STATE OF CALIFORNIA
Franchise Tax Board

FTB File Exchange System – 1094 1095 Testing Specifications

2020

Guide for completing a testing cycle for the electronic Minimum Essential Coverage Information Reporting for Software Developers and Transmitters.

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1 Introduction

Beginning January 1, 2020, all California residents must either have qualifying health insurance coverage, qualify for an exemption from the requirement to have coverage, or pay a penalty when they file their state tax return. In addition, insurance providers and certain employers must now report information to the Franchise Tax Board (FTB) each year by March 31. In order to transmit production data to FTB, each transmitter must first pass a testing cycle.

FTB File Exchange System – 1094 1095 Testing Specifications contains general and program specific testing information for use with FTB's File Exchange (FX) System. The FX System testing cycle refers to the process and scenarios required to certify a transmitter can send well-formed data to FTB electronically prior to sending production data.

1.1 Supporting Publications

This publication should be used in conjunction with the most current version of the following publications:

- Pub 3895B, California Instructions for Filing Federal Forms 1094-B and 1095-B
- Pub 3895C, California Instructions for Filing Federal Forms 1094-C and 1095-C
- FTB File Exchange System – MEC IR Registration and Enrollment Guide
- FTB File Exchange System – 1094 1095 Technical Specifications

Additionally, Extensible Markup Language (XML) Schemas, Business Rules, and Swagger documents are provided as part of the Technical Specifications Package.

1.2 Purpose

The purpose of this publication is to provide the specifications to test electronic file transfers with FTB as part of California's Minimum Essential Coverage (MEC) Information Reporting (IR) Program, one component of California's Health Care Mandate (HCM). Additionally, this publication contains guidance for transmitters about testing scenarios to include during a testing cycle.

The procedures in this publication should be used when the following information returns transmissions are tested for process year 2021:

- Form 1094-B, *Transmittal of Health Coverage Information Returns*

- Form 1095-B, *Health Coverage*
- Form 1094-C, *Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns*
- Form 1095-C, *Employer Provided Health Insurance Offer and Coverage*

1.3 Communications

The MEC IR program uses Subscription Services, FTB's email notification service, to share information regarding program changes, technical issues, and other updates. Go to **ftb.ca.gov** and search for **subscription services** to sign up for the "Health Care Mandate" list.

A help desk has been designated as the first point of contact for Electronic Services (e-Services) Account issues. Responsible Officials should refer to the Help page for frequently asked questions or contact information for the e-Services help desk. The e-Services help desk provides assistance in the following areas:

- Registering
- Logging in
- Updating your email address

If you have an issue that prevents you from registering for or logging in to an e-Services Account, and the solution is not posted on the e-Services Help page, contact the e-Services help desk.

A separate help desk has been designated point of contact for electronic filing issues. Transmitters should contact the toll-free FX System help desk. Information about how to contact the FX System help desk can be found on the FX System webpage. The FX System help desk provides assistance in the following areas:

- MEC IR Enrollment Issues
- Transmission Issues
- Rejected Transmissions, Submissions, and Records
- Business Rules and Error Code Resolution

Inquiries regarding issues with the FX System and the development of the forms related to the MEC IR program may be sent to FTB using the information provided on the FX Specifications Webpage.

Any known issues with the FX System will be communicated to the email address provided during e-Services registration.

1.3.1 HCM Website

For additional information about California's HCM, Go to **ftb.ca.gov** and search for **Health Care Mandate**.

1.3.2 FX System Website

Additional information about the FX System can be found on the FX System webpage.

2 Testing Cycle Overview

This section describes general information about completing a testing cycle for the MEC IR Program. A testing cycle confirms the following:

- Transmission manifest schema is well-formed
- Transmissions pass synchronous validations by the FX Application Programming Interface (API)
- Transmission form data file schema is well-formed
- Transmissions pass asynchronous validations by the FX Hub.
- Transmissions match test scenarios described in Section 5 and Section 6.

For more information about the FX API and FX Hub, see the FTB File Exchange System – 1094 1095 Technical Specifications publication.

2.1 Who Must Test?

A testing cycle must be completed by all participants in the MEC IR Program. This includes the following roles (as specified during MEC IR Enrollment):

- Issuers – An organization transmitting information for themselves only.
- Transmitters – An organization transmitting on behalf of one or more organizations.
- Software Developers – An organizing writing origination or transmission software according to the FTB File Exchange System – 1094 1095 Technical Specifications publication.

Issuers and Transmitters are issued a "test" California Transmitter Control Code (CA-TCC) upon enrollment in the MEC IR Program. Once they have completed a testing cycle, their "production" CA-TCC is issued and available to use when submitting production files. Organizations enrolled only as Software Developers are only issued a "test" CA-

TCC. Completion of a testing cycle for Software Developers will not result in the issuance of a “production” CA-TCC.

Throughout this publication we refer to all participants as testers. All testers must pass the same testing criteria.

2.2 What is Needed Prior to Testing?

Prior to completing a testing cycle, each tester needs an active “test” CA-TCC. To obtain the “test” CA-TCC, each transmitter must:

- Register for an e-Services Account
- Enroll for the MEC IR Program

Once registered for an e-Services Account, the organization can submit the MEC IR Enrollment Form. After enrollment is approved by FTB, the transmitter is issued an active “test” CA-TCC and a Secret Key to use when transmitting information returns. For more information about registering for an e-Services Account and enrolling for the MEC IR Program, refer to the File Exchange – MEC IR Registration and Enrollment Guide publication.

Once a testing cycle is completed, the tester’s “production” CA-TCC is issued and able to be used for transmitting production files. When the tester is registered as a Software Developer only, there is no “production” CA-TCC.

Testers using the Application to Application (A2A) channel (described in Section 3.2) must also register the software package(s) they plan to use for transmitting files. Once the software package is registered, an Application Identifier (app_id) and Application Key (app_key) are issued for each software package to use in A2A transmission. For more information on how to register software packages, refer to the FTB File Exchange System – Registration and Enrollment Guide publication. For more information about how to use the app_id and app_key, refer to the FTB File Exchange System – 1094 1095 Technical Specifications publication.

2.3 What is Tested?

For current year testing, FTB requires all testers to pass the scenarios as described in Section 4.4.

2.4 When to Test?

The FX Portal is open for registration and enrollment beginning October 5, 2020. Once the enrollment is approved by FTB, testing may begin immediately.

2.5 Why is Testing Required?

The purpose of completing a testing cycle prior to submitting production files is to ensure that:

- FTB can receive and process the electronic Information Returns
- Testers can send electronic Information Returns and retrieve acknowledgements
- Testers use the correct format and electronic filing specifications for the FX System.

A testing cycle allows any system issues, integration issues, or transmission issues to be researched and resolved in advance of the filing due date.

3 FX System Test Transmissions

This section describes the general process for submitting test transmissions.

3.1 Overview of the Testing Cycle Customer Experience

Using the information provided in Section 4.4, the tester creates the applicable XML files for the scenarios they will test. The tester will send the files to the FX System based on the transmission channels referenced in Section 3.2.

Some fields within the schema are optional because required data varies among reporting types. It is essential for the filer to review the form instructions, schemas, and business rules to identify the required data for that specific reporting type. Form instructions, schemas, and business rules provide guidance for required data and explain the codes to enter depending on filing needs.

For more information about how to fill out the Internal Revenue Service (IRS) Forms 1094-B and 1095-B, see Pub 3895B, *California Instructions for Filing Federal Forms 1094-B and 1095-B*. For more information about how to fill out the IRS Forms 1094-C and 1095-C, see Pub 3895C, *California Instructions for Filing Federal Forms 1094-C and 1095-C*.

Business Rules and XML schemas validate the filing requirements identified in the form instructions and ensure all required validations are accounted for. All data provided in submissions are subject to XML schema and business rule validations. Inclusion of blank tags, empty tags or null tags will result in rejection of the transmission. For more information about the XML schemas and business rules, see the information provided in the Technical Specifications Package.

Each transmission to the FX System must include a new Unique Transmission Identifier (UTID). For more information about the UTID, see the FTB File Exchange System – 1094 1095 Technical Specifications publication.

Note: When resubmitting a rejected transmission, make sure a new UTID is generated for the resubmission.

Once the transmission processes, a status will be provided in the acknowledgement. The Receipt ID (described in Section 3.4) is used to retrieve the acknowledgement after FTB processes the transmission. Information regarding retrieving the acknowledgement is included in the FTB File Exchange System – 1094 1095 Technical Specifications publication.

Once a test submission receives the "Accepted" status, the submitter can then test the correction process using the Correction Scenarios.

3.2 Transmission Channels

The FX System has the following two transmission channels for submitting data as part of a testing cycle:

- User Interface (UI) Channel – provides a secure, web browser-based method for submitting XML forms that comply with the file schemas.
- Application to Application (A2A) Channel – a RESTful API that facilitates A2A information exchange over a standard HTTPS connection.

More information about the two channels and how to use them can be found in the FTB File Exchange System – 1094 1095 Technical Specifications publication.

3.3 Validating Manifest Elements in Test Transmissions

Test transmissions must include the following elements in the manifest:

- Test File Indicator (Transmission Manifest's TransmissionCategory) set to "T".

- The "test" CA-TCC is required as part of the Unique Transmission ID (UTID, found in the Transmission Manifest's TransmissionId). The FX API will extract the CA-TCC from the UTID and verify the CA-TCC is an active "test" CA-TCC. If the CA-TCC is not a "test" CA-TCC or is not active, the transmission will be rejected.
- A Form Type Code (Transmission Manifest's FormType) to identify the forms that are being submitted. The Form Type Code must be either "IRS1094/1095B" or "IRS1094/1095C."

For more information on the transmission manifest, see the FTB File Exchange System – 1094 1095 Technical Specifications publication and the XML Schemas in the Technical Specifications Package.

3.4 Receipt ID

The tester will receive a Receipt ID as part of the synchronous session when submitting a transmission to the FX System, given the transmission passes the synchronous validations. The Receipt ID will either be returned in the Response (A2A Channel) or on a web page in the FX Portal (UI Channel). The tester retains the Receipt ID to request the acknowledgement for that transmission.

3.5 Acknowledgement Files

Upon receipt of the test transmission, and after synchronous validations have passed, FX Hub will execute XML schema validations and business rule validations on the Information Returns. Any condition which triggers an error will be identified and reported in the acknowledgement file. Additionally, the FX Hub verifies that the data provided in the file matches the specified test scenario (as indicated by the TestScenarioId in the HealthCareReturnHeader schema, and the TestScenarioID in either the IRSForm1095B or IRSForm1095C schema).

For more information about retrieving the acknowledgement file, refer to the FTB File Exchange System – 1094 1095 Technical Specifications publication.

4 Testing Guidelines

The following rules apply to test transmissions:

- A transmission must contain one manifest file and one form data file.
- The transmission manifest must identify the TransmissionCategory as "T".
- The CA-TCC included in the UTID must be an active "test" CA-TCC

- The form data file must contain at least one submission.
- Each submission must contain a header, a transmittal (Form 1094-B or Form 1094-C) and one to many information returns (Form 1095-B or Form 1095-C)
- All submissions within a transmission must only contain one type of form (1094-B/1095-B or 1094-C/1095-C)
- The header must indicate the test scenario ID.
- Each 1095 record must indicate the test scenario ID.

More information about the structure, requirements, and definitions of transmissions and submissions can be found in the FTB File Exchange System – 1094 1095 Technical Specifications publication.

4.1 Steps to Pass a Testing Cycle

After a transmitter has registered for an e-Services Account and enrolled in the MEC IR Program (see the FTB File Exchange System – MEC IR Registration and Enrollment Guide publication for details), the following steps must be completed.

1. Submit test transmissions for the required scenarios (as described in Section 4.4)
2. Receive an "Accepted" status for all required scenarios
3. Wait 3 business days, then verify on the FX Portal that the "production" CA-TCC has been issued.

Once all required test scenarios transmissions have an "Accepted" status, FTB will review the test outcomes and issue the "production" CA-TCC. If after 3 business days your "production" CA-TCC has not been issued, contact the FX System help desk. Information on how to contact the FX System help desk can be found at the link in Section 1.3.

4.2 Social Security Number (SSN) Ranges for Testing

Social Security Numbers (SSNs) provided to FTB in a testing cycle must match the valid SSN testing ranges defined in this section. The valid ranges for SSNs in a testing cycle are shown in Figure 1, below.

SSN RANGE
000-00-0001 through 000-00-0100
000-00-0101 through 000-00-0200
000-00-0201 through 000-00-0300
000-00-0301 through 000-00-0400
000-00-0401 through 000-00-0500
000-00-0501 through 000-00-0600
000-00-0601 through 000-00-0700
000-00-0701 through 000-00-0800
000-00-0801 through 000-00-0900
000-00-0901 through 000-00-1000

Figure 1: Test SSN Ranges

These test SSN ranges align with the ranges defined by the IRS, however FTB does not have the requirement for using specific name controls based on the SSN range.

4.3 Employer Identification Number (EIN) Ranges for Testing

Employer Identification Numbers (EINs) provided to FTB in a testing cycle must match the valid EIN testing ranges defined in this section. The valid ranges for EINs in a testing cycle are shown in Figure 2, below.

EIN RANGE
00-0000001 through 00-0000100
00-0000101 through 00-0000200
00-0000201 through 00-0000300
00-0000301 through 00-0000400
00-0000401 through 00-0000500
00-0000501 through 00-0000600
00-0000601 through 00-0000700
00-0000701 through 00-0000800
00-0000801 through 00-0000900
00-0000901 through 00-0001000

Figure 2: Test EIN Ranges

These test EIN ranges align with the ranges defined by the IRS, however FTB does not have the requirement for using specific name controls based on the EIN range.

4.4 Submission Narrative and Associated Test Scenarios

Table 1, below, identifies the required test scenarios based on the required submissions for an organization. FTB is requiring Predefined Test Scenarios be submitted to complete a testing cycle. Each submission narrative (found in Section 5 and Section 6) contains all the information needed to complete the required forms and to prepare the XML. It is also essential that the transmitter carefully read the following publications:

- Pub 3895B, California Instructions for Filing Federal Forms 1094-B and 1095-B
- Pub 3895C, California Instructions for Filing Federal Forms 1094-C and 1095-C

These publications describe how to use federal forms for state purposes.

Correction test scenarios are also provided (indicated by a "C" in the scenario ID).

Predefined scenarios provide specific test data within the submission narrative for each required form line. Each scenario narrative has been designed to primarily test the functionality of the business rules.

Predefined Scenarios have answer keys that are provided so the tester can check the values submitted. These answer keys are provided as sample XML files that indicate the structure of the expected transmission to FTB.

During the testing cycle review, each scenario submitted will be checked against the answer keys and must match to pass the testing cycle.

Table 1: Predefined Scenarios

Required Submissions	Scenarios Required
1094/1095-B	Scenario 1 Scenario 2 Scenario 2C
1094/1095-C	Scenario 5 Scenario 5C

5 Predefined Test Scenarios – 1095-B

The scenarios defined in this section are intended to match the predefined test scenarios for the 2019 IRS Affordable Care Act Assurance Testing System (AATS). Though the information in these scenarios is not specific to California residents, the testing scenarios still match the intent to validate that electronic Information Returns are filed correctly.

5.1 Scenario 1

Prepare a transmission using the Tax Year 2020 1094-B and 1095-B schemas for an insurance provider. In this scenario, Hidetestone is the provider who will be reporting health coverage information for two responsible individuals.

5.1.1 Scenario ID: 1-0

1094-B Submission Narrative Information

- Filer's Name: Hidetestone
- Employer Identification Number (EIN): 00-0000151
- Name of person to contact: Bertha Logan
- Contact telephone number: 5551352468
- Address Line 1: 975 Adler Lane
- Address Line 2: Suite 312
- City: New York
- State: NY
- ZIP Code: 10023

- Total number of Form 1095-B submitted: 2

Signature, title, and date can be omitted.

5.1.2 Scenario ID: 1-1

1095-B Record Narrative Information

- Part I Responsible Individual
    - Name: Hide Nursing Care
    - TIN: 000000152
    - Address: 4435 Chestnut Avenue
    - City: Madison
    - State: NC
    - ZIP: 27025
    - Origin of Health Coverage: D – Individual Market Insurance
- Part II Information about Certain Employer-Sponsored Coverage
    - (do not complete)
- Part III Issuer or Other Coverage Provider
    - Name: Hidetestone
    - Employer Identification Number (EIN): 00-0000151
    - Contact phone number: 5551352468
    - Address Line 1: 975 Adler Lane
    - Address Line 2: Suite 312
    - City: New York
    - State: NY
    - ZIP Code: 10023
- Part IV Covered Individuals – Hanna lives in a nursing care facility and was covered for at least one day per month for the entire calendar year. NOTE: While it is understood that there are two correct ways to complete Part IV in this test scenario, please select the "Covered All 12 Months" checkbox rather than entering data in for each of the 12 monthly checkboxes.
    - Individual 1
        - Name: Hanna Martin
        - SSN: 000-00-0101

5.1.3 Scenario ID: 1-2

1095-B Record Narrative Information

- Part I Responsible Individual
    - Name: Dolly Martinez
    - DOB: 02/06/1973
    - Address: 1313 Buckthorn Lane
    - City: Washington
    - State: DC
    - ZIP: 20026
    - Origin of Health Coverage: D – Individual Market Insurance
- Part II Information about Certain Employer-Sponsored Coverage
    - (do not complete)
- Part III Issuer or Other Coverage Provider
    - Name: Hidetestone
    - Employer Identification Number (EIN): 00-0000151
    - Contact phone number: 5551352468
    - Address Line 1: 975 Adler Lane
    - Address Line 2: Suite 312
    - City: New York
    - State: NY
    - ZIP Code: 10023
- Part IV Covered Individuals – Dolly and her spouse were covered for at least one day per month for each month June 1st through December 31st (inclusive).
    - Individual 1
        - Name: Dolly Martinez
        - DOB: 02/06/1973
    - Individual 2
        - Name: Edward Martinez
        - SSN: 000-00-0120

5.2 Scenario 2

Prepare a transmission using the Tax Year 2020 1094-B and 1095-B Forms for an insurance provider. In this scenario, Worktesttwo is the issuer who will be reporting health coverage information, purchased through the SHOP program, for one responsible individual and will complete 1095-B Part II Employer-Sponsored Coverage for Workshoptwo.

5.2.1 Scenario ID: 2-0

1094-B Submission Narrative Information

- Filer's Name: Worktesttwo
- Employer Identification Number (EIN): 00-0000215
- Name of person to contact: Fred Lincoln
- Contact telephone number: 5555372511
- Address: 2277 Holly Place
- City: Washington
- State: DC
- ZIP Code: 20022
- Total number of Form 1095-B submitted: 1

Signature, title, and date can be omitted.

5.2.2 Scenario ID: 2-1

1095-B Record Narrative Information

- Part I Responsible Individual
    - Name: Vicky Willhelm
    - SSN: 000-00-0211
    - Address: 2255 Oak Ave
    - City: Dublin
    - State: OH
    - ZIP: 43016
    - Origin of Health Coverage: A – Small Business Health Options Program (SHOP)
- Part II Information about Certain Employer-Sponsored Coverage
    - Name: Workshoptwo
    - Employer Identification Number (EIN): 00-0000250
    - Address: 1095 Cedar Lane
    - City: Westerville
    - State: OH
    - ZIP: 43081
- Part III Issuer or Other Coverage Provider
    - Name: Worktesttwo
    - Employer Identification Number (EIN): 00-0000215

  - Contact telephone number: 5555372511
  - Address: 2277 Holly Place
  - City: Washington
  - State: DC
  - ZIP: 20022
- Part IV Covered Individuals – Vicky and her spouse were covered for at least one day per month for each month January 1st through September 30th (inclusive)
  - Individual 1
    - Name: Vicky Willhelm
    - SSN: 000-00-0211
  - Individual 2:
    - Name: Wilfred Willhelm
    - SSN: 000-00-0212

5.3 Scenario 2C

This scenario is designed to correct an error on the 1095-B that was identified by the transmitter in the previously submitted Scenario 2-1. Scenario 2C will be submitted as a correction record of a previously accepted original submission. The FTB File Exchange System – 1094 1095 Technical Specifications publication provides additional information about submitting correction records.

You must submit Scenario 2 and have an "Accepted" acknowledgement before you can submit Scenario 2C. The information from the "Accepted" acknowledgement in Scenario 2 will be used to submit the correction.

It was previously reported that Vicky and Wilfred Willhelm were covered by Worktesttwo, through SHOP, for at least one day per month, during the months of January 1st through September 30th (inclusive). It has now been determined that they were not covered by this plan in the month of September. They were instead covered by this plan for at least one day per month during the months of **January 1st through August 31st** (inclusive).

Use the same information from Scenario 2, with the correction above. Ensure you set the Corrected Indicator appropriately. Use scenario IDs 2C-0 and 2C-1 in lieu of 2-0 and 2-1.

6 Predefined Test Scenarios – 1095-C

The scenarios defined in this section are intended to match the predefined test scenarios for the 2019 IRS AATS. Though the information in these scenarios is not specific to California residents, the testing scenarios still match the intent to validate that electronic Information Returns are filed correctly.

6.1 Scenario 5

Prepare a transmission using the Tax Year 2020 1094-C and 1095-C Forms for an Applicable Large Employer (ALE). In this scenario, Darrtestfive is the ALE who will be reporting employer provided self-insured health coverage information for two employees.

6.1.1 Scenario ID: 5-0

1094-C Submission Narrative Information

- Part I ALE Information
    - Name: Darrtestfive
    - Employer Identification Number (EIN): 00-0000599
    - Address: 4689 Redwood Avenue
    - City: Austin
    - State: TX
    - ZIP: 78755
    - ALE Point of Contact: Susan Williamson
    - ALE Point of Contact Phone Number: 5551234567
    - Number of 1095-Cs Included with Transmittal: 2

Signature, title, and date can be omitted. Part II (ALE Member Information), Part III (ALE Member Information – Monthly), and Part IV (other ALE Members of the Aggregated ALE Group) can also be omitted.

6.1.2 Scenario ID: 5-1

1095-C Record Narrative Information

- Part I Employee
    - Name: Odette Davidson
    - SSN: 000-00-0533

- Address: 2993 Spruce Lane
- City: Fort Collins
- State: CO
- ZIP: 80522

- Part I Employer
  - ALE contact phone: 5551234567
- Part II Employee Offer of Coverage
  - Darrtestfive chooses to enter a Plan Start Month of January ("01") showing the month in which the plan year begins.
  - Darrtestfive made a Qualifying Offer of minimum essential coverage providing minimum value for their full-time employee, Odette Davidson, with the employee required contribution equal to or less than 9.5% of mainland single federal poverty line and at least minimum essential coverage offered to her spouse and dependent(s) from January 1st to December 31st (inclusive).
  - Darrtestfive has chosen not to include any Safe Harbor Codes. **Note:** There are two correct ways to complete this form. In this scenario entries for the Offer of Coverage Code should be entered in the All 12 months column.
- Part III Covered Individuals – Darrtestfive offers self-insured coverage and will check the checkbox in Part III and list the covered individuals including the employee listed in Part I. Odette, her spouse Peter, and dependents Mindy and Nicholas were enrolled in the coverage "All 12 Months" by the plan that was offered by her employer.
  - Individual 1
    - Name: Odette Davidson
    - SSN: 000-00-0533
  - Individual 2
    - Name: Peter Davidson
    - DOB: 02/06/1970
  - Individual 3
    - Name: Mindy Davidson
    - SSN: 000-00-0534
  - Individual 4
    - Name: Nicholas Davidson
    - SSN: 000-00-0535

6.1.3 Scenario ID: 5-2

1095-C Record Narrative Information

- Part I Employee
    - Name: Rose Davichi
    - SSN: 000-00-0577
    - Address: 847 Walnut Avenue
    - City: Roy
    - State: NM
    - ZIP: 87743
- Part I Employer
    - ALE contact phone: 5551234567
- Part II Employee Offer of Coverage
    - Darrtestfive chooses to enter a Plan Start Month of January (“01”) showing the month in which the plan year begins.
    - Darrtestfive made an Offer of Coverage to their part-time employee, Rose Davichi, her spouse and dependent from January 1st to December 31st (inclusive).
    - Darrtestfive has chosen not to include any Safe Harbor Codes. **Note:** There are two correct ways to complete this form. In this scenario, entries for the Offer of Coverage Code should be entered in the All 12 months column.
- Part III Covered Individuals – Darrtestfive offers self-insured coverage and will check the checkbox in Part III and list the covered individuals including the employee listed in Part I. Rose, her spouse Omar, and dependent Sam were covered “All 12 Months” by the plan that was offered by her employer. Rose’s dependent, Erica, was only covered by the plan for the months of July 1st through December 31st (inclusive). While it is understood that there are two correct ways to complete Part III, in this Scenario, please select the “Covered all 12 months” check box rather than entering data in each of the 12 monthly check boxes where applicable.
    - Individual 1
        - Name: Rose Davichi
        - SSN: 000-00-0577
    - Individual 2
        - Name: Omar Davichi
        - SSN: 000-00-0578
    - Individual 3

        - Name: Sam Davichi
        - SSN: 000-00-0579
    - Individual 4
        - Name: Erica Davichi
        - DOB: 12/05/2005

6.2 Scenario 5C

This scenario is designed to correct an error on the 1095-C that was identified by the transmitter in the previously submitted Scenario 5-2. Scenario 5C will be submitted as a correction record of a previously accepted original submission. The FTB File Exchange System – 1094 1095 Technical Specifications publication provides additional information about submitting correction records.

You must submit Scenario 5 and have an “Accepted” acknowledgement before you can submit Scenario 5C. The information from the “Accepted” acknowledgement in Scenario 5 will be used to submit the correction.

It was previously reported that dependent Erica Davichi’s birthdate on file was 12/05/2005 and she was covered for the months of July 1st through December 31st (inclusive). It has now been determined that the correct birthdate should be **12/05/2006** and she was covered for the months from **January 1st to May 31st** (inclusive).

Use the same information from Scenario 5, with the correction above. Ensure you set the Corrected Indicator appropriately. Use scenario IDs 5C-0 and 5C-2 in lieu of 5-0 and 5-2.

Appendix – Acronyms

Acronym	Definition
A2A	Application to Application
AATS	Affordable Care Act Assurance Testing System
ACA	Affordable Care Act
ALE	Applicable Large Employer
API	Application Programming Interface
App_id	Application Identifier
App_key	Application Key
CA-TCC	California Transmitter Control Code
EIN	Employer Identification Number
FTB	Franchise Tax Board
FX	File Exchange
HCM	Health Care Mandate
IR	Information Reporting
IRS	Internal Revenue Service
MEC	Minimum Essential Coverage
SSN	Social Security Number
UI	User Interface
UTID	Unique Transmission Identifier
XML	Extensible Markup Language

Appendix – Glossary

Term	Definition
FX API	A sub-system within the FX System that performs synchronous validations and issues FXE error codes when necessary.
FX Hub	A sub-system within the FX System that performs asynchronous validations and generates the acknowledgement file.
FX Portal	A sub-system within the FX System that allows transmitters to communicate information with FTB, including enrolling for the MEC IR Program, transmitting information return files, and retrieving acknowledgements.
FX System	The File Exchange (FX) System is comprised of the following three sub-systems: • FX Portal • FX API • FX Hub For more information about the three sub-systems, see the FTB File Exchange System – 1094 1095 Technical Specifications publication.
Manifest	Contains the transmitter's information and data describing the transmission.
Submission	The combination of a single header, a single transmittal (Form 1094-B or Form 1094-C) and its associated information returns (Form 1095-B or Form 1095-C). For example, a submission is either: • One Header, one Form 1094-B, and one or more Form(s) 1095-B or • One Header, one Form 1094-C, and one or more Form(s) 1095-C
Transmission	A unique package of digital documents comprising of the following: • Manifest, describing the transmitter, transmission, and the payload • Form Data File, containing one or more submissions in XML format