



**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

- 9) 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.
- 10) 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.
- Data file transmission to TAC HEBP must begin no later than June 30, 2015 to avoid late fees.

KEH Initials



**ACA Reporting and Tracking Service (ARTS)
HEBP Member (Fully Insured or ASO)
Fee Schedule**

1	<input checked="" type="checkbox"/>	ARTS Annual Subscription Fee	*\$4.05 / form	Waived
2	<input checked="" 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	
5	<input type="checkbox"/>	Late fee for data submission <i>(after 6/30/2015)</i>	\$2,500	
6	<input type="checkbox"/>	Cancellation Fee <i>(7/1 through 12/31/2015)</i>	\$4,000	
Total Amount Due: <i>(if zero, enter 0.00)</i>				\$ _____

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

Fees subject to change annually beginning in 2016

KEE Initials



ACA Reporting and Tracking Service (ARTS) Contact Designation Form

Contracting Authority: CLAY COUNTY (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: DEBRA ALEXANDER
Title: Co. TREASURER
Address: 214 N. MAIN
HENRIETTA TX
Phone: 940-538-5901
Fax: 940-538-5991
Email: CCTREASURER@CLAYCOUNTYTX.COM

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

Name: DEBRA ALEXANDER
Title: Co. TREASURER
Address: _____

Phone: _____
Fax: _____
Email: _____

HIPAA Secured FAX number: 940-538-5991

Kenneth Liggett
Signature of County Judge or Contracting Authority

April 27, 2015
Date

KENNETH Liggett Co. JUDGE
Print Name and Title