

Contact Person for More Information: Nadine Dickerson, Program Analyst, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, Mailstop F-35, Atlanta, Georgia 30341-3724, telephone 404/488-7040.

Dated: April 26, 1995.

John C. Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-10827 Filed 4-28-95; 10:33 am]

BILLING CODE 4163-18-M

Health Care Financing Administration

Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB) for Clearance

AGENCY: Health Care Financing Administration, HHS.

The Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to OMB the following proposals for the collection of information in compliance with the Paperwork Reduction Act (Public Law 96-511).

1. *Type of Request:* Reinstatement; *Title of Information Collection:* Medicare Intermediary Request to Skilled Nursing Facilities for Medical Information on Claims to Be Processed; *Form Nos.:* NCF-9031; *Use:* This information is used by the fiscal intermediaries to assure that reimbursement is made only for services that are covered under Medicare Part A or Part B for skilled nursing facilities. The medical information describes the patient's condition and level of medical needs and/or services provided. The records/information are submitted with

claims or as requested; *Respondents:* Business or other for profit; *Number of Respondents:* 12,536; *Total Annual Responses:* 111,925; *Total Annual Hours Requested:* 55,963.

2. *Type of Request:* Revision; *Title of Information Collection:* Clinical Laboratory Improvement Amendments Budget Expenditure Report and Clinical Laboratory Improvement Amendments Planned Workload Report; *Form No.:* HCFA-102-105; *Use:* Information collected will be used by HCFA in determining the amount of Federal reimbursement for compliance surveys. Use of the information includes program evaluation, audit, budget formulation, and budget approval; *Respondents:* State, local, or tribal government; *Number of Respondents:* 53; *Total Annual Responses:* 2,650 (HCFA-102), 1,696 (quarterly); *Total Annual Hours Requested:* 4,346.

3. *Type of Request:* Reinstatement; *Title of Information Collection:* Medicare Home Health Quality Assurance Demonstration; *Form No.:* HCFA-P-11; *Use:* The Medicare Home Health Quality Assurance Demonstration will test the feasibility of collecting patient outcome data in 50 Medicare-certified home health agencies (HHAs) nationally. Respondents will be HHA care providers and patients receiving their services; *Respondents:* Not-for-profit, businesses or other for-profit, and individuals or households; *Number of Respondents:* 27,844; *Total Annual Responses:* 111,376; *Total Annual Hours Requested:* 34,573.

4. *Type of Request:* Revision; *Title of Information Collection:* Medicare/Medicaid Health Insurance Common Claim Form and Instructions; *Form No.:* HCFA-1500; *Use:* This form will become a standardized form for use in the Medicare/Medicaid programs to apply for reimbursement for covered

services. In addition, it will reduce costs and administrative burdens associated with claims since only one coding system will be used and maintained. HCFA does not require exclusive use of this form for Medicaid; *Respondents:* Not-for-profit, businesses or other for-profit, State, local or tribal government; *Number of Respondents:* 1; *Total Annual Responses:* 614,967,982; *Total Annual Hours Requested:* 52,139,385.

5. *Type of Request:* New (Expedited Review); *Title of Information Collection:* Study of the Cost of Administering Childhood Immunizations; *Form No.:* HCFA-R-175; *Use:* The proposed collection is to provide data of the resource costs for childhood immunization procedures to evaluate charge caps for physician practices participating in the recently enacted vaccines for children under the Medicaid program; *Respondents:* Business or other for profit; *Number of Respondents:* 100; *Total Annual Responses:* 100; *Total Annual Hours Requested:* 41.

Additional Information or Comments: Call the Reports Clearance Office on (410) 966-5536 for copies of the clearance request packages. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: April 26, 1995.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

BILLING CODE 4120-03-M

(HCFA Letter Requesting Provider Participation)

Name

Title

Multispecialty, Pediatric Group, or Solo Pediatric Practice

Address

Dear (Name of Physician or Administrator):

The Health Care Financing Administration (HCFA) has retained the Center for Health Policy Studies, Columbia, Maryland, to conduct an Immunization Resource Costing Study. The primary objective of this study is to identify costs associated with the administration of childhood immunizations. Once these costs have been identified, results will be used to help establish limits on how much physicians may charge to administer immunizations under the Vaccines for Children (VFC) program recently enacted by Congress.

The study will involve site visits to a combination of 90 multispecialty, pediatric group, and solo pediatric practices located in metropolitan and non-metropolitan areas throughout the country. During site visits, resource use and resource cost data on childhood immunization procedures will be collected. Within each facility, data collection will include interviews with key staff, abstracts of accounting records, review of supplier invoices, and immunization observations. All information received from your facility will be held strictly confidential.

Data collection is scheduled for _____, 1995. HCFA is requesting your facility's participation in the study. Your participation provides an opportunity for you to give input with respect to resource use and resource costs associated with the administration of childhood immunizations. Your cooperation will enhance the accuracy with which payments reflect facility costs.

CHPS may contact you shortly to request participation in the study and to inform you of the site visit schedule. Although participation is strictly voluntary and there are no penalties should you decline participation, we strongly urge you to participate in this important study. Please contact Michael Hensch (410) 966-6685, of the Health Care Financing Administration, or Michael Ellrich (410) 381-4203, of the Center for Health Policy Studies, should you desire further information or have any questions regarding the study. Thank you for your interest in the study.

Sincerely,

(HCFA Representative)

(CHPS Letter Requesting Provider Participation)**Name****Title****Multispecialty, Pediatric Group, or Solo Pediatric Practice****Address****Dear (Name of Physician or Administrator):**

The Center for Health Policy Studies (CHPS), a private health care consulting firm located in Columbia, Maryland, has been retained to perform a cost study for the Health Care Financing Administration (HCFA). The objective of the study is to identify costs associated with the administration of childhood immunizations. Costs derived by this study will be used to evaluate charge caps for physician practices participating in the recently enacted Vaccines for Children (VFC) program. A more detailed project description is enclosed.

We will be conducting on-site visits to 90 multispecialty, pediatric group, and solo pediatric practices located in metropolitan and non-metropolitan areas throughout the country. During site visits, resource use and resource cost data on childhood immunization procedures will be collected. At each facility, data collection will include interviews with key staff, abstracts of accounting records, review of supplier invoices, and immunization observations. A tentative site schedule has been included for your review.

As stated in the letter sent to you by HCFA (copy attached), CHPS is interested in obtaining your participation in this study. Your participation in the study is completely voluntary and there are no penalties should you decline. Data collected from your facility will be used exclusively for the purpose of this study and will be held in strict confidence.

Participation in the study will require you to provide:

- a designated contact person with whom we will coordinate our efforts
- opportunity to work within your facility to accomplish the sample site visit schedule
- access to basic financial records

We realize that these requirements appear substantial, but we have carefully considered your needs before contacting you. CHPS has identified the following points as important elements of our approach.

Data Collection Will Take Place Over a Specified Time Period. Each participating practice will be given on-site data collection instruments in advance to provide staff the opportunity to prepare information before the day of the visit. Based on data collection instrument pre-tests, it has been determined that the interview and unit cost data collection guides can each be completed in 30 minutes or less. The time required to collect resource use data will be largely dictated by the frequency with which immunizations are given at each practice. However, pre-tests have revealed that each site visit will require between two and a half and three hours for one data collector.

Our Data Collectors Include Only Experienced Staff. We have conducted many on-site studies throughout the U.S. and have found that only senior staff can work effectively, quickly and without disrupting day-to-day activities. For this reason, on-site data collection will be performed by seasoned personnel.

Our Approach Assures Participating Facilities that We will not Disrupt their Day-To-Day Activities. We will work at each facility's convenience, and will arrange with you the best time for our visit. During our visit, we will meet whatever needs facility personnel may have. The sample site visit schedule will be adjusted to maximize the convenience of the staff. When data are collected from records, our experienced staff will collect data without facility staff input unless there is interest in providing assistance. Most importantly, we are prepared to meet any constraints or limitations that participating facilities perceive to be important.

All Data will Remain Confidential. All data that we collect will remain confidential. No facility will be specifically identified in any reports. CHPS data collectors will be the only individuals with access to practice-specific information. Primary data collected will not be shared among study participants. To insure the complete anonymity of study participants, each will be assigned a numeric code prior to data base entry and analysis. Participant identity and practice specific data will not be linked or disclosed in any materials published for this study.

Your Participation in Our Study Can be of Great Value to You. Your participation provides an opportunity for you to give input with respect to resource use and resource costs associated with the administration of childhood immunizations. For your participation, you will receive a copy of the study's final report as well as a brief statistical analysis comparing your costs of administering immunizations to the costs of other facilities.

In order to facilitate your consideration of our request, we are enclosing the following materials:

- Attachment 1 - Project Description
- Attachment 2 - HCFA Summary

- Attachment 3 - CHPS Summary
- Attachment 4 - Sample Site Visit Schedule
- Attachment 5 - Participation Agreement Letter
- Attachment 6 - Sample Parent Consent Form

We will be contacting you shortly to discuss your interest in participating in the study. Should you agree to participate, we will ask you to sign and return the Agreement to Participate letter included as Attachment 5 or a similar letter by _____, 1995.

If you have any questions regarding the study, please call me or Michael Ellrich at (410) 381-4203. We look forward to your participation in this important study.

Sincerely,

Henry Miller, Ph.D.
President
Project Director

enclosures

STUDY OF THE COSTS OF ADMINISTERING CHILDHOOD IMMUNIZATIONS

Project Description

The Health Care Financing Administration (HCFA) has been charged by Congress with the responsibility of developing resource costs for the administration of childhood immunizations. Because little cost information relating to childhood immunizations is available at a national level, HCFA has retained the Center for Health Policy Studies (CHPS) to collect and measure these costs. Once costs have been measured, the results will be used to evaluate physician charge limits under the Vaccines for Children (VFC) program recently enacted by Congress.

The primary purpose of the study is to provide data on resource use and costs for a variety of childhood immunization procedures. In preparation for the study, a comprehensive list of immunizations, prescribed throughout childhood, has been identified. Resource utilization and cost data relating to these immunizations will be collected from a representative sample of multispecialty group, pediatric group and solo pediatric practices.

The study will provide HCFA with the following information:

- Direct and indirect costs associated with the administration of a prescribed set of childhood immunizations
- Differences in resource use and unit cost among practice types (multispecialty group, pediatric group, and solo practices)
- Differences in resource use and unit cost among practice settings (metropolitan, non-metropolitan)
- Direct and indirect cost variations by type of immunization and nature of visit
- Marginal costs of immunizations when two or more are performed at the same time

Facility data collection will include interviews with key staff, abstracts of accounting records, review of supplier invoices, and immunization observations. All information collected during site visits will be held strictly confidential.

It is anticipated that the study, initiated in November 1994, will be completed by _____, 1995. Further information can be obtained from Dr. Henry Miller, Project Director, Center for Health Policy Studies (410) 381-4203.

THE HEALTH CARE FINANCING ADMINISTRATION

The Health Care Financing Administration (HCFA) was established to combine health financing and quality assurance programs within a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, and a variety of other health care quality assurance programs.

The mission of the Health Care Financing Administration is to promote the timely delivery of appropriate, quality health care to its beneficiaries -- approximately 50 million of the Nation's aged, disabled, and poor. The agency must also ensure that program beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality, and that agency policies and actions promote efficiency and quality within the total health care delivery system.

The Office of Research and Demonstrations directs more than 300 research, evaluation, and demonstration projects. A central focus is on program expenditures as they relate to payment, coverage, eligibility, and management alternatives under Medicare and Medicaid. Study activity also examines program impact on beneficiary health status, access to services, utilization, and out-of-pocket expenditures. The behavior and economics of health care providers and the overall health care industry are also topics of investigation.

These activities are carried out by three major components--the Office of Research, the Office of Demonstrations and Evaluations, and the Office of Operations Support. The Office of Research conducts and supports data collection efforts and research on health care providers, payment approaches, beneficiary behavior, and health care utilization. The Office of Demonstrations and Evaluations funds, manages, and evaluates pilot programs that test new ways of delivering and financing Medicare and Medicaid services. The Office of Operations Support provides ORD-wide administrative direction for its research, demonstration, and evaluation projects, which includes the budget and accounting operations; grants, cooperative agreements, and contracts-award process; and publications and information resources program.

CENTER FOR HEALTH POLICY STUDIES

The Center for Health Policy Studies (CHPS) was organized in 1979 to provide research and consulting services to both public and private sector clients. Our capabilities include cost analysis, provider payment system design and evaluation, data system design and implementation, policy analysis, and program design and evaluation. We have conducted projects for several Federal agencies, state governments, health insurers, foundations, employers, and professional and trade associations. Recently we have undertaken projects for hospitals and other health care providers.

The Center's multi-disciplinary staff is based in Columbia, Maryland and Albany, New York. Staff members have academic backgrounds in economics, accounting, health care administration, public health, operations research, public administration, health insurance, medical sociology, geography and information systems.

Our work with the Federal government has included a wide variety of experience using resource costing methods. In a project undertaken in 1982 for the Office of the Assistant Secretary of the Department of Health and Human Services, we developed the resource costing model that will be used in the Health Care Financing Administration's (HCFA) "Study of the Costs of Administering Childhood Immunizations." In the 1982 study, CHPS evaluated alternative measures of hospital costs in over 20 facilities and compared findings to costs reported in Medicare Cost Reports. In 1988, we repeated the study to examine the changes in hospital costs that had occurred. This study also included an analysis of resource costs in an equal number of ambulatory surgery centers. In 1992 CHPS initiated a HCFA-funded study to provide data on resource use and costs for a wide variety of surgical procedures, medical visits and diagnostic tests. Resource utilization and cost data was collected from a representative sample of hospital outpatient departments, ambulatory surgery centers, and physician offices. Data was used to test the equity and adequacy of the relative weights and payment levels to be used in an outpatient prospective payment system.

Additional experience relevant to this HCFA resource costing study includes a study conducted for the Prospective Payment Assessment Commission in which reported inpatient costs were compared to resource costs. This study required the participation of over 90 facilities. In projects conducted for New York State's Department of Health, we assisted in designing and pricing the Products of Ambulatory Care (PACs), and the Products of Ambulatory Surgery (PAS). In the PAS project, we validated resource costs used to price PAS. Similar studies conducted by CHPS have focused on methadone/primary care clinics, hospital and physician office services for mentally retarded and developmentally disabled patients, and hospital and home care services for HIV infected persons.

The Center for Health Policy Studies takes great pride in its ability to work closely with facility staff in an efficient and cooperative manner. Our extensive experience assures that data collection will be accomplished with a minimum disruption to ongoing facility operations. In addition, working with CHPS enables facilities to access comparative data not available elsewhere while being guaranteed data confidentiality.

PHYSICIAN PRACTICE SITE VISIT SCHEDULE
(multispecialty, pediatric group, solo practice)

Time	Activity Description
9:00 - 9:30	Meet with Administrator/Office Manager: 1. briefly review study's objective 2. answer questions 3. ask questions from Interview Guide
9:30 - 11:30*	Conduct Observations & Complete Resource Use Data Collection Guide (minimum five immunizations)
11:30 - 12:15	Meet with Administrator/Office Manager: 1. complete Unit Cost Data Collection Guide 2. make arrangements to obtain unavailable information 3. conduct exit interview

- * Observation time frames will vary from practice to practice depending on immunization volume. The two hour time frame indicated in the schedule is based on the average time required to conduct a minimum of five observations at "test" sites.

**STUDY OF THE COSTS OF ADMINISTERING
CHILDHOOD IMMUNIZATIONS**

AGREEMENT TO PARTICIPATE

I, _____, being authorized to do so, agree to allow _____ (name of multispecialty, pediatric group, or solo practice) to participate in a study being conducted by the Center for Health Policy Studies (CHPS) on behalf of the Health Care Financing Administration (HCFA). The purpose of the study, as it has been explained to me, is to determine the costs of administering childhood immunizations. I understand that participation in this study is strictly voluntary and that there are no penalties for declining participation.

Sincerely,

(Signature)

(Title)

(Date)

PARENT CONSENT FORM**Cost of Administering Childhood Immunizations
On-Site Observation**

The Center for Health Policy Studies (CHPS), a private health care consulting firm located in Columbia, is studying the cost of administering childhood immunizations. The study is sponsored by the Health Care Financing Administration (HCFA), the government agency responsible for Medicare and Medicaid. Once the study determines the range of costs for immunization, the results will be used to set limits on how much physicians may charge under the Vaccines for Children (VFC) program recently enacted by Congress.

CHPS is observing immunizations as they are given to better understand how differences in immunization procedures among practices can lead to differences in cost. National data collection efforts are currently underway. This medical facility has agreed to serve as one of our observation sites. However, parental consent is needed before we can observe the immunization your child is about to receive.

Your child's participation in the test study is completely voluntary and will have no effect on the treatment he or she receives. Any data collected during the observation of your child's immunization will remain completely confidential and neither you or your child will be identified. The observation will be limited to the time required to give the immunization. During that time an observer will simply watch and take notes.

By signing below, you are stating that you have read this document, understand the request that is being made of you, and are willing to allow your child's immunization to be observed for purposes of the study.

Parent's Name

Parent's Signature

Date

STUDY OF THE COSTS OF ADMINISTERING CHILDHOOD IMMUNIZATIONS PHONE SCRIPT TO SCHEDULE PRACTICE SITE VISITS

Once a practice is selected and a recruitment package is sent to the manager/administrator of the practice, the Center for Health Policy Studies will place a call to the office manager/administrator. The following describes the conversation that will take place:

"Hello, my name is _____ (person making the call). I am with the Center for Health Policy Studies in Columbia, Maryland. We are conducting a study of the cost of administering childhood immunizations for the Health Care Financing Administration. Did you receive the information package that was sent to your office? _____"

(If yes, say:) As is stated in the package, the purpose of the study is to determine resource costs associated with the administration of childhood immunizations. The study involves site visits to multispecialty group, pediatric group and sole practices throughout the country. The data collected will be used to evaluate physician charge limits under the Vaccines for Children (VFC) program recently enacted by Congress. (Continue to next question)

(If no, say:) I'd like to send you another package but let me just tell you a little bit about the study. The purpose of the study is to determine resource costs associated with the administration of childhood immunizations. The study involves site visits to multispecialty group, pediatric group and sole practices throughout the country. The data collected will be used to evaluate physician charge limits under the Vaccines for Children (VFC) program recently enacted by Congress. (Confirm the name and address of the office manager and practice and indicate that you will send another package.)

Do you have any questions regarding the study? (If so, answer the questions)

Will your practice participate in the study? (If yes, continue. If no, thank them for their time)

Who will be the contact person? _____ (Obtain name, title and telephone number of the designated contact person)

(If the office manager is the designated contact person continue with the following paragraph. If another person is designated, call them and repeat the first paragraph of this script. Determine if they have received the package sent to the office manager and continue with the following)

The information package includes an introductory letter from HCFA, a letter from the Center for Health Policy Studies, a project description, a HCFA summary, a CHPS summary, a sample site visit schedule, a form letter of participation for a representative of your office to sign, and a sample parent consent form.

As shown on the sample site visit schedule, we need to schedule a three hour visit to your practice for one of our staff members. We will need to collect some financial data on your practice. Financial data needed includes salary information, and supply and equipment costs. An interview will also need to be scheduled with the practice manager/administrator. Immunization observation, however, will account for the majority of time required.

When will your office and the staff indicated on the site visit schedule be available for a site visit? _____ (Determine the office's preference for scheduling the site visit and indicate that you will call back to confirm the date. Check the availability of other practices to be visited in the same area of the country.)

Thank you for your time. We look forward to meeting with you and your staff.

EXHIBIT 3

INTERVIEW GUIDE

Physician Practice Name: _____	Date: _____
Physician Practice Address: _____	Interviewee: _____
_____	Position: _____
Physician Practice Telephone No: _____	Interviewer: _____

Note: Explain purpose of study before initiating discussion. Use questions listed below as a guide to gaining an understanding of how immunizations are given and any unusual attributes of practices.

1. What is the sequence and timing used by this practice in the administration of childhood vaccinations? Is it documented? _____

2. Are immunizations given most frequently separately or together? Which combinations are most common? _____

3. Are immunizations normally part of a visit with a different primary purpose or are they the sole purpose of a visit? What is the percentage (approximate) of visits where immunizations are the sole purpose? _____

4. In this practice, are immunizations given by a physician, nurse or other practitioner? What percentage of immunizations are given by each type of provider? If a practitioner other than a physician or nurse gives an immunization, what is the education and experience of the practitioner? _____

5. Describe the process for immunizations from the time the child arrives at the practice until the child leaves. _____

EXHIBIT 3 (CONT.)

6. Do any circumstances exist for some children that change the normal immunization process? (e.g. sick, distraught, handicapped) Please identify these circumstances? How do they change the process? _____

7. Practice Characteristics:

Type of Practice: • Multispecialty Group (Staff Model HMO Other
 • Pediatric Group
 • Solo Practice

Size of Practice: • Number of Physicians _____
 • Number of Pediatricians _____
 • Number of Other Practitioners (including nurses) _____
 • Number of Total Employees _____
 • Approximate Number of Children Immunized Annually _____

Location of Practice: • Metropolitan
 • Non-metropolitan

8. Please describe this practice's current process for obtaining vaccines*:

* interviewers should be aware of the fact that Connecticut and Illinois are "universal purchase states". Practices located in UP states should be specifically questioned regarding that program's affect on vaccine acquisition.

9. Comments: _____

EXHIBIT 4

RESOURCE USE DATA COLLECTION GUIDE

Physician Practice Name: _____	Date: _____
Physician Practice Address: _____	Time: _____
	Data Collector: _____
Physician Practice Telephone No: _____	

Note: Separate form to be completed for each patient. Refer to description of process in interview guide to determine whether modifications in data collection are required. Describe any modifications. _____

1. Immunization is:
Sole Purpose of Visit Part of Visit
2. Type of immunization(s):
DTP DTaP HEP B HIB MMR OPV
3. Patient Age/Visit: _____
4. Practitioner Giving Immunization: Physician Nurse Other
If other, note job title and duties: _____
5. Times: Time of patient arrival: _____
Time patient entered exam room: _____
Time examination completed (if applicable): _____
Time required to obtain parent/guardian consent: _____
*Time for preparation of vaccine: start: _____ end: _____
Time practitioner initiated immunization: _____
Time immunization began: _____
Time immunization completed: _____
Time practitioner left: _____
Time immunization documentation began: _____
Time immunization documentation completed: _____
Time patient left immunization room: _____
Time patient left practice: _____

*(Practitioner preparing vaccine: Physician Nurse Other)

EXHIBIT 4 (CONT.)

6. Supplies Used (#'s):
Syringe: _____
Needle: _____
Alcohol Swab: _____
Band-Aid: _____
Gloves: _____
Other (list): _____

7. Comments: _____

EXHIBIT 5

UNIT COST DATA COLLECTION GUIDE

Physician Practice Name: _____	Date: _____
Physician Practice Address: _____	Time: _____
	Data Collector: _____
Physician Practice Telephone No: _____	

1. Professional Costs:

Salaries: Staff Physician _____
 Nurse _____
 Other A _____
 B _____
 C _____

Source: Payroll register - Record average hourly salary. If more than one class of nurse or if there is substantial variation in a category, record each relevant amount and describe in notes.

Fringe Benefits: Percentage of salary: _____

Source: Office manager or review of general ledger. Be certain that percentage is well documented and includes payroll taxes, health insurance, other insurance, pension and profit-sharing.

2. Supply Costs:

Supply	Gross Count	Gross Cost	Cost per Unit
Syringe			
Needle			
Alcohol Swab			
Band-Aid			
Gloves			
Cotton Balls			
VICP Materials			
Other:			
A			
B			
C			

Source: Most recent purchase invoices from medical supply companies.

EXHIBIT 5 (CONT.)

3. Indirect Costs (not readily available from existing data sources)

3.1 Costs of acquiring vaccines (processing and administration only)

Describe process used to acquire vaccines: _____

Identify staff member (by title) who completes process for acquiring vaccines:

Identify costs of staff member:

Salary (per hour) _____

Fringe Benefits (percentage of salary) _____

Identify amount of time allocated per clinical employee for immunization related training (e.g. OSHA blood-borne pathogen, vaccine handling): _____

Identify any other resources and their costs associated with acquiring vaccines:

3.2 Identify special equipment and/or practice overhead costs that are related to immunizations but might be overlooked by existing data sources. Describe and list each cost.

Description	Cost	Unit of Measurement	Cost per Unit
<i>Equipment:</i>			
A			
B			
C			
<i>Overhead:</i>			
A			
B			
C			

Source: Office manager, payroll register, general ledger.

EXHIBIT 5 (CONT.)

4. Comments: _____

CENTER FOR HEALTH POLICY STUDIES