



# Disclosure to CMS Form - User Guide

This user guide provides screen shots from the Disclosure to CMS Form with references from the Disclosure to CMS guidance. It is intended to be used as a quick guide for entities completing the Disclosure to CMS form. The Disclosure to CMS form must be completed on-line at <http://www.cms.hhs.gov/creditablecoverage>. This user guide is not intended to take the place of the Disclosure to CMS guidance paper issued in January 2006.

**SAMPLE DISCLSORE FORM – NOT FOR SUBMISSION TO CMS**

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 Centers for **Medicare & Medicaid** Services

## Creditable Coverage Disclosure to CMS Website

Please refer to the Disclosure to CMS Guidance at <http://www.cms.hhs.gov/CreditableCoverage/> for detailed information when completing this form.

Complete the following information for each Type of Coverage offered by the Entity/Plan Sponsor:

1. Name of Entity Offering Coverage
2. Entity Federal ID Number  ex: xx-xxxxxxx
3. Street Address of Entity
4. City  State  Zip Code
5. Phone Number of Entity  ex: xxx-xxx-xxxx
5. Type of Coverage (Choose One):
  - GROUP HEALTH PLAN:
    - Employer Sponsored Plan
    - Union/Taft Hartley Sponsored Plan
    - Church
    - Federal Government
    - State Government
    - Local Government
    - Other Entity
  - STATE-SPONSORED PLANS:
    - Medicaid
    - State Pharmacy Assistance Program (SPAP)
    - State High Risk Pool
    - Other State-Sponsored Plan:
  - MEDIGAP (Medicare Supplement) PLAN (as defined under §403.205):
    - Standardized Plan (H, I, J)
    - Pre-standardized Plan
    - Waiver State Plan
    - 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)
  - INDIAN HEALTH SERVICE
  - TRIBE OR TRIBAL ORGANIZATION
  - URBAN INDIAN ORGANIZATION
  - OTHER TYPE OF COVERAGE OFFERED TO MEDICARE PART D ELIGIBLE INDIVIDUALS

Please Fill in Type of Plan:

6. How many Prescription Drug Options offered under this Coverage?

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**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 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).

**6. How Many Prescription Drug Options offered under this Coverage?** This is the total number of benefit options as defined under 42 CFR §423.882 that the entity is offering to Medicare eligible individuals. 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.

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7. Please Select **One** of the following and an additional box will appear for you to complete the required disclosure information.

- All Options Offered Are Creditable.
- All Options Offered Are Non-Creditable.
- There are some Creditable or Non-Creditable Options Offered.

**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 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.

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### All Options Offered Are Creditable

#### SAMPLE DISCLOSURE FORM – NOT FOR SUBMISSION TO CMS

Please Select **One** of the following and an additional box will appear for you to complete the required disclosure information.

- All Options Offered Are Creditable.**
- All Options Offered Are Non-Creditable.**
- There are some Creditable or Non-Creditable Options Offered.**

You have select All Options Offered Are Creditable.

Period covered by this Disclosure:

8.  Plan Year Beginning Date (MM/DD/YYYY)  Plan Year Ending Date (MM/DD/YYYY)
9.  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:
10.  Estimated number of those Medicare Part D Eligible individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan
11.  Date that the Annual Creditable Coverage Disclosure to Part D Eligible Individuals requirement was completed by the entity (MM/DD/YYYY)
12.  Is this a change to a previous disclosure of creditable coverage status provided to CMS? Yes  
 No 
  - If yes, include the effective date(s) of this change (MM/DD/YYYY)
  - If yes, date Entity completed the disclosure to Medicare Part D Eligible Individuals of this change in Creditable Coverage(MM/DD/YYYY)

**8. 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.

**9. Total Number of Medicare 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 Medicare Part D eligible individuals, entities should estimate the number of covered Medicare Part D eligible individuals under the Options offered under the type of coverage for which they are providing the Disclosure Notice to CMS. This total should include Medicare eligible active, disabled, COBRA and retired individuals covered under the Plan(s) offered. This is numeric field.

**10. Estimate Number of Medicare eligible individuals expected to be covered through an Employer/Union Retiree Group Health Plan.** Group Health Plans entities should estimate the number of Medicare Part D eligible individuals covered under

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**retiree** plans for which they are providing the Disclosure Notice to CMS. All other entities offering other Types of Coverage should indicate a zero (0) in this field.

**11. Date that the Notice of Creditable Coverage provided to Medicare Part D Eligible Individuals was completed.** An entity must disclose to CMS the latest calendar date on which it provided the required disclosure to Medicare Part D eligible individuals of creditable or non-creditable coverage (i.e., mailed, personally distributed to Medicare Part D eligible individuals, etc.) as required under 42 CFR §423.56 (c), (d) & (f).

**12. 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. An entity must disclose to CMS the date that on which it provided the required disclosure to Medicare 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 Medicare Part D Eligible Individuals, etc.)

### All Options Offered Are Non-Creditable

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Please Select **One** of the following and an additional box will appear for you to complete the required disclosure information.

- All Options Offered Are Creditable.
- All Options Offered Are Non-Creditable.
- There are some Creditable or Non-Creditable Options Offered.

You have select All Options Offered Are Non-Creditable.

Period covered by this Disclosure:

- 13. ■ Plan Year Beginning Date (MM/DD/YYYY)  Plan Year Ending Date (MM/DD/YYYY)
- 14. ■ 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:
- 15. ■ Estimated number of those Medicare Part D Eligible individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan
- 16. ■ Date that the Annual Creditable Coverage Disclosure to Part D Eligible Individuals requirement was completed by the entity (MM/DD/YYYY)
- 17. ■ Is this a change to a previous disclosure of creditable coverage status provided to CMS? Yes  
 No 
  - If yes, include the effective date(s) of this change (MM/DD/YYYY)
  - If yes, date Entity completed the disclosure to Medicare Part D Eligible Individuals of this change in Creditable Coverage(MM/DD/YYYY)

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**13. 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.

**14. Total Number of Medicare 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 Medicare Part D eligible individuals, entities should estimate the number of covered Medicare Part D eligible individuals under the Options offered under the type of coverage for which they are providing the Disclosure Notice to CMS. This total should include Medicare eligible active, disabled, COBRA and retired individuals covered under the Plan(s) offered. This is numeric field.

**15. Estimate Number of Medicare eligible individuals expected to be covered through an Employer/Union Retiree Group Health Plan.** Group Health Plans entities should estimate the number of Medicare Part D eligible individuals covered under retiree plans for which they are providing the Disclosure Notice to CMS. All other entities offering other Types of Coverage should indicate a zero (0) in this field.

**16. Date that the Notice of Creditable Coverage provided to Medicare Part D Eligible Individuals was completed.** An entity must disclose to CMS the latest calendar date on which it provided the required disclosure to Medicare Part D eligible individuals of creditable or non-creditable coverage (i.e., mailed, personally distributed to Medicare Part D eligible individuals, etc.) as required under 42 CFR §423.56 (c), (d) & (f).

**17. 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. An entity must disclose to CMS the date that on which it provided the required disclosure to Medicare 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 Medicare Part D Eligible Individuals, etc.)



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### There are some Creditable or Non-Creditable Options Offered

#### SAMPLE DISCLOSURE FORM – NOT FOR SUBMISSION TO CMS

Please Select **One** of the following and an additional box will appear for you to complete the required disclosure information.

- All Options Offered Are Creditable.
- All Options Offered Are Non-Creditable.
- There are some Creditable or Non-Creditable Options Offered.

#### You have Selected there are some Creditable or Non-Creditable Options Offered.

Period covered by this Disclosure:

18. ■ Plan Year Beginning Date (MM/DD/YYYY)  Plan Year Ending Date (MM/DD/YYYY)
19. ■ How many options offered under this Plan are creditable?
20. ■ 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:
21. ■ Estimated number of those Medicare Part D Eligible individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan
22. ■ How many Options offered are not creditable?
23. ■ Total Number of Medicare Part D Eligible Individuals expected to be covered under non-creditable Option(s) as Plan Year Beginning Date stated above:
24. ■ Estimated number of those Medicare Part D Eligible individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan
25. ■ Date that the Annual Creditable Coverage Disclosure to Part D Eligible Individuals requirement was completed by the Entity (MM/DD/YYYY)
26. ■ Is this a change to a previous disclosure of creditable coverage status provided to CMS? Yes  
 No   
■ If yes, include the effective date(s) of the change (MM/DD/YYYY)   
■ If yes, date Entity disclosed to Medicare Part D Eligible Individuals this change in Creditable Coverage(MM/DD/YYYY)

**18. 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.

**19. 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.

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**20. Total number of Medicare Part D Eligible Individuals expected to be covered under these creditable Benefit Options(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 Medicare Part D eligible individuals, entities should estimate the number of covered Medicare Part D eligible individuals under the creditable Benefit Options offered under the type of coverage for which they are providing the Disclosure Notice to CMS. This is numeric field.

**21. Estimate Number of Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union Retiree Group Health Plan.** Group Health Plans entities should estimate the number of Medicare Part D eligible individuals covered under creditable **Retiree** plans for which they are providing the Disclosure Notice to CMS. All other entities offering other Types of Coverage should indicate a zero (0) in this field.

**22. 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.

**23. Total number of Medicare Part D Eligible Individuals expected to be covered under non-creditable Options(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 Medicare Part D eligible individuals, entities should estimate the number of covered Medicare Part D eligible individuals under the non-creditable Options offered under the type of coverage for which they are providing the Disclosure Notice to CMS. This is numeric field.

**24. Estimate Number of Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union Retiree Group Health Plan.** Group Health Plans entities should estimate the number of Medicare Part D eligible individuals covered under non-creditable **retiree** plans for which they are providing the Disclosure Notice to CMS. All other entities offering other Types of Coverage should indicate a zero (0) in this field.

**25. Date that the Notice of Creditable Coverage provided to Medicare Part D Eligible Individuals was completed.** An entity must disclose to CMS the latest calendar date on which it provided the required disclosure to Medicare Part D eligible individuals of creditable or non-creditable coverage (i.e., mailed, personally distributed to Medicare Part D eligible individuals, etc.) as required under 42 CFR §423.56 (c), (d) & (f).

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**26. 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. An entity must disclose to CMS the date that on which it provided the required disclosure to Medicare 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 Medicare Part D Eligible Individuals, etc.)

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I understand and agree to the following statements:

- That this submission supersedes any previous submission of this information with dates prior to the date below;
- 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.
- That I am authorized to supply this disclosure of creditable coverage on behalf of the Entity; and
- That the information provided in this disclosure is true, correct, and complete to the best of my knowledge and belief.

25.

(Name of Entity's Authorized Individual) (Title)

26.

(Email of Entity's Authorized Individual) Date (MM/DD/YYYY)

**25. Name, Title and Email of the Entity's Authorized Individual.** An individual employed by the entity and completing the form must provide his or her name, title and email.

**26. 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.

SAMPLE FORM PREVIEW