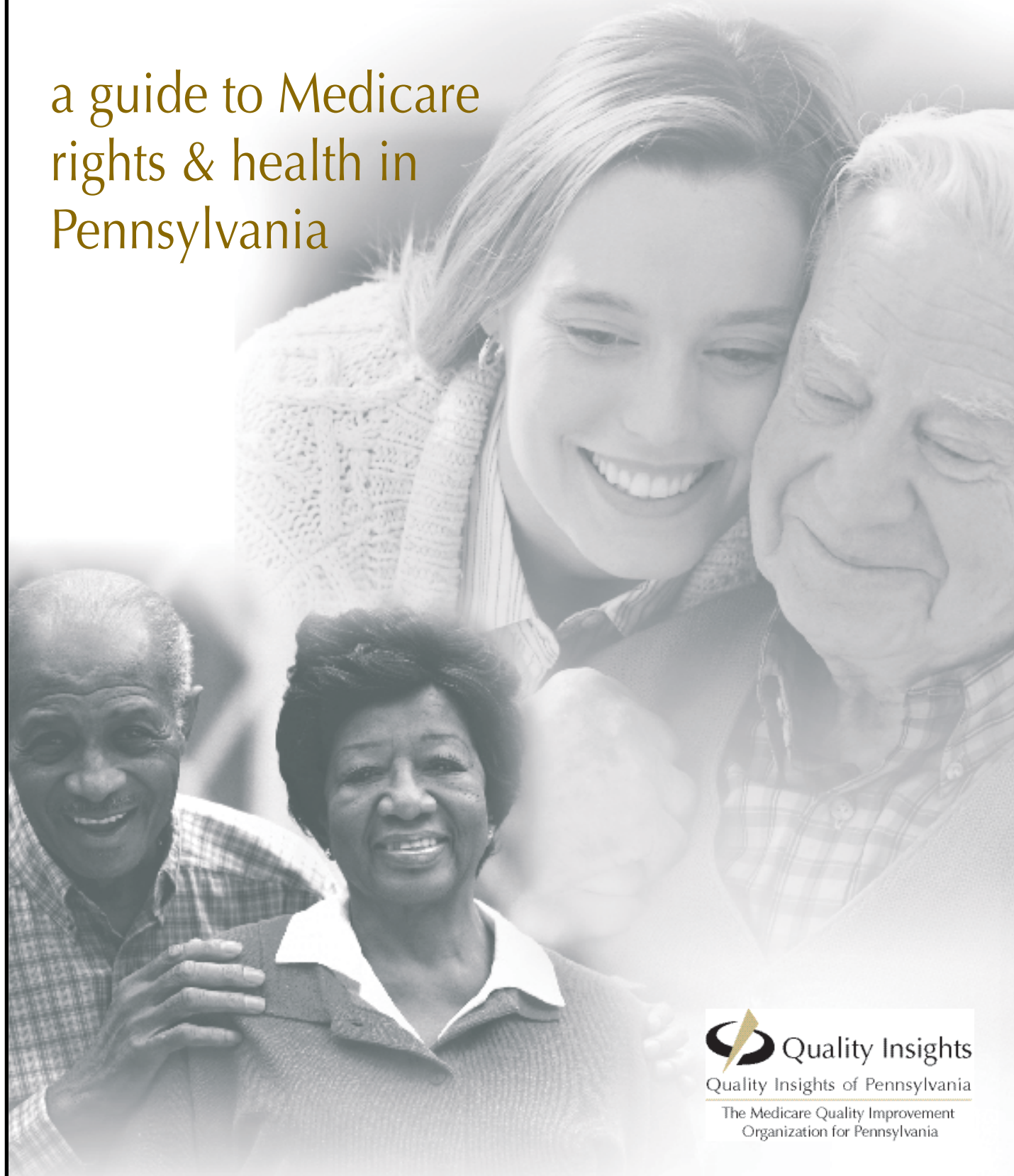


# *Health in Handbook*

a guide to Medicare  
rights & health in  
Pennsylvania



 **Quality Insights**  
Quality Insights of Pennsylvania  
The Medicare Quality Improvement  
Organization for Pennsylvania

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# Tips for Staying Healthy

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Quality Insights of Pennsylvania works hard to make sure that the health care you receive is the best care possible. There are plenty of ways you can take care of yourself to stay healthy.

Following are some tips for staying healthy:

- If you don't understand your doctor's instructions, ask him or her to explain them in simpler terms.
- Ask questions - do not be afraid to ask your health care provider about your treatment.
- Regarding medications - tell your health care provider all of the drugs you are taking. If you are given a medication, take it exactly as you are told, and do not stop taking it without checking with your doctor.
- Stay active - with your doctor's permission, start and maintain an exercise program, even if it is simply walking.
- Eat a nutritious and balanced diet. Your health care provider can give you helpful suggestions.

Check Quality Insights' Web site, [www.qipa.org](http://www.qipa.org), periodically for important wellness information. Download our free materials and make copies for your friends, or order quantities online.

Another resource that is available to you is our free quarterly newsletter, *Health in Hand*. This free newsletter provides helpful information on a variety of wellness topics. You can receive this by mail, or, for your convenience, you can

have it e-mailed to you. The electronic *Health in Hand* contains additional resources that we are not able to offer through the mail. If you would like us to send *Health in Hand* to you simply call our toll-free Resource Hotline at 1-877-346-6180. When you are prompted to enter an extension, please enter 7697. Be sure to leave your name, mailing, or e-mail address and telephone number.



# Quality Insights' Wellness Projects



Quality Insights works with nursing homes, home health agencies, hospitals, and physician offices to improve the quality of medical care for Pennsylvania's Medicare consumers. Our staff of doctors, nurses, data analysts and communications professionals identify best practices and ways of improving the quality of care and offer training, education and other tools to these health care providers.

Quality Insights also works closely with Pennsylvania's Medicare Advantage plans to improve the care their enrollees receive in all of the settings mentioned above.

The Centers for Medicare & Medicaid Services (CMS) has created several initiatives to help Medicare consumers and their caregivers find good quality health care. CMS has created Nursing Home Compare, Home Health Compare and Hospital Compare to provide the public with information about how Medicare-certified health care providers performed in specific health care areas.

CMS hopes that this information will help Medicare consumers, their families, and advocates to choose a health care provider and better understand care. This information can help you identify what is quality care and what is poor care.

To learn more about Nursing Home Compare, Home Health Compare and Hospital Compare, call **1-800-MEDICARE (1-800-633-4227)**. You can also get this information by visiting [www.medicare.gov](http://www.medicare.gov) — Medicare's Web site.

Quality Insights encourages Medicare consumers to use preventive services such as mammography, diabetes care and immunizations. Visit Quality Insights' Web site at [www.qipa.org](http://www.qipa.org) for more information and free tools on how you can control diabetes for life or keep track of mammograms, flu shots and pneumonia vaccinations.

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To learn more, visit [www.qipa.org](http://www.qipa.org), or call 1-800-MEDICARE (1-800-633-4227) and ask for more information about Quality Insights of Pennsylvania.

# Introduction

Pennsylvania has more than 2 million persons who receive Medicare benefits. Medicare consumers have certain rights and responsibilities under the Medicare system, but many are not aware of their rights.

In order to help you (or someone you care for who is enrolled in Medicare) be a more informed and active consumer of health care, Quality Insights of Pennsylvania has devised this booklet to supplement (not replace) the *Medicare & You Handbook*. It is free (as are all of our services) to all Medicare consumers. Use it as a reference source for the Medicare system.

In this booklet you will find explanations about:

- Your Medicare rights
- How Quality Insights protects your Medicare rights and improves the health care you receive
- The difference between Medicare and Medicare Advantage plans
- Where you can get help with your Medicare questions
- Medicare-covered preventive health care services
- Quality Insights' wellness project.

Keep this booklet handy so that you can reference your rights. It's also a good idea to share this booklet with your children or caregivers so that they know how to help you protect your Medicare rights.

**Quality Insights of Pennsylvania is the Medicare Quality Improvement Organization for Pennsylvania. Visit [www.qipa.org](http://www.qipa.org) to learn more about us.**

# Medicare Wellness

Medicare helps to pay for many preventive services and screening tests. The chart below lists some of them.

<b>Benefit</b>	<b>Who is Eligible?</b>	<b>What YOU pay</b>
Diabetes supplies – glucose monitors, test strips, lancets	All people with Medicare who have diabetes	20% of the Medicare-approved amount after yearly Part B deductible
Diabetes self-management training & medical nutrition therapy	All people with Medicare who have diabetes	20% of the Medicare-approved amount after yearly Part B deductible
Glaucoma screening – once every 12 months	People at high risk (those with diabetes, family history of glaucoma, African Americans 50 years or older)	20% of the Medicare-approved amount after yearly Part B deductible
Flu shot – once a year & pneumonia shot – one during your lifetime may be all you need	All persons with Medicare	<b>Free</b>
Mammogram screening – once every 12 months	All women with Medicare 40 years and older	20% of the Medicare-approved amount, with <b>no</b> Part B deductible

**Visit [www.qipa.org](http://www.qipa.org) for free health education materials.**

# Important Telephone Numbers, continued

Questions About...	Examples of Actual Questions	Contact
Medigap insurance (private health insurance that fills the “gaps” between what Medicare covers and what you must pay)	Where can I buy a Medigap policy?  What is included in each type of policy?	The APPRISE Program through the State Department of Aging 1-800-783-7067, your county Area Agency on Aging, or Medicare's Web site <a href="http://www.medicare.gov">www.medicare.gov</a>
Assistance to cover medical expenses for low income, aged, blind, or disabled individuals	I'm having trouble paying my monthly Medicare Part B premium.	Medicaid 1-800-692-7462, or your local Public Assistance Office (in the blue pages of your phone book)
The PACE Program (Pharmaceutical Assistance Contract for the Elderly)	Am I eligible for PACE or PACENet?	PACE/PACENet 1-800-225-7223
A complaint about the care you received from your dialysis facility	I am concerned about the care at my dialysis unit.	End Stage Renal Disease Network 1-800-548-9205
Financial assistance for dental care	I cannot afford dental services. Can I get help?	PA Dental Association 717-234-5941 <a href="http://www.padental.org">www.padental.org</a>
Cancer Information Services	What are the risk factors of cancer?	1-800-422-6237 (1-800-4CANCER)
Alzheimer's disease	I'd like information about nursing homes, adult care, or support groups.	Alzheimer's Disease 1-800-272-3900
Diabetes	I have diabetes and need additional information.	American Diabetes Association 1-800-342-2383

# What is Quality Insights?

Quality Insights of Pennsylvania is a Quality Improvement Organization (QIO). QIOs were created by the government to ensure that Medicare consumers receive the health care that they are entitled to, and that the care they receive meets good quality standards.

Quality Insights is owned by the West Virginia Medical Institute, but we work under contract with the Centers for Medicare & Medicaid Services (CMS). CMS is the federal agency that oversees the entire Medicare program. For more information, visit the CMS Web site at [www.medicare.gov](http://www.medicare.gov). Our services are provided **free of charge** to all Medicare consumers, even those enrolled in Medicare Advantage plans, such as an HMO.

## Why are QIOs Necessary?

QIOs, such as Quality Insights, were established in every state and territory in the United States when Medicare changed its hospital payment system in 1984. To help control rising health care costs, Medicare began paying acute care hospitals a flat fee, based on a patient's Diagnosis Related Group (DRG). This means that Medicare pays the hospital based on your diagnosis – the type of illness or injury you have – and not by the number of days you stay in the hospital.

**Please share this information with your children and other caregivers, so that they are aware of your Medicare rights. They may call Quality Insights on your behalf if you feel your Medicare rights have been violated.**

People frequently ask, “How long should I stay in the hospital for this particular illness?” The answer is always the same: you should stay in the hospital as long as it is **medically necessary** for you to be there. Therefore, how long you stay in the hospital should be based upon your medical needs, not your diagnosis.

## What are My Medicare Rights?

Every Medicare consumer has the right to:

- Receive good quality health care
- Be admitted to the hospital when it is medically necessary
- Receive health care services for as long as medically necessary.

The following pages describe what you should do if you feel that your Medicare rights have been violated.



# Your Medicare Rights

All Medicare consumers, including those enrolled in a Medicare Advantage (MA) plan, such as an HMO, have rights. It is important to know what your Medicare rights are, and what to do if you feel those rights have been violated.

## Hospital Admission Denial

If you are denied admission to a hospital, the hospital will present you with what is called a *Hospital Issued Notice of Noncoverage (HINN) Letter*. This letter is given to a person enrolled in **Original Medicare** when:

- The hospital does not think that Medicare will pay for your hospital stay
- In the hospital's opinion, you do not require acute hospital care.

## Your Rights

Since the hospital's opinion is not an official Medicare decision, you have the right to ask Quality Insights to perform a **free** review of your medical case to decide whether or not a hospital stay is medically necessary. This applies only to those who have **Original Medicare** (not an MA plan).

Persons enrolled in an MA health plan have the right to appeal an admission denial through the plan. If you are being denied a medical service or admission to a hospital, you must appeal the decision within your MA health plan. Contact your plan for specific information on your appeal rights, and review your member handbook.



## Your Responsibilities

Quality Insights' toll-free phone number will be listed in the *HINN Letter*. It is **your responsibility** to call us immediately but no later than three days after receiving the letter to ask for a review.

When reviewing your case, Quality Insights will talk with you, the hospital, and your doctor. We will obtain a copy of your medical record to determine if you are being wrongly denied admission to the hospital. When the review is complete, we will let you know our decision. If we agree that you need to be admitted to the hospital, Medicare will cover your stay.

## Discontinued Care – Hospital

When Medicare consumers receive care from a hospital, they should receive an *Important Message from Medicare*. This Message details the rights of persons with Medicare. You should receive this notice if you have Original Medicare or a Medicare Advantage plan.

# Important Telephone Numbers, continued

Questions About...	Examples of Actual Questions	Contact
Complaints about Medicare Advantage plans and other health care plans	I'm being denied a service that is covered under my health care policy.	Attorney General's Health Care Unit at 717-705-6938 (Harrisburg) 1-877-888-4877
Non-medical complaints about a nursing home or other long term care facility	The nursing home is dirty.  There is not enough staff on duty.	PA Department of Health, Division of Nursing Care Facilities at 1-800-254-5164 Or, call your local county Area Agency on Aging Long Term Care Ombudsman (found in the blue pages under "Aging").
Questions about which medical insurance pays first	We have both Medicare and Tricare. Who pays for this service?  I have both Medicare and insurance from the union, and I don't know who will pay this bill.	Coordination of Benefits 1-800-999-1118
Complaints or questions about home health providers and ESRD units	I think I got poor service.  My home health aide treated me poorly.	PA Department of Health, Home Health/ESRD Hotline 1-800-222-0989
Home health agency information and non-medical complaints	I need some information on home health agencies in my area.  My home health nurse didn't show up as scheduled.	PA Home Care Association 1-800-382-1211

## Important Telephone Numbers, continued

Questions About...	Examples of Actual Questions	Contact
Payments for inpatient hospital stays, skilled nursing facilities, ambulatory surgery centers, and hospice	Why did I get this bill from the hospital?  How much will Medicare pay for a stay in a skilled nursing facility?	Medicare Part A through Highmark Medicare Services (including railroad retirees): 1-800-MEDICARE (1-800-633-4227)
Payments for physician bills, clinical lab tests, ambulance bills and payments, or a listing of Medicare participating physicians and providers	I'll be traveling to Florida for six months. How can I find a participating doctor?  Why did I get this bill from my doctor?	Medicare Part B through Highmark Medicare Services 1-800-MEDICARE (1-800-633-4227)  For railroad retirees only: Palmetto GBA 1-800-833-4455
Medicare coverage of durable medical equipment or diabetic supplies prescribed by a doctor	Will my wheelchair be covered?  Will my home oxygen supplies be covered?	HealthNow New York 1-800-MEDICARE (1-800-633-4227)
Railroad Retirement Benefits	What type of coverage is available for my spouse and survivors?	Railroad Retirement Board 1-800-808-0772 web site: <a href="http://www.rrb.gov">www.rrb.gov</a>
Payments for home health services  Non-medical complaints about hospice and home health services	Will Medicare cover my home health services?  I think I got poor service.	Cahaba Health Benefits Administration  1-877-910-8139

## Your Medicare Rights, continued

The Message is for informational purposes only; it lets you know what you can do if services are discontinued before you are medically ready for them to end.

All Medicare consumers have the right to appeal, no matter what Medicare health insurance option you have. You can think of this review as your right to have a second doctor's opinion about your care.

### Your Responsibilities

To request a free review by Quality Insights, you must:

- Ask the provider (the facility, agency or plan) to give you its decision in writing. You will be issued a notice explaining why your services are being discontinued. The notice includes Quality Insights' name, address, and toll-free helpline number.
- Once you receive the notice, call Quality Insights immediately on our toll-free helpline. A friend or family member may make the call for you.
- Tell the provider that you have called Quality Insights of Pennsylvania to request a review.

Next, Quality Insights will contact the provider and get a copy of your medical record within 24 hours. We will then have a doctor review the record to see if it is medically necessary for you to continue receiving services. Please understand that medical necessity is based on whether or not the care you need can be provided only by the

health care provider, not on your wish to keep the services.

Once we make our decision, we will tell you and the provider. If we agree with you, you will continue to receive services as long as it is medically necessary. If we agree with the provider that you no longer require their services, care will be discontinued or you will be billed for the services.

### Discontinued Care – Skilled Nursing Facility, Home Health Agency, Comprehensive Outpatient Rehabilitation Facility, or Hospice

No matter what Medicare health insurance option you have, you have rights to appeal coverage decisions. If you are receiving care in a skilled nursing facility, from a home health agency, from a comprehensive outpatient rehabilitation facility, or from a hospice (Original Medicare only) and the care is no longer needed or should no longer be covered, you will receive what's called *A Notice of Medicare Non-Coverage*. You will get this notice at least two days before your coverage ends.

If you don't think the care should stop, the notice will have Quality Insights' phone number to call and request another opinion. This request must be made as soon as possible, but no later than noon of the day before the effective date listed on your notice. Quality Insights will conduct the free review and inform you and the plan/provider of its decision.

## Your Medicare Rights, continued

Once you receive the notice, call Quality Insights **immediately** on our toll-free helpline. A friend or family member may make the call for you. If you call immediately, you will not be responsible for medical costs while we conduct our review. If you call during evening hours or over a weekend, leave a message on our answering machine, and we will call you back on our next working day. **Once you have called Quality Insights, you cannot be forced to leave the hospital while we are conducting the review.** Be sure to tell the hospital that you have called Quality Insights of Pennsylvania to request a review.

Next, Quality Insights will contact the hospital and get a copy of your medical record. The hospital has 24 hours to get your medical record to us. We will then have a doctor review the record to see if it is medically necessary for you to stay in the hospital.

### Quality of Care Complaints

Medicare is very concerned that the medical care you receive meets established standards and guidelines. If you are currently receiving poor medical care, or received poor medical care in the past, you may request that Quality Insights of Pennsylvania review that care. We review quality of care complaints provided in the following settings: a hospital or hospital emergency room, skilled nursing or rehabilitation facility, ambulatory surgery center, doctor's office, home health agency,

or from a Medicare Advantage plan, such as an HMO. This right applies to everyone with Medicare, including those enrolled in a Medicare Advantage plan. The review is **free**.

### Your Responsibility

If you are currently receiving care from a health care provider and you have a quality of care complaint, Quality Insights of Pennsylvania will begin a review as soon as we receive your concerns. You can reach Quality Insights through **1-800-MEDICARE (1-800-633-4227)**.

If you have been released from the facility, you (or someone acting on your behalf) can call **1-800-MEDICARE (1-800-633-4227)**, and ask to speak to Quality Insights of Pennsylvania. We will ask you to submit your complaint in writing to us. Please note that the caller does not have to be the patient who received poor care; it can be a family member or friend. Your written complaint should include the patient's name and Medicare number, the date of admission, and the name of the facility that provided the care. Also include a description of the complaint.

Once your written complaint is received, a Quality Insights' case manager will request the patient's medical record from the health care facility, and a doctor will perform a review of the medical record. If the patient has already been discharged, the investigation can take three to six months to complete. The case manager will call you to keep you informed of

## Important Telephone Numbers

Questions About...	Examples of Actual Questions	Contact
<b>The quality of medical care in a hospital or emergency department, ambulatory surgery center, skilled nursing facility, doctor's office, rehabilitation facility, or home health agency</b>	<b>I'm in a hospital, but I am not receiving good quality care.</b>  <b>I developed pneumonia when I was in the hospital with a broken hip.</b>	<b>Medicare Helpline</b> <b>1-800-MEDICARE</b> <b>(1-800-633-4227)</b>  <b>On the Web:</b> <b>www.medicare.gov</b> <b>www.qipa.org</b>
<b>Being discharged too soon from an acute care hospital or a rehabilitation facility</b>	<b>I think I am being discharged from the hospital too soon.</b>	
<b>Reporting inappropriate sales tactics of Medigap insurers or Medicare Advantage plans, or to complain about agents or companies that claim to represent Medicare</b>	<b>The insurance salesperson tried to sell me two Medigap policies.</b>	<b>Medicare Helpline</b> <b>1-800-MEDICARE</b> <b>(1-800-633-4227)</b>  <b>On the Web:</b> <b>www.medicare.gov</b>
<b>How to order free Medicare publications</b>	<b>I want information about Medicare health insurance.</b>	
<b>Medicare enrollment or lost Medicare cards</b>	<b>How do I sign up for Medicare when I turn 65?</b>  <b>I lost my Medicare card and need a replacement.</b>	<b>Social Security Administration</b> <b>1-800-772-1213</b>
<b>Medicare fraud</b>	<b>I was billed for a service I did not receive.</b>	<b>Medicare Fraud and Abuse</b> <b>1-800-HHS-TIPS or</b> <b>1-800-447-8477</b>

# Medicare Prescription Drug Benefits

Medicare prescription drug coverage is insurance that covers both brand-name and generic prescription drugs at participating pharmacies in your area. Medicare prescription drug coverage provides protection for people who have very high drug costs or from unexpected prescription drug bills in the future.

Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses.

You may sign up for Medicare Part D when you first become eligible for Medicare (three months before the month you turn age 65 until three months after you turn age 65). If you get Medicare due to a disability, you can join from three months before to three months after your 25th month of cash disability payments. If you don't sign up when you are first eligible, you may pay a penalty. If you didn't join when you were first eligible, your next opportunity to enroll will be from November 15, 2007 to December 31, 2007.

## How Part D Coverage Works

Your decision about Medicare prescription drug coverage depends on the kind of health care coverage you have now. There are two ways to get Medicare prescription drug coverage. You can join a Medicare prescription drug plan or you can join a Medicare Advantage plan or other Medicare health plan that offers drug coverage.

Like other insurance, if you join, generally you will pay a monthly premium, which varies by plan, and a yearly deductible (between \$0-\$265 in 2007). You will also pay a part of the cost of your prescriptions, including a copayment or coinsurance. Costs will vary depending on which drug plan you choose. Some plans may offer more coverage and additional drugs for a higher monthly premium. If you have limited income and resources, and you qualify for extra help, you may not have to pay a premium or deductible. Almost one in three Medicare consumers will qualify for assistance. You can apply or get more information by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778) or by visiting [www.socialsecurity.gov](http://www.socialsecurity.gov).



# Your Medicare Rights, continued

the progress of the case. The case manager will also call you when the review is complete, and will send you a letter telling you we completed our review.

## Quality Insights' Findings

If Quality Insights finds what we think is a problem with the quality of care you received, we will talk to the facility and/or doctor to recommend ways to handle the same situation in the future. This helps to improve future care provided by the doctor or facility.

In rare cases, Quality Insights may recommend that a facility or doctor be removed from the Medicare program. This is done as a last resort, when attempts to work with the doctor or facility to correct the problem have failed. Quality Insights' aim is not to punish health care providers, but to protect patients by improving the quality of health care provided to all.

## Mediation: A Potential Option

Some quality of care complaints may be eligible for mediation, an option under Medicare. Mediation refers to a private dialogue between the patient and doctor or hospital, facilitated by an impartial third person (the mediator). It is an opportunity for the patient and doctor or health care provider to meet in person or over the telephone to discuss the complaint, respond to each other, and try to resolve the quality of care concern.

The mediation session is strictly confidential – the discussion is not documented and cannot be used in any legal proceedings. You and your physician/provider determine the solution to your complaint with the help of the mediator.

It is important to note that mediation is voluntary. Even if your case is eligible for mediation, neither you nor your physician are required to participate. If you choose not to participate, your benefits under Medicare are not affected.

When you call Quality Insights of Pennsylvania to file a complaint, a review case manager will give you more details. **Not all complaints are appropriate for mediation.** There is no charge to participate in this process. To file a quality of care complaint or to learn more about mediation, call **1-800-MEDICARE (1-800-633-4227)**.



# Medicare and MA Plans

Those who are 65 years of age or older, and certain younger disabled persons, are eligible for federal health insurance coverage. That coverage may take the form of Medicare or a Medicare Advantage (MA) plan.

**Original Medicare** (sometimes referred to as “fee for service”) has two areas of coverage – Part A and Part B. Part A is the hospital insurance, which pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. The 2007 deductible for Part A is \$992. This means that you must pay for the first \$992 of your bill for care provided in a hospital.

Part B is medical insurance, which helps pay for doctors’ services, outpatient hospital care, and other medical services that are not covered by Part A. There is an annual \$131 deductible before your Part B coverage begins covering expenses. The monthly cost for Part B coverage depends on how much money you make. Generally, Part B pays for 80 percent of the cost of covered items. See page 15 for a table of preventive services Part B covers.

Those with Original Medicare may choose to purchase additional health insurance coverage. This coverage, called Medigap insurance, can help pay for services, or the 20 percent that Medicare does not cover. You do not have to purchase Medigap insurance; it is an optional supplement to your Medicare coverage.

**Medicare Advantage plans** are health care choices (like HMOs) in some areas of the

country. In most plans, you can go only to doctors, specialists, or hospitals on the plan’s list. There are many different types of MA plans. Some offer more flexibility, but sometimes at a higher cost, in which health care providers you may visit.

All MA plans must cover the same services that are covered by Medicare Part A and Part B. Some plans cover extras, like annual physicals.

If you are enrolled in an MA plan, you do not need to purchase Medigap insurance.

To find out what MA plans are available in your area, contact an APPRISE counselor through your local Area Agency on Aging. See page 14 for a phone number if you are not sure where to call.

## Medicare Advantage Plans

There are four basic types of Medicare Advantage plans: Point-of-Service (POS) plans (also known as an HMO), Preferred Provider Organizations (PPOs), Private Fee-for-Service plans, and Medicare Special Needs plans. All of these plans require you to have Medicare Parts A and B.

**Point-of-Service Plans (POS)** – a type of Medicare Advantage plan that is available in most areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can

# Medicare and MA Plans continued

only go to doctors, specialists, or hospitals on the plan’s list except in an emergency. Your costs may be lower than in the Original Medicare Plan.

**Preferred Provider Organizations (PPOs)** – a type of Medicare Advantage plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Private Fee-for-Service Plans** – a type of Medicare Health plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan’s payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and what you pay for the services you get. You may pay more or less for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan doesn’t cover.

**Medicare Special Needs Plans** – a special type of Medicare Advantage plan that provides all Medicare Part A and Part B health care and services to people who can benefit the most from things like special care for chronic illnesses, care management of multiple diseases, and focused care management. These plans may limit membership to people in certain institutions (like a nursing home), eligible for both Medicare and Medicaid, or with certain chronic or disabling conditions.

## Eligibility

Most persons with Medicare are eligible for MA plans unless they have End Stage Renal

Disease (ESRD). To be eligible:

- You must be eligible for Medicare Part A.
- You must be enrolled in Medicare Part B and pay the monthly premium (which is deducted directly from your Social Security check).
- You must live within the MA plan's service area.
- You cannot have ESRD requiring dialysis or transplant at the time you enroll in the MA plan.

## Appeals

You have the right to appeal any health care decision made on your behalf, regardless of the plan you have. If you feel your rights have been violated, you can start the appeal process.

Refer to your MA plan member handbook for more information about your appeal rights. The previous pages also describe Medicare patient rights and how Quality Insights protects the rights of those enrolled in Medicare Advantage plans.

