V2-20210630

COVID-19 Vaccine Administration

Non-Risk Based Payment

Neighborhood Health Plan of RI

Date Completed:

SFY 2021

Contract Start: 7/1/2020
Contract End: 6/30/2020
Contract Run-Out: 6/30/2021

Reporting From:
Reporting Through:

Total Requested Reimbursement: $ 127.66

							If Vaccine Site in Rhode Island:		If Vaccine Site Outside Rhode Island:				
Last Name	First Name	Medicaid ID	DOB	Age @ DOS	Date of Service	Location Type	Location Name	Municipality	OOS Location	OOS Municipal	OOS State	Vaccine Type	Reimbursement
L Name	F Name	MID	4/1/2004	16	3/1/2021	Pharmacy	CVS	Providence				Moderna Covid-19 Vaccine Administration – First Dose	$ 14.04
L Name	F Name	MID	4/1/2004	16	3/1/2021	State	Providence Site	Providence				Moderna Covid-19 Vaccine Administration – Second Dose	$ 14.04
L Name	F Name	MID	4/1/2000	20	3/2/2021	State	Providence Site	Providence				Moderna Covid-19 Vaccine Administration – First Dose	$ 8.16
L Name	F Name	MID	4/1/2000	20	3/3/2021	State	Providence Site	Providence				Moderna Covid-19 Vaccine Administration – Second Dose	$ 8.16
L Name	F Name	MID	4/1/2004	17	4/1/2021	State	Providence Site	Providence				Pfizer-Biontech Covid-19 Vaccine Administration – First Dos	$ 41.63
L Name	F Name	MID	4/1/2001	20	4/1/2021	Municipality	Westerly Site	Westerly				Janssen Pharmaceuticals - Johnson & Johnson - Single Dose	$ 41.63
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