

# Understanding Premium Tax Credits and Cost Sharing Reductions



Financial help is available for many consumers who get health coverage through the Health Insurance Marketplace. Through this interactive module, HIV program staff will learn about premium tax credits, cost sharing reductions, and how these and other resources can help Ryan White HIV/AIDS Program (RWHAP) clients to pay for their health insurance and reduce out-of-pocket costs.

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## WELCOME

☰ Welcome

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## PREMIUM TASK CREDITS & COST SHARING REDUCTIONS

☰ Premium tax credits (PTCs)

☰ Cost sharing reductions (CSRs)

☰ How to apply for a PTC or CSR

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# Welcome

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Financial help is available for many consumers who acquire health coverage through the Health Insurance Marketplace. Through this interactive module, HIV program staff will learn about **premium tax credits, cost sharing reductions, and how they can help Ryan White HIV/AIDS Program (RWHAP) clients to pay for their health insurance and reduce out-of-pocket costs.**

## This course will be most useful to HIV program staff including:

- Frontline staff (e.g., benefits and enrollment staff and case managers)
- Program managers
- Clinic managers
- Administrators

## By the end of the module, you will be able to:

- 1 Understand how premium tax credits (PTCs) lower the cost of health insurance premiums for Marketplace coverage
- 2 Understand how cost sharing reductions (CSRs) reduce out-of-pocket costs
- 3 Describe eligibility criteria for PTCs/CSRs
- 4 Explain the relationship between tax filing and PTC/CSRs
- 5 Understand how the RWHAP can help cover remaining premium and out-of-pocket insurance expenses for eligible clients

As you go through this module, it may be helpful to refer to the **Plain Language Glossary of Health Care Enrollment Terms**.

**VIEW THE RESOURCE**

<https://targethiv.org/library/plain-language-glossary-health-care-enrollment-terms>

# Premium tax credits (PTCs)

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## Premium tax credits

**Premiums** are the amount a person pays each month for their health insurance. Premiums can be financially burdensome, however, there are ways to help reduce these costs.

A **premium tax credit (PTC)** is a tax credit to lower the cost of insurance premiums for health coverage purchased through the Health Insurance Marketplace.

- PTCs are available to clients with annual household incomes between 100–400% of the Federal Poverty Level (FPL).
- The amount of PTC a person will receive is calculated automatically by the Marketplace based on their income and the cost of the second-lowest priced Marketplace plan in the Silver category. PTCs can be applied to any metal "level" plan (i.e., Gold, Silver, or Bronze), however, they cannot be applied to catastrophic plans.
- People with lower incomes pay a lower percentage of their income for their premium. That means that people who have lower income will receive a bigger premium tax credit.
- PTCs can only be used for Marketplace plans (PTCs are not available for Medicare, Medicaid, CHIP, or TRICARE programs).

## Advance premium tax credit (APTC)

When a person takes their premium tax credit in advance of (before) filing taxes to lower their monthly premium payment, it is called an **Advance Premium Tax Credit (APTC)**.

- The advance premium tax credit is paid directly to the insurance company by the Marketplace each month. This lowers the monthly premium payment for the individual or family.
- The APTC is calculated based on the person's most recent income (i.e., prior year tax return).

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**It is recommended that RWHAP clients take APTCs** in order to decrease the amount they have to pay each month.

At the end of the year, a person needs to reconcile their APTC as part of the tax filing process. This means they need to determine if they overpaid or underpaid for their health insurance. To reconcile, a person will compare the amount of APTC they received during the year (the amount paid by the Marketplace to the insurer) with the amount of PTC they actually qualified for based on their final income for the year. Any under-payments or over-payments have to be reconciled as part of the tax filing process. Tax reconciliation is covered later in the module.

## Plain Language Glossary of Health Care Enrollment Terms

VIEW THE RESOURCE

<https://targethiv.org/library/plain-language-glossary-health-care-enrollment-terms>

## Knowledge check

**Which of the following is a tax credit to lower the cost of insurance premiums for health coverage purchased through the Health Insurance Marketplace?**

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- Premium reduction credit
- Cost-sharing reduction
- Premium tax credit

**If a person takes an Advance Premium Tax Credit, the tax credit is paid directly to the \_\_\_\_\_ by the Marketplace each month.**

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- Consumer
- Community-based organization
- Insurance company
- State RWHAP

# Cost sharing reductions (CSRs)

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Even with insurance, people are often still responsible for paying for a portion of their care. This is called **cost-sharing**. People may be responsible for paying out-of-pocket costs, including deductibles, co-pays, and/or coinsurance.

**Cost-sharing reductions (CSRs)** reduce the amount of out-of-pocket costs that a person has to pay. If a person is eligible for a CSR, the discount will be applied automatically to the plan they enroll in, and their out-of-pocket costs will be lower. As a result of cost-sharing reductions, a person will have a lower out-of-pocket maximum (total amount you would have to pay for covered medical services per year) for the year. The exact amount of CSR that a person is eligible for is based on their income and household size, and will be calculated as part of the Marketplace application.

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Only **Silver-level** plans are eligible for cost-sharing-reductions

- People in households with incomes 100%–250% of the Federal Poverty Level (FPL) may be able to receive CSRs. In states that have expanded Medicaid, people may be eligible if their income is 138%–250% FPL.  
  
To view the 2019 poverty guidelines, visit: <https://aspe.hhs.gov/2019-poverty-guidelines>  
To view the Status of State Action on the Medicaid Expansion Decision, visit: <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act>
- Only Silver-level plans purchased through the Marketplace are eligible for CSRs.

## Plain Language Glossary of Health Insurance Enrollment Terms

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## Knowledge check

**Cost-sharing reductions (CSRs) are adjustments that reduce the amount of \_\_\_\_ costs that a person has to pay.**

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- Premium
- Out-of-pocket
- Insured

**Only \_\_\_\_-level plans are eligible for cost-sharing-reductions.**

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- Gold
- Silver
- Bronze

# How to apply for a PTC or CSR

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## Applying for Advance Premium Tax Credits

Clients apply for APTCs through the Marketplace as part of the online application during Open Enrollment. Premium tax credits are calculated by the Marketplace based on household income. This is called **eligibility determination**. Income documentation must be provided at enrollment or within 90 days of enrollment. If income documentation is not uploaded within 90 days, the client may also be at risk of losing some or all of their advance premium tax credits. Once the client's income has been entered, as they browse Marketplace plans, the premium amounts will automatically be reduced based on their premium tax credit.

The client must also authorize the Marketplace to collect their tax data from the IRS every year so the Marketplace can determine their eligibility. If a consumer does not authorize collection of tax data as part of their application process, they will not be able to get PTCs or CSRs.

Even if a client is **renewing Marketplace coverage**, they should update household and income information in the Marketplace every year to ensure they receive the correct amount of APTC. If they do not update their information, they might receive too much APTC and have to pay it back at the end of the year, or they might receive too little APTC which might make it difficult to afford their monthly premium costs.

RWHAP staff should educate clients about what they need to do and what to expect during the coming year (e.g., file taxes, report changes in income throughout the year, be prepared for reconciliation process). If a state or local RWHAP requires the client to take the full APTC, the staff should communicate this to the client.

To view the Marketplace Plan Renewal Flowchart, visit: <https://targethiv.org/library/marketplace-plan-renewal-flowchart>

**i** **Applying for PTCs after the end of the year:** If a client does not apply for APTCs during Open Enrollment, they can wait to receive the tax credit as a lump sum when they file their federal income tax return at the end of the year. If a person or family decides to receive the PTC later, they will pay their full premium each month.

## Applying for CSRs

CSRs do not have a separate application process. Clients who apply for a PTC through the Marketplace are automatically assessed for CSR eligibility. Clients can only receive CSRs for Silver-level health plans purchased through the Marketplace.

# Financial assistance available through the RWHAP, including ADAP

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## RWHAP may be able to help cover out-of-pocket costs

RWHAP clients may still have out-of-pocket costs related to their health coverage even if they qualify for premium tax credits and cost-sharing reductions.

RWHAP, including its AIDS Drug Assistance Program (ADAP), may be able provide financial assistance to eligible clients to cover any remaining portion of the client's premium or out-of-pocket costs (such as co-pays, deductibles, or coinsurance).

Each state or territory has different policies about what ADAP funds can be used to pay for.




**For more information**

- To learn more about how RWHAP funds can be used to reduce the cost of private health insurance coverage, visit:  
<https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf> (Policy Clarification Notice (PCN) #18-01)
  
- For more information about the use of RWHAP funds to purchase health insurance for clients in the Marketplace and the reconciliation of advance premium tax credits, visit:  
<https://hab.hrsa.gov/sites/default/files/hab/Global/1401policyclarification.pdf> (HRSA/HAB Policy Clarification Notice (PCN) #14-01)
  
- The ADAP Coordinator Directory provides contact information for the ADAP coordinators in each state. Contact your ADAP coordinator to confirm (or get updates on) your jurisdiction’s policy for what ADAP funds can pay for.  
To view the ADAP Coordinator Directory, visit:  
<https://www.nastad.org/resource/adap-coordinator-directory>

## RWHAP/ADAP can help people pay for health coverage

Beyond helping cover out-of-pocket costs, RWHAP and ADAP may be able to help clients with the costs of a variety of different types of health coverage, including:

- Individual Marketplace plans
- Individual off-Marketplace plans
- Employer-based coverage
- COBRA
- Medicare
- Medicaid
- High-risk pools

 Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance Policy Clarification Notice (PCN) #18-01 (<https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf>) provides additional information about using RWHAP funds for premium and cost sharing assistance for the purchase and maintenance of private health insurance, Medicaid, and Medicare coverage.

All 50 states and the District provide deductible, copayment, and/or coinsurance assistance, albeit with different financial eligibility criteria.

RWHAP recipients and subrecipients are encouraged to consider assisting clients by paying for premiums and/or cost sharing, if cost effective. This means that RWHAP can only help clients with costs after all other financial assistance is assessed and provided to the client.

Clients are responsible for paying any remaining costs after PTCs, CSRs, RWHAP or other assistance.

## Plain Language Glossary of Health Insurance Enrollment Terms

VIEW THE RESOURCE

<https://targethiv.org/library/plain-language-glossary-health-care-enrollment-terms>

## Knowledge check

**True or False: RWHAP, including ADAP, can often help clients pay their out-of-pocket costs.**

True


False

# Filing and reconciling taxes for APTCs

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After the end of the year, clients who received APTCs must file a federal tax return as described below in order to receive an APTC. If a client had coverage through the Marketplace and then did not file and reconcile tax credits, they will not be eligible for premium tax credits next year.

- If a **client is single**, they should file an individual tax return.
- If the **client is married**, they must file a joint tax return (except in cases of domestic abuse).

 A person is not eligible for PTCs if they are claimed as a dependent on someone else's tax return.

## Tax reconciliation overview

What do clients and RWHAP staff need to do throughout the year to be prepared to reconcile APTCs at tax time?

### *Step 1: Complete the Marketplace application*

#### Open Enrollment

Clients and RWHAP staff need to be aware of the dates of Open Enrollment each year.



**Clients should:** Apply for APTCs through the Marketplace as part of the online enrollment application.

**RWHAP staff should:** Educate clients about how to apply and what to expect during the coming year (e.g., file taxes, report changes in income, reconciliation process). If the jurisdiction requires the client to take the full APTC, instead of waiting to receive the PTC during tax filing, the staff should communicate this to the client.

## ***Step 2: Report changes in circumstances***

### **Throughout the year**

Clients are required to report changes in circumstances that happen during the year. These circumstances include:

- Change in household income
- Life events such as marriage, divorce, birth or adoption of a child, or death
- Other changes to household composition
- Gaining or losing eligibility for government or employer health care coverage

Note that changes in household income or composition may not qualify as a life event that would allow someone to enroll during a Special Enrollment Period (SEP).

**Clients should:** Report accurate income information and any changes in income or family size changes to the Marketplace throughout the year to avoid an impact to the APTC or CSR amount and possibly owing money at the end of the year.

**RWHAP staff should:** Check in with clients at their six-month ADAP re-certification on the importance of reporting changes to the Marketplace during the year.

### **Step 3: File federal taxes**

#### **By the tax filing deadline**

A person who receives an APTC must file federal taxes for the year they received the tax credit. Not filing taxes can make a person ineligible for tax credits in the following year. For clients that did not apply for the APTC, they can still apply for the tax credit when they file their federal taxes.

**Clients should:** File federal taxes by April 15 of each year. If the client received an extension, taxes must be filed by their extension date. Clients must also complete IRS Form 8962 to receive their PTC or to reconcile their APTC to determine if they received the correct amount of APTC during the year.

To view IRS Form 8962, visit: <https://www.irs.gov/pub/irs-dft/f8962--dft.pdf>

**RWHAP staff should:** Direct clients to tax filing resources. Some clients may need assistance gathering paperwork to complete their taxes and/or that are required to be submitted to the ADAP. Refer the client for assistance with their taxes, as necessary. As needed, assist clients with reconciling over- or underpayment of APTC or applying for a PTC. In the case of an overpayment, the RWHAP should also work with the client to recoup program funds (see PCN #14-01 for clarification).

To view PCN #14-01, visit: <https://hab.hrsa.gov/sites/default/files/hab/Global/1401policyclarification.pdf>

There is no relationship between the CSR and filing taxes. This means that when an individual files taxes at the end of the year, there is no reconciliation process for the CSR.

## Knowledge Check

**Which of the following are part of the tax credit reconciliation process?**

- Apply for coverage through the Marketplace during Open Enrollment
- Report any changes in circumstances throughout the tax year
- File Federal taxes by the deadline

## Clients can get help filing taxes

Free tax help and tax filing software is available to qualifying taxpayers.

### Volunteer Income Tax Assistance Program

The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make less than \$56,000\*, people with disabilities, and limited English speaking taxpayers who need assistance in preparing their own tax returns. IRS-certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals.

To view the VITA program site page, visit: <https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>

### Free tax filing software

The IRS provides a Free File option for people with an adjusted gross income of \$69,000\* or less.

To view the IRS Free File site, visit: <https://www.irs.gov/filing/free-file-do-your-federal-taxes-for-free>



\* As of January 2020. Please note that the income limits for these programs change annually.

## Case study 1: Myles

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### Myles



**Myles is a 32 year old man living by himself in Essex County, NJ. He is newly diagnosed with HIV and has been referred for ADAP services. He is uninsured.**

It's August, so it's not Open Enrollment yet. However, it's still worthwhile for him to go through with the appointment because:

- He might be eligible for a Special Enrollment Period.
- He might be eligible for Medicaid.

Once you have Myles' account set up and have entered his basic information, it's time to calculate his **income**. You ask Myles about his income for the last couple years, and here is what you learn:

- Myles had very little income in 2017 and 2018. He lived with a partner who was a high earner, which enabled him to go back to school full-time. He's studying to become a teacher.
- Myles and his partner broke up in late 2018. He moved in with a friend and is getting a significant break on rent.
- He is now enrolled part-time in school and has two jobs. He has been a substitute teacher since the beginning of 2019 and started driving for a rideshare company 2 months ago. His income varies from month to month. He expects to continue both jobs in 2020.

## Knowledge check

**In order for Myles to apply for coverage, he must...**

- Have thorough documentation showing his exact annual income for the last three years.
- State on his application exactly how much he will make in 2020.
- Estimate, to the best of his ability, the income he can reasonably expect to make in 2020.

To apply for coverage, Myles only needs to estimate the income he expects to make in 2020. He should estimate his income to the best of his ability based on information known to him at the time of application. **He can always make changes to his application during the year if his income changes.** Since Myles expects to continue both of his jobs, he can make an educated guess about his 2020 income based on what he is making right now.

Remember that the Marketplace will check Myles' income estimate against data available through government data sources. If the Marketplace cannot verify Myles' income, he will be asked to provide documentation. Myles' 2019 income will be lower than his 2020 estimate because he only started the driving job mid-year. His 2019 and 2020 income will also be higher than his 2017 and 2018 income because he was a full-time student during those years and was not working very much. Therefore, he will likely be asked to provide proof of his income during the application process.

Some examples of acceptable income documentation include:

- Federal or state tax return
- W-2 or 1099
- Paystub

## Knowledge check

**If Myles is unable to upload income documentation to his application during his enrollment appointment:**

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- He will be found ineligible for APTCs.
- He can still apply for coverage with advance premium tax credits, but he will have to submit income documentation within 90 days.

**If Myles fails to submit income documentation within 90 days of his eligibility notice (usually the date of application) (select all that apply):**

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- The Marketplace will adjust Myles' income estimate based on the data available through government data sources and issue a new eligibility notice.
- Myles may lose some or all of his advance premium tax credits.
- Myles' coverage may be terminated.



Luckily, the agency where Myles has his appointment is diligent about reminding clients to bring income documentation. Therefore, he came prepared with a ledger of his earnings from the rideshare company since June and his last two pay stubs from substitute teaching. You use these documents to calculate that his income next year is going to be about \$20,000, and you enter it on the application.

As expected, Myles is required to provide proof of income. It's a good thing he brought all of his documents with him, so he can easily upload his income documentation to the application and he does not need to return for another appointment.

### Knowledge check

**Myles' estimate income for 2020 is about \$20,000, which is about 160% FPL. Based on his income, Myles is likely eligible for the following (select all that apply):**

- Advance Premium Tax Credits
- Medicaid
- Cost-sharing reductions
- RWHAP assistance

Once you've finished the rest of the application, you submit it and receive Myles' eligibility determination. **He is eligible for \$295 per month in premium tax credits and cost-sharing reductions.**

## Case study 2: Anthony

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### Anthony



**Anthony is a 40-year-old male living in Arizona with his spouse.**

Anthony is self-employed. Anthony's legally married husband has insurance through his job, but it's a small company and doesn't provide coverage to spouses. This means Anthony may be eligible for advance premium tax credits, because he does not have an offer of coverage through his or his husband's employer.

You get to the immigration status section of the application. Anthony is a U.S. citizen and was born in the U.S., but his spouse is a lawful permanent resident. Anthony did not bring his spouse's immigration documentation with him to the appointment.

## Knowledge check

**Which of the following is true?**

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- Anthony will need to provide immigration-related information for all members of his household on his Marketplace application. However, he can still apply for coverage today and add information about his spouse's immigration status at a later time.
- Anthony does not need to provide information about his spouse's immigration status, because his spouse is not applying for coverage.

**You will also need to estimate Anthony's income. Which of the following are true?**

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Anthony and his spouse must file taxes jointly in order for Anthony to receive advance premium tax credits.

Anthony only needs to estimate his own income, since his spouse is not applying for coverage.

Anthony must include both his and his spouse's income on the application, even though his spouse is not applying for coverage.

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Anthony and his spouse have a household income of \$40,000, or 237% FPL. They expect their income to remain the same in 2020.

Anthony is eligible for ADAP to cover his premiums, medication cost-sharing, and HIV-related medical visits. His state ADAP has identified three plan options for clients to choose from. Anthony has always had coverage through his job or jobs that his husband has held, and he has never had more than one option available to him. He never had to think much about the difference between plans, and he doesn't know how to compare his options.

## Knowledge check

**Which of the following would you do next? (select all that apply)**

Tell Anthony that it doesn't matter which plan he chooses because they're all the same.

Explain that you can help Anthony evaluate plans based on the costs of those services, and that might help him decide which plan is best for him.

Ask Anthony if he has any medical providers that he would like to make sure are covered under his plan. If he says yes, you can help him contact those providers and find out which plans they will accept.

Tell Anthony which plan you think is best, and encourage him to choose that one.

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3

Anthony's HIV care provider accepts all three plans, and he doesn't have any other providers that he wants to continue seeing. So you ask Anthony if he has any other medical needs (including preferred medications), because that could be a tiebreaker.

Anthony tells you he has been considering mental health care for a while now, and would like to find a plan that would allow him to afford mental health care.

## Knowledge check


**You can help Anthony estimate his costs for outpatient mental health services by:**

- Calling the insurance companies.
- Looking at the Summary of Benefits and Coverage for each plan.
- There is no way to estimate how much outpatient mental health costs under each plan. Anthony has to wait and see what happens when he goes for his first therapy appointment.

You open the Summary of Benefits and Coverage document for each of the plans available to Anthony and scroll down to see how much outpatient mental health costs under each plan.

You start by looking at the first plan ([https://cdn1.brighthealthplan.com/docs/2020\\_SBCs/SBC\\_87247AZ0010012\\_01\\_20200101.pdf](https://cdn1.brighthealthplan.com/docs/2020_SBCs/SBC_87247AZ0010012_01_20200101.pdf)) and the second plan (<https://www.cigna.com/static/www-cigna-com/docs/individuals-families/2020/medical/az/908138-sbc-cigna-connect-3250-silver-phoenix-az.pdf>) side by side. The first plan has a \$4,000 deductible that Anthony must meet before his insurance starts to cover some of his therapy costs, while the second plan has a \$70 copay and Anthony doesn't have to meet his deductible first. Although ADAP-covered medications will help Anthony make progress towards his deductible under the first plan, we do the math and figure out that his total annual therapy costs will likely be about the same under each plan.[1] However, the second plan has lower cost-sharing for primary care visits, some drugs, and urgent care. Anthony likes the second plan better than the first plan.

After ruling out the first plan, you compare the second plan to the third plan (<https://api.centene.com/SBC/2020/91450AZ0080055-01.pdf>). **The third plan charges a \$30 copay for outpatient mental health, and Anthony doesn't have to meet the plan deductible first.** That sounds great! The costs for primary care and urgent care are a little higher than they would be under the second plan, but the amount Anthony saves on outpatient mental health care is worth it to him.

 [1] Assumptions: It will take him about 6 months to meet the deductible under the first plan; outpatient mental health negotiated rate of \$100, and he will attend 48 sessions during the year; maximum out-of-pocket amount will probably not be met until the very end of the year, if at all.



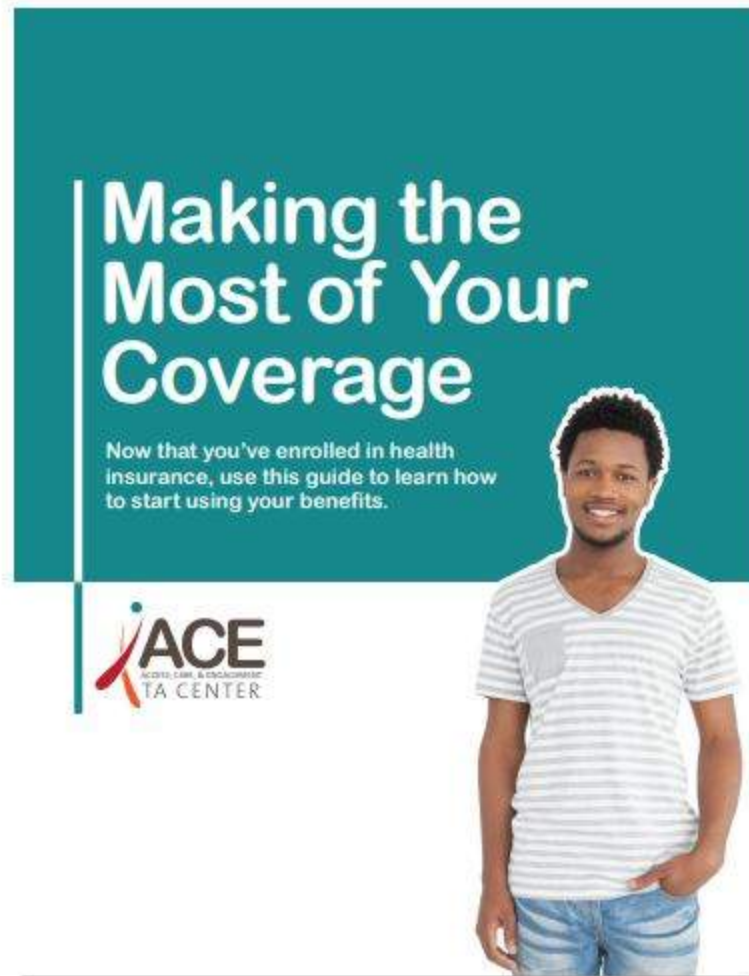
# Resources to learn more about PTCs and CSRs

## **FAQ: Premium Tax Credits (PTCs) and Cost-Sharing Reductions (CSRs)**

Financial support is available for many consumers who have health coverage through the Marketplace. This FAQ on how Premium PTCs and CSRs can help RWHAP clients pay for health insurance supplements this online module.

View the resource on TargetHIV: <https://targethiv.org/library/faq-premium-tax-credits-ptcs-and-cost-sharing-reductions-csrs>

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Also available in Spanish and Haitian Creole!

## **Making the Most of Your Coverage**

After RWHAP clients get enrolled in health insurance, they may need help understanding how their coverage works, especially if they have not had insurance before.

Share this guide with newly enrolled clients to help them start using their new benefits. The guide provides information in plain language about:

Identifying important health insurance documents

Defining key insurance terms

Anticipating potential health care costs

- Knowing where to go for care
- Making the most of each medical visit

View the resource on TargetHIV: <https://targethiv.org/library/making-most-your-coverage-consumer-guide>

# Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

Pay premiums on time	2
Report income and household changes	4
What to do if you lose coverage	8

**TIP**  
Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.

Revised July 2017

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Also available in Spanish!

## Stay Covered All Year Long

After clients enroll in health insurance, it is important to make sure they stay covered throughout the year. Maintaining coverage allows clients continued access to the services and

medication they need and helps avoid gaps in health care.

Share this guide with clients after they enroll in health insurance. It will help them understand what they can do to maintain their coverage.

Subjects covered:

- Paying premiums on time
- Reporting income and household changes
- What to do if they lose coverage

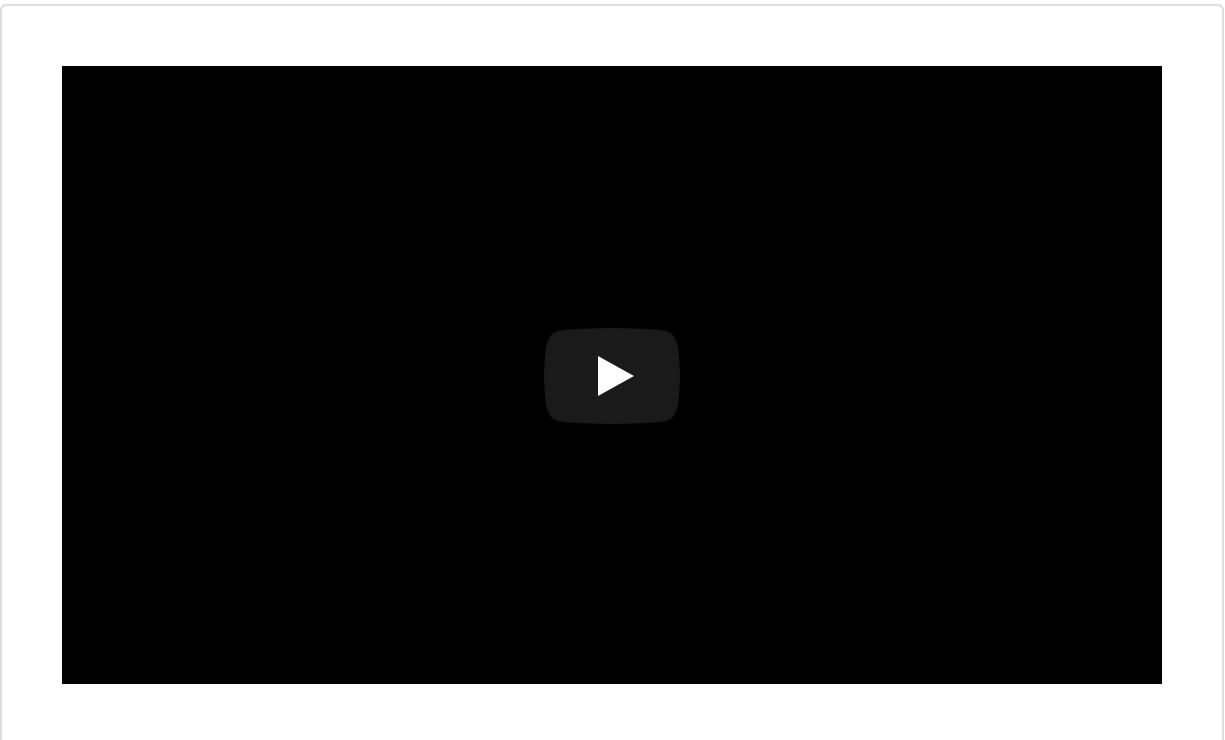
This tool includes information for clients that transition between coverage through the Marketplace and Medicaid that need to manage their change in health coverage.

View the resource on TargetHIV: <https://targethiv.org/library/stay-covered-all-year-long-consumer-resource>

## Resources about filing and reconciling taxes

### Helping Clients Understand Tax Filing and Health Coverage (archived webinar)

In this on-demand webinar, learn how to help your clients prepare to file their 2020 taxes, including which clients need to file based on their 2020 health coverage, what documents they should gather in preparation for filing, and tips for documenting any changes to their health coverage status due to the COVID-19 pandemic. The on-demand webinar also walks viewers through important changes to relevant IRS forms (such as the new Recovery Rebate Credit authorized by the CARES Act), describes the tax credit reconciliation process for clients who received advance premium tax credits (APTCs) through the Marketplace (including updated guidance from CMS), and explains who qualifies for an exemption from health coverage and any related financial penalties.



To watch this video, visit: <https://youtu.be/mJkroY1Y2ek>

## Taxes and Health Coverage: What You Need to Know (consumer resource)

This mobile-friendly consumer resource helps clients answer key questions about health coverage and tax filing:

- "Do I need to file taxes?"
- "What should I have with me when I file taxes?"
- "Could someone help me file my taxes?"

The tool walks users through a series of questions about what type of health coverage they had last year (such as Marketplace, Medicaid, employer-sponsored, or other coverage). There is also an option for clients who did not have coverage.

For clients who had Marketplace coverage, the tool includes information about how to reconcile the APTCs or apply for the credit when they file their taxes.

Printable PDF versions of the tools are also available.

View the resource on TargetHIV: <https://targethiv.org/library/taxes-and-health-coverage-what-you-need-know-consumer-resource>