

ACA Compliance SuiteSM

Your Complete
ACA Compliance
Solution



6055/6056 Reporting

Exchange Notice

ACA  StatusTrackerSM

The Businessolver ACA Compliance Suite brings the power of three ACA compliance solutions together with an industry-leading benefits technology to deliver a powerful single solution. ACA Compliance Suite's flexibility allows you to choose the pieces required to help you navigate IRS reporting requirements – now and into the future.

Let Businessolver's technology help you deliver a benefits program that meetings your strategic goals AND fulfill your compliance requirements.

EXPERIENCE YOU CAN COUNT ON

Businessolver has been helping large, complex employers manage compliance and determine employee benefits eligibility with advanced technology for more than 17 years. When it comes to developing nimble and thoughtful solutions for complex issues, you cannot find a better partner.



Businessolver's ACA Compliance SuiteSM manages employer compliance with ACA full-time employee eligibility rules to prevent costly penalties. It includes employee eligibility tracking, employer and employee notifications, and necessary regulatory reporting information. Rely on Businessolver to help you:



CONFIGURE

- Assign specific plans to ACA-eligible populations
- Set up rules to support client-specified measurements



MEASURE

- Track employee hours, status and have full transparency into the IRS dashboard
- Determine eligibility for benefits



APPLY

- Apply rules and eligibility
- Automatically enroll eligible employees into health plans



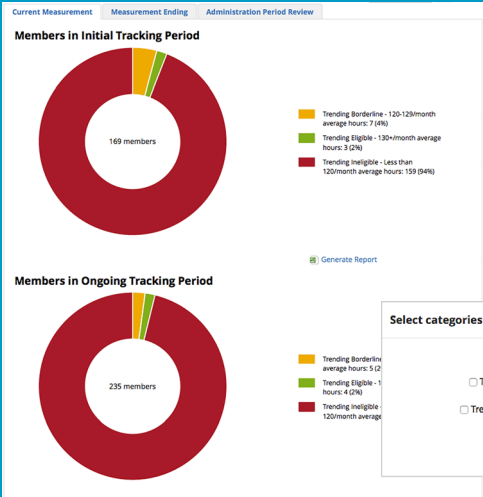
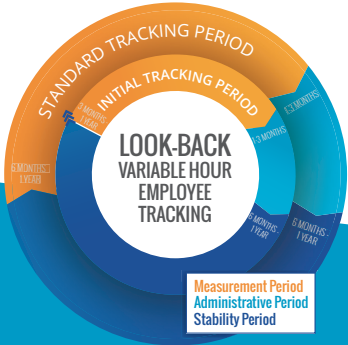
REPORT

- Provide data required to ensure compliance
- Report waived coverage reasons and offer IRS-required data for reporting



COMMUNICATE

- Deliver government-mandated Summary of Benefits and Coverage
- Deliver ACA-required communication



ACA StatusTrackerSM by businessolver

ACA StatusTrackerSM analytic reporting tracks employee eligibility status and trending.

Select categories to include in the report

Report All Categories

Trending Borderline - 120-129/month average hours

Trending Eligible - 130+/month average hours

Trending Ineligible - Less than 120/month average hours

Close Generate Report

Employee-level measurement details available within the employee record

| Employment Information | | | | |
|--|-----------------------|-------------------------------|----------------------------|-------------------|
| Date of Hire | Date of Termination | Department | Job Title | Employment Status |
| 01/01/2016 | | | | Part-time |
| EEO Classification | Employee Number | Payroll Frequency | Structure | |
| | | Semi-Monthly | | |
| Current ACA Eligibility | | | | |
| Variable Hours | ACA Benefits Eligible | Date of ACA Benefit Status | ACA Eligibility End Date | ACA Average Hours |
| True | Ineligible | 01/01/2016 | | 0 |
| Future ACA Eligibility - Expects Calculation | | | | |
| ACA Period Measurement | ACA Eligibility | Future Date of Benefit Status | Months used in Measurement | ACA Average Hours |
| | Ineligible | 01/01/2017 | 2 | 0.00 |

After reviewing the complexities of all of the 6055 and 6056 reporting requirements, Businessolver has developed several flexible options to support a variety of reporting needs.

The chart below was designed to help frame up Businessolver's offerings and align with you regarding your options.

MEC large employer plan

| EMPLOYEE TYPE | ENROLLMENT STATUS | Fully Insured 1095-C | | | Self Funded 1095-C | | |
|--|-------------------|-------------------------|------------|-------------------------------|-----------------------|------------|-------------|
| | | Section I | Section II | Section III | Section I | Section II | Section III |
| Full Time (defined as being expected to work 30 or more hours) | Eligible | • | • | | • | • | |
| | Offered | • | • | | • | • | |
| | Enrolled | • | • | Provided by insurer on 1095-B | • | • | • |
| Variable (defined as unknown expected work hours and have status tracked) | Eligible | • | • | | • | • | |
| | Offered | • | • | | • | • | |
| | Enrolled | • | • | Provided by insurer on 1095-B | • | • | • |
| Part Time (defined as not expected to work close to 30 hours and employer may/may not be tracking hours but does offer coverage) | Eligible | | | | | | |
| | Offered | | | | | | |
| | Enrolled | • | | Provided by insurer on 1095-B | • | | • |

SERVICE OPTIONS

Businessolver offers several options related to 6055/6056 reporting:

1095 DATA STORAGE FOR REPORTING

- ▶ Monthly storage of the fields identifying offer of health coverage to employees and enrollment for all covered individuals
- ▶ Businessolver will provide a standard extract file for data management
- ▶ 1095 Data Storage is available regardless of whether you are utilizing any other ACA service
- ▶ Requires any undetermined offer and Safe Harbor codes (e.g., information requested on lines 14 and 16 of IRS form 1095-C) be provided to Businessolver by you

6055/6056 Reporting includes an employee-level view of the data required to fulfill IRS reporting requirements

Employees - 1095 Reporting Information: Employee Test

Select year: 2015

| 1095c Field | Offer and Coverage | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | |
|-------------|------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----|-----|
| 14 | Offer Code | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | | |
| 15 | EE Only Prem | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | 80.22 | | |
| 16 | SH Code | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | | |
| | FEIN | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | 1234510 | | |
| | EE Status | FT | FT | FT | FT | FT | FT | FT | FT | FT | FT | FT | FT | | |
| | ACA Eligibility Status | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | | |
| 1095c Field | Covered | SSN | DOB | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 17 | Employee Test | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Back to Search Results | Edit | Delete Coverage Members

"The consequences of noncompliance can be severe, with the applicable penalty depending on which of the many and complex ACA provisions is violated and the nature and extent of the violation. Employers should keep these penalties in mind... as they work to ensure ACA compliance for their group health plans."

-Buck Consultants

ADD-ON OPTIONS

1095-C EMPLOYER FULFILLMENT

- ▶ Businessolver will use the data stored to generate IRS Form 1095-C
- ▶ Final output from Businessolver may be provided either via data file to the employer or completed 1095-C form to employee

1094-C TRANSMITTAL[†]

- ▶ Clients will review data to confirm offer and Safe Harbor codes for employees prior to transmittal to IRS
- ▶ Businessolver will submit 1094-C data for all employees and dependents via the IRS-prescribed electronic filing format

[†] Up to approximately 100 MB for initial file transmission; additional transmissions required by IRS beyond 100 MB; additional fee may apply for each subsequent transmission. For a given Applicable Large Employer (ALE), the IRS may require each FEIN to transmit on a separate file. (Please see your tax advisor or tax attorney to multiple FEIN determination based on your legal tax structure.)

Exchange Notice

by  businessolver

Businessolver supports the distribution of the Notice of Exchange. Our communications and legal teams have crafted a modified version of the Exchange notice that meets the notice requirements and simplifies the language so that your employees clearly understand their health insurance options. The notice is automatically stored on an employee's record for electronic viewing, and Businessolver offers the ability to mail the notice directly to employees.

DELIVERY OPTIONS

- Provided to employees within 14 days of start date
- Digital only (PDF) saved to employee's record
- Print & mail (includes digital version)

OUR COMMITMENT TO CONTINUOUS COMPLIANCE, COMMUNICATION AND IMPROVEMENT

Healthcare reform is a complicated subject that is rapidly changing as the Affordable Care Act is refined and evolves. Businessolver wants our clients to not only be prepared for these changes, but also understand the impact that these regulations will have across their business.

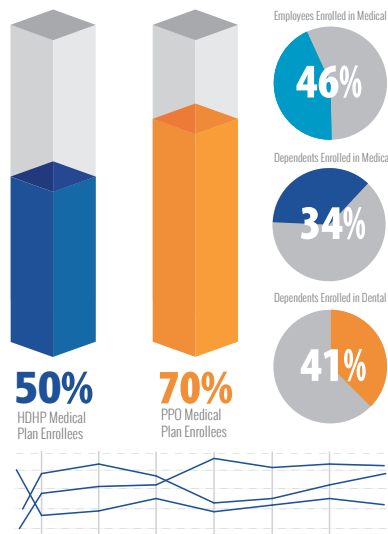
Our teams receive ongoing training and coaching on changes to legislation in order to best support our clients. This includes training on any new functionality or services designed to help our clients meet new regulations. All members of our Service Center team are also provided training on healthcare reform topics to best support your employees.

ADDITIONAL ACA SERVICES

W-2 REPORTING

Businessolver provides a cumulative monthly report that aggregates employer and employee contributions. Standard reporting includes year-to-date accumulations for the following plan subgroups: Medical, Dental, Vision, Prescription Drug, and EAP plans built within Benefitsolver. Report details include:

- SSN
- Employee ID
- Plan Type
- Structure Group
- Term Date
- Department
- Pay Frequency
- Plan Effective Date
- Cost Year to Date

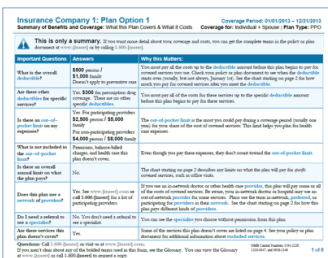


Businessolver provides two standard methods for accumulating your premium data for W-2 purposes based on the Premium Charged method and you may choose which works best for your needs.

- **Billing & Financial Reporting** – provides your billing wash rules and any adjustments made to member premiums throughout the course of the year.
- **Manage Payroll** – provides the ability to generate an accumulated W-2 using your payroll information.

SUMMARY OF BENEFITS AND COVERAGE

Employers are required to provide participants an Health & Human Services (HHS)-approved Summary of Benefits and Coverage (SBC) explanation. Businessolver offers a few options for delivering SBC information to employees including posting the document within the system and incorporating it as an information tool during enrollment.



We have also included the required glossary of terms into the documents themselves, rather than as a separate attachment, making it easier for users to understand complex terminology.

Businessolver's easy set-up tool simply delivers SBC communication to your employees.

ANALYTICS & REPORTING

The Benefitsolver platform has a number of standard reports and graphical analytics tools that will provide you the necessary information you need to complete the ACA-required forms, including:

- **PCORI section of the IRS Form 720** – Businessolver houses the data required to complete the PCORI section of IRS form 720 for self-insured health plans via an integrated analytics tool. The analytics display a point-in-time count of all enrolled members (employees and dependents) as of a specified point in time.
- **Transitional Reinsurance reporting (2014-2016)** – The ACA requires health insurance issuers and self-funded group health plans to fund a Transitional Reinsurance Program in place from 2014 to 2016. Businessolver reports average member counts for you to submit to the Department of Health and Human Services to comply with the ACA.

WAIVE REASONS

The Benefitsolver platform tracks when an employee waives coverage. If an employee waives coverage, a waive reason can be required for each benefit waived. Waive reasons are available in Benefitsolver, providing you proof of offered coverage – including a time and date stamp of any waived coverage.

AUTO ENROLLMENT

The Benefitsolver platform supports auto enrollments at the plan level. Employees can be automatically enrolled in a set of default plans regardless of whether an employee logs in during annual enrollment, or previous elections can be rolled over to the next year during annual enrollment.

ACA APPEALS

ACA appeals and inquiries processing will address:

- **Exchange Premium Tax Credit (PTC) Appeals** (as defined under ACA provisions) based on employee eligibility for coverage by the employer-sponsored plan;
- **Employee Eligibility Appeals** according to hours worked (provided by the client) to determine eligibility as defined by ACA; or
- **Coverage Claims Appeals** (as defined under ACA provisions) which will be referred to the medical plan carrier to determine claims payment.