

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, Pt. I, col. 20, line -	Facility Costs (from Wkst. H-2, Pt. I)	Shared Ancillary Costs (from Pt. II)	Total HHA Costs (col. 1 + col. 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		
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 1-6)													7

**Patient Services by CBSA**

	CBSA No. (1)	Part A	Program Visits		
			Part A	Part B	
	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 8-13)				14

**Supplies and Drugs Cost Computations**

Other Patient Services	From Wkst. H-2, Pt. I, col. 20, line -	Facility Costs (from Wkst. H-2, Pt. I)	Shared Ancillary Costs (from Pt. II)	Total HHA Cost (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	
	8	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 SKILLED NURSING FACILITY DEPARTMENTS**

	From Wkst. C, col. 3, line -	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Pt. 1 -	
						1
1	Physical Therapy	44			col. 2, line 2	1
2	Occupational Therapy	45			col. 2, line 3	2
3	Speech Pathology	46			col. 2, line 4	3
4	Cost of Medical Supplies	48			col. 2, line 15	4
5	Cost of Drugs	49			col. 2, line 16	5

(1) The CBSA numbers flow from Wkst. S-4, line 22, and subscripts as indicated should be replicated on lines 8-13.