



Some states require group health plan sponsor reporting

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Group health plan (GHP) sponsors continue to face myriad state reporting requirements as summarized in this GRIST. These reporting requirements basically fall into three categories: individual health coverage mandate reporting, health plan covered-lives assessment/surcharge payment/reporting, and other health plan-related reporting. As a reminder, ERISA arguably preempts some, but not all, state reporting requirements for GHP sponsors, but there are no current legal challenges to these employer mandates.

ERISA preemption concerns

While ERISA preempts state laws that regulate key facets of plan administration, including claims reporting, a state's "innocuous and peripheral set of additional rules" may withstand preemption (*Gobeille v. Liberty Mutual Ins. Co.*, 577 US 312 (2016)). The US Supreme Court has upheld certain incidental health assessments and related reporting that indirectly apply to ERISA plans (*New York State Conference of Blue Cross & Blue Shield Plans v. Travelers Ins. Co.*, 514 US 645 (1995)).

In addition, ERISA (29 USC § 1181(f)(3)(B)(ii)) requires GHP sponsors to disclose plan details if requested by state Medicaid premium-assistance programs described in the [model CHIP notice](#). This allows state Medicaid agencies to evaluate the feasibility of providing premium assistance.

To date, no final court decision has held that employers are exempt from these mandates due to ERISA preemption.

Individual health coverage mandates

The Affordable Care Act (ACA) no longer assesses a federal tax penalty on individuals who do not maintain minimum essential coverage (MEC) — the so-called “individual mandate.” Five states — California, Massachusetts (pre-ACA), New Jersey, Rhode Island and Vermont — along with Washington, DC, impose their own individual mandates with penalties to ensure compliance.

Coverage

The five jurisdictions with post-ACA individual mandates generally give residents a choice of maintaining ACA-defined MEC or paying a state tax penalty. Only Massachusetts differs in its coverage mandate, setting a more stringent [minimum creditable coverage](#) (MCC) standard. The other jurisdictions define MEC as any plan meeting the federal statutory definition ([26 USC § 5000A\(f\)](#)) and [implementing regulations](#). Those coverage options include:

- Government-sponsored health programs, including Medicare, Medicaid, TRICARE, Children's Health Insurance Program (CHIP), Veterans Affairs, Peace Corps and other government plans
- Employer-sponsored health plans, including grandfathered health plans
- Individual health coverage through a public exchange

MEC excludes plans that offer only excepted benefits, such as limited-scope stand-alone vision or dental plans, health flexible spending arrangements, long-term care insurance, certain hospital or other fixed indemnity insurance, specified disease or illness insurance, onsite medical clinics, most employee assistance programs, supplemental insurance (e.g., Medigap), and accident or disability insurance. Other programs like short-term, limited-duration insurance and healthcare sharing ministries also do not count as MEC.

Disclosure and reporting

Most state-required disclosures and reporting due in 2024 for the 2023 coverage year will follow the same schedule as the IRS Forms 1094/1095 deadlines described in the [instructions](#). [Final IRS regulations](#) permanently establish an automatic 30-day extension of the Jan. 31 deadline for employers and insurers to furnish the federal Forms [1095-B](#) and [1095-C](#) to individuals. In most years, this means March 2 (March 1 in leap years), unless that day falls on a weekend or legal holiday, in which case the deadline is extended to the next business day (“weekend-holiday rule”). Form 1095 individual statements for 2023 will be due March 1, 2024. No additional extensions are available.

The instructions establish IRS *reporting* deadlines of March 31 (Feb. 28 for paper filing), also subject to the weekend-holiday rule. This means that IRS reporting for 2023 will be due Feb. 28 (paper filing) and April 1 (electronic filing; March 31 falls on a Sunday). An automatic 30-day extension of time to file is available by completing [Form 8809, Application for Extension of Time to File Information Returns](#).

Most jurisdictions have indicated they will accept the federal forms that GHP sponsors or other MEC providers must send to IRS and will not require furnishing duplicative statements to residents. Earlier in 2023, IRS issued [final regulations](#) lowering the threshold for electronic filing of these forms from 250 to 10 returns (determined by aggregating Forms 1094, 1095 and W-2, among others). This requirement goes into effect for filings due in 2024.

California

By Jan. 31 (subject to the weekend-holiday rule) after the close of each calendar year, GHP sponsors and other MEC providers must furnish coverage statements to individuals unless they receive a Form 1095-B or 1095-C (duplicative statements are not required). While IRS [rules](#) permanently provide an automatic 30-day extension of the Jan. 31 deadline — to March 2 (March 1 in leap years) — for GHP sponsors and other MEC providers to furnish Form 1095 individual statements (as described above), California does not extend its Jan. 31 due date for individual statements. Nonetheless, the [Franchise Tax Board](#) (FTB) webpage indicates that California does not impose penalties for missing the Jan. 31 deadline.

By March 31 (subject to the weekend-holiday rule) after the close of each calendar year, GHP sponsors and other MEC providers must file coverage reports with the FTB. However, California's [reporting guidance](#) states that penalties for failure to file do not apply for federal forms filed with the FTB by May 31.

The FTB [requires](#) MEC providers to submit the same information reported to IRS under [Section 6055](#) of the Internal Revenue Code. Entities that have to file Forms 1094/1095 may submit the same forms to the FTB. Entities submitting at least 250 returns to the FTB in a year must file electronically, unless granted a waiver due to technology constraints or undue financial hardship. The IRS regulations described above that lower the federal electronic filing threshold to 10 did not change the California electronic filing threshold. Thus, entities below the 250-return threshold may file with the FTB either on paper or electronically.

Massachusetts

By Jan. 31 after the close of each calendar year, GHP sponsors and other MEC providers (or their vendors) that provide [MCC](#) to Massachusetts residents age 18 or older must distribute [Form MA 1099-HC](#) to covered Massachusetts residents. By Jan. 31 (subject to the weekend holiday rule) after the close of each calendar year, GHP sponsors and other MEC providers (or their vendors) must file this information with the state [Department of Revenue](#) (DOR). These deadlines are earlier than the federal deadlines.

Most self-funded GHP sponsors rely on their third-party administrator (TPA) to determine MCC status, distribute the forms to covered persons and file the DOR report. Insurers subject to Massachusetts regulation [must determine](#) MCC status and typically complete the reporting requirements. However, employers that sponsor self-funded GHPs or contract with more than one vendor for a single GHP may need to complete an [attestation form](#) before their vendor will complete the annual reporting. GHP

sponsors and other MEC providers whose plans do not meet MCC standards [may apply for MCC certification](#) by Nov. 1 of the plan year.

All DOR reporting must be electronic. A GHP sponsor whose insurer or TPA will not file Form MA 1099-HC can upload [XML files](#) through [MassTaxConnect](#) and distribute the forms to covered residents. By [statute](#), a penalty of \$1,000 - \$5,000 applies to each reporting violation.

New Jersey

By March 1, 2024, GHP sponsors and other MEC providers must [furnish](#) coverage statements to primary enrollees unless they receive Form 1095-B or 1095-C (duplicative statements are not required). This deadline aligns with the federal deadline.

By April 2, 2024, GHP sponsors and other MEC providers must transmit to the state [Division of Revenue and Enterprise Services](#) health coverage information about primary enrollees and their dependents residing in the state during the prior year. Curiously, this deadline is one day later than the 2024 federal deadline of April 1. The state will accept [NJ-1095](#) forms, fully completed federal Forms 1095-B and 1095-C, and/or Form 1095-C with at least Parts I and III completed. Form 1095-C with only Parts I and II completed will not meet New Jersey filing requirements. (Employers with fully insured coverage typically complete only Parts I and II.) The state does not require Forms 1094 but will accept them as part of a larger file that includes Forms 1095.

MEC providers filing fewer than 50 forms can [register](#) to complete Form NJ-1095 online. MEC providers submitting 50 or more forms must file electronically using the Division of Taxation's [system](#) for W-2 submissions ([Axway](#)). Fully insured plan sponsors should file Forms 1095 with New Jersey only if their insurer does not. MEC providers can submit reporting [questions](#) to the state. The filing requirement applies to businesses that withhold New Jersey payroll taxes and out-of-state plan sponsors that cover New Jersey residents — including part-year residents who live in the state at least 15 days in any month. No penalties are identified in the statute or existing guidance for failing to file the reports; however, Mercer has received informal guidance indicating a \$50-per-return penalty applies.

Rhode Island

By March 2 (it is unclear whether weekend-holiday rule applies) after the close of each calendar year, GHP sponsors and other MEC providers must furnish coverage statements to individuals unless they already receive a Form 1095-B or Form 1095-C (duplicative statements are not required). This deadline generally aligns with the federal deadline (except in leap years where the federal deadline is March 1).

By March 31 (it's unclear whether weekend-holiday rule applies) after the close of each calendar year, GHP sponsors and other MEC providers that cover any Rhode Island resident generally must send reports to the Division of Taxation (DOT), based on state guidance ([Advisory 2022-29](#)). The DOT will accept Forms 1095. [File uploading](#) is on the DOT's [health insurance mandate webpage](#). No penalties are identified in the statute or existing guidance for failing to file the reports. [Regulations](#) state that the DOT "may take any appropriate action to enforce the requirements," but that appears to be mainly in the context of the individual mandate, not reporting.

Vermont

Vermont's individual mandate requires residents to maintain MEC and self-report compliance. The state's [general tax instructions](#) require individual income tax return filings to indicate whether the resident had MEC during the tax year and, if requested by the state, to submit a Form 1095 as proof. Vermont does not require GHP sponsor reporting, unless the federal ACA's MEC reporting requirement is suspended or eliminated. Reporting failures are subject to the state's [interest and penalties scheme](#), per [statute](#).

Washington, DC

By March 2 (subject to the weekend-holiday rule) after the close of each calendar year, GHP sponsors and other MEC providers must furnish coverage statements to individuals unless they receive a Form 1095-B or Form 1095-C (duplicative statements are not required). This deadline aligns with the federal deadline.

Generally by April 30 (30 days after the federal March 31 deadline (subject to weekend-holiday rule), including any extensions granted, for submitting Forms 1095) after the close of each calendar year, GHP sponsors and other MEC providers covering at least 50 full-time employees and at least one DC resident during the calendar year must sign up with the [Office of Tax and Revenue](#) (OTR) to upload files through [MyTax DC](#). MEC providers should electronically file with the OTR the same information filed with the IRS. No penalties are identified in the [statute](#) or [existing guidance](#) for failing to file the reports.

MEC providers may contract with third-party providers to complete the filing. Any filer that does not currently have a MyTax DC account will have to obtain login credentials. Special bulk-filing accounts apply for filers that are not DC taxpayers.

Health plan assessment/surcharge reporting

Several states (particularly those in the Northeast) require group health plans (fully insured and self-funded) to pay a regular assessment that involves periodic reporting, often based on plan covered lives in that state. These plan fees are used for various purposes. For example, New York surcharges help finance indigent care and graduate medical education. Several other states apply assessments to subsidize vaccination programs. Very often, a plan's insurer or TPA will take care of the assessments and associated reporting. Plan sponsors should confirm this fact in the applicable states.

Alaska

Alaska assesses a vaccination covered-lives assessment for covered Alaska residents. Reporting and payments are due to the Alaska Vaccine Assessment Program (AVAP) 45 days after each calendar quarter ends. For details, see this [AVAP Council webpage](#) and [FAQ](#).

Connecticut

Connecticut imposes a childhood vaccination covered-lives assessment for covered Connecticut residents. The annual [reporting](#) due date is Sept. 1, based on the number of covered lives as of May 1 of that year. The insurance department then determines the fee (Nov. 1), later notifying applicable entities of the payable amount (Dec. 1), due by Feb. 1 of the following year. For details, see this [Office of Legislative Research guidance](#).

Idaho

Idaho imposes a childhood immunization covered-lives assessment for covered Idaho residents under age 19. The annual reporting due date is March 15 of each year, based on the number of covered individuals under age 19 as of Jan. 31 of that year. The insurance department then determines the fee, notifying applicable entities of the payable amount (April 15), due by June 15 of the same year; quarterly payments are available where the assessment is \$50,000 or above. For details, see this [Department of Insurance guidance](#), [FAQ](#) and [Plan of Operation](#).

Maine

Maine imposes a childhood vaccination covered-lives assessment for covered Maine residents under age 18. Reporting and payment due dates are 45 days after each calendar quarter ends. For details, see this [Vaccine Board webpage](#) and [FAQ](#).

Massachusetts

Massachusetts imposes a Health Safety Net (HSN) surcharge on entities that make payments to acute hospitals and ambulatory surgical centers. These entities include TPAs (working on behalf of self-funded plans) and insurers (working on behalf of fully insured plans). Once a surcharge-paying entity [registers](#) with the state's HSN office, it will send monthly invoices to the entity. Annual reporting is required by July 1. HSN may require reporting at other times (perhaps even on a monthly basis) within its discretion. For details, see this [FAQ](#).

New Hampshire

New Hampshire imposes a childhood vaccination covered-lives assessment for covered New Hampshire residents under age 19. Reporting and payment due dates are 45 days after each calendar quarter ends. For details, see this [FAQ](#).

New Mexico

New Mexico imposes a childhood vaccination covered-lives assessment for covered New Mexico residents under age 19. The annual reporting due date is July 1, based on the number of covered lives as of Dec. 31 of the prior year. The Department of Health invoices the applicable entity on a quarterly basis (Sept. 1, Dec. 1, March 1, June 1), and payments are due a month later (Oct. 1, Jan. 1, April 1, July 1). For details, see this [Department of Health webpage](#).

New York

The [New York Health Care Reform Act](#) (HCRA) imposes two separate surcharges on health claim payors, including self-funded employer-sponsored GHPs:

- One surcharge, which [subsidizes](#) indigent care and state healthcare initiatives, applies to payments for New York hospital inpatient and outpatient services, comprehensive diagnostic and treatment centers, and ambulatory surgery centers. For this surcharge, nonelecting payors must pay an additional amount — essentially a penalty for not electing direct payment to the state Public Goods Pool administrator.
- The other surcharge, which [funds](#) a graduate medical education pool, applies to health claim payors that cover New York residents. For this surcharge, electing payors pay an annual covered-lives assessment directly to the state pool administrator, while nonelecting payors instead incur a surcharge on direct payments to in-state hospital expenses for covered services.

The two surcharges are subject to slightly different operating guidelines. Monthly online reports on covered-lives assessments are due to the state [Office of Pool Administration](#) (OPA) for the first year after a claim payor becomes an electing payor. The OPA may notify payors that subsequent reports will be due annually, which is the typical schedule for out-of-state health plan sponsors with few or no New York employees. Reports must be filed electronically within 30 days after the end of the reporting month or year (subject to the weekend-holiday rule), even if a payor has no activity to report. Self-funded health plan sponsors commonly rely on TPAs to file the monthly or annual report. However, the ultimate responsibility falls to the plan sponsor.

Rhode Island

Rhode Island imposes a vaccination covered-lives assessment for covered Rhode Island residents. Reporting and payment due dates are 30 days after each calendar quarter ends. For details, see this [Vaccine Board webpage](#) and [FAQ](#).

Vermont

Vermont has two reports and assessments:

First, Vermont requires certain employers to pay a quarterly fee for “uncovered employees” who do not have qualifying health coverage. Employers must file their uncovered employee report with any required payment on Form [WHT-436 and HC-1](#), *Quarterly Withholding Reconciliation and Health Care Contributions Worksheet*. Employers can file through myVTax.vermont.gov or by paper, using the most recent forms and information on the [Department of Taxes webpage](#). All employers with Vermont employees must complete and submit the report within 25 calendar days after the end of each calendar quarter, even if no payment is due.

Second, Vermont imposes a vaccination covered-lives assessment for covered Vermont residents. Reporting and payment due dates are 45 days after each calendar quarter ends. For details, see this [Vaccine Board webpage](#) and [FAQ](#).

Washington

Washington imposes a behavioral health care covered-lives assessment for covered Washington residents with reporting obligations on health plan insurers and sponsors. Quarterly [reports](#) are due within 45 calendar days after the end of each calendar quarter and must contain information on covered state residents. Though reports and assessments are due quarterly, assessments are computed monthly. For details, see this [WAPAL fund webpage](#).

Other health plan sponsor reporting

The jurisdictions below have imposed reporting requirements for various purposes. In San Francisco, reporting documents an employer's compliance with an employer health coverage mandate. Hawaii's waiver reporting requirement supports the state's unique health coverage requirements. Massachusetts has a separate reporting requirement besides the MCC mandate discussed above. See [Disclosure and reporting](#).

California — San Francisco

The [Health Care Security Ordinance](#) (HCSO) requires employers with San Francisco employees to electronically submit by April 30 (subject to the weekend-holiday rule) an [annual Health Care Expenditure \(HCE\) reporting form](#) (ARF) for the preceding year.

The HCE is the minimum amount employers must spend on healthcare for each hour worked by a covered employee. Covered employees include anyone employed for more than 90 days who regularly works at least eight hours a week in San Francisco. Minimum HCE amounts change annually and vary by employer size. To determine workforce size, employers must count all employees, no matter where they live or work. However, the expenditure applies only to hours worked in San Francisco.

Hawaii

The [Hawaii Prepaid Health Care Act](#) (HPHCA) requires employers to offer health coverage to all eligible employees in the state. The HPHCA predates ERISA and is exempt from ERISA preemption. The law limits employee contributions and requires minimum benefit levels and certain plan provisions. The state's Department of Labor and Industrial Relations (DLIR) must approve all employer health plans — fully insured and self-funded (which are relatively rare) — before they are offered to employees. Approval also is required before an employer makes any plan changes, including changes to deductibles and out-of-pocket maximums (OOPMs). Plan approvals typically occur only if they are at least actuarially equivalent to the two most prevalent plans offered in the state, commonly called [plans 7\(a\) and 7\(b\)](#).

An employee may waive coverage under the employer’s health plan if certain conditions apply, including having other health coverage. To claim an exemption, the employee must complete and provide [Form HC-5](#) to the employer. This notice is binding for only one year, so employees waiving coverage must annually complete a new form by Dec. 31.

If employees waive employer-sponsored coverage because they have other health coverage, they must include the plan name and health plan contractor on Form HC-5, which the employer must forward to the DLIR. ACA public exchange plans for individuals do not qualify for the other health coverage exemption because those plans do not meet or exceed Hawaii’s minimum requirements. The employer must keep this form on file. If an employee who works two jobs waives coverage of the second employer, that employer must file the notification with DLIR.

Massachusetts

In addition to the state’s individual mandate reports due each January, Massachusetts requires every employer with six or more employees in the state to submit an annual [Health Insurance Responsibility Disclosure](#) (HIRD). The [HIRD Form](#) is due by Dec. 15 of each year; online submission starts Nov. 15. Employers must complete the HIRD form if they included six or more employees in any [Department of Unemployment Assistance](#) wage report during the 12 months before the HIRD due date.

Required data may include the availability of coverage, eligibility requirements, employment-based classifications, plan description, MCC status, wellness plan credits, employee contributions per tier, deductibles and OOPMs. Employers must file a separate form for each covered entity that has its own federal employer identification number, even if all other information is the same. Employers with multiple plans or substantive variations must report information about each plan offered in Massachusetts. A payroll vendor can file forms on behalf of client employers if it has the relevant information. Employers complete the form by logging into their withholding account on [MassTaxConnect](#). Massachusetts’ reporting requirement helps to identify residents with access to employer-sponsored health coverage for the purposes of its [premium assistance program](#).

Table: State/city GHP reporting and disclosure schedules and due dates

This table identifies state reporting schedules for GHP sponsors (deadlines subject to the weekend-holiday rule are marked with an *):

Jurisdiction	Covered entities	Report type	Report due to individual/jurisdiction	Penalties for reporting noncompliance
Alaska	Plan sponsors covering Alaska residents	Covered-lives assessment reporting form	State: reporting/payment 45 days after each calendar quarter ends	Enforcement action at discretion of AVAP Council, per FAQ

Jurisdiction	Covered entities	Report type	Report due to individual/jurisdiction	Penalties for reporting noncompliance
California	Plan sponsors providing MEC to California residents	Forms 1094/1095 or equivalent state form	Individual: annually by Jan. 31* State: annually by March 31*	Individual: no late penalties State: \$50 per individual; penalty is waived if filed by May 31, per FTB webpage
San Francisco, CA	Employers with 20 or more employees and at least one in San Francisco	Employer Annual Reporting Form	City: annually by April 30*	\$500 per quarter missed (i.e., \$2,000 per annual report missed), per Office of Labor Standards Enforcement webpage
Connecticut	Plan sponsors covering Connecticut residents	Covered-lives assessment reporting form	State: reporting annually by Sept. 1; payment annually by Feb. 1	\$100 per day, per Office of Legislative Research report
Hawaii	Employers with a Hawaii employee who waives health plan participation due to other coverage	Form HC-5	State: annually by Dec. 31	Unclear
Idaho	Plan sponsors covering Idaho residents	Covered-lives assessment reporting form	State: reporting annually by March 15; payment annually by June 15 (unless assessment is \$50,000+, in which case quarterly payment is allowed)	Enforcement action at discretion of Department of Health and Welfare, per statute
Maine	Plan sponsors covering Maine residents	Covered-lives assessment reporting form	State: reporting/payment 45 days after each calendar quarter ends	12% per annum interest for each late day, per FAQ

Jurisdiction	Covered entities	Report type	Report due to individual/jurisdiction	Penalties for reporting noncompliance
Massachusetts	Plan sponsors providing MCC to Massachusetts residents	Form MA 1099-HC	Individual: annually by Jan. 31 State: annually by Jan. 31*	\$50 per individual not to exceed \$50,000 per year, per regulations
	Plan sponsors seeking MCC certification for health plan	MCC Certification Application	State: Nov. 1 of reporting year	Not applicable
	Employers with six or more Massachusetts employees	HIRD Form	State: annually by Dec. 15	\$1,000 - \$5,000 per violation, per statute
	Entities making payments on behalf of plans to acute hospitals and ambulatory surgical centers	Annual report required; monthly and ad hoc reporting as requested	State: annually by July 1; initial registration also required	Monthly 1.5% penalty for unpaid invoices and up to \$5,000 per day per violation penalty for certain filing failures, per regulations
New Hampshire	Plan sponsors covering New Hampshire residents	Covered-lives assessment reporting form	State: reporting/payment 45 days after each calendar quarter ends	Unclear
New Jersey	Plan sponsors providing MEC to New Jersey residents	Forms 1094/1095 or Form NJ-1095	Individual: annually (March 1 for 2024 reporting) State: annually (April 2 for 2024 reporting)	\$50 per individual, per informal guidance
New Mexico	Plan sponsors covering New Mexico residents	Covered-lives assessment reporting form	State: reporting annually by July 1; quarterly payment by Oct. 1, Jan. 1, April 1, July 1	\$500 per day, per Department of Health webpage

Jurisdiction	Covered entities	Report type	Report due to individual/jurisdiction	Penalties for reporting noncompliance
New York	Self-funded employers that elect to participate for lower HCRA surcharge	Public Goods Pool report	State: 30 days after end of reporting month or year*	Unclear
Rhode Island	Plan sponsors providing MEC to Rhode Island residents	Forms 1094/1095 or equivalent state form	Individual: annually by March 2 State: annually by March 31	Unclear; regulations indicate Department of Taxation “may take any appropriate action to enforce the requirements,” but that appears to be mainly in the context of the individual mandate, not reporting.
	Plan sponsors covering Rhode Island residents	Covered-lives assessment reporting form	State: reporting/payment 30 days after each calendar quarter ends	18% per annum interest, per FAQ
Vermont	Employers paying Vermont wages	Form WHT-436	State: 25 days after each calendar quarter ends	\$50 late filing fee if over 60 days late, per Department of Taxes webpage
	Plan sponsors covering Vermont residents	Covered-lives assessment reporting form	State: reporting/payment 45 days after each calendar quarter ends	Enforcement action at discretion of Department of Health, per FAQ
Washington	Plan sponsors covering Washington residents	Covered-lives assessment reporting form	State: reporting/payment 45 days after each calendar quarter ends	Unclear, per FAQ

Jurisdiction	Covered entities	Report type	Report due to individual/jurisdiction	Penalties for reporting noncompliance
Washington, DC	Plan sponsors providing MEC to Washington, DC, residents	Forms 1094/1095	Individual: annually by March 2* City: Generally by April 30 (30 days after federal deadline — including any extensions — to file Form 1095-B or 1095-C)*	No penalty, per Office of Tax and Revenue

Looking ahead

The movement to remote work has required employers to become more cognizant of statutory requirements in states where they historically have not had employees. Reporting laws are no exception. Compliance will entail working with the appropriate vendor, such as a TPA or payroll processor, to clarify who will report and which employees will be reported.

Related resources

Non-Mercer resources

- [Final regulations](#), Electronic-filing requirements for specified returns and other documents (Federal Register, Feb. 23, 2023)
- [Final regulations](#), Information reporting of health insurance coverage and other issues under Sections 5000A, 6055, and 6056 (Federal Register, Dec. 15, 2022)
- [Forms 1094-C/1095-C instructions](#) (IRS, Oct. 18, 2023)
- [AK Stat. § 18.09.220](#) (Alaska Legislature)
- [Alaska vaccine assessment program FAQ](#) (AVAP Council)
- [CA Gov't Code § 100700 et seq.](#), California individual MEC mandate (Legislature)
- [CA Rev. & Tax. Code § 61000 et seq.](#), California individual-mandate tax penalty law (Legislature)
- [California individual-mandate reporting regulations](#) (Franchise Tax Board)
- [California MEC information reporting webpage](#) (Franchise Tax Board)
- [California instructions for filing federal Forms 1094-C and 1095-C](#) (Franchise Tax Board)

- [CT Gen. Stat. Ch. 368A, § 19a-7j](#) (CT Legislature)
- [Connecticut vaccine program: insurance assessment](#) (CT Office of Legislative Research, Dec. 12, 2017)
- [Hawaii Form HC-5](#) (Disability Compensation Division)
- [Hawaii Prepaid Health Care Act](#) (Disability Compensation Division)
- [ID Stat. § 41-6001 et seq.](#) (ID Legislature)
- [Idaho immunization board FAQ](#) (Department of Insurance)
- [Idaho plan of operation immunization assessment board](#) (Sept. 25, 2019)
- [Idaho immunization assessment information for carriers, plan sponsors and TPAs](#) (Department of Insurance (Aug. 24, 2018)
- [ME Rev. State Tit. 22, § 1066](#) (Maine Legislature)
- [Maine vaccine assessment FAQ](#) (Vaccine Board)
- [MA Gen. Laws Ch. 118E, § 78](#), HIRD reporting mandate (MA Legislature)
- [830 MA Code Regs. 111M.2.1](#), Health Insurance Individual Mandate; Personal Income Tax Return Requirements
- [101 MA Code Regs. 614](#), Health Safety Net payments and funding
- [Massachusetts surcharge FAQs](#) (Health & Social Services)
- [Massachusetts minimum creditable coverage standards](#) (Department of Revenue)
- [Massachusetts HIRD reporting FAQs](#) (Department of Revenue)
- [Massachusetts requirements for MCC disclosure](#) (Division of Insurance, June 29, 2010)
- [MassTaxConnect](#) (Department of Revenue)
- [Massachusetts MCC Certification Application](#) (Health Connector, Oct. 23, 2023)
- [Massachusetts plan sponsor MCC attestation form](#) (Department of Revenue, Dec. 11, 2011)
- [Massachusetts Form MA 1099-HC](#) (Department of Revenue)
- [NH Stat. Ch. 126-Q](#) (NH Legislature)
- [New Hampshire vaccine assessment FAQ](#) (NH Vaccine Association)
- [NJ Stat. Ch. 54A:11](#), New Jersey individual mandate (NJ Legislature)

- [NJ-1095 instructions](#) (Treasury Department)
- [New Jersey reporting guidance](#) (Treasury Department, Nov. 1, 2023)
- [New Jersey e-file system](#) (Treasury Department)
- [New Jersey Central Forms Repository & Payment Collection System](#) (Division of Revenue & Enterprise Systems)
- [New Jersey payroll taxes and wage withholding filing, payment and reporting service](#) (Division of Taxation)
- [NM Stat. Ann. Ch. 24, art. 5A](#) (New Mexico Legislature)
- [NM Admin. Code § 7.5.4](#) (Department of Health)
- [New Mexico Vaccine Purchase Act](#) (Department of Health)
- [New York HCRA guidance](#) (Health Department)
- [New York electronic reporting obligations](#) (Office of Pool Administration)
- [New York regional covered-lives assessment rates](#) (Department of Health)
- [RI Gen. Laws §§ 44-30-101 and -102](#), Rhode Island individual mandate (Division of Taxation)
- [Rhode Island final individual-mandate regulations](#) (Division of Taxation)
- [Rhode Island Advisory 2022-29](#) (Division of Taxation, Oct. 19, 2022)
- [Rhode Island individual mandate webpage](#) (Division of Taxation)
- [Rhode Island health insurance mandate: Reporting requirements FAQs](#) (Division of Taxation, Nov. 5, 2020)
- [Rhode Island vaccine assessment program FAQs](#) (RI Vaccine Assessment Program)
- [San Francisco Health Care Security Ordinance](#) (Office of Labor Standards Enforcement)
- [San Francisco Annual Reporting Form instructions](#) (Office of Labor Standards Enforcement, March 31, 2022)
- [VT Stat. tit. 32 § 10451 et seq.](#), Vermont individual mandate (VT General Assembly)
- [Vermont myVTax](#)
- [Vermont Form WHT-436](#) (Department of Taxes, Dec. 2022)
- [Vermont health care fund contribution assessment](#) (Department of Taxes)

- [Vermont vaccine assessment program FAQs](#) (VT Vaccine Purchasing Program)
- [Washington covered-lives assessment FAQ](#) (WAPAL Fund)
- [WAPAL fund webpage](#)
- [DC Code § 47-5101 et seq.](#), Washington, DC's individual mandate (City Council)
- [Washington, DC, OTR Notice 2020-04](#), Updated guidance on city's individual mandate (Office of Tax and Revenue, March 31, 2020)
- [MyTax.DC.gov](#) (Office of Tax and Revenue)
- [Washington DC, OTR Notice 2019-04](#), Guidance on city's individual mandate (Office of Tax Revenue, Aug. 9, 2019)
- [Gobeille v. Liberty Mutual Ins. Co.](#), 577 US 312 (2016)
- [New York State Conference of Blue Cross & Blue Shield Plans v. Travelers Ins. Co.](#), 514 US 645 (1995)

Mercer Law & Policy resources

- [Massachusetts sets 2024 individual-mandate coverage dollar limits](#) (Sept. 18, 2023)
- [San Francisco posts 2024 Health Care Expenditure rates](#) (Aug. 25, 2023)
- [New York announces 2023 HCRA covered-lives assessment rates](#) (Jan. 24, 2023)
- [Hawaii employee health and leave benefits may need special attention](#) (Feb. 18, 2022)
- [Roundup of selected state health developments, second-quarter 2021](#) (July 30, 2021)
- [Massachusetts employers' health coverage reports due by Dec. 15](#) (Nov. 13, 2019)
- [Massachusetts employers need to gear up for health coverage reporting](#) (Oct. 1, 2019)
- [Vermont reissues employer health plan assessment reporting guidelines](#) (Sept. 24, 2019)
- [DC details employer reporting for individual health coverage mandate](#) (Aug. 20, 2019)
- [California individual coverage mandate includes employer health plan reporting](#) (July 16, 2019)
- [New Jersey posts update on health coverage reports due in 2020](#) (April 16, 2019)

Note: Mercer is not engaged in the practice of law, accounting or medicine. Any commentary in this article does not constitute and is not a substitute for legal, tax or medical advice. Readers of this article should consult a legal, tax or medical expert for advice on those matters.