

# **Instructions for completing the Pro-Forma for Provider Self-Determination of Aggregate Cap Limitation (revised for 9/30/18 cap year)**

## **Ordering Required Reports from EIDM**

In order to fill out the information needed on the Pro-Forma, the provider will need to order the following reports from Enterprise Identify Management System (EIDM), formerly IACS.

1. The PS&R summary report for the cap period. The cap period is 10/01/2017 through 9/30/2018.
2. Hospice Beneficiary Count Summary – Instructions for ordering the correct period are:
  - Choose “Request Report”.
  - Choose “Request Miscellaneous”.
  - From drop down box, choose “Hospice Cap Report”
  - Enter the Beneficiary Identification Period (10/01/2017 to 9/30/2018)
  - Paid date: leave at default. Through date: should be left at current; however, **the report must be run on or after 12/31/2018 to make a valid 2018 reporting.**
  - The Report Type selected should match the method reported on line 1a of the Pro-forma and should match the prior year cap methodology.
    - Note for new providers -- the only option is the patient-by-patient proportional method.
  - Select Report Format.
  - Select continue and submit to order the report.
  - The Hospice Beneficiary Count Summary report will be delivered to the Miscellaneous Report Inbox after processing (usually overnight).

## **Completing the Pro-Forma**

Heading--Provider Name, Number, and NPI are to be reported in header section.

*Provider input or calculation is required in all of the individually boxed cells in the top portion of the form. If you are using the form in excel, data input is required only in the cells marked with an \*, the other cells will automatically calculate.*

Line 1-- Medicare Beneficiaries under hospice care per the PS&R: This amount is obtained from the Hospice Beneficiary Count Summary report generated in EIDM. The total beneficiary count for the Cap Year being reported is input on line 1.

Line 1a: There are two different methods for counting a hospice's beneficiaries -- the **streamlined method (SL)** or the **patient-by-patient proportional method (PP)**. The method used needs to match the method used for the prior cap period. New providers are required to use the patient-by-patient proportional method.

Line 1b: This is the paid through date on the Hospice Beneficiary Count Summary report. The paid through date must be 12/31/2018 or later.

Line 2: Statutory Cap Amount for the Cap Year. This amount is published in the Federal Register every year and is available on the CMS or MAC website. For 2018, this amount is \$28,689.04, and is already on the form.

Line 3: Allowable Medicare Payments. To get this amount, multiply line 1 (Medicare Beneficiaries under Hospice Care per the PS&R) times line 2 (Statutory Cap Amount for the Cap Year).

Line 4: The net reimbursement from the summary PS&R for the cap period is included on this line. Note that, if sequestration applies for this cap period, the contractor will make the adjustment at the final cap determination.

Line 5: Payments in Excess of the Aggregate Cap Amount. Subtract line 4 from line 3. **If the result is a positive amount, a ZERO should be entered on this line**—the provider is under the aggregate limitation. If the result is a negative amount, report the negative number on line 5. This amount is an overpayment due the Medicare Program. This overpayment amount is due at the time of submission of the Self-Determined Aggregate Cap Limitation (SDHC report).

Certification: The Pro-Forma is to be signed by an authorized person at the hospice. The printed name and title of the signer, as well as the name and telephone number of a contact, are to be included on the form. These areas are indicated with light grey shading.

Send the completed form saved as a pdf file to PalmettoGBA at [HospiceCap@palmettogba.com](mailto:HospiceCap@palmettogba.com). ***Put only the provider number in the subject line of the email.*** You will receive an email confirmation of your submission when it is checked in.