



Guide to Choosing a Hospital



This official government booklet explains:

- Steps to find and compare hospitals
- Why hospital quality is important
- Information about Medicare and hospital stays



GUIDE TO CHOOSING A HOSPITAL

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The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

“Guide to Choosing a Hospital” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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SECTION

Steps to choosing a hospital

When you're sick, you may go to the closest hospital or the hospital where your doctor practices. But which hospital is the best for your individual needs? Research shows that some hospitals do a better job taking care of patients with certain conditions than others.

When you have a life-threatening emergency, always go to the closest hospital. However, if you're planning to have surgery, or if you have a condition like heart disease and know you may need hospital care in the future, it's important to pick the hospital that's best for you. Understanding your hospital options will help you have a more informed discussion with your doctor or other health care provider. Use the steps on pages 6–9 to learn about your hospital choices.

Before you get started

Make the most of your appointments with your doctor or other health care provider to learn about your condition and health care needs:

- Before your appointment, make a list of things you want to talk to your doctor or provider about (like recent symptoms, prescription drug side effects, or other general health questions). Bring this list to your appointment.
- Bring any prescription drugs, over-the-counter drugs, vitamins, and supplements to your appointment and review them with your doctor or provider.
- Take notes during your appointment and read them to the doctor or provider before your appointment ends. Ask any questions you may have.
- Bring someone you trust, like a friend or family member.
- Ask if there's any information about your condition that you can take with you.
- Call the office if you have questions after you leave.

STEP 1: Steps to choosing a hospital checklist	
	Talk to your doctors or other health care providers:
	Find out which hospitals they work with.
	Ask which hospitals they think give the best care for your condition (like if they have enough staffing, coordinate care, promote medication safety, and prevent infection).
	Ask how well these hospitals check and improve their quality of care. See page 6.
	Ask if the hospitals participate in Medicare or in the network of your Medicare Advantage Plan or other Medicare health plan , if you have one.
	Based on your condition, ask your doctors or health care providers:
	If you should consider choosing a specialty hospital, teaching hospital, community hospital, or hospital that does research or has clinical trials related to your condition?
	If you need a surgeon or other specialist, what's their experience and success treating your condition?
	Who will be responsible for your overall care while you're in the hospital?
	Will you need care after leaving the hospital and, if so, what kind of care? Who will arrange this care?
	Are there any alternatives to hospital care?

Steps to choosing a hospital checklist (continued)

STEP 2: Think about your personal and financial needs	
	Check your hospital insurance coverage:
	Do you need permission from your Medicare health plan (like a preauthorization or a referral) before you're admitted for hospital care?
	If you need care that isn't emergency care, do you have to use only the network of your Medicare health plan? Do you have to use certain hospitals or see certain surgeons or specialists?
	Do you have to pay more to use a hospital, surgeon, or specialist that doesn't participate in your Medicare health plan, if you have one?
	Do you need to meet certain requirements to get care after you leave the hospital?
	Think about your preferences:
	Do you want a hospital located near family members or friends?
	Does the hospital have convenient visiting hours and other rules that are important to you (like, can a friend or family member stay overnight in the room with you)?

Steps to choosing a hospital checklist (continued)

STEP 3: Find and compare hospitals based on your condition and needs	
	<p>Visit Medicare.gov/care-compare to:</p> <ul style="list-style-type: none"> • Find hospitals by name, city, state, or ZIP code. • Check the results of patient surveys to see what patients said about their hospital experience. • Compare the results of certain quality measures that show how well these hospitals treat patients with certain conditions. <p>See Section 2 (starting on page 11) for a closer look at hospital quality. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.</p>
	<p>Search online for other sources to compare the quality of the hospitals you're considering. Some states have laws that require hospitals to report data about the quality and cost of their care and post the data online.</p>
STEP 4: Discuss your hospital options and choose a hospital	
	<p>Talk with family members or friends about the hospitals you're comparing.</p>
	<p>Talk to your doctor or health care provider about how the hospital information you gathered applies to you.</p>
	<p>Choose the hospital that's best for you.</p>

Hospital quality quick check

Here's a summary of what to look for when comparing hospitals.

Look for a hospital that:	
	Has the best experience with your condition.
	Checks and improves the quality of its care.
	Performs well on measures of quality, including a national patient survey. Visit Medicare.gov/care-compare to see quality measures.
	Participates in Medicare.
	Meets your location and other needs, like visiting hours.
	Your Medicare health plan covers.

SECTION

A closer look at hospital quality

2

What's good quality hospital care?

Hospitals provide good quality of care when they give you the care and treatments known to get the best results for your condition. Getting good quality hospital care may help with your recovery and help you avoid other problems. Not all hospitals provide the same quality of care.

Most hospitals have programs to check and improve the quality of the care they provide. They can either collect and monitor information from patient charts to see where they can improve patient care, or survey patients about their hospital experience. Many hospitals report the information they collect to their state and to Medicare.

Medicare, states, and other hospital industry leaders review and use this information to help hospitals take steps to improve their quality of care. See pages 13–14 for a list of other organizations that work to improve hospital quality.

How can I find information about hospital quality?

Visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare) for more information on hospital quality. Enter your location and choose “hospitals” as the provider type to search and compare hospitals in your area.

From there, you'll get a “snapshot” of how well hospitals in your area, and around the nation, care for patients. You can use this information when you talk to your doctor or other health care provider about which hospital is best for you.

You can compare hospitals based on:

- **What other patients thought about their hospital stay.** Recently discharged patients get a survey about their hospital experience. They answer questions about topics like how well their hospital's doctors and nurses communicated with them and how well they were prepared for discharge.

Words in blue are defined on page 17.

How can I find information about hospital quality? (continued)

- **If hospitals give timely and effective care.** Find information like how often hospitals give recommended treatments for certain conditions, like heart attacks and sepsis.
- **If patients got better.** Learn how hospitals' rates of readmission, complications, and mortality (death) for certain conditions compare to the national rate.
- **If the hospital is careful about giving people too many tests.** Learn how each hospital uses outpatient medical imaging tests, like CT scans and MRIs.

If you're in a [Medicare Advantage Plan](#) or other Medicare health plan, check with your plan to see if it will cover your care in a certain hospital.

If you don't have internet access, your local library, senior center, a family member, or friend may be able to help you. You can also call your State Health Insurance Assistance Program (SHIP) to get free help with this, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Here's an example of what you'll see at [Medicare.gov/care-compare](https://www.Medicare.gov/care-compare):

The screenshot displays the Medicare.gov/care-compare search interface. At the top, there are search fields for 'MY LOCATION' (set to 'Anywhere, OH'), 'PROVIDER TYPE' (set to 'Hospitals'), and 'NAME OF FACILITY (OPTIONAL)' (set to 'Facility name'). A 'Search' button is located to the right. Below the search fields are filter options: 'Filter by: Distance', 'Overall rating', 'Patient survey rating', 'Emergency services', and 'Hospital type', with a 'Clear all filters' link. The results section shows 'Showing 1 - 15 of 15 hospitals' and 'Sort by: Closest'. Three hospitals are listed:

Rank	Hospital Name	Distance	Overall Rating	Patient Survey Rating
1.	River Hospital ACUTE CARE HOSPITALS 1234 Maple Drive Anywhere, OH (555) 555-4389	1.8 mi	3.5 stars	4.5 stars
2.	Mountain Hospital ACUTE CARE HOSPITALS 753 Main Street Anywhere, OH (555) 555-5790	3.6 mi	4.5 stars	4.5 stars
3.	Lake Hospital ACUTE CARE HOSPITALS 32 Greenway Circle Anytown, USA (555) 555-4848	4.2 mi	3.5 stars	4.5 stars

Each hospital listing includes a 'Compare' button and a heart icon. To the right of the list is a map showing the locations of the three hospitals marked with green pins.

What other organizations work to improve hospital quality?

- Quality Improvement Organizations employ groups of practicing doctors and other health care experts and are paid by the federal government in part to check and improve the care given to people with Medicare.
- Some states and accrediting organizations also post information about the quality of their hospitals. See below.

About hospital evaluations

To participate in Medicare, hospitals must follow Medicare health and safety regulations. Your [State Survey Agency](#) or a national accreditation organization whose hospital accreditation program is approved by Medicare can evaluate how a hospital follows those regulations. Hospitals can choose either option for evaluation, and you can ask any hospital you're considering how it's evaluated.

Medicare has approved the hospital accreditation programs of 4 national accrediting organizations to check the hospital's compliance with health and safety standards set by Medicare. If a hospital you're considering is accredited by one of these organizations, you can go online, call, or write to find out if there's information that the organization can share with you about the hospital's performance or if you have a complaint about a hospital.

- The Joint Commission
1 Renaissance Boulevard
Oakbrook Terrace, IL 60181-4294
1-630-792-5800
jointcommission.org
- American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
1-800-621-1773
1-312-202-8000
osteopathic.org

About hospital evaluations (continued)

- DN GL Healthcare
400 Techne Center Drive,
Suite 100 Milford, OH 45150
1-866-523-6842
dnvaccreditation.com
- Center for Improvement in Healthcare Quality (CIHQ)
P. O. Box 3620
McKinney, TX 75070
1-866-324-5080
cihq.org

You can also call or write to your [State Survey Agency](#) for copies of any survey reports or any other quality information they may have on the hospital. State Survey Agencies can also handle complaints about any accredited hospitals. Visit [CMS.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Certification-State-Agency-Contacts.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Certification-State-Agency-Contacts.pdf) for state contact information.

How can I help improve the quality of the hospitals in my area?

- Talk to the staff about the care you're getting. Ask questions if something doesn't seem right to you.
- Become a hospital volunteer.
- Become an advocate for better care by writing a letter to, or talking with, hospital leaders about ways to improve the care they provide.
- Serve on a hospital board or committee.
- Keep learning about the quality of the hospitals in your area.

SECTION

3 Medicare & your hospital stay

How can I find information about hospital services that Medicare covers?

Original 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.

Note: If you're in a [Medicare Advantage Plan](#) or other [Medicare health plan](#), read your plan materials. These plans may have limitations on how you get coverage, like requiring you to use network hospitals or to get prior authorization for a non-emergency hospital stay.

For more information about Medicare-covered hospital services, see your "Medicare & You" handbook or visit [Medicare.gov/coverage](https://www.Medicare.gov/coverage). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Words in [blue](#) are defined on page 17.

Are you a hospital inpatient or outpatient?

Did you know that even if you stay in the hospital overnight, you might still be considered an outpatient? Your hospital status as an inpatient or an outpatient affects how much you pay for hospital services, like x-rays, drugs, and lab tests. In general, you need to have a 3-day inpatient hospital stay immediately prior to being admitted to a skilled nursing facility for Medicare to cover care you receive in the skilled nursing facility. If you're in the hospital more than a few hours, always ask your doctor or the hospital staff if you're an inpatient or an outpatient.

You may get a "Medicare Outpatient Observation Notice" (MOON) that lets you know you're an outpatient getting observation services in a hospital or critical access hospital. You'll get this notice if you're getting outpatient observation services for more than 24 hours. The MOON will tell you why you're an outpatient getting observation services. It will also let you know how this may affect what you pay for care while you're in the hospital and what you pay for care after you leave.

For more information about inpatient and outpatient services, visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view "Are you a Hospital Inpatient or Outpatient?" Or, you can call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

What are my rights in the hospital?

You have certain rights and protections while you're in the hospital, no matter where you're getting care. You have the right to be included in decisions about your care and the right to appeal certain decisions about your coverage. For more information about these rights, visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals), or call 1-800-MEDICARE.

If you feel you're being asked to leave the hospital too soon, you have the right to request a review of that decision by a [Beneficiary and Family Centered Care-Quality Improvement Organization \(BFCC-QIO\)](#). The notice called "An Important Message from Medicare about Your Rights" explains this. The hospital should give you a copy of this notice. If you don't get a copy, ask your nurse or the hospital's patient advocate to give you one.

Who can help me if I have a complaint about my hospital care?

If you have a complaint about the **quality of the care** you, a family member, or someone you care for got at a hospital, contact the BFCC-QIO for your state. If you have **other complaints** about a hospital, contact your [State Survey Agency](#). Visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) to get the phone number for your BFCC-QIO and State Survey Agency. Or, you can call 1-800-MEDICARE.

SECTION

4 Definitions

Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)—A type of QIO (an organization under contract with Medicare) that uses doctors and other health care experts to review complaints and quality of care for people with Medicare. The BFCC-QIO makes sure there is consistency in the case review process while taking into consideration local factors and needs, including general quality of care and medical necessity.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits, excluding hospice. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for by Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare health plan—Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans. PACE plans can be offered by public or private companies and provide Part D and other benefits in addition to Part A and Part B benefits.

State Survey Agency—A state agency that oversees health care facilities that participate in the Medicare and/or Medicaid programs by, for example, inspecting health care facilities and investigating complaints to ensure that health and safety standards are met.

CMS Accessible Communications

The Centers for Medicare & Medicaid Services (CMS) provides free auxiliary aids and services, including information in accessible formats like braille, large print, data or audio files, relay services and TTY communications. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. Call us:

For Medicare: 1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

2. Send us a fax: 1-844-530-3676

3. Send us a letter:

Centers for Medicare & Medicaid Services

Offices of Hearings and Inquiries (OHI)

7500 Security Boulevard, Mail Stop S1-13-25

Baltimore, MD 21244-1850

Attn: Customer Accessibility Resource Staff

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare Prescription Drug Plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare Prescription Drug Plan, State or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. Online:

hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.

2. By phone:

Call 1-800-368-1019. TTY users can call 1-800-537-7697.

3. In writing: Send information about your complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

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This booklet is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia gratis, visite [Medicare.gov](https://www.Medicare.gov) o llame al 1-800MEDICARE (18006334227). Los usuarios de TTY pueden llamar al 18774862048.

