TITLE: Cashier Cash Control Policy

Policy #: ACC 2

1. POLICY

MPIP is responsible for monitoring and tracking all receipts and payments to assure that all departments comply with HSC OP 50.07 and HSC OP 50.08.

2. PROCEDURES

A. RULES FOR CASHIERING

1. Cashier is assigned cash for the purposes of providing change in denominations and amounts necessary to permit the making of change in the cash collection operations of the clinical department. Funds must not be used for any purpose other than providing change for patient collections. The cash box at the end of the shift must equal total Phreesia patient collections plus initial assigned amount. A transfer of Accountability Log must be documented and signed by both the Cashier and Supervisor for all cash passed off from one Cashier or Custodian to another.

2. There should be only one person with access to the cash box at a time. The assigned Cashier of the cash box will be held accountable 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.

3. All cash boxes must be safeguarded overnight in the safe. 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.

4. Cash boxes must never be left unattended or unlocked. Cash boxes must be out of reach from the patient window.
5. Cash boxes must never be shared, 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.

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

7. Cashiers working at a department without secure dual cash drawers, if the Cashier must leave the cash box under another staff member’s control (ex: lunch break), the cash box must be reconciled and checked out by the outgoing Cashier and checked in (in the presence of the outgoing Cashier) by the incoming Cashier and a Transfer of Accountability Log must be documented and signed by both the outgoing and incoming Cashier.

8. Cashiers working at a department with secure dual cash drawers are not required to perform a check out/check in control process or complete a Transfer of Accountability Log for lunch breaks.

9. End of shift balancing of patient collections should be reconciled in the presence of both the Cashier and Supervisor. This should be done on a daily basis immediately at the end of the shift. A transfer of Accountability Log must be documented and signed by both the Cashier and Supervisor.

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

B. Short/Over

1. **Overages.** As stated in HSC OP 50.07, “For collection accounts classified as educational and general, a cash receipt must be entered to deposit the amount of the overage to FOP 103174-203312-NG, using account 570000. For all other collection accounts, the overage must be deposited to the applicable FOP using account 570000. (See HSCEP OP 50.26 for general deposit procedures.)”

2. **Shortages.** As stated in HSC OP 50.07, “Shortages greater than $10 must be reported immediately to Accounting Services. Accounting Services will determine the action necessary to reimburse the account and/or to record the shortage in the financial system. Shortages greater than $100 or losses occurring from known or suspected theft must be reported immediately upon discovery to Audit Services and to the Texas Tech Police Department (in addition to notifying Accounting Services).”

3. Per HSC OP 50.07, custodians should investigate and remain cognizant of all overages.

C. Phreesia Collection System

1. Patient payments collected via the Phreesia POS systems are automatically posted into patients account in Centricity Business System (CBiz) in real time.
2. Receipts are system generated thru the Phreesia application. The receipts are date and time stamped. They include the payment method type and system generated reference/transaction number. Receipts reports are available thru the program for auditing purposes.


D. Patient Budget Plans

1. Patient budget payment plan may be obtained by contacting MPIP Cashiers or MPIP Customer Service. 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 must be completed and signed by the responsible person and sent to the Unit Manager of MPIP, to reset the dunning level if needed.

2. Budget payment plan guidelines are listed below:

<table>
<thead>
<tr>
<th>Patient Balance</th>
<th>Budget Plan Payment Amount</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=$250</td>
<td>Min $25 payment</td>
<td>10 Months</td>
</tr>
<tr>
<td>&gt;$250</td>
<td>10% payment</td>
<td>10 Months</td>
</tr>
</tbody>
</table>

E. Manual Receipt Books

1. Manual receipts should only be utilized in the event that the Phreesia application is unavailable for an extended period of time. The date on the receipt is used to record the date payment was received by the Clinic Cashier in the Cashier Receipt Log book located at the MPIP Cashiers Office. All receipts must be accounted for, be completely filled out, placed in numerical order and turned in on a daily basis to the MPIP Cashiers. Per HSC OP 50.07, “State law requires timely deposit of receipts. Receipts must be deposited within three (3) business days with no exceptions”.

2. Once all manual receipts have been exhausted, the receipt book is turned in to MPIP Cashiers and it is logged in the Signature Receipt Log book. It is required that the Clinic Cashier returning the book, also date and sign the log book. All manual receipt books utilized by the Clinics should be in sequential order, contain preprinted numbers, include the institutions logo and department name.

3. Clinic Cashier and MPIP Cashier must verify all receipts to ensure they are in sequential order and confirm receipt numbers recorded in the Cashier Receipt Log Book are the ones received. All manual receipt books must be properly safeguarded by the Clinical Department. MPIP Cashiers will perform random semi-yearly audits on all department manual receipt books to help prevent misuse, loss, and/or theft.

F. Clinical Department Check Acceptance

1. Checks collected by departments must be restrictively endorsed immediately upon receipt using an official TTUHSC El Paso endorsement stamp. The stamp imprint must be clear and readable. Consult HSC OP 50.10 for procedures relating to obtaining and using endorsement stamps.
2. Payments 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

G. Clinical Department Balancing & Reconciliation

1. Clinic Cashiers, in the presence of their Clinic Supervisor, must balance their individual collections to their individual Phreesia collection report daily at the end of their shift. HSC OP 50.07, states, “transfer of accountability must be documented if funds are passed off from one cashier or custodian to another.” TTUHSC Transfer of Accountability Log (exhibits attached) must be filled out, signed and dated by both Clinic Cashier and Clinic Supervisor immediately after Cashier’s end of day reconciliation process. The TTUHSC Transfer of Accountability Log must be safeguarded by the Department Clinical Supervisor of auditing purposes.

2. All Clinical Departments must balance and reconcile the Department Phreesia collections and CBiz batch report to the total collections received for the day. The reconciling process must be done promptly the next business day in the morning.

3. Immediately after reconciling the daily Phreesia Department deposit, the Clinic Supervisor must update the Deposit Tracker application with the corresponding CBiz batch and total Phreesia cash, checks & credit card collections for the day.

H. Clinical Department Deposit Submission

1. All Clinical Departments must submit their balanced collections by the next business day to MPIP Cashier’s Office for auditing and deposit preparation. Clinical Departments located off-site will submit their collections in accordance with their TTUHSC Mail Carrier pickup schedule. Per HSC OP 50.07, “State law requires timely deposit of receipts. Receipts must be deposited within three (3) business days with no exceptions. Receipts totaling $100 or more must be deposited by the following business day. When it is necessary to store funds overnight, adequate safeguarding must be provided by the applicable custodian. Institutional policy requires compliance with this law for all receipts at every cash collection point, regardless of the funding source.”

2. Clinical Cashiers are required to bring two Batch Control (BC) slips to MPIP Cashiers Office. BC slips must be completed, signed and dated by both Clinical Cashier & MPIP Cashier upon transfer of funds from Clinical Cashiers to MPIP Cashiers, per HSC OP 50.07. Each party will retain a copy of the BC slip for their records.