



**navigateHCR**

# 6055/6056 Reporting

**beere&purves**  
*the broker's partner*

# About the Presenter

Dr. Kristin L. Kahle



- Certified Health Care Reform Specialist (CHRS)
- Nationally recognized leader in Health Care Reform
- Dissertation on Health Care Reform
- National speaker and educator
- Benefits strategist and broker with 20+ years of experience
- Awarded: 2014 Most Influential Women in Benefit Advising

As a chief compliance officer, Kristin has tackled the regulations and impact of the Patient Protection Affordable Care Act (PPACA) on behalf of employers both small and large. Utilizing this knowledge and strategic planning, inspired Kristin to develop a compliance solution for brokers to deploy to their clients.



# Reporting of Coverage

- General Method
- Section Code 6055
- Section Code 6056
- MEC Reporting
- 1095-B
- 1095-C
- 1094-B
- 1095- C



# General Method

- The regulations provide that, as a general method, each ALE member may satisfy the requirement to file a section 6056 return by filing a Form 1094-C (transmittal) and, for each full-time employee, a Form 1095-C (employee statement), or other forms the IRS may designate.
- An ALE member that maintains a self-insured plan also uses a Form 1095-C to satisfy the reporting requirements under section 6055. The Form 1095-C will have separate sections to allow ALE members that sponsor self-insured group health plans to combine reporting to satisfy both the section 6055 reporting requirements and the section 6056 reporting requirements, as applicable, on a single return.
- Non-ALE members (meaning employers not subject to the employer shared responsibility provisions under section 4980H and therefore not subject to the information reporting requirements under section 6056) that sponsor self-insured plans will file Forms 1094-B and 1095-B to satisfy the reporting requirements under section 6055.



# Alternative Method

- The regulations contain two alternative methods of reporting under section 6056 that were developed to minimize the cost and administrative tasks for employers
- Consistent with the statutory requirements to file an information return with the IRS and furnish an employee statement to each full-time employee.
- The alternative reporting methods, in certain situations, may permit employers to provide less detailed information than under the general method for reporting.
- These simplified alternative reporting methods and the conditions for using them are described in detail in Subsections A through D of the preamble to the [section 6056 regulations](#). The alternative reporting methods are:
  - Reporting Based on Certification of Qualifying Offers
  - Option to Report Without Separate Identification of Full-Time Employees if Certain Conditions Related to Offers of Coverage Are Satisfied (98 Percent Offers)
- The information provided to the IRS and the employee pursuant to section 6056 is important for administering section 4980H and the premium tax credit. However, in some circumstances, only some of the information required under the general method is necessary.
- Accordingly, the alternative reporting methods identify specific groups of employees for whom simplified alternative reporting would provide sufficient information.



# Reporting of Coverage

Are you able to advise Employer Groups on the six items that need to be reported using the general method?\*

- ALE: name address, EIN, name and phone number of the company contact person, calendar year for which information is reported
- Certification of offering to full-time employees
- Number of full-time employees during calendar year
- Months during calendar year which coverage was available to each full time employee
- Employees share of lowest cost monthly premium
- Information about employees (Name, Address, SSN)
- How many months covered under employer plan?

\* *Note: Might have additional 9 items with regards to employers. 4 additional items of information for employers*

# SECTION 6055 AND 6056

As of March 2014, the IRS released final regulations on reporting requirements.

In 2016, employers will be required to provide data they start collecting in 2015 to the IRS

- MEC Reporting: any entity that provides Minimum Essential Coverage, which includes health insurance issuers and sponsors of self-insured health plans is required to file an annual return with information about each individual for whom MEC s provided.
- ALE reporting: Each ALE (100 plus)employees must file an annual return that reports terms and conditions of health care provided to its full time employees during the calendar year.



# MEC REPORTING

Reporting elements:

- Entity-basic information
- Employee-basic information
- Each covered individual including spouses and dependents
- Whether coverage is offered through a Small Business Health Options Program (SHOP)
- Combined reporting: Some ALEs may use single combined form

Note: Individuals not enrolled in coverage do not need to be reported

The portion of the premium paid by an employer is not needed to determine if an individual is covered by MEC, and therefore not required

Specific dates not needed because MEC applies month by month

# 1094-B

Transmittal of Health Coverage Information Returns: which is a transmittal that reports summary information for each reporting entity and transmits Forms 1095-B to the IRS

1115  
OMB No. XXXX-XXX

**Form 1094-B**  
Department of the Treasury  
Internal Revenue Service

**Transmittal of Health Coverage Information Returns**

▶ Information about Form 1094-B and its separate instructions is at [www.irs.gov/form1094b](http://www.irs.gov/form1094b).

**2014**

1 Filer's name		2 Employer identification number (EIN)	
3 Name of person to contact		4 Contact telephone number	
5 Street address (including room or suite no.)		6 City or town	
7 State or province		8 Country and ZIP or foreign postal code	
9 Total number of Forms 1095-B submitted with this transmittal ▶			

For Official Use Only  
□ □ □ □ □ □ □ □

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

▶ Signature \_\_\_\_\_ ▶ Title \_\_\_\_\_ ▶ Date \_\_\_\_\_

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61570P **Form 1094-B** (2014)

# 1095-B

Health Coverage: which is an individual statement that reports information about each covered individual. All individuals who are covered under the Minimum essential coverage.

**DRAFT AS OF October 15, 2014 DO NOT FILE**

Form **1095-B** Health Coverage  VOID  CORRECTED OMB No. 1545-2252  
 Department of the Treasury Internal Revenue Service **2014**  
 Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

**Part I Responsible Individual (Policy Holder)**

1 Name of responsible individual 2 Social security number (SSN) 3 Date of birth (if SSN 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 Policy (see instructions for codes): . . . . .  9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

**Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)**

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**

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(s).)**

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2014)

# 1094-C

Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns: Also allows employers to report using Alternative Method reporting

2014  
OMB No. 1545-2251

2014

CORRECTED

**Form 1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

Department of the Treasury  
Internal Revenue Service

Information about Form 1094-C and its separate instructions is at [www.irs.gov/1094c](http://www.irs.gov/1094c).

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

1 Name of ALE Member (Employer) 2 Employer identification number (EIN)

3 Street address (including room or suite no.)

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

7 Name of person to contact 8 Contact telephone number

9 Name of Designated Government Entity (only if applicable) 10 Employer identification number (EIN)

11 Street address (including room or suite no.)

12 City or town 13 State or province 14 Country and ZIP or foreign postal code

15 Name of person to contact 16 Contact telephone number

For Official Use Only

17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal

**Part II ALE Member Information**

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group?  Yes  No  
If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method  B. Qualifying Offer Method Transition Relief  C. Section 4980H Transition Relief  D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 81571A Form 1094-C (2014)

# ALE Reporting: 1095-C

ALEs must file a return with the IRS and furnish a statement to full-time employees about the health care coverage offered to that employee

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** VOID  
 Department of the Treasury OMB No. 1545-2251  
 Internal Revenue Service CORRECTED **2014**

▶ Information about Form 1095-C and its separate instructions is at [www.irs.gov/1095c](http://www.irs.gov/1095c).

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

1 Name of employee		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 and Coverage**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

**Part III Covered Individuals**  
 If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2014)

# 1095-A

## Health Insurance Marketplace

Form **1095-A**

Department of the Treasury  
Internal Revenue Service

### Health Insurance Marketplace Statement

► Information about Form 1095-A and its separate instructions  
is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a).

CORRECTED

OMB No. 1545-2232

**2014**

#### Part I Recipient Information

<b>1</b> Marketplace identifier	<b>2</b> Marketplace-assigned policy number	<b>3</b> Policy issuer's name		
<b>4</b> Recipient's name		<b>5</b> Recipient's SSN	<b>6</b> Recipient's date of birth	
<b>7</b> Recipient's spouse's name		<b>8</b> Recipient's spouse's SSN	<b>9</b> Recipient's spouse's date of birth	
<b>10</b> Policy start date	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.)		
<b>13</b> City or town	<b>14</b> State or province	<b>15</b> Country and ZIP or foreign postal code		

#### Part II Coverage Household

<b>A.</b> Covered Individual Name	<b>B.</b> Covered Individual SSN	<b>C.</b> Covered Individual Date of Birth	<b>D.</b> Covered Individual Start Date	<b>E.</b> Covered Individual Termination Date
<b>16</b>				

# Products Offered by NavigateHCR

Employer Express

Employee Express

SPD

Plan Document

Transition Relief Testing

Look Back Analysis

Full Time Equivalents Calculations

Tracker- Monthly

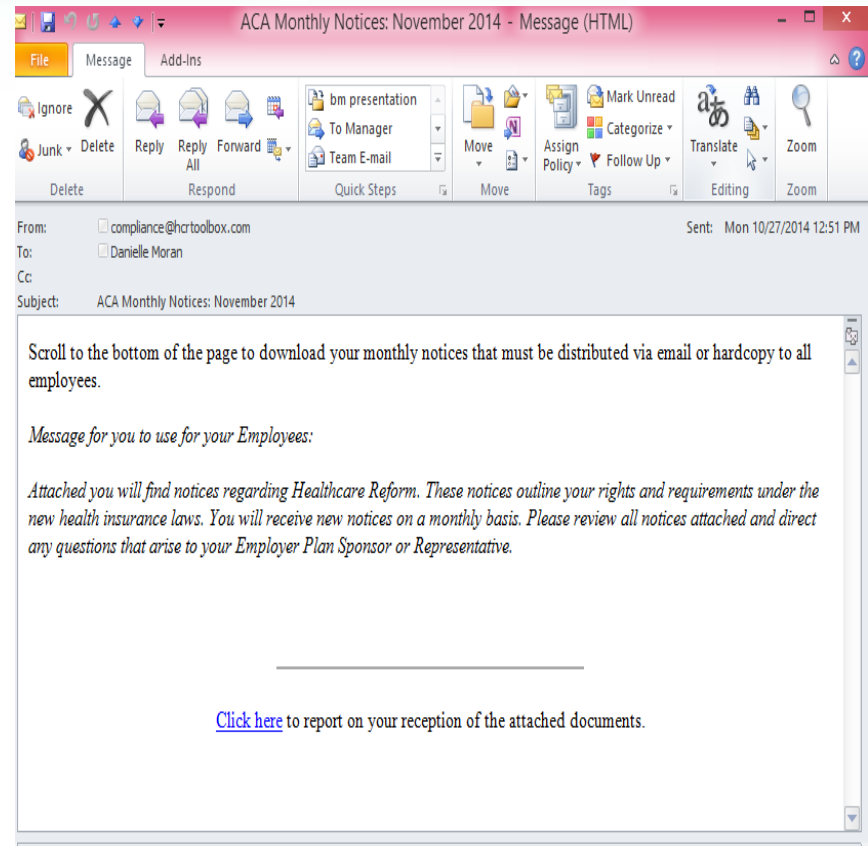
Tracker- Reporting (6055/6056) Quarterly

ACA Hotline

ACA Consulting Services

# Notice Delivery Email: Employer Express

- Monthly Notices are delivered directly to employer email inbox
- Employer is responsible for delivering to employees





# 15 Items: DOL Letter: 2014

NavigateHCR	Employer	Other Vendor/NHCR
Genetic Information Nondiscrimination Act (GINA)	Contracts for claims and administration services	Plan Document
Certificate of Creditable coverage	Contracts with Insurance Companies	SPD (Summary Plan Description)
HIPAA		COBRA
ERISA		
Preexisting Conditions		
Newborns' Act Notice		
FMLA		
QMSCO		
Mental Health Parity and Addiction Equity Act		
COBRA		
WHCRA		
Grandfathered status		
Healthcare and Education Reconciliation Act		

# Notices and Requirements

All **employers**, regardless of employee count, are **required to provide employees with notices regarding their rights as they relate to benefits throughout the year**. In addition to providing notices to employees, **some states are requiring employers to provide proof that notices are delivered to employees** throughout the year.

Examples of these include:

## ERISA- 7 Parts of ERISA

- Part 1: Reporting and Disclosure
- Part 4: Fiduciary Responsibilities
- Part 5: Administration and Enforcement
- Part 6: COBRA
- Part 7: Group Health Requirements

## Mandated Coverage

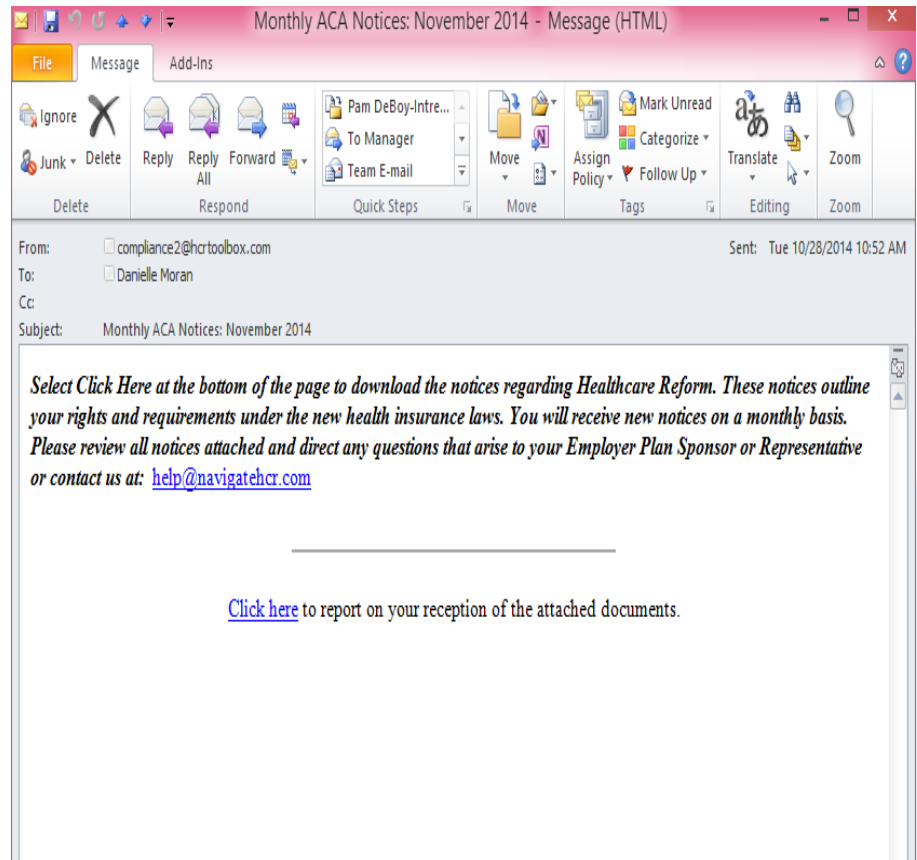
- QMCSO
- Dependents
- Mental Health
- Financial Accounting Standards Board (FASB) Requirement
- Statement 106
- Statement 112
- Statement 158

## Other Federal Laws

- Medicare Part D etc.
- 8 others
- Employment Law Affecting Group Health Plans
- 7 items
- Key State Regulations

# Notice Delivery Email: Employee Express

- Notices are all delivered directly to employee's email inbox from HCRTtoolbox
- Simple “click thru” process to show email receipt begins by clicking the link at the bottom of the email



# Verification Record: Employee Express

1. Once Employees click the link in the email they are taken to a Verification screen
2. Employees are asked to “confirm” receipt of listed notices
  - There are no logins or passwords to remember.
  - New links are generated monthly.

**Document Verification Record**

Are you:

**Danielle Moran**

Yes, this is me.

No, this is not me.

**Document Verification Record**

The documents listed below can be viewed and downloaded using either of the following options:

1. Download individually by clicking the download link next to the document name
2. Download all files in a zip folder by clicking the download zip folder button below

#	File Name
<input type="button" value="Download"/>	EE_14-2 Family & Medical Leave Act Rights & Guide.pdf
<input type="button" value="Download"/>	EE_14-2 Patient Bill of Rights.pdf

I certify that I have received the documents listed below.

# Monthly Report: Employee Express

- On a monthly basis employers are given a report on notices sent and employee verification of notices.

XYZ Company

Period: January 2014

## Notice Compliance Summary Report

Notice Information		
Subject Line	Sent Date	Read Date
January 2014 Employee Notices	1/21/2014	1/21/2014
January 2014 Employee Notices	1/21/2014	1/23/2014
January 2014 Employee Notices	1/21/2014	1/21/2014
January 2014 Employee Notices	1/21/2014	
January 2014 Employee Notices	1/21/2014	
January 2014 Employee Notices	1/21/2014	1/26/2014
January 2014 Employee Notices	1/21/2014	1/28/2014

Employee Information	
Employee Name	Email Address
John Smith	<a href="mailto:john@xyzcompany.com">john@xyzcompany.com</a>
Jackie Black	<a href="mailto:jackie@xyzcompany.com">jackie@xyzcompany.com</a>
Chris Hammer	<a href="mailto:chris@xyzcompany.com">chris@xyzcompany.com</a>
Jennifer Ryan	<a href="mailto:jennifer.ryan@gmail.com">jennifer.ryan@gmail.com</a>
Sam Cheng	<a href="mailto:scheng@yahoo.com">scheng@yahoo.com</a>
Shannon Wells	<a href="mailto:shannon@xyzcompany.com">shannon@xyzcompany.com</a>
Mark Schmitt	<a href="mailto:mark.schmitt@markschmitt.com">mark.schmitt@markschmitt.com</a>

# SPD

## 2 different types of SPD:

- Wrap
- Evergreen

The Summary Plan Description, or SPD, is the main vehicle for communicating plan rights and obligations to participants and beneficiaries. As the name suggests, it is generally a summary of the material provisions of the plan document, which is understandable to the average participant of the employer. However, in the context of health & welfare benefit plans, it is not uncommon for the SPD to be a combination of a complete description of the plan's terms and conditions, such as a Certificate of Coverage, and the required ERISA disclosure language.

- Template that needs to be filled out completely
- Navigate will do the input for you on our software system
- Navigate can send out existing SPD to employees through EE Express
- Clients can come to Navigate for questions on SPD
- Works well with Employer Direct and Employee Direct
  - 42 Notices in 2014
  - 52 Notices in 2015, based on IRS and DOL recommendations



# What is an SPD?

- Summary Plan Description
- SPD is the basic ERISA disclosure document
- Different than a plan document: goes hand in hand with certificate booklets and evidence of coverage
- Must be written to be understood by the “average plan participant”
- Must be a complete and accurate summary of plan
  - Including benefits
  - Rights and obligations under the plan
  - Timing Requirement
    - Automatically given with 90 days of being covered by a group health plan
    - Within 30 days of request
    - Every 5 years

# What is a Plan Document?

The plan document describes the plan's terms and conditions related to the operation and administration of the plan. It is required for each welfare benefit plan an employer maintains which is subject to ERISA, and it must be in writing. An insurance company's Master Contract, Certificate of Coverage, or Summary of Benefits is not a plan document or Summary Plan Description (SPD). An ERISA plan may exist even without a written document—it is simply out of compliance.

- **The plan document should contain:**
- Name of the plan administrator
- Designation of any named fiduciaries other than the plan administrator under the claims procedure for deciding benefit appeals
- A description of the benefits provided
- The standard of review for benefit decisions
- Who is eligible to participate, e.g., classes of employees, employment waiting period, and hours per week
- The effective date of participation, e.g., next day or first of the month following satisfaction of an eligibility waiting period
- How much the participant must pay towards the cost of coverage
- The plan sponsor's amendment and termination rights and procedures, and what happens to plan assets, if any, in the event of plan termination
- Rules restricting and regulating the use of Personal Health Information (PHI), if the plan sponsor uses PHI
- Subrogation, coordination of benefits, and offset provisions
- Procedures for allocating and designating administrative duties to a TPA or committee
- How the plan is funded, whether from employer and/or employee contributions, only if it has assets
- How insurer refunds (e.g., dividends, demutualization) are allocated to participants
- For group health plans, information regarding COBRA, HIPAA, and other federal mandates such as Women's Health Cancer Rights Act, preexisting condition exclusion, special enrollment rules, mental health parity, coverage for adopted children, qualified medical support orders, and minimum hospital stays following childbirth



# Look Back Analysis

- Analysis using 12 months
- Analysis using 6 consecutive months
- Start of Tracker
- FTE Calculation included
- Affordability Calculation included
- Shows with our ACA Alerts
  - Red- Employees working 130+ hours
  - Yellow- Employees 129-120 hours
  - Green- Enrolled on benefits
  - Blue- Ineligible



# Example of Look Back

## Lookback Analysis & Fine Estimate

This guidance is based on data provided by the client. It assumes a 6 month lookback period in order to determine which employees are eligible for benefits January 1, 2015 based on ACA requirements.

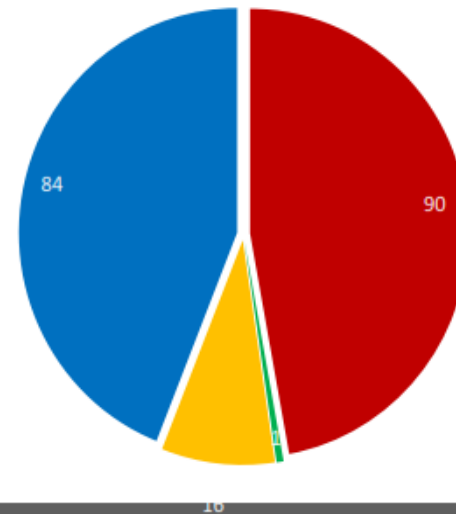
Beginning Lookback Period:  
**05.01.14**

Ending Lookback Period  
**10.30.14**

Lookback Period Length:  
**6 months**

**Total Headcount:** 191  
**FTEs (Avg for period)** 177  
**Declined Benefits** -

<b>Benefits Required</b>	<b>90</b>
<b>Currently Enrolled</b>	<b>1</b>
<b>Monitor</b>	<b>16</b>
<b>Ineligible</b>	<b>84</b>



Employee Classification	Employee Counts	Allowance*	Est Annual Benefit Cost	Est Annual Fine(\$2,000)	Est Annual Fine(\$3,000)
Benefits Required	90	(80)	\$ 36,000		
FTE	177	(80)	\$ 348,915	\$ 193,842	\$ 290,763

\* The IRS has given employer groups 80 "free" employees for the purpose of determining fines for 2015. Fines are calculated based on employee counts less allowance.

# Tracker

Tracker gives the following data monthly:

- Name
- Description
- Monthly Period Hours
- Average Hours
- Rate Type
- Pay Rate
- Affordability

ACA Alerts:

- Red- Employees working 130+ hours “STOP”
- Yellow- Employees 129-120 hours “CAUTION”
- Green- Enrolled on benefits “GO”
- Blue- Ineligible “ON ICE”



# Example of Tracker

#	Last Name	First Name	Description	Period 1	Period 2	Period 3	Period 4	Avg Hours	Rate Type	Pay Rate	Affordability
1				130	130	130	130	130	H	\$13.82	\$172
2				130	130	130	130	130	H	\$18.26	\$227
3				130	130	130	130	130	H	\$19.58	\$243

#	Last Name	First Name	Description	Period 1	Period 2	Period 3	Period 4	Avg Hours	Rate Type	Pay Rate	Affordability
1				124	124	124	124	124	H	\$11.44	\$142
2				128	128	128	128	128	H	\$15.23	\$189
3				128	128	128	128	128	H	\$12.19	\$151
	<i>Average</i>	<i>Average</i>		<i>127</i>	<i>127</i>	<i>127</i>	<i>127</i>	<i>127</i>		<i>\$12.95</i>	<i>\$161</i>

#	Last Name	First Name	Description	Period 1	Period 2	Period 3	Period 4	Avg Hours	Rate Type	Pay Rate	Affordability
1				130	130	130	130	130	H	\$99.02	\$1,231
2				130	130	130	130	130	H	\$20.89	\$260
3				130	130	130	130	130	H	\$14.44	\$179

#	Last Name	First Name	Description	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Avg Hours	Rate Type	Pay Rate	Affordability
1				29	29	29	29	29	29	29	H	\$9.00	\$112
2				106	98	98	98	98	98	100	H	\$9.25	\$115
3				83	80	80	80	80	80	81	H	\$9.20	\$114

# Tracker Reporting- 6055/6056

## Tracker Reporting

- Date gathered quarterly
  - Need data by the following dates:
  - January- March: **April 15**
  - April-June: **July 15**
  - July-September: **October 15**
  - October- December: **January 15**
- Description: IRS DRAFT!
- Signature ready for companies
- Broker Friendly!
- Payroll agnostic- as long as data comes back in excel



# 1095-B

**Health Coverage**

VOID  
CORRECTED

OMB No. 1545-2252  
**2014**

Form **1095-B**  
Department of the Treasury  
Internal Revenue Service

▶ Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

**Part I Responsible Individual (Policy Holder)**

1 Name of responsible individual  
2 Social security number (SSN)  
3 Date of birth (if SSN 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 Policy (see instructions for codes):

9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

**Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)**

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**

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(s).)**

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2014)

# ALE Reporting: 1095-C

ALEs must file a return with the IRS and furnish a statement to full-time employees about the health care coverage offered to that employee

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** VOID  
 Department of the Treasury OMB No. 1545-2251  
 Internal Revenue Service CORRECTED **2014**

▶ Information about Form 1095-C and its separate instructions is at [www.irs.gov/1095c](http://www.irs.gov/1095c).

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

1 Name of employee		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 and Coverage**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

**Part III Covered Individuals**  
 If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2014)

# 1094-C

## Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns

2014  
OMB No. 1545-2251

**2014**

CORRECTED

**Form 1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

Department of the Treasury  
Internal Revenue Service

Information about Form 1094-C and its separate instructions is at [www.irs.gov/1094c](http://www.irs.gov/1094c).

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

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
3 Street address (including room or suite no.)			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	

For Official Use Only

17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal

**Part II ALE Member Information**

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group?  Yes  No  
If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method  B. Qualifying Offer Method Transition Relief  C. Section 4980H Transition Relief  D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 81571A Form 1094-C (2014)



# 2015 Packages

Package 1	Package 2	Package 3	Package 4
<p>\$69/Month One-time set up fee \$69</p> <p>Monthly:</p> <ul style="list-style-type: none"> <li>• Employer Express</li> </ul> <p>Annual:</p> <ul style="list-style-type: none"> <li>• SPD</li> </ul> <p>Ongoing Support:</p> <ul style="list-style-type: none"> <li>• ACA Hotline</li> </ul>	<p>\$60/Month One-time set up fee \$60</p> <p>Monthly:</p> <ul style="list-style-type: none"> <li>• Employer Express</li> </ul> <p>Ongoing Support:</p> <ul style="list-style-type: none"> <li>• ACA Hotline</li> </ul>	<p>\$249/Month One-time set up fee \$99</p> <p>Monthly:</p> <ul style="list-style-type: none"> <li>• Employer Express</li> <li>• Tracker</li> </ul> <p>Quarterly:</p> <ul style="list-style-type: none"> <li>• Tracker for IRS Reporting</li> </ul> <p>Ongoing Support:</p> <ul style="list-style-type: none"> <li>• ACA Hotline</li> </ul>	<p>\$149/Month One-time set up fee \$99</p> <p>Monthly:</p> <ul style="list-style-type: none"> <li>• Employer Express</li> </ul> <p>Quarterly:</p> <ul style="list-style-type: none"> <li>• Tracker for IRS Reporting</li> </ul> <p>Ongoing Support:</p> <ul style="list-style-type: none"> <li>• ACA Hotline</li> </ul>

Requirements:

# NHCR

What does NHCR do that our competitors don't?

- **NHCR provides up to date notices-** our service team and founder spends hours updating our notices.
- **Competition provides very few notices-** competitors of NHCR provide very few notices to the employer and employee which means the employer has to “go get them” in order to be compliant.
- **Help your clients by offering them a cost effective solution-** payroll companies and TPA's are entering the compliance space, however costs are very high for compliance services.
- **NHCR provides notices for all health and welfare related plans-** we push these out to the employer and employee.
- **Mitigate your clients exposure to an audit!**



# Contact Us

Our NavigateHCR team is ready to assist:

Email: [kristin@navigatehcr.com](mailto:kristin@navigatehcr.com)

P: 858-212-4224

Email: [compliance@navigatehcr.com](mailto:compliance@navigatehcr.com)

Or visit us online at <http://navigatehcr.com/products/>



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