



ACA Tracking and Reporting Data Specification - COBRA Offer of Coverage (Only needed for self-funded medical plans)

Version 3.2 - 6/4/2019

This file provides information on COBRA for non-continuing employees or non-employees enrolled in a Self-Funded plan and will be used to populate forms 1094-C and 1095-C. Where a continuing employee has a COBRA offer due to a reduction in hours, please report the offer in the Employee Offer of Coverage Data File.

Please note that file specifications can change due to modifications in Affordable Care Act legislation and/or enhancements or other changes to the ACA Tracking and Reporting Service. If you begin the process of creating these data files prior to the beginning of the service activation project, it is possible that some of the information will have to be modified, removed or added.

File Name	AcctNumber_COBRA_YYYYMMDD.csv
Transfer Method	Upload to my.setseg.org or automatic upload available - ask for details
Transfer Frequency	As needed
Import Type	Cumulative - Update existing records based on key fields, otherwise adds as new record
Misc Notes	All fields marked with an N in the "Allow Blank?" column cannot contain empty strings

Column Header	Allow Blank?	Key Fields	Format	Allowable Values	Description
EmployerFEIN	N	Y	ALPHANUM(9) String with leading zeros and no other formatting such as hyphens	Only federally provided FEIN values with leading zeros intact	Federal Employment Identification Number Required for IRS reports. This is the employer of the former employee or employee's dependent offered benefits
FirstName	N		ALPHANUM(1-255)		
LastName	N		ALPHANUM(1-255)		
SSN	N	Y	ALPHANUM(9) String with leading zeros and no other formatting such as hyphens	Only federally provided SSN values with leading zeros intact	
HomeAddressLine1	N		ALPHANUM(1-255)		
HomeAddressCity	N		ALPHANUM(1-255)		
HomeAddressState	N		ALPHANUM(2)		
HomeAddressZIP	N		ALPHANUM(5-9)		

Column Header	Allow Blank?	Key Fields	Format	Allowable Values	Description
BenefitsEffectiveDate	N	Y	DATE(MM/DD/YYYY[HH:mm:ss])	Date value in format MM/DD/YYYY with an optional time component in the format HH:mm:ss	<p>The date on which the plan change becomes effective. Typically the first date of the plan year, first date of the stability period, or first date of month following when the change was elected. There can also be cases where this is retroactive to the hire date of the employee, in which case it could possibly not fall on the first of the month.</p> <p>If the benefit effective date is not the first of the month, then per the regulations, coverage is not considered effective during that month since they were not covered for EVERY day of the month.</p>
MonthlyCost	N		DECIMAL	Zero (0.00)	Non-continuing employee COBRA enrollment does not have a cost share report on form 1095.
EmployeeType	N		ALPHA(1)	Send only the code value: C	COBRA Participant Plan Holder
BenefitsTypeOffered	N		ALPHA(1-3)	Send only the code value: C = Enrolling in COBRA benefits NO = Terminating COBRA benefits	<p>"Employee" also refers to individuals who are not currently employees.</p> <p>Sending "NO" reflects that the employer is not, or no longer, offering coverage to this employee at the time of the Effective Date.</p>
BenefitsTypeAccepted	N		ALPHA(1-3)	Send only the code value: NO = No benefits accepted E = Employee Only ED = Employee and Dependent(s) (not spouse) ES = Employee and Spouse (no dependent(s)) EDS = Employee and Family	"Employee" also refers to individuals who are not currently employees.
AcceptedPlanIsSelfInsured	N		NUMERIC(1)		To specify that the plan is self-insured, use a 1.