ACA - Tab Delimited Text File Setup

Two files, one for employees and on for the insured individuals are needed to import into the 1099-Etc's ACA Filer. Data saved as a tab or comma delimited text file can be imported, and if the column headers are pre-defined, when importing they will be automatically be recognized.   To setup a file to import into the ACA Filer, please use the following guidelines.

Employee Import File

The Employee/Responsible Individual's data must be imported first. The import file should be formatted as a tab or comma delimited text file and include the SSN, Name, Address fields and Birthdate. This will also import the *Origin of Policy (1095-B form)* and/or the *Coverage Code*, *Employee Share* and the *Safe Harbor Code (1095-C forms)*.

Employee/Responsible Individuals

First, the data must be in columns. For the *Employee/Responsible* information, use the following headers and format the fields as described below.

SSN - Social Security Number
Name - Last Name, First Name, MI
ADR2 - Employee/Responsible Individual's Street Address
City - City, OK Zip - All three fields must be in on column
Birthdate - format as DD/MM/YYYY

	A	B	C	D	E
1	SSN	NAME	ADR2	CITY	BIRTHDATE
2	123-12-1234	SMITH, JOHN J.	2200 NW 122nd	OKLAHOMA CITY, OK 73121	1/1/1970
3	122-33-4444	JONES, KATIE	3223 BLUE SPRUCE COURT	OKLAHOMA CITY, OK 73122	10/10/1972
4	234-56-7890	BROWN, THOMAS	334 NW 112 Street	OKLAHOMA CITY, OK 73123	2/2/1980
5	111-11-1111	HARRISON, ANTHONY	P. O. BOX 1234	OKLAHOMA CITY, OK 73124	12/12/1981
6	222-22-2222	BROWN, BEN	P. O. BOX 12041	OKLAHOMA CITY, OK 73125	11/7/1961
7	333-33-3333	GREEN, DEBERT	12344 WHITE RIDGE	OKLAHOMA CITY, OK 73126	9/8/1969
8	444-44-4444	BARNES, CONNIE	P. O. BOX 11211	OKLAHOMA CITY, OK 73127	4/4/1988
9	555-55-5555	FORD, TARA	P.O. BOX 2345	OKLAHOMA CITY, OK 73128	5/1/1988

1095-B Fields

Each forms requires different ACA information. The *Origin of Policy* is required for the *1095-B* form and the *Coverage Code*, *Self-Only Cost* and the *Safe Harbor Code* are required for the 1095-C form. If all employees were covered for the entire year, there should be one field for each code.

Note:
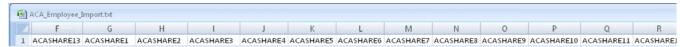The *ACASHOP* field is the *Origin of Policy* field.

	A	B	C	D	E	F
1	SSN	NAME	ADR2	CITY	BIRTHDATE	ACASHOP
2	123-12-1234	SMITH, JOHN J.	2200 NW 122nd	OKLAHOMA CITY, OK 73121	1/1/1970	B
3	122-33-4444	JONES, KATIE	3223 BLUE SPRUCE COURT	OKLAHOMA CITY, OK 73122	10/10/1972	B
4	234-56-7890	BROWN, THOMAS	334 NW 112 Street	OKLAHOMA CITY, OK 73123	2/2/1980	B
5	111-11-1111	HARRISON, ANTHONY	P. O. BOX 1234	OKLAHOMA CITY, OK 73124	12/12/1981	B
6	222-22-2222	BROWN, BEN	P. O. BOX 12041	OKLAHOMA CITY, OK 73125	11/7/1961	B
7	333-33-3333	GREEN, DEBERT	12344 WHITE RIDGE	OKLAHOMA CITY, OK 73126	9/8/1969	B
8	444-44-4444	BARNES, CONNIE	P. O. BOX 11211	OKLAHOMA CITY, OK 73127	4/4/1988	B
9	555-55-5555	FORD, TARA	P.O. BOX 2345	OKLAHOMA CITY, OK 73128	5/1/1988	B

Origin of Policy options:

A. Small Business Health Options Program (SHOP)
B. Employer-sponsored coverage
C. Government-sponsored program
D. Individual market insurance
E. Multiemployer plan
F. Miscellaneous minimum essential coverage

1095-C Fields
Self-only cost

Enter the dollar value for each month that the employee/responsible individual was covered. If covered for all 12 months the value is entered in the ACASHARE13 field only. The column headers start with ACASHARE and the number, at the end, represents the month, 13 represents, all 12 months. For example, ACASHARE11 is November.

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	ACASHARE13	ACASHARE1	ACASHARE2	ACASHARE3	ACASHARE4	ACASHARE5	ACASHARE6	ACASHARE7	ACASHARE8	ACASHARE9	ACASHARE10	ACASHARE11	ACASHARE1...

Employee Share Lowest Cost

Complete this section, only if the Coverage Code is *1B*, *1C*, *1D*, or *1E*. Enter the amount, including cents, of the employee share of the low-cost monthly premium for self-only minimum essential coverage, providing minimum value that is offered to the employee. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00 (do not leave <blank>). If the code is the same for all 12 months, select the code in the *All 12 Mos* field. If the data is not the same for all 12 months, in each section, enter the cost in each months' box.

Note:
Please refer to the 1095-C Instructions for additional information.

Coverage Code

Enter the *Coverage Code* for each month that the employee/responsible individual was covered. If covered for all 12 months, the value is entered in the *ALLCODE* field only The column headers end with *CODE* and the first three characters represents the month, *ALL* represents, all 12 months. For example, *SEPCODE* is September.

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	ALLCODE	JANCODE	FEBCODE	MARCODE	APRCODE	MAYCODE	JUNCODE	JULCODE	AUGCODE	SEPCODE	OCTCODE	NOVCODE	DECCODE

Coverage Codes

The Coverage Codes specifies the type of coverage offered to an employee, the employee's spouse and the employee's dependents. If the code is the same for all 12 months, select the code in the **12 Months** field. If the data is not the same for all 12 months, in each section, enter the code in each months' box. The Code is the letter at the beginning of the following descriptions. Please refer to the 1095-C instructions for additional information.

Code	Description
A	Min coverage offered to employee with self-only coverage equal to or less than $1,108.65, spouse, and dependents
B	Min coverage offered to employee and NOT spouse or dependents
C	Min coverage offered to employee and dependents, NOT spouse
D	Min coverage offered to employee and spouse, NOT dependents
E	Min coverage offered to employee, dependents, and spouse
F	NOT Minimum coverage offered to employee and/or spouse and dependents
G	NOT a full-time employee enrolled in self-insured employer-sponsored coverage
H	NO offer of coverage
I	Qualifying Offer Transition Relief

Safe Harbor

Enter the **Safe Harbor Code** for each month that the employee/responsible individual was covered. If covered for all 12 months, the value is entered in the **ALLSAFE** field only. The column headers end with **SAFE** and the first three characters represents the month, **ALL** represents, all 12 months. For example, **AUGSAFE** is August.

ACA_Employee_Import.txt

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	ALLSAFE	JANSAFE	FEBSAFE	MARSAFE	APRSAFE	MAYSAFE	JUNSAFE	JULSAFE	AUGSAFE	SEPSAFE	OCTSAFE	NOVSAFE	DECSAFE

4980H Safe Harbor

Please refer to the 1095-C Instructions for additional information. The codes are:

Code	Description
A	Employee not employed during the month
B	Employee not a full-time employee
C	Employee enrolled in coverage offered.
D	Employee is a section 4980H(b) Limited Non- Assessment Period
E	Multi-employer interim rule relief
F	Section 4980H affordability Form W-2 safe harbor
G	Section 4980H affordability federal poverty line safe harbor
H	Section 4980H affordability rate of pay safe harbor
I	Non-calendar year transition relief applies to this employee

Covered Individuals - Import file

The Covered Individual's data is imported after the Employee/Responsible Individuals information has been imported. The import file should be formatted and saved as a tab or comma delimited text file and include the Employee/Responsible Individual's SSN, The Covered Individual's Name SSN and Date of Birth. The Months of Coverage will also need to be included.
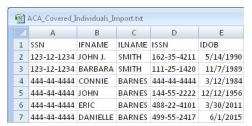
Note:
If the Employee/Responsible Individual is also Covered, please make sure to include them in the Covered Individuals import.

ACA_Covered_Individuals_Import.txt

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	SSN	IFNAME	ILNAME	ISSN	IDOB	COVERALL	COVERJAN	COVERFEB	COVERMAR	COVERAPR	COVERMAY	COVERJUN	COVERJUL	COVERAUG	COVERSE
2	123-12-1234	JOHN J.	SMITH	162-35-4211	5/14/1990	X									
3	123-12-1234	BARBARA	SMITH	111-25-1420	11/7/1989	X									
4	444-44-4444	CONNIE	BARNES	444-44-4444	3/12/1984	X									
5	444-44-4444	JOHN	BARNES	144-55-2222	12/12/1956	X									
6	444-44-4444	ERIC	BARNES	488-22-4101	3/30/2011	X									
7	444-44-4444	DANIELLE	BARNES	499-55-2417	6/1/2015							X	X	X	X

Employee/Responsible Individuals

First, the data must be in columns. For the **Employee/Responsible** information, use the following headers and format the fields as described below.

SSN - Employee/Responsible Individual's - Social Security Number
IFNAME - Employee/Responsible Individuals - First Name, MI
ILNAME - Employee/Responsible Individuals - Last Name
ISSN - Covered Individuals - Social Security Number
IDOB - format as DD/MM/YYYY

ACA_Covered_Individuals_Import.txt

	A	B	C	D	E
1	SSN	IFNAME	ILNAME	ISSN	IDOB
2	123-12-1234	JOHN J.	SMITH	162-35-4211	5/14/1990
3	123-12-1234	BARBARA	SMITH	111-25-1420	11/7/1989
4	444-44-4444	CONNIE	BARNES	444-44-4444	3/12/1984
5	444-44-4444	JOHN	BARNES	144-55-2222	12/12/1956
6	444-44-4444	ERIC	BARNES	488-22-4101	3/30/2011
7	444-44-4444	DANIELLE	BARNES	499-55-2417	6/1/2015

The coverage months will also need to be included in the import. If covered for all 12 months, the value is entered in the **COVERALL** field only. The column headers begin with **COVER** and the last three characters represents the month, **ALL** represents, all 12 months. For example, **COVERSEP** is September.

F	G	H	I	J	K	L	M	N	O	P	Q	R
COVERALL	COVERJAN	COVERFEB	COVERMAR	COVERAPR	COVERMAY	COVERJUN	COVERJUL	COVERAUG	COVERSEP	COVEROCT	COVERNOV	COVERDEC