

Provider Hardship Advance Request

Provider Name:	Staff Contact Name:
Staff Contact Email:	Staff Contact Phone:
Date of Request:	Projected dollar amount of claims unable to process:
Provider TIN:	Advance funding amount requested:
Provider qualifications 1. Actively accepting referrals and providing quality services; and 2. Engaging and diverting members/recipients from unnecessary emergency department (ED) or hospital inpatient admissions; and/or 3. Incurring additional costs to maintain members/recipients in their existing residential placements or higher levels of care when necessary, including situations where safe transition to a lower level of care or family is unavailable or medically unsafe; and/or 4. Demonstrating financial hardship while continuing to try to provide robust access to care.	
Please document your current circumstances and how you are currently meeting the above-listed provider qualifications in the Vaya Partners network:	

Internal Use Only

Signature	Date	Decision
Claims Manager Recommendation		☐ Recommend ☐ Do Not Recommend
Provider Network Operations (PNO) Approval		☐ Approve ☐ Deny
Finance/Chief Financial Officer (CFO) Approval		☐ Approve ☐ Deny
Amount approved:	If approved, scheduled date for release of funds:	

Basis For Denial (If Applicable)

Brief explanation of the reason(s) why Vaya Partners did not approve the advance funding request: