



ACA: Everything You Need to Know

# Part I: Introduction to the ACA

## *Minimum Essential Coverage*

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October 21, 2014

*Current as of October 30, 2014*

- About this project
- Overview of the ACA
- Deep dive: Minimum essential coverage
- Common questions

- **Support the work of volunteer tax preparers** by providing trainings, tools and other assistance on the Affordable Care Act
- **Answer practical questions** about how to complete the ACA-related tax forms
- Provide enough background information so tax program leaders and their volunteers can **answer basic questions** about the ACA and can **refer to other resources**

# Everything You Need to Know Series

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*All on Tuesdays at 3-4pm ET*

## **October 21 – Overview of the ACA**

Understand the basics of the ACA, including the requirement to have coverage, and how to account for insurance coverage on the tax return.

## **November 4 – Tax Penalty and Exemptions**

Learn about the individual responsibility payment, its enforcement and who can claim an exemption from the coverage requirement.

## **November 18 – Premium Tax Credit**

Learn how to calculate the premium tax credit and compare the calculated amount to payments received in advance.

## **December TBD – Frequently Asked Questions**



# Coming Soon from CBPP

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- **Volunteer Training** (early/mid November)
  - ACA-focused training modules for volunteers
  - Self-guided or instructor-led options
- **New Guidebook** (late November)
  - Publication to explain tax elements of the ACA in more detail
- **New Tools** (December - January)
  - Guides and decision trees to facilitate interactions with clients
- **Technical Assistance & Feedback**
  - We want your feedback
  - Email us with questions or requests any time: [tstraw@cbpp.org](mailto:tstraw@cbpp.org)

- **IRS.gov/aca**
  - Frequent updates of content and frequently asked questions
- **For training:** Publication 5157 – Affordable Care Act  
<http://www.irs.gov/pub/irs-pdf/p5157.pdf>
- **For clients:** Publications 5120, 5121, 5152, 5156 and 5172
- **Draft tax forms and instructions**  
<http://apps.irs.gov/app/picklist/list/draftTaxForms.html>
  - Form 8962, Premium Tax Credit
  - Form 8965, Health Coverage Exemptions

**Welcome to the ACA**

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# What is the Affordable Care Act?

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The **Patient Protection and Affordable Care Act (ACA)** is a federal law signed by the President on March 23, 2010.

- The law expands access to health insurance and creates a requirement to have coverage.
- For the first time, taxpayers will:
  1. Report health coverage (and lack of coverage)
  2. Claim an exemption from the coverage requirement
  3. Calculate a payment for any months without coverage or exemption
  4. Reconcile advance payments or claim premium tax credits
- Tax year 2014 is the first year that the individual shared responsibility payment, exemptions and premium tax credit affect tax returns.
- All of these ACA-related tax items are in scope for Basic VITA volunteers.






# Steps in the tax return related to the ACA

**There is a requirement to have health insurance coverage starting Jan. 1, 2014. People without coverage or an exemption may pay a penalty.**

**Step  
1**

Did everyone on the return have minimum essential coverage for every month?

YES

Taxes		60	60
60a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage 	61	

NO

See Step 2.

**Step  
2**

Is anyone on the tax return eligible for an exemption from the coverage requirement for any month during the year?

- Can this exemption be granted by the IRS on the tax return?

OR

- Does this exemption require approval from the Marketplace?

**Step  
3**

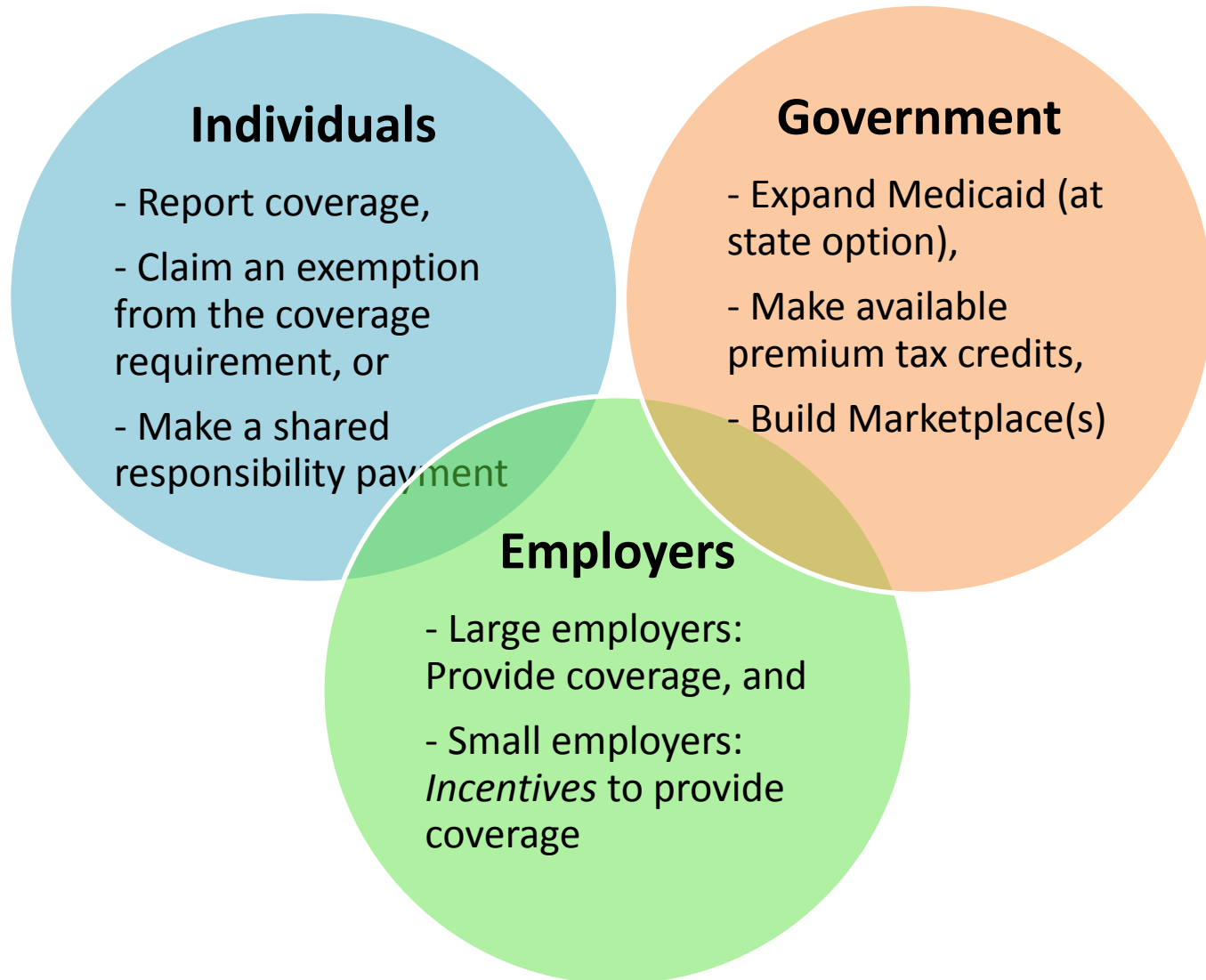
If no coverage and no exemption, calculate Individual Shared Responsibility Payment using tax worksheet.

**Step  
4**

If someone on the tax return purchased coverage in the Marketplace and qualifies for a premium tax credit, complete Form 8962.

# How Does the ACA Work?

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# Two New Coverage Options



- **Medicaid expansion** to individuals and families with income up to 138% FPL
- States decide whether to expand



- **Premium tax credits** for families with income 100–400% FPL
- 28.6 million eligible
- 8 million enrolled (28%)
- 85% had financial assistance
- Average exchange subsidy will be **\$7,900** by 2023

## What Are Premium Tax Credits (PTC)?

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- Assistance with the cost of health coverage for people purchasing coverage in a ***Health Insurance Marketplace***
  - Some states use the Federally Facilitated Marketplace (FFM) at [www.healthcare.gov](http://www.healthcare.gov). Other states have their own Marketplace. The same rules apply to both.
  - Insurance can be purchased only during open enrollment or if a person has cause for a special enrollment period.
- **Administered by CCIIO** (Center for Consumer Information and Insurance Oversight)

# What Are Premium Tax Credits (PTC)?

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## Eligibility Criteria for PTC

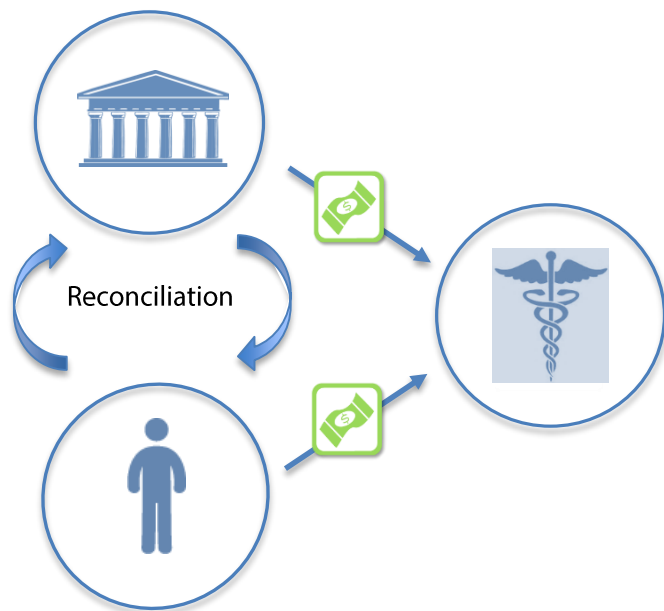
- To receive a premium tax credit, a person must:
  1. Be enrolled in a Marketplace plan
  2. Have income between 100 and 400 percent of the federal poverty line (FPL)
    - Individual: \$11,690 - \$46,760
    - Family of four: \$23,850 - \$95,400
    - Exception: Lawfully present immigrants with income under the poverty line are eligible for PTCs if they are ineligible for Medicaid because of their immigration status
  3. Have an eligible filing and dependent status
    - Cannot be married filing separately (exceptions for abandoned and abused spouses )
    - Cannot be a dependent
  4. Be ineligible for minimum essential coverage (MEC), which includes most public and employer-sponsored coverage

# What Are Premium Tax Credits (PTC)?

- **Advanced payment** of the PTC can be made based on a determination by the Marketplace during the application process. The actual PTC is claimed on the tax return.
- The PTC can be taken:

## In advance

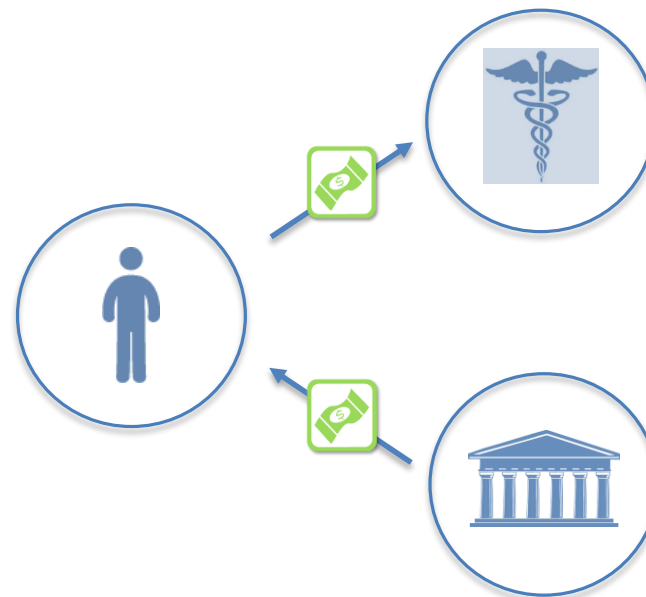
Forwarded to the insurer monthly to reduce premiums; reconciled on tax return



or

## At tax time

Claimed on the tax return



# Premium Tax Credits

- The PTC is *refundable*.
- Receipt of advance payments of PTC creates a *tax filing requirement*.
- If no advance payments of PTC are made during the year, or if only part of the PTC is received during the year, the remainder may be claimed on the tax return.
- If a taxpayer receives excess PTC, it must be paid back.

REPAYMENT LIMITS ON APTC		
Income (as % of federal poverty line)	SINGLE taxpayers will pay back no more than ...	OTHER taxpayers will pay back no more than....
Under 200%	\$300	\$600
At least 200% but less than 300%	\$750	\$1,500
At least 300% but less than 400%	\$1,250	\$2,500
400% and above	Full reconciliation	Full reconciliation



- Marketplace enrollment is minimum essential coverage
- People who receive advance payments of PTC *must* file a tax return, even if they otherwise have no tax filing requirement.
  - Also must file if a dependent received advance payments of PTC, or
  - If no PTC was received in advance but a taxpayer (or dependent) purchased coverage in the Marketplace and now wants to claim the credit
- Advance payments of PTC are reconciled against the amount of PTC that is allowed based on the taxpayer's year-end household and income (Form 8962)



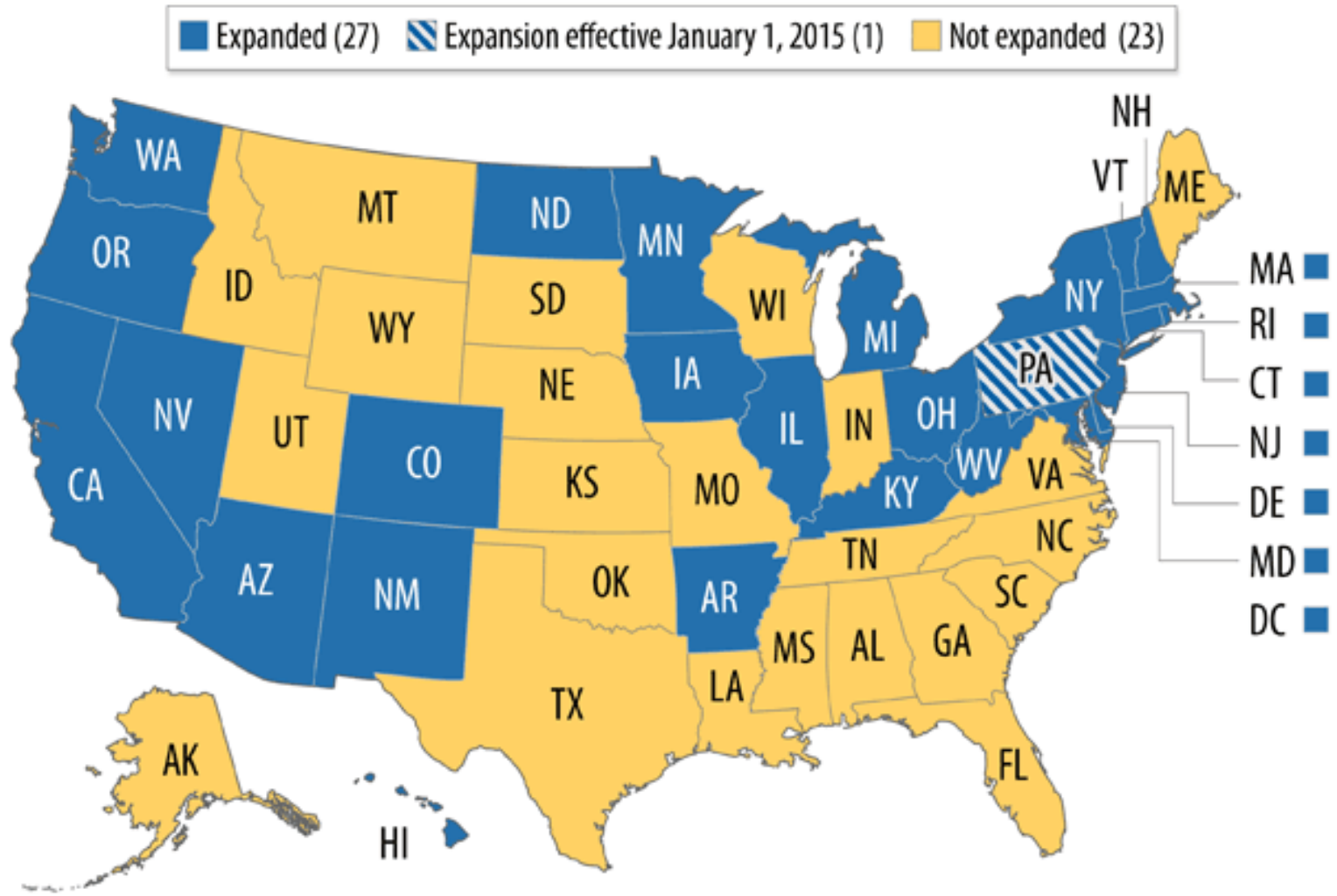
# Medicaid Expansion

- **Who is *newly* eligible?**
  - Mainly adults, including parents (whether or not they work) and adults without dependent children
- **At what income?**
  - 138% of federal poverty level (FPL)
  - Depends on family size

<b>Family Size</b>	<b>138% FPL (in 2014 dollars)</b>
1	\$16,105
2	\$21,707
3	\$27,310
4	\$32,913

- **Administered by CMS** (Centers for Medicare and Medicaid Services) at the federal level and your state Medicaid agency

# Status of State Medicaid Expansions



# Why should you care about Medicaid coverage?

- **In Medicaid expansion states**, more low-income people will have minimum essential coverage
  - *Likely to have an easier tax return:* More likely to check a box on the tax return for MEC instead of determining exemption eligibility or calculating shared responsibility payment.
  - *Referral for coverage:* Eligible people can enroll in Medicaid at any time. Enrollment in Marketplace coverage is limited to open and special enrollment periods.
- **In non-expansion states**, low-income adults may be in a **coverage gap**: not eligible for help until PTC begins at 100% FPL
  - *Less likely to have coverage:* More will need to qualify for an exemption or make a shared responsibility payment.
  - *Referral for coverage:* Enrollment in Marketplace coverage is limited to open and special enrollment periods. However, a person may be eligible for Medicaid under existing rules (even without expansion) so it's helpful to check.



TIP

There is an exemption for people who are in the coverage gap in states that did not expand Medicaid.

# Minimum Essential Coverage

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## What is minimum essential coverage (MEC)?

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- Starting in 2014, most people are required to have health insurance that qualifies as *minimum essential coverage* and to report it on their tax return.
- Most types of coverage count as minimum essential coverage
- Coverage for one day = coverage for the month

# Minimum Essential Coverage (MEC)

## QUALIFIES AS MEC

### Employer sponsored coverage

- Employee coverage
- COBRA
- Retiree coverage

### Individual health insurance

- Purchased from a health insurance company
- Purchased through the Marketplace
- Provided through a student health plan

### Government-sponsored plans

- Medicare
- Most Medicaid
- CHIP
- Most TRICARE
- Most VA
- State high-risk insurance pools
- Peace Corps
- Refugee Medical Assistance

## LIMITED BENEFITS THAT ARE NOT MEC

- Single-benefit coverage (e.g., dental-only or vision-only plans)
- Accident or disability insurance
- Workers' compensation
- AmeriCorps/AfterCorps coverage
- **Limited-benefit Medicaid**
  - Family planning services
  - Tuberculous treatment
  - Pregnancy-related
  - Emergency medical condition
  - 1115 demonstrations
  - Medically needy
- **Limited-benefit TRICARE**
  - Space-available care
  - Line-of-duty care

Exemption available for 2014 – no penalty




# Verification of MEC

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- **Many people will have no tax document that verifies MEC in 2014**
  - Coverage reporting by employers and insurers is voluntary for 2014; will be mandatory starting in Tax Year 2015.
- **Tax preparers do not need to see specific documentation of insurance.**
- Instead, tax preparers will use *due diligence* to determine whether a client has coverage. This includes:
  - A comprehensive interview that includes questions about insurance coverage
  - A W-2 with code DD in box 12, which indicates some type of health coverage through the employer for some number of months (individual or family coverage)
  - Form 1095-A, for people who purchased coverage in the Marketplace
  - Forms 1095-B or 1095-C, but since these forms are optional, failure to get one does *not* indicate lack of coverage. Many insured people will not receive these forms for 2014.
- Reminder: Tax return is signed under penalty of perjury



# Tax forms that show evidence of coverage

a Employee's social security number <b>123-45-6789</b>		Safe, accurate, FAST! Use  Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN) <b>11-2233445</b>		1 Wages, tips, other compensation <b>48,500.00</b>	2 Federal income tax withheld <b>6,835.00</b>
c Employer's name, address, and ZIP code <b>The Big Company 123 Main Street Anywhere, PA 12345</b>		3 Social security wages <b>50,000.00</b>	4 Social security tax withheld <b>3,100.00</b>
		5 Medicare wages and tips <b>50,000.00</b>	6 Medicare tax withheld <b>725.00</b>
		7 Social security tips	8 Allocated tips
d Control number <b>A1B2</b>		9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. <b>Jane A DOE 123 Elm Street Anywhere Else, PA 23456</b>		11 Nonqualified plans	12a See instructions for box 12 <b>D 1,500.00</b>
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>DD 1,000.00</b>
		14 Other	12c
f Employee's address and ZIP code		15 State Employer's state ID number <b>PA 1235</b>	16 State wages, tips, etc. <b>50,000</b>
		17 State income tax <b>1,535</b>	18 Local wages, tips, etc. <b>50,000</b>

Cost of employer-sponsored coverage

Form **W-2** Wage and Tax Statement **2014** Department of the Treasury  
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

Medicare premiums deducted from benefits

**FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**

**2013** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2013	Box 4. Benefits Repaid to SSA in 2013
Box 5. Net Benefits for 2013 (Box 3 minus Box 4)	
DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Box 6. Voluntary Federal Income Tax Withheld	
Box 7. Address	
Box 8. Claim Number (Use this number if you need to contact SSA.)	

Form SSA-1099-SSR (1-2013) DO NOT RETURN THIS FORM TO SSA OR IRS

# Tax forms that show evidence of coverage

Form <b>1095-A</b>		<b>Health Insurance Marketplace Statement</b>		OMB No. 1545-2232	
Department of the Treasury Internal Revenue Service		▶ Information about Form 1095-A and its separate instructions is at <a href="http://www.irs.gov/form1095a">www.irs.gov/form1095a</a> .		<input type="checkbox"/> CORRECTED	
				<b>2014</b>	
<b>Part I Recipient Information</b>					
1 Marketplace identifier		2 Marketplace-assigned policy number		3 Policy issuer's name	
4 Recipient's name		5 Recipient's SSN		6 Recipient's date of birth	
7 Recipient's spouse's name		8 Recipient's spouse's SSN		9 Recipient's spouse's date of birth	
10 Policy start date		11 Policy termination date		12 Street address (including apartment no.)	
13 City or town		14 State or province		15 Country and ZIP or foreign postal code	
<b>Part II Coverage Household</b>					
A. Covered Individual Name		B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16					
17					
18					
19					
20					
<b>Part III Household Information</b>					
Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit		
21 January					
22 February					
23 March					

## Form 1095-A

- Everyone who purchased 2014 insurance in the Marketplace will receive a 1095-A by January 31, 2015.

# Tax forms that show evidence of coverage

## Form 1095-B

- Will be sent to taxpayers, mainly by health insurance issuers
- Filing this form is *optional* for issuers for tax year 2014

560115  
OMB No. 1545-2252

**Form 1095-B** **Health Coverage**  VOID  CORRECTED **2014**

Department of the Treasury  
Internal Revenue Service

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

**Part I Responsible Individual (Policy Holder)**

1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN is not available)			
4 Street address (including apartment no.)		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):		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable				

**Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)**

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

**Part III Issuer or Other Coverage Provider**

16 Name		17 Employer identification number (EIN)	18 Contact telephone number			
19 Street address (including room or suite no.)		20 City or town	21 State or province	22 Country and ZIP or foreign postal code		

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

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<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"/>

## Form 1095-C

- Will be sent to taxpayers, mainly by large employers that are subject to the employer shared responsibility requirement
- Filing this form is *optional* for employers in tax year 2014

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

**Employer-Provided Health Insurance Offer and Coverage**

► Information about Form 1095-C and its separate instructions is at [www.irs.gov/f1095c](http://www.irs.gov/f1095c).

VOID  
 CORRECTED

OMB No. 1545-2251  
**2014**

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**Part I Employee**

**Applicable Large Employer Member (Employer)**

1 Name of employee	2 Social security number (SSN)	7 Name of employer	8 Employer identification number (EIN)
3 Street address (including apartment no.)		9 Street address (including room or suite no.)	
10 Contact telephone number			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
		11 City or town	12 State or province
			13 Country and ZIP or foreign postal code

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**Part II Employee Offer and Coverage**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

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**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<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"/>
18			<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"/>

**ACA: Everything You Need to Know**

# What information will I get from clients at intake?

## IRS Form 13614-C

Minimum essential coverage

Yes	No	Unsure	Check appropriate box for each question in each section
<b>Part V. Health Care Coverage</b> (includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance, etc.)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Last year, did you have health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A)

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance coverage options and assistance.

If you're receiving advance payments of the premium tax credit to help pay for your health insurance coverage, you should report life changes, such as income, marital status or family size changes, to your marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

To be completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating the health care coverage status for everyone listed on the return)				
Had Health Care Coverage	(B) For the Entire year (12 months)	(B) For part of the year (Less than 12 months)	(B) No Health Care Coverage at all	(B) Qualify for an exemption
Taxpayer				
Spouse				
Dependent number 1 (page 1)				
Dependent number 2 (page 1)				
Dependent number 3 (page 1)				
Dependent number 4 (page 1)				

# Example: Reyes Family

## Did you have insurance in 2014?

- Sonya Reyes lost her health coverage in June 2014
- Gilberto Reyes received reimbursement for some medical costs through workers compensation after he was injured at work.
- Kids, Gaby and Marco, were enrolled in CHIP all year.



Yes	No	Unsure	Check appropriate box for each question in each section
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Last year, did you have health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A)

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance coverage options and assistance.

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To be completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating the health care coverage status for everyone listed on the return)				
Had Health Care Coverage	(B) For the Entire year (12 months)	(B) For part of the year (Less than 12 months)	(B) No Health Care Coverage at all	(B) Qualify for an exemption
Taxpayer <b>Sonya</b>				
Spouse <b>Gilberto</b>				
Dependent number 1 (page 1) <b>Gaby</b>				
Dependent number 2 (page 1) <b>Marco</b>				
Dependent number 3 (page 1)				
Dependent number 4 (page 1)				

# Example: Reyes Family

## Did you have insurance in 2014?

- Next steps:
  - No more questions about Gaby and Marco – they're covered
  - Figure out if Sonya and Gilberto are eligible for exemptions for their months without coverage
  - If they qualify, correct the intake sheet to note the exemption



Yes	No	Unsure	Check appropriate box for each question in each section
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Last year, did you have health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A)

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance coverage options and assistance.

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To be completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating the health care coverage status for everyone listed on the return)				
Had Health Care Coverage	(B) For the Entire year (12 months)	(B) For part of the year (Less than 12 months)	(B) No Health Care Coverage at all	(B) Qualify for an exemption
Taxpayer <b>Sonya</b>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Spouse <b>Gilberto</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dependent number 1 (page 1) <b>Gaby</b>	<input checked="" type="checkbox"/>			
Dependent number 2 (page 1) <b>Marco</b>	<input checked="" type="checkbox"/>			
Dependent number 3 (page 1)				
Dependent number 4 (page 1)				

# Common Questions

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# What happened during the first open enrollment?

- **Successes**

- 8 million people enrolled in Marketplace
  - 85% received financial assistance
  - Nearly half (46%) of individuals selecting plans with tax credits in the FFM were able to get covered for \$50 per month or less.
- 8 million people enrolled in Medicaid

- **Challenges**

- Technology problems deterred enrollment
- Many people didn't know PTC were available
- Health assisters not trained in tax definitions

More people will be uninsured. They'll need exemptions or will make payment.

People who received PTC may have gotten too much or too little.

# What can we tell a client who is uninsured?

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- *If low-income:*
  - Apply for Medicaid. The person may be eligible. If not, their Medicaid denial may qualify them for an exemption from the individual responsibility payment for the 2015 tax year.
- *If income in PTC range:*
  - *Problem:* Open enrollment is Nov. 15, 2014 – Feb. 15, 2015
    - They may miss the enrollment window for 2015
  - Direct family to a health care assister anyway. Certain life circumstances (a move, a marriage, job loss, etc) can qualify them for a *special enrollment period*.

More people will be uninsured. They'll need exemptions or will make payment.

## Outreach Before the Tax Season

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- Incorporate a health care message on posters, postcards or other mailers. Include:
  - Dates of open enrollment (Nov. 15, 2014 – Feb. 15, 2015)
  - Where to get insurance
  - The consequences of not having insurance

Example:

***Are You Covered? New Tax Credit Can Help with Health Insurance***

If you don't have insurance, a new credit could cover most of the cost of a new plan. **Enroll for 2015 between Nov. 15, 2014 – Feb. 15, 2015.** Some people without insurance may face a penalty. Get more information at 1-800-318-2596 or [www.healthcare.gov](http://www.healthcare.gov).

This contact information is for the FFM. If your state runs its own Marketplace, use that contact information.

# Outreach During the Tax Season

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- Beginning of season to February 15
  - Open enrollment ends soon! Do you have coverage?
  - Navigators and other in-person assisters
    - How do I find an in-person assister?  
<https://localhelp.healthcare.gov/>
    - <https://www.getcoveredamerica.org/locator/>
- February 15 to end of tax season
  - After February 15, a person who learns about new coverage options may be frustrated to find out that they need to wait until 2016
  - They should talk to a Navigator or other in-person assister to find out if they qualify for Medicaid or a special enrollment period.

## How do I work with an in-person assister?

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- Bring health enrollment and tax assistance together
  - Co-location
  - “Super-Site” days
  - Warm referral: Facilitate setting up an appointment
  - Cold referral: Provide hours, locations, directions
- Find someone who can answer your FAQs (and vice versa)
  - Tax to health: Does x count as MEC?
  - Health to tax: Is x income taxable?

# What Should Clients Bring to the Site?



## 2015 VITA Checklist Getting Help to Prepare your Taxes *What to Bring with You*

If you need help completing tax forms, a Volunteer Income Tax Assistance (VITA) site near you can help. Call 1-800-906-9887 to find the nearest location. When you go to a VITA site, or if you choose to go to a commercial tax preparer, be ready. **Take these items with you:**

- Valid picture ID
- Copy of 2013 tax return (if you have it)
- Social Security Cards, Social Security Number verification letters or Individual Taxpayer Identification

- Health insurance documentation:
  - Form 1095-A, if you or anyone on your tax return had coverage through the Health Insurance Marketplace
  - Form 1095-B or 1095-C, if you or someone on your tax return had coverage from another source (Note: sending these forms is optional for 2014, so everyone with insurance will not receive one)
  - A list of who on your tax return had health insurance coverage in 2014 and for which months they were covered (provide this if you didn't receive Form 1095-B or 1095-C)

receive one)

- A list of who on your tax return had health insurance coverage in 2014 and for which months they were covered (provide this if you didn't receive Form 1095-B or 1095-C)

If any of the following apply to you, take documentation with you:

- Child care expenses, including the provider's address and federal tax ID #
- Mortgage company statements
- Adoption expenses
- Alimony paid or received
- Any notices received from the IRS, state tax office, or Health Insurance Marketplace
- Property tax bills
- College tuition and student loan interest statements
- Additional forms of income such as:
  - Prizes and awards
  - Scholarships and fellowships
  - Lottery/ gambling winnings

If you lost or do not have all of these items, you can still get your taxes prepared. Call the IRS helpline at 1-800-829-1040 to find out what you need to do and how to obtain replacement documents.

Coming soon to  
[eitc outreach.org!](http://eitc outreach.org)

# EITC Outreach

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- The Campaign provides:
  - Trainings
  - Technical assistance and support
  - Connection to a network of outreach organizations
  - Tax Credit Outreach Kit
  - Online resources at [www.eitcoutreach.org](http://www.eitcoutreach.org)



# EITCoutreach.org: Online Resources

search here ... Go

**TAX CREDITS FOR EIC AND CHILD TAX CREDIT PEOPLE WHO WORK**

## It's Your Money. Now Claim It!

National Earned Income Tax Credit Outreach Campaign

**1040** Department of the Treasury  
**U.S. Individual**  
Form For the year Jan. 1–Dec. 31, 2012, or other tax year beg. on 1/1/13  
Your first name and initial

If a joint return, spouse's first name and initial

Home address (in street). If you have a P.O. box, use the P.O. box number and street address.

City, town or post office and state or foreign country name

ZIP code. If you have a fax number, enter it in the space below.

Filing Status  
1 Only one person can claim the credit for each child.  
2 Married filing jointly (even if you are separated). Enter the number of dependents in the space below.  
3 Single  
4 Head of household  
5 Married filing separately. Enter the number of dependents in the space below.  
6a Dependent  
b  
c

- The EIC & CTC lift more than 9 million adults and children above the poverty line.  
[Learn more](#)
- Free tax filing assistance helps over 3 million workers each year.  
[Learn more](#)
- Conduct outreach and help eligible workers receive the tax credits they've earned.  
[Learn more](#)

**\$%**  
**Tax Credit Information**  
What do you need to know about tax credits?

**📢**  
**Outreach Tools**  
Conducting outreach activities? Use these materials and resources.

**👤**  
**Outreach Strategies**  
Need tips for starting or growing your efforts and partnerships?

**?**  
**FAQ & Fact Sheets**  
Looking for answers? Find them here.

**In the News**  
In "Safety Net Cut Poverty Nearly in Half Last Year, New Census Data Show," Danilo Trisi of CBPP analyzed the 2013 recent Census data and found safety net programs, including the EITC, cut the poverty rate nearly in half, lifting 39 million people out of poverty. [Read more.](#)

**About the EITC Outreach Campaign**  
For more than 20 years, the Campaign, which includes community organizations, employers, social service programs and government agencies, has promoted the Earned Income Credit (EIC), the Child Tax Credit (CTC) and free tax filing assistance for low- and moderate-income workers. Each year millions of eligible workers risk missing out on these important federal tax

- Outreach materials: EIC/CTC Flyers in 21 Languages, Envelope Stuffers, VITA Site Checklist
- EIC Estimator
- Searchable Outreach Strategies Database
- Video Library
- State EICs
- Infographics
- In the News

## Contact Info

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*This is a project of the Center on Budget and Policy Priorities, [www.cbpp.org](http://www.cbpp.org)*