

GOVERNMENT OF THE DISTRICT OF COLUMBIA



Important Information for 2015 Taxes

You are receiving the attached Form 1095-B because you or someone in your household received health coverage through the District of Columbia's Medicaid program. The purpose of this form is to report certain information to the IRS and you about your minimum essential coverage so you will not be liable for the individual shared responsibility payment. The Internal Revenue Services (IRS) requires the District of Columbia Department of Health Care Finance to provide you with the Form 1095-B. As required by Federal law, information about your health coverage through the Medicaid program has also been provided to the IRS. **Please keep your Form 1095-B for your records.**

Form 1095-B is an IRS form. It is also called "Health Coverage." Form 1095-B shows the name of the covered individual who received the minimum essential coverage and the months of coverage under the Medicaid Program. If you were enrolled in a private health insurance plan through DC Health Link, Form 1095-A will be provided to you by DC Health Link.

You may receive more than one 1095- A and/or 1095-B if you:

- Had a plan from another health insurance marketplace during 2015
- Changed from Medicaid program to a DC Health Link health plan in 2015
- Had family members enrolled in a different health plan through DC Health Link in 2015

Understanding Form 1095-B

IRS Form 1095-B has four sections:

Part I: Responsible individual – this section includes information about the responsible individual, the coverage, and the demographic information that includes your social security number, and/or other identifying information of the taxpayer, and the code of the type of coverage in which the covered individual was enrolled. Form 1095-B will be coded as "C", Government –sponsored program.

Part II: Employer –Sponsored Coverage – this section will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. **This does not apply for covered months under the Medicaid program.**

Part III: Issuer or other Coverage Provider – this section includes the information about the coverage provider. In your case, the Department of Health Care Finance's information will be listed.

Part IV: Covered Individuals – this section reports the name, social security number or taxpayer identification number, and coverage information for each covered individual.

If You Think We Made A Mistake

The information on your Form 1095-B is based on the eligibility records from the Department of Health Care Finance. If you believe the information on your Form 1095-B is incorrect, please go to www.dchealthlink.com for information on how to request a Corrected Form 1095-B, or call DC Health Link at 1-855-532-5465.

If you have other questions

If you have any additional questions, you can contact us by;

- Phone at 1-855-532-5465 (for TTY, call 711).
- By email at DHCF.1095B@dc.gov
- By mail:
 - Department of Human Services
 - Economic Security Administration
 - Form 1095-B Processing Unit
 - 645 H Street NE, 4th Floor
 - Washington, DC 20077-0555
- In person at any Service Center near you. Service Center locations are below;

Anacostia Service Center
2100 Martin Luther King Avenue, SE
Washington, DC 20020
(202) 645-4614

Fort Davis Service Center
3851 Alabama Avenue, SE
Washington, DC 20020
(202) 645-4500

Congress Heights Service Center
4001 South Capitol Street, SW
Washington, DC 20032
(202) 645-4525

H Street Service Center
645 H Street, NE
Washington, DC 20002
(202) 698-4350

Taylor Street Service Center
1207 Taylor Street, NW
Washington, DC 20011
(202) 576-8000

The Department of Health Care Finance and DC Health Link cannot provide tax advice. For information on filing a federal tax return, visit the IRS website at www.irs.gov/Filing. For more information from the IRS on the Affordable Care Act, visit www.irs.gov/aca.