

APPORTIONMENT OF PATIENT SERVICE COSTS PROVIDER CCN: _____ HHA CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET H-3, Parts I & II
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Check applicable box: Title V Title XVIII 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) 1	Shared Ancillary Costs (from Part II) 2	Total HHA Costs (sum of col. 1 + col. 2) 3	Total Visits 4	Average Cost Per Visit (col. 3 ÷ col. 4) 5	Program Visits			Cost of Services			Total Program Cost (sum of cols. 9-10) 12
								Part A 6	Part B		Part A 9	Part B		
									Not Subject to Deductibles & Coinsurance 7	Subject to Deductibles & Coinsurance 8		Not Subject to Deductibles & Coinsurance 10	Subject to Deductibles & Coinsurance 11	
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. (1)	Program Visits				
				Part A	Part B		Part A	Subject to Deductibles & Coinsurance
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
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) 1	Shared Ancillary Costs (from Part II) 2	Total HHA Costs (cols. 1 + 2) 3	Total Charges (from HHA Records) 4	Ratio (col. 3 ÷ col. 4) 5	Program Covered Charges			Cost of Services			
								Part A 6	Part B		Part A 9	Part B		
									Not Subject to Deductibles & Coinsurance 7	Subject to Deductibles & Coinsurance 8		Not Subject to Deductibles & Coinsurance 10	Subject to Deductibles & Coinsurance 11	
														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

		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