



DATA ANALYSIS REQUEST FOR ASSISTANCE (RFA)

UPIC W – AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY

Date of Request:	<input type="checkbox"/> Civil	<input type="checkbox"/> Criminal
Request Type: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare & Medicaid		
REQUESTOR'S INFORMATION		
Requestor Name:	Include all contact info and select preferred method of contact:	
Organization: <input type="checkbox"/> OIG <input type="checkbox"/> DOJ/FBI <input type="checkbox"/> OAG/MFCU <input type="checkbox"/> Strike Force <input type="checkbox"/> Other:	<input type="checkbox"/> Telephone:	
Physical Address:	Mobile Phone:	
	E-mail:	
	Facsimile:	
REQUIRED CRITERIA FOR CLAIMS REQUEST		
Reason for Request (Allegations):		
<input type="checkbox"/> Request Discussion with a Clinical Person or Medicare Subject Matter Expert (SME)		
<input type="checkbox"/> Request for Assistance with Training/Presentation		
<input type="checkbox"/> Request for Assistance with Interpretation of Policies		
<hr/>		
Request for Assistance with Trial Preparation:		
<input type="checkbox"/> Trial Preparation/Testimony (if checked, trial date must be provided) ____/____/____		
<input type="checkbox"/> For indictment (if checked, trial date must be provided) ____/____/____		
<input type="checkbox"/> Prosecutor Name and Email		
<hr/>		
Request for Assistance with Medical Records/Review		
<input type="checkbox"/> Medical Review with Report		
<input type="checkbox"/> Medical Review Consult (five or less claims)		



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Overpayment Calculation Needed

If any type of record review is requested, include the following:

Type of Service:

Specific HCPCS or CPT Code of Interest:

Number of Records:

Number of Beneficiaries:

Number of Claims:

Number of Pages to be:

Reviewed: Records Manifest: (see below)

The Manifest should be in an Excel format and include the following information:

File Name	Patient Identifier (i.e., HICN, MBI, Name, DOB)	Date(s) of Service (DOS) / Date Range

IMPORTANT: ANY DOCUMENTS CONTAINING PHI NEED TO BE SENT VIA AN ENCRYPTED METHOD

Electronic Records Should be Transmitted as PDF Files and Sent Via:

- Kiteworks
- USAfx File Exchange
- Accellion
- Other

Part B	Part A - Inpatient	Home Health (Part A)	Skilled Nursing Fac. (Part A)
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 or attach spreadsheet:

Spreadsheet attached

Individual NPI:	Group NPI:	Tax ID:
Individual PIN:	Group PIN:	UPIN:
Medicaid ID:	HICN/MBI (if beneficiary):	



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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.

Submit via secure fax to the UPIC W Data Team at 855.420.8001

Or mail to:

Norma Torres

Administrative Assistant

Qlarant Integrity Solutions, LLC – UPIC W

17785 Center Court Drive, Suite 300

Cerritos, CA, 90703

****Requests that Do Not contain PHI can be sent via email to UPICWRFI@Qlarant.com**



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To: Norma Torres

Fax Number: 855.420.8001

Phone Number: 562.263.5279

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.

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.