

APPENDIX Q

EOR Member-Specific Rate Transfer Request

Complete this form to request to transfer a previously approved member enhanced rate from a previous Financial Support Service Agency (FSSA) to a new FSSA. Submit the form and any supporting documentation in a secure email via ZixMail or another encrypted service to provider.info@vayahealth.com.

Member name: _____ Member ID: _____

Member DOB: _____ Request submission date: _____

Provider organization/Employer of Record (EOR):

Include name, email, and complete business address of the EOR requesting the transfer.

Previous FSSA:

Approved enhanced rate, including service(s), rate(s), and effective and end dates.

Date letter of approval was received: _____

New FSSA:

Date of transfer from previous to new FSSA: _____

Vaya staff reviewing request:

Name: _____ Date: _____

Vaya staff completing request:

Name: _____ Date: _____