

Form 1095-B

A Quick Reference Guide



Form 1095-B is a federal tax form. It will show if you were covered by Medicaid or KCHIP in 2015. You will need this form if you file federal income taxes for 2015. The form will be sent to each individual who received Medicaid or KCHIP Coverage in 2015. If you file a tax return, you will need this information to show you were covered by “minimum essential coverage” during some or all of 2015.

Minimum Essential Coverage is the type of health coverage an individual needs to meet the individual responsibility requirement under the Affordable Care Act. This requires everyone to have health care coverage or they may have to pay a penalty on their federal income taxes. The 1095B reports only Medicaid or KCHIP coverage that is minimum essential coverage. If you have minimum essential coverage for the required time period you don't have to pay the fee for being uninsured.

If you received assistance under one of the programs listed below, you will not get a 1095-B form;

- Medicare Savings Program
- Emergency Time-limited Medical services
- Prenatal Presumptive Eligibility
- BCCTP (Breast Cervical Cancer Treatment Program)
- Spend-Down Medicaid Card

How many 1095-B Forms will you receive? One form will be mailed to each household member. For example (Mom, Dad and three children), all members received Medicaid during 2015, five Forms 1095-B will be sent: one for Mom, one for Dad, and each child will receive a Form 1095-B.

TIP If you or another family member received health insurance with an insurance company anytime during the year from kynect, that coverage will be reported on a Form 1095-A rather than a Form 1095-B. You will receive both forms in separate envelopes.

Do I need to send IRS 1095-B form? No, you do not need to send in this form with your tax return. You should show them to your tax preparer. Keep this form because IRS may ask you to provide verification in the future.

1095-B Health Coverage Form

Part I. Responsible individual, lines 1-9. Part I reports information about you and your coverage.

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

Line 8. Code C will be entered on this line because Medicaid is considered a Government-sponsored program.

Line 9. This line will be blank for 2015.

Part II. Employer-Sponsored Coverage, line 10-15. This part will be blank.

Part III. Issuer or Other Coverage Provider, lines 16-22. This part will report information about the Commonwealth of Kentucky, provider of Medicaid coverage. Line 18 reports a telephone number to kynect (844-373-2417) 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, and coverage information for you. A date of birth will be entered in column (c) only if SSN isn't 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. If you were covered for some but not all months, information will be entered in column (e) indicating the months for which you were covered.

If you think there are errors on your form 1095-B, contact **kynect at 1-844-373-2417**.