

**Tax Year 2019 / Processing Year 2020**

**Predefined Scenario**

**Submission 6C Correction Narratives – (Test Scenarios 6C-0, 6C-1)**

**Instructions:** This scenario is designed to correct an error on the 1095-B that was identified by the transmitter in the previously submitted Scenario 6-1. Scenario 6C will be submitted as a correction record of a previously accepted original submission. Publication 5165, Section 7 gives additional details on submitting corrections.

**Prerequisite:** You must submit Scenario 6 and have an “Accepted Acknowledgement” before you can submit Scenario 6C. The information from the “Accepted Acknowledgement” in Scenario 6 will be used to submit the correction.

**1094-B Submission Narrative Information**

**Scenario 6C-0**

**Filer’s Name:** Parktestsix Medicaid

**Employer Identification Number (EIN):** 00-0000631

**Name of person to contact:** Elias Koop

**Contact telephone number:** 5554052543

**Address:** 65 Health Avenue

**City:** Austin

**State or province:** TX

**Country and ZIP or foreign postal code:** 78741

**Total number of Forms 1095-B submitted with this transmittal:** 1

Signature, title and date can be left blank, as there is no requirement for these elements in TY2019.

**1095-B Record Narrative Information**

**Scenario 6C-1**

**Correction to Form 1095B Scenario 6-1**

It was previously reported that Maria’s dependent, Jane Nichols, was covered under Medicaid for the months of October 1<sup>st</sup> and December 31<sup>st</sup> (inclusive). It has now been determined that she was covered by this plan for the months of **September 1<sup>st</sup> through December 31<sup>st</sup>** (inclusive) and that her DOB is actually **2019-09-05**.

**Part I Responsible Individual**

**Responsible Individual Name:** Maria Nichols

**Social Security Number (SSN):** 000-00-0601

**Date of Birth (if no SSN available):** not applicable for this scenario

**Address:** 1724 Hurst Street

**City:** San Marcos

**State:** TX

**Country and ZIP or foreign postal code:** 78666

**Enter letter identifying Origin of the Health Coverage:** C – Government-Sponsored Program

**Part II Information about Certain Employer-Sponsored Coverage** – no need to complete this section for this scenario

**Part III Issuer or Other Coverage Provider**

**Filer's Name:** Parktestsix Medicaid

**Employer Identification Number (EIN):** 00-0000631

**Contact telephone number:** 5554052543

**Address:** 65 Health Avenue

**City:** Austin

**State of province:** TX

**Country and ZIP or foreign postal code:** 78741

**Part IV Covered Individuals**

Maria and Max Nichols were covered under the policy for all 12 months from January 1<sup>st</sup> through December 31<sup>st</sup> (inclusive). Jane Nichols was covered under the policy only for the months of **September 1<sup>st</sup> through December 31<sup>st</sup>**.

**Responsible Individual:** Maria Nichols 000-00-0601

**Spouse:** Max Nichols 000-00-0602

**Dependent:** Jane Nichols's SSN was not on file with Parktestsix Medicaid; however her birthday is listed as **2019-09-05** (YYYY-MM-DD).

**Note:** While it is understood that there are two correct ways to complete Part IV, in this AATS Scenario, please select the "Covered all 12 months" check box rather than entering data in each of the 12 monthly check boxes for Maria and Max.