



Medicare & Your Hospital Benefits

GETTING STARTED



Hospital care when you need it

Know your rights

You have the right to be included in decisions about your care, to be treated with dignity and respect, to be protected from discrimination, to privacy and confidentiality, and to a process to appeal payment decisions. For more information on appeals, visit [Medicare.gov/claims-appeals](https://www.medicare.gov/claims-appeals), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

If you're a hospital inpatient and think you're being discharged too soon, you have the right to an immediate review by your Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). Within 2 days of your admission and prior to discharge, you should get a notice called "An Important Message from Medicare about Your Rights" (sometimes called the "Important Message from Medicare" or the "IM"). This notice lists your BFCC-QIO's contact information and explains your rights. If you don't get this notice, ask for it. You can also visit [Medicare.gov/contacts](https://www.medicare.gov/contacts), or call 1-800-MEDICARE to get the phone number for your BFCC-QIO.

"Medicare & Your Hospital Benefits: Getting Started" isn't a legal document. More details are available at [Medicare.gov/publications](https://www.medicare.gov/publications) in the "Guide to Choosing a Hospital." Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Where can I get more information?

- To get more information about Medicare costs, coverage, and appeals, visit [Medicare.gov](https://www.medicare.gov). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- To get all the information you need before you leave the hospital, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print the publication "Your Discharge Planning Checklist."
- To learn about how you can choose a hospital that meets your needs, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print the booklet "Guide to Choosing a Hospital."
- To learn more about the differences between inpatient and outpatient services, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print the fact sheet, "Are You a Hospital Inpatient or Outpatient? If you have Medicare - Ask!"
- For free health insurance counseling and personalized help with insurance questions, call your State Health Insurance Assistance Program (SHIP). Visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE to get the phone number for the SHIP in your area.

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/nondiscrimination/accessibility-nondiscrimination.html](https://www.medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Let's get started

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.

Find out if you're a hospital inpatient or outpatient

What you pay for hospital services and supplies depends on whether you're an inpatient or an outpatient. Staying overnight in a hospital doesn't always mean you're an inpatient. If you aren't sure whether you're an inpatient or an outpatient, ask your doctor or the hospital staff. For more information, visit [Medicare.gov/what-medicare-covers/what-part-a-covers/inpatient-or-outpatient-hospital-status](https://www.medicare.gov/what-medicare-covers/what-part-a-covers/inpatient-or-outpatient-hospital-status). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

What's covered?

If you're admitted to a hospital as an **inpatient**, **Part A** helps cover your medically reasonable and necessary hospital services. This generally includes your room, meals, nursing care, therapy or other treatment for your condition, lab tests, medications, and other related services and supplies. Your Part A coverage doesn't include doctors' services. **Part B** helps cover some of the doctors' services you get when you're a hospital inpatient.

Note: Medicare measures your use of inpatient hospital services in "benefit periods." A benefit period begins the day you're admitted as an inpatient in a hospital and ends when you haven't had any inpatient hospital care for 60 days in a row. You can have more than one hospital stay within the same benefit period. There's a limit on how many days Medicare covers during a benefit period, but there's no limit on the number of benefit periods you can have over your lifetime.

If you're an **outpatient**, **Part B** helps cover services like doctors' services, emergency and observation services, lab tests, and X-rays.

Remember, staying overnight in a hospital doesn't always mean you're an inpatient.

What's not covered?

Medicare doesn't cover the cost of private-duty nursing, a phone or television, personal items (like toothpaste), or a private room (unless medically necessary). If you're an outpatient, Part B generally doesn't cover the prescription drugs that you can "self-administer" (take by yourself). If you have a Medicare Prescription Drug Plan (Part D), these drugs may be covered under certain circumstances. Call your Part D plan for more information, or visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print the publication "How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings."

What do I pay?

As a hospital inpatient, you pay:

- A one-time hospital deductible for each benefit period
- Days 1-60: No coinsurance amount for each benefit period
- Days 61-90: A coinsurance amount per day of each benefit period
- Days 91 and beyond: A coinsurance amount for each "lifetime reserve day" after day 90 of each benefit period (up to 60 days over your lifetime)

When you're a hospital inpatient or outpatient, in general, you pay 20% of the Medicare-approved amount for most doctor services you get after you meet the Part B deductible. **For hospital outpatient services**, you generally pay a copayment for each individual outpatient hospital service, except for certain preventive services. In most cases, the copayment can't be more than the Part A hospital stay deductible for each service. If you get hospital outpatient services in a critical access hospital (a small facility that provides outpatient services to people in rural areas), your copayment may be higher and may exceed the Part A hospital stay deductible.

Visit [Medicare.gov/your-medicare-costs](https://www.medicare.gov/your-medicare-costs) for the most up-to-date information on deductibles, coinsurance, and copayments. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.