

| | | | |
|--|------------------------------------|-----------------------------------|--------------------------------|
| APPORTIONMENT OF PATIENT SERVICE COSTS | PROVIDER CCN: _____ HHA CCN: | PERIOD: FROM _____ TO _____ | WORKSHEET H-3, Parts I & II |
| Check applicable box: <input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX | | | |

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

| Cost Per Visit Computation | | 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 | | | | |
|----------------------------|----------------------------------|---|---|---|---|-----------------|--|----------------|--|---|------------------|--|---|--|---|
| | | | | | | | | Part A | Part B | | Part A | Part B | | Total Program Cost (sum of cols. 9-10) | |
| | | | | | | | | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | | |
| | | | | | | | | | | | | | | | |
| Patient Services | | 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) | | | | | | | | | | | | | | 7 |

| Limitation Cost Computation | | CBSA NO. ⁽¹⁾ | Program Visits | | Total |
|--------------------------------------|--|-------------------------|----------------|--|-------|
| | | | Part A | Part B | |
| | | | | Not Subject to Deductibles & Coinsurance | |
| | | | | Subject to Deductibles & Coinsurance | |
| Patient Services | | 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 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 | Total |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Other Patient Services | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 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

| | | 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 |