Janis Anfossi, JD, MPH, RN  
Associate General Counsel  
Regulatory Compliance

Rush University Medical Center  
Building a Compliant Research Operation

Objectives

• Describe RUMC’s experience with implementing an effective Clinical Trials Billing process
• Relevant statutes, regulations and resources
• Applicability to Research
• Determination of Medicare Coverage
• Methodology of Centralized Reviews & Approval
• Using your software applications to monitor correct billing
• Developing workflows for:  
  ADT’s  
  Charge Router  
  Radiology  
  Hospital Billing  
  Ancillary Billing
• Research Maintenance
Rush University Medical Center (RUMC), Chicago, IL

- RUMC is a mid-sized integrated Academic Medical Center located in the heart of the West Loop in Chicago.

- RUMC arose out of Rush Medical Center College. RUMC has one of the first medical colleges in the Midwest and one of the nation’s top-ranked nursing colleges.

- Main Campus includes 613 beds serving adults and children and 61 beds serving elderly clients in the Johnston R. Bowman Center.

- We are a thriving center for basic and clinical research.

- Discoveries made in the laboratory must be translated into practical applications in the clinic and provided to the community in order to improve health.
Centralization of the Research Office

Prior to 11/5/04, projects were reviewed in isolation:

- IRB reviewed protocol with informed consent document
- Contracts were reviewed by Sponsored Research Projects and Legal
- Budget; checked that dollars matched with contract;
- No formal coverage analysis process for all departments

Research at RUMC

- Centralization of the Research Office (together under one roof)
  - IRB
  - Sponsored Research Projects
  - Clinical Trials Office
  - Newly developed Coverage Analyses Division
- Implementation of Coverage Analysis process
- Query of departments on research billing processes
- Development and Implementation and Modifications
- Meetings
  - Education, Education, Education, Education
  - Roll-Out
  - Evaluation
Research at RUMC – Implementation of the Coverage Analysis Process

Initial requirement was all studies have a coverage analysis at some time before the study commenced.

✓ too complicated to keep track of and frustrating for IRB members as informed consent documents were frequently changed

The IRB’s reviewed the coverage analysis with respect to subjects financial liability (21 CFR 50.25)

Effective May 2005 all studies required a coverage analysis before submission to the IRB

Did not initially have “synch” process-implemented in May 2005

Overview of Clinical Trials at Rush

• Approximately 645 active clinical trials.

• Approximately 10 new clinical trials per week.

• Reimbursement for enrollees represents a unique challenge since enrollees frequently have two concurrent payors – most providers’ basic billing systems are designed to handle multiple payors sequentially, not concurrently.

• Enrollees often receive services not related to clinical trials – this creates complexity in identifying patients in registration systems.
Identification of Clinical Trials Billing Compliance Issues

• Issue was discovered in one clinical department in July 2003.
• Issue originally identified as billing Medicare for services that were reimbursed by sponsors.
• Within 10 days of discovery of the issue, Rush placed a bill hold on claims for all research patients in the clinical department.
• Within 30 days of discovery of the issue, Rush voluntarily disclosed the issue to the U.S. Attorney’s Office for the Northern District of Illinois.

Scope of Issue Expanded As Internal Investigation Continued

• Upon further review of billing processes, Rush soon discovered the issue to be more complex than just billing for services paid for by sponsor and identified the following three-fold dimension to the issue:
  ✓ Billing for services paid for by the sponsor
  ✓ Billing for services that did not meet the definition of “routine costs” under the Clinical Trials NCD of 2000
  ✓ Billing for services that the informed consent indicated would be provided without charge
Scope of Issue Expanded
As Internal Investigation Continued

• The three-fold dimension to the billing errors corresponds with the three items that must be coordinated with the protocol events during a clinical trial in order to maintain accurate billing:

  ✓ The payment terms of the sponsor contract
  ✓ Medicare Rules (specifically, the Clinical Trials NCD)
  ✓ The financial disclosure language of the informed consent

Clinical Trials Billing Global Review

• Rush identified and audited 27 areas that conduct clinical trials.
• At least 2 clinical trials were sampled and audited from most areas – 6 areas only had one study with a Medicare/Medicaid patient.
• 17 of 27 areas passed the audit for a variety of reasons – some areas rarely billed Medicare for services that could have been billed but chose not to. This resulted in loss of revenue to Rush.
• The global review identified billing errors in 10 areas with 6 areas requiring retroactive calculation of overpayments.
• IDENTIFICATION OF ROOT CAUSE:
  ✓ 1. lack of coordinated process to analyze clinical trials to determine which services are billable or not billable to Medicare
  ✓ 2. lack of coordinated process to ensure that claims were submitted to Medicare in accordance with the NCD

• CORRECTION ACTION:
  ✓ 1. establishment of RCTA to ensure coordinated process to analyze clinical trials to determine which services are billable to Medicare (performance of a coverage analysis/development of a “billing grid”)
  ✓ 2. establishment of a consistent and coordinated billing process to ensure billing grids are followed and only covered services are billed to Medicare

• COMPLIANCE AUDITING:
  ✓ 1. audits the accuracy of billing grids
  ✓ 2. audits the integrity of the new coordinated billing process

Establishment of the Research Clinical Trials Administration (RCTA)

• Established on November 5, 2004

• Principal goals of the RCTA

  1. To provide consistent billing analyses for all clinical trials at Rush.

  2. To design and implement consistent institution-wide processes that will distinguish “routine costs” from non-“routine costs” in clinical trials, so that only appropriate claims are issued to third-party payors.

• The cornerstone of the RCTA’s activities is performing a “coverage analysis” of every trial.
Revised Billing Process for Clinical Trials

• Rush reviewed existing processes for clinical trials billing in ancillary service areas:
  ✓ Analyzed how each area identified patients involved in research protocols and how the area handled billing to appropriate party
  ✓ Many areas had their own process – but processes were not coordinated
• Rush focused on coordinating existing processes and developing new procedures when needed.
• Rush established processes for verifying medical necessity, billing sponsors, and identifying research inpatients.
• Rush revised forms for encounters and ordering procedures and created identification fields so that encounter can be identified as research and the PI can utilize the billing grid to identify whether charge for service should be sent to third-party payor or to internal research fund.

Revised Billing Process for Clinical Trials

• Rush studied and documented patient flows from the time of identification of patient being enrolled in a protocol, to the use of the grids to determine and identify the appropriate payor for an item or service.
• Rush developed a guide for investigators that includes workflows, sample forms, and key contacts.
• Rush communicated the revised policies and guide to a sample of research coordinators and principal investigators for feedback.
Lisa R. Pitler, JD, MS, RN
Senior Director
Research and Clinical Trials Administration Office
Rush University Medical Center
Building a Compliant Research Office

Agenda for Discussion

- Review Key Statutes and Applicability to Research
- Rush University Medical Center
  - Methodology to work with Regulations
  - Centralization of the Research Office
- Future
- Lessons Learned
False Claim Act

Liability for certain acts:

• Knowingly presents, makes, uses, caused, conspires to defraud the Government, has possession, custody or control of property or money…
• Is liable to the U.S. Government for a civil penalty of not less than $5,000 and not more than $10,000 plus three times the amount of damages

Title 31, Chapter 37, Subchapter III, § 3729

This information should not be construed as “legal advice.”

False Claim Act (cont)

Knowing and Knowingly Defined:

That a person, with respect to information--

• (1) has actual knowledge of the information;
• (2) acts in deliberate ignorance of the truth or falsity of the information; or
• (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

This information should not be construed as “legal advice.”
Device Regulations

• Analyzed using “1995 Device Regulations” Devices and Related Services 60 FR 48417.

• Medicare Coverage: limited to those devices used in FDA and IRB approved studies and is case-by-case.

• Devices which may be covered include pre-market approval (PMA), 510(k), IDE category B, Humanitarian Device Exemptions (HDE), post approval studies for carotid artery stenting

• Require prior approval from the Fiscal Intermediary (Medicare Part A) and the Carrier (Medicare Part B).

This information should not be construed as “legal advice.”

History of Medicare Clinical Trial Policy

• June 7, 2000- President Clinton issued a executive memorandum to the Secretary of the HHS to “explicitly authorize Medicare payment for routine care costs…and costs related to medical complications associated with participation in clinical trials…”

• September 19, 2000-HCFA responded to the executive order with the 2000 Clinical Trial Policy NCD

• July 10, 2006- CMS began a reconsideration of the 2000 NCD

• July 9, 2007- CMS issued a final decision memorandum that preserves the 2000 NCD with two (minor) changes

• July 19, 2007- CMS began a second reconsideration of the 2000 CTP which proposed a name change and a process for establishing a CMS sponsor/PI study certification

• October 17, 2007- CMS closed the reconsideration with a final decision memorandum that retained the July 9, 2007 policy
National Coverage Determination (NCD) for Routine Costs in Clinical Trials (310.1)

Effective for items and services furnished on or after July 9, 2007, Medicare covers the routine costs of qualifying clinical trials, as such costs are defined below, as well as reasonable and necessary items and services used to diagnose and treat complications arising from participation in all clinical trials. All other Medicare rules apply.

NCD for Routine Costs in Clinical Trials (310.1)

Routine costs of a clinical trial include all items and services that are otherwise generally available to Medicare beneficiaries (i.e., there exists a benefit category, it is not statutorily excluded, and there is not a national non-coverage decision) that are provided in either the experimental or the control arms of a clinical trial except:

- The investigational item or service, itself unless otherwise covered outside of the clinical trial;
- Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient (e.g., monthly CT scans for a condition usually requiring only a single scan); and
- Items and services customarily provided by the research sponsors free of charge for any enrollee in the trial.
NCD for Routine Costs in Clinical Trials (310.1)

Routine costs in clinical trials include:

- Items or services that are typically provided absent a clinical trial (e.g., conventional care);
- Items or services required solely for the provision of the investigational item or service (e.g., administration of a noncovered chemotherapeutic agent), the clinically appropriate monitoring of the effects of the item or service, or the prevention of complications; and
- Items or services needed for reasonable and necessary care arising from the provision of an investigational item or service—in particular, for the diagnosis or treatment of complications.

This policy does not withdraw Medicare coverage for items and services that may be covered according to local medical review policies (LMRPs) or the regulations on category B investigational device exemptions (IDE) found in 42 CFR 405.201-405.215, 411.15, and 411.406. For information about LMRPs, refer to www.lmrp.net, a searchable database of Medicare contractors' local policies.

For noncovered items and services, including items and services for which Medicare payment is statutorily prohibited, Medicare only covers the treatment of complications arising from the delivery of the noncovered item or service and unrelated reasonable and necessary care. However, if the item or service is not covered by virtue of a national noncoverage policy in Pub. 100-03, NCD Manual and is the focus of a qualifying clinical trial, the routine costs of the clinical trial (as defined above) will be covered by Medicare but the noncovered item or service, itself, will not.
Caveats

For noncovered items and services, including items and services for which Medicare payment is statutorily prohibited,

Medicare Coverage: the treatment of complications arising from the delivery of the noncovered item or service and unrelated reasonable and necessary care.

Medicare Coverage: if the item or service is not covered by virtue of a national noncoverage policy … and is the focus of a qualifying clinical trial, the routine costs of the clinical trial (as defined above) will be covered by Medicare but the noncovered item or service, itself, will not.

Determination of Medicare Coverage- Two Prong Analysis

All three are required (A):

- The subject or purpose of trial must be an evaluation of an item or service that fall within a Medicare Benefit Category and is not statutorily prohibited;

- The trial must not be designed exclusively to test toxicity or disease pathophysiology. It must have therapeutic intent

- Trials of therapeutic interventions must enroll patients with diagnosed disease rather than healthy volunteer. Trials of diagnostic interventions may enroll healthy patients in order to have a proper control group
The Desirable Characteristics Test

A clinical trial is a “qualifying clinical trial” if it has all 7 desirable characteristics (B):

- The principal purpose of the trial is to test whether the intervention potentially improves the participants’ health outcomes
- The trial is well-supported by available scientific and medical information or it is intended to clarify or establish the health outcomes of interventions already in common clinical use
- The trial does not unjustifiably duplicate existing studies
- The trial design is appropriate to answer the research question being asked in the trial
- The trial is sponsored by a credible organization or individual capable of executing the proposed trial successfully
- The trial is in compliance with Federal regulations relating to the protection of human subjects; and
- All aspects of the trial are conducted according to the appropriate standards of scientific integrity

Clinical trials deemed to be automatically qualified

Effective September 19, 2000 clinical trials that are deemed to be automatically qualified are (C):

- Trials funded by NIH, CDC, AHRQ, CMS, DOD and VA;
- Trials supported by centers or cooperative groups that are funded by the NIH, CDC, AHRQ, DOD and VA;
- Trials conducted under an investigational new drug application (“IND”) reviewed by the FDA; and
- Drug trials that are exempt from having an IND under 21 CFR 312.2(b)(1)…until qualifying criteria are developed and certification process established;
Methodology to work with these regulations “Coverage Analysis”

- Detailed review of the study
- Detailed review of who is paying for what item or service; and who can be billed
- Detailed review and analysis of NCDs and LCDs
- Provides a template of subjects’ financial liability for the ICF
- Prevents financial surprises during a project
- Provides a template for budget development
- Provides a tool for audits (+/-)
- A consistent methodology for research billing
- Serves as a guide for the IRB to review the cost section of informed consent (21 CFR 50.25)
- Implementation to all departments who touch research

What the “Coverage Analysis” does NOT do

Substitute for independent physician judgment and the practice of medicine

Is not a patient care plan and should not be used as such

Does not always apply to commercial payors

Does not prevent errors in billing if not followed

Does not provide “pre-certification” or “pre-authorization for commercial insurers

Does not ensure all systems for billing are “on”
Documents required to conduct a “Coverage Analysis”

- Protocol
  - Schedule of Events
- Sponsor Budget
- Contract
- Informed Consent
- Practice Guidelines
- IND number
- IDE number and letter from FDA with Category of device

Schedule of Events from Protocol

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Essential Components of the Coverage Analysis:

- Regulatory Analysis
  - Is the study a qualifying clinical trial under the CTP
  - Is this a device which may qualify for Medicare reimbursement?
- Billing Plan aka billing grid

Points to Ponder…

- What is the Sponsor proposing to pay?
- Does the contract have prohibitory language?
- Is your budget transparent regarding personnel time?
  - Do you have a consistent methodology to determine these costs?
  - Routine care analysis……
  - Would you provide this service to patients not on a clinical trial?
  - Does your practice follow national practice guidelines, medical literature? If so, can you provide supporting documentation?
  - What is the intent or objective of the item or service?
### Proposed Sponsor Budget

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### Billing Grid with Coding

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CMS Home page

CMS Programs & Information
- Medicare
  - Provider Enrollment & Certification
  - Benefits & Coverage
- Medicaid
  - Benefits & Coverage
- Children’s Health Insurance Program
  - Coverage
- Prescription Drug Coverage
- Block...
- Medicaid
  - Children’s Health Insurance Program
  - Medicaid
- Home Health Care
  - Home Health Providers & Certification
  - Medicaid Consumer Engagement & Coverage
  - Medicaid Prescription Drugs
- Block...
- CHIP
  - Children’s Health Insurance Program
  - National CHIP Policy

Top 10 Links
1. Medicare
2. Medicaid
3. CHIP
4. Children’s Health Insurance Program
5. Managed Care
6. Medicaid
7. Medicaid
8. CHIP
9. Managed Care
10. Children’s Health Insurance Program

CMS, taken from www.cms.hhs.gov, 9/15/08

CMS Highlights
- Medicaid for Children & Families
- Medicare for People with Disabilities & End-Stage Renal Disease
- Medicare Drug Coverage
- Medicare Prescription Drug Coverage
- Medicare
- Medicaid
- Children’s Health Insurance Program
- National CHIP Policy

Top 10 Links
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7. Medicaid
8. CHIP
9. Medicaid
10. Children’s Health Insurance Program

Important Links
- Coverage Process
  - Covered on Medicare
  - Medicaid
  - Medicare Prescription Drug Coverage
  - Medicare
- Coverage Database
  - Search
  - Index
  - Browse
  - Downloads
Final Touches…

After the Coverage Analysis has been completed....

• Modify the Consent Document to reflect the financial liability that may be imposed on the subject.

• This is the Consent Document that should be sent to the IRB for review and approval.

• Revise the budget (if necessary)

• Prior to contract execution- check documents match “synch”

• Execute contract

• Issue Final Coverage Analysis

• Repeat with amendments, changes to LCDs and NCDs.
The Centralized Research Office at RUMC

Now, monthly sessions held for new investigators, study coordinators and research administrators, along with "as needed" sessions

Consultation time available for all components of centralized research office weekly

On-line module
Rush Research Portal
Centralized Research Pricing

Research at RUMC

Researchers and research personnel:

✓ Understand the processes developed and why (they understand the NCD and Medicare rules)
✓ Actually like the centralized office (we have surveys)
✓ Have adopted the coverage analysis as our custom, culture

Most Importantly
WE HAVE A COMPLIANT AND EFFECTIVE PROGRAM FOR BILLING FOR RESEARCH
Future… or NOW

The Rush Research Portal

Implemented electronic web-based IRB module
Co-developed “Coverage Analysis Module” with Click Commerce
Beta testing the “Grants and Contracts Module”
Unique to RUMC is the “Synch Process” – all modules are currently being merged, which will integrate all of our web-based processes
Clinical Trials Participant Tracking
Accounts Receivable
Scattered Bed Research Model
Metrics

Lessons Learned
Resources

- http://www.cms.hhs.gov/medicare/
- http://oig.hhs.gov/
- http://www.fda.gov/
- http://www.hhs.gov/ohrp/
- http://www.aberdeenconsultants.com/
- http://www.nccn.org/
- http://www.thomsonhc.com/home/dispatch
- https://www.clickcommerce.com/
- http://www.usdoj.gov/03press/03_1_1.html
In the Beginning

- Siemens Patient Accounting Platform
- Paper notification
- R17 Coverage
- Personal Family Accounts
- Lack of Controls
- Poor Reporting
- No Training Manuals
- No Research Workflows
- Decentralized Ancillary Departments – Lab & Radiology
- Bill Holds

Getting Started

- Finance Involvement
- Meetings held two days a week for a year
- Research Steering Committee
- Ancillary department site visits
- Research workflow validation and creation
- Training Manuals
- Notification Forms
- Training Sessions
- Contact Lists
What is Epic Systems Corporation?

- Healthcare Software Company
  - Intended solely for the use by competent healthcare professionals applying their medical skill, intellect and experience to make all judgments and decisions that affect patient health
- Started in 1979
- Based out of Wisconsin
- Enterprise wide
- Multiple Modules
  - Patient Access (ADT) module
  - Patient Accounting (Hospital Billing) module

Epic Go-Live Research Guiding Principles

- Phase One Go Live – May 1st, 2007
- Transition to a paperless environment
- Centralized Approach
  - Eliminate Silos
  - Lab & Radiology
- Standardized Approach
- Reporting Enhancements
- Reconciliation Enhancements
- Prevention of double billing
- Active Research Repository
Epic Functionality Pertaining to Research

Modules include:

- Epic ADT (Admissions, Discharges, and Transfers)
- Epic Charge Router
- Epic Inpatient Navigator
- Epic Radiant Radiology
- Epic Hospital Billing
  - Reporting
  - RSH Table
- Epic Cadence and Epic Optime

Roles and Responsibilities

- To prevent billing services covered by the sponsor to Governmental/Non-governmental payors, proper notification and communication to Patient Access and Ancillary Departments is a requirement.

- Hospital Billing Responsibilities
  - Research Table Maintenance (RSH Table)
  - Monthly Invoicing to PI and Research Coordinators
  - Research Work queue
  - Ongoing Research Workflow training
  - Ongoing Research Charge Router training
Billing and Coding Requirements

- V70.7 ICD-9 Diagnosis Coding
- Q0 and Q1 Modifiers
- IDE Numbers
- 0624 Revenue Codes
- Device CPT/HCPCS Codes
- 8 Digit Clinical Trial Number
- Condition Code 30 – Claim Level

ADT (Admissions, Discharges, and Transfers)
Epic Research Workflow

Assign RF guarantee, create a HA, and assign Research FYI at both the patient and encounter levels.

Research FYI Flag Importance – The Research FYI flag creates a DNB (Discharged Not Billed) which holds the account for review.

Epic ADT – Patient FYI Flag

Patient Access Registrar begins by adding the FYI (For Your Information) Flag.

Importance – The Research FYI flag creates a DNB (Discharged Not Billed) which holds the account for review.
Epic ADT Research FYI Flag – Patient and Encounter Level

Epic Patient Header – Patient FYI

Patient FYI follows the patient via Epic Modules and Security Access
### Charge Router

#### Epic Charge Router Charge Entry

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### Additional Fields

- **Billing provider:**
- **Program:**
- **POS:**
- **Pricing contract:**
- **Patient source:**
- **Revenue code:**
- **Specific Service:**
- **Start date:**
- **End date:**
- **Creation:** 4/17/03
- **Edit:**
- **Special:**
- **Delete:**
- **Hair:**

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Research Navigator

Epic Research Navigator – Inpatient Orders

To meet established practice guidelines for Pneumonia, use Pneumonia antibiotic order set, give pneumococcal (if unknown or not received within 5 years) and flu vaccine (October - February only) or document it contraindicated. Document advice to stop smoking if history of smoking within one year.

- Hospitalization Problem List
  - No problems active for this admission.
- Allergies
  - No Known Allergies

Note: Revisited by RUSH/PGDM, MD on 7/30/2013 at 12:43 PM.
Ancillary Departments

Research Specific Ancillary Form
Research Ancillary Form

RUSH UNIVERSITY MEDICAL CENTER
RUSH MEDICAL LABORATORIES

ANONYMOUS STUDY

PHYSICIAN: (01625) Anthony Gibbs MD
Neurological Sciences

STUDY COORDINATOR: Diane Research
Est. 2-4002

MR Number (3304) _____________________________
Patient Name: _________________________________
Date of Birth: _________________________________
Sex:  [ ] Male  [ ] Female

Study Day: ____________________________
Drawn By: ____________________________
Date & Time Drawn: ____________________________

PLEASE CHECK LABORATORY TEST(S) REQUESTED
☐ [CBC] CBC WITH AUTOMATED DIFFERENTIAL
☐ [CMP] COMPREHENSIVE METABOLIC PANEL
☐ [DBil] FRACTIONATED BILIRUBIN
☐ [DGP] GAMMA GLUTAMYL TRANSPEPTIDASE
☐ [INR] INR
☐ [LDH] LACTATE DEHYDROGENASE
☐ [PREG] PREGNANCY TEST, URINE
☐ [VEN] VENIPUNCTURE (If the specimen was drawn by LLT or Laboratory staff)

Research pricing has been established for ONLY the tests listed above. ANY OTHER TESTS ORDERED ON THIS REQUISITION WILL BE BILLED TO THIS FUND AT LIST PRICE. Tests needed for patient management should be ordered on the appropriate requisition or via POE.

REV. 06/05

---

Research Specific Ancillary Form

Section of Cardiology

Research Billing Form
ECG/Echo/Stress/Nuclear

Bill to Research

Bill to Insurance

Cardiovascular Laboratory Services

<table>
<thead>
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<th>NICU</th>
<th>Neonatal</th>
<th>CCM</th>
<th>CCU</th>
<th>ICU</th>
<th>VAD</th>
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</table>

Service Description | NICU | Neonatal | CCM | CCU | ICU | VAD | VAD | VAD | VAD |
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Note: Services are subject to change. Please refer to the current schedule for the most accurate information.
Hospital Billing

Research Revenue and Usage - Fiscal Year 2008

Here is an example of the Research Workqueue reviewed daily by Research Coordinator

Used with permission from Epic Systems Corporation © 2002-2008
### Research Revenue – FYTD Pivot Table Summary

**Research Transactions - Fiscal YTD 2008**

<table>
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<tr>
<th>Provider Name</th>
<th>Account Name</th>
<th>Fund</th>
<th>Procedure Desc</th>
<th>Quantity</th>
<th>Revenue</th>
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**Grand Total**: 1,624.85

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### Research Revenue – Patient and Charge Detail FYTD

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<th>Account Name</th>
<th>Provider</th>
<th>Cost</th>
<th>Patient</th>
<th>Name</th>
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**Grand Total**: 1,624.85
Research Maintenance

Research Maintenance - Information

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<th>Guarantor Demographics</th>
<th>Guarantor: Anthony Gibbs</th>
<th>State: [ ]</th>
<th>ZIP: 60612</th>
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<tbody>
<tr>
<td>Address:</td>
<td>1700 W. Van Buren</td>
<td>Phone: 312-999-9999</td>
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<tr>
<td>City [ZIP]:</td>
<td>Chicago</td>
<td>Fax: 312-888-8888</td>
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| Patient/Guarantor Information | Patient: 799999/ANTHONY'S RESEARCH | Guarantor: [ ] ANTHONY'S RESEARCH |

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# Research Maintenance - Users

### Research Users

<table>
<thead>
<tr>
<th>Provider</th>
<th>Research Users</th>
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<tbody>
<tr>
<td>TESTA, GIULIANO MD [2995]</td>
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Other providers:

- Provider 1:
  - Research contacts: 1

Allowed Providers:

- Primary Care Provider
- Admitting Provider
- Vascular Access Provider

Treatment Team Types:

- Type 1

# Research Maintenance - Transactions

### Charge Grouping

**Demographics and Financial Summary**

- **Name**: ANTHONY'S RESEARCH STUDY
- **Address**: 1700 W. Van Buren
- **City, State**: Chicago, IL 60612
- **Phone**: 312-599-0999

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### Charges Grouped By Revenue Code

- Revenue Code A

### Payment Information

- Payment 3

### Adjustment Information
Research Maintenance - Notes

- Fields include:
  - Research Study Name
  - Guarantor Number
  - Study Code (ORA Number)
  - Debit GL
  - Cost Center
  - Fund Number
  - Provider Name
  - Research Status
  - Total Charges
  - Contact Information
Future Developments

• Research Fee Schedule
• Cross Reference Table – Allowable Procedures per Study
• Lab Module
• Additional Automated Routing of Research Revenue
• Research Outpatient Order Entry
• Cadence and Optime link to Research Table

Questions???????