

### ACA Data Entry Certification Overview

This Job Aid provides instructions on how to complete the ACA data entry certification in Cardinal. The ACA has provisions that are applicable depending on the size of the employer; this process certifies the number of employees and provides an opportunity to update tax data (such as the address). Contact the TLC Group at the Office of Health Benefits (OHB) with any questions on how the TLC should use this page at ohb@dhrm.virginia.gov.

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#### **ACA Data Entry**

Step	Action
1.	Navigate to the ACA Data Entry page using the following path:
	Menu > Benefits > Employer Information > ACA Data Entry

#### The ACA Data Entry Search page displays.

ACA Data Entry         Enter any information you have and cick Search. Leave fields blank for a list of all values.         Find an Existing Value	ACA Data Entry	Cardinal Homepage
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Click the <b>Search</b> button.		
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Search Clear Basic Search 🖾 Save Search Criteria		



Step	Action
The ACA	Data Entry page displays.
	< Cardinal Homepage ACA Data Entry
	ACA Data Entry
	Employer Reporting Year 2023   Federal EIN Country USA   UNIEd States Edit Address   Contact Employee ID   Oct.JOHN   Contact Name DOE.JOHN Contact Phone Number    DOE.JOHN   Contact Phone Number    555/555-5555      Yes: No:     Yes: No:     Sate Harbor Code Requested:
i	OHB runs a clone process to create a shell for each new Reporting Year for each TLC.
4.	Update the TLC address information using the <b>Edit Address</b> button as needed.
5.	Update the TLC Contact by clicking the Contact Employee ID Look Up icon as needed.
	Contact Employee ID
	The <b>Contact Name</b> and <b>Contact Phone Number</b> fields are read-only and will populate based on the Contact Employee ID entered/selected.
	Contact Name DOE, JOHN
	Contact Phone Number 555/555-5555
6.	Review the <b>ACA Reporting Indicator</b> checkbox option. This is set for the TLC by OHB and cannot be changed.
	ACA Reporting Indicator:



Step	Action		
6.	Answer the "50 or more full-time equivalent employees" question by clicking the <b>Yes</b> or <b>No</b> checkbox option ( <b>Yes</b> checkbox option is selected by default).		
	In general, did you have 50 or more full-time equivalent employees during the prior calender year? Remember employer includes all groups using the FEIN above. Yes: ☑ No: □		
7.	Review the <b>Safe Harbor Code Requested</b> checkbox option. This is set for the TLC by OHB and cannot be changed by the TLC. If it is not accurate, contact the TLC Group at OHB.		
	If this checkbox option is selected, proceed with Step 8. If this checkbox option is not selected, skip to Step 9.		
	Safe Harbor Code Requested:		

If the **Safe Harbor Code Requested** checkbox option is selected, the **Safe Harbor Code** field displays.

			ACA Data Entry
ACA Data Entry			
Factors		Reporting Year 2023	
Employer Federal EIN		Reporting four	
Country USA	United States		
Address		Edit Address	
Contact Employee ID			
Contact Name	DOE, JOHN		
Contact Phone Number	555/555-5555		
ACA Reporting Indi	ator: 🧹		
In general, did you have calender year? Rememb Yes: Safe Harbor Code Reques Based on an evaluation of the Federal Poverty Levo	or more full-time equivalent employer r employer includes all groups using t No:      ed:      f the premium rates offered to your em test for ACA. Please provide an ACA	ees during the prior the FEIN above. nployees you did not pass Safe Harbor Code.	
	~		
Click the S	Safe Harbor Code	dropdown button and select th	ne applicable list item.
Click the S	Safe Harbor Code	dropdown button and select th	ne applicable list item.
Click the S Blank or 2F(From	afe Harbor Code 1095-C W-2)	dropdown button and select th	ne applicable list item.
Click the S Blank or 2F(From 2H(Rate	afe Harbor Code 1095-C W-2) of Pay)	dropdown button and select th	ne applicable list item.

# **Benefits Job Aid**



## BN361\_ACA Data Entry\_Locality

Step	Action
i	The "Blank on 1095-C" option is selected when the group is instructing DHRM to leave the Safe Harbor blank on the 1095C forms for ACA Reporting.
9.	Scroll down on the page as needed.
Enter (b) A (b) A (c) A	the full-line employee count and the total employee count or this employer A definition for each month of the reporting year: I definition for each month of the report of the r
10.	Complete the <b>Total Full-Time</b> and <b>Total Employee Count</b> fields for each Month by entering in the applicable numeric value.
11.	Once the counts are entered for the entire Reporting Year, read the Employer Certification Statement and then select the I Agree checkbox option. Employer Certification: We certify that the information provided here and the information in the Cardinal database for this employer are true, correct, and complete to the best of our knowledge, By checking the certification box below, we authorize DHRM to use this information to file ACA employer reports for IRS on our behalf. I Agree:
12.	Click the Save button.           Save         Return to Search         Previous in List



Step	Action
i	The Certifier Name and Certification Date fields will auto-populate with the certifier's information.  Employer Certification: We certify that the information provided here and the information in the Cardinal database for this employer are true, correct, and complete to the best of our knowledge, By checking the certification box below, we authorize DHRM to use this information to file ACA employer reports for IRS on our behalf.  Lagree:  Certificer Name 2023-12-20