| 02-24 | | FORM CMS-2552-10 | | | 4090 (Cont.) | |
|---|---|-------------------------------|----------------------------|------------------------------|--|-------|
| COMPUTATION OF HOSPITAL-BASED FQHC VACCINE COST | | | PROVIDER CCN: | PERIOD: FROM: TO: | WORKSHEET N-3 | |
| | | PNEUMOCOCCAL VACCINES 1 | INFLUENZA VACCINES 2 | COVID-19 VACCINES 2.01 | MONOCLONAL ANTIBODY PRODUCTS 2.02 | |
| 1 | Health care staff cost (from Worksheet N-1, column 7, sum of lines 23, and 25 through 36) | | | | | 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 cost (from Worksheet N-1, column 7, lines 47, 48, 48.10, and 48.11, respectively) | | | | | 4 |
| 5 | Direct cost of injections/infusions (line 3 + line 4) | | | | | 5 |
| 6 | Total direct cost of the hospital-based FQHC (from Worksheet N-1, column 7, line 100, minus Worksheet N-1, column 7, line 8) | | | | | 6 |
| 7 | Total administrative overhead (from Worksheet N-1, column 7, line 8) | | | | | 7 |
| 8 | Ratio of injection/infusion direct cost to total direct cost (line 5 / line 6) | | | | | 8 |
| 9 | Overhead cost - injections/infusions (line 7 x line 8) | | | | | 9 |
| 10 | Total cost of injections/infusions and their administration (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 injections/infusions administered to Medicare beneficiaries | | | | | 13 |
| 13.01 | Number of COVID-19 vaccine injections/infusions administered to MA enrollees | | | | | 13.01 |
| 14 | Cost of injections/infusions and their administration costs furnished to Medicare/MA beneficiaries (line 12 times the sum of lines 13 and 13.01, as applicable) | | | | | 14 |
| 15 | Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) | | | | | 15 |
| 16 | Total Medicare 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 N-4, line 2) | | | | | 16 |