

JUNE 2025

Newsletter Insert: How to Complete and Deliver the Important Message from Medicare

Instructions: Copy and paste the information below in your publications (e.g., newsletters) to provide guidance to hospitals, acute rehabilitation facilities, and long-term acute care facilities regarding the completion and delivery of the Important Message from Medicare. Please use the information in this document in its entirety. If you find that you need a customized version of this newsletter insert, email your request to qiocommunications@acentra.com.

HOW TO COMPLETE AND GIVE THE IMPORTANT MESSAGE FROM MEDICARE

Acentra Health is the Beneficiary and Family Centered Care Quality Improvement Organization (also referred to as a BFCC-QIO) for the [29 states](#) shown on the organization's home page. One of the responsibilities of the BFCC-QIO is to help healthcare providers understand rules set forth by the Centers for Medicare & Medicaid Services (CMS).

Hospitals are required to deliver the Important Message from Medicare (**IM**) to all Medicare beneficiaries (Original Medicare beneficiaries and Medicare Advantage plan enrollees) who are hospital inpatients. The IM informs hospitalized inpatients of their hospital discharge appeal rights.

USING THE RIGHT FORM

Hospitals must use the CMS-approved IM form. Items to be filled in:

- Patient's name
- Patient number [Note: do **not** use the Social Security Number, HICN, or MBI].
- BFCC-QIO contact information. Acentra Health's information can be found at www.acentraqio.com.

WHAT CAN BE CHANGED ON THE FORM

Only a few changes are allowed:

- This form must remain two pages. The notice can be two sides of one page or one side of two separate pages. It must not be condensed to one page.
- Hospitals may include their business logo and contact information at the top of the form. Text may not be shifted from page 1 to page 2 to accommodate large logos, address headers, etc.

- Hospitals may include information in the optional “Additional Information” section relevant to the patient’s situation. You may also document telephone notification in the “Additional Information” section.

WHEN TO GIVE THE IM

Hospitals must deliver the form to all patients eligible for the expedited determination process. The form must be delivered even if the beneficiary agrees with the discharge.

Required Delivery Time Frames

First Copy:

- Give the IM at or near admission, but no later than 2 calendar days after admission.
- You may also give it during a pre-admission visit, but no more than 7 days before admission.

A hospital must deliver the IM to all inpatients, including those in the hospital for a short stay. Once the discharge date is planned, a hospital does not need discharge orders in advance of delivering the IM.

Follow-Up Copy:

- Must be given within 2 calendar days of discharge, and no later than 4 hours before discharge
- If the first IM is given within 2 days of discharge, a second copy is not needed.
For example, if a beneficiary is admitted on Monday, the IM is delivered on Wednesday, and the beneficiary is discharged on Friday, no follow-up notice is required.

MORE INFORMATION

Visit www.cms.gov/medicare/forms-notices/beneficiary-notices-initiative/ffs-ma-im

You’ll find:

- Current versions of the Important Message from Medicare (IM) form.
- Full instructions for the Original Medicare, also known as Fee for Service (FFS), process are available in Section 200 of Chapter 30 of the Medicare Claims Processing Manual.
- Full instructions for Medicare health plans are available in Section 100 of the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance.
- You can also find news and updates regarding appeals on Acentra Health’s website: www.acentraqio.com/providers/appeals.