



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	
Is this from an UPICW Referral? No Yes		Law Enforcement Case #:	
REQUESTOR'S INFORMATION			
Requestor Name:		Physical Address:	
Organization: OIG DOJ/FBI OAG/MFCU Strike Force Other:			
Telephone:		E-mail:	
Mobile Phone:		Facsimile:	
<i>Priority of Request:</i> Trial, Subpoena, Search Warrant, etc. – Priority 1 (30 day fulfillment) Still at the investigative Stage – Priority II (45 day fulfillment)			
Urgent - Need by:		Enter Reason for Urgency (Required):	
Business Records Certification Required?		No Yes	
Reason for Request (Allegations):			
SUBJECT INFORMATION			
Spreadsheet attached OR list all available information below			
Subject Name:		Subject Type:	Provider Beneficiary Other:
Subject Address:			
List ALL available identification numbers related to this request sheet:			
National Provider Identification (NPI)#:			
Tax ID:			
Medicare Identification Number (e.g. NSC, PIN, OSCAR):			
HICN / MBI / SSN (if beneficiary):			
REQUIRED CRITERIA FOR MEDICARE CLAIMS DATA REQUEST			
Data is extracted for claims processed in the Western jurisdiction. National data maybe provided upon request for those suppliers and entities whose billed claims span across multiple jurisdictions.			



DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

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

Do you require national data? No Yes				
If you have previously requested data related to this provider, please enter the previous UCM R-NUMBER :				
Unless otherwise noted below, a standard data report (SDR) will be sent based upon the criteria below. At minimum, the SDR will include claims details and summaries for most common claim facts such as but not limited to: billing provider, diagnosis codes, procedure codes, beneficiaries, referring provider. If there is something other than the standard SDR that you would like, please note here:				
Claim Type:	Part B DME	Part A - Inpatient Part A - Outpatient	Home Health Hospice	Skilled Nursing Facility Other:
What time period would you like the data extracted? Most recent 12 months 24 months 36 months OR Date Range:		How would you like the data extracted? Dates of Service Paid Dates (processed date)		
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:				



DATA ANALYSIS REQUEST FOR INFORMATION (RFI)

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

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 Reports (Part A only)		Overpayment Information	
Education Information		Prepay Information	
EDI		Provider Complaints	
EFT		Remits	
Enrollment Application		Voluntary Refunds	
Other, List:			
<p>*Carrier / MAC documents can take up to 45 days to receive.</p> <p>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</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.

***By signing this form, you are agreeing to the HIPAA Compliance Statement are on Page 4 as it pertains to your organization.**

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



DATA ANALYSIS REQUEST FOR INFORMATION (RFI)
UPIC W – AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY

HIPAA Compliance Statement

Law Enforcement:

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).

Other Federal, state or local governmental agency:

The information is sought by this organization under (b)(3) of the Privacy Act (5 U.S.C 552a, as amended). The requestor is a Federal agency or instrumentality of a governmental jurisdiction within or under the control of the United States (including any state or local governmental agency), that administers, or that has the authority to investigate potential fraud, waste, or abuse, in a health benefits program funded in whole or in part by Federal funds. This organization is required to comply with the HIPAA Privacy Rule.

Other CMS/Medicare Contractor:

The information is sought by this organization as a contractor of the Department of Health and Human Services for the purposes of conducting oversight and enforcement under Title XVIII of the Social Security Act. (Reference SSA 1560D-15(f)(2).) As a CMS contractor, this organization is required to comply with the HIPAA Privacy Rule.

