Guidance for Submitting Medicaid Attestation Forms in Epic for Qualifying Clinical Trials (QCT)

Purpose

This document provides detailed instructions for completing the Medicaid Attestation Form for qualified clinical trials and ensuring that the form is correctly tagged and filed in Epic.

Background

During the Billing Coverage Analysis process, the BCA team or analyst assigned to the study will review and determine if the trial meets the definition of both Medicare and Medicaid QCTs. It is essential that all study-related services billed to Medicaid are accurately routed and processed through Epic using this analysis.

- To request a BCA, visit the [Service Now BCA request page](#).
- Review the QCT Checklist Tab on the BCA to ensure the trial is a **MEDICAID** QCT.
- The attestation form is required only for participants in a QCT **with** billing to Medicaid.
- The form is **not** needed if all services are sponsor-paid or there is no billing to Medicaid.

Step 1: Download and Complete the Medicaid Attestation Form

Download the form
- [Medicaid Attestation Form on the Appropriateness of the Qualified Clinical Trial](#)

Fill out the form
- Ensure all required fields are completed accurately, including:
  - Study participant's name
  - Study participant's Medicaid I.D. number
  - National Clinical Trial (NCT) Number, from ClinicalTrials.gov
  - Principal Investigator's (PI's) name, attestation, and date of form completion
  - Health Care Provider's name, attestation, and date of form completion (if applicable)

Confirm signatures
- Ensure the form is signed by the PI and, if applicable, the referring healthcare provider for each Medicaid participant enrolled in a QCT.

*The form **MUST** be completed **BEFORE** any services related to the clinical trial are performed.*

Step 2: Submitting the Medicaid Attestation Form in Epic

Option 1 (Electronic Submission): Email the Form(s) to Health Information Management

Prepare the form for submission
- Convert the file to Adobe .pdf format.
- Name the file using the patient's MRN and the date of form completion.
    - Ex. Medicaid QCT Document_MRN#_MMDDYYYY.pdf
- In the body of the email, add the patient's name and MRN as well as a study contact name and email for troubleshooting.

Email the form
- Send the form(s) to mimdept@unch.unc.edu.
- Send only one form per patient in each email.
- Use [Secure] in the subject line if emailing from an @UNC account to encrypt the message.
    - Emails between the School of Medicine (SOM) and UNC Health are encrypted by default.

Option 2 (Paper Submission): Place the Form(s) in a Designated Medical Documents Clinic Box

Locate the medical documents clinic box/folder
- Confirm with your department that the medical documents box/folder may be used for the Medicaid Attestation Form.

Prepare the form for submission
- Add a handwritten or printed label on the form indicating '**Medicaid QCT Document'**, to ensure it is uploaded to Epic appropriately.
    - Add a study contact name and email on this label for troubleshooting.
- Add the patient's name and MRN to the top right corner of each page.

Step 3: Monitoring and Follow-Up

- Research staff must verify Medicaid beneficiaries' eligibility whenever services are rendered.
- Ensure all Medicaid Attestation Forms have been uploaded into Epic using the [Tipsheet for Managing Processes in Epic](#) (access to the tipsheet requires a UNC Health login).

Contact Information

- Health Information Management (HIM): Scott Cooper, HIM Operations (scott.cooper@unchealth.unc.edu)
- UNC Health Service Desk: (984) 974-4357 or submit a [MySupport@UNC ticket](#)
- UNC-Chapel Hill Research Billing: ResBilling@unc.edu
- UNC Health ORSC Finance: ORSCFinance@unchealth.unc.edu
- General Inquiries: ResNavHub@unc.edu