

**Tax Form 1095- B
Training**



Agenda

Purpose of Form 1095-B

Minimum essential coverage (MEC)

Overview of Form 1095-B

Possible Questions and Answers

- IRS expectations

Roles and Responsibilities

Correction process

Resources

Questions

Purpose

- Form 1095-B is used to report certain information to the IRS and taxpayers about individuals who are covered by minimum essential coverage (MEC).
- The form is provided to help individuals indicate whether they had health coverage for year 2015 on their tax form.
- Form 1095-B will be provided for each individual (adults and children) who received at least one month of Medicaid or KCHIP coverage during 2015.
 - (Example: Household Members enrolled in Medicaid = 4 / Total Number of 1095-B forms issued = 4)
- Medicaid is required to issue form 1095-B even if the individual is not filing a tax return for fiscal year 2015.
- Form 1095-B is expected to be sent to consumers by January 31, 2016.

Minimum Essential Coverage (MEC)

- ❖ Coverage provided under the “Medicaid program under title XIX of the Social Security Act” and coverage provided under the “KCHIP program under title XXI of the Act” is Minimum essential coverage (MEC).

- ❖ All Medicaid and KCHIP programs are considered MEC except for the following programs:
 - A. Medicare Savings Program (QMB, SLMB, QI1) Z cases on KAMES
 - B. Emergency Time-Limited Medical coverage
 - C. Prenatal Presumptive Eligibility
 - D. BCCTP (Breast Cervical Cancer Treatment Program)
 - E. Spend-Down Medicaid Card

1095-B Health Coverage 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.

560115
OMB No. 1545-2252
2015

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Part I Responsible Individual (Policy Holder)

| | | |
|--|--------------------------------|---|
| 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 (If Line 8 is A or B, complete this part.)

| | |
|---|---|
| 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

| | | |
|---|---|---|
| 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 | | | | | | | | | | | |
|-----------------------------------|---------|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form 1095-B (2015)



Part 1 – Responsible Individuals, lines 1-9

Form **1095-B** Health Coverage

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

2015

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

Part I Responsible Individual (Policy Holder)

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):

9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II Employer Sponsored Coverage (if Line 8 is A or B, complete this part.)

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

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 at 12 months | (e) Months of coverage | | | | | | | | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form 1095-B (2015)

Line 1. Enter the name of the responsible individual.

Lines 2 and 3. Line 2 reports your last 4 of your social security number (SSN). Your date of birth will be entered on line 3 only if line 2 is blank.

Line 4-7. Enter the complete mailing address of the responsible individual. If mail isn't delivered to the street address and the responsible individual has a P.O. Box, enter the box number instead of the street address.

Line 8. Enter the letter identifying the origin of the policy.

A. Small Business Health Options Program (SHOP)

B. Employer-sponsored coverage

C. Government-sponsored program

D. Individual market insurance

E. Multi-employer plan

F. Other designated minimum essential coverage

Line 9. This line will be blank for 2015.

Part III – Issuer or Other Coverage Provider, lines 16-22.

560315
OMB No. 1545-2252
2015

Form 1095-B Health Coverage VOID CORRECTED

Department of the Treasury Internal Revenue Service
Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

Part I Responsible Individual (Policy Holder)

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): 9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable

Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)

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

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 | | | | | | | | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60104B Form 1095-B (01/15)

This part will report information about Kentucky who provides Medicaid coverage. Line 18 reports a telephone number to kynect (844-373-2417) that an individual can call if they have questions about the information reported on the form.

Lines 16-22. Enter your name, EIN, and complete mailing address. The provider of the coverage is the issuer or carrier of insured coverage, sponsor of a self-insured employer plan, **government agency providing government-sponsored coverage,** or other coverage sponsor.



Part IV. Covered Individuals, lines 23 – 28.

Form **1095-B** Health Coverage VOID CORRECTED **2015**

Department of the Treasury Internal Revenue Service

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

Part I Responsible Individual (Policy Holder)

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): 9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable

Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)

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

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 | | | | | | | | | | | | |
|-----------------------------------|---------|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OMB No. 1545-0046 Form 1095-B (2015)

This part reports the name, SSN, and coverage information for individual.

Column (a). Enter the name of each covered individual

Column (b). Enter the SSN or TIN for each covered individual. The field may be left blank if the covered individual does not have a TIN.

Column (c). Enter a date of birth for the covered individual only if a SSN or other TIN isn't entered in column (b).

Column (d). Check this box if the individual was covered for at least **one day** per month for all 12 months of the calendar year.

Column (e). If the individual wasn't covered for all 12 months, check the applicable box(es) for the months in which the individual was covered for at least one day. If there are more than six covered individuals, complete this information for the additional covered individuals on Part IV, Continuation Sheet(s).

Questions IRS expects Agencies to Answer

Why did I get this Form 1095-B?

- The health care law requires health coverage providers, including state Medicaid and KCHIP agencies, to provide these documents to the IRS and covered individuals.
- You, your spouse, and/or one or more of your dependents were enrolled in Medicaid or KCHIP for at least part of one month of the previous calendar year.
- Even if you were not enrolled in Medicaid or KCHIP, you may be a taxpayer claiming a personal exemption for one or more covered individuals.

What do I need to do with this Form 1095-B?

- This document provides information to verify the coverage provided by Medicaid or KCHIP.
- Receipt of this form does not create a federal tax return filing requirement with the IRS. Please check IRS.gov and the Form 1040 instructions to determine if you have a federal income tax return filing requirement.
- Keep Form 1095-B with your records. You do not need to attach the form to your income tax return.

Questions IRS expects Agencies to Answer

What does this information on the Form 1095-B mean?

- Form 1095-B is a tax document that includes information about the health coverage provided for one or more months during the year to you, your spouse, and individuals you can claim as dependents.
- This form relates only to coverage provided by state Medicaid and KCHIP agencies.
- For more information about Form 1095-B, please visit [IRS.gov/aca](https://www.irs.gov/aca).

My Form 1095-B was sent to my ex-spouse, can I get a copy?

- Yes – The agency will need to verify who the member is and check to see if the member has another Medicaid case, update the address and reissue the form.

Is my Medicaid or KCHIP coverage considered to be qualifying health coverage (adequate to satisfy the individual shared responsibility provision)?

- If the member received form 1095-B then yes this will satisfy IRS requirements as MEC. Medicaid programs that do not meet MEC are listed on page 4.

Other possible questions

How do I get a copy of a child's form 1095-B in order to claim on my tax record even though the child does not live in the home with me?

- Form 1095-B can only be issued to the address on file. The form cannot be reissued to a parent who is not living in the home with the child. Explain to the individual - this is an issue that will be to be discussed between the parents and/or guardian the child lives with.

A SSI (Supplemental Security Income) member calls and reports a demographic change and wants the agency to re-issue form 1095-B.

- Advise the individual they will need to contact (Social Security Administration) SSA office at 1-800-772-1213, visit the website at www.socialsecurity.gov, or contact their local Social Security office to have their reported change updated.
- Advise the member once they receive notification from SSA then they can contact Xerox call center 1-844-373-2417 to request an update of form 1095-B.

Examples of Questions the IRS does NOT expect agencies to answer

- Do I have to file an income tax return?
 - Can you help me complete my income tax return?
 - Can you help me complete Form 8965 or Form 8962?
 - How do I get a copy of the Form 8965 or Form 8962?
 - How do I use the Form 1095-B to fill out my Form 1040?
 - I received a corrected Form 1095-B, do I need to amend my income tax return?
 - I can't file/can't pay my tax liabilities by April 15th, what should I do?
 - What happens if I don't file my income tax return?
 - Do I qualify for a health coverage exemption (an exemption from the individual shared responsibility provision)?
 - How much is my individual shared responsibility provision payment?
- ❖ Medicaid agencies **should not** provide tax advice, such as whether a tax return is required, how to fill out IRS tax forms, or what to claim on a tax return.

Roles and Responsibilities

Correction Process

Xerox Contact Center Responsibilities

- Assist the individual by answering questions and providing them additional information from the resource page.
- Reprint form 1095-B IF:
 - Member says they have yet to receive it, lost it, etc., OR
 - The member has requested a new form, provided a new address, AND the kynect case has already been updated with the new address through SSP
- Assist a member in changing their address through the Self-Service Portal (SSP)
- From WP (select radio button on right-hand side menu in the case summary screen) or from SSP (select the link under quick links on the left-hand side) access the form1095-B portal, update the address, and re-issue form 1095-B IF:
 - Member requests new form, provided new address
 - **First – update the kynect case with new address through the SSP**, then update the address in the 1095-B portal and re-issue the form 1095-B.

Roles and Responsibilities Correction Process

Agents & kynector responsibilities

- Assist the individual by answering questions and providing them additional information from the Tax Tab in SSP.
- Reprint form 1095-B for any kynect member.

Roles and Responsibilities

Correction Process

DMS Group Responsibilities

- If a member requests a corrected form 1095-B due to a demographic change (name, DOB, SSN).
 - Check kynect case to see if the change has already been updated in the case.
 - If the change HAS been updated – assign to DMS group. DMS will update and re-issue form 1095-B.
 - If the case HAS NOT been updated assign to DCBS Group.
- If a SSI member calls and reports they received notification from SSA office that their demographic information has been updated and now requests an updated form 1095-B.
 - Assign to DMS group. DMS will check SDX file and update/re-issue form 1095-B.
- **Note: DMS Group will update and reissue form 1095-B once DCBS updates case and OATS checks for incorrect months of coverage.**

OATS Group Responsibilities

- Member reports form 1095-B has incorrect months of Medicaid coverage. Assign to OATS group.
- OATS will review the coverage in question from a technical perspective, add notes, then assign to DMS group.

DCBS Group Responsibilities

- Member reports change or incorrect demographics such as name, date of birth, and/or last 4 digits of SSN.
- Review the case to determine if changes have been updated. If the case has not been updated, assign to DCBS Group. If updated assign to DMS Group.
- DCBS will update changes, enter notes, and assign to DMS Group to update and re-issue form 1095-B.

Resources

- In order to provide consistent information to taxpayers, Medicaid and KCHIP agencies should direct consumers to either of the following information
 - [IRS.gov website](https://www.irs.gov)
 - IRS Toll Free Line: 1-800-829-1040

In addition to IRS.gov, there are several other resources available:

- [HealthCare.gov/exemptions](https://www.healthcare.gov/exemptions)
- [Freefile.irs.gov](https://www.freefile.irs.gov) (Free File is a public-private partnership between the IRS and commercial tax software companies that provides free federal tax prep and e-file for taxpayers)
- Health Care playlist on the [IRS YouTube channel](#)

Conclusion

Questions/Answers