



Policy: HH.3006
Title: **Tracking and Reporting
Disclosures of Protected Health
Information**

Department: Office of Compliance
Section: Privacy

CEO Approval: /s/ Michael Hunn 11/20/2024

Effective Date: 04/01/2003

Revised Date: 11/07/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy defines the process by which CalOptima Health shall internally track and report Disclosures of a Member's Protected Health Information (PHI).

II. POLICY

- A. CalOptima Health shall maintain a tracking process for all oral, written, facsimile, electronic, or other form of Disclosures of PHI that is not related to Treatment, Payment, or Health Care Operations, to the Member, or when the Member authorized Disclosure, or other functions specified in this policy.
- B. CalOptima Health shall maintain a tracking process for all requests for a Member's PHI, other than a request for Medical Records, and shall report this information, as applicable, to the Department of Health Care Services (DHCS) monthly.

III. PROCEDURE

- A. The following categories of Disclosures are not required to be included on the report when a Member requests an accounting of the Disclosure made of his or her PHI, as defined in the Designated Record Set (DRS):
 - 1. Used to carry out activities related to Treatment, Payment, or Health Care Operations;
 - 2. Disclosed to the Member or Member's Personal Representative, or authorized by the Member;
 - 3. Incidental Disclosures;
 - 4. Disclosures made prior to April 14, 2003;
 - 5. For national security, or intelligence purposes; and
 - 6. Disclosure of PHI directly relevant to an individual's involvement in a Member's care, (e.g., family Member, other relative, or a close, personal friend of the Member, or any other person identified by the Member).

B. Any other Disclosure shall be recorded and reported to the Privacy Officer or Designee. CalOptima Health shall track routine Disclosures which may include, but are not limited to:

1. Disclosures required by law;
2. For health oversight activities;
3. Required for public health activities;
4. About victims of abuse, neglect, or domestic violence;
5. To coroners, or medical examiners;
6. To funeral directors;
7. For organ, eye, or tissue donation; and
8. To avert a serious threat to health, or safety.

C. Tracking Routine Recurring Disclosures

1. When applicable, departments that Disclose PHI on a regular basis to the same agency shall maintain a current log with the following elements included in hard copy or in an electronic spreadsheet:
 - a. Date of initial Disclosure;
 - b. Name of person, or organization, receiving the PHI;
 - c. Address, if known;
 - d. Brief description of information Disclosed; and
 - e. Brief statement of purpose and the frequency of Disclosure.
2. Disclosure reports for recurring Disclosures shall be summarized to include the above stated information with the number of times the information was Disclosed and the date of the last Disclosure.

D. Tracking Non-Recurring Disclosures

1. The Office of Compliance shall enter any Disclosure made that is not included in the routine recurring Disclosures reported and entered into the Office of Compliance PHI Tracking Database for tracking and reporting purposes.
2. The following information shall be reported:
 - a. Member name and identification (ID) number;
 - b. Date of the Disclosure;

- c. Name of organization, or person, who received information, and their address, if known;
 - d. Brief description of information disclosed;
 - e. Brief statement of the purpose for the Disclosure;
 - f. Name of the person making the Disclosure; and
 - g. Department of the person making the report.
3. The report for non-recurring routine type of Disclosures may be submitted on a Reporting Non-Routine Disclosures of Protected Health Information (PHI) Form, or emailed with the above information, to the Office of Compliance within three (3) business days of the Disclosure.
- E. Documentation: The Office of Compliance shall:
- 1. Enter in the Office of Compliance PHI Tracking Database the Disclosure reports from other departments and those Disclosures reviewed by the Privacy Officer, or Designee.
 - 2. Maintain a log of all requests from Members for accounting of Disclosures in accordance with CalOptima Health Policy HH.3005: Member Request for Accounting of Disclosures.
- F. Tracking and Reporting Requests for PHI other than a Request for Medical Records
- 1. The Office of Compliance shall track all requests for a Member's PHI, other than a request for Medical Records, or other requests allowed by law.
 - 2. The Regulatory Affairs and Compliance Department shall report this information, as applicable, to DHCS on a monthly basis.

IV. ATTACHMENT(S)

- A. Reporting Non-Routine Disclosures of Protected Health Information (PHI) Form

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 (Exhibit E, Attachment 2 Program Terms and Conditions, Provision 22 Confidentiality of Information)
- C. CalOptima Health PACE Program Agreement
- D. CalOptima Health Compliance Plan
- E. CalOptima Health Privacy Program
- F. CalOptima Health Policy HH.3005: Member Request for Accounting of Disclosures
- G. Title 45, Code of Federal Regulations, §164.528
- H. Volume 65, Federal Register, Number 250

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

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.3006	Tracking Disclosures of PHI	Medi-Cal
Revised	04/01/2007	HH.3006	Tracking Disclosures of PHI	Medi-Cal
Revised	01/01/2008	HH.3006	Tracking Disclosures of PHI	Medi-Cal
Revised	01/01/2010	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal
Revised	04/01/2013	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal
Revised	09/01/2014	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal
Revised	09/01/2015	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal
Revised	12/01/2016	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/07/2017	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/06/2018	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/05/2019	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/03/2020	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/20/2021	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE

Action	Date	Policy	Policy Title	Program(s)
Revised	12/31/2022	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare PACE
Revised	09/01/2023	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare PACE
Revised	11/07/2024	HH.3006	Tracking and Reporting Disclosures of Protected Health Information	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Department of Health Care Services (DHCS)	The California Department of Health Care Services, the State agency that oversees California's Medicaid program, known as Medi-Cal.
Designated Record Set (DRS)	<p>Has the meaning given such term in Section 164.501 of Title 45, Code of Federal Regulations. A group of records maintained by or for a covered entity that is:</p> <ol style="list-style-type: none"> 1. The Medical Records and billing records about individuals maintained by or for a covered health care provider; 2. The enrollment, Payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or 3. Used, in whole or in part, by or for the covered entity to make decisions about individuals. <p>The term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity</p>
Designee	A person selected or designated to carry out a duty or role. The assigned designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
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.
Health Care Operations	Has the meaning given such term in Section 164.501 of Title 45, Code of Federal Regulations including activities including quality assessment and improvement activities, care management, professional review, compliance and audits, health insurance underwriting, premium rating and other activities related to a contract and health benefits, management and administration activities, customer services, resolution of internal grievances, business planning, and development and activities related to compliance with the privacy rule.
Medical Record	<p><u>Medi-Cal</u>: Any single, complete record kept or required to be kept by any Provider that documents all the medical services received by the Member, including, but not limited to, inpatient, outpatient, and emergency care, referral requests, authorizations, or other documentation as indicated by CalOptima Health policy.</p> <p><u>OneCare</u>: A Medical Record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term "Medical Record" is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical Records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.</p> <p><u>PACE</u>: Written documentary evidence of treatments rendered to plan Members.</p>
Member	A beneficiary enrolled in a CalOptima Health Program.

Term	Definition
Payment	<p>Has the meaning in 42 Code of Federal Regulations Section 164.501, including: activities carried out by CalOptima Health including:</p> <ol style="list-style-type: none"> 1. Determination of eligibility, risk adjustments based on Member health status and demographics, billing, claims management, and collection activities; 2. Review of health care services regarding medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; and 3. Utilization review activities including pre-certification, preauthorization, concurrent, or retrospective review of services.
Personal Representative	<p>Has the meaning given to the term Personal Representative in section 164.502(g) of title 45 of, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting <i>in loco parentis</i> who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009: Access, Use, and Disclosure of PHI to a Member's Personal Representative.</p>
Protected Health Information (PHI)	<p>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.</p> <p>This information identifies the individual or there is a 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:</p> <ol style="list-style-type: none"> 1. The past, present, or future physical or mental health or condition of a Member; 2. The provision of health care to a Member; or 3. Past, present, or future Payment for the provision of health care to a Member.
Treatment	<p>Has the meaning in 42 Code of Federal Regulations Section 164.501, including: activities undertaken on behalf of a Member including the provision, coordination, or management of health care and related services; the referral to, and consultation between, health care providers; and coordination with third parties for services related to the management of the Member's health care benefits.</p>