

Clinical Research Billing & Reconciliation

Clinical Research Finance and Administration

*Presentation created by: John Valenta
Manager, Clinical Research Finance and Administration*



Overview

- ❖ Setting Up for Research Billing
- ❖ Registration and Scheduling
- ❖ Clinic/MHHS Invoices
- ❖ Sponsor Payment and Reconciliation

Setting Up for Research Billing

Setting Up for Research Billing

Employer Group (EG) Accounts

- ❖ Accounts used to hold charges within the billing system
- ❖ Used for:
 - Workers compensation
 - Research Billing
- ❖ Clinical Research EG is requested by emailing CRF@uth.tmc.edu

Case Billing

- ❖ GE uses cases to group related data
- ❖ Research cases group the invoices for the study together
- ❖ Each patient receives a case number linked to the Research EG account
- ❖ Cases are requested by emailing CRF@uth.tmc.edu

Clinical Research Case Billing Request Form

Patient Name:
Medical Record Number:
DOB:

Research Study CPHS Number (HSC#):
Research Study Billing Account (EG #):
Subject Enrollment Date:
Subject Expected Date of Completion:

ClinicalTrials.gov #:
IDE #:
Provider type:

Requestor:
Principal Investigator:
School/Department:
Phone:
Email:

Date of Request:

Complete all sections

1. Email completed form to CRF@uth.tmc.edu
2. Provide a copy of the case billing set up to the department accounts team and place a copy in study file once account is set up

For more information on this form, contact CRF@uth.tmc.edu or call 713.500.3983
<http://www.uth.edu/sponsored-projects-administration/crf/budget-development.htm>

Case Billing Number:

Research Identifier

- ❖ CRF will mark the research check box
- ❖ Dates used to identify are provided under the Case Billing Request
- ❖ Occurs simultaneously with Case Setup

Registration & Scheduling

Registration & Scheduling

Registration & Scheduling

- ❖ Research patient status should be communicated up-front at the time of registration or scheduling

Registration & Scheduling

❖ Appointment Types:

❖ SOC: Standard of Care

❖ RES: Research Sponsor Paid

❖ BOTH: Mixed Billing - - BILLING RISK

❖ Memorial Hermann Registration

– [MHHS Research Registration Form](#)

Provider Information

- ❖ Coordinator complete **Charge Document**
- ❖ **New ancillary email distribution lists!!**
 - Research.InternalMedicine@uth.tmc.edu
 - Research.Anesthesiology@uth.tmc.edu
 - Radiology.Research@uth.tmc.edu

Provider Information

- ❖ Z00.6 is an ICD-10 diagnosis code that states the patient is a participant in a clinical trial
- ❖ Z00.6 must be applied to all research patient claims for services will be billed out to Medicare/ 3rd party payers

Clinic and MHHS Invoices

Clinic and MHHS Invoices

Paying for Research Charges

- ❖ Multiple providers
 - UT Physicians
 - Memorial Hermann Hospital
 - St. Luke's CHI
 - Harris Health

MEMORIAL HERMANN

NOTE: Please review your new charges and notify us of any questions or possible errors within 60 days; we have a very limited timeframe for moving research bill charges back to the patient account for "routine and customary" clinical charges.

Date: October 18, 2016

To: Billing Representative
General Address
Houston, Texas 77030

From: Kay Shaw, Director of Financial Services
Memorial Hermann Center for Clinical Innovation & Research Institute

RE:

PI: Meredith Grey

Account Name: XX-XXXX

Account Number: 011111111-1111

Study Title: Awesome Research

Summary of account activity:

Previous balance	\$1,000.20
New charges	\$531.70
Adjustments	\$0.00
Payments	\$0.00
Total Due	\$1,531.90
60 days+ past due	\$183.38

If you have any questions please contact Linda Dargin in the Memorial Hermann Research Office at 713-704-4220.

DETAIL STATEMENT

SERVICES RECEIVED AT MHHS MEMORIAL HERMANN HOSPITAL

**MEMORIAL
HERMANN**

PATIENT NAME	ACCOUNT NUMBER	PT	FROM	THROUGH	STATEMENT DATE
R14-0816, DOSHI	040118852-8850	XX			10/19/16

BILL TO

Grey XXXXXX
 Meredith Grey
 General Address
 HOUSTON, TX 77030
 UNITED STATES

SEND PAYMENTS TO

MEMORIAL HERMANN HOSPITAL
 RESEARCH OFFICE-MAILBOX 90
 6411 FANNIN
 HOUSTON, TEXAS 77030

FOR BILLING INFORMATION CALL

PATIENT NAME		ACCOUNT NUMBER	STATEMENT DATE	PAGE
			10/19/16	1
SERVICE DATE	REF NO	DESCRIPTION	AMOUNT	
04/30/15	60432218	BLOOD GASES WICALC 02 SA Pl. 1	40.90	
05/04/15	60432218	BLOOD GASES WICALC 02 SA Pl. 2	40.90	
05/11/15	60432218	BLOOD GASES WICALC 02 SA Pl. 3	40.90	
05/14/15	60432218	BLOOD GASES WICALC 02 SA Pl. 4	40.90	
05/14/15	60432218	BLOOD GASES WICALC 02 SA Pl. 5	40.90	
05/02/16	60432218	BLOOD GASES WICALC 02 SA Pl. 6	40.90	
07/09/16	60432218	BLOOD GASES WICALC 02 SA Pl. 6	40.90	
07/26/16	60432218	BLOOD GASES WICALC 02 SA Pl. 7	40.90	
07/29/16	60432218	BLOOD GASES WICALC 02 SA Pl. 8	40.90	
08/01/16	60432218	BLOOD GASES WICALC 02 SA Pl. 9	40.90	
08/24/16	60432218	BLOOD GASES WICALC 02 SA Pl. 10	40.90	
08/29/16	60432218	BLOOD GASES WICALC 02 SA Pl. 11	40.90	
08/29/16	60432218	BLOOD GASES WICALC 02 SA (9999)	40.90	
TOTAL CHARGES			531.70	
CURRENT BALANCE			531.70	

Rec'd 10/6/2015 - primarily pt photos

PATIENT NAME
PATIENT 1

CASE #
238883

AUTH BY

AUTH #

PACKAGE #
ADDITIONAL SERVICES
INVOICE# 27365149

PACKAGE DESCRIPTION

PHYS
05/23/15 PATINO MD,
MARIA O

PATIENT 1

PROCEDURE DESCRIPTION
MAGNETIC IMAGE, BRAIN (MRI)

DIAG: V70.7
PROC CD UNITS CHARGE
70551 1 91.04

Pt photos

BALANCE: 91.04

INVOICE# 27365150
04/18/15 CHOI MD,
JEANIE M

PATIENT 1

MAGNETIC IMAGE, BRAIN (MRI)

DIAG: V70.0
70551 1 91.04

Pt photos

BALANCE: 91.04

PACKAGE TOTAL 0.00
CASE TOTAL 182.08

PATIENT NAME
PATIENT 2

CASE #
232461

AUTH BY

AUTH #

PACKAGE #
519
INVOICE# 27372297

PACKAGE DESCRIPTION
AWESOME RESEARCH

PHYS
03/27/15 BONFANTE
ELIANA E
E

PATIENT 2

PROCEDURE DESCRIPTION
MAGNETIC IMAGE, BRAIN (MRI)

DIAG: 434.91
PROC CD UNITS CHARGE
70551 1 91.04

Pt photos

BALANCE: 91.04

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO:

UT*PHYSICIANS

PO BOX 301173
Dallas, TX 75303-1173

MEREDITH GREY
BILLING CONTACT
6431 FANNIN ST, MSB 1.254
HOUSTON, TX 77030

STATEMENT RUN DATE
11/04/2015
EG0XXXXXXX



PAGE: 1

Check here if address or insurance information is incorrect.
Your insurance information is on the secure site. Please review and notify us of changes.

PACKAGE TOTAL 0.00
CASE TOTAL 91.04

PATIENT NAME
PATIENT 1

CASE #
238883

AUTH BY

AUTH #

PACKAGE #
519

PACKAGE DESCRIPTION
AWESOME RESEARCH

pt 10/4/15

INVOICE# 27372349 PATIENT 1
04/26/15 PHYS PATEL MD,
RAJAN P

PROCEDURE DESCRIPTION
MAGNETIC IMAGE, BRAIN (MRI)

DIAG: 434.91
PROC CD UNITS CHARGE
70551 1 91.04

PACKAGE TOTAL
CASE TOTAL

BALANCE: 91.04
0.00
91.04

PATIENT NAME
PATIENT 2

CASE #
232461

AUTH BY

AUTH #

PACKAGE #
ADDITIONAL SERVICES
INVOICE# 27378779

PACKAGE DESCRIPTION
PATIENT 2

pt 10/15/15

04/21/15 PHYS BONFANTE MEJIA M,
ELIANA E
E

PROCEDURE DESCRIPTION
MAGNETIC IMAGE, BRAIN (MRI)

DIAG: V70.7
PROC CD UNITS CHARGE
70551 1 91.04

BALANCE: 91.04

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO:

UT*PHYSICIANS

PO BOX 301173
Dallas, TX 75303-1173

MEREDITH GREY
BILLING CONTACT
6431 FANNIN ST, MSB 1.254
HOUSTON, TX 77030

STATEMENT RUN DATE
11/04/2015
EG012000228

PAGE: 2

Check here if address or insurance information is incorrect.
Your insurance information is on the reverse side. Please review and notify us of change.

INVOICE# 27378780 PATIENT 2
03/17/15 SIMONETTA MD,
ALEXANDER B

MAGNETIC IMAGE, BRAIN (MRI) 70551 1

PA 10/19/15

DIAG: V70.7
70551 1 91.04

PACKAGE TOTAL 91.04
CASE TOTAL 0.00
182.08

BALANCE: 91.04
0.00
182.08

0-30 DAYS	31-60	61-90	91-120	OVER 120
0.00	0.00	546.24	0.00	0.00

BALANCE DUE 546.24

DETACH HERE & RETURN BOTTOM PORTION WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO:

UT PHYSICIANS

PO BOX 301173
Dallas, TX 75303-1173

MEREDITH GREY
BILLING CONTACT
6431 FANNIN ST, MSB 1.254
HOUSTON, TX 77030

\$ 546.24
EG0XXXXXXXXXX
EG0XXXXXXXXXX

PAGE: 3

Check here if address or business information is incorrect.
Your insurance information is on the reverse side. Please review and notify us of changes.

Double Checking

- ❖ Make sure the patients are on the study.
- ❖ Make sure the charges are expected/budgeted.
- ❖ Make sure they are NOT SOC on the CA.

Sponsor Payment and Reconciliation

Βεβαιώσεις

ενοικίου και πληρωμές

What generates a payment?

- ❖ Invoices
- ❖ Online Case Report Form Completion
- ❖ Contract Language

Invoicing Information

- ❖ What patients were seen?
- ❖ When were the patients seen?
- ❖ What procedures were done?
- ❖ What was in the negotiated contract?

Reconciliation Information

- ❖ What patients were seen?
- ❖ When were the patients seen?
- ❖ What procedures were done?
- ❖ What was in the negotiated contract?
- ❖ What did I send to the sponsor for payment?

Its all about timing...

- ❖ Sponsor payments typically lag behind invoices.
- ❖ Keep a record/copy of all invoices, case report forms, and other payment correspondence.
- ❖ Payment to MHHS and UTP should also be included

Minimum of Monthly Reconciliation

Common Issues with Recon

- ❖ Negotiated invoiceable items not requested
- ❖ Sponsor withholding
- ❖ Invoices for procedures not associated with the study
- ❖ Negotiated rates from MHHS or UTP change.

Questions?

Contact Information

- ❖ John Valenta
 - 713-500-3952
 - John.A.Valenta@uth.edu
- ❖ CRF
 - Group email - CRF@uth.tmc.edu
 - 713-500-3073
- ❖ Sponsored Projects Administration
 - 713-500-3999 (main line)
 - Webpage - <https://www.uth.edu/sponsored-projects-administration/index.htm>