Affordable Care Act System (ACAS) Data Submission Guide

District Agricultural Associations

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AFFORDABLE CARE ACT (ACA) INFORMATION

Background

The Federal Patient Protection and Affordable Care Act (ACA) was enacted in March 2010 to ensure individuals have access to quality and affordable health care. The ACA Employer Shared Responsibility provisions, effective January 2015, mandate that large employers file annual reports with the Internal Revenue Service (IRS). The annual reports must identify the offer and acceptance or decline of health coverage to full-time employees and their eligible dependents. The California Department of Human Resources (CalHR), State Controller's Office (SCO), and California Public Employees' Retirement System (CalPERS) are leading the effort to ensure the State's compliance with these provisions.

AFFORDABLE CARE ACT SYSTEM (ACAS) DATABASE

Introduction

The SCO deployed the Affordable Care Act System (ACAS) database in January 2015 to implement the ACA Employer Shared Responsibility provisions. The ACAS database is the official tracking and reporting repository of ACA required information for Civil Service, California State University (CSU), Judicial Council (JUD), and District Agricultural Association (DAA) employees. The system provides a single centralized source of current and historical health benefit status data for employees. The system is maintained by on-line real-time updating of individual ACA health benefit status code transactions, as well as batch processing.

The ACA does not change existing business processes related to administering health benefits. However, departmental human resources offices and the SCO may be required to make other business process changes to comply with the Employer Shared Responsibility provisions. Changes will be most likely in the area of tracking and reporting each employee's health benefit status.

The SCO will use ACAS information to produce the mandatory annual IRS reports on behalf of the State of California. Because federal ACA regulations require employer compliance, expensive federal penalties can be imposed if the employer's information does not reflect an acceptable level of compliance. As such, it is critical for employing departments to correctly maintain their employees' records on ACAS.

Purpose

The purpose of this version of the ACAS Data Submission Guide is to assist DAAs to understand what ACA data to submit, as well as how and when to submit the data. This instruction guide does not address how to administer health benefits or how to process health benefit enrollment related forms. Rather, this guide defines the purpose of the ACAS database and how it should be updated when employee information changes.

Updates to ACAS Data

The State Controller's Office pre-populated Civil Service DAA employees in the ACAS when the system was implemented. A batch process runs nightly to keep Civil Service employee records in sync with Employment History transactions that were keyed during that day into SCO systems. Therefore, there is always a one day lag before updated information is available in the ACAS. Because of this process, as well as the fact that the California Department of Food and Agriculture (CDFA) Human Resources personnel are keying ACA status code information for DAA Civil Service employees, DAAs do not need to send in every data field for every employee each month.

DAAs must submit data using the monthly process to update the ACAS when the following events occur:

- Civil Service employees –
    - The employee receives pay
    - The employee has a monthly health benefit deduction taken
    - The employee's health benefit eligibility status changes
- 119 Day employees –
    - A 119 Day employee is hired
    - A 119 Day employee is separated
    - The employee's social security number, name, and/or address changes
    - The Health Coverage Notification is provided (optional field)
    - The employee receives pay

The table below describes which data elements DAAs need to submit to SCO for Civil Service employees and/or 119 day employees when one of the above events occurs. Note that header information is required on every file.

ACAS Data Field	Submit for Civil Service Employees	Submit for 119 Day Employees
Employee Social Security Number	Yes*	Yes*
Employee Name (Last, First, MI)	Yes*	Yes*
Position Sequence	Yes*	No
Position Number	Yes*	Yes* – refer to 119 Day Employee section for additional information
ACA Void Indicator –"V"	No	Optional – complete only if an ACA Status Code was entered incorrectly
ACA Transaction Effective Date	No	Yes
ACA Status Code	No	Yes – Enter 2A or 6A when applicable
Health Coverage Notice Date	No	Yes
Pay Period, Time Paid Days, Time Paid Hours	If applicable	If applicable
LCESFEOC Lowest Cost Employee Share for Employee Only Coverage (LCESFEOC)	No	No
Health Deduction, Dependent Level, Deduction Pay Period	Yes, each month a health deduction is taken	No
Employee Street Address, City/State, Zip Code	No	If applicable: • First adding employee's information into the ACAS • A new employee is added • An employee's address has changed
Record Type	No	Yes, to reflect the employee's status for the month with either active, new, or returning. Also used if a record is to be deleted, or an SSN is to be changed.
Old SSN	No	Yes, if an SSN is to be changed
EIN	Yes*	Yes*

*Required each time a record is submitted for an employee. Note that for all Civil Service employees these data fields must match exactly what is in the ACAS or the record will reject.

SUBMITTING ACA DATA

DAAs will use an Excel template which will be transferred via a Secure Mail process for submitting 119 Day employee data to the ACAS.

The information in this section is to be used in conjunction with Appendix C. Refer to Appendix C if additional details for any data fields are needed.

ACA Transaction Data

F	G	H
Void Indicator	ACA Status	Effective Date (MMDDYYYY)
	2A	01052015
	2A	01052015
	2A	01052015

ACA transactions are used to document required information regarding an employee's health benefit status to meet ACA requirements. Effective January 1, 2015, all employees' health benefit status must be accounted for in the ACAS. For all employees hired after January 1, 2015, health benefit status must be accounted for as of their hire date. Some DAA Civil Service employee ACA transaction data is entered by CDFA HR staff, based on the health benefit forms submitted by the DAAs.

DAAs are responsible for sending all information for 119 Day employees and some data for Civil Service employees, as indicated in the Updates to ACAS Data section.

ACA Transaction data includes:
- **Void Indicator:** If applicable, a 'V' (void) can be submitted to void an incorrect ACA transaction
    - ***NOTE:*** *Only the most recent transaction may be voided. If there is a need to void a historical transaction, please contact your SCO ACA Support Person.*
- **ACA Status Code:** ACA Status Codes for Civil Service employees will be keyed by CDFA
    - Submit ACA Status Code 2A (Health Benefits Not Offered) for all 119 Day employees on their start date.
    - Submit ACA Status Code 6A (Employee No Longer Employed) for all 119 Day employees on the first day of the month following their separation date.
- **Effective Date:** The date the employee's status code is effective. The Effective Date must be formatted as MMDDYYYY
    - ***NOTE:*** *If the employee was hired on or prior to 1/1/15, enter 01012015. Otherwise, enter the date the employee was hired.*

Health Coverage Notice Date

DAAs are required to provide employees with the Health Insurance Marketplace Coverage Options Notice within 14 days of the employee's hire date. The Health Coverage Notice Date for most Civil Service employees who were employed as of December 31, 2014 was automatically pre-populated in the ACAS. On an ongoing basis, the Health Coverage Notice Date for all Civil Service employees who were hired after December 31, 2014 is entered into the ACAS by CDFA.

The date must be formatted as MMDDYYYY and is not required when adding or changing an ACA Status Code field.

- To change the Health Coverage Notice Date:
  - Submit the new date as MMDDYYYY.
- To delete a Health Coverage Notice Date previously submitted in error:
  - Enter an asterisk (*) in the first position in the date field on the Excel file.

NOTE: *If the employee was hired on or prior to 12/31/14, enter 12312014. Otherwise, enter the date the employee was noticed.*

Payment Data

DAAs are responsible for submitting payment data for every employee. On an ongoing basis, all hours an employee receives pay for must be submitted for each employee.

Payment data includes:
- **Pay Period:** Pay period for ACA purposes is equivalent to the calendar month. Enter the period the employee's pay is being reported for. The pay period must be formatted as MMYY (e.g., 0415).
- **Time Paid Days:** Enter '00' each month that hours are submitted for an employee.
- **Time Paid Hours (hundredths):** Submit the number of hours an employee is paid during the pay period being reported. Time Paid Hours must be 5 numeric characters (e.g. 00400 is equivalent to 4 hours; 00425 is equivalent to 4.25 hours) and is required if the Pay Period field is completed.

Health Deduction Data

DAAs are responsible for submitting health deduction data for every employee who has a health deduction. On an ongoing basis, health deduction data must be submitted each month for all employees who had a health deduction during that month being reported.

Health deduction data includes:

N Health Deduction	O Dependent Level	P Deduction Pay Period
Y	02	0315
Y	01	0115

- **Lowest Cost Employee Share for Employee Only Coverage (LCESFEOC):** No entry – leave blank for all.
- **Health Deduction (Indicator):** Submit a "Y" in this field if the employee has a health deduction for the month being reported.
- **Dependent Level:** Enter the dependent level or party code for the health deduction being reported. Dependent Level must be two characters (e.g. 02) and is required if either the Health Deduction or Deduction Pay Period field is completed.
- **Deduction Pay Period:** Pay period for ACA purposes is equivalent to the calendar month.

Enter the pay period or arrears pay period of the health deduction withheld during the month being reported. Deduction Pay Period must be formatted as MMYY and is required if either the Health Deduction or Dependent Level field is completed.

Employee Address Data

Q Address	R City/State	S Zip Code
6257 S. FRUIT AVENUE	FRESNO CA	93706
2260 JIMMY DURANTE E	DEL MAR CA	92014
13330 VIA COSTANZA #	SAN DIEGO CA	92129
343 FLOWER LANE	VISTA CA	92083

DAAs are responsible for updating 119 Day employee address information as often as is needed. All fields are optional and only necessary when first adding a 119 Day employee or when changing an existing address.

Employee address data includes:
- **Employee Address:** Enter the employee's mailing address.
- **City, State:** Enter the city and state of the mailing address. No comma (,) is needed between the city and state.
- **Zip:** Enter the zip code of the employee's mailing address.

DATA SUBMISSION

General Information

Secure Mail will be used to send and receive Excel files between the DAAs and SCO. The following data files will be sent:

- Monthly ACA File
- Error Report File
- Monthly ACA Correction file
- Monthly Compliance Reports

File Dates

DAAs will submit and receive files based on the information shown below. Contact your SCO ACA Support Person if you anticipate an issue with meeting a requested date.

File	From:	To:	Timing	Notes
Monthly ACA File	DAA	SCO	5th – 20th of month	Generally, files contain data for the previous month. (e.g., if sending the file on September 10th, the file should contain August data and any corrections necessary for prior months). Sent via Secure Mail.
Error Report Files	SCO	DAA	Within 3 business days of Monthly ACA or Monthly ACA Correction File submission	Error report files contain records from the Monthly ACA File upload process which were rejected. Sent via email with SSNs removed.
Monthly ACA Correction File	DAA	SCO	Within 5 business days of receiving the corresponding Error Report File	Only one Monthly ACA Correction File will be processed each month. Include any additional corrections on the next Monthly ACA File if additional records need correction after the first correction file has been processed. Sent via email with SSNs removed.
Monthly ACA Compliance Reports	SCO	DAA	1st – 5th of month	Contains data for prior months which needs review for compliance. Sent via email with SSNs removed.

Submission Process

ACA Excel files will be sent between the DAAs and SCO through a service called Secure Mail. Secure Mail allows files to be sent securely and confidentially.

Requirements

- Internet Explorer 8 or later
- Java 7 or later

Submitting Monthly ACA and Monthly ACA Correction Files

Complete the following steps to submit a file to the SCO. The timing of files should be closely coordinated between SCO and the DAA so that the Secure Mail password does not expire before the other party has availability to upload or download the appropriate file(s).

SCO ACA Support Person:

1. Send DAA contacts an email with the User ID for the Secure Mail account
2. Call DAA primary contact with the Secure Mail password
   NOTE: The username and password are only valid for 5 business days

DAA ACA Contact Person:

3. Login to the Secure Mail Account (https://eft.sco.ca.gov/) using the credentials supplied
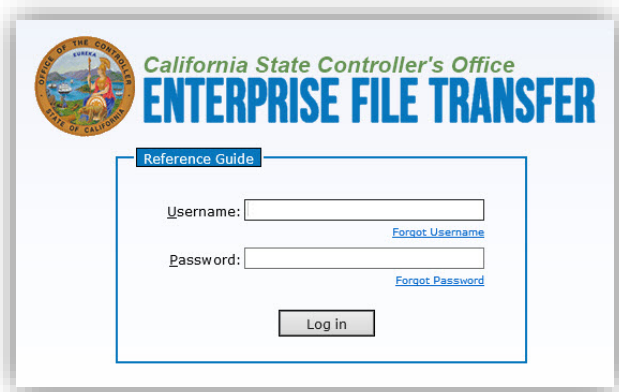
4. Click the 'Upload' icon located on the toolbar and select the file you wish to upload, or

5. Drag and drop file you wish to upload directly on the web page where you see this prompt
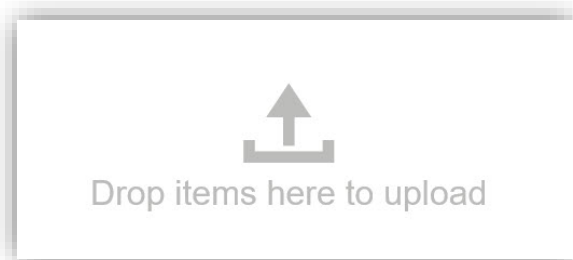
6. Once the upload is complete, an email with a link to the uploaded file will be sent to the SCO ACA Support Person

ERROR PROCESSING

Typically error report files will be sent from the SCO within three business days of any Monthly ACA or Monthly ACA Correction file submission. Error report files will include any records which were not able to be loaded to ACAS due to incorrect data or an inappropriate update request. Please see Appendix A – File Edits & Audits – to determine why any specific field resulted in an error.

See Appendix D for a sample error report file.

Receiving Error Report Files
Error report files will be sent to the DAAs after a file has been processed in the ACAS. The following steps will be taken to access your error report file.
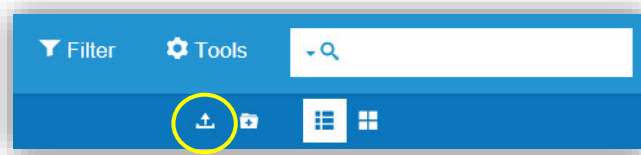
SCO ACA Support Person:

1. Send DAA contacts an email with the User ID for the Secure Mail account
2. Call DAA primary contact with the Secure Mail password
   NOTE: *The username and password are only valid for 5 business days*

DAA ACA Contact Person:

3. Login to the Secure Mail Account (https://eft.sco.ca.gov/) using the credentials supplied
4. Click the file name and then download the report to your computer

DAA Affordable Care Act Data Submission Guide
06/2020
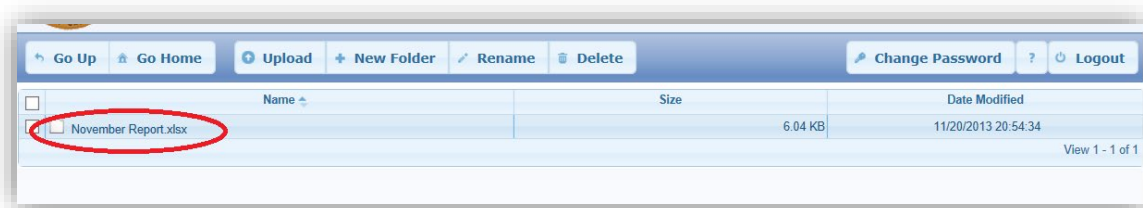
Correcting Errors

All errors listed on an error report file must be researched and resolved. In order to resolve the error, submit a corrected record on a Monthly ACA Correction File.

Tips for correcting errors:

- When an error is found in a record (one line of data), the entire record rejects. Due to this, the erroneous record should be sent back in its entirety with the appropriate correction(s) made.
- Send only those records which need correction. For example, the original file sent has 100 records (i.e., 100 rows of data) and errors are found on three of the 100 records. The correction file should contain a copy of the three records that had an error with corrected data in the appropriate field(s).
- One record may return multiple errors. When submitting the corrected record, ensure that all errors have been addressed.
- If you discover an error in the ACAS, submit the data requiring update, as well as the required fields as indicated on page 3.
- If updates to payment data are needed, send in a new record with the updated information.

Example 1: Corrected Erroneous Address Data
Original Record:

SSN	Lastname	Firstname MI	PSN SEQ	Position Number	Address	City/State	Zip Code
123456789	JOHNSON	JASON J		014002*001802	123 MAIN STREET	FOLSOM	95843

Corrected Record:

SSN	Lastname	Firstname MI	PSN SEQ	Position Number	Address	City/State	Zip Code
123456789	JOHNSON	JASON J		014002*001802	123 MAIN STREET	FOLSOM	95842

Outcome:
The corrected record will replace the previous Zip Code (95843) with the updated Zip Code (95842).

Example 2: Correcting hours
Original Record:

SSN	Lastname	Firstname MI	PSN SEQ	Position Number	Pay Period (MMYY)	Time Paid Days	Time Paid Hours
123456789	JOHNSON	JASON J		014002*001802	0516	12	16500

Corrected Record:

SSN	Lastname	Firstname MI	PSN SEQ	Position Number	Pay Period (MMYY)	Time Paid Days	Time Paid Hours
123456789	JOHNSON	JASON J		014002*001802	0516	12	16800

Outcome:
The corrected record will replace the previous hours (165) in the ACAS with the new hours sent (168). Note that hours will not be added or subtracted from a record which is already saved in the ACAS – a corrected record will replace the previous record and should contain accurate information for the pay period.

Please contact your SCO ACA Support Person if you have any questions regarding the error messages received on an error report file or how to correct an error.

Sending Corrections
See the Submitting Monthly ACA and Monthly ACA Correction Files for information regarding how to submit correction files.

ACA STATUS CODES

ACA Status Codes identify the status of an employee's health benefits so the SCO can report accurate data to the Internal Revenue Service. Since CDFA is entering ACA Status Codes for DAA Civil Service employees, DAAs are only responsible for reporting ACA Status Codes for 119 Day employees.

Submit ACA Status Code 2A (Health Benefits Not Offered) and the appropriate effective date for all 119 Day employees. Note that this ACA Status Code is only necessary when a 119 Day employee is first hired or returning from separation.

Submit ACA Status Code 6A (Employee No Longer Employed) and the appropriate effective date for all 119 Day employees who no longer work for the DAA. Note that this ACA Status Code must be entered into the ACAS every time a 119 Day employee separates.

The following table provides additional information regarding the use of ACA Status Codes.

Status Code	Description	Scenario	Effective Date
2A	Health Benefits Not Offered	Employee is not eligible due to tenure/timebase. *For example: 119 Day employees (Article VII, Section 4(1) of the Constitution of the State of California)*	Date employee is hired to ineligible tenure/time base.
6A	Employee No Longer Employed	Employee is no longer working for the DAA.	First day of the month following the date the employee separated.

SPECIAL CONSIDERATIONS

119 Day Employees

The ACAS is the only place where the SCO maintains records for 119 Day employees. Because of this, 119 Day employees do not have SCO assigned position numbers. Use the following information to create each employee's position number when submitting ACAS data for a 119 Day employee.

- Each 119 Day employee position number is 12 numeric characters and an asterisk (*) with no spaces
- The first three digits are the Agency Number
- The fourth through sixth digits are Assigned District Number (see Appendix D)
- The next four characters are assigned accordingly:
  - One asterisk
  - For each position that an employee holds, the number (beginning at '1') will be increased by one. For example, if an employee holds two 119 Day positions with Orange County Fair, the first position would be designated as 019032***001**832. The second position would be 019032***002**832.
- The last three digits are the last three digits of the assigned Suffix Code (see Appendix D)

Example 1 – San Joaquin County Fair:

014002*001802

	Assigned District #			
014	**002**	***001***	**802**	
Agency #		Employee's first position	Last three digits of assigned Suffix Code	

Example 2 – Orange County Fair:

019032*001832

	Assigned District #			
019	**032**	***001***	**832**	
Agency #		Employee's first position	Last three digits of assigned Suffix Code	

NOTE: *As noted above, Position Numbers do not have spaces in ACAS. The spaces have been added to the above examples to aid in understanding the four specific sections of the Position Number.*

Concurrent Employment

When an employee has more than one position and/or position sequence, each employing department must key a health benefit status code for each active position.

COMPLIANCE REPORTS

Reports have been developed to ensure that data in the ACAS has been input correctly, to help identify ACAS records that may have been missed, and to ensure that the State is assessed the least Federal penalties associated to the ACA as possible.

1. **No ACA Transactions** – This report provides a listing of all employees (per DAA) that do not have an ACA Status Code.
    a. Tip: Since all employees require an ACA Status Code, this will help to define which records need to be reviewed. If a Civil Service employee is missing an ACA Status Code, the DAA should work with CDFA to ensure the appropriate code is entered. If a 119 Day employee is missing an ACA Status Code, a 2A should be submitted for that employee on the next month's Excel spreadsheet.
2. **119 Day Employees with an ACA Status Code Other Than 2A or 6A** – This report will provide a listing of any 119 Day employee (per DAA) that has a Status Code other than 2A or 6A.
    a. Tip: The only ACA Status Codes that apply to 119 Day employees are 2A and 6A. If a 119 Day employee has any other code, then the DAA must submit the change on the next month's Excel spreadsheet for that employee.
3. **Employees Without Address** – This report provides a listing of 119 Day employee (per DAA) who do not have an address in ACAS.
    a. Tip: Be sure to provide an address for employees during initial submission.

REFERENCES

The ACA Overview Video provides a summary of the Affordable Care Act and how it impacts DAAs. Although the process through which DAAs will be submitting ACA data is different from how State agencies are submitting it, the overview will provide helpful general information. In addition, ACA compliance related PMLs provide background information about the ACA Compliance Program already in place.

- ACA Overview Video - http://www.calhr.ca.gov/state-hr-professionals/Pages/Affordable-Care-Act-Training.aspx
- CalHR PML 2014-021, Introduction of the New Affordable Care Act System (ACAS) Database - http://sco.ca.gov/Files-PPSD-Letters/2014_e14-021.pdf
- CalHR PML 2015-013, Affordable Care Act Compliance Program - http://www.calhr.ca.gov/PML%20Library/2015013.pdf
- SCO Personnel Letter #05-019, Affordable Care Act (ACA) Compliance Reports – http://sco.ca.gov/Files-PPSD-Letters/Pers/2015_e15-009.pdf

Appendix A
ACAS Support – Contact Information

Each DAA has been assigned an ACA Support Analyst at the State Controller's Office. This contact will assist DAAs with any questions, concerns, or issues that arise before, during, and/or after file submission. The below table lists the support person for each DAA.

Leny Hernandez   LHernandez@sco.ca.gov   (916) 322-7640

FAIR NAME	SCO ACA Support Person/Backup	FAIR NAME	SCO ACA Support Person/Backup	FAIR NAME	SCO ACA Support Person/Backup
Amador County Fair	Leny	Antelope Valley Fair	Leny	Big Fresno Fair	Leny
Calaveras Co. Fair & Jumping Frog Jubilee	Leny	Cal Expo	Leny	California Mid-State Fair	Leny
California Mid-Winter Fair & Fiesta	Leny	Colorado River Fair	Leny	Colusa County Fair	Leny
Contra Costa County Fair	Leny	Del Norte County Fair	Leny	Desert Empire Fair	Leny
Dixon May Fair	Leny	Eastern Sierra Tri-County Fair	Leny	Glenn County Fair	Leny
Gold Country Fair	Leny	Grand National Rodeo, Horse & Stock Show	Leny	Kern County Fair	Leny
Kings Fair	Leny	Lake County Fair	Leny	Madera District Fair	Leny
Mariposa County Fair & Homecoming	Leny	Merced County Fair	Leny	Monterey County Fair	Leny
Mother Lode Fair	Leny	Napa Town and Country Fair	Leny	Nevada County Fair	Leny
Orange County Fair	Leny	Redwood Acres Fair	Leny	Redwood Empire Fair	Leny
San Benito County Fair	Leny	San Bernardino County Fair	Leny	San Diego County Fair	Leny
San Joaquin County Fair	Leny	Santa Barbara Fair and Exposition	Leny	Santa Cruz County Fair	Leny
Santa Maria Fair Park	Leny	School's Agriculture & Nutrition Program	Leny	Shasta District Fair	Leny
Silver Dollar Fair	Leny	Siskiyou Golden Fair	Leny	Sonoma-Marin Fair	Leny
Southern California Fair	Leny	Stanislaus County Fair	Leny	Tehama District Fair	Leny
Tulare County Fair	Leny	Tulelake-Butte Valley Fair	Leny	Ventura County Fair	Leny
Yolo County Fair	Leny	Yuba-Sutter Fair	Leny		

Appendix B
Data Validation

The following information explains the requirements for the Excel files which DAAs submit to SCO. Included are the descriptions and/or reasons the file may reject.

Data Validation

Data validation has been added to the template. The validations assist DAAs by ensuring the data entered meets the field length criteria. This leads to fewer errors when the file is uploaded into the ACAS.

To ensure the validation works as effectively as possible, follow the below guidelines:

- The validation automatically runs when data is keyed into a cell. If the length of the field is invalid, an error message will display.
- The validation process will not run automatically when data is copied and pasted into a cell. When this occurs, follow the directions in the Manual Data Validation section below to manually run the validation process.
- Creating additional spreadsheets:
  - (Recommended) Option 1 – Save data into a new tab: Highlight all of the information in spreadsheet and then click Copy. Open a new tab within the same workbook and paste the information. The data validation will remain in the new tab. Make edits as necessary.
  - Option 2 – Save As: Click File → Save As and save the workbook with a new name. The data validation will remain in the new workbook. Make edits as necessary.
  - *Note: Data validation will not be transferred if the copy and paste function is used to transfer the data from a worksheet into a new Excel workbook (document).*
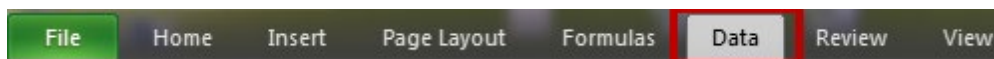
Manual Data Validation

It is suggested that the data be manually validated when:

1. Any data is copied and pasted into a worksheet
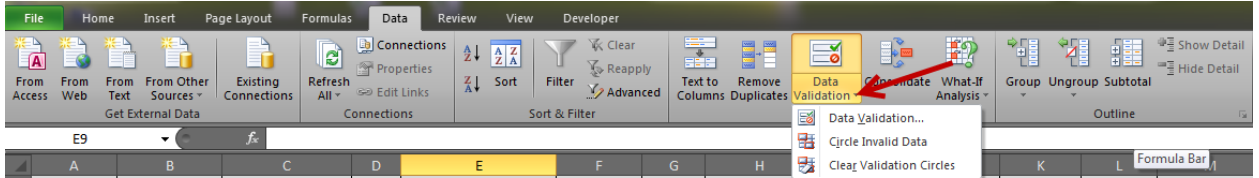2. Preparing to send the final file to the SCO

Use the following procedures to validate the data.

1. Select the Data tab.

Appendix B
Data Validation

2. Select the drop down arrow on the Data Validation icon.

3. Select Circle Invalid Data. There will be a brief delay for the action to take place.
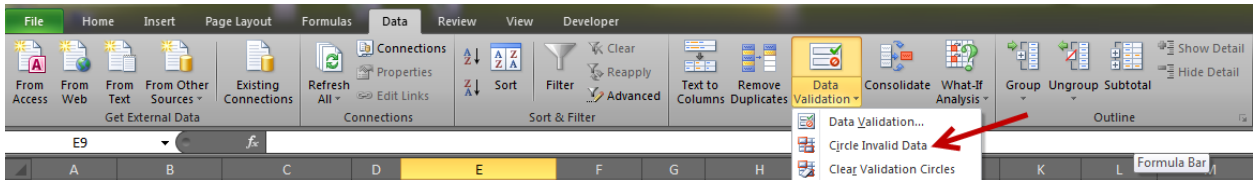
4. The data that is circled is invalid due length of the data. Correct the data.

SSN	Lastname	Firstname MI	PSN SEQ	Position Number
000001023	JOHNSONJOHN	JASONJASONJASON	01	3130000000313
00003028	JOHNSONJOHN	SONJOHNSONJOHNSONJOHNSONJOHNSON		
00003029	JOHNSONJOHN	SONJOHNSONJOHNSONJOHNSONJOHNSON		
00003032	JOHNSONJOHN	SONJOHNSONJOHNSONJOHNSONJOHNSON		
00003034	JOHNSONJOHN	SONJOHNSONJOHNSONJOHNSONJOHNSON		
00003035	JOHNSONJOHN	SONJOHNSONJOHNSONJOHNSONJOHNSON		

5. Once the data is corrected, the circles will be removed.

SSN	Lastname	Firstname MI	PSN SEQ	Position Number
000001023	JOHNSONJOHN	JASONJASONJASON	01	3130000000313
000003028	JOHNJOHN			
000003029	JOHNSON			
000003032	JONNOSON			
000003034	JONSOON			
000003035	JONNOH			

6. Repeat steps 1 – 4 until all errors are corrected.

Detail Information – Personal Data

For all Civil Service employees, if the below fields do not match what already exists in the ACAS, the record will be rejected. Refer to the Error Report File to determine how the employee's personal data was entered into the ACAS.

- Social Security Number
- Last name
- First name
- Position sequence number
- Position number

Name changes for 119 Day employees must be submitted on the Excel file.

	A	B	C
	(1)	(2)	(3)
	SSN	Lastname	Firstname MI
	000000002	STEPHEN	CLOUGH
	000000003	TIMOTHY	FENNELL
	000000007	PAUL	LOMONACO

(1) Social Security Number, Column A
Error/Reject Reason:
- May not be blank
- May not contain alpha characters
- May not contain special characters
- May not be more or less than 9 numeric characters

(2) Last Name, Column B
Special instructions:
- Enter the name for employees with only one name in the Employee Last Name field
Error/Reject Reason:
- May not be blank
- May not contain special characters except for apostrophe (') or hyphen (-)
- May not contain numeric characters
- Cannot be more than 21 characters

(3) First Name MI , Column C
Special instructions:
- If desired, the first name and middle initial may be entered
Error/Reject Reason:
- May not contain special characters except for apostrophe (') or hyphen (-)
- May not contain numeric characters
- Cannot be more than 16 characters

Appendix C
File Edits & Audits

Detail Information – Position Data

Position data is required for all employees when submitting ACA data.

(1) Position Sequence Number, Column D

Special instructions:

- For 119 Day employees, leave this column blank

Error/Reject Reason:

- Must contain numeric values 01-20
- May not be blank for Civil Service employees
- May not contain alpha characters
- May not contain special characters
- Cannot be more than 2 characters

(2) Position Number, Column E

Special instructions:

- Refer to the Error Report File to determine the appropriate Position Sequence for CS employees
- For 119 Day employees, see instructions on page 14

Error/Reject Reason:

- Civil Service employee position numbers may not contain more or less than 13 numeric characters
- 119 Day employee position numbers may not contain more or less than 12 numeric characters and must contain an asterisk (*)
- May not be blank
- May not contain alpha characters
- May not contain special characters, except an asterisk (*)

D	E
(1)	**(2)**
PSN SEQ	Position Number
	012*000003802
	012*000004802
	012*000008802

Appendix C
File Edits & Audits

Detail Information – ACA Transaction Data

ACA Transaction data is required for all 119 Day employees. If an ACA Status Code is submitted, then an Effective Date is required and vice versa. Once the initial ACA Status Code is recorded in the ACAS, only changes to the status must be submitted.

Health Coverage Notice Date is required for all employees.

(1) Void Indicator, Column F
Special Instructions:
- Use to void an inaccurate ACAS Status Code that was previously submitted

Error/Reject Reason:
- May not contain any alpha character other than a 'V'
- May not contain special characters
- May not contain numeric characters

(2) ACA Status Code, Column G
Special instructions:
- Submit ACA Status Code 2A when a 119 Day employee is first hired or a 6A on the first day of the month following the separation of a 119 Day employee from the DAA

Error/Reject Reason:
- May not contain special characters
- An invalid ACA Status Code is submitted

(3) Effective Date, Column H
Error/Reject Reason:
- Cannot be more or less than 8 numeric characters and must be formatted as MMDDYYYY
- Any date prior to 01/01/2015
- May not contain alpha characters
- May not contain special characters

(4) Health Coverage Notice Date, Column I
Special instructions:
- May contain an asterisk (*) when deleting a date

Error/Reject Reason:
- Any date prior to 12/31/2014
- Cannot be more or less than 8 numeric characters when populated, unless deleting a previous entry
- May not contain special characters other than an asterisk (*)
- May not contain alpha characters

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Detail Information – Payment Data

Payment data must be submitted for all employees for each month that the employee was paid.

- Example 1: Employee works 80 hours. Enter the following:
    - Time Paid Hours: 08000
- Example 2: Employee works 87 hours. Enter the following:
    - Time Paid Days: 00, Time Paid Hours: 08700

If any one of the payment data fields are completed, then all payment data fields must be completed. See examples above.

(1) Pay Period, Column J
Error/Reject Reason:
- Cannot be more or less than 4 numeric characters formatted as MMYY when populated
- May not contain alpha characters
- May not contain special characters when populated
- May not contain characters other than "01-12" for MM
- May not contain characters other than "15-99" for YY

(2) Time Paid Days, Column K
Special instructions:
- Enter 00

(3) Time Paid Hours/Hundredths, Column L
Error/Reject Reason:
- May not contain alpha characters when populated
- May not contain special characters when populated
- Cannot contain more or less than 5 numeric characters when populated
- Number of hours entered cannot be greater than 40000 (400 hours)

J	K	L
(1)	(2)	(3)
Pay Period (MMYY)	Time Paid Days	Time Paid Hours
0615	21	00000
0615	00	08400
0615	00	06400

Detail Information – Health Deduction Data

Health deduction data must be submitted for all employees for each month that a health deduction is taken. If an entry is in any one of the fields – 'Health Deduction', 'Dependent Level' or 'Deduction Pay Period' – then all three fields must be completed.

(1) Lowest Cost Employee Share for Employee Only Coverage, Column M
Special instructions:
  • Leave blank

(2) Health Deduction, Column N
Special Instructions:
  • Enter 'Y' if employee had a health deduction for reporting month; otherwise, leave blank
Error/Reject Reason:
  • May not contain a character other than "Y"
  • May not contain a numeric character
  • May not contain a special character

M	N	O	P
(1)	(2)	(3)	(4)
Lowest Cost Employee Share	Health Deduction	Dependent Level	Deduction Pay Period
	Y	01	0315

(3) Dependent Level, Column O
Special Instructions:
  • Enter the party code for the health deduction being reported, including a leading zero (0)
Error/Reject Reason:
  • Must not contain characters other than '1' – '9', 'A' – 'H', 'J' – 'N', or 'P' – 'X'
  • May not contain special characters
  • Cannot contain more or less than 2 alphanumeric characters when populated
  • The first character cannot be anything other than blank or a leading zero (0)

(4) Deduction Pay Period, Column P
Special Instructions:
  • Enter the deduction pay period or arrears pay period of the health deduction withheld during the month being reported
Error/Reject Reason:
  • Cannot contain more or less than 4 numeric characters formatted as MMYY
  • May not contain alpha characters
  • May not contain special characters
  • May not contain characters other than "01-12" for MM
  • May not contain characters other than "14-99" for YY

Appendix C
File Edits & Audits

Detail Information – Employee Address Data

Employee address data must be submitted for all 119 Day employees as indicated on Page 12. If an entry is in any one of the fields – 'Address, 'City/State' or 'Zip Code' – then all three fields must be completed.

Note: Do not include address information for Civil Service employees.

(1) Employee Address, Column Q
Error/Reject Reason:
- May not contain more than 28 alphanumeric characters

(2) City/State, Column R
Error/Reject Reason:
- May not contain more than 25 alphanumeric characters

(3) Zip, Column S
Error/Reject Reason:
- May not contain more than 5 numeric characters
- May not contain alpha characters
- May not contain special characters

Q	R	S
(1)	(2)	(3)
Address	**City/State**	**Zip Code**
6257 S. FRUIT AVENUE	FRESNO CA	93706
2260 JIMMY DURANTE E	DEL MAR CA	92014
13330 VIA COSTANZA #	SAN DIEGO CA	92129

Appendix C
File Edits & Audits

Detail Information – Miscellaneous Data

(1) Record Type, Column T
Special Instructions:
- This field indicates the type of record submitted:
  - If a 119 day record was submitted in error and needs to be deleted from the ACAS, enter 'DELETE'
    - Do not use this functionality for an error within a record (e.g., last name); only use it to delete an *entire* record from the database
  - To change a 119 Day employee's SSN, enter 'SSNCHG'
  - Enter "NEWEMP" for employees who have never previously worked for your establishment
  - Enter "ACTIVE" for employees who you have previously reported on and are continuing their tenure at your establishment
  - Enter "RETURN" for employees who have previously worked for your establishment and separated, but are returning to begin another tenure with your establishment

Error/Reject Reason:
- May not contain numeric characters
- May not contain special characters
- May not be blank or contain alpha characters not equal to "DELETE", "SSNCHG", "ACTIVE", "NEWEMP", or "RETURN"

(2) Old SSN, Column U
Special Instructions:
- Populate this field when a 119 Day employee has had a Social Security Number change:
  - Enter the old SSN that is currently in the ACA System in Column T, Old SSN
  - Enter the new SSN being reported in Column A, Social Security Number
  - Leave the field blank for all other records

Error/Reject Reason:
- Cannot contain more or less than 9 numeric characters
- May not match new SSN in field location 1 – 9
- May not contain alpha numeric characters
- May not contain special characters

T	U	V
(1)	(2)	(3)
Record Type	Old SSN	EIN
		841234560
SSNCHG	000000021	841234560
		841234560

(3) EIN, Column V
Special Instructions:

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- Enter your DAA's Federal EIN

Error/Reject Reason:

- Cannot contain more or less than 9 numeric characters
- May not be blank
- May not contain alpha numeric characters

Appendix D
DAA Suffix Code Listing

FAIR NAME	Fair #	ASSIGNED DISTRICT NUMBER	AGENCY NAME	ASSIGNED DISTRICT NUMBER	ACA SUFFIX CODE
Grand National Rodeo, Horse & Stock Show	01A	AG ASSN 1A	FOOD & AGR 1-A DIST AGRIC ASSOC	901	DAA901
San Joaquin County Fair	5002	AG ASSN 2	FOOD & AGR 2D DIST AGRIC ASSOC	002	DAA802
Silver Dollar Fair	5003	AG ASSN 3	F&AG/ASSN 3 AG ASSN 3	003	DAA803
Sonoma-Marin Fair	5004	AG ASSN 4	FOOD & AGR 4TH DIST AGRIC ASSOC	004	DAA804
Monterey County Fair	5007	AG ASSN 7	FOOD & AGR 7TH DIST AGRIC ASSOC	007	DAA807
Redwood Acres Fair	5009	AG ASSN 9	FOOD & AGR 9TH DIST AGRIC ASSOC	009	DAA809
Siskiyou Golden Fair	5010	AG ASSN 10	FOOD & AGR 10TH DIST AGRIC ASSOC	010	DAA810
Tulelake-Butte Valley Fair	10A	AG ASSN 10A	FOOD & AGR 10-A DIST AGRIC ASSOC	910	DAA910
Redwood Empire Fair	5012	AG ASSN 12	FOOD & AGR 12TH DIST AGRIC ASSOC	012	DAA812
Yuba-Sutter Fair	5013	AG ASSN 13	FOOD & AGR 13TH DIST AGRIC ASSOC	013	DAA813
Santa Cruz County Fair	5014	AG ASSN 14	FOOD & AGR 14TH DIST AGRIC ASSOC	014	DAA814
Kern County Fair	5015	AG ASSN 15	FOOD & AGR 15TH DIST AGRIC ASSOC	015	DAA815
California Mid-State Fair	5016	AG ASSN 16	FOOD & AGR 16TH DIST AGRIC ASSOC	016	DAA816
Nevada County Fair	5017	AG ASSN 17	FOOD & AGR 17TH DIST AGRIC ASSOC	017	DAA817
Eastern Sierra Tri-County Fair	5018	AG ASSN 18	FOOD & AGR 18TH DIST AGRIC ASSOC	018	DAA818
Santa Barbara Fair and Exposition	5019	AG ASSN 19	FOOD & AGR 19TH DIST AGRIC ASSOC	019	DAA819
Gold Country Fair	5020	AG ASSN 20	FOOD & AGR 20TH DIST AGRIC ASSOC	020	DAA820
Big Fresno Fair	5021	AG ASSN 21	FOOD & AGR 21ST DIST AGRIC ASSOC	021	DAA821
Madera District Fair	21A	AG ASSN 21A	FOOD & AGR 21-A DIST AGRIC ASSOC	921	DAA921
San Diego County Fair	5022	AG ASSN 22	FOOD & AGR 22ND DIST AGRIC ASSOC	022	DAA822
Contra Costa County Fair	5023	AG ASSN 23	FOOD & AGR 22ND DIST AGRIC ASSOC	023	DAA823
Tulare County Fair	5024	AG ASSN 24	FOOD & AGR 24TH DIST AGRIC ASSOC	024	DAA824
Kings Fair	24A	AG ASSN 24A	FOOD & AGR 24-A DIST AGRIC ASSOC	924	DAA924
Napa Town and Country Fair	5025	AG ASSN 25	FOOD & AGR 25TH DIST AGRIC ASSOC	025	DAA825
Amador County Fair	5026	AG ASSN 26	FOOD & AGR 26TH DIST AGRIC ASSOC	026	DAA826
Shasta District Fair	5027	AG ASSN 27	FOOD & AGR 27TH DIST AGRIC ASSOC	027	DAA827

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DAA Suffix Code Listing

FAIR NAME	Fair #	ASSIGNED DISTRICT NUMBER	AGENCY NAME	ASSIGNED DISTRICT NUMBER	ACA SUFFIX CODE
San Bernardino County Fair	5028	AG ASSN 28	FOOD & AGR 28TH DIST AGRIC ASSOC	028	DAA828
Mother Lode Fair	5029	AG ASSN 29	FOOD & AGR 29TH DIST AGRIC ASSOC	029	DAA829
Tehama District Fair	5030	AG ASSN 30	FOOD & AGR 30TH DIST AGRIC ASSOC	030	DAA830
Ventura County Fair	5031	AG ASSN 31	FOOD & AGR 31ST DIST AGRIC ASSOC	031	DAA831
Orange County Fair	5032	AG ASSN 32	FOOD & AGR 32D DIST AGRIC ASSOC	032	DAA832
San Benito County Fair	5033	AG ASSN 33	FOOD & AGR 33D DIST AGRIC ASSOC	033	DAA833
Modoc District Fair	5034	AG ASSN 34	FOOD & AGR 34TH DIST AGRIC ASSOC	034	DAA834
Merced County Fair	5035	AG ASSN 35	FOOD & AGR 35TH DIST AGRIC ASSOC	035	DAA835
Mariposa County Fair & Homecoming	35A	AG ASSN 35A	FOOD & AGR 35A DIST AGRIC ASSOC	935	DAA935
Dixon May Fair	5036	AG ASSN 36	FOOD & AGR 36TH DIST AGRIC ASSOC	036	DAA836
Santa Maria Fair Park	5037	AG ASSN 37	FOOD & AGR 37TH DIST AGRIC ASSOC	037	DAA837
Stanislaus County Fair	5038	AG ASSN 38	FOOD & AGR 38TH DIST AGRIC ASSOC	038	DAA838
Calaveras Co. Fair & Jumping Frog Jubilee	5039	AG ASSN 39	FOOD & AGR 39TH DIST AGRIC ASSOC	039	DAA839
Yolo County Fair	5040	AG ASSN 40	FOOD & AGR 40TH DIST AGRIC ASSOC	040	DAA840
Del Norte County Fair	5041	AG ASSN 41	FOOD & AGR 41ST DIST AGRIC ASSOC	041	DAA841
Glenn County Fair	5042	AG ASSN 42	FOOD & AGR 42D DIST AGRIC ASSOC	042	DAA842
Colusa County Fair	5044	AG ASSN 44	FOOD & AGR 44TH DIST AGRIC ASSOC	044	DAA844
California Mid-Winter Fair & Fiesta	5045	AG ASSN 45	FOOD & AGR 45TH DIST AGRIC ASSOC	045	DAA845
Southern California Fair	5046	AG ASSN 46	FOOD & AGR 46TH DIST AGRIC ASSOC	046	DAA846
School's Agriculture & Nutrition Program	5048	AG ASSN 48	FOOD & AGR 48TH DIST AGRIC ASSOC	048	DAA848
Lake County Fair	5049	AG ASSN 49	FOOD & AGR 49TH DIST AGRIC ASSOC	049	DAA849
Antelope Valley Fair	5050	AG ASSN 50	FOOD & AGR 50TH DIST AGRIC ASSOC	050	DAA850
The Valley Fair	5051	AG ASSN 51	FOOD & AGR 51ST DIST AGRIC ASSOC	051	DAA851
Sacramento County Fair	5052	AG ASSN 52	FOOD & AGR 52D DIST AGRIC ASSOC	052	DAA852
Desert Empire Fair	5053	AG ASSN 53	FOOD & AGR 53R DIST AGRIC ASSOC	053	DAA853
Colorado River Fair	5054	AG ASSN 54	FOOD & AGR 54TH DIST AGRIC ASSOC	054	DAA854
Cal Expo	5887		CA EXPOSITION & STATE FAIR		CE 313

Appendix E
Sample Error Report File

SSN	Lastname	Fname MI	PSN SEQ	Position Number	Void Ind	ACA Status	Effective Date	Health Coverage Date	Pay Period	Time Paid Days	Time Paid Hours	Lowest Cost EE Share	Health Ded	Dep Level	Ded Pay Period	Address	City/State	Zip Code	Record Type	Old SSN	EIN	Error Text
	KENNETH	JOHN		012*000001802		2A	01052015	01032015		00	00000	000000				P O BOX 15	ANDERSON	96007			841234	BECAUSE THE TRANSACTION ALREADY EXISTS ON THE ACA DATABASE
	WOLFGANG	DAVIDSON		012*000001802		2A	01052015	01032015		00	00000	000000				P.O. BOX 4	SAN DIEGO	92145			841234	BECAUSE THE TRANSACTION ALREADY EXISTS ON THE ACA DATABASE
	RANDAL H	GARRICK		012*000001802		2S	01052015	01032015		00	00000	000000	Y	05	0415	1629 YOU	YUBA CITY	95991			841234	THE VALUE FOUND IN THE 'ACA STATUS CODE' DATA FIELD DOES NOT MATCH ANY VALUE FOUND ON THE ACA STATUS CODE TIMS TABLE
	LISA CAROL	RUIZ		012*000001802		2A	01052015	01032015		00	00000	000000	Y	OJ	0215	930 SOUTH	SANTA MAR	93454			841234	THE VALUE FOUND IN THE 'DEPENDENT LEVEL' DATA FIELD IS INVALID
	LISA CAROL	RUIZ		012*000001802		2A	01052015	01032015		00	00000	000000	Y	OJ	0215	930 SOUTH	SANTA MAR	93454			841234	DATA FIELDS ('HEALTH DEDUCTION', 'DEPENDENT LEVEL' AND 'DEDUCTION PAY PERIOD') MUST BE COMPLETED
	JOE R	SALDIVAR		012*000001802		2A	01052015	01032015		00	00000	000000				313 KINCA	BAKERSFIEL	93307			841234	BECAUSE THE TRANSACTION ALREADY EXISTS ON THE ACA DATABASE
	SARA	BAILEY		014*000001802		2A	01052015	01032015	0315	15	00500	000800				14750 STA	WOODLAN	95776			841234	THE ACA RECORD WAS NOT PROCESSED BECAUSE THE TRANSACTION ALREADY EXISTS ON THE ACA DATABASE