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ACA Employer and Coverage Provider Information Reporting Requirements



ALE Reporting Requirements

- An employer is an ALE if it has 50 or more full-time or full-time equivalent employees
- Requires ALEs to report health care coverage offered to the employer's full-time employees for the calendar year
 - Applies to employers who are subject to the employer shared responsibility provisions (§4980H)





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Provider Reporting Requirements

Requires every provider of Minimum Essential Coverage to file an annual information reporting return with the IRS reporting coverage information and furnishing a statement to individuals. There are some exceptions, it does not apply to any:

- Qualified health plans offered through the Marketplace
 - Marketplace is required to report under §36B
- Certain coverage that supplements other MEC
 - 2 types of MEC provided by same entity (e.g., a major medical plan and HRA provided by the same self-insuring employer)
 - MEC for which an individual is eligible only if the individual is covered by other MEC for which 6055 reporting is required (e.g., a plan that supplements Medicare)



Minimum Essential Coverage

- Government-sponsored programs
 - Medicare part A, CHIP, Peace Corps, DOD Non-appropriated Fund Health Program, and most - Medicaid programs, TRICARE, & VA programs
- Employer-sponsored coverage
 - Insured or self-insured group health plans
 - Excludes coverage that is solely excepted benefits
 - Grandfathered Plans
 - COBRA Coverage



Minimum Essential Coverage (cont'd)

- Individual market coverage
 - Qualified health plans enrolled in through Marketplace
 - Other individual coverage
- Miscellaneous MEC
 - Other health benefits coverage recognized by HHS as MEC



Reporting Forms

- Reporting Forms for ALEs
 - Form 1095-C – Employer-Provided Health Insurance Offer and Coverage
 - Form 1094-C – Transmittal of Employer-Provided Health Insurance Offer and Coverage
- Reporting Forms for Coverage Providers
 - Form 1095-B – Health Coverage
 - Form 1094-B – Transmittal of Health Coverage Information Returns





Due Dates

- Furnished to Employee (§ 6056)/
Responsible Individual (§ 6055) by
January 31
- Filed with the IRS by February 28
(March 31 if filed electronically)





Form 1095-C

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Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID

600116

OMB No. 1545-2251

CORRECTED

2015

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)	
3 Street address (including apartment no.)				9 Street address (including room or suite no.)		10 Contact telephone number	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code		11 City or town	12 State or province	13 Country and ZIP or foreign postal code	

Part II Employee Offer and 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 Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4080H Safe Harbor (enter code, if applicable)													





Form 1095-C (continued)

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Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

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

Cat. No. 60705M

Form **1095-C** (2015)



Form 1094-C

Form 1094-C		Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns		<input type="checkbox"/> CORRECTED	120116 OMB No. 1545-2251
Department of the Treasury Internal Revenue Service		▶ Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c		2015	
Part I Applicable Large Employer Member (ALE Member)					
1 Name of ALE Member (Employer)			2 Employer identification number (EIN)		
3 Street address (including room or suite no.)					
4 City or town		5 State or province		6 Country and ZIP or foreign postal code	
7 Name of person to contact			8 Contact telephone number		
9 Name of Designated Government Entity (only if applicable)			10 Employer identification number (EIN)		
11 Street address (including room or suite no.)					
12 City or town		13 State or province		14 Country and ZIP or foreign postal code	
15 Name of person to contact			16 Contact telephone number		
For Official Use Only					
17 Reserved <input type="checkbox"/>					
18 Total number of Forms 1095-C submitted with this transmittal <input type="text"/>					
19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions <input type="checkbox"/>					





Form 1094-C (continued)

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Form 1094-C (2015) Page **2**

Part III ALE Member Information – Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Form **1094-C** (2015)



Form 1094-C (continued)

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Form 1094-C (2015)

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

Form 1094-C (2015)



Form 1095-B

560115

Form **1095-B**

Health Coverage

 VOID

OMB No. 1545-2252

 CORRECTED**2015**Department of the Treasury
Internal Revenue Service▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.**Part I** Responsible Individual

1 Name of responsible individual		2 Social security number (SSN)		3 Date of birth (if SSN is not available)	
4 Street address (including apartment no.)		5 City or town		6 State or province	
				7 Country and ZIP or foreign postal code	
8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶ <input type="checkbox"/>				9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable	

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)		
12 Street address (including room or suite no.)		13 City or town		14 State or province	
				15 Country and ZIP or foreign postal code	

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)		18 Contact telephone number	
19 Street address (including room or suite no.)		20 City or town		21 State or province	
				22 Country and ZIP or foreign postal code	

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Form 1095-B (continued)

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Part IV Covered Individuals (Enter the information for each covered individual(s).)															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23			<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"/>	
24			<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"/>	
25			<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"/>	
26			<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"/>	
27			<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"/>	
28			<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. 60704E **Form 1095-B** (2015)





Form 1094-B

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Form **1094-B**

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

► Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

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OMB No. 1545-2252

2015

1 Filer's name		2 Employer identification number (EIN)	
3 Name of person to contact		4 Contact telephone number	
5 Street address (including room or suite no.)		6 City or town	
7 State or province		8 Country and ZIP or foreign postal code	
9 Total number of Forms 1095-B submitted with this transmittal ►			

For Official Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

► _____ Signature ► _____ Title ► _____ Date

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

Cat. No. 61570P

Form **1094-B** (2015)



ALE Self-Insured Reporting

If the plan sponsor is a self-insured ALE member

- Combined reporting of the information required under §6055 and §6056
 - Form 1095-C, “Employer Provided Health Insurance Offer and Coverage”, (and use Form 1094-C transmittal)
 - Form 1095-C reports enrollment in coverage (§6055) and offer of coverage (§6056)





Electronic Filing Requirements and AIR

- Paper filing available only if submitting fewer than 250 information returns
- Must electronically file if submitting 250 or more information returns
- AIR page of IRS.gov and AIR Publications
 - Publication 5164, Test Package for Electronic Filers of Affordable Care Act (ACA) Information Returns (AIR)
 - Publication 5165, Guide for Electronically Filing Affordable Care Act (ACA) Information Return for Software Developers and Transmitters





ACA Web Resources

IRS.gov/ACA

HealthCare.gov

CMS.gov

The screenshot shows the IRS website's page for Affordable Care Act (ACA) Tax Provisions. The main heading is "Affordable Care Act Tax Provisions". Below the heading, there are sections for "Individuals and Families" and "Employers". The "Individuals and Families" section includes links for "Eligibility", "All the New Rules", "Tax Deductions", "Health Savings", "Health Care Tax Exemption", "Charitable Deductions", "Gift Tax Exemption", and "Affordable Care Act Tax Provisions News". The "Employers" section includes "The ACA requires you and your dependents to have health care coverage...".

The screenshot shows the HealthCare.gov website. The main heading is "Offer quality, affordable coverage to your employees any time". Below the heading, there is a sub-heading "Businesses with 50 employees or more can offer Small Business Health Care Program (SHOP) plans to their employees, starting any month of the year." There are two green buttons: "FOR EMPLOYERS" and "FOR EMPLOYEES". At the bottom, there are two more green buttons: "SELL HEALTH INSURANCE TO SMALL BUSINESSES" and "AGENT & BROKER INFORMATION".

The screenshot shows the CMS.gov website. The main heading is "CMS covers 100 million people...". Below the heading, there is a sub-heading "CMS news" and a date "December 31, 2010". There is a link to "Download". At the bottom, there is a link to "From Release: CMS Announces Revised Nursing Home...".





Hot Topics on IRS.gov

Search Word(s)

IRS Future State	future state
Tax scams/consumer alerts	scams
Annual Filing Season Program	filing season program
Continuing education for tax pros	tax pros
E-Services – online tax tools	eservice
Identity theft	ID theft
Practitioner events on IRS.gov	practitioner events
Affordable Care Act	ACA
Taxpayer Bill of Rights	taxpayer rights
SB/SE Tax Calendar	tax calendar

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