

**Loyola University Health System  
Office of Research Services**

**Research Study Registration and Billing Notifications SOP**

**Purpose:** To effectively communicate Research Study Information to appropriate registration and billing Departments in order to promote proper Research participant registration and accurate billing and reimbursement of research related services.

**Procedures:**

There are four types of notifications that need to occur in order to assure proper registration and billing for research related services. These notifications are;

1. **Research Study Startup,**
2. **Research Study Discontinuation,**
3. **Research Participant Registration - Billing Notification** (research participant enrollment and billable events) and
4. **Research Participant Stop** (research participant discontinuation)

The above notifications are to be sent using the following GroupWise email addresses. A description of the appropriate use of each of the notifications is listed below.

1. **GroupWise email address = “Research - Study Startup notification”;**  
this email is sent to notify the appropriate Departments / individuals when a new research study (IRB and budget approved with a fully executed contract), that has research related expenses which are to be paid by research funds (grant account) is beginning. The following Departments /individuals populate this email group; **LUPF** (Sandi Davis, Bridget Alexander), **PFS** (Barb Kontelas, Shawn Pearson), **Provider Relations** (Kate McGovern, Xiomara Terracino, Karen Adamson). The email must include the following information;
  - In the subject line copy and paste the address line and add the LU# at the end.
  - Upload a completed New Research Study Notification Form with attached approved research study budget (*see appendix I*).
  - Copy the email to any other pertinent individuals (i.e. PI, Department Administrator etc.) and retain a copy for your study records.
2. **GroupWise email address = “Research – Study Discontinuation notification”**  
(populated to email addresses as above) this email will notify all appropriate Departments when a research study has been closed **and** no further research related expenses will be charged to a grant account. This email will remove the LU# from the EPIC registration system and close files with PFS and LUPF.
  - In the subject line, copy and paste the address line (“Research – Study Discontinuation notification) and add the LU# to the end of the subject line.

- Copy any other pertinent individuals (i.e. PI, Department Administrator etc. ) when you send the email and retain a copy for your records.

3. **GroupWise email address = “Research Participant Registration - Billing Notification”** Send this email immediately upon study participant enrollment and for each subsequent billable research event (appointment, labs, radiology etc). The following Departments / individuals populate this email group; **LUPF** (Sandi Davis, Bridget Alexander) **PFS** (Barb Kontelas) **HACC** (Kathy Ragusa, Mary Ellen Sabella, Jen Arredia, Monica Rose, Kaci Thompson).

In the body of the email include the following information;

- In the subject line copy and paste the address line, **“Research Participant Registration - Billing Notification”** and add the LU#.
- In the body of the email include the following;
  - Research participants Name
  - MR#
  - Date(s) of research related service(s)
  - Research related services provided (if known at time of notification)
  - **Enrollment date**
  - **Study Coordinator contact information (name/ telephone / pager)**

4. **GroupWise email address = “Research Participant – Stop Notification”**; this email is sent to the same group as above. It is used to indicate that the research participant will no longer incur research charges related to the research study. The following information should be included in the email:

- In the subject line include **Research Participant - Stop Notification** (copy and paste the send to address) and add the LU#.
- In the body of the email include the following;
  - Research participants Name
  - MR#
  - Date of research discontinuation.

## Appendix 1

<b>LOYOLA UNIVERSITY HEALTH SYSTEM RESEARCH STUDY NOTIFICATION FORM</b>		
LU #:	Department:	Grant Account # (if known):
Project Title:		
Short Project Title (identify short title for use by patients when registering):		
Principal Investigator (Name):		
Extension:		
Contact Person for the Study:		
Title: (research coordinator, PI, Dept. Administrator)		
Extension:                      Fax #:		
Mailing Address (building & room #):		
<b>Research Related Services</b> *(check all that apply):		
<input type="checkbox"/> Patient Financial Services(PFS) <input type="checkbox"/> Physician Services (LUPF) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		
Are any charges to be waived?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach supporting approval letter (s)	
Will an <u>investigational</u> device, drug or procedure be part of this clinical trail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes to above;</b> has prior approval been obtained for 3 <sup>rd</sup> party payment of services related to the study (i.e. Medicare, Medicaid, private insurers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach relevant approvals	

\* Attach approved, itemized, detailed budget