

OPM / OIG EXPOSURE REQUEST FORM

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| OPM/OIG Case No: | Request Date: |
| | Due Date: |

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

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| Exposure Dates: | Start Date: |
| | End Date: |

***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.**

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

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| INV Type: | <input type="checkbox"/> Provider | <input type="checkbox"/> Member |
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| Data Format: | <input type="checkbox"/> OIG – Investigations Standard Excel Format |
| | <input type="checkbox"/> NDIL Protocol – a.k.a. Chicago Request/Format |
| | <input type="checkbox"/> Other – Specify in Attachment |
| | <input type="checkbox"/> Main Frame Tape Format (Archive Tape Data) |

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| Response Time: | <input type="checkbox"/> Summary Rush – 24 Hour Response - Billed/Paid Amount Only |
| | <input type="checkbox"/> Rush – 1 Week Response / Full Claim Detail |
| | <input type="checkbox"/> Normal – 30 Day Response / Full Claim Detail |
| | <input type="checkbox"/> Archived Data – 45 Day Response / Full Claim Detail |
| | <input type="checkbox"/> MCSOURCE – BCBSA Only – 4 Years of Data / 48 Hour Response |
| | Is this request CONFIDENTIAL?* |

***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.**

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| Allegation: | |
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| Subject: | Name: | TIN(S): |
| | Address: | NPI: |
| | City/ST/Zip: | SSN: |

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|-----------------|--------------|---------------|-------------|
| Contact: | Name: | Email: | T/P: |
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| Additional Info/ Special Request: | |
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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."