



DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

UPIC SW – AR, CO, LA, MS, NM, OK, TX

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:		<i>Check reason for Date Required:</i>			
		<input type="checkbox"/> Trial – Trial Date ____/____/____ <input type="checkbox"/> Other reason:			
Business Records Affidavit* Required?: <input type="checkbox"/> No <input type="checkbox"/> Yes →		Is a scanned electronic copy acceptable? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*Affidavits are notarized and can delay delivery of data.</i>			
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 <input type="checkbox"/> 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)*:			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	Overpayment Information
Education Information	Prepay Information
EDI	Provider Complaints
EFT	Remits
Enrollment Application	Voluntary Refunds
Other	
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 SW Data Team at 410.820.0164 or **Requests that do not contain PHI can be sent via email to martina@qlarant.com</p>

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

 <p>Terri Christopher RFI Coordinator Qlarant Integrity Solutions, LLC – UPIC SW 28464 Marlboro Ave, Easton MD 21601 Direct Dial: 410.770.3069 Phone: 866-886-2658 x 11036 christophert@qlarant.com</p>



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To: Amy Martin Administrative Assistant Phone Number: 410.763.6226 866.886.2658, ext. 11060		Fax Number: 410.820.0164
From:	Phone Number:	
Agency:	Fax Number:	
Notes: <p style="text-align: center;">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.</p> <p>Questions regarding the data should be addressed to Terri Christopher at 410.770.3069 or Pradeep Thakur at 210.527.8816. Questions regarding receipt of the request or LEIR information may be directed to Amy Martin at 410.763.6226.</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 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.