



HTA VAX Secure Invoice Upload

edit
 Tracking Number
396
 Date
5/5/2021

Contract Information

Please enter the contract number first to automatically populate the fields listed with an asterisk (*) Please note that these fields are "Read Only" and edits are not permitted on the form.

HTA-VAX-222 **HAMPTON REGIONAL MEDICAL CENTE** | **57-1017988** **7000141043**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Julie Allen **CFO** **(803) 943-1254** **jallen@hamptonregional.org**
 Contact (Full Name) Title Phone EXT Contact EMAIL

595 W Carolina Ave, PO BOX 338 **Varnville** **SC** **29944**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>031721</u>	1,600.00 2900.00 per. email

Please Upload Invoice for Payment Review

To ensure prompt processing of your invoice ensure that you include the invoice number in the file name that you upload. Please ensure that all required information is included on the invoice. Click below for more details

Secure Document Upload

Please upload the invoice PDF to our secure website using the buttons below.

031721

I certify that no other funds have been received or will be reimbursed by any other source for the amounts claimed on this invoice

Signature (required) Click to Sign

Julie Allen
 5/5/2021 9:29:55 AM

~~\$1,600.00~~ **2900.00**
 Yes
 No

The attached invoice is accurate and the invoice total is correct.

ACC Testing Approval

Bonner, Melissa
 5/5/2021 1:39:49 PM

Budget and Finance Approval

Baker, Walter
 5/7/2021 9:47:01 AM

Approved Funding

\$118,159.00

Approved Invoices to Date

Available Funding

\$118,159.00

Payment Processing Instructions

5021310000 - ~~\$1600.00~~ - J0402AZ999 - J040x01048580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/11/2021 4:25:16 PM



If rejecting this form for any reason please provide a brief note to the agency. It will be included in the rejection email notification

396

5/5/2021



HTA VAX Secure Invoice Upload

Contract Information

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<u>HTA-VAX-222</u> Contract Number (required)	<u>HAMPTON REGIONAL MEDICAL CENTE</u> * Contractor Name	<u>57-1017988</u> * Tax ID	<u>7000141043</u> * SCEIS Number
<u>Julie Allen</u> Contact (Full Name)	<u>CFO</u> Title	<u>(803) 943-1254</u> Phone	<u>jallen@hamptonregional.org</u> Contact EMAIL
<u>595 W Carolina Ave, PO BOX 338</u> * Address	<u></u> * STE #	<u>Varnville</u> * City	<u>SC 29944</u> * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>031721</u>	<u>1,600.00</u>

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5/5/2021 9:29:55 AM

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Invoice Total

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5/11/2021 4:25:16 PM



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Re: HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>

Fri 5/14/2021 12:17 PM

To: Cate, Vasa <CATEVW@dhec.sc.gov>; Baker, Walter <bakerwb@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>
Cc: ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Vasa,

Thanks for checking. The amount does not e in to our database and shouldn't have an impact on our expenditure tracking. In the past, we've been able to update the liquid office form with the corrected amount prior to approval. Sharon can try to update it prior to giving her final approval.

Finance & Administraon Secon Chie f

DHEC COVID-19 Incident Command

ACC-FinAdmin@dhec.sc.gov

From: Cate, Vasa <CATEVW@dhec.sc.gov>**Sent:** Thursday, May 13, 2021 11:33 AM**To:** Baker, Walter <bakerwb@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>**Cc:** ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>**Subject:** Re: HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

Good a. ernoon all. Queson f or you before Sharon proceeds with approving the HTA-VAX-222 Hampton Regional Medical Center Invoice # 031721 invoice in Liquid Office and processing it for \$2,900.00. This is the one where the vendor mistakenly keyed \$1600 on the Secure Invoice Upload page but their worksheet shows the correct \$2900 amount.

Does the invoice amount that shows on the Liquid Office Secure Invoice Upload page feed into a database or table that the ACC uses to see what has been invoiced and paid? Our concern is the Liquid Office Secure Invoice Upload page shows \$1600 and if Sharon approves it as is, does that send the wrong \$ amount into a database or table that you use? If it doesn't and it's not a concern, she'll approve it in Liquid Office, add a note to the PDF that the amount should be \$2900 and process it.

Please reply back to let us know. Thank you! V

Vasa Cate Jr

Accounts Payable Division Director, Bureau of Financial Mgmt

S.C. Dept. of Health & Environmental Control

Office: (803) 898-3428

Fax: (803) 253-7637

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)

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From: Cate, Vasa <CATEVW@dhec.sc.gov>**Sent:** Tuesday, May 11, 2021 3:46 PM**To:** Baker, Walter <bakerwb@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>

Cc: ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Subject: Re: HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

Thanks Bruce!

Sharon, please add a note to the "secure invoice upload" page that the correct amount should be \$2,900.00 instead of \$1,600.00 and process it. Thanks! V

Vasa Cate Jr

Accounts Payable Division Director, Bureau of Financial Mgmt

S.C. Dept. of Health & Environmental Control

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From: Baker, Walter <bakerwb@dhec.sc.gov>

Sent: Tuesday, May 11, 2021 3:22 PM

To: Robinson, Sharon D. <robinssd@dhec.sc.gov>

Cc: ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>; Cate, Vasa <CATEVW@dhec.sc.gov>

Subject: Fw: HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

Please see the below comment from Julie Allen of Hampton Regional. The amount that should have be paid is 2900 which matches the invoice amount.

W. Bruce Baker Jr.

Office of Budgets and Financial Planning

S.C. Dept. of Health & Environmental Control

Office: (803) 898-2546

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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From: Julie B. Allen <jallen@hamptonregional.org>

Sent: Tuesday, May 11, 2021 2:58 PM

To: Baker, Walter <bakerwb@dhec.sc.gov>

Subject: RE: HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

Hi Walter,

Sorry about that. It should be \$2900. Thanks!

Julie B. Allen
Chief Financial Officer

D:803-943-1254

595 W. Carolina Avenue

PO Box 338

Varnville, SC 29944

www.hamptonregional.org



Find us on Facebook:

www.facebook.com/HamptonRegionalMedicalCenter

From: Baker, Walter <bakerwb@dhec.sc.gov>
Sent: Tuesday, May 11, 2021 2:43 PM
To: Julie B. Allen <jallen@hamptonregional.org>
Subject: Fw: HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

CAUTION: External Email – Please use caution before opening attachments or clicking links.

Julie,

The invoice amount and the amount that is on your cover sheet differs. Would you take a look and see which you should pay and let me know.

Thank You.

W. Bruce Baker Jr.

Office of Budgets and Financial Planning

S.C. Dept. of Health & Environmental Control

Office: (803) 898-2546

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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From: ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>
Sent: Tuesday, May 11, 2021 1:22 PM
To: Baker, Walter <bakerwb@dhec.sc.gov>
Cc: Cate, Vasa <CATEVW@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>
Subject: Re: HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

Bruce, could you please look into this?

Thanks!
MM

Finance & Administration Section Chief

DHEC COVID-19 Incident Command

ACC-FinAdmin@dhec.sc.gov

From: Robinson, Sharon D. <robinssd@dhec.sc.gov>**Sent:** Tuesday, May 11, 2021 10:46 AM**To:** ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>**Cc:** Cate, Vasa <CATEVW@dhec.sc.gov>**Subject:** HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721

Good morning,

HTA-VAX-222 - Hampton Regional Medical Center. Invoice # 031721 shows an amount of \$1,600. But the attached reimbursement request is for only \$2900. Please see screenshots below. Please reply to this email, let me know the correct amount approved to pay for this invoice. Thank you.

Contract Information

Please enter the contract number first to automatically populate the fields listed with an asterisk (*) Please note that these fields are "Read Only" and edits are not permitted on the form.

HTA-VAX-222	HAMPTON REGIONAL MEDICAL CENTE	57-1017988	7000141043
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
Julie Allen	CFO	(803) 943-1254	jallen@hamptonregional.org
Contact (Full Name)	Title	Phone	EXT Contact EMAIL
595 W Carolina Ave, PO BOX 338		Varnville	SC 29944
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT
031721	1,600.00

Please Upload Invoice for Payment Review

To ensure prompt processing of your invoice ensure that you include the invoice number in the file name that you upload. Please ensure that all required information is included on the invoice. Click below for more details

[COVID-19 Vaccine Reimbursement Calculator](#)

Secure Document Upload

Please upload the invoice PDF to our secure website using the buttons below.

<div style="background-color: #0056b3; color: white; padding: 5px; margin-bottom: 5px;">ADD</div> <div style="background-color: #0056b3; color: white; padding: 5px; margin-bottom: 5px;">REMOVE</div> <div style="background-color: #0056b3; color: white; padding: 5px;">VIEW</div>	<div style="background-color: #f0f0f0; padding: 2px;">031721</div> <div style="border: 1px solid #ccc; height: 40px; margin-top: 5px;"></div>
---	---

I certify that no other funds have been received or will be reimbursed by any other source for the amounts claimed on this invoice

Signature (required) Click to Sign

Julie Allen
 5/5/2021
 9:29:55 AM

Approve ▼
Submit

\$1,600.00 Invoice Total	<input checked="" type="radio"/> Yes <input type="radio"/> No	The attached invoice is accurate and the invoice total is correct.	
ACC Testing Approval <i>Bonner, Melissa</i> 5/5/2021 1:39:49 PM	Budget and Finance Approval <i>Baker, Walter</i> 5/7/2021 9:47:01 AM	Approved Funding \$118,159.00	Approved Invoices to Date
Payment Processing Instructions 5021310000 - \$1600.00 - J0402AZ999 - J040x01048580130 - 31070000 - Not Relevant - Order Number 98000018		Available Funding \$118,159.00	Accounts Payable Approval

Community Vaccination Event Information*		
Provider Name:	Hampton Regional Medical Center	
COVID-19 Vaccine Pin Number:	925002	
Location Name:	Hampton Regional Medical Center	
Location Address (incl zip):	595 W Carolina Ave Varnville, SC 29944	
Date & Times:	12-Mar-21	
Total # Vaccinations:	145	
Eligible Vaccinations**:	145	
Please select yes or no to the following questions to determine eligible reimbursement:		
No	Did your organization provide event management, traffic control and logistics for this event?	
Yes	Did your organization provide administrative staff for this event?	
Yes	Did your organization provide vaccination staff for this event?	
Reimbursement Calculator		
Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$0
Administrative Staff	\$5	\$725
Vaccination Staff	\$15	\$2,175
Total Event Reimbursement Amount		\$2,900
Additional Cost Summary***:		
Total additional cost:		
Less other funding/reimbursement:		
Net additional cost:		\$0
Total Request Amount:		\$2,900

Regards,
Sharon

Sharon D Robinson

Accounts Payable Fiscal Analyst, Bureau of Financial Mgmt

S.C. Dept. of Health & Environmental Control

Office: (803) 898-3578

Fax: (803) 253-7637

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Julie Allen **CFO** **(803) 943-1254** **jallen@hamptonregional.org**
 Contact (Full Name) Title Phone EXT Contact EMAIL

595 W Carolina Ave, PO BOX 338 **Varnville** **SC** **29944**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
031721	2,900.00

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Please upload the invoice PDF to our secure website using the buttons below.

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Signature (required) Click to Sign

Julie Allen
5/5/2021 9:29:55 AM

\$2,900.00
 Invoice Total Yes No

The attached invoice is accurate and the invoice total is correct.

ACC Testing Approval
Bonner, Melissa
5/5/2021 1:39:49 PM

Budget and Finance Approval
Baker, Walter
5/7/2021 9:47:01 AM

Approved Funding **\$118,159.00**

Approved Invoices to Date

Available Funding **\$118,159.00**

Payment Processing Instructions

5021310000 - \$2900.00 - J0402AZ999 - J040x01048580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/17/2021 10:43:44 AM



If rejecting this form for any reason please provide a brief note to the agency. It will be included in the rejection email notification

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	Hampton Regional Medical Center (Inv. 031721)
COVID-19 Vaccine Pin Number:	925002
Location Name:	Hampton Regional Medical Center
Location Address (incl zip):	595 W Carolina Ave Varnville, SC 29944
Date & Times:	12-Mar-21
Total # Vaccinations:	145
Eligible Vaccinations**:	145

Please select yes or no to the following questions to determine eligible reimbursement:

- No Did your organization provide event management, traffic control and logistics for this event?
- Yes Did your organization provide administrative staff for this event?
- Yes Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$0
Administrative Staff	\$5	\$725
Vaccination Staff	\$15	\$2,175
Total Event Reimbursement Amount		\$2,900

Additional Cost Summary***:

Total additional cost:	
Less other funding/reimbursement:	
Net additional cost:	\$0

Total Request Amount: \$2,900

* Community Vaccination Events may span multiple days as long as the event location remains the same. All dates should be specified.

** If seeking third-party reimbursement for the services at the event was not appropriate or feasible, then all vaccinations are eligible for reimbursement. If billing third party payers was feasible, then only vaccinations not eligible for insurance reimbursement are eligible for Staffing Reimbursement.

*** Claiming additional costs requires detailed justification and documentation. Please attach answers to the following questions:

- 1) Summary Description of Request and Costs
- 2) Describe Benefit to the State of South Carolina and Statewide Vaccination Efforts including the future distribution and administering of vaccines.
- 3) Describe activities conducted and outcomes expected or achieved
- 4) Is the cost being covered by any other funding source or insurance? Please explain.
- 5) Were all avenues of funding exhausted before using Vaccine Reserve Account funds? Please explain.