TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER at El Paso **POLICY AND PROCEDURES**

Revised Date:

11/19/2024

Effective Date:

11/19/2024

Prepared by:

Approved by:

Erika Larrea

Clinical Administration

Medical Billing Manager
Lisa Badillo Vice President Digitally signed by Lisa Badillo Vice **President Clinical Administration** Date: 2024.11.21 19:00:24 -07'00'

Albert Campos Managing Director

Lisa Badillo

Vice President of Clinical Administration, PLFSOM

TITLE:

REFUNDS

Policy#:

ACC #7

POLICY

The purpose of this policy is to establish rules and guidelines for processing Patient and Insurance refunds.

PROCEDURES

- Refund checks are processed 2-3 times a week except the last day of the month, in order for the department to close month end books.
- b) Patient and Insurance refunds are identified and worked in CBiz ETM Credit Balance Task Manager Workflows by View Age (V Age). Invoices are worked by oldest V Age first. Not to exceed 60 days V Age for Insurances and 30 days for Patient refunds.
- Special consideration is placed for refund requests from Compliance, Audit, Clinical Departments, Insurance Payors and/or Patient requests.

PATIENT REFUNDS

- 1. Sr. MBA thoroughly reviews the entire patient account to see if there are any invoices where patient credit can be applied, such small balance adjustments, collection agency balances or outstanding self-pay balances.
- 2. After analyzing patient account, if there is a credit remaining the patient invoice is FSC'd at Refund in Process (RIP) and patient account ledgers are exported from CBiz and saved in the S Drive for Medical Billing Manager/Audit review.
- 3. A "Patient (PT) Refund Spreadsheet" with a maximum of 10 patient refunds is prepared and submitted to Medical Billing Manager for review and approval.

MPIP Refund Rep. MPIP Refund Rep. Initials Approver's Initials			
		(Refead Team) Turn in Date:	(EL) Received Date:
File Name	1st Correction to Rfnd Team	(EL) Returned for Corrections Date:	(Refund Yeam) Received
Batch #	1st Correction processed	(Refund Team) Tern in Date:	(EL) Correction Received
	2nd Correction to Pfnd Team	(EL) Roturnod for Currections Date:	(Refund Team) Received Date:
	2nd Correction processed	(Refund Team) Turn in Bate:	(EL) Correction Received Date:

MANA	Invoice	Payable to	Address	Review Date	Beview by	Reason for Refund	Refund Amount	Approved Date	Approved by	Doc Ref 9
	-					PT DWPD EMNJE				
offinance and the second second						PT OVPD Copy				
	<u> </u>					PT OVPD Copy				
						PTOWPO Copy				
***************************************						PTONPO COPAL				
						PT OWPO Copy				
						PTOVPD Copy				
***************************************						PT ONPO Copey				
				- 3183		PTOWPO Copys				
-						PTOWPD Copag				

Total Approved Refund Amount

Approved by:

Date:

- 4. Medical Billing Manager reviews and approves patient refund requests listed on the spreadsheet. Upon Manager approval they are routed to Sr. MBA to submit refund check request. Denied patient refund request are returned to Sr. MBA for corrections.
- 5. PATIENT check requests are submitted via the MPIP Patient Refund System.

Log in to -https://busaff.elpaso.ttuhsc.edu/MPIPPatientRefunds Select Submit Refund

Select "One Time Vendor" and fill in (copy paste information using the PT Refund Spreadsheet) the required information listed below.

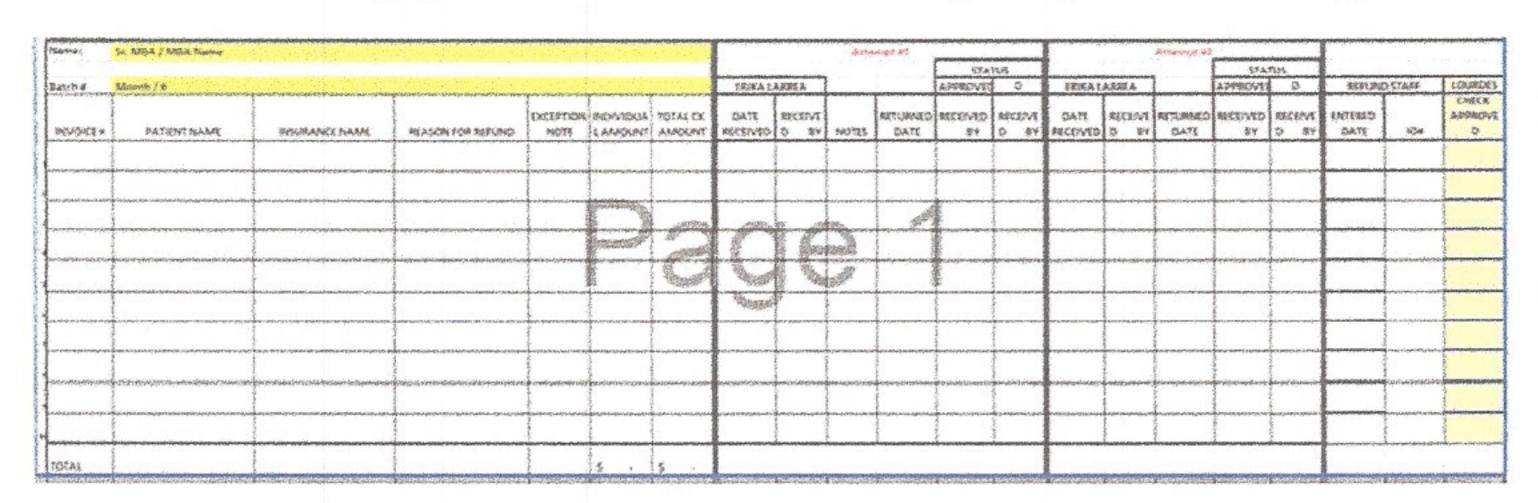
Patient Refunds:

- 1. One Time Vendor
- 2. Enter patient's name
- 3. Enter address
- 4. Enter City
- 5. Enter State
- 6. Enter Zip Code
- 7. Enter Total Amount
- 8. Enter Invoice number
- 9. Enter Refund Description
- 10. Click on Add row
- 11. Click Submit
- 12. System assigns an IO unique number to that check

e) INSURANCE REFUNDS

1. Patient account credits in CBiz are thoroughly reviewed by Sr. MBA and corrected if needed. (Ex: adjustment/posting corrections)

- 2. Identified overpayments to Insurance payors are prepared for refund.
- 3. Insurance credits are FSC'd at Refund in Process (RIP) in CBiz by Sr. MBA.
- 4. Patient invoice, Explanation of Benefits (EOB) and any other relevant documentation is exported and saved in the S drive for Medical Billing Manager/Audit review.
- 5. An "Insurance (INS) Refund Spreadsheet" with a maximum of 10 insurance refunds is prepared and submitted to Medical Billing Manager for review and approval.



- Medical Billing Manager reviews documentation and validates the credit. Approved insurance refunds are given to Sr. MBA to submit the refund check request. Denied insurance refunds are returned to Sr. MBA for corrections.
- 7. Approved check requests are entered into MPIP Patient Refund System for final approval from Managing Director.
- 8. INSURANCE check requests are submitted via the MPIP Patient Refund System.

Log in to -https://busaff.elpaso.ttuhsc.edu/MPIPPatientRefunds Select Submit Refund

Select Standard Vendor and fill in (copy paste information using the INS Refund Spreadsheet) the required information listed below.

Insurance Refunds:

- 1. Search vendor, verify address and select the correct payor address listed on EOB documentation
- 2. Enter Total Amount
- 3. Enter Invoice number
- 4. Enter Refund Description
- 5. Click on Add row
- 6. Click Submit
- 7. System assigns an IO unique number to that check
- 9. All approved checks (PT and INS) are entered into MPIP Patient Refund System for final check approval from Medical Billing Manager.
- 10. Once refund check is available. Patient refund checks are mailed out to the patient. Refund checks along with the Explanation of Benefits (EOB) are mailed out to the respective insurance payor.

f) IDX SCRIPT FILE

- Approved checks are printed by Medical Billing Manager the next business day via EVISION/IntelleCheck application.
- 2. El Paso Financial Reporting emails Refund team "El Paso Refund Check Prev Day" report daily, detailing all issued refund checks from the day before.

Description of the Control of the Co		Texas Tech		Refund Cl	A STATE OF THE PARTY OF THE PAR			and the test of
			Check I	Date: 04-0	5-2022		yrang	1900 Care (200 C
Campus	Bk	Desc	Type	Ck Number	CkDate	Vendor	Invoice	Amount
Accomplyment on the State of th	en extra de la companya de la compa	Desc HSC El Paso Patient Refunds	Type 8	Ck Number 12345	Ck Date 04-05-2022	Vendor Insurance Name	Invoice 10012	Amount 200.00

3. A report from MPIP Patient Refund System is exported and used to balance against the "El Paso Refund Check Prev Day" report to ensure accuracy.

Recipient Name	Invoice Number	Total Amount	DocRef		Created	Date Approved		Prepared By
Insurance Name	124	\$200.00	3E98E4CA	10012	04/05/2022	04/05/2022	MBA/Sr. MBA	MBA/Sr. MBA
PT Last Name, First Name	123	\$20.00	0204DE8E	10013	04/05/2022	04/05/2022	MBA/Sr. MBA	MBA/Sr. MBA

- 4. Both reports are combined and essential information (Invoice #, Amount, IO#, CK#, Refund type, requestor initials) needed for scripting is extracted.
- 5. An IDX script is created and relevant refund information is posted into the patient's account in CBiz.

Invoice	Amount	Comment
124	200	IO012.Ck#12345.Rfd-Insurance Name.Sr MBA/MBA Initials
123	20	IO013.Ck#12346.Rfd-PT.Sr MBA/MBA Initials

g) REFUND EXECEPTION REPORT

Once refund script is posted in IDX, a batch activity report (Batch Recon Rpt) is exported from CBiz using the batch number utilized to script the patient and insurance refund checks. This report identifies invoices containing any balance other than zero. An email is sent out to the Refund Team identifying these invoices for the team to review, research and correct. Sr. MBA will replay to all carbon copied team members and notify team once these have been reviewed and corrected.

h) YEARLY STALE DATED PROJECT

A list of refunds checks that are currently stale is emailed from Accounting Services. The list includes checks that are 180 days or older and have neither cleared the bank or been cancelled. Refund team completes the project and submits cancellation requests to Accounting Services no later than May 31st.

Guidelines to help decide if a check should be cancelled or go to unclaimed property.

 Never send insurance companies to unclaimed property. If they refuse the check or say it is not owed to them, then we just cancel the check because they more than likely recouped the money elsewhere. Simply state on form "Insurance company refused".

- If a patient says they do not want the check, then we just cancel the check. We do not send it to unclaimed property. Simply state on form "Patient refused check".
- If a patient is deceased and you have contact information for family, find out if they left a will stating who took over the estate. If there is a will, then cancel the check and reissue to "Estate of deceased patient". Do not reissue under a family members name. If they have the appropriate paperwork, they will be able to deposit the check written to "Estate of deceased patient". If a patient is deceased and there is no family or no will, then send the check to unclaimed property. If you cannot locate any family, simply state on form "Patient deceased. Unable to locate family." If you have contacted family and there is no will for deceased patient, simply state on form "Patient deceased. Patient did not have a will."
- Per OP 50.13 "each applicable check-writing department will be required to mail a notice in March to all owners of property over \$250 that is due to be included on the July report. The written notice must be mailed in March and no later than April 1. Owners will then have the months of April through June to claim their property. Copies of the mailed notices should be retained by each applicable check-writing department originating the unclaimed property request. The copies should be available for review and examination by the State Auditor, Internal Auditor, other external auditors, or duly authorized individuals. Copies of the notices will be surrendered to a requesting individual only after the department has determined that this individual is authorized to review and examine such documents and then only upon written request from the authorized individual."
- Refer to Exhibit A for additional internal MPIP Refund department guidelines for state dated check processing.

i) RECONCILIATION

Refund issued checks are reconciled monthly by PLFSOM. All related Refund transactions are exported from CBiz. A detailed Banner transaction report is downloaded from Cognos. Both reports are analyzed and reconciled against each other to ensure transaction activity balance in both applications.

j) CHARGE CORRECTION REFUNDS

Charge corrections are the exception to this policy. Refer to Charge Correction policy BIS 19.