

**Miami-Dade County Ryan White Part A Program**  
**Affordable Care Act Assistance - Client Acknowledgment Form – For Calendar Year 2025**

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CIS#: \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgment**

**Client Initials**

1.	I understand that the Open Enrollment period for the Affordable Care Act (ACA) Health Insurance Marketplace for 2025 is from November 1, 2024, to January 15, 2025. To have my insurance start by January 1, 2025, I need to finish my enrollment by December 13, 2024. If I need help paying for copayments and deductibles in Miami-Dade County, I will work with my Medical Case Manager and an insurance agent from American Exchange to complete my application online at <a href="https://enroll.brhpc.org">https://enroll.brhpc.org</a> (through the special link for Miami-Dade County).	
2.	I understand that if I sign up for a plan myself, let the ACA Marketplace automatically enroll me, or make changes to my plan on my own, the local Part A Program might not help me with my health insurance copayments and deductibles. This could also affect my access to help with premiums.	
3.	I understand that the Florida AIDS Drug Assistance Program (ADAP) will pay for my ACA Marketplace health insurance premiums in 2024, if I am approved. To get this help, I need to enroll in ADAP and re-certify my eligibility by following their guidelines. I also need to stick to my antiretroviral (ARV) medication treatment plan, which means picking up my prescriptions regularly and taking my medications as directed.	
4.	I understand that I will lose my ADAP health insurance assistance and my policy will be canceled, if I don't meet the eligibility requirements when I enroll, don't re-certify my eligibility as required, or don't follow my antiretroviral (ARV) medication treatment plan.	
5.	I understand that if I get a refund from any of my ACA Marketplace health insurance policies funded by the Ryan White Program or ADAP (now, from the past, or in the future) the refund belongs to the Ryan White Program. If the insurance company sends the refund to me, I must contact my Medical Case Manager right away and arrange to return the refund check to the payer of the policy. For policies from 2015 to 2018, the refund would go to the Miami Beach Community Health Center, and for policies from 2019 to 2025, the refund would go to ADAP.	
6.	I agree to apply for an ACA Marketplace health insurance plan online at the Florida ADAP Insurance Enrollment website, <a href="https://enroll.brhpc.org">https://enroll.brhpc.org</a> . This website is run by the Broward Regional Health Planning Council (BRHPC) working with American Exchange (AE), an insurance agent organization. American Exchange has been chosen by ADAP and the local Ryan White Part A Program to help with enrollment in the ACA and the payment process.	
7.	I choose Broward Regional Health Planning Council (BRHPC) and AE Insurance, LLC, also known as American Exchange, along with their staff (together called "Representatives") to help me with my health insurance matters. They can represent me when dealing with health insurance companies, the ACA Health Insurance Marketplace, and people from my county's Health Department, Medical Case Manager, or medical providers. This is to help me get the best healthcare benefits. I can change my mind about this permission anytime by following the steps in my application at <a href="https://enroll.brhpc.org">https://enroll.brhpc.org</a> .	

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8.	I have been informed that American Exchange’s online application includes a search tool. This tool helps me find ADAP-supported ACA health insurance plans that are affordable and fit my medical needs. I can also ask to keep the same health insurance plan as last year if it is available and approved by ADAP for 2025. I understand that the search tool will consider things like whether my primary care doctor and specialists are available, the medications I need, and the costs I will have to pay, like premiums, deductibles, and copayments, to help me find the best health insurance plan for me.	
9.	I understand that if I want help paying premiums, copayments, or deductibles, I can only choose a plan from the ADAP plans that have been approved for Miami-Dade County for the 2025 plan year. I can choose that plan after I finish my enrollment or recertification in ADAP.	
10.	I understand that to get help from the Ryan White Program (Part A or ADAP) to pay for my allowed out-of-pocket health insurance costs, I need to use all of my estimated premium tax credits each month right when I enroll in an ACA Marketplace health insurance plan.	
11.	I understand that the Ryan White Part A Program will only help pay for copayments and deductibles for HIV-related conditions, other health problems that go along with HIV, or issues from HIV treatment that are approved by the Miami-Dade HIV/AIDS Partnership (planning council). This help is only for outpatient care. However, financial assistance from ADAP for health insurance premiums doesn’t have this limitation.	
12.	I understand that the local Ryan White Program (Part A) money for help with copayments and deductibles: 1) will NOT cover any out-of-network ACA Marketplace health insurance providers or services; 2) will NOT pay for services outside of Miami-Dade County (except for mail order prescriptions); and 3) will NOT cover hospital stays, emergency room visits, or urgent care center services.	
13.	I understand that Ryan White Program (Part A or ADAP) health insurance assistance will ONLY be for me, not for any family members or people I live with, unless they are also enrolled in Florida ADAP, and Miami-Dade County’s Ryan White Part A Program, if copayment and deductible assistance is needed. A separate insurance policy is needed for each person.	
14.	I understand that the Ryan White Program (Part A or ADAP) health insurance assistance is only for eligible clients like me. My spouse, family members, or others in my household who aren’t in the program can get ACA enrollment help from American Exchange (AE). Their ACA application won’t affect mine unless they change my information. If they want to make changes to their ACA plan, they need to contact AE directly. If they go to the ACA Marketplace and change something about my application, it could affect my health insurance coverage. A separate insurance policy is needed for each person.	

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<b>15.</b>	<p>I understand that if the Ryan White Program paid for my ACA Marketplace health insurance premiums in previous years, I <b>MUST</b> pay back any extra premium tax credits (PTC) I received because of that support. This includes any refunds from an amended tax return if I filed one.</p> <p>I also understand that if I don't make this refund to the program that paid for my premiums (like ADAP), I could lose future health insurance help or have limited services from the Ryan White Program.</p> <p><b>IMPORTANT NOTE:</b> An excess premium tax credit happens when my tax return, using Form 8962 (PTC), shows a positive balance on Line 26. This means that the total tax credit (Line 24) is more than the estimated payment (Line 25). I only need to return the tax credit amount related to the Ryan White Program and the premiums paid for me, no matter if the extra tax credit lowered my taxes or resulted in a refund.</p>	
<b>16.</b>	<p>I understand that if I move out of Miami-Dade County, my enrollment in the local Ryan White Part A Program will end right away. This means I will stop receiving help with copayments or deductibles from the local Part A Program as of my move date. Premium assistance from ADAP may or may not continue based on their rules.</p>	
<b>17.</b>	<p>I understand that if I moved to Miami-Dade County from another county, my eligibility for the Ryan White Program will depend on local requirements and rules, which may be different from the help I got before.</p>	
<b>18.</b>	<p>I understand that it is my responsibility to quickly inform my Ryan White Part A Medical Case Manager about any personal or household changes within 5 business days. My Medical Case Manager will contact the Broward Regional Health Planning Council and American Exchange by the next business day to let them know of these changes. This is important to avoid extra healthcare costs, changes in my premium, or other fees through the ACA Marketplace. Changes I need to report include:</p> <ul style="list-style-type: none"> <li>• Increases or decreases in household income</li> <li>• Marriage or divorce</li> <li>• Birth or adoption of a child</li> <li>• Other changes in my household</li> <li>• Gaining or losing employer-sponsored insurance, Medicaid, or Medicare</li> </ul> <p>I also acknowledge that the Ryan White Program (Part A or ADAP) will <b>NOT</b> cover any federal penalty fees owed to the IRS.</p>	
<b>19.</b>	<p>I understand that I need to provide proof of my total income when I enroll in ACA Marketplace health insurance.</p>	
<b>20.</b>	<p>If I am <b>new</b> to the ACA Marketplace, I understand that my income must be between 50% and 400% of the current Federal Poverty Level (FPL) to qualify for ADAP premium and ARV medication copayment assistance and Ryan White Program help with other copayments and deductibles. ADAP rules will apply if my income is below 50% of the FPL.</p>	

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21.	If I am <b>currently getting</b> ADAP premium and ARV copayment assistance for my ACA Marketplace health insurance and I am eligible to re-enroll for 2025, or if I have a COBRA plan from my employer that ADAP supports, I will be eligible for local Ryan White Part A Program assistance. I may not be eligible for a premium tax credit if my income is too low. I will report any changes in my job or income right away to my Medical Case Manager who will inform the ADAP program, Broward Regional Health Planning Council, and American Exchange.	
22.	I understand that if I had Medicaid coverage and lost it because of Medicaid Redetermination (also known as Medicaid Unwinding), I might still qualify for ADAP and Part A ACA assistance if my income is below 50% of the current Federal Poverty Level. ADAP rules will apply.	
23.	I understand that the ACA Marketplace website has a page that explains what counts as income (see <a href="https://www.healthcare.gov/income-and-household-information/income/">What to include as income: https://www.healthcare.gov/income-and-household-information/income/</a> ), including Modified Adjusted Gross Income (MAGI). If I don't file taxes, I can still enroll in a policy through the ACA Marketplace, but I won't qualify for the Premium Tax Credit or Cost Sharing Reductions.	
24.	I understand that <b>if I am enrolling</b> in the ACA Marketplace <b>for the first time</b> , I need to file a federal income tax return for 2024 if the IRS says I have to file taxes. If I don't have to file taxes, I must give proof to my Medical Case Manager when I enroll in the ACA that shows why I don't need to file taxes.	
25.	I understand that <b>if I am re-enrolling</b> in the ACA, I may have needed to file a federal income tax return for 2023 according to IRS rules, and I might need to file for 2024 as well. I will let my Medical Case Manager know if I don't have to file taxes. I also understand that my Medical Case Manager may ask for copies of my tax forms (like IRS Forms 1040, 8962, and 1095-A). If I have them, I can provide a copy. If I don't have them, my Medical Case Manager will note that in my record, and it won't stop me from completing my ACA application.	
26.	I understand that to get financial support for my health insurance costs from the Ryan White Program (Part A or ADAP) under the ACA, I give permission for my personal information to be shared. This information will be used to provide, coordinate, evaluate, and manage my health insurance services with the Ryan White Program contracted partners and service providers, the Florida Department of Health (FDOH/ADAP), Broward Regional Health Planning Council, and American Exchange. The information shared may include my name, address, Social Security number, phone number, date of birth, medical case management site, medical case manager, and insurance details.	
27.	I agree that the County and its agents are not responsible for any medical expenses I have to pay myself related to the ACA health insurance policy that the Part A or ADAP Program is helping to pay for.	

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<b>28.</b>	I understand that I must quickly inform my Medical Case Manager about any messages or letters I receive related to the ACA health insurance policy that ADAP is paying premiums for, or the Part A Program is covering copayments or deductibles for. This includes things like requests for documents, overdue premium payments, and policy terminations. Doing this will help me avoid losing my ACA health insurance policy.	
<b>29.</b>	I understand that the Ryan White Program is a federally funded grant program with strict federal rules. These rules set annual deadlines for the Part A Program to finalize payments each year for service provided from March 1 to February 28/29. To meet these deadlines, the County cannot pay any unpaid invoices (like copayments, co-insurance, or deductibles) if they aren't received by Miami Beach Community Health Center within 20 days after the budget year ends— <b>NO EXCEPTIONS</b> . For example, invoices for the 2024 grant year must be submitted by March 20, 2025, for services from March 1, 2024, to February 28, 2025. Invoices for services between March 1, 2025, and February 28, 2026, are due by March 20, 2026. These deadlines may change, so I should check with my Medical Case Manager for updates.	

All information in the pages above was clearly explained to me in the following language of my choice: (check one)

English     
  Spanish     
  French/Creole/Haitian Creole     
  Other: \_\_\_\_\_

By signing this, I confirm that I have read or had the information explained to me, and I understand the requirements. I also understand that if I don't follow the requirements in this form, I could lose my health insurance assistance from the Miami-Dade County Part A Program and might have to repay money to the County or ADAP. Any repayment due to Miami-Dade County's Ryan White Program will be paid directly to Miami Beach Community Health Center.

\_\_\_\_\_  
 Client Name (Print)

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

By signing this, I confirm that I have reviewed this information with the client as indicated on the pages above.

\_\_\_\_\_  
 MCM Name (Print)

\_\_\_\_\_  
 MCM Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 MCM Agency