

iSOLVED ACA REPORTING

Employment

Effective Date	Employment Category	ACA Status	Hours met for ACA FT Status	Statutory	Qualified Pension	Highly Compensated	Corporate Officer
01/2014	Full Time	ACA Full Time					
04/2001	Part Time	ACA Variable	✓				
01/2001	Part Time	ACA Variable					

Employment Category Information

- * Effective Date: 04/2001
- * Employment Category: Part Time
- ACA Employment Status: ACA Variable
- Hour (e.g., Variable met for ACA Fulltime Status):
- Statutory Employee:
- Qualified Pension Plan:
- Highly Compensated:
- Corporate Officer:
- Deriving Percent:
- Full Time Equivalent:
- Change Reason:

Identify & Track part-time employees who have met the variable hours requirement for benefits

Employment Categories

Code	Description	ACA Employment Status	Reserve
FT	Full Time	ACA Full Time	False
OSP	On Site Full Time	ACA Full Time	False
PT	Part Time	ACA Variable	False
SA	Seasonal	ACA Variable Seasonal	False
TT	Test Type	ACA Full Time	False

Employment Category

- * Code: FT
- * Description: Full Time
- Include from 100 Reports:
- Include from 913-100:
- Seasonal Employee:
- *ACA Employment Status: ACA Full Time
- Reserve:

Ability to track internal employment status and ACA status Independently

ACA FORMS

ACA's reporting deadlines are closing in on employers, many of whom haven't considered the process they need in order to meet the requirements. Along with compiling the tremendous amount of data needed, knowing what forms to file and when is critical.

Form	Purpose	Who files	Who receives	Deadline	Notes
1094-B Transmittal of Health Coverage Information Returns	Cover sheet that accompanies the 1095-B Forms	Health insurance issuers or carriers Small, self-insured employers	IRS	May 31, 2016 June 30, 2016, for electronic filers	Must be filed with Form 1095-B
1095-B Health Coverage	Statement indicating which months the individual and any dependents were covered by minimum essential coverage	Health insurance issuers or carriers Small, self-insured employers	IRS	May 31, 2016 June 30, 2016, for electronic filers	Send to last known address May provide electronically with recipient's affirmative consent
1094-C Transmittal of Employer-Provided Health Insurance and Coverage Information Returns	Cover sheet that accompanies the 1095-C Forms Summary information for each employer including certifications of eligibility, aggregate group member information and any transition relief that may apply	Applicable Large Employers (ALE); 50 or more full-time employees (including full-time equivalent employees)	IRS	May 31, 2016 June 30, 2016, for electronic filers	Must be filed with Form 1095-C Reports summary information for each employer Used in determining whether an employer owes a payment under the employer shared responsibility
1095-C Employer-Provided Health Insurance Offer and Coverage	Statement reporting on offers of health coverage and enrollment in health coverage for employees For self-funded employers, reports which months the individual and any dependents were covered by minimum essential coverage	ALE (Employers with 50 or more full-time employees including full-time equivalent employees)	IRS Each full-time employee	IRS May 31, 2016 June 30, 2016, for electronic filers March 31, 2016	Send to last known address May provide electronically with recipient's affirmative consent Used to determine eligibility of employees for the premium tax credit