



This tax season, certain Medicaid members will receive Form 1095-B from the Georgia Medicaid/ PeachCare for Kids ® program. Select members who receive their healthcare coverage through Fee-for-Service Medicaid or any one of the three Care Management Organizations (Amerigroup, Peach State, or WellCare) including Georgia Families 360°, will receive this form from the Georgia Medicaid/PeachCare for Kids ® program. This form is required by the Internal Revenue Service (IRS) as a result of the Affordable Care Act (ACA).

The following information is being provided to our members:

The 1095-B form is an information form. Just like a W-2 form, it contains information for completing your taxes. Also, like a W-2 form, the 1095-B form will be provided to the IRS to show the months you had healthcare coverage through the Georgia Medicaid/PeachCare for Kids® program.

It is extremely important for each member to make sure that the Division of Family and Children Services (DFCS) or the Social Security Administration (SSA), if you receive SSI, has his or her current address on file. The 1095-B form will be sent to the address on file as of January 31, 2016. If your address is not correct, this could result in a delay in receiving your form.

## Q. What is the 1095-B form and why does it matter to me?

A. The 1095-B form is an information form that lets you know which months during the previous calendar year you had healthcare coverage. Individuals who show proof that they had the required coverage are not liable for the penalty/fee imposed on those without such coverage. This information is also provided to the IRS. You will receive this form beginning in 2016.





## Q. When will I receive my 1095-B form?

A. The forms will be mailed out beginning the month of February 2016. The last forms will be mailed no later than March 1, 2016.

## Q. May I receive the form electronically?

A. Yes. You will have the option to download the form from the Georgia Medicaid/PeachCare for Kids® website or from selecting the appropriate link on your Care Management Organization's (CMO) website. You will need to provide your consent to do so. You will be able to provide this consent from December 1, 2015 thru January 30, 2016.

It is very important to update your address with DFCS as soon as possible. This will allow the Georgia Medicaid/PeachCare for Kids® program to send you additional information concerning the 1095-B form and how to receive the form electronically.

## Q. What happens if I file my taxes without including the form?

A. The 1095-B form <u>does not</u> have to be submitted when you file your taxes, however, we are required by law to submit a copy of the information to the IRS. If you have additional questions please contact the IRS or a certified tax preparer.

## Q. Is this the only year I will receive this form?

A. No. This form is a requirement of the Affordable Care Act (ACA). Each year, you will be required to show that you have the required healthcare coverage or you could be liable for a penalty/fee assessed by the IRS.





#### Q. Who will receive the 1095-B form?

A. Each person who has received certain types of healthcare coverage through the Georgia Medicaid/PeachCare for Kids® program during the previous calendar year. This includes persons who received their healthcare coverage through any one of the Care Management Organizations (Amerigroup, Peach State, or WellCare) including Georgia Families 360°, and also individuals who received Supplemental Security Income (SSI).

### Q. Will my child receive Form 1095-B?

A. Yes, if your child received healthcare insurance coverage through Georgia Medicaid/PeachCare for Kids®, or any one of the Care Management Organizations (Amerigroup, Peach State, or WellCare), including Georgia Families 360°, that child will receive a form.

## Q. What if I was only insured for part of the year? Will I still receive a 1095-B form?

A. Yes. Anyone who was insured for any time during the previous calendar year will receive a 1095-B form. If you had healthcare coverage for even one day during the previous calendar year, you will receive Form 1095-B.

#### Q. What is included on the form?

- A. So that you can see what the form will look like, a copy of the form is included at the end of these questions. The form will include:
  - 1. Your name, the last four digits of your Social Security Number, and/or your date of birth;





- 2. The name, address, Employer Identification Number (EIN), and phone number for the Georgia Department of Community Health,
- 3. The months you had healthcare coverage through the Georgia Medicaid/PeachCare for Kids® program during the previous calendar year.

# Q. Will Form 1095-B be made available in languages other than English?

A. Currently, Form 1095-B will only be made available in English. For assistance in Spanish, please see your tax preparer or visit irs.gov/freefile or irs.gov.

#### Q. What do I do if I have not received a Form 1095-B?

- A. Certain member categories will not receive a 1095-B form. Those categories are:
  - Medically Needy/ Spenddown
  - Qualified Medicare Beneficiaries (QMB)
  - Specified Low Income Medicare Beneficiaries (SLMB)
  - Qualifying Individuals (QI1)
  - Planning for Healthy Babies (P4HB)
  - Presumptive Pregnant Woman
  - Emergency Medical Assistance (EMA)
  - Other Presumptively eligible categories

If your situation does not fit any on this list, please call Georgia Medicaid/PeachCare for Kids® at 1-866-211-0950 or your Care Management Organization (Amerigroup, Peach State, or WellCare).

The phone numbers are listed below:





Amerigroup: www.myamerigroup.com 1-800-600-4441

Peach State: www.pshpgeorgia.com 1-800-704-1484

WellCare: www.wellcare.com/Georgia 1-866-530-9491

## Q. What do I do if I lose my Form 1095-B?

A. Please contact Georgia Medicaid/PeachCare for Kids ® at 1-866-211-0950. If you received your healthcare coverage through Amerigroup, Peach State, WellCare or Georgia Families 360°, please contact your specific CMO. The phone numbers are listed below:

Amerigroup: www.myamerigroup.com 1-800-600-4441

Peach State: www.pshpgeorgia.com 1-800-704-1484

WellCare: www.wellcare.com/Georgia 1-866-530-9491

## Q. How can I get my 1095-B form mailed to my new address if I have recently moved?

A. You must contact the Division of Family and Children Services (DFCS) at 1-877-423-4746 or if you receive SSI, please contact the Social Security Administration at 1-800-772-1213 to update your address.

## Q. If Form 1095-B is incorrect, will I receive a corrected form?

A. If your name, social security number, or other demographic information is incorrect, you will need to contact DFCS at 1-877-423-4746 or Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

For other corrections, members should contact the Department of Community Health's Georgia Medicaid/PeachCare for Kids® program at 1-866-211-0950. The representative will research your issue. If a correction is required, Georgia Medicaid/PeachCare for Kids® program





will make the update and send a corrected 1095-B form to you and the IRS.

If there are changes to your healthcare coverage, you will automatically receive a corrected form.

## Final Tip:

Update your address with your local county DFCS as soon as possible. This will ensure that you receive your form and all communications related to the form without delay.

## Contact information you may need:

Social Security: 1-800-772-1213

DFCS: 1-877-423-4746

Georgia Medicaid/PeachCare for Kids®: 1-866-211-0950

Amerigroup: www.myamerigroup.com 1-800-600-4441

Peach State: www.pshpgeorgia.com 1-800-704-1484

WellCare: www.wellcare.com/Georgia 1-866-530-9491

Q. Where can I find instructions on how to use the 1095-B panel, request a reprint, or download form 1095B?

A. Instructions for using the 1095-B panel, requesting a reprint or downloading form 1095B can be found in the Member Navigational Guide, which is located on Georgia Medicaid Management Information System (GAMMIS).

Q. How do I consent electronically?





A. To consent electronically to receive form 1095B, you will navigate to the MMIS member panel and click the box that indicates, I consent to receive this form electronically.