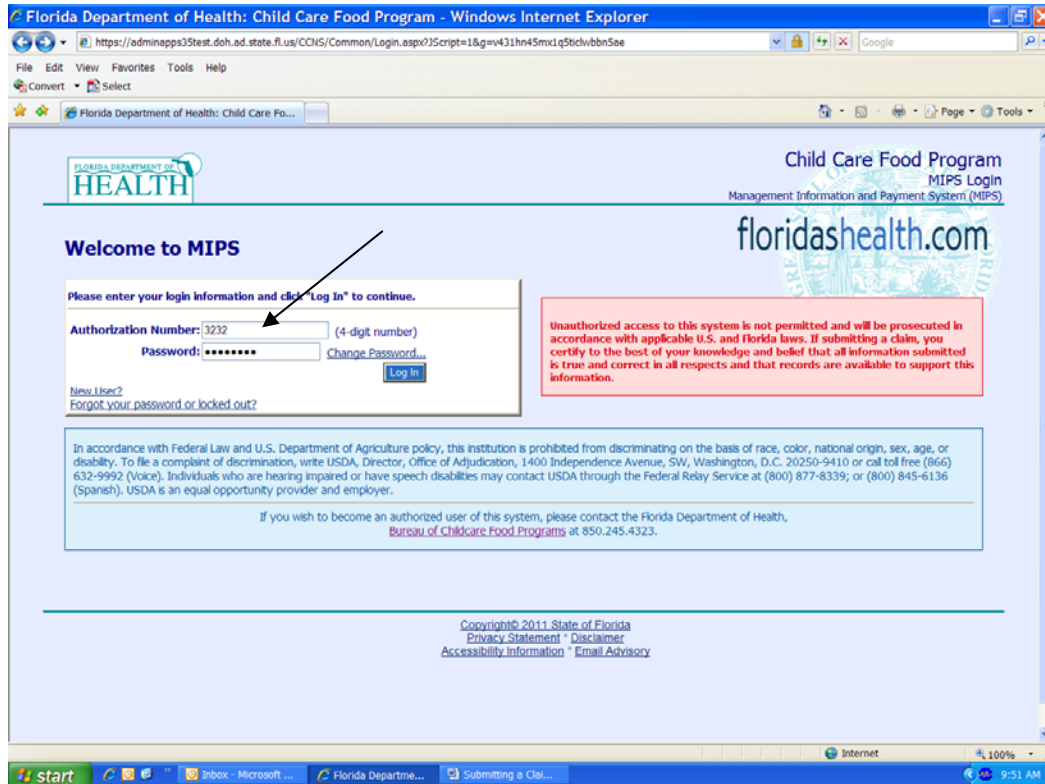


# Submitting a Claim in "New MIPS" Sponsor of Day Care Homes (more detailed instructions found in back of document)

Log into MIPS (using same Authorization Number and Password as before).

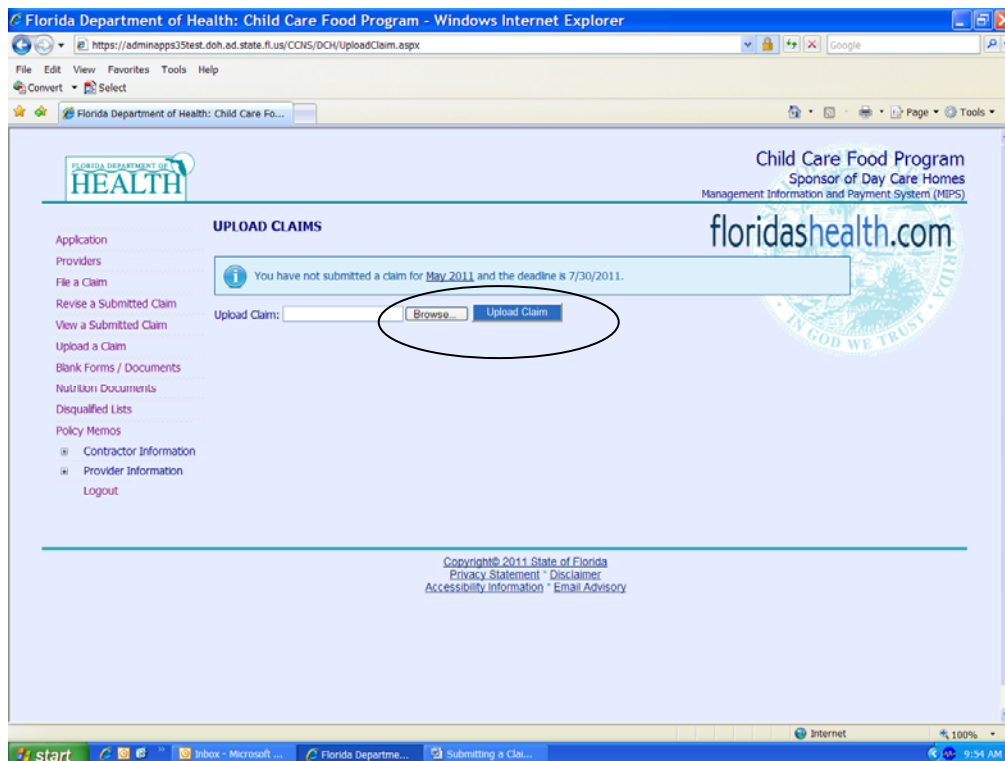


\*\*Be sure to take notice of any messages displayed on the screen.

If you want to upload your site claims from a file on your computer, click on **Upload a Claim** on the menu.



Select **Browse** and navigate to the location of the file you want to upload. After selecting the file, click on the **Upload Claim** button. (Note: if you have not uploaded before, contact the CCFP office for proper formatting information)



After you upload your site claim data, you will get a message on the screen letting you know how many files were uploaded successfully. It will also let you know if any site claims were not uploaded due to data errors.

If you have error messages listed, do a screen print (Ctrl - Print Screen) so you will have a record of the errors you need to fix. Then click on the claim month/year link which will take you to the Sponsor Claim.

If you are not uploading your claim, you will click on **File a Claim** on your menu to get to the Sponsor Claim. Select the correct Claim Month and Year from the dropdown, then select **Continue**.



The Program Manager screen will appear. In order to file your claim, you must either confirm the information by clicking **Yes**; or, if anything is incorrect, you must click **No** and then enter the correct information and click on **Update**.

Florida Department of Health: Child Care Food Program - Windows Internet Explorer

https://adminapps35test.doh.ad.state.fl.us/CCNS/DCH/PMConfirmation.aspx

Florida Department of Health: Child Care Fo...

FLORIDA DEPARTMENT OF HEALTH

Child Care Food Program  
Sponsor of Day Care Homes  
Management Information and Payment System (MIPS)

floridashealth.com

**PROGRAM MANAGER**

Please confirm your Program Manager information before filing a claim

You have not submitted a claim for May 2011 and the deadline is 7/30/2011.

Name: **M/M John Smith**  
Email: **John@yahoo.com**  
Phone: **(850)111-2345** Ext: 3  
Fax: **(257)888-7878**  
Date of Birth: **9/1/1970**

Is this information correct?

Yes No

Application  
Providers  
File a Claim  
Revise a Submitted Claim  
View a Submitted Claim  
Upload a Claim  
Blank Forms / Documents  
Nutrition Documents  
Disqualified Lists  
Policy Memos  
Contractor Information  
Provider Information  
Logout

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Privacy Statement \* Disclaimer  
Accessibility Information \* Email Advisory

Done Internet 100% 9:56 AM

The Claim Screen then appears. If you have not uploaded your claim and Provider Claim information needs to be entered, enter at this time by clicking on each Provider Name in the box at the top. If you did upload and had errors, click on **NO DATA** to see those provider claims that did not upload.



The Provider Claim is where you enter each provider's operating days, and number of meals claimed by tier level. Click on **Save Data** as each Provider Claim is completed.



Once all Provider Claim information is in, click on **Sponsor Claim** at the bottom of the Provider Claim. On the Sponsor Claim you will see all the provider claim data added up and displayed in the fields. Check to ensure your totals match these totals.

Enter your Sponsor Claim information (expenditures) in the pink colored fields. Then click on the **Calculate** button at the bottom of the screen and check for any errors which will come up in a red box.

The screenshot shows the 'Sponsor Claim' form in Internet Explorer. The browser address bar shows the URL: `https://adminapps35test.doh.ad.state.fl.us/CCNS/DCH/SponsorClaim.aspx`. The page title is 'Florida Department of Health: Child Care Food Program - Windows Internet Explorer'.

**Application Information**

D- 3232    Region: C    RPS: 2    Fiscal Year: 2011    Termination Date:  
 Add'l Doc. Required    ADR Reason:    Meal Disallowance:

Legal Name: **Day Care Home Test Application**    FEIN: **123456788999**  
 D/B/A: **Day Care Home Test Application**    DUNS #: **123456789**  
 Mailing Address: **1234 Nowhere Street TALLAHASSEE, FL 32311**

Program Manager: **Smith, John**    Phone: **(850)111-2345**    Ext: 3  
 Email: **John@yahoo.com**

**Claim Information**

Status: **No Data**  
 Claim Month/Year: **5/2011**    Date Received:  
 Revision #: **0**  
 Operating Days: **21**    Average Daily Participation: **6**

**Homes Operated:**

Tier I: **0**    Tier II Low: **0**    Tier II Mixed: **1**    Tier II High: **0**    Total: **1**

Meals Claimed by Type:	Tier I	Tier II Low	Tier II High	Total
Lunch	0	75	120	195

Administrative Expenditures:

Administrative Earnings: **\$366.90**  
 Meal Earnings: **\$366.90**  
 Total Adjustments: **\$0.00**

**Total Reimbursement: \$366.90**

**Calculate**

If no error messages pop up, select the **Submit Claim** button to file your claim. The Green confirmation box should then appear which means your claim was successfully submitted. You may then print your claim by clicking Print Preview at the top of the screen.

The screenshot shows a web browser window titled "Florida Department of Health: Child Care Food Program - Windows Internet Explorer". The address bar shows the URL: <https://adminapps3Stest.doh.ad.state.fl.us/CCNS/DCH/SponsorClaim.aspx>. The browser interface includes a menu bar (File, Edit, View, Favorites, Tools, Help) and a toolbar with navigation and utility icons.

The main content area is divided into several sections:

- Application Information:**
  - D- 3232** Region: C RPS: 2 Fiscal Year: 2011 Termination Date:
  - Add'l Doc. Required ADR Reason: Meal Disallowance:
  - Legal Name: **Day Care Home Test Application** FEIN: **123456788999**
  - D/B/A: **Day Care Home Test Application** DUNS #: **123456789**
  - Mailing Address: **1234 Nowhere Street TALLAHASSEE, FL 32311**
  - Program Manager: **Smith, John** Phone: **(850)111-2345** Ext: 3
  - Email: **John@yahoo.com**
- Claim Information:**
  - Status: **No Data**
  - Claim Month/Year: **5/2011** Date Received:
  - Revision #: **0**
  - Operating Days: **21** Average Daily Participation: **6**
- Homes Operated:**
  - Tier I: **0** Tier II Low: **0** Tier II Mixed: **1** Tier II High: **0** Total: **1**
- Meals Claimed by Type:**

	Tier I	Tier II Low	Tier II High	Total
Lunch	0	75	120	195
- Administrative Expenditures:**
- Administrative Earnings:** **\$102.00**
- Meal Earnings:** **\$366.90**
- Total Adjustments:** **\$0.00**
- Total Reimbursement:** **\$468.90**

A yellow warning box contains the text: "Upon entering all required information, click on the *Submit Claim* button. Failure to click on this button means your claim has not been submitted and will not be paid." The **Submit Claim** button is circled in red.

The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft..., Florida Departme..., Submitting a Clai...), and the system tray with the time 10:12 AM and 100% zoom level.

## **Site-based Claiming Step-by-Step Process for Day Care Home Sponsors**

Once you confirm (or amend) Program Manager Information, you will then see your Claim Screen.

The screen will be divided into two parts:

Top Section – you'll see an alphabetized list of all approved providers for that month and their claim status.

Claim Status Descriptions:

No Data – no data has been entered for that month

Pending – data has been saved but the Sponsor Claim has not been submitted yet

Submitted – data for provider has been entered and submitted with Sponsor Claim

Bottom Section – you'll see the Sponsor Claim without any data. All data on the Sponsor Claim will be automatically filled in for you (based on data you enter into the Provider Claims) except for Administrative Expenditures

**Click on the provider name** you wish to enter (in the Top Section)  
That provider's claim will open up on the bottom

**Enter Operating Days**

**Enter meal counts** in appropriate categories

Remember:      If provider is Tier I, all meals are Tier I  
                         If provider is Tier II, all meals must be either  
                         Tier II Low or Tier II High

**Click on Save Data** button when finished – if you do not do this, the provider claim information will be deleted and you will have to enter it again.

Note – Revision # on the Provider Claim will remain "0" until the Sponsor Claim is submitted to DOH. In other words, you may change and save the Provider Claim as many times as you wish (prior to submitting the Sponsor Claim) and it won't have any affect on your payment.

If you inadvertently enter data into a Provider Claim that is not claiming meals that month, click on Clear Data to remove the data.

When you have successfully completed the data entry for a provider and click on Save Data, you will get a pop-up box telling you that your claim data has been saved for that provider and the provider's status up at the top of the page will change from No Data to Pending. **Click "OK."**

After saving, you can **Click on Print Preview** link at the top of the page or the **Printer icon** next to the link if you wish to view and/or print the Provider Claim.

This will bring up the Provider Claim Report which will show reimbursement information on that provider (how meal earnings were derived). You may print this report by clicking the printer icon on the report toolbar (not the Internet toolbar) and **Click “OK.”**

NOTE: It is recommended that you enter all providers that you are claiming for the month before submitting the Sponsor Claim; otherwise you will have to file a revision which will delay that payment until the next months' claim (as happens now).

However, you do not have to enter all providers at one time. You may enter single providers or groups of providers, save them, and go back later to enter the rest before submitting the Sponsor Claim.

Once you have entered all the providers that you are claiming for the month, **Click on Sponsor Claim** button at the bottom of the page.

You will see the Sponsor Claim with all compiled data from the Provider Claims you have submitted. At the top of the Sponsor Claim you will find a statement telling you how many providers have been entered.

If the compiled data in the Sponsor Claim is incorrect, you can only change it by going into the individual Provider Claims and fixing the data there. All data fields in the Sponsor Claim, except for Administrative Expenditures, are automatically filled in and are not changeable on that screen.

Once you have verified that all providers have been entered and the compiled numbers look right to you,

**Enter your Administrative Expenditures** in the appropriate field.

**Click on Calculate** button

**Click on Submit Claim** button. If you wish to print your claim, you must do it AFTER you submit your claim, or your claim will not be processed. If your claim has been successfully submitted, a “Congratulations! Your claim has been successfully submitted” message will appear on your screen.

NOTE: If you change data in the sponsor claim prior to submitting the claim the Submit button will be replaced with the Calculate button. You will need to click the Calculate button and then the Submit Claim button will appear again.

**Click on Print Preview** link or the **Printer icon** if you wish to pull up your Sponsor Claim Report.

## **Instructions on other things you can do in MIPS**

**\*\*When printing from MIPS, always click on the Printer icon in the report toolbar, NOT the icon in the Internet toolbar**

Pull up and Print your Application – Click on **Application**, click **Print Preview** at top of page

Pull up and Print your Site Form –

- Single-site contractors – Click on your site that is listed on the menu under **Site**
- Multi-site contractors – Click on **Sites** on the menu and your list of sites will show on the screen. Click on the site you wish to print (using the Search feature to find it, if necessary), click **Print Preview** at top of page

Revise a Claim – Click **Revise a Submitted Claim**, select the claim you want to revise, change the numbers that need changing, click **Calculate**, then click **Submit Claim**

View a Claim that was Previously Filed – Click on **View a Submitted Claim**, select from dropdown the claim you wish to view, click **Search**.

Note: you may not revise this claim through this link, you must click the Revise a Claim link for that purpose

\*If you are a multi-site contractor and are viewing a revised claim, only those site claims associated with the revision will show in the top section.

Pull and Print Blank Forms and Documents – Click on **Blank Forms/Documents**, find the document you wish to print, click on the link, then click on the printer icon in the report toolbar (not the Internet toolbar) and click **OK**.

Pull Contractor Information – Click on **Contractor Information** on the menu and the menu will expand to show you what reports are available. These reports will be specific to your Authorization Number.

- Blank Claim – blank claim with your organization information printed at the top
- Claim Data Summary – reported claim information by fiscal year
- Payment Summary – claim payment information by fiscal year
- Profit Status – shows your up-to-date total reimbursement compared to total expenditures. The percent in the right hand column should be zero (0) or a negative number indicating you are not in profit status.
- Reimbursement Rates – shows all the reimbursement rates by state fiscal year
- Site Form – your site information report
  - If you are a multi-site contractor this is where you can print all of your sites at once (just leave the search criteria at “All Sites”)
- Site List – a listing of all approved sites under your Authorization Number

Pull Site Information (Multi-site contractors only) – Click on **Site Information** on the menu and the menu will expand to show you what reports are available. These reports will be specific to the sites under your Authorization Number

- Site Claim Data Summary – shows site claim information, by site (you may choose all sites, or individual sites for the report)
- Site Missing Claim – Select a month/year and the report will show any outstanding site claims that have not been filed yet
- Site Payment Summary – shows payment information by site (you may choose all sites, or individual sites for the report)
- Site Reimbursement – shows reimbursement by site claim (you may choose all sites, or individual sites for the report). If you are reimbursing your sites, send the site this report with their payment.