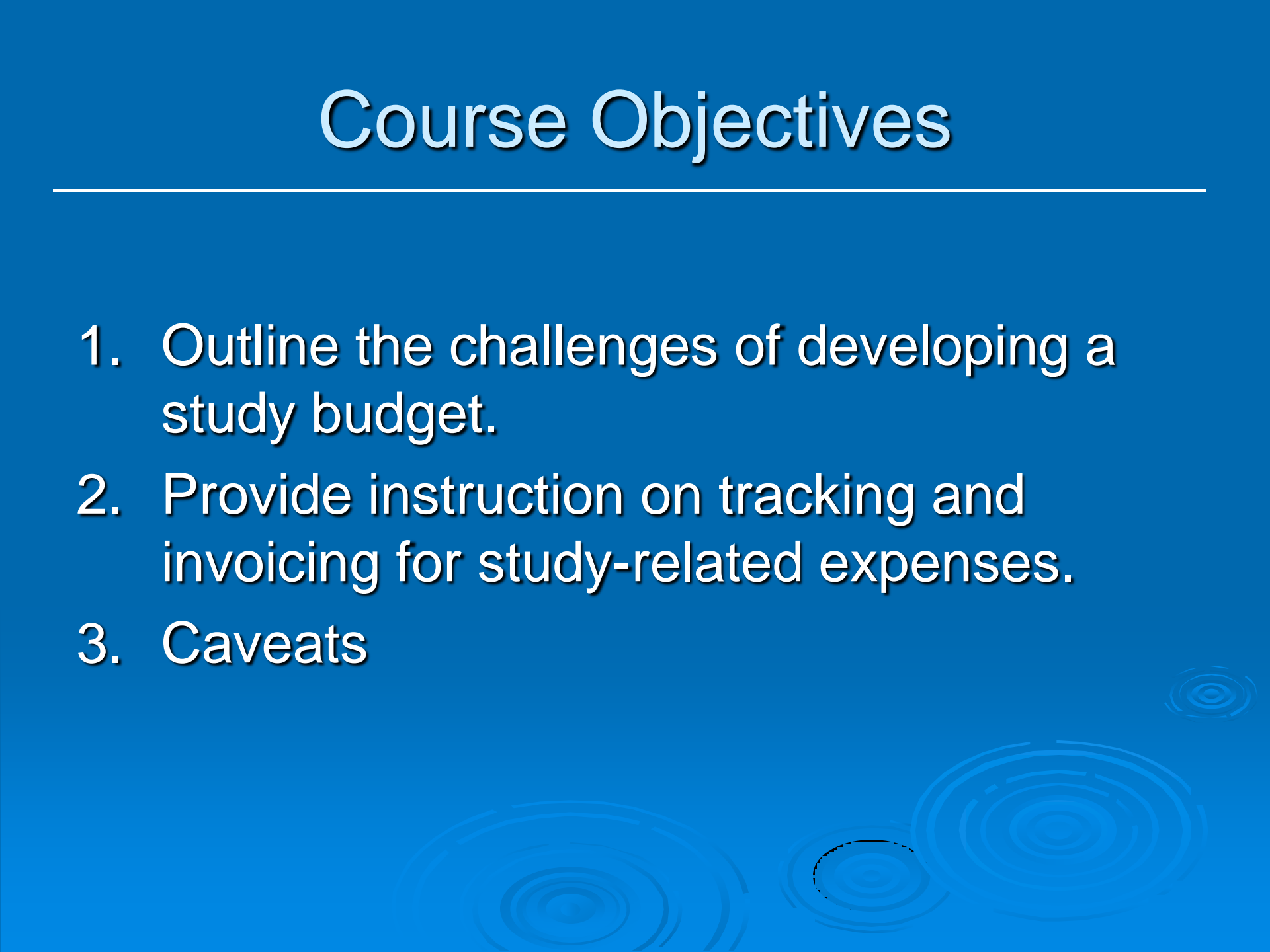
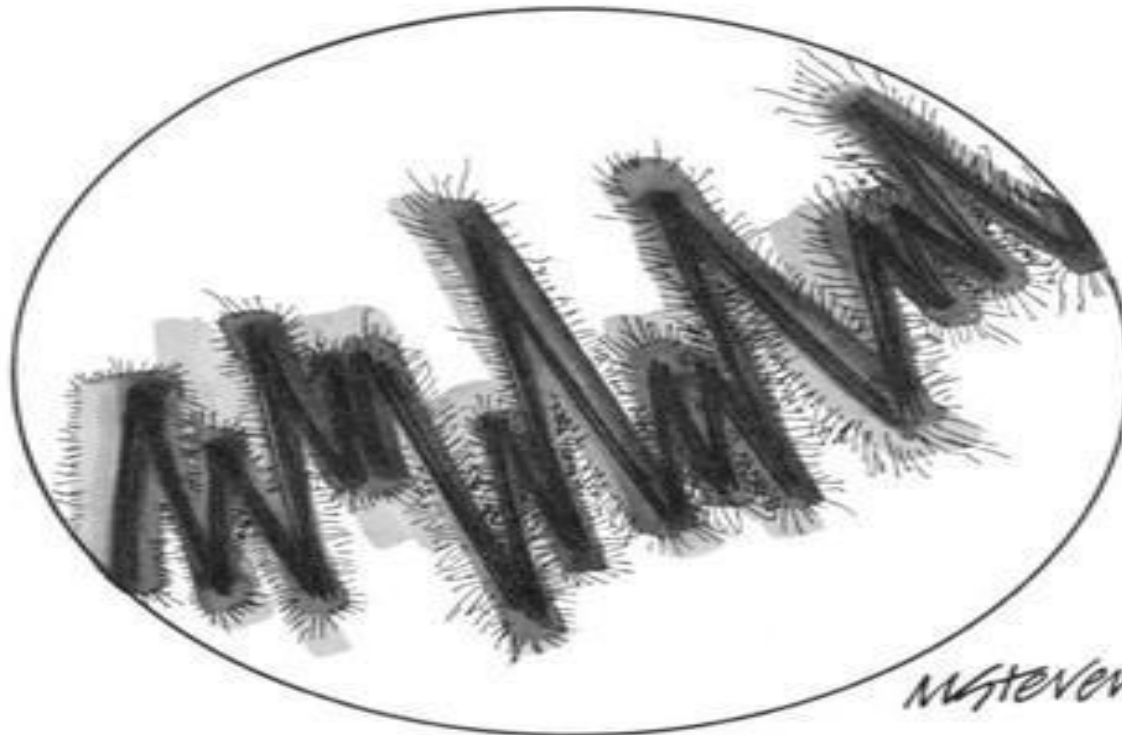


Budgeting, Tracking and Invoicing for a Clinical Trial

Francine Molay
Sr. Project Manager
MGH Division of Clinical Research

Course Objectives

1. Outline the challenges of developing a study budget.
 2. Provide instruction on tracking and invoicing for study-related expenses.
 3. Caveats
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FREE-FLOATING ANXIETY
(MAGNIFIED 200,000,000 TIMES)

Budgeting for a Study



New Study Protocol

- First, upload the following documents in InfoEd for CTO to start budget and contract review:
 - Proposed contract
 - Protocol
 - Sponsor's budget offer
 - Sponsor contact information
 - Have PI complete PIQ
- Second, submit study to IRB to initiate Medicare Cost Analysis
- Third, begin developing your study budget

Why do I need to develop a budget if the Industry Sponsor sent one and CTO is reviewing/approving it?



PI is responsible for managing the study fund. If the Sponsor budget does not cover costs – deficit!

PI is responsible for any deficit in his/her fund!

~11% of MGH Clinical Research study funds are in deficit – some over \$100,000.

Helps to Have Many People Review

- Previously, it was easier to develop a budget
- Costs change by location, research fees vs. global fees
- Helps to have those with clinical experience review the protocol for time needed for procedures

Look at the Big Picture

- What is being done?
 - Review the contract, protocol, informed consent and flow chart of activities
- Who will be doing the work?
 - PI, CRC, RN?
- How long will it take?

Step 1: Start with your One-Time Fees

- Clinical Trials Office - \$5,000
- IRB Fees (Industry sponsored only)
 - \$3,500 initial review, \$1,000 for continuing reviews
- MCA (Industry and NIH)
 - \$1,500 for a drug study, \$2,000 for a device study

(no overhead applied to these fees)

Step 1: Start with your One-Time Fees

- Start-up fees for Investigator:
 - Upfront support of effort to be expended in study set-up
 - Protocol review
 - IRB preparation
 - Regulatory/safety
 - Training
 - Site initiation
 - Depending on the complexity of the study \$1,500 - \$6,500, IDC-inclusive (\$4,000 is reasonable average)

Step 2: Determine Invoiceable Costs

- Events not applied to every subject:
 - Research Pharmacy (contact Cheryl Reilly-Tremblay)
 - Sponsor Amendments
 - Site Monitoring Visits
 - Adverse Events (includes PI/CRC time)
 - Safety Reports (need to be reviewed by PI)
 - Archiving
 - Screen Fails (cost of screening visit per subject, i.e. 10-20% is average but can be as high as 80% depending on the complexity of the study)

Step 3: Determine Per-Subject Charge

- Review your study documents for all subject related visits, procedures, labs and radiology
- Create a spreadsheet with the procedures (first column) and number of visits (top row)
- Use Procedure Picker and MGH Rate Book to identify charges

Step 4: Determine Pro Fees and Any Discounts

- Check to see what procedures have pro fees.
- Clarify with CTO if there is any discount. If so, what is the pro fee discounted percentage.
- Make certain the location you have selected is where you will be doing the test. Don't change the location without checking the price.

Study Related Consults with Other Depts.

- Determine cost of procedures
- Ask department if they have extra administrative/start-up fees
 - Clinical Research Center has an application fee. (\$2500)
 - Other departments set their own administrative start-up costs

Other Things to Consider

- Even if labs are being sent to a central lab
 - Need supplies (needles, gauze, alcohol wipes, band aids)
 - Need CRC time to process, package, & ship
 - Dry ice or -20/-80 refrigerator space
 - May have to pay to use lab space to process
 - Phlebotomy charges for blood draws

Data Entry Issues

- How long will data entry take?
 - Look at the protocol/flow chart to determine the data that need to be collected and entered in to the database – it is an estimate
 - Will the sponsor provide source documents? If not, development of these forms can take many hours.
 - Will they provide subject binders? (3” binders can run \$10-15 each)

Subject Reimbursement

- Are you providing subject remuneration?
 - If so, how much per visit?
- Are you paying for parking?
 - 0-4 hours - \$250/book (20 coupons)
 - 0-24 hours - \$300/book
- Are you paying for mileage
- Are you paying for food?

Step 5: Compare Budgets

- Compare your budget with the budget reviewed by CTO and identify discrepancies
 - If the sponsor's final offer is comes under budget and the PI wants to accept the offer, PI will need to identify other funds to support the study
- Discuss discrepancies and suggested revisions with your CTO analyst
- CTO will negotiate for you!

Standard Payment Terms

- Non-refundable, start-up funds paid upon Agreement execution
- IRB and MCA fees payable upon invoice
- Subject charges payable for completed visits based on CRF reports filed or quarterly invoice
 - 10-20% hold-back to be paid at study completion is standard
- Invoiceable charges payable upon invoice with documentation of occurrence

When is it Time to Renegotiate?

- Despite best attempts, budget costs are often imprecise. If the budget turns out to be under budgeted, talk to the sponsor.
- Sponsor amendment adds test, procedure, or amends tasks that increases staff effort.
- New monitor with new queries

When is it Time to Renegotiate? (cont)

- Study Close Out - new queries!
- Study closed, final payment received and then sponsor starts FDA NDA: more queries
- FDA inspection (routine)- negotiate payment for staff to support inspection (MD, RN, CRC)

Expense Tracking



Whose Responsibility is it?

- The PI is ultimately responsible for the research fund – often monthly fund review is delegated to the grants manager, department administrator or CRC
- The delegate needs to:
 - Invoice sponsors based on achieving milestones set-forth in the contract
 - Track payments received from sponsor
 - Review monthly financial reports
 - Review patient care charges in EPIC
 - Prepare monthly Protocol Status Report
 - Complete patient care correction forms

Monthly Protocol Status Report

- Review funds mid-month when General Ledger is updated
- Use Study Milestone Tracker
 - Basis of monthly Protocol Status Report to PI (dependent on CRC/grant manager teamwork)
 - Update fund cash balance, sponsor invoices & payments, visits, variable costs
- Create a written report
 - Cash received; expenses appropriate?
 - Amount due from sponsor; who will invoice
 - Estimated fund balance
 - Monitor queries: all resolved? Any still outstanding?

Example of Protocol Status Report

REPORT DATE: 12/17/2015

Protocol: BAY-2008A-US XXXXXXXXXX

Fund number : 1200-XXXXXX

Charges to fund: no corrections

Last Payment to the fund: \$1,625.00 on 5/31/15.

SUMMARY: Projected Fund Balance: 12/2015

Total Revenue: \$180,273.96

Total Expenses: \$162,233.11

Current Balance: \$18,040.85

Projected Fund Balance \$4,007.50

Invoice submitted for closeout visit & archiving: \$2450

Invoicing



Invoicing for Trial Payments

- Invoices originate at study staff level when milestones are achieved.
- Payment details and invoiceable charges are included in body of contract and budget exhibit. Be sure to check both!
- Study staff are responsible for invoicing for all start-up charges including CTO fee, MCA, IRB.

Invoice Details

- Any invoice submitted to a sponsor for payment should at a minimum include:
 - Department name
 - PI name
 - Sponsor name and contact
 - Date of the invoice
 - Sponsor protocol number
 - Study Fund Number
 - Study title
 - Itemized activities submitted for payment
 - Total amount due
 - Payment information and contact information if the sponsor has questions regarding the invoice. Invoiceable items are usually listed in the budget/payment schedule under invoiceable items.

Payments

- *Subcontract payments only:*
 - Mass General Hospital, Research Bank of America N.A. P.O. Box 3829
Boston, MA 02241-3829
- *Industry clinical trial payments, foundation payments, expense reimbursements, etc.*
 - Massachusetts General Hospital (MGH), Research Finance c/o the
Bank of America PO Box 414876 Boston MA 02241-4876
- The check should reference the PeopleSoft fund number or InfoEd proposal number (grant), the name of the Principal Investigator and the protocol number.
- Federal Tax Identification Number for MGH: 04-2697983

Links

➤ Procedure Picker

- Partners Applications>Microstrategy>Insight Analytics>Shared Reports>Procedure Picker

➤ Lockbox

- <https://partnershealthcare.sharepoint.com/sites/phrmManage/mffs/br/Lists/Cash%20Postings/AllItems.aspx>

Links (cont)

- MGH Division of Clinical Research (DCR)
 - 617-726-5500 Fax:617-726-5501
 - <http://www.massgeneral.org/research/dcr/>
 - E-mail:clinicalresearch@partners.org

- Partners Clinical Trials Office
 - <https://partnershealthcare.sharepoint.com/sites/phrmdepartments/prd/pcro>

Final Thoughts

- The system is messy, confusing and subject to change
 - Ask sponsor for CPT code they used when budgeting for expensive tests
 - Be prepared to renegotiate
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