



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
REQUESTOR'S INFORMATION (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:	
TYPE OF REQUEST AND CRITERIA		
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		

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



DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)

UPIC SW – AR, CO, LA, MS, NM, OK, TX

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): _____



DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)

UPIC SW – AR, CO, LA, MS, NM, OK, TX

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

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



DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)

UPIC SW – AR, CO, LA, MS, NM, OK, TX

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/>