January 2023

Understanding your Medicare Advantage Plan's provider network

Many Medicare Advantage Plans have networks, including doctors, other health care providers, hospitals, and facilities, that your health insurer or plan has contracted with 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 your Medicare Advantage Plan's website, or contact your plan to request 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.

Can my plan's provider network change?

- Yes. Your Medicare Advantage Plan can add or remove providers from its provider network at any time during the year.
- Even though your Medicare Advantage Plan can change its network at any time, your plan must protect you from interruptions in medical care and make sure you have adequate access to medically necessary covered benefits.

How do I know my provider has left the plan's network?

- Your provider can choose to leave your plan's network at any time. If your provider is no longer in the network, you'll need to choose a new provider in the 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 your plan so you have time to choose a new provider. You'll get this notice if you see that provider regularly or if it's your primary care provider.
- Check with your provider when you schedule an appointment to confirm they're still in your plan's network.

How do I know my provider has left the plan's network? (continued)

- Each year, during the Medicare Open Enrollment Period (October 15 – December 7), check the provider networks to find out if the providers you use are covered by the plans you're considering.

What questions should I ask my Medicare Advantage Plan about providers in 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?
- What happens if my provider stops participating in the network?
- Who can I call with questions or concerns?

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 out-of-area dialysis). In an HMO with a point-of-service (POS) 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, other health care provider, or hospital in a PPO's network.

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

Private Fee-for-Service (PFFS) Plans

If you join a PFFS plan that has a network, you can see 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 it may cost 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.

Medicare Special Needs Plans (SNP)

Check with your plan to see if they require a primary doctor. SNPs typically have specialists in the diseases or conditions that affect their members.

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, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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

CMS Product No. 11941