# **ÍNOV** Payroll<sup>™</sup>

## ACA QUICK-START GUIDE

(ACA Reporting on 1094/1095-C's - 3 Easy Steps)

### STEP 1: COMPANY-LEVEL ACA SETUP

Please <u>complete and return the attached Company-level ACA setup form</u> to your Inova ACA Implementation Specialist at ACA@inovapayroll.com. This information is required for populating the 1094-C Employer Transmittal form.

#### STEP 2: EMPLOYEE-LEVEL ACA SETUP

Identify and populate all required fields on the Employee>ACA tab in Evolution as shown below. The Employee>ACA tab will be part of your ongoing new hire and/or termination processes after your initial data population. These fields are date-sensitive and must be effective-dated accordingly. Refer to our ACA Training Guide and video tutorial for tips on utilizing the "Copy To" and "Effective Period" editing features. NOTE: Inova personnel are not at liberty to offer advice on what should be coded in this area, only how to populate the fields once you have identified which codes to apply. Please consult with your benefits broker and/or legal counsel for guidance on which codes apply to your organization.

👫 Browse   🤣 EE Entry   🥅 Details   📫 Address   🚟 W2	📕 Federal 🛛 😾 Notes 🛛 🔏 HR	👎 ACA 📗 Documents 🛛 🔀 Mail Room 🖉 Self	Serve
ACA	ACA History		
ACA Status* ACA Standard Hours 5	ACA Coverage Offer 1E MEC for EE, Spouse	DOB Initial Measurement Period	
ACA Benefit Lowest Cost Benefit EE Only	ACA Relief Code 2C Employee Enrolled i	Hire Date 1/3/2017	
ACA Policy Origin B. Employer-Sponsored Coverage	2017 CACA History	Term Date Stability Period	
C Yes C No	Month ACA Coverage Offe	er ACA Relief Code	
Safe Harbor Type* None	January 1E-MEC for EE, Sp February 1E-MEC for EE, Sp March 1E-MEC for EE, Sp	ouse, and Depend. 2C-Employee Enrolled in Coverage ouse, and Depend. 2C-Employee Enrolled in Coverage ouse, and Depend. 2C-Employee Enrolled in Coverage	
Reporting	April 1E-MEC for EE, Sp May 1E-MEC for EE, Sp	ouse, and Depende 2C-Employee Enrolled in Coverage ouse, and Depende 2C-Employee Enrolled in Coverage	=
Form on File* C Yes © No	July 1E-MEC for EE, Sp August 1E-MEC for EE, Sp	iouse, and Depende 20-Employee Enrolled in Coverage iouse, and Depende 20-Employee Enrolled in Coverage iouse, and Depende 20-Employee Enrolled in Coverage	
Both	September 1E-MEC for EE, Sp October 1E-MEC for EE, Sp November 1E-MEC for EE, Sp	ouse, and Depende 2C-Employee Enrolled in Coverage iouse, and Depende 2C-Employee Enrolled in Coverage iouse, and Depende 2C-Employee Enrolled in Coverage	
	December 1E-MEC for EE, Sp	ouse, and Depende 2C-Employee Enrolled in Coverage	Ŧ
		Save Cancel	

- (1) ACA Status field Full-time, Part-time, Variable Hour, Seasonal, Seasonal > 120 populates Full-time counts on Part III of 1094-C
- (2) ACA Benefit/Lowest Cost Benefit fields pulls in information from Company>Benefits rate tables populates Line 15 of Form 1095-C, if applicable (may require additional setup described below)
- (3) ACA Format field select desired method of producing Form 1095-C for employee (e.g., Both = Electronic on Employee Portal or Paper format)
- (4) Form Type field select 1095-C for eligible <u>full-time employees only</u> (some exceptions apply). NOTE: Form 1095-B's are not currently being offered by Inova Payroll.
- (5) ACA Coverage Offer field Apply 1-Series Codes to describe offer of coverage made populates Line 14 of Form 1095-C
- (6) ACA Relief Code field Apply 2-Series Codes to describe additional employee information populates Line 16 of Form 1095-C, as applicable
- (7) ACA History screen clicking on the ACA History button expands the view of you ACA Coverage Offer and ACA Relief Code field setup and allows you to make updates to these two fields on the fly. Also helps you visualize if your effective dating is set correctly.

#### STEP 3: RUN AND REVIEW THE "ACA 1095 PREVIEW REPORT"

After your **Employee-level ACA** tab data is populated, run and review the "ACA 1095 Preview Report" to view your results. This report is available in your **Reports>Run Reports** list. The "ACA 1095 Preview Report" will only show the basics required to populate Parts I, II and III of your final 1095-C forms.

To run this report:

- (1) Go to **Reports Run Reports**
- (2) Select the ACA 1095 Preview Report (S3125) (**NOTE:** Please contact your local Customer Service Representative if you do not see this report included in your Run Reports list.)
- (3) Select the company(ies) to include in the report
- (4) Click the **Report Parameters** tab to select the Year and apply other parameters such as masking sensitive information.
- (5) Preview and run the report. This report gives a generic snapshot of how the three parts of the Form 1095-C will be populated when formally processed. (**NOTE:** The screen shot below is an example of an employee's record that has not been entirely completed.)

								ACA 1095 Preview Report (83125)					
							Р	Period Range : 01/01/2015 TO 12/31				0 12/31/2	015
Part 1         EE# 1850023         Sally Demo         XXX-XX-XXXX           1234 Jones Street         Atlanta         GA 37211													
Part 2	All Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
E Health Cost													
Part 3 This en	ployee has	no depei	ndents										

### **ADDITIONAL CONSIDERATIONS**

## Question 1: Are you required to populate Line 15 (Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage) on the 1095-C?

- If Yes, please refer to the Benefits Setup section of your ACA Training Guide for a detailed explanation of how to populate this data in your system.
- If No, the 3 steps above will cover your setup requirements

#### Question 2: Do you offer a self-insured insurance plan?

- If Yes, please refer to the HR/Benefits Overview and Assign Dependents sections of your ACA Training Guide for a detailed explanation of how to populate this data in your system.
- > If No, the 3 steps above will cover your setup requirements

## Question 3: Are you part of an aggregated (control/consolidated) group for ACA reporting purposes? (This includes companies in a control group that are not managed by Inova Payroll)

- If Yes, please refer to the Consolidated Reporting section of your ACA Training Guide for tips on identifying aggregated groups
- > If No, the 3 steps above will cover your setup requirements



### **2022** ACA COMPANY-LEVEL SETUP

### \*\*\* RETURN TO ACA@INOVAPAYROLL.COM FOR PROCESSING \*\*\*

Client/Company ID:	Client N	Client Name:							
Related Company ID's:									
Contact:	Conta	act #:			E-Mail:				
Is your company part of an ACA Control Group?	Yes* □ No *Aggregated reporting for ACA purposes only. Control groups are required to populate Lines 19 and 21 of the Form 1094-C, if applicable. If not all companies in a Control Group are managed by Inova Payroll, please consult with your legal counsel to determine how to apply this setup to your organization. Submit one form for each entity not part of the Aggregated Control group.								
If yes, please list all	Client ID	Compa	iny ID	FEIN		Legal Name			
members of the Control Group and identify which member is considered the primary member on the first line. (1)	(1)								
(Attach spreadsheet if additional space is required.)									
	Comments:								
Is your health insurance plan a Self-Insured plan?	Yes*       No         Administration Period         (What month does benefits plan year start?)								
*If yes, have you entered required dependent level information (or provided import file to your Inova ACA Implementation Specialist)?	Yes No** **If No, please enter or provide import file to your Inova ACA Implementation Specialist								
Indicate Available Certification of Eligibility	<ul> <li>Qualifying Offer Method</li> <li>98% Offer Method</li> </ul>								
	(Select all that apply – required to populate Line $22 - Certifications of Eligibility of the 1094-C)$								
Are you required to populate Line 15 on the 1095-C form (Lowest Cost Plan offering)?	**If Yes, ple which healt do not curr list of your o processina.	■ No ase ensure th h plan is cons ently have be company's be (Required for	at you hav idered your nefit rate ta nefit plans	e benef Lowest ables se and rate	fit rate table Cost Plan of t up in Evolu e tiers to you <b>cing codes 1</b>	s set up for your of ffering for Employe tion for your orga Ir Inova ACA Impl B-1E on Line 14 of	prganization and identify be Only coverage. If you nization, please submit a ementation Specialist for the 1095-C)		