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Purpose

The purpose of this job aid is to provide instructions on how to search for, view, and reprint a 1095-B form previously sent to individuals who received Medicaid coverage under any aid category that is deemed as a Minimum Essential Coverage (MEC) plan through either the Ohio Benefits, Client Registry Information System – Enhanced (CRIS-E), or Statewide Automated Child Welfare Information System (SACWIS) eligibility systems.

This job aid also provides instructions on how to modify information on an existing1095-B record, and add a new record to the 1095-B table.

Overview of Process/Background

The Affordable Care Act (ACA)'s individual shared responsibility provision requires individuals and their household members to have one of the following when filing for their federal Tax return.

- Have qualifying health care coverage (known as minimum essential coverage (MEC)),
- Qualify for health coverage exemption, or
- Make an individual shared responsibility payment

The Internal Revenue Service (IRS) requires employers and other providers of MEC to document the months that an individual was covered for the prior tax year on the 1095-B Health Coverage form. Individuals can use the 1095-B form to substantiate their claim of MEC.

A 1095-B table in the Ohio Benefits system serves as a repository for data extracts from the Ohio Benefits, CRIS-E, and SACWIS systems. This data includes individuals who were covered through a Medicaid MEC plan for at least one day in the applicable tax year, and is used to create the 1095-B form.

Note: Beginning 12/19/16, some residents receiving benefits will be excluded from the process. Please see Appendix A for a list of excluded Aid Codes. A resident may have had eligibility, but the aid category does not meet the MEC (minimum essential coverage) criteria. Also note that residents who have a Date of Death entered into the Ohio Benefits system in any prior year to the current tax year will be excluded.

What is the 1095-B Form?

The IRS 1095-B form documents the months from the previous calendar year that a resident had MEC for tax reporting purposes. All residents who had qualifying health coverage through the Ohio Benefits, CRIS-E, and SACWIS eligibility systems will receive this form.

Note: The 1095-B form was updated on 12/19/16. Please see Appendix B for an example of the old format of the 1095-B form. Also note that the new form contains a "TIN" number (Taxpayer Identification Number) that will never populate because we do not accept or store the TIN in the Self-Service Portal or in Ohio Benefits. This field was added to the 1095 simply to match the 2016 IRS form.

The Ohio Benefits system will:

- Generate the new and/or corrected 1095-B form.
- Send the 1095-B form to the DAS Central Print facility for printing and mailing to households.
- Transmit the new and/or corrected 1095-B information to the IRS.

Who is the Responsible Individual on a Case Number?

System	Definition
Ohio Benefits System	The Primary Applicant associated with the oldest program block through which at least one individual received MEC for at least one day during the given Tax Year.
CRIS-E	The oldest person listed on the case record who is not permanently out of the home, or deceased (e.g., part of the current household).
SACWIS	The child will always be listed as the Responsible Individual. For adoptive cases, the adoptive parent's address will be listed for the child. For foster cases, the Title IV-E agency's address will be listed for the child.

Important Information about the 1095-B Form

1. A 1095-B form will be generated for every resident who received coverage under a MEC Medicaid aid category during the prior calendar year across the Ohio Benefits, SACWIS, and CRIS-E systems. All Medicaid aid categories are considered to be MEC except for the following:

   a. Presumptive Eligibility for Pregnant Women.
   b. Family Planning
   c. Medicare Premium Assistance Program (MPAP)
   d. Reinstatement of Medicaid for Public Institution Recipients (RoMPIR).

2. Per IRS guidelines, the 1095-B form will only be generated in English and copies are not required for Authorized Representatives.

3. Only one 1095-B form will be generated per Case Number for a tax year from the Ohio Benefits Worker Portal, SACWIS and CRIS-E. If a resident has received MEC from the Ohio Benefits Worker Portal, CRIS-E, or both on more than one Case Number, that resident will be included on the form for each Case Number; and based on the Billing Number, their eligibility information will be consolidated across Case Numbers.

   Note: Data will not be consolidated for SACWIS case numbers.

   If a resident received eligibility in more than one system (as identified through their Billing Number), the eligibility data for the individual across cases will be populated on each form.

Example #1

Carrie is an Ohio resident who became eligible in the Ohio Benefits system as a MAGI Parent / Caretaker in May, 2014. She also had ABD eligibility in CRISE which started in February, 2014 because she was severely visually impaired. The system will validate Carrie's information using her SSN, and Billing Number. Upon confirmation that both the SSN and Billing Number on Carrie's records are the same, the system will generate two 1095-B forms. One 1095-B form will be generated for the Ohio Benefits Worker Portal case number and the other form will be generated for CRIS-E case number. Both 1095-B forms will list February through December as the months for which Carrie had MEC.

Example #2

Jonathan currently receives eligibility on two cases in the Ohio Benefits system. He has been on the first program block since November 30, 2012, and was added to the second program block on July 29, 2014. Two 1095-B forms will be generated each with MEC coverage for all the months of the year.

4. The 1095-B form will not specify the coverage group or the aid category under which a resident received MEC; rather, it will contain an indicator that the resident received MEC during a particular month or all months during the prior tax year.

5. Residents with an Ohio Benefits Self Service Portal account that is linked to their Ohio Benefits Worker Portal case number will receive a copy of the 1095-B form in their message center.

6. Corrected 1095-B forms are not required for address change, but are required for changes to:

   a. Name
   b. SSN
   c. Date of Birth
   d. Eligibility Information

7. The IRS requires corrected records for a **retroactive period of four tax years** for individuals for whom eligibility has changed. Changes to Name, SSN and Date of Birth will trigger a corrected form for **only** the previous tax year.

   Note: The initial tax year, 2015, comprises individuals with eligibility on any one day between 01/01/2015 and 12/31/2015. Therefore, Ohio Benefits, CRIS-E, and SACWIS will continue to send corrected **eligibility records** for individuals for January 2015 through December 2015 through the period when the 2018 tax year 1095-B forms are sent (eligibility records for January 2015 through December 2018 that are updated as of December 31, 2018). If in 2017, if there is a change to Name, Date of Birth, or SSN; a corrected 1095-B form will be generated for the 2016 tax year, and not for 2015.

1095-B Document Search

Authorized caseworkers can view and reprint previously generated 1095-B forms from the **1095-B Document Search** page using the following criteria:

- Search By
  - Billing Number
  - Case Number
  - Person (First and Last Name and either Date of Birth or SSN)
- County
- Tax Year – Not required

 Note: The **Tax Year** field and drop-down menu will default to the previous year.

Complete the following steps to access the **1095-B Document Search** page.

1. Log on to the Ohio Benefits Worker Portal with your caseworker ID and password. The home page appears.
2. On the **Global Navigation** bar, click the **Document Control** tab, and then select the **1095-B** hyperlink on the **Local Navigation** bar. The **1095-B Document Search** page appears.

Ohio | Benefits

Search by Billing Number

1. From the **Search By** drop-down menu, select **Billing Number**. The **Billing Number** field appears.

2. Enter the desired Billing Number.

   Note: With the selection of the **Billing Number** option in the **Search By** field, caseworkers will have the ability to enter a billing number, and retrieve all the 1095-B forms on which the resident with that billing number is listed. All the versions of a 1095-B form (original and corrected) will be available for retrieval.

3. From the **County** drop-down menu, select the desired county or **All**.

4. If applicable, from the **Tax Year** drop-down menu, select the desired year.

   Note: The **Tax Year** field and drop-down menu will default to the previous year.

5. Click the **Search** button. The **1095-B Document Search Result** appears.

6. If no match exists for the billing number entered, a message that no such record exists appears. Open the **Refine Your Search** option and repeat step **2** with the correct Billing Number.

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7. Click the **Search** button. The **1095-B Document Search Result** appears.

8. The **1095-B Document Search Results Summary** page displays the search results that match the Billing Number. To view the 1095-B form associated with the Billing Number, click the hyperlink in the **Document** column. A PDF version of the 1095-B form appears in a new window.

Ohio | Benefits

9. Use the Adobe PDF Print button to reprint the 1095-B form and then mail the form to the household.

   Note: You must print the 1095-B form locally, it cannot be sent to Central Print.

Case Number 6477823

Questions? Ask your worker

TDD-For Hearing Impaired 7-1-1

County Telephone (614) 752-3596

Office Hours MON, WED-FRI 9:00AM-12:30PM, 4:00AM-7:00AM

ARNOLD MARKTWO
50 W TOWN ST
COLUMBUS, OH 43215-4173

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Information about Form 1095-B and its separate
instructions is at www.irs.gov/form1095b.

☐ VOID ☐ CORRECTED

56D116

OMB No. 1545-2252

2016

Part I   Responsible Individual

1 Name of responsible individual ARNOLD MARKTWO		2 Social security number (SSN or other TIN) ***-**-2314	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 50 W TOWN ST	5 City or town COLUMBUS	6 State or province OH	7 Country and ZIP or foreign postal code USA 43215-4173
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): **C**		9 Reserved	

Part III   Issuer or Other Coverage Provider (see instructions)

16 Name Ohio Department of Medicaid		17 Employer identification number (EIN) 31-1334825	18 Contact telephone number (800) 324-8680
19 Street address (including room or suite no.) P.O. Box 182709	20 City or town Columbus	21 State or province OH	22 Country and ZIP or foreign postal code USA 43218-2709

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 ARNOLD MARKTWO	***-**-2314												✕		
24 ARRA MARKTWO	***-**-3211												✕		
25															
26															
27															

Search by Person

1. From the **Search By** drop-down menu, select the **Person** option. The **First Name**, **Last Name**, **SSN**, and **Birth Date** fields appears.

   Note: The **First Name, Last Name**, and **SSN** or **Date of Birth** fields are required to successfully search by person.

2. Enter the First Name, Last Name, SSN or Date of Birth.

3. From the **County** drop-down menu, select the desired county or **All**.

4. If applicable, from the **Tax Year** drop-down menu, select the desired year.

   Note: The **Tax Year** field and drop-down menu will default to the previous year.

5. Click the **Search** button. The **1095-B Document Search Result Summary** appears.

6. If no match exists for the person entered, a message that no such record exists appears. Open the **Refine Your Search** option and repeat step **2** with the correct First Name, Last Name, SSN or Date of Birth information.

7. Click the **Search** button. The **1095-B Document Search Result Summary** appears.

8. The **1095-B Document Search Results Summary** page displays the search results that match the person information. To view the 1095-B form associated with the person,

click the hyperlink in the **Document** column. A PDF version of the 1095-B form appears in a new window.

9. Use the Adobe PDF Print button to reprint the 1095-B form and then mail the form to the household.

Note: You must print the 1095-B form locally, it cannot be sent to Central Print.

Search by Case Number

1. From the **Search By** drop-down menu, select **Case Number**. The **Case Number** field appears.

2. Enter the Case Number.

3. From the **County** drop-down menu, select the desired county or **All**.

4. If applicable, from the **Tax Year** drop-down menu, select the desired year.

    Note: The **Tax Year** field and drop-down menu will default to the previous year.

5. Click the **Search** button. The **1095-B Document Search Result Summary** appears.

6. If no match exists for the Case Number entered, a message that no such record exists appears. Open the **Refine Your Search** option and repeat step **2** with the correct case number.

7. Click the **Search** button. The **1095-B Document Search Result Summary** appears.

8. The **1095-B Document Search Results Summary** page displays the search results that match the case number.

    a. To view the 1095-B form associated with the Case Number, click the hyperlink in the **Document** column. A PDF version of the 1095-B form appears in a new window.

        i. Use the Adobe PDF Print button to reprint the 1095-B form and then mail the form to the household.

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Note: You must print the 1095-B form locally, it cannot be sent to Central Print.

Case Info	Eligibility	Resource Databank	Fiscal	Special Units	Reports	Document Control	Admin Tools

Templates | Documents | Barcodes | 1095-B

1095-B Document Search

1095-B Search

* - Indicates required fields

▼ Refine Your Search

Search

Search By:*	County:*	Tax Year:
Case Number ▼	All ▼	

Case Number*
5401231

Results per Page: 25 ▼ Search

Search Results Summary   Results 1 - 1 of 1

Date ▼	Document ▽	Tax Year ▽	Source ▽	County ▽	Case Number ▽	Status ▽
1/28/2016	1095-B Health Coverage	2015	CRIS-E	Franklin	5401231	Sent

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Case Number 6477823

Questions? Ask your worker

TDD-For Hearing Impaired 7-1-1
County Telephone (614) 752-3596
Office Hours MON, WED-FRI 9:00AM-12:30PM, 4:00AM-7:00AM

ARNOLD MARKTWO
50 W TOWN ST
COLUMBUS, OH 43215-4173

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Information about Form 1095-B and its separate
instructions is at www.irs.gov/form1095b.

560116

OMB No. 1545-2252

2016

☐ VOID   ☐ CORRECTED

Part I Responsible Individual

| 1 Name of responsible individual
ARNOLD MARKTWO | 2 Social security number (SSN or other TIN)
***-**-2314 | 3 Date of birth (if SSN or other TIN is not available) |
|---|---|---|
| 4 Street address (including apartment no.)
50 W TOWN ST | 5 City or town
COLUMBUS | 6 State or province
OH | 7 Country and ZIP or foreign postal code
USA 43215-4173 |

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	C	9 Reserved

Part III Issuer or Other Coverage Provider (see instructions)

| 16 Name
Ohio Department of Medicaid | 17 Employer identification number (EIN)
31-1334825 | 18 Contact telephone number
(800) 324-8680 |
|---|---|---|
| 19 Street address (including room or suite no.)
P.O. Box 182709 | 20 City or town
Columbus | 21 State or province
OH | 22 Country and ZIP or foreign postal code
USA 43218-2709 |

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 ARNOLD MARKTWO	***-**-2314												X		
24 ARRA MARKTWO	***-**-3211												X		
25															
26															
27															

b. To view the 1095-B record associated with the case number, click the **Case Number** hyperlink. The **1095-B Record List** page appears. This page lists the individuals included on the 1095-B form for this case. Authorized caseworkers can:

    i.   Modify an existing 1095-B record, or

    ii.   Add an individual resident's record into an existing1095-B record
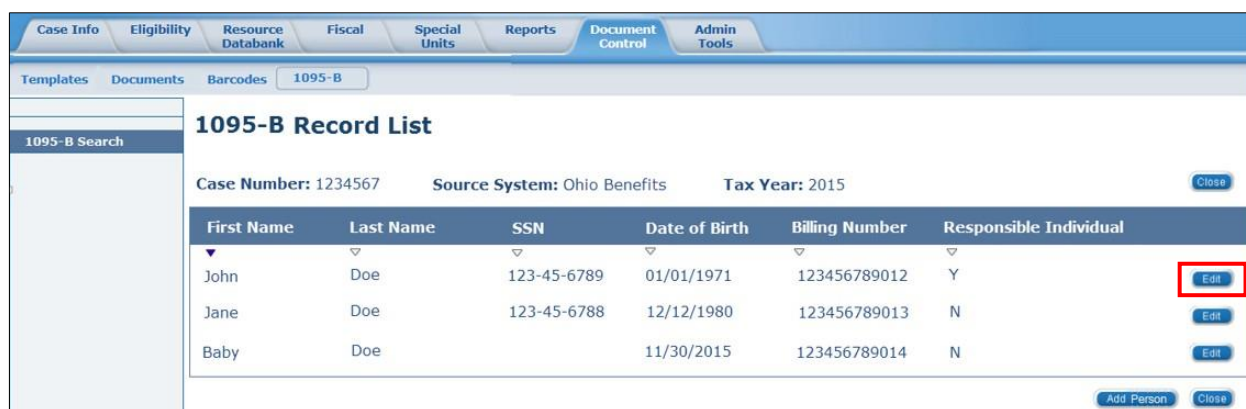
Modifying an Existing 1095-B Record

Caseworkers can modify a 1095-B form to include eligibility months that are reflected in MITS but are not reflected in either the Ohio Benefits, CRIS-E, or SACWIS systems. When the next batch process runs, a corrected form will be generated for the household that will reflect the modified months. After it is generated, it will automatically be sent to the household via Central Print and can be retrieved through the **1095-B Document Search** page.

Complete the following steps to update the 1095-B record.

1. On the **1095-B Record List** page, click the **Edit** button for the record that you want to modify. The **1095-B Record Detail** page appears.

Note: Only eligibility information can be modified through the **1095-B Record Detail** page. Any other corrections, such as name, date of birth, SSN, or address, must be made in the appropriate eligibility source system (Ohio Benefits Worker Portal, CRIS-E, or SACWIS).

Note: Only corrections to Name, Date of Birth, SSN, or eligibility information will generate a corrected 1095-B Form. Corrections to eligibility information will generate corrected 1095-B forms for the past four tax years. However, corrections to Name, Date of Birth and SSN will only generate a corrected 1095-B form for only the previous tax year. Corrected 1095-B forms will be sent to DAS Central printing by the batch process. However, copies can be reprinted from a resident's Ohio Benefits Self Service Portal's **Message Center**, and also by the caseworker on the 1095-B's **Document Search Result** page on the Ohio Benefits Worker Portal.

2. Select all the required months, and then click the **Save and Return** button. The **1095-B Record list** page appears.

Add a New Resident to an Existing 1095-B Record

Caseworkers can add a new resident to the 1095-B table for a Case Number and Tax Year combination that already exists in the 1095-B table.

1. From the **1095-B Record List** page, click the **Add Person** button. The **1095-B Record Detail** page appears.

Complete the **First Name, Last Name, SSN, Date of Birth, Billing Number**, and eligible months for the resident.

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2. Click the **Save and Return** button. The **1095-B Record List** page appears.

Note: When adding a new resident to the 1095-B table for an existing Case Number, the following fields cannot be edited:
   a. County
   b. Case Number
   c. Tax Year
   d. Source System

Since the resident is being associated with an existing Case Number, the Responsible Individual has already been identified; therefore, the new resident cannot be flagged as the Responsible Individual. Additionally, an address cannot be added for that resident because the address is only required for the Responsible Individual.

Add a New Case Number to the 1095-B Table

If a resident (or all residents on a case) lose eligibility in the Ohio Benefits Worker Portal, CRIS-E, or SACWIS within one tax year, but remain eligible in MITS, a 1095-B form will not be generated. If the individual(s) contact the County office to ask why they did not receive a 1095-B form, a casework can create a new 1095-B record so a 1095-B form will be generated at the next weekly batch. The caseworker will also need to open a technical ticket reporting this discrepancy.

Complete the following steps to create a new 1095-B record for a case that does not have a 1095-B form.

1. On the **1095-B Document Search** page, from the **Search By** drop-down menu, select the **Case Number** option, the **Case Number** field appears.

2. Enter the Case Number.

3. From the **County** drop-down menu, select the desired county or **All**.

4. If applicable, from the **Tax Year** drop-down menu, select the desired year.

   Note: The **Tax Year** field and drop-down menu will default to the previous year.

5. Click the **Search** button. The **1095-B Document Search Result Summary** appears.

If no match exists for the case number entered, a message that no such record exists appears. Click on the **Add** button. The **1095-B Record Detail** page appears.

Note: The **Add** button only displays when no record exists for a specific case number. It does not display when there is no record for searched by Billing Number or Person.

6. Enter all the demographic and eligibility information of the resident, and then click the **Save and Return** button. The **1095-B Record List** page appears.

    Note: The **Responsible Individual Indicator** checkbox on the 1095-B Record Detail page cannot be selected as it is pre-filled and disabled.

Note: If there are multiple residents on the case, the first resident entered must be the Responsible Individual. This ensures that at least one resident for the given case record is marked as the Responsible Individual. Therefore, the Responsible Individual Indicator will be pre-filled and disabled, and the caseworker will be required to enter the resident's address as the 1095-B form will be addressed to that resident.

7. If there are other residents on the case that received coverage in the selected tax year, follow the instructions in the Add a New Resident to an Existing 1095-B Record section.

Frequently Asked Questions

Question 1: What is a 1095-B form?

- **Answer:** The1095-B Health Coverage form is an IRS document that taxpayers use to verify that they and each member of their household had qualifying health care coverage (also known as minimum essential coverage) during the last tax year.

Question 2: Why am I receiving a 1095-B form?

- **Answer:** You are receiving a 1095-B form because you or someone on your case was covered by a MEC Medicaid plan in either the Ohio Benefits, CRIS-E, or SACWIS system for at least one day in the prior tax year. The health care law requires employers and health coverage providers (including state Medicaid agencies) to provide these documents to the IRS and covered individuals.

Question 3: What do I do with a 1095-B form?

- **Answer:** If you are filing a tax return, you do not need to attach this form to your tax return. However, if you are using a tax preparer, show them this form. Finally, the IRS may ask for proof of health coverage, so keep the 1095-B form with your tax return information as proof of health coverage.

Question 4: Do I need to file a federal tax return because I received a 1095-B form?

- **Answer:** If you are not required to file a tax return, you do not need to file one just to report your health coverage. However, you should keep this form as proof that you had health coverage as the IRS may ask for proof of health coverage.
  - **Note:** The reception of the 1095-B 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.

Question 5: How do I get incorrect information fixed on the 1095-B form?

- **Answer:** You should give the correct information to your caseworker.
  - **Note:** You may need to provide documentation for certain corrections to be made.

Question 6: How can I get another copy of my 1095-B form if I lost mine?

- **Answer**: If you have an Ohio Benefits Self Service Portal account, you can print a copy from your Message Center at any time. Otherwise, your caseworker can provide you with a copy.

Question 7: As the Responsible Individual receiving a 1095-B form, am I required to give copies of the form to all of the individuals listed on it?

o **Answer:** Yes. Medicaid is only required to send out one 1095-B form for all individuals on a case whose coverage is reported on the form. This one copy will be sent to the Responsible Individual and as that individual, you should provide a copy to other people listed on the form if they request it for their records.

Question 8: Why are only the last four digits of my social security number displayed on the 1095-B form?

o **Answer:** The copy the IRS received contains all nine digits, but only the last four digits are shown on the form you received for your protection.

Question 9: Why are there social security numbers listed for some people on the form I received, but not others?

o **Answer:** If a valid social security number was provided to Medicaid, it will be listed on the form.
   o **Note:** Please provide your caseworker with missing or corrected social security numbers.

Question 10: Why is my social security number listed, but not my date of birth?

o **Answer:** The IRS requires either the Social Security Number (SSN) or Date of Birth to be listed. Date of Birth is only required when your SSN is not provided. The IRS prefers the SSN so they can match it and your name against their database. It is to your advantage to provide your SSN to make sure you get credit for having health insurance.

Question 11: Why is the person listed as the responsible individual not listed as a covered individual?

o **Answer:** The primary applicant that signed the time Medicaid application is listed as the responsible individual. If the primary applicant was not covered by Medicaid on the case, he or she will not be listed as a covered individual.

Question 12: I thought I was covered by my MCP, why did I not receive a 1095-B form from them?

o **Answer:** You were covered by Medicaid and Medicaid is required to send out these forms, not your MCP.

Question 13: Why isn't there a Part II listed on my form?

- o **Answer:** Part II does not apply to Medicaid so it is not included on the 1095-B form that Medicaid provides.

Question 14: I received a 1095-B from Medicare. Why does that form look different from the one I received from Medicaid?

- o **Answer:** Health care providers are allowed to move around the information on the form as long as certain information is provided.

Question 15: My address is wrong, can you please update it?

- o **Answer**: Your caseworker can update that information.
  - o **Note:** You will not receive a new 1095-B form as the IRS does not require a new form to be sent out for a change of address.

Question 16: I have questions about my taxes, can you help me?

- o **Answer:** No, you will need to contact the IRS (www.irs.gov) or your tax preparer with those questions.

Question 17: Why did I get a 1095-B from Medicare and a 1095-C from a former employer?

- o **Answer:** Providers of minimum essential coverage are required to file an information return to the IRS reporting coverage. This includes Medicaid, Medicare, and employers.

Question 18: I had family planning or coverage for pregnant women, but I don't see those months marked on my 1095-B, why is that?

- o **Answer:** Family planning and presumptive eligibility for pregnant women are not considered minimum essential coverage by the IRS. See Important Information about the 1095-B Form (page 3 of this document).

Question 19: What if I didn't have health coverage for more than three months during the year?

- o **Answer:** The IRS may hold you responsible for the individual shared responsibility payment. For more information go to: http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.

Question 20: As a caseworker, can I do a general search on the 1095-B Form Search Panel?

- o **Answer:** No, it must be an exact match.

Question 21: Why does the 1095-B form say Ohio Department of Medicaid and not Care Source (or Molina, Aetna, etc.)?

- o **Answer:** The Ohio Department of Medicaid provides your Medicaid coverage through a managed care plan.

Question 22: Who is the responsible individual?

- o **Answer:**
  1. For Ohio Benefits, the responsible person is the Primary Applicant associated with the oldest program block through which at least one individual received minimum essential coverage (MEC) for at least one day during the given tax year.
  2. For CRIS-E, the responsible individual is the oldest person listed on the case record who is not permanently out of the home or deceased.
  3. For SACWIS, the responsible individual is the always the child.

Question 23: For cases where one parent is in CRISE and other parent is in Ohio Benefits, how should caseworkers proceed?

- o **Answer:** In cases, two 1095-B forms will be generated. <u>Do not </u>add people to the 1095-B table to get all the information onto the 1095-B form.

Question 24: What should I note when creating a new 1095-B record?

- o **Answer:** When creating a new 1095-B record, the first information entered must be that of the responsible individual.
  - o **Note:** See Question 24 for the definition of Responsible Individual.

Question 25: What kind of corrections can I make to a 1095-B Record? ***

- o Answer: There are three kind of corrections that can be made to a 1095-B record. You can:
  - Edit the eligibility months on an existing 1095-B record.
  - Add a new person to an existing 1095-B record.
  - Create a new 1095-B record.

***More information is available on pages 13 through 18 of this job aid

Question 26: Where does the information on the 1095-B Record Detail age come from?

o **Answer: The i**nformation on the 1095-B Record Detail page is populated from the 1095-B table. Information in the 1095-B table is updated from three source systems (Ohio Benefits, CRISE, or SACWIS). Edits in the three source systems will be picked up and updated in periodic batches and will then display on the 1095-B Record Detail screen.

Question 27: How do I contact the IRS with questions?

o **Answer**: The IRS toll-free line for routine customer service is 800-829-1040.

Question 28: Should all Medicaid aid categories be counted as eligibility for IRS purposes?

o **Answer:** No, only those that meet Minimum Essential Coverage (MEC). These are all aid categories except for Family Planning, Medicaid Premium Assistance Program (MPAP), Reinstatement of Medicaid for Public Institution Recipients (RoMPIR), and Presumptive Eligibility for Pregnant Women.

Question 29: If the caseworker is searching for a resident using Name (First Name, Last Name), Date of Birth (DOB), or Social Security Number (SSN). And if the search does not return any results, what should the caseworker do?

o **Answer:** The caseworker will need to look up the resident's case to see what Name, DOB, and SSN is in source system (Ohio Benefits, CRIS-E, or SACWIS). If the information is incorrect in the source system, it should corrected there. Otherwise, a new record must be created for that resident.

Question 30: Why is column (d) marked for some individuals on my 1095-B form, and others have months marked in column (e)?

o **Answer:** Column (d) is marked if the individual was covered for at least one day of every month of the year. For individuals who were covered in some but not all months, their information is entered in column (e) indicating which months those individuals were covered.

Ohio | Benefits

Case Number 6477823

Questions? Ask your worker

TDD-For Hearing Impaired 7-1-1
County Telephone (614) 752-3596
Office Hours MON, WED-FRI 9:00AM-12:30PM, 4:00AM-7:00AM

ARNOLD MARKTWO
50 W TOWN ST
COLUMBUS, OH 43215-4173

580116

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Information about Form 1095-B and its separate
instructions is at www.irs.gov/form1095b.

☐ VOID   ☐ CORRECTED

OMB No. 1545-2252

2016

Part I   Responsible Individual

1 Name of responsible individual ARNOLD MARKTWO	2 Social security number (SSN or other TIN) ***-**-2314	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 50 W TOWN ST	5 City or town COLUMBUS	6 State or province OH	7 Country and ZIP or foreign postal code USA 43215-4173

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): C	9 Reserved

Part III   Issuer or Other Coverage Provider (see instructions)

16 Name Ohio Department of Medicaid	17 Employer identification number (EIN) 31-1334825	18 Contact telephone number (800) 324-8680
19 Street address (including room or suite no.) P.O. Box 182709	20 City or town Columbus	21 State or province OH	22 Country and ZIP or foreign postal code USA 43218-2709

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 ARNOLD MARKTWO	***-**-2314												X		
24 ARRA MARKTWO	***-**-3211												X		
25															
26															
27															

Ohio | Benefits

Appendix A: List of Exclude Aid Codes

#	Aid Code / Aid Code Description
1	T1 PE Pregnant
2	C2 – MAGI Child Under 1 – AEMA
3	D2 – MAGI Child Ages 1-5 – AEMA
4	E2 – MAGI Child Ages 6-18 – AEMA
5	F2 – MAGI Pregnant – AEMA
6	G2 – MAGI Parent/Caretaker – AEMA
7	Q2 – Community Ribicoff Kid – AEMA
8	O2 – CHIP Child 1 – AEMA
9	P2 – CHIP Child 2 – AEMA
10	AA - MAGI Adult Age 19-20, Disabled, 44-66% FPL – AEMA
11	AB - MAGI Adult Age 19-20, Disabled, 66-100% FPL – AEMA
12	AI - MAGI Adult Age 19-20, Disabled, 100-133% FPL – AEMA
13	AC - MAGI Adult Age 19-20, 44-66% FPL – AEMA
14	AD - MAGI Adult Age 19-20, 66-100% FPL – AEMA
15	AJ - MAGI Adult Age 19-20, 100-133% FPL – AEMA
16	AE - MAGI Adult, Disabled, 0-66% FPL – AEMA
17	AF - MAGI Adult, Disabled, 66-100% FPL – AEMA
18	AK - MAGI Adult, Disabled, 100-133% FPL – AEMA
19	AG - MAGI Adult, 0-66% FPL – AEMA
20	AH - MAGI Adult, 66-100% FPL – AEMA
21	AL - MAGI Adult, 100-133% FPL – AEMA
22	565 - Categorically Needy - Aged, 0-64% FPL – AEMA
23	570 - Categorically Needy - Aged, 64-75% FPL – AEMA
24	575 - Categorically Needy - Blind, 0-64% FPL – AEMA
25	580 - Categorically Needy - Blind, 64-75% FPL – AEMA
26	585 - Categorically Needy - Disabled, 0-64% FPL – AEMA
27	590 - Categorically Needy - Disabled, 64-75% FPL
28	598 – MPAP QMB
29	724 – MPAP QMB
30	599 – MPAP SLMB
31	725 – MPAP SLMB
32	600 – QI1
33	704 – QDWI
34	876 – SSI Recipient – Aged – Incarcerated
35	877 – SSI Recipient – Blind – Incarcerated
36	878 – SSI Recipient – Disabled – Incarcerated

#	Aid Code / Aid Code Description
37	879 – Individual Receiving Mandatory State Supplements – Incarcerated
38	880 – Certain Individual Eligible in 1973 – Incarcerated
39	881 – Essential Spouse in 1973 – Incarcerated
40	882 – Ineligible for SSI Due to Requirements Prohibited by Medicaid – Incarcerated
41	883 – Widow(er) - Early Social Security Receipt – Incarcerated
42	884 – Disabled Adult Child – Incarcerated
43	885 – Pickle Amendment Group – Incarcerated
44	886 – Additional Reduction Factor Widow(er) – Incarcerated
45	887 – 1972 OASDI COLA – Incarcerated
46	888 – MAGI Child Ages 6-18 – Incarcerated
47	890 – MAGI Pregnant – Incarcerated
48	892 – TMA – Incarcerated
49	893 – EMA – Incarcerated
50	894 – Community Ribicoff Kid – Incarcerated
51	896 – CHIP Child 1 – Incarcerated
52	898 – CHIP Child 2 – Incarcerated
53	900 – Former Foster Care – Incarcerated
54	901 – MAGI Adult Age 19-20, Disabled, 44-66% FPL – Incarcerated
55	903 – MAGI Adult Age 19-20, Disabled, 66-100% FPL – Incarcerated
56	905 – MAGI Adult Age 19-20, Disabled, 100-133% FPL – Incarcerated
57	907 – MAGI Adult Age 19-20, 44-66% FPL – Incarcerated
58	909 – MAGI Adult Age 19-20, 66-100% FPL – Incarcerated
59	911 – MAGI Adult Age 19-20, 100-133% FPL – Incarcerated
60	913 – MAGI Adult, Disabled, 0-66% FPL – Incarcerated
61	915 – MAGI Adult, Disabled, 66-100% FPL – Incarcerated
62	917 – MAGI Adult, Disabled, 100-133% FPL – Incarcerated
63	919 – MAGI Adult, 0-66% FPL – Incarcerated
64	921 – MAGI Adult, 66-100% FPL – Incarcerated
65	923 – MAGI Adult, 100-133% FPL – Incarcerated
66	925 – Categorically Needy - Aged, 0-64% FPL – Incarcerated
67	927 – Categorically Needy - Aged, 64-75% FPL – Incarcerated
68	929 – Categorically Needy - Blind, 0-64% FPL – Incarcerated
69	931 – Categorically Needy - Blind, 64-75% FPL – Incarcerated
70	933 – Categorically Needy - Disabled, 0-64% FPL – Incarcerated
71	935 – Categorically Needy - Disabled, 64-75% FPL – Incarcerated
72	937 – BCCP – Incarcerated
73	938 – PE Child – Incarcerated
74	939 – PE Former Foster Care – Incarcerated
75	940 – PE Adult – Incarcerated
76	889 – MAGI Child Ages 6-18 – Incarcerated – AEMA

Ohio | Benefits

#	Aid Code / Aid Code Description
77	891 – MAGI Pregnant – Incarcerated – AEMA
78	895 – Community Ribicoff Kid – Incarcerated – AEMA
79	897 – CHIP Child 1 – Incarcerated – AEMA
80	899 – CHIP Child 2 – Incarcerated – AEMA
81	902 – MAGI Adult Age 19-20, Disabled, 44-66% FPL – Incarcerated – AEMA
82	904 – MAGI Adult Age 19-20, Disabled, 66-100% FPL – Incarcerated – AEMA
83	906 – MAGI Adult Age 19-20, Disabled, 100-133% FPL – Incarcerated – AEMA
84	908 – MAGI Adult Age 19-20, 44-66% FPL – Incarcerated – AEMA
85	910 – MAGI Adult Age 19-20, 66-100% FPL – Incarcerated – AEMA
86	912 – MAGI Adult Age 19-20, 100-133% FPL – Incarcerated – AEMA
87	914 – MAGI Adult, Disabled, 0-66% FPL – Incarcerated – AEMA
88	916 – MAGI Adult, Disabled, 66-100% FPL – Incarcerated – AEMA
89	918 – MAGI Adult, Disabled, 100-133% FPL – Incarcerated – AEMA
90	920 – MAGI Adult, 0-66% FPL – Incarcerated – AEMA
91	922 – MAGI Adult, 66-100% FPL – Incarcerated – AEMA
92	924 – MAGI Adult, 100-133% FPL – Incarcerated – AEMA
93	926 – Categorically Needy - Aged, 0-64% FPL – Incarcerated – AEMA
94	928 – Categorically Needy - Aged, 64-75% FPL – Incarcerated – AEMA
95	930 – Categorically Needy - Blind, 0-64% FPL – Incarcerated – AEMA
96	932 – Categorically Needy - Blind, 64-75% FPL – Incarcerated – AEMA
97	934 – Categorically Needy - Disabled, 0-64% FPL – Incarcerated – AEMA
98	936 – Categorically Needy - Disabled, 64-75% FPL – Incarcerated – AEMA

Ohio | Benefits

Appendix B: Older Version of 1095-B Form

OHIO DEPT OF MEDICAID
50 W TOWN ST
COLUMBUS OH 43215

Notice Date 12/01/2015
Case Number 6052281

Questions? Ask your worker

TDD-For Hearing Impaired 7-1-1
County Telephone (844) 640 – 6446
Office Hours Mon-Fri 9:00am-5:00pm

ABEIGHTFNNNNN ABEIGHTLNNNN
APT 456
COLUMBUS, OH 44567

Health Coverage

Form **1095-B**

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

Department of the Treasury
Internal Revenue Service

☐ VOID ☐ CORRECTED on 12/01/2015

560115

OMB No. 1545-2252

2015

Part I   Responsible Individual

1 Name of responsible individual AbEightFNNNNN AbEightLNINNN	2 Social security number (SSN) ***-**-0625	3 Date of birth (if SSN is not available)	
4 Street address (including apartment no.) APT 456	5 City or town COLUMBUS	6 State or province OH	7 Country and ZIP or foreign postal code USA - 44567
8 Enter letter identifying Origin of the Policy (see instructions for codes): C		9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable	

Part III   Issuer or Other Coverage Provider (see instructions)

16 Name Ohio Department of Medicaid	17 Employer identification number (EIN) 31-1334825	18 Contact telephone number (800) 324-8680	
19 Street address (including room or suite no.) P.O. Box 182709	20 City or town Columbus	21 State or province OH	22 Country and ZIP or foreign postal code USA 43218-2709

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 AbNineFN AbNineLN	***-**-0626				X	X	X	X	X	X	X	X	X	X	X
24 AbEightFNNNNN AbEightLNNNN	***-**-0625			X	X	X			X	X	X	X	X	X
25															
26															