

ANSWERS TO YOUR QUESTIONS ABOUT FORM 1095-B (HEALTH CARE INFORMATION FORMS FOR INDIVIDUALS)

1. What is Form 1095-B?

For the 2022 tax year, certain Kansas Medicaid/KanCare members will get an Internal Revenue Service (IRS) tax form from the Kansas Medicaid/KanCare program. It is called Form 1095-B. The form shows the months of the year that the person listed on the form was enrolled in medical coverage. Form 1095-B reports only coverage that meets the IRS definition of “minimum essential coverage” so not everyone will get a form. It is required under the Affordable Care Act (ACA).

2. Why does Form 1095-B matter to me?

Form 1095-B is an informational form that lets you know which months during the previous calendar year you had qualifying healthcare coverage.

3. When will I receive Form 1095-B?

Forms for the 2022 tax year must be mailed no later than the Internal Revenue Service (IRS) deadline of **March 2, 2023**.

4. Do I need this form to file my taxes?

For the 2022 tax reporting year, Form 1095-B does not have to be submitted to the IRS at the same time you file your taxes. The issuers of the form are required to send to the IRS separately. You should keep the forms for your records with your other important tax documents.

5. Who will get Form 1095-B?

Any person who received minimum essential coverage through the Medicaid/KanCare program during the previous calendar year will get Form 1095-B. Most Medicaid/KanCare coverage meets the minimum essential coverage criteria. People with more limited programs like those listed below will NOT get Form 1095-B.

The groups that will **NOT** get Form 1095-B are:

- Medically Needy with unmet spenddown
- Qualified Medicare Beneficiary (QMB)
- Low-income Medicare Beneficiary (LMB)
- Expanded Medicare Beneficiary (ELMB)
- Presumptive Pregnant Woman
- SOBRA
- Inmate
- Aids Drug Assistance Program – Full Benefits (ADAPD)
- Tuberculosis (TB)

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6. What if I was only insured for part of the year? Will I still get Form 1095-B?

Yes. If you had qualifying healthcare coverage for even one day during the previous calendar year, you will get a Form 1095-B. The form will report which months you had coverage or if you had coverage for the whole year.

7. Will my child receive Form 1095-B?

Yes. If your child had qualifying healthcare coverage through Medicaid/KanCare, a form will be created for him or her. An individual Form 1095-B will be created for each qualifying person.

8. Where will my form 1095-B be mailed?

The form will be mailed to the last address on file with Medicaid/KanCare on the day the form is created.

9. Is this the only year I will get this form?

You will get a form each year you have qualifying healthcare coverage. If you continue to have qualifying healthcare coverage through Medicaid/KanCare, you will continue to get this form from Medicaid/KanCare. Form 1095-B is a requirement of ACA. Each year you will need to be able to show that you have minimum essential coverage to avoid an IRS penalty.

10. Is Form 1095-B available in languages other than English?

Currently, Form 1095-B is only available in English. For help in another language, see your tax preparer or go to one of the IRS websites: <https://www.irs.gov/freefile> or <https://www.irs.gov>.

11. What does Form 1095-B look like?

Here is an example of the form.

Form **1095-B** Health Coverage
 Department of the Treasury Internal Revenue Service
 Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095B for instructions and the latest information.

OMB No. 1545-2252
 2022

VOID
 CORRECTED

Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name
 2 Social security number (SSN) or other TIN
 3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
 5 City or town
 6 State or province
 7 Country and ZIP or foreign postal code

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

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
 11 Employer identification number (EIN)

12 Street address (including room or suite no.)
 13 City or town
 14 State or province
 15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
 17 Employer identification number (EIN)
 18 Contact telephone number

19 Street address (including room or suite no.)
 20 City or town
 21 State or province
 22 Country and ZIP or foreign postal code

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

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered (if 12 months)	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2022)

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12. What if I do not receive or lose my Form 1095-B?

If you have not received your form by **March 15, 2023**, or you get your form and lose it, call 1-866-305-5147. A new form can be created and mailed to you. **Make sure you have your Medicaid identification (ID) number with you when you make the call.**

13. How can I get my Form 1095-B mailed to my new address if I recently moved?

To have your reprinted Form 1095-B mailed to a different address, call 1-866-305-5147. **Make sure you have your Medicaid ID number with you when you make the call.**

14. If information on my Form 1095-B is wrong, can I get a corrected form?

Yes. If the name, Social Security number (SSN), or date of birth (DOB) is wrong on the form, you need to call the KanCare Clearinghouse at 1-800-792-4884 to have your information updated. Changes made by the KanCare Clearinghouse for SSN and DOB will automatically create a corrected form. If you need a corrected form for only a name change, call 1-866-305-5147.