

Tax Year 2018 / Processing Year 2019

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 of 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 TY2018.

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 1st and December 31st (inclusive). It has now been determined that she was covered by this plan for the months of **September 1st through December 31st** (inclusive) and that her DOB is actually **2018-09-05**.

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 1st through December 31st (inclusive). Jane Nichols was covered under the policy only for the months of **September 1st through December 31st**.

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 **2018-09-05** (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.