



DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

UPIC W – AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY

Request Type: <input type="checkbox"/> Data			<input type="checkbox"/> Carrier Information			<input type="checkbox"/> SVRS-Sample			<input type="checkbox"/> Overpayment Calculation		
Date of Request:						<input type="checkbox"/> Civil			<input type="checkbox"/> Criminal		
REQUESTOR'S INFORMATION											
Requestor Name:						Physical Address:					
Organization: <input type="checkbox"/> OIG <input type="checkbox"/> DOJ/FBI <input type="checkbox"/> OAG/MFCU						<i>(required for FedEx delivery)</i>					
<input type="checkbox"/> Strike Force <input type="checkbox"/> Other:											
Telephone:						E-mail:					
Mobile Phone:						Facsimile:					
Date Required:						Check reason for Date Required:					
						<input type="checkbox"/> Trial – Trial Date ____/____/____ <input type="checkbox"/> Other reason:					
Business Records Certification Required?: No Yes											
REQUIRED CRITERIA FOR CLAIMS REQUEST											
Type of Data: <input type="checkbox"/> Medicare Data Only <input type="checkbox"/> Medicaid Data Only <input type="checkbox"/> Both Medicare & Medicaid Data Carrier/MAC Documents (see below)											
Unless otherwise noted below, a standard Data Summary Report (DSR) and claims data will be sent based upon the criteria below. The DSR contains summaries for the top 10 referring providers, diagnosis codes, procedure codes, beneficiaries, etc. If there is something other than the standard DSR that you would like, please note here:											
Claim Type: <input type="checkbox"/> Part B <input type="checkbox"/> Part A - Inpatient <input type="checkbox"/> Home Health (Part A) <input type="checkbox"/> Skilled Nursing Fac. (Part A) <input type="checkbox"/> DME <input type="checkbox"/> Part A - Outpatient <input type="checkbox"/> Hospice (Part A) <input type="checkbox"/> Other:											
Subject Name:						Subject Type: <input type="checkbox"/> Provider <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other:_____					
Subject Address:											
List ALL available identification numbers related to this request:											
Individual NPI:				Group NPI:				Tax ID:			
Individual PIN:				Group PIN:				UPIN:			
Medicaid ID:				HICN (if beneficiary):							
Reason for Request (Allegations):											
Paid Dates for most recent <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months OR other time frame below											
Paid Dates (claims process time period)*: _____ and/or Dates of Service*: _____											
What kind of claims do you want included in your request? <input type="checkbox"/> Final <input type="checkbox"/> Adjusted/Unadjusted <input type="checkbox"/> Both											
Other data criteria limitations:											



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CARRIER INFORMATION REQUESTS (LEIR)	
Carrier documents can take up to 45 days to receive . If you have also requested claims data, how do you want the claims data sent? <input type="checkbox"/> With carrier documents or <input type="checkbox"/> When claims data is available	
Cost Reports <input type="checkbox"/>	Overpayment Information <input type="checkbox"/>
Education Information <input type="checkbox"/>	Prepay Information <input type="checkbox"/>
EDI <input type="checkbox"/>	Provider Complaints <input type="checkbox"/>
EFT <input type="checkbox"/>	Remits <input type="checkbox"/>
Enrollment Application <input type="checkbox"/>	Voluntary Refunds <input type="checkbox"/>
Other <input type="checkbox"/> list:	
Most general information, including answers to common questions, can be found on carrier websites: DME- http://www.cgsmedicare.com/jc/index.html Part A and B- http://www.novitas-solutions.com Part A- http://www.palmettogba.com/palmetto/palmetto.nsf/DocsCat/Home	
Other helpful resources: NPI Registry- https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do	

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.

<p>Submit via secure fax to the UPIC W Data Team at 855.420.8001 or **Requests that do not contain PHI can be sent via email to UPICWRFI@Qlarant.com</p>

Questions concerning the formulation of this request or any data related questions may be directed to:

 <p><i>Mary Ann King</i> Subject Matter Expert Qlarant Integrity Solutions, LLC – UPIC W 17785 Center Court Drive, Suite 300 Cerritos, CA, 90703 Phone: 562.263.5263 kingmar@qlarant.com</p>
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