



Providers VAX Secure Invoice Upload

Tracking Number
576

Date
5/26/2021

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.

OTH-VAX-576 **M Holdings LLC DBA My Pharmacy** **83-1454255** **7000297256**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

James Hampton Manning **Pharmacist, Owner** **(843) 845-7905** **hamp@mypharmacyandoptical.com**
 Contact (Full Name) Title Phone EXT Contact EMAIL

808 Highway 378 Suite B **Lexington** **SC** **29072**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
1	124,000.00

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

Secure Document Upload

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

COVID19 Vaccine Reimbursement Calculator 05.18.21_invoice 1

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

James Hampton Manning
 5/26/2021 7:42:07 PM

\$124,000.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 5/27/2021 7:03:32 AM

Budget and Finance Approval

Samuels, Tierra B.
 6/9/2021 10:15:33 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding

\$0.00

Payment Processing Instructions

31070000 Not Relevant J0402AZ998 J040X01058580130
 5021310000 98000018- Full Amount \$124,000

NOTE: Invoice has 2020 dates of service. Per provider, the event took place in 2021

Accounts Payable Approval

Robinson, Sharon D.
 6/9/2021 2:20:53 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

FW: OTH-VAX-576 - M Holdings LLC DBA My Pharmacy \$124,000 - Invoice # 1 : Service Date

Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Wed 6/9/2021 10:16 AM

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

Hello Sharon,

I just approved this invoice and sent it over to you. For this invoice, the vendor put the wrong dates of service on the invoice. Below is an email I sent to the provider asking them to confirm the dates. Could you attach this email to the document when you process it for payment? I added a note in Liquid Office as well. Let me know if you need anything else.

Thanks for your help with this.

Tierra Samuels

Office of Budget and Financial Planning

S.C. Dept. of Health & Environmental Control

Office: (803) 898-5512

Fax: (803) 253-7637

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



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From: hamp@mypharmacyandop_cal.com <hamp@mypharmacyandop_cal.com>

Sent: Wednesday, June 9, 2021 10:07 AM

To: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Subject: RE: OTH-VAX-576 - M Holdings LLC DBA My Pharmacy \$124,000 - Invoice # 1 : Service Date

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

Tierra,

Yes, it was this year. I guess I am still stuck in 2020! Sorry for the confusion.

Thanks

Hamp

From: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Sent: Wednesday, June 9, 2021 9:46 AM

To: hamp@mypharmacyandop_cal.com

Subject: OTH-VAX-576 - M Holdings LLC DBA My Pharmacy \$124,000 - Invoice # 1 : Service Date

Importance: High

Hello Mr. Manning,

SC DHEC received the invoice listed below in the amount of \$124,000. I am reaching out to see if you could verify the date of service listed on the invoice below. I believe it's an error and the correct year is 2021. Could you please review and confirm it is an error and the event took place on March 3, 2021- March 18, 2021? The invoice below has March 3, 2020 – March 18, 2020. Thank you for your assistance with this.

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name: M Holdings LLC DBA My Pharmacy
 COVID-19 Vaccine Pin Number: 932016
 Location Name: My Pharmacy
 Location Address (incl zip): 808 Hwy 378 Ste B Lexington, SC 29072
 Date & Times: March 3rd, 2020- May 18th, 2020
 Total # Vaccinations: 12,400
 Eligible Vaccinations**:

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

Yes 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	\$124,000
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$124,000

Additional Cost Summary***:

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

Total Request Amount: \$124,000

* 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



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Tracking Number

576

Date

5/26/2021

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<u>OTH-VAX-576</u> Contract Number (required)	<u>M Holdings LLC DBA My Pharmacy</u> * Contractor Name	<u>83-1454255</u> * Tax ID	<u></u> * SCEIS Number
<u>James Hampton Manning</u> Contact (Full Name)	<u>Pharmacist, Owner</u> Title	<u>(843) 845-7905</u> Phone	<u>hamp@mypharmacyandoptical.com</u> Contact EMAIL
<u>808 Highway 378 Suite B</u> * Address	<u></u> * STE #	<u>Lexington</u> * City	<u>SC 29072</u> * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>1</u>	<u>124,000.00</u>

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[COVID-19 Vaccine Reimbursement Calculator](#)

Secure Document Upload

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

ADD	<u>COVID19 Vaccine Reimbursement Calculator 05.18.21_invoice 1</u>
REMOVE	
VIEW	

I certify that no other funds have been Signature (required) Click to Sign

Thank you,
Tierra Samuels
 Office of Budget and Financial Planning
S.C. Dept. of Health & Environmental Control
 Office: (803) 898-5512
 Fax: (803) 253-7637
 Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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COVID-19 Vaccination Reimbursement Request

Inv. 1

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Location Address (incl zip):	808 Hwy 378 Ste B Lexington, SC 29072
Date & Times:	March 3rd, 2020- May 18th, 2020
Total # Vaccinations:	12,400
Eligible Vaccinations**:	

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	\$124,000
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Total Event Reimbursement Amount		\$124,000

Additional Cost Summary***:

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

Total Request Amount: \$124,000

* 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.