Medicare Rights & Protections

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

- Your rights and protections no matter how you get your Medicare coverage
- Where to get help with your questions

Medicare.gov



Medicare

11534 10-20-26 .indd 1 10/22/26 5:55 AM

Table of contents

1 **Section 1:** Your Medicare Rights & Protections

5 **Section 2:** Get help from the Medicare Beneficiary Ombudsman

8 **CMS Accessible Communications**

C3 **Nondiscrimination Notice** (inside back cover)





Section 1:

Your Medicare Rights & Protections

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

- Provide for your safety when you get health care.
- Ensure you get the health care services that the law says you can get.
- Protect you from unethical practices.
- Safeguard your privacy.

You have the right to:

- Be treated with courtesy, dignity, and respect at all times.
- Be protected from discrimination. Every company or agency that works with Medicare must obey the law. They can't treat you differently because of your race, color, national origin, disability, age, religion, or sex.
- 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/basics/reporting-medicare-fraud-and-abuse/privacy-practices-original-medicare**.
  - If you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare drug plan, read your plan materials.

- Get easy to understand information about Medicare, like:
  - 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**.
  - Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
  - Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. Visit **shiphelp.org** to get your local SHIP's contact information.
  - Call your plan if you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare drug plan.
- Have access to providers, specialists, and hospitals for medically necessary services.
- Participate fully in all your health care decisions. If you can't participate fully, 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, visit **HHS.gov/ocr** or contact your state's Office for Civil Rights.
- Get your Medicare information in an accessible format, like braille or large print. Go to "Accessible Communications" **on page 8** for more information.
- Get emergency care when and where you need it.
  - If your health is in danger because you have a severe 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 more about getting care and drugs in a disaster or emergency, visit **Medicare.gov/providers-services/disaster-emergency**.
- Get decisions about coverage and payment. When you or your provider files a claim or asks for coverage of a service, item, or drug, you'll get a notice letting you know what will and won't be covered. This notice may come from Medicare, your Medicare Advantage Plan, other Medicare health plan, or your Medicare drug plan. If you disagree with the plan's decision, you have the right to file an appeal.
- File 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**.
  - Visit **Medicare.gov/publications** to read 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.

- File complaints (also called "grievances"), including complaints about the quality of care and other services you get from a Medicare provider.
  - If you have Original Medicare, call your Beneficiary and Family-Centered Care Quality Improvement Organization (BFCC-QIO). Depending on where you live, your local BFCC-QIO is administered by either Acentra Health or Commence Health for Medicare. Visit **acentraqio.com** or **commencehealthqio.cms.gov/** to find the right BFCC-QIO for your state.
  - If you have a Medicare Advantage Plan, other Medicare health plan, or Medicare drug plan, call the BFCC-QIO, use the **Medicare Complaint Form**, or follow the instructions in your plan membership materials to submit a complaint.
  - Visit **Medicare.gov/providers-services/claims-appeals-complaints/complaints** 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 find your local ESRD Network's contact information, visit **Esrdnetworks.org/membership/esrd-networks-contact-information/**.

Your rights in Original Medicare

If you have Original Medicare, you have the right to:

- Use any health care provider or specialist or any Medicare-certified hospital that takes Medicare.
- Get certain information and notices that help you understand the medical services you get and resolve issues when Medicare may not (or doesn't) pay for health care.
- Ask for an appeal of 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 conditions. Visit **Medicare.gov/health-drug-plans/medigap/basics** for more information about Medigap.

Your rights in a Medicare Advantage Plan or other Medicare health plan

If you have a Medicare Advantage Plan or other Medicare health plan, you have the same rights and protections as everyone with Medicare. You also have the right to:

- Choose your health care providers from within the plan's network.
- Get access to medically necessary specialty care through your Medicare Advantage Plan.
- Know how your plan pays your providers. When you ask your plan how it pays providers, the plan must tell you. Medicare doesn't allow a plan to pay providers in a way that could interfere with you getting the care you need.
- Get a coverage decision or coverage information from your plan before getting services.
- Ask your plan to pay for an item or service you think should be covered. You can contact your plan before you get an item, service, or prescription to check if it's covered.
- Ask for an appeal if your plan refuses to cover a health care service, supply, item, or drug you think the plan should cover or if the plan denies payment for an item, service, or drug, or if you disagree with the amount the plan says you must pay.
- File a complaint (also called a "grievance") about other concerns or problems with your plan. Check your plan's membership materials or call your plan to find out how to file a complaint.

Your rights if you have Medicare drug coverage

If you have a Medicare drug plan or a Medicare Advantage Plan with drug coverage, you have the same rights and protections as everyone with Medicare. You also have the right to:

- Get information from your plan that explains your rights.
- Ask for 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 ask for a coverage determination from your plan.

  If your plan denies your request, you have the right to appeal that decision. For more information about how to file an appeal, visit **Medicare.gov/appeals**.
- File a complaint (called a "grievance") with the plan. For more information on filing a complaint, visit **Medicare.gov/providers-services/claims-appeals-complaints/complaints**.



Section 2:

Get help from the Medicare Beneficiary Ombudsman

The Medicare Beneficiary Ombudsman helps you and your representatives with questions and complaints. The ombudsman also 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, rights, and protections is available to everyone with Medicare.

The Medicare Beneficiary Ombudsman shares feedback from people with Medicare with the Department of Health and Human Services, Congress, and other organizations. This helps improve the quality of the care and services you get through Medicare.

The Medicare Beneficiary Ombudsman works with organizations like State Health Insurance Assistance Programs (SHIPs) and Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs) to help you resolve issues. SHIPs and BFCC-QIOs can help you with:

- Medicare questions about things like your coverage and costs.
- Complaints (also called “grievances”).
- Appeals.
- Problems joining or dropping a Medicare Advantage Plan, other Medicare health plan, or a Medicare drug plan.

Tips for getting help

- If you have Original Medicare, call 1-800-MEDICARE if you have questions about your coverage or costs. TTY users can call 1-877-486-2048.
- If you're in a Medicare drug plan or a Medicare health plan (like a Medicare Advantage Plan), contact your plan first if you have questions.
- When you speak with a Medicare representative, a Medicare health or drug plan employee, or a provider about an issue:
  - Give them complete and updated information about your question or concern.
  - Understand that, by law, they can't change or approve benefits or services Medicare doesn't cover.
  - Remember that some issues will take longer to review and respond to.

Remember to:

- File an appeal if you disagree with a decision about your claims, services, or drug coverage. Medicare representatives don't have the authority to change Medicare's coverage and payment decisions. If you call 1-800-MEDICARE, representatives can only help answer questions or give you more information.
- Pay your Medicare premiums, copayments, and deductibles on time.
- Give complete and accurate information to Medicare and your health or drug plan, if you have one.
- Review your plan materials if you have a health or drug plan. Contact your plan if you have questions or concerns.
- Visit **SSA.gov** to change your name, address, or report a death. If you have a health or drug plan, you can also contact your plan to update your address.
- Help fight Medicare fraud and abuse:
  - Visit **Medicare.gov/fraud** to learn how to prevent, spot, and report Medicare fraud and abuse.
  - Review your "Medicare Summary Notices" (MSNs) if you have Original Medicare, or your "Explanation of Benefits" if you have a health or drug plan to make sure you got each service listed and that all details are correct.
  - Guard your Medicare card like it's a credit card. Store it in a safe place.

For more information

- Visit Medicare.gov/basics/your-medicare-rights.
- Call 1-800-MEDICARE.
- 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 drug plan, or buying a Medicare Supplement Insurance (Medigap) policy. To get the phone number for your state's SHIP, visit shiphelp.org, or call 1-800-MEDICARE.

Everyone deserves to be treated with respect. Any form of verbal or physical harassment, threats, or intimidation towards Medicare representatives won't be tolerated. If these behaviors continue, Medicare representatives have the right to end their discussion with you.

CMS Accessible Communications

Medicare 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, 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
   For Marketplace: 1-800-318-2596
   TTY: 1-855-889-4325
2. **Email us:** altformatrequest@cms.hhs.gov
3. **Send us a letter:**

   Centers for Medicare & Medicaid Services
   Offices of Hearings and Inquiries (OHI)
   7500 Security Boulevard, Mail Stop DO-01-20
   Baltimore, MD 21244-1850
   Attn: Customer Accessibility Resource Staff (CARS)

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 drug plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State Medical Assistance (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 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 & 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.
   TTY users can call 1-800-537-7697.
3. **In writing:** Send information about your complaint to:
   Office for Civil Rights
   U.S. Department of Health & Human Services
   200 Independence Avenue, SW
   Room 509F, HHH Building
   Washington, D.C. 20201

11534 10-20-26 .indd 3 10/22/26 5:55 AM

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

Need a copy of this booklet in Spanish?

To get a free copy of this booklet in Spanish, 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 es.Medicare.gov o llame al 1-800-MEDICARE.

Medicare

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit **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.

This product was produced at U.S. taxpayer expense.

CMS Product No. 11534 • October 2026

11534 10-20-26 .indd 4 10/22/26 5:55 AM