



RICK SCOTT  
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May 26, 2016

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 16-11

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: Health Plan Privacy Incidents/Breaches Reporting Form

The managed care plan must report to the Agency contract manager the discovery of any use, or disclosure of protected health information that is not in compliance with the contract or state or federal law, in accordance with the Business Associate Agreement. (Attachment II, Section II.D.31.<sup>1</sup>) The purpose of this policy transmittal is to provide managed care plans with the Health Plan Privacy Incidents/Breaches Reporting Form which must be used to report privacy and security incidents and breaches to the Agency. The managed care plan must use the attached form to notify the Agency of the discovery of any use or disclosure of protected health information not provided for in the contract and of any security incident of which the managed care plan is aware, in compliance with the terms of Attachment II, Business Associate Agreement.

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".

Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

BK/sr  
Attachment

<sup>1</sup> The citation for the CMS Plan contract is Attachment I, Section II.D.31.

