AUTOMATED CHILD DAY CARE SYSTEM

TRAINING PACKET

Training sponsored by

ARKANSAS DEPARTMENT OF HUMAN SERVICES
and the
ARKANSAS EARLY CHILDHOOD COMMISSION

GLOSSARY OF TERMS
FOR USING THE
AUTOMATED CHILD DAY CARE SYSTEM

Some words used in the new Automated Child Day Care System may be unfamiliar to you. The following definitions are provided for reference.

1. **AGREEMENT**: This term refers to the "Child Day Care System Agreement." The Agreement established Provider participation in the Child Day Care System and sets forth DHS and Provider responsibilities and assurances. The Agreement may also be referred to by form number, DHS-9800.

2. **AUTOMATED BILLING**: This includes the two (2) methods a Provider may use to submit bills to DHS, VMX (telephone) and Internet billing. See billing methods definition for more information.

3. **BILLING FORM**: This term refers to the "Child Day Care Billing Form." The Provider uses the Billing Form to claim reimbursement from DHS after providing authorized child day care services.

4. **BILLING METHODS**: With the new automated Child Day Care System, the Provider can choose one of two ways to claim reimbursement from DHS. The methods are:

    a. **VMX BILLING METHOD**: The Provider uses a touch tone telephone to send billing information to DHS either once or twice each month. VMX is an abbreviation for "Voice Mail Exchange."

    b. **INTERNET METHOD**: The Provider uses software provided by DHS, in conjunction with the Internet, to submit bills to DHS. The Internet Billing coordinator is Jeff Auten, 682-9455.

5. **CERTIFICATE OF AUTHORIZATION**: A document establishing DHS's financial obligation to pay the Provider after delivery of specified day care services. The form includes information, such as the total dollar amount authorized for the child named on the form, the designated facility the child must attend, and when the day care services should begin and end.

6. **CUSTOMER**: The parent or custodian of the child receiving day care services. The customer may also be referred to as the "client."

DAY CARE WORKSHEET

FACILITY: 10203 – SAMPLE DAY CARE TIN: 987654321

CHILD'S NAME: SAMPLE CHILD SSN: 123456789

FROM 07/01/95 THROUGH 12/31/95

AUTHORIZATION NUMBER: 000000017

SAMPLE

SAMPLE DAY CARE
111 MAIN STREET
ANYTOWN, AR 72222 2222

LINE	DATE	START	END	SERV	ST	CUSTOMER
001	07/03/95	08:00AM	05:00PM	0630	12.00	.00
002	07/04/95	08:00AM	05:00PM	0630	12.00	.00
003	07/05/95	08:00AM	05:00PM	0630	12.00	.00
004	0706/95	08:00AM	05:00PM	0630	12:00	.00
005	07/07/95	08:00AM	05:00PM	0630	12.00	.00
006	07/10/95	08:00AM	05:00PM	0630	12.00	.00
007	07/11/95	08:00AM	05:00PM	0630	12.00	.00
008	07/12/95	08:00AM	05:00PM	0630	12.00	.00
009	07/13/95	08:00AM	05:00PM	0630	12.00	.00
010	07/14/95	08:00AM	05:00PM	0630	12.00	.00
011	07/17/95	08:00AM	05:00PM	0630	12.00	.00
012	07/18/95	08:00AM	05:00PM	0630	12.00	.00
013	07/19/95	08:00AM	05:00PM	0630	12.00	.00
014	07/20/95	08:00AM	05:00PM	0630	12.00	.00
015	07/21/95	08:00AM	05:00PM	0630	12.00	.00
016	07/21/95	08:00AM	05:00PM	0630	12.00	.00
017	07/25/95	08:00AM	05:00PM	0630	12.00	.00
018	07/26/95	08:00AM	05:00PM	0630	12.00	.00
019	07/27/95	08:00AM	05:00PM	0630	12.00	.00
020	07/28/95	08:00AM	05:00PM	0630	12.00	.00
021	07/31/95	08:00AM	05:00PM	0630	12.00	.00
022	08/01/95	08:00AM	05:00PM	0630	12.00	.00
023	08/02/95	08:00AM	05:00PM	0630	12.00	.00
024	08/03/95	08:00AM	05:00PM	0630	12.00	.00
025	08/04/95	08:00AM	05:00PM	0630	12.00	.00
026	08/02/95	08:00AM	05:00PM	0630	12.00	.00
027	08/03/95	08:00AM	05:00PM	0630	12.00	.00
028	08/04/95	08:00AM	05:00PM	0630	12.00	.00

CHILD DAY CARE BILLING FORM

DHS-9815

Instructions

Purpose: The purpose of the Child Day Care Billing Form is to document billing for child day care services and to validate payments from the Arkansas Department of Human Services (DHS) to a Provider.

Completion: The Child Day Care Billing Form must be completed, whether billing is submitted via the manual (paper) billing method or the automated (VMX or modem) billing method. NOTE: Some sections of the Billing Form cannot be completed without referring to the Day Care Worksheet (SAMPLE attached). Information required to complete sections (2), (3), (4), (6), (7), (8) and (10) of the Billing Form is obtained from the Day Care Worksheet.

The following information will be entered by the authorized day care billing representative:

(1) DO NOT ENTER THE PERSONAL IDENTIFICATION NUMBER (PIN). To protect the confidentiality of the Provider's PIN, the four-digit number should NOT be entered on the Billing Form. The four x's are placed on the Billing Form as a reminder to the Provider to have the PIN available if the VMX (touch-tone telephone) billing method is used to submit the bill to DHS after the Billing Form has been filled out.

(2) Enter the Provider's nine-digit Taxpayer Identification Number (TIN).

(3) Enter the Provider's facility number.

(4) Enter the Provider's name.

(5) Enter the month and year for which billing is submitted. NOTE: Billing for more than a month at a time on one Child Day Care Billing Form is not allowed.

Billing ITEM 1:

(6) Enter the authorization number.

(7) Enter the number from the "LINE" column of the Day Care Worksheet which represents the date and time the billing period begins.

(8) Enter the number from the "LINE" column of the Day Care Worksheet which represents the date and time the billing period ends. **NOTE**: When billing for absentee days or inclement weather days, the "BEGIN LINE" and "END LINE" entries must be the same number for each billing ITEM entry. (See billing ITEM 2 and billing ITEM 6 on the attached SAMPLE Billing Form for two examples.)

(9) Enter "1" for regular billing; "2" for absentee billing; or "3" for inclement weather billing.

(10) Calculate the ITEM TOTAL using rate shown under the "STATE" column on the Day Care Worksheet. Enter the total dollar amount in column (10).

EXAMPLE: (See attached SAMPLE Billing Form and SAMPLE Day Care Worksheet) For billing ITEM 1, the "BEGIN LINE" entered in column (7) was "1" and the "END LINE" entered in column (8) was "4". The rate (dollar amount) shown under the "STATE" column on the Day Care Worksheet is "12.00". Thus, the ITEM TOTAL is "$48.00" (4 x 12 = 48, or 12 + 12 + 12 + 12 = 48).

(11) No entry is required in column (11) when submitting bills to DHS using the manual (paper) billing method. If the bill will be submitted to DHS using the VMX billing method, write the appropriate number in column (11) which you enter on the touch-tone telephone when the VMX message requires a response:

1 – Continue billing
2 – Redo last entry
3 – Process all lines and exit system
4 – Process all lines except last line and exit system
5 – Quit, NO PROCESSING

(12) Enter the cumulative total of all dollar amounts entered in column (10) for all prior billing ITEMS entered on the Child Day Care Billing Form. The entry represents the total dollar payments that the Provider is requesting from DHS. In the attached SAMPLE Billing Form, the dollar amount "$756.00" that is entered in column (12) for billing ITEM 7 was determined from the sum total of all amounts entered under column (10).

(13) No entry is required in column (13) when submitting bills to DHS using the manual (paper) billing method. If the bill will be submitted to DHS using the VMX billing method, write the appropriate number in column (13) which you enter on the touch-tone telephone when the VMX message requires a response. The possible responses will be as follows:

6 – Quit, NO PROCESSING and exit system
9 – Process all data and exit system

After each billing ITEM has been completed on the Child Day Care Billing Form, continue by repeating steps (6) through (13) for each additional billing ITEM until all information for one billing period has been entered. NOTE: A maximum of 20 billing ITEMS may be entered on the Child Day Care Billing Form.

(14) The authorized Provider representative must sign the Child Day Care Billing Form in the space provided.

(15) Enter the date of signature.

The Provider uses information on the completed Child Day Care Billing Form to perform the required billing procedures for submitting bills to DHS using the VMX (touch-tone telephone) or Internet billing method. The original Billing Form must be retained in the Provider's files for future reference.

CHILD DAY CARE BILLING FORM

IF VMX: PIN # (1) X X X X TIN #: (2) _____ FACILITY #: (3)_____

PROVIDER: (4)_____ MONTH: (5) _____ YEAR: (5) _____

ITEM	AUTHORI-ZATION NUMBER	ENTER	BEGIN LINE	ENTER	END LINE	ENTER	1:REG 2:ABS 3:INCL	ITEM TOTAL	1 Continue billing 2 Redo last entry 3 Process and exit <---(11) 4 Process except last 5 No Process 6 Quit without processing 9 Process all and exit <---(13)		
	(6)	#	(7)	#	(8)	#	(9)	(10)	(11)	(12) TOTAL AMT	(13)
1		#		#		#		$		$	
2		#		#		#					
3		#		#		#					
4		#		#		#					
5		#		#		#					
6		#		#		#					
7		#		#		#					
8		#		#		#					
9		#		#		#					
10		#		#		#					
11		#		#		#					
12		#		#		#					
13		#		#		#					
14		#		#		#					
15		#		#		#					
16		#		#		#					
17		#		#		#					
18		#		#		#					
19		#		#		#					
20		#		#		#					

I certify that the child day care services were provided in accordance with the Authorizations indicated above. The above charges are accurate and are based upon the rates listed on the "STATE" column of the Day Care Worksheet. The children listed above were not assessed any charge(s) except for the fees stated on the "CUSTOMER" column of the Day Care Worksheet. I further certify that services were rendered on a nondiscriminatory basis in compliance with nondiscrimination laws on the basis of religion, race, sex or handicap. I am the legally authorized representative for the Child Day Care facility.

(14) _____ (15) _____

Day Care Facility Representative Signature Date

CHILD DAY CARE BILLING FORM

IF VMX: PIN # (1) XXXX TIN #: (2) 987654321 FACILITY #: (3) 99999

PROVIDER: (4) Sample Day Care MONTH: (5) 7 YEAR: (5) 03

ITEM	AUTHORIZATION NUMBER	ENTER	BEGIN LINE	ENTER	END LINE	ENTER	1:REG 2:ABS 3:INCL	ITEM TOTAL	1 Continue billing 2 Redo last entry 3 Process and exit <---(11) 4 Process except last 5 No Process 6 Quit without processing 9 Process all and exit <---(13)		
	(6)	#	(7)	#	(8)	#	(9)	(10)	(11)	(12) TOTAL AMT	(13)
1	999999	#	1	#	4	#	1	$ 48		$ 48	
2	999998	#	5	#	5	#	2	12		60	
3	999997	#	6	#	21	#	1	192		252	
4	999996	#	1	#	21	#	1	252		504	
5	999995	#	1	#	10	#	1	120		624	
6	999994	#	11	#	11	#	2	12		636	
7	999993	#	12	#	21	#	1	120		756	
8		#		#		#					
9		#		#		#					
10		#		#		#					
11		#		#		#					
12		#		#		#					
13		#		#		#					
14		#		#		#					
15		#		#		#					
16		#		#		#					
17		#		#		#					
18		#		#		#					
19		#		#		#					
20		#		#		#					

SAMPLE

I certify that the child day care services were provided in accordance with the Authorizations indicated above. The above charges are accurate and are based upon the rates listed on the "STATE" column of the Day Care Worksheet. The children listed above were not assessed any charge(s) except for the fees stated on the "CUSTOMER" column of the Day Care Worksheet. I further certify that services were rendered on a nondiscriminatory basis in compliance with nondiscrimination laws on the basis of religion, race, sex or handicap. I am the legally authorized representative for the Child Day Care facility.

(14) Just a. Sample
Day Care Facility Representative Signature

(15) 7/31/03
Date

USER INSTRUCTIONS FOR TOUCH-TONE TELEPHONE (VMX) BILLING

Note: Before picking up the telephone, enter ALL of the necessary information on the CHILD DAY CARE BILLING FORM.

1. Dial one of the following telephone numbers to access the Child Day Care System:

   - Local (Metro Little Rock): 682-8873
   - Other: 1-800-843-6402

2. Enter your 4-digit **Personal Identification Number (PIN)** following by the "#" key.

3. Enter your 9-digit **IRS Taxpayer Identification Number (TIN)** following by the "#" key.

4. Enter the **Authorization Number** for the child you want to bill for followed by the "#" key.

5. Enter the **Beginning Line Number** followed by the "#" key.

6. Enter the **Ending Line Number** followed by the "#" key.

7. Press either ① for Regular Billing, ② for Absentee Billing or ③ for Inclement Weather Billing. Choose only one option. **DO NOT** PRESS "#" AFTERWARDS.

8. If all of the information you entered up to this point is correct, the system will speak back the total dollar amount for the lines you billed in the last entry. If something is incorrect, the details of the last entry will be played back to you and the system will take you back to Step 4 for re-entry.

9. The system will then ask you to press either:

   ① - which verifies the last entry you made was correct and allows you to continue with another line entry by taking you back to Step 4.

   ② - which says the last entry was wrong and you wish to re-enter it by taking you back to Step 4.

   ③ - which also verifies the last entry was correct but you want to process everything so far, taking you to Step 10.

   ④ - which means the last entry was NOT correct but you wish to process everything else EXCEPT the last line, taking you to Step 10.

   ⑤ - which means you wish to end the call without processing any bills.

10. The system will speak the total dollar amount for all line entries. You will be asked to press either:

    ⑥ - which will end the call without processing anything. The system will verify this and say, "Goodbye."

    ⑨ - which will allow all the billing data to be processed. The system will verify this and say, "Goodbye."