

***** IMPORTANT BULLETIN *****

TO: ALL GROUP HEALTH CLIENTS

FROM: GREENBERG & ASSOCIATES INSURANCE

DATE: MARCH 21, 2006

RE: EMPLOYER GROUPS RESPONSIBLE FOR NEW MEDICARE PART D REPORTING FILING DUE BY 3/31/06

I RECEIVED THE FOLLOWING NOTICE FROM REGENCE BLUECROSS VIA E-MAIL YESTERDAY! THEY HAVE OK'D MY SHARING THIS INFORMATION WITH MY GROUP HEALTH CLIENTS. SINCE TIME IS SHORT I AM FORWARDING THIS DIRECTLY ON TO YOU. AFTER YOU'VE REVIEWED THE FOLLOWING, PLEASE DON'T HESITATE TO LET US KNOW IF YOU HAVE ANY QUESTIONS. SHARON AND ADRIENNE

Under a new Medicare Part D reporting requirement, employers must file an annual **Creditable Coverage Disclosure** report with the Centers for Medicare and Medicaid Services (CMS). This report will disclose whether the prescription drug coverage offered under the employer's group health plan is considered creditable or non-creditable.

Important things to know about filing the Disclosure report:

- Groups that offer Rx coverage to **Medicare eligibles** must file the Disclosure report once a year. The report **for plan year 2006 is due by March 31, 2006.**
- If the employer's plan year does not correspond with the calendar year, they will need to file their Disclosure report within **60 days** following the start of their new plan year.
- If there is a change to the employer's prescription drug coverage that alters its status as creditable or non-creditable, the employer will need to file an amended Disclosure report within **30 days** following the effective date of the change.
- The employer—**not** the carrier or third-party administrator—is responsible for filing the Disclosure report.
- The Disclosure report must be **filed electronically** with CMS. No other method will be accepted. The online disclosure report is at <https://www.cms.hhs.gov/apps/ccdisclosure/default.asp>.

Groups that have been approved for the retiree drug subsidy (RDS) do not need to fill out the Disclosure report for their qualified retirees.

The following information must be provided in the Disclosure report:

- Type of coverage: Defined as Group Health Plan or Employer-sponsored Plan.
- Prescription Drug Options: Defined as different types of health programs (i.e., HMO, PPO, POS, etc.). Does not refer to different drug benefit levels.
- Number of Medicare-Eligible Members: As of the beginning of the plan year. If exact numbers are not available, estimates are accepted.
- Retiree Health Plan reporting separate from the Group Health plan: Defined as a plan that covers retired participants.
- Date of Creditable coverage notification: Regence sent the letters to members between November 17, 2005, and November 30, 2005. If the employer is not certain about the exact date of notification, they can use the "final date" of the mailing (November 30, 2005) in the Disclosure report.

Timelines to Remember	
Scenarios	File Disclosure Report
Plan Year Ending in 2006	By March 31, 2006
Plan Year Ending in 2007 & Beyond	Within 60 days after start date of plan year
Upon Termination of Rx Program	Within 30 days after termination
If changes in creditable coverage status of Rx program	Within 30 days after any change

If you have questions about this information, please refer to the [CMS regulations](http://www.cms.hhs.gov/creditablecoverage/) <http://www.cms.hhs.gov/creditablecoverage/>.