

Guide to Choosing a Hospital

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

- Steps to find and compare hospitals
- Why hospital quality is important
- Information about Medicare coverage of hospital stays

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Section 1:

Steps to choosing a hospital

When you're sick, you may go to the closest hospital or the hospital where your doctor practices. But which hospital is the best for your needs? Research shows that some hospitals do a better job taking care of patients with certain conditions than others.

When you have a life-threatening emergency, always go to the closest hospital. However, if you're planning to have surgery, or if you know you may need hospital care in the future, you may want to consider which hospital can best meet your needs.

Note: Go to page 10 for definitions of **blue** words

Step 1–Talk to your doctor or provider

- Do you have a specific doctor or surgeon in mind?
- Does your specific doctor or surgeon participate in Medicare and your [Medicare Advantage](#) or [Medicare health plan](#)?
- Is your doctor or surgeon affiliated with (or do they have privileges at) any hospitals? While your primary care doctor may admit you to the hospital, a different doctor may provide your care there.

Should I get a second opinion? When it's not an emergency, and your doctor says you have a health problem that needs surgery, you have the right to get a second opinion. A second opinion is when another doctor (in addition to your regular doctor) gives their view about your health problem and how it should be treated.

If you're getting a second opinion on a medically necessary procedure, Part B will help pay for the office visit and related tests. If the first and second doctors disagree, Medicare will cover a third opinion.

The same rules for second opinions apply if you have a Medicare Advantage Plan. Keep in mind that some plans will only help pay for a second opinion:

- If you have a referral from your primary care doctor.
- From a doctor who's in your plan's provider network.

Contact your plan for more information.



Step 2–Think about your personal and financial needs

- Are there any alternatives to hospital care?
- Does the hospital participate in Medicare?
- Does the hospital meet my needs, like location and visiting hours?
- Will I need care after leaving the hospital, and, if so, what kind of care? Who will arrange that care? Do I need to meet certain requirements to get care after I leave the hospital?

If you have a Medicare Advantage or other Medicare health plan, consider:

- Do you need permission from your plan (like a preauthorization or a referral) before you're admitted for hospital care?
- If you need care that isn't emergency care, do you have to use hospitals or providers (like surgeons or specialists) that are in-network with your plan?

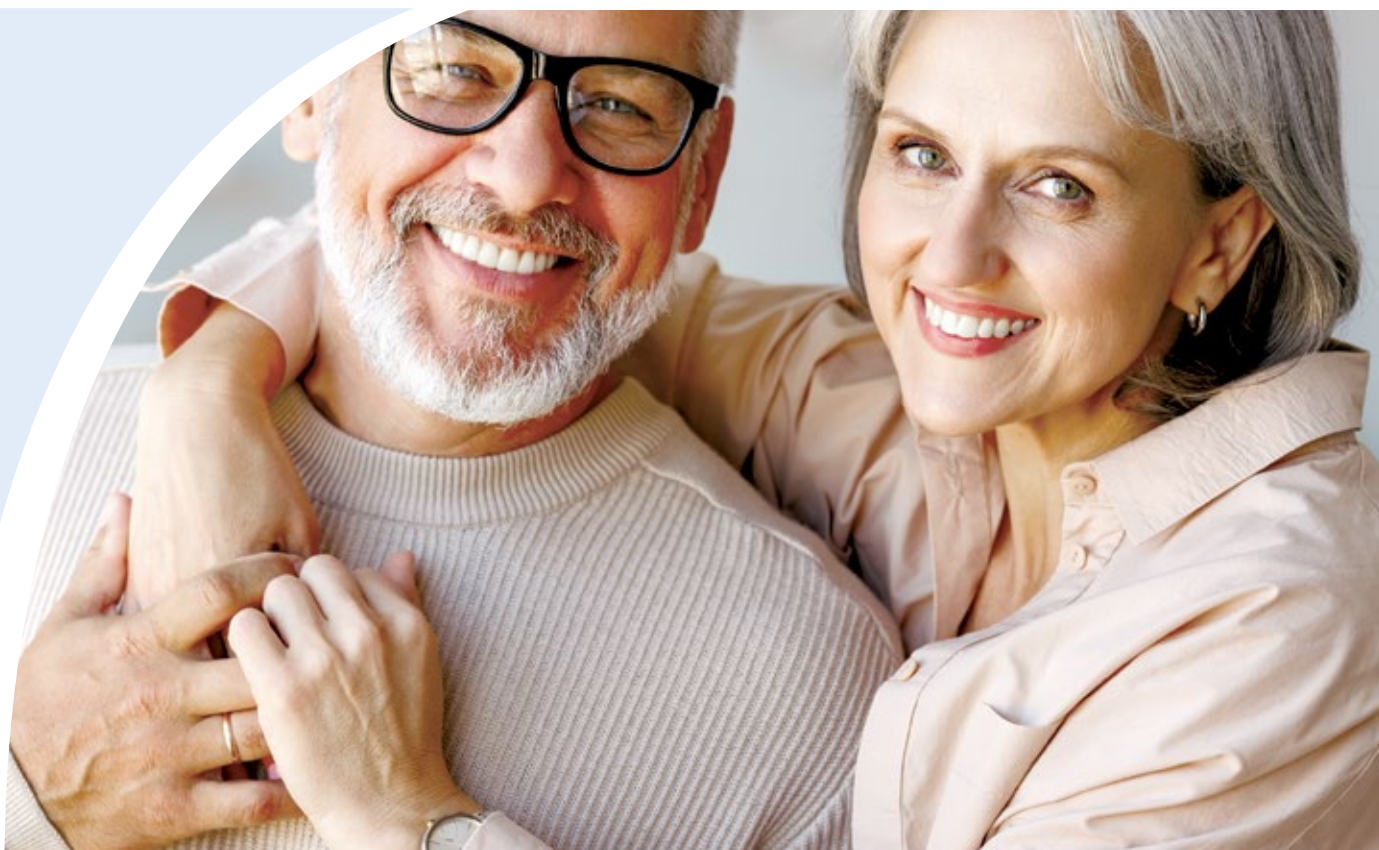
Step 3–Compare hospitals based on experience and quality

- Does the hospital have experience treating patients with your condition or doing the procedure you need?
- How does the hospital perform compared to all hospitals across the country?
- Does the hospital perform well on quality measures, like infection rates and complications?
- How do patients rate their experience with this hospital and the care they got? For example, were patients satisfied with the communication from their doctors and nurses, the responsiveness of hospital staff, and the hospital's cleanliness?
- Do you need a specific type of hospital, like one that offers medical, surgical, or psychiatric care?

Visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare) to get information on hospital experience and quality.

Step 4–Choose a hospital

- Talk with someone you trust about the hospitals you're comparing.
- Talk to your doctor or health care provider about how the hospital information you gathered applies to you.
- Choose the hospital that's best for you.



Section 2:

Hospital quality

What's good quality hospital care?

Hospitals give good quality of care when you get the care and treatments known to give you the best possible results for your condition. Getting good quality hospital care promotes your health and well-being, including supporting your recovery and reducing your potential to experience problems. Not all hospitals give the same quality of care.

Most hospitals have programs to check and improve the quality of care they give. They can either collect and monitor information from patient charts to see how they can improve patient care, or survey patients about their hospital experience. Many hospitals report the information they collect to their state and Medicare.

Medicare, states, and other hospital industry leaders review and use this information to help hospitals take steps to improve their quality of care. Go to page 6 for a list of other organizations that work to improve hospital quality.

Note: Go to page 10 for definitions of **blue** words

How can I learn about hospital quality?

Visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare) for more information on hospital quality. Click the “Hospitals” link, enter your location, and select the “Search” button to compare hospitals in your area.

From there, you’ll get an overview of how well hospitals in your area, including Veterans Administration medical centers and military hospitals, care for patients. You can compare hospitals in your area and around the nation, and use this information to help decide which hospital is best for you. You can compare up to 3 hospitals by selecting “Compare” next to the hospital name and then select “Compare” from the blue banner at the top of the page.

You can compare hospitals based on:

- **What patients thought about their hospital experience.** Recently discharged patients get a survey about their hospital experience and answer questions about topics like how well their hospital’s doctors and nurses communicated with them, the hospital’s cleanliness and quietness, and how well they were prepared for discharge.
- **If hospitals give timely and effective care.** Find information like how often hospitals give recommended treatments for certain conditions, like heart attacks and sepsis.
- **If patients got better.** Learn how hospitals’ rates of readmission, complications, and mortality (death) for certain conditions compare to the national rates.
- **If the hospital is careful about giving people too many tests.** Learn how each hospital uses outpatient medical imaging tests, like CT scans, to assess a patient’s needs.

You can call your State Health Insurance Assistance Program (SHIP) or visit shiphelp.org to get free help comparing hospitals. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Who conducts hospital health and safety evaluations?

To participate in Medicare, hospitals must follow Medicare health and safety regulations. Your [State Survey Agency](#) or a national accreditation organization whose program is approved by Medicare can evaluate how a hospital follows those regulations. Hospitals can choose either option for evaluation, and you can ask any hospital you’re considering how it’s evaluated.

Medicare has approved the hospital accreditation programs of 4 national accrediting organizations. If a hospital you're considering is accredited by one of these organizations, you can contact them to find out if there's information the organization can share with you about the hospital's performance. You can also contact the organization if you have a complaint about an accredited hospital.

- **The Joint Commission**

1 Renaissance Boulevard
Oakbrook Terrace, IL 60181-4294
1-630-792-5800
[jointcommission.org](https://www.jointcommission.org)

- **American Osteopathic Association**

142 East Ontario Street
Chicago, IL 60611
1-800-621-1773 or 1-312-202-8000
[osteopathic.org](https://www.osteopathic.org)

- **DN GL Healthcare**

400 Techne Center Drive,
Suite 100
Milford, OH 45150
1-866-523-6842
[dnvaccreditation.com](https://www.dnvaccreditation.com)

- **Center for Improvement in Healthcare Quality (CIHQ)**

P.O. Box 3620
McKinney, TX 75070
1-866-324-5080
[cihq.org](https://www.cihq.org)

You can also contact your State Survey Agency and ask for copies of any survey reports or other quality information they have on the hospital. State Survey Agencies can also handle complaints about any accredited hospitals. Visit [CMS.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/contact-information](https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/contact-information) for your State Survey Agency's contact information.



Section 3:

Coverage of your hospital stay

What hospital services does Medicare cover?

Original Medicare helps cover certain medical services and supplies in hospitals. If you have both Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), you can get the full range of Medicare-covered services in a hospital.

Note: If you're in a **Medicare Advantage Plan** or other **Medicare health plan**, read your plan materials. These plans may have limitations on how you get coverage, like requiring you to use in-network hospitals or to get prior authorization for a non-emergency hospital stay.

For more information about Medicare-covered hospital services, visit [Medicare.gov/coverage](https://www.medicare.gov/coverage). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Am I an inpatient or outpatient?

Even if you stay in the hospital overnight, you might still be considered an outpatient. Your hospital status as an inpatient or an outpatient affects how much you pay for hospital services, like x-rays, drugs, and lab tests.

- You're an **inpatient** starting when you're formally admitted to a hospital as an inpatient with a doctor's order. The day before you're discharged is your last inpatient day.
- You're an **outpatient** if you're getting emergency department services, observation services, outpatient surgery, lab tests, X-rays, or any other hospital services, and the doctor **hasn't** written an order to admit you to a hospital as an inpatient. In these cases, you're an outpatient **even if** you spend the night at the hospital.

In general, you need to have a 3-day inpatient hospital stay immediately prior to being admitted to a skilled nursing facility for Medicare to cover care you get in the skilled nursing facility. If you're in the hospital more than a few hours, always ask your doctor or the hospital staff if you're an inpatient or an outpatient.

You may get a "Medicare Outpatient Observation Notice" (MOON) that lets you know you're an outpatient getting observation services in a hospital or critical access hospital. You'll get this notice if you're getting outpatient observation services for more than 24 hours. The MOON will tell you why you're an outpatient getting observation services. It'll also let you know how this may affect what you pay for care while you're in the hospital and what you pay for care after you leave.

For more information about inpatient and outpatient services, visit [Medicare.gov/coverage/inpatient-hospital-care/inpatient-outpatient-status](https://www.medicare.gov/coverage/inpatient-hospital-care/inpatient-outpatient-status) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

What's long-term care, and is it covered?

Medicare doesn't cover long-term custodial care, like feeding or dressing (which you get in places like assisted living facilities). However, Medicare does cover medical care you get in long-term care hospitals.

Long-term care hospitals are "acute care" hospitals that focus on patients who need inpatient hospital services for a stay that lasts, on average, more than 25 days. Many of these patients transfer from an intensive or critical care unit and have more than one serious condition, but may improve with time and care, and return home.

Long-term care hospitals may provide services like:

- Respiratory therapy
- Head trauma treatment
- Comprehensive rehabilitation
- Pain management

What are my rights in the hospital?

You have certain rights and protections while you're in the hospital, no matter where you're getting care. You have the right to be included in decisions about your care and the right to appeal certain decisions about your coverage. For more information about these rights, visit [Medicare.gov/appeals](https://www.medicare.gov/appeals), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

If you're a Medicare patient who was admitted to the hospital as an inpatient, and the hospital changed your status to "outpatient getting observation services," you may be able to appeal the denial of Part A (Hospital Insurance) inpatient coverage that came from the change in your status (back to January 2009). Visit [Medicare.gov/statuschange](https://www.medicare.gov/statuschange) for more information about change in hospital status appeals.

If you feel you're being asked to leave the hospital too soon, you have the right to request a review of that decision by a [Beneficiary and Family Centered Care-Quality Improvement Organization \(BFCC-QIO\)](#). The hospital should give you with a notice called "An Important Message from Medicare about Your Rights" that explains the fast appeal process and lists the BFCC-QIO's contact information. If you don't get a copy, ask your nurse or the hospital's patient advocate (like an ombudsman) to give you one.

Who can help me if I have a complaint about my hospital care?

If you have a complaint about the quality of the care you, a family member, or someone you care for is getting or got at a hospital, contact the BFCC-QIO for your state. The BFCC-QIO is administered for Medicare by Commence (formerly Livanta) or Acentra, depending on what state you live in. Check their websites at livantaqio.cms.gov and acentraqio.com to make sure you're contacting the right organization for your state. If you have other complaints about a hospital, contact your [State Survey Agency](#). Visit [CMS.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/contact-information](https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/contact-information) or call 1-800-MEDICARE to locate your State Survey Agency.



Section 4:

Definitions

Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)—A type of QIO (an organization of doctors and other health care experts under contract with Medicare) that uses doctors and other health care experts to review complaints and quality of care for people with Medicare. The BFCC-QIO makes sure there is consistency in the case review process while taking into consideration local factors and local needs, including general quality of care and medical necessity.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits, with a few exclusions, for example, certain aspects of clinical trials which are covered by Original Medicare even though you're still in the plan. Medicare Advantage Plans include:

- Health Maintenance Organizations
- Preferred Provider Organizations
- Private Fee-for-Service Plans
- Special Needs Plans
- Medicare Medical Savings Account Plans

If you're enrolled in a Medicare Advantage Plan:

- Most Medicare services are covered through the plan
- Most Medicare services aren't paid for by Original Medicare
- Most Medicare Advantage Plans offer prescription drug coverage

Medicare health plan—Plans offered by private companies that contract with Medicare to provide Part A, Part B, and in many cases, Part D benefits. Includes Medicare Advantage Plans and certain other types of coverage (like Medicare Cost Plans, PACE programs, and demonstration/pilot programs).

State Survey Agency—A state agency that oversees health care facilities that participate in the Medicare and/or Medicaid programs by, for example, inspecting health care facilities and investigating complaints to ensure that health and safety standards are met.



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 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 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 3 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](https://www.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

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](https://www.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](https://www.es.Medicare.gov) o llame al 1-800-MEDICARE.



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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.

“Guide to Choosing a Hospital” 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.