

## Instruction – Completing the SDHC Report

| Field   | Details  |
|---------|--|
| Header  | Enter provider name, number, etc.  |
| Line 1  | Enter the total beneficiary count (for the Cap Year) from the Hospice Beneficiary Count Summary report obtained from the PS&R System. Use appropriate method as noted in Line 1b.  |
| Line 1a | Enter the <b>paid through date</b> from the upper right-hand corner of the "Hospice Beneficiary Count Summary" report. (Paid through date must be at least 3 months after the end of the cap year.)  |
| Line 1b | Place an "X" in the appropriate box.   |
| Line 2  | National amount as published by CMS each year.   |
| Line 3  | Calculated (Line 1 x Line 2) = Allowable Medicare Payments also referred to as the Aggregate Cap Amount.   |
| Line 4  | Enter the Net Reimbursement as obtained from the PS&R Summary Report. Note: if sequestration applies for this period, Palmetto GBA will make the adjustment in the final cap determination.  |
| Line 5  | Calculated (Line 3 - Line 4)<br>If Net Payments (Line 4) are MORE than the Aggregate Cap Amount (Line 3), there is an <b>overpayment</b> that must be repaid when this report is submitted. If Line 4 is LESS than Line 3, there is not an overpayment and a zero should be entered on Line 5. |

Certification: This report must be signed by an authorized person at the hospice. Include the printed name and title of the signer, as well as the name and telephone number of a contact.