

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

April 2, 2020

Karen Kimsey, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

RE: Virginia State Plan Amendment 20-0009

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 20-0009, Cost Sharing. This SPA proposes to not charge cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.

This SPA is acceptable. Therefore, we are approving SPA 20-0009 with an effective date of March 13, 2020. Enclosed is a copy of the Summary Page (CMS-179) and the approved SPA pages.

If you have any questions concerning this information, please contact me at (816) 426-6417, or your staff may contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov or (215) 861-4288.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosure

cc:
Emily McClellan

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

State/Territory name: Virginia

Transmittal Number:

Proposed Effective Date

Federal Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$ 980000.00
Second Year	2021	\$ 1680000.00

Subject of Amendment

Removal of cost sharing.

Governor's Office Review

- ☒ Governor's office reported no comment
- ☐ Comments of Governor's office received

Signature of State Agency Official

- Submitted By: Emily McClellan
- Last Revision Date: March 25, 2020
- Submit Date: March 20, 2020



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: VA - 20 - 0009

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	No

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.

V.20160722

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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TN No. 20-0009

Approval Date 03/29/2020

Effective Date 03-13-20

Supersedes

TN No. 03-01

HCFA ID: 0053C/0061E

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August, 1991

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