Clinical Research Billing & Reconciliation

Clinical Research Finance and Administration

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Health Science Center at Houston

Overview

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

Setting Up for Research Billing 2611110 oh 101 kesegicu RIII110

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:	
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 depar	tment 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 http://www.uth.edu/sponsored-projects-adm	or call 713.500.3983
nttp://www.utm.edu/sponsored-projects-sur	ministration/cr/ budget-development.nun
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 Kedistration & 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 Clillic and MHHS Invoices

Paying for Research Charges

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



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.

October 18, 2016 Date:

To:

Billing Representative General Address Houston, Texas 77030

Kay Shaw, Director of Financial Services From:

Memorial Hermann Center for Clinical Innovation & Research Institute

RE:

Meredith Grey

Account Name: XX-XXXXX Account Number: 011111111-1111 Awesome Research Study Title:

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 ATMINIS MEMORIAL HERAMININ HOSPITAL

	PATIENT NAME	ACCOUNT NUMBER	PT	FROM	THROUGH	STATEMENT DATE
R14-0516,	DOSHI	040118852-9850	xx			10/18/16

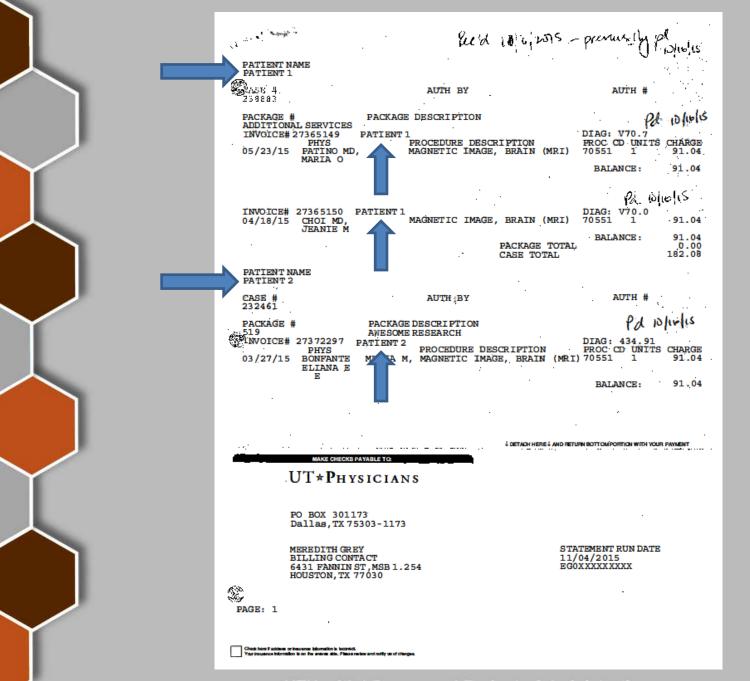
Grey XXXXXXX Mered ith Grey General Address HOUSTON, TX UNITED STATES 77030

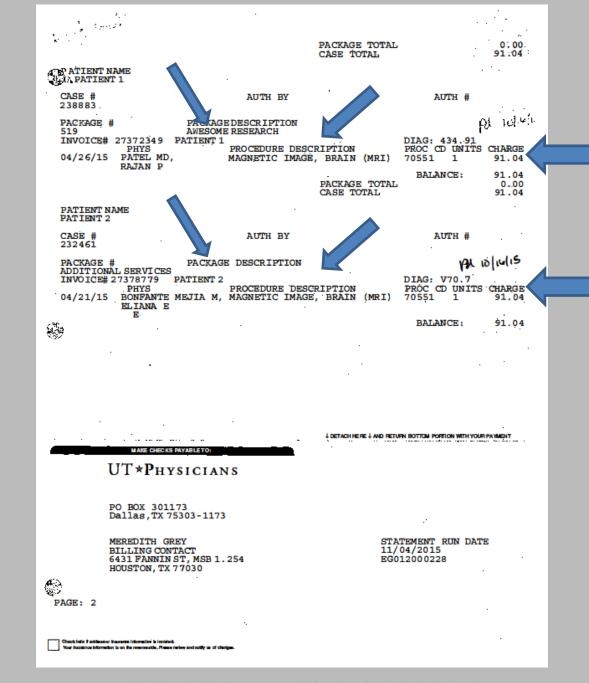
MEMORIAL HERMANN HOSPITAL RESEARCH OFFICE-MAILBOX 90 6411 FANNIN HOUSTON, TEXAS 77030

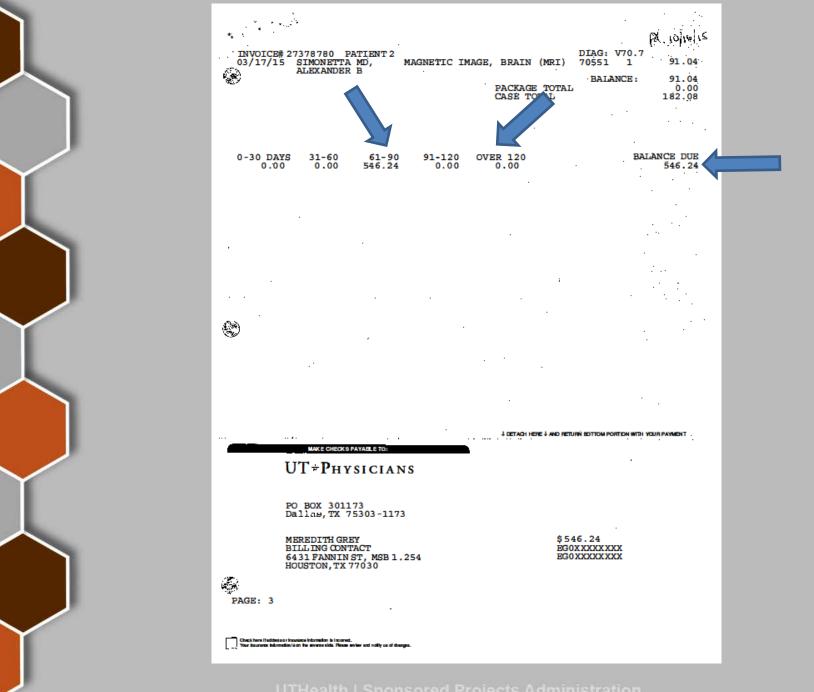
SENDPAYMENTS TO

FOR BILLING INFORMATION CALL

	PATIENT N	AME	ACCOUNT NUMBER	STATEMENT DATE	PAGE	
WICE DATE	REF NO		DESCRI	10/18 PT/20"	1	AMOUNT
4/30/15		BLOOD GASES W	DESCRIPTION OF THE PARTY OF THE PARTY.		3	40.90
5/04/15	1	BLOOD GASES W				40.90
5/11/15		BLOOD GASES W				40.90
5/14/15	i .	BLOOD GASES W				40.90
5/14/15		BLOOD GASES W				40.90
5/02/16						40.90
		BLOOD GASES W				40.90
7/09/16		BLOOD GASES W				
7/28/16		BLOOD GASES W/				40.90
7/29/16		BLOOD GASES W				40.90
8/01/16	60432218	BLOOD GASES W/	CALC 02 SA PL 9			40.90
8/24/16		BLOOD GASES W/		recipied and other		40.90
8/29/16		BLOOD GASES WK				40.90
8/29/16	60432218	BLOOD GASES W/	CALC 02 SA (9999)	Cont.		40.90
		TOTAL CHARGES	:		531.70	
		CURRENT BALAN	ICE		531.70	
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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.



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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? 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