

Disclosure to CMS Form – Information and Instructions

Entities that are required to provide a disclosure of creditable coverage status to CMS must complete the online Disclosure to CMS 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

STEP 1

- I. Complete the Entity/Plan Sponsor Information. This is the employer's data – address, EIN number, phone number, etc. Please note, all fields are required unless otherwise indicated.

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

Entity/Plan Sponsor Information:

Entity Name	<input type="text"/>
Entity Federal ID Number	<input type="text"/> (Format: ##-####-####)
Entity Street Address	<input type="text"/>
City	<input type="text"/>
State (US Only)	Select one ▼
Zip Code	<input type="text"/>
Country	United States ▼
Phone Number	<input type="text"/> (Format: ###-###-####)
Coverage Type	Select one ▼

- a. There are many options under Coverage Type. You will select "GROUP HEALTH PLAN: Employer Sponsored Plan," unless it is a church plan, union plan, etc.

The screenshot shows a dropdown menu for 'Coverage Type'. The menu is open, displaying a list of options. The first option, 'GROUP HEALTH PLAN: Employer Sponsored Plan', is highlighted with a red rectangular box. Other options include 'GROUP HEALTH PLAN: Union/Taft Hartley Sponsored Plan', 'GROUP HEALTH PLAN: Church', 'GROUP HEALTH PLAN: Federal Government', 'GROUP HEALTH PLAN: State Government', 'GROUP HEALTH PLAN: Local Government', 'GROUP HEALTH PLAN: Other Entity', 'STATE-SPONSORED PLANS: Medicaid', 'STATE-SPONSORED PLANS: State Pharmacy Assistance Program (SPAP)', 'STATE-SPONSORED PLANS: State High Risk Pool', 'STATE-SPONSORED PLANS: Other State-Sponsored', 'MEDIGAP (Medicare Supplement) PLAN (as defined under §403.205): Standardized Plan (H, I, J)', 'MEDIGAP (Medicare Supplement) PLAN (as defined under §403.205): Pre-standardized Plan', 'MEDIGAP (Medicare Supplement) PLAN (as defined under §403.205): Waiver State Plan', 'MEDIGAP (Medicare Supplement) PLAN (as defined under §403.205): Innovative Benefit Rider', 'INDIVIDUAL HEALTH INSURANCE (Non-Medigap Plans)', 'VETERANS COVERAGE (under Chapter 17 of Title 38 U.S.C.)', 'MILITARY COVERAGE (under Chapter 55 of Title 10, U.S.C., including TRICARE)', and 'INDIAN HEALTH SERVICE'.

CMS Guidance can be found here - https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Downloads/2009-06-29_CCDisclosure2CMSUpdatedGuidance.pdf

CMS detailed instructions and screen shots can be found here - <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Creditable-Coverage-Disclosure-Form-Instructions-and-Screen-shots-.pdf>

- II. Next, you will indicate if the coverage is creditable or non-creditable. If the employer has more than one plan and not all plans are the same, choose the option "There are Some Creditable and Non-Creditable Options Offered."

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

- a. If all options are creditable, the following boxes will appear that needs to be completed.
- i. Enter the plan year start date and end date. As stated below, the end date must be the last day of the month prior to the start of the new plan year. For instance, 01/01/2019 would be plan year beginning date and 12/31/2019 would be the plan year ending date.

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

You have selected All Options Offered Are Creditable. Please complete the following information pertaining to this option.

All Options Offered Are Creditable:

* Note: A plan year should contain a maximum of 365 days; unless it is a leap year then there would be a maximum of 366 days. Example, if a plan year beginning date is 10/01/2010 then the plan year ending date should be no later than 09/30/2011.

Plan Year Beginning Date

(Format: MM/DD/YYYY)

Plan Year Ending Date

(Format: MM/DD/YYYY)

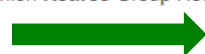
- ii. You will need to pull a census of all enrolled employees and dependents, along with their dates of birth to determine the total number of Medicare Part D eligible employees that will be covered under the employer's health plan. This will be entered where the blue arrow is. **IF** the employer has a separate plan for retirees, you need to pull those out of the number listed above and include where the green arrow is.

Total Number of Medicare Part D Eligible Individuals expected to be covered under these Option(s) as of the Plan Year Beginning Date stated above



(Please enter a numeric value **ONLY**.)

Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan



(Please enter a numeric value **ONLY**.)

- iii. You will also need to know when the employer distributed the CMS Creditable (or Non-Creditable) Coverage notice to employees. That will be entered into the last box. This date can be any date within the plan year and does not have to be in October.

Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity

- iv. Lastly, you must indicate if the employer's creditable coverage status changed from the previous plan year. You can find this information from the previous year's Disclosure to CMS Form.

Has your Creditable Coverage **Status** (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) **changed** from the last plan year?

Example 1: Last year Company ABC had creditable coverage through Carrier 123. This year they have non-creditable coverage through Carrier 123. This is a change in the status, since the coverage was creditable and now is non-creditable.

Example 2: Last year Company ABC had creditable coverage through Carrier 123. This year they have creditable coverage through Carrier 456. Even though the company changed carriers, this is not a change in the status of the creditable coverage. It was creditable last year and it remains creditable, so there is no change in the status.

☐ Yes ☐ No

- b. If all options are non-creditable, the same instructions as mentioned above are to be followed.
- c. If there are plans that are creditable and non-creditable, the same questions appear for both statuses.

How many Options offered under this Plan are **creditable**

(Please enter a numeric value **ONLY**.)

Total Number of Medicare Part D Eligible Individuals expected to be **covered** under these **creditable** Benefit Option(s) as of the Plan Year Beginning Date stated above

(Please enter a numeric value **ONLY**.)

Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be **covered** through an Employer/Union **Retiree** Group Health Plan

(Please enter a numeric value **ONLY**.)

How many Options offered under this Plan are **not creditable?**

(Please enter a numeric value **ONLY**.)

Total Number of Medicare Part D Eligible Individuals expected to be **covered** under these Option(s) as Plan Year Beginning Date stated above

(Please enter a numeric value **ONLY**.)

Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be **covered** through an Employer/Union **Retiree** Group Health Plan

(Please enter a numeric value **ONLY**.)

Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity

- III. The next step is the authorization of information. Enter YOUR information in the authorized individual's name, title and email. Enter today's date and hit "Review and Submit"

I understand and agree to the following statements:

1. That this submission supersedes any previous submission of this information with dates prior to the date below;
2. That the entity/plan sponsor agrees to disclose to CMS and all Medicare Part D eligible individuals any changes that would affect the creditable status of the above coverage as outlined under §423.56.
3. That I am authorized to supply this disclosure of creditable coverage on behalf of the Entity; and
4. That the information provided in this disclosure is true, correct, and complete to the best of my knowledge and belief.

Entity's Authorized Individual Name

Entity's Authorized Individual Title

Entity's Authorized Individual Email

*(If no email address is available, Please enter:
CCDBnoisp@cms.hhs.gov)*

Today's Date

(Format: MM/DD/YYYY)

STEP 2

- I. Once you hit review and submit, you will have a chance to review all the information you entered on the previous page. If everything is correct, hit PRINT and save a PDF copy for your files. If there is an error, hit the "Go Back and Edit" button.

Preview your information. Click the Edit button to go back to the form or click submit to submit the information. Please print a copy for your records.

Entity/Plan Sponsor Information:

Entity Name: **Assured Partners**
Entity Federal ID Number: **55-1234567**
Entity Street Address: **200 Colonial Center Pkwy, Suite 140**
City: **Lake Mary**
State: **Florida**
Zip Code: **32746**
Country: **United States**
Phone Number: **407-804-5222**
Coverage Type: **GROUP HEALTH PLAN: Employer Sponsored Plan**

Creditable/Non-Creditable Offer:

Creditable/Non-Creditable Offer: **All Options Offered Are Creditable**
Plan Year Beginning Date: **01/01/2019**
Plan Year Ending Date: **12/31/2019**
Total Number of Medicare Part D Eligible Individuals expected to be covered under these creditable Benefit Option(s) as of the Plan Year Beginning Date stated above: **248**
Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan: **0**
Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity: **01/15/2019**
Has your Creditable Coverage Status (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) changed from the last plan year?: **No**

I understand and agree to the following statements:

Entity's Authorized Individual Name: **Ashley Crouse**
Entity's Authorized Individual Title: **HR Generalist**
Entity's Authorized Individual Email: **ashley.crouse@assuredpartners.com**
Today's Date: **01/02/2019**

Buttons: Go Back and Edit, **Print**, Submit

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STEP 3

- I. After printing, click the SUBMIT button to send to CMS. Once it has been submitted, you will receive the following confirmation:



Home > Medicare > Creditable Coverage > Success!

Success!

Your form has been successfully submitted.

Page last Modified: 09/29/2016 3:51 PM

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A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244



- a. At this point you need to print the actual webpage to PDF. Before printing/saving to PDF, ensure the "Headers and footers" box is checked off under the Options heading. This will add the date and website to your document for additional verification.

Print

Total: 1 page

Save

Cancel

Destination

Save as PDF

Change...

Pages

All

e.g. 1-5, 8, 11-13

Layout

Portrait

More settings

^

Paper size

Letter

Margins

Default

Scale

100

Options

☒ Headers and footers

☐ Background graphics

12/27/2018

Disclosure to CMS Form - Centers for Medicare & Medicaid Services

CMS.gov

Centers for Medicare & Medicaid Services

Disclosure to CMS Form

CMS Guidance can be found here - https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Downloads/2009-06-29_CCDisclosure2CMSUpdatedGuidance.pdf

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