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What’s in this manual
This manual is designed to provide you with a step-by-step guide for implementing your system within the ACA Compliance Solution software as well as steps to take in order to maintain information on a monthly basis. Each section will provide guidance on how to reach the compliance mandated.

Included are instructions on software utilities that have been developed as part of this package to help users maximize the functionality of their ERP system.

Future releases
The ACA Compliance Solution will continue to have product updates and feature releases as we receive feedback from customers and guidance from the IRS. As updates are released, you may see menu navigation changes and new functionality published. We typically publish changes on a Sunday evening. You will be notified of changes via email if you are on our ACA distribution list.

Symbols and conventions

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image.png" alt="Light Bulb" /></td>
<td>The light bulb symbol indicates helpful tips, shortcuts and suggestions.</td>
</tr>
<tr>
<td><img src="image.png" alt="Warning" /></td>
<td>The warning symbol indicates situations you should be especially aware of when completing tasks.</td>
</tr>
</tbody>
</table>
**Beginning of Year Setup**
In order for the ACA Cloud Solution to correctly calculate eligibility and code forms, each year the system’s dates should be incremented:

- Incrementing Standard Measurement Period dates
- Incrementing ACA Plan dates
- Incrementing ACA Information Assignments record

**Incrementing Dates**
In order to move to the next filing year, all setup-related dates should be incremented by a year and verified to still be valid. Further instructions on how to carry out these updates are located in their named sections in the guide. These dates include:

- **Standard Measurement Period** - Configuration > ACA Setup > Standard Measurement Period
  Your standard measurement period should be incremented and verified to be correct
- **ACA Information Assignments** – Configuration > ACA Setup > ACA Information Assignments
  The reporting year should be incremented to the following filing year and the connected departments/health plans/standard measurement periods should be verified to be correct
- **ACA Plan** – Configuration > ACA Setup > ACA Plan
  All ACA Plans should be incremented by a year or updated to reflect correct information

**Monthly Maintenance**
Each month is it important to continue maintaining information within the ACA Cloud Solution in order to avoid headaches come filing time. This monthly maintenance includes:

- Importing transactions, employees and dependents (if self-insured)
- Running reports to determine eligibility and offers of coverage

**Importing and Maintaining Monthly Data**
- **Monthly Employee Imports** – Employee records should be maintained on a monthly basis with transaction uploads.
- **Monthly Transactions** – Pay code transactions, Deduction and Benefit transactions need to be maintained on a monthly basis.
- **Monthly Dependent** – If you are self-insured, dependent information needs to be maintained on a monthly basis

* For more information about importing employees, see the Upload & Import Data Using Templates or Exporting Data Using the GP Cloud Connector sections below

**Running Reports**
Alerts & Reports > ACA Reports

Reports are an integral process for determining eligibility and offers of coverage. Reports should be run on a monthly basis to ensure all employees are offered coverage when they are determined eligible.

*More information is available about the reports in the Reports section below
Quick Setup Guide
Implementation can be completed without using the Implementation Wizard by following the steps below. It is important that these steps be completed in the order below.

Company Setup
Configuration > ACA Setup > Company

Provides basic setup information for a company which will be used in subsequent calculations.

Select a company from the Company ID drop down or select to create new. You will then be presented with the existing company data or have the option to define it for a new company. At the bottom of the page, click save to save the record and delete to remove the company. Clicking clear will undo changes and cancel the operation, returning you to the page as if you first arrived.

Company Information

- Company ID
• Company Name
• DBA/Entity/Subsidiary or Department – optional - this is a field that can be used for company location, contact person, or other identifying remarks that separate this company from others
• EIN
• Phone Number
• Country
• Address1
• Address2
• City
• State
• Zip

Default Control Group ID: Select a control group for this company. You may save the record and enter the control group once it is created.

Eligibility Method: Select the method applicable to this company

1. **Lookback Measurement**: Employers are permitted to determine an employee’s full-time status based on a lookback measurement period established by the employer of up to 12 consecutive months but no less than 3 months. The stability period can be no less than 6 months. This is a testing period that looks back onto the previous year or split years to determine an employee’s eligibility. This is setup in the SMP.

   This lookback method works well if a company has part-time employees as it averages the hours for a longer period of time.

2. **Monthly Measurement**: Employers can select a single month to look at the hours an employee works. If the employee worked 130 hours in the previous month, then they must be offered insurance no later than the first day after the next two months from when they hit 130 hours. If they accept the offer, then the law states that the employee remains covered under the accepted insurance until they have three consecutive months of not meeting 130 hours per month.

   For example: If I get 130 hours in Jan, 80 in Feb, 90 in Mar and 25 in Apr, I can be eliminated from coverage May 1. However, if I have 130 hours in Jan, 80 in Feb, 90 in Mar and 131 in Apr, I cannot be eliminated and my three consecutive months resets from April.

   This method works well for companies that have all Full Time employees or very limited Part Time because the data import is only for the year. Realize though that this method lacks the averaging of hours over a longer test period. Once you decide to do testing that spans more than one month you are no longer in the monthly method – you are in a lookback method and must comply with the requirements for the lookback method. The Monthly Employee Hours Report is useful to determine the hours worked in a month.

   ! The software still requires that you setup a Standard Measurement Period in order to work correctly. The minimum requirement is 3mo SMP, 1 month Admin Period, and 6 Months of Stability Period. This setup will be overridden by choosing the Monthly Measurement Period here in the Company Setup for IRS reporting.

Initial Stability Period Start Date: The date in CY2016 in which the employer began compliance with the employer mandate of the ACA. This is used to identify months in which the employer failed to offer
coverage as required. An example is an employer who was required to offer coverage 01/01/2016 but did not do so until 05/01/2016. The Initial Stability Period Start Date would be 05/01/2016.

**Mask SSN:** This option is only used in instances when the user is filing forms electronically to the IRS. When checked, this option will cause the printed forms to mask the first 5 digits of the employee Social Security Number. **NOTE:** If you are submitting printed forms to the IRS and not filing electronically, then this option should be unchecked when printing the copies you intend to send to the IRS. You can recheck the option for printing employee copies if you wish.

**Only Generate 1095-Cs for Eligible Employees:** If this checkbox is marked, then the year end process will only create 1095-C data for eligible employees for sake of printing and submitting to the IRS.

**Lowest Cost Plan Available to All:** If the lowest cost plan is available to all, check this box. This check will tell the system that the least cost plan was available to all eligible employees.

**Start of Month:** When this checkbox is selected the Number of Months field becomes active. Otherwise the Waiting period day's field is active.

**Number of months:** For many plans, full time employees become eligible on the first of the month following the date of hire. If full-time employees are eligible for enrollment the first of day of the next month after hire enter 0. (Zero) If they are eligible the first day after the first full month enter 1. First day after second full month enter 2, etc. This is different than waiting period days as waiting period days are tied to an employee's start date.

**Waiting Period Days:** The number of days that new full-time employees (employees who are expected to work on average 30 or more hours per week from the start of their hire date) will have to wait for coverage. Waiting periods cannot be more than 90 days.

**Educational Organization:** Check if you are an educational organization. This will affect the break in service and adjunct employee accounting.

**Government Entity:** Check if your company is affiliated with a government entity and you need to include the entity information on your 1094-C for this company.

**Government Entity Name:** Select the appropriate government entity from the list of available entities. This field is only enabled when the Government Entity checkbox is marked. You can save the record and change this field once your government entity has been created.

**Credit Hours Based On:** There are two option to indicate how hours are to be credited

- **First day of pay period** - Uses first day of the transaction’s pay period for the month in which hours will be allocated. Pay periods must be consistently applied for each calendar month of the year.
- **Last day of pay period** - Uses last day of the transaction’s pay period for the month in which hours will be allocated. Pay periods must be consistently applied for each calendar month of the year.

**Credit Benefits/Deductions Based On:**

- **Use Credit Hours** – Select this option if you would like to use monthly benefit/deduction transactions in order to show benefit coverage and cost
- **Use Date Range** – Select this option if you would like to use a broader date range in order to show benefit coverage and cost

**Seasonal Worker Days:** Input the days for which an employee will be classified as a seasonal worker. Currently 120 days.
Adding a New Company to a Control Group

When a new company record is saved you have the option of adding the new company to an existing control group or creating a new control group for the company. When you click save, the following window appears:

- **Select Existing**: Choosing this option will populate the drop down list with existing control group IDs. If you would like to add the new company to an existing control group, select the control group from the drop down list.
- **Create New**: Choosing this option will allow you to create a new control group that the new company will be assigned to. When you select Create New, the text field will allow you to enter the name of the control group.

When you have completed your selection, click Yes and the company record will save and be added to the control group.

If you do not wish to add a new company to a control group yet, select No and the company record will be saved but not assigned to a control group.

Control Group

Configuration > ACA Setup > Control Group

The Affordable Care Act has placed new emphasis on the need to determine when and if related organizations must be treated as a single employer for purposes of meeting various ACA requirements. Simply setting up different companies under separate tax ID numbers does not relieve related employers from being treated as a single employer under controlled group rules.

The ACA Compliance Solution when purchased as Multi Entity allows commonly controlled groups and affiliated groups to report as a single entity. This option will allow you to choose which companies will be consolidated for reporting and tracking purposes. If you need to consolidate multiple companies into a single reporting entity, you just need to set up a common Control Group ID and associate the different companies to this Control Group ID.

To create a group click “Add New Control Group” and specify a Control Group ID and Company. You may delete a group by clicking “delete”. We have as an example below COMBINED as a common Control Group ID.

Once the control group has been created, navigate back to the company page and choose the new control group from the drop down list.
**Control Group ID:** Input a Group ID

**Company ID:** Select the company name from the drop down. This list is populated from the companies you have already set up in Company Setup.

💡 A good practice is to set up a single Control Group ID for each company. This way, you will be able to track and report on either a combined basis or for each individual company. In the example above each company has its own control group but each company also belongs to a common control group (COMBINED). This allows the user to report on each company separately or as a combine group.

**Government Entities**
Configuration > ACA Setup > Government Entities

This page allows you to create one or more government entity records. Such records are only needed if your company is associated with such an entity for reporting purposes. The government entity information will appear on the 1094-C form, if it is specified here AND you have marked the Government Entity checkbox in Company Setup with the Entity ID selected in the drop down.
Select an entity from the Entity ID drop down or select to create new. You will then be presented with the existing entity data or have the option to define it for a new entity. Click “save” to save the record and “delete” to remove the entity. Clicking “clear” will undo changes and cancel the operation, returning you to the page as if you first arrived.

Field Information

The following fields are part of the record information. Additional detail provided in parenthesis

- Entity ID
- Entity Name (appears on 1094-C)
- EIN (appears on 1094-C)
- Phone Number (appears on 1094-C)
- Address1 (appears on 1094-C)
- Address2 (appears on 1094-C)
- City (appears on 1094-C)
- State (appears on 1094-C)
- Zip (appears on 1094-C)
- Country (appears on 1094-C)
- First Name (Will be combined with Middle, Last, and Suffix for 1094-C)
- Middle Name (Will be combined with First, Last, and Suffix for 1094-C)
- Last Name (Will be combined with First, Middle, and Suffix for 1094-C)
- Suffix (Will be combined with First, Middle, and Last for 1094-C)
If you are part of a larger government unit and are reporting on your entity you will need to associate yourself with the larger designated government entity. In doing so, you will only be required to submit your information and the designated government entity will be required to include your totals in Part III and IV of their 1094-C submission. An example of this scenario is a State agency who processes and reports their payroll separately. The State of Illinois will be required to include the employee total count information in their 1094-C. In this case, when you check the Government Entity box in the ACA Company Setup, the system will fill in the State of Illinois information from the Government Entity window onto Part I, line 9-16, of the 1094-C.

**ACA Plan**
Configuration > ACA Setup > ACA Plan

Benefit Plan Setup focuses on three areas of the ACA – Form 1095-C Box 14 and Box 16, affordability analysis, and safe harbor calculations. This setup information is also used to monitor least-cost plans and to identify the plan being offered as a self-insured plan.

The first illustration below demonstrates the setup for a calendar year health plan. The second, illustrates a non-calendar year health plan setup that is self-insured with a Rate of Pay Safe Harbor.
If you are unfamiliar with these plan concepts, consult your insurance broker for further guidance.

**Health Care Benefit Plan:** Choose the Least Cost to the Employee Plan from the drop down list.

Plan may span multiple years of coverage. For each year, a record is maintained for that specific plan date range as defined in the Start Date and End Date. For each plan year, a record needs to be entered.

**Plan Sponsor:** The Plan Sponsor is an override function used only in certain circumstances. Normally, when an employee receives more than one 1095-C (works for multiple companies within an ALE) parts II and III of the 1095-C are reported by the company for which the employee has the most service hours. The plan sponsor override function allows you to manually set which company will report dependent coverage on part III of the 1095-C. Please note that part II of the 1095-C reporting is not affected by this setting. Most of the time this setting will be left as default, set to “none”.

**Qualifying Offer (1A):** Drop-down list. Select Yes/No.

- A qualifying offer is “an offer of minimum value coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.69% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependents.”

For calendar year 2017, the affordability percentage was raised to 9.69%. Using the mainland single federal poverty line, the employee contribution for self-only coverage in 2017 cannot exceed $93.77 per month.

**Min Essential Coverage:** Check if plan provides minimum essential coverage.

- Minimum essential coverage (MEC) is defined by the ACA as most group health plans offered by a large or small employer, or health coverage provided by the government. If a plan meets the requirement of being offered as group health coverage within a state, that plan usually offers minimum essential coverage.

**Min Value:** Check if plan provides Minimum Value.

- Minimum Value is an ACA requirement that ensures health insurance policies and plans provide coverage at or above a threshold level. Minimum Value is met when a plan pays on average at least 60% of the actuarial value of the total allowed cost of benefits under the plan. Keep in mind that a plan may offer minimum essential coverage but not provide minimum value.

**PLAN COVERS**

**Employee:** Check if an employee is covered under this plan.

**Spouse:** Check if a spouse is covered under this plan.

**Conditional:** IRS rules for 2017 allow for new codes 1J and 1K for offer of coverage. These codes reflect the conditional nature of some offers of coverage to spouses. The codes cover the following scenario (see also IRS rules for 1095-C)

- 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).
• **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.

In ACA Plan Setup, if the conditional checkbox is marked then the Spouse checkbox must also be marked since conditional offers are related to the spouse. The presence of an offer to dependents or not in conjunction with a conditional offer to spouse is what drives the difference between the plans for 1J and 1K.

💡 Before checking the conditional checkbox confirm that the plan offered is indeed spouse conditional.

**Dependents:** Check if a dependent, other than a spouse, is covered under this plan.

**Start Date:** Input the start date of the plan year. For a non-calendar year plan, as shown in the example above input the start date of the year before the 2017 plan begins. Then add an additional record with the 2017 plan year dates. This is done to display the full 12 months of the current year’s plan.

**End Date:** Input the end date of the plan year. For a non-calendar year plan, as shown in the example above, input the end date of the year before the 2017 plan begins. Then add an additional record with the 2017 year dates. This is done to display the full 12 months of the current year’s plan.

**Safe Harbor:** Drop-down list. Select applicable safe harbor or none if no safe harbor is used for that plan year. Note: If Qualifying Offer is set to “Yes,” the safe harbor is defaulted to Federal Poverty Line. In order to change your safe harbor to another selection, qualifying offer must be set to “No.” Select “None” only if no safe harbor is used.

⚠️ The ACA does not allow a company to change a safe harbor option within a plan year. However, a company can change options when a new plan year starts. A company can also use a different safe harbor for different plans. By maintaining this information on a historical plan, you will be able to see how the plan may have changed over the years.

**W-2 Income (2F):** Select if employer will be using Box 1, W-2 wages for determining affordability. When using this method, the W-2 Form for the current year is used. That is, the total W-2 compensation for 2016 (from a particular employer) determines the maximum monthly amount that employer can charge the employee for self-only coverage. Choosing this Safe Harbor will require that you upload non-hour $ amounts for bonuses, tips, and commissions as well as deductions for medical.

**Rate of Pay (2H):** Select if employer will use Rate of Pay safe harbor for this plan. Under this safe harbor, employer provided coverage is treated as affordable for a calendar month if the employee’s required contribution for the calendar month for the lowest-cost self-only coverage that provides minimum value does not exceed 9.56% of an amount equal to 130 hours multiplied by the lower of the employee’s hourly rate of pay as of the first day of the coverage period (generally the first day of the plan year) or the employee’s lowest hourly rate of pay during the calendar month. Under this rule, an employer can elect to use the lowest paid employee wage as the base for the calculation or can use the minimum wage rate in effect at the first day of the plan year. For example, $11.00 per hr. x .0969 x130 = $138.57/mo. as the self-only cost to the employee.

**Federal Poverty Line (2G):** Select if the employer will use the federal poverty line to determine affordability. Under this safe harbor, employer-provided coverage is treated as affordable if the employee’s required contribution for the calendar month for the lowest-cost self-only coverage that
provides minimum value does not exceed 9.69% of a monthly amount determined as the federal poverty line for a single individual for the applicable calendar year, divided by 12. This safe harbor is intended to provide employers a predetermined maximum amount of employee contribution that in all cases will result in the coverage being deemed affordable.

2017 Federal Poverty Line – Maximum deduction per month

48 states and District of Columbia: $11,770 \( (11,770 \times 9.69\%) \)/ 12 = $ 95.04 per month

Alaska: $14,580 \( (14,580 \times 9.69\%) \)/ 12 = $ 117.73 per month

Hawaii: $13,420 \( (13,420 \times 9.56\%) \)/ 12 = $ 108.37 per month

The U.S. Department of Health and Human Services issues the federal poverty guidelines annually to determine financial eligibility for certain federal programs and benefits. These guidelines can change from year to year. The safe harbor deduction for the plan year is based on the federal poverty level on the first day of the plan year.

**Multi-Employer IR (2E):** The Multi-Employer Interim Guidance applies to an applicable large employer member that is required by a collective bargaining agreement or an appropriate related participation agreement to make contributions, with respect to some or all of its employees. Union contracts often call for employers to contribute to member health coverage.

**Standard Measurement Periods**

**Configuration > ACA Setup > Standard Measurement Period**

In an effort to provide flexibility to employers, an employer can have different measurement and stability periods for four categories of employees:

1. Employees located in different states
2. Salaried and hourly employees
3. Employees of different entities
4. Collectively bargained employees and non-collectively bargained employees

You can set up multiple standard measurement periods as defined above using the standard measurement period setup page. The system allows for either one default standard measurement period or multiple periods defined by location and type of employee.
Period
You can select an existing period ID or create a new one by typing a name into the “New Period” field. This is a unique name for this standard measurement period. You can have multiple standard measurement periods.

Employment Type
Using this drop down list, you can choose to apply this standard measurement to hourly or salaried employees or “All” types of employees. Most companies leave this record as “All” because the most accurate way of separating different employees is by using their employment record and the ACA Information Assignments page (more on this page later).

State
The ACA allows you to have different standard measurement periods by location, which is defined as States. This drop down list contains the State abbreviations applicable for your employees. (Derived from transactions and employee maintenance records) You can choose to select individually or include ALL. Most companies leave this as “All”.

Close Period
This feature reserved for a future release

Start of Measurement Period
You can start your measurement period as of the hire date or the first day of the next month. In most cases, you will select Using First Day of Next Month. This is because you are not credited with having offered coverage to an individual unless the coverage period included every day of the month. Most insurance coverage starts on the first day of the month.

Standard Measurement Period
Input the start date for your measurement period. Input the number of months in your period. The end date will automatically calculate.

Administrative Period
If you have an administrative period, input the start date of the administrative period and the number of months. ACA Compliance Solution will not allow you to enter more than 3 months.

Stability Period
Employees determined to be full-time during a measurement period must be offered coverage during a corresponding “stability period” of generally the same length even if their hours drop below full-time, provided they remain employed. The stability period can be no shorter than 6 months. The stability period can be no longer than the preceding measurement period.

Input the start date of the stability period and the number of months. ACA Compliance Solution will check for compliance.

Initial Measurement Period
Configuration > ACA Setup > Initial Measurement Period

Initial measurement period start and end dates are based on an employee’s hire date and whether tracking starts on the hire date or the first day of the following month after hire date.
It's important to note that the initial measurement period and the standard measurement period are different:

- The standard measurement period applies to all employees within a given time range.
- The initial measurement period applies to an individual employee based on their start date.

There are no predefined start and end dates. The initial measurement period is variable as it changes depending on an employee’s hire date.

💡 Although an employer is allowed an administrative period of up to 90 days, there is one exception that needs to be considered:

The Initial Measurement period and Administrative Period combined cannot exceed 13 months, but the administrative period following a standard measurement period may last up to 90 days.

**Start of Measurement Period**

You can elect to have the initial measurement period start as of the hire date or the first day of the next month after hire date. It is common practice to choose the latter – *Using First Day of Next Month*

**Initial Measurement Period - Months**

Input the number of months in the initial measurement period.

**Administrative Period - Months**

Input the number of months for the administrative period.

**Stability Period - Months**

Input the number of months for the stability period for new hires.
The initial measurement period, as selected by the employer, must be between 3 and 12 months, and may begin on the employee's start date or the first day of the next month.

If the newly hired employee is determined to be a full-time employee during the initial measurement period, the employer must treat the employee as a full-time employee during the subsequent stability period, which must be the same length as the stability period for ongoing employees.

**Benefits (Deductions)**

Configuration > ACA Setup > Benefit

Employee benefits include various types of non-wage compensation provided to employees in addition to their normal wages or salaries. These costs are incurred by the employer on behalf of the employee.

Keep in mind the difference between a benefit and a deduction:

- A benefit is paid for by the employer as part of a compensation package.
- A deduction is a transaction in which an employer collects money from an employee’s pay checks.

In the ACA Compliance Solution, either a benefit or deduction code that has been checked for health coverage tracking will be used to monitor employees that had accepted coverage. If you are an employer who covers 100% of the employee cost for coverage you would typically have only benefit records. If you require an employee to participate in their individual health costs you would have a deductions for their portion. In some cases you may have both the benefit record for the employer portion of the cost and a deduction record for the employee portion of the cost.

The system looks for a 2 or a 3 record type and pulls the associated codes into the Benefit Window and appends the codes directly to an employee. The only Codes you need for the ACA are those that are related to Health (Not Dental or Optical). The exception will be if you have a W2 Safe Harbor in which case you may need all the deductions.

You can manually add benefit/deduction codes by selecting the “Add new benefit” option on the top.

Benefit/Deduction Codes consist of a Code ID and a description as well as the checkboxes defined below. Users can add, delete and edit benefits. Be sure to note the “Type” should say medical only for those Benefit/Deduction Codes that are actually Medical. If they are not Medical, then no check box should be selected and they will be ignored when identifying who had elected coverage.

By selecting the “Employer Benefit” check box, the system will track this benefit on an employee-by-employee basis.

Make sure that, when you attach this benefit to the employee, (See Benefit Maintenance) you input the correct start date. Reporting for ACA compliance will rely on that date being accurate.
If you have separated family benefits/deductions into their own codes you can check the box associated with family only benefits or deductions. You should only use this feature if you have setup codes that separate the spouse and/or family costs and does not include any of the employee’s cost of coverage.

*Benefit (Family) to Include

An employer may extend employer-paid health care benefits to dependents of employees. The ACA requires reporting of dependent coverage for self-insured plans only. If you provide employer-paid health care benefits to dependents, select the “Employer Family Benefit” check box for a benefit.

Remember, this is for employer-paid health care benefits to dependents. If an employer provides health care coverage options for dependents but does not pay any portion of those costs, there is no need for a benefit code. Those costs are deducted from the employee’s wages as included under the deduction code for family coverage

*Deduction to Include

If an employee is required to pay a portion of their health care cost, select the “Deduction” check box. An employer may provide health care coverage to employees but require an employee to pay a portion of those costs. Deductions are amounts taken out of employee wages.

When setting up these deductions on an individual employee basis, make sure you pay close attention to the start date. This information is needed for annual reporting.

*Deduction (Family) to Include

An employer may provide health care coverage to dependents of employees but require an employee to pay a portion or all of those costs. If an employee is required to pay a portion of a dependent’s health care costs, select the “Family Deduction” check box.

When setting up these deductions on an individual employee basis, make sure you pay close attention to the start date or adjusted hire date of the employee. This information is needed for annual reporting.

The transaction import process (defined later) will actually auto-create benefit/deduction codes that are found in the import file. In practice you may find that you rarely need to manually enter a benefit/deduction code apart from the import process.

Pay Code

Configuration > ACA Setup > Pay Code

Most ACA reporting is based on number of hours worked. In this section, you will define the pay codes that represent hours that an employee works. These are the pay codes that will be included in the calculation of reported hours worked.

Click on “Add new record” at top left to add a pay code. You may also edit and delete pay code records.

By checking “Exclude From Hours,” the system will exclude the hours from transactions for the Pay Code when summing hours in all calculations.
Employee hours for the purpose of the ACA are defined as follows: (1) each hour for which an employee is paid, or entitled to payment, for the performance of duties for the employer; and (2) each hour for which an employee is paid, or entitled to payment by the employer on account of a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence. Not all Pay Code IDs are necessarily represented. Commissions, bonuses and profit sharing are examples of pay codes that are not used for tracking hours; they are usually entered as dollars. However, if you are using a W2 Safe Harbor you will need to include these for determining Gross Income. If you are importing these types of transaction you would put in a zero for the hours of service.

Avoid double-counting hours. An example is an employer that pays an hourly base rate and a shift premium. If these are separated into two pay codes, you only want to include one, usually the base hour pay code. Including both could double-count the hours.

The transaction import process (defined later) will actually auto-create pay codes that are found in the import file. In practice you may find that you rarely need to manually enter a pay code apart from the import process.

**Seasonal Employee Override**
Configuration > ACA Setup > Seasonal Employee Override

The use of the seasonal employee override feature will only affect the employer’s classification as an applicable large employer. It has no effect on individual eligibility.

The seasonal employee exception applies if, during the prior calendar year, (1) an employer’s full-time employee workforce (including FTEs) exceeded 50 employees on only 120 or fewer days, and (2) seasonal workers were the only reason the 50-employee threshold was exceeded during this period. This utility allows an employer to classify an employee as being seasonal even if the above rule does not apply. The IRS has provided guidance on rules that may apply even if the employee works more than 120 days.

Simply click “Add New Employee” to create a record and “Delete” to remove a record.
FMLA & Unpaid Leave
Configuration > ACA Setup > Unpaid Leave

This page allows you to track FMLA absences in order to not penalize the employee for not having performed services during this period. This window also is used for any unpaid leave that hours are not tracked such as Jury Duty & Military Deployments. If an employee takes FMLA and is being tested within a measurement period, these entries will automatically be factored into the calculations.

💡 If an employee is out on FMLA for the entire year but has Health coverage, you will need to upload benefit codes for the 12 months that they are absent as well as hours of service per month. This FMLA window does not apply for such a scenario because there are no hours for the system to calculate the average hours worked per day.

To create an FMLA entry, select an employee ID from the drop down box. The system will display any FMLA records which currently exist. A record simply consists of a start and ending date representing the time an employee was on FMLA. You may create more than one date range to represent multiple periods of FMLA leave. To delete a given record simply click the delete button for the appropriate row record.
Waiver Code
Configuration > ACA Setup > Waiver Code

While the ACA requires applicable large employers to offer affordable employer-provided health coverage, an employee is under no obligation to accept. The IRS has strongly advised that when an employee waives coverage, it be annotated that they waived and when that occurred.

⚠️ For variable-hour employees, a waiver is only good through the measurement period that was in place when the waiver was requested. An employer must open up coverage after each measurement period and all prior waivers are voided. You must resubmit waivers for every measurement period.

To add a code click the “Add New Waiver Code” button. You can edit or delete existing codes as well.

**Waiver Code**: Enter a waiver code you would like to use to track employees who refuse coverage.

**Description**: Provide a description of the waiver code

Exclude Active Employee and Waived Employees
Configuration > ACA Setup > Exclude Active Employee

The exclude active employee window is used to define which employees will be exempt from the ACA calculation even though they are active employees.

To add an employee click the “Add new record” button. You can also edit or delete a record.

**Employee ID**: Once the Employee ID is selected, the first name and last name will automatically populate.

**Waiver Date**: Specify a date for the waiver.

**Waiver Code**: Specify a waiver code for this employee. The waiver code is the code(s) that were set up during waiver code setup will appear as choices in the drop down list.

**Print**: Clicking the print button will display the Exclude Active Employee report, depicted below. There are several export options to save as, (ie. PDF or Excel)
Exclusion of people is optional for most ACA reporting. The only time it must be done is when you have fewer than 50 employees and are applying for a Small Business Health Care Tax Credit. The following individuals are not considered employees for purposes of full-time equivalent calculation:

- owners of the small business, such as sole proprietors, partners, shareholders owning more than 2% of an S corporation or more than 5% of a C corporation
- a spouse of an owner
  - family members of an owner, including:
  - a child
  - a grandchild
  - a sibling or step-sibling
  - a parent or ancestor of a parent
  - a stepparent
  - a niece or nephew
  - an aunt or uncle
  - a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law
- a spouse of any family member listed above

Upload & Import Data Using Templates
Utilities and Maintenance > ACA Utilities > Upload & Import

We are now ready to import your data. If you are using the import/upload templates provided by Integrity Data, browse through this KB article for in-depth information on what is needed to import your data into the cloud solution and tips for the import process.

Once you have your import templates saved as a text tab delimited file, navigate to the Upload & Import page in the ACA Cloud Solution. Click “Select Files” to select the file to upload.

It is strongly suggested that employees be uploaded successfully first, then dependents (if your company is self-insured), and lastly transactions.
Exporting Data Using the GP Cloud Connector
The Integrity Data GP Cloud Connector is available for Microsoft Great Plains users for free in order to export employee, dependent, transaction and 1095-C information to the ACA Compliance Solution. You can find the download for the GP Cloud Connector by Clicking Here.

You can find information on how to use the GP Cloud Connector by Clicking Here.

Common Import / Export Errors
Utilities and Maintenance > ACA Utilities > Upload & Import

No matter how you are getting data into the ACA Compliance Solution, errors will appear within the ACA Compliance Solution on the Upload & Import page. Click the “Import Errors… View Report” hyperlink to view these errors.
Knowledge base (KB) articles are located on the Integrity Data website. You may reference the following KB Articles by typing the article number shown below into the website search bar, shown below.

Import Error Screenshots and Errors – KB13-047

Multi-Month Transactions for benefit coverage
The ACA Cloud Compliance Solution allows you to upload transactions for a date range in place of monthly transaction imports. There are a few prerequisites that need to be met in order to use this functionality:

- You must have “Use Date Range” selected on your company setup for each company you would like to use for this feature
- You must use the transaction import templates or your payroll system’s transactions must be set up in date ranges
- This feature can only be used with type 2 (deduction) or 3 (benefit) transactions. Type 1 (hours) transactions are not compatible

Setting up to use Multi-Month Transactions
Company Setup

Configuration > ACA Setup > Company

These steps should be followed for each company to be used with this feature. Once the Company ID has been chosen from the drop down list, choose your “Credit Hours Based On” preference and select “Use Date Range” under the Credit Benefits\Deductions Based On header.
ACA Plan Verification

Configuration > ACA Setup > ACA Plan

Be sure to verify that your ACA Plan is configured for the current filing year.
ACA Information Assignments Setup

Configuration > ACA Setup > ACA Information Assignments

Always be sure to take a look at your ACA Information Assignments page and verify that your ACA Compliant plan is chosen for the correct Standard Measurement Period, etc. This step is mandatory for your 1095-Cs to show the correct codes.

Transactions

When creating your range of transactions there are a few things to keep in mind:

- Partial month transactions will not give coverage for that month. This applies to both start dates and end dates
  o For example: a transaction with a start date of 1/2/2017 and an end date of 3/31/2017 will not show coverage for the month of January.
  o Another example: a transaction with a start date of 1/2/2017 and an end date of 3/15/2017 will not show coverage for the months of January or March.
- Check date is not a required field on the transaction import template, but you can put something there such as 1/1/1900
- Check number is not a required field on the transaction import template, but you can put some sort of sequential number in the field

Once you are done creating your transactions, import them into the system. The range of coverage will appear once a year end close is done and 1095-Cs may be verified.

Reports (Eligibility, Employee, IRS Forms)
Alerts & Reports > ACA Reports

Eligibility
- Full-Time Employee and Equivalents
- Initial Measurement Period Analysis
- Stability Measurement Period Analysis
- Standard Measurement Period Analysis

Employee
- Employee Monthly Hours Breakdown
- Full-Time Employees Missing Coverage

IRS Forms
- 1095-C
- 1095-C Envelope
- 1094-C
ELIGIBILITY

**Full-Time Employee and Equivalents report**

Used to determine the number of full-time or full-time equivalent employees on a monthly basis throughout the year.

```
<table>
<thead>
<tr>
<th>Month</th>
<th>Classified Full Time</th>
<th>Classified Non Full Time Hours (&lt;= $30)</th>
<th>Total Hours from Full Time Employees (0 &lt; $130)</th>
<th>Hours Adjustment (Seasonal)</th>
<th>Full-Time Equivalent</th>
<th>Calculated ALE Total ACA Full Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>6</td>
<td>17</td>
<td>3,980.00</td>
<td>0</td>
<td>25</td>
<td>48</td>
</tr>
<tr>
<td>February</td>
<td>6</td>
<td>17</td>
<td>3,200.00</td>
<td>0</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>March</td>
<td>6</td>
<td>17</td>
<td>3,200.00</td>
<td>0</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>April</td>
<td>6</td>
<td>19</td>
<td>3,555.00</td>
<td>0</td>
<td>27</td>
<td>52</td>
</tr>
<tr>
<td>May</td>
<td>6</td>
<td>17</td>
<td>3,200.00</td>
<td>0</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>June</td>
<td>6</td>
<td>17</td>
<td>3,200.00</td>
<td>0</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>July</td>
<td>6</td>
<td>17</td>
<td>3,200.00</td>
<td>0</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>August</td>
<td>6</td>
<td>17</td>
<td>3,200.00</td>
<td>0</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>September</td>
<td>6</td>
<td>17</td>
<td>3,140.00</td>
<td>0</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>October</td>
<td>6</td>
<td>20</td>
<td>3,285.00</td>
<td>0</td>
<td>27</td>
<td>53</td>
</tr>
<tr>
<td>November</td>
<td>6</td>
<td>12</td>
<td>2,940.00</td>
<td>0</td>
<td>19</td>
<td>37</td>
</tr>
<tr>
<td>December</td>
<td>6</td>
<td>12</td>
<td>2,280.00</td>
<td>0</td>
<td>19</td>
<td>37</td>
</tr>
</tbody>
</table>

Summary Analysis
Total ALE for Year: 570
Average for Year: 47
```

**Initial Measurement Period Analysis Report**

The Monthly Initial Measurement Report was absorbed into this report. This report has been updated and also replaces the Monthly Initial Measurement Eligibility report. The report cutoff date dictates whether certain employees will show as having their periods expiring during the month (yellow) or already expired as of the cutoff date (red).
Report Options:

1) Show only ACA Eligible – shows only employees who are eligible for coverage
2) Show only Period Expiring During Cut Off Month – Shows only employees whose initial measurement period is expiring within 30 days of the report cut-off date.
3) Include SSN – Determines whether the Employee SSNs are displayed on the Report.

Stability Measurement Period Analysis Report

Used to determine which employees are currently eligible for coverage in an existing Stability Period, and which employees are trending towards eligibility in current measurement periods. The report allows you to see whether and why a given employee is in a stability period as of the cutoff date specified. Each column for Current and Future indicates what period is covering the employee, and when that eligibility should expire or begin.
This report relies heavily on the ACA information Assignments grid.
- The Cut-Off Date year will be used to map employees to SMPs setup in this grid
- All records will be considered if no year is specified. All records are defined as a record on the ACA Information Assignments page that have “All” defined in the first 6 fields, shown below.

### ACA Information Assignments

#### Report Options-
- Added Employee From To
- Added Include SSN

### Standard Measurement Period Analysis Report

Used to determine number of hours worked and whether the employee is eligible for coverage (Worked total of 130 hours per month)

This report will analyze a standard measurement period and set the cutoff date to the end of the period. If you change the cutoff date, the system will analyze the PIECE of the standard measurement period defined by the date. This will result in the system reporting on the eligibility as of that date. If you are analyzing a period which is not yet over then the report behave the same way, i.e... it gives you the analysis as of the latest information available.
Report Options:

1) Include ACA Full-Time Status – Include employees on the report whose ACA Status is ACA Full-Time
2) Show only ACA Eligible – Show only employees who are eligible for coverage
3) Include SSN – Determines whether the Employee SSNs are displayed on the Report.

EMPLOYEE
Employee Monthly Hours Breakdown Report:

Used to display calculated number of hours worked for each month of the selected year with corresponding employment type, department and company ID. Due to its width the report is set for landscape format by default. Take care when attempting portrait printing.
• Added Employee From To

**Full-Time Employees Missing Coverage Report:**

Full-Time Employee Health Care Coverage and Full-Time Employee Without Health Care Coverage reports have been replaced by this report. The main purpose of the report is to convey which employees are currently missing coverage who are eligible for that coverage. It also conveys the length of time that has elapsed since that eligibility was achieved.

<table>
<thead>
<tr>
<th>Employee ID</th>
<th>SSN</th>
<th>First Name</th>
<th>Last Name</th>
<th>ACA Full Time Date</th>
<th>Days Elapsed</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS0064</td>
<td>XXX-XX-0900</td>
<td>Sebastian</td>
<td>Farnsworth</td>
<td>1/1/2017</td>
<td>138</td>
<td>HR Pay</td>
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<tr>
<td>NM00030</td>
<td>XXX-XX-1983</td>
<td>Mike</td>
<td>Nelson</td>
<td>12/1/2014</td>
<td>900</td>
<td>Main</td>
</tr>
</tbody>
</table>

**IRS FORMS**

**1095-C**

This is the IRS regulated form for mailing to the IRS

**1095-C Envelope**

This is not an IRS regulated form. This is only for mailing an employee's 1095-C to them.

**1094-C**

This is the IRS regulated 1094-C for the company that is mailed to the IRS.

**1095-C Instructions**

This report gives you the ability to print the current or previous filing year’s 1095-C Instructions.

**1095-C Dependent Edit Report**

This report gives an overview of the employee 1095-C and dependent coverage

**1095-C Coverage Edit Report**

This report gives an overview of all employees and companies and their coverage

**Export to Excel for Advanced Sorting**

To download for Excel sorting, click “Excel Worksheet”
Delete the Summary Analysis (if the summary is on the report)

Highlight the column header row and click “Sort & Filter”, then click “Filter”
Click on the column you would like to filter and sort.

<table>
<thead>
<tr>
<th>Employee ID</th>
<th>SSN</th>
<th>First Name</th>
<th>Last Name</th>
<th>Hire Date</th>
<th>Due To</th>
<th>Until</th>
<th>Due To</th>
<th>Starting</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345678</td>
<td>A123</td>
<td>Amberjack</td>
<td>Jones</td>
<td>10/1/2014</td>
<td>SM2017</td>
<td>12/31/2017</td>
<td>None</td>
<td>NA</td>
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<tr>
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<td>NA</td>
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<td>D345</td>
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<td>Brown</td>
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<td>White</td>
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<td>Williams</td>
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<td>NA</td>
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<td>Johnson</td>
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<td>Cook</td>
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<td>None</td>
<td>NA</td>
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<td>Patel</td>
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<td>None</td>
<td>NA</td>
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<td>None</td>
<td>NA</td>
</tr>
<tr>
<td>21098754</td>
<td>O987</td>
<td>Thomas</td>
<td>Patel</td>
<td>10/1/2013</td>
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<td>NA</td>
<td>None</td>
<td>NA</td>
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</tbody>
</table>