



**DATA ANALYSIS REQUEST FOR INFORMATION (RFI)**  
**Investigations MEDIC (IMEDIC)**

Request Type:	<input type="checkbox"/> Data	<input type="checkbox"/> SVRS-Sample/Extrapolation
	<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Impact Loss Calculation
	<input type="checkbox"/> Summary of IMEDIC Complaints and Investigations	
	<input type="checkbox"/> IMEDIC Investigation Files	
Date of Request:		<input type="checkbox"/> Civil <input type="checkbox"/> Criminal
Is this from an IMEDIC Referral? <input type="checkbox"/> No <input type="checkbox"/> Yes      Law Enforcement Case #: <input style="width: 150px;" type="text"/>		
<b>REQUESTOR'S INFORMATION</b>		
Requestor Name: <input style="width: 250px;" type="text"/>		Physical Address:
Organization: <input type="checkbox"/> OIG <input type="checkbox"/> DOJ/FBI <input type="checkbox"/> OAG/MFCU		<input style="width: 100%; height: 100%;" type="text"/>
<input type="checkbox"/> Strike Force <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>		
Telephone:	<input style="width: 150px;" type="text"/>	E-mail: <input style="width: 150px;" type="text"/>
Mobile Phone:	<input style="width: 150px;" type="text"/>	Facsimile: <input style="width: 150px;" type="text"/>
Notarized Business Records Certification Required? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Priority of Request:  Trial, Subpoena, Search Warrant, etc. - Priority I (30 day fulfillment)  Still at the Investigative Stage - Priority II (45 day fulfillment)		
<b>REQUIRED CRITERIA FOR DATA REQUEST</b>		
Type of Data:	<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> Medicare Part C
	<input type="checkbox"/> Medicare Part B (in support of the Part C/D request)	<input type="checkbox"/> Plan Contacts Only
	<input type="checkbox"/> Medicare Part A (in support of the Part C/ D request)	<input type="checkbox"/> Other: <input style="width: 80px;" type="text"/>
	<input type="checkbox"/> Summary of IMEDIC complaints and investigations	



**DATA ANALYSIS REQUEST FOR INFORMATION (RFI)**  
**Investigations MEDIC (IMEDIC)**

<p>Subject Name:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><i>(Note: Multiple subjects may be submitted as an attachment.)</i></p>	<p>Subject Type:</p> <p><b>Part D:</b></p> <p><input type="checkbox"/> Prescriber    <input type="checkbox"/> Pharmacy</p> <p><input type="checkbox"/> Beneficiary    <input type="checkbox"/> Drug    <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/></p> <p><b>Part C:</b></p> <p><input type="checkbox"/> Provider    <input type="checkbox"/> DME Supplier</p> <p><input type="checkbox"/> Beneficiary    <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/></p>										
<p>Subject Address:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>											
<p>List ALL available identification numbers related to this request:</p> <table style="width: 100%; border: none;"><tr><td style="width: 30%;">Individual NPI: <input style="width: 100%;" type="text"/></td><td style="width: 30%; text-align: right;">DEA: <input style="width: 100%;" type="text"/></td></tr><tr><td>If Pharmacy - NCPDP: <input style="width: 100%;" type="text"/></td><td style="text-align: right;">If Beneficiary - MBI or HICN: <input style="width: 100%;" type="text"/></td></tr><tr><td>Group - Group NPI: <input style="width: 100%;" type="text"/></td><td style="text-align: right;">If Group - Group Tax ID: <input style="width: 100%;" type="text"/></td></tr><tr><td>Medicaid ID: <input style="width: 100%;" type="text"/></td><td style="text-align: right;">Other: <input style="width: 100%;" type="text"/></td></tr><tr><td></td><td style="text-align: right;">Tax ID: <input style="width: 100%;" type="text"/></td></tr></table>		Individual NPI: <input style="width: 100%;" type="text"/>	DEA: <input style="width: 100%;" type="text"/>	If Pharmacy - NCPDP: <input style="width: 100%;" type="text"/>	If Beneficiary - MBI or HICN: <input style="width: 100%;" type="text"/>	Group - Group NPI: <input style="width: 100%;" type="text"/>	If Group - Group Tax ID: <input style="width: 100%;" type="text"/>	Medicaid ID: <input style="width: 100%;" type="text"/>	Other: <input style="width: 100%;" type="text"/>		Tax ID: <input style="width: 100%;" type="text"/>
Individual NPI: <input style="width: 100%;" type="text"/>	DEA: <input style="width: 100%;" type="text"/>										
If Pharmacy - NCPDP: <input style="width: 100%;" type="text"/>	If Beneficiary - MBI or HICN: <input style="width: 100%;" type="text"/>										
Group - Group NPI: <input style="width: 100%;" type="text"/>	If Group - Group Tax ID: <input style="width: 100%;" type="text"/>										
Medicaid ID: <input style="width: 100%;" type="text"/>	Other: <input style="width: 100%;" type="text"/>										
	Tax ID: <input style="width: 100%;" type="text"/>										
<p>Reason for Request (Allegations):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><i>(Note: Additional Information may be submitted as an attachment.)</i></p>											
<p>Date(s) of Service*: <input style="width: 100%;" type="text"/></p> <p><small>*Part D data is available beginning 1/1/2006. Part C encounter data is available beginning 1/1/2012.</small></p>											



**DATA ANALYSIS REQUEST FOR INFORMATION (RFI)  
Investigations MEDIC (IMEDIC)**

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.



***DATA ANALYSIS REQUEST FOR INFORMATION (RFI)***  
***Investigations MEDIC (IMEDIC)***

<b>Signature of Requestor:</b>	<input type="text"/>	<b>Title:</b>	<input type="text"/>
<b>Organization:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>



**DATA ANALYSIS REQUEST FOR INFORMATION (RFI)**  
**Investigations MEDIC (IMEDIC)**

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**

Operations Coordinator

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**

Data Analytics Manager

Qlarant, Inc. – I-MEDIC

28464 Marlboro Avenue

Easton MD 21601-2732

Direct Dial: (410) 770-3025

Phone: (866) 886-2658 x11029



DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

I-MEDIC

FAX COVER SHEET

To: Bette Wood Operations Coordinator Phone Number: (866) 886-2658, ext. 11193		Fax Number: (410) 819-8698	
From:		Phone Number:	
Agency:		Fax Number:	
Notes:  <p>Once received an email will be sent within 3 business days confirming receipt.</p> <p><b>Please ensure the HIPAA form is signed as we are unable to complete unsigned requests.</b></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.