

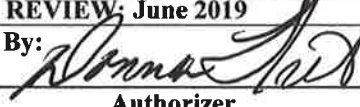


CONTROLLED DOCUMENT

		<b>INTERFACE CONTROL DIRECTIVE</b>	
<b>PROCEDURE FOR: Study Participant Payments</b>			
<b>PROCEDURE NO.: BRINM-ICD-105</b>		<b>REV. NO.: 2</b>	<b>PAGE: 1 of 6</b>
<b>ISSUE DATE: June 2017</b>		<b>DUE FOR REVIEW: June 2019</b>	
<b>Issued By:</b>  Owner		<b>Approved By:</b>  Authorizer	

**1.0 SCOPE**

This interface control directive (ICD) applies to all Biomedical Research Institute of New Mexico (BRINM) operations. ICDs provide instructions for all program personnel, including principal investigators (PIs) and contract personnel, needed to meet BRINM's mission, operations, and regulatory requirements. This ICD describes BRINM's process for controlling study participant payments.

BRINM's processes have been designed to meet the requirements of Generally Accepted Accounting Principles (GAAP), the appropriate provisions of the Federal Acquisition Regulations (FAR), and Office of Management and Budget (OMB) Circular A-110.

**2.0 Definitions**

**Great Plains (GP)** – refers to an accounting software program used by BRINM for their accounting procedures.

**Protected Health Information (PHI)** – according to HIPAA, is any information about health status, provision of health care, or payment for health care that can be linked to an individual. This includes any part of a participant's medical record or payment history.

**3.0 PROCEDURE**

This SOP describes BRINM's process for the payments to those who have participated in a study. **PHI must always be in the physical custody of an authorized BRINM employee, whenever not secured in the designated locked cabinet.**

**3.1 General**

BRINM implements its study participant payment procedures whenever BRINM Staff receives a participant payment request. All payments are processed by the Assistant Director. The process is complete once the participant has been payed, as shown in Figure 1.

**3.2 Participant Payment or Travel Reimbursement**

BRINM receives participant payment or travel reimbursement documents from the study personnel. Payment requests may be submitted either for participant payment on BRINM-SOP-411 Form 1, Payment Request for Study Participants, Initial (see Attachment 1), on BRINM-SOP-411 Form 2, Payment Request for Study Participants, Subsequent (see Attachment 2) or on BRINM-SOP-411 Form 4, Payment Request for Participant Travel Reimbursement (See Attachment 3). The process for both request types is the same.

**BRINM Proprietary Information**

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INTERFACE CONTROL DIRECTIVE

PROCEDURE FOR: <b>Study Participant Payments</b>			
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All participant payment or travel reimbursement request documents **MUST** be hand-carried and in the physical custody of authorized study or BRINM personnel at all times. The payment document contains sensitive PHI, including the participant's:

- Name
- Social security number
- Mailing address
- Study number

Because the payment request contains PHI, this document is secured upon receipt in a locked cabinet.

The BRINM Assistant Director is responsible for participant payments and uses the payment request to process payments to study participants.

**3.3 Processing Initial Requests**

Prior to submitting the initial request, the coordinator must:

1. Provide BRINM with a copy of an Institutional Review Board (IRB) approval to use debit cards as a source for study participant payments
2. Submit a completed BRINM-SOP-411 Form 1 (Initial Request) to the BRINM administrative office at least two weeks prior to the participant's scheduled visit

Upon receipt of the processed form and card, the coordinator must:

3. Review the information sheet that accompanies the debit card with the participant
4. Ensure the participant signs the BRINM-SOP-411 Form 1 (Initial Request)
5. Submit the completed, signed BRINM-SOP-411 Form 1 (Initial Request) to BRINM

**3.4 Processing Subsequent Requests**

Prior to submitting the subsequent request, the coordinator must:

1. Submit a completed BRINM-SOP-411 Form 2 (Subsequent Request) to the BRINM (BRINM does not process subsequent requests until the signed acknowledgement is returned to BRINM)
2. Inform the participant that the transfer takes five business days, from the time BRINM receives the request, for the funds to be transferred to the debit card

**4.0 PROCESS RECORDS**

Records generated provide solid data to ensure that required processes or sub-processes, as described in this ICD, have been effectively completed. The original payment or reimbursement request is a unique record generated by this ICD.

**BRINM Proprietary Information**

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**INTERFACE CONTROL DIRECTIVE**

**PROCEDURE FOR:**

**Study Participant Payments**

**PROCEDURE NO.: BRINM-ICD-105**

**REV. NO.: 2**

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**5.0 EXCEPTIONS**

There are no known exceptions to this procedure.

**6.0 REFERENCES**

BRINM Handbook

BRINM NPC Checklist

Federal Acquisition Regulations, Applicable Sections

Office of Management and Budget Circular A-110

**BRINM Proprietary Information**

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INTERFACE CONTROL DIRECTIVE

PROCEDURE FOR: Study Participant Payments

PROCEDURE NO.: BRINM-ICD-105

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Attachment 1, Sample BRINM-SOP-411 Form 1, Payment Request for Study Participants (Initial)



1501 San Pedro SE, Bldg 14 (151)
Albuquerque, NM 87108
Voice: 505-260-1033 Fax: 505-256-5467

PAYMENT REQUEST FOR STUDY PARTICIPANTS (Initial Request)

DATE: \_\_\_\_\_

TO: BRINM

REQUESTED BY: \_\_\_\_\_ BRINM Project #: \_\_\_\_\_

Requested Amount:\$ \_\_\_\_\_

Participant: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

A consent form for this participant is on file for participation in HRRC#: \_\_\_\_\_

Study Coordinator: \_\_\_\_\_

It is understood that VA employees are prohibited from participating for pay as human research participants in any VA approved research project conducted on duty per Albuquerque VAMC Professional Services Memorandum #151-5, dated March 29, 2005, participant: Obtaining Informed Consent for Human Participation in VA Approved Research Projects, paragraph 3b. VA employees may participate for pay after duty hours only.

Investigator Signature \_\_\_\_\_

BRINM Account \_\_\_\_\_

Card # \_\_\_\_\_

Payment ID: \_\_\_\_\_

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

BRINM Authorization \_\_\_\_\_

I certify that I am not a Veterans Affairs employee
I certify that I am a Veterans Affairs employee and have participated in this research project only after duty hours for pay.


Participant's Signature of Receipt \_\_\_\_\_

Date \_\_\_\_\_

BRINM-SOP-411 Form 1, Revision 3

BRINM Proprietary Information

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 BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO		<b>INTERFACE CONTROL DIRECTIVE</b>	
<b>PROCEDURE FOR:</b>		<b>Study Participant Payments</b>	
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**Attachment 2, Sample BRINM-FRM-411 Form 2, Payment Request for Study Participants (Subsequent)**



1501 San Pedro SE, Bldg 14 (151)  
Albuquerque, NM 87108  
Voice: 505-260-1033 Fax: 505-256-5467

**PAYMENT REQUEST FOR STUDY PARTICIPANTS  
(Subsequent Request)**

DATE: \_\_\_\_\_

TO: BRINM

REQUESTED BY: \_\_\_\_\_ BRINM Project #: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_

Participant: \_\_\_\_\_

A consent form for this participant is on file for participation in HRRC#: \_\_\_\_\_

Study Coordinator: \_\_\_\_\_

It is understood that VA employees are prohibited from participating for pay as human research participants in any VA approved research project conducted on duty per Albuquerque VAMC Professional Services Memorandum #151-5, dated March 29, 2005, participant: Obtaining Informed Consent for Human Participation in VA Approved Research Projects, paragraph 3b. **VA employees may participate for pay after duty hours only.**

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
BRINM Account


Transferred to Card on \_\_\_\_\_

\_\_\_\_\_  
BRINM Authorization

BRINM-SOP-411 Form 2, Revision 2

**BRINM Proprietary Information**

1501 San Pedro SE, Bldg 14 (151)      Albuquerque, NM 87108      Voice: 505-260-1033 Fax: 505-256-5467

 <small>BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO</small>	<h2 style="margin:0;">INTERFACE CONTROL DIRECTIVE</h2>		
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**Attachment 3, Sample BRINM-FRM-411 Form 4, Payment Request for Participant Travel Reimbursement**



1501 San Pedro SE, Bldg 14 (151)  
 Albuquerque, NM 87108  
 Voice: 505-260-1033 Fax: 505-256-5467

**PAYMENT REQUEST FOR PARTICIPANT TRAVEL REIMBURSEMENT**

**DATE:** \_\_\_\_\_ **DATE NEEDED:** \_\_\_\_\_

**TO: BRINM**

**Please issue a check in the amount of: \$** \_\_\_\_\_

**Participant:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

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

A consent form for this participant is on file for participation in **HRRC#:** \_\_\_\_\_

The above-named participant is not a New Mexico VA Healthcare System (NMVAHCS) employee. It is understood that NMVAHCS employees are prohibited from participating for pay as human research participants in any VA approved research project conducted on or off duty per NMVAHCS Medical Center Memorandum 151-5 dated January 30, 2002. Subject: Obtaining Informed Consent for Human Participation in VA Approved Research Projects, paragraph 4b.

Date of Travel	Mileage Claimed	Rate	Total Payment Requested

\_\_\_\_\_  
 Investigator Signature BRINM Account

\*\*\*\*\*

**Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

\_\_\_\_\_  
 BRINM Authorization Date

\_\_\_\_\_  
 Participant's Signature of Receipt Date