



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

- 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 at Alison.Brown@dhcs.ca.gov.

If you have any questions about the Form 1095-B Beneficiary Notice, please contact Leejuan Camarena at 916-552-9675 or by email at Leejuan.Camarena@dhcs.ca.gov.

Original Signed By:

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

Attachments



JENNIFER KENT
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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 31st 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, please visit <http://dhcs.ca.gov/COL>.

Important: SSI recipients: If you receive Medi-Cal through SSI, please contact the Social Security Administration at <https://secure.ssa.gov/ICON/main.jsp> 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.



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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, CalWORKs), 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 CalWORKs 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, visite <http://dhcs.ca.gov/COL>.

Importante: Beneficiarios de SSI: Si recibe Medi-Cal por medio de SSI, comuníquese con la Administración del Seguro Social en <https://secure.ssa.gov/ICON/main.jsp> 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 en <http://dhcs.ca.gov/1095> o llame al 1-844-253-0883 / (TTY) 1-844-357-5709.