

PayData ACA Resource Updating Employee ACA Data Revised 11 / 16 / 2016



• <u>WWW.IRS.gov</u>



- ALE Determination
- Enter Employee Data
- Effective Period and Copy to functionality
- Add Dependents



2016 Reporting

2 new Offer of coverage codes

- 1J
- 1K
- Reporting Obligations
 - January 31st 2017 Employers must provide 1095-C to Employees



Step 1: ALE Determination FTE Report (S2711)

Select the Report Reports-Run Reports-Browse Tab

3 Bro	owse 🥜 Report	Parameters			
Bro	wse				
	😤 Open company				
Co	ompany			Repo	ort
?	Number -	Name	^	2₽	Report Name
IĽ					ACA Eligibility Analysis Report (S2713)
	TR300	Main Street Carpet		>⊽	ACA FTE Report (\$2711)
	WEB150	Little Distributors EvoBenefits/			Cover Letter (\$193)
	WEB1970	H&S Construction (Advanced			Delivery Instructions (\$187)
F	WEB200	Washington's Cider House (A			Delivery Label (\$184)
	1				Payrol Register (S109)



Step 1: ALE Determination FTE Report (S2711)

Select the Payroll Report Parameters-Payrolls Tab

Override default parameters	as		
ACA FTE Report (S2711)	💌 【 👌 Resi	tore Defaults	
Payrolls Misc			
Check Date Period		Select Payrolls for	
Year 🔽	1st Quarter 🔽 3rd Quarter	🗖 1st Quarter 🔲 3rd Quarter	Batch period for 10/11/2016-1:
2016 💌 🔽	2nd Quarter 🛛 🔽 4th Quarter	🔲 2nd Quarter 🔲 4th Quarter	10/1/2016 - 10/3/2016
From 17.1/2016	To 12/21/2016	🗖 Year	
17 172018		Show Processed Only	Consolidation
₽ Check Date	Run # Processed	Status Type	
12/1/2016	1	W B	
▶ 10/11/2016	1 10/10/2016 8:35	19 P R	

Step 1: ALE Determination FTE Report (S2711)

Confirm/modify Parameters Misc. Tab

Payrolls Misc	
Report Mode	Calculate Hours
Detail O Summary	Daily 8
Detail Sort	🔽 Use Monthly Average
Additional E/D Group Earnings	Round FIE To Two Decimals
	🔲 Use E/D Group Only
	Include Only M1 ACA Hours with Line Item Date for Setup(E) and Import(I) Payroll Types
Additional Output Options	Numerican and the second se
CSV	
Excel	

Step 1: ALE Determination FTE Report (S2711)

Sample

#WEB	200 Wash	ington's Cide	er House (ACA)	ACAF	TE Report	(\$2711))
		-		Check Date :	12/	31/2015	-1
				Period Range :	12/20/201	5 TO 12	26/2015
				Week Number :	V	Veek #53	
EE Code	Date of Hire	First Name	LastName	ACA Status	Salary /Hourly	Total Hours	EE Status
41	6/1/2015	Lydia	Mullaly	Part Time	н	160.00	Full Time
42	6/1/2015	Cindi	Lautrec	Part Time	н	160.00	Full Time
43	6/1/2015	Marquerite	Hanson	Part Time	н	160.00	Full Time
44	6/1/2015	Cameron	Nardi	Part Time	н	160.00	Full Time
45	6/1/2015	Gemma	Presnell	Part Time	н	160.00	Full Time
46	6/1/2015	lke	Gierko	Part Time	н	160.00	Full Time
47	6/1/2015	Jadwiga	Gleicher	Part Time	н	160.00	Full Time
48	6/1/2015	Kiesha	Veneto	Part Time	н	160.00	Full Time
49	7/1/2015	Jacquiline	Favela	Full Time	н	160.00	Full Time
50	7/2/2015	Alana	Benna	Full Time	н	160.00	Full Time
51	7/3/2015	Del	Qiu	Full Time	н	160.00	Full Time
52	7/4/2015	Shantay	Hooley	Full Time	н	160.00	Full Time
53	7/5/2015	Judson	Migliorini	Full Time	н	160.00	Full Time
54	7/6/2015	Dale	Quetin	Full Time	н	160.00	Full Time
55	7/7/2015	Mei	Yoffe	Full Time	н	160.00	Full Time
56	7/8/2015	Otelia	Putnam	Full Time	н	160.00	Full Time
		Full Time Employe	e Count: 13	Full Time Equivalent Employee	Count: 42		
Large Err	ployer	Full Time Employe	e Count: 13	Full Time Equivalent Employee	Count: 42		

R Step 2: Enter Employees' ACA data

Employee-Employee-ACA tab ACA Section

ACA	
ACA Status*	ACA Standard Hours
ACA Benefit	Lowest Cost Benefit
ACA Policy Origin	
Benefits Eligible*	
Safe Harbor Type*	
None	

R Step 2: Enter Employees' ACA data

Employee-Employee-ACA tab Reporting Section

Reporting			,
Form on File*	۲	No	
ACA Format*			
Both			-
Form Type*			
1095B			-

Step 2: Enter Employee's ACA data

Employee-Employee-ACA tab History Section

ACA History					
ACA Coverage 1C_MEC for El	Offer <mark>E and De</mark> 👻	DOB 9/1/1986	Initial P	Measurement Period 14 - 10/2015	
ACA Relief Coo	le	Hire Date			
2C Employee	Enrolled i 👻	1/1/2011	-		
		Term Date		v Period	
2016 🔻	ACA History		11/20	- 15 - 11/2016	
		-			
? Month	ACA Coverage Off	er	ACA Relief	Code	^
January	1B-MEC for EE On	ly	2C-Employe	e Enrolled in Coverage	1
February	1B-MEC for EE On	ly	2C-Employe	e Enrolled in Coverage	
March	1B-MEC for EE On	ly .	2C-Employe	e Enrolled in Coverage	
April	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
May	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
June	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
July	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
August	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
September	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
October	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
November	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
December	1C-MEC for EE and	d Dependents Only	2C-Employe	e Enrolled in Coverage	
					~
		Save	🔀 Cance	1	
			_		



Effective dating

Effective date fields Employee-Employee-ACA tab

🖞 Browse 🤣 EE Entry 🧾 Details 📫 Address 🔛 W2	📰 Federal 🛛 🜄	🖁 Notes 🛛 🔏 HR	🕈 ACA 📗 Di	ocuments 🔀 Mail Room 🧟 Se	f Serve
ACA	ACA History	,			
ACA Status* ACA Standard Hours Full Time ACA Benefit BCBS HMO	ACA Coverage 1C MEC for E ACA Relief Coo 2C Employee	Offer Eand De ▼ de Enrolled ir ▼	DOB 9/1/1986 Hire Date 1/1/2011	Initial Measurement Period 10/2014 - 10/2015	
ACA Policy Origin A. Small Business Health Options Program (SHOP) Benefits Eligible	2016 💌	ACA History	Term Date	Stability Period 11/2015 - 11/2016	
● Yes	2 Month	ACA Coverage Of	ifer	ACA Relief Code	^
Safe Harbor Type* None	▶ January February March April	1B-MEC for EE Or 1B-MEC for EE Or 1B-MEC for EE Or 1C-MEC for EE an	nly nly nly nd Dependents Only	2C-Employee Enrolled in Coverage 2C-Employee Enrolled in Coverage 2C-Employee Enrolled in Coverage 2C-Employee Enrolled in Coverage	
Reporting	May June	1C-MEC for EE an 1C-MEC for EE an	nd Dependents Only nd Dependents Only	2C-Employee Enrolled in Coverage 2C-Employee Enrolled in Coverage	
Form on File*	July August	1C-MEC for EE an 1C-MEC for EE an	nd Dependents Only nd Dependents Only	2C-Employee Enrolled in Coverage 2C-Employee Enrolled in Coverage	
ACA Format* Both	September October	1C-MEC for EE an 1C-MEC for EE an	nd Dependents Only nd Dependents Only	2C-Employee Enrolled in Coverage 2C-Employee Enrolled in Coverage	
Form Type* 1095C	December	1C-MEC for EE an	nd Dependents Only nd Dependents Only	2C-Employee Enrolled in Coverage	
	,		Save 🖓	Cancel	



Effective dating





Effective dating

How to Effective period editor

Е	flective Period				
E	Begin Effective Date	End Effective Date	ACA Status		^
	1/1/1900	12/30/9999	New Hire		
	10/7/2016	12/30/9999	FullTime		
÷					*
8	egin Effective Date End	Effective Date ACA S	latus*	Ocure Ocur	
ŀ	UNIVAUIS • 12		<u> </u>	Green Quee	or or or carce



Copy information to employees the Copy to feature

How to

ACA	
ACA Status	
Full Time	-
ACA Cov	Сору То

Copy information to employees the Copy to feature

How to Employee Box

		Emp	oloyees		
2	EE Code 🔷 🝷	Last Name	First Name	Hire Date	^
•	2	MacIntosh	Peter	8/27/2013	
>	3	Golden	Allyson	5/27/2013	
	4	Gala	Eugene	11/24/2013	
	5	Cortland	Pauline	8/10/2014	
	6	Fuji	Frank	1/26/2014	
<				>	~
В	egin Effective Da	ate 1/ 1/2016	-		
	🚽 Copy I	to <u>a</u> ll	Г С <u>о</u> ру	O Cancel	

R Step 3: Health Coverage Dependents For self-Funded plans

A. Confirm the benefit is available HR Module-Employee-Benefits-Details Tab

Benefit Reference	 Benefit Amount Type 	E/D Code	E/D Description		Amount	EE Amount	ER Amount	EE %	ER %	Calc. Type	e	Reference	Amount Type	^
BCBS - Silver	Employee + Family	İ. İ			300.00	100.00	200.00					Employee	Global	
BCBS Dental	EE + 1											Employee	Global	
BCBS HSA	Employee Defined				0.00	2,600.00	0.00					Employee	Individual	
BCBS HSA	Employee Defined											Employee	Global	
													>	
enefits	Effective Start Date	Effective En	dDate	Rate	95		_		_	C	OBRA	ant D	valifying Event () ate
enefits mefit Reference * CBS - Silver	Effective Start Date	Effective En 12/31/2016	d Date	Rate Glo Ba	∋s ibal Amounts≛ seed On	E/D G	IOLID	Premium	Amount	C (OBRA ualifying Eve	ent Q	> ualifying E vent D) ate
nefits nefit Reference* 285 - Silver	Effective Start Date 1/1/2016	Effective En 12/31/2016	d Date	Rate Gla Ba	∋s ibal Amounts≛ ased On mount	E/D G	roup	Premium A	Amount 300.00		OBRA ualifying Eve Elected	ent Q	> ualifying Event D eason for Refus:)ate
nefits CBS - Silver Inefit Amount Type Inployee + Family	Effective Start Date 1/1/2016 Payment/Deduction Freque Tevery Scheduled Pay	Effective En 12/31/2016 2009 *	d Date	Rate Glo Ba A	es Ibal Amounts≛ ssed On mount 5 Amount	E/D G	roup	Premium /	Armount 300.00	Q	OBRA ualifying Eve Elected	ent Q ▼ No R	> ualifying Event D eason for Refusa) ate
nefits nefit Reference * 285 - Silver • nefit Amount Type * mployee + Family 1000 collement Status *	Effective Start Date 1/1/2016 – Payment/Deduction Freque Every Scheduled Pay Med Patricipant *	Effective En 12/31/2016 mcy *	d Date 5	Rate Glo Ba A EE	es Ibal Amounts * ased On mount E Amount 10	E/D G	roup Tount 200.00	Premium A	Amount 300.00 mount	CC Q	OBRA ualifying Eve Elected C Yes (ent Q ● No	> ualifying Event D eason for Refusa) ate
nefits nefit Reference :BS - Silver nefit Amount Type - polyce + Family rollment Status - tutve	Effective Start Date 1/1/2016 Payment/Deduction Freque Every Scheduled Pay Med Paticipant * C Yes * No	Effective En 12/31/2016 ncy * SS Disabili	d Date	Rate Glo Ba EE	es ased On mount E Amount 10	E/D G ER Ar 0.00	roup	Premium A	Amount 300.00 mount		OBRA ualifying Eve Elected C Yes C	ent Q ▼ R • No	> ualifying Event D eason for Refusa) ate
nofits nefit Reference* BS - Silver v efit Amount Type* nphysee + Tamly i i i rollment Status* stive v	Effective Start Date 1/1/2016 Payment/Deduction Frequency Every Scheduled Pay Med Participant * C Yes © No	Effective En 12/31/2016 ency * SS Disabili C Yes Existing Pa	d Date 5 •	Rate Glo Ba EE	es Ibal Amounts Amount É Amount 10	E/D G F/D G ER Ar 0.00	roup vount 200.00	Premium A	Amount 300.00 mount	CC QC	OBRA ualifying Eve Elected Yes Otrols	ant Q ▼ P ● No	> ualifying Event D eason for Refuse) ate
nefits nefit Reference* Refit Amount Type* palyae + Family contenent Status* ative v anary Care Physician	Effective Start Date 1/1/2016 – Payment/Deduction Freque Every Scheduled Pay Med Participant * Med Participant * Med Participant *	Effective En 12/31/2016 mcy * SS Disabili C Yes Existing Pa C Yes	id Date v v No atient No	Rate Gla Ba EE	obal Amounts * seed On mount E Amount 10 lividual Amoun seed On	E/D G ER Ar 0.00	roup	Premium A COBRA A	Amount 300.00 		OBRA ualifying Eve C Yes Ontrols Use CO B	enefits	> ualifying Event D eason for Refuse) ate al
nofits nefit Reference 285 - Silver V refit Amount Type= nefit Amount Type rollment Status ative V mary Care Physician	Effective Stat Date 1/1/2016 Payment/Deduction Freque Every Scheduled Pay Med Paticipant * C Yes No	Effective En 12/31/2016 ency = SS Disabili C Yes Existing Pa C Yes	d Date 5 • • • • No • • No	Gla Gla EE Ind Ba A	es Ibal Amounts = seed On TO ividual Amount seed On mount	E/D G E/D G E/D G E/D G	roup nount 200.00	Premium A COBRA A	Amount	Q	OBRA ualifying Eve Elected Yes Ontrols Use CD B Switch to El	ent Q No R enefita I E Benefit 4	Laifying Event D asson for Refuse Company Be E Schedule) ate al enef

R Step 3: Health Coverage Dependents For self-Funded plans

B. Create the dependent Dependent & Beneficiaries Tab

	nderks & Deneticiaries	E B Assign Depen	dents 🕃 As	ssign Beneficiaries 🛛 🖺	Senelik	Payment
Dependent Summary						
? First Name Last Didd Didd	Name B	Midde In	tial Gender So M 21	ocial Security Number 1950(1951)	Relation 1	Type Date Of Birth *
			_			
Dependent Details	_	_		_		
Dependent Details	Relation Type*			-		
Dependent Details Person Type © Dependent C Beneficiary First Name*	Relation Type* Child MI Address 1			Date of Birth		Primary Care Physician
Dependent Details Person Type © Dependent C Benefician First Name® Oxid	Relation Type* Child Mi Address 1 73 Peru St		<u>.</u>	Date of Bith \$/3/2014	×	Primary Care Physician
Dependent Details Person Type © Dependent C Benefician First Name* Onld Last Name*	Relation Type* Child Mi Addess 1 79 Peru St Addess 2			Date of Bith \$/3/2014 \$\$N	•	Primary Care Physician Existing Patient Full Time Stude
Dependent Details Person Type © Dependent C Benefician First Name* Onid Last Name* Bartiet	Relation Type* Child MI Address 1 79 Peru St Address 2	•	•	Date of Bith \$/3/2014 \$\$N 216/50/6510	*	Primary Care Physician Existing Patient C Yes @ No C Yes @ No
Dependent Details Person Type © Dependent C Benefician First Name* Onid Last Name* Bartiet	Relation Type* Child Address 1 79 Peru St Address 2 City	State	• Zp Code	Date of Bith 9/3/2014 SSN 216/50/6510 Gender •	•	Primary Care Physician Existing Patient C Yes @ No C Yes @ No
Dependent Details Person Type © Dependent C Benefician First Name* Onid Last Name* Bartiet Copy EE Address	Child Child Mi Address 1 79 Peru St Address 2 City Burlington	State	Zip Code C2643	Date of Bith 9/3/2014 S\$N 216/50/6510 Gender • Male	•	Primary Care Physician Existing Patient Full Time Stude C Yes @ No C Yes @ No
Dependent Details Person Type © Dependent C Beneficiary First Name* Onid Last Name* Earliet Copy EE Address	Chid Addess 1 79 Peru St Addess 2 City Burlington	State WA	• Zip Code 02643	Date of Birth 9/3/2014 SSN 216-50-6510 Gender * Male		Primary Care Physician Existing Patient C Yes T No C Yes T No

R Step 3: Health Coverage Dependents For self-Funded plans

C. Assign the Dependent Assign Dependents Tab

Benefit Summary			Plan Dates
2 Benefit Reference	Benefit amount type	Benefit Effective Date	
BCBS - Silver	Employee + Family	1/1/2016	? Begin Date 🔶 End Date
			10/12/2016 12/31/2016
		×	v
Available Dependents	As	signed Dependents	Begin Date End Date
Prist Name Last Name ■ Sun Kim	Relation Type ^ ?	First Name Relation Moon Kim C	10/12/2016 - 12/31/2016 -
	Add		Create Delete



Got Questions?

Visit PayData's Resource Center:

https://www.paydata.com/aca-affordable-care-act-resources/