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Research Billing



Buzz

A Newsletter from the Office of Clinical Research Billing Compliance

Volume 6

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**Clinical Research
Management System**

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Research
Management
System**



In this issue of *Research Billing Buzz*, we will learn more about CRMS, its importance to Hopkins's research community and how it is linked to compliant billing.

What is a CRMS?

The **Clinical Research Management System (CRMS)** is Johns Hopkins Medicine's official registry of participants in a research study at any Hopkins location.

Who should use CRMS?

All studies submitted to the Hopkins Institutional Review Board (IRB) after July 1, 2008 that require a Prospective Reimbursement Analysis (PRA) must use CRMS.

For those studies without a PRA, it is best practice to utilize CRMS if you need to use Epic for recruiting and/or to get data into the Precision Medicine Analytics Platform ([PMAF](#)).

How does the Data get to Epic?

CRMS receives information from the electronic Institutional Review Board system (eIRB) then passes participant and study information over to EPIC.



Participants must be entered into CRMS in a *Pre-consent* or *Active* category prior to the close of the encounter in Epic. Pre-consent = Candidate and Active Status = Enrolled, Eligible, Consented and Follow up for charges to hold for CRBC review.

Once the patient is correctly registered in CRMS, you will be able to link encounters and orders in Epic.

How often Should CRMS be Updated?

As a general rule, CRMS should be updated within three business days of any change in the participant's status, unless your department provides a more stringent guidance. A participant should not inaccurately stay in a Pre-enrollment or Active status indefinitely as these has clinical and billing implications.

An important exception is taking the participant "off study" on the same day of the last billable study intervention. For example, if the last scan was done today at 10:00 am, then taking the patient "off study" at 2:00 pm will result in the charges not holding for review as the "charge" for the scan is not generated that

fast in the system.

Updating CRMS in a timely matter is of great importance to avoid billing errors and unnecessary billing delays.

What can I do to Help?

- Make sure that you entered the participant in CRMS before the encounter is closed in Epic and do not take them “off study” on the same date that services were provided.
- Make sure your participants have insurance clearance **before** enrolling them in the study.
- Make sure that you link your encounters and orders to the study; this is the only way to assure CRBC will review the charges and prevent billing mistakes.

NEW!

Please see the [CRMS Tips for Compliant Clinical Research Billing](#) for more information regarding CRMS and the billing revenue cycle.

Need Help?

If you need help, have questions or want to suggest topics for future newsletters you can email us at:

CLINIRESBILLING@exchange.johnshopkins.edu

For more information, visit the **Research Revenue Cycle Website**

Research Rev Cycle Website



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