

Chris Norman, Manager
Delivery System Support Section

Number: DMAP-IM-16-021

Authorized Signature

Issue Date: 02/05/2016

Topic: Medical Benefits

Subject: Income tax form 1095-B mailed to Oregon Health Plan (OHP) clients for the 2015 tax year

Applies to:

- | | |
|---|--|
| <input checked="" type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input checked="" type="checkbox"/> Aging and People with Disabilities |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): Health Systems |
| <input checked="" type="checkbox"/> County DD Program Managers | Medicaid/CHIP staff |

Message:

Starting January 29, 2016, the Division began mailing the 1095-B federal income tax form. The form lists the months that a client was on OHP during calendar year 2015.

All tax filers must put their health coverage information on their 2015 federal tax return, for each person they file for; and keep the 1095-B form(s) for their records.

The Division will send out three types of letters in green envelopes marked, "IMPORTANT TAX INFORMATION":

1. Initial mailing cover letter ([page 3](#)): This began mailing on January 29, and explains the form line-by-line. It is printed on yellow paper.
2. Correction letter ([page 5](#)): If clients report corrections, this letter will go out with a corrected 1095-B form.
3. Void letter ([page 7](#)): If the initial form was sent in error, this letter will go out asking the client to disregard the letter.

Part III, Box 17 of the 1095-B shows an incorrect Employer Identification Number (EIN) for the Oregon Health Authority. If clients call asking for the correct EIN, please let them know the correct EIN is 93-0576060.

Please direct all other client calls about the 1095-B form to the 1095-B Service Line at 1-844-346-8060 (TTY 711). The 1095-B letters direct clients to call this line with any questions and to report changes or mistakes.

To learn more, see our [fact sheet](#) and the [1095-B form](#).

If you have any questions about this information, contact:

| | |
|-------------|--|
| Contact(s): | 1095-B Service Line |
| Phone: | 1-844-346-8060 |
| E-mail: | veronica.hillebrand@state.or.us or zina.hernandez@state.or.us |



January 29, 2016

For tax filers: Report OHP coverage on your federal income tax return
Tax form enclosed: Form 1095-B

Dear Oregon Health Plan (OHP) Member,

If you file a tax return, starting this year you must report OHP coverage on your federal income tax return. The enclosed form shows which months you had OHP health coverage in 2015.

What do I need to do?

1. Read the form to make sure it is correct. The other side of this letter explains the form.
2. If any information about you is not correct, like coverage dates or your address, please call 1-844-346-8060 (TTY 711) and tell us the correct information. We will send a new form.
3. If you plan to file a tax return for 2015, keep this form as proof that you had health coverage in 2015. (*Do not send the form with your tax return.*)

More Information

- Getting this letter and form does not mean you have to file an income tax return.
- If someone else files your tax return, they will need this form. If you are someone's dependent, they will need this form.
- If you had health insurance in 2015 besides OHP, you may get other forms like this.
- You are getting this letter because our records show that you had OHP coverage in 2015. We are required by law to send you this form. We will send a separate 1095-B form to each person who had OHP coverage in 2015, even children.

You can get more information on our website at www.oregon.gov/OHA/healthplan. Click on the "Oregon Health Plan and Taxes" button.

Thank you,

The Oregon Health Authority

You can get this letter in another language, large print, or another way that is best for you. Call 1-844-346-8060 (TTY 711).

How to read form 1095-B – Line-by-line description

Part I – Responsible Individual (*policy holder*)

- Box 1:** Name of responsible individual
This is the name of the OHP member who had OHP in 2015.
- Box 2:** Social Security number
This has the last 4 digits of the OHP member's Social Security number (SSN).
- Box 3:** Date of birth
If we don't have their SSN, this box will show the OHP member's date of birth.
- Boxes 4-7:** Address
This shows the OHP member's home or mailing address.
- Box 8:** Origin of the policy
This should show the letter **C**, for Government-sponsored program.
- Box 9:** Small Business Health Options Program (SHOP)
This box should be empty. It does not apply to OHP coverage.

Part II – Employer Sponsored Coverage

- Boxes 10-15:** These should be empty. It does not apply to OHP.

Part III – Issuer or Other Coverage Provider

- Boxes 16-22:** This is Oregon Health Authority contact information.

Part IV – Covered Individuals

- Line 23(a):** This is the name of the OHP member who had coverage in 2015.
- Line 23(b):** Last 4 digits of the person's SSN.
- Line 23(c):** If we don't have their SSN, this box will show the person's date of birth.
- Line 23(d):** Full year of coverage - this line is checked if the person had OHP for all of 2015.
- Line 23(e):** Months of coverage – the checked boxes show which months in 2015 that the person had OHP for either part of the month or for the full month.
- Lines 24-28:** Empty, does not apply.



February 15, 2016

Dear Oregon Health Plan Member,

We corrected the 1095-B tax form we sent you recently. The corrected 1095-B form is enclosed. We also sent it to the Internal Revenue Service (IRS).

What should I do with this form?

Please read the form and make sure it is correct. The back of this letter explains the form. If any information about you is not correct, please call the OHP 1095-B Service Line at 1-844-346-8060, TTY 711 and tell us the correct information.

Questions and corrections

You can get more information about the 1095-B tax form on our website at www.ohp.oregon.gov – click on the “OHP & Taxes” button.

If you have any questions, or corrections to the form, please call the OHP 1095-B Service Line at 1-844-346-8060, TTY 711.

Thank you.

The Oregon Health Authority

You can get this letter in another language, large print, or another way that is best for you. Call 1-844-346-8060 (TTY 711).

How to read form 1095-B – Line-by-line description

Part I – Responsible Individual (*policy holder*)

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- Boxes 4-7:** Address
This shows the OHP member's home or mailing address.
- Box 8:** Origin of the policy
This should show the letter **C**, for Government-sponsored program.
- Box 9:** Small Business Health Options Program (SHOP)
This box should be empty. It does not apply to OHP coverage.

Part II – Employer Sponsored Coverage

- Boxes 10-15:** These should be empty. It does not apply to OHP.

Part III – Issuer or Other Coverage Provider

- Boxes 16-22:** This is Oregon Health Authority contact information.

Part IV – Covered Individuals

- Line 23(a):** This is the name of the OHP member who had coverage in 2015.
- Line 23(b):** Last 4 digits of the person's SSN.
- Line 23(c):** If we don't have their SSN, this box will show the person's date of birth.
- Line 23(d):** Full year of coverage – this line is checked if the person had OHP for all of 2015.
- Line 23(e):** Months of coverage – the checked boxes show which months in 2015 that the person had OHP for either part of the month or for the full month.
- Lines 24-28:** Empty, does not apply.

If you have any corrections to the 1095-B form, please call 1-844-346-8060 (*TTY 711*) and tell us. For more information about Form 1095-B, please visit www.ohp.oregon.gov and click on the “Oregon Health Plan and Taxes” button.



February 15, 2016

PO Box 14015
Salem, OR 97309
Voice: 1-844-346-8060
Fax: 503-378-5628
TTY: 711
www.ohp.oregon.gov

<<FirstName LastName NameSuffix>>
<<AddressLine1>>
<<AddressLine2>>
<<City, State ZIPCode>>

Hello,

Recently we sent you a 1095-B tax form by mistake.

A new law requires us to send a 1095-B form to everyone who had OHP (*Oregon Health Plan*) coverage in 2015.

You do not need the 1095-B form we sent because you were not on OHP in 2015.

Questions and corrections

We want to make sure you have the information you need.

If you have questions about the 1095-B tax form, please visit www.ohp.oregon.gov — click on the “OHP & Taxes” link. You can also call 1-844-346-8060, TTY 711.

Sincerely,

The Oregon Health Authority

You can get this letter in another language, large print, or another way that is best for you. Call 1-844-346-8060 (TTY 711).