



**DATA ANALYSIS REQUEST FOR INFORMATION (RFI)**

**Investigations MEDIC (IMEDIC)**

Request Type:	Data Other: Summary of IMEDIC Complaints and Investigations IMEDIC Investigation Files	SVRS-Sample/Extrapolation Impact Loss Calculation
Date of Request:		Civil Criminal
Is this from an IMEDIC Referral?	No Yes	Law Enforcement Case #:
REQUESTOR'S INFORMATION		
Requestor Name:	Physical Address:	
Organization:      OIG      DOJ/FBI      OAG/MFCU  Strike Force      Other:		
Telephone:	E-mail:	
Mobile Phone:	Facsimile:	
Notarized Business Records Certification Required?	No Yes	
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 C/D request) Medicare Part A (in support of the Part C/ D request) Summary of IMEDIC complaints and investigations	Medicare Part C Plan Contacts Only Other: _____



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Subject Name:    <i>(Note: Multiple subjects may be submitted as an attachment.)</i>	Subject Type: <b>Part D:</b> <div style="display: flex; justify-content: space-between;"> <span>Prescriber</span> <span>Pharmacy</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Beneficiary</span> <span>Drug</span> <span>Other:</span> </div> <b>Part C:</b> <div style="display: flex; justify-content: space-between;"> <span>Provider</span> <span>DME Supplier</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Beneficiary</span> <span>Other:</span> </div>
Subject Address:	
List ALL available identification numbers related to this request:	
Individual NPI:  If Pharmacy - NCPDP:  Group - Group NPI:  Medicaid ID:	DEA:  If Beneficiary - MBI or HICN:  If Group - Group Tax ID:  Other:  Tax ID:
Reason for Request (Allegations):  <i>(Note: Additional Information may be submitted as an attachment.)</i>	
Date(s) of Service*:  <small>*Part D data is available beginning 1/1/2006. Part C encounter data is available beginning 1/1/2012.</small>	
For Part D PDE records, what type of claims do you want included in your request:	
Final	All (includes deleted records)



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Other data criteria / limitations:

*(Note: Additional Information may be submitted as an attachment.)*

**DATA ANALYSIS REQUEST FOR INFORMATION (RFI) I-**  
**MEDIC**

**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).

**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).

**Other Federal , state or local governmental agency:**

The information is sought by this organization under (b)(3) of the Privacy Act (5 U.S.C 552a, as amended). The requestor is a Federal agency or instrumentality of a governmental jurisdiction within or under the control of the United States (including any state or local governmental agency), that administers, or that has the authority to investigate potential fraud, waste, or abuse, in a health benefits program funded in whole or in part by Federal funds. This organization is required to comply with the HIPAA Privacy Rule.

**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.



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**Signature of Requestor:**

**Title:**

**Organization:**

**Date:**



**DATA ANALYSIS REQUEST FOR INFORMATION (RFI)**

**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](mailto: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](mailto:elliottl@qlarant.com)

## DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

***I-MEDIC***  
**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:			
Once received an email will be sent within 3 business days 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 Lora Elliott Newnam at 410.770.3025.			
Questions regarding receipt of the request may be directed to Bette Wood at 410.819.3555.			

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.