

## MCP/MCOP Reporting Document for Improper Disclosure of Protected Health Information (PHI)

This form is used for PHI disclosures which affect  $\geq 20$  members or which represent a significant risk of financial, reputational, or other harm to the individual, or which may cause harm to Medicaid or MyCare Ohio programs.

MCP/MCOP Name:	Date Reported:
Contact Person:	Contact eMail Address:
Date of Occurrence:	Date of Discovery
Number of Members Impacted:	Delegated/Vendor Involved: Y/N
If Yes, Delegate/Vendor Name:	

Provide a brief description of the event to include the location of disclosed information (*laptop, desktop computer, email, fax machine, mail, etc.*), the data fields and information exposed, steps taken to recover the material, etc.:

Check any of the following elements which were exposed: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Date of Birth <input type="checkbox"/> Social Security Number <input type="checkbox"/> Medicaid or MCP ID number <input type="checkbox"/> Clinical Data <input type="checkbox"/> Other, describe:
Was financial protection offered to the member(s) for exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe MCP and/or Delegate/Vendor actions taken in response to the disclosure, and all efforts made to mitigate damage and prevent recurrence:

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Describe efforts made to notify and protect the member(s) involved in the event. Provide a copy of any approved communications and other information shared with members to ODM.

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Was a substitute notice required in accordance with 45 CFR 164.404(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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MCPs/MCOPs must report the number of breaches, which were reported to HHS in accordance with 45 CFR 164.408 (b) and (c), without unreasonable delay, but, in no case, greater than sixty (60) days. Additionally, plans must provide notification to ODM, without reasonable delay, but, in no case, greater than sixty (60) days. Plans must submit a report, annually, as indicated on the MCP Calendar of Submissions in accordance with Appendix I.

Reports of exposed information, including member ID cards, mailings, etc. are required under Appendix C; plans are expected to submit minor incidents to ODM on a quarterly basis, using the reporting format as designated by ODM.

**Attestation**

By signing this form, I attest to the best of my knowledge the information listed above is accurate and the MCP took all actions necessary to comply with the provisions of 45 CFR 164 Subpart D- 'Notification in the Case of Breach of Unsecured Protected Health Information.'

Signature of Authorized MCP Representative	Date
Printed or Typed Name and Title of Authorized Representative	

<b>ODM USE ONLY</b>	
Date BMC Received	Incident Reporting Number
Contract Administrator	
Additional ODM concerns identified during this review:	