



## **2016 Medicare Financial Limitation Notification Form**

Effective January 1, 2016, the Center for Medicare and Medicaid Services (CMS), will be implementing a financial limitation, or CAP, totaling \$1960 for Medicare Part B outpatient services for physical, occupational, and speech therapy.

The purpose of this notice is to educate you regarding the Medicare CAP and to help you make an informed decision about whether or not you wish to continue to receive outpatient therapy services after the Medicare CAP has been met. If you decide to continue to receive services, you will be financially responsible for the services provided.

The Medicare CAP is as follows for outpatient rehabilitation services:

- The Medicare Part B deductible for 2016 is \$166 and is your responsibility.
- Medicare will pay 80%, patient responsibility is 20%. This may be covered by a supplemental insurance.
- Physical therapy and speech therapy will share a \$1960 CAP for both therapies combined.
- Occupational therapy has a separate \$1960 CAP itself.
- The CAP applies to a 12-month period from January 1, 2016 to December 31, 2016.
- The CAP is based on services paid by CMS at the allowable rate as identified on their fee schedule.

If you have NOT met your deductible prior to starting therapy, then you are responsible for the remainder of the \$166 deductible AND then 20% of the CAP, or \$390.00. Medicare will pay 80% of what remains after the deductible is met, or \$1435.2.

If you HAVE MET your deductible prior to starting therapy, then Medicare will pay 80% of the full CAP, or \$1568, and your responsibility is to pay 20%, or \$392.

As Medicare providers, we are obligated to inform you of this CAP and Medicare's determination that once the CAP for therapy services has been met as described above, you will be financially responsible for any services provided. Payment is required at the time of service. CMS considers anything above this CAP to be an excluded benefit.

Before you accept this notice, you should read and understand it in its entirety. If you do not understand why CMS will not cover therapy services beyond the CAP, please ask us to clarify this for you. We can provide you with how much items and services will cost if you wish to continue medically necessary care after your CAP has been met.

As a courtesy, we will track the services you receive and notify you when you are close to meeting the \$1960 CAP. This will allow you to make an informed consumer decision regarding whether or not you want to continue therapy services and accept financial responsibility for the cost of these services provided. Payment is expected at the time of service.

Medically necessary therapy services beyond the CAP may be continued at a hospital outpatient rehabilitation department and billed to Medicare as this type of facility is exempt from the CAP imposed by Medicare.

The \$1960 CAP is your annual Medicare insurance benefit, regardless of which non-hospital based therapy provider delivers the service. If you have received physical, occupational, or speech therapy prior to attending therapy at our facility, please be aware that those services will be included in your CAP total. Please assist us in ensuring your stay within the CAP limits by informing us of any therapy services you have received between January 1, 2016 and today.

I have read and understand this notice.

Signature: \_\_\_\_\_ Date \_\_\_\_\_