UCLA Health Ambulatory Practices
Revenue Policy and Procedure

Policy Name: Cash Control Policy		
Policy #: 009	**Developed Date: April 2014**	**Approved Date:**
Approved By:	**Revision Date: March 2016**	**Revised By:**

I. Purpose

To ensure all payments are accounted for and all patients are given appropriate credit for payments at the time of service. This will protect practice employees who handle and have access to cash from unexplained cash discrepancies.

II. Policy

All ambulatory practices are to adhere to specific cash control policies and procedures to track monies from the point of payment, payment posting, reconciliation and bank deposit.

009 Cash Control Policy
Standard Operating Procedure

Procedure

A. **Physical Safeguards**
- Individual Cash Drawer: Each payment collector will be provided with an assigned lockable, stationary drawer in which to store their collected payments during their work shift. The drawer will be kept locked at all times, unless the payment collector is actively collecting payments. The key to the drawer will be kept on their person at all times when payments are stored in the drawer. At the end of their work shift, there are two options for the key:
  - The drawer will be emptied, and the key will be left in the lock. The drawer can then be used by the next person assigned to that work station. (This option works well if the clinic has weekend hours and/or is staffed from day to day by rotating personnel. This option assumes that the processor has no assigned change fund.)
  - The drawer is locked, and the processor takes the key home with them. (If the processor is assigned a change fund, the change fund can be left overnight in the locked drawer.)
- Safe: Each UCLA Health ambulatory practice location will have a safe that meets UC Business and Finance Bulletin BUS-49 (2 keys and a drop box), "Policy for Cash and Cash Equivalents Received," (http://policy.ucop.edu/doc/3420337/BFB-BUS-49) requirements, which are based on the amount of cash, checks, and other negotiable securities that are stored overnight. A drop safe is strongly preferred, to avoid unnecessary opening of the safe to secure collections. The safe will have two independent locks.   A designated group of employees ("Group A") will each be given a key to one of the locks; a different set of employees ("Group B") will each be given a key to the other lock. No one will have a key to both locks.
- Back-up keys: Back-up keys are unnecessary if there are sufficient individuals in Groups A and B to ensure that someone from each group is always available. However, if back-up keys are deemed necessary, they must be secured under dual lock and two individuals must jointly access the keys and fund receptacles. (See separate guidelines for back-up access procedures.)

B. **Change Fund**
- Petty cash funds must be separately maintained from cashier change funds
- Cash handlers must not exchange checks for currency to make change for each other. Any such change-making must be handled only by the custodian of the reserve change fund.
- Verification of cash balances must be performed daily and in the presence of the petty cash/change funds custodian and must be documented.

C. **Processing Payments:**

- As payments are received throughout the day, all money will be placed in the payment collector's assigned lockable drawer.
- Each collector will have an established cash drawer in CareConnect.
- All payments will be immediately posted into the system (See separate procedure for system downtime). Print (2) receipts for each payment. Present (1) receipt to the patient and place the other receipt in the collector's assigned drawer for end of day reconciliation.
- All credit card payments must be processed immediately and the credit card slip signed by the patient. The signed credit card slip and the payment receipt will be placed in the collector's assigned drawer.
- All checks must be stamped on back with "For deposit only – B of A" endorsement stamp and will be placed in the collector's assigned drawer.
- VOIDS: If a payment is voided during the day, the patient's receipt must be reclaimed and documented with an explanation. Receipt copies should be retained with the deposit documentation copies kept by the office.

D. **End of Session/End of Day Close-out:**

At the end of each collector's work shift (and any other time there is a change in cash drawer responsibility), the collections will be balanced. Each collector will:

- Generate and print the front desk cash drawer report (in CareConnect, this is the "Cash Drawer Closing Report")
- Reconcile ALL monies to the CareConnect receipts.
- Add up physical cash, checks and credit card receipts to get totals by tender type. (For credit cards, combine the totals for Visa, MasterCard, & Discover.)
- After cash receipts have been balanced, the two collectors are required to verify and sign off on the Cash Drawer Closing Report to attest to ending balances
- In CareConnect, name your envelope (initials, date), click "Collector" (your name), then click "Accept"
- Click "Save"
- Click "Close Drawer"; enter envelope name (exactly as you named it in above step), click "Accept."
- Place your payments, receipts, and the Cash Drawer Closing Report into an envelope and seal it
- Drop the envelope into the safe

E. **Downtime Process**

<u>In the case of the CareConnect system being down, the following steps will need to be implemented</u>

- For any monies collected from a patient a Manual Receipt will be completed , the white copy is retained and the yellow copy is to be given to the patient
- The manual receipt order form can be downloaded from the FPG website:
  - UCLA Faculty Practice Group→ Cash Controls→Cash Handling→Downtime Receipt (http://fpg.uclahealth.org/workfiles/CashHandling/DowntimeCashReceiptForm.pdf
  - Receipts should be stored for use whenever downtime occurs
  - Follow the included instructions for ordering and completing a downtime receipt
- Downtime "Manual Cash Worksheet"
  - Access the "Manual Cash Worksheet" (an excel spreadsheet)
  - Enter the Date of Service, Prepared by, Prepared Dated, CashNet Batch# and transaction #, User ID and Approved by
  - Add up physical cash, checks and credit card receipts to get totals by tender type (For credit cards, combine the totals for Visa, MasterCard, & Discover.) and Downtime Payment Receipts #'s
  - Follow the "End of Day Process" to complete the closing of the cash drawer(s) and deposit
  - The "Manual Cash Worksheet" must be completed as a part of the "End of Day Close-out" daily