

Winter 2023

Thank you for your past participation in the Public Service Commission's Hearing Aid Distribution Program administered by the Georgia Lions Lighthouse Foundation (The Lighthouse). In April 2022, the PSC unanimously awarded a new three-year contract for the program's administration to the Georgia Charitable Care Network (GCCN). Since 2003, GCCN has worked to build partnerships and collaborations that assist in providing quality health care services to low-income Georgians. We see this as an exciting new opportunity to provide much-needed hearing aids to the neediest populations. GCCN is hopeful that you will now work with us and our patients. We will strive to serve as many adults and children as possible and continue the past work with your help and cooperation.

Shirley Jones-Cooper, the Lighthouse's most-recent Hearing Program Director, has assumed the same position with GCCN and is managing the transition of records. We anticipate taking on new patients and referrals within the next few weeks. When the Georgia Public Service Commission approved GCCN's contract, there was one important change:

- Provider reimbursements were increased for adult patients from \$215 to \$300. Pediatric reimbursements were increased to \$1,250 for unilateral; \$2,500 for bilateral

To become a Georgia Charitable Care Network Hearing Aid Dispatch Program provider, please complete and submit the accompanying forms to hearing@charitablecarenetwork.org with the subject "2023-2025 Hearing Packet for [Company Name]." You must also complete and submit an IRS W-9 form and provide a copy of each provider's license and malpractice insurance coverage.

If you have any questions or need clarification, please call 404-983-7280 or email to: hearing@charitablecarenetwork.org.

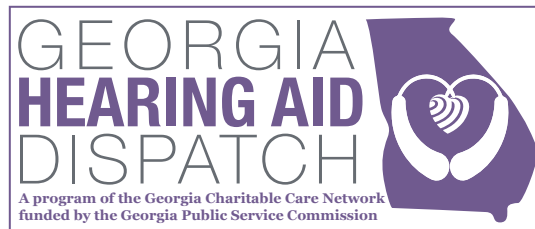
We look forward to a great partnership!

Sincerely,

A handwritten signature in black ink that reads "Donna Looper".

Donna Looper
GCCN Executive Director





Provider Information Verification Form

Provider Information			
Legal or Corporate Name of Business		Federal Tax ID or Social Security Number	
D/B/A Name of Business (if different than above)		Year Established	Length of Ownership
Contact Name	Business Telephone #	Business Fax #	
Contact Title	Cellular Telephone #	Other #	
Mailing Address	City	State	Zip Code
E-Mail Address	Company Website Address		
Payment Terms 90 Days	Print Name on Check As		
Notes			

Business Type and 1099-Misc Determination			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation-Public	<input type="checkbox"/> Corporation-Private	<input type="checkbox"/> Tax Exempt
<input type="checkbox"/> Ltd Liability Corp	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	
Vendor is a 1099-Misc vendor		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Completed by Signature	Printed Name	Date
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Approved by Signature	Printed Name	Date
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**PLEASE RETURN THIS PAGE TO Georgia Charitable Care Network by email to:
hearing@charitablecarenetwork.org**



Hearing Aid Dispatch Program Provider Agreement

The Georgia Charitable Care Network (“GCCN”) has contracted with the Georgia Public Service Commission to provide hearing technology and related services to qualifying residents of the State of Georgia through a Hearing Aid Distribution Program (“Program”). In administering the Program, GCCN will refer clients to _____ (“Provider”) and provide reimbursement to the Provider for hearing aids disbursed in accordance with this Agreement.

In consideration of the foregoing and the mutual covenants and conditions set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are acknowledged by both parties, the parties hereto agree as follows:

I. Scope of Services

The Provider:

- A. Agrees to provide the following products and services to each client referred to the Provider by GCCN and in consultation with GCCN:

Adult:

1. 2 digital hearing aids (bilateral loss); 1 digital hearing aid (unilateral loss);
2. 2 ear molds (bilateral loss); 1 ear mold (unilateral loss);
3. 4 appointments with an adult hearing provider approved by GCCN;
4. Up to 3-year repair warranty depending on the manufacturer; and
5. Up to 3-year, one-time loss and damage warranty depending on the manufacturer.

Pediatric:

1. 2 digital hearing aids for bilateral loss or 1 digital hearing aid for unilateral loss;
2. Up to 12 ear-molds for bilateral loss or up to 6 ear-molds for unilateral loss;
3. 9 appointments with a pediatric hearing provider approved by GCCN;
4. Up to 3-year repair warranty depending on the manufacturer; and
5. Up to 3-year, one-time loss and damage warranty depending on the manufacturer.

- B. Agrees to refrain from collecting any form of payment from the client for the above listed services offered by GCCN.
- C. Agrees to be the point-of-contact for repair, damage, and replacement related issues; provided, however, that the Provider shall refer clients to GCCN for approval of new digital hearing instruments.



- D. In the event office visits in excess of those included above, the Provider agrees to charge the client no more than \$25 per visit.
- E. Agrees to pay the cost of any and all unauthorized charges not incurred in accordance with the provisions set forth herein.
- F. Agrees that all hearing providers are licensed to dispense hearing instruments in the State of Georgia at the time of such service.

The Georgia Charitable Care Network Inc. (GCCN):

- A. Agrees to educate clients on the hearing program process and refer clients to the Provider.
Approved clients must meet the following requirements:

Adult:

1. Age: 20 years old and older;
2. Household /Family gross income not to exceed 200% of the Federal Poverty Guidelines;
3. Georgia resident for at least one year;
4. Uninsured, underinsured, or insurance denial for hearing aids;
5. Applied for Medicaid and pending approve; and
6. Current audiogram of less than six months old.

Pediatric:

1. Age: Birth to 19 years old
2. Household /Family gross income not to exceed 400% of the Federal Poverty Guidelines;
3. One parent or legal guardian is a Georgia resident for at least one year;
4. Uninsured, underinsured, or insurance denial for hearing aids;
5. Current audiogram of less than three months old.
6. Patient of an approved GCCN provider.

- B. In the event of damage or loss beyond repair within the first year of ownership, GCCN agrees to provide new digital hearing instruments on a one-time basis and will coordinate directly with the clients on charges arising out of such issues.



II. Provider Reimbursement

The Provider:

- A. Agrees to submit an invoice or health claim form 1500 **and** a completed *GCCN Hearing Aid Dispatch Program Provider Reimbursement Request* form to GCCN no later than 30 days of the hearing-aid dispensing appointment.
- B. Agrees to be reimbursed the following amounts for eligible services listed in Section I.A. by GCCN:
 - 1. Adult Reimbursement Rate: \$300
 - 2. Pediatric Reimbursement Rates: \$2,500 for bilateral loss or \$1,250 for unilateral loss
- C. Agrees that the failure of the Provider to submit reimbursement requests to GCCN within 30 days of hearing-aid dispensing appointment and in accordance with Subsection A above will result in denial of payment.

The Georgia Charitable Care Network, Inc.:

- A. Agrees to issue reimbursement to the Provider within 90 days after receipt of the Provider invoice or health claim form 1500 and the completed *GCCN Hearing Aid Dispatch Program Provider Reimbursement Request* form, provided that the required documentation is submitted in accordance with the provisions herein.
- B. Agrees to include the patient's GCCN account number, date of service, and date of birth with the reimbursement.

II. Indemnification

The Provider hereby releases and agrees to indemnify and hold harmless GCCN from and against any and all claims, demands, liabilities, losses, costs or expenses, and attorneys' fees, caused by, growing out of, or arising from this Agreement or any services performed by the Provider, due to any act or omission on the part of the Provider, its agents, employees, customers, vendors, invitees, licensees or others working at the direction of the Provider or on its behalf, or due to any breach of this Agreement by the Provider, or due to the application or violation of any pertinent federal, state, or local law, rule or regulation. This provision shall survive the termination or expiration of this Agreement.

III. Insurance

The Provider agrees to procure and maintain general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the annual aggregate. The general liability insurance shall include coverage for contractual liability, personal injury, advertising liability, property damage and bodily injury, including death. The Provider will maintain excess umbrella coverage in minimum



amounts of Ten Million Dollars (\$10,000,000) that will attach to the general liability coverage or Three Million Dollars (3,000,000) in professional liability (malpractice). In addition, The Provider shall maintain worker's compensation in compliance with statutory limits. The Provider shall notify GCCN within ten (10) days of any substantial reduction, cancellation or termination of any such coverage. This provision shall survive the termination of this Agreement.

IV. Term and Termination

This Agreement shall commence as of date of execution and shall continue in effect through April 27, 2025. Either party may terminate this Agreement upon thirty days written notice to the other party. In the event that State funds to finance the Program become unavailable, GCCN may terminate this Agreement immediately. Upon termination of this Agreement, the Provider shall be entitled to receive reimbursements in accordance with the requirements of Section II for services performed up to and including the date of termination.

We have read the information on the hearing program offered through the Georgia Charitable Care Network Inc., Hearing Aid Dispatch and agree to the terms, provisions, and standards of practice as a participating provider.

Date: _____

Provider Name: _____

DBA: _____

Please send a copy of proof of malpractice insurance and a copy of licensure and credentialing for ALL hearing professionals who will be serving GCCN patients.

Please list all hearing professionals at this location so we can track how many patients are being seen by a professional in your office. **Additional professionals and locations should be attached on a separate page and mailed, or emailed, to GCCN.**

1. Hearing Professional Name and Title: _____

Email Address: _____ Professional license number: _____



GEORGIA
CHARITABLE
care
NETWORK

2. Hearing Professional Name and Title: _____

Email Address: _____ Professional license number: _____

3. Hearing Professional Name and Title: _____

Email Address: _____ Professional license number: _____

4. Hearing Professional Name and Title: _____

Email Address: _____ Professional license number: _____

Business Address: _____

Business Phone: _____

Business Website: _____

All client authorizations and approvals will be sent to the Provider by email.

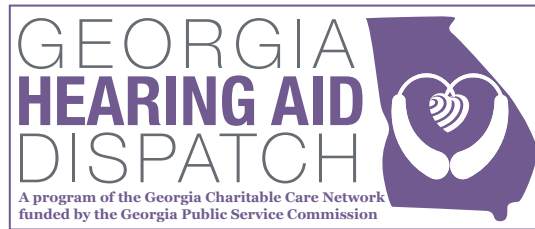
Tax exempt? Yes No Employer Identification Number (EIN) _____

Signature: _____

Authorized Signature

Print: _____

Date: _____



2897 N. DRUID HILLS RD. NE #116, ATLANTA, GA 30329 ♥ 404-983-7280
www.charitablecarenetwork.org

Provider FAQs

Q. Does the Georgia Charitable Care Network (GCCN) pay for hearing tests?

A. No, we encourage patients and their families to check with their insurance to see if unaided testing is covered.

Q. What is a copayment?

A. The copayment is the amount the patient, patient's parent or legal guardian pays for his/her hearing aid package. The rest of the cost is subsidized by GCCN with funding from the Public Service Commission.

Q. What is included in the copayment?

A. The hearing aid package includes:

Adult (20 years of age and older)

1. 2 digital hearing aids (bilateral loss); 1 digital hearing aid (unilateral loss)
2. 2 ear molds (bilateral loss); 1 ear mold (unilateral loss)
3. 4 appointments with an approved GCCN adult hearing provider
4. Up to 3-year repair warranty depending on the manufacturer
5. Up to 3-year one-time loss and damage warranty depending on the manufacturer

Pediatric (birth – 19 years of age)

1. 2 digital hearing aids (bilateral loss); 1 digital hearing aid (unilateral loss)
2. Up to 12 ear-molds (bilateral loss); Up to 6 ear-molds (unilateral loss)
3. 9 appointments with an approved GCCN pediatric hearing provider
4. Up to 3-year repair warranty depending on the manufacturer
5. Up to 3-year one-time loss and damage warranty depending on the manufacturer

Q. How much are the copayments?

A. Copayments are determined along a sliding scale based on the applicant's household / family income.

Adult

Household / Family income can be up to 200% of the Federal Poverty Guidelines and copayments range from \$95 - \$260 per aid, or \$360-\$1050 for the BiCros System.

Pediatric

Household/Family income can be up to 400% of the Federal Poverty Guidelines and copayments range from \$100 - \$400 per aid, \$360-\$1050 for the BiCros System, or \$300-\$1800 for the BAHA System.

(Copayments are nonrefundable and subject to change, depending on program funding.)

Q. How long does it take to process applications?

A. The Georgia Charitable Care Network will process all adult hearing applications within 4-6 weeks of receipt. This process depends on the number of submitted applications at the time. Pediatric hearing applications are processed within one week of receipt.

Q. What does the approval process look like?

A. Once GCCN has received the application, we make sure each section is filled out and we have all required supporting documentation. We will send a letter to the patient, patient's parent or legal guardian advising their application status. When we have all necessary paperwork, GCCN will make a determination of eligibility. If the application is missing documentation, the patient, patient's parent, or legal guardian will receive a letter detailing what is needed.

If the patient's application meets all eligibility requirements, the patient's application is labeled "pending" until the copayment is received and processed. At that point, the patient, patient's parent, or legal guardian will receive an official approval letter and the provider will receive a GCCN authorization letter. This authorization letter will include the patient's name and contact information, along with the product and manufacturer information.

Q. Are payment plans available? Can patients use Care Credit or their insurance?

A. There are no payment plans, and GCCN is unable to accept Care Credit or any other insurance payments for services. We encourage patients, patients' parents, or legal guardians to check with their insurance company to see what, if any, services are covered. The patient can then schedule their GCCN appointments and other appointments for non-covered services.

Q. Our patient sent in the money order/paid online. What happens next?

A. The process time for GCCN can be as fast as two weeks. The variables determine the time it takes for GCCN to receive and process the payment and receive the user agreement.

First, the payment must be processed. This means it is applied to the patient account and logged in the patient's database file. This can take up to two weeks from the date GCCN receives it. Each patient or patient's parent or legal guardian will need to sign a user agreement and should attach it to their payment and mail/email it to GCCN if payment was made online.

Second, the hearing program staff will mail a letter to the patient, or patient's parent or legal guardian explaining the appointments that are now approved to schedule. This is when you, the provider, will receive the GCCN authorization letter.

Patients are reminded in this letter that GCCN does not make appointments for them and they are responsible for calling their provider direct.

Q. How long is the GCCN authorization letter valid?

A. GCCN authorization letter is valid for the following number of days from the date of issue.

Adult

- 2 digital hearing aids (bilateral loss); 1 digital hearing aid (unilateral loss) – forty-five (45) days
- 2 ear molds (bilateral loss); 1 ear mold (unilateral loss) – forty-five (45) days

Pediatric

- 2 digital hearing aids (bilateral loss); 1 digital hearing aid (unilateral loss) – forty-five (45) days
- Up to 12 ear-molds (bilateral loss); Up to 6 ear-molds (unilateral loss) – up to two (2) years

Q. A patient’s hearing aid needs to be repaired. What do we do?

A. Patients are directed to contact their provider and make an appointment to have the hearing aid checked. The patient is subject to the \$25 repair charge to be charged at the discretion of the GCCN provider.

In Warranty Repairs: If the hearing aid warrants a manufacturer repair, you can send the hearing aid off as needed. Please notify GCCN when the aid is sent so we can note it in the patient’s file. There is no limit to the number of in-warranty repairs.

Out of Warranty Repairs: GCCN does not provide out of warranty repairs. The patient will need to pay for the hearing aid repair privately and then reapply to receive hearing services from GCCN when eligible.

Q. A patient’s hearing aid needs to be replaced due to loss or damage. What do we do?

A. Please contact GCCN if a hearing aid(s) needs to be replaced and we can direct you through the correct process.

In Warranty Replacements: All hearing aids come with a one-time loss and damage replacement warranty, available based on the manufacturer’s warranty. If a patient’s hearing aid is lost or damaged beyond repair, please contact GCCN. There will be a replacement fee depending on the brand and style of aid the patient has, ranging from \$50 - \$200 per hearing aid. There is an additional charge to replace each ear mold. Ear molds are not covered under the loss and damage policy.

The replacement fee needs to be sent directly to GCCN. Once the replacement fee and signed manufacturer loss and damage form (if applicable) is received from the patient, GCCN will send the loss and damage form to the manufacturer for processing. The replacement hearing aid(s) will be mailed to your office for dispensing.

Out of Warranty Replacements: GCCN does not provide out of warranty replacements. The patient will need to purchase a new hearing aid privately, and then reapply to receive hearing services from GCCN when eligible.

Q. Can a patient order an accessory?

A. No, GCCN cannot authorize the purchase of accessories.

Q. How and when do we get reimbursed?

A. To receive reimbursement for your services, please submit an invoice or insurance claim form (1500) AND a completed GCCN Provider Reimbursement Request form. This reimbursement covers the entire program package for the patient.

Adult: 4 appointments, 1 or 2 ear molds, and 1 or 2 hearing aids.

Pediatric: 9 appointments, 6 or 12 ear molds, and 1 or 2 hearing aids.

Please submit the invoice or insurance claim form (1500) and a completed *GCCN Provider Reimbursement Request* form within 30 days of the date of dispense. Claims which are not received by GCCN within the 30 days of fitting service, and which do not include an invoice or standard (1500) health claim form AND a completed *GCCN Provider Reimbursement Request* form, will be denied.

GCCN will process all provider reimbursement requests, and a check will be issued to your practice with the patient's GCCN account number, date of service, and date of birth in the check stub section within 90 days of receipt of the reimbursement request.

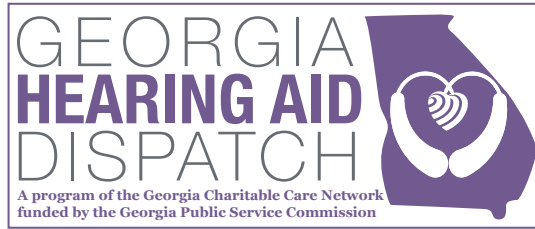
Q. Who should providers contact for an application status or payment/reimbursement claims?

A. For application status, missing information inquiries, patient copayment request letters, please contact us at hearing@charitablecarenetwork.org.

For general program questions, special circumstance needs, patient copayment submissions, and new reimbursement claims, please contact us at hearing@charitablecarenetwork.org **This email is strictly for provider use only.**

Q. When are patients eligible to reapply for services?

A. Patients may reapply once every three (3) years, depending on program funding.



5916 EAST LAKE PKWY #294, MCDONOUGH, GA 30253

www.charitablecarenetwork.org

HEARING@CHARITABLECARENETWORK.ORG

Provider Reimbursement Request

Date: _____

Provider Name: _____

Provider Practice: _____

DBA: _____

Mailing Address: _____

Email Address: _____

Patient Name: _____

Patient DOB: _____

Patient Authorization/PO#: _____

Date of Service: _____

Reimbursement amount requested: \$_____

Signature: _____

Submit completed form AND invoice or health insurance claim form 1500 in the reimbursement amount requested by email to hearing@charitablecarenetwork.org within 30 days of dispense. The Georgia Charitable Care Network reserves the right to deny reimbursement requests which are not received within the 30 days of dispense.

GCCN Fitting Reimbursement Rates:

Adult - \$300

Pediatric Unilateral Loss - \$1250

Pediatric Bilateral Loss - \$2500