



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"/> Other reason:	
<input type="checkbox"/> Trial – Trial Date . / . /		
Business Records Certification Required? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Reason for Request (Allegations):		
SUBJECT INFORMATION		
<input type="checkbox"/> Spreadsheet attached OR list all available information below		
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 sheet:		
Individual NPI:	Group NPI:	
Tax ID:	UPIN:	
Individual PIN:	Group 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)		
<input type="checkbox"/> National data (<i>National data for suppliers and entities whose billed claims span across multiple jurisdictions.</i>)		
If you have previously requested data related to this provider, please enter the previous UCM R-NUMBER:		



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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 is something other than the standard DSR that you would like, please note here:

Claim Type: ☐ Part B ☐ Part A - Inpatient ☐ Home Health ☐ Skilled Nursing Facility
☐ DME ☐ Part A - Outpatient ☐ Hospice ☐ Other:

Dates for most recent ☐ 12 months ☐ 24 months ☐ 36 months **OR** other time frame below

Paid Dates (claims process time period): / / **To** / / **and/or**

Dates of Service: / / **To** / /

What kind of claims do you want included in your request?

☐ Final Version (last iteration of the claim) ☐ 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.cgsmedicare.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).

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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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.</p> <p>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>		

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