



Human Capital Management (HCM)

**2025 Affordable Care Act (ACA) Process Forum
Localities**

December 3, 2025



Agenda

ACA Processing 2025

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

Cardinal HCM Access

Q&A

Additional Support

- TLC Assistance
- Cardinal Assistance
- Cardinal ACA Support Materials

Meeting Wrap-up

ACA Processing 2025



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 12: Run ACA Reconciliation Report

Monday, December 29: Complete ACA Data Entry Certification



ACA Process Overview (continued)

What Form will an Employee Receive?

1095B

- 49 or Less Employees in Group

560118

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. **2025**
 Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, 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): 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2025) Created 9/24/25

1095C

- 50 or More Employees in Group

600120

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. **2025**
 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):

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	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** (2025) Created 5/21/25

Form 1095-C (2025) **600320** 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"/>
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"/>

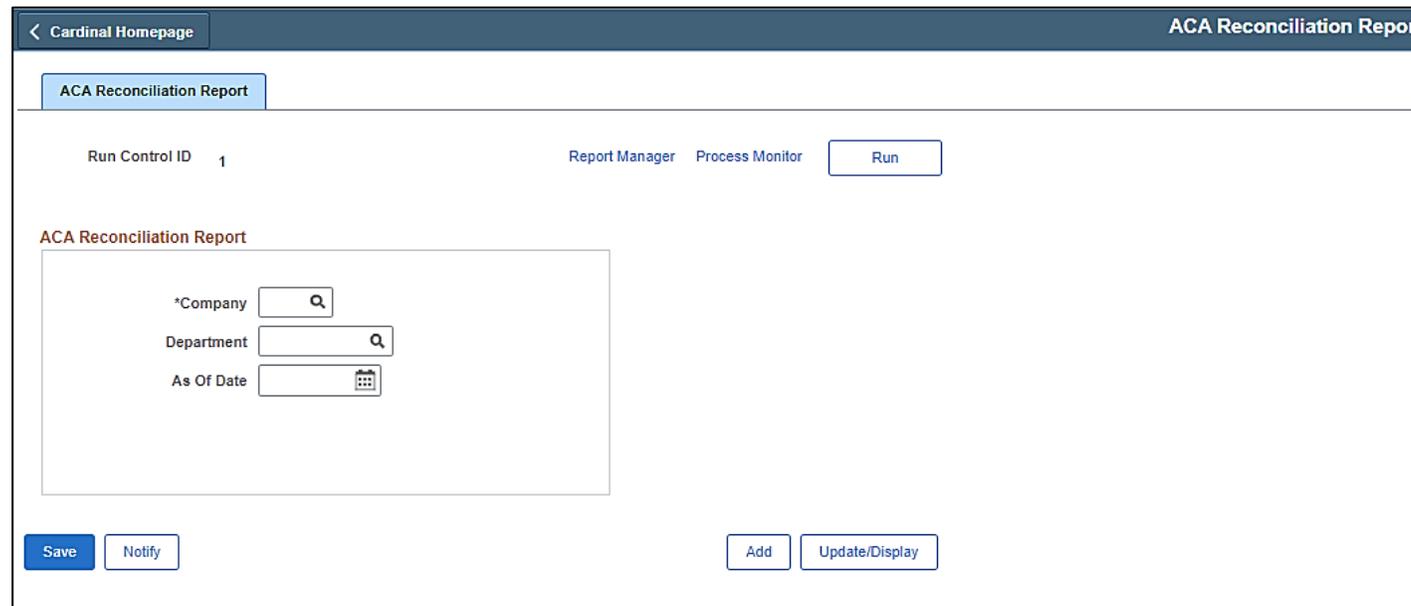
ACA Reconciliation Report



ACA Reconciliation Report

This report lists individual health benefit information for localities 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 the text "Run Control ID 1" on the left, and "Report Manager Process Monitor" in the center, with a "Run" button on the right. 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

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.

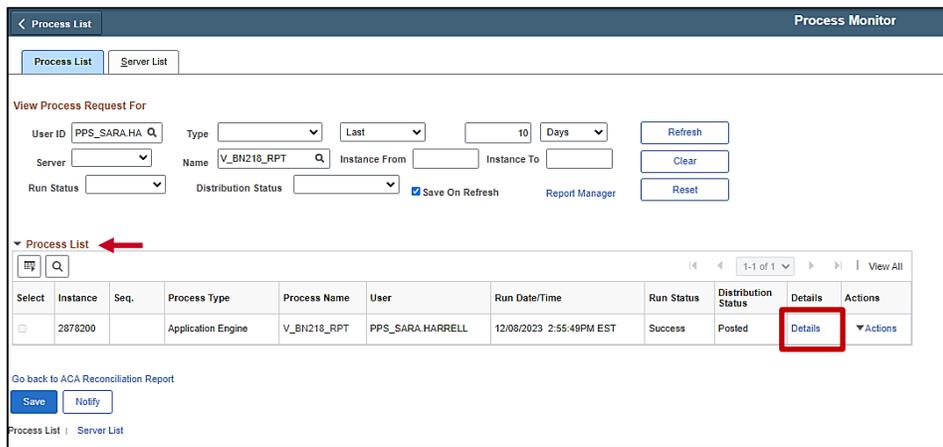
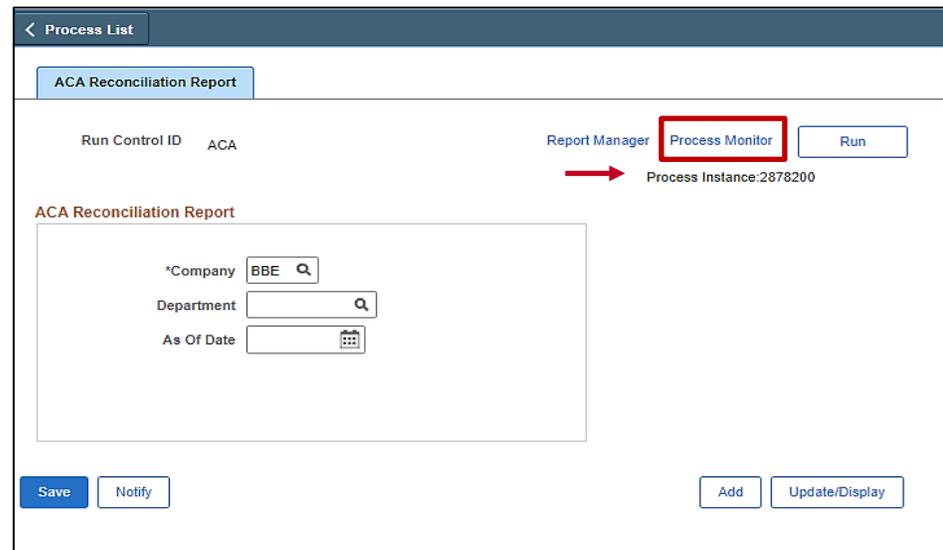
5. Click **Process Monitor**.

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**.





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 windows from a software interface. The top window is titled "Process Detail" and displays information for a process instance 2878200. It includes fields for Instance, Name, Run Status, Type, Description, Distribution Status, Run Control ID, Location, Server, Recurrence, and a "Date/Time" section with request creation and completion dates. An "Actions" section contains links for Parameters, Message Log, Refresh, View Log/Trace (highlighted with a red box), Transfer, and View Locks. The bottom window is titled "View Log/Trace" and shows report details for Report ID 2133378, including Distribution Details (Node: hrprd, Expiration Date: 01/07/2024) and a File List table. The file list contains two entries: a log file and an Excel file (V_BN218_ACA_RECON_RPT_2878200.xlsx, highlighted with a red box). A "Distribute To" section is also visible at the bottom.

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



ACA Reconciliation Report

Each employee will have two lines displaying their ACA Form Data

ACA Re: 685																											
Instance = 4397404																											
Compa	Department ID	FEIN	SSN	Employee ID	Empl Record	Last Name	First Name	Middle Name	Sfx	Seq	ValHC	Dep DOB	Form Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
E33	048183000	555111555	111223333	00100200300	0	DOE	JANE	A		0	9515.00000		VOIDED	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-								
E33	048183000	555111555	111223333	00100200300	0	DOE	JANE	A		0	9515.00000		VOIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
E33	048183000	555111555	222334444	00200300400	0	SMITH	JOHN	B		0	17600.00000		ACTIVE	1A/2C	1A/2C	1A/2C	1A/2C	1A/2A	-/-								
E33	048183000	555111555	222334444	00200300400	0	SMITH	JOHN	B		0	17600.00000		ACTIVE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-	
E33	048183000	555111555	333445555	00200300400	0	SMITH	JILL	C		1	0.00000	1/1/1960	ACTIVE	Y	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 locality 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
- Line is Blank if enrolled in an HMO

ValHC field: Estimated Value of Healthcare

- Payroll reporting offers a more precise calculation

Form Status: Values Active or Voided



ACA Reconciliation Report (continued)

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/2A	-/-									
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
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	-/-										
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
1095B	-/-										
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-

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 shows 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 displayed on the left, and 'Report Manager Process Monitor' is displayed in the center. A yellow 'Run' button is located on the right. Below this is a section titled 'Run Control Parameters' which contains three input fields: '*As Of Date' with the value '12/01/2023', 'Business Unit (Optional)', and 'Company (Optional)' with the value 'DOA'. At the bottom of the form, there are four buttons: a yellow 'Save' button, a yellow 'Add' button, and a grey 'Update/Display' button.

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. At the bottom, there is a table with one row: '1 JMU James Madison University'. The table has columns for 'Company' and 'Description', and 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 Report Manager Process Monitor

Language

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"/>											
2 Total Employee Count	<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 – Safe Harbor Code

Safe Harbor Code Indication:

Some localities (TLC) may need to input Safe Harbor Codes.

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.

Blank on 1095-C
2F(From W-2)
2H(Rate of Pay)
Blank on 1095-C

Enter 2H(Rate of Pay) as total employee count for this employer reporting year.

Blank on 1095-C
2F(From W-2)
2H(Rate of Pay)
Blank on 1095-C

Enter 2H(Rate of Pay) as total employee count for this employer reporting year.

	January	February	March	April	May
1 Total Full-Time	0	0	0	0	0
2 Total Employee Count	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 DHHR 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

- If a drop-down is visible, completion is mandatory.
- No drop-down? No action required.

Guidance on Safe Harbor Code Selection:

TLC recommends following the IRS-published [Q&A on Employer Shared Responsibility Provisions Under the ACA](#) for guidance on which safe harbor option to choose for your locality.



ACA Data Entry Certification

- Enter the total counts for **Total Full-Time** and **Total Employee Count**.
 - Total Employee Count include Full-Time, Part-Time, and Hourly Employees.
 - Do not include Retirees.
 - These counts should come from your agency HR System.
- 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](#)

Q & A



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, submit a Locality Security Access form to TLC to request reinstatement of your Core user access.

Lost Access?

Submit a [Locality Security Access form](#) to TLC@dhrm.virginia.gov.

The TLC group at DHRM reviews and approves the request and forwards it to the Cardinal Security Team for processing.

Once access has been established or updated, the Cardinal Security team notifies 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 Locality 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.



Multi-Factor Authentication (MFA)

All locality users must utilize Okta Multi-Factor Authentication (MFA) to securely log in to Cardinal.

Virginia IT Agency (VITA) Retirement of SMS/Phone Call MFA Methods

- VITA is retiring the use of SMS (text) and Phone Call as methods of authentication
- **All users relying on SMS or Phone Call** should update their MFA method as soon as possible

Q & A

Additional Support



TLC Support

Questions about
ACA
Reconciliation
Report Values?

Need assistance
determining data
to enter for ACA
Certification?

**Contact
TLC**

Need to make
corrections after
you certify?

General health
care plan and
benefits
questions?



Email:

- tlc@dhrm.virginia.gov
- tlcpolicy@dhrm.virginia.gov



Phone:

888-642-4414



[The Local Choice E-News List](#)

- Latest updates and messages from TLC



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 Localities](#) – detailed steps for completing the ACA Certification process.
- [BN361 Managing 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 vibrant red cardinal perched on a branch of a green evergreen tree. The cardinal is facing right, showing its bright red plumage, black face mask, and a prominent crest. The background is a soft-focus green, suggesting a natural outdoor setting.

Thank you for attending!

A copy of this presentation and the recording will be sent to all attendees and invitees.