Clinical Research Billing & Reconciliation

Clinical Research Finance and Administration

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

UTHealth Sponsored Projects Administration
The University of Texas 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
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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name</td>
<td></td>
</tr>
<tr>
<td>Medical Record Number</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Research Study CPASS Number (RSCN)</td>
<td></td>
</tr>
<tr>
<td>Research Study Billing Account (ESF)</td>
<td></td>
</tr>
<tr>
<td>Subject Enrollment Date</td>
<td></td>
</tr>
<tr>
<td>Subject Expected Date of Completion</td>
<td></td>
</tr>
<tr>
<td>ClinicalTrials.gov #</td>
<td></td>
</tr>
<tr>
<td>IDE #</td>
<td></td>
</tr>
<tr>
<td>Provider type</td>
<td></td>
</tr>
<tr>
<td>Requestor</td>
<td></td>
</tr>
<tr>
<td>Principal Investigator</td>
<td></td>
</tr>
<tr>
<td>School/Department</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Date of Request</td>
<td></td>
</tr>
</tbody>
</table>

**Complete all sections**

1. Email completed form to CR@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 713-798-2383

[http://www.uth.edu/sponsored/clinical-administration/crf/budget-development.htm](http://www.uth.edu/sponsored/clinical-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
Research patient status should be communicated up-front at the time of registration or 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
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
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.

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: Pt: Meredith Grey
Account Name: XX-XXXXX
Account Number: 01111111-1111
Study Title: Awesome Research

Summary of account activity:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous balance</td>
<td>$1,000.20</td>
</tr>
<tr>
<td>New charges</td>
<td>$531.70</td>
</tr>
<tr>
<td>Adjustments</td>
<td>$0.00</td>
</tr>
<tr>
<td>Payments</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Due</strong></td>
<td><strong>$1,531.90</strong></td>
</tr>
<tr>
<td>60 days+ past due</td>
<td>$183.30</td>
</tr>
</tbody>
</table>

If you have any questions please contact Linda Dargin in the Memorial Hermann Research Office at 713-704-4220.
<table>
<thead>
<tr>
<th>Service Date</th>
<th>Ref ID</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/20/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/04/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/13/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/14/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/14/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/21/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/26/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>07/09/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>07/28/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>08/03/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>08/03/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/20/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
<tr>
<td>05/26/16</td>
<td>68832263</td>
<td>BLOOD GASES W/ALCAL 02 SA</td>
<td>$40.90</td>
</tr>
</tbody>
</table>

**Total Charges:** $31.70  
**Current Balance:** $31.70
INVOICE 27787280
03/17/15 SIMONETTA MD, ALEXANDER B
MAGNETIC IMAGE, BRAIN (MRI)
DIAG: V70.7 70551 1
91.04

PACKAGE TOTAL
CASE TOTAL
BALANCE:
0.00
91.04
91.04

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

MAKE CHECKS PAYABLE TO:

UT Physicians
PO BOX 101173
Dallas, TX 75363-1173

MEREDITH GREY
BILLING CONTACT
6431 PANNIN ST, MD 1.254
HOUSTON, TX 77036

$546.24
R20XXXXXXX
R20XXXXXXX

PAGE: 3
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.
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