

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.

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 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	CCY	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:

60011

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.

OMB No. 1545-2251
2019

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

Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H "a" Relief (enter "a" or "b")													

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) **F G H**

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

9 Street address (including room or suite no.)

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. 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	%55228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	GOOD
RE			20XX	%55228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	GOOD
RE			20XX	%55228888	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	%55228888	AUTUMN		SEESONS		06/30/1996	777 MAPLEWOOD DR		ANYWHERE	MS		39321	BAD
RE			20XX	%55228888	AUTUMN		SEESONS		06/30/1996	772 MAPLEWOOD DRIVE		ELSEWHERE	MS		39321	BAD
RE			20XX	%55228888	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								
555440000	JAMES	WOODROW			1H	1H	1H	1A								
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

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
AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN

Columns AA: This Column indicates the Plan Start Month and is currently not required.

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".

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 employee 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”.

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	EXAMPLE	
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 1:																			
555117777	SUE	A	SUMMERS		1A														BAD
555117777	SUE	A	SUMMERS			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	EXAMPLE	
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 1:																			
555440000	JAMES		WOODROW						1A	1A	BAD								
555440000	JAMES		WOODROW			1H	1H	1H											BAD
EXAMPLE 2:																			
555440000	JAMES		WOODROW			1H	1H	1H	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

F	H	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
FIRST-NAME	LAST-NAME	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

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)

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): **AA**

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
\$ 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

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, employee contributions should not be populated. These columns should be left blank.

Columns BB-BN: This column was previously optional and DFA did not populate. For CY 2019, DFA will populate the necessary values to indicate the periods of time that an employee was not active with the SOMS. Agencies should leave these columns blank.

ACA Agency Instructions for 1095-C File Review

Review Covered Individuals Part III (cont.)

Agency File: Columns BO – CJ

EMPLOYEE A	E	F	H	DEPENDENT		BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ
				RD RECORD TYPE	SELF INSURED COV																				
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"/>																	
19					<input type="checkbox"/>																	
20					<input type="checkbox"/>																	
21					<input type="checkbox"/>																	
22					<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.

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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/>

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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>

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>