**Qualified Health Plan (QHP)**

A Qualified Health Plan (QHP) is an insurance plan that is certified by Connect for Health Colorado. A QHP provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements.

Eligibility for QHP uses non-financial factors just like eligibility for Advance Premium Tax Credits (APTC) and Cost-Sharing Reduction (CSR). These include, but not limited to, validations for:

* citizenship or lawful presence,
* Colorado residency,
* incarceration status,
* Minimum Essential Coverage (MEC). Being eligible or enrolled in some types of Medicare for example, make you ineligible to purchase a QHP through Connect for Health Colorado.

If a customer is approved for a QHP, they a can shop for and enroll in their health plan through the Marketplace. If they are approved for APTC or CSR as well, they can use these forms of financial assistance to help lower the cost of their QHP. You can be approved for only a QHP and not qualify for APTC/CSR. A customer can also be approved for Medicaid and a QHP at the same time. If that happens, the customer can purchase a QHP through Connect for Health Colorado at full price, and use Medicaid as secondary insurance.

The column titled “Tax Credits/Cost Sharing Reductions” will display “Not Applicable” for QHP. That does not mean the customer was not approved for a QHP. It is displayed this way because Tax Credits/Cost Sharing Reductions are different than QHP.

If a customer is applying for a QHP outside of the annual Open Enrollment Period, they must have a Qualified Life Change Event (QLCE) in order to purchase a plan through Connect for Health Colorado. If the customer has had a QLCE, they may qualify for a Special Enrollment Period which would allow them to shop for and purchase a QHP outside of the annual Open Enrollment Period.

The “Eligibility Start Date” on the NOA will not be displayed for a QHP. This is because the effective date of the QHP is based on when the customer selects the plan. That is done outside of CBMS, so the NOA will not be able to reflect an eligibility start date for a QHP.

Once a customer is found eligible for a QHP, they must complete their enrollment prior to accessing their coverage. If a customer enrolls in their plan prior to the 15th of the month, their coverage will begin the first of the next month (Example: Enrolls on 1/10/16, coverage begins 2/1/16). If a customer enrolls in their plan on or after the 16th of the month, their coverage will begin the first of the month following the next month (Example: Enrolls on 1/17/16, coverage beings 3/1/16). However there are a few exceptions to the coverage begin dates. For more questions on the coverage begin date for a QHP, the customer can contact the Connect for Health Colorado customer service center at 1-855-752-6749.