

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.	

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15.	<p>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:</p> <ul style="list-style-type: none">• 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 <p>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).</p>	
16.	<p>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.</p>	
17.	<p>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.</p>	

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