COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST	PROVIDER CCN: _____ COMPONENT CCN:	PERIOD: FROM _____ TO _____	WORKSHEET M-4

Check applicable boxes:	[ ] Hospital-based RHC [ ] Hospital-based FQHC	[ ] Title V [ ] Title XVIII [ ] Title XIX		

		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1	2	2.01	2.02	
1	Health care staff cost (from Worksheet M-1, column 7, line 10)					1
2	Ratio of injection/infusion staff time to total health care staff time					2
3	Injection/infusion health care staff cost (line 1 x line 2)					3
4	Injections/infusions and related medical supplies costs (from your records)					4
5	Direct cost of injections/infusions (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 injection/infusion direct cost to total direct cost (line 5 divided by line 6)					8
9	Overhead cost - injection/infusion (line 7 x line 8)					9
10	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)					10
11	Total number of injections/infusions (from your records)					11
12	Cost per injection/infusion (line 10/line 11)					12
13	Number of injection/infusion administered to Program beneficiaries					13
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees	░░░	░░░			13.01
14	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)					14

			COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION			
		1	2			
15	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Worksheet M-3, line 2)	░░░		░░░	░░░	15
16	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Worksheet M-3, line 21)	░░░		░░░	░░░	16