



**FORM 1099-HC**  
**MA Healthcare Coverage**  
Version 2.4

## General Information

This user's guide is designed to provide submitters, including Healthcare Carriers and third-party reporting agents with requirements for electronically filing multiple Massachusetts Healthcare Coverage (1099-HC) documents.

### Important to Note:

**This handbook is not recommended for individual taxpayers who want to file personal tax returns.**

## Transmission Data

The 1099-HC file consists of a single XML Document.

The XML document must be "well formed" by XML standards and will be programmatically validated against the published Schema for the Form 1099-HC. The latest version of the schema will always be posted under the Massachusetts Department of Revenue eFile domain, referenced by the **schemaLocation** attribute in the XML file:

<http://www.dor.state.ma.us/efile/1099HC/R1v2.4/MADORForm1099-HC.xsd>

MA DOR prefers that Transmitters also validate their XML before transmission in order to eliminate all syntax errors. There are many commercial XML validator applications available for this purpose.

The data within each document will contain information about the Transmitter, including the Healthcare Carrier Name and its Employer Identification Number (EIN).

## Acknowledgements

System generated "Acknowledgement" [ACK] files are available to transmitters the following business day. Transmitter can determine the file status by downloading the ACK file from the download directory. Exceptions are identified allowing the submitter to correct any errors and resubmit if needed.

## XML Document Elements and Attributes

Element / Attribute	Description
<b>MADORForm1099-HC</b>	Root element.
<b>documentCount</b>	The total number of <b>SubscriberInformation</b> elements contained within. Not validated.
<b>documentName</b>	The name of the XML file. Not validated.
<b>documentId</b>	Attribute of any element contained within a collection. Used to uniquely identify that element. Not validated.
<b>TaxYear</b>	String. Valid values are 2007 up to the current tax year.
<b>CompanyName</b>	Insurance Company or 1099 Administrator's Name. 57 character limit.
<b>CompanyID</b>	Insurance Company or 1099 Administrator's EIN. 9 characters alphanumeric. Left pad if necessary. No spaces or hyphens.
<b>SubscriberInformation (*)</b>	Unbounded collection of Subscribers. At least 1 element required. Each Subscriber represents a single 1099-HC.
<b>SubscriberName/</b> <b>FirstName</b> MiddleName <b>LastName</b> Suffix	Nilable (except LastName). Name elements. Maximum lengths come from the Federal 1099 specification. First (15), Middle (15), Last (20), Suffix (4). Legal Characters: A-Z, a-z, 0-9, hyphen, apostrophe and single space.
Address/ <b>Address1</b> Address2 <b>City</b> <b>State</b> <b>ZIPCode</b>	Address elements. Address and City have 50 character limit. State must be a valid enumeration. Zip Code is 5-9 characters [0-9], with no hyphen.
<b>DateOfBirth</b>	Date of birth. Format: <b>YYYY-MM-DD</b>
<b>Status</b>	Enumeration. S = Subscriber D = Dependent.
<b>SubscriberNumber</b>	Element that identifies the Subscriber or Dependent to MA DOR. <b>6</b> character minimum. <b>20</b> character maximum. Should be unique (within a given CompanyID). If not, concatenate with Policy Number or some other value to guarantee uniqueness.
ParentSubscriberNumber	Optional. If Status is "D", then fill with SubscriberNumber of the Primary Subscriber.
CoverageDates (*) / CoverageEffectiveDate CoverageThroughDate	Unbounded collection of Coverage Spans. Format: <b>YYYY-MM-DD</b> CoverageThroughDate should be either Coverage Ending Date or End of Year, which ever comes first.
CorrectedFlag/DeletedFlag	Optional. If present values must be "true" or "false". Indicates that the document contains Corrected 1099-HC data, or that the Subscriber should be deleted.

(**Bold** = Element or Attribute is required. (\*) = Multiple Elements can be present.)



## Sample Massachusetts 1099-HC XML Document

```

<?xml version="1.0" encoding="UTF-8"?>
<MADORForm1099-HC
  xmlns="http://www.dor.state.ma.us/efile"
  xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
  xsi:schemaLocation="http://www.dor.state.ma.us/efile http://www.dor.state.ma.us/efile/1099HC/R1v2.4/MADORForm1099-HC.xsd"
  documentName="UniqueDocId2009080112000000"
  documentCount="3">
  <TaxYear>2010</TaxYear>
  <InsuranceCompany>
    <CompanyName>Azure Skies Insurance Co.</CompanyName>
    <CompanyID>778000001</CompanyID>
  </InsuranceCompany>
  <SubscriberInformation documentId="Record001">
    <SubscriberName>
      <FirstName>Michael</FirstName>
      <MiddleName>M</MiddleName>
      <LastName>Michaels</LastName>
    </SubscriberName>
    <Address>
      <Address1>123 Main Street</Address1>
      <City>Boston</City>
      <State>MA</State>
      <ZIPCode>02133</ZIPCode>
    </Address>
    <DateOfBirth>1963-07-31</DateOfBirth>
    <Status>S</Status>
    <SubscriberNumber>S9999999901</SubscriberNumber>
    <CoverageDates>
      <CoverageEffectiveDate>2009-01-01</CoverageEffectiveDate>
      <CoverageThroughDate>2009-03-17</CoverageThroughDate>
    </CoverageDates>
    <CoverageDates>
      <CoverageEffectiveDate>2009-07-01</CoverageEffectiveDate>
      <CoverageThroughDate>2009-12-31</CoverageThroughDate>
    </CoverageDates>
    <CorrectedFlag>>false</CorrectedFlag>
  </SubscriberInformation>
  <SubscriberInformation documentId="Record002">
    <SubscriberName>
      <FirstName>Wendy</FirstName>
      <MiddleName>W</MiddleName>
      <LastName>Michaels</LastName>
    </SubscriberName>
    <DateOfBirth>1969-07-29</DateOfBirth>
    <Status>D</Status>
    <SubscriberNumber>S9999999902</SubscriberNumber>
    <ParentSubscriberNumber>S9999999901</ParentSubscriberNumber>
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      <CoverageThroughDate>2009-03-17</CoverageThroughDate>
    </CoverageDates>
    <CoverageDates>
      <CoverageEffectiveDate>2009-07-01</CoverageEffectiveDate>
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    </CoverageDates>
    <CorrectedFlag>>false</CorrectedFlag>
  </SubscriberInformation>
  <SubscriberInformation documentId="Record003">
    <SubscriberName>
      <FirstName>Michael</FirstName>
      <MiddleName>M</MiddleName>
      <LastName>Michaels</LastName>
      <Suffix>Jr.</Suffix>
    </SubscriberName>
    <DateOfBirth>2007-05-03</DateOfBirth>
    <Status>D</Status>
    <SubscriberNumber>S9999999903</SubscriberNumber>
    <ParentSubscriberNumber>S9999999901</ParentSubscriberNumber>
    <CoverageDates>
      <CoverageEffectiveDate>2009-01-01</CoverageEffectiveDate>
      <CoverageThroughDate>2009-03-17</CoverageThroughDate>
    </CoverageDates>
    <CoverageDates>
      <CoverageEffectiveDate>2009-07-01</CoverageEffectiveDate>
      <CoverageThroughDate>2009-12-31</CoverageThroughDate>
    </CoverageDates>
    <CorrectedFlag>>false</CorrectedFlag>
  </SubscriberInformation>
</MADORForm1099-HC>

```