



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 12, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-08

Applicable to:

- Long-term Care Provider Service Network
- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Ad hoc Report for Notifications to HHS Regarding Breaches of Protected Health Information (PHI)

The managed care plan may be required to provide to the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan shall fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan shall have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan shall verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.¹)

The managed care plan must submit notification to the Secretary of Health and Human Services (HHS) when they have a breach in protected health information (PHI), per 45 CFR 164.408. The managed care plan must provide the Agency with copies of all such submissions to the Secretary of HHS, per the Agency Business Associate Agreement (Standard Contract, Attachment II, Section 10d.(i))

The purpose of this policy transmittal is to notify managed care plans of an ad hoc reporting requirement regarding breaches of PHI. The managed care plan must provide the Agency with a copy of all breaches of PHI notifications that were submitted to the Secretary of HHS for calendar year 2015 but were not previously provided to the Agency. The managed care plan must also submit an attestation to the Agency concurrently with its copies of HHS breach notifications to attest to the accuracy, completeness, and timely submission of the reports.

The managed care plan must submit the above referenced notices and the required attestation to the ad hoc report folder on the Statewide Medicaid Managed Care FTP site within thirty (30) days of the date of this letter. Breach notification reports must be submitted to the 2016 ad hoc

¹ The citation for the CMS Plan is Attachment I, Section II.D.2.



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report folder on the Statewide Medicaid Managed Care FTP site using the following naming convention: PHI-Breach_***YYYYMMDD##, where *** is the managed care plan's three-character plan identifier; YYYYMMDD represents the four-digit year, two-digit month, two-digit day, of the discovery of the breach; and ## represents a sequential number for each report submitted on a date (i.e., 01, 02, 03, etc.). If there were no breaches of PHI during calendar year 2015, the managed care plan must submit an attestation to the Agency to certify that the managed care plan has no data to report. The managed care plan must complete and submit the attestation as described in Chapter 2 of the Statewide Medicaid Managed Care Managed Care Plan Report Guide, effective April 1, 2016.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder", written in a cursive style.

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/sr