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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 <u>Appendix B</u> 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.

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.

Who is the Responsible Individual on a Case Number?

Important Information about the 1095-B Form

- 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
- The IRS requires corrected records for a <u>retroactive period of four tax years</u> for individuals for whom eligibility has changed. Changes to Name, SSN and Date of Birth will trigger a corrected form for <u>only</u> 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 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
 - o 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.
- 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 Integra Eigebie Case Info Eligibilit	d System 7 Resource Fiscal Special Reports Document Databank Units Control	Admin Tools	Journal	Tasks	Reminders	Logout Help 10133106
Templates Documents	Barcodes 1095-B					
1095-B Search	1095-B Document Search *- Indicates required fields Search By:* County:* Tax Yea All 12015	r: •				Bearch
					Results per I	Page: 25 💌 Search



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.
- 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.

Case Info Eligibilit	y Resource Fiscal Special Reports Document Admin Databank Units Control Tools
Templates Documents	Barcodes 1095-B
1095-B Search	1095-B Document Search *- Indicates required fields Search By: Billing Number Billing Number
	Results per Page: 25

 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.



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

Case Info Eligibili	ty Resource Detabant	Fiscal Special Units	Reports Docum	nent Admin Tools			
Templates Document	s Barcodes	1095-8					
1095-B Search	1095-B	Document Sea	rch				
	Search Resu	lts Summary					Results 1 - 1 of
	Date	Document	Tax Year	Source	County	Case Number	Status
	No records	match your search criteria.	Click 'Refine Your Sea	rch' to modify your	r search criteria.		

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.

Case Info Eligibil	ity Resource Databank	Fiscal Special Units	Reports Docum	rol Admin Tools			
Templates Document	ts Barcodes	I095-B					
1095-B Search	1095-B	Document Searc	h				
1	*- Indicates required • Refine Your	fields Search					
	Search Results	Summary					Results 1 - 1 of 1
	Date	Document	Tax Year	Source	County	Case Number	Status
	01/28/2016	1095-B Health Coverage	2015	CRUS-E	e Franklin	5401231	♥ Sent
	1						



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 <u>6477823</u> Questions? Ask your y	ARNOLD MARKTWO														
			COLUMBUS OH 43215-4173												
TDD-For Hearing Impai	ired <u>7-1-1</u>		0020			011	1021	0 11							
County Telephone (61	<u>4) 752-35</u>	96													
Office Hours MON, WE	D-FRI 9:0	DAM-12:3	0PM, 4:00AN	A-7:0	00A	M									
		Hea	Ith Cover	age	е									56	30116
₅m 1095-B	Don	ot attach to y	/our tax return. I	Keep	for y	ourre	ecord	s.	OMB No. 1545-2252						
	1	nformation a	bout Form 1095	B an	dits	separ	ate		2016						
Department of the Treasury Internal Revenue Service		instruction	ons is at www.in	s.gov	/form	1095	b.								
	∐ vo	ID 🗆 CO	ORRECTED												
Part Responsible In	ndividual														
1 Name of responsible individual			2 Social secur	rity nur	mber (SSN o	r othe	r 3	Date (of birth	h (if S	SNore	other 1	'IN is I	not
ARNOLD MARKI WO			***-**-2314	available)											
4 Street address (including apartme 50 W TOWN ST	ent no.) 5	City or town COLUMBUS	6 State or pro OH	6 State or province 7 Country and ZIP or foreign postal code OH USA 43215-4173						de					
8 Enter letter identifying Origin of th	he Health Cover	oe -	9 Reserved					_							
(see instructions for codes):		C													
Part III Issuer or Othe	r Coverage	Provider	(see instruct	ions)										
16 Name			17 Employer i	dentifi	cation	numb	er (Ell	J) 18	Cont	tact te	lepho	ne nun	nber		
Ohio Department of Medicaid			31-133482	5					(800	J) 324	-8680				
 Street address (including room o P.O. Box 182709 	or suite no.) 20	City or town Columbus	21 State or pr OH	ovince				22	Cour USA	ntry ar A 432	nd ZIP 18-27	' or for 09	eign p	ostal o	ode
Part IV Covered Indivi	iduals (Ent	er the inform	mation for eac	h co	vere	d ind	divid	ual(s	5).)						
	(b) SSN or	(c) DOB (if SSN or	(d) Covered all 12					(e) M	onths	ofcow	verage				
(a) Name of covered individual(s)	other TIN	other TIN is not	months	Jan	Feh	Mar	Anr	May	Jun	Jul	Aug	Sen	Ort	New	Dec
		available)	ļ	Jan	1.00	IVIGI	744	inay	oun	34	7.49	ocp		1404	000
23 ARNOLD MARKTWO	***-**-2314												Х		
24 ARRA MARKTWO	***-**-3211												Х		
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.

Case Info Eligi	bility Resource Fiscal Special Re Databank Units	ports Document Admin Control Tools
Templates Docum	ents Barcodes 1095-B	
1095-B Search	1095-B Document Search *- Indicates required fields	Search
	Search By:* County:* Person All	Tax Year: 2015 •
	First Name* SSN	Date of Birth
		Results per Page: 25 💌 Scurrs

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.

Case Info Eligibil	ity Resource Databank	Fiscal Special Units	Reports Docur Cont	nent Admin Tools	1		10133106
Templates Document	ts Barcodes (1095-8					
1095-8 Search	1095-B *- Indicates requir	Document Sea	rch				
	Search Resu	lts Summary					Results 1 - 1 of 1
	Date	Document	Tax Year	Source	County	Case Number	Status
	No records	match your search criteria.	Click 'Refine Your Sear	rch' to modify you	r search criteria.		

- 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.

Case Info Eligibili	ty Resource Databank	Fiscal Special Units	Reports Docum	rol Admin Tools			
Templates Document	s Borcodes 1	095-8					
1095-B Search	1095-B	Document Search					
	Refine Your	Search					Deculte 1 - 1 of
	Date	Document	Tax Year	Source	County	Case Number	Status
	•	0	V	V	V	V	V
	01/28/2016	1095-8 Health Coverage	2015	CR15-E	Franklin	5401231	Sent

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

Case Number 6477823	3															
Questions? Ask your worker				ARNOLD MARKTWO 50 W TOWN ST												
TDD-For Hearing Impa County Telephone (<u>61</u>	COLL	MB	US, (OH 4	1321	5-41	73									
Office Hours MON, WE	Office Hours MON, WED-FRI 9:00AM-12:30PM, 4:00AM-7:00AM															
- 1095-B			Hea	Ith Coverage					560116 OMB No. 1545-2252							
Department of the Treasury Internal Revenue Service		In /OII	formation al instruction	bout Form 1095	B an s.gov	d its : /form	separ 1095	ate b.	5.	2016						
Part Responsible Individual																
1 Name of responsible individual 2 Soci ARNOLD MARKTWO					ity nur	mber (SSN o	r othe	r 3	Date (availa	of birth ble)	h (if S	SNore	other 1	TIN is I	not
4 Street address (including apartm 50 W TOWN ST	ent no.)	5 C C	ity or town OLUMBUS	6 State or pro OH	6 State or province 7 Country and ZIP or foreign postal code OH USA 43215-4173											
 Enter letter identifying Origin of t (see instructions for codes): 	he Health Co	wera	ge C	9 Reserved					-							
Part III Issuer or Othe	er Covera	age	Provider	(see instruct	ions)										
16 Name Ohio Department of Medicaid				17 Employer i 31-133482	dentifi 5	cation	numb	er (EIN	J) 18	(800)	act te)) 324	lephor -8680	ne nun	nber		
19 Street address (including room of P.O. Box 182709	or suite no.)	20	City or town Columbus	21 State or pr OH	ovince	!			22	Cour USA	ntryar A 432	nd ZIP 18-27	' or for 09	eign p	ostal o	ode
Part IV Covered Indiv	iduals (E	nte	r the inforr	mation for eac	h co	vere	d in	divid	ual(s).)						
(a) Name of enumeric individual(c)	(b) SSN	or	(c) DOB (if SSN or other TIN in	(d) Covered all 12					(e) M	onths	of cov	erage				
(a) Name of covered individual(s)	other TI	N	not available)	months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 ARNOLD MARKTWO	***_**-231	14												Х		
24 ARRA MARKTWO	***_**-321	11												Х		
25																
26																
27																

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.

Case Info Eligibilit	y Resource Fiscal Special Reports Document Admin Databank Units Ports Document Tools
Templates Documents	Barcodes 1095-B
1095-B Search	1095-B Document Search *- Indicates required fields
	Search By:* County:* Tax Year: Case Number v All v 2015 v
	Case Number* 5401231
	Results per Page: 25 💽 Bearch

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.

Case Info Eligibili	ty Resource Databank	Fiscal Special Units	Reports Docur Cont	rol Admin Tools			
Templates Documents	s Barcodes (1095-В					
1095-B Search	1095-B	Document Sear	ch				
	*- Indicates requi	red fields					
	► Refine Yo	ur Search					Double to the fit
	Search Resu	its Summary					Results 1 - 1 of 1
	Date	Document	Tax Year	Source	County	Case Number	Status
	No records	match your search criteria. (Click 'Refine Your Sear	ch' to modify you	r search criteria.		
							Add

- 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.



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

Case	Info Eligibility Reso Data	bank Fiscal	Special Repo Units	rts Document A Control T	lmin ools											
Templa	tes Documents Barcod	es 1095-B					_	_					_	_		
1095-	B Search	-B Documen	t Search													
	*- Indicates	required fields														
	▼ Refine	Your Search														
	Search E	ly: [*] Co	inty:*	Tax Year:										Searc		
	Case Nun	nber 💌 All														
	Case Nur 54012	nber* 131														
														_		
	Course 1	toculte Cummons									Resu	ilts per Pa	age: 25	Search		
	Date	Document	Tax	fear Source		(County		Case	Numb	er		Status	31 I (
	•	▽	▽	▽		7	~		▽					50 		
	1/28/20	016 1095-8 Health	Coverage 2015	CRIS-E		F	Franklin		5401	231			Sent			
Casa Nur	nhor 647703	2														
Case Nur	ilber <u>047702</u>	3		ARNO	סו	MAR	κτν	NO								
Question	s? Ask your	worker		50 W	TOV	VN S	ST .									
TDD-For	Hearing Impa	ired 7-1-1		COLU	MB	US, (OH 4	321	5-41	73						
County T	elephone (6	14) 752-359	6													
Office Ho	urs MON W	ED-ERI 9:00		0PM 4.00AN	1-7.(NOAI	м									
0	<u></u>		/ (11 12.5)	51 m, 4.007 m	11.	00/1										
			Hea	th Cover	ade	•									50	30116
1 0	95-R	Don	at attach to y	our tax return		forw		eord	-		0	MBN	lo. 154	5-225	2	
	J J- D	Ir	formation al	bout Form 1095-	B and	dits	separ	ate	э.	\vdash		~	~			
Department of Internal Reven	the Treasury ue Service		instructio	ons is at www.ir	s.gov	/form	1095	b.				2	01	16		
internal recent			D 🗆 CO	DRRECTED												
Part I	Responsible	Individual														
1 Name of re	esponsible individual			2 Social secur TINI	ity nur	nber (\$	SSN o	r other	3	Date o availai	of birth Ne)	h (if S	SNore	other T	'IN is I	not
				***-2314						avana	uic)					
4 Street add 50 W TOW	ress (including apartn /N ST	nentno.) 50	City or town COLUMBUS	6 State or prov OH	ince				7	Count USA 4	ry and 43215	d ZIP (5-4173	or forei 3	ign po	stal co	de
9 Enter lette	r identifiing Origin of	the Health Course		9 Pacaguad												
(see instru	ctions for codes):	the mealth Covera	e C	5 Reserved												
Part III	Issuer or Oth	er Coverage	Provider	(see instructi	ons	•										
16 Name	issuer or our	ci coverage	TTOTIGCT	17 Employer is	dentific	cation	numb	er (EIN) 18	Cont	act te	lepho	ne nun	nber		
Ohio Dep	artment of Medicaid			31-133482	5				/	(800) 324	-8680)			
19 Street ad	dress (including room	or suite no.) 20	City or town	21 State or pro	wince				22	Cour	ntry ar	nd ZIP	or for	eign p	ostal o	ode
P.O. Box	182709		Columbus	он						USA	432	18-27	09			
Part IV	Covered Indiv	viduals (Ente	er the inform	mation for eac	h co	vere	d ind	divid	ual(s	s).)						
			(c) DOB (if SSN or						(e) Ma	onths (of cov	erage				
(a) Name of	covered individual(s)	(b) SSN or other TIN	other TIN is	(d) Covered all 12 months									1			
			available)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 ARNOLD	MARKTWO	***-**-2314												X		
24 ARRA MA	rktwo	***-**-3211												Х		
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

Case Info Eligibili	ty Resource Databank	Fiscal Special Units	Reports Do	cument Admin ontrol Tools			
Templates Document	s Barcodes	1095-в					
1095-B Search	1095-B	Document Sear	ch				
	*- Indicates required	l fields					
	▼ Refine Your S	earch					Saarch
	Search By:* Case Number Case Number* 5401231	County: *	Tax 1	fear:			
						Results	s per Page: 25 💽 (Search)
	Search Result	5 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	<u>5401231</u>	Sent

Case Info Eligibilit	y Resource Databank	Fiscal Special Units	Reports Docu Con	ment Admin trol Tools			
Templates Documents	Barcodes 1095	-в					
1095-B Search	1095-B Re	cord List					
2	Case Number: 1	234567 Source	ce System: Ohio Be	nefits Tax Y	ear: 2015		Close
	First Name	Last Name	SSN	Date of Birth	Billing Number	Responsible Individual	
	•		\bigtriangledown				
	John	Doe	123-45-6789	01/01/1971	123456789012	Υ	Edit
	Jane	Doe	123-45-6788	12/12/1980	123456789013	N	Edit
	Baby	Doe		11/30/2015	123456789014	Ν	Edit
						Add Person	Close



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.

Case Info Eligibilit	y Resource Databank	Fiscal Special Units	Reports Docu Con	ment Admin trol Tools			
Templates Documents	Barcodes 1095	5-B					
1095-B Search	1095-B Re	cord List					
1	Case Number: 1	234567 Source	ce System: Ohio Be	nefits Tax Y	ear: 2015		Close
	First Name	Last Name	SSN	Date of Birth	Billing Number	Responsible Individual	
	•	\bigtriangledown	\bigtriangledown				
	John	Doe	123-45-6789	01/01/1971	123456789012	Y	Edit
	Jane	Doe	123-45-6788	12/12/1980	123456789013	N	Edit
	Baby	Doe		11/30/2015	123456789014	Ν	Edit
						Add Person	Close

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.

	Databank Unit	ts Control	Tools	-	
Templates Docu	ments Barcodes 1095-B				
1095-B Search	1095-B Record Deta	il			Grow and Battorn Colored
	County:	Case Numb	er:		Tax Year:
	Franklin	1234567			2015
	First Name: John	Last Name: Doe			Source System: Ohio Benefits
	Responsible Individual Indicat	or			
	SSN: 123-45-6789	Date Of Bir 01/01/1971	th:		Billing Number: 123456789012
	Address Line 1: 50 West Town Street	Address Lin Apt. 123	e 2:		
	City: Columbus	State: OH	Zip Code: 43215	Zip + 4: 0000	
	Please select the appropriate check	box(es) below to indicate wh	en the individual l	nad Medicaid cove	rage for the given tax year.
	Covered All 12 Months	1	May		[] Cantambar
	E February		June		□ October
	2 March	1	July		November
	April	L	August		December

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.

DOS-R Sourch	1095-B Re	cord List					
	1955 - 201 - 50 1 - 50						(
	Case Number: 1	234567 Sour	ce System: Ohio Be	nefits Tax Y	ear: 2015		Close
	First Name	Last Name	SSN	Date of Birth	Billing Number	Responsible Individual	
	First Name	Last Name ▽	SSN ▽	Date of Birth ▽	Billing Number ▽	Responsible Individual ▽	
	First Name ▼ John	Last Name ▽ Doe	SSN ▽ 123-45-6789	Date of Birth ▽ 01/01/1971	Billing Number ▽ 123456789012	Responsible Individual ♡ Y	Edit
	First Name ▼ John Jane	Last Name ♥ Doe Doe	SSN ▽ 123-45-6789 123-45-6788	Date of Birth ♥ 01/01/1971 12/12/1980	Billing Number ♥ 123456789012 123456789013	Responsible Individual ♥ Y	Edit

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



Ohio Benefits

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.

5-8 Search	1095-B Record De *- Indicates required fields	tail	Give and Retarn
	County: Frankin	Case Number: 1234567	Tax Year: 2015
	First Name:*	Last Name: *	Source System: Ohio Benefits
	SSN:	Date Of Birth: *	Billing Number: *
	Please select the appropriate cl	heckbox(es) below to indicate when the individual ha	d Medicaid coverage for the given tax year.
	Covered All 12 Months		
	January	May	
	Hebruary		October
	April	□ August	



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.

Case Info Eligibilit	y Resource Fiscal Special Reports Document Control Tools
Templates Documents	Barcodes 1095-B
1095-B Search	1095-B Document Search *- Indicates required fields
	Search By:* Case Number Case Number* Case Number Case
l	5401231 Results per Page: 25 💌 Gearch

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.



Case Info Eligibili	ty Resource Databank	Fiscal Special Units	Reports Docum Cont	rol Admin Tools			
1095-B Search	1095-B	Document Sea	rch				
	 Indicates requi Refine Yo Search Resu 	^{red fields} ur Search Its Summary					Results 1 - 1 of 1
	Date	Document	Tax Year	Source	County	Case Number	Status
	No records	match your search criteria.	Click 'Refine Your Sear	ch' to modify you	r search criteria.		
							Add

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.

ates Docum	ents Barcodes 1095-B		
	1095-B Record Detail		
-B Search	*- Indicates required fields		(Save and Return) Ca
	County: *	Case Number:*	Tax Year: * 2015 •
	First Name:*	Last Name: *	Source System: *
	Responsible Individual Indicator		
	SSN:	Date Of Birth: *	Billing Number: *
	Address Line 1:*	Address Line 2:	
	City:* State:*	Zip Code:* Zip + 4:	
	Please select the appropriate checkbox(es) below to indic	cate when the individual had Medicaid co	verage for the given tax year.
	Covered All 12 Months		
	January	May	September
	February	June	October
	March		November
	April		December

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.



	its Barcodes 105	5-B					
1095-B Search	1095-B Re	cord List					
	Case Number: 1	.234567 Sour	ce System: Ohio Be	nefits Tax Y	ear: 2015		Close
	First Name	Last Name	SSN	Date of Birth	Billing Number	Responsible Individual	
	First Name	Last Name ▽	SSN ⊽	Date of Birth ▽	Billing Number ▽	Responsible Individual ▽	
	First Name ▼ John	Last Name ▽ Doe	SSN ▽ 123-45-6789	Date of Birth ▽ 01/01/1971	Billing Number ▽ 123456789012	Responsible Individual ♥ Y	Edit
	First Name ▼ John Jane	Last Name ▽ Doe Doe	SSN ▽ 123-45-6789 123-45-6788	Date of Birth ♥ 01/01/1971 12/12/1980	Billing Number ▽ 123456789012 123456789013	Responsible Individual ♥ Y N	Edit

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?

 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?

• **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?

- **Answer:** If a valid social security number was provided to Medicaid, it will be listed on the form.
 - **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?

 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?

• **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?

• **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?

• **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?

• **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?

- **Answer**: Your caseworker can update that information.
 - **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?

• **Answer:** No, you will need to contact the IRS (<u>www.irs.gov</u>) 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?

• **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?

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

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

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

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

• **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.)?

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

Question 22: Who is the responsible individual?

- 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?

• **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?

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

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

- 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?

Answer: The information 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?

• **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?

 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?

 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)?

• **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.



1095-B Version 5.0 Date: 12/14/2016

Case Number <u>6477823</u>																	
Questions? Ask your worker			ARNO 50 W	ARNOLD MARKTWO 50 W TOWN ST													
TDD-For Hearing Impai County Telephone <u>(61</u>	COLU	COLUMBUS, OH 43215-4173															
Office Hours MON, WE	D-FRI 9:00	DAM-12:30	0PM, 4:00AN	/-7:(00A	M											
₅	Ith Cover								560116 OMB No. 1545-2252								
Department of the Treasury Internal Revenue Service	bout Form 1095 ons is at www.in	but Form 1095-B and its separate is is at www.irs.gov/form1095b. 2016 RRECTED															
Part I Responsible Individual																	
1 Name of responsible individual ARNOLD MARKTWO	2 Social secur TIN) ***-**-2314	Social security number (SSN or other IIN) 2012 2014 2014 2014 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016 2016									(if SSN or other TIN is not						
4 Street address (including apartme 50 W TOWN ST	6 State or pro OH	6 State or province 7 Country and ZII OH USA 43215-41								JP or foreign postal code 173							
 Enter letter identifying Origin of the (see instructions for codes): 	9 Reserved	9 Reserved															
Part III Issuer or Othe	r Coverage	Provider	(see instruct	ions)												
16 Name Ohio Department of Medicaid	17 Employer i 31-133482	I7 Employer identification number (EIN) 18 Contact telephone number 31-1334825 (800) 324-8680															
 Street address (including room o P.O. Box 182709 	21 State or pro OH	or province 22 Country and ZIP or foreign postal code USA 43218-2709															
Part IV Covered Indiv	iduals (Ėnte	er the inforr	nation for eac	h co	vere	ed inc	divid	ual(s	s).)								
(a) Name of onvered individual(s)	(b) SSN or	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months					onths	is of coverage							
(a) name of covered monodal(5)	other TIN			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23 ARNOLD MARKTWO	***-**-2314												Х				
24 ARRA MARKTWO	***-**-3211												X				
25																	
26																	
27																	



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
/1	935 – Categorically Needy - Disabled, 64-75% FPL – Incarcerated
72	937 – BCCP – Incarcerated
/3	938 – PE Child – Incarcerated
/4	939 – PE Former Foster Care – Incarcerated
/5 70	940 – PE Adult – Incarcerated
/6	889 – MAGI Child Ages 6-18 – Incarcerated – AEMA



#	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



Appendix B: Older Version of 1095-B Form

OHIO DEPT OF MEDICAID																
COLUMBUS ON 43215																
Notice Date 12/01/2015	5															
Case Number 6052281	1	_														
			ABEIGHTENNNNN ABEIGHTLNNNN													
Questions? Ask your v	vorker		APT 456 COLUMBUS, OH 44597													
TDD-For Hearing Impai	ired <u>7-1-1</u>		COLUMBUS, OH 44567													
County Telephone (84	14) 640 – 6	446														
Office Hours Mon-Fri 9:00am-5:00pm																
	•									56	50115					
Form 1095-B	Inform	ation about I	Form 1095.		0	MBN	0. 154	5-225	2							
	in	structions is a	at www.irs.g	ov/f	orm	1095	b.	-			~	~				
Internal Revenue Service									2015							
			JRRECTED on 12/01/2015													
Part Responsible I	ndividual															
1 Name of responsible individual AbEightFNNNNN AbEightLNINN	a		2 Social Security number (SSN) 3 Date of birth (if SSN is not available) ""-"-0625													
A Rivert address (including acadmy	enten) E (the or four	C State or nowings 7. Country and 710 or togets partial ands											do		
APT 450		COLUMBUS	OH VSA-44557											ue		
8 Enter letter identifying Origin of th	e Folicy		 Small Business Health Options Program (SHOP) Martetolace Mentifier. If applicable 													
(see instructions for codes):	с	o onan over con opporte regram (on or) managence definiter, i approaue														
Part III Issuer or Othe	r Coverage	Provider (s	ee instructi	ons)											
16 Name	17 Employer identification number (EIN) 18 Contact telephone number															
Ohio Department of Medicald		31-133482	5					(800	1) 324	-8680						
19 Street address (including room of P.O. Box 182208	City or town	21 State or province 22 Country and ZIP or foreign postal code										ode				
P.0. Dix 102/05																
Part IV Covered Indiv	iduals (Ente	r the informa	tion for eac	h co	vere	ding	divid	ual(s	5).)							
(s) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN	(d) Covered al	(e) I				(e) M	Months of coverage							
(-)	(-/	is rot available		Jan Feb Mar Apr M		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
23 ADNINEFN ADNINELN ***-**-0626					Х	Х	Х	Х	Х	X	Х	Х	X	Х	\times	
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25						Ĺ.					<u> </u>		ŕ			
26															\square	