



Dear Georgia Medical Assistance Member,

Federal laws require certain Medical Assistance members to receive a 1095-B form each year starting in 2016. This includes select members who receive coverage through any one of the Georgia Care Management Organizations (CMOs) - Amerigroup, Peach State, WellCare, or CareSource. The Georgia Department of Community Health will mail Form 1095-B to certain Medical Assistance members by January 31, 2020. The 1095-B form does not have to be submitted to the IRS when you file your taxes. However, the information provided on the 1095-B form is proof of healthcare coverage for the IRS. It shows that you and your dependents have at least the minimum essential health coverage required by law. Certain types of Medical Assistance qualify as minimum essential health coverage. Starting with the 2019 plan year (for which you'll file taxes in April 2020), the tax penalty no longer applies if you did not have minimum essential coverage.

If you have moved, please update your address with your local Division of Family and Children Services (DFCS) office to ensure you receive Form 1095-B in time to file your taxes. You may call DFCS at 1-877-423-4746. If you receive SSI, you may also call the Social Security Administration (SSA) at 1-800-772-1213.

If you agree to receive Form 1095-B electronically, you will be able to download it by going to the GAMMIS web portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov). If you are a member with Amerigroup, Peach State, WellCare, or CareSource you may also go to the CMO's website. The websites are:

Amerigroup Community Care:	<a href="http://www.myamerigroup.com">www.myamerigroup.com</a>	1-800-600-4441
CareSource	<a href="http://www.caresource.com/ga">www.caresource.com/ga</a>	1-855-202-0729
Peach State Health Plan:	<a href="http://www.pshpgeorgia.com">www.pshpgeorgia.com</a>	1-800-704-1484
WellCare of Georgia:	<a href="http://www.wellcare.com/Georgia">www.wellcare.com/Georgia</a>	1-866-231-1821

We must have your consent to provide this form electronically after you register or log in to the GAMMIS. You must provide your consent by December 15, 2019. If we do not receive your consent, we will mail the form(s) to you and your dependents to the last known address on file.

If you have any additional questions, please contact Georgia Medical Assistance 1-877-512-3129 or your CMO.

Thank you for choosing Georgia Medical Assistance!

Georgia Department of Community Health