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| **Entity Location Details** | |
| Initiation date | Click here to enter a date. |
| Entity Name | Enter MBO Name |
| Hospital/Location(s) and City, State | Enter Hospital Name and Locations (as applicable) and City, State |
| Entity Project Owner | Enter Name here |
| Entity Laboratory Director Name | Enter Name here |
| Entity Laboratory Department Administrative Executive (VP) | Enter Name here |
| Entity CRO Name | Enter Name here |

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| **Project Details** | |
| What billing discrepancy was identified at the entity? Include details test name, billing identification number, HCPCS code. | |
| Describe the issue that was identified here. | |
| How was the Issue Identified? | |
| Explain how the issue was identified here | |
| What caused the Issue? | |
| Explain what caused the billing discrepancy here | |
| Was the Issue corrected? | Choose an item. |
| If Yes, When was the Issue corrected? | Click here to enter a date. |
| How was the issue corrected? | |
| Explain how the issue was corrected here | |
| If known, when did the issue start? | Explain the length of time |

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| **Project Logistics Determined During Legal Consult** | |
| What is the lookback period (i.e., Time Period) for the repayment analyses? | |
| Provide the lookback start and end dates | |
| What payers will be Included in repayment analyses? Normaly Medicare, Medicaid and their managed care plans. | |
| Provide the payers to be included in the analyses | |
| Name of attorney directing repayment | Enter Name here |
| Will the project be performed under the Attorney Client Privilege (ACP)? | Choose an item. |
| Will CHAN be requested to perform the project | Choose an item. |

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| **Laboratory Repayment Project Finalization Information** | |
| Date data analysis accepted by directing attorney | Click here to enter a date. |
| Date directing attorney provided templates and direction for entity repayment. | Click here to enter a date. |
| Date reimbursement was made to payer/s. Must be less than 60 days from attorney acceptance date. | Click here to enter a date. |
| Date CRO entered incident into EthicsPoint | Click here to enter a date. |
| Return copy of this completed form to attorney director, entity CRO and Director of Laboratory Compliance . | |