



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/MAC Information <input type="checkbox"/> SVRS-Sample <input type="checkbox"/> Overpayment Calculation <input type="checkbox"/> UPIC Investigation Files		
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 <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? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Reason for Request (Allegations):		
SUBJECT INFORMATION		
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:	Group PIN:	
Individual PIN:		
Medicaid ID:	HICN / MBI (if beneficiary):	
REQUIRED CRITERIA FOR CLAIMS DATA REQUEST		
Type of Data: <input type="checkbox"/> Medicare Data Only <input type="checkbox"/> Medicare & Medicaid Data (Medi-Medi)		
If you have previously requested data related to this provider, please enter the previous R-NUMBER:		
Unless otherwise noted below, a standard template will be used to produce various data summaries and detailed claims data based upon the criteria below. The data summaries may be limited to the top 10 to 20 values (e.g. top 20 procedure codes). If you have any special data needs, please note here:		
Claim Type:	<input type="checkbox"/> Part B <input type="checkbox"/> Part A - Inpatient <input type="checkbox"/> Home Health <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> DME <input type="checkbox"/> Part A - Outpatient <input type="checkbox"/> Hospice <input type="checkbox"/> Other:	
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 (process) Dates: and/or Dates of Service:		
What kind of claims do you want included in your request? <input type="checkbox"/> Final Version (last iteration of the claim) <input type="checkbox"/> Original and any subsequent adjustments		
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
<input type="checkbox"/> Cost Reports (Part A only)		<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, List:			
*Carrier / MAC documents can take up to 45 days to receive.			
Most general information, including answers to common questions, can be found on carrier/MAC websites: DME- https://www.med.noridianmedicare.com Part A and B- https://www.med.noridianmedicare.com HHH- https://www.cqsmedicare.com/hhh/index.html and https://www.ngsmedicare.com			
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:	
<p>Notes:</p> <p>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.