Ryan White Program
Service Delivery Guidelines
Fiscal Year 2016
(Year 26)

Section IX –
Local Implementation of the Affordable Care Act Requirements
(Information & Forms)

Miami-Dade County
Office of Management and Budget
Grants Coordination

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ACA Assessment Tool

Date: _____ CIS#:_____ Agency ID#:_____

Agency Name: _____

Medical Case Manager (MCM) Name: _____

MCM Phone#:_____ MCM email: _____

Client's zip code: _____

Client's income: (individual income): _____

(INDIVIDUAL Federal Poverty Level %): _____

(household size): _____

(household income): _____

(HOUSEHOLD Federal Poverty Level %): _____

(MAGI* income – per ACA Navigator / CAC only): _____

**Modified Adjusted Gross Income*

Did client provide a copy of their IRS tax return: YES _____ NO _____

Did client receive a tax return refund: YES _____ NO _____

Client's preferred hospital: _____

Client's preferred pharmacy: _____

Name of Primary Care Provider (PCP): _____
(last name/first name)

PCP phone#: _____

How often does client see PCP? _____

Name of HIV Provider: _____
(last name/first name)

HIV Provider phone#: _____

How often does client see HIV Provider (if any)? _____

ACA Assessment Tool

Does client have other chronic conditions (e.g., diabetes, high blood pressure, Hep B, Hep C, or mental health condition)? _____

Specialty condition #1:_____

Name of Specialist: _____
(last name/first name)

Specialist's phone#:_____

How often does client see Specialist (if any)? _____

List of ALL medications: _____

Would the client be willing to enroll in a plan that restricts where (a specific pharmacy chain) or how (mail order only) the client obtains his or her drugs? Yes _____ No _____

If NO, please explain: _____

Has client been hospitalized within the last 12 months? _____

Is client at risk of being hospitalized within the next 12 months? _____

Does the client expect to need surgery or another major procedure in the next year? ____

If YES, please explain: _____

How many times a year does the client visit an urgent care center or emergency room? _____

Name of ACA Navigator or Certified Application Counselor (CAC): _____

ACA Navigator or CAC Phone#: _____

Address: _____

_____

Date of Appointment: _____

Time of Appointment: _____

ACA Assessment Tool

--- SEE NEXT PAGE FOR ADDITIONAL INSTRUCTIONS FOR THE PART A MEDICAL CASE MANAGER, THE ACA NAVIGATOR, AND THE ACA CERTIFIED APPLICATION COUNSELOR ---

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FOR PART A MEDICAL CASE MANAGER:

ADAP ACA ASSISTANCE:

Is this client in ADAP and pre-approved for ACA Transition? Yes ____ No ____
If YES, complete the following:

Name of the ADAP-approved ACA Marketplace health plan(s) that appear(s) to meet this client's health care needs:

_____

FOR ACA NAVIGATOR OR CAC:

IMPORTANT NOTE: Please contact the Ryan White Part A Medical Case Manager listed on page 1 of this document to confirm this client's enrollment in the ACA.

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Miami-Dade County Ryan White Part A Program
Affordable Care Act Client Acknowledgment Form

CIS#: _____ Date: _____

	Acknowledgement	Client Initials
1.	I understand that if I am eligible to participate in an Affordable Care Act (ACA) Marketplace health insurance plan I need to enroll in one during the applicable Open Enrollment Period (November 1, 2015 - January 31, 2016).	
2.	I understand that if I am eligible to participate in an ACA Marketplace health insurance plan but fail to enroll in one, I may incur and be responsible to pay a federal penalty fee known as an "individual shared responsibility payment."	
3.	I further understand that Ryan White Program [Part A and the AIDS Drug Assistance Program (ADAP)] funds will **NOT** be used to pay/cover any federal penalty fees I may incur as a result of my failure to enroll in an ACA Marketplace health insurance plan.	
4.	As an eligible participant requesting assistance from the Ryan White Program, I must select and purchase an ACA Marketplace health insurance plan that meets my health care needs, is cost effective, and meets the Ryan White Program cost limitations.	
5.	If eligible to participate in an ACA Marketplace health insurance plan subsidized by ADAP, I must ONLY select a plan from the ADAP pre-approved plans.	
6.	When selecting/purchasing a plan, I will take into account the availability of my primary care doctor and specialists, medication formularies, and the out-of-pocket costs associated with premiums, deductibles, co-pays, and other cost sharing options.	
7.	I understand that Ryan White Program (Part A or ADAP) funds will **NOT** pay for any out-of-network providers or services.	
8.	I understand that in order to receive Ryan White Program (Part A or ADAP) assistance to pay for my out-of-pocket health insurance costs, I must apply all of my available estimated premium tax credits per month in full and up front at the time of enrollment in an ACA Marketplace health insurance plan.	
9.	I understand that in order to receive Ryan White Part A Program or ADAP, where applicable, assistance with my out-of-pocket insurance costs, I **MUST** provide my Ryan White Part A Medical Case Manager with a copy of my most current federal income tax return.	
10.	I understand the Ryan White Program will only cover allowable out-of-pocket health insurance costs up to the monthly premium and yearly deductible limits as determined by the local Ryan White Part A grantee office or State ADAP program.	
11.	I understand Ryan White Program (Part A or ADAP) private health insurance assistance will **ONLY** be provided to me and not to any of my family members.	
12.	I understand that only HIV-related conditions, co-morbidities, or complications of HIV treatment are covered with Ryan White Part A Program health insurance assistance for co-payments and deductibles. Financial assistance for health insurance premium payments is not subject to this limitation.	
13.	I understand if I move my residence outside of Miami-Dade County, my health insurance subsidies paid for by the Ryan White Part A Program will be discontinued immediately and my ACA Marketplace health insurance plan enrollment may possibly be affected.	
14.	When completing either a new ACA enrollment or a re-enrollment form, I agree to designate Miami Beach Community Health Center as a third party representative authorized to talk to my ACA Marketplace health insurance plan on my behalf for purposes of coordinating care or payments.	

Miami-Dade County Ryan White Part A Program
Affordable Care Act Client Acknowledgment Form

CIS#: _____ Date: _____

	Acknowledgement	Client Initials
15.	I understand it is my responsibility to promptly notify (within 5 business days) my Ryan White Part A Medical Case Manager **AND** the ACA Marketplace (www.healthcare.gov) of any personal or household changes I may have experienced in order to avoid incurring any further healthcare costs or fees through the ACA Marketplace. These changes include, but are not limited to, the following instances: • Increases or decreases in household income • Marriage/divorce • Birth or adoption of a child • Other changes to your household composition • Gaining or losing eligibility for employer-sponsored insurance, Medicaid, or Medicare I further understand the Ryan White Program (Part A or ADAP) will not pay for any federal penalty fees (costs, taxes, duties, or levies) owed to the United States Internal Revenue Service (IRS).	
16.	I understand that if I am required to file an annual federal income tax return for 2015 or following years, I must provide a copy of this return to my Ryan White Part A Medical Case Manager within 30 calendar days of my filing that return. Furthermore, I must provide copies of my federal income tax reconciliation (IRS forms 8962 and 1095-A) to my Ryan White Part A Medical Case Manager within 30 calendar days of receiving the reconciliation. I must also continue filing these tax forms with my Ryan White Part A Medical Case Manager for each year that I receive financial support from the Ryan White Program (Part A or ADAP) to help pay my health insurance costs.	
17.	I understand that as a condition of having the Ryan White Program (Part A or ADAP) provide financial support for my health insurance costs under the Affordable Care Act, I must reimburse the Ryan White Program for any ACA premium tax credit refund I may receive, as reported on IRS Forms 8962 and 1095-A, up to the amount paid by the Ryan White Program to offset my insurance costs. I understand that if I fail to make this reimbursement, I may jeopardize any health insurance-related financial assistance I may be eligible to receive from the Ryan White Program (Part A or ADAP) in the future.	

The information above was clearly explained to me in the following language of my choice: (check one)
☐ English ☐ Spanish ☐ French/Creole

I acknowledge by my signature that I have read and understand the information above.

Client Name (Print)	Client Signature	Date
_____	_____	_____

I acknowledge by my signature that I have reviewed this information with the client indicated above.

MCM Name (Print)	MCM Signature	Date
_____	_____	_____

MCM Agency
_____

AFFORDABLE CARE ACT (ACA) EXEMPTION CHECKLIST

PLEASE CHECK AT LEAST ONE ITEM BELOW THAT MAY BEST QUALIFY YOU FOR AN ACA EXEMPTION, SIGN THIS FORM, AND ATTACH SUPPORTING DOCUMENTATION AS APPLICABLE:

You may qualify for an EXEMPTION from the penalty of not having health insurance if:

- ☐ You were uninsured for less than 3 months of the year
- ☐ The lowest-priced health insurance coverage available to you would cost more than 8% of your household income
- ☐ You do not have to file a tax return because your income is too low
- ☐ You are a member of a federally recognized tribe or eligible for services through an Indian Health Services provider
- ☐ You are a member of a recognized health care sharing ministry
- ☐ You are a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
- ☐ You are incarcerated (either detained or jailed), and not being held pending disposition of charges
- ☐ You are not lawfully present in the U.S.

You may qualify for a HARDSHIP EXEMPTION if:

- ☐ You were homeless
- ☐ You were evicted in the past 6 months or were facing eviction or foreclosure
- ☐ You received a shut-off notice from a utility company
- ☐ You recently experienced domestic violence
- ☐ You recently experienced the death of a close family member
- ☐ You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property
- ☐ You filed for bankruptcy in the last 6 months
- ☐ You had medical expenses you could not pay in the last 24 months which resulted in substantial debt
- ☐ You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member
- ☐ You expect to claim a child as a tax dependent who has been denied coverage in Medicaid and the Children's Health Insurance Program (CHIP), and another person is required by court order to give medical support to the child. In this case, you do not have to pay the penalty for the child
- ☐ As a result of an eligibility appeals decision, you are eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on your monthly premiums, or cost-sharing reductions for a time period when you were not enrolled in a QHP through the Marketplace
- ☐ You were determined ineligible for Medicaid because your state did not expand eligibility for Medicaid under the Affordable Care Act
- ☐ Your individual insurance plan was cancelled and you believe other Marketplace plans are unaffordable
- ☐ You experienced another hardship in obtaining health insurance

If any item above is checked, I will apply for an exemption.

Client Signature	Date	CIS #
Agency Representative Signature	Date	

For more information, including a list of required documents, please visit the following web links:
https://www.healthcare.gov/health-coverage-exemptions/hardship-exemptions/
http://marketplace.cms.gov/applications-and-forms/exemption-application-instructions.pdf

Rev. 4/27/2016

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Miami-Dade County Ryan White Program

Decline Affordable Care Act Marketplace Enrollment Acknowledgement/Certification

I, _____, understand that I am eligible for, but I choose not
(Print Name)
to enroll in, an Affordable Care Act (ACA) Marketplace health insurance plan for the reason(s) stated immediately below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I understand that by choosing not to enroll in an ACA Marketplace health insurance plan I will be responsible for paying a federal penalty fee, known as an "individual shared responsibility payment," to the Internal Revenue Service (IRS). I further understand that Ryan White Program [Part A and the AIDS Drug Assistance Program (ADAP)] funds will **NOT** be used to pay/cover any federal penalty fees I may incur as a result of my failure to enroll in an ACA Marketplace health insurance plan.

_____ _____
Client Signature Date

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Miami-Dade County Ryan White Program
Policies and Procedures for
Reconciliation Of Advance Premium Tax Credits
For Clients Enrolled in the Affordable Care Act Health Insurance Marketplace

Purpose/Background:

The Ryan White Program ("Program") supports local Part A and Minority AIDS Initiative (MAI) clients who are enrolled in health insurance policies provided through the Affordable Care Act (ACA) by paying the premiums for these policies. The premiums are set by the health insurance companies according to the stated incomes of the clients and the benefits selected for each plan. Ryan White Part A premium assistance is then made available to program-eligible clients on the basis of gross household income, in accordance with local program guidelines and limitations. It is critical that clients provide accurate information upon enrollment in an ACA Health Insurance Marketplace Plan (at www.healthcare.gov), as well as update their ACA accounts in a timely manner, whenever a qualifying event occurs (see Policy/Procedures #3, below). When these clients file their federal income taxes and report their actual incomes for the previous year, they will be required to reconcile any Advance Premium Tax Credits they received. Adjustments to the total premium tax credits received may be required based on differences between the stated incomes of the clients at the time of ACA enrollment versus their final reported annual incomes to the Internal Revenue Service (IRS), which may affect the amount of a client's tax refund.

This Policies and Procedures statement reflects the local Program's requirements for the documentation of client income, the reconciliation of the Advance Premium Tax Credits with the client income, and the responsibilities of the client to reimburse the Program the amount of premium assistance provided when ACA-related tax refunds are made to the clients as a result of an overpayment. Furthermore, it is the expectation of the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA), HIV/AIDS Bureau (HAB), the Program's federal funding source, that grantees such as Miami-Dade County vigorously pursue enrollment of eligible clients in an ACA Health Insurance Marketplace Plan, as well as vigorously pursue reconciliation of any overpayments related to premium assistance.

Applicability and Effective Date:

These policies and procedures are for clients enrolled in an ACA Health Insurance Marketplace Plan who received assistance from the Ryan White Part A Program to pay health insurance premiums. These policies are effective for Part A ACA Marketplace health insurance premium assistance provided during calendar year 2014, and annually thereafter for as long as the client receives such assistance. Clients must follow the Internal Revenue Service (IRS) tax filing deadlines.

Policy/Procedures:

The Ryan White HIV/AIDS Program is administered by HHS/HRSA/HAB. **HRSA's ACA Policy on Reconciliation** states that *Ryan White Program grantees and sub-grantees must **vigorously pursue** any excess premium tax credit a client receives from the IRS to offset insurance costs related to health insurance premiums paid by the Ryan White Program* [HRSA Policy Clarification Notice (PCN) #14-01].

To comply with this directive from HRSA, the local Ryan White Part A/MAI Program's Medical Case Managers must:

1. **ENSURE that clients have signed the ACA Acknowledgement Form at the time of enrollment in the Program's health insurance assistance program. See Attachment 1 attached hereto. Clients who enrolled before the ACA Acknowledgment Form was required by the Program are still subject to the scope of responsibilities outlined by this policy.**

2. **REMIND clients that they are responsible for reporting accurate income information to the ACA Marketplace (i.e., at www.healthcare.gov).**

3. **EXPLAIN to clients that major changes in life circumstances (e.g., qualifying events such as birth or adoption, marriage or divorce, changes in the number of dependents, moving to another address, changes in household income, changes in tax filing status, gaining or losing non-Marketplace healthcare coverage, or incarceration) may affect premium tax credit eligibility and result in unplanned taxes (i.e., the amount of taxes owed to the IRS).**

4. **INFORM clients who were enrolled in an ACA Health Insurance Marketplace Plan AND received health insurance premium assistance from the local Ryan White Program that they MUST file an annual federal income tax return and provide a complete copy of the filed tax return to their Medical Case Manager. (NOTE: The IRS Form 1040EZ is not acceptable for this purpose.) The client's Medical Case Manager will inform the client that failure to provide a copy of the filed annual tax return may jeopardize the Program's ability to continue providing insurance premium assistance; and that the client would be solely responsible for any expenses related to health insurance costs and/or for any penalty for not having qualifying health coverage as required by the ACA (i.e., "individual shared responsibility"). Failure to provide a copy of the tax form as filed will not affect a client's ability to receive other Ryan White Program-funded services for which they may be eligible. A reminder letter including a list of free tax preparation locations will be provided to these clients. See Attachment 2.**

   Comment: Ryan White Program clients enrolled in an ACA Health Insurance Marketplace plan during the previous calendar year who received financial assistance from the local Ryan White Part A Program to help pay health insurance premium costs must provide a complete copy of his/her federal income tax return (including Forms 8962 and 1095-A) to the Ryan White Program Medical Case Manager within thirty (30) calendar days of the tax filing date. The Medical Case Manager must document the date they informed the client of this requirement and the result of this notification in the client's chart/file/electronic record.

5. **INFORM clients that they have a responsibility to reimburse the Ryan White Program any excess premium tax credit received from the IRS.**

   Comment: Ryan White Program clients enrolled in an ACA Health Insurance Marketplace Plan are responsible for reimbursing the Miami-Dade County Ryan White Program any excess premium tax credit received from the IRS as reported on the IRS Form 8962, line 26 of the client's annual federal income tax return, beginning with tax filing for 2014, **only up to the amount paid by the Ryan White Program on the client's behalf to offset his/her insurance costs**. Ryan White Program clients who fail to reimburse the excess premium tax to the Ryan White Program may jeopardize any health insurance-related financial assistance he/she may be eligible to receive from the Ryan White Program (Part A or ADAP) in the future. The Medical Case Manager must document the date and result of this notification in the client's chart/file/electronic record.

6. **CONTACT clients who are not compliant with this policy on Reconciliation of ACA Advance Premium Tax Credits.**

   Comment: The Medical Case Managers will attempt to contact (at least three separate times, with each attempt no less than 2 business days apart) clients who are non-compliant with this policy on Reconciliation of ACA Advance Premium Tax Credits. The contact attempts should include text messages, emails and telephone calls, in the manner indicated by the client as the best way to contact them, as the Medical Case Managers would in their attempts to follow up with lost-to-care clients. The Medical Case Manager must document the date, time, type of contact, and result of each contact/notification attempt in the client's chart/file/electronic record.

7. **INFORM clients that any refund (an excess premium tax credit a client receives from the IRS) must be reimbursed to Miami Beach Community Health Center (MBCHC), the Program's contracted service provider for processing health insurance assistance payments. Clients will have ninety (90) calendar days from their tax filing date to make the payment in person or by mail (personal check or money order payable to MBCHC) at the following address:**

   Miami Beach Community Health Center
   Attn: MBCHC Health Insurance Services Coordinator
   11645 Biscayne Boulevard, Suite 207
   North Miami, Florida 33181
   Phone: (305) 538-8835

POLICY CREATED: 4/8/2015
POLICY UPDATED:

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Marketplace Application Checklist

When you apply for or renew your coverage in the Health Insurance Marketplace, you'll need to provide some information about you and your household, including income, any coverage you currently have, and some additional items.

Use the checklist below to help you gather what you need to apply for coverage.

- ☐ Information about your household. Figure out who's applying for coverage before you start your application. Visit **HealthCare.gov/income-and-household-information/household-size** for help figuring out who needs coverage.
- ☐ Home and/or mailing addresses for everyone applying for coverage.
- ☐ Information about everyone applying for coverage.
- ☐ Social Security Numbers.
- ☐ Information about the professional helping you apply (if you're getting help completing your application). Visit **HealthCare.gov/help/whos-helping-me-complete-my-application** for more information.
- ☐ Document information for legal immigrants. Visit **HealthCare.gov/help/immigration-document-types** for more information.
- ☐ Information on how you file your taxes.
- ☐ Employer and income information for every member of your household (for example, from pay stubs or W-2 forms—Wage and Tax Statements). Visit **HealthCare.gov/income-and-household-information/income** to learn more about what types of income to include and not include.
- ☐ Your best estimate of what your household income will be in 2016. Visit **HealthCare.gov/income-and-household-information/how-to-report** for help estimating your income.
- ☐ Policy numbers for any current health insurance plans covering members of your household.
- ☐ A completed **"Employer Coverage Tool"** for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in.) Visit **HealthCare.gov/downloads/employer-coverage-tool.pdf** to view or print the tool.
- ☐ Notices from your current plan that include your plan ID, if you have or had health coverage in 2015.

Stay up-to-date about the Marketplace. Visit **HealthCare.gov** to get email or text updates that will help you get ready to apply or renew.

Health Insurance Marketplace

CMS Product No. 11686
July 2015

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