**BES ACA Reconciliation Report**

This monthly report is posted in HuRMan and shows all 2015 participant records in the BES database for your group.

Columns 1 – 10:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGY | GRP | SUB | FEIN | SC | SSN | ID | LAST NAME | FIRST NAME | MI |
| 999 | 999 | 999 | 99-9999999 | 9999 | 999999999 | 9999999 | LastName | FirstName | M |

Columns 11 – 19:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <JAN> | <FEB> | <MAR> | <APR> | <MAY> | <JUN> | <JUL> | <AUG> | <SEP> |
| Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer |
| - / - | - / - | - / - | - / - | - / - | - / - | - / - | - / - | - / - |

AGY Agency Number

GRP Group Number

SUB Subdivision Number (default for a State group is 000)

 The combination of AGY, GRP, and SUB are the BES group number.

FEIN Federal Employer ID Number

SC Sort Code (used for sorting purposes only)

SSN Social Security Number

ID BES ID

LAST NAME Last Name

FIRST NAME First Name

MI Middle Initial

<JAN>-<SEP> Report Months

Class Code hyphen (-) No record for this month

 asterick (\*) Employee covered by another agency for this month

 FT Full-time employee

 PT Part-time employee

 EX Excluded by OHB

Offer Code hyphen (-) Employer not required by ACA to offer coverage

 asterick (\*) Employee covered by another agency for this month

 W Waived Employee waived offer of coverage (chose not to enroll)

 E Enrolled Employee enrolled in the coverage offered

 F Failure Employer failed to offer ACA coverage

**Instructions for reconciling the BES ACA Reconciliation Report**

**Step 1:** Make sure the FEIN is accurate for each employee listed. If a FEIN is incorrect, contact Brenda.Farrish@dhrm.virginia.gov to report the discrepancy.

**Step 2:** Make sure each employee listed reflects an accurate record of coverage offered in 2015 using the key above.

 **It is important to closely review records with a hyphen under any month.** A hyphen indicates that BES does not have a record and that the employee was not offered coverage by your group for that month. If the record is accurate, no action is required.

 If a record is not accurate, submit a STATE - ACA Reconciliation Form - CORRECTION (Page 4) to OHB so the record can be corrected.

* If coverage was offered, but the employee chose not to enroll, replace the hyphen with W.
* If the class code is not correct, replace it with the correct class code.
* If coverage was not offered and the employee was eligible by ACA standards, replace the hyphen with F.

**Step 3:** Make sure all eligible employees for 2015 are listed. If an eligible employee is missing from the report, submit STATE - ACA Reconciliation Form - ADDITION (Page 5) to OHB so a record can be added to the BES database.

**Sample Records:**

**Sample 1: Test A Sample**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGY | GRP | SUB | FEIN | SC | SSN | ID | LAST NAME | FIRST NAME | MI |
| 999 | 999 | 999 | 99-9999999 | 9999 | 999999999 | 9999999 | SAMPLE | TEST | A  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <JAN> | <FEB> | <MAR> | <APR> | <MAY> | <JUN> | <JUL> | <AUG> | <SEP> |
| Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer |
| FT / E | FT / E | FT / E | FT / E | FT / E | FT / E | FT / E | FT / E | FT / E |

Test A Sample shown above indicates that coverage was offered Jan – Sep. It also indicates that the class was FT for Jan – Sep. If the class code for each month is correct, no action is required. If this is not correct, send a correction form to OHB.

**Sample 2: Test B Sample**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGY | GRP | SUB | FEIN | SC | SSN | ID | LAST NAME | FIRST NAME | MI |
| 999 | 999 | 999 | 99-9999999 | 9999 | 999999999 | 9999999 | SAMPLE | TEST | B |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <JAN> | <FEB> | <MAR> | <APR> | <MAY> | <JUN> | <JUL> | <AUG> | <SEP> |
| Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer |
| - / - | - / - | FT / W | FT / E | FT / E | FT / E | PT / E | PT / E | PT/ E |

Test B Sample shown above indicates that coverage was not offered Jan – Feb. It also indicates that the class was FT for Mar – Jun and PT for Jul – Sep. If this is correct, no action is required. If this is not correct, send a correction form to OHB.

**Sample 3: Test C Sample**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGY | GRP | SUB | FEIN | SC | SSN | ID | LAST NAME | FIRST NAME | MI |
| 999 | 999 | 999 | 99-9999999 | 9999 | 999999999 | 9999999 | SAMPLE | TEST | C |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <JAN> | <FEB> | <MAR> | <APR> | <MAY> | <JUN> | <JUL> | <AUG> | <SEP> |
| Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer |
| FT / E | FT / E | FT / E | FT / E | FT / E | FT / E | - / - | - / - | - / - |

Test C Sample shown above indicates that coverage was not offered Jul – Sep. It also indicates that the class was FT for Jan - Jun. If this is correct, no action is required. If this is not correct, send a correction form to OHB.

**Sample 4:** **Test D Sample**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGY | GRP | SUB | FEIN | SC | SSN | ID | LAST NAME | FIRST NAME | MI |
| 999 | 999 | 999 | 99-9999999 | 9999 | 999999999 | 9999999 | SAMPLE | TEST | D |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <JAN> | <FEB> | <MAR> | <APR> | <MAY> | <JUN> | <JUL> | <AUG> | <SEP> |
| Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer | Class / Offer |
| - / - | - / - | PT / - E | PT / - E | FT / - E | FT / - E | - / - | - / - | - / - |

Test D Sample shown above indicates that coverage was not offered Jan – Feb and Jul - Sep. It also indicates that the class was PT for Mar – Apr and FT for May - Jun. If this is correct, no action is required. If this is not correct, send a correction form to OHB.

**STATE - ACA Reconciliation Form - CORRECTION**

**Section 1: Use the following Class and Offer codes to correct a record on your group’s ACA Reconciliation Report.**

 **Be sure to enter data in each field.**

 Class Codes: FT Full-time employee

 PT Part-time employee

 Offer Codes: W Waived - Employee waived enrollment in coverage offered (chose not to enroll)

 F Failure - Employer failed to offer coverage by ACA standards

 Note: You may not change an offer code from W or E. Enrollment changes must be submitted by an enrollment form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ID: |  | LAST NAME: |  | FIRST NAME: |  | MI: |  |

|  |  |  |
| --- | --- | --- |
| <JAN>Class / Offer | <FEB>Class / Offer | <MAR>Class / Offer |
| 🞏No change |  | 🞏No change |  | 🞏No change |  |
| 🞏Change Class Code to: |  | 🞏Change Class Code to: |  | 🞏Change Class Code to: |  |
| 🞏Change Offer Code to: |  | 🞏Change Offer Code to: |  | 🞏Change Offer Code to: |  |

|  |  |  |
| --- | --- | --- |
| <APR>Class / Offer | <MAY>Class / Offer | <JUN>Class / Offer |
| 🞏No change |  | 🞏No change |  | 🞏No change |  |
| 🞏Change Class Code to: |  | 🞏Change Class Code to: |  | 🞏Change Class Code to: |  |
| 🞏Change Offer Code to:  |  | 🞏Change Offer Code to: |  | 🞏Change Offer Code to: |  |

|  |  |  |
| --- | --- | --- |
| <JUL>Class / Offer | <AUG>Class / Offer | <SEP>Class / Offer |
| 🞏No change |  | 🞏No change |  | 🞏No change |  |
| 🞏Change Class Code to: |  | 🞏Change Class Code to: |  | 🞏Change Class Code to: |  |
| 🞏Change Offer Code to: |  | 🞏Change Offer Code to: |  | 🞏Change Offer Code to: |  |

|  |  |  |
| --- | --- | --- |
| <OCT>Class / Offer | <NOV>Class / Offer | <DEC>Class / Offer |
| 🞏No change |  | 🞏No change |  | 🞏No change |  |
| 🞏Change Class Code to: |  | 🞏Change Class Code to: |  | 🞏Change Class Code to: |  |
| 🞏Change Offer Code to: |  | 🞏Change Offer Code to: |  | 🞏Change Offer Code to: |  |

**Section 2: Employer’s Certification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BES Group: | Agy: |  | Grp: |  | Sub: | 000 |
| Signature: |  |  |  |  | Date Signed: |  |
| Printed Name: |  |  |  | Phone: | ( ) - | Ext: |  |

Send authorized form by: Email: OHB@dhrm.virginia.gov, Fax: (804) 371-0231, or Mail: DHRM-OHB, 101 N 14th St Fl 13, Richmond, VA 23219

**STATE - ACA Reconciliation Form - ADDITION**

**Section 1: Use the following Class and Offer codes to add a record to your group’s ACA Reconciliation Report.**

 **Be sure to enter data in each field.**

 Class Codes: hyphen (-) No record for this month, coverage not offered by this group

 FT Full-time employee

 PT Part-time employee

 Offer Codes: hyphen (-) Employer not required by ACA standards to offer coverage

 W Waived - Employee waived enrollment in coverage offered (chose not to enroll)

 F Employer failed to offer coverage by ACA standards

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SSN: |  | LAST NAME: |  | FIRST NAME: |  | MI: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Gender M/F: |  | BES Agy: |  | BES Grp: |  | BES Sub: | 000 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Street or PO Box: |  |  |  |  |  |
| City: |  | State: |  | Zip+4: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| <JAN> | <FEB> | <MAR> | <APR> | <MAY> | <JUN> |
| Class | Offer | Class | Offer | Class | Offer | Class | Offer | Class | Offer | Class | Offer |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| <JUL> | <AUG> | <SEP> | <OCT> | <NOV> | <DEC> |
| Class | Offer | Class | Offer | Class | Offer | Class | Offer | Class | Offer | Class | Offer |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Section 2: Employer’s Certification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BES Group: | Agy: |  | Grp: |  | Sub: | 000 |
| Signature: |  |  |  |  | Date Signed: |  |
| Printed Name: |  |  |  | Phone: | ( ) - | Ext: |  |

Send authorized form by: Email: OHB@dhrm.virginia.gov, (804) 371-0231, or Mail: DHRM-OHB, 101 N 14th St Fl 13, Richmond, VA 23219