

**Sovaldi\_Olyσιο Kick Payment Spreadsheet - Prior Authorizations (PAs)/Initial Claim Detail, 2014**

Directions and Attestations - Plans must follow the specific prior authorization (PA) criteria posted on the AHCA website in authorizing reimbursement for these drugs.  
By submitting a request, a Plan is attesting that all conditions have been met.  
Plans may submit details of each PA only after a claim for the initial fill for the approved drug has been adjudicated, and only once per PA; kick payment requests for different regions may be submitted on the same spreadsheet.  
Plans must submit requests by the 7th of the month for the preceding month's PA/initial fills that meet required conditions.  
All records documenting the prior authorization and claims are subject to review by AHCA upon request.  
It is the responsibility of the Plan to submit all of the data requested below; incomplete submissions will not be considered.

**\*\*\*Note - For combination therapy, separate PAs and the corresponding Initial Claim Detail must be submitted for each drug. See example below.**

MMA Plan - Select One	MMA Plan Medicaid ID (9 digits)	MMA Plan Representative Submitting Request	PA Type - Select One	Unique PA Auth Number	Recipient ID	Recipient First Name	Recipient Last Name	Recipient DOB	Drug Name	NDC	Days Supply Approved	Quantity Approved	PA Start Date	PA End Date	Prescription Number	Plan's Internal Claim or Transaction Number	Drug Name	NDC	Days Supply	Quantity Dispensed	Date of Service	Adjudication Date	Paid Amount	Pharmacy Provider NPI	Prescriber NPI	Approved Kick Payment Amount
EXAMPLE	999999999	John Doe	4-week	123456	1111111111	Jane	Doe	99/99/9999	Sovaldi	6195815011	28	28	5/1/2014	6/1/2014	555555	2222222222	Sovaldi	6195815011	28	28	99/99/9999	99/99/9999	\$1.00	44444444	88888888	\$1.00
EXAMPLE	999999999	John Doe	4-week	654321	1111111111	Jane	Doe	99/99/9999	Olyσιο	5967622528	28	28	5/1/2014	6/1/2014	555555	2222222222	Olyσιο	5967622528	28	28	99/99/9999	99/99/9999	\$1.00	44444444	88888888	\$1.00

Initial Claim Details



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

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/Sovaldi_Criteria.pdf)

[http://ahca.myflorida.com/medicaid/Prescribed\\_Drug/drug\\_criteria\\_pdf/Olysio\\_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.

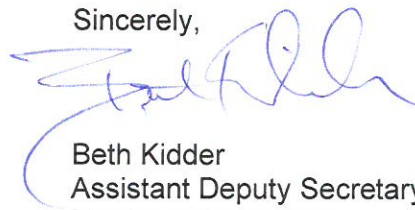


The plan shall submit the completed kick payment request spreadsheet by the 7th day of the month for the preceding month's PAs/initial fills for authorized enrollees. All documents should be submitted to the MPA secure FTP site (Server: sftp.ahca.myflorida.com Port: 2226 in the MPA/ToMPA/HepC subdirectory).

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](mailto:Wenzhang.Du@ahca.myflorida.com).

Sincerely,



Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Operations

BK/dp

Attachment: Sovaldi\_Olysio Kick Payment Spreadsheet