

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

**Program Services**

The ARTS program includes the following services:

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

**Program Requirements**

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

**Enrollment and Data Submission Deadlines**

- Groups who wish to participate in the ARTS program must return the signed executed documents to TAC HEBP no later than April 30, 2015 in order to participate.

*Waived if documents received by September 25, 2015*

- Data file transmission to TAC HEBP must begin no later than June 30, 2015 to avoid late fees.

*Waived if documents received by September 25, 2015*

\_\_\_\_\_ Initials



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HEBP Member (Fully Insured or ASO)  
Fee Schedule**

1	<input checked="" type="checkbox"/>	ARTS Annual Subscription Fee	*\$4.05 / form	Waived
2	<input type="checkbox"/>	Optional Forms Distribution <i>(group chooses to have TAC mail employee forms)</i>	\$ 1.40 / form	Will be billed in January 2016 when forms are produced
3	<input checked="" type="checkbox"/>	One time Activation Service Fee <i>(based on number of employees, non-refundable)</i>	\$7.50 /employee	Waived
4	<input type="checkbox"/>	Late fee for service election form <i>(after 4/30/2015)</i>	\$1,500	Waived if documents received by September 25, 2015
5	<input type="checkbox"/>	Late fee for data submission <i>(after 6/30/2015)</i>	\$2,500	Waived if documents received by September 25, 2015
6	<input type="checkbox"/>	Cancellation Fee <i>(7/1 through 12/31/2015)</i>	\$4,000	
<p align="center"><b>Total Amount Due:</b> <i>(if zero, enter 0.00)</i></p>				\$ _____

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

*Fees subject to change annually beginning in 2016*

\_\_\_\_\_ Initials



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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