	ACA Reportable	ACA Offer Code	ACA Coverage Code	IMP	ISP	Plan Option	Comments
	Indicator						
New hire, ACA FT employee in							
admin/waiting period (from hire							
date to health coverage effective	Y	1H	2D			NO	
ACA FT employee who accepts							
coverage	Y	1E	2C			EN	
ACA FT employee who waives coverage	Y	1E	blank*			NO/WA**	*HCM will automatically populate 2G on ZP189 except for the months of Jan. and Feb. 2015 & all months for FT rehired retirees which will be blank. **Plan option should be NO until waiver is collected.
				date of hire + 24			
				pay			
Non-FT employee in IMP	Ν	1H	2D	periods		NE	
ACA FT Employee's IAP (The							
IAP for a Non-FT employee who							
is determined to be ACA FT &							
eligible at end of their IMP.)	Y	1H	2D			NO	
ACA FT Employee's ISP - with coverage (The ISP for a Non-FT employee who is determined to be ACA FT at end of IMP/IAP and accepts coverage)	Y	1E	2C		one year after end of IAP	EN	
ACA FT Employee's ISP - waives coverage (The ISP for a Non-FT employee who is determined to be ACA FT at end of IMP/IAP who waives coverage)	Y	1E	blank*		one year after end of IAP	NO/WA**	*HCM will automatically populate 2G on ZP189 except for the months of Jan. and Feb. 2015 & all months for FT rehired retirees which will be blank. **Plan option should be NO until waiver is collected.
Non-FT Employee's IAP (The IAP for a Non-FT employee who is determined to be Non-FT at end of IMP)	N	1H	2D			NE	

	ACA Reportable Indicator	ACA Offer Code	ACA Coverage Code	IMP	ISP	Plan Option	Comments
Non-FT Employee's ISP (The							
ISP for a Non-FT employee who					one year		
has completed IMP & IAP and					after end		
who is determined to be Non-FT)	N	1H	2B		of IAP	NE	
							e.g. non-FT employee expected to never
Non-FT employee without							become ACA FT; agency must still
coverage	N	1H	2B			NE	measure their hours every year
Non-FT employee with coverage*	Y	1G	2C			EN	*very rare - contact OSUP
							*HCM will automatically populate all of
							these fields on ZP189 for the inactive
Inactive Period	N*	1H*	2A*			NO*	months.

This document was prepared for use by agencies on the State of Louisiana's LaGov HCM payroll system. The information contained in this document may not be appropriate for your use if you are not on the LaGov HCM payroll system. The information presented here does not include all of the ACA Requirements that may be applicable, only those requirements that LaGov HCM Paid agencies have been asked to complete in the LaGov HCM system.