



HP Ad Hoc Report Request



Request Information

Requested For:	For Provider:
Address:	Phone Number:
Requested By:	Date:
Department:	Phone:
Manager Approval:	Date:
Medicaid ID (9 digits required):	

Report Information

Select the Canned Report Requested:
<input type="checkbox"/> Medicaid ID Data Match <input type="checkbox"/> Paid Claim Listing <input type="checkbox"/> Recipient Data Match <input type="checkbox"/> Paid Claim Listing Crossover
Inclusive Date(s): (Defaults to date of service)
Provider(s): (Defaults to pay-to-prov)

Date Required (leave blank unless a MUST):
Output Format and number of copies: <div style="display: flex; justify-content: space-around;"> Hardcopy CD </div>

Selection Criteria for Nonstandard Reports

Free Form Report Request and Details:

Reference Number (optional for your use):	Date:
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Send 2 copies with attachments to Contract Management for free form requests.
ATTACH ANY ADDITIONAL CRITERIA AND A SAMPLE OF REPORT OR FILE LAYOUT. BE SPECIFIC.





HP Ad Hoc Report Request

Pricing

- PROGRAMMER TIME = \$180/hour
- COMPUTER USAGE = \$160/hour
- FED EX CHARGE = \$25 per package shipped
- CD'S = \$5 per CD
- PRINTOUTS = \$1 per page

Data gathered via the Extract = 3 hour programmer time minimum
 2 hour computer usage minimum (unless other ad hocs are involved)
 Average extract takes 2.1 hours

Recipient Data Match = \$530 minimum (2.5 programmer hours, .5 hours of computer usage)
 Pricing may increase by the number of hours involved if there are file problems.

Medicaid ID Match = \$440 minimum (2 programmer hours, .5 hour of computer usage)
 Pricing may increase by the number of hours involved if there are file problems.

Paid Claim Listing (PCL) = \$125 per year requested
 \$1 per page

PCL Crossover = \$125 per year requested
 \$1 per page

NOTE: If you are not the provider, please also submit on hospital letterhead a letter of authorization. This letter must indicate that you are working on behalf of the hospital, and that the hospital authorizes HP to release its data to you for processing.

You will be invoiced with the report delivery. Payment is due 14 days from invoice date.

Your signature states that you are aware of the aforementioned fees and agree to pay for these services. Please sign and return a copy of this as well as a letter of authorization on hospital letterhead along with your request.

Signature

Date

Remit request via one of the following methods:

Hardcopy: Mail
 HP - Ad Hoc Reports
 2562 Executive Center Circle East, Suite 200
 Tallahassee, FL 32301

Deliveries (for example, FedEx or UPS)
 HP - Ad Hoc Reports
 2562 Executive Center Circle East, Suite 200
 Tallahassee, FL 32301

Fax: 1.850.298.7020
 Email: juanita.webb@hp.com

