



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

April 9, 2019

## Statewide Medicaid Managed Care (SMMC) Contract Interpretation: 2019-05

Applicable to the **2018-2023 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

### Re: Revised Reporting Requirements for Privacy Incidents/Breaches of Protected Health Information (PHI)

The managed care plan must report to the Agency contract manager the discovery of any use, or disclosure of protected health information (PHI) 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.) The purpose of this contract interpretation is to provide the managed care plan with revised reporting requirements for unauthorized disclosure of PHI.

The managed care plan must submit to the Agency contract manager:

- Notice, in a manner and format prescribed by the Agency, of the discovery of any use or disclosure of PHI that is not in compliance with this contract or state or federal law (Attachment III, Business Associate Agreement, item 10a.); and
- Copies of all United States Department of Health and Human Services (HHS) breach notifications per [45 CFR §164.408\(c\)](#), including breaches involving five hundred (500) or more individuals, no later than sixty (60) days after the end of each calendar year, **concurrently with an attestation in accordance with [42 CFR 438.606\(c\)](#)**. (Attachment III, Business Associate Agreement, item 10d.)

You can find a copy of the revised Health and Dental Plan Privacy Incidents/Breaches Reporting Form under [Agency-Approved Contract Materials](#) on the Agency's SMMC web page.

Pursuant to Attachment II, Section XV.I.1., the managed care plan must submit, within twenty-one (21) days after the interpretation of the contract, a written dispute of the contract interpretation directly to the Deputy Secretary; this submission must include all arguments, materials, data, and information necessary to resolve the dispute (to include all evidence, documentation and exhibits). All other provisions in this section apply.

Please submit such written requests to the following address:

Attn: Ms. Beth Kidder  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
**Attn: Managed Care Appeals/Disputes, MS #70**  
2727 Mahan Drive  
Tallahassee, FL 32308



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

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive, flowing style.

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr