

# CENTERS FOR MEDICARE & MEDICAID SERVICES

## Creditable Coverage Disclosure to CMS [Form](#)

### Instructions [and Screen Shots](#)

#### INTRODUCTION

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) added a new prescription drug program to Medicare. Regulations to implement Medicare prescription drug coverage were published January 28, 2005 (70 [Fed. Reg.](#) 4193 (2005)). This guidance pertains to section 1860D-13 of the MMA, and the regulation at 42 CFR §423.56(e). Under those provisions, most entities that currently provide prescription drug coverage to Medicare Part D eligible individuals must disclose to the Centers for Medicare & Medicaid Services (CMS) whether the coverage is “creditable prescription drug coverage” (Disclosure [to CMS Form Notice](#)). A [Disclosure to CMS Form](#) is required whether the entity’s coverage is primary or secondary to Medicare. Entities that must comply with these provisions are listed in the regulation at 42 CFR §423.56(b) and are also referenced on the creditable coverage homepage at <http://www.cms.hhs.gov/creditablecoverage>. However, entities that contract with Medicare directly as a Part D plan or that contract with a Part D plan to provide qualified prescription drug coverage are exempt from the disclosure [to CMS](#) requirement. See 42 CFR §423.56(e).

If an entity does not offer prescription drug benefits to any Medicare Part D eligible individual 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 [Form 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 Form](#) for those plan options that cover those individuals and complete the requested information.

The regulation at 42 CFR §423.56(e) states that CMS will provide additional information concerning [Disclosure Notices, including](#) the required form and manner of disclosure to CMS. These instructions, in addition to the Disclosure to CMS Guidance [published by CMS on January 10, 2006](#), provide such additional information concerning those rules, including the form, manner, and timing of providing a Disclosure [Notice to CMS Form](#).

## OVERVIEW OF REGULATORY REQUIREMENTS

### **Creditable Coverage Definition and Determination**

As defined in the regulation at 42 CFR §423.56(a), drug coverage is creditable if the actuarial value of the coverage equals or exceeds the actuarial value of standard Medicare prescription drug coverage, as demonstrated through the use of generally accepted actuarial principles and in accordance with CMS actuarial guidelines. In general, this actuarial determination measures whether the expected amount of paid claims under the entity's prescription drug coverage is at least as much as the expected amount of paid claims under the standard Medicare prescription drug benefit. See 70 Fed. Reg. 4225 (2005).

This determination is identical to the first step (the "gross test") in calculating actuarial equivalence for purposes of 42 CFR §423.884, which applies when an employer or union applies for the ~~Retiree Drug Subsidy (RDS)~~. The gross test does not take into account the extent to which the coverage is financed by the beneficiary or by the entity. See 42 CFR. §423.884(d)(5)(ii)(A).

For plans that have multiple benefit options, the regulation requires that entities apply the gross test separately for each benefit option. See 42 CFR §423.884(d) (5) (iv). A benefit option is defined at 42 CFR §423.882 as a particular benefit design, category of benefits, or cost-sharing arrangement offered within a group health plan. Benefit option refers to the different categories of benefits and different plan design options under a given ~~t~~Type of ~~c~~Coverage (e.g., HMO, PPO, Indemnity). Benefit options are referenced on the ~~D~~Disclosure ~~t~~o CMS ~~f~~Form as "Options".

The determination of creditable coverage status does not require an attestation by a qualified actuary except for a benefit option(s) under a ~~g~~Group ~~h~~Health ~~p~~Plan for which an employer or union is electing the ~~R~~etiree ~~D~~rug ~~S~~ubsidy. See the regulation at 42 CFR §423.884(d).

For purposes of the ~~d~~Disclosure ~~N~~otice to CMS, we require a separate ~~D~~Disclosure ~~t~~o CMS ~~F~~orm for each ~~t~~Type of ~~c~~Coverage sponsored by an ~~e~~Entity (e.g., Medicaid, SPAP, Employer Plan, Church Plan, Standardized Medigap Plan, Pre-standardized Medigap Plan).

### **Creditable Coverage Disclosure from Entity to CMS**

The regulation at 42 CFR §423.56(e) requires all entities described in the regulation at 42 CFR §423.56(b) disclose to CMS whether the prescription drug coverage that is offered to Medicare Part D eligible individuals is creditable or non-creditable.

### **Who Must Provide the Disclosure ~~N~~otice to CMS ~~F~~orm**

The Disclosure ~~t~~o CMS ~~F~~orm~~N~~otice is required to be provided to CMS by certain entities listed at 42 CFR §423.56(b) that are not excluded at [42 CFR §423.56\(e\)](#). The entities exempted under 42 CFR §423.56(e) include PDPs, MA-PDs, and PACE or cost-based HMOs or CMPs that provide "qualified Part D coverage" within the meaning of 42 CFR §423.100.

Entities that must provide a [Disclosure](#) to CMS [Form](#) include sponsors of:

- Group health plans (offered by employers; union/Taft-Hartley plans; church; State and local government; and other group-sponsored plans) including the Federal [Employees Health Benefits Program](#); and qualified retiree prescription drug plans as defined in section 1860D-22(a)(2) of the Act;
- Governmental sponsored plans, including Medicaid coverage under title XIX of the Act or under a waiver under section 1115 of the Act; State Pharmaceutical Assistance Programs (SPAPs) as defined at §423.454; and State High Risk Pools as defined under 42 CFR 146.113(a)(1) (vii);
- Plans that provide coverage of prescription drugs for veterans, survivors and dependents under chapter 17 of title 38, U.S.C.;
- Plans that provide Military Coverage under chapter 55 of title 10, U.S.C., including TRICARE;
- Plans that provide individual health insurance coverage (as defined in section 2791(b)(5) of the Public Health Service Act) that includes coverage for outpatient prescription drugs and that does not meet the definition of an excepted benefit (as defined in section 2791(c) of the Public Health Service Act);
- Coverage provided by the medical care program of the Indian Health Service, Tribe or other Tribal Organization, or Urban Indian Organization (I/T/U);
- Plans that provide coverage under a Medicare supplemental policy (Medigap policy), as defined at 403.205, including standardized plans H, I or J; pre-standardized plans; waiver State plans; and plans with innovative benefits; and
- Plans that provide other coverage as the Secretary may determine appropriate.

If an entity does not offer outpatient 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 [on-line Form](#) for that plan year.

The regulation at 42 CFR §423.884(c)(2)(iv) requires that a plan sponsor provide an attestation that its prescription drug coverage is at least actuarially equivalent to the standard prescription drug coverage under Part D as part of the application for the [Retiree Drug Subsidy \(RDS\)](#). Therefore, because the actuarial equivalence standard includes the creditable coverage standard, a sponsor that has been approved for the [Retiree Drug Subsidy](#) is exempt from filing the Disclosure [Notice with to CMS Form](#) with respect to those qualified covered retirees for which the Sponsor is claiming the [Retiree Drug Subsidy](#). The sponsor's RDS application serves as its disclosure to CMS under 42 CFR §423.56(e).

### **Timing of Creditable Coverage Disclosure from Entity to CMS**

As outlined under 42 CFR 423.56(e) and (f), and the [Disclosure to CMS Guidance](#) published by CMS on January 10, 2006, a [Disclosure to CMS Form of creditable coverage status](#) must be ~~made~~ submitted to CMS on an annual basis and upon any change that affects whether the drug coverage is creditable.

At a minimum, disclosure to CMS must be made at the following times:

1. For plan years that ~~ended~~ in 2006, ~~the Disclosure to CMS Form of creditable coverage status~~ must have been provided no later than March 31, 2006;
2. For plan years that end in 2007 and beyond, ~~disclosure of creditable coverage status~~ [the Disclosure to CMS Form](#) must be provided within 60 days after the beginning date of the plan year for which the entity is providing the [Disclosure to CMS Form](#);
3. Within 30 days after the termination of the prescription drug plan; and
4. Within 30 days after any change in the creditable coverage status of the prescription drug plan.

### **INSTRUCTIONS FOR PROVIDING DISCLOSURE TO CMS**

#### ***Form and Manner of Disclosure from Entity to CMS***

An entity is required to provide a disclosure to CMS through completion of the [Disclosure to CMS Form \(CMS-10198\)](#) posted on the CMS Creditable Coverage Disclosure [to CMS Form](#) web page at: [http://www.cms.hhs.gov/apps/ccdisclosure/CreditableCoverage/45\\_CCDisclosureForm.asp#TopOfPage](http://www.cms.hhs.gov/apps/ccdisclosure/CreditableCoverage/45_CCDisclosureForm.asp#TopOfPage) ~~As you complete the questions in the electronic on-line Disclosure to CMS form, an additional box will appear where you are required to enter the required disclosure information.~~. This method of transmission is convenient and will take minimal time to complete, and is the sole method for compliance with the requirement.

**Important Formatting Information:** NOTE: The Disclosure to CMS [Form](#) is required to be submitted on-line and not in hard copy. ~~A h~~Hard copy ~~of the Disclosure to CMS Form~~ ~~notices will be available~~ can be faxed upon request for [entities/plan sponsors](#) that do not have ~~I~~nternet access to complete the [Disclosure to CMS Form](#) ~~notice~~ on-line. Only sections relevant to the plan sponsor will be displayed on-line. Some sections of the [Disclosure to CMS Form](#) may not actually be presented until the time the [Disclosure to CMS Form](#) is being completed on-line because they may not apply to the entity completing the [Disclosure to CMS Form](#). To assist you in completing the [Disclosure to CMS Form](#), additional information regarding each section of the on-line [Disclosure to CMS Form](#) can be found in these [instructions User Guide](#) and in the Helpful Hints [and Commonly Asked Questions](#) guidance on the Creditable Coverage CMS web page at: [http://www.cms.hhs.gov/CreditableCoverage/0640\\_CCDisclosure.asp#TopOfPage](http://www.cms.hhs.gov/CreditableCoverage/0640_CCDisclosure.asp#TopOfPage).

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~~The on-line disclosure to CMS form will not accept an apostrophe in any field when completing the disclosure form. Entities should use a (\*) symbol which can be found on the “8” key in place of using an apostrophe.~~

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 0938-1013NEW. 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.

## CONTENT OF THE DISCLOSURE ~~NOTICE~~ TO CMS FORM

~~The on-line disclosure form will not accept all capital letters when completing this form. Please be sure that the "Caps Lock" key is not turned on when completing the disclosure form. Entities should use either upper and lower case letters or all lower case letters.~~

- ~~▪ The on-line disclosure form requires that when completing the date fields that two (2) digits be entered for the month, two (2) digits be entered for the day and four (4) digits be entered for the year and a forward slash (/) be inserted between the fields (MM/DD/YYYY).~~

The disclosure submission process is composed of the following steps to complete the on-line Creditable Coverage Disclosure to CMS 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.

**All entities must complete Boxes A, B & F of the on-line Disclosure to CMS ~~web page form~~ Form.**

If all options offered by your plan are creditable, you must complete **Box CB** of the ~~Creditable Coverage Notice Disclosure~~ to CMS Form.

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

If there are some creditable ~~or~~ and non-creditable options offered by your plan, you must complete **Box ED** of the ~~Creditable Coverage Notice Disclosure~~ to CMS Form.

### **BOX A**

Listed below are the required data fields in the on-line Disclosure to CMS ~~web page form~~ Form that must be populated in order to submit the Disclosure to CMS Form. For entities with subsidiaries (division, lines of business, operating unit, control group, etc.), one Disclosure to CMS 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.

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 0938-1013NEW. 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.

**NOTE:** As you answer the questions [in Step 1](#) on the ~~electronic~~ Disclosure to CMS ~~web page~~ Form, ~~an additional box you will appear where you should~~ must choose “Continue” after you have chosen the correct “Creditable/Non-Creditable Options” to enter the required disclosure information outlined in Boxes B, C or 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,~~ [United States Department of Veterans Affairs \(VA\)](#) 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, lines 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 pParent cCompany may be used when completing the entity's EIN information for the entire company. If the form is completed separately for individual subsidiaries (divisions, lines 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, lines of businesses, operating units, control groups, etc.) under the same type of coverage, the sStreet aAddress for the pParent cCompany may be used when completing the entity's information.
4. **Phone Number of the Entity.** For entities with many subsidiaries (divisions, lines 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 [the Disclosure to CMS Form](#) are those [entities](#) 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 to CMS 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 estimate should be the total number of benefit options that the entity offers to Medicare eligible individuals, less any benefit options that the entity is claiming under the RDS program. For purposes of this disclosure question, a "Benefit Option being claimed under the RDS program" is any qualified benefit option 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.

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.

#### **BOX B**

7. **Creditable Coverage Status of Options offered by the Entity.** If the ~~o~~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~~ [to CMS Form](#) for all options under the Plan. If some of the ~~o~~options offered are creditable and some are not creditable, entities/plan sponsors may combine

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 0938-1013NEW. 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.



the data for ~~Options~~ that are creditable and combine the data for those ~~Options~~ that are not creditable in the Disclosure ~~Notice to CMS Form~~. Once the entity clicks on either "All Options Offered Are Creditable" or "All Options Offered Are Non-Creditable" or "There are some Creditable ~~and~~ Non-Creditable Options Offered" ~~in the middle of the~~ Disclosure to CMS ~~F~~form, ~~and clicks on the "Continue" button~~, they will then see the appropriate box (**Box ~~B, C, D or ED~~**) 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 Form required data elements. Choose "Clear All Fields" to clear the Disclosure to CMS Form and begin entering your disclosure data elements again.

## **BOXES ~~B, C, & D~~ ~~& E~~**

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

For purposes of the Disclosure ~~Notice to CMS Form~~, 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 ~~may~~will result in an error message when submitting the ~~D~~Disclosure to CMS ~~F~~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 Form~~. 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 ~~R~~retiree ~~D~~Drug ~~S~~ubsidy. 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 the 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 ~~n~~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 ~~t~~Types of ~~c~~Coverage should indicate a zero (0) in this field.**

Entities sponsoring ~~a g~~Group ~~h~~Health ~~P~~Plans should estimate the number of Part D eligible individuals covered under ~~retiree~~ plans for which they are providing the Disclosure ~~Notice~~ to CMS ~~Form~~. 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 ~~Rretiree-DSdrug-subsidy~~. This number is a subset of question 910 and cannot be any larger than the number stated in question 9-10. 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 ~~R~~Retiree prescription drug plan option(s) offered by ~~the~~ 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).

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 may result in an error message when submitting the Disclosure to CMS F form.

- 13. Change in Creditable Coverage status of previously disclosed information to CMS.** Entities also must provide a Disclosure Notice to CMS Form if the creditable coverage status of a t type of c coverage or any of the o 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 of the plan or option was terminated), 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 Form 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 c 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 may will result in an error message when submitting the Disclosure to CMS F form.

### Termination of a Plan or Option

If the entity terminates a creditable coverage option after the Disclosure to CMS Form has been submitted for a plan year, the entity must complete a new Disclosure to CMS F 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 F 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~~may result in an error message when submitting the ~~D~~disclosure to CMS Fform.

If the entity is terminating the creditable coverage plan after the ~~D~~disclosure to CMS Fform has been submitted for a given plan year, the entity must complete a new ~~D~~disclosure to CMS Fform.- The entity should indicate that there are zero (0) options being offered; ~~that~~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 “~~I~~s this a change in creditable coverage status to a previously submitted Ddisclosure to CMS Fform?”; 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~~may result in an error message when submitting the ~~D~~disclosure to CMS Fform.

- A. 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.
- B. 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 ~~D~~disclosure to CMS Fform ~~that who~~ is either: a) employed by the entity; or b) contracted with the entity as an Authorized Individual to complete the ~~D~~disclosure to CMS Fform on behalf of the entity. The Authorized Individual must provide his or her name, title and email address. If the Authorized Individual does not have an email account, the entity can contact CMS to discuss an alternative method to submit the ~~D~~disclosure to CMS Fform.

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**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 Form. 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 to CMS Form.

### **Submitting the Disclosure to CMS web page form once it is completed**

~~Entities should print a copy of the completed disclosure to CMS form for their records prior to actually clicking the "Submit the form" button. Once you have clicked the "Submit the 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 to CMS Form and begin entering your disclosure data elements again.

NOTE: If you have made an error while entering 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 to CMS Form. 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 Form, if you have completed the Disclosure to CMS Form correctly, then you will receive ~~a the following~~ confirmation message "Thank you! Your Disclosure to CMS e-Form has been submitted ~~information was inserted~~ 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 ~~the form~~" 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 was a technical issue or 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, print a copy of the error page and the screen print of the completed disclosure form and send to CMS via a facsimile to CMS at (410) 786-6301 — Attention: Creditable Coverage Disclosure Team. — Entities must provide CMS with a

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 0938-1013NEW. 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.

Updated October 20 June 1, 20076

~~phone number of the Authorized Individual so that CMS can assist. 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.~~

### **Input Another Record Button**

If the entity has another Disclosure to CMS Form 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 tTypes of cCoverage. For instance a State Government entity may have numerous tTypes of cCoverage 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.hhs.gov/CreditableCoverage>>~~

<<http://www.cms.hhs.gov/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/cgi-bin/cms\\_hhs.cfg/php/enduser/std\\_alp.php?p\\_sid=uJfxpa7i](http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser/std_alp.php?p_sid=uJfxpa7i)>



## DISCLOSURE TO CMS FORM SCREEN SHOTSWEB PAGE

These screen shots from the Disclosure to CMS Form include references from the Disclosure to CMS Guidance Paper and the Disclosure to CMS Form Instructions. The Disclosure to CMS Form must be completed on-line at

<[http://www.cms.hhs.gov/CreditableCoverage/45\\_CCDisclosureForm.asp#TopOfPageapps/eedisclosure/](http://www.cms.hhs.gov/CreditableCoverage/45_CCDisclosureForm.asp#TopOfPageapps/eedisclosure/)>.

The Disclosure to CMS Form screen shots below are not valid for submission to CMS.



[CMS Home](#) > [Medicare](#) > [Creditable Coverage](#) > Disclosure to CMS Form

### STEP 1 – ENTER THE DISCLOSURE INFORMATION

#### BOX A

SAMPLE DISCLOSURE TO CMS FORM – NOT FOR SUBMISSION TO CMS

## ~~Creditable Coverage~~ Disclosure to CMS FormWebsite

Form Approved  
OMB No. 0938-1013

Entities that are required to provide a disclosure of creditable coverage status to CMS must complete the following on-line Disclosure to CMS Form. Refer to the links on the left side of this webpage to the Disclosure to CMS Guidance and Commonly Asked Questions and Helpful Hints documents to assist you when completing this form.

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

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

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 0938-1013NEW. 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.

Note: Once you have completed Step 3, you should print a copy of the confirmation page for your records.

Note: All Fields are required unless otherwise indicated.

**Step 1 – Enter Disclosure Information** Please refer to the Disclosure to CMS Guidance at <http://www.cms.hhs.gov/CreditableCoverage> for detailed information when completing this form.

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

Entity/Plan Sponsor Information:

1. Entity Name
2. Entity Federal ID Number  (##-#####)
3. Entity Street Address
- City
- State (US Only)
- Zip Code
- Country
4. Phone Number  (###-###-####)

Coverage Type:

5.

If you selected "STATE SPONSORED PLAN: Other State-Sponsored" or "OTHER TYPE OF COVERAGE OFFERED TO MEDICARE PART D ELIGIBLE INDIVIDUALS," please specify Other Type of Coverage below.

Other Type of Coverage

6. How many Prescription Drug Options offered under this Coverage?
- 7.

7. Please select **ONE** of the following ~~and an additional box will appear for you to~~ continue and complete the required disclosure information.

- All Options Offered Are Creditable
- All Options Offered Are Non-Creditable
- There are Some Creditable ~~and/or~~ Non-Creditable Options Offered

Continue

Clear All Fields

8.

Form CMS-10198 (04/07)

### Box B - All Options Offered Are Creditable

SAMPLE DISCLOSURE TO CMS FORM – NOT FOR SUBMISSION TO CMS

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

#### All Options Offered Are Creditable:

Plan Year Beginning Date (MM/DD/YYYY)

Plan Year Ending Date (MM/DD/YYYY)

10. 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

11. Estimated number of those Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan

12. Date that the Annual Creditable Coverage Disclosure to Part D Eligible

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 0938-1013NEW. 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.

Individuals requirement was completed by the Entity (MM/DD/YYYY)

13. Is this a change to a previous disclosure of **eCreditable eCoverage sStatus** provided to CMS?

- Yes  
 No

If yes, include the effective date(s) of this change (MM/DD/YYYY)

If yes, enter the date this Entity disclosed to Medicare Part D Eligible  
— Individuals about this change in Creditable Coverage (MM/DD/YYYY)

**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.

14. ~~(Name of Entity's Authorized Individual Name)~~

~~-Entity's Authorized Individual (Title)~~

~~(Email of Entity's Authorized Individual) Email~~

(If no email address is available, Please enter **noname@noisp.com**)

Date (MM/DD/YYYY)

15.

Form CMS-10198 (04/07)

**Box C - All Options Offered Are Non-Creditable**

SAMPLE DISCLOSURE TO CMS FORM – NOT FOR SUBMISSION TO CMS

You have selected All Options Offered Are Non-Creditable. [Please complete the following information pertaining to this Option.](#)

**All Options Offered Are Non-Creditable:**

Plan Year Beginning Date (MM/DD/YYYY)

Plan Year Ending Date (MM/DD/YYYY)

10. 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

11. Estimated number of those Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan

Date that the Annual Creditable Coverage Disclosure to Part D Eligible Individuals requirement was completed by the Entity (MM/DD/YYYY)

13. Is this a change to a previous disclosure of **eCreditable eCoverage sStatus** provided to CMS?

Yes  
 No

If yes, include the effective date(s) of this change (MM/DD/YYYY)

If yes, enter the date this Entity disclosed to Medicare Part D Eligible Individuals about this change in Creditable Coverage (MM/DD/YYYY)

**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.

14. ~~(Name of Entity's Authorized Individual)~~   
Name  
~~(Entity's Authorized Individual Title)~~   
Entity's Authorized Individual Title  
~~(Email of Entity's Authorized Individual E-mail)~~   
(Email of Entity's Authorized Individual E-mail)  
(If no email address is available, Please enter **noname@noisp.com**)  
Date (MM/DD/YYYY)

15.

Form CMS-10198 (04/07)

**Box D-There are Some Creditable and/or Non-Creditable Options Offered**

SAMPLE DISCLOSURE TO CMS FORM - NOT FOR SUBMISSION TO CMS

You have selected There are Some Creditable and/or Non-Creditable Options Offered. Please complete the following information pertaining to these Options.

**There are Some Creditable and Non-Creditable Options Offered:**

9.  Plan Year Beginning Date (MM/DD/YYYY)   
 Plan Year Ending Date (MM/DD/YYYY)   
A. How many Options offered under this Plan are creditable?   
10. 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   
11. Estimated number of those Medicare Part D Eligible individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan   
B. How many Options offered under this Plan are not creditable?   
10. Total Number of Medicare Part D Eligible Individuals expected to be covered under non-creditable Option(s) as of the Plan Year Beginning Date stated above

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 0938-1013NEW. 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.

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

**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.

14. ~~(Name of Entity's Authorized Individual)~~   
Name
- ~~(Email of Entity's Authorized Individual E-Mail)~~   
Entity's Authorized Individual (Title)
- ~~(Email of Entity's Authorized Individual E-Mail)~~   
(If no email address is available, Please enter **noname@noisp.com**)
- Date (MM/DD/YYYY)

15.

Form CMS-10198 (04/07)



## STEP 2 – VERIFY AND SUBMIT DISCLOSURE INFORMATION

SAMPLE DISCLOSURE TO CMS FORM – NOT FOR SUBMISSION TO CMS

### Disclosure to CMS Form

Form Approved  
OMB No. 0938-1013

Please review and confirm your disclosure data entry. Select the <Submit Disclosure> button below to submit your Disclosure to CMS Form to CMS. Select the <Back to Edit Information> button below to change the information.

### Step 2 - Verify and Submit Disclosure Information

#### Entered Disclosure Information:

Entity Offering Coverage Name: ABC UNION - TEST ENTRY

Entity Federal ID Number: 12-3456789

Entity Street Address: 123 ANY STREET

City: ANY TOWN

State: Delaware

Zip Code: 19975

Country: United States

Entity Phone Number: 987-654-3210

Type of Coverage : GROUP HEALTH PLAN: Union/Taft Hartley Sponsored Plan

How many Prescription Drug Options offered under this Coverage? 2

Options Offered: There are Some Creditable and Non-Creditable Options Offered.

Plan Year Beginning Date: 04/01/2007

Plan Year Ending Date: 03/31/2008

How many Options offered under this Plan are creditable? 1

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:

10

Estimated number of those Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan: 3

How many Options offered are not creditable? 1

Total Number of Medicare Part D Eligible Individuals expected to be covered under non-creditable Option(s) as of the Plan Year Beginning Date stated above: 3

Estimated number of those Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union Retiree Group Health Plan: 3

Date that the Annual Creditable Coverage Disclosure to Part D Eligible Individuals requirement was completed by the Entity: 11/05/2006

Is this a change to a previous disclosure of Creditable Coverage Status provided to CMS? No

Entity's Authorized Individual Name: JOHN Q PUBLIC

Entity's Authorized Individual Title: UNION FUND MANAGER

Entity's Authorized Individual Email: JOHN.Q.PUBLIC@NOISP.COM

Date(MM/DD/YYYY): 04/02/2007

[Submit Disclosure](#)

[Go Back to Edit Information](#)

Form CMS-10198 (04/07)

## STEP 3 – RECEIVE SUBMISSION CONFIRMATION

SAMPLE DISCLOSURE TO CMS FORM – NOT FOR SUBMISSION TO CMS

### Disclosure to CMS Form

Form Approved  
OMB No. 0938-1013

Thank you! Your Disclosure to CMS Form has been submitted successfully to CMS. Please print a copy of this confirmation page for your records.

### Step 3 - Receive Submission Confirmation

#### Submitted Information:

Entity Offering Coverage Name: ABC UNION - TEST ENTRY

Entity Federal ID Number: 12-3456789

Entity Street Address: 123 ANY STREET

City: ANY TOWN

State: Delaware

Zip Code: 19975

Country: United States

Entity Phone Number: 987-654-3210

Type of Coverage : GROUP HEALTH PLAN: Union/Taft Hartley Sponsored Plan

How many Prescription Drug Options offered under this Coverage? 2

Options Offered: There are Some Creditable and Non-Creditable Options Offered.

Plan Year Beginning Date: 04/01/2007

Plan Year Ending Date: 03/31/2008

How many Options offered under this Plan are creditable? 1

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:  
10

Estimated number of those Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan: 3

How many Options offered are not creditable? 1

Total Number of Medicare Part D Eligible Individuals expected to be covered under

non-creditable Option(s) as of the Plan Year Beginning Date stated above: 3  
Estimated number of those Medicare Part D Eligible Individuals stated above  
expected to be covered through an Employer/Union **Retiree** Group Health Plan: 3  
Date that the Annual Creditable Coverage Disclosure to Part D Eligible Individuals  
requirement was completed by the Entity: 11/05/2006

Is this a change to a previous disclosure of Creditable Coverage Status provided to  
CMS? No

Entity's Authorized Individual Name: JOHN Q PUBLIC  
Entity's Authorized Individual Title: UNION FUND MANAGER  
Entity's Authorized Individual Email: JOHN.Q.PUBLIC@NOISP.COM  
Date(MM/DD/YYYY): 04/02/2007

Input Another Record

Form CMS-10198 (04/07)