

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:

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)
Durable Medical Equipment (DME)/ Medical Supplies			X	\$1.00 for DME/Medical Supplies costing* less than \$30.00. Copayment is based on average state payment of \$16.97 per claim (as of 06/12).
			X	\$2.00 for DME/Medical Supplies costing* \$30.00 or more but less than \$50.00.
			X	\$3.00 for DME/Medical Supplies costing* \$50.00 or more.

\*Cost refers to the amount of reimbursement.

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Effective Date: 08/01/12

Supersedes

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