

Tax Year 2018 / Processing Year 2019

Criteria-Based Scenarios

Test Scenario 13 and 14 Narratives

Instructions: There are 2 B Form Criteria-Based Scenarios listed below. Each scenario consists of narratives to complete one 1094-B and two 1095Bs. There are no answer keys for Criteria-Based Scenarios.

Scenario 13 is required to pass TY2018 AATS if you are choosing to complete Criteria-Based Scenarios.

Scenario 14 is required to pass TY2018 AATS if you are choosing to complete Criteria-Based Scenarios.

Scenario 13

Prepare a transmission using the Tax Year 2018 1094-B and 1095-B Forms for Health Insurance Issuers and Carriers.

In this scenario, the Insurance Provider will complete a 1094-B and 2 1095-Bs to report health coverage information for 2 responsible individuals.

1094-B Submission Narrative Information

Scenario 13-0

Filer Information

Lines 1-8 Data is created by the filer. Use only the TIN Ranges and Name Controls 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 Ranges and Name Controls 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 Ranges and Name Controls 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 Ranges and Name Controls listed in the instructions for this section.

Minimally data must be present on lines 23 & 24.

Test data should include 'all 12 months' coverage in column (d) for at least one covered individuals listed in one of the submitted 1095-Bs.

Scenario 13-2: Responsible Individual #2

Part I Responsible Individual

Lines 1-7 Use only the TIN Ranges and Name Controls 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 Ranges and Name Controls 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 Ranges and Name Controls 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 in column (c) where no SSN was available for at least one covered individual listed in one of the submitted 1095-Bs.

Test data should include various months of coverage in column (e) for at least one covered individuals listed in one of the submitted 1095-Bs.

Scenario 14

Prepare a transmission using the Tax Year 2018 1094-B and 1095-B Forms for Health Insurance Issuers and Carriers.

In this scenario, the Insurance Provider will complete a 1094-B and 2 1095-Bs to report health coverage information for 2 responsible individuals.

This scenario has also identified that the health coverage was purchased through the SHOP program and will complete 1095-B Part II Information About Certain Employer-Sponsored Coverage lines 10-15.

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 Information About Certain 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 'all 12 months' coverage in column (d) for at least one covered individuals listed in one of the submitted 1095-Bs.

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 Information About 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 in column (c) where no SSN was available for at least one covered individual listed in one of the submitted 1095-Bs.

Test data should include various months of coverage in column (e) for at least one covered individuals listed in one of the submitted 1095-Bs.