



FQHC VAX Secure Invoice Upload

Tracking Number
2020522

Date
8/9/2021

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.

FQHC-VAX-153 Contract Number (required)
Rural Health Services, Inc. * Contractor Name
23-7085643 * Tax ID
Sc62056 * SCEIS Number

Carolyn Emmanuel-McClain Contact (Full Name)
Chief Executive Officer Title
(803) 380-7010 Phone
EXT EXT
cmclain@ruralhs.org Contact EMAIL

1000 Clyburn Place * Address
Aiken * City
South 29801 * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
rhs-8182	1,460.00

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 Invoice CCPC 06.18.21 to 06.25.21

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

Carolyn Emmanuel-McClain
8/9/2021 1:38:35 PM

\$1,460.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
8/12/2021 10:51:22 AM

Budget and Finance Approval

Samuels, Tierra B.
8/12/2021 2:35:21 PM

Approved Funding **\$421,223.00**

Approved Invoices to Date

Available Funding **\$421,223.00**

Payment Processing Instructions

Full Amount \$1,460

\$1,460.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
8/23/2021 11:29:15 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

Invoice number updated per attached email

COVID-19 Vaccination Reimbursement Request

Inv. RHS-8182

Community Vaccination Event Information*

Provider Name:	Rural Health Services Inc,
COVID-19 Vaccine Pin Number:	102100
Location Name:	Clyburn Center for Primary Care
Location Address (incl zip):	1000 clyburn Place Aiken SC 29801
Date & Times:	06/18/21 to 06/25/2021
Total # Vaccinations:	73
Eligible Vaccinations**:	73

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

- 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	\$365
Vaccination Staff	\$15	\$1,095
Total Event Reimbursement Amount		\$1,460

Additional Cost Summary***:

Total additional cost:	<input type="text"/>
Less other funding/reimbursement:	<input type="text"/>
Net additional cost:	<input type="text" value="\$0"/>

Total Request Amount: \$1,460

* 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.

RE: FQHC-VAX-153: Rural Health Services, Inc. Tracking 2020522

Lisa Lewis <LLewis@ruralhs.org>

Thu 8/19/2021 11:26 AM

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

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

Good a. ernoon Sharon,

The invoice was sent with a duplicate number in error. Please process invoice # rhs-8182 for \$1460.

Thank you,

Lisa Lewis
Director of Administration and Special Projects
Rural Health Services Inc.
1000 Clyburn Place
Aiken SC 29801
(803) 380-7012 F (803) 502-4248
www.ruralhs.org

From: Robinson, Sharon D. <robinssd@dhec.sc.gov>
Sent: Wednesday, August 18, 2021 11:15 AM
To: Carolyn McClain <cmclain@ruralhs.org>
Cc: Lisa Lewis <LLewis@ruralhs.org>
Subject: FQHC-VAX-153: Rural Health Services, Inc. Tracking 2020522

CAUTION: This message originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content to be safe.

Good morning,

We recently received Rural Health's Secure Upload for Inv. 1111 in the amount of \$1460. Please see the Secure Upload screenshots below. But the same invoice number was paid in our system last month for \$2180. Please reply to this email, with a new invoice number if this was a keying error. Or please provide a statement that the recent invoice dated 8/9/2021 is a revision to the original invoice dated 7/7/2021.

1.

2.

Thank you,

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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