State of Vermont
Green Mountain Care Board

Evaluation Criteria - Non-Standard QHPs

The GMCB shall use the following criteria when determining whether new non-standard plan designs or significant changes[1] to an existing plan design would add value to the Vermont marketplace:

	Criteria	Examples
1	Substantial difference in deductible and/or maximum out of pocket compared to standard plans	Substantial differences in one or more of the following: • Medical deductible • Rx deductible • MOOP
2	Substantial cost share difference for one or more highly utilized services compared to standard plan designs	Specific cost sharing for high utilized services could be adjusted by changing the applicability of the deductible, changing the amount of cost share, or changing whether the cost sharing is coinsurance or copay.
3	Plan structure difference compared to standard plan designs	Change from co-payment to co-insurance (or vice-versa) for inpatient, outpatient, primary care visits, or specialty care visits.
4	Enhances innovation	Promotes preventative health care financial incentives or optimal service delivery location, consistent with and to the maximum feasible extent in support of current health reform goals, with particular emphasis on statewide health outcomes and quality of care targets, especially those addressing chronic conditions.
5	Adds value to the Vermont individual and small business health insurance market	Provide market analysis and other evidence of how the proposal fills a gap in the individual or small group market

Effective Date: February 5, 2020

[1] Modifications to non-standard QHPs which are permitted under the "exception for uniform modification of coverage" provision of 45 CFR § 147.106(e) do not constitute "significant changes" for purposes of the Board's review (i.e., cost share adjustments to plans which constitute uniform modifications are not subject to Board review).