

General Coverage Information

General Coverage Information

Below is a summary the Centers for Medicare & Medicaid Services (CMS) requirements applicable to the Harvard Pilgrim's StrideSM Medicare Advantage benefit plan. Specific benefits and cost sharing information can be found on our plan's Web site at www.harvardpilgrim.org/provider.

All Harvard Pilgrim Medicare Advantage benefit plans must offer coverage that:

- Offers a network of providers that allows sufficient access to covered services, according to CMS standards [422.112(a) (1)].
- Provides benefits in a manner consistent with professionally recognized standards of health care [422.504(a) (3) (iii)].
- Makes covered services available to members through office hours or telephone service, 24 hours a day, seven days a week [422.122(a)(8)].
- Imposes no waiting periods or exclusions from coverage due to pre-existing conditions.
- Covers ambulance services dispatched through 911 or a local equivalent for which other means of transportation would endanger the member's health (42 CFR 410.40).
- Covers maintenance and post-stabilization care services. Benefits include covered services related to an emergency medical condition and which are provided after the member is stabilized either to maintain the member's stabilized condition or, under certain circumstances, to improve or resolve the member's condition.
- Covers renal dialysis services for members temporarily outside of the plan's service area [422.100(b) (1) (iii)].
- Includes benefits for screening mammography, influenza vaccinations and other CMS-required preventive services without a referral.
- Applies no copayments or other cost-sharing for CMS-approved preventive services including, but not limited to, influenza vaccinations [422.112(a) (3) [422.100(h) (1)] [422.100(h) (2)].

PUBLICATION HISTORY

10/15/13	original documentation
12/15/14	reviewed; no changes
01/01/22	updated document format