



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



EDMUND G. BROWN JR.  
Governor

August 15, 2017

TO: ALL COUNTY WELFARE DIRECTORS LETTER No.: 17-30  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Internal Revenue Service Minimum Essential Coverage Reporting and Form 1095-B

The purpose of this All County Welfare Director's Letter (ACWDL) is to provide counties with information and guidance related to the Form 1095-B reporting process required by the Internal Revenue Service (IRS).

### Background

Federal law (Title 26, United States Code (U.S.C.) § 6055; Title 26, Code of Regulations § 1.6055-1) requires the Department of Health Care Services (DHCS) to provide individuals an IRS Tax Form 1095-B (Form 1095-B) indicating the months they received Medi-Cal that was considered minimum essential coverage (MEC). With exception to IRS issued extensions, DHCS will furnish Form 1095-B to individuals with MEC on or before January 31 of the year following the tax year DHCS provided MEC. DHCS is also required to provide the Form 1095-B data electronically to the IRS by March 31 of the year following the tax year DHCS provided MEC. DHCS will report corrections to beneficiary information on the Form 1095-B to the IRS.

DHCS is also required to ensure reprints of the Form 1095-B are available upon request for individuals, as well as report corrected information to the IRS and generate a new, corrected Form 1095-B for the individual. Lastly, DHCS must provide direct call center support for all individuals who are seeking information about Form 1095-B.

### Minimum Essential Coverage

Qualifying health care coverage, also known as MEC, is described under Title 26, U.S.C. § 5000A. Subsection (f) identifies coverage under the Medicaid program pursuant to Title XIX of the Social Security Act and coverage under the Children's Health Insurance Program pursuant to Title XXI of the Social Security Act as being

recognized MEC. Please refer to Attachment 1 for a full list of Medi-Cal programs and their corresponding aid codes that meet MEC requirements and programs that are not considered MEC.

### **Covered California and IRS Tax Form 1095-A**

Some individuals will have health coverage provided by Covered California (Covered CA) and may transition between Medi-Cal and Covered CA health coverage during a given tax year. Covered CA will furnish IRS Tax Form 1095-A to individuals who had months of MEC provided by Covered CA health plans, and DHCS will furnish Form 1095-B for the months that individual had Medi-Cal that was considered MEC. If an individual contacts the county regarding information on IRS Tax Form 1095-A, they should be directed to Covered CA for additional assistance. More information on Form 1095-A can be found at <http://www.coveredca.com/members/form-1095-a/>.

### **Individuals Receiving SSI/SSP**

Currently, DHCS receives data from the Social Security Administration (SSA) regarding Medi-Cal eligibility for individuals that qualify for Supplemental Security Income/State Supplementary Payment (SSI/SSP). Counties are to work with SSI/SSP individuals regarding their Form 1095-B by providing the following services:

- a. Utilize the EW55 transaction to update the address
- b. Process Form 1095-B reprint requests
- c. Process Form 1095-B reprints for the tax filer address override
- d. Inform the SSI/SSP recipient to contact their local SSA district office to ensure they report any changes to SSA to avoid suspension of SSI/SSP benefits
- e. Submit a remedy ticket for SSI/SSP records that contain discrepancies or require changes that are required for 1095-B data

### **C-CHIP/MCAP**

There are two MEC Medi-Cal programs that are not identified in the Medi-Cal Eligibility Data System (MEDS): the County Children's Health Initiative Program (C-CHIP) and the Medi-Cal Access Program (MCAP). The entities administering these programs, MAXIMUS for MCAP, and San Francisco, San Mateo, and Santa Clara Counties for C-CHIP, are the appropriate entities for beneficiaries to contact to update their information and request Form 1095-B reprints. These entities are responsible for providing updated MEC monthly data to DHCS for IRS reporting purposes and for generating Form 1095-B reprint requests for beneficiaries. Counties are to direct beneficiaries to contact their appropriate entity:

**Medi-Cal Access Program:** Medi-Cal Access Program  
P.O. Box 15559  
Sacramento CA, 95852-0558  
1 (800) 433-2611

**San Francisco County:** San Francisco Healthy Kids  
P.O. Box 194327  
San Francisco, CA 94119  
1 (800) 288-5555

**San Mateo County:** San Mateo County Health Coverage Unit  
Children's Health Initiative  
800 Gateway Blvd. Suite 100  
South San Francisco, CA 94080  
1 (650) 616-2002

**Santa Clara County:** Children's Health Initiative of Santa Clara  
P.O. Box 5580  
San José, CA 95150  
1 (800) 260-2055

### **Form 1095-B Documents**

DHCS is utilizing a substitute Form 1095-B (Attachment 2). On this DHCS version of the Form 1095-B, some fields have been removed and new fields have been added to facilitate proper reporting while protecting personal privacy. The added fields are the two-digit county code and the county case number, the Client Index Number, and the print date to distinguish which form is the most current. To improve privacy and security, DHCS will redact the first five digits of the beneficiary's Social Security number (SSN) and will not display the date of birth (DOB). If the individual is using a pseudo MEDS-ID or a SSN is not available, the full DOB will be displayed.

Form 1095-B is not required for individuals to file their federal taxes. Pursuant to IRS guidance, individuals may self-attest their Medi-Cal MEC health coverage when filing taxes. It is strongly recommended that individuals keep a copy of Form 1095-B for their records in the event of the need to show proof of MEC to the IRS.

Each mailing of Form 1095-B will contain an appropriate cover letter explaining the purpose of the DHCS version of Form 1095-B they are receiving. Please refer to Attachment 3 for an English and Spanish copy of all versions of the Form 1095-B cover letters.

For an overview of the reprint and corrected versions of Form 1095-B and functionality, refer to Attachment 4.

### **Notice for Requested Action**

After DHCS transmits all MEC information to the IRS in January following the reported tax year, DHCS will send out a Notice for Requested Action (NFRA) to all individuals who had missing or incorrect Medi-Cal information reported as an error on Form 1095-B by the IRS. Refer to Attachment 5 for a copy of the NFRA in both English and Spanish.

The NFRA will notify all affected individuals to contact their county human services agency to review the information on their record. County Eligibility Workers (CEW) can use the MEDS IN95 screen's IRS status indicator to identify if a record was successfully transmitted without any errors. The IRS status indicator will display the status as "ACCEPTED" or "COVERED INDIVIDUAL NAME AND SSN DO NOT MATCH IRS". Refer to Attachment 9, pages 5-6 (item #16) for scenarios and CEW actions related to the NFRA.

### **Mailings**

As required by Title 26, C.F.R. § 1.6055-1(g)(4)(ii), DHCS must send all Form 1095-Bs through first class mail to the individual's last known mailing address. In the event that no valid address is known, the individual's Form 1095-B will be suppressed for the purposes of protecting Protected Health Information. For a complete overview of the Form 1095-B mailing process, refer to Attachment 6.

### **Returned Mail**

All returned Form 1095-B mailings will route to Xerox for processing. Xerox staff will scan the barcode on returned mail and send that information back to DHCS. All Form 1095-B related returned mail triggers MEDS to generate an alert to the county. Counties shall follow established procedures regarding undeliverable mail in ACWDL 16-23. Refer to Attachment 7 for more information on the returned mail process and a list of alerts associated with this process. SSI/SSP linked Medi-Cal beneficiaries returned mailings will be destroyed. MCAP and C-CHIP beneficiary returned mailings will be returned to DHCS for processing.

In addition to information provided directly by individuals, counties are to accept updated contact information for beneficiaries from Medi-Cal Managed Care Health Plans by phone, fax, or email, as described in ACWDL 15-19.

### **MEDS IN95 Screens**

DHCS developed new MEDS screens to assist counties in answering individual's questions, reviewing Form 1095-B status and history, and requesting Form 1095-B reprints. The new screens are titled IN95 Inquiry, IN9S Summary, and IN9D Detail/Reprint. For a complete overview and functionality of the IN95 screens, refer to Attachment 8.

**Note: For security purposes, the detailed MEDS instructions are available for individuals with the appropriate access only.**

### **County Responsibilities**

All county human services agencies are responsible for assisting individuals with Form 1095-B processes, including updating an individual's information and processing requests for Form 1095-B reprints. Individuals may request a reprint at any time. Individuals may opt to have their 1095-B form sent to their tax preparer or agent. For county responsibilities regarding individuals receiving SSI/SSP, please refer to the Individuals Receiving SSI/SSP section. For a list of scenarios and actions to take by county eligibility workers regarding situations that may occur through beneficiary contact or case management, refer to Attachment 9.

### **Live Support Call Center**

DHCS is utilizing the Xerox call center, referred to as the "Medi-Cal Help Desk," to provide a dedicated phone line to assist individuals with questions about the Form 1095-B process. Xerox provides services Monday through Friday, 8am to 5pm PST, except for major holidays. The Medi-Cal Help Desk phone number is 1-844-253-0883 and is provided to consumers in Part II of Form 1095-B.

**Please note that Xerox call center staff do not have access to MEDS or the ability to correct or reprint Form 1095-B. Call center staff will refer individuals to counties to receive additional services related to Form 1095-B. SSI/SSP populations will be redirected to Social Security Administration district offices to update any information and to counties for Form 1095-B services.**

### **Attachment Summary**

- 1) Attachment 1: MEC/Non MEC Program List by Aid Code
- 2) Attachment 2: Form 1095-B
- 3) Attachment 3: Cover Letters
- 4) Attachment 4: Form 1095-B Related Documents
- 5) Attachment 5: Notice for Requested Action
- 6) Attachment 6: Mailings

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- 7) Attachment 7: Returned Mailings
- 8) Attachment 8: IN95 Screen
- 9) Attachment 9: Scenarios

If you have any questions, please contact Leejuan Camarena at (916) 319-9785 or by email at [Leejuan.Camarena@dhcs.ca.gov](mailto:Leejuan.Camarena@dhcs.ca.gov).

Originally Signed by

Sandra Williams, Chief  
Medi-Cal Eligibility Division

Attachments

## Form 1095-B Reported MEC Aid Code List

Reported Aid Codes	Description
03	AAP - Federal
04	AAP/AAC - NonFederal
06	AAP Title IV-E Federal Medi-Cal
07	Federal EFC AAP/FFP Medi-Cal
08	Entrant Cash Assistance
10	Aged - SSI/SSP
14	Aged - MN No SOC
16	Aged - Pickle Eligible
20	Blind - SSI/SSP Cash
23	Blind - Long Term Care
24	Blind - MN No SOC
26	Blind - Pickle Eligible
30	CalWORKs-AF
32	TANF Timed-Out (Federal)
33	CalWORKs-ZP
34	CalWORKs-MN
35	CalWORKs-U
36	Disabled Widow/ers
38	Edwards v. Kizer
39	Transitional Medi-Cal
40	AFDC - FC NonFederal
42	AFDC - FC Federal
43	State EFC/FFP Medi-Cal
44	200% Pregnant
45	Foster Care Children - Public Funds
46	Out-of-State Foster Care Children
47	200% Infant Citizen
49	Federal EFC FC/FFP Medi-Cal
54	Four Month Continuing
59	Add. Transition/Al Medi-Cal
60	Disabled - SSI/SSP
63	Disabled - Long Term Care
64	Disabled - MN No SOC
66	Disabled - Pickle Eligible
72	133% Citizen Child 1through 5 Yrs.
76	60-Day Postpartum
82	MI - Children No SOC
86	MI - CP No SOC
0A	RCA (Exempt)
0D	Medi-Cal Access Program (MCAP) Pregnant Woman
0M	BCCTP Accelerated Enrollment 2 Mo.
0N	BCCTP Accelerated Enrollment
0P	BCCTP Federal Program
0W	BCCTP Transitional Medi-Cal (Post 0P)
1E	Craig v. Bonta Continued Elig.-Aged
1H	Aged FPL - Full Scope
1X	MSSP Wvr., Spousal Impov., No SOC
2A	Abandoned Baby Program
2E	Craig v. Bonta Continued Elig.-Blind
2H	Blind FPL - Full Scope
2P	ARC Funding only (state general fund)
2R	ARC Funding only (state general fund) (non-minor dependent)
2S	ARC Funding Option + federal CalWORKS (DSS)
2T	ARC Funding Option + state CalWORKS (DSS)
2U	ARC Funding Option + state CalWORKS (for nonminor dependents) (DSS)

Reported Aid Codes	Description
3A	CalWORKS Safety Net-Timed out-Child
3C	CalWORKs Safety Net-2Parent timedout
3D	CalWORKs Pending
3E	CALWORKS Legal Immig-FG Mixed
3F	CALWORKS Two Parent Safety Net & Drug/Fleeing Felon Family
3G	CalWORKs-ZP-Exempt-State Only
3H	CalWORKs-ZP-Mixed
3L	CALWORKS Legal Immig.-FG State
3M	CALWORKS Legal Immig.-U State
3N	AFDC 1931(b) Non CalWORKs
3P	CalWORKs - AF - exempt
3R	CalWORKs-ZP-Exempt
3U	CALWORKS Legal Immig.-U Mixed
3W	TANF Timed-Out, Mixed Case (Federal)
4A	AAP - Other State
4E	Hospital Presumptive Eligibility for Former Foster Care Children up to age 26
4F	Kin-GAP Cash Assistance - Federal
4G	Kin-GAP Cash Assist. - NonFederal
4H	Foster Care children in CalWORKs
4K	EA Foster Care - Probation
4L	Foster Care children in 1931 (b)
4M	Extended M-C Former Foster Care
4N	State CW NMD
4S	Federal EFC KG/FFP Medi-Cal
4T	Federal KinGAP
4U	Former Foster Care - Optional Coverage Group
4W	State EFC KG/FFP Medi-Cal
5C	HFP to Medi-Cal Transitional PE-No PremiumIZAge 1 to 19 100%-150%
5D	HFP to Medi-Cal Transitional PE-Premium IZAge 1 to 19 150%-250%
5E	HF AER Medi-Cal PE Under Age 19
5K	EA - FC Child Welfare
6A	DAC - Blind
6C	DAC - Disabled
6E	Craig v. Bonta Contin. Elig.-Disabled
6G	250% Working Disabled - Full Scope
6H	Disabled FPL - Full Scope
6J	SB 87 Pending Disability No SOC
6N	Not PRWORA-NLDC Appeal
6P	PRWORA-NLDC
6V	Disabled-DDS Waiver No SOC
6X	Disabled - IHO Waivers No SOC
7A	100% Citizen Child 6-18 Yrs.
7J	CEC - Full Scope
7S	Express Lane Enrollment for Parent Caretaker Relatives
7U	Express Lane Enrollment For Adults
7W	Express Lane Enrollment For Children
7X	Medi-Cal to HF Bridge
8E	Accelerated Enrollment of Children/Temporary Placement of Pending MAGI Medi-Cal (01/2014)
8G	QSIWI
8P	PropDis 133% Citizen Age 1 through 5
8R	PropDis 100% Citizen Age 6 through 18
8U	CHDP Deemed Infant - No SOC
8W	MI-AE-CHDP Gateway for Medi-Cal
8X	MI-AE-CHDP Gateway for Hlthy. Fam.
E6	Medi-Cal Access Infant Program 0-2 Yrs >213% thru 266%
E7	Medi-Cal Access Infant Program 0-2 Yrs >266% Premium
G0	State Parolee Inmate
H0	Children's Hospital (6-19) Presumptive Eligibility (60 days) FPL above 133-266%
H1	Medi-Cal Targeted Low Income FPL above 200% up to 250% (Infants)

Reported Aid Codes	Description
H2	Medi-Cal Targeted Low Income FPL above 133% up to 150% (Age 1-6)
H3	Medi-Cal Targeted Low Income FPL above 150% up to 250% (Age 1-6)
H4	Medi-Cal Targeted Low Income FPL above 100% up to 150% (Age 6-19)
H5	Medi-Cal Targeted Low Income FPL above 150% up to 250% (Age 6-19)
H6	Children's Hospital (0-1) Presumptive Eligibility (60 days) FPL above 208% up to 266%
H7	Children's Hospital (1-6) Presumptive Eligibility (60 days) FPL at or below 142%
H8	Children's Hospital (6-19) Presumptive Eligibility (60 days) FPL at or below 133%
H9	Children's Hospital (1-6) Presumptive Eligibility (60 days) FPL above 142-266%
J1	Compassionate Release County Full scope no SOC
J5	Compassionate Release County LTC Aged
J7	Compassionate Release County LTC Disabled
K1	CALWORKS Single Parent SafetyNet & Drug/Fleeing Felon Family
K2	State Medical Parole MAGI Adult 19-64, 0-138% FPL Citizen
K4	State Medical Parole MAGI Adult 19-64, 0-128% FPL, Disabled/Blind, Citizen
K6	County Compassionate Release MAGI Adult 19-64, 0-138% FPL,
K8	County Compassionate Release MAGI Adult 19-64, 0-128% FPL, Disabled/Blind, Citizen
L1	LIHP Transition
L6	ACA Adult 19 to 65 at or below 128% FPL: Citizen
M1	Adult 19 to 65 Yrs at or below 138% FPL: Citizen/Lawfully Present
M3	Parent/Caretaker Relative at or below 109% FPL: Citizen/Lawfully Present
M5	Expansion Child from 6 to 19 Yrs 108% through 133% FPL: Citizen/Lawfully Present
M7	Pregnant Women 0% through 138% FPL: Citizen/Lawfully Present
M9	Pregnant Women >138 through 213% FPL Citizen/Lawfully Present
P1	Hospital PE for Infant age 0-1 through 208% FPL
P2	Hospital Presumptive Eligibility Parent-Caretaker
P3	Hospital PE Adults (19 to 65 Yrs) at or below 138%
P5	ACA Child 6-19 yrs 0-108% FPL Citizen
P7	ACA Child 1-6 yrs 0-142% FPL Citizen
P9	ACA Infants 0-1 Yrs 0-208% FPL Citizen
T1	Medi-Cal OTLIC Ages 6-19 Citizen 160-266% FPL Prem
T2	Medi-Cal OTLIC Ages 6-19 Citizen >133-160% FPL
T3	Medi-Cal OTLIC Ages 1-6 Citizen 160-266% FPL Prem
T4	Medi-Cal OTLIC Ages 1-6 Citizen >142-160% FPL
T5	Medi-Cal OTLIC Infant Citizen >208-266% FPL

## Form 1095-B Not Reported Aid Code List

Not Reported Aid Codes	Description
01	Refugee Cash Assistance
02	Refugee/Entrant Medical Assistance
05	SED Children
09	Food Stamps
11	Aged - Social Serv. Only
12	Aged - Spec. Circumstance
13	Aged - Long Term Care
17	Aged - MN SOC
21	Blind - Social Serv. Only
22	Blind - Spec. Circumstance
27	Blind - MN SOC
31	CalWORKs-FG-Social Srvcs. Only
37	AFDC - MN SOC
41	AFDC - FC Social Serv. Only
48	200% Pregnant OBRA
50	CMSP Undoc. Alien
53	MIA - Long Term Care
55	Undoc. Aliens - LTC
58	OBRA Alien
61	Disabled - Social Serv. Only
62	Disabled - Spec. Circum.
65	Hurricane Katrina Evacuees
67	Disabled - MN SOC
68	Inactive
69	200% Infant OBRA
71	Dialysis & Supplemental
73	TPN & Supplemental
74	133% Undoc. Child 1through 5 Yrs.
77	Organ Transplant-Anti-rejection meds
80	QMB
81	MIA - Aid Paid Pending
83	MI - Children SOC
84	MI - Adult No SOC
85	MI - Adult SOC
87	MI - CP SOC
88	MI - A - Disabl. Pend. No SOC
89	MI - A - Disabl. Pend. SOC
0F	Transitional FS (Food Stamps)
0L	BCCTP Trans. Medi-Cal Undocs (Post 0U/0V)
0R	BCCTP OHC/St Only 18 mo./24 mo.
0T	BCCTP State Only 18 mo./24 mo.
0U	BCCTP Undocs 18 mo./24 mo.
0V	Post BCCTP 0U Undocs
0X	BCCTP Trans. Medi-Cal Undocs due to OHC
0Y	BCCTP Trans. Medi-Cal Undocs due to age
1A	Aged - CAPI - Qualified Aliens

Not Reported Aid Codes	Description
1U	Aged FPL - Restricted (Undoc.)
1V	TCVAP
1Y	MSSP Wvr., Spousal Impov., SOC
2C	County Children's Health Insurance Program (C-CHIP) >266 thru 322% 0-19 years old
2F	Blind-PCSP--Other Public Assist
2K	CFCO
2L	IHSS Plus Waiver
2M	IHSS Personal Care Services Program
2N	IHSS Residual
2V	TCVAP
3S	CalWORKs RegDP
3T	Transitional Medi-Cal Undoc
3V	Section 1931(b) Medi-Cal Undocs
4C	Supportive Trans. Emancipation Prog. (STEP)
4D	Automated District Attorney Match
4P	CalWORKs Family Reunif.-All Families
4R	CalWorks Family Reunif. 2 Parents
4V	TCVAP-RMA
5F	Undoc. Alien Preg. Women
5J	SB 87 Pending Disab. No SOC Undoc
5R	SB 87 Pending Disability SOC Undoc
5T	Addl. Trans. Medi-Cal Undoc
5V	TCVAP
5W	Four Month Continuing Undoc
6K	CAPI - Non-Qualified Aliens
6L	RMA 133% - 200% FPL- Not Implemented
6M	CAPI - Sponsored Aliens
6R	SB 87 Pending Disability SOC
6S	Disabled - SGA/ABD-MN (IHSS) - SOC/NO SOC
6T	CAPI - Limited Term Qualified Aliens
6U	Disabled FPL - Restricted (Undoc.)
6W	Disabled - DDS Waiver SOC
6Y	Disabled - IHO Waivers SOC
7C	100% Undoc. Child 6-18 Yrs.
7D	RCA to MAGI Bridge
7F	Presumptive Elig. Preg. Neg.
7G	Presumptive Elig. Preg. Pos.
7H	Tuberculosis Program
7K	CEC - Restricted (Undocs)
7L	ELE Disabled Adults at or below 128% FPL, No Medicare
7M	Minor Consent Restricted Svcs.
7N	Minor Consent (MC) (under age 21)
7P	Minor Consent (MC) (age 12-21)
7R	Minor Consent (MC) (under age 12)
7T	TCVAP
7V	Express Lane Enrollment - Do Not Use Until Further Research
8A	QDWI

Not Reported Aid Codes	Description
8C	SLMB
8D	Qualifying Individual-1
8F	CMSP Companion A/C for A/C 53
8H	Family PACT 1115 Federal Waiver
8N	PropDis 133% Undoc. Age 1 through 5
8T	PropDis 100% Undoc. Age 6 through18
8V	CHDP Deemed Infant - SOC
8Y	CHDP State Only - Undoc.
90s	Aid Codes 90-99
9A	Breast Cancer Early Detection
9C	Expanded Access to Primary Care
9D	CCS Only Child Targeted for HCP Enrollment
9E	Limits IEVS match to EDD
9F	Limits IEVS match to FTB
9G	GR/GA (for county use)
9H	Healthy Families Child
9J	GHPP Eligible
9K	CCS Health Access Program (HAP)
9M	CCS Medical Therapy Program
9N	CCS Case Management
9R	CCS Eligible HF Child
9S	Limits IEVS match to SSA
9T	Healthy Families Adult
9U	CCS Eligible HF Child - NPSA
9V	HAP PPCW Participant not eligible for CCS
9W	HAP PPCW Participant eligible for CCS
9X	FC Ineligible
C1	Aged Limited
C2	Aged Limited SOC
C3	Blind Limited
C4	Blind Limited SOC
C5	AFDC Limited
C6	AFDC Limited SOC
C7	Disabled Limited
C8	Disabled Limited SOC
C9	MI Child Limited
D1	MI Limited Child SOC
D2	Aged LTC Limited
D3	Aged LTC Limited SOC
D4	Blind LTC Limited
D5	Blind LTC Limited SOC
D6	Disabled LTC Limited
D7	Disabled LTC Limited SOC
D8	MI Pregnant Limited
D9	MI Pregnant Limited SOC
E1	Medi-Cal t/HF Bridge- Unverified Citizen To Be Deactivated
F0	HCCI New
F1	Medi-Cal State Inmate Inpatient Hospital Only

Not Reported Aid Codes	Description
F2	Medi-Cal State Inmate Undoc Inpatient Hospital Pregnancy + ESO
F3	Medi-Cal County Inmate Inpatient Hospital Only
F4	Medi-Cal County Inmate Undoc Inpatient Hospital Pregnancy + ESO
F5	MCE State Inmates Inpatient Hospital Only
F6	MCE County Inmates Inpatient Hospital Only
F7	MCE Existing
F8	MCE New
F9	HCCI Existing
G1	State Juvenile Inmate Inpatient Hospital & Inpatient MH
G2	State Juvenile Inmate ESO Inpatient Hospital MH & Pregnancy
G3	Medi-Cal County Inmate SOC Inpatient Hospital Only
G4	Medi-Cal County Inmate Undoc SOC Inpatient Hospital Only Pregnancy + ESO
G5	County Juvenile Inmate Inpatient Hospital & Inpatient MH
G6	County Juvenile Inmate Undoc ESO Inpatient Hospital MH & Pregnancy
G7	County Juvenile Inmate SOC Inpatient Hospital & Inpatient MH
G8	County Juvenile Inmate Undoc SOC ESO Inpatient Hospital, MH & Pregnancy
G9	State Medical Parolee Undoc Pregnancy & ESO
IE	Ineligible Designation for County ID Only
J2	Compassionate Release Full scope SOC
J3	County Medical Probation Restricted no SOC
J4	County Medical Probation Restricted SOC
J6	Compassionate Release County Restricted LTC Aged
J8	Compassionate Release County Restricted LTC Disabled
K3	State Medical Parole MAGI Adult 19-64, 0-138% FPL Undoc
K5	State Medical Parole MAGI Adult 19-64, 0-128% FPL, Disabled/Blind Undoc
K7	County Compassionate Release MAGI Adult 19-64, 0-138% FPL, Undoc
K9	County Compassionate Release MAGI Adult 19-64, 0-128% FPL, Disabled/Blind Undoc
L0	TBD: Hold for Pregnant NQI - Cancelled
L3	Deduction when IHSS SOC exceeds IHSS need
L7	ACA Adult 19 to 65 at or below 128% FPL: Undocumented
M0	Pregnant Women >138 through 213% FPL UndocumentedIZ
M2	Adult 19 to 65 Yrs at or below 138% FPL: Undocumented
M4	Parent/Caretaker Relative at or below 109% FPL: Undocumented
M6	Expansion Child from 6 to 19 Yrs 108% through 133% FPL: Undocumented
M8	Pregnant Women 0% through 138%: FPL - Undocumented
N0	LIHP Transition - County Inmate
N5	Limited Scope Medi-Cal No SOC State Adult Inmate (19 to 64 yrs old)
N6	Restricted Scope Medi-Cal No SOC State Adult Inmate (19 to 64 yrs old)
N7	Limited Scope Medi-Cal No SOC Cty Adult Inmate (19 to 64 yrs old)
N8	Restricted Scope Medi-Cal No SOC Cty Adult Inmate (19 to 64 yrs old)
N9	LIHP Transition - State Inmate
P0	ACA Infants 0-1 Yrs 0-208% FPL Undocumented
P4	Hospital PE Pregnant Women at or below 213%
P6	ACA Child 6-19 0-108% FPL Undocumented
P8	ACA Child 1 to 6 Yrs 0%-142% FPL Undocumented
R1	CalWORKS TCVAP Trafficking Victims
R2	F/S TCVAP
R3	F/S S/O CFAP Food Stamps

Not Reported Aid Codes	Description
R4	WINS-1P CalFresh Plus PA \$10 Supplement Benefit
R5	WINS-2P CalFresh Plus PA \$10 Supplement Benefit
R6	WINS-CFAP CalFresh Plus PA \$10 Supplement Benefit
R7	WINS TCF non-2 parent/caretaker family
R8	WINS TCF 2 parent/caretaker family
R9	WINS TCF CFAP
RR	Responsible Relative Designation for County ID Only
T0	Medi-Cal OTLIC Infant Undoc >208-266% FPL
T6	Medi-Cal OTLIC Ages 6-19 Undoc 160-266% FPL Prem
T7	Medi-Cal OTLIC Ages 6-19 Undoc >133-160% FPL
T8	Medi-Cal OTLIC Ages 1-6 Undoc 160-266% FPL Prem
T9	Medi-Cal OTLIC Ages 1-6 Undoc >142-160% FPL Prem
X1	Covered CA - Subsidized Coverage (250-400 FPL)
X2	Covered CA - Subsidized Coverage (100 to 150 FPL)
X3	Covered California Subsidized Cov. (151-200 FPL)
X4	Covered California Subsidized Cov. (201-250 FPL)
X5	Covered CA - Cost Sharing Waiver (100-300 FPL)
X6	Covered CA - AI/AN CSR Only No Income Test
X7	Covered CA – Unsubsidized Coverage (above 400 FPL)
X8	Covered CA - Lawful Present/MC ineligible <100% FPL
X9	Covered CA - "Narrow Bridge" Program < 200% FPL

Form **1095-B**Department of the Treasury  
Internal Revenue Service

# Health Coverage

Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

VOID

CORRECTED

560115

OMB No. 1545-2252

**Tax Year****Part I** Covered Individual

1 Name of responsible individual		2 Social security number (SSN) ### - ## -	3 Date of birth (if SSN is not available)		
4 Street address	5 City or town	6 State or province	7 Country and ZIP or foreign postal code		
8 Enter letter identifying Origin of the Policy (see instructions for codes): . . . ▶ C					

**Part II** Health Coverage Issuer

9 Name Department of Health Care Services		10 Employer identification number (EIN) 68-0317191	11 Contact Telephone number 1-844-253-0883 or TTY 1-844-357-5709		
12 Street address (including room or suite no.) 1501 Capitol Avenue, MS 4607, P.O. Box 997417		13 City or town Sacramento	14 State or province CA	15 Country and ZIP or foreign postal code 95899-7417	

**Part III** Covered Individual

(a) Name of covered individual	(b) SSN ### - ## -	(c) DOB (if SSN is not available)	(d) Covered all 12 months <input type="checkbox"/>	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
16			<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"/>	<input type="checkbox"/>
17 Case Number		18 Client Index Number (CIN)	19 Coverage provided on this Form 1095-B is current as of the date below:														

Instructions

Part I: This section will contain the personal information from the Medi-Cal record for the person receiving health coverage for the tax year shown in the upper right corner of this form. This information should be correct. If not, please contact your county human service agency to update your record and request a new corrected Form 1095-B.

Part II: This section contains the information for DHCS, who is reporting your health coverage to the IRS. You may use the contact phone number to reach a live agent at our helpdesk that will provide answers to questions you may have about this form or our reporting process.

Part III: This section will show the person's months of coverage. If the person has all twelve months of coverage, box (d) will be marked. If not, box (e) will show the separate months this person had health coverage that met the requirement for the given tax year.



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 health coverage that met the requirements for minimum essential coverage (MEC) during the last tax year. The Affordable Care Act requires most people to report to the Internal Revenue Service (IRS) that they had MEC health coverage for the tax year. Attached to this letter is the IRS Tax Form 1095-B (Form 1095-B). **Although, you are not required to have Form 1095-B to file your taxes, please save this form for your record.**

**You may get more than one Form 1095-B because:**

1. Form 1095-B is sent to each person enrolled in a Medi-Cal program that meets the health coverage requirement for MEC. This means you could get more than one form if other people in your household also have Medi-Cal.
2. You or your family member had a change in health coverage during the reported tax year after the original Form 1095-B was sent. A new form reporting the correct coverage will be sent to you.
3. Medicare and some employers will also send Form 1095-B.

Frequently Asked Questions

**Q: Why are some of the months that I had Medi-Cal not on the form or some of my information is incorrect?**

**A:** There are some Medi-Cal programs that do not count as MEC. If you think we made a mistake, contact your county human services agency to speak with a County Eligibility Worker (CEW) to verify or update your correct eligibility status.

By contacting your CEW, you may also discuss your personal information and make changes as necessary. In some cases, your CEW may require additional personal information for identity verification.

County Offices: <http://dhcs.ca.gov/COL>

Addressee  
Page 2  
Date

**SSI/SSP recipients:**

If you or a member of your household gets Supplemental Security Income (SSI) or State Supplementary Payment (SSP), you or the member of your household who gets SSI/SSP must contact the Social Security Administration (SSA) in person or by phone to update your information used by Medi-Cal.

**Update SSA by phone:** 1-800-772-1213

**Update SSA in person:** <https://secure.ssa.gov/ICON/main.jsp>

**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 – This is the form sent to people who received health insurance through Medi-Cal, Medicare, and certain employers.
- IRS Form 1095-C – This form is sent to people who had health insurance through most employers.

If you got any of the forms identified above, **do not throw these forms away**. The 1095 forms serve as proof that you had qualifying health coverage during the reported tax year.

**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: <http://apps.irs.gov/app/officeLocator/index.jsp> or call 1-800-829-1040.
- You can get **free** tax assistance from your local Volunteer Income Tax Assistance office or Tax Counseling for the Elderly 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 locator website at: <http://irs.treasury.gov/freetaxprep/>.

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

- DHCS, Form 1095-B: <http://dhcs.ca.gov/1095>
- Federal Healthcare Exchange: [www.healthcare.gov](http://www.healthcare.gov)
- IRS, ACA: [www.irs.gov/aca](http://www.irs.gov/aca)

**Q: Can I have my Form 1095-B sent to my tax preparer?**

**A:** Yes! Simply contact your county human service agency and they will be able to help you. Regardless if you are a SSI/SSP recipient, you may go to your county's office and request to have your Form 1095-B sent to your named tax preparer.

County Offices: <http://dhcs.ca.gov/COL>

**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 [www.irs.gov/Affordable-Care-Act](http://www.irs.gov/Affordable-Care-Act) for more details on the exemptions 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 websites below to see if you qualify for an exemption.

- <https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee>
- <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions>

**For questions regarding this notice:**

- Visit the <http://dhcs.ca.gov/1095> website for more details.
- Call the Medi-Cal 1095-B Helpline at 1-844-253-0883. Or, for TTY, call 1-844-357-5709.

**IMPORTANT**

DHCS has removed the first five digits of your Social Security number and your date of birth from your IRS Form 1095-B to protect your identity. Although we have removed this information on your form, DHCS will still send your full information to the IRS. As a reminder, IRS Form 1095-B is not required to file your taxes. **Please keep all copies of your IRS Form 1095-B for your record.**



JENNIFER KENT  
Directora

Estado de California—Agencia de Servicios Humanos y de Salud  
Departamento de Servicios de Atención Médica



EDMUND G. BROWN JR.  
Gobernador

Fecha: 01/28/2017

Estimado beneficiario de Medi-Cal:

Le enviamos esta carta porque usted tuvo una cobertura de salud de Medi-Cal que cumplió los requisitos para obtener una cobertura esencial mínima (minimum essential coverage, MEC) durante el año fiscal anterior. La Ley de Atención Médica a Bajo Costo (Affordable Care Act) exige que la mayoría de las personas informen al Servicio de Impuestos Internos (Internal Revenue Service, IRS) que tuvieron una cobertura de salud MEC durante el año fiscal. Adjuntamos a esta carta el Formulario de Impuestos 1095-B (Formulario 1095-B) del IRS. **Aunque usted no necesita tener un Formulario 1095-B para declarar sus impuestos, le pedimos que guarde este formulario para su registro personal.**

**Es posible que reciba más de un Formulario 1095-B porque:**

1. El Formulario 1095-B se envía a cada persona inscrita en un programa Medi-Cal que cumpla el requisito de cobertura de salud para obtener MEC. Esto significa que podría recibir más de un formulario si otra persona de su hogar también tiene Medi-Cal.
2. Usted o un miembro de su familia tuvieron un cambio en la cobertura de salud durante el año fiscal reportado después de que se envió el Formulario 1095-B original. Se le enviará un formulario nuevo que indique la cobertura correcta.
3. Medicare y algunos empleadores también enviarán el Formulario 1095-B.

#### Preguntas frecuentes

**P: ¿Por qué no están en el formulario algunos de los meses en que tuve Medi-Cal o algunos datos son incorrectos?**

**R:** Hay algunos programas Medi-Cal que no cuentan como MEC. Si cree que cometimos un error, contacte a la agencia de servicios humanos de su condado para hablar con un trabajador de elegibilidad del condado (County Eligibility Worker, CEW) a fin de verificar o actualizar su estado de elegibilidad correcto.

Al comunicarse con el CEW, usted también podrá revisar su información personal y hacer los cambios que sean necesarios. En algunos casos, el CEW podrá solicitarle información personal adicional para verificar su identidad.

Oficinas del condado: <http://dhcs.ca.gov/COL>

**Beneficiarios de SSI/SSP:**

Si usted o un miembro de su hogar recibe Ingresos de Seguridad Complementarios (Supplemental Security Income, SSI) o Pagos Complementarios Estatales (State Supplementary Payment, SSP), usted o el miembro de su hogar que reciba SSI/SSP debe contactar a la Administración del Seguro Social (Social Security Administration, SSA) en persona o por teléfono para actualizar su información utilizada por Medi-Cal.

**Actualice a la SSA por teléfono:** 1-800-772-1213

**Actualice a la SSA en persona:** <https://secure.ssa.gov/ICON/main.jsp>

**P: Recibí otro formulario que se parece al Formulario 1095-B. ¿Por qué?**

**R:** Existen otros formularios de impuestos del IRS que son similares al Formulario 1095-B:

- Formulario 1095-A del IRS: este formulario se envía a las personas que recibieron un seguro de salud por medio de Covered California.
- Formulario 1095-B del IRS: este es el formulario que se envía a las personas que recibieron un seguro de salud por medio de Medi-Cal, Medicare y ciertos empleadores.
- Formulario 1095-C del IRS: este formulario se envía a las personas que tuvieron un seguro de salud por medio de la mayoría de los empleadores.

Si recibió cualquiera de los formularios identificados más arriba, **no los deseche**. Los formularios 1095 sirven como comprobante de que usted tuvo una cobertura de salud que reúne los requisitos durante el año fiscal reportado.

**P: ¿Hay alguien que pueda ayudarme a declarar mis impuestos federales?**

**A:** A continuación le ofrecemos algunos recursos para ayudarle a declarar sus impuestos:

- Puede obtener ayuda en la oficina del Centro de Asistencia al Contribuyente de su localidad. Para encontrar una oficina cerca de usted: visite <http://apps.irs.gov/app/officeLocator/index.jsp> o llame al 1-800-829-1040.
- Puede obtener asistencia con los impuestos **gratuita** en la oficina de Asistencia Voluntaria para el Pago de Impuestos de su localidad o del Programa de Asesoría Fiscal para Adultos Mayores. Este servicio es para personas que generalmente ganan \$53,000 o menos al año, personas con discapacidades, adultos mayores y contribuyentes con dominio limitado del inglés. Para encontrar el centro más cerca a usted, puede visitar el sitio web de localización en: <http://irs.treasury.gov/freetaxprep/>.

Si necesita obtener información adicional acerca de la Ley de Atención Médica a Bajo Costo (Affordable Care Act) y la declaración de impuestos, puede visitar los siguientes sitios web:

- Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS), Formulario 1095-B: <http://dhcs.ca.gov/1095>

- Sistema de Intercambio Federal de Cuidado de la Salud (Federal Healthcare Exchange): [www.healthcare.gov](http://www.healthcare.gov)
- IRS, Ley de Atención Médica a Bajo Costo (Affordable Care Act, ACA): [www.irs.gov/aca](http://www.irs.gov/aca)

**P: ¿Puedo pedir que le envíen mi Formulario 1095-B a mi asesor fiscal?**

**R:** ¡Sí! Simplemente contacte a la agencia de servicios humanos de su condado y ellos pueden ayudarle. Sin importar si usted es beneficiario de SSI/SSP, puede acudir a la oficina de su condado y solicitar que le envíen el Formulario 1095-B a su asesor fiscal identificado.

Oficinas del condado: <http://dhcs.ca.gov/COL>

**P: ¿Qué sucede si solo tuve cobertura de salud durante una parte del año?**

**R:** A menos que cumpla los requisitos para obtener una excepción, es posible que reciba una sanción fiscal. Visite [www.irs.gov/Affordable-Care-Act](http://www.irs.gov/Affordable-Care-Act) para obtener más información sobre las excepciones y la Ley de Atención Médica a Bajo Costo (Affordable Care Act).

**P: ¿Qué puedo hacer si creo que recibiré una sanción fiscal?**

**R:** No todas las personas que no tuvieron cobertura de salud deben pagar una sanción. También puede recibir ayuda si no cuenta con los fondos para pagar la sanción o si hay otras razones por las cuales no puede pagar la sanción. Si cree que es posible que incurra en una sanción fiscal, visite los siguientes sitios web para ver si cumple los requisitos para obtener una excepción.

- <https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee>
- <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions>

**Si tiene preguntas relacionadas con esta notificación:**

- Visite el sitio web <http://dhcs.ca.gov/1095> para obtener más información.
- Llame a la Línea de ayuda para el Formulario 1095-B de Medi-Cal al 1-844-253-0883. O, los usuarios de TTY pueden llamar al 1-844-357-5709.

**IMPORTANTE**

El DHCS ha eliminado los primeros cinco dígitos de su número de Seguro Social y su fecha de nacimiento del Formulario 1095-B del IRS para proteger su identidad. Aunque hemos eliminado esta información de su formulario, el DHCS enviará su información completa al IRS. Como recordatorio, el Formulario 1095-B del IRS no es necesario para declarar sus impuestos. **Le pedimos que guarde todas las copias del Formulario 1095-B del IRS para su registro personal.**



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 either requested to get a copy of your Internal Revenue Services (IRS) Tax Form 1095-B (Form 1095-B) or the Medi-Cal recipient has asked to have it sent to you as a tax preparer. Attached to this letter is your Form 1095-B from the Department of Health Care Services (DHCS). This form serves as proof that you had minimum essential coverage through Medi-Cal for some or all months during the requested tax year.

**For questions regarding this notice:**

- Visit the <http://dhcs.ca.gov/1095> website for more details.
- Call the Form 1095-B Helpline at 1-844-253-0883. Or, for TTY, call 1-844-357-5709.

**IMPORTANT**

DHCS has removed the first five digits of your social security number and your date of birth from your IRS Form 1095-B to protect your identity. Although we have removed this information on your form, DHCS will still send your full information to the IRS. As a reminder, IRS Form 1095-B is not required to file your taxes. **Please keep all copies of your IRS Form 1095-B for your record.**



JENNIFER KENT  
Directora

Estado de California—Agencia de Servicios Humanos y de Salud  
Departamento de Servicios de Atención Médica



EDMUND G. BROWN JR.  
Gobernador

Fecha: 11/14/2016

Estimado beneficiario de Medi-Cal:

Le enviamos esta carta porque usted solicitó una copia de su Formulario de Impuestos 1095-B (Formulario 1095-B) del Servicio de Impuestos Internos (Internal Revenue Service, IRS) o porque el beneficiario de Medi-Cal ha solicitado que se le envíe a usted como asesor fiscal. Adjuntamos a esta carta el Formulario 1095-B del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS). Este formulario sirve como comprobante de que usted tuvo cobertura esencial mínima por medio de Medi-Cal durante algunos o todos los meses del año fiscal solicitado.

**Si tiene preguntas relacionadas con esta notificación:**

- Visite el sitio web <http://dhcs.ca.gov/1095> para obtener más información.
- Llame a la Línea de ayuda para el Formulario 1095-B al 1-844-253-0883. O, los usuarios de TTY pueden llamar al 1-844-357-5709.

**IMPORTANTE**

El DHCS ha eliminado los primeros cinco dígitos de su número de Seguro Social y su fecha de nacimiento del Formulario 1095-B del IRS para proteger su identidad. Aunque hemos eliminado esta información de su formulario, el DHCS enviará su información completa al IRS. Como recordatorio, el Formulario 1095-B del IRS no es necesario para declarar sus impuestos. **Le pedimos que guarde todas las copias del Formulario 1095-B del IRS para su registro personal.**



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 we updated the information reported on your Internal Revenue Services (IRS) Tax Form 1095-B (Form 1095-B). Attached to this letter is the “Corrected” copy of your Form 1095-B from the Department of Health Care Services (DHCS). This form may serve as proof that you had health coverage considered Minimum Essential Coverage (MEC), through Medi-Cal, during the reported tax year that is located in the upper right corner of your Form 1095-B. If you got a “Corrected” Form 1095-B after you filed your taxes, you may need to amend your taxes for the year noted on your Form 1095-B. DHCS will send the information on your Corrected Form 1095-B to the IRS.

There are different updates that may cause a “Corrected” Form 1095-B to be printed, such as:

1. A change in the months you had MEC
2. A change, correction, or new Social Security Number (SSN)
3. A change in your source of health coverage (for example, going from Medi-Cal to employer health coverage)

**For questions regarding this notice:**

- Visit the <http://dhcs.ca.gov/1095> website for more details.
- Call the Form 1095-B Helpline at 1-844-253-0883. Or, for TTY, call 1-844-357-5709.

**IMPORTANT**

DHCS has removed the first five digits of your SSN and your DOB from your IRS Form 1095-B to protect your identity. Although we have removed this information on your form, DHCS will still send your full information to the IRS. As a reminder, IRS Form 1095-B is not required to file your taxes. **Please keep all copies of your IRS Form 1095-B for your record.**



JENNIFER KENT  
Directora

Estado de California—Agencia de Servicios Humanos y de Salud  
Departamento de Servicios de Atención Médica



EDMUND G. BROWN JR.  
Gobernador

Fecha: 11/14/2016

Estimado beneficiario de Medi-Cal:

Le enviamos esta carta porque hemos actualizado la información registrada en su Formulario de Impuestos 1095-B (Formulario 1095-B) del Servicio de Impuestos Internos (Internal Revenue Services, IRS). Adjuntamos a esta carta la copia “corregida” de su Formulario 1095-B del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS). Este formulario puede servir como comprobante de que usted tuvo la cobertura de salud que se considera cobertura esencial mínima (Minimum Essential Coverage, MEC) por medio de Medi-Cal, durante el año fiscal reportado que se encuentra en la esquina superior derecha del Formulario 1095-B. Si recibió un Formulario 1095-B “corregido” después de haber declarado sus impuestos, es posible que necesite rectificar los impuestos del año que se indica en el Formulario 1095-B. El DHCS enviará la información de su Formulario 1095-B corregido al IRS.

Existen diferentes actualizaciones por las que se podría imprimir un Formulario 1095-B “corregido”, por ejemplo:

1. Un cambio en los meses en que tuvo MEC
2. Un cambio, una corrección o un número de Seguro Social (Social Security Number, SSN) nuevo
3. Un cambio en su fuente de cobertura de salud (por ejemplo, pasar de tener Medi-Cal a tener cobertura de salud del empleador)

**Si tiene preguntas relacionadas con esta notificación:**

- Visite el sitio web <http://dhcs.ca.gov/1095> para obtener más información.
- Llame a la Línea de ayuda para el Formulario 1095-B al 1-844-253-0883. O, los usuarios de TTY pueden llamar al 1-844-357-5709.

**IMPORTANTE**

El DHCS ha eliminado los primeros cinco dígitos de su SSN y su fecha de nacimiento (date of birth, DOB) del Formulario 1095-B del IRS para proteger su identidad. Aunque hemos eliminado esta información de su formulario, el DHCS enviará su información completa al IRS. Como recordatorio, el Formulario 1095-B del IRS no es necesario para declarar sus impuestos. **Le pedimos que guarde todas las copias del Formulario 1095-B del IRS para su registro personal.**

## Form 1095-B Related Documents

DHCS has identified three scenarios in which a Form 1095-B related document will be generated:

- 1) Corrected: A corrected Form 1095-B is automatically generated when an update, which qualifies as a correction, is made to a beneficiary's record in MEDS that had already been transmitted to the IRS. Corrected Form 1095-B data is transmitted to the IRS and to the DHCS's vendor for printing and mailing during the next batch print cycle. Changes that qualify as a correction are as follows:
  - a. A new or corrected Social Security number (SSN)
    - i. Pseudo MEDS-ID to Numeric MEDS-ID
    - ii. A new Numeric MEDS-ID replaces an old Numeric MEDS-ID
  - b. A change in the months having MEC
    - i. Any change in aid code for any given month that will add or remove MEC status for an individual
  - c. A name change if the change occurred after an original Form 1095-B was reported to have a name/SSN mismatch by the IRS

Corrected Form 1095-B can be identified by a check box at the top of Form 1095-B marked "Corrected." The Corrected Form 1095-B will also be accompanied by a Corrected Form 1095-B cover letter explaining to the individual of its purpose.

- 2) Reprint: A reprint Form 1095-B is generated by counties submitting a reprint request through the MEDS IN95 screen. Refer to the MEDS Manual for detailed information regarding the IN95 screen functionality.

A reprint request results in a Form 1095-B being printed and mailed in the next batch print process. This process will update the 1095 database with a new extract and send Form 1095-B to the beneficiary's current address in MEDS, if a pending address is not observable.

A reprinted Form 1095-B will be accompanied by a reprint cover letter that will inform the individual of its purpose.

- 3) Reprint with Address Override (also referred to as Reprint for a Tax Filer): Counties submitting a tax filer request through the MEDS IN95 screen results in a reprint Form 1095-B. The generated Form 1095-B is sent to a new address that is not the mailing address of the beneficiary, such as a tax preparer. Refer to the MEDS Manual for detailed information regarding the IN95 screen functionality. This new address is recorded into the 1095-B database for auditing purposes but will not update the beneficiary's MEDS record.



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

**You need to correct information in your Medi-Cal record. If you do not, the IRS will not get the right information for proof and identify that you had health coverage in 2016.**

Dear Medi-Cal Recipient:

You are getting this notice because the California Department of Health Care Services (DHCS) sent your health coverage information to the Internal Revenue Service (IRS) and the IRS reported your information had errors. You must update one or more of the items below with your county human services agency to resend your tax information to the IRS. **Failure to update this information may lead to a tax penalty.**

**Information you must update:**

- Social Security Number (SSN)
- First and/or Last Name

**What to do next!**

If you have Medi-Cal or CalWORKs provided through your county, please call or visit your local county human services agency to speak to a county eligibility worker who will assist with updating your personal information on record. To locate an office near you, please visit <http://dhcs.ca.gov/COL> for a complete list of agencies.

**Special Instructions for SSI recipients**

For those who get Medi-Cal through Supplemental Security Income (SSI) or State Supplemental Payment (SSP), please contact your local Social Security Administration (SSA) district office. Medi-Cal will get your information from SSA. To look for a local district SSA office, please visit <https://secure.ssa.gov/ICON/main.jsp> or call toll free 1-800-772-1213 to report any changes.

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.



JENNIFER KENT  
DIRECTORA

Estado de California: Agencia de Servicios Humanos y de Salud  
**Departamento de Servicios de Atención Médica**



EDMUND G. BROWN JR.  
GOBERNADOR

**Debe corregir cierta información en su registro de Medi-Cal. Si no lo hace, el Servicio de Impuestos Internos (Internal Revenue Service, IRS) no recibirá la información correcta de las pruebas para identificar que tuvo cobertura de salud en 2016.**

Estimado beneficiario de Medi-Cal:

Está recibiendo esta notificación porque el Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) de California envió su información de cobertura de salud al Servicio de Impuestos Internos (IRS) y el IRS reportó que su información tiene errores. Es necesario que actualice uno o más de los siguientes datos con la agencia de servicios humanos de su condado para que su información de impuestos se envíe nuevamente al IRS. **No actualizar esta información puede provocar una sanción fiscal.**

**Información que debe actualizar:**

- Número de Seguro Social (Social Security Number, SSN)
- Nombre y apellido

**¡Lo que debe hacer después!**

Si cuenta con Medi-Cal o CalWORKs por medio de su condado, llame o visite la agencia de servicios humanos local de su condado para hablar con un trabajador de elegibilidad de su condado que le ayudará a actualizar su información personal en el registro. Para encontrar una oficina cerca de usted, visite <http://dhcs.ca.gov/COL> para obtener una lista completa de agencias.

**Instrucciones especiales para los beneficiarios de los SSI**

Para los que obtengan Medi-Cal por medio de Ingresos de Seguridad Complementarios (Supplemental Security Income, SSI) o Pagos Suplementarios Estatales (State Supplemental Payment, SSP), comuníquense con la oficina del distrito de la Administración del Seguro Social (Social Security Administration, SSA). Medi-Cal obtendrá su información por parte de la SSA. Para buscar una oficina local de la SSA del distrito, visite <https://secure.ssa.gov/ICON/main.jsp> o llame sin costo al 1-800-772-1213 para informar sobre cualquier cambio.

Si tiene alguna pregunta sobre esta notificación, o si 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.

## Form 1095-B Mailings

DHCS will always make an attempt to send Form 1095-B to the beneficiary's most current, verified address found on their record in the MEDS. An address is considered verified if FINALIST is able to validate the address and it will receive an address flag of "A", "W", or "C" in the MEDS. If an address isn't found to have an "A", "W", or "C", DHCS will utilize the next available valid address on record. The hierarchy for selecting an address is as follows:

- 1) Pending Mailing address
- 2) Mailing address
- 3) Pending Residential address
- 4) Residential address

Pending addresses are updated addresses that will not take effect until the next month of eligibility. DHCS will always evaluate any existing pending addresses and use those since they will be the most current address found on the record.

For returned mail processes, please refer to Attachment 7 – Returned Mailings.

DHCS has two scenarios when DHCS mails Form 1095-B:

- 1) Annual: This initial mailing reports MEC for the current reportable tax year. It is to be released and postmarked by January 31 following the given tax year, unless an extension is granted by the IRS.
  - a. Schedule: To minimize the increased workload to counties, DHCS will stagger the annual mailing of Form 1095-B.
    - i. The ten largest counties will be broken down by zip code and released over a four to five week mailing period.
    - ii. The remaining 48 counties will be released over the same four to five week mailing period as the ten larger counties.
      1. Please refer to MEDIL I 15-43 (Attachment 1) for the schedule by zip code for Form 1095-B mailings.
- 2) Ongoing: All subsequent mailings that occur after the annual mailing will be ongoing and will continue to occur until the next year's annual mailing begins.
  - a. Schedule: DHCS will provide a monthly data file to the printing and mailing vendor. Transmission of the file will happen at least once a month and no later than the day after MEDS renewal for each month. From the date the vendor receives the data from DHCS, the estimated time for the vendor to process the data and mail the reprint/corrected Form 1095-B is seven to ten days.
  - b. Timing: DHCS estimates that it will take between 45-60 days for a newly generated reprint and corrected Form 1095-B to be delivered from the time the request is received by DHCS.
    - i. County eligibility workers shall inform beneficiaries of the estimated time for delivery upon receipt of reprint requests.

### **Form 1095-B Returned Mailings**

DHCS will be utilizing Xerox as a depository for all Form 1095-B related returned mailings except for special populations including C-CHIP, MCAP, and SSI/SSP recipients. Form 1095-B mailings will contain a barcode that contains data pertaining to each record and Xerox staff will scan each returned mailing to generate a data file that will be used to update the MEDS.

### **Xerox Procedures**

Xerox will do the following for all returned mailings:

- 1) Receive and store all Form 1095-B and NFRA's until processed.
- 2) Scan all barcodes associated with returned mailings.
- 3) Generate two data files:
  - a. Form 1095-B/NFRA
  - b. Deceased beneficiaries
- 4) Destroy all SSI/SSP returned mailings
- 5) Destroy all mailings that cannot scan
- 6) Send all data files to MEDS intake unit
- 7) Destroy all remaining returned mailings after successful transfer of data

### **C-CHIP/MCAP Returned Mailings**

C-CHIP/MCAP returned mailings will not contain a barcode but will display DHCS as a return address. The Title XXI unit will receive and process all returned mailings for these populations as their records are not contained in the MEDS.

### **SSI/SSP Returned Mailings**

SSI/SSP returned mailings will not contain a barcode but will display Xerox as a return address. Xerox will collect and destroy all returned mailings for this population.

### **Returned Mailing Related MEDS Alerts**

The MEDS will generate daily alerts based on the data file received by Xerox. Below is a summary of Form 1095-B related Alerts generated by a returned mailing and the actions required by each:

Int#	Ext#	Alert	Description	Action
0461	9003	DEATH REPORTED TO MEDS- MEDS/CDB ELIGIBILITY TERMINATED *URGENT*	Indicates a returned mailing was received with a "deceased" notice; requires action to be taken to terminate benefits	*Action

## Attachment 7 – Returned Mailings

0802	8024	IRS DOCUMENT RETURNED AS UNDELIVERABLE *PRI-ACC*	Indicates an IRS related document was received as an undeliverable mailing. Requires action to be taken to acquire and update for out date information	*Action
0803	9072	IRS DOCUMENT - LOSS OF CONTACT - REDETERMINATION REQUIRED *CRITCL*	Indicates there was consecutive returned mailings and a loss of contact; requires action to be taken	*Action

### Form 1095-B Address Flags

DHCS will only mail out Form 1095-B related documents to address flags of “A”, “W”, or “C” for any address identified on the MEDS. This is to ensure DHCS not mail personal health information of any beneficiary to a known unverified address. If any mailing related to this process is returned, and a new address or a pending address was not found associated with the record since the time of the mailing, in addition to receiving an alert, the address flag will be updated to a “9”. All numeric address flags will be bypassed for future mailings until a new or pending address is identified.

### **Form 1095-B MEDS IN95 Screens**

DHCS developed new MEDS screens to allow county users to view current and historical 1095-B data and request a reprint of the original Form 1095-B. The new screens are the IN95 Inquiry, IN9S Summary, and IN9D Detail/Reprint.

All users with MEDS view access will be able to utilize these screens and request reprints. Detailed information including step-by-step instructions and system screen shots are available on the MEDS-HOME website in 12 Publications/Procedures/County Requested Procedures. The IN95 Access screen may be accessed from any blank MEDS screen by typing “IN95” and pressing enter.

**Note: For security purposes, the detailed MEDS instructions can be downloaded and used for internal county training and reference purposes only. This is not available for public review.**

#### **IN95 Inquiry Screen**

The IN95 Inquiry Screen is designed to search for the 1095-B information. It will be accessible from the Client Inquiry Summary Screen (INQS) and from any inquiry screen. The search can be completed by either MEDS ID or CIN, and also has the ability to limit the search to a particular tax year, or to display all tax years.

#### **IN9S Summary Screen**

When a search is completed for a particular beneficiary using the IN95 Inquiry Screen, and the search is successful in identifying a match based on the criteria entered, a Summary Screen (IN9S) will be displayed.

The Summary Screen will provide a list of Form 1095-B documents that have been generated for the beneficiary. If there were any reprints requested or corrections made, this screen will also include the type/reason for the reprint or correction request.

#### **IN9D Detail/Reprint Screen**

After completing a successful search and choosing a particular Form 1095-B document to view, the IN9D will display the details of the information that was on the Form 1095-B document chosen.

If the Form 1095-B chosen was the most recent for the selected tax year, there will also be an option to reprint the Form 1095-B to the most current, valid address found on the record in the MEDS.

## **Form 1095-B Beneficiary Scenarios**

This section contains scenarios and actions to take by county eligibility workers in situations that occur through beneficiary contact or case management.

### **What do we do if a beneficiary asks about their Form 1095-B and IRS Tax Form 1095-A is stating the same coverage?**

1. Duplicate eligibility (overlapping coverage) in MEDS and CalHEERS

If the beneficiary has dual (overlapping) eligibility in MEDS with both a Medi-Cal aid code and a Covered California (Covered CA) aid code, the county shall follow existing processes by evaluating the correct action to take; terminating an incorrect Medi-Cal aid code, or submitting a Remedy ticket to request the Covered CA aid code be terminated. The IRS has provided guidance to tax filers who were reported to have duplicate coverage at <https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit>. Please refer to question 26.

### **What do we do when a beneficiary comes in with two or more Form 1095-Bs for themselves?**

2. Multiple records

If the beneficiary has multiple records in MEDS, the county shall follow existing processes and combine or link the records when appropriate. If assistance is needed to combine or link the records, the county shall open a Remedy ticket. If the action results in a record getting frozen, the IN95 screen will display the frozen record and it may be viewed for historical purposes but cannot be selected for reprinting.

### **What steps do we take to fix a Form 1095-B if it is reporting the wrong coverage for the beneficiary?**

3. Mislinked records

If the beneficiary is linked to an incorrect MEDS record, (mislinked) the county shall open a Remedy ticket. After the records have been unlinked, each record involved will be evaluated for generation of a Form 1095-B (correction or original).

### **What steps do we take to correct incorrect information on a Form 1095-B?**

4. Incorrect information

If the beneficiary's name, address, SSN and/or MEC information is incorrect, the county shall correct the information in the Statewide Automated Welfare System (SAWS) and MEDS. If assistance is needed to correct the records, the county shall open a Remedy ticket. The changed information will be evaluated for generation of a corrected Form 1095-B.

#### Gaps in Coverage

When contacted by beneficiaries, county eligibility workers should evaluate whether the beneficiary should have been aided through a Medi-Cal aid code considered MEC found in Attachment 1 and take corrective action as necessary. If no corrective action is required, the beneficiary should be referred to the Medi-Cal Help Desk.

**What steps do we take when a beneficiary comes in with a Form 1095-B that doesn't have a SSN?**

5. Pseudo MEDS-ID

If the beneficiary is assigned a pseudo MEDS-ID and reports an actual SSN, the county will correct the information in the SAWS and MEDS. If assistance is needed to correct the records, the county will open a Remedy ticket.

**What steps do we take when an out-of-state beneficiary contacts us requesting a Form 1095-B?**

6. Out of state transfers

If a beneficiary leaves the state and has active eligibility on an open case, the county shall update SAWS with the new address prior to termination. If the SAWS record was already closed prior to receiving the out of state address information, the county shall complete an online address change to MEDS and update the closed case in SAWS according to that system's process. The eligibility worker may follow up after the address is updated and request a reprint of their Form 1095-B.

**What steps do we take to correct a Form 1095-B if their coverage changed and is not reflected on their Form 1095-B?**

7. Retroactive determinations

If the beneficiary receives an eligibility determination that retroactively establishes MEC and changes the effective coverage date that occurs during a reported tax year, the beneficiary will not see the retroactive months reflected on Form 1095-B. This will be evident by seeing inconsistent coverage between their MEDS record and the information viewed in the IN95 Detail Screen. The change to MEC due to the retroactive determination will be evaluated for generation of a corrected Form 1095-B as outlined in Attachment 4.

8. 90 Day Cure Period

If the beneficiary did not respond to redetermination inquiries sent for the purposes of continuing coverage and was discontinued during the time period DHCS sends Form 1095-B coverage data to the IRS, the beneficiary may see a gap in the coverage reported on Form 1095-B. If eligibility is restored within the 90 day cure period, the change will be evaluated for generation of a corrected Form 1095-B as outlined in Attachment 4.

**What steps do we take if a family member contacts the county for a Form 1095-B for a deceased beneficiary?**

9. Deceased beneficiaries

In the event a family member or authorized individual requests Form 1095-B for a deceased beneficiary who received MEC during the given tax year, counties shall follow existing MEDS processes available on the MEDS website for verifying and reporting deceased information to MEDS before requesting a reprint of Form 1095-B. If assistance is needed to correct the records, the county shall open a Remedy ticket.

A forwarding address may be provided to override the existing MEDS address on the Form 1095-B database. This override address will not update MEDS but will be stored in the Form 1095-B database for auditing/tracking purposes.

**What are counties to do regarding foster care populations and Form 1095-B?**

**10. Foster Care**

The foster parent, adoptive parent, or legal guardian that claims the child as a dependent for the given tax year is liable for any tax penalties associated with gaps in MEC coverage for the child. Parents who cannot claim the child as a dependent are not liable for tax penalties for the months they were responsible for the child.

If the adoption or placement of the child occurs during the given tax year, the adoptive parent or foster parent will only be liable for tax penalties for the month following the adoption or placement through the end of the given tax year.

Foster care or adoptive beneficiaries fall under the same rules regarding MEC and the individual mandate. If a foster parent, adoptive parent, or legal guardian would like to request an additional copy of Form 1095-B for their child, they may request a reprint through their county human services agency.

**What are counties to do regarding former parents requesting Form 1095-B for their child(ren) who were placed in foster care?**

**11. Former Parent(s) or Guardian(s)**

Parents of a child that entered foster care during the year may have not received Form 1095-B on behalf of their child. Until further guidance is received from CMS, DHCS will not issue or provide reprints of Form 1095-B to former parents of foster children.

**What are counties to do when a parent or guardian is requesting the Form 1095-B for their children who didn't receive their Form 1095-B due to a PO Box mailing address?**

**12. Children who didn't receive a Form 1095-B due to PO Box mailing**

Due to an issue observed during the 2015 tax season, the United States Postal Service (USPS) will not allow mail for children who have not been registered under their parents Post Office (PO) Box. The mailings to these children will be returned to DHCS, which will generate an IRS Undeliverable Mailing alert and an address flag of 9 that will prevent future mailings to this address even though the address is still valid (address flag A, C, or W).

The county shall complete a transaction for an address change (EW12) to MEDS and update the Care of Line with child's name but without an address. This transaction will lift the address flag of '9' and restore the previous status of the address. The eligibility worker may follow up after the record is updated and request a reprint of their Form 1095-B or for immediate service, may request a Tax filer reprint request and add the parent or guardians name to the Care of Line and the previous address used.

**What should counties do when they process 1095-B alerts and a record for their county is no longer active?**

13. 1095-B Alerts relating to Non-Active county cases

When counties encounter a non-active case that has a 1095-B related alert for IRS undeliverable mail, counties are to disregard these cases. In the event that the former beneficiary contacts the county regarding their Form 1095-B information, Counties will update the former beneficiary's record with the correct mailing address and request a reprint using the IN95 screen on MEDS.

**What should counties do regarding homeless populations and 1095-B undeliverable mail?**

14. Form 1095-B undeliverable mail relating to homeless populations

In some instances, counties have been providing homeless populations with a physical address, albeit the department's physical address or an established Post Office (PO) Box, in which the beneficiary may have mail sent to for establishing eligibility in that county.

Due to the Form 1095-B process concerning undeliverable mail, counties are to utilize the EW12 to update the address flag to "8" for this population. By flagging each record with an "8" it will stop the Form 1095-B mailing. This will reduce the amount of mail each county will receive, reduce workload due to undeliverable mail, and reduce the amount of possible negative actions that could affect this population. If a beneficiary from this population would like to have their form reprinted, counties may use the Tax Filer reprint request and forward their reprint to any temporary address, including the Department's physical address or the established PO Box.

**What should counties do when an individual appears to have MEC based on the aid code they are in, but there is not a 1095-B record on the IN95 screen?**

15. In most cases, a missing record is due to the individual's citizen status and not qualifying for MEC. County eligibility workers shall refer to the MEDS QE screen to determine if the individual has an alien-indicator status. Aliens are excluded from MEC for the following indications:

<b>Indicator</b>	<b>Conditions for Exclusion from 1095-B Reporting</b>
<b>2</b>	Are 21 years of age or older
<b>C</b>	Meet <b>ALL</b> of the following criteria: Have a date of entry less than 5 years ago, <b>and</b> are 21 years of age or older
<b>K</b>	Meet <b>ALL</b> of the following criteria: Have a date of entry less than 5 years ago, <b>and</b> do not have an Alien Eligibility Code of 4, 5, 6 or 8, <b>and</b> are 21 years of age or older

<b>Indicator</b>	<b>Conditions for Exclusion from 1095-B Reporting</b>
<b>S</b>	Meet <b>ALL</b> of the following criteria: Do not have an Alien Eligibility Code of “9”; <b>or</b> Have an Alien Eligibility Code of “9” <b>and</b> have a date of entry less than 5 years ago <b>and</b> are 21 years old or older
<b>T</b>	Meet <b>ALL</b> of the following criteria: Do not have an Alien Eligibility Code of “9”; <b>or</b> Have an Alien Eligibility Code of “9” <b>and</b> have a date of entry less than 5 years ago <b>and</b> are 21 years old or older
<b>U</b>	Meet <b>ALL</b> of the following criteria: Do not have an Alien Eligibility Code of “9”; <b>or</b> Have an Alien Eligibility Code of “9” <b>and</b> have a date of entry less than 5 years ago <b>and</b> are 21 years old or older
<b>V</b>	Meet <b>ALL</b> of the following criteria: Do not have an Alien Eligibility Code of “9”, <b>and</b> are 21 years of age or older ; <b>or</b> Have an Alien Eligibility Code of “9” <b>and</b> have a date of entry less than 5 years ago <b>and</b> are 21 years old or older
<b>W</b>	Meet <b>ALL</b> of the following criteria: Have a date of entry less than 5 years ago <b>and</b> are 21 years old or older
<b>Y</b>	Meet <b>ALL</b> of the following criteria: Do not have an Alien Eligibility Code of “9”, <b>and</b> are 21 years of age or older ; <b>or</b> Have an Alien Eligibility Code of “9” <b>and</b> have a date of entry less than 5 years ago <b>and</b> are 21 years old or older

**When an individual comes in due to the NFRA and upon review of their MEDS and IN95 records, how should counties proceed?**

16. The IRS will report errors to DHCS after we send them Form 1095-B data during the tax season. Unfortunately, the IRS does not provide further clarity into the reported errors, which is why we require the individual to come into their county office to verify their data. Below are suggested scenarios regarding the NFRA:

- For individuals with **correct MEDS data and IN95 record information**:
  - They might be filing under a different name with the IRS. The individual may take their Form 1095-B to the IRS to reconcile their record with

the IRS directly.

- For individuals with the same MEDS and IN95 record information but they have an **incorrect first or last name**:
  - The county can process an EW12 to update the demographic information on the MEDS record. This will ensure future data is correct.
  - The county will then update the IN95 screen records for each tax year that is incorrect with an “E” request. This will allow a name change to occur on the record that will generate a Corrected Form 1095-B.
  
- For individuals with the same MEDS and IN95 record information but they have an **incorrect SSN**:
  - The county shall process an EW10 to update the SSN. If the transaction fails, please submit a remedy ticket.
  - During batch, the change is caught automatically to generate a Corrected Form 1095-B and update the IN95 record. No further action is required.
  
- For individuals with the same MEDS and IN95 record information but they have **a reported error and a pseudo SSN**:
  - The county shall follow current procedures regarding SSN Verification processes with regard to the program the individual is participating in
  - If an updated SSN can be obtained, please follow the same process as an individual with an **incorrect SSN**.
  - If the individual does not provide an update, suggest to the individual to take their Form 1095-B to the IRS to reconcile their record if a penalty were to affect them.
  - Unless the county performs an action regarding SSN verification, no further action is required regarding Form 1095-B.
  
- For individuals that **no longer have an active county case**:
  - If the first or last name was incorrect, the county shall follow the same process as an individual with **an incorrect first or last name**.
  - If the SSN is incorrect:
    - County of Responsibility shall submit a remedy ticket to update the inactive case with the correct SSN.
      - This process is the same for individuals receiving benefits through SSI/SSP.
      - Counties shall not send individuals to the Social Security Administration (SSA) for this update.