



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

**Group Administrator Memo #19-02**

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**To:** TLC Group Benefits Administrators  
**From:** State and Local Health Benefits Programs  
**Date:** August 6, 2019  
**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 8/31/2019 for July renewals or 11/30/2019 for October renewals).

The current year's guidance and form are available at:

**CENTERS FOR MEDICARE & MEDICAID SERVICES Creditable Coverage Disclosure to CMS Form Instructions and Screen Shots**

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Creditable-Coverage-Disclosure-Form-Instructions-and-Screen-shots-.pdf>

**Disclosure to CMS Form**

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

The following information will help you complete the form.

**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.
- Plan Year references are to the current fiscal year and would be 07/01/2019 through 06/30/2020 for groups that renew on July 1 and 10/01/2019 through 9/30/2020 for TLC groups that renew on October 1.
- 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, Social Security disabled, or otherwise 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. We sent a sample to all groups last year in Group Administrator Memo 18-04 on 9/24/2018. You must complete this section to confirm when you sent the Annual Creditable Coverage Disclosure letter prior to 10/15/2018. (Note: You will have to send another letter this year before October 15, 2019. TLC will provide a sample letter about 6 weeks prior to the deadline).
- If you were with TLC last year, you should respond to the next item with “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 the final item 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 8/31/2019 (or 11/30/2019 for October renewals).
- Finally click **Review and Submit**.