

Medi-Cal Program Guide (MPG) Letter #772

January 3, 2013

Subject **ARTICLE A – BREACH OF PRIVACY REPORTING PROCEDURES FOR THE LOW INCOME HEALTH PROGRAM (LIHP)**

Effective Date Upon Receipt

Reference Business Associate Addendum (BAA) Amendment A-01, County Policy

Purpose To give staff direction on how to respond when a Breach or Security Incident has, or may have occurred.

Background County workers currently do not have written instructions on the procedures for when a breach or security incident occurs. The Department of Health Care Services (DHCS) has released procedural instructions to the County.

Information A breach is the unauthorized acquisition, access, use or disclosure of protected health information (PHI), medical information or Medi-Cal Personally Identifiable Information (PII).

A security incident is the attempted or successful unauthorized access, use, disclosure, modification, or destruction of PHI or personal information (PI), or confidential data, or interference with system operations in an information system that processes, maintains or stores PHI or PI.

Required Actions Upon discovery that a breach or security incident has or may have occurred, prompt reporting is required. The worker must complete the Privacy Incident Report (LIHP-04) and follow the steps listed in [A.02.04B](#), Procedures for Breach of Privacy.

Note: This process must be completed immediately upon discovery.

Forms Impact The following form has been created for reporting purposes and added

to Xerox for ordering.

Name	Number	Attachment
Privacy Incident Report	LIHP-04	A

Automation Impact

None

Quality Control Impact

Effective with the January 2013 sample month, Quality Control will cite the appropriate error any case that does not comply with the requirements outlined in this letter.

Summary of Changes

The table below shows the changes made to Article A of the MPG.

Article/Section	Changes
A.01.05	Terms and definitions added
A.02.04	Confidentiality section added

Approval for Release

CK Gray
Paul White, Dep. Dir. 1-8-13

SB



PRIVACY INCIDENT REPORT

The Information in this report will be used, in part, to determine whether a breach has occurred.

DIRECTIONS: Type answer in the field below each question; type or select 'yes' in the field to the right of each question, whenever applicable.

1. SUMMARY OF PRIVACY INCIDENT (Please include location of the privacy incident, how the privacy incident occurred, and any information regarding the type of media and protected health information involved in the privacy incident.)

(Attach separate sheet if necessary)

2. BASIC INFORMATION

Date of most recent update (MM/DD/YYYY) _____

Reporting entity _____

Is reporting entity a covered entity? Yes No

Entity that caused privacy incident _____

Is entity that caused privacy incident a covered entity? Yes No

Date(s) of privacy incident (MM/DD/YYYY) _____

Date(s) of discovery (MM/DD/YYYY) _____

Dates of notice to DHCS (MM/DD/YYYY) _____

Approximate Number of individuals affected by privacy incident: _____

What was the primary job function of the person(s) known, or reasonably believed, to have improperly sent, used, accessed, or disclosed PHI/PI (include employer, employee status, and any other pertinent information).

What was the primary job function of the person(s) who viewed or (accidentally) obtained PHI/PI (include employer, employee status, and any other pertinent information).

Additional Information:

3. TYPE OF PROTECTED INFORMATION INVOLVED IN THE PRIVACY INCIDENT

DEMOGRAPIC INFORMATION	YES	NO
First Name (or initial)	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	<input type="checkbox"/>	<input type="checkbox"/>
Address	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
SSN	<input type="checkbox"/>	<input type="checkbox"/>
Drivers License	<input type="checkbox"/>	<input type="checkbox"/>
Other Identifier	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL INFORMATION		
Credit Card/Bank Acct #	<input type="checkbox"/>	<input type="checkbox"/>
Claims Information	<input type="checkbox"/>	<input type="checkbox"/>
Other Financial Information	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL INFORMATION		
Diagnosis/Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>
Lab Results	<input type="checkbox"/>	<input type="checkbox"/>
Other Treatment Information	<input type="checkbox"/>	<input type="checkbox"/>

Other Yes or No (explain) _____

Please list all the data elements that were provided by DHCS

Please list all data elements that were provided by Social Security Administration (SSA)

4. LOCATION OF INFORMATION DISCLOSED IN PRIVACY INCIDENT

	YES	NO
Laptop	<input type="checkbox"/>	<input type="checkbox"/>
Desktop Computer	<input type="checkbox"/>	<input type="checkbox"/>
Network Server	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Other Portable Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Medical Record	<input type="checkbox"/>	<input type="checkbox"/>
Paper Data	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Phone (Blackberry, Smart phone)	<input type="checkbox"/>	<input type="checkbox"/>
Hard Drive (External)	<input type="checkbox"/>	<input type="checkbox"/>
Hard Drive (Internal)	<input type="checkbox"/>	<input type="checkbox"/>
CD/DVD	<input type="checkbox"/>	<input type="checkbox"/>
PDA	<input type="checkbox"/>	<input type="checkbox"/>
Tape/DLT/DASD	<input type="checkbox"/>	<input type="checkbox"/>
USB Thumb Drive	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>

5. MEDI-CAL DATA.

How Many Medi-Cal Beneficiaries' PHI or PI were impacted by the privacy incident?

Were Children (<18YRS.) Medi-Cal Beneficiaries data affected by the privacy incident?

Yes or No _____

Was PHI or PI in question utilized in the administration of the Medi-Cal program?

Yes or No _____

Was Client's Index Number (CIN) affected by the privacy incident? Yes or No _____

Article A Section 01.05 Definitions of Acronyms and Terms

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TITLE	PG CITE
Acronyms	A.01.05A
Terms	A.01.05B

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A.01.05 Definition of Acronyms and Terms

A.01.05A Acronyms

The following table lists definition of acronyms used throughout the program guide.

Acronym	Definition
ASO	Administrative Services Organization
CAS	Corrective Action Supervisor
COBRA	Consolidated Omnibus Budget Reconciliation Act
FBU	Family Budget Unit
GR	General Relief
HCA	Health Coverage Access
HCCI	Health Care Coverage Initiative
HIPAA	Health Insurance Portability and Accountability Act
HOS	Hospital Outstation Services
LIHP	Low Income Health Program
LPR	Legal Permanent Resident
MCE	Medicaid Coverage Expansion
MNL	Maintenance Need Level
PHI	Protected Health Information
PI	Personal Information
PII	Personally Identifiable Information
QA	Quality Assurance
STCs	Special Terms and Conditions between the State of California and the Centers for Medicare and Medicaid Services.
UMDAP	Uniform Method of Determining Ability to Pay

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A.01.05B Terms

The following table lists definition of terms used throughout the program guide. They are intended to serve as a resource to staff, not

to provide regulations.

Term	Definition
Administrative Services Organization (ASO)	A firm that performs administrative management functions and provides day-to-day administration of specific services related to LIHP.
Adult	A person age 19 through 64. Adult status begins the month following the 19 th birthday and ends the last day of the month before their 65 th birthday.
Adverse Action	An action taken which discontinues LIHP eligibility.
Approval Of Eligibility	An applicant who has met several conditions of eligibility and their application is approved for LIHP based on an eligibility determination.
AuthMed	The computer system that processes County Medical Services and Low Income Health Program eligibility.
Breach	A breach is the unauthorized acquisition, access, use or disclosure of protected health information (PHI), medical information or Medi-Cal Personally Identifiable Information (PII).
CaWIN	The computer system that processes Medi-Cal and Low Income Health Program eligibility.
Case Management	Services which assist LIHP eligible individuals in gaining access to needed medical services.
County Medical Services (CMS)	A county funded program for adults 21 to 64 years of age who do not meet the eligibility criteria for Medi-Cal or LIHP.
Covered Entity	An entity who transmits health information.
Disability	As determined by Social Security Administration or Medi-Cal/DDSD process.
Effective Date Of Eligibility	The first of the month when the person is eligible to LIHP benefits.
Eligibility Criteria	The criteria relating to the initial and continuing determination of a person's LIHP eligibility.
Enrollee	The individual who has been found eligible for LIHP.
Hospital Outstation	Staff located in hospitals contracted with

Services (HOS)	the Hospital Association of San Diego & Imperial Counties responsible for processing LIHP, Medi-Cal and CMS applications.
IDX	The computer corporation the County contracts with to provide software systems for the ASO to record LIHP eligibility, and process claims and treatment authorizations.
Medical Home (Clinic)	The County approved provider or facility where an enrollee receives all primary medical care.
Reapplication	An application submitted after a one (1) month break in certification.
Recertification	Redeterminations that an enrollee continues to meet the LIHP eligibility criteria without a one (1) month break in certification.
Security Incident	The attempted or successful unauthorized access, use, disclosure, modification, or destruction of PHI or PI, or confidential data or interference with system operations in an information system that processes, maintains or stores PHI or PI.

Article A Section 02.04 Confidentiality

Table of Contents

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A.02.04 Confidentiality

**A.02.04A
Confidential
Information**

Refer to [MPG 02.01](#)

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**A.02.04B
Procedures
for Breach of
Privacy**

Upon discovery that a breach or security incident has, or may have occurred, prompt reporting is required. The worker must complete the Privacy Incident Report (LIHP-04) and take the following actions immediately.

Step	Action																		
1.	Notify a supervisor immediately																		
2.	Supervisor and worker complete the Privacy Incident Report (LIHP-04). The Supervisor may call the Privacy Officer for advice on the form, if needed.																		
3.	Send the completed (LIHP-04) form via email to all listed below: <table border="1" data-bbox="548 1266 1398 1682"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Email Address</th> </tr> </thead> <tbody> <tr> <td>David Nelson</td> <td>Privacy Officer</td> <td>David.Nelson@sdcounty.ca.gov</td> </tr> <tr> <td>Pilar Miranda</td> <td>Information Security Officer</td> <td>Pilar.Miranda@sdcounty.ca.gov</td> </tr> <tr> <td>Robert Borotrager</td> <td>Compliance Officer</td> <td>Robert.Borotrager@sdcounty.ca.gov</td> </tr> <tr> <td>Peter Patch</td> <td>Agency Contract Support Analyst</td> <td>Peter.Patch@sdcounty.ca.gov</td> </tr> <tr> <td>Stacie Bruner</td> <td>LIHP Program Specialist</td> <td>Stacie.bruner@sdcounty.ca.gov</td> </tr> </tbody> </table> <p>Note: The description of the event <u>must</u> be included in the email.</p>	Name	Title	Email Address	David Nelson	Privacy Officer	David.Nelson@sdcounty.ca.gov	Pilar Miranda	Information Security Officer	Pilar.Miranda@sdcounty.ca.gov	Robert Borotrager	Compliance Officer	Robert.Borotrager@sdcounty.ca.gov	Peter Patch	Agency Contract Support Analyst	Peter.Patch@sdcounty.ca.gov	Stacie Bruner	LIHP Program Specialist	Stacie.bruner@sdcounty.ca.gov
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