

Instructions for completing the Pro-Forma for Provider Self-Determination of Aggregate Cap Limitation

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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.

Use the following link to login to the PS&R: <https://psr-ui.cms.hhs.gov/psr-ui>

1. The PS&R summary report for the cap period. The cap period is always **10/01 through 09/30** for the cap year.
 - o Choose "**Request Report**".
 - o Choose "**Request Summary**".
 - o If needed, select your provider number and move to box on right; otherwise select By Service Type, dropdown box select All & continue.
 - o Please change service period to match the dates cap period you are submitting for and do not use the default Fiscal service period(s) that match your agency's Fiscal Year End. (**Format: MM/DD/YYYY**)

Cap year	Payments Streamlined method	Payments Patient-by-patient proportional method
2025	10/1/2024-9/30/2025	10/1/2024-9/30/2025

- o Do not use the unduplicated Census count from this report as your Beneficiary count. (See #2 below to obtained your Beneficiary count)
- o Change from paid date to **08/01/2007**
- o Select Report Format.
- o Select continue and submit to order the report.
- o The Hospice PS&R Summary report will be delivered to the Summary Report Inbox after processing (usually same day).

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 Beneficiary Identification Period (**Format: MM/DD/YYYY**).

Cap year	Beneficiaries	Beneficiaries
	Streamlined method	Patient-by-patient proportional method
2025	10/1/2024-9/30/2025	10/1/2024-9/30/2025

- Paid date: leave at default. Through date: should be left at current; **however, must be on or after 12/31 to make a valid 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 same day).

Completing the Pro-Forma

Provider input is required in all the gray shaded boxes of the form.

Provider Name, Number, NPI, and Cap Year are to be reported in header section. The Cap Year ending date is always 09/30 of the year being reported (i.e., for the 2025 cap period, this is 09/30/2025).

Line 1: Medicare Beneficiaries under hospice care per the PS&R: This amount is obtained from 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** or the **patient-by-patient proportional method**. 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 date must be 12/31 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 **2025**, this amount is **\$34,465.34**.

Line 3: Allowable Medicare Payments. Calculated field – no input required.

Line 4: The net reimbursement from the summary PS&R (report types 810, 81A, 820 & 82A) 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. Calculated field – no input required.

Certification: The Pro-Forma is 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.

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