Federal and State Assessments

Vermont Autism Mandate:
This mandate started upon renewal after 10/1/11 and provides coverage for the treatment of autism for children from the ages of 18 months to 6 years (or entrance to first grade, whichever is first). The additional cost for this mandate is calculated as a load to the Family rate.

Vermont Early Childhood Developmental Disorders Mandate:
This is an expansion of the above autism mandate. This mandate is effective upon renewal after 10/1/12 and provides coverage for the treatment of a broad spectrum of early childhood developmental disorders from birth to age 21. The additional cost for this mandate is $3.37 PMPM.

Vermont Blueprint for Health:
This program first began in July of 2008 and has been expanding since its inception. The charge includes the costs incurred under the current program (which are not included in the claims) and the projected future costs for the expansion of Blueprint to additional practices. The future cost is estimated by comparing the PCPs of the group's members (imputed PCP where actual PCP unknown) with the scheduled expansion.

Vermont Vaccine Purchasing Program:
Beginning in April of 2011, this is a bulk purchasing program for vaccines that is funded through an assessment on insurers (based on their relative market share). Vaccines are supplied to participating providers at no cost, and the claims associated with this vaccine is submitted with $0.00 or $0.01 charge. The amount attributable to the group is imputed from their actual vaccination claim history.

Vermont Information Technology Leaders (VITL):
Beginning with VITL's institution in 2008, this is a 0.199% assessment on all claims and capitations to fund the adoption and networking of electronic health records in Vermont.

Vermont Health Care Claims Assessment (HCC):
Beginning 10/1/2011, this is a 0.8% assessment on all claims and capitations that goes into the state health care resources fund. This includes subsidies for Catamount & The Exchange.

Vermont Rx Out-of-Pocket Maximum:
Beginning upon renewal after 10/1/2012, all health insurance plans must limit a member's out-of-pocket expenditures for precription drugs to no more for self-only and family coverages per year than the minimum deductible amounts permissible for HSA-eligible coverage under the Internal Revenue Code. For 2012 plan years, this is $1,200 for singles and $2,400 for families. In 2013, this will increase to $1,250/$2,500.

Federal Patient-Centered Outcomes Research Trust Fund Fee (PCOR):
Beginning for policy years ending after 9/30/2012, this is a fee per average member during the policy year. For the first year, the fee is $1 PMPY. In the second year of the program, the fee goes up to $2 PMPY. Thereafter, it will increase by the percentage increase in the projected per capita amount of the National Health Expenditures most recently released by the Department of Health and Human Services before the beginning of the fiscal year.

Federal Women's Preventive Services Mandate:
Beginning upon renewal for non-grandfathered groups after 8/1/2012, this mandate expands the services to be covered with no cost share by the Affordible Care Act. Now included are well-woman visits, screening for gestational diabetes, HPV testing, counseling for STIs and HIV, contraception, lactation support and supplies, and screening and counseling for domestic violence. The additional cost for this mandate is $1.13 PMPM.

Federal Insurer Fee:
Beginning 1/1/2014, this fee will be assessed on the premiums for all insurers. For the first year of the program, a total of $8 billion will be collected, with the amounts due by insurers determined by their portion of total health insurance premiums. In future years, this amount will increase on an annual basis, going up to $14.8 billion in 2018 and increasing by an indexed amount thereafter. This fee is intended to fund the health exchanges.
Applies to fully insured premium and stop loss premium for cost plus and ASO. Expected to be 2%.

Federal Transitional Reinsurance Fee:
Beginning 1/1/2014, this per capita rate will be charged on all plans to fund the reinsurance program for high-cost claimants in non-grandfathered individual plans. A total of $12 billion will be collected by the federal government in 2014, dropping down to $5 billion in 2016. However, individual states may decide to collect more.
Expected to be $5.25pmpm, applies to fully insured, cost plus and ASO.