



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.