



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 1, 2014

**Statewide Medicaid Managed Care (SMMC) Policy Transmittal**

**Policy Transmittal: 14-14**

**Re: Transplant Kick Payments**

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

The purpose of this policy transmittal is to inform the managed care plans of a change in the submission requirements for the operative report and claim documentation for transplant kick payments.

The requirement for submission of the transplant operative report is codified in: Attachment II, Exhibit II-A, Section IX.B.4.a., which states that, in order to receive a kick payment for covered transplants provided to an enrollee without Medicare, managed care plans must submit an accurate and complete CMS-1500 claim form and operative report to the Agency's fiscal agent within the required Medicaid fee-for-service claims submittal timeframes.

The submission of the operative report is no longer a requirement to receive the kick payments for transplants. However, plans must notify their Agency contract manager if they received a kick payment for an enrollee who is disenrolled from the plan during the 12 month post-transplant period.

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

Sincerely,

A handwritten signature in blue ink that reads "Beth Kidder for".

Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Operations

BK/ha

