

Appendix 25 – Medicare Summary Notice – Reading Guide



Medicare Summary Notice **1** For Part B (Medical Insurance)

BENEFICIARY NAME **2**
STREET ADDRESS
CITY, STATE, ZIP CODE

THIS IS NOT A BILL **3**

Notice for Beneficiary Name

Medicare Number	XXX-XX1234A 4
Date Notice Printed	December 6, 2013 5
Date Claim Processed	November 2, 2013

Your Cost for This Claim

Did Medicare Approve all Services? **6** YES

See claim. Look for NO in the "Services Approved?" column. See the section for "[How to handle a denied claim.](#)"

Total You May Be Billed **7** \$5.71

Your Deductible Status **8**

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met \$85 of your \$147 deductible for 2013.

Provider for This Claim **9**

October 18, 2013
Susan Jones, MD

Be Informed!

Register at www.MyMedicare.gov to view your original Medicare claims, to track your preventive services and print an "On the Go" report to share with your provider. Visit the website to sign up and access your personal Medicare information.

The codes and dollar amounts shown on this sample Medicare Summary Notice are for demonstration purposes only.

Appendix 25 – Medicare Summary Notice – Reading Guide

October 18, 2013 10

Dr. Susan Jones, M.D., 555-555-1234

Physical Therapy Center, Street Address, City, State, Zip Code 11

12	14	15	16	17	18	19
Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Therapeutic exercise to develop strength, endurance, range of motion and flexibility; each 15 minutes (97110) 13	Yes	\$45.00	\$28.54	\$22.83	\$5.71	A
Total for claim #11-10366-697-750 20		\$45.00	\$28.54	\$22.83	\$5.71	

Notes for Claim Above 21

Your claim was sent to your Medicare supplement insurance (Medigap policy). Send any questions regarding your benefits to them.

The codes and dollar amounts shown on this sample Medicare Summary Notice are for demonstration purposes only.

Appendix 25 – Medicare Summary Notice – Reading Guide

Key

1. **Medicare Summary Notice:** Medicare sends out statements like this example quarterly. If you didn't use any medical services in a particular three-month period, a statement won't be sent. Your Medicare Summary Notice shows all services billed to your Medicare Part B account for doctors' services, tests, outpatient care, home health services, durable medical equipment, preventive services and other medical services.
2. **Name and Address:** If the name or address listed here is not correct, visit your local Social Security Administration office or call 800-772-1213 (TTY 800-325-0778 for the deaf or hard of hearing), weekdays from 7 a.m. to 7 p.m. You can also make the corrections online at SSA.gov.
3. **This is Not a Bill:** Your Medicare Summary Notice is not a bill. It is a statement you should review for accuracy and keep for your personal records.
4. **Your Medicare Number:** This is the number on the Medicare card.
5. **Date Notice Printed:** This is the date the notice was mailed. Medicare Summary Notices are sent out four times a year — once a quarter.
6. **Did Medicare Approve All Services?:** "YES" means that Medicare covers this type of health care service. If you see "NO" in this space, contact your provider and ask for an itemized statement.
7. **Total You May Be Billed:** This is the maximum amount the doctor can bill. It may include a deductible (\$147 in 2013), a 20 percent coinsurance charges or any other expenses that Medicare does not cover. If there is a Medicare supplemental insurance policy (also called Medigap), Medicare will send this claim information to your insurance company.
8. **Your Deductible Status:** Each year the Part B deductible (\$147 in 2013) must be paid by the beneficiary before Medicare begins to pay. This section shows how much of this annual deductible paid.
9. **Provider for This Claim:** Provider of services.
10. **Date of Service:** This is the date(s) beneficiary received medical care.
11. **Doctor Name, Address and Phone:** Billing provider information.
12. **Service Provided:** This is a brief description of the provided service(s).
13. **Billing Code:** Procedure code for service(s) rendered.
14. **Service Approved?:** "YES" means Medicare covers this type of service. "NO" means Medicare does not cover this type of service.

Typical Non-covered Services

Skilled Nursing or Rehabilitative Care: If you need skilled care immediately after leaving a hospital, Medicare will pay the full Medicare-allowed rate for the first 20 days you require skilled nursing or rehabilitation care. After that, you pay a part of the cost (\$141.50 per day) for up to 100 days. Medicare doesn't provide skilled nursing or rehabilitation coverage for services that exceed 100 days in a row.

Personal Care Assistance: The cost of hiring help for bathing, toileting and dressing are not covered unless you are homebound and are also receiving skilled nursing care. Housekeeping services, such as shopping, meal preparation and cleaning, are covered only if you are receiving hospice care.

Alternative Medicine: Medicare does not cover acupuncture or chiropractic services (except to fix subluxation of the spine), or other types of alternative or complementary care.

Cosmetic Surgery: Medicare will not pay for elective cosmetic procedures, although certain surgeries may

Appendix 25 –Medicare Summary Notice – Reading Guide

be covered if necessary to fix a malformation.

Vision, Hearing, Foot and Dental Care: Hearing aids, hearing exams and routine eye, foot and dental care are not covered, although some glasses after cataract surgery and hearing implants to treat a severe hearing loss may be covered.

Miscellaneous Hospital Costs: Inpatient charges for a private hospital room, or in-room television or telephone, will not be covered by Medicare.

Other Excluded Costs: Medicare does not pay for nonemergency transportation or copies of X-rays.

Overseas Coverage: In most cases, Medicare will not pay for health care received outside of the United States.

15. **Amount Provider Charged:** This is the amount the doctor or health care provider billed Medicare.
16. **Medicare-Approved Amount:** This is the amount Medicare approved as an acceptable charge for this service.
17. **Amount Medicare Paid:** This is the amount Medicare paid to the provider. In general, this amount is 80 percent of the Medicare-approved amount.
18. **Maximum You May Be Billed:** This is the maximum amount the doctor can bill the beneficiary. It may include the Part B deductible (\$147 in 2013), a 20 percent coinsurance charges or other charges that Medicare does not cover.
19. **See Notes Below:** This column directs the beneficiary to additional information about the claim(s). If there's a letter in this column, refer to the Notes for Claim Above (described by item No. 21).
20. **Claim Number:** Each claim made to Medicare Part B account is assigned a distinct number.
21. **Notes for Claim Above:** Medicare uses this area to give extra information about the claims listed in the Medicare Summary Notice.



Appendix 26 – Julian Calendar Conversion Tables

Day-of-Year Table for Non-Leap Years

DATE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	1	32	60	91	121	152	182	213	244	274	305	335
2	2	33	61	92	122	153	183	214	245	275	306	336
3	3	34	62	93	123	154	184	215	246	276	307	337
4	4	35	63	94	124	155	185	216	247	277	308	338
5	5	36	64	95	125	156	186	217	248	278	309	339
6	6	37	65	96	126	157	187	218	249	279	310	340
7	7	38	66	97	127	158	188	219	250	280	311	341
8	8	39	67	98	128	159	189	220	251	281	312	342
9	9	40	68	99	129	160	190	221	252	282	313	343
10	10	41	69	100	130	161	191	222	253	283	314	344
11	11	42	70	101	131	162	192	223	254	284	315	345
12	12	43	71	102	132	163	193	224	255	285	316	346
13	13	44	72	103	133	164	194	225	256	286	317	347
14	14	45	73	104	134	165	195	226	257	287	318	348
15	15	46	74	105	135	166	196	227	258	288	319	349
16	16	47	75	106	136	167	197	228	259	289	320	350
17	17	48	76	107	137	168	198	229	260	290	321	351
18	18	49	77	108	138	169	199	230	261	291	322	352
19	19	50	78	109	139	170	200	231	262	292	323	353
20	20	51	79	110	140	171	201	232	263	293	324	354
21	21	52	80	111	141	172	202	233	264	294	325	355
22	22	53	81	112	142	173	203	234	265	295	326	356
23	23	54	82	113	143	174	204	235	266	296	327	357
24	24	55	83	114	144	175	205	236	267	297	328	358
25	25	56	84	115	145	176	206	237	268	298	329	359
26	26	57	85	116	146	177	207	238	269	299	330	360
27	27	58	86	117	147	178	208	239	270	300	331	361
28	28	59	87	118	148	179	209	240	271	301	332	362
29	29		88	119	149	180	210	241	272	302	333	363
30	30		89	120	150	181	211	242	273	303	334	364
31	31		90		151		212	243		304		

Day-of-Year Table for Leap Years

DATE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	1	32	61	92	122	153	183	214	245	275	306	336
2	2	33	62	93	123	154	184	215	246	276	307	337
3	3	34	63	94	124	155	185	216	247	277	308	338
4	4	35	64	95	125	156	186	217	248	278	309	339
5	5	36	65	96	126	157	187	218	249	279	310	340
6	6	37	66	97	127	158	188	219	250	280	311	341
7	7	38	67	98	128	159	189	220	251	281	312	342
8	8	39	68	99	129	160	190	221	252	282	313	343
9	9	40	69	100	130	161	191	222	253	283	314	344
10	10	41	70	101	131	162	192	223	254	284	315	345
11	11	42	71	102	132	163	193	224	255	285	316	346
12	12	43	72	103	133	164	194	225	256	286	317	347
13	13	44	73	104	134	165	195	226	257	287	318	348
14	14	45	74	105	135	166	196	227	258	288	319	349
15	15	46	75	106	136	167	197	228	259	289	320	350
16	16	47	76	107	137	168	198	229	260	290	321	351
17	17	48	77	108	138	169	199	230	261	291	322	352
18	18	49	78	109	139	170	200	231	262	292	323	353
19	19	50	79	110	140	171	201	232	263	293	324	354
20	20	51	80	111	141	172	202	233	264	294	325	355
21	21	52	81	112	142	173	203	234	265	295	326	356
22	22	53	82	113	143	174	204	235	266	296	327	357
23	23	54	83	114	144	175	205	236	267	297	328	358
24	24	55	84	115	145	176	206	237	268	298	329	359
25	25	56	85	116	146	177	207	238	269	299	330	360
26	26	57	86	117	147	178	208	239	270	300	331	361
27	27	58	87	118	148	179	209	240	271	301	332	362
28	28	59	88	119	149	180	210	241	272	302	333	363
29	29	60	89	120	150	181	211	242	273	303	334	364
30	30		90	121	151	182	212	243	274	304	335	365
31	31		91		152		213	244		305		366



Appendix 27 – Patient Registration Form - Sample

Patient Registration & Authorization Form

Date: ___/___/___ Patient Sex: Male Female Date of Birth: ___/___/___
DD MM YYYY (Circle One) DD MM YYYY

Patient Name: _____, _____ MI
Last Name (Family Name) First Name (Given Name)

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Cell: _____ Work: _____

E-mail: _____

Employer Name and Address: _____

Social Security #: _____ Spouse's Name: _____

Previous Family Physician (if applicable): _____

Emergency Contact (Other than Spouse): _____

Relationship to Patient: _____ Phone Number: _____

PATIENT INSURANCE: Does the patient have, or is the patient covered by health insurance? (Circle One) Yes No

1. **PRIMARY** Insurance Company Name: _____

Address/City/State/Zip _____

Policy Holder (Insured's Name): _____ Policy Holder Date of Birth _____

Policy Number: _____ Group Number _____

What relationship is Policy Holder to the Patient? (Circle One) Spouse Child Self Other: _____

Is policy through Employer? If Yes, Employer's Name: _____

2. **SECONDARY** Insurance Company Name: _____

Address/City/State/Zip _____

Policy Holder (Insured's Name) _____ Policy Holder Date of Birth _____

Policy Number _____ Group Number _____

What relationship is Policy Holder to the Patient? (Circle One) Spouse Child Self Other: _____

Is policy through Employer? If Yes, Employer's Name: _____

Effective Date of Policy: _____ Work Phone: _____

PATIENT'S RACE/ETHNICITY: Black/African American Asian/Pacific Islander Latino White Other: _____
----- (Circle One) -----

Over

LHD address
LHD form number

LHD Name
LHD city, state, zip

LHD phone

Wisconsin Department of Health Services
Division of Public Health

P- 00536-Appendix27 (Rev 09/13)

Appendix 27 – Patient Registration Form - Sample

MESSAGES REGARDING THE PATIENT:

- Yes, (Agency Name)** has my permission to leave voice-mail messages in regard to appointments, lab results and other information related to patient visits. My preferred number for messages is: _____
- No**, I would prefer that **(Agency Name)** not leave *detailed* information on my voice-mail other than messages for me to call the doctor's office.

CONSENT TO TREAT: I authorize the **(Agency Name)** healthcare providers to administer treatment as deemed necessary for care of the patient named above. I certify that I am the parent or legal guardian of the patient. I also certify that no guarantee or assurance has been made as to the results that may be obtained from the treatment.

ASSIGNMENT OF BENEFITS: All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments. The patient/parent/responsible party is responsible for any unpaid balances. Co-Payments will be made at the time of service. I request that payment of authorized Medicare, Medicaid, or other insurance company benefits be made to **(Agency Name)** for any services furnished to me by the **(Agency Name)**. Regulations pertaining to Medicare and Medicaid assignment of benefits apply.

My signature indicates that all information provided above is true and accurate:

Signature of Patient or Legal Representative _____
Date

If patient is under the age of 18:

Full Name of Parent or Legal Representative: _____

Address if different than your own: _____

City _____ State _____ Zip _____ Day Phone _____

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES (Agency Name)

My signature below indicates that I have been given an opportunity to read this practice's NOTICE OF PRIVACY PRACTICES and to have any questions answered before signing.

Signed: _____ Date: _____

Print Name: _____

If signed by someone other than the patient, please indicate relationship to patient:

- Parent or guardian of minor patient
 Guardian or conservator of an incompetent patient
 Beneficiary or personal representative of deceased patient

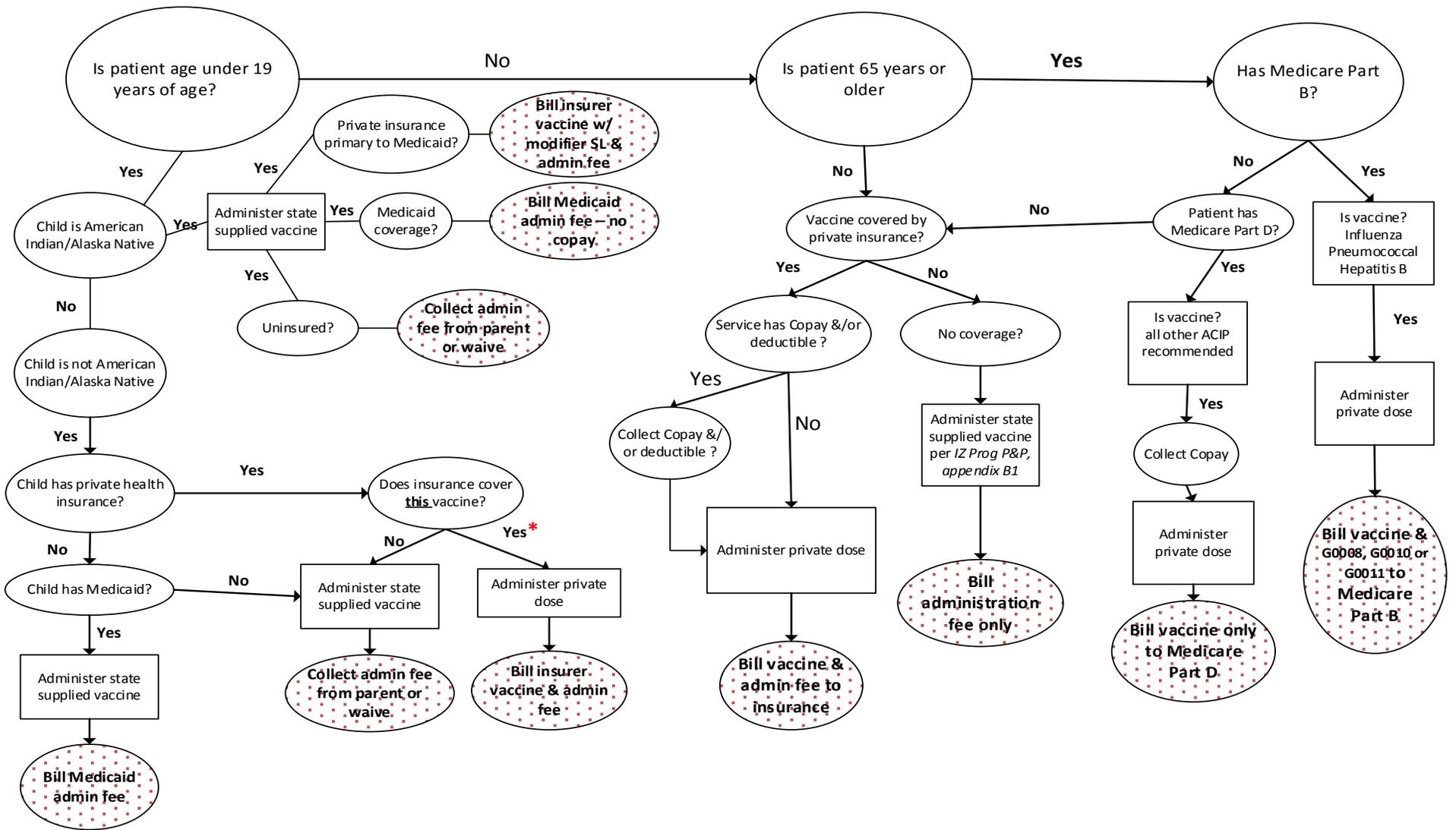
FOR OFFICE USE ONLY: Employee Signature: _____ Date: _____

Efforts to Obtain: _____

Reason patient refused to sign: _____



Appendix 28 - Eligibility Decision Tree



* state supplied pertussis-containing vaccines may be given during statewide outbreak

Flow does not include secondary coverage



Appendix 29 - Grandfathered Plans

The Affordable Care Act lets health plans that existed on March 23, 2010, the law's effective date, to be "grandfathered" and thus be exempt from some of the new law's provisions (including no cost-sharing on vaccinations). But the rule sets firm limits on how much your current coverage can be changed before it loses its grandfathered status. Compared to their policies in effect on March 23, 2010, grandfathered plans:

- Cannot significantly cut or reduce benefits – for example, if a plan covers care for people with diseases such as diabetes, cystic fibrosis or HIV/AIDS, the plan cannot eliminate coverage for those diseases;
- Cannot raise co-insurance charges – for example, it cannot increase member share of a hospital bill from 20% to 25%;
- Cannot significantly raise co-payment charges – for example, it cannot raise its copayment from \$30 to \$50 over the next 2 years;
- Cannot significantly raise deductibles – for example, it cannot raise a \$1,000 deductible by \$500 over the next 2 years;
- Cannot significantly lower employer contributions by more than 5 percent – for example, it cannot increase its workers' share of the premium from 15% to 25%;
- Cannot add or tighten an annual limit on what the insurer pays. Some insurers cap the amount that they will pay for covered services each year. If they want to retain their status as grandfathered plans, plans cannot tighten any annual dollar limit in place as of March 23, 2010. Moreover, plans that do not have an annual dollar limit cannot add a new one unless they are replacing a lifetime dollar limit with an annual dollar limit that is at least as high as the lifetime limit.

The Affordable Care Act **requires all health plans – including grandfathered health plans** – to provide certain new protections for plan years beginning on or after September 23, 2010. The reforms that apply to all individual market health plans include:

- No lifetime limits on coverage for all plans;
- No rescissions of coverage when people get sick and have previously made an unintentional mistake on their application; and
- Extension of parents' coverage to young adults under 26 years old.

Plans will lose their grandfathered status if they choose to make significant changes that reduce benefits or increase costs to consumers. If a plan loses its grandfathered status, then consumers in these plans will **gain additional new benefits** including:

- Coverage of recommended **prevention services with no cost sharing**; and
- Patient protections, such as guaranteed access to OB-GYNs and pediatricians.

Appendix 29 - Grandfathered Plans

Projections of Employer Plans Remaining Grandfathered, 2011-2013

There is considerable uncertainty about what choices employers will make over the next few years as the market prepares for the establishment of the competitive Exchanges and other market reforms such as new consumer protections, middle-class tax credits and other steps to expand affordability and choice for millions more Americans. This rule estimates the likely decisions of employers based on assumptions and extrapolations of recent market behavior, including the decisions by employers to change their health plans in 2008 and 2009. The table below depicts the results of this analysis:

Type of Plan	Enrollees	Employer Plans Remaining Grandfathered		Explanation
		2011	2013	
Allowable Percent Change in Co-Payments from 2010		Medical inflation* (4%) + 15% = 19%	Medical inflation* (4% ³ = 12%) + 15% = 27%	Deductibles, copayments can increase faster than medical inflation over time
Large Employer	133 million	Low: 87% remain grandfathered Mid-range: 82% remain grandfathered High: 71% remain grandfathered	Low: 66% remain grandfathered Mid-range: 55% remain grandfathered High: 36% remain grandfathered	Large plans are more stable and often self-insured. Regulation permits plans to make routine changes needed to keep premium growth in check.
Small Employer	43 million	Low: 80% remain grandfathered Mid-range: 70% remain grandfathered High: 58% remain grandfathered	Low: 51% remain grandfathered Mid-range: 34% remain grandfathered High: 20% remain grandfathered	Small businesses typically buy commercial insurance and frequently make changes in insurers and coverage. Limited purchasing power and high overhead often force a trade-off between dramatic changes in benefits and cost sharing and affordable premiums.

* Assumes medical inflation at 4%

The “low” percentage is based on the mid-range percentages plus plans that could stay grandfathered with small premium changes.

The “mid-range” percentage is based on assumptions of the number of plans that would lose their grandfathered status if they made changes consistent with the changes that they made in 2008 and 2009 that would not lead to premium increases.

The “high” percentage assumes that some plans would not be able to make adjustments to employer premium contribution they would need to keep premiums the same while keeping their other cost-sharing parameters within the grandfathering rules. The estimates in this case assume these plans will choose to relinquish their grandfathered status instead.



Appendix 30 - Immunizations and Medicare

Program History

In 1965, Congress created Medicare under Title XVIII of the Social Security Act to provide health insurance to people age 65 and older, regardless of income or medical history. At that time, the average life expectancy was around 70.2 years [66.8 for men and 73.8 for women]. Once they reached 65, their expected years of coverage lasted only 14.8 years [12.9 for men and 16.3 for women]. By 2010, the life expectancy had risen by more than seven years to age 77.6 [74.7 for men and 80.5 for women]. This meant, in 2010, that a person could be using Medicare benefits for an average of 17.9 years [16.92 for men and 19.6 for women].

Benefits

Originally, Medicare consisted of two plans, Part A (hospital) and Part B (doctor) coverage. Medicare has added more benefits over the years, including speech, physical therapy, chiropractic care, hospice and the option of payments to health maintenance organizations. Eligibility has also been expanded to include persons under age 65 who have permanent disabilities and those with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS), commonly called Lou Gehrig's disease.

In 1997, Medicare added Part C (Medicare plus Choice) which translates to a health insurance program offered by private companies that have been approved by Medicare. This was later changed to Medicare Advantage, allowing beneficiaries to receive their Medicare benefits through a private plan. And finally, Medicare Part D (Prescription Drug coverage) was added under the Medicare Modernization Act of 2003.

Because Medicare is funded by those currently in the workforce, fluctuations in the population can affect monies available for Medicare. Medicare has four workers supporting each Medicare beneficiary; however, by 2020, there will be only about two workers supporting each Medicare beneficiary.¹

Current Program and Immunizations²

Medicare offers all enrollees a defined benefit. Hospital care is covered under Part A and outpatient medical services are covered under Part B. To cover the Part A and Part B benefits, Medicare offers a choice between an open-network single payer health care plan (traditional Medicare) and a network plan (Medicare Advantage, or Medicare Part C), where the federal government pays for private health coverage. A majority of Medicare enrollees choose traditional Medicare (76 percent) over a Medicare Advantage plan (24 percent) (Medicare.gov, 2012). Medicare Part D covers outpatient prescription drugs exclusively through private plans or through Medicare Advantage plans that offer prescription drugs.

Medicare Part A

Part A primarily pays for inpatient facility care. Beneficiaries may get drugs as part of their inpatient treatment during a covered stay in a hospital or skilled nursing facility (SNF). Part A payments made to the hospital or SNF generally cover all drugs provided during a covered stay –

¹ Historical statistics from the National Bipartisan Commission on the Future of Medicare

² Immunization information from CMS Product No. 11315-P Medicare Drug Coverage under Medicare Part A, Part B, and Part D

Appendix 30 - Immunizations and Medicare

which could include an immunization as part of medical treatment, such as a Tetanus vaccination.

Medicare Part B

Part B covers physician services or supplies needed to diagnose or treat a medical condition and durable medical equipment. Preventive services to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best, are also covered. The following vaccines are covered under Part B:

- **Influenza** – vaccine & administration covered once per flu season without coinsurance, copayment or Medicare Part B deductible if provider accepts assignment
- **Pneumococcal** – vaccine & administration covered once per lifetime [Medicare will also cover a booster vaccine for high risk persons if 5 years have passed since the last vaccination.]
- **Hepatitis B** - covers vaccine & administration of a 3 shot series for intermediate-to high-risk* individuals without deductible or coinsurance cost-sharing.
 - * A person's risk for Hepatitis B increases if the person has hemophilia, End-Stage Renal Disease (ESRD—permanent kidney failure requiring dialysis or a kidney transplant), diabetes, or certain conditions that increase the person's risk for infection. Other factors may also increase a person's risk for Hepatitis B. To determine if he or she is eligible for coverage, a person with Medicare should check with his or her doctor to see if he or she is at high or medium risk for Hepatitis B.
- **Other Vaccines** when directly related to the treatment of an injury or direct exposure to a disease or condition (e.g. Tetanus (Td) – for wound management only)

Medicare Part C

Part C (originally called Medicare plus Choice) provides Medicare coverage through the private insurance market. These plans have a special arrangement between the federal Centers for Medicare & Medicaid Services (CMS) and certain insurance companies. Medicare Advantage plans that are HMOs or preferred provider plans have a "lock in" requirement which means that, except for emergency or urgent care situations away from home, the enrollee must receive all services, including Medicare services, from plan providers. By law, these plans must at least be "equivalent" to regular **Part A** and **Part B** coverage. But there's lots of variation among Part C plans. Any given one may cover less of one thing and more of another than Parts A and B do.

Starting in 2012, Medicare Advantage (MA) plans cover all preventive services (including vaccinations) the same as Original Medicare. MA out-of-pocket costs for vaccines and immunizations will vary depending on the type of shot and if provider is in-network or not. Most Part C plans also offer a Part D plan.

Medicare Part D

Part D helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare and all must include all commercially available vaccines (like the shingles vaccine) on their drug formularies (except vaccines that are covered under Part B).

Appendix 30 - Immunizations and Medicare

Specific Part D immunization information is available at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0727.pdf>

General Exclusions

Medicare will not pay for medical services covered by Workers' Compensation, the state-supervised insurance system for job related injuries and diseases. If your patient has a disease or injury incurred on the job, the claim must be filed with Workers' Compensation first, unless one of the following is true:

1. The job related medical problem isn't covered by WC
2. The condition develops on the job, but is not work related
3. The patient has used up all WC benefits (send documentation)
4. A condition not related to work exists with a condition covered by WC (send documentation)

Veterans who are entitled to Medicare may choose which program will be responsible for payment for services covered by both programs. Medicare cannot pay for the same service that was authorized by the VA or performed by a VA facility.

Medicare pays secondary to Employer Group Health Plan (EGHP) coverage for individuals age 65, or over if the EGHP coverage is by virtue of the individual's current employment status or the current employment status of the individual's spouse. Health insurance plans for retirees or the spouses of retirees do not meet this condition and are not primary to Medicare.

Where an EGHP is primary payer, but does not pay in full for the services, secondary Medicare benefits may be paid to supplement the amount it paid for Medicare-covered services. If an EGHP denies payment for services because they are not covered by the plan as a plan benefit bought for all covered individuals, primary Medicare benefits may be paid if the services are covered by Medicare. Primary Medicare benefits may NOT be paid if the plan denies payment because the plan does not cover the service for primary payment when provided to Medicare beneficiaries.

How Part D works with other insurance

Part D sponsors are required to coordinate with State Pharmaceutical Assistance Programs (SPAPs) and other providers of prescription drug coverage with respect to the payment of premiums and coverage, as well as coverage supplementing the benefits available under Part D.

Plan Type	Part D
Employer or union health coverage	Each year the employer or union will notify its members if prescription drug coverage is creditable. This plan is usually carved out of medical benefit plans, so it is the only coverage.
COBRA plan	If a person has Medicare Part B in addition to COBRA coverage, it is probable that COBRA is the primary plan. Once COBRA expires, the

Appendix 30 - Immunizations and Medicare

	<p>person will have a special enrollment period to join a Medicare Prescription Drug Plan without paying a penalty.</p>
<p>Medicare supplement insurance (Medigap) policy with prescription drug coverage</p>	<p>Medigap policies can no longer be sold with prescription drug coverage, but if a person has drug coverage under a current Medigap policy, they can keep it. If a person enrolls in a Medicare drug plan, the Medigap insurer must remove the prescription drug coverage under the Medigap policy and adjust your premiums.</p>
<p>Medicaid</p>	<p>Drug costs are covered by Medicare Part B and D plans and are primary to Medicaid.</p>
<p>Supplemental Security Income Benefits</p>	<p>If a person has benefits, or help from the state Medicaid program paying the Medicare premiums, they are required to join a Medicare Prescription Drug Plan. If someone doesn't enroll, Medicare will enroll them.</p>
<p>Federal Employee Health Benefits (FEHB) Program</p>	<p>The Federal Employee Health Benefits (FEHB) Program plans usually include prescription drug coverage. If a person has Part D also, contact the FEHB for COB information.</p>
<p>TRICARE</p>	<p>TRICARE for Life: This plan pays secondary to Medicare to the extent that a benefit is payable by both Medicare and TRICARE. TRICARE for Life's pharmacy benefit wraps around Medicare Part D and will pay any beneficiary cost-sharing remaining – up through the cost-sharing that beneficiary would have had otherwise paid under TRICARE – but only if a beneficiary is enrolled in a Part D plan, the drug is a covered Part D drug, the covered Part D drug is also covered by TRICARE, and the drug is obtained at a pharmacy participating in both the Part D plan's and TRICARE's network.</p> <p>TRICARE (military health benefits): Most people with TRICARE must have Medicare Part B to keep TRICARE prescription drug benefits. The Medicare drug plan pays first, and TRICARE pays second.</p> <p>If the Medicare coverage is through a Medicare Advantage Prescription Drug (MA-PD) Plan with prescription drug coverage, the MA plan and TRICARE coordinate their benefits if the MA plan network pharmacy is also a TRICARE network pharmacy.</p>

Appendix 30 - Immunizations and Medicare

<p>Safety Net providers</p>	<p>A majority of Medicare beneficiaries served by safety-net provider organizations have limited incomes. These safety-net providers typically include Federal, State, and locally supported community health centers (CHCs) or clinics, many of which are deemed Federally Qualified Health Centers (FQHCs), public hospital systems, and local health departments. Part D sponsors are not required to contract with safety-net providers.</p>
<p>Veterans' Benefits</p>	<p>A veteran might have prescription drug coverage through the Veterans Affairs (VA) program, but only one type of coverage is able to be used at the same time (there is no coordination of benefits). Only the prescription drug plan would be useable at a LHD, unless that LHD has some sort of arrangement with the VA to provide immunizations to veterans in their service area.</p>
<p>Indian Health Services</p>	<p>Many Indian health facilities participate in the Medicare prescription drug program. If you get prescription drugs through an Indian health facility, you'll continue to get drugs at no cost to you and your coverage won't be interrupted. Joining a Medicare Prescription Drug Plan may help your Indian health facility because the drug plan pays the Indian health facility for the cost of your prescriptions. Talk to your local Indian health benefits coordinator who can tell you how Medicare works with the Indian health care system.</p>





Minnesota Multistate Contracting Alliance for Pharmacy

651.201.2420 www.mmcap.org

Membership Application and Membership Agreement Instructions for Completion

Thank you for your interest in membership with the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP).

Please complete all required sections of the application. Applications with missing information may be returned and will delay the review process. If you have any questions, contact MMCAP at 651.201.2420.

The completed application and membership agreement must be sent to your state's MMCAP State Contact for review and approval. (A list of State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts.>"). The State Contact will forward the approved documentation to MMCAP for final processing.

Please note that membership in MMCAP is limited to facilities with which the State of Minnesota may contract (Minnesota Statutes Section 471.59, subdivision 10). These include:

- Other states
- Agencies of other states
- Counties
- Cities
- School Districts
- Entities recognized by the member state's statutes as authorized to use that state's commodity or service contracts (Minnesota Statutes Section 16C.03, subdivision 10 – found at: <https://www.revisor.mn.gov/statutes/?id=16C.03>).

Minnesota Multistate Contracting Alliance for Pharmacy **Facility Membership Application**

Return this completed form, along with the Facility Membership Agreement, to your State Contact for authorization. (A list of State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts.>") The State Contact will then forward the authorized form to the MMCAP office for processing.

Type or Print Clearly

1. Indicate the **specific authority** under which this facility may purchase goods and services from MMCAP: _____
(e.g., statutory authority or board resolution to contract with the State of Minnesota). ***Attach a hard copy of this authorization.***
2. Facility's Full Legal Name: _____
3. Complete "**Bill To**" Street Address: _____

Appendix 31 – MMCAP New Membership Application and Agreement

City: _____ State: _____ Zip: _____

4. Complete “**Ship To**” Street Address, if different: _____

City: _____ State: _____ Zip: _____

5. Facility Website: _____

6. DEA Number, if applicable (required for controlled substances): _____

7. Health Industry Number (HIN), if known: _____

If needed, MMCAP will assist in obtaining this number when the application is processed. **Indicate need for assistance on line above.**

8. Facility’s State Pharmacy License Number, if applicable: _____

9. 340B (PHS) Eligible: YES NO Unsure

The 340B Drug Pricing Program provides significant pharmaceutical discounts to facilities receiving certain types of federal funding.

10. **Within the past year, has your facility been affiliated with a pharmaceutical group purchasing organization (GPO) other than MMCAP? (Please check one.)**

NO

YES, but my facility is switching to MMCAP. **Attach a signed letter on your facility’s letterhead stating that you wish to discontinue your association with your current pharmaceutical GPO and instead use MMCAP.**

YES and my facility will remain with current GPO.

➤ Current pharmaceutical GPO Name: _____

➤ We currently purchase: _____

➤ What will be the primary GPO? _____

11. Indicate which MMCAP contracts your facility intends to use? **(Check all that apply)**

Wholesaler (AmerisourceBergen, Cardinal Health, or Morris & Dickson) (complete boxes below)

Prescription Drugs (other than vaccines)

Vaccines (other than influenza)

Over-the-counter for “Own Use”

Dental Supplies Program

Influenza Vaccine Program

Medical/Hospital Supplies Program

Returned Goods Processing Program

Student Health Oral Contraceptives Program

Wholesaler Invoice Auditing

Nutritionals

12. What is the primary purpose of your facility? **(Check all that apply)**

Correctional Facility Public Health

Central Purchasing/Business Office School District

Developmental Disability Senior Services

Emergency Student Health

Hospital/Clinic Targeted Program

Mental Health University Training Program

Nursing Facility

13. What type of care does your facility provide? **(Check all that apply)**

Acute Care Medical School

Appendix 31 – MMCAP New Membership Application and Agreement

- Detoxification Public/Community Nursing
- Health Service Research/Training
- Long Term Care (LTC) Trauma/Emergency
- LTC – Skilled Nursing Veterinary
- LTC - Veterans No Care Provided

14. What agency controls your facility? Not your funding source. (**Check one**)

- Federal government County/Parish Government
- Non-government Private – For Profit Municipal (city, township) Government Non-government Private – Non-Profit State Government

Facility Contacts: Not all facilities will have three contacts. Listing at least one main contact person is required.

15. Designated Facility MMCAP contact person: _____

Title: _____ Phone: _____ Fax: _____

Email Address: _____

16. Alternate Facility MMCAP contact person: _____

Title: _____ Phone: _____ Fax: _____

Email Address: _____

17. Facility's Purchasing MMCAP contact person: _____

Title: _____ Phone: _____ Fax: _____ Email Address: _____

The information above is true and correct. **Forward signed application and agreement on to your State's Contact for final processing.** (A list of State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts.").

Signed: _____ Date: _____

Facility Representative

I have reviewed and approve the facility's eligibility for membership in MMCAP.

Signed: _____ Date: _____

MMCAP State Contact



31 – MMCAP New Membership Application and Agreement

Rev. 10/2012 Page 4 of 6

Minnesota Multistate Contracting Alliance for Pharmacy

50 Sherburne Avenue, Suite 112, St. Paul, MN 55155 651.201-2420

www.mmcap.org

Facility Membership Agreement

This Agreement is by and between the State of Minnesota, acting through its Commissioner of Administration on behalf of Minnesota Multistate Contracting Alliance for Pharmacy (“MMCAP”) and

Facility’s Complete Legal Name

Full Address including city, state, and zip code

(“Member Facility”).

MMCAP is a free, voluntary group purchasing organization for government-authorized facilities and is operated and managed by the Materials Management Division of the State of Minnesota's Department of Administration. It combines the purchasing power of its members to receive the best prices available for the products and services for which it contracts. Participation in MMCAP is limited to facilities, within a participating member state, with statutory authority to purchase commodities from its state’s contracts. This Agreement is required by, 42 C.F.R. § 1001.952(j), additionally, the State of Minnesota is empowered to enter into this Agreement pursuant to Minnesota Statutes Section 471.59, subdivision 10.

1. Term of Agreement and Cancellation

This Agreement will be effective upon the date it is fully executed by all parties; and will remain in effect until cancelled by MMCAP or the Member Facility. Either party may cancel this Agreement, any time, with or without cause, upon 30 days’ written notice to the other party.

2. Member Facility

The Member Facility

The Member Facility:

- A. Certifies it has authority to enter into a contract with the State of Minnesota.
- B. Must comply with all laws, rules, and regulations governing government purchasing of pharmaceuticals and related products and services when utilizing MMCAP contracts and programs.
- C. Must operate within the boundaries established by Robinson-Patman (15 U.S.C. 13 (a)) and “own use” requirements as defined by *Abbott Labs v. Portland Retail Druggists* (425 U.S. 1(1976)) and *Jefferson County Pharmaceutical Association, Inc. v. Abbott Labs* (460 U.S. 150 (1983). If there are any questions about the propriety of the use of products, the Member Facility will obtain an opinion from its legal counsel and notify MMCAP of the decision.
- D. Must comply with the terms and conditions of the applicable MMCAP vendor contracts, found in the MMCAP Catalog at www.mmcap.org.
- E. Should endeavor, where practical, to purchase its goods and services from MMCAP contracts.
- F. Must update MMCAP regarding changes to the Participating Facility's contact person.
- G. Must promptly pay MMCAP-contracted vendors for all products or services purchased using MMCAP contracts. MMCAP does not assume any responsibility for the accountability of funds expended by the Member Facility.
- H. May be inactivated from MMCAP membership if there is no participation for 18 consecutive months.

Appendix 31 – MMCAP New Membership Application and Agreement

3. MMCAP

MMCAP Will:

- A. Select commodities or services for cooperative contracting.
- B. Contract with Product vendors according to Minnesota law.
- C. Make available copies of contract documents.
- D. Maintain vendor performance records.

Rev. 10/2012 Page 5 of 6

- E. Assist in resolving administrative, contract, or supplier problems that cannot be resolved by the Participating Facility.
- F. Provide information via the Internet to the Participating Facility regarding Products and Services.
- G. Distribute to MMCAP Member Facilities any unused Administrative Fees collected from MMCAP-contracted vendors.

4. Administrative Fee Collected from Vendors

The MMCAP Managing Director may, pursuant to contract terms and conditions, require the contracted vendors (not Member Facilities) to pay an administrative fee to MMCAP. The fee of not more than three percent will be based on a percentage of sales made by the individual contracted vendor. Fees will be collected by the MMCAP office and used to pay for the administrative costs incurred in the operation of MMCAP as approved by the MMCAP Managing Director. At the end of the contract year, any remaining balance of funds will be returned to active member facilities by means of a credit to their wholesaler or distributor account or as permitted by various program requirements, in an amount proportional to the member facility's on-contract purchases.

5. Assignment, Amendments, Waiver, and Contract Complete

5.1 **Assignment.** The Member Facility may neither assign nor transfer any rights or obligations under this Agreement without the prior consent of MMCAP and a fully executed assignment agreement, executed and approved by the same parties who executed and approved this Agreement.

5.2 **Amendments.** Any amendment to this Agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original agreement.

5.3 **Waiver.** If either party fails to enforce any provision of this Agreement, that failure does not waive the provision or its right to enforce it.

6. Liability

Each party will be responsible for their own acts and behavior and the results thereof. Nothing in this membership agreement shall be construed as expanding the limits of liability of the Participating Facility beyond the limits of the law of its state. MMCAP's liability is governed by the Minnesota Tort Claims Act, Minnesota Statutes Section 3.736, and other applicable laws.

7. State Audits

As mandated by Minnesota Statutes Section 16C.05, subdivision 5, "the books, records, documents and accounting procedures and practices of the [Member Facility] relevant to this Agreement shall be made available and subject to examination by the State of Minnesota, including the contracting agency/division, Legislative Auditor, and State Auditor" for a minimum period of six years after the termination of this Agreement.

IN WITNESS WHEREOF, the undersigned parties have signed this MMCAP Facility Membership Agreement on their behalf intending to

Title: _____

Participating Facility:

(Person with legal authority to bind the facility)

Date: _____

be bound thereby.

By: _____

Appendix 31 – MMCAP New Membership Application and Agreement

State of Minnesota, through its Commissioner of Administration on behalf of MMCAP:

By: _____

Title: _____

Date: _____

Rev. 10/2012 Page 6 of 6

Commissioner of Administration, as delegated to the Materials Management Division:

By: _____

Date: _____



Appendix 32 – MMCAP Application User Guide

USER'S GUIDE for Pharmaceuticals and Biologicals Contract # 15-26998-901 Updated June 10, 2013

1. CONTRACT SUMMARY AND SCOPE

This mandatory statewide contract for purchasing pharmaceuticals from MMCAP (Minnesota Multi-State Contracting Alliance for Pharmacy) contracts utilizing a pharmaceutical distributor covers all State agencies and University of Wisconsin (UW) System campuses. This contract has been made available by utilizing a contract bid and negotiated by the MMCAP program with direct input from the State of Wisconsin. MMCAP is a free, voluntary, governmental group purchasing organization operated and managed by the State of Minnesota. The State of Wisconsin is a member of MMCAP along with 46 other states who represent over a billion dollars in purchasing power.

MMCAP bids out the pharmaceuticals to attain the best possible price from pharmaceutical manufacturers, then contracts with distributors to distribute the pharmaceuticals to the various states at the contract price. The State of Wisconsin's distributor for MMCAP contracted pharmaceuticals is Cardinal Health's Pharmaceutical Division.

The final price of an ordered pharmaceutical will be the MMCAP contracted price of the drug minus the cost of goods (COG) discount provided by the distributor based on payment terms selected by the end user (30 days net, prepay etc.). The fastest payment turnaround results in the lowest cost. For example: If the MMCAP contracted price of a drug is \$100 and your invoice payments average 30 days, your COG discount will be -2.3%, thus your final drug cost will be \$97.70.

Contract Term: This Pharmaceutical Distribution Contract has an initial term of two (2) years with the option to renew upon mutual agreement for three (3) additional 1-year periods. The current term expires 10/31/2013 and after that there is a one year renewal option remaining. Potential full term would expire on 10/31/2014.

Contract: The actual MMCAP contracts (Drug contracts, Distributor Contracts, Flu Vaccine Contracts, Medical Supply Contracts, etc.) are housed at MMCAP and may be accessed via their website. Inquires on these specific contracts can be made to the State of Wisconsin MMCAP Procurement contact listed below. All MMCAP contracts are available to Wisconsin end users based on Joint Powers Agreement between MMCAP and Wisconsin. The pharmaceutical distributor contract is available on Vendornet:

http://vendornet.state.wi.us/vendornet/wais/bulldocs/2477_0.PDF

It is recommended that you become familiar with the contents of the contract. The contract goes into detail regarding technical, performance, and support requirements that both the customer and Contractor should be familiar with.

Contractor: Cardinal Health Inc.

Appendix 32 – MMCAP Application User Guide

Cooperative Purchasing: This contract may also be used for cooperative purchasing by county, city, and local municipalities.

Customers: Any State agency, board, commission, UW campus or cooperative purchasing entity.

Mandatory: Yes.

Purchasing Card (P-Card): Due to regulations and restrictions on some pharmaceuticals the State of Wisconsin P-Card is not to be used for purchases on this contract.

Purchase Orders (PO): Purchase Orders or releases from Blanket Purchase Orders shall be placed directly with Contractor by the customer.

Questions: If you have any questions about how to use this contract, contact the **DOA Contract Manager** listed below:

Barth Becker
WI Department of Administration
State Bureau of Procurement
101 East Wilson Street, 6th Floor
Madison, WI 53707-7867
Phone: (608) 266-0817
Fax: (608) 267-0600
Email: barth.becker@wisconsin.gov

Customers are also encouraged to contact their agency/campus purchasing office with general questions.

2. GETTING STARTED

Step 1: To use this contract you must have filled out an MMCAP application and have an active MMCAP number. If you have an active MMCAP account and MMCAP number proceed to Step 4. If you are not sure if your facility has an active account contact the DOA Contract Manager noted above.

Step 2: If you do not have an active MMCAP number and have not filled out an MMCAP application, proceed to VendorNet: [MMCAP Application on VendorNet](#) or the MMCAP website: [MMCAP Application](#) to download an application.

Complete all four pages of the application (question #1 does not need to be completed it will be filled out by the Contract Manager). The application needs to be signed by your facility on page two (under Facility Representative) and on page four (under Participating Facility). Once completed send the application to the DOA contract Manager (contact information noted above). The DOA contract Manager will review the application and if

Appendix 32 – MMCAP Application User Guide

complete sign it on page two (under MMCAP State Contact) and then forward it on to MMCAP for their final approval and assignment of an MMCAP number for the facility.

Step 3: MMCAP approves the application and assigns an MMCAP number to the facility, MMCAP will send out a welcome email with detailed information on how to utilize all the various MMCAP contracts (including the pharmaceutical distributor contract).

Step 4: The State of Wisconsin end user (facility) will contact the MMCAP contracted Pharmaceutical Distributor (for Wisconsin this is Cardinal Health) and will identify themselves as an MMCAP facility and provide Cardinal with their MMCAP number. If the facility does not have an existing account with Cardinal one can be set up at this time by providing them all required information such as:

Name
Agency
MMCAP contract# MMS10001 WI Contract# 15-26998-901
Email
Phone
Billing and Shipping Address
DEA and WI Pharmacy License numbers if required (generally for ordering controlled substances)

Step 5: Work with Cardinal Health to set up your specific ordering needs (on line ordering, phone orders, special pharmaceutical or over the counter medication needs, restrictions, etc.)

3. CONTRACTOR CONTACT INFORMATION:

Cardinal Health Inc.
7000 Cardinal Place
Dublin, OH 43015

Account Set Up / General MMCAP/WI contract questions:

Linda Heiskanen 608-566-0282
linda.heiskanen@cardinalhealth.com

Government Sales Director:

Todd Hudnall 614-757-7680
todd.hudnall@cardinalhealth.com

General Customer Service:

Customer Service 800-641-1199 government-pharma@cardinalhealth.com

On-Line Support for Cardinal.com site:

On-line Support 800-326-6457

Appendix 32 – MMCAP Application User Guide

4. TECHNICAL, PERFORMANCE AND SUPPORT REQUIREMENTS

As noted in section 1 above, understanding and adhering to the specific requirements of the contract is the responsibility of both the User and the Contractor. Understanding the details of the contract also helps to ensure compliance. Although you should become familiar with the entire pharmaceutical distribution contract a separate attachment has been created as a quick reference to some of the most important contract terms. This reference can be found on VendorNet here: http://vendornet.state.wi.us/vendornet/wais/bulldocs/2477_2.PDF Again, the complete contract is available as an attachment in VendorNet under the [Pharmaceuticals contract # 15-26998-901](#).

Issues should be addressed directly with the Contractor. Email or written communication is always recommended to document attempts of resolution. If issues cannot be resolved or if there are Contractor performance issues, contact the DOA Contract Manager, Peter Ansay at peter.ansay@wisconsin.gov or (608) 266-0462.

Always feel free to contact the DOA Contract Administrator, Peter Ansay, at Peter.ansay@wisconsin.gov or 608-266-0462 if you have any other questions or concerns.

5. MMCAP information and Links

MMCAP has an excellent website in which you can access more detailed information on the various contracts available as well as the MMCAP catalog, bulletins, flu vaccine pre-booking, MMCAP reduced pricing opportunities and MMCAP contacts. Website Location: www.mmcap.org

On the website you will find general information on MMCAP and some of their offerings. To access the contracts and other more detailed information you will need a username and password. If your facility does not have a user name and password contact MMCAP (have your facility's MMCAP number available for membership verification).

MMCAP General Contacts:

Materials Management Division
50 Sherburne Ave Room 112
St. Paul MN 55155

Main Line:

MMCAP 651-201-2420 mn.multistate@state.mn.us

General Membership Information:

Carolyn O'Donnell 651-201-3103 carolyn.odonnell@state.mn.us

MMCAP Pharmaceutical Distributor Coordinator:

Laura Muetzel 651-201-3053 laura.muetzel@state.mn.us



Appendix 33 – Grant Proposal – Template

Project Title

I. Proposal Summary (Executive Summary)

The Proposal Summary should be about one paragraph of 1-3 sentences and should include the amount of funding requested and give the most general description of the use that will be made of the funds. It should be created last so that it summarizes your proposal.

II. Organization Description and History

The Organization Description and History section should be about 1-4 pages in length and should include the history of the organization, its structure, information about office locations that will be involved in carrying out the activities that will be funded by the requested grant, major accomplishments of the organization, relevant experience and accomplishments of the organization, established partnerships and relationships that will be important to carrying out the activities funded by the grant, information about prior grants received from the source to which the proposal will be sent, and an explanation of how the description you provide makes your organization an appropriate grantee.

III. Need Statement

The Background section, is a clear explanation of the problem that will be solved if funded by the requested grant, including the approach and benefit of the project and the target population. Describe what steps have been taken to solve this problem prior to requesting this funding. Include supporting documentation and data to show the magnitude of the problem. It is important that the reader who finishes this section know why your program should be funded over others.

IV. Project Description (Program Narrative)

The Project Description may vary widely in length depending on the size and scope of the program that will be funded and the size of the award being sought. The project description should provide, in a systematic manner, a detailed description of the goals, objectives, activities and timelines. This description should explain how success or failure will be measured, what services you promise to deliver to what population and what results you expect to bring about. Be sure to include how achievement will be measured or defined. The Project Description may also include information about the staff who will work on the project, their experience and qualifications to perform the activities that will be funded.

V. Project Timeline/Budget Timeline

Using your Project Description, provide a timeline that shows the chronological order in which the activities listed under each goal heading will be undertaken and/or completed. Also include information about how/when funds that are awarded will be spent to support each activity.

VI. Budget

Provide a proposed budget that includes the expenditures that will be funded by the requested grant, how much funding will be required for each category, and how much of that funding will come from the grant request.

See Appendix 12 for sample budget



Appendix 34 – Grant Glossary

Term	Definition
501(c)(3)	The section of the tax code that defines nonprofit, charitable, tax-exempt organizations; 501(c)(3) organizations are further defined as public charities, private operating foundations, and private non-operating foundations. <i>See also</i> operating foundation; private foundation; public charity.
Administrative Costs	Grant funds used to administer or oversee the grant, including preparing grant related Purchase Orders, reports, photocopying, etc. Most grants allow at least 5% of the total budget for administrative costs.
Allowable Expenditures	Expenditures under a grant project that are specifically permitted (or not specifically prohibited), by law, regulation, guidance, accounting standards, or other authoritative budget sources.
Budget	A written description of the purpose and source of each expense, the unit cost, number of units and related computations, and the total amount requested must be organized within the budget categories required by the funding source and referenced in the proposal narrative.
Budget Narrative	The written portion of the budget portion of the grant, describing any unusual items in the budget or any calculations not evident in the budget.
Combined Funds	These are funds that are either cash or in-kind services. These can be received, committed or pending. If in-kind services are used as part of matching funds, then a dollar value must be applied to them and calculated into the budget.
Community Foundation	A 501(c)(3) organization that makes grants for charitable purposes in a specific community or region. The funds available to a community foundation are usually derived from many donors and held in an endowment that is independently administered; income earned by the endowment is then used to make grants. Although a community foundation may be classified by the IRS as a private foundation, most are public charities and are thus eligible for maximum tax-deductible contributions from the general public. <i>See also</i> 501(c)(3); public charity.
Company-sponsored Foundation, or Corporate Foundation	A private foundation whose assets are derived primarily from the contributions of a for-profit business. While a company-sponsored foundation may maintain close ties with its parent company, it is an independent organization with its own endowment and as such is subject to the same rules and regulations as other private foundations.
Cover Letter	A brief, one-page letter to introduce the applicant and summarize the attached proposal. Be sure to state the requested grant amount and crucial project details in both the cover letter and the proposal to ensure they are not overlooked by the reviewer.
Direct Costs	Costs of program implementation (personnel, supplies, travel, etc.)
Earned Income	Money given in exchange for a service or product. A description of how you will generate income in your project should be part of the budget and its narrative.
Family Foundation	An independent private foundation whose funds are derived from members of a single family. Family members often serve as officers or board members of family foundations and have a significant role in their grant making decisions.
Federal Matching Funds	Federal matching funds require a grantee to secure gift funds from third parties before federal funds are awarded. Whenever possible, applicants requesting federal matching funds should identify potential sources of gift funds at the time they submit an application.

Appendix 34 – Grant Glossary

Term	Definition
Federated Giving Program	A joint fundraising effort usually administered by a nonprofit "umbrella" organization that in turn distributes the contributed funds to several nonprofit agencies. United Way and community chests or funds, the United Jewish Appeal and other religious appeals, the United Negro College Fund, and joint arts councils are examples of federated giving programs. <i>See also</i> community fund.
Form 990-PF	The public record information return that all private foundations are required by law to submit annually to the Internal Revenue Service (IRS).
General Purpose Foundation	An independent private foundation that awards grants in many different fields of interest. <i>See also</i> special purpose foundation.
General/Operating Support	A grant made to further the general purpose or work of an organization, rather than for a specific purpose or project; also called an unrestricted grant or basic support.
Grantee Financial Report	A report detailing how grant funds were used by an organization. Many corporate grant makers require this kind of report from grantees. A financial report generally includes a listing of all expenditures from grant funds as well as an overall organizational financial report covering revenue and expenses, assets and liabilities. Some funders may require an audited financial report.
Indirect Costs or Overhead	Costs such as rent, utilities, existing equipment, usage fees, vaccine storage space
In-Kind Contribution:	A contribution of equipment, supplies, or other tangible resources, as distinguished from a monetary grant. Some corporate contributors may also donate the use of space or staff time as an in-kind contribution.
Letter of inquiry / Letter of intent:	A brief letter outlining an organization's activities and its request for funding that is sent to a prospective donor in order to determine whether it would be appropriate to submit a full grant proposal. Many grant makers prefer to be contacted in this way before receiving a full proposal.
Matching Grant Challenge Grant	A grant that is made to match funds provided by another donor.
Operating Foundation	A 501(c)(3) organization classified by the IRS as a private foundation whose primary purpose is to conduct research, social welfare, or other programs determined by its governing body or establishment charter. An operating foundation may make grants, but the amount of grants awarded generally is small relative to the funds used for the foundation's own programs. <i>See also</i> 501(c)(3).
Outright Funds	Outright funds are awarded by the Endowment and are not contingent on additional fundraising.
Qualitative Data	Data described in terms of quality, as opposed to "quantity". Qualitative data is often obtained through asking open-ended questions, to which the answers are not limited to a set of choices or a scale. Qualitative data collection is most useful when you would like information in people's own words, or when the questions you are asking have too many possible answers for you to be able to list them.

Appendix 34 – Grant Glossary

Term	Definition
Quantitative Data	Data described in terms of a quantity or number. Quantitative data is collected through closed-ended questions, where users are given a limited number of answer choices, or asked to answer on a scale. While quantitative data collection is suited for collecting numeric data such as age, income, number of staff, number of children, etc., many types of information can be collected quantitatively if placed on a scale.
Rolling Deadline	No specific closing date when applications are no longer accepted -- Applications/proposals are constantly being accepted and reviewed periodically.
Seed Money	A grant or contribution used to start a new project or organization. Seed grants may cover salaries and other operating expenses of a new project.
Special Purpose Foundation	A private foundation that focuses its grant making activities in one or a few areas of interest.



Appendix 35 – Grant Proposal – Cover Sheet Sample

Date of application: May XX 200X

Name of organization. (legal name): Badger County Local Health Department (BCLHD)

Purpose of grant (one sentence): BCLHD will use the <foundation name> funds as seed money to purchase a private stock of vaccine for use in immunizing insured clients.

Address of organization: 100 Main Street, Any-City, WI, USA

Telephone number: 888-800-8888

Executive director: Bucky Badger

Contact person and title (if not executive director): Fred Jones, Director of Fundraising

Is your organization an IRS 501(c)(3) not-for-profit? (yes or no): Yes
If no, please explain:

Grant request: \$25,000

Check one: General support: *Project support:* N/A

Total organizational budget (for current fiscal year): \$2,100,000

Budget Period (mo/day/year): January 1, 200X - through December 31, 200X

Total project budget (if requesting project support): \$25,000

Dates covered by project budget (mo/day/year): June 1, 200X - May 31, 200X

Project name (if applicable): Immunization Initiative



Appendix 36 – Grant Budget Proposals Sample

This sample budget illustrates information that is typically called for in most proposal budgets, in a format that shows the amount requested from "XYZ" funding agency and committed from other sources. Always follow the funding agency's application for budget information and format, however, if the funding agency does not specify budget information or format, use this illustration as a guide. Remember: The project budget must tell the same story as the rest of the project proposal.

Project Budget:

Category	Amount of Request to XYZ		Committed from other sources	Project Total	How much detail should you provide? Usually you should include enough information to illustrate how you arrived at the amount requested. For example:
		Fdtn			
Salaries & Wages					
Project Director: @ \$3,000/mon x 50 percent x 12 months	\$	18,000			Job title, @ per hr/mon. rate x % of time on project x no. months
Fringe Benefits				\$ 18,000	% of time on project x benefit dollars
Project Director: 50 percent x \$12,600	\$	6,300			
Consultant/Contracted Services -				\$ 6,300	Job title; @ per hr/mon. rate x % of time on project x no. months
Mtg presenters: 2 @ \$500/day x 2 days	\$	1,000	\$ 1,000		
Ace Evaluation: @ \$500/mon x 2 months			\$ 1,000		
Equipment				\$ 2,000	General type; rental or purchase; unit price x qty.
HP laptops: 2 @ \$1,200	\$	2,400		\$ 1,000	
Sony digital cameras: 3 @ \$200			\$ 600		
Sony video recorder: 1 @ \$600			\$ 600	\$ 2,400	
Materials & Supplies				600	Consumable items; printing, duplicating, mailing costs
Printing: 1,000 brochures @ .25			\$ 250	\$ 250	
Duplicating: 2,000 pgs. @ .05			\$ 100	100	
Meeting supplies: 200 attendees x \$3				600	
Travel	\$	600			Use applicable in- or out-state rates; list to/from, no. of persons; airfare, ground transportation, etc.
Mtg presenter #1: mileage to/from Mpls: 500 mi x .32/mile			\$ -	\$ 160	
Mtg presenter #2: airfare to/from Seattle: \$580; rental car: \$90	\$	160			
Other	\$	670		670	Itemize "other" and provide enough info for a clear picture of how funds contribute to the project.
Regional conference registration: 2 @ \$175					
Meeting refreshments: 2 breaks x 200 attendees x \$1.50/person	\$	350		\$ 350	
TOTAL EXPENSES:	\$	29,480	\$	4,150	\$ 600
				\$ 33,630	

Indirect costs: The LHD's costs which are not readily identifiable with a particular project or activity, but nevertheless are necessary to the general operation of the LHD and the conduct of the activities it performs. The funding agency's application materials will state if it allows inclusion of indirect costs.

Matching funds: Some funding agencies will call for the applicant to contribute toward the proposed project, either in the form of cash or in-kind services or items.

Project revenue: Some funding agencies require applicants to show anticipated project revenue, which may be from other funding sources, ticket sales, or matching funds, and may include in-kind or cash support. Revenue status may be "committed" and/or "pending."



Appendix 37 – National Physicians Fee Schedule Relative Value – April 2013

Proc Code	DESCRIPTION	MEDICARE Status	Work RVU	GPCI Work	PE RVU	GPCI PE	MalPrac RVU	GPCI MalPrac	ConvFac (CF)	CALC'D RVU	Medicare Allowable (CALC'D RVU * CF)
G0008	Admin influenza virus vac	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
G0009	Admin pneumococcal vaccine	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
G0010	Admin hepatitis b vaccine	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90281	Human ig im	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90283	Human ig iv	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90284	Human ig sc	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90287	Botulinum antitoxin	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90288	Botulism ig iv	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90291	Cmv ig iv	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90296	Diphtheria antitoxin	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90371	Hep b ig im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90375	Rabies ig im/sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90376	Rabies ig heat treated	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90378	Rsv mab im 50mg	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90384	Rh ig full-dose im	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90385	Rh ig minidose im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90386	Rh ig iv	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90389	Tetanus ig im	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90393	Vaccina ig im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90396	Varicella-zoster ig im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90399	Immune globulin	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90460	Im admin 1st/only component	A = active	0.17	1.00	0.58	0.960	0.01	0.547	34.0230	0.7323	\$ 24.91
90461	Im admin each addl component	A = active	0.15	1.00	0.21	0.960	0.01	0.547	34.0230	0.3571	\$ 12.15
90471	Immunization admin	A = active	0.17	1.00	0.58	0.960	0.01	0.547	34.0230	0.7323	\$ 24.91
90472	Immunization admin each add	A = active	0.15	1.00	0.21	0.960	0.01	0.547	34.0230	0.3571	\$ 12.15

Appendix 37 – National Physicians Fee Schedule Relative Value – April 2013

Proc Code	DESCRIPTION	MEDICARE Status	Work RVU	GPCI Work	PE RVU	GPCI PE	MalPrac RVU	GPCI MalPrac	ConvFac (CF)	CALC'D RVU	Medicare Allowable (CALC'D RVU * CF)
90473	Immune admin oral/nasal	R = restrict coverage	0.17	1.00	0.58	0.960	0.01	0.547	34.0230	0.7323	\$ 24.91
90474	Immune admin oral/nasal addl	R = restrict coverage	0.15	1.00	0.21	0.960	0.01	0.547	34.0230	0.3571	\$ 12.15
90476	Adenovirus vaccine type 4	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90477	Adenovirus vaccine type 7	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90581	Anthrax vaccine sc or im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90585	Bcg vaccine percut	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90586	Bcg vaccine intravesical	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90632	Hep a vaccine adult im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90633	Hep a vacc ped/adol 2 dose	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90634	Hep a vacc ped/adol 3 dose	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90636	Hep a/hep b vacc adult im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90644	Meningoccl hib vac 4 dose im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90645	Hib vaccine hboc im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90646	Hib vaccine prp-d im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90647	Hib vaccine prp-omp im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90648	Hib vaccine prp-t im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90649	Hpv vaccine 4 valent im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90650	Hpv vaccine 2 valent im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90653	Flu vaccine adjuvant im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90654	Flu vaccine no preserv id	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90655	Flu vac no prsv 3 val 6-35 m	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90656	Flu vaccine no preserv 3 & >	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90657	Flu vaccine 3 yrs im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90658	Flu vaccine 3 yrs & > im	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90660	Flu vaccine nasal	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90661	Flu vacc cell cult prsv free	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90662	Flu vacc prsv free inc antig	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -

Appendix 37 – National Physicians Fee Schedule Relative Value – April 2013

Proc Code	DESCRIPTION	MEDICARE Status	Work RVU	GPCI Work	PE RVU	GPCI PE	MalPrac RVU	GPCI MalPrac	ConvFac (CF)	CALC'D RVU	Medicare Allowable (CALC'D RVU * CF)
90664	Flu vacc pandemic intranasal	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90666	Flu vac pandem prsrv free im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90667	Flu vac pandemic adjuvant im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90668	Flu vac pandemic splm im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90669	Pneumococcal vacc 7 val im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90670	Pneumococcal vacc 13 val im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90672	Flu vaccine 4 valent nasal	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90675	Rabies vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90676	Rabies vaccine id	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90680	Rotavirus vacc 3 dose oral	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90681	Rotavirus vacc 2 dose oral	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90685	Flu vac no prsv 4 val 6-35 m	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90686	Flu vac no prsv 4 val 3 yrs+	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90687	Flu vaccine 4 val 6-35 mo im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90688	Flu vacc 4 val 3 yrs plus im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90690	Typhoid vaccine oral	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90691	Typhoid vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90692	Typhoid vaccine h-p sc/id	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90693	Typhoid vaccine akd sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90696	Dtap-ipv vacc 4-6 yr im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90698	Dtap-hib-ip vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90700	Dtap vaccine < 7 yrs im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90702	Dt vaccine < 7 yrs im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90703	Tetanus vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90704	Mumps vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90705	Measles vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90706	Rubella vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -

Appendix 37 – National Physicians Fee Schedule Relative Value – April 2013

Proc Code	DESCRIPTION	MEDICARE Status	Work RVU	GPCI Work	PE RVU	GPCI PE	MalPrac RVU	GPCI MalPrac	ConvFac (CF)	CALC'D RVU	Medicare Allowalbe (CALC'D RVU * CF)
90707	Mmr vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90708	Measles-rubella vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90710	Mmr vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90712	Oral poliovirus vaccine	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90713	Poliovirus ipv sc/im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90714	Td vaccine no prsrv 7/> im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90715	Tdap vaccine 7 yrs/> im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90716	Chicken pox vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90717	Yellow fever vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90719	Diphtheria vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90720	Dtp/hib vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90721	Dtap/hib vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90723	Dtap-hep b-ipv vaccine im	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90725	Cholera vaccine injectable	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90727	Plague vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90732	Pneumococcal vaccine	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90733	Meningococcal vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90734	Meningococcal vaccine im	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90735	Encephalitis vaccine sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90736	Zoster vacc sc	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90738	Inactivated je vacc im	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90739	Hep b vacc adult 2 dose im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90740	Hepb vacc ill pat 3 dose im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90743	Hep b vacc adol 2 dose im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90744	Hepb vacc ped/adol 3 dose im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90746	Hep b vacc adult 3 dose im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90747	Hepb vacc ill pat 4 dose im	X = statutory exclusion	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -

Appendix 37 – National Physicians Fee Schedule Relative Value – April 2013

Proc Code	DESCRIPTION	MEDICARE Status	Work RVU	GPCI Work	PE RVU	GPCI PE	MalPrac RVU	GPCI MalPrac	ConvFac (CF)	CALC'D RVU	Medicare Allowable (CALC'D RVU * CF)
90748	Hep b/hib vaccine im	I = not valid, Mcare uses other code	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
90749	Vaccine toxoid	E = excluded by regs	0.00	1.00	0.00	0.960	0.00	0.547	34.0230	0.0000	\$ -
99201	Office/outpatient visit new	A = active	0.48	1.00	0.77	0.960	0.04	0.547	34.0230	1.2411	\$ 42.23
99202	Office/outpatient visit new	A = active	0.93	1.00	1.19	0.960	0.07	0.547	34.0230	2.1107	\$ 71.81
99203	Office/outpatient visit new	A = active	1.42	1.00	1.62	0.960	0.14	0.547	34.0230	3.0518	\$ 103.83
99204	Office/outpatient visit new	A = active	2.43	1.00	2.18	0.960	0.23	0.547	34.0230	4.6486	\$ 158.16
99205	Office/outpatient visit new	A = active	3.17	1.00	2.55	0.960	0.27	0.547	34.0230	5.7657	\$ 196.17
99211	Office/outpatient visit est	A = active	0.18	1.00	0.41	0.960	0.01	0.547	34.0230	0.5791	\$ 19.70
99212	Office/outpatient visit est	A = active	0.48	1.00	0.77	0.960	0.04	0.547	34.0230	1.2411	\$ 42.23
99213	Office/outpatient visit est	A = active	0.97	1.00	1.10	0.960	0.07	0.547	34.0230	2.0643	\$ 70.23
99214	Office/outpatient visit est	A = active	1.50	1.00	1.54	0.960	0.10	0.547	34.0230	3.0331	\$ 103.20
99215	Office/outpatient visit est	A = active	2.11	1.00	1.95	0.960	0.14	0.547	34.0230	4.0586	\$ 138.09
99241	Office consultation	I = not valid, Mcare uses other code	0.64	1.00	0.66	0.960	0.07	0.547	34.0230	1.3119	\$ 44.63
99242	Office consultation	I = not valid, Mcare uses other code	1.34	1.00	1.10	0.960	0.14	0.547	34.0230	2.4726	\$ 84.12
99243	Office consultation	I = not valid, Mcare uses other code	1.88	1.00	1.46	0.960	0.18	0.547	34.0230	3.3801	\$ 115.00
99244	Office consultation	I = not valid, Mcare uses other code	3.02	1.00	1.96	0.960	0.22	0.547	34.0230	5.0219	\$ 170.86
99245	Office consultation	I = not valid, Mcare uses other code	3.77	1.00	2.30	0.960	0.29	0.547	34.0230	6.1366	\$ 208.79
99381	Init pm e/m new pat infant	N = non-covered	1.50	1.00	1.63	0.960	0.10	0.547	34.0230	3.1195	\$ 106.13
99382	Init pm e/m new pat 1-4 yrs	N = non-covered	1.60	1.00	1.67	0.960	0.09	0.547	34.0230	3.2524	\$ 110.66
99383	Prev visit new age 5-11	N = non-covered	1.70	1.00	1.70	0.960	0.10	0.547	34.0230	3.3867	\$ 115.23
99384	Prev visit new age 12-17	N = non-covered	2.00	1.00	1.83	0.960	0.13	0.547	34.0230	3.8279	\$ 130.24
99385	Prev visit new age 18-39	N = non-covered	1.92	1.00	1.79	0.960	0.13	0.547	34.0230	3.7095	\$ 126.21
99386	Prev visit new age 40-64	N = non-covered	2.33	1.00	1.96	0.960	0.15	0.547	34.0230	4.2937	\$ 146.08
99387	Init pm e/m new pat 65+ yrs	N = non-covered	2.50	1.00	2.15	0.960	0.17	0.547	34.0230	4.6570	\$ 158.44
99391	Per pm reeval est pat infant	N = non-covered	1.37	1.00	1.44	0.960	0.09	0.547	34.0230	2.8016	\$ 95.32

Appendix 37 – National Physicians Fee Schedule Relative Value – April 2013

Proc Code	DESCRIPTION	MEDICARE Status	Work RVU	GPCI Work	PE RVU	GPCI PE	MalPrac RVU	GPCI MalPrac	ConvFac (CF)	CALC'D RVU	Medicare Allowable (CALC'D RVU * CF)
99392	Prev visit est age 1-4	N = non-covered	1.50	1.00	1.50	0.960	0.10	0.547	34.0230	2.9947	\$ 101.89
99393	Prev visit est age 5-11	N = non-covered	1.50	1.00	1.49	0.960	0.10	0.547	34.0230	2.9851	\$ 101.56
99394	Prev visit est age 12-17	N = non-covered	1.70	1.00	1.57	0.960	0.10	0.547	34.0230	3.2619	\$ 110.98
99395	Prev visit est age 18-39	N = non-covered	1.75	1.00	1.59	0.960	0.10	0.547	34.0230	3.3311	\$ 113.33
99396	Prev visit est age 40-64	N = non-covered	1.90	1.00	1.65	0.960	0.12	0.547	34.0230	3.5496	\$ 120.77
99397	Per pm reeval est pat 65+ yr	N = non-covered	2.00	1.00	1.83	0.960	0.13	0.547	34.0230	3.8279	\$ 130.24
99401	Preventive counseling indiv	N = non-covered	0.48	1.00	0.55	0.960	0.03	0.547	34.0230	1.0244	\$ 34.85
99402	Preventive counseling indiv	N = non-covered	0.98	1.00	0.75	0.960	0.07	0.547	34.0230	1.7383	\$ 59.14
99403	Preventive counseling indiv	N = non-covered	1.46	1.00	0.95	0.960	0.10	0.547	34.0230	2.4267	\$ 82.56
99404	Preventive counseling indiv	N = non-covered	1.95	1.00	1.14	0.960	0.12	0.547	34.0230	3.1100	\$ 105.81



Appendix 38 – CDC Price List Example

Pediatric/VFC Vaccine Price List

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
DTaP [1]	Daptacel®	49281-0286-10	10 pack - 1 dose vials	\$15.38	\$25.98	03/31/2014	Sanofi Pasteur	200-2013-54507
DTaP [1]	Infanrix®	58160-0810-11	10 pack - 1 dose vials	\$15.76	\$20.96	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0810-52	10 pack - 1 dose T-L syringes. No Needle	\$15.76	\$21.44			
DTaP-IPV [2]	Kinrix®	58160-0812-11	10 pack - 1 dose vials	\$37.13	\$48.00	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0812-52	10 pack - 1 dose T-L syringes	\$37.13	\$48.00			
DTaP-Hep B-IPV [4]	Pediarix®	58160-0811-52	10 pack - 1 dose T-L syringes, No Needle	\$52.58	\$70.72	03/31/2014	GlaxoSmithKline	200-2013-54510
DTaP-IP-HI [4]	Pentacel®	49281-0510-05	5 pack - 1 dose vials	\$56.02	\$80.43	03/31/2014	Sanofi Pasteur	200-2013-54507
e-IPV [5]	IPOL®	49281-0860-10	10 dose vial	\$12.42	\$27.44	03/31/2014	Sanofi Pasteur	200-2013-54507
Hepatitis B-Hib [3]	Comvax®	00006-4898-	10 pack - 1 dose	\$24.46	\$43.557	03/31/2014	Merck	200-2013-

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
		00	vial					54509
Hepatitis A Pediatric [5]	Vaqta®	00006-4831-41	10 pack - 1 dose vial	\$15.25	\$30.369	03/31/2014	Merck	200- 2013- 54509
		00006-4095-09	6 pack - 1 dose syringe	\$16.00	\$31.12			
Hepatitis A Pediatric [5]	Havrix®	58160-0825-11	10 pack - 1 dose vials	\$15.63	\$28.74	03/31/2014	GlaxoSmithKline	200- 2013- 54510
		58160-0825-52	10 pack - 1 dose T-L syringes. No Needle	\$15.63	\$28.74			
Hepatitis A-Hepatitis B 18 only [3]	Twinrix®	58160-0815-11	10 pack - 1 dose vials	\$50.78	\$92.50	03/31/2014	GlaxoSmithKline	200- 2013- 54510
		58160-0815-52	10 pack - 1 dose T-L syringes, No Needle	\$50.78	\$92.50			
Hepatitis B [5] Pediatric/Adolescent	Engerix B®	58160-0820-11	10 pack - 1 dose vials	\$10.93	\$21.37	03/31/2014	GlaxoSmithKline	200- 2013- 54510
		58160-0820-52	10 pack - 1 dose T-L syringes, No Needle	\$10.93	\$21.37			

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Hepatitis B [5] Pediatric/Adolescent	Recombivax HB®	00006- 4981- 00	10 pack - 1 dose vials	\$11.00	\$23.204	03/31/2014	Merck	200- 2013- 54509
		00006- 4093- 09	6 pack - 1 dose syringe	\$11.75	\$23.95			
Hib [5]	PedvaxHIB®	00006- 4897- 00	10 pack - 1 dose vials	\$12.18	\$22.769	03/31/2014	Merck	200- 2013- 54509
Hib [5]	ActHIB®	49281- 0545- 05	5 pack - 1 dose vials	\$9.33	\$26.21	03/31/2014	Sanofi Pasteur	200- 2013- 54507
HPV - Quadrivalent Human Papillomavirus Types 6, 11, 16 and 18 Recombinant [5]	Gardasil®	00006- 4045- 41	10 pack – 1 dose vials	\$116.408	\$135.453	03/31/2014	Merck	200- 2013- 54509
HPV -Bivalent Human Papillomavirus Types 16 and 18 [5]	Cervarix®	58160- 0830- 52	10 pack-1 dose syringe, No Needle	\$100.85	\$128.75	03/31/2014	GlaxoSmithKline	200- 2013- 54510
Meningococcal Conjugate (Groups A, C, Y and W-135) [5]	Menactra®	49281- 0589- 05	5 pack - 1 dose vial	\$82.12	\$112.93	03/31/2014	Sanofi Pasteur	200- 2013- 54507
Meningococcal Conjugate (Groups A, C, Y and W-135) [5]	Menveo®	46028- 0208- 01	5 pack - 1 dose vial	\$82.12	\$110.72	03/31/2014	Novartis	200- 2013- 54511
Measles, Mumps and Rubella (MMR) [1]	M-M-R®II	00006- 4681- 00	10 pack - 1 dose vials	\$19.759	\$54.066	03/31/2014	Merck	200- 2013- 54509

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
MMR/Varicella [2]	ProQuad®	00006-4999-00	10 pack - 1 dose vials	\$95.117	\$144.615	03/31/2014	Merck	200-2013-54509
Pneumococcal 13-valent [5] (Pediatric)	Prevnar 13 TM	00005-1971-02	10 pack – 1 dose syringes, No Needle	\$107.12	\$128.16	03/31/2014	Pfizer	200-2013-54508
Pneumococcal Polysaccharide (23 Valent)	Pneumovax®23	00006-4943-00	10 pack - 1 dose vials	\$39.51	\$64.422	03/31/2014	Merck	200-2013-54509
Rotavirus, Live, Oral, Pentavalent [5]	RotaTeq®	00006-4047-41	10 pack - 1 dose 2mL tubes	\$63.961	\$75.203	03/31/2014	Merck	200-2013-54509
		00006-4047-20	25 pack – 1 dose 2mL tubes	\$63.96	\$75.203			
Rotavirus, Live, Oral, Oral [5]	Rotarix®	58160-0854-52	10 pack - 1 dose vials	\$92.15	\$106.57	03/31/2014	GlaxoSmithKline	200-2013-54510
Tetanus & Diphtheria Toxoids [3]	Tenivac® Effective Feb 1, 2013	49281-0215-15	10 pack - 1 dose syringes No Needle	\$17.57	\$21.74	03/31/2014	Sanofi Pasteur	200-2013-54507
		49281-0215-10	10 pack – 1 dose vials	\$17.57	\$21.74			
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	Boostrix®	58160-0842-11	10 pack - 1 dose vials	\$30.41	\$37.55	03/31/2014	GlaxoSmithKline	200-2013-54510

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	Adacel®	49281- 0400- 10	10 pack - 1 dose vials	\$30.41	\$41.06	03/31/2014	Sanofi Pasteur	200- 2013- 54507
		49281- 0400- 15	5 pack - 1 dose BD Leur-Lok syringes	\$30.41	\$41.06			
Varicella [5]	Varivax®	00006- 4827- 00	10 pack - 1 dose vials	\$75.36	\$90.549	03/31/2014	Merck	200- 2013- 54509

Adult Vaccine Price List

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Hepatitis A Adult [5]	Havrix®	58160- 0826- 11	10 pack - 1 dose vials	\$21.59	\$63.72	6/30/2013	GlaxoSmithKline	200- 2012- 51346
		58160- 0826- 52	10 pack - 1 dose T-L syringes, No Needle	\$21.59	\$63.10			
Hepatitis A-Adult [5]	Vaqta®	00006- 4096- 09	6 pack – 1 dose prefilled syringes	\$24.77	\$65.03	6/30/2013	Merck	200- 2012- 51349
		00006- 4841- 41	10 pack – 1 dose vials	\$23.25	\$61.988			
Hepatitis A-	Twinrix®	58160-	10 pack - 1	\$45.11	\$92.50	6/30/2013	GlaxoSmithKline	200-

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Hepatitis B Adult [3]		0815-11	dose vials					2012-51346
		58160-0815-52	10 pack - 1 dose T-L syringes. No Needle	\$45.11	\$92.50			
Hepatitis B-Adult [5]	ENGERIX-B®	58160-0821-11	10 pack - 1 dose vials	\$24.67	\$52.50	6/30/2013	GlaxoSmithKline	200-2012-51346
		58160-0821-52	10 pack - 1 dose T-L syringes, No Needle	\$26.19	\$52.50			
Hepatitis B-Adult [5]	Recombivax HB®	00006-4995-41	10 pack - 1 dose vials	\$24.238	\$59.093	6/30/2013	Merck	200-2012-51349
		00006-4995-00	1 pack- single dose vial	\$24.24	\$59.70			
		00006-4094-09	6 pack- 1 dose syringe	\$26.19	\$61.22			
HPV -Quadrivalent Human Papillomavirus Types 6, 11, 16 and 18 Recombinant Adult [5]	Gardasil®	00006-4045-41	10 pack - 1 dose vials	\$90.402	\$135.453	6/30/2013	Merck	200-2012-51349
HPV-Human Papillomavirus Bivalent Types 16 and 18 [5]	Cervarix®	58160-0830-52	10 pack - 1 dose T-L syringe, No Needle	\$77.60	\$128.75	6/30/2013	GlaxoSmithKline	200-2012-51346

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Measles, Mumps, & Rubella-Adult [1]	M-M-R®II	00006- 4681- 00	10 pack - 1 dose vials	\$37.171	\$54.066	6/30/2013	Merck	200- 2012- 51349
Pneumococcal Polysaccharide (23 Valent)	Pneumovax®23	00006- 4739- 00	1 pack - 5 dose vials	\$22.856	\$63.47	6/30/2013	Merck	200- 2012- 51349
		00006- 4943- 00	10 pack – single dose 0.5 mL vials	\$25.649	\$64.422			
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	Boostrix®	58160- 0842- 11	10 pack - 1 dose vial	\$24.96	\$37.55	6/30/2013	GlaxoSmithKline	200- 2012- 51346
		58160- 0842- 52	10 pack - 1 dose TL syringes, No Needle	\$24.96	\$37.55			
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	Adacel	49281- 0400- 10	10 pack - 1 dose vial	\$23.718	\$41.06	6/30/2013	Sanofi	200- 2012- 51347
		49281- 0400- 15	5 pack - 1 dose syringe	\$24.012	\$41.06			
Varicella-Adult [5]	Varivax®	00006- 4827- 00	10 pack - 1 dose vials	\$60.883	\$90.549	6/30/2013	Merck	200- 2012- 51349
Zoster Vaccine Live	Zostavax®	00006- 4963- 41	10 pack - 1 dose vial	\$114.244	\$165.691	6/30/2013	Merck	200- 2012- 51349
Tetanus and Diphtheria Toxoids		00006- 4133- 41	10 pack - 1 dose vial	\$13.108	\$17.99	6/30/2013	Merck	200- 2012- 51349

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Tetanus and Diphtheria Toxoids	Tenvirac	49281- 0215- 10	10 pack - 1 dose vial	\$13.386	\$21.74	6/30/2013	Sanofi	200- 2012- 51347
		49281- 0215- 15	10 pack - 1 dose syringe	\$13.317	\$21.74			
Meningococcal Conjugate [5]	Menveo®	46028- 0208- 01	5 pack - 1 dose vial	\$68.022	\$110.72	6/30/2013	Novartis	200- 2012- 51348
Meningococcal Conjugate [5]	Menactra	49281- 0589- 05	5 pack - 1 dose vial	\$72.494	\$112.93	6/30/2013	Sanofi	200- 2012- 51347

Pediatric Influenza Vaccine Price List

Note: The table below reflects new contracts for the 2013-2014 Pediatric Flu.

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Influenza [5, 6] (Age 6 months and older)	Fluzone®	49281- 0392-15	10 dose vial	\$8.749	\$10.69	2/21/2014	Sanofi Pasteur	200- 2013- 54015
Influenza [5] (Age 6-35 months)	Fluzone® Pediatric dose No Preservative	49281- 0113-25	10 pack - 1 dose syringe	\$12.227	\$15.25	2/21/2014	Sanofi Pasteur	200- 2013- 54015
Influenza [5] (Age 36 months and older)	Fluzone® No- Preservative	49281- 0013-50	10 pack - 1 dose syringe	\$10.53	\$12.49	2/21/2014	Sanofi Pasteur	200- 2013- 54015
		49281-	10 pack – 1	\$10.85	\$13.075			

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
		0013-10	dose vial					
Influenza [5] (Age 36 months and older)	Fluarix® Preservative Free	58160- 0880-52	10 pack- 1 dose TipLok syringe	\$9.25	\$10.98	2/21/2014	GlaxoSmithKline	200- 2013- 54020
	Fluarix® Quadrivalent Preservative Free	58160- 0900-52	10 pack- 1 dose TipLok syringe	13.65	15.90	2/21/2014	GlaxoSmithKline	200- 2013- 54020
Influenza [5, 6] (Age 4 years and older)	Fluvirin®	66521- 0116-10	10 dose vial	\$8.00	\$13.25	2/21/2014	Novartis	200- 2013- 54019
	Fluvirin® Preservative Free	66521- 0116-02	10 pack -1 dose syringe	\$9.00	\$14.35			
Influenza [5] Live, Intranasal (Age 2-49 years)	FluMist® No Preservative Quadrivalent	66019- 0300-10	10 pack- 1 dose sprayer (Intranasal)	\$17.30	\$21.70	2/21/2014	MedImmune	200- 2013- 54017
Influenza [5] (Age 9 years and older)	Afluria® No Preservative	33332- 0013-01	10 pack-1 dose syringe	\$9.00	\$11.00	2/21/2014	Merck (CSL product)	200- 2013- 54016
Influenza [5, 6] (Age 9 years and older)	Afluria®	33332- 0113-10	10 dose vials-1 pack	\$8.25	\$10.25	2/21/2014	Merck (CSL product)	200- 2013- 54016

Adult Influenza Vaccine Price List

Note: The table below reflects new contracts for the 2013-2014 Adult Flu.

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
---------	-------------------------	-----	-----------	----------------------	---------------------------------	----------------------	--------------	--------------------

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Influenza [5, 6] (Age 6 months and older)	Fluzone®	49281- 0392-15	10 dose vial	\$8.153	\$10.69	2/21/2014	Sanofi Pasteur	200-2013- 54009
Influenza [5] (Age 18 - 64 years)	Fluzone®	49281- 0707-55	10 pack - 1 dose syringe	\$12.644	\$16.72	2/21/2014	Sanofi Pasteur	200-2013- 54009
Influenza [5] (Age 36 months and older)	Fluzone® No Preservative	49281- 0013-50	10 pack - 1 dose syringe	\$9.494	\$12.49	2/21/2014	Sanofi Pasteur	200-2013- 54009
		49281- 0013-10	10 pack - 1 dose vial	\$9.93	\$13.075			
Influenza [5] (Age 18 years and older)	Flucelvax® Preservative Free Antibiotic free	63851- 0612-01	10 pack - 1 dose syringe	\$9.50	\$18.25	2/21/2014	Novartis	200-2013- 54011
Influenza [5, 6] (Age 4 years and older)	Fluvirin®	66521- 0116-10	10 dose vial	\$6.75	\$13.25	2/21/2014	Novartis	200-2013- 54011
Influenza [5] (Age 4 years and older)	Fluvirin® Preservative Free	66521- 0116-02	10 pack -1 dose syringe	\$7.75	\$14.35	2/21/2014	Novartis	200-2013- 54011
Influenza [5, 6] (Age 18 years and older)	FluLaval®	19515- 0890-07	10 dose vial	\$5.89	\$9.50	2/21/2014	GlaxoSmithKline	200-2013- 54008
Influenza [5]	Fluarix® Preservative Free	58160- 0880-52	10 pack - 1 dose syringe	\$8.08	\$10.98	2/21/2014	GlaxoSmithKline	200-2013- 54008

Appendix 38 – CDC Price List Example

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
(Age 36 months and older)	Fluarix® Quadrivalent Preservative Free	58160-0900-52	10 pack - 1 dose syringe	12.03	15.90	2/21/2014	GlaxoSmithKline	200-2013-54008
Influenza [5] (Age 9 years and older)	Afluria® No Preservative	33332-0013-01	10 pack-1 dose syringe	\$8.13	\$11.00	2/21/2014	Merck (CSL product)	200-2013-54010
Influenza [5, 6] (Age 9 years and older)	Afluria®	33332-0113-10	10 dose vials-1 pack	\$7.819	\$10.25	2/21/2014	Merck (CSL product)	200-2013-54010

Footnotes

1. Vaccine cost includes \$2.25 dose Federal Excise Tax
2. Vaccine cost includes \$3.00 per dose Federal Excise Tax
3. Vaccine cost includes \$1.50 per dose Federal Excise Tax
4. Vaccine cost includes \$3.75 per dose Federal Excise Tax
5. Vaccine cost includes \$0.75 per dose Federal Excise Tax
6. Vaccines which contain Thimerosal as a preservative



Appendix 39 –VFC Maximum Regional Administration Charges

Effective January 1, 2013

State	Regional Maximum Charge
Alabama	\$19.79
Alaska	\$27.44
Arizona	\$21.33
Arkansas	\$19.54
California	\$26.03
Colorado	\$21.68
Connecticut	\$23.41
Delaware	\$22.07
District of Columbia	\$24.48
Florida	\$24.01
Georgia	\$21.93
Guam	\$23.11
Hawaii	\$23.11
Idaho	\$20.13
Illinois	\$23.87
Indiana	\$20.32
Iowa	\$19.68
Kansas	\$20.26
Kentucky	\$19.93
Louisiana	\$21.30
Maine	\$21.58
Maryland	\$23.28
Massachusetts	\$23.29
Michigan	\$23.03
Minnesota	\$21.22
Mississippi	\$19.79
Missouri	\$21.53
Montana	\$21.32
Nebraska	\$19.82
Nevada	\$22.57

Appendix 39 –VFC Maximum Regional Administration Charges

State	Regional Maximum Charge
New Hampshire	\$22.02
New Jersey	\$24.23
New Mexico	\$20.80
New York	\$25.10
North Carolina	\$20.45
North Dakota	\$20.99
Ohio	\$21.25
Oklahoma	\$19.58
Oregon	\$21.96
Pennsylvania	\$23.14
Puerto Rico	\$16.80
Rhode Island	\$22.69
South Carolina	\$20.16
South Dakota	\$20.73
Tennessee	\$20.00
Texas	\$22.06
Utah	\$20.72
Vermont	\$21.22
Virginia	\$21.24
Virgin Islands	\$21.81
Washington	\$23.44
West Virginia	\$19.85
Wisconsin	\$20.83
Wyoming	\$21.72

Source: Federal Register / CMS-2370-F; Filed: 11/01/12 at 4:15pm

[http://www.ofr.gov/\(X\(1\)S\(vdiing5i5pzbj5qghhgax2ld\)\)/OFRUupload/OFRData/2012-26507_PI.pdf](http://www.ofr.gov/(X(1)S(vdiing5i5pzbj5qghhgax2ld))/OFRUupload/OFRData/2012-26507_PI.pdf)

2014 table should be published around November 01, 2013



Appendix 40 – Sliding Fee Schedule Application Sample

General Information

Keep this page for reference.

You must pay your discounted Sliding Fee Scale amount for each office visit, lab service, immunization, or injection **at the time of service in order to continue the Sliding Fee Scale Program.**

Sliding Fee Scale - Payment is due at time of service

Sliding Fee Scale	Immunizations*	Injection Administration Fee**
B	\$10 + Cost of Vaccine	\$10
C	\$14.51 + Cost of Vaccine	\$20
D	\$14.51 + Cost of Vaccine	\$30
E	\$14.51 + Cost of Vaccine	\$40

***Immunizations:** Any patient receiving privately supplied vaccines must pay the full cost of the vaccine prior to receiving the vaccination. No credit will be extended for the cost of vaccines. The above costs reflect the immunization being given at a nurse visit.

****Injection/Administration fee:** A discount will be applied to the injection/administration fee based on the patient's level on the sliding fee scale.

Sliding Fee Scale Application Instructions

1. Please fill out the Sliding Fee Scale application in full. For the application to be complete, you must provide supporting proof of income documentation or initial that you receive no income at all. Make copies of your proof of income and either attach to or have them accompany the Sliding Fee Scale Application (last page).
2. When filling out the Sliding Fee Scale application you must:
 - a. Print a copy of the application.
 - b. Fill in the number of people in your household.
 - c. Put your name on the first line and write "Applicant" under 'Relation to Applicant'.
 - d. List types of income you receive.

Appendix 40 – Sliding Fee Schedule Application Sample

- e. Write in the name of each additional member of your household, their Date of Birth, relation to you, and type of income they receive.
 - f. If you need help determining which type of income to list, refer to the choices on the “Income Status Documentation required” section of the form.
 - g. If you or any members of your household are employed bi-weekly, you would need to provide copies of two of your most recent paycheck stubs as it states in the “Income Status Documentation Required”.
 - h. If you or any other member of your household receive no income at all, write “No Income” in the “Type of Income” to the right of that household members name and initial below “Income Status Documentation Required” either one or both of the lines stating that you and/or the household member receive no income at all (under oath).
 - i. Print, sign and date the application
3. Send the completed application and copies of supporting proof of income to your primary care physician’s office via mail or submit the completed application along with documentation in person to the XYZ health department prior to your first visit.
 4. If you sent your application via mail or dropped it off at one of our locations in person, please wait 48 hours before contacting us to verify eligibility status. If you are deemed eligible, we will have your Sliding Fee Scale card waiting at your first or next visit.

Appendix 40 – Sliding Fee Schedule Application Sample

Sliding Fee Scale Application

Return this page.

HOUSEHOLD SIZE and INCOME FOR EACH HOUSEHOLD MEMBER

Your sliding fee scale is based on TOTAL household income and size #

Of People in Household _____

Name	Date of Birth	Relation to Applicant	Type of Income (from below)

INCOME STATUS DOCUMENTATION REQUIRED

I (applicant) hereby declare that I will provide required documentation within 48 hours of office visit or my bill will be submitted as “Self Pay” which means I (applicant) will be responsible to pay the entire bill instead of receiving the customary sliding fee scale discount and/or office co-pay. *(please initial)* _____

EMPLOYED

Weekly – Three consecutive pay stubs Bi-Weekly
– Two consecutive pay stubs

SELF EMPLOYED

Self Employed – Most recent Federal tax return with supporting schedules
Business Income – Most recent Federal Business and personal tax returns

UNEMPLOYED

Unemployment claim determination letter

RETIREMENT

Social Security checks or bank statements showing direct deposits, official documents showing private pension,

INTEREST/DIVIDENDS

Bank and/or investment account statements

ALIMONY/CHILD SUPPORT

Legal documents showing amounts ordered to be paid for support and/or alimony

DISABILITY

Social Security disability checks or bank statements showing direct deposit, private long or short term disability insurance checks

OTHER

Any other form of income not stated above

NO INCOME IS RECEIVED* **

Appendix 40 – Sliding Fee Schedule Application Sample

annuities, or individual retirement accounts

No income is received from any source

*I (applicant) hereby declare that I do not receive any income from any source. *(please initial)* _____

**I (applicant) hereby declare that each member of my household listed as “no income is received” does not receive any income from any source. *(please initial)* _____

I certify that the information (total household income and total household size) and all supporting documentation I have given is complete and accurate to the best of my knowledge.

NAME: _____ SIGNATURE: _____ DATE: _____



Appendix 41 – Payer Reimbursement Comparison

Proc Code	DESCRIPTION	Charge	Reimbursement/Payer									Average All Payers
			Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Medicaid	Mcare Adv	Medicare B	Medicare D	
G0008	Admin influenza virus vac	\$ 20.00	\$ 11.75	\$ 15.00	\$ 15.00	\$ 13.75	\$ 12.00	\$ -	\$ 14.00	\$ 15.00	\$ 16.00	\$ 12.50
G0009	Admin pneumococcal vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
G0010	Admin hepatitis b vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90281	Human ig im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90283	Human ig iv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90284	Human ig sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90287	Botulinum antitoxin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90288	Botulism ig iv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90291	Cmv ig iv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90296	Diphtheria antitoxin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90371	Hep b ig im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90375	Rabies ig im/sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90376	Rabies ig heat treated	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90378	Rsv mab im 50mg	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90384	Rh ig full-dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90385	Rh ig minidose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90386	Rh ig iv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90389	Tetanus ig im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90393	Vaccina ig im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90396	Varicella-zoster ig im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90399	Immune globulin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90460	Im admin 1st/only component	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90461	Im admin each addl component	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90471	Immunization admin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90472	Immunization admin each add	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90473	Immune admin oral/nasal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix 41 – Payer Reimbursement Comparison

Proc Code	DESCRIPTION	Charge	Reimbursement/Payer									Average All Payers	
			Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Medicaid	Mcare Adv	Medicare B	Medicare D		
90474	Immune admin oral/nasal addl	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90476	Adenovirus vaccine type 4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90477	Adenovirus vaccine type 7	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90581	Anthrax vaccine sc or im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90585	Bcg vaccine percut	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90586	Bcg vaccine intravesical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90632	Hep a vaccine adult im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90633	Hep a vacc ped/adol 2 dose	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90634	Hep a vacc ped/adol 3 dose	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90636	Hep a/hep b vacc adult im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90644	Meningoccl hib vac 4 dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90645	Hib vaccine hboc im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90646	Hib vaccine prp-d im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90647	Hib vaccine prp-omp im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90648	Hib vaccine prp-t im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90649	Hpv vaccine 4 valent im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90650	Hpv vaccine 2 valent im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90653	Flu vaccine adjuvant im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90654	Flu vaccine no preserv id	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90655	Flu vac no prsv 3 val 6-35 m	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90656	Flu vaccine no preserv 3 & >	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90657	Flu vaccine 3 yrs im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90658	Flu vaccine 3 yrs & > im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90660	Flu vaccine nasal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90661	Flu vacc cell cult prsv free	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90662	Flu vacc prsv free inc antig	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix 41 – Payer Reimbursement Comparison

Proc Code	DESCRIPTION	Charge	Reimbursement/Payer									Average All Payers
			Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Medicaid	Mcare Adv	Medicare B	Medicare D	
90664	Flu vacc pandemic intranasal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90666	Flu vac pandem prsrv free im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90667	Flu vac pandemic adjuvant im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90668	Flu vac pandemic splt im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90669	Pneumococcal vacc 7 val im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90670	Pneumococcal vacc 13 val im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90672	Flu vaccine 4 valent nasal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90675	Rabies vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90676	Rabies vaccine id	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90680	Rotavirus vacc 3 dose oral	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90681	Rotavirus vacc 2 dose oral	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90685	Flu vac no prsv 4 val 6-35 m	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90686	Flu vac no prsv 4 val 3 yrs+	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90687	Flu vaccine 4 val 6-35 mo im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90688	Flu vacc 4 val 3 yrs plus im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90690	Typhoid vaccine oral	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90691	Typhoid vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90692	Typhoid vaccine h-p sc/id	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90693	Typhoid vaccine akd sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90696	Dtap-ipv vacc 4-6 yr im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90698	Dtap-hib-ip vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90700	Dtap vaccine < 7 yrs im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90702	Dt vaccine < 7 yrs im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90703	Tetanus vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90704	Mumps vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90705	Measles vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix 41 – Payer Reimbursement Comparison

Proc Code	DESCRIPTION	Charge	Reimbursement/Payer									Average All Payers	
			Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Medicaid	Mcare Adv	Medicare B	Medicare D		
90706	Rubella vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90707	Mmr vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90708	Measles-rubella vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90710	Mmrv vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90712	Oral poliovirus vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90713	Poliovirus ipv sc/im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90714	Td vaccine no prsrv 7/> im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90715	Tdap vaccine 7 yrs/> im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90716	Chicken pox vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90717	Yellow fever vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90719	Diphtheria vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90720	Dtp/hib vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90721	Dtap/hib vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90723	Dtap-hep b-ipv vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90725	Cholera vaccine injectable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90727	Plague vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90732	Pneumococcal vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90733	Meningococcal vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90734	Meningococcal vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90735	Encephalitis vaccine sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90736	Zoster vacc sc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90738	Inactivated je vacc im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90739	Hep b vacc adult 2 dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90740	Hepb vacc ill pat 3 dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90743	Hep b vacc adol 2 dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90744	Hepb vacc ped/adol 3 dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix 41 – Payer Reimbursement Comparison

Proc Code	DESCRIPTION	Charge	Reimbursement/Payer									Average All Payers	
			Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Medicaid	Mcare Adv	Medicare B	Medicare D		
90746	Hep b vacc adult 3 dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90747	Hepb vacc ill pat 4 dose im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90748	Hep b/hib vaccine im	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90749	Vaccine toxoid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99201	Office/outpatient visit new	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99202	Office/outpatient visit new	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99203	Office/outpatient visit new	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99204	Office/outpatient visit new	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99205	Office/outpatient visit new	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99211	Office/outpatient visit est	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99212	Office/outpatient visit est	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99213	Office/outpatient visit est	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99214	Office/outpatient visit est	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99215	Office/outpatient visit est	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99241	Office consultation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99242	Office consultation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99243	Office consultation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99244	Office consultation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99245	Office consultation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99381	Init pm e/m new pat infant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99382	Init pm e/m new pat 1-4 yrs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99383	Prev visit new age 5-11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99384	Prev visit new age 12-17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99385	Prev visit new age 18-39	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99386	Prev visit new age 40-64	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99387	Init pm e/m new pat 65+ yrs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix 41 – Payer Reimbursement Comparison

Proc Code	DESCRIPTION	Charge	Reimbursement/Payer									Average All Payers	
			Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Medicaid	Mcare Adv	Medicare B	Medicare D		
99391	Per pm reeval est pat infant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99392	Prev visit est age 1-4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99393	Prev visit est age 5-11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99394	Prev visit est age 12-17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99395	Prev visit est age 18-39	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99396	Prev visit est age 40-64	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99397	Per pm reeval est pat 65+ yr	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99401	Preventive counseling indiv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99402	Preventive counseling indiv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99403	Preventive counseling indiv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99404	Preventive counseling indiv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



Appendix 42 - EHR Vendor Pricing Template

EHR (Electronic Health Records) Vendor Pricing Template	
Presented By:	The National Learning Consortium (NLC)
Developed By:	Health Information Technology Research Center (HITRC)
	Vendor Selection and Management Community of Practice
Version:	1.0
Date:	October 21, 2011
Description:	The Vendor Pricing Template focuses on defining line item costs used in electronic health record (EHR) software purchase, implementation, training and support for both vendor licensing models and vendor SAAS models so RECs/practices can produce a cost comparison between candidate vendors.
<p><i>The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and tools designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.</i></p> <p><i>The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs (REC, Beacon, State HIE) and through the Health Information Technology Research Center (HITRC) Communities of Practice (CoPs).</i></p> <p><i>The following resource is a tool used in the field today and recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.</i></p>	

Instructions: Ask the vendor you are evaluating to fill out \$\$\$ values in each of the cells in the appropriate row. If vendor does not have a price for a particular item, then just leave a \$0 for calculation purposes.

In terms of implementation and training costs for the main EHR/PM, there are two scenarios:

1. Fixed fee for a specific number of providers. We display 1,5,10 provider levels as a base to work from. A practice needs to substitute the actual number of providers for the particular practice.
2. Hourly rate which then can be used in a calculation based on # of hours specified for the particular practice.

Descriptions:

* Licensing Model - There is a one-time licensing purchase fee paid up front for perpetual use of the software.

** SAAS Model - EHR/PM system is hosted at 3rd party location with both use of the software and hosting charged as a monthly fee per provider

Appendix 42 - EHR Vendor Pricing Template

Expense Category	Vendor 1	Vendor 2	Vendor 3
Provider/Month	\$ -	\$ -	\$ -
Portal Activation Fee	\$ -	\$ -	\$ -
Portal/Provider/ Month	\$ -	\$ -	\$ -
Portal Implementation/ Practice	\$ -	\$ -	\$ -
Portal Training/Practice	\$ -	\$ -	\$ -
Mobile Phone Fee/Month	\$ -	\$ -	\$ -
Meaningful Use Analytics Dash Board	\$ -	\$ -	\$ -
Provider Implementation	\$ -	\$ -	\$ -
Provider Training/Practice	\$ -	\$ -	\$ -
Implementation/Hourly Rate	\$ -	\$ -	\$ -
# of Implementation Hours	\$ -	\$ -	\$ -
Training/Hourly Rate	\$ -	\$ -	\$ -
# of Training Hours			
Lab Interface Fee	\$ -	\$ -	\$ -
Lab Interface Implementation	\$ -	\$ -	\$ -
Lab Interface Training	\$ -	\$ -	\$ -
HIE Connection Fee	\$ -	\$ -	\$ -
HIE Connection Implementation	\$ -	\$ -	\$ -
HIE Connection Training	\$ -	\$ -	\$ -
State Immunization Registry Fee	\$ -	\$ -	\$ -
State Immunization Registry Implementation	\$ -	\$ -	\$ -
State Immunization Registry Training	\$ -	\$ -	\$ -
Other Interface Fees	\$ -	\$ -	\$ -
Other Interface Implementation	\$ -	\$ -	\$ -
Other Interface Registry Training	\$ -	\$ -	\$ -
Patient Ed DB/Provider/Month	\$ -	\$ -	\$ -
e-Prescribing/Month	\$ -	\$ -	\$ -
Drug DB/Provider/Month	\$ -	\$ -	\$ -
Coding DB/Provider/Month	\$ -	\$ -	\$ -
Support and Maintenance	\$ -	\$ -	\$ -
Total Implementation Fees for All Listed Components	\$ -	\$ -	\$ -
Total Training Fees for All Listed Components	\$ -	\$ -	\$ -

Notes			
Note 1 - Implementation hours and number of training days needed varies by practice and should be discussed with the vendor			
Note 2 - Prices reflected are Base fees only; additional fees for other required and optional features may apply			
Note 3 - Training is On-Site (O) or Remote @?			
Note 4 – Additional Comments			



Appendix 43 – Vendor Reference Checking Form

Instructions:

Insert the name of the vendor you are evaluating and the corresponding references you plan to contact in the appropriate fields. In speaking with references, note their responses to the open ended questions. In the second part of the tool, ask each reference to rate the vendor on a scale from 1 (very dissatisfied/ strongly disagree) to 5 (very satisfied/strongly agree) for each of the criterion. Each column will calculate a total score that can be used to help make comparisons among vendors after interviewing various references. You may insert blank rows at the end of the worksheet to ask your own questions.

[Vendor Name]	Ref 1	Ref 2	Ref 3	Ref 4
Background Information (not included in score total)				
1. Number of months using current system:				
2. Version of system currently using:				
3. Length of implementation (in months)				
4. Number of interfaces practice currently has installed:				
5. Estimated time to install each interface				
6. Training conducted on-site or remote?				
Overview				
1. The system is reliable				
2. Overall satisfaction with vendor				
3. Overall satisfaction with system				
Implementation				
1. Knowledge and skill of implementation staff				
2. Vendor’s ability to accommodate customization requests				
3. Adherence to timeline and budget				
4. Time and effort spent developing and customizing templates was acceptable				
5. Time and effort spent preparing and customizing system was acceptable				
6. Process for managing issues during implementation				
7. Handling of post-implementation problems and their resolution				
Training				
1. Satisfaction with the number of hours/days of training provided				
2. Training met our needs for different audiences/user types				
3. Knowledge and skill of trainers				
Customer Support				
1. Availability of support staff				
2. Knowledge and skill of support staff				
3. Support after hours, on weekends, or holidays				
Upgrades				
1. Frequency of upgrades meets our needs				
2. Satisfied with the process for enhancement requests				
3. Upgrades have been easy to use and seamlessly integrated				
Total Score (Maximum score of 95)	0	0	0	0

Appendix 43 – Vendor Reference Checking Form

Additional open ended questions

1. Three things that would make system better:

Vendor 1:

Vendor 2:

Vendor 3:

Vendor 4:

2. Are physicians and staff using full capability of system?

Vendor 1:

Vendor 2:

Vendor 3:

Vendor 4:

3. Lessons learned and advice:

Vendor 1:

Vendor 2:

Vendor 3:

Vendor 4:

4. *Other questions here*

Vendor 1:

Vendor 2:

Vendor 3:

Vendor 4:

Source: HealthIT.gov/National Learning Consortium



Appendix 44 – Service Level Agreement Items

Source: Microsoft Operations Framework 4.0, provided with permission from Microsoft Corporation

Section	Goal	Key Questions
Purpose	Intent of the service	<ul style="list-style-type: none"> To what service does this service agreement refer? What is the organization trying to accomplish with this service? What is this document meant to communicate or guarantee?
Authorization	Ownership and responsibility for the service	<ul style="list-style-type: none"> Who are the representatives that share ownership of the service? How is this updated as personnel changes?
Service	Shared expectations	<ul style="list-style-type: none"> What exactly does the service do? What is its user community?
Business organization and scale	Users of the service	<ul style="list-style-type: none"> What are the characteristics of the user community (including, but not limited to: number of users, physical location, computer platform, operating system, and number and type of desktops)? How is this expected to change? What is the process for communicating changes?
Reviews	Regularly scheduled meetings	<ul style="list-style-type: none"> How and when will service targets be reviewed?
Time conventions	Common definitions	<ul style="list-style-type: none"> What hour/minute format will be used? What time zone is reflected? What are the conventions for business hours and business days (Monday through Friday, or 24/7)?
Service availability	Availability requirements and usage patterns	<ul style="list-style-type: none"> When is the service normally available?
Job scheduling	Outage constraints	<ul style="list-style-type: none"> What are the nature and duration of any scheduled outages?
Changes to the service	Modification process	<ul style="list-style-type: none"> What is the process for enhancing or changing the service? How will proposed changes be handled? What are the triggers, decision makers, process?
Monitoring and reporting	Evaluating the service	<ul style="list-style-type: none"> What form does monitoring and reporting of the service take? What is the frequency/timeline of any reports?
Metric definitions	Evaluating the service	<ul style="list-style-type: none"> How are metrics measured (in terms of percentage of service availability, request response time, or incident resolution time)?
Service lifecycle	Beginning and ending the service partnership	<ul style="list-style-type: none"> How will the service be set up for the customer, their data migrated over, and their systems switched? What is the exit plan at the end of the contract? How will the customer's data be returned or destroyed and in what time frame?
Ongoing system integration	Data transfer between systems	<ul style="list-style-type: none"> How will that be initiated? Maintained? Problems solved? What systems need to be integrated? How will the integration be tested and accepted?

Appendix 44 – Service Level Agreement Items

Section	Goal	Key Questions
Key contacts	Ongoing communication	<ul style="list-style-type: none"> • What happens when personnel on either side changes? • Who is responsible for key services in both parties? • Who will they contact? • What is the expected response time?
Confidentiality	Data protection	<ul style="list-style-type: none"> • What are the requirements for confidentiality? • What data needs special protection? • How will data be stored and then deleted when necessary?
Data integrity	Data protection	<ul style="list-style-type: none"> • What backups will be done? What proof of restore capability will there be? • Does any of the data need special handling?
Follow up	Incident management	<ul style="list-style-type: none"> • When a problem occurs, who will they contact? Names, numbers, email addresses, other ways to contact.
End-user support	Incident management	<ul style="list-style-type: none"> • Who will end users call with problems and questions? • How can they be contacted? • What are the hours of support? • What is the expected response time?
User Access	Handling user changes	<ul style="list-style-type: none"> • How will normal activation and de-activation of new and departing users or systems be handled?
Compliance	Meeting policy requirements	<ul style="list-style-type: none"> • What are the management objectives and policies that must be met by the service? • Who is responsible for design, test, and documentation of controls? • What certifications are required from the provider? How will these be verified?



Appendix 45 – Claimremedi Clearinghouse Payer Lists

Source: <http://www.claimremedi.com/payerlist/index.aspx>

Claim Submission

Payer Name	Payer ID	Enroll Reqd	Enrollment Form	Prof.	ERA	Additional Information
BCBS - Wisconsin Anthem	WIBLU	No	http://www.claimremedi.com/enrollment/WI/BCBS 835 - Anthem BCBS.pdf	X	X	Enrollment applies to ERA only and is not necessary prior to sending claims.
Benefit Plan AdministratorsCompany - Eau Claire, Winconsin	39081	No		X		Dental: Payor ID only valid for claims with billing address in Eau Claire, WI 54702
Care Wisconsin Health Plan (Trizetto)	27004	No		X		
CWIBENEFITS	57080	No		X		
Dean Health Plan	39113	No		X		
Group Health Coop South Central (Wisconsin-Claims)	39167	No		X		Payer provides ERA directly to the provider only. Please contact Sheri at sstrezlec@ghcscw.com for enrollment instructions and ERA processing information.
Group Health Coop South Central (Wisconsin-Encounters)	39168	No		X		
Group Health Cooperative of Eau Claire	95192	No		X		
Health Care Network of Wisconsin (HCN)	42102	No		X		
Health Services for Children with Special Needs	37290	No		X		
Humana	61101	No	http://www.claimremedi.com/enrollment/Humana 835.pdf	X	X	Enrollment applies to ERA only and is not necessary prior to sending claims.
ICARE (Independent Care Health Plan (WI))	11695	No		X		
Managed Health Services - Wisconsin	39187	No	http://www.claimremedi.com/enrollment/ERA Enrollment - PS.pdf	X	X	Prior to submitting claims, please call Provider Relations Dept at 800-547-1647 to verify your provider info is on file in the claim system.

Appendix 45 – Claimremedi Clearinghouse Payer Lists

Payer Name	Payer ID	Enroll Reqd	Enrollment Form	Prof.	ERA	Additional Information
MDwise Healthy Indiana Plan (HIP)	MDWIS	No		X		Use this payer ID for claim dates of service 3/31/2011 and prior.
MDwise Healthy Indiana Plan (HIP)	SX172	No		X		Use this payer ID for claim dates of service 4/1/2011 and forward.
MDwise Hoosier Alliance	20475	No	http://www.claimremedi.com/enrollment/ERA Enrollment - E.pdf	X	X	Claims may be submitted without enrollment. Enrollment applies to ERA only.
MDwise Methodist IU Network	SX172	No		X		
MDwise Methodist Psych	SX172	No		X		
MDwise St. Catherine Hospital PHO	35199	No		X		
MDwise St. Margaret Mercy Healthcare Centers	35199	No		X		
MDwise St. Vincent	35199	No		X		
MDwise Wishard IU Network	SX172	No		X		
MDwise Wishard Psych	SX172	No		X		
Medicaid - Wisconsin	WIMCD	No	http://www.claimremedi.com/enrollment/WI Medicaid 835.pdf	X	X	Enrollment applies to ERA only and is not necessary prior to sending claims.
Medicaid - Wisconsin Chronic Disease Program (WCDP)	WICDP	No	http://www.claimremedi.com/enrollment/WI Medicaid 835.pdf	X	X	Enrollment applies to ERA only and is not necessary prior to sending claims.
Medicaid - Wisconsin Well Woman Program (WWWP)	WIWWP	No	http://www.claimremedi.com/enrollment/WI Medicaid 835.pdf	X	X	Enrollment applies to ERA only and is not necessary prior to sending claims.
Medicare - Wisconsin, Part B, WPS	WIMCR	Yes	http://www.claimremedi.com/enrollment/WI Medicare Part B and 835 - WPS.pdf	X	X	
Multiplan Wisconsin Preferred Provider Network (MWPPN)	34080	No		X		
Nationwide Health Plans	31417	No	http://www.claimremedi.com/enrollment/Natio nationwide Health Plans 835.pdf	X	X	Enrollment applies to ERA only and is not necessary prior to sending claims.

Appendix 45 – Claimremedi Clearinghouse Payer Lists

Payer Name	Payer ID	Enroll Reqd	Enrollment Form	Prof.	ERA	Additional Information
Network Health Plan of Wisconsin	39144	No		X		For Network Health Plan HMO and POS claims only. Payer ID valid only if the "send to" claims address on the back of the member's care is PO Box 568, Menasha, WI 54952. Payer ID not applicable for Network Platinum Plus or Network Premier Plus
Physicians Plus Insurance Corporation	39156	No		X		
Quad Med (Pewaukee, WI)	39197	No		X		
Security Health Plan	39045	No		X		
Select Benefit Administrators of America - Ashland, Wisconsin	37282	No		X		
Today's Health Wisconsin	20081	No		X		
Tricare For Life, WPS	TDDIR	Yes	http://www.claimremedi.com/enrollment/Tricare For Life and 835 - WPS.pdf	X	X	
Tricare West (TriWest), WPS for DOS 3/31/2013 and before	WESTR	Yes	http://www.claimremedi.com/enrollment/Tricare West Region and 835 - PGBA.pdf	X	X	
UMR - Wausau/UHIS, fka Fiserv Health - Wausau Benefits, Benesight, Employers Insurance of Wisconsin	39026	No	http://www.claimremedi.com/enrollment/United Medical Resources 835.pdf	X	X	Claims may be submitted without enrollment. Enrollment applies to ERA only.
Unity Health Insurance Corp	66705	Yes		X		Please access http://www.unityhealth.com/Providers/AdminResources/EDI/index.htm and complete the EDI Sign Up Form and NPI Appendix A documents found there. Or call Joe Boerboom at 608-643-1531 to request these forms.
WEA Insurance Group (Wisconsin Education Assoc)	39151	No		X		Providers submitting UPIN #s must submit either 1 alpha digit followed by 5 numeric digits, or 3 alpha digits followed by 3 numeric digits in Loop 2010AA segment.
William C. Earhart Company, Inc.	93050	No		X		

Appendix 45 – Claimremedi Clearinghouse Payer Lists

Payer Name	Payer ID	Enroll Reqd	Enrollment Form	Prof.	ERA	Additional Information
William J. Sutton & Company	98010	No		X		Dental: Toronto, Ontario Canada
Windsor Medicare Extra	62153	No		X		
Winhealth Partners - Wyoming	WNHLT	No		X		
Wisconsin Auto & Truck Dealers Insurance Plan	39200	No		X		
WPS Commercial	WPS00	Yes	http://www.claimremedi.com/enrollment/WPS Commercial and 835 - WPS.pdf	X	X	

Eligibility Verification

Payer Name	Payer ID	Enroll Reqd	Enrollment Form	Blue Exchange Member	Addit'l Info
BCBS - Wisconsin Anthem	CR064	No		X	
Group Health Cooperative (Enhanced)	CE358	No			
Health Partners	CR149	No			
Health Partners (Enhanced)	CE303	No			
Humana	00041	No			Includes Choice Care Network, Emphesys, Employers Health Insurance including Humana Dental. Also includes Ochsner Health Plans.
Humana (Enhanced)	CE212	No			
Managed Health Services (Enhanced)	CE282	No			
Medicaid - Wisconsin	AID41	No			
Nationwide Health Plans	00086	No			
Network Health (Enhanced)	CE330	No			
Trilogy Health Insurance (Enhanced)	CE156	No			
United Healthcare	00112	No			
United Healthcare (Enhanced)	CE259	No			

Appendix 45 – Claimremedi Clearinghouse Payer Lists

Payer Name	Payer ID	Enroll Req'd	Enrollment Form	Blue Exchange Member	Addit'l Info
William C. Earhart Co., Inc (Enhanced)	CE171	No			
Wisconsin Chronic Disease Program	CR196	No			
Wisconsin Well Woman Program	CR197	No			
WPSIC (Enhanced)	CE313	No			



Appendix 46 – EHR/EMR Features

EHR/EMR (Electronic Health Record / Electronic Medical Record)

Source: National Learning Consortium (NLC)

General Features

- For multiple office locations
- For multiple users simultaneously
- Multiple encounter records on the same patient to be open simultaneously (e.g., phone call plus office visit)
- Multiple patient records to be open simultaneously

Workflow Management Tools

- Provider schedules
- Prioritized task lists by user
- On-screen flags to indicate patient visit status
- Customized work flows by provider/clinician

Documentation Methods

- Note templates
- Templates customizable by practice
- Templates customizable by provider
- Ability to insert free text within templates
- Pick lists customizable by practice
- Pick lists customizable by provider
- Smart lists (e.g. learn / add items as you type)
- Free text
- Speech recognition for dictation
- Dictation / transcription
- Anatomical drawings
- SOAP charting
- Addendum to closed record
- Free-hand drawings
- Scanned images
- Annotations to images
- Integrated video imaging
- Track episodes of care such as pregnancy
- Recall patient's last menstrual period (LMP) and statuses such as post-hysterectomy, post-menopausal or pregnancy all without user re-entry
- Support repeat vital signs readings on the same visit (e.g., repeat pulse, blood pressure)
- Support error checking for vital sign data entry

Documentation/results reporting types

- Chart notes for visits
- Chart notes for phone calls
- Emergency room reports
- Lab results

- Radiology reports
- Consultation reports
- Discharge summaries
- Medication lists
- Allergy lists
- Problem lists
- Growth charts
- Patient telephone messaging
- Blood pressure lying, sitting, standing
- Pulse: oral, radial, pedal, femoral
- Temperature: Fahrenheit, Celsius
- Height: feet / inches, centimeters

Generating forms

- Referral letters
- Letter summaries for referring physicians
- Summaries for patients
- Test report letters to patients
- Prescriptions
- Forms and letters modifiable by practice
- Forms modifiable by location and site
- Ability to create custom forms for any purpose

Prompts, Alerts & Reminders

- Unfinished patient chart documentation
- Spellchecking
- Provider alerts for missing charting elements
- Electronic team messaging

Medical History

- Capture of history & physical exam data
- Risk factor tracking
- Import of history
- Hospital data
- Allergy types
- Immunizations
- Genogram capture
- Family history

Charting

- Problem-oriented format
- Multiple measures of functional status
- Health surveys
- Current health status
- Problem lists
- Progress notes

Medication/ Prescription Writing

Appendix 46 – EHR/EMR Features

- Drug database
- Maintains multiple formularies
- Formulary linked to patient benefits
- Cost information
- Dosage algorithms
- Allergen type
- Drug–allergy checking
- Drug-drug interaction checking
- Drug-food checking
- Drug administration info
- Weight-based dosing
- Prescription renewal
- Access to online Rx reference tools
- BSA (body surface area) calculation
- BMR (basal metabolic rate) calculation
- Co-signature required based on security
- Identifies current, expired, historical medications
- Notes “Dispensed as Written”
- Fax and remote printing of prescriptions

Order Management

- On-line ordering
- Order cancellation
- “Most common list” of orders
- “Most common list” varied by provider/clinician
- Automatic suggestion of orders required to satisfy protocols
- Future orders
- Notification to provider for tests not completed within specified time frame
- Trending & graphing of discrete results data
- Graphing of results to medications and other clinical data

Printing & Transmission Of Full Patient Record

- Print full patient record
- Transmit patient record electronically
- Transmit with encryption
- Print user selected patient record items

Coding

- Current diagnosis and procedure codes built-in
- Coding updates

- E&M coding advice to providers based on documentation
- Automated translation of the following codes to data:
 - ICD9-CM
 - CPT (4 and 5)
 - ICD-10
 - SNOMED (11 and 111)
 - APG
 - NDC
- Data validation of :
 - Procedure to diagnosis
 - Procedure & diagnosis to patient age and gender

Dictation

- Support voice recognition software
- Support integration of transcription
- Create placeholder tag in medical record for dictation text to be inserted later
- Notify provider when dictation available in medical record for review and signature
- Audit report for dictation not yet inserted in medical record

Signing/ Authentication

- Electronic signatures
- Allow signing of individual sections
- Separate signatures for each provider/clinician
- Records locked after signature
- Co-signature of records
- Authentication required when medication ordered
- Authentication required when orders transmitted
- Authentication required when electronically signing chart

Clinical Reporting

- Query function and customizable report writer
- Mail merge
- Exporting of data for further analysis
- Patient population profiles
- Productivity by provider, site, practice
- Utilization tracking
- Protocol adherence reports
- Comparative reports

Appendix 46 – EHR/EMR Features

Ability to schedule reports for regular production
Ability to save and rerun reports
Supports use of third party query / reporting tools

Clinical Decision Support

Point of care decision support tools
Patient registry and outreach reports
Practice analysis tools & reports
Plotter support capability

Reminders

Reminders based on health plan
Reminders based on protocols
Reminders based on preventative health indicators
Reminders by phone

Patient Access to Information

Practice-controlled patient access to actual medical records
 Access at practice location
 Access via Internet
Provides printed summary for patient after visit

Practice Management (PM)

Integrated with PM system
Demographics uni-directional interface (PM to EMR)
Demographics bi-directional interface
Billing / coding interface (EMR to PM)
Access to PM financial / insurance information
Access to PM appointments and scheduling

Other Interfaces & EDI

Lab orders (EMR to Lab)
Lab results (Lab to EMR)
Radiology orders (EMR to X-ray)
Radiology reports (X-ray to EMR)
Diagnostic images (X-ray to EMR)
Other diagnostic tests
Hospital records system
Transcription system
Encrypted email
Direct internet access
Referral authorization requests & approvals/denials
Electronic payer connectivity

Display Options (In addition to text)

Tables / flow sheets
Graphics
Free-hand drawing
Stored images
Annotations to images

Custom Views

Views customizable by user

Patient Identifiers (for accurate searching)

Patient identification number
Health plan member ID number
Patient name
Patient AKA
Social Security number (patient's)
Social Security number (responsible parties)
Account number
Patient name by Soundex
Medical record number
Family identification number (separate from responsible party)
Wildcard search on patient name
Merge charts if patient has more than one record

Data Searching

By date
By problem
By text search
By encounter type
Confidentiality
Word protection
Required password changes
Access limited by user function
Access limited by patient record type
Access limited by encounter type
Screen time-outs
HIPAA compliant access audit trail



Appendix 47 – EHR/EMR Contract Elements

EHR/EMR (Electronic Health Record / Electronic Medical Record)

Source The National Learning Consortium (NLC)

1.1 GENERAL

- The contract should have bi-lateral termination clauses without penalty given within a certain notice period.
- The contract should stipulate that it may not be transferred by one party without written approval of the other party.
- The contract should have a definition section for anything that is not readily understandable.
- The contract should spell out what happens in the event of default by either party and should be as evenly weighted as can be possibly negotiated.

1.2 SOFTWARE

- The contract should spell out who owns the data (clinic should have complete data ownership) and that the data will be returned in a nonproprietary form (standard, interoperable) should the agreement between the two parties be terminated for any reason.
- The contract should also include language regarding the vendor turning over source code, data models, design documents, etc. should it, for whatever reason, go out of business or cease to operate.
- The contract should spell out whether the cost of the system includes upgrades, patches, etc. and, if so, how many, who is responsible for applying them, at what cost, and what happens if an upgrade negatively impacts the system.
- The contract should spell out how non-vendor upgrades, patches, etc. (such as for the operating system, reporting software, or database management system) are handled, who is responsible, etc., similar to above.
- If the system includes third party software and/or content, the contract should spell out the associated costs, who is responsible for those costs, and how updates are handled.
- The contract should include language regarding the vendor ensuring the confidentiality of patient and practice information. The vendor should be willing to execute a separate HIPAA Business Partner Agreement.
- The contract should state that the vendor agrees to comply with HIPAA requirements and to make the necessary modifications to ensure compliance at no additional cost to the practice.
- The contract should state that the vendor agrees to comply with the Consolidated Health Informatics (CHI) standards for interoperability and to make the necessary modifications to ensure compliance at no additional cost to the practice.
- The contract should be structured to include a progressive payment schedule based on the achievement of certain implementation milestones.
- Example:

15%	Signing of contract
10%	Installation of software and hardware
20%	Completion of training
25%	Completion of system testing
30%	Final system acceptance

Appendix 47 – EHR/EMR Contract Elements

- The contract should recognize the need for additional template development and screen customizations and specify vendor/client responsibilities. If the vendor is to provide assistance with template development, include this step as a payment schedule milestone (example above).
- The contract should specify the conditions under which a breach of contract has occurred, such as the system not performing as specified, consistent poor performance, etc. and at what point money is refunded, or payments may cease.

1.3 SUPPORT

- The contract should outline what support hours will be available (including time zone) and what level of support is included.
- Costs for additional support should be itemized on the contract.
- The contract should clearly outline the terms of the support agreement.

1.4 INTERFACES

- For each interface to another system, e.g., laboratory, billing, scheduling, etc., the contract should indicate whether the cost of the interface includes interface programming time and, if so, how many hours are included. It should detail what happens if and when those hours and the associated costs are exceeded.
- The contract should also identify what is included with the interface, for example interface specifications.
- The contract should state what happens if subsequent programming is needed either because of initial errors or if additional modifications are needed.
- The contract should stipulate who owns the interface and who will troubleshoot it when it goes down or errors occur.
- Each interface should have terms outlined regarding which party is responsible for upgrading it, and which party will assure that it functions with new upgrades of main products.

1.5 TRAINING

- The contract should identify how many training hours are included, who is covered, and what is included with the training, e.g., training material, customized cheat sheets, etc.
- The contract should explain what happens if additional training is needed and what the billing rate is for additional time.
- The contract should spell out what are acceptable and non-acceptable costs and establish a per diem rate for trainers (if there are on-site sessions).
- The contract should stipulate what (if any) follow-up training is provided and at what cost.

1.6 IMPLEMENTATION

- The contract should spell out what is and is not included in the implementation costs: what services will be received, how many hours, who the resources will be, what sort of materials will be provided (e.g., project plan, implementation guides, specifications), etc.
- The contract should spell out what are acceptable and non-acceptable costs and establish a per diem rate for implementation staff.

Appendix 47 – EHR/EMR Contract Elements

1.7 CAVEATS

- Look at the warranty, disclaimer and limitation of liability sections very carefully. Usually these are written all in caps or bold type, and they severely limit vendor’s liability. Vendors are not likely to change either section substantively (if at all) even if a practice requests it, so read and understand this part and what it means for the practice.
- Check carefully to see what the vendor warrants to the practice and what the practice’s responsibilities are with regard to it.
- Look to see if the contract specifies minimum hardware requirements and be prepared to meet them. If a practice uses what a vendor considers to be “substandard” equipment (to try to save some money), it may invalidate the agreement.
- Read the indemnification section carefully as well. This is another section that vendors are not likely to change, so a practice should understand what it is stipulating.
- Check the duration and termination clauses – again a practice should be able to “free” itself from this with relatively little organizational pain. (No handcuffs or shackles.)
- Understand the different ways in which the vendor can terminate the agreement and make a contingency plan for this.



Appendix 48 – Major Wisconsin Payers

Name	Business Address	City/State/Zip	Toll-Free Number	Business Phone
Care Wisconsin Health Plan, Inc.	P O BOX 14017	MADISON, WI 53708-0017		(608)240-0020
Children's Community Health Plan, Inc	9000 W WISCONSIN AVE	MILWAUKEE, WI 53226-4874	(800)482-8010	(414)266-6328
Community Care Health Plan, Inc.	1555 S LAYTON BLVD	MILWAUKEE, WI 53215		(414)385-6600
Compcare Health Services Insurance Corporation	6775 W WASHINGTON ST	MILWAUKEE, WI 53214	(800)242-7312	(414)459-5000
Dean Health Plan, Inc.	1277 DEMING WAY	MADISON, WI 53717-1971	(800)356-7344	(608)836-1400
Group Health Cooperative of Eau Claire	PO BOX 3217	EAU CLAIRE, WI 54702		(715)552-4300
Group Health Cooperative of South Central Wisconsin	P O BOX 44971	MADISON, WI 53744	(800)605-4327	(608)251-4156
Gundersen Lutheran Health Plan, Inc.	1836 SOUTH AVE	LA CROSSE, WI 54601-5429		(608)775-8000
Health Tradition Health Plan	4001 41ST ST NW	ROCHESTER, MN 55901-8901		(507)538-5212
HealthPartners Insurance Company	8170 33RD AVE S	MINNEAPOLIS, MN 55440		(952)883-6000
Humana Wisconsin Health Organization Insurance Corporation	P O BOX 740036	LOUISVILLE, KY 40201	(800)558-4444	(502)580-1000
Independent Care Health Plan	1555 N RIVERCENTER DR STE 206	MILWAUKEE, WI 53212		(414)223-4847
Managed Health Services Insurance Corp.	7700 FORSYTH BLVD	ST LOUIS, MO 63105	(888)713-6180	(314)505-6972
Medical Associates Clinic Health Plan of Wisconsin, The	1605 ASSOCIATES DR STE 101	DUBUQUE, IA 52002-2270	(800)747-8900	(563)556-8070
Medicaid (Forward Health Portal)	https://www.forwardhealth.wi.gov/WIPortal/Content%20Information/tabid/148/Default.aspx		(800) 947-9627	
Medicare Part B (National Government Services)	Attn: Provider Written General Inquiries P.O. Box 6475	Indianapolis, IN 46206-6475	(888) 812-8905	
MercyCare HMO, Inc.	PO BOX 550	JANESVILLE, WI 53547-0550	(800)752-3431	(608)752-3431
Molina Healthcare of Wisconsin, Inc. (acquired Abri Health Plan effective September 1, 2010)	2400 S 102ND ST STE 103	MILWAUKEE, WI 53227-2132		(414)847-1777
Network Health Plan	P O BOX 120	MENASHA, WI 54952	(800)826-0940	(920)720-1200
Partnership Health Plan, Inc	2240 EASTRIDGE CENTER	EAU CLAIRE, WI 54701		(715)838-2900
Physicians Plus Insurance Corporation	2650 NOVATION PKWY	MADISON, WI 53713-3399	(800)545-5015	(608)282-8900
Security Health Plan of Wisconsin, Inc.	P O BOX 8000	MARSHFIELD, WI 54449	(800)472-2363	(715)221-9555
Trilogy Health Insurance, Inc.	18000 W SARAH LANE STE 310	BROOKFIELD, WI 53045		(262)432-9140
UnitedHealthcare of Wisconsin, Inc.	P O BOX 26649	WAUWATOSA, WI 53226-0649	(800)879-0071	(414)443-4000

Appendix 48 – Major Wisconsin Payers

Name	Business Address	City/State/Zip	Toll-Free Number	Business Phone
Unity Health Plans Insurance Corporation	840 CAROLINA ST	SAUK CITY, WI 53583	(800)362-3308	(608)643-2491
WEA Insurance Corporation	PO BOX 7338	MADISON, WI 53707-7338		(608)276-4000
WPS Health Plan, Inc. (acquired Arise Health Plan - formerly Prevea Health Plan) 6/05)	PO BOX 14540	MADISON, WI 53708-0540	(888)711-1444	(920)490-6900

