

**Tax Year 2016 / Processing Year 2017**

**Criteria-Based Scenario**

**Submission 13/14 Narratives**

There are 2 Criteria-Based Scenarios listed below.

**Scenario 13:** is required to pass TY2016 AATS, if you are choosing to complete Criteria-Based Scenarios.

**Scenario 14:** is required, in addition to Scenario 13, for providers reporting health coverage that was purchased through the SHOP program and need to complete 1095-B Part II.

**1. Scenario 13**

**Provider reporting coverage for 2 Responsible Individuals.** In this scenario the provider will be reporting health coverage information for 2 responsible individuals. Additional instructions for form lines that must be completed are listed below.

**1094-B Submission Narrative Information**

**Scenario 13-0**

**Filer Information**

**Lines 1-8** Data is created by the filer. Use only the TIN and Name Control Ranges listed in the instructions for the filer name and EIN information. The street address can be generic and created without using a specific range.

**Line 9** There are a total of 2 1095-Bs included with this transmittal.

**Data must be present on lines 1-9.**

**1095-B Record Narrative Information**

**Scenario 13-1: Responsible Individual #1**

**Part I Responsible Individual**

**Lines 1-7** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 1-8.**

**Part III Issuer or Other Coverage Provider**

**Lines 16-22** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 16-22.**

**Part IV Covered Individuals**

Use only the TIN and Name Control Ranges listed in the instructions for this section.

**Minimally data must be present on lines 23 & 24.**

**Test data should include at least one covered individual who is “Covered all 12 months” in column (d).**

**Scenario 13-2: Responsible Individual #2**

**Part I Responsible Individual**

**Lines 1-7** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 1-8.**

**Part III Issuer or Other Coverage Provider**

**Lines 16-22** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 16-22.**

**Part IV Covered Individuals**

Use only the TIN and Name Control Ranges listed in the instructions for this section.

**Minimally data must be present on lines 23& 24.**

**Data in this record should vary on lines 23 & 24 from the data submitted for Responsible Individual #1.**

**Test data should include a DOB where no SSN was available for at least one covered individual in column (c).**

**Test data should include various months of coverage for at least one covered individual in column (e).**

**2. Scenario 14**

**Provider reporting coverage for 2 Responsible Individuals who have purchased health coverage through the SHOP program.**

In this scenario the provider will be reporting health coverage information for 1 responsible individual. This scenario has also identified that the health coverage was purchased through the SHOP program and will also complete 1095-B Part II Employer-Sponsored Coverage lines 9-16. Additional instructions for form lines that must be completed are listed below.

**1094-B Submission Narrative Information**

**Scenario 14-0**

**Filer Information**

**Lines 1-8** Data is created by the filer. Use only the TIN and Name Control Ranges listed in the instructions for the filer name and EIN information. The street address can be generic and created without using a specific range.

**Line 9** There are a total of 2 1095-Bs included with this transmittal.

**Data must be present on lines 1-9.**

**1095-B Record Narrative Information**

**Scenario 14-1: Responsible Individual #1**

**Part I Responsible Individual**

**Lines 1-7** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Line 8** Use "A" for Small Business Health Options Program (SHOP)

**Data must be present on lines 1-8.**

**Part II Employer Sponsored Coverage**

**Lines 10-15** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 10-15.**

**Part III Issuer or Other Coverage Provider**

**Lines 16-22** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 16-22.**

#### **Part IV Covered Individuals**

Use only the TIN and Name Control Ranges listed in the instructions for this section.

**Minimally data must be present on lines 23 & 24.**

**Test data should include at least one covered individual who is “Covered all 12 months” in column (d).**

#### **Scenario 14-2: Responsible Individual #2**

##### **Part I Responsible Individual**

**Lines 1-7** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Line 8** Use “A” for Small Business Health Options Program (SHOP)

**Data must be present on lines 1-8.**

##### **Part II Employer Sponsored Coverage**

**Lines 10-15** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 10-15.**

##### **Part III Issuer or Other Coverage Provider**

**Lines 16-22** Use only the TIN and Name Control Ranges listed in the instructions for this section. The street address can be generic and created without using a specific range.

**Data must be present on lines 16-22.**

##### **Part IV Covered Individuals**

Use only the TIN and Name Control Ranges listed in the instructions for this section.

**Minimally data must be present on lines 23& 24.**

**Data in this record should vary on lines 23 & 24 from the data submitted for Responsible Individual #1.**

**Test data should include a DOB where no SSN was available for at least one covered individual in column (c).**

**Test data should include various months of coverage for at least one covered individual in column (e).**