

DISCLOSURE TO CMS FORM COMMONLY ASKED QUESTIONS AND HELPFUL HINTS

Who Needs to File the Disclosure to CMS Form?

As required under 42 CFR 423.56 (e), all entities listed at 42 CFR 423.56(b) that provide prescription drug benefits to any Medicare Part D eligible individual, including active employees and their covered dependents, disabled employees and covered dependents, COBRA participants and their covered dependents and/or any retirees or their covered dependents, on the beginning date of their plan year (renewal year, contract year, etc.), must disclose to CMS whether the prescription drug coverage that is provided is creditable or not. However, under 42 CFR 423.56 (e), there are certain entities that are not required to provide the Disclosure to CMS form. These include PDPs, MA-PDs and Cost-based HMOs or CMPs that offer qualified prescription drug plans. In addition, employers and unions that directly contract with CMS as a Part D plan are not required to provide a disclosure notice to CMS for those individual covered under these plans.

If an entity does not offer prescription drug benefits to any Medicare Part D eligible individuals on the beginning date of their plan year (renewal year, contract year, etc.), the entity is not required to complete the Disclosure to CMS form for that plan year.

In addition, employers and unions that applied and were accepted for the Retiree Drug Subsidy (RDS) are exempt from filing the Disclosure to CMS only for the individuals and plan options for which they are claiming the RDS. If the employer or union offers prescription drug coverage to any other Medicare Part D eligible individual (active, disabled, COBRA or any retirees or dependents who are covered by the employer or union but are not being claimed under the RDS), they must provide a disclosure to CMS for those plan options that cover those individuals and complete the requested information.

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/>.

Entities are required to report the expected number of Medicare eligible individuals on the Disclosure to CMS form. How can entities determine how many Medicare eligible individuals they cover under their benefit plan?

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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.

The disclosure to CMS form has two areas to report the estimated number of individuals covered under the entity's prescription drug plan – the total number of Medicare eligible individual expected to be covered under all of the entity's prescription drug plans (this includes active, disabled, individuals on COBRA and retired individuals) and the total number of individuals expected to be covered under an Employer/Union Retiree group benefit plan. These numbers should NOT include any RDS participants.

When must the Disclosure to CMS Form be completed?

The initial creditable coverage Disclosure to CMS Form must be completed by all entities that are required to provide a disclosure by March 31, 2006 for plan years that end in 2006. For all subsequent plan years, the Disclosure to CMS Form is due no later than 60 days following the beginning of the entity's plan year (renewal year, contract year, filing year, etc.)

In the Disclosure to CMS Guidance paper issued in January 2006, there are a few questions that the entity is required to answer that do not appear on the Disclosure to CMS Website. Where can entities find the questions they need to answer?

The entity is not able to see some of the questions on the form posted on the Website until they click 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. The appropriate box that needs to be completed (which contains the remaining required information that is outlined in the guidance paper) will automatically appear for the entity to complete.

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Is there an alternative method that an entity can use to submit the Disclosure to CMS Form to CMS?

No. All Disclosure to CMS forms must be submitted electronically via the Creditable Coverage Disclosure to CMS Website at <http://www.cms.hhs.gov/CreditableCoverage/> by the entity sponsoring the plan.

May a third party assist the entity in completing the Disclosure to CMS Form?

Yes. Entities that do not have access to the Internet or that need additional assistance may seek the services of a third party to assist them. However, the individual contact information listed on the Disclosure to CMS Form must be for an employee of the reporting entity or a trustee of the reporting plan. The third party may not submit the form using their name or contact information.

What are some of the common error messages that an entity might see if the disclosure form was not submitted properly to CMS?

If the entity received an error message when submitting the Disclosure to CMS form, the message will inform them of the type of error that occurred. Entities that experienced problems or error messages from the Disclosure to CMS Website should review the Disclosure to CMS Guidance at <http://www.cms.hhs.gov/creditablecoverage/> for a more detailed explanation of each data field. Entities should resubmit their disclosure form to CMS, carefully following the error message for the data field identified. CMS recommends that entities print the disclosure form for their records once they have completed the required information prior to submitting the form to CMS. If the disclosure form is submitted correctly, the entity will get a message that the disclosure form has been submitted successfully. If the entity does get an error message, they should print the error page and then fax the screen print of their completed disclosure form and the error message page to CMS at 410-786-6301 – Attention: Creditable Coverage Disclosure. Entities must provide CMS with a phone number of the contact at the entity so that CMS can walk through the form with the contact at the entity once CMS has reviewed their fax.

Common Error Messages and Helpful Hints:

➤ “A date field is not properly completed”

The date field was not entered correctly. The disclosure form database requires that entities enter in a four digit year (2006, not "06") and the entity must use a forward slash (/) instead of a dash, hyphen (-) or a period (.)

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➤ “Field ‘numplanopt’ is not valid”

The entity entered in alpha characters instead of numeric characters where the form asks for “How many Prescription Drug Options offered under this Coverage?”.

➤ “Field ‘numpartdelig’ is not valid”

The entity entered alpha characters instead of numeric characters where the form asks for “Number of Medicare Part D Eligible individuals expected to be covered under these option(s) as of the Plan Year Beginning Date state above” **or** the entity did not answer the question. If there are no Medicare Part D eligible individuals covered under the prescription drug plan as of the beginning date of the Plan year stated on the Disclosure to CMS Form, entities must use a "0" (a numeric zero) instead of “N/A” or “none” as the disclosure form database field is numeric.

➤ “Field ‘estnumcov’ is not valid”

The entity entered alpha characters instead of numeric characters where the form asks for “Estimated number of those Medicare Eligible individuals stated above expected to be covered through an Employer/Union Retiree Group Health Plan” **or** the entity did not answer the question. If there are no Medicare Part D eligible individuals that are under the Retiree Group Health Plan sponsored by an Employer or Union, or the question does not apply, entities must use a "0" (a numeric zero) instead of “N/A” or “none” as the disclosure form database field is numeric.

➤ The entity did not answer the question “Is this a change to a previous disclosure of creditable coverage status provided to CMS?”.

If the entity is just correcting a previous submission and the creditable coverage status of their plan did not change, the entity should check the “No” option. The entity would only check the “Yes” option if they had previously disclosed their plan as being creditable or non-creditable to CMS and they make a mid-plan year change that changes the creditable coverage status.

➤ “Field ‘Author Title’ must be completed.

The representative of the entity did not fill in his/her title, which is a required field.

➤ “Field ‘Author Email’ must be completed.

The representative of the entity did not fill in his/her email, which is a required field **or** the person used all capital letters in their email address. The disclosure form database requires that the person use upper and lower case or any combination of the two but does not recognize all capital letters in an email.