

# ACA Reporting – Year-end Self-Insured File

## 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 Variable File specification that will be used by all employers/clients to support TASC ACA Reporting.

#### *Document Revisions*

Document	Date	Version
Document Version	January 1, 2017	1.3

### 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 Year-end Self-Insured Files*

- All **covered** employees and their **covered** dependents must have a record
  - See the excel template that was provided with this pdf document for an example of how and employee with dependents should be listed within the file

#### *When to send Year-end Self-Insured Files*

- This file is sent **ANNUALLY** and due to TASC by December 15<sup>th</sup>

### FILE TRANSFER 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
  - Year-end Self-Insured File

### FILE SPECIFICATION

#### *File Name*

##### **Production Files**

File names are case sensitive and should follow the format: 12 digit TASC ID\_File Type (year-end self-insured)\_Date (YYYY-MM-DD).xls without any spaces.

Example of Year-end Self-Insured File: 4444-5555-6666\_ACAYESLF\_2017-12-15

##### **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\_ACAYESLF\_2017-12-15-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 Year-end Self-Insured 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.

## Year-end Self-Insured 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/err out. The data in **red** is the only data allowed in these fields.

**YOU NEED TO ONLY LIST THE EMPLOYEES AND APPLICABLE DEPENDENTS IF ENROLLED IN YOUR HEALTH PLAN FOR ONE OR MORE MONTHS OF THE CALENDAR YEAR.**

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
EE LAST NAME	Employee last name	C	Text	70	Yes
SSN	Employee SSN ( <b>NO DASHES</b> )	D	Numeric	9	Yes
E-MAIL ADDRESS	Employee email address. *Employee must have provided a written "Affirmative Consent" to receive the statement in an electronic format in order you to report their email address to TASC.	E	Text	70	No
ADDRESS 1	Employee address line 1	F	Alphanumeric	100	Yes
ADDRESS 2	Employee address line 2	G	Alphanumeric	100	No
CITY	Employee city	H	Text	40	Yes
STATE	Employee state	I	Text	2	Yes
PROVINCE	Employee province (Ex. Quebec)	J	Text	30	No
ZIP	Employee postal code (no extension)	K	Text	5	Yes
COUNTRY	Country (if blank, USA is assumed)	L	Text	20	No
COV IND FIRST NAME	Employee/Dependent first name	M	Text	70	Yes
COV IND LAST NAME	Employee/Dependent last name	N	Text	70	Yes
COV IND SSN	Employee/Dependent SSN *Required in the case of twins, triplets, etc. ( <b>NO DASHES</b> )	O	Numeric	9	Yes
COV IND DOB	Employee/Dependent date of birth	P	Date	10	Yes
COVERAGE CODE	<b>EE</b> = employee <b>DP</b> = dependent	Q	Text	2	Yes

Field Name	Description and values	Column	Format	Maximum Length	Required
COVERAGE YEAR	Ex: 2017	R	Numeric	4	Yes
COV ALL 12 MONTHS	<b>Y/N</b> Was the individual on this line covered for all 12 months of the coverage year indicated above. (If <b>NO</b> , must complete all columns below. If <b>YES</b> , leave all columns below blank.)	S	Text	1	Yes
COVERAGE MONTH - JANUARY	<b>Y/N</b> Was the individual on this line covered for the month of January	T	Text	1	No
COVERAGE MONTH - FEBRUARY	<b>Y/N</b> Was the individual on this line covered for the month of February	U	Text	1	No
COVERAGE MONTH - MARCH	<b>Y/N</b> Was the individual on this line covered for the month of March	V	Text	1	No
COVERAGE MONTH - APRIL	<b>Y/N</b> Was the individual on this line covered for the month of April	W	Text	1	No
COVERAGE MONTH - MAY	<b>Y/N</b> Was the individual on this line covered for the month of May	X	Text	1	No
COVERAGE MONTH - JUNE	<b>Y/N</b> Was the individual on this line covered for the month of June	Y	Text	1	No
COVERAGE MONTH - JULY	<b>Y/N</b> Was the individual on this line covered for the month of July	Z	Text	1	No
COVERAGE MONTH - AUGUST	<b>Y/N</b> Was the individual on this line covered for the month of August	AA	Text	1	No
COVERAGE MONTH - SEPTEMBER	<b>Y/N</b> Was the individual on this line covered for the month of September	AB	Text	1	No
COVERAGE MONTH - OCTOBER	<b>Y/N</b> Was the individual on this line covered for the month of October	AC	Text	1	No
COVERAGE MONTH - NOVEMBER	<b>Y/N</b> Was the individual on this line covered for the month of November	AD	Text	1	No
COVERAGE MONTH - DECEMBER	<b>Y/N</b> Was the individual on this line covered for the month of December	AE	Text	1	No