

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-5
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Description			
		1	2
1	Total expenses related to care of program beneficiaries (see instructions)		1
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)		2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)		2.02
2.03	Total payment due (see instructions)		2.03
2.04	Outlier payments		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)		3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)		3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)		3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)		3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)		4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)		4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)		4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)		4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries		5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012		5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013		5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014		5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014		5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)		5.05
6	Adjusted reimbursable bad debts (see instructions)		6
7	Allowable bad debts for dual eligible beneficiaries (see instructions)		7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		8
9	Program payment (see instructions)		9
10	Unrecovered from Medicare (Part B) patients (see instructions)		10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE

12	Total allowable expenses (see instructions)		12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		13
14	Facility specific composite cost percentage (line 13 divided by line 12)		14

PART III - ESRD PAYMENTS - INFORMATION ONLY

15	Low volume payment amount (see instructions)		15
16	TDAPA		16
17	TPNIES		17
18	CRA TPNIES		18
19	HDPAs		19
20	PPA		20