

**CHEROKEE NATION
CHILD CARE SUBSIDY PROGRAM**

**Basic Billing Guidelines for
Contracted Providers**

Our Purpose

- To provide Child Care providers with the basic information to accurately complete billing forms.
- To assist providers with questions concerning billing forms.

Processing time for any Child Care documents can take up to **30 Business Days**

- Eligibility Process
 - Meaning the time it takes to process the client's agreements, having approval letters and billing forms mailed to the provider.
- Billing Process (Separate from Eligibility Process)
 - From the date Batches are **received in our office** (not when they are mailed from the provider), **processing time for billing staff** and on to Finance for checks and direct deposits.

Approval notice

- Client/Provider will both receive an approval notice for each child approved at the time a complete application is taken
- The approval letter will inform the Client/Provider of the effective date, co-payment, # of days eligible, the rate (FT or PT) and the expiration date.
- Clients will be approved for a 12 month period
- Client/Provider are encouraged to keep the approval notices for further reference.



CHEROKEE NATION CHILD CARE PROGRAMS

PO BOX 948
TAHLEQUAH, OK 74465
918-453-5300, 918-458-7616 fax

CLIENT APPROVAL NOTICE

Jane Doe
PO Box 123
Hulbert, OK 74441

Today's Date: 01/16/2015
Office: Tahlequah
County of Residence: Cherokee
Phone Number: 918-453-5300
Caseworker:

Child Care Subsidy has been approved for Charlie Doe, date of birth; 12/17/07 beginning on 09/24/12.

Services approved: 5 Full Time Days / Monday-Friday
Copay per child per billing cycle: \$33.00
Agreement expiration date: 03/10/13
Provider: Cherokee Nation CC

NO FURTHER SERVICES WILL BE PAID AFTER EXPIRATION DATE

Decisions are made in accordance with Cherokee Nation policies. If you disagree with any decision, you have the right to appeal. Appeals must be received within 20 days of the date of notice. If you have questions regarding this notice, please contact the office listed above.



CHEROKEE NATION CHILD CARE PROGRAMS

PO BOX 948
TAHLEQUAH, OK 74465
918-453-5300, 918-453-7616 fax

CLIENT APPROVAL NOTICE ~ PROVIDER COPY

Cherokee Nation CC
PO BOX 948
Tahlequah, OK 74465

Today's Date: 01/16/2015
Office: Tahlequah
County of Residence: Cherokee
Phone Number: 918-453-5300
Caseworker:

Child Care Subsidy has been approved for Charles Joe, date of birth; 12/17/07 beginning on 09/24/12.

Services approved: 5 Full Time Days Monday-Friday

Copay per child per billing cycle: \$33.00

Agreement expiration date: 03/10/13

NO FURTHER SERVICES WILL BE PAID AFTER EXPIRATION DATE

Decisions are made in accordance with Cherokee Nation and federal funding guidelines. If you disagree with any decision, you have the right to appeal. Appeals must be received within 20 days of the date of notice. If you have questions regarding this notice, please contact the office listed above.

Client Responsibilities

- Notify the Child Care Office in 2 days of any changes in their:
 - **Child care facility or caretaker**
 - It's encouraged that that client contact the CSR before changing child care providers
 - **Child is no longer in need of services**
 - **family status** (family size, employment, etc)
 - **income**
- Notify the Child Care Office in 5 days of an address change.
- Responsible for paying the co-payment to the provider.
- Recertify their Child Care case as scheduled (Notices are mailed to the client)
- Client is responsible for paying any days or charges that are not approved.
- Reviewing all billing forms to ensure they are accurate and complete before signing.
- Keep approval notices for their records
- **NEVER sign a blank or incomplete billing form.**

Provider Responsibilities

- For relative providers: care must be provided in the home of the relative provider.
- **Children must be supervised at all times.**
- Provider should claim **all** days/hours of care provided. You will be compensated for approved days of care claimed only.
 - Do not use generic times (ex: 8:00 – 5:00, must be exact times such as 8:12am – 5:32pm.)
- Notify the Subsidy & Licensing Departments of any changes in rates, star status, address, phone #, change in ownership or director, physical location of the business and any information that will effect your eligibility.
- Provider is encouraged to request the co-payment from the client at the beginning of each month.
- Notify the Child Care worker if child(ren) are no longer attending your facility
- **It is a violation of the contract to have a parent sign and date a blank or incomplete billing form.**

Monthly Contract Billing Form

- Valid dates are listed at the top of the monthly billing form. Only days claimed within the valid dates will be paid.
- The child's name is listed on each billing form.
- The Provider's name is listed on each billing form.
- Provider must always record the time in/time out or absent for each day claimed.
 - **No Generic times are allowed, the provider is required to document the exact time of arrival and departure (ex: 8:13 a.m. – 5:32 p.m.)**
- Provider is responsible for deducting the co-payment before submitting the monthly billing form for payment.
- **Provider is responsible for completing the math portion of the billing form.**
 - **Billing forms with the math portion left blank or partially completed will be returned to provider for corrections, thus causing a delay in your payment.**
- **Copies of billing forms will not be accepted. The original billing forms are required for processing.**

Billing Information

- ▶ Provider must complete billing forms in blue or black ink only.
 - ▶ Any forms completed in pencil, marker or in any other color ink will be returned for corrections.
- ▶ Do not use white-out (mark through any mistakes)
- ▶ The provider should claim every day the child is in care, we may have data change in the approval process.
- ▶ Keep copies of the billing forms for your records
- ▶ Client is required to sign and date the completed billing form.
 - ▶ Forms will not be paid without the client or authorized representative's signature and date unless the child is dropped from the facility. The provider must mark YES that the child is dropped from the facility & record the date the child was dropped, at which the provider must sign and date the billing form in absence of the parent.
- ▶ **Please do not change any information on the billing forms.**
- ▶ **The billing form is good for 60 days from the expiration date. After 60 days these are void and will not be paid.**
- ▶ Cherokee Nation does not pay for days the facility is closed or unable to provide care.
- ▶ Cherokee Nation does not pay holidays.
 - ▶ Cherokee Nation will not pay for the following Holidays: New Years Day, Memorial Day, Labor Day, July 4th, Thanksgiving day and Christmas day.
- ▶ **At no time should a client be requested or allowed to sign a blank or incomplete billing form**
- ▶ **At no time should an unauthorized person be allowed to sign a billing form on the behalf of the client.**
 - ▶ Only the person listed on the Approval Notice has the authorization to sign the billing form unless we have an Authorization For Release of Information signed and on file in our office.

Weekly Rates

- ▶ When a child is approved for 5 days (FT or PT) the child must attend at least 15 days a month or 75% attendance when the facility is open for a weekly provider to claim the weekly rate.
- ▶ To claim absent days the provider must document “Absent” in the appropriate line on the billing form and include the rate in the total amount claimed.
 - ▶ Do not put dashes “---” or leave claimed absent days blank, these days will either be denied or returned to provider for corrections, thus causing delays in your payment.
- ▶ All days must be documented and claimed in the math area before the weekly rate will be paid.

How Rates Are Determined

- The rates paid by Cherokee Nation for child care are determined by the following factors:
- Star status of the facility
- Setting in which child care is provided (child care center, in home child care center or relative provider)
- Child's age
- County in which the facility is located (standard or enhanced)
- Unit type that is approved (full-time, part-time, weekly or special needs)
- It is agreed and understood the "Provider" **will not** charge the clients amounts above the rates specified in the Nations rate schedules for the daily/weekly rate paid by the Cherokee Nation's subsidy and copayment above the amount determined by the Cherokee Nation Subsidy

See Child Care Provider Rate Schedule, for more details

Batch Form

- A completed batch form must be submitted with all monthly billing forms & retroactive billing forms.
 - Claims will be returned if a batch form is not sent or if the batch form is not completed.
- Multiple billing forms may be sent in with one Batch form.
 - Add all of the final totals of all billing forms, this amount will be the total amount of the Batch that you are submitting for payment. This amount will be put on the “AMOUNT CLAIMED” line on Part I of the Batch Form.
- On Part One of the batch form the provider will record the # of claim forms submitted and the total amount the provider is claiming.
- Provider must sign and date batch form.
 - Forms will be returned if there is not a provider signature and date thus causing delays in your payment.
- If mailing, please mail to the address listed on the BATCH form.
 - We will not accept faxed or emailed Batch Forms and billing forms.
 - Completed Batch Forms and billing forms can also be dropped off at the Front Desk in Tahlequah Child Care Subsidy Office or in the Drop Box located at the entrance.
- If a provider needs batch forms they may contact the Tahlequah office.
 - The Receptionist will be able to issue and mail out Batch Forms.
- Keep the BLUE copy of the batch form and copies of billing forms for your records.

CHEROKEE NATION
Batch Form

152427

Provider ID# _____ Date _____
Provider Name _____
Address _____
City _____ State _____ Zip _____
County _____ Phone _____

RETURN TO: Child Care and Development Dept.
PO Box 948
Tahlequah, OK 74464
OTM Subsidy Billing

EXAMPLE

PART I Billing Items - Reserved for Provider use
TOTAL NUMBER OF BILLING FORMS _____ AMOUNT CLAIMED _____

PART II Audit/Approval - Reserved for approving office use only

Amount Denied _____ Amount Applied to Over Payment _____
Amount Adjusted _____
Amount Approved _____ Amount Paid _____

Reviewer: _____ Date _____

The undersigned claimant of lawful age, on oath, says that (s)he has full knowledge of the above account, that said account is just, true, correct, and due according to law: And that the amount claimed after allowing all just credits is due and unpaid. Affiant further states that the services claimed have been supplied in accordance with the specifications furnished the affiant. Affiant further states that (s)he has made no payment, given or donated or agreed to pay, give or donate, either directly or indirectly to any elected officer or employee of the Cherokee Nation money, or any other thing of value to obtain payment of this contract and that (s)he is dully authorized to make this affidavit.

Provider Signature _____ Date _____

Billing Process

- **We have 30 days from the day we receive billing to process forms.**
- Incomplete billing forms will be returned to the provider for corrections.
- The Child Care Program does not hold billing forms.
- When claims are adjusted or amounts are denied we will print and mail a copy of the billing form reflecting the changes we have made. This copy is for the provider's records and does not need to be returned to our office.
- All completed billing forms for the previous month will need to be turned into our office by the 15th of the following month. If claims are received after the 15th it could take up to 30 more days to process.
 - Approved Co-Payment will be deducted from billing whether or not the client paid or if you didn't charge the client a Co-Payment.

Retroactive Billing

- A retroactive billing form are billing forms that are issued for past billing dates.
 - Appeals
 - Billing Errors
- Retro billing forms are based on prior approval.
 - Specific days and amounts will be listed on Retroactive claim forms. Provider must complete the time in & out for the child.
- Retro billing forms follow the same guidelines as monthly contract billing forms.
 - Provider must list time in/time out or absent on days listed and parent must sign and date. If parent has been terminated, provider must sign and date.

Denial/Termination notice

- Client/Provider will both receive a closure letter for each child
- Termination date (last day the provider can claim)
 - Please be aware that any termination date received for a child makes the expiration date on the approval notice void.
 - If a child is terminated or dropped from the program, we will pay up to the last day of attendance prior to the termination date.

There will not be a reason for the termination on the provider's letter. This information will be listed on the client's letter so please speak with the client

Closure notice (client)



CHEROKEE NATION CHILD CARE PROGRAMS

PO BOX 948
TAHLEQUAH, OK 74465
918-453-5300, 918-458-7616 fax

CLIENT DENIAL/TERMINATION NOTICE

Jane Doe
PO Box 123
Tahlequah, OK 74465

Today's Date: 01/16/2015
Office: Tahlequah
County of Residence: Cherokee
Phone Number: 918-453-5300
Caseworker:

This letter is to inform you that Child Care Subsidy services for Charlie Doe have been denied/terminated. The effective date of the denial/termination is 1/16/2015. The reason for denial/termination is listed below:



If you have questions, please contact the office listed above.

If you are not satisfied with the above decision, action or failure to act, you have the right to appeal. The following procedure must be followed:

A written letter of appeal must be sent to the Child Care Subsidy Manager within 20 days of receipt of written notice of the decision, otherwise the decision will be final. Please send appeal letter and all required documentation to Child Care Program, Attn: Subsidy Manager, PO Box 948, Tahlequah, OK 74465.

All decisions are made in accordance with Cherokee Nation and federal funding policies. If you have questions regarding this notice, please contact the office listed above.

EXAMPLE

Closure notice (Provider)



CHEROKEE NATION CHILD CARE PROGRAMS

PO BOX 948
TAHLEQUAH, OK 74465
918-453-5300, 918-453-7616 fax

CLIENT DENIAL/TERMINATION NOTICE

PROVIDER COPY

Cherokee Nation CC
PO Box 948
Tahlequah, OK 74465

Today's Date: 01/16/2015
Office: Tahlequah
County of Residence: Cherokee
Phone Number: 918-453-5300
Caseworker:

This letter is to inform you that Child Care Subsidy services for Charlie Doe have been denied/terminated. The effective date of the denial/termination is 1/16/2015.

If you have questions, please contact the office listed above.

Respectfully,

Crystal Morgan

Cc: File

Age Changes

- **When a child has an age change, their rate will not decrease until the following month.**
 - For example, child's birthday is March 12th, their rate will not change until April 1st.
- **Children turning 13 years of age are eligible for services through the end of that child's certification if the child care provider continues to provide care for the child. (Licensed facilities may be required to submit verification of the ages accepted at their facility)**
 - Special Needs cases, the child is eligible for services until the end of the certification after turning 19 years of age.

Special Needs

- ▶ If a child is approved for a special needs an additional rate is paid to providers based upon the specific needs of the child.
- ▶ Approved children are eligible for services to the age of 19.
- ▶ It's the client's responsibility to request a special needs application.
- ▶ It will be at the discretion of the child's Physician to identify the child as Severe or Moderate.

SPECIAL NEEDS RATE (Rate added to the regular rate)

ALL AGES

Moderate

Full-time	SM01	\$ 8.00
Full-time weekly	SM02	\$ 8.00
Full-time/Part-time	SM05	\$ 14.00
Part-time	SM07	\$ 6.00

SEVERE

Full-time	SS01	\$ 14.00
Part-time	SS02	\$ 10.00
Full-time/Part-time	SS04	\$ 24.00

Policy Reminders

- If a child requires additional care for a day approved (ex: PT to FT) due to school closings the provider is required to document “school out” on that specific day on the contract billing form.
- **This does not apply to summer break. The client must report this change to their Child Care Customer Service Representative (CSR).**
- We encourage the client to notify the CSR as soon as they know the child’s last day of school for summer break or upon their return to school after summer break in order for the provider to bill and be paid the correct rate.

Please keep this in mind.....

- Please allow **2 weeks** from the day you mail or drop off your Batch forms to call the office to look for your checks or direct deposits.
- Billing staff processes billing EVERYDAY and has NO CONTROL over when you will be paid.
- Do not expect to be paid at or by the same time each month.

Confidentiality Policy



- It is our responsibility to secure the privacy of our clients and providers. We must have a signed Release of Information form on file prior to disclosure of any information.

Frequently Asked Questions

- **Q: What is the contact number for any questions that I may have?**
 - Call 918-453-5300 or Toll Free 1-888-458-6230 or you can refer to the attached list of field office locations
- **Q: Who do I need to speak with about getting more batch forms?**
 - The receptionist can issue and mail out more batch forms.
- **Q: I haven't received my billing forms what do I need to do?**
 - Ronnita Bluebird can verify if and when billing forms were printed and mailed.
- **Q: I have lost or misplaced my billing forms, how do I get more?**
 - Ronnita Bluebird can issue new billing forms to providers.
- **Q: I have been denied days, can you tell me why?**
 - Please contact the Reviewer that processed your billing. Reviewer's name can be found on the copy of the Batch form that is mailed back to provider if there is any denial or adjustment of money.
- **Q: I am not sure what rate to claim?**
 - The approved rates are attached however, you may contact Crystal Morgan or Tashina Snell to assist with rates.
- **Q: I am having trouble completing my billing forms who can help me?**
 - Crystal Morgan or Tashina Snell will be able to assist providers in completing contract billing forms.

Contact Information

Address:

Cherokee Nation Childcare

PO Box 948

Tahlequah OK 74465

▶ **Phone # 1-918-453-5300**

▶ **Toll Free # 1-888-458-6230**

▶ **Fax # 1-918-458-4446**

▶ **Website: www.cherokeekids.net**

Child Care Services/Child Care & Development Program
Child Care Subsidy staff & locations

Bobbie Jo Eagleton, Manager

Ronnita Bluebird, Account Clerk III
Tashina Snell, Account Clerk III
Crystal Morgan, Accounting Assistant I

Tahlequah office

Andrea Cloud, CSR
Angel Galvan, CSR
Donna Whitener, CSR
PO Box 948
Tahlequah, OK 74465
Phone: 918-453-5300
Hours: M-TH (8am-3:30pm)

Catoosa office

Alicia Ingram, Eligibility Supervisor
Davina Jordan, CSR

750 S Cherokee, Suite N
Catoosa, OK 74015
Phone: 918-266-5626 ext. 7779 or 7781
Hours: M-TH (8am-3:30pm)

Stilwell office

Misty Mankiller, CSR
398 N 8th St
Stilwell, OK 74960
Phone: 918-696-3222
Hours: M-TH (8am-3:30pm)

Sallisaw office

Pauline Pettit, CSR
101 Quesenberry/PO Box 508
Sallisaw, OK 74955
Phone: 918-775-6226
Hours: M-TH (8am-3:30pm)

Jay office

Kim Bobb, CSR
1499 Industrial Parkway Rd/PO Box 369
Jay, OK 74346
Phone: 918-453-5300
Hours: 2nd & 4th Tuesday of the month
(9:30am-3:30pm)

Ochelata Office

Kim Bobb, CSR
395200 W 2900 RD
Ochelata, OK 74003
Phone: 918-824-4533
Hours: By appointment only

Pryor office

Kim Bobb, CSR
2 S. Coo-Y-Yah
Pryor, OK 74361
Phone: 918-824-4533
Hours: M-TH (8am-3:30pm)

**** Application taken on Friday by appointment only**

*****Date & times of field office locations are subject to change**

CHEROKEE NATION

Child Care Center - Standard Area

Adair, Craig, Delaware, Haskell, LeFlore, McIntosh, Mayes

Muskogee, Nowata, Osage, Rogers, Sequoyah

Full Time Rates Daily/Weekly

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-11 mo	\$15.50	\$18.30	\$25.50	\$36.00
12-23 mo	\$15.50	\$18.30	\$24.50	\$33.80
24-47 mo	\$13.30	\$16.00	\$22.00	\$28.80
48-71 mo	\$13.50	\$15.00	\$19.50	\$23.50
72 mo – 13 yrs	\$11.30	\$12.80	\$15.50	\$19.30

Part-time Rates Daily

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-11 mo	\$11.00	\$12.00	\$15.30	\$21.60
12-23 mo	\$11.00	\$12.00	\$14.70	\$20.30
24-47 mo	\$9.00	\$11.00	\$13.20	\$17.30
48-71 mo	\$9.00	\$10.00	\$11.70	\$15.00
72 mo -13 yrs	\$7.00	\$9.00	\$10.00	\$12.00

CHEROKEE NATION
 Child Care Center - Enhanced Area
 Cherokee, Ottawa, Tulsa, Washington, Wagoner

Full Time Rates Daily/Weekly

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-11 mo	\$15.50	\$21.30	\$31.00	\$36.00
12-23 mo	\$15.50	\$20.30	\$28.80	\$33.80
24-47 mo	\$13.50	\$18.30	\$25.80	\$28.80
48-71 mo	\$13.50	\$17.30	\$21.30	\$23.50
72 mo - 13 yrs	\$11.30	\$15.00	\$17.50	\$19.30

Part-time Rates Daily

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-11 mo	\$11.00	\$14.00	\$19.00	\$21.60
12-23 mo	\$11.00	\$14.00	\$17.30	\$20.30
24-47 mo	\$9.00	\$12.00	\$15.50	\$17.30
48-71 mo	\$9.00	\$12.00	\$14.00	\$15.00
72 mo - 13 yrs	\$7.00	\$10.00	\$12.00	\$12.00

Other Counties in the Enhanced Area:

Caddo, Canadian, Cleveland, Comanche, Creek, Garfield, Kay, Logan McCurtain, Oklahoma, Payne, Pittsburg, Potawatomi, Woods

CHEROKEE NATION

Child Care Home - Standard Area

Adair, Craig, Delaware, Haskell, LeFlore, McIntosh, Mayes, Muskogee,
Nowata, Osage, Rogers, Sequoyah

Full Time Rates Daily

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-23 mo	\$14.50	\$17.30	\$21.50	\$28.80
24-47 mo	\$12.30	\$15.00	\$20.50	\$24.80
48-71 mo	\$12.30	\$15.00	\$20.50	\$24.80
72 mo -13 yrs	\$10.30	\$12.80	\$17.50	\$19.30

Part-time Rates Daily

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-23 mo	\$10.00	\$12.00	\$13.00	\$19.00
24-47 mo	\$8.00	\$10.00	\$12.30	\$16.00
48-71 mo	\$8.00	\$10.00	\$12.30	\$16.00
72 mo – 13 yrs	\$6.20	\$9.00	\$10.50	\$12.00

CHEROKEE NATION
 Child Care Home - Enhanced Area
 Cherokee, Ottawa, Tulsa, Washington, Wagoner

Full Time Rates Daily

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-23 mo	\$14.50	\$19.30	\$26.80	\$28.80
24-47 mo	\$12.30	\$17.30	\$22.30	\$24.80
48-71 mo	\$12.30	\$17.30	\$21.30	\$24.80
72 mo -13 yrs	\$10.30	\$12.80	\$17.00	\$19.30

Part-time Rates Daily

Age of child	1 Star rate	1+ Plus Star Rate	2 Star rate	3 Star rate
0-23 mo	\$10.00	\$13.00	\$17.00	\$19.00
24-47 mo	\$8.00	\$12.00	\$14.00	\$16.00
48-71 mo	\$8.00	\$12.00	\$14.00	\$16.00
72 mo -13 yrs	\$6.20	\$9.00	\$11.00	\$12.00

CHEROKEE NATION

Relative Provider Rates

(All 14
Counties)

Full Time Rates

Age of child	1 Star rate
0-23 mo	\$13.00
24-72 mo	\$12.00
73 mo-13 yrs	\$10.00

Part Time Rates

Age of child	1 Star rate
0-23 mo	\$9.00
24-72 mo	\$8.00
73 mo-13 yrs	\$6.00