

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST	PROVIDER CCN: _____ COMPONENT CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET M-4
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Check applicable boxes:	<input type="checkbox"/> Hospital-based RHC	<input type="checkbox"/> Title V	<input type="checkbox"/> Title XIX	
	<input type="checkbox"/> Hospital-based FQHC	<input type="checkbox"/> Title XVIII		

  

		PNEUMOCOCCAL		INFLUENZA	
		1		2	
1	Health care staff cost (from Worksheet M-1, column 7, line 10)				1
2	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time				2
3	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)				3
4	Medical supplies cost - pneumococcal and influenza vaccine (from your records)				4
5	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)				5
6	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, column 7, line 22)				6
7	Total overhead (from Worksheet M-2, line 19)				7
8	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)				8
9	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)				9
10	Total pneumococcal and influenza vaccine costs and their administration costs (sum of lines 5 and 9)				10
11	Total number of pneumococcal and influenza vaccine injections (from your records)				11
12	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)				12
13	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries				13
14	Program cost of pneumococcal and influenza vaccines and their administration costs (line 12 x line 13)				14
15	Total cost of pneumococcal and influenza vaccines and their administration costs (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)				15
16	Total Program cost of pneumococcal and influenza vaccines and their administration costs (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)				16