

## ISSUE REPORTING & INVESTIGATION FORM

### INSTRUCTIONS

- This form is the detailed form to be used for documenting potential issues regardless of source.
- Investigations should be conducted by the accountable department and/or his/her designee and are reviewed by compliance for completeness and appropriateness of identified corrective actions.

<b>ACCOUNTABLE DEPARTMENT OR BUSINESS ASSOCIATE INFORMATION</b>	
Department Name	
Leader Name	
<b>ISSUE</b>	
Issue Type – Example: Non-Permitted Disclosure, FWA, Non-Compliance	
Issue Summary – Provide a summary including pertinent details (e.g., description of the PHI that was disclosed, or potential fraud).	
Date Issue Identified – MM/DD/YY	
How was the issue discovered? Provide a summary and details (e.g., issue discovered through an audit, brought forth by a member complaint or appeal).	
Root Cause (People, Processes, Technology) – Example: staff accidentally looked at the wrong screen and disclosed claim information to the son. A denial letter was mailed to an incorrect recipient. Member billed for a service or medication that was never received or requested.	
Date Issue Sent to Compliance – MM/DD/YY	
<b>IMPACT</b>	
Name of Person(s) that received the information or reported the issue. If a member, include her/his ID#.	
Name of Member(s), Member ID(s) or Provider(s) that were impacted.	
How was the issue shared? Verbal, Written, Both	
Number of Impacted Members or Providers	
Data inappropriately disclosed or accessed (e.g., name, date of birth, address, diagnosis, procedure code).	
If appropriate, did the recipient destroy the errant information (e.g., letter, Explanation of Benefits). Y/N or N/A	
Was the Destruction of PHI Certification form sent? Y/N or N/A If Yes, date sent MM/DD/YY	
Was the Destruction of PHI Certification form returned? Y/N or N/A If, Yes, date returned MM/DD/YY	
<b>CORRECTIVE ACTION PLAN (CAP)</b>	
Detailed Information of CAP	
Estimated CAP Implementation Date	
Actual Date CAP Implemented	
CAP Closure Date	
Were Providers Notified Y/N or N/A If Yes, date notification sent MM/DD/YY	
Were Members Notified Y/N or N/A If Yes, date notification sent MM/DD/YY	
<b>CMS Account Manager Notification</b>	
Date of Notification	
Follow Up Actions	