

ACA Employer Reporting – Monthly File, Fully Insured

Technical Specification

INTRODUCTION

Audience of Document

The intended audiences of this document are: Employers and Employers' eligibility vendor and/or HRIS manager, Implementation, Technology, Quality Assurance, and Operations.

Purpose of Document

This document defines the Monthly File specification that will be used by all employers/clients to support TASC ACA Reporting.

Document Revisions

| Document | Date | Version |
|------------------|----------------|---------|
| Document Version | March 21, 2016 | 1.3 |

MONTHLY FILE DETAILS

Testing Requirements

TASC requires that test files be sent on all new implementations or during any change in file transmission. These test files are used to ensure the information you have included in the specification meets the criteria listed in this document and to insure compatibility with our automated systems.

Who to include on Monthly Files

- A full file should be sent each month that includes all benefit eligible employees.
- Terminated employees or those that reduce hours and no longer considered FTE should remain on the file for the duration of the calendar year.
****Once an employee is reported on a monthly file, they must be included on all subsequent files for the calendar year.**

When to send Historical Monthly Files

If you are starting this product other than the first calendar day of the year, TASC requires the Historical Monthly File to be completed and uploaded for each previous calendar month of the year (e.g. Client initiates product December 1, 2016, we will need historical data for each month from January 1, 2016 – November 30, 2016). Historical data file can be one file with all previous months (all listed on the first sheet/tab within the excel document **not separate tabs*) or we can accept a separate file for each month.

When to send Ongoing Monthly Files

- Files are due no sooner than the last day of a given month and no later than the 5th of the following month.
 *See December deadlines below.
- **December Monthly Data** must be submitted to TASC no later than December 15. However, if your employees' benefits cease on the date of termination rather than the end of the month following date of termination, your December monthly data is due to TASC no later than January 5.

FILE TRANSMISSION DETAILS

How to Send Files to TASC (Test and Production)

Please follow the information below for transmitting files to TASC:

- Upload files via MyTASC Log in (<https://www.tasconline.com>)
- Click on the File Management tab and select TASC ACA Employer Reporting from the dropdown.
 - Historical monthly for all months prior to the current month (you will typically select this for your test files)
 - Monthly for the most current month.

FILE SPECIFICATION DETAILS

File Name

Production Files

File names are case sensitive and should follow the format: 12 digit TASC ID_File Type (Monthly)_Date (YYYY-MM-DD).xls without any spaces. *Please use the last day of the month that is being reported in the date field.

Example of historical Monthly File: 4444-5555-6666_ACAHMO_2015-06-30

Example of current Monthly File: 4444-5555-6666_ACAMO_2015-06-30

Test Files

Test files follow the same rules as production files with the addition of "-TEST" appended to the end of the file name and before the extension. Example: 4444-5555-6666_ACAMO_2015-06-30-TEST

File Saving

- All file data must be provided within the first sheet/tab within the excel document. Data provided in any other sheet/tab will not be read and/or processed.
- TASC has provided the column and formatting requirements needed in the Monthly File. In Excel, these columns and formatting requirements need to be set up exactly as outlined in this specification.
- All information should be sent to TASC using .xls or .xlsx format unless otherwise notified.
- In the event that a .csv file is requested, please take care to remove commas from any data field within the file.

Monthly File

The first row contains the column header names as they appear in the file template; **DO NOT REMOVE AND/OR ALTER THIS ROW.** Doing so will cause the file to fail/error out. The data in **red** is the only data allowed in these fields.

| Field Name | Description and values | Column | Format | Maximum Length | Required |
|------------------|---|--------|--------------|----------------|----------|
| EMPLOYER TASC ID | Employer's TASC ID (to be assigned by TASC) (Ex. 4000-1111-2222 *dashes required) | A | Alphanumeric | 14 | Yes |
| EE FIRST NAME | Employee first name | B | Text | 70 | Yes |
| MI | Employee middle initial | C | Text | 1 | No |
| EE LAST NAME | Employee last name | D | Text | 70 | Yes |
| SSN | Employee SSN (NO DASHES) | E | Numeric | 9 | Yes |
| E-MAIL ADDRESS | Do NOT include employee email address if you have not received written "Affirmative Consent" to receive statement electronically from the employee? | F | Text | 70 | No |
| ADDRESS 1 | Employee address line 1 | G | Alphanumeric | 100 | Yes |
| ADDRESS 2 | Employee address line 2 | H | Alphanumeric | 100 | No |
| CITY | Employee city | I | Text | 40 | Yes |
| STATE | Employee state | J | Text | 2 | Yes |
| PROVINCE | Employee province (Ex. Quebec) | K | Text | 30 | No |
| ZIP | Employee postal code (no extension) | L | Text | 5 | Yes |
| COUNTRY | Country (if blank, USA is assumed) | M | Text | 20 | No |

| Field Name | Description (and values) | Column | Format | Maximum Length | Required |
|-------------------|--|--------|--------------|----------------|----------|
| REPORTING MONTH | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 | N | Numeric | 2 | Yes |
| REPORTING YEAR | Ex. 2016 | O | Numeric | 4 | Yes |
| EMPLOYEE SHARE | No dollar signs or commas (currency w/ decimal). Ex. 83.12 This is the employee contribution for the lowest cost employee only coverage offered under your Plan, even if no one has elected that option. This amount (a) is the same for all employees submitted within a particular benefits class, (b) is not the amount paid by any one employee, and (c) may change during the calendar year. (i.e., your Plan Year is not a calendar year and you adjust employee contributions at open enrollment. *Even if blank/zero, 0.00 must be populated in the file | P | Numeric | 6 | Yes |
| 4980H SAFE HARBOR | See Appendix A 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H | Q | Alphanumeric | 2 | No |
| OFFER OF COVERAGE | See Appendix B 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K | R | Alphanumeric | 2 | Yes |

APPENDIX

A: 4980H Safe Harbor

2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H

Enter the applicable code below, if any, for a month in which one of the following situations applied to the employee:

- the employee was not employed or was not an FTE;
- the employee enrolled in the MEC offered;
- the employee is in a Limited Non-Assessment Period; or,
- any affordability safe harbors with respect to this employee.

In some circumstances more than one situation applies to the same employee in the same month. (For example, an employee could be enrolled in health coverage for a particular month in which he/she is not an FTE.) Nevertheless, you may use only one code for a particular calendar month. For any month in which an employee enrolled in MEC, enter Code 2C Reporting Enrollment instead of any other code that could also apply. For an employee who did not enroll in health coverage, specific ordering rules provided below. Remember, these codes excuse you from a 4980H(b) Penalty.

2A. Employee not employed during the month. Enter Code 2A if the employee was not employed on any day of the calendar month. Do not use Code 2A for any month in which the individual was an employee on any day of that calendar month. Do not use Code 2A for any month in which an employee terminates employment with the employer.

2B. Employee not an FTE. Enter Code 2B if the employee is not an FTE for the month and did not enroll in minimum essential coverage, if offered for the month. Also enter Code 2B if the employee is an FTE for the month and his/her offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month. (In sum, the offer of coverage or actual coverage would have continued if the employee had not terminated employment during the month.)

2C. Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled in health coverage offered by the employer, regardless of whether any other code in Code Series 2 might also apply. This is the most common code used for ongoing FTES who remain covered under your Plan.

2D. Enter Code 2D for an employee in a Limited Non-Assessment Period. There are 6 “Limited Non-Assessment Periods” to consider:

- 1) An employer’s first year as an ALE, see the ACA Employer Reporting Manual, “Are you a New ALE?” content for details on the transition relief and whether you qualify to enter this code for any month.
- 2) An employer who uses the Monthly Measurement Period uses Code 2D for the first three full calendar months following the first month an employee becomes eligible for an offer of MV affordable coverage. This applies only to the first time an employee is eligible for an offer of coverage during his/her employment.
- 3) For a new FTE (not a seasonal employee), if you use the Look Back Measurement Period enter Code 2D for the three-month period beginning with the first day of the first full calendar month of employment if, for the calendar month in which the employee is otherwise eligible for an offer of coverage under your group health plan, and the employee will be offered coverage no later than the first day of the fourth full calendar month of employment if the employee is still employed on that day. This is the most common code entered for an FTE who is in a Plan’s waiting period.
- 4) Employees determined to be employed on average at least 30 hours of service per week. Use Code 2D with respect to a new variable hour, new seasonal, or new part-time employee who has averaged at least 30 hours per week during any month that falls within his/her initial measurement period, and the initial administrative period, provided that the employee is offered MV affordable coverage no later than the first day of the associated stability period if the employee is still employed on that day
- 5) Change in employment status during the initial measurement period. Enter Code 2D when a new variable hour, new seasonal, or new part-time employee experiences a change in employment status to become an FTE before the end of the initial measurement period. Enter the code for any month before the fourth full calendar month following the change in employment status.
- 6) Use Code 2D for any month in which coverage was not provided the entire month because the employee’s start and/or termination of employment date is not the first day of the month.

Note: If an employee is in an initial measurement period, enter Code 2D (employee in a Limited Non-Assessment Period) for the month, and not Code 2B (employee not an FTE).

2E. Enter Code 2E for any month in which an FTE is covered under a group health plan required by a collectively bargained agreement or appropriate related participation agreement, when you as the employer make a contribution to the coverage on behalf of the FTE. By entering this code, your contribution to the coverage will be considered an “offer” under the ACA.

2F. Section 4980H Affordability Form W-2 Safe Harbor. Enter Code 2F if you used the W-2 Safe Harbor to determine affordability. See the ACA Employer Reporting Manual, “Is your Plan Affordable?” content for detail regarding this requirement and the safe harbors available.

2G. Section 4980H Affordability Federal Poverty Line Safe Harbor. Enter Code 2G if you used the Section 4980H Federal Poverty Line Safe Harbor to determine affordability. See the ACA Employer Reporting Manual, “Is your Plan Affordable?” content for detail regarding this requirement and the safe harbors available.

2H. Section 4980H Affordability Rate of Pay Safe Harbor. Enter Code 2H if you used the Rate of Pay Safe Harbor to determine affordability. See the ACA Employer Reporting Manual, “Is your Plan Affordable?” content for detail regarding this requirement and the safe harbors available.

B: Offer of Coverage

1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K

Use the Offer of Coverage Codes to report whether an offer of coverage was made to an employee for each month of the year, and if so what type of coverage was provided. An Offer of Coverage is considered to have been made for a month only if the coverage would be provided for every day of that month.

Enter the appropriate code for each employee for each monthly submission.

- 1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to FTE with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).
- 1B.** Minimum essential coverage providing minimum value offered to employee only.
- 1C.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).
- 1D.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).
- 1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.
- 1F.** Minimum essential coverage NOT providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.
- 1G.** Offer of coverage to employee who was not an FTE for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year. An employer who sponsors a self-insured health plan may report enrollment information for individuals who were not employees on any day of the calendar year by entering Code 1G for all twelve months. Such individuals might include a non-employee director, a terminated employee receiving COBRA coverage who terminated employment in a previous calendar year, a retired employee who terminated employment in a previous calendar year, or a family member (including a surviving spouse or dependent) of such an individual if the family member is receiving coverage independent of the individual, such as a surviving spouse of a retiree who is enrolled in the Plan because the retiree elected self plus spousal coverage.
- 1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage). For the first month of employment, report that the employee was not offered coverage for that first month by entering Code 1H (unless the offer of coverage extended to every day of that month). For example, a newly-hired employee starts employment on the 10th day of a calendar month, and accepts the offer of coverage, to begin on the 10th day of the next calendar month; you must indicate that the employee was not offered coverage for that first month. If an employee terminates employment on any day other than the last day of a month and the coverage or offer of coverage expires upon termination of employment, enter Code 1H to report that the employee was not offered coverage for that final month of employment.
- 1J.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s). A conditional offer is an offer of coverage that is subject to one or more reasonable, objective conditions (for example, an offer to cover an employee's spouse only if the spouse is not eligible for coverage under Medicare or a group health plan sponsored by another employer).
- 1K.** Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse. A conditional offer is an offer of coverage that is subject to one or more reasonable, objective conditions (for example, an offer to cover an employee's spouse only if the spouse is not eligible for coverage under Medicare or a group health plan sponsored by another employer).

HOW TO REPORT EXISTING OFFER OF COVERAGE

Qualifying Health Plan is offered and covers up to (*most common):

- a. Employee Only (meets MEC and MV)- Use Offer of Coverage Code **1B, lowest cost employee-only premium** Employee Share
- b. Employee (meets MEC and MV) and MEC to dependents (not spouse)- Use Offer of Coverage Code **1C, lowest cost employee -only premium** Employee Share
- c. Employee (meets MEC and MV) and MEC to spouse (not dependents)- Use Offer of Coverage Code **1D, lowest cost employee -only premium** Employee Share
- d. Employee (meets MEC and MV) and MEC to family – Use Offer of Coverage Code **1E, lowest cost employee -only premium** Employee Share*
- e. Employee (meets MEC and MV) and MEC to family AND employee share for lowest cost **employee** -only coverage is \$95.63 or less (2016)- Use Offer of Coverage Code **1A, 0** Employee Share.
- f. Non-Employee (COBRA and Retirees that were **not** a FTE for any month of current calendar year) **ENROLLED** in coverage, Use Offer of Coverage Code **1G, 0** Employee Share, **Blank** 4980H Safe Harbor.

Next, determine what 4980H Safe Harbor Code to use (*most common):

- a. Employee **Enrolled** in offered health plan coverage- Use 4980H Safe Harbor Code **2C***
- b. Employee **Waived** offered health plan coverage, and you use;
 - I. W-2 Affordability Safe Harbor- Use 4980H Safe Harbor Code **2F**
 - II. Federal Poverty Line Safe Harbor- Use 4980H Safe Harbor Code **2G**
 - III. Rate of Pay Safe Harbor- Use 4980H Safe Harbor Code **2H**
 - IV. Coverage is Not Affordable – Leave 4980H Safe Harbor Code **Blank**

HOW TO REPORT EMPLOYEES IN NEW HIRE WAITING/ELIGIBILITY PERIOD OR IN INITIAL MEASUREMENT/ADMIN PERIOD

Use **1H** Offer of Coverage Code and **2D** 4980H Safe Harbor Code, **0** Employee Share

Examples applicable to when you'd apply these codes:

1. Employee hired March 15 and eligible for coverage first of the month following 60 days. For March, April, and May, you'd use **1H, 2D**.
2. Employee hired March 15 and eligible for coverage on date of hire. For March only, you'd use 1H, 2D.
3. Part time/Variable hour Employee in Initial Measurement Period January through June with July Admin Period. The Employee did average at least 130 hours in initial measurement period and must be offered coverage through Stability Period. You'd report this employee January through July as **1H, 2D**; and August through December codes would be updated to reflect offer and acceptance, such as **1E, 2C**.

HOW TO REPORT TERMINATED EMPLOYEES

Does your coverage extend through month of termination?

If Yes, you'd use **1H, 2A, 0** Employee Share starting the month FOLLOWING month of termination. Continue to use these codes through remainder of calendar year even if individual enrolls in COBRA. If individual enrolls in COBRA, you would provide 'Y' on spreadsheet in column 'If Self-Ins-EE covered'.

If No, you'd use **1H, 2B, 0** Employee Share in month of termination; then 1H, 2A FOLLOWING months after termination. Continue to use these codes through remainder of calendar year even if individual enrolls in COBRA. If individual enrolls in COBRA, you would provide 'Y' on spreadsheet in column 'If Self-Ins-EE covered'.

HOW TO REPORT UNION EMPLOYEES WHERE YOU CONTRIBUTE TO PLAN ON BEHALF OF EMPLOYEE

Use **1H, 2E, 0** Employee Share