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TO:

# GENERAL INFORMATION SYSTEM

DIVISION: Office of Medicaid Management

Local District Commissioners, Medicaid Directors Betty Rice, Director

FROM: Betty Rice, Director Division of Consumer & Local District Relations

SUBJECT: Chapter 442 of the Laws 2005 Breach of Information Security

EFFECTIVE DATE: December 7, 2005

CONTACT PERSON: James F. Botta Privacy Coordinator Office of Medicaid Management 518 473 4848

Chapter 442 of the Laws of 2005 entitled the "Information Security Breach and Notification Act" amends the State Technology Law section 208. These provisions require all Local District Medicaid Offices to notify recipients, applicants and respective governmental offices (Attorney General, Consumer Protection Board and the Office of Cyber Security & Critical Infrastructure Coordination) of the unauthorized acquisition of private information which resulted from a breach of information security. The Local District of Social Services (LDSS) enacts policies to perform the required action described below. Penalties are established for failure to notify recipients and applicants and respective government offices

The law was enacted on August 9, 2005 and has an effective date of December 7, 2005

# REQUIRED ACTION:

State and local district Medicaid offices maintain Medicaid Confidential Information (MCI) on Medicaid recipients and applicants. This includes all personal enrollment information, financial information, social security number, Medicaid recipient identification number and other confidential information. Both Medicaid regulation(s) and HIPAA regulation(s) require that this information be kept secure and released only for purposes directly related to the administration of the Medicaid program.

All staff must be informed by written notice to staff regarding their responsibility to report suspected breaches of private confidential information to their supervisors or program directors.

The LDSS must have written directives that inform staff about the importance of reporting a breach and how to report such a breach and to whom it must be reported. The LDSS must have a privacy/security officer to whom the LDSS staff will report a suspected privacy breach. The LDSS staff person as the HIPAA Officer can also serve designated in the role of Privacy/Security Officer. The suspected breach must be investigated by the officer and recorded in a log if the breach is confirmed to be in violation of HIPAA and Medicaid confidentiality protections. The log should also record all suspected but not confirmed breaches of security. The breach must be reported to the LDSS Legal Counsel, the Commissioner, the Medicaid Director and the HIPAA officer of the LDSS affected program. If the breach is confirmed, the LDSS Commissioner should authorize written notification to

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each person whose information has been illegally disclosed without unreasonable delay as required by law. This notification must be made expeditiously, unless notification impedes a criminal investigation. Notification must be provided, except when notice costs over \$ 250,000 or over 500,000 persons are to be notified or insufficient contact information exists. In such cases, posting, alerting local media and e-mailing to and applicants (to the extent possible) must occur.

The Commissioner of the LDSS must also notify the State Attorney General, the Office of Cyber Security and Critical Infrastructure Coordination and the Consumer Protection Board of such breaches. If the information of 5000 or more applicants and/or recipients is breached, consumer reporting agencies (e.g. Equifax) must be notified of the breach.

Local District offices should notify Mr. James F. Botta as to who are the LDSS HIPAA Officer(s). Mr. Botta can be reached via email at jfb04@health.state.ny.us, or by phone at 518-473-4848.

Other important contact information:

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