

10 - General Requirements

(Rev. 77, Issued: 10-28-05, Effective Date: 10-28-05)

These guidelines reflect CMS's current interpretation of the provisions of the Cost Statute and Regulations (Chapter 42 of the Code of Federal Regulations, Parts 417) pertaining to benefits and beneficiary protections. These guidelines were developed after careful evaluation by CMS of current technology, coverage rules, and industry practices with respect to plan design, in light of recent changes to the Cost program enacted in the Medicare Modernization Act. The guidance set forth in this document may be subject to change as technology and industry practices in plan design and administration continue to evolve, and as CMS gains more experience administering the Cost program and its new health plan options.

(42 CFR 417.440) This §10, presents details and requirements related to the provision of benefits that are general in nature and not specific to any particular service. The following section, §20, presents details and requirements related to the provision of specific services.