

March 1, 2023 Due Date for CMS Reporting for Group Health Plans

February 14, 2023

PRACTICES Health and Welfare Plans, Employee Benefits and Executive Compensation

Most group health plan sponsors that offer prescription coverage to their Medicare-eligible participants are required to report annually to the Centers for Medicare & Medicaid Services (“**CMS**”) whether the plan’s coverage is “creditable” or “non-creditable.” A group health plan’s prescription drug coverage is considered “creditable” if its actuarial value equals or exceeds the actuarial value of standard Medicare Part D prescription drug coverage; otherwise, the prescription drug coverage is considered “non-creditable”. A plan sponsor must complete the disclosure to CMS within 60 days after the beginning of the plan year. For calendar year plans, the disclosure must be reported to CMS by March 1, 2023. The reporting must be completed online using the Disclosure to CMS Form, available [here](#). Instructions for completing the Disclosure to CMS Form are available [here](#).