



Provider Stabilization Payment Request

Provider Name:	Staff Contact Name:
Staff Contact Email:	Staff Contact Phone:
Date of Request:	Provider TIN:
Funding amount requested:	
<p>Provider qualifications</p> <ol style="list-style-type: none"> 1. The provider is located in or providing services in a county that was designated as a disaster area due to Hurricane Helene; and 2. The provider continued to support members through non-billable options; and/or 3. The provider incurred additional operational costs to maintain services to members; and/or 4. The provider demonstrated financial hardship due to staff not being available to provide services during the disaster period. 	
<p>Please document your current circumstances and how you are currently meeting the above-listed provider qualifications in the Vaya network:</p>	

Check all of the following that apply:

Ability to provide services:

- Ability to deliver services has been impacted by the emergent event.
- Services have been delivered, but provider is unable to bill claims due to the emergent event.
- Other (explain):

Higher cost to provide services:

- Service location was impacted, and services have been moved to another location.
- Need for employee retention.
- Basic utilities have been impacted, requiring additional costs to provide services.
- Other (explain):

Please give a detailed accounting of the impact of providing services resulting in lost volume or additional costs incurred to stabilize the provision of ongoing services:

Completed by Finance Division

Provider's average monthly reimbursement for the previous six months as compared to most recent experience:

Recommended stabilization payment amount:

Internal Use Only

Signature	Date	Decision
Finance/Healthcare Analytics Recommendation		<input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend
PNO Approval		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
CFO Approval		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Amount approved:	If approved, scheduled date for release of funds:	

Basis For Denial (If Applicable)

Brief explanation of the reason(s) why advance funding request was not approved: