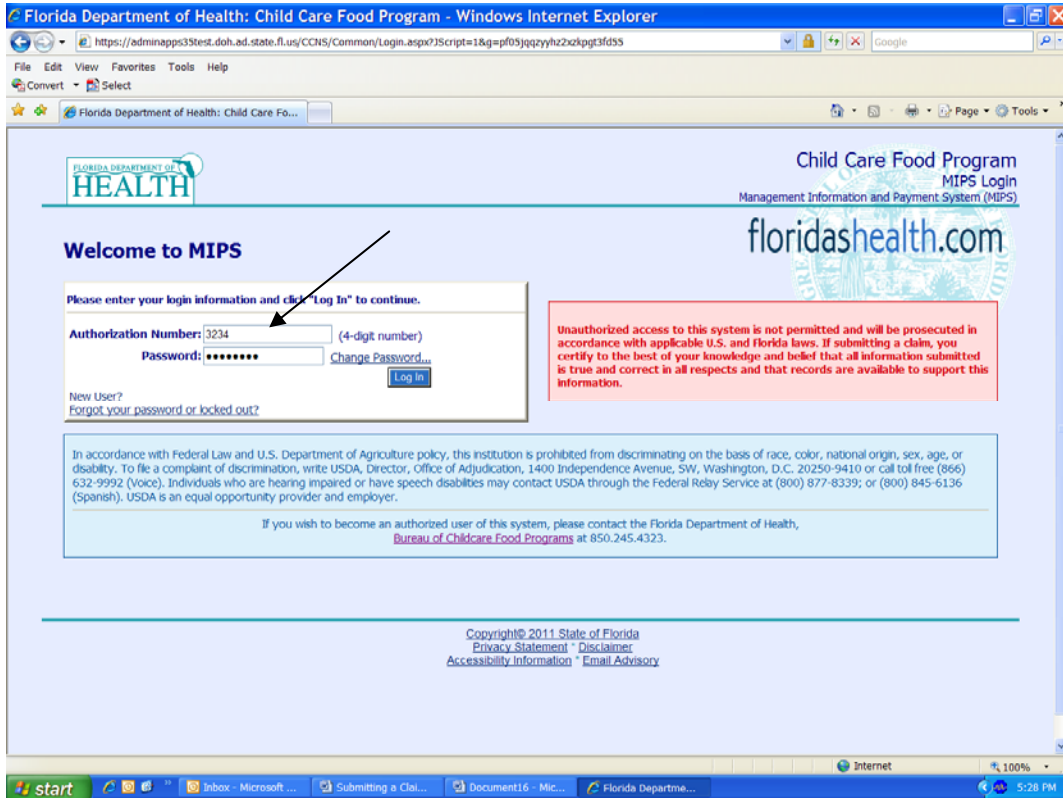


# Submitting a Claim in “New MIPS” Sponsor of Unaffiliated Centers (more detailed instructions found in back of document)

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

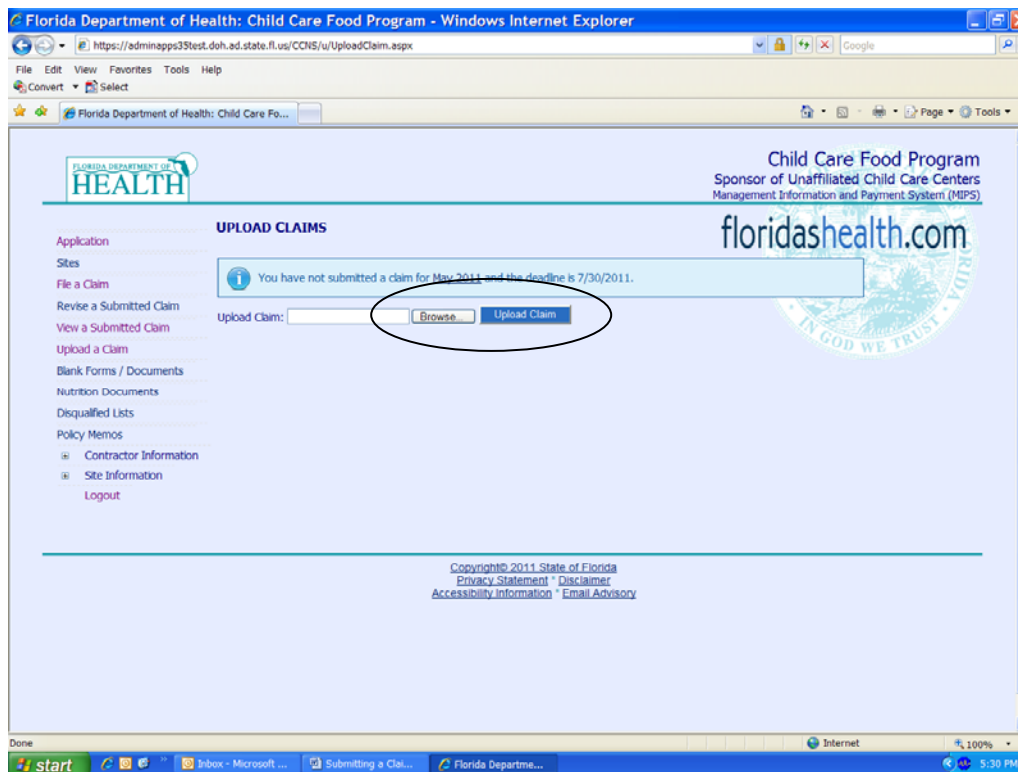


\*\*Be sure to take notice of any messages displayed on the screen.

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/u/PMConfirmation.aspx

Florida Department of Health: Child Care Fo...

**FLORIDA DEPARTMENT OF HEALTH**

Child Care Food Program  
Sponsor of Unaffiliated Child Care Centers  
Management Information and Payment System (MIPS)

floridashealth.com

**PROGRAM MANAGER**

Please confirm your Program Manager information before filing a claim

**i** 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)111-2346** Ext: **6**  
Fax: **(125)789-7855**  
Date of Birth: **9/1/1971**

Is this information correct?

Contractor Information  
 Site Information

Yes No

Logout

Copyright© 2011 State of Florida  
Privacy Statement \* Disclaimer  
Accessibility Information \* Email Advisory

Done

start | Internet | 100% | 5:35 PM

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



The Site Claim is where you enter each site's operating days, enrollment information and meal counts. Click on **Save Data** as each site claim is completed.



Once all Site Claim information is in, click on **Sponsor Claim** at the bottom of the Site Claim. On the Sponsor Claim you will see all the site 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.

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

https://adminapps35test.doh.ad.state.fl.us/CCNS/u/SponsorClaim.aspx

Logout

Mailing Address: **1234 Nowhere Street TALLAHASSEE, FL 32311**

Program Manager: **Smith, John** Phone: **(850)111-2346** Ext: **6**  
Email: **John@yahoo.com**

**Claim Information**  
Status: **No Data**  
Claim Month/Year: **5/2011** Date Received:  
Revision #: **0**  
Operating Days: **21** Average Daily Participation: **63**

**Sites Operated:**  
PNP: **0** OSHCC: **0** For-Profit: **0** HS: **1** Total: **1**

**Children Enrolled by Category**  
Free: **50** Reduced: **25** Non-needed: **10** Total: **85**

**Meals Claimed**  
Breakfast: **1324** Lunch: **1325** Supper: **522**

Center Operating Expenditures:   
Sponsor Administrative Expenditures:   
Center Administrative Expenditures:   
Funds Retained by Sponsor:   
Income to Program:

Meal Earnings: **\$5,924.68**  
Cash-In-Lieu: **\$374.02**  
Actual Reimbursement: **\$6,298.70**  
Total Adjustments: **\$0.00**

**Total Reimbursement: \$6,298.70**

Calculate

Done Internet 100% 5:53 PM

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.

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

https://adminapps3Stest.doh.ad.state.fl.us/CCNS/u/SponsorClaim.aspx

Program Manager: **Smith, John** Phone: **(850)111-2346** Ext: **6**  
Email: **John@yahoo.com**

**Claim Information**  
Status: **No Data**  
Claim Month/Year: **5/2011** Date Received:  
Revision #: **0**  
Operating Days: **21** Average Daily Participation: **63**

**Sites Operated:**  
PNP: **0** OSHCC: **0** For-Profit: **0** HS: **1** Total: **1**

**Children Enrolled by Category**  
Free: **50** Reduced: **25** Non-needy: **10** Total: **85**

**Meals Claimed**  
Breakfast: **1324** Lunch: **1325** Supper: **522**

Center Operating Expenditures:	\$7,255
Sponsor Administrative Expenditures:	\$500
Center Administrative Expenditures:	\$0
Funds Retained by Sponsor:	\$500
Income to Program:	\$0
Meal Earnings:	\$5,924.68
Cash-In-Lieu:	\$374.02
Actual Reimbursement:	\$6,298.70
Total Adjustments:	\$0.00

**Total Reimbursement: \$6,298.70**

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.

**Submit Claim**

Done

start | Inbox - Microsoft ... | Submitting a Clai... | Florida Departme... | Internet | 100% | 5:55 PM

## **Site-based Claiming Step-by-Step Process for Sponsors of Unaffiliated Centers**

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 sites 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 site 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 Site Claims) except for Center Operating Expenditures, Sponsor Administrative Expenditures, Center Administrative Expenditures, Funds Retained by Sponsor, and Income to Program.

**Click on the site name** you wish to enter (in the Top Section)

That site's claim will open up on the bottom section of the screen

**Enter Number of Operating Days** for that site

**Enter Enrollment Numbers** by category

If a for-profit center:

**Enter # of SSBG (Title XX) children** enrolled at that site if eligible by Option 1

If eligible by Option 2, the F/R percentage will automatically calculate for you once you have entered all your enrollment information.

**Enter meal counts** in appropriate categories

There are edit checks in place that will let you know if you have entered data incorrectly. They are as follows:

- If a for-profit center does not meet the 25% eligibility requirement, it is ineligible to claim for reimbursement
- If claiming meals over licensed capacity for any meal type without approval, as indicated on the site form

- Meals must not exceed maximum meal amount allowed (licensed capacity or total enrollment [whichever is lower] X operating days)

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

Note – Revision # on the Site Claim will remain “0” until the Sponsor Claim is submitted to DOH. In other words, you may change and save the Site 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 Site 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 site and click on Save Data, you will get a pop-up box telling you that your claim data has been saved for that site and the site’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 Site Claim.

This will bring up the Site Claim Report which will show reimbursement information on that site (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 sites 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 sites at one time. You may enter single sites or groups of sites, save them, and go back later to enter the rest before submitting the Sponsor Claim.

Once you have entered all the sites 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 Site Claims you have submitted. At the top of the Sponsor Claim you will find a statement telling you how many sites have been entered.

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

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

**Enter information in Center Operating Expenditures, Sponsor Administrative Expenditures, Center Administrative Expenditures, Funds Retained by Sponsor, and Income to Program**

**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.

**Click on Print Preview** link or **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.