



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 3, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-04

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
- Children’s Medical Services (CMS) Plan

Re: Revised Rates and Process for Hepatitis C Kick Payments

The Agency must make kick payments to the managed care plan for authorized treatment of Hepatitis C using Agency-approved drugs in the amounts indicated in the Kick Payment Rates for Covered Hepatitis C Treatment Services table. (Attachment II, Exhibit II-A, Section IX.B.5.) The purpose of this policy transmittal is to inform managed care plans serving Managed Medical Assistance enrollees of new kick payment rates and requirements for submission of kick payment requests.

The newest capitated rates for the managed care plans serving Managed Medical Assistance enrollees (effective September 1, 2015) have been adjusted to incorporate Hepatitis C treatment drugs. Amended capitation rate tables were included in the most recent general SMMC contract amendment, dated November 1, 2015.

The following rate table replaces the table in Attachment II, Exhibit II-A, Section IX.B.5.:

**KICK PAYMENT RATES FOR COVERED HEPATITIS C TREATMENT SERVICES TO HIV/HCV PATIENTS; NOT FOR USE UNLESS APPROVED BY CMS.
EFFECTIVE DATE: September 1, 2015**

Payment Tier	September 2015 – December 2015 Amount
4-Week	\$31,566.00
8-Week	\$63,132.00
12-Week	\$94,699.00

1. A kick payment is triggered if a member in a capitated plan is authorized for a hepatitis C treatment that includes Olysio, Sovaldi, Harvoni, Viekira Pak, Daklinza, or Technivie.
2. The kick payment is the same amount by authorization duration regardless of the type of treatment that is included.
3. Each additional payment is triggered when the member is authorized and continues the treatment.



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For Hepatitis C treatment drugs provided on or after September 1, 2015, kick payments will be provided only for recipients who are co-infected with HIV/AIDS and Hepatitis C (“HIV/HCV patients”). A managed care plan may receive kick payments for Hepatitis C treatments for its HIV/HCV patients by submitting a kick payment request spreadsheet using the existing process described in Policy Transmittal 14-10. Managed care plans are not required to submit a kick payment spreadsheet if no payment is requested.

The kick payment spreadsheet has been revised and is included with this policy transmittal. The drop-down drug choices (now in Columns K and T) have been updated to include the newer drugs Daklinza and Technivie. The managed care plan should indicate in Column I whether the enrollee is a co-infected HIV/HCV patient.

If you have any questions about the Hepatitis C kick payments, please email Laurie Svec at Laurie.Svec@ahca.myflorida.com.

Sincerely,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp

Attachments: Kick Payment Spreadsheet
Milliman Report on September 2015 – December 2015 High Cost Hepatitis C Kick
Payment for AIDS / HIV Members