

1095-B IRS Form – Informational Guide

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Informational Guide Summary

The 1095-B is a required IRS form that HFS is sending to every household that had minimum essential coverage through Illinois Medicaid for at least one month in 2015. The 1095-B form displays the months in which someone was covered by Medicaid in 2015, and it is used for informational purposes only. Clients do not submit the 1095-B form with their taxes and are not required to have a 1095-B in order to file if they know which months they were covered in 2015.

Some clients likely will have questions about the form or need a replacement form. This guide contains answers to common questions, and instructions on directing clients to the proper places to have their tax questions answered or to request a correction or new copy of their 1095-B form. It also contains external resources for clients with more complicated questions. A sample form along with information about its contents is included at the end of the guide.

DHS and HFS (All Kids) caseworkers have been given this guide and all of them have access to the 1095-B Reprint website. If they cannot answer a client's question, they have been directed to refer the client to the proper external resource in order to have their needs met. **HFS and DHS staff has been told they are NOT to provide any tax advice or instructions to any client.**

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Resources for Clients

HFS and DHS Resources:

- Call the DHS Helpline at 1-800-843-6154 (TTY: 1-800-447-6404)
- Visit their closest FCRC. Office locator: <http://www.dhs.state.il.us/page.aspx?module=12>
- The HFS website will have more information for the public. Clients may visit www.illinois.gov/hfs and click “My Healthcare” and then “Affordable Care Act” to find Helpful Information for Filing Taxes.

Resources for more information about the 1095-B:

- IRS FAQ about the 1095 forms are available for staff and clients to review - <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>
 - You can access this website by going to www.irs.gov, clicking “Affordable Care Act,” (under Hot Topics) followed by clicking “Questions and Answers” (located in the middle of the screen in a grey box with a blue check mark).

Resources for answering tax-related questions:

- Contact the Internal Revenue Service. Go to IRS.gov and then click “Contact Your Local Office” to make an appointment or click “Filing” for more information online.
 - You may also search “VITA” (Volunteer Income Tax Assistors) on the IRS website to find free tax help for individuals with qualifying income levels.
- Contact the Center for Economic Progress. Call (312)-525-0280 or email at info@economicprogress.org.
- If the member uses a tax preparer, they can ask the tax preparer.

Resources for questions about the 1095-A form:

- Call the Federal Marketplace at 1-800-318-2596 or visit healthcare.gov.

Resources for questions about filing an application for a hardship exemption or waiver:

- The IRS FAQ contains information about applying for an exemption or paying the individual shared responsibility payment. - <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>
- Call Get Covered Illinois to make an appointment with a Navigator at 1-866-311-1119 or go to www.getcoveredillinois.gov and click on “make an appointment.”

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Answers to some FAQ you might receive from clients

When will the 1095-B forms be mailed?

The 1095-B mailing is complete. All Medicaid clients should have received a form between December 2015 and February 1, 2016. Where applicable, the 1095B form was mailed in the same envelope as the Earned Income Tax Credit (EITC) notice. If they did not receive a form, they will need to ask for a replacement form, unless they know their dates of coverage from some other source (e.g. premium payment receipts)

What do I need to do with the 1095-B form?

- The form includes instructions: 1) you should keep this form for your records; 2) if you file federal 2015 taxes, you will need the information on the form when filling out your 2015 taxes. **Clients do NOT submit the 1095-B with the taxes, it's just informational.**
- The best source of information about how to use the 1095-B form is on the IRS website <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>
 - You can access this website by going to www.irs.gov, clicking “Affordable Care Act,” (under Hot Topics) followed by clicking “Questions and Answers” (located in the middle of the screen in a grey box with a blue check mark).
- For further tax help, please reach out to the IRS or a tax professional.

Can I have another copy of my 1095-B mailed to me? Can it be sent to a different address?

- Yes, a replacement copy can be mailed to any address you request. You will need to speak with a caseworker, either by visiting your closest Family Community Resource Center (FCRC) in person or by calling 1-800-843-6154 (TTY: 1-800-447-6404). Let the caseworker know if this is your new permanent address or just a temporary address where you want to receive the form.
- Be prepared with the name and social security number or date of birth of the Responsible Individual on your case to assist the caseworker in searching for your 1095-B.

Can the state correct information on my 1095-B form (such as date of birth, SSN, months of coverage, or people in the household)?

- Corrections to the 1095-B form require a correction to your Medicaid case.
- You need to speak with a caseworker, either by visiting your closest Family Community Resource Center (FCRC) or by calling 1-800-843-6154 (TTY: 1-800-447-6404).
- Be prepared with verifications of the change you are requesting to your case, as well as the name and social security number or date of birth of the Responsible Individual on your case to assist the caseworker in searching for your 1095-B.

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Why did I get multiple forms? What is the difference between 1095-A, 1095-B, 1095-C?

If you had other insurance coverage, you will receive tax forms from them as well. Employer-sponsored coverage is shown on 1095-C, and coverage through the Federally Facilitated Marketplace is on form 1095-A. HFS only sends the 1095-B. The most important thing is that you had coverage for each month of the year, regardless of where you got that coverage.

Why is my 1095-B form missing a member of my household?

- 1095-B forms include members of your household as of the end of the year. Any individuals who have left your case during the year would be included on a 1095-B sent to their new household.
- Only individuals with Medicaid coverage in 2015 are listed. Anyone joining the household or beginning Medicaid coverage after 2015 would not be listed on the 1095-B from 2015.

I think there is a mistake about my health coverage on my form, what should I do?

To confirm your coverage, you will need to speak with a caseworker, either by visiting your closest Family Community Resource Center (FCRC) in person or by calling 1-800-843-6154 (TTY: 1-800-447-6404).

Almost all Illinois Medicaid and All Kids programs meet the minimum essential coverage requirements of the Affordable Care Act, but some do not. Coverage through some partial-coverage programs such as Veterans Care or unmet spenddown do not qualify as minimum essential coverage according to the IRS. Also, the Medicare Savings Program (SLIB & QI-1) does not qualify as minimum essential coverage, but Medicare does and you should be getting a different 1095-B tax form from Medicare.

What if I did not have coverage for each month of the year?

- The best source of information about how to use the 1095-B form and **what to do if you have months without coverage** is on the IRS website <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>
 - You can access this website by going to www.irs.gov, clicking “Affordable Care Act,” (under Hot Topics) followed by clicking “Questions and Answers” (located in the middle of the screen in a grey box with a blue check mark).
- You will need to speak to a tax advisor for any additional assistance.

What is the EITC notice I received in the same envelope?

The EITC notice contains helpful advice about the Earned Income Tax Credit to consider when filing your taxes. It is not otherwise related to the 1095-B form.

I did not know I had Medicaid and bought a health plan on the Marketplace with subsidies (tax credits). Will I have to pay back my subsidies?

Caseworkers do not know the answer to that. For the purposes of filing your taxes, report that you had minimum essential health coverage for the entire year.

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Sample 1095-B Form with explanations of fields

Form **1095-B**
Department of the Treasury
Internal Revenue Service

1 2015-000001-000000001

2 VOID CORRECTED

OMB No. 1545-2252
2015

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

Part I **Responsible Individual**
Lines 4-7: address shown below

3 1 JOHN DOE
2 Social Security Number (SSN):
3 Date of Birth (if SSN is not available): 01/01/2001

4 JOHN DOE
123 MAIN STREET
SPRINGFIELD, IL 62707

5 8 Origin of the Policy: C
9 Small Business Health Options (SHOP)
Marketplace Identifier, if applicable

6 *You are getting this form because the people listed below got minimum essential coverage through the Illinois Medicaid or All Kids program for the months listed below. Individuals listed will need to use this information for their 2015 federal income tax return. If there are some months with no minimum essential coverage from any source, individuals should see if they qualify for a health coverage exemption (go to www.healthcare.gov/taxes)*

1 – This is the unique Document ID number assigned to this 1095-B. Each form will have a number in the format 2015-123456-123456789.

Note: Other numbers in the header (such as OMB No. 1545-2252) are assigned by the IRS and are not important for Illinois.

2 – The “Corrected” box will be checked for any 1095-B forms sent with changes from the original. Corrected versions will include a date in the header. The “Void” box will never be used.

3 – Information about the “Responsible Individual” is listed here. This is typically the head of household.

4 – This is the address to which the 1095-B form was mailed.

5 – These are IRS fields that are not important for Illinois.

6 – These instructions are included on all 1095-B forms to help clients understand the reason for the form.

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7 **Part II** **Employer Sponsored Coverage** 10 11
12 13 14 15

8 **Part III** **Issuer or Other Coverage Provider (see instructions)**

<small>16</small> Illinois Healthcare and Family Services	<small>17</small> EIN: 37-1320188	<small>18</small> Phone Number: 1-800-843-6154
<small>19</small> P.O. Box 19122		<small>TTY: 1-800-447-6404</small>
<small>20</small> Springfield	<small>21</small> IL	<small>22</small> 62794-9122

Part IV **Covered Individuals**

(a) Name of Covered Individuals	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage (if column d is blank)													
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
<small>23</small> JOHN DOE				X	X	X	X										
<small>24</small> JANE DOE	<small>9</small> xxx-xx-1234	01/01/2001	X														
<small>25</small>																	
<small>26</small>																	
<small>27</small>																	
<small>28</small>																	

- 7** – Medicaid is not employer sponsored coverage, so Part II is left blank intentionally.
- 8** – Contact information for Illinois Medicaid is listed in Part III.
- 9** – Each person with at least one month of Medicaid coverage will be listed in Part IV, Covered Individuals. Only up to 6 people will be listed on the first page of a 1095-B. If there are more people in a household, a second page with more rows of the Covered Individuals table will be included.

Note: Some clients who have met Spenddown will have an asterisk by their names with instructions for them to read the Spenddown note on the back page of the 1095-B form.

- 10** – Columns (d) and (e) list the time periods each person was covered by Medicaid in 2015. If a person had coverage the entire year, they will have an ‘X’ in column (d), while a person who had Medicaid coverage for between one and eleven months will have an ‘X’ in the boxes for those months in part (e).

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11 Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return 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. Individuals who do not have minimum essential coverage and do not qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.

TIP Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Part I. Responsible Individual, lines 1-9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN). For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.

Caution! If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage

TIP

If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will be reported on a Form 1095-A rather than a Form 1095-B.

Line 9. This line will be blank for 2015.

Part II. Employer-Sponsored Coverage, lines 10-15. This part will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. It provides information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. If your coverage is not insured employer coverage, this part will be blank.

Part III. Issuer or Other Coverage Provider, Line 16-22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.

Part IV. Covered Individuals, lines 23-28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in Column (c) only if an SSN or other TIN is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see part Part IV, Continuation Sheet(s), for information about the additional covered individuals.

Spenddown Note

If you received Medicaid for at least one month of the year through spenddown, you may apply for a hardship exemption from the individual shared responsibility payment for uncovered months. Fill out and send in an Application for a Hardship Exemption (Form 8965-Health Coverage Exemptions) found at www.healthcare.gov/taxes. For the Type of Hardship, choose "Other" and then write in: "[person's first and last name] had 209(b) Medicaid coverage because he or she met the spenddown amount in at least one month during 2015. He or she got medical coverage for [enter the months in 2015 you had coverage whether or not you used it] and did not get coverage for [enter the months in 2015 you did not get coverage] because he or she did not meet spenddown."

For the complete list of health coverage exemptions go to www.healthcare.gov/taxes and click on Form 8965.

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

Form 1095-B (2015)

11 – These IRS instructions are on the back of each 1095-B form.