

Administrative Guide for Employers

Rocky Mountain Health Plans offers high-touch service to our valued Employer Group Members. You can contact us with questions you have on enrollment and billing, basic health plan administration or policy questions. While we are available via email and directly by phone or live chat, we know some questions can be answered with a quick review. We have put together this list of Frequently Asked Questions to assist with some of those questions.

What is Open Enrollment?

Once a year, all eligible employees and their eligible dependents have the opportunity to enroll in your group health plan. This enrollment generally takes place during the month preceding your anniversary date. In order for coverage to start on the anniversary date, Enrollment or Change Forms must be received by RMHP by the last business day of your anniversary month. In the event that RMHP does not receive Enrollment or Change Forms by the last business day of your anniversary month, enrollment will not be considered until the next open enrollment period unless there is a qualifying event.

During the annual group open enrollment period, employees may add any dependents who were not covered previously, change health plans if more than one plan is offered, or change coverage categories. Employees may not change coverage outside the group open enrollment period for any reason except when there is a qualifying event.

Below are the forms frequently used during Open Enrollment:

[Uniform employee application \(small employer, 1-100 employees\)](#)

[Employee enrollment form \(large employer, 101+ employees\)](#)

[Disenrollment form](#)

[Change form](#)

[Delta Dental enrollment form](#)

[VSP Member enrollment form](#)

What are the Requirements around Employer Eligibility Criteria?

You can specify how many hours per week an employee must work to be eligible, however eligible employees must have a regular work week of at least 24 hours per week. If you are an Applicable Large Employer (ALE) (50 or more full-time employees including full-time equivalents), you may be subject to penalties if you do not offer group health coverage to employees working 30 hours or more per week. Refer to this [ALE overview](#) for more [information](#).

What Options do I have with Dependent Eligibility?

Employer groups will have the option to designate who is eligible for their employer sponsored RMHP health plan. RMHP will accept the following scenarios:

- Exclude Dependent Children
- Exclude Dependent Spouse/Partner
- Exclude both Dependent Children and Spouse/Partner

Changes to the eligibility criteria can be made on your anniversary date. You can work with your broker or your RMHP Account Manager to make changes. If you an Applicable Large Employer (ALE) (50 or more full-time employees

including full-time equivalents), you may be subject to penalties if you do not offer group health coverage to dependent children. Refer to this [ALE overview](#) for more [information](#).

What are the Requirements for Enrolling a New Eligible Employee?

You can establish your eligibility waiting period for enrolling in your group health plan. The longest waiting period available is first of the month following 60 days from date of hire. An employer can introduce an orientation/training period in addition to the waiting period. In this case, RMHP will allow a waiting period of first of the month following three months from date of hire. The enrollment form to add an employee (and their dependents) must be received by RMHP within 30 days of the eligibility date.

Common Forms

[Uniform Employee Application \(small employer, 1-100 employees\)](#)

[Employee Enrollment Form \(large employer, 101+ employees\)](#)

Enrolling a New Eligible Employee/Dependent on an ACA-compliant plan - How is rate determined?

The premium rates for a new employee or dependent are based on the age of the employee/dependent at the time of the group's anniversary date. (Example: Employer's anniversary date is July. New employee is 32 on August 2nd and enrolls in the group plan on September 1st. The premium rate for the new employee will be based on the employee's age on July 1st - age 31.)

Composite rates for ACA-compliant plans are based on the ages of all enrollees and calculated annually. The age of a new enrollee is not considered if your plans are rated with composite rating methodology.

For Non ACA-compliant plans, premium rates for new employees/dependents are based on the age of the enrollee on their enrollment date. If your Non-ACA employer group plan is "Composite" rated, the age of the new enrollee is not considered.

How do I Disenroll an employee?

If the employee has terminated employment but has not completed the Disenrollment Form, you must complete and submit a Disenrollment notice even if you cannot obtain the employee's signature.

Rocky Mountain Health Plans requires notification from you no later than 5:00 p.m. Mountain Time on the first business day of the month following the disenrollment effective date. A Disenrollment Form is required for all employee terminations. You can disenroll an employee from coverage through your secure RMHP Employer Portal or by completing and submitting a Disenrollment Form.

Common Forms

[Disenrollment Form](#)

How do I Disenroll an Employee's Dependent?

You can disenroll a dependent from coverage through your secure RMHP Employer Portal or by submitting a Change Form which must be completed and signed by the employee. Rocky Mountain Health Plans requires notification from you no later than 5:00 p.m. Mountain Time on the first business day of the month following the disenrollment effective date.

Common Forms

[Change Form](#)

What Coverage is Available to Employees living outside of Colorado?

An employee who resides outside of Colorado has access to RMHP's nationwide network through First Health. Nationwide in-network access is available for routine, preventive, urgent, and emergency care to employer groups with employees who live outside of Colorado.

A maximum of 20% of enrolled employees with a small group can be covered outside of Colorado.

A maximum of 25% of enrolled employees with a large group (101 or more employees) can be covered outside of Colorado.

Please work with your broker or your RMHP Account Manager to take advantage of this extended access for your out-of-state employees.

What Coverage is Available to Employee's Dependents living outside of Colorado?

Enrolled dependents that temporarily reside outside of Colorado have access to RMHP's nationwide network through First Health. Nationwide in-network access is available for routine, preventive, urgent, and emergency care to dependents who temporarily reside outside of Colorado.

Qualifying Events

How do I enroll an Employee's new Spouse or Partner?

If an enrolled employee adds a new spouse to the plan, coverage for a new spouse may begin on the date of marriage if the employee requests enrollment prior to the date of marriage. In these cases, the premium rate will change to reflect the addition of the new spouse or partner on 1) the first day of the month the coverage begins if the coverage date is between the 1st through the 15th day of the month, or 2) the first day of the next month if the coverage date is after the 15th day of the month. If the employee requests enrollment within 30 days following the date of marriage, the coverage for the new spouse will be effective on the first of the month following the date of marriage.

An enrolled employee may add a common law spouse by completing the Request for Enrollment of Common Law Spouse form and the change form. An enrolled employee may add a same-sex domestic partner by completing the Affidavit of Domestic Partnership and the change form. An enrolled employee may add a Designated Beneficiary by completing the Request for Enrollment of Designated Beneficiary form and the change form. Effective January 1, 2014, an enrolled employee may add a Civil Union partner by completing the change form.

You can enroll dependents through your secure RMHP Employer Portal, or by completing and submitting a Change Form with any supporting forms/documents noted below. RMHP must receive the enrollment request within 30 days of the qualifying event.

Common Forms

[Change Form](#)

[Request for Enrollment of Common-Law Spouse](#)

[Affidavit for Domestic Partnership](#)

[Request for Enrollment of Designated Beneficiary](#)

How do I Enroll a New Child, Newly Adopted Child or New Dependent due to Foster Care?

A newborn, adopted child, or new foster care dependent will be enrolled under the Subscriber's existing RMHP health plan and the effective date of coverage will be the date of birth, the date of the adoption or placement for adoption, or the date of placement in foster care. A legally adopted child will be deemed "adopted" when such child is placed for adoption with the Subscriber or Dependent Spouse by the state or an adoption agency such that the Subscriber or Dependent Spouse assumes or retains a legal obligation to partially or to fully support a child in anticipation of the child's adoption.

An enrolled employee may add the new child by completing the change form. A copy of the adoption documentation is required for adding an adopted child. A copy of the foster care placement paperwork is required for adding a new dependent due to foster care.

You can enroll dependents through your secure RMHP Employer Portal, or by the Employee completing and submitting a Change Form with any supporting forms/documents noted here.

RMHP must receive the enrollment request within 30 days of the qualifying event.

Premium Changes will occur as follows:

For newborn children the premium will change on the 32nd day after the date of birth of the newborn.

For a newly adopted child the premium will change first day of the month of adoption if the effective date of adoption was between the 1st and the 15th or 1st day of the month following the adoption date if the effective date of adoption was between the 15th and end of the month.

For a new foster care dependent the premium rate will change to reflect the addition of the new dependent on 1) the first day of the month the coverage begins if the coverage date is between the 1st through the 15th day of the month, or 2) the first day of the next month if the coverage date is after the 15th day of the month.

Common Forms

[Change Form](#)

How do I handle a Court-Order for Coverage of an Employee's dependent?

If an employee or enrolled spouse is subject to a newly issued court or an administrative order to provide health care coverage for a dependent child, and the employee is eligible for family health care coverage through his/her employer, Rocky Mountain Health Plans will permit the Subscriber or Dependent Spouse to add the dependent child to be effective on the date of the court or administrative order.

You can enroll dependents through your secure RMHP Employer Portal, or by the Employee completing and submitting a Change Form with any supporting forms/documents. A copy of the court or administrative order is required for adding the dependent.

RMHP must receive the enrollment request within 30 days of the qualifying event.

The premium rate will change to reflect the addition of the new dependent on the 1st day of the month following the date of the court or administrative order.

Common Forms

[Change Form](#)

How do I enroll an Employee or Dependent who recently lost other coverage?

Enrollment is allowed for eligible employees (and their dependents) when loss of coverage occurs under the following conditions:

The employee (and their dependents) were covered by other creditable coverage under another carrier or RMHP plan at the time of the initial enrollment period and stated on the RMHP Waiver Form that coverage under another plan was the reason for declining enrollment. Medicare, Medicaid, Group, Individual, or other federal or state public health plan coverage qualifies as creditable coverage for meeting this requirement. Enrollment is allowed when there is a loss of coverage on the other health plan for the following reasons:

- Loss of coverage under the other Creditable Coverage as a result of termination of employment or eligibility
- Loss of eligibility due to reduction in hours
- Divorce or legal separation
- Death of a spouse
- Termination of employer contributions toward such Creditable Coverage
- Meeting/exceeding a lifetime limit on benefits

A request to add an employee (and their dependents) must be received by RMHP within 30 days of the qualifying event.

A request to add an employee or dependent must be received by RMHP within 30 days of the qualifying event. Loss of Medicaid or Child Health Plan coverage allows up to 90 days from the loss of coverage.

Coverage is effective the first of the month following the loss of coverage.

Please note: Increases to individual health plan coverage is not a Qualifying Event. Individuals will not be allowed to enroll in an employer's group health plan outside of the employer's Open Enrollment Period.

Common Forms

[Uniform Employee Application \(small employer, 1-100 employees\)](#)

[Employee Enrollment Form \(large employer, 101+ employees\)](#)

[Change Form](#)

How do I Enroll an Employee who has been re-hired?

Employees who are laid off or who voluntarily terminate their employment and who are then rehired within 90 days of termination may enroll first of the month following their rehire date. After 90 days, the employee would be eligible to enroll upon meeting the eligibility waiting period.

The enrollment form to request to add an employee (and their dependents) must be received by RMHP within 30 days of qualifying event.

Common Forms

[Uniform Employee Application \(small employer, 1-100 employees\)](#)

[Employee Enrollment Form \(large employer, 101+ employees\)](#)

Need to make a premium payment?

As a prepaid health plan, RMHP sends premium billings on or about the 15th of the month prior to the month for which coverage is to continue in effect. **Premium payments are due on the 1st of the month for which coverage is effective.**

RMHP offers On-Line bill pay. Easily make a monthly premium payment [here](#).

Payments sent by mail should be mailed to:

**Rocky Mountain Health Plans
P O Box 173704
Denver, CO 80217-3704**

You can call to make a phone payment at 970-243-7050 or 1-800-346-4643.

If a new employee is eligible for coverage but is not listed on the billing statement you received, please pay the “Total Amount Due” regardless of any needed adjustments. RMHP will make the appropriate adjustments on your next billing statement.

What Services are Available to Administer Colorado Continuation of Coverage (CCOC)?

In certain circumstances, Colorado state law requires employers to offer continued coverage (Colorado Continuation of Coverage, or CCOC) for a specified period for employees and/or dependents who have terminated employment or who are no longer eligible for coverage.

The Colorado Continuation of Coverage Law affects all Colorado employers offering group health plan coverage. However, employers with 20 or more employees must comply with the federal Consolidated Budget Reconciliation Act (COBRA). Please see the next section for COBRA.

The Colorado Continuation of Coverage Law applies to covered employees and their eligible dependents.

A Qualifying Event for continued coverage under the Colorado Continuation of Coverage Law occurs if:

- An employee’s eligibility to receive group health coverage has ended due to voluntary/involuntary termination of their employment.
- A dependent’s eligibility to receive group health coverage has ended due to the death of an employee or change in marital status of an employee.

In addition, the following requirements must be met:

- Premiums or contributions required from or on behalf of an employee must have been paid to the termination of employment date, and
- The employee must have been covered by the employer’s group health plan for six months prior to the Qualifying Event.

The continuation of coverage period under the Colorado Continuation of Coverage Law extends for 18 months following loss of coverage or until the employee or dependent becomes eligible for other group coverage, whichever occurs first.

The premium payable by the covered employee under the Colorado Continuation of Coverage Law equals 100% of the applicable group premium rate, which includes the employee portion plus any portion that had been payable by the employer and any applicable fees.

RMHP Services

If you elect to have RMHP provide administrative assistance with your compliance with the law, RMHP will send the Notice of Right to Elect Colorado Continuation and Election form once the disenrollment form (for the terminated employee) or the Change Form (when a dependent is longer eligible) has been submitted. RMHP will directly bill eligible individuals who elect continuation of coverage. RMHP will monitor the length of the continuation of coverage and provide a monthly listing to you of anyone who has elected continuation. **There is no charge for this service.**

This information is a brief summary. If you have any questions about this information, you should read the applicable statutes and regulations and contact your legal counsel or your RMHP group representative.

Here is a sample of the notice RMHP will send to qualified individuals if you elect administrative assistance. [RMHP sample CCOC letter](#)

What Services are Available to Administer COBRA?

Federal law requires employers of 20 or more employees to offer continuing coverage under a group health plan for a specified period of time when, as a result of a change in the covered employee's eligibility status, the covered employee and/or his or her dependents are no longer eligible for coverage. Employers may face large fines for noncompliance with continuation of coverage provisions.

COBRA affects private employers who maintain group health plans (other than church plans) and have 20 or more employees on more than 50% of the working days during the previous calendar year. State and local governments are also subject to COBRA, under the Public Health Service Act.

The Plan Administrator is the person (or entity) designated as the Plan Administrator by the terms of the employee benefit plan. If a Plan Administrator is not designated, the employer is generally the Plan Administrator of an employee benefit plan established or maintained by a single employer. **RMHP is not the Plan Administrator for COBRA purposes.**

People eligible for continued coverage under COBRA are known as Qualified Beneficiaries. With respect to a covered employee under a group health plan, a Qualified Beneficiary is generally an individual who on the day before a Qualifying Event affecting the covered employee was a beneficiary under the group health plan. A Qualified Beneficiary can be the covered employee, the spouse of the covered employee, the dependent child of the covered employee, or a child born to or placed for adoption with the covered employee during a period of COBRA continuation coverage. Eligibility for COBRA continuation coverage cannot be conditioned upon evidence of the Qualified Beneficiary's insurability.

The continuation of coverage period under COBRA extends for the time period noted below following loss of coverage or until the employee or dependent becomes eligible for other group coverage, whichever occurs first.

- **Termination or Reduction of Hours:** the period of coverage for the employee, spouse, and dependent child is 18 months.
- **Employee Becomes Eligible for Medicare, Divorces/Files for Legal Separation, or Dies:** the period of coverage for his or her spouse and dependent child is 36 months.
- **Employee's Child Loses "Dependent Child" Status:** The dependent child is covered by COBRA for 36 months.

Qualified Beneficiaries may be required to pay a premium for continuation coverage equal to 102% of the monthly group rate premium received during the period set forth above and any applicable fees. Qualified Beneficiaries who receive extended continuation coverage through the Disability Extension may be required to pay a premium equal to 150% of the group rate premium for any month of coverage received after the 18th month and any applicable fees.

RMHP Services

If you have elected to have RMHP provide administrative assistance with your compliance with the law, RMHP will send the COBRA Continuation of Coverage Election form once the disenrollment form for the terminated employee or the change form when a dependent is longer eligible for coverage has been submitted. RMHP will directly bill eligible individuals who elect continuation of coverage. RMHP will monitor the length of the continuation of coverage and provide a monthly listing to you of anyone who has elected continuation. **There is no charge for this service.**

Please Note: RMHP does not provide the initial COBRA notice of rights that is required of employers or the notice that continuation of coverage is not available to beneficiaries who do not meet COBRA requirements. Here is a sample of the model notice to distribute to new hires: [COBRA model notice](#)

Here is a sample of the notice RMHP will send to qualified individuals if you elect administrative assistance. [RMHP sample COBRA letter](#)

This information is a brief summary. If you have any questions about this information, please reference the applicable statutes and regulations and contact your legal counsel or your RMHP group representative.

Are there Carry-Over Credits for Deductibles Met This Year?

On January 1, any amount the employee has paid toward deductible in the months of October, November, or December will be credited to the next calendar year's deductible on non-HSA eligible health plans. There is no deductible credit for the fourth quarter on high deductible health plans.

Are there Carry-Over Credits for Deductibles if I make a Plan Change?

If you change health plans on your anniversary, any amounts employees and dependents have paid toward the calendar year deductible will be automatically credited to the new plan.

What is the definition of a Small Employer?

Effective January 1, 2016, a Small Employer is defined as an Employer with 1 to 100 full-time employees, including any full-time equivalents.

How do I determine how many employees we have?

The term employee means an individual who is an employee under a common law standard. "An employment relationship exists if an employee is subject to the will and control of the employer not only as to what shall be done but how it is done." (78 Fed. Reg. 221)

Full-time employees are employees working 30 hours or more per week (or 130 hours of service in a calendar month). Part-time employees (including seasonal) are employees working less than 30 hours per week and are counted as Full-Time Equivalents (FTEs). FTEs are determined by calculating the aggregate number of hours of service performed by all employees who were not full-time each month and dividing by 120.

Calculate the number of full-time employees + number of fulltime equivalents (FTEs) for each month in the preceding calendar year divided by 12.