

Know Your Rights

RIGHTS FOR MEDICARE ADVANTAGE ENROLLEES TO ACCESS CARE

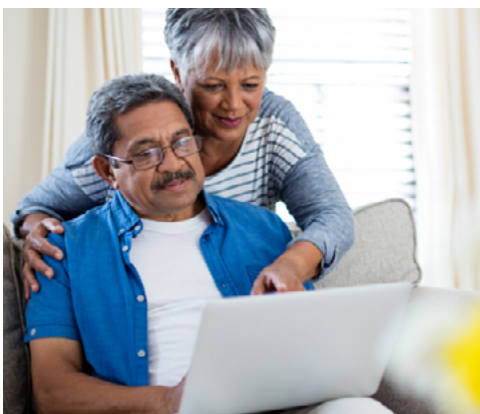
1 Timely decision

Enrollees have the right to a timely decision from Medicare Advantage plans for:

- Whether the insurance will pay for any health care services the patient believes are covered under Medicare.
- Whether the insurance will reduce or prematurely discontinue ongoing services that were previously approved.
- Approving/denying payment for health care services in a timely manner where a delay may adversely affect the health of an enrollee.

Requests can be submitted by an enrollee or health care provider. If prior approval is not required, Medicare Advantage plans must typically respond within 14 days (7 days beginning January 1, 2026).

[42 CFR § 422.566](#)



2 Expedited decision

Enrollees or physicians have the right to request an expedited decision for any of the above if they believe 14 days is too long to wait for a decision.

- If a Medicare Advantage plan denies the request for an expedited decision, it still must provide a decision within 14 days.
- Medicare Advantage plans must respond within 72 hours for an expedited decision.

[42 CFR § 422.572](#)

3 Grievances

Enrollees have the right to have grievances with the Medicare Advantage plan heard and resolved.

If an enrollee is dissatisfied with any part of a decision for the Medicare Advantage plan, they have the following appeal rights:

- The right to a reconsideration of the adverse decision by the Medicare Advantage plan.
- The right to request an expedited reconsideration.

[42 CFR § 422.630](#)



For more information visit:
www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options