

APPORTIONMENT OF PATIENT SERVICE COSTS PROVIDER CCN: _____ HHA CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET H-3, Parts I & II
---	-----------------------------------	--------------------------------

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

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 (cols. 1 + 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			
								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	
1 Skilled Nursing Care	2													1
2 Physical Therapy	3													2
3 Occupational Therapy	4													3
4 Speech Pathology	5													4
5 Medical Social Service	6													5
6 Home Health Aide	7													6
7 Total (sum of lines 1-6)														7

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 (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	Program Visits						
							CBSA No. (1)	Part A	Part B				
									Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
		1	2	3	4	5	6	7	8	9	10	11	
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 8-13)													14

Other 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 (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	
		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 Physical Therapy	66				col. 2, line 2
2 Occupational Therapy	67				col. 2, line 3
3 Speech Pathology	68				col. 2, line 4
4 Cost of Medical Supplies	71				col. 2, line 15
5 Cost of Drugs	73				col. 2, line 16