I. Policy Summary
UCR Health will maintain policies and procedures to ensure that critical activities related to cash handling (which include accountability, separation of duties, physical security, and reconciliation) are followed at all times in order to protect UCR staff involved in these duties, as well as to protect these patient funds.

II. Definitions
The term “Cash” as used in this document refers to US currency and coin, personal and business checks, traveler’s checks, cashier’s checks, money orders and credit cards.

III. Policy Text
UC Business & Finance Bulletin (BFB) BUS-49 establishes the minimum requirements related to the handling and processing of cash to ensure that these assets are protected, accurately processed, and properly reported. UCR Health will adhere to these minimum requirements and establish local implementing procedures accordingly. In addition, UCR Health is committed to ensuring that those engaged in the handling and transporting of Cash are protected and that associated risks are minimized. This policy covers basic practices for the faculty clinical practice locations for the safe and secure handling and transporting of cash by authorized individuals.

IV. Responsibilities
School of Medicine, Finance

V. Procedures
A. Prior to accepting Cash at a new location:
   1. Revenue management will develop a cash handling procedure specific to each clinical practice site.
   2. UCR’s Cash Handling Coordinator, aka the Director of Student Business Services (SBS), will be notified:
      a. immediately when a new site has been confirmed, so consultation on cash handling requirements can be performed; and
b. At least six weeks prior to the opening of a new site in order to review the cash handling aspects of the site. The amount of lead time for scheduling will depend on the location’s proximity to campus.

c. Approved safe will be ordered. Refer to Business and Finance Bulletin #49.

3. Once the location is reviewed, if all is in order, the following processes will begin. SOM will submit requests to the SBS Cash Handling Coordinator. Each request listed below will have their own processing times:

a. *SBS Cash Handling Coordinator's Review of Procedures* – at least 2 weeks in advance of the site review of the location.
b. *Obtain Change Funds* - Accounts Payable needs 10 business days processing time to process the request once SBS approves and submits via ePay.
c. *Schedule Armor Car Service* – Armored courier service (armored car service) and designated banking institution require at least two weeks lead time from the time SBS requests to schedule service and obtain deposit slips and sealed bags inventory.
d. *Merchant ID (MID) and Terminal* – Designated banking institution Merchant Services (BAMS) – needs 10 business days from the time SBS approves and submits request to obtain new MID and mail terminal to SBS.

**B. Change Fund**

1. Approved front office staff will be change fund custodians. The change fund will be utilized to make change, as necessary, for patients that present to clinic with cash to pay for physician services.

2. A check will be provided to the change fund custodians at the initiation of the fund. Custodians will have an opportunity during their working hours to cash the check at either designated banking institution or the Campus Cashiers.

3. The change fund will be issued to approved staff at the beginning of business day by office supervisor and/or manager. The change fund is stored in a policy approved safe (dual custody) that resides in the clinic within a locked room.

   a. During business hours the change fund is stored in a locked drawer in the front office. The change fund custodian has the only key to their assigned drawer.

   b. At the end of shift or if custodian leaves before shift end, he/she will return the change fund to the safe and complete the cash count reconciliation form. The contents will be counted out by the custodian and an appointed staff member at the beginning and end of each shift and the counts will be signed by both parties.

   c. Change funds may be signed over to another cash custodian during lunch breaks.

**C. Payment Handling Procedures:**

1. **Payments Received**

   Clinic staff will take the following steps when payment is received at clinic site:
a. Complete a receipt (triplicate) for all payments received by patient. Receipt will contain date of service, current date, amount paid, payment type (check number/credit card type & authorization number), patient name, physician seen, and purpose of payment. Initials of the staff member completing the receipt must be present. Receipts are to be issued in sequential order. Record payment information on the patient log/schedule: payment amount, payment type and receipt number. Each staff member will be assigned their own receipt book.

b. All voided receipts must be retained (not given to customer) and have signed approval by a supervisor.

2. Checks/Money Order Payments

Ensure checks are made payable to Regents UC, cashier to initial back of check, and endorse back of check with stamp from PNC bank “for Deposit Only.” Check will be sent via Federal Express to PNC bank for deposit and credited to patient accounts by UCR Health billing vendor.

3. Individuals with the authority to process refunds will not accept cash payments

4. Credit Card Payments & Credit/Debit Card Telephone Transactions

a. The terminal resides in a locked drawer in the clinic reception area. The cashier will inspect credit card terminal at beginning of shift to ensure equipment has not been tampered with.

1) Cashier will keep a log of daily inspection.

2) Terminal will be configured to auto settle at the close of each day as determined by practice site.

3) Terminal will be configured to require a password/pin for all refunds/voids. Password/pin will be assigned to Manager.

4) Cardholder not present: The correct billing address for the credit and/or debit card must be obtained.

The card information received by telephone authorization is then entered manually in to the Merchant Card processing equipment. Authorization codes are to be noted in the receipt book. No account information is written down or kept on file. If staff must write information down, it will be shredded immediately following the transaction. A receipt with the complete information will be created indicating that the payment was taken over the phone. This information will be uploaded to the UCR shared drive and billing vendor site with the other receipts (cash, check, visa).

b. A Cash Collection Reporting and Reconciliation System (CCRRS) entry will be created by Revenue Management/billing for each business day in which credit card/cash/check payments are transacted by the clinic.

1) CCRRS back-up will include daily cash count and reconciliation form, bank deposit slip, batch settlement tapes, and client line, if applicable.
2) Back up documentation will be uploaded by clinic staff to the Business Ops server and retained for 5 years. The client line report will be sent to Revenue Management/Billing directly by Client Line.

3) The retention period for credit card documentation is 5 years.

4) SOM Finance will review merchant statement in order to ensure that all activity is reflected in the general ledger.

c. The Clinical Affairs Analyst will provide a copy of all payments collected to the third party billing vendor via the secure FTP site along with their daily charge batch for posting.

D. Reconciliation Procedure for Patient Care
Confirmation information will also be saved on the HIPAA-compliant secure server in order reconcile the GL.

1. Reconciler will verify that the patient care collections match accounts. Audits of sample set (10%) will be reviewed monthly against patient record.

2. Monthly billing report from the billing vendor will be provided to SOM.

3. All net deposits will be verified with data provided and reconciled to the SHS Report to ensure all net deposits reported by the billing vendor are accounted for.

4. Once all net deposits are accounted for, bill fee to the billing vendor will be paid per agreement.

E. Finance and Administration
Finance and Administration will reconcile that the PNC bank statements and the UCI intercampus transfers to the ledger. (Refer to Policy UCRFS ledger Review Guidelines 200-97 and BUS 49)

F. Safe Management
1. The safe override code will be maintained by COO and the Executive Director of Clinical Finance. Individuals with this code will not have access to the safe combinations or keys.

2. Safe combinations will be changed at least annually and when there is a change in personnel with safe access.

G. Training Requirements
All cash handlers will complete the PCI training and the LMS: Cash Handling: The Basics training tutorial annually. The Certificate of Completion from the training and a signed attestation of a review and understanding of this policy, UCR policy and UCOP policy will be maintained in the in the employees’ record and will be signed and reviewed with the employees annual evaluation.

Failure to follow this policy, missing change funds or discrepancies in the change funds will result in disciplinary action up to and including termination.
VI. Forms/Instructions
   New Sub-Cashiering Station Setup Checklist

VII. Related Information
   UC Business & Finance Bulletin (BFB) BUS-49
   http://sbs.ucr.edu/departments/physsecurity.html

   Cashiering -- Sub-Cashiering and Special Cashiering Station Operations

   Credit/Debit Card Payments - Acceptance of

   Petty Cash Procedures

   Policy UCRFS ledger Review Guidelines 200-97

   Best Practices

VIII. Revision History (New Policy)

   Approval(s):

   COMPLIANCE COMMITTEE (07/25/2017)