

ACA Agency Instructions for 1095-C File Review

This document is to provide direction for the review of the files provided to agencies participating in the DFA Centralized Process. Included are a Column map from your file to the IRS 1095-C ACA form, common mistakes agencies make when updating their files and specific items agencies should review. This should not be considered all-inclusive guidance for your review of your agency's 1095 ACA Data. Agencies should review IRS guidance for 1094-C and 1095-C Forms <https://www.irs.gov/pub/irs-pdf/i109495c.pdf> to ensure their data meets IRS ACA compliance requirements.

Overview

The following information is for State of Mississippi agencies processing payroll in SPAHRS, who elected to participate in the Department of Finance and Administration (DFA) central process for Affordable Care Act. DFA is providing files via the ACA Mississippi Readiness Task List (MRTL) for each agency to review, update and provide corrections to DFA. The Agency ACA File attached to your ACA MRTL Task includes both information from SPAHRS for employees who worked for your agency during the calendar year as well as information from Blue Cross Blue Shield, the administrator for the State of Mississippi Health Plan. The information in this file will be used to print 1095 forms and remit to all state employees identified in each Agency's file. An electronic copy of this information will also be remitted to the IRS for the 1094 and 1095.

Agencies will be reported using their unique Tax Identification Numbers as stored in the Agencies' master record in the State Payroll and Human Resource System (SPAHRS). The number of Full Time Equivalent (FTE) employees at each agency determines the type of 1095 form as follows:

Form 1095-B will be used to report for Small Employers (less than 50 FTEs).

Form 1095-C will be used to report for Applicable Large Employers (50 or more FTEs).

Using your prior Calendar year data, a review of all 12 months of employee activity was completed for each agency. Each agency was classified as either an Applicable Large Employer (ALE) or Small Employer. Agencies who have 50 or more Full Time Equivalent (FTE) employees based on the review DFA completed were classified as an ALE. Agencies with less than 50 employees were classified as Small Employers. We ask all agencies to review our designation and determine for themselves if they believe our classification of their agency is accurate.

Your agency should validate this information is correct using your preferred payroll reports, the information provided by BCBS and the IRS instructions for ACA reporting. Highlighting, bolding and other "cosmetic" formatting is allowable; however, agencies should not move columns, nor insert columns. Inserting or deleting columns will cause your file to error out when we reload to the database. Agencies can only have ONE file per EIN. If multiple files are remitted for your agency with a single EIN, the previous files will be overwritten and a full list of your employees will not be reported. **It is imperative that agencies reporting under a single EIN send only one consolidated file.**

ACA Agency Instructions for 1095-C File Review

Agency File Column to Form Mapping

The file provided to agencies includes an extensive number of columns. Each column relates to a specific Column on the ACA 1095-C form. Data from this file is used to populate both the print forms provided to the employee and the data filed with the IRS. This section will give you an overview of Column mapping from the provided Agency File to the 1095 form. Also, for each mapped section, these instructions will indicate what is required. Please reference this section when reviewing and modifying the data provided in the file to ensure your employee forms are reported correctly.

Below is an example of a section of an ACA File provided to the agencies for review with Column Headers:

A	B	C	D	E	F	G	H	I	J	K	L	M	N
RECORD-TYPE	VOIDED	CORRECTED	CCYY	EMP-SSN	FIRST-NAME	MIDDLE-NAME	LAST-NAME	NAME-SUFFIX	EMP-DOB	ADDRESS1	ADDRESS2	CITY	ST
RE			20XX	55511777	SUE	A	SUMMERS		10/16/1899	555 16TH AVE		SOMEWHERE	MS
RE			20XX	55511777	SUE	A	SUMMERS		10/16/1899	555 16TH AVE		SOMEWHERE	MS
RE			20XX	55522888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS
RE			20XX	55522888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS
RE			20XX	55522888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS
RE			20XX	55533999	JAMIE		CULLUM		07/01/1980	888 IRONWOOD RD		NOT HERE	MS
RE			20XX	55544000	JAMES		WOODROW		08/25/1955	444 CHERRY DRIVE		NOT THERE	MS
RE			20XX	55544000	JAMES		WOODROW		08/25/1955	444 CHERRY DRIVE		NOT THERE	MS
RE			20XX	55566222	TATUM		MOORE		07/22/1970	P O BOX 2222		MAYBE	MS
RE			20XX	55566222	TATUM		MOORE		07/22/1970	P O BOX 2222		MAYBE	MS
RE			20XX	55566222	TATUM		MOORE		07/22/1970	P O BOX 2222		MAYBE	MS

Below is an example of the header of the IRS 1095-C form:

600120

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251
2022

Part I Employee

1 Name of employee (first name, middle initial, last name)

2 Social security number (SSN)

3 Street address (including apartment no.)

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer

8 Employer identification number (EIN)

9 Street address (including room or suite no.)

10 Contact telephone number

11 City or town

12 State or province

13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)

15 Employee Required Contribution (see instructions)

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

17 ZIP Code

Employee's Age on January 1

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14													
15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16													

Plan Start Month (enter 2-digit number):

	Aug	Sept	Oct	Nov	Dec
14					
15					
16					

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2022)

ACA Agency Instructions for 1095-C File Review

Review Form Header Columns and Employee Information Part I

Agency File: Columns A - P

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
RECORD-TYPE	VOIDED	CORRECTED	CCYY	EMP-SSN	FIRST-NAME	MIDDLE-NAME	LAST-NAME	NAME-SUFFIX	EMP-DOB	ADDRESS1	ADDRESS2	CITY	STATE	COUNTRY	ZIP
RE			20XX	555117777	SUE	A	SUMMERS		10/16/1899	555 16TH AVE		SOMEWHERE	MS		39321
RE			20XX	555117777	SUE	A	SUMMERS		10/16/1899	555 16TH AVE		SOMEWHERE	MS		39321
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321
RE			20XX	555339999	JAMIE		CULLUM		07/01/1980	888 IRONWOOD RD		NOT HERE	MS		39321
RE			20XX	555440000	JAMES		WOODROW		08/25/1955	444 CHERRY DRIVE		NOT THERE	MS		39321
RE			20XX	555440000	JAMES		WOODROW		08/25/1955	444 CHERRY DRIVE		NOT THERE	MS		39321
RE			20XX	555662222	TATUM		MOORE		07/22/1970	P O BOX 2222		MAYBE	MS		39321
RE			20XX	555662222	TATUM		MOORE		07/22/1970	P O BOX 2222		MAYBE	MS		39321
RE			20XX	555662222	TATUM		MOORE		07/22/1970	P O BOX 2222		MAYBE	MS		39321

Form 1095-C Header and Part I - Employee

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

B VOID
C CORRECTED
D 20

Part I Employee

1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN)

3 Street address (including apartment no.)

4 City or town 5 State or province 6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer 8 Employer identification number (EIN)

9 Street address (including room or suite no.) 10 Contact telephone number

11 City or town 12 State or province 13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)

15 Employee Required Contribution (see instructions)

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14													
15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16													

Review Form Header Columns and Employee Information Part I:

Above are the mappings for Columns A – P from your agency’s ACA file.

Columns A – D represent the header of form 1095-C.

Column A: Values in this column are not populated on the 1095 form. “RE” identifies this first string of data as the Employee. The “RE” value is used by DFA & MMRS and should not be changed during agency review. If an agency needs to add an additional row for an unlisted employee (or dependent), “RE” should be populated to match the rest of the file.

Column B-C: Agencies **should not** populate these columns during their initial review. These columns should remain blank. These are used for future resubmissions if errors are identified AFTER the initial filing with the IRS.

Column D: “20XX” indicates the calendar year of the filing and is used by DFA & MMRS. Agencies should not modify values in this column. If an agency needs to add an additional row, the current reporting year should be populated to match the rest of the file.

ACA Agency Instructions for 1095-C File Review

Review Form Header Columns and Employee Information Part I (cont.)

Columns E-P: These columns identify the employee. Rows are repeated in the file to show the link for each dependent insured by the employee (including the employee as a covered individual).

Below are some important scenarios related to employee data agencies should review carefully:

- 1) A single row may exist for an employee if they have waived coverage or if they are the only insured “dependent” for the calendar year (more on this in Part II and Part III).
- 2) Typically, repeated rows exist so that agencies can match the employee to the dependent provided in subsequent columns of the file.
- 3) **Repeated rows for a single employee should be identical.** An employee’s 1095 form and the information filed with the IRS may reflect incorrect information if the values in these columns do not match for all rows for an employee. For example, if you update an employee’s address ensure that all lines for that employee reflect the same information.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
RECORD-TYPE	VOIDED	CORRECTED	CCYY	EMP-SSN	FIRST-NAME	MIDDLE-NAME	LAST-NAME	NAME-SUFFIX	EMP-DOB	ADDRESS1	ADDRESS2	CITY	STATE	COUNTRY	ZIP	EXAMPLE
EXAMPLE 1:																
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	GOOD
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	GOOD
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	GOOD

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
RECORD-TYPE	VOIDED	CORRECTED	CCYY	EMP-SSN	FIRST-NAME	MIDDLE-NAME	LAST-NAME	NAME-SUFFIX	EMP-DOB	ADDRESS1	ADDRESS2	CITY	STATE	COUNTRY	ZIP	EXAMPLE
EXAMPLE 2:																
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	BAD
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	772 MAPLEWOOD DRIVE		ELSEWHERE	MS		39321	BAD
RE			20XX	555228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	BAD

- 4) Occasionally repeated rows may exist for a single employee when one of the following occurs:
 - a. The employee worked in both a PIN (State Employee) and a WIN (Contract Employee) during the calendar year. A contract employee may have been hired into a PIN OR a retired worker may have returned to work as a contract employee after their 90-day separation period.
 - b. The employee worked in more than one SPAHRS agency for the same State Agency reporting under a single Employer Identification Number (EIN).
 - c. In BOTH of these scenarios, information should be merged to a single record for the employee. Rows should only repeat if necessary to relate the employee to their dependents insured detail (this information is identified in Part III). More information regarding merging employees for this scenario will be provided in later examples.

ACA Agency Instructions for 1095-C File Review

Review Employer Information Part I

Agency File: Columns Q - Z

Q	R	S	T	U	V	W	X	Y	Z	
AGCY-NBR	AGCY-NAME	EIN	AGCY-PHONE	AGCY-STREET1	AGCY-STREET2	AGCY-CITY	AGCY-STATE	AGCY-COUNTRY	AGCY-ZIP	EXAMPLE
EXAMPLE 1										
0935	MADE UP SPAHRS AGENCY ONE	647887777	601-359-7777	999 HIGH STREET	BIG TALL BUILDING	JACKSON	MS		39201	BAD
0935	MADE UP SPAHRS AGENCY ONE	647887777	601-359-7777	999 HIGH STREET	BIG TALL BUILDING	JACKSON	MS		39201	BAD
0955	MADE UP SPAHRS AGENCY TWO	647887777	601-359-7788	999 HIGH STREET	LESS TALL BUILDING	JACKSON	MS		39208	BAD
0928	MADE UP SPAHRS AGENCY THREE	647887777	601-359-7799	999 HIGH STREET Ste 3	BIG TALL BUILDING	JACKSON	MS		39201	BAD
0928	MADE UP SPAHRS AGENCY THREE	647887777	601-359-7799	999 HIGH STREET Ste 3	BIG TALL BUILDING	JACKSON	MS		39201	BAD
EXAMPLE 2										
0935	MADE UP AGENCY NAME	647887777	601-359-7777	999 HIGH STREET	BIG TALL BUILDING	JACKSON	MS		39201	GOOD
0935	MADE UP AGENCY NAME	647887777	601-359-7777	999 HIGH STREET	BIG TALL BUILDING	JACKSON	MS		39201	GOOD
0955	MADE UP AGENCY NAME	647887777	601-359-7777	999 HIGH STREET	BIG TALL BUILDING	JACKSON	MS		39201	GOOD
0928	MADE UP AGENCY NAME	647887777	601-359-7777	999 HIGH STREET	BIG TALL BUILDING	JACKSON	MS		39201	GOOD
0928	MADE UP AGENCY NAME	647887777	601-359-7777	999 HIGH STREET	BIG TALL BUILDING	JACKSON	MS		39201	GOOD

Form 1095-C Part I - Employer

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
 ▶ Do not attach to your tax return. Keep for your records.
 ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

B VOID
C CORRECTED
D 20

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)	
3 Street address (including apartment no.)		6 Country and ZIP or foreign postal code		9 Street address (including room or suite no.)		10 Contact telephone number	
4 City or town		5 State or province		11 City or town		12 State or province	
13 Country and ZIP or foreign postal code		14 Offer of Coverage (enter required code)		15 Employee Required Contribution (see instructions)		16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	

Review Form Header Columns and Employee Information Part I:

Above are the mappings for Columns R – Z from your agency’s ACA file.

Column Q: Note – Not populated on the form, but identifies employee’s SPAHRS agency for review purposes.

Column R-Z: These columns identify the employer. Your agency name, address and contact should be consistent for a single Employer Identification Number across all rows on the file. Please be aware the agency names originally populated in the file may be different if your department or agency has multiple SPAHRS agencies. Agencies should make the employer name and address the same for Columns R – Z.

ACA Agency Instructions for 1095-C File Review

Review Employee Offer of Coverage Part II:

Agency File: Columns AA - AN

E	F	H	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
EMP-SSN	FIRST-NAME	LAST-NAME	PLAN START MONTH	COV-12-MONTHS	COV-MONTH JAN	COV-MONTH FEB	COV-MONTH MAR	COV-MONTH APR	COV-MONTH MAY	COV-MONTH JUN	COV-MONTH JUL	COV-MONTH AUG	COV-MONTH SEP	COV-MONTH OCT	COV-MONTH NOV	COV-MONTH DEC
555228888	AUTUMN	SEESONS		1A												
555228888	AUTUMN	SEESONS		1A												
555228888	AUTUMN	SEESONS		1A												
555117777	SUE	SUMMERS		1A												
555117777	SUE	SUMMERS		1A												
555228888	AUTUMN	SEESONS		1A												
555228888	AUTUMN	SEESONS		1A												
555228888	AUTUMN	SEESONS		1A												
555339999	JAMIE	CULLUM		1A												
555440000	JAMES	WOODROW			1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A
555440000	JAMES	WOODROW														
555662222	TATUM	MOORE		1A												
555662222	TATUM	MOORE		1A												
555662222	TATUM	MOORE		1A												

Form 1095-C Part II – Employee Offer of Coverage (Offer of Coverage)

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095C for instructions and the latest information.

B VOID
C CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name) **F G H**

2 Social security number (SSN) **E**

3 Street address (including apartment no.) **K-L**

4 City or town **M**

5 State or province **N**

6 Country and ZIP or foreign postal code **O-P**

Applicable Large Employer Member (Employer)

7 Name of employer **R**

8 Employer identification number (EIN) **S**

9 Street address (including room or suite no.) **U-V**

10 Contact telephone number **T**

11 City or town **W**

12 State or province **X**

13 Country and ZIP or foreign postal code **Y-Z**

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN

15 Employee Required Contribution (see instructions)

	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
--	----	----	----	----	----	----	----	----	----	----	----	----	----

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

Columns AA: For Calendar Year 2022, this two digit field is required. For state employees the plan start month is 01. For contract workers not offered insurance 00 should be populated. If you are offering contract workers an insurance plan through a third party you will need to populate the two digit month for the start of their respective plans.

Columns AB-AN: These columns identify the employee's Offer of Coverage. Rows are repeated in the file but only represent the Offer of Coverage for the employee and does **NOT** relate to the dependent. Rows should match for each line of a single employee.

Offer of Coverage (1A): For State of Mississippi employees in time limited or permanent PINS who are offered insurance through the State and School Employees' Life and Health Insurance Plan a "1A" should be populated for any month in which they received an offer of coverage. If an employee was full time for the whole calendar year, only column AB ("All 12 Months") should be populated with a "1A".

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ACA Agency Instructions for 1095-C File Review

Review Employee Offer of Coverage Part II (cont.)

No Offer of Coverage (1H): State of Mississippi contract employees are *generally* not offered insurance. If a contract employee works 130 hours or more in a month, they are deemed full-time employees by the ACA guidelines. For any month that an employee meets the 130 hours but is not offered insurance, the relevant monthly column should be populated with a "1H". If a contract worker is full-time for all 12 months and is not offered insurance, then only column AB ("All 12 Months") should be populated with a "1H".

Agencies Offering Contract Workers Coverage: *If your agency has acquired a coverage plan for its contract workers you will need to determine the appropriate code to populate from the list below, please be aware these codes provided below do NOT include codes relevant for the HRA coverage. If an agency provides workers health insurance coverage using an HRA they will need to notify DFA and review the IRS instructions to determine the correct code.*

Code list and detailed description below is provided directly from the IRS website:

Source: <https://www.irs.gov/instructions/i109495c>

- **1A.** *Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). Note: This code may be used to report for specific months for which a Qualifying Offer was made, even if the employee did not receive a Qualifying Offer for all 12 months of the calendar year. However, an ALE Member may not use the Alternative Furnishing Method for an employee who did not receive a Qualifying Offer for all 12 calendar months..*
- **1B.** *Minimum essential coverage providing minimum value offered to employee only.*
- **1C.** *Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).*
- **1D.** *Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)). Do not use code 1D if the coverage for the spouse was offered conditionally. Instead, use code 1J.*
- **1E.** *Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. Do not use code 1E if the coverage for the spouse was offered conditionally. Instead, use code 1K.*
- **1F.** *Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse, and dependents.*
- **1G.** *Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year. **Note:** Code 1G applies for the entire year or not at all. Therefore, if code 1G applies, an ALE Member must enter code 1G on line 14 in the "All 12 Months" column or in each separate monthly box (for all 12 months).*

ACA Agency Instructions for 1095-C File Review

- **1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).
- **1I.** Reserved for future use.
- **1J.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s). (See Conditional offer of spousal coverage, earlier, for an additional description of conditional offers.)
- **1K.** Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse. (See Conditional offer of spousal coverage, earlier, for an additional description of conditional offers.)

Below are some important scenarios related to employee data agencies should review carefully:

- 1) **Repeated rows for a single employee for these columns should be identical.** An employee’s 1095 form and the information filed with the IRS may reflect incorrect information if these Columns do not match for all rows for an employee. If you update an employee’s offer of coverage ensure that all lines for that employee reflect the same information. The example below shows an incorrect example for an employee who has mismatched offers of coverage.

E	F	G	H	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN		
EMP-SSN	FIRST-NAME	MIDDLE-NAME	LAST-NAME	PLAN START MONTH	COV-12MONTHS	COV-MONTH JAN	COV-MONTH FEB	COV-MONTH MAR	COV-MONTH APR	COV-MONTH MAY	COV-MONTH JUN	COV-MONTH JUL	COV-MONTH AUG	COV-MONTH SEP	COV-MONTH OCT	COV-MONTH NOV	COV-MONTH DEC	EXAMPLE	
EXAMPLE 1:																			
555117777	SUE	A	SUMMERS		1A														BAD
555117777	SUE	A	SUMMERS			1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	BAD
EXAMPLE 2:																			
555117777	SUE	A	SUMMERS		1A														GOOD
555117777	SUE	A	SUMMERS		1A														GOOD

In the example above the employee, SUE SUMMERS should reflect either 1A for Cov-12-Months on each row or should reflect 1A for each month the employee was full time and offered coverage.

E	F	G	H	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN		
EMP-SSN	FIRST-NAME	MIDDLE-NAME	LAST-NAME	PLAN START MONTH	COV-12-MONTHS	COV-MONTH JAN	COV-MONTH FEB	COV-MONTH MAR	COV-MONTH APR	COV-MONTH MAY	COV-MONTH JUN	COV-MONTH JUL	COV-MONTH AUG	COV-MONTH SEP	COV-MONTH OCT	COV-MONTH NOV	COV-MONTH DEC	EXAMPLE	
EXAMPLE 1:																			
555440000	JAMES		WOODROW			1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A		BAD
555440000	JAMES		WOODROW																BAD
EXAMPLE 2:																			
555440000	JAMES		WOODROW			1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A		GOOD

In the example above the employee, JAMES WOODROW appears to be a contract employee who was hired as a state permanent pin. In this scenario, his two rows should be merged. An employee should only have one record per Agency EIN. (Note: One record does not mean the employee will not have multiple rows. Multiple rows may be necessary to show the link to the dependent record.)

ACA Agency Instructions for 1095-C File Review

Review Employee Offer of Coverage Part II (cont.)

Agency File: Columns AO - BN

AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN
EMP SHARE 12MONTHS	EMP SHARE JAN	EMP SHARE FEB	EMP SHARE MAR	EMP SHARE APR	EMP SHARE MAY	EMP SHARE JUN	EMP SHARE JUL	EMP SHARE AUG	EMP SHARE SEP	EMP SHARE OCT	EMP SHARE NOV	EMP SHARE DEC	SAFE HARBOR 12MONTHS	SAFE HARBOR JAN	SAFE HARBOR FEB	SAFE HARBOR MAR	SAFE HARBOR APR	SAFE HARBOR MAY	SAFE HARBOR JUN	SAFE HARBOR JUL	SAFE HARBOR AUG	SAFE HARBOR SEP	SAFE HARBOR OCT	SAFE HARBOR NOV	SAFE HARBOR DEC

Form 1095-C Part II – Employee Offer of Coverage (Contribution and Safe Harbor)

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.										B VOID C CORRECTED D 20	
Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name) F G H			2 Social security number (SSN) E			7 Name of employer R			8 Employer identification number (EIN) S				
3 Street address (including apartment no.) K-L						9 Street address (including room or suite no.) U-V			10 Contact telephone number T				
4 City or town M		5 State or province N		6 Country and ZIP or foreign postal code O-P		11 City or town W		12 State or province X			13 Country and ZIP or foreign postal code Y-Z		
Part II Employee Offer of Coverage						Plan Start Month (enter 2-digit number): AA							
14 Offer of Coverage (enter required code)													
All 12 Months Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec													
AB AC AD AE AF AG AH AI AJ AK AL AM AN													
15 Employee Required Contribution (see instructions)													
\$ AO \$ AP \$ AQ \$ AR \$ AS \$ AT \$ AU \$ AV \$ AW \$ AX \$ AY \$ AZ \$ BA													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
BB BC BD BE BF BG BH BI BJ BK BL BM BN													

Columns AO-BA: State and School Employees' Life and Health Insurance Plan meets the ACA requirement for minimum essential coverage for a self-only plan. For this reason, state employee contributions should not be populated.

Agencies Offering Contract Workers Coverage: Contract Workers being offered agency insurance may require amounts populated. If you are insuring a contract worker and they are required to contribute in order to receive coverage, you should populate the appropriate amounts here. Refer to the IRS instructions to determine when to report.

Line 15 should be completed if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14 (Columns AB-AN). If 1A, 1F, 1G or 1H is entered on line 14, line 15 should be left blank.

ACA Agency Instructions for 1095-C File Review

Form 1095-C Part II – Employee Offer of Coverage (Safe Harbor)

Columns BB-BN: For CY 2020 and forward, DFA will only populate the values to indicate the periods of time that an employee was not employed with the SOMS after you return your file to us. For employees that are NOT employed for the full year we will populate any months left blank with a 1H on line 14 and a 2A on line 16. Agencies should review the available codes and choose the appropriate option from the IRS instructions to populate for Columns BB – BN.

Code list and detailed description below is provided directly from the IRS website:

Source: <https://www.irs.gov/instructions/i109495c>

- **2A.** Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the ALE Member on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the ALE Member.
- **2B.** Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).
- **2C.** Employee enrolled in health coverage offered. Enter code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE Member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter code 2C on line 16 for any month in which the multiemployer interim rule relief applies (enter code 2E). Do not enter code 2C on line 16 if code 1G is entered on line 14. Do not enter code 2C on line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter code 2A). Do not enter code 2C on line 16 for any month in which the employee enrolled in coverage that was not minimum essential coverage.
- **2D.** Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a section 4980H(b) Limited Non-Assessment Period. If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the ALE Member is also eligible for the multiemployer interim rule relief for the month, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a section 4980H(b) Limited Non-Assessment Period).
- **2E.** Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer arrangement interim guidance applies for that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply. This relief is described under *Offer of Health Coverage* in the *Definitions* section of these instructions.

ACA Agency Instructions for 1095-C File Review

- **2F.** Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the ALE Member used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an ALE Member uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.
- **2G.** Section 4980H affordability federal poverty line safe harbor. Enter code 2G if the ALE Member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
- **2H.** Section 4980H affordability rate of pay safe harbor. Enter code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s). **Note.** An affordability safe harbor code should not be entered on line 16 for any month that the ALE member did not offer minimum essential coverage, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents (that is, any month for which the ALE member checked the "No" box on Form 1094-C, Part III, column (a)). For more information, see the instructions for Form 1094-C, Part III, column (a).

Below are some examples that will apply to the greatest number of employees at most agencies:

ACA Agency Instructions for 1095-C File Review

Review Covered Individuals Part III

Agency File: Columns BO - CJ

EMPLOYEE	DEPENDENT																									
	A	E	F	H	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ
RECORD-TYPE	EMP-SSN	FIRST-NAME	LAST-NAME	RD RECORD TYPE	SELF INSURED COV	RD_EMP-SSN	COV-SSN	RD FIRST-NAME	RD MIDDLE-NAME	RD LAST-NAME	RD NAME-SUFFIX	DOB	COV MONTHS IND	RD-COV MONTH JAN	RD-COV MONTH FEB	RD-COV MONTH MAR	RD-COV MONTH APR	RD-COV MONTH MAY	RD-COV MONTH JUN	RD-COV MONTH JUL	RD-COV MONTH AUG	RD-COV MONTH SEP	RD-COV MONTH OCT	RD-COV MONTH NOV	RD-COV MONTH DEC	
RE	555228888	AUTUMN	SEESONS	RD	X	555228888	555228888	AUTUMN			SEESONS	06/30/1996	X													
RE	555228888	AUTUMN	SEESONS	RD	X	555228888	555228866	ALICIA			SEESONS	07/01/2000	X													
RE	555228888	AUTUMN	SEESONS	RD	X	555228888	555228855	ALEX			SEESONS	08/15/2016	X													
RE	555117777	SUE	SUMMERS	RD	X	555117777	555117777	SUE	A		SUMMERS	10/16/1899	X													
RE	555117777	SUE	SUMMERS	RD	X	555117777	555117799	TIMOTHY			SUMMERS	10/16/1930	X													
RE	555662222	TATUM	MOORE	RD	X	555662222	555662222	TATUM			MOORE	07/22/1970	X													
RE	555662222	TATUM	MOORE	RD	X	555662222	555662200	ERIC			MOORE	07/26/1982	X													
RE	555662222	TATUM	MOORE	RD	X	555662222	555662244	JASON			ALEXANDER	09/01/2019											X	X	X	X

Form 1095-C Part III – Covered Individuals

Part III Covered Individuals																	
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. BP																	
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
BS	BT	BU	BR	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ
17																	
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"/>
19					<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"/>
20					<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"/>
21					<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"/>
22					<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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M **Form 1095-C** (2019)

Column BO: Values in this column are not populated on the 1095 form. “RD” identifies this section of data as the dependent. The “RD” value is used by DFA & MMRS and should not be changed during agency review. If an agency needs to add an additional row for an unlisted dependent, “RD” should be populated to match the rest of the file.

Column BP: “If Employer provided self-insured coverage...” this column should be populated with an “X” if the employee received any coverage during the calendar year. If no coverage was taken by the employee because it was not offered or because coverage was waived then this column should not be populated.

Column BQ: Represents the Employees SSN. It is imperative that this Column correctly matches the employee to themselves and their covered dependents; otherwise, the dependents may not be associated with the correct employee.

Columns BR-BV: The covered individuals SSN and name should be populated here. If the employee elected to take coverage they should be populated here and any of their covered dependents.

Column BW: If dependent’s SSN is not available, date of birth MUST be populated. Please refer to the ACA Guidelines for requirements to maintain covered dependent SSN.

ACA Agency Instructions for 1095-C File Review

Review Covered Individuals Part III (cont.)

Agency File: Columns BO – CJ

EMPLOYEE				DEPENDENT																					
A	E	F	H	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ
RECORD-TYPE	EMP-SSN	FIRST-NAME	LAST-NAME	RD RECORD TYPE	SELF INSURED COV	RD_EMP-SSN	COV-SSN	RD FIRST-NAME	RD MIDDLE-NAME	RD LAST-NAME	RD NAME-SUFFIX	DOB	COV MONTHS IND	RD-COV MONTH JAN	RD-COV MONTH FEB	RD-COV MONTH MAR	RD-COV MONTH APR	RD-COV MONTH MAY	RD-COV MONTH JUN	RD-COV MONTH JUL	RD-COV MONTH AUG	RD-COV MONTH SEP	RD-COV MONTH OCT	RD-COV MONTH NOV	RD-COV MONTH DEC
RE	555228888	AUTUMN	SEESONS	RD	X	555228888	555228888	AUTUMN				06/30/1996	X												
RE	555228888	AUTUMN	SEESONS	RD	X	555228888	555228866	ALICIA				07/01/2000	X												
RE	555228888	AUTUMN	SEESONS	RD	X	555228888	555228855	ALEX				08/15/2016	X												
RE	555117777	SUE	SUMMERS	RD	X	555117777	555117777	SUE	A			10/16/1899	X												
RE	555117777	SUE	SUMMERS	RD	X	555117777	555117799	TIMOTHY				10/16/1930	X												
RE	555662222	TATUM	MOORE	RD	X	555662222	555662222	TATUM				07/22/1970	X												
RE	555662222	TATUM	MOORE	RD	X	555662222	555662200	ERIC				07/26/1982	X												
RE	555662222	TATUM	MOORE	RD	X	555662222	555662244	JASON				09/01/2019										X	X	X	X

Form 1095-C Part III – Covered Individuals

Part III Covered Individuals																		
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. BP																		
(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
						BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ
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"/>
19						<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"/>
20						<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"/>
21						<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"/>
22						<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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M **Form 1095-C** (2019)

Column BX: Covered individuals represent any employees or dependents that received coverage through the State and School Employees' Life and Health Insurance Plan. If the covered individual was received coverage for all 12 months then only this column should be populated with an "X"; otherwise, only the relevant monthly values should be populated (see next column set).

Columns BY-CJ: Covered individuals represent any employees or dependents that received coverage through the State and School Employees' Life and Health Insurance Plan. For any individuals that were covered for less than 12 months, only the relevant covered months should have an "X" populated here.

ACA Agency Instructions for 1095-C File Review

Important Notes for Agency File Review Updates and Corrections:

Due to time constraints, DFA pulls the BCBS data in early to mid-December to generate Agency's ACA Files. As a result, some December information for new hires, terminated employees or employees with a qualifying event may be omitted.

Agencies should thoroughly review the December Offers of Coverage and Covered Periods for Covered Individuals to ensure all December values are populated correctly. Additionally, Applicable Large Employers (Agencies with 50 or more FTEs, ALE) will need to monitor contract employees in a WIN to ensure if hours exceed 130 for the month they are identified as full time employees. ALE Agencies will need to populate a value in the employees Offer of Coverage for the month of December if they meet or exceed 130 hours.

When agencies update or adjust their files duplicate, incorrect or erroneous rows should be deleted. All information in the file is imported and included for reporting. DFA and MMRS use all the data in the final agency file to create employee 1095 forms and remit to the IRS. Failure by the agency to delete an erroneous record from the file will result in a form being generated in error for an employee. To aid DFA and MMRS for any new or updated records please highlight the modified rows with a color. In the instance that your files import is failing, this will assist DFA/MMRS in identifying possible issues.

A known issue exists in the Agency ACA file for employees that transferred between agencies. In this instance, the offer of coverage and or periods covered may reflect inverted values from the months they were employed with your agency. Agencies should review all transfer employees (in OR out of agency), to ensure Offer of Coverage and Periods Covered reflect the correct months.

Agencies should also save their files locally with any reconciliation tools and or notes they made that will be of assistance for future year's reconciliations.

ACA Agency Instructions for 1095-C File Review

Reporting Resources for Agency File Review:

The following are a list of reports and materials that agencies may wish to use when performing their 1095 ACA review:

Reports for reviewing Employees:

Agencies may wish to run a report from COGNOS or MERLIN to obtain a list of all employees for the calendar year. Agencies may then need to determine if contract workers met their full time threshold of 130 hours to be included on their ACA file.

Additionally, Agencies may choose to validate employees included against their W2 report for the year. This report can be accessed in SPAHRS via the following menu path, PA > FT > SB > AUDIT W2 then enter the relevant agency and choose Quarter "5" for Year to Date information. If employees receiving W2s are not included in their Agency ACA File, agencies should validate if the employee met the 130-hour threshold for any given month.

Reports for reviewing Covered Individuals:

Blue Cross Blue Shield as the State and School Employees' Life and Health Insurance Plan administrator offers a special report to assist agencies in validating their employees and employee dependents covered information.

Agencies can download their report through Enroll Blue if they are the agency's Super User from the Blue Cross Blue Shield "Enroll Blue" website, under Reports > PPACA > then choose "Run" to download the file to excel.

If you have trouble accessing this report, you should contact your agency's Blue Cross Blue Shield representative to determine your Agency's "Power User" OR request the necessary access to download your file. DFA does not have access to this report through the Blue Cross Blue Shield portal.

Agencies should be aware of **employees that were hired in the month of December** as they may or **may not be included in your file.** If the employee and their covered individuals are not included, agencies will need to add and update the appropriate columns and rows in their agency file.

Please note that for some agencies, former employees that waived coverage in prior years may display on the report. After discussion with Office of Insurance staff, there is currently no mechanism to eliminate these former employees from the report. When reviewing your BCBS ACA File, Agencies should document these prior year terminated employees (who waived coverage) and should not include them on their Agency ACA File.

Additionally, in some instances when a dependent's SSN was not known, some agencies used employees SSN. Agencies should identify any instances where the dependent's SSN is a duplicate of the employee's and correct in both the Agency File and in Enroll Blue.

For the month of December to ensure all appropriate covered periods are populated for employees and dependents, agencies may wish to use their most recent Blue Cross Blue Shield reconciliation.

IRS Resources can also be found on the Office of Financial Affairs page on the DFA website:

<http://www.dfa.ms.gov/dfa-offices/financial-affairs/1095-affordable-care-act/>

ACA Agency Instructions for 1095-C File Review

IRS ACA Employer Reporting Guidance (1095-B vs 1095-C)

IRS Resources for Employers:

DFA performs an analysis of each agencies' Full-Time and Full-Time Equivalent (FTE) employees to determine if the agency is considered an Applicable Large Employer or ALE.

<https://www.irs.gov/affordable-care-act/employers>

1095-C Applicable Large Employers (ALE):

Agencies with 50 or more FTE employees are considered Applicable Large Employers (ALE) under that Affordable Care Act Guidelines. Agencies classified as ALEs who are self-insured are required to report employees offer of coverage and their covered individuals on forms 1095-C.

<https://www.irs.gov/pub/irs-pdf/i109495c.pdf> form not ready yet

1095-B Small Employers:

Agencies with less than 50 FTE are considered Small Employers. For agencies with less than 50 FTE forms 1095-B are required to report Employees who have Covered Individuals through self-insured plan.

<https://www.irs.gov/pub/irs-pdf/i109495b.pdf> form not ready yet