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|  |  | **Number:** ORI 01.03 |
| **Issuing Department:** Office of Research and Innovation |
| **Title:** Greenphire ClinCard System Procedures | **Submitted By:**  Jennifer Reed-Hack, Associate Director of Finance, ORI |
| **Supersedes:** RAS 01.03 | **Approved** **By**: Lauren Geary, Director, Finance & Operations, VP for Research Office |
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1. **Background and Purpose**

The Greenphire ClinCard system is one mechanism for providing reimbursement to participants in clinical trials sponsored by the University. This document serves to document the procedures and responsibilities surrounding the issuance of cards and the corresponding accounting. ClinCard is used in conjunction with Clinical Conductor our CTMS (Clinical Trial Management System).

1. **Procedure**
	1. **What is a ClinCard?**

The ClinCard is a web based, reloadable, debit card that automates reimbursements for subjects who are engaged in clinical research. (Subjects need to be US Citizens)

* 1. **Who can obtain a ClinCard?**

Any researcher may request ClinCards for their participants who are involved in a sponsored and NIH trials.

**Why should I use a Clincard?**

* Minimizes the risks of the use and safeguarding of cash (i.e. theft).
* Alleviates the time, cost and approvals required for issuing a check.
* Reports can be obtained for usage reporting, analytics, and tax reporting.
* Subjects receive immediate deposits into the ClinCard account.
* ClinCard integrates with the Clinical Conductor system.
* ClinCard allows at time-of-service payment for subject visits and travel stipends.

**How to obtain a ClinCard?**

Once the study protocol is fully executed the research coordinator/staff completes the Clin Card Request Form, (page 4) and email to Jeannine Reed-Heil, ORI, jr3724@drexel.edu.

 

**Study closure**

At the end of the study any remaining or unused ClinCards need to be returned to Finance, ORI, contact Jeannine Reed-Heil, jr3724@drexel.edu to set up the return.

**How to calculate cost per study trial**

The example below assumes the trial will have 10 subjects and 10 visits:

1. Cost of ClinCard is $4.00 per card. This amount should be multiplied by the number of expected subjects.

$4.00 X 10 subjects = $40.00

1. There is a $1.15 Fee for each time the ClinCard is loaded with funds. This fee should be multiplied by the number of study visits and then by the number of subjects.

$1.15 X 10 visits X 10 subjects = $115.00

1. Add the amounts from Step 1 and 2.

Total ClinCard Activation fees = $ 40.00

Total load fees = 115.00

Total fees for study= $155.00

1. Pre-award will ensure that costs are negotiated in budget and contract process.

**Notification to subject**

The language below must be included in consent form in the section labeled “What else do I need to know”.

Example language:

1. “You will be paid $$ for each study visit completed. You will be paid a total of $$ if you complete all the scheduled study visits. If you do not complete the study, you will be paid only for the study visit you completed. You will be paid using a ClinCard debit card and the funds will be loaded on the card within 24 hours of each visit. It is important that you do not lose the debit card. If the card is lost or stolen, you will need to contact the study coordinator. A replacement card will be issued; $4.00 will be deducted from your next stipend payment.

**Taxable Income Language**

All participants who participate in a trial and will be paid via a ClinCard need to complete a W-9 form which the coordinator will keep in the patients file. The W-9 form is required as participants who receive $600 or more in incentive payments in a calendar year need to be issued a 1099 by Drexel’s Accounts Payable Department. The ORI, Finance Team will request the W-9 form for each subject who received $600.00 or more from the study coordinator in December of each year. The following language is part of the consent form.

1. “Research payments in cash or cash equivalents that exceed $600.00 per calendar year must be reported to the Internal Revenue Service (IRS) by the University. The level of reimbursement for this study is at a level that the potential exists for the federal tax reporting to the IRS for your participation in this study.”

The Office of Research and Innovation will send all W-9 forms to Drexel University Accounts Payable Department for them to issue and send out 1099’s to the appropriate subjects.

**FAQ’s**

**What are Coordinator’s Responsibilities?**

* Register a patient in Clinical Conductor for ClinCard to be activated.
* Make sure participant is a US Citizen or Resident Alien
* Collect information for IRS Form W-9 (subject’s signature)
* Issue payment within 24 hours for subject once visit is completed.
* Provide training to subject on how to use the ClinCard.
* Providing a secure location (i.e., safe/locked storage) for unused ClinCards

**Who will do the training?**

Training will be provided by the ORI, Finance Team upon request to participate in ClinCard program**.**

**What happens if the subject loses the card?**

If the subject loses the debit card, the subject should notify the site study coordinator. The coordinator will be able to replace the card. By replacing the card, the old card is automatically inactivated, and the remaining funds are automatically transferred to the new card. A fee of $4.00 will be deducted from the subject’s next stipend payment, which is the cost of a ClinCard.

**Questions**

If you have any questions and/or concerns, please contact Jeannine Reed-Heil, jr3724@drexel.edu.

 **CLINCARD REQUEST FORM**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PI Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fund # \_ \_ \_ \_ \_ \_ Org # \_ \_ \_ \_**

**Study Title:\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of ClinCards:\_\_\_\_\_\_\_\_\_**

**Mail to:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**