

**\* \* IMPORTANT BULLETIN \* \***

**To:** All Group Health Clients  
**From:** Greenberg & Associates Insurance  
**Date:** September 25, 2007  
**Re:** Part D Disclosure

This bulletin is a reminder to everyone that the Medicare Part D Creditable/Non-Creditable disclosure notice deadline is coming up November 15<sup>th</sup>.

You are NOT required to do the disclosure notice if you know beyond a shadow of a doubt that you have no Medicare eligible employees or dependents within your group. Even though you may be certain about your employee status, keep in mind to consider the status of dependents within your group who may be Medicare eligible; i.e. may be on Social Security Disability (a disabled child or spouse), or, may have a spouse that is 65 or older.

Therefore, bottom-line is **if you are not sure** about whether you have any Medicare eligibles, Creditable or Non-Creditable Notices need to be provided to your employees by November 15<sup>th</sup>. The web address for updated Creditable/Non-Creditable forms, the Personalized disclosure form, and the Compliance Guide is <http://www.cms.hhs.gov/creditablecoverage>. Following are the time-lines you will need to keep in mind for **future** reference:

**TIMES WHEN CREDITABLE/NON-CREDITABLE NOTICES MUST BE MADE:**

- **Prior** to Medicare Part D Annual Coordinated Election Period beginning November 15<sup>th</sup> through December 31<sup>st</sup> of **EACH** year;
- **Prior** to an individual's Initial Enrollment Period for Part D;
- **Prior** to the effective date of coverage for any Medicare eligible individual that joins the plan
- **Whenever** prescription drug coverage ends or changes so that it is NO LONGER creditable or BECOMES creditable; and
- **Upon** a beneficiary's request (you will need to use the new "personalized" CMS disclosure template)

**Note: In guidance issued by CMS on 1/4/06, if the creditable/non-creditable disclosure notice is provided to ALL plan participants, CMS will consider the first two items above to be met. This guidance also states that "prior to" means that the beneficiary must have been provided the Disclosure Notice within the past 12 months.**

**TIMING OF DISCLOSURE REPORTING TO CMS:**

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

- For plan years that **END in 2007** and beyond, disclosure of creditable coverage status must be provided within 60 days after the beginning of the plan year for which the entity is providing the disclosure to CMS.
- Within **30 days after the termination** of the prescription drug plan; and
- Within **30 days after any change** in the creditable/non-creditable coverage status

Please don't hesitate to contact us if you need any help, or have questions.

Sharon Greenberg and Adrienne Hutchins