



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

January 4, 2016

ALL COUNTY INFORMATION NOTICE NO. I-87-15

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY ELIGIBILITY SUPERVISORS  
ALL COUNTY CONSORTIUM PROJECT MANAGERS  
ALL CHIEF PROBATION OFFICERS  
ALL GROUP HOME PROVIDERS  
ALL FOSTER FAMILY AGENCIES

SUBJECT: IRS 1095-B TAX FORM FOR MEDI-CAL RECIPIENTS

REFERENCE: DEPARTMENT OF HEALTHCARE SERVICES (DHCS) MEDI-CAL  
BENEFICIARIES WILL RECEIVE IRS FORM 1095-B NOTICE

The purpose of this All County Information Notice is to provide notice and awareness of the notices being sent by DHCS to all Medi-Cal recipients titled: "Medi-Cal beneficiaries will receive IRS Form 1095-B". Though this letter is directed towards Medi-Cal beneficiaries, many are also CalFresh, CalWORKs, and Foster Care recipients. We expect many of these recipients to contact counties with questions.

Background

The Affordable Care Act (ACA) requires people to have minimum essential coverage (MEC) health insurance to meet the ACA's individual responsibility requirement in order to avoid a tax penalty. Per the Internal Revenue Code, the California Department of Health Care Services (DHCS) will issue Internal Revenue Service (IRS) Form 1095-B to most Medi-Cal beneficiaries (**many of whom are CalFresh, CalWORKs, and Foster Care recipients**) by January 31st of each year beginning in January 2016.

DHCS sent out advance notices this past December 2015 notifying Medi-Cal beneficiaries/recipients that they will be providing IRS 1095-B forms to them in January. Because many of these recipients are also CalFresh, CalWORKs, and Foster Care recipients, we are providing you with a copy of the Notice being sent to Medi-Cal recipients to help you with any recipient inquiries. As a reminder, counties are responsible for processing reported changes or correcting eligibility, as appropriate,

based on inquiries received as a result of the 1095-B informational notice and the 1095-B form itself. Because the DHCS mailing is referencing a DHCS maintained listing of county contacts, counties may wish to validate that any staff answering those calls are aware of how to route callers to the appropriate CalWORKs, Foster Care, or CalFresh worker to process any updates.

Form 1095-B will list the months of Medi-Cal coverage the beneficiary had that were considered MEC during the previous calendar year. The beneficiary will use Form 1095-B as proof to report health coverage while filing their taxes with the IRS. DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal each year. This means the beneficiary may receive multiple forms if other people in their family are also covered under Medi-Cal or Covered California. Because of the sensitivity of tax related information, DHCS has also issued ACWDL 15-15 that states eligibility workers should not provide tax advice. Please see the attached DHCS Beneficiary letter and accompanying documents for additional details.

If you have any questions about this notice, or if you need additional information regarding Form 1095-B, please visit the [DHCS Website](#) or call 1-800-541-5555. If you have any Social Services related questions relating to CalFresh, CalWORKs, or Foster Care please contact the Office of Horizontal Integration at (916) 657-2268.

Sincerely,

***Original Document Signed By:***

ADAM DONDRO  
Assistant Deputy Director  
Executive Division, Office of Horizontal Integration

c: CWDA

**Attachments:**

- DHCS Notice - Medi-Cal beneficiaries will receive IRS Form 1095-B
- DHCS IRS Form 1095-B Cover Letter
- DHCS IRS Form 1095-B Frequently Asked Questions
- DHCS Medi-Cal Eligibility Division Information Letter No.: I 15-35
- California EITC Flyer



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

**Notice: Medi-Cal beneficiaries will receive IRS Form 1095-B.**

Dear Medi-Cal Recipient:

The Affordable Care Act (ACA) may require most people to have Minimum Essential Coverage (MEC) health insurance to meet the ACA's individual responsibility requirement in order to avoid a tax penalty. This includes individual market policies, job-based coverage, Medicare, Medi-Cal, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs), Covered California plans, TRICARE, and certain other coverage.

Per the Internal Revenue Code, the California Department of Health Care Services (DHCS) will issue Internal Revenue Service (IRS) Form 1095-B to all Medi-Cal beneficiaries by January 31<sup>st</sup> of each year beginning in January 2016. Form 1095-B will list the months of Medi-Cal coverage you had that were considered MEC during the previous calendar year. You will use Form 1095-B as proof to report health coverage while filing your taxes with the IRS. DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal each year. This means you will receive multiple forms if other people in your family are also covered under Medi-Cal or Covered California.

If you receive Medi-Cal or CalWORKs through the county, to ensure Form 1095-B contains the correct information, please contact your county human services agency to report changes to your address, income, tax filing status, or family size. For a complete list of [county human services agencies](#).

**Important: SSI recipients:** If you receive Medi-Cal through SSI, please contact the [Social Security Administration](#) to report any changes. Failure to report changes may result in delays and inaccurate information on your Form 1095-B.

If you have any questions about this notice, or if you need additional information regarding Form 1095-B, please visit the [DHCS website](#) or call 1-844-253-0883.

Medi-Cal Eligibility Division  
1501 Capitol Avenue, MS 4607, P.O. Box 997417, Sacramento, CA 95899-7417  
(916) 552-9430 phone, (916) 552-9477 fax  
Internet Address: <http://www.DHCS.ca.gov>



JENNIFER KENT  
*Director*

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
*Governor*

Date:

Dear Medi-Cal Recipient,

You are getting this letter because you had Medi-Cal in 2015. Attached to this letter is the Internal Revenue Service (IRS) Form 1095-B that is proof that you had minimum essential health coverage during the 2015 tax year. **Please save this form for your records in the event you will need to show proof of coverage.** The Affordable Care Act requires most people to show they had full health coverage during the tax year.

You may receive multiple 1095-B forms because:

1. Form 1095-B is sent to each person enrolled in a Medi-Cal program that meets the health coverage requirement in the Affordable Care Act. This means you could receive multiple forms if other people in your household also have Medi-Cal.
2. If you or your family member had a change in health coverage after Form 1095-B was sent, you will receive a new form with the correct coverage.
3. Some people will receive Form 1095-B if they also have Medicare.

Here are some questions you may have with answers to help you with IRS Form 1095-B:

**Q: Why am I getting Form 1095-B?**

**A:** DHCS sends this form to each person who has Medi-Cal that meets the health coverage standards required by the Affordable Care Act.

**Q: What information is on Form 1095-B?**

Medi-Cal Eligibility Division  
1501 Capitol Avenue, MS 4607, P.O. Box 997417, Sacramento, CA 95899-7417  
(916) 552-9430 phone, (916) 552-9477 fax  
Internet Address: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)

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**A:** Form 1095-B has information that you or your tax preparer will need if you file a tax return:

- Your name.
- Your address.
- Your social security number or date of birth.
- The months you had health coverage through Medi-Cal.

**Q: How come some months that I had Medi-Cal are not on the form?**

**A:** Some kinds of Medi-Cal, like restricted scope Medi-Cal or Medi-Cal with a Share of Cost do not count as full health coverage under the Affordable Care Act. If you think we made a mistake, call the Medi-Cal 1095-B Helpdesk at 1-844-253-0883. Or, for TTY call 1-844-357-5709.

**Q: What if some of the information listed on my Form 1095-B is incorrect?**

**A:** Please contact your local county human services agency to speak with a county eligibility worker. They will be able to assist you with correcting incorrect information on your form, clarify any questions you might have about the information on your form, and reissue a new Form 1095-B to be sent to you through the mail.

To locate your local [county human services agency](#) or call our Medi-Cal 1095-B Helpdesk at 1-844-253-0883 or TTY, call 1-844-357-5709.

If you or a member of your household is receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits, then you should to contact the Social Security Administration (SSA) to update their contact information.

- SSA toll-free contact number: 1-800-772-1213.
- [SSA local county office locator website](#)

**Q: I received another form that looks like Form 1095-B. Why?**

**A:** There are other IRS tax forms that are similar to Form 1095-B:

- IRS Form 1095-A – This form is sent to people who received health insurance through Covered California.
- IRS Form 1095-B – Some people will receive an additional Form 1095-B if they received Medicare.
- IRS Form 1095-C – This form is sent to people who had health insurance through a large employer.

If you received any of the forms identified above, **do not throw these forms away**. The 1095 forms serve as proof that you had qualifying health coverage in 2015.

**Q: What do I need to do if I file federal taxes?**

**A:** If you file your federal taxes, you will use the information on Form 1095-B as proof that you had health coverage in 2015. The last day to file your taxes or request an extension without risking a penalty is April 18, 2016.

**Q: Is there someone who can help me file my federal taxes?**

**A:** Here are some resources to help you file your taxes:

- You can get help from your local Taxpayer Assistance Center Office. To find an office near you, visit the [IRS office locator website](#) or call 1-800-829-1040.
- You can get **free** tax assistance from your local Volunteer Income Tax Assistance (VITA) office or Tax Counseling for the Elderly (TCE) Program. This service is for people who generally make \$53,000 or less per year, persons with disabilities, the elderly, and limited English speaking taxpayers. To find the nearest center to your location, you may visit the [IRS office locator website](#).

If you need additional information about the Affordable Care Act and tax filing, you can visit the following websites:

- DHCS, [Form 1095-B](#)
- [Federal HealthCare Exchange](#)
- [IRS, ACA](#)

Addressee  
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Date

**Q: What if I only had health coverage for part of the year?**

**A:** Unless you qualify for an exemption, you may get a tax penalty. Please refer to [Affordable Care Act](#) for more details on the taxes and the Affordable Care Act.

**Q: What can I do if I think I will get a tax penalty?**

**A:** Not everyone who did not have health coverage has to pay a penalty. There is also help if you cannot afford to pay the penalty or have other reasons why you cannot pay the penalty. If you think you may incur a tax penalty, please refer to the sites below to see if you qualify for an exemption.

- [HealthCare Exemption Information](#)
- [IRS Exemption Information](#)

If you need someone who can help explain the exemptions to you, you can also call the Medi-Cal 1095-B Helpdesk at 1-844-253-0883.

**For questions regarding this notice:**

- Visit the [DHCS](#) website for more details.
- Call the Medi-Cal 1095-B Helpdesk at 1-844-253-0883. Or, for TTY, call 1-844-357-5709.



## **Form 1095-B Basics**

### **1. What is the Form 1095-B?**

Form 1095-B is an IRS document that shows you had health coverage considered Minimum Essential Coverage during the last tax year. As part of the Affordable Care Act the IRS requires most people to get health coverage that meets this requirement for the given tax year. This is called the “individual mandate.” People who do not have health coverage that meets the requirement may have to pay a tax penalty for being “uninsured.” If you are required to file taxes, you or your tax preparer will use the information on Form 1095-B as proof of health coverage for the tax year.

### **2. What information will be included on Form 1095-B?**

The Form 1095-B will include the insured person’s:

- Name
- Address
- Social Security number (or date of birth, if not available)
- Months of Medi-Cal that meets Minimum Essential Coverage requirements

### **3. Are there any other types of 1095 IRS tax forms?**

Yes. There are other IRS tax forms that are similar to Form 1095-B and you might get more than one type if you had other health coverage:

- Form 1095-A – If a household member gets or had health coverage through Covered California.
- Form 1095-B – If a household member gets or had health coverage through a government sponsor, like Medicaid (Medi-Cal), Medicare, or Veterans benefits. Households may receive more than one Form 1095-B for each type of coverage.
- Form 1095-C – If a household member was offered health insurance through a large employer.

## **Who Gets a Form 1095-B**

### **4. Who in my household will receive Form 1095-B?**

Each person who is or was enrolled in Medi-Cal that met the coverage requirement, at any time during 2015, will get his or her own Form 1095-B. Therefore, a household with more than one person covered by Medi-Cal may get a Form 1095-B for each person that had coverage.

Also, anyone in the household who was covered by Medicare and Medi-Cal will get a Form 1095-B for each type of coverage they had.

### **5. Will there be people in my household who have Medi-Cal but will *not* get Form 1095-B?**

People who are enrolled in a Medi-Cal program that is not considered “minimum essential coverage,” such as restricted scope Medi-Cal benefits (also known as “emergency Medi-Cal”), Medi-Cal with a Share of Cost, or certain limited coverage





programs, will not get a Form 1095-B.

**6. How do I know if the Medi-Cal coverage I am getting or that I had counts as minimum essential coverage?**

Full-scope Medi-Cal coverage meets the coverage requirement. Nearly all people enrolled in the Medi-Cal program have full coverage, including those in pregnancy programs. The list below provides a few examples of Medi-Cal or state funded programs that do *not* meet the requirement:

- Medi-Cal with a Share of Cost
- Restricted Medi-Cal, covering only emergency services (sometimes called “emergency” Medi-Cal)
- Family Planning, Access, Care, and Treatment (FPACT)
- Special Treatment Programs such as treatment for Tuberculosis, Dialysis, and Parenteral Hyper-alimentation

For more information on your Medi-Cal coverage, contact your eligibility worker.

To find an office near you please go to the [county human services agency listing](#).

**7. If I am required to have a Form 1095-B, how will I get it?**

Form 1095-B will be mailed to you by January 31, 2016. A cover letter explaining the purpose of the form will be included.

**8. What if I only had Medi-Cal for part of the year, will I still get Form 1095-B?**

Yes, your form will show which months you had Medi-Cal. DHCS will report to the IRS all months of Medi-Cal coverage meeting the coverage requirements and will provide you with Form 1095-B for tax purposes.

**9. What will happen if I had Medi-Cal for part of the year and then I purchased a Covered California health insurance plan?**

You will get a Form 1095-B from Medi-Cal that will provide proof of insurance for the months you were covered by Medi-Cal and you will get a Form 1095-A from Covered California that will provide proof of insurance for the months of coverage they provided you.

**10. Some people in my home have Covered California and others have Medi-Cal, will the IRS Form 1095-B show my household members who are not enrolled in the Medi-Cal program?**

No. Medi-Cal will report each person’s months of coverage to the IRS separately and will send that person their own Form 1095-B. You will receive multiple Form 1095-Bs for each person in their family enrolled in Medi-Cal. If your family has a member enrolled in Covered California, they should expect to receive Form 1095-A from Covered California providing proof of their coverage from them.

**11. I’m a non-citizen but lawfully present in the United States and enrolled in Medi-Cal, will I still get an IRS Form 1095-B?**

Yes, lawfully present people (non-citizens) who are enrolled in health care coverage through Medi-Cal will get an IRS Form 1095-B.

For additional information about IRS MEC Reporting or Form 1095-B Returns, please visit DHCS’s webpage on [Form 1095](#)



### **Making Sure Your 1095-B Is Correct**

#### **12. How do I update my information to ensure I receive my Form 1095-B?**

It is very important that we have your correct and current information on file. Contact your county eligibility worker to verify or update your contact information for Medi-Cal. By connecting with your county eligibility worker, you can check the information on file and make changes if necessary. Note that your eligibility worker may require additional personal information for identity verification to protect your privacy.

To find an office near you please go to the [county human services agency listing](#).

If you or a member of your household gets Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits, then you should contact the Social Security Administration (SSA) to update your contact information.

SSA toll-free contact number: 1-800-772-1213.

To find an office near you please go to the [SSA local county office locator website](#).

**13. What changes do I need to report to make sure my information is up-to-date?** You must report changes to home or mailing address and other contact information, income, household size, employment, and other health insurance coverage must be reported to the county human services agency within 10 calendar days from the date the change occurred.

#### **14. How do I locate my county human services agency?**

You may locate your county human services agency by using the DHCS County listing web resource. Agencies are listed by county and may include street addresses, telephone numbers, and webpages.

### **What to Do With Your Form 1095-B**

#### **15. What do I need to do with my Form 1095-B?**

When you get your Form 1095-B, please keep it with your other tax-related documents. Just like a W-2 or 1099 form, you will need to have it on hand if you prepare your own taxes, or you'll need to give it to the tax professional that will help prepare and file your taxes.

#### **16. Why does Medi-Cal/DHCS send Form 1095-B to the IRS too?**

Medi-Cal sends Form 1095-B to the IRS to validate months of health insurance reported by the person filing their taxes and to prevent a tax penalty.

#### **17. Why did I get more than one Form 1095-B from Medi-Cal and what should I do with all of them?**



Medi-Cal will mail a Form 1095-B for every person with health insurance that meets minimum essential coverage during the tax year 2015. Use each form to provide proof for all tax dependents and your spouse if filing jointly.

**What If You Have Problems with Form 1095-B**

**18. If I need additional help with Form 1095-B, who can I contact?**

If you need additional support, please call the Medi-Cal 1095-B Helpdesk at 1-844-357-0883 (for TTY, call 1-844-357-5709) for live support. Our helpdesk service can provide assistance in most languages. This is a free service

**19. The information on IRS Form 1095-B does not have my correct information, how can I have Medi-Cal change or update it?**

If you think there is a mistake on your Form 1095-B, contact your county human services agency to work with your county eligibility worker to fix any account information mistakes.

To find an office near you please go to the [county human services agency listing](#).

**20. I did not get Form 1095-B, how can I get a new form?**

The mailing address we have on record may be incorrect. Please contact your county human services agency to work with your county eligibility worker to update your mailing address.

To find an office near you please go to the [county human services agency listing](#).

To issue a new Form 1095-B, please ask your county eligibility worker to issue a new form that will be sent via postal mail.

If you or a member of your household gets Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits, then you should contact the Social Security Administration (SSA) to update your contact information.

SSA toll-free contact number: 1-800-772-1213.

To find an office near you please go to the [SSA local county office locator website](#).

**21. How do I get another copy of my Form 1095-B?**

Please contact your county human services agency to work with your county eligibility worker. They will be able to reissue a new Form 1095-B to be sent to your home via postal mail.

To find an office near you please go to the [county human services agency listing](#).



**22. What if I received Medicaid coverage for part of the year while living in another state?**

California's Medicaid program is known as Medi-Cal. If you received Medicaid coverage in another state, the human services agency from that state will send Form 1095-B to your most recent address on record. It is important that you report your current address to the human services agency so that they send the Form 1095-B to your current address.

You can find contact information for the at [Medicaid agency for each state](#).

**23. What if I received Qualified Health Plan (QHP) coverage while living in another state for part of the year through that state's marketplace or through the Federally Facilitated Marketplace?**

If you lived in another state and received QHP coverage through that state's marketplace or through the Federally Facilitated Marketplace (also known as healthcare.gov), you will receive a 1095-A from the state or federal marketplace. It is important that you report your current address to that marketplace and the health plan that covered you so they send the Form 1095-A to your current address.

- Go to the [HealthCare website](#) to update your contact information with the federal marketplace.
- Go to [state marketplace](#) to update your contact information with a state marketplace that does not take enrollments through healthcare.gov.

**Individual Mandate and Tax Penalty**

**24. What will happen if I only had health coverage for part of the year?**

If you had health coverage for only part of the year you may get a tax penalty if you don't meet one of the exceptions. Please refer to [IRS, ACA](#) for more details on the individual mandate for health insurance and rules that apply to gaps in coverage, including information about getting an exemption from the penalty.

**25. What is a tax penalty?**

You may have to pay a tax penalty if you do not have qualifying health care insurance (referred to as Minimum Essential Coverage and you do not apply for and receive an exemption. See question #1 to learn more about what minimum essential coverage is?

If you do not have an exemption, you only pay 1/12th of the penalty for each month you don't have coverage. Please note that some penalties are subject to a maximum amount.

<b>2015</b>	<b>2%</b> of your yearly household Modified Adjusted Gross Income (MAGI) above the amount at which you're required to file taxes, or \$325 per person (\$162.50/child) – whichever is greater.
<b>2016</b>	<b>2.5%</b> of your yearly household Modified Adjusted Gross Income (MAGI) above the amount at which you're required to file taxes or \$695 per person (\$347.50/child) – whichever is greater.



**26. I did not have health coverage for a month or more in 2015. Where can I apply for an exemption from the tax penalty?**

For some exemptions, such as the exemption for a short gap in health coverage, you will only need to fill in a code when you file taxes. See IRS Form 8965, Health Coverage Exemptions. Other exemptions require you to apply by filling out one of the exemption forms available at the [HealthCare website](#).

[IRS Exemptions](#)

**27. If I am enrolled in a Medi-Cal program that does not count as full health coverage, do I have to pay a tax penalty?**

There are many exemptions from the tax penalty. Some examples include: exemptions for people with very low income, exemptions for people in limited Medi-Cal programs such as share of cost, exemptions for undocumented immigrants who do not qualify for assistance, and more. You should consult with a tax professional to see if you qualify.

You can also visit the [IRS webpage for information about all of the exemptions](#). [IRS Exemptions](#).

### Tax Filing Help

**28. Where can I get help filing my taxes?**

You can get help from your local Taxpayer Assistance Center Office. To find an office near you, visit the locator website or call 1-800-829-1040.

[Taxpayer Assistance locator](#)

You can consult your own tax professional/adviser. Or, you can find an authorized e-file provider in your neighborhood on the **California Franchise Tax Board** website. A California Authorized Individual e-file Provider can help you look for a tax professional near your home, work, school, or other location. This tool will give you the name and contact information for tax professionals authorized to provide you with individual e-file services.

[Franchise Tax Board](#)

You can also get free tax assistance at a local **Volunteer Income Tax Assistance Site (VITA)** for people **who generally has an annual income of \$54,000 or less, persons with disabilities, the elderly and limited English speaking taxpayers**. To help find the nearest office, you can call 1-800-906-9887 or go to the [IRS website](#).

Please note that the list of VITA offices is updated with more locations as tax season approaches. Check back in a few weeks to see if an office near you has been added.

Or, you can get help directly from the IRS website. The website offers “Help and Resources” for taxpayers who need it. The IRS also has a section with information about the Affordable Care Act. Help includes “Local Taxpayer Advocates” and “Low Income Taxpayer Clinics.” You or your tax professional should consider preparing and filing your



tax return electronically. Using tax preparation software is the easiest way to file a complete and accurate tax return. The IRS has a variety of electronic filing options including free volunteer assistance, IRS Free File, commercial software and professional assistance. There is more information about IRS filing and options are available.

[IRS Affordable Care Act Tax Provisions](#)  
[IRS Filing](#)

**29. I already filed my federal tax return with the IRS Form 1095-B that has incorrect information, do I have to amend my federal tax return when I get the corrected IRS Form 1095-B?**

The corrected Form 1095-B indicates that Medi-Cal has updated your correct information to the IRS. Depending on how your information was changed you may need to amend your taxes. The United States Department of the Treasury intends to provide additional information to help tax filers determine whether they would benefit from filing amended returns. Consumers also may want to consult with their tax preparers to determine if they would benefit from amending. See question #33 for more information. We highly recommend that you do not use an incorrect Form 1095-B to file your taxes if you believe the information is wrong and must be fixed. Please contact your county human services agency to work with your county eligibility worker. They will be able to work with you to resolve any issues with your account and reissue a new Form 1095-B to be sent to your home via mail.

If you choose not to amend, the IRS may contact them following its normal procedures in cases where additional tax is due. The IRS does not expect this situation to be common. To find an office near you please go to the [county human services agency listing](#).

**30. Can I report to the IRS that I got health coverage before I get my Form 1095-B from Medi-Cal?**

Yes, you may file your taxes before getting your Form 1095-B, you may also be required to show your Form 1095-B as proof for your coverage to the IRS. Please save your Form 1095-B for your records.

**31. What if I never got an IRS Form 1095-B but I filed my federal income taxes anyway without the information from the form?**

Consumers should get an IRS Form 1095-B in the mail by or around January 31. If you do not receive a Form 1095-B by early February, contact your eligibility worker at your county human services agency to request one.

Although Form 1095-B is not required to file your taxes, it is used to show proof of your minimum essential coverage. Please keep your Form 1095-B for your records. The IRS may require you to show proof of your coverage and will ask that you send them a copy or may require you to amend your taxes.

To find an office near you please go to the [county human services agency listing](#).



**32. If I do not regularly file taxes, is there a benefit to filing taxes this year?**

Even if you are not required to file taxes, you may have federal or state tax credits available for low to moderate income level people. One of these incentives is called the Earned Income Tax Credit (EITC) and is now available for both federal and California state taxes. Follow the links below to see if you qualify for these credits.

[Federal](#)

[State](#)

Also, if you or someone in your household qualifies for premium tax credits through Covered California (or through healthcare.gov or another state marketplace if you lived outside of California for any part of the tax year) you are required to file taxes.

When someone receives a premium tax credit and does not file taxes, Covered California will not continue to provide financial assistance in paying for their coverage.

**33. What do I do if a member of my family has passed away in regards to Form 1095-B?**

In the event that a family member or a person you are responsible for has passed away, and that person received MEC, an IRS Tax Form 1095-B will still be sent to the last known address on file. If you did not obtain Form 1095-B for the deceased, with the appropriate documentation, you may go to the responsible county for the deceased and request a reprint for Form 1095-B. A forwarding address may be given, if the Form 1095-B needs to be sent to a different address.

**34. Are there any special considerations for my foster child in regards to Form 1095-B?**

Children enrolled in foster care fall under the same rules regarding MEC and the individual mandate. If you are a foster parent or a legal guardian of a foster child and you have not received Form 1095-B for your foster child, you may request a reprint through an eligibility worker at your county human services agency. A forwarding address may be given, if the Form 1095-B needs to be sent to a different address.

To find an office near you please go to the [county human services agency listing](#).

**35. Are there any special considerations regarding Form 1095-B if I am a parent of a child who has entered foster care?**

Parents who had their child or children enter foster care may have not received Form 1095-B on behalf of their child or children. Until further guidance is received from the Centers for Medicare & Medicaid Services, DHCS will not issue or provide reprints of Form 1095 B to these parents.



Jennifer Kent  
Director

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

October 26, 2015

Medi-Cal Eligibility Division Information Letter No.: I 15-35

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Provide the Form 1095-B Beneficiary Notice at Initial Application  
(Reference: Medi-Cal Eligibility Division Information Letter I 15-54, Materials  
Required at Application and Renewal and Medi-Cal Eligibility Directors  
Information Letter I 14-54E, Erratum to Medi-Cal Eligibility Division  
Information Letter I 14-54: Materials Required at Application and Renewal)

Medi-Cal Eligibility Division Information Letter (MEDIL) I 14-54 provided counties with guidelines on the materials that must be offered/made available to all households at application for insurance affordability programs. MEDIL I 14-54E requires that counties provide a cover letter, the “MC Information Notice 018 - Medi-Cal Information for Applicants,” along with the required materials at application.

The purpose of this letter is to inform counties that, in addition to the materials described in MEDIL I 14-54 and 14-54E, the Form 1095-B Beneficiary Notice must also be offered/made available to all households at application for insurance affordability programs. The English and Spanish Form 1095-B Beneficiary Notice is included with this letter for reference.

Under the Affordable Care Act (ACA), any entity that provides minimum essential coverage (MEC) to individuals must report all months of MEC to the Internal Revenue Service (IRS), and must furnish a copy of that information to the covered individuals as proof of health insurance.

The Form 1095-B Beneficiary Notice provides applicants:

- Information about Form 1095-B
- The significance of this form and how it may be used while filing taxes
- Where to go to find additional information
- The web address to locate our 1095-B webpage



Internet Address: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)

- Contact information for DHCS call center for beneficiary support in all threshold languages

This notice will also remind new applicants to report all changes that may affect their eligibility status to their local county eligibility worker. Additional information about the IRS reporting and Form 1095-B return process will be provided in a separate MEDIL.

Effective immediately, the following materials must be offered/made available to all households at application for insurance affordability programs.

- MC Information Notice 018 - Medi-Cal Information for Applicants
- MC 219 - Important Information for Persons Requesting Medi-Cal
- Pub 183 and 184 - Child Health Disability Prevention Information
- Pub 68 - Medi-Cal "What It Means To You" Brochure
- MC 003 - Early and Periodic Screening, Diagnosis and Treatment Brochure
- Women, Infants, and Children Brochure
- California Voter Registration Card
- National Voter Registration Act Voter Preference Form
- MC 372 - Breast and Cervical Cancer Treatment Program Flyer
- MC 4034 or GEN 1365 - Multilingual Notification
- Pub 13 - Your Rights Under California Welfare Programs Pamphlet
- Form 1095-B Beneficiary Notice

Please refer to MEDIL I 14-54 for more information about the process for providing materials at initial application, including information about certain populations that require additional materials.

If you have any questions about the materials provided at application for insurance affordability programs, please contact Alison Brown at 916-319-9565 or by [email](#).

If you have any questions about the Form 1095-B Beneficiary Notice, please contact Leejuan Camarena at 916-552-9675 or by [email](#).

Original Signed By: \_\_\_\_\_

Alice Mak, Chief (Acting)  
Medi-Cal Eligibility Division

Attachments



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

**Notice: Medi-Cal beneficiaries will receive Internal Revenue Service Form 1095-B.**

Dear Medi-Cal Recipient:

The Affordable Care Act (ACA) may require most people to have Minimum Essential Coverage (MEC) health insurance to meet the ACA's individual responsibility requirement in order to avoid a tax penalty. This includes individual market policies, job-based coverage, Medicare, Medi-Cal, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs), Covered California plans, TRICARE, and certain other coverage.

Per the Internal Revenue Code, the Department of Health Care Services (DHCS) will issue Internal Revenue Service (IRS) Form 1095-B to all Medi-Cal beneficiaries by January 31<sup>st</sup> of each year beginning in January 2016. Form 1095-B will list the months of Medi-Cal coverage you had that were considered MEC during the previous calendar year. You will use Form 1095-B as proof to report health coverage while filing your taxes with the IRS. DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal each year. This means you will receive multiple forms if other people in your family are also covered under Medi-Cal or Covered California.

If you receive Medi-Cal or CalWORKs through the county, to ensure Form 1095-B contains the correct information, please contact your county human services agency to report changes to your address, income, tax filing status, or family size. For a complete list of [county human services agencies](#).

**Important: SSI recipients:** If you receive Medi-Cal through SSI, please contact the [Social Security Administration](#) to report any changes. Failure to report changes may result in delays and inaccurate information on your Form 1095-B.

If you have any questions about this notice, or if you need additional information regarding Form 1095-B, please visit the DHCS website at <http://dhcs.ca.gov/1095> or call 1-844-253-0883 / (TTY) 1-844-357-5709.



JENNIFER KENT  
Director

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

**Aviso: Los beneficiarios de Medi-Cal recibirán el formulario 1095-B del IRS.**

Estimado Beneficiario de Medi-cal:

La Ley de Cuidado de Salud Asequible (Affordable Care Act, ACA) requiere que la gente tenga un seguro de salud con Cobertura Esencial Mínima (Minimum Essential Coverage, MEC) para cumplir con el requisito de responsabilidad individual de la ACA y evitar una multa en sus impuestos. Esto vale para pólizas de mercados individuales, cobertura por medio del trabajo, Medicare, Medi-Cal, Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI), Oportunidad de Trabajo de California y Responsabilidad con los Niños (California Work Opportunity and Responsibility to Kids, CaWORKs), planes de Covered California, TRICARE y ciertas otras coberturas.

En cumplimiento del Código de Impuestos Internos, el Departamento de Servicios de Atención Médica de California (Department of Health Care Services, DHCS) enviará un formulario 1095-B del Servicio de Impuestos Internos (Internal Revenue Service, IRS) a todos los beneficiarios de Medi-Cal el 31 de enero de cada año, comenzando en enero de 2016. El formulario 1095-B listará los meses en que su cobertura de Medi-Cal cumplió con los requisitos de MEC durante el año calendario anterior. Usted usará el formulario 1095-B como comprobante para reportar su cobertura de salud al presentar su declaración de impuestos ante el IRS. DHCS enviará un formulario 1095-B a cada adulto o niño que recibió Medi-Cal cada año. Esto quiere decir que si otros miembros de su familia también están cubiertos por Medi-Cal o Covered California, usted recibirá múltiples formularios.

Si recibe Medi-Cal o CaWORKs a través del condado, para asegurar que el formulario 1095-B contenga la información correcta, comuníquese con la agencia de servicios humanos de su condado para reportar cualquier cambio en su dirección, ingresos, estado de declaración de impuestos o tamaño de la familia. Para obtener una [lista completa de las agencias de servicios humanos del condado](#).

**Importante: Beneficiarios de SSI:** Si recibe Medi-Cal por medio de SSI, comuníquese con la [Administración del Seguro Social](#) para reportar cualquier cambio. Si no reporta cambios, su formulario 1095-B se puede demorar y contener información inexacta.

Si tiene alguna pregunta sobre este aviso, o necesita información adicional sobre el formulario 1095-B, visite el sitio web del [DHCS](#) o llame al 1- 844-253-0883 / (TTY) 1-844-357-5709.