



TEXAS ASSOCIATION *of* COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL



April 7, 2015

**Ms. Cynthia Mares**  
**Contracting Authority for Webb County**  
1110 Washington St Ste 204  
Laredo, TX 78040-4470

Dear Ms. Mares,

*This information was previously sent via email to Webb County's HEBP contacts. We are sending this copy via postal mail for your convenience. Participation in this program is OPTIONAL.*

The Affordable Care Act (ACA) requires reporting pursuant to Internal Revenue Code Sections 6055 and 6056 beginning in January 2016 for calendar year 2015. All employers with 50 or more full-time equivalent employees are affected. This reporting will consist of forms which must be provided both to employees and the IRS. The information provided will be used to determine: 1) whether individuals are subject to fines under the ACA individual mandate; 2) whether individuals are eligible for a federal premium subsidy or tax credit; and 3) whether employers are subject to penalties under the ACA employer mandate.

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is offering the Affordable Care Act Reporting and Tracking Service (ARTS) which will enable you to produce your section 6055/6056 forms. ARTS will also provide measurement period tracking for 2016 and beyond, as well as affordability testing for groups who require employee contributions toward the cost of their own health coverage.

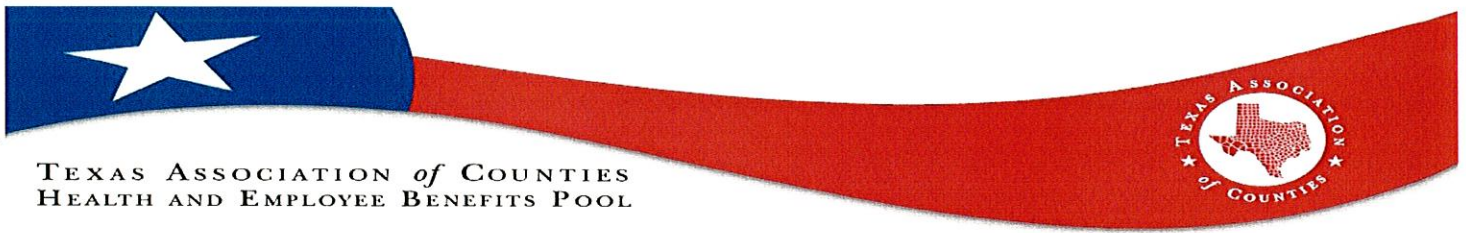
TAC will need to receive employee, payroll, and unpaid leave of absence files from you in order to provide this service. Please note that we have been in contact with several payroll software providers regarding these files. They have agreed to provide the files needed by ARTS, but have also indicated that their systems will be able to produce the required forms next January, as they are currently working on the necessary program updates. If you use a payroll system from one of these companies, you may not need ARTS – it is a service being offered by TAC and is completely optional to each of our groups. File specifications are enclosed, and we will be providing a spreadsheet template for those of you whose payroll software won't produce the files or does not provide an export function.

Enclosed is the ARTS Program Agreement, which you will need to provide in order for Webb County to participate. If so, please review, execute, and return this document to your Employee Benefits Consultant by April 30, 2015. TAC HEBP will send a revised interlocal agreement for the county to sign at a later date.

If you have any questions, do not hesitate to contact me.

Sincerely,

Ernesto Martinez  
Employee Benefits Consultant  
(800) 456-5974



**ACA Reporting and Tracking Service (ARTS)  
Program Agreement  
HEBP Member (Fully Insured or ASO)**

**Program Services**

The ARTS program includes the following services:

- *Measurement, Administrative, and Stability Period tracking beginning January 1, 2015 and notification of eligibility for part-time / variable / seasonal employees (can provide tracking back to beginning of Measurement Period if historical data is provided by county/district);*
- *Reporting for your county/district regarding the status of potential benefits-eligible employees;*
- *Production of a data file to produce your county/district's 1094C and 1095C forms (optional direct mail service);*
- *Production of a data file to produce your county/district's 1094B and 1095B forms (applies to self-insured groups only)*

**Program Requirements**

- 81) Participants must provide employer, payroll, employee and unpaid leave of absence related to the group's Health Benefits Plan in the format designated by TAC HEBP, as described on Attachment A: "ARTS File Specifications". This data must be provided at each payroll cycle.
- 82) Group agrees to pay program fees as described in the ARTS Fee Schedule.

**Enrollment and Data Submission Deadlines**

- Groups who wish to participate in the ARTS program must return the signed executed documents to TAC HEBP no later than April 30, 2015 in order to participate.
- Data file transmission to TAC HEBP must begin no later than June 30, 2015 to avoid late fees.

\_\_\_\_\_ Initials



**ACA Reporting and Tracking Service (ARTS)  
HEBP Member (Fully Insured or ASO)  
Fee Schedule**

1	<input checked="" type="checkbox"/>	ARTS Annual Subscription Fee	*\$4.05 / form	Waived
2	<input checked="" type="checkbox"/>	Optional Forms Distribution <i>(group chooses to have TAC mail employee forms)</i>	\$ 1.40 / form	Will be billed in January 2016 when forms are produced
3	<input checked="" type="checkbox"/>	One time Activation Service Fee <i>(based on number of employees, non-refundable)</i>	\$7.50 /employee	Waived
4	<input type="checkbox"/>	Late fee for service election form <i>(after 4/30/2015)</i>	\$1,500	
5	<input type="checkbox"/>	Late fee for data submission <i>(after 6/30/2015)</i>	\$2,500	
6	<input type="checkbox"/>	Cancellation Fee <i>(7/1 through 12/31/2015)</i>	\$4,000	
<p><b>Total Amount Due:</b> (if zero, enter 0.00)</p>			<p>\$ <u>2,380.00</u></p>	

*\*Per 1094/1095C form and 1094/1095 B form if applicable*

*Fees subject to change annually beginning in 2016*

\_\_\_\_\_ Initials



## ACA Reporting and Tracking Service (ARTS) Contact Designation Form

**Contracting Authority:** \_\_\_\_\_ (Group Name) hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that any notice to, or agreement by, a Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Group. Each Group reserves the right to change its Contracting Authority from time to time by giving written notice to HEBP.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Primary Contact:** Main contact for data file and reporting matters pertaining to the ARTS program.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**HIPAA Secured FAX number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of County Judge or Contracting Authority**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name and Title**