



Medicare Rights & Protections

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

- ★ Medicare, Medicare Advantage Plans and other Medicare health plans, and Medicare drug plans
- ★ Where to get help with your questions



Table of Contents

- 5** **Section 1: Rights & Protections for Everyone with Medicare**
- 9** **Section 2: Your Rights in Original Medicare**
- 11** **Section 3: Your Rights in a Medicare Advantage Plan or
Other Medicare Health Plan**
- 13** **Section 4: Your Rights if you have Medicare Drug Coverage**
- 15** **Section 5: The Medicare Beneficiary Ombudsman**



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.

Section 1: Rights & Protections for Everyone with Medicare

No matter how you get Medicare, you have certain rights and protections that:

- 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 the right to:

- **Be treated with courtesy, 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, ethnicity, national origin, disability, age, religion, sex, or gender identity.

- **Have your personal and health information kept private.**

— If you have Original Medicare, you can read our detailed privacy practices in your “Medicare & You” handbook or at [Medicare.gov/forms-help-resources/notice-of-privacy-practices-for-original-medicare](https://www.medicare.gov/forms-help-resources/notice-of-privacy-practices-for-original-medicare).

— If you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare drug plan, read your plan materials.

- **Get information in a way you understand from Medicare, health care providers, and Medicare contractors.**

- **Get understandable information about Medicare to help you make health care decisions, including:**

- What's covered
- What Medicare pays for covered items and services
- How much you'll have to pay
- How to file a complaint or an appeal

- **Get answers to your Medicare questions.**

- 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, or call 1-800-MEDICARE.
- Call your plan if you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare drug plan.

- **Have access to doctors, specialists, and hospitals for medically necessary services.**

- **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 Medicare information and health care services in a language you understand.**

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/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Get your Medicare information in an accessible format, like braille or large print.**

See "CMS Accessible Communications" on page 18.

- **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.

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 (called a 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 items and services, or drug coverage.**

When a claim is filed, you'll get a notice letting you know what will and won't be covered. This notice comes from Medicare, your Medicare Advantage Plan, other Medicare health plan, or Medicare drug plan. If you disagree with this decision, you have the right to file an appeal.

- **Request an appeal of certain decisions about health care payment, coverage of items and services, or drug coverage.**

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 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 (also 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 getting care, or the quality of the care you got from a Medicare provider.
- If you have Original Medicare, call your Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). Visit [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone) or call 1-800-MEDICARE to get your BFCC-QIO's phone number.
- If you have a Medicare Advantage Plan, other Medicare health plan, or Medicare drug plan, call the BFCC-QIO, your plan, or both.

- Visit [Medicare.gov/claims-appeals/how-to-file-a-complaint-grievance](https://www.medicare.gov/claims-appeals/how-to-file-a-complaint-grievance) to learn more about filing a complaint.

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/talk-to-someone](https://www.medicare.gov/talk-to-someone), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Remember to:

- **File an appeal if you disagree with a decision about your claims or services.**
Medicare representatives don't have the authority to change Medicare's legal requirements.
- **Pay any Medicare premiums, copayments, and deductibles on time.**
- **Provide complete and accurate information to Medicare and your health or drug plan, if you're in one.**
- **Understand your Medicare benefits and review your plan materials if you're in a health or drug plan.**
If you have questions or concerns, contact your plan.
- **Visit [socialsecurity.gov](https://www.socialsecurity.gov) or call Social Security at 1-800-772-1213 to change your name, address, or report a death.**
TTY users can call 1-800-325-0778. If you're in a health or drug plan, also contact your plan to update your address.
- **Help fight Medicare fraud.**
 - Visit [Medicare.gov/fraud](https://www.medicare.gov/fraud) to learn how to prevent, spot, and report Medicare fraud.
 - Review your “Medicare Summary Notices” (MSNs) or “Explanation of Benefits” if you're in a health or drug plan.
 - Guard your Medicare card like a credit card or debit card. Store it in a safe place.

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 Medicare Supplement Insurance (Medigap).**

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 conditions.





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

If you're in a Medicare Advantage Plan 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's network, 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 within their plan without a referral for routine and preventive health care services.

- **Know how your plan pays your doctors.**

When you ask your plan how it pays 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 (also 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 its coverage rules. 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 if you have Medicare Drug Coverage

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

In addition to the rights described in Section 1, if you have a Medicare drug plan or Medicare Advantage Plan with drug coverage, 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 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/claims-appeals/how-to-file-a-complaint-grievance](https://www.Medicare.gov/claims-appeals/how-to-file-a-complaint-grievance).



Section 5: The Medicare Beneficiary Ombudsman

An “ombudsman” is a person who reviews questions, concerns, and challenges with how a program is administered, and helps to resolve them when possible. They make sure information about Medicare coverage and rights and protections is available to everyone with Medicare. The Medicare Beneficiary Ombudsman shares information with the Secretary of Health and Human Services, Congress, and other organizations, and uses your feedback and experiences to make recommendations for improvements to Medicare.

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 (also called “grievances”)
- Appeals
- Problems joining or leaving a Medicare Advantage Plan, or any other Medicare health plan, or Medicare drug plan

For more information

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

CMS Accessible Communications

The Centers for Medicare & Medicaid Services (CMS) provides free auxiliary aids and services, including information in accessible formats like braille, large print, data or audio files, relay services and TTY communications. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. Call us:

For Medicare: 1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

2. Email us: altformatrequest@cms.hhs.gov

3. Send us a fax: 1-844-530-3676

4. Send us a letter:

Centers for Medicare & Medicaid Services Offices of Hearings
and Inquiries (OHI)
7500 Security Boulevard, Mail Stop S1-13-25
Baltimore, MD 21244-1850
Attn: Customer Accessibility Resource Staff

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare Prescription Drug Plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare Prescription Drug Plan, State or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- 1. Online:**
hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.
- 2. By phone:**
Call 1-800-368-1019. TDD user can call 1-800-537-7697.
- 3. In writing:** Send information about your complaint to:
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Official Business
Penalty for Private Use, \$300

CMS Product No. 11534
Revised May 2021



This booklet is available in Spanish. To get a free copy, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia gratis, visite Medicare.gov o llame al 1-800MEDICARE (18006334227). Los usuarios de TTY pueden llamar al 18774862048.