



# HTA VAX Secure Invoice Upload

Tracking Number  
1157

Date  
11/8/2022

## 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.

<b>HTA-VAX-292</b>	<b>ROPER ST. FRANCIS</b>	<b>26-2946628</b>	<b>7000271259</b>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
<b>Chris Glenn</b>	<b>Senior VP &amp; Chief Of</b>	<b>(843) 789-1705</b>	<b>Christopher.Glenn@rsfh.com</b>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL
<b>125 Doughty Street, Suite 760</b>		<b>Charleston</b>	<b>SC 29403</b>
* Address	* STE #	* City	* State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>RSFH_JI11082022</b>	<b>2,500.00</b>

## 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.

RSFH\_JI11082022\_9.1.2022-9.30.2022  
 RSFH\_JI11082022\_Reimbursement.Form\_JamesIsland\_9.1.2022-9.30.2022

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

*Chris Glenn*  
11/8/2022 4:53:55 PM

**\$2,500.00**

Invoice Total

Yes  
 No

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

COVID19 Coordination Office

*Lopez, Jessica N.*  
11/9/2022 12:29:49 PM

Budget and Finance Approval

*Thames, Barbette Y.*  
11/22/2022 11:43:06 AM

Approved Funding	<b>\$1,873,464.00</b>
Approved Invoices to Date	_____
Available Funding	<b>\$1,873,464.00</b>

### Payment Processing Instructions

Pay full about \$2,500.00 31070000 Not Relevant J0402AZ999  
 J040X01048580130 5021310000 98000018  
 Please process "RSFH\_JI11082022\_9.1.2022-9.30.2022" as this has all of the correct vaccine administration documentation.

### Accounts Payable Approval

*Cate, Vasa*  
11/28/2022 5:39:46 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

# COVID-19 Vaccination Reimbursement Request

## Community Vaccination Event Information\*

Provider Name:	Roper St. Francis Healthcare
COVID-19 Vaccine Pin Number:	110214
Location Name:	James Island Express Care
Location Address (incl zip):	319 Folly Road Charleston, SC 29412
Date & Times:	9/1/2022-9/30/2022; Clinic opened 11/15/2021; Mon-Sun 8a-8p
Total # Vaccinations:	156
Eligible Vaccinations**:	47

## 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 your organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$1,560
Administrative Staff	\$5	\$235
Vaccination Staff	\$15	\$705
<b>Total Event Reimbursement Amount</b>		<b>\$2,500</b>

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

Total additional cost:	
Less other funding/reimbursement:	
Net additional cost:	<b>\$0.00</b>

**Total Request Amount: \$2,500.00**

\* 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.**

Eligible Vaccine Administrations (Non-insured Patients): Date Administered	
9/1/2022	
9/2/2022	
9/3/2022	
9/4/2022	
9/5/2022	-1
9/6/2022	
9/7/2022	-1
9/8/2022	
9/9/2022	
9/10/2022	
9/11/2022	
9/12/2022	-5
9/13/2022	-4
9/14/2022	
9/15/2022	-6
9/16/2022	-2
9/17/2022	
9/18/2022	-1
9/19/2022	-7
9/20/2022	-6
9/21/2022	-5
9/22/2022	-1
9/23/2022	-2
9/24/2022	
9/25/2022	
9/26/2022	-1
9/27/2022	-4
9/28/2022	-1
9/29/2022	
9/30/2022	
<b>Total</b>	<b>Total 47</b>

NOTE: Please note that Eligible Vaccine Administrations mean administrations given to pa

Number of Vaccines Administered	
	1
	1
	5
	4
	6
	2
	1
	7
	6
	5
	1
	2
	1
	4
	1
	47
	47

tients who are not insured. Non-eligible Vaccine Administrations indicate administrations given to insured

Non-Eligible Administrations (Insured Patients)-Date Administered	
9/1/2022	1
9/2/2022	4
9/3/2022	
9/4/2022	
9/5/2022	
9/6/2022	1
9/7/2022	1
9/8/2022	1
9/9/2022	
9/10/2022	
9/11/2022	
9/12/2022	7
9/13/2022	2
9/14/2022	3
9/15/2022	5
9/16/2022	10
9/17/2022	3
9/18/2022	4
9/19/2022	7
9/20/2022	8
9/21/2022	15
9/22/2022	1
9/23/2022	11
9/24/2022	6
9/25/2022	4
9/26/2022	
9/27/2022	6
9/28/2022	4
9/29/2022	5
9/30/2022	
<b>Total</b>	<b>Total 109</b>

NOTE: Please note that Eligible Vaccine Administrations mean administrations given to patient

Number of Vaccines Administered	
	1
	4
	1
	1
	1
	7
	2
	3
	5
	10
	3
	4
	7
	8
	15
	1
	11
	6
	4
	6
	4
	5
	109
	<b>109</b>

ts who are not insured. Non-eligible Vaccine Administrations indicate administations given to insured p:





1/6/2021

To whom it may concern:

As part of the COVID-19 response, DHEC has many partners and vendors who are assisting with testing, contact tracing, and other critical response activities. In order to maintain good working relationships with all our partners and vendors, as well as avoid interruption in services provided, we are requesting the ability process all invoices related to COVID-19 as a Zspecial to expedite payments.

If you need additional detail or have any questions or concerns regarding these invoices, please do not hesitate to reach out to [ACC-FinAdmin@dhec.sc.gov](mailto:ACC-FinAdmin@dhec.sc.gov).

Sincerely,

Darbi C MacPhail, MHA  
Chief Finance and Operations Officer  
SC Department of Health and Environmental Control