



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/MAC Information SVRS-Sample Overpayment Calculation UPIC Investigation Files					
Date of Request:			Civil		Criminal
REQUESTOR'S INFORMATION					
Requestor Name:				Physical Address:	
Organization: OIG DOJ/FBI OAG/MFCU Strike Force Other:					
Telephone:				E-mail:	
Mobile Phone:				Facsimile:	
Date Required:		Check reason for Date Required: Trial - Trial Date:			Other:
Business Records Certification Required? No Yes					
Reason for Request (Allegations):					
SUBJECT INFORMATION					
Subject Name:			Subject Type:	Provider	Beneficiary Other:
Subject Address:					
List ALL available identification numbers related to this request:					
Individual NPI:		Group NPI:			
Tax ID:		Group PIN:			
Individual PIN:		HICN / MBI (if beneficiary):			
Medicaid ID:					
REQUIRED CRITERIA FOR CLAIMS DATA REQUEST					
Type of Data:		Medicare Data Only		Medicare & Medicaid Data (Medi-Medi)	
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	Part B	Part A - Inpatient	Home Health (Part A)	Skilled Nursing Facility	Type: DME
Hospice (Part A)		Other:			
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	Original and Adjusted	
Other data criteria limitations:					



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INFORMATION REQUESTS (LEIR)			
from Carrier/MAC* and/or UPIC W as marked above under Request Type			
Item Requested	Time Period, if different from claims data	Item Requested	Time Period, if different from claims data
Cost Requests (Part A only)		Overpayment Information	
Education Information		Prepay Information	
EDI		Provider Complaints	
EFT		Remits	
Enrollment Application		Voluntary Refunds	
Other, List:			
<p>Most general information, including answers to common questions, can be found on carrier/MAC 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</p> <p style="text-align: right;">*Carrier / MAC documents can take up to 45 days to receive.</p>			
Other helpful resources: NPI Registry- https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do			

Signature of Requestor:

Title:

Date:

NOTE: This form must be signed by the requestor prior to the release of any data.

The information is sought by the aforementioned organization 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).

<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>



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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: <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 formulation of this request or data should be addressed to Mary Ann King at 562.263.5263 or Shafaye Moore at 562.263.2117.</p> <p>Questions regarding receipt of the request or LEIR information may be directed to Norma Torres at 562.263.5279.</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.