

ellucian®

Banner
Human Resources
Release Guide

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Ellucian
4375 Fair Lakes Court
Fairfax, VA 22033
United States of America

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Introduction

This release guide provides an overview of the Banner® Human Resources 8.11.4 release.

This release provides U.S. institutions with many of the updates they will need to support Affordable Care Act (ACA) reporting for 2015. ACA reporting is only required for U.S. institutions.

NOTE: Logic included with these updates enables Banner to recognize U.S. institutions and only display ACA-related fields to those institutions. Banner considers an institution a U.S. institution when the Nation code on the Installation Controls (GUAINST) form is set to United States of America. The value selected for the Nation code must have an MMREF code on the Nation Code Validation (STVNATN) table equal to **US**.

A release later in 2015 will provide you with the year-end reporting processes that you will use to generate the offer and coverage statements required for employees who are eligible to receive these documents.

If your site is self-insured for primary medical coverage, you must create spouse and child records on the Beneficiary (PDABENE) form and the Beneficiary Coverage (PDABCOV) form in order to report coverage. If your site is not self-insured, your health care provider is responsible for supplying statements of coverage for qualified spouses and child dependents.

The Human Resources 8.11.4 release includes the following.

- Updates to the Employer Rules (PTREMPR) form to include Affordable Care Act employer information.
- Updates to the Beneficiary (PDABENE) form and the COBRA Beneficiary (PCABENE) form to include beneficiary information for ACA reporting.
- Updates to the Benefits and Deductions Rules (PTRBDCA) form to include an **Affordable Health Care Information** section.
- A new form, the Health Insurance Offer and Coverage (PDAHIOC) form, which you can use to create ACA employee records.
- A new form, the Offer and Coverage Mass Update Rule (PTROCMU) form, to be used with an ACA records mass update process. The process will be included in a future release.
- A script that will upload to Banner the offer and coverage information that you have maintained on the Health Insurance Offer and Coverage Excel spreadsheet supplied by Ellucian through eCommunities (formerly, the Commons) in December 2014.

NOTE: This spreadsheet (Health_Insurance_Offer_and_Coverage.xlsx), along with instructions on how to use it (Health_Insurance_Offer_and_Coverage.docx), have also been packaged with this release.

System requirements

These are the minimum releases required to install Banner Human Resources 8.11.4.

Table 1: Banner Human Resources 8.11.4 minimum release requirements

Banner General	Position Control	Human Resources
8.6	8.10	8.10 with 8.10.1 installed

Supporting documentation

In addition to this release guide, the following technical documentation is available as part of the Human Resources 8.11.4 release.

- *Banner Human Resources/Position Control TRM Supplement 8.11.4*

Detailed descriptions of the new ACA Coverage API and the ACA Coverage Update Select API are added to the 8.11.4 version of the TRM Supplement.

Affordable Care Act Data Collect - Functional

This section describes the functional changes made for the ACA Data Collect enhancement.

Affordable Care Act processing overview

This enhancement provides new forms and processes that you need to be familiar with in order to set up Affordable Care Act processing at your institution.

- Complete the employer contact information in the **Affordable Care Act Employer Information** section of the Employer Rules (PTREMPR) form.
- If applicable, complete the **Designated Governmental Entity** sub-section in the **Affordable Care Act Employer Information** section of the Employer Rules (PTREMPR) form.

NOTE: This primarily applies to federal, state, city, and county employers.

- For each of the primary health care benefit deduction codes that will be used in ACA processing, complete the **US Affordable Health Care Information** section on the Benefits and Deductions Rules (PTRBDCA) form.
- Create ACA records for each employee.

NOTE: Every employee must have at least one ACA record to be included in year-end reporting. This is regardless of whether the employee has rights to health care coverage or not.

Currently, there are two ways to create ACA records.

- Manually enter these records on the Health Insurance Offer and Coverage (PDAHIOC) form. You can use this form to enter and update the offer and coverage information for each employee.
- If you have used the Health Insurance Offer and Coverage Excel spreadsheet provided by Ellucian to record your health insurance offers in 2015, you can use the script (pdrhioc-aca-load.sql) delivered with this release to upload the information and create the records in Banner.
- If the employee has beneficiaries or dependents associated with health care codes, complete the information on the Beneficiary (PDABENE) form or the COBRA Beneficiary (PCABENE) form. This includes selecting the **ACA Reportable Child** indicator on these forms. It is required to report Social Security Numbers and birth dates for an employee's spouse and children.

NOTE: Beneficiary information can also be completed by the employee through the **Updating Beneficiary or Dependent** page in Employee Self-Service.

In the near future, Ellucian will be providing two new processes to assist you in entering and auditing ACA records.

- The first process will be a mass update process that will allow your institution to create multiple ACA records at a time to populate the Health Insurance Offer/Coverage records (PDAHIOC). It

will create records by Employee Class, to ensure that all employees have a record to report. It will also create a rules set for employees who have on-going (evergreen) coverage from open enrollment programs.

- The second process will be a report that includes the ACA records that have been created and employees who have a missing or incomplete ACA record.

Affordable Care Act section on the Employer Rules (PTREMPR) form

An **Affordable Care Act Employer Information** section has been added to the Employer Rules (PTREMPR) form.

Use this section to record information about your institution that will be used in Affordable Care Act reporting. If your institution is self-insured for primary health care coverage, be sure to select the **Employer is Self-Insured for Medical Coverage** indicator. Selecting this indicator is important, because there are additional requirements for reporting spouse and child information when your institution is self-insured. By selecting the indicator, Banner will enable additional fields that are required for reporting spouse and child information. If your organization is not self-insured, it will be the responsibility of your health care provider to report spouse and child information.

This section of PTREMPR also contains a **Designated Governmental Entity** group of fields that only needs to be completed if your institution has been defined as a government entity.

NOTE: The process that will use this information to create the ACA year-end reports will be available in a release later this year.

Table 2: New fields on the Employer Rules (PTREMPR) form

Field name	Description
Applicable Large Employer Name	Applicable Large Employer Name
Address	Address
City	Applicable Large Employer City
County Code	County Code; Press LIST for valid codes.
State	State or Province Code; Press LIST for Valid Values.
ZIP Code	Zip or Postal Code; Press LIST for valid codes.
Contact Name	ACA Contact Name.
Telephone	ACA Contact Phone Number.
Employer is Self-Insured for Medical Coverage	This check box indicates that the employer is Self-Insured for Health Care Coverage.
Designated Government Entity	Designated Government Agency Name

Field name	Description
Address	Designated Government Entity Address.
City	Designated Government Entity City.
State	Designated Government Entity State or Province.
ZIP Code	Designated Government Entity Zip or Postal Code.
FED EIN or Business Num	Designated Government Entity Employer Identification or Business Number.
Contact Name	Designated Government Entity Contact Name.
Telephone	Designated Government Entity Contact Telephone Number.

Affordable Care Act section on the Benefits and Deductions Rules (PTRBDCA) form

A **U.S. Affordable Health Care Information** section has been added to the Benefits and Deductions Rules (PTRBDCA) form. Only enter information in this section for the primary health care benefit or deduction codes that will be reported for the Affordable Care Act.

If you have multiple benefit or deduction codes that need to be included in ACA reporting, complete the information in this section for each code. It is important that you select the **Health Care Provider Offers and Coverage** indicator included in this section. This indicates that the benefit or deduction code should be included in ACA reporting.

The information maintained in this section of PTRBDCA provides the default values found on the Health Insurance Offer and Coverage (PEAHIOC) form for each employee's offer and coverage record.

Table 3: New fields on the Benefits and Deductions Rules (PTRBDCA) form

Field name	Description
Health Care Provider Indicator for Offers and Coverage	<p>This check box indicates that this benefit code represents a benefit that provides core health care coverage to employees, spouses, or dependents.</p> <p>Banner uses this indicator to link each benefit code to the offer coverage code that needs to be reported for each health care offer record in year-end reports.</p>
Default Offer Coverage Code	The IRS-defined code for core Health Care Offer and Coverage.

Field name	Description
	<p>1A. Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). This code may be used to report for specific months for which a Qualifying Offer was made, even if the employee did not receive a Qualifying Offer for all 12 months of the calendar year. However, an employer may not use the Alternative Furnishing Method for an employee who did not receive a Qualifying Offer for all 12 calendar months.</p> <p>1B. Minimum essential coverage providing minimum value offered to employee only.</p> <p>1C. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).</p> <p>1D. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).</p> <p>1E. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.</p> <p>1F. Minimum essential coverage NOT providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.</p> <p>1G. Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year. Enter code 1G in the "All 12 Months" box and do not complete the monthly boxes.</p> <p>1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).</p> <p>1I. Qualified Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualified offer, or received a qualified offer for less than 12 months.</p>
Default 4980H Safe Harbor Code	<p>The IRS-defined code for core Health Care 4980H code.</p> <p>2A. Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the month. Do not use code 2A for a month if the individual is an employee of the employer on any day of the month. Do not use this code for the month during which an employee terminates employment with the employer.</p>

Field name	Description
	<p>2B. Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month.</p> <p>2C. Employee enrolled in coverage offered. Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer, regardless of whether any other code in Code Series 2 might also apply.</p> <p>NOTE: If the employee enrolled in the minimum essential coverage offered for the month, enter code 2C (employee enrolled in coverage offered), and not any other in Code Series 2 that might also apply.</p> <p>2D. Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b). If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the employer is also eligible for the multiemployer interim rule relief for the month code 2E, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a Limited Non-Assessment Period). 2E. Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer interim guidance applies for that employee. This relief is described in the Definitions under Offer of Health Coverage. Although employers may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer interim guidance, an employer eligible for the relief provided in the multiemployer interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not a code for the section 4980H affordability safe harbors (codes 2F, 2G, or 2H). 2F. Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.</p> <p>2H. Section 4980H affordability rate of pay safe harbor. Enter code 2H if the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).</p>

Field name	Description
	2I. Non-calendar year transition relief applies to this employee. Enter code 2I if non-calendar year transition relief for section 4980H(b) applies to this employee for the month. See the instructions later under Section 4980H Transition Relief for 2015 and 2015 Section 4980H(b) Transition Relief for Employers with Non-Calendar Year Plans (Form 1095-C, line 16, code 2I), for a description of this relief.
Monthly Premium Amount for Self-Only Minimal Essential Coverage	This is the amount that the employee would pay for the minimal coverage offered. It must be entered in dollars and cents and will typically represent your lowest cost plan. You must report this number so that the government can determine if your institution is offering affordable health care.

Health Insurance Offer and Coverage (PDAHIOC) form

Use this form to query, add, update, and delete an employee's information about the health care they were offered by your institution and the coverage that they have. This information is used for Affordable Health Care Act reporting.

On PDAHIOC, you will record when health care offers are made to an employee and whether the employee accepted or declined the offer. The information maintained on this form is important, because it creates an audit record that your institution can use to prove that qualified health care offers were made to eligible employees. ACA reporting requires that all eligible employees receive a statement of coverage, either for the full year or for the specific months in which coverage is active.

Your institution will use the Benefits and Deductions Rules (PTRBDCA) form to identify the specific health care benefit codes you will use for ACA reporting. The information entered for each benefit or deduction code on PTRBDCA provides the default values displayed on PDAHIOC for the **Benefit Deduction** code assigned to the employee. Your institution should have multiple codes available to choose from in order to accommodate the variety of health care options available to your employees.

Individual offer and coverage records can occur throughout the year and an individual may have several that will incorporate the information into the year-end statement. Various offer codes will describe the type of activity that is occurring on any given day. The records must be unique by **Year, Record Date, and Health Offer Date**, as only one record may be present on any given date. A mass update process (planned for future release in 2015) will help automate activities on employees, such as terminating jobs, terminating health insurance, and other dynamic activity.

NOTE: There is no automation between these records and other employee records in Banner HR. They are exclusively used to support year-end U.S. regulatory reporting.

Table 4: Fields on the Health Insurance Offer and Coverage (PDAHIOC) form

Field name	Description
ID	The employee ID To record information on this form, the person must have an employee record on PEAEMPL.
Year	Calendar year in which the offer of coverage will be recorded and reported at year-end. A health insurance offer can be recorded late in the prior calendar year, with the coverage occurring in the current calendar year.
Record Date	(Required) The date the current record is being prepared. It can be the same as the Health Offer Date, but does not need to be. This date can be outside the Calendar Year, but must be within one year of the Calendar Year.
Health Offer Date	(Required) This date typically reflects the day in which the health insurance offer was extended to the employee. However, since the date is a required entry for this record, it can also reflect the day in which a determination is made that a health coverage offer is not being given to an employee based upon the criteria set forth in the Offer Coverage Code that is assigned.
Spouse Offer Indicator	Select this check box to indicate that the health care offer is extended to the spouse.
Dependent Offer Indicator	Select this check box to indicate that the health care offer is extended to the dependent.
Benefit Deduction	If an offer is being extended to the employee, the user can indicate the Benefit or Deduction Code that has been presented to the employee. The code is just for reference, and is not used in ACA processing.
Benefit Plan Code	If there are PTRBDCA plans associated with the Benefit or Deduction Code , the Plan Code can be entered here and should reflect the associated plan that was extended to the employee. The code is just for reference, and is not used in ACA processing.
Offer Coverage Code	This code is used to signify the type of core health care offer made to an employee, spouse or dependent. NOTE: The default value associated with this code from the Benefit and Deduction Rules (PTRBDCA) form may be overridden. 1A. Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum

Field name	Description
	<p>essential coverage offered to spouse and dependent(s). This code may be used to report for specific months for which a Qualifying Offer was made, even if the employee did not receive a Qualifying Offer for all 12 months of the calendar year. However, an employer may not use the Alternative Furnishing Method for an employee who did not receive a Qualifying Offer for all 12 calendar months.</p> <p>1B. Minimum essential coverage providing minimum value offered to employee only.</p> <p>1C. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).</p> <p>1D. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).</p> <p>1E. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.</p> <p>1F. Minimum essential coverage NOT providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.</p> <p>1G. Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year. Enter code 1G in the "All 12 Months" box and do not complete the monthly boxes.</p> <p>1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).</p> <p>1I. Qualified Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualified offer, or received a qualified offer for less than 12 months.</p>
4980H Safe Harbor Code	<p>This code provides the Safe Harbor Reporting Code for year-end reporting.</p> <p>NOTE: The default value associated with this code from the Benefit and Deduction Rules (PTRBDCA) form may be overridden.</p> <p>2A. Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the month. Do not use code 2A for a month if the individual is an employee of the employer on any day of the month. Do not use this code for the</p>

Field name	Description
	<p>month during which an employee terminates employment with the employer.</p> <p>2B. Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month.</p> <p>2C. Employee enrolled in coverage offered. Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer, regardless of whether any other code in Code Series 2 might also apply.</p> <p>Note. If the employee enrolled in the minimum essential coverage offered for the month, enter code 2C (employee enrolled in coverage offered), and not any other in Code Series 2 that might also apply.</p> <p>2D. Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b). If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the employer is also eligible for the multiemployer interim rule relief for the month code 2E, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a Limited Non-Assessment Period).</p> <p>2E. Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer interim guidance applies for that employee. This relief is described in the Definitions under Offer of Health Coverage. Although employers may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer interim guidance, an employer eligible for the relief provided in the multiemployer interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not a code for the section 4980H affordability safe harbors (codes 2F, 2G, or 2H).</p> <p>2F. Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.</p> <p>2H. Section 4980H affordability rate of pay safe harbor. Enter code 2H if the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).</p>

Field name	Description
	2I. Non-calendar year transition relief applies to this employee. Enter code 2I if non-calendar year transition relief for section 4980H(b) applies to this employee for the month. See the instructions later under Section 4980H Transition Relief for 2015 and 2015 Section 4980H(b) Transition Relief for Employers with Non-Calendar Year Plans (Form 1095-C, line 16, code 2I), for a description of this relief.
Employee Amount Lowest Plan	<p>This amount is the monthly premium the employee would have to pay for employee, self-only coverage. It is typically the lowest cost health insurance plan offered that provides minimal essential coverage. It will be reported on the year-end employee coverage statement.</p> <p>NOTE: The default value associated with this code from the Benefit and Deduction Rules (PTRBDCA) form may be overridden.</p>
Acceptance Date	Date the employee accepted the health care offer.
Decline Date	<p>Date the health care offer was declined by the employee.</p> <p>This date cannot be updated when an Acceptance Date is present and a Decline Reason must be present when using this date.</p>
Decline Reason	The reason the employee declined the offer. Your comments can be up to 300 characters in length. This is required when a Decline Date is present.
Offer or Coverage Comments	Free form comments regarding health care offer.
Activity Date	The system date when the last update was made to the record.
User ID	User ID of the individual that updated the record.

Offer and Coverage Mass Update Rule (PTROCMU) form

Use this rule form to provide the criteria to the mass update program that will create or update employee offer and coverage records on the Health Insurance Offer and Coverage (PEAHIOC) form.

NOTE: The process that will make the mass updates is not yet available. It will be provided in a future release in 2015.

Begin creating your selection criteria for mass update by selecting the employee class you wish to update. When looking up an employee class, you will be presented with two options. You can lookup an employee class from the list of all employee classes on the Employee Class Query

(PTQECLS) form, or you can select from an existing list of employee classes you have previously entered on this form.

Once you have selected an employee class, PTROCMU determines if there are any records that match your criteria. The form displays a message if no records are found. If there are existing records that match the employee class, you can begin entering data into the fields that you wish to create or update for those employee records.

Table 5: Fields on the Offer and Coverage Mass Update Rule (PTROCMU) form

Field name	Description
Employee Class	Employee Class Code from PTRECLS.
Year	Calendar Year in which the Offer of Coverage is effective.
Record Date	(Required) The date the current record is being prepared. It can be the same as the Health Offer Date, but does not need to be. This date can be outside the Calendar Year, but must be within one year of the Calendar Year.
Health Offer Date	(Required) This date typically reflects the day in which the health insurance offer was extended to the employee. However, since the date is a required entry for this record, it can also reflect the day in which a determination is made that a health coverage offer is not being given to an employee based upon the criteria set forth in the Offer Coverage Code that is assigned.
Benefit Deduction	If an offer is being extended to the employee, the user can indicate the Benefit or Deduction Code that has been presented to the employee. The code is just for reference, and is not used in ACA processing.
Benefit Plan Code	If there are PTRBDCA plans associated with the Benefit or Deduction Code , the Plan Code can be entered here and should reflect the associated plan that was extended to the employee. The code is just for reference, and is not used in ACA processing.
Spouse Offer Indicator	Select this check box to indicate that the health care offer is extended to the spouse.
Dependent Offer Indicator	Select this check box to indicate that the health care offer is extended to the dependent.
Offer Coverage Code	This code is used to signify the type of core health care offer made to an employee, spouse or dependent. NOTE: The default value associated with this code from the Benefit and Deduction Rules (PTRBDCA) form may be overridden.

Field name	Description
	<p>1A. Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). This code may be used to report for specific months for which a Qualifying Offer was made, even if the employee did not receive a Qualifying Offer for all 12 months of the calendar year. However, an employer may not use the Alternative Furnishing Method for an employee who did not receive a Qualifying Offer for all 12 calendar months.</p> <p>1B. Minimum essential coverage providing minimum value offered to employee only.</p> <p>1C. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).</p> <p>1D. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).</p> <p>1E. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.</p> <p>1F. Minimum essential coverage NOT providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.</p> <p>1G. Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year. Enter code 1G in the "All 12 Months" box and do not complete the monthly boxes.</p> <p>1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).</p> <p>1I. Qualified Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualified offer, or received a qualified offer for less than 12 months.</p>
4980H Safe Harbor Code	<p>This code provides the Safe Harbor Reporting Code for year-end reporting.</p> <p>NOTE: The default value associated with this code from the Benefit and Deduction Rules (PTRBDCA) form may be overridden.</p>

Field name	Description
	<p>2A. Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the month. Do not use code 2A for a month if the individual is an employee of the employer on any day of the month. Do not use this code for the month during which an employee terminates employment with the employer.</p> <p>2B. Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month.</p> <p>2C. Employee enrolled in coverage offered. Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer, regardless of whether any other code in Code Series 2 might also apply.</p> <p>Note. If the employee enrolled in the minimum essential coverage offered for the month, enter code 2C (employee enrolled in coverage offered), and not any other in Code Series 2 that might also apply.</p> <p>2D. Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b). If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the employer is also eligible for the multiemployer interim rule relief for the month code 2E, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a Limited Non-Assessment Period).</p> <p>2E. Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer interim guidance applies for that employee. This relief is described in the Definitions under Offer of Health Coverage. Although employers may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer interim guidance, an employer eligible for the relief provided in the multiemployer interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not a code for the section 4980H affordability safe harbors (codes 2F, 2G, or 2H).</p> <p>2F. Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all</p>

Field name	Description
	<p>months of the calendar year for which the employee is offered health coverage.</p> <p>2H. Section 4980H affordability rate of pay safe harbor. Enter code 2H if the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).</p> <p>2I. Non-calendar year transition relief applies to this employee. Enter code 2I if non-calendar year transition relief for section 4980H(b) applies to this employee for the month. See the instructions later under Section 4980H Transition Relief for 2015 and 2015 Section 4980H(b) Transition Relief for Employers with Non-Calendar Year Plans (Form 1095-C, line 16, code 2I), for a description of this relief.</p>
Employee Amount Lowest Plan	<p>This amount is the monthly premium the employee would have to pay for employee, self-only coverage. It is typically the lowest cost health insurance plan offered that provides minimal essential coverage. It will be reported on the year-end employee coverage statement.</p> <p>NOTE: The default value associated with this code from the Benefit and Deduction Rules (PTRBDCA) form may be overridden.</p>
Acceptance Date	Date the employee accepted the health care offer.
Decline Date	<p>Date the health care offer was declined by the employee.</p> <p>This date cannot be updated when an Acceptance Date is present and a Decline Reason must be present when using this date.</p>
Decline Reason	The reason the employee declined the offer. Your comments can be up to 300 characters in length. This is required when a Decline Date is present.
Offer or Coverage Comments	Free form comments regarding the health care offer.
User ID	User ID of the individual that updated the record.
Activity Date	Date the update occurred.
Process Action	This rule will determine whether offer and coverage records will be initially created, updated, or created or updated (depending upon other employee data criteria).
Status Selection	For those employees with existing health care coverage, this control will evaluate the current Benefit Deduction Status codes for selection and processing. (All Statuses, Active, Exempt, Terminated, or Waived).

Criteria for creating Offer and Coverage Mass Update records on PTROCMU

Specific criteria must be met for mass update processing.

- In order to create a new record, the following fields must be filled in, at a minimum.
 - Employee Class
 - Calendar Year
 - Record Date
 - Health Offer Date
- Only one record may be present on any given date in the employee's offer and coverage information on PDAHIOC. The records for the mass update process rules must be unique by **Employee Class, Year, Record Date, and Health Offer Date**.
- Only one record can exist per each Employee Class.
- If an existing Employee Class record exists, it can only be queried, updated or deleted.

Affordable Care Act beneficiary information

Use the forms listed in this section to record information about employees' beneficiaries that is needed for Affordable Care Act reporting.

For year-end reporting, Banner will require that an employee's spouse and child records contain Social Security Numbers and dates of birth. If a beneficiary is a child, the Dependent Child Indicator must also be selected.

NOTE: While this data is primarily used to report on self-insured employers, Banner now enforces the entry of this beneficiary and dependent information for U.S. employers.

Employers that are self-insured have an additional requirement for ACA reporting. In addition to the data previously mentioned, the employer must report whether the claimed child meets the definition of "child dependent." If the child meets the definition, the **ACA Reportable Child** check box must be selected.

This same beneficiary and dependent reporting is required if the employee and beneficiaries are covered under COBRA.

Table 6: New fields on the COBRA Beneficiary (PCABENE) form

Field name	Description
SSN	The beneficiary's Social Security Number.
ACA Reportable Child indicator	Check box to indicate the child should be reported for Affordable Care Act COBRA.

Field name	Description
	The definition states, A child, under the age of 26, who is naturally born, legally adopted, or legally placed for adoption with the employee. ACA reporting does not intend to accept those children that have reached 26 during a particular month within the reporting year, stepchildren, foster children, or a child that does not reside in the U.S. (or a contiguous country to the U.S.), who is not a U.S. Citizen or National.

Table 7: New field on the Beneficiary (PDABENE) form

Field name	Description
ACA Reportable Child indicator	<p>Check box to indicate the child should be reported for Affordable Care Act .</p> <p>The definition states, A child, under the age of 26, who is naturally born, legally adopted, or legally placed for adoption with the employee. ACA reporting does not intend to accept those children that have reached 26 during a particular month within the reporting year, stepchildren, foster children, or a child that does not reside in the U.S. (or a contiguous country to the U.S.), who is not a U.S. Citizen or National.</p>

Updated menus

The following menus have been updated to include the forms created for this release.

- A link to the Health Insurance Offer and Coverage (PDAHIOC) form has been added to the Benefit/Deduction (*HRSBENEFIT) menu.
- A link to the Offer and Coverage Mass Update Rule (PTROCMU) form has been added to the Rules (*HRSRULES7) menu.

Affordable Care Act mass update process

A mass update process and report will be available as part of a future release in 2015. It will enable you to update all records that need to be reported yearly for the Affordable Care Act.

Your institution will run this process during the course of the year to compile all of the data that needs to be reported for the Affordable Care Act.

In the meantime, the Health Insurance Offer Coverage (PDRHIOC) table, the Offer and Coverage Mass Update (PTROCMU) rule form, and two new APIs are being delivered in this release to begin collecting the data you will need for processing. You can also use the Health Insurance Offer and Coverage Excel spreadsheet that has been available through eCommunities to record the details of your healthcare offers.

NOTE: For your convenience, this spreadsheet (Health_Insurance_Offer_and_Coverage.xlsx), along with instructions on how to use it (Health_Insurance_Offer_and_Coverage.docx), have also been packaged with this release.

Affordable Care Act Data Collect - Technical

This section describes the technical changes made for the ACA Data Collect enhancement.

New tables

The following tables have been added for this release.

Table 8: Health Insurance Offer and Coverage (PDRHIOC) table

Column name	Type	Length	Description
PDRHIOC_PIDM	NUMBER	8	PIDM of Employee.
PDRHIOC_YEAR	NUMBER	4	Calendar Year in which the Offer of Coverage is effective.
PDRHIOC_OFFER_DATE	DATE	DATE	Date for which the offer is made to the employee.
PDRHIOC_RECORD_DATE	DATE	DATE	The recording date of the record.
PDRHIOC_OFFER_TO_SPOUSE_IND	VARCHAR2	1	Indicates that the health care offer is extended to the spouse.
PDRHIOC_OFFER_TO_DEPENDENT_IND	VARCHAR2	1	Indicates that the health care offer is extended to the dependent.
PDRHIOC_ACTIVITY_DATE	DATE	DATE	Activity Date for the last update to the record.
PDRHIOC_USER_ID	VARCHAR2	30	User ID of the individual that updated the record.
PDRHIOC_BDCA_CODE	VARCHAR2	3	This is the Health Care Benefit Code where the Health Care Provider Indicator is enabled for the institution.
PDRHIOC_BDPL_CODE	VARCHAR2	2	Health Care Plan Code that is associated with the selected Benefit Code.
PDRHIOC_ACA_OFFER_COVERAGE_CDE	VARCHAR2	2	Offer Coverage Code reported for year-end reporting.

Column name	Type	Length	Description
PDRHIOC_ACA_4980H_SAFE_HBR_CDE	VARCHAR2	2	4980 H Safe Harbor Code issued by the IRS for year-end reporting.
PDRHIOC_ACA_MLY_PREM_SELF_AMT	NUMBER	11,2	Monthly Premium Amount for Employee self-coverage.
PDRHIOC_OFFER_ACCEPTANCE_DATE	DATE	DATE	Date for which the employee accepted the health care offer.
PDRHIOC_OFFER_DECLINE_DATE	DATE	DATE	Date for which the health care offer was declined by the employee.
PDRHIOC_OFFER_DECLINE_REASON	VARCHAR2	200	Reason for which the health care offer was declined by the employee.
PDRHIOC_OFFER_COMMENTS	VARCHAR2	CLOB	Free form comments regarding health care offer.
PDRHIOC_DATA_ORIGIN	VARCHAR2	30	Source system that created the data.
PDRHIOC_SURROGATE_ID	NUMBER	19	The surrogate id for this record.
PDRHIOC_VERSION	NUMBER	19	The optimistic lock token for this record.
PDRHIOC_VPDI_CODE	VARCHAR2	6	The code representing the entity to which this record belongs to for multi-entity processing support.

Table 9: Offer and Coverage Mass Update Rule (PTROCMU) table

Column name	Type	Length	Description
PTROCMU_ECLS_CODE	VARCHAR2	2	Employee Class Code from PTRECLS.
PTROCMU_YEAR	NUMBER	4	Calendar Year in which the Offer of Coverage is effective.
PTROCMU_OFFER_DATE	DATE	DATE	Date for which the offer is made to the employee.
PTROCMU_RECORD_DATE	DATE	DATE	The recording date of the record.
PTROCMU_OFFER_TO_SPOUSE_IND	VARCHAR2	1	Indicates that the health care offer is extended to the spouse.

Column name	Type	Length	Description
PTROCMU_OFFER_TO_DEPENDENT_IND	VARCHAR2	1	Indicates that the health care offer is extended to the dependent.
PTROCMU_ACTIVITY_DATE	DATE	DATE	The system date when the last update was made to the record.
PTROCMU_USER_ID	VARCHAR2	30	PIDM of Employee.
PTROCMU_BDCA_CODE	VARCHAR2	3	This is the Health Care Benefit Code where the Health Care Provider Indicator is enabled for the institution.
PTROCMU_BDPL_CODE	VARCHAR2	2	Health Care Plan Code that is associated with the selected Benefit Code.
PTROCMU_ACA_OFFER_COVERAGE_CODE	VARCHAR2	2	Offer Coverage Code reported for year-end reporting.
PTROCMU_ACA_4980H_SAFE_HARBOR_CODE	VARCHAR2	2	4980 H Safe Harbor Code issued by the IRS for year-end reporting.
PTROCMU_ACA_MLY_PREM_SELF_AMT	NUMBER	11,2	Monthly premium amount for employee self-coverage.
PTROCMU_OFFER_ACCEPTANCE_DATE	DATE	DATE	Date for which the employee accepted the health care offer.
PTROCMU_OFFER_DECLINE_DATE	DATE	DATE	Date that employee declined health care offer.
PTROCMU_OFFER_DECLINE_REASON	VARCHAR2	200	Why employee declined health care coverage.
PTROCMU_OFFER_COMMENTS	VARCHAR2	CLOB	Free form comments regarding health care offer.
PTROCMU_PROCESS_ACTION	VARCHAR2	1	The update action on the employee offer coverage records. Valid values are None(N or Null), Update(U), Insert(I), Update or Insert(B).
PTROCMU_BDCA_STATUS_SELECTION	VARCHAR2	1	Controls the employees that will be selected for processing. Valid values are None(N or Null), All Statuses(Z), Active(A), Exempt(E), Terminated(T), Waived(W).

Column name	Type	Length	Description
PTROCMU_DATA_ORIGIN_	VARCHAR2	30	The source system that created the data.
PTROCMU_SURROGATE_ID	NUMBER	19	The surrogate ID for the record.
PTROCMU_VERSION	NUMBER	19	The optimistic lock token for this record.
PTROCMU_VPDI_CODE	VARCHAR2	6	The code representing the entity to which this record belongs to for multi-entity processing support.

Modified tables

The following tables have been modified for this release.

Table 10: COBRA Beneficiary (PCRBENE) table

Column name	Type	Length	Description
PCRBENE_ACA_CHILD_REPORT_IND	VARCHAR2	1	ACA COBRA Reportable Child Indicator.
PCRBENE_SSN	VARCHAR2	9	CORA Beneficiary Social Security Number.

Table 11: Beneficiary (PDRBENE) table

Column name	Type	Length	Description
PDRBENE_ACA_CHILD_REPORT_IND	VARCHAR2	1	ACA Reportable Child Indicator.

Table 12: Benefits and Deductions Rules (PTRBDCA) table

Column name	Type	Length	Description
PTRBDCA_ACA_HEALTH_PROVIDER_IND	VARCHAR2	1	This indicator signifies that this Benefit Code is a core Health Care Provider, for ACA offers and coverage.

Column name	Type	Length	Description
PTRBDCA_ACA_OFFER_COVERAGE_CDE	VARCHAR2	2	IRS-defined code for core Health Care Offer and Coverage.
PTRBDCA_ACA_4980H_SAFE_HBR_CDE	VARCHAR2	2	Code for core Health Care 4980H Code.
PTRBDCA_ACA_MLY_PREM_SELF_AMT	NUMBER	11, 2	Specify the monthly, self-only premium amount. (This amount is completed only if the coverage offered to the employee provided minimum value and the ACA_OFFER_COVERAGE_CODE code is 1B, 1C, 1D, or 1E. Otherwise, the amount will be 0.00.

Table 13: Employer Rules (PTREMPR) table

Column name	Type	Length	Description
PTREMPR_ACA_APPL_LG_EMPR_NAME	VARCHAR2	125	Applicable Large Employer Name
PTREMPR_ACA_ADDRESS	VARCHAR2	225	Applicable Large Employer Address
PTREMPR_ACA_CITY	VARCHAR2	50	Applicable Large Employer City
PTREMPR_CNTY_CODE_ACA	VARCHAR2	5	County Code; Press LIST for valid codes.
PTREMPR_STAT_CODE_ACA	VARCHAR2	3	State or Province Code; Press LIST for Valid Values.
PTREMPR_ZIPC_CODE_ACA	VARCHAR2	30	Zip or Postal Code; Press LIST for valid codes.
PTREMPR_ACA_CONTACT_NAME	VARCHAR2	125	ACA Contact Name.
PTREMPR_ACA_PHONE_NO	VARCHAR2	30	ACA Contact Phone Number.

Column name	Type	Length	Description
PTREMPR_ACA_ SELF_INSURED_IND	VARCHAR2	1	ALE Self-Insured Indicator; Self-Insured for Health Care Coverage.
PTREMPR_DGA_ NAME	VARCHAR2	125	Designated Governmental Agency Name
PTREMPR_DGA_ ADDRESS	VARCHAR2	255	Designated Government Entity Address.
PTREMPR_DGA_CITY	VARCHAR2	50	Designated Government Entity City.
PTREMPR_CNTY_ CODE_DGA	VARCHAR2	5	Designated Government County Code
PTREMPR_STAT_ CODE_DGA	VARCHAR2	3	Designated Government Entity State or Province.
PTREMPR_ZIPC_ CODE_DGA	VARCHAR2	30	Designated Government Entity Zip or Postal Code.
PTREMPR_DGA_EIN_ BUS_NO	VARCHAR2	12	Designated Government Entity Employer Identification or Business Number.
PTREMPR_DGA_ CONTACT_NAME	VARCHAR2	125	Designated Government Entity Contact Name.
PTREMPR_DGA_ PHONE_NO	VARCHAR2	30	Designated Government Entity Contact Telephone Number.

New scripts

The following scripts have been added for this release.

Script	Reason
<ul style="list-style-type: none"> • pcrbene_081104_01.sql • pcrbene_081104_02.sql • pcrbene_081104_03.sql • pcrbene_081104_04.sql • pcrbene_081104_05.sql 	These scripts add new fields to the PCRBENE table.
<ul style="list-style-type: none"> • pdrbene_081104_01.sql • pdrbene_081104_02.sql • pdrbene_081104_03.sql • pdrbene_081104_04.sql • pdrbene_081104_05.sql 	These scripts add new fields to the PDRBENE table.
<ul style="list-style-type: none"> • pdrbehs_081104_01.sql • pdrbehs_081104_02.sql • pdrbehs_081104_03.sql • pdrbehs_081104_04.sql 	These scripts add new fields to the PDRBEHS table.
<ul style="list-style-type: none"> • ptrbdca_081104_01.sql • ptrbdca_081104_02.sql • ptrbdca_081104_03.sql 	These scripts add new fields to the PTRBDCA table.
<ul style="list-style-type: none"> • pdrhioc_081104_01.sql • pdrhioc_081104_02.sql • pdrhioc_081104_03.sql • pdrhioc_081104_04.sql 	These scripts create the new PDRHIOC table.
<ul style="list-style-type: none"> • ptrocmu_081104_01.sql • ptrocmu_081104_02.sql • ptrocmu_081104_03.sql • ptrocmu_081104_04.sql • ptrocmu_081104_05.sql 	These scripts create the new PTROCMU table.

Script	Reason
<ul style="list-style-type: none"> • pdtbene0.sql • pdtbene1.sql • pdtbene2.sql 	These trigger scripts add new columns to the PDRBEHS table.
<ul style="list-style-type: none"> • ptrempr_081104_01.sql • ptrempr_081104_02.sql • ptrempr_081104_03.sql 	These scripts add new fields to the PTREMPR table.
pgurmenui_081104.sql	This script adds the PDAHIOC form to the *HRBENEFIT menu and the PTROCMU form to the *HRSRULES menu.
pguroptmi_081104.sql	This script inserts a new menu option into GUROPTM menu for PTREMPR.
pgurmesgi_081104.sql	This script is to add two new API information into Banner business objects table.
pguobjsi_081104.sql	This script is to add new objects into General Object Base Table.
pgubmepoi_081104.sql	This script is created to support MEP processing.

Modified package

The following package has been modified for this release.

- PDKLIBS (pdklibs.sql and pdklib1.sql)

This package was modified to add logic to build a static list of codes and descriptions for the ACA offer coverage codes (ACA_OFFER_COVERAGE_CDE) and the ACA 4980H Safe Harbor codes (ACA_4980H_SAFE_HBR_CDE) used in PTREMPR, PTROCMU, and PDRHIOC.

New APIs

These new APIs have been added for this release.

- ACA Coverage API (ACA_COVERAGE)
- ACA Coverage Update Select API (ACA_COV_UPDT_SELECT)

Refer to the *Banner Human Resources/Position Control TRM Supplement 8.11.4* for details.

Modified API

The following API has been modified for this release.

- Employee API

The pokb_employee1.sql procedure has been modified to allow the insert of the new field, aca_reportable_child, into the PDRBENE table.

For more information about this API, refer to the *Banner Human Resources/Position Control TRM*.

ACA Data Upload script (pdrhioc-aca-load.sql)

Use the pdrhioc-aca-load.sql script to upload the health care offer and coverage information that you have recorded on the Health Insurance Offer and Coverage spreadsheet that was supplied by Ellucian in December on the Commons (now eCommunities).

NOTE: Use of this script is optional. You will only use it if you have recorded health care offer information on the Health Insurance Offer and Coverage spreadsheet and want to upload that data to Banner.

The Health_Insurance_Offer_and_Coverage.xlsx spreadsheet is also included with this release, along with instructions on how to use it, Health_Insurance_Offer_and_Coverage.docx.

After the Payroll 8.11.4 and ESS 8.11.2 releases have been installed, you can run the pdrhioc-aca-load.sql script to create employee records on Health Insurance Offer and Coverage (PDAHIOC) form from the data you have recorded on the Health Insurance Offer and Coverage spreadsheet. After you have successfully uploaded the data, you can track the records directly on PDAHIOC.

If you want to use the spreadsheet to record your data on an ongoing basis, you can use run this script multiple times to upload data from the spreadsheet.

Prepare your data for upload

There are a few conditions you will want to check, so your data uploads correctly.

- No trailing spaces

Check for blank spaces at the end of field values. If there are trailing spaces, you will receive an error message, and your data will not be uploaded.

- No commas

Make sure that numeric fields, as well as comment fields, do not contain commas. If there are commas in your data, you will receive error messages, and your data will not be uploaded.

- No dollar signs

Make sure that fields with dollar amounts do not contain the \$ in the field value. If there are dollar signs in your data, you will receive error messages, and your data will not be uploaded.

- Retain leading zeros

As part of the upload process, leading zeros in each field will be dropped. To retain the leading zeros as part of the field value, take the following steps.

1. Open the **Text Import Wizard**.
2. Select **Delimited** and **Next**.
3. For the Delimiter, select **comma**.
4. Set the Text Qualifier to **None** and select **Next**.
5. Scroll down to the downloaded data.
6. Select the columns that have leading zeros and change the format from **General** to **Text**.
Other columns will be converted to numbers or text, depending on the column contents.
7. In fields with leading zeroes, place a single quote in the data field as the leading character.
When you save the file as a .csv file, the leading quote is dropped, but the zeroes are retained.
8. Select **Finish**.
9. To save your file, select **File Save As**, and under File Type, select **CSV (comma delimited) (*.csv)**.

Run the script in Audit mode, Error Report mode, or Upload mode

The pdrhioc-aca-load.sql script can be run in three modes. The Audit and Error Report modes will not create or update records.

- Audit mode - Validates all the records in the file. It reports all potential errors and successful updates to the database.
- Error Report mode - Validates all the records, but only reports the error-causing records.
- Upload mode - Validates all the records in the file and creates or updates the health care offer records for employees without any error conditions. It reports all successful insertions and updates to the database.

NOTE: In Upload mode, the script will terminate processing if it encounters an error in the data.

An example of the code you would use to run in Audit mode:

```
SQL>start pdrhioc-aca-load
Enter Process Mode [A - Audit (Default), E - Audit only for Errors, U -
Upload]:A
Enter Directory Name: MYDIR
```


Execute the ACA Data Upload Script (pdrhioc-aca-load.sql)

After you have prepared your data from the Health_Insurance_Offer_and_Coverage.xlsx file, you can run the pdrhioc-aca-load.sql script to upload your data.

1. Save the Health_Insurance_Offer_and_Coverage.xlsx file as a .csv file, with the name pdrhioc-aca-load.csv. The pdrhioc-aca-load.csv file is the data file the script uses, so it must have this exact name.
2. (This step must be completed by someone who has read and write access to the ALL_DIRECTORIES view entry.) Place the pdrhioc-aca-load.csv file into a directory that has an ALL_DIRECTORIES view entry (example: /tmp). This directory must also be one that the person executing the script has read and write access to.

NOTE: The exact file name, pdrhioc-aca-load.csv, must be used, and the file must be placed in the directory from which the load script will execute against the csv file. Otherwise, the upload process will fail.

3. (This step must be completed by someone who has read and write access to the ALL_DIRECTORIES view, as well as the directory specified in Step 2.) Execute the script pdrhioc-aca-load.sql to upload the ACA health care offer data to Banner.
4. Alert your Database Administrator and provide them with the following information about the upload process.
 - You can run this script multiple times and can run it in a variety of modes. See [Run the script in Audit mode, Error Report mode, or Upload mode](#) on page 32 for more information on the modes available.
 - It is recommended that you first run this script in Audit or Error Report mode prior to running it in Upload mode, so that you can identify records with error conditions and correct them.
 - By running the script in Upload mode, you will process only those records without error conditions.
 - If you would like a full audit report of all employee health care offer records in the pdrhioc-aca-load.csv file, run the process in Audit mode.

For example:

```
SQL>start pdrhioc-aca-load
Enter Process Mode [A - Audit (Default), E - Audit only for
Errors, U - Upload]:A
Enter Directory Name: MYDIR
```

- The name of the output file will be, pdrhioc-aca-load-audit.csv, regardless of the mode that you run the script. This file will be created in the same folder as the .csv file mentioned in Step 2.
5. Review the file pdrhioc-aca-load-audit.csv for edit errors and correct the errors directly in the pdrhioc-aca-load.csv file.
 6. Once you have corrected any errors, run pdrhioc-aca-load again in Upload mode.
 7. Review the .lst file, pdrhioc-aca-load.lst. You will find it in the folder where the pdrhioc-aca-load.sql was executed.

This file will have information about the number of records processed, number of records added or updated, and number of records with errors.

```
Enter Process Mode [A - Audit (Default), E - Audit only for Errors,
  U - Upload]: A
Enter Directory Name: MYDIR
File processed.
Records Processed : 4
New Records : 1
Existing Records : 1
Error Records : 1
Empty Records : 1
```

```
PL/SQL procedure successfully completed.
```

```
Elapsed: 00:00:00.17
```

ACA Data Upload Script output samples

The contents of pdrhioc-aca-load-audit.csv in Audit mode:

```
Calendar Year,Banner ID,Employee Name,Offer Date,Status
2015,XXXX,Employee One,01-JAN-15,Invalid Employee ID.
2015,555666555,Employee Two,01-JAN-15,Plan Code is not valid.
2015,111222111,Employee Three,13-JAN-15,Offer Coverage Code will be
  defaulted from PTRBDCA rule form. API successfully loaded a record
2014,222111222,Employee Four,02-JAN-15,API successfully loaded a record
```

The contents of pdrhioc-aca-load-audit.csv in Upload mode:

```
Calendar Year,Banner ID,Employee Name,Offer Date,Status
2015,666555666,Employee One,01-JAN-15,API successfully loaded a record.
2015,555666555,Employee Two,01-JAN-15, API successfully loaded a
  record.
2015,111222111,Employee Three,13-JAN-15,Offer Coverage Code will be
  defaulted from PTRBDCA rule form. API successfully loaded a record
2014,222111222,Employee Four,02-JAN-15,API successfully loaded a
  record
```