



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

Group Administrator Memo #11- 05

To: Group Benefits Administrators
From: State and Local Health Benefits Programs
Date: July 29, 2011
Re: 2011-12 Creditable Coverage Disclosure

It is once again time to electronically file your annual Creditable Coverage Disclosure with the Centers for Medicare and Medicaid Services (CMS). **CMS requires that all employers file this form electronically each year within 60 days of the end of the plan year (by 8/31/2011 or 11/30/11 for certain school groups).**

The current year's CMS online Creditable Coverage Disclosure form is available at https://www.cms.gov/CreditableCoverage/45_CCDisclosureForm.asp .

Additional detailed guidance is available by clicking on <https://www.cms.gov/CreditableCoverage/downloads/CredCovDisclosureCMSInstructionsScreenShots110410.pdf> .

Key points to consider when completing the form:

STEP 1 – Enter Disclosure Information

- Items 1, 2, 3 and 4 - Your Group is the Entity Offering Coverage, therefore your group name, address, phone number and Federal ID number must be listed under **Entity/Plan Sponsor Information,**
- Item 5 - Under type of coverage, TLC groups are considered Group Health Plan - Local Government and should be noted in the **Coverage Type** section.
- Item 6 - **How many Prescription Drug Options are offered under this Coverage** refers to the number of plans your group offers to active employees. Key Advantage Expanded, Key Advantage 250, Key Advantage 500, Key Advantage 1000, HDHP and Kaiser are each considered one (1) option. For example, if your group offers Key Advantage Expanded and Key Advantage 500, you would list two (2) in this section.

- Item 7 - **All Plans Offered Are Creditable.**
- Item 8 - Click **Continue**
- Item 9 - **Plan Year** references are to the current fiscal year and would be 07/01/2011 through 06/30/2012 for government groups. Certain School Group plan years may be 10/1/2011 through 9/30/2012.
- Item 10 - You must next give your best estimate of the **Total Number of Medicare Part D** eligible individuals you expect to be covered under the plans. This is the total number of your covered employees and dependents that are over age 65, disabled, or Medicare Eligible.
- Item 11 – Enter 0, there should be no one covered under an **Employer/Union Retiree Group Health plan.**
- Item 12 – Each year, you are required to send a creditable coverage letter to your participants. You must complete Item 12 to confirm when you sent the **Annual Creditable Coverage Disclosure** letter prior to 11/15/2010.
- Item 13 - If you were with TLC last year, you should respond to Item 13 as **No.** Our Creditable Coverage status has not changed.
- Item 14 - You should complete Item 14 with your **Executive's name, Title and e-mail** address and the date you submit the form to CMS. It is required that you file by 8/31/2011 (or 11/30/11 for certain school groups).
- Click **Continue**

STEP 2 – Verify and Submit

- Finally, Click **Submit Disclosure.**

Should you have questions, please feel free to contact Walter E. Norman, TLC Program Manager at (804) 786-6460 or via e-mail at walter.norman@dhrm.virginia.gov.