



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**



Federal law requires the Department of Human Services to send a tax Form 1095-B to people who had at least one month of coverage during 2015 through Arkansas Medicaid, ARKids or the Health Care Independence Program. The Department of Human Services will begin mailing these forms in January. All forms should be mailed out by February 1, 2016. In addition to this Form, you may receive other 1095-B Forms and health care tax documents such as Form 1095-A and Form 1095-C from other providers. The Department of Human Services will begin mailing these Forms in January with no Form being postmarked later than February 1, 2016.

It is important you keep this form!

The 1095-B is proof that you, your spouse and/or your dependents have at least minimum qualifying health coverage. If you had a break in health care coverage for the tax year, you may have to pay an individual shared responsibility payment, also known as a tax penalty. For more information about Form 1095-B, and other health care tax documents, please visit IRS.gov/aca or call 1-800-TAX-Form

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID

CORRECTED

560115

OMB No. 1545-2252

2015

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Policy (see instructions for codes): ► <input type="checkbox"/>		9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable	

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form **1095-B** (2015)

Information on the 1095-B

Form 1095-B provides information about your health coverage. The Form has four parts:
Part I identifies the person who had the qualifying coverage
Part II does not apply to Medicaid, ARKids and the Health Care Independence Program participants
Part III identifies the Department of Human Services (DHS)
Part IV lists the person who had the qualifying coverage. DHS has chosen to not combine households. Each individual person with qualifying coverage will be mailed a separate Form.
There is a box that will be checked if the person had coverage for all 12 months of the year.
If that person wasn't covered for the full year, there is a box for each month; the months the person was covered will be checked.
Purpose of the Form
Having a 1095-B in hand is proof that you had the type of coverage required by the Affordable Care Act. The tax penalty for not having coverage, which is referred to as the "individual shared responsibility payment", is based in part on how long you or members of your household were uninsured. Gaps in coverage of three months or less are exempt from the penalty. If you were uninsured for part of the year, the check boxes in Part IV will help you calculate the penalty that applies, if any.
Uninsured individuals may still be able to avoid the penalty if they have an exemption. Exemptions are available for several reasons, including financial hardship and membership in certain groups. You can find more information about qualifying exemptions at this website: https://www.healthcare.gov/health-coverage-exemptions/Forms-how-to-apply/
Income Tax Questions
For any questions like the ones below, please refer to www.irs.gov
• <i>Do I have to file an income tax return?</i>
• <i>Can you help me complete my income tax return?</i>
• <i>Can you help me complete Form 8965 or Form 8962?</i>
• <i>How do I get a copy of the Form 8965 or Form 8962?</i>
• <i>How do I use the Form 1095-B to fill out my Form 1040?</i>
• <i>I received a corrected Form 1095-B, do I need to amend my income tax return?</i>

<ul style="list-style-type: none">• <i>I can't file/ can't pay my tax liabilities by April 15th, what should I do?</i>
<ul style="list-style-type: none">• <i>What happens if I don't file my income tax return?</i>
<ul style="list-style-type: none">• <i>Do I qualify for a health coverage exemption (an exemption from the individual shared responsibility provision)?</i>
<ul style="list-style-type: none">• <i>How much is my individual shared responsibility provision payment?</i>
Still have questions?
Call us Monday - Friday from 7:00 am to 7:00 pm at (844) 461-3860

	Authenticating callers:	
	Ask for SSN	Once the corresponding 1095B form is displayed, ask the caller to verify DOB, Last name, city, state, zip
	If they don't have an SSN or if you cannot find them via SSN, ask for Last Name and Date of Birth	Once the corresponding 1095B form is displayed, ask the caller to verify city, state, zip If they cannot provide these other items of information, they will need to visit their local DHS office and provide proof of identity
	Question	Answer
	What is this form?	Form 1095-B is a tax document that includes information about health coverage provided for one or more months during the year to you, your spouse, and individuals you can claim as dependents on your taxes. This form only gives you information about coverage provided by Arkansas Medicaid, ARKids and the Health Care Independence Program. In addition to this form, you may receive other 1095-B forms and health care tax documents such as Form 1095-A and Form 1095-C from other providers. For more information about Form 1095-B, and other health care tax documents, please visit IRS.gov/aca : 1-800-TAX-FORM
	When will I be able to view my information on the portal?	The portal will be updated with your information on January 18.
	When will I receive my form?	All of the 1095-B forms will be mailed during the month of January with no form being mailed any later than February 1. If you haven't received a form by February 5, please call back and we can help you find out why you didn't receive a form. Federal law requires Arkansas Medicaid and ARKids to send this form to people who get health coverage through these programs.
	Why did I get this Form 1095-B?	If you, your spouse, and/or one or more of your dependents were enrolled in Medicaid, ARKids or the Health Care Independence Program for at least part of one month of 2015 then you will receive an IRS tax form 1095B. This document provides proof of Medicaid, ARKids and Health Care Independence Program coverage.
	What do I need to do with this Form 1095-B?	Please check IRS.gov and the Form 1040 instructions to determine if you are required to file a federal income tax return. Keep Form 1095-B and the letter we sent you with your records. You do not need to attach the form to your income tax return.
	What does this information on the Form 1095-B mean?	This Form 1095-B gives you important information that you need to report on your income tax return. The form shows that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. People who don't have minimum essential coverage and don't qualify for an exemption from this requirement may face a financial penalty from the federal government. Refer to this site for more details regarding exemptions: http://obamacarefacts.com/obamacare-mandate-exemption-penalty/
	Why did I get more than one Form 1095-B?	If your coverage changed during the year, you may receive multiple Form 1095-B's. If you had coverage from multiple sources, you may receive multiple Form 1095-B's. You may also receive a separate form for each member of your household.
	This information doesn't look correct, how can I get it changed?	What information appears to be incorrect? <name and address corrections only> HPE I can help you with those changes. Your name needs to match the name on your social security card. <capture changes> A replacement form will be mailed to you, please allow two weeks processing time. <other changes - SSN, DOB, coverage months> DCO You will need to contact your local DHS office. If they make any changes to your information, a replacement form will be mailed to you within two weeks.
	I did not receive a Form 1095-B, how can I get the form or the information I need?	The fastest way to get a replacement 1095B form is to visit www.getmy1095b.com . If you have access to a printer you can print your form directly from the website. For each form you are wanting to replace, you will need to provide the person's first name, last name, date of birth, social security number, city, state and zip code. If you do not have access to a printer, we can mail a replacement form to you. First let's confirm your coverage months being reported on the 1095B form. <if they agree with the months being reported> < ANY RECORDS WITH THE FOLLOWING ADDRESS SHOULD NOT HAVE THE ADDRESS INFORMATION CHANGED! PO BOX 1437 Little Rock, AR 72203 > We will need to confirm your mailing address. <if they attempt to change a record with the above address> We cannot change the address for this recipient. If you would like to print the form from www.getmy1095b.com website, you will use Little Rock, Arkansas, 72203 as the city, state and zip code. If you do not have access to the internet you can visit your local DHS office. <otherwise, make any necessary changes to the mailing address> If it will take a minimum of two weeks for the replacement form to arrive in the mail. <generate replacement form> <if you cannot find their information in the portal, we must refer them to their local DHS office> I am not finding your 1095B form in our database. Please visit your local DHS office. <if they dispute their coverage months, we must refer them to their local DHS office> I am not authorized to change that information on your 1095B form. Please visit your local DHS office.
	How do I get another copy of my Form 1095-B?	The fastest way to get a replacement 1095B form is to visit www.getmy1095b.com . If you have access to a printer you can print your form directly from the website. For each form you are wanting to replace, you will need to provide the person's first name, last name, date of birth, social security number, city, state and zip code. If you do not have access to a printer, we can mail a replacement form to you. First let's confirm your coverage months being reported on the 1095B form. <if they agree with the months being reported> We will need to confirm your mailing address. <make any necessary changes to the mailing address> If it will take a minimum of two weeks for the replacement form to arrive in the mail. <generate replacement form>
	The Form 1095-B was sent to my ex-spouse, can I get a copy?	The fastest way to get a replacement 1095B form is to visit www.getmy1095b.com . If you have access to a printer you can print your form directly from the website. For each form you are wanting to replace, you will need to provide the person's first name, last name, date of birth, social security number, city, state and zip code. If you do not have access to a printer, we can mail a replacement form to you. First let's confirm your coverage months being reported on the 1095B form. <if they agree with the months being reported> We will need to confirm your mailing address. <make any necessary changes to the mailing address> If it will take a minimum of two weeks for the replacement form to arrive in the mail. <generate replacement form>

Why? When? General question
 What? General question
 Multiple forms
 Incorrect information
 Missing form
 Replacement
 Replacement

Two forms Eligibility Missing form	I thought I had coverage in 2015 but I didn't receive a form.	You will need to contact your local DHS office. If they make any changes to your information, a replacement form will be mailed to you within two weeks. <Find out the county in which they reside, then determine DHS County office contact #.>
	I sent in my stuff but I haven't been approved	You will need to contact your local DHS office. If they make any changes to your information, a replacement form will be mailed to you within two weeks. <Find out the county in which they reside, then determine DHS County office contact #.>
	I received two forms. The second one arrived at a different time than the first one and the coverage months are different. Which one do I use?	If both forms are from the Department of Human Services, you will use the form that is marked "Corrected" at the top of the form.
What AID categories were included?	Is my Medicaid or CHIP coverage considered to be qualifying health coverage (adequate to satisfy the individual shared responsibility provision)?	<Find out the county in which they reside, then determine DHS County office contact #.> For county office use: The following aid categories qualify as minimal essential coverage: 01 ARKids First, 06 Adult Expansion, 09 PACE w/SSI, 10 Working Disabled, 11 Aid to Aged AA No Grant, 13 Aged Individual SSI AI AA-Grant, 14 Aged Spouse SSI AS AA-Grant, 15 PACE, 16 Aged Exceptional Case AA-EC AA-MN, 18 Aged Qualified Medicare Beneficiary AA-QMB AA-No Grant, 20 AFDC Grant AFDC-GR AFDC-Grant, 25 Transitional Medicaid TM AFDC-No Grant, 26 AFDC Exceptional Case AFDC-EC AFDC-MN, 31 Aid to the Blind AB No Grant, 33 Blind Individual SSI BI AB-Grant, 34 Blind Spouse BI AB Grant, 35 Blind Child BC AB Grant, 36 Blind Exceptional Case AB-EC AB-MN, 38 Blind Qualified Medicare Beneficiary AB-QMB No Grant, 41 Aid to the Disabled AD AD-No Grant, 43 Disabled Individual SSI DI AD-Grant, 44 Disabled Spouse SSI SDAD SSI Spouse AD-Grant, 45 Disabled Child SSI DC AD-Grant, 46 Disabled Exceptional Case AD-EC AD-MN, 48 Disabled Qualified Medicare Beneficiary AD-QMB AD-No Grant, 49 Disabled TEFRA Child TEFRA AD-No Grant. 51 Under Age 18 No Grant. 52 Newborn NB NB-No Grant. 56 Under Age 18 Medically Needy Exceptional Category, 57 Under age 18 Spend down U-18 SD U-18-MN. 58 Qualified Individual 1, 61 Pregnant Women Poverty level Child PW-PL PW-No Grant. 63 SOBRA Newborn PW-NB PW-No Grant, 65 Pregnant Women PW-NG PW-No Grant, 66 Pregnant Women Exceptional Category PW-EC PW-MN, 76 Unemployed Parent Exceptional Case UP-EC UP-MN, 80 Refugee Resettlement Grant, 81 Refugee Resettlement No Grant RRP-NG RRP-No Grant, 86 Refugee Resettlement Medically Needy Exceptional Category, 88 Special Low Income Medicare Bene SMB SMB, 91 Foster Care FC FC-No Grant, 92 IV-E Foster Care I-VE-FC FC-No Grant, 93 Former Foster Care, 96 Foster Care Medically Needy Exceptional Category
	My name is misspelled on the 1095B form, do I need a replacement form with the correct spelling?	Your name needs to correspond to your name as it appears on your social security card. If your name on the 1095-B form is different from what is on your social security card, I can help you make those corrections. I will request a replacement form be mailed to you. Please allow a minimum of two weeks for the corrected form to arrive. <capture their correct name spelling and generate a replacement form>
Wrong address Foster Children Misspelled Name	My child is in Foster Care but I plan to claim them on my income tax, how do I get a copy of their 1095-B?	You will need to go to www.getmy1095b.com . Once on the portal, you will need to enter some information to get access to the form. You will have to provide child's Last name, Social Security Number, and Date of Birth. You will also need to use Little Rock as the city, Arkansas as the state and 72203 as the zip code. From the portal you can print out the form. <DO NOT CHANGE THE ADDRESS IN THE WORKER PORTAL FOR THESE CHILDREN, DO NOT CONFIRM ANY OF THE CHILD'S INFORMATION>
	My 1095B form doesn't have my current/correct mailing address, do I need a replacement form with the correct address?	The form 1095-B is for your records only and as long as your name, Social Security Number, Date of Birth and coverage information are correct there is no need for you to get a replacement form. However, we do encourage you to contact your local DHS office to have your address information corrected to ensure that you will receive any future communications.
Tax questions	Some examples of questions the IRS does not expect State Medicaid and CHIP agencies to answer are as follows:	
	• Do I have to file an income tax return?	We do not offer tax advice. Please refer to IRS.GOV website
	• Can you help me complete my income tax return?	We do not offer tax advice. Please refer to IRS.GOV website
	• Can you help me complete Form 8965 or Form 8962?	We do not offer tax advice. Please refer to IRS.GOV website
	• How do I get a copy of the Form 8965 or Form 8962?	We do not offer tax advice. Please refer to IRS.GOV website
	• How do I use the Form 1095-B to fill out my Form 1040?	We do not offer tax advice. Please refer to IRS.GOV website
	• I received a corrected Form 1095-B, do I need to amend my income tax return?	We do not offer tax advice. Please refer to IRS.GOV website
	• I can't file/ can't pay my tax liabilities by April 15th, what should I do?	We do not offer tax advice. Please refer to IRS.GOV website
	• What happens if I don't file my income tax return?	We do not offer tax advice. Please refer to IRS.GOV website
	• Do I qualify for a health coverage exemption (an exemption from the individual shared responsibility provision)?	We do not offer tax advice. Please refer to IRS.GOV website
	• How much is my individual shared responsibility provision payment?	We do not offer tax advice. Please refer to IRS.GOV website