

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR SNF-BASED COMMUNITY MENTAL HEALTH CENTER SERVICES	PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET J-3
	COMPONENT CCN:		

Check applicable box:  Title V  Title XVIII  Title XIX

		PROGRAM COST	
1	Cost of component services (from Wkst. J-2, Pt. II, line 31)		1
2	PPS payments received excluding outliers		2
3	Outlier payments		3
4	Primary payer payments		4
5	Total reasonable cost (see instructions)		5
<b>CUSTOMARY CHARGES</b>			
6	Total charges for program services		6
7	Excess of customary charges over reasonable cost (see instructions)		7
8	Excess of reasonable cost over customary charges (see instructions)		8
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
9	Total reasonable cost (see instructions)		9
10	Part B deductible billed to program patients		10
11	Part B coinsurance billed to program patients (from provider records)		11
12	Net cost (line 9 minus lines 10 and 11)		12
13	Allowable bad debts (from provider records) (see instructions)		13
13.01	Reimbursable bad debts (see instructions)		13.01
14	Allowable bad debts for dual eligible beneficiaries (see instructions)		14
15	Net reimbursable amount (see instructions)		15
16	Other adjustments (see instructions) (specify)		16
16.50	Demonstration payment adjustment amount before sequestration		16.50
16.55	Demonstration payment adjustment amount after sequestration		16.55
17	Total cost (see instructions)		17
17.01	Sequestration amount (see instructions)		17.01
18	Interim payments (see instructions)		18
19	Tentative settlement (for contractor use only)		19
20	Balance due component/program (see instructions)		20
21	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		21