



Medicare Rights & Protections

This **official government** booklet has important information about:

- ★ Your rights & protections in:
 - Original Medicare
 - Medicare Advantage Plan or other Medicare health plans
 - Medicare Prescription Drug Plans
- ★ Where to get help with your questions



Notice of Availability of Auxiliary Aids & Services

We're committed to making our programs, benefits, services, facilities, information, and technology accessible in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973. We've taken appropriate steps to make sure that people with disabilities, including people who are deaf, hard of hearing or blind, or who have low vision or other sensory limitations, have an equal opportunity to participate in our services, activities, programs, and other benefits. We provide various auxiliary aids and services to communicate with people with disabilities, including:

Relay service — TTY users can call 1-877-486-2048.

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For all other Centers for Medicare & Medicaid Services (CMS) publications:

1. Call 1-844-ALT-FORM (1-844-258-3676). TTY users can call 1-844-716-3676.
2. Send a fax to 1-844-530-3676.
3. Send an email to AltFormatRequest@cms.hhs.gov.
4. Send a letter to:
Centers for Medicare & Medicaid Services
Offices of Hearings and Inquiries (OHI)
7500 Security Boulevard, Room S1-13-25
Baltimore, MD 21244-1850
Attn: Customer Accessibility Resource Staff

Note: Your request for a CMS publication should include your name, phone number, mailing address where we should send the publications, and the publication title and product number, if available. Also include the format you need, like Braille, large print, compact disc (CD), audio CD, or a qualified reader.

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Nondiscrimination Notice

CMS doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (or gender identity), or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by:

- Calling 1-800-368-1019. TTY users can call 1-800-537-7697.
- Visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints).
- Writing: Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201



The information in this booklet describes the Medicare program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

“Medicare Rights & Protections” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Paid for by the Department of Health & Human Services.

Section 1: Rights & Protections for Everyone with Medicare

No matter how you get your Medicare, you have certain rights and protections designed to:

- Protect you when you get health care.
- Make sure you get the health care services that the law says you can get.
- Protect you against unethical practices.
- Protect your privacy.

You have these rights:

- **Be treated with dignity and respect at all times.**
- **Be protected from discrimination.**
 - Discrimination is against the law. Every company or agency that works with Medicare must obey the law, and can't treat you differently because of your race, color, national origin, disability, age, or sex (or gender identity). See page 2 for more information.
- **Have your personal and health information kept private.**
 - If you have Original Medicare, see the "Notice of Privacy Practices for Original Medicare." You can view this notice in the "Medicare & You" handbook. Visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view the handbook.
 - If you have a Medicare Advantage Plan (like an HMO or PPO), other Medicare health plan, or a Medicare Prescription Drug Plan, read your plan materials.
- **Get information in a way you understand from Medicare, health care providers, and contractors.**

- **Get clear and simple information about Medicare to help you make health care decisions, including:**
 - What’s covered.
 - What Medicare pays.
 - How much you have to pay.
 - What to do if you want to file a complaint or an appeal.
- **Have your questions about Medicare answered.**
 - Visit [Medicare.gov](https://www.Medicare.gov).
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
 - Call your State Health Insurance Assistance Program (SHIP). To get the most up-to-date SHIP phone numbers, visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE.
 - Call your plan if you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare Prescription Drug Plan.
- **Have access to doctors, specialists, and hospitals.**
- **Learn about your treatment choices in clear language that you can understand, and participate in treatment decisions.**

You have the right to participate fully in all your health care decisions. If you can’t fully participate, ask a family member, friend, or someone you trust to help you make a decision about what treatment is right for you.
- **Get health care services in a language you understand and in a culturally sensitive way.**



For more information about getting health care services in languages other than English, visit [hhs.gov/ocr](https://www.hhs.gov/ocr). You can also get the phone number for your state’s Office for Civil Rights by visiting [Medicare.gov/contacts](https://www.Medicare.gov/contacts).

- **Get emergency care when and where you need it.**

If your health is in danger because you have a bad injury, sudden illness, or an illness that quickly gets much worse, call 911. You can get emergency care anywhere in the U.S.

To learn about emergency care in Original Medicare, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



If you have a Medicare Advantage Plan or other Medicare health plan, your plan materials describe how to get emergency care. You don't need to get permission from your primary care doctor (the doctor you see first for health problems) before you get emergency care.

If you're admitted to the hospital, you, a family member, or your primary care doctor should contact your plan as soon as possible. If you get emergency care, you'll have to pay your regular share of the cost (copayment). Then, your plan will pay its share. If your plan doesn't pay its share for your emergency care, you have the right to appeal.

- **Get a decision about health care payment, coverage of services, or prescription drug coverage.**

When you request coverage for items or services, or a claim is filed for items or services you got, you'll get a notice from Medicare or be notified by your Medicare Advantage Plan, other Medicare health plan, or Medicare Prescription Drug Plan letting you know what it will and won't cover. If you disagree with this decision, you have the right to file an appeal.

- **Request a review (appeal) of certain decisions about health care payment, coverage of services, or prescription drug coverage.**

If you disagree with a decision about your claims or services, you have the right to appeal.

For more information on appeals:

- Visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals).
- Visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the booklet “Medicare Appeals,” or call 1-800-MEDICARE (1-800-633-4227) to find out if a copy can be mailed to you. TTY users can call 1-877-486-2048.
- If you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare Prescription Drug Plan, read your plan materials.
- Call the SHIP in your state. To get the most up-to-date SHIP phone numbers, visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE.



- **File complaints (sometimes called “grievances”), including complaints about the quality of your care.**

- You can file a complaint about services you got, other concerns or problems you have in getting health care, or the quality of the health care you got.
- If you’re concerned about the quality of the care you received, you have the right to file a complaint.
- If you have Original Medicare, call your Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). Visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) or call 1-800-MEDICARE to get your BFCC-QIO’s phone number.
- If you have a Medicare Advantage Plan (like an HMO or PPO), Medicare drug plan, or other Medicare health plan, call the BFCC-QIO, your plan, or both.

If you have End-Stage Renal Disease (ESRD) and have a complaint about your care, call the ESRD Network for your state. ESRD is permanent kidney failure that requires a regular course of dialysis or a kidney transplant. To get this phone number, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts), or call 1-800-MEDICARE.

Section 2: Your Rights in Original Medicare

If you have Original Medicare, in addition to the rights and protections described in Section 1, you have the right to:

- **See any doctor or specialist (including women’s health specialists), or go to any Medicare-certified hospital, that participates in Medicare.**
- **Get certain information, notices, and appeal rights that help you resolve issues when Medicare may not or doesn’t pay for health care.**
- **Request an appeal of health care coverage or payment decisions.**
- **Buy a Medicare Supplement Insurance (Medigap) policy.**
There are certain times, including during your Medigap Open Enrollment Period, when an insurance company must sell you a Medigap policy, even if you have pre-existing health problems.





Section 3: Your Rights in a Medicare Advantage Plan or Other Medicare Health Plan

If you're in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, in addition to the rights and protections described in Section 1, you have the right to:

- **Choose health care providers within the plan, so you can get the health care you need.**

- **Get a treatment plan from your doctor.**

If you have a complex or serious medical condition, a treatment plan lets you directly see a specialist within the plan as many times as you and your doctor think you need. Women have the right to go directly to a women's health care specialist without a referral within the plan for routine and preventive health care services.

- **Know how your doctors are paid.**

When you ask your plan how it pays its doctors, the plan must tell you. Medicare doesn't allow a plan to pay doctors in a way that could interfere with you getting the care you need.

- **Request an appeal to resolve differences with your plan.**

You have the right to ask your plan to provide or pay for an item or service you think should be covered, provided, or continued. If your plan denies your request, you have the right to appeal that decision.

- **File a complaint (called a "grievance") about other concerns or problems with your plan.**

For example, if you believe your plan's hours of operation should be different, or there aren't enough specialists in the plan to meet your needs, you can file a complaint. Check your plan's membership materials, or call your plan to find out how to file a complaint.

- **Get a coverage decision or coverage information from your plan before getting services.**

Before you get an item, service, or supply, you can call your plan to find out if it will be covered or get information about your coverage rules. You can also call your plan if you have questions about home health care rights and protections. Your plan must tell you if you ask.

If you want to know more about your rights and protections, including rights and protections you may have in addition to those discussed in this booklet, read your plan's membership materials, or call your plan.



Section 4: Your Rights in a Medicare Prescription Drug Plan

If you have Medicare prescription drug coverage, your plan will send you information that explains your rights. Read the information carefully, and keep it where you can find it when you need it. Call your plan if you have questions.

In addition to the rights described in Section 1, if you have a Medicare Prescription Drug Plan or Medicare Advantage Prescription Drug Plan (MA-PD), you have the right to:

- **Request a coverage determination or appeal to resolve differences with your plan.**

If your pharmacist, doctor, or other prescriber tells you that your Medicare drug plan won't cover a drug you think should be covered, or it will cover the drug at a higher cost than you think you're required to pay, you can request a coverage determination from your plan.

If your plan denies your request, you have the right to appeal that decision. For more information on the appeals process, visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals).

- **File a complaint (called a “grievance”) with the plan.**

For more information on filing a complaint, visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals).

- **Have the privacy of your health and prescription drug information protected.**

For more information about your right to privacy, look in your plan materials or call your plan.



Section 5: The Medicare Beneficiary Ombudsman

The Medicare Beneficiary Ombudsman is a person who reviews and helps you with your Medicare complaints. They make sure information about Medicare coverage and rights and protections is available to all people with Medicare. The Medicare Beneficiary Ombudsman shares information with the Secretary of Health and Human Services, Congress, and other organizations, and uses Medicare beneficiary feedback and experiences to provide recommendations for improvement to the Medicare program.

How does the Medicare Beneficiary Ombudsman help through other organizations?

The Medicare Beneficiary Ombudsman works with organizations like State Health Insurance Assistance Programs (SHIPs) and Quality Improvement Organizations (QIOs) to help you with your issues in a timely way. SHIPs and QIOs provide information and counseling to help you with:

- Your Medicare questions, including your benefits, coverage, premiums, deductibles, and coinsurance
- Complaints (“grievances”)
- Appeals
- Problems joining or leaving a Medicare Advantage Plan (like an HMO or PPO), or any other Medicare health plan, or Medicare Prescription Drug Plan

For more information

- Visit [go.cms.gov/ombudsman](https://www.go.cms.gov/ombudsman).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) if you have questions about Medicare rights and protections, appeals, buying other insurance, choosing a Medicare health or prescription drug plan, or buying a Medigap policy. To get the phone number for your state’s SHIP, visit shiptacenter.org, or call 1-800-MEDICARE.

**U.S. DEPARTMENT OF
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This booklet is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

¿Necesita usted una copia en español?
Para obtener su copia GRATIS, llame al
1-800-MEDICARE (1-800-633-4227).