

1095-A

Frequently Asked Questions
for Tax Preparers and Customers



What should I do if my customer's 1095-A doesn't look right?

Vermont Health Connect encourages customers to review their 1095-A form to make sure it reflects the benefits they received for 2014. If the information does not look right, **please contact Vermont Health Connect at 1-855-899-9600 (toll-free)**. Vermont Health Connect may be able to process the change retroactively and send a CORRECTED 1095-A.

In particular, please call Vermont Health Connect if any of the following do not look right:

- Start and end dates of Qualified Health Plan (QHP), including overlap with other health insurance;
- Coverage household (adding/dropping members);
- Months for which premium was paid (shown by an amount in Part III, Column A);
- The months for which APTC is reported (shown by an amount in Part III, Column C; the period of time the customer was effectuated in coverage).

What if a customer had a change in coverage in 2014, but it is not reflected on their 1095-A? Should customers wait for a corrected form before proceeding with their tax return to avoid having to amend their return?

Please contact Vermont Health Connect at 1-855-899-9600 (toll-free). Vermont Health Connect will make a correction if the customer calls and there is a documentation that the change should have been made during the benefit year.

Any changes on 2014 coverage that were processed after January 15 will generate a CORRECTED 1095-A form. This includes benefit changes as well as payments made on the 2014 account. If a customer was awaiting a change, the initial 1095-A form was sent without the change, so these customers will receive both an initial 1095-A (end of January/beginning of February) and a CORRECTED 1095-A form a short time later. If the customer already filed with the initial 1095-A, they may decide to file an amended tax return. If not, they should wait for the CORRECTED form to file.

Vermont Health Connect sends corrections to customers and the IRS at the same time, so the information will all be aligned. If a customer is unsure whether or not a CORRECTED 1095-A form is already in process, contact Vermont Health Connect.

Need help?

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What if a customer received multiple CORRECTED 1095-A forms, including one that shows their coverage was cancelled?

If a change was made to their 2014 coverage after receiving an initial 1095-A, they may get multiple “corrected” forms. This is because coverage changes happen in a two-step process: 1) the old case is withdrawn, and 2) the new case is added. As a result, two different 1095-A forms are generated. One is the former (withdrawn) with the correction box checked, and the other one is the new case showing updated coverage. Depending on the type of change and whether it applies to the entire coverage period, the CORRECTED (withdrawn) case could indicate no coverage.

Both are needed for IRS reporting, but they may not arrive on the same day. It is important to wait for both forms to arrive before filing taxes. Since CORRECTED forms are sent on a weekly basis, it’s best to wait a few weeks for the additional form to arrive, and if it still hasn’t, call Vermont Health Connect at 1-855- 899-9600 (toll-free).

Separately, there are a few people who may have received a 1095-A in error, who never actually had effectuated coverage in 2014. This corrected form is sent so that the IRS and customer are updated that the customer did *not* receive coverage and does *not* have to reconcile APTC during tax filing.

What if a customer believes they should have received a 1095-A but did not?

Some people who started their QHP coverage through Vermont Health Connect in late 2014 may not have received a 1095-A in the initial mailing. They should receive their form by late February/early March. If not, contact Vermont Health Connect at 1-855-899-9600 (toll-free).

What if a customer had Medicaid or another form of coverage during the Qualified Health Plan coverage period listed on the 1095-A?

Contact Vermont Health Connect as soon as possible at 1-855-899-9600 (toll-free). If this overlap is in error, it will be corrected by Vermont Health Connect and communicated to the IRS.

Generally, people do not qualify for a premium tax credit (PTC) if they are eligible for or enrolled in other health insurance. There is an exception for retroactive Medicaid coverage.

What if my customer’s 1095-A includes family members who, according to our information, also had other health insurance during that time? Are they still eligible for their advanced premium tax credits (APTC)?

Please call Vermont Health Connect at 1-855-899-9600 (toll-free). Generally, people who have access to other, adequate health insurance are not eligible for APTC.

But, please keep in mind that where the 1095-A indicates APTC was paid on behalf of a customer, that customer is eligible for the premium tax credit for a given month based on the information in Vermont Health Connect’s system. The customer should use this information to file their federal return and claim the premium tax credit. Remember, Vermont Health Connect is the source of record. **Their**

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filing will not be considered a false return as long as it is consistent with the information reported by Vermont Health Connect.

My customer experienced a change to household and/or income during 2014, but did not report it to Vermont Health Connect. Now that 2014 is over, what should we do?

Qualified Health Plan customers are instructed to report changes in their life (such as getting married, having a baby, becoming a U.S. citizen, adopting a child, etc.) within 30 days so that any impacts on program eligibility or financial aid can be applied.

If a customer did not report the change during 2014, however, a new 1095-A is likely not needed for the purposes of 2014 tax filing. The customer can simply provide the updated information in their tax filing in order to reconcile for tax purposes.

If the customer requested a *coverage change* during 2014 (i.e.: termination, adding or dropping a member) but it was not reflected on the 1095-A, the customer should contact Vermont Health Connect. Vermont Health Connect can make some types of documented coverage changes retroactively, which may then result in a CORRECTED 1095-A.

My customer has a financial hardship and needs the 1095-A corrected quickly! What can I do?

Contact Vermont Health Connect and tell them about the hardship. Customers with significant financial hardship will be prioritized for an expedited CORRECTED 1095-A. In this situation, financial hardship is defined as an inability to pay reasonable and necessary living expenses such as rent or mortgage, car payment or repair, utility bills, child care bills, food, or out-of-pocket medical expenses.

Why can't we correct the information on the 1095-A ourselves if we know the eligibility rules and how to apply them?

Vermont Health Connect is the system of record for eligibility. The marketplace is responsible for determining eligibility for advanced premium tax credit (APTC) based on customer-provided information. The APTC information in the Vermont Health Connect system is what the insurance carriers bill the Centers for Medicaid and Medicare Services for, what is reported to the IRS, and what is given to the customer in the 1095-A.

What if my customer's address is wrong on the 1095-A but the rest of the information is right?

Demographic information can be adjusted during tax filing and **do not require** a CORRECTED 1095-A form. Likewise, changes to tax household (for example, divorce) and income do not require a CORRECTED 1095-A form.

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My customer is being told to pay back advanced premium tax credits (APTC). What can we do?

It is important to remember that the amount of APTC is an estimate based on customer-provided information. The IRS calculates the actual tax credit amount and some reconciliation with the APTC may be necessary. Customers may have received too much of the premium tax credit in advance for various reasons (for example, inaccurate information provided during enrollment, unreported change of income or tax household during the year, etc.). Vermont Health Connect encourages customers to call with questions. A specially trained team is dedicated to evaluating cases of customers who disagree with their eligibility and repayment obligations. Read about repayment limits at <http://info.healthconnect.vermont.gov/repayment>.

What is the time frame we can expect for 1095-A corrections to be addressed by Vermont Health Connect?

For customers who reported a change to their plan or information, CORRECTED 1095-A forms began mailing in late February/early March. They are mailed in weekly batches as the changes are processed.

CORRECTED 1095-A forms are also being processed and mailed to customers who posted payments on their December 2014 premiums after January 15, as well as to those whose 2014 accounts had changes processed after January 15.

If Vermont Health Connect determines that no correction is needed, the customer will be informed by email or mail that no correction was made and the 1095-A they initially received is correct.

I have a customer who does not agree with the information reported on the 1095-A. We have already spoken with Vermont Health Connect customer support, who confirmed that no correction will be made. Is there anyone else we can ask to help change the outcome?

If Vermont Health Connect informs the customer that the initial 1095-A is correct, but the customer disagrees, there is a new informal reconsideration process to follow.

A customer can enter the reconsideration process after the 1095-A resolution group has reviewed the case for potential corrections and sent the customer a notice saying no correction is needed. A panel will review the case, after which the DVHA Legal Division will write a summary of its decision to the customer and close the case. To do this, contact Vermont Health Connect at 1-855-899-8600 (toll-free) or find the request form at <http://info.healthconnect.vermont.gov/sites/hcexchange/files/205RFR%2002-15.pdf> and mail to: Vermont Health Connect, 103 South Main Street, Waterbury, Vermont, 05676. The Department of Vermont Health Access (DVHA) Legal Division will review the case, make a determination about further action on the 1095-A, and send the customer a written summary of its decision.

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