

General Information

Date of Request:

Focus: Civil Criminal

Law Enforcement Case #:

I-MEDIC referral? Yes No

Requestor's Information

Name **(Required)**:

Mobile:

Date Required:

Fax:

Organization:

Email **(Required)**:

If Other:

Physical Address:

Phone **(Required)**:

Request Details

Select all criteria in this section that apply to your request.

Meeting Type:

Request for Assistance with (check applicable box and choose associated option from dropdown list):

Pharmacist Review

Invoice Reconciliation *(ALL associated wholesaler invoices and [if applicable] Medicaid and/or third-party pharmacy data must be submitted as attachments with request.)*

Trial Preparation

Trial Preparation/Testimony

Trial Date:

Trial Location (City and State):

Indictment

Trial Date:

Prosecutor Name (First/Last):

Prosecutor Email:

Seeking Testimony

Subject has been indicted: Yes No

Witness(es) Type (Select all that apply):

Clinical - Invoice Review

Data

Clinical - Medical Records Review

Payment

Clinical - Pharmacist Review

Policy (If Policy selected, list the Program):

Investigative Findings Synopsis:

Subject Information

Subject Name **(Required)** (Submit multiple subjects as an attachment):

Subject Type (Part C) (Select all that apply):

Beneficiary

Provider

DME Supplier

Other

Subject Type (Part D) (Select all that apply):

Beneficiary

Prescriber

Drug

Other

Pharmacy

Subject Address:

Identification Numbers Related to Request (Provide for all applicable)

(Beneficiary) MBI or HICN:

Medicaid ID:

DEA:

Pharmacy (NCPDP):

Group NPI:

Tax ID:

Group Tax ID:

Other:

Individual NPI:

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.*

HIPAA Compliant Statement

Important: 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).) This organization is required to comply with the HIPAA Privacy Rule.

Requestor Signature

First/Last Name **(Required):**

Signature **(Required):**

Title **(Required):**

Date:

Organization:

Submission Instructions

All information can be submitted 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. 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.