

# 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.
  - Choose "**Request Report**".
  - Choose "**Request Summary**".
  - If needed, select your provider number and move to box on right; otherwise select By Service Type, dropdown box select All & continue.
  - 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	Payments
	Streamlined method	Patient-by-patient proportional method
2025	10/1/2024-9/30/2025	10/1/2024-9/30/2025

- Do not use the unduplicated Census count from this report as your Beneficiary count. (See #2 below to obtained your Beneficiary count)
- Change from paid date to **08/01/2007**
- Select Report Format.
- Select continue and submit to order the report.
- 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
<b>2025</b>	<b>10/1/2024-9/30/2025</b>	<b>10/1/2024-9/30/2025</b>

- 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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