



HIV Resources Administration Unit (HRAU)	
Title: ACA RELATED PAYOR OF LAST RESORT POLICY	Policy Number: H-02.04
Type: Grant	
Approved: Unit/Program Manager <i>Gregory L. Bolds</i>	Date Approved: <i>10/19/15</i>
Attachment: Austin TGA Marketplace Participation for Uninsured Ryan White Clients Form	
Effective Date: 11/01/2015	
Review Date:	Reviewed By:
Review Date:	Reviewed By:

Purpose:

The purpose of this policy is to ensure standardization of documentation related to ACA related Payor of Last Resort Requirements

Policy:

Per policy clarification issued by the HRSA HIV/AIDS Bureau, Ryan White grantees and contracted providers must make "every reasonable effort" to ensure all uninsured Ryan White program clients enroll in any health coverage options for which they may be eligible. If after extensive documented efforts on the part of the contracted provider, the client remains unenrolled in health care coverage, the client may continue to receive Ryan White services. To meet the standard of "every reasonable effort", Ryan White providers must follow the procedures outlined below for every client at or above 100% FPL.

Procedures:

Agency

- Refer client to Navigator, Certified Application Counselor, or insurance broker during the Marketplace open enrollment period.
- Provide client with information on the following:
 - Consequences of not enrolling in ACA Marketplace Health Insurance
 - Benefits of enrollment in ACA Health Insurance
 - Referral to tax filing entity—if applicable
 - Written information or a web site address to find out more about insurance plans in the area

Client:

- Complete a face to face visit with a Navigator or Certified Application Counselor, or a telephone consultation with an insurance broker related to ACA Marketplace Enrollment during the Health Insurance Marketplace open enrollment period.

- Complete a Marketplace Application during the Health Insurance Marketplace open enrollment period if appropriate.
- Provide documentation of Marketplace eligibility notice to Agency.
- Should a client fail to complete enrollment during the Health Insurance Marketplace open enrollment period he/she must complete and sign the Austin TGA Marketplace Participation for Uninsured Ryan White Clients Form documenting the following:
 - The client may face a tax penalty
 - The client will be required to complete application process during the next Health Insurance Marketplace open enrollment period.
 - The reason the client did not complete enrollment
- Provide a copy of the Austin TGA Marketplace Participation for Uninsured Ryan White Clients Form to other appropriate service providers when appropriate.

Guidance for Service Providers:

The attached form is required to be used unless HRAU Manager has approved the use of another form for your Agency.

If units of service are billed for the client, it is the expectation that the procedure is completed.

Resources

- Austin TGA Marketplace Participation for Uninsured Ryan White Clients Form

Revision History

Revision	Date	Description of Changes	Completed By
0.0	11/01/15	New Policy	G.Bolds

• Austin TGA Marketplace Participation for Uninsured Ryan White Clients Form

Per policy clarification issued by the HRSA HIV/AIDS Bureau, Ryan White grantees and contracted providers must make "every reasonable effort" to ensure all uninsured Ryan White program clients enroll in any health coverage options for which they may be eligible. If after extensive documented efforts on the part of the contracted provider, the client remains unenrolled in health care coverage, the client may continue to receive Ryan White services. To meet the standard of "every reasonable effort", Ryan White providers must use this form to document reasonable effort for clients with income above 100% of FPL.

ARIES ID: _____

Dates of agency communication with client regarding Healthcare.gov application and enrollment processes

_____ Date _____ Date _____ Date

Declaration of Marketplace Insurance Participation:

- I have applied for Marketplace Insurance through Healthcare.gov and have been determined to be ineligible to purchase insurance through this Affordable Care Act provision at this time. (attach Healthcare.gov eligibility notice)

Client Signature: _____ Date: _____

OR

- I have spoken with a Certified Application Counselor, Navigator, or Insurance Broker regarding the benefits and procedures of application and enrollment for Marketplace health insurance through Healthcare.gov. I have chosen to refuse application and/or enrollment into health insurance at this time. I have been informed that as a result of my continued lack of health insurance coverage I may: 1) face a tax penalty, 2) be required to complete the application process during the next Health Insurance Marketplace open enrollment period.

My case manager/community agency has talked to me or provided written information about the following:

- Consequences of not enrolling
- Benefits of enrollment
- Referral to direct enrollment assistance
- Referral to tax filing entity—if applicable
- Written information or a web site address to find out more about insurance plans in my area

I have chosen to decline Marketplace Health Insurance coverage because:

Client Signature _____ Date: _____