

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: Data Carrier Information	SVRS-Sample Overpayment Calculation	
Date of Request:	Civil Criminal	
REQUESTOR'S INFORMATION		
Requestor Name:	Physical	
Organization: OIG DOJ/FBI OAG/MF	Address: (required for	
☐ Strike Force ☐ Other:	FedEx	
Telephone:	delivery) E-mail:	
Mobile Phone:	Facsimile:	
Date Required: Check reason fo	r Date Required:	
<u> </u>	al Date/	
Business Records Certification Required?: No Yes		
REQUIRED CRITERIA FOR CLAIMS REQUEST		
Type of Data:		
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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	e is something other than the standard DSR that you	
would like, please note here:		
Claim Part B Part A - Inpatient Home Health (Part A) Skilled Nursing Fac. (Part A) Type: 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 NDI	Toy ID:	
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 12 months 24 months 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? ☐ Final ☐ Adjusted/Unadjusted ☐ 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? With carrier documents or When claims data is available		
Cost Reports	Overpayment Information	
Education Information	Prepay Information	
EDI	Provider Complaints	
EFT	Remits	
Enrollment Application	Voluntary Refunds	
Other 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 <u>must</u> be <u>signed</u> by the requestor prior to the release of any data.		
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		
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Questions concerning the formulation of this request or any data related questions may be directed to:

Qlarant

Mary Ann King
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



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To: Norma Torres Administrative Assistant Phone Number: 562.263.5279	Fax Number: 855.420.8001	
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.		
Questions regarding the data should be addressed to Mary Ann King at 562.263.5263 or Shafaye		

Questions regarding receipt of the request or LEIR information may be directed to Norma Torres at 562.263.5279.

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.

Moore at 562.263.2117.