
IV. DISCLOSURE TO CMS INSTRUCTIONS

CONTENT OF THE DISCLOSURE NOTICE TO CMS

The disclosure submission process is composed of the following steps to complete the online Creditable Coverage Disclosure Form:

- **Step 1 -Enter the Disclosure Information**
- **Step 2 -Verify and Submit Disclosure Information, and**
- **Step 3 -Receive Submission Confirmation**

All fields are required unless otherwise indicated

STEP 1 - ENTER DISCLOSURE INFORMATION

All entities must complete Box A of the on-line Disclosure to CMS web page form.

If all options offered by your plan are creditable, you must complete Box B of the Creditable Coverage Notice to CMS.

If all options offered by your plan are non-creditable, you must complete Box C of the Creditable Coverage Notice to CMS.

If there are some creditable or non-creditable options offered by your plan, you must complete Box D of the Creditable Coverage Notice to CMS.

BOX A

Listed below are the required data fields in the Disclosure to CMS web page form that must be populated in order to submit the Disclosure to CMS form. For entities with subsidiaries (division, line of business, operating unit, control group, etc.), one disclosure form can be submitted to CMS for the entire entity if the plan year is the same for all subsidiaries/divisions, or an additional form can be submitted for each subsidiary (division, line of business, operating unit, control group, etc.) with the subsidiary-specific information.

NOTE: As you answer the questions in Step 1 on the electronic Disclosure to CMS web page form, you will need to choose “Continue” after you have chosen the correct “Creditable/Non-

Creditable Options” to enter the remaining required disclosure information outlined in Boxes B, C & D.

1. **Name of Entity Offering Coverage.** This is the name of the entity that is providing or sponsoring the plan of benefits to Medicare eligible individuals such as an employer, a union, the Veterans’ Administration, or a Medigap issuer. It is not the name of any carrier that the entity may have contracted with for insurance coverage or for administration of its benefit plan.
2. **Federal Tax Identification Number of the Entity.** For entities that have multiple subsidiaries (divisions, line of businesses, operating units, control groups, etc.) that are all covered under the same type of coverage, the Federal Tax Identification Number (also known as the Employer Identification Number, or EIN) for the Parent Company may be used when completing the entity’s EIN information for the entire company. If the form is completed separately for individual subsidiaries (divisions, line of businesses, operating units, control groups, etc.), the EIN for each subsidiary should be provided.
3. **Street Address, including the City, State and Zip Code and Country of the Entity.** For entities that have many subsidiaries (divisions, line of businesses, operating units, control groups, etc.) under the same type of coverage, the Street Address for the Parent Company may be used when completing the entity’s information.
4. **Phone Number of the Entity.** For entities with many subsidiaries (divisions, line of businesses, operating units, control groups, etc.) that have the same type of coverage, the phone number for the Parent Company may be used when completing the entity’s information.
5. **Type of Coverage.** The Type of Coverage (e.g., Medicaid, VA, SPAP) that must provide disclosure are those listed under the regulation at 42 CFR §423.56(b) that are not excluded under 42 CFR §423.56(e).

NOTE: If you selected "State Sponsored Plan: Other State-Sponsored" or "OTHER TYPE OF COVERAGE OFFERED TO MEDICARE PART D ELIGIBLE INDIVIDUALS," you must complete the “Other Type of Coverage” field in the space provided on the disclosure form.

6. **Number of Prescription Drug Options offered by the Entity.** This is the total number of benefit options as defined under 42 CFR §423.882 that the entity is offering to Medicare eligible individuals. This is a numeric field and must be filled in with a number.

For example, an employer plan may offer an HMO option, a PPO option and an indemnity option, and a Medigap issuer may offer multiple Medigap policies that include prescription drug coverage.

7. **Creditable Coverage Status of Options offered by the Entity.** If the Options offered by the entity are either all creditable or all non-creditable, the entities/plan sponsors may provide

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

aggregated data in the Disclosure Notice for all options under the Plan. If some of the Options offered are creditable and some are not creditable, entities/plan sponsors may combine the data for Options that are creditable and combine the data for those Options that are not creditable in the Disclosure Notice. Once the entity clicks on either "All Options Offered Are Creditable" or "All Options Offered Are Non-Creditable" or "There are some Creditable or Non-Creditable Options Offered" in the middle of the Disclosure to CMS form, they will then see the appropriate box (**Box C, D or E**) that needs to be completed which will automatically appear for the entity to complete.

8. Choose "Continue" to finish entering in your disclosure to CMS required data elements. Choose "Clear All Fields" to clear the disclosure form and begin entering your disclosure data elements again.

BOXES B, C & D

9. **Period covered by Disclosure Notice.** An entity is required to provide the Disclosure Notice to CMS on an annual basis. Each entity must provide the beginning and ending calendar date(s) of the Plan Year for which such entity is providing the disclosure to CMS.

For purposes of the Disclosure Notice to CMS, CMS defines "Plan Year" as the beginning and ending date of the entity's annual renewal or contract period.

These dates must be entered using two (2) digits for the month, two (2) digits for the day and four (4) digits for the year and the date field must be entered using the forward slash (/) between the month and day and between the day and year. (MM/DD/YYYY). Failure to enter the date in this manner will result in an error message when submitting the disclosure form.

10. **Number of Part D Eligible Individuals expected to be covered under these Plan(s) as of the Beginning Date of the Plan Year.** While CMS recognizes that many entities will not be able to provide an exact number of Part D eligible individuals, entities should estimate the number of covered Part D eligible individuals under the Options offered under the type of coverage for which they are providing the Disclosure Notice to CMS. This estimate should be the total number of Medicare eligible individuals, less any Medicare eligible individual(s) being claimed under the RDS program, that are expected to be covered under the entity's RDS prescription drug plan options (this includes active, disabled, individuals on COBRA and retired individuals). For purposes of this disclosure question, a "Medicare eligible individual being claimed under the RDS program" is any qualified covered retiree for which the entity is expected to collect the retiree drug subsidy. This is a numeric field and must be filled in with a number.

Entities should work with their current vendors (Insurance carrier, TPA, PBM, Consultant, etc.) to verify whether the prescription drug plan(s) offered by entity covers any Medicare

eligible individuals (including active, retired, disabled individuals and their dependents or any individuals on COBRA) at the start of each plan year.

If the entity has a plan participant that will be or becomes eligible for Part D coverage during the plan year, the entity should **not** include these individuals on their Disclosure to CMS form if they were not effective on the beginning date of the plan year. These individual(s) should be included on their annual Disclosure to CMS form at the beginning date of the next plan year. Entities are required; however, to provide a disclosure of creditable coverage status to the individual prior to when they become Medicare eligible as outlined in the General Creditable Coverage Guidance at <http://www.cms.hhs.gov/CreditableCoverage/>.

11. Estimated Number of individuals expected to be covered through an Employer/Union group health Retiree Plan. Applicable to Entities sponsoring Group Health Plans only. All other entities offering other Types of Coverage should indicate a zero (0) in this field.

Entities sponsoring Group Health Plans should estimate the number of Part D eligible individuals covered under **retiree** plans for which they are providing the Disclosure Notice to CMS. This estimate should be the total number of Medicare eligible individuals, less any Medicare eligible individual(s) being claimed under the RDS program, that are expected to be covered under the entity's Retiree RDS prescription drug plan options on the beginning date of the plan year. For purposes of this disclosure question, a "Medicare eligible individual being claimed under the RDS program" is any qualifying covered retiree for which the entity is expected to collect the retiree drug subsidy. This number is a subset of question 10 and cannot be any larger than the number stated in question 10. This is a numeric field and must be filled in with a number.

Entities should work with their current vendors (Insurance carrier, TPA, PBM, Consultant, etc.) to verify whether the Retiree prescription drug plan option(s) offered by entity covers any Medicare eligible individuals at the start of each plan year.

If the entity has a retired plan participant that will be or becomes eligible for Part D coverage during the plan year, the entity should **not** include these retired individuals on their Disclosure to CMS form if they were not effective on the beginning date of the plan year. These retired individual(s) should be included on their annual Disclosure to CMS form at the beginning date of the next plan year. Entities are required; however, to provide a disclosure of creditable coverage status to the individual prior to when they become Medicare eligible as outlined in the General Creditable Coverage Guidance at <http://www.cms.hhs.gov/CreditableCoverage/>.

12. Date of Notice of Creditable Coverage provided to Part D Eligible Individuals.

An entity must disclose to CMS the latest calendar date on which it provided the required disclosure to Part D eligible individuals of creditable or non-creditable coverage (i.e., mailed, personally distributed to Part D eligible individuals, etc.) as required under 42 CFR §423.56 (c), (d) & (f).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This date must be entered using two (2) digits for the month, two (2) digits for the day and four (4) digits for the year and the date field must be entered using the forward slash (/) between the month and day and between the day and year. (MM/DD/YYYY). Failure to enter the date in this manner will result in an error message when submitting the disclosure form.

13. Change in Creditable Coverage status of previously disclosed information to CMS.

Entities also must provide a Disclosure Notice to CMS if the creditable coverage status of a Type of Coverage or any of the Options previously disclosed to CMS undergoes a change in creditable coverage status. This includes an entity changing the coverage offered so that it is no longer creditable or terminating a creditable coverage plan or option.

If you did **not** make a change to your prescription drug plan which resulted in the creditable coverage status changing (i.e.; it went from being creditable to non-creditable or termination), then you should answer this question “No” and skip the rest of the questions.

Change in Creditable Coverage Status

If you made a change to your prescription drug plan which resulted in the creditable coverage status changing (i.e.; it went from being creditable to non-creditable) after the disclosure to CMS has been submitted for a plan year, then the entity must answer this question “Yes” and disclose to CMS the date on which it provided the required disclosure to Part D Eligible Individuals under 42 CFR §423.56 (f)(2). The date should be the calendar date that disclosure of a Change in Creditable Coverage status was provided (i.e., mailed, posted, personally distributed to Part D Eligible Individuals, etc.). This date must be entered using two (2) digits for the month, two (2) digits for the day and four (4) digits for the year and the date field must be entered using the forward slash (/) between the month and day and between the day and year. (MM/DD/YYYY). Failure to enter the date in this manner will result in an error message when submitting the disclosure form.

Termination of a Plan or Option

If the entity terminates a creditable coverage option after the disclosure to CMS has been submitted for a plan year, the entity must complete a new disclosure to CMS form. The entity should indicate that the new number of options being offered, the new estimated number of Medicare eligible individuals and retirees that are covered under the plan as of the date of the change, the entity would indicate “Yes” to the question “is this a change in creditable coverage status to a previously submitted disclosure to CMS form?” and the entity must disclose to CMS the date on which it provided the required disclosure to Part D Eligible Individuals under 42 CFR §423.56 (f)(2). The date should be the calendar date that disclosure of a Change in Creditable Coverage status was provided (i.e., mailed, posted, personally distributed to Part D Eligible Individuals, etc.). This date must be entered using two (2) digits for the month, two (2) digits for the day and four (4) digits for the year and the date field must be entered using the forward slash (/) between the month and day and between the

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

day and year. (MM/DD/YYYY). Failure to enter the date in this manner will result in an error message when submitting the disclosure form.

If the entity is terminating the creditable coverage plan after the disclosure to CMS has been submitted for a given plan year, the entity must complete a new disclosure to CMS form. The entity should indicate that there are zero (0) options being offered, the plan is non-creditable, that there are now zero (0) estimated Medicare eligible individuals and retirees covered under the plan, the entity would indicate “Yes” to the question “is this a change in creditable coverage status to a previously submitted disclosure to CMS form?” and the entity must disclose to CMS the date on which it provided the required disclosure to Part D Eligible Individuals under 42 CFR §423.56 (f)(2). The date should be the calendar date that disclosure of a Change in Creditable Coverage status was provided (i.e., mailed, posted, personally distributed to Part D Eligible Individuals, etc.). This date must be entered using two (2) digits for the month, two (2) digits for the day and four (4) digits for the year and the date field must be entered using the forward slash (/) between the month and day and between the day and year. (MM/DD/YYYY). Failure to enter the date in this manner will result in an error message when submitting the disclosure form.

How Many Options Offered under this Plan are Creditable. This is the total number of benefit options as defined under 42 CFR §423.882 that the entity is offering to Medicare eligible individuals that are creditable. For example, an employer plan may offer an HMO option, a PPO option and an indemnity option, and a Medigap issuer may offer multiple Medigap policies that include prescription drug coverage. This is a numeric field and must be filled in with a number.

How Many Options Offered under this Plan are Not Creditable. This is the total number of benefit options as defined under 42 CFR §423.882 that the entity is offering to Medicare eligible individuals that are not creditable. For example, an employer plan may offer an HMO option, a PPO option and an indemnity option, and a Medigap issuer may offer multiple Medigap policies that include prescription drug coverage. This is a numeric field and must be filled in with a number.

BOX E

14. Name, Title and Email of the Entity’s Authorized Individual. An “Authorized Individual” is the person completing the disclosure form that is either: a) employed by the entity; or b) contracted with the entity as an Authorized Individual to complete the disclosure on behalf of the entity. The Authorized Individual must provide his or her name, title and email. If the Authorized Individual does not have an email account, the entity can contact CMS to discuss an alternative method to submit the disclosure to CMS form.

Date of Disclosure to CMS. The entity’s authorized individual must provide the date on which he or she is submitting the disclosure to CMS. This date must be entered using two (2) digits for the month, two (2) digits for the day and four (4) digits for the year and the date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

field must be entered using the forward slash (/) between the month and day and between the day and year. (MM/DD/YYYY). Failure to enter the date in this manner will result in an error message when submitting the disclosure form.

15. Choose “Continue” to move to Step 2 – Verify and Submit Disclosure Information.

Choose “Go Back to Edit Information” if you have made an error and need to make a correction to the data elements entered. Choose “Clear All Fields” to clear the disclosure form and begin entering your disclosure data elements again.

NOTE: If you have made an error while entering in your disclosure elements, you will get a pop up error message with an indication of where the error has been made, such as an error in your date entry or failure to complete a required field. You will be required to make the correction to each data field that has an error indicator next to it and then choose “Continue” to move to Step 2.

STEP 2 – VERIFY AND SUBMIT DISCLOSURE INFORMATION

Review and confirm your disclosure data entry. Select the “Submit Disclosure” button below to submit your disclosure form to CMS. Select the “Go Back to Edit Information” button below to change the information.

STEP 3 – RECEIVE SUBMISSION CONFIRMATION

Once you have clicked the “Submit” button on the Disclosure to CMS web page, if you have completed the disclosure form correctly, then you will receive the following confirmation message “Thank you! Your disclosure to CMS form has been submitted successfully to CMS. Please print a copy of this confirmation page for your records.”

This means that your disclosure to CMS form has been submitted successfully to CMS. You should print a copy of this page for your records. If you receive an error message after clicking the “Submit” button, go back and check your answers and correct the error that was indicated in the error message. If you are unable to submit the form successfully, or if there is a technical issue or an error message (that you are not able to correct) when submitting the on-line Disclosure to CMS form, contact the Disclosure to CMS Technical Help line at: [1-877-243-1285](tel:1-877-243-1285)

Input another Record Button

If the entity has another disclosure to enter, click on the “Input another Record” button and a new disclosure to CMS web page form will appear for the entity to complete. This feature is available so that entities you will not have to log out of the Disclosure to CMS web page and log back in if they have more than one benefit option and they were not able to combine their benefit options due to a different plan year or if the entity offers different Types of Coverage. For instance a State Government entity may have numerous Types of Coverage to disclose to CMS

(i.e.: their employee benefit plan, their Medicaid program, a state high risk pool plan and/or a State Pharmaceutical Assistance Program).

CONTACT FOR FURTHER INFORMATION

Visit the CMS website link related to Creditable Coverage issues at:

<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/>

CMS may release Question and Answers relating to Creditable Coverage issues from time to time on the CMS website under the Questions and Issues Database website which can be found at:

<http://questions.cms.hhs.gov/app/answers/list>

Creditable Coverage

[Disclosure to CMS Guidance and Instructions](#)

[Disclosure to CMS Form](#)

[Model Notice Letters](#)

[Archives - Creditable Coverage Guidance and Notices](#)

[Disclosure to CMS Form](#)

[Archives - Creditable Coverage Guidance and Notices](#)

[Disclosure to CMS Form](#)

[Model Notice Letters](#)

[Archives - Creditable Coverage Guidance and Notices](#)

[Disclosure to CMS Form](#)

[Archives - Creditable Coverage Guidance and Notices](#)

[Disclosure to CMS Form](#)

[Model Notice Letters](#)

[Archives - Creditable Coverage Guidance and Notices](#)

[Disclosure to CMS Form](#)

[Model Notice Letters](#)

[Archives - Creditable Coverage Guidance and Notices](#)

[Disclosure to CMS Form](#)

[Model Notice Letters](#)

Disclosure to CMS Form

Entities that are required to provide a disclosure of creditable coverage status to CMS must complete the following online Disclosure to CMS Form. To further assist you in completing this form, the link on the left side of this webpage may help: [Disclosure to CMS Guidance and Instructions](#).

Entities that claim the RDS should not fill out this form for their RDS plan participants. If a plan option has 100 retired beneficiaries and the plan claims RDS for 97 of them, the plan must report 3 non-RDS participants on this form.

The disclosure submission process is composed of the following steps to complete the online Creditable Coverage Disclosure Form:

- Step 1 - Enter the Disclosure Information
- Step 2 - Verify and Submit Disclosure Information
- Step 3 - Receive Submission Confirmation

Note: All fields are required unless otherwise indicated.

Step 1 - Enter Disclosure Information

Please complete the following information for each Type of Coverage offered by the Entity/Plan Sponsor.

Entity/Plan Sponsor Information:

Entity Name

Entity Federal ID Number (##-#####)

Entity Street Address

City

State (US Only) (Select State)

Zip Code

Country United States

Phone Number (###-###-####)

Coverage Type:

(Choose One)

If you select "STATE-SPONSORED PLANS: Other State-Sponsored" or "OTHER TYPE OF COVERAGE OFFERED TO MEDICARE PART D ELIGIBLE INDIVIDUALS" option, please explain in the Description of Other Type of Coverage below.

Description of Other Type of Coverage

How many Prescription Drug Options are offered under this Coverage? (Note: If you are discontinuing a prescription drug option, you may enter zero. Otherwise, please enter a numeric number greater than zero.)

Creditable/Non-Creditable Offer:

Please select ONE of the following to continue and complete the required disclosure information.

- All Options Offered Are Creditable
- All Options Offered Are Non-Creditable
- There are Some Creditable and Non-Creditable Options Offered

Downloads

- [Creditable Coverage Disclosure to CMS Guidance - Updated 6/29/09 \(PDF, 39KB\) | PDF, 37KB](#)
- [Creditable Coverage Disclosure to CMS Form Instructions and Screen Shots \(PDF, 282KB\) | PDF, 281KB](#)
- [Disclosure to CMS Technical Helpline and Policy Assistance \(PDF, 23KB\) | PDF, 23KB](#)

