

To: DCF / DMCPS Administrator  
DCF Area Administrators  
Child Placing Agency Directors  
Child Welfare Agency Directors  
County Departments of Community Programs Directors  
County Departments of Developmental Disabilities Services Directors  
County Departments of Human Services Directors  
County Departments of Social Services Directors  
Group Home Providers  
Tribal Social Service/Indian Child Welfare Directors  
Private Child Placing Agencies  
Residential Care Center Providers  
Shelter Care Providers  
Tribal Chairpersons

From: Fredi-Ellen Bove   
Administrator

Re: 1095-B Tax Form for Tax Year 2017

## **PURPOSE**

The purpose of this memo is to give agencies notification that the Department of Health Services, similar to last year, will be sending the 1095-B Tax Form for tax year 2017 in January 2018 to recipients of Medicaid Services, including children in out-of-home care. The child's out-of-home care provider may receive this form for a child currently or previously in their care. This memo also provides agencies a copy of a letter template that they may modify and send to out-of-home care providers with notification that they may be receiving this form and the actions they should take if they receive it in error.

## **BACKGROUND**

The Affordable Care Act (ACA) requires most individuals to have health care coverage that meets a minimum standard called minimum essential coverage (MEC). The 1095-B form serves as proof of health coverage for members who were enrolled in a MEC plan during the tax year. Households that file taxes will need to use the information on the 1095-B form to answer MEC-related questions on their 1040 personal income tax return. The 1095-B form is not required to be filed with the 1040 tax return but members who file taxes should keep their 1095-B form and any tax dependents' 1095-B form for their records. If the member does not file taxes, or the member is not a tax dependent of someone filing taxes, the member can disregard the 1095-B form.

## **INFORMATION SUMMARY**

The State of Wisconsin Department of Health Services (DHS) is required to send 1095-B forms to all individuals who were enrolled at any time during the year in a Medicaid plan that meets the criteria to be considered MEC, which includes children and youth receiving Foster Care Medicaid during any time in 2017. DHS is also required to file these forms electronically with the Internal Revenue Service (IRS).

DHS will mail out letters and forms by January 31, 2018 to each individual who was enrolled in an MEC plan during the previous tax year. Since the 1095-B form contains some personal health information, the State of Wisconsin chose to send forms to the individual rather than to the household. A minor under the age of 18 who may not be responsible for filing taxes, including a child in out-of-home care, will receive his or her own copy of the 1095-B form.

DHS will be sending the 1095-B forms to the current address on file in ForwardHealth interChange for all children who had Foster Care Medicaid for any period of time in 2017. Due to the way Foster Care Medicaid was certified through eWiSACWIS, the address on file for the child may reflect the child's correct current physical address, or could reflect an outdated address of a former out-of-home care provider. Agencies should be aware that some out-of-home care providers may receive a 1095-B form for a child who is no longer in their care. The Wisconsin Department of Health Services has published Operations Memos 16-28, "Updates to 1095-B Tax Form Administration", <https://www.dhs.wisconsin.gov/dhcaa/memos/16-28.pdf> and 15-46, "1095-B Form Administration", which provides instructions to Income Maintenance Supervisors, Lead Workers, and Staff regarding the 1095-B form.

The out-of-home care provider who receives the form may or may not be claiming the child as a dependent for the 2017 tax year, and thus may or may not need the 1095-B form to file their taxes or for their records. If the out-of-home care provider receives a 1095-B form for a child they are not claiming as a dependent, it is requested that they provide the form to the agency or Department through which the child is placed, so the agency can keep the form on file or give it to the individual claiming the child as a dependent on their taxes.

The parent/guardian of the child may be claiming the child as a dependent and need the 1095-B form in order to file taxes and keep for their records. If the agency has been given the form by the out-of-home care provider, the agency may provide the parent/guardian with the 1095-B form that was sent to the out-of-home care provider. Agencies should be aware that the out-of-home care provider's address is on the form, and may need to redact this information before providing the form to the parent/legal guardian if there is a court order restricting this information.

The State of Wisconsin Department of Health Services has created a new member support phone line for individuals who need assistance in getting a 1095-B form or have questions about the 1095-B form. Individuals can call the Wisconsin 1095-B form assistance line at 1-866-667-9419. The agents responding to the 1095-B related phone calls can assist the members with getting a copy of the form and responding to 1095-B questions.

These agents will not be able to create or make changes to a 1095-B form. If anyone disagrees with the months of MEC listed on the 1095-B form in which the child or youth was covered under Foster Care Medicaid, the phone agent may refer them back to the child welfare agency to review the months of Foster Care Medicaid coverage. Child welfare workers may need to review the months of Foster Care Medicaid eligibility in eWiSACWIS and update if there is incorrect information. If changes are made, ForwardHealth interChange will recognize changes in months of MEC eligibility and send a new 1095-B form to the child or youth's most recent address in interChange.

If an out-of-home care provider or parent/guardian calls this support number to request a copy of the 1095-B form, they may not be able to directly obtain the form if the child is flagged in ForwardHealth interChange as a child in out-of-home care. For confidentiality reasons, the 1095-B form will not be directly released to the caller unless the caller is listed on the case for the child for whom they are requesting a form. If the relationship cannot be verified through the information on file in ForwardHealth interChange, the agent will send the letter to the appropriate child welfare agency. The out-of-home care provider or parent/guardian may request that the form is sent to a county agency other than the agency through which the child was placed into out-of-home care. The Department of Health Services will send the form to the county agency with the attention line of "1095-B Tax Form" so that the county can protect any sensitive information from the individual requesting the form, if necessary. It may take 5-7 days for the agency to receive the form. The person requesting the form must then obtain the form from the child welfare agency. Agencies are encouraged to review the form for confidential information that may need to be redacted before providing the requested form to that individual. For example, if a parent/guardian is requesting the form but is prevented by a court order from having the address of the child's foster parent, the agency may redact that information from the form before providing it to the parent/guardian.

Due to this process, agencies are encouraged to communicate with the child's out-of-home care provider about the 1095-B form. If possible, it may be most efficient to have the out-of-home care provider give the 1095-B form to the county agency to provide to parents/guardians should they need it for filing taxes.

The Department of Children and Families and the Department of Health Services do not provide tax advice, and questions regarding the ability to claim a child in out-of-home care as a dependent for tax purposes should be directed to the person's tax professional. For additional information about the 1095-B form, please see: <https://www.dhs.wisconsin.gov/forwardhealth/form1095b.htm>

Agencies are encouraged to work with out-of-home care providers and parents/guardians to assist in ensuring appropriate individuals receive the 1095-B form for tax purposes. The attached letter template is available for agencies to modify and send to out-of-home care providers to alert them of the possible receipt of the 1095-B form.

REGIONAL OFFICE CONTACT: DCF Area Administrator

CENTRAL OFFICE CONTACT: Out-of-Home Care Specialist  
Bureau of Permanency and Out-of-Home Care  
(608) 422-6937

MEMO WEB SITE: <https://dcf.wisconsin.gov/cwportal/policy>

Attachments: 1095-B Letter to Out-of-Home Care Providers Template  
DHS Example 1095-B Cover Letter and Form

Date

Dear Caregiver,

This letter is to notify you about the 1095-B tax form and provide more information about what to do if you receive a 1095-B form. You may receive a 1095-B from the State of Wisconsin Department of Health Services for a child currently or previously placed in your care during calendar year 2017. The 1095-B form serves as proof of health coverage and will help tax filers answer the minimal essential coverage (MEC) related questions on the 1040 personal income tax return form. Since Foster Care Medicaid is considered an MEC program, children or youth enrolled in Foster Care Medicaid during the 2017 tax year will be receiving a 1095-B form.

**Caregivers Claiming Children as Tax Dependents**

If you are claiming the child as a tax dependent, use the information on the 1095-B form to answer the MEC-related questions on your 1040 personal income tax return. Keep the form for your tax records.

If you need a 1095-B form for a child you are claiming as tax dependent but did not receive one, the State of Wisconsin Department of Health Services has created a new member support phone line for members who need assistance in getting a 1095-B form or have questions about the 1095-B form. The agents responding to the 1095-B related phone calls can assist you with getting a copy of the form and responding to 1095-B questions. Individuals needing a form can call the Wisconsin 1095-B form assistance line at 1-866-667-9419. Please note that if you request a form, the phone agents may not be able to release the form directly to you for confidentiality reasons, and may require the form be sent to a county agency. If this happens, you will need to work with that agency to get a copy of the form.

**Caregivers who are NOT Claiming Children as Tax Dependents**

If you are not claiming the child as a tax dependent, you do not need this form. We are requesting that you give the 1095-B form to the agency or Department that placed the child in your care so the agency can keep the form on file and assist in providing the form to the appropriate individual, such as the parent or guardian of the child who may be claiming the child as a tax dependent.

The Department of Children and Families and the Department of Health Services do not provide tax advice. Questions regarding the ability to claim a child in out-of-home care as a tax dependent should be directed to a tax professional. For additional information about the 1095-B form, please see <https://www.dhs.wisconsin.gov/forwardhealth/form1095b.htm>. Thank you for your continued efforts to serve and support children in out-of-home care.

Sincerely,



**State of Wisconsin**

ID #: XXXXXXXXXX

1095-B Form Assistance  
Phone: 1-866-667-9419

**1095-B Cover Letter 2017**

Mailing Date: MM/DD/YYYY

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0000000100-01-03  
ANNA MEMBER  
123 MAIN ST  
ANY TOWN WI 55555 55555



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

**Important Tax Information for [MEMBER NAME]**

Enclosed is an IRS 1095-B tax form for [MEMBER NAME].

If your household files a federal income tax return for 2017, you may need to answer questions on the tax return about your health insurance coverage during 2017. The information on the enclosed 1095-B tax form can help you answer these questions.

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2017. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit [irs.gov](https://www.irs.gov) or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B tax form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit [dhs.wisconsin.gov/forwardhealth/form1095b.htm](https://dhs.wisconsin.gov/forwardhealth/form1095b.htm).

**Note:** Each person in your household who had minimum essential coverage through the State of Wisconsin in 2017 will get his or her own 1095-B form in the mail.

Form <b>1095-B</b>  Department of the Treasury Internal Revenue Service	<b>Health Coverage</b>  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> VOID  <input type="checkbox"/> CORRECTED         </div> <div style="margin-top: 10px;"> <p>▶ <b>Do not attach to your tax return. Keep for your records.</b></p> <p>▶ <b>Go to <a href="http://www.irs.gov/Form1095B">www.irs.gov/Form1095B</a> for instructions and the latest information.</b></p> </div>	OMB No. 1545-2252  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div>
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**Part I Responsible Individual**

<b>1</b> Name of responsible individual ANNA MEMBER	<b>2</b> Social security number (SSN) or other TIN XXX-XX-0001	<b>3</b> Date of birth (if SSN or other TIN is not available)
<b>4</b> Street address (including apartment no.) 123 MAIN ST	<b>5</b> City or town ANY TOWN	<b>6</b> State or province WISCONSIN
<b>7</b> Country and ZIP or foreign postal code USA 55555		
<b>8</b> Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . ▶ <span style="border: 1px solid black; padding: 2px 5px;">C</span>		<b>9</b> Reserved

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

<b>10</b> Employer name	<b>11</b> Employer identification number (EIN)
<b>12</b> Street address (including room or suite no.)	<b>13</b> City or town
<b>14</b> State or province	<b>15</b> Country and ZIP or foreign postal code

**Part III Issuer or Other Coverage Provider** (see instructions)

<b>16</b> Name State of Wisconsin Department Of Health Services Division of Medicaid Services	<b>17</b> Employer identification number (EIN) XX-XXXXXX	<b>18</b> Contact telephone number 1-123-456-7899
<b>19</b> Street address (including room or suite no.) 1 West Wilson Street PO Box 309	<b>20</b> City or town Madison	<b>21</b> State or province WI
<b>22</b> Country and ZIP or foreign postal code USA 53701		

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>23</b> ANNA MEMBER	XXX-XX-0001		<input checked="" 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** (2017)

## Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision).



*Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

**Part I. Responsible Individual, lines 1–9.** Part I reports information about you and the coverage.

**Lines 2 and 3.** Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



*If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.*

**Line 8.** This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage



*If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see [www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals](http://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals).*

**Line 9.** Reserved.

**Part II. Information About Certain Employer-Sponsored Coverage, lines 10–15.** If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part also may be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

**Part III. Issuer or Other Coverage Provider, lines 16–22.** This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**

**Part IV. Covered Individuals, lines 23–28.** This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.



State of Wisconsin

ID #: XXXXXXXXXX

1095-B Form Assistance  
Phone: 1-866-667-9419

**1095-B Corrected Cover Letter 2017**

Mailing Date: MM/DD/YYYY

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ANNA MEMBER  
123 MAIN ST  
ANY TOWN WI 55555 55555



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**Important Tax Information: Corrected 1095-B Tax Form for [MEMBER NAME]**

Enclosed is a **corrected** IRS 1095-B tax form for [MEMBER NAME]. Any other 1095-B forms you may have already received for [MEMBER NAME] for 2017 are no longer correct. You should only use the information from this corrected 1095-B form when completing your taxes.

If your household files a federal income tax return for 2017, you may need to answer questions on the tax return about your health insurance coverage during 2017. The information on the enclosed 1095-B form can help you answer these questions.

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2017. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit [irs.gov](https://www.irs.gov) or contact a tax professional for more information about using this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit [dhs.wisconsin.gov/forwardhealth/form1095b.htm](https://dhs.wisconsin.gov/forwardhealth/form1095b.htm).

**Note:** Each person in your household who had minimum essential coverage through the State of Wisconsin in 2017 will get his or her own 1095-B form in the mail.





**State of Wisconsin**

ID #: XXXXXXXXXX

**1095-B Duplicate Cover Letter 2017**

Mailing Date: MM/DD/YYYY

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ANNA MEMBER  
123 MAIN ST  
ANY TOWN WI 55555 55555

1095-B Form Assistance

Phone: 1-866-667-9419



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**Important Tax Information: Duplicate 1095-B Tax Form for [MEMBER NAME]**

Enclosed is a copy of the IRS 1095-B tax form for [MEMBER NAME] that you requested.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit [irs.gov](https://www.irs.gov) or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit [dhs.wisconsin.gov/forwardhealth/form1095b.htm](https://dhs.wisconsin.gov/forwardhealth/form1095b.htm).

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**State of Wisconsin**

ID #: XXXXXXXXXX

**1095-B Tribal Cover Letter 2017**

Mailing Date: MM/DD/YYYY

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ANNA MEMBER  
123 MAIN ST  
ANY TOWN WI 55555 55555

1095-B Form Assistance  
Phone: 1-866-667-9419



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**Important Tax Information for [MEMBER NAME]**

Enclosed is an IRS 1095-B tax form for [MEMBER NAME].

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2017. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

Our records show that [MEMBER NAME] is a member of an American Indian tribe, descendant of a tribal member, and/or eligible for Indian Health Services. As a result, [MEMBER NAME] may be eligible for an exemption from the requirement to have health insurance coverage. This exemption is known as the Indian health coverage exemption.

There is more information on the federal Health Insurance Marketplace website about exemptions, including the Indian health coverage exemption: [healthcare.gov/health-coverage-exemptions/forms-how-to-apply](https://healthcare.gov/health-coverage-exemptions/forms-how-to-apply). If you think you may qualify for an exemption and need help with getting an exemption, you should contact a tax professional.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit [irs.gov](https://irs.gov) or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit [dhs.wisconsin.gov/forwardhealth/form1095b.htm](https://dhs.wisconsin.gov/forwardhealth/form1095b.htm).

**Note:** Each person in your household who had minimum essential coverage through the State of Wisconsin in 2017 will get his or her own 1095-B form in the mail.

SAMPLE



State of Wisconsin

ID #: XXXXXXXXXX

**1095-B Tribal Corrected Cover Letter 2017**

Mailing Date: MM/DD/YYYY

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ANNA MEMBER  
123 MAIN ST  
ANY TOWN WI 55555 55555

1095-B Form Assistance  
Phone: 1-866-667-9419



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**Important Tax Information: Corrected 1095-B Tax Form for [MEMBER NAME]**

Enclosed is a **corrected** IRS 1095-B tax form for [MEMBER NAME]. Any other 1095-B forms you may have received for [MEMBER NAME] for 2017 are no longer correct. You should only use the information from this corrected form.

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2017. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

Our records show that [MEMBER NAME] is a member of an American Indian tribe, descendant of a tribal member, and/or eligible for Indian Health Services. As a result, [MEMBER NAME] may be eligible for an exemption from the requirement to have health insurance coverage. This exemption is known as the Indian health coverage exemption.

There is more information on the federal Health Insurance Marketplace website about exemptions, including the Indian health coverage exemption: [healthcare.gov/health-coverage-exemptions/forms-how-to-apply](https://healthcare.gov/health-coverage-exemptions/forms-how-to-apply). If you think you may qualify for an exemption and need help with getting an exemption, you should contact a tax professional.

If your household plans to file taxes, refer to the instructions on the back of the 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit [irs.gov](https://irs.gov) or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit [dhs.wisconsin.gov/forwardhealth/form1095b.htm](https://dhs.wisconsin.gov/forwardhealth/form1095b.htm).

**Note:** Each person in your household who had minimum essential coverage through the State of Wisconsin in 2017 will get his or her own 1095-B form in the mail.

SAMPLE