

1095-B Implementation Overview



Medical Assistance Program
Oversight Council

November 13, 2015

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- The Affordable Care Act requires that individuals have qualifying health coverage (minimum essential health coverage) or pay an Internal Revenue Service (IRA) tax penalty.
- New 1095 tax forms are required by the IRS to prove each month of enrollment in health coverage during the year.

- <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/>

If you can afford health insurance but choose not to buy it, you must have a health coverage exemption or pay a fee. (The fee is sometimes called the "penalty," "fine," "individual responsibility payment," or "individual mandate.")

The fee for not having coverage in 2015

If you don't have coverage in 2015, you'll pay the **higher** of these two amounts:

- **2% of your yearly household income.** (Only the amount of income above the tax filing threshold, about \$10,150 for an individual, is used to calculate the penalty.) The maximum penalty is the national average premium for a Bronze plan.
- **\$325 per person for the year (\$162.50 per child under 18).** The maximum penalty per family using this method is \$975.

- There are 3 types of 1095's provided by different entities:
 - 1095-A – In CT, these are provided by Access Health CT for individuals enrolled in qualified health plans offered by the marketplace.
 - Last year(2014) was the first year of the requirement.
 - 1095-B – In CT, these are provided by DSS for Medicaid and the Children's Health Insurance Program (CHIP) enrollees. They are also issued by the federal government for Medicare as well as by other issuers and carriers.
 - This year (2015) is the first year of the requirement
 - 1095-C – Issued by some types of large employers.
 - This year (2015) is the first year of the requirement

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Form **1095-B**

Health Coverage

Department of the Treasury
Internal Revenue Service

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

VOID

OMB No. 1545-2252

CORRECTED

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.

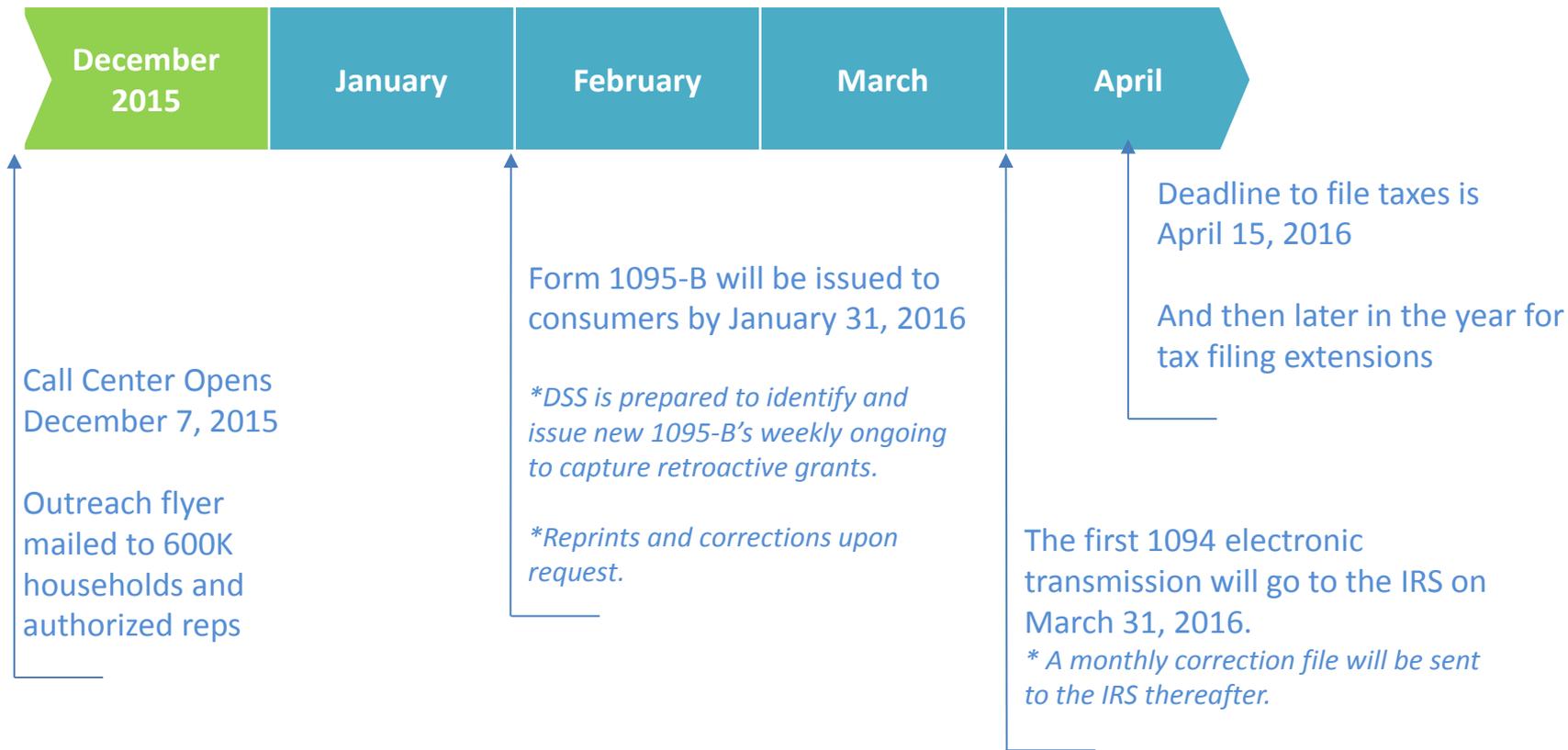
Cat. No. 60704B

Form **1095-B** (2015)

- DSS is required to issue 1095's by January 31, 2016.
- This is an important tax document that people will need to reference before they submit their taxes.
- In addition to issuing 1095's to households DSS is also required to electronically submit the same information to the Internal Revenue Service.

- DSS is working with Xerox to provide most aspects of 1095-B support including:
 - Generation, printing and mailing of 1095-B's
 - Transmission of required files to the IRS (1094)
 - Call center support
 - Designated toll free number
 - Dedicated staff

1095-B Timeline



Thank you!