

STATE HEALTH INSURANCE EXCHANGE SECURITY INCIDENT REPORT

Instructions: This form is to be used by States to report security incidents in accordance with the Computer Matching Agreement Between the Centers for Medicare & Medicaid Services (CMS) and State Based Administering Entities for the Disclosure of Insurance Affordability Programs Information under the Patient Protection and Affordable Care Act. Reports must be submitted to the State's designated CMS State Officer within one hour of discovery.

Date/Time Submitted: _____

INCIDENT TRACKING NUMBER

*State Tracking # *(tracking number generated by State)*

CMS Tracking # *(To be completed by CMS)*

* Required information

REPORTING INDIVIDUAL CONTACT INFORMATION

Name*

Email*

Office Phone*

Cell Phone

State*

Title

INCIDENT CATEGORY*

Lost/Stolen Asset *(Section A)*

PII Breach *(Section B Mandatory)*

Malicious Code *(Section C) (Cat 3)*

Unauthorized Access *(Section D) (Cat 1)*

Improper Usage *(Section E) (Cat 4)*

Denial of Service *(Section F) (Cat 2)*

Scans/Probes/Attempted Access *(Section F) (Cat 5)*

Investigations *(Section F) (Cat 6)*

TYPE OF DEVICE INVOLVED IN INCIDENT*

Blackberry

Cell phone

Computer (Non-specific)

Computer Files

Desktop Computer

Domain Controller

E-mail

Hard Drive *(External)*

Hard Drive *(Internal)*

Laptop

Paper Documents

CD/DVD

PDA

Server

Tape/DLT/DASD

USB Thumb Drive

Other__

SECTION A: LOST/STOLEN ASSET

PII Involved? (if so, complete Section B) Yes No

Brief Description: *Include actions taken, asset brand/model, date and time, location of theft/damage and whether or not PII was exposed*

SECTION B: PII BREACH

BREACH CATEGORY *Check below*

- | | | |
|---|---|---|
| <input type="checkbox"/> Document Theft | <input type="checkbox"/> Document Lost in Transit | <input type="checkbox"/> Unintended Electronic Disclosure |
| <input type="checkbox"/> Hardware/Media Theft | <input type="checkbox"/> Hardware/Media Lost in Transit | <input type="checkbox"/> Unauthorized Access |
| <input type="checkbox"/> Document Loss | <input type="checkbox"/> Improper Usage | <input type="checkbox"/> Hacking or IT Incident |
| <input type="checkbox"/> Hardware/Media Loss | <input type="checkbox"/> Unintended Manual Disclosure | <input type="checkbox"/> Document sent to Wrong Address |

Number of Individuals Whose PII Was Lost or Compromised *List Number below or check box*

Number of Individuals Impacted:	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
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Brief Description: *Ensure to include the format of the PII (i.e. email, web, database, etc), population affected, categories of PII involved, whether PII lost, stolen or compromised, and the actions taken, if any.*

SECTION C: MALICIOUS CODE

MALWARE TYPE <i>Check below</i>	OPERATING SYSTEM
<input type="checkbox"/> Worm <input type="checkbox"/> Virus <input type="checkbox"/> Trojan	<input type="checkbox"/> Windows <input type="checkbox"/> Linux
<input type="checkbox"/> Buffer Overflow <input type="checkbox"/> Denial of Service (DoS) <input type="checkbox"/> Other:	<input type="checkbox"/> Unix <input type="checkbox"/> Mac

NAME OF MALWARE <i>if known</i>	ACTION TAKEN REGARDING MALWARE	PRIOR TO EVENT, WAS AFFECTED NODE PROPERLY PATCHED?
	<input type="checkbox"/> Quarantined <input type="checkbox"/> Cleaned <input type="checkbox"/> Left Alone	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of current actions taken (if any):

SECTION D: UNAUTHORIZED ACCESS

Describe Violation

Actions taken *(if any)*

SECTION E: IMPROPER USAGE/POLICY VIOLATION

TYPE OF VIOLATION

(P2P) File Sharing
 Instant Messenger

Inappropriate Web sites
 Remote Access

Unapproved Software
 Other (Describe)

Describe Incident

Actions taken *(if any)*

SECTION F: DENIAL OF SERVICE, SCANS/PROBES/ATTEMPTED ACCESS, & INVESTIGATIONS

Describe Violation

Actions taken *(if any)*

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.