

Revision:

ATTACHMENT 4.18-A

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OMB NO:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

A. The following charges are imposed on the categorically needy for services, in accordance with section 1916 of the Social Security Act and 42 CFR 447.50 – 447.60:

Service	Type of Charge			Amount/Basis for Determination
	Deductible	Coinsurance	Copayment	
Pharmacy			X	\$1.00 for prescription drugs costing* less than \$30.00. Copayment is based on average state payment of \$12.62 per claim (as of 06/12).
			X	\$2.00 for prescription drugs costing* \$30.00 or more but less than \$50.00.
			X	\$3.00 for prescription drugs costing* \$50.00 or more.
Outpatient			X	\$3 per day per hospital. Copayment is based on average state payment of \$243.64 per outpatient claim (as of 12/11).
Dental			X	\$3.00 per provider per date of service. Copayment is based on average state payment of \$138.29 per claim (as of 12/11)

*Cost refers to the amount of reimbursement.

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Effective Date: 7/1/13

Supersedes

TN No.: 12-009

Approval Date: 9/13/13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

B. The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges for individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Pursuant to Section 1916(c) of the Act, the State permits the provider, in the absence of knowledge or indications to the contrary, to accept the Medicaid recipient's assertion that he or she is unable to pay.

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b) are described below:

The co-payment is deducted from the Medicaid payment unless the provider indicates an excluded category as contained on the claim form.

Vermont implements and enforces the federally required exclusions from co-payment by programming edits into the claims processing system which checks each claim for entries in date of birth, address, diagnosis, procedure code, emergency, and family planning indicator fields. Claims lacking information in any of these fields are denied. Correctly completed claims are edited against the copayment exclusion information in the system to determine whether or not a copayment is required.

American Indians/Alaska Natives (AI/AN) who currently or have previously received services by the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U), or through a referral under contract health services in any State are exempt from co-payments.

Vermont will accept documentation from Indian Health Providers and Urban Indian Organizations, such as the IHS active or previous user letter, which indicates that the individual has received a service from an I/T/U, and the State will then provide an edit in the system exempting the individual from cost sharing.

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

The Department of Vermont Health Access's (DVHA's) fiscal agent performs a calculation and produces a report, within thirty (30) days after the end of each quarter, indicating if any Medicaid beneficiaries have exceeded the 5% of the family's gross income for cost sharing. 5% of the family's gross income will not be exceeded in any quarter. The amount above the 5% cap is refunded to the beneficiary.

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