Qlarant

DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)

UPIC W – AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY

Date of Request:	☐ Civil ☐ Criminal

REQUESTOR'S INFORMATION

Requestor Name:	Physical Address:
Organization: ☐ OIG ☐ DOJ/FBI ☐ OAG/MFCU ☐ Strike Force ☐ Other:	
Telephone:	E-mail:
Mobile Phone:	Facsimile:
Date Required:	

REQUIRED CRITERIA FOR CLAIMS REQUEST

☐ Request Discussion with a clinical person or Medicare SME

☐ Face-to-Face Meeting with Subject Matter Expert

Request for Assistance with Medical Records

☐ Medical Review with Report

☐ 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 _____

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☐ For indictment (if checked, trial date must be provided) _____ / _____ / _____ ☐ Prosecutor Name and email _____ ☐ Trial Preparation (if checked, trial date must be provided) _____ / _____ / _____
☐ Part B ☐ Part A - Inpatient ☐ Home Health (Part A) Skilled Nursing Fac. (Part A) ☐ DME ☐ Part A - Outpatient ☐ 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):	

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: / /

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Title:

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

Submit via secure fax to the UPIC W Data Team at 855.420.8001
Or mail to:
Norma Torres
Administrative Assistant
Qlarant Integrity Solutions, LLC – UPIC W
17785 Center Court Drive, Suite 300
Cerritos, CA, 90703
Requests that **do not contain PHI can be sent via email to UPICWRFI@Qlarant.com

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To: Norma Torres	Fax Number: 855.420.8001
Phone Number: 562.263.5279	
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.