

APPORTIONMENT OF PATIENT SERVICE COSTS	PROVIDER NO.: _____ HHA NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET H-6, Part I
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Check applicable box Title V Title XVIII Title XIX

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Patient Services		Frp. Wkst. H-5, Part I, col. 29, line	Facility Costs (from Wkst. H-5, Part I) 1	Shared Ancillary Costs (from Part II) 2	Total HHA Costs (cols. 1 + 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 B		Part B				
								Part A 6	Not Subject to Deductibles & Coinsurance 7	Subject to Deductibles & Coinsurance 8	Part A 9	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 1-6)													7

Patient Services		MSA No. (1) 1	2	3	4	Program Cost Limits 5	Program Visits			Cost of Services			Total Program Cost (sum of cols. 9-10) 12	
							Part B		Part B					
							Part A 6	Not Subject to Deductibles & Coinsurance 7	Subject to Deductibles & Coinsurance 8	Part A 9	Not Subject to Deductibles & Coinsurance 10	Subject to Deductibles & Coinsurance 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-5, Part I, col. 29, line 8	Facility Costs (from Wkst. H-5, Part I) 1	Shared Ancillary Costs (from Part II) 2	Total HHA Costs (cols. 1 + 2) 3	Total Charges (from HHA Record) 4	Ratio (col. 3 ÷ col. 4) 5	Program Covered Charges			Cost of Services			
								Part B		Part B				
								Part A 6	Not Subject to Deductibles & Coinsurance 7	Subject to Deductibles & Coinsurance 8	Part A 9	Not Subject to Deductibles & Coinsurance 10	Subject to Deductibles & Coinsurance 11	
15	Cost of Medical Supplies	8												15
16	Cost of Drugs	9												16
16.20	Cost of Administering Vaccines	9.20												16.20

Per Beneficiary Cost Limitation:		MSA No. (1)	Amount
17	Program unduplicated census from Worksheet S-4 (see instructions) (2)		
18	Per beneficiary cost limitation (from your fiscal intermediary)		18
19	Per beneficiary cost limitation (line 17 times line 18) (see instructions)		19

(1) The MSA numbers flow from Worksheet S-4, line 20, and subscripts as indicated should be relicated on lines 8-13 and 17-18.

(2) The sum of line 17 and subscripts thereof must equal Worksheet S-4, line 2, for the appropriate title.

APPORTIONMENT OF PATIENT SERVICE COSTS Check applicable box <input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	PROVIDER NO.: _____ HHA NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET H-6, Parts II & III
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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	50				col. 2, line 2	1
2 Occupational Therapy	51				col. 2, line 3	2
3 Speech Pathology	52				col. 2, line 4	3
4 Cost of Medical Supplies	55				col. 2, line 15	4
5 Cost of Drugs	56				col. 2, line 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	From Part I, col. 5	Part B Services Subject to Deductibles and Coinsurance					Program Visits on or after 1/1/1999	
		Cost Per Visit	Program Visits		Program Cost			
			Prior to 1/1/1998	From 1/1/1998 thru 12/31/1998	Prior to 1/1/1998	From 1/1/1998 thru 12/31/1998		
1	2	2.01	3	3.01	4	5		
1 Physical Therapy	2						1	
2 Occupational Therapy	3						2	
3 Speech Pathology	4						3	
4 Total (sum of lines 1-3)							4	

FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3647)