



Human Capital Management (HCM)

**2024 Affordable Care Act (ACA) Process Forum
Agencies**

December 3, 2024



Agenda

ACA Processing 2024

- ACA Process Overview
- ACA Reconciliation Report
- Validating ACA Data
- ACA Data Entry: Certification Process
- Demo

Cardinal HCM Access

Q&A

Additional Support

- OHB Assistance
- Cardinal Assistance
- Cardinal ACA Support Materials

Meeting Wrap-up

ACA Processing 2024



ACA Process Overview

Affordable Care Act (ACA) Process

- Run and review ACA Reconciliation Report
- Validate ACA Reconciliation Report Data
- Complete ACA Data Entry Certification

Deadlines

Friday, December 13: Run ACA Reconciliation Report

Friday, December 27: Complete ACA Data Entry Certification



ACA Process Overview (continued)

What Form will an Employee Receive?

1095B

- 49 or Less Employees in Group

Form **1095-B** **Health Coverage** VOID CORRECTED OMB No. 1545-2252
 Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. **2024**
 Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual—First name, middle initial, last name 2 Social security number (SSN) or other TIN 3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.) 5 City or town 6 State or province 7 Country and ZIP or foreign postal code

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): 9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name 11 Employer identification number (EIN)

12 Street address (including room or suite no.) 13 City or town 14 State or province 15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name 17 Employer identification number (EIN) 18 Contact telephone number

19 Street address (including room or suite no.) 20 City or town 21 State or province 22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2024)

1095C

- 50 or More Employees in Group

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** VOID CORRECTED OMB No. 1545-2251
 Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. **2024**
 Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee **Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) 7 Name of employer 8 Employer identification number (EIN)

3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number

4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage **Employee's Age on January 1** **Plan Start Month** (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2024)

Form 1095-C (2024) Page **3**

Part III Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

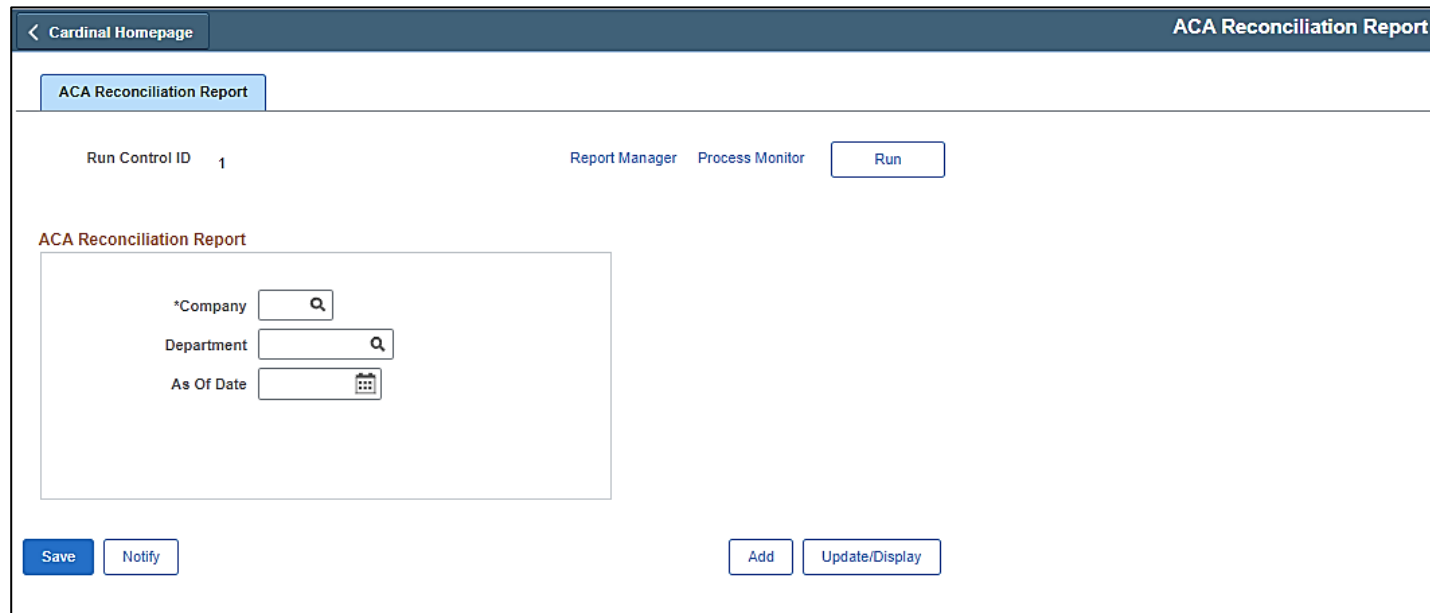
ACA Reconciliation Report



ACA Reconciliation Report

This report lists individual health benefit information for agencies to validate prior to Affordable Care Act (ACA) reporting, containing a line for each participant and dependent with coverage in the calendar year.

Navigation: **Menu > Benefits > ACA Annual Processing > ACA Preparation > ACA Reconciliation Report**



The screenshot shows a web application interface for the ACA Reconciliation Report. At the top, there is a navigation bar with a back arrow and the text "Cardinal Homepage" on the left, and "ACA Reconciliation Report" on the right. Below the navigation bar, there is a blue button labeled "ACA Reconciliation Report". The main content area contains a "Run Control ID" field with the value "1". To the right of this field are the labels "Report Manager" and "Process Monitor", and a "Run" button. Below this, there is a section titled "ACA Reconciliation Report" containing three input fields: "*Company" with a search icon, "Department" with a search icon, and "As Of Date" with a calendar icon. At the bottom of the form, there are four buttons: "Save", "Notify", "Add", and "Update/Display".



Running the ACA Reconciliation Report

1. To successfully run the report, enter the following parameters:
 - a. **Company (required)**
 - b. **Department**
 - c. **As of Date**
2. Click **Run**.

The **Process Scheduler Request** page displays in a pop-up window.

3. Select the following options from the applicable drop-downs
 - a. **Type: Web**
 - b. **Format: TXT or XLS**
4. Click **OK**.

Cardinal Homepage

ACA Reconciliation Report

Run Control ID ACA Report Manager Process Monitor **Run**

ACA Reconciliation Report

*Company DOA Department As Of Date

Save Notify Add Update/Display

Process Scheduler Request

User ID PPS_SARA.HARRELL Run Control ID ACA

Server Name Run Date 12/07/2023 Recurrence Run Time 11:52:50AM Reset to Current Date/Time

Time Zone

Process List

Select	Description	Process Name	Process Type	*Type	*Format	Distribution
<input checked="" type="checkbox"/>	ACA Reconciliation Report	V_BN218_RPT	Application Engine	Web	TXT	Distribution

OK Cancel



ACA Reconciliation Report – Output

After clicking **OK** on the Process Scheduler Request page, you are returned to the ACA Reconciliation Report page.

A **Process Instance** number is now under the Run button.

5. Click **Process Monitor**.

The Process Monitor page displays.

Locate the report within the **Process List** section.

Refresh as needed until **Run Status is Success** and **Distribution Status is Posted**.

6. Click **Details**.

Select	Instance	Seq.	Process Type	Process Name	User	Run Date/Time	Run Status	Distribution Status	Details	Actions
<input type="checkbox"/>	2878200		Application Engine	V_BN218_RPT	PPS_SARA_HARRELL	12/08/2023 2:55:49PM EST	Success	Posted	Details	Actions



ACA Reconciliation Report – Output (continued)

The **Process Detail** page opens in a pop-up window.

7. Under Actions, click **View Log/Trace**.

The **View Log/Trace** page displays in a pop-up window.

8. Click on the **.xlsx** file to download.

Tip: When opening the report in Excel, click **Enable Editing** to sort and filter.

The image shows two overlapping pop-up windows from a software interface. The top window is titled "Process Detail" and contains the following information:

- Process:** Instance 2878200, Name V_BN218_RPT, Run Status Success, Type Application Engine, Description ACA Reconciliation Report, Distribution Status Posted.
- Run:** Run Control ID ACA, Location Server, Server PSUNX1, Recurrence.
- Update Process:** Hold Request, Queue Request, Cancel Request, Delete Request, Re-send Content, Restart Request.
- Date/Time:** Request Created On 12/08/2023 2:55:52PM EST, Run Anytime After 12/08/2023 2:55:49PM EST, Began Process At 12/08/2023 2:55:55PM EST, Ended Process At 12/08/2023 2:56:01PM EST.
- Actions:** Parameters, Message Log, Refresh, View Log/Trace (highlighted with a red box), Transfer, View Locks.

The bottom window is titled "View Log/Trace" and contains the following information:

- Report:** Report ID 2133378, Name V_BN218_RPT, Run Status Success, Process Instance 2878200, Process Type Application Engine.
- ACA Reconciliation Report**
- Distribution Details:** Distribution Node hrprd, Expiration Date 01/07/2024.
- File List:**

Name	File Size (bytes)	Datetime Created
AE_V_BN218_RPT_2878200.log	5,001	12/08/2023 2:56:01.579214PM EST
V_BN218_ACA_RECON_RPT_2878200.xlsx	6,050	12/08/2023 2:56:01.579214PM EST

The ".xlsx" file is highlighted with a red box. Below the file list, there is a "Distribute To" section with "Distribution ID Type" set to "-Distribution ID" and "User" set to "PPS_SARA.HARRELL". A "Return" button is at the bottom.



ACA Reconciliation Report – New Format

Each employee will have two lines displaying their ACA Form Data

ACA Ref 137		Instance = 3650975																						
Compa	Department ID	FEIN	SSN	Employee ID	Empl Recor	Last Name	First Name	Middle Name	Sfx	Seq	ValHC	Dep DOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
A99	047135000				0	DOE	JOHN	L		0	10617.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
A99	047135000				0	DOE	JOHN	L		0	10617.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047135000				0	SMITH	JANE	L		0	28669.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
A99	047135000				0	SMITH	JANE	L		0	28669.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-

Line 1: Offer of Coverage Code(s)

- Displays the values that will populate Box 14/16 on the 1095-C form
 - See the IRS [Indicator Codes for Employee Offer of Coverage](#) for Box 14/16 Values
- If your agency uses Form 1095-B, you will see “1095B” instead of an Offer of Coverage code

Line 2: Months of Coverage

- Displays the months of coverage with a Y/N value

ValHC field: Estimated Value of Healthcare

- Payroll reporting offers a more precise calculation.



ACA Reconciliation Report – New Format (continued)

ACA Re 137		Instance = 3650975																						
Compa	Department ID	FEIN	SSN	Employee ID	Empl Recor	Last Name	First Name	Middle Name	Sfx	Seq	ValHC	Dep DOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
A99	047									0	10617.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
A99	047									0	10617.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									0	28669.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
A99	047									0	28669.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									1	0.00000	12/24/1972	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									2	0.00000	7/29/2005	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									3	0.00000	6/22/2007	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									0	10617.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
A99	047									0	10617.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									0	28669.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
A99	047									1	28669.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									1	0.00000	3/27/1979	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									2	0.00000	8/24/2010	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									III	0	10617.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-	
A99	047									III	0	10617.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
A99	047									0	19632.00000		1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-

1095-C (50+ Employees in Group)

- **Line 1:** Offer of Coverage Codes
- **Line 2:** Months of Coverage (Y/N)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-

1095-B (49 or Less Employees in Group)

- **Line 1:** 1095B
- **Line 2:** Months of Coverage (Y/N)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	-/-
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	-/-
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-



ACA Reconciliation Report – 2025 Processing Schedule

The ACA Reconciliation Report will only display data through the current date.

Monthly ACA Data will be created on the following schedule:

Month	Data Available
January 2025	Monday, January 6, 2025
February 2025	Tuesday, February 4, 2025
March 2025	Tuesday, March 4, 2025
April 2025	Wednesday, April 2, 2025
May 2025	Monday, May 5, 2025
June 2025	Tuesday, June 3, 2025
July 2025	Wednesday, July 2, 2025
August 2025	Tuesday, August 5, 2025
September 2025	Tuesday, September 2, 2025
October 2025	Thursday, October 2, 2025
November 2025	Tuesday, November 4, 2025
December 2025	Tuesday, December 2, 2025

Validating ACA Data



Validating ACA Reconciliation Report Data

Validate ACA Reconciliation Report data using the following reports:

Cardinal Enrollment Report (RBN350)

Benefit Enrollment Changes Report (RBN287)

Base Benefit Audit Consistency Report (RBN304)

Specific run parameters are outlined on the next several slides.



Cardinal Enrollment Report (RBN350)

Navigation: **Menu > Benefits > Reports > Cardinal Enrollment Report**

- Lists all employees and COBRA members enrolled in Healthcare on a specific date.
- Terminated employees remain on the report for 90 days from date of termination.

The screenshot displays the 'Cardinal Enrollment Report' interface. At the top, there is a tab labeled 'Cardinal Enrollment Report'. Below the tab, the text 'Run Control ID 1' is visible on the left, and 'Report Manager Process Monitor Run' is on the right. A central box titled 'Run Control Parameters' contains the following fields: '*As Of Date' with the value '12/01/2023', 'Business Unit (Optional)' with an empty search box, and 'Company (Optional)' with the value 'DOA'. At the bottom of the interface, there are three buttons: 'Save', 'Add', and 'Update/Display'.

Input/Search Criteria:

- As of Date
- Business Unit (optional)
- Company (optional)

Output Format:

- Excel (XLS)



Benefit Enrollment Changes Report (RBN287)

Navigation: **Menu > Benefits > Reports > Benefit Enrollment Changes**

- Lists benefit changes that were made between two date parameters.
 - **From Date** and **To Date** fields are required fields.
 - At least one **Plan Type** must be selected.

The screenshot shows the 'Benefit Enrollment Changes' report configuration page. At the top, there is a 'Run Control ID' field with the value '1', and buttons for 'Report Manager', 'Process Monitor', and 'Run'. Below this is the 'Run Control Parameters' section, which includes two date pickers: '*From Date' set to '120123' and '*To Date' set to '123123'. A list of plan types is shown with checkboxes, where 'Health' is selected. Below the list is a search bar and a table with one entry: '1 JMU James Madison University'. At the bottom, there are buttons for 'Save', 'Return to Search', 'Notify', 'Add', and 'Update/Display'.

Company	Description		
1 JMU	James Madison University	+	-

Input/Search Criteria:

- From Date
- To Date
- Plan Type(s)
- Company(s)

Output Format

- PDF



Base Benefit Consistency Audit Report (RBN304)

Navigation: **Menu > Benefits > Reports > Audits > Base Benefit Consistency Audit Report**

- Lists data that has been entered into the benefit plan, employee data, dependent data, or enrollment data pages which does not appear to follow policy or regulations.

Example: Records with missing or invalid social security numbers (SSNs) that require follow-up.

- A DHRM Memo dated [September 14, 2015](#), provides information on documenting your attempts to collect a valid SSN or Taxpayer Identification Number (TIN).

Base Benefit Consistency Audit

Run Control ID 1

Language English

Report Manager Process Monitor Run

Save Return to Search Notify Add Update/Display

Input/Search Criteria:

- N/A

Output Format

- PDF

ACA Data Entry: Certification Process



ACA Data Entry Certification Process

Navigation: **Menu > Benefits > Employer Information > ACA Data Entry**

Certifying ACA Data: Use the [BN361 ACA Data Entry Locality](#) job aid for detailed, step-by-step instructions specific to localities.

Guidance on Inclusions:

OHB recommends following the [IRS-published ACA definitions](#) for accurate counts.

ACA Data Entry

Employer: [Redacted] Reporting Year: 2024

Federal EIN: [Redacted]

Country: USA United States

Address: PO BOX 425 LOUISA, VA 23003

Contact Employee ID:

Contact Name:

Contact Phone Number:

ACA Reporting Indicator:

In general, did you have 50 or more full-time equivalent employees during the prior calendar year? Remember employer includes all groups using the FEIN above.

Yes: No:

Safe Harbor Code Requested:

Based on an evaluation of the premium rates offered to your employees you did not pass the Federal Poverty Level test for ACA. Please provide an ACA Safe Harbor Code.

Enter the full-time employee count and the total employee count for this employer (by ACA definition) for each month of the reporting year.

	January	February	March	April	May	June	July	August	September	October	November	December
1 Total Full-Time	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2 Total Employee Count	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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:

Certifier Name:

Certification Date:



ACA Data Entry Certification

- Enter the total counts for **Total Full-Time** and **Total Employee Count**.
- Once all the data is populated, click the **I Agree** checkbox.
- Click **Save**.

When the Save button is clicked the Certifier Name and the Certification Date will populate.

ACA Data Entry

Employer [redacted] Reporting Year 2024

Federal EIN [redacted]

Country USA United States

Address PO BOX 425 LOUISA, VA 23093 Edit Address

Contact Employee ID [redacted]

Contact Name [redacted]

Contact Phone Number [redacted]

ACA Reporting Indicator: [redacted]

In general, did you have 50 or more full-time equivalent employees during the prior calendar year? Remember employer includes all groups using the FEIN above.

Yes: No:

Safe Harbor Code Requested:

Based on an evaluation of the premium rates offered to your employees you did not pass the Federal Poverty Level test for ACA. Please provide an ACA Safe Harbor Code.

[Blank on 1095-C]

Enter the full-time employee count and the total employee count for this employer


	January	February	March	April	May	June	July	August	September	October	November	December
1 Total Full-Time	0	0	0	0	0	0	0	0	0	0	0	0
2 Total Employee Count	0	0	0	0	0	0	0	0	0	0	0	0

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:

Certifier Name
Certification Date

Save Return to Search Update/Display Include History



Demo
ACA Report & Certification

Cardinal HCM Access



Access in Cardinal HCM

Core User Access is required to complete the ACA certification.

- **Inactive Accounts:** Users who have not logged into Cardinal in the past 90 days will not be able to access the ACA Reconciliation Report and Data Entry page.
- **Reactivation:** To regain access, a Cardinal Security Form will need to be submitted to reinstate Core access.

Lost Access?

Contact your Cardinal Security Officer (CSO) to update and submit a [Statewide Security Access form](#).

Your agency CSO will submit to the Cardinal Security Team for processing.

Once access has been established or updated, the Cardinal Security team will notify the Core User via email.



Logging in to Cardinal HCM

Cardinal can be accessed over the internet using my.cardinal.virginia.gov.

A valid email address is **required** to access/log into Cardinal.

New Cardinal Users & Registration

New **Non-COV** Cardinal users will first need to complete a one-time registration and establish Okta Multi-Factor Authentication (MFA).

To successfully register your Cardinal account, you will need the following information:

- Email Address (as recorded in Cardinal)
- 11-Digit Cardinal Employee ID Number
- Last 4 digits of Social Security Number (SSN)

Refer to the [Cardinal Registration Guide – Active Employees](#) for step-by-step instructions.

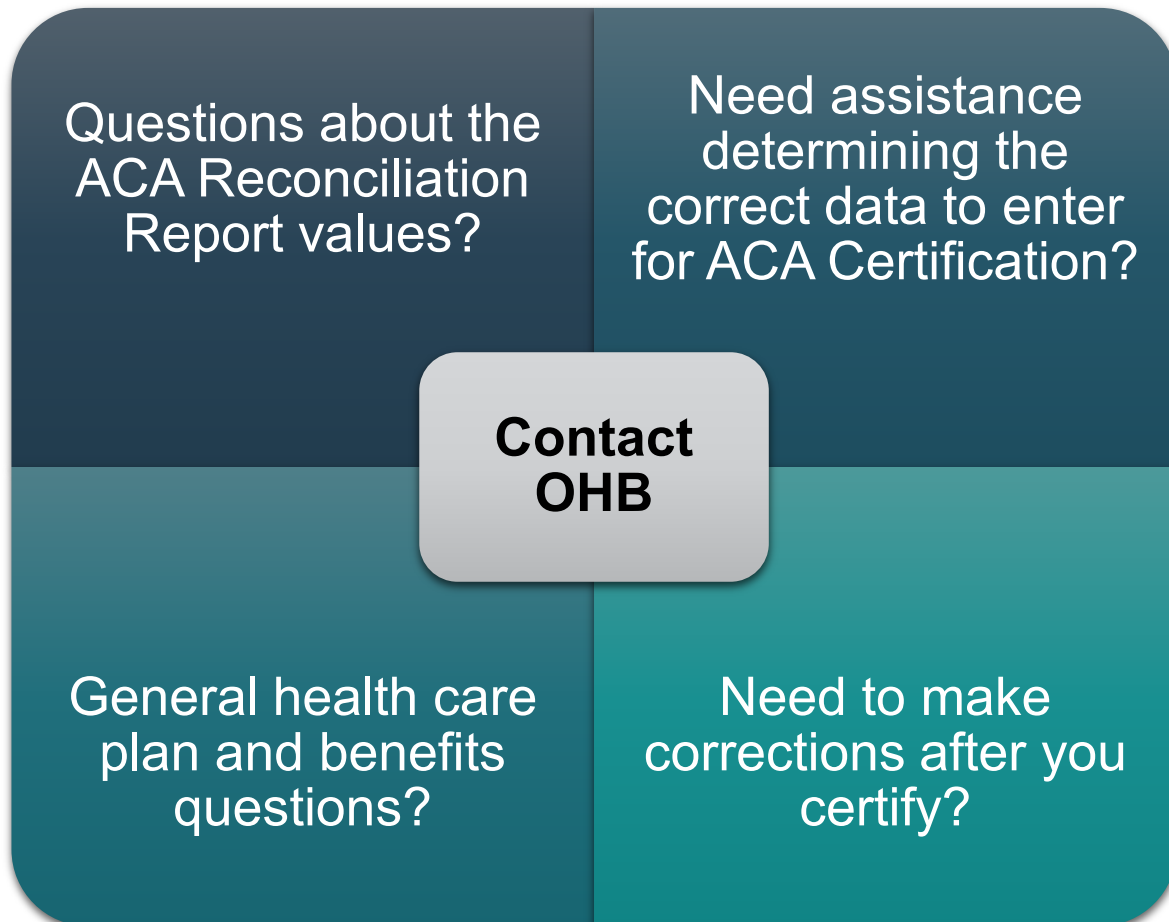
Not sure if you need to register? Visit the Cardinal [Portal page](#) on the Cardinal website to determine if you need to register for Cardinal access.

Q & A

Additional Support



OHV Support



Email

- ohb@dhrm.virginia.gov



Online

- [Agency Request for Assistance Form](#)



Phone

- 888-642-4414
- 804-225-3642



E-News

- Latest updates and messages from OHV

Need SSN correction? Email DHRM iHelp mailbox (ihelp@dhrm.virginia.gov)



Cardinal Support

Is a page not working?

Technical questions about Cardinal?

Contact Cardinal

Login Issues?

Need support with Cardinal functions?



Submit a ticket to Cardinal



Email
vccc@vita.virginia.gov

- Include “Cardinal” in the subject line



Cardinal ACA Support Materials

Job Aids

- [BN361 ACA Data Entry](#) – detailed steps for completing the ACA Certification process.
- [BN361 BA Contacts](#) – provides an overview of the Benefits Administration Contacts page and guidance on how to update contact information.

Reports for ACA are highlighted at the beginning of this deck, please reference for detail.

Reports Catalog

[Cardinal HCM Benefits Reports Catalog](#) – includes reports and queries for the Benefits (BN) functional area.

Need help running a report? Use the [NAV225 Generating an HCM Report](#) job aid for support.

1095 Form Values

Use the [IRS Indicator Codes for Employee Offer of Coverage](#) for Box 14/16 Values.

A stylized, dark purple rose graphic is positioned on the left side of the slide, partially overlapping the text.

Thank You for Attending

Cardinal