



DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

I-MEDIC

Request Type:	RFI-Data Invoice Reconciliation Pharmacist/Clinical Review Other:	SVRS-Sample/Extrapolation Impact Loss Calculation Off Label Marketing (Requires CMS Approval)
Date of Request:		

Law Enforcement Case #:	
HEAT (Strike Force) Involvement:	Yes No

REQUESTOR'S INFORMATION

Requestor Name:	Include all contact info and select preferred method of contact	
Organization:	OIG DOJ/FBI Other ZPIC/UPIC	Telephone: Mobile Phone:
Physical Address: <i>(required for FedEx delivery)</i>		E-mail: Facsimile:

Priority of Request:
Trial, Subpoena, Search Warrant, etc. - Priority I (30 day fulfillment)
Still at the Investigative Stage - Priority II (45 day fulfillment)

REQUIRED CRITERIA FOR DATA REQUEST

Type of Data:	Medicare Part D Medicare Part B (in support of the Part D request) Medicare Part A (in support of the Part D request)	Plan Contacts Only Other:
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Subject Name: <i>(Note: Multiple subjects may be submitted as an attachment.)</i>	Subject Type: Prescriber Pharmacy Beneficiary Drug Other:
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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 (Allegations):		
<i>(Note: Additional Information may be submitted as an attachment.)</i>		
Date(s) of Service*:		
<i>*Part D data is available beginning 1/1/2006.</i>		
Other data criteria / limitations:		
<i>(Note: Additional Information may be submitted as an attachment.)</i>		



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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:

Title:

Organization:

Date:



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I-MEDIC

Submit via secure fax to the I-MEDIC RFI Team at 410.819.8698 or
E-mail as an **encrypted** file to MEDICRFITEAM@qlarant.com

Or mail to:

Bette Wood
Project Support
Qlarant, Inc. – I-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 Newnam

Project Manager

Qlarant, Inc. – I-MEDIC

28464 Marlboro Avenue, Easton MD 21601-2732

Direct Dial: 410-770-3025

Phone: 866-886-2658 x
11029 elliottl@qlarant.com



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FAX COVER SHEET

To: Bette Wood		Fax Number: 410.819.8698	
Project Support			
Phone Number: 866.886.2658, ext. 11193			
From:		Phone Number:	
Agency:		Fax Number:	
Notes:			
<p>Once received an email will be sent within 3 business days confirming receipt.</p> <p>Please ensure the HIPAA form is signed as we are unable to complete unsigned requests.</p> <p>Questions regarding the data should be addressed to Lora Elliott Newnam at 410.770.3025. Questions regarding receipt of the request may be directed to Bette Wood at 410.819.3555.</p>			

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 Qlarant and does not serve to bind Qlarant to any order or contract unless supported by an explicit written agreement.