

Medicare Advantage Plans

Introduction

The Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage Plans are offered to Medicare eligible individuals in New Hampshire. StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS), and StrideSM Value Rx Plus (HMO) are Medicare and Prescription Drug health plans. These products offer quality health care coverage and service with minimal out-of-pocket costs to members and enhanced benefits not covered under Original Medicare.

Our Choice Rx (HMO-POS) plans include Out-of-Network (OON) coverage for certain non-emergency and non-urgent services anywhere in the US, excluding the U.S. territories. Under Harvard Pilgrim's POS (Point-of-Service) benefit, members do not pay a higher cost share when using an OON provider. However, OON providers are subject to the same referral and prior authorization requirements as in-network providers.

Please contact Provider Services with questions regarding our Medicare Advantage plans at 888-609-0692. TTY users, please call: 711. Representatives are available Oct. 1 – March 31, from 8 a.m. to 5 p.m. (ET), 7 days a week and April 1 – Sept. 30, from 8 a.m. to 5 p.m. (ET), Monday through Friday.

Member Identification (ID) Card

Our member Identification Card (ID card) will contain basic information you will need when providing covered services to our StrideSM (HMO)/(HMO-POS) members. The member's ID card will indicate the member is a participant in Harvard Pilgrim's Medicare Advantage StrideSM (HMO)/(HMO-POS) product. When examining a member's ID card, it is important to note that each ID card shows:

- The Member ID number sequence that must be included with each claim submission
- The Medicare Advantage plan name: StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS), or StrideSM Value Rx Plus (HMO).

For ease of submitting claims to Harvard Pilgrim please make a copy of the front and back of each patient's ID card to ensure that billing staff has access to the complete ID number shown on the card. If the entire ID number, including the three-digit alpha-prefix, is not captured and submitted correctly, providers may experience a delay in claim processing.

Remember an ID card does not ensure current eligibility. Providers should verify eligibility by contacting Provider Services at 888-609-0692, TTY 711, or through the dedicated Medicare Advantage provider portal at www.hphc.org/provider.

Temporary Member ID

Harvard Pilgrim is required by the Centers for Medicare & Medicaid Services to issue member ID cards before a member's effective date of coverage. If a member requires services before he or she receives a personalized Harvard Pilgrim Medicare Advantage ID card, providers can verify eligibility by contacting Provider Services at 888-609-0692, TTY 711. Providers can also log into the Medicare Provider Portal at www.hphc.org/provider to verify eligibility.

Compliance with Federal Requirements

Harvard Pilgrim has been awarded a contract with the Centers for Medicare & Medicaid Services (CMS) to perform activities as a Medicare Advantage Organization (MAO). In performing its duties as a MAO, Harvard Pilgrim receives Federal payments and, as such, Harvard Pilgrim agrees to comply, and must ensure that all related entities, contractors, and subcontractors paid by Harvard Pilgrim comply with all Federal laws applicable to those entities receiving Federal funds. The payments you receive from Harvard Pilgrim under this agreement for services rendered to Harvard Pilgrim's Medicare Advantage members are, in whole or in part, from Federal funds.

Thus, you, as a recipient of said Federal funds, agree to comply with the following:

- Title VI of the Civil Rights Act of 1964 as implemented by the Code of Federal Regulations, Title 45 Part 84 (45 CFR Part 84)
- The Age Discrimination Act of 1975 as implemented by the Code of Federal Regulations, Title 45 Part 91 (45 CFR Part 91)
- The Americans with Disabilities Act
- Rehabilitation Act of 1973
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Other laws applicable to recipients of Federal funds, and all other applicable laws and rules

PUBLICATION HISTORY

10/15/13	original documentation
12/15/14	reviewed; added 2015 product changes
09/15/15	reviewed; no changes
01/01/16	administrative edits to introduction
01/01/18	reviewed; added 2018 product changes
01/01/19	reviewed; updated member ID card; administrative edits to introduction
03/28/19	administrative edits to introduction
03/02/20	reviewed; added HMO-POS; updated member ID card; made administrative edits
01/01/22	reviewed; added 2022 plan and benefit changes
01/01/23	reviewed; administrative edits