

**DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)**

**ZPIC Zone 4 – TX, OK, NM, CO**

Date of Request:	
<b>REQUESTOR'S INFORMATION</b>	
Requestor Name:	Physical Address:
Organization: <input type="checkbox"/> OIG <input type="checkbox"/> DOJ/FBI <input type="checkbox"/> OAG/MFCU  <input type="checkbox"/> Strike Force <input type="checkbox"/> Other:	
Telephone:	E-mail:
Mobile Phone:	Facsimile:
Date Required:	
<b>REQUIRED CRITERIA FOR CLAIMS REQUEST</b>	
<input type="checkbox"/> Request Discussion with a clinical person or Medicare SME  <input type="checkbox"/> Face-to-Face Meeting with Subject Matter  Request for Assistance with Medical Records  <input type="checkbox"/> Medical Review with Report  <input type="checkbox"/> Cursory Medical Review (five or less medical records)  If any type of record review is requested include the following:  Type of Service _____ Number of records _____ Number of benes _____ Number of pages to be reviewed _____ Electronic or paper records _____  <input type="checkbox"/> For indictment (if checked, trial date must be provided) _____ / _____ / _____	

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<input type="checkbox"/> Prosecutor Name and email _____		
<input type="checkbox"/> Trial Preparation (if checked, trial date must be provided) _____ / _____ / _____		
<input type="checkbox"/> Part B <input type="checkbox"/> Part A - Inpatient <input type="checkbox"/> Home Health (Part A) <input type="checkbox"/> Skilled Nursing Fac. (Part A)		
<input type="checkbox"/> DME <input type="checkbox"/> Part A - Outpatient <input type="checkbox"/> Hospice (Part A) <input type="checkbox"/> Other:		
Subject Name:	Subject Type: <input type="checkbox"/> Provider <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other: _____	
Subject Address:		
List <b>ALL</b> 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):		

*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.

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Submit via secure fax to the Z4 Data Team at 410.820.0164

Or mail to:

Amy Martin

Administrative Assistant

Health Integrity, LLC - ZPIC Zone 4

28464 Marlboro Ave

Easton, MD 21601

\*\*Requests that **do not** contain PHI can be sent via email to [martina@healthintegrity.org](mailto:martina@healthintegrity.org)

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



*Donna Large*

*Law Enforcement Liaison*

Health Integrity, LLC – ZPIC Zone 4

Dallas, TX

Direct Dial: 972.619.0695

[larged@healthintegrity.org](mailto:larged@healthintegrity.org)



**DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)**

**ZPIC Zone 4 – TX, OK, NM, CO**

To: Amy Martin

Fax Number: 410.820.0164

Phone Number: 410.763.6226 866.886.2658, ext. 11060

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 RFA should be addressed to Donna Large at 972.704.3131**

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.