MIAMI-DADE COUNTY RYAN WHITE PROGRAM LOCAL AFFORDABLE CARE ACT (ACA) IMPLEMENTATION Open Enrollment Period for the 2022 Plan Year

** PLEASE DO YOUR BEST TO HELP CLIENTS COMPLETE RE-ENROLLMENT BY NOVEMBER 30TH **

The Health Resources and Service Administration (HRSA) still requires Ryan White Programs to vigorously pursue enrolling eligible clients in the ACA Marketplace. The Open Enrollment period to enroll in the ACA for plans in 2022 begins November 1, 2021 and ends January 15, 2022. However, to have insurance active by January 1, 2022, applications should be submitted to American Exchange by November 30, 2021, and the initial premium binder payment sent to the insurance company by December 15, 2021.

NOTE: It is critical that all Ryan White Program Medical Case Managers follow proper and consistent directions when screening Ryan White Part A and ADAP clients for ACA participation and share a clear and appropriate message with clients.

IMPORTANT REMINDERS

- NEW FOR 2022: ADAP will provide premium assistance and Part A will provide program-allowable copayments and deductibles for eligible clients with income from 75% to 400% of the Federal Poverty Level (FPL).
- All local Ryan White Program clients requesting Part A health insurance assistance for an ACA Marketplace health insurance plan are required to file an income tax return, if Internal Revenue Service (IRS) guidelines require them to do so. If the client is required to file taxes, a copy of the client's income tax return, including ACA reconciliation IRS Form 8962 (if the client received an ACA premium tax credit in the previous year) and Form 1095-A must be presented to the Medical Case Manager (MCM) and filed in the client's chart to be eligible for re-enrollment in an ACA Marketplace health insurance plan. A copy should also be maintained on file in the client's profile (record) in the Provide data system to be eligible for re-enrollment in an ACA Marketplace health insurance plan. If the client is not required by the IRS guidelines to file taxes, then proof that allows client not to file taxes must be obtained and filed in the client's chart.
- All local Ryan White Program clients enrolling in an ACA Marketplace health insurance plan and requesting Part A wraparound assistance for copayments and deductibles ARE RESPONSIBLE for applying all applicable tax credits upfront at the time of enrollment or re-enrollment in an ACA Marketplace health insurance plan.
- All 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 wraparound services through the Ryan White Program in Miami-Dade County.
- All clients requesting assistance with ACA Marketplace health insurance premium assistance must be enrolled in the Florida AIDS Drug Assistance Program (ADAP). Part A will not provide premium assistance for 2022 ACA health insurance policies.
- The enrollment process from the Ryan White Part A Program perspective has not changed from last year.

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Ryan White Part A clients ENROLLED in ADAP (Part A/ADAP ACA "Wraparound") 1. Medical Case Manager (MCM) reviews client's file to confirm current ACA eligibility. 2. If client is eligible for ACA enrollment, MCM reviews required documentation toconfirm client's legal status (U.S. citizen, national, or be lawfully present in the U.S.). 3. MCM informs client of required documentation for ACA enrollment appointment: proofof client's legal status in the U.S., copy of 2020 Income Tax return, Premium Tax Credit IRS Form 8962, and Form 1095-A (if client received premium tax credit in the previous year), as required, for ACA re-enrollment process; proof of monthly gross income; names and dosages of all medications; name, date of birth, social security number; and proof of monthly gross income for all members of the tax household. 4. MCM and client complete the local Part A Program's online 2022 ACA Assessment Tool and ACA Acknowledgement Form, Due to COVID-19 and limitations of faceto-face encounters, MCMs must ensure that a signed ACA Acknowledgment Form is onfile in the client's profile (record) in the Provide data system. A physical Ryan White Part A clients ENROLLED in signature is preferred but an electronic signature authentication process (DocuSign, etc.) may also be used. MCM must complete the Miami-Dade County 2022 ACA Assessment online at www.americanexchange.com/miamidade2022. American Exchange (AE) provides best options for Plan selection. Plan selection should occur within 48 hours [i.e., 2 business days; once the plans are available in the ACA Marketplace, and AE has conducted its review of the client's complete and accurate ACA Assessment]. NOTE: Authorized representatives (e.g., RW Program MCM Supervisor, Lead MCM, or other approved alternate) from each RW Part A Program subrecipient Part agency will have access to client enrollment data for distribution among medical A/ADAP case managers (MCM). In Surefyre, AE's tracking database, the Task feature ACA tracks customer service inquiries between AE and the RWP. An authorized Wraprepresentative or alternate (as noted above) can assign a task to an AE Agent around through their Surefyre log in. The AE Agent will get a notification, and their tasks will be shown on the Agent's Home Screen when they log into the system. Surefyre users can also ping AE Agents in the Comments section using the @ symbol (e.g., @Andrewhetzler, "I need a new ID Cardfor this client;" @Waynegay, "What is the enrollment status for this client;" etc.), and the identified AE Agent would get an email notification. Task resolutions should occur within 48 hours (i.e., 2 business days). MCMs and authorized representatives may also call AE's Miami-Dade Hotline at 1-844-367-6535 to speak with an AE Enrollment Specialist, as needed. 5. When the client's profile in the Provide® Enterprise Miami data management system shows active eligibility, the client is open to (shows "YES" for) Part A health insurance services, the client's signed ACA Acknowledgement form is attached to their profile in Provide®, and the insurance policy and billing information are available in the Surefyre system, Miami Beach Community Health Center (MBCHC) will have sufficient information to process program-allowable copayments and deductibles. An In Network Referral would not be needed.

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Ryan W	Ryan White Part A clients <u>ENROLLED</u> in ADAP (Part A/ADAP ACA "Wraparound") (cont'd)		
Part A/ADAP ACA Wrap- around	6. A CVS/Caremark card must be presented to the client's retail pharmacy at the time of medication pick-up. This process ensures that ADAP covers the copayment amounts for medications in the ADAP formulary and the information is notified electronically to the program database. The CVS/Caremark card is distributed by CVS. Retail pharmacy can contact the helpdesk at the number shown in the card to address any issues. If there is a copay, client must re-enroll in the program as the six-month period may have expired.		
(cont'd)	7. BSR, under a subcontract with MBCHC, generates a local Part A GAP card and distributes these cards to the respective MCM agencies based on each RW Program MCM agency's ACA enrollment report(s) generated by AE. This GAP card facilitates the ACA Wraparound process for payment of program-allowable copayments and deductibles to medical providers on the client'sbehalf.		
Client Declines ACA Enroll- ment	If the client declines enrollment, the client must complete the local ACA Decline Enrollment form in his/her/their own words and sign the form. A signed copy should also be maintained on file in the client's profile (record) in the Provide® data system. The Part A Program cannot assist with paying any related penalties from prior years. For ADAP clients who decline ACA enrollment, the MCM must securely send ADAP a copy of the client's completed ACA Decline Enrollment form. In such cases, the client will remain in the ADAP and Part A UNINSURED programs.		
ADAP Clients NOT in Ryan White Part A	ADAP clients who enroll in the ACA Marketplace on their own and choose an ADAI supported plan will receive premium assistance, even if they do not apply for local Rya White Part A Wraparound assistance. If these clients need local Part A assistance for copayments and deductibles they must complete the Miami-Dade County ACA Acknowledgement form for the 2022 plan year.		
NOT Eligible for ADAP ACA	NO ACTION IS TAKEN. Client stays in ADAP uninsured program to receive prescription drugs that appear on the most current Florida ADAP Formulary and continues receiving all other locally-funded Ryan White Part A or MAI Program services for which the client is eligible.		

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IMPORTANT

- Clients eligible for Part A/ADAP ACA Wraparound services must be enrolled in ADAP and must have gross household income less than 400% of the Federal Poverty Level (FPL) (2021-2022).
- Clients who are re-enrolling in ACA Marketplace coverage through the RWP ACA enrollment process AND have experienced a change in income (now with a FPL between 0% and 75%) may continue to be served by ADAP for ACA premium assistance if they continue to recertify their eligibility per ADAP guidelines. If ADAP is paying their ACA premium and the client has completed the local Part A ACA Assessment (online application) and ACA Acknowledgment form, they will be eligible to receive local Part A Wraparound services for program-allowable copayment and deductible assistance.
- Ryan White Part A health insurance assistance will expire annually, on the 31st of December of the plan year.
- Clients may ONLY choose from the pre-selected ADAP-approved plans (to be determined). (ADAP clients
 who sign up for an ACA Marketplace health insurance plan on their own and do NOT follow these guidelines
 to ensure selection of an ADAP-approved plan risk losing ADAP health insurance premium assistance and
 Part A/ADAP ACA Wraparound services).
- As of the date of this notice, CVS, CVS Target, and Navarro are not participating CVS/Caremark pharmacies for all Florida Blue ACA Marketplace health insurance plans.

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ADAP-approved ACA Marketplace Health Insurance Plans for ADAP clients in Miami-Dade County for Plan Year 2022:

The following plans (45 total options; including 19 new options) are available for consideration for plan year 2022, <u>but</u> final plan selection is limited to a cost effective plan that best meets the needs of individual clients, based on each individual's responses included in the local ACA Assessment Tool:***

Issuer Name	Plan Marketing Name
Florida Blue (BlueCross BlueShield FL)	BlueOptions Gold 1505
Florida Blue (BlueCross BlueShield FL)	BlueOptions Gold 1805
Florida Blue (BlueCross BlueShield FL)	BlueOptions Platinum 1418 (NEW)
Florida Blue (BlueCross BlueShield FL)	BlueOptions Platinum 1424
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 1410
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 1423
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 1431 (NEW)
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 1706S (NEW)
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 1535
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 1835
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 1451
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 1457
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1443
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1456
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1464
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1736S
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Gold 2156
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Platinum 2151
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Silver 2157 (NEW)
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Gold 1605
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 1603
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 1604
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 1710
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 1712S
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2017 (NEW)
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2127 (NEW)

^{***}See next page for additional plan options and special notation.

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ADAP-approved ACA Marketplace Health Insurance Plans for ADAP clients in Miami-Dade County for Plan Year 2022: *(continued)*

Issuer Name	Plan Marketing Name	
Ambetter from Sunshine Health	Ambetter Balanced Care 11	
Ambetter from Sunshine Health	Ambetter Balanced Care 12	
Ambetter from Sunshine Health	Ambetter Balanced Care 29	
Ambetter from Sunshine Health	Ambetter Balanced Care 31	(NEW)
Ambetter from Sunshine Health	Ambetter Balanced Care 32	(NEW)
Ambetter from Sunshine Health	Ambetter Secure Care 5	
Ambetter from Sunshine Health	Ambetter Secure Care 20	(NEW)
Ambetter from Sunshine Health	Ambetter Select Gold 5	(NEW)
Ambetter from Sunshine Health	Ambetter Select Silver 11	(NEW)
Ambetter from Sunshine Health	Ambetter Select Silver 31	(NEW)
Ambetter from Sunshine Health	Ambetter Select Silver 32	(NEW)
Ambetter from Sunshine Health	Ambetter Value Gold 5	(NEW)
Ambetter from Sunshine Health	Ambetter Value Silver 11	(NEW)
Ambetter from Sunshine Health	Ambetter Value Silver 31	(NEW)
Ambetter from Sunshine Health	Ambetter Value Silver 32	(NEW)
Molina Healthcare	Confident Care Gold 1	(NEW)
Molina Healthcare	Constant Care Silver 1	
Molina Healthcare	Constant Care Silver 2	
Molina Healthcare	Constant Care Silver 5	(NEW)

[*IMPORTANT NOTE: For ADAP to pay ACA premiums, the client MUST be enrolled in ADAP prior to plan selection and MUST re-certify enrollment with ADAP every six months (subject to change), with the assistance of the RW Medical Case Manager following previously established procedures. One plan (i.e., Ambetter Balanced Care 26) from 2021 was discontinued by the insurance carrier. Alternative options for the Ambetter Balanced Care 26 plan are Ambetter Balanced Care 29 (best) and 31 (acceptable). The Ambetter Balanced Care 31 plan is new. Furthermore, 18 additional plans were added.]

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