

## APPORTIONMENT OF PATIENT SERVICE COSTS

PROVIDER CCN:

PERIOD:

WORKSHEET H-3,  
Parts I & II

HHA CCN:

FROM

TO

Check applicable box: ☐ Title V ☐ Title XVIII ☐ Title XIX

## PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

## Cost Per Visit Computation

Patient Services		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (sum of col. 1 + col. 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits			Cost of Services				Total Program Cost (sum of cols. 9-10)
								Part A	Part B		Part A	Part B		Total	
									Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
1	2	3	4	5	6	7	8	9	10	11	12	13	14		
1	Skilled Nursing Care	2											1		
2	Physical Therapy	3											2		
3	Occupational Therapy	4											3		
4	Speech Pathology	5											4		
5	Medical Social Services	6											5		
6	Home Health Aide	7											6		
7	Total (sum of lines 1 through 6)												7		

## Limitation Cost Computation

Patient Services		CBSA NO. <sup>(1)</sup>	Program Visits		Total
			Part A	Part B	
				Not Subject to Deductibles & Coinsurance	
1	2	3	4	5	6
8	Skilled Nursing Care				8
9	Physical Therapy				9
10	Occupational Therapy				10
11	Speech Pathology				11
12	Medical Social Services				12
13	Home Health Aide				13
14	Total (sum of lines 8 through 13)				14

## Supplies and Drugs Cost Computations

Supplies and Drugs Cost Computations		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	Program Covered Charges			Cost of Services			
								Part A	Part B		Part A	Part B		
									Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
Other Patient Services														
15	Cost of Medical Supplies	8												15
16	Cost of Drugs	9												16

## PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

PART II - INFORMATION ON COST OF HHA SERVICES - CONTINUED OF SCHEDULE D - HOME HEALTH SERVICES							
		From Wkst. C, Part I, col. 9, line:	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
			1	3	3	4	
1	Physical Therapy	66				col. 2, line 2	1
2	Occupational Therapy	67				col. 2, line 3	2
3	Speech Pathology	68				col. 2, line 4	3
4	Cost of Medical Supplies	71				col. 2, line 15	4
5	Cost of Drugs	73				col. 2, line 16	5