



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 6, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-29

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

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Payments to Managed Care Plans for Coverage of Hepatitis C Treatment Drugs

Managed care plans have been able to request kick payment(s) from the Agency for Health Care Administration (Agency) for enrollees who are co-infected with HIV/AIDS and Hepatitis C (HIV/HCV) for any authorized treatments of Hepatitis C using Agency-approved drugs, effective September 1, 2015. (Attachment II, Exhibit II-A, Section IX.B.5.) The purpose of this policy transmittal is to inform the managed care plan of a revised payment methodology for coverage of Hepatitis C treatment drugs.

The capitated rates for the managed care plans serving Managed Medical Assistance enrollees (effective September 1, 2016) have been adjusted to incorporate the cost of covering Hepatitis C treatment drugs for all enrollees, including those co-infected with HIV/HCV. The Agency will discontinue all kick payments for all Hepatitis C treatment drugs provided on or after September 1, 2016.

The managed care plan may continue to submit requests for kick payments for Hepatitis C treatment drugs provided between September 1, 2015 and August 31, 2016 for enrollees diagnosed with HIV/HCV by submitting the revised kick payment request spreadsheet, attached to this policy transmittal. Submission must be made using the existing process described in Policy Transmittal 14-10. In order for the kick payment request to be processed, the managed care plan must submit to the Agency a valid, corresponding encounter claim for each prescription filled. The managed care plan is not required to submit a kick payment spreadsheet if no payment is requested.

The managed care plan must submit initial kick payment requests and all resubmission requests to the Agency no later than December 30, 2016. The Agency will not process requests received after December 30, 2016.



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If you have questions or need assistance resolving any Hepatitis C drug kick payment requests, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder", written in a cursive style.

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp
Attachment