

Understanding Your Medicare Advantage Plan's Provider Network

Many Medicare Advantage Plans have networks that include doctors and clinicians, hospitals, and facilities. Your plan has contracted with these providers to give health care services. It's important to understand your plan's provider network to make sure you get the care you need at the lowest cost.

You can find your plan's provider directory on their website, or you can contact your plan and ask for a provider directory.

In some Medicare Advantage Plans, when you choose a primary care doctor, you're also choosing the hospitals and specialty networks associated with that doctor. If there's a particular hospital or health care provider you want to use, you may need to ask your primary care doctor for a referral.

In many cases, you can only use doctors and other providers who are in the plan's network and service area (for non-emergency care). Some plans offer non-emergency coverage out of network, but typically at a higher cost.

Can my plan change its provider network?

- Yes. Your Medicare Advantage Plan can add or remove providers from its network at any time during the year.
- Even though your Medicare Advantage Plan can change networks at any time, it must protect you from interruptions in medical care and make sure you have access to medically necessary covered benefits.
- If you believe a network change will cause an interruption in your medical care and put your health at risk, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Can my provider leave my plan's network?

- Yes. Your provider can choose to leave your plan's network at any time. If your provider is no longer in-network, you'll need to choose a new provider in your plan's network to get covered services.
- Your plan should make a good faith effort to give you at least 30 days' notice that your provider is leaving their network, so you have time to choose a new provider. Your plan will notify you if a provider you go to regularly (like your primary care provider) is leaving their network.
- Check with your provider when you schedule an appointment to confirm they're still in your plan's network.
- Each year, during the Medicare Open Enrollment Period (October 15 – December 7), check to find out if your providers are in the plans you're considering.

What questions should I ask my plan about its network?

- How can I find out if my providers are in the plan's network?
- How much do I pay for services in network?
- How much do I pay for services out of network?
- What if I need covered treatments that aren't available from a provider in the plan's network?

How do provider networks work in different types of plans?

Health Maintenance Organization (HMO) Plans

In HMO plans, you generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or temporary out-of-area dialysis, which is covered whether you get it in the plan's network or outside the plan's network). In an HMO with a point-of-service option, you may be able to go out-of-network for certain services (usually for a higher cost).

Preferred Provider Organization (PPO) Plans

Generally, you can get your health care from any doctor, health care provider, or hospital in a PPO's network.

You can also go to doctors, health care providers, or hospitals that aren't in the plan's network, but you'll usually pay more.

Private Fee-for-Service (PFFS) Plans

If you join a PFFS plan that has a network, you can go to any of the network providers who have agreed to treat you. You can also choose an out-of-network doctor, other health care provider, or hospital that accepts the plan's terms, but you might pay more.

If you join a PFFS plan that doesn't have a network, you can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you. Not all providers will.

In a medical emergency, doctors, other health care providers, and hospitals must treat you.

Special Needs Plans (SNP)

A Special Needs Plan gives benefits and services to people with specific severe and chronic diseases, certain health care needs, or who also have Medicaid. Check with your plan to find out if they require you to have a primary doctor.. SNPs typically have specialists in the diseases or conditions that affect their members.

Some SNPs require that you get your care and services from providers and facilities in the plan's network (except for emergency care, out-of-area urgent care, or out-of-area dialysis). Other SNPs offer out-of-network coverage, so you can get services from any qualified provider or facility, but you'll usually pay more.

What if I have End-Stage Renal Disease (ESRD)?

You can join a Medicare Advantage Plan even if you have ESRD. In many Medicare Advantage Plans, you can only use health care providers who are in the plan's network and service area. Before you join or switch to another Medicare Advantage plan, you may want to check with your providers and the plan you're considering to make sure the providers you currently use (like your dialysis facility or kidney doctor), or want to use in the future (like a transplant specialist), are in the plan's network. If you're already in a Medicare Advantage Plan, check with your providers to make sure they'll still be part of the new plan's network. Read the plan materials or contact the plan you're considering for more information.

Where can I get more information?

Find a Medicare plan

If you are thinking about switching plans, visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) to shop and compare Medicare Advantage and other Medicare plans that meet your needs. You can also enter your drugs and pharmacies to get more accurate costs for plans in your area.

Medicare Advantage Plans

Contact the plans you're interested in for detailed information about their costs and coverage.



Medicare

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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