

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

June 8, 2020

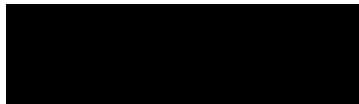
Mike Smith
Secretary
Vermont Agency of Human Services
280 State Drive
Waterbury, VT 05671

Dear Mr. Smith:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Vermont's request to update the Vermont Global Commitment to Health Demonstration (Project Number 11-W-00194/1) Attachment G, which allows the state to temporarily halt premiums imposed on children age 0 through 18 in Population 1 with income greater than 195 percent of the federal poverty level, for the duration of the COVID-19 public health emergency and up to 60 days after it concludes.

If you need assistance, feel free to contact Eli Greenfield at (410) 786-6157 or by e-mail at Eli.Greenfield@cms.hhs.gov.

Sincerely,



Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Gilson DaSilva, State Monitoring Lead, Medicaid and CHIP Operations Group

ATTACHMENT G
Premiums and Co-Payments for Demonstration Populations

Premiums for children age 0 through age 18 in Population 1 are charged according to the following chart:

Group	Premiums
Children with income > 195% percent through 237% of the FPL	\$15/month/family (\$0 during the COVID-19 declared emergency period, including up to 60 days after the emergency period ends)
Underinsured Children with income > 237% through 312% FPL	\$20/month/family (\$0 during the COVID-19 declared emergency period, including up to 60 days after the emergency period ends)
Uninsured Children with income > 237% through 312% of the FPL	\$60/month/family (\$0 during the COVID-19 declared emergency period, including up to 60 days after the emergency period ends)

Population	Premiums	Co-Payments	State Program Name
Demonstration Population 7: Medicare beneficiaries with income at or below 150 percent of the FPL, who may be enrolled in the Medicare Savings Program (MSP) but are not otherwise categorically eligible for full benefits.	Premiums not to exceed the following: 0-150% FPL: \$15/month/person	Not to exceed the nominal co-payments specified in the Medicaid State plan.	VPharm1

Attachment G

Demonstration Population 8: Medicare beneficiaries with income above 150 percent and up to and including 225 percent of the FPL, who may be enrolled in the Medicare Savings Program (MSP), but are not otherwise categorically eligible.	Premiums not to exceed the following: 151-175% FPL: \$20/month/person 176-225% FPL: \$50/month/person	Not to exceed the nominal co-payments specified in the Medicaid State plan.	VPharm2 or VPharm3
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