Clinical Research and Clinical Trial Professional and Technical Fee Billing Procedures

Definitions:

- Clinical Trial Management System (CTMS): a software that interfaces with the electronic health record system to directly schedule and invoice items to Nebraska Medicine.
- Clinical research and clinical trial: patient-oriented research performed on site or elsewhere that involves human subjects, for observation, testing, following outcomes, or randomized to a specific intervention (clinical trial).

PROCEDURE:

1. Responsibilities:

   The Principal Investigator (PI) and his/her designees are responsible for:
   a. Completing required documentation to support charges for each research subject, including creation and maintenance of the Clinical Trials Master Matrix or Calendar in the Clinical Trials Management System (CTMS).
   b. Internal forms in ADIS must be completed and research account assigned prior to enrolling patients into study and One Chart.
   c. Verifying study build in One Chart is active prior to enrolling patients. Once consent has been obtained the One Chart Patient Research Enrollment activity must be updated to reflect study participation to allow for future services to be linked to the study.
   d. The One Chart Linking activity of associating an order to research and linking an encounter is required to make certain technical and professional billable items are accurately charged to the grant, the third party payer, or to the research subject.
   e. When there are billable items, particularly alongside usual clinical care, the informed consent document should clearly outline what services are being provided as part of the study or not.

2. Clinical Trial Matrix Workbook:

   The Principal Investigator/Clinical Research Coordinator/designee shall use the following tools to identify and accurately charge research related tests, exams, and procedures:
   a. Clinical Trial Master Matrix – Required – Lists all clinical trial-related technical and professional charges, and whether the charges will be billed to the grant, or the third party payer, with the assumption that any required co-pays, or deductibles for patient care outside of research will be billed to the research subject as with any patient care.
   b. Subject List – Required – This page lists all research subjects approached for the study and their status (screen fail, enrolled, etc.), their visit dates and if there were exceptions to the usual billing. If there were deviations from the matrix that would change the billing, indicate “YES” in the “exceptions” column and add appropriate information under the tab marked “Exceptions List”.
   c. Exceptions List – Required – This helps track anything unusual that may have occurred in the visit. List procedures/treatments/tests that should have happened according to the matrix that did not occur or additional procedures/treatments/tests that were done and were not listed on the matrix. Complete the form including the patient number, visit number and date as well as what had changed. This must be completed within 24 hours (1 business day) but not to exceed 48 hours (2 business days) of the visit.
   d. Individual Subject Matrix – Optional – This lists each research subject and the dates of their visits. This is a valuable tool in tracking the billing on individual patients and can be re-formatted in a way that coordinators find most helpful.
   e. Invoiceable Items – Optional – If there are billable items that are not accounted for in the “per visit” payment or an unscheduled visit that requires an invoice to enable payment. – Indicate “YES” on the
subject page in the “Invoiceable items” column and go to the Invoiceable items page and capture the patient name, visit number, and date with a description of what must be invoiced.

f. Medicare Qualifying – Drug – Required page for drug trials – Indicate the criteria that qualifies the trial for Medicare qualifying status. Study specific additional details provided within separate Coverage Analysis requirement.

g. Medicare Qualifying – Device – Required page for device trials – Supply device information and answer the questions included on the tab within the Clinical Trial Matrix workbook. Study specific additional details provided within separate Coverage Analysis requirement.

Note: If all clinical trial charges are billed to insurance, create the Master Matrix and indicate that all charges are billed to insurance.

The matrix template listed above is located in the NHSsecure Drive “Clinical Trials” folder, in the Matrix Workbook sub-folder. You must have training on the creation and maintenance of the matrix before you will be given access to the Clinical Trials folder. That training is provided by the Research Billing Sr. Associate in the Clinical Research Center.

The clinical research designee shall create a folder on the NHSsecure drive for each clinical trial, and place it in the appropriate specialty/departmental folder, listed by IRB#, Funding Source # and Study pet name. List all grants (WBS#, MXH#, and/or CC# when available). The research subject list must be updated within 24 hours (1 business day) but not to exceed 48 hours (2 business days) from the date of service for each clinical trial visit

3. Clinical Trials Management System (CTMS)

a. Protocol Shell-Required-Built by the study team or CTMS core team to identify demographic information for the study.

b. Released Calendar-Required- Lists all clinical trial-related technical and professional charges, and whether the charges will be billed to the grant, the third party payer, or to the research subject as standard of care or routine costs associated with patient care.

c. CRA/Subject Console-Required- This page lists all research subjects approached for the study, their status (screen fail, enrolled, etc.) and visit dates. Additional procedures, missed procedures, N/A procedures, and clinical comments are tracked in this console.

4. Research Subject Informed Consent:

The Individual obtaining informed consent from the subject shall review the charges with the patient so that they understand how the charges will be billed and what charges they are or potentially may be responsible for paying. The research subjects shall be informed that they will be responsible for paying any balances due after insurance has paid for routine care.

The original informed consent shall be placed in the research file. A copy of the consent shall be scanned into the medical record, and a copy shall be provided to the research subject pursuant to IRB and hospital policies.

a. Advance Beneficiary Notice Requirements for Research Subjects who are Medicare Beneficiaries. If the research subject is a Medicare beneficiary, and the clinical trial the subject is participating in does not meet the criteria for a Medicare Qualifying Trial (see Medicare Qualifying Clinical Trials Flowsheet), then the individual obtaining informed consent must provide the research subject with an Advanced Beneficiary Notice (ABN).

The ABN is a written notice instructing the subject that Medicare may deny payment for a specific service or item; specifies the reason the provider expects Medicare to deny payment, and that the subject will be personally and fully responsible for payment if Medicare denies payment. The ABN provides the subject with the opportunity to refuse to receive the service or item.
See Nebraska Medicine Policy MI15, “Advanced Beneficiary Notice (ABN)” for guidance on obtaining the ABN. See also the Advanced Beneficiary Notice Requirements Flowchart, which provides additional information.

Note: The research subject cannot be charged for any research – related items or service that Medicare does not cover if an ABN is not signed.

b. Insurance Pre-authorization – In the case that a patient is participating in a clinical trial and items are determined billable to their insurance the process for insurance pre-authorization utilizing Patient Financial Services should be followed. This is done to insure that all attempts have been made to work with the participant’s insurance provider to determine coverage and the participant is fully aware of all financial responsibilities if they enroll in the study.

See below for the Clinical Trial Insurance Predetermination Request Form (https://unmc.edu/cctr/_documents/predetermination-request-form.docx) and the Nebraska Medicine SOP 201.2 Insurance Predetermination Form (https://unmc.edu/cctr/_documents/Insurance-Predetermination-SOP-signed.pdf)

5. Creating a Medical Record:

Creating Medical Record in One Chart – A research subject must be registered in One Chart to be able to schedule the patient. If they are not registered, submit the information to Access Services according to establish the medical record (Nebraska Medicine Policy and Procedure RI06 Admission/Registration to Nebraska Medicine and ACCESS-REGSP-110)

For community-based studies where only blood or other specimens are submitted to Nebraska Medicine for testing, batch sampling can be arranged by working with the Lab and One Chart teams, independent of creating separate medical record numbers

6. Building a Study in One Chart:

Prior to the study starting the billable items will have to be “built” into the “administrative study record” in One Chart. This will set the system up so the study charges will route to the appropriate accounts. This involves the PI/Coordinator/designee submitting the “research study matrix” or CTMS calendar to the Clinical Informatics Lead. All required information is included in the current version of the master matrix template or within CTMS required fields.

7. Enrolling a Patient in One Chart:

Once a patient agrees to participate in the study, they must be enrolled in One Chart. This will make it possible to link the study visits later. Patient enrollment education is part of mandatory training. Enrollment is in One Chart Research in Apollo (Nebraska Medicine). Please refer to the study guide for a quick reference if needed.

8. Linking a study visit in One Chart:

The study participant’s encounter and orders must be linked to your study to allow One Chart system functions to sort the billable items. Appropriate charges will route to the patient’s Personal/Family account and/or the grant account. Only the charges that you placed into the administrative record should sort into the grant account. The other charges should sort into the Personal/Family account. The Research Billing Sr. Associate will review all of the charges and compare them to the updated matrix or CTMS calendar, move charges that are in the wrong accounts and then release them. It is imperative and required that the matrix or CTMS CRA/Subject Console is kept current per patient visit.
9. Ending Participant Enrollment in One Chart:

Once a study participant is no longer actively participating in the research study the coordinator must change their status to “complete” or “withdrawn” within 2 months, whichever is most accurate.

10. Ending the Study in One Chart:

When enrollment is complete, and all study visits have occurred, and the billing for all patients is resolved, the study can be ended by contacting the One Chart Clinical Informatics Lead.

11. Billing Compliance

Documentation from Research Coordinators and/or other research personnel is required to be completed within 24 hours (1 business day) but not to exceed 48 hours (2 business days) from the date of service rendered. If documentation is not provided, the Research Billing Sr. Associate will contact the coordinator for directions. If the coordinator is unwilling or unable to comply, his/her supervisor and the investigator will be notified so that they can update the matrices or CTMS CRA/Subject Console.

Grant itemized statements are available in One Chart and can be found by using the Tips and Tricks for looking up Grant charges (http://updates.nebraskamed.com/onechart/wp-content/uploads/sites/3/2013/06/2015-Tip-Sheet-Looking-Up-Grant-Charges-on-Statements.pdf).

Statements shall be reviewed monthly to verify that only study pay billable items are reflected on the grant account. Contact the Research Billing Sr. Associate if there are billing errors.

12. One Chart Research

All individuals responsible for placing clinical research orders and charging related costs shall complete the mandatory One Chart Research course. Enrollment is in Apollo (Nebraska Medicine). Additional clinical research billing education may be provided by the Clinical Research Center as needed.

Nebraska Medicine related policies:
- IM10 – One Chart Training Classes
- IM41 – One Chart Research Documentation
- MI15 – Advanced Beneficiary Notice (ABN)
- MI19 – Research Billing Process
- MI29 – Investigational Devices
- RI06 – Admission/Registration to Nebraska Medicine

STAFF ACCOUNTABILITY
Director of Clinical Research Operations (11/30/05, 07/01/2010, 08/31/2012, 11/23/2015, 02/15/2016, 06/08/2017)
Internal Audit & Compliance Monitoring (03/28/08, 03/23/2016)
Associate Vice Chancellor for Research

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