

**Ryan White Program
Service Delivery Guidelines
Fiscal Year 2019
(Year 29)**

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



***Miami-Dade County
Office of Management and Budget
Grants Coordination***

2020 ACA Assessment - Miami-Dade

Enrollment Status:

ACA Assessment All New and Renewal Self-Pay applicants must be enrolled in ADAP for health insurance assistance.
New Applicant: Not enrolled in a Marketplace health insurance plan in 2018
Renewal ADAP: Client is currently enrolled in a Marketplace health insurance plan funded by ADAP

Today's Date: _____

TO COMPLETE THIS FORM ONLINE - VISIT
www.americanexchange.com/miamidade

2019 Carrier: _____
2019 Member ID #: _____
2019 Plan Name: _____

Please provide date of Client ADAP Enrollment:

BASIC APPLICANT INFORMATION

CLIENT FIRST NAME CLIENT MIDDLE NAME CLIENT LAST NAME

Document client name EXACTLY as it appears
on the SS Card or other official document:

☐ Check this box if the name appears
differently on the Social Security (SS)
Card.

CLIENT HOME ADDRESS (No P.O. Boxes) CITY STATE ZIP COUNTY

PHONE NUMBER EMAIL ADDRESS

SOCIAL SECURITY NUMBER: DATE OF BIRTH: GENDER:

TOBACCO USE:

CIS#: Agency ID# _____
Agency Name:
MCM _____ Name: _____
MCM Phone: _____
MCM Email: _____

HOUSEHOLD INFORMATION

Please enter any other members in your tax household. Your tax household includes the people claimed on your Federal income tax return.

First Name	Last Name	Date of Birth	Gender	SSN	Tobacco Use	Relationship	Seeking Coverage	Currently receiving ADAP or Part A health insurance assistance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Male"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Dependent Child"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Male"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Dependent Relative"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Male"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Dependent Relative"/>	<input type="text"/>	<input type="text"/>

If any other household members are seeking coverage and are eligible for BUT NOT currently receiving health insurance assistance, refer to ADAP for enrollment.

If any other household members are seeking coverage and are currently RECEIVING ADAP or PART A health insurance assistance, enter their name exactly as it appears on the social security card, and enter name of RW Part A MCM agency and CIS #:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Jessie Trice Community Health System"/>	<input type="text" value="CIS"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Jessie Trice Community Health System"/>	<input type="text" value="CIS"/>

THE FOLLOWING ITEMS IN THIS SECTION ARE OPTIONAL FOR OTHER HOUSEHOLD MEMBERS SEEKING MARKETPLACE HEALTH INSURANCE ENROLLMENT ASSISTANCE:

An American Exchange Agent can assist any other household member who is NOT enrolled in the ADAP or the Ryan White Part A Program, with a Marketplace health insurance plan selection. An American Exchange agent will enroll the other household member into a separate plan to ensure tax credits are split accordingly and plan selection is appropriate. The ADAP and Ryan White Part A Programs in Miami-Dade County do not pay Marketplace health insurance premiums for household members who are not currently enrolled and/or eligible for enrollment in either Program. The household member agrees to pay for the selected health insurance plan out of pocket.

PLAN SELECTION

Please select a date and time to complete the enrollment for other household members with an American Exchange Agent. A separate plan will be selected to ensure any tax credits are applied correctly.

HOUSEHOLD MEMBER NAME	DATE	TIME	PHONE NUMBER	PRE-SELECTED PLAN NAME	MONTHLY PREMIUM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INCOME INFORMATION

Income Type	Income Earner	Estimated Gross Amount for 2018	Frequency	Name of Employer or Nature of Self Employment
Salary/Wages/Tips/Commissions	Applicant		Annually	
Salary/Wages/Tips/Commissions	Applicant		Annually	
Salary/Wages/Tips/Commissions	Applicant		Annually	

If client is receiving Social Security Disability Income, make sure they are not enrolled in Medicare. Medicare eligibility begins after 24 months of receiving SSDI

TAX INFORMATION

2020 Tax Filing Status:

Does the client plan to file Federal Income Taxes for 2020? *If No, the client is not eligible for premium assistance.*

Did the client provide a copy of his/her 2018 Federal Income Tax Return **OR** Proof of Extension?

Did the client receive an additional Federal Income Tax Refund for returns on Advance Premium Tax Credits?

If Yes, enter amount of additional refund:

See form 8962, line 26 for this amount

UPLOAD 2018 TAX RETURN AND/OR PROOF OF INCOME

- FOR PURPOSES OF RECONCILING TAX CREDITS AND PART A PREMIUM ASSISTANCE PAYMENTS (A HRSA REQUIREMENT), THE HOUSEHOLD LETTER OF SUPPORT IS NOT AN ACCEPTABLE PROOF OF INCOME.
- If income on the tax return is different from the client's estimated 2020 income, then upload additional documentation which matches the 2020 estimate. For more information on types of income, visit: <https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/#household-income>

CITIZENSHIP AND NATURALIZATION QUESTIONS

Select your Citizenship Status:

If Non-Citizen, then list type of Documentation:

Name as it appears on your documentation:

Alien Number/USCIS #:

Card Number:

I-94/Admission Number:

Document Expiration Date:

Category Code:

Passport Number:

UPLOAD PROOF OF DOCUMENTATION HERE:

For more information on the types of acceptable documentation, visit: <http://www.healthcare.gov/help/immigration-document-types/>

OTHER QUESTIONS

Is the client a Native American or Alaskan Native?

Is anyone in the client's tax household offered coverage through an employer?

Is the client or any other female household applicant(s) currently pregnant?

PRESCRIPTION DRUG INFORMATION – ADD ADDITIONAL SHEETS IF NEEDED

Florida Blue does not contract with CVS, CVS Target and Navarro.

Are you willing to fill your prescription drugs at other pharmacies?

CIS Number	NAME OF PRESCRIPTION	DOSAGE

MEDICAL INFORMATION FOR ALL ADAP OR PART A CLIENTS SEEKING ACA PREMIUM ASSISTANCE**Do not complete this section for any other household members.**

	Name of Provider/Hospital	Primary Applicant, Spouse or Dependent		
Preferred Hospital:	<input type="text"/>	Primary Applicant		
Preferred Hospital:	<input type="text"/>	Spouse		
Preferred Pharmacy:	<input type="text"/>	Primary Applicant		
Preferred Pharmacy:	<input type="text"/>	Spouse	Frequency of Visit	Phone Number of Provider
Primary Care Doctor:	<input type="text"/>	Primary Applicant	<input type="text"/>	<input type="text"/>
Primary Care Doctor:	<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>
HIV Specialist/ID:	<input type="text"/>	Primary Applicant	<input type="text"/>	<input type="text"/>
HIV Specialist/ID:	<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>
Other Specialist:	<input type="text"/>	Primary Applicant	<input type="text"/>	<input type="text"/>
Other Specialist:	<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>

Has any applicant been hospitalized in the last 12 Months?	<input type="text"/>	Does any applicant visit Urgent Care Clinics or the ER?	
Is any applicant at risk of hospitalization in the next 12 Months?	<input type="text"/>	Urgent Care:	<input type="text"/> <input type="text"/>
Does any applicant expect to have a major procedure within the next 12 months?	<input type="text"/>	Emergency Room:	<input type="text"/> <input type="text"/>

The Ryan White Part A Program is unable to cover any insurance services related to inpatient hospital, emergency room, and urgent care. The RW Part A Program will not cover any insurance services that are not related to HIV, comorbidity, or complications of HIV. Health insurance services rendered outside of Miami- Dade County will not be covered by the RW Program.

SPECIAL ENROLLMENT PERIOD

****All clients must provide proof of any Qualifying Event. The client's enrollment status will be "Pending" until The Marketplace approves the proof of the qualifying event. Proof must be provided within 30 days of the date of the application. ** For a Permanent Move, the client has to have had coverage prior to the move, and have a change in ZIP Code.**

Has the client had any of the following Qualifying Events that create a Special Enrollment Period?

<input type="checkbox"/>	Loss of Coverage - Date of Loss of Coverage: <input type="text"/>	Previous Health Insurance Carrier: <input type="text"/>	
<input type="checkbox"/>	Permanent Move - Date of Move: <input type="text"/>	Previous Zip Code: <input type="text"/>	**Coverage Prior to Move? <input type="text"/>
<input type="checkbox"/>	Release from Incarceration - Date of Release: <input type="text"/>		
<input type="checkbox"/>	Change in Household size - Marriage/Divorce: Date of Event: <input type="text"/>		

**If Client has had coverage between 1 to 60 days, living in or outside of the United States they would qualify for a SEP if they are moving to a new ZIP Code or County

FOR ADAP CLIENTS ONLY

Has the client selected a Marketplace health insurance plan?

Yes ☐ If Yes, enter the complete plan name below. If plan selections are not currently available, please skip.

No ☐ If No, American Exchange will perform a needs based analysis and select an ADAP Approved plan.

Disclaimer to Client: Contacting The Marketplace (healthcare.gov) and making changes to your plan may result in termination of your health insurance. For any changes please contact your Case Manager or call American Exchange directly at (423)803-4138. It is acceptable to contact The Marketplace to check on the status of your plan or to confirm that documentation has been uploaded.

By submitting this application, you are allowing American Exchange to complete your health insurance enrollment. In addition, you are allowing American Exchange to share your health insurance monthly premium information and other PHI with Miami-Dade County Part A or ADAP for administration of your monthly health insurance premium payments.

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

CIS#: _____

Date: _____

Acknowledgment

Client Initials

1.	I understand that if I am eligible to enroll in an Affordable Care Act (ACA) Marketplace health insurance plan I must enroll in one during the applicable Open Enrollment Period (November 1, 2019 - December 15, 2019) with the assistance of my Medical Case Manager and an American Exchange representative. I understand that if I enroll on my own, allow the ACA Marketplace to automatically re-enroll me after December 8th, or make changes in the ACA Marketplace on my own at any time, the local Part A Program will not assist me with my health insurance copayments and deductibles; and my access to premium assistance may be affected.	
2.	I understand the Florida AIDS Drug Assistance Program (ADAP) will be paying my ACA Marketplace health insurance premiums for calendar year 2020. To obtain this assistance, I must enroll in ADAP, and re-certify my eligibility in ADAP every six months and remain adherent to my ARV treatment plan.	
3.	I understand that I will lose ADAP health insurance assistance, and my policy will be canceled, if I fail to meet ADAP eligibility requirements at enrollment, recertify my ADAP eligibility every six months thereafter, and ensure that a record of my monthly prescription pick-up dates are reported to the local ADAP office by the pharmacy where I receive my antiretroviral (ARV) medication.	
4.	I understand that if any of my Ryan White Program-funded ACA Marketplace health insurance policy(s) [current or past plan year(s)] result(s) in a refund for any reason, this refund belongs to the Ryan White Program that funded the policy. In the event that the insurer issues the refund under my name or mails the refund directly to me, I understand that I MUST immediately contact my Medical Case Manager and make arrangements to return the refund check to the payer of the policy (i.e., to Miami Beach Community Health Center for 2015 through 2018 policies; and the ADAP for 2019 and 2020 policies).	
5.	I understand that if I was eligible to participate in an ACA Marketplace health insurance plan up to and including calendar year 2018, but chose not to enroll, I may have been charged an "individual shared responsibility payment" by the United States Internal Revenue Service (IRS). (The fee is sometimes called the "penalty," "fine," or "individual mandate.") However, going forward, this penalty no longer applies beginning calendar year 2019.	
6.	I understand that Ryan White Program (Part A and ADAP) funds will NOT be used to pay/cover any federal penalty fees I may have incurred if I chose not to enroll in an ACA Marketplace health insurance plan prior to 2019.	
7.	I agree to apply for ACA Marketplace health insurance through American Exchange, the organization selected by the local Ryan White Part A Program to assist with enrollment in the ACA and facilitate the payment process.	
8.	I understand that I must ONLY select a plan from the pre-approved ADAP plans identified for Miami-Dade County, once my enrollment in ADAP has been completed.	
9.	I acknowledge that American Exchange is authorized by the Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program to select the health insurance plan that best meets my needs. If cost effective and it continues to meet my needs, I may request to keep the same health insurance plan as last year. I understand that American Exchange 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, copayments, other cost sharing options, and cost effectiveness when identifying the best plan for me.	

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

CIS#: _____

Date: _____

Acknowledgment

Client Initials

10.	I understand that in order to receive Ryan White Program (Part A or ADAP) assistance to pay for my program allowable ACA 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.	
11.	I understand that only HIV-related conditions, co-morbidities, or complications of HIV treatment, as approved by the Miami-Dade HIV/AIDS Partnership (planning council), on an outpatient basis, are covered with Ryan White Part A Program health insurance assistance for copayments and deductibles. Financial assistance through ADAP for health insurance premium payments is not subject to this limitation.	
12.	I understand that local Ryan White Program (Part A) funds: 1) will NOT pay for any out-of-network providers or services; 2) will NOT pay for services rendered outside of Miami-Dade County; and 3) will NOT pay for hospital inpatient, emergency room, or urgent care center services.	
13.	I understand Ryan White Program (Part A or ADAP) health insurance assistance will ONLY be provided to me and not to any of my family or other household members, unless the family member or household member is also enrolled in Florida ADAP and in Miami-Dade County's Ryan White Part A Program. The insurance plan benefits document may list other household members as long as the costs for my individual health plan are clearly separated out.	
14.	<p>I understand that if the Ryan White Program paid for my ACA Marketplace health insurance premiums in prior years, I MUST refund the Program that paid for such premiums (Part A or ADAP, as applicable) for any excess premium tax credits (PTC) I received as a result of this relationship. This also includes any related refunds as a result of an amended tax return, if one was filed.</p> <p>I further understand that if I fail to make this refund reimbursement to the payer of the policy (Part A or ADAP), I may jeopardize any health insurance-related financial assistance or my access to services I may be eligible to receive from the Ryan White Program (Part A or ADAP) in the future may be limited.</p> <p>IMPORTANT NOTE: An excess premium tax credit results when the taxpayer files their tax return including Form 8962 (PTC) and the resulting calculations (Line 26, Form 8962) includes a balance greater than zero. This indicates that the "Total premium tax credit" (Line 24, Form 8962) is more than the "Advance (estimated) payment of PTC" (Line 25, Form 8962). In addition, only the tax credit amount attributed to the individual the Program made health insurance premium payments on their behalf needs to be refunded to the program regardless of whether or not the excess tax credit resulted in a lower tax liability or a refund.</p>	
15.	I understand if I move my residence outside of Miami-Dade County, my enrollment in the local Ryan White Part A Program will be discontinued immediately. Copayment or deductible assistance from the Part A Program will cease as of the date I moved out of Miami-Dade County. Premium assistance may or may not continue per ADAP guidelines.	
16.	I understand that if I moved from another county to Miami-Dade County my Ryan White Program eligibility is subject to local program requirements and limitations, which may differ from assistance I received in my previous area of residence.	

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

CIS#: _____

Date: _____

Acknowledgment

Client Initials

17.	<p>I acknowledge that it is my responsibility to promptly notify (within 5 business days) my Ryan White Part A Medical Case Manager AND American Exchange of any personal or household changes I may have experienced in order to avoid incurring any further healthcare costs, changes in premium amount, or other 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 acknowledge that the Ryan White Program (Part A or ADAP) will NOT pay for any federal penalty fees (costs, taxes, duties, or levies) owed to the IRS.</p>	
18.	<p>As part of my ACA Marketplace health insurance enrollment or re-enrollment, I understand that proof of income is required at the time of application. Head of Household letters are insufficient for this purpose and will NOT be accepted.</p>	
19.	<p>I understand that If I am enrolling for the first time in the ACA, I am required to file an annual federal income tax return for tax year 2019, if the IRS rules require me to do so. If I am not required to file taxes, I must submit to my Medical Case Manager at the time of ACA enrollment the proof that allows me not to file taxes.</p>	
20.	<p>I understand that if I am re-enrolling in the ACA, I was required to file an annual federal income tax return for tax year 2018 per IRS filing guidelines (https://www.irs.gov/pub/irs-pdf/i1040gi.pdf) and will be required to file for 2019 as well (https://www.irs.gov/forms-pubs/about-form-1040); OR I MUST provide proof to my Medical Case Manager that allows me not to file taxes. If I am required to file taxes, I MUST provide a copy of these tax returns to my Medical Case Manager, along with IRS Form 1095-A, Health Insurance Marketplace Statement, and my federal income tax reconciliation, IRS Form 8962, within thirty (30) calendar days of filing my taxes. I MUST also continue filing these tax forms as required by IRS filing guidelines and submit completed copies to 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>	
21.	<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 ACA, I authorize the exchange of my personal identifying information for the purpose of providing, coordinating, evaluating, and managing my health insurance services to contracted Ryan White Program (Part A) providers, the Florida Department of Health (FDOH/ADAP), and American Exchange. The shared information may include my complete name, address, social security number, phone number, date of birth, medical case management site, medical case manager, and insurance details.</p>	
22.	<p>I understand that it is my responsibility to promptly notify my Medical Case Manager of any communication, notices, or letters I receive related to the ACA health insurance policy for which ADAP is making payments for premiums, or the Part A Program is making payments for copayments or deductibles on my behalf – including, but not limited to, ACA Marketplace requests for documents, premium payments past due, policy terminations, etc. – in order to avoid termination of my ACA health insurance policy. I also hold the County and its agents harmless for unreimbursed medical expenses I might incur related to the ACA health insurance policy for which the Part A or ADAP Program is making payments on my behalf.</p>	

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

CIS#: _____

Date: _____

Acknowledgment

Client Initials

23.	<p>I understand the Ryan White Program is a federally-funded grant program subject to Federal regulations. These regulations include strict annual deadlines for the Part A Program to finalize its payments in each grant year's budget period (March 1st through February 28/29th). In order to meet these Federal deadlines, the County CANNOT pay any invoices or claims for unpaid or wrap-around services (e.g., copayments, co-insurance, or deductibles) if the related invoice or claim is not received by the County's agent, Miami Beach Community Health Center, within twenty (20) calendar days after the budget year end date, NO EXCEPTIONS. For example, the deadline to submit invoices or claims for the 2018-19 grant year is March 20, 2020. This deadline applies to any invoice that includes a service date occurring between March 1, 2019 and February 29, 2020. Similarly, for invoices or claims with service dates between March 1, 2020 and February 28, 2021, the related deadline is March 22, 2021. Please note, these deadlines are subject to change; check with your Medical Case Manager for updates.</p>	
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The information in the three pages above was clearly explained to me in the following language of my choice: (check one)

☐ English ☐ Spanish ☐ French/Creole/Haitian Creole ☐ Other: _____

I acknowledge by my signature that I have read or been explained the information above, and fully understand this information. I also understand that failure to comply with the requirements stated in this acknowledgement form may result in my loss of health insurance assistance from the Miami-Dade County Part A Program and that I may be responsible for repayment of money owed to the County. Any repayment to the County would be made through Miami Beach Community Health Center.

Client Name (Print) Client Signature Date

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

MCM Name (Print) MCM Signature Date

MCM Agency

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 if I choose not to enroll in an ACA Marketplace health insurance plan for the 2020 ACA plan year, there will be no "individual shared responsibility payment" to the Internal Revenue Service (IRS) for 2020. 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 tax penalties or fees I may have incurred in previous years.

Client Signature

Date

Rev. 10/25/19

**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") assists local Part A and Minority AIDS Initiative (MAI) clients who enrolled in health insurance policies provided through the Affordable Care Act (ACA) by paying the premiums for these policies up to ACA plan year 2018. Please note, for ACA plan year 2019 policies and going forward ADAP/Part B will be the payor of premiums on behalf of the ACA-eligible clients. 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 was 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 document reflects the local Program's requirements for: 1) the documentation of client income, 2) the reconciliation of Advance Premium Tax Credits (APTC) with the payor of the policy based on actual client income, and 3) the responsibilities of the client to reimburse the Program (that paid for the premium on behalf of the clients) 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 grant Recipients such as Miami-Dade County vigorously pursue enrollment of eligible clients in an ACA Health Insurance Marketplace Plan, as well as vigorously pursue recovery or recoupment of any overpayments related to premium assistance as a result of the APTC reconciliation based on the client's tax return.

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 (e.g., through plan year 2018). Clients must follow the Internal Revenue Service (IRS) tax filing deadlines. Clients enrolling in an ACA Marketplace health insurance plan ARE REQUIRED to use the process facilitated by American Exchange in order to receive assistance with health insurance services through the Ryan White Program in Miami-Dade County.

**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**

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 [i.e., recipients and subrecipients] 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 Notices (PCN) #14-01 and #18-01].

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 Acknowledgment Form at the time of enrollment in the Program's health insurance assistance program. See Acknowledgment form in Section IX of the local Ryan White Program Service Delivery Guidelines. 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., through their Medical Case Manager to American Exchange, and 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 (although only available for tax filers prior to 2018) 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 or wraparound (copayment or deductible) 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" up to plan year 2018). 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 (e.g., for uninsured clients) for which they may be eligible. Clients can refer to the IRS link listed below for additional information regarding free tax preparation services.

<https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>

**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**

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 IRS form 8962 (if the client received an ACA premium tax credit in the previous year) 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, **IF** the Ryan White Part A Program paid the premium. This amount is reported on the IRS Form 8962, line 26 of the client's annual federal income tax return, beginning with tax filing for 2014 through 2018. **The refund amount cannot exceed 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. Where ADAP paid the premium, the excess premium tax credit (refund) must be returned to ADAP.

- 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, same as the Medical Case Managers would do 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 the payor of the premium [e.g., to Miami Beach Community Health Center (MBCHC), the Program's contracted service provider for processing health insurance assistance payments, or to ADAP, as appropriate per #5 above]. Clients will have ninety (90) calendar days from their tax filing date to make the full payment in person or by mail (personal check or money order payable to MBCHC) at the following address:**

**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**

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

Inform clients that failure to repay any refund due to the Ryan White Part A Program will jeopardize the client's ability to get health insurance assistance going forward; and may limit the client's access to certain services available to them from the Ryan White Part A uninsured program services.

POLICY CREATED: 4/8/2015

POLICY UPDATED: 5/6/2019

**Miami-Dade County Ryan White Program
Policies and Procedures for
Recouping Health Insurance Premium Refunds
For Clients Enrolled in the Affordable Care Act Health Insurance Marketplace where the
Premium was Paid by the Ryan White Part A Program**

I. 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 (through plan year 2018). The premiums are set by the health insurance companies according to the documented incomes of the clients and the benefits selected for each plan. Ryan White Program ACA 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 <https://www.healthcare.gov>) through an established process with American Exchange LLC (see below), as well as update their ACA accounts in a timely manner, whenever a qualifying event occurs. ACA health insurance policies that are terminated or canceled may result in a refund. The purpose of this policy is to clarify the circumstances that warrant a termination, cancellation, or refund, and the process to identify who is due the refund. The local Ryan White Part A Program paid for the ACA health insurance premiums through December 31, 2018 on behalf of the clients.

Effective January 1, 2019, the Florida Department of Health/AIDS Drug Assistance Program (ADAP) will assume the responsibility of paying ACA health insurance monthly premiums for eligible Ryan White Program clients in Miami-Dade County. Reconciliation of any refunds due where ADAP paid the premium must be addressed with ADAP following ADAP's ACA refund policies.

Under no circumstances is a client allowed to keep or cash an insurance refund check if the Miami-Dade County Ryan White Part A Program or ADAP paid for the policy premiums. When a refund is issued, the client, Medical Case Management Supervisor, and/or Medical Case Manager (MCM) must coordinate with American Exchange and/or ADAP staff to close the clients' health insurance accounts and ensure they are properly enrolled as Ryan White Part A Program and ADAP uninsured clients.

Clients enrolling in an ACA Marketplace health insurance plan must use the County's process facilitated by American Exchange LLC in order to receive assistance with health insurance services through the Ryan White Program in Miami-Dade County. This requirement is stated in the local ACA Acknowledgment form, which is signed by the client annually. American Exchange assists with processing applications for ACA Marketplace health insurance, tracks enrollments throughout the year, identifies policy terminations or cancellations, and reports the status of client enrollments to the County's Ryan White Program.

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 Recipients such as Miami-Dade County vigorously pursue enrollment of eligible clients in an ACA Marketplace health insurance plan, as well as vigorously pursue recovery or recoupment of any overpayments related to such assistance.

**Miami-Dade County Ryan White Program
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Recouping Health Insurance Premium Refunds
For Clients Enrolled in the Affordable Care Act Health Insurance Marketplace where the
Premium was Paid by the Ryan White Part A Program**

This policy has been established to effectively manage how terminated (canceled) ACA Marketplace health insurance policies that are funded or were funded (i.e., premiums paid) through the Ryan White Part A Program are handled. This process aims to ensure client's access to services are minimally interrupted by the termination/cancellation, and also help the program coordinate recoupment of pre-paid premiums as of the date the coverage was terminated/canceled.

II. Definitions:

- American Exchange LLC (AE) – a licensed health insurance broker agency providing expertise in this field to Miami-Dade County's Ryan White Program through a Business Associate Agreement; no financial support is provided by the County to AE for this assistance.
- Behavioral Science Research Corporation (BSR) – OMB's planning council staff support and clinical quality management provider contracted to identify, implement and evaluate ways to improve client access to HIV medical care (including facilitating access to care for client's participating in ACA Marketplace health insurance plans).
- Florida Department of Health/AIDS Drug Assistance Program (ADAP) – a statewide, federally-funded prescription medication program for low income people living with HIV; also provides assistance with paying insurance premiums for program clients.
- Miami Beach Community Health Center (MBCHC) – the Ryan White Part A Program's Health Insurance Services Administrator (third party administrator for payments of program-allowable health insurance premiums up to plan year 2018), copayments, and deductibles.
- Miami-Dade County Office of Management and Budget (OMB) – Recipient responsible for managing the federal Ryan White Program grant funds locally.
- Policy Cancellation – policy ending initiated by client.
- Policy Termination – policy ending initiated by insurance carrier, ACA Marketplace, American Exchange, OMB, or MBCHC.
- Program clients – people living with HIV or AIDS who are low income (below 400% of the Federal Poverty Level for the program year), reside in Miami-Dade County, and are eligible for Ryan White Part A Program health insurance assistance.
- Qualifying event – the ability to purchase health insurance outside of the yearly open enrollment period due to a life changing event. Qualifying events that would trigger a special enrollment period include: having a baby, adoption, getting married, losing other coverage, moving to a new permanent residence, aging off of the parent's plan, losing

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student coverage, COBRA coverage expired, becoming a citizen or gaining lawful presence in the U.S., release from incarceration, change in tribal status, and a change in income status.

III. Applicability and Effective Date:

These policies and procedures are for clients enrolled in an ACA Marketplace health insurance plan who received assistance from the Ryan White Part A Program to pay health insurance premiums or other out-of-pocket health insurance costs. This policy is effective immediately; and is applicable to any previously identified refunds that are due to the Ryan White Part A Program.

IV. Policy/Procedures:

The Ryan White HIV/AIDS Program is administered at the federal level by HHS/HRSA/HAB; and at the local level by OMB. HRSA's Policy of Advanced Premium Tax Credits, excess premium payments, and refunds (not program income) requires *Ryan White Program grantees and sub-grantees [i.e., recipients and subrecipients] to establish mechanisms to **vigorously pursue** any excess premium tax credit [or refund] a client receives from the IRS to offset insurance costs related to health insurance premiums paid by the Ryan White Program* [HRSA Policy Clarification Notices (PCN) #14-01 and #18-01 (see: <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>), as may be amended)].

Similarly, recipients and subrecipients must vigorously pursue repayment to the Part A Program of any refund due resulting from a client's policy termination or cancellation, if at any time the Ryan White Part A Program paid the premiums.

To comply with this directive from HRSA, in the event a policy termination or cancellation results in the refund of a premium payment made by the Ryan White Part A Program on the client's behalf, the following steps must be completed, where applicable:

IV. A. Reasons for ACA Marketplace, insurance carrier, OMB, or MBCHC initiating a Policy Termination:

The ACA Marketplace will terminate a policy if required documentation (e.g., proof of citizenship or naturalization, proof of income, etc.) is not submitted by the deadline, upon request.

The insurance carrier (e.g., Florida Blue, Molina, Celtic Insurance/Ambetter, etc.) will terminate a policy if the premium payment is not received and properly posted by the insurance carrier to the client's policy account by the deadline imposed by the insurance carrier.

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OMB will discontinue authorization to pay the premiums if the client is no longer eligible for Ryan White Part A Program assistance (e.g., income exceeds program limit, client moves out of Miami-Dade County, etc.), or the client has a change in income, premium tax credit, or changes the insurance plan, which causes the health insurance policy to exceed the Ryan White Part A Program assistance limitations [e.g., if the cost of the plan up to plan year 2018 exceeds, by any amount: \$1,000 per monthly premium; \$4,500 per annual deductible; AND \$6,500 per annual out-of-pocket maximum) at any point during the plan year].

MBCHC will discontinue making payments of health insurance premiums if notified by AE of an irrevocable policy termination, or they are notified by AE, OMB, the Medical Case Manager (MCM), or the client that the client is no longer eligible for Ryan White Part A Program health insurance assistance in Miami-Dade County (e.g., client's gross household income exceeds 400% of the Federal Poverty Level; client becomes employed and can access employer-sponsored health insurance; client moves out of Miami-Dade County; etc.).

IV. B. Steps for Policy Terminations or Cancellations

1. Prior to American Exchange (AE) becoming aware of a policy termination or cancellation, AE will:

- a. **CHECK** the available systems (ACA Marketplace, insurance carriers, etc.) on a regular basis (at least monthly) to determine the status of client enrollments in an ACA Marketplace health insurance plan where premiums are paid for by the Ryan White Program; and
- b. **IDENTIFY** policy termination (initiated by the insurance carrier, MBCHC, or the County Ryan White Program) or policy cancellation (initiated by client); and possible refund(s) due to program.

NOTE: Communication of the termination may originate from the **Client** (through the Medical Case Manager), **MBCHC**, or **AE** (through the ACA Marketplace or insurance carrier). If the termination information originated from outside AE, it is very important that AE be notified as soon as possible of this information, through its securely shared enrollment tracking system, MerDoc. Access to MerDoc is limited to persons authorized by the County's Ryan White Part A Program. All program policies should include a statement that AE must be notified of all plan changes as soon as possible (e.g., within 10 business days of the change).

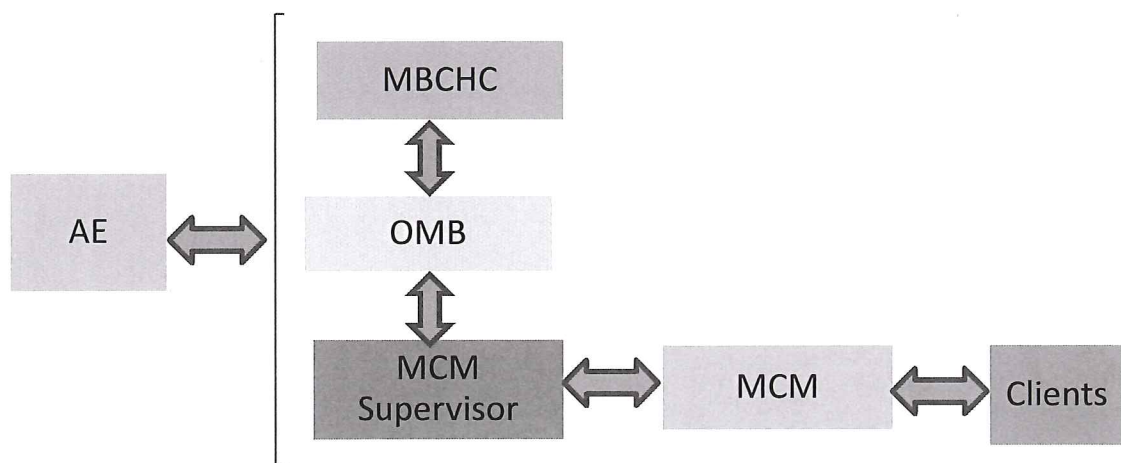
2. Once AE is aware of a policy termination or cancellation, AE will:

- a. **RESEARCH** ACA Marketplace and insurance carrier information to **IDENTIFY** the reason a policy termination or cancellation occurred or is pending;

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- b. **DETERMINE** who initiated the termination or cancellation (ACA Marketplace, insurance carrier, OMB, MBCHC, or client);
- c. **ASCERTAIN** if the termination or cancellation is final (i.e., no possibility exists that the policy will be reinstated);
- d. **WORK** with the client's Medical Case Manager to obtain the needed information if there is a possibility that the policy can be reinstated;
- e. **UPDATE** the client's record in MerDoc and move the information into the "Terminated" policy section in MerDoc, if the policy is determined to be irrevocably terminated or canceled; and
- f. **FOLLOW UP** with the insurance carrier (i.e., Florida Blue, Molina, or Celtic Insurance/Ambetter) to ensure any refund resulting from a policy termination or cancellation is computed correctly and directed to the Miami Beach Community Health Center, Inc., the payor of the health insurance premiums.
- g. **NOTIFY** MBCHC, OMB, "and" the client's Medical Case Manager of record by email (with no client identifying information to inform all authorized persons of the policy termination or cancellation. **THEN**, the Medical Case Manager notifies the client of the next steps (e.g., client will return to the program's uninsured program, a reminder that all premium refunds belong to the payor of the premiums).

Notification Process:



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V. PROCESS EXAMPLES: The following scenarios will be available for the recoupment of pre-paid premiums related to all Ryan White Program clients whose ACA Marketplace health insurance premiums are either terminated or canceled and the refund was mailed directly to the client instead of Miami Beach Community Health Center.

V. A. Recouping Health Insurance Premium Refunds

1. Scenario #1: Insurance carrier sends premium refund check directly to client

- a. When client receives a premium refund check, he/she/they must contact their MCM. The MCM must instruct the client to bring the check to the MCM's office. MCM will verify in MerDoc and contact AE to confirm payor of the premium (Part A, ADAP, or someone else).
- b. Clients must endorse the premium refund check in the MCM's office (**NOTE: endorsed checks cannot be mailed**). If Part A paid the premium, MCM alerts MBCHC. If ADAP paid the premium, the MCM will contact the local ADAP office for instructions.
- c. MCM must hand deliver the client's premium refund check to MBCHC at 11645 Biscayne Boulevard, Suite 207, North Miami, FL 33181; or the MCM must make arrangements with MBCHC/ISP staff for refund check retrieval (pickup).

2. Scenario #2: Client improperly cashes insurance premium refund check, **BUT agrees to repay full amount.**

- a. **If the insurance policy is active**, the client must immediately pay the full amount to the insurance company in order to keep the policy active (copy of canceled check or statement showing the policy was paid in full must be provided to the client's MCM and a copy sent to MBCHC. A copy must also be maintained in the client's file at the MCM agency).
- b. **If the policy is canceled**, the client will be responsible for repaying the Ryan White Program the full amount. The refund must be returned to the Ryan White Part A Program immediately, but not more than two weeks later, through MBCHC at 11645 Biscayne Boulevard, Suite 207, North Miami, FL 33181; via a check or money order made payable to "Miami Beach Community Health Center." The memo line of the check or money order should state: "Part A Insurance Refund"; and include the client's name or CIS#, the unique client identification number used by the Part A Program.

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- c. **If client is unable to immediately repay the full amount BUT agrees to enter a premium refund repayment agreement with MBCHC**, the terms of the repayment agreement will be determined on a case-by-case basis not to exceed three (3) years or 36 months from the date the agreement is signed (see **Attachment #1** to this policy, MBCHC repayment agreement). Under this option, the client will continue to have access to all core medical services available under the Ryan White Part A Program (as long as they adhere to the terms of the repayment agreement), but will not have access to health insurance assistance services. NOTE: The terms of such repayment agreement will be agreed upon by the client, MBCHC, and OMB, in the form of a formal agreement signed by these three parties. The Repayment Agreement may include installment payments for an amount and length of time agreeable to all three parties not to exceed three years or 36 months.
 - d. **If client is unable to pay back the money within the term of the repayment agreement and their policy is still active**, he/she/they must contact their insurance company and cancel their policy. The client must show proof of policy cancellation to their MCM. Client will need to coordinate with their Ryan White Program Medical Case Manager and American Exchange representative to cancel their ACA insurance policy. The client and his/her/their MCM will be responsible to enroll with the AIDS Drug Assistance Program (ADAP) in order to obtain their antiretroviral drugs. Under this option, the client will continue to have access to all core medical services under the Ryan White Part A Program (client will not have access to health insurance services).
 - e. OMB and BSR staff will monitor the refund collection process and ensure that the client is: 1) encouraged to stay adherent to care and treatment through Ryan White Part A core medical and support services; and 2) not restricted from access to services as long as the refund is returned in full or the terms and obligations of the Repayment Agreement are fulfilled.
3. **Scenario #3: Client is non-compliant with the insurance repayment refund requirement (e.g., client is unable to be reached or he/she is (or they are) unable to pay back what they owe and refuse to enter a repayment agreement).**
- a. If client fails to comply with their repayment agreement, Ryan White Part A Program services will be restricted and the client will be limited to receive core medical services only (client will not have access to health insurance services, including wraparound services, or support services indefinitely). Any changes to their access to services will be determined on a case-by-case basis.
 - b. The client's Medical Case Manager will update the client's Financial Assessment in the SDIS to show client has no insurance coverage as of the effective date of the policy termination/cancellation.

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- c. OMB will notify Automated Case Management Services (ACMS), the Program's data management system vendor, to block services in the Service Delivery Information System (SDIS). Additionally, OMB will notify ADAP of any client service restrictions.

- 4. **Scenario #4: Client is no longer eligible to participate in the local Ryan White Part A Program, because they do not meet the minimum Ryan White Program eligibility (e.g., client no longer resides in Miami-Dade County; gross household income exceeds 400% of the Federal Poverty Level; client has employer-sponsored insurance; etc.).**
 - a. MCM must inform clients who are/were enrolled in an ACA Health Insurance Marketplace Plan and received health insurance premium assistance from the local Ryan White Program that the program will no longer pay for their premiums and/or wraparound copayments and deductibles. The MCM must also coordinate with AE to complete the policy cancellation or transfer to another jurisdiction (i.e., Part B in another county), if applicable. AE will also communicate with the insurance carrier to determine if any refund for unused premiums is due and has been remitted to MBCHC; or to request that the refund to be sent directly to MBCHC.
 - b. Clients are responsible for any ACA Health Insurance Marketplace premium payments made by MBCHC on behalf of the local Ryan White Part A Program in excess of the client's eligibility/coverage in the Ryan White Part A Program.
 - c. MCM Supervisors will inform MCMs who in turn contact their respective clients that any monies owed to the Ryan White Part A Program will need to be returned either with a time sensitive repayment agreement or a one-time payment in full.
 - d. Clients will be responsible for making the repayment(s) to his/her/their MCM; who in turn will work in cooperation with MBCHC ISP staff to either hand-deliver the client endorsed reimbursement payment (personal check or money order) to MBCHC ISP staff or have a MBCHC ISP staff member pick-up the client reimbursement payment at the MCM office.
 - e. All payments, refunds, or re-payments (in the form of a check or money order) will be made payable to "Miami Beach Community Health Center" 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

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VI. Non-Compliance/Collection Letter:

MBCHC forwards email to Medical Case Management Supervisor, with a copy to OMB, instructing the MCM Supervisor to create (using OMB template; see page 9 of this policy) and mail to the client (via Certified Mail; only if the client has elected to receive mail from the Part A Program) the Collections Letter explaining to the client that he/she is (or they are) no longer participating in a Ryan White Part A Program-funded ACA Marketplace insurance policy and as a result there is a refund that he/she/they might receive that MUST be returned to the program, since Part A paid the premiums.

The MCM Supervisor must report to OMB, AE, and MBCHC any problems encountered with the client notification [e.g., client has not authorized the program to communicate via U.S. mail, the letter was returned undeliverable, Medical Case Manager was otherwise unable to mail the letter (, etc.]

At the end of a reasonable period (30 days), if the refund has not been received by MBCHC, then MBCHC will notify OMB, AE, and the MCM Supervisor of such. OMB will instruct MBCHC on the “next steps” process for the non-compliance letter or repayment agreement to follow up with the client through the Medical Case Management Supervisor and the Medical Case Manager.

Steps to follow for eligible Ryan White Part A Program clients who were previously enrolled in an ACA Marketplace Health Insurance policy that was terminated or cancelled.

- a. MBCHC will cancel the ISP Insurance Authorization for the client; to be effective on the date the insurance became inactive.
- b. The MCM Supervisor will contact OMB for an override to update the financial assessment to reflect the client is uninsured. If warranted, OMB staff will contact ACMS and authorize the override, allowing the client to receive services as of the first day the client became uninsured.
- c. If an override is approved, MBCHC and AE will assess if any refund is due from the insurer as a result of the termination/cancellation.
- d. The uninsured client accesses program-allowable services for which they are eligible through the Ryan White Part A Program.

VII. Sample policy termination email from AE:

In a timely manner (within 7 calendar days), a client must notify their Medical Case Manager of any changes that will affect client’s eligibility in the Ryan White Part A Program or enrollment in the Ryan White Part A health insurance assistance services. The Medical Case Manager must inform the MCM Supervisor to immediately notify AE of any changes. AE will issue the Part A health insurance assistance termination email as noted below.

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NOTE: for any emails to FDOH or ADAP staff, with email suffixes of @flhealth.gov, do not include the CIS# in the email's subject line. Simply type the CIS# as the first line in the email message itself.

To: sjerez@mbchc.org; wauguste@mbchc.org; clarisol.nilsen@miamidade.gov; carla.valleschwenk@miamidade.gov; Antonio.fernandez2@miamidade.gov; [INCLUDE CLIENT'S MEDICAL CASE MANAGEMENT SUPERVISOR'S EMAIL ADDRESS]

Email Subject Line: Part A Policy Termination (CIS____)

Body of Email:

CIS#: _____

Effective Termination Date: _____

Last Month Premium Posted: _____

Monthly Premium Amount (paid by MBCHC): _____

Reason for Termination: _____ *[e.g., ACA Marketplace terminated due to non-response to requested information; insurance carrier terminated due to non-payment; OMB terminated because policy exceeds local program limits (rule applies if over by even \$1); client initiated cancellation with no reason given; client moved out of Miami-Dade County; etc.]*

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FOLLOW UP ACTIONS TO POLICY TERMINATION/CANCELLATION EMAIL:

MBCHC

- **Terminates Payment to insurance carrier**
- **Implements a repayment agreement with client, if warranted**
- **Tracks Refund due in the Health Insurance Refund Tracking Spreadsheet maintained by MBCHC and OMB**
- **Updates ISP Authorization**

OMB

- **Tracks Refund due in the Health Insurance Refund Tracking Spreadsheet maintained by MBCHC and OMB**
- **Considers and approves SDIS overrides to revert clients to uninsured status**
- **Coordinates Non-compliance/Collection Letter action**
- **Coordinates with AE, MCM Supervisor and MCM to facilitate client access to care**

**MCM
Supervisor**

- **Communicates with MCM and client regarding policy cancellation/termination to inform of next steps**
- **Tracks Refund Due**
- **Coordinates with MBCHC if a repayment agreement with the client is required**

**POLICY CREATED: 11/27/2017
POLICY UPDATED: 05/22/2019**

Miami-Dade County Ryan White Part A Program

Part A/ADAP "GAP Card"

A Guide For Medical Case Managers to Use with Clients

(A wraparound co-payment, co-insurance, and deductible payment assistance guide for Part A/ADAP clients enrolled in Part A Health Insurance Assistance services)



This "GAP Card" is a wraparound co-payment, co-insurance, and deductible assistance identification card for Ryan White Part A/ADAP Program clients enrolled in Part A Health Insurance Assistance in Miami-Dade County. **IT IS NOT AN INSURANCE CARD.** This GAP Card facilitates assistance from the Ryan White Part A/MAI Program for program-allowable health insurance co-payments, co-insurance, and deductibles when clients use health insurance providers that contract with their health insurance company, known as "IN-NETWORK" providers. This GAP Card will help pay the program-allowable out-of-pocket costs for OUTPATIENT medical and pharmacy services only. These medical and pharmacy services **MUST BE** related to the client's allowable medical condition (see reference below) and grant program eligibility. This GAP Card **CANNOT** be used for inpatient hospital, emergency room, or urgent care center services. Dental insurance co-payment, co-insurance or deductible assistance is not covered.



GAP Card – Do's and Don'ts

Clients Should:



Contact the facility (e.g., physician's office, laboratory, diagnostic center) **in advance of the appointment** to explain or inform the medical provider of the card and its purpose.

- The client can say to medical provider when scheduling the appointment, "I have a third party payer (Miami Beach Community Health Center; MBCHC) that helps me pay my health insurance co-payments, co-insurance, and deductibles. Will you be willing to bill them directly on my behalf? If so, please call the phone number on the back of my GAP Card for more details."
- The Medical Case Manager may assist the client with contacting the facility and explaining the GAP Card process (see below).
- As a reminder, Miami Beach Community Health Center (MBCHC) is the agency contracted by Miami-Dade County to process related health insurance payments for program clients. See below for contact information.
- **NOTE:** The facility does not have to accept the GAP Card. If the facility chooses not to accept the GAP Card and the client proceeds with the appointment, the client will be responsible for making the payment themselves.

Miami-Dade County Ryan White Part A Program

Part A/ADAP “GAP Card”

A Guide For Medical Case Managers to Use with Clients

(A wraparound co-payment, co-insurance, and deductible payment assistance guide for Part A/ADAP clients enrolled in Part A Health Insurance Assistance services)

Clients Should: (continued)



Present the GAP Card and their health insurance card at the time of their appointment.

- Services **MUST** be related to a Ryan White Part A Program-allowable medical condition (e.g., a broken leg from playing basketball or an injury from a car accident or “slip and fall” accident are not coverable services under this program).
 - **IMPORTANT:** See the most current, local Ryan White Part A Program Allowable Medical Conditions List for details.
- The GAP Card is **NOT** a guarantee of payment. If the client chooses to be seen without authorization from MBCHC, the client may be responsible for the bill.
 - If the client pays for the service (out-of-pocket), MBCHC and the federal grant program **CANNOT** reimburse the client.
- If the medical facility accepts the GAP Card, the medical facility staff should contact Ms. Diana Gallego (formerly Sanchez) from MBCHC at **305-538-8835, ext. 1527**, or dsanchez@mbchc.com or dsanchez@hcnetwork.com, to:
 1. Confirm client’s eligibility
 2. Determine if the service (medical visit, lab, or diagnostic) is program-allowable
 3. Ask any questions related to use of the GAP Card
- MBCHC should inform the medical facility staff that a claim (invoice) can be sent to MBCHC immediately after the medical visit. In most cases (especially for co-payments), the Explanation of Benefits is not needed. The claim should include:
 1. Client’s full legal name and date of birth
 2. Date of service and type of service (medical code: CPT, HCPCS, etc.)
 3. Diagnosis code
 4. Co-payment, co-insurance, or deductible amount



Contact the medical facility one week before any Saturday appointments to explain (inform provider of) the GAP Card for co-payments, co-insurance, or deductibles and ask the medical facility staff to call Miami Beach Community Health Center (MBCHC) for authorization. See above.

Miami-Dade County Ryan White Part A Program

Part A/ADAP "GAP Card"

A Guide For Medical Case Managers to Use with Clients

(A wraparound co-payment, co-insurance, and deductible payment assistance guide for Part A/ADAP clients enrolled in Part A Health Insurance Assistance services)

Clients Should: (continued)



Create their on-line health insurance account to keep track of medical services received and make sure they save any invoices/bills they receive in the mail. As soon as receiving any medical bill, or indication of payment due through the on-line health insurance account, the client should contact their Medical Case Manager for assistance with sending the invoices to MBCHC for review and consideration of approval.

- Clients or their Medical Case Manager should contact Diana Gallego at MBCHC (see above) to be sure MBCHC received the claim/invoice for payment processing.



Remember **MONDAY, MARCH 22, 2021** is the DEADLINE to submit invoices to MBCHC for allowable medical services the client **received in fiscal year 2020** (i.e., March 1, 2020 through February 28, 2021).

- **The federal grant program's fiscal year (FY) runs from March 1st through February 28th (or 29th if a leap year).**
- This deadline is necessary due to annual federal grant close-out requirements.



Schedule routine medical visits before January each year, whenever possible.



Know that the GAP Card is currently accepted at the following pharmacies:

- **Part A Program pharmacies:** AHF, Borinquen Health Care Center, Community Health of South Florida (CHI), Citrus Health Network (for Citrus Health patients only), and MBCHC
- **Mail order pharmacies:** PharmCoRX, PrimeMail, BriovaRX, Accredo Specialty Pharmacy, Cigna, CommCare, and CVS Caremark



Clients Should NOT:



Miss the deadline to submit any invoices to MBCHC, or have any invoices submitted on their behalf to MBCHC, for allowable medical services received between March 1, 2020 and February 28, 2021.

Miami-Dade County Ryan White Part A Program

Part A/ADAP “GAP Card”

A Guide For Medical Case Managers to Use with Clients

(A wraparound co-payment, co-insurance, and deductible payment assistance guide for Part A/ADAP clients enrolled in Part A Health Insurance Assistance services)

Clients Should NOT: (continued)

- The **DEADLINE** to submit any GAP Card invoice for copayment, co-insurance, or deductible assistance of a fiscal year 2020 service is: **March 22, 2021**.
- MBCHC **CANNOT** process **ANY** claims (invoices/bills) after the closeout period at the end of the federal grant program’s fiscal year.
- MBCHC and the grant program **CANNOT** pay the provider on the client’s behalf after this deadline.
- ☒ Expect to directly receive any payment or reimbursement from this federal grant program for **ANY** co-payments, co-insurance or deductibles the client chooses to pay on their own.
 - This program **CANNOT** reimburse the client directly. **This is a federal restriction for the Ryan White Program.**
- ☒ Expect to receive GAP Card assistance for health insurance services or expenses related to urgent care, emergency room, or in-patient hospitalization. **This is a federal grant restriction for the Ryan White Program.**
- ☒ Forget to schedule their routine medical appointments before the month of January. This aids in obtaining the claim/bill/invoice prior to the Part A Program’s deadline.
 - Claims/invoices for co-payments, co-insurance or deductibles for any program-allowable services during the months of January 2021 and February 2021 must be submitted to MBCHC by March 22, 2021.
 - MBCHC **CANNOT** process **ANY** claims (invoices/bills) after the closeout period at the end of the federal grant program’s fiscal year.

IMPORTANT REMINDERS: This GAP Card is NOT:

- ⊗ An insurance card
- ⊗ A guarantee of payment
- ⊗ Managed or otherwise endorsed by the client’s ACA health insurance company or plan
- ⊗ For health insurance expenses related to urgent care, emergency room, in-patient hospitalizations, or non-program-allowable services
- ⊗ For services received outside of Miami-Dade County (except for mail order prescriptions through the pharmacies noted on page 3)

MIAMI-DADE COUNTY RYAN WHITE PROGRAM ALLOWABLE MEDICAL CONDITIONS LIST

These conditions are related to or exacerbated by HIV, comorbidities related to HIV, and complications of HIV treatment.

This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. This list was created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred. This list is a sample guideline to be used in Miami-Dade County's Ryan White Part A/Minority AIDS Initiative Program of the most common conditions exacerbated or caused by HIV or its treatment.

Routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, and ophthalmologic screening) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Service Delivery Guidelines for more information.

When provided in an outpatient setting, labs, diagnostics and treatments related to HIV, as indicated above, including complications of HIV treatment related to the following conditions may be covered:

CARDIOLOGY:

atherosclerosis
coronary artery disease
hyperlipidemia
phlebitis
peripheral artery disease

CHIROPRACTIC/PHYSICAL MEDICINE:

Peripheral neuropathy
Rheumatic diseases
Osteopenia/osteoporosis
Avascular necrosis (Stage 1 or 2 only)
Chronic myopathy/myalgia, HIV related
Chronic arthralgia, HIV related

IMPORTANT NOTE: According to CDC, chronic pain is defined as pain having duration of at least three months. Chronic pain is considered a co-morbidity of HIV. This may also contribute to the depression with pain comorbidity complex (DPC). Treatment of acute pain is not covered.

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

COLORECTAL:

abnormal anal Pap smears
anal cancers
fistulas
hernias

DENTAL (ORAL HEALTH CARE):

human papillomavirus associated oral lesions
giant aphthous ulcers
oral cancers
dental cancers

DERMATOLOGY:

skin conditions and symptoms, including skin appendages and oral mucosa
dermatitis (including tinea infections)
eczema/seborrheic dermatitis
eosinophilic folliculitis
herpes simplex virus
impetigo
Kaposi's sarcoma
Methicillin-resistant Staphylococcus aureus (MRSA)
molluscum contagiosum
onychomycosis
photodermatitis
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)
psoriasis
skin cancers (squamous cell carcinoma, etc.)
warts

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:

chronic sinusitis
oral human papillomavirus
oral cancers
dental cancers

ENDOCRINOLOGY:

diabetes
hypogonadism

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

GASTROINTESTINAL:

colitis (syphilitic colitis--very rare)
diarrhea
esophageal candidiasis
nausea/vomiting

GENITOURINARY (GU)/ GYNECOLOGY (GYN):

abnormal Pap smear
cervical human papillomavirus
erectile dysfunction (*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but, the treatment of erectile dysfunction is not covered by the local Ryan White Part A/MAI Program.*)
hematuria (related to neoplasms)
tinea cruris (jock itch) or scrotal candidiasis
vaginal candidiasis
gynecological cancers

HEMATOLOGY/ONCOLOGY:

anemia
Kaposi's sarcoma
lymphoma
polycythemia vera
thrombocytopenia

INFECTIOUS DISEASE:

herpes simplex infections (1 and especially type 2), varicella zoster infections, non tuberculous mycobacterial infections
histoplasmosis
leishmaniasis
syphilis
tuberculosis
viral hepatitis (hepatitis B and C)

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

MENTAL HEALTH SERVICES:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment
mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTES:

- *As covered by this local Ryan White Part A Program:*
 - *Services in this general category (other than Psychiatry, see page 6) are not provided under Outpatient/Ambulatory Health Services.*
 - *Mental Health Services include the provision of outpatient psychological and psychiatry screening, assessment, diagnosis, treatment, and counseling services offered to clients who are living with HIV or AIDS. These services may be used by appropriate mental health providers to assess and diagnose a mental health illness. **However, a diagnosed mental health illness is required to receive ongoing treatment and counseling under this service category.***
 - *Services are to be provided by a mental health professional holding a PhD, EdD, PsyD, MA, MS, MSW, or M.Ed. degree, AND be licensed in the State of Florida as a LCSW, LMHC, LMFT, or Licensed Clinical Psychologist. Appropriately supervised interns may also provide such services, as defined in the local Ryan White Program Service Delivery Guidelines, under Mental Health Services.*

NEPHROLOGY:

human immunodeficiency virus-associated nephropathy
renal failure (may be related to coronary artery disease induced by HIV or diabetes mellitus induced by HIV, etc.)

NEUROLOGY:

delirium
HIV associated neurocognitive disorder (HAND) ¹
HIV related encephalopathy
neurosyphilis
neuropathy

NUTRITION:

lipodystrophy
wasting
weight gain
weight loss

¹ National Institute of Mental Health info <http://www.nimh.nih.gov/health/topics/hiv-aids/hiv-associated-neurocognitive-disorders.shtml>

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

OPHTHALMOLOGY/OPTOMETRY:

IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics for HIV-related eye problems/complications; but, not the filling of prescriptions for corrective lenses.

Clients must also meet at least one of these criteria to access ophthalmology/optometry services:

- Client has a low CD4 count (at or less than 200 cells/mm³) *currently*
- Client has a comorbidity (e.g. diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. Any one of these conditions listed below would apply as examples.

Manifestations due to opportunistic infections:

- acute retinal necrosis
- bacterial retinitis
- candida endophthalmitis
- cytomegalovirus retinitis
- cryptococcus chorioretinitis
- pneumocystis choroiditis
- toxoplasma retinochoroiditis

Visual disturbances to rule out complication of HIV due to:

- cancers of the eye (e.g. squamous cell carcinoma of the eye, Kaposi Sarcoma, etc)
- cataracts
- dry eyes (sicca)
- glaucoma
- intra-retinal hemorrhages
- reactive arthritis
- trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)
- uveitis

History of STI and complications of STI:

- herpes simplex virus
- herpes zoster-varicella visual changes
- syphilis

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

ORTHOPEDICS/RHEUMATOLOGY:

avascular necrosis of hip, knee, etc.
osteopenia/osteoporosis
HIV-related myopathy/myalgia
HIV-related rheumatic diseases

PODIATRY:

Foot and ankle pain (*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for diagnostic evaluation of foot and ankle pain. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present.*)
diabetic foot care
onychomycosis

PSYCHIATRY:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment
mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTE:

- *Under this component, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.*

PULMONARY:

mycobacterium
pneumocystis pneumonia
recurrent pneumonia
tuberculosis