4090	(Cont.)					FORM	I CMS-2	2552-10)						01-22
APPOF	RTIONMENT OF PATIENT SEI	RVICE COSTS	S						P	ROVIDER CC	N:	PERIOD:		WORKSHEE	ET H-3,
												FROM		Parts I & II	
									H	IHA CCN:		ТО			
Check a	applicable box:	[] Title V	/ [] Title	XVIII	[] Title	XIX									
PART I	- COMPUTATION OF THE AGGRE	GATE PROGRA	M COST												
	r Visit Computation								Program Vi	sits		Cost	of Services		
					Total					art B		Pa	rt B		
		From,	Facility	Shared	HHA		Average		Not			Not		Total	
		Wkst.	Costs	Ancillary	Costs		Cost		Subject to	Subject to		Subject to	Subject to	Program	
		H-2,	(from	Costs	(sum of		Per Visit		Deductibles	Deductibles		Deductibles	Deductibles	Cost	
		Part I,	Wkst. H-2,	(from	col. 1	Total	(col. 3		&	&		&	&	(sum of	
	Patient Services	col. 28,	Part I)	Part II)	+ col. 2)	Visits	÷ col. 4)	Part A	Coinsurance	Coinsurance	Part A	Coinsurance	Coinsurance	cols. 9-10)	
		line	1	2	3	4	5	6	7	8	9	10	11	12	
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	6)													7
	Limitation Cost Computation											Program Visit	S		
	•												Part B		
												Int Cubinat to	Cvi	higgs to	l

	Limitation Cost Computation		Program Visits					
				Pa	1			
				Not Subject to	Subject to	1		
		CBSA NO. (1)		Deductibles &	Deductibles &			
	Patient Services		Part A	Coinsurance	Coinsurance			
		1	2	3	4			
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							Program (Covered Charg	es	Cost of So	ervices	
Computations								Part B			Part B	
		Facility	Shared					Not Subject			Not Subject	
	From	Costs	Ancillary		Total			to	Subject to		to	Subject to
	Wkst. H-2	(from	Costs	Total	Charges	Ratio		Deductibles	Deductibles		Deductibles	Deductibles
	Part I,	Wkst. H-2,	(from	HHA Costs	(from HHA	(col. 3		&	&		&	&
Other Patient Services	col. 28,	Part I)	Part II)	(cols. 1 + 2)	Records)	÷ col. 4)	Part A	Coinsurance	Coinsurance	Part A	Coinsurance	Coinsurance
	line	1	2	3	4	5	6	7	8	9	10	11
15 Cost of Medical Supplies	8											
16 Cost of Drugs	9											

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

					HHA Shared		
			Cost to Charge	Total HHA Charges	Ancillary Costs	Transfer to Part I	
		From Wkst. C, Part I,	Ratio	(from provider records)	(col. 1 x col. 2)	as Indicated	
		col. 9, line:	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