UTAH MEDICAID NURSING FACILITY
QUALITY IMPROVEMENT INCENTIVE (2)(xiii)
APPLICATION Covid-19 Vaccination Incentive, Rule R414-504-4

This form and all supporting documentation must be emailed on or before May 31st of the incentive period.

Facility Name: _____

National Provider I.D. _____ Administrator: _____

Please mark all that are complete:

- ☐ This facility has implemented a Covid-19 vaccination program for its employees including a minimum incentive value of $50 (e.g. cash, gift cards, etc.) to each employee who received the full vaccination regimen. The application includes the following:
  - ☐ A list of employees who received the full vaccination regimen.
  - ☐ Verification the employees received the incentive.
  - ☐ Each employees' signature attesting to having met the parameters.
- ☐ The incentive was provided by May 31st, of the incentive period.
- ☐ The vaccination regimen was completed and the incentive paid between the onset of vaccine availability and May 31st, of the incentive period.

Qualifying facilities may receive up to $50 per Medicaid Certified bed under this incentive (count as of 7/1). This incentive is part of incentive (2). The maximum a facility may receive from all incentives in incentive (2) combined, is the amount posted on the website per Medicaid Certified bed (count as of 7/1).

Facilities will not receive more than was expended under this incentive.

Attach Spreadsheet for detail expenditures.

Total Reimbursement Requested (should match spreadsheet): $_____

Please ensure that all the supporting documentation is included. Failure to include all of the above detailed information will prevent the facility from qualifying.

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: _____ Date: _____

Note: Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify.

Email to: qii@utah.gov