EOHHS-Ryan White HIV Provision of Care & Special Populations
Virks Building, Suite 227
3 West Rd., Cranston, RI. 02920

EOHHS Rhode Island Federally Assisted Benefit Program Enrollment Form-RIFAB

The EOHHS, Rhode Island Federally Assisted Benefit Program (RIFAB) for Health Insurance assistance, is one of the services offered by the Rhode Island Ryan White Program. The purpose of the RIFAB program is to pay health insurance premiums on behalf of AIDS Drug Assistance (ADAP) eligible participants. If you have any questions about completing this application, please contact us at (401)462-3295, (401)462-3520(EOHHS), or (855)840-4774 (HSRI main line).

RIFAB HEALTH INSURANCE PREMIUM ASSISTANCE REQUIREMENTS:

- **Must currently be enrolled in the Rhode Island ADAP program. * If you are not enrolled with ADAP, you must fill out the RI ADAP Application.**
- **You must meet all RI ADAP eligibility requirements: Rhode Island State residency and certain medical and income criteria. * Cannot be undocumented**
- **You HAVE NO HEALTH INSRANCE currently, qualify for an event of the Special Open Enrollment Period. *You may be required to provide additional eligibility documentation depending on your circumstances.**

TYPE OF INSURANCE POLICY COVERED:

- **Insurance policy purchased directly from the RI Health Exchange via HealthSource RI.**

A. YOUR INFORMATION:

First Name:	**Are you Currently Enrolled in ADAP: Yes or No**
Last Name:	**ADAP ID Number:** ▪ **Don't Know the Number _____**
Social Security Number: - -	
Date of Birth:	**Mailing Address:**
Family Size:	
Gross Family Income:	**Daytime Phone#: ( )** **Best Day/Time to Call:_____**

B. BACKGROUND INFORMATION:

1a.) Are you currently employed? If yes, please see 1b.	**Yes or No**	**1b) Does your employer offer Health Insurance coverag If Employer provides coverage, please provide a copy of insurance policy name, eligibility date, and monthly pre Cost. Date ended? _____**
What was your previous Insurance(s)	**Date(s) of termination**	**Comments:**

1c.) If you are not employed, are you Medicaid eligible?	**Yes or No**	**Comment:**

C. INSURANCE COMPANY INFORMATION: *PLEASE CHOOSE FROM ONE OF THE PLANS LISTED BELOW:*

Insurance Plan Selection	
☐ **Blue Cross Blue Shield Solutions HSA Direct 4100/8200**	☐ **Neighborhood Community Health Plan**

Plan Type: Individual ☐ Family ☐	**HSRI Account Number (if known):**

Qualifying Event for Special Enrollment? ☐ **Addition of Household Member (e.g. marriage, birth, adoption)** ☐ **Loss of Household Member (e.g. divorce, death)** ☐ **Change in Lawful Status** ☐ **Moved to RI** ☐ **Loss of Coverage (doesn't include termination due to non-payment)** **Qualifying Event Date: _____**	**Dental Information:** ***Only Family Dental is offered.*** **Applying for Dental? Yes ☐ No ☐** **Please list household members that will have dental premium sponsored paid by RI-FAB:**

Please obtain and send a copy of the front and back of your insurance cards when you receive it to EOHHS, Attention: ADAP/RIFAB Program.

D. PAYMENT INFORMATION: *TYPE OF INSURANCE PLAN:*

Premium Payment Amount	***Payment Due Date:***	***/ /***	

I certify that the above information is true and accurate to the best of my knowledge and I understand the following: Program officials will verify the information on this form.

I authorize the Rhode Island Executive Office of Health & Human Services (EOHHS), ADAP/RIFAB Program to obtain any information from the individuals or companies I have indicated on this form regarding my private health insurance coverage, including information regarding payee address, covered benefits and the status of my policy which will be used to determine if the EOHHS will pay my Health Insurance premiums. I hereby apply for benefits under the EOHHS, RIFAB program and consent for my information to be used and disclosed as necessary for the purpose of my treatment, payment of healthcare services, payment of healthcare premiums and for the healthcare operations of the program.

I fully understand that by applying for this program, I am divulging personal information that will be used to assist the EOHHS in providing me with benefits associated with the RI Drug Assistance Program & the Rhode Island Federally Assisted Benefit Program, I understand this information will be kept confidential (§23-6-17 Confidentiality, §23-6-18 Protection of Records), but will be used by staff to review my eligibility for this program and including EOHHS CAREWare for coordinated benefits. By applying for this program, I fully understand that this does not mean that my application

will be accepted, as funds are limited, and eligibility requirements must be met. In addition, I understand the EOHHS reserves the right to terminate benefits due to not meeting program requirements, such as income being over the 500% or below Federal Poverty level (FPL), not recertifying every year during the open enrollment period, not providing ADAP a copy of my health insurance card once received, not reporting income changes in a timely manner, lack of funds and/or fraudulent claims on behalf of the applicant. I also understand that the program is a Payer of Last Resort, meaning that I must exhaust all other sources of payment for these services before applying for this program (ex. Employer-Based Insurance, Medicaid). Lastly, I understand that it is my responsibility to provide the Executive Office of Health & Human Services with truthful information about my financial, employment, insurance, proof of RI residency, and HIV status.

Reconciliation of Premium Tax Credits and Vigorous Pursuit of Excess Tax Credits:
Health Resources & Services Administration (HRSA) Policy Clarification Notice (PC N) #14-01, revised 4/3/2015, Federal Register / Vol. 79, No. 134 / Monday, July 14, 2014 / Notices. It is possible that a client's actual premium tax credit calculated on the tax return is more than the client's APTC resulting in the client's receiving excess premium tax credit either through a reduction in overall tax liability or a refund from the IRS.
Any individual enrolled in insurance through HSRI that was paid for by ADAP's, RIFAB Health Insurance program is required to file a federal income tax return, even if they don't owe taxes. The Advance premium Tax Credit received at enrollment is an advanced payment that was based on their estimated household income for the year, but the final tax credit they are eligible for is based on their actual income for the year. The tax return is the place where the IRS will reconcile these two amounts to determine any amounts paid in excess of what an individual was eligible for, or vice versa. Every year, all marketplace insurance clients should receive forms 1095-A from HSRI. This form will indicate the amount of APTC paid to insurers on the consumer's behalf during the year. Information on this form will also be reported to the IRS. Individuals who received insurance through HSRI will have to file a new form with their income tax return –Form 8962. Instructions for this form explain how to calculate the amount of their premium tax credit eligibility based on the income reported on their tax return, as well as any overpayment or underpayment that may have occurred. Consumers who over-estimated their income and didn't receive all of the APTC they were eligible for can receive the remainder as a tax refund. Keep in mind that since ADAP will be paying your monthly premiums, any credit received for underpayment of tax credits is owed to the ADAP program and must be returned to the program in order to have continued eligibility for our services.

_____ Applicant Initials

I certify that the information in this application is true and correct as of the date below and I acknowledge that any false, intentional or negligent misrepresentation of the information may result in nullification of this application or immediate termination from the program and liability for money granted.

SIGN & DATE THIS FORM:

_____ _____

Signature of Applicant (or legal guardian if unable to sign) **Date**

Keep a copy of this form for your records and mail the original form and all documents to:

EOHHS
HIV Provision of Care
Virks Building, Suite 227
3 West Rd., Cranston, RI 02920