



# HTA VAX Secure Invoice Upload

Tracking Number

236

Date

3/31/2021

## 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-305</u> Contract Number (required)	<u>PIEDMONT MEDICAL CENTER</u> * Contractor Name	<u>95-3561198</u> * Tax ID	<u>946007</u> * SCEIS Number
<u>Steve Gilmore</u> Contact (Full Name)	<u>CEO</u> Title	<u>(803) 329-6829</u> Phone	<u>steve.gilmore@tenethealth.com</u> Contact EMAIL
<u>222 S. Herlong Ave</u> * Address	<u></u> * STE #	<u>Rock Hill</u> * City	<u>SC 29732</u> * State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>236</u>	<u>258,490.00</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.

Invoice\_236 COVID19 Vaccine Reimbursement Calculator HTA-VAX-305 20210122\_20210326

Invoice\_236 COVID vaccine reimbursement HTA-VAX-305 20210122\_20210326

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

*Steve Gilmore*  
3/31/2021 1:47:24 PM

**\$258,490.00**

Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
4/5/2021 11:17:02 AM

Budget and Finance Approval

*Baker, Walter*  
4/14/2021 8:26:13 AM

Approved Funding

**\$782,255.00**

Approved Invoices to Date

Available Funding

**\$782,255.00**

Payment Processing Instructions

5021310000 - \$258490.00- J0402AZ999 - J040x01048580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

*Robinson, Sharon D.*  
4/19/2021 9:15:23 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: Piedmont Medical Center (Inv. 236)

COVID-19 Vaccine Pin Number: 946007

Location Name: Rock Hill-Piedmont COVID Vaccine Clinic

Location Address (incl zip): 2301 Dave Lyle Blvd  
Rock Hill, SC 29730

Date & Times: 1/22/2021 - 3/26/2021 9:00a-5:00p (see attached specific dates)

Total # Vaccinations: 25849

Eligible Vaccinations\*\* : 25849

## 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?

No Did your organization provide administrative staff for this event?

No Did you organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$258,490
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$258,490</b>

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

Total additional cost: 0

Less other funding/reimbursement: 0

Net additional cost: \$0

**Total Request Amount: \$258,490**

\* 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.

ROCK HILL-PIEDMONT COVID VACCINE CLINIC  
2301 Dave Lyle Blvd  
Rock Hill, SC 29730

HTA-VAX-305  
PIN: 946007  
Inv. 236

Community vaccination clinic in partnership with City of Rock Hill

Event Dates				Vaccines	
Start	End	Start	End	Clinic Days	Administered
22-Jan-21	22-Jan-21	9:00a	6:00p	1	533
26-Jan-21	29-Jan-21	9:00a	6:00p	4	2,226
2-Feb-21	5-Feb-21	9:00a	5:30p	4	2,566
9-Feb-21	10-Feb-21	9:00a	4:30p	2	1,103
12-Feb-21	12-Feb-21	9:00a	4:30p	1	606
16-Feb-21	16-Feb-21	9:00a	4:30p	1	493
18-Feb-21	19-Feb-21	9:00a	5:00p	2	1,319
23-Feb-21	26-Feb-21	9:00a	5:00p	4	2,424
3-Mar-21	5-Mar-21	9:00a	5:30p	3	2,901
9-Mar-21	11-Mar-21	9:00a	4:30p	3	2,730
16-Mar-21	19-Mar-21	9:00a	5:00p	4	4,215
23-Mar-21	26-Mar-21	9:00a	5:00p	4	4,733
					<u>25,849</u>

# COVID-19 Vaccination Reimbursement Request

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Provider Name:	Piedmont Medical Center #236
COVID-19 Vaccine Pin Number:	946007
Location Name:	Rock Hill-Piedmont COVID Vaccine Clinic
Location Address (incl zip):	2301 Dave Lyle Blvd Rock Hill, SC 29730
Date & Times:	1/22/2021 - 3/26/2021 9:00a-5:00p (see attached specific dates)
Total # Vaccinations:	25849
Eligible Vaccinations**:	25849

## 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>No</u>	Did your organization provide administrative staff for this event?
<u>No</u>	Did your organization provide vaccination staff for this event?

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ROCK HILL-PIEDMONT COVID VACCINE CLINIC  
2301 Dave Lyle Blvd  
Rock Hill, SC 29730

HTA-VAX-305  
PIN: 946007

Community vaccination clinic in partnership with City of Rock Hill

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