HEALTH integrity LLC

DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

ZPIC Zone 4 – TX, OK, NM, CO

Request Type: ☐ Data ☐ Carrier Information ☐ SVRS-Sample ☐ Overpayment Calculation

Date of Request:

REQUESTOR'S INFORMATION

Requestor Name:	Physical Address: *(required for FedEx delivery)*
Organization: ☐ OIG ☐ DOJ/FBI ☐ OAG/MFCU ☐ Strike Force ☐ Other:	
Telephone:	E-mail:
Mobile Phone:	Facsimile:
Date Required:	*Check reason for Date Required:* ☐ Trial – Trial Date _____/_____/_____ ☐ Other reason:

Business Records Affidavit* Required?: ☐ No ☐ Yes → Is a scanned electronic copy acceptable? Yes☐ No ☐

**Affidavits are notarized and can delay delivery of data.*

REQUIRED CRITERIA FOR CLAIMS REQUEST

Type of Data: ☐ Medicare Data Only ☐ Medicaid Data Only ☐ Both Medicare & Medicaid Data ☐ Carrier/MAC Documents (see below)

Unless otherwise noted below, a standard Data Summary Report (DSR) and claims data will be sent based upon the criteria below. The DSR contains summaries for the top 10 referring providers, diagnosis codes, procedure codes, beneficiaries, etc. If there is something other than the standard DSR that you would like, please note here:

Claim Type: ☐ Part B ☐ DME ☐ Part A - Inpatient ☐ Part A - Outpatient ☐ Home Health (Part A) ☐ Hospice (Part A) ☐ Skilled Nursing Fac. (Part A) ☐ Other:

Subject Name:	Subject Type: ☐ Provider ☐ Beneficiary ☐ Other:_____

Subject Address:

List **ALL** available identification numbers related to this request:

Individual NPI:	Group NPI:	Tax ID:
Individual PIN:	Group PIN:	UPIN:
Medicaid ID:	HICN (if beneficiary):	

Reason for Request (Allegations):	

Paid Dates for most recent ☐ 12 months ☐ 24 months ☐ 36 months **OR** other time frame below

Paid Dates (claims process time period)*: and/or Dates of Service*:

What kind of claims do you want included in your request? ☐ Final ☐ Adjusted/Unadjusted ☐ Both

Other data criteria limitations:

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CARRIER INFORMATION REQUESTS (LEIR)			
Carrier documents can take **up to 45 days to receive**. If you have also requested claims data, how do you want the claims data sent? ☐ With carrier documents or ☐ When claims data is available			
Cost Reports	☐	Overpayment Information	☐
Education Information	☐	Prepay Information	☐
EDI	☐	Provider Complaints	☐
EFT	☐	Remits	☐
Enrollment Application	☐	Voluntary Refunds	☐
Other	☐ list:		
Most general information, including answers to common questions, can be found on carrier websites: DME- http://www.cgsmedicare.com/jc/index.html Part A and B- http://www.novitas-solutions.com Part A- http://www.palmettogba.com/palmetto/palmetto.nsf/DocsCat/Home			
Other helpful resources: NPI Registry- https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do			

The information sought in the request is required to be produced to the Office of Investigations pursuant to the Inspector General Act of 1978, 5 U.S.C. App. The information is also sought by the Office of Inspector General in its capacity as a health oversight agency, and this information is necessary to further health oversight activities. Disclosure is therefore permitted under the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.501; 164.512(a); and 164.512(d).

Signature of Requestor: _____ Date: _____/_____/_____

Title: _____

NOTE: This form must be signed by the requestor prior to the release of any data.

Submit via secure fax to the Z4 Data Team at 410.820.0164
or
Requests that **do not contain PHI can be sent via email to martina@healthintegrity.org

Questions concerning the formulation of this request or any data related questions may be directed to:

Terri Christopher
RFI Coordinator
Health Integrity, LLC – ZPIC Zone 4
28464 Marlboro Ave, Easton MD 21601
Direct Dial: 410.770.3069
Phone: 866-886-2658 x 11036
christophert@healthintegrity.org

DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

ZPIC Zone 4 – TX, OK, NM, CO

To: Amy Martin Administrative Assistant Phone Number: 410.763.6226 866.886.2658, ext. 11060	Fax Number: 410.820.0164
From:	Phone Number:
Agency:	Fax Number:
Notes: Once received an email will be sent within 24 hours confirming receipt. **Please ensure the HIPAA form is signed as we are unable to complete unsigned requests.** Questions regarding the data should be addressed to Terri Christopher at 410.770.3069 or Pradeep Thakur at 210.527.8816. Questions regarding receipt of the request or LEIR information may be directed to Amy Martin at 410.763.6226.	

This message is confidential and may contain information that is privileged or protected from disclosure

under applicable law. It is intended solely for the individual or entity to whom it is addressed. If you receive this message in error, please notify the sender immediately, and delete and destroy the original message. This message does not necessarily express the corporate opinion of Health Integrity and does not serve to bind Health Integrity to any order or contract unless supported by an explicit written agreement.