

Member/Recipient-Specific Rate Request

Please complete all applicable fields. Submit the completed request form and any supporting documentation by secure email (ZixMail or other encrypted service) to ProviderInfo@VayaPartners.org. We may return incomplete forms to obtain additional information. **Please submit one request per service.**

Part A: General Information

Member/recipient name: _____

Member/recipient Medicaid ID# _____ Conduent HSP member ID#: _____

Date of birth: _____ Date submitted: _____

Provider legal name and full primary mailing address:

Provider NPI #: _____

Provider site(s) address(es) (where services are authorized):

Name and contact information 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: _____

Complete mailing address: _____

Phone: _____ Email: _____

Service name: _____ Procedure code: _____

Funding source: ☐ Medicaid ☐ State funding ☐ NC Innovations Waiver (Medicaid)

Innovations Care Manager name: _____

Part B: Member/Recipient Rate Request

Attach a separate Part B for each service.

Service name from Part A: _____

Proposed rate: \$ _____ Current standard rate: \$ _____

Is there a current approved enhanced rate? ☐ Yes ☐ No

Current approved enhanced rate amount: \$ _____

Requested date range for the requested enhanced rate: Start date: _____ End date: _____

Enhanced rates for Innovations Waiver services cannot exceed the member's care plan year.

Unit of service (check one): ☐ 15 min ☐ Hourly ☐ Daily
☐ Other (specify the time increment): _____

Estimated units utilized per member/recipient per year if request approved:

Differentiate by funding source, if applicable.

Total estimate of annual budget for service:

Differentiate by funding source, if applicable. For Innovations Waiver participants, include a cost summary.

Summary of justification:

Provide a narrative of your findings in your cost model, including, but not limited to:

1. The cost structure of the standard rate and detail that supports the higher rate and cost:

2. The additional costs you will incur that are not included in the current rate:

DO NOT include medical necessity information. Qualified clinicians with Vaya Partners' Utilization Management Department determine medical necessity independent of any rate decision.

Cost modeling and budget:

This request must include complete and sufficient financial information to support the request via the Budget Worksheet.

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