



SPECIAL NUTRITION PROGRAM

Division of Child Care and Early Childhood Education

On-Line Billing Guide

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On-Line Billing Guide

MINIMUM SYSTEM REQUIREMENTS

- **WINDOWS 98**
 - **INTERNET EXPLORER 6**
 - **128-BIT ENCRYPTION ENABLED**
 - **COOKIES MUST BE ENABLED**
-

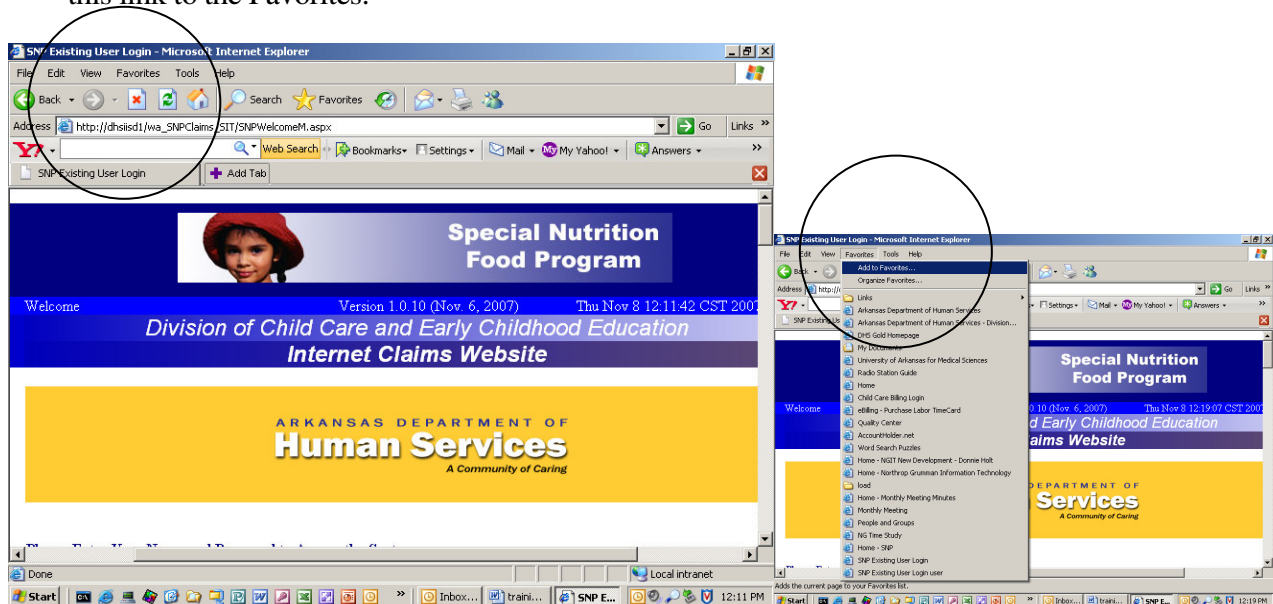
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Accessing the Web site

https://dhhs.arkansas.gov/wa_snpclaims/login.aspx

To save time in the future, once you have accessed this website you can save the link to the Favorites. To save this link in your Favorites, simply go to the top of the web page, click on the word Favorites. Once you click on Favorites a menu will drop down and you will see the option to “add to Favorites”, once chosen, a box will appear with a file name and ask if you want to save, choose yes. You have now saved this link to the Favorites.

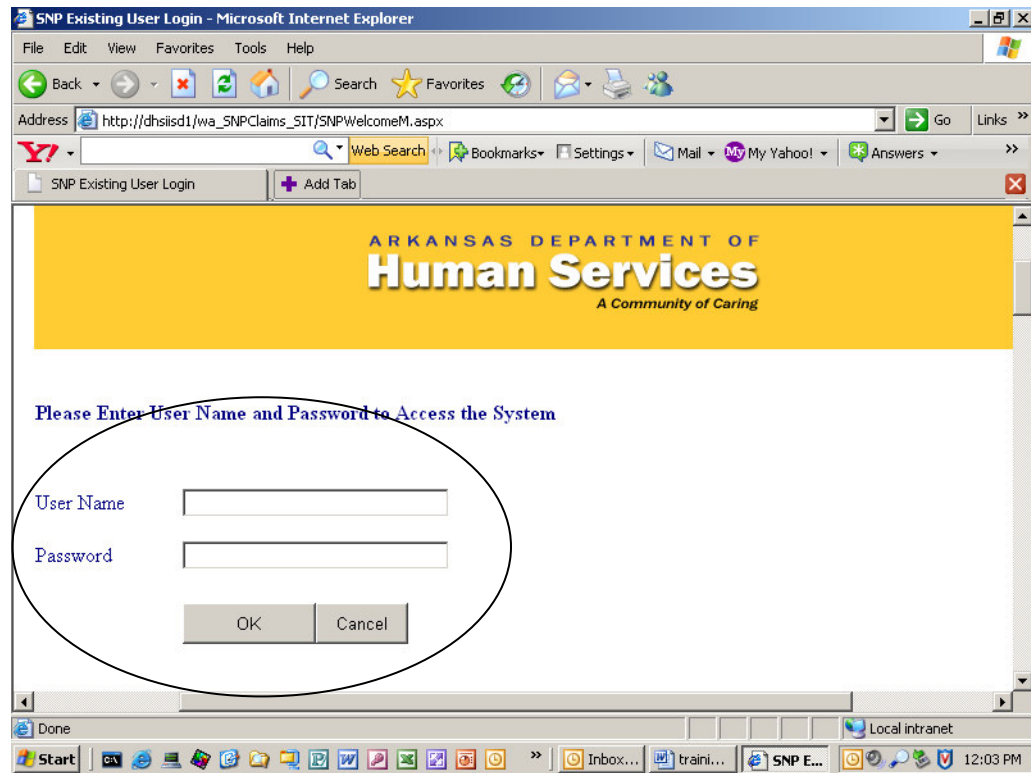


To Access the link from the Favorites menu simply choose Favorites and then choose the link name. User will be directed automatically to the web site.

LINK TO APPLICATIONS PAGE:

https://dhhs.arkansas.gov/wa_snp/welcome.SNPM.aspx

How to Log in



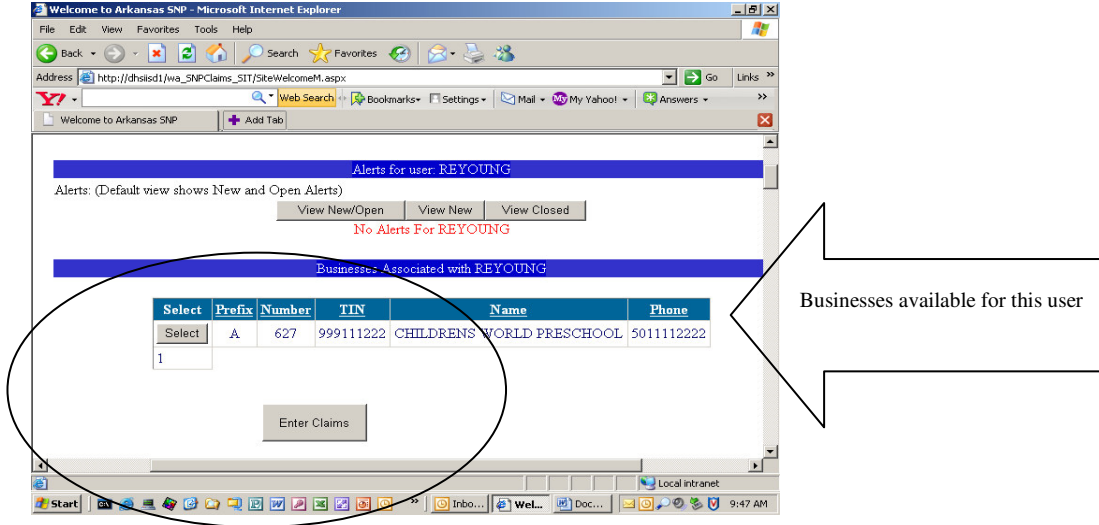
- Enter the USER NAME assigned by SNP
- Enter the PASSWORD for this USER NAME
- Choose the OK button

About User Names and Passwords

User Names and Passwords have been assigned by your SNP worker. The User Name and Password for billing claims is the same User Name and Password assigned in the Online Application System.

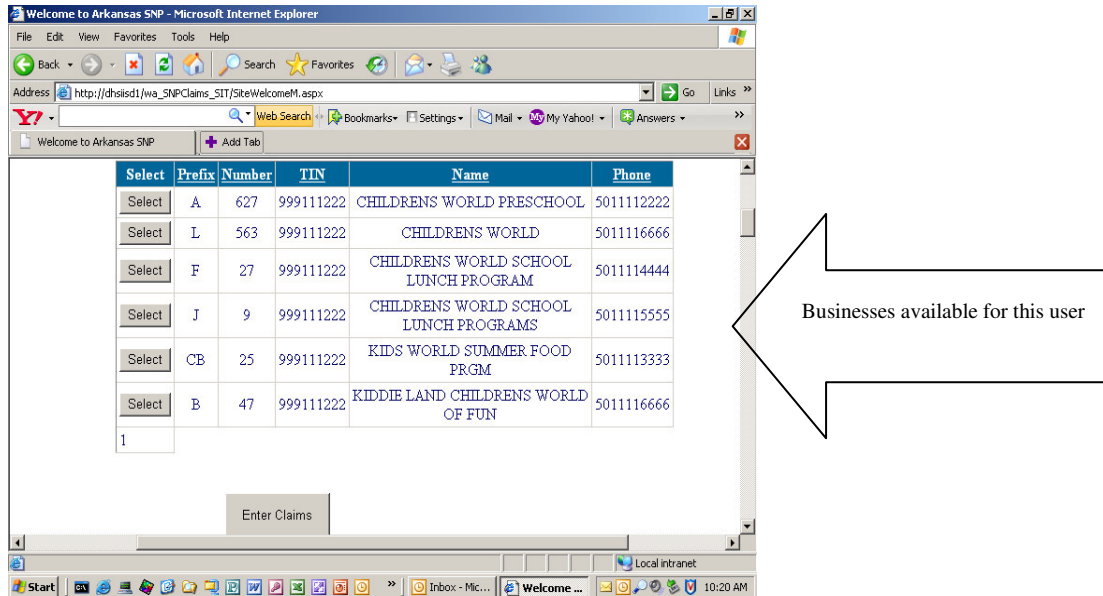
If you have forgotten the User Name or Password, use the **LOST PASSWORD** feature in the Applications System or telephone SNP Technical Support at (501) 682-8869/(800) 482-5850 Ext 28869.

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How to Enter Claims



In this screen the user will see all Businesses associated with the User Name.

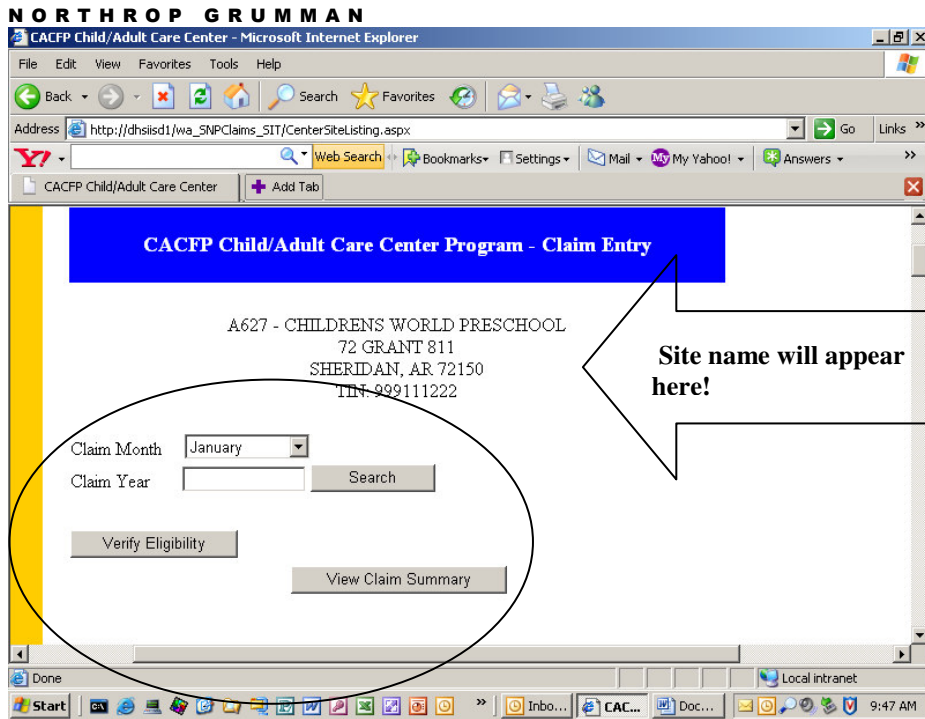
Depending on the Business type the user may see only one site as seen above or multiple sites as seen below.



Choose the Business user wishes to bill for and choose **SELECT**, then **ENTER CLAIMS**.

NOTE: ALERTS seen here are the same as the Alerts seen in the On-Line Applications System.

ALERTS are discussed further in the Alerts section of this manual.



In this screen choose the **MONTH** claiming, and then enter the **CLAIM YEAR**.

Be sure to use the CLAIM YEAR and not the Fiscal Year.

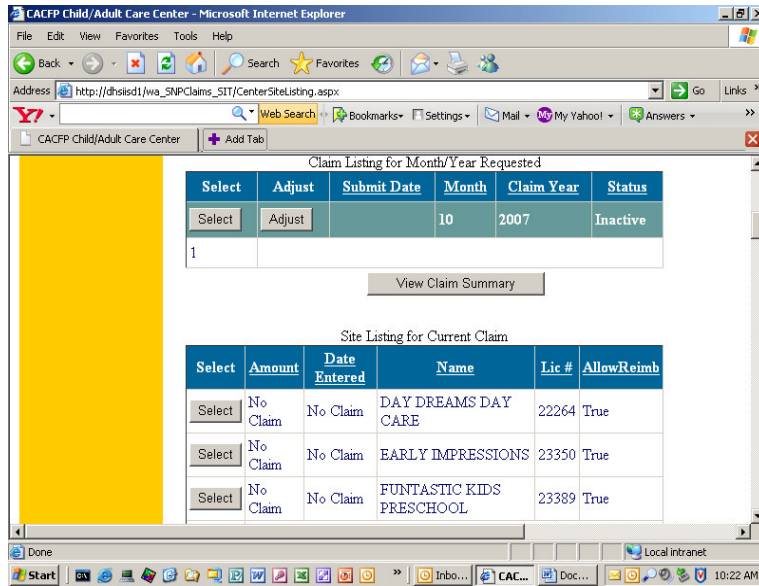
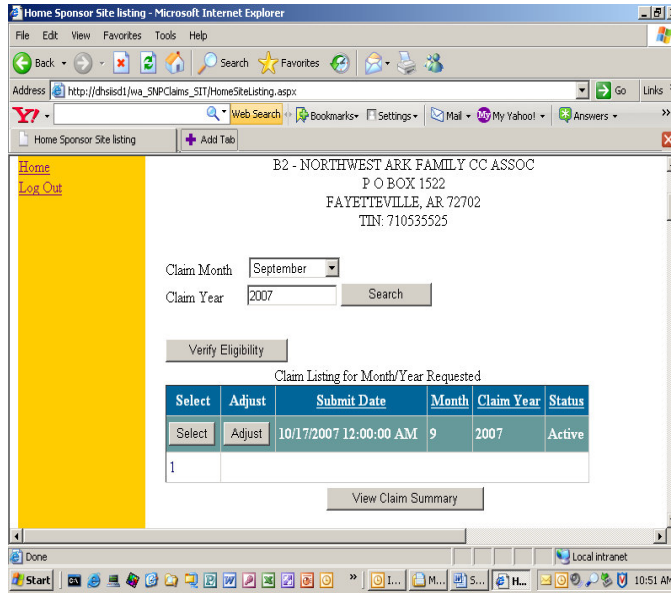
Choose **VERIFY ELIGIBILITY** to verify authorization to claim for this time period.



Choose **OK**

NOTE: Claims should be entered before 2:00 pm each Friday to be authorized by SNP Personnel and processed on Sunday for payment. Claims entered after 2:00 pm Friday will not be processed or authorized until the following Friday.

The view in this next screen will depend on the Business type.



Choose **SELECT** next to the site user wishes to enter a claim for.

NOTE: When entering information into the following screen, EDIT checks will appear if meals claimed does not meet eligibility and application information.

Be sure to carefully complete each field.

Enter claim information into the table, following guidelines given in SNP training.

Following are examples of the claim information screens for each program.

| Individual CACFP Business - No Sites | | |
|--|--------------------------|------------------------------|
| Number of Days In Operation | <input type="text"/> | |
| Meal Counts | CCC | At Risk |
| Number of Breakfast | <input type="text"/> | <input type="text"/> |
| Number of Lunches | <input type="text"/> | <input type="text"/> |
| Number of Supplements | <input type="text"/> | <input type="text"/> |
| Number of Suppers | <input type="text"/> | <input type="text"/> |
| Free Children Eligible | <input type="text"/> | |
| Reduced Children Eligible | <input type="text"/> | |
| Paid Children Eligible | <input type="text"/> | |
| Cost of Food | <input type="text"/> | |
| Average Daily Attendance | CCC <input type="text"/> | At Risk <input type="text"/> |
| Cash in Lieu Total | <input type="text"/> | |
| Food Service Total | <input type="text"/> | |
| Subtotal | <input type="text"/> | |
| <input type="button" value="Calculate"/> <input type="button" value="Save"/> | | |

| Individual NSLP Business | | | |
|--|--------------------------------|----------------------------|---------------------------------|
| Number of Days In Operation | <input type="text"/> | | |
| Meal Counts | Free | Reduced | Paid |
| Number of Breakfast | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Number of Lunches | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Number of Supplements | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Number of Milks | 0 <input type="text"/> | <input type="text"/> | 0 <input type="text"/> |
| Number of Milks Purchased | 0 <input type="text"/> | | |
| Total Milk Cost | 0 <input type="text"/> | | |
| Average Daily Attendance | Breakfast <input type="text"/> | Lunch <input type="text"/> | Supplement <input type="text"/> |
| Breakfast Total | <input type="text"/> | | |
| Lunch Total | <input type="text"/> | | |
| Supplement Total | <input type="text"/> | | |
| Milk Total | <input type="text"/> | | |
| Subtotal | <input type="text"/> | | |
| <input type="button" value="Calculate"/> <input type="button" value="Save"/> | | | |

| CACFP Home Sponsor Site Claim Data | | | |
|--|---|-----------------------------|----------------------------|
| KANDYLAND DAYCARE | | | |
| Number of Days In Operation | <input type="text"/> | | |
| Type of Home | Tier I <input type="button" value="v"/> | | |
| Meal Counts | Tier I | Tier II | Mixed |
| Number of Breakfast | 0 <input type="text"/> | 0 <input type="text"/> | 0 <input type="text"/> |
| Number of Lunches | 0 <input type="text"/> | 0 <input type="text"/> | 0 <input type="text"/> |
| Number of Supplements | 0 <input type="text"/> | 0 <input type="text"/> | 0 <input type="text"/> |
| Number of Suppers | 0 <input type="text"/> | 0 <input type="text"/> | 0 <input type="text"/> |
| Average Daily Attendance | Tier I <input type="text"/> | Tier 2 <input type="text"/> | Mixed <input type="text"/> |
| Tier 1 Total | <input type="text"/> | | |
| Tier 2 Total | <input type="text"/> | | |
| Mixed Total | <input type="text"/> | | |
| Subtotal | <input type="text"/> | | |
| <input type="button" value="Calculate"/> <input type="button" value="Save"/> | | | |

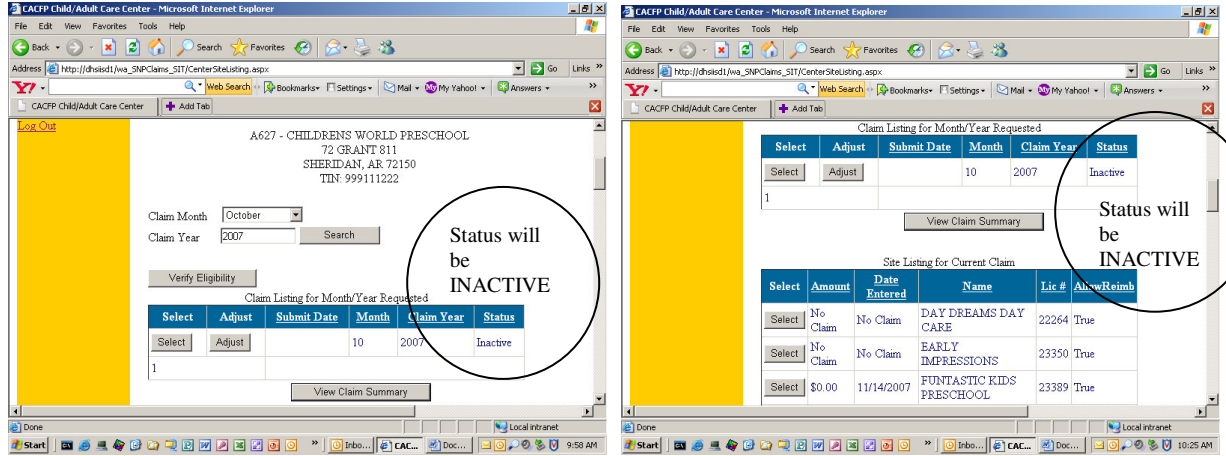
| SFSP Site Claim Data | |
|--|----------------------|
| ALL MY CHILDREN LEARNING ACADEMY | |
| Number of Days In Operation | <input type="text"/> |
| Number of Breakfast | <input type="text"/> |
| Number of Lunches | <input type="text"/> |
| Number of Supplements | <input type="text"/> |
| Number of Suppers | <input type="text"/> |
| Average Daily Attendance | <input type="text"/> |
| Operation Total | <input type="text"/> |
| Admin A Total | <input type="text"/> |
| Admin B Total | <input type="text"/> |
| Subtotal | <input type="text"/> |
| <input type="button" value="Calculate"/> <input type="button" value="Save"/> | |

After entering all of the information, choose either **CALCULATE** or **SAVE**.

Choosing **SAVE** will calculate and save in one step.



Choose **OK** to continue.



Choose **SELECT** next to the claim to be submitted and choose **VIEW CLAIM SUMMARY**.

The claim is not completed at this point. User must review the Claim Summary Data.

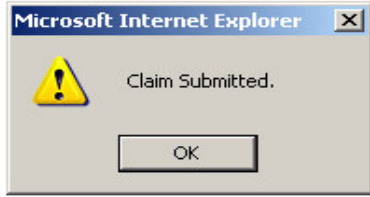
On the Claim Summary Data screen user will need to enter the date and choose **SUBMIT** for the claim to be sent to SNP Personnel for authorization.

Below is an enlargement of the signature portion of the Claim Summary Data screen

The image shows a form with several fields and buttons. The 'Date Signed' field has a circled callout with the text 'Enter Date *'. Below it is a 'Comments' field. At the bottom of the form, there are two buttons: 'Submit' and 'Return to Site Claims'. A circled callout points to the 'Submit' button. At the very bottom of the form, there is a line of text: 'If you need assistance, please call SNP at (501) 682-8868.'

NOTE: Once user has chosen **SUBMIT** no adjustments can be made unless you are an authorized Home Sponsor. Users not authorized to make their own adjustments must submit adjustments in writing to SNP personnel.

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WHEN YOU SEE THIS BOX, CHOOSE **OK**.



Once submitted the claim status will change from **Inactive** to **Active**.

Claim Listing for Month/Year Requested

| Select | Adjust | Submit Date | Month | Claim Year | Status |
|--------|--------|------------------------|-------|------------|--------|
| Select | Adjust | 10/17/2007 12:00:00 AM | 9 | 2007 | Active |

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View Claim Summary

The Claim Summary page will be the next screen.

Below is an enlarged view of the bottom portion of the submitted summary.

Amount Paid: (\$288.14) 15% of Claim: (\$43.22)

Date Signed: 11/09/2007

Comments: 000

Submit

Return to Site Claims

Print Site Summary Print Disbursement

If you need assistance, please call SNP at (501) 682-8868.

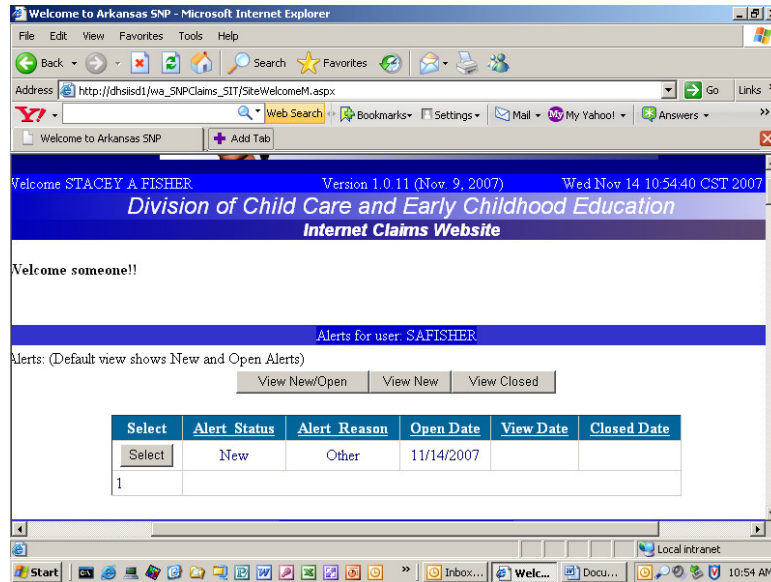
- 1. Submit** will submit the current claim to SNP for authorization.
- 2. Return to Site Claims** will return you to the Claim Selection page. You may select another site to claim or if your Business type is available to adjust a claim, you may do that here.
- 3. Print Site Summary** will print the current Site Summary page.
- 4. Print Disbursement** will print a copy of your current disbursement for all claims.

NOTE: You must have a printer connected to your computer to use the PRINT options.

How to View and Manage Alerts

The default view shows both **New** and **Open Alerts**.

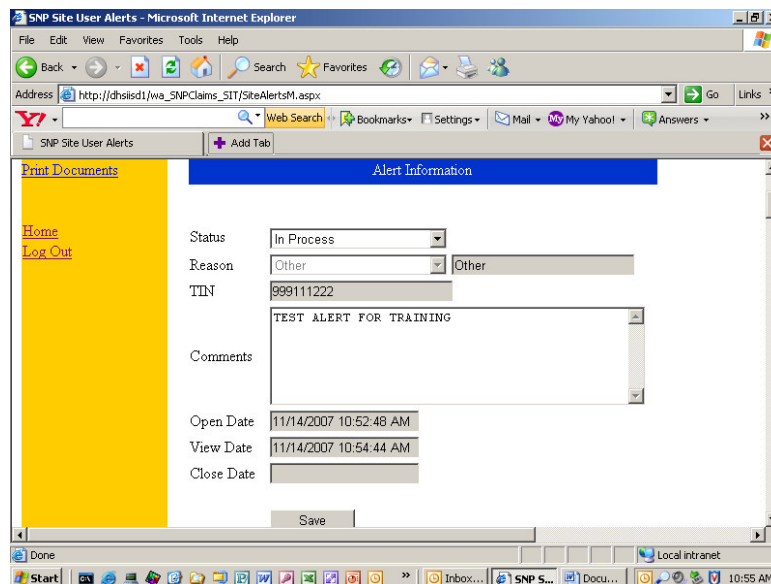
Choose **SELECT** next to the **Alert** you wish to see.



To see only **New Alerts**, choose **View New**.

To see **Closed Alerts**, choose **View Closed**.

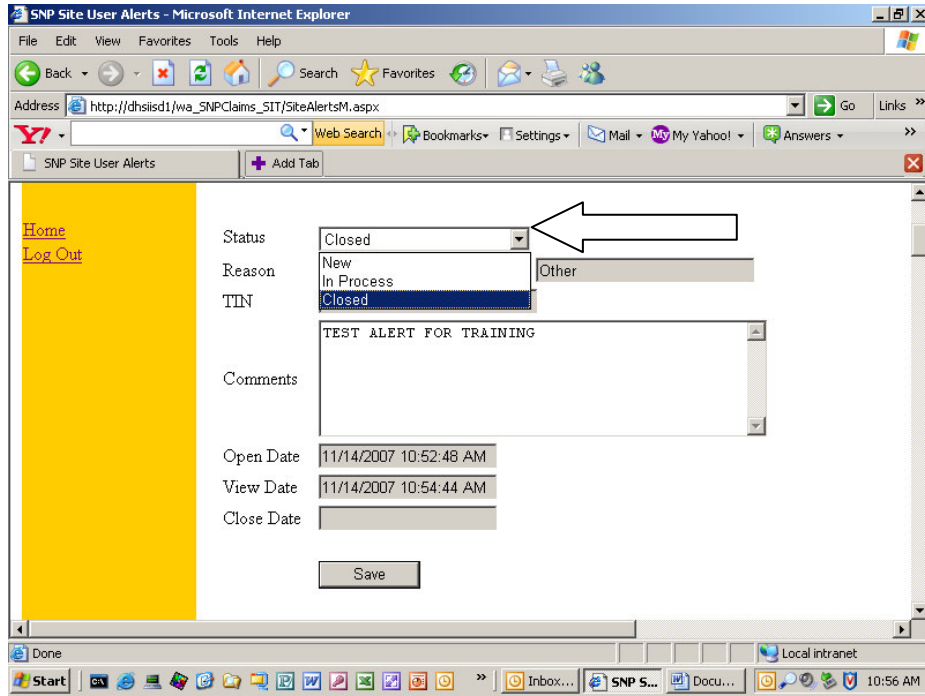
The next screen shows the Alert Information



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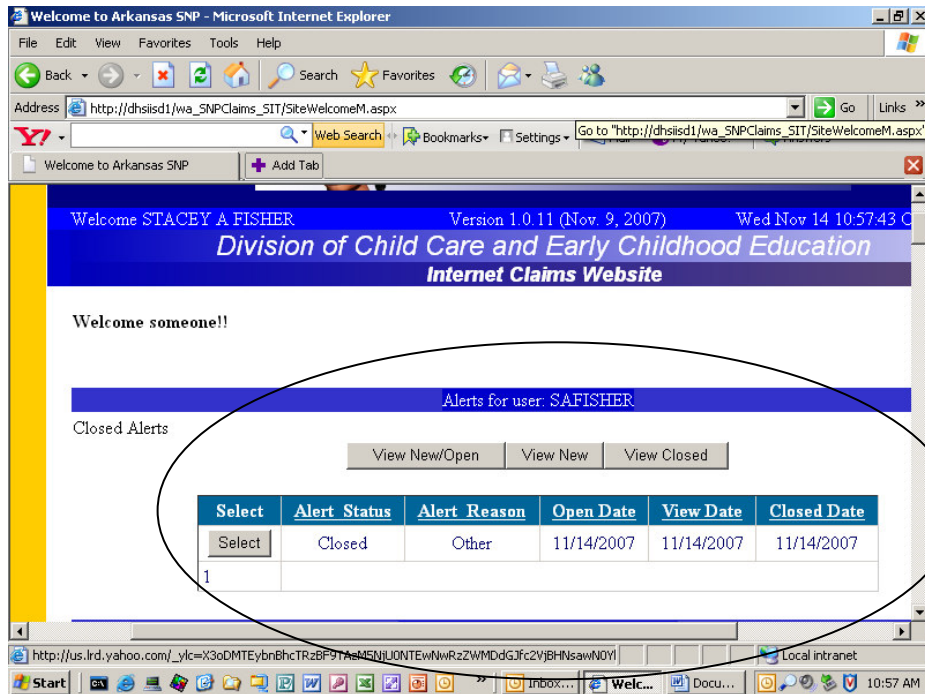
To change the status of an **Alert**, choose the arrow in the box next to **STATUS**.

A drop down menu will appear, choose the Closed or In Process option.



Once the Status has been updated, the new Status name will appear in the Alerts screen.

NOTE: The Alert status cannot be changed to NEW



Closed Alerts will be moved to the closed alert section. The user may now continue to view alerts Or choose another action such as entering claims or logging out of the system.

Contact Information Page

Web Address:

https://dhhs.arkansas.gov/wa_snpclaims/login.aspx

Support Phone Number: (501) 682-8869

Toll Free Support Phone Number: (800) 482-5850 EXT 28869

NOTES: