



PayData ACA Resource Updating Employee ACA Data

Revised 11 /16 / 2016



Additional Resources

- [WWW.IRS.gov](http://www.irs.gov)



Objectives

- 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

The screenshot shows a software interface with a 'Browse' tab. The 'Browse' button is highlighted with a red box. Below the 'Browse' button is an 'Open company' button. The main area is divided into two sections: 'Company' and 'Report'. The 'Company' section contains a table with columns 'Number' and 'Name'. The 'Report' section contains a list of reports with checkboxes and a search icon.

Number	Name
TR300	Main Street Carpet
WEB150	Little Distributors EvoBenefits/...
WEB1970	H&S Construction (Advanced ...
WEB200	Washington's Cider House (A...

Report Name
<input type="checkbox"/> ACA Eligibility Analysis Report (S2713)
<input checked="" type="checkbox"/> ACA FTE Report (S2711)
<input type="checkbox"/> Cover Letter (S193)
<input type="checkbox"/> Delivery Instructions (S187)
<input type="checkbox"/> Delivery Label (S184)
<input type="checkbox"/> Payroll Register (S109)



Step 1: ALE Determination FTE Report (S2711)

Select the Payroll Report Parameters-Payrolls Tab

Override default parameters as
ACA FTE Report (S2711)

Payrolls | Misc

Check Date Period

Year: 2016
 1st Quarter 3rd Quarter
 2nd Quarter 4th Quarter

From: 1/ 1/2016 To: 12/31/2016

Select Payrolls for

1st Quarter 3rd Quarter
 2nd Quarter 4th Quarter
 Year

Batch period for 10/11/2016-1:
10/1/2016 - 10/9/2016

Show Processed Only Consolidation

?	Check Date	Run #	Processed	Status	Type
<input type="checkbox"/>	12/1/2016	1		W	R
<input type="checkbox"/>	10/1/2016	1	10/1/2016 7:35:19 ...	P	R
<input checked="" type="checkbox"/>	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
 Detail Summary

Detail Sort
 EE Code EE Last Name

Additional E/D Group Earnings

Additional Output Options
 CSV
 Excel

Calculate Hours
Daily

Use Monthly Average

Round FTE 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



Step 1: ALE Determination FTE Report (S2711)

Sample

#WEB200 Washington's Cider House (ACA)				ACAFTE Report (S2711)			
				Check Date :	12/31/2015-1		
				Period Range :	12/20/2015 TO 12/26/2015		
				Week Number :	Week #53		
EE Code	Date of Hire	First Name	Last Name	ACA Status	Salary /Hourly	Total Hours	EE Status
41	6/1/2015	Lydia	Mullaly	Part Time	H	160.00	Full Time
42	6/1/2015	Cindi	Lautrec	Part Time	H	160.00	Full Time
43	6/1/2015	Marquerite	Hanson	Part Time	H	160.00	Full Time
44	6/1/2015	Cameron	Nardi	Part Time	H	160.00	Full Time
45	6/1/2015	Gemma	Presnell	Part Time	H	160.00	Full Time
46	6/1/2015	Ike	Gierko	Part Time	H	160.00	Full Time
47	6/1/2015	Jadwiga	Gleicher	Part Time	H	160.00	Full Time
48	6/1/2015	Kiesha	Veneto	Part Time	H	160.00	Full Time
49	7/1/2015	Jacquiline	Favela	Full Time	H	160.00	Full Time
50	7/2/2015	Alana	Benna	Full Time	H	160.00	Full Time
51	7/3/2015	Del	Qiu	Full Time	H	160.00	Full Time
52	7/4/2015	Shantay	Hooley	Full Time	H	160.00	Full Time
53	7/5/2015	Judson	Migliorini	Full Time	H	160.00	Full Time
54	7/6/2015	Dale	Quetin	Full Time	H	160.00	Full Time
55	7/7/2015	Mei	Yoffe	Full Time	H	160.00	Full Time
56	7/8/2015	Otelia	Putnam	Full Time	H	160.00	Full Time
				Full Time Employee Count: 13	Full Time Equivalent Employee Count: 42		
Large Employer				Full Time Employee Count: 13	Full Time Equivalent Employee Count: 42		



Step 2: Enter Employees' ACA data

Employee-Employee-ACA tab ACA Section

ACA

ACA Status *	ACA Standard Hours
<input type="text" value="Does Not Apply"/>	<input type="text"/>
ACA Benefit	Lowest Cost Benefit
<input type="text"/>	<input type="text"/>
ACA Policy Origin	
<input type="text" value="B. Employer-Sponsored Coverage"/>	
Benefits Eligible *	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Safe Harbor Type *	
<input type="text" value="None"/>	



Step 2: Enter Employees' ACA data

Employee-Employee-ACA tab Reporting Section

Reporting

Form on File *
 Yes No

ACA Format *
Both

Form Type *
1095B



Step 2: Enter Employee's ACA data

Employee-Employee-ACA tab History Section

ACA History

ACA Coverage Offer: 1C-MEC for EE and De
DOB: 9/1/1986
Initial Measurement Period: 10/2014 - 10/2015

ACA Relief Code: 2C-Employee Enrolled in
Hire Date: 1/1/2011

2016 ACA History
Term Date: Stability Period: 11/2015 - 11/2016

Month	ACA Coverage Offer	ACA Relief Code
January	1B-MEC for EE Only	2C-Employee Enrolled in Coverage
February	1B-MEC for EE Only	2C-Employee Enrolled in Coverage
March	1B-MEC for EE Only	2C-Employee Enrolled in Coverage
April	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
May	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
June	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
July	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
August	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
September	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
October	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
November	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
December	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage

Save Cancel



Effective dating

Effective date fields Employee-Employee-ACA tab

Browse | EE Entry | Details | Address | W2 | Federal | Notes | HR | ACA | Documents | Mail Room | Self Serve

ACA

ACA Status*
Full Time

ACA Standard Hours
40.00

ACA Benefit
BCBS HMO

Lowest Cost Benefit
EE Only

ACA Policy Origin
A. Small Business Health Options Program (SHOP)

Benefits Eligible*
 Yes No

Safe Harbor Type*
None

Reporting

Form on File*
 Yes No

ACA Format*
Both

Form Type*
1095C

ACA History

ACA Coverage Offer
1C-MEC for EE and De

DOB
9/1/1986

Initial Measurement Period
10/2014 - 10/2015

ACA Relief Code
2C-Employee Enrolled in

Hire Date
1/1/2011

Term Date
Stability Period
11/2015 - 11/2016

2016 | ACA History

Month	ACA Coverage Offer	ACA Relief Code
January	1B-MEC for EE Only	2C-Employee Enrolled in Coverage
February	1B-MEC for EE Only	2C-Employee Enrolled in Coverage
March	1B-MEC for EE Only	2C-Employee Enrolled in Coverage
April	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
May	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
June	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
July	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
August	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
September	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
October	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
November	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage
December	1C-MEC for EE and Dependents Only	2C-Employee Enrolled in Coverage

Save Cancel



Effective dating

How to

ACA Status 

New Hire

ACA



Copy To...

Effective Period



Effective dating

How to Effective period editor

Effective Period

Begin Effective Date	End Effective Date	ACA Status
1/1/1900	12/30/9999	New Hire
10/7/2016	12/30/9999	Full Time

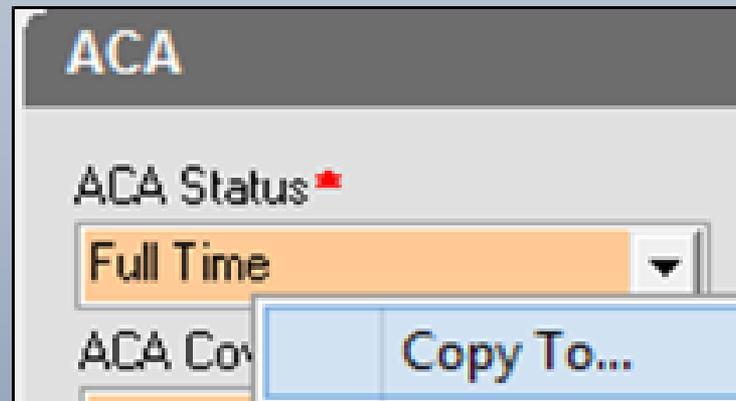
Begin Effective Date: 10/7/2016 End Effective Date: 12/30/9999 ACA Status: Full Time

Create Delete OK Cancel



Copy information to employees the Copy to feature

How to





Copy information to employees the Copy to feature

How to Employee Box

Employees

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

Begin Effective Date 1/ 1/2016



Step 3: Health Coverage Dependents For self-Funded plans

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

Browse | **Details** | Dependents & Beneficiaries | Assign Dependents | Assign Beneficiaries | Benefit Payment

Benefit Summary

Benefit Reference	Benefit Amount Type	E/D Code	E/D Description	Amount	EE Amount	ER Amount	EE %	ER %	Calc. Type	Reference	Amount Type
BCBS - Silver	Employee + Family			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

Benefits

Benefit Reference: BCBS - Silver
Effective Start Date: 1/1/2016
Effective End Date: 12/31/2016
Benefit Amount Type: Employee + Family
Payment/Deduction Frequency: Every Scheduled Pay
Enrollment Status: Active
Med Participant: Yes No
SS Disability: Yes No
Primary Care Physician:
Existing Patient: Yes No

Rates

Global Amounts

Based On	E/D Group	Premium Amount
Amount		300.00
EE Amount		100.00
ER Amount		200.00
COBRA Amount		

Individual Amounts

Based On	E/D Group	Premium Amount
Amount		
EE Amount		
ER Amount		
COBRA Amount		

COBRA

Qualifying Event:
Qualifying Event Date:
Elected: Yes No
Reason for Refusal:

Controls

Use CD Benefits: Company Benefit:
Switch to EE Benefit: EE Scheduled E/D:



Step 3: Health Coverage Dependents For self-Funded plans

B. Create the dependent Dependent & Beneficiaries Tab

Browse | Details | **Dependents & Beneficiaries** | Assign Dependents | Assign Beneficiaries | Benefit Payment

Dependent Summary

First Name	Last Name	Middle Initial	Gender	Social Security Number	Relation Type	Date Of Birth
Child	Bartlett		M	216-50-6510	C	9/3/2014

Dependent Details

Person Type: Dependent Beneficiary

Relation Type:

First Name: MI:

Last Name:

Address 1: Address 2:

City: State: Zip Code:

Date of Birth: SSN: Gender:

Primary Care Physician:

Existing Patient: Yes No

Full Time Student: Yes No



Step 3: Health Coverage Dependents For self-Funded plans

C. Assign the Dependent Assign Dependents Tab

Benefit Summary

Benefit Reference	Benefit amount type	Benefit Effective Date
BCBS - Silver	Employee + Family	1/1/2016

Available Dependents

First Name	Last Name	Relation Type
Sun	Kim	Child

Assigned Dependents

First Name	Last Name	Relation
Moon	Kim	C

Plan Dates

Begin Date	End Date
10/12/2016	12/31/2016

Begin Date: 10/12/2016 End Date: 12/31/2016



Questions or Comments

Got Questions?

Visit PayData's Resource Center:

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