



**DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)**

**UPIC SW – AR, CO, LA, MS, NM, OK, TX**

Date of Request:	<input type="checkbox"/> Civil	<input type="checkbox"/> Criminal
<b>REQUESTOR'S INFORMATION</b> (Include all contact information and select preferred method of contact)		
Requestor Name:	Physical Address:	
Organization: <input type="checkbox"/> OIG <input type="checkbox"/> DOJ/FBI <input type="checkbox"/> OAG/MFCU <input type="checkbox"/> Strike Force <input type="checkbox"/> Other:		
<input type="checkbox"/> Telephone:	<input type="checkbox"/> E-mail:	
<input type="checkbox"/> Mobile Phone:	<input type="checkbox"/> Facsimile:	
<b>TYPE OF REQUEST AND CRITERIA</b>		
Reason for Request (Allegations):		
<input type="checkbox"/> Request Discussion with a Clinical Person or Medicare Subject Matter Expert (SME)		
<input type="checkbox"/> Request for Assistance with Training/Presentation		
<input type="checkbox"/> Request for Assistance with Interpretation of Policies		
<hr/>		
Request for Assistance with Trial Preparation:		
<input type="checkbox"/> Trial Preparation/Testimony (if checked, trial date must be provided)		
<input type="checkbox"/> For indictment (if checked, trial date must be provided)		
<input type="checkbox"/> Prosecutor Name and Email _____		
<hr/>		
Request for Assistance with Medical Records/Review		
<input type="checkbox"/> Medical Review with Report		
<input type="checkbox"/> Medical Review Consult (five or less claims)		
<input type="checkbox"/> Overpayment Calculation Needed		

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If any type of Record Review is requested, include a **\*Records Manifest** and the following:

Type of Service:

Specific HCPC or CPT Code of Interest:

Number of Records:

Number of Beneficiaries:

Number of Claims:

Number of Pages to be Reviewed:

\*The **Records Manifest** should be in an Excel format and include the following information:

File Name	Patient Identifier (i.e., HICN, MBI, Name, DOB)	Date(s) of Service (DOS) / Date Range

**IMPORTANT: ANY DOCUMENTS CONTAINING PHI NEED TO BE SENT VIA AN ENCRYPTED METHOD AND ANY ELECTRONIC MEDICAL RECORDS SHOULD BE TRANSMITTED AS PDF FILES**

Claim Type:  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: \_\_\_\_\_ Individual PIN: \_\_\_\_\_

Group NPI: \_\_\_\_\_ Group PIN: \_\_\_\_\_

Tax ID: \_\_\_\_\_ UPIN: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_ HICN / MBI (if beneficiary): \_\_\_\_\_



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*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 UPIC SW Data Team at 410.820.0164

Or

\*\*Requests that **DO NOT** contain PHI, can be sent via email to Mandy Crafton at [craftona@qlarant.com](mailto:craftona@qlarant.com)

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



Mandy Crafton  
Subject Matter Expert  
Direct Dial: 562-263-5283  
[craftona@qlarant.com](mailto:craftona@qlarant.com)



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To: Mandy Crafton

Fax Number: 410.820.0164

Phone Number: 562.263.5283

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.**

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

<http://www.qlarant.com/about/contracts/>