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June 30, 2014

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 14-10

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan

Re: Kick Payment for Course of Hepatitis C Treatment Drugs

The purpose of this policy transmittal is to inform all Managed Medical Assistance (MMA) plans of the process by which MMA plans may request kick payments from the Agency for Health Care Administration (Agency) for qualified/authorized enrollees undergoing Sovaldi or Sovaldi/Olysio therapy for treatment of Hepatitis C.

Plans must follow the specific prior authorization (PA) criteria posted on the Agency's internet site to authorize Sovaldi therapy or Sovaldi/Olysio therapy for enrollees with Hepatitis C. The PA criteria are located at:

http://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria_pdf/Sovaldi_Criteria.pdf

http://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria_pdf/Olysio_Criteria.pdf

By submitting a kick payment request, the plan attests that all conditions specified in the drug PA criteria have been met. MMA plans may request kick payment(s) for any authorized Sovaldi or Sovaldi/Olysio therapies dated May 1, 2014 and later.

After the initial fill of an authorized prescription for Sovaldi or Sovaldi/Olysio therapy has been processed and adjudicated, the plan may request a kick payment by submitting the required details for each PA and its initial fill on the *Sovaldi_Olysio Kick Payment Spreadsheet* attached. The plan must insert information for each PA on the left side of the spreadsheet, and insert the initial fill information for the corresponding prescription on the right side. Kick payment requests should be submitted only once per PA after the initial fill, but not for subsequent fills for the same PA/therapy period.

Plans must enter the appropriate 9-digit, region-specific Medicaid ID in Column B of the spreadsheet. Kick payment requests for different regions may be included on one spreadsheet.

The Agency reimburses for three types of kick payments, based on the approved duration of therapy. Choose the correct therapy duration from the drop-down list in Column D: 4-weeks, 8-weeks or 12-weeks. The plan must complete the spreadsheet using one line per drug. Please note the example provided on the spreadsheet for the combination Sovaldi/Olysio therapy.

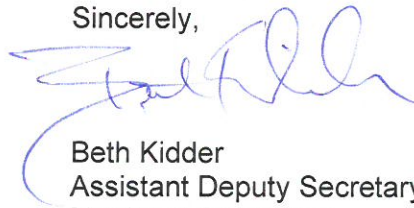


The plan shall submit the completed kick payment request spreadsheet by the 7th day of the month for the preceding month's PAs/initial fills for authorized enrollees. All documents should be submitted to the MPA secure FTP site (Server: sftp.ahca.myflorida.com Port: 2226 in the MPA/ToMPA/HepC subdirectory).

Plan records documenting each PA are subject to review by the Agency upon request. The Agency will conduct random audits which will include, but may not be limited to, reviews of the following documentation: prior authorization form, copy of the prescription, detailed progress notes, copies of appropriate lab studies (viral load(s), genotype, neutrophil count, hemoglobin, CD4, etc.), and test results (biopsy, radiological imaging reports, etc.).

If you have questions regarding this process, please contact Wenzhang (Mike) Du at 850-412-4088 or by e-mail at Wenzhang.Du@ahca.myflorida.com.

Sincerely,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Operations

BK/dp

Attachment: Sovaldi_Olysio Kick Payment Spreadsheet