

GENERAL INFORMATION

- Filing period for the 28% is August 1 – September 30, 2005. If filing is not done during this period, the municipality risks losing federal funds for at least a portion of 2006.
- Creditable coverage testing of both active and retiree plans and review of the status (creditable or not) must be made to all Medicare eligible beneficiaries by November 15, 2005.
- In order to receive federal funds in future years, municipalities will have to re-file for the subsidy each year, at least 90 days before the plan anniversary, for example, municipalities having a July 1st anniversary date means the next round of filings and actuarial attestations are due by April 1, 2006.

GENERAL GUIDELINES

- Can use an actuary of their choice or request the services of DSS actuary.
- DSS to assume reasonable costs in either scenario as long as following conditions are met:
 - Actuary must meet minimum standards:
 - ✓ Member of American Academy of Actuaries
 - ✓ The actuary must have experience working with pharmacy benefit plans
 - ✓ The actuary must certify an existing knowledge of the regulations for Part D and related CMS guidelines
 - ✓ Access to a normative Rx claim experience data base
 - ✓ Ability to safely store and access all relevant papers and electronic files for at least 6 years
 - ✓ Must be directly employed by contracted firm
 - DSS must receive a copy of the scope of work and an estimate of charges.
 - Charges of actuary must be considered by DSS as reasonable.
 - Municipality must certify work completed/hours worked upon completion of project.
 - Municipalities must send e-mail to michael.starkowski@po.state.ct.us or letter of intent to DSS by July 18, 2005 noting their intention to utilize the DSS contracted actuary or to seek reimbursement of charges.
- DSS will assume costs regardless of whether the municipal plan has been determined creditable or not.