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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 24-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 28, 2024

Monica Ogelby, Medicaid Director  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05671

Re: Vermont State Plan Amendment (SPA) 24-0008

Dear Director Ogelby:

For your records, this is an approved copy of Vermont's Medicaid Premiums and Cost-Sharing (MPC) State Plan Amendment (SPA) VT 24-0008. This MPC amendment submitted through the Medicaid Model Data Lab (MMDL No. VT.7022.R00.00) on April 24, 2024, meets all federal statutory and regulatory requirements.

The state submitted this SPA to suspend temporarily pharmacy co-payments for dates of service starting on February 21, 2024, through March 18, 2024, in response to the Change Healthcare cybersecurity incident in alignment with the CMCS Informational Bulletin. This SPA was approved on June 28, 2024, with an effective date of February 21, 2024.

Enclosed are copies of the Summary Page (with 179-like data) and approved Medicaid Premiums and Cost-Sharing pages for incorporation into Vermont's State Plan.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at [Gilson.DaSilva@cms.hhs.gov](mailto:Gilson.DaSilva@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

# Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Vermont

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

VT-24-0008

Proposed Effective Date

02/21/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR § 447.53; Section 1916A of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 57125.00
Second Year	2025	\$ 0.00

Subject of Amendment

Temporary Suspension of Pharmacy Copays

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Approved by Secretary of Administration.

Signature of State Agency Official

Submitted By:

Dylan Frazer

Last Revision Date:

Jun 6, 2024

Submit Date:

Apr 24, 2024



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: VT - 24 - 0008

**Cost Sharing Amounts - Targeting** **G2c**

1916  
1916A  
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than  TO Incomes Less than or Equal to

Add	Service	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	Pharmacy	1.00	\$	Prescription	\$1.00 for prescription drugs costing less than \$30.00. *Cost refers to the amount of reimbursement *Pharmacy cost sharing is suspended for dates of service 2/21/24 - 3/18/24.	<b>Remove</b>
<b>Add</b>	Pharmacy	2.00	\$	Prescription	\$2.00 for prescription drugs costing \$30.00 or more but less than \$50.00. *Cost refers to the amount of reimbursement *Pharmacy cost sharing is suspended for dates of service 2/21/24 - 3/18/24.	<b>Remove</b>
<b>Add</b>	Pharmacy	3.00	\$	Prescription	\$3.00 for prescription drugs costing \$50.00 or more. *Cost refers to the amount of reimbursement *Pharmacy cost sharing is suspended for dates of service 2/21/24 - 3/18/24.	<b>Remove</b>
<b>Add</b>	Outpatient	3.00	\$	Day	\$3.00 per day per hospital. Sexual assault related services are exempt from cost sharing.	<b>Remove</b>
<b>Add</b>	Dental	3.00	\$	Visit	\$3.00 per provider per date of service. Preventive dental services are exempt from cost sharing.	<b>Remove</b>

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.



# Medicaid Premiums and Cost Sharing

## Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No

## Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

Remove Population

Add Population

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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