



# HTA VAX Secure Invoice Upload

Tracking Number

502

Date

6/25/2021

## 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.

<u>HTA-VAX-195</u> Contract Number (required)	<u>HILTON HEAD REGIONAL HEALTHCARE</u> * Contractor Name	<u>75-2550947</u> * Tax ID	<u>7000285611</u> * SCEIS Number
<u>Jeremy Clark</u> Contact (Full Name)	<u>Market CEO</u> Title	<u>(843) 689-8206</u> Phone	<u>jeremy.clark@tenethealth.com</u> Contact EMAIL
<u>25 Hospital Center Blvd</u> * Address	<u></u> * STE #	<u>Hilton Head</u> * City	<u>SC 29926</u> * State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>HHRH001</u>	<u>83,090.00</u>

## 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.

1 - Vaccine Reimbursement Calculator - Hilton Head Hospital

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

*Jeremy Clark*  
6/25/2021 4:10:22 PM

**\$83,090.00**

Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
6/28/2021 7:37:55 AM

Budget and Finance Approval

*Samuels, Tierra B.*  
6/29/2021 7:38:45 PM

Approved Funding

**\$459,413.00**

Approved Invoices to Date

Available Funding

**\$459,413.00**

Payment Processing Instructions

Full Amount \$83,090.00	31070000	Not Relevant	J0402AZ999
J040X01048580130	5021310000	98000018	

Accounts Payable Approval

*Robinson, Sharon D.*  
7/1/2021 11:10:01 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:	Hilton Head Regional Healthcare ( Inv. HRRH001 )
COVID-19 Vaccine Pin Number:	
Location Name:	Hilton Head Hospital
Location Address (incl zip):	25 Hospital Center Drive Hilton Head Island, SC 29926
Date & Times:	1/13 - 3/19
Total # Vaccinations:	7627
Eligible Vaccinations**:	341

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

<u>Yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>Yes</u>	Did your organization provide administrative staff for this event?
<u>Yes</u>	Did you organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$76,270
Administrative Staff	\$5	\$1,705
Vaccination Staff	\$15	\$5,115
<b>Total Event Reimbursement Amount</b>		<b>\$83,090</b>

## Additional Cost Summary\*\*\*:

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

**Total Request Amount: \$83,090**

\* 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.

Service Date (Multiple Items)

Sum of SUM( [Charge Quantity] )	Column Labels			
Row Labels	Jan	Feb	Mar	Grand Total
Managed Care	87	147	519	753
Managed Exchange	11	29	101	141
Medicaid			4	4
Medicaid Managed Care	2	0	1	3
Medicare	1029	2067	991	4087
Medicare Managed Care	356	634	377	1367
Other	222	544	165	931
Self Pay/Uninsured	59	122	160	341
<b>Grand Total</b>	<b>1766</b>	<b>3543</b>	<b>2318</b>	<b>7627</b>

Invoice HHRH001