinary action if necessary.

10. All cashiers must read and sign the Cash Control Policies (Exhibit J). A signed copy of this policy must be turned in to the Cashier’s Office.

11. Supervisors must sign the Cash Fund Custodian Receipt form (Exhibit K).

B. Short/Over

1. Overage. For MPIP Accounts, the overage must be deposited to the applicable income account (Department Program Fund Account Number) using revenue source 70 and sub revenue source 7603. Custodians should remain cognizant of all overages since a cash overage could indicate a missing receipt.

2. Shortages. Shortages are to be deducted from the change fund/petty cash, not the deposit. The department will then determine when to submit the Reimbursement Invoice (RI) to reimburse the Petty Cash fund (this must be done at least once a month). Shortages will be reported to Accounting Services based on amount and consistency, by the Custodian. All shortages greater than $100 or losses occurring from theft must be reported immediately upon discovery to the Office of Audit Services and to Texas Tech Police Department (in addition to contacting Accounting Services) HSC OP 50.07.

C. Receipt Issuance

1. Auto Receipt Writer: Receipt numbers are system generated. Receipts reports are available thru the program for auditing purposes. These reports are reviewed on a weekly basis by Business Office Staff. Manual: Receipts are recorded prior to issuance by cashier staff in the Cashier Receipt Log book (Exhibit: D) by beginning and ending receipt number. Clinics request receipts from MPIP cashiers as needed.
2. **Manual Receipt Books:** MPIP cashiers issue manual receipt books, which contain 200 receipts to each clinic. Once all receipts have been issued, the book is returned to MPIP cashiers and it is logged in the Signature Receipt Log book. (Exhibit: E) It is required that the cashier returning the book, also date and sign the log book. All manual receipt books utilized in the clinics should be in sequential order, contain preprinted numbers, include the institutions logo, and department name.

   a. Clinic cashiers must verify the receipts to ensure they are in sequential order and that the receipt numbers recorded in the Cashier Receipt Log Book are the ones received. All manual receipt books must be properly safeguarded to help prevent misuse, loss, and/or theft.

   b. Once clinic staff has verified the receipt numbers they sign and date the Signature Receipt Log Book.

D. **Patient Intake Process**

1. Staff assigned to perform this process will obtain, verify, correct and/or update each patient’s computerized record with respect to the following:

   a. Name
   b. Address
   c. Phone Number
   d. Payer information

2. Assigned staff will initiate a fee ticket for every patient (clinics only) and require patient payments as determined by each respective patient’s verified payer status.

3. Full payment is due upon services rendered.

4. Full payment must be collected except in the following circumstances:

   a. The patient has commercial insurance, a managed care contract or is covered under another government program where the provider accepts assignment. Full payment of the estimated patient responsible portion will be requested at the point of service.

   b. The patient qualifies for an indigent care discount or write-off; however, if any patient share portion exists under these programs, the patient share portion must be paid at the point of service.

   c. Patient will not be requested to pay when their treatment is designated and approved as teaching case by the treating faculty physician, the Department Chairperson and the Department Administrator. Each teaching case must be considered on a case by case basis. Teaching cases may not be provided to patients with insurance coverage.
d. Patients will not be requested to pay when their treatment is designed and approved as an administrative adjustment by the Department Administrator, Assistant Dean for Finance and Administration, or MP/IP Director of Billing and Collections. In these circumstances, the Department Administrator must submit an Administrative Adjustment Report form to the MP/IP Director of Billing and Collections who will maintain all administrative adjustment records.

5. Professional courtesies shall not be administered for any reason, and each patient visit must be fully documented in the medical record and entered into the billing and accounts receivable system.

6. If a patient requests to make payment arrangements and the balance is over $100, a credit report is obtained thru Transunion. If the patient has credit available and does not want to pay the balance in full, a payment plan of 2 months may be granted after a payment is collected. If the balance is not collected within 2 months, the account will be sent to a collection agency. If the patient does not have credit available and a full payment of the patient share portion cannot be made at the time of service, a minimum payment of no less than 10% or $25.00 whichever is greater, should be requested. A budget plan may be obtained on the balance.

7. Budget Plans must be documented on the patient’s account for statement billing and must be documented on a promissory note at the time of budget plan data entry. A Budget Plan form (Exhibit: F/G) must be completed and signed by the responsible person and sent to the Unit Manager of MP/IP, to reset the dunning level if needed. Budget Plans may be extended for 10% of the amount due from the patient or $25.00 per month, whichever is greater.

8. All activities related to front desk operations such as patient registration, scheduling, cash collections, and charge entry must be processed in the same manner for all patients in accordance with the guidelines of the institution and the patient’s insurance carrier unless specified as an exception under item 4 of this policy. Violation of this policy may result in disciplinary action up to and including immediate termination depending on the severity of the violation.

E. Clinic Payment

1. **Auto Receipt Writer:** When the patient payment is received, a receipt is generated using the Auto Receipt Writer. The cashier populates the required fields and prints the receipt for the patient. The payment is recorded on the receipt log for balancing purposes. Discrepancies on the patient log must be documented and corrected by the clinic cashier and reviewed by the supervisor. **Manual:** When a patient payment is received, a receipt is written and the patient is given the yellow copy. The white copy is turned in to MP/IP cashiers. The pink copy stays in the book. **Both:** Payment codes used by the clinic cashiers are 11 for patient payment, 30 for credit card (be advised that if a credit card payment needs to be recalled the receipt must be voided; however, if the credit card machine has already been settled then a refund must be processed), and 22 for Collection Agency payment. On a collection agency payment, the cashier must prepare an Invoice Log form. (Exhibit: H)

Page 4 of 6
a. Payments that are made with a personal check require that the following information be verified and included on the check in accordance with HSC OP 50.12 (Temporary checks are prohibited).

- Payer's preprinted name, address, and current Driver’s License
- Patient's Date of Birth
- Patient's Account Number/Patient name if different from Payer
- Must be dated with current date (post-dated checks are not accepted)
- Signed by the maker
- Numeric amount of check must agree with written amount
- Checks must be written in black or blue ink only

2. Voided Receipts: Auto Receipt Writer: The void button is located on the far right column of the receipt log. Voided receipts require a pin number and the reason for the void. The window will open automatically when the void button is selected. All voids (original copy) need to be submitted to MPIP cashiers at the time the deposit is made. Manual: On a void receipt, the white and yellow copy is marked void and included in the daily deposit. The pink copy is also marked void and included in the daily deposit. The pink copy is also marked void but stays in the book. Both: Voided receipts must be listed on the Cash Bank Disposition.

3. Manual Receipts: Manual receipts should only be utilized in the event that the Auto Receipt Writer application is unavailable. The date on the receipt is used to log-in the date payment was received by the clinic cashier in the Cashier Receipt Log book. (Exhibit: D) All receipts must be accounted for, be completely filled out, placed in numerical order and turned in on a daily basis to the MPIP Business Office Cashier. If a receipt is held in the department, the clinic cashier must document the reason on the Cashier Bank Disposition form. State law requires that all receipts be deposited within 3 working days (HSC OP 50.07 & 08). Therefore, all used receipts must be turned in to MPIP Business Office Cashier no later than 3 working days from the date the receipt is issued. If a receipt is not turned in by the 3rd working day, a clinic supervisor is expected to call MPIP Accounting Manager with a status of the receipt by the beginning of the next working day.

4. Patient payments submitted on the Cashier Receipt Log are entered into the Centricity System on a daily basis.

5. Auto Receipt Writer: Cashier will select the “Verify Cash” button to reconcile the cash box to the Receipt log. The Verify Cash worksheet will be submitted with the Cash Bank Disposition. The Cash Bank Disposition is automatically generated by the Auto Receipt Writer, to print select the “Cash Bank” button located on the top right of the Verify Cash worksheet. Once the cash is balanced the log needs to be closed and a “Cash Registry” worksheet is generated. The Verify Cash, Cash Bank Disposition & Cash Registry worksheets must be submitted with each deposit to MPIP cashiers. Manual: An adding machine tape must be run on the white receipts and also on currency, checks (post-dated checks are not acceptable and ID information is required on all checks), money orders and charge cards. The combined total of the currency, checks, money orders and charge cards must total the amount of the white receipts. The Cash Bank Disposition is completed with these amounts and the adding machine tapes are attached to the right hand corner of the batch slips. The tape is prepared by cashier. The backup cashier needs to prepare a second tape to double check the
cashiers tape. The Cash Bank Disposition needs to be turned in to MPIP cashiers with the daily deposit and signed by the cashier and supervisor/backup cashier. (Exhibit: I)

6. All Clinics must submit their balanced collections by the next business day, with the exception of those clinics located off-site, to the MPIP Business Officer cashier for auditing and preparation for deposit. Those clinics located off-site will submit their collections in accordance with their scheduled armored pickup. Failure to submit collections in a timely manner may warrant disciplinary action. **Auto Receipt Writer:** MPIP Business Office cashiers run a tape on all cash for respective department. **Manual:** Business Office cashiers run an adding machine tape on all receipts and all cash respective department. Both: MPIP Business Office cashiers prepare a grand total combining all monies into one deposit. The deposit is placed in a locked deposit bag and placed in the MPIP Business Office safe for next day armored car pickup to the bank.

**E. Revision**

This plan shall be reviewed and evaluated annually on or before August 31 of each year to assure that it meets the needs of TCUHSC School of Medicine. It shall be the responsibility of the Director of the HSC Income Plan to initiate revisions to this policy.
POLICY:

The purpose of this policy is to establish rules and guidelines for managing and reconciling the Trust Fund. This policy will also coincide with HSC OP 50.04 regarding MPIP Trust Fund Management.

PROCEDURES:

1. Verify that each Cash Receipt transaction deposited in Fund 133003 is reflected in the Cognos Transaction Detail Report (Banner Ledger).

2. Run the following reports in Cognos for the reconciling month
   
   a. Transaction Detail (Banner Ledger)
   
   b. Statement of Changes in Fund Balance (Trust Fund Monthly Balance) for current and prior month

3. Run the following reports in Centricity for the reconciling month
   
   a. Month to Date (MTD) Transactions Summary Report
   
   b. Income Analysis Report
   
   c. Batch Summaries Report
   
   d. Paycode 97 Summary report for refunds (Refunds vs Centricity)
e. Paycode 96 Summary report for returned checks (NSF Checks)

4. Run the following reports in Informatics for the reconciling month
   
a. Billing Area (BA) 90000
   
b. Monthly Revenue Distribution (MRD)
   
c. Unlocated report

5. Run and export the Mail Log report in excel from the TTUHSC El Paso website.

6. Centricity Posting Balance Sheet
   
a. All Cash, Checks, Credit Cards, Insurance payments, Lockbox, ECOM, and Desktop money received and deposited into Fund 133003 during the month are recorded in the Centricity Posting Balance Sheet.
   
b. At the end of the month all transactions in the Centricity Posting Balance Sheet are reconciled against transactions from the Transaction Detail (Banner Ledger) report.
   
c. Any variances are researched and documented.

7. Cognos Transaction Detail (Banner Ledger) Report
   
a. Breakdown and categorize the Cognos Transaction Detail (Banner Ledger) data into payment types (i.e. Insurances, Contracts, Transfer Vouchers (TV’s), NSF, Distributions, Refunds, Cash & Checks (BO), Ecom, Corrections, etc.).
   
b. Reconcile totals by category to the Centricity Posting Balance Sheet and the Mail Log.
   
c. Review Transfer Voucher (TV’s) and Contract funds received and identify if these were posted in Centricity in prior, current or subsequent month. Enter results in the Trust Fund Reconciliation spreadsheet under the Banner Column.
   
d. Review and note all Corrections items in the Banner Ledger.
   
e. Research and document any variances.

8. Refunds vs. Centricity
   
a. Reconcile the refund data from Cognos/Banner and the Paycode Summary report (for paycode 97) from Centricity.
b. Identify all refunds posted to both Cognos/Banner & Centricity in the current month. Refunds posted to Cognos/Banner and not Centricity in the current month and vice versa. Enter results in the Trust Fund Reconciliation spreadsheet in the Banner and Centricity Column.

c. There will always be a reconciling difference with refunds. The reconciling differences need to be noted with a comment and the date the refund was posted in Centricity/Banner, voided, or sent to State Treasury.

d. Refunds are approved throughout the month and are approved by Sr. Director and cut by Accounting Services.

9. NSF Checks

a. Reconcile the NSF Check data from Cognos/Banner and Centricity.

b. Identify all NSF checks posted to both Cognos/Banner & Centricity in the current month. NSF checks posted to Cognos/Banner and not Centricity in the current month and vice versa. Enter results in the Trust Fund Reconciliation spreadsheet in the Banner and Centricity Column.

c. There will be a reconciling difference for returned checks.

d. The reconciling differences need to be noted with the date the check posted in Centricity/Banner.

e. The returned checks for the month that is being reconciled are received after the close of books. Therefore, the returned check is in Cognos are not posted to Centricity until the following month.

10. Batch Summaries

a. Verify batch summary total matches to the total payments in the Month to Date Transaction (MTD) summary report.

b. Reconcile the Batch Summaries post date to the actual payment received date from Mail Log.

c. Identify and group posting items by funding source (Banner Transfer Vouchers (TV's) or Contract funds, MPIP deposits and Cashier deposits).

d. All items posted in the batch summary must reconcile to the current/prior date when the payment was received or the current/prior month the transfer voucher (TV) was made in Cognos/Banner.

e. Identify all batches posted to both Cognos/Banner & Centricity in the current month. Batches posted to Cognos/Banner and not Centricity in the current month and vice versa. Enter results in the Trust Fund Reconciliation spreadsheet under the Centricity Column.
f. No batches should be posted without funds received.

11. Mail Log

a. Reconcile the Mail Log actual payment received date to the Batch Summaries post date.

b. Identify all payments received and posted to both Cognos/Banner & Centricity in the current month. Payments reviewed and posted to Cognos/Banner and not Centricity in the current month and vice versa. Enter results in the Trust Fund Reconciliation spreadsheet under the Banner Column.

c. Payments received in the Mail Log and deposited to fund 133003 should be posted in the current or subsequent month.

d. All Trust Fund monies received should be posted in Centricity within 3 business day.

12. Credit Cards

a. Reconcile Credit Card money received based on transaction date to the Centricity posting date and date funds were received in Cognos/Banner.

b. Identify all Credit Cards posted to both Cognos/Banner & Centricity in the current month, all Credit Cards posted to Cognos/Banner but not Centricity and vice versa. Enter results in the Trust Fund Reconciliation spreadsheet in the Banner and Centricity Column.

c. Discrepancies should be reviewed and noted in the Credit Card Reconciliation.

13. Unlocated Account

a. Review the Unlocated Account and obtain a status on all invoices posted in the Unlocated account.

b. Items pending refund need to be given to the Refund department to be refunded.

c. Items waiting for backup need to be followed up by individual who placed invoice in the Unlocated.

d. The Unlocated is a temporary account. Pending items should not be left in the Unlocated longer than 3 months.

14. Trust Fund Reconciliation
a. Trust Fund Reconciliation must be completed using the template which was approved by Audit and Accounting Services.


c. Transfer total from Cognos (Banner Ledger) Report under the Banner column.

d. Utilize the Cognos (Banner Ledger) to verify all categories under the Banner column tie to Cognos (Banner Ledger) totals report.

e. Transfer total from Batch Summaries Report under the Centricity column.

f. Enter the Ending Trust Fund Balance using the reconciling month Trust Fund Balance Statement of Changes in Fund Balance (Trust Fund Monthly Balance) under the Banner column.

g. Enter the payments less refunds totals from the Centricity Month to Date (MTD) Transactions Summary Report under the Centricity column.

h. Check figure variances greater than zero need to be researched and unraveled.

i. Any in-transit difference between Banner & Centricity must be documented by category in a spreadsheet and must include the date item was posted in Centricity along with the date the funds were received in Cognos/Banner.

j. Research unreconciled items and work with Accounting Services, make corrections as appropriate. Document corrections and follow up on Cognos to assure correcting entries are posted.

k. Any correcting entries that need to be made are emailed to Accounting Services once a month prior to the close of books.

15. Trust Fund Reconciliation Notes

a. The Director of School of Medicine Reporting, Analysis, and Budget (or equivalent title) and the Director of MIP Business Office at each campus must review the reconciliations.

b. A completed and reviewed monthly reconciliation must be submitted to Accounting Services no later than 60 days after the end of each month.
c. Trust Fund Reconciliation, Trust Fund In-Transit items along with all the supporting documentation is emailed to Accounting Services and retained in the S drive.

d. Refer to HSC OP 50.04 MPIP Trust Fund Management for a full list of Operating Policy and Procedures.
MPIP BUSINESS OFFICE ACCOUNTING DIVISION

PURPOSE

The MPIP Accounting Division Policies and Procedures detail and standardize the process of patient accounting operations and provide consistent methods that adhere to Texas Tech HSC El Paso Operating Policies and Procedures.

POLICY:

The purpose of this policy is to establish rules and guidelines for posting of payments given at the collection agency and payments received Texas Tech University HSC El Paso.

PROCEDURES:

Payment received at collection agency posted with pay code 21

1. Log in into Centricity Business.

2. On Main Menu select “Post Receipts,” click on Payment Posting upper left hand corner.

3. Generate a Batch. Enter all appropriate information once batch has been generated.

4. Under Action enter “O” and under Form: “Auto” Enter to move to the next screen.
5. Posting from the Collection Agency Statement: Enter the Account Number: E0000000 press enter.

6. Invoice: Enter;F= and the numeric # that applies to the agency that you are working with. A list of invoices will appear, choose invoice that you are going to post payment to. Oldest to newest.

7. Enter the Payment Amount: $0.00 payment amount consist of amount minus the collection agency fee.

8. Enter 9541 collection agency fee for agency Windham. Enter 9531 collection agency fee for Collection Resources

9. Enter 531 collection agency recoveries; this will be the amount of payment and amount of fee.

10. If there is a balance enter a comment of “Invoice balance $000.00” this will be balance after payment that has just been posted has been deducted.

11. If payment zero’s out the balance on invoice that had been turn over, enter 944 for Windham to show invoice has been paid in full, and 943 for Collection Resources to show invoice has been paid in full.

Payment received at collection agency posted with pay code 22

1. Follow same procedure 1 thru 6.

2. Enter payment amount.

3. Enter 531 collection agency recoveries; this will be the amount of payment.

4. A comment needs to be entered, before or after payment has been posted this will notify the collection agency that a payment has been received at Texas Tech and posted to the patients account. To enter this comment we use a code “80.

Collection agency fee’s owed Texas Tech

1. When payments have been posted with code 22 these fees will be included on the payment report coming from the collection agency.

2. You need to change your payment code to 21 to payment code 22, this will be enter on the same batch open to post payment with 21 pay code.

3. Enter invoice number

4. Enter 22, the amount of fee as a negative amount, enter 9541 collection agency fee for Windham, a 9531 collection agency fee for Collection Resources.
5. If there is a balance on invoice after payment has been posted, enter the balance amount misusing payment that has just been posted. If invoice is at a zero do a 70 to change fsc to paid in full, 944 for Windham, 943 for Collection Resources.

6. If invoice fsc has already been change to paid in full we need to change fsc back to the original collection agency fsc in order to post the collection agency fee, when payment has been posted.
DATE: ____________________

I, ______________________, DO HEREBY CERTIFY THAT I HAVE, ON THIS DATE ____________________ RECEIVED THE SUM OF $ ____________________. I UNDERSTAND THIS MONEY IS TO BE USED SOLELY IN THE PERFORMANCE OF MY DUTIES AS CASHIER FOR ____________________ AND THAT THESE FUNDS MAY NOT BE USED FOR ANY OTHER PURPOSE.

________________________________
CASHIER'S SIGNATURE

________________________________
DEPARTMENT ADMINISTRATOR/SUPervisor

________________________________
MPIP BUSINESS OPERATIONS OFFICER

UPON TERMINATION OF YOUR POSITION AS DEPARTMENT CASHIER PLEASE BE SURE TO CLEAR WITH MPIP CASHIERS OF ABOVE MONIES!!!

Revised 6/13
CASHIER CERTIFICATION
(Bonding form for Cashier)

Cash Control Policies

As part of my responsibilities as Cashier, I acknowledge that my immediate supervisor has discussed the Cash Control Policy with me. I also acknowledge that I have received a copy of the Cash Control Policies for my files.

I further understand that any violations of this policy will be grounds for disciplinary action, to include termination of my employment. A signed copy of this certification will be placed in my Departmental and TTUHSC personnel file.

______________________________
Employee's Name (Please print)

______________________________
Employee's Title

______________________________
Employee's Signature Date

I, the above named employee's immediate supervisor, acknowledge discussing the Cash Control Policy with the employee.

______________________________
Supervisor's Name (Please print)

______________________________
Supervisor's Title

______________________________
Supervisor's Signature Date

Revised 6-13
CASH FUNDS RELEASE FORM
(Cashier Clearing Form)

DATE: ________________________

I, ____________________________, DO HEREBY CERTIFIED THAT
I HAVE ON THIS DATE __________________, TURNED OVER THE SUM
OF $ __________________. I UNDERSTAND THAT AFTER SIGNING THIS
DOCUMENT I WILL BE RELEASED OF THIS MONEY.

____________________________
CASHIER'S SIGNATURE

____________________________
DEPARTMENT

____________________________
DEPARTMENT ADMINISTRATOR

____________________________
MPIP BUSINESS OFFICE MANAGER

Revised 6/13
<table>
<thead>
<tr>
<th>Date of Receipt</th>
<th>Date Received</th>
<th>Date of Deposit</th>
<th>Beginning Receipt #</th>
<th>Ending Receipt #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 6/13
# TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
Paul L. Foster School of Medicine
MPIP BUSINESS OPERATIONS EL PASO

SIGNATURE RECEIPT LOG

DEPARTMENT: ____________________

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date Received</th>
<th>Date Returned</th>
<th>Beginning Receipt</th>
<th>Ending Receipt #</th>
<th>Book #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 6/13
Budget Plan Form

Date: ____________________________

Name: ____________________________

MRN: ____________________________

Balance: ____________________________

I/We agree to pay TTUHSC the monthly amount $ _____________ until the total amount of $ _____________ is paid. This amount is due upon receipt of each monthly statement.

At any time if the unpaid balance exceeds the amount agreed upon as stated above, TTUHSC reserves the right to terminate this budget plan. Any charges due as result of services performed after the date of this agreement may not be included in this agreement. Any additional charges due must be paid at the time of service or a new agreement may be established by contacting the Business Office.

I/We authorize Texas Tech University Health Sciences Center to verify my employment, credit history to obtain credit reports in connection with application for credit, and for any update, renewal or extension of the credit received as deemed necessary. The name and address of the credit bureau from which credit reports were received will be made available.

________________________________________    ____________________________
Patient or responsible party's signature          Date

________________________________________    ____________________________
Employee establishing Budget Plan               Date

Revised 6/13
Fecha: __________________________

Nombre: ________________________

MRN: ____________________________

Balance: _________________________

Estoy/Estamos de acuerdo en pagar a Texas Tech University mensualmente la cantidad de $ __________________ hasta que la cantidad total de $ __________________ sea saldada. Esta cantidad debe ser saldada al momento de recibir el estado de cuenta mensual.

Si en algún momento el balance sin pagar sobrepasa o excede la cantidad acordada, como se explica en el párrafo anterior; Texas Tech University Health Sciences Center se reserva el derecho de terminar el plan de pagos acordado. Este documento no incluye servicios médicos brindados después de la fecha de este contrato. Cualquier cobro adicional relacionado con servicios médicos después de la fecha de este contrato, deberán ser liquidados el mismo día de la visita médica, o se puede establecer un nuevo contrato comunicándose con la oficina de cobranzas.

Autorizo/Autorizamos a Texas Tech University Health Sciences Center para verificar mi lugar de empleo, e historia de crédito, y para obtener reportes de mi crédito como aplicaciones para crédito, cualquier cambio en mi crédito, renovaciones o extenciones de crédito recibidas. El nombre y dirección del bureau de crédito de donde la información de crédito fue recibida estará disponible.

________________________________________________________________________
Firma del paciente or partido responsable                                           Fecha

________________________________________________________________________
Nombre del espedeador/a estableciendo el plan de pagos                             Fecha

Revised 6/13
<table>
<thead>
<tr>
<th>Name</th>
<th>Acct #</th>
<th>Invoice #</th>
<th>$ Amt</th>
<th>Invoice Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASH BANK DISPOSITION
(Manual Form)

Location: ___________________________ Date: ___________________________

Deposit Bag Number: ___________________________

Prepared By: ___________________________

Supervisor/Backup Signature: ___________________________

Audited By: ___________________________ Date Audited: ___________________________

Receipt No: ___________________________ Through: ___________________________

TOTAL CASH DRAWER: $ ___________________________

CASH: $ ___________________________

CHECKS: $ ___________________________

CHARGE CARDS: $ ___________________________

LOGSHEET TOTAL: $ ___________________________

TOTAL RECEIPTS: $ ___________________________

PETTY CASH OVER / SHORT $ ___________________________

COMMENTS: ___________________________

______________________________________

Revised 6/13
CASH CONTROL POLICIES
(Bonding form for Cashier)

As you are aware, we conduct audits of all cash funds assigned to each department. Policies regarding cash control are listed in the TTUHSC Operating Policy manual #51 Volume I, that each of you should have (the Operating Policies are also available on the TTUHSC Web Page). These policies, though fairly specific, do not necessarily address certain common sense issues that have arisen in our last audit. Listed below are certain rules that your staff responsible for cash boxes should be reminded of:

1. Never take money from the cash box for any purpose other than change for patient collections. This means no “borrowing” of cash and the balance of the cash box should always and at all times equal the book balance plus patient collection receipts.

2. Cashing personal checks for employees is a violation of policy (HSC OP 50.21).

3. There should be only one person with access to the cash box at a time. The Coordinator or the Administrator may be back up. The cashier of the box will be held responsible for any cash over/short and with more than one access, accountability is very difficult to administer.

4. All cash boxes must be checked into the MPIP Cashier’s Office 2nd floor each evening by 5:00 – 6:00 pm and held overnight in the safe. If you are off-site, a regulation safe must be available and it must be bolted to the floor. Under no circumstances should cash boxes be left in drawer or left out of combination in safes while closed.

5. Cash boxes must never be left unattended for a long period of time (more than a few minutes) or unlocked (at all). In addition, the cash boxes must be out of reach from the patient window.

6. Each time the cashier must leave the cash box under another staff member’s control (lunch or late shift) the cash box must be checked out by reconciliation from the outgoing cashier and checked in (in the presence of the outgoing cashier) by the incoming cashier.

7. Check out at day’s end should be reconciled in the presence of the coordinator (or other key holder) and signed off by both the cashier and coordinator.

8. Cash boxes must never be combined or split. If you wish to change the balance of your cash fund, please make your written request to Rachael Penaflor and she will change your book balance.

9. Any violations of these rules and those policies listed in the HSC OP manual should be reported to the department administration immediately for investigation and disciplinary action if necessary.

Cashier’s Signature                                  Date

Revised 6/13
CHANGE FUND CUSTODIAN RECEIPT
(Bonding form for Supervisor)

DATE: _________________

I, ______________________, DO HEREBY CERTIFY THAT I HAVE, ON THIS DATE _________________, RECEIVED THE SUM OF $ ___________________. I UNDERSTAND THIS MONEY IS TO BE USED SOLELY IN THE PERFORMANCE OF MY DUTIES AS CASHIER FOR ______________________, AND THAT THESE FUNDS MAY NOT BE USED FOR ANY OTHER PURPOSE.

*****FOR SUPERVISORS ONLY*****

I HEREBY CERTIFY THAT I HANDLE THIS PETTY CASH FOR EMERGENCY PURPOSES ONLY.

____________________________
SUPERVISOR’S SIGNATURE

____________________________
DEPARTMENT ADMINISTRATOR/SUPERVISOR

____________________________
MPIP BUSINESS OPERATIONS OFFICER

UPON TERMINATION OF YOUR POSITION AS DEPARTMENT CASHIER PLEASE BE SURE TO CLEAR WITH MPIP CASHIERS OF ABOVE MONIES!!!

Revised 6/13