

Qualifying Events to Apply for Individual Coverage Outside of Open Enrollment

RMHP has made it easy for you to identify these qualifying events, timelines and effective dates.

Most qualifying events don't require any proof up front.

Qualifying Event

- Involuntary loss of creditable coverage for any reason other than fraud, misrepresentation, or failure to pay premium
- Individuals experiencing a plan renewal
- Individual gains a dependent or becomes a dependent through:
 - Marriage / Civil Union
 - Birth
 - Adoption or placement for adoption or placement in foster care
 - Court Order
 - Entering into a Designated Beneficiary agreement
- Loss of eligibility for Medicaid or CHP+
- Enrollment or disenrollment is unintentional, inadvertent, or erroneous and is the result of an error. The error must have been made by the Carrier, Producer, or Connect for Health Colorado
- Demonstrating to the Colorado Insurance Commissioner that the health plan violated part of its contract
- Becoming eligible or ineligible for tax credits or cost share reduction For Members enrolled in Connect for Health Colorado
- Gaining access to other creditable coverage as a result of a permanent change in residence
- Gain of citizenship or immigration status
- American Indians / Native Americans may enroll in a new plan or change from one QHP to another once a month.

Timeline to Apply

- Within 60 days of the event or 30 days in advance with the exception of:
 - Plan Renewal 30 day Special Enrollment Period prior to the plan renewal date

Effective Date of Coverage

- First of the month following receipt of application with the exception of:
 - Birth / Adoption / Foster Care Effective date will be date of birth, adoption, placement of adoption or placement of foster care.

If parent(s) are applying all members will be enrolled on the same effective date

What Documentation is Needed*

- The following documentation is required with your client's application:
 - Adoption Placement paperwork
 - Court Order Court order paperwork
 - Designated Beneficiary RMHP Designated Beneficiary Form

^{*}RMHP reserves the right to request additional documentation at any time.