

NBI MEDIC

Request Type:	RFI-Data	SVRS-Sample/Extra	polation		
	Invoice Reconciliation	Loss Calculation (Requires CMS Approval)			
	Pharmacist Review	Off Label Marketin	g (Requires CMS Approval)		
	Other				
Date of Request:	_				
Law Enforcement Case #:					
	HEA	AT (Strike Force) Involver	ment: Yes No		
	REQUESTOR'S INFO	ORMATION			
Requestor	Include	e all contact info and sele	ect preferred method of		
Name:	contac	t			
Organization: OIG [DOJ/FBI Telephone:				
Organization: Organization: Other:	_ _	lobile Phone:			
		ioblie Pilotie.			
Physical	∐E-	·mail:			
Address:	Fa	acsimile:			
(required for FedEx delivery)					
reuex delivery)					
Priority of Request:					
Trial, Subpoena, Search W	arrant, etc Priority I (30 day	fulfillment)			
Still at the Investigative Sta	age - Priority II (45 day fulfillm	nent)			
	REQUIRED CRITERIA FOI	R DATA REQUEST			
Type of Data: Medicare F	Part D	Plan Contacts Only			
Medicare Part B (in support of the Part D request) Other:			:		
Medicare Part A (in support of the Part D request)					
Subject Name:		Subject Type:			
		Prescriber	Pharmacy		
(Note: Multiple subjects may be su	ıbmitted as an attachment.)	Beneficiary	Drug		
		Other:			
Subject Address:					



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List ALL available identification numbers related to this request:						
Individual NPI	DEA	Tax ID				
Individual PIN	NCPDP (if pharmacy)	UPIN				
Medicaid ID	HICN (if beneficiary)	OTHER				
Reason for Request (Allegat	ions):					
(Note: Additional Information may be submitted as an attachment.)						
Date(s) of Service*:						
*Part D data is available beginning 1/1/2006.						
Other data criteria / limitations:						
(Note: Additional Information may be submitted as an attachment.)						



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HIPAA Compliant Statement

(Note: This form must be signed by the requestor prior to the request being accepted for fulfillment.)

Office of Inspector General, Office of Investigations:

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).

No information in the files released to the OIG will be used or disclosed except in strict accordance with all applicable confidentiality laws and regulations. Where practicable and consistent with OIG oversight responsibilities, the OIG will notify CMS of files extracted or derived from these files are disclosed pursuant to Federal disclosure and confidentiality laws.

No listings or information from individual records with identifiers will be published or otherwise released outside of those deemed appropriate by OIG to perform the legal scope of OIG duties and responsibilities.

Department of Justice (DOJ/FBI/AUSA):

The information is sought by the Department of Justice 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).

You can be assured that the DOJ will take all appropriate measures to ensure that this data will be maintained and used in compliance with Section VI (Confidentiality Procedures) of the Health Care Fraud and Abuse Control Program Guidelines agreed to by the Attorney General and the Secretary of the Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996.

Other CMS/Medicare Contractor:

The information is sought by this organization as a contractor of the Department of Health and Human Services for the purposes of conducting oversight and enforcement under Title XVIII of the Social Security Act. (Reference SSA 1560D-15(f)(2).) As a CMS contractor, this organization is required to comply with the HIPAA Privacy Rule.

Signature of Requestor: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Title:
Organization:	Date:



NBI MEDIC

Submit via secure fax to the NBI Medic RFI Team at 410.819.8698 or E-mail as an **encrypted** file to <u>MEDICRFITEAM@healthintegrity.org</u>

Or mail to:

Bette Wood
Project Support
Health Integrity, LLC – NBI Medic
28464 Marlboro Avenue
Easton, MD 21601-2732

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



Lora Elliott

Data Analyst

Health Integrity, LLC – NBI Medic

28464 Marlboro Avenue, Easton MD 21601-2732

Direct Dial: 410-770-3025

Phone: 866-886-8658 x 11029 elliottl@healthintegrity.org



FAX COVER SHEET

_		5 N 1	440.040.0500			
To:	Bette Wood	Fax Number:	410.819.8698			
	Project Support					
Phone Nu	ımber: 866.886.2658, ext. 11193					
From:		Phone Number:				
_						
Agency:		Fax Number:				
Notes:						
Once received an email will be sent within 1 business day confirming receipt.						
	Once received an email will be sent w	ittiili 1 busiiless t	aay comming receipt.			
Please ensure the HIPAA form is signed as we are unable to complete unsigned requests.						
. Isase close the time to the time as the are unable to complete unsigned requests.						
Questions regarding the data should be addressed to Lora Elliott at 410.770.3025.						
Questions regarding receipt of the request may be directed to Bette Wood at 410.819.3555.						

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.