

Investigations MEDIC (I-MEDIC)

General Information

	••			
Date of Request:		Focus:	Civil	Criminal
I-MEDIC referral? Yes	No	Law Enfo	orcement	t Case #:
Request Type (Select all tha	t apply):			
Data		SVRS	S-Sample	/Extrapolation
I-MEDIC Investigation F Impact Loss Calculation		Othe	er:	
Summary of I-MEDIC Co and Investigations	omplaints			
Notarized business records	s certification required?	Yes	No	
Priority I: Trial, Subpo	ena, Search Warrant, etc.	(30-Day Ful	lfillment)	
Priority II: Investigativ	e Stage (45-Day Fulfillmen	nt)		
Requestor's Inform	ation			

Name (Required):	Mobile:
Organization:	Fax:
If Other Organization:	Email (Required):
Phone (Required):	Physical Address:

Required Criteria for Data Request

Type of Data (Select all that apply):

Medicare Part A

(In support of the Part C/D request)

Medicare Part B

(In support of the Part C/D request)

Medicare Part C Medicare Part D **Plan Contacts Only**

Summary of I-MEDIC Complaints and

Investigations

Other:

Available Identification Numbers Related to Request (List all applicable):			
DEA:	Medicaid ID:		
Group NPI:	Pharmacy (NCPDP):		
Group Tax ID:	Tax ID:		
Individual NPI:	Other:		
MBI or HICN:			
Subject Name (Required) (Submit multiple subjects as an Subject Type (Part C) (Select all that apply):	n attachment):		
Beneficiary	Provider		
DME Supplier	Other:		
Subject Type (Part D) (Select all that apply):			
Beneficiary	Prescriber		
Drug	Other:		
Pharmacy			
Subject Address:			
Reason for Request (Allegations)			
(Submit additional information as an attachment)			

Date(s) of Service*:

^{*}Part D data available beginning 1/1/2006. Part C encounter data available beginning 1/1/2012.

Other Data Criteria/Limitations

(Submit additional data as an attachment)

HIPAA Compliant Statement

Important: This form must be signed by the requestor before the request can be 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 Government 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.

Requestor Signature	
Name (Required):	Electronic Signature (Required):
Title (Required):	
Organization:	Date:

Submission Instructions

Submit by fax, email, or U.S. Postal Service.

I-MEDIC RFI Secure Fax

(410) 819-8698

I-MEDIC RFI Email

Email must be encrypted.

MEDICRFITEAM@qlarant.com

I-MEDIC RFI Postal Address

Bette Wood, Operations Coordinator c/o Qlarant, Inc. - I-MEDIC 28464 Marlboro Avenue Easton, MD 21601-2732

Questions

For questions about this form, please contact: Lora Elliott Newnam, Data Analytics Manager c/o Qlarant, Inc. - I-MEDIC Phone: (866) 886-2658, Ext. 11029 28464 Marlboro Avenue

Easton, MD 21601-2732

Data Analysis Request for Information

I-MEDIC

Fax Cover Sheet

To: Bette Wood, Operations Coordinator			
Fax: (410) 819-8698	Phone: (866) 886-2658, Ext. 11193		
From:	Agency:		
Fax:	Phone:		
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.			
Ouestions 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.