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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)  Skilled Nursing Fac. (Part A)  Hospice (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: | | | | | | | | | | | | | | | | |
| **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@qlarant.com

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

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| --- |
| *Terri Christopher*  RFI Coordinator  Qlarant – ZPIC Zone 4  28464 Marlboro Ave, Easton MD 21601  Direct Dial: 410.770.3069  Phone: 866-886-2658 x 11036 [christophert@qlarant.com](mailto:christophert@qlarant.com) |

|  |  |
| --- | --- |
| To: Amy Martin  Administrative Assistant | 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 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

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