

ACA Year-End Preparation Checklist

The following information will walk you through preparing and previewing your ACA forms. Also included are some suggestions!

1

Confirm all employment history is accurate in iSolved. Employment data is found under Employee Management > Employee Maintenance > Employment.

Confirm that history of employment category changes have been recorded and are accurate. The employment drop-down at the top of the page will change the view.

Part-time employees who were offered coverage should have the “Hours met for ACA Full Time Status” box checked. This box makes the part-time employee eligible for medical insurance coverage. If this box is checked, the system assumes coverage was offered and will populate the applicable code.

Reviewed **Not Applicable**

Employment

Employment: **Employed From 10/20/2009 to Current** Filter

Effective Date	Employment Category	ACA Status	Hours met for ACA FT Status	Statutory	Qualify
10/20/2009	Full Time	ACA Full Time	<input checked="" type="checkbox"/>		

+ Add New Edit Delete Refresh Save Cancel

Employment Category Information

* Effective Date: 10/20/2009

* Employment Category: Full Time

ACA Employment Status: ACA Full Time

Hours (e.g., Variable) met for ACA Full-time Status

2

Confirm all medical benefit enrollment data is accurate. Benefit data is found under Employee Management > Employee Benefits > Benefit Plans.

Confirm that the start date and stop date is a true reflection of the coverage period.

Confirm that a benefit plan exists for all enrollees for the year, even if the enrollment was only for a short time.

Reviewed

Benefit Plans

Status: All

Start Date	Benefit	Benefit Plan
1/1/2015	LTD	LTDS
9/1/2017	Medical Pre-Tax	UHC PPO
1/1/2016	Medical Pre-Tax	Medical HDHP
1/1/2015	STD	STD
9/21/2017	Voluntary EE Life	Voluntary EE Life

+ Add New Edit Delete Refresh Save Cancel

Benefit Plan

* Plan: Medical HDHP

* Start Date: 1/1/2016

* Coverage: EE Only

Per Pay Amount: 50.00

Stop Date: 8/31/2017

3

If your medical plan eligibility rules include more than Employment Status and Employment Category, there may be additional items you need to audit. For example, if eligibility depends on normal hours worked, you will need to audit data found under Employment Management > Employee Pay > Salary > Normal Hours.

Reviewed **Not Applicable**

4

iSolved has the capability to manage probationary periods based on life event type.

Example: An employee moves from part-time to full-time and they need to wait until the first of the month following 60 days from the employment category change before benefits become effective.

If your company manages life events similar to the example, please let us know and we will update your health plan(s).

Review - Notify TPC **Not Applicable**

5

Under Reporting > Client Reports is the ACA Look-Back Change in Status Report. Reviewing this report by payroll for the year will show you the results of each employee's measurement period. Do you want this report added as a default payroll report? If so, let us know and will add it.

Reviewed

6

Once you have confirmed your data are accurate, you can populate and review your forms under Client Management > ACA Setup Options > ACA Forms Approval.

There are 3 important steps to complete on this screen:

1. **Review Forms:** Preview Report condenses the 1094 and 1095 data for easier review. This report also highlights - in red - items that will cause IRS rejections and highlights - in yellow - items that will cause errors. Preview Forms populates the full version of the 1094 and 1095 forms.
2. **Approve Forms:** Once you have completed reviewing the forms and addressing any errors or rejections, you can approve forms by pressing this button. This step must occur for TPC to print and file the forms.
3. **Once forms have been approved, confirm that the Approver and Generated Begin fields show under the Last Approved section.**

Reviewed

ADDITIONAL INFORMATION

We've included some additional information to assist you.

- 1** The codes on employees' 1095-C forms can be overrode. If you feel the system is choosing the wrong code for an employee, navigate to Employee Management > Employee Benefits > ACA Report Overrides. To add an override, press "add new," enter 2020 as the year and select the override code from the appropriate drop down. Preview the forms again and you will see the override code. Overrides can also be imported in mass.
- 2** Be aware of employees who switch employment categories (ex. Full-time to part-time back to full-time) or move in and out of benefit eligibility throughout the year. These are the most common errors that occur. Please reach out if this occurs often in your forms. We maybe able to fix depending on the situation occurring.
- 3** By default, inactive employees are marked as no coverage offered. If you did offer coverage, then an override (as detailed it #1) will need to be entered.
- 4** This article helps answer many common questions: [Questions and Answers about Information Reporting by Employers on Form 1094-C and Form 1095-C](#)

5 1095-C Code Definitions:

Form 1095-C, Part II, Line 14: Indicator Code Series 1 for "Offer of Coverage"

- 1A** **Qualifying Offer:** Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.59% 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 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 (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).
- 1I** Qualifying Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualifying offer, or received a qualifying offer for less than 12 months.

Form 1095-C, Line 15: Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

Complete line 15 only if code 1B, 1C, 1D, or 1E is entered on line 14 either in the "All 12 Months" box or in any of the monthly boxes.

ADDITIONAL TIPS *continued*

Form 1095-C, Line 16: Indicator Code Series 2 for Applicable Section 4980H Safe Harbor Codes and Other Relief for Employers

- 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 a month if the individual was an employee of the employer on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the employer.
- 2B Employee not a full-time employee.** Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose 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 (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month). Also use this code for January 2015 if the employee was offered health coverage no later than the first day of the first payroll period that begins in January 2015 and the coverage offered was affordable for purposes of the employer shared responsibility provisions under
- 2C Employee enrolled in coverage offered.** 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).
- 2D Employee in a section 4980(b) Limited Non-Assessment Period.** Enter code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b).
If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the employer is also eligible for the *multiemployer* interim rule relief for the month code 2E, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a Limited Non-Assessment Period).
- 2E Multiemployer interim rule relief.** Enter code 2E for any month for which the multiemployer interim guidance applies for that employee. This relief is described under Offer of Health Coverage in the Definitions section of these instructions.
- 2F Section 4980H affordability Form W-2 safe harbor.** Enter code 2F if the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.
- 2G Section 4980H affordability federal poverty line safe harbor.** Enter code 2G if the employer used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
- 2H Section 4980H affordability rate of pay safe harbor.** Enter code 2H if the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

Note. Codes 2F through 2H: Although employers may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer interim guidance, an employer eligible for the relief provided in the multiemployer interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not a code for the section 4980H affordability safe harbors (codes 2F, 2G, or 2H).

- 2I Non-calendar year transition relief applies to this employee.** Enter code 2I if non-calendar year transition relief for section 4980H(b) applies to this employee for the month. See the instructions later under Section 4980H Transition Relief for 2015 and 2015 Section 4980H(b) Transition Relief for Employers with Non-Calendar Year Plans (Form 1095-C, line 16, code 2I), for a description of this relief.