



ACA Instruction Manual

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SECTION 1- INTRODUCTION TO THE AFFORDABLE CARE ACT

Background:

The Affordable Care Act requires certain employers to report health plan information and dependent-coverage information data to the IRS. The IRS will use this information to administer and regulate various aspects of the Affordable Care Act (ACA), including the individual shared responsibility payments and the employer shared responsibility payments.

Employer reporting is required in early 2017 for 2016 employer plan and participant coverage data. Reporting will be based on a calendar year regardless of the employers' plan year. Annual employee and participant statements must be provided annually to employee by **January 31st**, the same deadlines that apply for the W-2. Employer returns must be filed with the IRS by the last day of February (or March 31, if filed electronically).

Who is required to Report?

- An Applicable Large Employer (ALE) with 50 or more employees, including full-time equivalent employees. Only the full-time employees need to be reported.
- An employer that offers health coverage through a self-insured health plan must report regardless of the number of employees within the company.

Format of Reporting:

The format of reporting will be similar to that of the W-2 reporting. Employers will provide employees with a 1095 which will be reconciled by a 1094, similar to that of the W-2 and W-3 relationship. The exact form to be submitted will depend on a number of factors, the chart below helps to clarify which employers report using which forms;

	Applicable Large Employer Fully-Insured Plan	Applicable Large Employer Self-Funded Plan	Small Employer Self-Funded Plan
1095 - C	Part I - Employee & Employer Info Part II - Offer of Coverage (eligibility) Info (6056)	Part I - Employee & Employer Info Part II - Offer of Coverage (eligibility) Info (6056) Part III - Info on Covered Individuals (6055)	
1094 - C	Part I & II - Employer Info Part III - Monthly Employer & Plan Info (6056)	Part I & II - Employer Info Part III - Monthly Employer Plan Info (6056)	
1095-B		Self-Funded employers may optionally use 1095-B instead of the "C" forms to report covered "non-employees" (Retirees, COBRA, etc.) (6055)	Part I, II, III - Employer Info Part IV - Info on Covered Individuals (6055)
1094-B			Basic Employer Information (No plan or eligibility information required)

Acronyms

The chart below explains commonly used ACA reporting acronyms:

Acronym	Meaning
ACA	Affordable Care Act
ALE	Applicable Large Employer
FPL	Federal Poverty Level
FTE	Full Time Equivalent
LNAP	Limited Non Assessment Period
MEC	Minimum Essential Coverage
MV	Minimum Value Coverage

SECTION 2- BASICS OF REPORTING

Self-Insured and Fully Funded Health Plans

There are different reporting requirements for companies with self-insured and fully-funded plans. Determining the type of plan your company offers is essential to accurate reporting. PayData cannot advise on what type of plan you have, it is best you reach out to your plan administrator if you are unsure which type of plan your company sponsors. Below are definitions of Fully Funded and Self-Insured Plans.

Self-Insured: A self-insured group health plan (or a 'self-funded' plan as it is also called) is one in which the employer assumes the financial risk for providing health care benefits to its employees. In practical terms, self-insured employers pay for each out of pocket claim as they are incurred instead of paying a fixed premium to an insurance carrier, which is known as a fully-insured (fully funded) plan.

Fully Funded: A fully-insured health plan is the more traditional way to structure an employer-sponsored health plan. With a fully-insured health plan, the Company pays a premium to the insurance carrier. The premium rates are fixed for a year, based on the number of employees enrolled in the plan each month. The monthly premium only changes during the year if the number of enrolled employees in the plan changes. The insurance carrier collects the premiums and pays the health care claims based on the coverage benefits outlined in the policy purchased. The covered persons (eg: employees and dependents) are responsible to pay any deductible amounts or co-payments required for covered services under the policy.

Waiting – Measurement – Stability – Administrative Periods:

Waiting Period: A “waiting period” is any period of time that must pass before coverage becomes effective for a new employee or dependent who otherwise meets plan eligibility requirements. The ACA requires an employer to offer an eligible employee coverage that is effective by the 91st calendar day, including weekends and holidays. Employees that are hired as full-time will need to be offered coverage before the 91st day of employment. Employees that are determined to be Full-time through a measurement period are also subject to this requirement.

Measurement Periods: An employer determines each on-going employee’s full-time status by looking back at the “standard measurement period” (a defined time period between 3 and 12 consecutive calendar months, as chosen by the employer.) The employer has the flexibility to determine the months in which the standard measurement period starts and ends, provided

that the determination must be made on a uniform and consistent basis for all employees in the same category. If the employer determines that an employee averaged at least 30 hours per week during the “Standard Measurement” period, then the employer must treat the employee as Full-time during the subsequent “Stability Measurement” period.

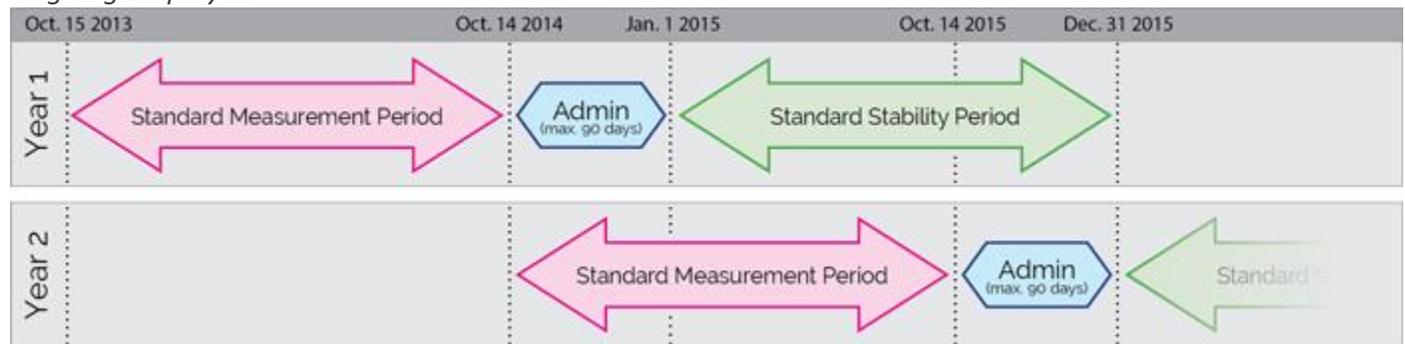
Example: Nancy worked an average of 30 hours per week during the 12 month “Standard Measurement” period. She is considered full-time for ACA purposes. During the subsequent “Standard Stability” period, Nancy drops below an average of 30 hours per week. She must remain a full-time employee for the entire length of the current “Standard Stability” period.

Stability Period: The stability period must be a period of at least six consecutive calendar months that is no shorter in duration than the standard measurement period used by the employer and that begins after the standard measurement period.

Administrative Period: Because employers may need time between the standard measurement period and the associated stability period to determine which ongoing employees are benefits-eligible, and to notify and enroll employees, an employer may set its standard measurement period to end before the associated stability period begins. This “administrative period” permits time to process administrative paperwork and enroll employees in benefit plans. However, any administrative period between the standard measurement period and the stability period may neither reduce nor lengthen the measurement period or the stability period. The administrative period following the 3-12 month standard measurement period may generally last up to 90 days. New employees, whose hours are unpredictable, such as seasonal or variable hour, will have their status determined by looking over a period of time called the “initial measurement period,” which can be 3-12 months. New employees hired “Full Time” will need to be offered insurance within the standard waiting period.

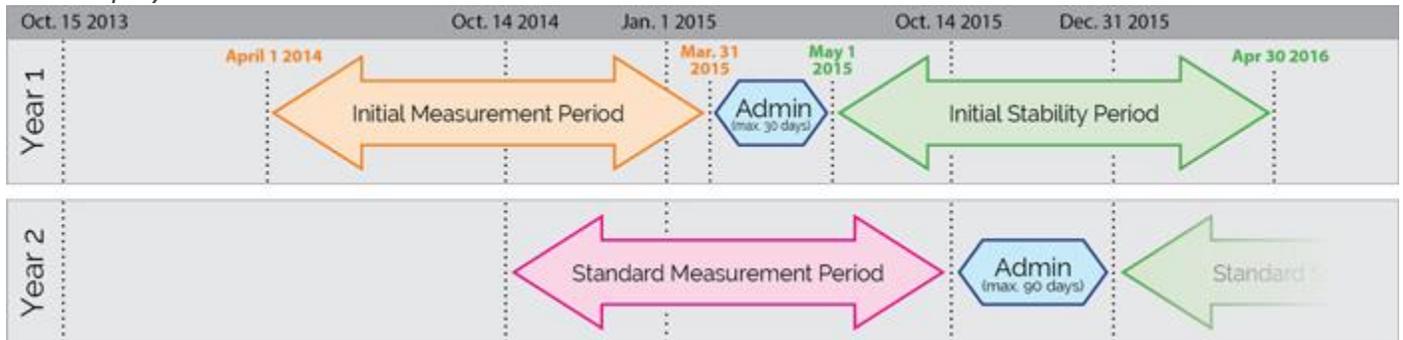
Measurement Period Safe Harbor Analysis Cycle

Ongoing Employee



This process will continue for all employees from year to year in order to determine which employees must be offered healthcare insurance during the next Standard Stability Period.

New Employee



New variable hour and seasonal employees are measured from the date of hire through the same number of months as the “Standard Measurement” period for exiting employees. For example the “Standard Measurement” period for existing employees is 12 months, for new hires their “Initial Measurement” period will begin on their start date and will last 12 months. This may overlap the dates of the existing employee’s “Standard Measurement” period.

PayData has reports available to assist in the interpretation of the results based on the company and employee settings. The ACA Eligibility Analysis Report (S2713) can be used to determine which employees are considered full time and should be offered benefits. The instructions for this report can be found later in this manual.

Certification Method:

Before completing the 1095-C the employer must first determine the correct certification method for their specific plan. In the 2016 reporting year the “Qualifying Offer Method Transition Relief” and “4980H Transition Relief” certification methods are no longer accepted by the IRS. *The information provided in this documentation is PayData’s interpretation of the regulations; please note that you are responsible for determining the report method that is best for your organization.

The available certification method choices are:

- a) The Qualifying Offer Method
- b) The 98% Offer Method
- c) Both Methods

Qualifying Offer Method (simplified reporting) Under this reporting method, the Federal Poverty level safe harbor is used to determine if you are eligible to report a “qualified offer”. The department of

Health and Human Services determines the federal poverty level, it can change year-to-year based on the cost of living adjustment. The single household size FPL is 11,770 in 2016. To report using the QOM you must offer insurance with a premium less and 9.5% of the single household size FPL. If you offer coverage to at least 95% full time employees and full time equivalents with the employee-only coverage offer being equal or less than 93.18/month or 9.5% of the federal poverty line you can use the QOM.

98% Method If you chose to use the 98% method, then you are indicating that you will offer an affordable insurance to 98% of full time employees. This affordability is determined by using either the rate of pay safe harbor or the W2 income safe harbor. Affordability can be calculated on an employee by employee basis. FLP safe harbor is typically used in conjunction with a qualifying offer method, but can also be used with the 98% method.

The ACA Affordability Report will help you in determining if the insurance you offer is affordable to your employees. The instructions for this report can be found later in this manual.

Aggregated ALE (ALE Group) Companies that share common ownership or are considered controlled groups under section 414 regulations are required to report as an ALE group. If multiple small employers that share ownership combined make up more than 50 FTE's then the companies within the ALE group should be reported under ACA regulations. The concept of controlled groups should not be confused with consolidations, companies may have separate EIN numbers and still be considered and ALE group. Ex. For-profit entities: Control is determined by looking at ownership interests, where one entity owns, directly or indirectly, a significant portion of one or more other entities, those entities may form a parent-subsidiary controlled group. When a small number of individuals own, directly or indirectly, a significant portion of two or more legal entities, those entities may form a brother-sister controlled group.

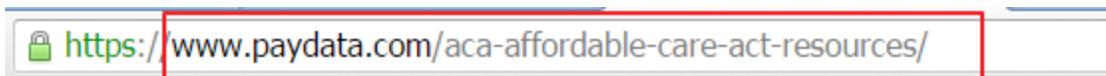
Miscellaneous Evolution Setting Options (Company > General > General Info ACA tab)

The screenshot shows the 'Affordable Care Act' configuration screen. At the top, it identifies the client as 'ACA1' and the company as 'ACA Testing Company'. A navigation bar includes options like 'Browse', 'Address/Calendar Setup', 'General Business', 'Payroll & Employees', 'Checks', 'Tax Reporting', 'Tax Defaults', 'Cash Management', 'WComp & Benefits', 'General Ledger', 'Payroll Products', and 'ACA'. The main configuration area is divided into several sections:

- Setup Defaults:** Standard ACA Hours (40.00), Default ACA Status (New Hire), Default ACA Annual Form (None).
- Education Organization:** Self Insured (Yes/No/Both), Administration Period.
- Initial Measurement Period:** From 2014 January To 2014 December.
- Stability Period:** From 2015 January To 2015 December.
- Average Hours:** Base Average on Processed Payrolls (Yes/No), Period to Use for Average Hours Worked (Weekly/Monthly).
- Additional Worked Earnings:** A dropdown menu.
- Reporting:** Control Group and ALE Group dropdowns.
- Certifications of Eligibility:** Two lists: 'Available Certifications of Eligibility' (A. Qualifying Offer Method, B. Qualifying Offer Method Transition Relief, C. Section 4980H Transition Relief) and 'Assigned Certifications of Eligibility' (D. 98% Offer Method). 'Add' and 'Remove' buttons are present between the lists.

See the table on the next page for an explanation of each of these fields and the options.

PayData must change these setting for you for security reasons, if you require changes to fields on this screen in evolution, please submit the ACA Reporting Service Authorization form available under the ACA resources Average page of the PayData website.



ACA Set-Up

[PayData Dependent Information Upload – ACA](#)

[ACA Reporting Service Authorization Form – 2016](#)

Company ACA Setting Options:

Field	Options	Functionality
ACA Services	<ul style="list-style-type: none"> • Yes • No 	Use to specify whether or not you offer ACA services to this company. For reporting purposes only.
Start Date/End Date	Enter the dates during which ACA services are/were offered	
Standard ACA Hours	Enter the default amount of Standard ACA Hours	Use this field to assign a default value for the Standard ACA Hours field for all new employees entered into Evolution. For special Time Off Accrual setups that use the normal Standard Hours field, you can use the ACA Standard Hours field to override the hours that show on the ACA Reports.
Default ACA Status	Enter the default ACA Status	Use this field to assign a default ACA status to all new employees entered into Evolution.
Default ACA Annual Form	Select the default form to be sent out to employees.	Specify whether the default form sent to new employees will be the 1095-B, 1095-C, or none.
Default ACA Coverage Offer	Select the applicable default ACA Coverage Offer Code	Assigns a default Offer of Coverage Code identifying standard health care coverage offered to employees, when an employee is created in Evolution
Default ACA Relief Code	Select the applicable default Relief Code	Assigns a default Relief Code, to describe transition relief as defined by the Affordable Care Act, that may be applicable to the employer, when an employee is created in Evolution
Safe Harbor Type Default	Select the applicable default Safe Harbor Type Code	Assigns a default Safe Harbor Code that describes the calculation the employer uses to determine affordability of employee contributions to the health care coverage offered by the employer.
Health Care Start Date	Date upon which health care coverage starts for employees	This field will be used in future functionality – This is in conjunction with the ACA Offer of Coverage field and the ACA Relief Code field on the Employee ACA tab, based on the date selected here.
Health Care Start Days	Number of days after their hire date upon which health care coverage starts for employees	Use this field if “# of Days after Date of Hire (DOH)” is selected in the Health care Start Date field dropdown list.

Field	Options	Functionality
Base Average on Processed Payrolls	<ul style="list-style-type: none"> • Yes • No 	<p><u>Yes</u> – (default) Evolution averages the number of hours (for either weeks or months) across the number of payrolls the employee was included in.</p> <p><i>Example: Myrtle’s Quilts has a 12-month measurement period and Mary was only included in 9 months’ worth of payrolls during that period. Evolution will total the hours worked in all of the payrolls in that 9 month period and divide them by 9.</i></p> <p><u>No</u> – Evolution averages the number of hours (for either weeks or months) based on how many weeks are in the measurement period regardless of how many payrolls in which the employee was included.</p> <p><i>Example: Myrtles Quilts has a 12 month measurement period. Robert was also included in only 9 months’ worth of payrolls, however, Evolution takes all of the hours worked for the entire measurement period (12 months) and calculates the average based on that.</i></p>
Period to use for Average Hours Worked	<ul style="list-style-type: none"> • Monthly • Weekly 	<p>Use this field to assign the period on which to base average hours.</p> <p><u>Monthly</u>: Average hours are calculated by dividing the total hours for the measurement period by the number of months in the measurement period.</p> <p><u>Weekly</u>: Average hours are calculated by dividing the total hours for the measurement period by the number of weeks in the measurement period. This option allows users to define E/D Code Groups to identify earnings that belong to the week, in the case of bi-weekly payrolls.</p>
Additional Worked Earnings	Pick list Menu	Select additional worked earnings to include, if applicable.
Educational Organization	<ul style="list-style-type: none"> • Yes • No 	<p>This field applies the ACA Rule of Parity during the ACA Scheduler Task. Educational organizations use a 52-week look back period to help determine when to apply the Return to Service rules, while all other companies use a 39-week look back period. For more information on the Rule of Parity, refer to the <i>Rule of Parity Report</i>.</p>

Determining Full time employees and FTEs

Full time employees and FTEs, for the purpose of ACA reporting, are defined as employees who work 30 hours or more in a week or 130 hours or more in a month. PayData has reports available to assist you in determining which employees are considered full-time based upon the hours worked.

The ACA FTE report can assist in determining which employees are considered Full-time equivalents. For specific instructions on this report please reference the “PayData’s Summary of ACA Determination Reporting” guide available on the PayData website or request a copy from your CSR. The ACA Eligibility Analysis report is also useful to determine which employees are considered full time for FTE’s based on the hours the employees has worked. There is a considerable amount of set-up required for the report to produce accurate results. Please see the compliance reporting section later in this manual for instruction.

SECTION 3- OVERVIEW OF THE 1094-C

Purpose of the Form

Employers with 50 or more full-time employees (including full-time equivalent employees) in the previous year use Forms 1094-C and 1095-C to report the information required under sections 6055 and 6056 about offers of health coverage and enrollment in health coverage for their employees. Form 1094-C must be used to report to the IRS summary information for each employer and to transmit Forms 1095-C to the IRS. Form 1095-C is used to report information about each employee.

In addition, Forms 1094-C and 1095-C are used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. 4980H allows some eligible employers transition relief in 2015. See the IRS instructions on forms 1094-C and 1095-C for more information.

Form 1095-C is also used in determining the eligibility of employees for the premium tax credit. Employers that offer employer-sponsored self-insured coverage also use Form 1095-C to report information to the IRS and to employees about individuals who have minimum essential coverage under the employer plan and therefore are not liable for the individual shared responsibility payment for the months that they are covered under the plan.

The 1094-C has four parts to be completed

Part I

The basic information including Employer, name, EIN, address and contact information is available in Evolution and will be populated from this data. You may verify for accuracy by navigating to the view-only fields in the “Client” and “Company” tabs of Evolution, please contact us in writing if something needs updating.

Part II

- Total number of 1095s filed
- Information about if the employer is part of an aggregated employer group.
- Certification by the employer that it meets transitional relief and is reporting the certification method chosen. There are two certification method choices for 2016:
 - A) **Qualifying Offer Method:** To be eligible to use the Qualifying Offer Method for reporting, the employer must certify that it made a Qualifying Offer to one or more of its full-time employees for all months during the year in which the employee was a full-time employee for whom an employer shared responsibility payment could apply. In other words, the employer is offering a plan for single (lowest cost) coverage with cost to the employee of 9.5% FPL (93.18/month for 2015) or less.
 - B) **98% Offer Method.** Check this box if the employer is eligible for and is using the 98% Offer Method. To be eligible to use the 98% Offer Method, an employer must certify that taking into account all months during which the individuals were employees of the employer and were not in a Limited Non-Assessment Period, the employer offered, affordable health coverage providing minimum value to at least 98% of its employees for whom it is filing a Form 1095-C employee statement, and offered minimum essential coverage to those employees’ dependents.

Note: Certification Method A and D are usually the ones used in most cases.

Part III and IV

Parts III and IV are used to report the employer information for each month of the calendar year to include information about aggregated ALE groups. If you feel that this information needs to be populated for your company, please contact PayData directly.

The purpose of this manual is to provide instructional information to properly fill in Evolution data fields related to the 1095-C. The 1094-C information is populated by completing the ACA Service Authorization form available on the PayData website. Additional information on the 1094-C can be located on the PayData and IRS websites.

SECTION 4- OVERVIEW OF THE 1095-C

1095-C Overview

Employers will be required to provide a 1095-C (or 1095-B see below where applicable) to any employee who was employed full-time for any month during the calendar year. A 1095-C must also be provided to any individual, regardless of employment status, who participated in a self-funded employer sponsored plan during the year.

- The 1095-C will be used by ALEs for all full-time employees and can be used for any non-full-time employee covered by an ALEs self-funded plan
- The 1095-B will be used to report for small employers (with less than 50 Full time employees or FTEs) who sponsored self-funded plans and covered non-employees (retirees, COBRA participants, non-employee board members, ext.).

This manual will focus on reporting for ALE's, therefore the 1095-C will be specifically discussed. More information is available about reporting using the 1095-B from the IRS; however, PayData can assist in the generation of these forms.

1095-C Parts

The 1095-C has three parts;

Part I- Basic EE information and ER information.

Part II- Report offers of coverage, employee contribution requirements and employer safe harbors (specific for each ER) for each calendar month.

Part III- Provides monthly details on the covered individual, their spouses and dependents covered by the plan during the calendar year.

Which Parts of the 1095-C are completed?

- ALE’s who sponsored a fully-insured plan must complete parts I & 2. These employers are NOT required to report dependent coverage information as this will be provided to the individuals by the carrier holding the fully insured plan.
- Applicable Large Employers who have self-funded plans are required to complete all parts (I, II and III) on the 1095-C.
- Applicable Large Employers who sponsor both fully-insured and self-funded plans are required to fill out parts I&II for all full-time employees, and to complete part III for only those employees covered by the self-insured plan.

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CORRECTED

OMB No. 1545-0047
2016

1095-C Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
 Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

Part I Employee (Applicable Large Employer Member (Employer))

1 Name of employee
 2 Social security number (SSN)
 3 Name of employer
 4 Employer identification number (EIN)
 5 Street address (including apartment no.)
 6 Street address (including room or suite no.)
 7 Contact telephone number
 8 City or town
 9 State or province
 10 Country and ZIP or foreign postal code
 11 City or town
 12 State or province
 13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage

14 Offer of Coverage (Enter 2-digit code)
 15 Contribution (see instructions)
 16 Plan Start Month (Enter 2-digit number)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14												
15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Number of covered individuals	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Insured Employers Only Fill out Part III

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cut No. 407056H Form 1095-C (2016)

Part I- Basic EE information and ER information

The majority of the information required on part one of the 1095-C is basic employee information already available in Evolution.

Part II- Report offers of coverage

Part two is the most difficult portion of the form to complete and may be challenging until a process for the ongoing maintenance of these fields is established (this will be discussed later). Lines 14 and 16 require ALE's to use specific codes to indicate what types of coverage may have been available to employees. This section is also used to report information for specific months where coverage may not apply, such as employee hire status, termination etc. Line 15 is used to report the lowest cost-coverage for those employers that do not have a qualifying offer.

Qualifying Offer of Coverage

Understanding this concept is perhaps the most important in preparing for ACA reporting. The IRS has defined a "qualifying offer of coverage" to be an offer of coverage with the cost to the employee being 9.5% or less of the federal poverty line. In 2015 and 2016, this dollar amount is 93.18 per month. A qualifying offer of insurance allows the employer to certify that they have a qualifying offer and skip reporting the dollar amount on line 15 of the 1095-C.

Line 14- Offer of Coverage

One of eight codes is used on line 14 to report, by month, the type of offer of coverage made to the employee. If only one code applies, the "12 month" box will be populated with the code. Line 14 is not used to indicate if the employee elected coverage, it is only used to signify an offer has been made. Below are the Series 1 codes that are used to populate line 14 of the 1095-C. The most common code selections are bolded.

TIP: An offer of coverage is only valid if it has been offered EVERY DAY of the month.

Series 1 Codes- Line 14

Code	Explanation
1A	Qualifying Offer: MEC providing MV offered to full-time employees with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least MEC offered to spouse and dependent(s).
1B	MEC providing MV offered to employees only.
1C	MEC providing MV offered to employee and at least MEC offered to dependent(s) (not spouse).
1D	MEC providing MV offered to employee and at least MEC offered to spouse (not dependent(s)).
1E	MEC providing MV offered to employee and at least MEC offered to dependent(s) and spouse.
1F	MEC NOT providing MV offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.
1G	Offer of coverage to employee who: <ul style="list-style-type: none">• Was not a full-time employee for any month of the calendar year and• Who enrolled in self-insured coverage for one or more months of the calendar year
1H	No offer of coverage: <ul style="list-style-type: none">• Employee not offered any health coverage or• Employee offered coverage that is not MEC
1I	Reserved. (Do not use)
1J	When an employee was offered coverage for all days of the month which: <ul style="list-style-type: none">• Provided minimum essential and minimum value to the employee, and• Provided at least minimum essential coverage to their spouse that was a conditional offer, but• Did not provide coverage to the dependents of the employee
1K	When an employee was offered coverage for all days of the month which: <ul style="list-style-type: none">• Provided minimum essential and minimum value to the employee, and• Provided at least minimum essential coverage to their spouse that was a conditional offer, but• Did provide coverage to the dependents of the employee

Line 15 on the 1095-C

If the employer offers minimum value coverage to the employee at a cost to the employee that is more than 9.5 FPL (93.18 for 2015) line 15 must be completed. Line 15 will ONLY be populated if Series 1 codes 1B, 1C, 1D, 1E, 1J, or 1K are selected. The amount for the employee's lowest cost-share is selected; this is not always the amount the employee is paying for a premium. Most often this will be the "single" option for the health plan. If series code 1A is entered on line 14, line 15 should be left blank.

Line 16 on the 1095-C

Employers can also use one of eight codes to report additional information about the employee's status on line 16 of the 1095-C. The purpose of line 16 is to provide the IRS with additional information that will help more accurately access the liability for the employer for a shared responsibility payment.

Line 16 will only be populated when one of the applicable series 2 codes applies. Therefore, unlike line 14, line 16 may be left blank for one or more calendar months. If an employee is offered coverage and chooses not to take the coverage, line 16 would be left blank.

TIP: Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer for each day of the month, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor)

Series 2 Codes- Line 16

Code	Explanation
2A	Employee not employed during the month
2B	Employee not full-time employee
2C	Employee enrolled in coverage offered
2D	Employee in a section 4980H(b) Limited Non-Assessment Period
2E	Multi-employer interim rule relief
2F	Section 4980H affordability Form W-2 safe harbor
2G	Section 4980H affordability federal poverty line safe harbor
2H	Section 4980H affordability rate of pay safe harbor
2I	Reserved. (Do not use)

Part III 1095-C

ALEs that have a self-insured plan must also provide the employee with the dependent information for those covered by the plan. Part III is NOT completed by employers with fully-funded plans. For each person covered by the plan the employer must populate the following data; Name, SSN (DOB if SSN is unavailable), Indication of whether or not the individual has coverage for any month in the year.

All employee family members that are covered individuals through the employee's enrollment (for example, because the employee elected family coverage) must be included on the same form as the employee (or individual to whom the offer was made). For example, if the employee is offered family coverage by his or her employer under a self-insured health plan and enrolls in the family coverage, the employee and the employee's family members that are covered under the plan must all be reported on Form 1095-C

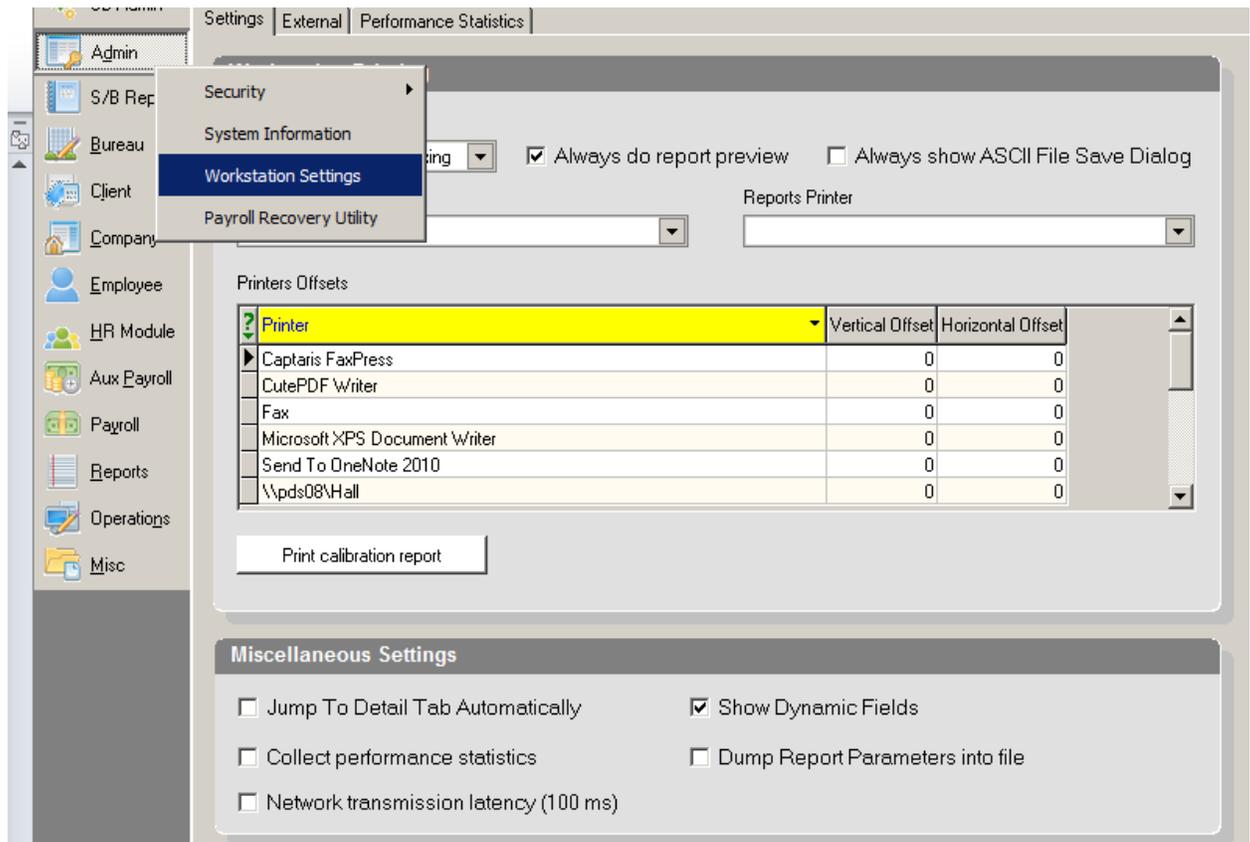
SECTION 5- EVOLUTION INSTRUCTIONS

After you have verified that you have enrolled in PayData’s ACA reporting service and determined the reporting method you have chosen it is time to begin entering the data into evolution so that it can be printed on the 1095-C.

Effective Dates

The 1095-C is extremely specific with regard to month-by-month reporting. It is important to be sure that you have your Evolution settings correct so that you can see which fields can be edited with effective dates. **Effective dates allow you to enter information with the correct date for when the change happened. If effective dates are not used, the 1095-C’s will not be correct.**

Effective dates allow for one field to report multiple selections throughout time. The effective date fields are salmon or orange in color, depending on your screen resolution. If you see these color fields you know your effective date option is turned on. If you do not see these color fields you should navigate to Admin > Workstation settings and put a check mark in the box for the “Show Dynamic Fields” option. Refresh evolution before you navigate back to Employee > ACA tab.



Benefit Tables

If you have chosen the 98% offer method to report, benefit tables must be created to report “lowest cost benefit” offering(s). If you are an employer offering Self-insured coverage the benefit tables are used to report coverage for employees and dependents.

To designate which plan is the lowest cost benefit to the employee offering minimum value coverage you navigate to Company > Benefits > Benefits, select the benefit name and click on the rates tab. In the “Description Detail” you will want to flip the radio for the “lowest cost plan” to “yes” on the plan(s) offered to your employees.

The screenshot displays the ACA Testing Company software interface. At the top, it shows 'CLIENT ACA1' and 'COMPANY ACA1'. The main navigation bar includes 'Browse', 'Details', 'Rates', and 'Enrollment'. The 'Rates' tab is active, showing a table of benefit rates as of 1/1/2015. The table lists various rate descriptions such as '2 Person', 'Family', and 'Single' with their respective EE and ER parts and COBRA amounts. Below the table, there are two detail panels: 'Description Detail' and 'Rate Detail'. The 'Description Detail' panel shows the selected 'Single' description and a radio button for 'Lowest Cost Plan' set to 'Yes'. The 'Rate Detail' panel shows the selected rate with fields for Amount, Percent, EE Part, ER Part, EE Ratio, ER Ratio, and COBRA Amount.

Rate Description	Max Dependents	Type (% or Amt)	EE Part	ER Part	COBRA Amount	E/D Group
2 Person		Amount	40	80		
2 Person W Buy Up		Amount	90	180		
Family		Amount	60	120		
Family W Buy Up		Amount	135	270		
Single		Amount	20	40		
Single (2)		Amount	27.5	40		
Single W Buy Up		Amount	45	90		

Description Detail

+ Create - Delete

Description *
Single

Lowest Cost Plan *
 Yes No

Rate Detail

Amount | Percent | + Create - Delete

Description *
Single

EE Part: 20.00 | EE Ratio: 33.33 | Amount: 60.00

Max Dependents: | Start Date: 1/1/2015 | End Date: 12/31/2015 | ER Part: 40.00 | ER Ratio: 66.67 | COBRA Amount: |

If you need benefit tables to be created or guidance changing the rates, please reference the “HR Mod with Updates” guide available on the PayData website or request a copy from your CSR.

Employee > ACA tab

The employee ACA tab is used to report employee-specific information about ACA status, offers of coverage, coverage and the lowest cost benefit to the employee. Reports and processes in Evolution utilize the ACA Status and ACA Standard Hours fields as well as the payroll hours to determine the appropriate status that an employee should be. In order for these to work correctly, it is important to ensure that the fields have the correct current status.

The screenshot shows the Employee ACA tab interface. The top navigation bar includes: Browse, EE Entry, Details, Address, W2, Federal, Notes, HR, ACA, Documents, and Self Serve.

ACA Section:

- ACA Status*: Full Time Ongoing
- ACA Standard Hours: [Empty]
- ACA Benefit: Medical
- Lowest Cost Benefit: Single
- ACA Policy Origin: B. Employer-Sponsored Coverage
- Benefits Eligible*: Yes No
- Safe Harbor Type*: None

Reporting Section:

- Form on File*: Yes No
- ACA Format*: Paper
- Form Type*: 1095C

ACA History Section:

- ACA Coverage Offer: 1E MEC for EE, Spouse
- DOB: 5/27/1933
- Initial Measurement Period: [Empty]
- ACA Relief Code: 2H Affordability Based
- Hire Date: 1/1/1963
- Term Date: [Empty]
- Stability Period: 11/2015 - 10/2015

ACA History Table (Year: 2016):

Month	ACA Cover...	ACA Relief...
-------	--------------	---------------

Buttons: Save, Cancel

ACA Status- Select the appropriate option from the drop down for each employee.

ACA Status	Definition
New Hire	Used before status is determined through initial measurement period.
Full-Time	A new employee who works an average of 30 hours or more per week or 130 hours per month.
Part-Time	A new employee who is reasonably expected at the employee's start date not to be a full-time employee (and who is not a variable hour employee or a seasonal employee). Works less than 30 hours a week or 130 hours per month, on average.
Does Not Apply	Employees to whom the ACA Status does not apply. <ul style="list-style-type: none"> • Volunteers • Student Workers • Members of Religious Orders
Variable Hour	A new employee who, at the start of employment, the employer cannot in good faith determine whether the individual is expected to average 30 hours of service per week or 130 hours per month during an initial measurement period.
Seasonal	A worker who performs labor or services on a seasonal basis, including (but not limited to) seasonal farm workers and retail workers employed exclusively during holiday seasons.
Seasonal < 120 days	A worker who performs labor or services on a seasonal basis, but does not exceed 120 days of service in a calendar year.
Full Time Ongoing	An employee who works an average of 30 hours or more per week and has completed the initial measurement and stability periods.
Part Time Ongoing	An employee who works less than 30 hours a week or 130 hours per month, on average and has already completed their initial measurement and stability periods.
Seasonal Ongoing	A worker who performs labor or services on a seasonal basis, including (but not limited to) seasonal farm workers and retail workers employed exclusively during holiday seasons. Has already completed initial measurement and stability periods.

ACA Coverage- This represents the series 1 codes and will populate on line 14 of the 1095-C. The appropriate code should be selected.

ACA Benefit and Lowest Cost Benefit- This is the Benefit and the Benefit level that represents the lowest cost benefit offered to the employee. This will populate on line 15 of the 1095-C.

Applicable sections 4980H- Represents the series 2 codes and will populate on line 16 of the 1095-C.

ACA Policy Origin- Used only on form 1095-B, the appropriate selection should be made from the list.

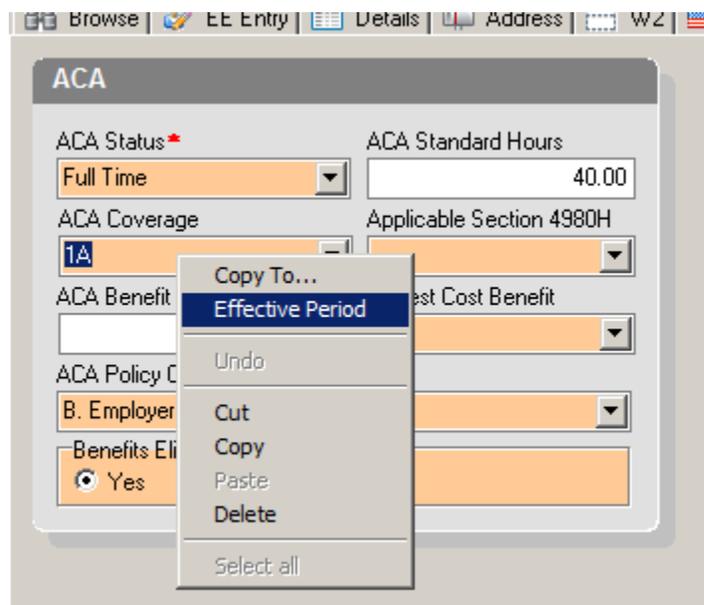
Entries in these fields must be done by month for the 1095-C. If a code is applicable for all days of all months an effective date of 1/1/2015 should be used so that the “all month” option on the 1095-C is selected.

ACA Format- The appropriate selection for full-time employees is paper

ACA Form Type- The appropriate selection should be 1095-C for full time employees, this field is the flag that a form should print.

Editing with Effective Dates

To use an effective date to edit any of these fields you should right click in the field to be changed and select “effective period”.



After clicking on “effective period” the effective date editor will open.

ACA History

ACA Coverage Offer: 1E-MEC for EE, Spouse
 ACA Relief Code: 2H-Affordability Based on Rate of Pay

DOB: 5/27/1933
 Hire Date: 1/1/1963
 Term Date:
 Initial Measurement Period:
 Stability Period: 11/2015 - 10/2015

2016 ACA History

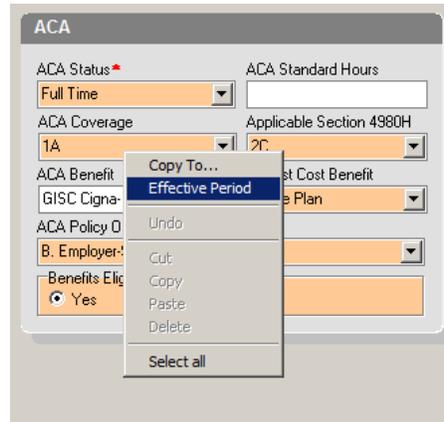
Month	ACA Coverage Offer	ACA Relief Code
January	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
February	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
March	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
April	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
May	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
June	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
July	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
August	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
September	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
October	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
November	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay
December	1E-MEC for EE, Spouse, and Dependents	2H-Affordability Based on Rate of Pay

Save Cancel

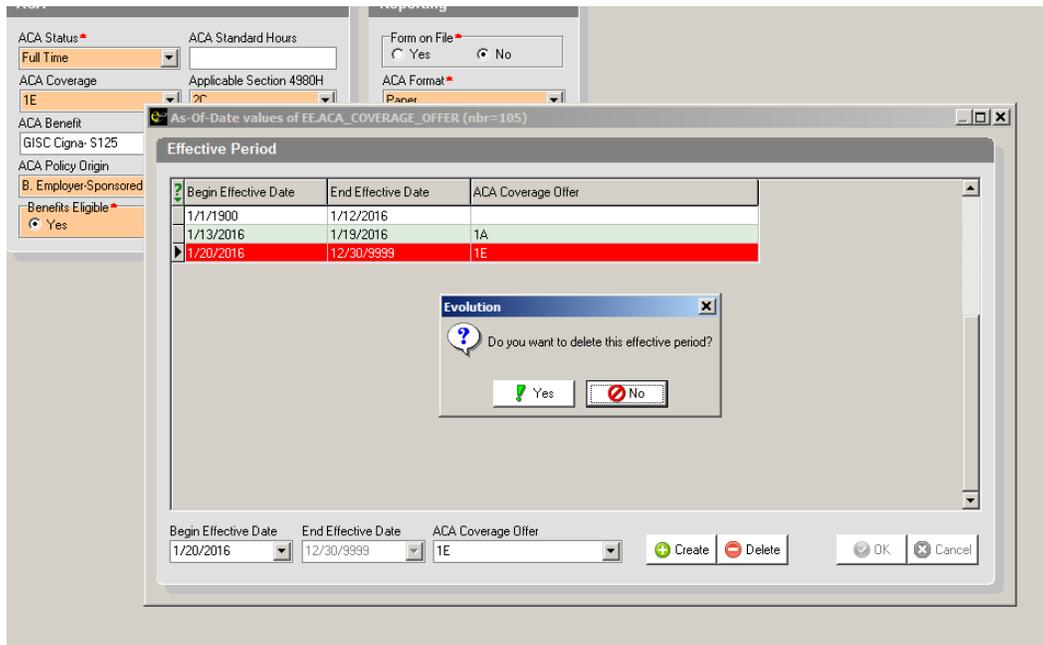
- 1) Click "ACA History"
- 2) The grid will populate with the values for Month, ACA Coverage and ACA Relief Code
- 3) To edit a value for a specific month, simply click on that field and a selection arrow will appear.
- 4) Click on the down arrow and select the new value.
- 5) Click SAVE to keep. Click Cancel to revert back to original values.

How to use the “COPY TO” function to change effective dates

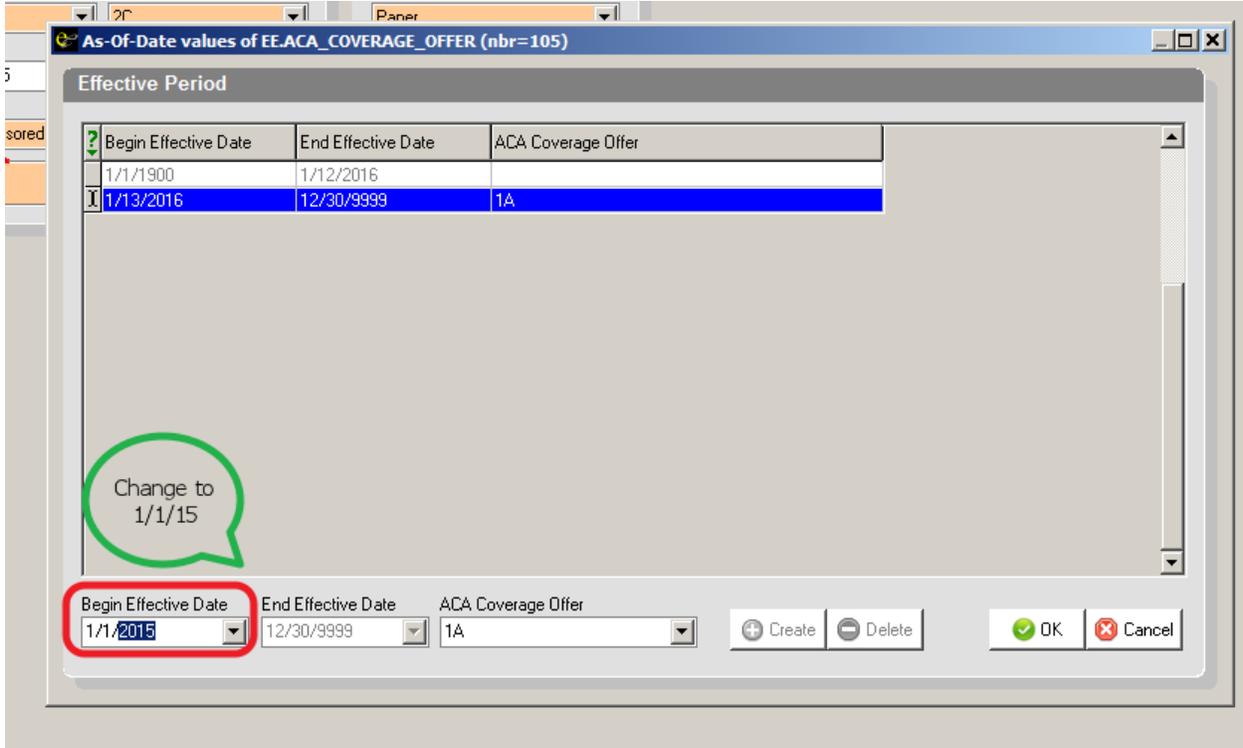
- 1) Right click in the field you wish to change, select “effective period”



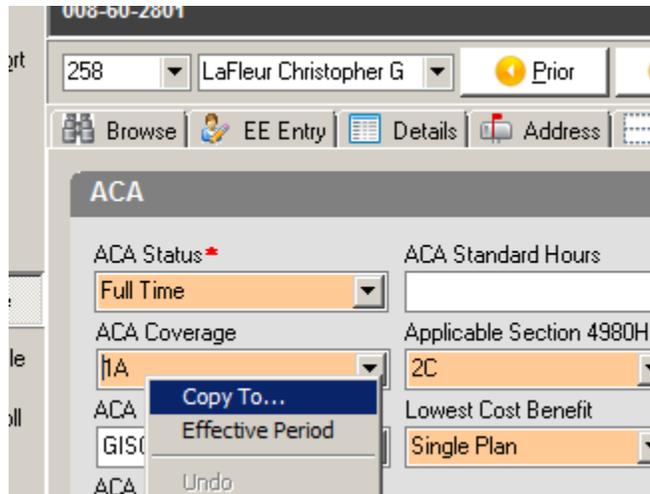
- 2) You will need to delete any records up until the first one that needs to be changed



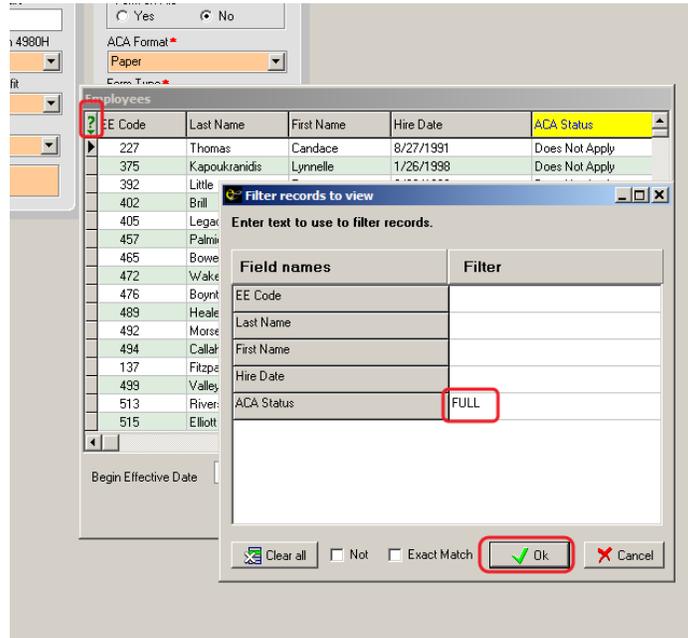
- 3) Change the effective date of the first record to 1/1/15, (or the applicable date) click “OK” to save.



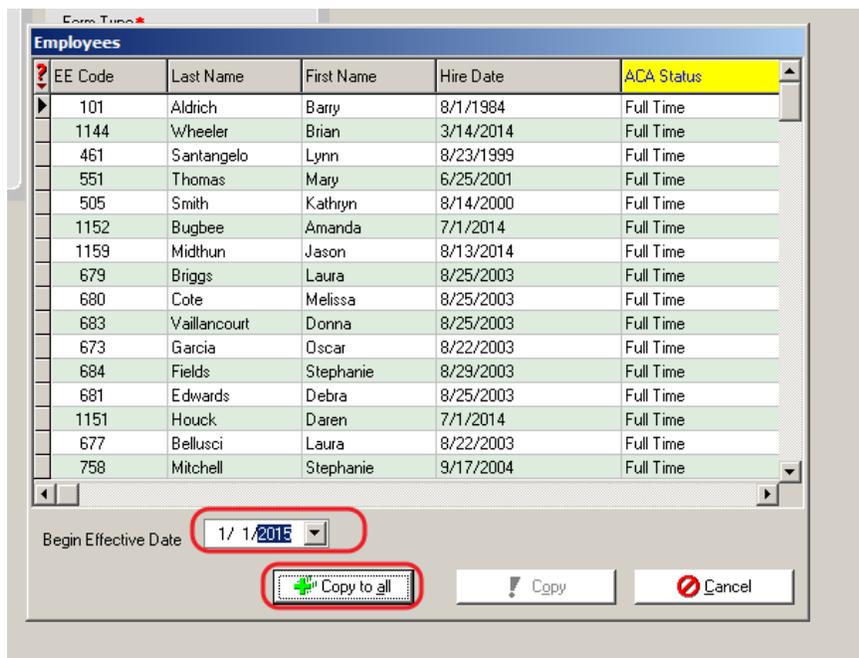
- 4) This change can be copied to your Full time employees by using the “COPY TO” function. Right click in the field that has the status you wish to copy and select “COPY TO”



- 5) Click on the ? in the upper left corner, when the filter come up type in some or all of the status you are looking for. Ex. “full” for “full time”



- 6) This will filter for only the full time employees, change the effective date to 1/1/16 you can now click “copy to all”. In this example, this would result in any employee with an ACA status of full time to have the “ACA coverage” field recoded as 1A with an effective date of 1/1/16



7) Continue on with the remaining effective dates and status using the same process.

As-Of-Date values of EE.ACA_COVERAGE_OFFER (nbr=105)

Effective Period

Begin Effective Date	End Effective Date	ACA Coverage Offer
1/1/1900	12/31/2014	
1/1/2015	12/30/9999	1A
* 7/1/2015	12/30/9999	1E

Begin Effective Date: 7/1/2015 End Effective Date: 12/30/9999 ACA Coverage Offer: 1E

+ Create - Delete OK Cancel

Self-Insured Plans Dependent Information

Employers that offer self-insured plans must report the dependent coverage information on part III of the 1095C.

These are the steps taken to populate dependent coverage information;

- 1) Plan detail information is pulled into the HR module from the benefit tables HR Module > Employee > Benefits, Details tab.

The screenshot shows the HR module interface for 'Reimbursement, Ronnie'. The 'Benefits, Details' tab is active. A 'Select Benefit Amount Type' dialog box is open, displaying a table of benefit options. Red arrows indicate the sequence of actions: clicking the 'create new record' icon, selecting 'BCBS' as the Benefit Reference, clicking the green table box, selecting a plan, clicking 'select', and finally clicking the green checkmark to save.

Benefit Name	Benefit Amount	Eff. Start Date	Eff. End Date	EE Amount	ER Amount	Cobra Amount
BCBS	Single	1/1/2015	12/31/2015	20.00	40.00	
BCBS	2 Person	1/1/2015	12/31/2015	40.00	80.00	
BCBS	Family	1/1/2015	12/31/2015	60.00	120.00	
BCBS	Single W Buy Up	1/1/2015	12/31/2015	45.00	90.00	
BCBS	2 Person W Buy Up	1/1/2015	12/31/2015	90.00	180.00	
BCBS	Family W Buy Up	1/1/2015	12/31/2015	135.00	270.00	
BCBS	Single (2)	1/1/2015	12/31/2015	27.50	40.00	

Click “create new record”, select the Benefit Reference, click on the green table box to select the option for the benefit amount type, click on the plan the employee is enrolled in, click “select”, then click the green check mark to save. If you are selecting a plan with a date range that has ended, you will need to click “show other years’ rates”.

- 2) Dependent information only needs to be populated for individuals covered by the plan. This information is populated in HR Module > Employee > Benefits, Dependents & Beneficiaries tab.

NOTE: PayData does have an excel spreadsheet available that can be used to enter this data and then can be imported by your CSR to the Dependent and Beneficiary fields. The spreadsheet is available on the PayData website under the Resource Center.

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

ACA Set-Up

[PayData Dependent Information Upload – ACA](#)

[ACA Reporting Service Authorization Form – 2016](#)

The screenshot displays the 'ACA Set-Up' interface. At the top, there are navigation buttons for 'Prior' and 'Next', and checkboxes for 'Only Active E/Ds' and 'Show HR Benefits Only'. Below this is a menu bar with options: 'Browse', 'Details', 'Dependents & Beneficiaries', 'Assign Dependents', 'Assign Beneficiaries', and 'Benefit Payment'. The main content area is divided into two sections: 'Dependent Summary' and 'Dependent Details'.

Dependent Summary

First Name	Last Name	Middle Initial	Gender	Social Security Number	Relation Type	Date Of Birth
Spouse	Spouse		F	000-00-0000	S	

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

Copy EE Address:

Click "Create" at the bottom, select the "dependent" radial, enter the relationship type, first and last name, enter the address (if the address is the same as the employee, the "Copy EE Address" button may be used), enter the SSN if the SSN is not available, enter the date of birth.

- 3) Assign the dependents to the plan and assign coverage dates. HR Module > Employee > Benefits, Assign Dependents tab.

The screenshot displays the 'Assign Dependents' interface. At the top, there are navigation buttons: 'Error', 'Next', and 'Benefit Payment'. Below this is a 'Benefit Summary' table with the following data:

Benefit Reference	Benefit amount type	Benefit Effective Date
BCBS	2 Person	1/1/2015

Below the summary are two panels: 'Available Dependents' and 'Assigned Dependents'. The 'Available Dependents' panel has columns for 'First Name', 'Last Name', and 'Relation Type'. The 'Assigned Dependents' panel has columns for 'First Name', 'Last Name', 'Relation Type', 'Begin Date', and 'End Date'. An 'Add' button is located between the panels, and a 'Remove' button is below it. A checkbox labeled 'Update ACA Dates' is visible in the bottom right corner of the main interface.

After the benefit has been pulled in on the employee, and the dependents have been entered, the plan will be available under “benefit summary” and the dependents will be listed under “available dependents” on the assign dependent tab. To assign the dependent to the plan you will need to click on the dependent name and then click the “Add” so that they move to the “assigned dependents” list.

If the dependent was not covered for the entire duration of the plan year (what is attached to the rate in the benefit table) you will want to put a check mark in the box for “update ACA dates” this will allow you to specify the coverage dates for that specific dependent. As always, be sure to save and commit your changes.

SECTION 6- OVERVIEW OF STEPS FOR ACA COMPLIANCE WITH PAYDATA

- Verify you have enrolled in EvoHR so that PayData can complete your ACA compliance reporting. Ask your CSR if you are not sure.
- To populate agree to PayData's ACA reporting service and verify your reporting selections, please fill out the ACA Reporting Service Authorization form. This is returned to PayData so that we may populate the Company > ACA tab.
- Be sure that you have entered a check in the box for "Show Dynamic Fields" in Evolution under Admin > Workstation settings
- If you have chosen a certification method that requires the reporting of minimum value coverage (not the qualifying offer method) benefit tables must be created to report "lowest cost benefit" offering. If you are an employer offering Self-insured coverage the benefit tables are used to report coverage for employees and dependents.
- Determine who are Full time employees and FTE's (this can be done using the ACA FTE report)
- For the Full time employees and FTE's you must prepare the Employee > ACA tab in evolution with effective dates.
- Clients with Self-insured plans must load dependent information and coverage in PayData's HR module.
- The 1095-C preview report should be used to audit entries.
- Continue to monitor FTE counts on a monthly basis to prepare for 2016 reporting. We would like to encourage clients to maintain the ACA status codes in routine employee maintenance throughout the year.

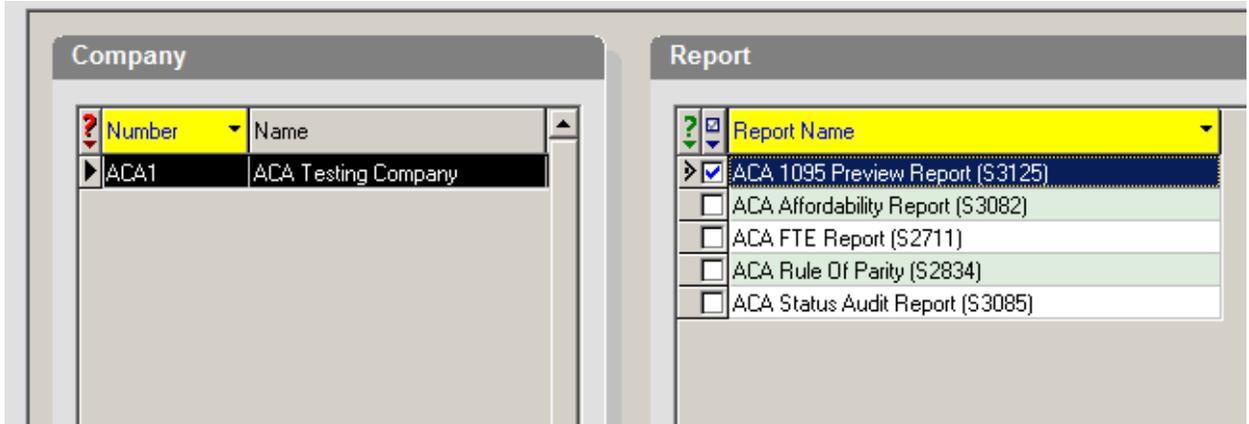
SECTION 7- ACA COMPLIANCE MANAGEMENT REPORTS

The 1095-C Preview Report

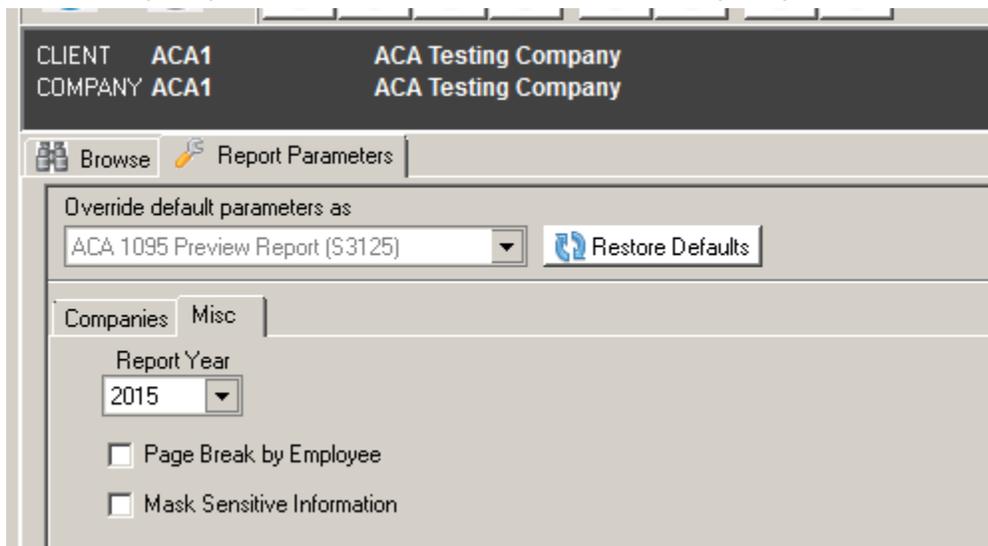
ACA 1095 Preview Report (S3125) is designed to display the information that will appear on the 1095 Form.

To run the report

1. Go to reports > Run reports
3. Select the ACA 1095 Preview Report (S3125) from the Report list on the right.



4. Click on the report parameters tab then misc. Select the report year



Page Break by Employee checkbox - select to display each employee on their own page(s).

- Mask Sensitive Information checkbox** - select to exclude sensitive information (i.e. SSN) from display on the report.
5. Click the **Run Report** button.

ACA Eligibility Analysis Report

Use the ACA Eligibility Analysis report to review the benefit eligibility of the employees in the company based on the ACA Regulations. This report displays employees as of a specific hire date and shows the ACA Status and the average hours worked per month/week during the Measurement Period. This will help to determine whether an employee meets the criteria to offer benefits.

ACA Eligibility Analysis Report (S2713)

The *ACA Eligibility Analysis Report (S2713)* is a company-level report designed to help companies analyze the eligibility of individual employees for employer-paid health insurance. Use this report by reviewing the Average Hours worked for employees as they move through their Initial and Secondary measurement Periods. At the end of their measurement period, employees that are averaging Full Time hours, 30 hours per week or 130 hours per month, should have their ACA Status updated to Full Time. Employees who do not reach this threshold should be updated to their appropriate ACA status as well

To use this report:

1. Go to **Reports – Run Reports**.
2. Select and open the company for which to run the report.
3. Select the *ACA Eligibility Analysis Report (S2713)*.
4. Click the **Report Parameters** tab.
5. Update the parameters on all applicable tabs.
6. Run the report and review the Hours for the employees.

The table below describes the recommended status updates to employees based on their current ACA Status and the **Average Hours** they worked during the **Measurement Period**.

Status during Initial Measurement Period	Average hours during Initial Measurement Period	New Status for Stability Period
New Hire	>=130/Month OR >=30/Week	Full-Time
	<130/Month OR <30/Week	Part-Time
Part-Time	>=130/Month OR >=30/Week	Part-Time
	<130/Month OR <30/Week	Part-Time
Part-Time Ongoing	>=130/Month OR >=30/Week	No Change
	<130/Month OR <30/Week	No Change
Full Time	>=130/Month OR >=30/Week	Full-Time Ongoing
	<130/Month OR <30/Week	Full-Time
Full Time Ongoing	>=130/Month OR >=30/Week	No Change
	<130/Month OR <30/Week	No Change (If a break in service occurs, re-status as New Hire)
Variable	>=130/Month OR >=30/Week	Full-Time
	<130/Month OR <30/Week	Part-Time
Seasonal	>=130/Month OR >=30/Week	Full-Time
	<130/Month OR <30/Week	Part-Time
Seasonal <120 days	N/A	N/A
	N/A	N/A
Does Not Apply	N/A	N/A
	N/A	N/A

Report Parameters

Tab	Parameter	Function
Misc. Tab	Additional Worked Earnings	Select additional worked earnings to include, if applicable.
Misc. Tab	Base Average on Processed Payrolls	When selected, the Average Hours Per Month/Week column of the report reflects the average hours based on the number of months/weeks in which payrolls included hours for that employee during the Measurement period. When not selected, the Average Hours per Month/Week column reflects the average hours the employee worked across <i>all</i> months/weeks in the measurement period, regardless of whether the employee worked payrolls during each month or week.
Misc. Tab	Include Totals	The report includes a total employee and total hours count.
Misc. Tab	Show Terminated Employees	Display employees who have been terminated.
Misc. Tab	Excel File	Generate report as an Excel file.
DBDT Filter	DBDT Filter	Select D/B/D/T level, if applicable.
Job Filter	Job Filter	Select Job(s), if applicable.
Home State Filter	Home State Filter	Select the home state for which to run the report. More than one may be selected if multiple home states exist.
Union Filter	Union Filter	Select union(s), if applicable.

Tab	Parameter	Function
Month Range	Override Company Measurement and Stability Periods	Selecting this field allows the user to enter a new measurement and stability period when running this report. When not selected, the report will use the measurement and stability period found on the Company – General – Company Info – ACA Tab by default.
Month Range	Measurement Period	The measurement period that an employer chooses to apply to ongoing employees to determine their full-time status is referred to as the standard measurement period. <i>*This report uses the periods found on the Company – General – Company Info – ACA Tab by default.</i>
Month Range	Stability Period	The amount of time for which the employer owes benefits to the employee once s/he is determined to be full-time. <i>*This report uses the periods found on the Company – General – Company Info – ACA Tab by default.</i>
Month Range	Date of Hire	Hire date range of the employees that will be included in the report.
Misc. Tab	Grouping and Sorting	Grouping and sorting options for the report.
Misc. Tab	Show Employees	Select Hourly, Salary, or Both to display on the report. Salaried employees that are not full-time must have hours entered into the payroll using a memo E/D Code.
Misc. Tab	Period of Average Hours	The period on which to base average hours. Month: Average hours are calculated by dividing the total hours for the measurement period by the number of months in the measurement period. Week: Average hours are calculated by dividing the total hours for the measurement period by the number of weeks in the measurement period. <i>*This option allows users to define E/D Code Groups to identify earnings that belong to the week, in the case of bi-weekly payrolls.</i>

Report Results

Column	Description
Employee Name	Displays the employee's name and social security number.
Custom Number	Displays the employee number.
Date of Hire	Displays the date in the Employee –Employee – EE Entry – Current Hire Date field
Age	Displays the employee's age as of the date the report is generated. <i>If an employee's age is either less than 25 years old or over 64 it is displayed in bold. This identifies employees who may not need their own insurance (i.e. employees over age 64 must enroll in Medicare, and employees who are age 26 and under can stay on their parent's plan). If the employee's age is 25 or 64 it is underlined. This indicates an employee that will soon experience a change to healthcare-related requirements on their next birthday (i.e. Bob is 25; his healthcare requirements will change on his next birthday).</i>
Hire Status	Displays the hire status based on the Measurement Period. Ongoing: Employees whose hire date is prior to the Measurement Period. New Hire: Employees whose hire date is within the Measurement Period.
ACA Status	Displays the ACA Status from the Employee –Employee – EE Entry – ACA Status field.
Division/Branch/ Department/ Team/Job	Displays the D/B/D/T information for the employee.
Union	Displays the union information for the employee.
Salary Employee	Salary employees display Yes . Hourly employees display No .
Home State	Displays the home state for the employee.
Hours	Displays the number of hours paid to the employee in payrolls that occur during the Measurement Period.
Average Hours per Month/Week	Month: Displays the number of hours from the Hours column divided by the number of months in the Measurement Period.* Week: Displays the number of hours from the Hours column divided by the number of weeks in the Measurement Period.* *If the option Base Average on Processed Payrolls is selected, the number of hours is divided by the number of Weeks/Months in the measurement period that the employee was included in payroll hours.

ACA Affordability Report (S3082)

The *ACA Affordability Report (S3082)* was created to determine whether the health care plan a company offers its employees is affordable, according to the 9.5% Rule for Affordable Health Care. The report compares employees' monthly wages/yearly income against the cost of the lowest cost employee-only medical benefit rate.

Parameter	Reference Information
Detail Sort	specify how the results should be sorted; by employee code, employee last name, or ACA status
Benefit	select the benefit to be determined as affordable
Calculation Method	select the calculation method to use when running the report <u>Earned Income (W-2)</u> - based on the employee's income earned for the selected period <u>Hourly Rate</u> - based on the employee's monthly rate (the hourly rate multiplied by 130)
Date Range	select the date range within which the company benefit is available
Benefit Rate	the EE only rate is the default - select the rate for the benefit tier selected (for example EE + Family)
Use Primary Pay Rate Checkbox	default is to use the primary rate for calculations - unselect if another rate is to be used instead
Show Affordability Issues checkbox	unselected is the default - select to have a column that identifies which employees' benefits exceed the 9.5%, thus being identified as not affordable.
CSV Output checkbox	Select to export results to CSV format.