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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 16-0007

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Center for Medicaid & State Operations

Disabled and Elderly Health Programs Group

August 26, 2016

Hal Cohen
State of Vermont
Agency of Human Services
Office of the Secretary
280 State Drive
Waterbury, Vermont 05671-1000

Dear Mr. Cohen:


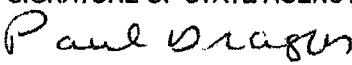

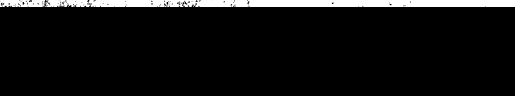
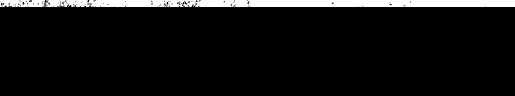
We have reviewed Vermont State Plan Amendment (SPA) TN# 16-007 received in the Boston Regional Office on March 29, 2016, and we are pleased to inform you that it is approved, effective February 1, 2016. Under this SPA, the State of Vermont specifies how it will update the fee schedule for all Physician Administered Drugs.

The Boston Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the Vermont Medicaid State Plan. If you have any questions regarding this amendment, please contact Yolonda Williams at (410) 786-6618.

Sincerely,

/s
John M. Coster, Ph.D, R.Ph.
Director
Division of Pharmacy

cc: Richard R. McGreal, Associate Regional Associate
Thomas Schenck, Boston Regional Office
Dylan Frazer, Agency of Human Services Center Building

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 16-007	2. STATE: VERMONT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE(S) FEBRUARY 1, 2016		5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 0.00 b. FFY 2017 \$ 0.00		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 4.19-B PG 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATT. 4.19-B PG 3		
10. SUBJECT OF AMENDMENT: Physician Administered Drug Fee Schedule			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION 	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Dylan Frazer AGENCY OF HUMAN SERVICES CENTER BUILDING 280 STATE DRIVE WATERBURY, VT 05671-1000	
13. TYPED NAME: HAL COHEN		15. DATE SUBMITTED: 3/29/16	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/29/2016		18. DATE APPROVED: 8/26/2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/1/2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE: 	
23. REMARKS			

METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE
(Continued)

12 a. Prescribed Drugs

- (6) Effective February 1, 2016 rates for all Physician Administered Drug prices will be at 93% of Medicare's Average Sales Price (ASP) +6%. Rates for Physician Administered Drugs will be updated every six months using the latest version of Medicare's ASP pricing file. Medicaid reimbursement for Physician Administered Drugs may not exceed the amount that Medicare recognizes for such services. All rates are published at www.dvha.vermont.gov/for-providers.

TN# 16-007

Supersedes

TN# None

Effective Date: 02/01/16

Approval Date: 8/26/16