

GVRA/VR
2nd Provider Informational Session
FY21



Wednesday January 27th
Agenda

Welcome Chris Wells, Executive Director - GVRA

1. Provider Presentations

Goodwill North Georgia

Dr. Jayne Stinson

New Ventures

2. Update on VR Restructuring and Meet VR District Directors

3. Provider Management Staff:

ACH and Payment Processing

SAO Provider Portal

4. Updates and Information Sharing



2nd Quarter Provider Spotlight

Goodwill of North Georgia, Inc.



Stinson & Associates, Inc.



New Ventures, Inc.



NEW VENTURES

Training for Successful Employment

DURACELL®



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RECYCLING®



GEORGIA ENTERPRISES
FOR PRODUCTS AND SERVICES

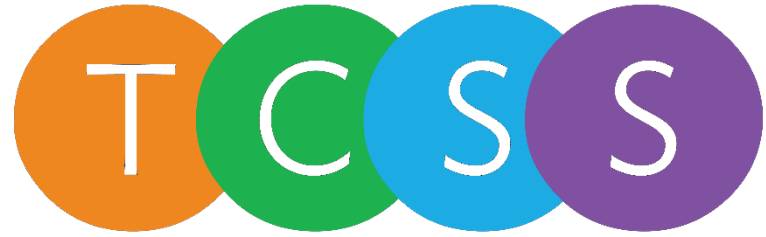
Interface®

Milliken™



Federal Aviation
Administration





Troup County School System

Your Future Starts Today





Ariel View of 150 Lukken Industrial Drive East









Thank you

Goodwill of North Georgia, Inc.



Stinson & Associates, Inc.

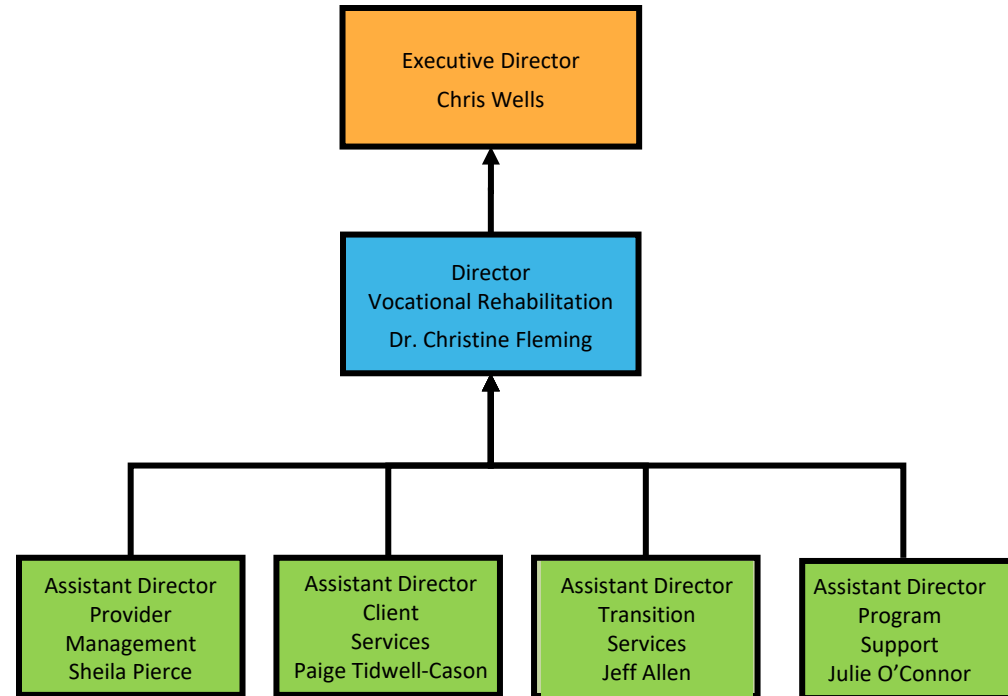


New Ventures, Inc.





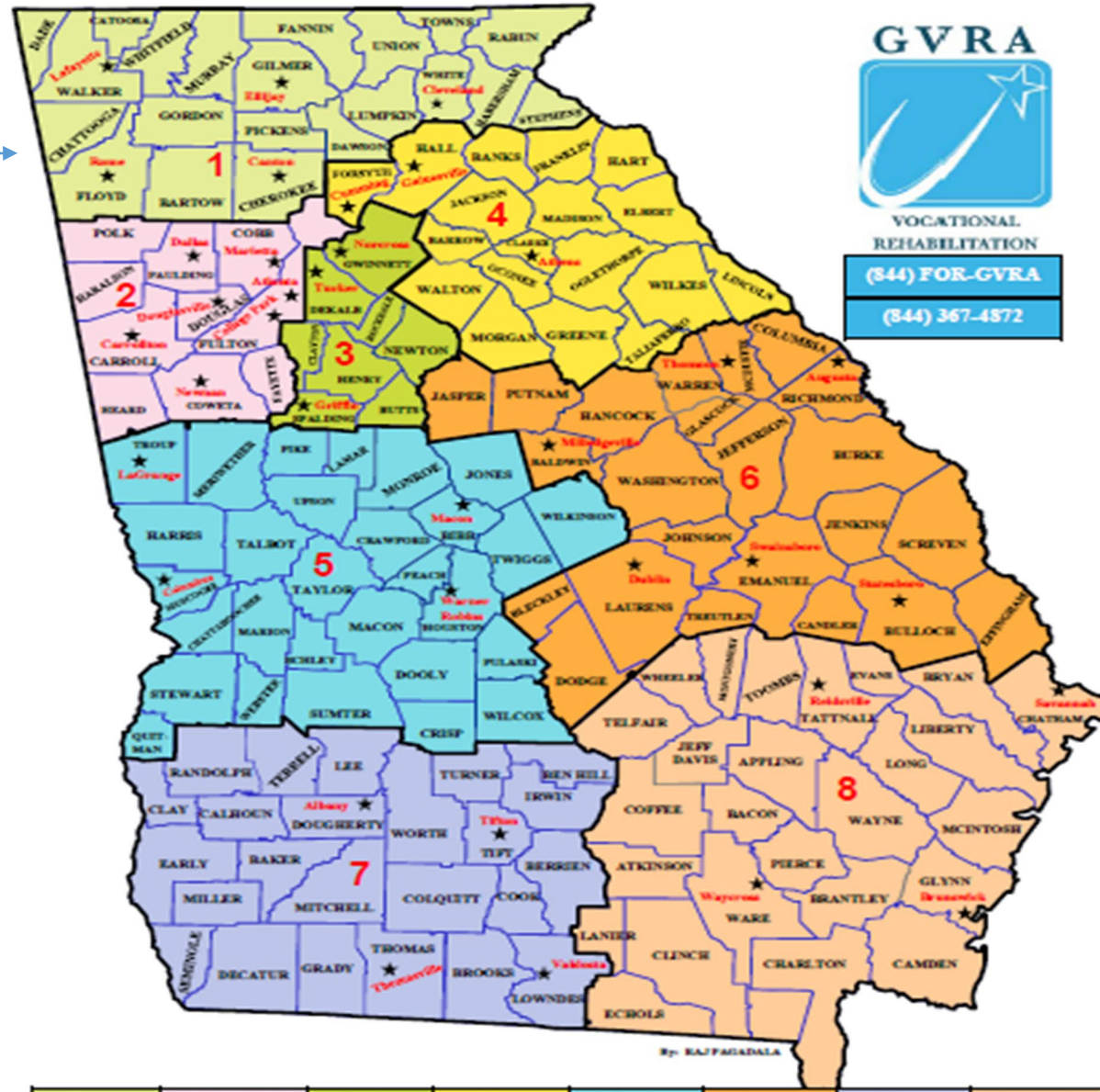
Vocational Rehabilitation



District 1

Tamika Wright
District Manager

Quinnard Phelps
Provider Relations Specialist



VOCATIONAL
REHABILITATION

(844) FOR-GVRA

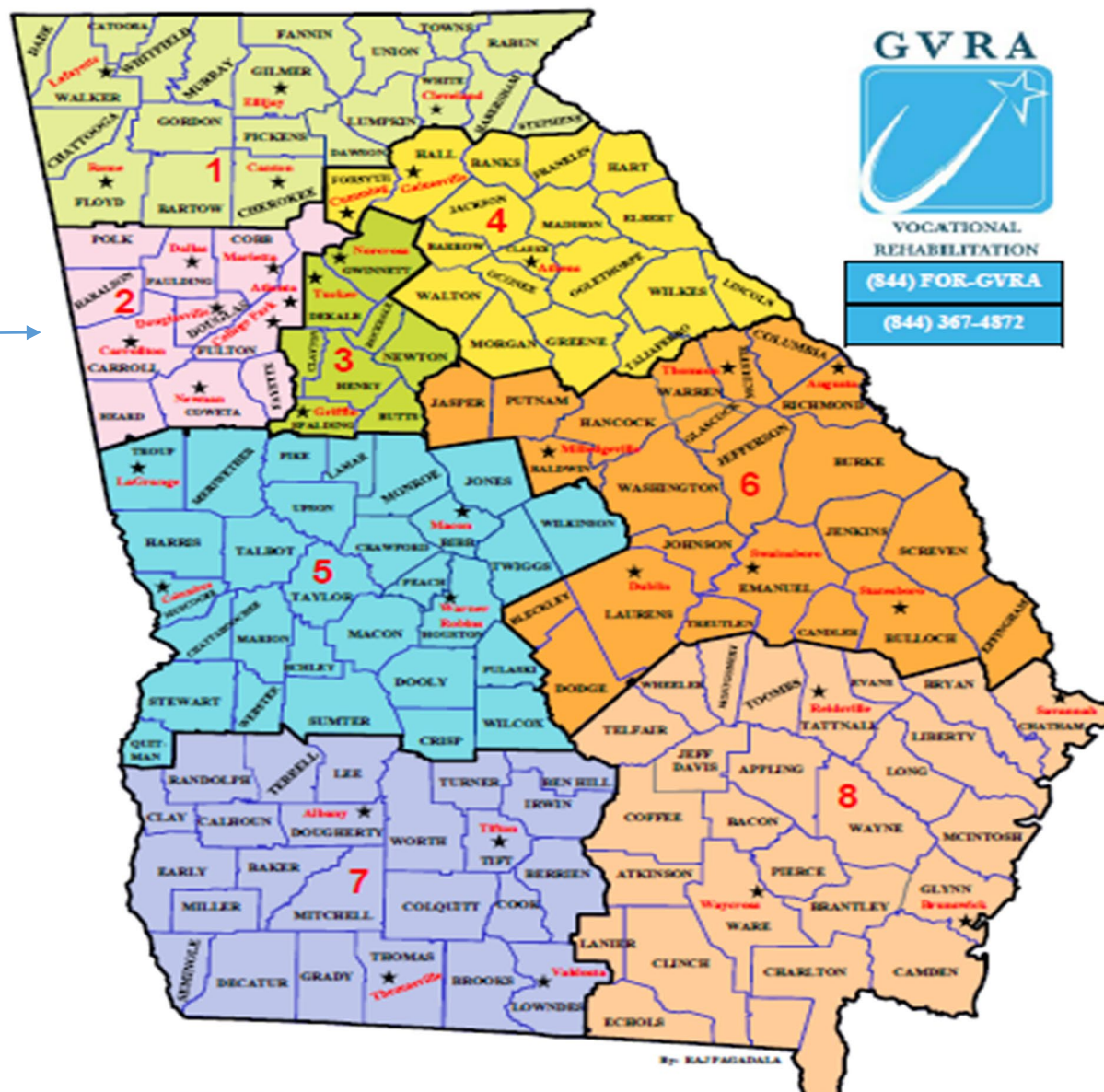
(844) 367-4572

Rome (District 1)	College Park (District 2)	Tucker (District 3)	Athens (District 4)	Columbus (District 5)	Augusta (District 6)	Albany (District 7)	Savannah (District 8)
(706) 295-6400	(770) 909-2838	(770) 414-2600	(706) 354-3900	(706) 649-7400	(706) 650-5600	(229) 430-4170	(912) 356-2226

Jason Williams
District Manager

District 2

Quinnard Phelps
Provider Relations Specialist

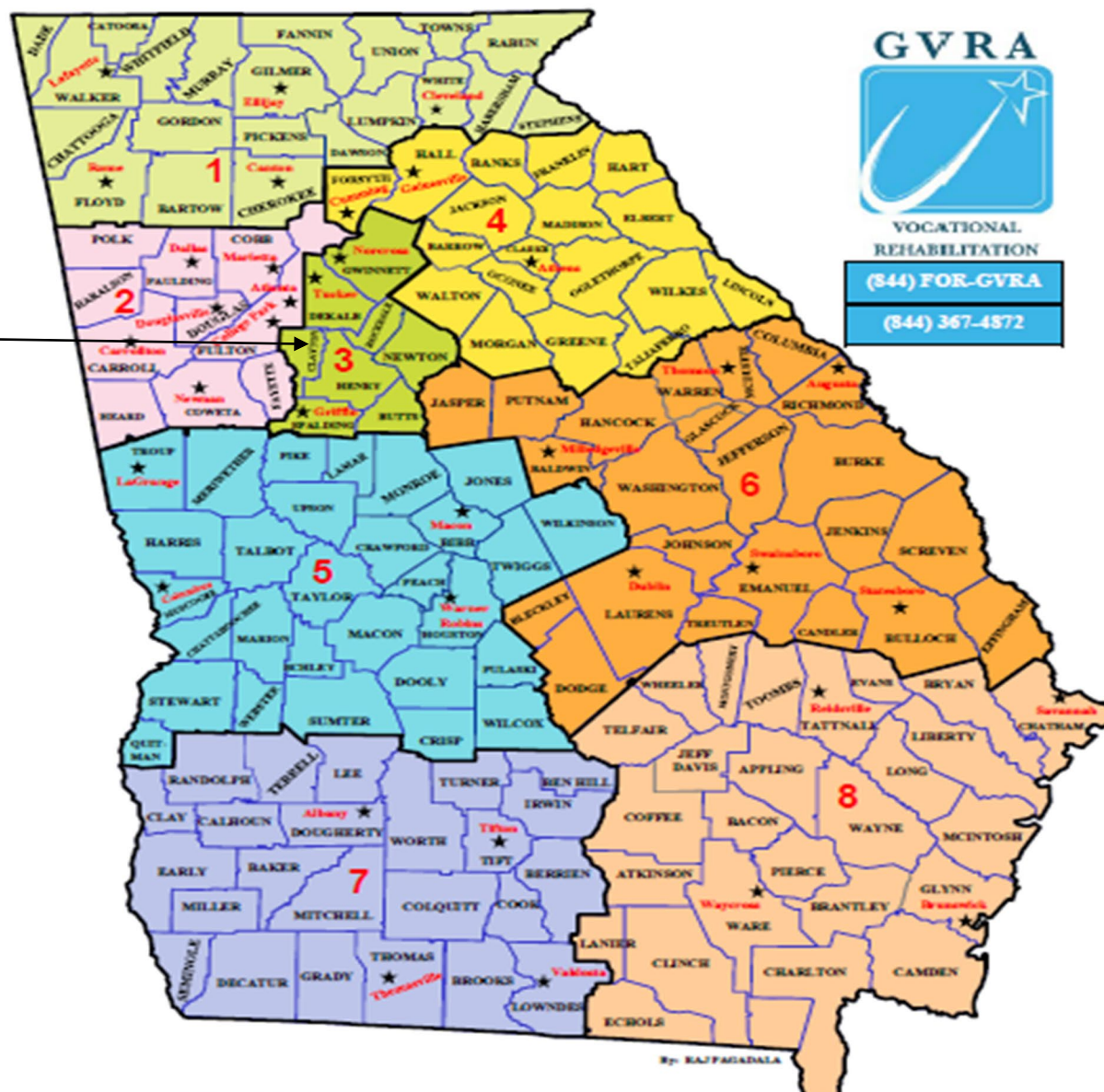


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Brandon Worthey
District Manager

District 3

Jameia Johnson
Provider Relations Specialist



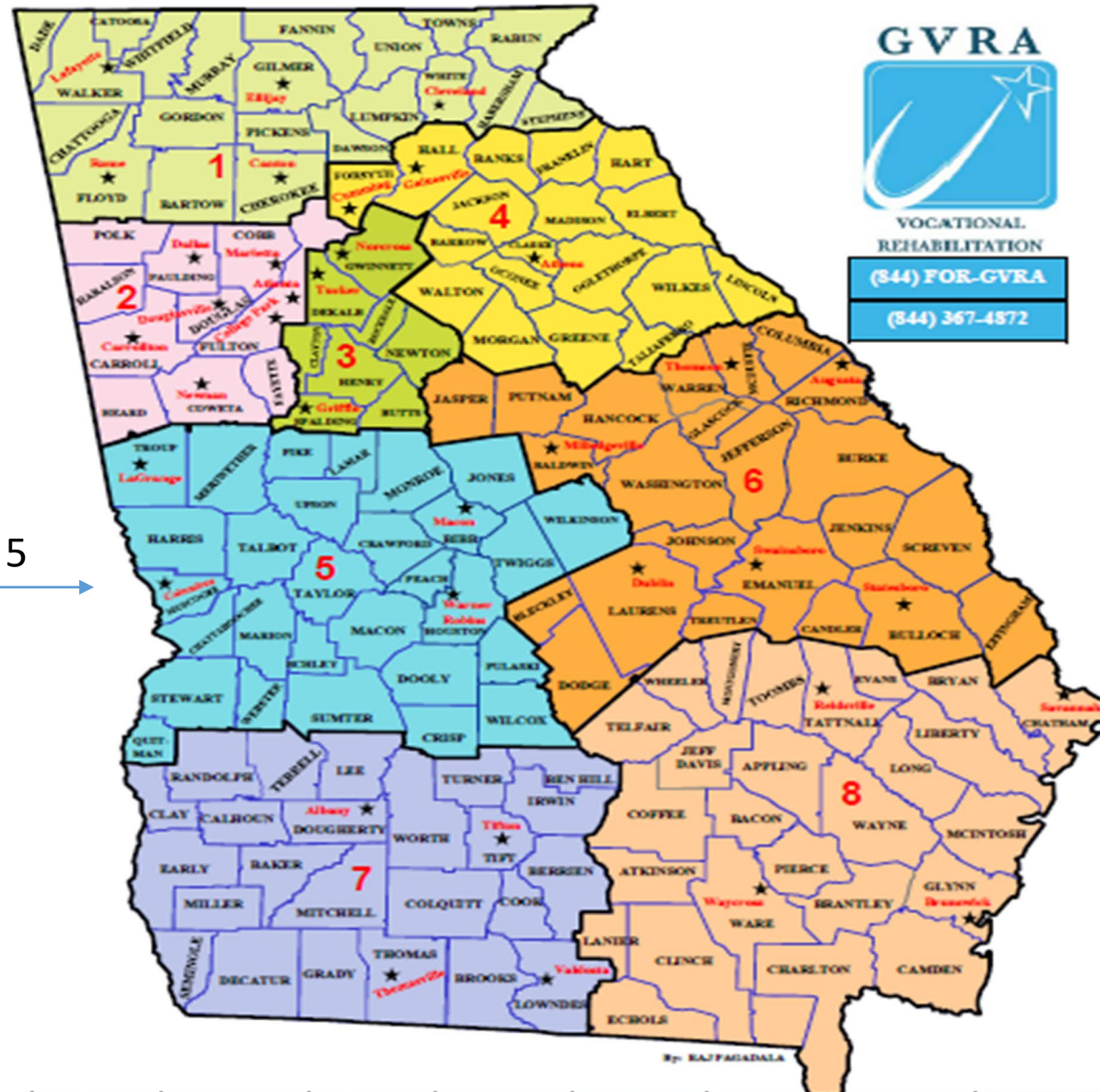
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Shari Kaplan
District Manager

Jameia Johnson
Provider Relations Specialist



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Nakisial Cromwell
District Manager

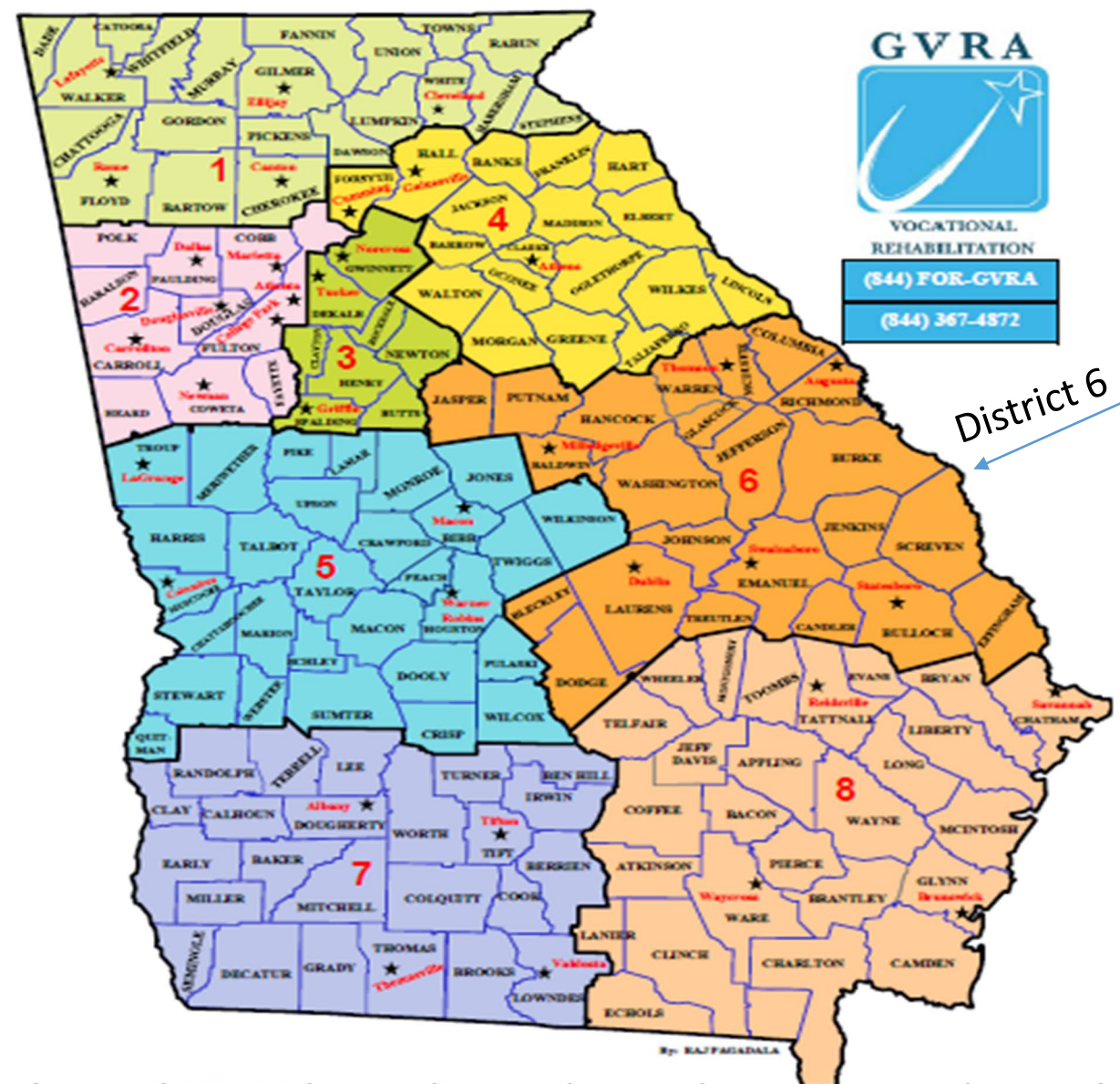
District 5

Pamela Eaton
Provider Relations Specialist

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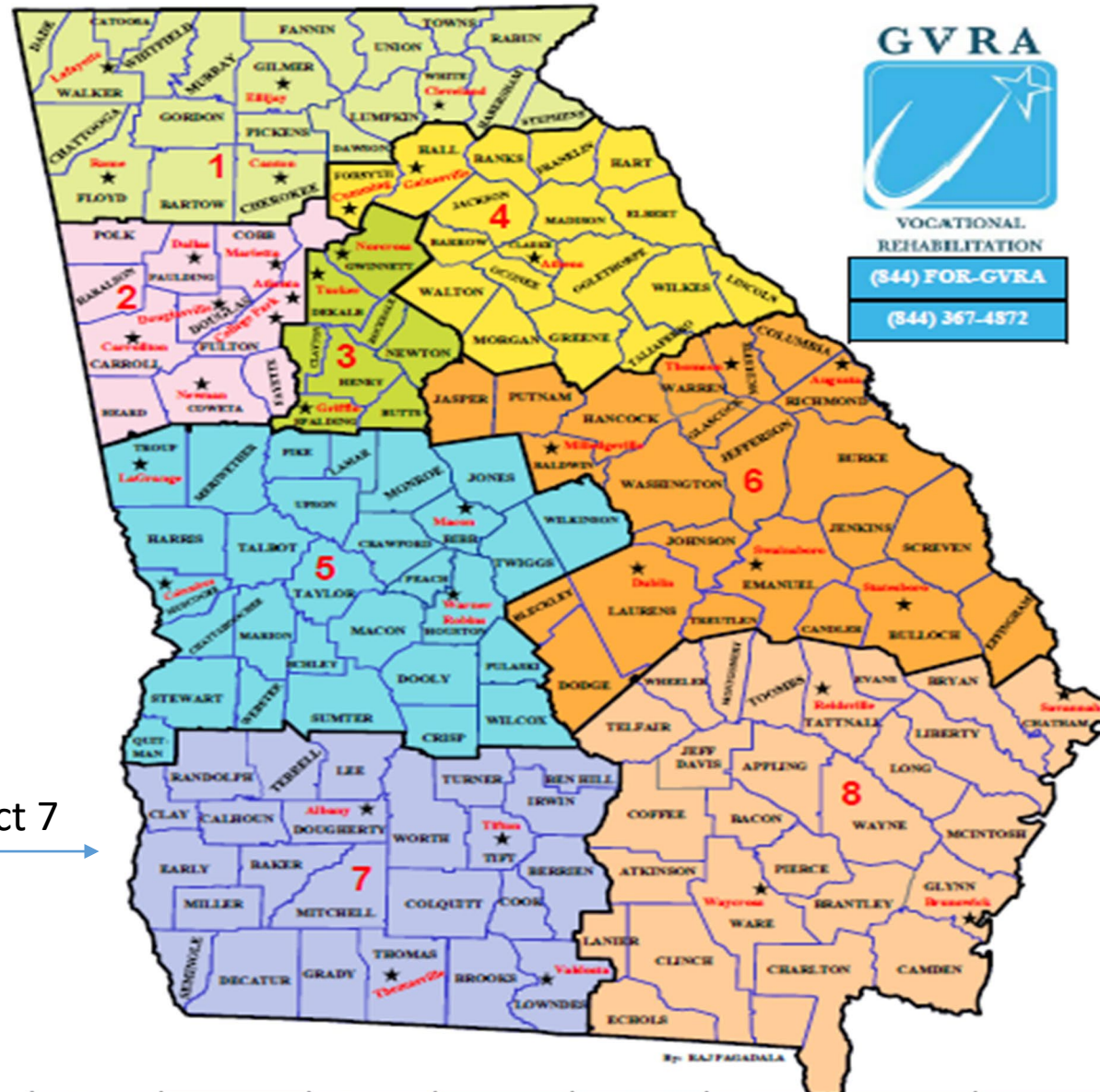
VOCATIONAL
REHABILITATION
(844) FOR-GVRA
(844) 367-4872



Lee Davis
District Manager

Nakitha Jamerson
Provider Relations Specialist

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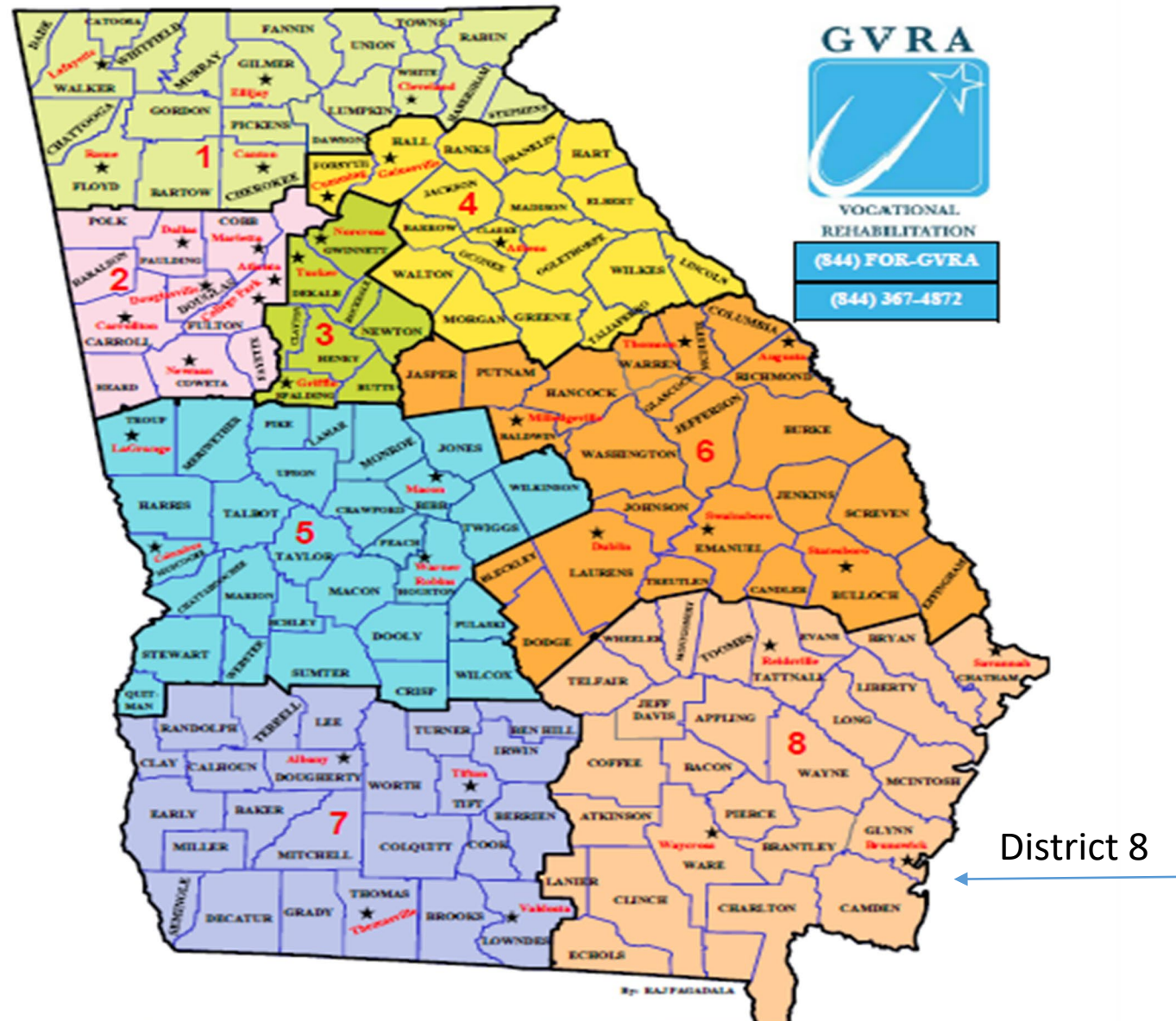


Vacant (Candace Mims)
District Manager

District 7 →

Pamela Eaton
Provider Relations Specialist

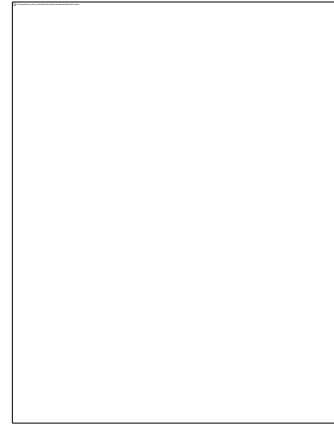
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Candace Mims
District Manager

Nakitha Jamerson
Provider Relations Specialist

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Georgia Vocational Rehabilitation Agency

Leah Kartovicky, M.Ed., CRC, NCC

Training & Development Coordinator

Program Support Unit

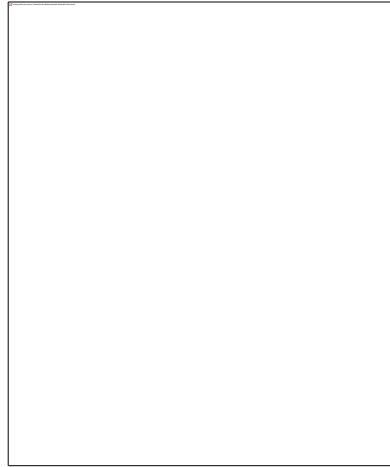
Vocational Rehabilitation Program

Cell: (404) 780-5418 Georgia Relay: 711

200 Piedmont Avenue | Atlanta, GA 30303

www.gvs.ga.gov





Provider Management Staff:

- ✓ ACH and Payment Processing
- ✓ SAO Provider Portal



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 1-5.

Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/> Newly Assigned Supplier ID	<input type="text"/>
<input type="checkbox"/> Existing TeamWorks Supplier ID	<input type="text"/>

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/> Change Bank Acct - Loc#	<input type="text"/>
<input type="checkbox"/> Change Address - #	<input type="text"/>
<input type="checkbox"/> Classification Change	<input type="text"/>
<input type="checkbox"/> HCM Vendor	<input type="text"/>
<input type="checkbox"/> Statewide Contract (DOAS Use Only)	<input type="text"/>
<input type="checkbox"/> Other (Provide Details in Section 5 and Initial)	<input type="text"/>

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name:	<input type="text"/>	Agency BU#:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

FEI/SSN/TIN NUMBER:	<input type="text"/>								
SUPPLIER NAME:	<input type="text"/>								
PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME)	<input type="text"/>								
ADDRESS:	<input type="text"/>								
CITY:	<input type="text"/>	STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>				
COUNTRY:	<input type="text"/>	DRIVERS LICENSE #:	<input type="text"/>	DL STATE:	<input type="text"/>				
PRIMARY#:	<input type="text"/>	EXT:	<input type="text"/>	SECONDARY#:	<input type="text"/>	EXT:	<input type="text"/>		
LANDLINE	<input type="checkbox"/>	CELL	<input type="checkbox"/>	(USED FOR IDENTITY VERIFICATION)	LANDLINE	<input type="checkbox"/>	CELL	<input type="checkbox"/>	(USED FOR IDENTITY VERIFICATION)
CONTACT EMAIL:	<input type="text"/>								

SECTION 2 – BANK ACCOUNT INFORMATION (REQUIRE 1 RED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING #	<input type="text"/>	ACCOUNT #	<input type="text"/>
-----------	----------------------	-----------	----------------------

<input type="checkbox"/>	Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.
<input type="checkbox"/>	Check here if this account can only be used for SPECIFIC purpose. <input type="text"/>

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL:	<input type="text"/>
PYMT REMIT EMAIL:	<input type="text"/>

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name of Company Officer	Signature of Company Officer	Date

	Deactivate Supplier Profile (Enter justification in Section 5)
	Reactivate Supplier Profile
	Non- 1099 Applicable <input type="checkbox"/> 1099 Applicable <input type="checkbox"/> 1099-N <input type="checkbox"/> 1099-M <input type="checkbox"/> Enter Code <input type="text"/>
	Add <u>New</u> Bank Account (Must complete Section 2)
	Change <u>Existing</u> Bank Account (Must complete Section 2)
	FEI/TIN Change (Cannot be changed if 1099 applicable)
	Supplier (Business) Name Change
	Add <u>Additional</u> Business Address
	Change <u>Existing</u> Business Address
	Other (Provide Details in Section 5)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY		MINORITY BUSINESS ENTERPRISE (51% Owned):	
<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander
			<input type="checkbox"/> Native American Not Applicable

SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 3)

Category	Item	Value
Category 1	Item 1	Value 1
Category 1	Item 2	Value 2
Category 1	Item 3	Value 3
Category 1	Item 4	Value 4
Category 1	Item 5	Value 5
Category 1	Item 6	Value 6
Category 1	Item 7	Value 7
Category 1	Item 8	Value 8
Category 1	Item 9	Value 9
Category 1	Item 10	Value 10
Category 1	Item 11	Value 11
Category 1	Item 12	Value 12
Category 1	Item 13	Value 13
Category 1	Item 14	Value 14
Category 1	Item 15	Value 15
Category 1	Item 16	Value 16
Category 1	Item 17	Value 17
Category 1	Item 18	Value 18
Category 1	Item 19	Value 19
Category 1	Item 20	Value 20
Category 1	Item 21	Value 21
Category 1	Item 22	Value 22
Category 1	Item 23	Value 23
Category 1	Item 24	Value 24
Category 1	Item 25	Value 25
Category 1	Item 26	Value 26
Category 1	Item 27	Value 27
Category 1	Item 28	Value 28
Category 1	Item 29	Value 29
Category 1	Item 30	Value 30
Category 1	Item 31	Value 31
Category 1	Item 32	Value 32
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Category 1	Item 102	Value 102
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Category 1	Item 105	Value 105
Category 1	Item 106	Value 106
Category 1	Item 107	Value 107
Category 1	Item 108	Value 108
Category 1	Item 109	Value 109
Category 1	Item 110	Value 110
Category 1	Item 111	Value 111
Category 1	Item 112	Value 112
Category 1		

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

See Specific Instructions on page 1	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C, S, P, Partnership) in the space below: _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3) Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
OR	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

APPENDIX B**SAMPLE VR INVOICE**

PROVIDER NAME:
PROVIDER ADDRESS:
CONTACT FOR QUESTIONS:
Instructions:

PROVIDER EMAIL:
PROVIDER TELEPHONE:
INVOICE NUMBER:
PARTICIPANT NAME:

All invoices must be submitted to Counselor requesting service NLT 30 days after service is completed.

Authorization Number	Instructor/Facilitator Name	Describe <u>Service</u> Provided	Service Item Code	Date of Service	Start Time	End Time	Total Number of hours	Ind	Grp	Amount invoiced for service
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Total Invoiced this period										

Provider Signature: _____

Participant Signature: _____

APPENDIX C

VR Participant Monthly Progress Report

Month of Service:	Service Provided:
Authorization Number:	Name of VR Participant:
Service Provider Name:	Dates of Service:

1. Summary description of services rendered:

2. Participant response:

3. Areas of concern:

4. Action/Next Steps:

VR Participant Signature Date

Service Provider Signature Date



Georgia Vocational Rehabilitation Agency

NOTICE TO PROVIDERS

Thank you for agreeing to provide services to a GVRA/VR Program participant. This information pertains to all services authorized for a VR Program participant/client. To ensure clarity regarding the delivery of services and payment for authorized services, please review and adhere to the following instructions:

- Providers with a current Provider Service Agreement must adhere to all requirements for service delivery and payment for services outlined in this written document.
- Additionally, Providers with a Provider Service Agreement are required to read and follow instructions outlined in the Provider Guidelines Manual: <https://gvs.georgia.gov/providers-and-perspective-providers>.

Instructions for All Service Providers

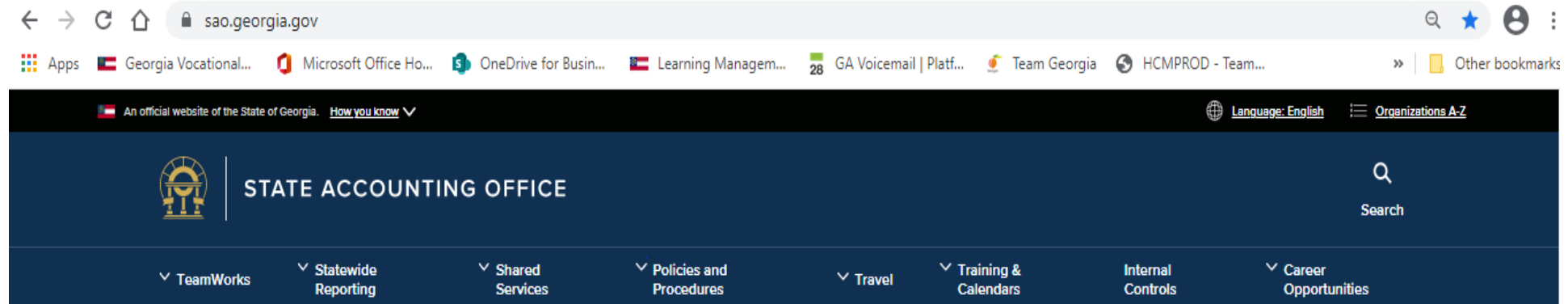
- ✓ All services are provided without discrimination based on political affiliation, religion, race, color, sex, mental or physical disability, national origin, or age in compliance with Federal law and the policies and procedures of the Georgia Vocational Rehabilitation Services Program.
- ✓ All facilities must comply with accessibility standards as regulated in Section 504 of the amended Rehabilitation Act of 1973, and the Americans with Disabilities Act as amended.
- ✓ Under the Georgia Revenue Code, no sales tax may be charged. Authorization and payment for services is managed by the use of an "Authorization and Invoice Form" (A & I).
- ✓ The provider must receive an "Authorization and Invoice Form" signed by GVRA/VR staff before delivering any service to a VR participant. If the provider performs a service without obtaining a signed "Authorization and Invoice Form", the provider will not be paid by GVRA/VR.
- ✓ The provider agrees to accept the VR Program's maximum allowed reimbursement rate as payment in full for all services provided.
 - The provider shall not balance bill nor invoice a participant/client for the total or partial amount for services or goods rendered already paid for by GVRA/VR.
- ✓ The provider should note that all authorizations will have specific dates, services, goods and dollar amounts; and no service(s) should be provided which does not include those specific details on the authorization.
- ✓ If the details of the authorization are changed, cancelled, or rescheduled, the changed services must be approved by GVRA/VR before services are delivered.
- ✓ If the Provider determines that the types of services needed or cost is beyond what has been authorized, the provider must contact the authorizing GVRA/VR representative whose name and telephone number appears on the lower left front of the form for additional authorization prior to service delivery.
- ✓ The Provider must provide all approved services to the VR participant/client within 45 business days of the actual service date as authorized on the signed "Authorization and Invoice" Form.

- ✓ The Provider must submit the Authorization within 30 business days of the actual date services were provided in order to receive payment. The submitted documentation must include (invoice, cash register receipts, itemized lists, time sheets, manufacturer's invoices, etc.) and reports of service, to include at minimum, and where applicable, diagnoses, prognoses, and recommendations.
- ✓ Invoices must be submitted no later than 30 days after service has been rendered to the participant/patient/client. Invoices submitted more than 30 days after service is completed will not be paid by GVRA/VR.
- ✓ GVRA/VR will not accept invoices submitted for payment prior to completion of service.
- ✓ Providers must allow up to 30 days for approved invoices to be processed and payment issued.
- ✓ GVRA/VR will issue payment within 30 business days after all required documents have been received to include but is not limited to; signed detailed Authorization, invoice, participant progress report, and all other supporting/required documents.
- ✓ The Provider certifies that they are not currently excluded, suspended or otherwise barred from participation in any federal or federally assisted program; that their license is not currently revoked or suspended by any state licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity; and they have not surrendered their license while awaiting final determination of formal disciplinary proceedings involving professional conduct.

Additional instructions for Health Related Services Providers:

- ✓ All services provided must be identified and detailed on an original invoice.
- ✓ Health related procedures and services must be documented by the Physicians' Current Procedural Terminology Coding System (CPT, HCPCS, DME, etc.) to include modifiers.
- ✓ The VR Program's payment for services will not exceed VR's Usual, Customary, and Reasonable (UCR) fee(s) for services rendered, and maximum allowed reimbursement rate(s) as established by this program for services rendered.
- ✓ The VR Program's maximum allowed reimbursement rate for health related services and payment protocols follow Medicare and Medicaid guidelines. The maximum allowed reimbursement rate for some services might still require manufacturer's invoices.
- ✓ Most services and goods are covered by manufacturer's warranty or other guarantees, which are included in the cost. Extended warranties may be purchased if authorized and approved by the appropriate GVRA/VR representative.
- ✓ Third party benefits for which the participant/client is eligible must be applied toward the cost of service(s). When the provider is paid by a comparable benefits payor, the Provider agrees to give the VR Program all documented EOB's (Explanation of Benefits) in order to determine any additional payments for the VR participant. If benefits do not exceed the UCR fee or the VR Program's maximum allowed reimbursement rate; GVRA/VR might pay the appropriate difference between the benefit payment and the UCR fee or its maximum allowed reimbursement rate.

SAO Provider Portal



A Trusted Provider of Enterprise Solutions

Shared Services

Shared Services provides timely, accurate transactional processing and excellent customer service.

[TeamWorks Travel & Expense](#)

[State Travel Policy](#)

[Payroll Shared Services](#)

[TTE Training](#)

[Vendor Payment Management](#)

TeamWorks

TeamWorks is the Financials and Human Capital Management enterprise application.

[HCM Payroll](#)

[Customer Service Center](#)

[Calendars](#)

[Financials](#)

[TeamWorks Training](#)

Statewide Reporting

Statewide Reporting produces Georgia's financial reports and advises state organizations.

[Accounting Policy Manual](#)

[Reporting Structure](#)

[Internal Controls](#)

[Year-End Forms](#)

[State of Georgia Financial Reports](#)

SAO Provider Portal

TeamWorks

Communications

> Customer Service Center

▼ Financials

> Asset Management (AM)

> Accounts Receivable (AR)

> Accounts Payable (AP)

> Commitment Control (KK)

> General Ledger(GL)

Grants Management

> Labor Distribution (LD)



> Project Costing (PC)


Vendor Payment Management



Payment Methods

The State Accounting Office (SAO) is committed to continuously improving how the State conducts business with our vendors. In accordance with the Governor's Executive Order, "regarding the prompt and efficient payment for goods and services provided to the State," electronic disbursements are to be used for payments to contractors/vendors when practical. Through Electronic Payments, we offer a payment option to the State's wide range of "payees" - one that employs electronic transfer of funds to vendor bank accounts via the Automated Clearing House (ACH).

To establish electronic payments, banking information is required from vendors. In addition, vendors currently enrolled in the electronic payment process will be required to validate existing banking information. To simplify the process, vendors will be provided with

- a  [vendor management form](#) and
-  [vendor management instructions](#)

Also provided is the  [vendor conversion template letter](#) . The vendor conversion template letter explains how vendors can enroll in electronic payments and how vendors can validate any existing banking account information currently



SAO Provider Portal

> Purchasing (PO)
▼ Vendor Payment Management
> ACH Payments
Vendor Queries
Vendor Management Customer Service Center
Agency Vendor Liaison Contact Registration
Vendor Management (Agency) FAQ's
Vendor Management (General) FAQ's

Supplier Portal

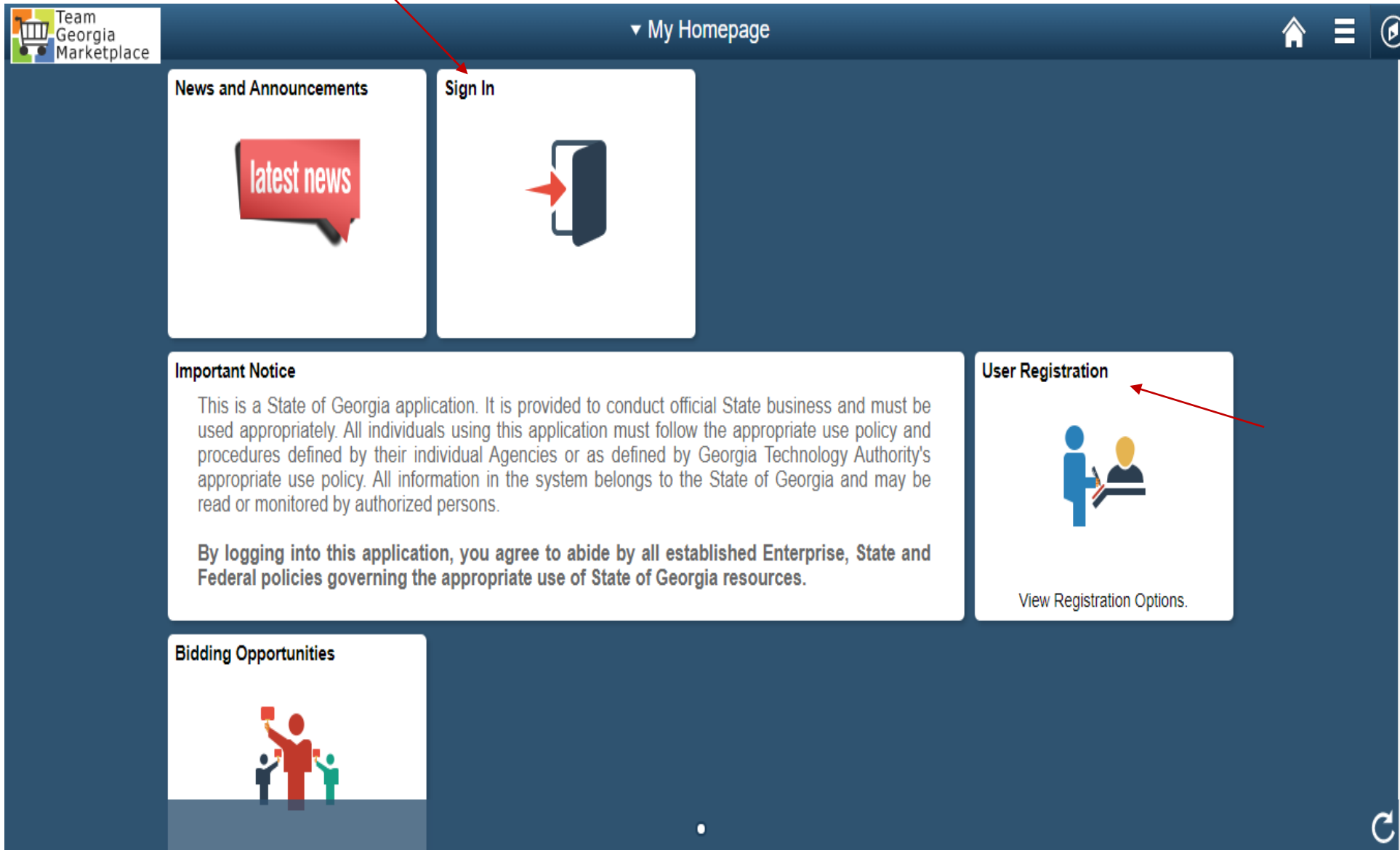
The State is pleased to provide vendors access to the supplier portal, enabling vendors to view payment information, including invoice reference, payment dates, payor identification and scheduled payments. Vendors will be able to access the portal 24 hours/day, 7days/week.

[Supplier Portal](#) – supplier portal link to view payment information. Availability: 24 hours a day, 7 days a week, except Mondays between 5:00 AM and 5:30 AM for routine maintenance. If you have any problems with accessing the supplier portal, please call 404-657-6000.

Supplier Portal Resources and Training Tools

- [Supplier Portal Registration Instructions video](#) – Guide on how to register as a supplier.
- [Supplier Portal Registration Instructions PDF](#) - Guide on how to register as a supplier.
- [Supplier Portal Payment Management Guide video](#)
- [Supplier Portal Payment Management Guide PDF](#)
- [Supplier Training Sessions - Schedule](#)

SAO Provider Portal



SAO Provider Portal

[← My Homepage](#)

User Registration



Registration Unknown



[Unsure of How to Register?](#)

Bidder Registration



Select this option if you have never done business with State Of Georgia and register here to be able to bid on events.

[More...](#)

[Register now](#)

Add New User



Add New User For Existing Supplier Account and to be able to see purchasing details.

[Less...](#)

[Register now](#)

SAO Provider Portal

- Once a Supplier signs up to the Supplier Portal, you will receive an email
- Click on the link (next page)

From: donotreply@sog.ga.gov <donotreply@sog.ga.gov>

Sent: Wednesday, April 22, 2020 8:25 AM

To: Angel, Sharon <Sharon.Angel@ablegeorgia.ga.gov>

Subject: Remittance Advice Notification - From Department of Human Services

Dear Vendor,

Attached are the Payment Details we processed on 2020-04-22. The payment date reflects the date on which the payment is processed.

Please refer to the voucher ID in the attachment for future correspondence to the remitting State of Georgia Agency.

For additional information click here to view the Supplier Portal.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsao.state.ga.us%2Ffsp%2Fsao%2FSUPPLIER%2FERP%2Fh%2F%3Ftab%3DDEFAULT&data=04%7C01%7CCheryl.Roney%40gvs.ga.gov%7C7e2477230a084badb24e08d8c2271515%7Ce54ad2e331314ed797e3e6e95d089c4e%7C0%7C0%7C637472820401015586%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAilCJQljojV2luMzliLCJBTiI6Ik1haWwiLCJXVCi6Mn0%3D%7C1000&data=VohT%2FQAcXsdbW%2FmRknOYsm52Gsk%2FwHr%2F1E%2BDPtDhtk%3D&reserved=0>

Not registered on the Supplier Portal? Click here for instructions.

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsao.georgia.gov%2Fvendor-payment-management&data=04%7C01%7CCheryl.Roney%40gvs.ga.gov%7C7e2477230a084badb24e08d8c2271515%7Ce54ad2e331314ed797e3e6e95d089c4e%7C0%7C0%7C637472820401015586%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAilCJQljojV2luMzliLCJBTiI6Ik1haWwiLCJXVCi6Mn0%3D%7C1000&data=GTWJl7%2BPKMlRYxe0GEnvF7qeQZwBN1VtYmJ4VSeccXI%3D&reserved=0>

SAO Provider Portal

- You will see this “Payment Advice” form once you click on the link in the email
- Under the Voucher ID, “516514” is the authorization number and the client’s name



Payment Advice

22 April 2020 8:24:52 AM

Page 1 of 1

From: 42700-Department of Human Services
To:
Vendor Name: AMERICANWORK INC
Vendor Address: ATNN: ACCOUNTS RECEIVABLE
10304 SPOTSYLVANIA AVE STE 300
FREDERICKSBURG VA,
USA

Reference Information

Pay Cycle: B01427
Pay Cycle Seq Number: 5309

Payment Information

Payment Reference: AP0002931505
Payment Date: 04/22/2020
Payment Method: Automated Clearing House

Bank To Information:
Bank To Account:

Bank ID	Bank Name	Branch ID	Branch Name
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Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Late Charge	Paid Amt
672745		04835084	250.00	0.00	0.00	250.00
		516514, Roney, Cheryl				
672747		04835085	1,000.00	0.00	0.00	1,000.00
		516515, Roney, Cheryl				
672750		04835088	250.00	0.00	0.00	250.00
		516511, Roney, Cheryl				
672751		04835089	1,000.00	0.00	0.00	1,000.00
		516513, Roney, Cheryl				
Total:			2,500.00	0.00	0.00	2,500.00 USD

SAO Provider Portal

Vendor Management (General) FAQ's

Q1. Where can I find vendor forms?



Q5. How do I enroll in electronic payments?



Q2. How do I update my vendor information?



Q6. How can I see remittance data on an ACH payment?



Q3. Who is responsible for completing vendor forms?



Q7. What is the Supplier Portal?



Q4. Is it required that I use ACH to receive payments from the state?



Q8. How do I access the supplier portal to view my invoice and payment information?



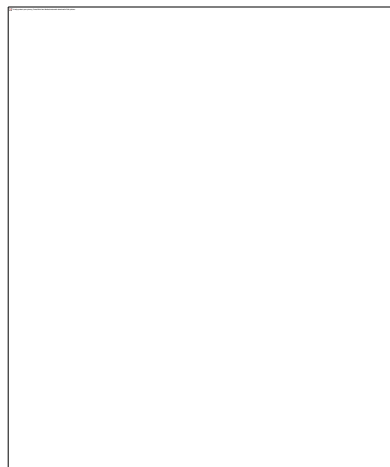
A4. Yes when practical. Consistent with the Executive Order Regarding the prompt and efficient payment for goods and services provided to the State, revised and issued 12/21/10, agencies, departments, and institutions shall utilize electronic disbursement methods, consistent with O.C.G.A 50-5B-3(3) for payments to contractors/vendors.

Q9. Who do I contact if the supplier portal shows a payment made but funds have not been received?



Q10. When will I start receiving electronic payments?





Updates and Information Sharing

ACRE Training for Providers - Sharon De Mille

Provider Program Reviews

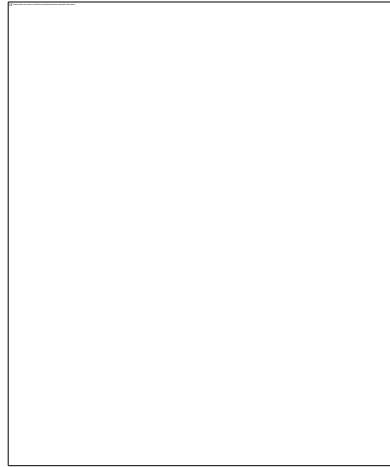
Background Checks

Point of Contact

Provider Management Task Force

Provider Performance

Contract Amendments



Questions, Topics for upcoming Programs can be sent to: providermanagement@gvs.ga.gov

Thank you