

**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, 2016 - January 31, 2017).	
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 an ACA Marketplace health insurance plan that meets my health care needs, is cost effective, and meets the Ryan White Program limitations and allowable costs.	
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.	I understand that Ryan White Program (Part A or ADAP) funds will NOT pay for any out-of-network providers or services.	
7.	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.	
8.	I understand that in order to re-enroll and receive Ryan White Part A Program or ADAP assistance, with my out-of-pocket insurance costs, where applicable, I MUST provide my Ryan White Part A Medical Case Manager with a copy of my income tax return and form 8962 from the most recent tax year.	
9.	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. However, the plan benefits may show family members as long as the costs for my plan are separated out.	
10.	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.	
11.	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.	
12.	I agree to apply for Affordable Care Act (ACA) Marketplace health insurance through American Exchange, the organization selected by the local Ryan White Program to <u>assist</u> with enrollment in the ACA and facilitate the payment process.	
13.	When identifying a plan, 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, co-pays, and other cost sharing options.	

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14.	<p>I understand it is my responsibility to promptly notify (within 5 business days) my Ryan White Part A Medical Case Manager AND the American Exchange 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>	
15.	<p>I understand that if I am re-enrolling in the ACA, I am required to file an annual federal income tax return for 2015 and must provide a copy of this return to my Ryan White Part A Medical Case Manager. Furthermore, I must provide copies of my federal income tax reconciliation IRS form 8962, if I had insurance through the ACA in 2015 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 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. However, if I am enrolling for the first time, I understand I am required to file an annual federal income tax return.</p>	
16.	<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 Form 8962, 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 or been explained the information above, and fully understand this information.

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