

## Attachment 4: OPM / OIG EXPOSURE REQUEST FORM

<b>OPM/OIG Case No:</b>	<b>Request Date:</b>
	<b>Due Date:</b>

<b>Type of Request:</b>	<input type="checkbox"/> <b>Summary Data Only (Total Billed/Paid Per Year)</b> <input type="checkbox"/> <b>Claims Data (Four/4 Years Only)</b> <input type="checkbox"/> <b>Archive Data (Five/5 Years or More)</b>
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<b>Exposure Dates:</b>	<b>Start Date:</b>
	<b>End Date:</b>

**\*Exposure Dates requested are based on Dates of Service. If you want data based on Process or Paid dates please note next to the dates requested above.**

<b>Benefits Type:</b>	<input type="checkbox"/> <b>Medical</b>	<input type="checkbox"/> <b>Pharmaceutical</b>
	<input type="checkbox"/> <b>Dental</b>	<input type="checkbox"/> <b>Long Term Care</b>
	<input type="checkbox"/> <b>Vision</b>	<input type="checkbox"/> <b>Affordable Care Act</b>

<b>INV Type:</b>	<input type="checkbox"/> <b>Provider</b>	<input type="checkbox"/> <b>Member</b>
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<b>Data Format:</b>	<input type="checkbox"/> <b>OIG – Investigations Standard Excel Format</b> <input type="checkbox"/> <b>NDIL Protocol – a.k.a. Chicago Request/Format</b> <input type="checkbox"/> <b>Other – Specify in Attachment</b> <input type="checkbox"/> <b>Main Frame Tape Format (Archive Tape Data)</b>
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<b>Response Time:</b>	<input type="checkbox"/> <b>Summary Rush – 24 Hour Response - Billed/Paid Amount Only</b> <input type="checkbox"/> <b>Rush – 1 Week Response / Full Claim Detail</b> <input type="checkbox"/> <b>Normal – 30 Day Response / Full Claim Detail</b> <input type="checkbox"/> <b>Archived Data – 45 Day Response / Full Claim Detail</b> <input type="checkbox"/> <b>MCSOURCE – BCBSA Only – 4 Years of Data / 48 Hour Response</b>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: yellow; padding: 2px;"><b>Is this request CONFIDENTIAL?*</b></td> <td style="padding: 2px;"><input type="checkbox"/> <b>Yes</b></td> <td style="padding: 2px;"><input type="checkbox"/> <b>No</b></td> </tr> </table>	<b>Is this request CONFIDENTIAL?*</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Is this request CONFIDENTIAL?*</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>		

**\*NOTE: Confidential Requests MUST NOT BE SHARED with Private Lines of Business, Local Plans, or the Public. Contact the OIG Agent/Analyst before engaging in any investigative activities.**

<b>Allegation:</b>	
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<b>Subject:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>Name:</b></td> <td style="padding: 2px;"><b>TIN(S):</b></td> </tr> <tr> <td style="padding: 2px;"><b>Address:</b></td> <td style="padding: 2px;"><b>NPI:</b></td> </tr> <tr> <td style="padding: 2px;"><b>City/ST/Zip:</b></td> <td style="padding: 2px;"><b>SSN:</b></td> </tr> </table>	<b>Name:</b>	<b>TIN(S):</b>	<b>Address:</b>	<b>NPI:</b>	<b>City/ST/Zip:</b>	<b>SSN:</b>
<b>Name:</b>	<b>TIN(S):</b>						
<b>Address:</b>	<b>NPI:</b>						
<b>City/ST/Zip:</b>	<b>SSN:</b>						

<b>Contact:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><b>Name:</b></td> <td style="width: 33%; padding: 2px;"><b>Email:</b></td> <td style="width: 33%; padding: 2px;"><b>T/P:</b></td> </tr> </table>	<b>Name:</b>	<b>Email:</b>	<b>T/P:</b>
<b>Name:</b>	<b>Email:</b>	<b>T/P:</b>		

<b>Additional Info/ Special Request:</b>	<b>Please provide a cover letter with total amount billed and paid.</b>
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"We understand that the HIPAA Privacy Rule, 48 C.F.R. § 164.528, requires that you provide the individual with an accounting of certain disclosures of his or her protected health information. You hereby are instructed under 48 C.F.R. § 164.528(a)(2)(i) to temporarily suspend the individual's right to receive an accounting of this disclosure to the U.S. Office of Personnel Management's Inspector General, made under 48 C.F.R. § 164.512(d), for a period of three years because it is believed that such an accounting to the individual would be reasonably likely to impede our activities."