

State Health Care Resources Fund: Revenue Breakdown

Updated February 5, 2014 - JFO

Name	Statute	Description	Revenue (State Fiscal Year)	Notes
All Years are State Fiscal Years				
Tobacco Taxes				
Cigarette Tax (and Floor Stock Tax)	32 V.S.A §7771. <i>Rate of Tax</i>	<ul style="list-style-type: none"> Includes cigarettes, little cigars, and roll-your-own tobacco. Tax based on weight, not per pack rate. 2003: Tax surpasses the \$1 mark for first time at \$1.19/pack. 2006: Little cigars and roll-your-own tobacco taxed as cigarettes instead of tobacco products. 2008: 11% increase from \$1.79 to \$1.99/ pack. 2009: 13% increase from \$1.99 to \$2.24/pack. 2011: 17% increase from \$2.24 to \$2.62/pack. 	<p>2014 Est.: \$65,700,000</p> <p>2013: \$67,338,387</p> <p>2012: \$73,361,311</p>	*2012 actual includes floor stock tax of \$550,272.
Tobacco Products Taxes	32 V.S.A §7811. <i>Imposition of tobacco products tax</i>	<ul style="list-style-type: none"> Includes cigars, pipe tobacco, snuff & smokeless tobacco. 2006: Snuff tax changed from 41% of wholesale to \$1.49/ounce. 2008: 13% increase on snuff tax from \$1.49 to \$1.69/ounce. 2009: Smokeless tobacco added to snuff tax, 18% increase from \$1.69 to \$1.99/ounce. 2009: All tobacco products tax rate increased from 41% to 92% of wholesale price. 2011: 101% Cigar tax increase from \$1.08 to \$2.17. 	<p>2014 Est.: \$6,900,000</p> <p>2013: \$6,931,690</p> <p>2012 Actual: \$6,868,728</p>	
Employer/Claims Assessment				
Health Care Fund Contribution Assessment (a.k.a. "Employer Assessment")	21 V.S.A § 2003	<ul style="list-style-type: none"> Current quarterly health care fund contribution of \$119.12/quarter or \$476.48 annually paid by employers for every "uncovered" FTE in excess of four. Definition of "uncovered" can be found on the Vermont Department of Labor website. Adjusts by a percentage equal to any percentage change in premiums for the second lowest cost silver plan in the Vermont Health Benefits Exchange. 	<p>2014 Est.: \$12,700,000</p> <p>2013: \$11,886,600</p> <p>2012: \$11,168,000</p>	<p>Link to the Vermont Department of Labor Employer Assessment page:</p> <p>http://labor.vermont.gov/Default.aspx?tabid=1164</p>

Health Care Claims Tax (Includes Dental Claims)	32 V.S.A § 10402 <i>Health Care Claims Tax</i>	<ul style="list-style-type: none"> • There is a 0.999% tax on all health insurance claims paid by health insurers for its Vermont members for the previous fiscal year ending June 30, of which <u>0.8% of claims</u> are deposited into the State Health Care Resources Fund. • Act 45 of 2011 (Misc. Tax Bill) moved collection of the tax from DVHA to the Department of Taxes. • Claims tax also imposed on dental claims. 	2014 Est.: \$13,600,000 2013: \$12,470,283 2012: \$12,603,108	<i>There is a proposal in the Governor's recommended SFY'15 budget to increase the claims assessment by another 0.8%.</i>
Provider Taxes				
<i>Notes:</i> <ul style="list-style-type: none"> • All provider taxes must be broad based (imposed equally throughout each individual class), uniformly imposed (each provider taxed the same), and comply with the "hold harmless" provision (tax paid is not returned to provider ensuring they are made whole for amounts paid). • Vermont imposes provider taxes on 6 of the 19 specified classes of health care providers or services allowed by federal regulations. 				
Hospital Provider Tax	33 V.S.A. §1953. <i>Hospital Assessment</i>	<ul style="list-style-type: none"> • Current tax rate is 6%, up from 5.9% in 2012. • Tax rates have ranged between 3.6% and 6% over the last 10 years, holding at 5.5% from 2007 to 2011. • Psychiatric Hospitals such as the Brattleboro Retreat are assessed at a rate of 4.21%, representing approx. \$900K (2014 estimate). 	2014 Est.: \$122,576,799 2013: \$115,505,466 2012: \$110,642,636	
Nursing Home Provider Tax	33 V.S.A. §1954. <i>Nursing Home Assessment</i>	<ul style="list-style-type: none"> • Tax assessed on a per bed basis, which cannot exceed the corresponding rate. • Current tax rate is 6% of net patient revenues, or \$4,919.53 per bed, which has not changed since 2012. • From 2009 – 2011, per bed rate was \$4,509.57, or 5.5% of net patient revenues. 	2014 Est.: \$15,822,028 2013: \$16,268,103 2012: \$15,749,272	Annual assessment on licensed beds is prorated for the number of days the bed was actually licensed with overpayments being refunded to the facility.
ICF/MR (Intermediate Care Facilities for individuals with Mental Retardation) Provider Tax	33 V.S.A §1955. <i>ICF/MR assessment</i>	<ul style="list-style-type: none"> • Tax assessed as a percentage of total direct and indirect expenses based on most recent audit of facility. • Current tax rate is 5.9%, which has not changed since 2012. • From 2009 – 2011, tax rate was 5.5% of total direct and indirect expenses. 	2014 Est.: \$71,629 2013: \$69,695 2012: \$82,098	
Home Health Agency Provider Tax	33 V.S.A. §1955a. <i>Home health agency assessment</i>	<ul style="list-style-type: none"> • Tax assessed as a percentage of net operating revenue from core services. • Current tax rate is 3.9% of net patient revenues, which equals 19.3% of net operating revenues. • Steady increase since assessment was added in 1999 at a rate of 7.34%; from 2009-2011 tax rate was 3.8% of 	2014 Est.: \$4,142,372 2013: \$4,529,917 2012: \$4,548,206	

		net patient revenues, or 17.69% of net operating revenue from core services.		
Pharmacy Prescription Tax	33 V.S.A § 1955b. <i>Pharmacy Assessment</i>	<ul style="list-style-type: none"> • \$0.10 monthly assessment on pharmacies for every prescription filled and refilled. • Added in 2005, no increase in rate since that time. 	2014 Est.: \$800,000 2013: \$795,192 2012: \$789,877	
Beneficiary Premiums				
Catamount Health Assistance Program Beneficiary Premium (CHAP) -State Share	33 V.S.A § 1984. <i>Individual Contributions</i>	<ul style="list-style-type: none"> • Coverage for uninsured adults without access to approved Employee Sponsored Insurance. • Coverage up to 300% of FPL. • Beneficiary share ranges from \$60-\$267/person/month paid to state. 	2014 Est.: \$2,975,315 2013: \$4,984,683 2012: \$4,597,687	The Catamount Health program will cease in 2014.
Vermont Health Access Plan (VHAP) Beneficiary Premium		<ul style="list-style-type: none"> • Coverage for uninsured adults up to 150% FPL without children, 185% FPL with children. • Coverage similar to Medicaid excluding dental and transportation. • Depending on FPL, monthly premiums range from nothing to \$49/person/month. • ER visit = \$25, Outpatient hospital visit = \$3, drugs >\$50 = \$3. 	2014 Est.: \$2,163,440 2013: \$2,951,004 2012: \$2,858,383	VHAP was repealed at the end of CY 2013.
Dr. Dynasaur Beneficiary Premium (Includes CHIP)		<ul style="list-style-type: none"> • Coverage for pregnant women and children up to age 18. • Depending on FPL, monthly premiums range from \$0 to \$20/family/month. • SCHIP is \$60/family/month. • No prescription co-pays. 	2014 Est.: \$644,301 2013: \$720,593 2012: \$687,502	
Pharmacy Beneficiary Premiums (VPharm 1, 2, & 3, VHAP Rx, Vscript, Vscript Expanded.)		<ul style="list-style-type: none"> • VHAP Rx, VScript, VScript Expanded: coverage for aged or disabled, not eligible for Medicare, have no pharmacy coverage. • VPharm 1,2,3: “wrap” coverage for Medicare Part D. • Premiums range from \$15 PMPM to \$50 PMPM. • \$1/\$2 prescription copays. 	2014 Est.: \$3,050,651 2013: \$3,180,120 2012: \$3,160,264	PMPM = Per member per month cost