



ASUG SAP Affordable Care Act (ACA) Reporting Tax Year 2020/Processing Year 2021

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INTERNAL

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Agenda

Planned delivery roadmap

Communication Testing Tips for New Implementations

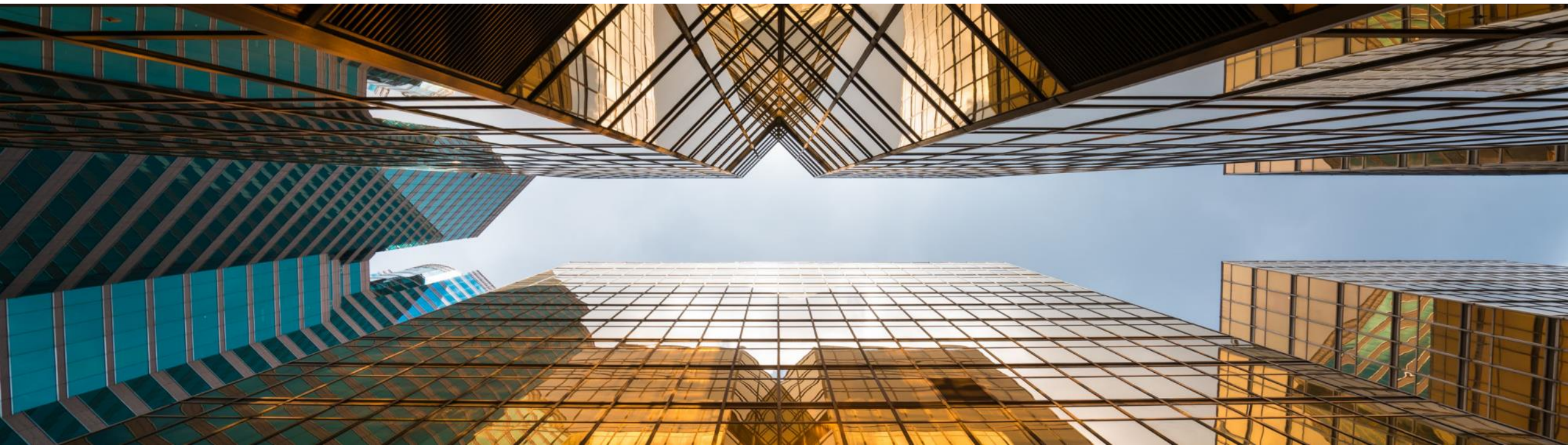
What's New

- 1094-C and 1095-C
- 1094-B and 1095-B

Resources

Q&A

Planned Delivery Roadmap



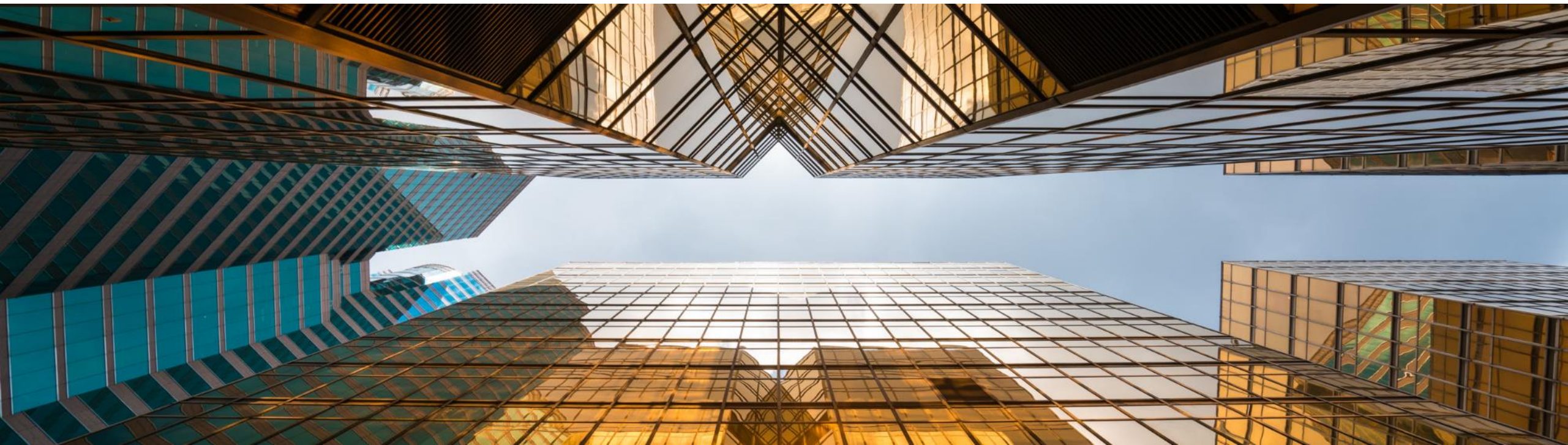
SAP ACA Reporting Tax Year 2020: Planned Delivery Roadmap*

*Subject to Change

SAP ACA: **FAQ Note** for Affordable Care Act Reporting 2020 [3001357](#)

- SAP Note ACA: Updates for reporting year 2020 [2984633](#)
 - Software ID for tax year 2020
 - XML Schema version for tax year 2020
 - IRS Form templates for tax year 2020
 - Final forms and instructions were released by the IRS on October 15, 2020
- IRS AATS Communication Testing Cookbooks for tax year 2020 for new implementations
- HRSP Minimum Requirement:
 - Software Component SAP_HRCUS
 - Release 608 63
 - Release 604 D5
 - Release 600 G9

Communication Testing Tips **For New Implementations Only**



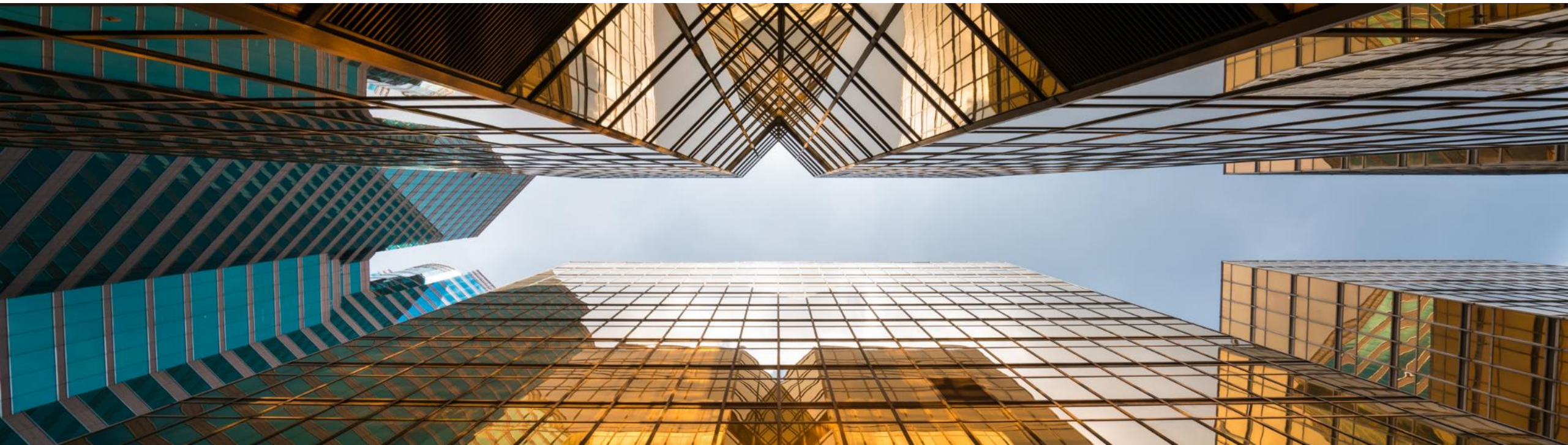
SAP ACA Reporting Tax Year 2020: Communication Testing*

*Only Required for New SAP ACA Reporting Implementations

To generate the XML files for submission to the IRS AATS using predefined scenarios Submission 2 (B Form) and 5 (C Form), proceed as follows:

1. Register with the IRS e-Services and apply for Transmitter Control Code (TCC). For more information, see the IRS Affordable Care Act Information Returns (AIR) Program [website](#) and Publication [5164](#).
2. Apply all required SAP Notes for ACA Reporting 2020 as described in SAP FAQ Note [3001357](#)
3. Complete system configuration per [IRS AATS testing instructions](#) for Tax Year 2020/Processing Year 2021
 - [SAP Affordable Care Act Reporting User Guide](#) available on SAP Help Portal
 - SAP ACA Communication Testing Tips available in SAP Note [2495416](#) - BN: User Guides for HCM US Benefits Management.
 - IRS AATS Communication Testing Cookbooks available in SAP FAQ Note [3001357](#)
4. Upload the XML files in the IRS AATS Test Environment: [User Interface \(UI\) ACA Assurance Testing System \(AATS\)](#)
5. After you receive the Receipt ID and Accepted status from the IRS AATS, run transaction HRBENUS_ACA_EVAL in your SAP test system and update the XML entry with the Receipt ID and status provided by the IRS
6. After your communication test has been accepted by the IRS, call the IRS at +1 866 937-4130 to inform the IRS agent that your communication test has been accepted. The IRS agent will move your TCC to production status, which will take ~48 hours to activate.

What's New **1094-C** and **1095-C**



Forms 1094-C and 1095-C

1094-C

- Tax year

120118


Form **1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns CORRECTED OMB No. 1545-2251

Department of the Treasury Internal Revenue Service **2020**

Go to www.irs.gov/Form1094C for instructions and the latest information.

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

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

Part II ALE Member Information

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. Reserved C. Reserved 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. 61571A Form **1094-C** (2020)

Forms 1094-C and 1095-C

600120

1095-C

- Tax year
- Part II New field “Employee’s Age on January 1”
- Part II Field “Plan Start Month” is **mandatory** now
 - Plan must be configured using V_T77BENUS_ASPCC
- Part II Line 14 new codes **1L-1S** (1T-1Z reserved)
 - Feature UBAEO or BAdI HRBENUS_B_ACA_OFFER
- Part II Line 15 required if Line 14 is 1L-1Q
 - Feature UBAES or BAdI HRBENUS_B_ACA_OFFER
- Part II new field **Line 17 “ZIP Code”**
 - Required for new Line 14 codes 1L-1Q
 - BAdI HRBENUS_B_ACA_OFFER

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

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

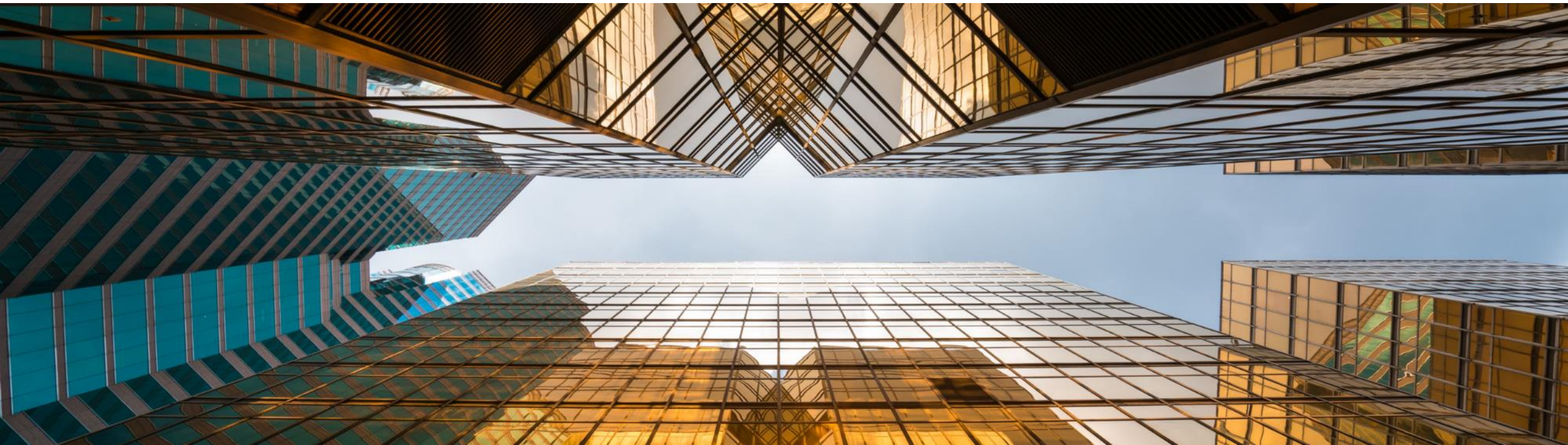
VOID
 CORRECTED

OMB No. 1545-2251
2020

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)												
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** (2020)

What's New **1094-B** and **1095-B**



Forms 1094-B and 1095-B

1094-B

- Tax year

110116

OMB No. 1545-2252

2020

Form **1094-B** Transmittal of Health Coverage Information Returns

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form1094B for instructions and the latest information.

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			

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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. 61570P Form **1094-B** (2020)

Forms 1094-B and 1095-B

560118

1095-B

- Tax year
- Part I Line 8 new code: **G** - Individual coverage health reimbursement arrangement (HRA)
 - Plan must be configured using V_T77BENUS_ASPCC, option **PG**.

OMB No. 1545-0052
2020

Form **1095-B** Health Coverage
 Department of the Treasury Internal Revenue Service
 ▶ Do not attach to your tax return. Keep for your records.
 ▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID
 CORRECTED

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): . . . ▶
 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)

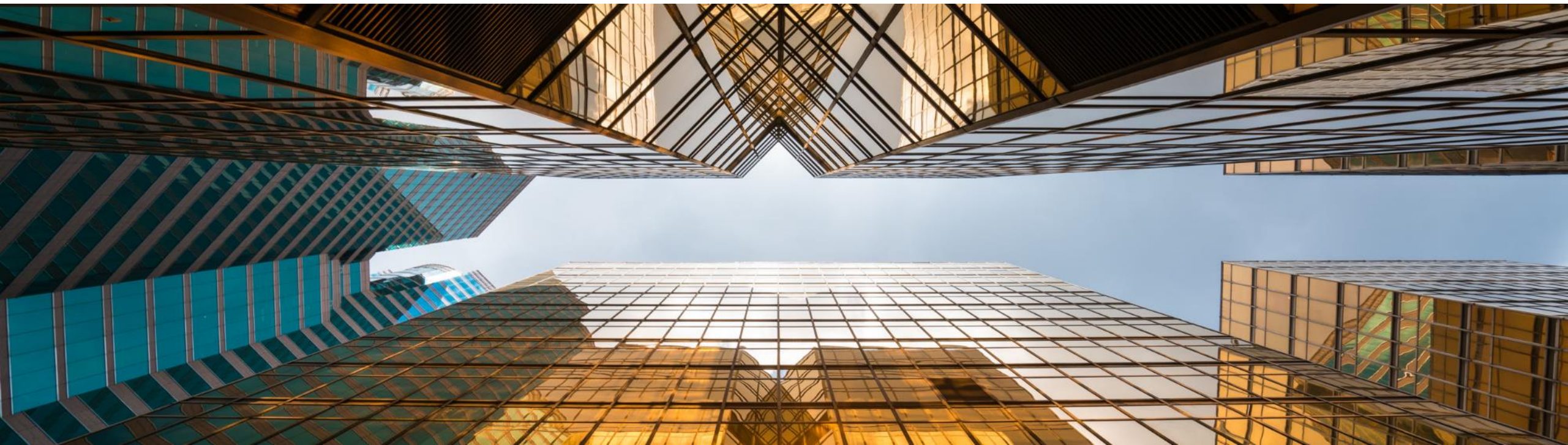
16 Name
 17 Employer identification number (EIN)
 18 Contact telephone number
 19 Street address (including room or suite no.)
 20 City or town
 21 State or province
 22 Country and ZIP or foreign postal code

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"/>
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** (2020)

Resources **Stay Informed**



Resources

SAP ACA Reporting

- For up-to-date information on SAP ACA Reporting 2020, see SAP FAQ Note [3001357](#)
 - To find assistance and FAQs on SAP ACA Reporting, see SAP Knowledge Base Article (KBA) [2458635](#)
 - For SAP ACA Reporting issues, log cases under component area PA-PA-US-BN
 - For documentation on the SAP ACA Reporting solution, see [SAP Affordable Care Act Reporting User Guide](#)
 - For additional tips and news on SAP ACA Reporting 2020, join the SAP Jam Collaboration Group: **SAP ERP HCM Benefits Management USA. To request to join:**
 - Send email to globalization@sap.com with the subject “SAP ACA” and brief message including your:
 - company name
 - name and title
 - company email address (email domain must match the company name registered with SAP)
 - Receive approval email and follow the instructions to accept invitation to join
- Note: Once you have joined the SAP JAM Group: SAP ERP HCM Benefits Management USA, join the Subgroup or Discussion Group ‘SAP ACA Reporting’ to begin collaborating.

Resources

SAP ERP HCM Benefits Management

- **Find latest news on SAP ERP HCM Benefits Management [here](#) or:**
 1. Go to [SAP Globalization Services](#)
 2. Select Localization by Product and Region
 3. Select SAP ERP Human Capital Management
 4. Select Americas
 5. Select United States
 6. Select Find all US-related documentation
Note: this is a gated area that requires authorization similar to SAP Service Marketplace.
 7. Select specific solution documents (for example, SAP ERP Benefits Management Solution).

- **Find documentation on the SAP ERP HCM Benefits Management solution [here](#)**

Thank you.

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