Vaya Health
Existing Service Rate Request

Please complete all fields as applicable. Submit the completed request form and any supporting documentation to provider.info@vayahealth.com. Please note this form is a general request and should not include member-specific information. If any member information is provided, the form and supporting documentation MUST be sent securely via Zixmail or other encrypted service to provider.info@vayahealth.com. Incomplete request forms may be returned to the submitter for additional information.

PART A: GENERAL INFORMATION

Service name:	Procedure code:	Date submitted:

Provider legal name and full primary mailing address:

Provider site(s) address(es)
Indicate the site(s) (if the rate request is site-specific) and supply site details:

NAME AND CONTACT INFO FOR PERSON SUBMITTING REQUEST (RATE DECISION NOTICE WILL BE SENT TO THIS PERSON):	*The person named here is responsible for submitting a complete request and for answering questions related to this request.* **Name and Title:** _____ **Email:** _____ **Complete mailing address:** _____ **Phone number:** _____

Benefit plan: ☐ **Medicaid** ☐ **State funds** ☐ **Other:** _____

PART B: SERVICE-SPECIFIC RATE REQUEST

Service name from Part A:	Proposed rate:
Unit of service (check one): ☐ **15 min.** ☐ **Hourly** ☐ **Daily** ☐ **Other (specify the time increment):** _____	**Existing rate:**

Service description:
This section must contain all elements of the service definition that will be enhanced to justify the rate increase.

Estimated number of members and/or recipients to receive this service annually and the average units utilized per member/ recipient per year, if request approved *(differentiate by funding source, if applicable):*

Specifically describe additional costs and justify the need for the enhanced rate:

Cost modeling and budget:
This section must include complete and sufficient financial information to support the rate request via the Budget Worksheet.

Did you include cost modeling and the Budget Worksheet? ☐ Yes ☐ No