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| Policy: | HH.3014 |
| Title: | **Use of Electronic Mail with Protected Health Information (PHI) and Personally Identifiable Information (PII)** |
| Department: | Office of Compliance |
| Section: | Privacy |
| *CEO Approval*: | */s/ Michael Hunn 11/19/2024* |
| Effective Date: | 04/01/2003 |
| Revised Date: | 11/07/2024 |
| Applicable to: | ☒ Medi-Cal<br>☒ OneCare<br>☒ PACE<br>☐ Administrative |

## I. PURPOSE

This policy describes CalOptima Health's procedures related to the Use of electronic mail (email) to send information containing Protected Health Information (PHI) and Personally Identifiable Information (PII).

## II. POLICY

A. CalOptima Health, its Business Associates, and First Tier, Downstream, and Related Entities (FDRs) shall send email containing PHI/PII as follows:

1. Internal email

   a. Email sent within CalOptima Health's mail system may contain PHI/PII that is limited to the Use and Disclosure of the Minimum Necessary data to complete the required message, in accordance with CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosure of Protected Health Information (PHI) and Document Controls.

   b. PHI/PII (e.g., Member name, Social Security Number, Client Index Number [CIN]) shall not be included in the subject line of the email.

2. External email sent on the Internet

   a. Email that CalOptima Health or a Business Associate sends to an external entity via the open Internet shall not contain PHI/PII unless the email, or attachment, has been encrypted to prevent anyone, other than the intended receiver, from reading the contents.

   b. Email that CalOptima Health or a Business Associate sends to an outside entity may contain PHI/PII that is limited to the Use and Disclosure of the Minimum Necessary data to complete the required message, in accordance with CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls.

   c. PHI/PII (e.g., Member name, Social Security Number, Client Index Number [CIN]) shall not be included in the subject line of the email.

B. CalOptima Health staff shall appropriately use information and Information Technology (IT) resources and security of those resources when performing procedures related to the Use of email to send information containing PHI/PII, in accordance with CalOptima Health Policy GA.5005a: Acceptable Use of Technology Resources.

C. CalOptima Health staff shall follow instructions for Use of email, as set forth in CalOptima Health Policy GA.5005b: Email and Internet Use.

## III. PROCEDURE

A. Communications via email sent through the open Internet requires Encryption to prevent unauthorized access to PHI/PII, in accordance with CalOptima Health Policy ITS.1202: Technical Safeguards – Data Controls.

B. CalOptima Health employees and Business Associates shall immediately report any suspected or known Security Incidents, Breach, and/or other unauthorized access, Use or Disclosure of PHI/PII to the CalOptima Health Privacy Officer, or Designee, in accordance with CalOptima Health Policy HH.3020: Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PII or other Unauthorized Use or Disclosure of PHI/PII.

C. CalOptima Health employees shall not save or store data files in an electronic format that contain PHI/PII on public or private computers, unencrypted personal removable storage devices, personal cloud storage, and/or personal email accounts, in accordance with CalOptima Health Policy HH.3016: Guidelines for Handling Protected Health Information (PHI) Off-site.

## IV. ATTACHMENT(S)

Not Applicable

## V. REFERENCE(S)

A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
C. CalOptima Health PACE Program Agreement
D. CalOptima Health Compliance Plan
E. CalOptima Health Policy GA.5005a: Acceptable Use of Technology Resources
F. CalOptima Health Policy GA.5005b: E-mail and Internet Use
G. CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosure of Protected Health Information (PHI) and Document Controls
H. CalOptima Health Policy HH.3016: Guidelines for Handling Protected Health Information (PHI) Off-site
I. CalOptima Health Policy HH.3020: Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PII or other Unauthorized Use or Disclosure of PHI/PII
J. CalOptima Health Policy ITS.1202: Technical Safeguards – Data Controls

## VI. REGULATORY AGENCY APPROVAL(S)

| Date | Regulatory Agency | Response |
|---|---|---|
| 09/17/2009 | Department of Health Care Services (DHCS) | Approved as Submitted |

| Date | Regulatory Agency | Response |
|---|---|---|
| 07/16/2010 | Department of Health Care Services (DHCS) | Approved as Submitted |

## VII. BOARD ACTION(S)

| Date | Meeting |
|---|---|
| 12/01/2016 | Regular Meeting of the CalOptima Board of Directors |
| 12/07/2017 | Regular Meeting of the CalOptima Board of Directors |
| 12/06/2018 | Regular Meeting of the CalOptima Board of Directors |
| 12/05/2019 | Regular Meeting of the CalOptima Board of Directors |
| 12/03/2020 | Regular Meeting of the CalOptima Board of Directors |
| 12/20/2021 | Special Meeting of the CalOptima Board of Directors |
| 11/07/2024 | Regular Meeting of the CalOptima Health Board of Directors |

## VIII. REVISION HISTORY

| Action | Date | Policy | Policy Title | Program(s) |
|---|---|---|---|---|
| Effective | 04/01/2003 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 04/01/2007 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 01/01/2008 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 01/01/2009 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 06/01/2010 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 01/01/2011 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 04/01/2013 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare |
| Revised | 05/01/2014 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 09/01/2015 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal |
| Revised | 12/01/2016 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>OneCare Connect<br>PACE |
| Revised | 12/07/2017 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>OneCare Connect<br>PACE |
| Revised | 12/06/2018 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>OneCare Connect<br>PACE |

| Action | Date | Policy | Policy Title | Program(s) |
|---|---|---|---|---|
| Revised | 12/05/2019 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>OneCare Connect<br>PACE |
| Revised | 12/03/2020 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>OneCare Connect<br>PACE |
| Revised | 12/20/2021 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>OneCare Connect<br>PACE |
| Revised | 12/31/2022 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>PACE |
| Revised | 09/01/2023 | HH.3014 | Use of Electronic Mail with Protected Health Information | Medi-Cal<br>OneCare<br>PACE |
| Revised | 11/07/2024 | HH.3014 | Use of Electronic Mail with Protected Health Information (PHI) and Personally Identifiable Information (PII) | Medi-Cal<br>OneCare<br>PACE |

## IX. GLOSSARY

| Term | Definition |
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| Breach | Has the meaning in 45, Code of Federal Regulations Section 164.402. The acquisition, access, Use, or Disclosure of protected health information in a manner not permitted under subpart E of this part which compromises the security or privacy of the protected health information.<br><br>Breach excludes:<br><br>1. Any unintentional acquisition, access, or Use of protected health information by a workforce member or person acting under the authority of a covered entity or a Business Associate, if such acquisition, access, or Use was made in good faith and within the scope of authority and does not result in further Use or Disclosure in a manner not permitted under subpart E of this part.<br>2. Any inadvertent Disclosure by a person who is authorized to access protected health information at a covered entity or Business Associate to another person authorized to access protected health information at the same covered entity or Business Associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such Disclosure is not further Used or Disclosed in a manner not permitted under subpart E of this part.<br>3. A Disclosure of protected health information where a covered entity or Business Associate has a good faith belief that an unauthorized person to whom the Disclosure was made would not reasonably have been able to retain such information |
| Business Associate | Has the meaning given such term in Section 160.103 of Title 45, Code of Federal Regulations. A person or entity who:<br><br>1. On behalf of such covered entity or of an organized health care arrangement (as defined in this section) in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, creates, receives, maintains, or transmits protected health information for a function or activity regulated by this subchapter, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities listed at 42 CFR 3.20, billing, benefit management, practice management, and repricing; or<br>2. Provides, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation (as defined in §164.501 of this subchapter), management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized health care arrangement in which the covered entity participates, where the provision of the service involves the Disclosure of protected health information from such covered entity or arrangement, or from another Business Associate of such covered entity or arrangement, to the person.<br><br>A covered entity may be a Business Associate of another covered entity. |

| Term | Definition |
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| | Business Associate includes:<br><br>1. A Health Information Organization, E-prescribing Gateway, or other person that provides data transmission services with respect to protected health information to a covered entity and that requires access on a routine basis to such protected health information.<br>2. A person that offers a personal health record to one or more individuals on behalf of a covered entity.<br>3. A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the Business Associate |
| Disclosure | Has the meaning in 45, Code of Federal Regulations Section 160.103 including the following: the release, transfer, provision of access to, or divulging in any manner of information outside of the entity holding the information. |
| Encryption | The Use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without Use of a confidential process or key or a method of converting an original message of regular text into encoded or unreadable text that is eventually decrypted into plan comprehensible text. |
| First Tier, Downstream and Related Entities (FDR) | For purposes of this policy, FDR includes delegated entities, contracted providers, Health Networks, Physician Medical Groups, Physician Hospital Consortia, and Health Maintenance Organizations. |
| Health Network | For purposes of this policy, the contracted Health Networks of CalOptima Health, including Physician Hospital Consortia ("PHCs"), Shared Risk Medical Groups ("SRGs"), and Health Maintenance Organizations ("HMOs"). |
| Member | A beneficiary enrolled in a CalOptima Health Program. |
| Minimum Necessary | The principle that a covered entity must make reasonable efforts to Use, Disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the Use, Disclosure, or request for Treatment, Payment or Health Care Operations. |
| Protected Health Information (PHI) | Has the meaning in 45 Code of Federal Regulations Section 160.103, including the following: individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.<br><br>Individually identifiable health information identifies the individual or there is reasonable basis to believe the information can be Used to identify the individual. The information was created or received by CalOptima Health or Business Associates and relates to:<br><br>1. The past, present, or future physical or mental health or condition of a Member;<br>2. The provision of health care to a Member; or<br>3. Past, present, or future Payment for the provision of health care to a Member. |

| Term | Definition |
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| Security Incident | Has the meaning in 45 Code of Federal Regulations Section 164.304. The attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system. |
| Unsecured PHI/PII | Has the meaning in 45 Code of Federal Regulations Section 164.402. Protected Health Information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the Use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111-5. |
| Personally Identifiable Information (PII) | Any information about an individual maintained by an agency, including (1) any information that can be Used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, biometric records, race, ethnicity, language (REL), sexual orientation and gender identity (SOGI); and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information. |
| Use | Has the meaning in 45 Code of Federal Regulations Section 160.103, including the following: the sharing, employment, application, utilization, examination, or analysis of the PHI within an entity that maintains such information. |