



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

**Group Administrator Memo #16-03**

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**To:** TLC Group Benefits Administrators  
**From:** State and Local Health Benefits Programs  
**Date:** August 23, 2016  
**Re:** Creditable Coverage Disclosure

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**The Centers for Medicare and Medicaid Services (CMS) requires that all employers electronically file an annual Creditable Coverage Disclosure each year within 60 days of the end of the plan year (by 8/31/2016 or 11/30/2016 for certain school groups).**

The current year's guidance and form are available under Creditable Coverage by clicking on Disclosure to CMS Guidance and Instructions and Disclosure to CMS Form at:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Downloads/CredCovDisclosureCMSInstructionsScreenShots110410.pdf>

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html>

The following information will help you complete the form.

**STEP 1 – Enter Disclosure Information**

- 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**.

Under type of coverage, TLC groups are considered Group Health Plan – Local Government and should be noted in the **Coverage Type** section.

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 to be one (1) option. For example, if your group offers Key Advantage Expanded and Key Advantage 500, you would answer two (2) in this section.

All Plans Offered Are Creditable.

### **BOX B**

Plan Year references are to the current fiscal year and would be 07/01/2016 through 06/30/2017 for government groups. Certain School Group plan years may be 10/1/2016 through 9/30/2017.

You must 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.

There should be no one covered under an Employer/Union Retiree Group Health plan. Answer 0.

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 10/15/2015. (Note: You will have to send another letter this year before October 15, 2016. TLC will provide a sample letter in a few weeks).

If you were with TLC last year, you should respond to Item 13 as No and skip the remainder of the question. Our Creditable Coverage status has not changed. If you are new to TLC, you must answer based on your last year's program not your current plan.

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 8/31/2016 (or 11/30/2016 for certain school groups).

### **STEP 2 – Verify and Submit**

Click Submit Disclosure.

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