
MinuteMenu™ HX

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Understand the Billing Structure

Last Modified on 05/02/2024 12:16 pm CDT

This article provides comprehensive guidance for KidKare by Minute Menu's billing structure, processes, and how you can reconcile and dispute invoices. You can also direct all billing inquiries to our Finance team at **finance@kidkare.com**.

Click below to download a printable PDF version of this article.

HX Billing Guide.pdf

Click a link below to jump to a specific topic.

Understand Invoices

Invoices are generated and sent on the first of every month for the previous month's services. Your invoice will come from **orders@kidkare.com**. It lists the following:

- Billed Items
- Description of Billed Items
- Quantity of Billed Items
- Applied Discounts
- Total Billed Amount

Refer to your contract for specific line-item pricing and any applicable discounts.

Payment Options

We offer three payment options:

- Click the link in the lower-left corner of your invoice and pay with a credit card or via ACH.
- Mail a physical check to our lockbox.
- Send an ACH payment directly to us through your banking institution. If you choose to remit payment this way, contact **finance@kidkare.com** for banking details.

You can also pay your invoices (credit card or ACH), view past invoices, and view past payments in our Customer Portal. For more information and to register, email finance@kidkare.com.

Note: KidKare accepts Visa, MasterCard, American Express, and Discover with an applied 3% convenience fee that will be added to your next monthly bill.

We strongly recommend you pay your invoice online via ACH. However, if you choose to pay your invoice via a physical check, please mail your check to the following address:

Minute Menu Systems, LLC
DEPT 0603 PO BOX 120603
DALLAS, TX 75312-0603

Billing Timeline

KidKare by Minute Menu bills on the calendar month. The billing period is the month prior to your invoice date. For example, an invoice dated April 1 covers charges for March 1-31.

Provider Status & Billing

KidKare by Minute Menu generates invoices for providers who were active at any time during the billing period—excluding one test provider. Providers are considered active if they are set to **Active status** in Minute Menu HX and at least **one** of the following is true:

- There is meal attendance for the provider for that month.
- You entered a manual claim for the provider in the Add New Claims window during the billing period.

Billing does not look at whether claims were processed when generating invoices for Minute Menu HX. Instead, KidKare by Minute Menu looks for attendance data recorded within the **calendar month**. Such data can come from any of the following sources:

- KidKare
- Scanning
- Direct Entry
- Manual Claim Entry

Let's look at some examples:

Example 1

Your invoice is dated for April 1. The billing period for this invoice is March 1-31.

Provider Jane was set to Active for the month of March. She recorded two weeks' worth of attendance in KidKare during March and did not submit a claim.

Provider Jane **is** considered Active for March by billing, because she:

- Was set to Active status in Minute Menu HX.
- Recorded attendance during the billing period (March 1-31).

- You are billed for Provider Jane on your April 1 invoice.

Example 2

On the same April 1st invoice, Provider John was also set to active for the month of March. However, he did not record attendance, you did not enter any scan, Direct Entry, or Manual claim information for him.

Provider John is **not** considered Active for March by billing. Even though he is at Active status in Minute Menu HX, he did not record attendance online and you did not enter any scan, Direct Entry, or Manual claim information for him.

You are not billed for Provider John on your April 1 invoice.

Example 3

For the same April 1 invoice, Provider Daisy was placed on Hold, because she had advised that she was closing temporarily. However, she did record attendance and meals for two weeks in March, but did not submit a claim.

Billing does **not** consider provider Daisy active for March, as she does not meet the first requirement: Active status in Minute Menu HX.

You are not billed for Provider Daisy on your April 1 invoice.

Provider Status Definitions

Before we explore some best practices for managing provider status, its important you understand the different statuses at which a provider can be enrolled.

- **Wizard Incomplete:** You have not finished enrolling the provider. A provider is set to this status when you click Close For Now during the enrollment process. You can have up to nine (9) providers in this status at a time.
- **Pending:** You have finished enrolling the provider, but you did not provide any licensing information for them. Any claim you process from providers at this status is automatically disallowed.
- **Active:** The provider is ready to process claims.
- **Hold:** The provider is active and can submit claims, but those claims are put on hold and are not submitted to the state.
- **Removed:** You have removed the provider from your system and they are no longer active.

Manage Provider Status

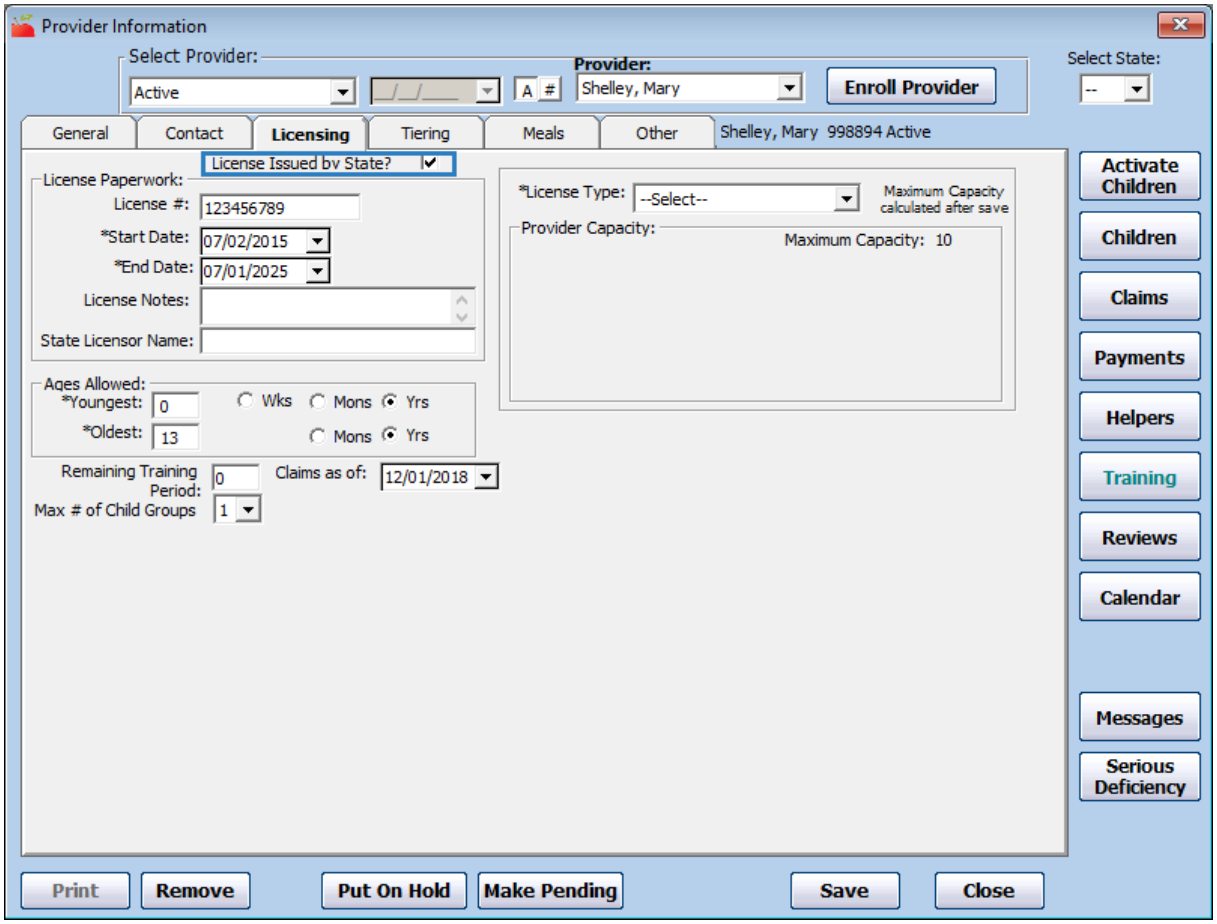
There are several ways to manage provider status. What follows are recommended best practices for managing your providers' status in Minute Menu HX. Ideally, provider status changes should be made at the end of the **current month** for billing purposes.

Enroll New Providers in Pending Status

Enroll new providers in Pending status and leave them at Pending status until they submit a valid claim. Providers set to Pending can still record attendance and other claim data, but you cannot process the claim until they are activated. Any claim you process for a pending provider is automatically disallowed.

To enroll a provider in pending status, leave the **License Issued by State** box in the **Licensing** tab unchecked. Once you receive a valid claim from the provider:

1. Check the **Licensed Issued by State** box in the **Provider Information Licensing** tab.



2. Enter the provider's license information and save.
3. Activate the provider.

Let's look at an example.

> You enroll a new provider on March 25 and leave them in Pending status. The provider begins recording meals April 1. They submit their April claim to you on May 1.
>
> Since you received a valid claim, you add the provider's licensing information, activate them, and process their claim.

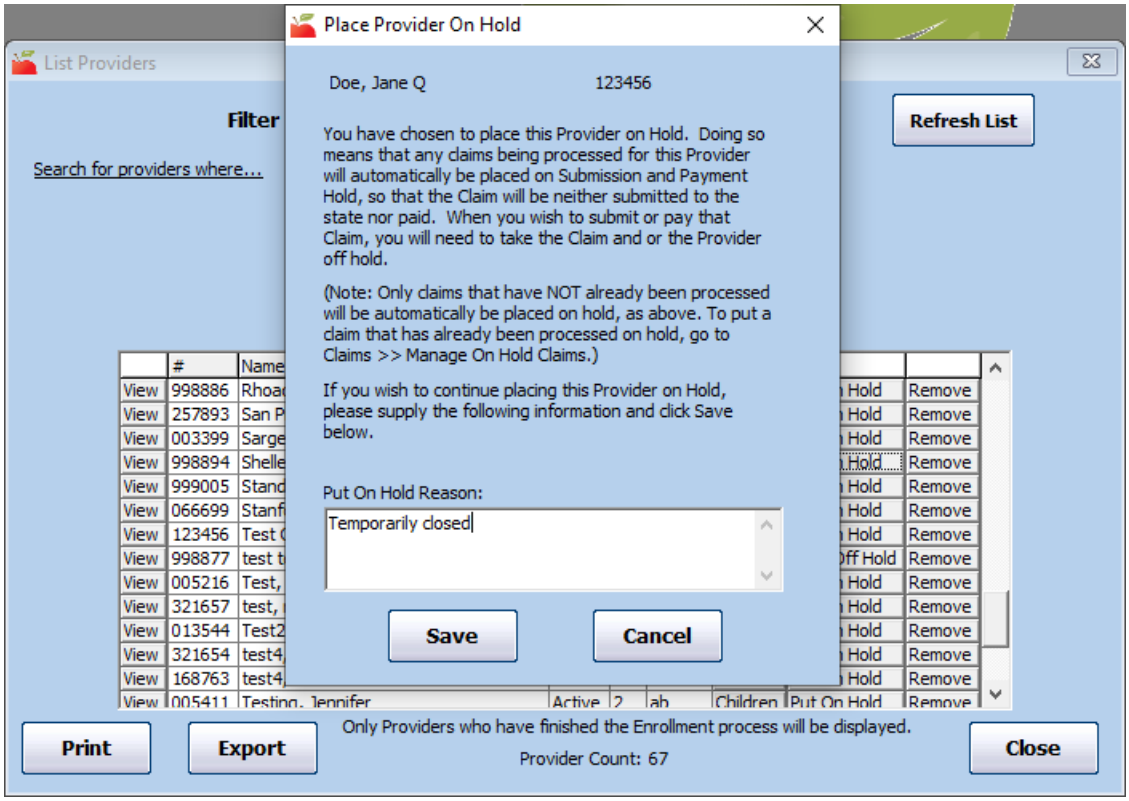
Place Providers on Hold if They Are Not Claiming Temporarily

Placing a provider on hold removes them from state claim reports and the Issue Payments window. As such, you must wait until the provider's most recent valid claim has been processed and paid before you place them on hold.

Like Pending providers, providers who are on hold can still record attendance, record meals, and submit claims. You should wait until you receive a valid claim from the provider to return the provider to Active status.

To place a provider on hold:

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Set filters and click **Refresh List.**
3. Click **Put On Hold** next to the provider to place on hold. The Place Provider On Hold dialog box opens.
4. Click the **Put On Hold Reason** box and enter the reason you are placing this provider on hold.

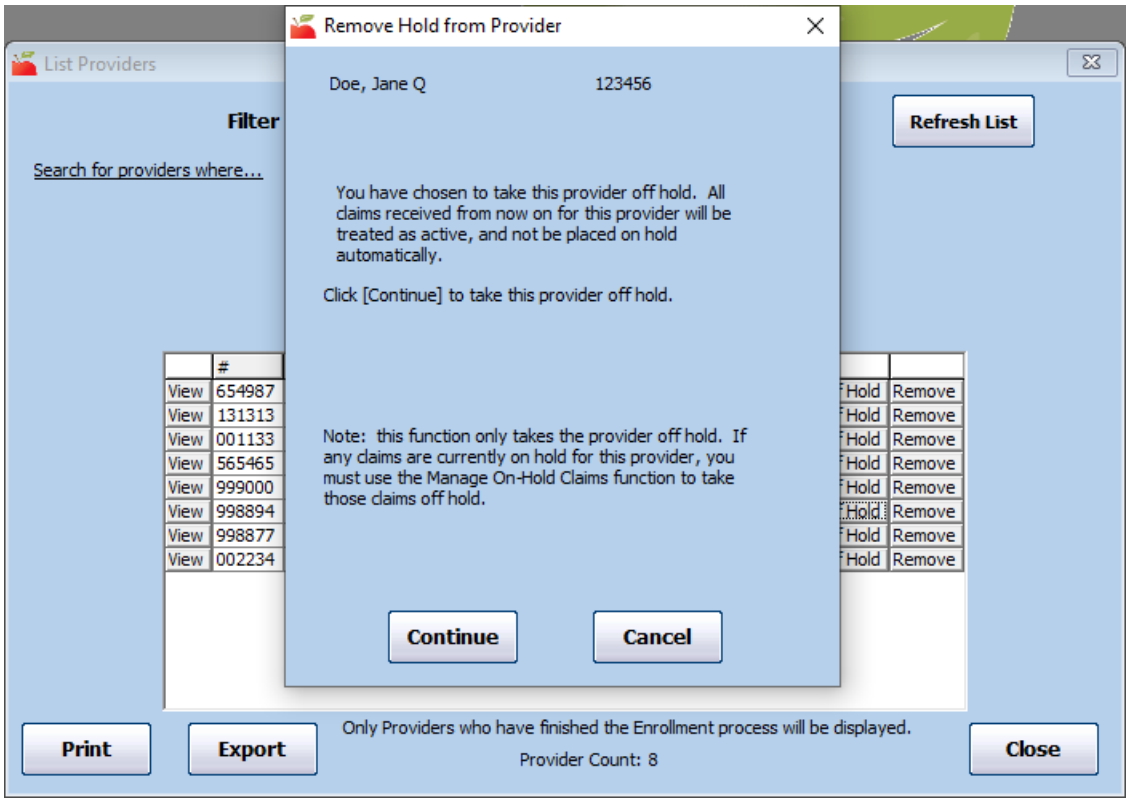


5. Click **Save**.

Once you receive a valid claim from the provider, remove them from hold.

To do so:

1. Click the **Providers** menu and select **List Provider**s. The List Providers window opens.
2. Click the **Filter Providers By** drop-down menu and select **Hold**.
3. Click **Refresh List**. The providers you have placed on hold display.
4. Click **Take Off Hold** next to the provider to remove from hold. The Remove Hold From Provider dialog box opens.

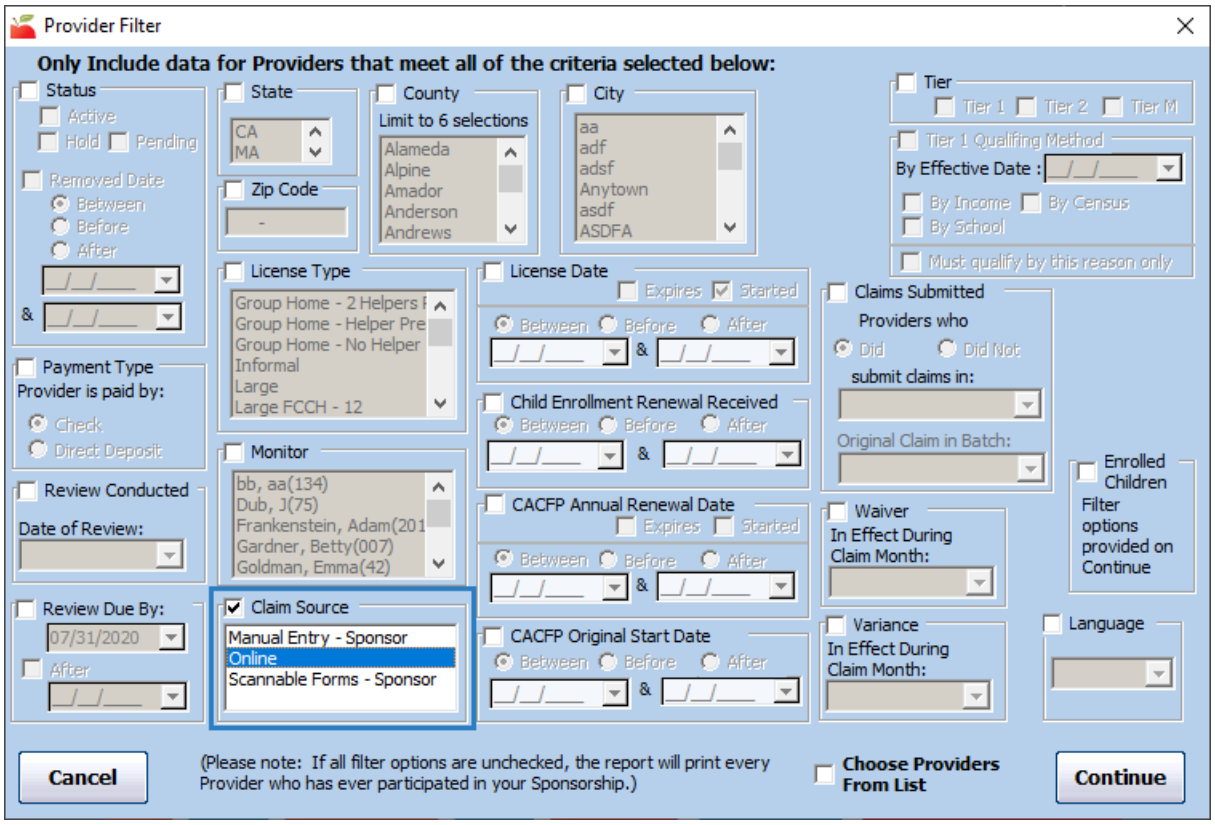


5. Click **Continue**. The hold is removed.

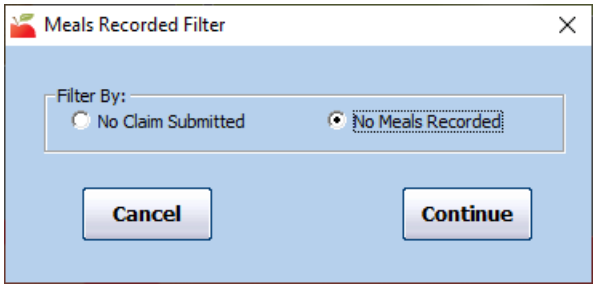
Run the Providers Not Claiming Report & Take Action, if Needed

You can use the Providers Not Claiming report to generate a list of providers who have not recorded a meal for the month. Use the resulting list to follow-up with your providers, so you can remove them or place them on hold, if needed.

1. Click the **Reports** menu, **Claim Management**, and select **Providers Not Claiming Report**, or click **Claims** and select **Track Received Claims**. Then, click **Providers Not Claiming**. The Provider Filter window opens.
2. Use the **Claim Source** filter to filter the report to online providers only.



3. Click **Continue**. The Select Dates dialog box opens.
4. Set a **Start** and **End** date that encompasses the entire month. For example, on January 27th, you can generate the report for 01/01/2020 - 01/31/2020 to get a list of providers who have not recorded any meals in January.
5. Click **Continue**. The Meals Recorded Filter dialog box opens.
6. Select **No Meals Recorded** and click **Continue**.



7. Click the **First Sort By** drop-down menu and the **And Then By** drop-down menu and select the primary and secondary sorts for this report.
8. Click **Continue**. The report is generated, providing you with a list of providers who have not recorded any meals in KidKare for the month. Follow-up with these providers to see if they are planning to submit a claim for the month.

Remove Providers in the Month in Which They Stop Claiming

If a provider advises you that they are closing their day care on a specific date, you can remove them and set a

future removal date—typically the last day of the month. The provider can still log in to KidKare to finish recording menus and attendance for the month and send claims to you. Their claim will be available in HX for processing and payment, even after their removal date has passed.

Review Your Provider List Each Month

Review your provider list near the end of each month and make status changes, as needed.

Reconcile Your Bill

Use the Billing Details report in KidKare to reconcile your invoice against your data. The Billing Details report lists your monthly invoice details by site, including:

- **Provider ID:** This is the number assigned to the listed provider.
- **Provider Name:** This is the name associated with the Provider ID.
- **Billing Amount:** This is the total billable amount for each provider.
- **Old Provider Status Code:** If the listed provider's status changed during the current billing cycle, their original status, such as Active, displays here.
- **New Provider Status Code:** If the listed provider's status changed during the current billing cycle, their new status displays here.
- **Date of Status Change:** This is the date on which the provider's status was changed. If the provider's status has not changed since the previous billing cycle, No Status Change This Month displays instead.
- **Date of Activity:** This is the date and time of the provider's last activity in KidKare.
- **Claim Month of Activity:** This is the claim month in which the provider's last activity was captured.

> **Note:** If a provider's status was changed multiple times during the billing period, only the most recent change is included on this report.

Generate the Billing Details Report

The Billing Details report lists your monthly invoice details by site. You can run this report in KidKare for the current or previous months as you are billed.

> Note: Users must have full or view access for the Manage Systems Settings permission to view this report. For more information about setting permissions, see **Manage User Permissions**.

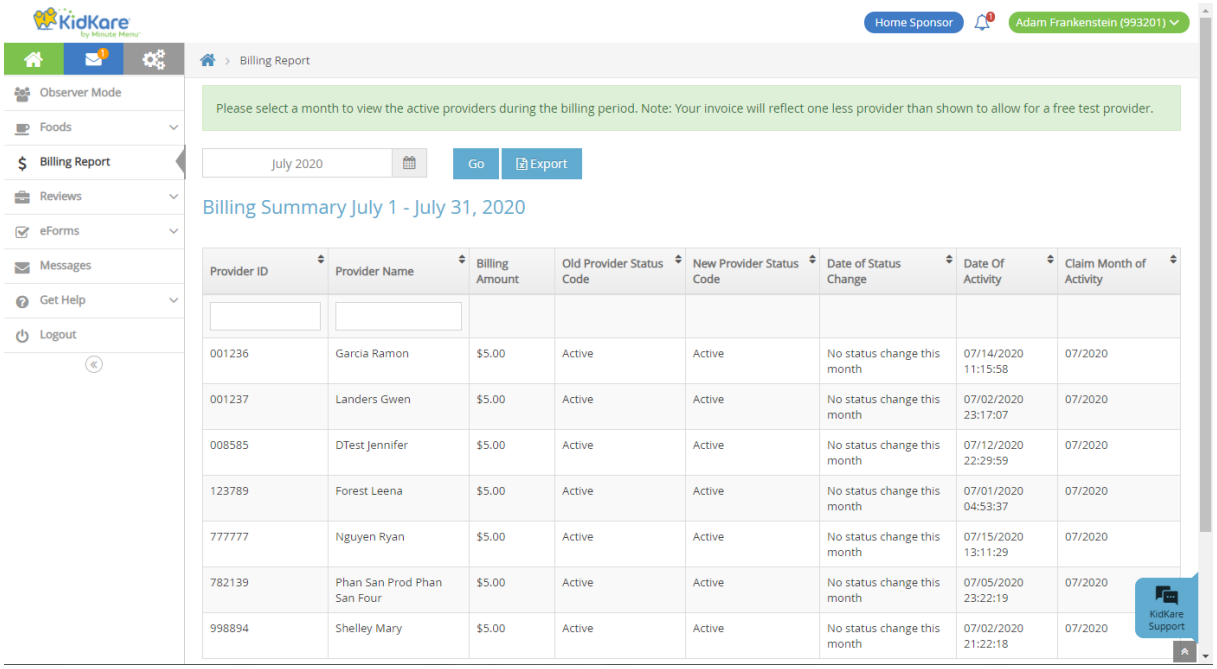
To generate this report:

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.

2. From the menu to the left, click **Billing Report**. The Billing Report page opens.
3. Click and select the month for which to print the report.

> **Note:** You cannot select future months.

4. Click **Go**. The report is generated.



5. Click **Export** to export the report to a spreadsheet (XLSX) file.

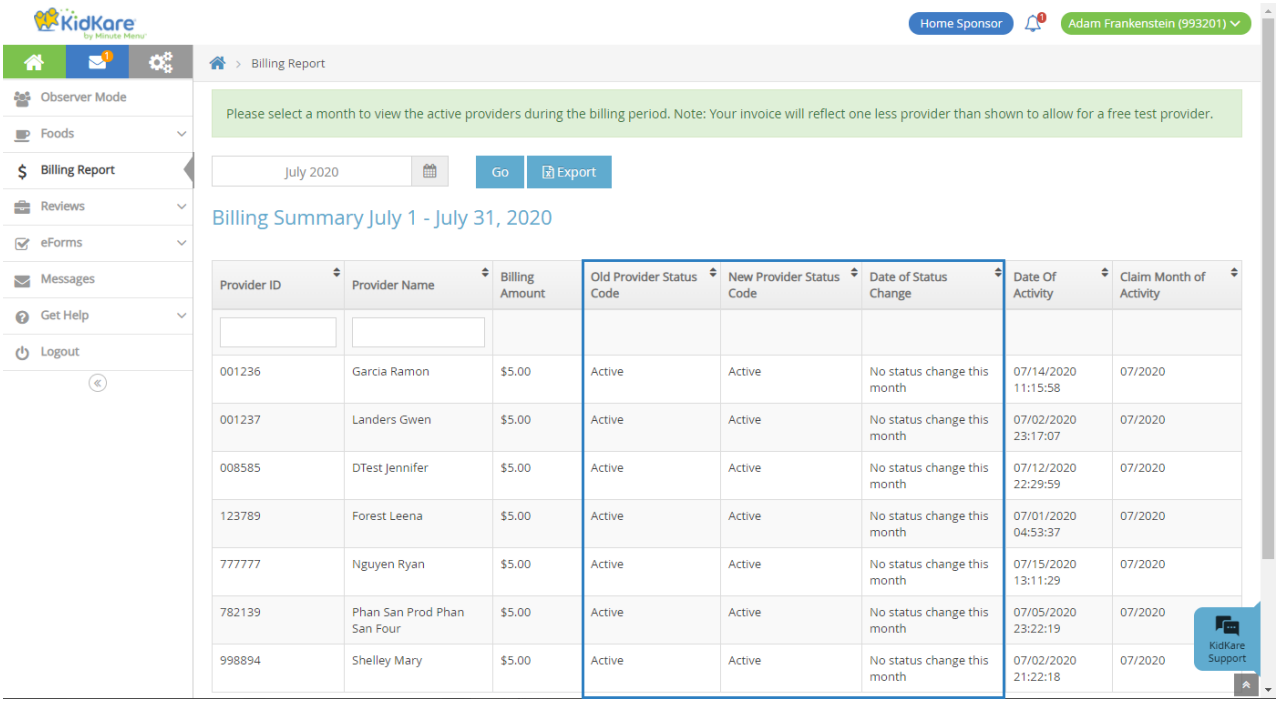
Review the Billing Details Report

Once you generate and/or export the Billing Details report, compare the sites listed here to the number of sites for which you were billed on your invoice. Most questions we receive stem from questions of provider status and claiming. Remember: HX billing only looks for an Active provider status and recorded attendance or meal counts captured during the billing period.

Look for Status Changes Made During the Billing Period

First, review the status data on the Billing Details report. This information is captured in the following columns:

- Old Provider Status Code
- New Provider Status Code
- Date of Status Change



These columns will tell you if a provider's status was changed at any point during the billing period. If a provider's status was changed multiple times, the most recent change is documented here, and the Date of Status Change column provides the date said change was made. If no status changes were made during the billing period, No Status Change This Month displays in the Date of Status Change column.

Let's look at an example:

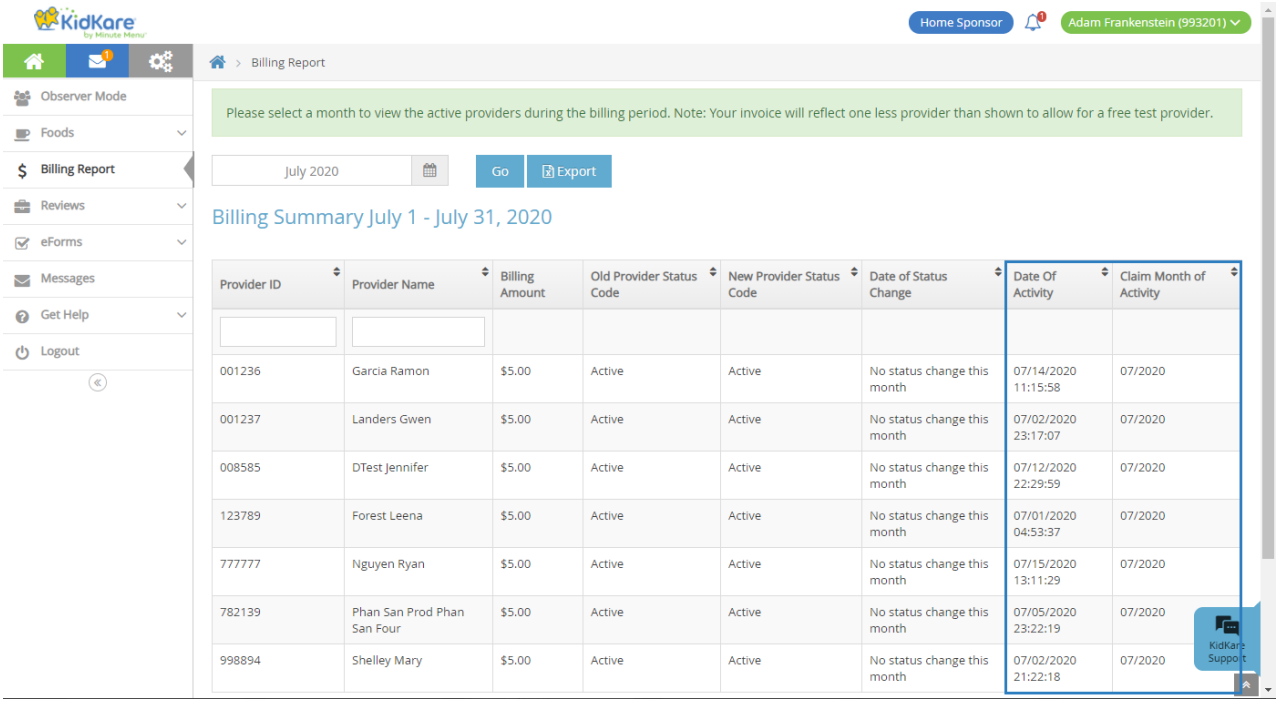
> Provider Mary was at Active Status for April 1 - April 15. She recorded meals and attendance during this time, but did not submit a claim. She let you know she would not be open for the remainder of April and May, so you place her in Hold status on April 16.
>
> Because Mary was Active and recorded attendance and meals for the first two weeks of the billing period (April), you are billed for her on your May 1 invoice.
>
> The Billing Details report shows the following information for Mary:
>
> - **Old Provider Status Code:** Active
> - **New Provider Status Code:** Hold
> - **Date of Status Change:** 4/16/2020
>
> Mary remains at Hold status for the entirety of May. She may record attendance or meals here and there, but you do not update her status. Because she is not at Active status during May, you are not billed for her on your June 1 invoice. The Billing Details shows the following information for Mary for June billing:
>
> - **Old Provider Status Code:** Hold
> - **New Provider Status Code:** Hold
> - **Date of Status Change:** No Status Change This Month

Review Activity Dates

As you review provider status changes, you should also review activity dates for providers you are questioning. This information is captured in the following columns:

- Date of Activity
- Claim Month of Activity

Remember, the billing period is the month prior to your invoice date. So, if a provider is at Active status and has no activity, they should not have been billed. Alternately, you may see activity in this column for providers at Pending or Hold status. As long as these providers were not active at any time during the month, you should not have been billed for them.



Contact the Finance Team

Please direct all billing questions to the Finance team. This includes any billing questions, concerns, or disputes. Please do not submit a ticket for billing inquiries to our Support team. You can reach the Finance team at finance@kidkare.com or (972)-954-3868.

Frequently Asked Questions

Below are the most common questions we receive about Minute Menu HX billing. If you have a question that is not answered here, contact the Finance team at **finance@kidkare.com.**

Are you billing for the number of providers who claimed for the month and not for the total number of active providers?

No. HX billing does not look at whether the provider has processed a claim during the billing period. Instead, we bill for providers who are set to Active status and who meet one of the following conditions:

- There is meal attendance for the provider for that month.
- You entered a manual claim for the provider in the Add New Claims window during the billing period.

If your providers are not claiming, but are still recording meals/attendance, we recommend you place them on Hold. Providers who are at Hold status can still record meals/attendance, but cannot claim.

I only have a small number of providers claiming. What changes do I need to make to avoid being billed for non-claiming providers?

We recommend that you place providers on Hold if they are not actively recording meals/attendance or claiming. You can do this on a provider-by-provider basis, or you can use the Bulk Provider Update feature to update multiple providers at once. You can switch providers back to Active status at any time.

Timing is also important. You must place non-claiming providers on Hold on or before the end of the month to avoid being billed for them on your next invoice. For example, if a provider is active in January, but doesn't plan to be in February, place the provider on Hold on or before January 31.

Providers on Hold can still record attendance and meal counts and submit claims. However, any submitted claims are automatically placed on hold. So, if a provider you've put on Hold submits a claim, you must switch them back to Active status before you can process the claim.

For more information, refer back to the **Best Practices for Managing Provider Status** heading, or see the following articles:

- **Place Providers on Hold**
- **Bulk Provider Update**

We placed most of our providers on hold for the month and expect only a certain number of them to file a claim. Our invoice includes more Active providers than it should. Can you explain why?

Billing picks up providers who were active at any time during the Billing Period, which is the month prior to your invoice date. If your providers were active at any time during this period and recorded attendance or meal counts, you are billed for those providers.

For example, suppose a provider was only at Active status June 1 - June 10. This provider recorded meals and/or attendance during this time. You place them on Hold on June 11. Because this provider was active for a portion of June and recorded meals or attendance, you are billed for that provider on your July 1 invoice.

Review the Billing Details report for the providers in question and look at the following:

- **Date of Status Change Column:** Is there a date in this column? If so, the provider's status was changed during the billing period. Review the Old Provider Status Code and New Provider Status Code columns to see what changes were made.
- **Date of Activity Column**: Is there a date and time stamp in this column? If so, the providers may have

recorded attendance or meals during the billing period. Investigate further with Observer Mode in KidKare and Meals/Attendance reports in Minute Menu HX.

How did you come up with this total? We only had X amount of providers actively claiming during the billing period.

Billing for Minute Menu HX does not look at whether a claim was processed when determining provider status. A provider is only considered active if they are set to Active status in Minute Menu HX at any time during the billing period and one of the following conditions is met:

- The provider recorded meals or attendance during the billing period.
- You entered a manual claim for the provider during the billing period. This means that you manually input attendance/meal count data for the provider.

What do I do with providers who have decided not to claim? I don't know if they plan to come back, so I don't want to remove them completely.

Place these providers on Hold until they are ready to begin claiming with you again. Ideally, this should be done on or before the last day of the month to avoid being billed on future invoices (assuming these providers record meals or attendance during this time). For more information, see the Place Providers on Hold article on the Minute Menu HX knowledge base.

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KidKare by Minute Menu strives to be fair in all billing aspects. If you are experiencing unforeseen circumstances and need to discuss your bill, please contact our Finance team at ***finance@kidkare.com****.*

View the Billing Details Report

Last Modified on 02/22/2021 10:14 am CST

The Billing Details report lists your monthly invoice details by site. You can run this report for the current or previous months as you are billed.

> **Note:** The billing period is the month prior to your invoice date.

It lists the following:

- **Provider ID:** This is the number assigned to the listed provider.
- **Provider Name:** This is the name associated with the Provider ID.
- **Billing Amount:** This is the total billable amount for each provider.
- **Old Provider Status Code:** If the listed provider's status changed during the current billing cycle, their original status, such as Active, displays here.
- **New Provider Status Code:** If the listed provider's status changed during the current billing cycle, their new status displays here.
- **Date of Status Change:** This is the date on which the provider's status was changed. If the provider's status has not changed since the previous billing cycle, **No Status Change This Month** displays instead.
- **Date of Activity:** This is the date and time of the provider's last activity in KidKare.
- **Claim Month of Activity:** This is the claim month in which the provider's last activity was captured.

> **Note:** If a provider's status was changed multiple times during the billing period, only the most recent change is included on this report.

Use this report to cross-check which providers are actively claiming with you and set those providers who are *not* actively claiming to **pending** or **on-hold**, so you are not billed for them again. For more information, see **Switch Providers to Pending Status** or **Provider Hold**. You can also **remove these providers** instead (you can always re-instate them later).

> **Required Permissions:** Users must have full or view access for the **Manage Systems Settings** permission to view this report. For more information about setting permissions, see **Manage User Permissions**.

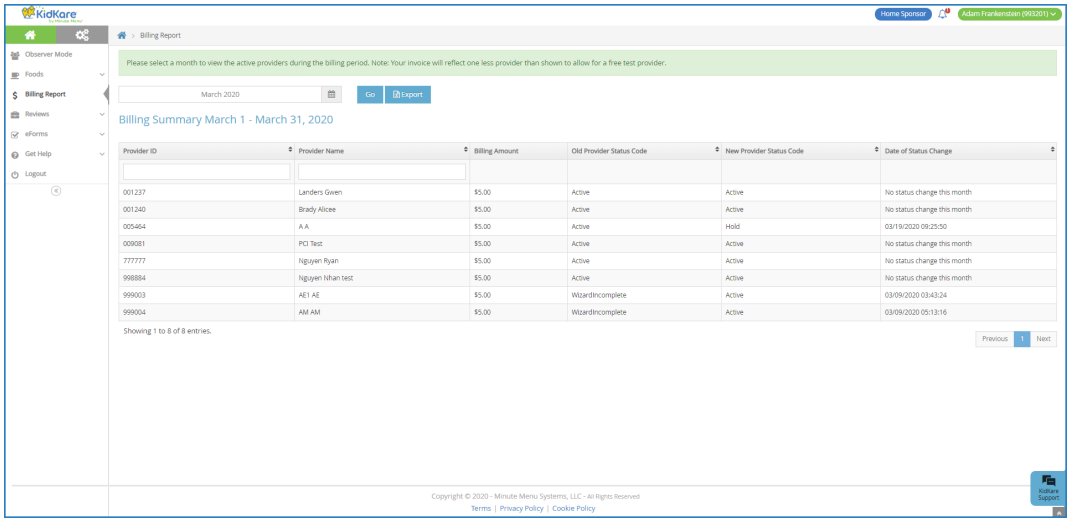
You run this report in KidKare.

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. From the menu to the left, click **Billing Report**. The Billing Report page opens.

3. Click and select the month for which to print the report. Remember, the billing period for your invoice is the month prior to the invoice date. For example, if your invoice is dated June 1 2021, select May 2021 to view invoice detail for June.

   Note: You cannot select future months.

4. Click **Go**. The report is generated.
5. Use the blank boxes in the **Provider ID** and **Provider Name** columns to view specific providers, as needed. You can also click the column headers to sort information in ascending or descending order.



6. Click **Export** to export the report to a spreadsheet (XLSX) file.

System Requirements

Last Modified on 08/26/2020 10:36 am CDT

Minute Menu HX with Cloud Connect

Minute Menu HX is a client-server application. As such, you can use more than one computer with the software, where the database is hosted on a cloud server and all end-user computers run the application and connect to that single database via their Internet connection.

	End-User Requirements
RAM	4GB - 6GB
Processor	1.0 - 3.0+ GHz
Available Hard Disk Space	600MB
Battery Backup	UPS recommended

Supported Operating Systems: Windows Server 2012 R2, Windows Server 2012, Windows Server 2016, Windows 8.1, and Windows 10

Un-Supported Operating Systems: Windows 8, Windows 7, Windows Vista, Windows XP, Windows Server 2003, Windows Server 2000, Windows Server 2008 R2, Windows Server 2008 with Service Pack 2, Windows 98, Windows Millennium, Windows NT, and older Windows versions

Minute Menu HX Cloud Connect Connectivity / Bandwith Requirements
Dedicated Internet access is required for Minute Menu HX. A minimum bandwidth speed of 56 Kbps per user is recommended for sponsors using Minute Menu HX Cloud Connect. To calculate the amount of bandwidth needed, please consider the number of users you anticipate will be using Minute Menu HX at any given time and multiply that by 56 Kbps. Generally speaking, most DSL connections will be able to support 2 to 16 simultaneous users. Cable, T1 and Satellite connections will have more capacity and should be able to easily support all users for a large sponsor. Keep in mind that some systems, including satellite, may have native latency that can cause lag for end-users of Minute Menu HX.

Scanners: OMR (Optical Mark Recognition) scanners are the scanners that read the forms that are scanned into HX. In order to be compatible with Minute Menu HX, the scanners **must have a pencil read head** (not an ink read head). New scanners must be purchased through Minute Menu. For additional questions or information, please contact us.

Supported Scanners: OpScan6, OpScan4, InSIGHT4, OpScan3

Printers: We do not support dot-matrix printers, except when printing checks. Inkjet, bubble jet, or laser printers are recommended, with speeds of 10ppm (for smaller Sponsors) to 30ppm or greater (for larger Sponsors). When evaluating the speed of a printer, consider printing claim reports: 3 reports of one page each (X) the # of claiming providers = the total number of pages needed.

Provider KidKare (Internet) Requirements

In general, any computer with an operating system greater than Windows XP will work for KidKare.com. High-speed internet access is recommended. Since KidKare.com is completely web-based the program can be used

from any device with a web browser including PCs, Macs, Laptops, Tablets and Mobile Devices.

Software Discounts

Non-profit agencies can typically acquire licenses for Microsoft Windows & SQL Server at highly discounted rates. For more information, check out either of the following:

- www.ccbtechnology.com or you can call at 800-342-4222, ask for Kevin Rochol, Ext. 120. You can contact Kevin directly for the discounted rates or ask for any Sales Agent.
- www.techsoup.org You can also call Techsoup at (800) 659-3579 x700

For more information, contact us and we can send you a full interest packet describing the software in detail.

[VIDEO] Install & Upgrade Minute Menu HX

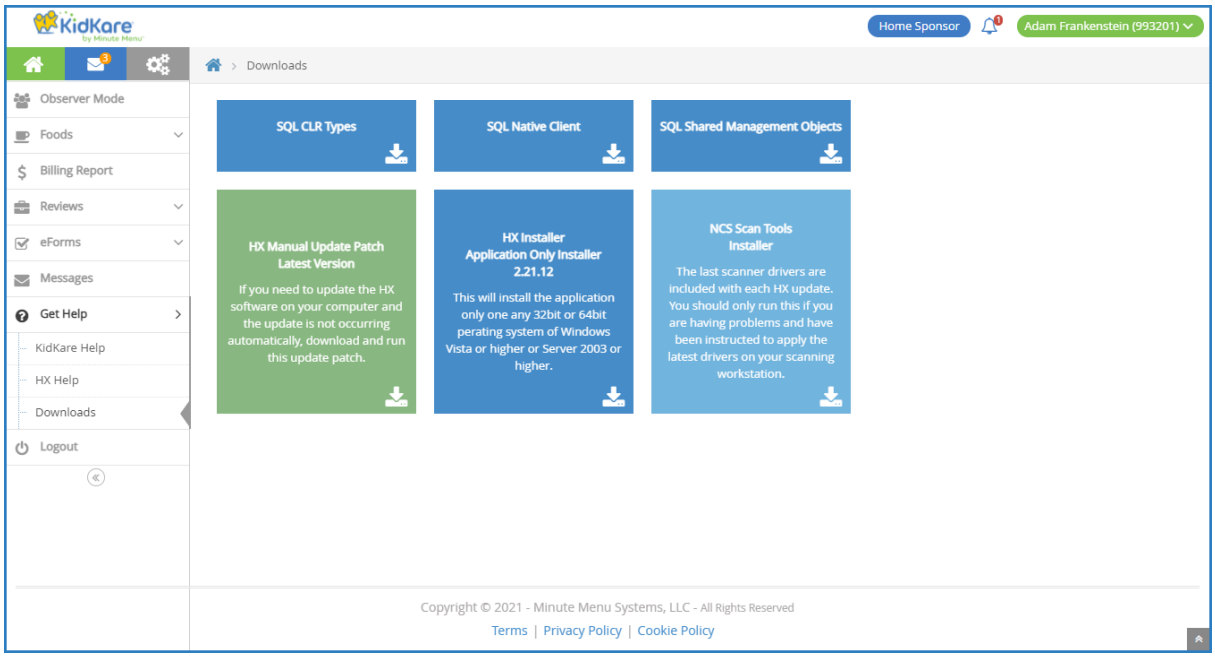
Last Modified on 05/06/2021 7:28 am CDT

Install Minute Menu HX

Please refer to our **System Requirements** page to verify that each computer meets the minimum system requirements before getting started. You can install Minute Menu HX on multiple computers, including off-site computers.

To install the software:

1. Log in to **app.kidkare.com** using the same credentials you use to log in to Minute Menu HX.
2. From the menu to the left, click **Get Help**.
3. Click **Downloads**. The Downloads page opens.



4. Download and run the **HX Installer – Application Only** installer.
5. Download and run the **HX Manual Update Patch**.
6. Once the software has been installed, double click the red HX apple icon on your computer desktop.

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Upgrade Minute Menu HX

Minute Menu HX has two types of releases:

- Optional

- Mandatory

The release notices sent out before the release will indicate whether a release is optional or mandatory.

Mandatory Releases

For mandatory releases, Minute Menu HX updates automatically upon launch. Note that you must have administrative privileges to complete this update. If the process does not automatically begin, or you encounter an issue with the upgrade, check your administrative privileges and try again. Should the issue persist, email us at **hxsupport@minutemenu.com** for assistance.

Optional Releases

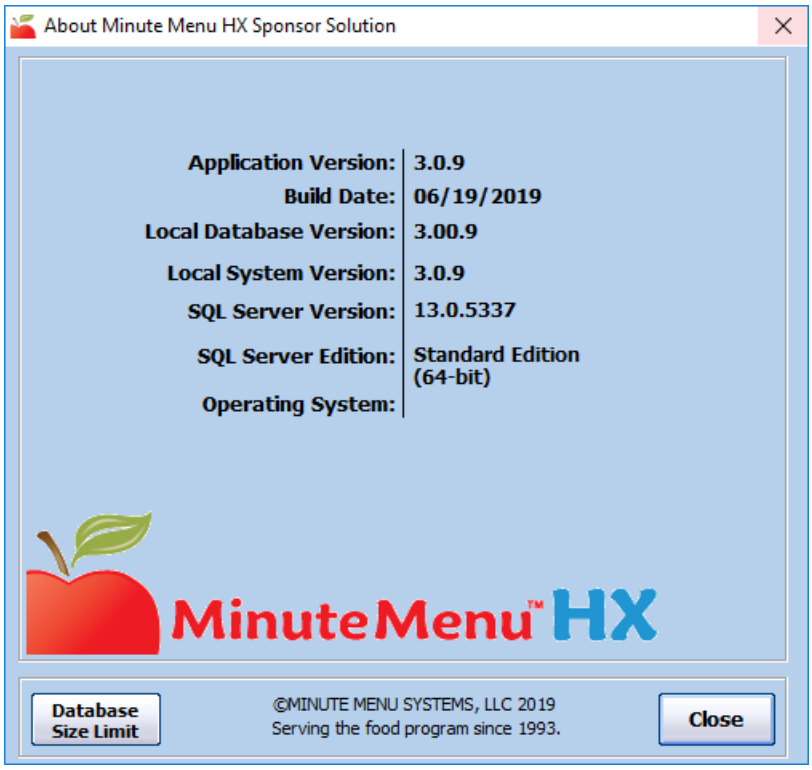
For optional releases, you must manually trigger an update, or apply the update with the manual update patch.

1. Click the **Administration** menu.
2. Select **Upgrade Software**.

Upgrade with the Manual Update Patch

If you need to apply the upgrade manually, and upgrading via the administration menu does not work, you can download the Manual Update Patch from KidKare.

1. Obtain the upgrade file:
    a. Log in to **app.kidkare.com**.
    b. From the menu to the left, click **Get Help**.
    c. Click **Downloads**.
    d. Click the **HX Manual Update Patch** link under **HX Software Downloads**.
    e. When prompted to open or save, click **Open**.
2. Run the upgrade and follow on-screen instructions.
3. Confirm that the update was successful:
    a. When the update has finished, login to Minute Menu HX.
    b. Click the **Help** menu and select **About Minute Menu Sponsor Solution**. A dialog box opens.
    c. Check the **Application Version** and the **Database** version. They should match. If they do, the update was successful. If they do not, email us at **hxsupport@minutemenu.com** so that we can diagnose the situation.



Upgrading Multiple Networked Computers Using Minute Menu HX

When you upgrade your software, the system upgrades both your local machine and your network's database. To apply the update to other networked machines, close and re-open Minute Menu HX on each of those machines. They will update automatically. We recommend you run software updates when it will least impact what others in your office are doing.

If, for some reason, the upgrade does not automatically run on your networked machines after upgrading the first machine, click the **Administration** menu and select **Upgrade Software**. If that still does not work, refer to the **Upgrade with the Manual Update Patch** heading, above.

> **Note:** In networked environments, it is frequently advantageous to apply Minute Menu software upgrades manually, rather than using the automated process to do it, as you won't have to repeatedly download the relatively large upgrade files.

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Questions?

If you have any problems or questions about this or any other issue with Minute Menu HX, please don't hesitate to email us at **hxsupport@minutemenu.com**.

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Scheduled Maintenance Windows

Last Modified on 07/08/2020 11:06 am CDT

Going forward, we will have set maintenance windows at **2:00AM - 6:00AM CT** on **Saturdays**, **Sundays**, and **Mondays**. KidKare, HX and/or CX may become unavailable during these hours, so we recommend that you plan your business processes so you do not need to use these applications during these times.

If you have any questions or concerns, please don't hesitate to contact the Minute Menu support department.

Contact Support

Last Modified on 12/21/2022 11:37 am CST

Current System Status

You can view the system status for Minute Menu HX and KidKare at **https://status.kidkare.com/index.html#**. You can also click the System Status link in the right column on this page. Subscribe on the KidKare Status page to receive notifications about important system status changes. For instructions, see **Subscribe to System Status Updates**.

Contacting Support

If you cannot find an answer on this help site, or if you run into an issue that appear to be errors in the software, contact Minute Menu HX Support for assistance. There are multiple ways to do so:

- Click the **Submit a Ticket Here** link under Can't Find an Answer (to the right).
- Email **hxsupport@minutemenu.com**. For KidKare support, email **support@kidkare.com**.
- Call **972-671-5211**.

A ticket is created when you contact support through any of these methods. You can log in to the **Minute Menu Helpdesk** (click **Support** in the upper-right corner of this page) to view and track your tickets. Use the same log in information you use to access Minute Menu HX. Please limit each email/ticket to one issue per email/ticket.

Ensure that you provide as much detail as possible. It is also helpful to include screenshots, especially if you receive an error message. Screenshots allow Support team to better diagnose and troubleshoot issues that may arise.

Reporting Errors

If you encounter an error while using Minute Menu HX, please email **hxsupport@minutemenu.com** or log a ticket online. Include as much detail as you can about the error. The more information we have, the better we can resolve the issue.

Reporting Claims Processing Errors

If you encounter a claims processor error message, please include the following information in your support ticket:

- Provider Name and ID
- Claim Month
- Error Specifics
    - Meal Date(s)
    - Affected Meal(s)
    - Error Number/Description
    - Affected Child(ren)

- Background Information
    - Child File Information
    - Provider File Information
    - Other Relevant Information
- Relevant Reports
    - Office Error Report
    - Claim Information Form
    - Claimed Foods & Attendance Report
    - Meal Totals Report

Note that processor errors typically require us to obtain remote access to your system to resolve the issue. Support personnel will guide you through this process.

Reporting Non-Processor Related Problems

If you encounter non-processor-related problems while using Minute Menu HX, please provide as much information as possible so we can resolve the issue. This includes the following:

- Error Priority
    - Is it crucial for it to be resolved immediately, so you can get your claim to the state?
    - Is it a minor error that does not greatly impact your day-to-day?
- Activity Before the Error
    - What were you doing immediately before you received the error?
- Identifying Information for the Error
    - Which user was logged in at the time?
    - Were you looking at a specific provider/child/etc?
- Specific Information or Specific Error Message
    - Did you receive a runtime error that then closed Minute Menu HX?
    - Was there a specific error code on-screen when the error occurred?
- Background Information
    - Were you able to repeat the error when following a specific behavior pattern?
- Screenshots

Note that software errors may require us to obtain remote access to your system. This is typically to repeat the behavior that caused the error.

Reporting KidKare Errors

If you or the Provider experience issues while using KidKare, email **support@kidkare.com**. Provide as much detail about the error, as possible. Providers can also submit tickets at that email address, or they can submit a ticket online. Include as much as the following information as possible:

- Provider First and Last Name
- Provider Login ID & Password
- Provider's Contact Information (Phone & Email)
- Date and Time the Issue Occurred
- Device and/or Browser Used
    - Computer
- Activity Before the Error
    - What were you doing immediately before you received the error?
- Specific Information
    - Day
    - Meal
    - Claim Month
    - Report
- Background Information
    - Were you able to repeat the error when following a specific behavior pattern?
- Screenshots

Subscribe to System Status Updates

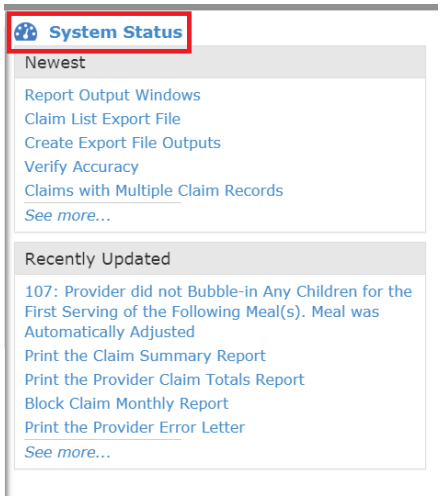
Last Modified on 07/08/2020 11:08 am CDT

Subscribe to system status updates at **https://status.kidkare.com/index.html#** to receive notifications about any changes to Minute Menu HX's system status. You can subscribe to email notifications, SMS notifications, or both. When you subscribe to the Status page, you receive a notification for the following:

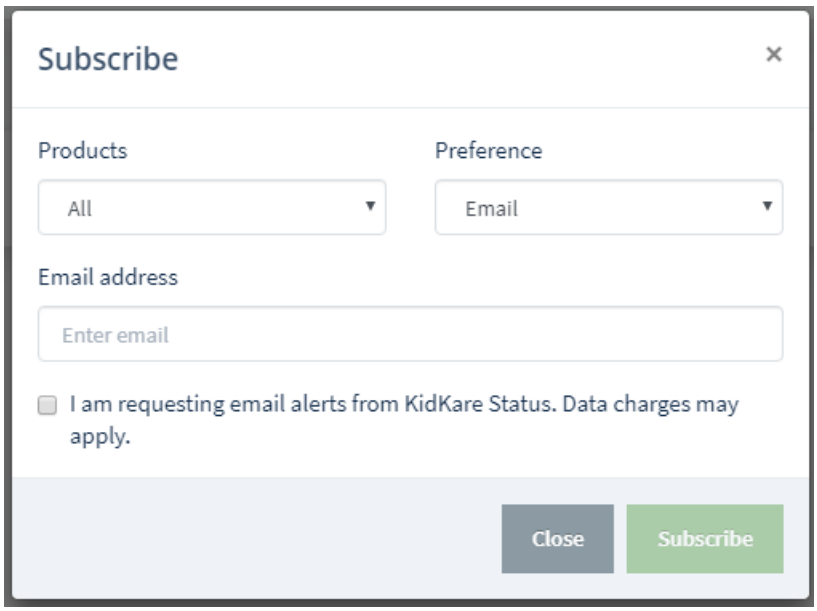
- The overall product status changes.
- A new incident is reported.
- An existing incident is updated.
- Messages (general and high priority) are posted.

To subscribe to status updates:

1. Go to **https://status.kidkare.com/index.html#**. You can also click the **System Status** link in the right-hand column on this page.



2. Click **Subscribe** in the bottom-right corner. A pop-up opens.



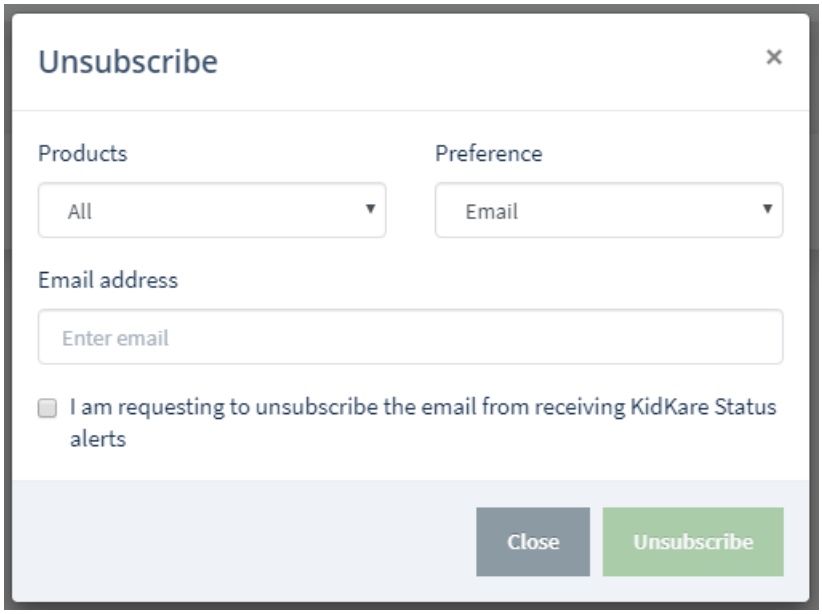
3. Click the **Products** drop-down menu and select the product to which to subscribe.
4. Click the **Preference** drop-down menu and select **Email**, **Phone**, or **Both**.
5. Click the **Email Address** box, the **Phone** box, or both, and enter the email address/phone number at which you'd like to receive notifications.
6. Check the **I Am Requesting Alerts From KidKare Status Data Charges May Apply** box.
7. Click **Subscribe**.

Unsubscribing from Alerts

You can unsubscribe at any time. Note that if you subscribed to both SMS and email alerts, you must unsubscribe from both to no longer receive any notifications from the KidKare System Status page.

To do so:

1. Go to **https://status.kidkare.com/index.html#**. You can also click the **System Status** link in the right-hand column on this page.
2. Click **Unsubscribe** from the bottom-right corner. A pop-up opens.



3. Click the **Products** drop-down menu and select the product from which to unsubscribe.
4. Click the **Preference** drop-down menu and select **Email**, **Phone**, or **Both**.
5. Click the **Email Address** box, the **Phone** box, or both, and enter the email address/phone number you are unsubscribing.
6. Check the **I Am Requesting to Unsubscribe From Receiving KidKare Status Alerts** box.
7. Click **Unsubscribe**.

Maintain Your Scanner

Last Modified on 07/08/2020 11:11 am CDT

You should clean your scanner regularly to ensure its proper operation. We recommend that you clean your scanner according to the following schedule:

- Before and immediately after each claim:
  - Clean the pick roller.
  - Clean the inside track rollers.
  - Clean the optical mark read head.
- At the start of each scanning day or major scanning batch:
  - Clean the optical mark read head.
  - Clean the pick roller.

When cleaning the rollers, we recommend you use cotton swabs and a small amount of water. Alcohol can erode the rollers. When cleaning the optical mark reader, use cotton swabs and a small amount of alcohol.

Calibrating Your Scanner

If you notice that the scanner seems to be picking up many erased bubbles or is skipping many legitimate bubbles, you may need to re-calibrate your scanner. We recommend re-calibrate your scanner once every six months. It is also a good idea to calibrate a newly purchased scanner so you know it scans properly from the outset.

Calibrating a scanner can have a dramatic impact on its performance in terms of what it does and does not read. Follow the instructions in your scanner manual to perform a calibration, as this process varies between scanners.

Note: We recommend that you only calibrate Scantron scanners if you notice a problem (the scanner is missing marked bubbles or picking up eraser marks). Cleaning the inside of the read head can have a dramatic impact on scanner performance. Each time you do this, re-calibrate the scanner.

Implementation Process

Last Modified on 07/08/2020 11:31 am CDT

After purchasing the Minute Menu HX software, you will be contacted by our implementation specialist.

Our implementation staff will:

- Help you install Minute Menu HX.
- Provide an overview training of the Minute Menu HX program.
- Work with you to make a plan to get all of your providers on **KidKare**.
- Provide webinar training on KidKare for your providers.
- Provide live support and training as you process your first KidKare claims.
- Work with you to get started on other areas of the program.

Once most of your providers are on KidKare, you will see an enormous increase in efficiency and a decrease in the time spent processing claims. We will work with you to help you take advantage of the many options available in Minute Menu HX!

Monthly Processes with KidKare

Last Modified on 05/02/2024 12:07 pm CDT

KidKare allows providers to record claims in two (2) different formats:

- Online via KidKare
- Handwritten Forms

These claims can be processed in four (4) ways: online, manually, or via Direct Entry. In addition to the tasks listed in the table below, you should complete the following tasks monthly:

- Prepare and print state claim reports for your original claim submission to the state.
- Print provider checks, issue direct deposits, and/or generate provider payment information for your accounting system.
- Print provider error letters, and mail them to providers who do not use KidKare.
- Manage claim adjustments and late provider claims.

	KidKare	Handwritten Forms
Start/complete before the first of the month.		
1	Advance your Current Claim Month on the last day of the month (or earlier, if you begin changing provider information for the upcoming month).	
2	Updated provider information: Update tier/licensing information, remove old providers, and enroll new providers.	
3	Enter any state/federal holidays for the **following** month.	If handling handwritten forms manually, skip this step. If you use Direct Entry, you must complete this step.
4	Enter any school district-wide or sponsor-wide school holidays or vacation days for the **following** month.	If handling handwritten forms manually, skip this step. If you use Direct Entry, you must complete this step.
Begin after the first day of the month.		
5	Open the mail (Child Enrollment reports only).	Open the mail (as you do currently), and track received claims.
6	Not necessary, as providers complete this step themselves.	Complete any child withdrawals (from submitted CIFs or any manual forms you use).

7	Activate new children. Cross-reference received and signed child enrollment forms.	Manually enroll new children.
8	Finish managing child Tier information.	Input child Tier information (if it was not supplied when you enrolled children).
9	Not necessary, as providers complete this step themselves.	If handling handwritten forms manually, update child information (school eligibility, special diets, and so on). If you use Direct Entry, you must manage all other CIF information.
10	Note any doctor's statements you've received for infants who require a special diet.	
11	Manually add review information.	
12	Not necessary, as this information is automatically transmitted from the provider.	If handling handwritten menus manually, this is not necessary. If you use Direct Entry, manually review the foods and then use the Record Full Month Attendance function.
13	Process claims via the software.	If handling handwritten menus manually, process claims by hand, and enter the results as a Manual Claim. If you use Direct Entry, process claims via the software.
14	Review the processed claims, and make claim changes or re-process as necessary.	If handled manually, this is not necessary. If you use Direct Entry, review the processed claims.

Three-Year Record Keeping Requirements

Last Modified on 05/02/2024 12:09 pm CDT

Per USDA regulations, family child care providers must keep three (3) full fiscal years' worth of records in their homes. These records are meant to be available for state and federal reviewers. See the **full memo** for more information.

Depending on the way you keep your records, there are different ways to adhere to this regulation.

Online Records with KidKare

KidKare stores records online and keeps them available for at least three (3) full years. Your providers can re-print menus, attendance and meal count information, and enrollment forms, as needed. Since the information is stored online, providers only need to print paper copies if you request them.

If you use eForms for enrollment, all enrollment and income eligibility forms are stored online. All signatures on these forms are digital (unless a manual form was used), so the provider does not need to print forms for parents to sign. However, providers do have the option to print enrollment and income eligibility forms upon request.

Providers who you terminate or who drop off your food program have access to KidKare for 60 days after their removal. In the unlikely event that these providers are visited for a State agency or USDA review, they can log in within this time period to print the necessary documentation. If necessary, temporary access can be reinstated for audit purposes.

Manual Forms

If you use manual forms, ensure that the ones you use are NCR. This provides a form copy for you and for your provider, and providers should retain a copy of all forms for their records. You may also choose to provide a binder to your providers for this purpose each year. This will give providers a place to store forms by year.

As this requirement is meant to detect irregularities between the sponsor and provider version of the same forms, make notes or highlight any changes you make to forms in your office (such as when correcting a mistake).

Should you discover missing forms during a home visit, you must provide copies of your version of the forms to the provider. They should also be advised of the USDA's record-keeping requirement. Contact your State agency for the appropriate actions to take when a provider has not kept paper records.

Customize the KidKare Welcome Letter

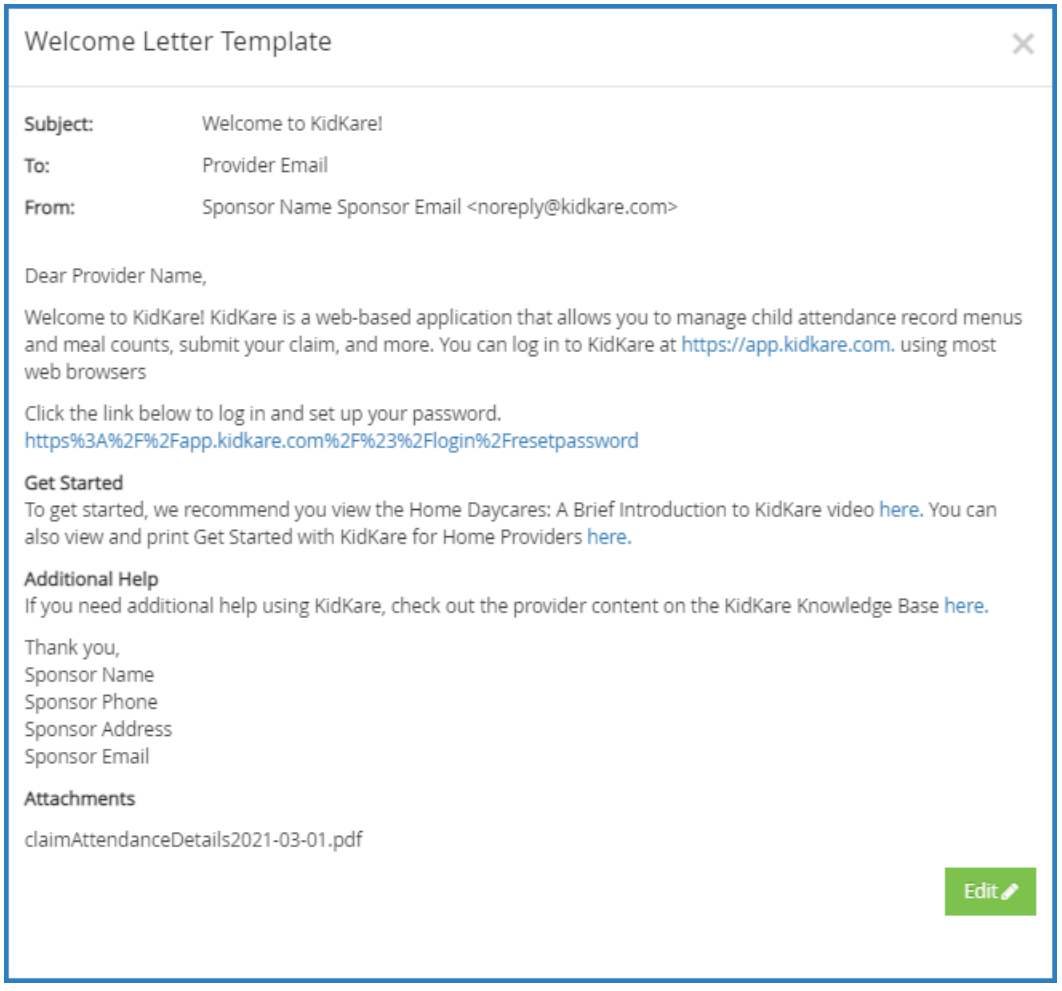
Last Modified on 05/02/2024 12:10 pm CDT

You can customize the welcome letter sent to your providers when you first enroll them in your sponsorship. By default, this letter contains:

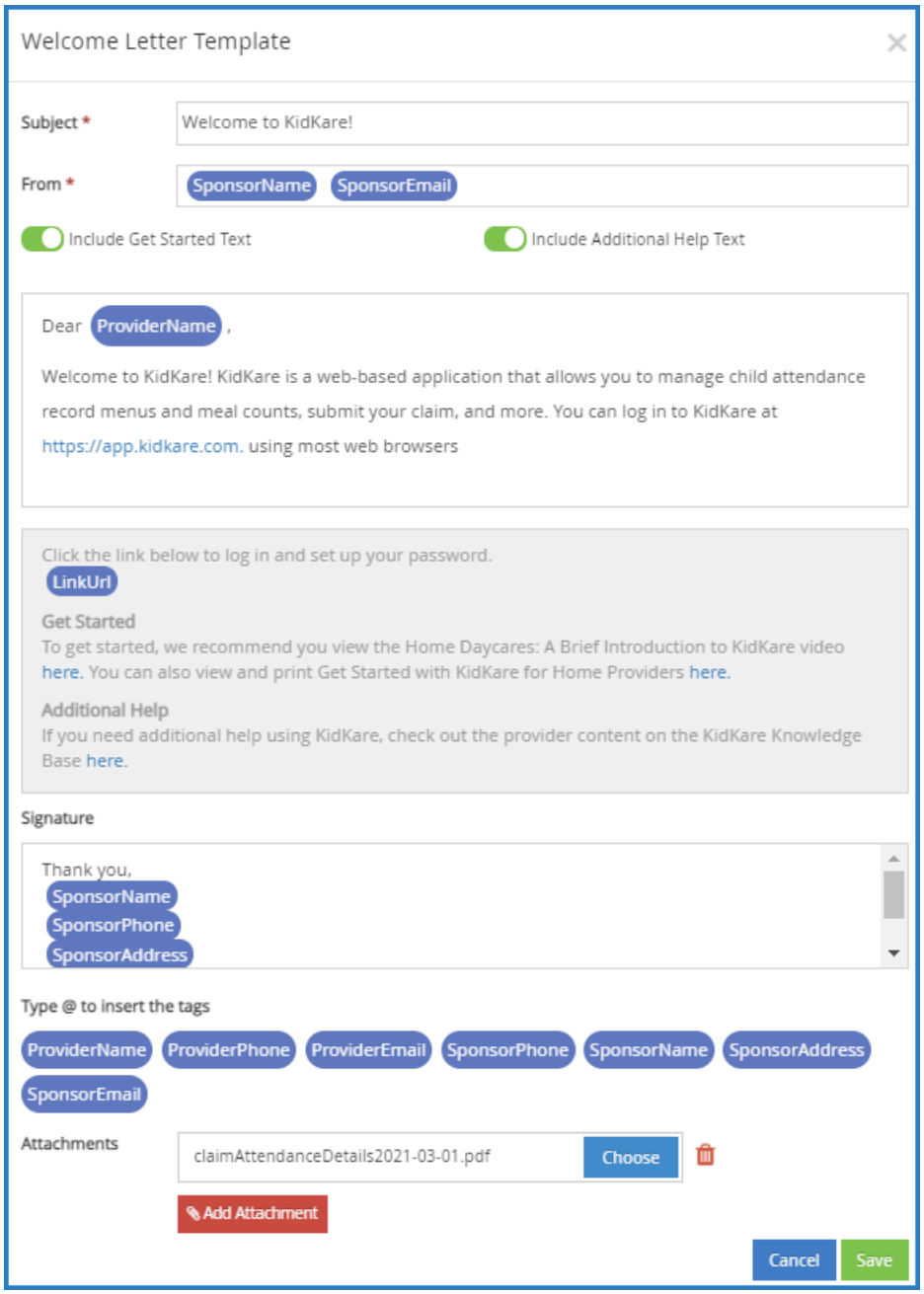
- A brief, introductory message.
- A link to allow the provider to log in and reset their password.
- Get started information, including a link to **Home Daycares: A Brief Introduction to KidKare** and the **Get Started with KidKare for Home Providers** guide.
- A link to the **KidKare Knowledge Base**.
- A signature that includes your name and phone number.

To customize the welcome letter:

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. Click  . The Settings page opens.
3. In the **General Settings** section, click **Edit Welcome Letter Template**. The Welcome Letter Template pop-up opens.



4. Click **Edit**.
5. Update the **Subject** and **From** boxes, as needed. Variables you can use to fill-in certain information are listed at the bottom of the editor (SponsorName, ProviderPhone, and so on). To add one of these variables to your text, type @ and begin typing the variable to use. A list of available items displays as you type, so you can select the variable you need. For example, to add the provider's name to the Subject, you would type **@ProviderName** in the **Subject box**.



6. In the **Message** section, click  next to **Include Get Started Text** and/or **Include Additional Help Text** to remove those sections. The toggle turns red, indicating that the section was removed. To add them again, click  .

Note: You cannot change the text in these sections. You also cannot remove the log in link.

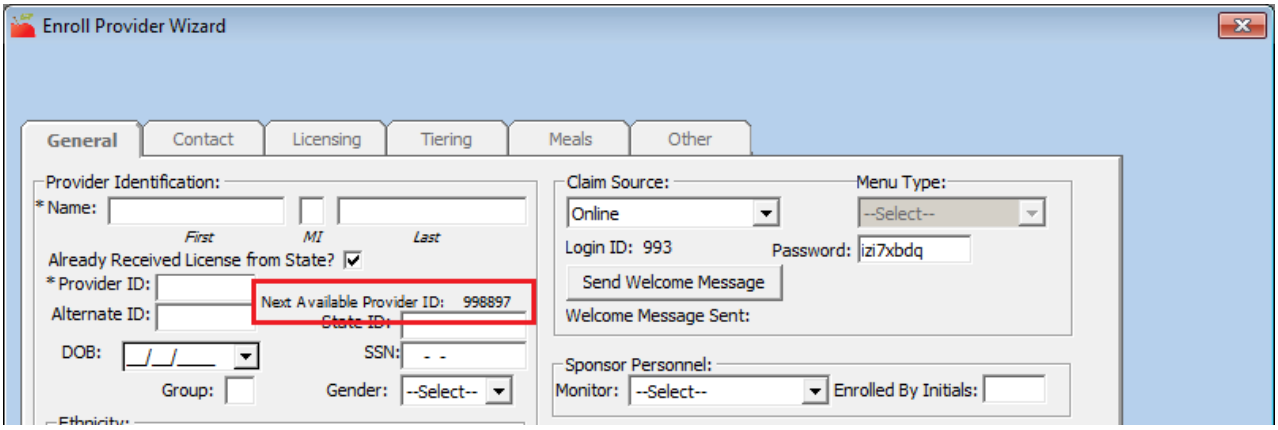
7. Click the first **Message** box and customize your messaging. Just as you did in **Step 5**, you can use variables to complete certain information, such as the provider's name.
8. Click the **Signature** box to customize your signature.
9. Click **Add Attachment** to add any attachments needed.
10. When finished, click **Save**.

Understand Provider IDs

Last Modified on 07/08/2020 11:56 am CDT

The Provider ID is the provider's primary identification number for the remainder of their enrollment in your sponsorship. They use this ID when filling out forms. They also use a variation of this ID number to log in to KidKare for online claiming. It appears on all provider reports.

When you enroll new providers, the lowest unassigned provider number available in your system displays next to the Provider ID box. You do not have to use this number. It is only meant to be a helpful tool.



You can enter up to six numbers in the Provider ID box (this may be set lower for some sponsors). You cannot use letters or special characters. Many sponsors use the provider's state-assigned license ID or Food Program contract number here, assuming that ID is numeric and consists of six digits or less. If you enter a provider ID that is already in-use, you are prompted to enter a new one when you attempt to move to the next tab.

> **Note:** Even if you cannot use a state-assigned license ID or Food Program contract number, you can store these identification numbers elsewhere in the provider's file.

We strongly recommend that you do not change the provider ID once you finish setting up the provider. This is to ensure that your historic reports remain consistent. However, if you should need to change the ID for any reason, you can do so in the Provider Information window. Note that changing the provider's ID will also change their login ID. Contact Minute Menu HX Support, as we will need to reset the provider's KidKare account.

Enroll Providers

Last Modified on 03/24/2023 1:36 pm CDT

You enroll providers with the Enroll Provider Wizard. This wizard walks you through the process of adding a provider. It also checks some of the data you enter to ensure that it is logically correct. For example, it ensures that any start dates you enter come before any end dates.

Required boxes are marked with asterisks (*). However, we recommend you enter as much information for your providers as possible. This ensures that claim reimbursements are accurate.

Note: If you leave the Enroll Provider Wizard before completing a provider's enrollment, you can access their enrollment again. To do so, click Providers, select Enroll Provider Wizard, and select the provider from the list that displays. You can have up to nine (9) unfinished enrollments at any time.

You may not see all of the options mentioned below. If you need to include a specific box, check your sponsor preferences. For more information, see **Set Preferences**.

1. Click the **Providers** menu, select **Enroll Provider Wizard**, and click **New Provider**. The Enroll Provider Wizard opens.
2. Click **Start**. The General tab opens.
3. In the **General** tab:
    a. Click the **Name** boxes and enter the provider's full name as you would like it to appear on their paperwork.
    b. Click the **Provider ID** box and enter the provider's primary identification number. This will be their ID for the remainder of their enrollment at your sponsorship. They use this ID when filling out forms. They also use a variation of this ID number to log in to KidKare for online claiming. It appears on all provider reports. For more information, see **About Provider IDs**.

        Note: The next available provider number displays to the right of the Provider ID box.

    c. Click the **Alternate ID** box and enter the provider's alternate ID, if needed. If your sponsorship is not a Sole Source agency and you have a different identification number assigned to your providers for other programs, you can record that number here. Some agencies also use this as a vendor number (if it is required by their accounting software). You can enter letters, numbers, and special characters (such as a dash) in this box.
    d. Click the **State ID** box and enter state identification number for this provider, if needed. This box is only applicable if your State Agency providers an identification number for home care providers that differs from the provider's license number. You can enter letters, numbers, and special characters (such as a dash) in this box.
    e. Enter the provider's date of birth (**DOB**), social security number (**SSN**), and select their gender

(**Gender**).

f. Click the **Group** box and enter a group number, if needed. If you assign this provider to a group, they will be associated with a group in the Users/Monitors window. For more information, see **Provider Access Groups**.

g. In the **Business Info** section, enter the provider's **Advertised Name** (if different from their own name, and the provider isn't incorporated) or **Business Name** (if the provider operates their business as a distinct corporation). If you enter a business name, click the **Business Tax ID** box and enter the tax ID for the provider's business.

> **Note:** For some states (including Illinois), entering a **Business Tax ID** prevents providers from claiming their own children, even if the Provider is Tier 1 by Income. This is based on an interpretation of the federal regulations in those states.

h. In the **Claim Source** section, select the primary method that the provider will use to submit their claim information to you for processing.

> **Note:** The provider does not have to use the same method every time they submit claim information to you. The claim source you select here does not impact their ability to send claim information in an alternate format. This is primarily used to help you keep track of incoming claim paperwork (with the Track Received Claims function) and as a way to filter reports. Monitors may also use this information so they know what type of forms to bring to the provider's home during a review.

You can choose from the following:

- **Online:** Select this option if the provider will use KidKare to submit their claim information to you. This activates the Password box. The system randomly generates a password, but you can change it, if needed. Click **Reset** to generate a new password, or click the Password box and enter a password for the provider. The Login ID was generated when you entered the provider ID in **Step 3b**. It consists of your three-digit Minute Menu client number, followed by the provider ID.

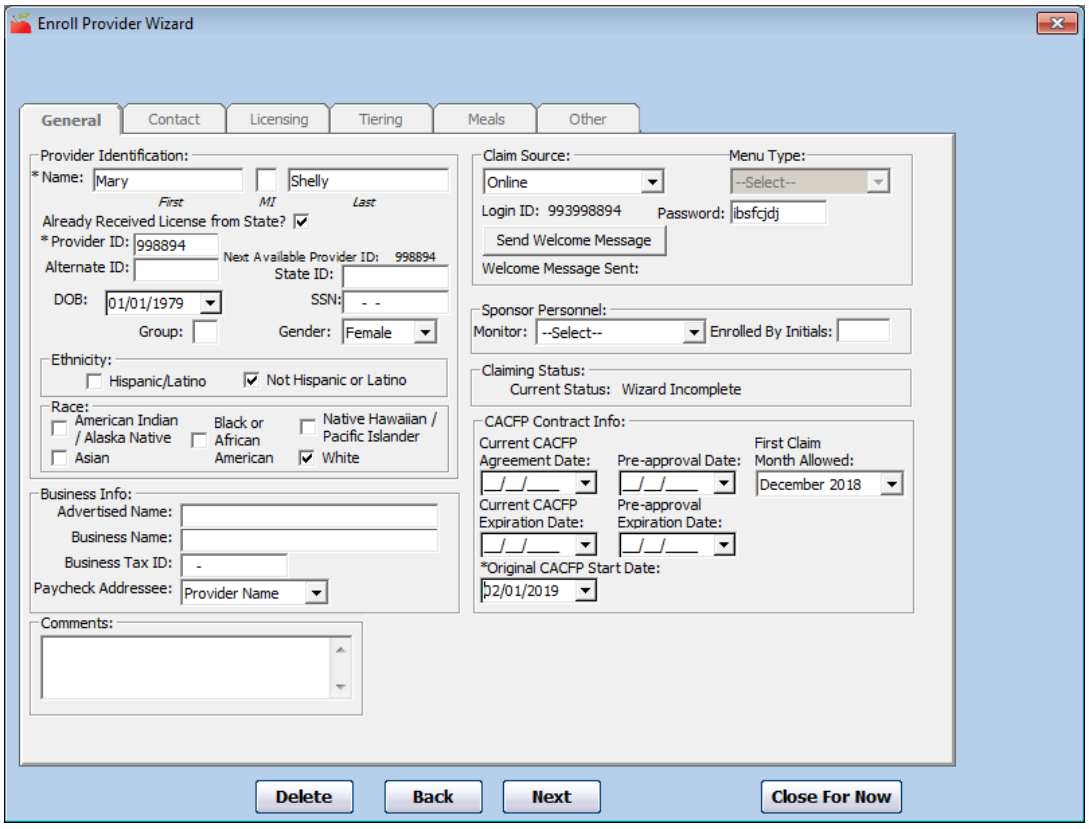
  > **Note:** After you have completed the wizard, return to the **General tab** and click **Send Welcome Message** to send an email containing the provider's login ID and password to the provider. The Welcome Message Sent field displays the date you sent the welcome message.

- **Manual Entry - Sponsor:** Select this option if the provider will submit their claim to you in a format you specify. For example, you may read and compute the claim totals manually and then enter those reimbursable meal totals in to Minute Menu HX. You may also use the Record Full Month Attendance function as part of the Direct Entry process on these claims.

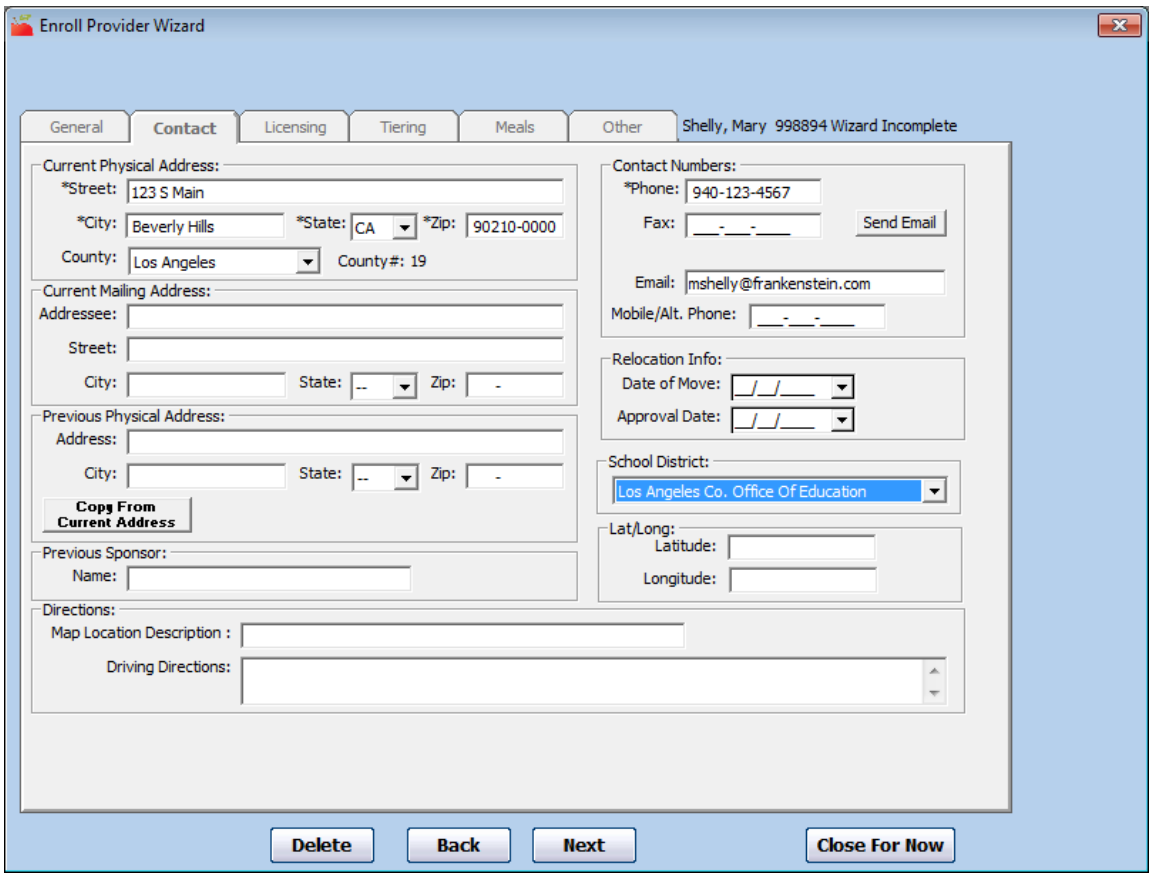
i. In the **Sponsor Personnel** section, click the Monitor drop-down monitor and select a monitor to assign to this provider. Assigning a monitor to this provider allows you to filter by monitor when generating certain provider reports.

j. In the **CACFP Contract Info** section, enter any dates that apply:

- **Current CACFP Agreement Date:** Use this date if you renew your provider enrollments each year or periodically. This is the effective ending date for the current renewal period.
- **Current CACFP Expiration Date:** Use this date if you renew your provider enrollments each year or periodically. This is the effective ending date of the current renewal period.
- **Original CACFP Start Date:** This is the effective date of the provider's original contract with your agency. No days can be claimed before this date. This box is referenced by the Providers Added report.
- **Pre-Approval Date:** This is the date you conducted your pre-approval visit to the provider's home. This visit is *not* the initial Monitoring visit (conducted one month after the provider begins claiming). This visit should be completed before you allow any claims. It is typically done when the provider signs the original contract.
- **Pre-Approval Expiration Date:** Use this date to help schedule when pre-approval dates should be conducted. This is the date by which the pre-approval visit should have been conducted.
- **First Claim Month Allowed:** This is the first claim month in which your provider can submit a reimbursable claim.



4. Click **Next**. The Contact tab opens.
5. In the **Contact** tab:
    a. Enter the provider's physical street address.
    b. Enter the provider's mailing address (if different from the street address). Enter a name in the **Addressee** box only if it is different from the provider's name. You must enter information in all four boxes for the mailing address to be referenced in reports or on printed checks.
    c. Click the **Previous Sponsor Name** box, and enter the name of the provider's previous Sponsoring Agency, if known. For agencies in California, entering a previous sponsor denotes the provider as an Add Transfer provider for the Change Request.
    d. In the **Directions** section, enter a map location description and driving directions, if needed. The information you enter here prints on the Review Worksheet to help Monitors locate the provider.
    e. In the **Contact Numbers** section, enter the provider's phone/fax/mobile number(s) and email address. You must enter an email address if you plan to send a welcome message to this provider.
    f. Click the **School District** drop-down menu and select the school district in which the provider resides. Selecting a school district for the provider associates all children enrolled in the provider's home with that school district, unless you explicitly assign children to a different school district. This can make it easier for those agencies that cover a large geographic area to keep track of school out days, which ensures that school aged children are not paid for AM Snack or Lunch when they are supposed to be in school.



Note: If you do not see a school district or a year-round tract for a school district, contact Minute Menu HX Support to have the district added.

6. Click **Next**. The Licensing tab opens. The available/required fields may vary according to state policies and your preferences.
7. In the **Licensing** tab:
    a. Check the **License Issued by State** box if your state has approved the provider's license application. If you check this box, you must provide the appropriate licensing information. If you have not received the provider's license paperwork from the state, clear this box and go to **Step 8**.

    Note: If you do not check the **License Issued by State** box and do not enter any license information for this provider, they will remain at Pending status, and you cannot enter or process claims for them. You must later return, check this box, and enter the provider's license information to set them to Active.

    b. Enter the following information in the **License Paperwork** section:
        - **License #:** This is the license number provided by the State. You can enter letters, numbers, and special characters in this box.
        - **Start Date/End Date:** This is the dates for which the State issued the provider's license. If the license is a perpetual license (has no end date), set an end date far in the future. Use the

MM/DD/YYYY format.

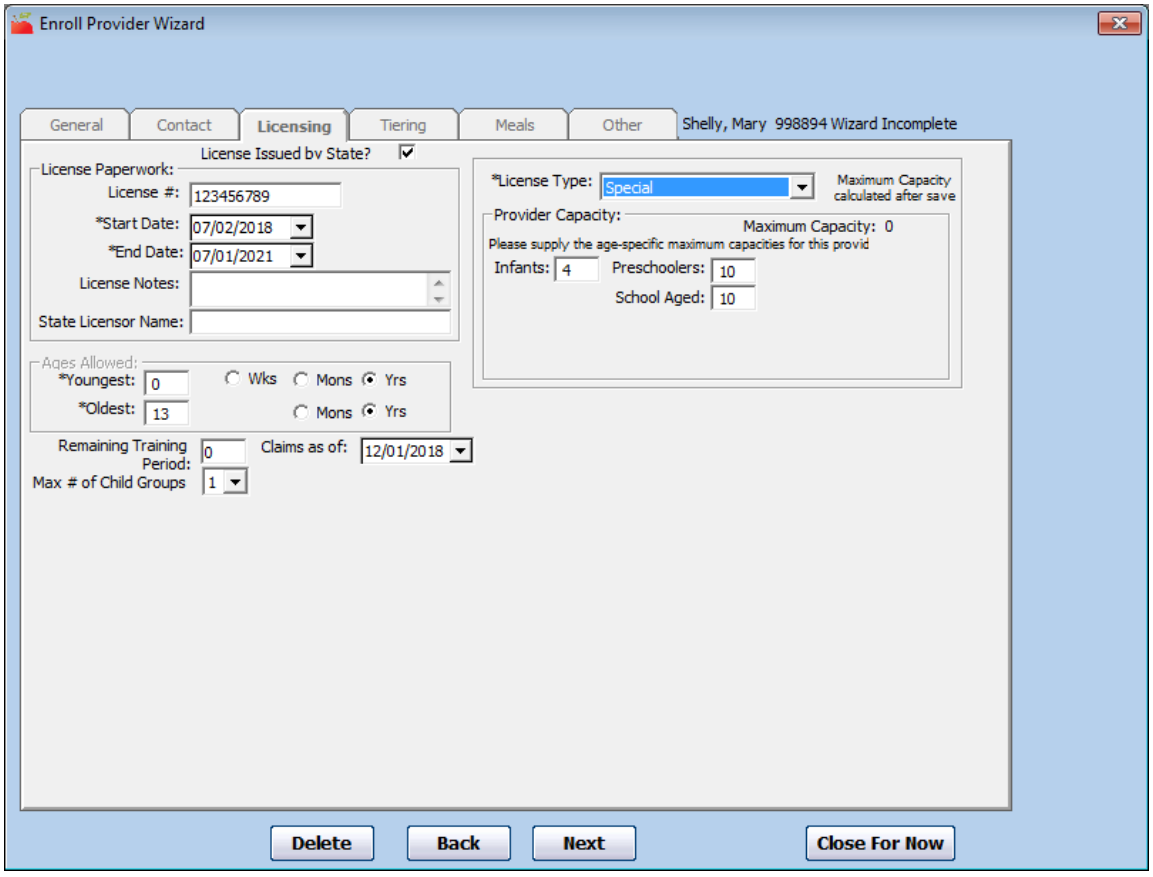
- **License Notes:** Enter any special notes/observations about the provider's license. This information is internal only. It prints on the Office Error report to assist you while reviewing claims.
- **State Licensor Name:** This is the name of the official or agency that authorized the provider's license.

c. In the **Ages Allowed** section, enter the youngest and oldest ages allowed by the provider's license. You can also indicate whether the numbers you entered represent Weeks (**Wks**), Months (**Mons**), or Years (**Yrs**). The **Oldest** box is exclusive: If you enter 13, the system allows a maximum age of 12 years, 11 months, and 31 days.

> **Note:** Ages may be set by default according to state regulations. If this is the case, you cannot change the values in these boxes.

d. Click the **Max # of Child Groups** drop-down menu and select the number of child groups a provider can have. One child group consists of 32 children.

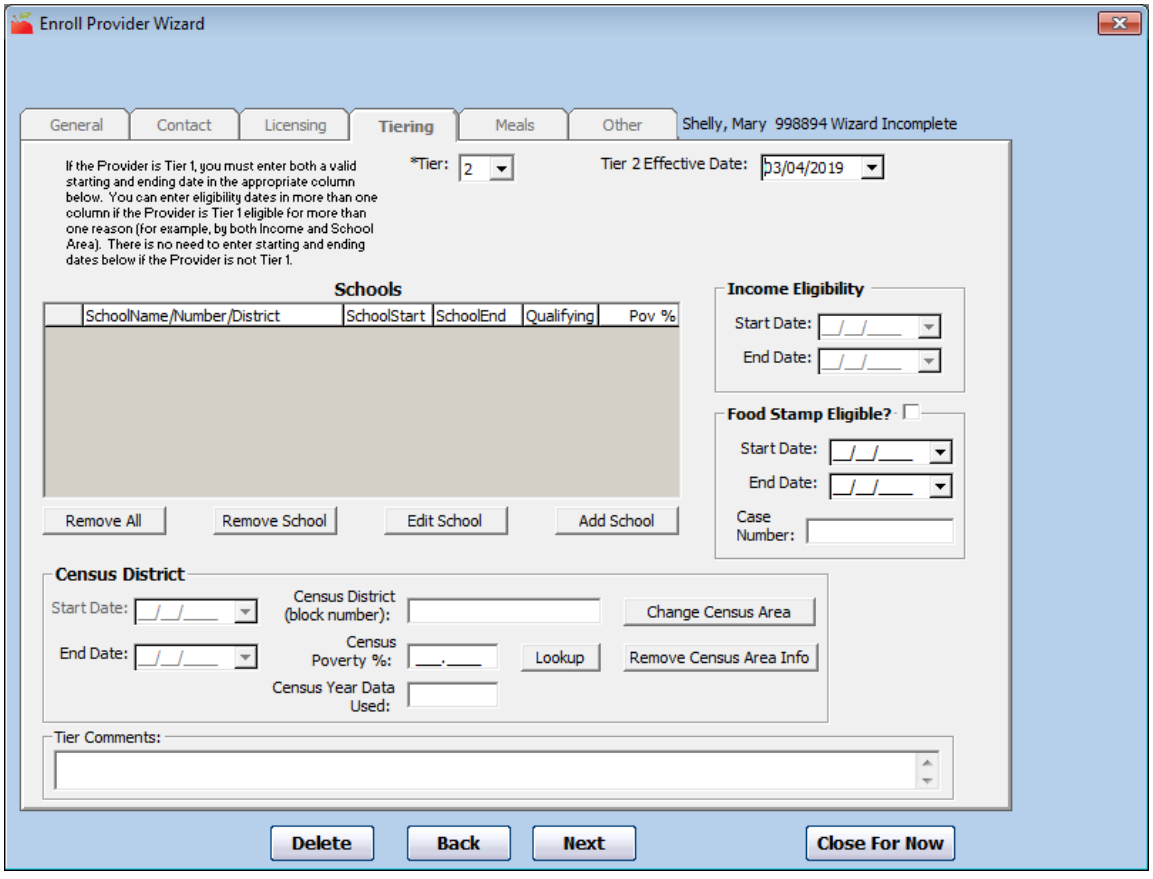
e. Click the **License Type** drop-down menu and select the provider's license type. The appropriate capacity for the selected license type displays. In some cases, you may be able to set a variance (at the bottom of the tab) or a wavier.



8. Click **Next**. The Tiering tab opens. The Tiering tab displays the provider's Tier and Tier-qualifying

information. This determines the reimbursement rates for the provider. Note that the available fields in this tab may vary according to state regulations for your state.

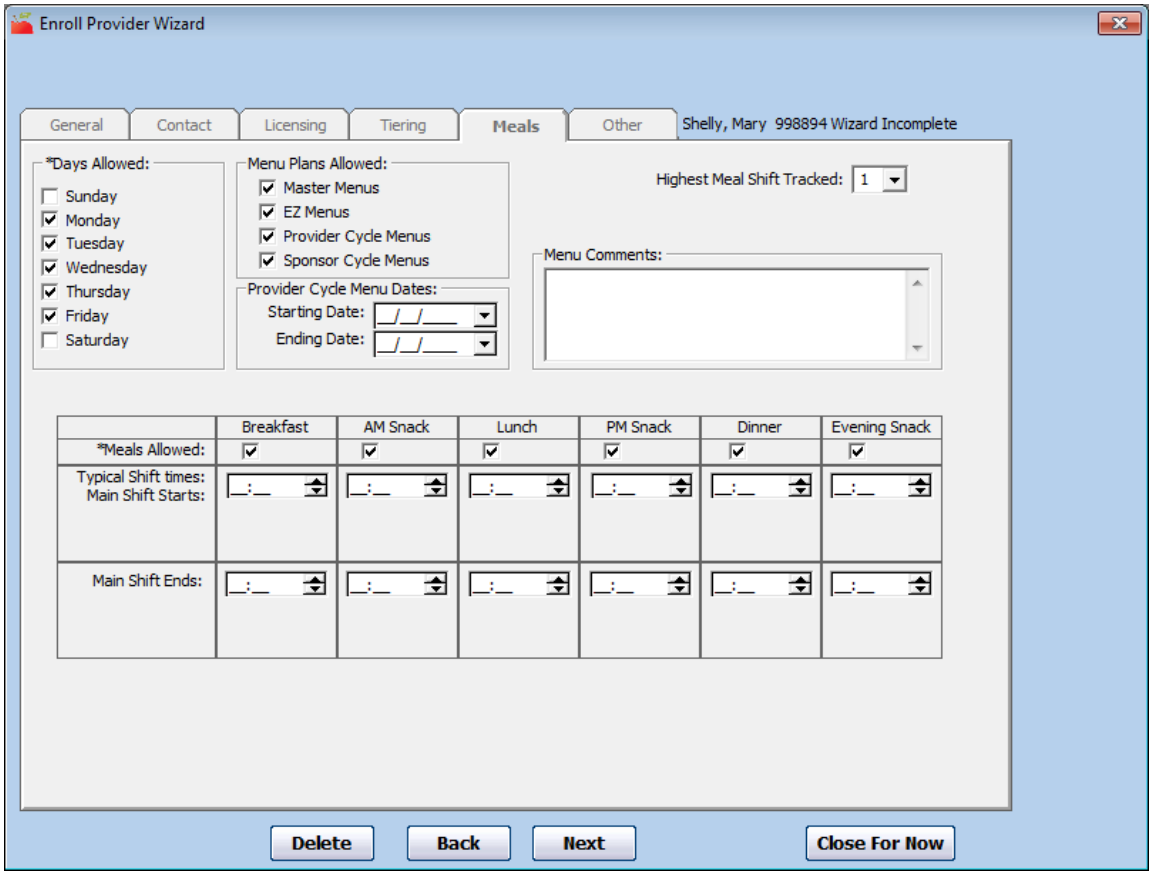
9. Click the **Tier** drop-down menu and choose from the following:
    - **Tier 1:** The provider should be reimbursed at Tier 1, so all children that are to be reimbursed will be paid at Tier 1 rates, even if the children are not set up as Tier 1 by Income. If you select Tier 1, you must also provide valid dates in the appropriate section (Income Eligibility, School District, or Census District). For more information, see **Provider Tiering**.
    - **Tier 2 (default):** The provider should be reimbursed at Tier 2. If you select Tier 2, you can input a Tier 2 Effective Date, which is useful in some states as it allows you to indicate that you attempted to verify the provider's tier (even though they didn't qualify).
    - **M:** The provider is not Tier 1, but has enrolled children who are Tier 1.



10. Click **Next**. The Meals tab opens. This tab displays the meals and times the provider is eligible to claim.
11. In the **Meals** tab:
    a. Check the **box** next to each day on which the provider is allowed to serve meals in the **Days Allowed** section. This may or may not impact your processed claims (depending on your system setup).
    b. Check the **box** next to each **meal plan** the provider can use in the **Meal Plans Allowed** section. The selections made here may or may not impact claims processing. If you allow Provider Cycle Menus, you can set starting and ending dates. If Provider Cycle Menus are claimed between those dates,

they may be disallowed.

c. Click the **Highest Meal Shift Tracked** drop-down menu and select the amount of servings (shifts or split-shifts) of each meal that the provider is allowed to claimed. If you set the provider up for multiple servings, you can provide both a first and second meal shift time. Note that this option only appears if you have notified Minute Menu that you allow providers to claim multiple servings of a single meal.



d. In the bottom portion of the tab, check the **Meals Allowed** box for each meal the provider is allowed to serve. Then, enter the typical meal times in the box(es) below each meal. If you allow two servings of the same meal, you must enter times for each shift. Note that meal times can affect a variety of claims processing checks.

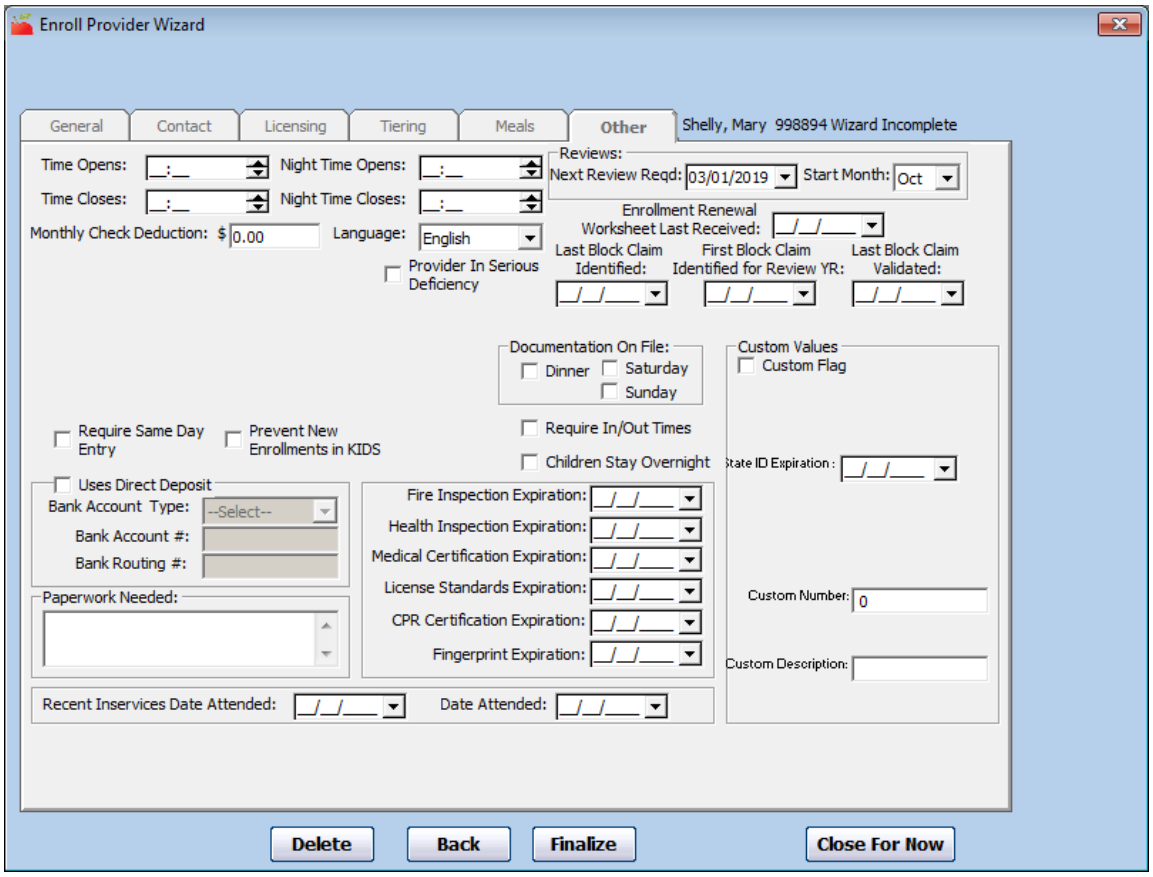
e. Click the **Menu Comments** box and enter any special notes/observations regarding the provider's menu options. This information is for your own use and has no affect on claims processing.

12. Click **Next**. The Other tab opens. This tab displays miscellaneous information that was not included on previous tabs.
13. In the **Other** tab:
    a. Click the **Next Review Required Date** drop-down menu and select the appropriate date for the provider's next review. This is set to one month after the provider's Original CACFP Start Date. The system updates this box automatically after each review you conduct.
    b. Click the **Start Month** drop-down menu and select the beginning of a provider's review year. This is

set to October, by default.

c. Click the **Language** drop-down menu and select the provider's language. This is set to English by default.

d. Complete the remaining fields, as needed. The available/required fields in this tab depend on your preferences/state requirements. For more information, see **Set Preferences**.



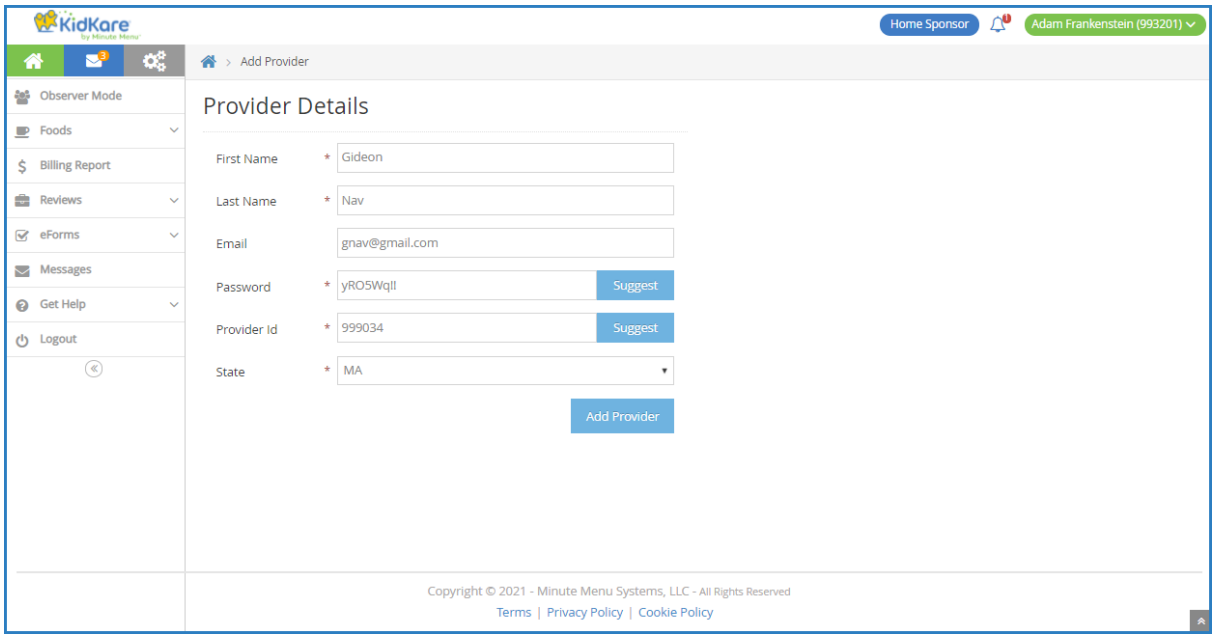
14. Click **Finalize**.

Add Providers in KidKare

Last Modified on 05/06/2021 7:21 am CDT

You can add providers to your sponsorship via KidKare—without having to log in to Minute Menu HX. This allows you to quickly add providers from any Internet-connected device, such as your phone or tablet. Note that you must access HX later to complete provider details. See **Enroll Providers** for more information.

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. From the Observer Mode page, click **Add Provider**. The Add Provider page opens.
3. Click the **First Name** and **Last Name** boxes and enter the provider's first and last name. This information is required.
4. Click the **Email** box and enter the provider's email address. This box is optional, but we recommend that you provide an email address.
5. Set a password for this provider in the **Password** box. A random password is generated for you when you access this page, but you can either manually input a password, or you can click **Suggest** to generate a different random password.
6. Click the **Provider ID** box and enter a number for this provider, or click **Suggest** to generate the next available provider ID (in sequence). See **Understand Provider IDs** for more information about provider IDs.
7. Click the **State** drop-down and select the state in which the provider operates. This menu defaults to your state.
8. Click **Add Provider**. The provider is saved and can access KidKare.



Send Welcome Messages for KidKare

Last Modified on 05/06/2021 7:26 am CDT

About Online Claiming with KidKare

KidKare is accessible from most devices that connect with the Internet and is free to providers. It allows providers to manage their business and provide accurate claim information to you. Providers can use KidKare to do the following and more:

- Enroll children
- Record Meal Counts and Attendance
- Plan and Record Meals
- Submit Claims
- Run Reports

For more information, see the **KidKare Knowledge Base**. Your providers can also use this site to learn how to navigate and use KidKare.

Accounting Package for Providers (Optional)

KidKare also has an Accounting package providers can add to their KidKare account for an additional fee. With KidKare Accounting, providers can track payments and invoices, record business expenses, calculate time/space % for tax purposes, and more. Click **here** for more information about KidKare Accounting.

Sending a Welcome Message

As you enroll providers, send them a Welcome Message for KidKare. This message may include the following:

- A brief, introductory message.
- A link to allow the provider to log in and reset their password.
- Get started information, including a link to **Home Daycares: A Brief Introduction to KidKare** and the **Get Started with KidKare for Home Providers** guide.
- A link to the **KidKare Knowledge Base**.
- A signature that includes your name and phone number.

Note that you can customize this welcome letter, and some of this information may not be included. For more information, see **Customize the KidKare Welcome Letter**.

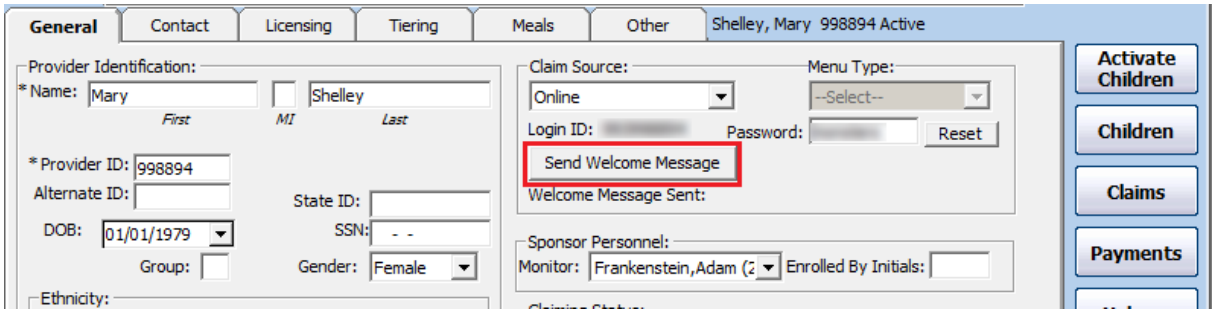
To send a welcome message:

1. Click the **Providers** menu and select **Provider Information**.
2. Click the **Provider** drop-down menu and select the provider. The provider's details display, and the General tab opens by default.

   Note: We recommend you also click the **Contact** tab and verify that the provider's email address is

correct.

3. Click **Send Welcome Message** in the **Claim Source** section.



Set a Provider's Claim Source

Last Modified on 07/08/2020 2:20 pm CDT

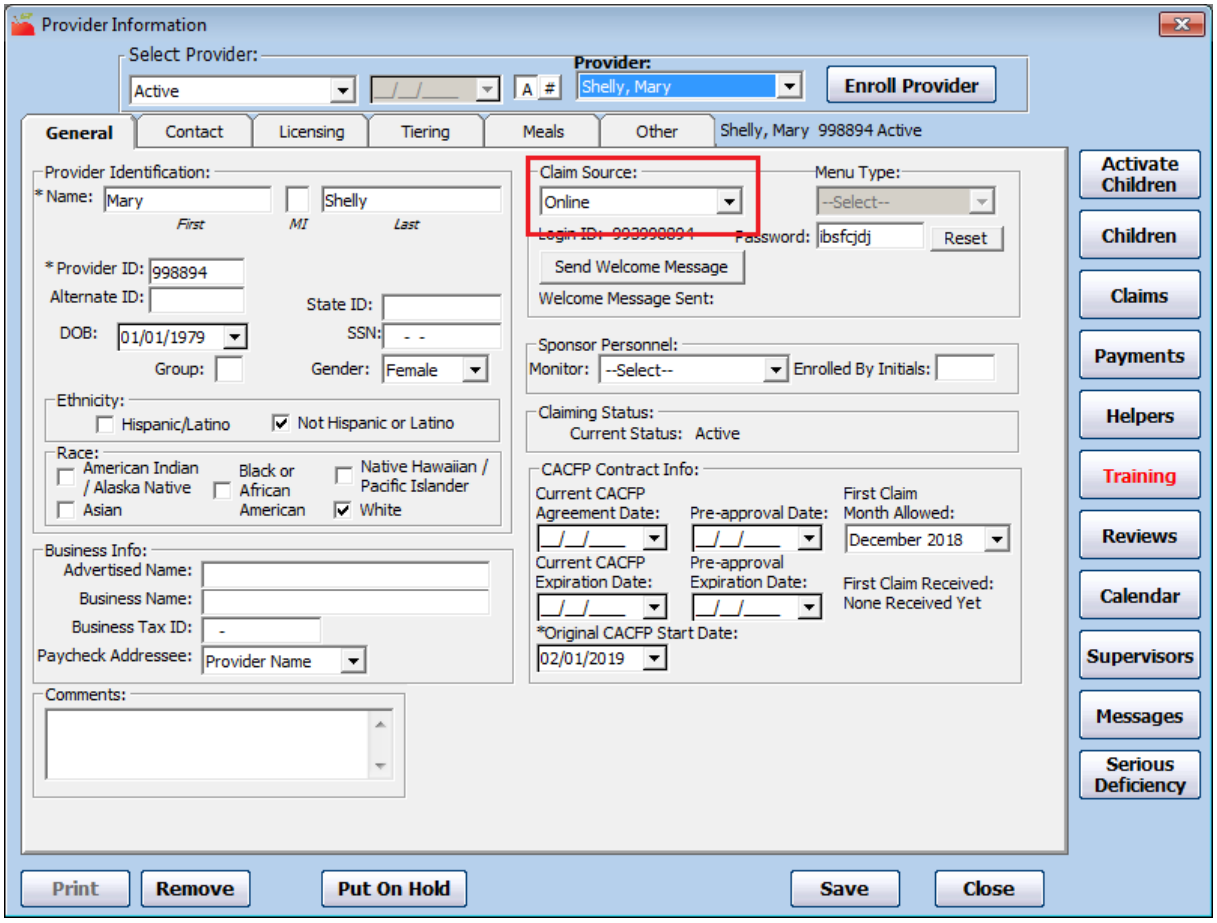
A provider's claim source is the method a provider uses to record claim information. There are three claim sources in Minute Menu HX:

- Online (KidKare)
- Scannable Forms
- Manual Claims

Setting a claim source for each of your providers in Minute Menu HX can help you track incoming claim paperwork. However, this can also impact your ability to change provider passwords for KidKare. The claim source you set here display in the Track Received Claim window by default. If you change the provider's claim source in that window, you are prompted to change the claim source stored in the provider's file.

To set a provider's claim source:

1. Click the **Providers** menu and select Provider Information. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider to update.
3. Click the **Claim Source** drop-down menu and select the provider's claim source.
    - If you select Online, you can also change the provider's KidKare password.
    - If you select Scannable Forms, you can also select the menu type: Attendance Menus, Bubble Menus, or Full Month Attendance (Direct Entry).
4. Click **Save**.

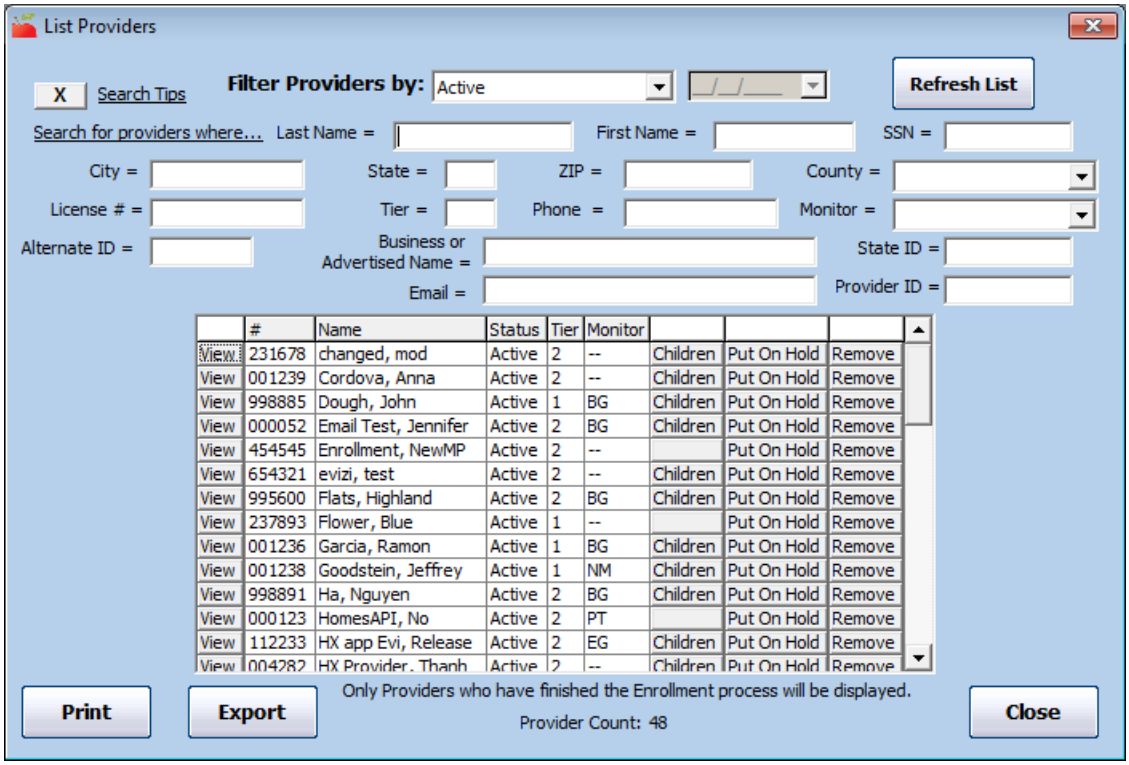

Provider Information
Select Provider:
Active
Provider:
Shelly, Mary
Enroll Provider
General
Contact
Licensing
Tiering
Meals
Other
Shelly, Mary 998894 Active
Provider Identification:
*Name: Mary Shelly
First MI Last
*Provider ID: 998894
Alternate ID:
State ID:
DOB: 01/01/1979
SSN: - -
Group:
Gender: Female
Ethnicity:
Hispanic/Latino
Not Hispanic or Latino
Race:
American Indian / Alaska Native
Black or African American
Native Hawaiian / Pacific Islander
Asian
White
Business Info:
Advertised Name:
Business Name:
Business Tax ID: -
Paycheck Addressee: Provider Name
Comments:
Claim Source:
Online
Menu Type:
--Select--
Login ID: 998998894
Password: ibsfcjdj
Reset
Send Welcome Message
Welcome Message Sent:
Sponsor Personnel:
Monitor: --Select--
Enrolled By Initials:
Claiming Status:
Current Status: Active
CACFP Contract Info:
Current CACFP Agreement Date:
Pre-approval Date:
First Claim Month Allowed:
December 2018
Current CACFP Expiration Date:
Pre-approval Expiration Date:
First Claim Received:
None Received Yet
*Original CACFP Start Date:
02/01/2019
Activate Children
Children
Claims
Payments
Helpers
Training
Reviews
Calendar
Supervisors
Messages
Serious Deficiency
Print
Remove
Put On Hold
Save
Close

List Providers

Last Modified on 07/08/2020 2:26 pm CDT

The List Providers window provides a list of all providers in your system that meet the criteria you specify. Note that any provider with a status of Wizard Incomplete does not display in this window, regardless of the filters you set.

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Click the **Filter Providers By** drop-down menu and choose from the following:
    - **Active:** List providers who are currently enrolled and claiming with your sponsorship. Providers set to Hold status also appear in the resulting list.
    - **Active and Withdrawn After:** List active providers and those who have been withdrawn after a certain date. If you select this option, click the corresponding Date box and enter the date (MM/DD/YYYY). This option also adds a Removal Date column to the resulting provider list.
    - **All:** List all providers, regardless of status. If you select this option, a Removal Date column is added to the resulting provider list.
    - **Hold:** List only those providers whose current status is Hold.
    - **Withdrawn Before:** List only providers who have been withdrawn before a certain date. If you select this option, click the corresponding Date box and enter the date (MM/DD/YYYY). This option also adds a Removal Date column to the resulting provider list.
3. Click **Search For Providers Where** to set additional filters. Click each box and enter the information by which to limit. Click **Search Tips** for helpful information about using these search options. Click  to clear the text you've input in these boxes.
4. When finished, click **Refresh List**. The providers most closely matching the criteria you specified display.



5. Click the #, **Name**, **Status**, **Tier**, or **Monitor** column to sort information in ascending or descending order by that column. for example, if you click the Tier column, the providers are sorted by Tier status.

   Note: The Status column sorts providers in the following status order: Active, Hold, Pending, and Removed. The Status header is not visible if you filtered by Hold or Withdrawn Before.

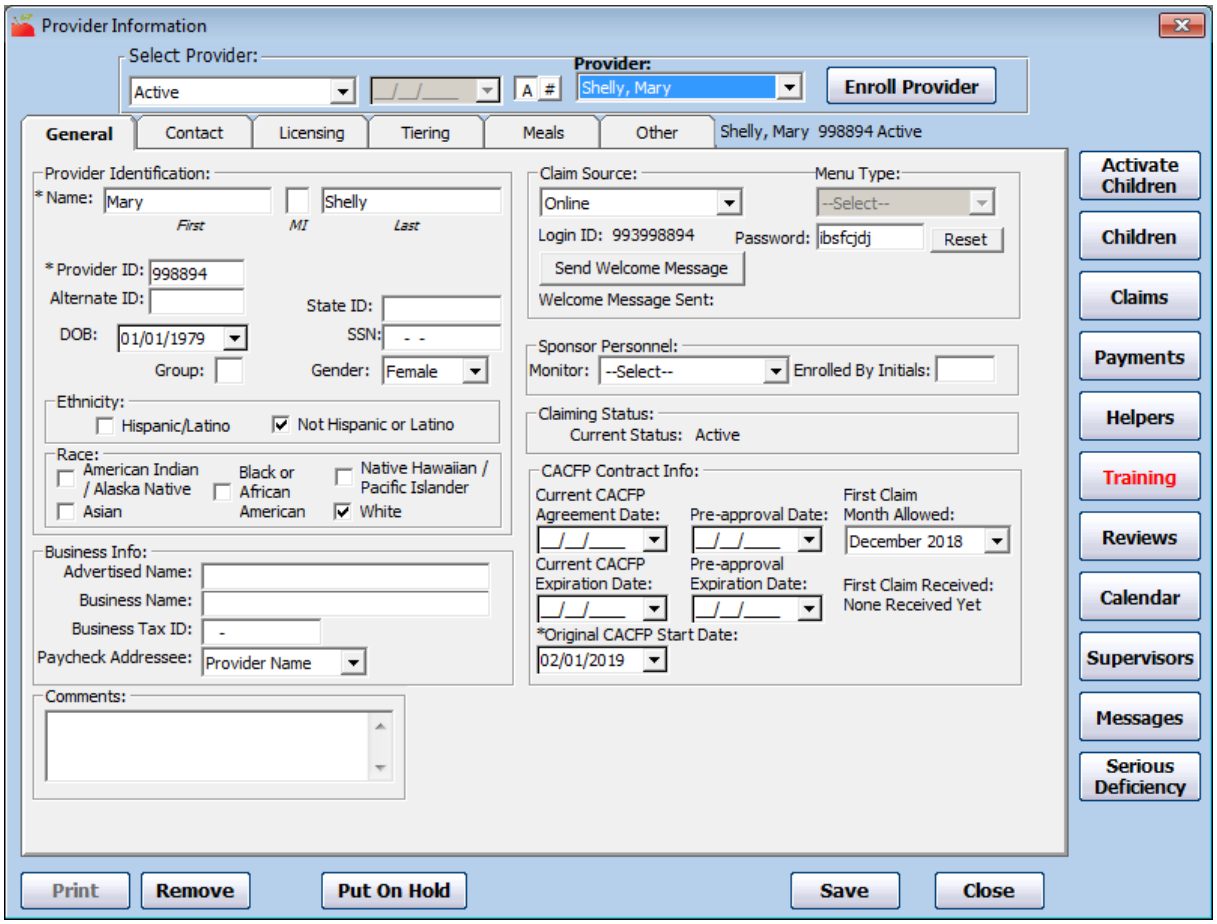
6. You can do the following in this window:
   - Click **Print** to generate and print the List Providers Report.
   - Click **Export** to export the **Provider List Export File**. This is an XLSX file. You can use a spreadsheet program, such as Excel®, to further sort and manipulate the data.
   - Click **View** to open the Provider Information window for a specific provider.
   - Click **Children** to open the List Child window for the selected provider.
   - Click **Put On Hold**/**Take Off Hold** to change the provider's hold status. For more information, see **Place Providers on Hold**.
   - Click **Remove** to remove the provider. For more information, see **Remove Providers**.
   - Click **Reactivate** to reactivate a removed provider. For more information, see **Reactivate Providers**.

Update Provider Information

Last Modified on 07/16/2020 2:07 pm CDT

Once you enroll providers, you can update them at any time in the Provider Information window.

1. Click the **Providers** menu and select **Provider Information**. You can also click the Provider menu, select **List Providers**, and click **View** next to the provider to change. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider to change.
3. Click each box to change and enter new information over the existing information. You can change information in each of the tabs.



4. When finished, click **Save**.

Update Provider Email Addresses

Last Modified on 08/04/2022 11:37 am CDT

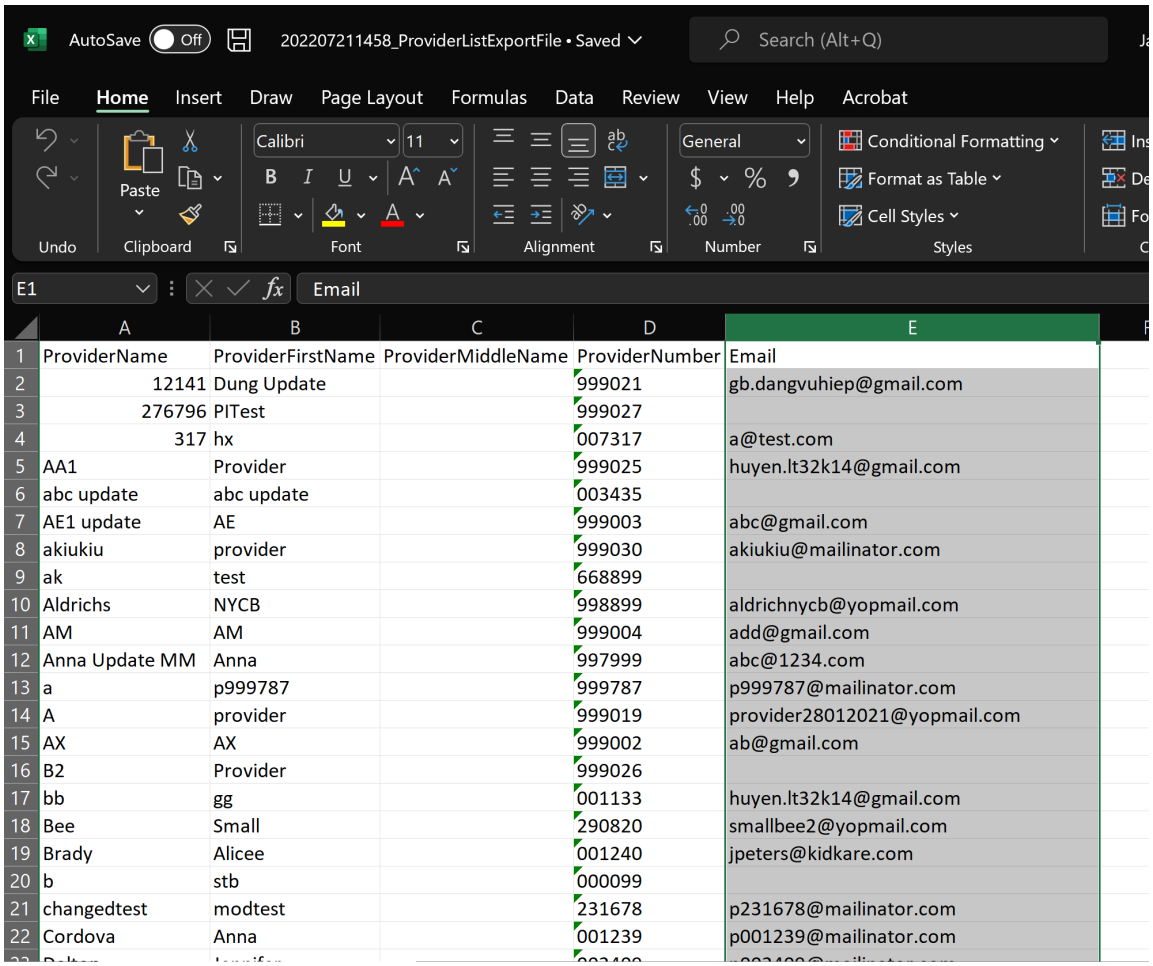
To ensure the highest security possible, we strongly recommend that each of your providers have their own, unique email address tied to their account. This article provides steps you can take to audit for duplicate and blank email addresses in Minute Menu HX, so you can update provider records accordingly.

Locate Providers with Duplicate Emails

Duplicate email addresses used across multiple provider accounts has the potential to be a security risk. To ensure that all data has the best protection possible, each of your providers must have their own, unique email address. You can use the Provider List Export file and Excel to quickly locate duplicate email addresses in your system. Since contact information is included, this report becomes a convenient call list.

> **Note:** If your providers need assistance setting up an email address, we have provided resources and step-by-step instructions in the **Create Free Email Addresses** article.

1. First, generate the report:
    a. Click the **Reports** menu, select **Providers**, and click **Provider List Export File**. The Select Report Definition to Use dialog box opens.
    b. Click **Continue** without selecting a report definition. The Provider Filter opens.
    c. Set any necessary filters. To run this report for all active providers, simply ensure that only the **Active** and **Hold** boxes in the **Status** section is checked.
    d. Click **Continue**. The Select Output Data for Provider List Export window opens.
    e. Check the **Email** box.
    f. Click **Continue**. You are prompted to save the file to your computer.
    g. Save the file.
    h. Click **OK** at the confirmation prompt.
2. In Excel, highlight duplicate email addresses:
    a. Select the **Email** column.



	A	B	C	D	E
1	ProviderName	ProviderFirstName	ProviderMiddleName	ProviderNumber	Email
2	12141	Dung Update		999021	gb.dangvuhiep@gmail.com
3	276796	PITest		999027	
4	317	hx		007317	a@test.com
5	AA1	Provider		999025	huyen.lt32k14@gmail.com
6	abc update	abc update		003435	
7	AE1 update	AE		999003	abc@gmail.com
8	akiukiu	provider		999030	akiukiu@mailinator.com
9	ak	test		668899	
10	Aldrichs	NYCB		998899	aldrichnycb@yopmail.com
11	AM	AM		999004	add@gmail.com
12	Anna Update MM	Anna		997999	abc@1234.com
13	a	p999787		999787	p999787@mailinator.com
14	A	provider		999019	provider28012021@yopmail.com
15	AX	AX		999002	ab@gmail.com
16	B2	Provider		999026	
17	bb	gg		001133	huyen.lt32k14@gmail.com
18	Bee	Small		290820	smallbee2@yopmail.com
19	Brady	Alicee		001240	jpeters@kidkare.com
20	b	stb		000099	
21	changedtest	modtest		231678	p231678@mailinator.com
22	Cordova	Anna		001239	p001239@mailinator.com

b. From the **Home** tab, click **Conditional Formatting**, **Highlight Cells Rules**, and select **Duplicate Values**.

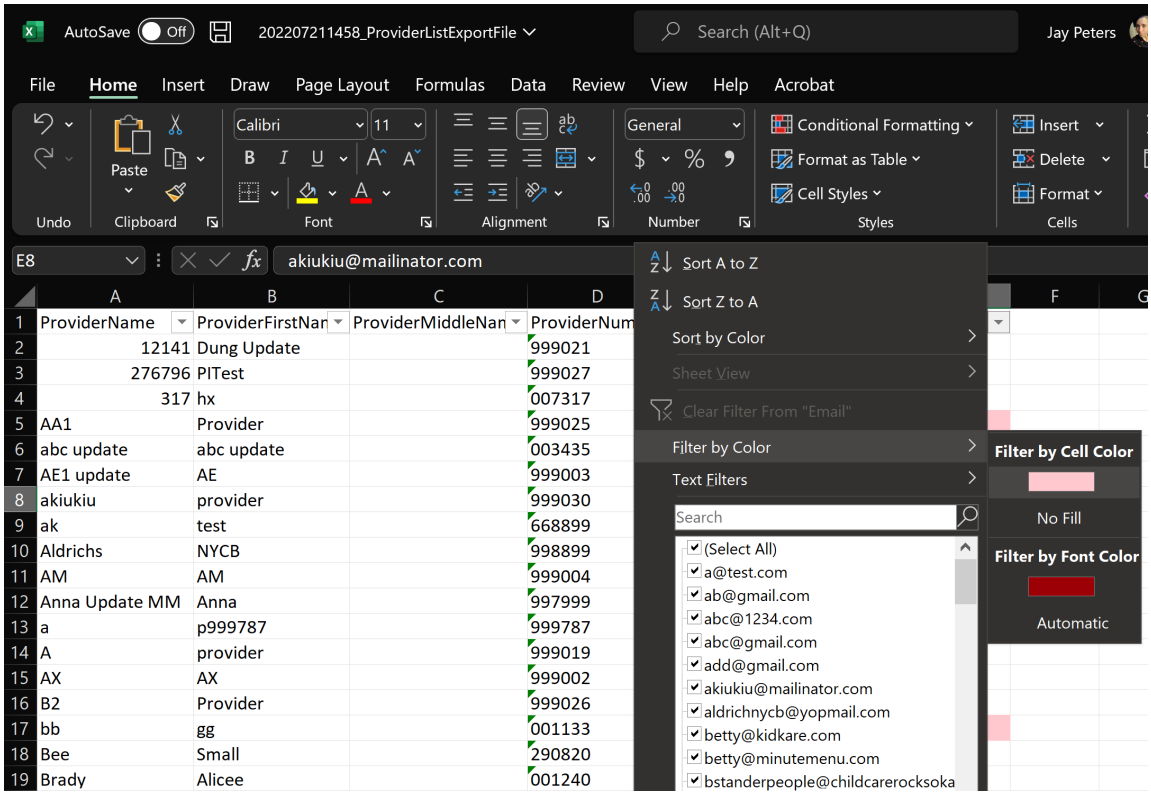
c. Click **OK** at the prompt. Any duplicate email addresses are highlighted.

3. Filter the spreadsheet to show only the duplicate emails.

a. Click the first row of the **Email** column.

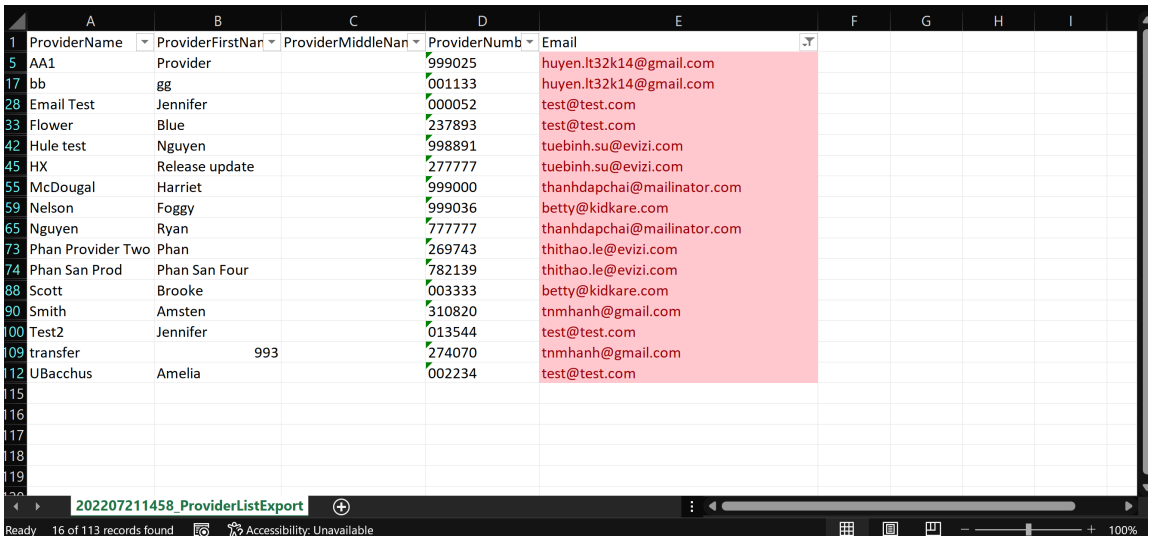
b. Click **Sort & Filter** in the top-right corner of the Home tab and select **Filter**. The first row of each column in the spreadsheet is now a drop-down menu you can use to filter.

c. Click the **Email** drop-down menu, select **Filter by Color**, and click the color that matches the highlighted cells.



	A	B	C	D
1	ProviderName	ProviderFirstNar	ProviderMiddleNar	ProviderNum
2	12141	Dung Update		999021
3	276796	PITest		999027
4	317	hx		007317
5	AA1	Provider		999025
6	abc update	abc update		003435
7	AE1 update	AE		999003
8	akiukiu	provider		999030
9	ak	test		668899
10	Aldrichs	NYCB		998899
11	AM	AM		999004
12	Anna Update MM	Anna		997999
13	a	p999787		999787
14	A	provider		999019
15	AX	AX		999002
16	B2	Provider		999026
17	bb	gg		001133
18	Bee	Small		290820
19	Brady	Alicee		001240

d. The spreadsheet should now only show duplicated email addresses. Since the provider name and provider numbers are included, you can easily determine which providers need to be updated.



	A	B	C	D	E
1	ProviderName	ProviderFirstNar	ProviderMiddleNar	ProviderNumb	Email
5	AA1	Provider		999025	huyen.lt32k14@gmail.com
17	bb	gg		001133	huyen.lt32k14@gmail.com
28	Email Test	Jennifer		000052	test@test.com
33	Flower	Blue		237893	test@test.com
42	Hule test	Nguyen		998891	tuebinh.su@evizi.com
45	HX	Release update		277777	tuebinh.su@evizi.com
55	McDougal	Harriet		999000	thanhdapchai@mailinator.com
59	Nelson	Foggy		999036	betty@kidkare.com
65	Nguyen	Ryan		777777	thanhdapchai@mailinator.com
73	Phan Provider Two	Phan		269743	thithao.le@evizi.com
74	Phan San Prod	Phan San Four		782139	thithao.le@evizi.com
88	Scott	Brooke		003333	betty@kidkare.com
90	Smith	Amsten		310820	tnmhanh@gmail.com
100	Test2	Jennifer		013544	test@test.com
109	transfer	993		274070	tnmhanh@gmail.com
112	UBacchus	Amelia		002234	test@test.com

202207211458_ProviderListExport
Ready 16 of 113 records found Accessibility: Unavailable 100%

4. Update provider email addresses in the Provider Information

Return to Top

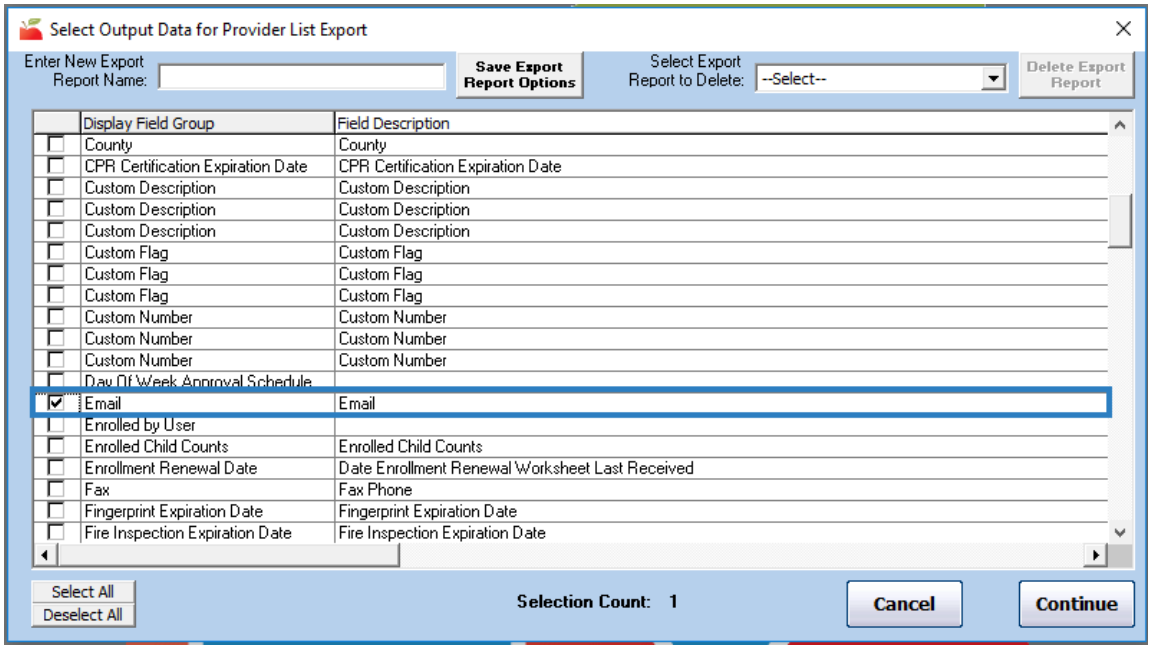
Locate Providers with Blank Email Addresses

Not only does email provide a convenient way for sponsors to contact their providers, it ensures that centers can self-serve in the event they forget their user name or password. Use the Provider List Export file to generate

a report you can then filter to show those centers for which you do not have an email address. Since contact information is included, this report becomes a convenient call list.

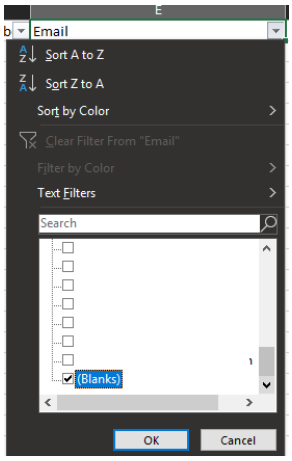
> **Note:** If your centers need assistance setting up an email address, we have provided resources and step-by-step instructions in the **Create Free Email Addresses** article.

1. First, generate the report:
    a. Click the **Reports** menu, select **Providers**, and click **Provider List Export File**. The Select Report Definition to Use dialog box opens.
    b. Click **Continue** without selecting a report definition. The Provider Filter opens.
    c. Accept the default **Status** filters (**Active** and **Hold**), and click **Continue**. The Select Output Data for Provider List Export window opens.
    d. Scroll down and check the **Email** box.



    e. Scroll down again, and check the **Phone** box.
    f. Click **Continue**.
    g. Browse to the location on your computer in which to save the file.
    h. Click **Save**. The file opens automatically in your default spreadsheet program.
2. Filter the resulting spreadsheet to show blank email addresses only. Note that these instructions are Excel-specific.
    a. Click the first row of the Email column.
    b. Click **Sort & Filter** in the top-right corner of the Home tab and select **Filter**. The first row of each column in the spreadsheet is now a drop-down menu you can use to filter.
    c. Click the **Email** drop-down menu and clear the **Select All** box.

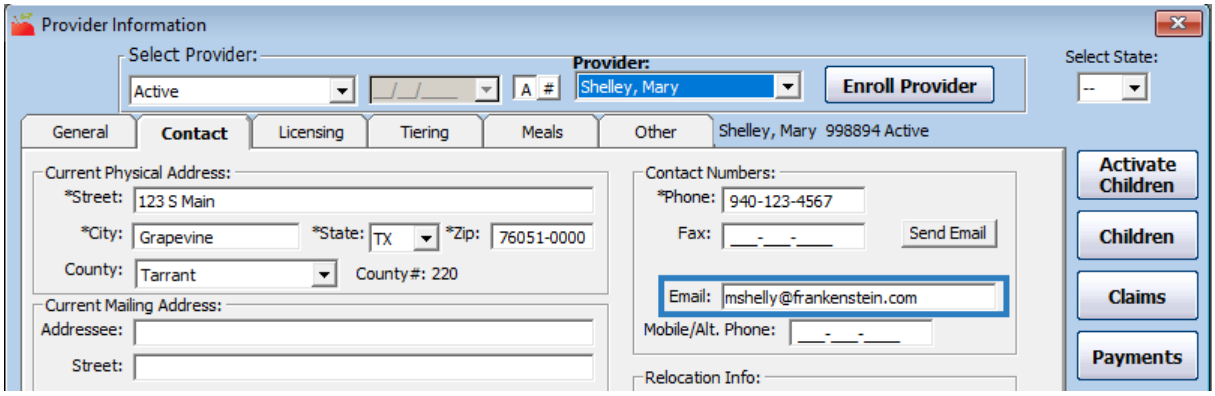
d. Scroll to the bottom of the list and check the **Blanks** box.



e. Click **OK**. You now have a list of providers with missing email addresses, as well as their phone numbers.

ProviderName	ProviderFirstNam	ProviderMiddleNam	ProviderNumb	Email	PhoneNumber
			654987		(987) 654-9870
AccountLuman	TestCarol		131313		(111) 111-1111
Anna	Anna		997999		(111) 111-1111
changedtest	modtest		231678		(987) 654-3210
Dalton	Jennifer		002409		(555) 555-1234
Enrollment	NewMP		454545		(587) 897-9797
Goodstein	Jeffrey		001238		(987) 444-8888
HX app Evi	Release		112233		(111) 111-1111
HX	Release update		277777		(222) 222-2222
McDougal	Harriet		999000		(940) 555-5555
Nguyen	Pin		686868		(123) 456-7890
Parra	Jennifer		012344		(789) 444-8888
PCI	Test		009081		(555) 555-5555
Phan San Prod	Phan San Four		782139		(151) 591-5915
Provider	Jennfier		000001		(545) 454-4544
Sargent	Jazmaine	G	003399		(123) 456-7899
Test Online	Jennifer		123456		(888) 888-8888
test4	mod		168763		(987) 654-3120
test	mod		321657		(987) 654-3210
TestTransfer1	Production		998880		(121) 212-1212
Trudeau	Alistair		009639		(214) 555-9999
update	hx bakoba		000124		(111) 111-1111

3. Contact the providers on your list for their email addresses, and add their email addresses to the **Provider Information Contact** tab.



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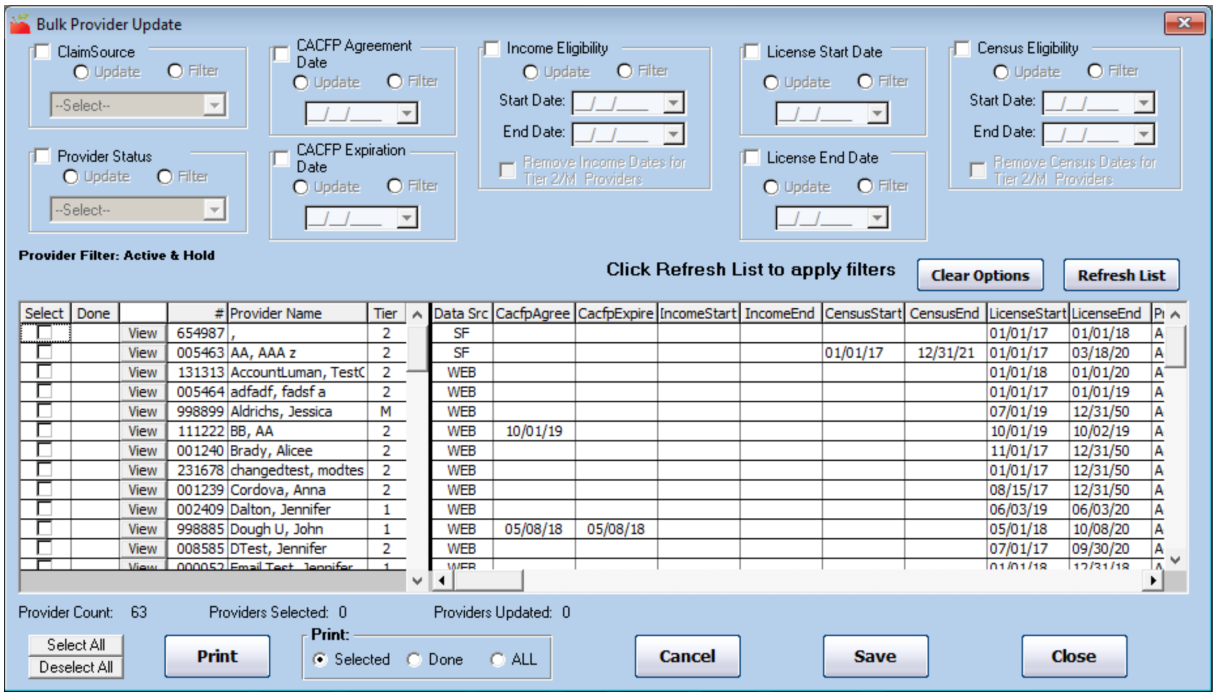
Bulk Provider Update

Last Modified on 07/08/2020 2:33 pm CDT

Use the Bulk Provider Update function to update information for multiple providers at a time. For example, you can update tier eligibility or CACFP agreement dates.

1. Click the **Administration** menu and select **Bulk Provider Update**. The Provider Filter window opens.
2. Set filters for the providers to include in the change. Check the **Choose Providers From List** box to select specific providers from a list.
3. Click Continue. If you did not check the Choose Providers From List box, the Bulk Provider Update window opens. Go to **Step 5**.
4. If you choose to select providers in **Step 2**, the Choose Providers dialog box opens. Check the box next to each provider and click **Continue**. The Bulk Provider Update window opens.
5. Check the box next to each item to update. You can update the following: Claim Source, Provider Status, CACFP Agreement Date, Income Eligibility, License Start Date, License End Date, or Census Eligibility.



6. Set new dates, as needed.
7. Check the box next to each provider to which to apply these changes.
8. Before saving your changes, click **Print** to print a report that lists all providers you are updating and their current information. Review this report carefully and confirm that you have selected the correct providers. You cannot reverse this process once its complete.
9. Click **Save**.

Manage Provider Capacity

Last Modified on 07/09/2020 9:21 am CDT

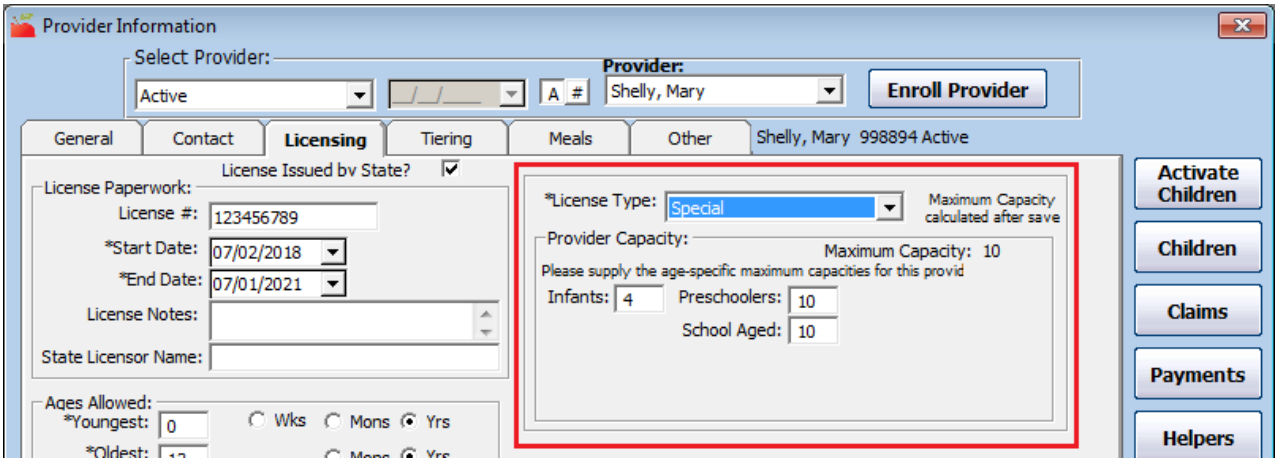
The Provider Information Licensing tab allows you to record virtually all aspects of information related to the provider's capacity. Minute Menu HX uses capacity information when processing KidKare claims, scannable form claims, or Direct Entry claims. If you review claims manually, this information is also available on certain reports for you to use as a benchmark.

> **Note:** Minute Menu HX does not check capacity on manually entered claims.

Each state handles capacity in different ways, and each state also handles capacity checks in different ways for different types of family child care home licenses or registrations.

For some licenses/states, the allowed capacity at any given meal is fixed and cannot be varied for individual providers. If this is the case, then you cannot change the capacity for individual providers and are given a Maximum Capacity value when you select the provider's license type.

For other licenses/states, the allowed capacity is more flexible. This means you can change the maximum allowed capacity for individual providers. You can also typically set a maximum capacity for infants, as well as a maximum overall capacity. If this is the case, you can see two boxes in the Licensing tab: one allowing you to enter an infant capacity maximum and one for a school-aged (overall) capacity maximum. Therefore, change the numbers in these boxes to vary the capacity.



Still other states/licenses vary the allowed capacity based on the specific meal served. If this is the case for you, then you will see each of the six meal listed, which allows you to supply a maximum capacity just for that meal.

Waivers

Capacity waivers are allowed in certain states/for certain licenses. When a waiver is in effect for a provider, that provider is exempt from over-capacity errors. Waivers typically have start and end dates, and you must supply such dates when you indicate a waiver is in effect. If a waiver only applies when a particular child is in attendance, you can indicate that the waiver is child-specific and then specify the appropriate child. You can also enter a description.

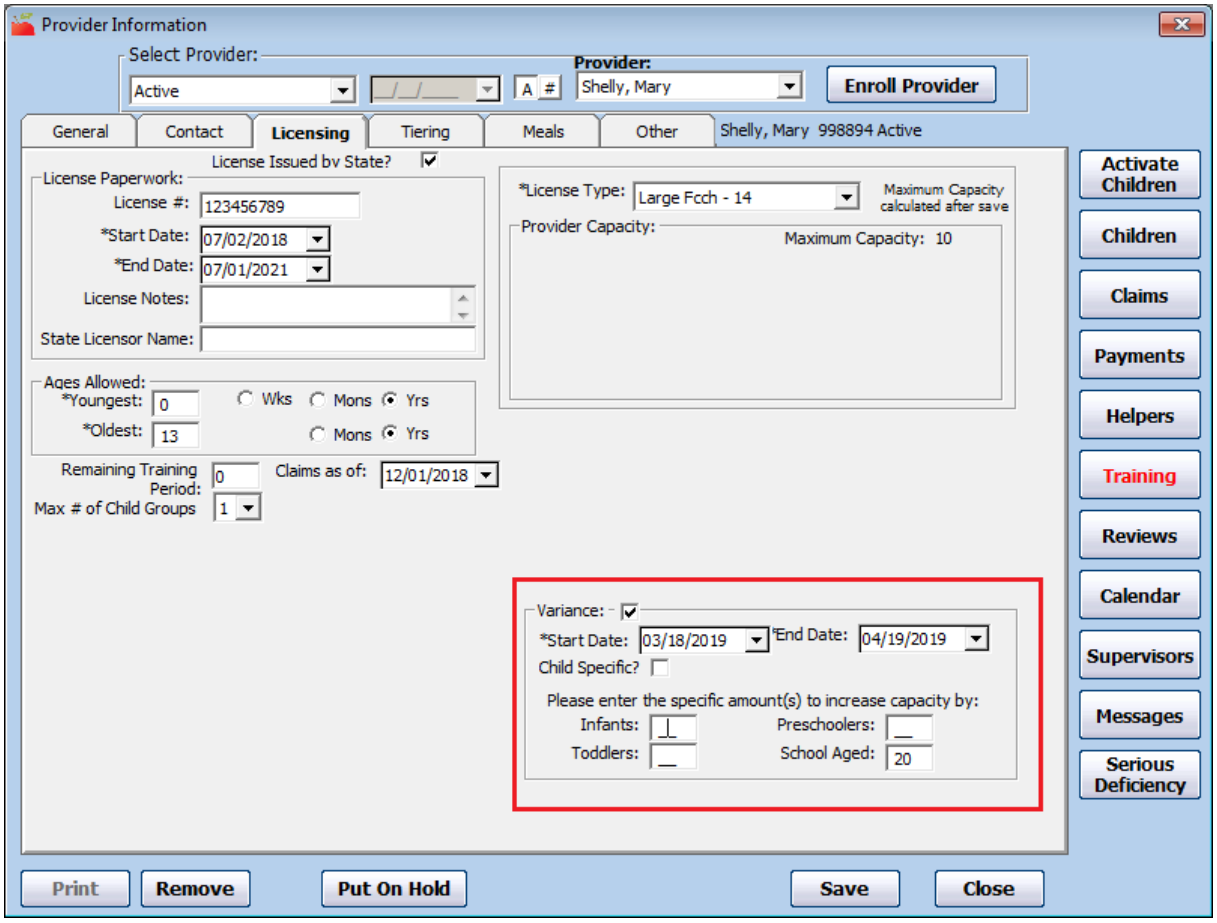
To set a waiver:

1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider to change.
3. Click the **Licensing** tab.
4. Check the **Waiver** box.
5. Click the Start Date and End Date boxes and set a start and end date for the waiver, if required.
6. If this waiver is child-specific, check the **Child Specific** box. Then, select the child to which the variance applies.
7. Enter any description, as needed.
8. Click **Save**.

Variances

Capacity variances are allowed in certain states/for certain licenses. When a variance is in effect for a provider, that provider's capacity is increased or decreased by the amount you enter.

1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider to change.
3. Click the **Licensing** tab.
4. Check the **Variance** box.

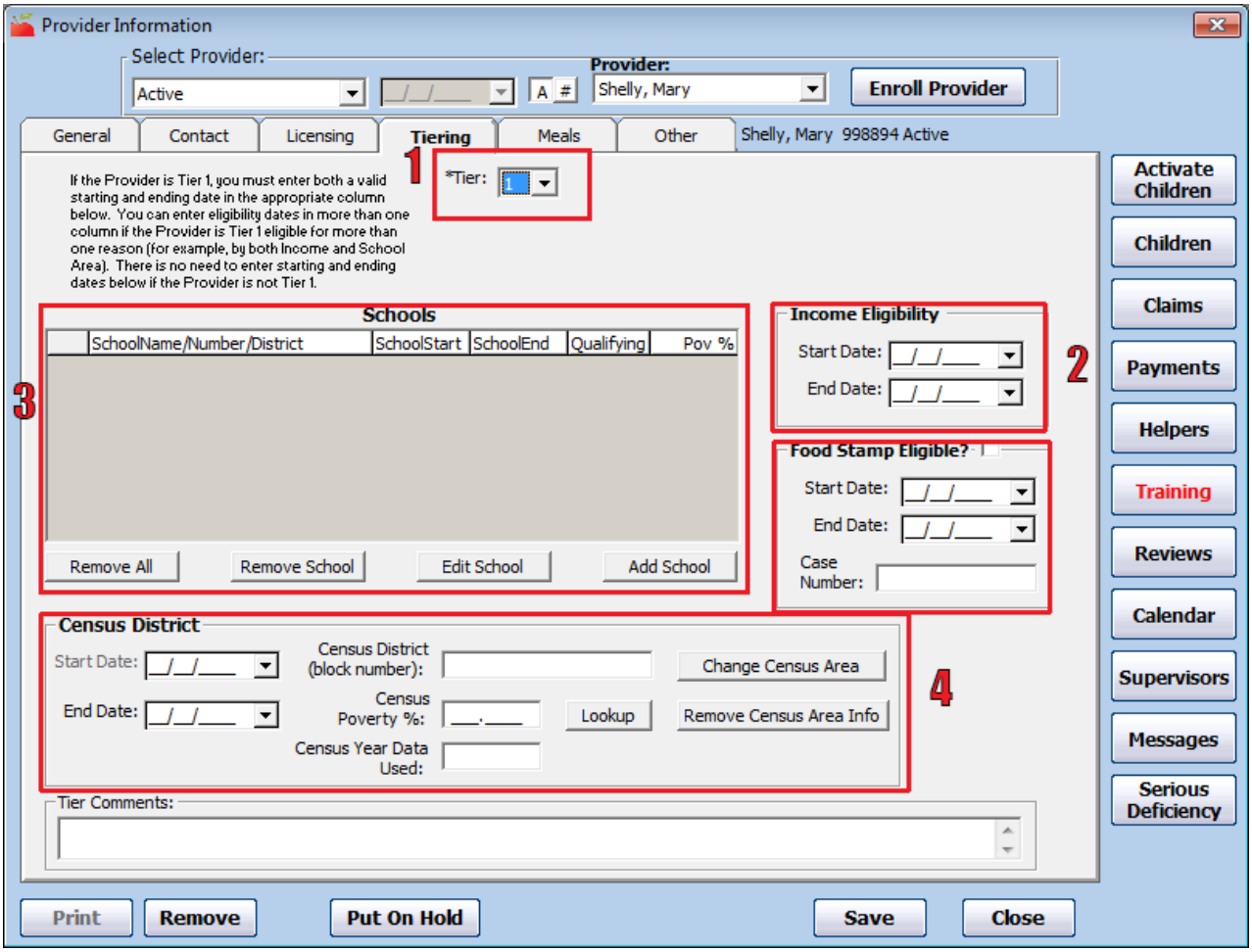


5. Click the **Start Date** and **End Date** boxes and enter a start and end date for the variance.
6. If this variance is child-specific, check the **Child Specific** box. Then, select the child to which the variance applies.
7. In the **Please Enter the Specific Amount(s) to Increase Capacity By** section, click each box that applies and enter the amount by which to change the capacity.
    - **Increase Capacity:** Enter a positive value in the specific age category.
    - **Decrease Capacity:** Enter a negative value in the specific age category.
8. Click **Save**.

Manage Provider Tiering

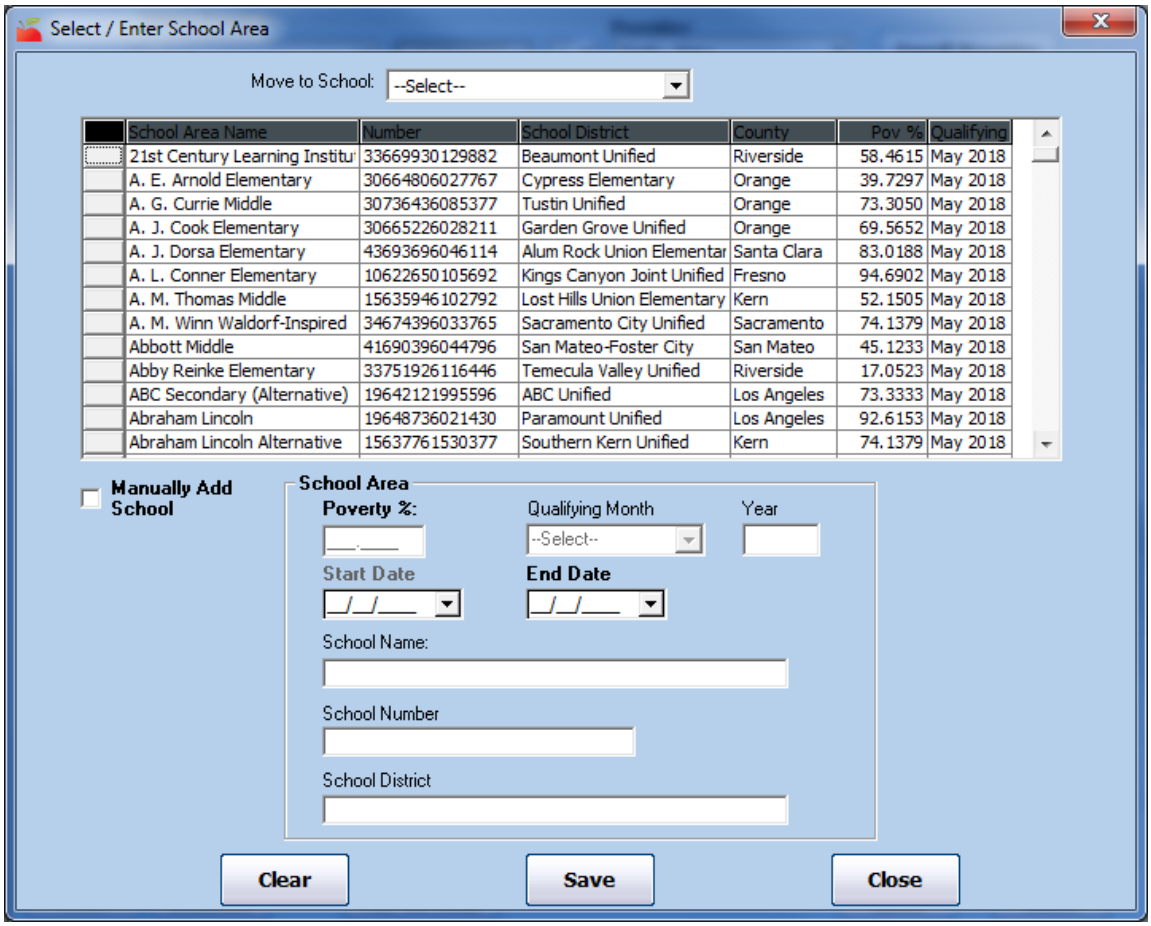
Last Modified on 07/08/2020 3:12 pm CDT

You record a provider's Tier and Tier qualifying information in the Provider Information Tiering tab. This information is essential, as it determines reimbursement rates for the provider.

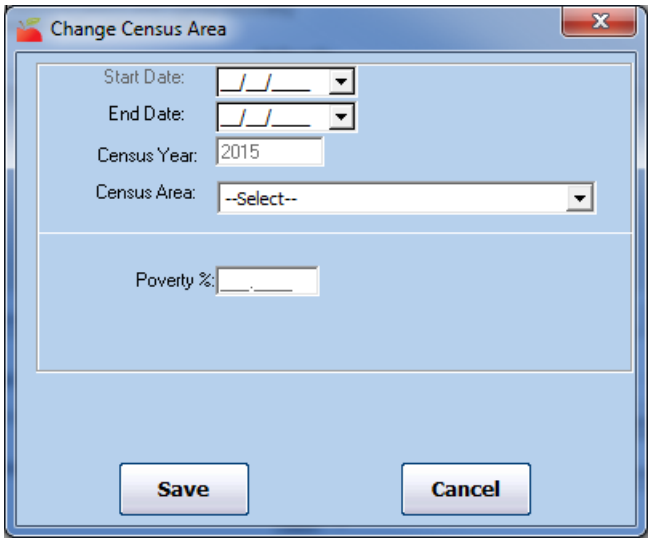


1. **Tier:** A provider's tier can be set to the following:
    - **2:** Providers are set to Tier 2 by default, unless you specify otherwise. If you select Tier 2, you can set a Tier 2 effective date, which can be useful in certain states to record when you attempted to verify the provider's tier (even though they don't qualify).
    - **1:** Select Tier 1 if the provider meets school, income, or census requirements for Tier 1 reimbursements. This means that all children enrolled with this provider should be reimbursed at Tier 1, even if the children themselves are not set up as Tier 1 Income Eligible. Note that this does not guarantee that claims will be reimbursed at Tier 1. The qualifying dates in this tab must be valid (see below).
    - **M:** Select M if the provider is Mixed-Tier. This means that the provider is not Tier 1, but they have children enrolled who are Tier 1 income Eligible.

2. **Income Eligibility:** If the provider is Tier 1 by Income, click the Start Date and End Date boxes and enter the starting and end dates for this qualifying status. Once these dates expire, the provider will be automatically reimbursed at Tier 2 rates unless the dates have been updated prior to the reimbursement being issued. However, the Tier drop-down menu remains set to 1 until you actively change it. End dates are inclusive, which means that if you set the End Date to June 30th, the provider is treated as Tier 1 on June 30th.
    a. **Food Stamp Eligible:** If a provider is categorically eligible for Tier 1 because they are Food Stamp participants, you must supply **Income Eligibility Dates** and you must *also* indicate that the provider is Food Stamp Eligible. Check this box. Then, click the **Case Number** box and enter the provider's food stamp case number. The Start/End dates are required by some state agencies. This information prints on the Provider List Export File when you report this information to your state agency.
3. **Schools:** If the provider is Tier 1 due to the poverty percentage at the nearest school(s), click **Add School** and enter school eligibility information. Note that Minute Menu HX only examines Start and End dates by default when determining tier eligibility. However, HX can be configured to examine the poverty percentages. Check your Sponsor Preferences. You must provide start and end tiering dates as follows:
    a. In states where Minute Menu HX has the state's school tiering list in electronic format, a list of schools displays. Select the school area that applies to this provider. The relevant information (poverty percentage, etc), populate the remaining fields automatically. When you enter the tiering start date, the end date automatically defaults to five (5) years after the start date. Save your changes. You can add additional schools for which the provider qualifies.
        - In these states, you should assign every provider to the closest school(s), even if that school area does not qualify for Tier 1 reimbursement. Leave the dates blank for each area in which the school does not qualify. If you have assigned every provider to a specific school, you can run the School Tier Comparison report each year when new rates are released by your state. This report lists any providers who used to be Tier 2, but whose school area now qualifies due to the school area's poverty threshold. Using this information, you can reassign provider tiers as appropriate.
    b. If your state does not have school data in the Minute Menu HX database, you must manually enter all information for each school area that applies to the provider. Click Add School and enter the required information. You can add additional schools for which the provider qualifies.



4. **Census District:** If the provider is Tier 1 eligible due to census district, enter Start and End dates in the Census District section. You can also complete the Census District and Census Poverty % boxes, but these are optional, as Minute Menu HX only examines eligibility dates. End dates are inclusive, which means that if you set the End Date to June 30th, the provider is treated as Tier 1 on June 30th. You should always enter Tier 1 Census Eligibility, even if the provider qualifies for Tier 1 by another means.
    - Your agency can be configured to pull the Census Block from a list (all census blocks are coded into Minute Menu HX by default). If you've enabled this feature, the Change Census Area button displays. Click it to choose the provider's census block from a list. The eligibility percentage will be automatically filled-in for you.



- Click Lookup to access a website created by FRAC that will identify the census block of the provider an indicate whether that census block is Tier 1 or not.

Enter any special comments or notes in the Tier comments box. This information is for your own use only and has no effect on the provider's claim processing. You can enter up to 255 alphanumeric characters in this box.

Remember to save your changes before exiting this tab.

Manage Historic Provider Data

Last Modified on 07/09/2020 9:21 am CDT

Provider files and child files change over time. Minute Menu HX stores all previous values for your providers, which ensures that you have a complete audit trail for each provider change made, as long as that provider is active with your agency. When you save changes to a provider's file, the old data is saved to the claim month in which it changed. For example, if you change a provider's license number in January 2019, you can later view the license number that was effective in January 2019 in the Provider History Information window.

> **Note:** This function may not be enabled for all sponsors. If you need to access Provider History (or Child History) for audits or reviews, contact Minute Menu HX Support for assistance.

Since historic data is saved effective to a claim month, you can only save one change per month. The most recent change made before advancing the claim month is saved.

Let's look at an example:

1. During April, a provider's license number was 1200.
2. On May 10th, you change the license number to 2900.
3. On May 20th, you change the license number to 3500.
4. On May 31st, you advance your claim month to May.

If you access the Provider History window at this point, you would see the following:

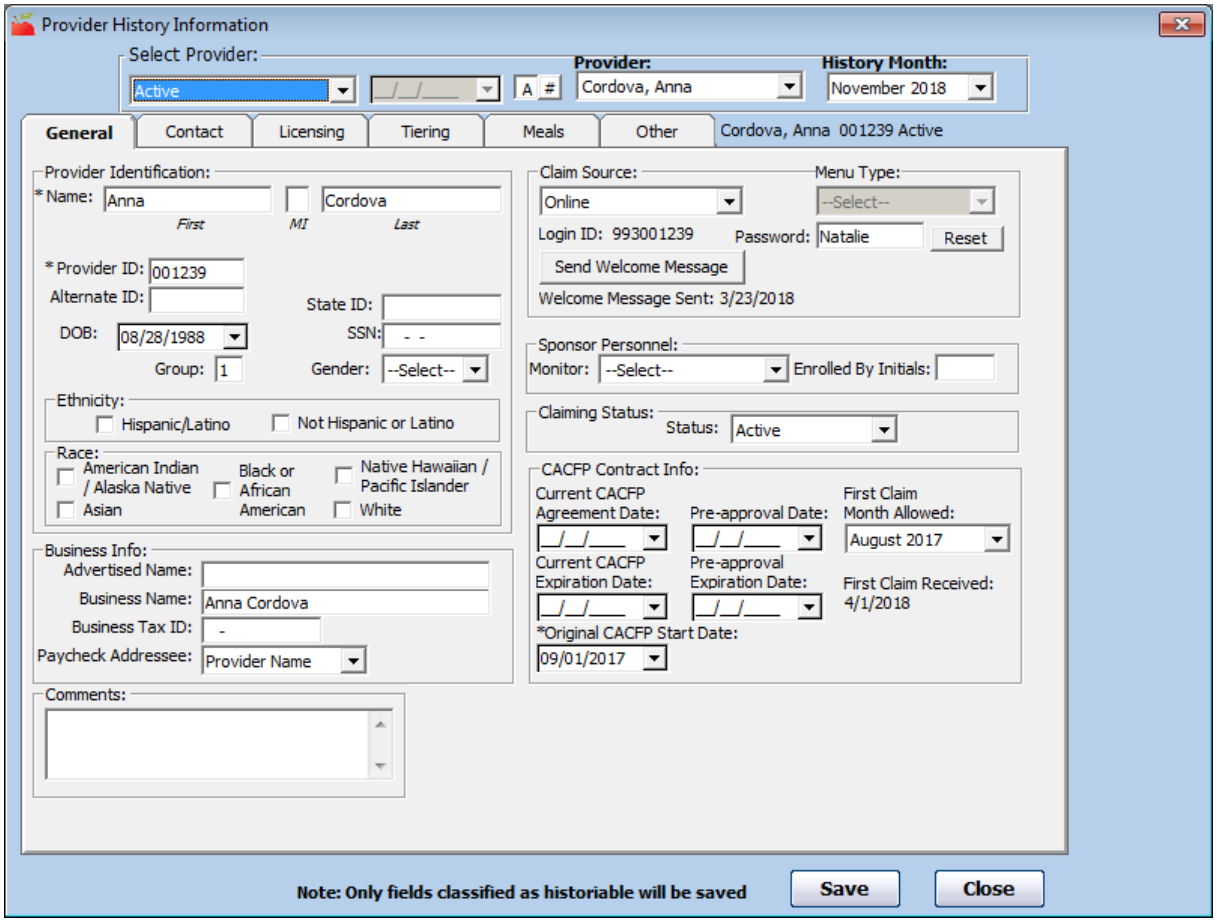
- If you look at data for for the March claim month, you'll see license number 1200.
- If you look at data for the April claim month, you'll see license number 3500. This is the last value that was in-effect when the current claim month was April.
- If you look at data for May, you'll see license number 3500.

To access provider history:

1. Click the **Providers** menu and select **Provider History**. The Provider History Information window opens.
2. Click the **Provider** drop-down menu and select the provider to view.

   > **Note:** To view history for pending, on hold, or withdrawn providers, click the Active drop-down menu and select the appropriate provider status. Then select the provider.

3. Click the **History Month** drop-down menu and select the history month to view. The provider's information displays.


Provider History Information
Select Provider:
Active
A #
Provider:
Cordova, Anna
History Month:
November 2018
General
Contact
Licensing
Tiering
Meals
Other
Cordova, Anna 001239 Active
Provider Identification:
*Name: Anna Cordova
First MI Last
*Provider ID: 001239
Alternate ID:
State ID:
DOB: 08/28/1988
SSN: - -
Group: 1
Gender: --Select--
Ethnicity:
Hispanic/Latino
Not Hispanic or Latino
Race:
American Indian / Alaska Native
Black or African American
Native Hawaiian / Pacific Islander
Asian
White
Business Info:
Advertised Name:
Business Name: Anna Cordova
Business Tax ID: -
Paycheck Addressee: Provider Name
Comments:
Claim Source: Online
Menu Type: --Select--
Login ID: 993001239
Password: Natalie
Reset
Send Welcome Message
Welcome Message Sent: 3/23/2018
Sponsor Personnel:
Monitor: --Select--
Enrolled By Initials:
Claiming Status:
Status: Active
CACFP Contract Info:
Current CACFP Agreement Date:
Pre-approval Date:
First Claim Month Allowed: August 2017
Current CACFP Expiration Date:
Pre-approval Expiration Date:
First Claim Received: 4/1/2018
*Original CACFP Start Date: 09/01/2017
Note: Only fields classified as historiable will be saved
Save
Close

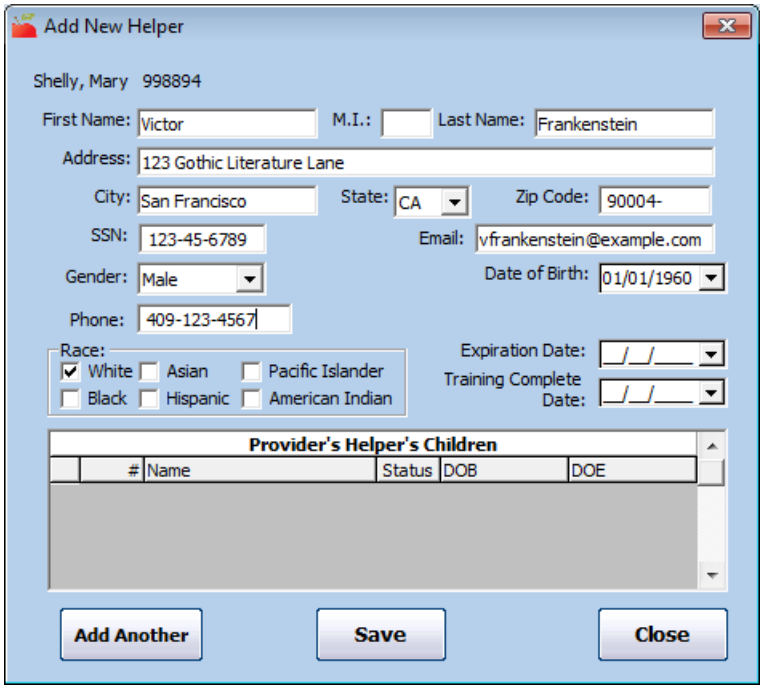
Manage Provider Helpers

Last Modified on 07/09/2020 9:33 am CDT

Some states count provider helpers as part of a provider's capacity. If this is the case in your state or a state in which your provider operates, you must add and manage these helpers in the provider's file in Minute Menu HX.

Adding Provider Helpers

1. Click the **Tools** menu and select **Provider Helpers**. The List Helpers window opens.
2. Click the **Provider** drop-down menu and select the provider for whom to add a helper.
3. Click **Add Helper**. The Add New Helper dialog box opens.
4. Click the **First Name**, **MI**, and **Last Name** boxers and enter the helper's full name.
5. Click the **Address**, **City**, **State**, and **Zip Code** boxes and enter the helper's address.
6. Click the **SSN** box and enter the helper's social security number.

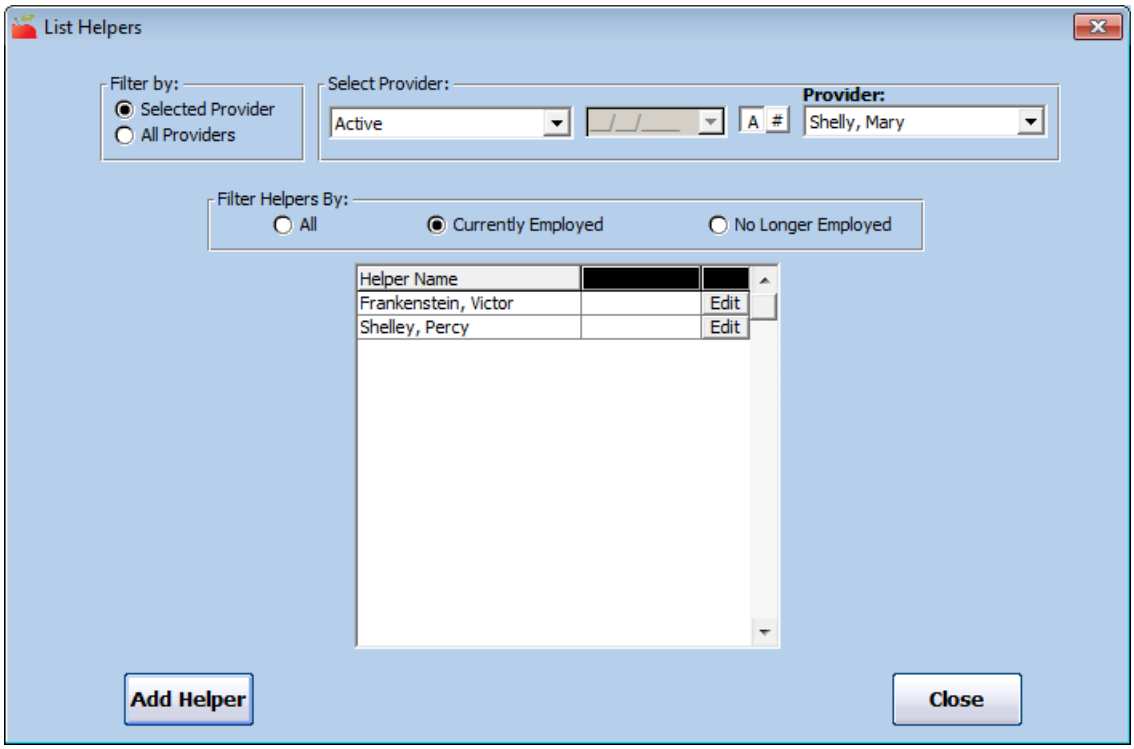


7. Click the **Email** box and enter the helper's email address.
8. Click the **Gender** drop-down menu and select the helper's sex.
9. Click the **Phone** box and enter the helper's phone number.
10. In the **Race** section, check the box next to each item that applies.
11. Click the **Expiration Date** and enter the date on which the helper either needs more training or re-certification. This is useful if you require documentation proving that the helper has received training or has appropriate certifications.
12. Click the **Training Date Complete** box and enter the date the training completed training, if needed.
13. Click **Save**.
14. Click **Add Another** to add another helper, or click **Close**.

Changing Provider Helpers

To update provider helper information:

1. Click the **Tools** menu and select **Provider Helpers**. The List Helpers window opens.
2. Click the **Provider** drop-down menu and select the provider for whom to manage helpers. The helpers created for this provider display.



3. In the **Filter Helpers By** section, select **All**, **Currently Employed**, or **No Longer Employed**.
4. Click **Edit** next to the helper to change. The Edit Helper Information dialog box opens.
5. Update the helper's information, as needed.
6. If this helper no longer works for the provider, click the **Last Date Employed** box and enter the helper's last day of employment.
7. When finished, click **Save**.

Deleting Provider Helpers

You should only delete helpers if they were entered in error. If the Helper no longer works for the provider, enter a date in the **Last Date Employed** box.

1. Click the **Tools** menu and select **Provider Helpers**. The List Helpers window opens.
2. Click the **Provider** drop-down menu and select the provider.
3. In the **Filter Helpers By** section, select **All**, **Currently Employed**, or **No Longer Employed**.
4. Click **Edit** next to the helper to remove. The Edit Helper Information dialog box opens.

5. Click **Delete**.
6. Respond to the confirmation prompt.

Note: You can access the List Helpers window from the Provider Information window. To do so, click **Helpers** (to the right) in the Provider Information window.

Handle the Provider's Own Children

Last Modified on 07/09/2020 9:54 am CDT

Because the Food Program only reimburses the provider's own children for those providers who are Tier 1 Income Eligible, performing capacity checks can become complicated. State regulations dictate whether sponsors can ignore the provider's own children who are not participating in the Food Program, or whether these children must be counted when determining allowed capacity.

If you do operate in a state that requires providers' own children be counted when determining allowed capacity, these children must be taken into consideration when a sponsor examines meal capacity at each meal serving.

In all cases, providers' own children who are eligible for reimbursement must be actively enrolled in Minute Menu HX and recorded in KidKare or on scannable forms. However, there are several different approaches for those own children who are not participating in the Food Program. In each case, Minute Menu HX handles all aspects of capacity-related checking when a claim is processed, unless you enter claims manually (you must handle capacity checks for these).

There are four (4) distinct approaches to managing these capacity checks. Each is discussed in the headings below.

Note: Unless Approach 1 is mandated by your state agency, we recommend that you use Approach 3. Contact Minute Menu HX Support for help configuring Minute Menu HX to handle the approach you decide to take.

Approach 1: Adjust Allowed Capacity

For some states/licenses, the state explicitly provides a lowered capacity limit for providers, based on the number of the provider's own children present in the home. For example, suppose the state/license maximum capacity for a provider is six (6) children. However, provider Josie has two (2) of her own children in care. Josie's maximum capacity is lowered to four (4) as a result.

In the above example, Minute Menu HX is configured so that the provider's own child is not counted in the capacity. This means that the State always assumes that the provider's own children are present, and you do not have to worry about non-participating children at all.

This approach forces the state (and possibly you) to keep track of the number of providers' own children in each licensed home and update licensing information accordingly. This can be especially difficult if the State adjusts capacity based on the non-school-aged own children. If this is the case, you or the State must update records as the provider's own children start school.

This approach is mandated by licensing and precludes any of the other three approaches.

Approach 2: Providers Always Record Own Children

You can require providers actively mark each of their own child in attendance at every meal. If this is the case, the provider must enroll each of their own children in Minute Menu HX (via KidKare, scannable forms, or entry at your agency). They must also mark each own child in attendance at a meal when recording meals.

When these claims are processed, the capacity information is computed accurately. The provider's own children can be enrolled as participating or non-participating. This affects what the claims processor does when these children are claimed:

- **Participating:** The error reports generated during processing indicate that the provider's own children were not reimbursed, because the provider was not Tier 1 Income Eligible.
- **Non-Participating:** The error reports generated during processing either ignore the non-participating children or warn you that the children were counted for capacity, but were not reimbursed.

Capacity is accurately analyzes, and the provider is accurately reimbursed in either situation (participating own children vs non-participating own children). However, if you use this approach, providers can simply not mark their own children in attendance at any meal (since their own children are not reimbursed anyway), and the processor will not detect an over capacity problem.

Approach 3: Assume Own Children Attend Meals Based on Enrollment

You can configure Minute Menu HX to assume that the provider's own children are present at every meal when performing capacity checks. When this is done, school-aged own children are assumed to **not** be in the home if it is a school day and an AM Snack or Lunch is being served.

When processing a claim, the system examines all of the children on file in the Minute Menu HX database for the provider being processed and assumes that all of the provider's own children are present when computing capacity at each meal serving.

> **Note:** If a provider is Tier 1 Income Eligible, they must still actively claim their own children for reimbursement. This assumption applies to capacity checks only.

If you take this approach, you must have your providers enroll each of their own children (via KidKare or scannable enrollment forms). You can note that a specific own child is not present in the home if the provider notifies you that a child will not be present. This ensures you have 100% accuracy when determining capacity.

This approach forces your providers to complete enrollment forms for their own children, which may increase costs (for scannable forms) and/or take up available child numbers. You may consider enrolling providers' own children in the second or third child group for those providers who care for a large number of children.

Approach 4: Assume Own Children Attend Meals Based on Provider File

With this approach, Minute Menu HX assumes that the provider's own children are present at every meal served when performing capacity checks. Rather than examining the children currently enrolled in Minute Menu HX, the system instead examines counts of non-participating own children that are recorded in the provider's file in the Provider Information Licensing tab.

The system assumes that the number of the provider's own children recorded in the provider's file are present at every meal served and computes the capacity accordingly. When recording providers' own child counts, you must break the counts down by child age grouping (infants/school-aged children) so the processor knows how

to allocate the extra capacity. The provider's own school-aged children are not included in capacity checks on school days for AM Snack and Lunch.

This approach does not allow you to note a provider's own child as **not** present in the home. You must maintain the counts of providers' own children in each provider's file, as well as update the age groupings for those counts as children become school-aged.

Manage the Provider Calendar

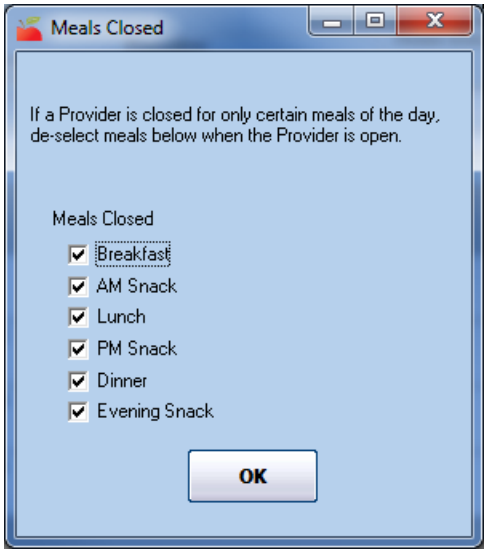
Last Modified on 07/09/2020 9:56 am CDT

Use the provider calendar to track when a provider is closed, away from the home, or open on a holiday. Most sponsors require that providers provide advanced notice if they are going to be closed for a day or away from the home for any length of time (for example, they are taking the children on a field trip). You can use this information when scheduling home reviews. Minute Menu HX can also cross-check this information when processing claims to ensure that meals were not claimed on days the provider was closed.

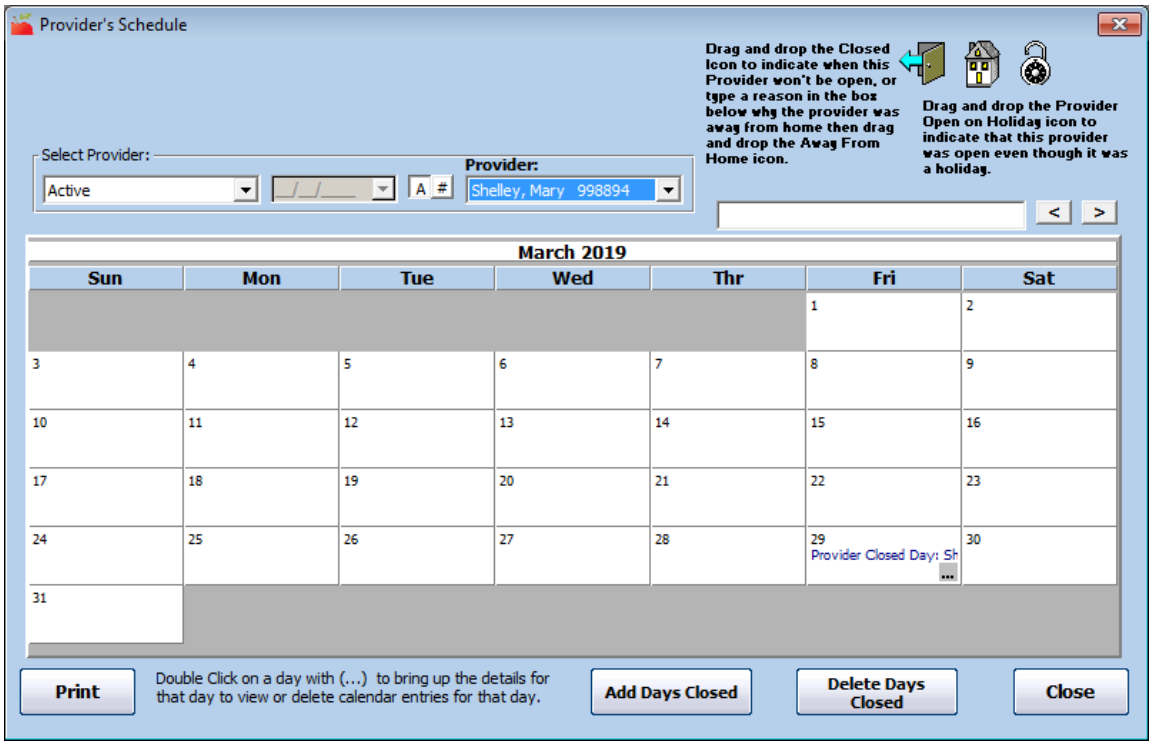
1. Click the **Tools** menu and select **Provider Calendars**. The Provider's Schedule window opens.
2. Click the **Provider** drop-down menu and select the provider.

   Note: You can also access the Provider's Schedule window from the Provider Information window. To do so, click Calendar (to the right).

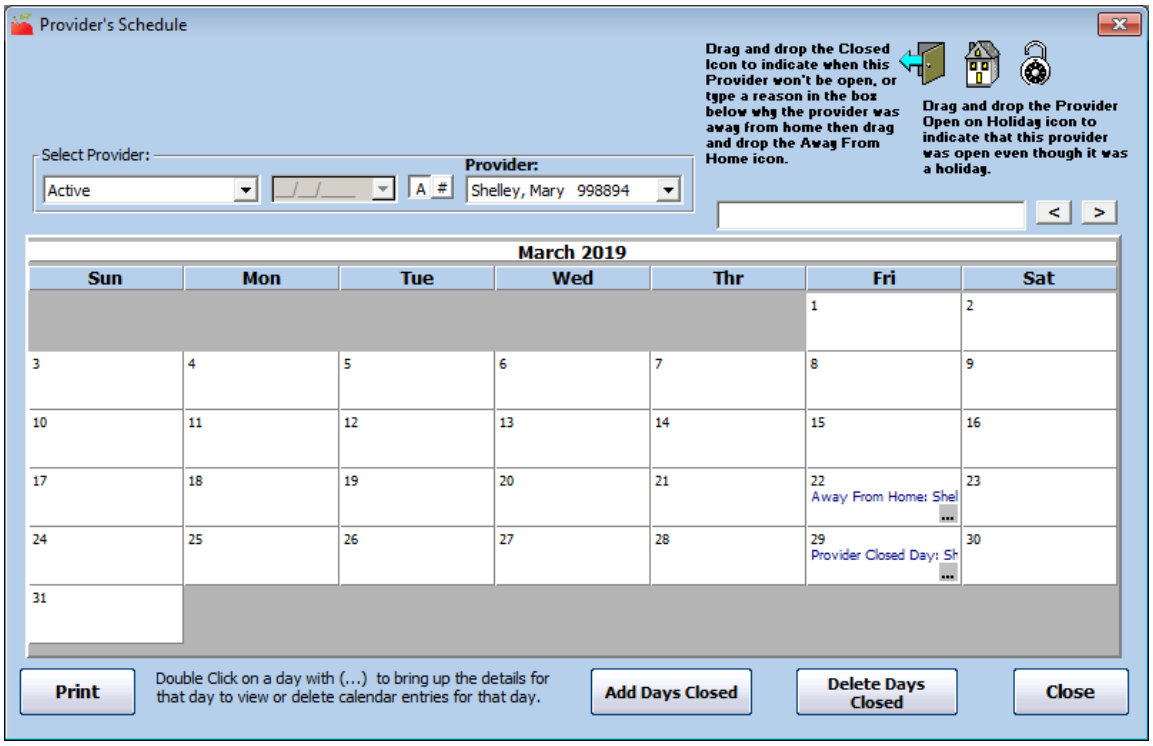
3. Click < and > to select the month in which to work.
4. To mark the provider as closed for a specific date:
   a. Click , drag it, and drop it on the appropriate day on the calendar. The Meals Closed dialog box opens.



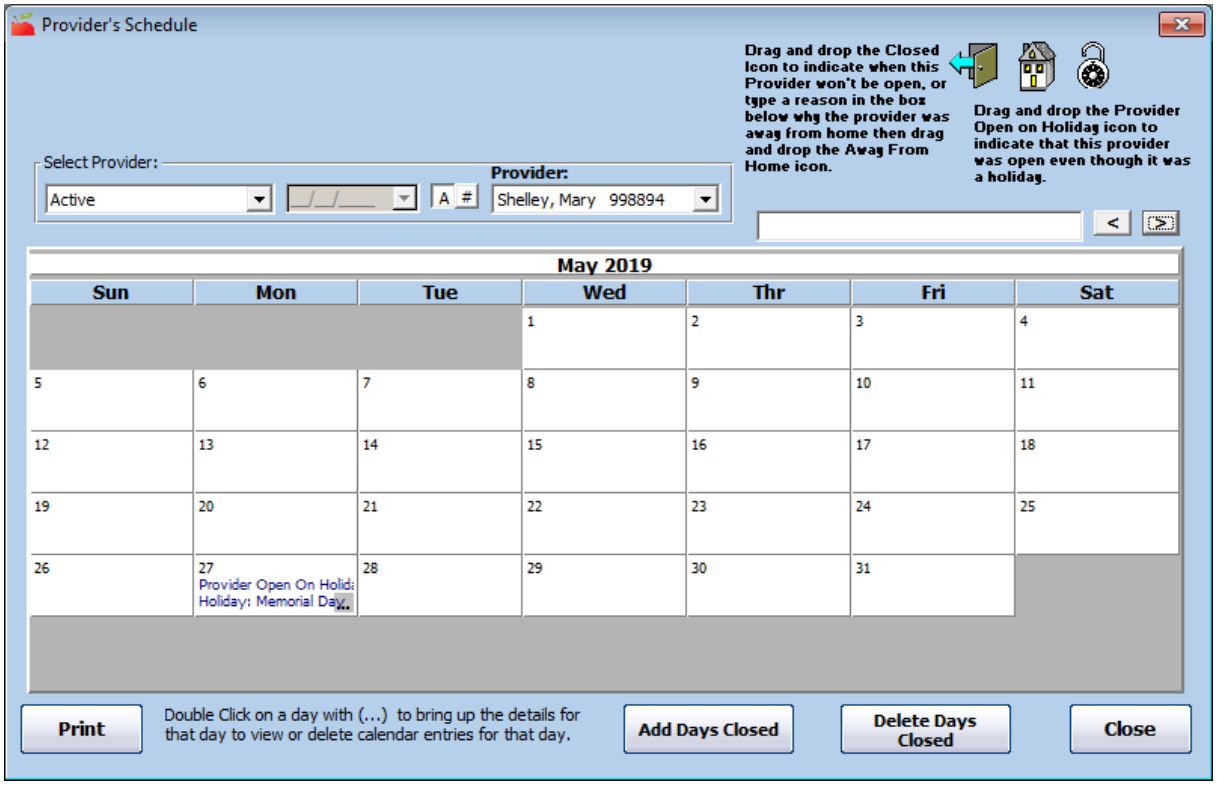
   b. Check the box next to each meal for which the provider is closed. All meals are checked by default, so if the provider is open for some meals but closed for others, clear the box next to each meal for which the provider is open.
   c. Click **OK**. The closure notice is added to the calendar.



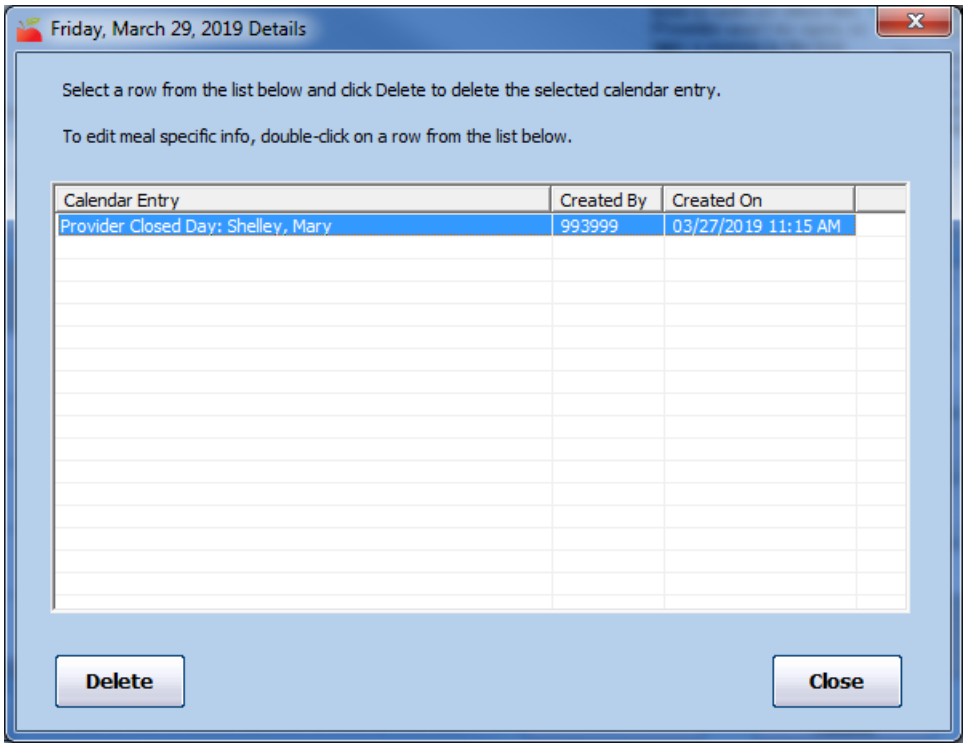
5. To mark the provider as away from home for a specific date:
    a. Click the box at the top of the window and enter the reason the provider is away from home.
    b. Click  , drag it, and drop it on the appropriate day on the calendar. The Meals Away From Home dialog box opens.
    c. Check the box next to each meal for which the provider is away. All meals are checked by default, so if the provider is only away for Lunch, for example, clear all boxes except for Lunch.
    d. Click **OK**. The away from home notice is added to the calendar.



6. To mark the provider as open on a holiday, click  , drag it, and drop it on the appropriate day of the month. The notation is added to the calendar.



7. To remove closed/away/open on holiday notations:
    a. Double-click a day to view details.



b. Click the notation to delete.
c. Click **Delete**.
d. Click **Close**.

Manage the Same-Day Entry Requirement

Last Modified on 09/14/2020 11:26 am CDT

You can control whether providers must record attendance data in KidKare on a daily basis. This setting affects providers on a case-by-case basis. You can adjust this requirement at any time.

Enable the Same-Day Entry Requirement

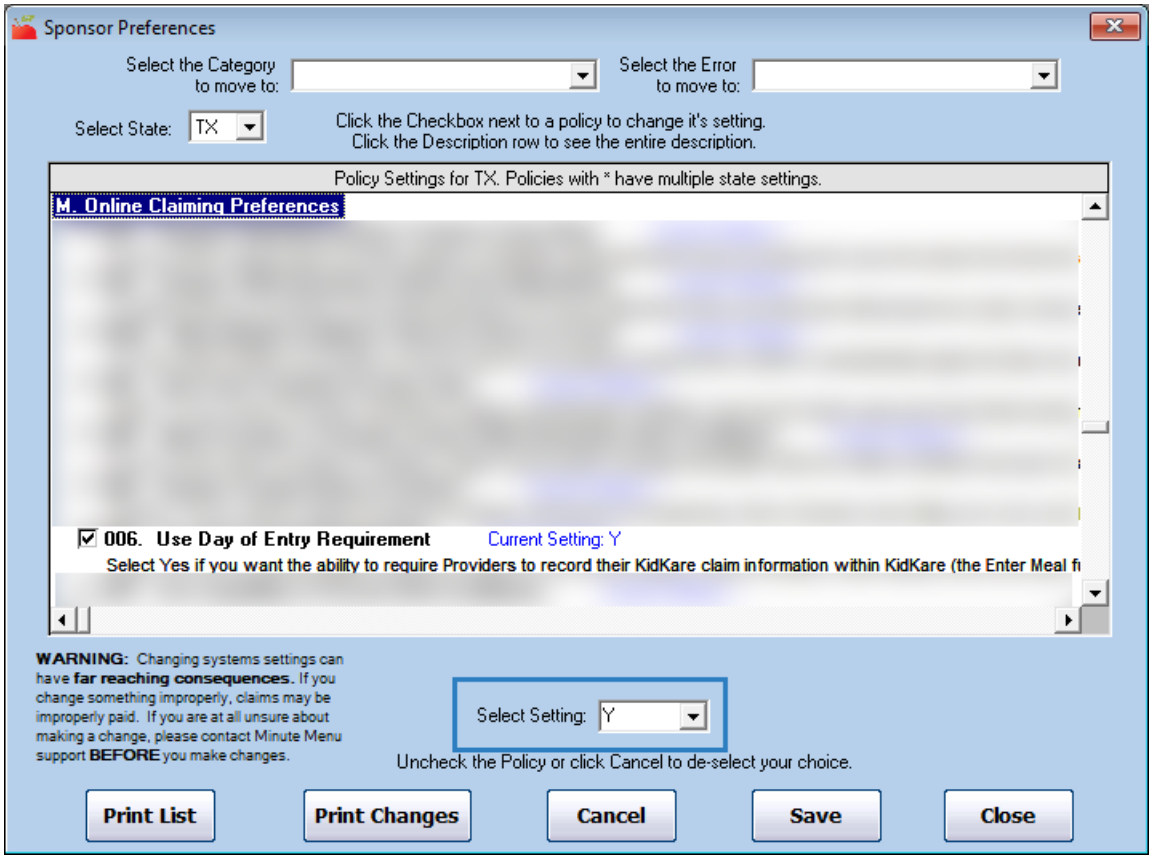
Enabling this requirement has two steps:

- Update your sponsor preferences to enable the **Require Same Day Entry** box.
- Check the **Require Same Day Entry** box in the **Provider Information Other tab**.

Enable the Require Same Day Entry Box

First, update your sponsor preferences to enable the Require Same Day Entry box in the Provider Information Other tab.

1. Click the **Administration** menu and select **Sponsor Preferences**. The Sponsor Preferences window opens.
2. Click the **Select Category to Move To** drop-down menu and select **M**. Online Claiming Preferences.
3. Check the **006. Use Day of Entry Requirement** box.

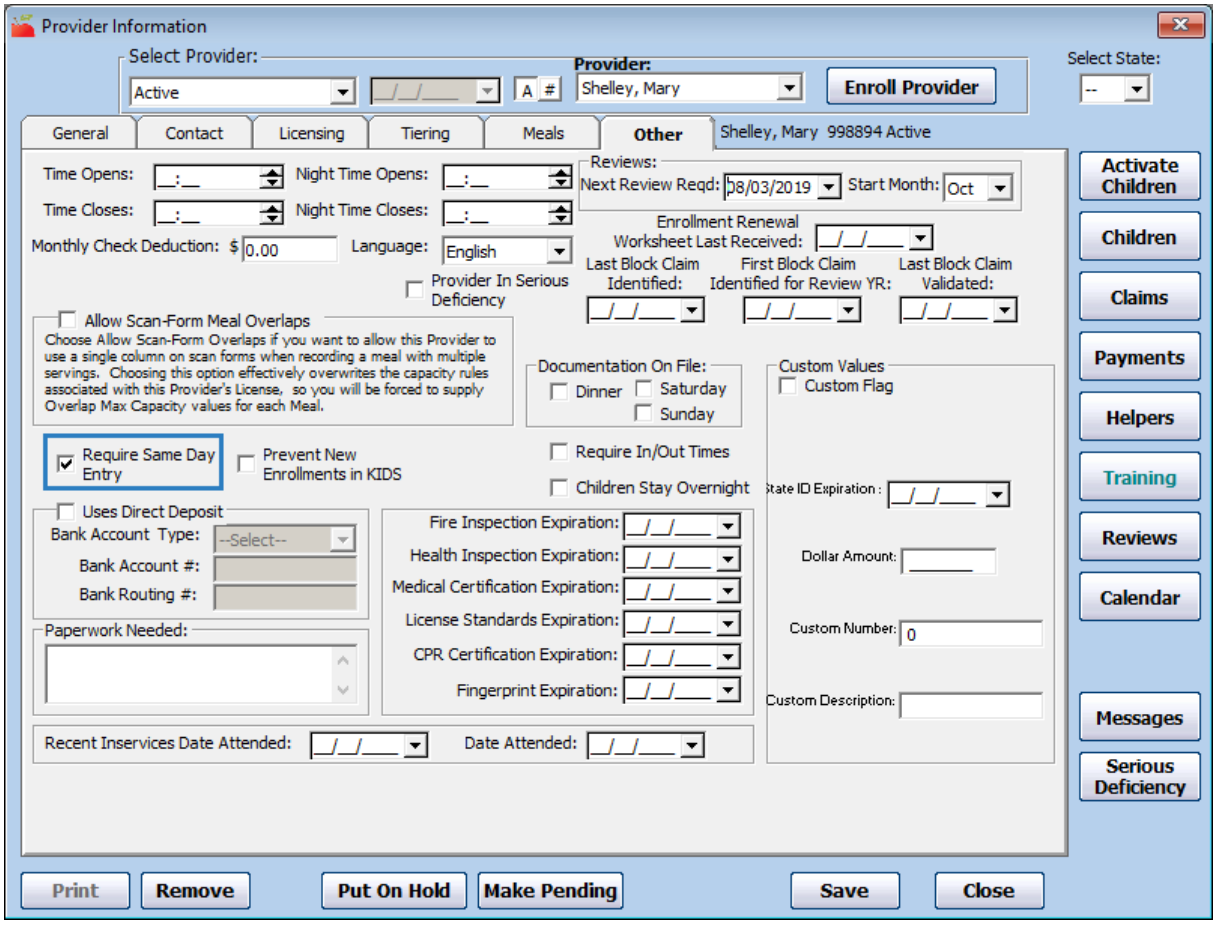


4. Click the **Select Setting** drop-down menu and select **Y**.
5. Click **Save**.

Check the Require Same Day Entry Box

Once you have enabled the Require Same Day Entry box, check it for provider for whom to enable the same-day entry requirement.

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Set filters to locate the provider to change. For details, see **List Providers**.
3. Click **Refresh List**.
4. Click **View** next to the provider to update. The Provider Information window opens.
5. Click the **Other** tab.
6. Check the **Require Same Day Entry** box.



7. Click **Save**.
8. Repeat **Steps 1-7** for each provider to update.

Disable the Same-Day Entry Requirement

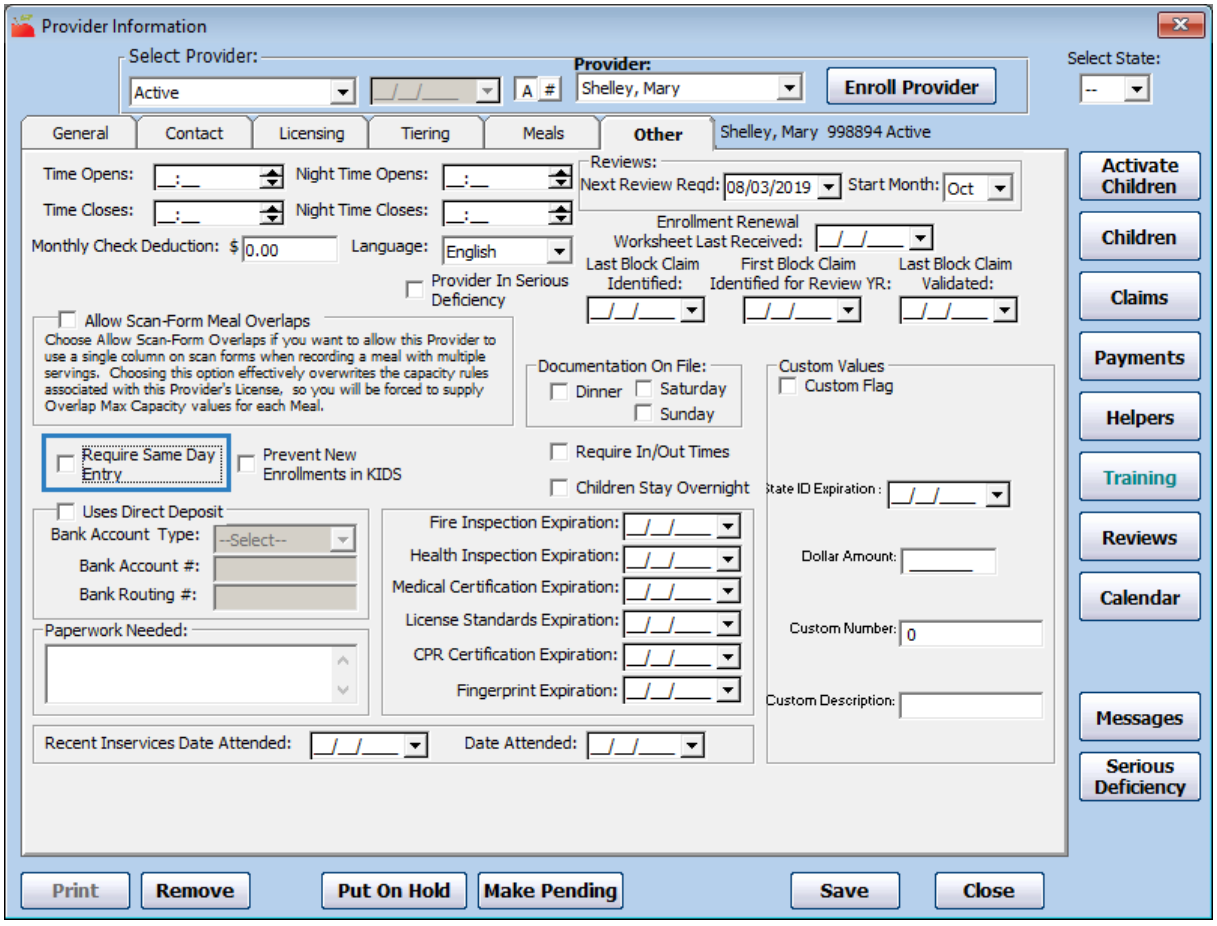
At some times you may need to disable same-day entry requirement for individual providers or all providers. For example, if KidKare by Minute Menu announces an extended maintenance window that may affect same-day entry, you may wish to temporarily remove this requirement.

There are two ways you can approach this:

- Clear the **Require Same Day Entry** box on individual provider records.
- Disable **preference M.006** to remove the requirement for all providers.

Clear the Require Same Day Entry Box on Individual Provider Records

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Set filters to locate the provider to change. For details, see **List Providers**.
3. Click **Refresh List**.
4. Click **View** next to the provider to update. The Provider Information window opens.
5. Click the **Other** tab.
6. Clear the **Require Same Day Entry** box.



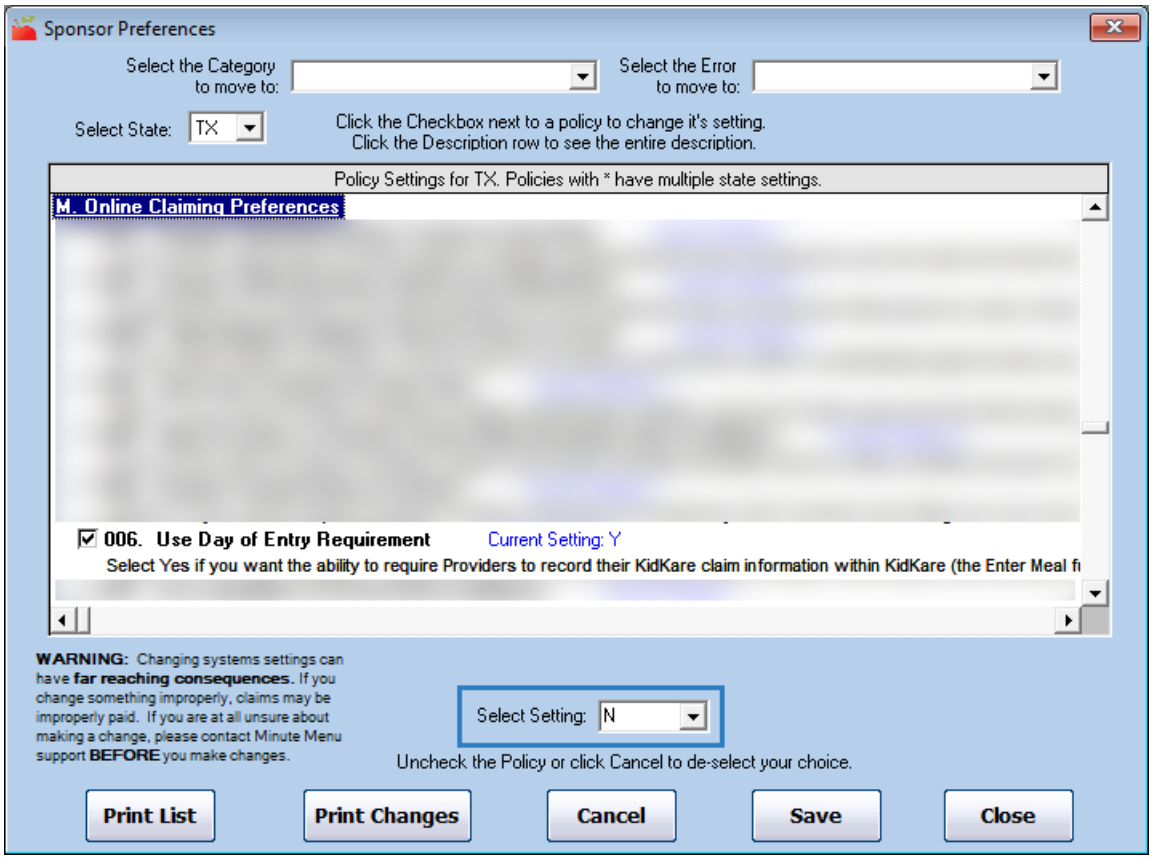
7. Click **Save**.
8. Repeat **Steps 1-7** for each provider to update.

Disable Preference M.006

To disable same-day entry for all affected providers, disable **preference M.006**. When you re-enable this preference, Minute Menu HX retains prior selections in the Provider Information Other tab.

For example, if you checked the Require Same Day Entry box for provider Jane, disabled preference M.006, and later re-enabled it, Require Same Day Entry should still be checked for provider Jane.

1. Click the **Administration** menu and select **Sponsor Preferences**. The Sponsor Preferences window opens.
2. Click the **Select Category to Move To** drop-down menu and select **M**. Online Claiming Preferences.
3. Check the **006. Use Day of Entry Requirement** box.
4. Click the **Select Setting** drop-down menu and select **N**.



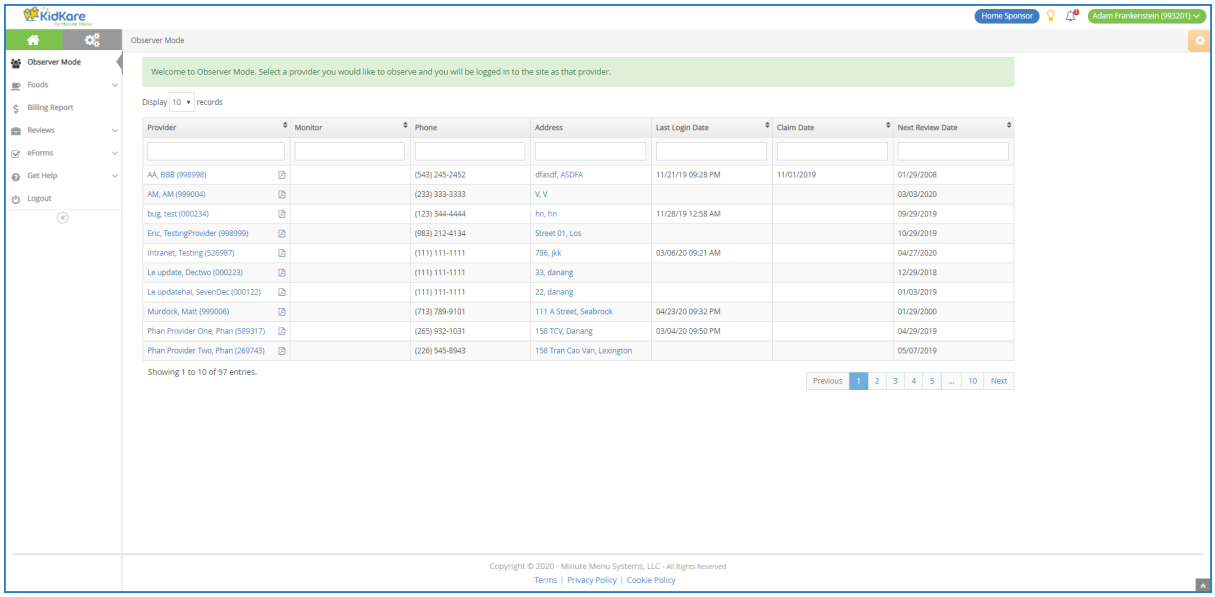
5. Click **Save**.

Observe Providers with Observer Mode

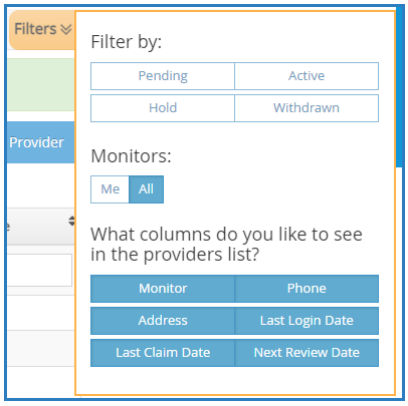
Last Modified on 05/12/2022 1:24 pm CDT

When you log in to KidKare in Observer Mode, you can view provider accounts, print reports, and more.

1. Log in to **app.kidkare.com** with the same ID and password you use to access Minute Menu HX. A list of your providers displays.

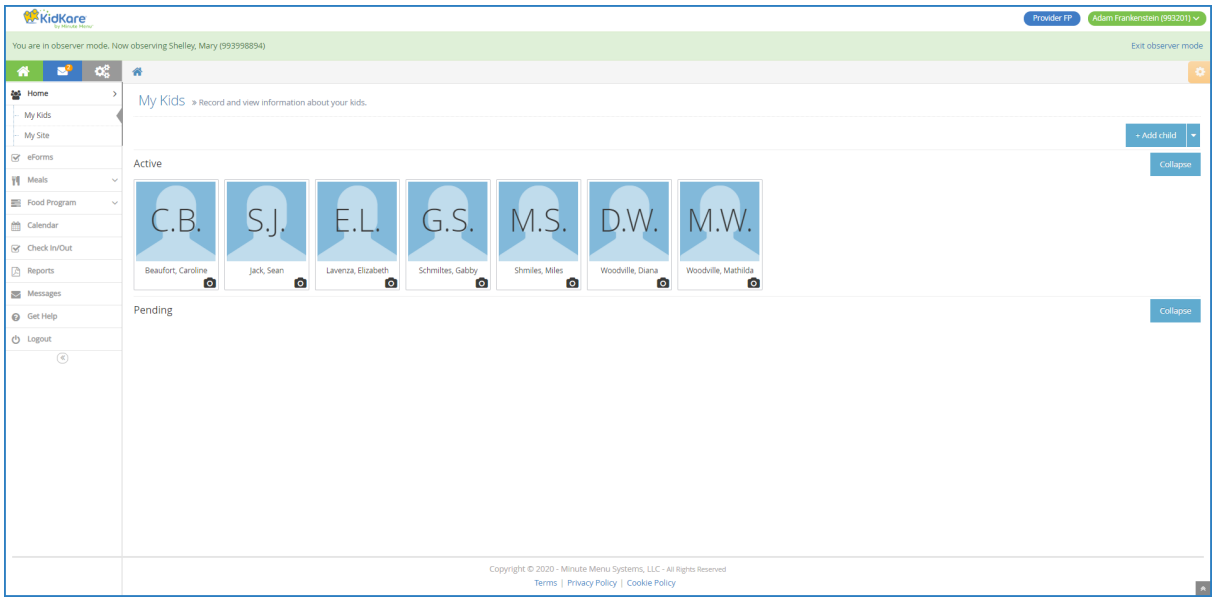


2. Click **Filters** in the top-right corner to set filters and customize the page display. You can change the following settings:
   - **Filter By:** Filter the listed providers by status: Pending, Active, Hold, or Withdrawn.
   - **Monitors:** View providers assigned to all monitors, or just to you.
   - **Columns:** Select the columns to include in the provider list.



3. Use the blank boxes at the top of each column to search for a specific provider. For example, click the Provider box and begin typing a provider's name. The list filters automatically.
4. Click the **Provider**, **Monitor**, **Last Login Date**, **Claim Date**, or **Next Review Date** column to sort information in ascending or descending order.

5. Click next to a provider's name to download the Sponsor Review worksheet. A PDF downloads.
6. Click a **provider's name** to view that provider's KidKare account. The account opens. A banner listing the provider's name displays at the top of the page. When in Observer Mode, you can only review the provider's account—you cannot make changes.

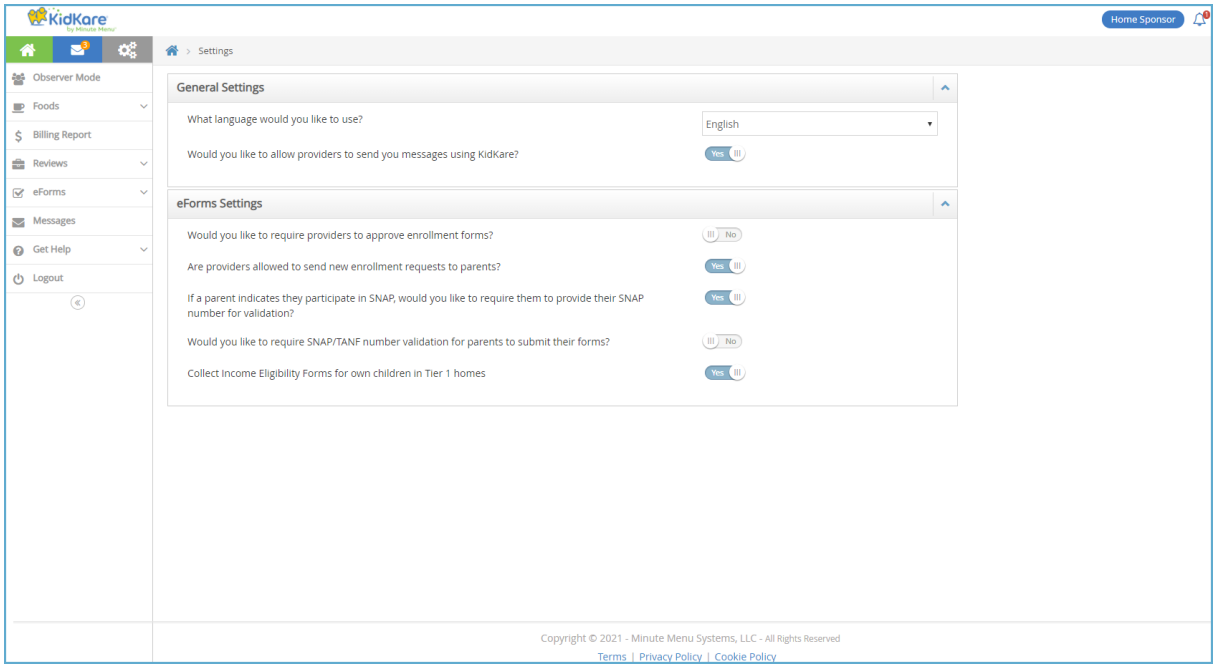


7. When finished, click **Exit Observer Mode** to return to your sponsor account.

Control Provider Access to KidKare Features

Last Modified on 01/21/2021 8:36 am CST

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. Click  . The Settings page opens.
3. In the **General Settings** section, click  next to each option to enable or disable it. You can change settings for the following:
    - Would you like to allow providers to send you messages using KidKare?
4. In the **eForms** section, click  next to each option to enable or disable it. You can change settings for the following:
    - Would you like to require providers to approve enrollment forms?
    - Are providers allows to send new enrollment requests to parents?
    - If a parent indicates they participate in SNAP, would you like to require them to provide their SNAP number for validation?
    - Would you like to require SNAP/TANF number validation for parents to submit their forms?
        - Would you like to disallow or warn the parent of incorrect formatting?
    - Collect income eligibility forms for own children in Tier one homes.
5. Your changes are saved automatically.



Understand Provider Status

Last Modified on 07/09/2020 10:38 am CDT

A provider may be at any of the following statuses:

- **Wizard Incomplete:** You have not finished enrolling the provider. A provider is set to this status when you click **Close For Now** during the enrollment process. You can have up to nine (9) providers in this status at a time.
- **Pending:** You have finished enrolling the provider, but you did not provide any licensing information for them. Any claim you receive from providers at this status is automatically disallowed.
- **Active:** The provider is ready to process claims.
- **Hold:** The provider is active and can submit claims, but those claims are put on hold and are not submitted to the state.
- **Removed:** You have removed the provider from your system and they are no longer active.

How Provider Status Affects Claims Processing

The status of your providers affects whether or not you can process claims for them. The table below provides a guide for how provider status can affect claims processing.

Status	Can you process claims for them?
Wizard Incomplete	No
Pending	Yes - But may be disallowed.
Active	Yes
Hold	Yes - But, claims are automatically placed on hold.
Removed	Yes - But, any dates after the removal date will be disallowed.*

***Example:** A provider leaves your sponsorship on 8/20, but has submitted an August claim for 8/1 - 8/19. You remove them from your system on 8/20. When you process August claims in September, this provider's claim is not automatically disallowed (unless an edit check flags different issues), since the claim precedes their removal date.

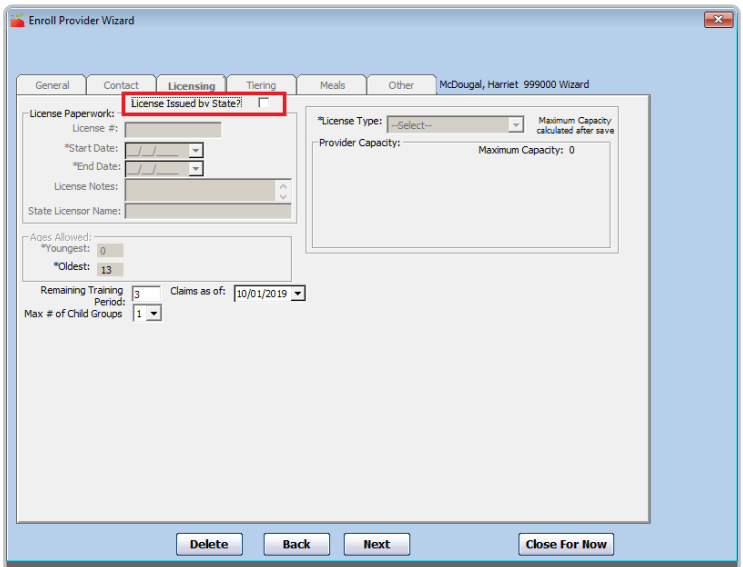
Best Practices for Managing Provider Status

Last Modified on 07/09/2020 10:47 am CDT

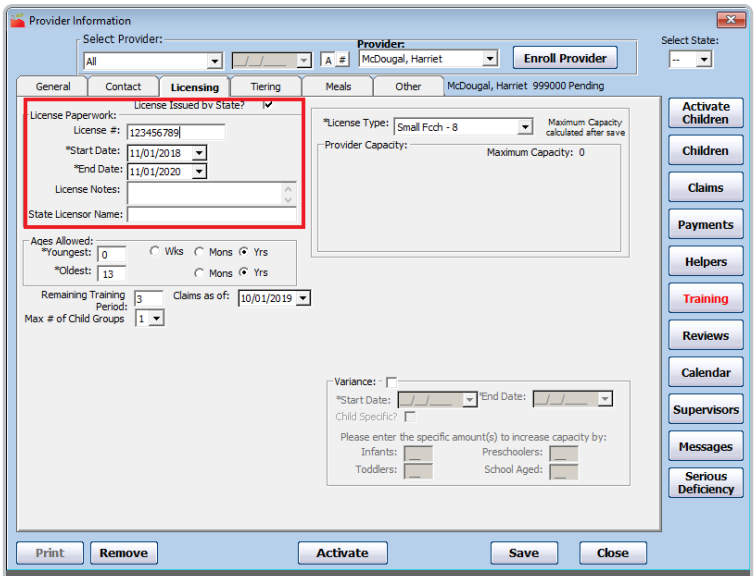
The following are best practices for managing provider status. For more detailed information about what each status means, see **Understand Provider Status**.

Enroll New Providers in Pending Status

To enroll providers in Pending status, leave the License Issued by State box unchecked. Leave providers in Pending status until you receive a valid claim from them. Then, check the **License Issued by State** box, add their licensing information, and activate the provider. For example, you enroll a new provider on 10/23/2019. The provider does not record meals in October. They record meals in November and send the November claim to you on 12/1/2019. Since you received a valid claim from the provider, you activate them and process their claim.



Leave the License Issued by State box unchecked during provider enrollment.

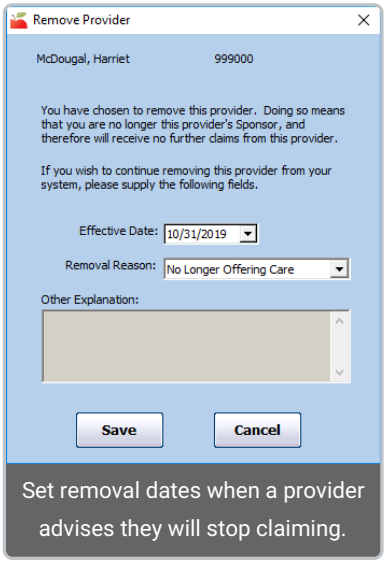


Add the provider's license information and activate them after their first claim is received.

Remove Providers in the Month in Which They Stop Claiming

If a provider advises you that they are closing their day care on a specific date, you can remove them and set a future removal date—typically the last day of the month. The provider will still be able to log in to KidKare to finish recording menus and attendance for the month and send claims to you. Their claim will be available in HX for processing and payment, even after their removal date has passed.

For example, a provider lets you know on 10/15/2019 that they are closing their daycare on 10/31/2019. You remove the provider in HX and set a removal date of 10/31/2019. The provider logs into KidKare for the remainder of the month to record menus and attendance. They submit their claim to you, you process the claim, and you pay the provider.

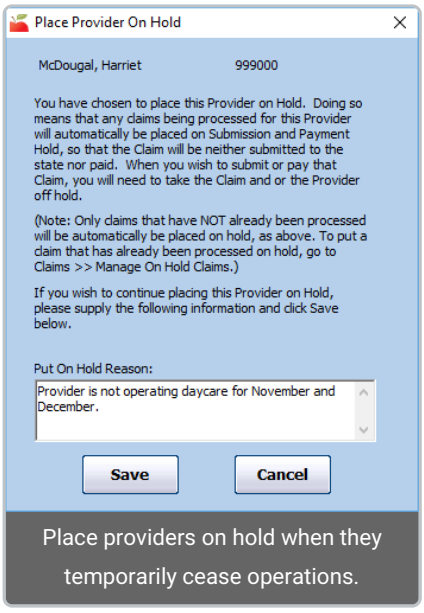


Set removal dates when a provider advises they will stop claiming.

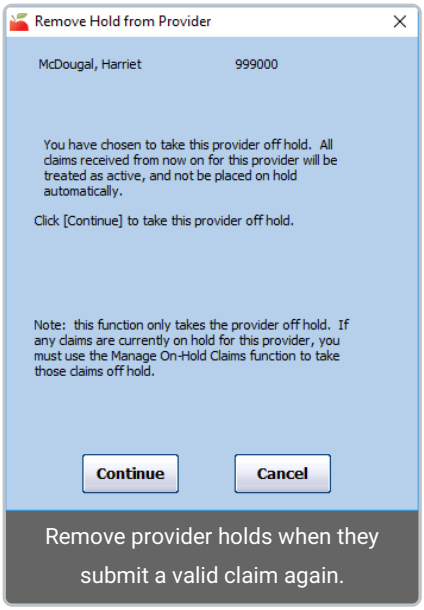
Place Providers on Hold if They Are Temporarily Not Submitting Claims

A provider may let you know that they will temporarily cease submitting claims for several months. In this case, you can place the provider on hold. Note that placing providers on hold removes them from state claim reports and the Issue Payments window. You must wait to place the provider on hold until the provider's most recent valid claim has been processed and paid. Providers who are on hold can still log in to KidKare and record meals and attendance. They can also submit claims. Once you've placed a provider on hold, wait to remove the hold until you've received another valid claim from them.

For example, a provider lets you know on 10/15/2019 that they will not be operating daycare for November and December 2019. The provider submits their October claim on 11/1/2019. After you have processed and paid the claim in November, you place the provider on hold. You leave the provider on hold until you receive a valid January 2020 claim from the provider on 2/1/2020. At this point, you set the provider to active so you can process the claim.



Place providers on hold when they temporarily cease operations.



Remove provider holds when they submit a valid claim again.

Run the Providers Not Claiming Report & Take Action, if Needed

You can use the **Providers Not Claiming** report to generate a list of providers who have not recorded a meal for the month. Use the resulting list to follow-up with your providers, so you can remove them or place them on hold, if needed. To generate the Providers Not Claiming report for this purpose:

1. Click the **Reports** menu, **Claim Management**, and select **Providers Not Claiming Report**, or click **Claims** and select **Track Received Claims**. Then, click **Providers Not Claiming**. The Provider Filter window opens.
2. Use the **Claim Source** filter to filter the report to online providers only.
3. Click **Continue**. The Select Dates dialog box opens.
4. Set a **Start** and **End** date that encompasses the entire month. For example, on January 27th, you can generate the report for 01/01/2020 - 01/31/2020 to get a list of providers who have not recorded any meals in January.
5. Click **Continue**. The Meals Recorded Filter dialog box opens.
6. Select **No Meals Recorded** and click **Continue**.
7. Click the **First Sort By** drop-down menu and the **And Then By** drop-down menu and select the primary and secondary sorts for this report.
8. Click **Continue**. The report is generated, providing you with a list of providers who have not recorded any meals in KidKare for the month. Follow-up with these providers to see if they are planning to submit a claim for the month.

Review Your Provider List Each Month

Review your provider list near the end of each month and make status changes, as needed.

Place Providers on Hold

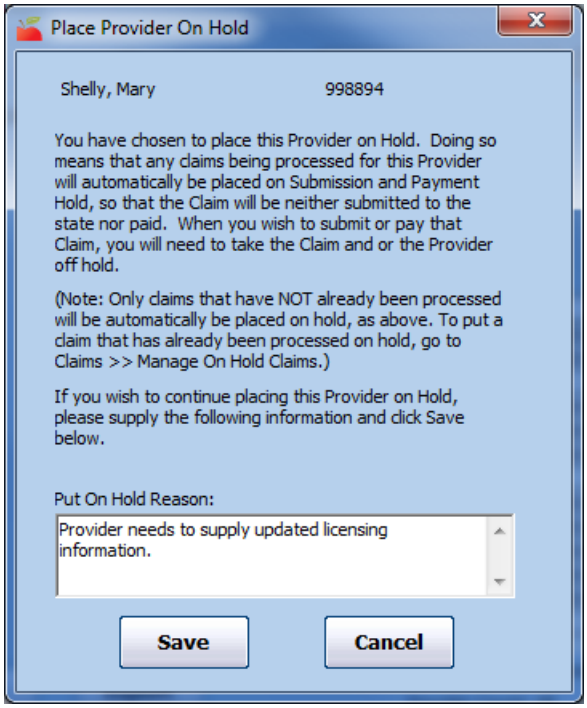
Last Modified on 07/09/2020 10:51 am CDT

If you place a provider on hold, each claim received for that provider is automatically placed on hold when the claim is processed. Providers and claims can be placed on hold independently of each other. For more information about claim holds, see **Claim Holds**.

> **Note:** Only those claims that have not already been processed are automatically placed on hold.

Placing Providers on Hold

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Set filters and click **Refresh List**. For more information, see **List Providers**.
3. Click **Put On Hold** next to the provider to place on hold. The Place Provider On Hold dialog box opens.
4. Click the **Put On Hold Reason** box and enter the reason you are placing this provider on hold.



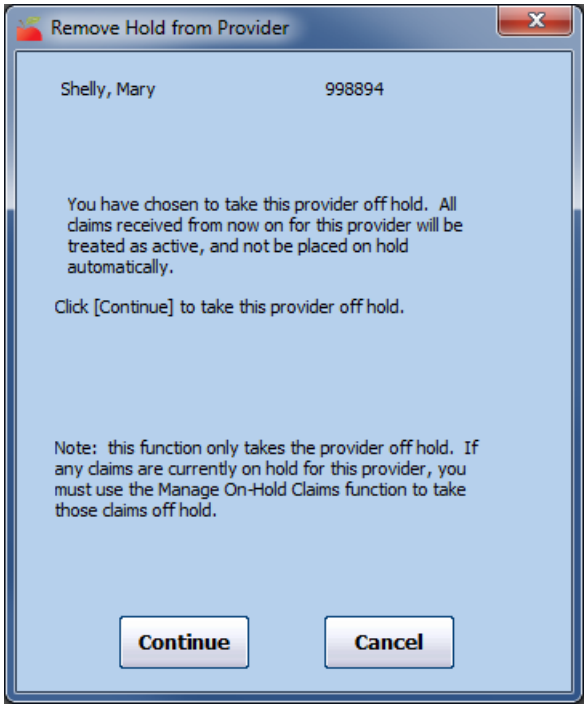
5. Click **Save**.

> **Note:** You can also place providers on hold in the Provider Information window. To do so, click **View** next to the provider in the List Providers window. The Provider Information window opens. Click **Put On Hold**.

Removing Providers From Hold

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.

2. Click the **Filter Providers By** drop-down menu and select **Hold**.
3. Click **Refresh List**. The providers you have placed on hold display.
4. Click **Take Off Hold** next to the provider to remove from hold. The Remove Hold From Provider dialog box opens.



5. Click **Continue**. The hold is removed.

Note: You can also remove providers from hold in the Provider Information window. To do so, click **View** next to the provider in the List Providers window. The Provider Information window opens. Click **Take Off Hold**.

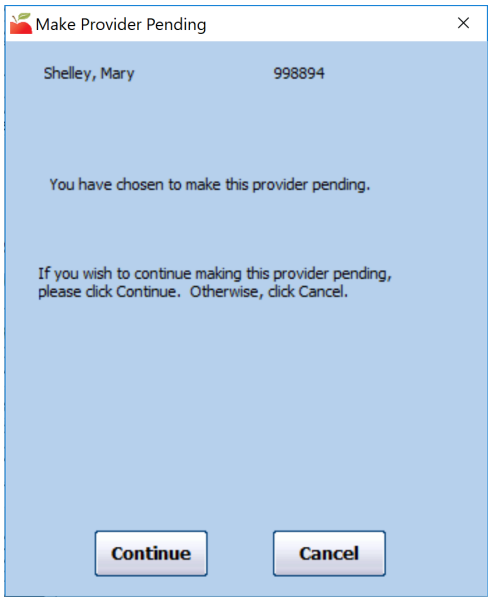
Switch Providers to Pending Status

Last Modified on 08/20/2020 11:57 am CDT

Any claim you receive from providers at Pending status is automatically disallowed. For example, if a provider will be closed for several months, you can set them to Pending so they do not appear in your active provider searches. You can also temporarily remove the provider. For more information, see **Remove Providers**.

To switch a provider's status to Pending:

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Click the **Filter Providers By** drop-down menu and select **Active**.
3. Click **Refresh List**. Active providers display.
4. Click **View** next to the provider to update. The Provider Information window opens.
5. Click **Make Pending** at the bottom of the window. The Make Provider Pending dialog box opens.



6. Click **Continue**. The provider's status is set to Pending.

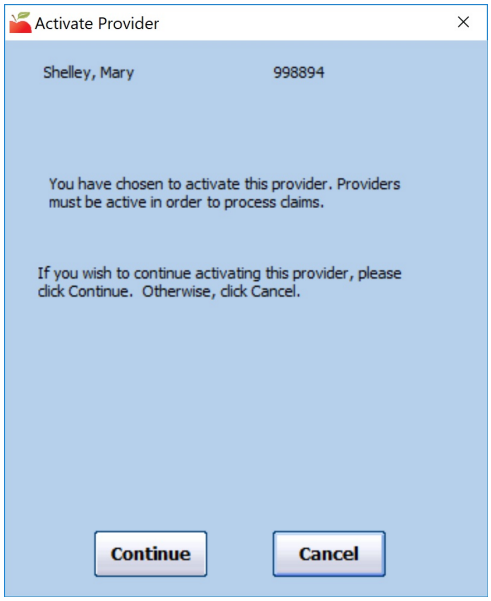
Return Providers to Active Status

Last Modified on 07/13/2020 10:22 am CDT

If a provider you have set to Pending resumes operations or is ready to claim with you again, you must set them back to Active Status.

To do so:

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Click the **Filter Providers By** drop-down menu and select **Pending**.
3. Click **Refresh List**. Pending providers display.
4. Click **View** next to the provider to update. The Provider Information window opens.
5. Click **Activate** at the bottom of the window. The Activate Provider dialog box opens.



6. Click **Continue**. The provider's status is set to Active.

Remove Providers

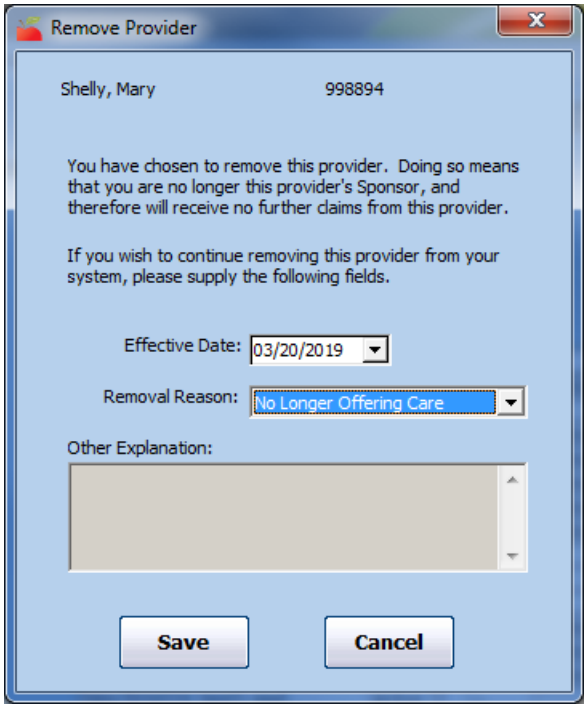
Last Modified on 07/13/2020 10:22 am CDT

When your agency no longer services a provider, you must remove them. For example, you would remove those providers you've terminated or that have voluntarily discontinued the Food Program. Removing a provider retains data for that provider, but prevents them from logging in and submitting claims. All children for the removed provider are withdrawn effective the same date as the provider's removal date. You can always reactivate removed providers later.

Note: You *can* delete providers, but we recommend that you only do so if you've enrolled a provider in error. Deleting providers completely erases them (and their data) from your database forever. If a provider has recorded meals, you cannot delete them. For more information, see **Delete Providers**.

To remove providers:

1. Click the Providers menu and select List Providers. The List Providers window opens.
2. Set filters and click **Refresh List**. For more information, see **List Providers**.
3. Click **Remove** next to the provider to remove. The Remove Provider dialog box opens.
4. Click the **Effective Date** box and enter the effective removal date.
5. Click the **Removal Reason** drop-down menu and select the reason why you are removing this provider. This list is populated by reasons you create. For more information, see **Manage Removed From System Reasons**.



6. If you select Other Reason or do not select a removal reason, click the **Other Explanation** box and enter additional details about this removal.

7. Click **Save**.

Note: You can also remove providers in the Provider Information window. To do so, click **View** next to the provider in the List Providers window. The Provider Information window opens. Click **Remove**.

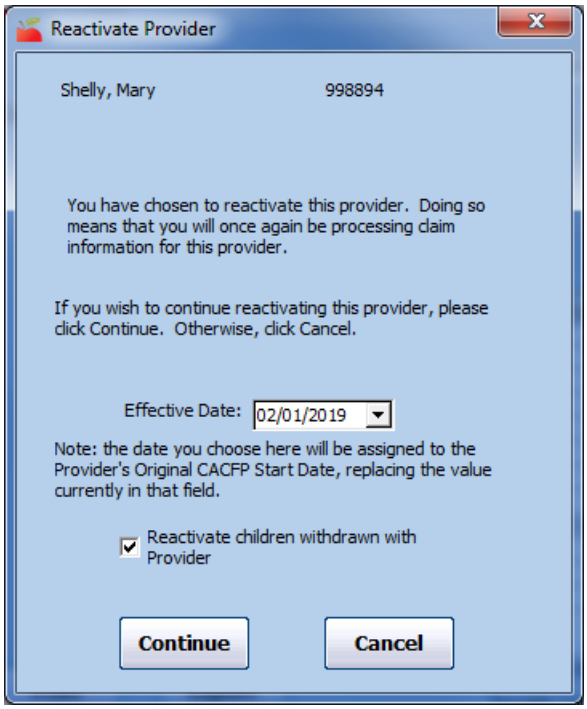
Reactivate Providers

Last Modified on 03/20/2019 12:36 pm CDT

If you have removed providers, you can reactivate them again later. When you reactivate removed providers, you also have the option to reactivate all of the provider's children who were withdrawn when you removed the provider. You can also reset the provider's original CACFP start date. This determines whether the provider shows up as a newly added provider on the Provider's Added report (and the California Change Request report).

To reactivate a provider:

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Click the **Filter Providers By** drop-down menu and select **Active & Withdrawn After** or **Withdrawn Before**.
3. Click the corresponding **Date** box and enter the date before or after which the provider was withdrawn.
4. Click **Refresh List**.
5. Click **Reactivate** next to the provider you are reactivating. The Reactivate Provider dialog box opens.
6. Click the **Effective Date** box and update the provider's original CACFP start date, if needed. This will replace the value in the Original CACFP Start Date box in the Provider Information window.



7. Check the **Reactivate Children Withdrawn with Provider** box to reactivate all of the provider's withdrawn children when you reactivate the provider.
8. Click **Continue**.
9. Click **OK** at the confirmation prompt.

Note: You can also reactivate providers in the Provider Information window. To do so, click **View** next to the provider in the List Providers window. The Provider Information window opens. Click **Reactivate**.

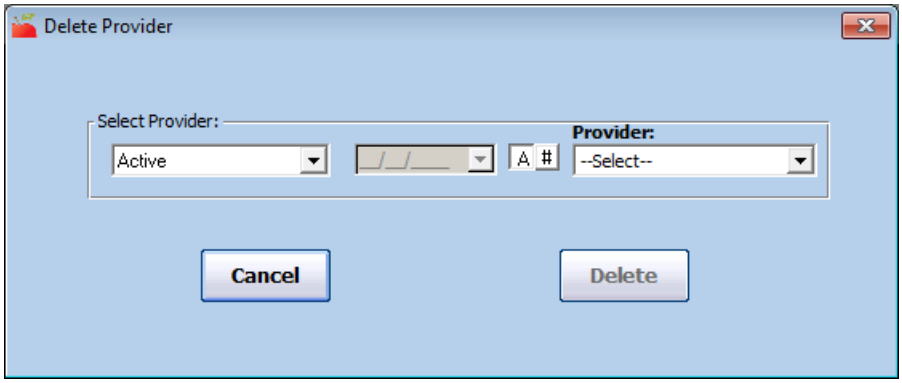
Delete Providers

Last Modified on 07/13/2020 10:28 am

Wait! We strongly recommend that you only delete those providers you have enrolled in error. Deleting providers completely erases them (and their data) from your database **forever**. Note that you cannot delete providers that have recorded meals. If you need to remove these providers and prevent them from logging in and submitting claims, see **Remove Providers**.

To delete providers:

1. Click the **Administration** menu and select **Delete Provider**. The Delete Provider dialog box opens.



2. Click the **Select Provider** drop-down menu and select the provider status in which to search. For example, you can select Pending, to select a pending provider.
3. Click the **Provider** drop-down menu and select the provider to delete.
4. Click **Delete**.
5. Click **Yes** at the confirmation prompt. The Deleting Provider from Database Please Wait Message displays.
6. Once the process is complete, the Provider Successfully Deleted From Database message displays. Click OK.

Understand Provider Training Structure

Last Modified on 07/13/2020 10:30 am CDT

Most sponsoring agencies must keep track of a provider's training history. Some agencies may even offer copious amounts of such training. Minute Menu HX allows you to track and store three levels of training information:

1. **Training Types:** These are broad categories into which all training falls. All training that you store are assigned to a particular training type. You can also generate reports based off of these types. The following are examples of training types you could create:
    - Annual Training
    - Paperwork Training
    - Regulatory Training
    - Nutrition Education
    - Health & Safety
2. **Training Sessions:** All recorded training is associated with a training session. Generally, there are only two ways these sessions are noted:
    - **Group Training:** These are usually training sessions that are offered to multiple providers. If you track group training sessions, you can set up a single training session and then note that several providers are attending it.
    - **One-On-One Training:** These are typically offered to a single provider during a home visit. If you are tracking one-on-one training during home reviews, the training session is the review itself.
3. **Provider Training:** At the most basic level, you can note which providers were given training with any review or training session. These compose the provider's training history.

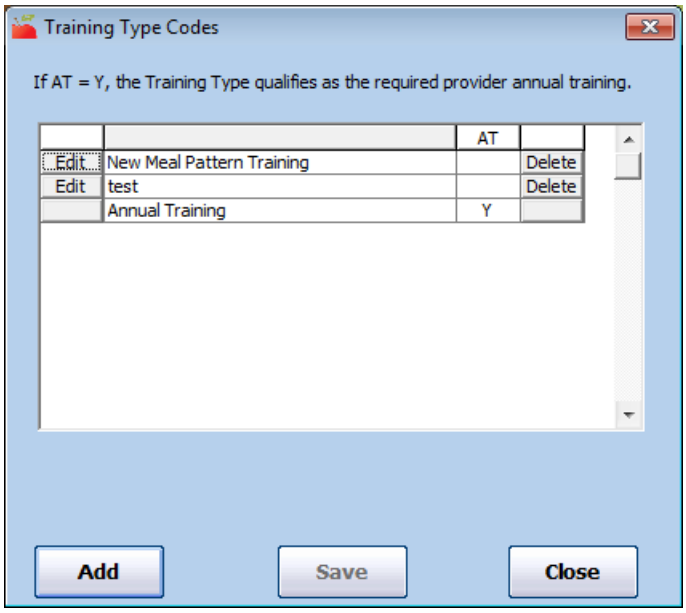
Before you can begin recording provider training, you must first create training types. See **Set Up Training Types** for more information.

Set Up Training Types

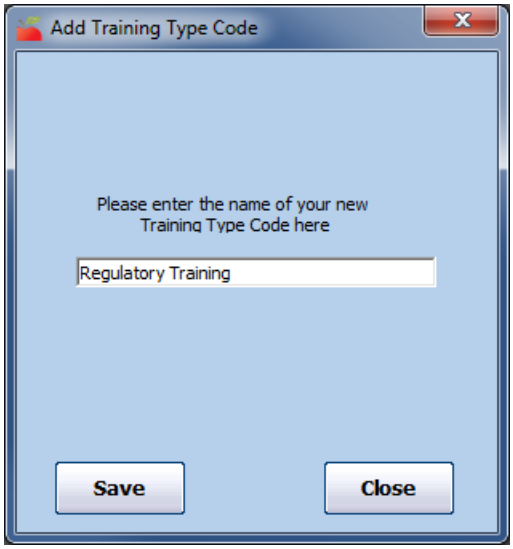
Last Modified on 07/13/2020 10:33 am CDT

Before you can record any training information in Minute Menu HX, you must first set up training types. Training types allow you to easily track training you've completed for your providers. It appears on training records and training reports.

1. Click the **Tools** menu and select **Training Types**. The Training Type Codes window opens.

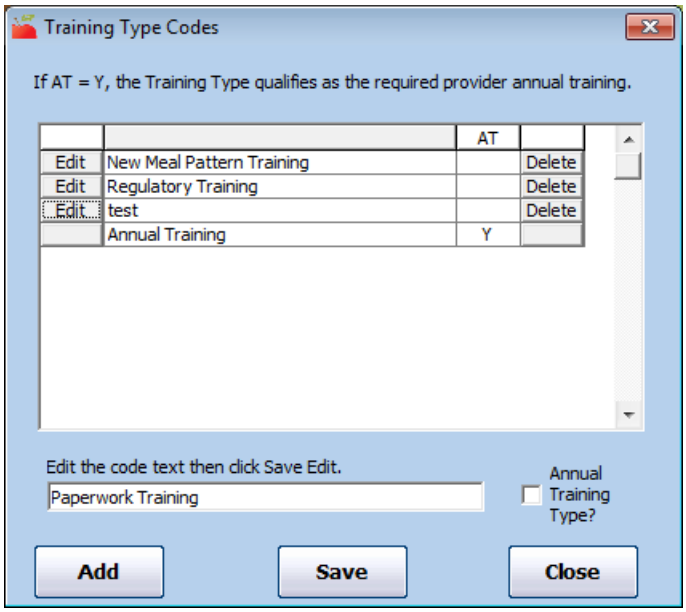


2. To add a training type:
    a. Click **Add**. The Add Training Type Code dialog box opens.
    b. Click the text box and enter the name of your training type code.



    c. Click **Save**.
    d. Click **OK** at the confirmation prompt.
3. To change a training type:
    a. Click **Edit** next to the training type to change.

b. Click the **Edit the Code Text** box and enter the new code text.



c. Check the **Annual Training Type** box to designate this code as annual training.

d. Click **Save**.

e. Click **OK** at the confirmation prompt.

4. To delete a training type:

a. Click **Delete** next to the training type to delete.

b. Click **Yes** at the Are You Sure prompt.

c. Click **OK** at the confirmation prompt.

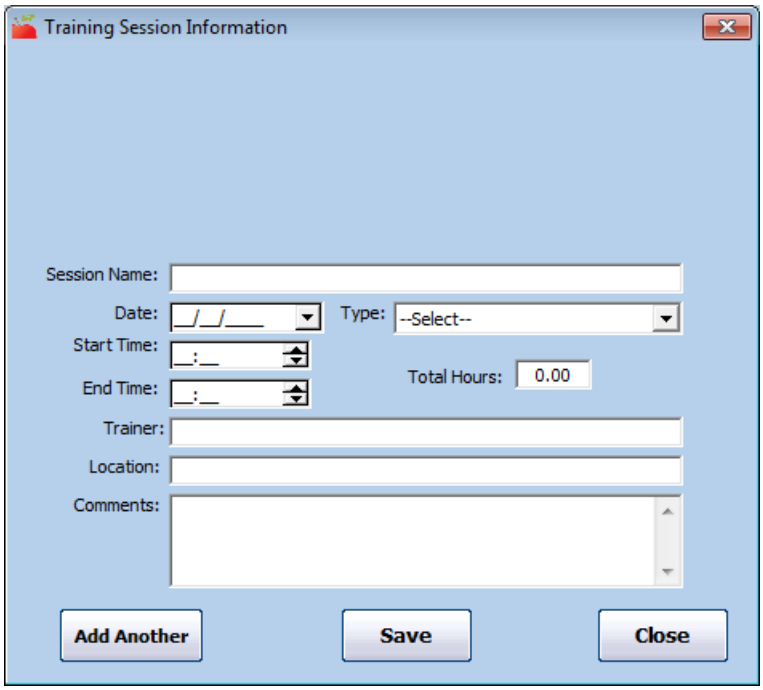
Note: The system creates an Annual Training type by default. You cannot edit or delete this training type.

Add a New Training Session

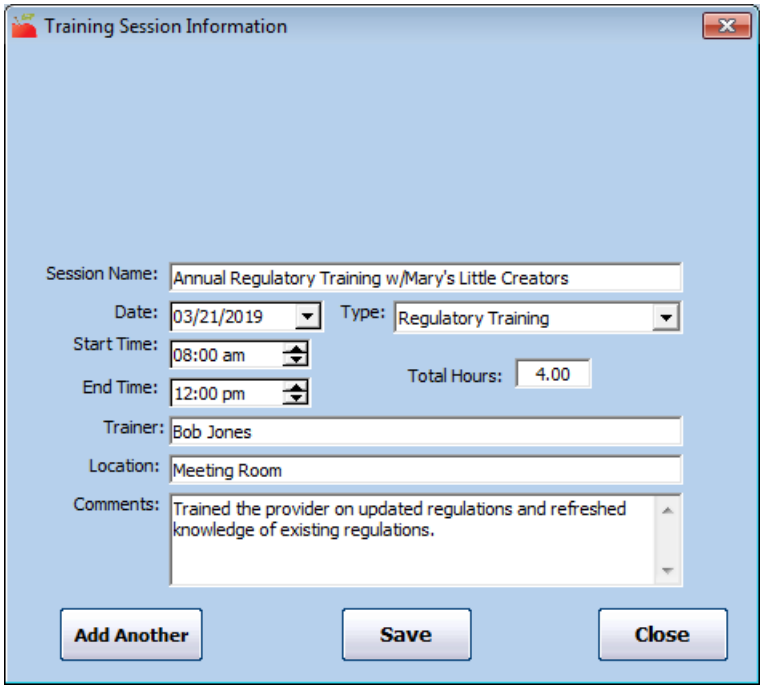
Last Modified on 07/13/2020 10:42 am CDT

When you record training sessions that are not offered/conducted during a home review, you must typically set up the training session first. You can create training sessions independently, or you can create a training session as you record an individual provider's training sessions.

1. Click the **Tools** menu and select **Training Sessions**. The Training Sessions window opens.
2. Click **Add New Session**. The Training Session Information window opens.



3. Click the **Session Name** box and enter a name for this training session. You should give each training session a name so you can identify it later. It should indicate the general topic/theme of the training, and maybe a location.
4. Click the **Date** box and enter the date on which the training was performed.
5. Click the **Type** drop-down menu and select the training type. You must set up training types to populate this menu. For more information, see **Set Up Training Types**.
6. Click the **Start Time** and **End Time** boxes and enter the start and end times for this training. The **Total Hours** box automatically calculates the total training time.
7. Click the **Trainer** box and enter the name of the person who conducted the training.
8. Click the **Location** box and enter the location where the session was held.
9. Click the **Comments** box and record any general comments about the training.



10. Click **Save**.
11. Click **OK** at the confirmation prompt.
12. Click **Close** to close the Training Session Information dialog box. You can also click **Add Another** to immediately add another training session.

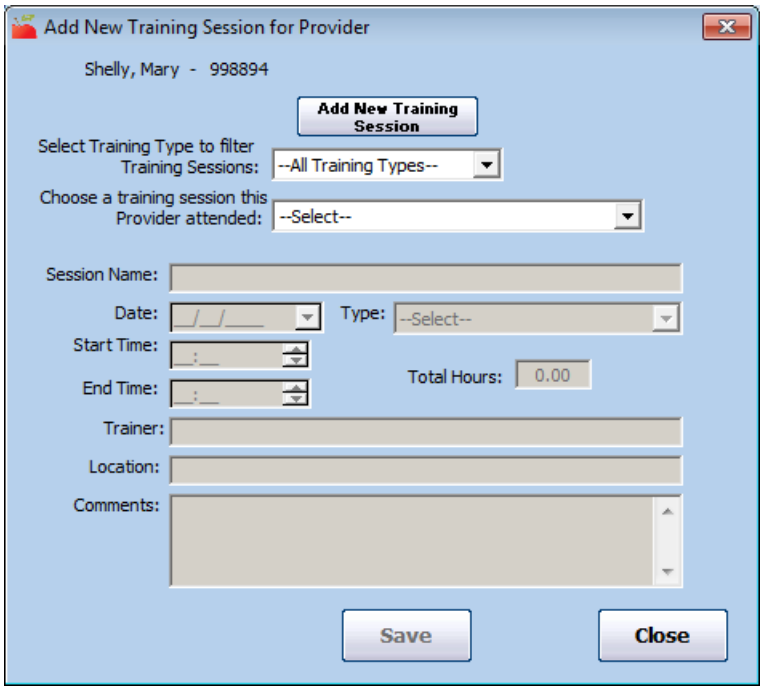
Once you have created a training session, you can assign multiple providers to it. See **Assign Multiple Providers to a Training** for more information.

Add an Individual Provider Training

Last Modified on 07/13/2020 10:44 am CDT

If you gave a provider one-on-one training, you do not need to create a training session independently. Instead, you can create the training session as you record the first provider training.

1. Click the **Tools** menu and select **Provider Training**. The List Provider Training window opens.
2. Click the **Select Provider** drop-down menu and select the provider you are training.
3. Click **Add Training**. The Add New Training Session for Provider window opens.

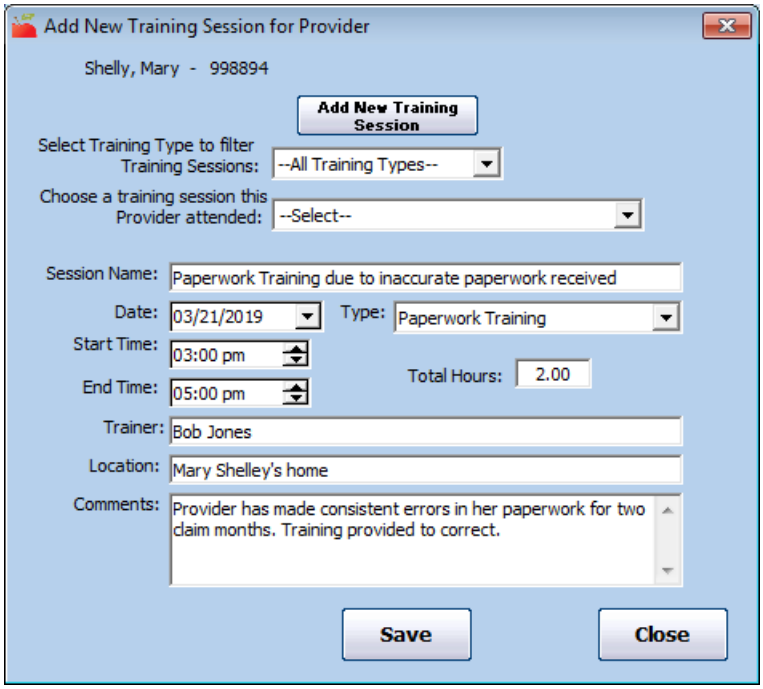


4. Click **Add New Training Session** to add a training session for the provider.

> **Note:** If you have already recorded the training session you are adding, click the **Choose a Training Session This Provider Attended** drop-down menu and select the training session. You can use the **Select Training Type to Filter Training Sessions** drop-down menu to limit the options in the Choose a Training Session This Provider Attended.

5. Click the **Session Name** box and enter a name for this training session. You should give each training session a name so you can identify it later. It should indicate the general topic/theme of the training, and maybe a location.
6. Click the **Date** box and enter the date on which the training was performed.
7. Click the **Type** drop-down menu and select the training type. You must set up training types to populate this menu. For more information, see **Set Up Training Types**.
8. Click the **Start Time** and **End Time** boxes and enter the start and end times for this training. The **Total Hours** box automatically calculates the total training time.
9. Click the **Trainer** box and enter the name of the person who conducted the training.

10. Click the **Location** box and enter the location where the session was held.
11. Click the **Comments** box and record any general comments about the training.



12. Click **Save**.
13. Click **OK** at the confirmation prompt.
14. Click **Close**.

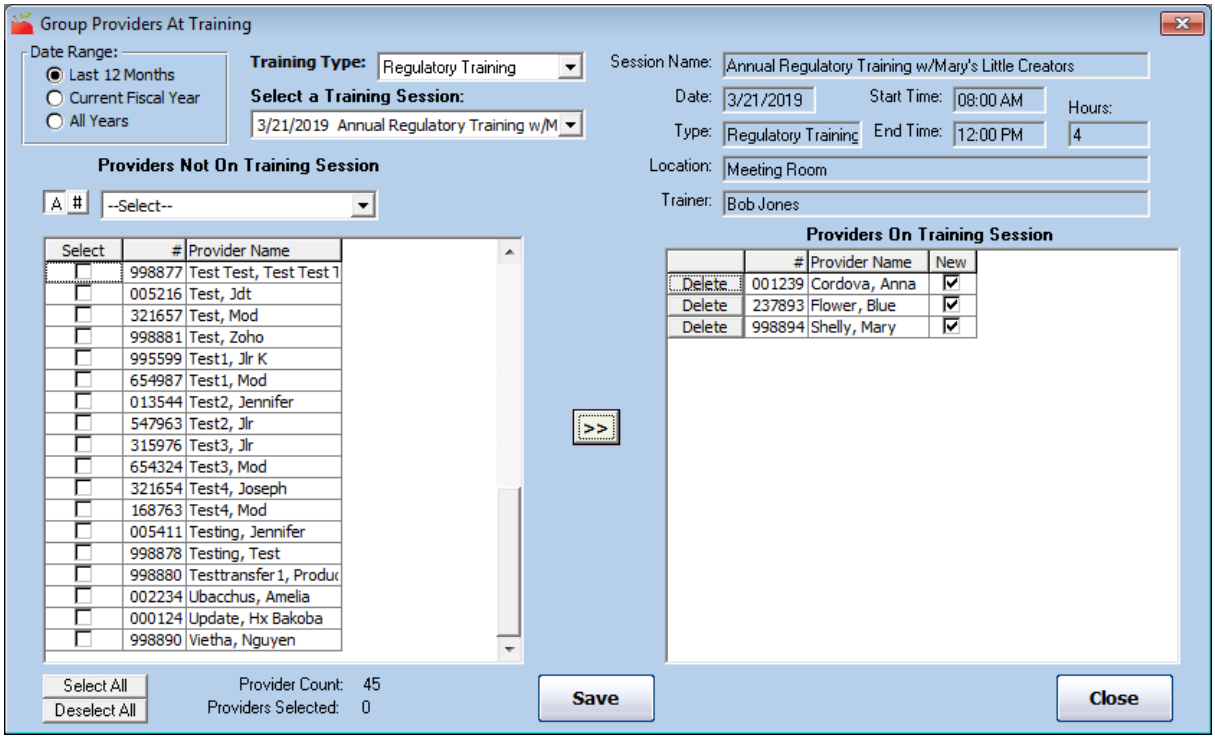
Assign Multiple Providers to a Training

Last Modified on 07/13/2020 11:23 am CDT

Several providers may attend training at the same time. When you collect the sign-in sheet from this training, you can assign multiple providers to it in Minute Menu HX. You must first set up the training session in question. For more information, see **Add a New Training Session**.

Once you have created the training session:

1. Click the **Tools** menu and select **Group Providers at Training**. The Group Providers at Training window opens.
2. Click the **Select a Training Session** drop-down menu and select the training session you just created. You can use the **Date Range** options and the **Training Type** drop-down menu to limit the options in the Select a Training Session drop-down menu.
3. In the **Providers Not in Training Session** box, check the box next to each provider that attended the training. You can also click **Select All** to select all providers.
4. Click >>. The providers you selected move to the **Providers On Training Session** box.



5. Click **Save**.

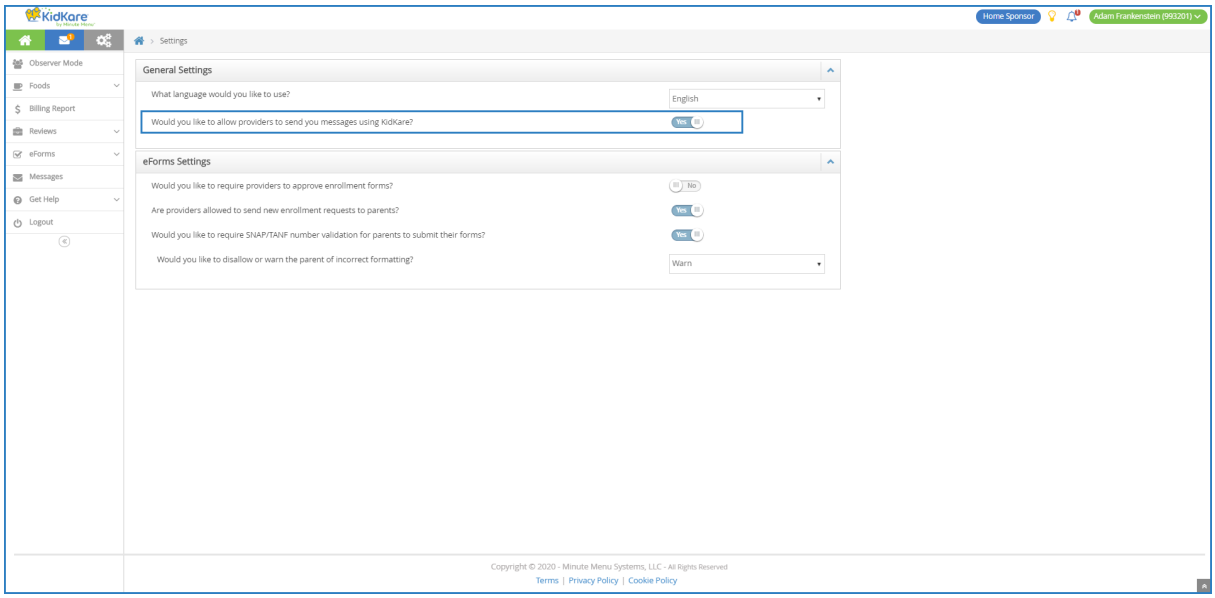
Note: If you assigned a provider to this session in error, click **Delete** next to their name to remove them from the **Providers On Training Session** box. Click **Save** to save your changes.

Enable Providers to Message You via KidKare

Last Modified on 06/30/2020 7:21 am CDT

You can determine whether providers can message you through the KidKare Messaging feature. This setting will apply to all of your providers, and you can update it at any time.

1. Log in to **app.kidkare.com**. Use the same credentials you use to log in to Minute Menu HX.
2. Click  . The Settings page opens.
3. In the **General Settings** section, click  next to **Would you like to allow providers to send you messages using KidKare?** Your changes are saved automatically.



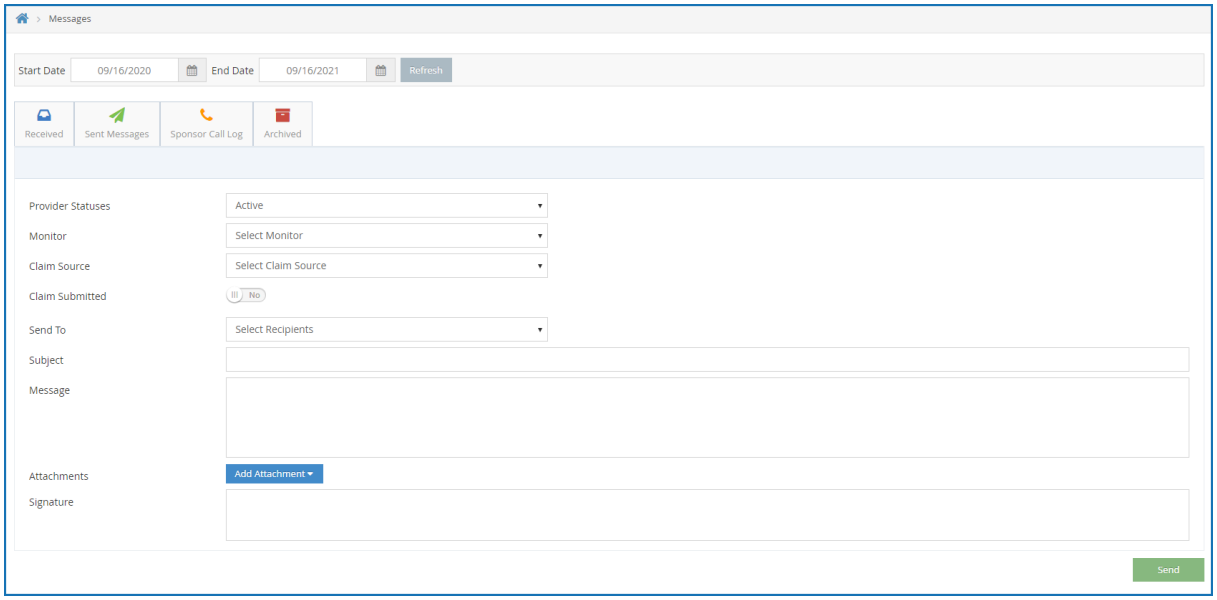
Message Providers in KidKare

Last Modified on 09/16/2021 9:40 am CDT

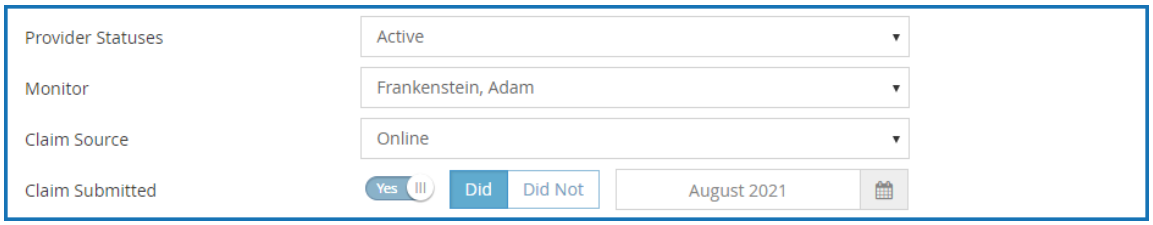
KidKare's messaging feature allows you to send messages directly to your providers in KidKare. Your providers can then review and respond to these messages, allowing both of you to keep a record of communications online.

Note: The **Manage Provider Messages** permission must be set to **Full Access** before you can message providers.

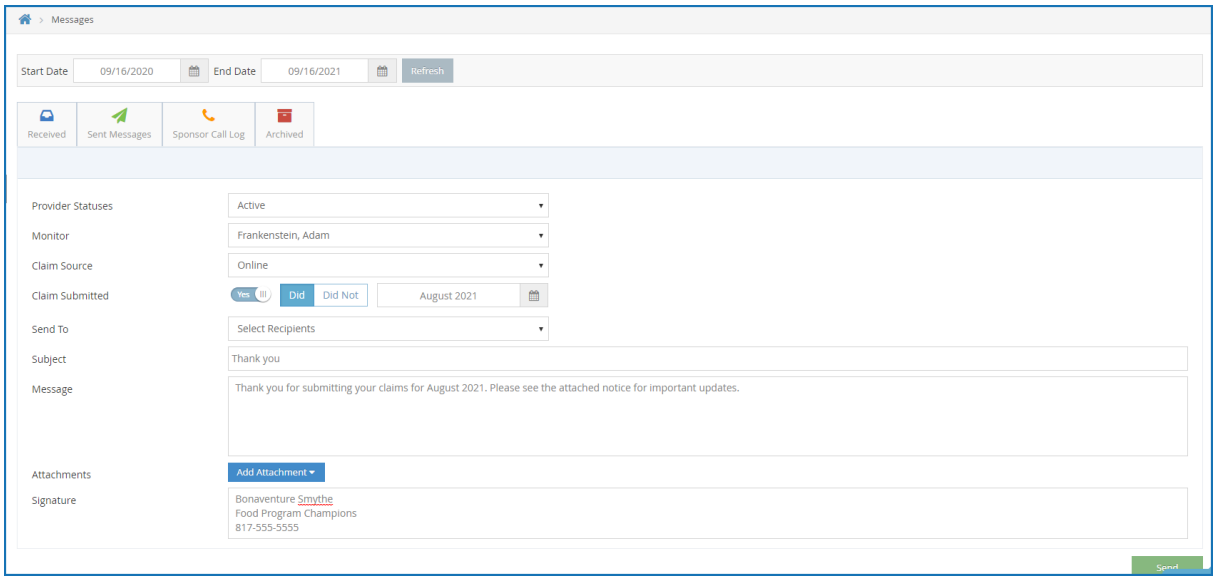
1. Log in to **app.kidkare.com**. Use the same credentials you use to log into Minute Menu HX.
2. Click  . The Messages page opens to the Received tab by default.
3. Click **Send Message**. The Message Editor opens.



4. Set filters for the providers to include in the message, if needed:
    a. Click the **Provider Statuses** drop-down menu and select provider statuses to include. This defaults to **Active.**
    b. Click the **Monitor** drop-down menu and select the Monitors assigned to the providers you wish to message. You can also select **All Monitors**. This option defaults to **All Monitors**.
    c. Click the **Claim Source** drop-down menu and select the provider claim source. You can select **Manual Entry - Sponsor**, **Online**, and/or **Scannable Forms - Sponsor**.
    d. Click  next to **Claims Submitted** to filter by whether a claim was submitted. Then, select **Did** or **Did Not** and select a claim month.



5. Click the **Send To** drop-down menu and select the provider(s) to message. You can use the **Search** box in this menu to search for specific providers. To message all providers, select **All Providers**.
6. Click the **Subject** box and enter a subject for this message.
7. Click the **Message** box and enter the contents of your message.
8. To add an attachment to your message:
    a. Click **Add Attachment** and select **File**.
    b. Browse to the location on your computer where the attachment is stored.
9. Click the **Signature** box and enter your email signature.



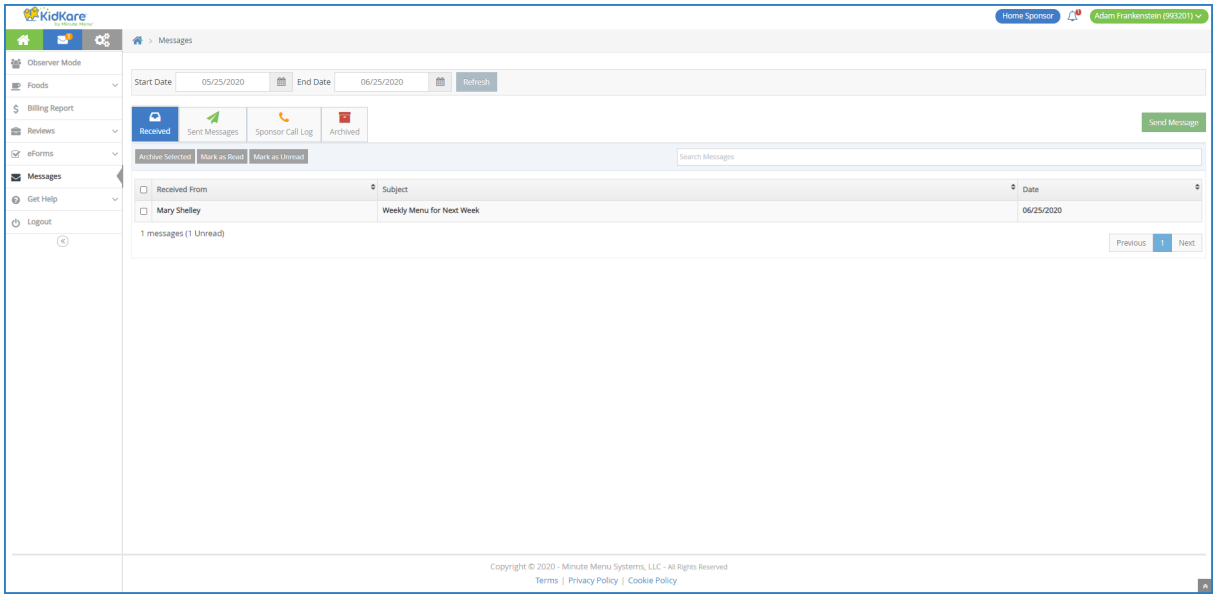
10. When finished, click **Send**.

View Received Messages

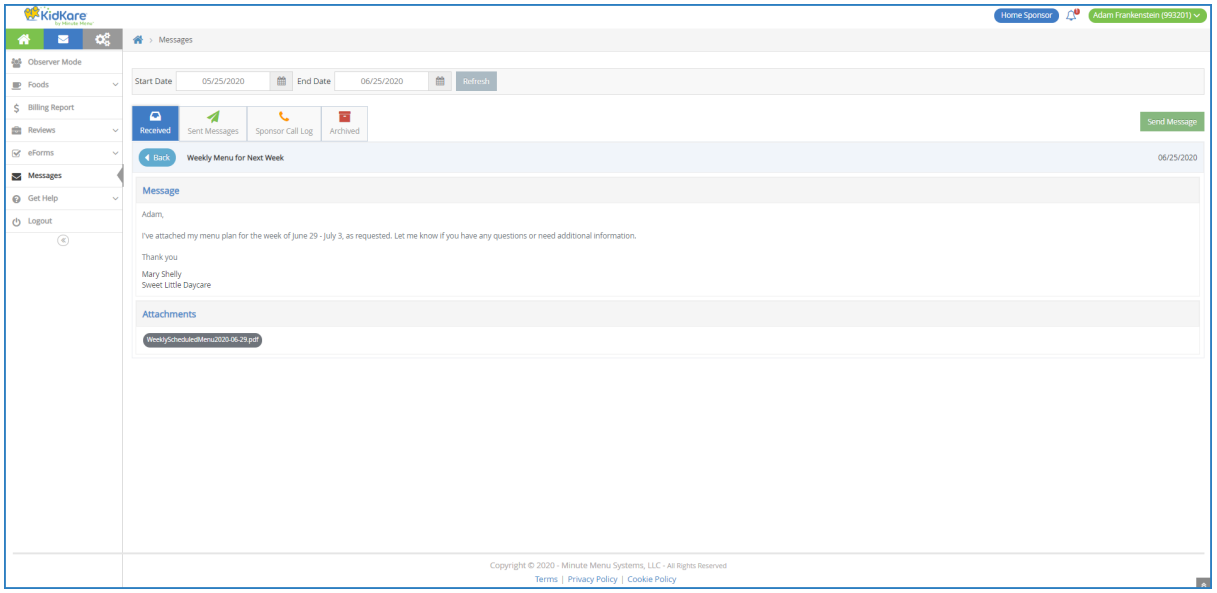
Last Modified on 06/25/2020 7:32 am CDT

Received messages display in the Received tab on the Messages page. It is divided into the following columns: Received From, Subject, and Date. You can also see the total number of messages, as well as the number that are unread, at the bottom of this page.

1. Click  . The Messages page opens and displays the **Received** tab by default. Your messages display in a table. Unread messages display in bold.



2. Click a message to view the message content.



3. If your provider has attached a file, click the file name in the **Attachments** section to view and download it.
4. When finished, click the **Received** tab to return to your received messages list.
5. Use the **Search Messages** box to filter the messages that display. The message list is updated as you type.
6. To mark messages as read/unread:

a. Check the box next to the messages to mark as read/unread. You can also check the box at the top of the column to select all messages.
b. Click **Mark as Read** or **Mark as Unread**.

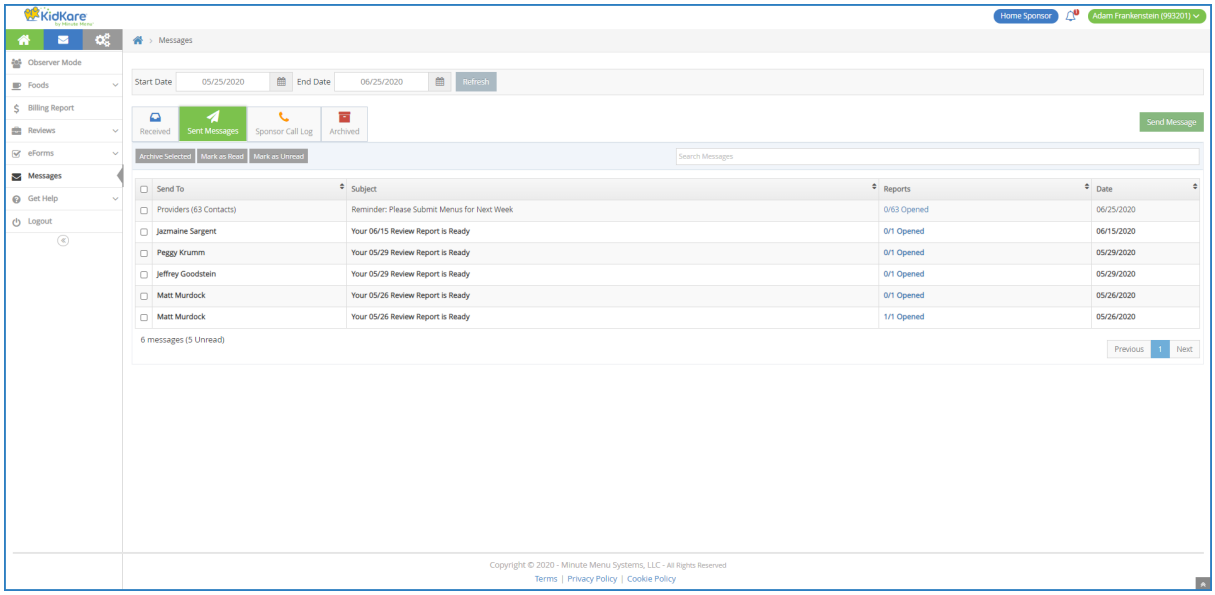
7. To archive messages:
    a. Check the box next to the messages to archive. You can also check the box at the top of the column to select all messages.
    b. Click **Archive Selected**. The messages you selected are moved to the Archived tab.

View Sent Messages

Last Modified on 06/25/2020 7:24 am CDT

You can view messages you have sent in the Sent Messages tab. Like the Received tab, the Sent Messages tab is divided into the following columns: Sent To, Subject, Reports, and Date. The total number of messages and unread reports display at the bottom of the table.

1. Click  . The Messages page opens.
2. Click the **Sent Messages** tab.



3. To mark sent messages as read/unread:
   a. Check the box next to the message(s). Check the box at the top of the column to select all messages.
   b. Click **Mark as Read** or **Mark as Unread**.
4. To archive messages:
   a. Check the box next to the message(s) to archive. Check the box at the top of the column to select all messages.
   b. Click **Archive Selected**. The messages are moved to the Archived tab.
5. To view message reports, click the link in the **Reports** column. For more information about message reports, see **View Message Reports**.

Note: You can also send messages from this tab. Click Send Message and select the recipients. For details, see **Message Providers in KidKare**.

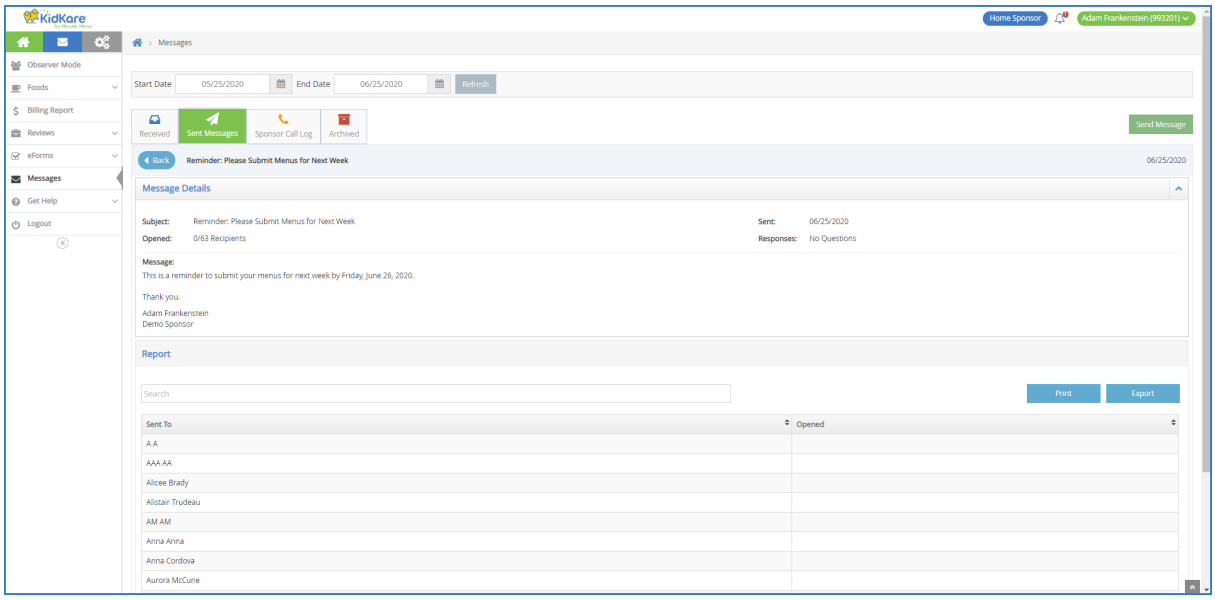
View Message Reports

Last Modified on 06/25/2020 7:26 am CDT

Message reports provide useful data for your sent messages, such as the number of recipients who opened the message.

To view this report:

1. Click  . The Messages page opens.
2. Click the **Sent Messages** tab.
3. Click the link in the **Reports** column for the message to view. The message report opens.



This report is divided into the following sections:

- **Message Details:** This section displays the message subject, content, and sent date. It also provides the number of recipients who have opened the message and the number of recipients who have responded to any attached survey.
- **Questions:** This section displays any survey questions you included in your messaging. If you did not include a survey in your message, this section does not display.
- **Report:** This section provides a review of recipients who have opened the message.

Add Messages

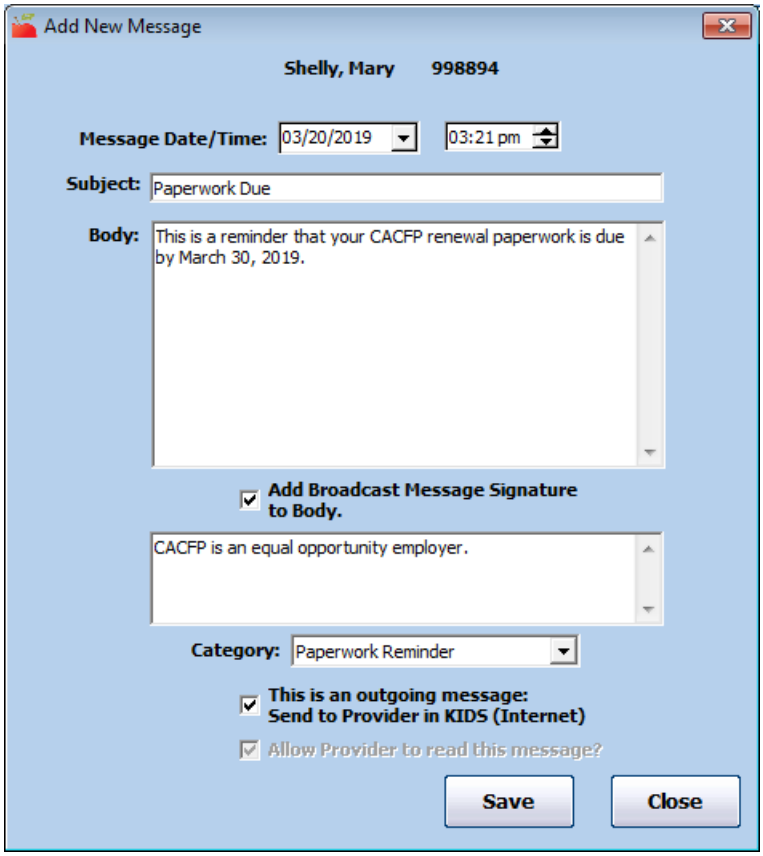
Last Modified on 07/13/2020 11:34 am CDT

Minute Menu HX allows you to record any communication your personnel has with any provider. This means that other agency personnel can review that information. This is especially useful when central office staff process claims, and Monitors stay out in the field performing home visits and training.

Note: You can also send messages to your providers in KidKare! You can also receive messages from providers, retain an archive of communications, and view message reports. See **KidKare Messaging** for more information!

The Provider Messages function is designed to function much like a call log so you can track all incoming provider communication. You can also use this function to send messages to providers using KidKare (on an individual or broadcast basis).

1. Access the Provider Messages window. You can do this two ways:
    - Click the **Tools** menu, select **Messages**, and click **Provider Messages**. The Provider Messages window opens.
    - Click **Providers** and select **Provider Information**. Then, click the **Provider** drop-down menu and select Provider. Click **Messages** (from the right). Go to **Step 3**.
2. Click the **Provider** drop-down menu and select the provider to view.
3. Click **Add Message**. The Add New Message dialog box opens.
4. Click the **Message Date/Time** boxes and enter the date and time the message is being recorded. These boxes default to your computer's current time.
5. Click the **Subject** box and enter the message subject.
6. Click the **Body** and enter the contents of the message. You can use HTML to format the message.
7. Check the **Add Broadcast Message Signature to Body** box to attach your broadcast message signature to this message.



8. Click the **Category** drop-down menu and select the category to which to assign this message. You create categories in the **Message Categories** dialog box. For more information, see **Manage Provider Message Categories**.
9. Check the **This Is An Outgoing Message Send to Provider** box to send this message to providers using KidKare.
10. The **Allow Provider to Read This Message** box is checked by default if you checked This Is An Outgoing Message Send to Provider box. Clear it to hide the message from providers. Leave it checked to allow providers to read it on the Sponsor Call Log page in KidKare.
11. Click **Save**. You can add another message, if needed.

Manage the Broadcast Message Signature

Last Modified on 07/13/2020 11:35 am CDT

You can attach a standardized signature when you send messages to your providers.

Note: Including this signature is optional on individual provider messages. However, it appears at the bottom of all outgoing broadcast messages.

To create a signature:

1. Click the **Tools** menu, select **Messages**, and click **Broadcast Message Signature**. The Message Signature dialog box opens.
2. Click the text box and enter the text for your signature.

3. When finished, click **Save**.

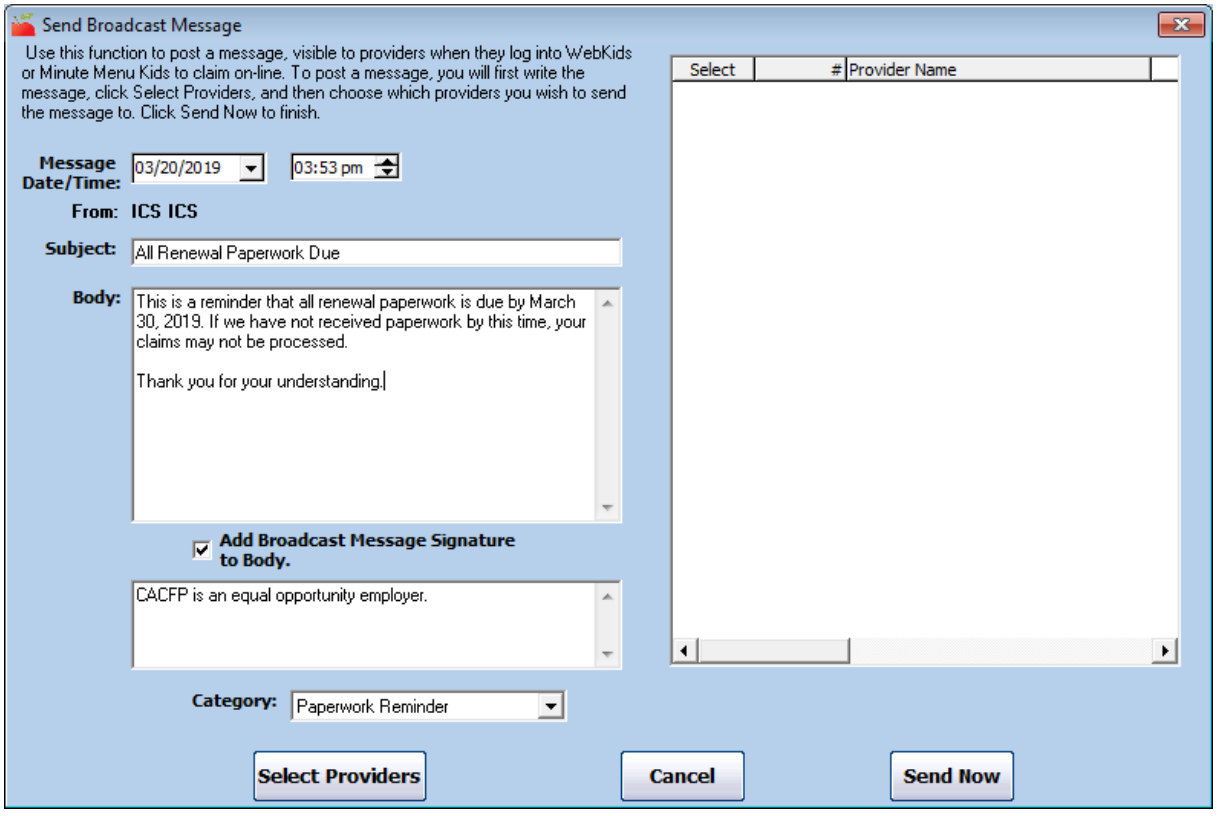
Send Broadcast Messages

Last Modified on 07/13/2020 11:37 am CDT

You can send broadcast messages to all providers in your system. Providers receive these messages in KidKare.

Note: You can also send messages to your providers in KidKare! You can also receive messages from providers, retain an archive of communications, and view message reports. See **KidKare Messaging** for more information!

1. Click the **Tools** menu, select **Messages**, and click **Send Broadcast Messages**. The Send Broadcast Message window opens.
2. Click the **Message Date/Time** boxes and enter the date and time the message is being recorded. These boxes default to your computer's current time.
3. Click the **Subject** box and enter the message subject.
4. Click the **Body** and enter the contents of the message. You can use HTML to format the message.
5. The **Add Broadcast Message Signature to Body** box is checked by default. Clear it to omit your broadcast message signature. For more information, see **Manage the Broadcast Message Signature**.
6. Click the **Category** drop-down menu and select the category to which this message belongs. You create categories in the **Message Categories** dialog box. For more information, see **Manage Provider Message Categories**.



7. Click **Select Providers**. The Provider Filter window opens.
8. Check the **Claim Source** box.
9. Select **Online**.
10. Click **Continue**. The Choose Providers dialog box opens.
11. Check the box next to each provider that should receive the message. You can also click **Select All** to select all listed providers.
12. Click **Continue**.
13. Click **Send Now**. The message is sent.

Send Messages with Links

Last Modified on 07/13/2020 11:41 am CDT

The Minute Menu HX Messaging feature does not currently allow you to send attachments. However, you can still use it to send links to content hosted elsewhere, such as newsletters. To do so, embed a link in the message body. This requires very simple HTML code:

```
<a href="https://www.example.com">linked text</a>
```

Here's an example of what this would look like in practice:

> Dear Providers,
>
> Our latest newsletter is available! You can read it here.
>
> Sincerely,
>
> Your Sponsor

Before you send messages with links to your providers, send one to your test provider first (see **Test Provider Account** to learn how to create a test provider). Then, log in to KidKare and make sure the link works properly.

> **Note:** The KidKare Message Tool allows you to include attachments and links in your messages. You can also use a rich text editor to format your messages to your specifications. See **Message Providers in KidKare** for more information.

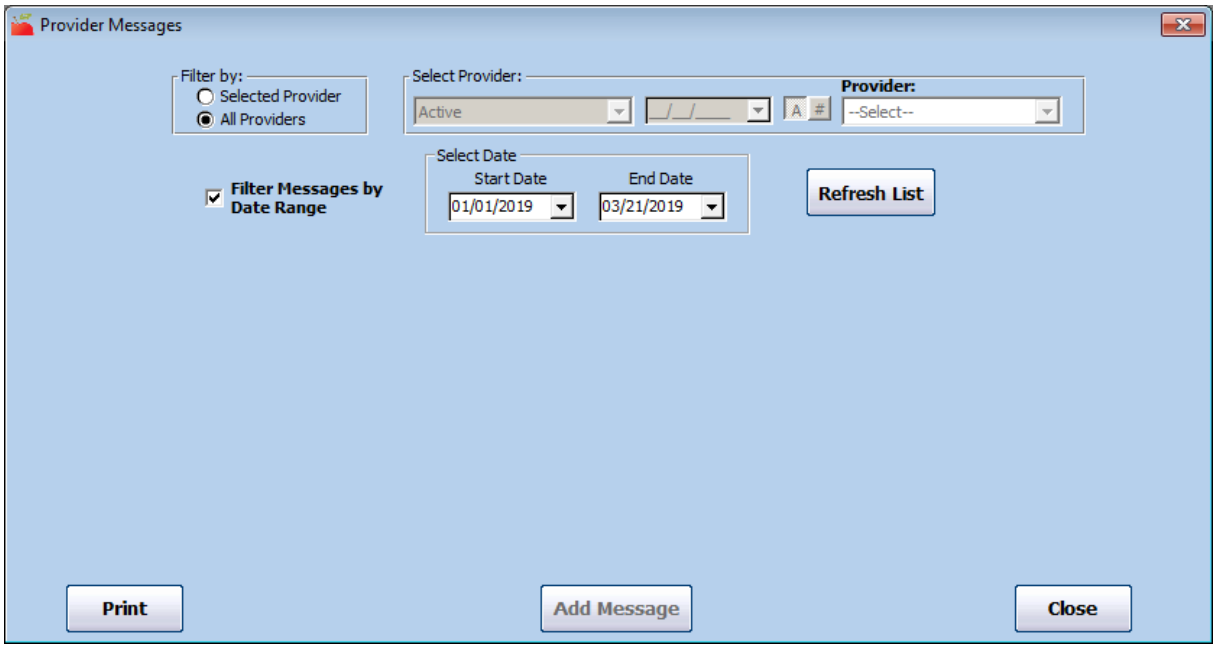
Manage Provider Messages

Last Modified on 07/13/2020 11:43 am CDT

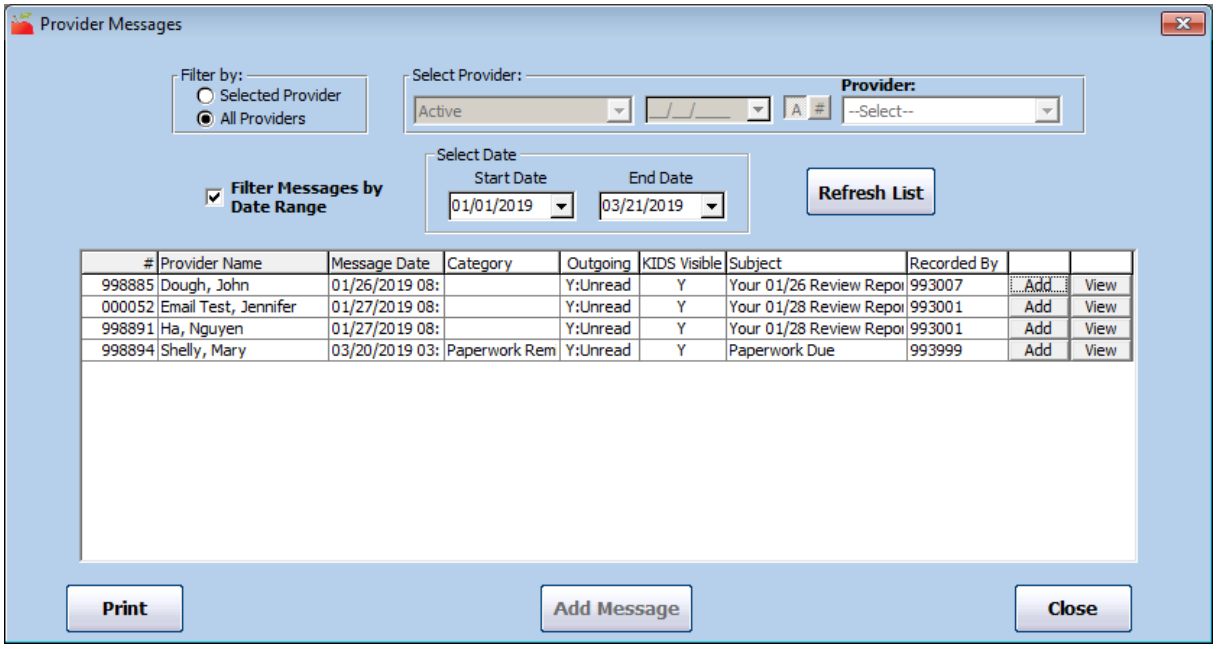
You can view all messages previously recorded for a provider in the Manage Provider Messages window.

Note: You can also send messages to your providers in KidKare! You can also receive messages from providers, retain an archive of communications, and view message reports. See **KidKare Messaging** for more information!

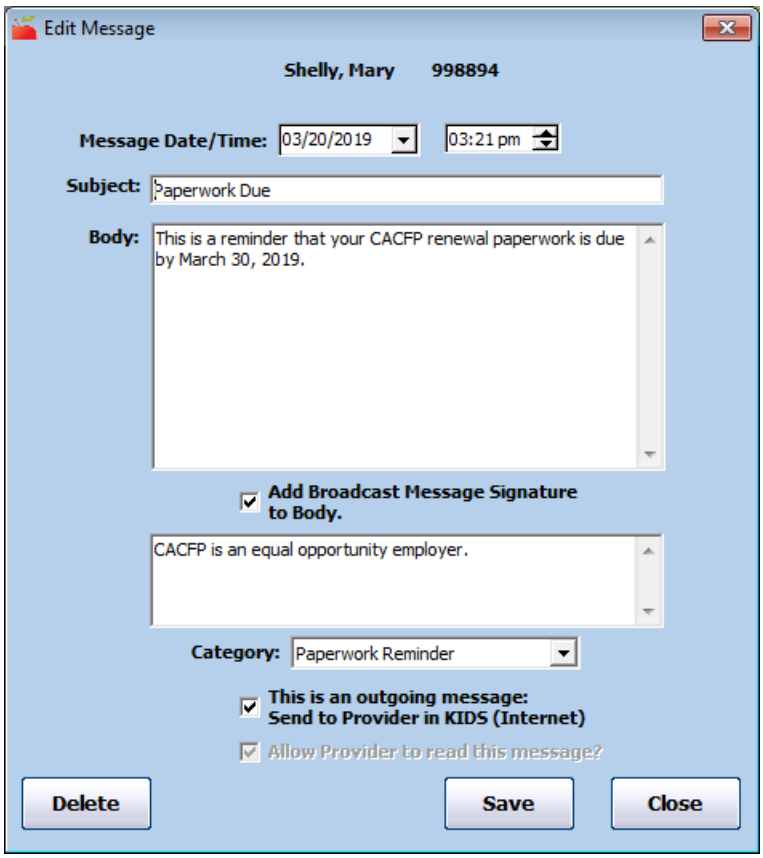
1. Access the Provider Messages window. You can do this two ways:
    - Click the **Tools** menu, select **Messages**, and click **Provider Messages**. The Provider Messages window opens.
    - Click **Providers** and select **Provider Information**. Then, click the **Provider** drop-down menu and select Provider. Click **Messages** (from the right). The Provider Messages window opens and displays messages for the provider you were viewing in the Provider Information window.
2. In the Filter By section, select **All Providers** or **Selected Provider**. If you plan to add a message, you must select **Selected Providers** and then select a provider from the **Provider** drop-down menu.
3. Check the **Filter Messages by Date Range** box to filter messages by a certain set of dates. Then, enter dates in the **Start Date** and **End Date** boxes.



4. Click **Refresh List**. Messages that meet the limits you set display.



5. Click the column headers to sort information in ascending or descending order.
6. Click **Add** to add a new message for a listed provider. For more information, see **Add Messages**.
7. To edit an existing message:
    a. Click **View** next to the message to change. The Edit Message dialog box opens.



    b. Change the date/time, subject, body, and category, as needed.
    c. When finished, click **Save**.

    d. Click **Close** to return to the Provider Messages window.

8. To delete an existing message:
    a. Click **View** next to the message to delete. The Edit Message dialog box opens.
    b. Click **Delete**.
    c. Click **Yes** at the Are You Sure prompt.
9. Click **Print** to print the message list.

Manage Provider Message Categories

Last Modified on 07/13/2020 11:44 am CDT

You can assign provider messages to specific categories, if needed. Setting up and assigning categories to your messages allows you to review messages by category in the future. While this isn't a necessary step, it helps you manage data if you record a large amount of provider messages. For example, when you use the Message List Export File, you can filter to messages related to a certain category.

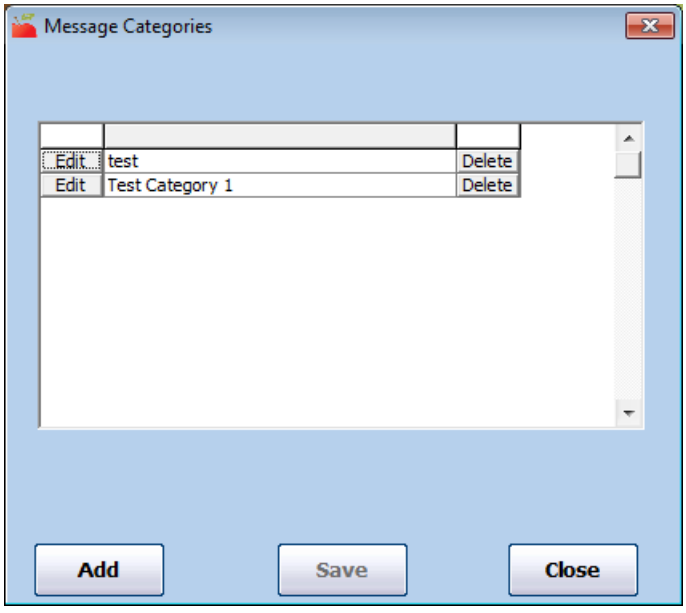
Examples of categories you could create include:

- Paperwork Requests
- Claim Questions
- Payment Questions
- Nutrition Questions
- Complaints

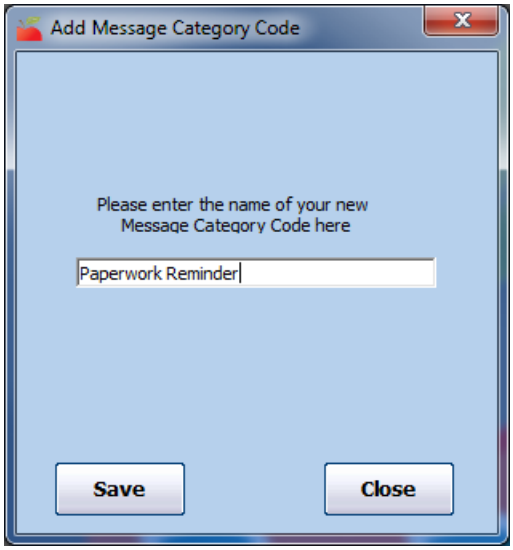
Adding Message Categories

To set up message categories:

1. Click the **Tools** menu, select **Messages**, and click **Message Categories**. The Message categories dialog box opens.



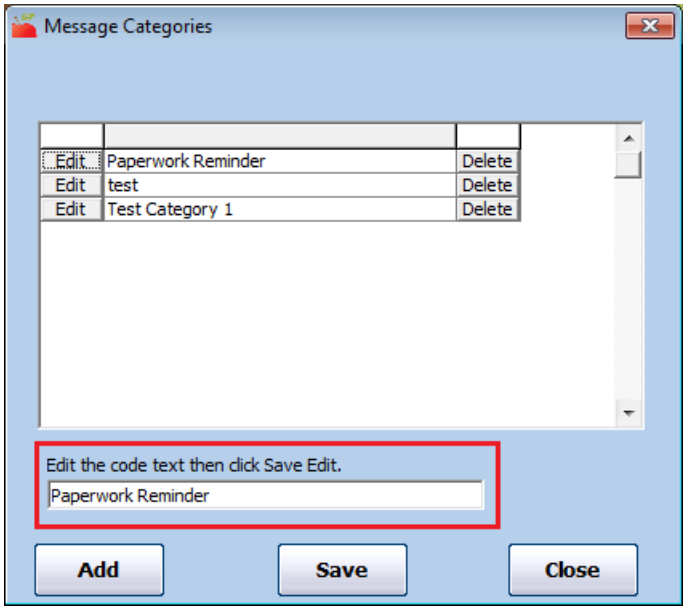
2. Click **Add**. The **Add Message Category Code** dialog box opens.
3. Click the box and enter the category name.



4. Click **Save**.

Editing Message Categories

1. Click the **Tools** menu, select **Messages**, and click **Message Categories**. The Message categories dialog box opens.
2. Click **Edit** next to the category to change.
3. Click the **Edit Code** box and update the category text.



4. Click **Save**.

Deleting Message Categories

Note: We strongly recommend that you do not delete categories to which you have previously assigned messages.

1. Click the **Tools** menu, select **Messages**, and click **Message Categories**. The Message categories dialog box opens.
2. Click **Delete** next to the category to delete.
3. Click **Yes** at the Are You Sure prompt.

Understand Payment Management in HX

Last Modified on 07/13/2020 11:47 am CDT

Minute Menu HX creates payment transactions—either checks or direct deposits—for all issued payments. Even if you do not print checks with HX, use it to manage individual provider transactions to ensure that you accurately manage your claim funds. All payments are issued based on payment components.

Payment Components

There are two types of components for which payment can be issued: Claims and Non-Claim Adjustments.

Every provider who has a Claim can receive payment. When you create a payment, you can specify which claims you are paying. This is important, because it is possible to have more than one claim record for a provider for a given claim month.

Non-Claim Payment Adjustments are specific dollar amounts that you can add or remove from a provider's payment. These are unrelated to specific claim meal counts and should not be confused with Claim Adjustments. For example, suppose you offer a provider insurance program. You deduct money for this program from a provider's payment. This would be a Non-Claim Payment Adjustment. If a Non-Claim Payment Adjustment exists for a provider, you can choose whether to include it in any payment you issue.

Negative Payments

In some cases, the claim records you mark for payment for a provider may create a payment with a negative amount. If you issue such a payment to a provider, Minute Menu HX creates a zero-dollar payment for that provider and automatically creates a Non-Claim Payment Adjustment with the negative payment amount.

The next time you issue payments, you could automatically include this Non-Claim Payment Adjustment so the negative amount is automatically deducted from the next issued check.

Clearing Claims Out

Claims and Non-Claim Payment Adjustments remain in the system until you are ready to pay on them. For accounting consistency, you can issue zero-dollar checks to clear out Claim records from your pending payment component list. This is especially the case if you have a claim that you marked as submitted to the state and later made an adjustment that zeroed-out the claim.

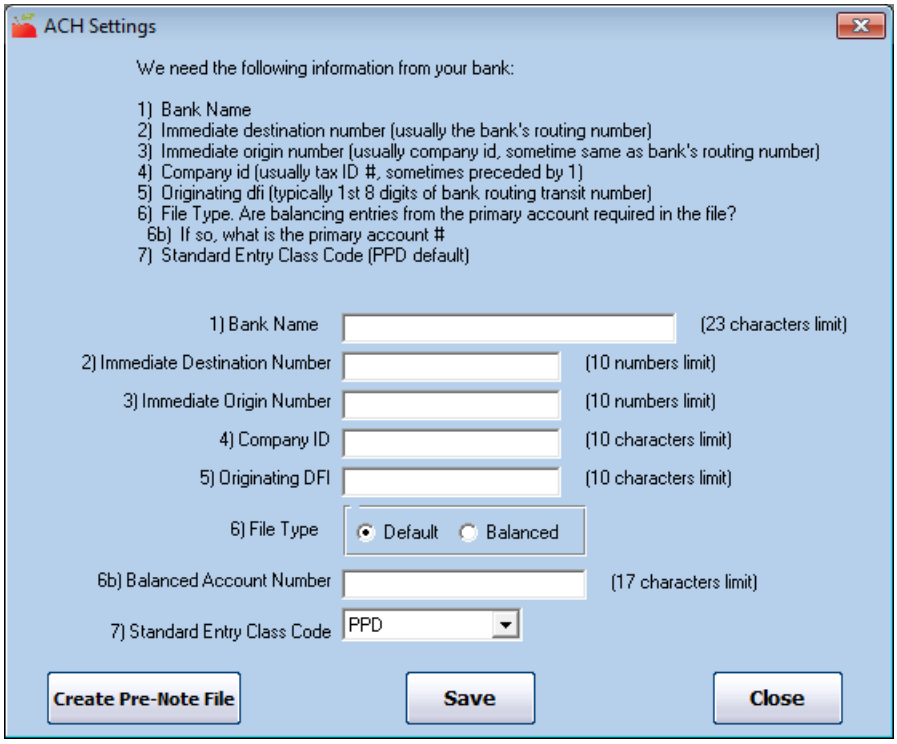
Set Up Direct Deposit

Last Modified on 07/13/2020 12:00 pm CDT

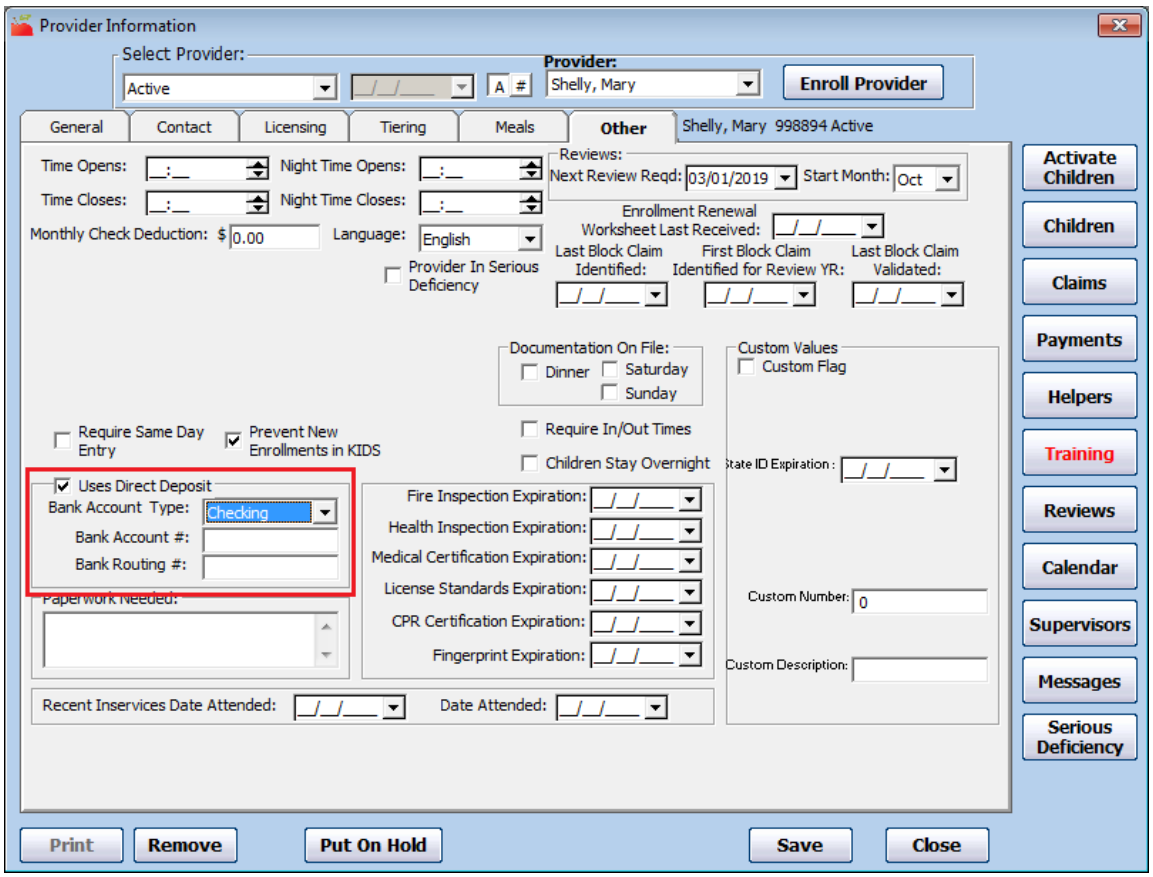
Direct deposit is a fast, electronic method of payment that ensures providers still receive payment in a timely manner. If you do not currently offer direct deposit but would like to, contact your bank/credit union and ensure that they can accept upload files for direct deposit. Minute Menu HX uses the nationally accepted ACH file format NACHA.

To set up direct deposit:

1. Enter your bank account information into HX.
    a. Click the **Administration** menu and select **ACH Settings**. The ACH Settings dialog box opens.



    b. Complete each field. Contact your bank for this information.
    c. When finished,click **Save**.
2. Next, enter bank account information for each provider.
    a. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
    b. Click the **Provider** drop-down menu and select the provider to change.
    c. Click the **Other** tab.
    d. Check the **Uses Direct Deposit** box.



e. Click the **Bank Account Type** drop-down menu and select **Checking**, **Money Market**, or **Savings**.

f. Enter the bank account and routing numbers in the **Bank Account Number** and **Bank Routing Number** boxes.

g. Click **Save**.

h. Repeat **Steps 2b - 2g** for each provider for whom to set up direct deposit.

3. Send the Pre-Note file to your bank to test the direct deposit.
    - Contact your bank to determine where and how to upload the file to the bank's website.
    - If the file is rejected, find out why, fix the error, generate a new file, and try uploading again.
    - If the file goes through, and you confirm that there were no issues, the ACH file has been set up successfully, and you are ready to use Minute Menu HX to generate ACH files for direct deposit.

Note: If you re-use this Pre-Note file prior to each batch of direct deposits you run, you automatically check the validity of each provider's bank account and routing number, so you can be assured that all claims that you pay via direct deposit actually go to a valid bank account.

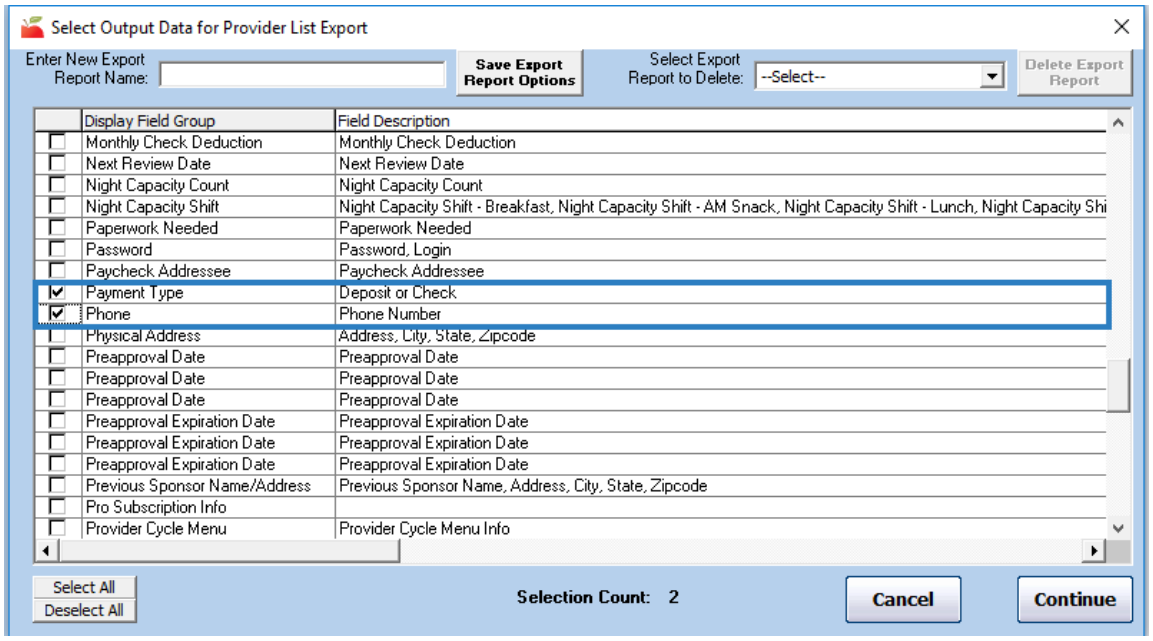
Locate Providers Receiving Paper Checks

Last Modified on 07/13/2020 1:15 pm CDT

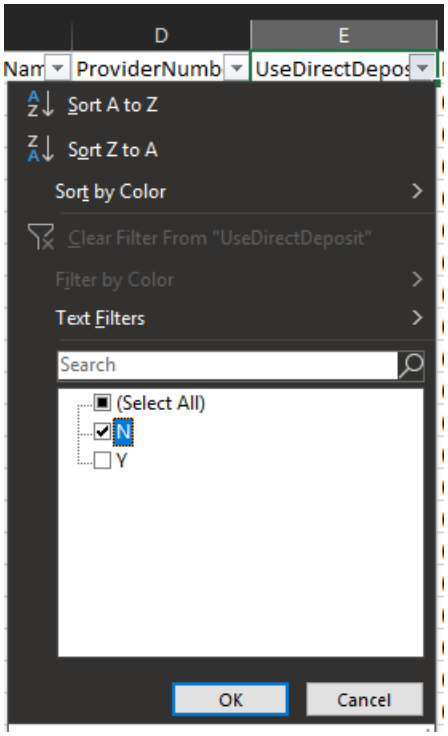
Use the Provider List Export File to quickly locate providers who are still receiving paper checks as payment. You can then use the resulting list to contact providers and transfer them to direct deposit. Direct deposit is a fast, electronic method of payment that ensures providers still receive payment in a timely manner.

To do so:

1. First, generate the report:
    a. Click the **Reports** menu, select **Providers**, and click **Provider List Export File**. The Select Report Definition to Use dialog box opens.
    b. Click **Continue** without selecting a report definition. The Provider Filter opens.
    c. Accept the default **Status** filters (**Active** and **Hold**), and click **Continue**. The Select Output Data for Provider List Export window opens.
    d. Scroll down and check the **Payment Type** and **Phone** boxes.



    e. Click **Continue**.
    f. Browse to the location on your computer in which to save the file.
    g. Click **Save**. The file opens automatically in your default spreadsheet program.
2. Filter the resulting spreadsheet to show providers who *don't* currently use direct deposit.
    a. Click the first row of the **UseDirectDeposit** column.
    b. Click **Sort & Filter** in the top-right corner of the Home tab and select **Filter**. The first row of each column in the spreadsheet is now a drop-down menu you can use to filter.
    c. Click the **UseDirectDeposit** drop-down menu and clear the **Select All** box.
    d. Check the **N** box.



e. Click **OK**. You now have a list of providers who receive paper checks, as well as a list of their phone numbers.

A	B	C	D	E	F	G
ProviderName	ProviderFirstNam	ProviderMiddleNam	ProviderNumb	UseDirectDepos	PhoneNumb	
			654987	N	(987) 654-9870	
A	A	a	005464	N	(546) 464-6464	
AccountLuman	TestCarol		131313	N	(111) 111-1111	
AE1	AE		999003	N	(242) 412-4214	
Aldrichs	NYC		998899	N	(778) 788-9999	
AM	AM		999004	N	(233) 333-3333	
Anna	Anna		997999	N	(111) 111-1111	
AX	AX		999002	N	(555) 555-5555	
changedtest	modtest		231678	N	(987) 654-3210	
Cordova	Anna		001239	N	(444) 156-7789	
Dalton	Jennifer		002409	N	(555) 555-1234	
Dang	Hiep	V	151196	N	(111) 111-1111	
DTest	Jennifer		008585	N	(999) 888-7777	
Email Test	Jennifer		000052	N	(888) 888-8888	
Enrollment	NewMP		454545	N	(587) 897-9797	
Flats	Highland		995600	N	(684) 684-6468	
Flower	Blue		237893	N	(541) 555-7621	
Goodstein	Jeffrey		001238	N	(987) 444-8888	
HanNam	Nguyen		565465	N	(231) 312-3123	
HomesAPI	No		000123	N	(654) 684-6846	

3. Contact the providers on your list to set them up on direct deposit instead. Update their payment preferences in Minute Menu HX. For more information about doing this, see **Step 2** in **Set Up Direct Deposit**.

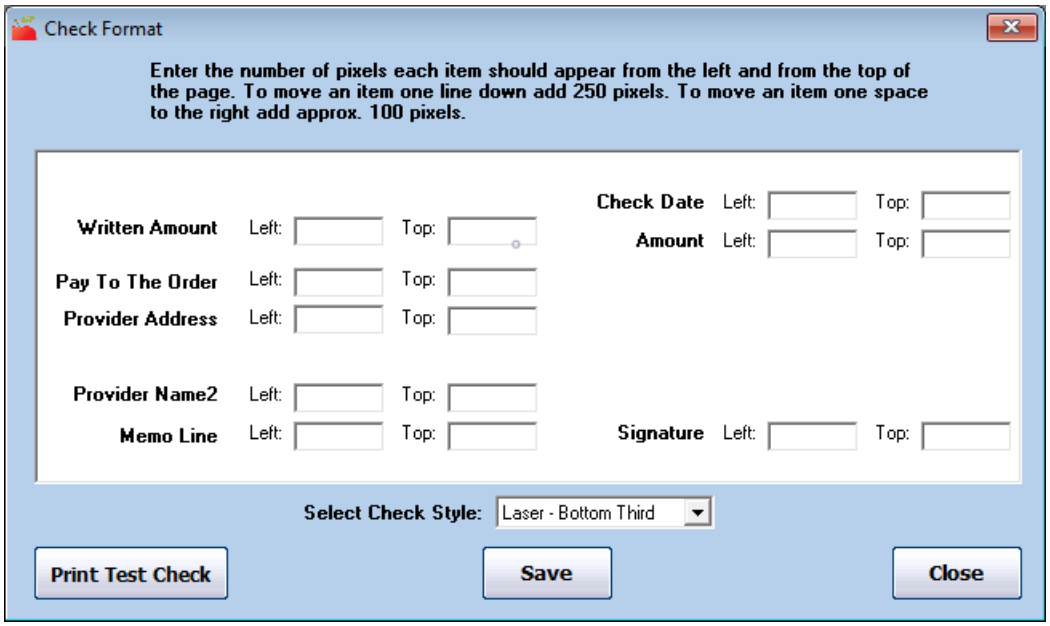
Format Checks

Last Modified on 07/13/2020 1:16 pm

Note: Switch to direct deposit and pay your providers electronically—no check printing required. For more information, see **Set Up Direct Deposit**.

Format your checks to ensure they print properly on your check printer. Once you've formatted checks in HX, you should only need to change these settings if you get a new check or a new printer.

1. Click the **Administration** menu and select **Check Format**. The Check Format window opens.



2. Click the **Select Check Style** drop-down menu and select the check style you are using. This should be indicated on your check forms. It is important that this is set properly so the actual check prints in the correct position.
3. Use the boxes for each item to adjust that item's positioning. Follow these guidelines:
    - Add 250 pixels to move an item down one line.
    - Add approximately 100 pixels to move an item once space to the right.
4. When finished making adjustments, click Print Test Check to print a test check on plain white paper.
5. Compare your test check to an actual check to see if the positioning is close.
6. Repeat **Steps 2-4** to make adjustments and test again.
7. When finished, click **Save**.

Adding Check Signatures

Minute Menu HX can automatically print a signature on your checks.

To configure this:

1. Obtain a copy of the signature.
2. Save the signature to your computer as a .GIF file and name it **signature**. The complete file name should be **signature.gif**.
3. Save the signature file in the following folder: **C:\MMHX\Sponsor\CheckSig**.

   > **Note:** For some older installations of Minute Menu HX, the file path might be **C:\Program Files\MMHX\Sponsor\CheckSig** instead.

4. Close and re-open Minute Menu HX.
5. Click the **Administration** menu and select **Check Format**. The Check Format window opens.
6. Click **Print Test Check**.
7. Ensure the signature prints in the correct place. Make adjustments in the Check Format window, if needed. If you see settings of Left 15000 and Top 0, the check has never been formatted for a signature. Try the following adjustments first, and adjust as needed: Left 3200 and Top 7500.

Direct Deposit

Some sponsors print checks on white paper as vouchers for direct deposit. Check signatures do not print on vouchers printed through Issue Payments. Also, you can set **preference O.007** to **Y** to print Not a Check on direct deposit vouchers.

Move Your Check Signature to a New Computer

To move the signature from one computer to another:

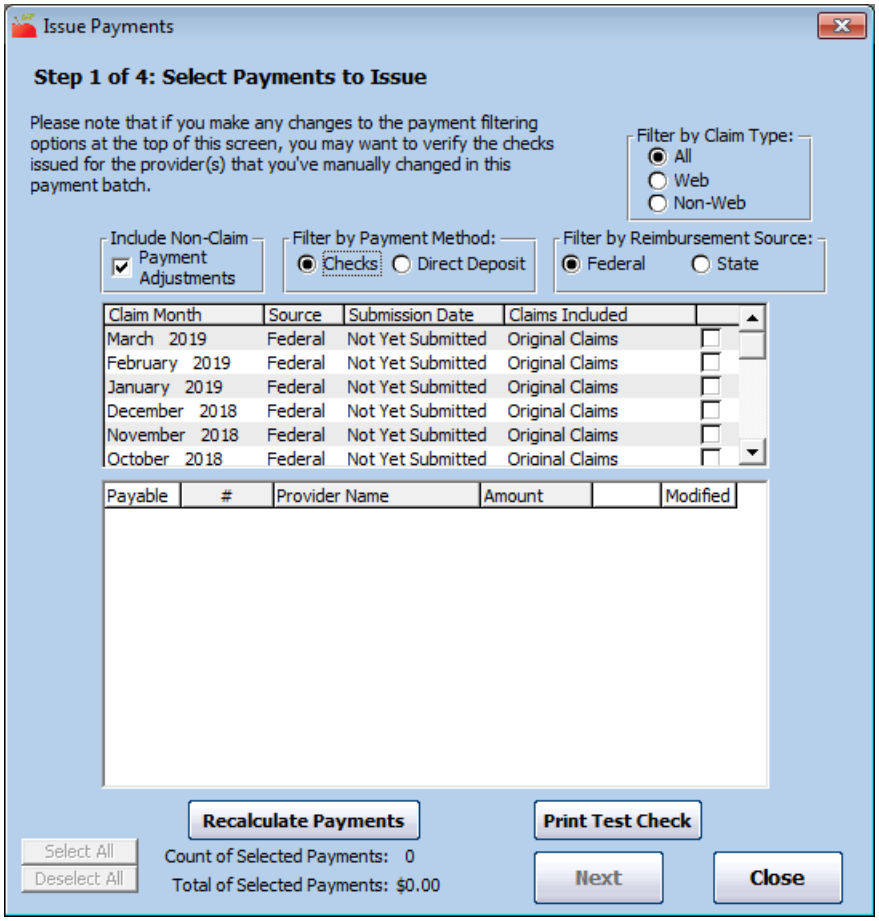
1. Save the check signature on each computer you use to print checks.
2. Copy the existing **signature.gif** file and paste it to the **C:\MMHX\Sponsor\CheckSig** folder.
3. Close and re-open HX.
4. Follow **Steps 4-7**, above, to print a test check and make any necessary adjustments.

Issue Payments

Last Modified on 07/13/2020 1:23 pm CDT

Use the Issue Payments function to issue checks and direct deposits. You can also use this function to obtain an export file of all checks/direct deposits for use in your own accounting system. Even if you do not pay your providers in Minute Menu HX, use this function to organize and track provider payments.

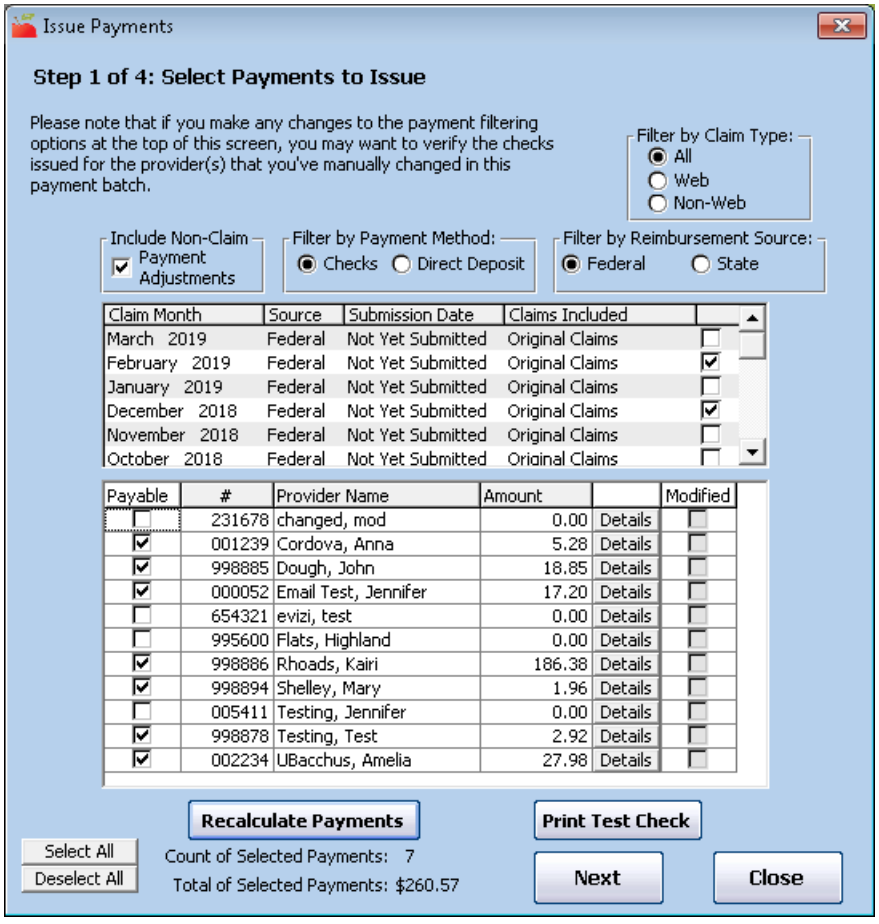
1. Click the **Checkbook** menu and select **Issue Payments**. The Issue Payments window opens.



2. Filter to the providers to claim.
3. Filter to the claims to pay. You can set the following filters:
    - **Claim Type:** Select **All**, **Web**, or **Non-Web**.
    - **Include Non-Claim Payment Adjustments:** Check this box to include non-claim payment adjustments in the list. For more information about these adjustments, see **How Minute Menu HX Manages Payments**. This option is checked by default. Clear it if your agency keeps strict separation of claim months and requires providers to re-pay funds when negative adjustments are made.
    - **Filter By Payment Method:** Select **Checks** or **Direct Deposit**. Providers assigned to the payment method you select display. You set providers up for direct deposit in the Provider Information Other tab. If providers are not specifically set up for Direct Deposit, they receive checks. See **Set Up Direct Deposit** for more information.

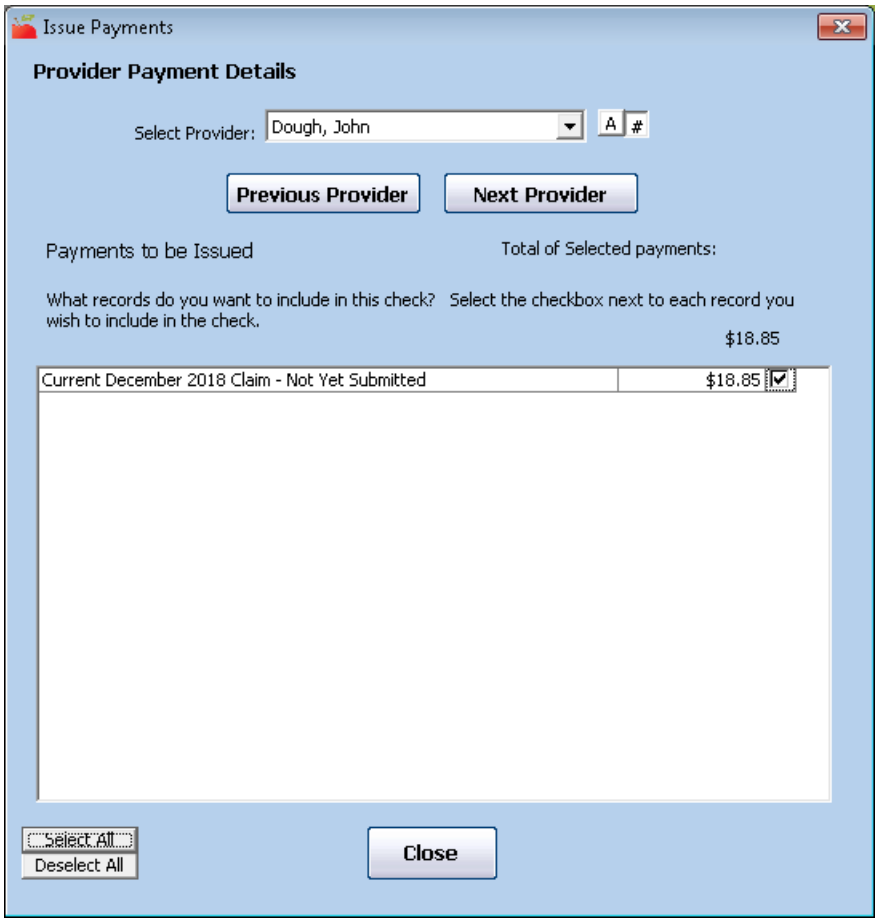
- **Filter by Reimbursement Source:** If your state offers additional reimbursement funds over and beyond the level provided federally by the CACFP and you split your State and Federal provider payments, select the appropriate source here. This option only displays if your state offers supplemental funds and you pay providers separate checks for state and federal funds.

4. Check the box next to a claim batch to pay. The claim batches listed in this box are split up to show the claim months for which claims are awaiting payment, as well as a further breakdown by the date those claims were submitted to the state for reimbursement.You can also see whether a listed claim batch includes original claims and those that include positive vs negative adjustments. This allows you to select exactly which claims you wish to pay.
5. Click **Recalculate Payments**. The system compiles all claims for payment based on your filtering criteria. This process can take some time. Once it's finished, a list of provider payments displays. The **Payable** box is checked next to each provider you can pay.



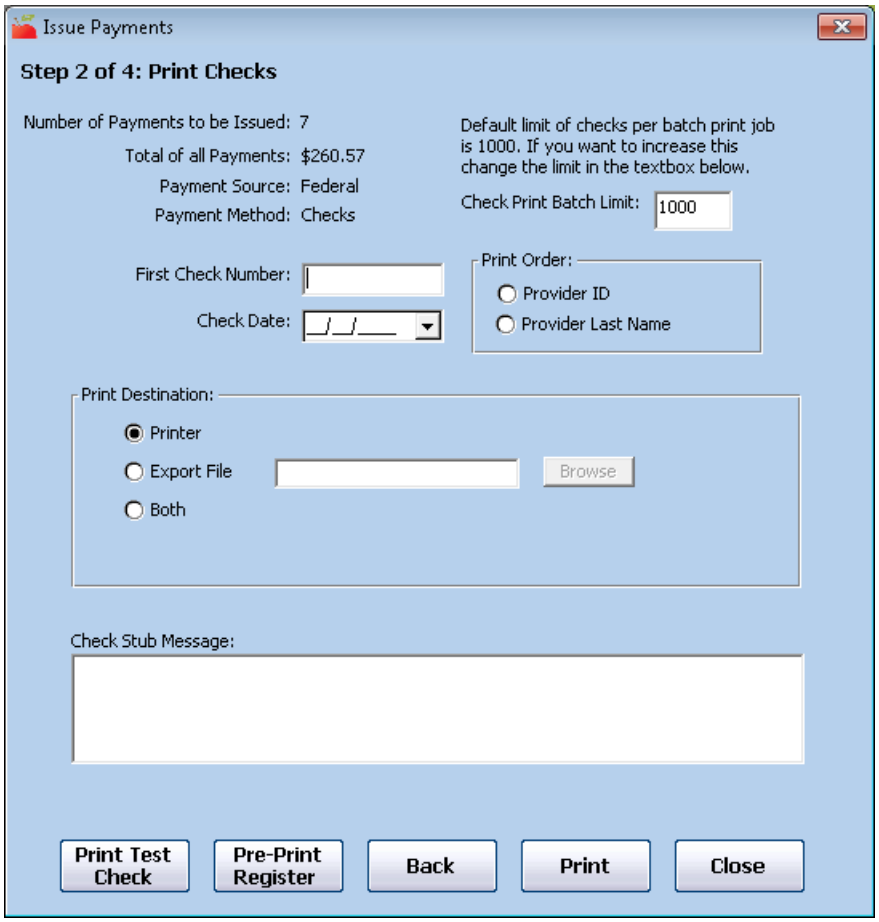
6. Review the total amount of selected payments that displays at the bottom of the window.Clear the box next to any payment you do not need to issue.
7. To view/change change payment details,
    a. Click **Details**. The Provider Payment Details window opens and displays each payment component that *can* be paid and each component that *will* be paid. For example, if you set filters to exclude non-

claim payment adjustments in the Issue Payments window, the box next to such payments is not checked in here.



b. Check the box next to each additional payment component to include in this check/deposit. Clear the box to remove it.
c. When finished, click **Close**. If you made change in this window, the Modified box is checked in the Issue Payments window.

8. Click **Next**.The Print Checks window opens.



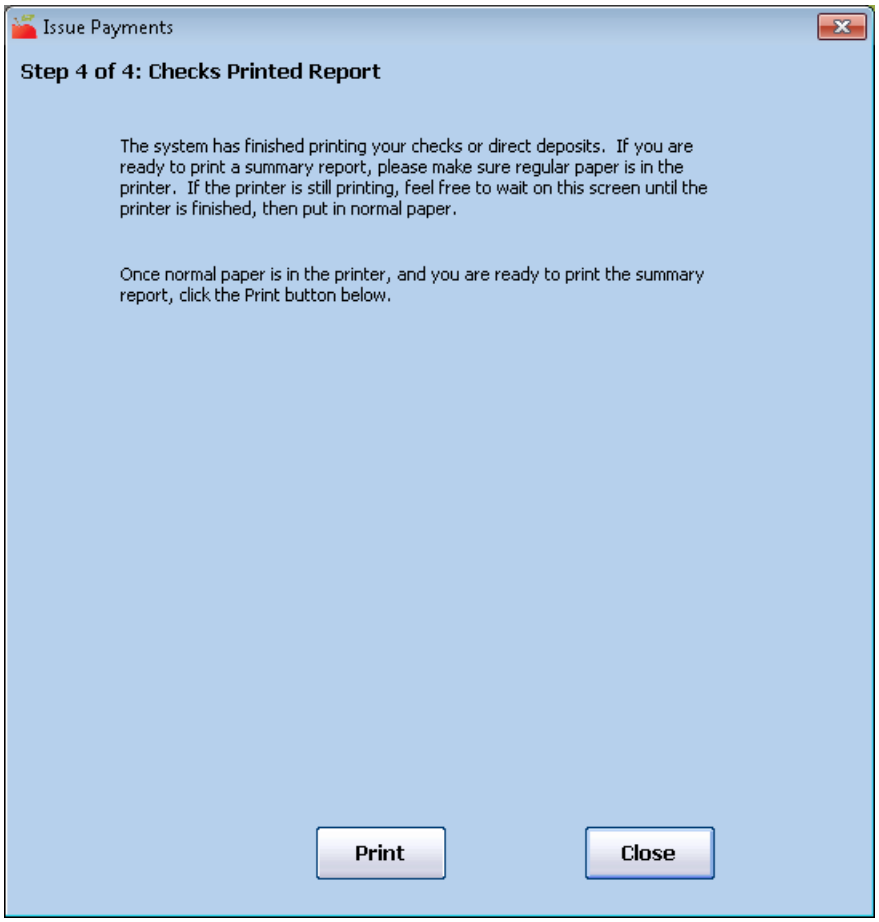
9. Review the payment information listed at the top of the window.
10. Click the **First Check Number** box and enter the first number to assigned to the payments you are issuing (whether direct deposit or checks). You must still enter a number here even if you are only exporting payment information. If you are issuing direct deposits, you may not have an actual check number, so supply any number here. We recommend that you choose a unique check number range. For example, you could start at 1000, and the next time you issue payments, start at 1100.
11. Click the **Check Print Batch Limit** box and enter the maximum number of checks included in one print job. Minute Menu HX uses the Windows Spool Manager to combine a number of individual checks into one print job. This speeds up the printing process and helps minimize the possibility of another print job interrupting your check run. This box defaults to 1000. It does not affect the number of checks printed—just the number sent together as one batch.
12. Click the **Check Date** box and enter the provider payment dates. If you are issuing payments in advance, use the date closest to when you expect to send payments to your providers. Once you save the payments in the database, KidKare providers will see that claims were paid once the date you enter here is reached.
13. Click **Pre-Print Register** to to print an itemized register of all of the payments you're about to issue. Use the last page of this register to ensure that your incoming funds match your outgoing funds with this batch.

Note: The Pre-Printed Check Register notes the details of checks that may be created automatically as

part of this check run. For example, manual adjustments are noted here if you use the Monthly Check Deduction feature. Also, if you have chosen to pay a provider who would have otherwise received a negative check, a manual dollar adjustment that brings the check up to zero dollars (and any other offsetting non-claim payment adjustments) displays.

14. In the **Print Order** section, select **Provider ID** or **Provider Last Name**. This is the order in which checks or printed or providers are listed in the export file.
15. In the **Print Destination** section, specify where to print checks/send the file.You can select **Printer**, **Export File**, or **Both**. If you are printing checks in Minute Menu HX, you must select **Printer** or **Both**. If you do export a file, you can change the file name, if needed. Direct deposit and checks print in the same way when sent to the printer. The only difference is that you should print direct deposits on regular white paper and you should print checks on blank checks. Sending direct deposits to the printer provides you with paper records of the direct deposits.
16. Click the **Check Message** box and enter a message to include on the checks or payment vouchers.
17. If you are printing checks, click **Print Test Check** to ensure that the alignment matches up properly. If they do not, contact Minute Menu HX Support for assistance.
18. If you are issuing direct deposits, check the **ACH File** box. This will generate the ACH file while you run this print batch. Make note of the file name and location so you can retrieve the file later and upload it to your bank.
19. When you are ready, click **Print**. The system begins creating payment transactions. If you sent your payments to the print, then checks/direct deposit receipts print. If you only created an export file, go to **Step 22**.
20. The Verify Successful Print Job window opens.
    a. Review the printed checks. If they did not print properly, you can re-print them.
    b. Click the **Last Successfully Printed Check** box and enter the check number of the last successfully printed check.
    c. Click the **Restarting Check Number** box and enter the first check number to use for the re-printed checks. This should be the number immediately after the last successfully printed check number.
    d. Click **Reprint**.

    Note: Before you continue pat this step, be absolutely certain that your checks printed properly. There is no other way to re-print check batches in Minute Menu HX. If you skip this step and discover that a large number of your checks did not print correctly, you must re-print these checks individually.
21. If your checks printed successfully, click **Checks Printed Successfully**. The Checks Printed Report window opens.



22. Click **Print Check Register** to generate the check register. You can also print a physical copy.
23. When finished, click **Close**. The payment process is complete.

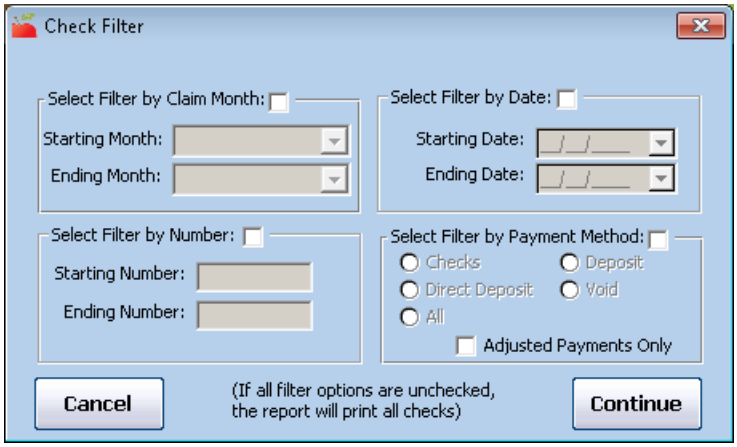
Export Transactions to Third-Party Accounting Software

Last Modified on 07/13/2020 1:32 pm CDT

If you use a third-party accounting system, you must get your payment data from Minute Menu HX and into the accounting system you use. You can enter this data into your third-party software by hand, or you can export a file and import it into your third-party software. This function creates a deliminated text file of payment information in Minute Menu HX's default transaction export file format.

To generate the file:

1. Click the **Checkbook** menu and select **Generate Check Transaction File**. The Check Filter dialog box opens.



2. Set filters for the checks to include. To print all checks, leave all of the filters blank.
    - **Filter by Claim Month:** Check this box, click the **Starting Month** and **Ending Month** drop-down menus, and select starting and ending months for the report. Note that if a check was issued and included payment for more than one claim month it is included if any of the claims paid by the check are included in the selected claim months.
    - **Filter by Date:** Check this box, click the **Starting Date** and **Ending Date** boxes, and set a starting and ending date for the report.
    - **Filter by Number:** Check this box, click the **Starting Number** and **Ending Number** boxes, and set a date range for the report.
    - **Filter by Payment Method:** Check this box and then select **Checks**, **Direct Deposit**, **Deposit**, **Void**, or **All**. Check the **Adjusted Payments Only** to include only those payments you've adjusted.
3. Click **Continue**. The Select Mode dialog box opens.
4. Select **Transaction** or **Payment Adjustments**.
5. Click **Continue**. The Save As window opens.
6. Browse to the location in which to save the export file.
7. Click **Save**.

Note: Minute Menu HX also generates this same transaction export file if you export a file while issuing

payments.

Adjust Payments

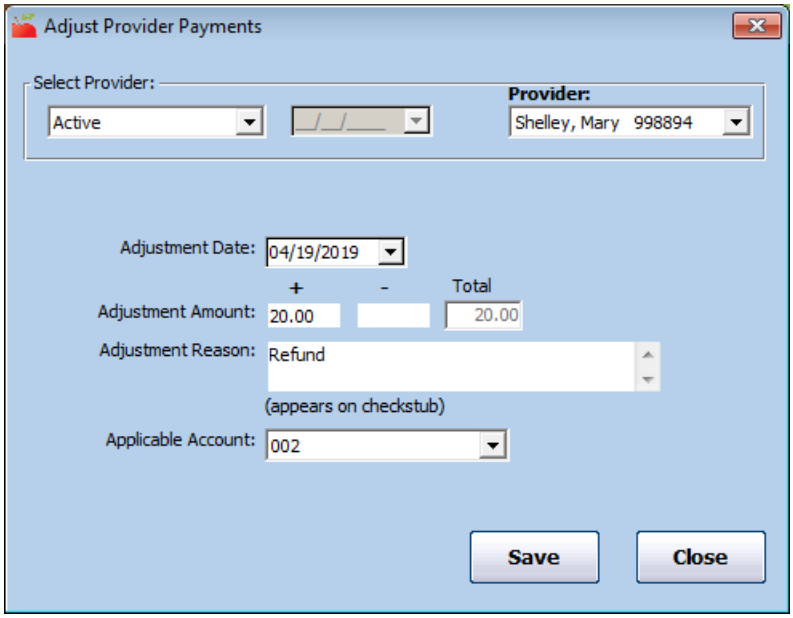
Last Modified on 07/13/2020 1:22 pm CDT

You can add or deduct specific dollar amounts from payments, even when such additions/deductions have nothing to do with specific claim counts. For example, if a special IRS withholding situation occurs, you may need to deduct a certain amount of money from a provider's payment each time you issue it.

> **Note:** Do not confuse these non-claim payment adjustments with adjustments made to specific claims. For more information about claim adjustments, see **Change/Adjust Claims**.

To create a non-claim payment adjustment:

1. Click the **Checkbook** menu and select **Adjust Provider Payments**. The Adjust Provider Payments window opens.
2. Click the **Provider** drop-down menu and select the provider for whom to adjust payments.
3. Click the **Adjustment Date** box and enter the effective date of this adjustment. This box defaults to today's date.
4. Enter the adjustment amount in the **+ (plus)** or **- (minus)** boxes. The **Total** box updates automatically.
5. Click the **Adjustment Reason** box and enter the reason for this adjustment. This prints on the provider's check/payment voucher.



6. Click the **Applicable Account** drop-down menu and select the adjustment account code. This code impacts transaction export files. This field only displays if you are required to select an adjustment account code.
7. Click **Save**.

The next time you issue payments, be sure to check the **Include Non-Claim Payment Adjustments** box so this

adjustment is automatically included in the provider's next payment. For more information, see **Issue Payments**.

Void Payments

Last Modified on 07/13/2020 1:25 pm CDT

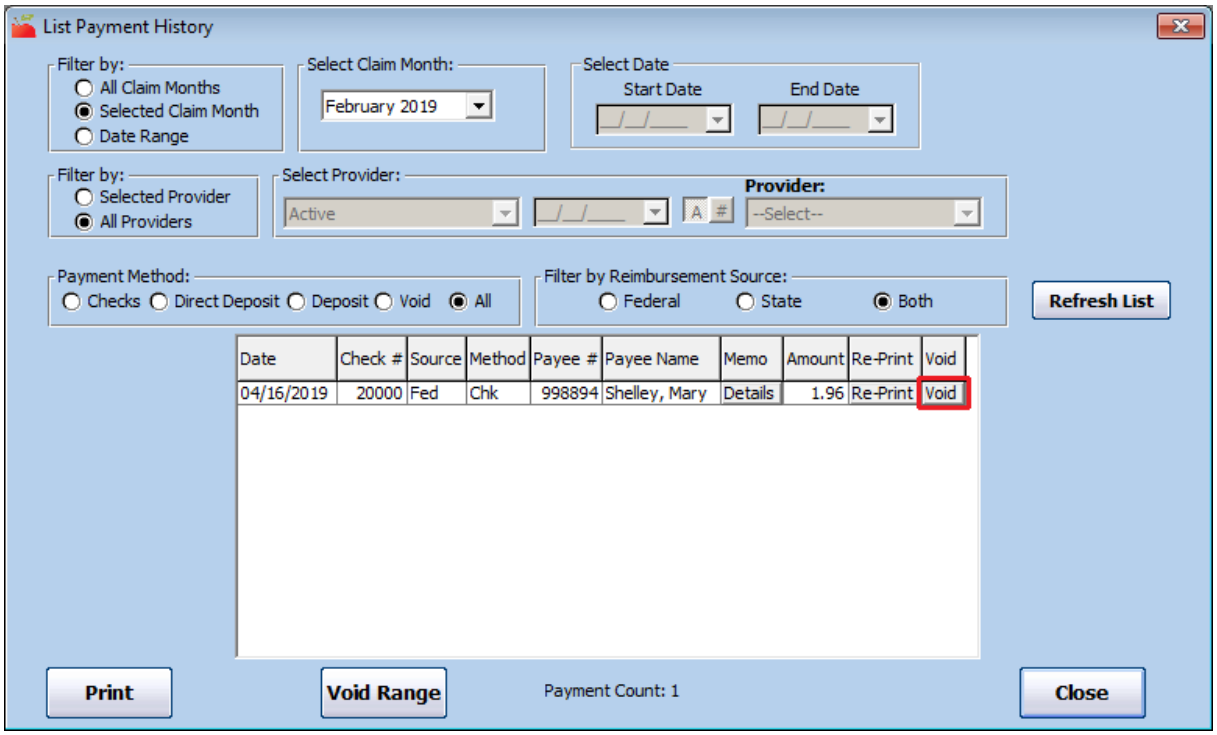
If you void a real check or direct deposit and do not re-issue a new check/deposit for the same amount, you should also void the payment in Minute Menu HX. When you do so, the claim and/or non-claim payment adjustment records are un-marked as paid so you can re-issue payment, if needed. A record of the void remains in the system for your records.

You can void individual payments, or you can void a range of payments. See each heading below.

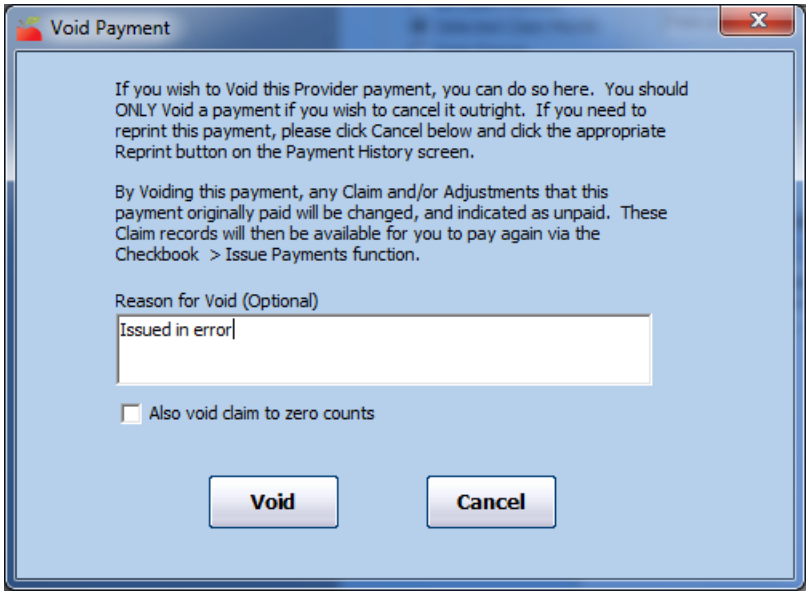
Voiding Individual Payments

To void a single payment:

1. Click the **Checkbook** menu and select **List Payment History**. The List Payment History window opens.
2. Set filters for the payment you need to void. For more information, see **List Payment History**.
3. Click **Refresh List**. Payments meeting the limits you set display.
4. Click **Void** next to the payment to void. The Void Payment dialog box opens.



5. Click the **Reason for Void** box and enter a reason for voiding this payment. This step is optional.

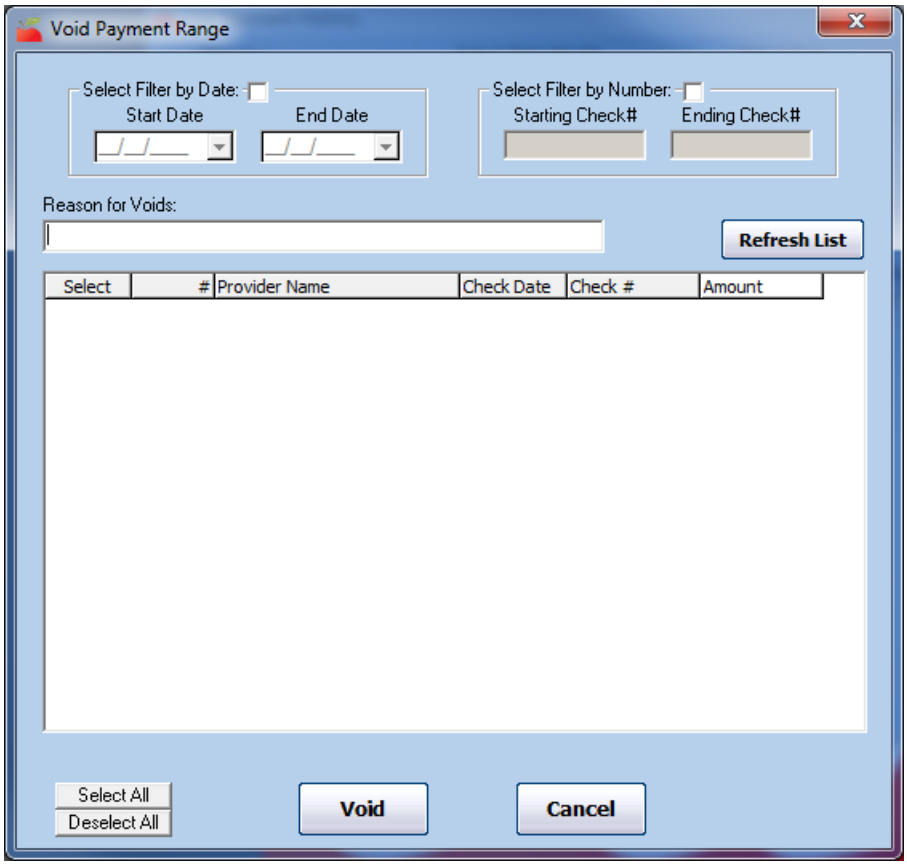


6. Check the **Also Void Claim to Zero Counts** box to create a claim adjustment that sets the claim counts to zero in addition to voiding this payment, if needed. This makes the provider a zero-dollar claimer and prevents you from having to take extra steps to void the claim.
7. Click **Void**. The payment is now voided. You must re-issue payment for the affected claim or non-claim payment adjustment.

Voiding a Range of Payments

To void a range of payments:

1. Click the **Checkbook** menu and select **List Payment History**. The List Payment History window opens.
2. Click **Void Range**. The Void Payment Range window opens.



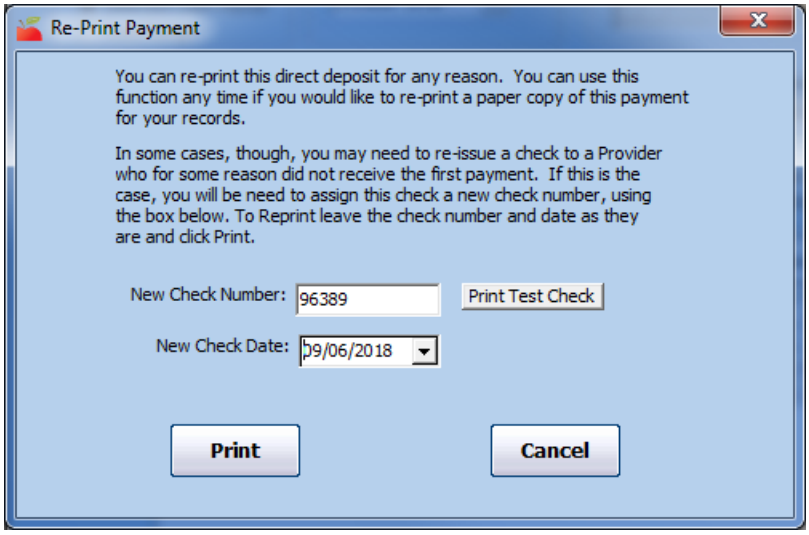
3. Set filters for the checks to void:
    - **Filter by Date:** Check this box, click the **Start Date** and **End Date** boxes, and enter a date range to void.
    - **Filter by Number:** Check this box, click the **Starting Check #** and **Ending Check #** boxes and enter a check number range to void.
4. Click **Refresh List**. Payments meeting the limits you set display.
5. Check the **Select** box next to each payment to void.
6. Click the **Reason for Voids** box and enter a void reason.
7. Click **Void**.
8. At the Are You Sure prompt, click **Yes**. The payments are now voided. You must re-issue payment for the affected claims or non-claim payment adjustments.

Re-Print Checks

Last Modified on 07/13/2020 1:25 pm CDT

If a check is lost in the mail (or otherwise gone), you can re-print it, rather than voiding and reissuing payment. When you re-print a check, the original check is automatically voided, and a new payment transaction record is created.

1. Click the Checkbook menu and select List Payment History. The List Payment History window opens.
2. Set filters for the check(s) to re-print. For more information, see **View Payment History**.
3. Click **Refresh List**. Payments meeting the limits you set display.
4. Click **Re-Print** next to the check to re-print. The Re-Print Payment window opens.



5. To assign a new check number for this payment, click the **New Check Number** box and enter a new number. If you change this field, a record of the voided transaction is kept on-file.
6. To set a new check date for this payment, click the **New Check Date** box and enter the new date.
7. Click **Print**.

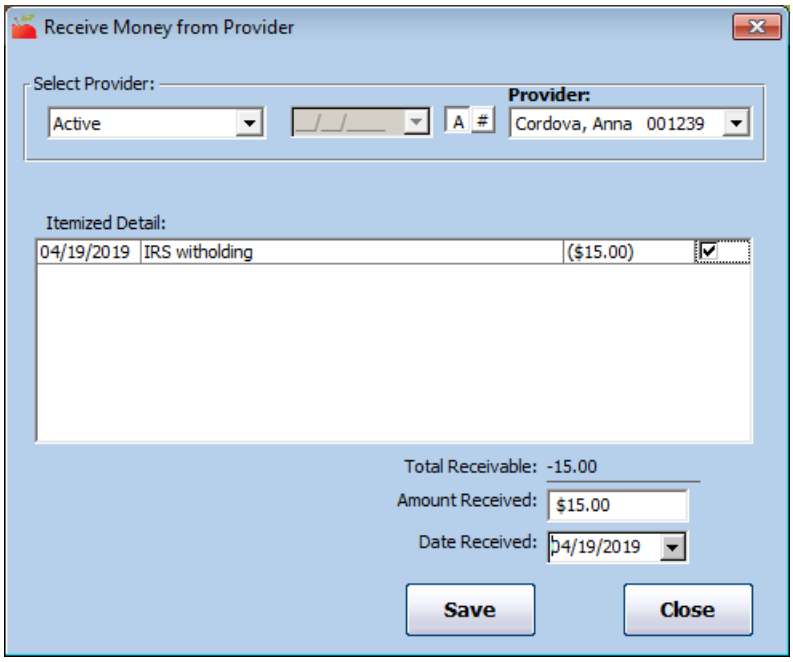
Receive Money from Providers

Last Modified on 07/13/2020 1:27 pm CDT

In some situations, it may be necessary for you to demand providers to return payment. For example, suppose a provider dropped off your program and you already sent them payment for their last claim. The claim later required a negative adjustment. Since you are not issuing another payment to this provider, the provider must re-pay you for the negative amount. You may also require re-payment for all negative claim adjustments.

You can track these received payments in Minute Menu HX. To do so:

1. Click the **Checkbook** menu and select **Receive Money from Provider**. The Receive Money from Provider window opens.
2. Click the **Provider** drop-down menu and select the provider from whom you received payment. Negative non-claim payment adjustments for the selected provider displays in the Itemized Detail box.
3. Check the box next to the amount to pay.
4. Click the **Amount Received** box and enter the amount of the payment you received from the provider.
5. Click the **Date Received** box and enter the date you received the payment.



6. Click **Save**.

Handle Lingering Payment Batches

Last Modified on 07/13/2020 1:30 pm CDT

Every claim record in the system must be paid and can only be paid once. Once you pay a claim with the Issue Payments function, the Minute Menu HX database is updated to account for that payment. This means that any claim months present in the Issue Payments window indicates that there is at least one claim in that claim month that hasn't been paid.

If prior claim months are listed in Issue Payments and you know that all claims within that month have already been paid, take note. To determine why these claims are still listed, isolate the earlier months in the Payable Claim Batches List and click Recalculate Payments. For more information, see **Issue Payments**.

There are a few reasons why provider claims may still be listed as awaiting payment:

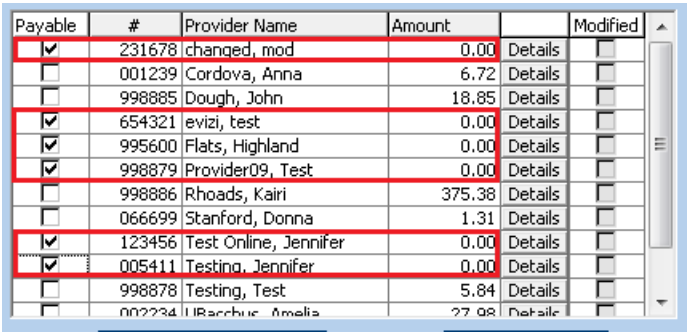
Negative Payments

If you pay a provider and then later adjust their claim to remove meals, a negative adjustment is created. This negative adjustment claim must be accounted for on a payment, just like all other claims. Minute Menu HX does not issue negative payments by themselves by default. This means that Minute Menu HX does not account for this claim as having been paid until the provider has another claim with a total amount greater than the negative adjustment. This could cause claims to remain unapid. If you never have another claim for this provider, you could use the Receive Money From Provider function to clear out the negative adjustment. For more information, see **Receive Money from Providers**.

Zero Dollar Claims

You may periodically have a zero dollar claim in your system. As stated above, Issue Payments does not pay providers unless they have a positive dollar amount for their check. Zero dollar claims may linger in the database until you take action clear them out.

1. Click the **Checkbook** menu and select **Issue Payments**. The Issue Payments window opens.
2. Set filters, as needed. For details, see **Issue Payments**.
3. Click **Recalculate Payments**. Payments display.
4. Click **Deselect All**.
5. Check the **Payable** box next to each zero-dollar claim.



Payable	#	Provider Name	Amount		Modified
☑	231678	changed, mod	0.00	Details	☐
☐	001239	Cordova, Anna	6.72	Details	☐
☐	998885	Dough, John	18.85	Details	☐
☑	654321	evizi, test	0.00	Details	☐
☑	995600	Flats, Highland	0.00	Details	☐
☑	998879	Provider09, Test	0.00	Details	☐
☐	998886	Rhoads, Kairi	375.38	Details	☐
☐	066699	Stanford, Donna	1.31	Details	☐
☑	123456	Test Online, Jennifer	0.00	Details	☐
☑	005411	Testing, Jennifer	0.00	Details	☐
☐	998878	Testing, Test	5.84	Details	☐
☐	002234	UBacchus, Amelia	27.98	Details	☐

6. Click **Details** next to each zero-dollar claim and confirm that the total is truly zero.

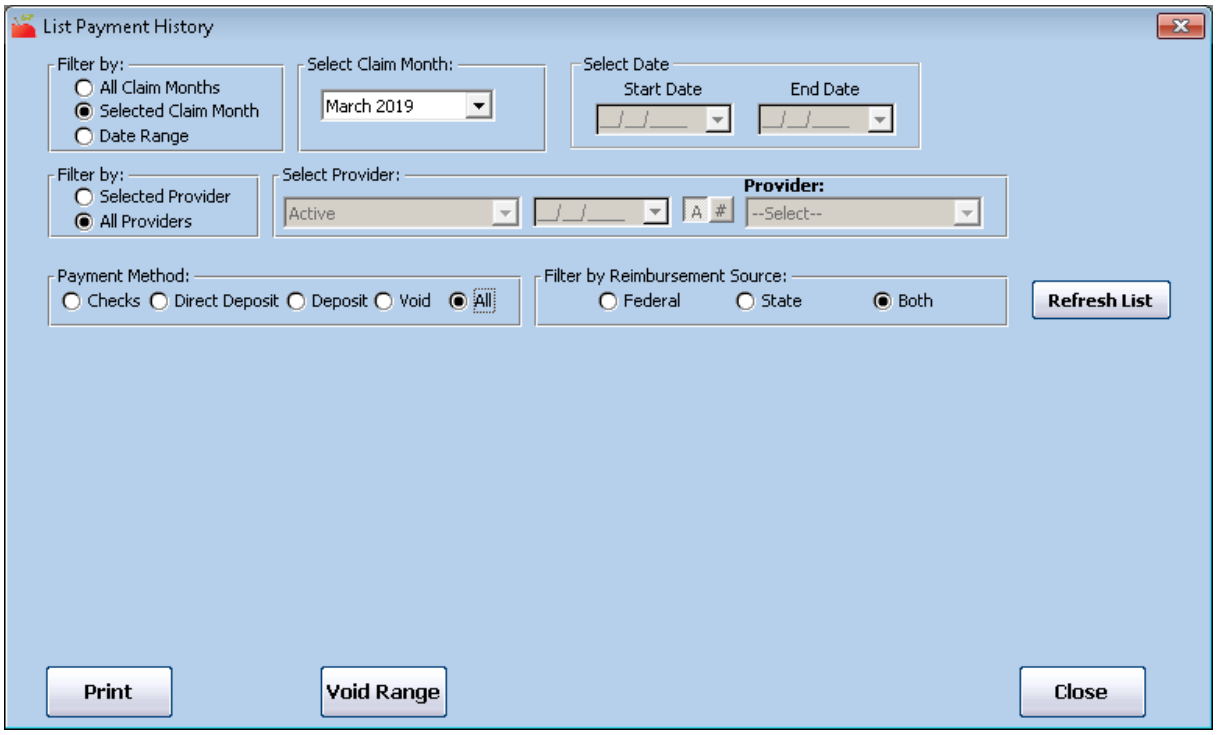
7. Click **Next**.The Print Checks window opens.
8. Click the **First Check Number** box and enter an arbitrary starting check number.
9. In the **Print Destination** section, select **Export File**.
10. Select a sort order.
11. Click **Print**. The process runs and the zero-dollar payments are now marked as Paid. The old claim month batches should not continue to show in the Issue Payments window going forward.

View Payment History

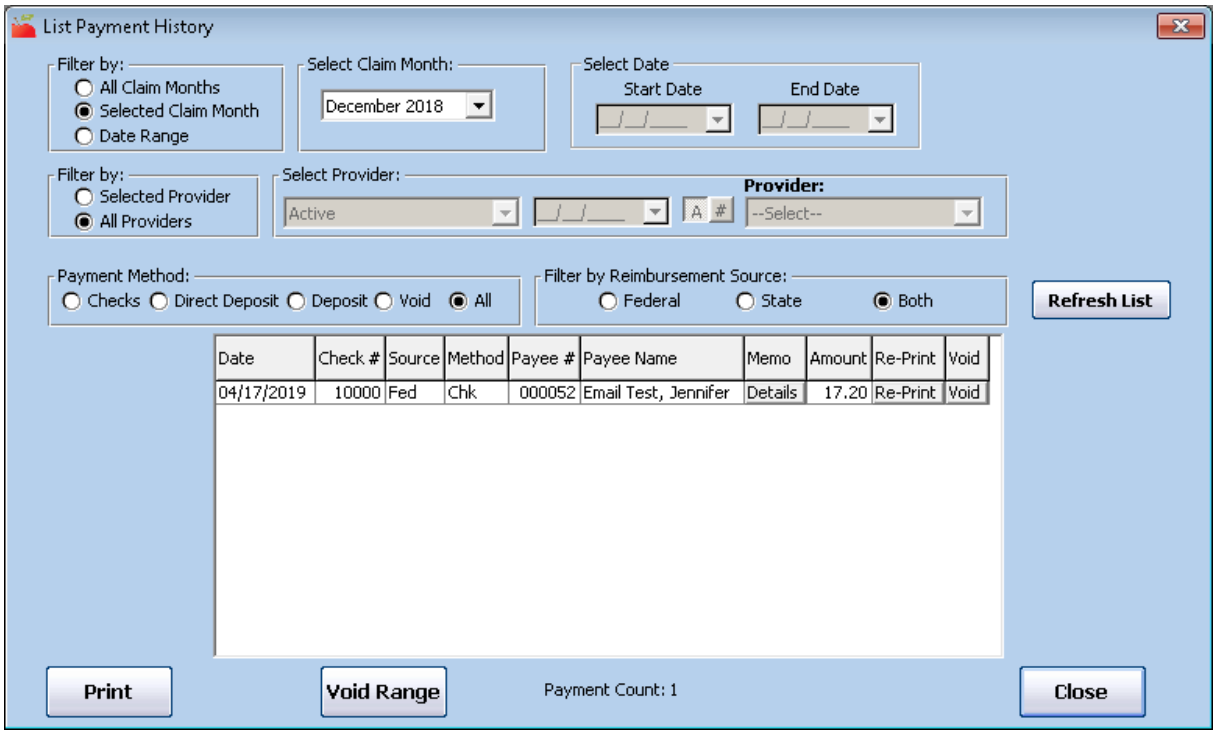
Last Modified on 04/16/2019 3:00 pm CDT

You can use the View Payment History function to review payments you have made.

1. Click the **Checkbook** menu and select **List Payment History**.The List Payment History window opens.



2. Filter to the information you need to view.
    - **Filter By Period:** Select **All Claim Months**, **Selected Claim Months**, or **Date Range**. If you choose All Claim Months, you are forced to filter by a specific provider. Also, since payment transactions can possibly include payment for claims from different months, the payments you review when filtering by a specific claim month may include money for other claim months.
    - **Filter by Provider:** Select **All Providers** or **Selected Provider**. If you choose **Selected Provider**, click the **Provider** drop-down menu and select the provider to view.
    - **Payment Method:** Select **Checks**, **Direct Deposit**, **Deposit** (money received from providers), **Void**, or **All**.
    - **Reimbursement Source:** If your state offers additional reimbursement funds over and beyond the level provided federally by the CACFP and you split your State and Federal provider payments, select the appropriate source here. This option only displays if your state offers supplemental funds and you pay providers separate checks for state and federal funds.
3. Click **Refresh List**. Payments matching the filters you set display.



4. Click **Details** in the **Memo** column for a payment to view more information about it. The claim moth, Tier 1 and 2 meal counts, and any non-claim payment adjustments display. This information is identical to the information printed check stubs/direct deposit vouchers.
5. Click **Print** to print the Check Register report.

[VIDEO] About eForms

Last Modified on 08/06/2020 10:27 am CDT

eForms is an all-in one enrollment process for the food program that eliminates paper forms for homes and your back-office. With this feature, you can send enrollment invitations directly to parents, track enrollment status, and approve and renew child enrollment with a single click.

Click here for more information about the eForms feature and to sign up for an informational webinar about how it can save your agency time and increase food program reimbursements!

Getting Started Checklist

Click here to print a useful checklist for getting started with eForms. Follow along with the steps, and check each item off as you complete it.

eForms Process Overview

Log in to **app.kidkare.com** with the same user credentials you use to access Minute Menu HX.

1. **Add a Signature to KidKare:** Each form you approve and renew through eForms requires your signature. Before yo approve and renew forms, add your signature to KidKare.
2. **Enable Providers:** Give providers access to the eForms center. Providers remain enabled until you disable them.
3. **Send Invitations:** Send invitations to parents/providers to update child enrollment forms. Use filters to select the providers/children to which to send invitations. Parents with an email address on file automatically receive an email that invites them to update child enrollment and/or income eligibility information online.
4. **Providers:** Providers can view a list of all sent invitations, which allows them to follow-up with parents, have parents update enrollments online using a device at the home, cancel invitations (if needed), or even fill out paper forms (providers can then mark the form as completed on-site).
5. **View Status:** You can see how many new enrollment forms and/or income eligibility forms have been completed, started (but not finished), canceled, and so on. The eForms feature provides an overview of all statuses across all providers who use the eForms feature.
6. **Renew:** Once the enrollments are complete, review them by comparing the old forms to the new forms. You can also view parent signatures. Once you've reviewed the data, update the information in Minute Menu HX with the click of a button.

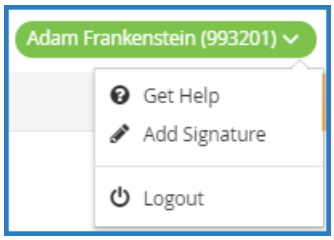
Add a Signature for eForms

Last Modified on 07/13/2020 1:36 pm CDT

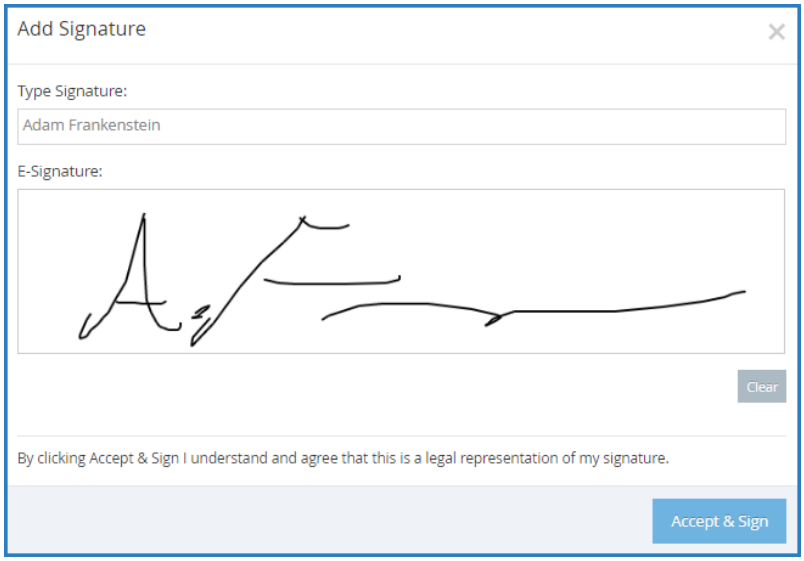
Each form you approve and renew through eForms requires your signature. Before you approve and renew forms, add your signature to KidKare in the Add Signature popup.

To do so:

1. Log in to **app.kidkare.com**. Use the same credentials you use to log in to Minute Menu HX.
2. Click **Welcome** in the top-right corner, and select **Add Signature**.



3. Click the **Type Signature** box and type your name.
4. Using your mouse, finger, or stylus, sign the **E-Signature** box.



5. Click **Accept & Sign**.

[VIDEO] Update eForms Settings in KidKare

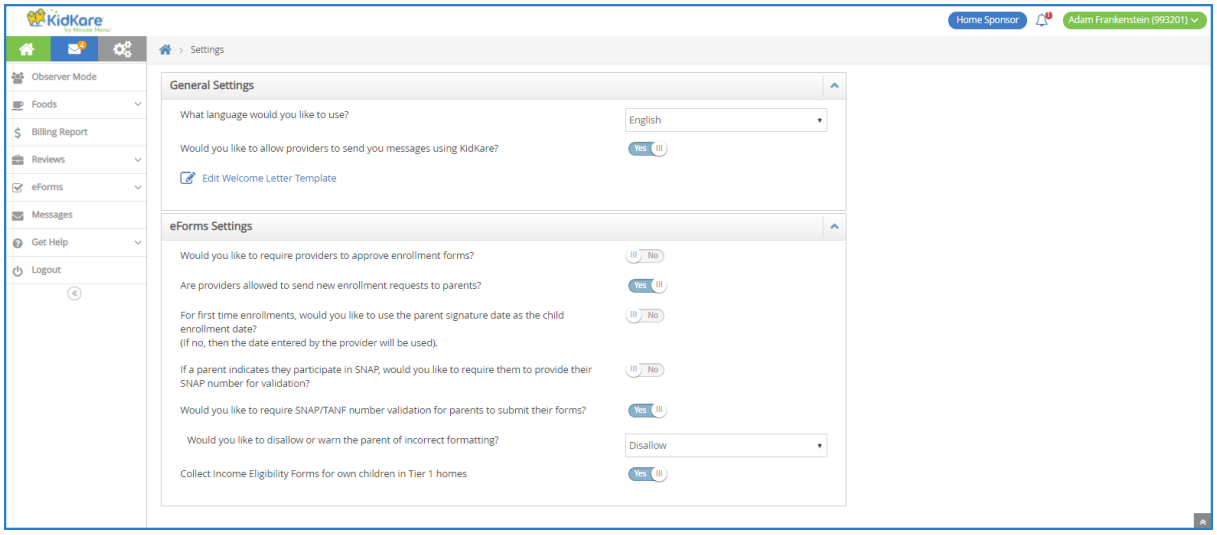
Last Modified on 10/14/2021 7:30 am CDT

There are four settings for eForms you can adjust in KidKare:

- **Allow providers to send new enrollment requests to parents:** Enable this option to allow your providers to send new enrollment invitations to parents. You must still approve/renew forms received.
- **Require providers to approve enrollment forms:** Enable this option to require providers to review and approve enrollment forms before they are sent to you for final approval/renewal. This allows providers to catch any form errors and send forms back to parents for revision. Even with this option enabled, you can also send forms back for revision, if needed.
- **Require SNAP/TANF number validation:** Enable this option to allow KidKare to check whether the SNAP/TANF number a parent entered is valid per state requirements. If a parent enters an incorrectly formatted number for their state, a warning message displays and they are unable to proceed until providing a correctly formatted number. This setting is set to No by default.
- **Collect income eligibility forms for own children in tier 1 homes:** Federal regulations stipulate that providers who claim their own children in a Tier 1 home must complete an income eligibility form. Enable this option to require your Tier 1 providers to provide income information for their own children. This setting is set to No by default.

To enable or disable these settings:

1. Log in to KidKare at **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. Click  . The Settings Page opens.
3. In the **eForms Settings** section, click  next to each option to enable/disable:
    - Would you like to require providers to approve enrollment forms?
    - Are providers allowed to send new enrollment requests to parents?
    - For first time enrollments, would you like to use the parent signature date as the child enrollment date?
    - If a parent indicates they participate in SNAP, would you like to require them to provide their SNAP number for validation?
    - Would you like to require SNAP/TANF number validation for parents to submit their forms.
        - Would you like to disallow or warn the parent of incorrect formatting?
    - Collect income eligibility forms for own children in Tier one homes.
4. Your changes are saved automatically.


KidKare
Home Sponsor
Adam Frankenstein (993201)
Settings
Observer Mode
Foods
Billing Report
Reviews
eForms
Messages
Get Help
Logout
General Settings
What language would you like to use?
English
Would you like to allow providers to send you messages using KidKare?
Yes
Edit Welcome Letter Template
eForms Settings
Would you like to require providers to approve enrollment forms?
No
Are providers allowed to send new enrollment requests to parents?
Yes
For first time enrollments, would you like to use the parent signature date as the child enrollment date?
(if no, then the date entered by the provider will be used).
No
If a parent indicates they participate in SNAP, would you like to require them to provide their SNAP number for validation?
No
Would you like to require SNAP/TANF number validation for parents to submit their forms?
Yes
Would you like to disallow or warn the parent of incorrect formatting?
Disallow
Collect Income Eligibility Forms for own children in Tier 1 homes
Yes

Enable SNAP/TANF Validation for eForms

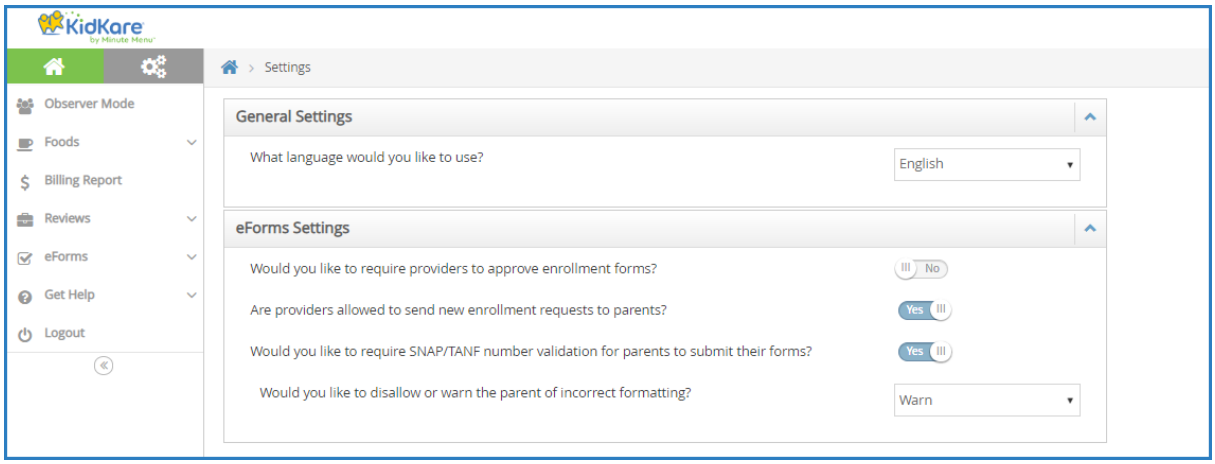
Last Modified on 07/13/2020 1:40 pm CDT

You can require that SNAP/TANF numbers be validated before parents can submit their forms. Validation ensures that the parent provided a correctly-formatted SNAP/TANF number when completing income eligibility information.

When you enable this feature, you can also specify whether the parent is warned and able to submit their forms or whether parents cannot continue completing their forms until the number is formatted correctly.

To do so:

1. Log in to **app.kidkare.com**. Use the same credentials you use to log in to Minute Menu CX.
2. Click  . The Settings page opens.
3. In the **eForms Settings** section, click  next to **Would you like to require SNAP/TANF number validation for parents to submit their forms?** This enables SNAP/TANF validation.



4. Next, specify what to do when a parent inputs an invalid SNAP/TANF number:
    - **Warn:** The parent will receive a message advising them that the provided SNAP/TANF number is invalid, but they will be able to complete and submit the form.
    - **Disallow:** The parent will receive a message advising them that the provided SNAP/TANF number is invalid, and they will be unable to complete and submit the form until they correct it.

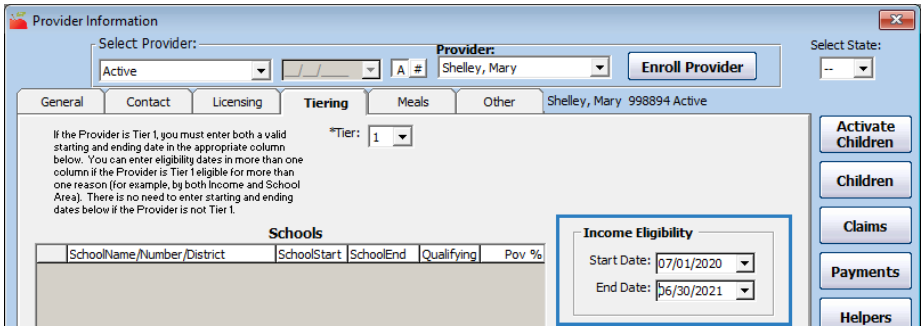
Collect Income Eligibility Forms for Provider's Own Children

Last Modified on 07/13/2020 1:50 pm CDT

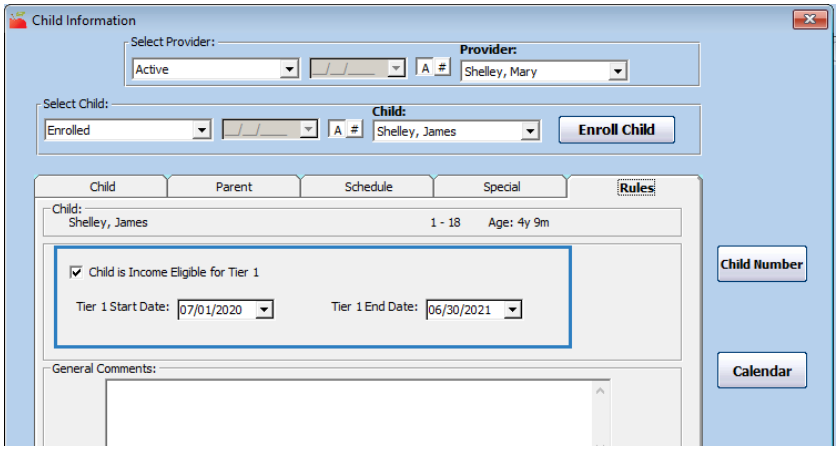
Federal regulations stipulate that providers who claim their own children in a Tier 1 home must complete an income eligibility form. You can collect this information from providers via eForms in KidKare. To do so, set the **Collect Income Eligibility Forms for own Children in Tier 1 Homes** slider on the **Settings** page to **Yes**. For more information, see **Update eForms Settings in KidKare**.

There are two ways to track a provider's income eligibility to claim their own children:

- **At the Provider Level:** This refers to the dates set in the **Income Eligibility Start Date** and **End Date** boxes in the **Provider Information Tiering** tab.



- **At the Child Level:** This refers to the dates set in the **Tier 1 Start Date** and **Tier 1 End Date** boxes in the **Child Information Rules** tab.



If you decide to track income eligibility for providers' own children with eForms, you will be tracking at the child level. In this case, you may also need to adjust **preference K.004** in Minute Menu HX for claims to process correctly.

1. Click the **Administration** menu and select **Sponsor Preferences**. The Sponsor Preferences window opens.
2. Use the **Select the Category to Move To** drop-down menu and select Child Info.
3. Check **preference K.004**. If this preference is already set to **Disallow**, you do not need to make additional changes at this time. If it is not, we recommend making one of the changes below:
    - **Set the preference to Disallow.** Then, enter all income start and end dates listed in the Provider Information Tiering tab in the Tier 1 Start Date and Tier 1 End Date boxes in the Child Information

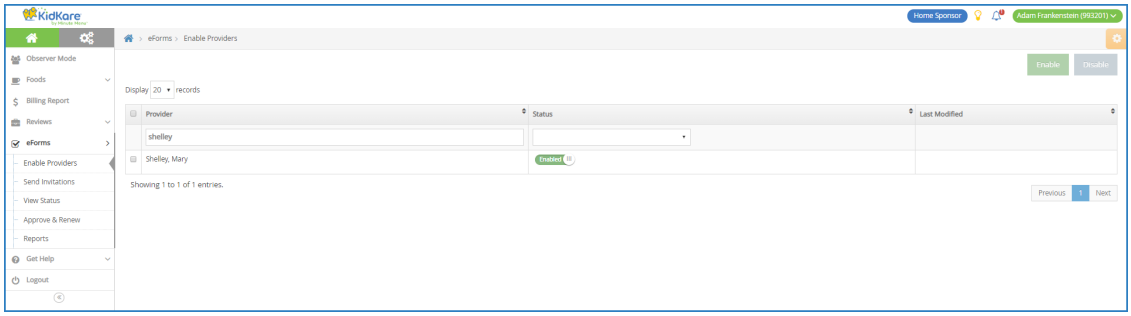
Rules tab.

- **Set the preference to Ignore**. When income eligibility forms are approved in eForms, you can also update the provider income dates in HX at the same time. This will allow you to continue tracking a provider's income eligibility to claim their own children at the provider level.
- **Leave the preference set to Ignore, for now.** Manually update the provider's income eligibility dates, as stated above. Then, once you collect the first set of income dates at the child level from eForms, set this preference to **Disallow**.

[VIDEO] Enable Providers for eForms

Last Modified on 08/06/2020 10:55 am CDT

1. Log in to **app.kidkare.com** using the same ID and password you use to access Minute Menu HX.
2. From the menu to the left, click **eForms**.
3. Click **Enable Providers**.
4. Use the Provider and Status boxes to filter the listed providers.
5. Click  in the **Status** column to enable or disable eForms status for the listed provider. Changes are saved automatically. You can also check the box next to each provider to enable/disable, and then click **Enable** or **Disable** at the top of the page.



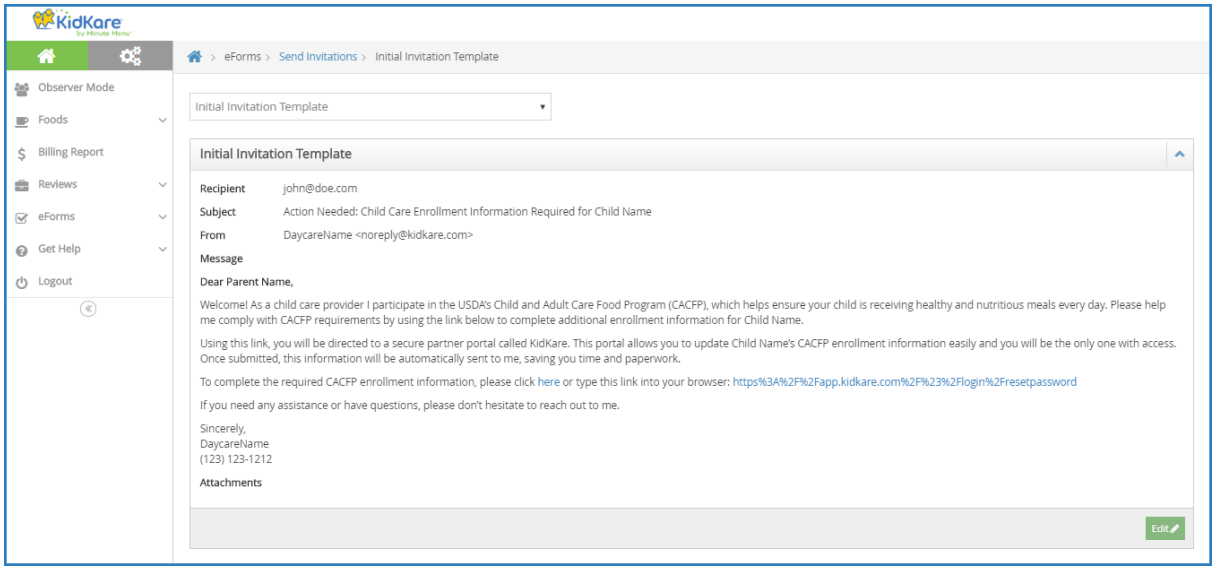
Note: If you have set **preference M.007** to **Y** in HX, ensure that the providers you are enabling for eForms are able to enroll children online in KidKare. Go to the **Provider Information Other tab**, clear the **Prevent New Enrollment in KIDS** box (if it is checked), and click **Save**. Providers must log out and log back into KidKare before this change takes effect.

Customize eForms Email Templates

Last Modified on 07/13/2020 1:51 pm CDT

Customize the emails parent/guardians receive when you send enrollment invitations, send forms back for revision, and approve enrollments. You can also customize the Thank You email sent when the parent submits their information.

1. Log in to **app.kidkare.com**. Use the same credentials you use to log in to Minute Menu HX.
2. From the menu to the left, click **eForms**.
3. Click **Send Invitations**. The Send Invitations page opens.
4. Click **Edit Email**. The Initial Invitation Template page opens by default.
5. Click the drop-down menu at the top of the page and select the template to edit. For example, select **Thank You for Your Submission Template** to edit the automated email parents/guardians receive upon form submission.



6. Click **Edit** in the bottom-right corner. The Rich Text Editor (RTE) opens. You can edit the **Subject**, **From**, and **Message** fields.
7. Use the toolbar to format your message text.

   - **H1 - H6:** Create headings. The largest heading is H1. The headings become progressively smaller from there.
   - **P:** Designate text as Paragraph text. This should be the main body of your message.
   - **Pre:** Create pre-formatted text for copying and pasting.
   - **":** Create a block quote.
   - **B:** Bold text.
   - ***I*:** Italicize text.
   - **U:** Underline text.
   - ~~**S:**~~ Strikethrough text.

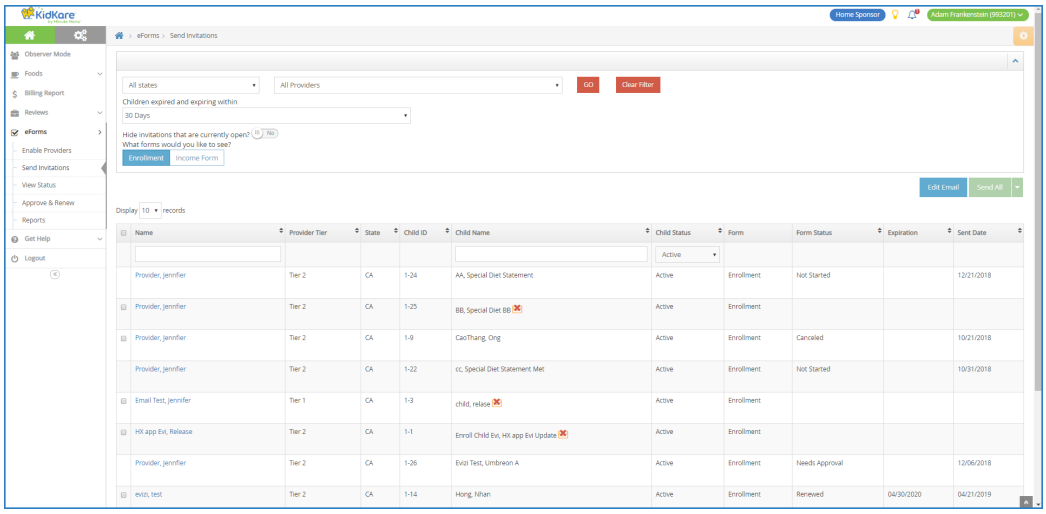
- **•/123:** Create bullted or numbered lists.
- **Undo/Redo:** Click the arrows to undo changes and re-do changes.
- **Alignment Options:** Left-align, center, right-align, or justify text.
- **Indentation:** Indent a line or remove an indentation.
- **:** Switch to HTML mode and use HTML to format instead of the RTE.
- **Images:** Click the picture icon to embed an image.
- **Link:** Click the link icon to add a hyperlink.
- **Video:** Click the play button to embed a video.

8. **Variables** you can use are listed at the bottom of the editor. To use this variables, click in the message and type the variable exactly as it appears. These will populate user-specific information in the message when it is sent. For example, #ParentName# will display as John Smith if this email is sent to John Smith.
9. Click **Add Attachment** to add an attachment to this message.
10. When finished, click **Save**.

[VIDEO] Send Invitations

Last Modified on 08/06/2020 10:57 am CDT

1. Log in to **app.kidkare.com** using the same credentials you use to access Minute Menu HX.
2. From the menu to the left, click **eForms**.
3. Click **Send Invitations**.
4. Set filters for the providers/children to include.
    a. Click the **State** drop-down menu and select the state(s) to view. This option is only available if you are set up for multiple states.
    b. Click the **Providers** drop-down menu and select the specific center(s) to view.
    c. Click the **Children Expired and Expiring Within** drop-down menu and select 30 Days, 60 Days, 90 Days, or Custom Date. If you select Custom Date, set a date range in the **From/To** boxes.
    d. Click  next to **Hide Invitations That Are Currently Open** to hide open invitations. This is set to No by default.
    e. In the **What Forms Would You Like to See** section, click elect Enrollment, Income Form, or both.
    f. Click Go.
5. Check the box next to the child/provider to which to send an invitation. You can also check the box at the top of the column to select all displayed records.



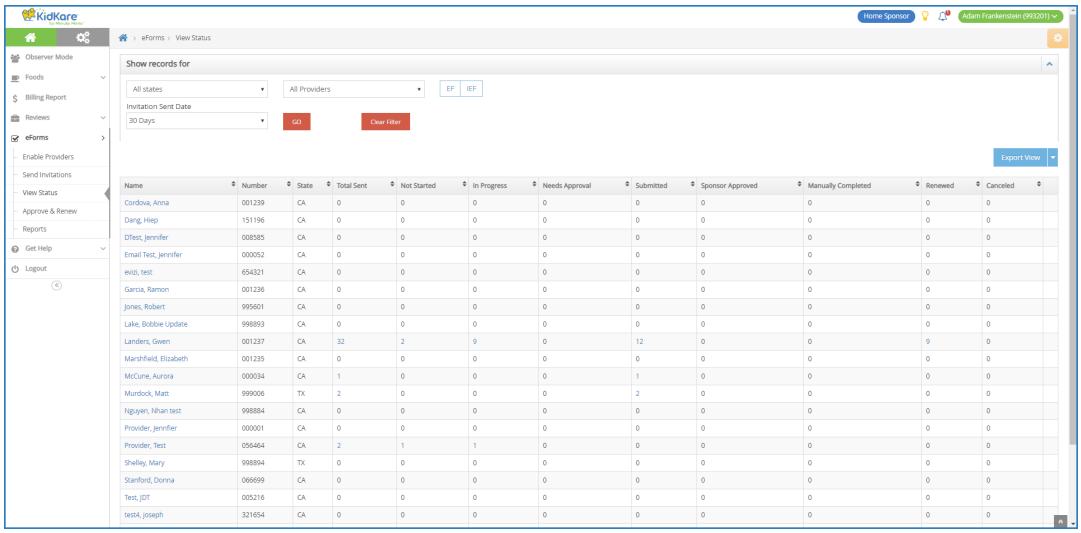
6. Click  and select All, EF, or IEF. Parents with an email address are emailed directly.  displays next to children for whom there is no email address on file.

View Invitation Status

Last Modified on 05/12/2022 1:25 pm CDT

The View Status page provides an overview of your providers' invitation statuses. You can see how many invitations have been sent, how many are complete, and so on.

1. Log in to **app.kidkare.com** using the same ID and password you use to access Minute Menu HX.
2. From the menu to the left, click **eForms**.
3. Click **View Status**.



4. Set filters for the information to view.
    a. Click the **State** drop-down menu and select the state(s) to view. This option is only available if you are set up for multiple states.
    b. Click the **Providers** drop-down menu and select the specific provider(s) to view.
    c. Select **EF**, **IEF**, or both.
    d. Click the **Invitation Sent Date** drop-down menu and select 30 Days, 60 Days, 90 Days, or Custom Date. If you select Custom Date, set a date range in the **From/To** boxes.
    e. Click **Go**.
5. Click each column to sort information in ascending or descending order.
6. Click a provider name to view that provider in Observer Mode.
7. Click  next to **Export**, and select **View** or **All** to export eForms status information.
    - **Export View:** This exports the information displayed on the View Status page.
    - **Export All:** This exports complete invitation status details.

Customizing the View Status Page

Click **Filters** in the top-right corner to choose which columns to display. You can also filter by access to the eForms feature. Possible columns include:

- Name

- Number
- State
- Total Sent
- Not Started
- In Progress
- Needs Approval
- Submitted
- Sponsor Approved
- Manually Completed
- Renewed
- Canceled

Invitation Statuses

Status	Definition
Not Started	The parents have not started filling out the form yet.
In Progress	The parents have started filling out the form, but have not yet finished.
Needs Approval	The form needs to be approved (by you or the provider).
Submitted	The parent or provider has submitted the form to you.
Sponsor Approved	You have approved the forms.
Manually Completed	The parent completed a **paper** form.
Renewed	You have updated the system with the new date.
Canceled	The invitation was canceled.

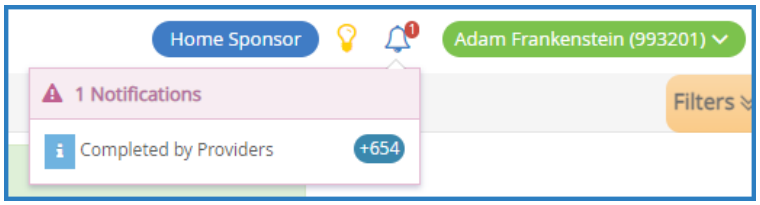
[VIDEO] Approve and Renew eForms

Last Modified on 05/12/2022 1:26 pm CDT

Enrollment information is not updated in Minute Menu HX until you approve and renew enrollments on the Approve & Renew page. This allows you to control when HX is updated. However, remember that children updated with a future enrollment date may be disallowed from the current claim.

In most cases, it is better to wait until the current claim is processed before renewing enrollments in HX. For example, if your new enrollment start date is 10/1, you should wait until the September claim is processed before renewing enrollments in HX.

When you have forms ready to review, a notification displays in the top-right corner of the page over the bell icon. The example below shows a notification the provider has approved and submitted forms for you to approve and renew.



You can approve and renew forms at the same time, or you can approve and renew the forms as two completely separate steps. Each step is described below:

- **Approve:** Review forms and check for errors. For example, check numbers for categorically eligible forms, verify parent signatures, review changes, compare last year's information with the updated information, and so on.
- **Renew:** Once you approve the forms, renew them. This updates the data in Minute Menu HX. Remember to keep timing in mind for this step.
- **Approve and Renew:** Approve and renew forms in one step.

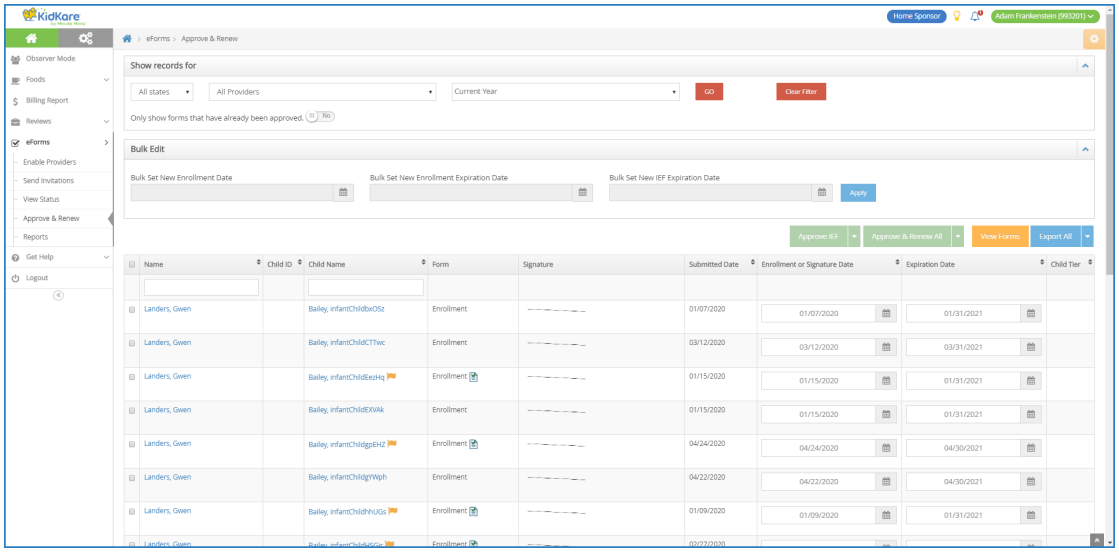
Before Renewing Forms

Before you renew forms and update data in HX:

- Review and approve forms.
- Verify that the new dates will not cause disallowances on the current claim.
- Verify that you have added your signature to KidKare. For more information, see **Add a Signature for eForms**.

Approving and Renewing Forms

1. Log in to **app.kidkare.com** using the same credentials you use to access Minute Menu HX.
2. From the menu to the left, click **eForms**.
3. Click **Approve & Renew**. The Approve & Renew page opens.



4. In the Show Records For section, set filters, as needed.
    a. Click the **State** drop-down menu and select the state(s) to view. This option is only available if you are set up for multiple states.
    b. Click the **Centers** drop-down menu and select the specific center(s) to view.
    c. Click the **Date** drop-down menu and select 30 Days, 60 Days, 90 Days, Current Year, or Previous Year.
    d. Click  next to **Only Show Forms That Have Already Been Approved** to filter to only those forms that have already been approved.
    e. Click Go.

    > **Note:** You can also click **Filters** in the top-right corner to set additional filters and sorts, as well as to specify which columns display on the page.

5. Check the box next to the record(s) to update.

    > **Note:** Click **View Forms** to view the forms you are approving/renewing.

6. Do one of the following:
    - **Bulk Edit:** In the Bulk Edit section, set new dates in the Bulk Set New Enrollment Date, Bulk Set New Enrollment Expiration Date, and Bulk Set New IEF Expiration Date boxes. Click **Apply**. Click **Approve** or **Approve & Renew**.
    - **Accept Parent Signature Dates:** Click **Approve** or **Approve & Renew**.

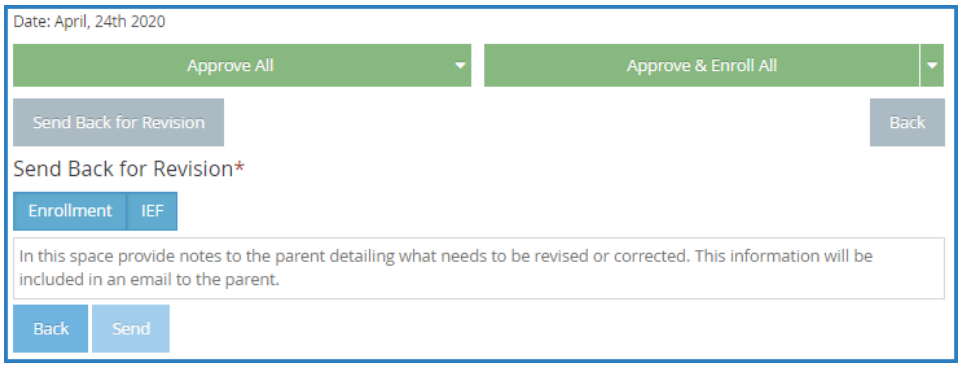
> **Notes:** If you do not have a signature set up in KidKare, you are prompted to add one once you click

Approve/Approve & Renew. You can also click a child's name to view their record and edit information, as needed. When finished, click **Approve** or **Approve & Renew**.

Sending Forms Back for Revision

If a form requires revision, you can send it back to the parent for changes. To do so:

1. On the Approve & Renew page, locate the appropriate child.
2. Click the child's name. The Child Information page opens.
3. Click **Send Back for Revision**.



4. Select the form(s) to send back (EF, IEF, or both).
5. Click the text box and enter notes for the parent. This information is included in the email sent to the parent.
6. Click **Send**.

Exporting Approval Information

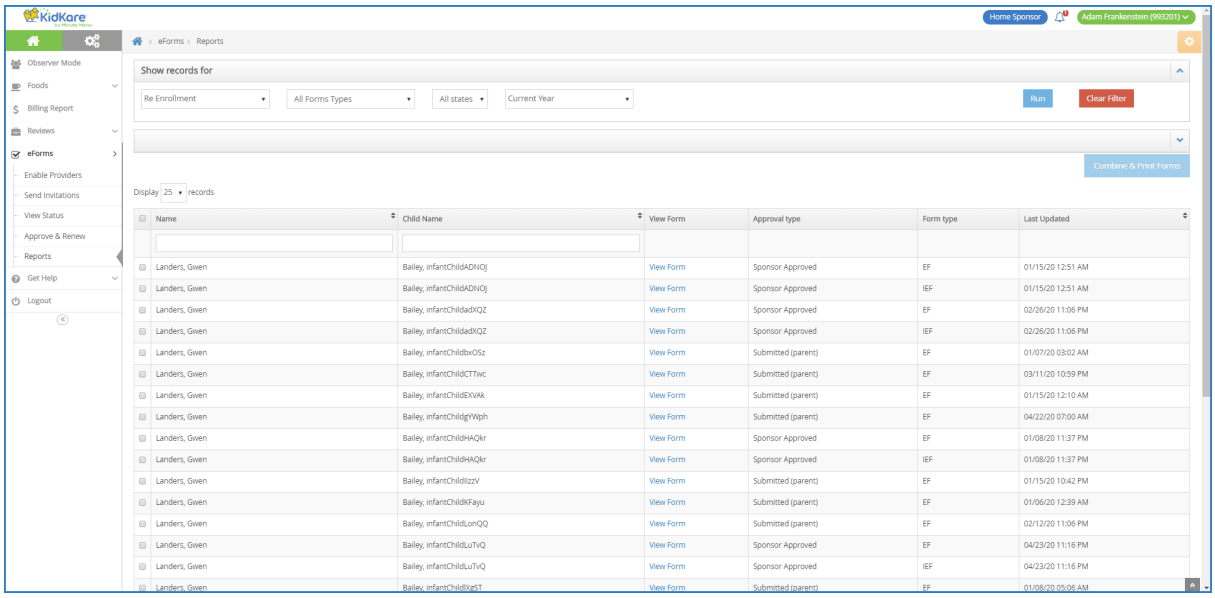
1. Click next to Export and View or All to export approval information.
    - **Export View:** This exports the information displayed on the Approve & Renew page.
    - **Export All:** This exports complete approval data.

Print Completed eForms

Last Modified on 07/13/2020 2:01 pm CDT

Completed eForms are stored within KidKare. You can retrieve and print these forms, as needed.

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. From the menu to the left, click **eForms**.
3. Click **Reports**. The Reports page opens.



Note: You can also access this page from the Approve & Renew page. To do so, click **View Reports**.

4. In the **Show Records For** section, set filters for the forms to view.
    a. Select **Enrollment** or **Re Enrollment**.
    b. Select the form type. You can choose from **EF**, **IEF**, or **All Form Types**.
    c. Select the provider(s) to view. You can select as many providers, as needed, or you can select **All Providers**.
    d. Select the date range to view. You can select **Current Year**, **Previous Year**, or **Custom Date**. If you select **Custom Date**, use the **From/To** boxes to set a date range.
5. Click **Run**. Reports meeting the limits you set display.
6. To download an individual form, click **View Form**. A PDF downloads. You can then print this PDF, as needed.
7. To print multiple forms at once:
    a. Check the box next to each form to print.
    b. Click **Combine & Print Forms**. The forms you selected download.

[VIDEO] Provider Training & Resources

Last Modified on 11/17/2020 11:20 am CST

Video Training for Providers

Watch the video below to learn more about the provider side of eForms. Your providers can also view this video on the KidKare Knowledge base **here**.

Start-Up Guide & Checklist for Providers

Click here to download a printable start-up guide for eForms, and click **here** to download a printable checklist for providers. You can then email this guide to your providers to prepare them to use the eForms feature. You can also share the above video with your providers.

Instruction Sheet for Parents

Click here to download and print an instruction sheet for parents. This guide helps parents start the enrollment process for their child. Providers can print this sheet and post it on a wall/door, or hand it out to parents.

help.kidkare.com

Providers can also access the eForms help pages on **help.kidkare.com** and review the following articles and videos:

- **Enroll New Children with eForms**
- **Work with eForms**
- **Completing eForms Onsite**
- **eForms Reports**

Enroll Children

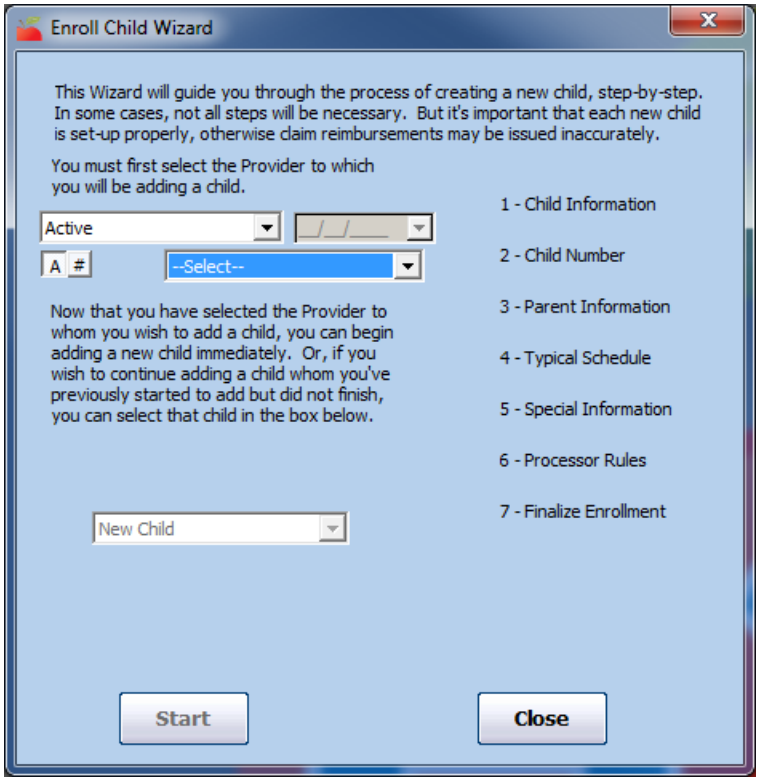
Last Modified on 07/13/2020 2:06 pm CDT

You can enroll children with the Enroll Child Wizard. This wizard walks you through the process of adding a child. It also checks some of the data you enter to ensure that it is logically correct. For example, it ensures that the child's start date is before the end date. However, keep in mind that it does not check for typos, so you should double-check the information you enter. The information you enter in the Enroll Child Wizard will be used to check the provider's claim and calculate monthly reimbursement for meals served to this child.

Required boxes are marked with asterisks (*). However, we recommend you enter as much information for children as possible. This ensures that claim reimbursements are accurate and provides data for the various reports available in Minute Menu HX.

Note: If you leave the Enroll Child Wizard before completing a child's enrollment, you can access their enrollment again. To do so, return to the Enroll Child Wizard, select the Provider, and then select the child enrollment to continue.

1. Click the **Providers** menu and select **Enroll New Child Wizard**. The Enroll Child Wizard opens.



2. Click the Provider drop-down menu and select the provider for whom to add a child.
3. Click **Start**.
4. In the Child tab:
    a. Click the **First Name**, **Middle Initial**, and **Last Name** boxes and enter the name of the child as you would like it to display on reports.

> **Note:** If you are enrolling a child and you only know their name, check the **Missing Child Info Enrolling for Direct Entry** box, and click **Close For Now** once you finish entering the child's basic information. You can then record Direct Entry attendance information for this child, if needed. If you have more than just the child's name, enter as much information as you can and just do not fully activate the child when you finish the enrollment process. See **Step 14**, below.

b. Click the **Date of Birth** box and enter the child's date of birth. This date determines how the child is credited. The child's age is automatically calculated when you enter the birth date.
c. Click the **Address**, **City**, **State**, and **Zip Code** boxes and enter the child's address. Make sure this information is accurate (for reporting purposes).

> **Note:** Click **Use Siblings Address** if you have already enrolled this child's sibling in this provider's home. You can then select a child from which to copy an address. If you select a sibling, the parent/guardian information for that sibling is automatically copied to the Parent tab in the new record.

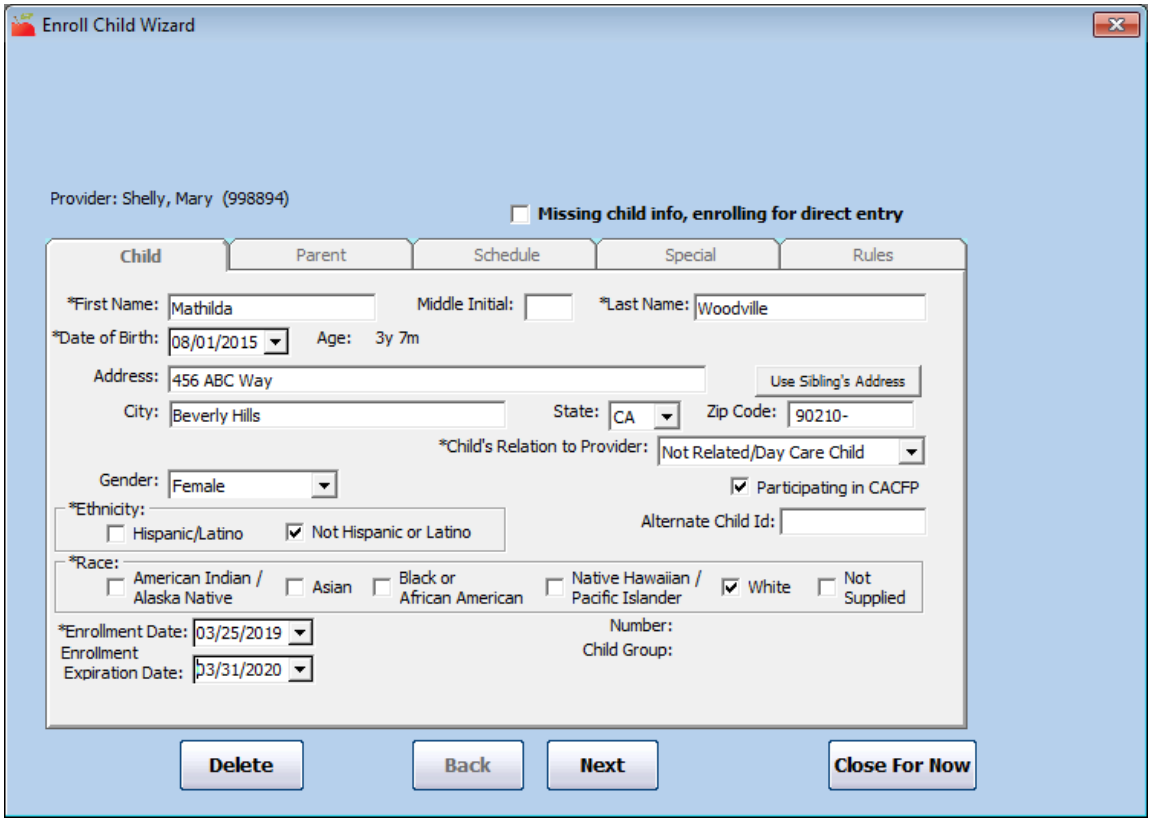
d. Click the **SSN** box and enter the child's social security number, if applicable. Note that this box may not display according to your preferences.
e. Click the **Child's Relation to Provider** drop-down menu and select the child's relation to the provider. You can choose from Helpers Child, Not Related/Day Care Child, Own Child, Provider's Foster Child, or Related Non-Resident. Most children should be Non-Related/Day Care Child.

> **Notes:** The Provider's Foster Child option only applies to the provider's own foster child. If the child is a foster child, you must also enter an effective Foster Tier 1 Date Range in the Rules tab. If the child is the provider's ow n child, the system will only pay for the child if the provider is Tier 1 by Income.

f. Click the **Gender** drop-down menu and select the child's sex. Note that this box may not display according to your preferences.
g. In the **Ethnicity** and **Race** sections, check the box next to the appropriate option. You can select multiple options in the Race section.
h. Click the **Enrollment Date** box and the **Enrollment Expiration Date** boxes and enter the child's beginning date of enrollment and enrollment expiration date.
    - The **Enrollment Date** is the first date on which the provider will be credited for claiming the child. If the provider marks the child in attendance before this date, the child is disallowed and an error message is generated when the claim is processed.
    - The **Enrollment Expiration Date** is typically one (1) year after the date entered in the Enrollment Date box. You can set this box to the same date for all children, if needed. Depending on your preferences, if a child is claimed after this date is passed, they will be disallowed from the

claim.

i. The **Participating in CACFP** box is checked by default. You can clear it if you should never issue reimbursements for this child, but you still need to track these children for capacity or to assist providers in computing the IRS standard meal deduction.



5. Click **Next**. The Parent tab opens.

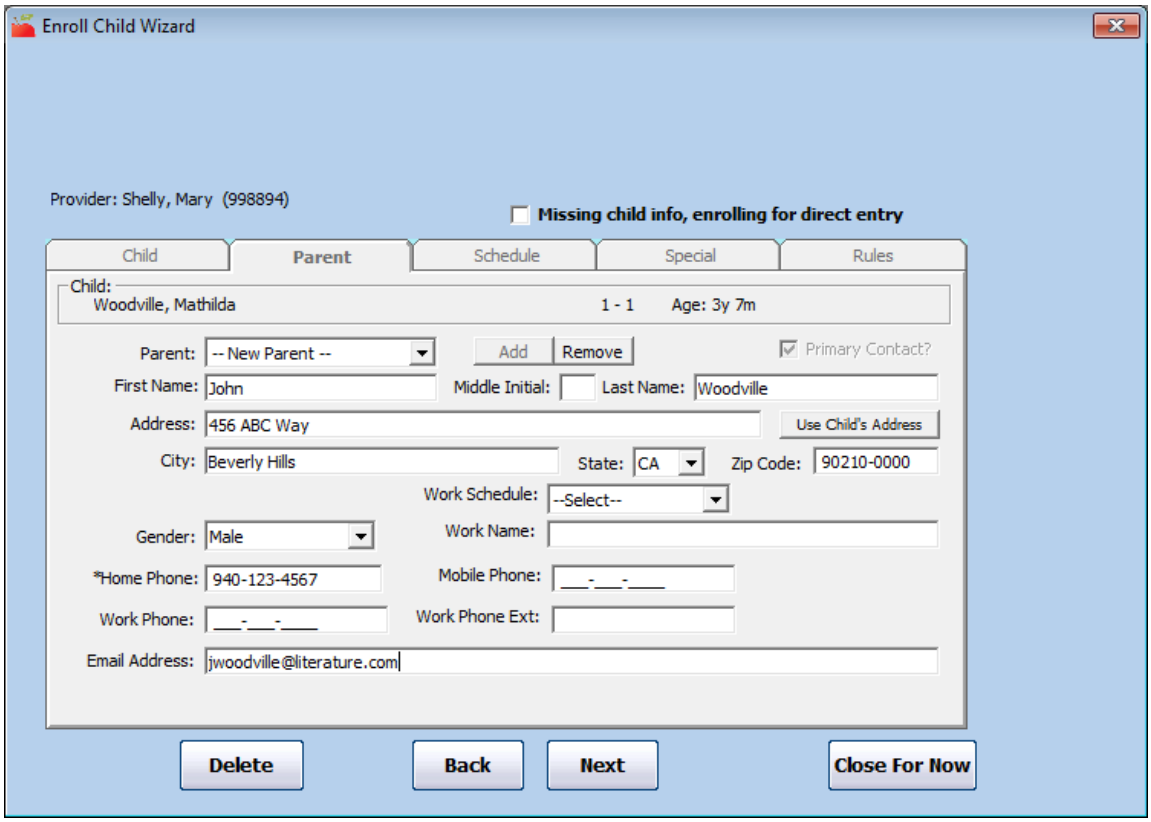
> **Note:** If you are set up for scanning or have otherwise chosen to use child numbers, the Assign Child Numbers dialog box opens. For information about assigning child numbers, see **Assign Child Numbers**. When finished, click **Next**.

6. In the Parent tab:
   a. Click **Add**.

   > **Note:** If you clicked **Use Sibling Address** in the Child tab, parent/guardian information from this child's sibling already populates this tab. You can update this information or go to **Step 7**.

   b. Click the **First Name**, **Middle Initial**, and **Last Name** boxes and enter the parent/guardian's full name.
   c. Click the **Address**, **City**, **State**, and **Zip Code** boxes and enter the parent/guardian's full address. You can also click **Use Child's Address** to copy the address you entered in the Child tab (**Step 4.c**).
   d. Click the **Gender** drop-down menu and select the parent's sex.
   e. Click the **Home Phone** box and enter the parent's primary contact number. You can also provide a cell phone number and work number, if needed.

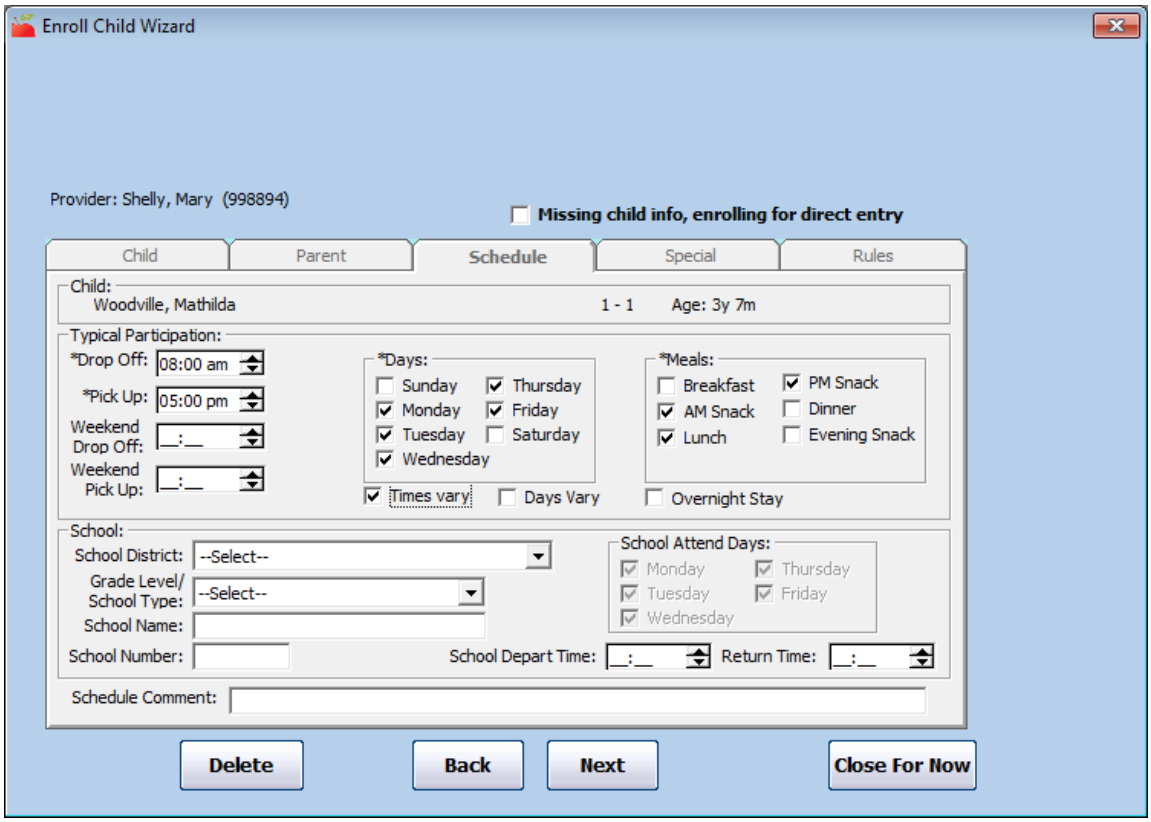
f. Click the **Email Address** box and enter the parent's email address. If you and your provider use eForms, this is the email address to which enrollment invitations are sent.



7. Click **Next**. The Schedule tab opens.
8. In the Schedule tab:
    a. In the **Typical Participating** section, click the **Drop Off** and **Pick Up** boxes and enter the child's typical drop off and pick up times. If there are no set times, check the **Times Vary** box.
    b. In the **Days** section, check the box next to each day the child is in care. If the child does not have a typical schedule, check the **Days Vary** box.
    c. In the **Meals** section, check the box next to each meal for which the child will be claimed.
    d. In the **School** section, enter the child's school information, if applicable. Note that your selections in the Grade Level/School type boxes can impact capacity computations in some states, as well as disallowances for AM Snack or Lunch.

    > **Note:** If the provider has a school district set up in their file and you do not enter school district information here, the child's school district is assumed to be the same as the provider's school district.

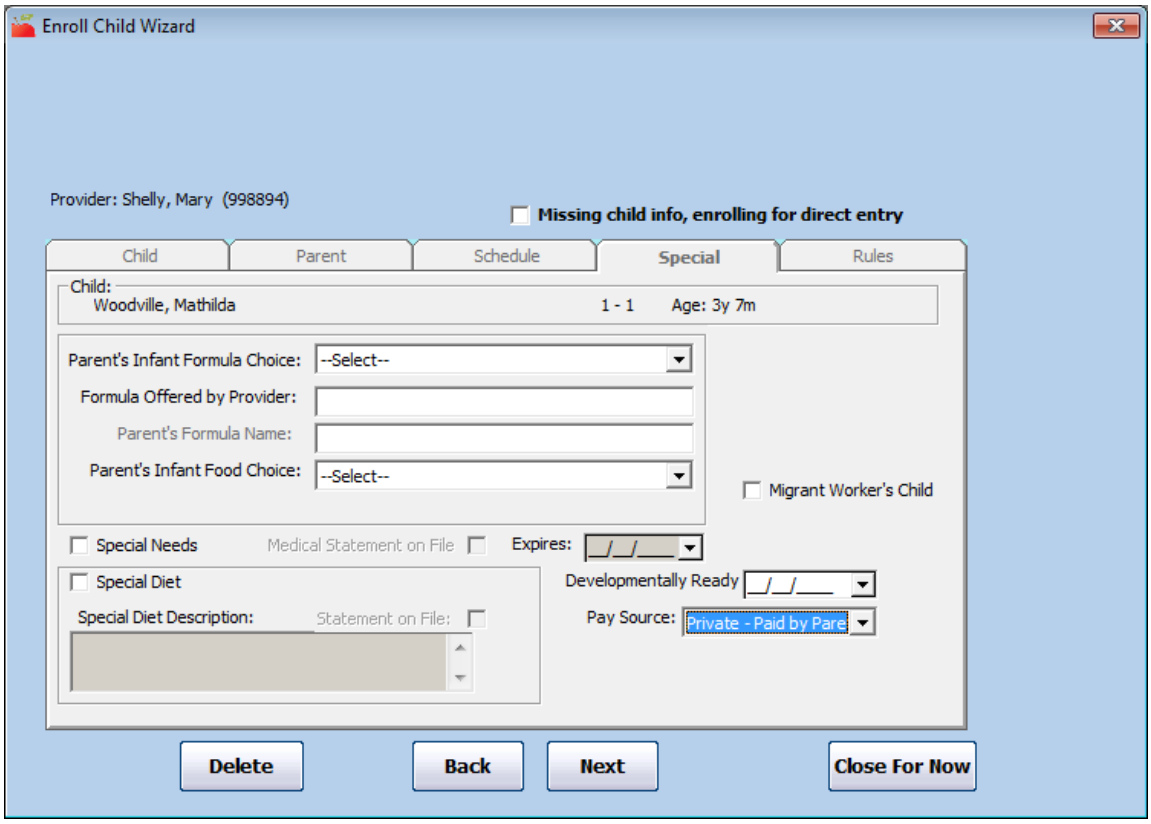
    e. If this is a school-aged child, check the box next to each day the child attends school in the **School Attend Days** section. Then, select a school depart time and return time.
    f. Click the **Schedule Comment** box and enter any comments about the child's schedule.



9. Click **Next**. The Special tab opens.
10. In the Special tab:
    a. If you are enrolling an infant, select formula and infant food options:
        - **Parent's Infant Formula Choice:** Select the formula source the parent has requested. You can select Parent Supplies Breast Milk or Formula, or you can select Parent Accepts Provider-Supplied Formula.
        - **Formula Offered by Provider:** Enter the name for the formula offered by the provider (if the provider offers formula).
        - **Parent's Formula Name:** Enter the name of the formula the parent provides (if the parent provides formula).
        - **Parent's Infant Food Choice:** Select the food source the parent has requested. You can select Provider Supplies Food, or you can select Provider Supplies Food and Refuses the Provider's Food. Note that this selection can impact a child's eligibility for reimbursement.
    b. If you are enrolling an infant and your state requires an infant formula form, check the **Infant Formula Form Received** box to indicate that you have necessary infant documentation on-file.
    c. Check the **Special Needs** box if this child should be designated special needs. You must also check the **Medical Statement on File** box and provide an expiration date. If you check this box, this child can be claimed past the age of 12.
    d. Check the **Special Diet** box if this child has a special diet. You must also check the **Special Diet Statement on File** box and enter an expiration date. You can also click the **Special Diet Description**

box and enter any details about the child's special dietary needs.

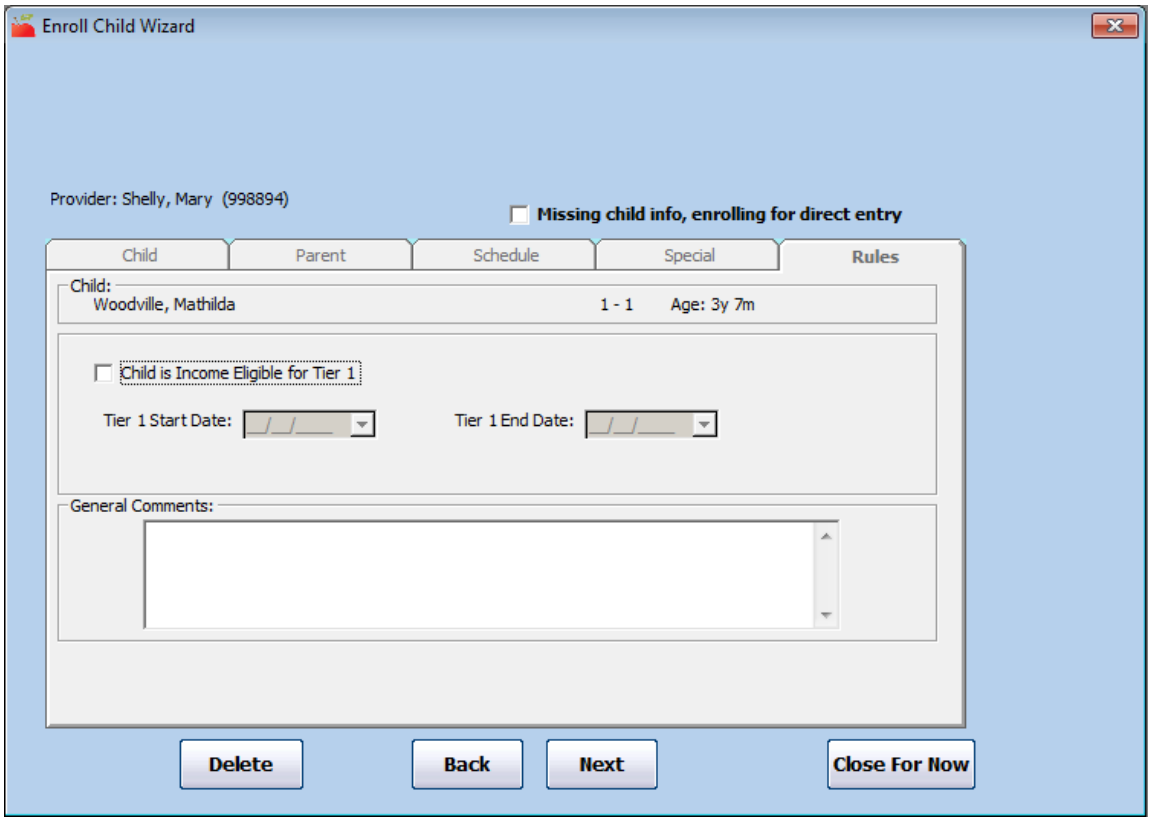
e. Click the **Pay Source** drop-down menu and select the child's pay source: **No Pay**, **Private - Paid by Parent**, or **Public - Paid by County/State**.



11. Click **Next**, the Rules tab opens.
12. In the Rules tab:
    a. Check the **Child is Income Eligible for Tier 1** box if you have documentation that shows the child is eligible for Tier 1 reimbursement. All children are treated as Tier 2 unless you specifically indicate that you have income eligibility statements on-file for Tier 1 children (unless the provider is Tier 1—children for these providers are claimed at Tier 1).

    > **Note:** If this is the provider's foster child, you must supply the foster child's contract dates here to confirm that the foster child will always be paid at Tier 1 rates, even if the provider is not Tier 1.

    b. Click the **Tier 1 Start Date** and **Tier 1 End Date** boxes and enter starting and ending dates for the child's income eligibility.
    c. Click the **General Comments** box and enter any comments about this child's tiering information.



13. Click **Next**. The Finalize Child Enrollment dialog box opens.
14. Choose from the following:
    - **Finalize and Activate:** Click this to finalize the child's enrollment and activate them in the system. You should do this only if you have the child's paperwork on-file. This includes signed enrollment and income eligibility forms, as well as any additional forms required by the State.
    - **Finalize Do Not Activate:** Click this to finalize the child's enrollment and allow providers to begin recording meals served to this child. You should do this if you do not have the child's paperwork from the provider, but you anticipate that you will receive it with the provider's next claim.
    - **Do Not Finalize:** Click this to save the child's information, not finalize enrollment. Do this if you have not received the child's paperwork from the provider, and you do not know when the provider will send it to you.

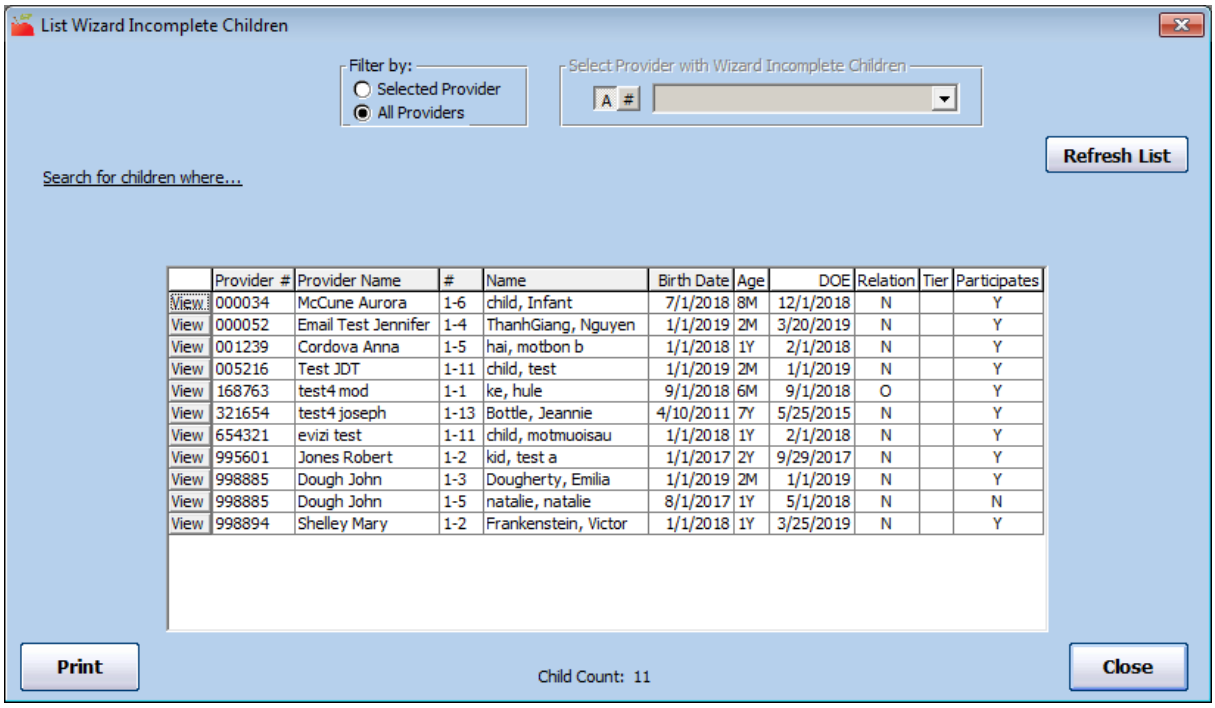
List Wizard Incomplete Children

Last Modified on 07/13/2020 2:08 pm CDT

When children are in the process of being enrolled, they are classified as Wizard Incomplete children. You may have children at this status if you click Close For Now while enrolling children. Children you have enrolled as placeholders specifically for Direct Entry are also classified as Wizard Incomplete Children.

You can only access these child records in the List Wizard Incomplete Children window. This is to prevent confusion between Pending and/or Enrolled children elsewhere in the system.

1. Click the **Providers** menu and select **List Wizard Incomplete Children**. The List Wizard Incomplete Children window opens.
2. In the **Filter By** section, select **Selected Provider** or **All Providers**. If you select All Providers, go to Step 4.
3. Click the **Provider** drop-down menu and select the provider to view.
4. Click **Refresh List**. The Wizard Incomplete children display.



	Provider #	Provider Name	#	Name	Birth Date	Age	DOE	Relation	Tier	Participates
View	000034	McCune Aurora	1-6	child, Infant	7/1/2018	8M	12/1/2018	N		Y
View	000052	Email Test Jennifer	1-4	ThanhGiang, Nguyen	1/1/2019	2M	3/20/2019	N		Y
View	001239	Cordova Anna	1-5	hai, motbon b	1/1/2018	1Y	2/1/2018	N		Y
View	005216	Test JDT	1-11	child, test	1/1/2019	2M	1/1/2019	N		Y
View	168763	test4 mod	1-1	ke, hule	9/1/2018	6M	9/1/2018	O		Y
View	321654	test4 joseph	1-13	Bottle, Jeannie	4/10/2011	7Y	5/25/2015	N		Y
View	654321	evizi test	1-11	child, motmuoisau	1/1/2018	1Y	2/1/2018	N		Y
View	995601	Jones Robert	1-2	kid, test a	1/1/2017	2Y	9/29/2017	N		Y
View	998885	Dough John	1-3	Dougherty, Emilia	1/1/2019	2M	1/1/2019	N		Y
View	998885	Dough John	1-5	natalie, natalie	8/1/2017	1Y	5/1/2018	N		N
View	998894	Shelley Mary	1-2	Frankenstein, Victor	1/1/2018	1Y	3/25/2019	N		Y

5. Click **View** to open the child record in the Enroll Child Wizard.

Activate Children

Last Modified on 07/13/2020 2:09 pm CDT

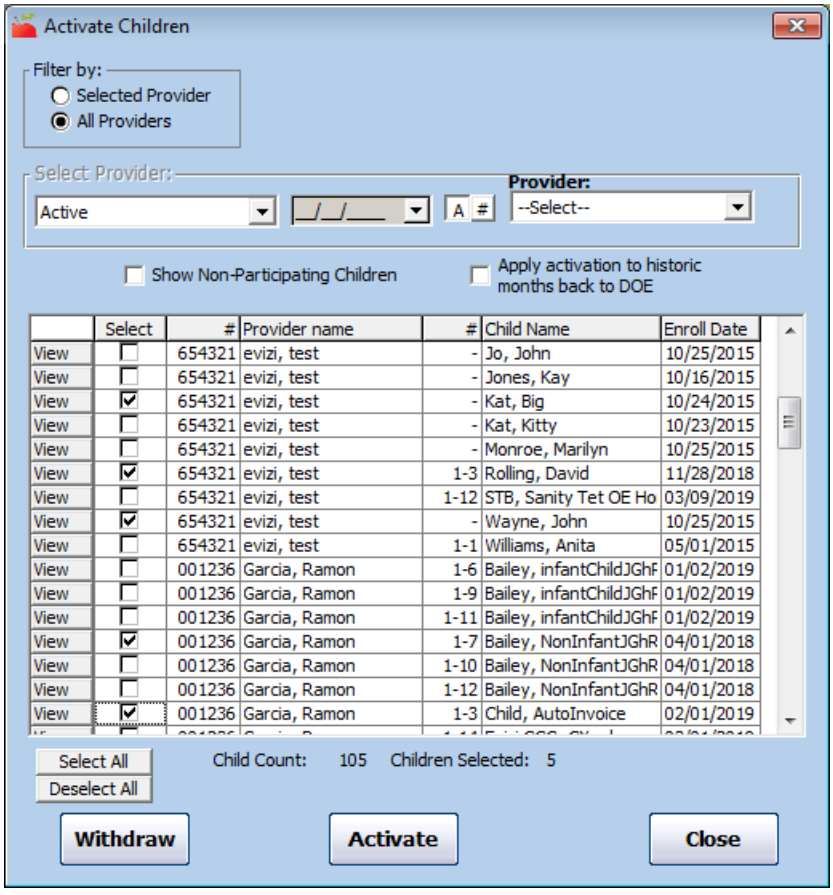
When providers enroll children in KidKare, the children they enrolled have a Pending status (rather than Active). This is because you must have a signed enrollment form for each enrolled child. Providers can either mail physical enrollment forms to your offices, or, if you have enabled it, they can send eForms to parents to complete and sign. These forms then come to you electronically. For more information, see **eForms**.

You must activate these children before the provider can claim them. If you do not activate children and the provider tries to claim them, the children in question are disallowed. Once children are activated, you do not need to enter any additional information, and you can put the signed enrollment forms in the appropriate files.

1. Click the **Providers** menu and select **Activate New Children**. The Activate Children window opens.

   Note: You can also access this window from the Provider Information window. To do so, click **Activate Children** (to the right).

2. In the Filter By section, select **Selected Provider** or **All Providers**. If you select **All Providers**, go to **Step 4**.
3. Click the **Provider** drop-down menu and select the provider for whom to activate children.
4. Check the box next to each child for whom you've received a signed enrollment form. You can also click **Select All** to select all listed children.



	Select	#	Provider name	#	Child Name	Enroll Date
View	☐	654321	evizi, test	-	Jo, John	10/25/2015
View	☐	654321	evizi, test	-	Jones, Kay	10/16/2015
View	☑	654321	evizi, test	-	Kat, Big	10/24/2015
View	☐	654321	evizi, test	-	Kat, Kitty	10/23/2015
View	☐	654321	evizi, test	-	Monroe, Marilyn	10/25/2015
View	☑	654321	evizi, test	1-3	Rolling, David	11/28/2018
View	☐	654321	evizi, test	1-12	STB, Sanity Tet OE Ho	03/09/2019
View	☑	654321	evizi, test	-	Wayne, John	10/25/2015
View	☐	654321	evizi, test	1-1	Williams, Anita	05/01/2015
View	☐	001236	Garcia, Ramon	1-6	Bailey, infantChildJGhF	01/02/2019
View	☐	001236	Garcia, Ramon	1-9	Bailey, infantChildJGhF	01/02/2019
View	☐	001236	Garcia, Ramon	1-11	Bailey, infantChildJGhF	01/02/2019
View	☑	001236	Garcia, Ramon	1-7	Bailey, NonInfantJGhR	04/01/2018
View	☐	001236	Garcia, Ramon	1-10	Bailey, NonInfantJGhR	04/01/2018
View	☐	001236	Garcia, Ramon	1-12	Bailey, NonInfantJGhR	04/01/2018
View	☑	001236	Garcia, Ramon	1-3	Child, AutoInvoice	02/01/2019

5. Click **Activate**.

- If the child you activated is enrolled in a Mixed Tier home, the system prompts you for the child's Tier. You can enter this information now, or you can skip it and enter the Tiering information later.
- If the child you activated requires a special diet, the system asks whether you received a doctor's statement.

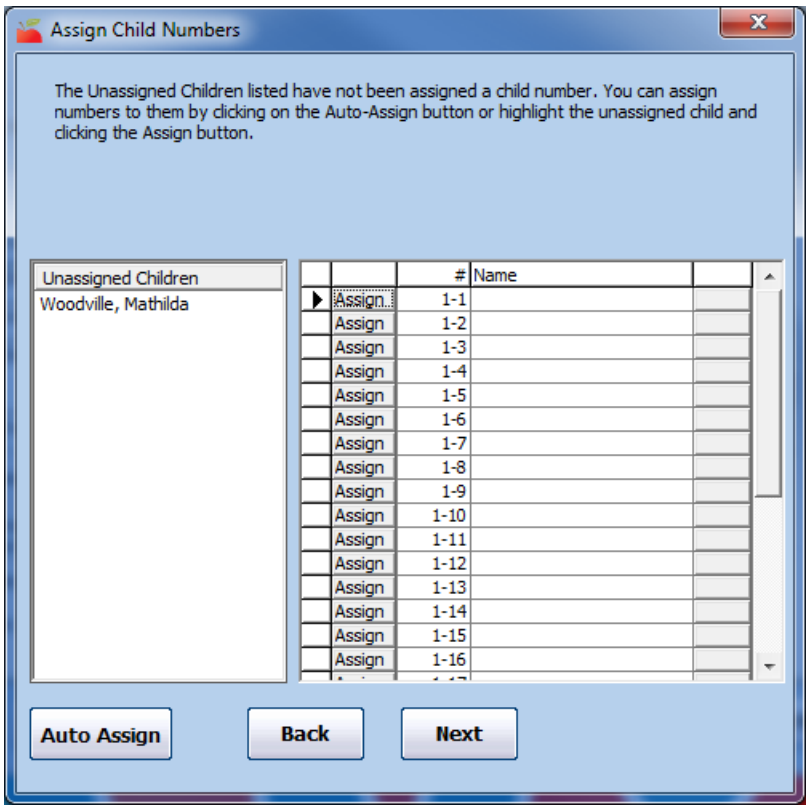
Assign Child Numbers

Last Modified on 07/13/2020 2:11 pm CDT

If your agency is set up to use scannable forms or if you otherwise have chosen to use child numbers, you can use the Assign Child Numbers window to assign child numbers. For those sponsors who use scannable forms, providers write this child number when recording attendance.

This window opens during the child enrollment process after you complete the Child tab. You can also access it from the Child Information window.

1. Click the **Providers** menu and select Child Information. The Child Information window opens.
2. Click the **Provider** drop-down menu and select the provider.
3. Click the **Child** drop-down menu and select the child.
4. Click **Child Number** (to the right). The Assign Child Numbers window opens.



Note: If you allow more than one child list, the Child Group in View section displays at the top of this window. To enroll a child in the second or third child group, select the 2 or 3 option. These options only display if the provider is approved to use multiple child groups.

5. Select the child in the **Unassigned Children** box.
6. Click **Assign** next to the number to which to assign this child.
7. Click **Close**.
8. Click **Save**.

Note: You can also click **Auto Assign** to automatically assign all displayed children to the next available child number(s).

Determine Attendance Requirements When Entering Meals

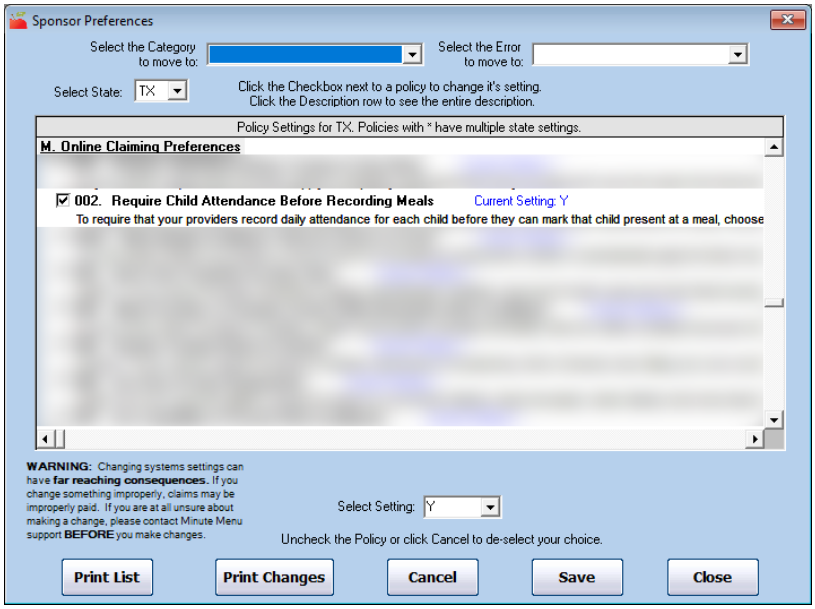
Last Modified on 11/03/2020 2:47 pm CST

You can require providers record attendance when recording meals. This can help ensure that your providers are recording daily attendance. This setting is controlled by **preference M.002**, which provides three options:

- Require Attendance Only
- Require In/Out Times
- Do Not Require Attendance

To make changes to this preference:

1. Click the **Administration** menu and select **Sponsor Preferences**. The Sponsor Preferences window opens.
2. Click the **Select the Category to Move** to drop-down menu and select **M. Online Claiming Preferences**.

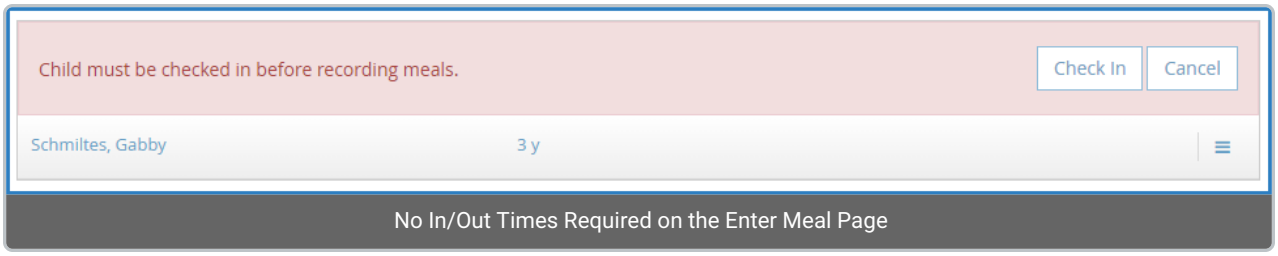


3. Check the **002** box.
4. Click the **Select Setting** drop-down menu and select **Y**, **A**, or **N**.
5. Click **Save**.

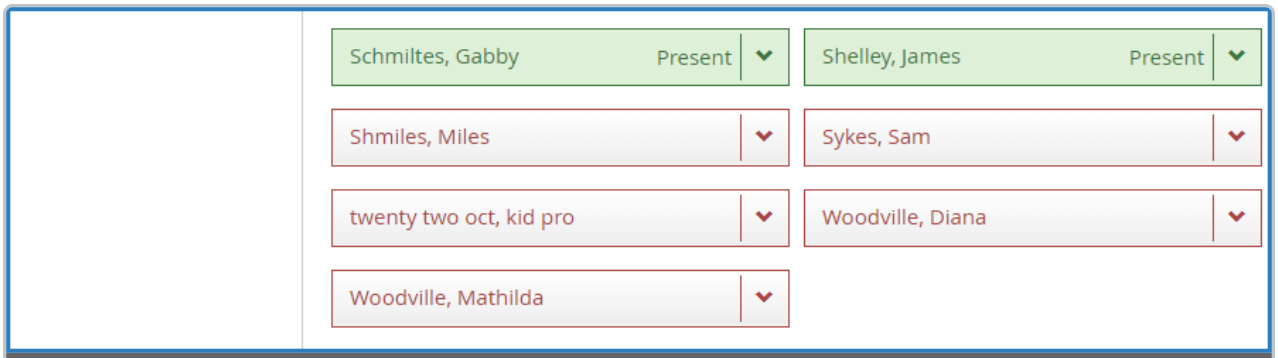
The headings below describe the difference between each setting.

Require Attendance Only at Meal Time

Set **preference M.002** to **A** to require providers take attendance before each meal without requiring they also provide In/Out times. Present will display on the Check In/Out page. This option does not prevent providers from adding In/Out times on the Check In/Out page. However, if they do add In/Out times, Present changes to IN or OUT on the Check In/Out page.



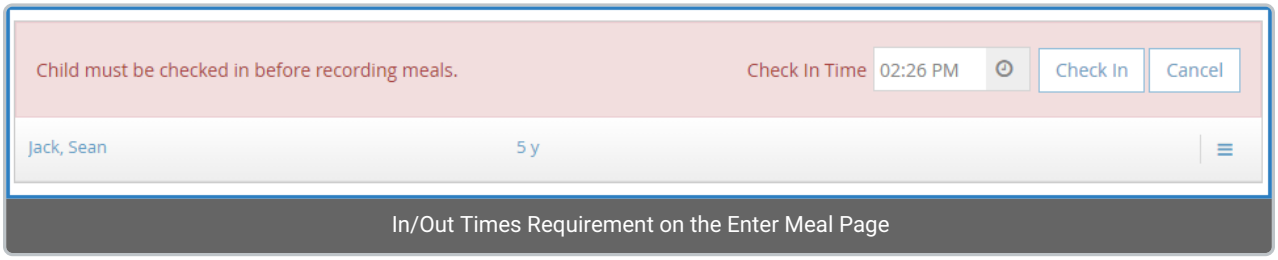
No In/Out Times Required on the Enter Meal Page



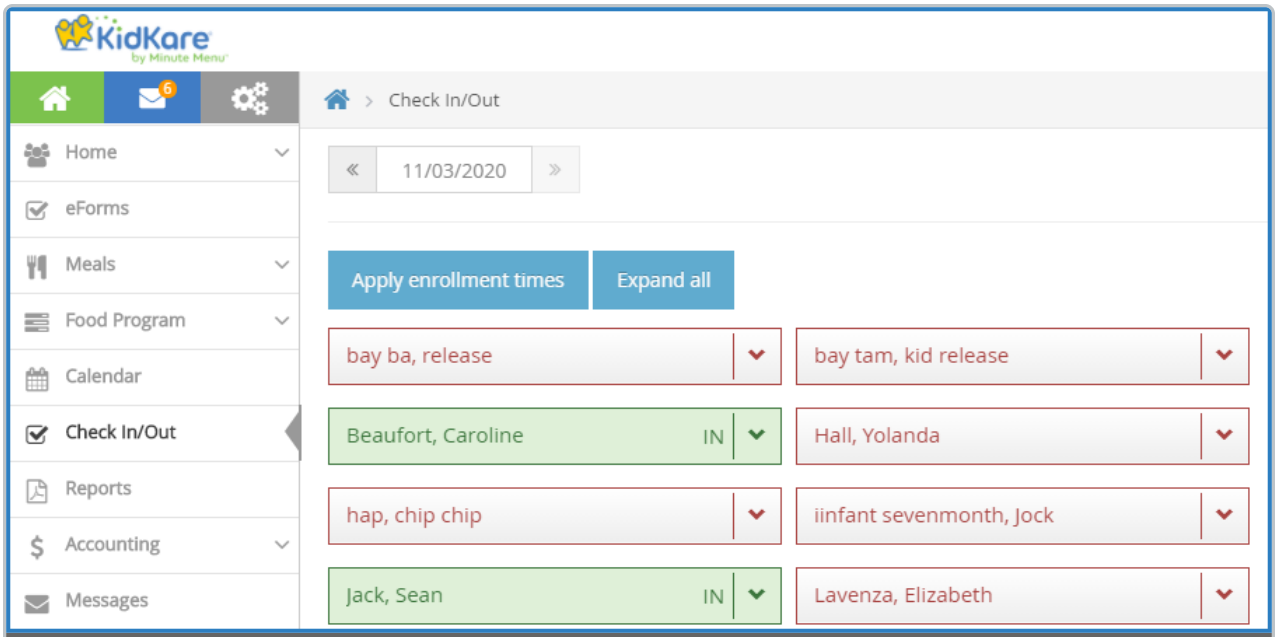
Present Shows on the Check In/Out Page

Require In/Out Times at Meal Time

Set **preference M.002** to **Y** to require providers to record In/Out times when taking attendance on the Enter Meal page. With this option enabled, IN and OUT display in the Check In/Out page, because providers recorded In/Out times.



In/Out Times Requirement on the Enter Meal Page



IN shows on the Check In/Out Page

Do Not Require Attendance at Meal Time

Set **preference M.002** to **N** to not require attendance be taken before meals are recorded. Providers can still take attendance on the Check In/Out page, as well as provide In/Out times.

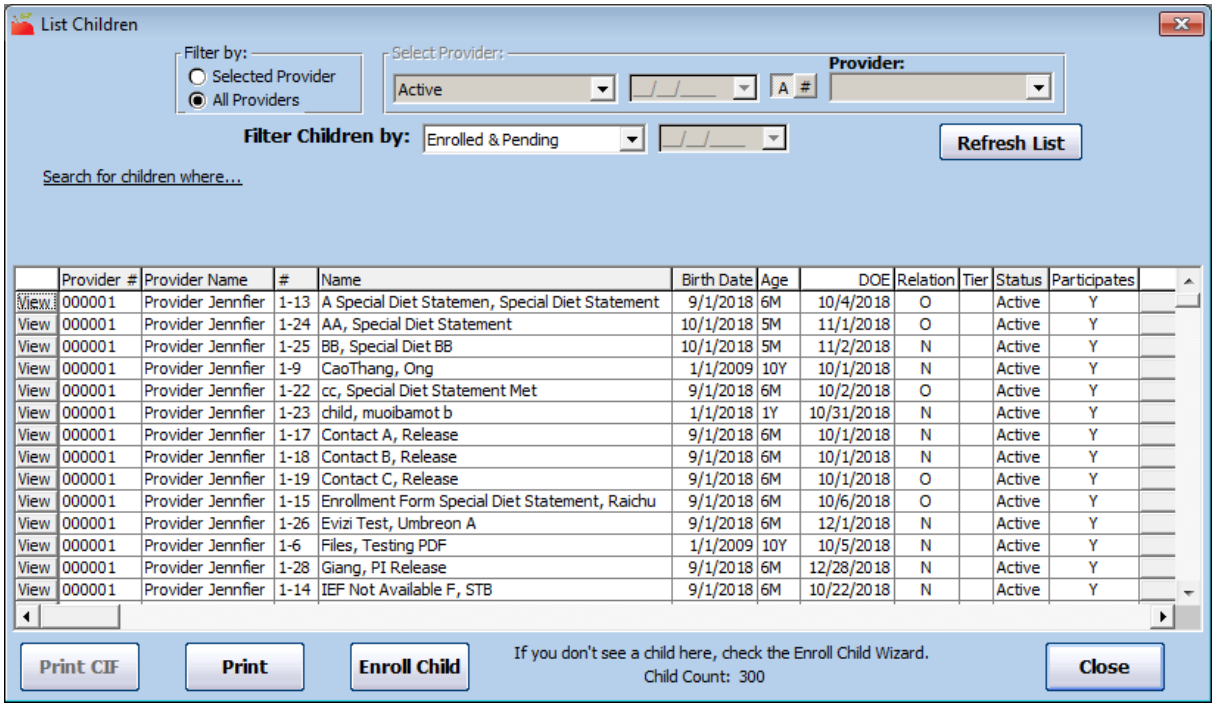
List Children

Last Modified on 07/13/2020 2:35 pm CDT

The List Child window displays children alphabetically by name and, if your agency uses them, by child number.

1. Click the **Providers** menu and select **List Children**. The List Children window opens.
2. Click the **Filter Providers By** drop-down menu and choose from the following:
    - **Active:** List providers who are currently enrolled and claiming with your sponsorship. Providers set to Hold status also appear in the resulting list.
    - **Active and Withdrawn After:** List active providers and those who have been withdrawn after a certain date. If you select this option, click the corresponding Date box and enter the date (MM/DD/YYYY). This option also adds a Removal Date column to the resulting provider list.
    - **All:** List all providers, regardless of status. If you select this option, a Removal Date column is added to the resulting provider list.
    - **Hold:** List only those providers whose current status is Hold.
    - **Withdrawn Before:** List only providers who have been withdrawn before a certain date. If you select this option, click the corresponding Date box and enter the date (MM/DD/YYYY). This option also adds a Removal Date column to the resulting provider list.
3. Click the **Filter Children By** drop-down menu and select the child status by which to filter. You can choose from the following:
    - **Enrolled:** List children who are enrolled and active (ready to be claimed).
    - **Enrolled & Pending:** List children who are enrolled or pending (this means that the child list will include children who are not activated).
    - **Pending:** List only children who have not yet been activated.
    - **All:** List all children, regardless of status.
    - **Withdrawn Before:** List only children withdrawn as of the date you specify. If you select this option, click the corresponding Date box and enter the date (MM/DD/YYYY).
4. Click **Search For Children Where** to set additional filters. Click each box and enter the information by which to limit. Click **Search Tips** for helpful information about using these search options. Click 

to clear the text you've input in these boxes.
5. Click **Refresh List**. The children most closely matching the criteria you specified displays.



	Provider #	Provider Name	#	Name	Birth Date	Age	DOE	Relation	Tier	Status	Participates
View	000001	Provider Jennfier	1-13	A Special Diet Statemen, Special Diet Statement	9/1/2018	6M	10/4/2018	O		Active	Y
View	000001	Provider Jennfier	1-24	AA, Special Diet Statement	10/1/2018	5M	11/1/2018	O		Active	Y
View	000001	Provider Jennfier	1-25	BB, Special Diet BB	10/1/2018	5M	11/2/2018	N		Active	Y
View	000001	Provider Jennfier	1-9	CaoThang, Ong	1/1/2009	10Y	10/1/2018	N		Active	Y
View	000001	Provider Jennfier	1-22	cc, Special Diet Statement Met	9/1/2018	6M	10/2/2018	O		Active	Y
View	000001	Provider Jennfier	1-23	child, muoibamot b	1/1/2018	1Y	10/31/2018	N		Active	Y
View	000001	Provider Jennfier	1-17	Contact A, Release	9/1/2018	6M	10/1/2018	N		Active	Y
View	000001	Provider Jennfier	1-18	Contact B, Release	9/1/2018	6M	10/1/2018	N		Active	Y
View	000001	Provider Jennfier	1-19	Contact C, Release	9/1/2018	6M	10/1/2018	O		Active	Y
View	000001	Provider Jennfier	1-15	Enrollment Form Special Diet Statement, Raichu	9/1/2018	6M	10/6/2018	O		Active	Y
View	000001	Provider Jennfier	1-26	Evizi Test, Umbreon A	9/1/2018	6M	12/1/2018	N		Active	Y
View	000001	Provider Jennfier	1-6	Files, Testing PDF	1/1/2009	10Y	10/5/2018	N		Active	Y
View	000001	Provider Jennfier	1-28	Giang, PI Release	9/1/2018	6M	12/28/2018	N		Active	Y
View	000001	Provider Jennfier	1-14	IEF Not Available F, STB	9/1/2018	6M	10/22/2018	N		Active	Y

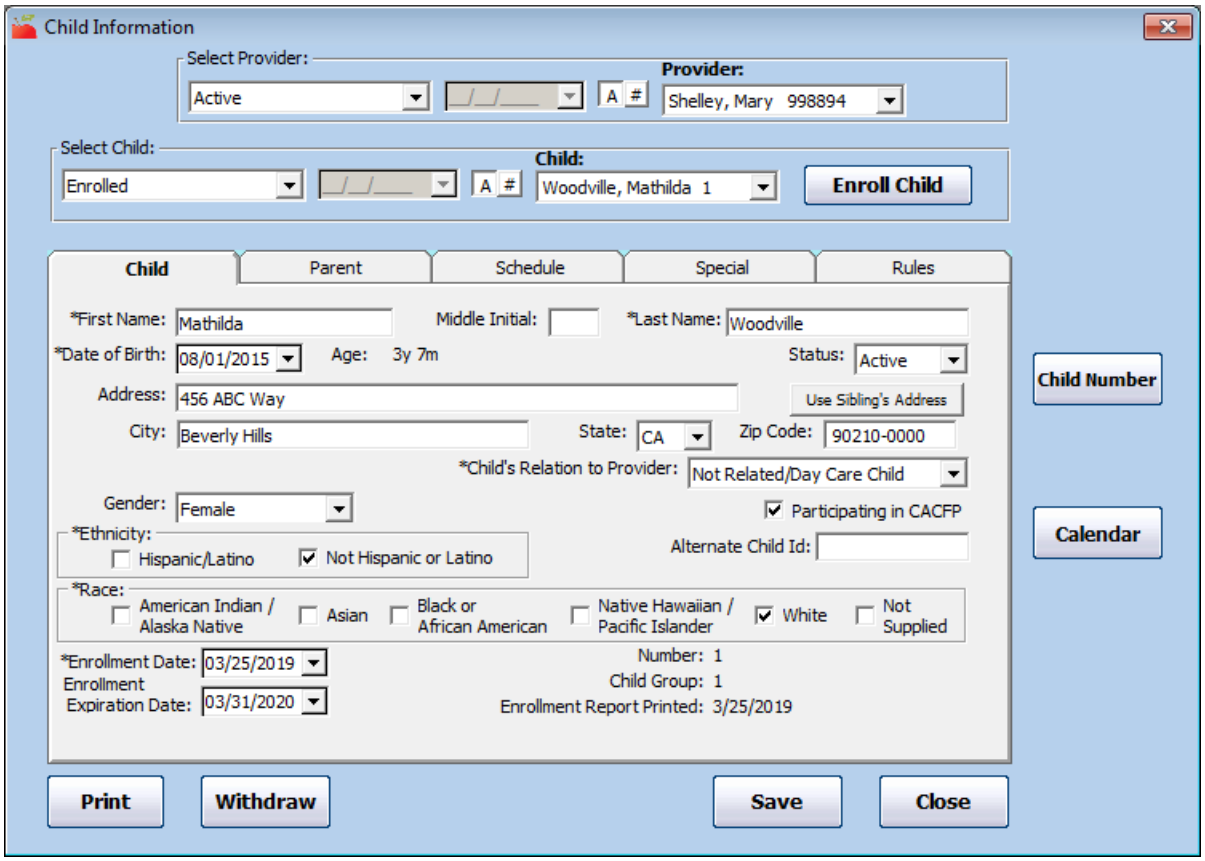
6. Click each column to sort the displayed information in ascending or descending order.
7. You can do the following in this window:
    - Click **Print** to generate and print the List Children report.
    - Click **Print CIF** to print a CIF for the selected provider for the current claim month. The CIF prints all children enrolled during the month, so this list may include withdrawn children that may not display in the child list (according to the filters you set). You can only access this button if you have filtered to a specific provider.
    - Click **View** to open the Child Information window for a specific child.
    - Click **Activate** to activate a pending child.
    - Click **Withdraw/Reactivate** to withdraw/re-activate a child a child.

Update Child Information

Last Modified on 07/13/2020 2:39 pm CDT

Once you enroll children, you can update them at any time in the Child Information window.

1. Click the **Providers** menu and select **Child Information**. The Child Information window opens.
2. Click the **Provider** drop-down menu and select the provider.
3. Click the **Child** drop-down menu and select the Child to change. The child's information displays.



4. Click each box to change and enter new information over the existing information. You can change information in each tab.
5. When finished, click **Save**.

Manage Child Numbers

Last Modified on 11/10/2022 4:35 pm CST

If you currently use or plan to use scannable forms, you must assign a child number to each enrolled child. You can assign children a number from 1 to 28. These numbers correspond to the bubbles available for use on scannable forms. For more information about assigning child numbers, see **Assign Child Numbers**.

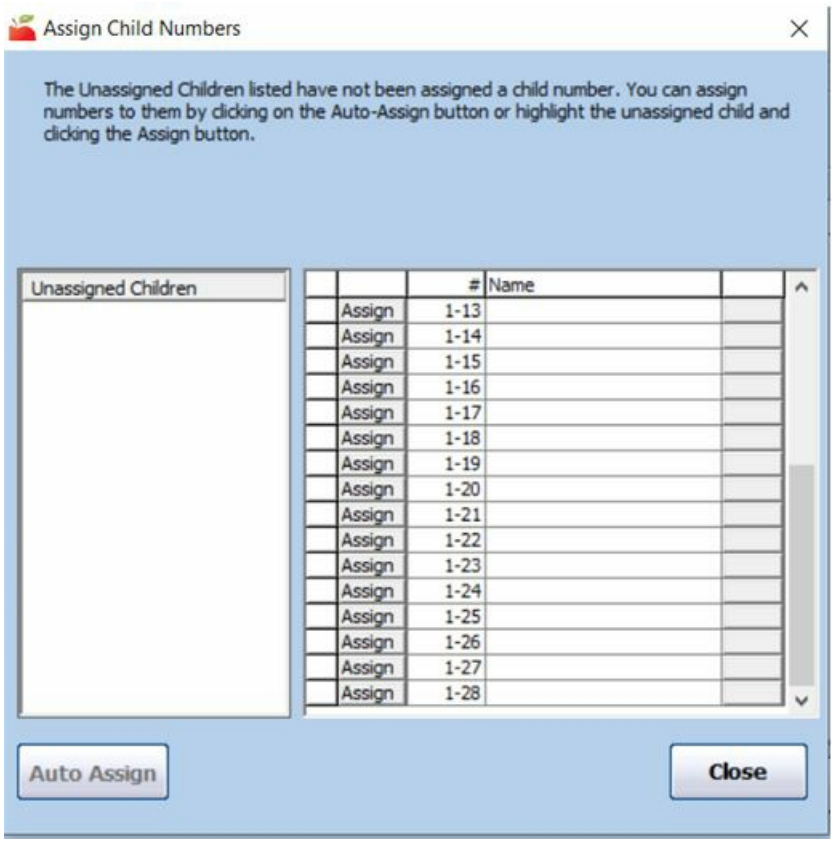
To ensure that no problems arise when providers enroll and withdraw children over time, Minute Menu HX examines enrollment and withdrawal dates for each child to determine which child belongs to a specific number. When a child is enrolled and assigned to a number, the number assigned to that child is locked down effective the first of the month of that child's enrollment. This number is locked and unavailable through the last date of the month of withdrawal. For example, Lisa is assigned to #2. The provider withdraws Lisa in February. In May, Brett is enrolled and assigned to #2. Minute Menu HX notes that as of May, Brett is #2, because this is past Lisa's withdrawal date.

Some children may be listed with a WD in front of their names. This indicates that the child occupying that number was withdrawn, but the old child's withdrawal date is later than the current child's DOE, so that withdrawn child was activate at some point with the currently enrolled child.

Note: We absolutely **do not recommend** that you change a child's number once they are enrolled. The only situation in which this might be needed is when a provider enrolls a child initially, and they assigned the number to this child in error. Even so, it is best to minimize child number changes to minimize confusion for your provider and for any follow-up audits that must be completed.

To change a child number:

1. Click the **Providers** menu and select **Child Information**. The Child Information window opens.
2. Click the **Provider** drop-down menu and select the provider.
3. Click the **Child** drop-down menu and select the child to change.
4. Click **Child Number** (to the right). The Assign Child Numbers window opens.



5. Click **Delete** next to the child to change. The child is moved to the Unassigned Children box to the left.
6. Click **Assign** next to the new open number to which to assign the child.
7. Click **Close**.
8. Click **Save**.

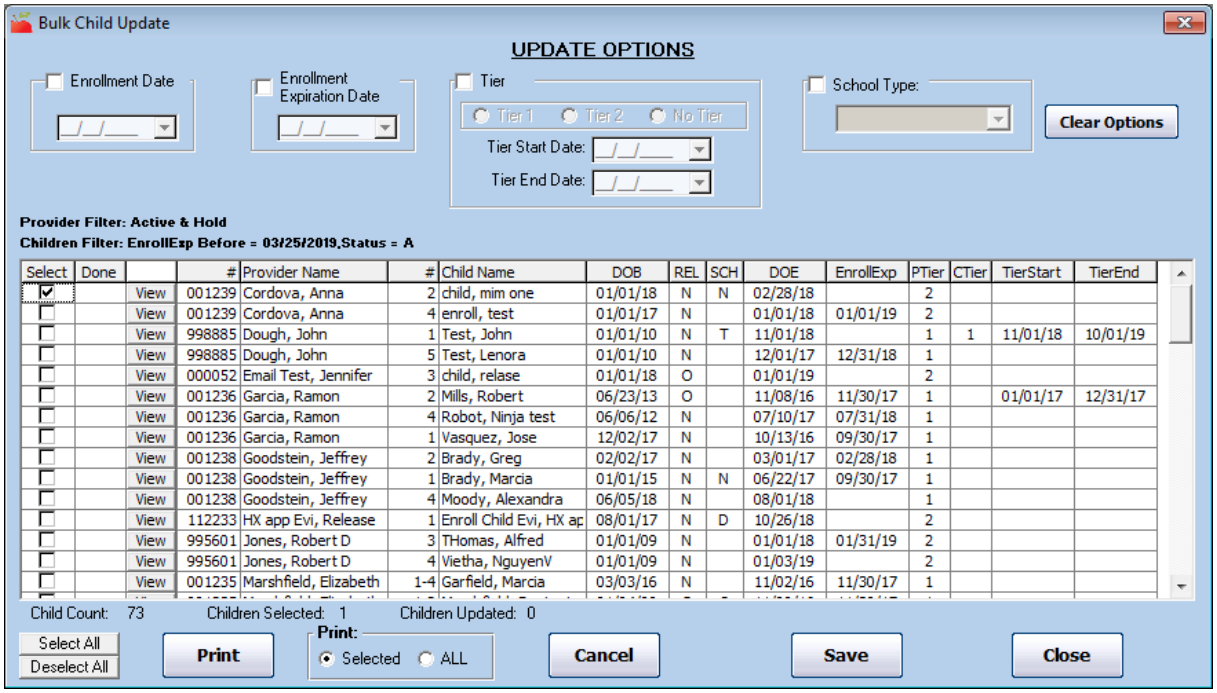
The system will cross-check the child's date of enrollment here and all existing enrollments on-file. If the child number to which you are assigning the child was in-use at some point in the past, and the child's given date of enrollment indicates that there would be an overlap, the system prevents you from assigning that child number.

Update Multiple Children at Once

Last Modified on 07/13/2020 2:41 pm CDT

You can use the Bulk Update Child function to update child information for multiple children at the same time. This function allows you to update enrollment dates, enrollment expiration dates, tiering dates, and school-type information.

1. Click the **Administration** menu and select **Bulk Child Update**. The Provider Filter window opens.
2. Set filters for the providers to include in the change. Check the **Choose Providers From List** box to select specific providers from a list.
3. Click Continue. If you did not check the Choose Providers From List box, the Bulk Provider Update window opens. Go to **Step 5**.
4. If you choose to select providers in **Step 2**, the Choose Providers dialog box opens. Check the box next to each provider and click **Continue**. The Child Filter Dialog window opens.
5. Check the box next to each filter criteria to use, and then select the filter. For example, you can check the **Enrollment Expiration Date** box and then set a specific date to include.
6. Click **Continue**. The Bulk Child Update box opens and displays those children that meet the limits you set.



7. In the **Update Options** section, select the information to update. You can update the following:
    - Enrollment Date
    - Enrollment Expiration Date
    - Tier
    - School Type
8. Set new dates, as needed.
9. Check the box next to each child to which to apply these changes. You can also click **Select All** to select all

displayed children.

10. Before saving your changes, click **Print** to print a report that lists the children you are updating and their current information. Review this report carefully and confirm that you have selected the correct children. You cannot reverse this process once its completed.
11. Click **Save**.

Manage Pending Children

Last Modified on 07/13/2020 2:42 pm CDT

When a child remains in Pending status, providers cannot withdraw that child. This means that Pending children remain in the list of children providers can choose to serve, even if they are no longer in care, until you activate them. If you never received a signed enrollment form for a pending child, that child could effectively remain in the system forever.

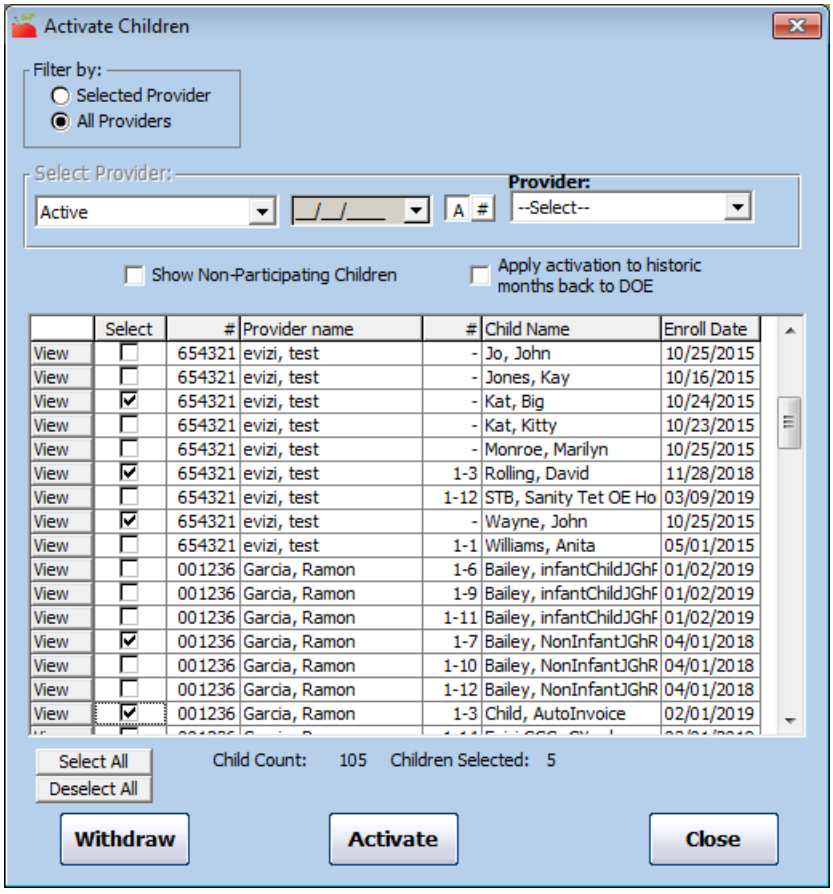
We recommend that you periodically withdraw children that were enrolled via KidKare, but for whom you never received signed enrollment forms. If you and your providers use eForms, you can log in to KidKare and access the **View Status** page to see which forms you have not received.

As a sponsor, you can withdraw pending children in the Activate Children window. To do so:

1. Click the **Providers** menu and select **Activate New Children**. The Activate Children window opens.

   Note: You can also access this window from the Provider Information window. To do so, click **Activate Children** (to the right).

2. In the Filter By section, select **Selected Provider** or **All Providers**. If you select **All Providers**, go to **Step 4**.
3. Click the **Provider** drop-down menu and select the provider for whom to activate children.
4. Check the box next to each child to withdraw.



	Select	#	Provider name	#	Child Name	Enroll Date
View	☐	654321	evizi, test	-	Jo, John	10/25/2015
View	☐	654321	evizi, test	-	Jones, Kay	10/16/2015
View	☑	654321	evizi, test	-	Kat, Big	10/24/2015
View	☐	654321	evizi, test	-	Kat, Kitty	10/23/2015
View	☐	654321	evizi, test	-	Monroe, Marilyn	10/25/2015
View	☑	654321	evizi, test	1-3	Rolling, David	11/28/2018
View	☐	654321	evizi, test	1-12	STB, Sanity Tet OE Ho	03/09/2019
View	☑	654321	evizi, test	-	Wayne, John	10/25/2015
View	☐	654321	evizi, test	1-1	Williams, Anita	05/01/2015
View	☐	001236	Garcia, Ramon	1-6	Bailey, infantChildJGhF	01/02/2019
View	☐	001236	Garcia, Ramon	1-9	Bailey, infantChildJGhF	01/02/2019
View	☐	001236	Garcia, Ramon	1-11	Bailey, infantChildJGhF	01/02/2019
View	☑	001236	Garcia, Ramon	1-7	Bailey, NonInfantJGhR	04/01/2018
View	☐	001236	Garcia, Ramon	1-10	Bailey, NonInfantJGhR	04/01/2018
View	☐	001236	Garcia, Ramon	1-12	Bailey, NonInfantJGhR	04/01/2018
View	☑	001236	Garcia, Ramon	1-3	Child, AutoInvoice	02/01/2019

5. Click **Withdraw**. The children are withdrawn and automatically assigned a withdrawn date that is one day

before their date of enrollment. This ensures that child information is kept in the system.

Non-Participating Pending Children

Providers who use KidKare to record claim information online may also enroll children before the child is actually supposed to be in care. Typically this is because the provider uses KidKare to document children on a waiting list. In other cases, providers may have some children that, for whatever reason, they do not want to claim on the Food Program but do want to track in KidKare.

In this case, providers may enroll those children in KidKare, but must clear the **Participates in CACFP** box when enrolling children to indicate that these are non-participating children.

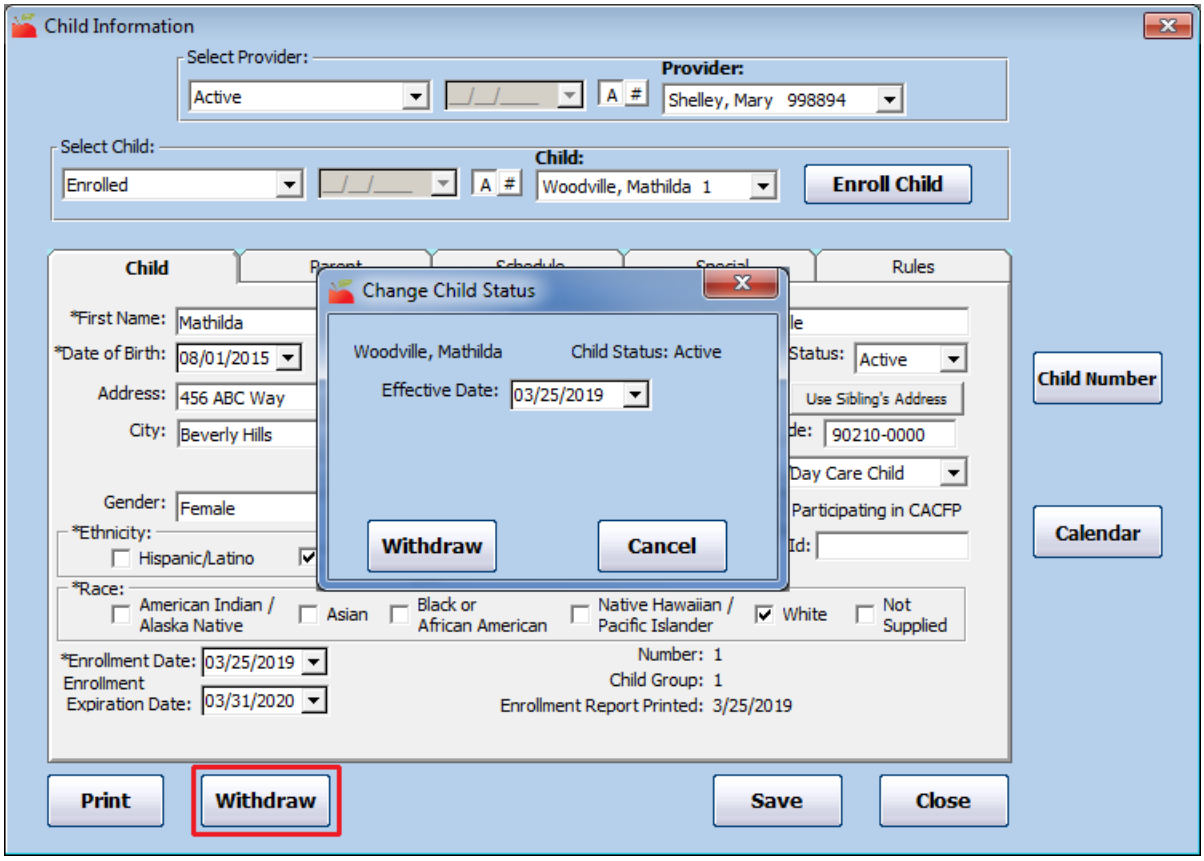
Non-participating children do display in Minute Menu HX, but they are filtered out of the Activate New Children window by default. To include them in this list, check the **Show Non-Participating Children** box.

Withdraw Children

Last Modified on 07/13/2020 2:43 pm CDT

When you withdraw a child, the child remains in your Minute Menu HX database for auditing purposes. You can also re-activate withdrawn children at a later date, if needed. Deleting children, however, completely removes the record from your database. We strongly recommend that you only delete children who were enrolled in error, enrolled twice, and for other data-entry related reasons. Otherwise, withdraw children who are no longer in care.

1. Click the **Providers** menu and select **Child Information**. The Child Information window opens.
2. Click the **Provider** drop-down menu and select the provider.
3. Click the **Child** drop-down menu and select the child to withdraw.
4. Click **Withdraw** (bottom of the window). The Change Child Status dialog box opens.



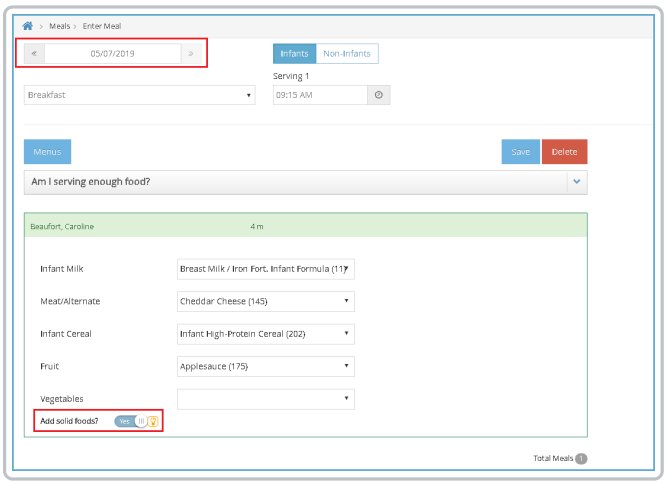
5. Click the **Effective Date** box and enter the child's effective date of withdrawal.
6. Click **Withdraw**.

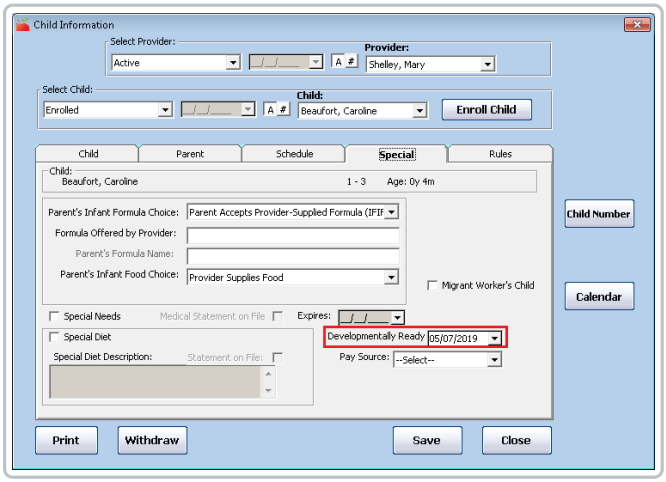
Mark Infants as Developmentally Ready

Last Modified on 05/13/2024 2:25 pm CDT

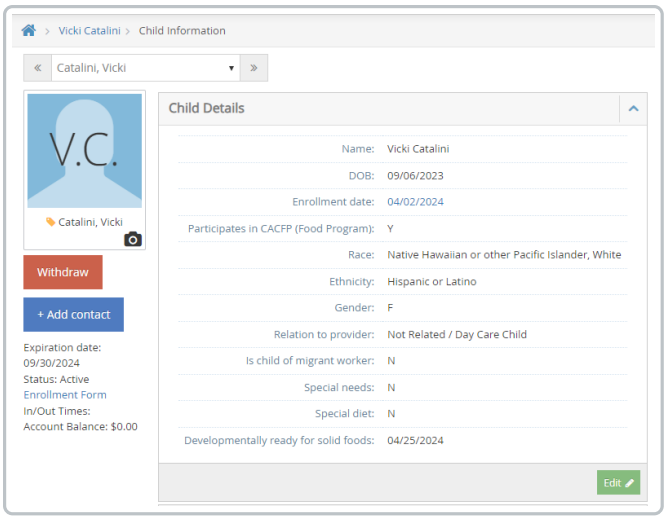
When a provider records a meal for an infant, sets the Add Solid Foods slider in KidKare to **Yes**, and records solid foods for the infant, that child's record is marked as developmentally ready as of the current date. This date is written back to the sponsor and populates the **Developmentally Ready** box in the **Child Information Special** tab.

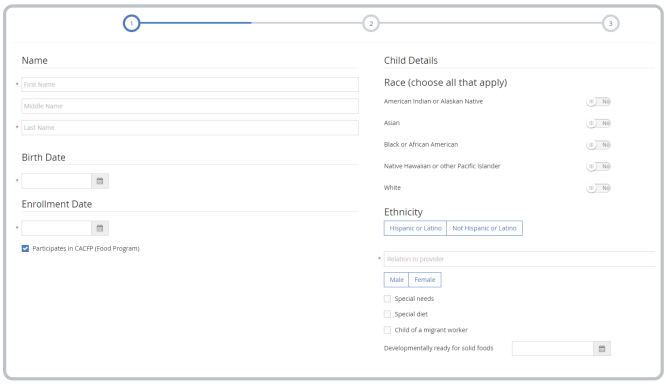
For example, if the provider sets the **Add Solid Foods** slider to Yes and records solid foods for an infant on May 7, 2019, 05/07/2019 is written to the **Developmentally Ready** box in Minute Menu HX. See the figures below.





The **Developmentally Ready** date can also be entered when enrolling new children, or from the edit child screen.





Sponsor Preferences for Developmentally Ready Foods

Preference Q.010 can be set to **Ignore**, **Warn** or **Disallow**

When set to **Warn**, an infant who was marked developmentally ready was not served solid foods, **Error 189** appears on the Office Error report. Meals are checked starting from the first day the infant was marked developmentally ready at a meal in KidKare. This error is a warning only

When set to **Disallow,** an infant who was marked developmentally ready was not served solid foods, **Error 192** appears on the Office Error report. Meals are checked starting from the first day the infant was marked developmentally ready at a meal in KidKare. This error will disallow meals by child based on the criteria below:

- If a child is marked as developmentally ready and they are under 6 months, the sponsor will receive a **warning** on the claim if the child is not served 2 components of solid food for each meal.
- If a child is marked as developmentally ready and they are 6 months or older, the sponsor will see a **disallow** error on the claim if the child is not served the required 3 components based on the USDA meal patterns.

Manage the Child Calendar

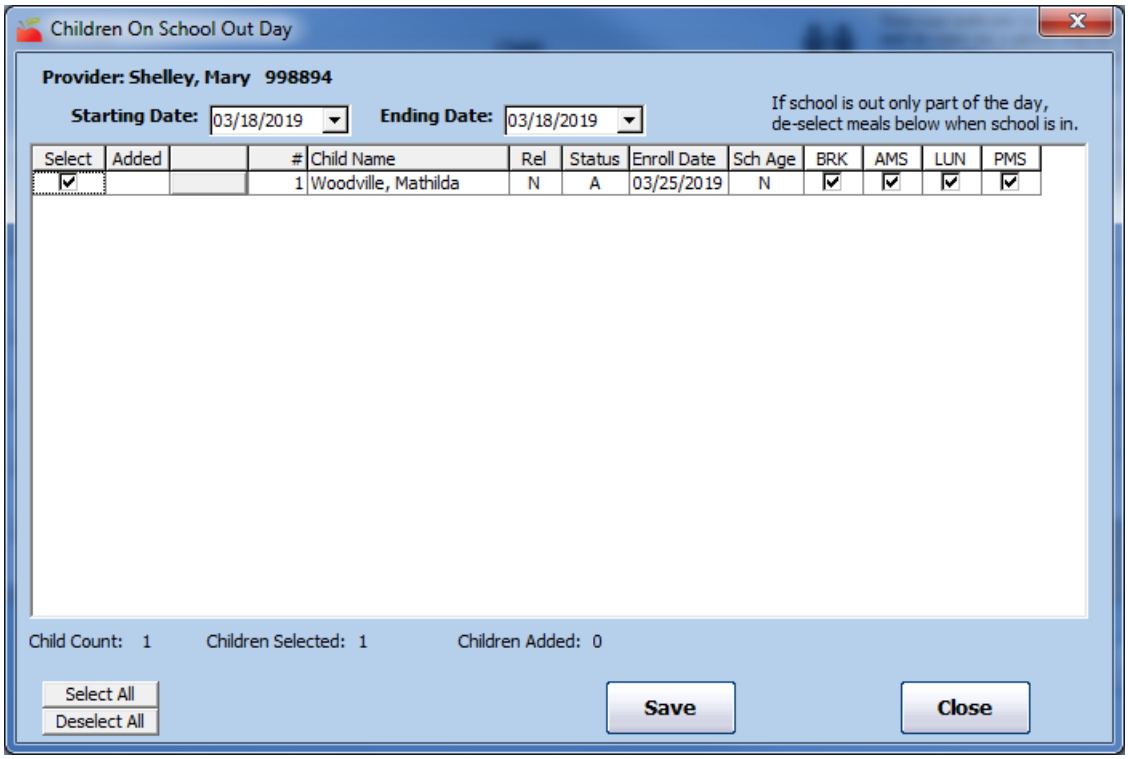
Last Modified on 07/13/2020 3:01 pm CDT

If your providers use scannable forms for claims processing, use the Child Calendar to track children who are sick, school out days, children not present days, and children present on holidays. If your providers use KidKare, they can input this information directly into the system.

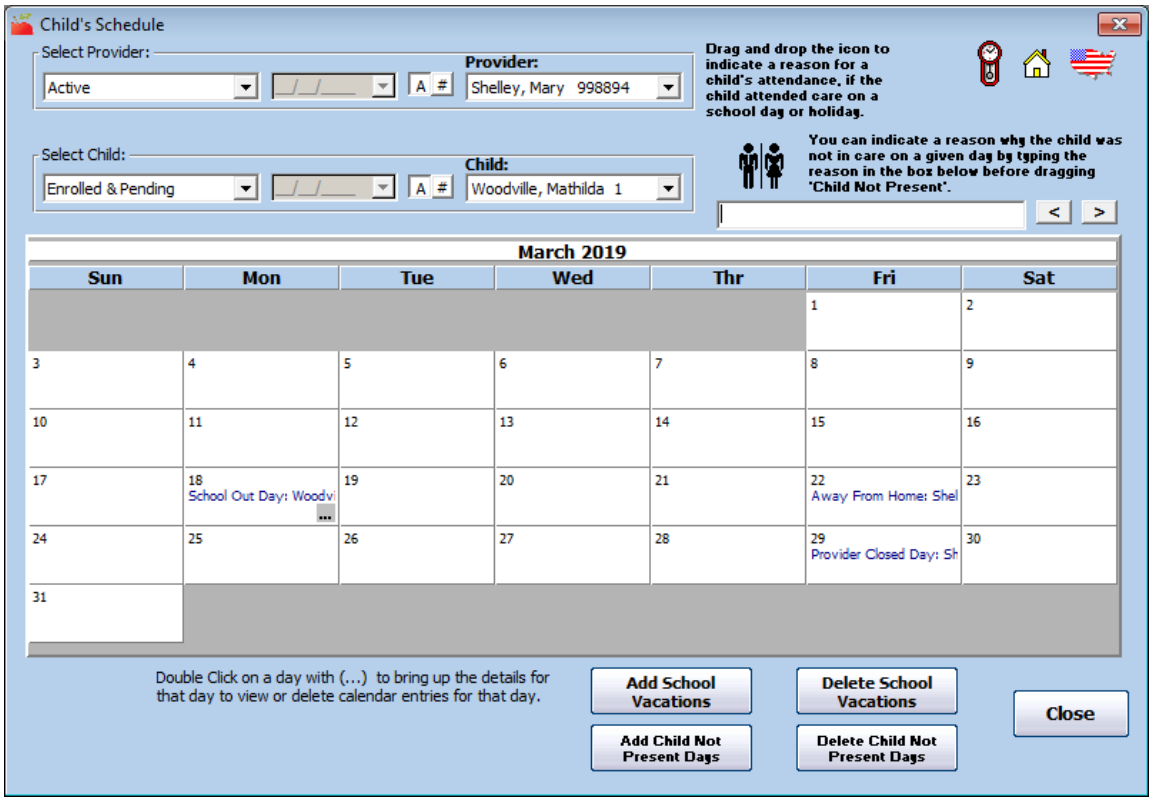
1. Click the **Tools** menu and select **Child Calendar**. The Manage Child's Schedule window opens.

   Note: You can also access this window from the Child Information window. To do so, click **Calendar** (to the right).

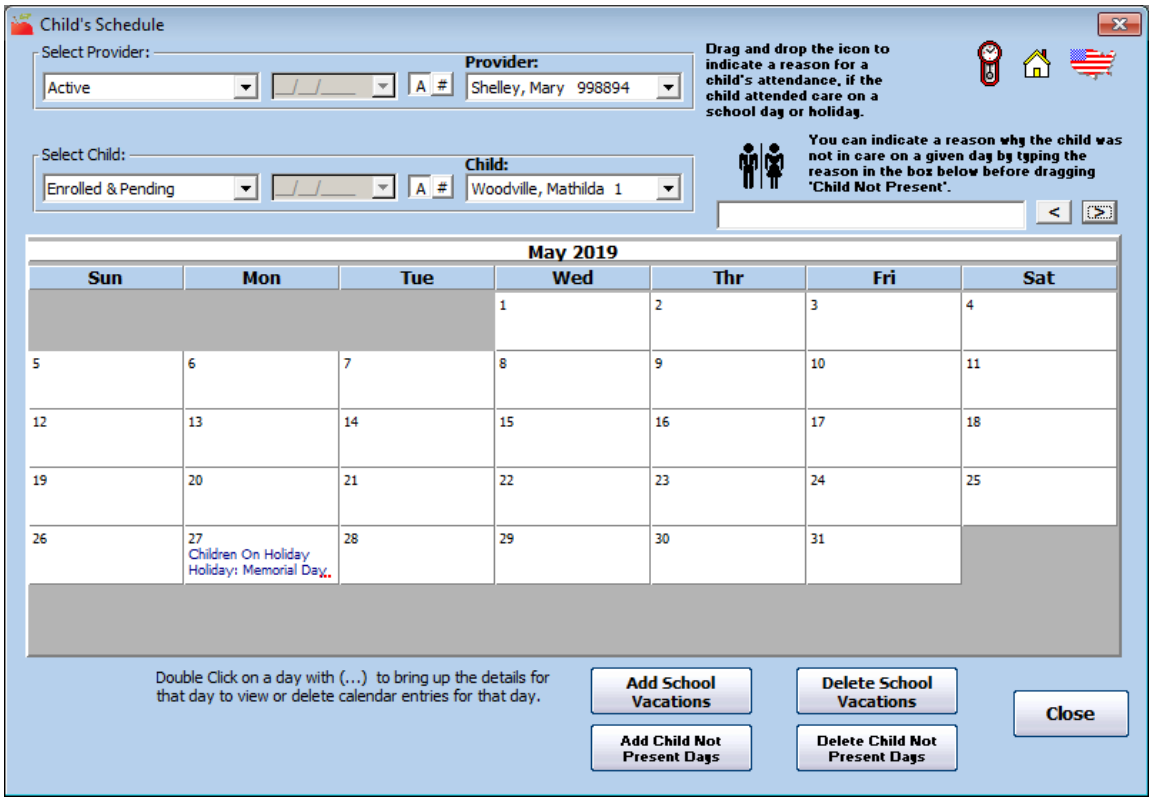
2. Click the **Provider** drop-down menu and select the provider.
3. Click the **Child** drop-down menu and select the child to view.
4. Click < and > to select the month in which to work.
5. To indicate that school was out:
   a. Click , drag it, and drop it on the appropriate day. The Children On School Out Day window opens.



   b. Check the box next to each meal for which school was out. All meals are selected by default. If school was out only for a partial day, clear the box for those meals that do not apply.
   c. If any other children were affected by school being out, check the box next to each additional child to include.
   d. Click **Save**.
   e. Click **Close**. The school out day is marked on the calendar.



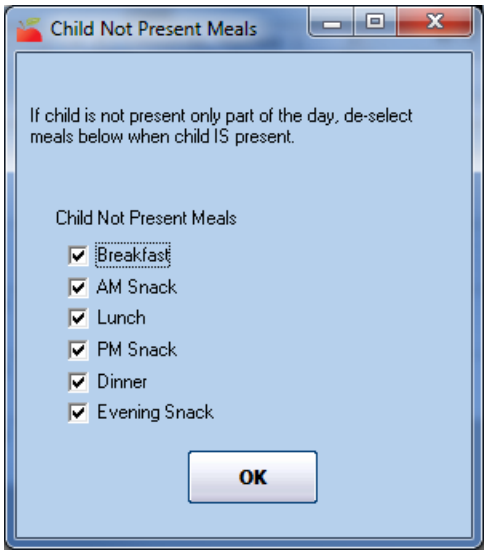
6. To note a child as present on a holiday:
    a. Click , drag it, and drop it on the appropriate day on the calendar. The Children Present on Holiday window opens.
    b. If in other children were present during the holiday, check the box next to each child to include in this notation.
    c. Click **Save**.
    d. Click **OK** at the confirmation prompt, and click **Close**. The entry is added to the calendar.



7. To note a child as out of school because they were sick, click  , drag it, and drop it on the calendar for the appropriate day. The sick day is added.
8. To note a child was not present:
    a. Click the box at the top of the window and enter a reason why the child was not in care that day, if needed.

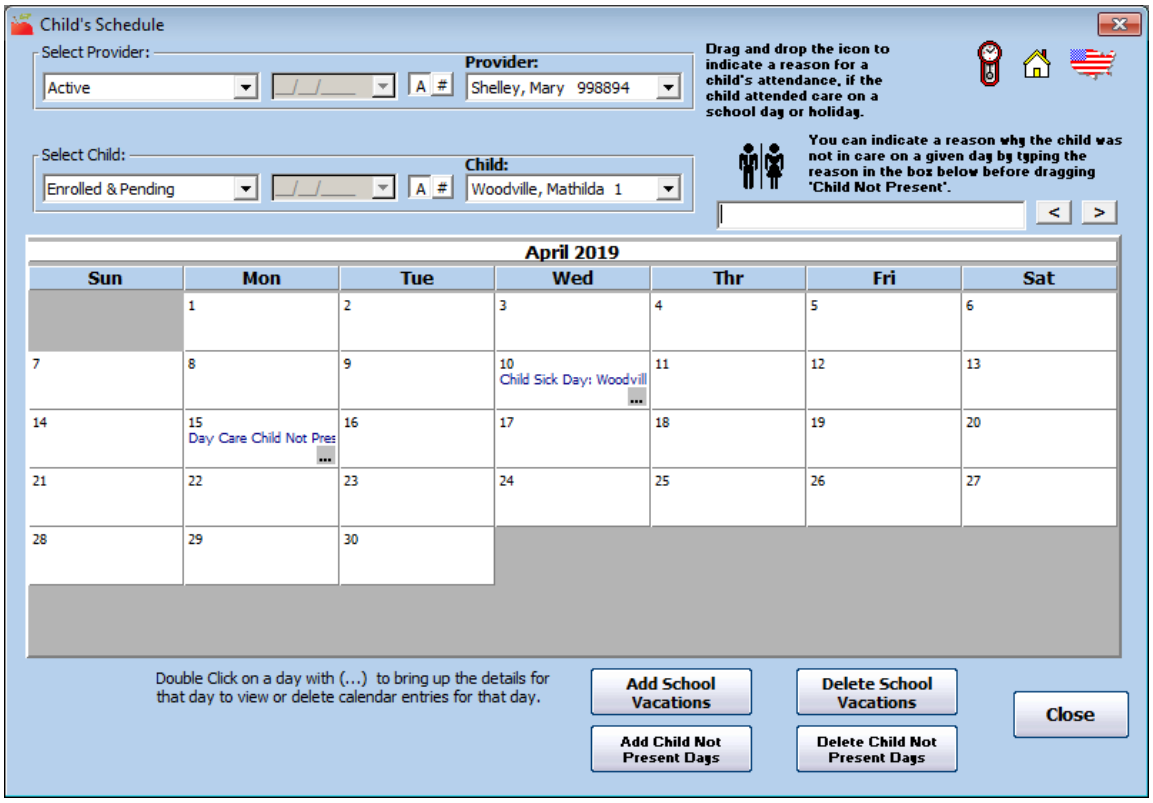
    > **Notes:** Depending on your preferences and/or state policy, you may only be able to note the provider's own children/related non-resident children as not present. When you note that a provider's own child (and possibly Helper or Foster children) is not home on any given day, the child will **not** be included in capacity, unless he child was actively claimed, and the provider is Tier 1 by Income.

    b. Click  , drag it, and drop it on the calendar for the appropriate day. The Child Not Present Meals dialog box opens.



c. Check the box next to each meal for which the child was not present. All meals are checked by default. If the child was present for a partial day, clear the box next to the affected meals.

d. Click **OK**. The notation is added to the calendar.



9. To note a child as present on the weekend:

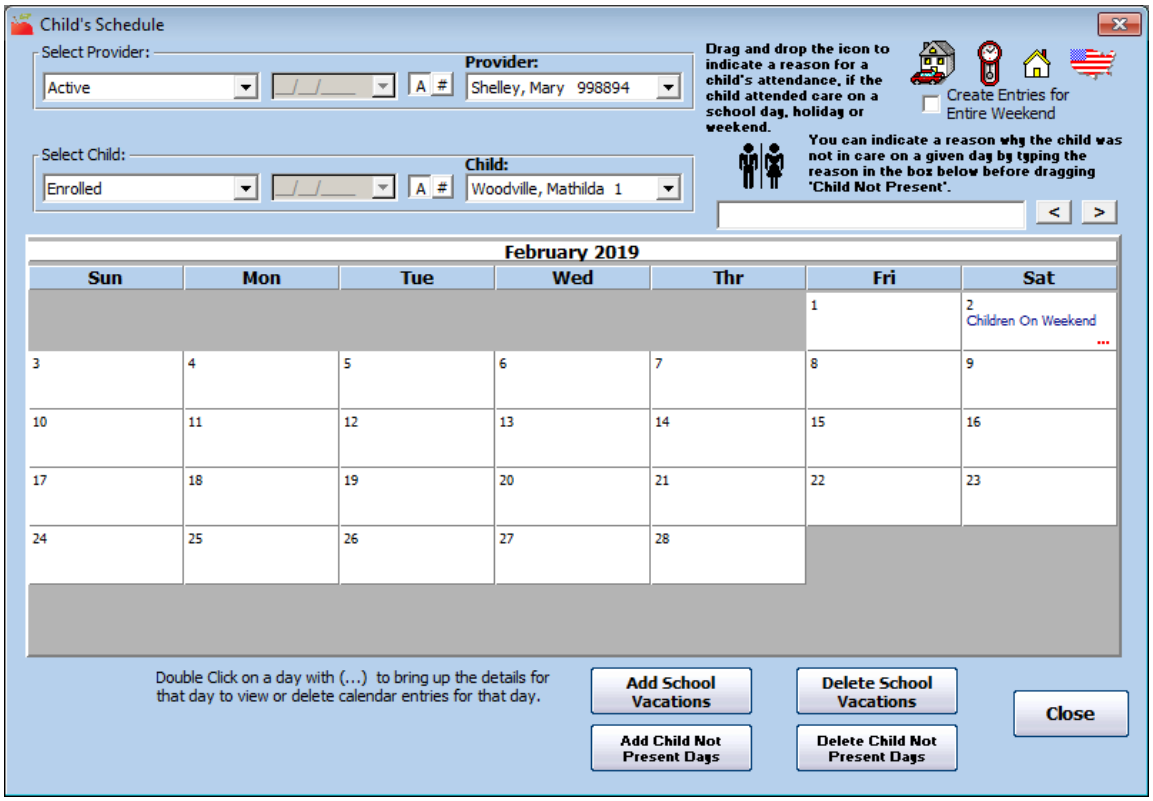
a. Click  , drag it, and drop it on the appropriate day on the calendar. The Children Present On Weekend window opens.

> **Note:** This option is only available if **Preference P.005** is set to Warn or Disallow.

b. If additional children were present on the weekend, check the box next to each child to include.

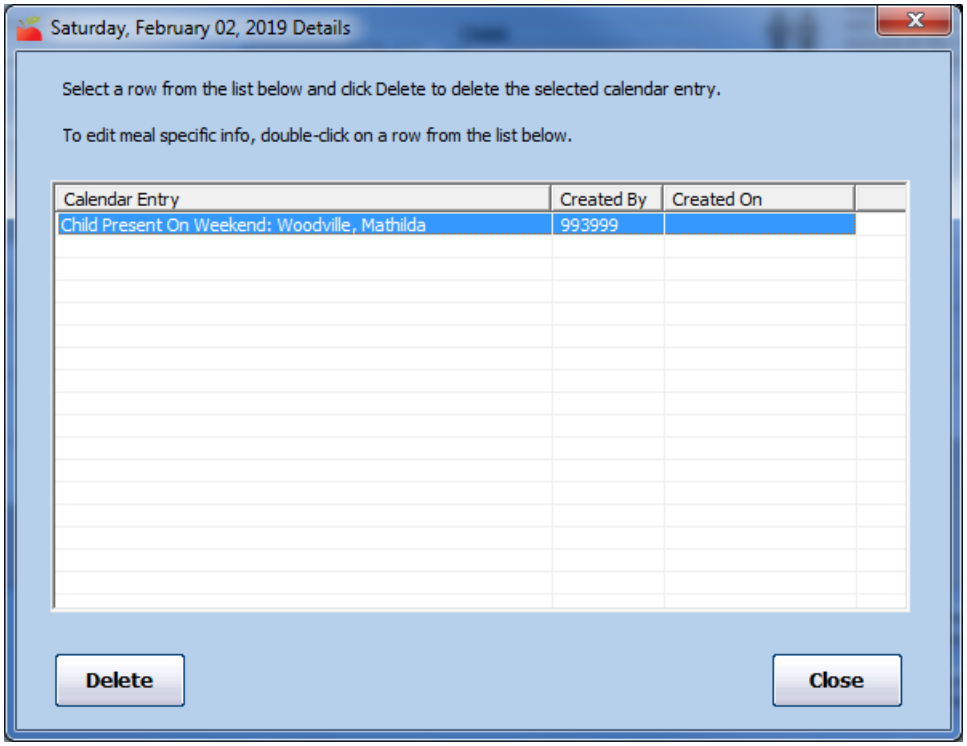
c. Click **Save**.

d. Click **OK** at the confirmation prompt, and then click **Close**. The entry is added to the calendar.



10. To remove any of these notations:

a. Double-click the affected day to open the details.



b. Click the event to remove.

c. Click **Delete**.

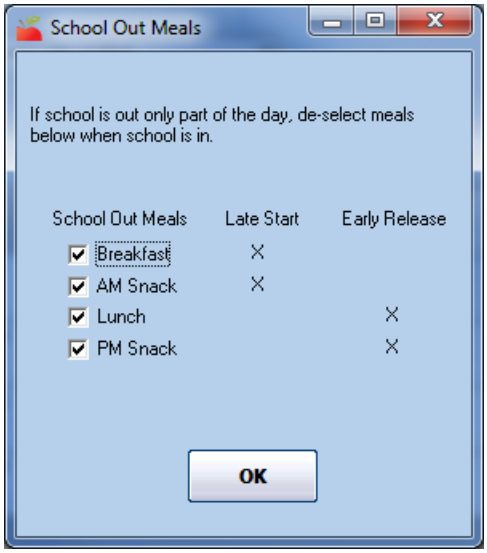
Manage School District Out Days

Last Modified on 07/13/2020 3:08 pm CDT

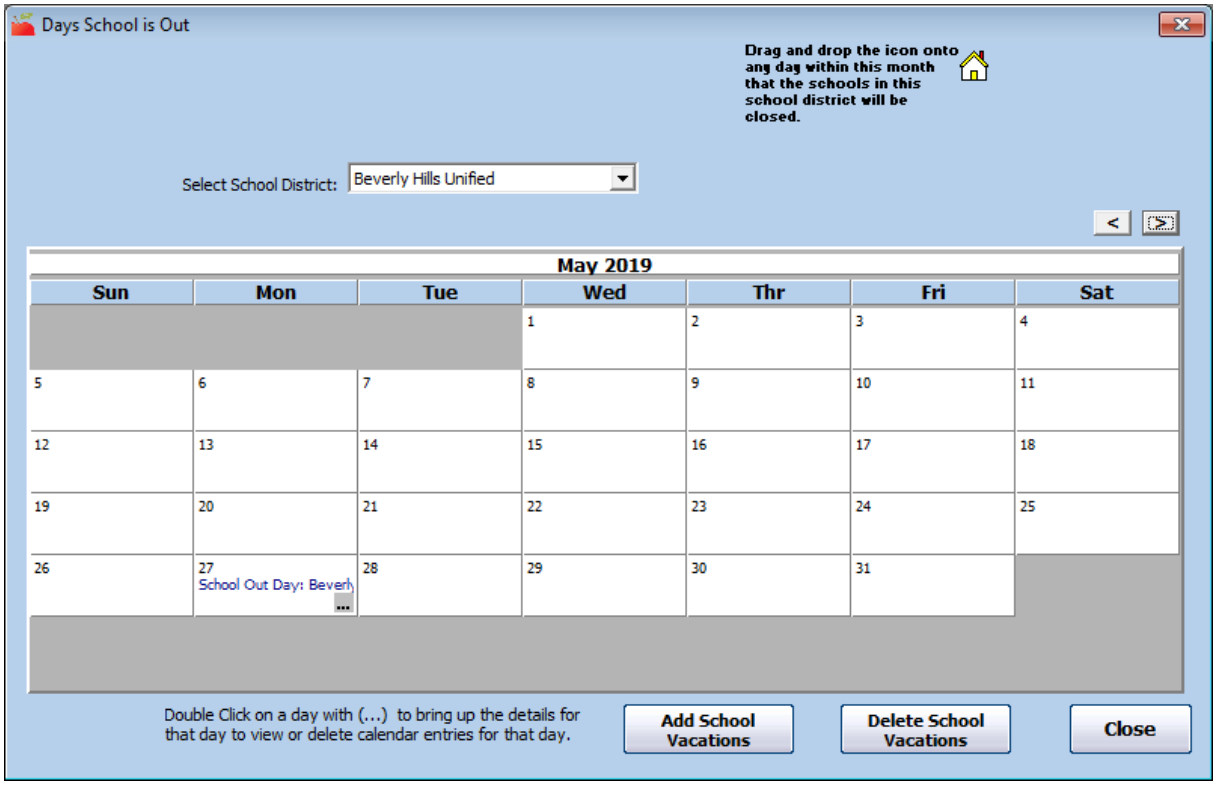
You can set up School District Out Day to ease the process of dealing with school closures. When you create a School District Out Day, every child that is associated with that school district will automatically be noted as out of school on that day.

If you have access to the school district calendar, it is usually a good idea to note school closures or vacations a month or two ahead of time. This way, providers who use KidKare have this information already loaded into their system when they begin entering meal information for that month. This also provides your providers with advance warning ahead of school closures.

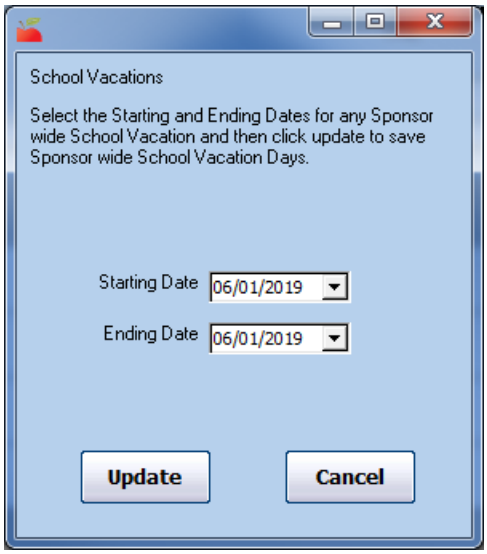
1. Click the **Tools** menu and select **School District Out Days**. The Days School is Out window opens.
2. Click the **Select School District** drop-down menu and select the school district.
3. Click < and > to select the month in which to work.
4. Click , drag it, and drop it on the appropriate day on the calendar. The School Out Meals dialog box opens.



5. Check the box next to each meal served when school was out. All meals are checked by default. If the school was out for a partial day, clear the box next to the affected meals.
6. Click **OK**. The closure is added to the calendar.



7. To add long-term school vacations (such as summer vacation):
    a. Click **Add School Vacations**. The School Vacations dialog box opens.



    b. Click the **Starting Date** box and enter the start of school vacation.
    c. Click the **Ending Date** box and enter the end of school vacation.
    d. Click **Update**. School vacation for the date range you entered are added to the calendar.

Re-Enroll Children with Scannable Forms

Last Modified on 07/13/2020 3:19 pm CDT

Keep the following in mind if you plan to use Minute Menu HX's scannable enrollment forms for your annual child enrollment process:

- Providers must assign children to the same numbers as they did during initial enrollment. They should **not** change child numbers.
- Providers must supply a First Day in Care date that is appropriate for the new enrollment. So, if the child started attending care three years ago in February, but your agency is renewing enrollments for this year effective in October, your provider should supply a first day in care of October 1st of the current year.

When you scan these enrollments, you are prompted to update the child, as well as other options, such as:

- Child Schedule
- Enrollment Date
- Enrollment Expiration Date

If you manually supplied any Tiering information, parent contact information, or anything else, that information remains in your computer.

Use the Renew Child Enrollment Function

Last Modified on 07/13/2020 3:25 pm CDT

If you plan to complete yearly re-enrollments manually, you should first print the Enrollment Renewal Worksheet. This report lists each of the provider's currently active children, with a place for the parent to sign and date if the child is still enrolled. There is also space for parents to note any changes to the child's name. When you print this report, send it to your providers.

> Note: Providers using KidKare can print this report themselves. Instead of mailing the printed report to them, email instructions for printing the report to them, and continue to the **Using the Renew Child Enrollment Function** heading below, when ready. You can find instructions for printing the Enrollment Renewal Worksheet **here**.

Printing the Enrollment Renewal Worksheet

1. Click the **Reports** menu, select **Children**, and click **Enrollment Renewal Worksheet**. The Select Provider dialog box opens.
2. In the **Filter By** section, click **Selected Provider** or **Multiple Providers**. If you selected Multiple Providers, go to **Step 4**.
3. If you chose the **Selected Provider** option, click the **Provider** drop-down menu and select the provider.
4. Click **Continue**. If you selected one provider, go to **Step 7**. If you selected the **Multiple Providers** option, the Provider filter window opens.
5. Set filters for the providers to include in the export.
    - Check the box next to each filter to use, then select the appropriate value. For example, check the **Child Enrollment Renewal Received** box to filter by child enrollment renewals.
    - Check the **Choose Providers From List** box and click to select providers from a list. Then, in the Choose Provider List, check the box next to each provider to include.
6. Click **Continue**. The Effective Starting Date dialog box opens.
7. Click the **Starting Date** box and enter the starting date for the report.
8. Click **Continue**. The Enrollment Renewal Worksheet dialog box opens.

    > **Note:** If you are including multiple providers in this report, you are prompted to choose how to sort the providers in the report before the Enrollment Renewal Worksheet dialog box opens.

9. Select **Print Mailing Address** or **Print Physical Address**. If the mailing address in the provider record is missing or incomplete, select **Print Physical Address**.
10. Click **Continue**. The report is generated.

Once you have printed the Enrollment Renewal Worksheets, mail them to your providers. Set a date by which providers should have returned the worksheet to you. Providers must have parents sign and date the report on the row containing their child's information. If any child information is incorrect, they should correct it in the

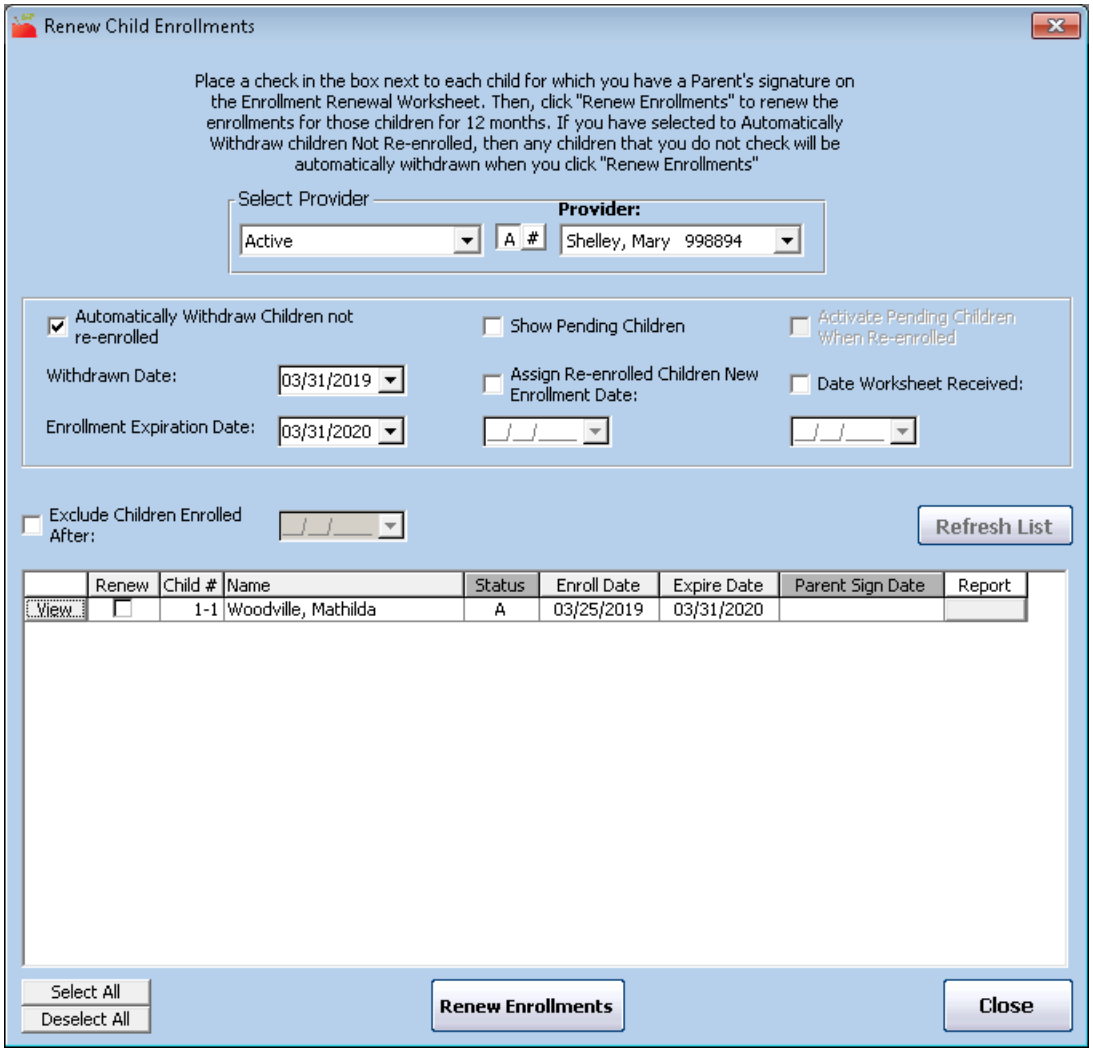
space provided.

Run the Renew Child Enrollment Function

Once you receive the completed and signed Enrollment Renewal Worksheets, execute the Renew Child Enrollment function to quickly update all child records for the specific provider.

This function resets all Child Enrollment Expiration dates for a selected provider and withdraws any children that are not being re-enrolled for the new year. Because setting up the heading options can take some time, we recommend that you complete enrollment renewals in large batches at once. As you switch providers, your heading options remain the same until you adjust them again, but reset if you close the window between providers.

1. Click the **Providers** menu, select **Renew Child Enrollment**, and click **Renew Child Manually in HX**. The Renew Child Enrollments window opens.
2. Click the **Provider** drop-down menu and select the provider for whom to renew child enrollments. The provider's children display.



3. Specify the information to update:

- **Automatically Withdraw Children not Re-Enrolled:** Check this box to withdraw all children in the list for whom you did not check off in the Renew Enrollment column. Some agencies use this function even when they don't use the Enrollment Renewal Worksheet (they sent out individual, non-scannable child enrollment forms instead). In these cases, you may not want to automatically withdraw children so you can account for all enrolled children. You can withdraw these children later, if needed. If you check this box, you must also enter a withdrawal date in the **Withdrawal Date** box.
- **Enrollment Expiration Date:** This option is only visible if Minute Menu HX has been configured to track annual enrollment expiration dates. Enter a date here to assign the same enrollment expiration date to all children you are renewing.
- **Assign Re-enrolled Children New Enrollment Date:** If your state agency requires that all children have an enrollment date within the last 12 months, check this box to assign a new enrollment date to the re-enrolled children. This is only necessary if your state has this requirement.
- **Date Worksheet Received:** Check this box to add a worksheet received date to the provider's file in the Enrollment Renewal Worksheet Last Received Date box in the Provider Information Other tab. Then, click the box and enter the date you received the worksheet. This can then be used to track which providers have sent in new Enrollment Renewal Worksheets. You can print the Provider List Export File and include this field to get a list of providers who still need to send in their renewal paperwork. Any pre-existing value in the provider's file displays directly under this option.
- **Exclude Children Enrolled After:** This box is designed to help with timing problems related to sending and receiving the Enrollment Renewal Worksheet. For example, suppose a provider sends you a new enrollment with their October claim paperwork in early November. You enroll this child when you process their claim. Then, you run this function to renew enrollment for other children. In this case, check this box and enter an enrollment date to exclude children enrolled after that date. Following our example, you would enter an enrollment date of 10/1 to exclude children enrolled on and after October 1st, so the child you enrolled with the provider's claimed is excluded from this re-enrollment function.

4. Check the box net to each child for whom you have a signature.
5. Click **Renew Enrollments**.

Customize the Review Questionnaire

Last Modified on 12/22/2022 10:27 am CST

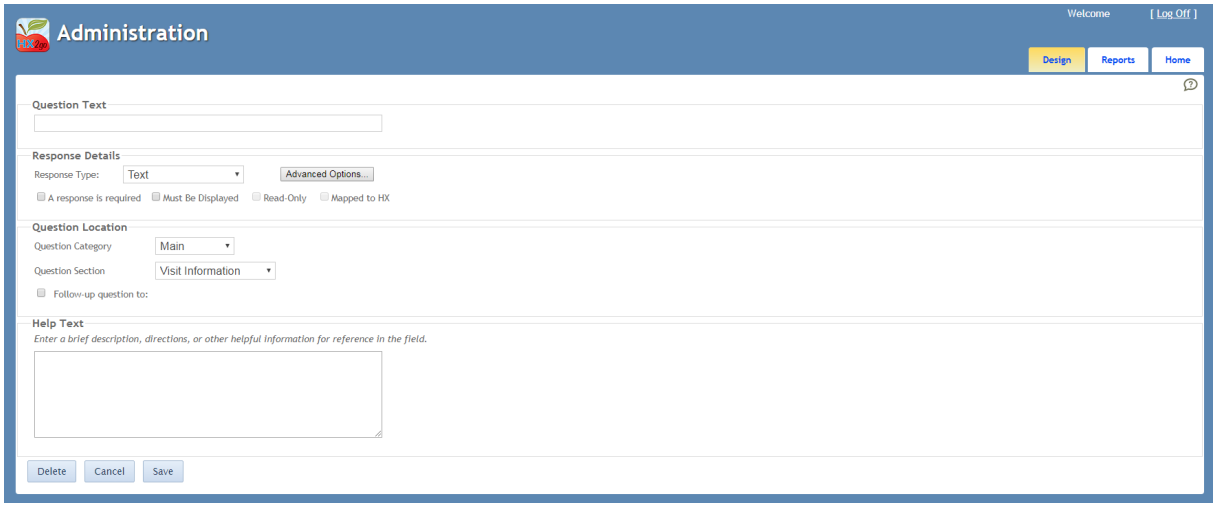
The questionnaire used for online reviews is stored in the Admin Review site. We provide an initial questionnaire, but you can customize it to fit your agency and state's needs. Updating this questionnaire updates the final review form your Monitors complete in KidKare.

Note: Click the link below to view and print the Admin Review site Getting Started Guide!

AdminReviewSite-gsg.pdf

1. Log in to **https://reviewadmin.minutemenu.com/Account/LogOn**. Your account must have administration permissions before you can access this website. For instructions, see **Add Admin Review Site Users**.
2. Click the **Design** tab.
3. Add review sections, as needed:
    a. Click **Add Section**. The section details open.

    b. Click the **Category** drop-down menu and select the category into which to place this section.
    c. Click the **Name** box and enter the name of the section.
    d. Click **Save**.
4. Click ✚. The question details open.



5. Click the **Question Text** box and enter the question.
6. In the **Response Details** section:
    a. Click the **Response Type** drop-down menu and select the question type. For more information, see

the heading **Question Types and Layouts**, below.

b. Check the **A Response is Required** box if this question is required.

c. Check the **Read-Only** box if this question is read-only.

7. Click **Advanced Options** to specify additional question requirements. For example, you can hide certain questions from the provider's copy of the review. The available options vary between question types.
8. In the **Question Location** section:
   a. Click the **Question Category** drop-down menu and select the category in which to place the question.
   b. Click the **Question Selection** drop-down menu and select the section into which to place the question.
   c. Check the **Follow-up Question To** box to mark this question as a follow-up question. If you select this option, a drop-down menu displays. Select the question/situation on which to follow-up.
9. Click the **Help Text** box and enter useful information for the end user.
10. When finished, click **Save**.

Question Types and Layouts

Note: Click **here** for a printable version of the table below.

Question Type	Response
Text, Email, Phone, Temperature, or Number	This is a single line text box that allows Monitors to enter their response. • **Text:** This is a text input box. • **Email:** This is a text input box that validates the input is in the following format: TEXT@TEXT.TEXT • **Phone:** This is a numeric input box that limits users to no more than 10 characters. The box automatically adds phone number separators.
Date	This is a date picker.
Yes/No	This is a button selection. Monitors can only select one option (Yes or No).
Yes/No/NA	This is a button selection. Monitors can only select one option (Yes, No, or N/A).
Single Choice, Single Child Picker, Meal Picker	This is a single select drop-down menu.
Multiple Choice, Multiple Child Picker	This is a multiple select drop-down menu.

Question Type	Response
Time/Duration	This is a time picker. There are no restrictions for past, current, or future times.
Date and Time	This is a date picker and a time picker. The time picker does not have any restrictions for past, current, or future times.
Memo	This is a multi-line text input box.
Signature	This box is used on the Finalize page. You cannot configure it on the Admin site. Users can sign their name with a mouse, finger, or stylus.

Identify Who to Visit and When

Use the reports listed on this page to help plan home visits.

Last Modified on 07/13/2020 3:33 pm CDT

Providers Due Reviews Report

The Providers Due report lists all providers who must be visited, as well as the days and meals you should visit.

1. Click the **Reports** menu, select **Reviews**, and click **Providers Due Reviews Report**. The Provider Filter window opens.
2. Check the **Review Due By** box, and enter a date in the corresponding box. This is typically the end of the month, but you can set any date that meets your business needs. This ensures the report includes those providers who were scheduled for a visit before this date. You could also check the **After** box and set a date after which reviews are due. This allows you to swap visit schedules.
3. Set additional filters, as needed. For example, if your agency is larger and you have multiple Monitors, it may be useful to check the Monitor box and filter by specific Monitors.
4. When finished, click **Continue**. The Provider Nested Sort Order dialog box opens.
5. Click the **First Sort By** drop-down menu and select the first sort for the report. This defaults to Name. It may be useful to sort primarily by Zip Code or Map Location Identifier. Then, click the **And Then By** drop-down menu and select a secondary sort. For example, if you sorted by Zip Code, you can then sort by Name.
6. Click **Continue**. The report is generated (PDF).

This report contains the following information:

- **Last Claim Received:** The last claim you have on file for the given provider. If the month listed here is several months old, then the provider is not actively claiming with your agency, so there is no need to visit the provider.
- **Last Review Date:** The date on which you last conducted a home visit to the provider. If this date is very recent, this may be a sign that the provider required a follow-up visit for some reason. The Sponsor Review Worksheet should provide more information on this subject.
- **Review Due Date:** The date from the Next Review Req box in the Provider Information Other tab. Note that the month is generally the important part of this date (instead of the actual day). Plan your visits in such away to make them convenient based on the geographic distribution of your providers. In some cases, you can plan around whether weekend or holiday visits are allowed.
- **Review Type Needed:** This is determined by information available in Minute Menu HX.
    - First, Minute Menu HX looks at the last four (4) months of claim data. Each meal claimed by the

provider is then added to this report. As long as you have attendance data in the database, this report also checks to see if Saturdays or Sundays were claimed. If no claims exist for a provider, this report looks at the provider's meal approval schedule in the Provider Information Meals tab.

- Next, Minute Menu HX looks at the last 12 months' worth of reviews for each provider included in the report. Any meals that have been visited are crossed off the list an removed from the output. Additionally, if a provider claimed a Saturday or Sunday and a visit in the last 12 months was done on one of these days, that is removed from the report, as well. You can also set this to review only meals visited in the current fiscal year (**Preference R.032**).
- The result of this analysis displays in the Review Type Needed column so you know exactly what meals **should** be seen, and whether you need to make a Saturday or Sunday visit. You would then locate other providers in the same geographic area who have meals that must bee seen. This allows you to plan your days more efficiently.

Providers Claiming Special Days Report

Special visits are needed for certain cases. This includes visits on weekends, holidays, dinners, evening snacks, and visits specifically designed to see when a provider serves a meal in two shifts. To help determine when these special trips are needed, print the Providers Claiming Special Days report. This report identifies all providers who are claiming any of the special situations noted above for a given month.

> **Note:** This report runs based on meal and attendance data in your database. This means that manual claims cannot be analyzed with this report.

To print this report:

1. Click the **Reports** menu, select **Reviews**, and click **Providers Claiming Special Days Report**. The Select Month dialog box opens.
2. Click the **Select Month** drop-down menu and select the month for which to run the report.
3. Click **Continue**. The Provider Filter window opens.
4. Set filters, as needed. For example, if your agency is larger and you have multiple Monitors, it may be useful to check the Monitor box and filter by specific Monitors. You could also filter by providers who must be visited in the next month.
5. When finished, click **Continue**. The Select Mode dialog box opens.
6. Select the **Attempted by the Provider** option or the **Paid to the Provider** option.
7. Click **Continue**. The Provider Nested Sort Order dialog box opens.
8. Click the **First Sort By** drop-down menu and select the first sort for the report. This defaults to Name. Then, click the **And Then By** drop-down menu and select a secondary sort, if needed.
9. Click **Continue**. The report is generated (PDF).

This report's output shows each day a provider claimed given the special situation. For example, a provider who consistently claims on Saturday has each Saturday in the month listed. Any time the special situation is being claimed, and three (3) or more day care children are present, the date is noted with an exclamation point (!). Use this report to further refine the visits you plan on conducting in the coming month.

Track Your Caseload

Last Modified on 07/13/2020 4:02 pm CDT

There are five additional reports that are particularly useful in keeping track of your home visit caseload.

Home Visit Status Report

This report lists providers and provides a 12-month picture of visits.

When generating this report, choose the last month of a 12-month window to examine. That could be the current calendar month, or it could be the last month in the current fiscal year, current calendar year, or any other month you choose. The provider filter also displays, so you can limit the output of the report to focus on one subset of your providers (such as a Monitor's caseload), if needed.

Each review is noted in the calendar on the report, and a key displays at the bottom to help you better interpret the results. If there were two or more visits completed in the same month for a provider, the last review displays.

In addition to other information, visit counts are listed in the following columns:

- **#U:** The number of unannounced visits that were completed within the last 12-month window examined. The provider was actually home for these visits.
- **#S:** The number of successful visits, meaning that the provider was home.
- **#T:** The total number of visits attempted.

The last page of this report provides summary counts of each of these three columns, which should help you determine whether you are meeting the minimum review requirements, especially in light of review averaging regulations.

Providers Not Reviewed Report

The Providers Not Reviewed report lists all providers not visited within a specific time frame. Federal regulations require that you visit all providers no less than once every six (60 months or once every nine (9) months, if your agency averages reviews. Use this report to ensure that providers are being visited often enough. When filtering providers for this report, you should typically choose a start date about six months before the current date and set an end date in the current month.

The following fields in the report are of some importance:

- **CACFP Start Date:** A Provider whose CACFP Start Date was in the last 30 days might not have been visited yet. If a provider appears on the report but this date is very recent, that is probably not an issue.
- **Last Review Date:** This shows when the provider was last reviewed, prior to the start date specified when generating the report. If this is blank, the provider has never been visited (according to the data in the Minute Menu HX database).
- **Next Review Date:** This notes when the provider was supposed to have been visited next.

- **Last Claimed Date:** This notes the month of the last claim. If this is several months in the past, the provider has gone inactive, and it probably okay that the provider has not been visited. If this is blank, the provider has never claimed (based on the data in the Minute Menu HX database).

Claim and Review Comparison Report

This report helps you ensure that you remain in compliance with your requirement to monitor meals and weekends in the same proportion that they are claimed. It is designed to compare the percentage of meals your providers have claimed with the percentage of those meals that are seen at home visits. Likewise, the report show cases the percentage of meals claimed at a weekend or holiday with the percentage of visits done on a weekend or holiday. Skip to the end of this report to ensure you are generally consistent in total. Remember that while you do not need to be exact, the percentages should be relatively close.

You may wish to filter this report to look t it for only one monitor, your own caseload, or the entire agency.

Projected Visit Dates Report

In most cases, planning an entire year's worth of visits is not a good idea, as visit schedules must be changed due to various discoveries you make during a home visit. However, it is still useful to help plan upcoming visits, especially when trying to ensure that visits to a specific geographic area are all done at roughly the same time. Print this report to list all reviews coming in the next 12 months, so you can make any necessary broad adjustments to the provider's scheduled reviews.

Children Not Seen at Reviews Report

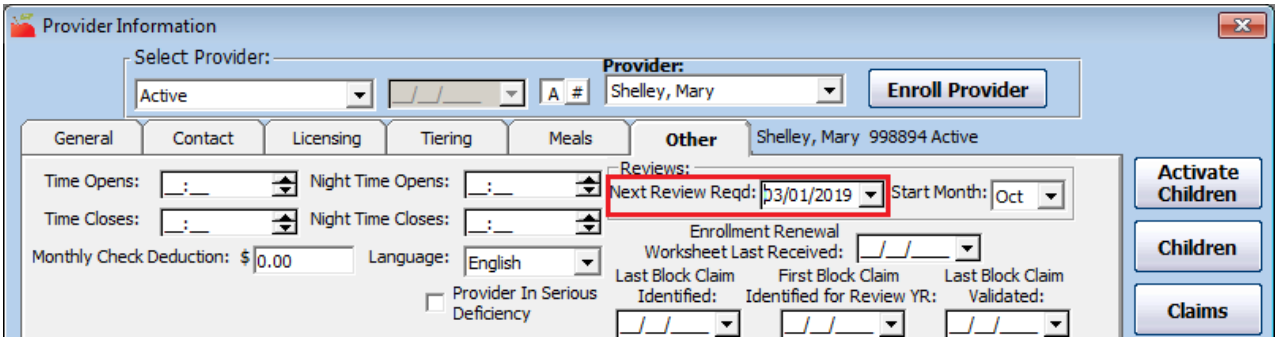
Many sponsors want to know about children who are enrolled in a provider's home and are consistently missed during a home visit. Print this report to list all children not seen at a certain number of visits over a certain date range. When generating the report, choose the starting date for analysis. The ending date should be the current date.

Every review between the date selected and the current date is analyzed. You can then set the review count threshold (it defaults to two). If less than two (2) reviews are conducted for a provider during this period, the provider is ignored. For any provider that has at least two reviews, any child that is not seen at two or more reviews is listed in the report. An asterisk (*) displays for any child actually claimed during that month (but this is only known on automated claims from KidKare, scannable forms, or Direct Entry).

Schedule Provider Reviews

Last Modified on 07/13/2020 4:03 pm CDT

Minute Menu HX stores a next review required date for each of your providers. This is the date by which the next regularly schedule review should occur. This information is stored in the Next Review Rq box in the Provider Information Other tab.

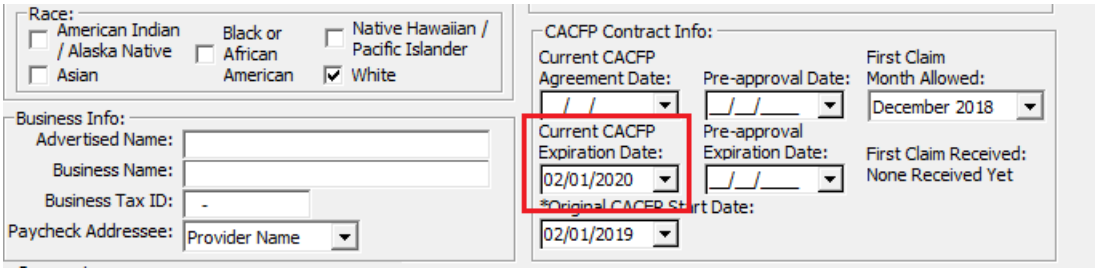


Each time you add a review (no matter the method you use), the system automatically calculates the provider's next review required date. This determination is made based on the type of review conducted and the review frequency required by your state. For example, if you conduct four (4) reviews per-year, the next review required date will be set to three (3) months after your current review. If you conduct three (3) reviews per-year, the next review required date is set to four (4) months after the date of the current review.

There are a few exceptions to this schedule:

- If you record a Pre-Approval Review, the next review date is automatically scheduled for 30 days from the date of the Pre-Approval Review.
- If you conduct a review and no one is home, the next review date is a follow-up scheduled for 15 days after the first review date.
- If you indicate that a follow-up review is required for the review, the next review is scheduled for 15 days after the initial review date.

If your agency performs visits to providers each year as part of an annual provider renewal process, you may have enabled the Current CACFP Expiration Date field in the Provider Information General tab.



You can configure Minute Menu HX so this date takes precedence when scheduling upcoming reviews. This means that the next review due date is either earlier than the CACFP expiration date or the next review date that would have otherwise been scheduled. You can change this setting in the Sponsor Preferences window. For more information about setting preferences, see **Set Preferences**.

Note: If you add a review in Minute Menu HX and note that the review type is a Special/Evaluation visit instead of a normal/follow-up review, that review does not affect the provider's next review date. This allows you to ad a record for a home visit, even though you may not want to change the currently scheduled visit date for that provider.

Understand Review Averaging

Last Modified on 07/13/2020 4:10 pm CDT

Per USDA regulations, sponsors must review home care providers at least three times per year, and no more than six (6) months can pass between reviews. However, many sponsors have updated their management plans to handle review averaging. This means that sponsors can review some providers only twice a year, as long as the agency visits providers an an average of three (3) times per year and no more than six (6) months passes between each visit.

To effectively implement review averaging:

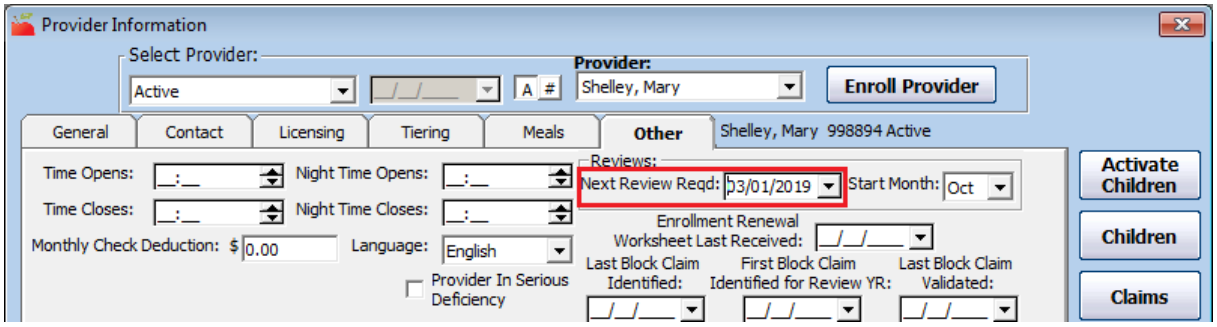
Identify no more than one-third of your providers as in-good standing. These are those providers you are confident offer a high quality of care to the children in their home, always comply with Food Program regulations, and have never been put on corrective action. To make this determination:

1. Print the **Review List Export File**.
    - In the Review Filter window, check the **Meals Disallowed** box and select the **Yes** option.
    - Sort the report by provider name.
    - Remove any provider who has had a meal disallowed during a review.
2. Print the **Serious Deficiency List**.
    - Filter this list to specifically look for providers who have **not** been in serious deficiency in the last three (3) years.
    - Those providers who have been in the serious deficiency process should be removed from your list.
3. If you have one-third or more of your caseload in the resulting list from **Step 1**, manually review this list and remove any provider you do not feel should qualify until you reduce it to about one-third of our caseload.

Once you have your list, update review schedules. Minute Menu HX stores a next review required date for each Provider stored in the system. This is the date by which the next regularly schedule review should occur. This information is stored in the Next Review Rq box in the Provider Information Other tab.

To override this setting:

1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider to change.
3. Click the **Other** tab.
4. Click the **Next Review Rq** box and enter the next review date for this provider.



5. Click **Save**.

If you do this once or twice a year, you will visit these good-standing providers less often. Because many visits result in a required follow-up (especially for providers placed on corrective action), you should easily remain above the three (3) reviews per-year average. To ensure you are staying above the required average, run the Home Visit Status report.

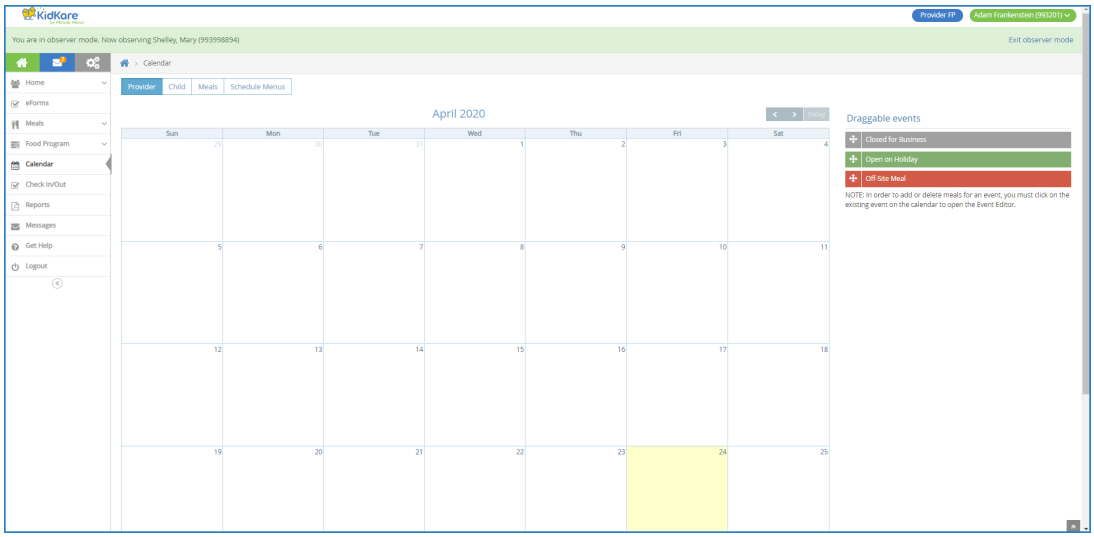
> **Note:** Some agencies are required to specifically assign providers to a particular review cycle—two, three, or four reviews—as part of state agency requirements related to review averaging. If this is necessary for your agency, contact Minute Menu Support to enable a custom field to track the type of schedule a provider has.

Prepare for Reviews with Observer Mode

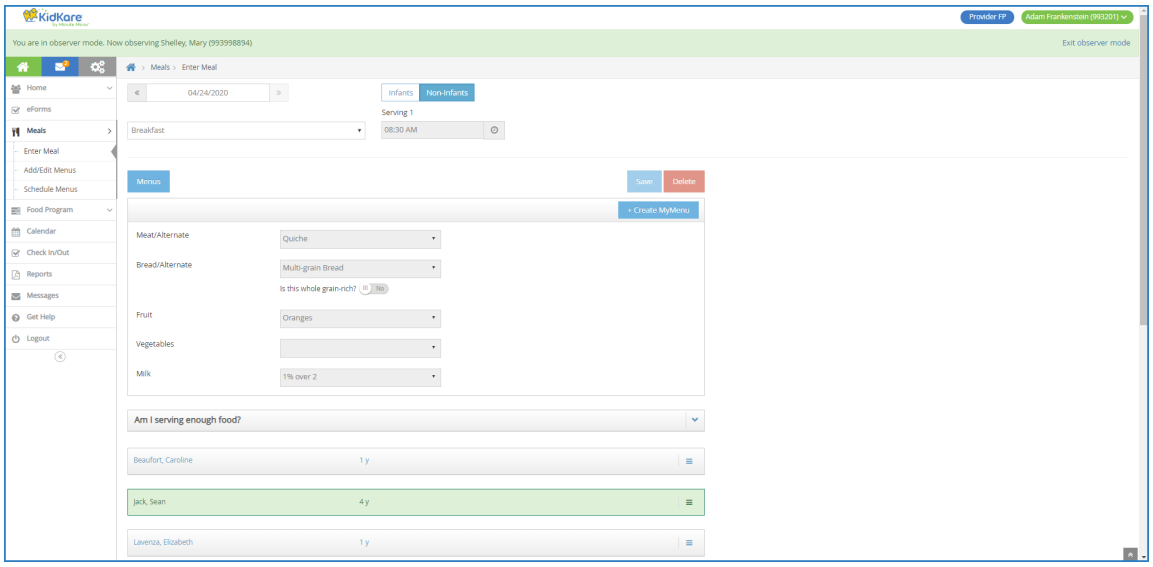
Last Modified on 07/13/2020 4:14 pm CDT

You can view meals, attendance, and reports in Observer Mode. It can be helpful to review this information before or during a home visit.

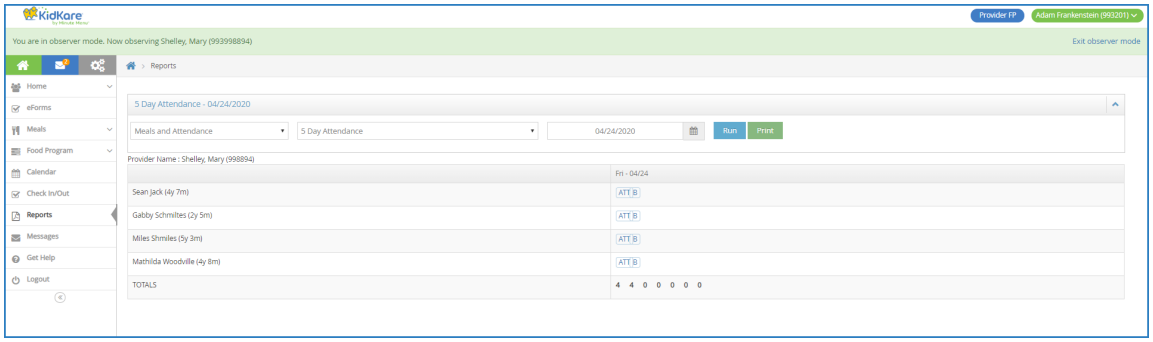
1. Log in to **app.kidkare.com** with the same ID and password you use to access Minute Menu HX. A list of your providers displays.
2. Click a **provider's name** to view that provider's account in Observer Mode. The account opens.
3. To see which meals have been recorded:
    a. From the menu to the left, click **Calendar**. The Calendar page opens.



    b. Click the **Meals** tab. Any day with a meal abbreviation has menus, meal counts, and attendance.
        - **B:** Breakfast
        - **A:** AM Snack
        - **L:** Lunch
        - **P:** PM Snack
        - **D:** Dinner
        - **E:** Evening Snack
    c. Click the meal abbreviation to view meal details.

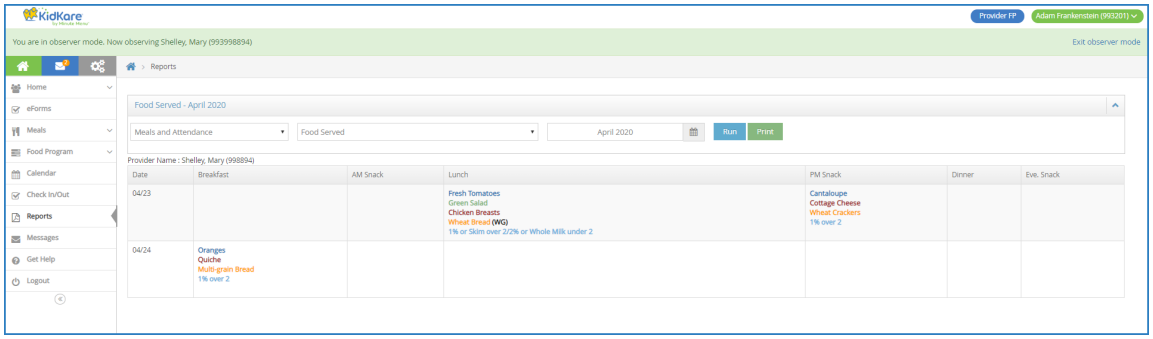


4. To print the 5 Day Attendance report:
    a. From the menu to the left, click **Reports**. The Reports page opens.
    b. Click the **Select a Category** drop-down menu and select **Meals and Attendance**.
    c. Click the **Select a Report** drop-down menu and select **5 Day Attendance**.
    d. Click the **Select Day** box and select a date to view. The day you select and four previous days with meal counts are included on the report.
    e. Click **Run**. Each child claimed and the meals for which they were claimed display. Totals display on the last row.



    f. Click **Print** to print the report.

5. To view served and whole grain-rich foods:
    a. From the menu to the left, click **Reports**. The Reports page opens.
    b. Click the **Select a Category** drop-down menu and select **Meals and Attendance**.
    c. Click the **Select a Report** drop-down menu and select **Foods Served**.
    d. Click the **Select a Month** box and select the month to view.
    e. Click **Run**. The food served for the month displays. Any food marked with **(WG)** is a whole grain-rich food.



f. Click **Print** to print the report.

6. When finished, click **Exit Observer Mode**.

Note: Click **here** to watch a recorded webinar that walks you through using Observer Mode.

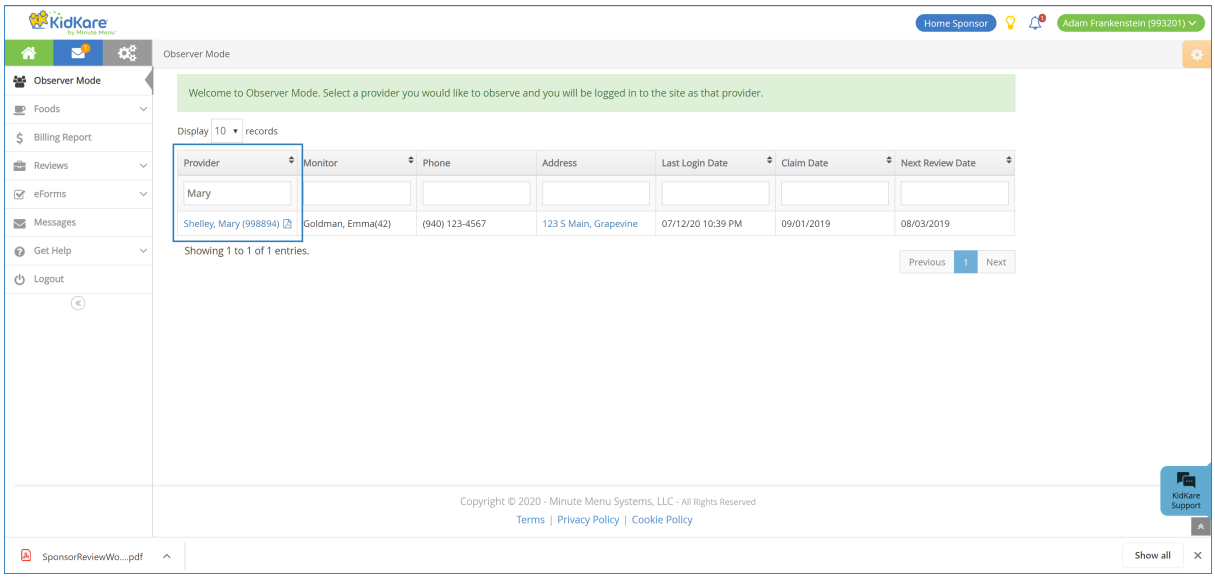
Print the Sponsor Review Worksheet

Last Modified on 07/13/2020 4:24 pm CDT

When you conduct a home visit, you typically need to take a large amount of information about the provider with you so you know how to conduct the visit. Print the Sponsor Review Worksheet for your Monitors so they have a quick reference sheet of a provider's relevant information. You can print this report in both KidKare and Minute Menu HX.

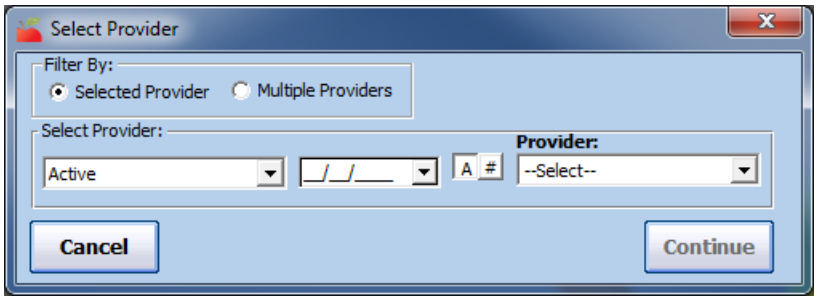
Printing the Sponsor Review Worksheet in KidKare

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. On the **Observer Mode** page, use the **Provider** box to locate the provider to review.
3. Click the link in the **Provider** column. The Sponsor Review Worksheet downloads.



Print the Sponsor Review Worksheet in Minute Menu HX

1. Click the **Reports** menu, select **Reviews**, and click **Sponsor Review Worksheet**. The Select Provider dialog box opens.

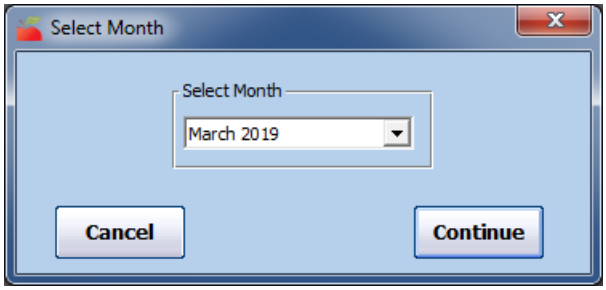


2. In the **Filter By** section, select **Selected Provider** or **Multiple Providers**.
    - If you select **Selected Providers**, click the **Provider** drop-down menu and select the provider for

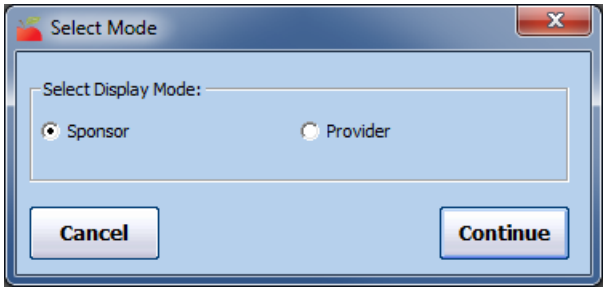
whom to print the report.

- If you select **Multiple Providers**, click **Continue**. The Provider Filter window opens. Set filters, as needed. Continue to **Step 3**.

3. Click **Continue**. The Select Month dialog box opens.
4. Click the **Select Month** drop-down menu and select the month for which to print the report.



5. Click **Continue**. The Select Mode dialog box opens.
6. Select the **Sponsor** option. This ensure the report includes important information, such as messages, documentation, and the user who enrolled the sponsor into Minute Menu HX.



7. Click **Continue**. The Select Child Sort Preference dialog box opens.
8. Select **Sort by Name** or **Sort by Number/ID**. If you are using scannable review forms, you may find it easier to list the children by child number so it is easier to fill-out the scannable review forms.
9. Click **Continue**. The report is generated.

This report shows all aspects of a provider's file relate to the home visit. This includes the following (and more):

- **Claim History:** This is the last three (3) months' worth of claims received. The claim source indicated here is SF (Scannable Form), WEB (KidKare), or MAN (manual form). This lets you know what kind of form supplies to bring with you and what to expect in the way of paperwork. If the provider has started claiming on KidKare, follow the pre-visit procedures for KidKare providers. If these claims have meal and attendance data, this section also notes what days of the week the provider actually claimed.
- **Review History:** This is the last 12 months' worth of home visits recorded in Minute Menu HX.
- **Training History:** This is the last 12 months' worth of training recorded in Minute Menu HX.
- **Days Closed:** This is the days/meals the provider is closed, as noted on the Provider Calendar. This helps you know when to visit the provider.
- **Driving Instructions:** This is driving instructions recorded in the Provider Information Contact tab.

- **Comments:** These are any comments entered in the Provider Information General tab.

Print the 5 Day Attendance Reconciliation Report

Last Modified on 07/13/2020 4:31 pm CDT

You must satisfy the requirements of the 5 Day Attendance Reconciliation regulations. Minute Menu HX has two reports that can assist in this task:

- 5 Day Attendance Report
- Child Attendance Reconciliation Report

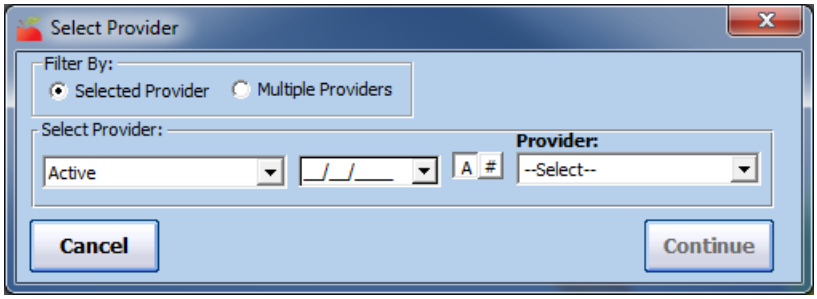
5 Day Attendance Report

This report provides a chart of each child claimed over any five-day period. Use this report to reconcile the children observed at meals with the children claimed for those same meals (as listed on this report). This report sufficies in many states that interpret the 5 Day Attendance Reconciliation as a comparison of the children in the home at the current meal being observed with the children being claimed at that same meal for the last five days.

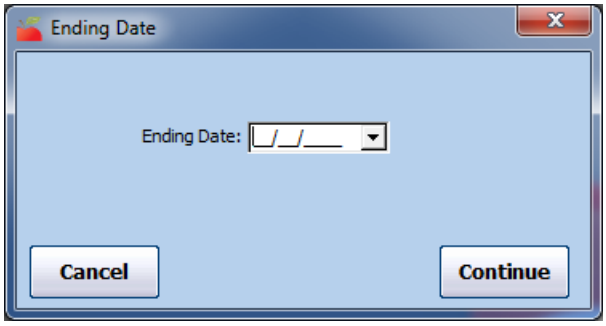
However, some states require that you reconcile the schedules of the children from the child enrollment forms with the children that were actually claimed. If this is the case in your state, you should also print the Child Attendance Reconciliation report. For more information, see **Child Attendance Reconciliation Report.**

To print the 5 Day Attendance report:

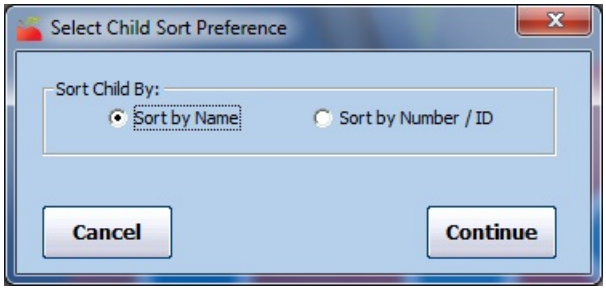
1. Click the **Reports** menu, select **Claim Data**, and click **5 Day Attendance Report**. The Select Provider dialog box opens.



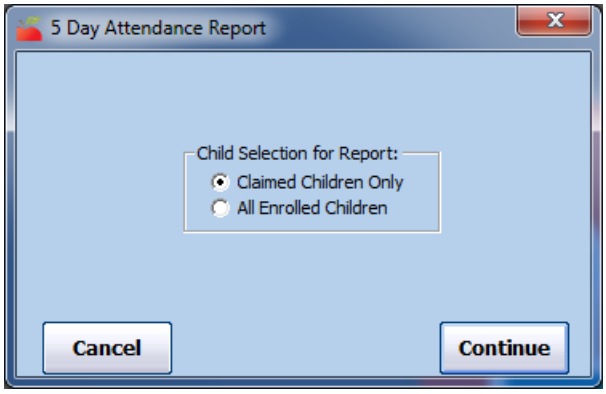
2. In the **Filter By** section, select **Selected Provider** or **Multiple Providers**.
    - If you select **Selected Providers**, click the **Provider** drop-down menu and select the provider for whom to print the report.
    - If you select **Multiple Providers**, click **Continue**. The Provider Filter window opens. Set filters, as needed. Continue to **Step 3**.
3. Click **Continue**. The Ending Date dialog box opens.
4. Click the **Ending Date** box and enter an ending date for the report.



5. Click **Continue**. The Select Child Sort Preference dialog box opens.
6. Select **Sort by Name** or **Sort by Number/ID**.



7. Click **Continue**. The 5 Day Attendance dialog box opens.
8. Select **Claimed Children Only**.



9. Click **Continue**. The report (PDF) is generated.

Print the Child Attendance Reconciliation Report

Last Modified on 07/13/2020 4:36 pm CDT

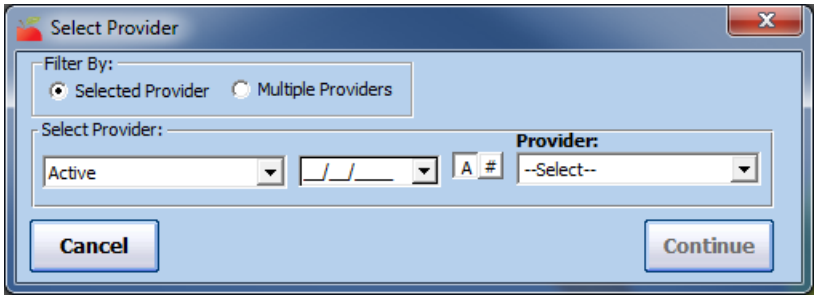
The Child Attendance Reconciliation report provides an analysis of a given provider over one week. It compares the attendance supplied by the provider with children that *should* have been in attendance against the times supplied for the children.

Some states allow you to print this report for a prior month and base your five-day reconciliation analysis solely on its contents. If there are any discrepancies on the report, you must follow-up with an appropriate action, which might include starting the household contact process for this provider to resolve the discrepancies.

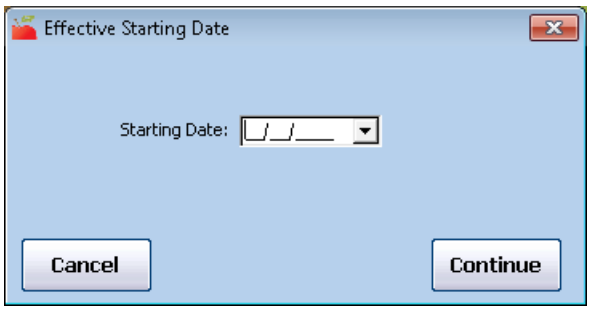
Other states require the five (5) day reconciliation be done on the five most recent days claimed. If the provider is claiming via KidKare, you can still print the report to save you the effort of performing the reconciliation manually. You can still print this report for the yet unclaimed week (since the data for the current month would not be in Minute Menu HX at the time of the review) and use it to quickly reference child enrollment schedules with what was recorded by the provider in attendance.

To print this report:

1. Click the **Reports** menu, select **Reviews**, and click **Child Attendance Reconciliation Report**. The Select Provider dialog box opens.

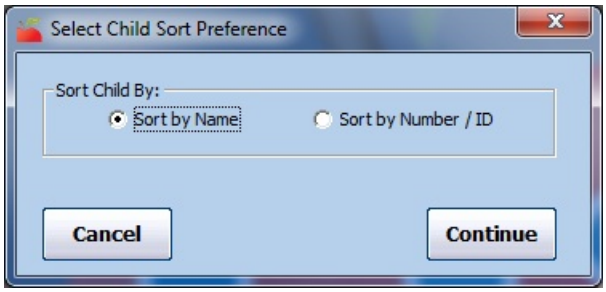


2. In the **Filter By** section, select **Selected Provider** or **Multiple Providers**.
    - If you select **Selected Providers**, click the **Provider** drop-down menu and select the provider for whom to print the report.
    - If you select **Multiple Providers**, click **Continue**. The Provider Filter window opens. Set filters, as needed. Continue to **Step 3**.
3. Click **Continue**. The Effective Starting Date dialog box opens.

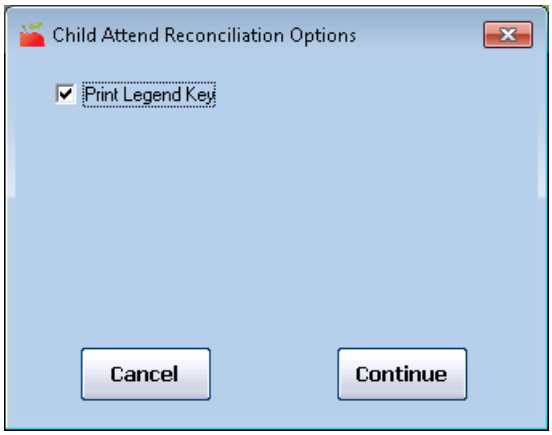


4. Click the **Effective Starting Date** box and enter a starting date for the report.
5. Click **Continue**. The Select Child Sort Preference dialog box opens.

6. Select **Sort by Name** or **Sort by Number/ID**.



7. Click **Continue**. The Child Attendance Reconciliation Options dialog box opens.
8. Check the **Print Legend Key** box to print a legend key on the report.



9. Click **Continue**. The report is generated.

This report highlights all children that should *not* have been claimed but were claimed for a given meal in red. Red over-claims could indicate any of the following:

- The child's schedule has changed since enrollment information was supplied. The child's enrollment information needs to be updated.
- The child's schedule varied for one day.
- In combination with very consistent attendance patterns, this could indicate an invalid block claim. Even without consistent attendance patterns, this could indicate that the provider is claiming children who aren't in the home. Note that if a child's enrollment indicates that their days/times of attendance vary, the report will note that, which can help explain any discrepancies.

> **Note:** If your claims processor is configured to cross-reference the days of a child's enrollment with what was actually claimed, these red highlights should correspond with the following error codes on the Office Error report: 109, 110, and/or 120.

The report also highlights all children that weren't claimed, but *should have* been claimed, for a given meal in yellow. Yellow under-claims could indicate the following:

- The child's schedule has changed since enrollment information was supplied. The child's enrollment information needs to be updated.
- The child's scheduled varied for one day.
- The provider is attempting to avoid the appearance of being over capacity.

This report rounds to the nearest 15 minute interval when computing meal times or child attendance times (from enrollment form or daily event records). As a result, it can sometimes show over-claiming (red) or under-claiming (yellow) when neither situation happened. For example, if a child leaves at 4:50PM and the next meal starts at 5:00PM, the report rounds the child's departure time to 5:00PM and shows an under-claim.

It also doesn't take into account any buffer times. For example, this report assumes that a child who departs at 5:00PM should be fed the 5:00PM meal because the times overlap, even though the child couldn't have eaten at that meal.

[VIDEO] Get Started with the KidKare Review Tool

Last Modified on 12/22/2022 10:33 am CST

With this tool, you no longer need to download provider information or upload your completed reviews. You can access the KidKare Review Tool tool directly from KidKare.

Recommended Devices

While you can access and use the KidKare Review Tool from any Internet-enabled device, we recommend the following devices:

- iPads
- Android Tablets
- PC
- Mac

Note that your device must have an Internet connection, which requires a data plan, as offline mode is not supported. We strongly recommend you use the Google Chrome browser on your device.

> **Note:** The tool may not display properly on small phone screens, and Kindles are not recommended.

Get Started

Using the KidKare Review Tool involves the following:

1. **Add monitors**.
2. **Customize the review questionnaire**.
3. **Monitors complete the review questionnaire**.
4. **Validate reviews in Minute Menu HX**.

> **Note:** Click the link below to download a printable quick start guide!
>
> kidkarerev-qsg.pdf

Complete the Review Questionnaire

Once a Monitor is ready to review a provider, they can log in to KidKare on any device and complete the review.

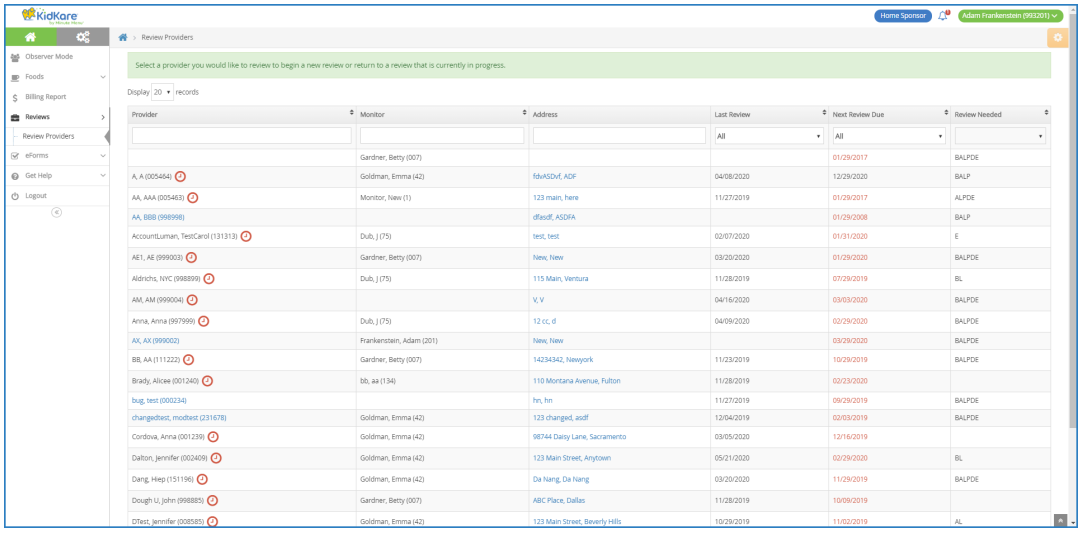
Last Modified on 12/22/2022 10:44 am CST

Completing the Questionnaire in KidKare

Note: Click the link below to download and print our printable Quick Start Guide!

AdminReviewSite-gsg.pdf

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. From the menu to the left, click **Reviews**.
3. Click **Review Providers**. The Review Providers page opens.

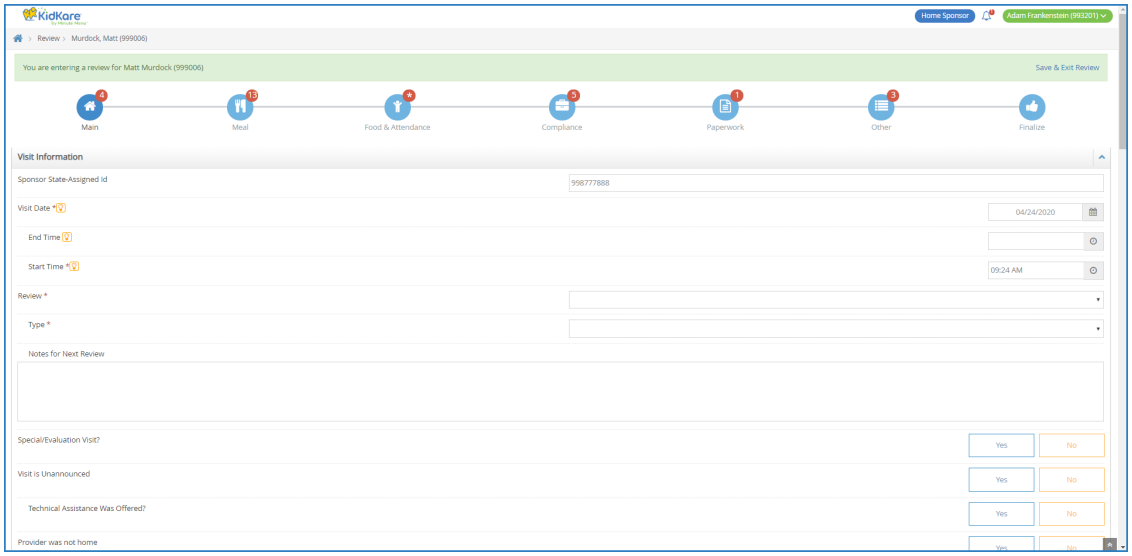


4. Locate the provider to review.
    - Click the **Provider**, **Monitor** (if available), **Last Review**, and **Next Review Date** columns to sort information in ascending or descending order.

      Note: If you have set **Preference U.003 (General Behavior - Use Provider Security)** to **Y**, Monitors can only see those providers assigned to the same group number as them, and the Monitor column is hidden on the table.

    - Click the blank boxes at the top of each column to filter information in that column. For example, you can click the **Provider** box and begin typing a provider's name.
    - Click **Filters** in the top-right corner to set additional filters. You can filter by **Pending**, **Active**, **Hold**, or **Withdrawn** status. If available, you can also specify whether to show reviews for all monitors.
5. Click the provider's address in the **Address** column to open Google Maps™ in a new window.

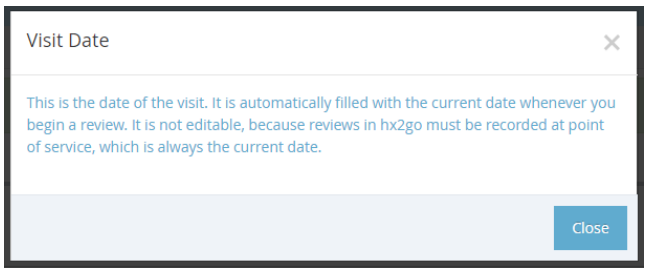
6. When you are ready to begin the review, click the name of the provider to review. The Review Questionnaire opens.



The questionnaire is split into the following pages:

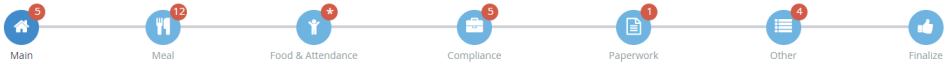
- Main
- Meal
- Food & Attendance
- Service Analysis (Texas Only)
- Compliance
- Paperwork
- Other
- Finalize

7. Complete the questions for each page. As each review is created by the sponsor administrator, review questions vary.
   - Click **Save** to save your progress before you continue.
   - Click **Continue** to go to the next page.
   - Click a page icon to jump to that particular page.
   - Click  to view more information about the question (if the administrator provided it). When finished, click **Close**.



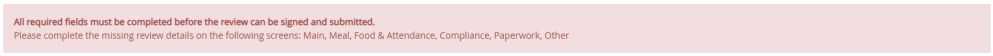
   - The remaining number of required fields displays next to each page icon and updates automatically

as you enter information. The only exception is the **Food & Attendance** page: An asterisk displays for this page if there are missing fields.

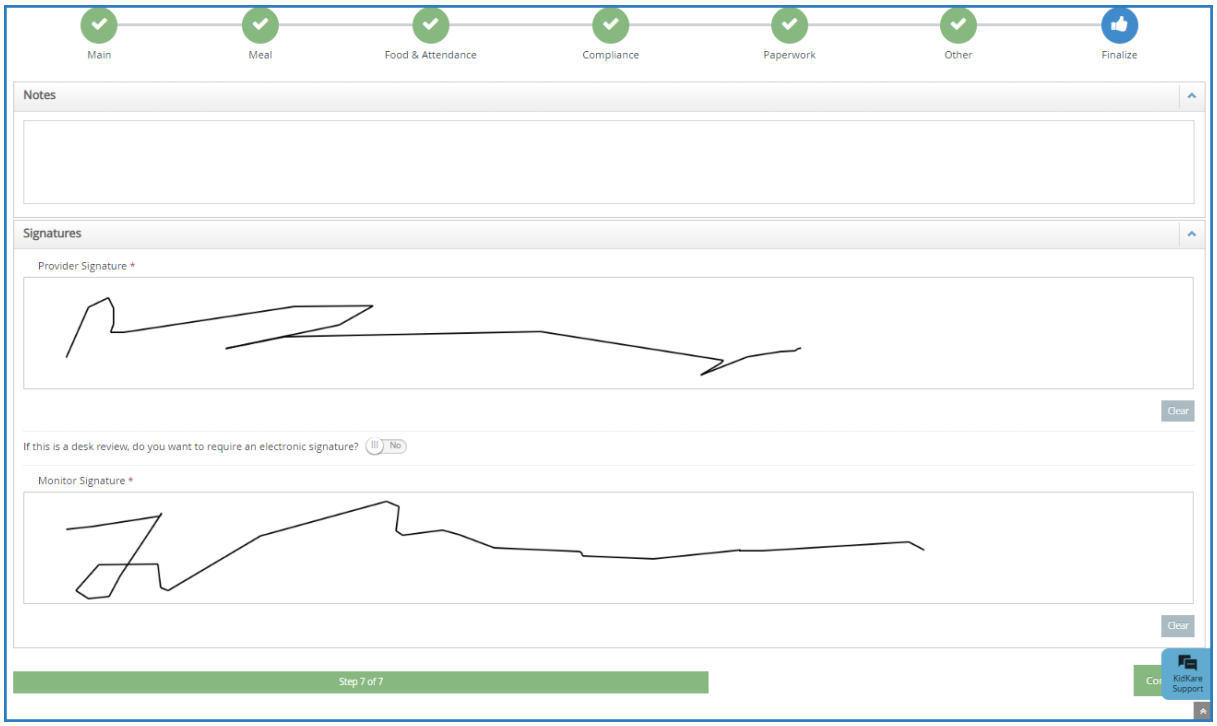


- If you need to exit the review and return later, click **Save & Exit Review** at the top of the page, or click **Save** at the bottom of the page and close the review. Your information is retained, and you can return to the review at a later time.

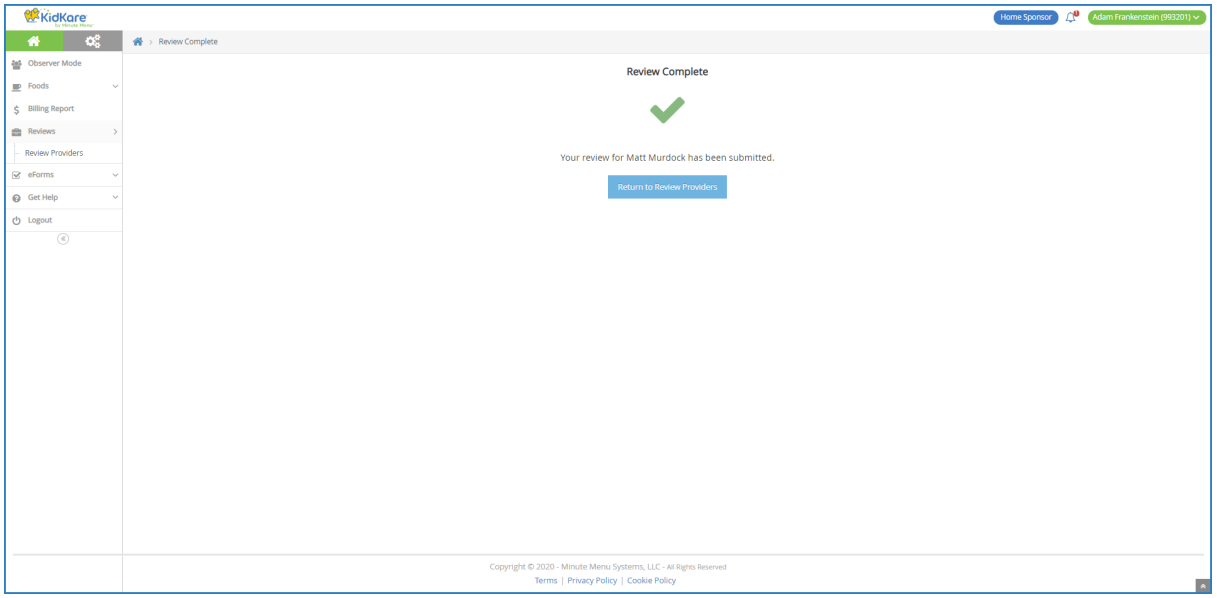
8. Once you reach the **Finalize** page, ensure that all review components are complete. If you are missing required fields:
   - The **All Required Fields Must Be Completed Before The Review Can Be Signed and Submitted** message displays. Links to the incomplete pages are also included. Click the link to jump to the page you need to complete.



   - The number of missing fields is indicated next to the page icon (except for the Food & Attendance page, which is marked with an asterisk).
9. Click the **Notes** box and enter any review notes. Click ^ to collapse this section. Click v to expand it again.
10. In the **Signatures** section:
    - If this is not a desk review, have the provider sign the **Provider Signature** box.
    - If this is a desk review and you want to require an electronic signature, set **If this is a desk review, do you want to require an electronic signature?** to **Yes**. The provider will receive an email and a KidKare message prompting them to acknowledge and sign for their review electronically. For more information, see **Require Signatures for Desk Reviews**.
11. Sign the **Monitor Signature** box.



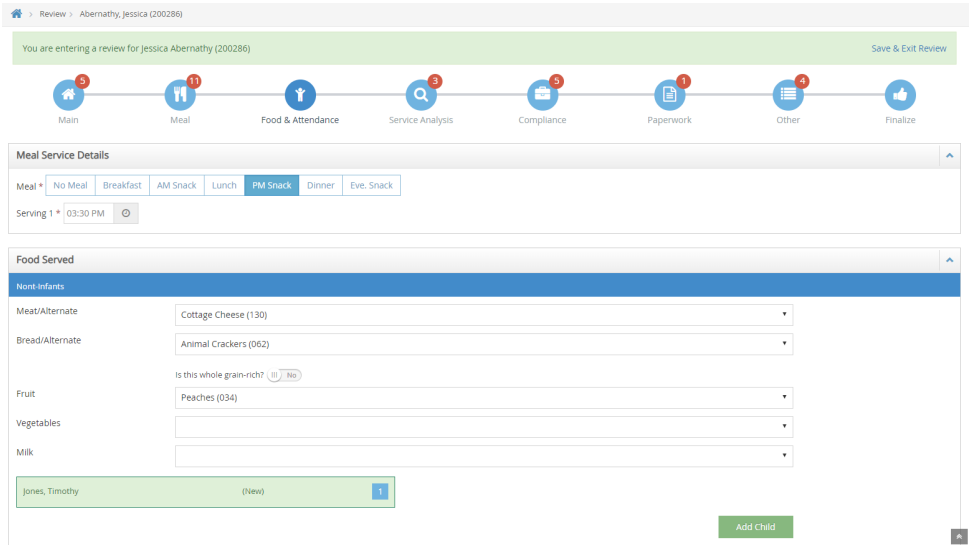
12. Click **Complete**. The Confirmation page opens. Once you complete the review, the provider receives an email and a message in KidKare alerting them that their review report is ready. They can download a copy of their review at the link in either one of these messages. If your providers need help finding their copy of this report, direct them to the **Review Report** article at **help.kidkare.com**.



About the Food & Attendance Review Page

The amount of required fields on the Food & Attendance page varies depending on user input. For example, if you do not select a meal, meal components are *not* required. However, if you do select a meal, the components *are* required. For this reason, the remaining required fields are marked with an asterisk next to the page icon, and the page display changes as monitors complete the review.

1. In the **Meal Service Details** section, select **No Meal**, **Breakfast**, **AM Snack**, **Lunch**, or **PM Snack**.
2. If the provider is approved for multiple servings, select the number of servings given at the meal (**1** or **2**). Then, select the time at which each serving was given.
3. In the **Food Served**, section, select the food served at the meal. You must complete this information for both non-infants and infants. There are slight differences between how meals are recorded for infants versus non-infants. For more information, see **Recording Meal Components for Infants**, below.
4. Click a child's name to mark them as present for the meal. If you selected two servings in **Step 2**, click the child's name again to mark them as present for both servings.



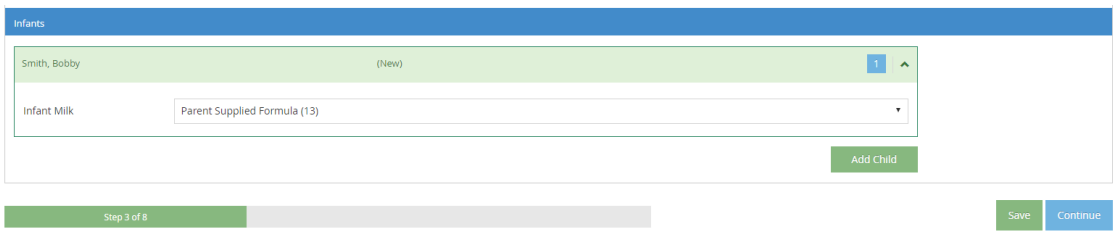
> **Note:** If a child is not listed on this page, click **Add Child**. Then, enter the child's information and click **Add**. The child is added to the review and to Minute Menu HX.

5. When finished, click **Continue**.

Recording Meal Components for Infants

Per the USDA regulations for developmentally ready foods, there is no set age when developmentally ready foods must be served, as the development rate of infants varies between children. All meal components for infants must be recorded on a per-child basis.

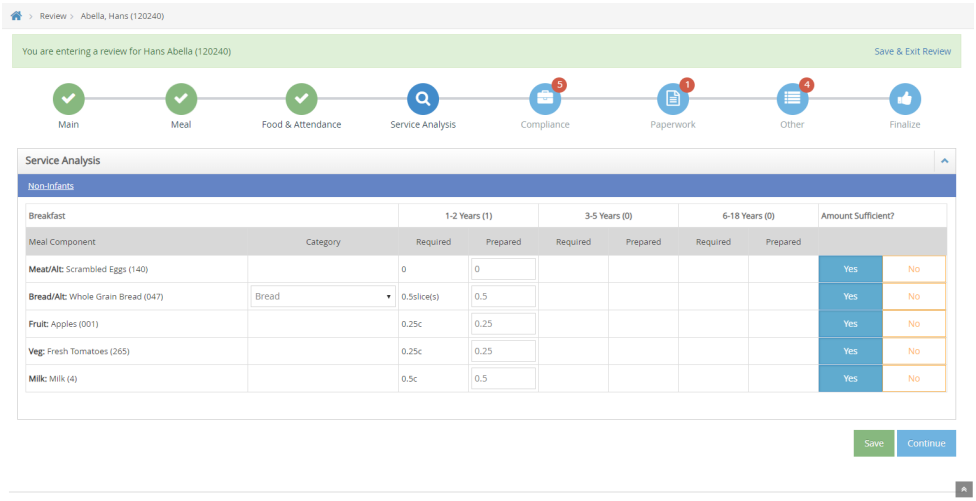
You must still click the child's name to mark them as present (click twice to mark them present for both servings, if needed). Once a child is marked present, meal components display under their name.



Service Analysis for Texas Sponsors

Sponsors for the state of Texas must also complete the Service Analysis page. This page lists the food components entered on the Food & Attendance page for non-infants and infants, as well as the required quantities. You must enter the prepared quantities and indicate whether those quantities were sufficient.

1. Begin the review as you normally would. For more information, refer back to the heading **Completing the Questionnaire in KidKare**, above.
2. Enter information, as required, and click **Continue** to move through the review pages.
3. When the Service Analysis page opens:
    a. Click the **Category** drop-down menu next to each listed food (if available), and select the category to which the food belongs.
    b. Click the boxes in the **Prepared** column for each age group, and enter the quantity of food prepared.
    c. In the **Amount Sufficient** column, click **Yes** or **No**.



4. Repeat **Step 3** for each meal. You must complete these tables for both non-infants and infants.
5. When finished, click **Continue**.

Require Signatures for Desk Reviews

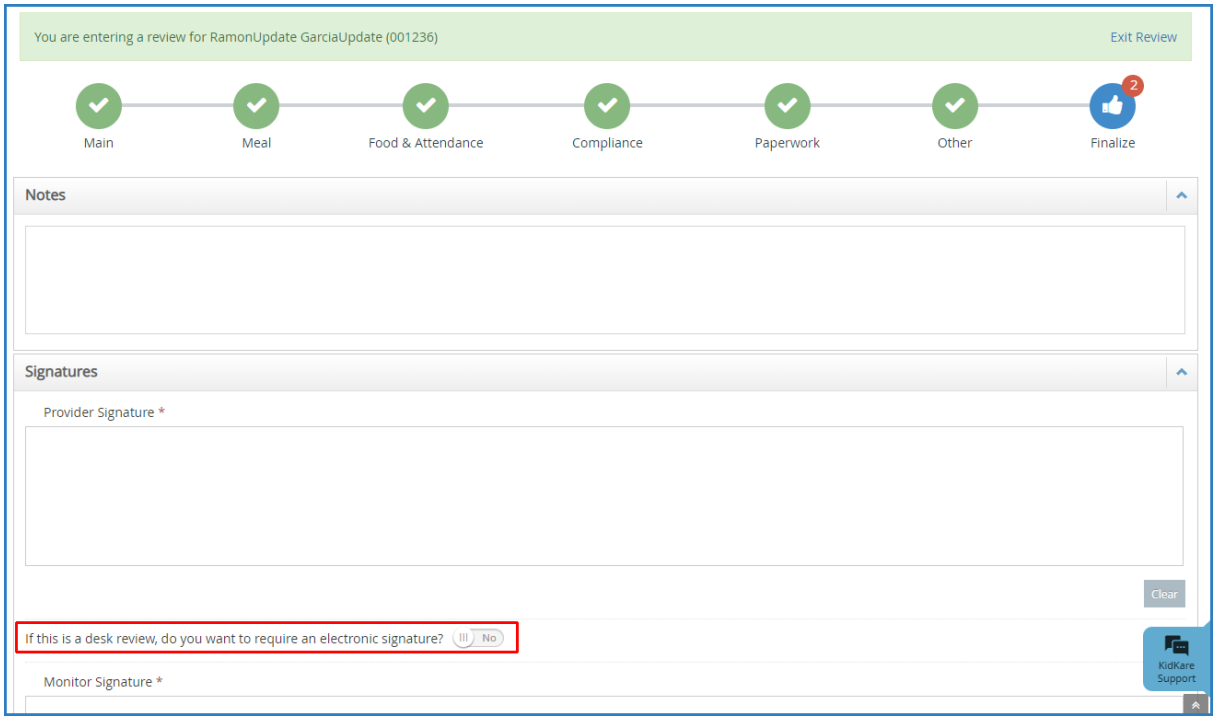
Last Modified on 09/13/2021 4:02 pm CDT

When completing desk reviews, you can require that a provider digitally sign to acknowledge they received a copy of the Review report. You can toggle this option on and off when finalizing the review. **The review will not be complete until the provider signs their review.**

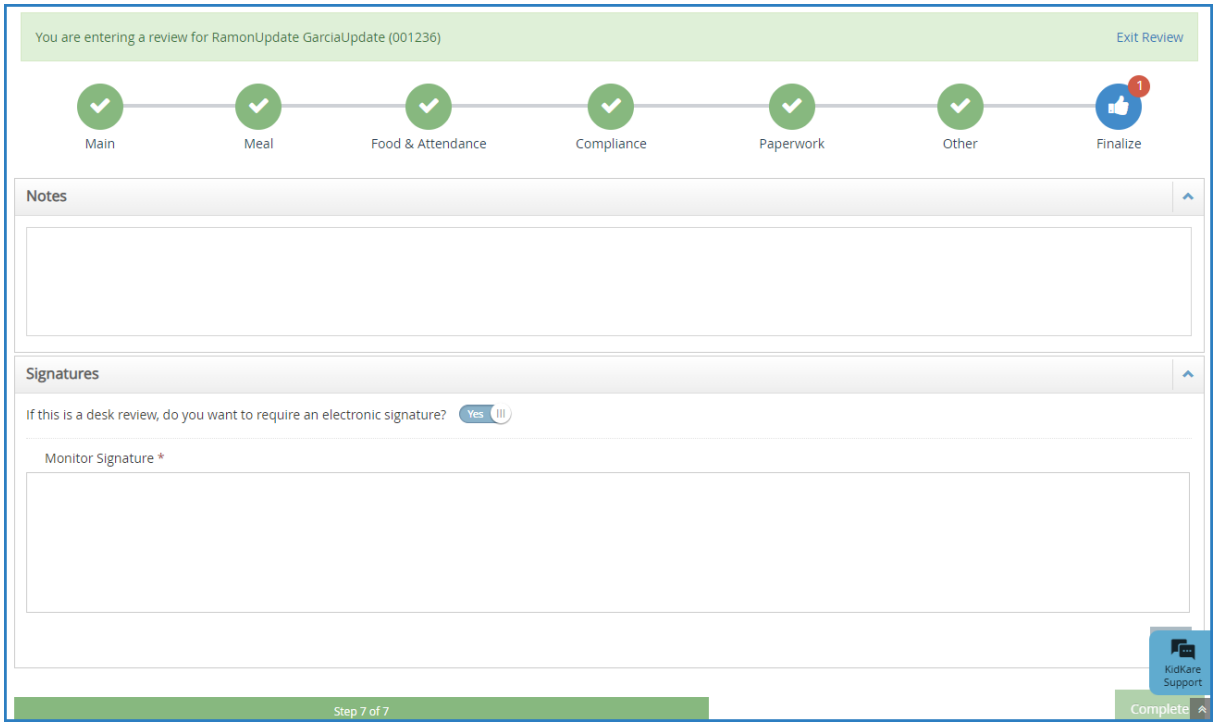
1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. From the menu to the left, click **Reviews**.
3. Click **Review Providers**. The Review Providers page opens.
4. Locate the provider to review.
    - Click the **Provider**, **Monitor** (if available), **Last Review**, and **Next Review Date** columns to sort information in ascending or descending order.

      Note: If you have set **Preference U.003 (General Behavior - Use Provider Security)** to **Y**, Monitors can only see those providers assigned to the same group number as them, and the Monitor column is hidden on the table.

    - Click the blank boxes at the top of each column to filter information in that column. For example, you can click the **Provider** box and begin typing a provider's name.
    - Click to set additional filters. You can filter by **Pending**, **Active**, **Hold**, or **Withdrawn** status. If available, you can also specify whether to show reviews for all monitors.
5. Complete the review questionnaire as you normally would. For details, see **Complete the Review Questionnaire**.
6. When you reach the **Finalize** page, click  next to **If this is a desk review, do you want to require an electronic signature?**



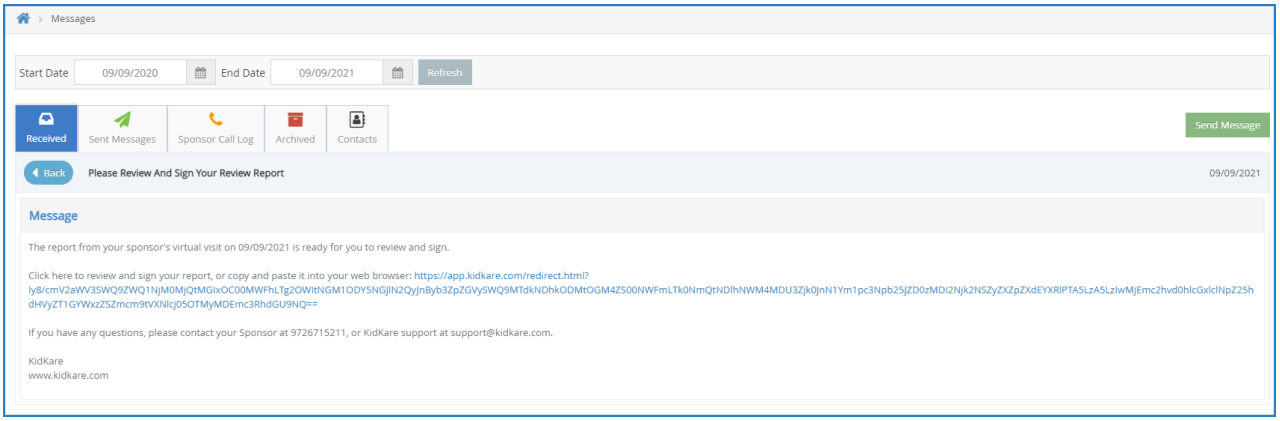
The **Provider Signature** box and the **Helper Signature** box (if present) are removed.



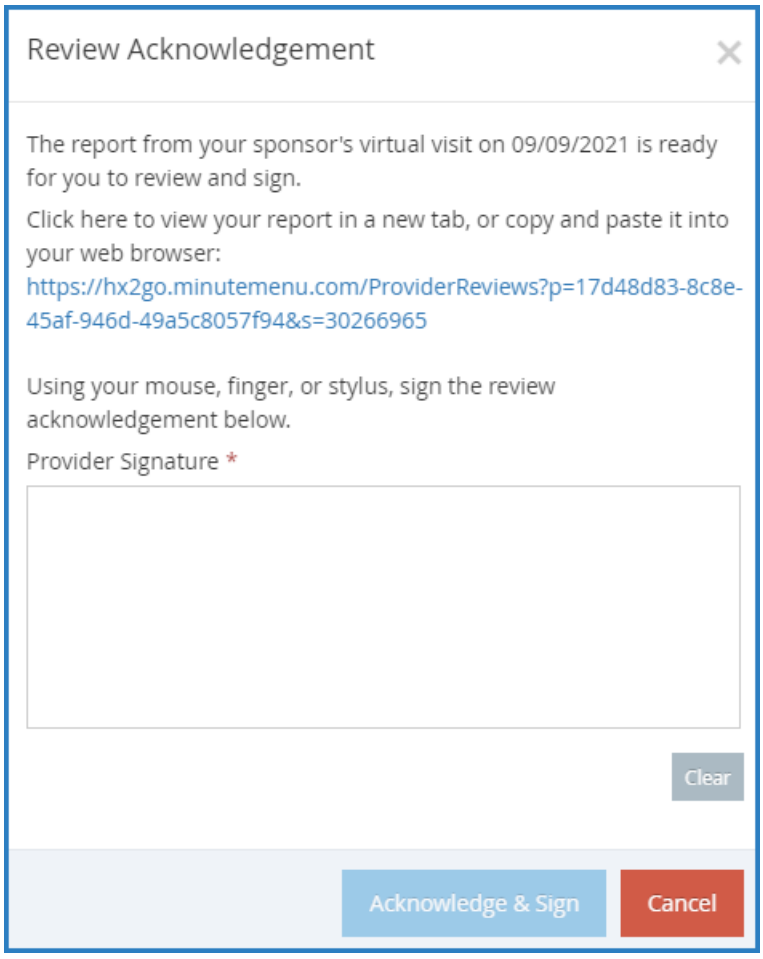
7. Sign in the **Monitor Signature** box and click **Complete**.

Review Acknowledgement

Once you click **Complete**, the provider will receive an email and a message in KidKare prompting them to review and acknowledge their Review report.



When the provider clicks the link, the **Review Acknowledgement** pop-up opens. If this link is accessed from email, the provider will be automatically logged into KidKare first.



The provider can click the link to open their review in a new tab. Then, they can use a mouse, finger, or stylus to sign the **Provider Signature** box. If you indicated that a helper was present during the review, the **Helper Signature** box also displays so the helper can sign the acknowledgement. Once they acknowledge and sign for the review, they will receive a new message and email with a link to the updated, signed report. For more details and instructions for providers, see **Sign for Desk Reviews Electronically**.

Delete In-Progress Reviews

Last Modified on 07/13/2020 4:42 pm CDT

You can delete in-progress reviews, if needed.

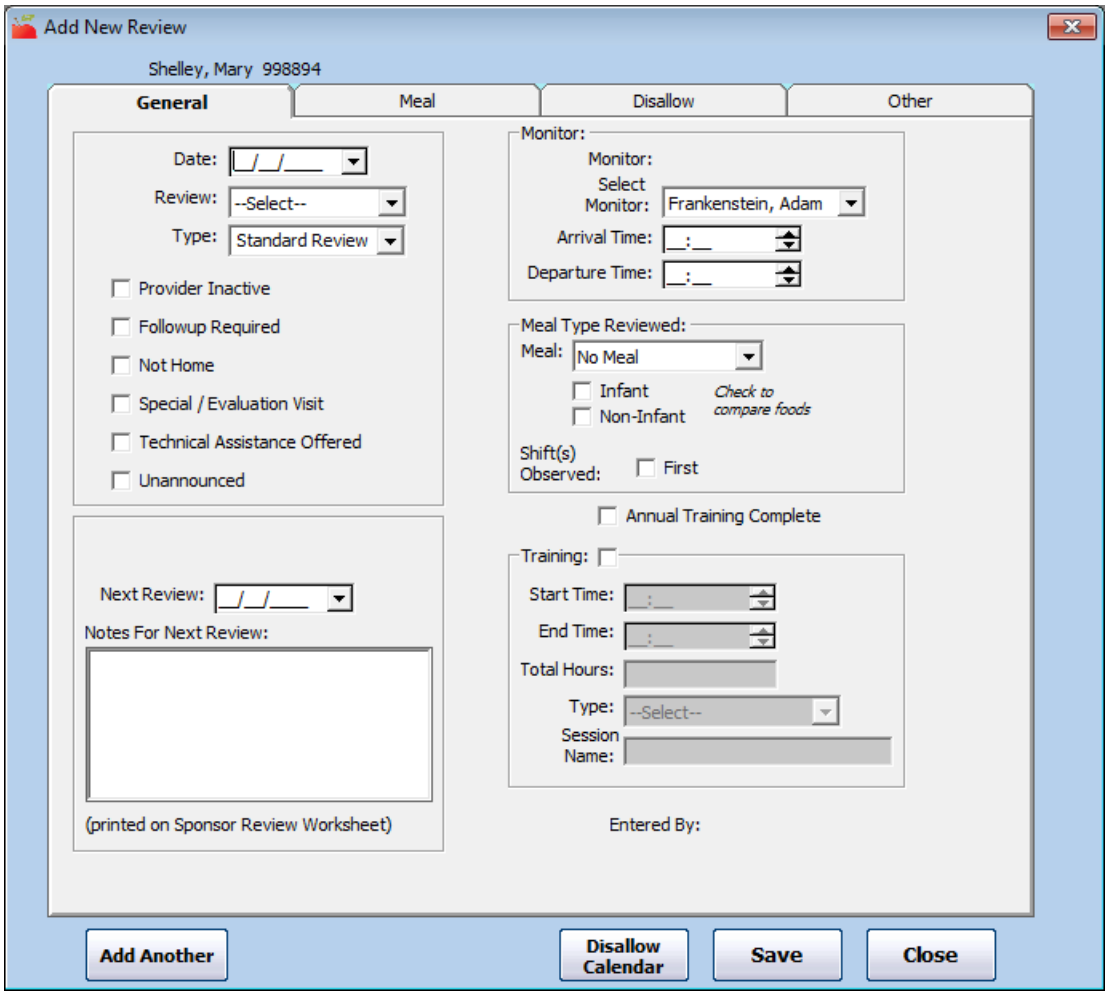
1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. From the menu to the left, click **Reviews**.
3. Click **Review Providers**. The Review Providers page opens.
4. Click  next to the provider's name.
5. At the **Are You Sure** prompt, click **Yes**.

Add Reviews Manually

Last Modified on 03/24/2023 1:46 pm CDT

You can manually add reviews to a provider's record outside of KidKare, or the Admin Review site. This is especially useful if you do all review work manually.

1. Click the **Providers** menu and select **Provider Reviews**. The List Reviews window opens.
2. In the **Filter By** section, select **All Providers** or **Selected Providers**. If you choose Selected Providers, click the **Provider** drop-down menu and select the provider.
3. Click **Refresh List**.
4. To add a review:
    - If you filtered to All Providers in **Step 2**, click **Add** next to the provider for whom to add a review. The Add New Review window opens.
    - If you filtered to a specific provider in **Step 2**, click **Add Review** in the bottom-left corner of the window. The Add New Review window opens.



5. In the General Tab:
    a. Click the **Date** box and enter the date of the review.
    b. Click the **Review** drop-down menu and select the classification of this review. This impacts the date

set in the Next Review box. You can choose from the following:

- 1st - 4th Review
- Follow-up Review
- Pre-approval Review
- 28 Day/30 Day/ 4 Week Review
- Special/Eval

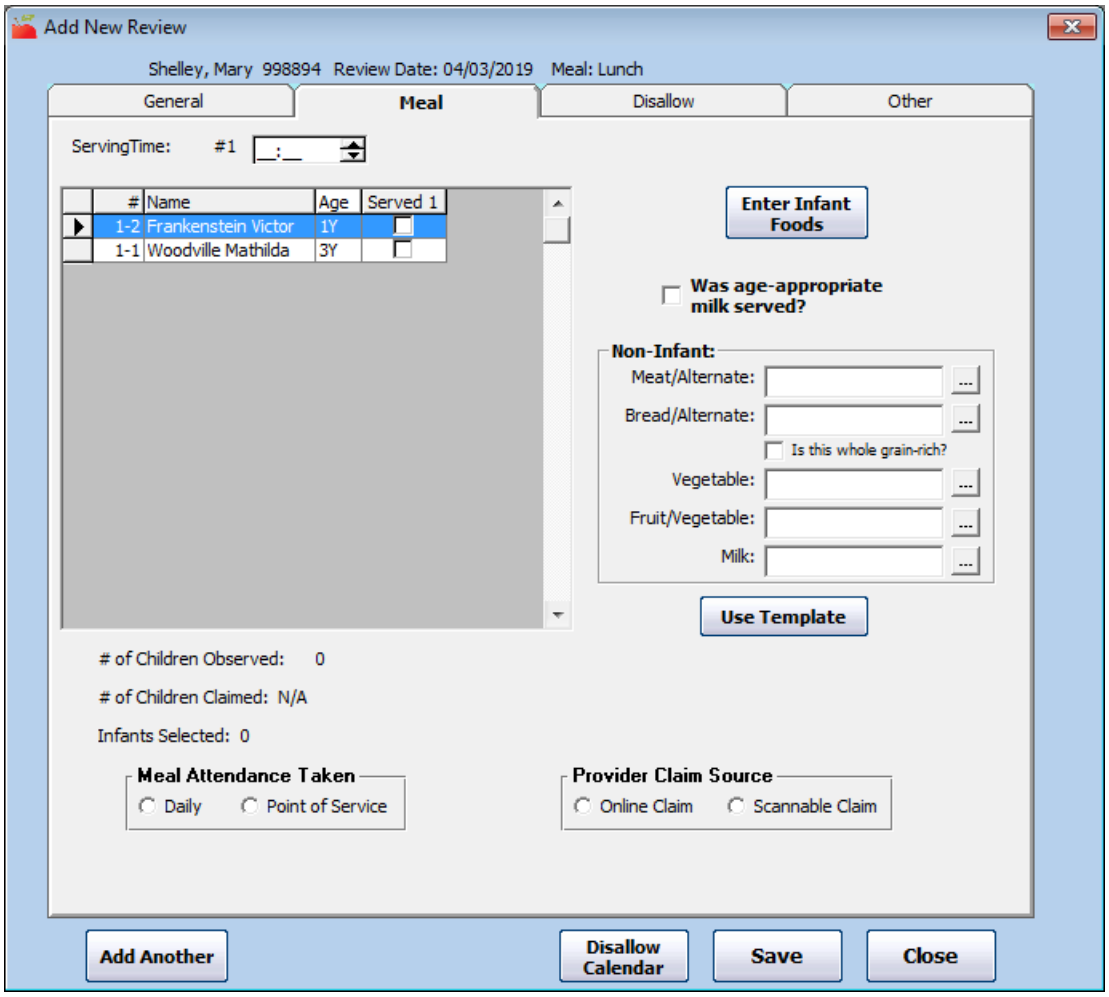
> **Note:** If you select Special/Eval, the next review due date is not set, and this review does not affect the provider's review schedule.

c. Click the **Type** drop-down menu and select the type of the review. Some review types can be automatically set by other fields in the software. For example, weekend reviews are determined by the review date.
d. Check the box next to any of the following options that apply:
   - Provider Inactive
   - Followup Required
   - Not Home
   - Special/Evaluation Visit
   - Technical Assistance Offered
   - Unannounced
e. Click the **Notes for Next Review** box and enter any notes for the next review. The information entered in this box prints on the Sponsor Review Worksheet in the Review History section.

> **Note:** Even though the **Next Review Date** box defaults to a certain value based on the review type, you can change it, if needed.

f. In the **Monitor** section, select the Monitor, their arrival time, and their departure time.
g. In the **Meal Type Reviewed** section, select the meal type and age groups reviewed. Your selection here affects the available options in the Meal tab. Note that if you select No Meal, the Meal tab is not available.
h. Check the **Annual Training Complete** box if the Monitor recorded an annual training with the provider during this review. If you check this box, the system assumes that training occurred and you can supply any other relevant training information.
i. Check the **Training** box if any other training was completed with this provider. Then, enter the training details: Start/End Time, Total Hours, Type, and Session Name.

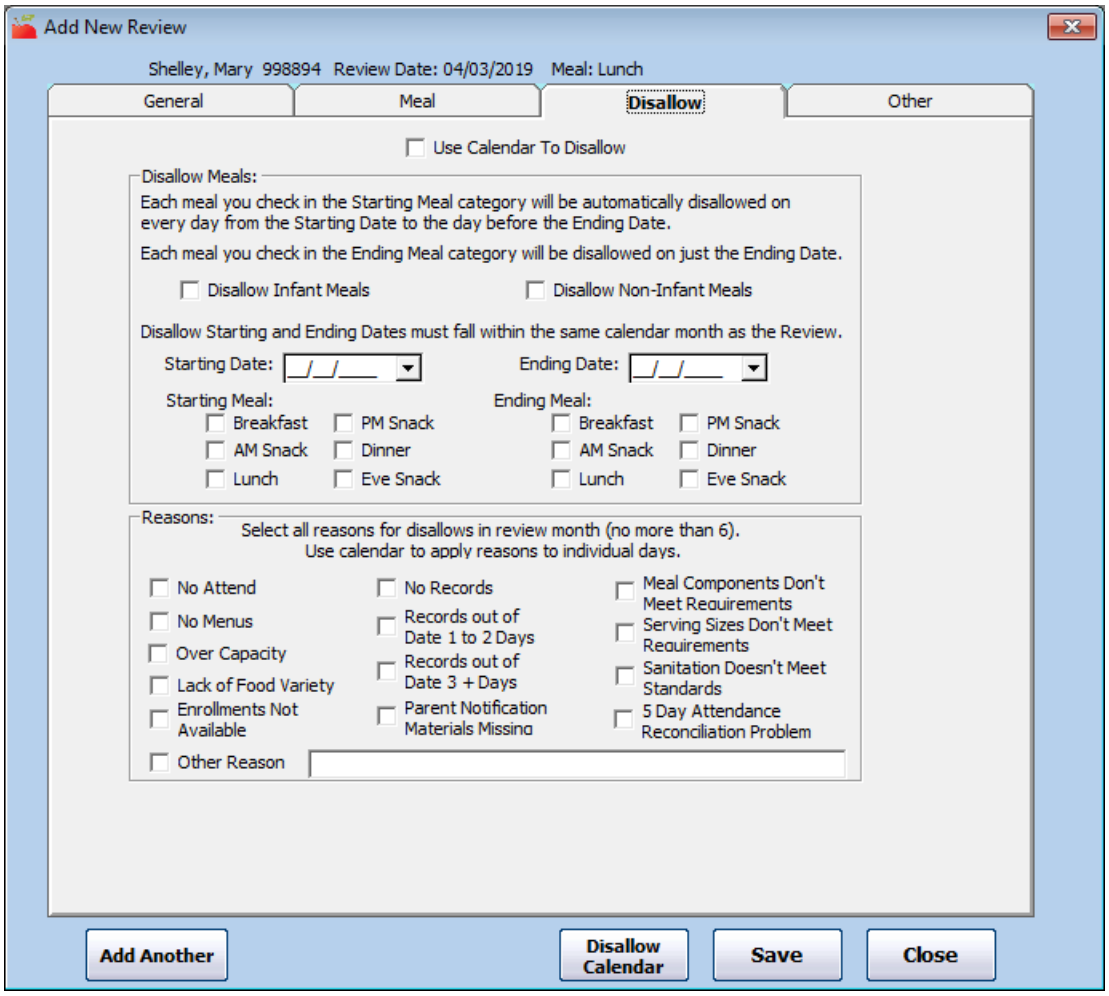
6. Click the **Meal** tab and enter the information below. If you selected **No Meal** in **Step 5g**, go to **Step 7**.
   a. Check the box next to each child in attendance for the meal. If this provider is set up for multiple servings, and you indicated that the Monitor observed both servings in the General tab, check the box next to the serving at which the child was present.



b. Enter the foods served. Click **Enter Infant Foods** to enter any infant foods, if needed. You can leave meal information blank, but if you do supply foods/attendance, the system cross-checks this information when the claim is processed. Any discrepancy between what you note here and what the provider has claimed causes an error when the claim is processed.

7. Click the **Disallow** tab. Use this tab to disallow meals based on information observed during the review. Only use this tab if the Monitor noticed a situation during the review that required a certain meal or set of meals to be disallowed.

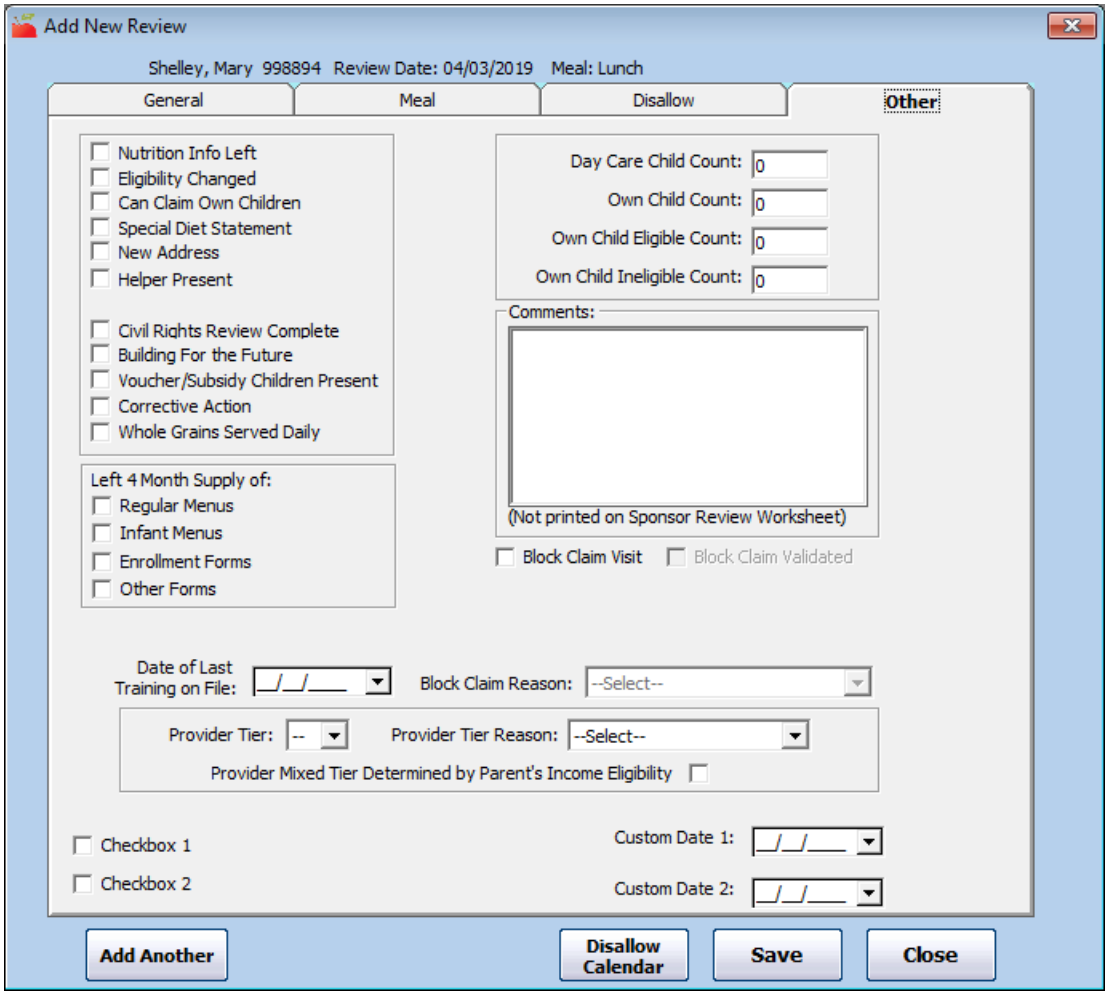
   a. Click the **Disallow Infant Meals** or the **Disallow Non-Infant Meals** box to disallow meals for a specific age group. Checking neither box has the same effect as checking both boxes when you specify a date and meal range.



b. Click the **Disallow Starting Date** and **Ending Date** boxes and enter the first date and last date to be disallowed. To disallow meals for one day only, enter the same date in these boxes.
c. In the **Starting Meal** section, check the box next to each meal to disallow from the starting date through (but not including) the ending date.
d. In the **Ending Meal** section, check the box next to each meal to disallow *on* the ending date.
e. In the **Reasons** section, check the box next to each reason to apply to the disallowances.

> **Note:** You can also disallow meals with the Disallow Calendar. To do so, check the U**se Calendar to Disallow** box and then click **Disallow Calendar**. For more information see, **Disallow Meals with the Disallow Calendar**. You must select reasons and save your progress before opening the calendar.

8. Click the **Other** tab. Use this tab to record additional information about the review. None of the information in this tab is required, and it is not checked when processing claims. You can reference this information in certain reports.



9. When finished, click **Save**.
10. Click **OK** at the confirmation prompt. At this point, you can click **Add Another** to add another review, or click **Close** to close the window.

Fill Out Scannable Review Forms

Last Modified on 07/14/2020 10:53 am CDT

If you do not record reviews online, Monitors use a physical review form during on-site visits to provider homes. Monitors record everything observed during a review on these forms. They consist of the following sections:

- **Top Section:** This section is for recording basic information related to meal servings, as observed during the review. This information can be cross-checked against the records reported by the provider during that month. Some of the information in this section is required. This portion of the form is scannable.
- **Bottom Section:** This section is more open-ended. Your Monitors can use it to record any additional information relevant to the review.

Scan review forms before processing a provider's claim. Minute Menu HX automatically saves all information recorded in the top section of the form in the Minute Menu HX database. Then, during processing, this review information is cross-checked when the provider's meals are analyzed, and any action required is automatically taken by the Minute Menu HX processor.

When filling out forms, observe the following guidelines:

- Use a #2 pencil.
- To erase a mark, use a pink eraser.
- Never fold or staple your forms.
- The Monitor and the Provider must both sign and date the form.

Filling Out the Top Section of the Form

1. Write the provider's six-digit number in the **Provider Number** boxes, and mark the bubble for the corresponding number next to each box. This fields is required.
2. Bubble-in the class and type in the two rows of bubbles in the middle of the top section. The **Class** and **Type** header section looks something like this:

   ○ 30 Day Review ○ Follow up Review
   ○ 1st Review ○ Weekend Review
   ○ 2nd Review ○ Dinner Review
   ○ 3rd Review ○ Not Home

   For most Review Forms, you can mark one and only one bubble in the left column. You can mark as many bubbles as you like in the right column. However, you must mark only **one Class**. You can mark as many other choices in the header as you like. The following Class options are available
   - **30 Day Review / 28 Day Review / 4 Week Review:** This is the first review being done for this provider.
   - **Pre-Approval Review:** The provider has not started to claim.
   - **1st Review:** The first review conducted in the fiscal year.
   - **2nd Review/3rd Review/4th Review:** The second through fourth reviews (if you conduct four reviews in

a year).
    - **Follow-up Review:** This review is a follow-up to a previously attempted review.
3. Mark your **Monitor Number** as assigned by your office. This must be marked on every review form to keep track of who perform each review.
4. Bubble-in the circle for the **Meal Observed**. You must mark at least one meal, or mark that no meal was observed.
5. Bubble-in the **Month**, **Day**, and **Year** in which the review was completed. When entering the year, you only need to supply the last two digits.
6. If the provider you are reviewing serves meals in split shifts, bubble-in the **Split Serving** option if you are observing the second serving of a particular meal.
7. Fill out the **Menus** for both infant and non-infant children according to the food you observe as served. Use your agency's Food Chart when marking foods served, and use the provider's CIF or the Review Worksheet to mark the relevant child numbers in the **Attendance** section. The resulting recorded menus should match the provider's non-infant and/or infant menu that they have already filled-out. If you wish to write on a provider's regular or infant menu form, use a **highlighter only** to mark the meal observed. Any other mark causes an error when scanning the provider's form. This is optional.
8. On certain review forms, mark meals that should be disallowed. You mark disallowances on the review form the same way you mark disallowances when entering a review into HX manually. If you indicate that a disallowance should occur, you must supply a starting and ending disallowance date. Mark all disallowed meals for the Starting date through (but not including) the Ending date. Then, mark all disallowed meals for the Ending date itself. Leave this part of the form blank if you do not determine any disallowances are needed.
9. Many review forms have a bubble to indicate that you completed Annual Training or Training Offered (or a variation) during the review. Minute Menu HX can be configured to interpret any of these training bubbles as one of two things:
    - **Training was actually offered during the review:** When this review form is scanned, a provider training record is created with the review. This review is created as an Annual Training type. If the form also has arrival and departure times for the Monitor, these times are automatically applied to the provider training record, as well.
    - **The Monitor checked the provider's records to confirm that the provider had completed the required training:** No provider training record is created, but the fact that training is complete is documented with the review.
10. You can mark **Other Information** in the top section of certain review forms. This information includes indications of whether forms were left, manual child head counts, and more. These fields are optional.

Filling Out the Bottom Section of the Review Form

The bottom section of the review form allows your field staff to record a variety of miscellaneous information about their visit. This information is not scanned into the computer, so you can make as many notes on that section of the form as you like: answer questions as listed or write additional notes, if needed. Make sure that no stray marks or lines go into the top section of the review form, since these marks may cause scanning errors.

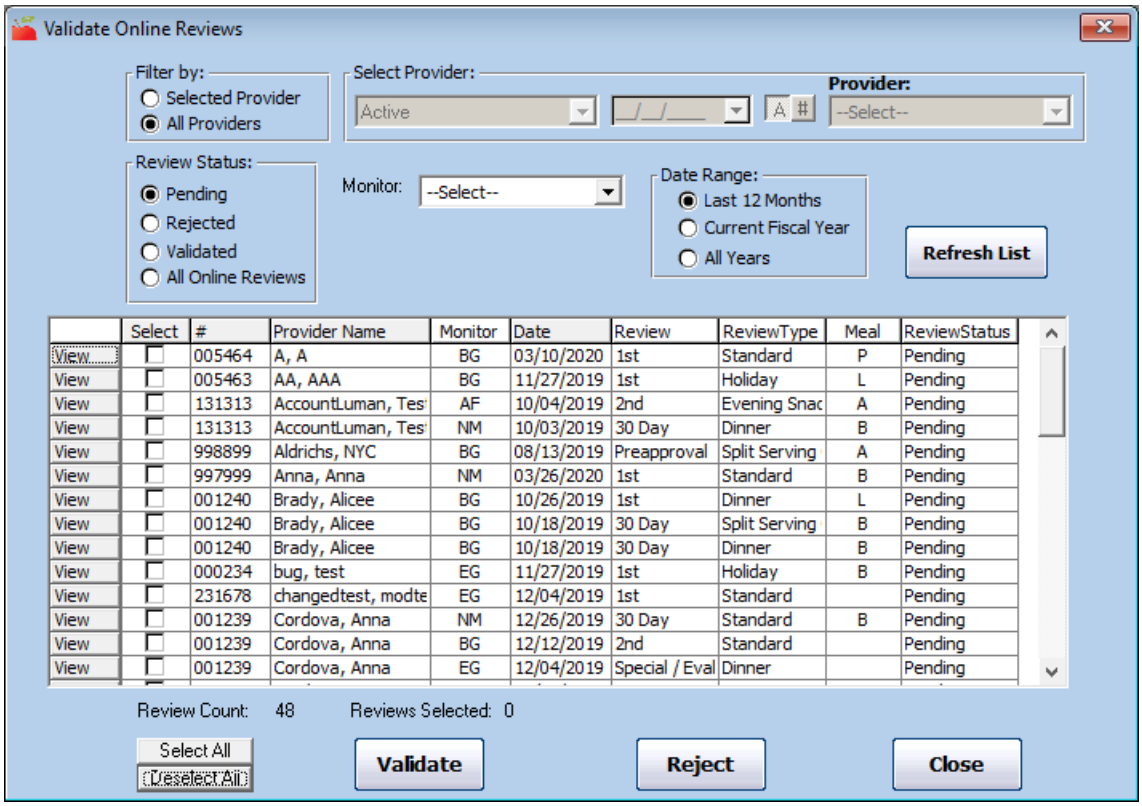
Validate Online Reviews

Last Modified on 12/22/2022 10:31 am CST

Monitors can record reviews online with any Internet-connected device while present at the provider's home. Once these reviews are completed and finalized, they appear in your Minute Menu HX database at Pending status. The next step is to validate the review. Reviews must be validated before they are classified as the provider's review.

You can view validated reviews in the List Reviews window. Validated reviews are also included in the Review Reports.

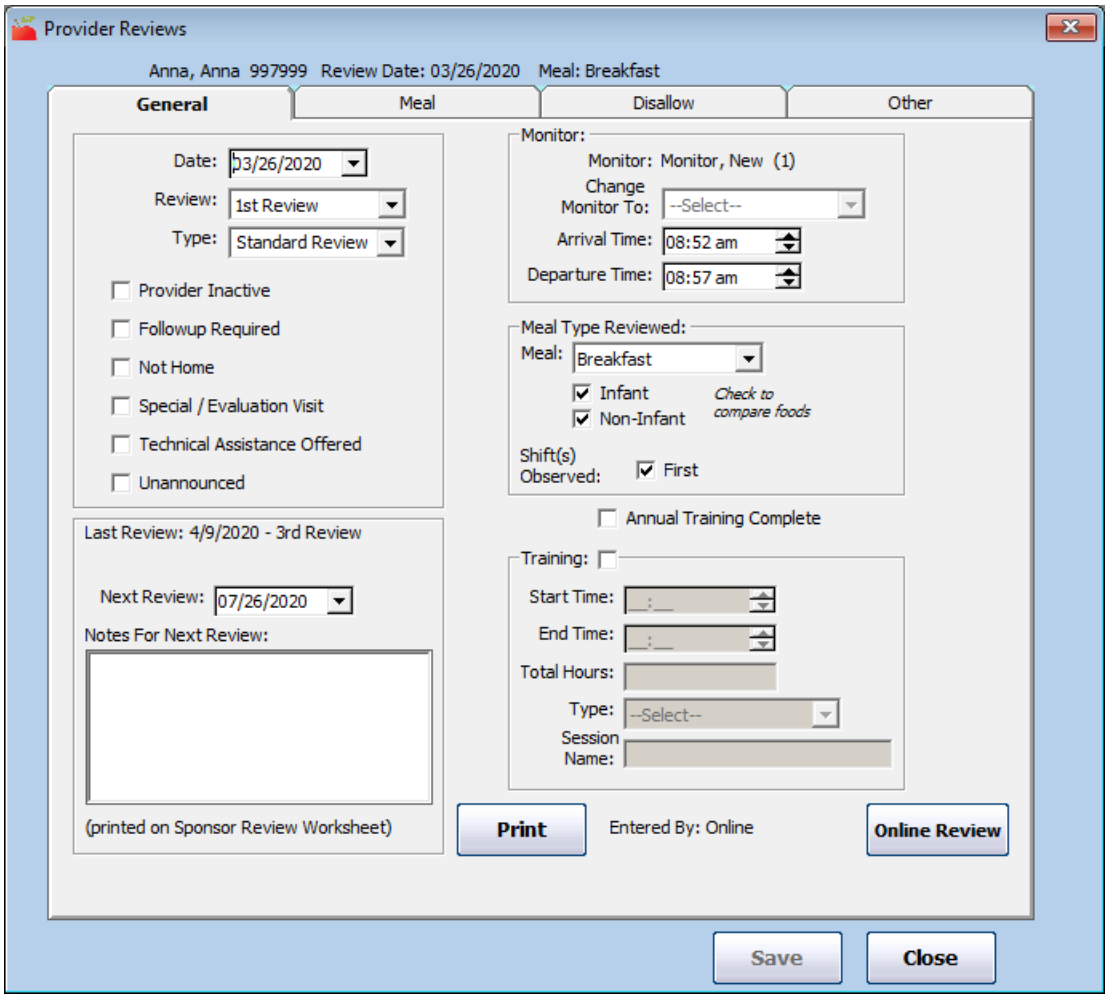
1. Click the **Tools** menu and select **Validate Online Reviews**. The Validate Online Reviews window opens.



	Select	#	Provider Name	Monitor	Date	Review	ReviewType	Meal	ReviewStatus
View		005464	A, A	BG	03/10/2020	1st	Standard	P	Pending
View		005463	AA, AAA	BG	11/27/2019	1st	Holiday	L	Pending
View		131313	AccountLuman, Tes	AF	10/04/2019	2nd	Evening Snac	A	Pending
View		131313	AccountLuman, Tes	NM	10/03/2019	30 Day	Dinner	B	Pending
View		998899	Aldrichs, NYC	BG	08/13/2019	Preapproval	Split Serving	A	Pending
View		997999	Anna, Anna	NM	03/26/2020	1st	Standard	B	Pending
View		001240	Brady, Alicee	BG	10/26/2019	1st	Dinner	L	Pending
View		001240	Brady, Alicee	BG	10/18/2019	30 Day	Split Serving	B	Pending
View		001240	Brady, Alicee	BG	10/18/2019	30 Day	Dinner	B	Pending
View		000234	bug, test	EG	11/27/2019	1st	Holiday	B	Pending
View		231678	changedtest, modte	EG	12/04/2019	1st	Standard		Pending
View		001239	Cordova, Anna	NM	12/26/2019	30 Day	Standard	B	Pending
View		001239	Cordova, Anna	BG	12/12/2019	2nd	Standard		Pending
View		001239	Cordova, Anna	EG	12/04/2019	Special / Eval	Dinner		Pending

2. Filter the reviews that display.
    a. In the **Filter By** section, select the **All Providers** option or the **Selected Providers** option. If you choose **Selected Provider**, use the options in the **Select Provider** section to locate the provider to view.
    b. In the **Review Status** section, select the status to view: **Pending**, **Rejected**, **Validated**, or **All Online Reviews**.
    c. Click the **Monitor** drop-down menu and select a specific monitor to view.
    d. In the **Date Range** section, select one of the following options: **Last 12 Months**, **Current Fiscal Year**, or **All Years**.
    e. When finished, click **Refresh List**.
3. Click **View** next to a review to review it. The Provider Reviews window opens. You can click **Print** to print this information. You can also click **Online Review** to open a report for this review. When finished, close

this window.



4. Check the box next to each review to validate.
5. Click **Validate**.

Rejecting Reviews

If there are reviews that were entered in error, entered for training purposes, or are otherwise not valid, you can reject them.

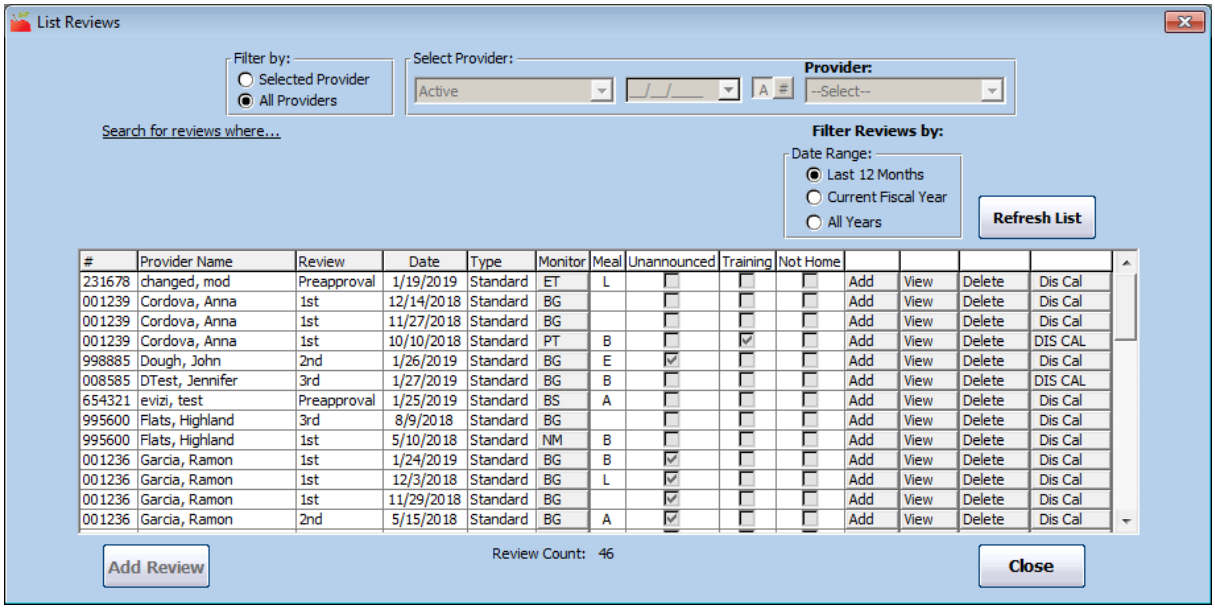
1. Check the box next to each review to reject.
2. Click **Reject**.

List Reviews

Last Modified on 07/14/2020 1:19 pm CDT

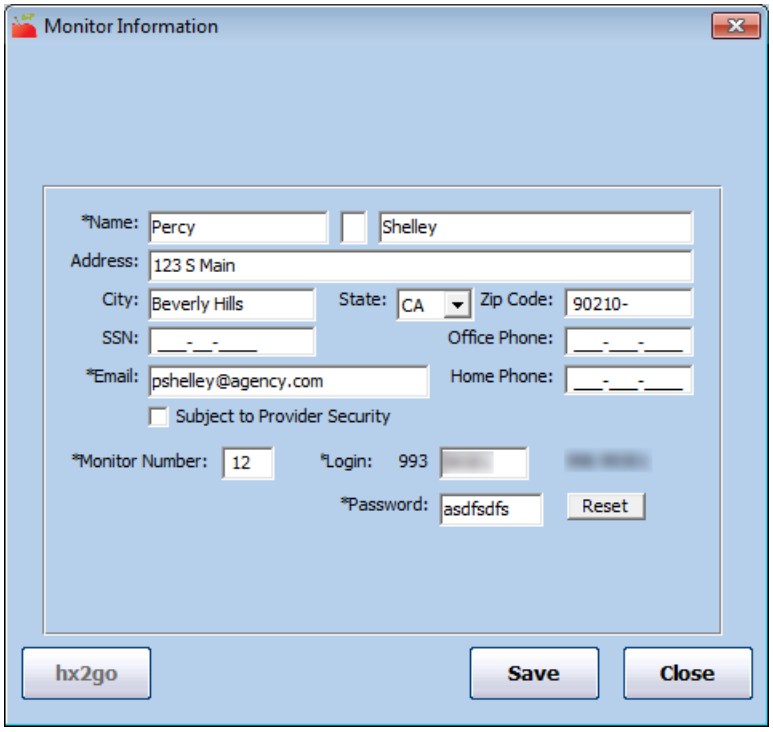
The List Reviews window lists all validated reviews in your system. Note that Pending and Rejected reviews are not included in this window.

1. Click the **Providers** menu and select **Provider Reviews**. The List Reviews window opens.
2. Set filters, as needed.
   - **Filter By:** Select **Selected Provider** or **All Providers**. If you choose Selected Provider, click the **Provider** drop-down menu and select the provider to view.
   - **Filter Reviews By:** Select the date range for which to view reviews: Last 12 Months, Current Fiscal Year, or All Years.
   - **Search for Reviews Where:** Click this link to use additional search options, such as Monitor, Review Class, Meal, and so on. Click X to clear the values you entered in these boxes.
3. Click **Refresh List**. Reviews meeting the limits you set display.

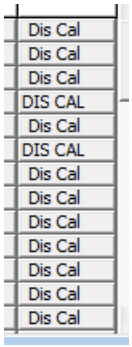


> **Note:** You can also access the List Reviews window from the Provider Information window. To do so, click Reviews (to the right). The List Reviews window opens and displays reviews for the provider.

4. Click each column to sort the displayed information in ascending or descending order.
5. Click **View** next to a review to view the review details. When finished, click **Close**.
6. Click the monitor's initials in the **Monitor** column to view monitor information. You can update the information in this window, if needed. Click **Save** to save your changes. Click **Close** to close this window.



7. You can also do the following in this window:
    - **Delete:** Click **Delete** next to a review to remove it from the provider's record. Respond to the confirmation prompt.
    - **Add:** Click **Add** next to a provider to add a review for that provider. This option is only available if you filtered to All Providers in **Step 2**.
    - **DIS CAL/Dis Cal:** Click **DIS CAL/Dis Cal** next to a review to open the Review Disallow Calendar for that review. If this button is labeled in all caps, disallowance calendar information has been entered for that review. If it is in lower case, no meals have been disallowed on the Review Disallow Calendar for that review.



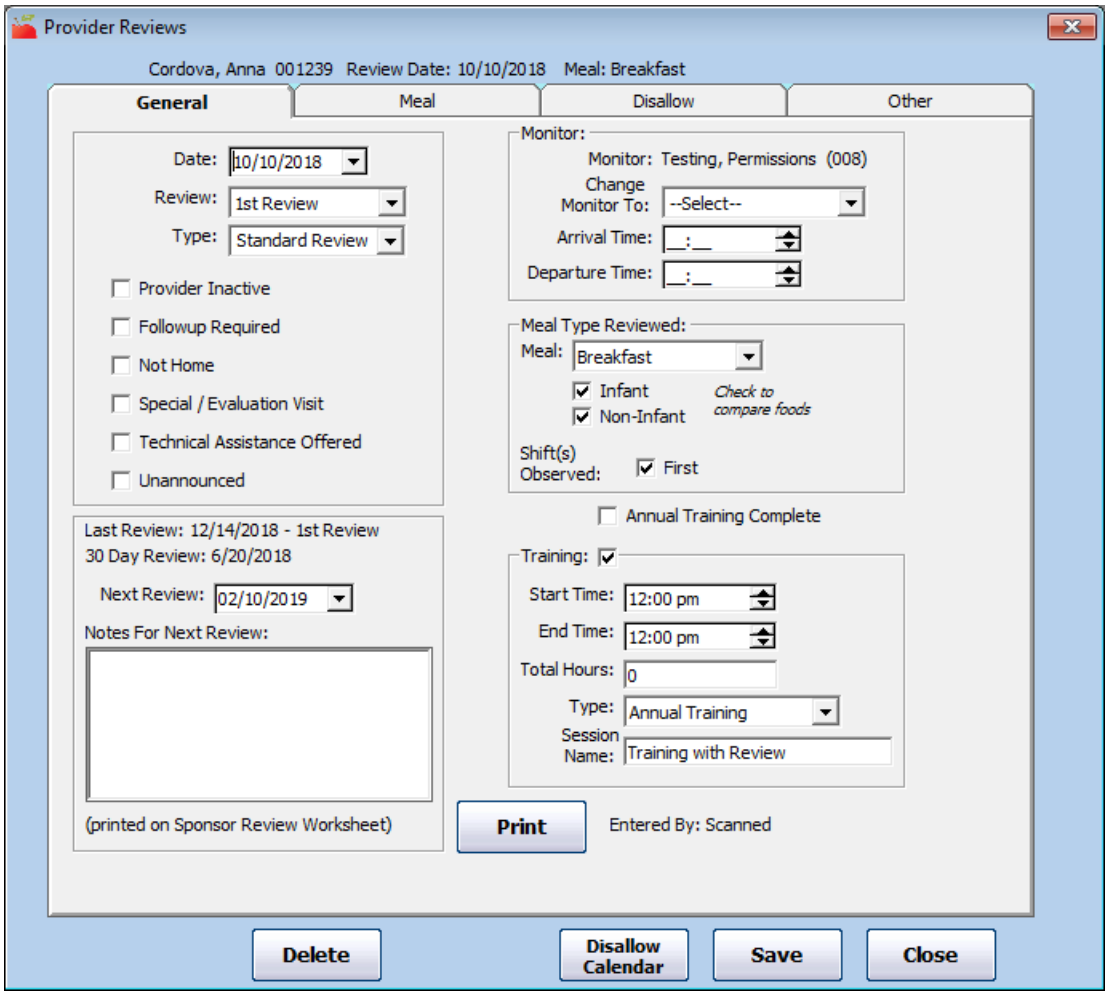
    - Click **Add Review** to add a review for an individual provider. This button is only available if you filtered to a singe provider in **Step 2**.

Edit Reviews

You can make changes to existing reviews, if needed.

Last Modified on 07/14/2020 1:25 pm CDT

1. Click the **Providers** menu and select **Provider Reviews**. The List Reviews window opens.
2. In the **Filter By** section, select **All Providers** or **Selected Providers**. If you choose Selected Providers, click the **Provider** drop-down menu and select the provider.
3. Click **Refresh List**.
4. Click **View** next to the review to edit. The Provider Reviews dialog box opens.



5. Change the information in each tab, as needed. You can also use the Disallow Calendar to add or remove disallowances. For more information, see **Add Reviews** and **Disallow Meals with the Disallow Calendar**.
6. When finished, click **Save**.
7. Click **OK** at the confirmation prompt.

Delete Reviews

Last Modified on 07/14/2020 1:22 pm

Warning! Deleting reviews can affect the way a provider's claim is processed. Only delete reviews that were entered in error.

1. Click the **Providers** menu and select **Provider Reviews**. The List Reviews window opens.
2. In the **Filter By** section, select **All Providers** or **Selected Providers**. If you choose Selected Providers, click the **Provider** drop-down menu and select the provider.
3. Click **Refresh List**.
4. Click **Delete** next to the review to delete.
5. Click **Yes** at the confirmation prompt.

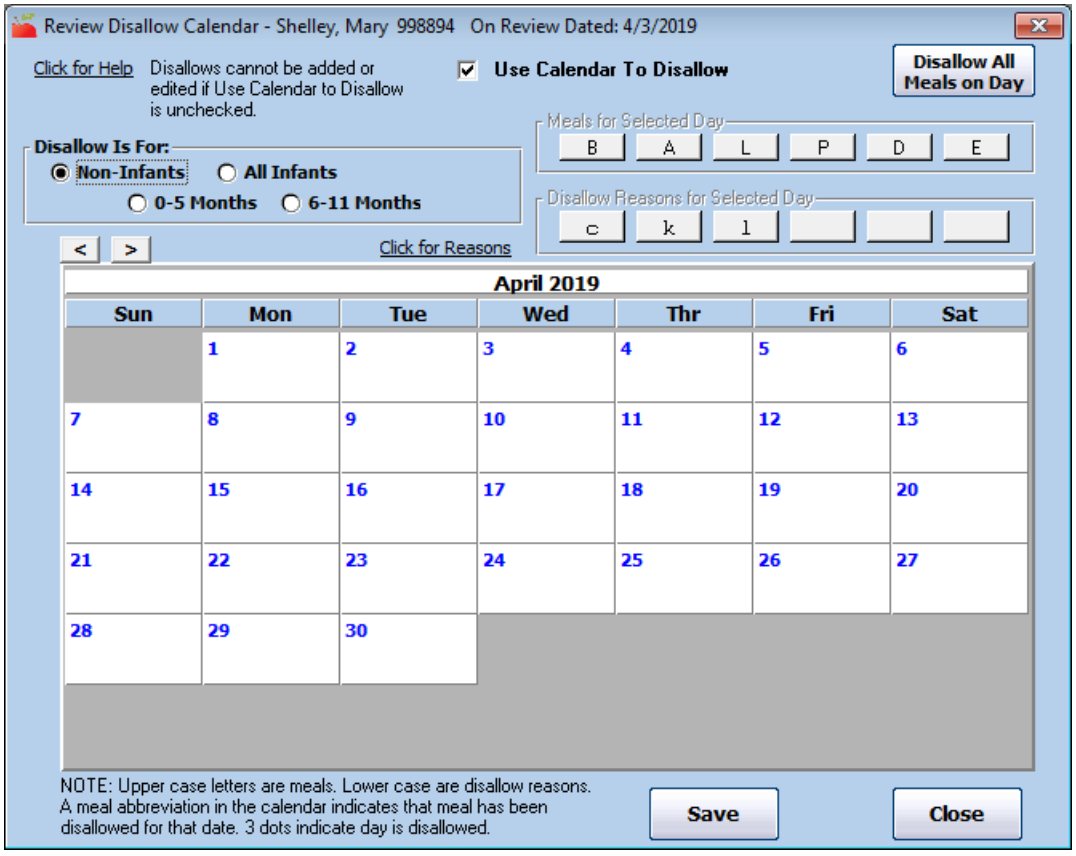
Note: You can also delete reviews from the Provider Reviews window. Click **View** in the List Reviews window. When the Provider Reviews window opens, click **Delete**.

Disallow Meals with the Disallow Calendar

Last Modified on 07/14/2020 1:24 pm CDT

When adding reviews manually, editing reviews, and viewing reviews in the List Reviews window, you can disallow meals on the Disallow Calendar. You can use this calendar to disallow meals in the month of the review or one month prior to the review. To record disallowances for the previous month, click < to move one month back.

1. Click the Providers menu and select Provider Reviews. The List Reviews window opens.
    - If you are adding disallowances to an existing review, click **Dis Cal** next to the review for which to add disallowances. The Review Disallow Calendar window opens.
    - If you are adding a new review, click **Add** or **Add Review** (depending on your filter options). Then, click the **Disallow** tab and check the **Use Calendar To Disallow** box. In the **Reasons** section, check the box next to the disallow reasons. Then, click **Disallow Calendar** at the bottom of the window. The Review Disallow Calendar window opens.



2. In the **Disallow is For** section, select the age group to which the disallowance applies. If you need to apply a disallowance to both infants and non-infants, you must first record a disallowance for infants and then record a disallowance for non-infants.
3. Click the date for which to disallow a meal.
4. In the **Meals for Selected Day** section, click the meal to disallow. The abbreviation for the disallowed meal displays on the date you selected. For example, to disallow Lunch, click L. To disallow all meals on a day,

click **Disallow All Meals on Day**.

5. In the **Disallow Reasons for Selected Day** section, click the reason for this disallowance. To check what disallowance reason applies to each abbreviation shown, click the **Click for Reasons** link. Selecting a reason is optional and does not affect claims processing.

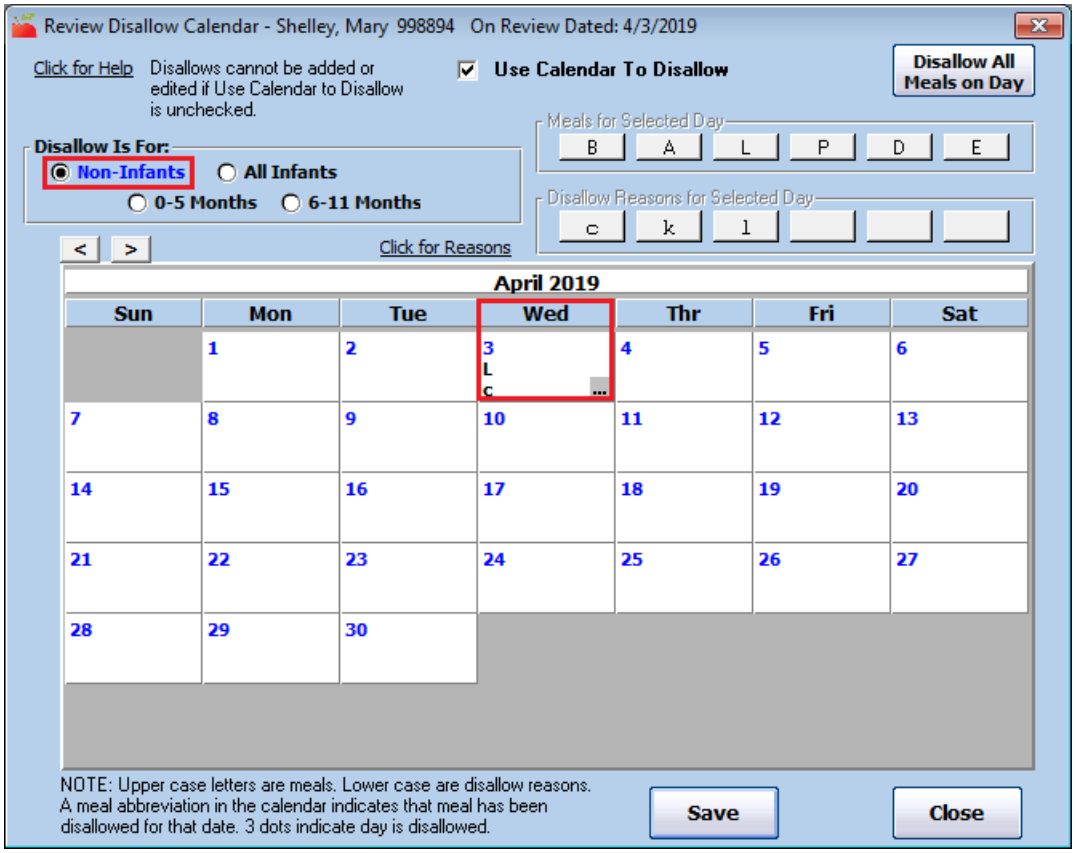
   > **Note:** You must select disallow reasons when entering the review and save before the disallowance reasons display in this window.

6. Click **Save**.
7. Click **OK** at the confirmation prompt.

When you save disallowances in this calendar, each meal disallowed for a given day for a given age range displays according to the filter set in the Disallow is For section. For example, if you select Non-Infants, disallowances for non-infants display.

Each disallowed meal displays in capital letters on the calendar, any disallowance reasons display as lower-case letters below the meal.

To clear a disallowance and reason, double-click ... . Respond to the confirmation prompt.



Add Foods

Last Modified on 05/02/2024 10:42 am CDT

Note: We have complied a list of CACFP resources for food buying and crediting in the CACP. Click **here** for more information.

To add a new food to your food list:

1. From the menu to the left, click **Foods**.
2. Click **Food List**. The Food List page opens.
3. Click **New Food**.
4. In the **Display** section:
    a. Click the **Category** drop-down menu and select the category in which to list the food.
    b. Click the **Name** box and enter the name of this food.
    c. Click the **Spanish Name** box, and enter the Spanish name for this food.
    d. Click the **Food Type** drop-down menu and select the food type.
    e. If your providers use scannable forms, click the **Food Number** box and enter a number between 1 and 288 that does **not** include the digit 9. Use the **Food List report** to make sure that you do not duplicate food numbers within the same food type. You can also click **Suggest** to generate a number.
5. In the Nutritional Information section, click  next to each nutritional marker that applies to this food:
    - Vitamin A
    - Vitamin C
    - Whole Grain-Rich

      Note: If you set Whole Grain-Rich to Yes, the food defaults to whole grain-rich when centers add the food to their menus.

    - High Fat
    - High Salt
    - Iron
6. In the **Additional Information** section, click  next to each item that applies:
    - **CN - Child Nutrition:** A child nutrition label is required.
    - **HM - Homemade:** The food must be homemade to be creditable.
    - **DBL - Double Portion:** The food must be a double portion.
7. In the **Approvals** section:

a. Click  next to each meal for which this food is approved.

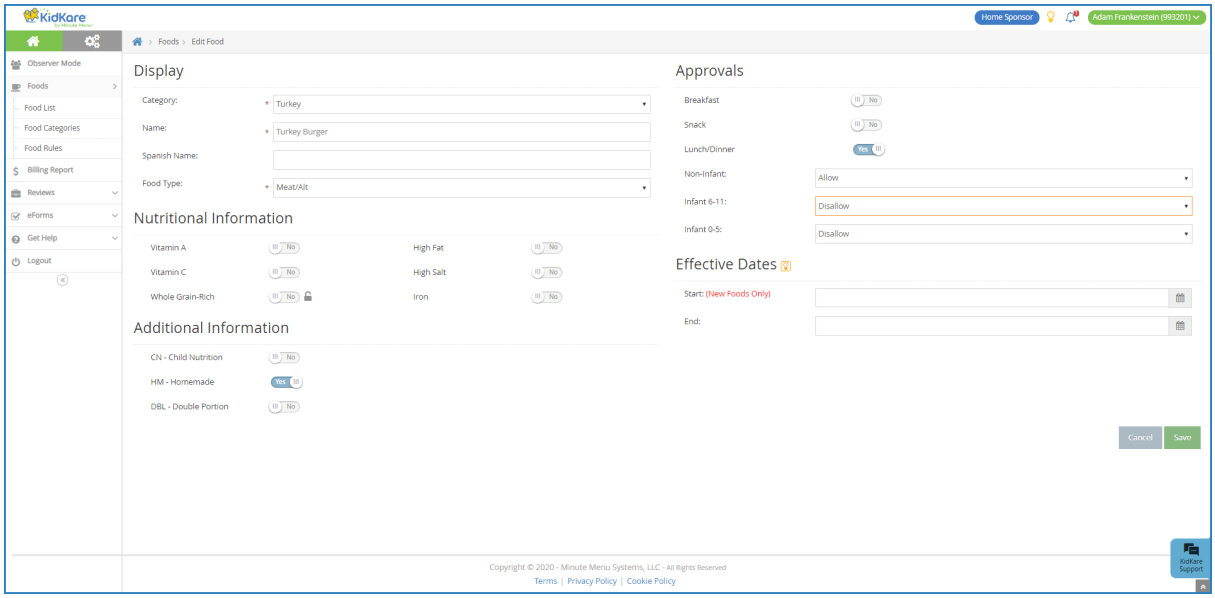
b. Click the **Non-Infant**, **Infant 6-11**, and **Infant 0-5** drop-down menus and select **Allow**, **Warn**, or **Disallow**.

8. In the **Effective Dates** section:

   a. If this food is only approved starting on a specific date, click the **Start** box and enter a start date for the food. If you want this food to be available immediately, do **not** add a start date.

   b. If this food is only approved for a limited time, click the **End** box and enter an end date for the food. If you enter a date in this box, the food will not be available once the end date is reached.

9. Click **Save**.

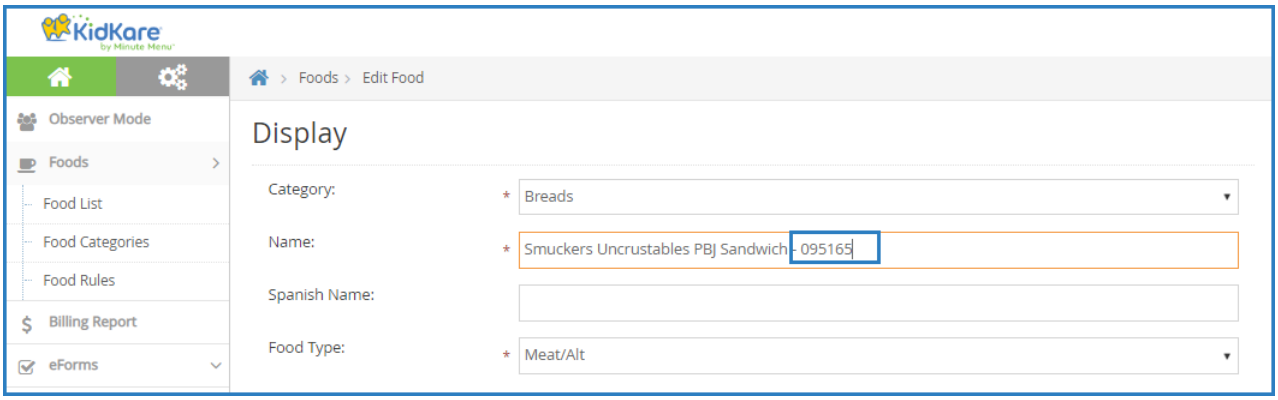


Add CN Label Numbers to Foods

Last Modified on 05/02/2024 10:51 am CDT

When adding foods to your food list, you can include the CN label number somewhere in the food name. This lets the State and your providers know that the food is a CN-labeled product being offered at meal service. The CN label details should be stored on-location. If you choose to include these label numbers, develop a naming convention that you use consistently across the board. Consistency makes it easier to track these foods.

The figure below show what this might look like in KidKare. The number after the dash is the CN label number.



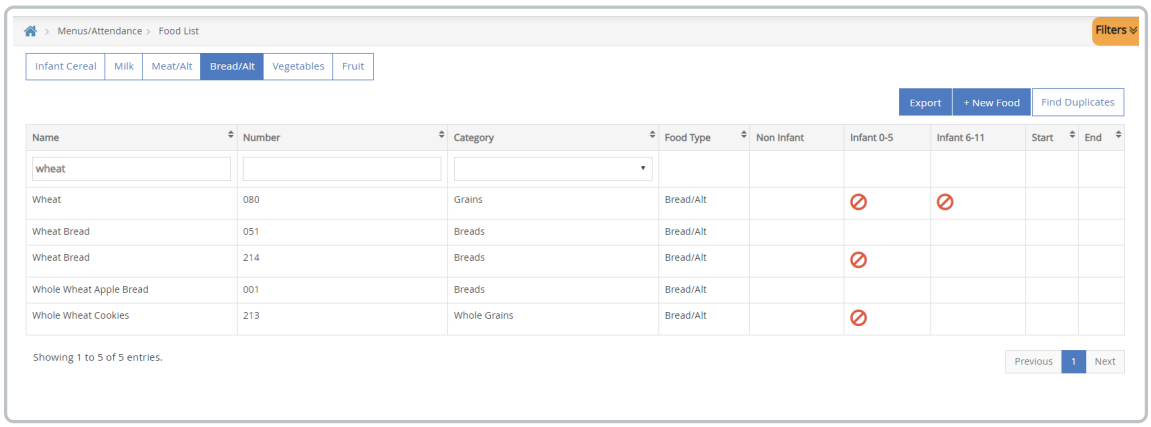
For information about adding items to your food list, see **Add Foods** and **Edit Foods**.

Edit Foods

Last Modified on 05/02/2024 10:51 am CDT

To edit an existing food on your food list:

1. From the menu to the left, click **Foods**.
2. Click **Food List**. The Food List page opens.
3. Locate the food to change. You can filter the displayed list, as needed.
    - Click **Infant Cereal**, **Milk**, **Meat/Alt**, **Bread/Alt**, **Vegetables**, and/or **Fruit** to filter to specific food types.
    - Click the **Name** box and begin typing a food name to filter the food list.
    - Click the **Category** drop-down menu and select the category to which to filter.
    - Click the **Name**, **Category**, **Food Type**, **Start**, or **End** columns to sort information in ascending or descending order.
    - Click and select **Yes** to include expired foods, or select **No** to exclude expired foods.



4. Click the food to change. The **Edit Food** page opens.
5. Change the food, as needed.

    Note: Do **NOT** add a Start date to existing foods. Adding a start date to an existing food removes the food from your list until the start date is reached. You should only use start dates on new foods.

6. When finished, click **Save**.

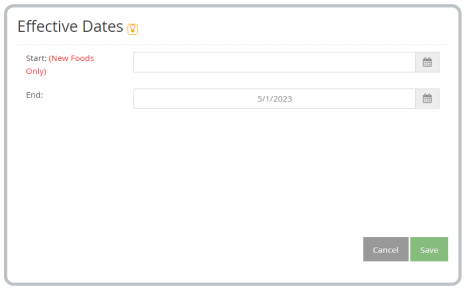
Remove Foods

Last Modified on 05/02/2024 10:51 am CDT

To remove a food from your food list, set an effective end date. Once this date is reached, the food will no longer be available to providers.

To do so:

1. From the menu to the left, click **Foods**.
2. Click **Food List**. The Food List page opens.
3. Locate the food to remove. You can filter the displayed list, as needed.
    - Click **Infant Cereal**, **Milk**, **Meat/Alt**, **Bread/Alt**, **Vegetables**, and/or **Fruit** to filter to specific food types.
    - Click the **Name** box and begin typing a food name to filter the food list.
    - Click the **Category** drop-down menu and select the category to which to filter.
    - Click the **Name**, **Category**, **Food Type**, **Start**, or **End** columns to sort information in ascending or descending order.
4. Click the food to remove. The Edit Food page opens.
5. In the **Effective Dates** section, click the End box and enter a date. This should be the last day that the food is available to providers. Use today's date to remove the food immediately.



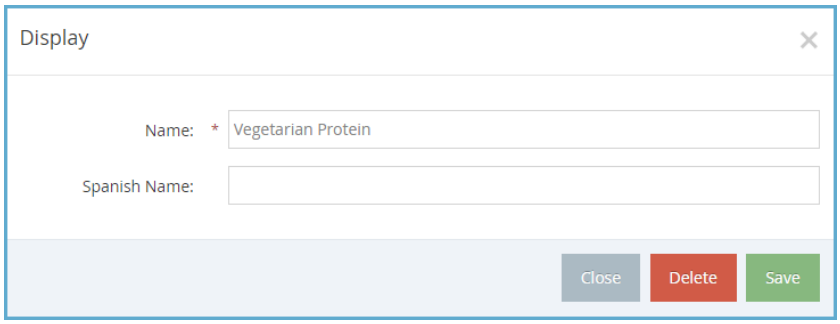
Create Food Categories

Last Modified on 05/02/2024 10:52 am CDT

Categorize your foods to make it easier for your providers to select them when entering menus. These categories are also included on your food chart. Watch the video below, or click a link on the table of contents to jump to a specific food category task.

Adding Food Categories

1. From the menu to the left, click **Foods**.
2. Click **Food Categories**.
3. Click **Add Category**. A pop-up opens.
4. Click the **Name** box and enter a name for this category.
5. Click the **Spanish Name** box and enter a Spanish name for this category.



6. Click **Save**.

Editing Food Categories

1. From the menu to the left, click **Foods**.
2. Click **Food Categories**.
3. Locate the category to edit. You can click the Name box or the Spanish Name box and begin typing a food category to filter the list.
4. Click the category to edit.
5. Update the name and/or Spanish name, as needed.
6. Click **Save**.

Deleting Food Categories

Before you can delete a food category, you must move all foods assigned to that category to a different category. To do so:

1. From the menu to the left, click **Foods**.
2. Click **Food List**.
3. Click the Category drop-down menu and select the category you are removing. The foods assigned to that category display.
4. Click the first food in the list. The Edit Food page opens.
5. Click the **Category** drop-down menu and select a new category for this food.
6. Click **Save**.
7. Click  at the top of the page to move to the next food.
8. Repeat **Steps 7-9** until all foods have been removed from the category you are deleting.

Now you can delete the category:

1. Click **Foods**.
2. Click **Food Categories**.
3. Select the category to remove. A pop-up opens.
4. Click **Delete**.
5. At the Are You Sure prompt, click **Delete**.

Create Food Rules

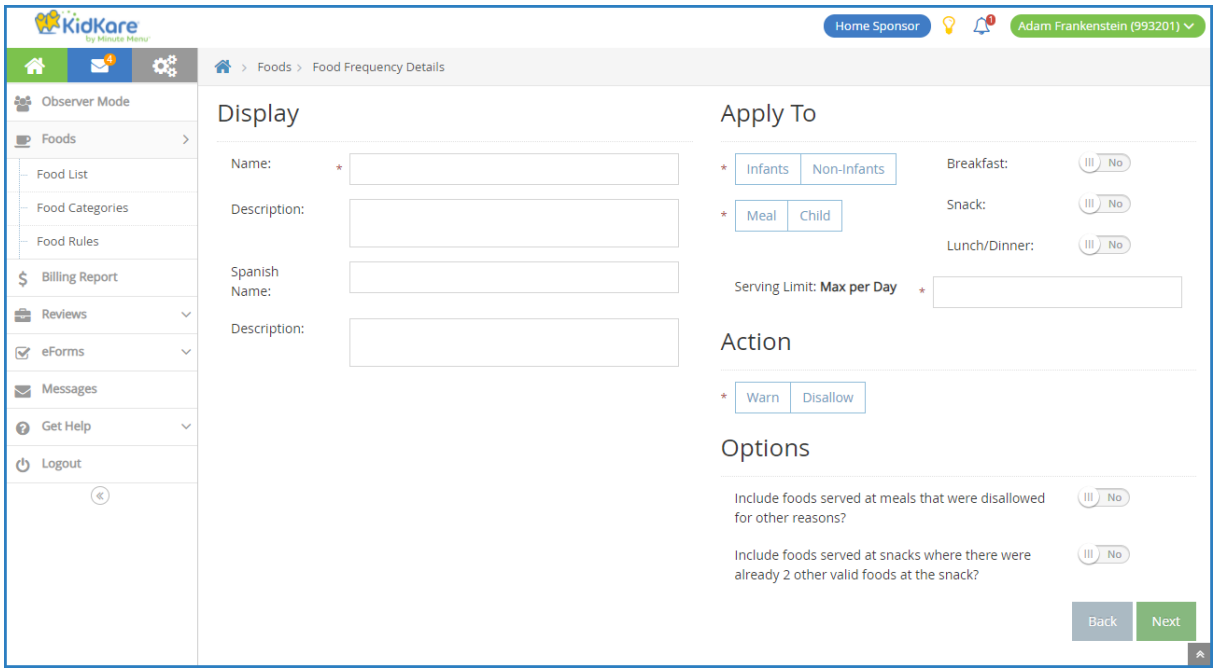
Last Modified on 05/02/2024 10:54 am CDT

Create food rules that dictate how often a food is served or what foods can be served together. These are referred to as food frequency and food combination rules. Watch the video below, or click a link to jump to a specific rule type.

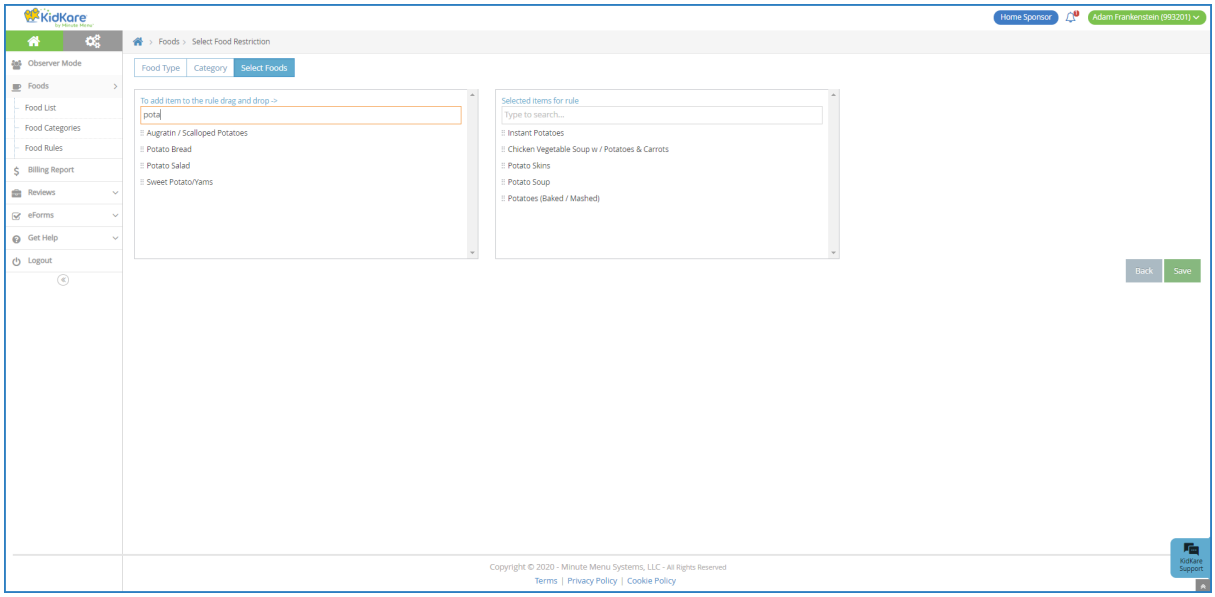
Adding Food Frequency Rules

Note: We strongly recommend that you review your existing rules before adding a new one to ensure that you are not adding a duplicate.

1. From the menu to the left, click **Foods**.
2. Click **Food Rules**. The Rules page opens.
3. Click **New Rule** and choose from the following:
    - Limit Foods/Day
    - Limit Foods/Week
    - Limit Foods/Month
4. The Food Frequency Details page opens. In the **Display** section:
    a. Click the **Name** box and enter a name for this rule. This box is required.
    b. Enter a description, Spanish name, and Spanish description, if needed.
5. In the **Apply To** section, select the age group and meals to which the rule applies:
    a. Click **Infants** or **Non-Infants**.
    b. Click **Meal** or **Child**.
    c. Click  next to each meal to which this rule applies.
    d. Click the **Serving Limit** box and enter the number of servings of this food allowed for the time period you selected in **Step 5**.
6. In the **Action** section, select **Warn** or **Disallow**.

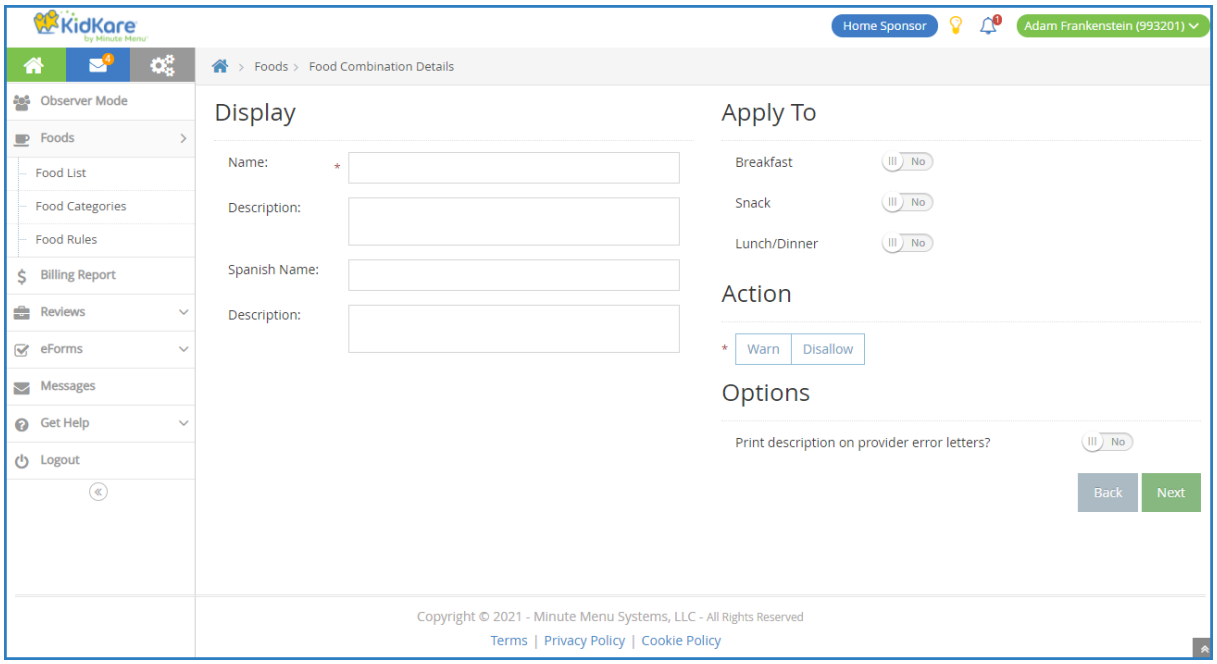


7. In the **Options** section, click  next to each setting that applies:
    - Include Foods Served at Meals that were Disallowed for Other Reasons
    - Include Foods Served at Snacks Where There were Already 2 Other Valid Foods at Snack
8. Click **Next**. The Select Food Restriction page opens.
9. Select a food type, category, or food to restrict.
    - To restrict a food type:
        1. Click **Food Type**.
        2. Select the type.
    - To restrict a food category:
        1. Click **Category**.
        2. Click the category in the first box and drag and drop it into the **Selected Items for Rule** box. You can click the **Type to Search** box and enter a category name to filter the categories that display.
    - To restrict a specific food:
        1. Click **Select Foods**.
        2. Click the food in the first box and drag and drop it into the **Selected Items for Rule** box. You can click the **Type to Search** box and enter a food name to filter the foods that display.
10. Click **Save**.

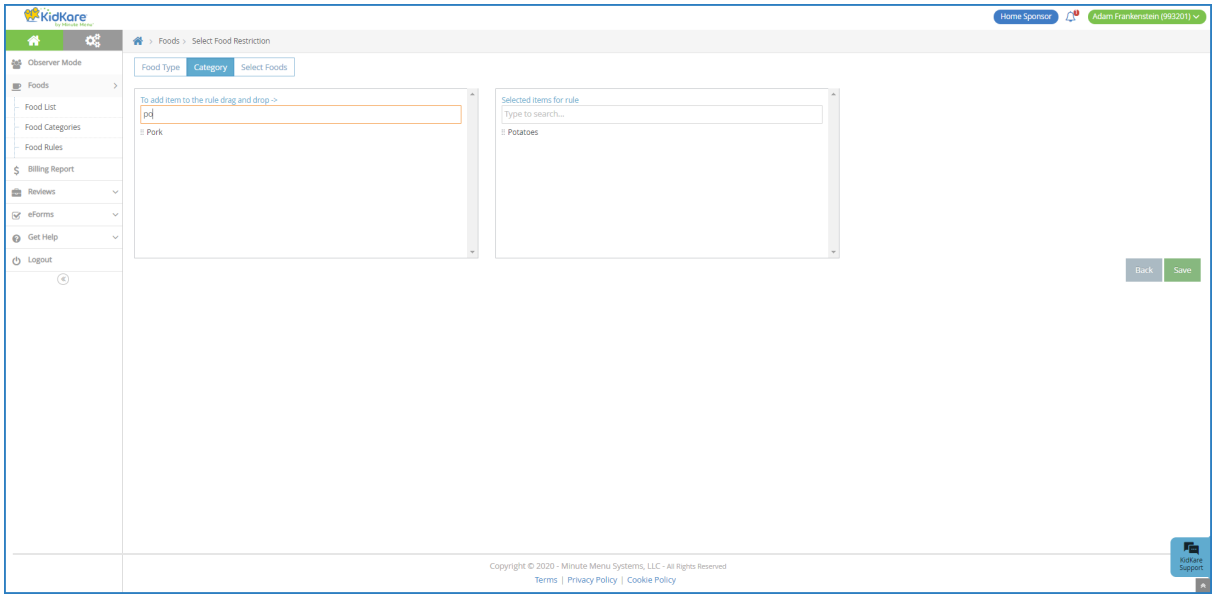


Adding Food Combination Rules

1. From the menu to the left, click **Foods**.
2. Click **Food Rules**. The Rules page opens.
3. Click **New Rule** and choose from the following:
    - Any 2 Foods
    - All Foods
4. The Food Combination Details page opens. In the **Display** section:
    a. Click the **Name** box and enter a name for this rule. This box is required.
    b. Enter a description, Spanish name, and Spanish description, if needed.
5. In the **Apply To** section, select the meals to which the rule applies.
6. In the **Action** section, select **Warn** or **Disallow**.



7. In the **Options** section, click  next to **Print Description on Provider Error Letters** to include this warning/disallowance on Provider Error Letters.
8. Click **Next**. The Select Food Restriction page opens.
9. Select a food type, category, or food to restrict.
    - To restrict a food type:
        1. Click **Food Type**.
        2. Select the type.
    - To restrict a food category:
        1. Click **Category**.
        2. Click the category in the first box and drag and drop it into the **Selected Items for Rule** box. You can click the **Type to Search** box and enter a category name to filter the categories that display.
    - To restrict a specific food:
        1. Click **Select Foods**.
        2. Click the food in the first box and drag and drop it into the **Selected Items for Rule** box. You can click the **Type to Search** box and enter a food name to filter the foods that display.
10. Click **Save**.


KidKare
Home Sponsor
Adam Frankenstein (993201)
Observer Mode
Foods
Food List
Food Categories
Food Rules
Billing Report
Reviews
eForms
Get Help
Logout
Foods › Select Food Restriction
Food Type
Category
Select Foods
To add item to the rule drag and drop ->
po
Pork
Selected items for rule
Type to search...
Potatoes
Back
Save
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KidKare Support

[VIDEO] Mark Whole Grain-Rich Foods

Last Modified on 05/02/2024 10:47 am CDT

Mark all whole grain-rich foods on your food list. Foods that are marked as whole grain-rich on the food list default to whole grain-rich when providers select it on menus. However, only mark foods that are **always** whole grain-rich. Providers can mark any bread/alternate as whole grain-rich when the meal is recorded.

Examples of whole grain-rich foods that you can mark as whole grain-rich in the food tool:

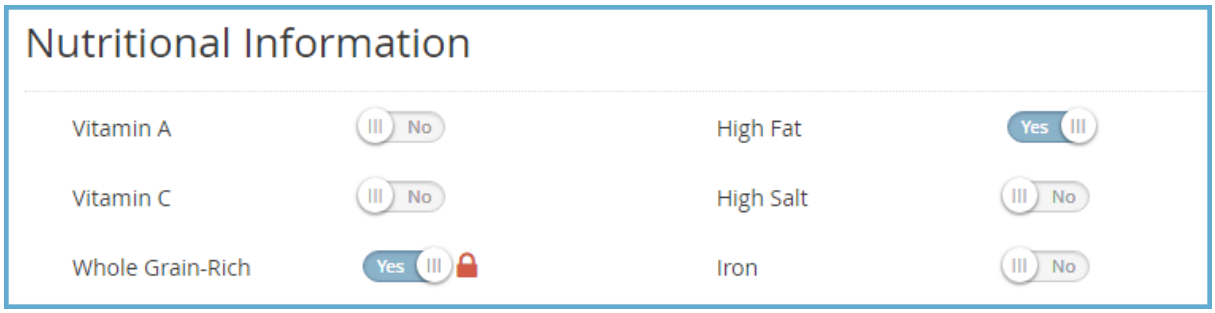
- Whole wheat
- Brown rice
- Wild rice
- Oatmeal
- Bulgur
- Whole-grain corn
- Quinoa

Examples

> *A provider selects tortilla as the bread/alternate item. They can indicate when recording the tortilla that it was whole grain-rich. Tortillas may or may not be whole grain-rich, so let the center indicate whether it was when the meal was recorded. Do not mark tortillas as a whole grain-rich food in the food tool.*
>
> *A provider selects brown rice as the bread/alternate item. Brown rice is always a whole grain-rich food. Mark brown rice as whole grain-rich in the food tool so that it automatically defaults as whole grain-rich when the center records the meal.*

To mark a food was whole grain-rich:

1. From the menu to the left, click **Foods**.
2. Click **Food List**.
3. Click **Bread/Alt** at the top of the page to filter to just your breads/bread alternates.
4. Click the food you need to mark. The Edit Food page opens.
5. In the **Nutritional Information** section, click  next to **Whole Grain-Rich** to set it to **Yes**.
6. To lock the slider in the on/off position, click the **lock** icon. For example, you can lock the slider to Off for foods like white bread and club crackers, or you can lock it to On for foods like brown rice or whole wheat pancakes.



Providers should be trained to know how to identify whole grain-rich foods and verify that the whole grain-rich option is selected or deselected accordingly when recording the meal, regardless of how the food defaults. Direct your providers to the **Recording Whole Grain-Rich Food** article on the KidKare help site for more information.

Limit Juice

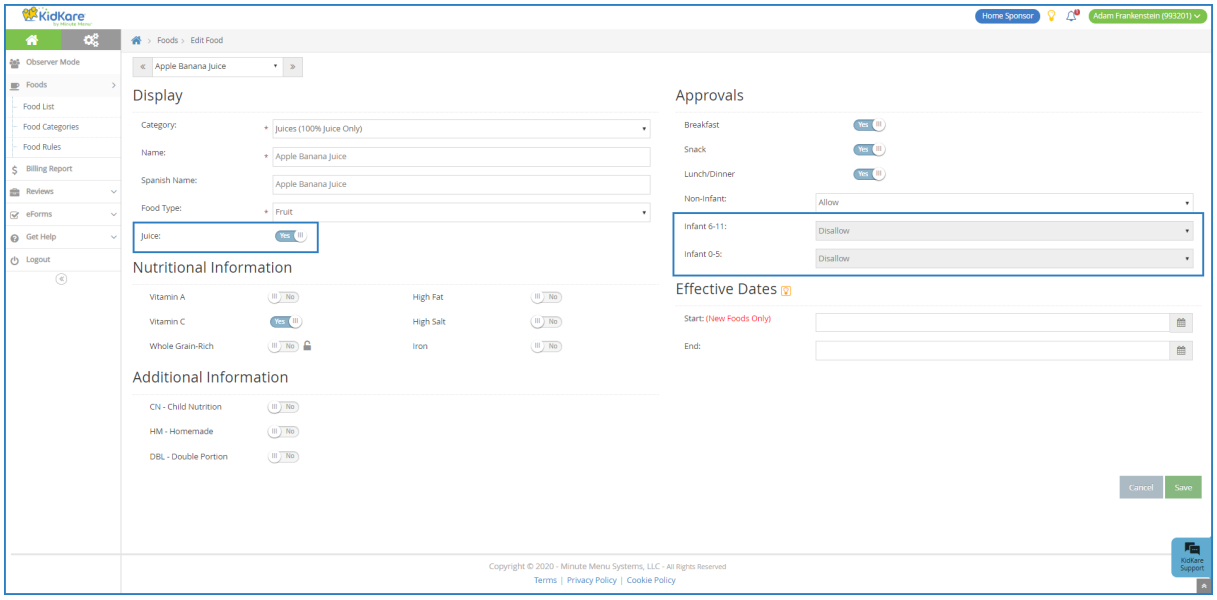
Last Modified on 05/02/2024 10:52 am CDT

Juices are limited to once per day for non-infants and not allowed at all for infants. As such, you need to ensure that you do the following:

- Mark all juices as juice in the food tool.
- Ensure that all juices are set to Disallow for infants.
- Ensure that juices are all stored in the Juices category.

To do so:

1. From the menu to the left, click **Foods**.
2. Click **Food List**.
3. Click the **Name** box and type **juice** to filter to the majority of juices. You may also need to search for cider or any other juice that does not have the word juice in the name later. You can also click **Vegetables** and **Fruit** at the top of the page to limit to all foods in those categories, and then search within those categories.
4. Click the juice to update.
5. Click the **Category** drop-down menu and assign the juice to your Juice category.
6. Ensure that the **Food Type** is correct. For example, apple juice should be a fruit, and carrot juice should be a vegetable.
7. Click  next to **Juice** to mark this as a juice. The **Infant 6-11** and **Infant 0-5** boxes in the Approvals section are automatically set to Disallow and cannot be changed.



8. Click **Save**.

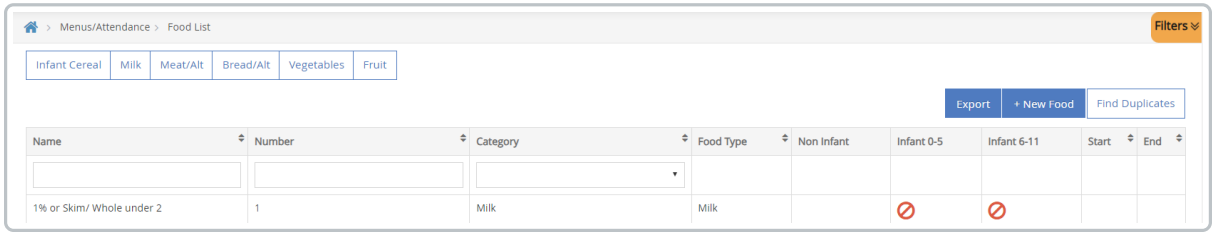
9. Click  to move to the next juice on your list.

Print Your Food Chart

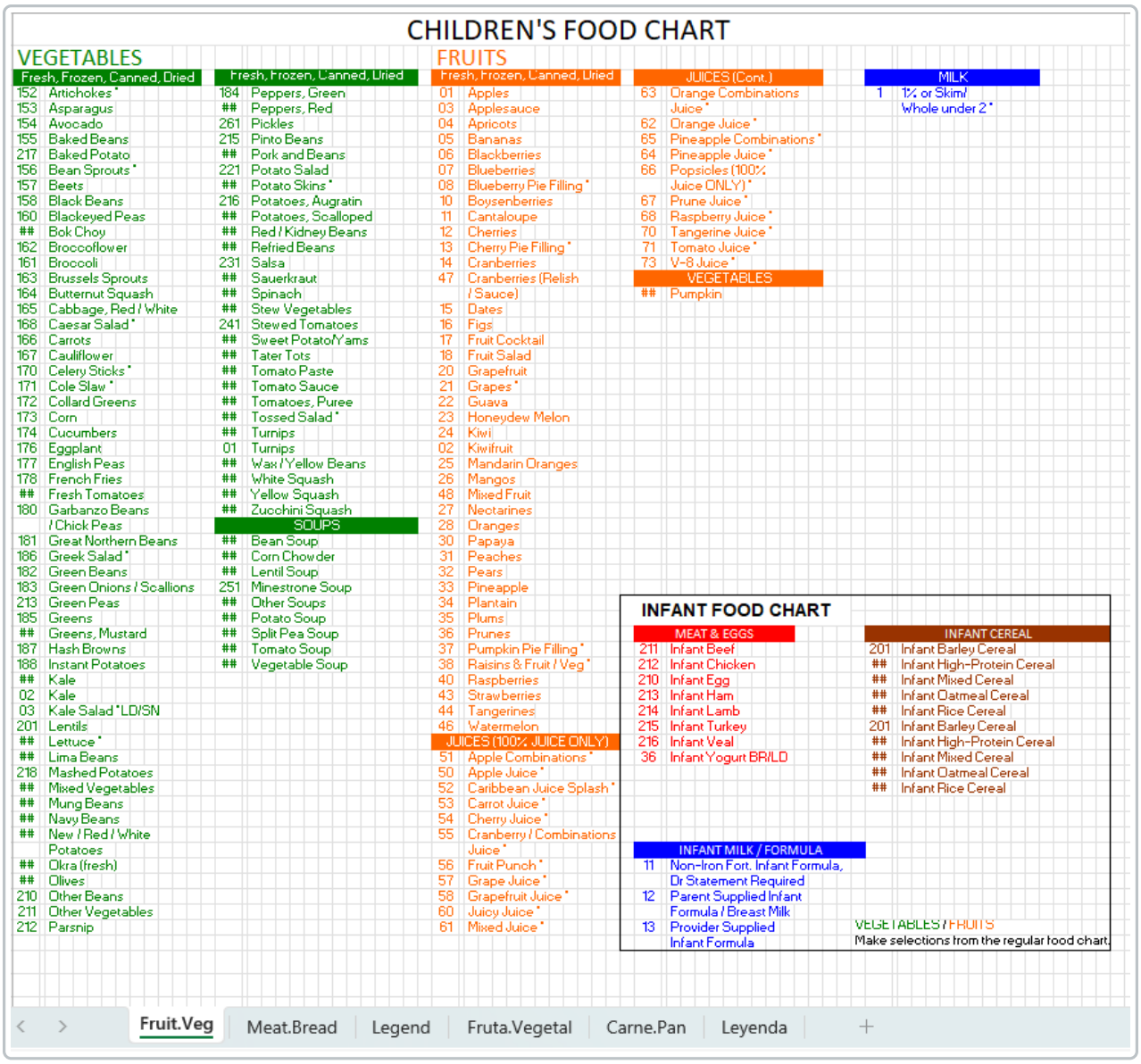
Last Modified on 05/02/2024 10:50 am CDT

In order to print your food list:

1. From the menu to the left, click **Foods** and select **Food List**.
2. Click **Export**. A spreadsheet downloads. From here, you can customize the list with your own logo, contact information, and so on.



Sample report:



CHILDREN'S FOOD CHART

VEGETABLES

Fresh, Frozen, Canned, Dried	
152	Artichokes *
153	Asparagus
154	Avocado
155	Baked Beans
217	Baked Potato
156	Bean Sprouts *
157	Beets
158	Black Beans
160	Blackeyed Peas
##	Bok Choy
162	Broccoflower
161	Broccoli
163	Brussels Sprouts
164	Butternut Squash
165	Cabbage, Red / White
168	Caesar Salad *
166	Carrots
167	Cauliflower
170	Celery Sticks *
171	Cole Slaw *
172	Collard Greens
173	Corn
174	Cucumbers
176	Eggplant
177	English Peas
178	French Fries
##	Fresh Tomatoes
180	Garbanzo Beans / Chick Peas
181	Great Northern Beans
186	Greek Salad *
182	Green Beans
183	Green Onions / Scallions
213	Green Peas
185	Greens
##	Greens, Mustard
187	Hash Browns
188	Instant Potatoes
##	Kale
02	Kale
03	Kale Salad *LD/SN
201	Lentils
##	Lettuce *
##	Lima Beans
218	Mashed Potatoes
##	Mixed Vegetables
##	Mung Beans
##	Navy Beans
##	New / Red / White Potatoes
##	Okra (fresh)
##	Olives
210	Other Beans
211	Other Vegetables
212	Parsnip

Fresh, Frozen, Canned, Dried	
184	Peppers, Green
##	Peppers, Red
261	Pickles
215	Pinto Beans
##	Pork and Beans
221	Potato Salad
##	Potato Skins *
216	Potatoes, Augratin
##	Potatoes, Scalloped
##	Red / Kidney Beans
##	Refried Beans
231	Salsa
##	Sauerkraut
##	Spinach
##	Stew Vegetables
241	Stewed Tomatoes
##	Sweet Potato/Yams
##	Tater Tots
##	Tomato Paste
##	Tomato Sauce
##	Tomatoes, Puree
##	Tossed Salad *
##	Turnips
01	Turnips
##	Wax / Yellow Beans
##	White Squash
##	Yellow Squash
##	Zucchini Squash

SOUPS	
##	Bean Soup
##	Corn Chowder
##	Lentil Soup
251	Minestrone Soup
##	Other Soups
##	Potato Soup
##	Split Pea Soup
##	Tomato Soup
##	Vegetable Soup

FRUITS

Fresh, Frozen, Canned, Dried	
01	Apples
03	Applesauce
04	Apricots
05	Bananas
06	Blackberries
07	Blueberries
08	Blueberry Pie Filling *
10	Boysenberries
11	Cantaloupe
12	Cherries
13	Cherry Pie Filling *
14	Cranberries
47	Cranberries (Relish / Sauce)
15	Dates
16	Figs
17	Fruit Cocktail
18	Fruit Salad
20	Grapefruit
21	Grapes *
22	Guava
23	Honeydew Melon
24	Kiwi
02	Kiwifruit
25	Mandarin Oranges
26	Mangos
48	Mixed Fruit
27	Nectarines
28	Oranges
30	Papaya
31	Peaches
32	Pears
33	Pineapple
34	Plantain
35	Plums
36	Prunes
37	Pumpkin Pie Filling *
38	Raisins & Fruit / Veg *
40	Raspberries
43	Strawberries
44	Tangerines
46	Watermelon

JUICES (100% JUICE ONLY)	
51	Apple Combinations *
50	Apple Juice *
52	Caribbean Juice Splash *
53	Carrot Juice *
54	Cherry Juice *
55	Cranberry / Combinations Juice *
56	Fruit Punch *
57	Grape Juice *
58	Grapefruit Juice *
60	Juicy Juice *
61	Mixed Juice *

JUICES (Cont.)	
63	Orange Combinations Juice *
62	Orange Juice *
65	Pineapple Combinations *
64	Pineapple Juice *
66	Popsicles (100% Juice ONLY) *
67	Prune Juice *
68	Raspberry Juice *
70	Tangerine Juice *
71	Tomato Juice *
73	V-8 Juice *

VEGETABLES	
##	Pumpkin

MILK	
1	1% or Skim/ Whole under 2 *

INFANT FOOD CHART

MEAT & EGGS	
211	Infant Beef
212	Infant Chicken
210	Infant Egg
213	Infant Ham
214	Infant Lamb
215	Infant Turkey
216	Infant Veal
36	Infant Yogurt BR/LD

INFANT CEREAL	
201	Infant Barley Cereal
##	Infant High-Protein Cereal
##	Infant Mixed Cereal
##	Infant Oatmeal Cereal
##	Infant Rice Cereal
201	Infant Barley Cereal
##	Infant High-Protein Cereal
##	Infant Mixed Cereal
##	Infant Oatmeal Cereal
##	Infant Rice Cereal

INFANT MILK / FORMULA	
11	Non-Iron Fort. Infant Formula, Dr Statement Required
12	Parent Supplied Infant Formula / Breast Milk
13	Provider Supplied Infant Formula

VEGETABLES / FRUITS
Make selections from the regular food chart.

Fruit.Veg | Meat.Bread | Legend | Fruta.Vegetal | Carne.Pan | Leyenda

Approve Providers for Menu Plans

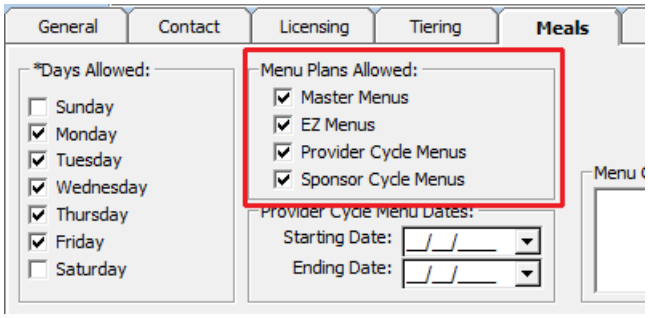
Last Modified on 07/14/2020 1:47 pm CDT

You can configure Minute Menu HX so you specifically approve or disapprove individual providers for menu plans. You can also set up menu plans to be used by all providers, regardless of the settings in a particular provider's profile.

Note: KidKare providers can always use Provider Scheduled Menus and Provider Menu Templates, regardless of the settings in the Provider Information window.

To set up a provider to use any of the menu plan types:

1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. Click the **Providers** drop-down menu and select the provider.
3. Click the **Meals** tab.
4. In the **Menu Plans Allowed** section, check the box next to each menu the provider can use:
    - Master Menus
    - EZ Menus
    - Provider Cycle Menus
    - Sponsor Cycle Menus



5. Click **Save**.

Note: You may also need to supply an effective date range for provider cycle menus. Providers are only approved to use provider cycle menus during the date range you set. If **Preference E.004c** is set to Disallow, providers are disallowed if they attempt to claim a provider cycle menu outside of this date range.

Manage Menu Numbers

Last Modified on 07/14/2020 1:49 pm CDT

You must assign a number to every menu plan. Providers use use these numbers on scannable menu forms. Regardless of the menu plan you create, providers approach scannable menu forms the same way each time: they bubble-in M to indicate this is a planned menu, and then they bubble-in the menu number in the lowest Fruit/Vegetable row for that meal. If your providers use KidKare, the numbers are not important, but they are still required.

When assigning menu numbers, keep the following guidelines in mind:

- Each menu plan number must be unique. You cannot record master menus with numbers that overlap with cycle menus or vice versa. So, if you allow your providers to create cycle menus, reserve a set number range for those menus.
- EZ menus are assumed to be Menu #1.
- Menu plan numbers cannot contain a 9. There is no number 9 in the food sections on Minute Menu HX scannable menu forms.

[VIDEO] Create & Manage Master Menus

Last Modified on 08/06/2020 11:20 am CDT

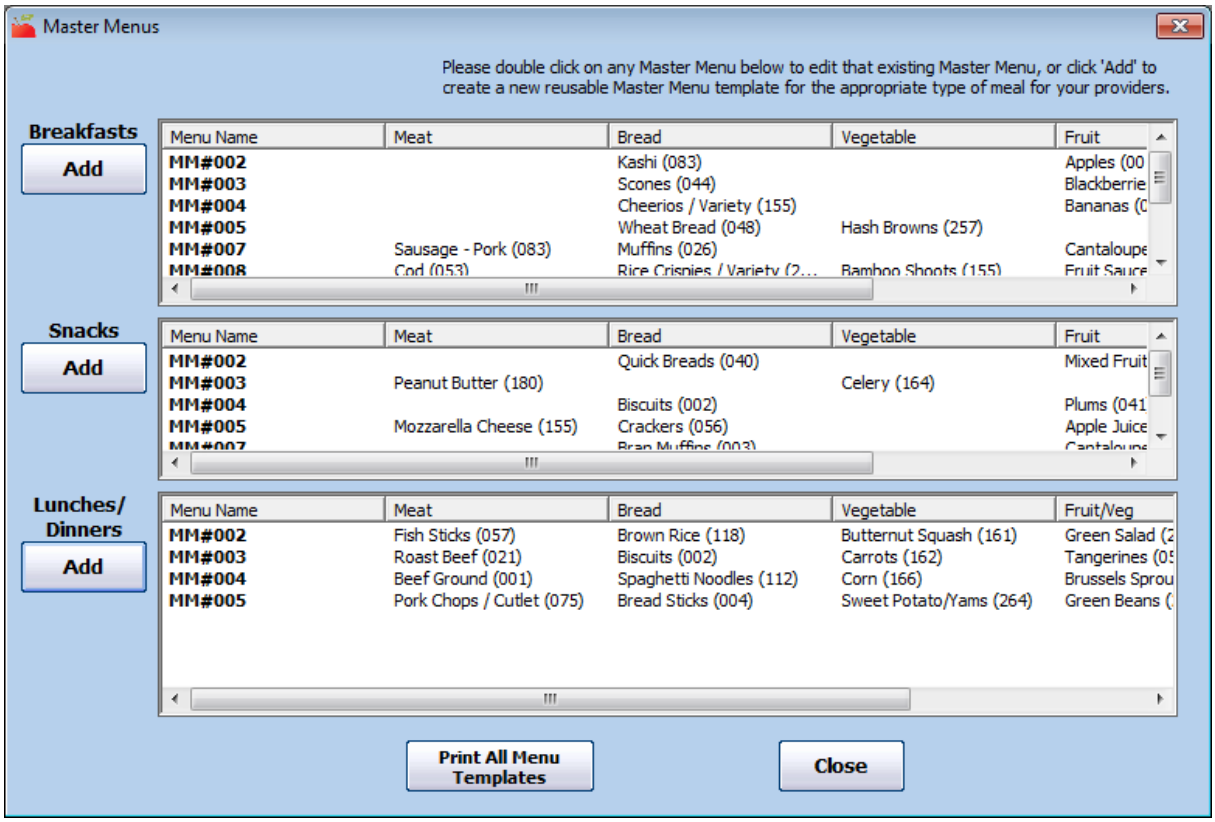
Master Menus are templates created specifically for the USDA meal pattern. As such, there are three types of Master Menus:

- Breakfast
- Lunch/Dinner
- Snacks

Watch the video below, or click one of the following links to jump to a specific Master Menu task.

Adding Master Menus

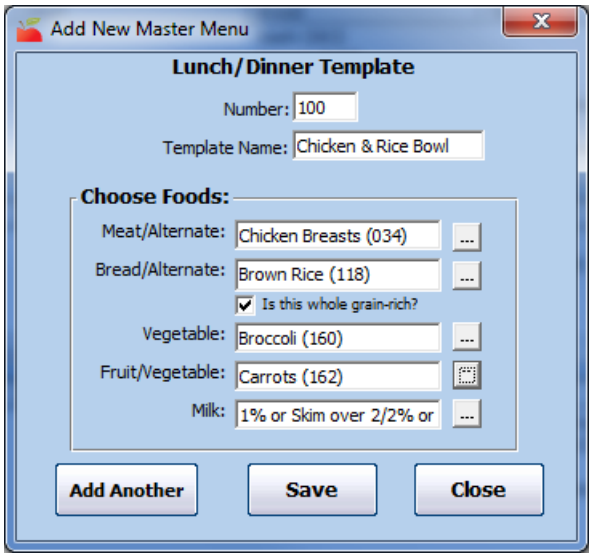
1. Click the **Menu Planning** menu and select **Master Menu Plans**. The Master Menus window opens.



2. Click **Add** under the appropriate meal. For example, to add a Lunch menu, click Add under Lunches/Dinners. The Add New Master Menu dialog box opens.
3. Click the **Number** box and assign a number to this Master Menu. This number is what providers use on scannable forms (if you use scanning).

- You must assign a number to this menu, even if your providers use KidKare.
- Use a unique number. You cannot use the same menu number more than once. This includes any cycle menus you have set up.
- Do not use any numbers that include a 9. This is because there is no number 9 in the Food sections on the Minute Menu HX scannable forms due to space constraints.

4. Click the T**emplate Name** box and enter a name for this master menu.
5. In the **Choose Foods** section, click ... next to each food component to select. Your food list displays.
6. Click a food to select it.The food list closes and the food you selected displays in the appropriate component box.
7. If you add a **Bread/Alternate** that is a whole grain, check the **Is This Whole Grain Rich** box.



8. When finished, click **Save** or **Add Another**.
9. Click **Yes** at the confirmation prompt. If you clicked Add Another, the boxes in the Add New Master Menu dialog box clear so you can add a new menu. If you clicked Save, click **Close** to close the Add New Master Menu dialog box.

Editing Master Menus

1. In the Master Menus window, double-click the menu to change. The Edit Master Menu dialog box opens.
2. Update the selected components, as needed.
3. When finished, click **Save** to save your changes.
4. Click **Yes** at the confirmation prompt. Click **Close** to close the Edit Master Menu dialog box.

Removing Master Menus

Note: You cannot delete Master Menus that have been claimed. You can change the foods and update the

menu, but you cannot delete it.

1. In the Master Menus window, double-click the menu to delete. The Edit Master Menu dialog box opens.
2. Click **Delete**. The menu is deleted.

Printing Master Menus

1. In the Master Menus window, click **Print All Menu Templates**. The Select Mode dialog box opens.
2. Select **English** or **Spanish**.
3. Click **Continue**. The Select Master Menu Meals dialog box opens.

4. Select **All Meals**, **Breakfast**, **Lunch/Dinner**, or **Snack**.
5. Click **Continue**. A PDF is generated. You can print or export it.

Create & Manage Cycle Menus

Last Modified on 07/14/2020 1:53 pm CDT

Cycle menus are menus that correspond to each day of the week. You can create sponsor cycle menus that all providers can access, and you can create provider-specific cycle menus. Minute Menu HX comes with 42 generic menus that correspond to the six meals of the day times seven days of the week. Foods are not assigned to any of these meals, but these meals exist so you do not have to supply up to 42 meals worth of foods for the given cycle.

When claims are processed using this cycle, they are processed as if the meals had all required food components. You can supply foods for specific meals if you like, or you can leave the cycle as-is without the foods.

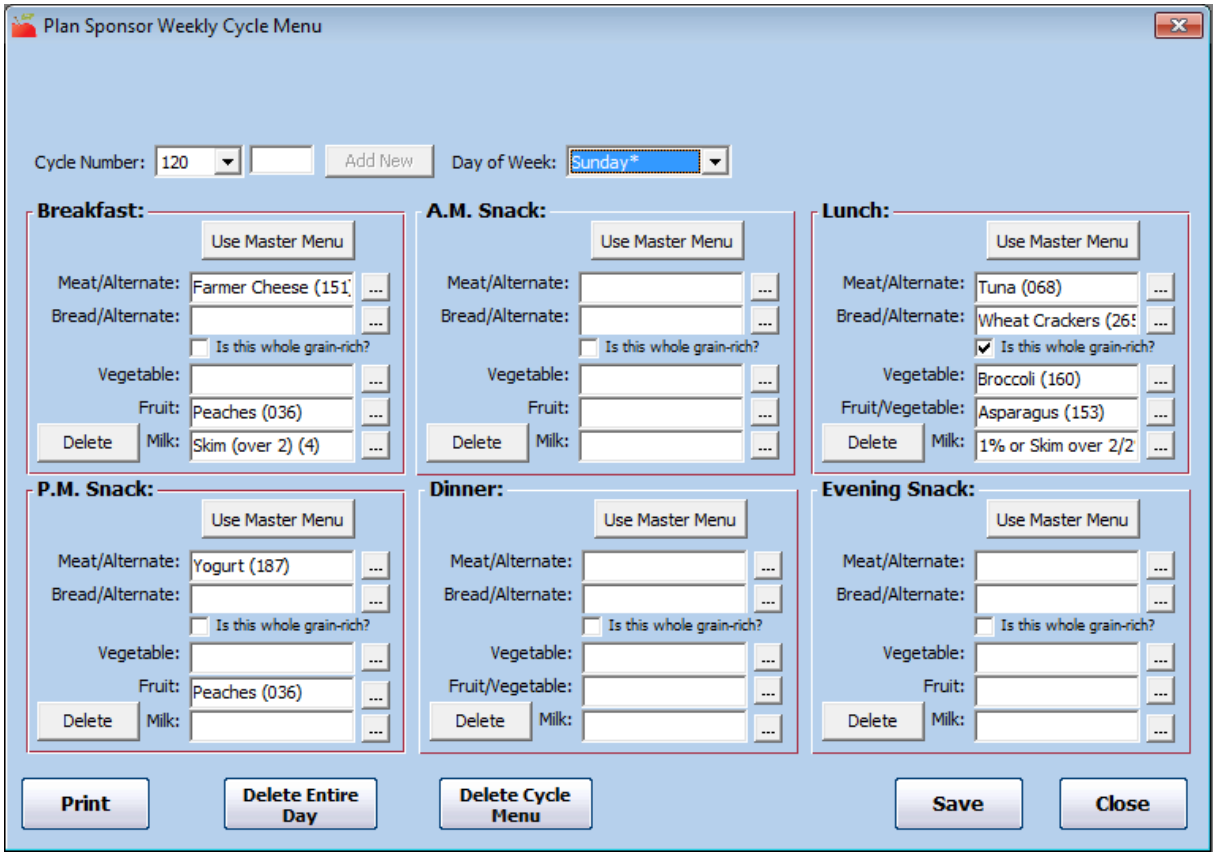
If certain days or meals do not apply to the cycle, leave those days/meals blank. If a provider attempts to claim this cycle for a day/meal that is not part of the cycle, the meal is disallowed when you process the claim.

Adding Cycle Menus

1. Click the **Menu Planning** menu and select **Provider Cycle Menus** or **Sponsor Cycle Menus**.
2. If you are adding a provider cycle menu, click the **Provider** drop-down menu and select the specific provider.
3. Click the **Cycle Number** box and enter the number to assign to the cycle.
4. Click **Add New**. This creates a generic cycle with empty menus for all six meals of the day for all seven days of the week.

   > **Note:** If you enter a cycle number number that is already in-use, you are prompted to select a new one.

5. Click the **Day of Week** drop-down menu and select the day of the week for which to plan menus.
6. In each meal section that applies (Breakfast, AM Snack, Lunch, PM Snack, Dinner, and Evening Snack), click  next to each meal component and select the appropriate food. You can also click **Use Master Menu** to select a menu from your saved master menus.



7. Click **Save**.
8. Repeat **Steps 5-7** for each day to plan.

Editing Cycle Menus

To change a cycle menu:

1. Click the **Menu Planning** menu and select **Provider Cycle Menus** or **Sponsor Cycle Menus**.
2. If you are editing a provider's cycle menu, click the **Provider** drop-down menu and select the specific provider.
3. Click the **Cycle Number** drop-down menu and select the cycle menu to change.
4. Click the **Day of Week** drop-down menu and select the day of the week to change.
5. Update meal components, as needed.
6. To remove a meal from a day, click **Delete** in the appropriate meal section.
7. Click **Save**.

Deleting Days from Cycle Menus

1. Click the **Menu Planning** menu and select **Provider Cycle Menus** or **Sponsor Cycle Menus**.
2. If you are deleting a provider's cycle menu, click the **Provider** drop-down menu and select the specific

provider.

3. Click the **Cycle Number** drop-down menu and select the menu number.
4. Click the **Day of Week** drop-down menu and select the day to remove.
5. Click **Delete Entire Day**.
6. Click **OK** at the confirmation prompt.

Deleting Cycle Menus

To delete a cycle menu:

1. Click the **Menu Planning** menu and select **Provider Cycle Menus** or **Sponsor Cycle Menus**.
2. If you are deleting a provider's cycle menu, click the **Provider** drop-down menu and select the specific provider.
3. Click the **Cycle Number** drop-down menu and select the menu number.
4. Click **Delete Cycle Menu**.

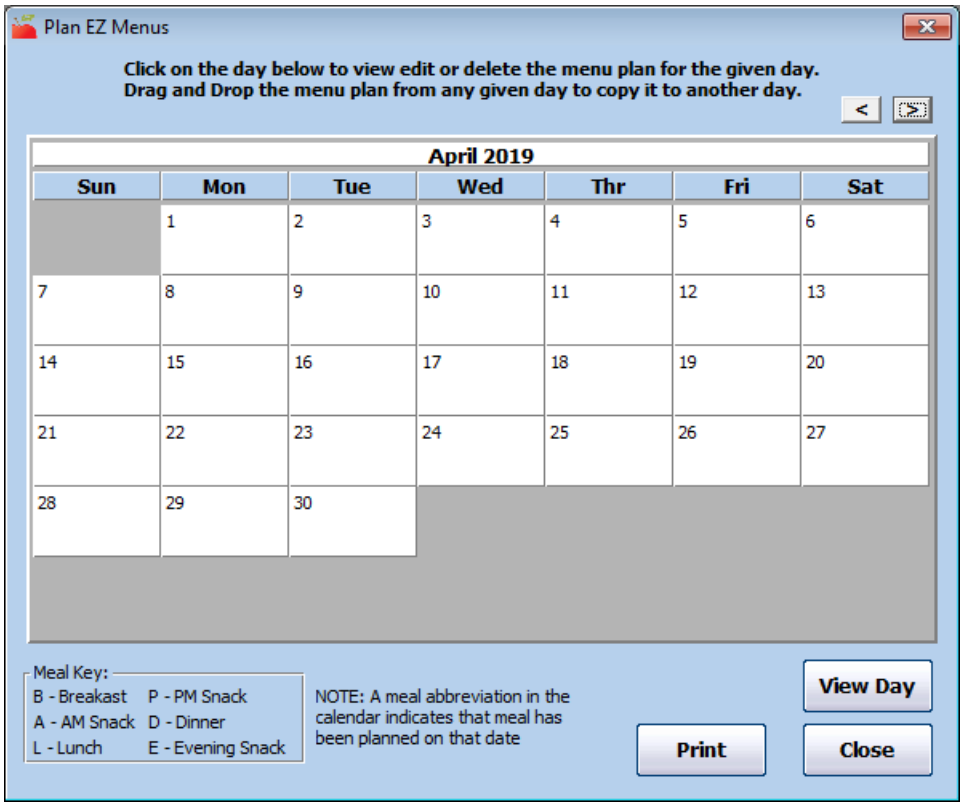
Create & Manage EZ Menus

Last Modified on 07/14/2020 1:57 pm CDT

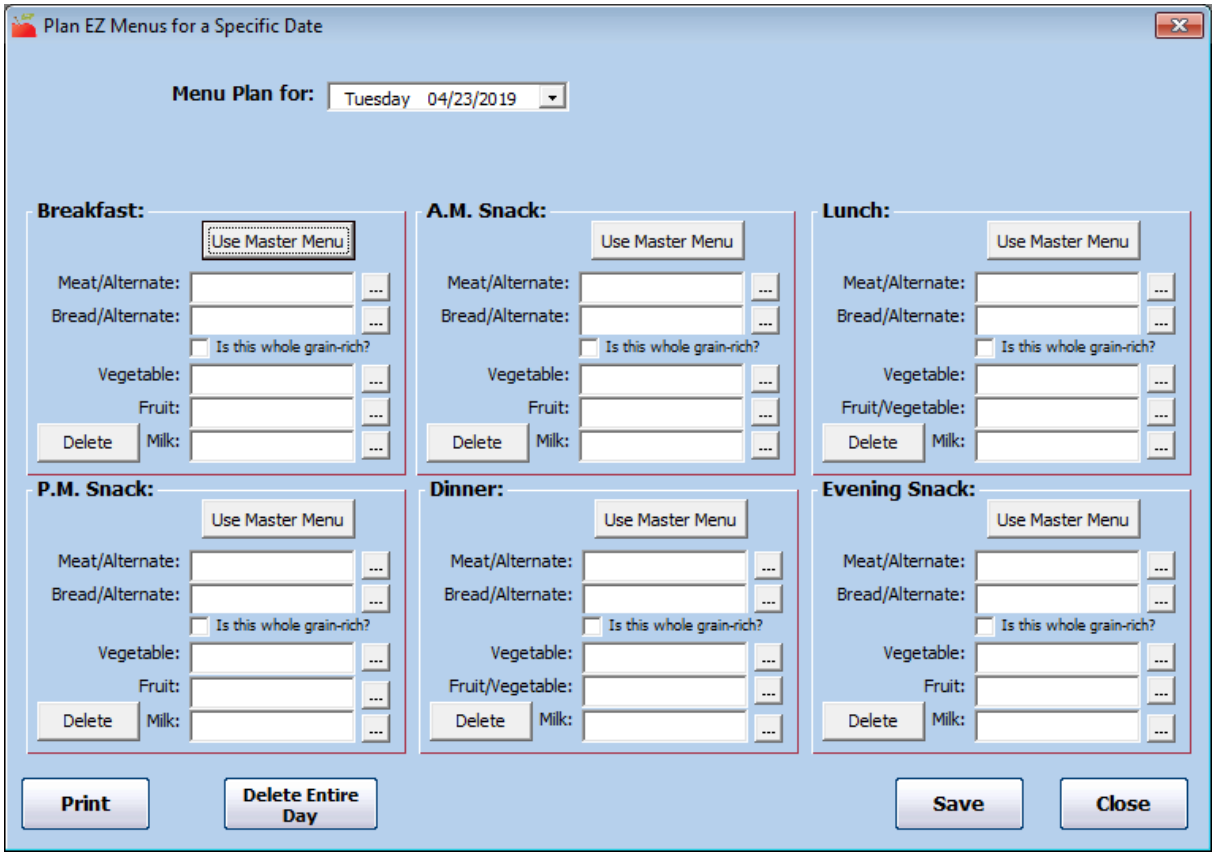
EZ Menus are date-specific scheduled menus. Providers who use scannable menu forms would mark #01 and then mark the M bubble. KidKare providers simply select the EZ Menu they need when recording meals. You must have created a valid EZ Menu for that specific date and meal, otherwise the meal will be disallowed when processed.

Adding EZ Menus

1. Click the **Menu Planning** menu and select **Plan EZ Menus**. The Plan EZ Menus window opens.



2. Select the month to plan. this month defaults to the current claim month. Click > to move to the next month.
3. Click the date for which to plan menus.
4. Click **View Day**. The Plan EZ Menus for a Specific date window opens.



5. In each meal section that applies (Breakfast, AM Snack, Lunch, PM Snack, Dinner, and Evening Snack), click ... next to each meal component and select the appropriate food. You can also click **Use Master Menu** to select a menu from your saved master menus.
6. Click **Save**.

Deleting EZ Menus

1. Click the **Menu Planning** menu and select **Plan EZ Menus**. The Plan EZ Menus window opens.
2. Select the month to plan. this month defaults to the current claim month.
3. Click a day with an existing EZ Menu.
4. Click **View Day**.
5. Click **Delete Entire Day**.
6. Click **OK** at the confirmation prompt.

Printing EZ Menus

1. Click the **Menu Planning** menu and select **Plan EZ Menus**. The Plan EZ Menus window opens.
2. Select the month to plan. this month defaults to the current claim month.
3. Click a day with an existing EZ Menu.
4. Click **View Day**.

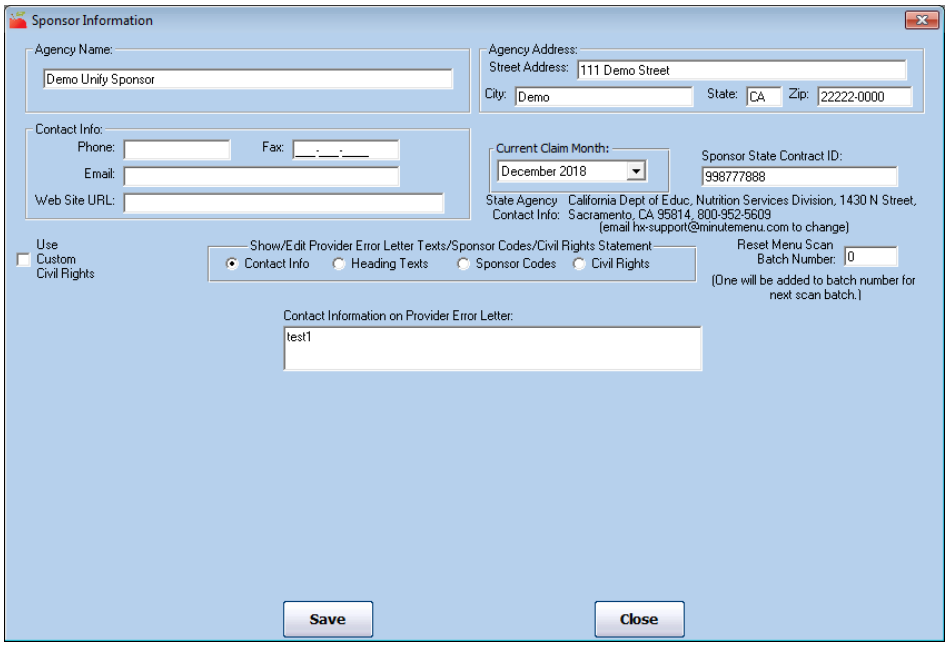
5. Click **Print**.

Update Sponsor Information

To verify that your company information so that it prints correctly on reports:

Last Modified on 07/14/2020 2:02 pm CDT

1. Click the **Administration** menu and select **Sponsor Information**. The Sponsor Information window opens.



2. Confirm that the displayed information is correct.
3. If you make any changes, click **Save**.

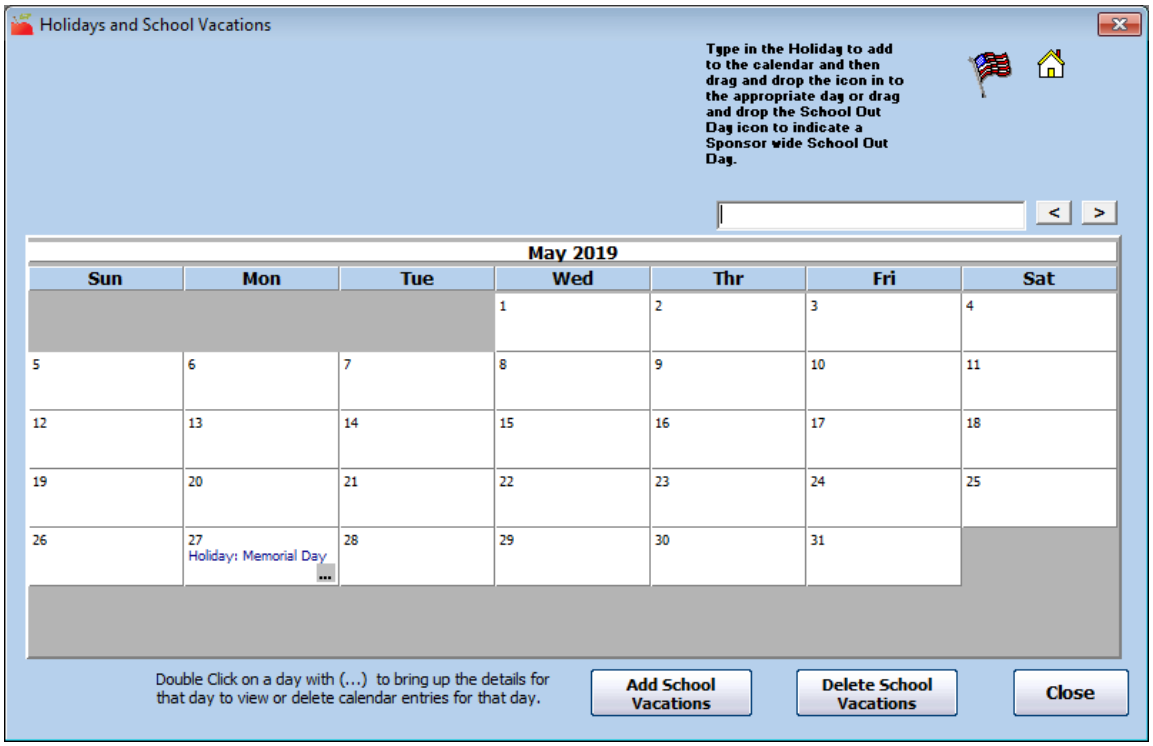
Update the Sponsor Calendar

Last Modified on 07/14/2020 2:05 pm CDT

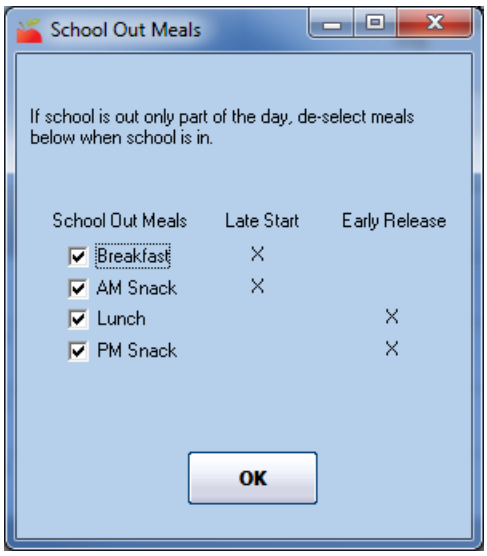
Use the Sponsor Calendar to set up state and federal holidays that your agency recognizes to ensure the system properly applies the holiday-based processing rules you have set up to those days. You can also set up school out days for the same purposes.

We recommend that you set up holidays and school out days at least one to two months ahead of time. By doing so, providers that use KidKare also have these days on their calendars as they edit information for that month.

1. Click the **Tools** menu and select **Sponsor Calendar**. The Holidays and School Vacations window opens.
2. Click < and > to select the month in which to work.
3. To add a holiday:
    a. Click the text box at the top of the window and enter the name of the holiday you are adding.
    b. Click , drag it, and drop it on the appropriate day on the calendar. The holiday displays on the calendar.

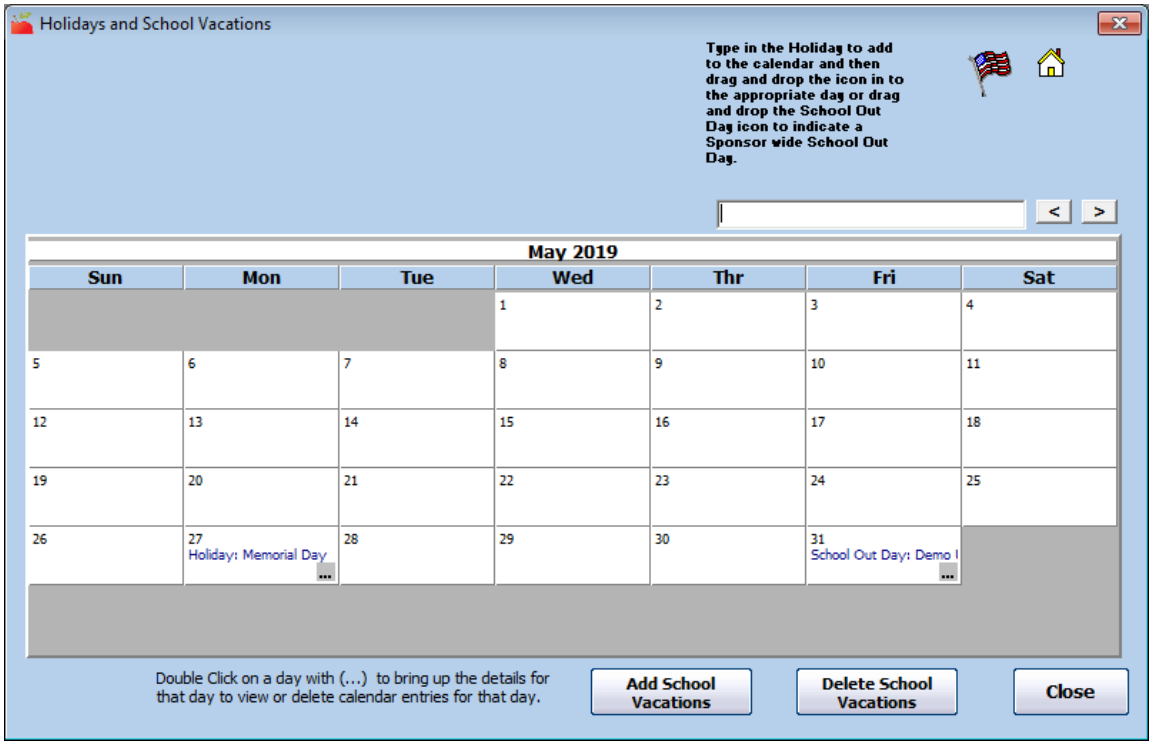


4. To add a sponsor-wide school out day:
    a. Click , drag it, and drop it on the appropriate day on the calendar. The School Out Meals dialog box opens.



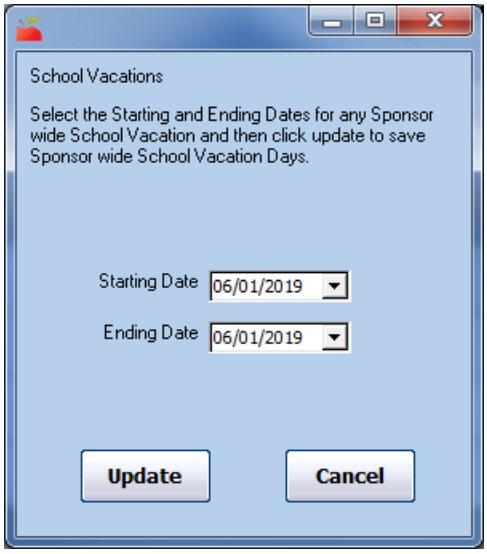
b. Check the box next to each meal to which this applies. If school is out for only part of the day, clear the box next to each meal that does not apply.

c. Click **OK**. The school-out day is added to the calendar. This holiday applies to all school-aged children.



5. To add long-term school vacations:

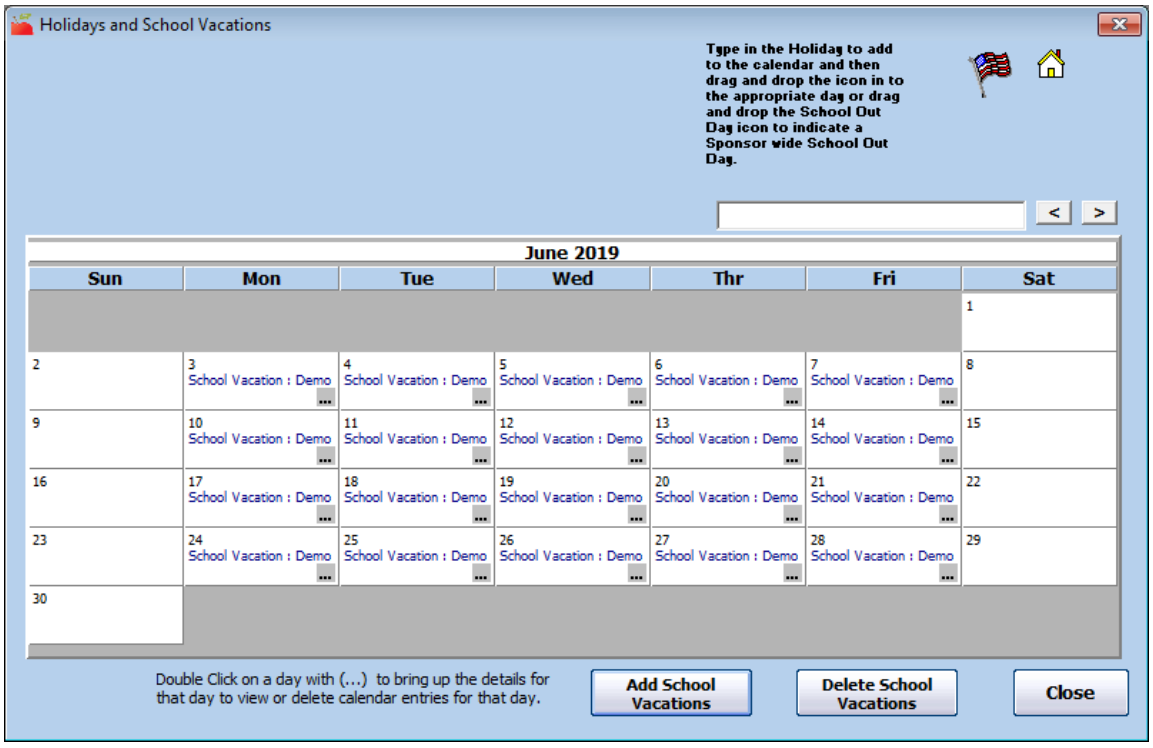
   a. Click **Add School Vacations**. The School Vacations dialog box opens.



b. Click the **Starting Date** box and enter the start of school vacation.

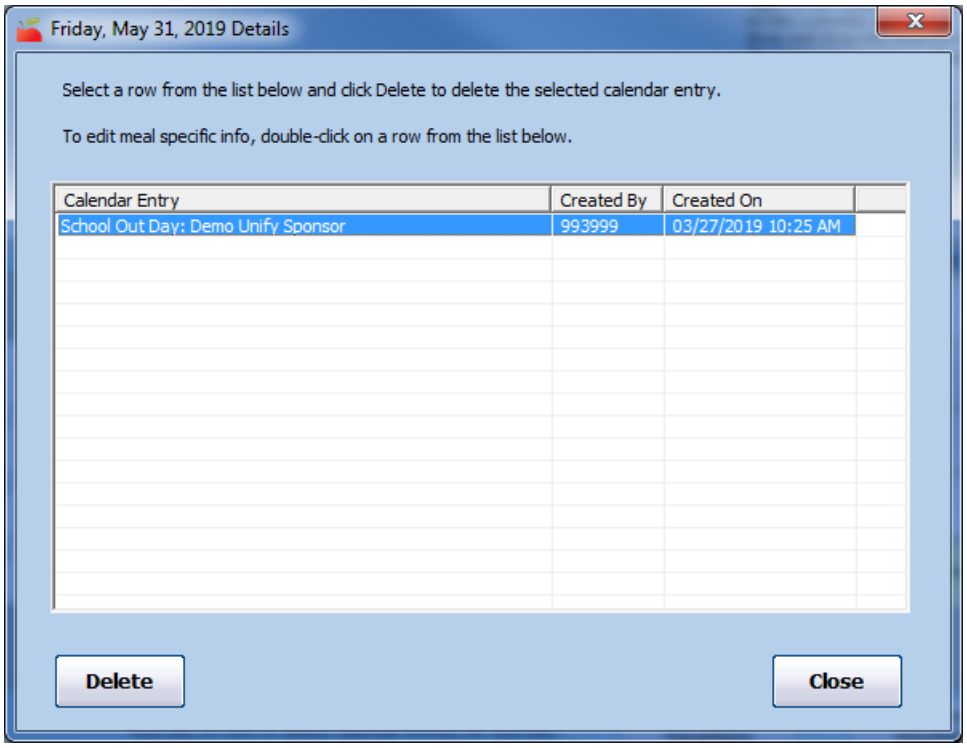
c. Click the **Ending Date** box and enter the end of school vacation.

d. Click **Update**. School vacation for the date range you entered are added to the calendar.



6. To remove any holidays and school out days:

   a. Double-click a day to view details for that day.



b. Click the holiday/school out day to remove.
c. Click **Delete**.
d. When finished, click **Close** to return to the calendar.

7. To remove long-term school vacations:
    a. Click **Delete School Vacations**. The School Vacations dialog box opens.
    b. Click the **Starting Date** box and enter the beginning of the range to remove.
    c. Click the **Ending Date** box and enter the ending of the range to remove.
    d. Click **Delete**. The vacations are removed.

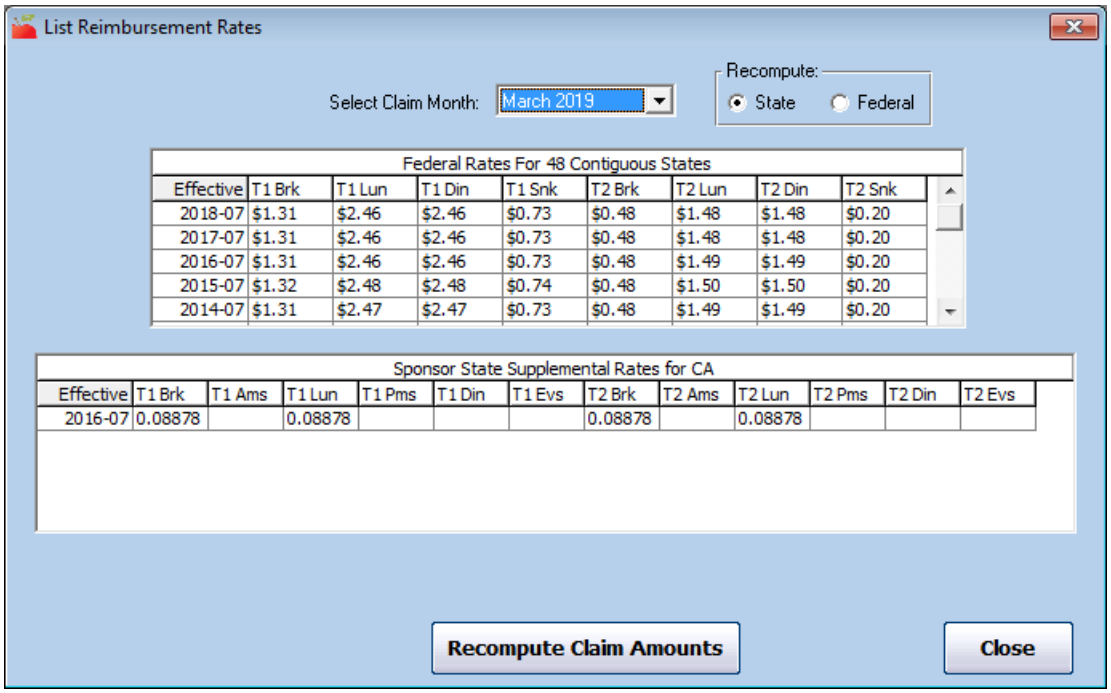
Check Your Rates

Last Modified on 07/14/2020 2:07 pm CDT

You can verify at any time whether Minute Menu HX has the proper rates for your provider reimbursement (both federal and state for those states where there is supplemental reimbursement), as well as your administrative reimbursement.

To check reimbursement rates:

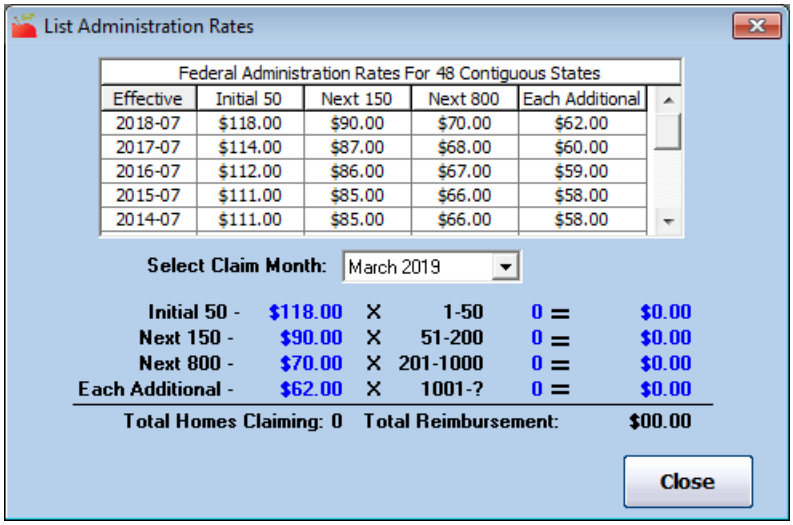
1. Click the **Administration** menu and select **List Reimbursement Rates**. The List Reimbursement Rates window opens.



2. Click the **Select Claim Month** drop-down menu, and select the claim month for which to view rates.
3. In the **Recompute** section, select **State** or **Federal**. This option may not be available in your state.
4. Click **Recompute Claim Amounts**.
5. When finished, click **Close**.

To check administration rates:

1. Click the **Administration** menu and select **List Administration Rates**. The Administration Rates window opens.



2. Click the **Select Claim Month** drop-down menu and select the claim month for which to view administrative rates.
3. When finished, click **Close**.

Set Preferences

Last Modified on 07/14/2020 2:10 pm CDT

Minute Menu HX is designed to be highly customizable to meet a variety of business needs. The Sponsor Preferences window allows you to customize HX and control many aspects of the program, such as edit checks, user preferences, general behavior, and so on. Review your policies to ensure that HX is set up to meet your agency's needs and expectations.

Policies should only be changed by the main decision makers of the company and/or those with the authority to do so. Changes to policies could impact claims. You can control access to policy settings with user permissions and staff types.

1. Click the **Administration** menu and select **Sponsor Preferences**. The Sponsor Preferences window opens.
2. Use the **Select the Category to Move To** drop-down menu and the S**elect the Error to Move To** drop-down menus to jump to a specific setting.
3. Click a setting description to view it in a larger pop-up. Click **OK** to close it.
4. Check the **box** next to the setting to change.
5. Click the **Select Setting** drop-down menu and select the setting to use. For preferences, this is typically Y or N. For edit checks, you can choose from the following:

    - **Disallow:** The processor automatically deducts meals based on the edit check that was violated. For example, if a child enrollment form has not been received, claiming that child is out of compliance with regulations. HX can automatically disallow reimbursement for any meal in which the child was claimed. These meals an be added back later, if needed. However, if you would disallow most of the time, choose this option.

    - **Ignore:** The processor does not complete the edit check, and the error is not noted on the OER. For example, if checking to see if a child is claimed on a day or for a meal for which they are not enrolled is not a required edit check, you could set that policy to Ignore.

    - **Warn:** The error does not deduct from the reimbursement, but should be researched to ensure that proper documentation was received or that procedures were followed. These errors do show on the OER. For example, if a child noted with a special diet is served a meal and the Special Diet Statement has not been marked as received in HX, the processor notes Allow/Warn on the OER for this child's meals. This allows your staff to find out if the Special Diet Statement was received and correct the error in HX or disallow the meals. Note that this warning only shows when the claim is processed—not when the center is recording their claim.

6. Click **Save**.

Note: Click Print List to print a list of your preferences/settings. Click Print Changes to print a list of the preferences that you have changed.

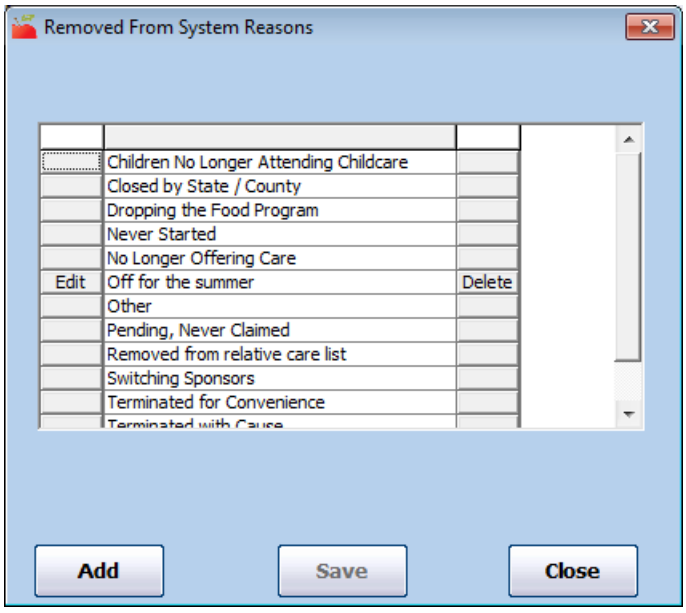
Manage Removed From System Reasons

Last Modified on 07/14/2020 2:11 pm CDT

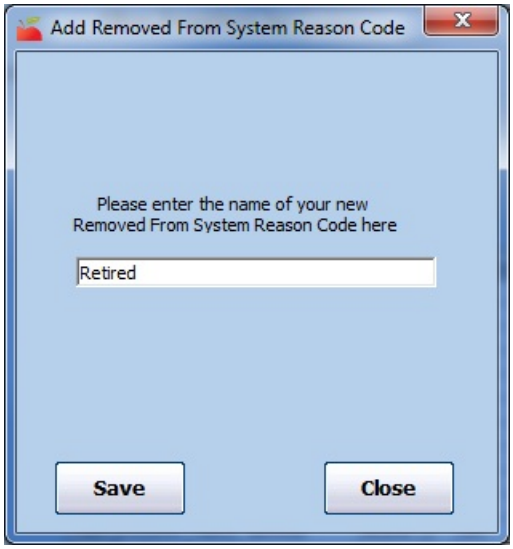
When you remove providers from your system, you must select a removal reason. You set these reasons up in the Removed From System Reasons dialog box.

Adding Removed From System Reasons

1. Click the **Tools** menu and select Removed From System Reasons. The Removed From System Reasons window opens.



2. Click **Add**. The Add Removed From System Reason Code dialog box opens.
3. Click the box and enter the removal reason code.

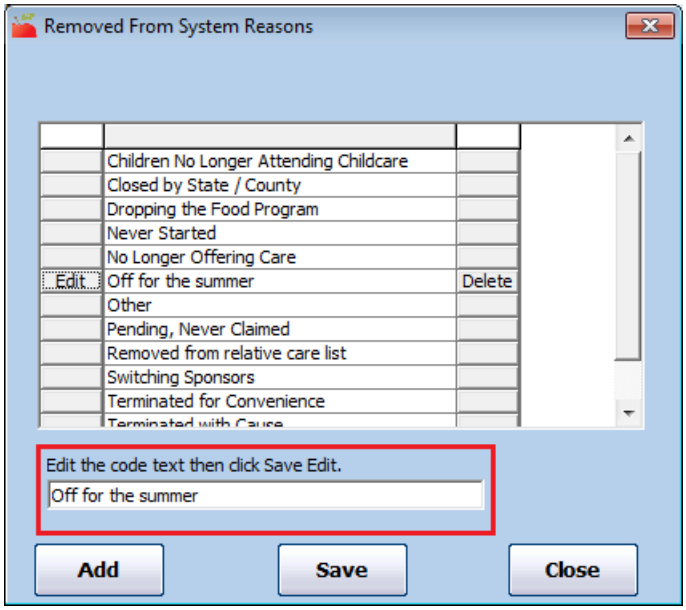


4. Click **Save**.

Changing Removed From System Reasons

You can only change reason codes you have added. The default system codes cannot be changed.

1. Click the **Tools** menu and select Removed From System Reasons. The Removed From System Reasons window opens.
2. Click **Edit** next to the reason to change.
3. Click the **Edit the Code** box and update the code text.



4. Click **Save**.

Deleting Removed From System Reasons

You can only delete reason codes you have added. The default system codes cannot be deleted.

1. Click the **Tools** menu and select Removed From System Reasons. The Removed From System Reasons window opens.
2. Click **Delete** next to the reason code to delete.
3. Click **OK** at the Are You Sure prompt. The reason code is deleted.

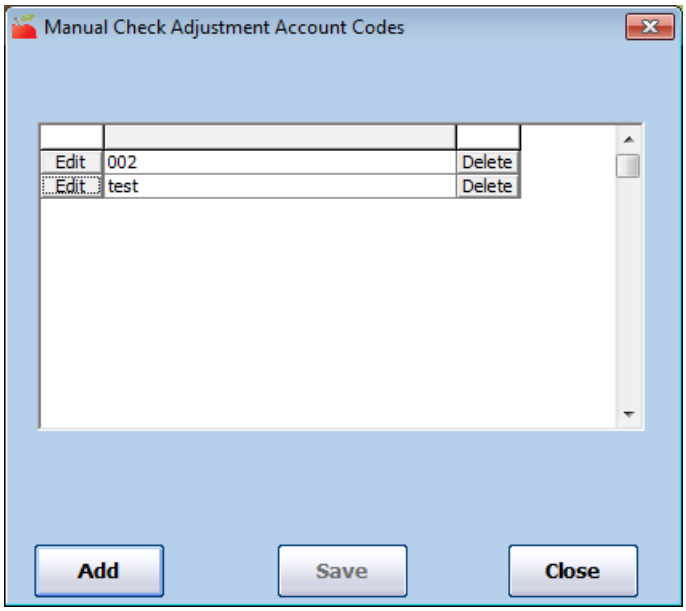
Manage Manual Check Adjustment Account Codes

Last Modified on 07/14/2020 2:13 pm CDT

Some sponsors are required to provide an adjustment account code when adjusting provider payments. You add and manage these codes in the Manual Check Adjustment Account Codes window.

To add an adjustment code:

1. Click the **Checkbook** menu and select **Manual Check Adjustment Account Codes**. The Manual Check Adjustment Account Codes window opens.



2. Click **Add**. The Add dialog box opens.

3. Click the **Please Enter the Name of Your New Manual Check Adjustment Account Code** box and enter the adjustment code to use.
4. Click **Save**.

To edit a manual check adjustment code:

1. In the Manual Check Adjustment Account Codes window, click **Edit** next to the code to change.
2. Click the **Edit** box and enter the new name of the code.
3. Click **Save**.

To delete a manual check adjustment code:

1. In the Manual Check Adjustment Account Codes window, click **Delete** next to the code to remove.
2. At the Are You Sure prompt, click **Yes**.

> **Note:** You cannot delete any manual check adjustment codes that have been used.

Create Staff Accounts

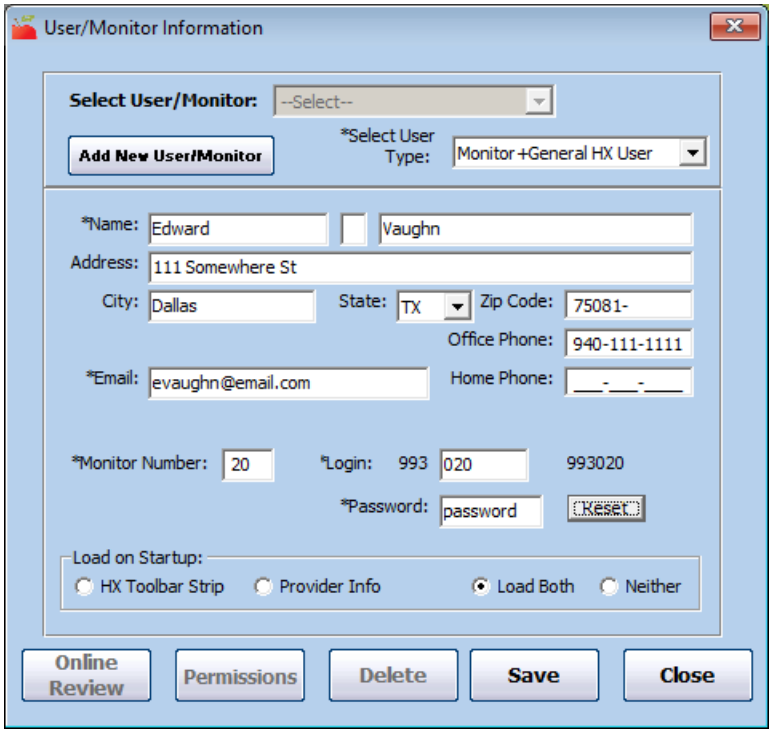
Last Modified on 07/14/2020 2:18 pm CDT

All sponsor/back-office staff members should have their own, unique login ID and password with which to access Minute Menu HX. This includes your monitors, who may need to log in to Minute Menu HX to access reports that can help them plan home visits.

Note: Each sponsor who uses Minute Menu HX is assigned an administrative login ID to use when running Minute Menu HX for the first time. This three-digit ID is your Minute Menu HX customer number. This login ID is not subject to any user security restrictions. If more than one person (including field staff) will work in Minute Menu HX, you should create a user account for each user.

To add users:

1. Click the **Administration** menu and select **Users/Monitors**. The User/Monitor Information dialog box opens.
2. Click **Add New User/Monitor**.
3. Click the **Select User Type** drop-down menu and choose from the following:
    - **General HX User:** These users log in and use Minute Menu HX, but do not complete home reviews.
    - **Monitor:** These users are assigned to providers and are associated with reviews.
    - **Monitor + General HX User:** These users are assigned to providers for reviews and can also use the other features of Minute Menu HX.
4. Click the **Name** boxes and enter the staff member's first and last name. You can also include their middle initial.
5. Enter the staff member's contact information in the **Address**, **City**, **State**, **Zip Code**, **Office Phone**, **Home Phone**, and **Email** boxes. The **Email** box is the only box that is required.
6. Click the **Login** box and enter a login ID for this user. This must be six digits long and must begin with your Minute Menu HX customer number.
7. Click the **Password** box and enter a password for this user, or accept the password that was randomly generated by the system. Passwords are case-sensitive.



8. To restrict this user to a particular set of providers:
    a. Check the **Subject to Provider Security** box.
    b. Click the **Group** box and enter the group number to which to restrict this user. For more information about Provider Security, see **User Security**.
9. If you selected **Monitor** or **Monitor + General HX User** in **Step 3:**
    a. Click the **Monitor Number** box and enter a two-or-three digit number to use on scannable review forms. This is usually also part of the monitor's online review login ID.
    b. Click **Online Review**. The Online Review Permissions dialog box opens.
    c. Check the box next to each online review function this user can access.
    d. Click **Save**.
10. In the **Load on Startup** section, specify what this user sees when they log in to Minute Menu HX. They can change these settings later, if needed. You can choose from the following:
    - HX Toolbar Strip
    - Provider Info
    - Load Both
    - Neither
11. Click **Save**.

Manage User Security

Last Modified on 07/14/2020 2:24 pm CDT

You can use security options to divide responsibility among your staff. There are two types of user security available for your users:

- **Functional Security:** This type of security allows you to give users full, read-only, or no access to various functions. For example, you can give some users access to the check-writing features, while other users can only view past paid checks. Functional security allows you to completely customize what users can and cannot access in Minute Menu HX.
- **Provider Security:** This type of security allows you to assign certain users to a particular set of providers. You assign each provider to a group number and then assign each user to that group number. Users can only see the providers in their own group within any part of the software.

To enable the security type you wish to use for your business:

1. Click the **Administration** menu and select **Sponsor Preferences**. The Sponsor Preferences window opens.
2. Click the **Select the Category to Move To** drop-down menu and select **U. General Behavior**.
3. Check the box next to the security type to use.
4. Click the **Select Setting** drop-down menu and select **Y** or **N**.
5. Click **Save**.

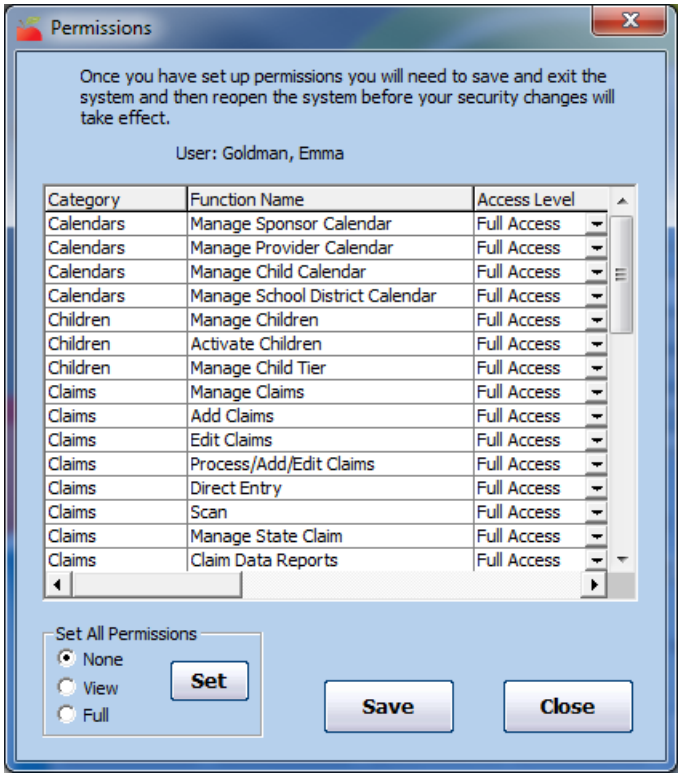
Note: These settings can only be changed by the Administrator or by a user that has full permissions for Sponsor Preferences.

Manage User Permissions

Last Modified on 07/14/2020 2:27 pm CDT

If you use Functional Security, you must assign permissions to each user you create. For more information about the difference between Functional Security and Provider Security, see **Manage User Security**.

1. Click the **Administration** menu and select **Users/Monitors**.
2. Click the **Select User/Monitor** drop-down menu and select the user for which to manage permissions. You can also add a new user. For instructions, see **Create Staff Accounts**. Note that if you create a new user, you must re-select the user after you save before you can manage their functional permissions.
3. Click **Permissions**. The Permissions dialog box opens.



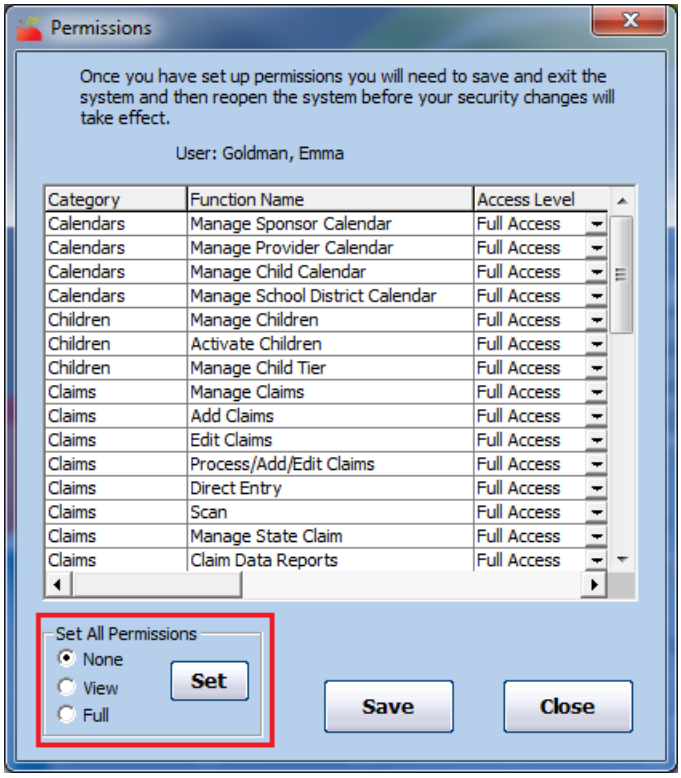
4. Click the **Access Level** drop-down menu for each permission and choose from the following:
   - **Full Access:** The user can review and update information in the given area.
   - **View Only Access:** The user can only view information in the given area. The user cannot save any changes. This access level gives the user access to any related reports and on-screen functions.
   - **No Access:** The user cannot see any information for the given area.
5. Click **Save**.

Mass-Changing Access Levels

You can automatically assign all functional groups to one particular access level, if needed. You can then scroll through the list of permissions and update specific functions that should not be the set to the default you select.

In the **Set All Permissions** section:

1. Select **None**, **View**, or **Full**.



2. Click **Set**.
3. Change individual functions, as needed.
4. Click **Save**.

Create Provider Access Groups

Last Modified on 07/14/2020 2:29 pm CDT

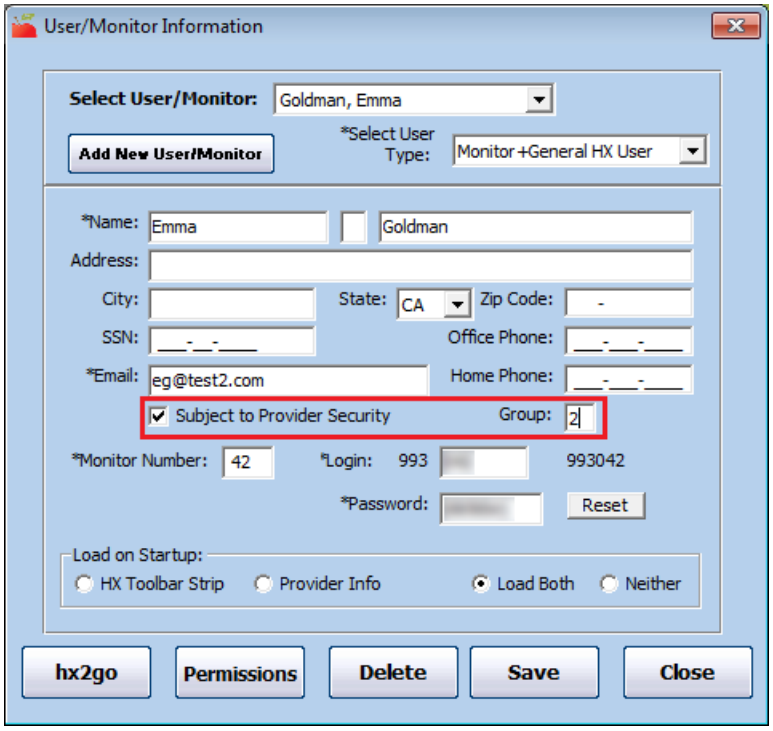
If you use Provider Security, you can assign any Minute Menu HX user to any Provider Group Number. Users are still subject to any functional permissions you set, but they can only see data for the providers to which they are assigned. For example, a user assigned to Group 5 can only see providers who are also assigned to Group 5. If you do not specifically assign a user to a provider group, that user can see all providers in the software.

Before you can use Provider Access Groups, you must assign providers to groups and then assign users to those same groups. You can associate multiple Minute Menu HX users with any given Provider group. Several providers are usually assigned to the same group number.

Assigning Users to Provider Groups

To assign a user to a provider group:

1. Click the **Administration** menu and select **Users/Monitors**. The User/Monitor Information window opens.
2. Click the **Select User/Monitor** drop-down menu and select the user/monitor to edit.
3. Check the **Subject to Provider Security** box. The Group box displays.



4. Click the **Group** box and enter the appropriate group number.
5. Click **Save**.

Assigning Providers to Groups

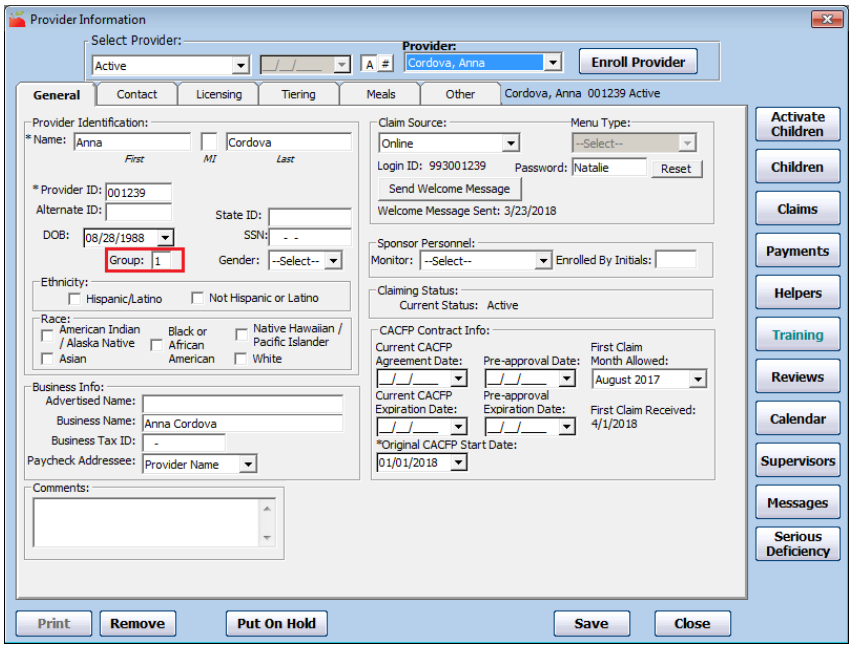
Any user who has full access to Provider Information can edit a provider's group. However, if a user who is

subject to provider security changes a provider's group number, they may no longer be able to see the provider. For example, if a user assigned to Group 5 changes a provider from Group 4 to Group 4, the user can no longer see this provider in Provider Information or in any other function. Exercise caution when assigning provider group numbers.

> **Note:** The provider remains in the Provider drop-down menu until the user changes the list filter or closes and re-opens the Provider Information window, which refreshes the list.

To assign a provider to a particular group:

1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider. The provider details display.
3. In the **Provider Identification** section in the **General** tab, click the **Group** box and enter the appropriate group number.

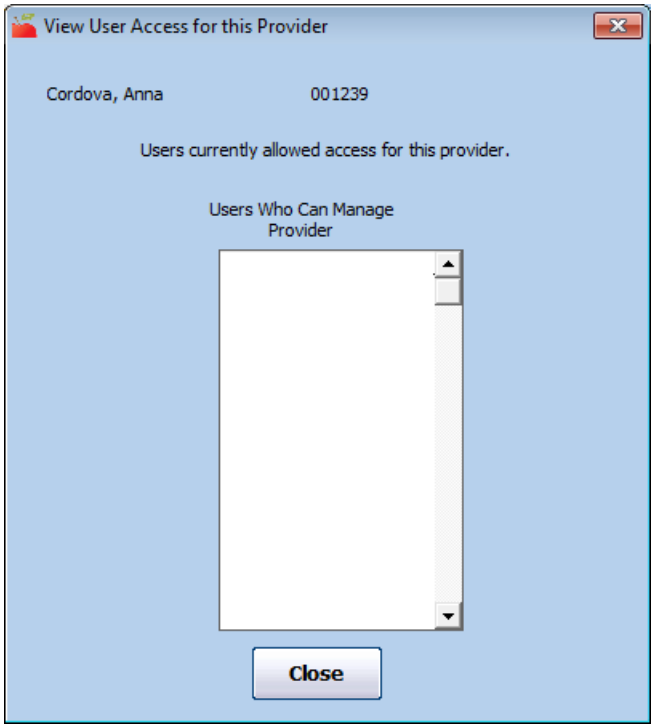


4. Click **Save**.

Viewing the Supervisor's List

Any user who is not subject to provider security can access the Supervisors list in the Provider Information window. This list notes all users who are able to see this provider's information. This includes all users assigned to this provider's group, and users who are not subject to provider security.

1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider. The provider details display.
3. Click **Supervisors** (to the right). The View User Access for This Provider dialog box opens.



4. When finished, click **Close**.

Add Monitors

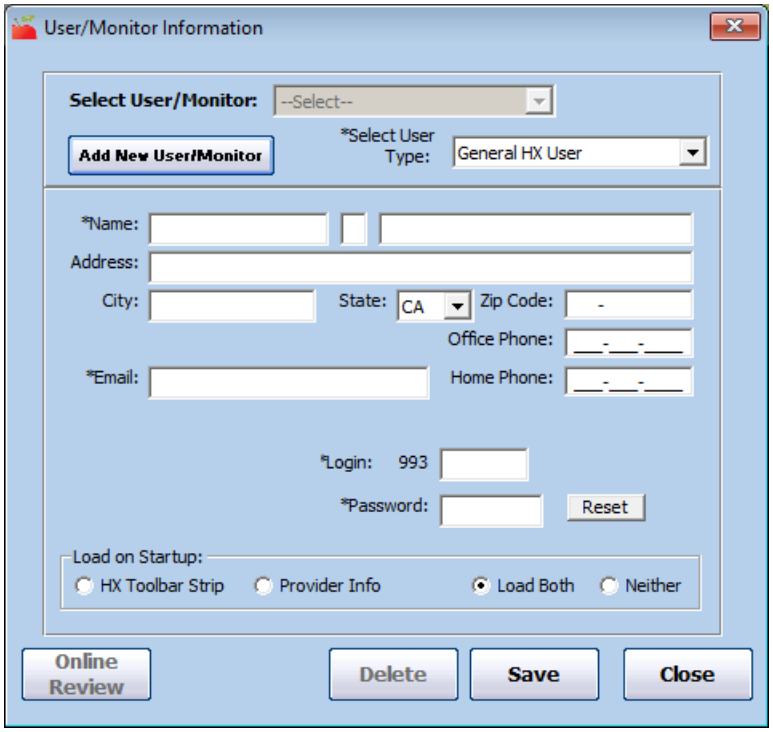
Last Modified on 12/21/2022 10:48 am CST

You add Monitors in the Users/Monitor Information window. We recommend that you create accounts for each of your monitors when you first begin using Minute Menu HX. The Monitors you create here are available in other areas of the software. You can also assign these Monitors to specific providers.

1. Click the **Providers** menu and select **Monitors**. The User/Monitor Information window opens.

   Note: You can also click the **Administration** menu and select **Users/Monitors** to access this window.

2. Click **Add New User/Monitor**.
3. Click the **User Type** drop-down menu and select **Monitor** or **Monitor + General HX User**. If you set this user as a Monitor only, they can only record reviews in KidKare. They cannot access Minute Menu HX. If this Monitor needs access to Minute Menu HX, select **Monitor + General User**.



4. Click the **Name** boxes and enter the Monitor's full name. This is the name that will appear on their paperwork.
5. Click the **Email Address** box and enter the Monitor's email address.

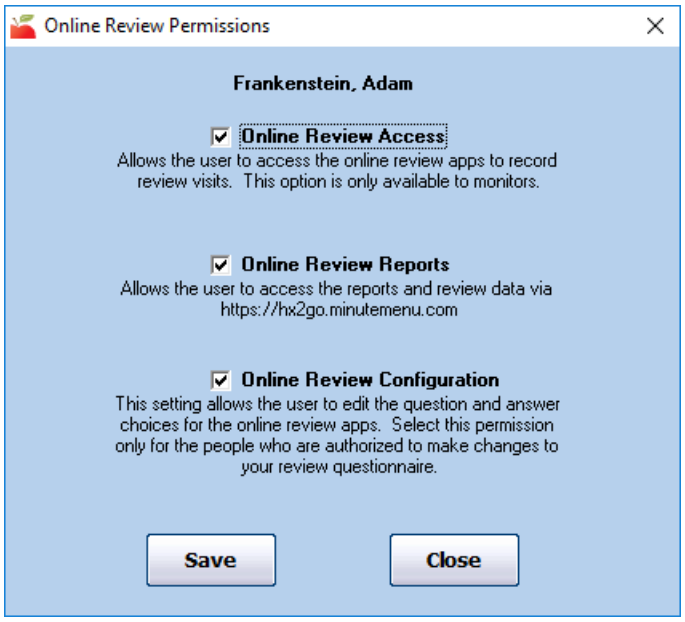
   Note: The Address, City, State, Zip Code, SSN, Office, and Home Phone boxes are not required, but you can complete them, if needed.

6. Click the **Monitor Number** box and enter a monitor number. This must be a unique number. For those sponsors who can review forms, this number coincides with the two or three-digit number marked on scannable review forms. You can enter any two or three-digit number, so you can choose any numbering

scheme you prefer. If you enter a number that is already in-use, the system prompts you to select a different one.

> **Note:** The **Login** box defaults to the first three numbers of your sponsor numbers and the monitor number you entered. For example, if your sponsor number is 900 and you entered 201 in the Monitor Number box, the Login box would be 900201. You can change this, if needed.

7. Click the **Password** box and enter a password for this Monitor. You can also click Reset to generate a random password. If you are creating a Monitor only (*not* a Monitor + General HX User), the Monitor can use their login ID and this password to log in to KidKare only.
8. Click **Save**.
9. Click **OK** at the confirmation prompt.
10. Click **Online Review**. The Online Review Permissions dialog box opens.



11. Check the box next to each item that applies:
    - **Online Review Access:** Allow this user to enter reviews in KidKare.
    - **Online Review Reports:** Allow this user to access reports in KidKare.
    - **Online Review Configuration:** Allow this user to edit question and answer choices on the review questionnaire.
12. Click **Save**.

Add Admin Review Site Users

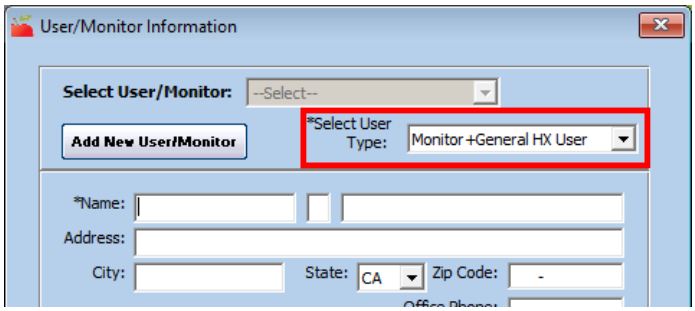
Last Modified on 12/22/2022 10:40 am CST

Before users can access the Admin Review site to configure online review questionnaires, you must set them up as an administrative user.

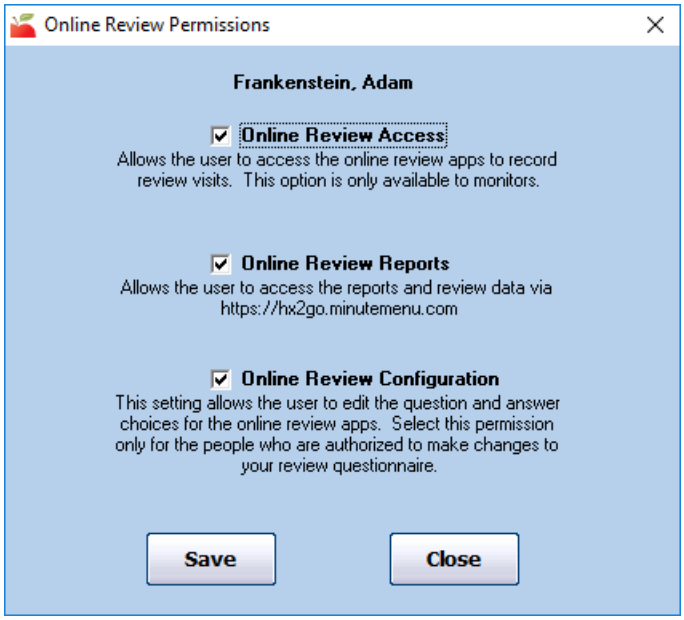
1. Click the **Providers** menu, and select **Monitors**. The User/Monitors Information window opens.

   Note: You can also access this window from the **Tools** menu.

2. Click the **Select User/Monitor** drop-down menu and select the user to update.
3. Click the **Select User Type** drop-down menu and select **Monitor+General HX User**.



4. Click **Save**.
5. Click **Online Review**. The Online Review Permissions dialog box opens.



6. Check the **Online Review Configuration** box.
7. Click **Save**. The user you updated can now configure the review questionnaire at **https://reviewadmin.minutemenu.com/Account/LogOn**. The user logs in with the same credentials they use to access Minute Menu HX.

Manage Monitors

Last Modified on 07/14/2020 2:33 pm CDT

Editing Monitors

You can update a Monitor's information, if needed. For example, a Monitor's contact information may have changed. However, please note that you should never rename your monitors. This supports data integrity. If you are replacing a monitor, you should remove the existing monitor first. See the **Deleting Monitors** heading, below.

1. Click the **Providers** menu and select **Monitors**. The Users/Monitors window opens.

   Note: You can also click the **Administration** menu and select **Users/Monitors** to access this window.

2. Click the **Select User/Monitor** drop-down menu and select the Monitor to change. The Monitor's information displays.
3. Click each box and enter new information over the existing information.
4. Click **Online Review** to update the Monitor's online review permissions.
5. When finished, click **Save**.

Deleting Monitors

Usually, when you delete a Monitor, you are adding a new Monitor or associating the deleted Monitor's providers with another Monitor. When you delete a Monitor, all providers associated with that monitor are automatically disassociated. You can then associate those providers with a new Monitor.

For example, Monitor John is associated with Provider 1, Provider 2, and Provider 3. John is leaving the agency, and you hired Monitor Jane. When you delete John's record, Provider 1, Provider 2, and Provider 3 are disassociated. You then add Monitor Jane to your system and associate her with Provider 1, Provider 2, and Provider 3.

1. Click the **Providers** menu and select **Monitors**. The Users/Monitors window opens.
2. Click the **Select User/Monitor** drop-down menu and select the Monitor to remove.
3. Click **Delete**.
4. At the Are You Sure prompt, click **Yes**.

To add a new monitor, see **Add Monitors**.

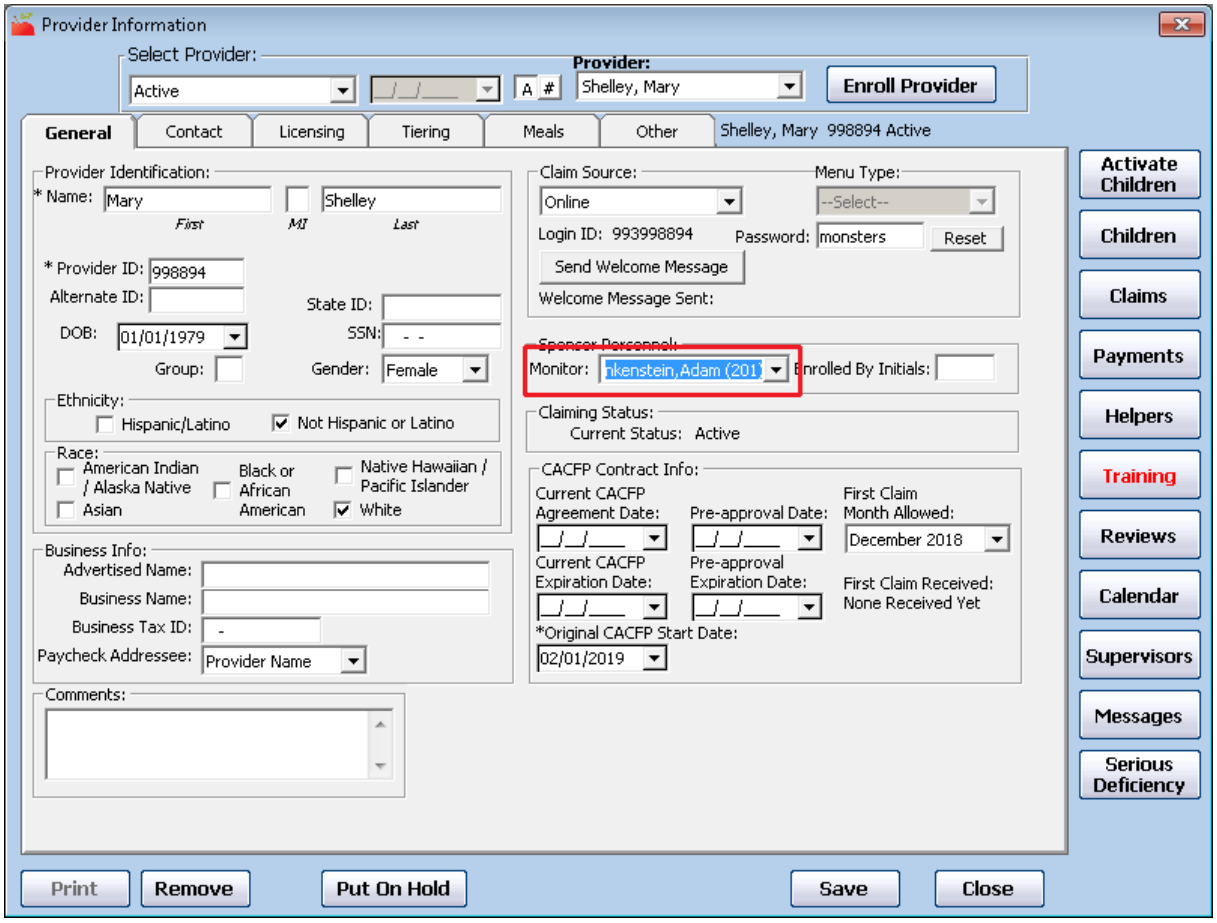
Associate Monitors with Providers

Last Modified on 07/14/2020 2:37 pm CDT

You can associate each of your providers with a specific Monitor. Associating providers with Monitors lets you filter and/or sort several reports by Monitor.

To do so:

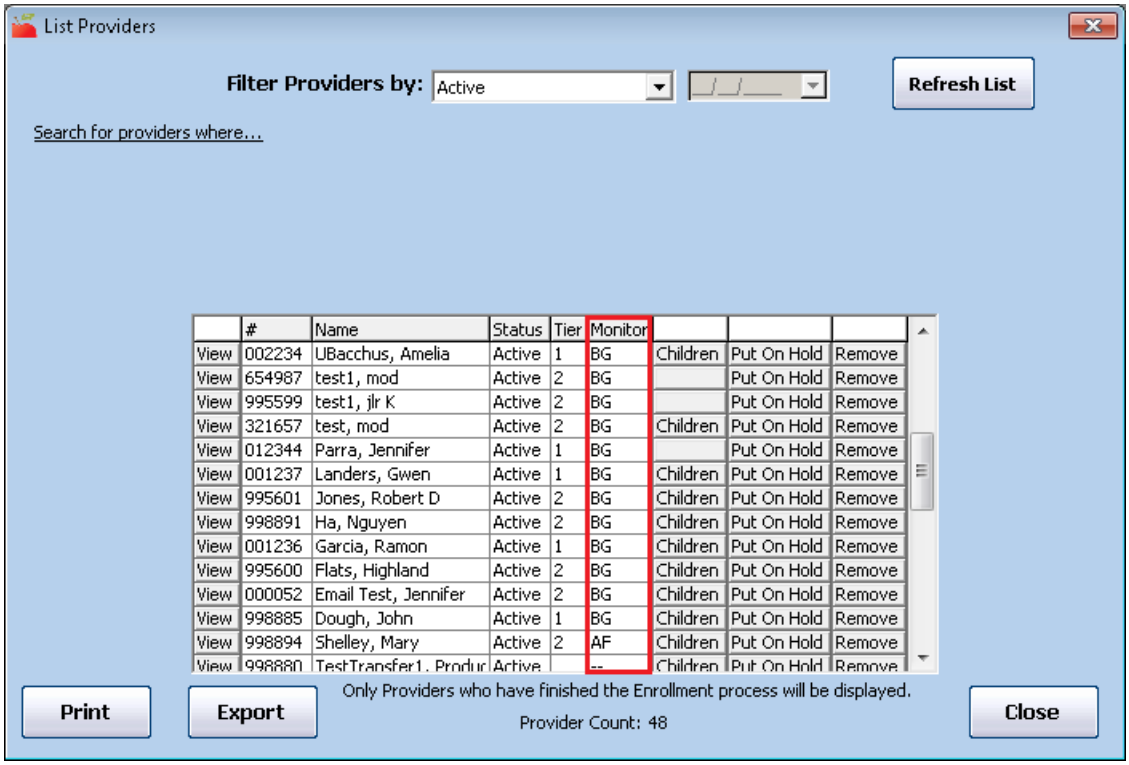
1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. In the **Sponsor Personnel** section, click the **Monitor** drop-down menu and select the Monitor to assign to this provider.



3. Click **Save**.

You can also view which Monitors are associated with which providers in the List Providers window.

1. Click the **Providers** menu and select **List Providers**. The List Providers window opens.
2. Click the **Filter Providers By** drop-down menu and select the provider status to view.
3. Click **Refresh List**. The providers display. Monitor initials are listed in the Monitor column. If a provider is not currently associated with a monitor, -- (dash dash) displays in this column.

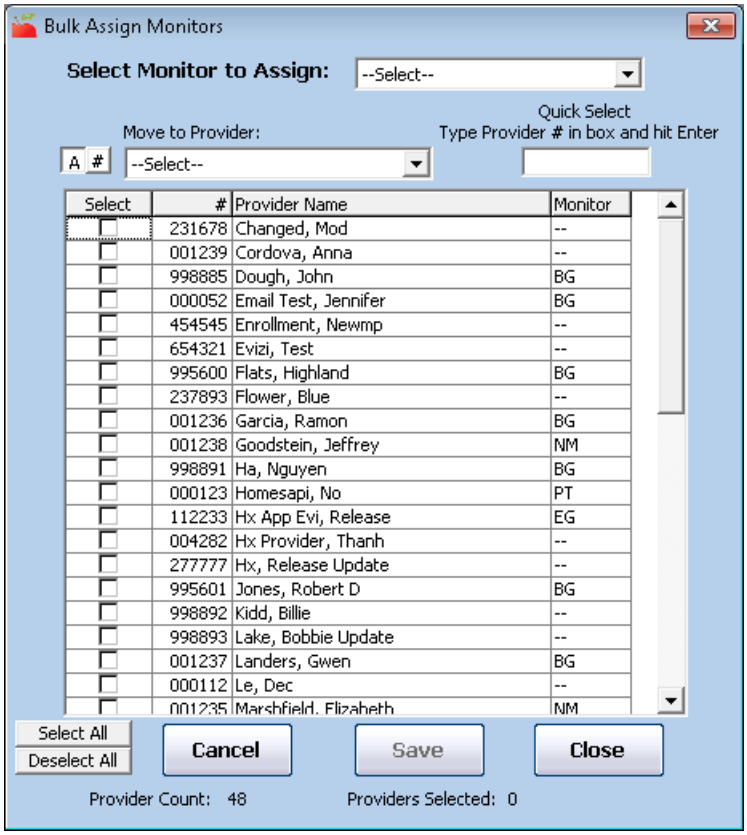

List Providers
Filter Providers by: Active
Refresh List
Search for providers where...
Name Status Tier Monitor
View 002234 UBacchus, Amelia Active 1 BG Children Put On Hold Remove
View 654987 test1, mod Active 2 BG Put On Hold Remove
View 995599 test1, jlr K Active 2 BG Put On Hold Remove
View 321657 test, mod Active 2 BG Children Put On Hold Remove
View 012344 Parra, Jennifer Active 1 BG Put On Hold Remove
View 001237 Landers, Gwen Active 1 BG Children Put On Hold Remove
View 995601 Jones, Robert D Active 2 BG Children Put On Hold Remove
View 998891 Ha, Nguyen Active 2 BG Children Put On Hold Remove
View 001236 Garcia, Ramon Active 1 BG Children Put On Hold Remove
View 995600 Flats, Highland Active 2 BG Children Put On Hold Remove
View 000052 Email Test, Jennifer Active 2 BG Children Put On Hold Remove
View 998885 Dough, John Active 1 BG Children Put On Hold Remove
View 998894 Shelley, Mary Active 2 AF Children Put On Hold Remove
Only Providers who have finished the Enrollment process will be displayed.
Provider Count: 48
Print
Export
Close

Bulk Reassign Monitors

Last Modified on 07/14/2020 2:38 pm CDT

When a Monitor quits or changes areas, you must reassign all of their providers to another Monitor. You can either edit Monitor assignments individually, or you can use the Bulk Assign Monitors function to reassign large amount of Providers to a new Monitor.

1. Click the **Tools** menu and select **Bulk Assign Monitors**. The Provider Filter window opens.
2. Check the box next to each filter to apply. For example, if you are moving a certain Monitor's providers to a new Monitor, check the Monitor box and select the monitor.
3. Click **Continue**. The Bulk Assign Monitors window opens.



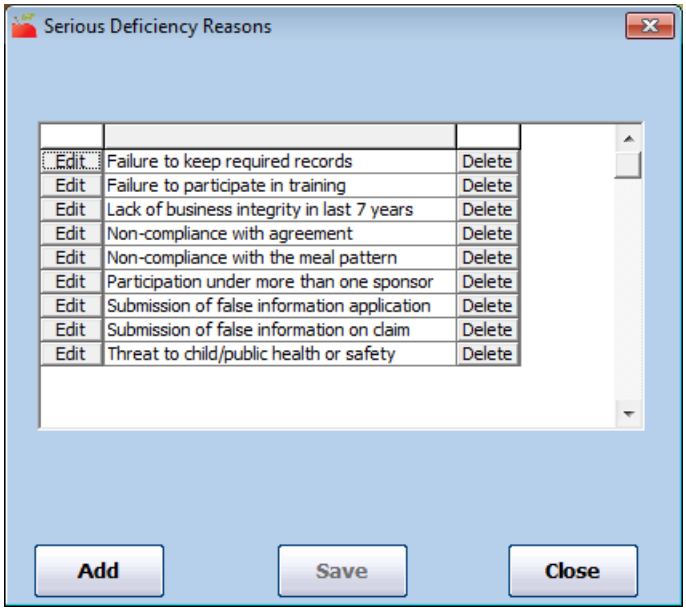
4. Check the box next to each provider you are reassigning. You can also click Select All to select all display providers.
5. Click the **Select Monitor** drop-down menu and select the new Monitor.
6. Click **Save**. The providers you selected are assigned to the new Monitor.

Set Up Serious Deficiency Reasons

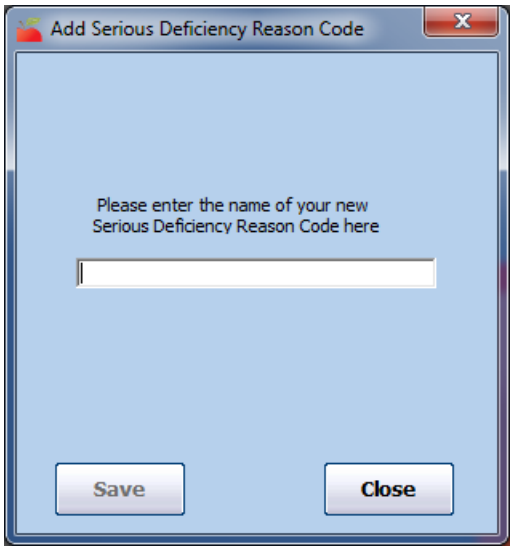
Last Modified on 07/14/2020 2:39 pm CDT

Serious deficiency reasons are a list of all the reasons why a provider might be considered Seriously Deficient. These reasons include things like failure to keep daily paperwork, deviation for USDA guidelines, and so on. Minute Menu HX comes with several default serious deficiency reasons, but you can set up additional reasons to suit your business needs.

1. Click the **Tools** menu and select **Serious Deficiency Reasons**. The Serious Deficiency Reasons window opens.



2. Click **Add**. The Add Serious Deficiency Reason Code dialog box opens.



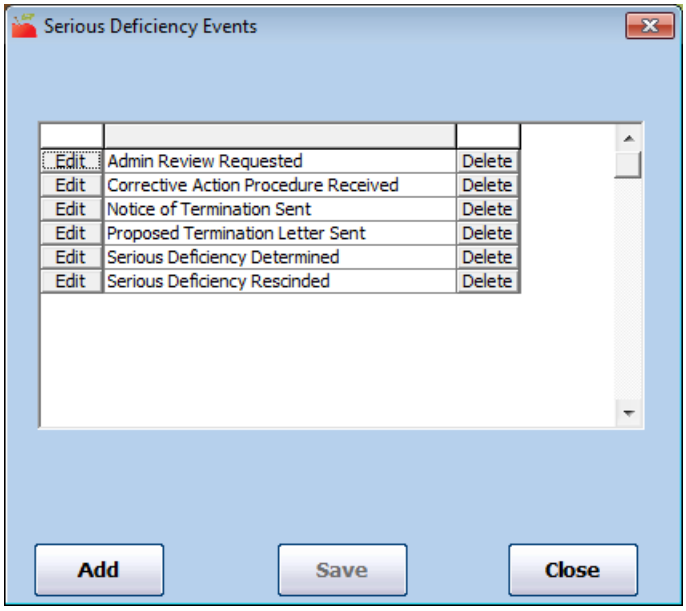
3. Click the text box and enter the serious deficiency reason.
4. Click **Save**.
5. Click **OK** at the confirmation prompt.

Set Up Serious Deficiency Events

Last Modified on 07/14/2020 2:40 pm CDT

Serious deficiency events are particular milestones in the corrective action process. Each Serious Deficiency begins with notice given to the provider and ends with termination of the provider or documentation that the provider has corrected all mistakes. Set up milestones specific to your corrective action process in the Serious Deficiency Events window.

1. Click the **Tools** menu and select **Serious Deficiency Events**. The Serious Deficiency Events window opens.



2. Click **Add**. The Add Serious Deficiency Event Code dialog box opens.
3. Click the text box and enter the new event code.
4. Click **Save**.
5. Click **OK** at the confirmation prompt.

Add a Serious Deficiency Event

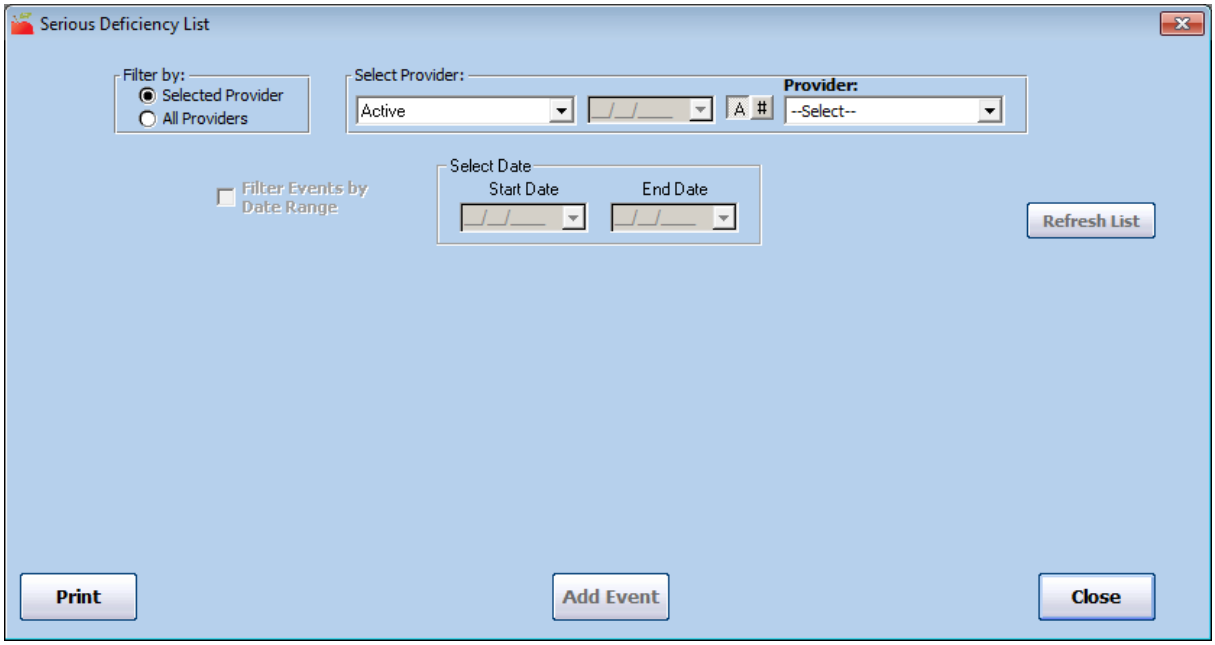
Last Modified on 07/14/2020 2:42 pm CDT

Food Program regulations require that you put providers into a corrective action process any time you find a problem with them that is considered a Serious Deficiency. The definition of what constitutes a serious deficiency varies between states, and the required corrective action varies between deficiency types.

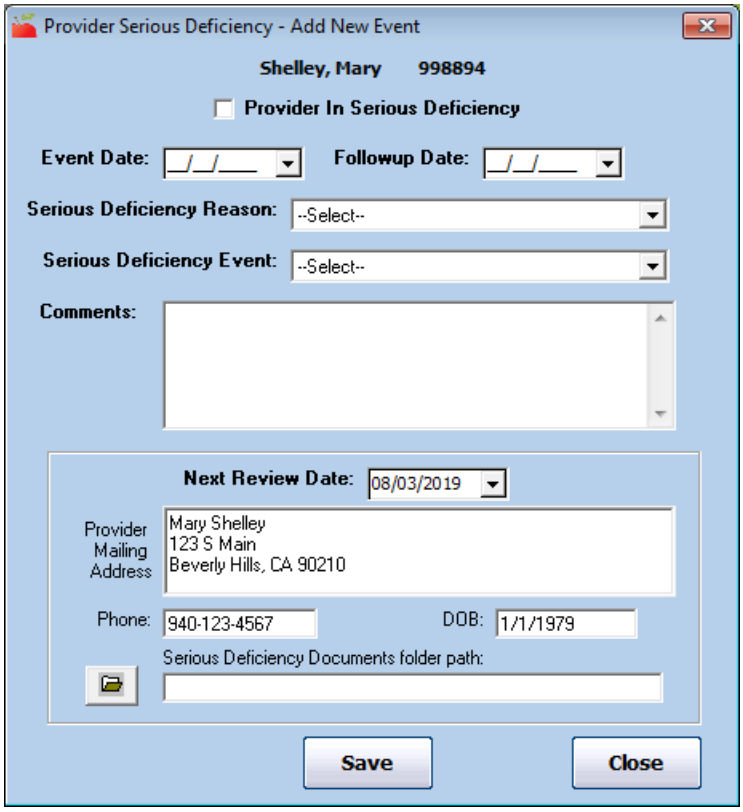
> Note: Before you put a provider in serious deficiency, first set up serious deficiency reasons and events. For more information, see **Set Up Serious Deficiency Reasons** and **Set Up Serious Deficiency Events**.

To add a new serious deficiency event:

1. Click the **Tools** menu and select **Provider Serious Deficiency**. The Serious Deficiency List window opens.



2. In the **Filter By** section, click **Selected Provider**.
3. Click the **Provider** drop-down menu and select the provider.
4. Click **Add Event**. The Provider Serious Deficiency Add New Event window opens.



5. If this is the first event for this provider, check the **Provider in Serious Deficiency** box. When you add additional events later, this box is checked by default. Clear it once the provider is no longer in Serious Deficiency.
6. Click the **Event Date** box and enter the date of the event. This is typically the current date.
7. Click the **Followup Date** box and enter the due date for the next action. This could be a response from the provider or a response from you.
8. Click the **Serious Deficiency Reason** drop-down menu and select the reason you are placing this provider in Serious Deficiency. If this is a secondary event, this reason defaults to the one you selected when you initially placed this provider in Serious Deficiency. A provider could also have multiple serious deficiency reasons at once.
9. Click the **Serious Deficiency Event** drop-down menu and select the step in the Serious Deficiency process you are recording. For example, you may have an event called Serious Deficiency Determined that you would assign if you are just now placing this provider in Serious Deficiency.
10. Click the **Comments** box and enter any details about this event.
11. Click the **Next Review Date** box and set a new review date for this provider, if needed. Setting a date here updates the provider's profile automatically.
12. Copy the provider's address, phone number, and date of birth and paste them into the form letter you use for Serious Deficiency, if needed.
13. Click  next to the **Serious Deficiency Documents Folder Path** box and select a file location in which you store documents (letters, forms, and so on) associated with the provider's Serious Deficiency. When

you review this Serious Deficiency moving forward, you can open this folder to review those files.

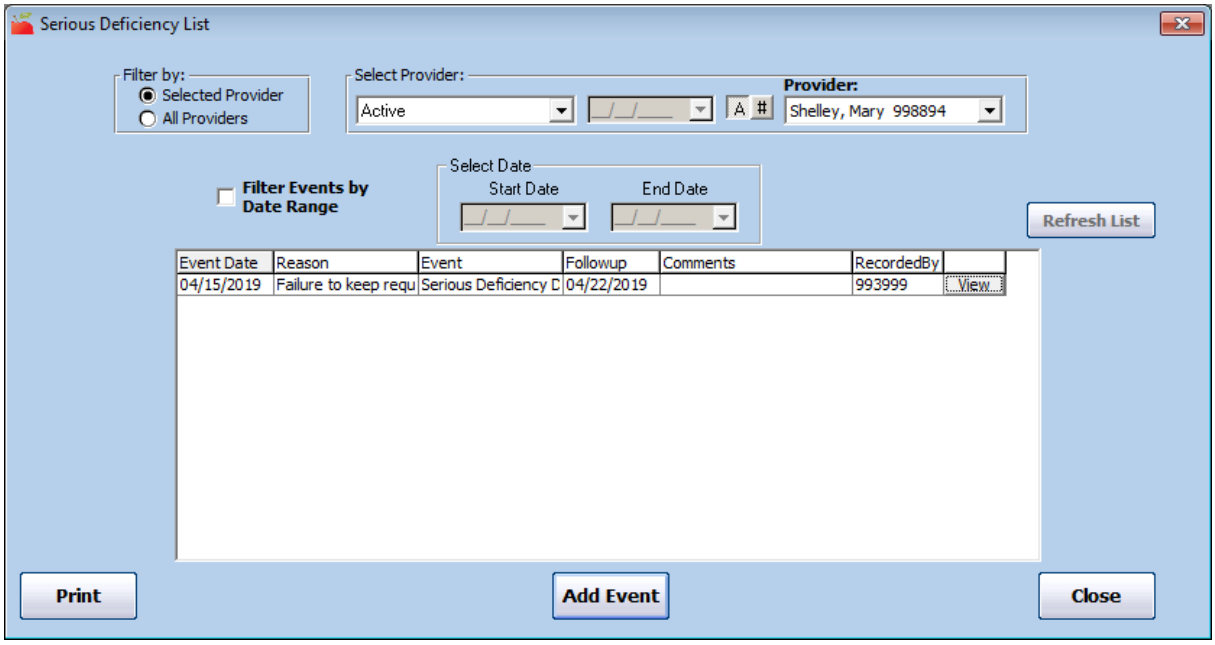
14. When finished, click **Save**.
15. Click **OK** at the confirmation prompt.

Review Serious Deficiencies

Last Modified on 07/14/2020 2:43 pm CDT

You can review the progression of a provider's Serious Deficiency process in the Provider Serious Deficiency List window.

1. Click the **Tools** menu and select **Provider Serious Deficiency**. The Serious Deficiency List window opens.
2. In the **Filter By** section, select **All Providers** or **Selected Provider**. If you choose **Selected Provider**, click the **Provider** drop-down menu and select the provider to view.
3. Check the **Filter Events by Date Range** box to filter events in a specific date range. Then, click the **Start Date** and **End Date** boxes and select the date range to view.
4. Click **Refresh List**. Providers meeting the limits you set display.



5. Click **View** next to an event to view event details. When finished, click Close.
6. Click **Print** at the bottom of the window to print the Serious Deficiency Detail report. This report lists all details associated with the provider's corrective action process. You can also print this report from the **Reports** menu.

Understand Types of Claim Paperwork

Last Modified on 07/14/2020 2:49 pm CDT

Your providers send you their claim information each month. For those providers using KidKare, this information comes in via the Internet. For those providers who use scannable forms or your pre-exisitng forms, this information comes in the mail, and, in some cases, is dropped off at your office.

KidKare Providers

If your providers use KidKare, your providers usually send very little paperwork to you. Unless you use eForms, you do receive printed child enrollment and income eligibility forms. However, KidKare generates a report with each new child enrollment.

Child Enrollment Reports

Providers can send child enrollment reports any time during the month. So, you could receive signed child enrollment forms throughout the month. When you receive a signed enrollment form, the provider has enrolled a new child, which means you need to activate that child before they are creditable in Minute Menu HX.

We recommend that you do not deal with new enrollments until the second or third day of the month. At that time, run the **Activate New Children** function to activate these children.

Tracking Received Claims

You automatically receive KidKare providers's child and claim information in real time.

Other Paperwork for KidKare Providers

Some states require that you have printed versions of the provider's claimed meals and attendance on file. If you operate in one of these states, we recommend that you require your providers to print the Claimed Foods and Attendance report when they submit their claims via KidKare. You then must file these reports once you receive them. Direct your providers to the **Print the Claimed Foods and Attendance Report** on the KidKare help site if they need instructions for printing this report.

Scannable Form Providers

Providers who use scannable forms submit all forms bundled together at the end of the month. They mail these packets in big enough envelopes (typically 9x12) so the forms are not folded. These packets include:

- Signed Scannable Menu Forms
- A Signed CIF
- Signed Child Enrollment Forms

Tracking Received Claims

We recommend that you stamp the date received on the envelopes as you open them, or stamp the CIF and any

Menu forms. You can also use the **Track Received Claims** function to note that the forms were received.

Sorting Scannable Forms

As you check each provider's claim, determine whether a provider is ready to be scanned or if their claim requires special attention. All provider packets that require special attention should be set aside in that entirety and dealt with on a case-by-case basis. Once the issue is corrected, you can insert those packets back into the batches for scanning and validating. As you stack provider forms, we recommend you sort them into form types:

1. Full Bubble Menu Forms
2. Attendance Menu forms
3. Enrollment Forms (which may need to be separated if you have any very old version still in use)
4. CIF's

Keep in mind that a provider's claim paperwork should be kept together in roughly the same order in each of the piles you create. A provider's menu forms do not need to be in any particular order, but it can help to keep them in chronological order with infant menus on top.

You can also further separate these three stacks into multiple batches to make it easier to handle the large amount of paperwork involved. We recommend you limit your batch size to roughly 20 provider claim packets, or about 200 scannable menu forms in total.

> **Note:** If you use both Attendance and Bubble Menus, keep them in separate batches, as they cannot be scanned together. In addition, if you receive different versions of child enrollment forms, keep them in separate batches for the same reason.

While you sort your scannable claims, you should perform several spot checks on them. For more information, see **Scannable Claim Spot Checks**.

Manual Forms

You probably already have a good method in place to deal with handwritten forms received from your providers. Once you start using Minute Menu HX, you can still deal with your handwritten forms in the same way, even as they are being phased out. If you don't scan, if you don't use KidKare, or if you continue to have a small number of handwritten forms on an ongoing basis, you can process these claims a Direct Entry claims. This allows you to provide all of Minute Menu HX's detailed analysis on these claims. However, you must manually add any new child enrollments to the Minute Menu HX database. When you receive manual forms, use the Track Received Claims function to note this paperwork was received.

To process this claim as a Direct Entry claim, you must:

1. Review the submitted menus and note any meals that must be disallowed
2. Use the Record Full Month Attendance function to enter attendance information.

If you are handling these claims as 100% manual, the claim totals are added to Minute Menu HX after meals and attendance are manually counted.

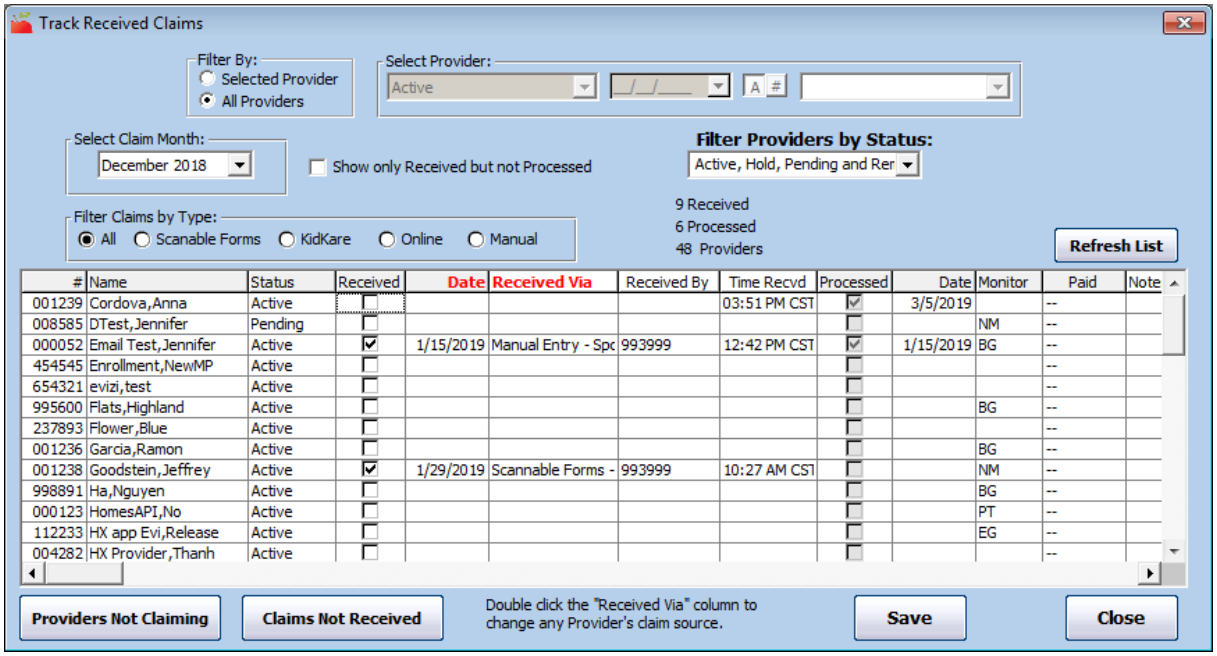
[VIDEO] Track Received Claims

Last Modified on 08/06/2020 11:21 am CDT

You can track claims your providers have already submitted and mark them as received. Watch the video below to learn more, or click one of the following links to jump to a heading.

Tracking Received Claims

1. Click the **Claims** menu and select **Track Received Claims**. The Track Received Claims window opens.



2. Set filters in the top of the window:
    - **Filter By:** Select **All Providers** or **Selected Provider**. If you select Selected Provider, click the **Select** drop-down menu and choose the provider to view.
    - **Claim Month:** Click this drop-down menu and select the claim month to view.
    - **Show Only Received But Not Processed:** Check this box to show only those claims that were received but not yet processed.
    - **Filter Providers by Status:** If you selected All Providers in the Filter By section, click this drop-down menu and select the provider status to include in the list.
    - **Filter Claims by Type:** Select the claim type to view. You can choose from the following: All, Scanable Forms, KidKare, Online, and Manual.
3. Click **Refresh List**. The providers meeting the limits you set display.
4. To mark claims as received:
    - **Online Claimers:** If the listed provider claimed online via KidKare, the Received box is automatically

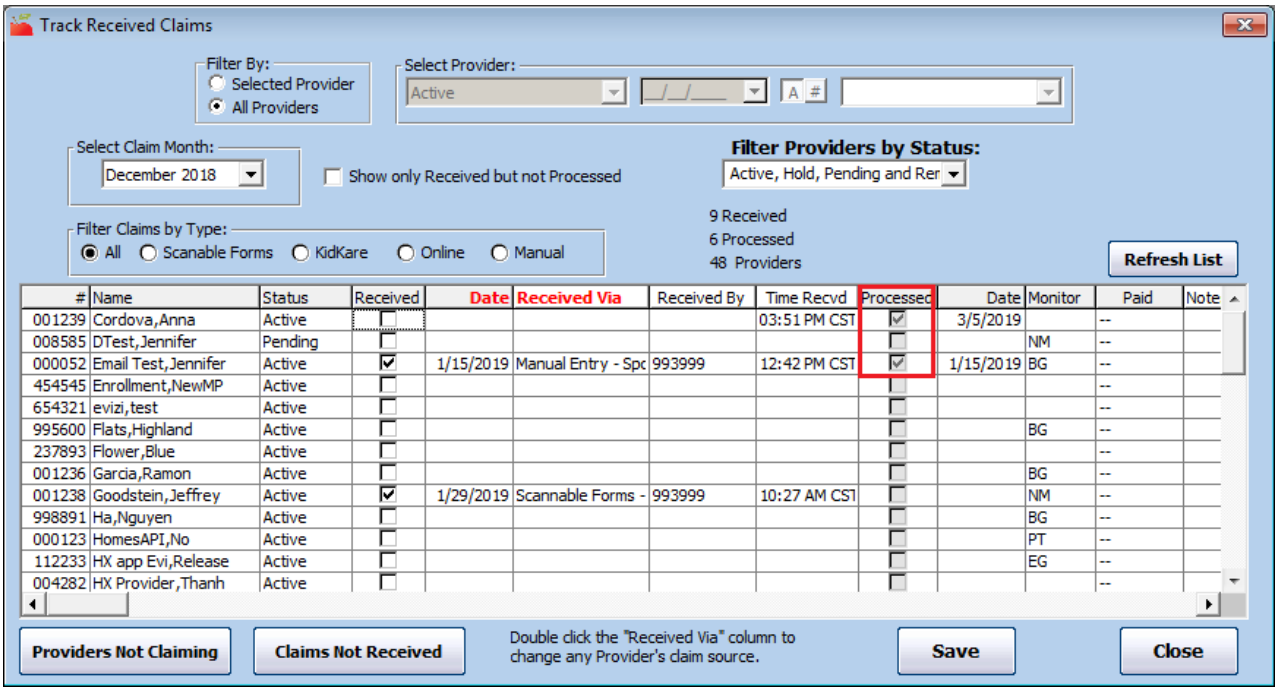
checked, the date they submitted displays in the Date column, and the Received Via column shows Online.

- **Paper Claimers:** If the listed provider claims via paper (scannable forms or manual entry), check the **Received** box. Today's date automatically populates the **Date** column. Double-click the **Received Via** column and select the claim source: Scannable Forms - Sponsor or Manual Entry - Sponsor.

5. Click **Save**.
6. Click **Claims Not Received** to print the Claims Not Received report. This report lists all providers who have not been marked as Received in the Track Received Claims window.
7. Click **Providers Not Claiming** to print the Providers Not Claiming report. This report lists those providers who do not have a claim in the system yet. Note that a provider could be documented as having paperwork received, but you have not yet processed the claim. It is best to run this report after you've processed or manually entered claims.

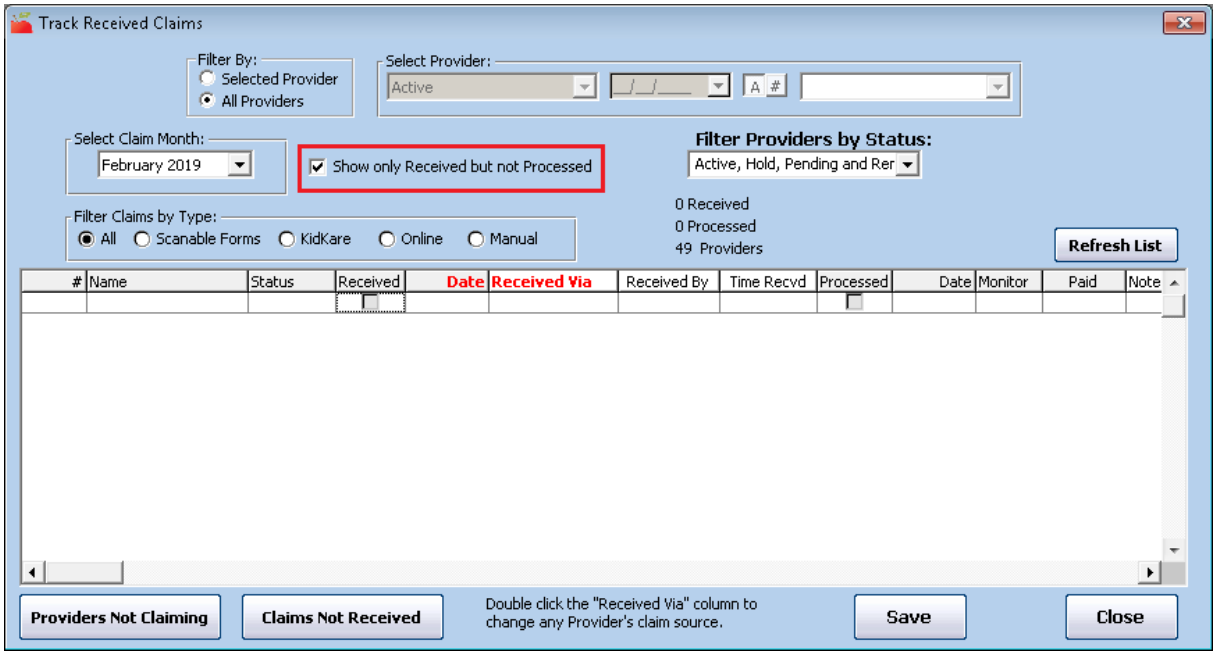
Checking a Claim's Status

You can also use this function to ensure that you haven't let any paperwork slip through without being processed. The Processed box is checked automatically once a claim has been created manually or by Minute Menu HX when processed. The date the claim is processed/created is noted in the Date Processed column.



You can also filter the list so it includes only those claims that have been received, but have not yet been processed. to do so:

1. Check the **Show Only Received but Not Processed** box.
2. Click **Refresh List**.


Track Received Claims
Filter By:
Selected Provider
All Providers
Select Provider:
Active
Select Claim Month:
February 2019
Show only Received but not Processed
Filter Providers by Status:
Active, Hold, Pending and Rer
Filter Claims by Type:
All
Scanable Forms
KidKare
Online
Manual
0 Received
0 Processed
49 Providers
Refresh List
Name Status Received Date Received Via Received By Time Recvd Processed Date Monitor Paid Note
Providers Not Claiming
Claims Not Received
Double click the "Received Via" column to change any Provider's claim source.
Save
Close

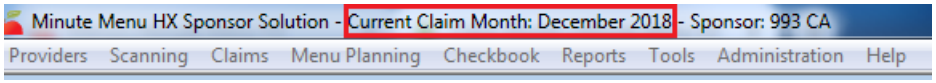
Change the Claim Month

Last Modified on 07/14/2020 3:03 pm CDT

Minute Menu HX tracks a great amount of data that is specific to the claim month. For example, provider and child information can both change on a monthly basis, so it is important to keep this data updated in the correct claim month to retain accurate records. For agencies in California, the month in which a Modify provider appears on the California Change Request is controlled by the claim month.

About the Claim Month

Minute Menu HX always tracks your current claim month independently of your computer's date. The claim month displays in the title bar of the software. It should be the month immediately before the current calendar month (in most cases). It is the claim month on which you are working.

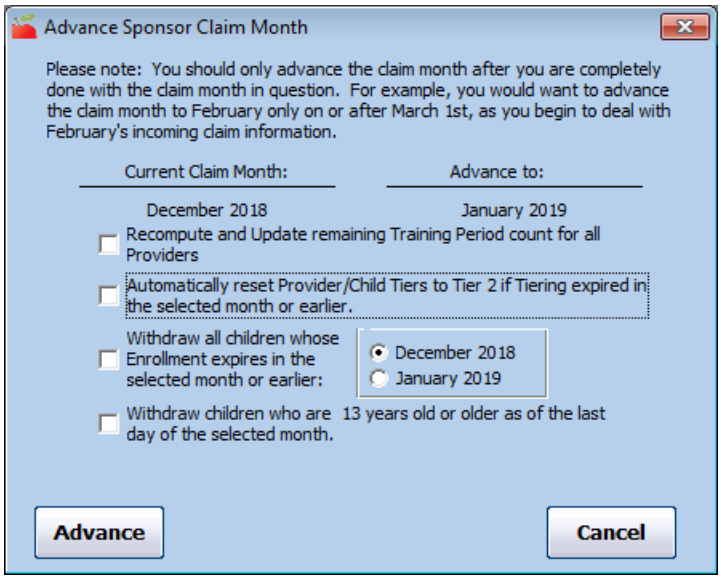


The current claim month limits the months you are allowed to process or scan (if you use scannable forms). For example, when you scan menu forms, you are always prompted for the claim month of the batch you are scanning.

Advancing the Claim Month

To change your current claim month:

1. Click the **Claims** menu and select **Advance Claim Month**. The Advance sponsor Claim Month dialog box opens.



2. Check one or more of the following boxes:
    - **Re-Compute & Update Remaining Training Period for All Providers:** Check this box to update the remaining Training Period count for all of your providers. If you check this box, the system examines

the following: providers whose Training Period Count is 1 or more, the provider Remaining Training Period Claims as of Date, all claims received for that provider since and including the Remaining Training Period Claims as of Date. It then subtracts the claim count from the remaining training period count and updates the Remaining Claims As of Date to the month after the last claim received from that provider.

> **Note:** When you print the Provider Training Period report, the information is accurate for all of those providers who are still in training if you select this option. However, information for previous months will not be accurate for any month before the Remaining Claims As of Date.

- **Automatically Reset Provider/Child Tiers to Tier 2 if Tiering Expired:** Check this box to reset provider/child tiers to Tier 2 if their Tier 1 expiration dates have passed. All three tiering factors must be expired, with ends dates that come before the month to which you are advancing. If you choose to select this option, make absolutely sure that your eligibility dates are all accurate. We strongly recommend that you print Tiering reports for your providers and children before advancing the claim month and after advancing the claim month. This way, you can check the changes that were made.
- **Withdraw All Children Whose Enrollments Expires in the Selected Month or Earlier:** This option is only visible if you have chosen to store enrollment expiration dates for all your children as part of the annual child re-enrollment process. Check this box to automatically withdraw children whose enrollment expired before the month to which you are advancing or is expiring as of the month to which you are advancing. Select the appropriate option.

  > **Note:** It is generally safer to withdraw expired children for the month *from* which you are advancing, in case you receive late re-enrollments. However, these expired children may still be printed on CIFs that are going out for the month. If you withdraw children for the month *to* which you are advancing, no expired enrollments print on the CIF for the upcoming month. The children will be assigned withdrawal dates equal to their enrollment expiration dates.

- **Withdraw Children Over 13 Years Old:** Minute Menu HX automatically disallows children who are too old to be claimed, but those children remain active in the system until you or the provider withdraw them. Check this box to automatically withdraw children who are over the age of 13 as of the end of the current claim month. This does not apply to children designated as Special Needs or Migrant Worker Child.

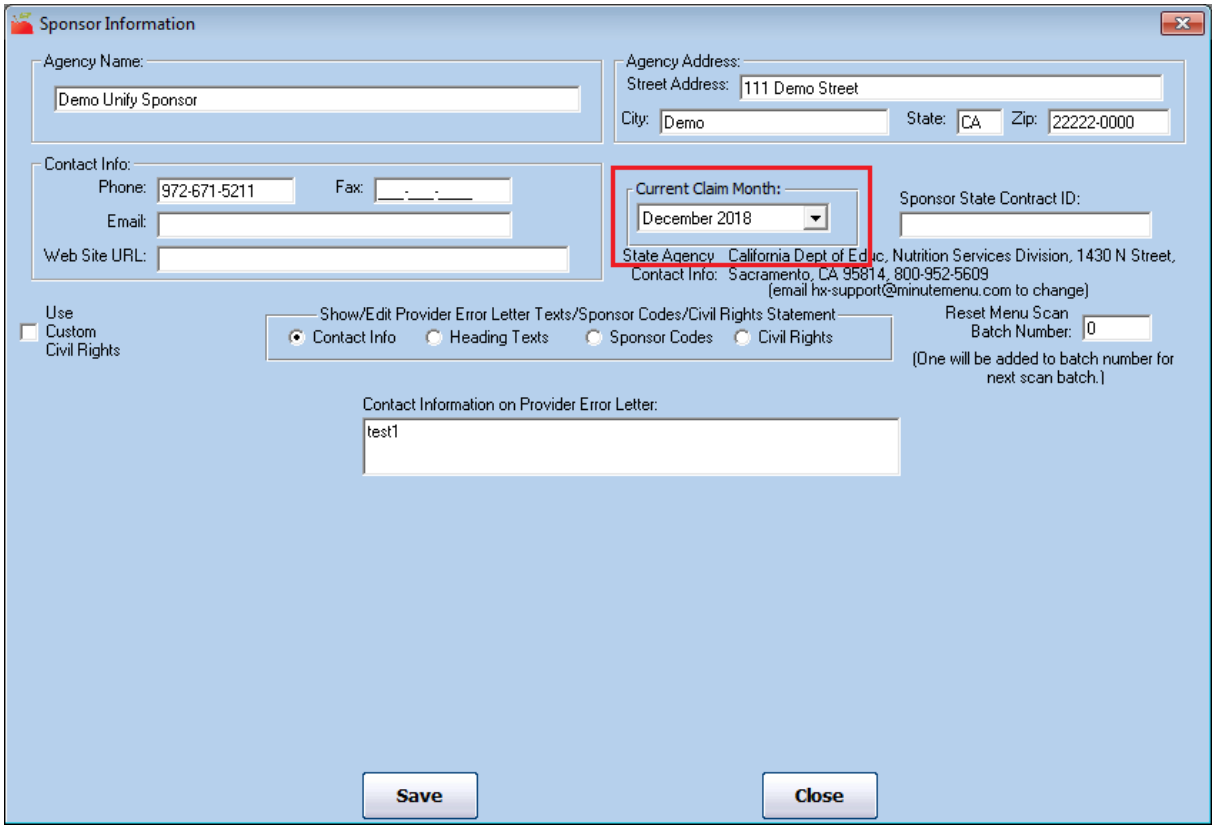
3. Click **Advance**.

> **Note:** If you are just starting with Minute Menu HX, the current claim month in the software may be several months behind the actual claim month. You may need to advance the claim month several times until you bring the software's current claim month in-line with the actual claim month.

Setting the Claim Month Backwards

You may sometimes need to move the current claim month backwards instead of forward. You can do so in the Sponsor Information window. Use this function if you need to move the claim month back for any reason. For example, you may do this temporarily to edit a specific claim, or you could do it if the claim month was advanced in error.

1. Click the **Administration** menu and select **Sponsor Information**. The Sponsor Information window opens.
2. Click the **Current Claim Month** drop-down menu and select the claim month to which to move. This changes the claim month without performing any of the data-related checks.



3. Click **Save**.

Claim Information Form

Last Modified on 07/14/2020 3:06 pm CDT

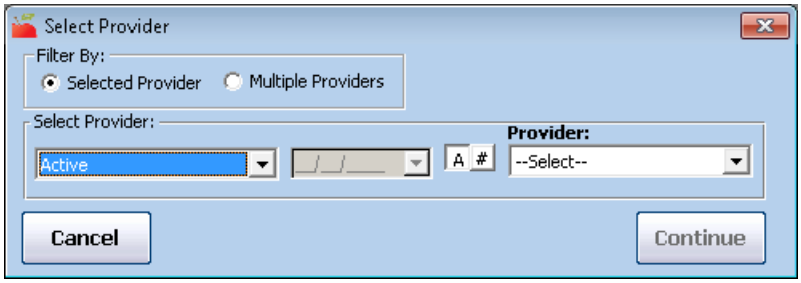
When you print Claim Information Forms (CIFs) or any other report containing a list of a provider's children, you are prompted for an effective claim month for the report. The effective claim month is used to determine which children are included in the report. The system examines enrollment dates and, if present, the withdrawal dates for each child for the given provider. It then includes all children who were enrolled for at least one day in the effective claim month on the report. So, when you print these reports, you may see children whose status is currently Withdrawn, because they were still active at least at some point in time during the month you selected when generating the report.

Print the CIF From List Children

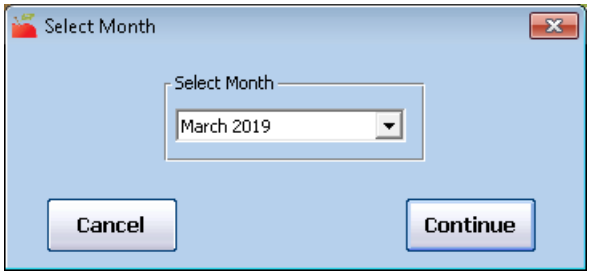
1. Click the **Providers** menu and select **List Children**. The List Children window opens.
2. Click the **Provider** drop-down menu and select the provider.
3. Click **Print CIF** (bottom). The PDF report is generated for the current claim month.

Print the CIF From the Reports Menu

1. Click the **Reports** menu, select **Claim Forms**, and click **Claim Information Form (CIF)**. The Select Provider dialog box opens.



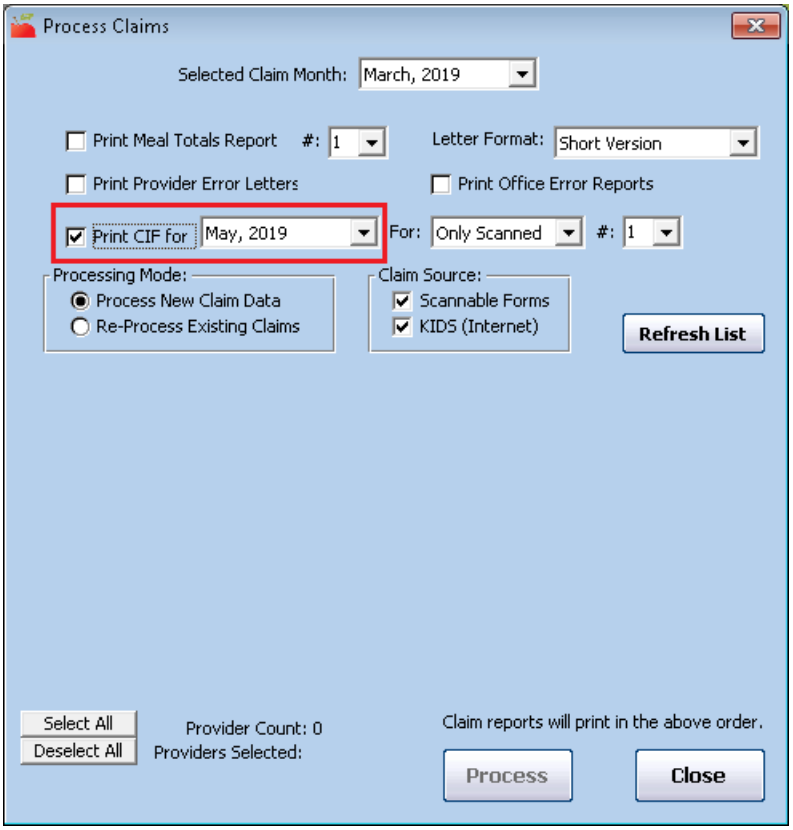
2. In the **Filter By** section, click **Selected Provider** or **Multiple Providers**. If you selected Multiple Providers, go to **Step 4**.
3. If you chose the **Selected Provider** option, click the **Provider** drop-down menu and select the provider.
4. Click **Continue**. If you selected one provider, go to **Step 7**. If you selected the **Multiple Providers** option, the Provider filter window opens.
5. Set filters for the providers to include in the export.
    - Check the box next to each filter to use, then select the appropriate value. For example, check the **Child Enrollment Renewal Received** box to filter by child enrollment renewals. Go to **Step 6**.
    - Check the **Choose Providers From List** box and click to select providers from a list. Then, in the Choose Provider List, check the box next to each provider to include.
6. Click **Continue**. The Select Month dialog box opens.
7. Click the **Select Month** drop-down menu and select the effective claim month for the report.



8. Click **Continue**. If you are set up to use child groups, the Select Child Groups to Exclude dialog box opens.
9. Click the child group(s) to exclude from the report. To include all child groups, select **None**.
10. Click **Continue**. If you are printing this report for a single provider, the PDF is generated and this process is complete. If you are printing this report for multiple providers, the Provider Nested Sort Order dialog box opens.
11. Click the **Filter First By** and the **Then By** drop-down menus and select the sorts to use. Then, click **Continue**. The PDF is generated.

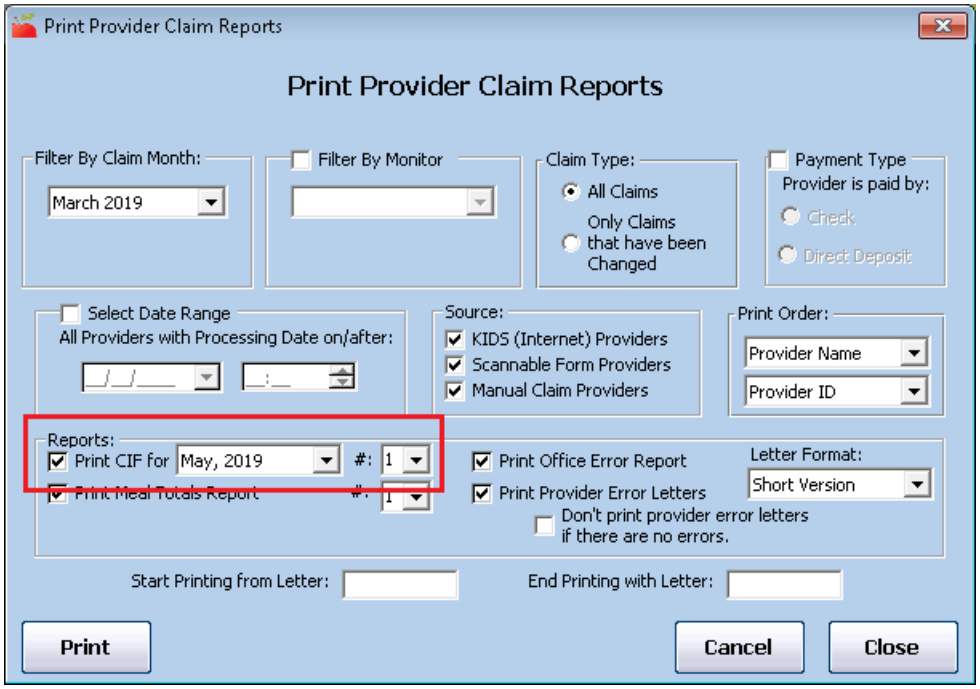
Print the CIF While Processing Claims

When processing claims, check the **Print CIF** box and specify the effective month for the CIFs you are printing. A CIF prints for each processed claims.



Print the CIF After Processing Claims

1. Click the **Claims** menu and select **Print Provider Claim Reports**. The Print Provider Claim Reports window opens.
2. Check the **Print CIF For** box.
3. Select the claim month for which to print the CIF.



4. Set additional filters, as needed.
5. Click **Print**.

Note: When printing CIFs, each child group in which a provider has a child enrolled prints on a separate page. This means that even if a provider only cares for three (3) children and those children are enrolled in Group 1, 2, and 3, respectively, the CIF for that provider prints each child on a separate page. We recommend that you train your providers on how to effectively enroll children.

Process Claims

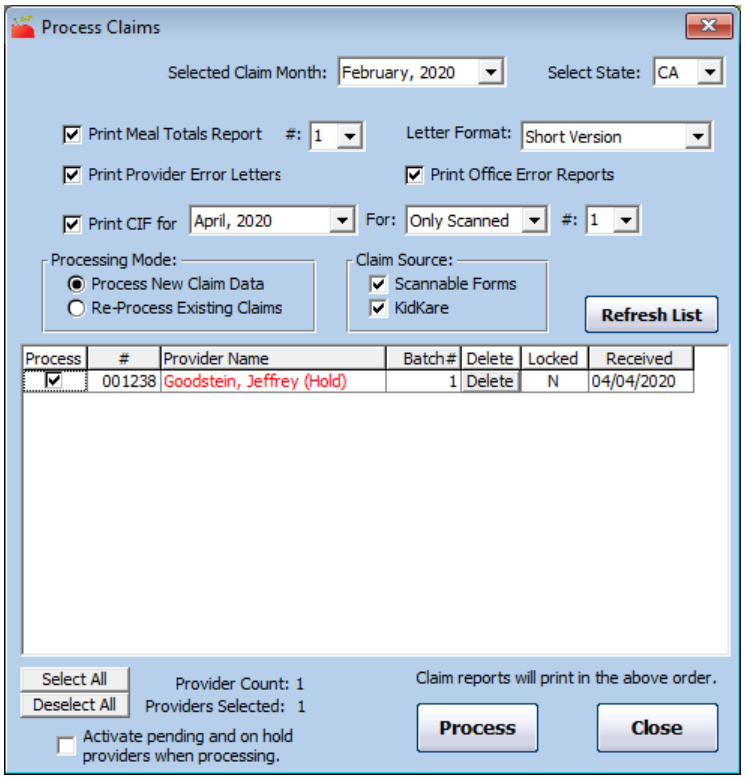
Last Modified on 07/14/2020 3:08 pm CDT

When you process claims, you create a claim from information provided by your providers that pays providers the appropriate amount. Processing claims takes into account all Food Program regulations and determines Tier 1 and Tier 2 meal counts. Before processing claims, ensure that you have done the following:

- Ensure your providers have submitted claim information in KidKare.
- Scan and validate any scannable claim forms.
- Enter Direct Entry claims.

To process claims:

1. Click the **Claims** menu and select **Process Claims**. The Process Claims window opens.
2. Click the **Selected Claim Month** drop-down menu and select the claim month for which to process claims. This should default to the current claim month set in Minute Menu HX. You can only process claims for your current claim month and the two preceding claim months.
3. Click **Refresh List**. Any providers who are ready to be processed display in the grid below. The grid remains blank if no providers are ready to be processed. Providers who are set to Pending or On Hold display in red.



4. Check the box next to each report to print:
    - **Meal Totals Report:** This report lists the approved meal count by tier and by meal for each day that was claimed. Click the corresponding # box and select the quantity of this report to print.
    - **Provider Error Letter:** This report lists errors that should be brought to the provider's attention.

- **Office Error Report:** This report prints internal claim errors. This is for your office to use.

  > **Note:** If you print the Provider Error Letter and/or the Office Error report, click the **Letter Format** drop-down menu and select **Short Version** or **Long Version**.

- **CIF:** This prints the Claim Information Form while processing. If you choose to print this report, click the corresponding **For** drop-down menu and select the month for which to print the CIF. You could print this report for the current month and compare the processed results with the current month's child information for each providers. The system prints this report only for scanned claims (this includes Direct Entry claims) by default. To print this for other claims, as well, click the next **For** drop-down menu and select the claim source.

5. In the **Claim Source** section, clear the box next to each claim source to omit:
   - Scannable Forms
   - KidKare
6. Check the **Process** box next to each provider for whom to process claims. You can also click **Select All** to select all displayed providers.
7. If you have selected Pending or On Hold providers for claims processing, check the **Activate Pending and On Hold Providers When Processing** box. Once you click **Process**, this sets those Providers to Active as of the first day of the claim month you selected in **Step 2**.
8. Click **Process**.
9. Click **OK** at the confirmation prompt. Note that this process can take some time to complete.

> **Note:** If you are printing claim reports, you can sort the displayed providers in the order in which they should print on reports. You can sort by provider name or number. Click the **Name** column header or the **#** column header to sort in ascending or descending order.

Process Late Claims

Last Modified on 07/14/2020 3:11 pm CDT

When you process late claims, Minute Menu HX examines the information in a provider's file to determine how that claim should be paid. However, if the information on-file changes in the meantime, it can be difficult to guarantee accurate claims processing.

Minute Menu HX stores accurate child files based on the date of enrollment and the date of withdrawal. This allows the claims processor to accurately examine late claim months in most circumstances. Tier information and licenses information are stored with effective start and end dates, which covers most late claim circumstances. Even so, occasionally data changes in the provider file can materially impact a claim.

For example, suppose a provider's license capacity is seven (7) one month, and the next month it is six (6). If you re-process that provider's late claim, the provider may get disallowed for one child throughout the month if Minute Menu HX were only to look at the information in the provider's file for the current month.

You can configure Minute Menu HX to look at historic data when processing claims. Following the example above, when you process the current claim, Minute Menu HX would check against a maximum capacity of six (6), and when you re-process the previous month's claim, it would check against a maximum capacity of seven (7).

Contact Minute Menu HX Support if you would like Minute Menu HX to examine historic data when processing claims. When this functionality is enabled, the Provider History and Child History functions are also always enabled (subject to functional security).

Re-Process Claims

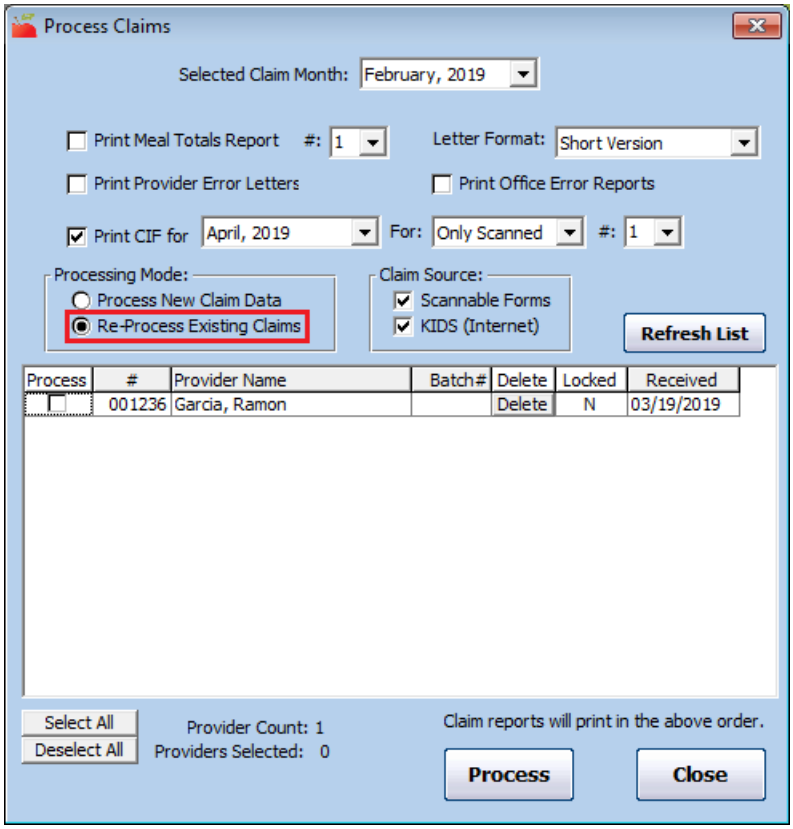
Last Modified on 07/14/2020 3:13 pm CDT

Re-processing claims is sometimes necessary if you process a claim, but some piece of information was incorrect when the claim was processed initially.

For example, suppose you process a claim for a provider whose Tier 1 eligibility expired the previous month per data in Minute Menu HX. In this case, the provider was reimbursed at Tier 2 rates. However, you realize that the provider's Tier was renewed and the information in HX is out-of-date. You update the provider's Tier information accordingly. Now, you should re-process the provider's claim so they are reimbursed at the correct rate.

To re-process claims:

1. Click the **Claims** menu and select **Process Claims**. The Process Claims window opens.
2. Click the **Selected Claim Month** drop-down menu and select the claim month for which to re-process claims. This should default to the current claim month set in Minute Menu HX. You can only process claims for your current claim month and the two preceding claim months.
3. Check the box next to each report to print when you re-process claims. For more information about the available reports, see **Process Claims**.
4. In the **Processing Mode** section, select **Re-Process Existing Claims**.



5. Click **Refresh List**. Providers for whom you've already processed claims display.
6. Check the box next to each provider for whom to re-process claims.
7. Click **Process**.

8. Click **OK** at the confirmation prompt. Note that this process can take some time to complete.

> **Note:** You can also re-process individual claims from the List Claims window. To do so, click **ReProcess** next to the claim to re-process.

Reprocessing Limitations

For scanned claims, re-processing may not enough to correct problems found on the Office Error report. You may need to re-scan claims in the following situations:

- A claim where master menu information was added after the claim was scanned, so the claim generated Error 60.
- A claim where any part of the form was physically corrected.
- A claim where a food was missing, and so the claim generated Error 8.

Sometimes these errors are resolved with just re-processing, but sometimes you must re-scan the claim.

Track & Process Claims from Home

Last Modified on 07/14/2020 3:14 pm CDT

When working from home, you may not have access to a printer. Minute Menu HX has tools that can help you process and monitor claims without printing reports to paper.

Processing Claims & Manual Adjustments

Process all of your claims first and *then* make any manual adjustments. If you make adjustments and then process claims, your adjustments are deleted. Therefore, it is best to process all claims first and make your adjustments last so you do not lose the adjustments.

Stop Reports from Printing Automatically

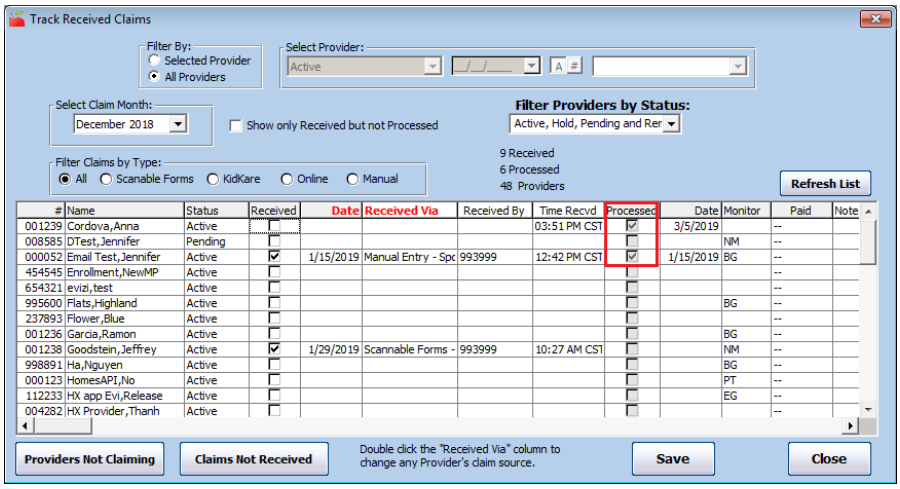
Typically, the Office Error Report is sent to your printer by default during claims processing. If you do not have a printer available at home, you can choose to stop any reports from printing. Don't worry—you can print these reports to PDF later. See the **Generate and Save Error Reports** heading, below.

1. Click the **Claims** menu and select **Process Claims**. The Process Claims window opens.
2. Select your state (if you operate in multiple states), select the claim month, and click **Refresh List**. Any providers who are ready to be processed display.
3. Clear the **Print Office Error Report** box. Ensure that the boxes next to the other reports are clear, as well.
4. Complete claims processing as you normally would. For details, see **Process Claims**.

Stay Organized with Track Received Claims

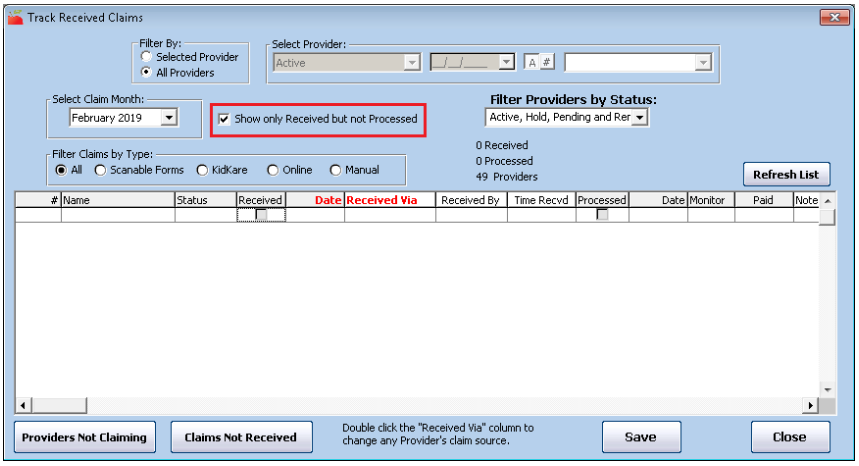
Use the Track Received Claims feature to keep track of providers who have submitted claims, as well as which of those claims you've already processed. This allows you to remained organized in a paperless environment.

1. Click the **Claims** menu and select **Track Received Claims**. The Track Received Claims window opens.
2. Select the **All Providers** option in the **Filter By** section.
3. Click the **Select Claim Month** drop-down menu and select the claim month you are tracking.
4. Click **Refresh List**. A check in the **Processed** column indicate that you've processed the listed provider's claim. The processed date displays in the **Date** column.



View Received Claims You Haven't Processed

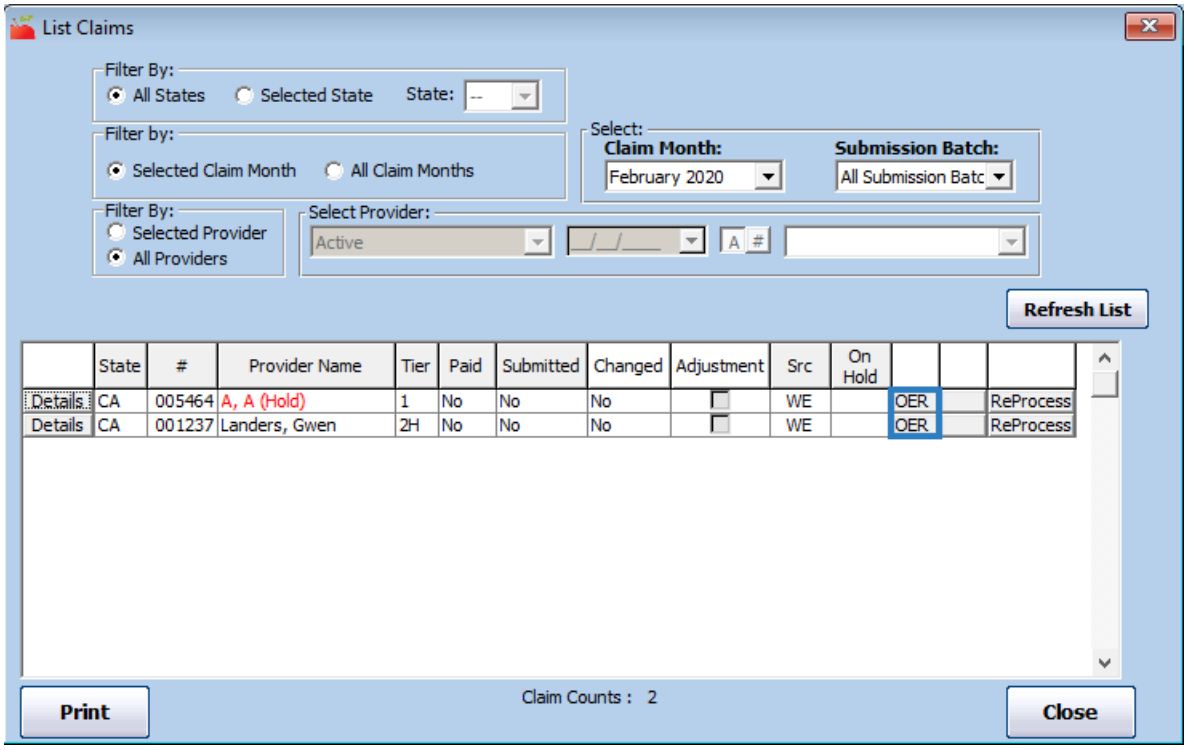
If you need to see those claims you've received but have not yet processed, you can check the **Show Only Received Not Processed** box and click **Refresh List** to view a list of unprocessed claims.



Generate and Save Error Reports

Even if you skip automated printing during claims processing, you can generate the Office Error report and the Provider Error Letter and save a digital copy to your computer. There are several ways you can do this:

- **Reports Menu:** Click the **Reports** menu, select **Claim Data**, and click **Claim Error Report**. For more information, see **Print the Office Error Report.**
- **List Claims Window:** Click the **Claims** menu and select **List Claims.** Locate the provider for whom to print the Office Error report, and click **OER** next to their name. The Office Error report is generated, and you can save it to your computer.

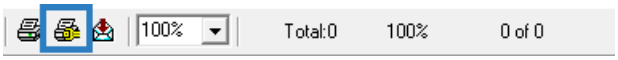


Note: Providers using KidKare can download and print their own Provider Error Letter directly from KidKare. They can view instructions for doing so **here**.

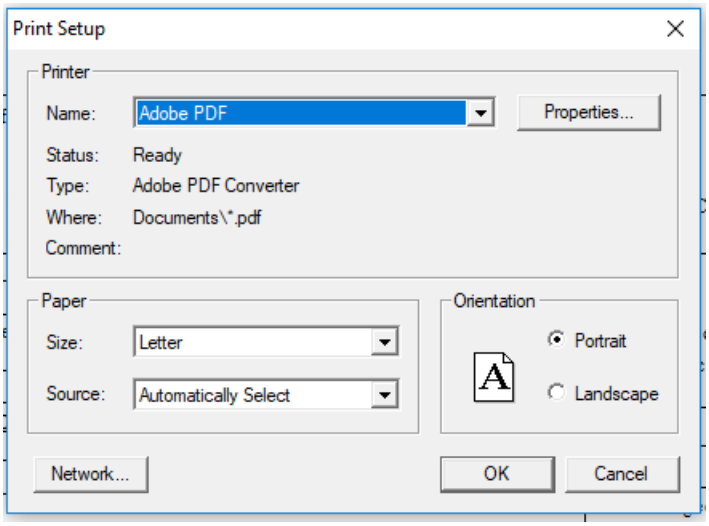
Print Reports to PDF

We recommend you print reports to PDF whenever possible—especially if you are emailing them to your providers. Note that you must have a PDF creator installed before you can print to PDF. If you do not, you can download and install CutePDF Writer for free **here** (external link). To change the printer used when printing reports:

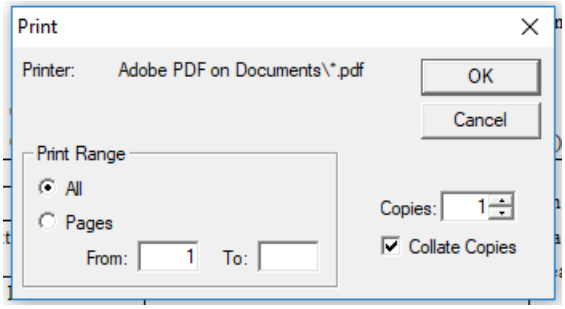
1. Generate a report as you normally would. See the bullets and linked articles, above.
2. In the Report Viewer, click .The Print Setup dialog box opens.



3. Click the **Name** drop-down menu and select your PDF printer, Adobe PDF, for example.



4. Click **OK**.
5. Click **Print** to print the report. Your PDF printer name should display.



6. Click **OK**.
7. Browse to the location on your computer in which to store the report, and click **Save**. You can now email the PDF report to your provider, if needed.

Understand the Whole Grain-Rich Edit Check

Last Modified on 07/14/2020 3:20 pm CDT

About the Whole Grain-Rich Requirement

Child care providers serving a meal or multiple meals in a day that include the grain component need to make sure that at least one of the grains served that day is whole grain-rich and indicate them as such in HX to receive the maximum reimbursement.

Not all meals require the grain component, such as a snack with two other components, or breakfast if the grain component is replaced with a meat/alternate. If the grain component is served, there must be a least one meal that day in which the grain was whole grain-rich. If one or more grain components are served, but none of them are marked as whole grain-rich, the meal with the lowest reimbursement that included grains will be disallowed (i.e. snacks will be disallowed before breakfast, breakfast will be disallowed before lunch and dinner).

Sponsor Preferences

Sponsor **Policy Q.008** controls this edit check. This preference can be set to disallow, warn, or ignore. The edit check will only evaluate meals if this preference is set to disallow or warn.

Edit Check

Error 187 displays on the Office Error Report (OER) when claims are processed if meals for non-infants include bread/grain components, but none of the recorded breads/grains were marked as whole grain-rich. Infants are not included in this requirement.

The Whole Grain Edit Check looks at meal rates **only** and runs after all other edit checks. It will disallow the lowest remaining creditable meal if the whole grain requirement was not met. As such, meals are disallowed in the following order:

- AM Snack
- PM Snack
- Evening Snack
- Breakfast
- Lunch
- Dinner

Meals Disallowed

- If only one meal was served in a day and the meal did not include a grain, the error is not generated.

  Example
  The only meal served that day was a snack of apples and milk. The snack did not include the grain component. The meal is reimbursable, and the whole grain-rich edit check is not generated.

- If only one meal was served in a day and the meal did include a grain, but the grain was not marked as whole grain-rich, then Error 187 is generated on the OER.

  Example
  The only meal served that day was a snack of apples and crackers. If the crackers were marked as whole grain-rich the meal will be reimbursable. If the crackers were not marked as whole grain-rich, the meal will be disallowed.

- If multiple meals were served and meals did not include a bread/grain, the meal with the lowest reimbursement that contained the grain component will be disallowed.

  Example 1
  Breakfast, Lunch, and a PM Snack were served. Breakfast and Lunch both had a grain component, but neither were marked whole grain-rich. In this case, Breakfast would be disallowed. The PM Snack would not be disallowed in this scenario, since the grain component was not served. Breakfast was disallowed before Lunch, since it has a lower reimbursement rate.

  Example 2
  Breakfast, Lunch, and a PM Snack were served. Lunch was the only meal that included a grain, and it was not marked whole grain-rich. The provider chose to serve a meat/alternate instead of a grain for breakfast that day. Therefore, the lunch is the only meal that included a whole grain, and it was not marked as whole grain-rich, so lunch would be disallowed.

- The whole grain-rich edit check will run after all other edit checks. So, if a meal that included a grain has already been disallowed for another reason, one of the remaining meals that contained the grain component would be disallowed.

  Example
  Breakfast, Lunch, and a PM Snack were served. The grain component was served at all three meals, but none were marked as whole grain-rich. The PM Snack was disallowed for an unrelated reason. The processor then disallowed the next available meal that included the grain component. In this example, Breakfast was disallowed.

- If the meal that was marked as whole grain-rich was disallowed for another reason, the whole grain-rich food satisfies the requirement, and another meal would not be disallowed.

  Example
  Breakfast, Lunch, and a PM Snack were served, and a whole grain-rich food was served at the PM Snack. The PM Snack was disallowed for an unrelated reason. The whole grain-rich food served at the PM Snack satisfies the requirement, therefore there would not be any additional disallowances.

Enter Direct Entry Claims

Last Modified on 05/08/2024 9:52 am CDT

Use the Direct Entry feature in Minute Menu HX to process hand-written claims forms for those providers who do not claim online via KidKare. When you use Direct Entry, you must still process menu foods by hand and examine the nutritional components of the claim. However, you can enter attendance information directly into Minute Menu HX, which means HX can process the claim for you. Entering attendance information is akin to scanning claims with Attendance Menu forms.

Minute Menu HX does a large number of edit checks when it processes claims for you. However, it is a good idea to check the following when you enter the claim:

- No child is claimed for more than two (2) meals and one (1) snack **or** two (2) snacks and one (1) meal each day.
- School-aged children are not attending AM Snack or Lunch on school days without a valid reason.
- Providers are not serving meals for which they are not approved, and they are not serving meals on days of the week for which they are not approved.
- Providers are not over capacity, even when allowing for split-shift servings.
- Children in a Mixed Tier home are being paid at the appropriate Tier. Specifically, note those children who should be paid at Tier 1 rates.

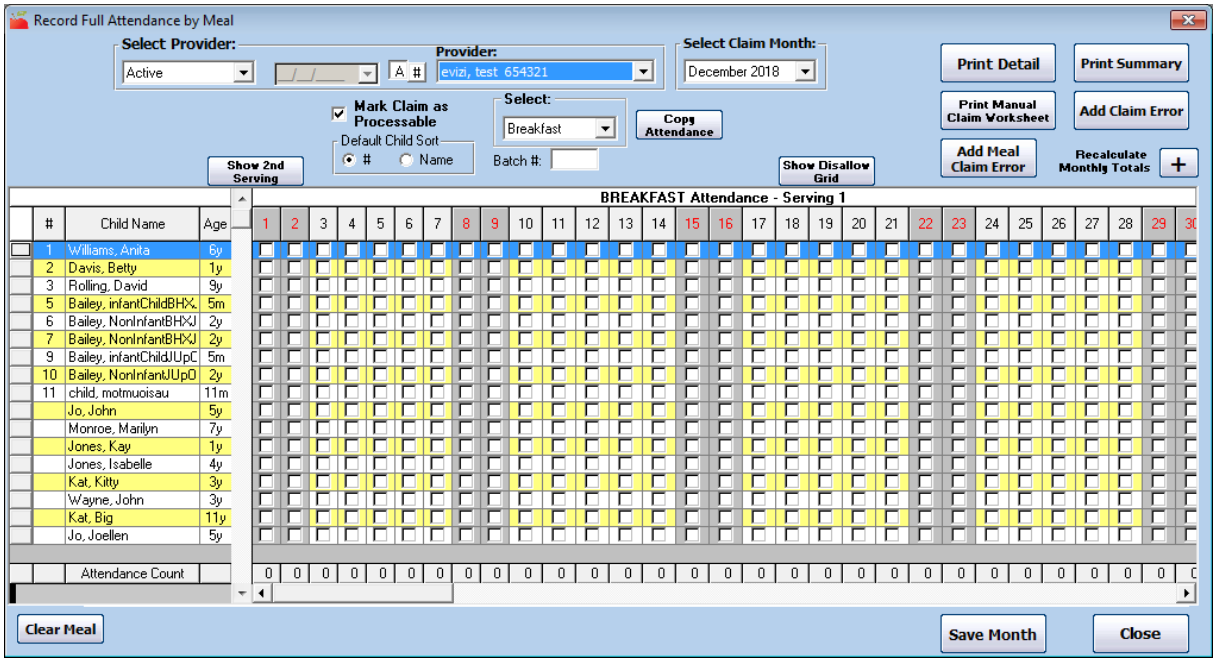
See **Error Codes** for more information about the specific errors you may see when processing claims.

To record a Direct Entry claim:

1. Click the Claims menu and choose from the following, according to the layout of your manual forms:
    - **Record Full Month Attendance by Meal:** The data entry process is organized around the meal. Use this option if your manual forms are organized so all meals are found together on the form. Go to **Record Attendance by Meal**.
    - **Record Full Month Attendance by Child:** The data entry process is organized around the child. Use this option if your manual forms are organized so all of a child's attendance (for all meals) is found together on the form. Go to **Record Attendance by Child**.

Record Attendance by Meal

1. You are in the current claim month by default. If you are recording a late claim, click the **Select Claim Month** drop-down menu and select the claim month.
2. Click the **Provider** drop-down menu and select the provider for whom to record claims. The Record Full Attendance by Meal window loads the provider's children and focuses on Breakfast by default.



3. Click the **Child Name** column or the # column (if HX is configured to use child numbers) to sort the displayed children. Try to match the order in which children are listed on the form. You can click the Child Name column up to four times to change the display. Clicking a fifth time returns the sort to the first option.
    - **1:** Sort alphabetically by child's last name in ascending order.
    - **2:** Sort alphabetically by child's last name in descending order.
    - **3:** Sort alphabetically by child's first name in ascending order.
    - **4:** Sort alphabetically by child's first name in descending order.
4. If this provider serves meals in split shifts, click **Show 2nd Serving** to display the second serving columns.
5. For each child, check the box for each day the child was present for the meal/serving.
    - You can use your keyboard to move through the grid. To do so, click in the grid and press the arrow keys to move forward/backward. Press **Space** to check the box. Each column header is highlighted in blue when you move into it.
    - Click ☐ next to a child name to check all of the weekday boxes for that child. Click it again to clear the boxes.
    - You can copy the monthly attendance schedule from one child to another. This is useful if there are two children from the same family. To do so, click the name of the child you are copying and type **Ctrl + C**. Click the child name to which to copy, and type **Ctrl + V**. Note that this only copies attendance for the selected meal.
6. Check the column footers and the Total column to the right as you mark children in attendance to ensure there are no errors. Click + to recalculate the totals as you work.
7. Click the **Select** drop-down menu and select the next meal to record. Repeat **Step 5 & Step 6** for the

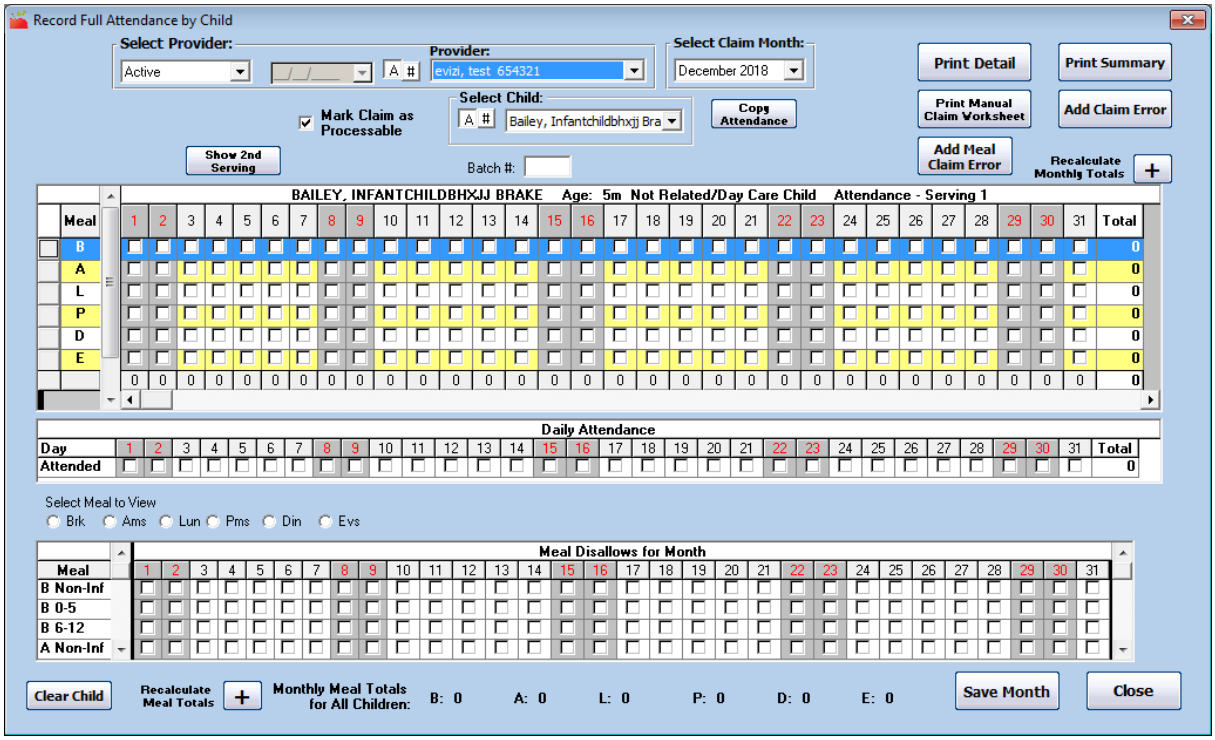
remaining meals.

> **Note:** If the attendance pattern at the new meal is the same as the one you've recorded, click **Copy Attendance**. Then, in the **Select Meal to Copy From** section, select the meal from which to copy attendance. Attendance is copied to the new meal you selected.

8. When finished recording meals, click **Save Month**.

Record Attendance by Child

1. You are in the current claim month by default. If you are recording a late claim, click the **Select Claim Month** drop-down menu and select the claim month.
2. Click the **Provider** drop-down menu and select the provider for whom to record claims.
3. Click the **Select Child** drop-down menu and select the child for whom to record attendance.



4. If this provider serves meals in split shifts, click **Show 2nd Serving** to display the second serving columns.
5. For each meal, check the box for each day the child was present for the meal/serving.
    - You can use your keyboard to move through the grid. To do so, click in the grid and press the arrow keys to move forward/backward. Press **Space** to check the box. Each column header is highlighted in blue when you move into it.
    - Click ☐ next to a meal to check all of the weekday boxes for that child. Click it again to clear the boxes.
    - You can copy the monthly attendance schedule from one meal to another. To do so, click the meal you are copying and type **Ctrl + C**. Click the meal to which to copy, and type **Ctrl + V**. Note that this

only copies attendance for the selected meal.

> **Note:** Checking a box for a meal also automatically checks the corresponding box in the Daily Attendance section.

6. Check the column footers and the Total column to the right as you mark children in attendance to ensure there are no errors. Click  to recalculate the totals as you work.
7. Click the Select Child drop-down menu and select the next child for whom to record attendance. Repeat **Step 5 & Step 6** for the remaining meals.

> **Note:** If the attendance pattern for the new child is the same as the one you've recorded, click **Copy Attendance**. Then, click the **Select Child to Copy** drop-down menu and select the child from which to copy attendance. Attendance is copied to the new child you selected.

8. When finished, click **Save Month**.

Disallowing Meals

Once you have entered attendance with either method, manually check the provider's menus. If there are any meals that should be disallowed per USDA meal pattern regulations, you can disallow them in the Record Full Attendance by Child/Meal window.

1. If you are using the Record Full Attendance by Meal window, click **Show Disallow Grid** to display the disallow grid for the selected meal. This grid always displays in the Record Full Attendance by Child window.
2. Check the box for the day on which to disallow a meal for a specific child. This applies a generic disallowance for the meal/child.
3. Click **Add Meal Claim Error** to apply a specific error to the disallowance. For more information, see **Manually Enter Claim Errors for Direct Entry Claims**.

Checking Your Data Entry

When you have finished the Direct Entry process, you should check your data entry to ensure there aren't any errors. Once you save your data, click **Print Summary** to print the Claimed Attendance Summary report. This report provides a day-to-day set of meal totals and shows the count of the number of children marked in attendance.

You can also click **Print Detail** to print a child-by-child list of all children claimed.

Enter Claim Errors for Direct Entry Claims

Last Modified on 07/14/2020 3:44 pm CDT

When recording disallowances for Direct Entry claims, the system automatically assigns a generic disallowance reason to the meal. Use the Manually Enter Claim Errors for Direct Entry Claims function to enter specific disallowance reasons. The available reasons you can apply are limited, because the claims processor applies most checks when you process your claims.

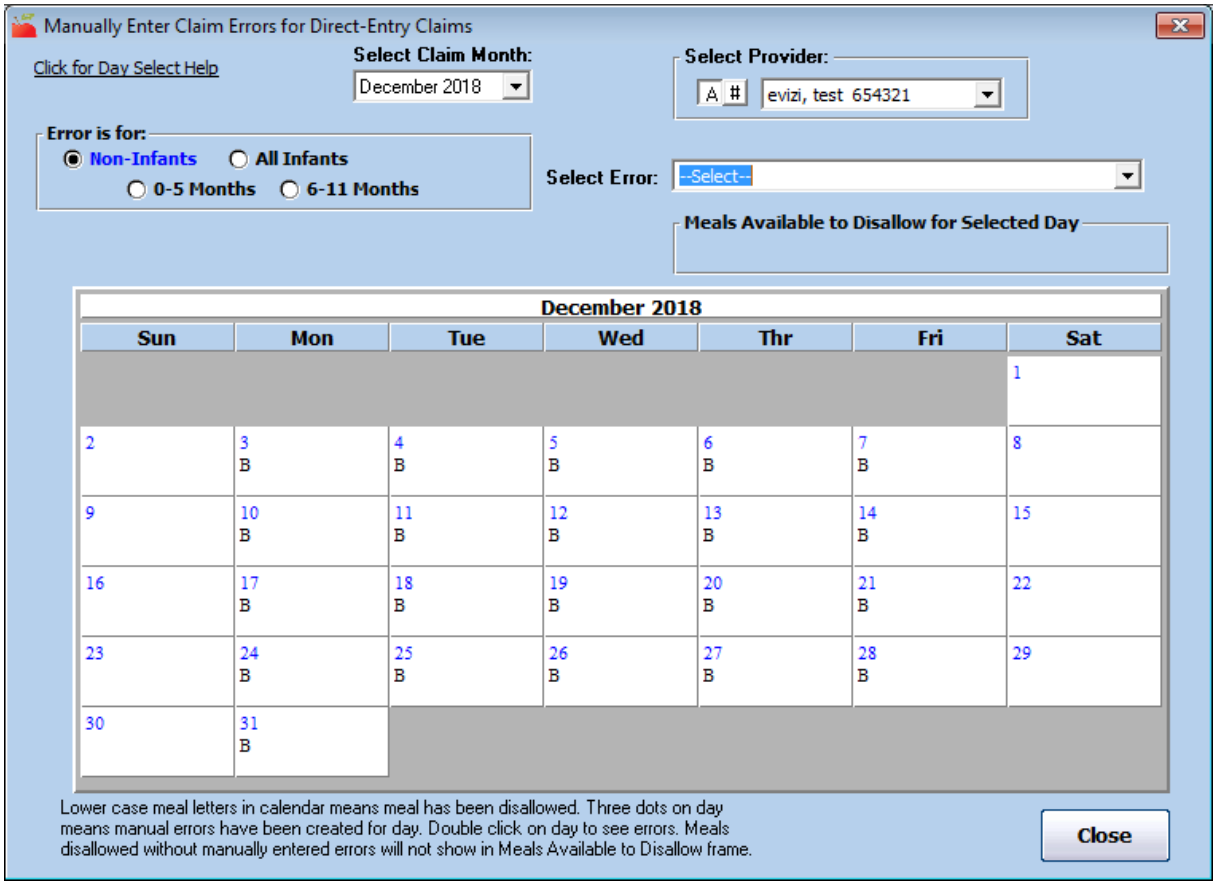
However, the disallowances you select while using this function disallow the entire meal, so all children in the specific age group (infant or non-infant) are disallowed as a result. These errors will show in the Office Error report, just as if they had been generated automatically (as is the case with KidKare claims).

Even though the name of this function specifically references Direct Entry Claims, you can use this function to apply very specific errors to scannable form claims where the specific food information isn't on the scannable form.

Note: You cannot use this function until after you have input underlying attendance data or validated any scannable forms. If you have already processed the related claim, you must re-process it after entering disallowance reasons, as the errors supplied here will not impact the claim until you do so. For more information, see **Direct Entry Claims**.

To manually enter claim errors for direct entry claims:

1. Open the Manually Enter Claim Errors for Direct-Entry Claims window. You can access this window in two ways:
    - Click the **Claims** menu and select **Enter Claim Errors for Direct Entry Claims**. The window opens.
    - In the Record Full Attendance by Child/Meal window, click **Add Meal Claim Error**. The window opens and displays the information for the provider selected in the Record Full Attendance by Child/Meal window. Go to **Step 3**.
2. Click the **Select Provider** drop-down menu and select the provider.



3. Ensure the correct claim month is selected. To change it, click the **Select Claim Month** drop-down menu and select the claim month.
4. Click the day to disallow on the calendar. The meals available for disallowance for that day display.
5. In the **Error is For** section, select the age group to which to apply this error.
6. Click the **Select Error** drop-down menu and select the error you are applying.
7. In the **Meals Available to Disallow for Selected Day** section, click the meal to which to apply the error you selected. The Claim Error Save Successfully message displays. Click **OK**.

> **Note:** You can also click **Disallow All Meals on Day** to disallow all meals on the selected day for the same reason you selected in **Step 5**.

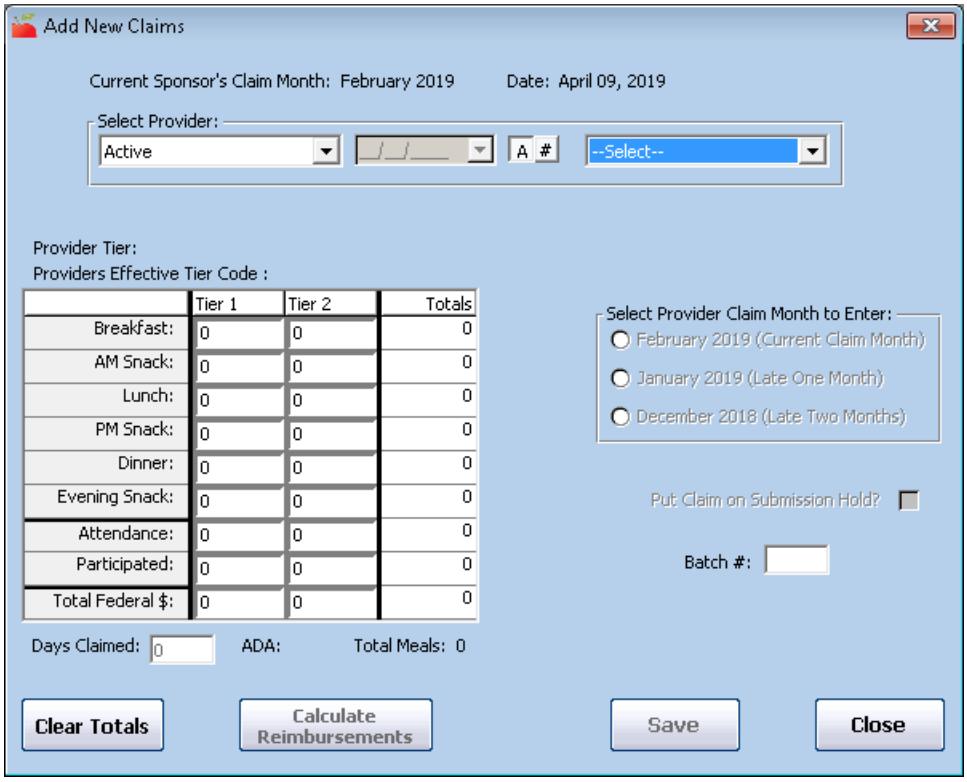
Create a Manual Claim

Last Modified on 07/15/2020 1:15 pm CDT

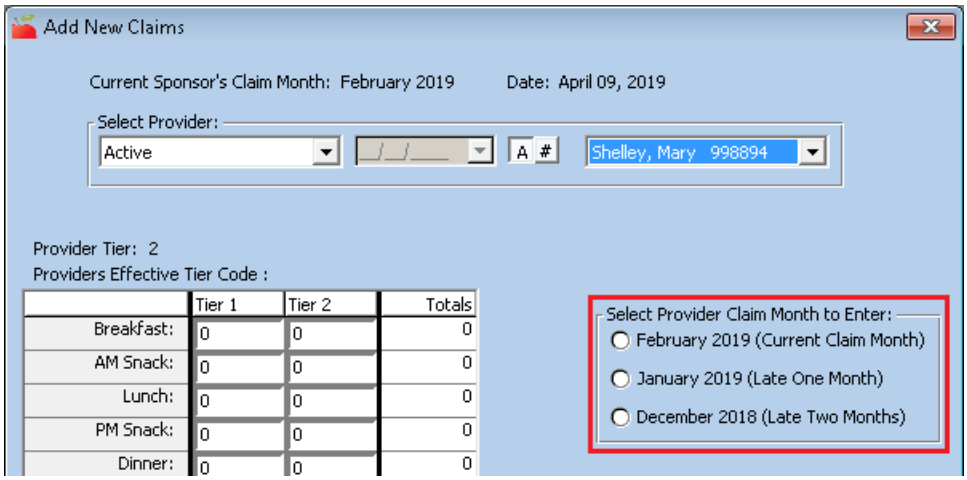
If a provider sends meal and attendance information on manual forms, you can either handle the claim as a Direct Entry claim or as a manual claim. If you handle this as a manual claim, you must determine the appropriate meal count information manually. Then, you can enter these claim counts and any claim notes into Minute Menu HX.

Note that these counts are not subject to the same checks as Direct Entry or other processed claims. However, Minute Menu HX still applies certain checks to these claims to provide some basic checks and balances.

1. Click the **Claims** menu and select **Enter New Claim Manually**. The Add New Claims window opens.

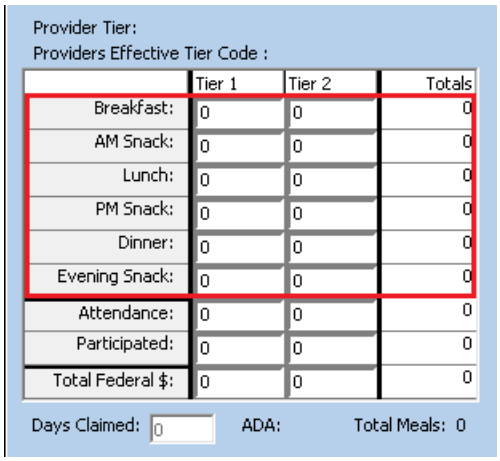


2. In the **Select Provider** section, select the provider for whom to enter a claim.
    a. Click the first drop-down menu and select the provider status by which to filter the Provider drop-down menu.
    b. Click **#** to sort the list by number, and click **A** to sort by name.
    c. Click the **Provider** drop-down menu and select the provider.
3. In the **Select Provider Claim Month to Enter** section, select the claim month for which to enter totals. If a claim already exists for the provider in the month you select, you must select a different claim month before you continue. You can enter claims up to two months prior to the current claim month.



Note: The provider's **Effective Tier** is the provider's Tier as of the first day of the claim month you selected. This is determined by cross-checking the provider's Tier eligibility dates in the provider's file. Even if the provider is marked as Tier 1, their Effective Tier is Tier 2 if the eligibility dates in their file do not cover this claim month. When you save this claim, the Claim Tier is assigned based on this *Effective Tier* and the claim's meal counts. This means that if the provider's Effective Tier is 2 and you save only Tier 1 meal counts, the claim is saved as a Tier 2 Hi claim. If the system assigns the wrong Tier, you can make a claim adjustment later to change the claim's tier.

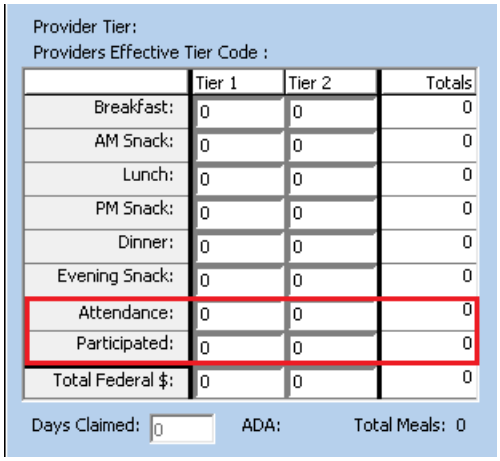
4. In the table to the left, click each **Meal** field and enter the total number of each reimbursable meals for the month. Ensure that you only enter Tier 1 totals in the Tier 1 column and enter Tier 2 totals in the Tier 2 column.



5. Click the **Attendance** box and enter the total attendance for the month per child tier. This represents the total number of unique children of the given Tier served per day. This information is verified when you attempt to save and is cross-checked against the children (of the relevant Tier) who were enrolled with the provider in the selected month. This must be at least as high as the highest meal count in the relevant Tier before you can save the manual claim. It cannot be higher than the number of children who participated in

the claim (in the given Tier) times the number of days claimed.

6. Click the **Participated** box and enter the number of unique children (by Tier) who participated in the provider's claim. This is cross-checked against the enrolled children in the provider's file when you attempt to save this claim.



7. Click the **Days Claimed** box and enter the number of days for which the provider records meals and attendance.
8. Check the **Put Claim on Submission Hold** box to prevent this claim from being included on reports to the State and from subsequent payment. If you put manual claims on hold, you must take them off hold just as you would processed claims.
9. If you use some kind of organization to keep your claims together, click the **Batch #** box and enter the batch number in which to include this claim. Leave this box blank if you do not use batches.
10. Click **Calculate Reimbursement** to to review ADA (the combined total of Tier 1 and Tier 2 attendance devided by the days claimed) and the claim's dollar totals before you save the claim. This also provides a count of the total of all meals claimed (adding both meals and snacks together, for both Tiers).
11. When finished, click **Save**. Certain checks are applied when you attempt to save. If any of these checks fail, you are notified appropriately. In some cases, you cannot save the claim until you correct these issues.
12. Once you have successfully saved the claim, you are prompted to:
    - Create a custom claim error message. For more information, see **Create Custom Claim Error Messages for Manual Claims**.
    - Enter claim errors for manually entered claims. For more information, see **Enter Claim Errors for Manually Entered Claims**.
    - Do not create any errors now.
13. When finished, click **Close**.

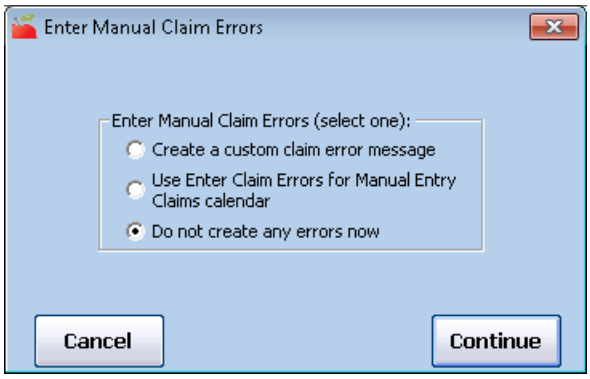
Create Custom Claim Error Messages for Manual Claims

Last Modified on 07/15/2020 1:19 pm CDT

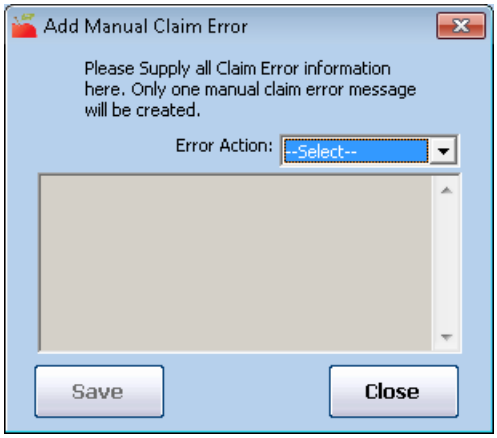
Custom manual claim error messages are open-ended/free-form text messages you create. They appear on the Provider Error Letter and Office Error report for this claim. This step is optional, and you can record any message you like. This is useful if you use Minute Menu HX to send Provider Error Letters to providers to tell them what they did wrong on their claim, rather than sending a manual report to them. If you send your traditional error forms to the providers (which you've filled-out by hand), using this function can be redundant and unnecessary.

You can only record custom claim error messages at the same time you save the manual claim—they cannot be added after the fact.

1. Create a manual claim. For instructions, see **Create a Manual Claim**. When you successfully save it, the Enter Manual Claim Errors dialog box displays.



2. Select **Create a Custom Claim Error Message**.
3. Click **Continue**. The Add Manual Claim Error dialog box opens.



4. Click the **Error Action** drop-down menu and choose from the following:
    - Disallowed in Training Period
    - Allow
    - Disallow
    - Training Period
    - Waiver

5. Click the **Error Description** box and enter any error description or message here. This message prints on the Provider Error Letter.
6. Click **Save**.
7. When finished, click **Close**.

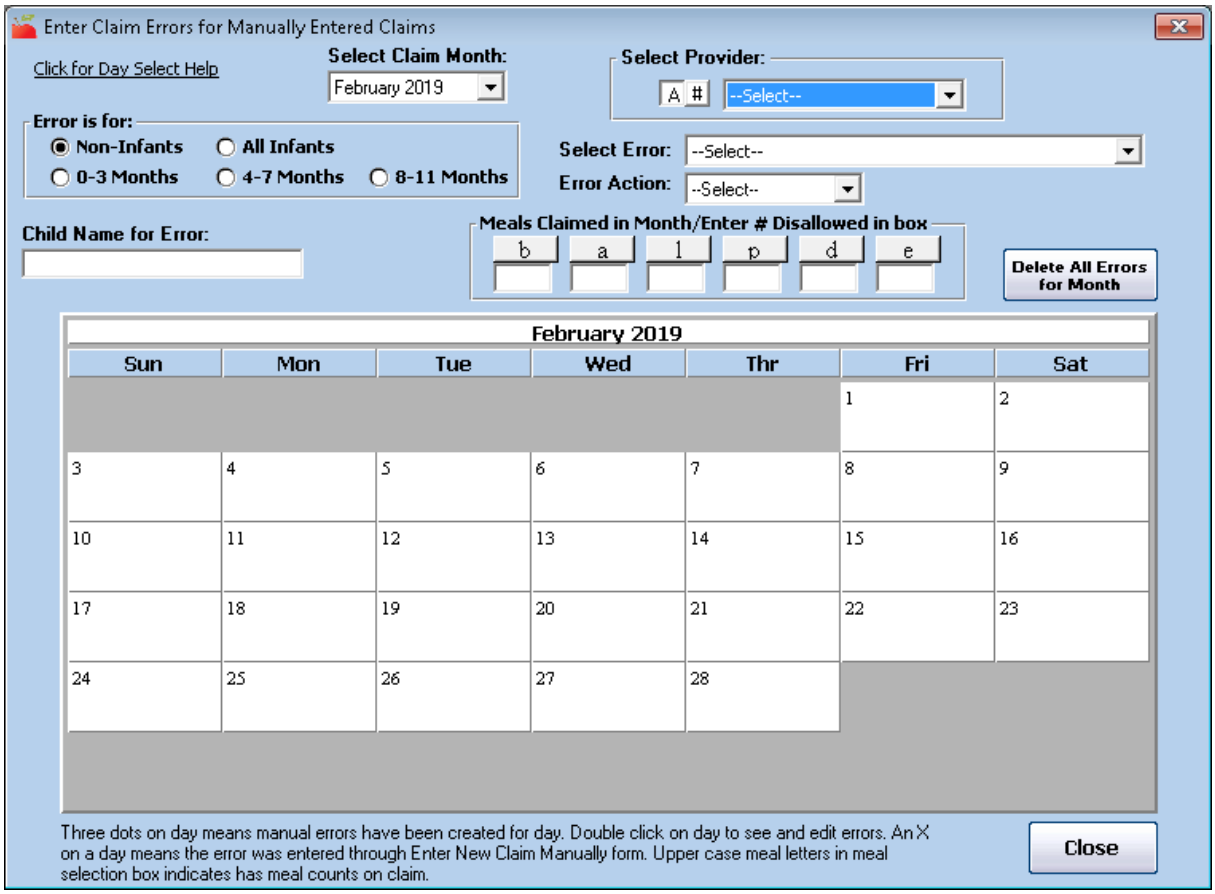
Enter Claim Errors for Manually Entered Claims

Last Modified on 07/15/2020 1:20 pm CDT

You can record disallowance reasons or other error messages on manually entered claims. These message then appear on the Provider Error Letter and the Office Error report. This is useful if you use Minute Menu HX to send Provider Error Letters to providers to tell them what they did wrong on their claim, rather than sending a manual report to them. If you send your traditional error forms to the providers (which you've filled-out by hand), using this function can be redundant and unnecessary.

You can launch this function at the time you are saving a manually entered claim, or you can run it afterwards. You must have already received the manual claim before using this function.

1. Click the **Claims** menu and select **Enter Claim Errors for Manual Entry Claims**. The Enter Claim Errors for Manual Entry Claims window opens.



2. Click the **Select Provider** drop-down menu and select the provider to whom you are applying errors.
3. Ensure you are in the correct claim month. If you need to change it, click the **Select Claim Month** drop-down menu and select the claim month.
4. Click the day to disallow on the calendar. The meals available for disallowance for that day display.
5. In the **Error is For** section, select the age group to which this error applies.
6. Click the **Select Error** drop-down menu and select the error.
7. Click the **Error Action** drop-down menu and select the error action. You can choose from the following:
8. If this error applies to a specific child, click the **Child Name for Error** box and enter the name of the child.

9. To indicate the number of meals disallowed, click the box under the appropriate meal abbreviation and enter the number of affected meals.
10. Click the meal button to apply the error to the day you selected. Note that if you need to apply the error to more than one age group, you must repeat **Steps 5-10**.

Understand Manual Claim Edit Checks

Last Modified on 07/15/2020 1:22 pm CDT

When you enter a manual claim, Minute Menu HX performs a variety of edit checks that are designed to ensure the numbers you enter are consistent with CACFP regulations and with the data you currently have on-file. These edit checks are also enforced if you manually adjust a claim (regardless of the claim source).

The specific checks performed include the following:

- You recorded all numbers related to the claim, including meal counts, counts of attendance (number of children claimed per-day, added up for the month), counts of participating children (number of unique children claimed throughout the month), and the number of days claimed.
- Attendance is not less than the highest meal count. For example, if you recorded 100 breakfasts for 10 claimed days, then you must have had at least 10 children claimed on each of those 10 days, for a minimum of 100 attendance. The system does not allow you to enter anything smaller than that.
- When computing average daily attendance (ADA), HX takes this attendance number and divides it by the days claimed. This number cannot be less than the number of participating children. For example, you can't say that you claimed 10 children a day, on average, but only nine (9) children were claimed during the month.
- You did not claim any one child for more than two meals and one snack or two snacks and one meal in a day. When you enter a claim manually, this edit check is enforced on the claim as a whole, so it is impossible for you to enter claim numbers that would indicate all children were claimed throughout the month for four meals/snacks a day. This is done with two, specific mathematical checks of the numbers you entered: **Breakfasts + Lunches + Dinners/2** or **Breakfasts + Lunches + Dinners + Snacks/3**. The total attendance cannot be any lower than the result of this equation. If it is, you've indicated that too few children were claimed, so one or more of those children would have gotten paid for a breakfast (or snack, if served) when they should have been disallowed because of the two meals/snack rule. If either of these formulas fail, you cannot save the claim until you verify that you haven't overpaid. Reduce the meal counts to solve this problem. If you under-counted the number of children claimed each day (attendance), increase the attendance to solve this problem.
- The system compares the counts of participating children with the child information you have on-file. If you claimed 10 unique children as participating in the month, but only nine enrollments are on file, you receive a warning message. You can overrule this message, if needed, because your child files in Minute Menu HX may not be up-to-date. However, if you think your files *are* up-to-date, do not overrule this message. Instead, find the cause of the discrepancy. For example, you may have miscounted some of this provider's meal counts.
- The system can also check to ensure that the number of days claimed in the month doesn't exceed what is possible. In February, for example, you can't claim 30 days. However, the system also looks at the

provider's start date, termination date, and any licensing approval dates to ensure that the number of days claimed isn't more than is possible.

- If the provider isn't approved to claim a particular meal and you have configured Minute Menu HX to disallow a provider from claiming a meal for which they are not approved, the system generates a message stating that the provider is not approved for the meal.

Print the Manual Claim Processing Worksheet & Manual Claim Cover Sheet

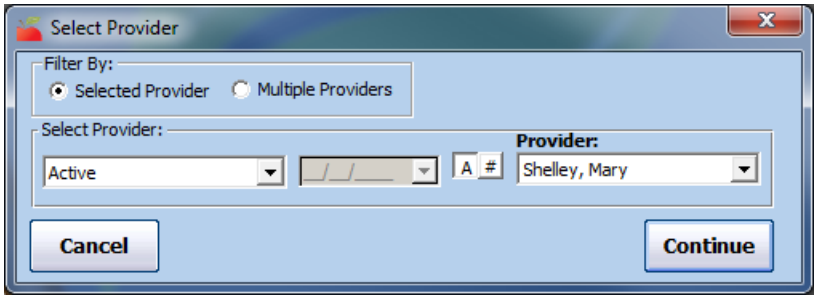
Last Modified on 07/15/2020 1:23 pm CDT

Manual Claim Processing Worksheet

The Manual Claim Processing Worksheet provides your claim reviewers and menu readers with everything they need to manually process a provider's claim. This includes licensing information, tiering information, and worksheet space to note meal counts.

To print this report:

1. Click the **Reports** menu, select **Claim Forms**, and click **Manual Claim Processing Worksheet**. The Select Provider dialog box opens.
2. Click the **Provider** drop-down menu and select the provider for whom to print the worksheet.



3. Click **Continue**. The Select Month dialog box opens.
4. Click the **Select Month** drop-down menu and select the month for which to print the worksheet.
5. Click **Continue**. The Select Child Sort Preference dialog box opens.
6. Select **Sort By Name** or **Sort by Number/ID**.
7. Click **Continue**. The worksheet is generated as a PDF. You can now print or export it.

Manual Claim Cover Sheet

The Manual Claim Cover Sheet is an abridged version of the Manual Claim Processing Worksheet. It should typically only be one page, though this depends on the number of children enrolled.

To print this report:

1. Click the **Reports** menu, select **Claim Forms**, and click **Manual Claim Cover Sheet**. The Select Provider dialog box opens.
2. Click the **Provider** drop-down menu and select the provider for whom to print the cover sheet.
3. Click **Continue**. The Select Month dialog box opens.
4. Click the **Select Month** drop-down menu and select the month for which to print the worksheet.
5. Click **Continue**. The Select Child Sort Preference dialog box opens.
6. Select **Sort By Name** or **Sort by Number/ID**.

7. Click **Continue**. The cover sheet is generated as a PDF. You can now print or export it.

Understand Forms

Last Modified on 03/24/2023 3:10 pm CDT

Child Enrollment Forms

When scanning child enrollment forms, ensure that you have separated different versions of the enrollment forms into different stacks for scanning. For example, if you scan a 3002E enrollment form when the scanner is expecting a 3002G, most of the information will come in properly, but school information and other special information is corrupted.

These are some of the validation checks performed on enrollment forms. Note that this list is not exhaustive.

- A valid DOB and enrollment date is present.
- The enrollment date is not a date in the future. If the date on the form is after the current claim month, you are prompted to confirm that it is the correct date.
- The enrollment date should not be a past date. If the date on the form is is before the current month, you are prompted to confirm that it is correct. If you receive this error often, it can indicate that a child number was duplicated.
- The Infant bubble must be marked for infants. If it is not, you are prompted to confirm that this is actually an infant. Many providers mistakenly use the current year instead of the child's actual date of birth, which causes the child to be entered as an infant in error. This check prevents that from happening.
- Child numbers must be unique. If they are not, you are prompted to choose from the following options:
    - Change the number or group of the child you are enrolling.
    - Withdraw the previously enrolled child that is using the same number. The withdrawal date will be automatically set to the last day of the month prior to the new child's date of enrollment so no child numbers are duplicated during a given month.
    - Update the existing child. You should do this if you are scanning an enrollment renewal or are re-scanning an enrollment form for some reason. All of the child's existing, non-scannable information remains as it was.
    - Throw out the form being scanned.
- Child names and DOB should be unique. If the child name and DOB match another child, you are prompted to confirm that you are not enrolling a duplicate.

When the validation process is finished, new enrollments are in the Minute Menu HX database. You can view them in the List Children window.

Menu Forms

When scanning menus, separate bubble menus from attendance menus.

Remember to manually review the foods on attendance menus. If any foods are invalid or missing, bubble-in the appropriate shaded column next to the invalid or missing food.

These are some of the validation checks performed on menu forms. Note that this list is not exhaustive.

- A valid provider ID number must be present.
- The provider does not have existing claim or menu data for the claim month. If such data does exist, you are prompted to overwrite the existing data or throw out what you are currently scanning. This check helps you identify when a provider fills-out the wrong provider ID on one or more of their forms. If you see this error when you are not deliberately re-scanning a provider's claim, we recommend you do some research to find the reason for the error.
- If there are two or less of a particular provider ID in a given batch of forms, you are prompted to confirm that those provider IDs are actually correct. Most of the time, this error indicates that a provider has filled out the wrong ID on one or two of their forms.
- Forms should not be missing a month or have an invalid month. If the month is missing or invalid, you are prompted to confirm that the form being scanned is for the correct month (so a late claim isn't slipped in by mistake).
- Form columns should not be missing a day or have an invalid day. If the day is missing or invalid and at least one meal has something marked in that column, you are prompted to supply a valid date. If there is no meal claimed in that column, you can select Throw Out Column to ignore the entire column.
- The provider should not use the same date in two different day columns. If they do so, Minute Menu HX can handle this in one of two ways:
    - Minute Menu HX forces you to correct the problem.
    - Minute Menu HX automatically throws out any column that has a duplicate day marked, and an error is generated on the Provider Error Letter. This informs the provider of the problem.

When the validation process is finished, attendance and meal information is in the Minute Menu HX database.

Review Forms

When you scan reviews, ensure that you select the right review form type. When the validation process is complete, the review information is in the system.

If you mark a child number that is not in the database on the scannable review form, the child number is effectively ignored. If you scan a review form that has a new child number on it and later scan an enrollment form for that same child number, you must manually edit that review using the provider reviews function. You must also add that child to the attendance for that meal.

Changes Made to Scan Forms

This section provides information for changes made to scannable forms.

All Menu and Attendance Forms

- **Daily Attendance Area:** This field was added based on instruction from the USDA. Federal regulations indicate that daily attendance must be marked separately from attendance at meals.
- **New/Updated Food Fields:** Added a Meat/Alt field to Breakfast. Separated the Fruit and Vegetable fields at snacks. Changed one of the Fruit/Vegetable lines to Vegetable at Lunch and Dinner.
- **Provider Attestation:** Added the following sentence: I certify that I served at least the minimum required quantities to each child by age and served the correct milk to each child by age.

Other changes for space concerns:

- Limited child numbers to 1-28
- Moved Provider ID to the top of the form
- Moved the provider signature and attestation to the side of the form

Regular Menu and Attendance Forms (1102/1122/8513/8523)

- **Whole Grain Served At:** This field allows providers to indicate that a food served that is not always a whole grain (i.e. spaghetti noodles, bagel, and so on) was whole grain-rich in this instance. The HX claims processor always looks at foods bubbled for a whole grain item. If none of the foods served are always whole grain, then it looks at this field for the provider's indication of which item qualifies.

Infant Full Bubble Changes (1203/1223)

Because the USDA requires that you record foods served to individual infants, providers must bubble the meal that they are recording and, if infants in the same age group ate different foods, record that meal for each infant. For this reason, providers may now use multiple columns for the same day without bubbling a second serving without or Group 2 or 3 at the top.

Enrollment Forms

- **Limiting the Child Numbers to 1-28:** This change was made per the menu form changes.
- **Parent-Supplied Formula/Breast Milk:** The question of whether the parent supplies breast milk or formula has been split into two questions, similar to how it's presented in KidKare. Currently, this does not affect any of the windows in HX.

Can I Use My Old Forms?

The answer to this question depends on which forms you use, and how much work you want to do.

> **Note**: You cannot combine old and new forms in an individual provider's claim. You must scan batches of

claims on the old forms separately from the new forms.

Full Bubble Regular forms (1101/1121): Your providers cannot record Meat/Alt at breakfast or a snack that contains a Fruit and a Vegetable. They will also not have the Whole Grain Served At field, so if the food they bubbled is not indicated as a whole grain in the food properties, they may get disallowed. Other than that, these forms are usable. Providers must not claim child numbers 29-32 after their children are renumbered.

Full Bubble Infant (1202/1222): The processor is only checking that Breastmilk or Formula was served, since all other foods are optional until developmentally appropriate under the new meal pattern. Providers must not claim child numbers 29-32 after their children are renumbered.

Written Foods Regular forms (8511/8521): Disallowances will be tricky, but providers can write whatever you want them to in the food area, so they can record any meal under the new meal pattern. You must manually enter disallowances for Meat/Alt at breakfast and if you want any Fruit or Vegetable errors to display separately. Providers must not claim child numbers 29-32 after their children are renumbered.

Written Foods Infant forms (8512/8522): Providers can write whatever you want them to in the foods area, so they can record any meal under the new meal pattern. We recommend writing the number of the child that received each food beside the food. You must manually enter meal disallowances if you want them to match individual children and match up to the new meal pattern age groups. Providers must not claim child numbers 29-32 after their children are renumbered.

Enrollment Forms: If providers assign a new child a number in the 29-32 range, you are prompted to assign a different number during forms validation. This functionality already exists for when providers try to assign a child number that’s already in use.

Review forms: You can continue to use these.

Complete Scannable Form Spot Checks

Last Modified on 03/24/2023 3:10 pm CDT

Once you receive scannable forms from your providers and begin sorting them for scanning, you should do a quick spot check on each packet. Completing this step helps you catch errors before you have scanned the form, which allows you to attempt to correct them before processing the claim. This minimizes the amount of scanning problems you may have, and maximizes the speed at which you can finish your claim.

If your providers filled-out their forms properly, this process should only take about 30 seconds per-packet.

All Scannable Forms

Check for any problems that would prevent a good scan. This includes the following:

- Tears or rips.
- Black marks along the form's timing marks.
- Food stains.
- Dirty eraser marks.

If you find any problem that would prevent a good form scan, set that provider's entire claim paperwork to the side so that it gets special attention when claims are scanned and processed.

Menu Forms

When spot-checking menu forms, check the following fields:

- **Provider ID:** Ensure that all digits of the provider's ID were bubbled in the bottom right-hand corner on each page.
    - If multiple pages are missing all or some of the Provider ID bubbles, mark them with a #2 pencil and highlight over the marks you make. This ensures that these changes are obvious changes made by you, not the provider, during an audit. Use correction tape (white out strips) to remove any marks that the provider made in error. If you do not resolve this here, it is resolved when you scan the form. However, you do not need to verify every single page. Ensure that at least one of them was bubbled correctly. Consult the provider's CF to find their provider ID. During the validation process, the system notes the previous and next page's provider number to help you more easily identify the provider who has a problem.
- **Day Headers:** Check each page’s three day column headers and ensure that both digits of the day were bubbled-in for each column
    - If any page is missing all of these bubbles, we recommend you take the time to correct them during this spot-check. However, you do not need to fix day columns that might be missing just one column. The validation process should catch any missing dates, and the system tells you the last three pages'

column dates, the current three pages' column date, and the next three pages' column dates. This allows you to fix most of these problems when validating the forms.
    - If the provider did not indicate what the day was supposed to be, either call the provider to correct the problem now, or throw out this column during the validation process.
- **Claim Month:** Verify that the claim month marked is the month it should be (the provider hasn't submitted a late claim). Although this is easy to fix during the scanning validation process, so correcting it while performing spot checks isn't critical.
- **Attendance Form Menu Checks:** Verify that the food components have been supplied and are creditable.
    - If any meals aren't creditable, mark the appropriate shaded column next to the invalid food. For snacks, you must mark both missing and invalid foods to indicate that three of the four foods are invalid, which means the system will disallow the snacks.
    - If you require that the meal bubble in the upper-left corner be bubbled-in for each meal, verify that the provider completed this step.
- **Chk By:** Have the person who spot checked the menu to initial in the Chk By section on the bottom of these forms.

Enrollment Forms

- **Provider ID:** Verify that all digits of the provider's ID are marked. If they are not marked properly, correct the marks and highlight them appropriately.
- **Child Number:** Verify that the child's name and number are both bubbled-in and match what was supplied on the enrollment form with what the provider wrote on the CIF.
    - If the numbers on the enrollment form don't match the CIF, you may be able to look at the provider's menu forms to determine the correct number. You may also need to call the provider. Resolve this issue **before** scanning forms for this provider.
    - If the child number is missing, mark it based what was noted on the CIF. Highlight the marks you make (for auditing purposes).
    - If the CIF is missing, contact the provider and ensure they include the CIF with all future claim paperwork.
- **Signed:** Verify that the parent signed the form.
    - If it is not signed, set it aside. You must receive a signed child enrollment form before the child can be paid.
    - If you find any problem that would prevent a good form scan, enroll that child manually.

Scan Forms

Last Modified on 03/24/2023 3:10 pm CDT

Scanning forms in Minute Menu HX consists of two major steps:

1. Scan the form batch. This gets the raw scanned data from the physical forms into your computer.
2. Validate the form batch. This translates the raw data into valid database values, such as children, foods, meals, and so on. You may need to manipulate this information after it is validated. For example, you may need to supply child tier information. After validation, you should process claims.

Different form types require different steps. Click a link below to jump to the specific form types you're scanning.

Prepare Forms for Scanning

You must prepare forms appropriately for scanning. Different forms must be grouped in a different manner. Carefully sort and stack your forms according to the guidelines listed below.

1. Create neat stacks of enrollment forms, attendance forms, and review forms at the beginning of each months.
2. **For attendance menus and full bubble menus:**
    a. Separate full bubble menus and attendance menus.
    b. In each group, sort your forms into two stacks: infant forms and non-infant forms.
    c. Group provider forms together within each stack.
3. Separate different versions of enrollment forms.

Load Your Scanner

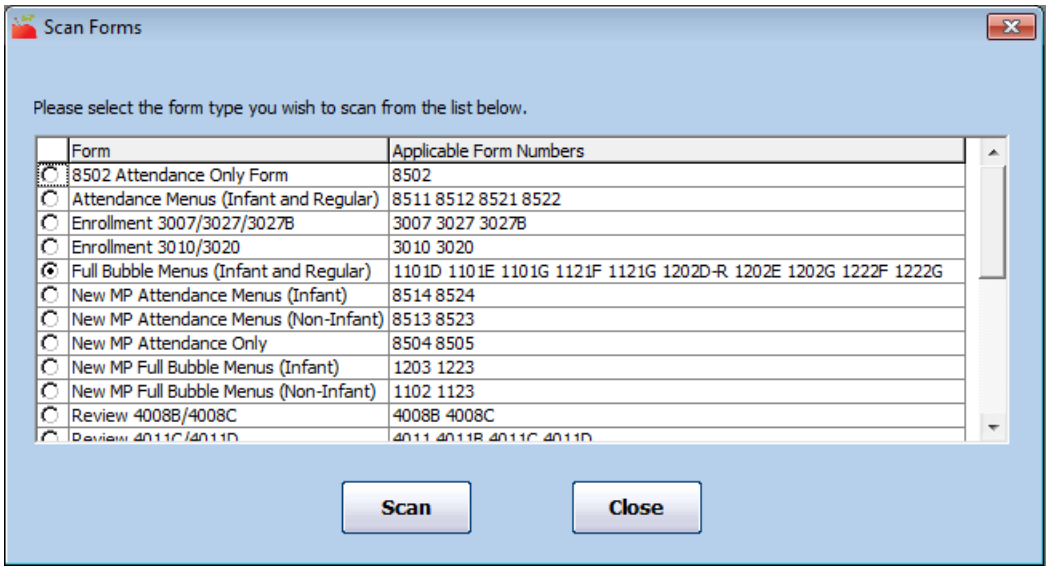
Remember that all of your providers' information must be up-to-date prior to scanning and processing menu forms. This means that you must scan and validate any enrollment and review forms before you scan and validate menus.

1. When you are ready to scan, first make sure that you are scanning the same type of form.
    - If you are scanning a large batch of menu forms, do not split up a provider's menus.
    - You must scan infant menus and non-infant menus separately.
2. Load the scanner hopper with the forms you are scanning. Load them **face up** with the **bottom in towards the scanner**. This should be the first part of the form scanned.
3. Ensure that forms are stacked neatly in the hopper with edges together, and that all of the forms are facing the same direction.
4. Move the loose paper guide to help the form pages fit tightly together, but not so tight that they are bent or cramped.
5. Turn your scanner on.

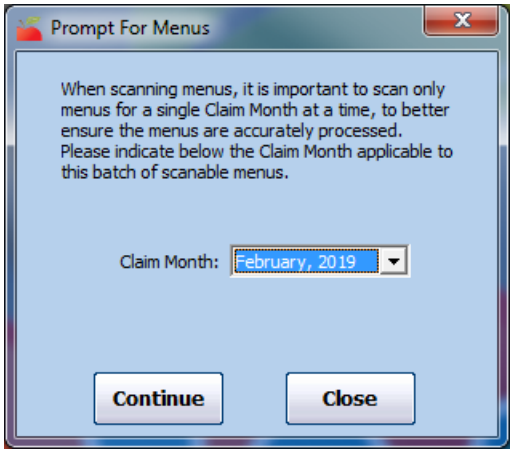
Scan Attendance Menus & Full Bubble Menus

Attendance menus and full bubble menus must be scanned in a specific order to process properly. If you are scanning any other form, see the **Scan Other Forms** heading, below.

1. Click the **Scanning** menu and select **Scan Forms**. The Scan Forms window opens.



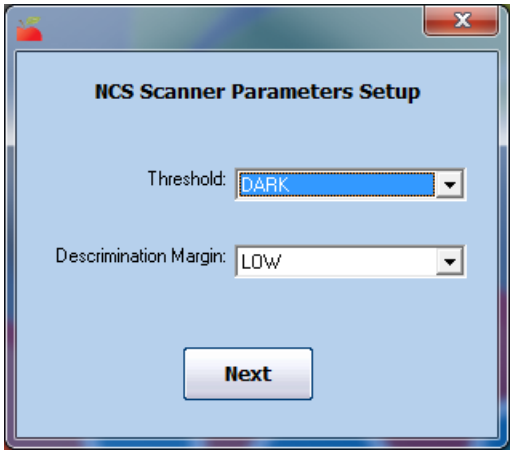
2. **Scan infant forms first.**
3. Select the type of form you are scanning. It is important that you select the correct form type, as this affects how the information is read and compiled. If you aren't sure which form type to select, look at the form number in the bottom-right corner of the scannable form and match it to the **Applicable Form Numbers** column.
4. Click **Scan**. The Prompt for Menus dialog box opens.
5. Click the **Claim Month** drop-down menu and select the claim month you are scanning.



6. Click **Continue**.
7. If you are scanning with a Scantron scanner, you are prompted to select a Threshold and Discrimination to apply to the batch.

a. Click the **Threshold** drop-down menu and select the threshold to use when scanning. This value can vary based on the forms you are scanning, as the scanner evaluates each bubble mark's density. The darker a bubble is, the denser it is. This setting controls the minimum density read by the scanner. Therefore, if you set this to DARK, relatively light bubbles are ignored.
    - We recommend you use DARK for all forms except review forms. Review forms should be set to NORMAL.
    - Adjust the threshold if you notice valid marks or being missed or erased marks are being picked up during scanning.
    - DARK, NORMAL, and LIGHT correspond to the following numerical values: 7 (DARK), 5 (NORMAL), and 3 (LIGHT). If you notice that erased marks are still being picked up on the DARK setting, you can set the threshold to 8.

b. Leave the **Discrimination Margin** set to **Low**.



c. Click **Next**.

8. Minute Menu HX attempts to connect to your scanner. If you have scanned before, this process should be relatively quick. However, if this is you first time scanning at all, or if this is your first time scanning a particular form, you may see an error at this point if your system is not properly configured. If you do see an error, note the error's details and contact Minute Menu HX Support for assistance.

   If there are no errors, Minute Menu HX scans the forms you loaded into the scanner. The system automatically assigns batch numbers to each batch of forms you are scanning based on the highest batch number that already exists for unvalidated forms in your system for the selected month. These are useful when scanning and validating large numbers of forms.

   The scanning status displays during the process. The particular status window differs based on whether you use a Scanning Systems scanner or a Scantron scanner. If you see any errors, deal with them appropriately, and click Resume to continue scanning.

Maintain the order of your form stacks until validation and processing is complete. When problems are found during validation, they are referenced by a form's position in the stack of forms you scanned, so keeping them in order is helpful.

9. When the hopper is empty, click **Stop** or **Cancel/Close** (depending on your scanner) to finish scanning. The Scan Forms Success Screen dialog box opens.
10. **Do not click Validate when you are finished scanning.** Instead, close the Scan Forms window, and repeat **Steps 3-9** to scan non-infant menus.
11. Click the the **Scanning** menu and select **Validate Forms**. Notice that the infant and non-infant batches you scanned have been combined for validation. Complete the validation process as outlined in the **Validate Scanned Forms** article.

Scan Other Forms

Notes: The scanning and validation process can take some time, so ensure you have enough time to dedicate to the procedure. The length of time spent scanning itself largely depends on the type of scanner you are using. **If you are scanning attendance menus or full bubble menus, see the Scan Attendance Menus & Full Bubble Menus heading, above.**

1. Click the **Scanning** menu and select **Scan Forms**. the Scan Forms window opens.
2. Select the form type you are scanning. It is important that you select the correct form type, as this affects how the information is read and compiled. For example, if you are scanning menus, you would select Full Bubble Menus or Attendance Menus. If you aren't sure which form type to select, look at the form number in the bottom-right corner of the scannable form and match it to the **Applicable Form Numbers** column in the Scan Forms window.
3. Click **Scan**. The Prompt for Menus dialog box opens.
4. Click the **Claim Month** drop-down menu and select the claim month you are scanning.
5. Click **Continue**.
6. If you are scanning with a Scantron scanner, you are prompted to select a Threshold and Discrimination to apply to the batch.
    a. Click the **Threshold** drop-down menu and select the threshold to use when scanning. This value can vary based on the forms you are scanning, as the scanner evaluates each bubble mark's density. The darker a bubble is, the denser it is. This setting controls the minimum density read by the scanner. Therefore, if you set this to DARK, relatively light bubbles are ignored.
        - We recommend you use DARK for all forms except review forms. Review forms should be set to NORMAL.
        - Adjust the threshold if you notice valid marks or being missed or erased marks are being picked up during scanning.

        - DARK, NORMAL, and LIGHT correspond to the following numerical values: 7 (DARK), 5 (NORMAL), and 3 (LIGHT). If you notice that erased marks are still being picked up on the DARK setting, you can set the threshold to 8.
    b. Leave the **Discrimination Margin** set to **Low**.
    c. Click **Next**.
7. Minute Menu HX attempts to connect to your scanner. If you have scanned before, this process should be relatively quick. However, if this is you first time scanning at all, or if this is your first time scanning a particular form, you may see an error at this point if your system is not properly configured. If you do see an error, note the error's details and contact Minute Menu HX Support for assistance.

   If there are no errors, Minute Menu HX scans the forms you loaded into the scanner. The system automatically assigns batch numbers to each batch of forms you are scanning based on the highest batch number that already exists for unvalidated forms in your system for the selected month. These are useful when scanning and validating large numbers of forms.

   The scanning status displays during the process. The particular status window differs based on whether you use a Scanning Systems scanner or a Scantron scanner. If you see any errors, deal with them appropriately, and click Resume to continue scanning.

   Maintain the order of your form stacks until validation and processing is complete. When problems are found during validation, they are referenced by a form's position in the stack of forms you scanned, so keeping them in order is helpful.
8. When the hopper is empty, click **Stop** or **Cancel/Close** (depending on your scanner) to finish scanning. The Scan Forms Success Screen dialog box opens.
9. Click **Validate** to move to the validation process, or click **Scan More** to scan more forms. You can scan as many batches as needed, but remember that you should **never** split a provider's claim over multiple batches. This is because one of the validation checks looks to see if forms have been scanned for each provider in a batch. For more information about the validation process, see **Validate Scanned Forms**.

Validate Scanned Forms

Last Modified on 03/24/2023 3:10 pm CDT

Validation is the process that converts raw, scannable form data into legitimate database values, such as children, food, meals, reviews, and so on. When you validate forms, everything on the form is examined to ensure that it was marked and properly read by the scanner. If the system finds any problems in the way a form was completed, the problems display so you can correct them.

Validation is a processor-intense function, so be sure you are doing it on a computer with a fast processor and ample RAM. We strongly recommend that you validate on the computer within the Minute Menu HX database for faster performance. Note that this process can take some time, especially if a large number of errors are found during processing. This is also dependent upon the speed of your hardware and the number of forms involved in the claim.

1. Begin validation.
    a. If you have just finished scanning forms, click **Validate** in the Scan Forms Success Screen dialog box.
    b. If you are validating forms later, click the **Scanning** menu and select **Validate Forms**.
2. Select the form batch to validate. There is usually only one type of form listed.

    Note: If you scan from one computer and validate from another computer, pay attention to the Batch and Number of Form columns when selecting a batch to validate. Make sure you select batches that are completely scanned.

3. Click **Validate**. The progress meter displays. Several different validation passes may be made during this process.
4. If any errors are found, the Scan Validation Error dialog box displays and describes the error in detail. The page number within the page is included with the error, so you can reference the original form, if needed (though you should not need to do this). Correct the problem or throw out the form. Click **OK** to continue validation.
5. When the process is complete, the Complete message displays. Click **OK** to close the window.

Note: Validating scannable forms only puts information into Minute Menu HX. You must now process claims to get your claim counts.

Understand Claims with Multiple Claim Records

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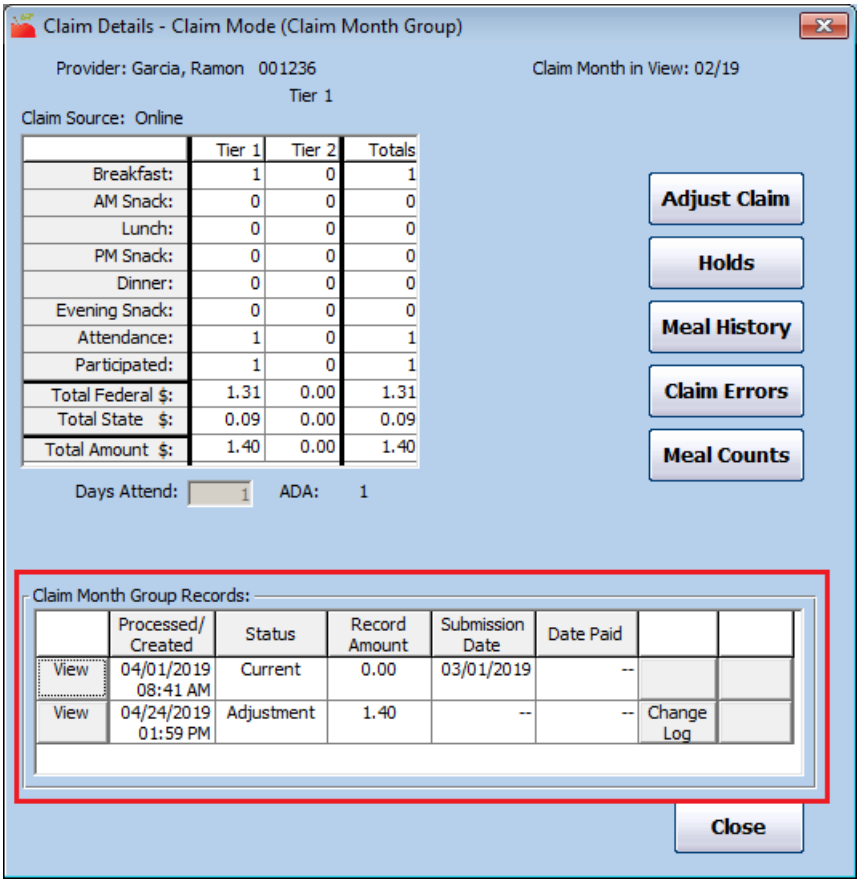
When you create a claim in Minute Menu HX, a single claim record is created in the database. When you then mark that claim as submitted, the claim record is locked, and you can no longer make changes to it. However, you may still need to change the claim counts associated with that claim.

Per Food Program guidelines, you can make upward adjustments for any claim that is less than 90 days old. You can make downward revisions at any time. When you make such adjustments, a new adjustment claim is created in Minute Menu HX.

If the claim has already been submitted, these new records display in the Claim Month Group Records section of the Claim Details window. The new information here allows you to review the exact history of this provider's claim, such as when the claim revisions were submitted to the state and when they were paid.

When you view a claim that has more than one claim record, the meal count information includes totals for the entire month by default. The Tier indicated at the top of the window is the final-determined Claim Tier after accounting for all adjustments. The Claim Status, Submission in View, Processed Date, and Payment date fields are all suppressed when viewing the provider's full-month claim information, as those items are specific to individual records that make up the provider's claim.

Also, you cannot print a check stub here, as there may be a different check stub specific to individual claim records that make up the provider's claim.

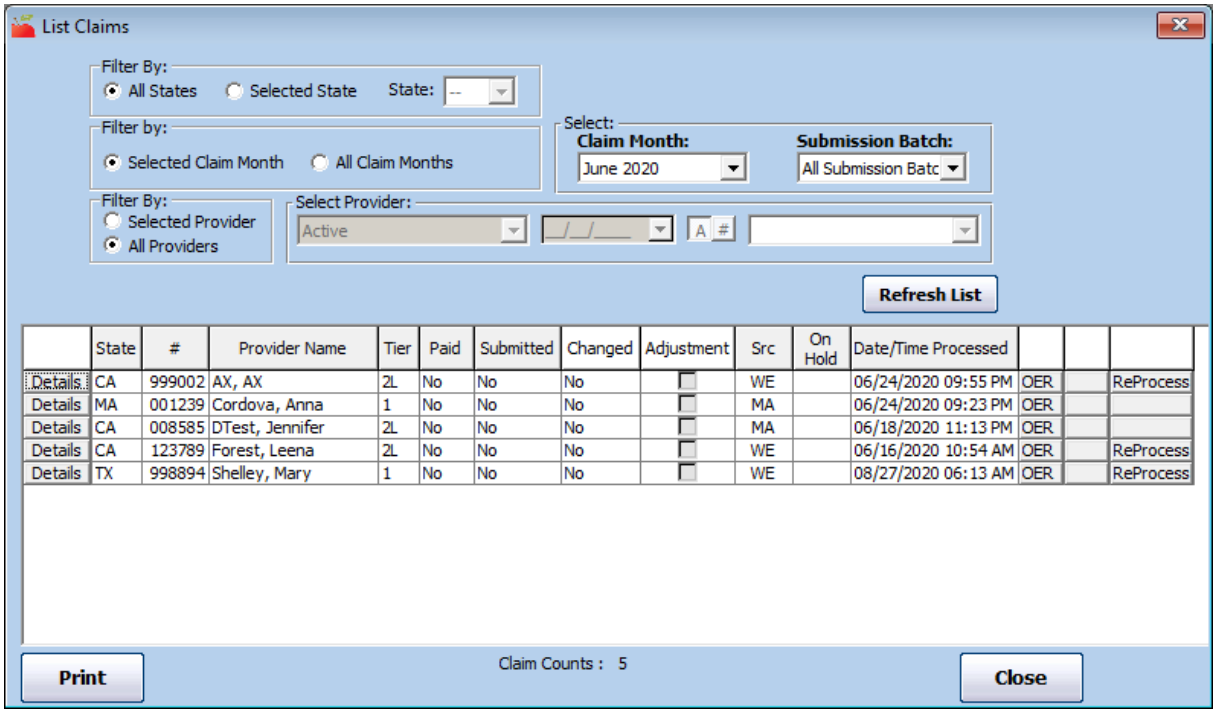


View Claims

Last Modified on 08/27/2020 7:50 am CDT

Once you have created claims in Minute Menu HX via the Process Claims function or by manually entering claims, they are added to the List Claims window. Access this window to review, manage, and update claims as needed. You can also re-process claims from this window.

1. Click the **Claims** menu and select **List Claims**. The List Claims window opens.
2. In the first **Filter By** section, select **Selected Claim Month** or **All Claim Months**. If you select **All Claim Months**, go to **Step 5**.
3. Click the **Claim Month** drop-down menu and select the claim month.
4. In the *second* **Filter By** section, select **Selected Provider** or **All Providers**. If you select **All Providers**, go to **Step 6**.
5. Click the **Select** drop-down menu and select the provider to view.
6. Click **Refresh List**. Providers and claims meeting the limits you set display.



	State	#	Provider Name	Tier	Paid	Submitted	Changed	Adjustment	Src	On Hold	Date/Time Processed			
Details	CA	999002	AX, AX	2L	No	No	No		WE		06/24/2020 09:55 PM	OER		ReProcess
Details	MA	001239	Cordova, Anna	1	No	No	No		MA		06/24/2020 09:23 PM	OER		
Details	CA	008585	DTest, Jennifer	2L	No	No	No		MA		06/18/2020 11:13 PM	OER		
Details	CA	123789	Forest, Leena	2L	No	No	No		WE		06/16/2020 10:54 AM	OER		ReProcess
Details	TX	998894	Shelley, Mary	1	No	No	No		WE		08/27/2020 06:13 AM	OER		ReProcess

7. Click each column to sort the displayed information in ascending or descending order. Note that some columns may or may not display according to the selections you made when filtering the list.
8. You can do the following in this window:
   - Click **Print** to print the Provider Claim Totals report for the selected month. If you did not select a month when filtering the claim list, you are prompted to select a month for the report.
   - Click **Details** next to a claim to view the claim details.
   - Click **OER** to print the Office Error report for that claim.
   - Click **ReProcess** (if available) to re-process the listed claim.
   - Click **Stub** to print a check stub or direct deposit voucher. This option is only available once the claim

has been marked as paid (via Issue Payments).

Specific Columns in the List Claims Window

Tier

The Tier column displays the claim's tier. This can be any of the following:

- Tier 1
- Tier 2
- Tier 2 Hi
- Tier 2 Lo
- Tier 2 Mixed

Paid

The Paid column indicates whether the listed claim has been paid. If an adjustment exists for the claim and the original claim was paid, but the adjustment has not, the claim's paid status is **Partially**.

Submitted

The Submitted column indicates whether the claim has been marked as submitted. If an adjustment exists for the claim and the original claim was submitted, but the adjustment has not, the claim's submitted status is **Partially**.

Changed

The Changed column indicates whether an **unsubmitted** claim has been changed. If a claim has already been marked as submitted, **-- (dash dash)** displays in this column. If the claim has not been submitted and has been modified, **Yes** displays.

Src

The Src column shows the claim source. This can be one of the following:

- **WE:** Web-based KidKare Claim
- **SF-BM:** Scannable Form — Full Bubble Menu
- **SF-AM:** Scannable Form — Attendance Menu
- **SF-FM:** Direct Entry Claim
- **MA:** Manual

Verify Claims Accuracy

Last Modified on 07/15/2020 3:03 pm CDT

When Minute Menu HX processes a claim, the system applies up to approximately 160 rules to every child, day, meal, and menu that is part of the claim. Therefore, any quality assurance process must ensure that Minute Menu HX is accurately processing claims, regardless of claiming method, as well as ensure that any method of data collection used is performed accurately.

Claims Processing Quality Checks

The best way to ensure that Minute Menu HX is processing claims accurately is to compare its automated claims processing with claims that are processed by hand. We recommend you complete this procedure at least twice a year. Each time, pick an arbitrary claim month and a small number of claims to analyze (typically no more than five). These claims should represent the broadest corss-section of claiming scenarios: different license types, tiering situations, foster care, and so on.

1. Print the **Claimed Food & Attendance** report for the claim. Use the information in this report and refer to information on-file for the affected provider and their children and process the claim manually.
2. Compare the results with those sown on the **Office Error** report. There should be no discrepancies.
3. If there *are* discrepancies, identify the source and take appropriate action, which could include changes to data entry procedures, claim review changes, and/or Minute Menu HX configuration changes.
4. When diagnosing claims in detail, we recommend you also print the following reports:
    - Meal Totals Report
    - Claimed Attendance Summary
    - Claimed Foods & Attendance by Tier Report

KidKare Quality Checks

Confirm that the information your providers recorded is what they are actually using to process the claim. We recommend you complete this procedure at least twice a year. Coordinate with a provider before they submit their claim to ensure that they send in their claim data. Typically, you only need to check about three providers.

1. Have the provider print the **Claimed Foods & Attendance Report** in KidKare immediately before submitting their claims to you. The provider should send you this report.
2. Print the **Claimed Foods & Attendance** report for the provider out of Minute Menu HX.
3. Compare the two reports and ensure that they are identical. If you find any discrepancies, contact Minute Menu HX support to resolve the discrepancy.

Scannable Forms Quality Checks

When checking scannable forms, ensure that the information added to Minute Menu HX is the same as that which was marked on the form. The best way to ensure that Minute Menu HX is reading forms properly is to

compare what is filled-out on a form with what Minute Menu HX interpreted for that form. We recommend you complete this procedure at least twice a year. Each time, pick an arbitrary claim month and a small number of claims to analyze (typically no more than three). These claims should be of differing form types.

Full Bubble Menus

Look at a single provider's forms (both Infant and Regular Menus) and compare them after scanning and validation with the Claimed Foods & Attendance report. The foods and children listed on the report should match the children marked on the form *exactly*. If you find any discrepancies, take appropriate action, which could include cleaning or re-calibrating your scanner, updating errors in your food chart or planned menus, or otherwise contacting Minute Menu HX Support or your scanner manufacturer's support team.

Attendance Menus

Examine the Office Error report and ensure that any meal marked as disallowed because of bad foods is also disallowed on the claim.

Direct Entry Quality Checks

Ensure that the information your data entry staff entered matches the information providers supplied on their manual forms. We recommend that you complete this procedure at least four times a year. Each time, pick two or three claims entered by each staff member responsible for data entry.

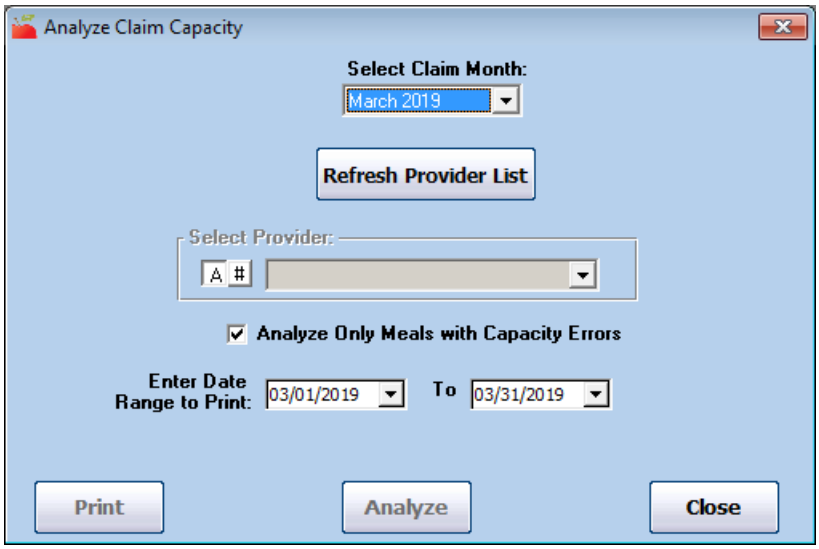
1. Print the **Claimed Attendance Detail** report and compare it with the information providers submitted on their meal count forms.
2. Review the **Office Error** report for one of these claims and ensure that any meals that should have been disallowed were actually disallowed, since these disallowances were entered manually.
3. If you find any discrepancies, resolve the issue with the data entry staff, or contact Minute Menu HX support if the issue was not caused by human error.

Analyze Claim Capacity

Last Modified on 07/16/2020 9:10 am CDT

When you receive Over Capacity error messages on the Office Error report, use the Analyze Claim Capacity function to generate a report that provides specific guidance as to why a particular was over capacity.

1. Click the **Claims** menu and select **Analyze Claim Capacity**. The Analyze Claim Capacity window opens.



2. Click the **Select Claim Month** drop-down menu and select the claim month to analyze.
3. Click **Refresh Provider List**.
4. Click the **Select Provider** drop-down menu and select the provider to analyze.
5. In the **Enter Date Range to Print** section, select the date range to analyze. Reference the Office Error report for this date range.
6. Click **Analyze**.

If capacity errors are found, you are prompted to print the **Claim Capacity Analysis** report. This report lists each day, meal, and serving where an over-capacity error was generated. It notes the counts of children allowed (by age group, if relevant to your state) and the counts of children who were actually present in these categories. It also includes special information that may be specific to your state.

We also recommend that you print a CIF and the Claimed Foods & Attendance report for the day in question.

Analyze Claims for Block Claiming

Last Modified on 07/16/2020 9:45 am CDT

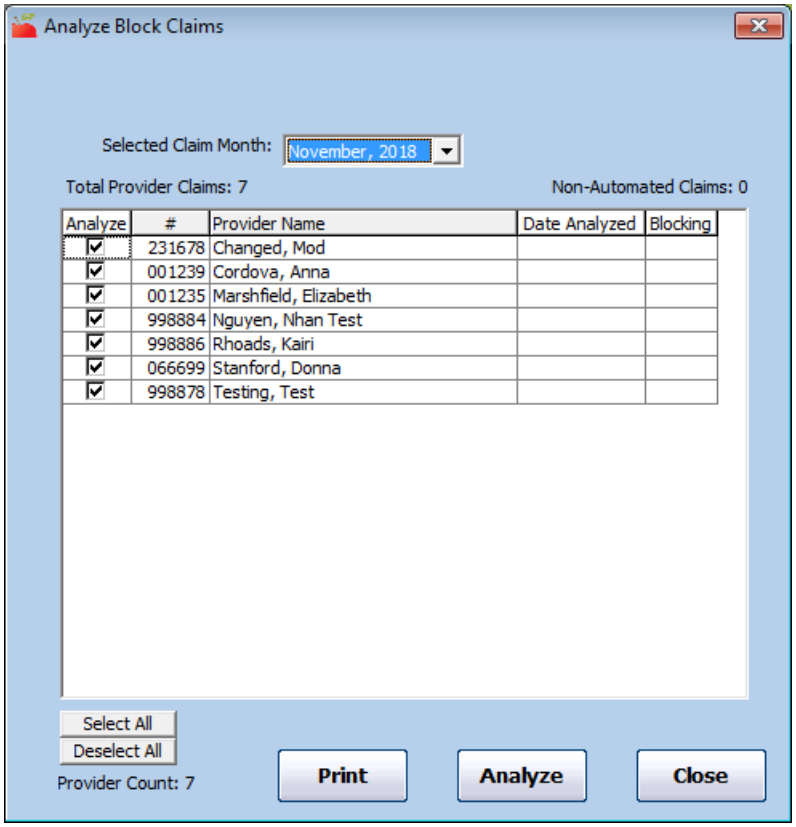
Federal regulations no longer require that you check every claim to determine whether providers are block claiming. However, Minute Menu HX can check for block claims as an extra integrity check. It automatically identifies block claimers for all processed claims (KidKare, Direct Entry, and Scannable Forms). This means that it cannot look at manually entered claims (you must check this claims manually).

This function performs eight different types of block claim analysis that are basically variations on the following:

- 15 consecutively claimed days vs the entire month.
- Any meal is a block vs all meals that are claimed are blocked.
- Child counts can be examined vs the specific children that are claimed.

To analyze claims for block claiming:

1. Click the **Claims** menu and select **Analyze Block Claims**. The Analyze Block Claims window opens.



2. Click the **Selected Claim Month** drop-down menu and select the claim month to analyze. The current claim month loads by default.
3. All claims are checked by default. Clear the box next to each provider to *not* include in the analysis. You also click **Deselect All** and then check the box next to only those providers you need to analyze.
4. Click **Analyze**. The process runs. Note that you cannot use Minute Menu HX while this process is running, so ensure you have allotted sufficient time to complete the process. Once claims are analyzed, the

following information displays:

- The current date displays in the **Date Analyzed** column.
- A **Y** or **N** displays in the **Blocking** column.
- If a block claim was identified for a provider, the first day of the claim month analyzed populates the **Last Block Claim Identified** box in the **Provider Information Other** tab. The **First Block Claim Identified this Fiscal Year** box also populates if the claim month corresponds with the appropriate date.

5. Click **Print** to print the Blocked Claimers report.

Note: You should not need to re-analyze claims if you re-process them. You only need to re-analyze claims if you change their underlying attendance data. If this is the case, return this window and check the box next to the claim to re-analyze (previously analyzed claims are not checked by default).

Place Claims on Hold

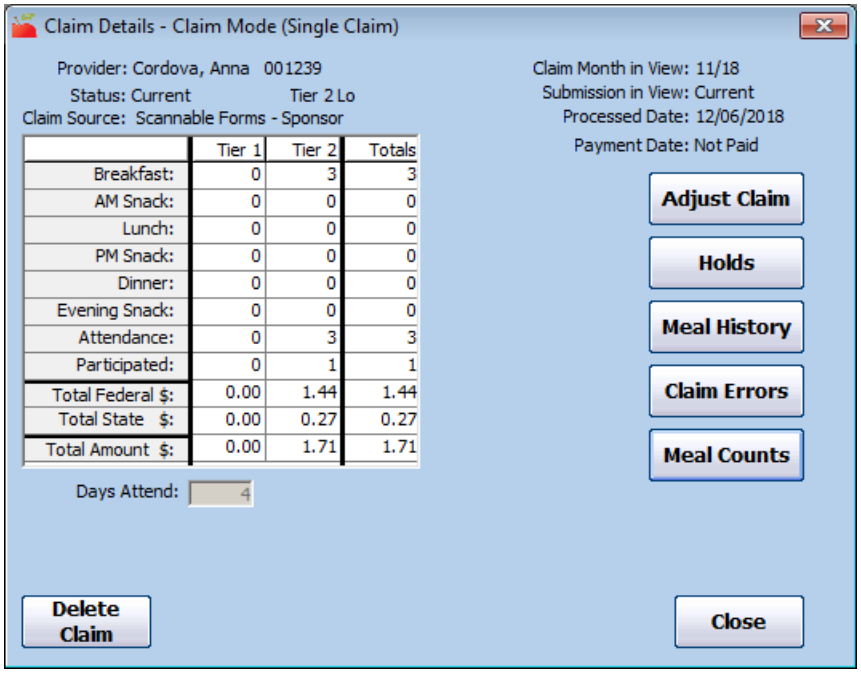
Last Modified on 07/16/2020 9:45 am CDT

You can place both providers and claims on hold independently of each other. For more information about provider holds, see **Provider Hold**. If you place a claim on hold, that claim cannot be paid and is excluded from all sate claim reports/automated state claim transfer files.

> **Note:** If the provider is on hold and you process a KidKare or Scannable claim for that provider, the claim is automatically placed on hold. When manually entering claims, you can choose to place the claim on hold.

To place claims on hold:

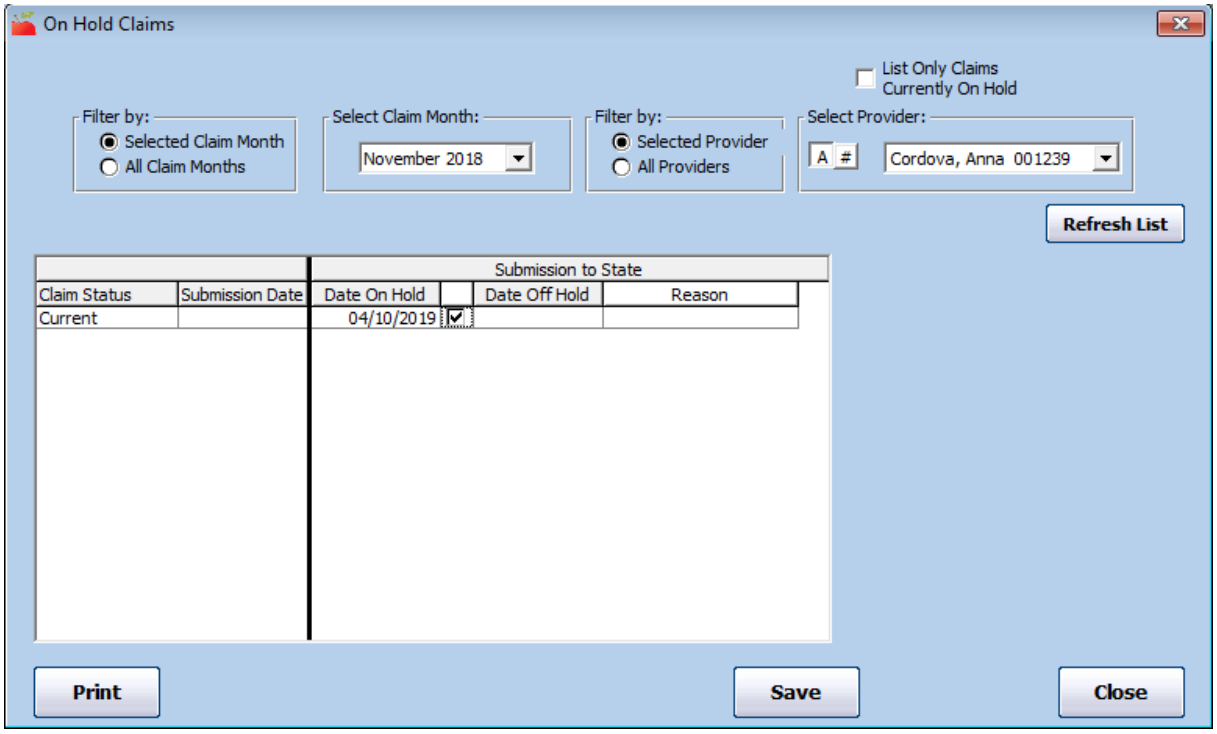
1. Click the **Claims** menu and select **List Claims**. The List Claims window opens.
2. Filter to the claim to select. For instructions, see **List Claims**.
3. Click **Details** next to the claim to place on hold. The Claim Details window opens.



4. Click **Holds** (to the right). The On Hold Claims window opens.

   > **Note:** You can also access this window from the Claims menu. To do so, click the **Claims** menu and select **On-Hold** Claims. The On Hold Claims window opens. You must then filter to the claims to place on/remove from hold.

5. In the **Submission to State** section, check the box next to the **Date on Hold** box. The claim is placed on hold, a date populates the Date on Hold box, and the Put Provider On Hold dialog box opens.
6. Click **Yes** to place the provider on hold as well, or click **No** to just place the claim on hold.



7. Click the **Reason** drop-down menu and select the hold reason. You create hold reasons in the Hold Reasons window. For more information, see **Add/Edit Claim Hold Reasons**.
8. Click **Save**.

To remove claims from hold:

1. In the On Hold Claims window, clear the box next to the **Date On Hold** box. The claim is removed from hold, and the current date populates the **Date Off Hold** box.
2. Click **Save**.

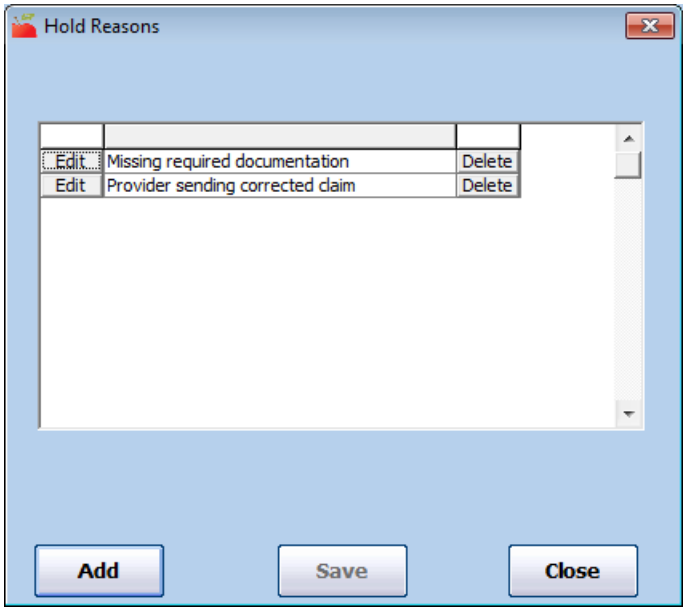
Add/Edit Claim Hold Reasons

Last Modified on 07/16/2020 9:46 am CDT

When you place a claim on hold, you can set a reason for the hold for your reference (if you have configured Minute Menu HX to use hold reasons).

Adding Claim Hold Reasons

1. Click the **Claims** menu and select **Edit Hold Reasons**. The Hold Reasons window opens.



2. Click **Add**. The Add Hold Submission Reason Code dialog box opens.

3. Click the text box and enter the hold reason.
4. Click **Save**.

Editing Claim Hold Reasons

1. In the Hold Reasons window, click **Edit** next to the reason to change. The Edit box displays.
2. Click the **Edit** box and enter new information over the existing information.
3. Click **Save**.

Deleting Claim Hold Reasons

1. In the Hold Reasons window, click Delete next to the reason to remove.
2. Click **Yes** at the Are You Sure prompt. The reason is deleted and a confirmation prompt displays.

Change/Adjust Claims

Last Modified on 09/28/2020 8:56 am CDT

If you process claims and find that the claim counts determined when this claim was created are inaccurate, you may need to adjust them. Do **not** re-process claims changed with the Adjust claims feature. If you re-process, the manual change is overwritten, as Minute Menu HX attempts to re-determined the claimed meal counts based on the underlying meals and attendance.

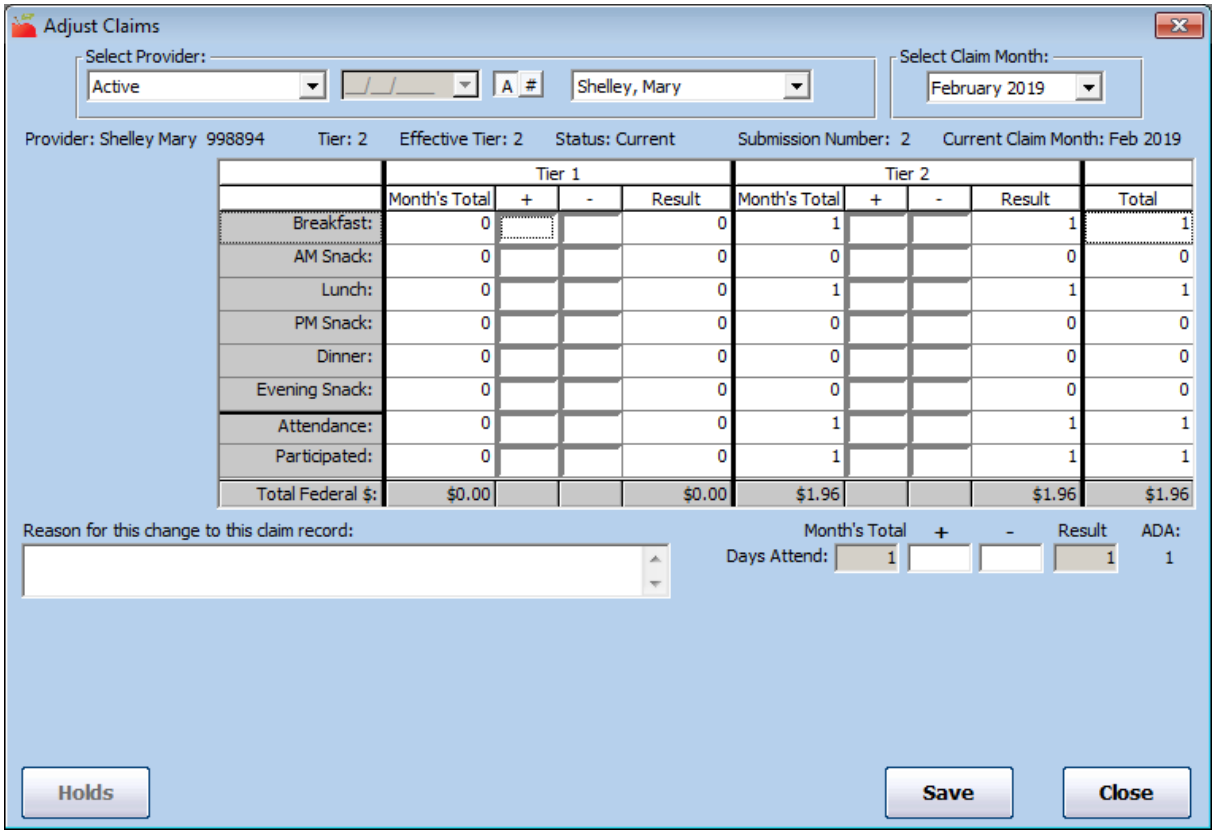
When you make changes to claim counts, you either create an adjustment claim or a claim change.

- **Adjustment Claims:** Submitted/paid claims are locked and you can no longer make changes to them. If you change the meal counts for one of these claims, a new claim record with the updated claim counts is created for this provider. This is an adjustment claim.
- **Claim Changes:** If you change counts before the claim is submitted/paid, the changes you make to the claim counts are applied directly to the original claim record. This is a claim change.

Minute Menu HX manages the above situations automatically, so our state claim and check register reports are completely consistent, even after you make adjustments to the claim.

To change or adjust a provider's claim count:

1. Click the **Claims** menu and select **Adjust Claims**. The Adjust Claims window opens.
2. Click the **Select Provider** drop-down menu and select the provider for whom to adjust claim counts. The provider's most recent claim displays by default.



3. Click the **Select Claim Month** drop-down menu and select the claim month, if needed.

   Note: You can also access this window from the Claim Details window. To do so, click **Adjust Claim** (to the right).

4. In the appropriate **Tier** section (Tier 1 or Tier 2), update the claim counts. To add to a count, enter a value in the **+ (plus)** column To subtract from a count, enter a value in the **- (minus)** column. Keep the following information in mind as you work:
   - The provider's **Effective Tier** displays at the top of this window. If you make a change to meal counts in a Tier other than the Effective Tier, the Effective Tier field will update accordingly. For example, if Provider A is Effective Tier 2 and you enter meal counts in both the Tier 1 and Tier 2 sections, the Effective Tier changes to Tier 2 Mixed. Ensure that you are entering meal counts for the correct Tier.

     Note: A provider's Effective Tier is determined by examining the Tier starting and ending date in the provider's file. For example, if a provider is indicated as Tier 1 and their eligibility dates don't cover this claim month, the Effective Tier will be Tier 2. When you save a change or adjustment to a claim, the claim tier is re-determined by looking at the Effective Tier and the claim's overall meal counts. For example, if the provider's Effective Tier is 2 and your changes include both Tier 1 and Tier 2 meal counts, the claim tier becomes Tier 2 Mixed.

   - After you make adjustments, **Attendance** must be greater than or equal to the highest meal count in the given Tier. For example, if you add a large number of meals to a Tier, you probably must also add to the attendance count for that Tier as well.
   - If changes have already been made to this claim, they display in the **Other Changes** box. Review this information to ensure that you are not making the same change twice.
5. Click the **Reason for this Change to This Claim Record** box and enter a reason for the adjustment. This reason appears on the Provider Error Letter. You must enter a reason for every change/adjustment.
6. To void this claim, click **Void Claim** (if available). This is the same as entering negative meal counts equal to the amount of meals currently in the claim and brings the claim's new totals down to zero.
7. Click **Save**. The system verifies that the claim information you are saving is appropriate based on the information on-file for this provider. It cross-checks the meal, attendance, and participation counts with the number of days claimed with the number of days claimed and the number of enrolled Tier 1 or Tier 2 children. If any of these checks fail, you are prompted to make the appropriate corrections before saving.

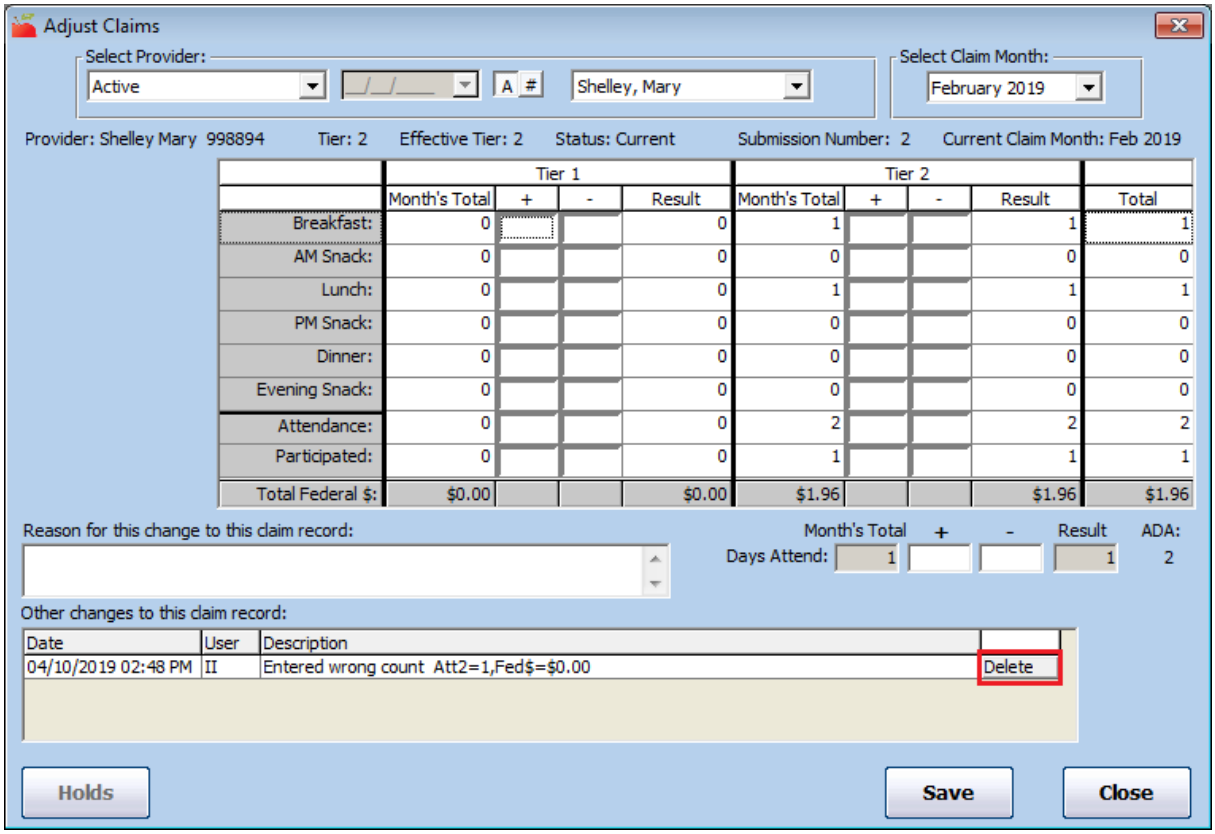
Delete Claim Adjustments

Last Modified on 07/16/2020 9:49 am CDT

You may need to delete an adjustment you created in Adjust Provider Claims. The same rules as regular claims apply: If you have not submitted/paid the claim, you can delete the adjustment. If you have submitted/paid on the adjustment, follow the instructions in **Delete Submitted/Paid Claims** to remove the adjustment.

To delete an adjustment:

1. Click the **Claims** menu and select **Adjust Provider Claims**. The Adjust Claims window opens.
2. Click the **Select Provider** drop-down menu and select the affected provider. Claim adjustments that have not been submitted/paid display.
3. In the **Other Changes to This Record** section, click **Delete** next to the adjustment to remove.



4. Click **Yes** at the Are You Sure prompt.

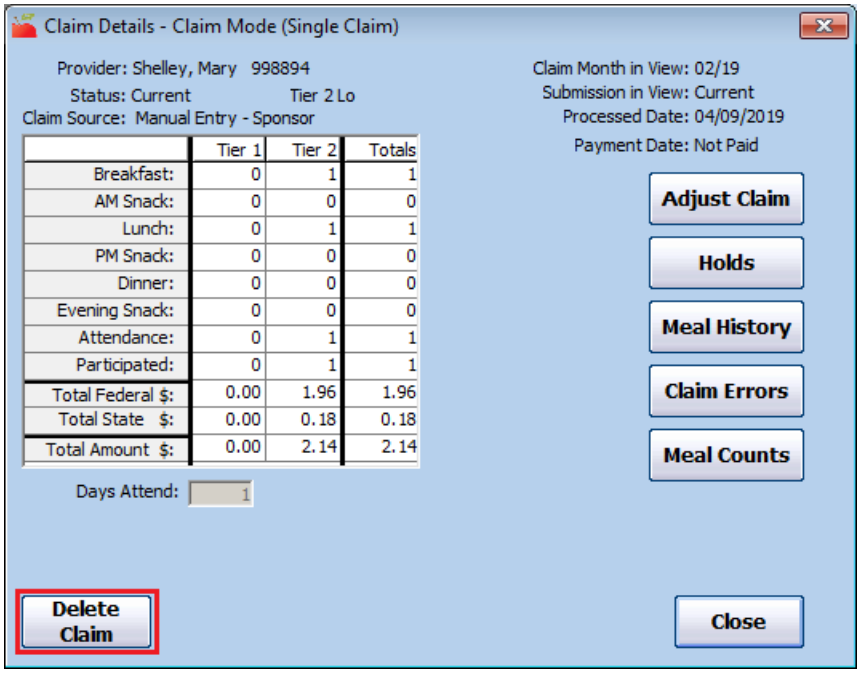
Delete Unsubmitted/Unpaid Claims

Last Modified on 07/16/2020 9:53 am CDT

You can only delete claims that have not been submitted to the state. If a claim *has* been submitted to the state, you must zero the claim out rather than deleting it. If this is the case, see **Delete Submitted/Paid Claims** for more information.

Typically, you should only delete claims that are the result of a data entry error.

1. Click the **Claims** menu and select **List Claims**. The List Claims window opens.
2. Set filters and click **Refresh List**. For more information about filtering the List Claims window, see **List Claims**.
3. Click **Details** next to the claim to delete. The Claim Details window opens.
4. Click **Delete Claim** (bottom-left corner).



Note: If the Delete Claim option is not present, the claim has already been submitted/paid. Go to **Delete Submitted/Paid Claims** to delete this claim.

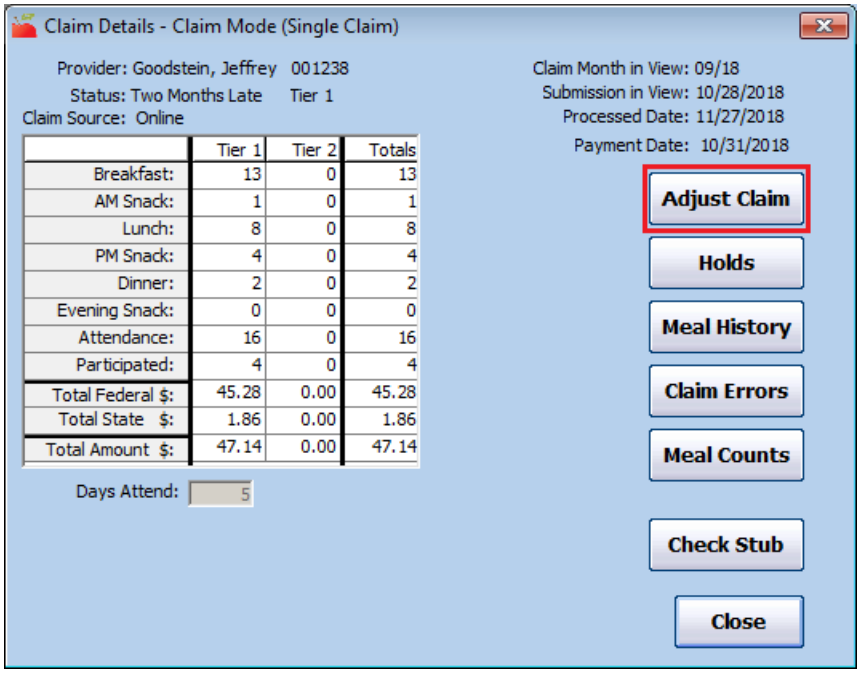
5. At the confirmation prompt, choose from the following:
   - Click **Yes** to delete the claim AND meal records.
   - Click **No** to delete the claim only.
   - Click **Cancel** to cancel the procedure.

Delete Submitted/Paid Claims

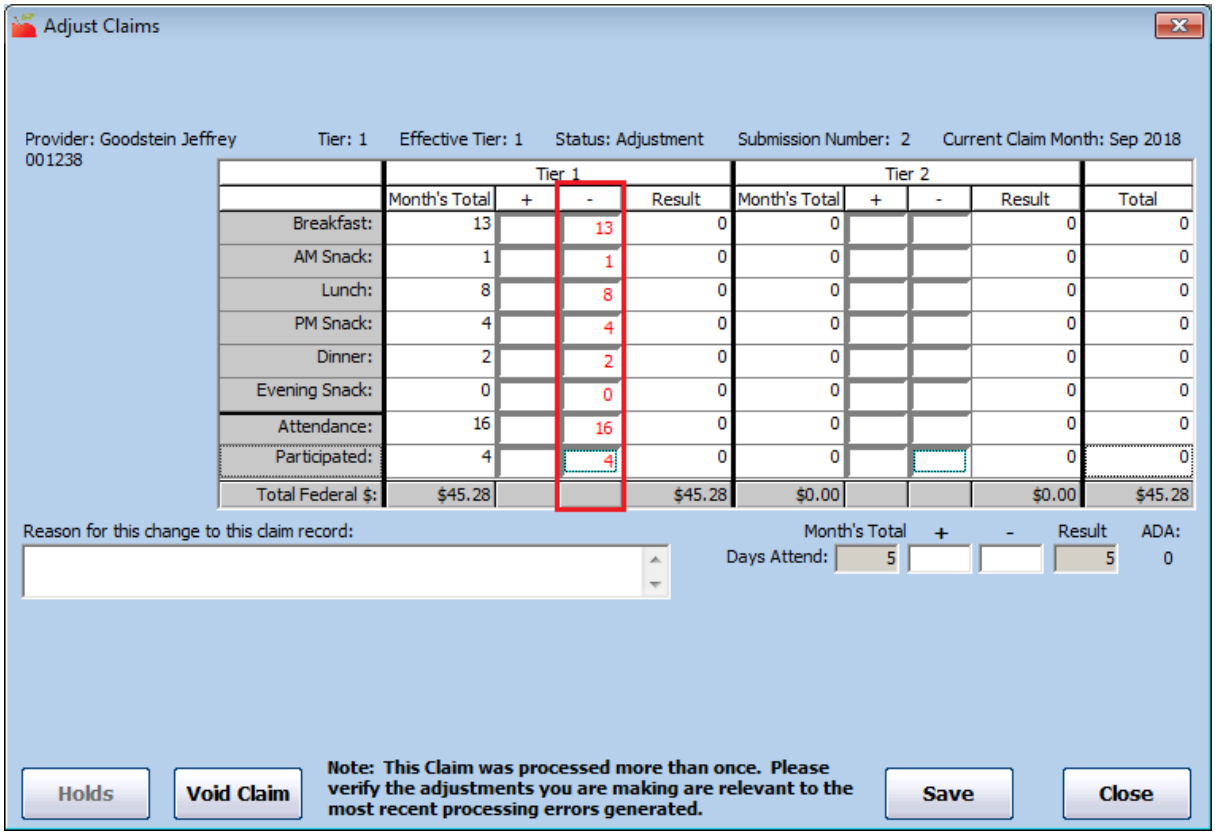
Last Modified on 07/16/2020 9:54 am CDT

You can only delete claims that have not been submitted to the state. If a claim *has* been submitted to the state, you must zero the claim out rather than deleting it. If you are dealing with a claim that has not yet been submitted, see **Delete Unsubmitted/Unpaid Claims** for more information.

1. Click the **Claims** menu and select **List Claims**. The List Claims window opens.
2. Set filters and click **Refresh List**. For more information about filtering the List Claims window, see **List Claims**.
3. Click **Details** next to the claim to delete. The Claim Details window opens.
4. Click **Adjust Claim** (to the right). The Adjust Claims window opens.



5. Click the **- (minus)** box for each meal count, attendance count, participated count, and days claimed and enter a number that reduces the claims total counts to zero for all claimed components. For example, if the Month's Total for Breakfast was 13, you would enter 13 in the **- (minus)** box.



6. Click the **Reason for This Change to This Claim Record** box and enter a reason for the adjustment.
7. Click **Save**. This reduces the claim's count to zero, which effectively eliminates the provider's claim, but retains a paper trail for auditing purposes.

If you have not already paid this provider for this claim, the claim is effectively cleared out of the system the next time you issue payments for this claim month. If you *have* already paid this provider for this claim, the system allows you to factor a negative adjustment for this claim in the next check you cut for the provider.

Mark Claims as Submitted

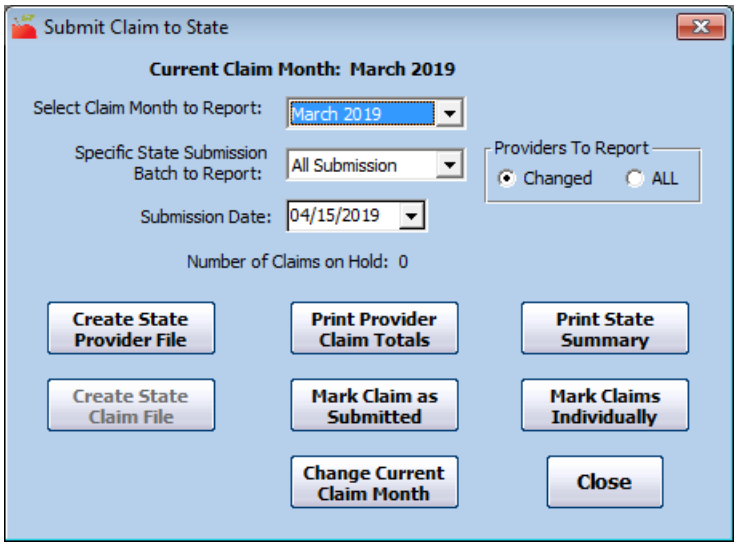
Last Modified on 07/16/2020 10:10 am CDT

Mark claims as submitted in Minute Menu HX once you have actually sent your claim paperwork to the State. Before proceeding, confirm that you do not need to make any claim changes and that the information in Minute Menu HX accurately represents what you need to use for your state claim.

Print and review the **Provider Claim Totals** report and the **Claim Summary** report before proceeding.

To mark a claim as submitted:

1. Click the Claims menu and select **Submit Claims to State**. The Submit Claim to State window opens.

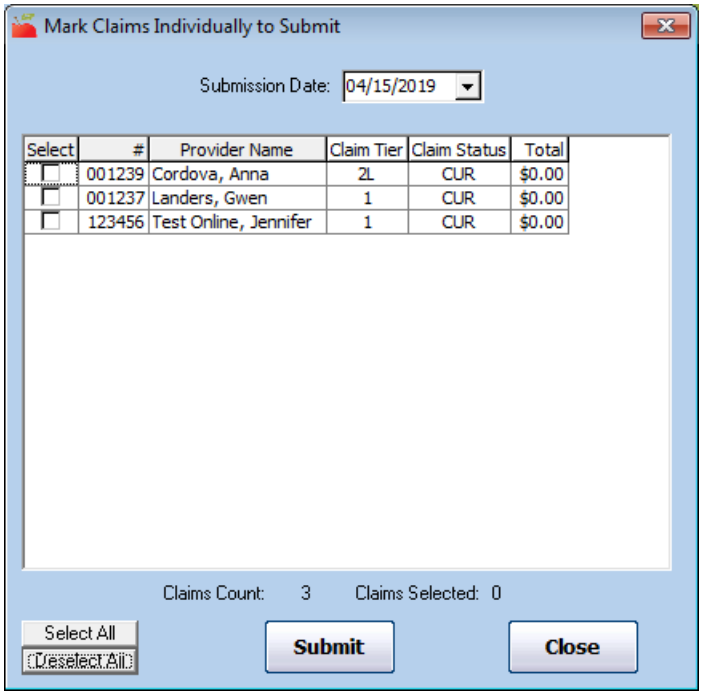


2. Click the **Select Claim Month to Report** drop-down menu and select the claim month you are submitting.
3. Click the **Specific State Submission Batch to Report** drop-down menu and select **All Submission** or **Current**.
4. In the **Providers to Report** section, select **Changed** or **All**.
5. Click the **Submission Date** box and select the submission date. This defaults to the current date.
6. Click **Mark Claim as Submitted**. All un-submitted claim records within the claim month you selected are marked as submitted and flagged with the date you set in **Step 5**. These records are locked and can no longer be changed. This excludes any claim records that are currently on hold. The **Number of Claims on Hold** field notes how many claims are on hold for the selected claim month.

Note: If you must later re-process claims included in a submitted batch, an adjustment record is created for the affected claim. The counts on this record are equal to the difference between the original processed counts and the counts when it is re-processed. For more information, see **Change/Adjust Claims**.

You can also mark individual claims as submitted, rather than marking them as part of a batch. You would typically do this if there are a few claims that should not be marked as submitted, but you don't want to put them on hold.

1. In the Submit Claim to State window, click **Mark Claims Individually**. The Mark Claims Individually to Submit window opens.



2. Click the **Submission Date** box and select the submission date. This defaults to the current date.
3. Check the box next to each claim to submit.
4. Click **Submit**.

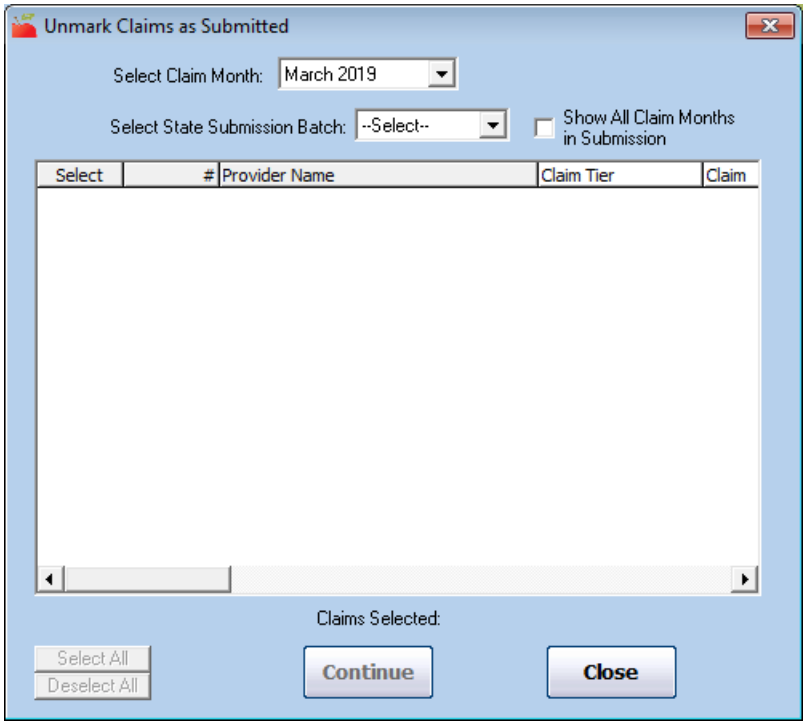
Unsubmit a Claim Batch

Last Modified on 07/16/2020 10:55 am CDT

If you marked a batch of claims as submitted and should not have, you can unsubmit the claim batch. Exercise caution when performing this function. You should only use the submission batch that corresponds precisely with what you submitted to your State on your claim reports or uploaded claim files.

Warning: Unsubmitting claims can make your state claim reports incorrect. Be absolutely sure that you need to unsubmit claims before proceeding.

1. Click the **Administration** menu and select **Unmark Claims as Submitted**. The Unmark Claims as Submitted window opens.



2. Click the **Select Claim Month** drop-down menu and select the claim month.
3. Click the **Select Date Submission Batch** and select the appropriate submitted date. The submitted claims display.
4. Check the **Show All Claim Months in Submission** box to display the **Claim Mon** column. This can help you locate the appropriate claim to unsubmit.
5. Check the box next to each claim to unsubmit.
6. Click **Continue**.
7. Click **OK** at the warning prompt.

Use Electronic Claim Transfer Files

Last Modified on 07/16/2020 11:02 am

Note: If you claim with the State of New York, see **Export the NY CIPS File**.

In most states, you must fax or mail-in handwritten or typed forms that contain your claim summary information. However, some states have automated, Internet-based claim management systems that require you to generate specially formatted claim files that you then upload to the State.

If you are in one of these states, you generate this file in the Submit Claims to State window.

1. Click the **Claims** menu and select **Submit Claims to State**. The Submit Claim to State window opens.
2. Depending on your state, click one of the following options:
    - **Create State Claim File:** This generates a claim information file you can send to your State. Claims that are on-hold are excluded from this file.
    - **Create State Provider File:** This generates a provider information file that you can send to your State.
3. Select the location in which to save the file.
4. Click **Save**.

These functions merely create the file on your hard-drive. You must still transmit this file to your State agency. Contact your State agency for more details.

Export the NY CIPS File

Last Modified on 12/08/2020 7:04 pm CST

We have worked with the State of New York to create a file that maps to the CACFP Information and Payment System (CIPS). This allows New York sponsors to export their child data from Minute Menu HX and upload it directly to the state CIPS website.

For more information about this feature, see the **CIPS Manual** and the State of New York's **Release Notes**.

Before You Begin

To use this feature, you must do the following:

- Enable the **G.011 Alternate Child ID** preference.
- Enter the **CIPS Participant ID** into the **Alternate Child ID** box in the Child Information window.

Enabling the G.011 Alternate Child ID Preference

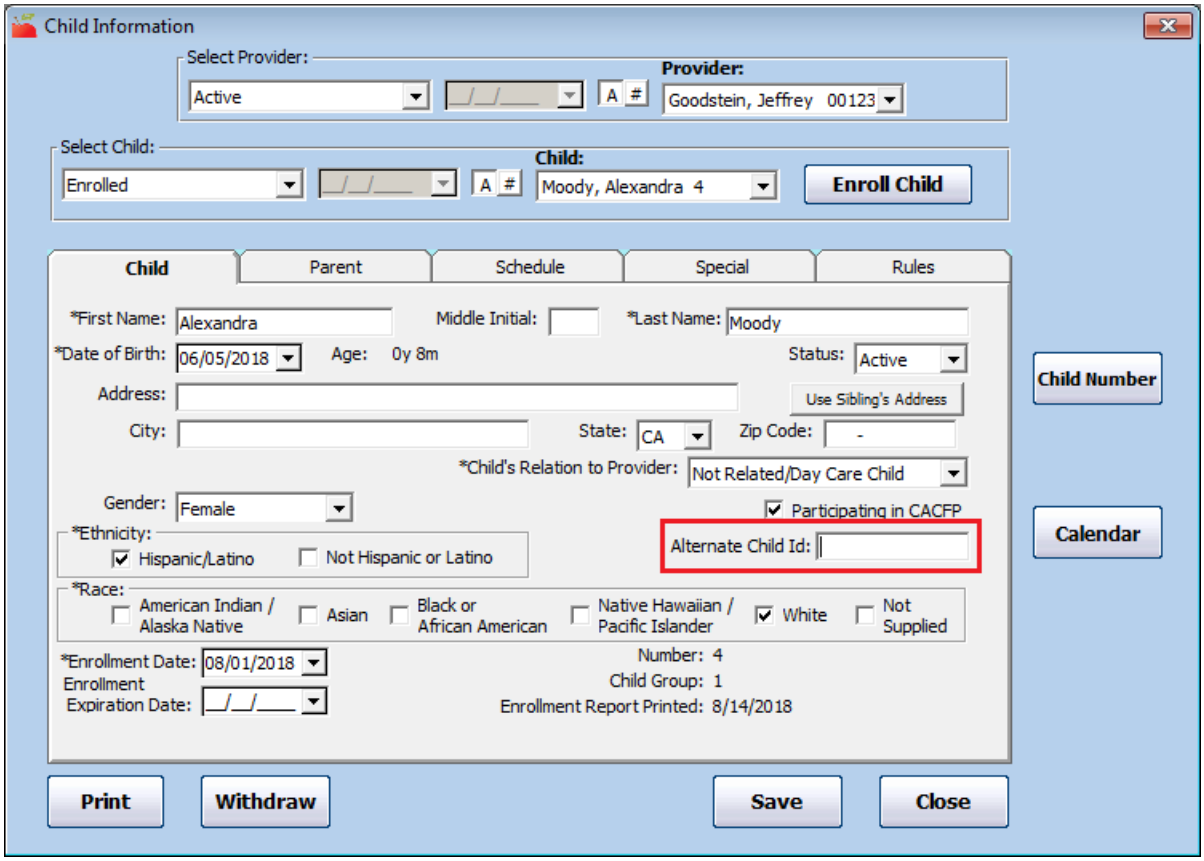
If you do not enable this preference, the Alternate Child ID box does not display in the Child Information window.

1. Click the **Administration** menu and select **Sponsor Preferences**. The Sponsor Preferences window opens.
2. Click the **Select the Category to Move To** drop-down menu and select **G. Child Info - Child Tab**.
3. Check the box next to **011 Display Alternate Child ID**. This is the last preference under the G. Child Info - Child Tab heading.
4. Click the **Select Setting** drop-down menu, and select **Y**.
5. Click **Save**.

Entering the CIPS Participant ID Into the Alternate Child ID Box

Now, enter the child's CIPS Participant ID in the Alternate Child ID box in the Child Information window.

1. Click the **Providers** menu and select **Child Information**. The Child Information window opens.
2. Click the **Provider** drop-down menu and select a provider.
3. Click the **Child** drop-down menu and select the child to edit.
4. In the **Child** tab, click the **Alternate Child Id** box and enter the child's CIPS Participant ID.



5. Click **Save**.

Note: Double-check the child's name before exiting this window. If the child's name does not match their name in CIPS **exactly** (even if it is a middle initial that is not in CIPS), a duplicate record will be created. Correct any errors you find.

Preparing to Export

Once you are ready to export the CIPS file, do the following before exporting to avoid errors:

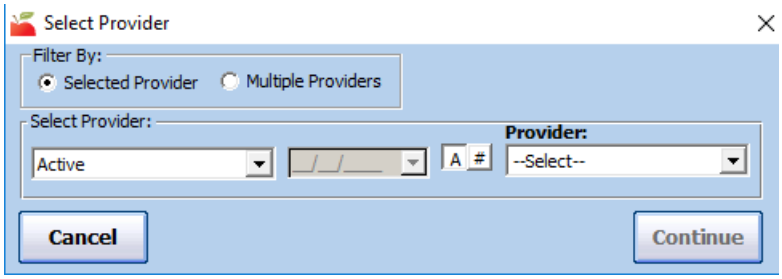
1. Ensure all child names in HX match the child names in CIPS **exactly**. If a name does not match and you upload the file without correcting it, a duplicate is created. Correct any errors you find.
2. Double-check that all Alternate Child IDs match the appropriate CIPS Participant IDs.
3. Withdraw any inactive children.

Exporting the CIPS File

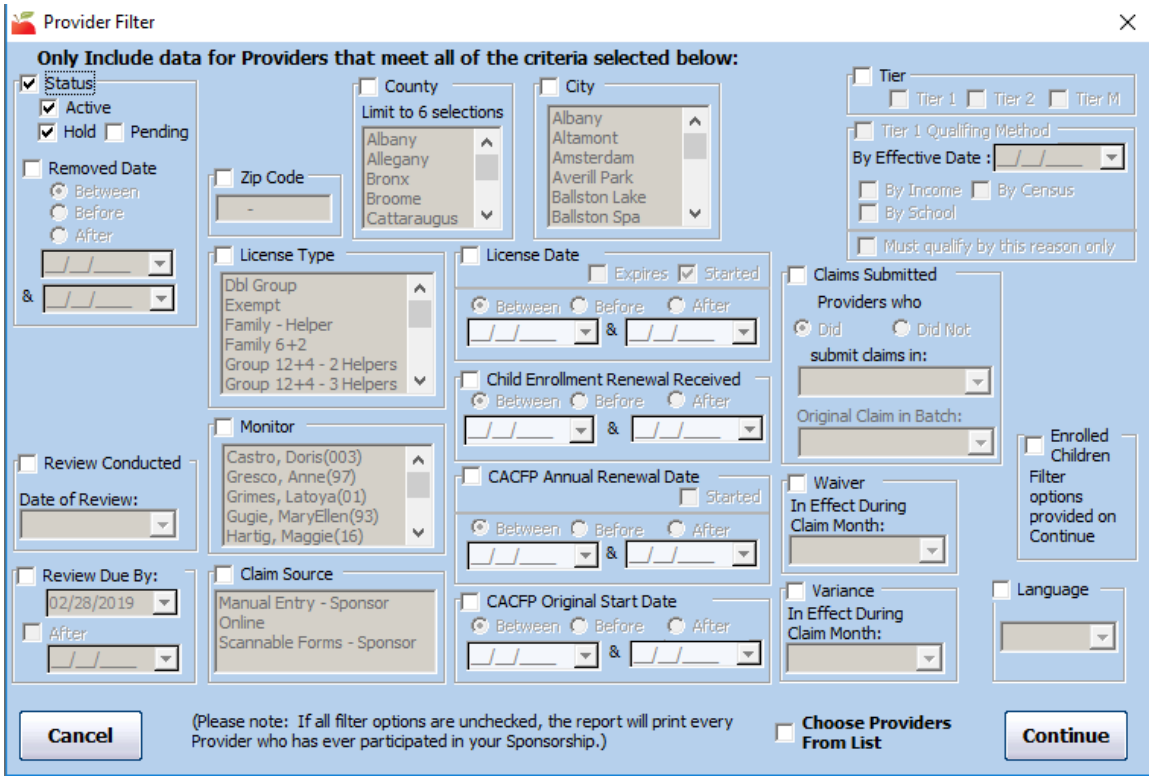
We recommend that you export the CIPS file and upload it to CIPS monthly, as well as whenever child data changes. This ensures that your claim data matches CIPS records. Note that child data in CIPS is overwritten by the data uploaded from the CIPS file.

The exported file saves to the **C:\MMHX\Sponsor\Export** folder.

1. Click the **Claims** menu and select **Submit Claims to the State**. The Submit Claim to State dialog box opens.
2. Make sure that the correct claim month is selected in the **Select Claim Month to Report** box.
3. Adjust the remaining settings, as needed.
4. Click **Export CIPS Child File**. The Select Provider dialog box opens. There are three ways to export provider information:
    - To export a single provider, go to **Step 5**.
    - To export multiple providers, go to **Step 6**.
    - To select providers from a list, go to **Step 7**.
5. To export a single provider:
    a. Select the **Selected Provider** option.



    b. Click the **Provider** drop-down menu and select the provider to export.
    c. Click **Continue.** The report is generated. Go to **Step 8**.
6. To export multiple providers:
    a. Select the **Multiple Providers** option.
    b. Click **Continue**. The Provider Filter window opens.



c. Set filters for the providers to include in the export. If you do not set any filters, all providers will be exported.

d. Click **Continue**. The file is generated. Go to **Step 8**.

7. To select providers from a list:

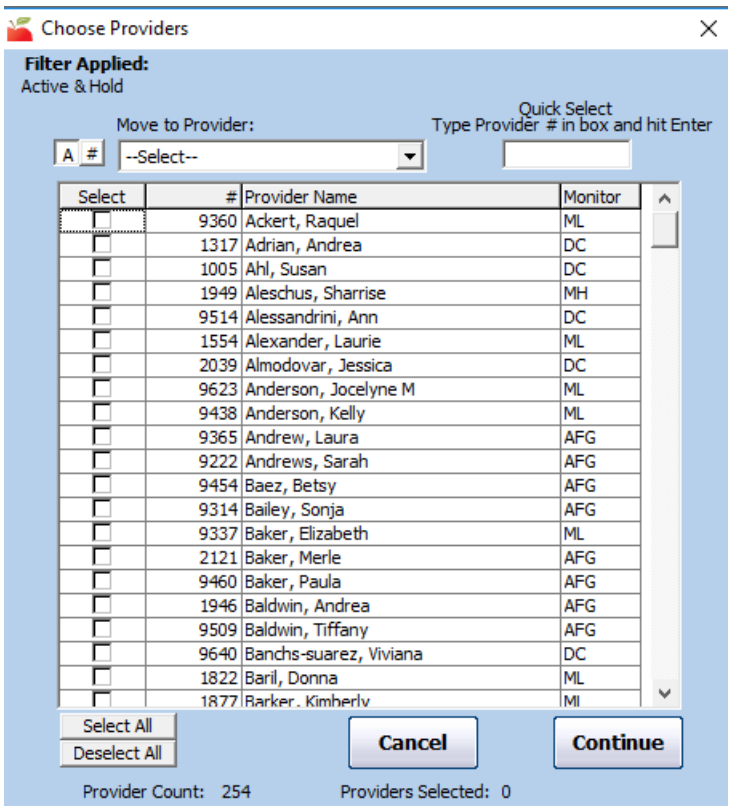
a. Select the **Multiple Providers** option.

b. Click **Continue**.

c. Set filters, if needed.

d. Check the **Choose Providers From List** box.

e. Click **Continue**. The Choose Providers dialog box opens.



f. Check the box next to each provider to include in the export. You can use the **#**, **Move to Provider**, and **Quick Select** boxes to find specific providers.

g. Click **Continue**. The file is generated.

8. Upload the file to CIPS. For instructions, see the **CIPS Manual**.

Error Codes 1-33

Last Modified on 07/16/2020 12:12 pm CDT

Click a link in the table of contents below to jump to a specific definition. When finished, click the arrow in the bottom-right corner of the page to return to the table of contents.

Error Codes in This Article

Error 1

The Same Food was Served Twice in the Same Meal

This error is generated when a provider has recorded the same food as two different meal components. For example, a provider may have recorded baked beans as a Meat/Alternate and as a Vegetable. This disallows one of the two identical food components, which disallows a Breakfast, Lunch or Dinner. It may or may not disallow a Snack.

Error 2

Inappropriate Food Combinations were Served in the Same Meal

This error is generated when a provider records foods that violate food combination rules you set up. For example, you set up a rule that carrot juice cannot be served with carrots because the two items are too similar. A provider serves these two foods together, and this error is generated on the OER.

This error will warn or disallow one of the two similar food components, which warns or disallows a Breakfast, Lunch, or Dinner, but may or may not warn or disallow a snack. The food combination rules you set up determine whether this is a warning or a disallowance. For more information about setting up food combination rules, see **Food Rules**.

Error 3

The Food Served is not Recommended for Children of the Given Age Group

When you set up foods in Minute Menu HX, you can indicate which foods are not appropriate for children under 1 year old. You can also indicate which foods are for infants, specifically. We can configure these foods so the system warns or disallows the given food if it is served to a child in the wrong age group.

This error is generated when providers serve a food that is allowable for a child in a given age group, but is nto

recommended. It does not disallow the food component or the meal.

Contact Minute Menu Support if you need to change the way your agency handles this particular error for any given food.

Error 4

The Food Cannot be Served at the Given Meal

When setting up foods in Minute Menu HX, you can indicate that certain foods are appropriate for certain meals only. For example, you can indicate that cereal is appropriate only for Breakfast and Snacks. This error is generated when one of those foods is served at a meal for which it is not approved. It disallows the given food component for the meal, which disallows a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

Contact Minute Menu Support if you need to change the way your agency handles this particular error for any given food.

> **Note:** For more information about setting up Foods, see **Foods**.

Error 5

The Food is Not Approved as Given Meal Component

This error is generated if the provider claimed a food as a particular type of food, but the food is set up as a different type of food. For example, a provider may have claimed a food as a Meat/Alternate, but the food is set up as a Bread/Alternate. This disallows the given food component(s) from the meal, which disallows a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

Contact Minute Menu Support if you need to change the way your agency handles this particular error for any given food.

Error 6

The Food Cannot be Served to Children of the Given Age

This error is exactly like **Error 3**, except that it does disallow the given food (rather than just noting it is not recommended). This disallows the given food component(s) from the meal, which disallows a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

Contact Minute Menu Support if you need to change the way your agency handles this particular error for any

given food.

Error 7

A Meal Component was Missing from the Meal

This error is noted only for meals were all foods are required—including Breakfast, Lunch, and Dinner, but excluding Snacks and certain infant meals.

This error is relatively straightforward when analyzing Regular Menu scannable forms or KidKare claims for children of all ages. However, you may receive this error on Infant Menu scannable forms even when it appears all meal components have been supplied. In this case, the components were supplied for the wrong age range.

Error 8

A Food Number Supplied on a Scannable Menu is not a Valid Food Number

This error is generated when a given food number marked on the bubble form does not correspond to a food set up in Minute Menu HX. The food number is included with the error, and an asterisk listed here indicates that the particular component of the number (the ones place, tens place, or hundreds place) had two different numbers bubbled in by the Provider.

This error effectively disallows the given food component(s) from the meal, which disallows a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

If you receive this error, print your **Food Chart** to ensure that the food number the provider marked does not actually exist. If it does exist for some reason, your food database may not be set up properly. If this is the case, contact Support.

> **Note:** You should never see this error on anything but Full Bubble Menu scanned claims, unless you manually document this error in the Manually Enter Claim Errors for Direct-Entry Claims window. If you see this error at any other time, contact Support.

Error 9

At Least Two Valid Foods Must be Served at Snacks

This error is generated when there are not at least two valid foods served with a given Snack. This disallows the snack.

Error 10

Parent Supplied Formula was Served to a Child Whose File Indicates the Provider Supplies Formula

This error is generated when providers serve parent-supplied formula to a child who's file indicates that the child should be served provider-supplied formula. For example, a provider served an infant parent-supplied formula, but the child's file indicates that the child should receive provider-supplied formula/breast milk. It is a warning only. This warning message can be disabled, if needed. This error is the opposite of **Error 12**.

Minute Menu HX examines the child's enrollment file for the infant formula preference when determining whether a given infant meal has all the required components to warrant reimbursement. This means that meal reimbursement is based on the child's file, regardless of the type of formula the provider notes when filing out claim forms (when marking scannable forms or using KidKare).

> **Note:** You set formula preferences in the Child Information Special tab.

Error 11

A Non-Special Diet Child was Served Special Provision Milk

This error is generated when an infant is served special provision milk, even though that child's file does not indicate that the child is on a special diet. This error is generated as a warning only.

> **Note:** You mark a child as having a special diet in the Child Information Special tab.

Error 12

Provider Supplied Formula was Served to a Child Whose File Indicates the Parent Supplies Formula

This error is generated when providers serve provider-supplied formula to a child who's file indicates that the child should be served parent-supplied formula. For example, a provider served an infant provider-supplied formula, but the child's file indicates that the child should receive parent-supplied breast milk. It is a warning only. This warning message can be disabled, if needed. This error is the opposite of **Error 10**.

Minute Menu HX examines the child's enrollment file for the infant formula preference when determining

whether a given infant meal has all the required components to warrant reimbursement. This means that meal reimbursement is based on the child's file, regardless of the type of formula the provider notes when filing out claim forms (when marking scannable forms or using KidKare).

> **Note:** You set formula preferences in the Child Information Special tab.

Error 13

A Special Diet Child was Served

This error is generated when a child whose file indicates that the child has a special diet is served in a meal. This error is generated as a warning only. You can disable this message for infants, non-infants, or both.

> **Note:** To indicate a child has a special diet, check the **Special Diet** box in the Child Information Special tab.

Error 16

A Doctor's Statement Has not Been Received for the Special Diet Child(ren) Served During the Month

This error is generated when an infant who is noted as having a special diet is served special provision milk, but you have not indicated that you've received a doctor's statement for the child. This error is either a warning or a disallowance. You can also disable it.

> **Note:** To indicate a child has a special diet, check the **Special Diet** box in the Child Information Special tab. Then, check the **Statement on File** box to indicate that you have received a doctor's statement for this child.

Error 17

Snacks Cannot Include only Milk and Juice, Another Food Must Also be Present

This error is generated when the only valid, approved foods at a Snack are milk and juice.

Error 22

Meals were Claimed on Dates that Fell After this Provider's CACFP Agreement Expired. Verify Provider's Yearly CACFP Application

Minute Menu HX allows you to store an annual provider contract expiration date for each of your providers. This date is not related to license or tiering, but it is used in some states when provider contract renewals (with their sponsors) are checked regularly.

If you use this feature, enter a date in the Current CACFP Expiration box in the Provider Information General tab. This error is generated if the date entered in this box has passed or if there is no date entered in this box.

You can configure this error to disallow all meals served on the dates that fall after this date, warn for a period of months and then disallow all meals, or you can disable this error so it is not generated. You can also disable the Current CACFP Expiration box is you do not even store the date in provider files.

Error 23

Meals were Claimed on Dates that Fall Before this Provider's CACFP Original Start Date

Minute Menu HX stores an original CACFP contract date for all providers. This date displays in the Original CACFP Start Date box in the Provider Information General tab. This error is generated if the date in this box has not yet been reached or if there is no date entered in this box. It disallows all meals on these dates.

Error 24

Meals were Claimed on Dates that Fall Before this Provider's License Start Date

Minute Menu HX stores child care licensing start and end dates in the Start Date and End Date boxes in the Provider Information Licensing tab. Your state's licensing agency may supply a start date, end date, or neither date. If they are not provided by the state, you must typically enter some kind of value into these boxes, such as 1/1/1950 for a start date and 12/31/2050 for an end date.

This error is generated when the license start date has not yet been reached. You can configure this error to to disallow all meals on days prior to the license start date, or you can configure it to generate a warning. You can also disable this error.

Error 25

Meals were Claimed on Dates that Fall After this Provider's License End Date. Verify License Re-Application

Minute Menu HX stores child care licensing start and end dates in the Start Date and End Date boxes in the Provider Information Licensing tab. Your state's licensing agency may supply a start date, end date, or neither date. If they are not provided by the state, you must typically enter some kind of value into these boxes, such as 1/1/1950 for a start date and 12/31/2050 for an end date.

This error is generated when the license end date has passed. This error can be configured to disallow all meals served on dates after the license end date, generate a warning for a few months and then disallow meals, or it can be ignored.

Error 26

Meals were Claimed on Dates that Fall Between Relocation and Relocation Approval Dates

Minute Menu HX can be configured to keep track of providers who move. When this feature is enabled, enter dates in the Date of Move and Approval Date boxes in the Provider Information Contact tab.

Once you enter a date in the Date of Move box, all meals claimed after this date are either disallowed or warned until the date in the Approval Date box is reached. These boxes have no impact on your claim if both boxes are blank, or if both boxes contain dates for months past.

This error is only generated when processing a claim with meal dates that fall between the Date of Move and the Approval Date.

Error 27

Meals were Claimed on Dates when the Provider was Closed

This error is generated when a provider claims meals on days on which they were closed. This error either disallows all meals for those days or generates a warning.

Providers can enter their operating hours and closure dates in KidKare or on their CIF. Sponsors can also enter this information in the Provider Calendar window in Minute Menu HX or in KidKare.

Error 28

Meals were Claimed on Dates that Fall After the Provider was Withdrawn

This error is generated for all days claimed after a provider's removal date. This error can disallow or warn all

meals claimed on these days.

Error 29

Meals were Claimed on a Holiday

This error is generated when a provider claims a meal on a holiday, and there is no indication that the provider was open on that holiday (per the Provider Calendar). This error disallows, warns, or ignores meals claimed on a holiday (unless you have set the error to allow providers to claim on holidays for which they have indicated they are open).

Sponsors set up specific holidays in the Sponsor Calendar window. Providers can indicate they are open for business on these holidays in the Provider Calendar in KidKare, or on their monthly CIF (which you, the sponsor, then record in the Provider Calendar in Minute Menu HX).

This edit check can also be performed at the level of individual children.

Error 30

Provider is not Approved to Serve Meals on a Day of the Week when Meals were Served

Minute Menu HX can be configured to allow you to store the days of week on which providers are approved to serve children. This information is stored in the Provider Information Meals tab. This error is generated if the provider claims a meal on a day for which they are not approved to serve children. It can ignore, warn, or disallow meals served on these days.

Error 32

Provider is not Approved to Offer a Particular Meal that was Served

Minute Menu HX can be configured to allow you to store the meals providers are approved to offer to children. This information is stored in the Provider Information Meals tab. Check the box next to each meal to allow in the Meals Allowed section.

This error is generated if a provider claims meals outside of those for which they are approved in the Provider Information Meals tab. It can ignore, warn, or disallow these meals.

Error 33

A Hand-Recorded Food was not Approved

This error is generated if you or your staff disallows a meal hand-written on an Attendance Menu (you mark the appropriate bubble on the form to disallow the meal). This disallows a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack (At least three food components must be disallowed for snacks).

If you see this error on a Full Bubble Menu, it may be that the Full Bubble Menu was scanned using the Attendance Menu scanning option. You must re-scan the claim with the proper scanning option.

Error Codes 34-78

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Error Codes in This Article

Error 34

A Meal was Rejected as Recorded on the Attendance Form

If you use Direct Entry claims, you can record both attendance and meal disallowances. This error is generated for any meal you disallow on a Direct Entry claim.

If you see this error on a Full Bubble Menu, it may be that the Full Bubble Menu was scanned using the Attendance Menu scanning option. You must re-scan the claim with the proper scanning option.

Error 35

The Planned Menu as Indicated on the Attendance Menu was Rejected

This error is generated if you or your staff specifically disallows a meal by indicating that the Master Menu was invalid on an Attendance Menu (mark the MM bubble in the Disallow column(s) on the form). This error disallows the meal.

If you see this error on a Full Bubble Menu, it may be that the Full Bubble Menu was scanned using the Attendance Menu scanning option. You must re-scan the claim with the proper scanning option.

Error 36

A Meal was Recorded, but no Children were Recorded in Attendance

This error is generated when providers record a meal but do not mark any children in attendance. When this happens, there is little you can do about the situation, as there is no way for you to know what children actually attended the meal. This error is generated to let you and the provider know about the situation, so the provider can correct the issue going forward.

This error should typically only be generated on scanned claims.

Error 37

Child Not Present at Meal Time According to Daily In/Out Times

Some sponsors must obtain daily attendance (in/out times) for all of their children. This error is generated if a child was marked as attending a meal, but the child was not marked as in care while the meal was being served. It can warn or disallow the child for the meal.

Providers can record In/Out times on the Check In/Out page in KidKare or on scannable In/Out forms.

> **Note:** This error cannot be generated if there are no daily meal times for the meals the provider serves. However, meal times can be pulled from the provider's file if your agency chooses to do so for providers who use scannable forms.

Error 38

The Child was not Yet Enrolled as of Meal Date

This error is generated if a child is claimed prior to the child's enrollment date. This error always disallows the claimed child.

You enter child enrollment dates in the Enrollment Date box in the Child Information Child tab.

Error 39

The Child Not Yet Born as of Meal Date(s)

This error is generated when a child is claimed for a meal prior to the child's date of birth. This error always disallows the child.

Receiving this error typically means that the child's date of birth is incorrect. Verify the child's birth date in the Birth Date box in the Child Information child tab.

Error 40

An Invalid Child Number was Recorded on the Scannable Menu Forms

This error is generated if a provider marks a child number on a scannable form that does not correspond to a child who was actively enrolled with the provider during the claim month. The unknown child is disallowed.

In some cases, this can be caused by smudges on the form. Since the smudges are accidental and the provider won't receive reimbursement for the unknown child anyway, these cases have no effect on the claim's meal counts.

However, in most cases, the children are associated with the meal and attendance records when the forms are processed. If you scan or manually enroll new children after you scan the menu/attendance forms (usually when you re-process the claim), this error will go away. If, for some reason, it does not, and you've verified that the child has been properly enrolled, re-scan the menu/attendance forms.

Error 42

The Special Needs Child is Older than the State's Max Allowable Age for Special Needs Children on the Given Meal Dates

This error is generated for special needs children who are over the state's special needs age limit. Special needs children are typically eligible for Food Program reimbursements at much older ages than non-special needs children. This error does not appear if your state has no age limitation for the reimbursement of special needs children. If you need to change your state's maximum special needs limit (i.e., you don't get this error, but you should get it for children over 18), contact Minute Menu Support.

Error 43

The Child was Claimed After the Child was Withdrawn from Care

This error is generated when a child is claimed after their date of withdrawal. This error disallows the child on all subsequent dates, generates a warning, or is ignored completely.

When providers withdraw children in KidKare or on the CIF (which requires you to withdraw the child), they must enter an effective date of withdrawal. You can find the child's withdrawal date in the Withdrawal Date box in the Child Information Child tab (you may need to filter to include withdrawn children).

Error 44

The Child's Infant Formula Preference Indicates Parent Supplies Formula and Food

Parents can indicate that they will provide formula and food for their infant children on enrollment forms. This error is generated for meals served to 6-11 month-old infants when both formula and food are provided. It is not generated for meals served to 6-11 month-old infants where only formula is served. It is not generated at all for 0-5 month-old infants.

Error 45

Provider is not Active

This error is generated if a provider is not properly activated in Minute Menu HX. It usually appears with a larger number of other errors in the claim. If you see this error, check the provider's file to determine whether they need to be properly activated or fully removed. When finished, re-process the claim.

Error 46

A Pending (or Unknown) Status Child was Claimed

This error is generated when a pending child is claimed. This error always disallows the child.

Children enrolled in KidKare remain at a Pending status until you use the Activate New Children function to activate them. You can also manually set children to Pending if you do not have a valid, signed enrollment form for them. If you receive this error, check the child's status and activate them, if appropriate. Then, re-process the claim.

Error 47

A Child was Recorded on the Wrong Scannable Menu Form (Infant vs Regular Menu)

The Infant Menu is intended for all children under one (1) as of the given meal date. The Regular Menu should be used when recording children ages one (1) and up, as of the given meal date.

This error is generated when a child is recorded incorrectly, based on the child's age. This frequently occurs when an infant turns 1 during a given month, so the provider may mistakenly record the non-infant child on the Infant Menu, as well as offer the wrong meal pattern to the child. Unlike **Error 126**, this error is always a disallowance.

> **Note:** Special Diet infants may be claimed on the Regular Menu. If this is the case, this error will not generate. For more information, see **Error 145**.

Error 48

The Child's File Indicates S/He is not Participating in the CACFP

When children are enrolled, the parent/guardian can indicate that the child in question is not participating in the CACFP. This is usually done by Providers for their own children in certain states. In other states, this can apply to all children—especially to infants whose parents provide both formula and food.

When these children are claimed, the processor notes these non-participating children for capacity purposes only. This means that these children will not be reimbursed as part of the Food Program. This error is generated when this happens. It always disallows the affected children.

If you see this error and you do not deal with the non-participating children in any way, you must check the Participating in CACFP box in the Child Information Child tab for those children.

> **Note:** This error may or may not apply to daycare children, depending on agency preference.

Error 49

Provider's Own Children Cannot be Claimed Unless Provider is Tier 1 Income Eligible

This error is generated if the provider claims their own children and they are not Tier 1 by Income. Own children are only reimbursed at Tier 1 rates when the provider is Tier 1 by Income.

Consult the provider Information Tiering tab to ensure that there are valid Income Eligibility dates recorded (this may be in addition to School or Census Area eligibility for those providers who are School/Census eligible for Tier 1 but are able to claim their own children).

Error 50

A Foster Child was Claimed Outside the Foster Dates

This error is generated when a foster child is claimed outside of the child's foster care dates as noted in the Tier 1 Start/End date boxes in the Child Information Rules tab or if those dates are missing.

A provider's own foster children are always reimbursed at Tier 1 rates, regardless of the provider's tier. Before Minute Menu HX can process foster children properly, you must check the Child is Tier 1 box in the Child Information Rules tab and enter the child's foster care dates in the Tier 1 Start/End dates boxes. These dates are typically based on the foster agreement the provider has with the state for those child.

Error 51

A Tier 1 Child was Claimed Outside the Child's Tier 1 Eligibility Dates.

Child will be Claimed as Tier 2

Tier 1 children in Mixed Tier homes must have valid starting and ending eligibility dates to indicate that the child has a valid income eligibility statement on file. You enter these dates in the Tier 1 Start/End Dates boxes in the Child Information Rules tab.

If the child is claimed outside of these dates, the child will be reimbursed at Tier 2 rates.

> **Note:** If a provider is Tier 1, the child's tiering level is not subjected to this edit check.

Error 53

A Saturday Meal was Claimed without Saturday Documentation on File for the Provider

Some states require specific, signed statements from providers that are open on Saturday. To indicate that the provider is open on Saturday and that you have a statement on file, check the Saturday box in the Documentation on File section of the Provider Information Other tab.

This error is generated if a provider serves meal on a Saturday but does not have a statement on file in Minute Menu HX in the Provider Information Other tab. This error warns or disallows the meals.

Error 54

A Sunday Meal was Claimed without Sunday Documentation on File for the Provider

Some states require specific, signed statements from providers that are open on Sunday. To indicate that the provider is open on Sunday and that you have a statement on file, check the Sunday box in the Documentation on File section of the Provider Information Other tab.

This error is generated if a provider serves meal on a Saturday but does not have a statement on file in Minute Menu HX in the Provider Information Other tab. This error warns or disallows the meals.

Error 55

A Dinner was Claimed without Dinner Documentation on File for the Provider

Some states require specific, signed statements from providers that serve Dinners. To indicate that the provider

serves Dinner and that you have a statement on file, check the Dinner box in the Documentation on File section of the Provider Information Other tab.

This error is generated if a provider serves a Dinner but does not have a statement on file in Minute Menu HX in the Provider Information Other tab. This error warns or disallows the meals.

Error 56

An EZ Menu was Claimed, but Provider is Not Approved to Serve EZ Menus

This error is generated when a provider attempts to use an EZ Menu and is not approved to do so. This error ignores, warns, or disallows these meals.

EZ Menus are specific scheduled menu plans that sponsors set up for providers. To approve providers to use EZ Menus, check the EZ Menus box in the Provider Information Meals tab.

Error 57

A Sponsor Cycle Menu was Claimed, but Provider is not Approved to Serve Sponsor Cycle Menus

This error is generated when a provider attempts to use a Sponsor Cycle Menu and is not approved to do so. This error ignores, warns, or disallows these meals.

Sponsor Cycle Menus are weekly meal plans that sponsors set up for their providers. To approve providers to use Sponsor Cycle Menus, check the Sponsor Cycle Menus box in the Provider Information Meals tab.

Error 58

A Provider Cycle Menu was Used, but Provider is not Approved to Serve Provider Cycle Menus

This error is generated when a provider attempts to use a Provider Cycle Menu and is not approved to do so. This error ignores, warns, or disallows these meals.

Provider Cycle Menus are weekly meal plans that providers set up for personal use. To approve providers to use Provider Cycle Menus, check the Provider Cycle Menus box in the Provider Information Meals tab.

Error 59

A Master Menu was Used, but Provider is not Approved to Serve Master Menus

This error is generated when a provider attempts to use a Master Menu and is not approved to do so. This error ignores, warns, or disallows these meals.

Master Menus are single menu templates sponsors create for all providers. These menus are not date-specific or day-specific. To approve providers to use Master Menus, check the Master Menus box in the Provider Information Meals tab.

Error 60

An Invalid Master Menu Number was Recorded on the Scannable Menu

If a provider marks the Master Menu bubble (M) on a scannable form, they must provide a valid Mater Menu number in the lowest Fruit/Vegetable row for that meal. For more information about Master Menus, see **Master Menus**.

This error is generated if the number entered on that row does not correspond to a Master Menu plan in the system. It warns, disallows, or ignores the effected meals.

Error 61

A Particular Food or Type of Food was Served too Often

Sponsors can set up rules that limit the frequency with which certain foods can be served. For example, sponsors could set up a rule that cookies cannot be served more tan twice to any given child. This error is generated when these rules are violated. This error warns or disallows the child or meal in question.

The rules you set up should match the statements on your printed **Food Chart**. For more information about setting up food rules, see **Food Rules**.

Error 62

No Active Children are Enrolled for the Provider

This error is generated when a claim is processed but no child enrollments are on file. This error usually appears for new providers if their enrollment forms have not been scanned yet. To correct this error, set up the provider's children and re-process the claim.

Error 67

Provider Used Cycle Menu Outside of the Dates for Which S/He was Approved to Serve Cycle Menus

Some sponsors require their providers re-submit their cycle menus for approval on a periodic basis. You can set up cycle menu approval dates to track this. This error is generated if a provider attempts to use a Provider Cycle Menu outside o these approval dates. It warns or disallows the given meals.

Error 68

The Child is Older than the Provider's License Allows

This error is generated if a child who is too old to be claimed is claimed (based on the provider's license) as of the meal date. This is determined by the the age entered in the Oldest box in the Ages Allowed section of the Provider Information Licensing tab.

Error 69

The Child is Younger than the Provider's License Allows

This error is generated if a child who is too young to be claimed is claimed (based on the provider's license) as of the meal date. This is determined by the the age entered in the Youngest box in the Ages Allowed section of the Provider Information Licensing tab.

> **Note:** In some cases, this error may appear for large numbers of providers after data has been newly converted. Notify Minute Menu HX support if this happens.

Error 72

The Meal was Indicated as a Master Menu on the Scannable Form, but No Master Menu Number was Bubbled In

If a provider marks the Master Menu bubble (M) on a scannable form, they must provide a valid Mater Menu number in the lowest Fruit/Vegetable row for that meal. For more information about Master Menus, see **Master Menus**.

This error is generated if the provider does not enter a master menu number at all. It warns, disallows, or ignores the effected meals.

Error 73

A Cycle Menu Plan was Switched within a Week. The Same Cycle Menu Plan Must be Served Within a Single Week

Some sponsors require that Cycle Menus are followed without substitutions. This error is generated when a provider switches the Cycle Menu mid-week. This may or may not disallow the meal in question.

Error 74

A Cycle Menu Plan that was Served was the Same as the one Served During the Prior Week

Some sponsors do not allow their providers to repeat Cycle Menu plans each week. This error can be generated if a provider does repeat the same cycle menu plan. It can warn or disallow the meals in question.

Error 75

A Child was Served After the Child's Enrollment Expiration Date was Reached

All children must be re-enrolled each year. Minute Menu HX can be configured so each child has an Enrollment Expiration Date recorded in their file. This date would need to be updated each year to indicate re-enrollment. This error is generated if a child is served after their enrollment expiration date. It warns or disallows the given children from the meals in question. You can also configure this error to allow children for the entire month of expiration (instead of just the expiration date).

Enrollment expiration dates are entered in the Expiration Date box in the Child Information General tab.

Error 76

A Meal was Served in Which the Provider's Own Children Were the Only Known Children Served

Food Program rules require that a provider must serve at least one child who is not their own during a meal. This error is generated if the provider only serves their own children during a meal. It disallows the entire meal.

In some cases, a day care child may be marked in attendance at a meal with the provider's child, and the day care child is disallowed for another limit (example: the child exceeds the 2 + 1 limit for the day). The processor can be configured to look at the disallowed day care child, so the provider's own child is not disallowed since the

day care child was present, or it can be configured to ignore the disallowed day care child, which would disallow the provider's own child.

Contact Minute Menu HX Support to change the way this is handled in your system.

Error 77

Two Juices were Served at the Given Meal(s)

This error is generated if a provider services two juices at a meal. A Lunch or Dinner is not creditable if both the Fruit and Vegetable meal components are juices. This error disallows the meal.

Error 78

A Juice was Served at the Given Meal(s)

Some sponsors encourage providers to serve a fruit or vegetable instead of a juice during Lunch or Dinner, since milk is already a component of the meal pattern. This error is generated when providers serve a juice at Lunch or Dinner. It warns or disallows the affected meal.

Error Codes 79-122

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Error Codes in This Article

Error 79

The Same Dinner was Served as Lunch During the Given Day

This error can be issued if a dinner matches a lunch in a day to encourage diversity of offered foods. This error **only** looks at the food served—not the individual children served. This means that it still generates even if the children present at Dinner are completely different from those served at Lunch. **Error 165** applies on a child-by-child basis.

This error warns or disallows the children who attended the dinner and the lunch.

Error 80

The Same Snack was Served More than Once in a Day

This error can be issued if the same snack was served to the same children more than once in a day. This error **only** looks at the food served—not the individual children served. **Error 166** applies on a child-by-child basis.

This error warns or disallows the children who were served the same snack.

Error 81

The School/Census Poverty Percentage is Insufficient to Classify the Provider as Tier 1 for all Meals Served on Given Date(s)

A Tier 1 provider must have Tier 1 eligibility dates for Income Eligibility, School Area, or Census Area. These dates must encompass the current meal date. Otherwise, the meal will be reimbursed at a Tier 2 or Mixed Tier rate.

However, Minute Menu HX can be configure to look at multiple factors when determining provider tiering. In this case, if a provivder is Tier 1 by School or Census data, the system also examines the poverty percentage of the School or Census area. If that percentage is less than 50%, the provider is still processed at a Tier 2 or Mixed Tier rate, even if their dates do encompass the existing meal date. Some sponsors like to apply this extra level of

checking.

If you see this error, you can check the poverty percentage for either the School or Census area in the Provider Information Tiering tab.

Error 82

Provider's Tier 1 Eligibility Dates are Not Valid on Given Date(s)

A Tier 1 provider must have Tier 1 eligibility dates for Income Eligibility, School Area, or Census Area. These dates must encompass the current meal date. Otherwise, the meal will be reimbursed at a Tier 2 or Mixed Tier rate.

This error is generated and the provider does not receive Tier 1 reimbursement if you have not entered a valid ending and start date in the Provider Information Tiering tab for any of the three qualifying reasons (income, census, school district).

Error 83

Child Exceeds 2 Meals & a Snack or 2 Snacks & a Meal Limit

This error is generated if a child is claimed for more than two (2) meals and one (1) snack or two (2) snacks and one (1) meal. When this error is generated, the meals are disallowed in a way that maximizes the provider's reimbursement: Snacks are disallowed before meals, and Breakfast is disallowed before Lunch or Dinner.

Some agencies encourage providers to claim all children at all meals to keep a more accurate picture of attendance and to help Providers track all their meals served for tax purposes. If your agency does this, you may see this error in large numbers.

Error 84

Provider is not Approved for Given Meal Serving

You can configure Minute Menu HX to allow providers to accurately record split shifts/servings (when a meal is served twice in a given day to two different groups of children). This is controlled by the setting you select in the Highest Meal Shift Tracked drop-down menu in the Provider Information window.

This error is generated when a provider attempts to claim a second serving of a given meal, but they are only approved for one (1) serving. It can ignore, warn, or disallow the additional shifts.

Error 85

Provider Over Capacity, but Approved for Single Column Serving Overlap on Scannable Form. Verify Provider Capacity

Minute Menu HX handles split-shift checking in two ways: Providers mark a first and second shift on scannable forms/KidKare independently, or they mark all children in capacity at both shifts, but mark only a single serving. The latter case is referred to as a single-column overlap. You must set up Overlap Capacity in the Provider Information Other tab for each split-shift meal.

This error is generated when a provider is over their Overlap Capacity. This error is always a warning.

Error 86

Provider Over Capacity, but Waiver is in Effect. Verify Capacity with Waiver

Certain states allow capacity waivers for a specific time period. This error is generated if a provider is over capacity, but one of these waivers is in effect. All over capacity errors will be allowed.

You can find the provider's current waiver status in the Provider Information Licensing tab.

Error 87

Related Children are the Only Children Served in Given Meal Serving(s) on a Holiday

The provider's own children can never be the only children present during a meal. In some states, this rule is taken further on holidays. This error is generated if the only children served are the provider's own children or related non-resident children, the meal is disallowed as well. It warns or disallows all children at the meal.

Error 88

An Other Food was Served in the Given Meal. Verify Nutritional Components

This error is generated any time a provider serves an Other food. It warns the affected meal.

Other foods are foods in your food list, such as Other Meat or Other Bread. If your agency does not have any Other foods set up, this error does not appear.

Error 89

Special Diet Statement on File for Given Child(ren) is Expired

This error is generated if a provider serves special diet food to a child whose special diet statement has expired as of the meal date. It ignores, warns, or disallows the child.

You can find the child's special date statement information in the Child Information Special tab.

Error 90

Special Needs Child(ren) was Served at the Given Meals

This error is generated for all meals at which a special needs child is served. It produces a warning. You can disable this warning message if you do not want to receive notifications that special needs children were served.

Error 91

School Aged Child Served a Meal When Child Should have Been in School

This error is generated when a school aged child is served an AM Snack or Lunch (and, in some cases, Breakfast) on a school day. This error is ignored on weekend and on any day you or the provider indicates that school was closed or the child was home sick.

> **Notes:** School closures can be noted on the School District Calendar or Sponsor Calendar, and child illness can be noted on the Child Calendar. When you print the Claimed Foods & Attendance report, children who are out of school or sick are noted with an *s* or *i* for the given date.

If a child has specific school days within the week (as marked in the School Attend Days section of the Child Information Schedule tab), this error is ignored on those days of the week the child does not attend school. It can ignore, warn, or disallow the affected child.

If a child is determined to be school-aged based on your state's capacity regulations, the child may be subjected to this edit check (assuming your agency performs this check). However, even if a child is assumed to be school aged from a capacity standpoint, a child is only subjected to this check if their Grade Level/School Type (Child Information Schedule tab) as follows:

- **During Lunch, these children are checked:**
  - S (School Aged)
  - K (Kindergarten/All Day Kindergarten)
  - L (All Day Headstart)
- **During AM Snack (and possibly Breakfast), these children are checked:**

- S (School Aged)
- K (Kindergarten/All Day Kindergarten)
- L (All Day Headstart)
- A (AM Kindergarten)
- D (AM Headstart)

Note that this specifically excludes children designated as Year Round School, Home School, or No School. Consult the child's school designation in the Child Information Schedule tab.

Error 92

The Following Meal(s) were Disallowed by a Monitor as a Result of a Review Visit

This error is generated by each meal a Monitor disallows during a home review visit. All meals noted by the Monitor are disallowed automatically, and this error is generated for each one of them. Only those reviews conducted within the month of the claim are examined for this error.

Consult the specific review in question for more information about the disallowance.

Error 93

Monitor Recorded Different food for a Meal than was Recorded by the Provider

When you record the results of a review in Minute Menu HX, the processor cross-checks the foods observed by the Monitor with the information claimed by the provider. This error is generated when a provider claims foods that do not match those foods observed by the Monitor during a home visit review (during the claim month). This warns or disallows the affected meals.

This error cannot be generated for reviews where you do not specify foods that were observed. It is also not generated for claims where food information is not supplied, such as Attendance Menus or claims entered with the Record Full Month Attendance function.

Error 95

A Cycle Menu was Recorded, but the Cycle Does Not Include the Given Meal on the Chosen Day of Week

This error is generated if a provider marks the Master Menu bubble on their form to note that a Cycle Menu was used but does not select a Cycle Menu containing a cycle meal for the given day of the week and given meal

that is being claimed.

You can review cycle menus in the Plan Sponsor Weekly Cycle Menu window or in the Provider's Cycle Menu Plan window.

Error 96

No Foods were Served but Child(ren) were in Attendance for the Given Meal(s)

This error is generated when children are marked in attendance, but no foods are marked for the given children. For non-infants, this means the provider forgot to supply foods for the given meal. For infants, it can mean the same thing, or it can mean that the provider supplied foods for an age category that was inappropriate for the age of the given child.

For example, a child turned 6 months old in the middle of the month, and the provider marked infant foods in the 0-5 months age category throughout the month. There are no foods marked in the 6-11 months category once the child turns 6 months old, so this error is generated.

Note: This error typically only occurs on scannable menu claims and will disallow all children in the given age group for the given meal.

Error 97-106

Provider was Over Capacity

One or a combination of these errors are generated if a provider records some combination of children that violates their license capacity, as noted in the Provider Information Licensing tab. Capacity errors can disallow the number of children that are over capacity, disallow the entire meal, issue a warning, or ignore the situation.

Note: If a waiver is in effect, the over capacity children will be allowed.

Error 107

Provider did not Bubble-in Any Children for the First Serving of the Following Meal(s). Meal was Automatically Adjusted

Last Modified on 03/08/2019 12:31 pm CST

This error is generated if a provider uses the split serving/shift mechanism on scannable forms, but does not indicate if any children attended the first serving. It has no impact on processing, but is intended to help the provider properly fill out paperwork in the future.

Error 109

Child File Indicates the Child Doesn't Normally Attend Day of Week

This error is generated if a child attends a meal on a day that is not marked in the Child Information Schedule tab. This error can ignore, warn or disallow the child.

Error 110

Child File Indicates the Child Doesn't Normally Attend Given Meal

This error is generated if a child attends a meal that is not marked in their Child Information Schedule tab. It can ignore, warn, or disallow the child.

Error 111

Meal Claimed Before Provider's First Allowed Claim

Every provider has an Original CACFP Start Date in Minute Menu HX. Providers cannot submit claims before this date. However, some sponsors require an additional starting claim month before which no claims are accepted. If your agency requires this, select the claim month in the First Claim Month Allowed drop-down menu in the Provider Information General tab.

This error is generated if a claim is received prior to the first claim month allowed, or if the starting claim month is missing. It always causes a disallowance.

Error 112

Meal Claimed Before CACFP Agreement Date

Some states require that sponsors renew the agreements they have with providers on a yearly basis. To track this, enter a date in the Current CACFP Agreement Date box in the Provider Information General tab.

This error is generated if a meal is claimed before the Current CACFP Agreement Date is reached. It can warn or disallow all meals claimed on the affected days.

Note: This error is **not** generated if the Current CACFP Agreement Date box is blank.

Error 113

Provider's Own Child was Claimed, but Meal Served Outside Range of Child's Tier 1 Income Eligibility Dates

Some sponsors must note income starting and ending dates for each of a provider's own children, even after they add Tier 1 Income Eligibility Dates to the provider's file. You enter these dates in the Tier 1 Start Date and Tier 1 End Date boxes in the Child Information Rules tab.

This error is generated when individual children lack Tier 1 Starting and Ending dates, or if the meal in question was served on a day outside of those date ranges. It prevents the provider's own children from being claimed/paid.

Error 114

Meals Claimed on Dates After Provider's Fire Inspection Certification Expired

Some sponsors record fire inspection expiration dates for each of their providers. This error is generated if that expiration date has passed. It can warn or disallow meals served for those dates.

You can enter this expiration date in the Fire Inspection Expiration box in the Provider Information Other tab.

Error 115

Meals Claimed on Dates after Provider's Health Inspection Certification Expired

Some sponsors record health inspection expiration dates for each of their providers. This error is generated if that expiration date has passed. It can warn or disallow meals served for those dates.

You can enter this expiration date in the Health Inspection Expiration box in the Provider Information Other tab.

Error 116

Meals Claimed on Dates After Provider's Standards Certification Expired

Some sponsors record licensing standards inspection expiration dates for each of their providers. This error is generated if that expiration date has passed. It can warn or disallow meals served for those dates.

You can enter this expiration date in the License Standards Expiration box in the Provider Information Other tab.

Error 117

Meals Claimed on Dates After Provider's Medical Certification Expired

Some sponsors record medical certification expiration dates for each of their providers. This error is generated if that expiration date has passed. It can warn or disallow meals served for those dates.

You can enter this expiration date in the Medical Certification Expiration box in the Provider Information Other tab.

Error 118

Meals Claimed on Dates Before Provider's Preapproval Date

Some sponsors perform pre-approval visits to each of their providers. These visits are done after the original CACFP contact is signed, but before any claims can be approved for the provider. You enter pre-approval dates in the Pre-Approval Date box in the CACFP Contract Info section of the Provider Information General tab.

This error is generated for any meals claimed on dates prior to the pre-approval date.

> **Note:** This error is **not** generated if a date is not provided in the Pre-Approval Date box.

Error 119

Deleted Menu Used

This error is generated when a provider uses a pre-planned menu that they subsequently deleted. It should not typically occur, but serves primarily as an internal message. Contact Minute Menu HX Support if you receive this error.

Error 120

Child File Indicates Child Arrived After Meal was Served or Left Before Meal was Served

Some sponsors cross-check meal times with a child's enrollment schedule. This error is generated if the meal is served at a time the child's file indicates the child is not in care (based on the following: drop-off/pick-up times, weekend drop-off/pick-up times, and school departure/return times). It may warn or disallow the affected child.

Check the Child Information Schedule tab and compare the actual meal time (in the Examine Meal History window) for KidKare claims or the provider's approved meal times in the Provider Information Meals tab for paper claims (scanning or direct entry). Pay special attention to AM/PM problems.

Meal duration recorded in KidKare is assumed based on the time preferences found in the Sponsor Preferences window. For paper claims, examine the start.ending times supplied in the Provider Information Meals tab. If no end times are supplied, the duration is assumed based on the sponsor preferences.

Child school departure/return times are accounted for only if school is in session for the child on the given day (they are ignored if school is out). The system assumes school is in-session based on the child's daily school schedule and when no school out or child illness calendar information has been entered into the system.

Note: If daily In/Out times are available (via KidKare or scannable In/Out forms), they take precedence over the child's enrollment form information.

Error 121

Meals Served Before Provider Opened or After Provider Closed

You can record open and close times for each of your providers in the Provider Information Other tab. If you do so, this error is generated when a meal is served before the provider's open time or after their close time. This can ignore, warn, or disallow the affected meal(s). If it is set to ignore, the open/close times on file are also ignored.

Note that when the open time is before the close time, overnight care is assumed. Night times are examined if enabled. Use the Examine Meal History window to look at the time a meal was served in any KidKare claim, or use the Provider Information Meals tab to review the provider's meal times for paper claims (scanning or direct entry).

Error 122

Non-Participating Child Noted for Capacity Checking, Yet Disallowed for Meals

When children are enrolled, the parent can indicate that the child is not participating in the Food Program. This is

done in some states for the provider's own children. When these children are claimed, the processor notes them for capacity purposes, but they are not reimbursed as part of the Food Program.

This error is generated to indicate that non-participating children were noted. If you see this error and you do not deal with non-participating children in any way, update the affected child's file accordingly (check the Participating in CACFP box in the Child Information Child tab).

Error Codes 123-155

Last Modified on 07/16/2020 12:13 pm CDT

Click a link in the table of contents below to jump to a specific definition. When finished, click the arrow in the bottom-right corner of the page to return to the table of contents.

Error Codes in This Article

Error 123

The Same Meal Date was Marked in Two Different Columns on the Scannable Forms. This Column(s) Attendance Has Been Disallowed

When filling out scannable menus, providers must supply the day to which all meals in the given column apply. In some cases, they are allowed to supply the same day more than once, such as: split servings/shifts (a meal is served more than once to different groups of children), or children in different child groups (based on the 1-32 child numbers) served in the same meals. If these exceptions do not apply to the provider, the same day cannot be marked more than once.

This error is generated when the same day is marked more than once on a scannable form. You can typically prevent this error if you correct it during the forms validation process. If you do not correct it during forms validation but still wish to correct the provider's mistake, you must first find the column where the provider made the mistake. Usually, they will have written the correct day number but bubbled the incorrect bubble. Then, re-scan the form and process the claim again.

When this error is generated, each duplication is disallowed after the first occurrence of the day.

Error 124

Meal Serving Times Not Recorded

This error is generated when other meal time checks are required, such as the processor check that compares meal times with the provider's open and close times, but a given meal lacks any time information. It warns or disallows the meal.

Minute Menu HX can be configured to automatically assume meal times from the provider's file. If Minute Menu HX is not configured to make this assumption, this error will be generated for every scanned claim unless the scannable In/Out forms are used.

If the provider does not have meal times noted in their file (Provider Information Meals tab), this error is generated in every case. KidKare providers always supply a meal time with their meal records, so this error should not appear on KidKare claims.

Error 125

No Attendance (In/Out) Times on File

Some sponsors must obtain daily attendance (In/Out) time information for all of their children. This error is generated if this information is cross-checked against each meal's time of serving and no time information is on file for any children on a day that meals were served. It always disallows meals for the affected day.

If you see this error, make sure that you have scanned all In/Out forms, or make sure that the provider supplied the daily attendance (In/Out) times. You can check this information in the Record Full Attendance by Child window.

Error 126

Child Claimed on Both Regular and Infant Meals

This error is generated when the same child is mistakenly marked on both the Infant Menu and Regular Menu. The child is actually processed as if they were recorded on the first of the two scanned menus without duplication, but the second menu encountered is ignored.

As a result, this error is immaterial if the child is an infant, as you scan Infant Menus first, and this error is generated because the child was also marked on the Regular Menu, which is scanned after the Infant Menu. If the child is not an infant, you must white-out the child's mark on the Infant menu and re-scan the provider's claim.

Error 127

Child Claimed on Holiday

You can use the Sponsor Calendar to set up specific holidays. Providers can then use the Child Calendar in KidKare to indicate that a child was approved to attend care on the given holiday, or they can note it on their monthly CIF, which allows you to record the information in the Child Calendar in Minute Menu HX.

This error is generated when a child is claimed on a holiday, but when the child was not noted as approved on that holiday via the Child Calendar. It ignores, warns, or disallows the meals claimed on the holiday. It can also be set to ignore or warn children who have been noted as Present on a Holiday in the Child Calendar (while still disallowing those without Present on a Holiday noted), or it can be set to always disallow regardless of what is found on the child calendar.

Error 128

Provider is Incorporated. Own Children are not Reimbursable

Food Program rules are interpreted in some states as such that incorporated providers cannot receive reimbursement for their own children, even if they are Tier 1 by Income. This error is generated for each provider who has a Business Tax ID specified in the Provider Information General tab attempts to claim their own children (if your state enforces the Food Program this way).

Error 129

Provider Invalid Because License Missing

This error usually results when a provider has been set up improperly during a data conversion project. It is usually generated in conjunction with a larger number of other errors.

If you see this error, go to the Provider Information Licensing tab and reset every value in it. To do so, change each value in the tab, change it back to what it should be, and then click Save. Once this is done, re-process the claim. This error and any related errors should disappear.

Error 130

No Children are Enrolled for the Given Provider

This error is generated when a claim is processed when one of the following happens:

1. A claim is processed, but no child enrollments are on file.
2. All child numbers marked on a scannable menu form are invalid.

Situation A typically occurs if a provider mistakenly marks the Child Group 2 or 3 bubble on every column header.

Situation B typically occurs for new providers if their enrollment forms have not yet been scanned.

You must take the appropriate actions to correct this problem, re-scan the claim, and re-process the claim.

Error 132-133

Provider was Over Capacity

One or a combination of these errors are generated if a provider records some combination of children that violates their license capacity, as noted in the Provider Information Licensing tab. Capacity errors can disallow the number of children that are over capacity, disallow the entire meal, issue a warning, or ignore the situation.

Note: If a waiver is in effect, the over capacity children will be allowed.

Error 134

Child's Attendance Times Not Recorded

This error is generated if child attendance is being cross-checked about meal times, but the given child is missing his/her daily in/out time information when the claim is processed. This can warn or disallow the child.

Make sure you have scanned In/Out forms for this provider, or that this provider has supplied in/out times. To do so, print the In/Out Child Attendance report or the In/Out Child Attendance by Child report in Minute Menu HX. If your provider uses KidKare, you can also print the Verify In/Out Times report in KidKare (Observer Mode).

Error 135

Invalid Child Number Recorded on In/Out Form

This error is generated if you scan In/Out forms and mark a child number that does not exist. It either warns or disallows the child, but is most commonly used for informational purposes (warn).

Note: Remember that you must scan or manually enter enrollments before you scan In/Out forms.

Error 136

Meal Time(s) were Marked with Times on More than One Column on In/Out Forms for the Same Day. The Form Day Header May Have Been Filled out Improperly

When using scannable In/Out forms, providers can supply daily meal times on those forms. If the Provider has done so in more than one column that has been marked with the same day, it may mean that the provider has filled-in the wrong day column.

This error doesn't directly cause a disallowance, but other claim errors may be generated as a result if the In/Out form was actually filled-out improperly.

Error 137

Meal Time on In/Out Form, but That Meal Wasn't Included in the Provider's Claim

This error is generated if a provider has supplied a meal time on a scannable In/Out form, but the meal itself was not scanned. This can indicate that the meal/attendance forms have been filled out improperly for a particular day, the In/Out form may be filled-out improperly, or a smudge was picked up in the scan.

Error 138

Own Children not Counted in Capacity are also not Reimbursed

In Califorina, the provider's own children over the age of 10 do not count in capacity (except for military licenses). These children cannot be paid, even if the provider is Tier 1 Income Eligible. This error is generated if these children are claimed.

Error 139

DFS Child Claimed Outside DFS Approval Dates

Some states require a pay source be on-file for children who are paid for by a state subsidy program. This is recorded in the Pay Source box in the Child Information Special tab. If you must have this information, Minute Menu HX can be configured to allow you to set an effective date range for which the child is approved within the subsidy program.

This error is generated if a child is claimed outside of the effective date range for the subsidy program in which the child participates. It warns or disallows the child.

Error 140

Provider was Over Capacity for Non-School Aged Related Children

Provider-related children are counted with a distinct maximum capacity in New Mexico and a few other states. This error is generated if provider-related children are over capacity.

Error 141

Provider was Over Capacity for Not for Pay Children

Not-for-pay children (usually children related to the provider) are counted with a distinct maximum capacity in Georgia (and possibly other states). This error is generated if the provider's not-for-pay children are over

capacity.

Children are noted as Not for Pay in the Pay Source field in the Child information Special tab.

Error 142

Provider Served Meal at Time outside of Approved Time Range

Your agency can set up providers to serve meals only within approved time ranges. You can set this up for all providers, or you can apply it to specific providers. This error is generated when a provider records a meal outside of the approved time range. It warns or disallows affected meals.

When researching this error, review the Examine Meal History window for KidKare providers, or check the Provider Information Meals tab for direct entry/scannable claim providers. Pay special attention to AM/PM discrepancies.

Error 143

Insufficient Time was Allowed Before/After this Meal and the Previous/Next Meal (Infants Ignored)

Some agencies want to ensure that meals and snacks are served within certain times of each other, typically two (2) or three (3) hours. You can configure Minute Menu HX to check minimum times between meals, based on your policies. This error is generated if a provider serves a meal too close to another meal. It warns or disallows the meal.

For providers who use scannable forms, this error checks the times entered in the Provider Information Meals tab. For providers who use KidKare and In/Out forms, the actual supplied meal times are checked instead. When researching this error, check the Examine Meal History window for KidKare claims, and check Provider Information for paper claims (direct entry or scannable claims). Pay special attention to AM/PM discrepancies.

Error 144

Meal Claimed When Monitor Noted the Provider was not Home

This error is generated if a Monitor noted a provider was not home on a review, but the provider claimed meals for this date. This is a warning. Consult the provider's review history in the Provider Reviews window.

Error 145

A 6-11 Month Old Special Diet Infant was Served on the Regular Menu. Verify Special Diet Appropriate for Table Foods

This error is generated if a child designated with a special diet is claimed on a regular men when the child is 6-11 months old. Consult the Special Diet Description box in the Child Information Special tab.

How would you rate this article?

Error 146

Private Child(ren) Claimed When no Day Care Children Present

Children with a Private Pay Source (Not for Pay) cannot be claimed when no other children are present, based on licensing regulations in Georgia and some other states. This error is generated if this is the case for your state. It is a disallowance or a warning.

Error 147

Provider Over Capacity Without Overlap

Minute Menu HX handles split-shift checking in two ways: Providers mark a first and second shift on scannable forms/KidKare independently, or they mark all children in capacity at both shifts, but mark only a single serving. The latter case is referred to as a single-column overlap. You must set up Overlap Capacity in the Provider Information Other tab for each split-shift meal.

This error is generated when overlap capacity is used, and the provider is over their normal capacity but not over their overlap capacity. This is a warning, and you can configure Minute Menu HX to ignore the situation.

Error 148

License Does Not Allow Reimbursement of Private (Not for Pay) Children

At least one license exists in Georgia that does not allow children with a Pay Source of Private (Not for Pay) to participate in the Food Program. This error is generated when one of these children is claimed by a provider on that licenses. It disallows the affected children.

Error 149

Provider was Over Capacity for Non-Related Children

In some states, children who are not related to the provider are subject to a capacity different than that of all children, including the provider's own children. This error is generated when the provdier is over capacity because of non-related children.

Error 150

Monitor Noted Children Present that were Not Noted by Provider

This error was generated if a meal was reviewed during the month, and the Monitor saw children that the provider idd not mark in attendance. This error is always a warning. Consult the Provider Reviews Meal tab for the appropriate review.

> **Note:** This error cannot be generated unless child attendance is marked with the review in the Minute Menu HX database.

Error 151

Provider Recorded Children in Attendance Not Seen by Monitor

This error is generated if a meal was reviewed during the month, and the provider marked children in attendance that were not marked as observed by a Monitor. It can be a warning or a disallowance. Consult the Provider Reviews Meal tab for the appropriate review.

> **Note:** This error cannot be generated unless child attendance is marked with the review in the Minute Menu HX database.

Error 152

Helpers Children Must be Income Eligible to be Claimed

Helpers' children must be Tier 1 Income Eligible to be marked in attendance in Minnesota (and some other states). Minute Menu HX can be configured to check for this for any sponsor. If this check is enabled, any helper's child who is not marked with valid Tier 1 Income Eligibility information in the Child Information Rules tab is disallowed.

Error 153

Neither C nor LC License is in Effect for the Date, Day of Week, and Meal

The Wisconsin LC license check allows two distinct sets of meal approval and day-of-week approval schedules to be in effect for any given provider. Those distinct sets must be checked.

Record alternate meal and day-of-week approval schedules in the Provider Information Meals tab. These apply to the C check.

Record regular meal and day-of-week schedules apply to the L check.

This error is generated when neither indicate that the provider is approved for a meal or day-of-week being claimed.

Error 154

The Migrant Child is Over 15 Years of Age

This error is generated when a migrant worker's child is claimed after the child turns 16. This always results in a disallowance.

Error 155

Children were Not Claimed but Should Have Been Based Upon Their Enrollment or Daily In/Out Time Information. Those Children are Listed Here for Information Purposes Only

This error can be generated if you have chosen to process capacity two times for each meal claimed. It is a warning message only. The first check is the normal capacity check. A second capacity check can be performed with Minute Menu HX.

This second check assumes that children are in attendance, even if they aren't claimed at this specific meal serving, if they were claimed at other meals or servings for split shifts that day and their enrollment form data indicates that they should have been claimed at this meal.

Normally, if this second capacity check is done, you are given certain over capacity messages related to the *second* capacity check in the even that adding this extra children back would result in an over-capacity situation.

This warning message also generates a list of all children that were added back to the meal—even if doing so doesn't result in over-capacity. As a result, this error is usually only enabled to assist in analyzing very specific over-capacity situations.

Error Codes 156-1000

Last Modified on 05/13/2024 2:52 pm CDT

Click a link in the table of contents below to jump to a specific definition. When finished, click the arrow in the bottom-right corner of the page to return to the table of contents.

Error Codes in This Article

Error 156

A Meal was Recorded on an Infant Menu, but no Children were Recorded in Attendance

This error is generated when providers record a meal but do not mark any children in attendance. When this happens, there is little you can do about the situation, as there is no way for you to know what children actually attended the meal. This error is generated to let you and the provider know about the situation, so the provider can correct the issue going forward.

This error is only generated for scannable Infant Menu forms.

Error 157

A Monitor Noted the Provider was Over Capacity During a Home Visit

This error is generated if a review has been noted Over Capacity for a specific meal seen by the Monitor. It is always a warning message only.

Error 158

Meal was Reviewed, and No Food or Attendance Discrepancies were Found

You can configure Minute Menu HX to generate an All Clear internal warning message in the event that a Monitor saw a meal and found no problems with it. Some agencies find this useful if they perform further manual checks for their reviews, or if they want a guarantee that the review was examined when the claim was processed (for auditing purposes). This is always a warning message only.

Error 159

Special Needs Child was Claimed, but Documentation is not on File

This error is generated if a special needs child is claimed after their 13th birthday and now documentation is on file. It can ignore, warn, or disallow the child.

To indicate that documentation is on file for a special needs child, go to the Child Information Special tab, check the Medical Statement on File box, and enter an expiration date.

Error 160

Provider Claimed Prior to State Approval Date

This error is generated if a provider has not yet been approved by the State Agency. This error only applies to those agencies where Minute Menu HX receives state approval information from the State Agency.

Error 161

Child File Indicates the Child Doesn't Normally Attend Day of Week, but Days Vary is Indicated

Minute Menu HX can check a child's weekly schedule (by day of the week) and disallow or warn the child if they aren't enrolled for that day (see **Error 109**). You can further configure this error so that the Days Vary box (Child Information Schedule tab) can be referenced, and, if it is checked, the child can still be claimed.

This error is generated if you do not allow Minute Menu HX to reference the Days Vary box to exempt the child from individual day-of-week checks.

Error 162

Child File Indicates Child Arrived After Meal was Served or Left Before Meal was Served, but Times Vary is Indicated

Minute Menu HX can check a child's daily hours of enrollment and disallow or warn the child if the child isn't enrolled for a time that covers the meal (**Error 120**). You can configure this further so that the system references the Times Vary box (Child Information Schedule tab) and still allows the child to be claimed, even if their enrollment times don't cover the meal.

This error is generated if you do not allow Minute Menu HX to reference the Times Vary box and exempt the child fro mthe specific time check.

Error 163

An Infant was Claimed who Does not Have the Infant Feeding Form on File

Some agencies track whether an Infant Feeding Form has been received for each infant in care. To do do this, check the Infant Feeding Form Received box in the Child Information Special tab.

This error is generated if the Infant Feeding Form Received box is not checked for an infant.

Error 164

The Name of the Formula Offered by the Provider has Not Been Indicated in the Child's File

This error is generated if your agency requires a formula name in the Formula Offered by Provider box in the Child Information Special tab, and no formula name is provided for an infant claimed.

Error 165

The Same Meal was Served to the Child for Lunch and Dinner on the Given Day

This error is identical to **Error 79**, except it appears for those agencies who have configured the same dinner as lunch edit check to be child-specific (instead of applying it to all children served). In this case, only those specific children who were at both lunch and dinner are affected.

Error 166

The Same Snack was Served to the Child More Than Once in a Day

This error is identical to **Error 80**, except it appears for those agencies who have configured the snack edit check to be child-specific (instead of applying to all children served). In this case, only those specific children who were at both identical snacks are affected.

Error 167

All Children in the Following Age Group were Disallowed by a Monitor as a Result of a Review Visit

This error is generated when a Monitor disallows a meal for either infants or non-infants, per the Provider Reviews Meals tab. This is always a disallowance.

Error 168

No Race has Been Indicated in the Child File for the Claimed Child

This error is generated for children with no racial data on file. It can ignore, warn, or disallow the child.

Error 169

Enrollment for Child is Expiring Soon. If Enrollment Renewals are not Received Before the Expiration Date, This May Result in Loss of Reimbursement for This Child

This error is generated as a warning message, specifically for the Provider Error Letter, as a reminder to providers that they should send in updated child enrollment documentation.

Error 170

Insufficient Time was Allowed Before/After This Meal and the Previous/Next Meal for This Child (Infants not Disallowed)

Some agencies want to ensure that meals and snacks are served within certain times of each other, typically two (2) or three (3) hours. You can configure Minute Menu HX to check minimum times between meals, based on your policies. This error is generated if a provider serves a meal too close to another meal. It warns or disallows the meal. Unlike **Error 143**, this error is generated on a per-child basis.

For providers who use scannable forms, this error checks the times entered in the Provider Information Meals tab. For providers who use KidKare and In/Out forms, the actual supplied meal times are checked instead. When researching this error, check the Examine Meal History window for KidKare claims, and check Provider Information for paper claims (direct entry or scannable claims). Pay special attention to AM/PM discrepancies.

Error 171

Child Claimed on Weekend

Some agencies require that children who are claimed on weekends have signed In/Out forms. These agencies then document the signature in the Child Calendar.

This error is generated for any child claimed on a weekend who has not been documented in the Child Calendar. It warns or disallows the children.

Error 172

Meals Claimed on Dates After Provider's CPR Certification Expired

This error is generated if meals are claimed after the provider's CPR certification expiration date has passed. You record this date in the CPR Certification Expiration box in the Provider Information Other tab. This error warns or disallows.

Error 173

Meals Claimed on Dates After Provider's Fingerprint Certification Expired

This error is generated if meals are claimed after the provider's fingerprint expiration date has passed. You record this date in the Fingerprint Expiration box in the Provider Information Other tab. This error warns or disallows.

Error 174

Special Needs Statement on File for Given Child(ren) is Expired

This error is generated if a meal is claimed for a child whose special needs statement has expired as of the meal date. Using these expiration dates is optional. You can review and update these dates in the Special Needs Expiration Date box in the Child Information Special tab. It can ignore, warn, or disallow the child.

Error 175

No Water or Other Beverage was Served at a Snack. Snacks Should Include Water, Milk, or Juice

Some states require that water be served at a Snack if no other beverage is served. This error can also be generated if you require water at meals. It can ignore, warn, or disallow the affected meal.

Error 176

Meals Claimed on Dates After Provider Helper's Expiration Date

This error is generated if meals are claimed after the provider helper's expiration date. It warns or disallows affected meals. This error only applies if you track the provider helper's expiration date in the List Helpers window.

Error 177

Child Claimed When Absent

This error is generated when a child is claimed for a day/meal when a Child Not Present calendar entry exists for that day/meal.

Error 179

State Assigned ID Missing

Some agencies require that a State Assigned ID be on file for their providers. This error is generated when that ID is missing.

Error 187

Whole Grain-Rich Component not Served on Day

This error is generated if non-infant meals include a bread/grain component, but none of the recorded bread/grains were marked as whole grain-rich. It warns or disallows the affected meals. This edit check does not apply to infant meals.

The following scenarios explain when this error is generated:

- If only one meal was served in a day and the meal did not include a grain, the error will *not* be generated.
    - **Example:** The only meal served in a day was a snack of apples and milk. The snack did not include the grain component. The whole meal is reimbursable and this error is not generated.

- If only one meal was served in a day and the meal *did* include a grain, but the grain was not marked as whole grain-rich, so this error is generated.
    - **Example:** A PM Snack is the only meal served. It consists of apples and crackers. The crackers were not marked whole grain-rich, so this error is generated.

- If multiple meals were served, and the meals did not include a bread/grain, the meal with the lowest reimbursement that contained the grain component will be disallowed.

- **Example 1:** Breakfast, Lunch, and PM Snack are served. Breakfast and Lunch had a grain component, but neither were marked as whole grain-rich. In this case, Breakfast is disallowed. This is because the PM Snack did not have a grain component, and Breakfast has a lower reimbursement rate than lunch.

- **Example 2:** Breakfast, Lunch, and PM Snack are served. Lunch was the only meal that included a grain component, and it was not marked as whole grain-rich. Also, the provider served a meat/alternate at breakfast that day. Therefore, Lunch is the only meal that included the grain component (not marked whole grain-rich), so it is disallowed.

- The whole grain-rich edit check runs after all other edit checks, so if a meal that included a grain was already disallowed for another reason, one of the remaining meals that contained the grain component is disallowed.
  - **Example:** Breakfast, Lunch, and PM Snack are served. The grain component is served at all three meals, but none are marked whole grain-rich. PM Snack was disallowed for an unrelated reason. The processor then disallows the next available meal that contained a grain component. In this case, that meal is Breakfast.

- If the meal that was marked as whole grain-rich was disallowed for another reason, the whole grain-rich food satisfies the requirement, and another meal would *not* be disallowed.
  - **Example:** Breakfast, Lunch, and PM Snack are served. A whole grain-rich food was served at PM Snack, but it was disallowed for an unrelated reason. The whole grain-rich food served at PM Snack still satisfies the requirement. Therefore, there are no additional disallowances.

Error 188

Child Was Not Recorded in Attendance

This error is generated if a claimed child was not marked in attendance, and you have set **preference S.001b** to Warn or Disallow.

Error 189

Infant Previously Served Developmental Foods was not Served Solid Foods

This error is generated if **preference Q.010** is set to Warn. Meals are checked starting from the first day that the

infant was marked as developmentally ready at a meal in KidKare. This error is a warning only.

Error 190

A Meal was Served in Which Two or More Components May Have Been Provided by the Parent

This error is generated if **preference Q.009** is set to Warn or Disallow. This error is generated an infant's file indicates that the parent supplies food and the provider recorded two or more meal components—excluding formula/breastmilk.

Error 191

Juice Cannot be Served More Than 1x Per Day to Non-Infants

This error is generated if **preference Q.011** is set to Warn or Disallow. This error is generated when a provider serves more than one meal per day that includes juice. It disallows the lowest reimbursable meal and is included on the Provider Error Letter.

Error 192

Insufficient foods served for developmentally ready infants

This error is generated if **preference Q.010** is set to Disallow. Meals are checked starting from the first day that the infant was marked as developmentally ready at a meal in KidKare. If an infant is marked as developmentally ready for solid foods and is under 6 months old, a warning will generate when the required 2 components are not served. If an infant is marked as developmentally ready for solid foods and is 6-11 months old, meals will be disallowed when the required 3 components are not served.

Errors 200-299

Over Capacity When Combining Split Shifts

This errors correspond to the regular over capacity errors, but are generated if a second pass of capacity checks is performed.

If enabled, these capacity checks are only performed if when a split shift is claimed. The system effectively combines the children claimed at the first serving with the second severing and then performs a capacity check on that combined meal. This is usually unnecessary if you specifically approved/disapproved a provider for a second serving in the Provider Information Meals tab. However, this edit check can be enabled if your agency wishes to perform this kind of capacity analysis.

These capacity checks can cause disallowances just like the normal capacity checks, or they can generated as warning messages only.

Errors 300-399

Over Capacity When Adding Children Not Claimed

This error is related to **Error 155**. These are specific capacity errors generated if the system adds back-in children who were not claimed, even though they should have been (based on their enrollment schedule).

This error may highlight those providers that are specifically under-claiming children to avoid over capacity problems. Normal capacity checks re always performed, and this check can be enabled so that it functions as a second pass of capacity checking. This error can be generated as a warning message or can be configured to disallow just the normal capacity checks.

This works as follows:

- In all cases, the system will only assume a child is present for meals when the child has already been actively claimed for at least one meal on that day.
- If daily in/out times for a child are present, they are examined and compared against the meal service times for each meal (or split-shift meal serving) based on the times used by the Claims Processor. The child must be in care for at least X number of minutes after the meal (or specific split-shift meal serving) starts or Y number of minutes before the meal ends to be assumed present (if not already marked). X and Y are both set to zero (0) minutes by default but can be configured on a per-meal basis, if needed.
- If daily in/out times aren't present for the child, the system will look at the child's enrollment for information (as found in the Child Information window).
    - This system first looks at the days for which the child is enrolled. If the Days Vary box (Child Information Schedule tab) is checked, the system does not assume the child is present.
    - If there are specific drop-off and pick-up times for the child (while factoring in school depart/return times and/or weekend drop-of/pick-up times) that indicate the child should be present at a given meal based on the times used by the Claims Processor, the child is assumed present (while also accounting for minimum lengths of time needed before the meal ends and after the meal starts, as described above). If the Times Vary box is checked in the Child Information Schedule tab, the times in the child's file are ignored for this analysis.
    - If no specific enrollment times are supplied, the system reverts to the child's approved meals. In the absence of time data on split-shift meals, the system always assumes the child should be at both servings. For single-serving meals, the system assumes the child is present if they are enrolled for that meal, claimed during the day, but not claimed at that meal. School-aged children are not assumed present while at school, even if enrolled for the given meal, if school is in session that day

(assumed for weekdays and school-scheduled days, unless a calendar entry indicates school is out or the child is out of of school sick).

> **Note:** A child who was only marked for one serving of a split-shift meal, but whose times support both servings, is assumed present at the other serving if the above analysis warrants it.

- When comparing against meal times, the Claims Processor could use any of the following:
  - **Actual Times of Service Recorded in KidKare:** The provider enters meal service start times (for both servings in the case of split-shift meals), and the end times are computed automatically based on an assumed duration in minutes for each meal (which can be configured for each sponsor).
  - **Actual Times of Service Recorded on Scannable In/Out Forms:** The provider records the meal service start time on the form, and the end time is computed based on the duration (or range) of the meal as supplied on the form. In the event of a split-shift meal, the system can either assume this same time for both shifts, or it can pull from the second serving meal time, as supplied in the Provider Information Meals tab.
  - **Meal Times from the Provider Information Meals Tab (or Split-Shift Serving):** The system could pull just the start time and assume an end time based on a default meal duration, or it could pull both start and end times from the provider's file (if the latter is enabled for your agency).
  - **Agency-Wide Times for All Claimers:** The system uses a set start and end time, regardless of provider. These same start and end times are applied to both servings in the event of a split-shift meal.

For those agencies who already assume the providers' own children will be at meals while checking capacity because of other licensing issues, those children are ignored while performing this edit check.

Error 998

Manual Claim Error

This is the printed message you supplied when recording a manual claim.

Error 999

Adjustment Claim Error

This is the reason for any adjustment or change that you may have made to a claim.

Error 1000

In Order to Process Claims, You Must Activate This Provider

This error appears if you attempt to process claims for a provider who is not set to Active status. It disallows all meals and cancels claims processing.

Create Export File Outputs

Last Modified on 07/16/2020 1:54 pm CDT

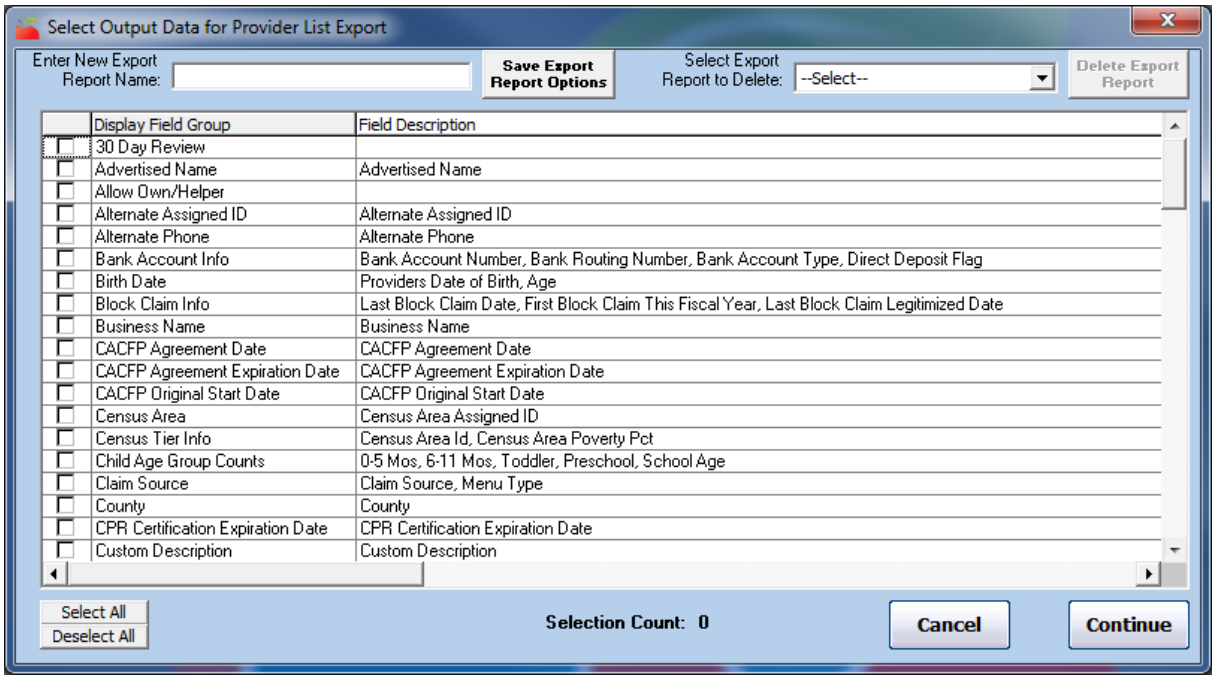
Export files are not standard reports. They are customizable outputs that are generated as XLS files instead of PDFs. You need a program capable of opening spreadsheet files, such as Excel®, to view them. The following export file outputs are available:

- Provider List Export File
- Child List Export File
- Claim List Export File
- Review List Export File
- Training List Export File
- Provider Messages Export File

Note: Each of these export files have a corresponding Mailing Label report. The same steps and filters apply. However, the Mailing Label reports are generated in an Avery 5160 format.

To generate an export file:

1. Click the **Reports** menu, select the appropriate category, and select the file to generate. Depending on the report you select, an filter window (such as the Provider Filter) opens. Set filters and click **Continue**. The Select Output Data window opens. The Provider List Export File version is shown below.



2. Check the box next to each field to include in the report. You can also click **Select All** to select all fields.
3. Click **Continue**. The Save As window opens.
4. Browse to the location in which to save the export file. Export files are saved to C:\Program

Files\MMHX\Sponsor folder by default, so we strongly recommend you save the file in a different, easy to access location.

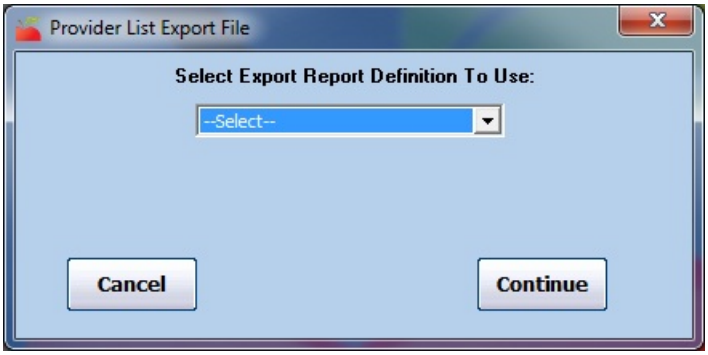
5. Click the **File Name** box and rename it, if needed. The default name is the current date and time, followed by the export type.
6. Click **Save**.

Saving List Export File Report Templates

Many Sponsors use the list export files to create the same basic report multiple times a year. To streamline this process, you can save your filter choices and output options as a template, so you do not have to select them again each time you generate the report.

1. Click the **Reports** menu, select the appropriate category, and select the file to generate. Depending on the report you select, an filter window (such as the Provider Filter) opens. Set filters and click **Continue**.
2. Check the box next to each field to include in the report. You can also click **Select All** to select all fields.
3. Click the **Enter New Export Report Name** box and enter a name for this template.
4. Click **Save Export Report Options**.
5. Click **OK** at the confirmation prompt.

Once you have saved a template, you are prompted to select a template when you select that particular export file. Click the **Select Export Report Definition to Use** drop-down menu, select the template to use, and click **Continue**.

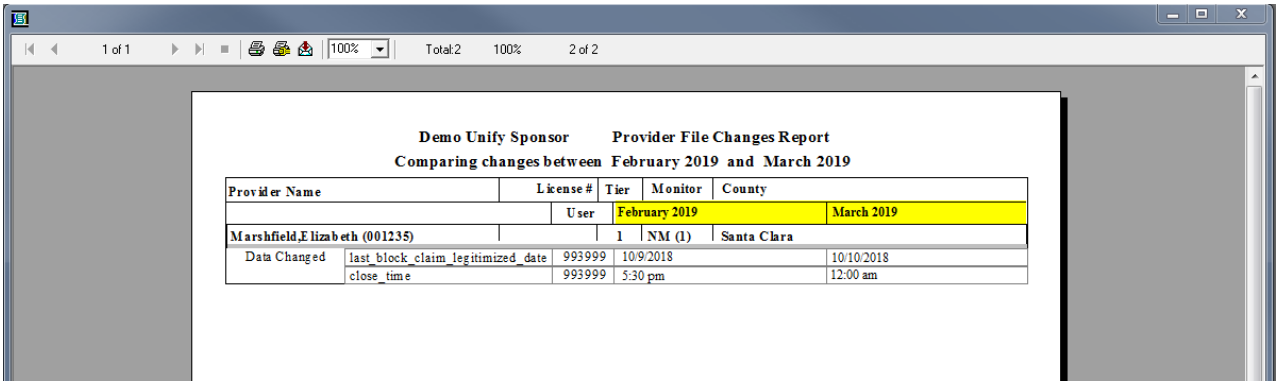


Note: To generate a list of all your saved Export File reports, click **Reports**, select **Misc**, and click **Export Files Reports**.

Report Output Windows

Last Modified on 07/16/2020 1:55 pm CDT

Each time you generate a report in Minute Menu HX, it prints to a Report Output window on-screen. You can review the report in this window, print it, or export it.



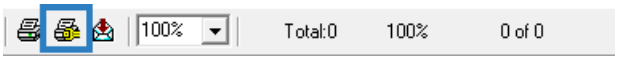
1. The total number of pages displays in the top-left corner. Click the arrows to move between pages.
2. To zoom, click the 100% drop-down menu and select the zoom level to view.
3. Click to adjust your printer settings.
4. Click to print the report.
5. Click to export the report.
    a. Click the **Format** drop-down menu and select the format to use. Note that the file format you select may skew the report's formatting.
    b. Click the **Destination** drop-down menu and select the location to which to export it.
    c. Click **OK**.
    d. When prompted, browse to the location in which to store the report.

Print Reports to PDF

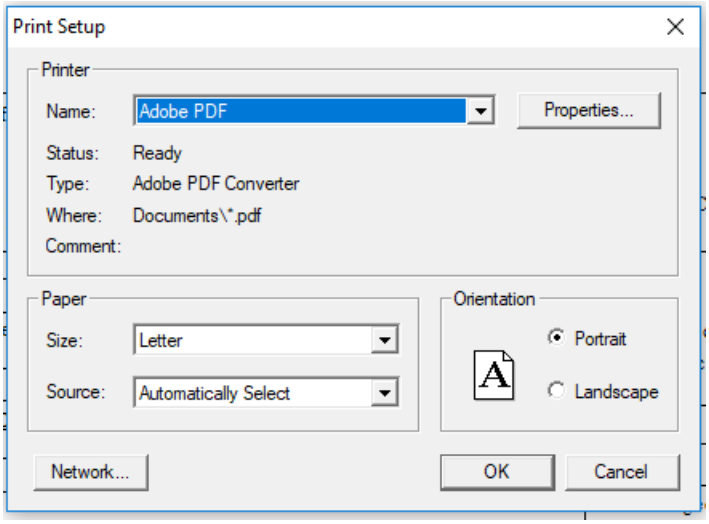
Last Modified on 09/16/2020 2:20 pm CDT

We recommend you print reports to PDF whenever possible—especially if you are emailing them to your providers. Note that you must have a PDF creator installed before you can print to PDF. If you do not, you can download and install CutePDF Writer for free **here** (external link). To change the printer used when printing reports:

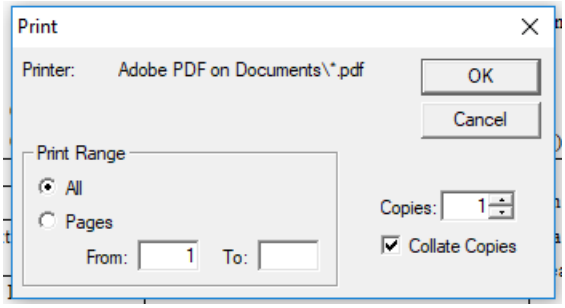
1. Generate a report as you normally would. See the bullets and linked articles, above.
2. In the Report Viewer, click .The Print Setup dialog box opens.



3. Click the **Name** drop-down menu and select your PDF printer, Adobe PDF, for example.



4. Click **OK**.
5. Click **Print** to print the report. Your PDF printer name should display.



6. Click **OK**.
7. Browse to the location on your computer in which to store the report, and click **Save**. You can now email the PDF report to your provider, if needed.

Provider Reports

Last Modified on 07/16/2020 1:57 pm CDT

The following Provider reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Providers**, and then select the appropriate report.

- **WV Schedule A:** This is the West Virginia Schedule A report. It is formatted according to the state's requirements
- **ME 462:** This report is formatted according to the state of Maine's requirements.
- **Provider Calendar:** This report prints a provider's calendar. For more information, see **Provider Calendar**.
- **Provider File Changes:** This report lists any changes made to a provider's file. For more information, see **Provider File Changes Report**.
- **Provider Training Period:** This report lists all providers who are currently in training. These are the first months of claiming when you allow them to serve menus that don't meet USDA guidelines and still get paid for their meals.
- **Provider Info Summary:** This report lists providers with certain key information, such as meal times and basic licensing information.
- **Provider License Expiration:** This report lists all providers whose licenses/registrations/certifications expire within the date range you specify when printing the report. It specifically examines the license end date as found in the Provider Information Licensing tab.
- **Provider List Export File:** This is a CSV list of providers and provider details.
- **Provider Mailing Labels:** This works the same as the Provider List Export File, only it generates provider mailing addresses in the Avery 5160 format.
- **Provider Messages Export File:** This is a CSV list of provider messages.
- **Provider Messages Mailing Labels:** This works the same as the Provider List Export File, only it generates provider mailing addresses in the Avery 5160 format.
- **Provider Racial Count Summary:** This report provides counts of active providers, broken down by race. This is useful when preparing your annual management plan in compliance with state regulations.
- **Providers Added:** This report lists all providers who have been added to the system in the date range you specify. It examines the original CACFP start date listed in the Provider Information General tab.
- **Provider Changing Tiers:** This report lists all providers going from Tier 1 to Tier 2 in a specified date range. It also analyzes Tier end dates for income, school, and census qualifying information to determine whether a provider should be listed on this report. Providers who lose Tier 1 by income, but keep Tier 1 by school or census and have their own children enrolled, are also listed.
- **Providers Removed:** This report lists all providers who have a removal date within the date range you specify. It also includes the reason for removal.
- **School Tier Comparison:** This report lists all providers who were in a school area that is below the minimum poverty percentage originally, but new school data that indicates the school area is now over the

50% threshold has been loaded. Run this report once a year after Minute Menu HX support receives and loads new school area data from your state agency. Note that this report is only useful if you have documented that school area for all of your providers, even those who are not Tier 1.

- **Serious Deficiency Detail:** This report lists serious deficiency details for your providers. This is the same information included in the Serious Deficiency List window. For more information, see **Review Serious Deficiencies**.
- **Serious Deficiency List:** This report lists all of the events associated with your providers' serious deficiencies.
- **Serious Deficiency Export File:** This is a CSV list of serious deficiency information.
- **Tier 1 Qualifying Providers Report:** This report lists all providers who are Tier 1. You can filter it to list only those providers who qualify for specific reasons (school, income, or census).

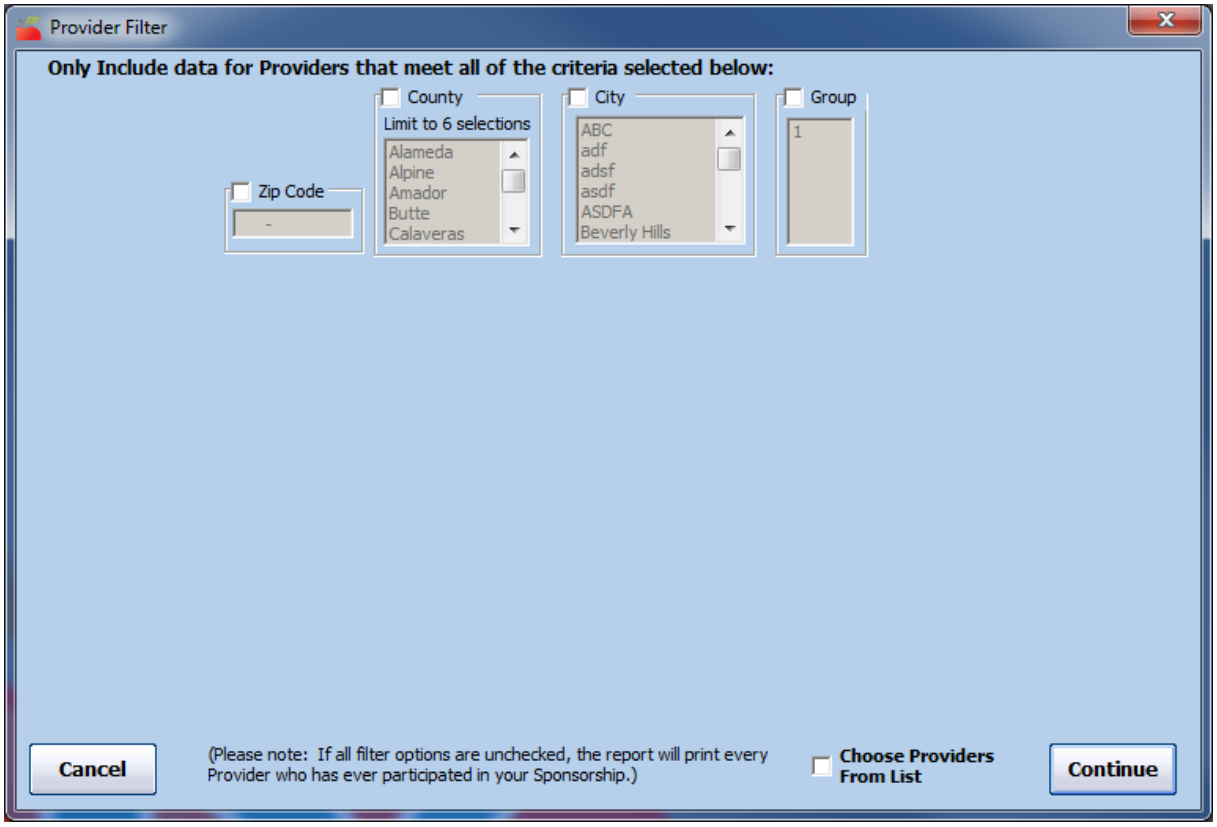
Print the Provider File Changes Report

Last Modified on 07/16/2020 2:08 pm CDT

Use the Provider File Changes report to identify data that has changed for a provider from one month to the next. This report only includes data that has actually changed. This data is listed based on its field name in the database. Note that these names may not correspond directly with names used on-screen. Contact Minute Menu HX support for assistance interpreting fields in this report, if needed.

To print this report:

1. Click the **Reports** menu, select **Providers**, and click **Provider File Changes Report**. The Provider Filter window opens.



2. Check each box and select a filter that applies. If you don't set any filters, all providers are included in this report.

   Note: Check the **Choose Providers From List** box to select individual providers to include. When you click **Continue**, the Choose Providers window opens. Check the box next to each provider to include in the report and click **Continue**.

3. Click **Continue**. The Select Month dialog box opens.
4. Click the **Select Month** drop-down menu and select the month for which to print this report. Providers whose data changed between the month you selected and the month before it are included on this report.
5. Click **Continue**. The Provider Nested Sort Order dialog box opens.
6. Click the **First Sort By** drop-down menu and the **And Then By** drop-down menu and select the primary and

secondary sorts for this report.

7. Click **Continue**. The report is generated.

Print the Providers Not Claiming Report

Last Modified on 07/16/2020 2:09 pm CDT

The Providers Not Claiming report lists all providers who were active in a given month, but who did not claim or who did not record any meals. It includes the following information:

- Provider Name
- Provider ID
- Provider Phone
- Child Count
- Monitor
- CACFP Original Start Date
- Last Claim
- Status
- Removal Date

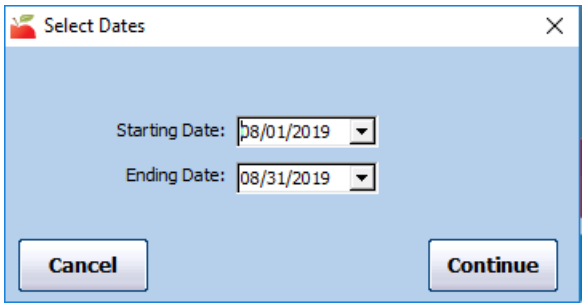
Use this report to identify providers who are not actively claiming with you. You can use the resulting list as a contact list to call those providers and find out why they aren't claiming, or you can update their status in HX.

To run this report:

1. Click the **Reports** menu, **Claim Management**, and select **Providers Not Claiming Report**. The Provider Filter window opens.

   Note: You can also click **Claims** and select **Track Received Claims**. Then, click **Providers Not Claiming**.

2. Check the **Status** box, and then check the **Active** box.
3. Set additional filters, as needed.
4. Click **Continue**. The Select Dates dialog box opens.
5. Click the **Starting Date** and **Ending Date** drop-down menus and select dates for which to run the report. If you enter a date range that covers more than one month, it lists providers who did not claim during any of the months within that range.



6. Click **Continue**. The Meals Recorded Filter dialog box opens.
7. Select **No Claim Submitted** or **No Meals Recorded**.

8. Click **Continue**. The Provider Nested Sort Order dialog box opens.
9. Click the **First Sort By** drop-down menu and the **And Then By** drop-down menu and select the primary and secondary sorts for this report.
10. Click **Continue**. The report is generated.

Print Provider Calendar Entries

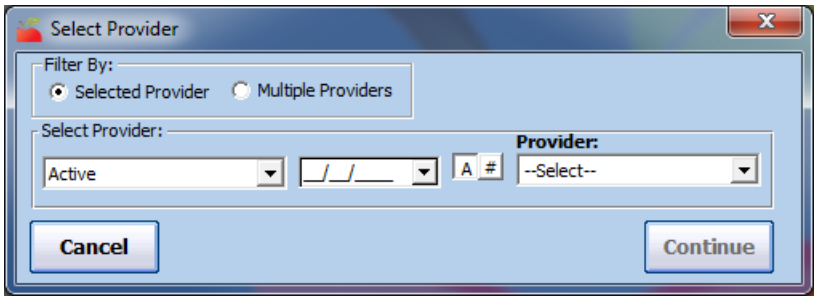
Last Modified on 07/16/2020 1:59 pm CDT

All calendar entries that affect claims processing automatically print at the end of the Office Error Report (OER) so you know exactly what was in Minute Menu HX that might affect the claim. However, you can also print calendar entries independently, if needed.

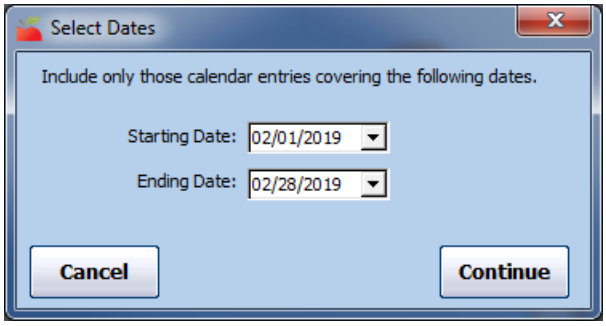
Note: This report does not print child-level calendar information, sponsor-wide holidays, or school out days. It is designed to just provide information relevant to providers (excluding child information).

You can print this report through the Reports menu, or by clicking **Print** in the Provider Calendar window. This article provides instructions for printing the report through Reports.

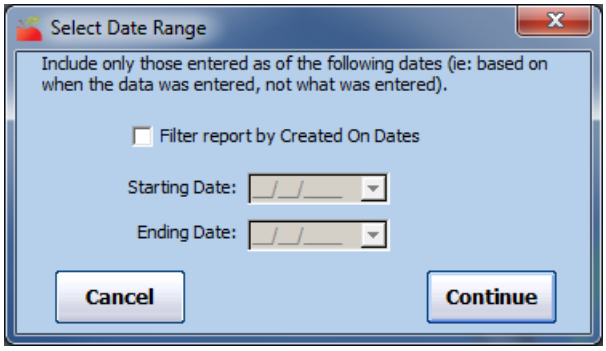
1. Click the Reports menu, select Providers, and click Provider Calendar Report. The Select Provider dialog box opens.



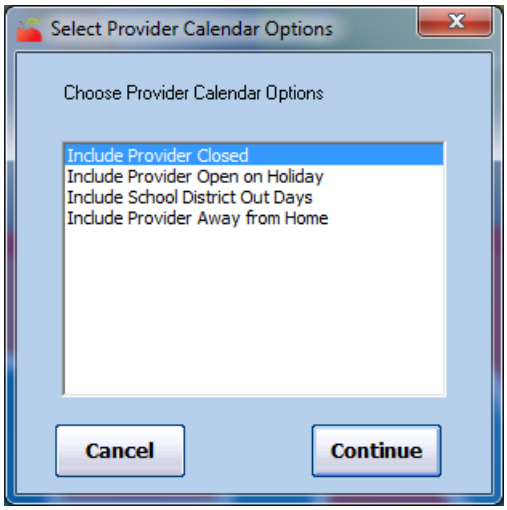
2. In the **Filter By** section, click **Selected Provider** or **Multiple Providers**. If you selected Multiple Providers, go to **Step 4**.
3. If you chose the **Selected Provider** option, click the **Provider** drop-down menu and select the provider.
4. Click **Continue**. If you selected one provider, go to **Step 6**. If you selected the **Multiple Providers** option, the Provider filter window opens.
5. Set filters for the providers to include in the report:
    - Check the box next to each filter to use, then select the appropriate value. For example, check the County box and then select the county to include.
    - Check the **Choose Providers From List** box and click to select providers from a list. Then, in the Choose Provider List, check the box next to each provider to include.
6. Click **Continue**. The Select Date dialog box opens.



7. Click the **Starting Date** and **Ending Date** boxes and enter a date range for this report.
8. Click **Continue**. The Select Date Range box opens.



9. Check the **Filter Report by Created On Dates** box to filter this report by the dates on which calendar entries were created. Then, enter starting and ending dates.
10. Click **Continue**. The Select Provider Calendar Options dialog box opens.



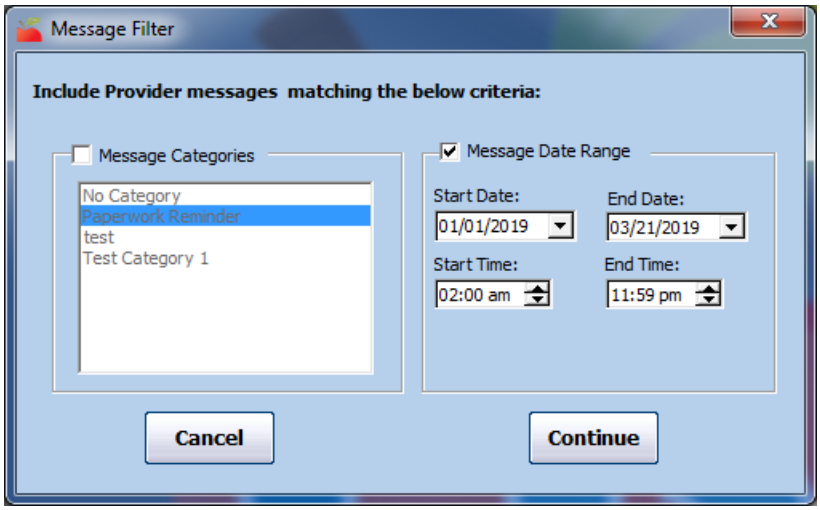
11. Select each provider calendar type to include: Closed, Open on Holiday, School District Out Days, and/or Away From Home. You can select as many as needed. Click **Continue**. The Provider Nested Sort Order dialog box opens.
12. Click the **First Sort By** drop-down menu and select the first value on which to sort. The default is Name. Then, click the **And Then By** drop-down menu and select an additional sort, if needed.
13. Click **Continue**. The PDF report is generated.

Provider Messages Export File

Last Modified on 07/16/2020 2:10 pm CDT

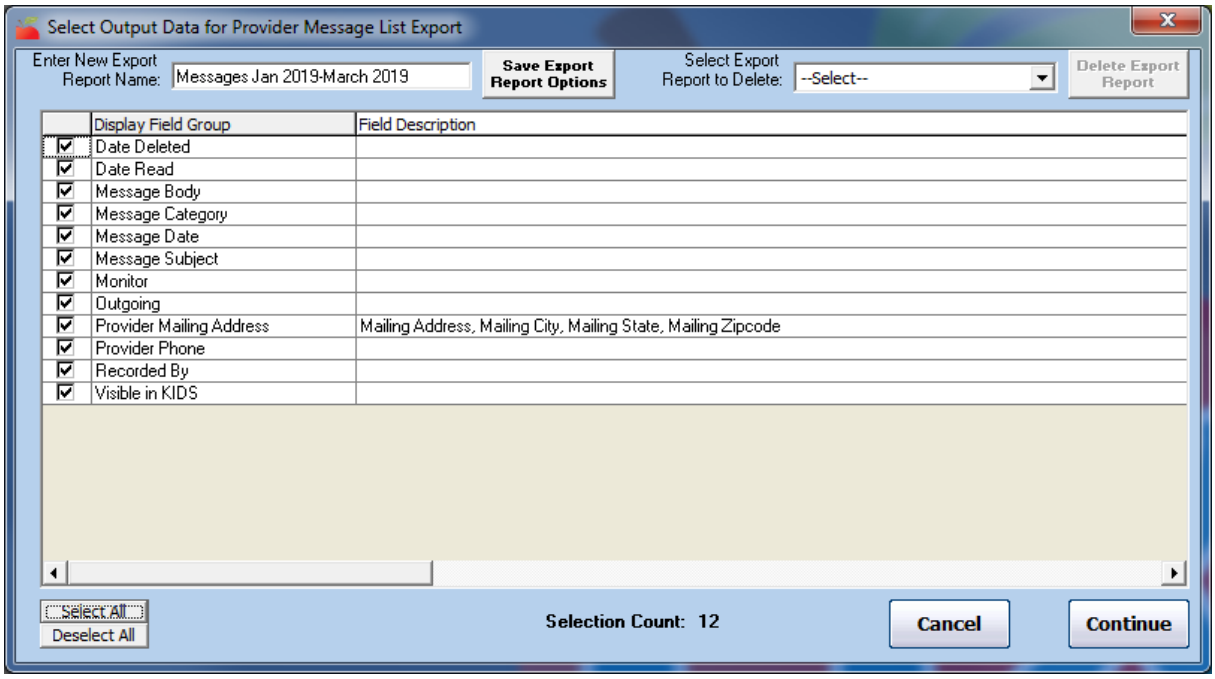
The Message List Export File lists the messages you have recorded for your providers in Minute Menu HX. You can filter the providers and the messages that are included in the export. Note that you must have a program capable of opening spreadsheet files (such as Excel®) to view this export.

1. Click the **Reports** menu, select **Providers**, and click **Providers Messages Export File**. The Provider Filter window opens.
2. Set filters for the providers to include in the export.
    - Check the box next to each filter to use and then select the filter to apply. For example, to limit to providers in a specific county, check the County box and select the counties to include.
    - Check **Choose Providers From List** box to select providers from a list.
3. Click **Continue**.
    - If you did not check Choose Providers From List, the Message Filter window opens. Go to **Step 5**.
    - If you checked Choose Provider From List, the Choose Providers dialog box opens.
4. Check the box next to each provider to include. Click **Continue**. The Message Filter window opens.
5. Set filters for the messages to include.
    a. Check the **Message Categories** box and select the categories to include in the export. You can select as many categories as needed.
    b. Check the **Message Date Range** box and select the **Start Date/Start Time** and **End Date/End Time** to include in the export.



Note: Click **Continue** without setting any filters to include all provider messages in the export.

6. Click **Continue**. The Select Output Data for Provider Message List Export window opens.
7. Check the box next to each field to include in the export. You can also click **Select All** to select all fields.



8. To save your settings for future exports:
    a. Click the **Enter New Export Report Name** box and enter a new name for the export.
    b. Click **Save Export Report Options**.
9. Click **Continue**. The Save As window opens.
10. Select the location in which to save the file.
11. Click **Save**.
12. The Provider Messages Export File Saved Successfully Message displays. Click **OK**. The spreadsheet opens.

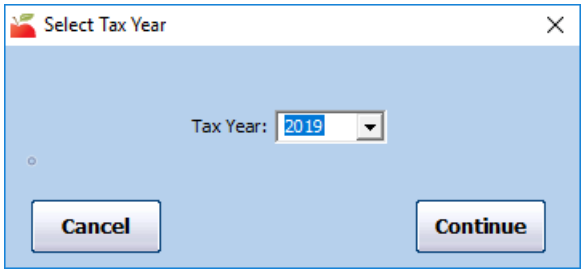
Provider Tax Report

Last Modified on 07/16/2020 2:12 pm CDT

The Provider Tax report is a summary of a provider's food program income and estimated expense for the calendar year. This report is to be used as an aid for income tax preparation. You can run this report for your providers in Minute Menu HX and in KidKare.

Run the Provider Tax Report in Minute Menu HX

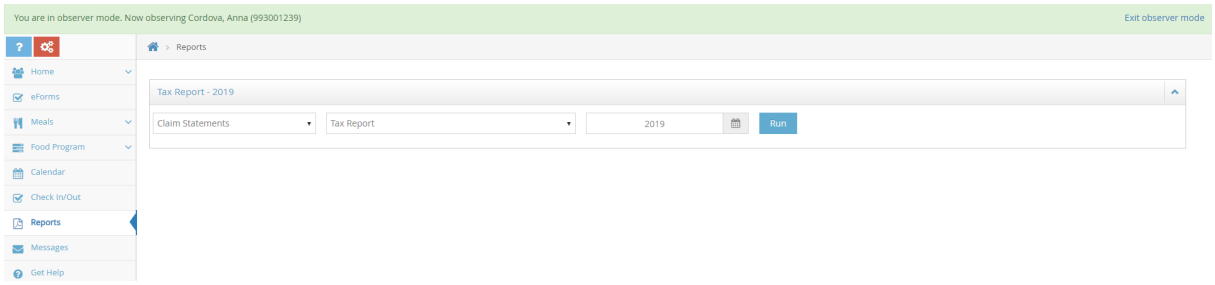
1. Click the **Reports** menu, select **Payments**, and click **Provider Tax Report**. The Select Provider dialog box opens.
2. Click the **Provider** drop-down menu and select the provider for whom to run this report.
3. Click **Continue**. The Select Tax Year dialog box opens.
4. Click the **Tax Year** drop-down menu and select the tax year for which to run this report.



5. Click **Continue**. The report is generated.

Run the Provider Tax Report in KidKare

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. Click a provider from the list to view their account in Observer Mode. For more information about Observer Mode, see **Access Observer Mode**.
3. From the menu to the left, click **Reports**. The Reports page opens.
4. Click the **Select a Category** drop-down menu and select **Claim Statements**.
5. Click the **Select a Report** drop-down menu and select **Tax Report**.
6. Click the **Select Year** box and select the tax year for which to run the report.



7. Click **Run**. A PDF report downloads.

How to Read the Provider Tax Report

The Provider Tax report includes the following sections:

- Taxable Income
- Deductible Food Expense
- Monthly Payment History

We'll discuss each section in detail, below.

Taxable Income

The Taxable Income section gives a total dollar amount paid to the provider through Minute Menu HX.

- **Total of All Payments Received:** This is the total dollar amount of all payments made via the Issue Payments function in HX. If you use an outside accounting system to issue reimbursement to providers, you must record these payments with **Issue Payments** to use this report.
- **Non-Claim Payment Adjustments:** These are any adjustments made through the **Adjust Provider Payments** function in HX. These amounts are not included in the Total Taxable Income amount.
- **Own Child Reimbursement:** This is the amount of reimbursement made to a provider's own children. This amount is also not included in the Total Taxable Income Amount.

Deductible Food Expense

The Deductible Food Expense section gives the amount of the provider's standard tax deduction for child care food expenses. This number is based on the meals the provider claimed for the calendar year with KidKare. The paragraph at the top of this report explains this standard food deduction.

> Additionally, the IRS has developed a standard food deduction for individuals who operate a child care business. This standard deduction is based on the Tier 1 rates in effect at the beginning of the calendar year, but it includes ALL meals you served, not just those meals that were creditable as part of the Food Program. Based on the information submitted on your minute Menu paperwork, the line titled “Total deductible Food Expense” is our estimate of your standard tax deduction for child care food expenses. If you actually fed more meals than you noted on your Minute Menu paperwork, then you may need to adjust this figure before you record it on your taxes.
>
> If you have any questions about how to handle Food Program payments or child care food expenses on you taxes, please do not contact the Food Program for that tax information, instead consult your tax preparer for the best advice.

Notes about this section of the report:

- The reimbursement rates used to calculate the standard food deduction are the **Tier 1 rates in effect a the beginning of the calendar year**, per the IRS. This means that, for the purpose of this expense section, the

same rate is used for the entire year—even if the reimbursement rate may have changed in July.

- The Tier 1 Rates in Effect at the Beginning of the Calendar Year rates are always used to calculate this food expense estimate, regardless of the provider's Tier status.
- Any meals the provider recorded that were disallowed during claims processing are added back.
- Meals served to the provider's own children are not included.
- The meal totals are for any meals claimed in the calendar year (January 1 - December 31).
- The meal counts in this section are calculated when the claim is processed. So, for accurate data, **reference this report only after the December claim has been processed**.
- Since provider reimbursements are usually made in the month following the claim (e.g. January meals are reimbursed in February, and so on), the meal totals in this section will typically never match the meal totals in the income section.

Monthly Payment History

The Monthly Payment History section at the bottom of this report itemizes all payments made in the calendar year.

Training Reports

Last Modified on 07/16/2020 2:13 pm CDT

The following Training reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Training**, and then select the appropriate report.

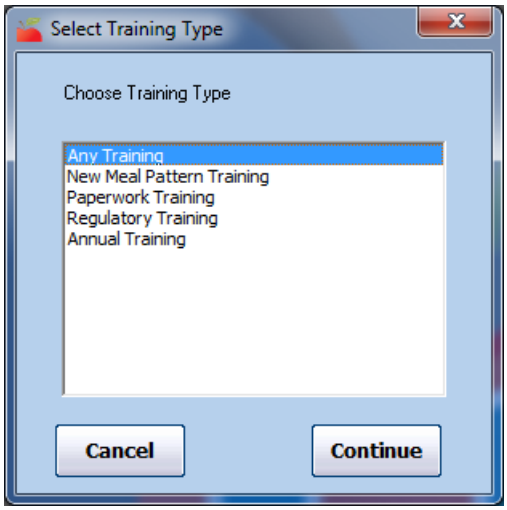
- **Provider Training Hours Summary:** This report lists the total number of training hours for a provider.
- **Providers Not Trained:** This report lists all providers who have not been given training within the date range specified. For more information, see **Providers Not Trained Report**.
- **Training List Export File:** This is a CSV file that lists all provider training sessions you've recorded. For more information, see **Training List Export File**.
- **Training List Mailing Labels:** This works the same as the Training List Export File, only it generates provider mailing addresses in the Avery 5160 format.

Providers Not Trained Report

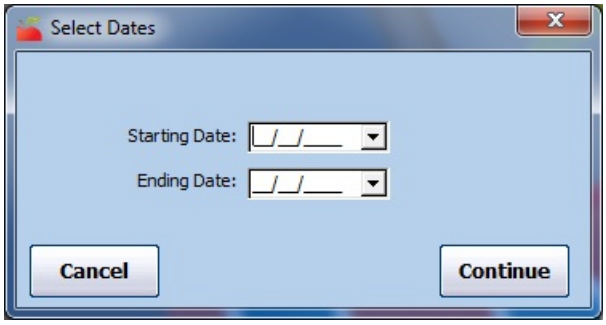
Last Modified on 07/16/2020 3:12 pm CDT

You can generate a list of all providers that did not receive a particular type of training (or any training) during a certain time period.

1. Click Reports, select Training, and click Providers Not Trained Report. The Provider Filter window opens.
2. Set filters for the providers to include in the export.
    - Check the box next to each filter to use and then select the filter to apply. For example, to limit to providers in a specific county, check the County box and select the counties to include.
    - Check **Choose Providers From List** box to select providers from a list.
3. Click **Continue**.
    - If you did not check Choose Providers From List, the Message Filter window opens. Go to **Step 5**.
    - If you checked Choose Provider From List, the Choose Providers dialog box opens.
4. Check the box next to each provider to include. Click **Continue**. The Select Training Type dialog box opens.

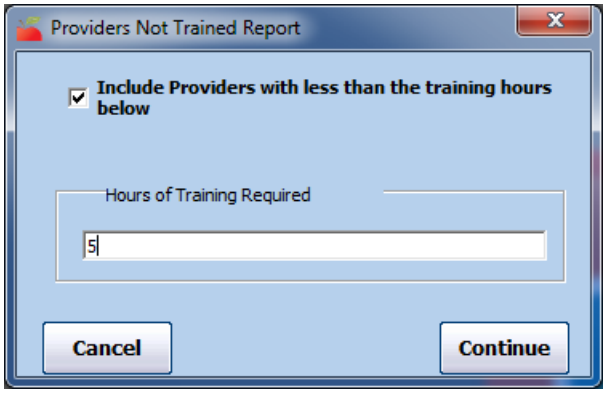


5. Click the training type(s) to include. To include all types, select **Any Training**.
6. Click **Continue**. The Select Dates dialog box opens.



7. Click the **Starting Date** and **Ending Date** boxes and enter a date range for this report.
8. Click **Continue**. The Provider Nested Sort Order dialog box opens.

9. Click the **First Sort By** drop-down menu and select a primary sort. You can choose from the following: Name, ID, County, or Monitor. Providers on the report will be sorted by this value first.
10. Click the **And Then By** drop-down menu and select a secondary sort, if needed. You can choose from the following: Name, ID, County, or Monitor. Providers on the report will be sorted by this value first.
11. Click **Continue**. The Providers Not Trained Report dialog box opens.
12. Check the **Include Providers with Less Than the Training Hours Below** box. Then, click the **Hours of Training Required** box and enter the minimum required hours of training.



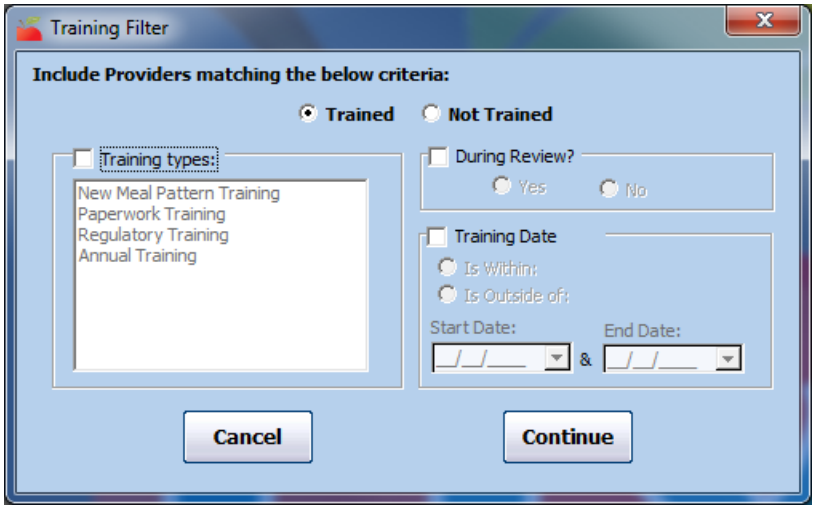
13. Click **Continue**. The report is generated.

Training List Export File

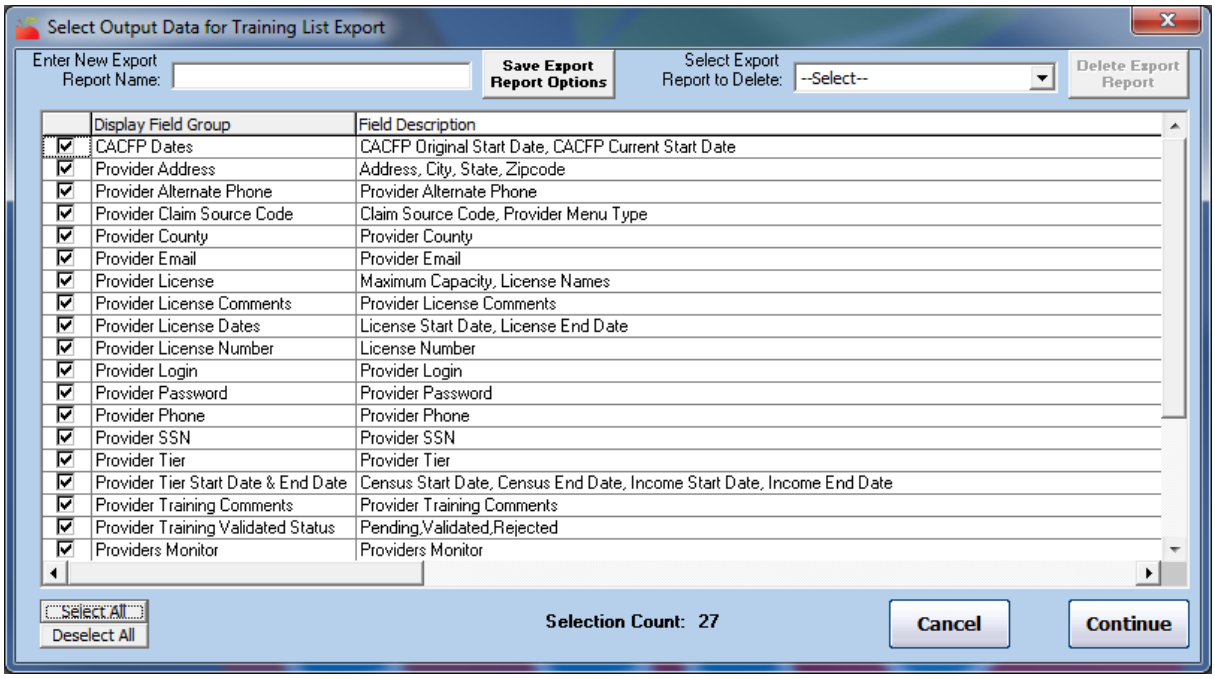
Last Modified on 07/16/2020 3:18 pm CDT

The Training List Export file lists all provider training sessions you have recorded. You can filter this list to include only the information you need. Note that you must have a program capable of opening spreadsheet files (such as Excel®) to view this export.

1. Click the **Reports** menu, select **Training**, and click **Training List Export File**. The Provider Filter window opens.
2. Set filters for the providers to include in the export.
    - Check the box next to each filter to use and then select the filter to apply. For example, to limit to providers in a specific county, check the County box and select the counties to include.
    - Check **Choose Providers From List** box to select providers from a list.
3. Click **Continue**.
    - If you did not check Choose Providers From List, the Message Filter window opens. Go to **Step 5**.
    - If you checked Choose Provider From List, the Choose Providers dialog box opens.
4. Check the box next to each provider to include. Click **Continue**. The Training Filter window opens.



5. Set filters for the messages to include.
    a. Select the **Trained** or **Not Trained** option.
    b. Check the **Training Types** box and select the training type(s) to include.
    c. Check the **During Review** box to limit the file to training offered (or not offered) during a review.
    d. Check the **Training Date** box to include training offered (or not offered) between a certain date range. Then, select the **Is Within** option or the **Is Outside Of** option, and enter a start and end date.
6. Click **Continue**. The Select Output Data for Training List Export window opens.
7. Check the box next to each field to include in the export. You can also click **Select All** to select all fields.



8. To save your settings for future exports:
    - Click the **Enter New Export Report Name** box and enter a new name for the export.
    - Click **Save Export Report Options**.
9. Click **Continue**. The Save As window opens.
10. Select the location in which to save the file.
11. Click **Save**.
12. Click **OK** at the confirmation prompt.

About the Training Session Total Duration Field

The Training Session Total Duration field in the Training List Export File adds the total hours for all provider training sessions that were offered to each provider as listed in the export file.

This means that if you have five (5) providers listed in the output, and each of those providers has three (3) different training listed in the report (based on the filters you selected), this column adds the training type for each of the three training sessions together. This gives you a picture of the total hours during the period for each provider. This way, if you filter to include all training dates within the last 12 months, the Training Session Total Duration column displays the total hours of training that each provider received in the last 12 months.

Additional Training Reporting

Last Modified on 07/16/2020 3:19 pm CDT

You can include training information on the following reports:

- **Provider Training Hours Summary:** This report shows the total number of training hours received by the provider.
- **Sponsor Review Worksheet:** This report shows the last 12 months worth of training offered to a given provider.
- **CIF:** You can configure the CIF to display the provider's standard meal times and last year's training in the bottom-right corner instead of the Legend.

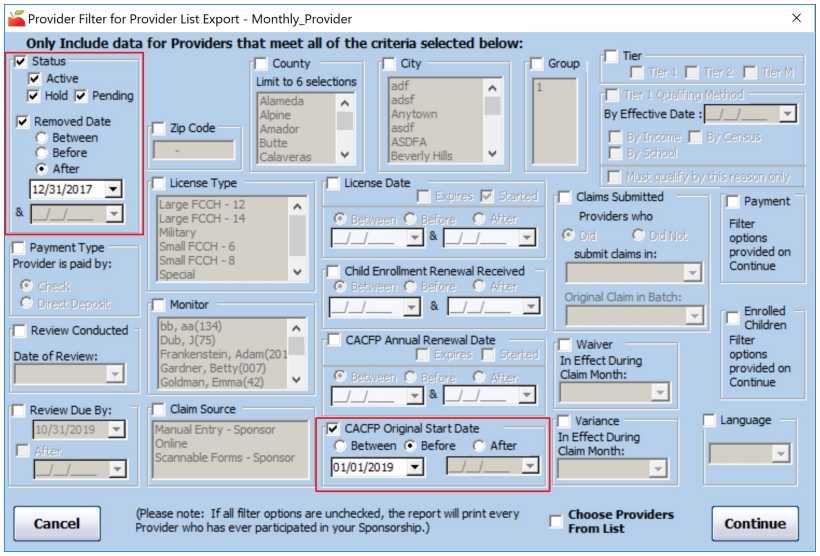
Homes CACFP Participation Statistics

Last Modified on 07/16/2020 3:21 pm CDT

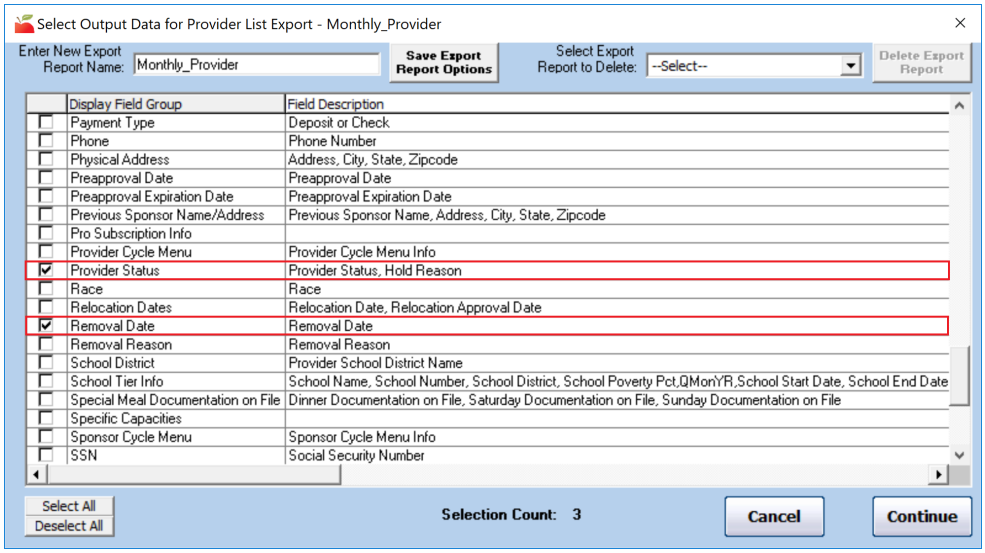
You can use several reports in Minute Menu HX to retrieve the number of homes and children served by the CACFP program under your sponsorship. You can also pull the number of meals served over a defined period of time, such as last calendar year, current fiscal year, and so on.

Number of Providers Participating: Active, Pending, Hold, or Removed Status

1. Click the **Reports** menu, select **Providers**, and click **Provider List Export File**. The Provider Filter window opens.
2. Set the following filters:
    - **Status:** Check the **Hold** and **Pending** boxes.
    - **Removed Date:** Check the **Removed Date** box, and select the **After** option. Enter the day before the first day of the reporting period. For example, if you are looking at statistics for 2018, you would select December 31, 2017.
    - **CACFP Original Start Date:** Check the **CACFP Original Start Date** box, and select the **Before** option. Enter the day after the last day of the reporting period. For example, if you are looking at statistics for 2018, enter January 1, 2019.



3. When finished, click **Continue**. The Select Output Data or Provider List Export File window opens.
4. Check the box next to each output option to include in the file. We recommend you check the **Provider Status**, **Removal Date**, and **CACFP Original Start Date** boxes. These will help you ensure your filters are working properly.

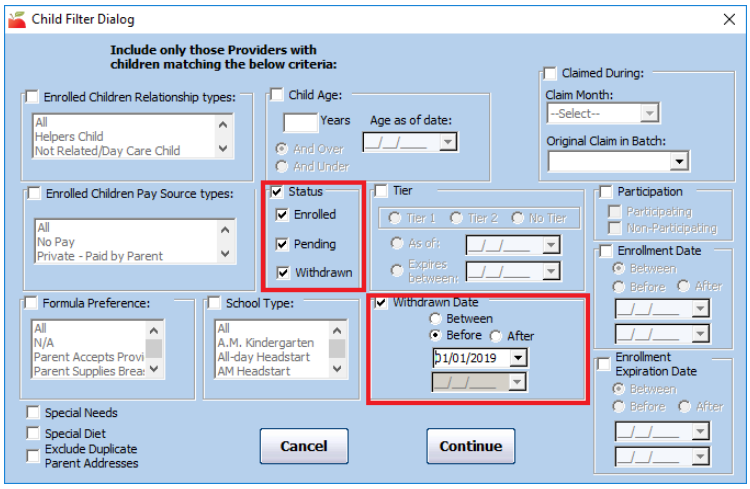


5. When finished, click **Continue**. You are prompted to save the export file.

Number of Children: Enrolled, Pending, Withdrawn

1. Click the **Reports** menu, select **Children**, and click **Child List Export File**. The Provider Filter window opens.
2. Set the following filters:
    - **Status:** Check the **Hold** and **Pending** boxes.
    - **Removed Date:** Check the **Removed Date** box, and select the **After** option. Enter the day before the first day of the reporting period. For example, if you are looking at statistics for 2018, you would select December 31, 2017.
    - **CACFP Original Start Date:** Check the **CACFP Original Start Date** box, and select the **Before** option. Enter the day after the last day of the reporting period. For example, if you are looking at statistics for 2018, enter January 1, 2019.
3. Click **Continue**. The Child Filter Dialog window opens.
4. Set the following filters:
    - **Status:** Check the **Enrolled**, **Pending**, and **Withdrawn** boxes.
    - **Withdrawn Date:** Check the **Withdrawn Date** box, and select the **After** option. Then, enter the day before the first day of the reporting period.
    - **Enrollment Date:** Check the **Enrollment Date** box, and select the **Before** option. For example, if you are looking at statistics for 2018, enter January 1, 2019.

      Note: If you have already enrolled for the current year and you assign a new enrollment date to children during that process, do *not* use this filter. You must review the final report and remove children you know were enrolled after your reporting period end date.



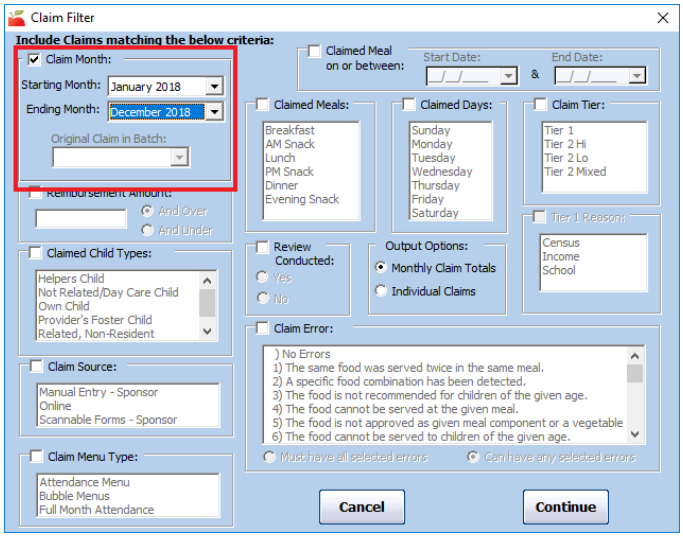
5. Click **Continue**. The Select Output Data for Child List Export.
6. Check the box next to each output option to include in the file. We recommend you check the **Child Status**, **Withdrawn Date**, and **Enrollment Date** boxes. These will help you ensure your filters are working properly.
7. When finished, click **Continue**. You are prompted to save the export file.

Re-enrollment may skew some of the numbers, because the Current Enrollment Date is updated when re-enrollment is completed. So, if you have completed re-enrollment between the date these reports are generated and the reporting period, you cannot accurate determine which children have come on to the program at the end of the program, because the Child List Export File filter does not include a setting to look at the Original Enrollment Form Date.

For example, if you are looking at January - December of last year, and you re-enroll children as of July 1st, you should run these reports for last year *before* July. Once you re-enroll children in July, the Current Enrollment Date will have changed for everyone, it it will no longer be possible to limit the export file to remove children who are new to the program since the end of December. However, you can include the Original Enrollment Form Date as an output option for the file, sort the resulting spreadsheet by that column, and delete children whose date places them outside of the reporting period you want.

Meals Claimed

1. Click the **Reports** menu, select **Claim Management**, and click **Claim List Export File**. The Provider Filter window opens.
2. Leave all boxes blank, and click **Continue**. The Claim Filter window opens.
3. Check the **Claim Month** box.
4. Click the **Starting Month** drop-down menu and select the **first month** of your reporting period.
5. Click the **Ending Month** drop-down menu and select the **last month** of your reporting period.



6. Click **Continue**. The Select Output Data for Claim List Export window opens.
7. Check the **Meal Counts** box.
8. Check the box next to any additional outputs needed.
9. When finished, click **Continue**. You are prompted to save the export file.

Reviews Reports

Last Modified on 07/16/2020 3:27 pm CDT

The following Reviews reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Reviews**, and then select the appropriate report.

- **Block Claim Review:** This report lists providers who have been marked as submitted blocked claims by the Analyze Block Claims function.
- **Child Attendance Reconciliation:** This report provides an analysis of a given provider over one week. For more information, see **Child Attendance Reconciliation**.
- **Children Not Seen at Review Report:** This report lists all children not seen at one or more reviews in a specified date range.
- **Claim and Review Comparison:** This report compares the percentage of meals your providers have claimed with the percentage of those meals that are seen at home visits. For more information, see **Track Your Caseload**.
- **Home Visit Status:** This report lists providers and provides a 12-month picture of visits. Each review is noted in the calendar on the report, and a key displays at the bottom of it to help you better interpret the results. For more information, see **Track Your Caseload**.
- **Monitored Meal Pattern Break:** This report identifies any provider who consistently claims a different number of children at a meal than the number of children seen by a Monitor when that meal was reviewed. You can only analyze processed claims (KidKare, scannable forms, or Direct Entry), and only if you observed attendance on the Review form or in the Meals tab in the Provider Reviews window.
- **Projected Visit Dates:** This report lists all upcoming reviews for the next 12 months. It allows you to make any necessary broad adjustments to the provider's scheduled reviews. For more information, see **Track Your Caseload**.
- **Providers Claiming Special Days:** This report identifies all providers who are claiming any of special situations for a given month. This report runs based on meal and attendance data in your database, which means that you cannot analyze manual claims with this report. For more information, see **Identify Who to Visit and When**.
- **Providers Due Reviews:** This report lists all providers who must be visited, as well as the days and meals you should visit. For more information, see **Identify Who to Visit and When**.
- **Providers Not Reviewed:** This report lists all providers not visited within a specific time frame. Federal regulations require that you visit all providers no less than once every six (60 months or once every nine (9) months, if your agency averages reviews. Use this report to ensure that providers are being visited often enough. For more information, see **Track Your Caseload**.
- **Review History:** This report provides a concise list of reviews done since the beginning of the selected fiscal year. There are four columns of reviews listed: One per review trimester, plus an extra column for the most recent non-trimester review performed (such as a follow-up visit, corrective action visit, and so on).

For agencies who perform four reviews a year, this extra column is replaced by the fourth quarter review.

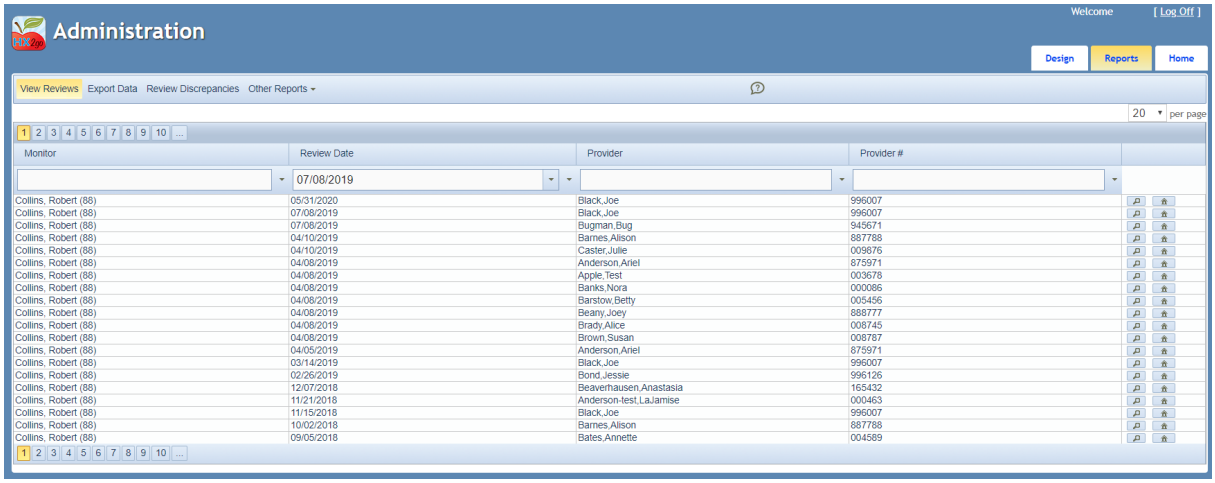
- **Review List Export File:** This is a CSV list of reviews and review details.
- **Review Mailing Labels:** This works the same as the Review List Export File, only it generates mailing addresses in the Avery 5160 format.
- **Sponsor Review Worksheet:** This report provides a quick reference sheet of a provider information. Print this report out for your Monitors to take with them on home visits. For more information, see **Sponsor Review Worksheet**.

Print Completed Reviews in Admin Review Site

You can print completed reviews from the Admin Review site.

Last Modified on 12/22/2022 10:24 am CST

1. Log in to **https://reviewadmin.minutemenu.com/Account/LogOn**.
2. Click the **Reports** tab.



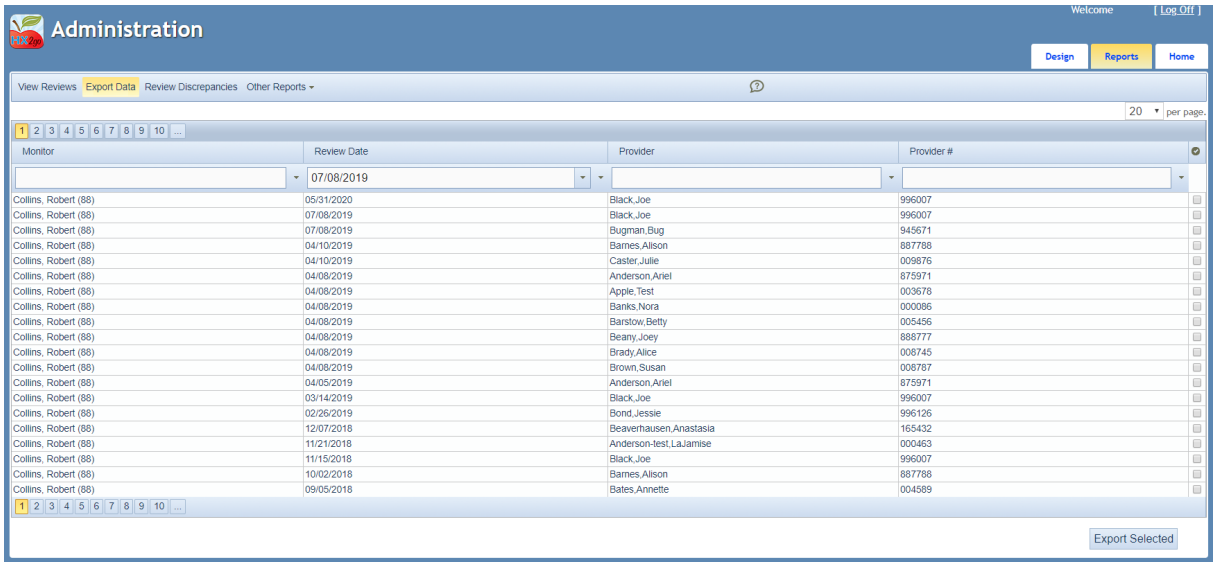
3. Use the **Monitor**, **Review Date**, **Provider**, and **Provider #** boxes to filter the reviews that display. You can also click each column header to sort.
4. Click  next to the review to print. A PDF downloads.

Export Review Data in Admin Review Site

Last Modified on 12/22/2022 10:23 am CST

To export review data:

1. Log in to **https://reviewadmin.minutemenu.com/Account/LogOn**.
2. Click the **Reports** tab.
3. Click **Export Data**.



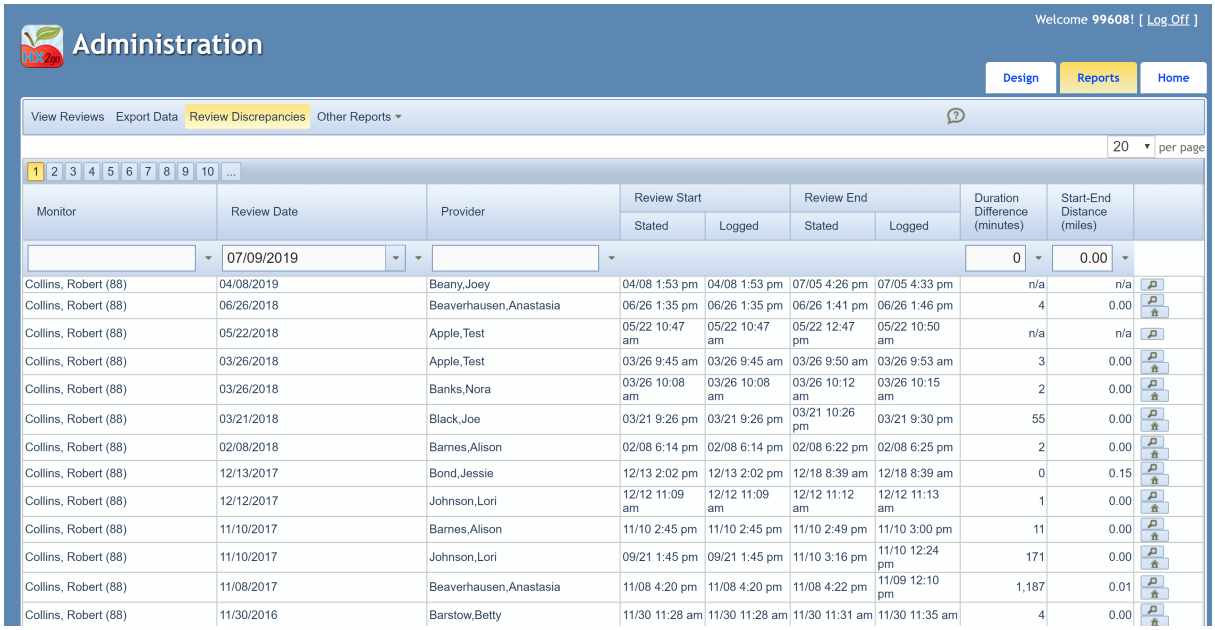
4. Use the **Monitor**, **Review Date**, **Provider**, and **Provider #** boxes to filter the reviews that display. You can also click each column header to sort.
5. Check the box next to each review to export.
6. Click **Export Selected**. A spreadsheet file (XLSX) downloads.

Print the Review Discrepancies Report

Last Modified on 12/22/2022 10:14 am CST

The Review Discrepancies report allows you to compare review start and end times that are recorded automatically in the KidKare, as well as start and end times your Monitors recorded manually. If GPS data was also captured at the time of the review, this report also indicates if there was a difference between the location where the review started and where it ended.

1. Log in to **https://reviewadmin.minutemenu.com/Account/LogOn**.
2. Click the **Reports** tab.
3. Click **Review Discrepancies**. The report displays.



Monitor	Review Date	Provider	Review Start		Review End		Duration Difference (minutes)	Start-End Distance (miles)
			Stated	Logged	Stated	Logged		
	07/09/2019						0	0.00
Collins, Robert (88)	04/08/2019	Beany,Joey	04/08 1:53 pm	04/08 1:53 pm	07/05 4:26 pm	07/05 4:33 pm	n/a	n/a
Collins, Robert (88)	06/26/2018	Beaverhausen,Anastasia	06/26 1:35 pm	06/26 1:35 pm	06/26 1:41 pm	06/26 1:46 pm	4	0.00
Collins, Robert (88)	05/22/2018	Apple,Test	05/22 10:47 am	05/22 10:47 am	05/22 12:47 pm	05/22 10:50 am	n/a	n/a
Collins, Robert (88)	03/26/2018	Apple,Test	03/26 9:45 am	03/26 9:45 am	03/26 9:50 am	03/26 9:53 am	3	0.00
Collins, Robert (88)	03/26/2018	Banks,Nora	03/26 10:08 am	03/26 10:08 am	03/26 10:12 am	03/26 10:15 am	2	0.00
Collins, Robert (88)	03/21/2018	Black,Joe	03/21 9:26 pm	03/21 9:26 pm	03/21 10:26 pm	03/21 9:30 pm	55	0.00
Collins, Robert (88)	02/08/2018	Barnes,Alison	02/08 6:14 pm	02/08 6:14 pm	02/08 6:22 pm	02/08 6:25 pm	2	0.00
Collins, Robert (88)	12/13/2017	Bond,Jessie	12/13 2:02 pm	12/13 2:02 pm	12/18 8:39 am	12/18 8:39 am	0	0.15
Collins, Robert (88)	12/12/2017	Johnson,Lori	12/12 11:09 am	12/12 11:09 am	12/12 11:12 am	12/12 11:13 am	1	0.00
Collins, Robert (88)	11/10/2017	Barnes,Alison	11/10 2:45 pm	11/10 2:45 pm	11/10 2:49 pm	11/10 3:00 pm	11	0.00
Collins, Robert (88)	11/10/2017	Johnson,Lori	09/21 1:45 pm	09/21 1:45 pm	11/10 3:16 pm	11/10 12:24 pm	171	0.00
Collins, Robert (88)	11/08/2017	Beaverhausen,Anastasia	11/08 4:20 pm	11/08 4:20 pm	11/08 4:22 pm	11/09 12:10 pm	1,187	0.01
Collins, Robert (88)	11/30/2016	Barstow,Betty	11/30 11:28 am	11/30 11:28 am	11/30 11:31 am	11/30 11:35 am	4	0.00

4. Use the **Monitor**, **Date**, **Provider**, **Duration Difference (Minutes)**, and **Start-End Distance** columns to filter the information that displays. For example, if you filter by Duration Difference, you can quickly locate those reviews with large time discrepancies. You can also click each column heading to sort by that column.
5. Use the page numbers to the top-left and bottom-left to navigate between pages in the report.
6. Click  to download and view the review.
7. Click the **House** icon to view a map of the provider's address.

This report contains the following information:

- **Review Start - Stated/Logged:** The **Stated** start time is the time the Monitor marked on the review in the Start Time box. If the Monitor did not change this value, this field reflects the time the review was first opened. The **Logged** time is the time the review was first opened on the Monitor's device.
- **Review Start - Stated/Logged:** The **Stated** end time is the time the Monitor marked on the review in the End Time box. If the Monitor did not manually enter this information, this field reflects the time the review was signed and accepted. The **Logged** time is the last time the review was signed and accepted.

- **Duration Difference (Minutes):** This field displays the difference between the Stated Start and Stated End times and the Logged Start and Logged End times. If there is a significant difference, there may or may not be cause for concern.
- **Start-End Distance (Miles):** If GPS data is available, this field displays the difference between the review starting location and the review ending location in miles. If there is a significant difference, there may or may not be cause for concern.

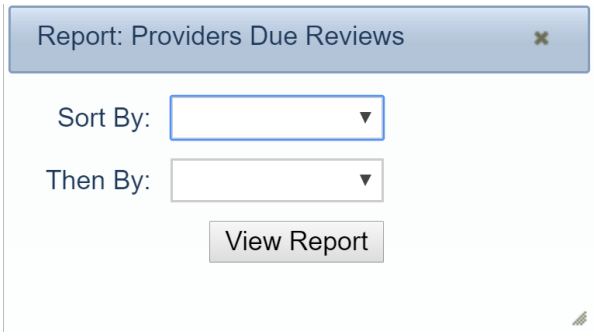
Print the Providers Due Reviews Report

Last Modified on 12/21/2022 10:41 am CST

The Providers Due report lists all providers who must be visited, as well as the days and meals you should visit. You can print this report in Minute Menu HX, or you can print it in the Admin Review site. For information about printing this report in Minute Menu HX, see **Identify Who to Visit and When**.

To print this report in the Admin Review site:

1. Log in to **https://reviewadmin.minutemenu.com/Account/LogOn**.
2. Click the **Reports** tab.
3. Click **Other Reports**, **Reviews**, and **Providers Due Reviews**. The Reports: Providers Due Reports pop-up opens.



4. Click the **Sort By** drop-down menu and select the primary sort for the report.
5. Click the **Then By** drop-down menu and select the secondary sort for the report.
6. Click **View Report**. A PDF report downloads.

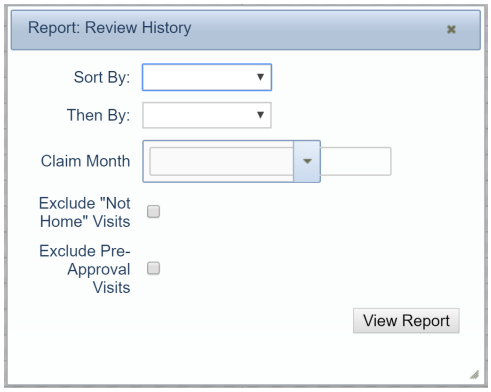
Review History Report

Last Modified on 12/21/2022 10:54 am CST

This report provides a concise list of reviews completed for the selected claim month. You can also print this report in Minute Menu HX. For more information, see **Reviews Reports**.

To print this report in the Admin Review site:

1. Log in to **https://reviewadmin.minutemenu.com/Account/LogOn**.
2. Click the **Reports** tab.
3. Click **Other Reports**, **Reviews**, and **Review History**. The Report: Review History pop-up opens.



4. Click the **Sort By** drop-down menu and select the primary sort for the report.
5. Click the **Then By** drop-down menu and select the secondary sort for the report.
6. Click the **Claim Month** drop-down menu and select the claim month for which to run the report.
7. Check the **Exclude Not Home Visits** box to exclude any prior visits where the Monitor indicated the provider was not home from the report.
8. Check the **Exclude Pre-Approval Visits** to exclude any pre-approval review visits from the report.
9. Click **View Report**. A PDF report downloads.

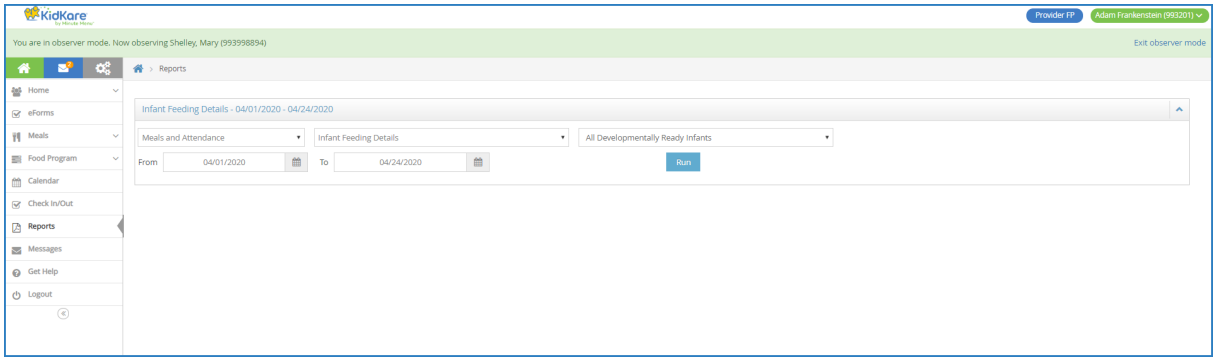
Infant Feeding Details Report

Last Modified on 07/16/2020 3:45 pm CDT

Per the USDA regulations for developmentally ready foods, there is no set age when developmentally ready foods must be served, as the development rate of infants varies between children. Print the Infant Feeding Details report to evaluate infants being served developmentally ready foods. This report shows foods served specifically to infants and provides information needed by users to determine the developmentally ready status of infants.

You print this report in KidKare.

1. Log in to **app.kidkare.com**. Use the same credentials you use to access Minute Menu HX.
2. Click a provider's name to view their account in Observer Mode. For more information, see **Access Observer Mode**.
3. From the menu to the left, click **Reports**. The Reports page opens.
4. Click the **Select a Category** drop-down menu and select **Meals & Attendance**.
5. Click the **Select a Report** drop-down menu and select **Infant Feeding Details**.
6. Click the **All Developmentally Ready Infants** drop-down menu and select the infant(s) to view. You can also select **All Infants** or **All Developmentally Ready Infants**.
7. Use the **From/To** boxes to set a date range for the report.



8. Click **Run**. The report is generated and displays below the **Report Criteria** section.
9. Click **Print** to print to print the report.

Children Reports

Last Modified on 07/16/2020 3:47 pm CDT

The following Children reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Children**, and then select the appropriate report.

- **Blank Enrollment Form:** This is the same Blank Enrollment Form providers print in KidKare.
- **Child Enrollment Form:** This is the same Child Enrollment Form providers print in KidKare.
- **Child List Export File:** This is a CSV list of children and child details.
- **Child Mailing Labels:** This works the same as the Child Export File, only it generates parent mailing addresses in the Avery 5160 format.
- **Child Racial Count Summary:** This report lists counts of actively enrolled children broken down by race. Use this report when preparing your annual management plan in compliance with state regulations.
- **Child Tier Expiration Analysis:** This report lists all children who are losing their Tier 1 eligibility within a specified period. Children who are reimbursed at Tier 1 rates but aren't themselves income eligible (or they aren't foster children) are usually ignored when you run this report.
- **Children Duplicated Within Provider:** This report lists duplicate children enrolled with a provider. Use this report to clean up a provider's file.
- **Enrollment Renewal Worksheet:** This is the same worksheet KidKare providers can print for child enrollment.
- **Provider/Child Residence Comparison:** This report looks at child last names, addresses, and phone numbers and compares them to the same information in the provider's file. If a Not Related/Day Care Child matches on any of these items, they appear on this report. This helps you identify children who are living with the provider but who have not been designated as the provider's own child.
- **Tier 1 Qualifying Children Report:** This report lists all Tier 1 children. When you filter this report, include only Tier 2 or Mixed Tier homes. Otherwise, it may include all children reimbursed at Tier 1 rates, because their providers are Tier 1.

Menu Plan Reports

Last Modified on 07/16/2020 3:48 pm CDT

Use menu plan reports to review menu plan information that you've already recorded. To access these reports:

1. Click the **Reports Menu** and select **Menus**.
2. Select the report to print.
3. Set filters, as needed.

You can print the following reports:

- **EZ Menu Report:** This report displays the EZ Menu schedule for a one week period.
- **Master Menu Report:** This report lists all Master Menus.
- **Provider Cycle Menu Report:** This report displays provider cycle menus for providers you select.
- **Provider Menu Plan List:** This report lists planned menu templates created by any given provider.

Note: In some cases, you can access these reports from the various menu plan windows.

Food List Report

Last Modified on 07/16/2020 3:49 pm CDT

The Food List report provides a list of all foods that are set up in your database. This report is color-coded by food type:

- **Red:** Meats
- **Orange:** Fruits
- **Green:** Vegetables
- **Brown:** Breads
- **Blue:** Milk

The foods you see listed on this report are exactly what your providers see in KidKare and should correspond directly with a printed Food chart. Note that any foods listed with an asterisk (*) will be disallowed if served to an infant.

1. Click the **Reports** menu, select **Menu Planning**, and click **Food List Report**. The Select Mode dialog box opens.
2. Select **English** or **Spanish**.
3. Click **Continue**. The Effective Starting Date dialog box opens.
4. Click the **Starting Date** box and enter the date from which to print the food list.
5. Click **Continue**. A PDF is generated. You can print it or export it to your hard drive.

Payments Reports

Last Modified on 07/16/2020 3:50 pm CDT

The following Payments reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Payments**, and then select the appropriate report.

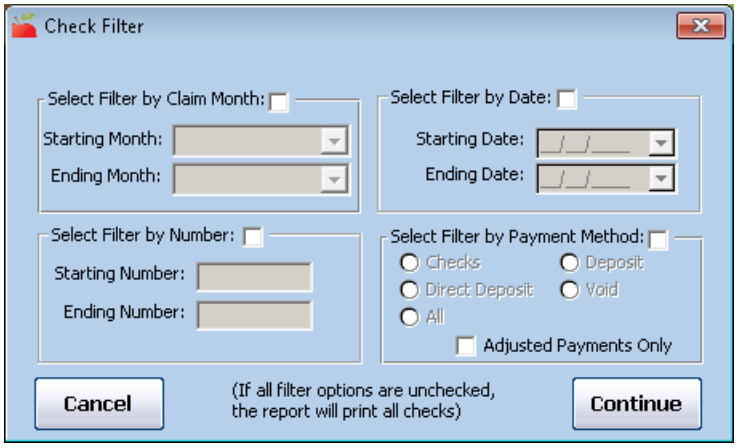
- **Check ACH File:** This re-generates an ACH file for a batch of direct deposits.
- **Check Payment Details:** This re-prints a check stub for any check.
- **Check Register:** This report allows you to print a check register for a batch of checks or direct deposits.
- **Check Register Batch Summary:** This report lists all of the individual claim submission batches that exist for a given claim month, specifically noting the outgoing payments to providers. Compare this with the final State Claim Summary report and your bank account records to ensure that all funds have been accounted for. This report effectively represents the same information as found on the last page of the Check Register report (above).
- **Check Transaction File:** This report allows you to regenerate the file used to export payment information to QuickBooks® or other accounting software.
- **Claims Not Paid:** This report lists all claims that have not been accounted for as paid (whether a positive claim or a negative claim adjustment). This is useful for identifying any old claims that have slipped through cracks, zero-dollar claims, or claims that were put on hold and need to be cleared out of the system.
- **Non-Claim Payment Adjustments:** This report provides a list of all non-claim payment adjustments. For more information, see **Non-Claim Payment Adjustments Report**.
- **Provider Tax:** This report provides a total of the payments issued to providers in the calendar year. Note that the payments included are based on the actual payment dates, so it lags by at least a month. This report also includes a computation for the IRS Standard Meal Deduction, which is the total of all meals the provider attempted to claim, including disallowed meals, multiplied by the Tier 1 rate of reimbursement as of January for the given tax year. Print this report at the end of the calendar year and mail it to your providers.

Print the Check Register Report

Last Modified on 07/16/2020 4:04 pm CDT

The Check Register reports list your payments (checks and direct deposits), as well as any payments you have received from your providers. You can print this report from the **List Payment History** window or from the Reports menu. This article provides instructions for printing the report from the Reports menu.

1. Click the **Reports** menu, select **Payments**, and click **Check Register**. The Check Filter dialog box opens.



2. Set filters for the checks to include. To print all checks, leave all of the filters blank.
    - **Filter by Claim Month:** Check this box, click the **Starting Month** and **Ending Month** drop-down menus, and select starting and ending months for the report. Note that if a check was issued and included payment for more than one claim month it is included if any of the claims paid by the check are included in the selected claim months.
    - **Filter by Date:** Check this box, click the **Starting Date** and **Ending Date** boxes, and set a starting and ending date for the report.
    - **Filter by Number:** Check this box, click the **Starting Number** and **Ending Number** boxes, and set a date range for the report.
    - **Filter by Payment Method:** Check this box and then select **Checks**, **Direct Deposit**, **Deposit**, **Void**, or **All**. Check the **Adjusted Payments Only** to include only those payments you've adjusted.
3. Click **Continue**. The Select Provider dialog box opens.
4. Select **Multiple Providers** or **Selected Provider**.
    - If you choose **Selected Provider**, click the **Provider** drop-down menu and select the provider. Go to **Step 7**.
    - If you choose **Multiple Providers**, click **Continue**. The Provider Filter window opens. Set the appropriate filters.
5. Click **Continue**. If you are printing the report for multiple providers, the Provider Nested Sort Order dialog box opens.
6. Click the **First Sort By** and the **And Then By** drop-down menus and select the primary and secondary sorts

for the report.

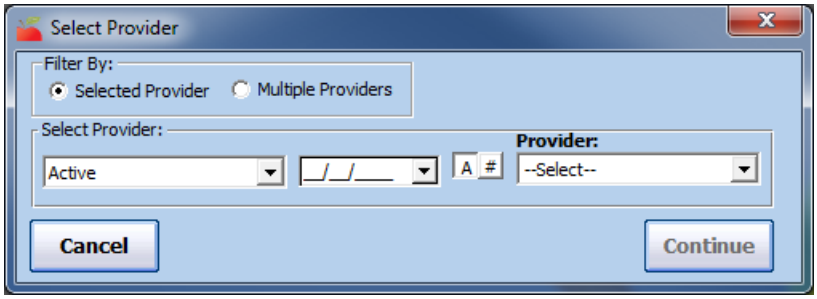
7. Click **Continue**. The report is generated.

Print the Non-Claim Payment Adjustments Report

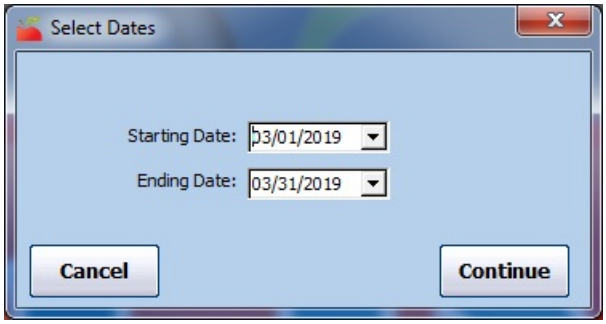
Last Modified on 07/16/2020 4:06 pm CDT

The Non-Claim Payment Adjustments report provides a list of all non-claim payment adjustments you have entered.

1. Click the **Reports** menu, select **Payments**, and click **Non-Claim Payment Adjustments Report**. The Select Provider dialog box opens.



2. In the **Filter By** section, select **Selected Provider** or **Multiple Providers**.
    - If you select **Selected Providers**, click the **Provider** drop-down menu and select the provider for whom to print the report.
    - If you select **Multiple Providers**, click **Continue**. The Provider Filter window opens. Set filters, as needed. Continue to **Step 3**.
3. Click **Continue**. The Select Dates dialog box opens.



4. Click the **Starting Date** and **Ending Date** boxes and enter a date range for this report.
5. Click **Continue**.
    - If you are printing this report for a single provider, the Adjusted Payments Report dialog box opens. Go to **Step 8**.
    - If you a re printing this report for multiple providers, the Nested Sort Order dialog box opens.
6. Click the **First Sort By** and the **And Then By** drop-down menus and select the primary and secondary sorts for the report.
7. Click **Continue**. The Adjusted Payments Report dialog box opens.

8. Select **All**, **Paid**, or **Not Paid**.
9. Click **Continue**. The report (PDF) is generated.

Miscellaneous Reports

Last Modified on 07/16/2020 4:07 pm CDT

The following Miscellaneous reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Misc**, and then select the appropriate report.

- **Export File Reports:** This report lists of all report formats you have saved from the List Export Files.
- **Sponsor Preference Changes:** This report lists the changes you have made to your sponsor preferences for a specified date range.
- **Sponsor Preferences:** This report lists all of the sponsor preferences found in the Sponsor Preferences window. It includes a description of each preference and your current setting.

Claim Data Reports

Last Modified on 08/27/2020 7:44 am CDT

The following Claim Data reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Claim Data**, and then select the appropriate report.

- **5 Day Attendance:** This report provides a chart of each child claimed over any five-day period. For more information, see the **5 Day Attendance Reconciliation** article.
- **Block Claim Monthly:** This report lists all providers who the Analyze Block Claims function has determined are blocking within the month. For more information, see the **Block Claim Monthly Report** article.
- **Claim Error Report:** This generates the Office Error report (OER) and/or the Provider Error Letter.
- **Claim Error Report — Long Version:** This generates the long version of the OER and/or Provider Error Letter.
- **Claimed Attendance Detail:** This report lists meals for which each child on a specific claim were claimed. It is organized by child.
- **Claimed Attendance Detail — By Child:** This is the same report as the Claimed Attendance Detail report. However, only one child is listed per page. This report is useful for verifying attendance.
- **Claimed Attendance Summary:** This report shows counts for the number of children the provider attempted to claim but were not necessarily reimbursed. This is effectively pre-processed claim data. Use the Meal Totals report for post-processed claim counts.
- **Claimed Foods & Attendance:** This report lists each meal claimed by a provider in chronological order. It includes foods and children claimed. This is a useful tool for researching claim errors—especially capacity errors.
- **Claimed Foods & Attendance with Tier:** This report is the same as the Claimed Foods & Attendance report, only it also includes the Tier at which children were reimbursed. This is especially useful during audits and state reviews, as you can use it to report back on Mixed Tier claims.
- **Duplicate Children Claimed:** This report lists all children who are enrolled/claimed by two different providers. This is a basic integrity check since federal regulations stipulate that no child can be paid for more than two meals and one snack or two snacks and one meal per day, regardless of whether they are in two different homes. This report identifies possible matches based on last name and birth date and definite matches based on first names. It checks enrollment records first, then meal and attendance data. Note that the complete analysis cannot be done for manually entered claims.
- **Food and Vitamin Analysis:** This report lists all foods served and the number of times each food was served for a specific provider in a specific month. It also counts the number of times foods high in Vitamin C, A, or Iron were served. It also includes high fat and high salt foods. This report helps you complete nutrition education and training efforts focused on specific vitamin needs.
- **Food and Vitamin Analysis by Meal:** This report is similar to the Food and Vitamin Analysis report, except food is broken down by meal service.

- **Food and Vitamin Summary:** This report provides a picture of your agency-wide nutrition patterns, broken down by meal. This is also a great way to evaluate the effectiveness of your nutrition education efforts.
- **Food Frequency Letter/Food Frequency:** This re port identifies all providers who are claiming the same food more than twice in a given week. It notes the specific foods being claimed and the frequency with which they are claimed. The Letter shows this same information, but is formatted to show one provider per page and includes some introductory text so you can mail it to the provider. This analysis can only be done on claims that are submitted via KidKare or Full Bubble Forms.
- **Food Served:** This report prints a list of all foods served by a provider in a given month.
- **Food Served by Week:** This report also prints a list of all foods served by a provider in a given month, but in an alternate format.
- **Fruit/Vegetable Analysis:** This report lists all providers who have claimed fewer than two fruits/vegetables in any week at either Breakfast or Snack. You can change the filtering options to include only certain serving frequencies or certain meal types. This report is required in Florida, as providers will have portions of their claim disallowed if they don't serve enough fruits/vegetables. It lists each problem week and notes the number of times the given meal was served within a week. If you see a 10 for a given week of snacks where the provider served fruits/vegetables one time in the week, this provider is probably serving both AM Snack and PM Snack all five days in the week. Only one of those snacks ws a fruit/vegetable served. This analysis can only be done on claims submitted via KidKare or on Full Bubble Menus.
- **In/Out Child Attendance:** This report lists all daily in.out records for a given provider. It can print all of the data as-entered, or you can limit it to show only those in/out records where there is no in/out data for a day where meals are claimed, or where no out time was ever supplied by the provider.
- **In/Out Child Attendance by Child:** This is the same as the In/Out Child Attendance report, but it prints one child per-page. You can use this report to conduct parent audits.
- **Provider Menu Comments:** Providers who use KidKare can document comments/additional foods/miscellaneous information when they record their meals. You can use this report to review all of those special comments.
- **Meal Totals:** This report provides a day-by-day, meal-by-meal view of approved meal counts by Tier. For more information, see **Print the Meal Totals Report**.
- **Provider Daily Meal Count:** This report provides meal count totals by meal for each of your providers for a selected date range. It also totals all meal counts for each, individual provider, as well as provides an overall total for all providers. For more information, see **Print the Provider Daily Meal Count Report**.

Claim Management Reports

Last Modified on 06/10/2020 3:03 pm CDT

The following Claim Management reports are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Claim Management**, and then select the appropriate report.

- **Caseload Summary:** This report provides a managerial overview to your claiming provider counts. This gives you a picture of the number of homes claimed over a number of months. You can choose the range to examine, and you can break the claiming provider count down by county or Monitor. This report is generated as an XSLX file, so you need a spreadsheet program, such as Excel®, to view it.
- **Claim Change Report:** This report prints a list of claim changes or claim adjustments you have made to your claims.
- **Claim Error Analysis Detail by Monitor:** This report lists a count of all errors that each provider has on their Office Error reports for a given claim. It is organized by Monitor, so you can find out if one particular Monitor's caseload is behaving differently than another.
- **Claim Error Analysis Summary:** This report provides an overview of the breadth of errors being committed by all of your providers on their claims. Each error is listed with a count of the number of times it happened overall, along with the number of providers impacted by the error.
- **Claim List Export File:** This is a CSV list of claims and claim details. For more information, see **Claim List Export File**.
- **Child Mailing Labels:** This works the same as the Claim List Export File, only it generates provider mailing addresses in the Avery 5160 format.
- **Claim by Source:** This report lists all providers who claimed and the source of their claim.
- **Claims Not Received:** This report lists all providers for whom a claim hasn't been marked as received in the Track Received Claims function. Note that even if claims aren't actively checked-in via that function, they are oted as received once manually entered or scanned.
- **Enrollment/Days/Meals Edit Check:** Federal regulations state that the total number of meal claims should never be greater than the number of children enrolled multiplied by the number of days that meals were served. When claims are processed in Minute Menu HX, a variety of edit checks are performed that prevent users from violating this federal regulation. However, in very rare circumstances, there may be manual claims/adjustments made in conjunction with changes to child data that result in a claim where the total meals are greater than the days claimed multiplied by enrollment. This report detects any such claims.
- **New Claiming Providers:** This report lists all providers who have sent in a claim for the first time within the date range analyzed.
- **Provider Claim Totals:** This report report lists all provider claims and includes meal counts and other data for that claim. For more information, see **Print the Provider Claim Totals Report**.

- **Providers Not Claiming:** This report lists all providers who were active in a given month, but who did not claim. If you enter a date range that covers more than one month, it lists providers who did not claim during any of the months within that range. For more information, see **Providers Not Claiming Report**.
- **State Claim Summary:** This report summarizes information about your entire claim (including multiple provider claims) that you usually need to fill-out state claim reports. For more information, see **Print the Claim Summary Report**.
- **State Daily Meal Totals:** This report is currently only used in Rhode Island.
- **Track Received Claims Info:** This report lists providers for whom you've received claims. For more information, see **Track Received Claims**.
- **Unsubmitted Online Provider Claims:** This report lists unsubmitted claims for those providers who claim online with KidKare.

Claim Forms

Last Modified on 04/23/2019 11:33 am CDT

The following Claim Forms are available. This list is not comprehensive. To access these reports, click the **Reports** menu, select **Claim Forms**, and then select the appropriate form.

- **Blank Claim Information Form:** Print this form and give it to new providers who don't have any enrolled children.
- **Claim Information Form (CIF):** This report includes all children who were enrolled for at least one day in the effective claim month on the report. For more information, see **Claim Information Form**.
- **Daily Meal Worksheet:** This is a copy of the worksheet providers print in KidKare.
- Full Month Attendance Worksheet: This is a sample worksheet you could use for providers who do not use KidKare or scannable forms. Once providers complete this worksheet, use the Record Full Month Attendance by Meal function to enter this attendance data.
- **Manual Claim Cover Sheet:** This is a single-page version of the Manual Claim Processing Worksheet (see below).
- **Manual Claim Processing Worksheet:** The Manual Claim Processing Worksheet provides your claim reviewers and menu readers with everything they need to manually process a provider's claim. For more information, see **Manual Claim Processing Worksheet & Manual Claim Cover Sheet**.
- **Weekly Attendance Worksheet:** This is the same report providers print in KidKare. It allows providers to take attendance on paper.

Claim List Export File

Last Modified on 04/24/2019 4:04 pm CDT

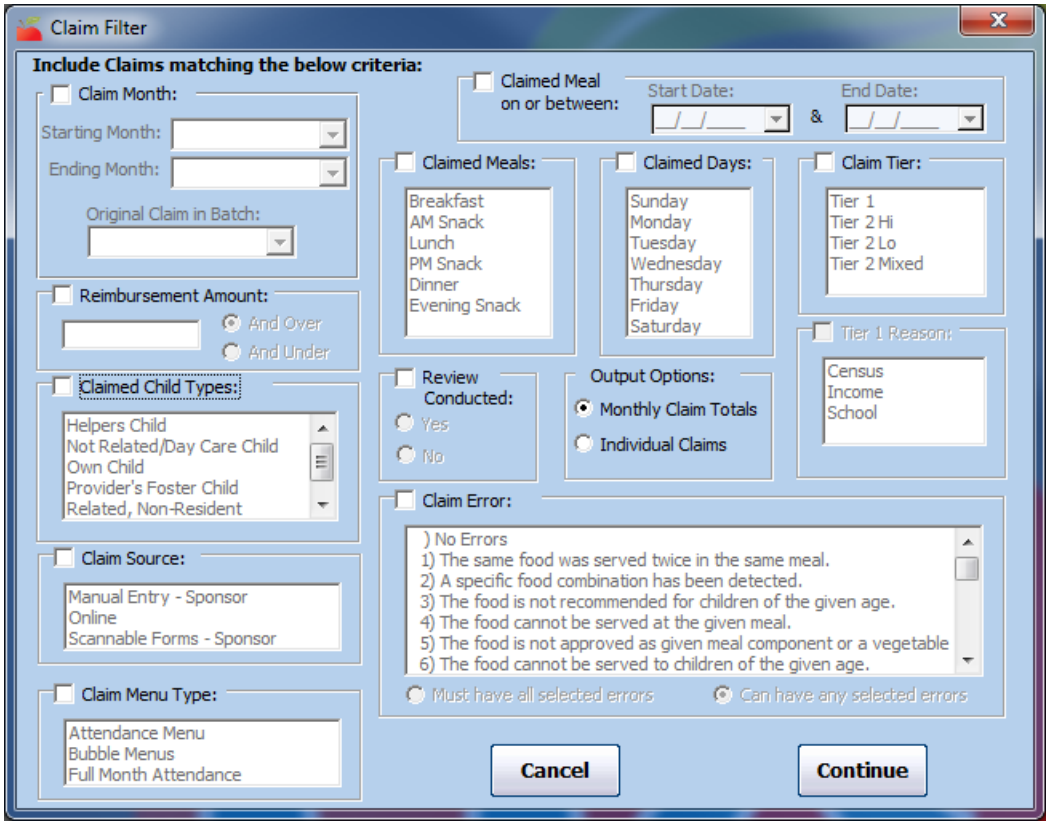
The Claim List Export File is useful when you need to find a specific claiming situation, especially in the case of an agency review or audit. For example, the State may request a list of providers who are:

- High claimers (over $1000)
- Claiming their own children
- Claiming dinners or evening snacks
- Claiming Saturdays and Sundays

While you may need to print this report several times to create several different files that meet the criteria, and then combine them into one file. This is because the Claim List Export File filter cannot perform OR actions—it can only perform AND actions.

To generate the file:

1. Click the **Reports** menu, select **Claim Management**, and click **Claim List Export File**. The Provider Filter window opens.
2. Check the box next to each filter that applies, and then select the criteria. To include all providers, leave all boxes blank.
3. Click **Continue**. The Claim Filter window opens.



4. Check the box next to each filter to apply, and then select the criteria. Note that if you do not at least filter

to a claim months, all claim months are included. To filter to one, specific month, select the same month in the **Starting Month** and **Ending Month** boxes.

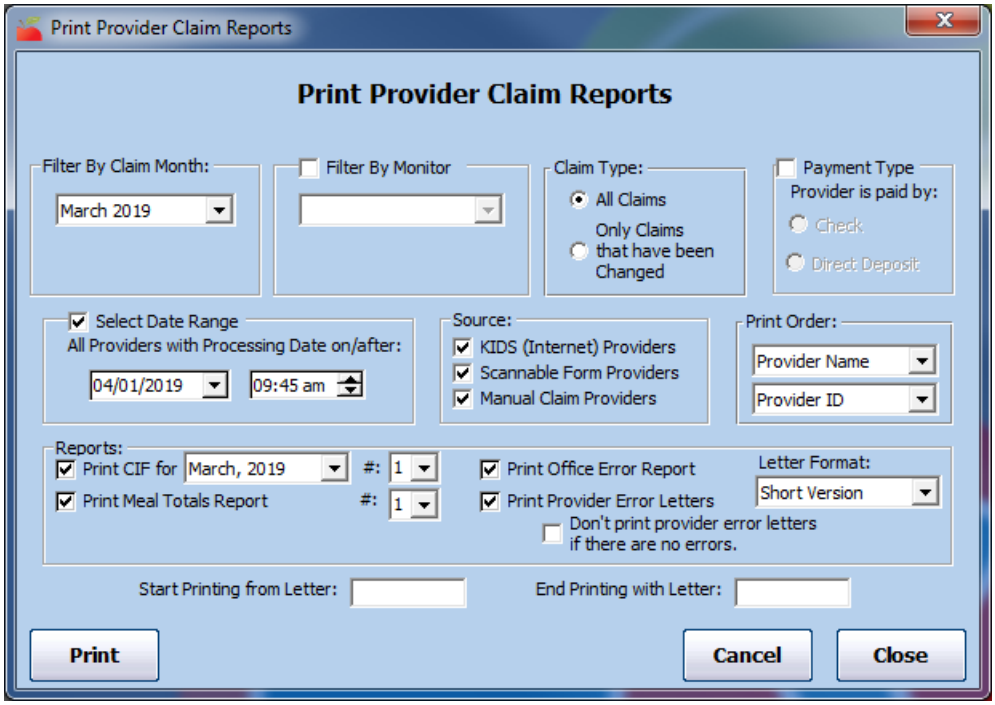
5. Click **Continue**. The Select Output Data for Claim List Export window opens.
6. Check the box next to each field to include in the report. You can also click **Select All** to select all fields.
7. Click **Continue**. The Save As window opens.
8. Browse to the location in which to save the file.
9. Click **Save**.

Print Provider Claim Reports

Last Modified on 04/05/2019 11:11 am CDT

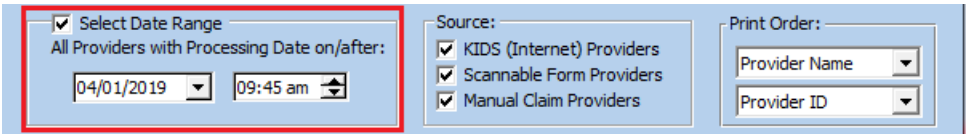
When you process claims, you print claim reports as part of that process. Another option for printing these reports is the Print Provider Claim Reports feature. You can also use this feature to re-print claim reports if your print jobs are interrupted during claims processing for any reason. When printing claim reports with the Print Provider Claim Reports feature, you can set a specific processing date and time, which allows you to target recently processed claims for which reports did not print.

1. Click the **Claims** menu and select **Print Provider Claim Reports**. The Print Provider Claim Reports window opens.



2. Click the **Filter By Claim Month** drop-down menu and select the claim month for which to print provider claim reports.
3. Check the **Filter By Monitor** box to filter by a specific monitor. Then, click the corresponding **drop-down menu** and select the monitor to which to filter.
4. In the Claim Type section, select the type of claims to print.
    - **All Claims:** The system will print all claims that match the other filters you select.
    - **Only Claims That Have Been Changed:** The system will print only those claims you have manually adjusted.
5. Check the **Payment Type** box to filter reports by provider payment type. You can select **Check** or **Direct Deposit**.
6. Check the **Select Date Range** box to set a specific processing date range. Then, click the corresponding **Date** and **Time** boxes to set the processing date and time. For example, if you were processing claims on April 1st at 9:45AM and your claim reports did not print, select 04/01/2019 in the first box, and enter 9:45am in the second box. This will print the claim reports associated with claims processed for that

date/time.



7. In the **Source** section, check the box next to each source that applies. The system will only print those claims that match the source(s) you select here. You can choose from the following:
    - KIDS (Internet) Providers (KidKare)
    - Scannable Form Providers
    - Manual Claim Providers

    Note: Direct Entry claims are considered Scannable Form claims.
8. In the **Print Order** section, click each drop-down menu and select the primary (first menu) and secondary (second menu) sorts for the report. The claim reports will print in the order you set here.
9. In the **Reports** section, check the box next to each report to print. All reports are checked by default. To not print a report, clear the box next to the report to exclude.
    - If you print the **CIF**, click the **For** drop-down menu and select the month for which to print it.
    - If you print the Office Error report and the Provider Error Letter, click the **Letter Format** drop-down menu and select **Short Version** or **Long Version**.
10. Check the **Don't Print Provider Error Letters if There are No Errors** box to print reports only for providers who have claim errors.
11. Click the **Start Printing From Letter** and **End Printing With Letter** boxes and enter a starting and ending letter for the batch. For example, if you enter A in the Start box and C in the End box, only providers whose last names start with A, B, and C are printed. This allows you to print claim reports for certain batches of providers.
12. When finished, click **Print**.
13. Click **OK** at the confirmation prompt. The reports are sent to your printer.

Note: Click **Cancel** to interrupt the print process at any time. This stops Minute Menu HX from printing more claim reports, but you may also need to manually clear any backlog of reports from your print queue.

Print the Meal Totals Report

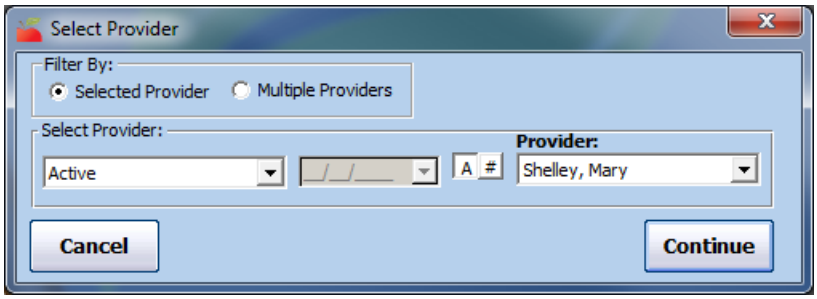
Last Modified on 04/24/2019 4:22 pm CDT

You can print the Meal Totals report when you process claims. this report provides a day-by-day, meal-by-meal view of approved meal counts by Tier. When you look at this report, you can see exactly what the Minute Menu HX processor approved for each meal claimed in the month for a given provider.

You can also print this report later from the Reports menu or from the Claim Details window. If you need to print this report for a batch of providers, you can also print it with the **Print Provider Claim Reports** function.

To print this report from the Reports menu:

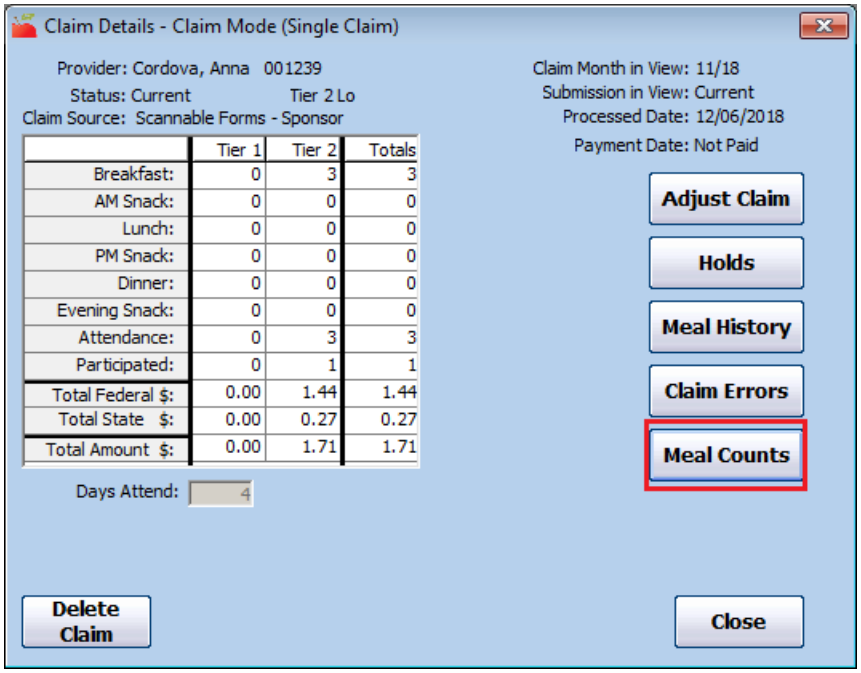
1. Click the **Reports** menu, select **Claim Data**, and click **Meal Totals Report**. The Select Provider dialog box opens.
2. Click the **Provider** drop-down menu and select the provider for whom to print the report.



3. Click **Continue**. The Select Claim Month drop-down menu opens.
4. Click the **Select Claim Month** drop-down menu and select the claim month for which to print the report.
5. Click **Continue**. The report (PDF) is generated.

To print this report from the Claim Details window:

1. Click the **Claims** menu and select **List Claims**. The List Claims window opens.
2. Click the **Claim Month** drop-down menu and select the claim month to view. You can also filter to specific providers, if needed. For more information, see **List Claims**.
3. Click **Refresh List**.
4. Click **Details** next to the claim to view. The Claim Details window opens.
5. Click **Meal Counts** (to the right). The Select Meal Count Report dialog box opens.



6. Select **Paid - Meal Totals Report**.
7. Click **Continue**. The report is generated.

Print the Office Error Report

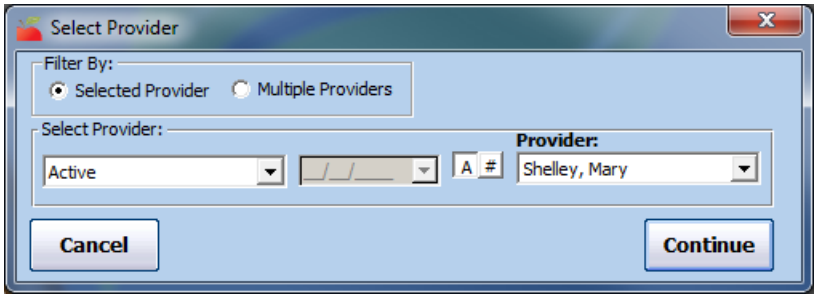
Last Modified on 04/24/2019 4:22 pm CDT

The Office Error report prints when you process claims. It provides a quick claim overview and lists specific errors that occurred when processing the claim.You can also print this report at a later time from the Reports menu or from the Claim Details window. If you need to print this report for a batch of providers, you can also print it with the **Print Provider Claim Reports** function.

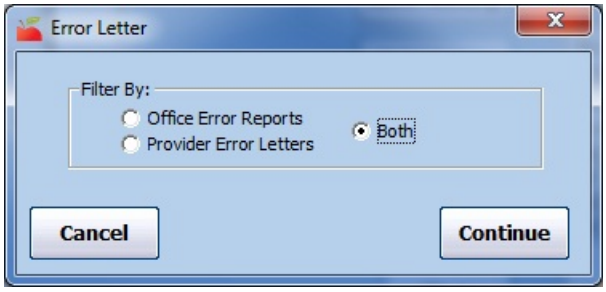
For detailed information about errors that may appear on this report, see **Error Codes**.

To print this report from the Reports menu:

1. Click the **Reports** menu, select **Claim Data**, and click **Claim Error Report** or **Claim Error Report - Long Version**. The Select Provider dialog box opens.
2. Click the **Provider** drop-down menu and select the provider for whom to print the report.



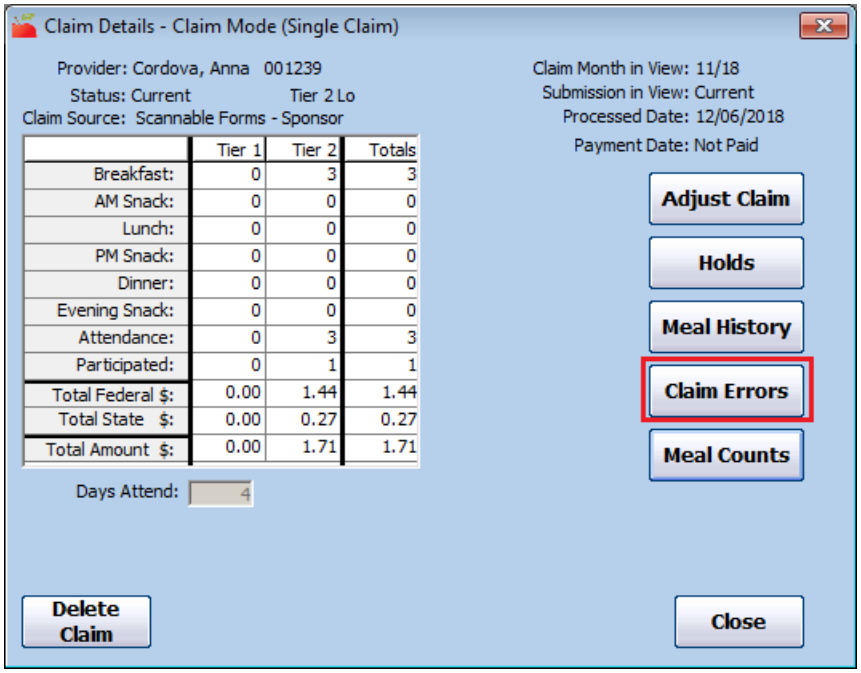
3. Click **Continue**. The Select Claim Month drop-down menu opens.
4. Click the **Select Claim Month** drop-down menu and select the claim month for which to print the report. The Error Letter dialog box opens.



5. Select **Office Error Reports**. If you also need to print the Provider Error Letter, select **Both**.
6. Click **Continue**. The report is generated.

To print this report from the Claim Details window:

1. Click the **Claims** menu and select **List Claims**. The List Claims window opens.
2. Click the **Claim Month** drop-down menu and select the claim month to view. You can also filter to specific providers, if needed. For more information, see **List Claims**.
3. Click **Refresh List**.
4. Click **Details** next to the claim to view. The Claim Details window opens.
5. Click **Claim Errors** (to the right). The Choose Letter Format dialog box opens.



6. Select **Short Version** or **Long Version**.
7. Click **Continue**. The Error Letter dialog box opens.
8. Select **Office Error Report**. If you also need to print the Provider Error Letter, select **Both**.
9. Click **Continue**. The report is generated.

Note: You can also click **Print OER** in the List Claims window to print this report.

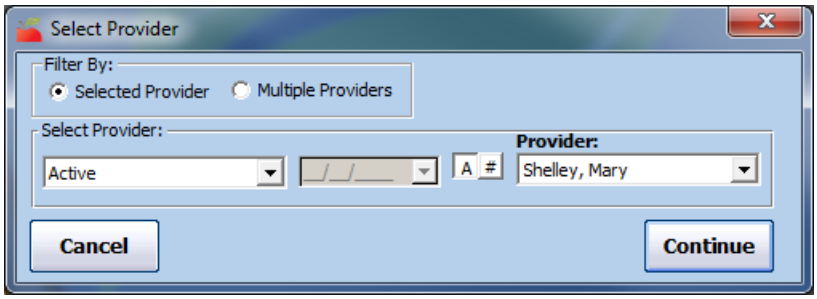
Print the Provider Error Letter

Last Modified on 04/24/2019 4:22 pm CDT

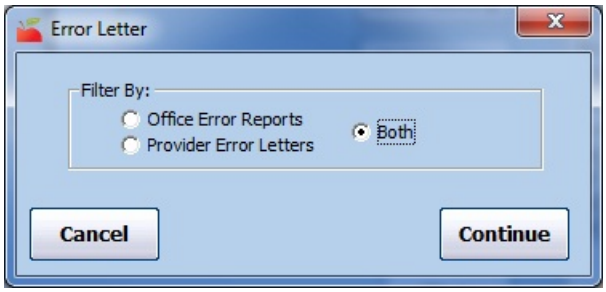
If you need to print an Office Error report for an individual provider, you can do so from the Reports menu or from the Claim Details window. If you need to print this report for a batch of providers, you can also print it with the **Print Provider Claim Reports** function.

To print this report from the Reports menu:

1. Click the **Reports** menu, select **Claim Data**, and click **Claim Error Report** or **Claim Error Report - Long Version**. The Select Provider dialog box opens.
2. Click the **Provider** drop-down menu and select the provider for whom to print the report.



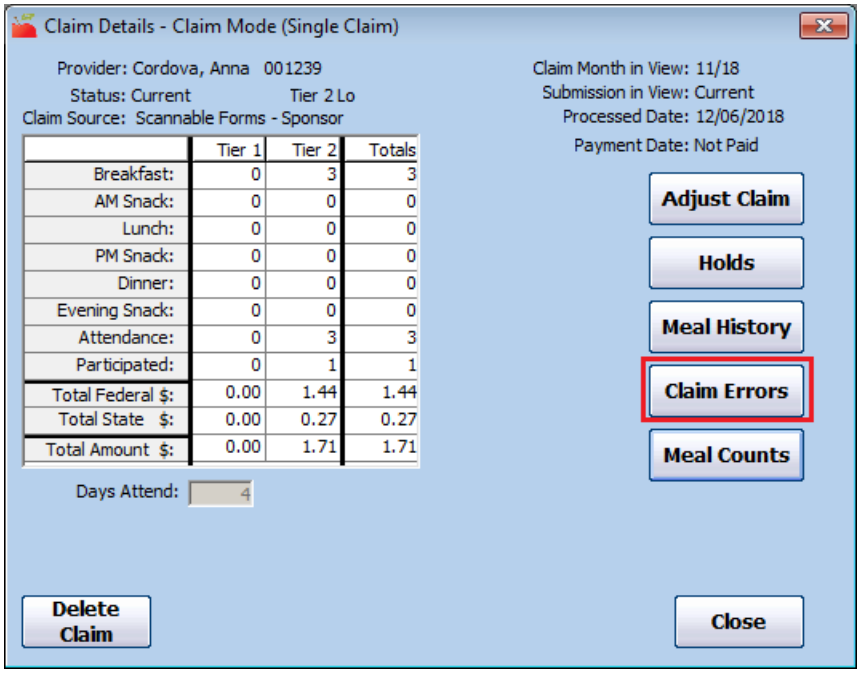
3. Click **Continue**. The Select Claim Month drop-down menu opens.
4. Click the **Select Claim Month** drop-down menu and select the claim month for which to print the report. The Error Letter dialog box opens.



5. Select **Provider Error Letters**. If you also need to print the Office Error Report, select **Both**.
6. Click **Continue**. The report (PDF) is generated.

To print this report from the Claim Details window:

1. Click the **Claims** menu and select **List Claims**. The List Claims window opens.
2. Click the **Claim Month** drop-down menu and select the claim month to view. You can also filter to specific providers, if needed. For more information, see **List Claims**.
3. Click **Refresh List**.
4. Click **Details** next to the claim to view. The Claim Details window opens.
5. Click **Claim Errors** (to the right). The Choose Letter Format dialog box opens.



6. Select **Short Version** or **Long Version**.
7. Click **Continue**. The Error Letter dialog box opens.
8. Select **Provider Error Letters**. If you also need to print the Office Error Report, select **Both**.
9. Click **Continue**. The report is generated.

Print the Block Claim Monthly Report

Last Modified on 06/10/2020 3:05 pm CDT

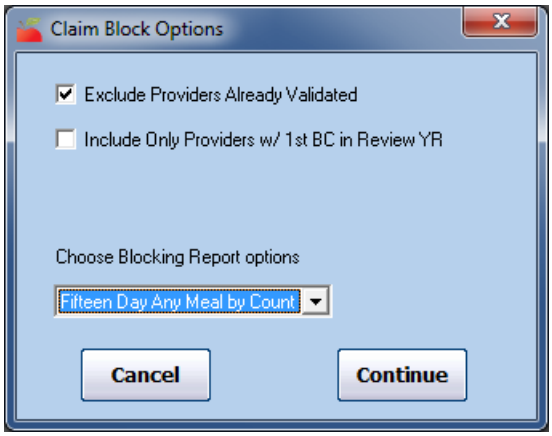
You can print the Block Claimers report when analyzing block claims, or from the reports menu. This report lists all providers who the Analyze Block Claims function has determined are blocking within the month.

You can use this report to determine when to visit providers for corrective action, as the Analyze Block Claims function does not automatically update review schedules. The report includes the provider's next required review date per the information in their file.

To print this report from the Reports menu:

1. Click the **Reports** menu, select **Claim Data**, and click **Block Claim Monthly Report**. The Select Month dialog box opens.
2. Click the **Select Month** drop-down menu and select the claim month for which to run this report.

   Note: You can only run this report for claim months that contain analyzed claims.
3. Click **Continue**. The Provider Filter window opens.
4. Set filters, as needed.
5. Click **Continue**. The Claim Block Options dialog box opens.



6. Check the **Exclude Providers Already Validated** box to exclude providers who have been validated in their current review year.
7. Check the **Include Only Providers w/1st BC in Review Year** to include only those providers who have filed their first block claim for the review year.
8. Click the **Choose Blocking Report Options** drop-down menu and select the block claim definition to use on the report. This menu defaults to **Fifteen Days Any Meal by Count**, which is the original federal definition.
9. Click **Continue**. The Provider Nested Sort Order dialog box opens.
10. Click the **First Sort By** and the **And Then By** drop-down menus and select the primary and secondary sorts for the report.
11. Click **Continue**. The report is generated.

Print the Provider Claim Totals Report

Last Modified on 04/24/2019 4:23 pm CDT

The Provider Claim Totals report lists all provider claims and includes meal counts and other data for that claim. The claim's Tier and the provider's current Tier (per effective dates in their file) are also included on this report.

> **Note:** Claims that are on hold when this report is generated are not included in the report.

Each claim record is listed with its appropriate submission batch (Submitted Date). If a claim is marked as Not Yet, the claim has not been marked as submitted. If a claim is an adjustment claim, the value in the Status column is Adjustment. There can be as many adjustment claims for a given provider for a given month, but there should only be one original (core) claim.

The last page of this report contains summary total information, including the Total Homes Claiming and Total Unique Claims fields. These values will be different if a provider has more than one claim record in the given claim month.

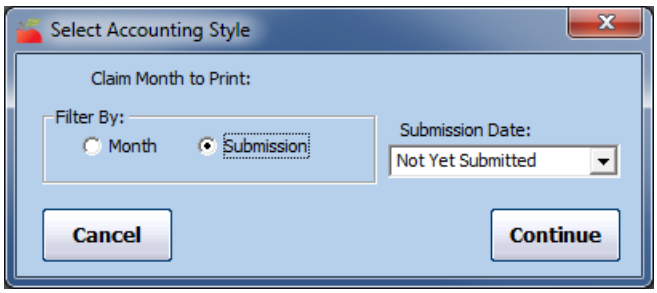
The Total Zero-Dollar Homes Claiming field is also listed on the final page. While these providers are included in the Total Homes Claiming count, they should not be counted when reporting to the State, as your agency is not eligible for administrative funds for these providers. Subtract this number from your Total Homes Claiming when reporting a claiming home count to the State.

To print the Provider Claim Totals report:

1. Click the **Reports** menu, select **Claim Management**, and click **Provider Claim Totals Report**. The Select Month dialog box opens.

   > **Notes:** You can also print this report from the List Claims window. Click the **Claims** menu and select **List Claims**. Then, click **Print**. You can also click the **Claims** menu, select **Submit Claims to State**, and then click **Print Provider Claim Totals**. If you use this method, go to **Step 7**.

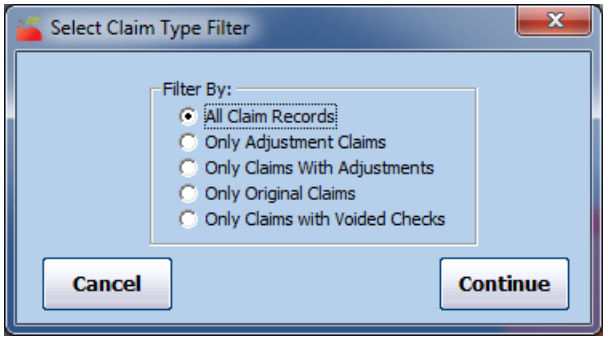
2. Click the **Select Month** drop-down menu and select the claim month for which to print the report.
3. Click **Continue**. The Select Accounting Style dialog box opens.



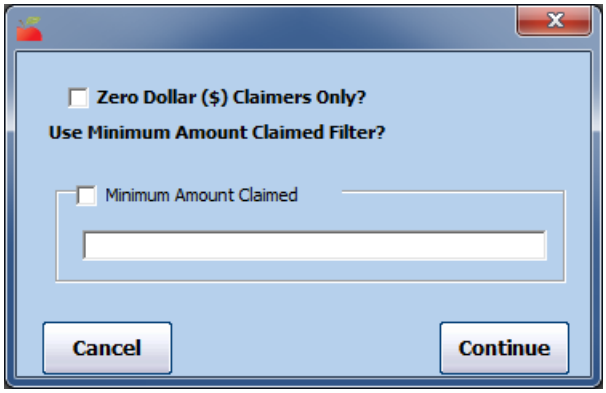
4. In the **Filter By** section, select **Month** or **Submission**. If you select **Month**, go to **Step 7**.
5. Click the **Submission Date** box and **All Submission Batches** or **Not Yet Submitted**. Not Yet Submitted is

the default.

6. Click **Continue**. The Select Claim Type Filter dialog box opens.
7. Select the claim type by which to filter. In most states, this would be **All Claims Records**.



8. Click **Continue**. The Provider Filter window opens. If you are printing this report from the Submit Claim to State window, go to **Step 11** (the Provider Filter window does not display).
9. Set additional filters for the providers to include in this report, if needed. If you don't set any filters here, all providers are included in the report.
10. When finished, click **Continue**.
11. You can now filter by claim dollar amounts, if needed. This can be useful if you're trying to isolate zero-dollar claimers (the entire claim was disallowed when processed). However, you should typically leave these filtering options un-changed when retrieving your state claim report information.



12. Click **Continue**. The Provider Nested Sort Order dialog box opens.
13. Click the **First Sort By** and the **And Then By** drop-down menus and select the primary and secondary sorts for this report.
14. Click **Continue**. The report is generated.

Print the Claim Summary Report

Last Modified on 04/24/2019 4:23 pm CDT

This report summarizes information about your entire claim (including multiple provider claims) that you usually need to fill-out state claim reports. Note that claims that are on hold are not included in this report, but those providers are included in the Current Active Homes count.

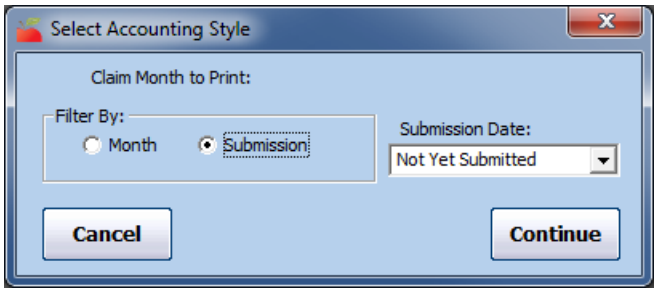
In some states, Minute Menu HX has developed a custom State claim Summary that matches the format required by your state agency. In most other states, this report uses the default Minute Menu HX format. In all states, if you generate this report form the Reports menu (instead of the Submit Claim to State window), Minute Menu HX's standard State Claim Summary format is used.

Typically, you need to manually copy the numbers printed on this report to your State's specific report. However, if you are in a state where Minute Menu HX generates the State's specific report, you do not need to manually copy any part of this report.

Instead, print your state-specific version of this report from the Submit Claim to State window. Filter to All Submissions (if your State requires a re-statement of the monthly totals each time an amended claim is submitted) or filter to specific submission batches (if your State only requires you to report new counts only with amended claims).

To print this report:

1. Click the **Reports** menu, select **State Claim Summary Report**. The Select the Month dialog box opens.
2. Click the **Select Month** drop-down menu and select the month for which to print the report.
3. Click **Continue**. The Select Accounting Style dialog box opens.



4. In the **Filter By** section, select **Month** or **Submission**.
5. Click the **Submission Date** box and **All Submission Batches** or **Not Yet Submitted**. Not Yet Submitted is the default.
6. Click **Continue**. The report is generated. If you are in a state that provides supplemental reimbursement funds (in addition to federal CACFP reimbursements), this report prints with twice the number of pages. One set of pages prints the federal dollar totals, and the other prints the state dollar totals. All meal counts are the same, but the dollar amounts are different.

Note: To print the state-specific version of this report, click Claims and select **Submit Claims to State**. The Submit Claim to State window opens. Click **Print State Summary**. The report (PDF) is generated.

Fields of Note

The top portion of this report is split into three distinct sections:

- Claim Tier Breakdown
- Provider Tier Breakdown
- Claiming Home Totals

Claim Tier Breakdown

This section provides counts for current active and claiming hoes, as well as zero claiming homes, attendance, and so on.

- **Current Active Homes:** This is a count of homes that were active, but not necessarily claiming, for the claim month. These are broken down by *estimated* claiming Tier. This is estimated because non-claiming providers are included in this count. Use these numbers if your state requires counts of active homes by claim Tier. Otherwise, use the number of active homes in the Provider Tier section. Many states do not require you to report this number at all. Instead, they require the claiming/participating home count. See Homes Claiming, below.
- **Homes Claiming:** This is the total number of homes that claimed (participated) in the selected claim month. This is split by *claim* Tier, not provider Tier. It includes all new homes claiming, but does not include double counts for any homes that claimed and then were adjusted.
- **Zero-$$ Claiming Homes:** If a provider has submitted a claim and no meals can be reimbursed, a claim still exists in Minute Menu HX, but it is for zero dollars. These providers are included in the Homes Claiming counts, but they should *not* be counted when reporting to the State, as your agency is not eligible for administrative funds for these providers. Subtract these numbers from the **Homes Claiming** counts when reporting claiming home counts to the State.
- **Participated:** This is the total number of unique children claimed, split by claim Tier. Mixed Tier claims are further split so you have the totals for Tier 1 and Tier 2 children claimed in such homes. This count is always lower than child enrollment figures, unless you don't maintain accurate enrollment records and have overwritten edit checks performed when saving manual claims. If your State requires a count of enrolled participating that is categorized by Tier 1, Tier 2 Hi, and Tier 2 Lo, you may need to add some numbers on this line.
    - The Tier 1 number corresponds to the Tier 1 count on your State report.
    - Add Tier 2 Hi to the Hi sub-category for Mixed Tier homes.
    - Add Tier 2 Lo to the Lo sub-category for Mixed Tier homes.
- **ADA:** This is the Average Daily Attendance, which is the sum total of all individual claim ADAs in their respective claim Tier categories. In most states, this is rounded up to the nearest whole number—If all of your ADA totals are a whole number with a single zero after the decimal point, then the ADA is rounded to

the nearest whole number on your report. In some states, the ADA includes a value after the decimal point. Mixed Tier homes are further split into Hi and Lo counts to provide an accurate appraisal of Tier 1 and tier 2 children.

Provider Tier Breakdown

This section provides values for your current active homes and enrolled children.

- **Current Active Homes:** This is the number of active, but not necessarily claiming, homes broken down by provider Tier (not claiming Tier).
- **Children Enrolled:** This is the total number of children who were enrolled, but not necessarily claimed, in that month. This is broken down by Tier. Most states require a count of the number of claimed children, rather than the number of enrolled children. If that's the case, reference the **Participated** figures in the **Claim Tier Breakdown** section (above).

Claiming Home Totals

This section provides totals for attendance, new homes claiming, zero-dollar claims, and so on.

- **Total Attendance/Maximum Days Claimed:** Use this number if your state requires a modified definition of the ADA, which looks at Total Attendance divided by the maximum number of claimed days for the month.
- **Claim Totals by Submission Batch:** This is the submission batch for the given month. This is useful if you only need to report new information to your State for each amended submission, because you must report the correct number of claiming homes that are newly claiming with the amended claim.
- **New Homes Claiming:** This is the number of new homes claiming with the listed batch.
- **Zero $ Claims:** This is the number of claims in the batch that were for $0.00 total. You should generally factor these numbers out of the report you send to the State. Be careful if any zero-dollar claiming homes appear on your reports. Claiming one of these homes for reimbursement from the State could result in an audit finding, so it is best to identify these homes and either delete those claims completely, or fix the data situation that caused them to be zeroed-out and re-process them.

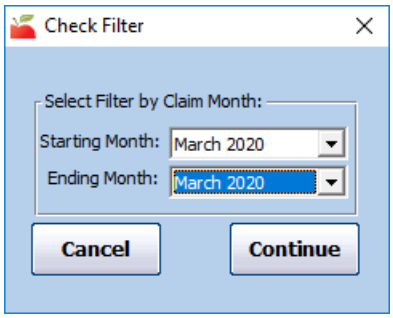
Print the Unsubmitted Online Provider Claims Report

Last Modified on 04/01/2020 12:11 pm CDT

This report lists unsubmitted claims for those providers who claim online with KidKare. It lists those providers who have recorded meals for the claim month, but who have not used the Send to Sponsor feature in KidKare to submit their claims to you for processing. Run this report after the bulk of your claims have been processed, and use it to contact these providers and encourage them to submit their claims.

To print it:

1. Click the **Reports** menu, select **Claim Management**, and click **Unsubmitted Online Provider Claims**. The Provider Filter window opens.
2. Check the box next to each filter to use and select your filter criteria. For example, to filter by state, you would check the State box and select the state for which to run the report.
3. Click **Continue**. The Select Filter by Claim Month dialog box opens.
4. Click the **Starting Month** and **Ending Month** drop-down menus and select the claim month(s) for which to run the report. To run the report for one month only, select the same month in both fields.



5. Click **Continue**. The Provider Nested Sort Order dialog box opens.
6. Click the **First Sort By** drop-down menu and select the primary sort for the report. Name is selected by default.
7. Click the **And Then By** drop-down menu and select a secondary sort for the report, if needed.
8. Click **Continue**. The report is generated and displays in the Report Viewer.

Unsubmitted Online Provider Claims
Demo Unify Sponsor HaiTest

Provider ID	Provider Name	Phone	Email	County	Monitor	Unsubmitted Claim Month
999003	AE1,AE	(242) 412-4214	abc@gmail.com		(007) Gardner,Betty	March 2020
999004	AM,AM	(233) 333-3333	add@gmail.com			March 2020
001237	Landers,Gwen	(517) 001-1122	mmkidkareyNQRzm@mailinator.com		(134) bb,aa	March 2020
777777	Nguyen,Ryan	(201) 324-3003	ryannguyen@gmail.com	Trinity	(42) Goldman,Emma	March 2020

9. Export or print the report, as needed:
   - Click  to export the report.

- Click  to print it. If you need to change your printer to a PDF writer, click  to update your default printer.

Print the State Daily Claim Totals Report

Last Modified on 04/15/2019 1:50 pm CDT

The State Daily Claim Totals report is used by very few states. It gives a day-by-day meal count of all provider claims. It is very similar to the Meal Totals report, except this provides a count for all providers. Claims that are on hold are not included on this report.

To print this report:

1. Click the **Reports** menu, select **Claim Management**, and click **State Daily Claim Totals Report**. The Select Claim Month dialog box opens.
2. Click the **Select Claim Month** drop-down menu and select the claim month for which to print this report.
3. Click **Continue**. The report is generated.

Print the Provider Daily Meal Count Report

Last Modified on 08/27/2020 7:44 am CDT

The Provider Daily Meal Count report provides meal count totals by meal for each of your providers for a selected date range. It also totals all meal counts for each, individual provider, as well as provides an overall total for all providers. The sort applied to this report defaults to your setting for **preference U.004**.

1. Click the **Reports** menu, select **Claim Data**, and click **Provider Daily Meal Count Report**. The Select Dates dialog box opens.
2. Click the **Starting Date** box and enter the starting date for this report.
3. Click the **Ending Date** box and enter the ending date for this report.
4. Click **Continue**. The report is generated.

Print the Claimed Attendance Detail Report

Last Modified on 09/16/2020 2:55 pm CDT

The Claimed Attendance Detail report lists meals for which each child on a specific claim were claimed. It is organized by child.

1. Click the Reports menu, select **Claim Data**, and click **Claimed Attendance Detail**. The Select Provider dialog box opens.
2. Set filters for the providers to include:
    a. In the **Filter By** section, select the Selected Provider option or the Multiple Providers option. If you select **Multiple Providers**, continue to **Step 3**.
    b. Click the **Status** drop-down menu and select **Active**, **Active & Withdrawn After**, **All**, **Hold, Pending**, or **Withdrawn Before**.
    c. If you selected **Active & Withdrawn After** or **Withdrawn Before** in **Step 2b**, click the corresponding Date box and select the appropriate date. If you selected any other status, go to **Step 2d**.
    d. Click the **Provider** drop-down menu and select the provider for whom to run the report.
3. When finished, click **Continue**. If you selected a specific provider in **Step 2**, continue to **Step 4**.
    a. The Provider Filter window opens. Check each box and select a filter that applies. If you don't set any filters, all providers are included in this report.

    > **Note:** Check the **Choose Providers From List** box to select individual providers to include. When you click **Continue**, the Choose Providers window opens. Check the box next to each provider to include in the report and click **Continue**.

    b. Click **Continue**. The Select Claim Source dialog box opens.
    c. Choose from the following. You can select multiple sources.
        - Manual Entry - Sponsor
        - Online
        - Scannable Forms - Sponsor.
    d. Click **Continue**.
4. The Select Claim Month dialog box opens. Click the **Select Claim Month** drop-down menu and select the claim month for which to run this report.
5. Click **Continue**. The Select Child Sort Preference dialog box opens.
6. Select the **Sort by Name** option or the **Sort by Number/ID** option.
7. Click **Continue**. The report is generated. To print this report to PDF, see **Print Reports to PDF**.

Print the Claimed Attendance Summary Report

Last Modified on 09/16/2020 2:57 pm CDT

The Claimed Attendance Summary report shows counts for the number of children the provider attempted to claim but were not necessarily reimbursed. This is effectively pre-processed claim data. Use the Meal Totals report for post-processed claim counts.

1. Click the Reports menu, select **Claim Data**, and click **Foods Served Report**. The Select Provider dialog box opens.
2. Set filters for the providers to include:
    a. In the **Filter By** section, select the Selected Provider option or the Multiple Providers option. If you select **Multiple Providers**, continue to **Step 3**.
    b. Click the **Status** drop-down menu and select **Active**, **Active & Withdrawn After**, **All**, **Hold, Pending**, or **Withdrawn Before**.
    c. If you selected **Active & Withdrawn After** or **Withdrawn Before** in **Step 2b**, click the corresponding Date box and select the appropriate date. If you selected any other status, go to **Step 2d**.
    d. Click the **Provider** drop-down menu and select the provider for whom to run the report.
3. When finished, click **Continue**. If you selected a specific provider in **Step 2**, continue to **Step 4**.
    a. The Provider Filter window opens. Check each box and select a filter that applies. If you don't set any filters, all providers are included in this report.

    Note: Check the **Choose Providers From List** box to select individual providers to include. When you click **Continue**, the Choose Providers window opens. Check the box next to each provider to include in the report and click **Continue**.

    b. Click **Continue**.
4. The Select Claim Month dialog box opens. Click the **Select Claim Month** drop-down menu and select the claim month for which to run this report.
5. Click **Continue**. If you are printing this report for a single provider, go to **Step 7**.
6. The Provider Nested Sort Order dialog box opens.
    a. Click the **First Sort By** drop-down menu and select the primary sort for this report. Name is selected by default.
    b. Click the **And Then By** drop-down menu and select the secondary sort for this report. This box is blank by default.
    c. Click **Continue**.
7. The report is generated. To print this report to PDF, see **Print Reports to PDF**.

Print the Foods Served Report

Last Modified on 09/16/2020 2:45 pm CDT

The Foods Served report prints a list of all foods served by a provider in a given month. You can also print this report in a weekly format, if needed. However, this article provides instructions for printing the standard report.

1. Click the Reports menu, select **Claim Data**, and click **Foods Served Report**. The Select Provider dialog box opens.
2. Set filters for the providers to include:
    a. In the **Filter By** section, select the Selected Provider option or the Multiple Providers option. If you select **Multiple Providers**, continue to **Step 3**.
    b. Click the **Status** drop-down menu and select **Active**, **Active & Withdrawn After**, **All**, **Hold, Pending**, or **Withdrawn Before**.
    c. If you selected **Active & Withdrawn After** or **Withdrawn Before** in **Step 2b**, click the corresponding Date box and select the appropriate date. If you selected any other status, go to **Step 2d**.
    d. Click the **Provider** drop-down menu and select the provider for whom to run the report.
3. When finished, click **Continue**. If you selected a specific provider in **Step 2**, continue to **Step 4**.
    a. The Provider Filter window opens. Check each box and select a filter that applies. If you don't set any filters, all providers are included in this report.

    > Note: Check the **Choose Providers From List** box to select individual providers to include. When you click **Continue**, the Choose Providers window opens. Check the box next to each provider to include in the report and click **Continue**.

    b. Click **Continue**.
4. The Select Claim Month dialog box opens. Click the **Select Claim Month** drop-down menu and select the claim month for which to run this report.
5. Click **Continue**. The report is generated. To print this report to PDF, see **Print Reports to PDF**.

Meal Pattern To-Do List

Last Modified on 07/16/2020 4:31 pm CDT

As the meal pattern changes and evolves over time, review the following items periodically to ensure compliance:

1. Keep Minute Menu HX updated. See **Install & Upgrade Minute Menu HX**.
2. Set staff permissions for the food tool. See **Manage User Permissions**.
3. Mark appropriate foods as whole grain-rich. See **Mark Whole Grain-Rich Foods**.
4. Print the food list report and update your food list, as needed. See **Food List Report** and **Manage Your Food List**.
5. Update master menus and all other menu plans, such as Cycle Menus and EZ Menus. See **Manage Menus**.
6. Review your preferences. See **Set Preferences**.

Breastfeeding Infants

Last Modified on 07/16/2020 4:27 pm CDT

Daycare centers should record meals for infants that are breastfed by their mother on-site the same way that they record foods for children who receive breast milk from a bottle. They must record the breast milk option on the food list.

Per the USDA:

> ”While centers and day care homes must document what foods an infant is served, there is no Federal requirement to document the delivery method for breast milk (e.g., if it was served in a bottle by the day care provider or if the mother breastfed on-site).”
>
> (CACFP 06-2017)

There is no reason (unless your state has instructed otherwise in writing) to identify whether or not the child was fed from the breast or the bottle. Identifying the type/brand of cup, bottle, plate, utensil, flatware, etc. has never been a requirement of the CACFP.

At this time, we are not aware of any state that has implemented this additional paperwork requirement. If your state agency attempts to require documentation of which children were breastfed on-site, we encourage you to use this as an opportunity to discuss the concern that prompted the requirement. This could be an opportunity to work with your state agency to reduce paperwork burden and focus attention on meeting the true requirements of the program.

Flavored Milk

Last Modified on 07/16/2020 4:28 pm CDT

Flavored milk is only allowed for children six (6) years-old and up. However, at this time, there is no edit check in Minute Menu HX that identifies when flavored milk is served to children age four (4) and younger.

We strongly advise that you remove flavored milk from your list entirely. For more information, see **Remove Foods**. If flavored milk is not removed, this edit check will need to be performed manually.

Meal Pattern Edit Checks and Options

Last Modified on 07/16/2020 4:31 pm CDT

There are several preferences that mange updated meal pattern checks in Minute Menu HX. This allows sponsors to adjust the behavior of the edit checks when advised to do so by their state agency. It is best practice to leave these policies set as they are, unless your state agency has advised to continue paying for meals.

- **Preference Q.008:** This preference determines the behavior of the whole grain edit check. You can set this policy to warn, disallow, or ignore. All sponsors are set to disallow by default.
- **Preference Q.011:** This policy determines the behavior of the edit check for juice served more than once per day. You can set this policy to warn or disallow. All sponsors are set to disallow by default.
- **Preference Q.012:** This policy determines the behavior of the edit check for meat served more than three times per week at breakfast. You can set this policy to warn or disallow. By default, all Sponsors will be set to disallow.

Any warnings or disallowances generated by the edit checks referenced above are visible on the Provider Error Letter. Use caution when changing your policy settings, as they impact the results of claims processing. We recommend that you do not change these policies mid-month (i.e. processing late claims vs. on-time claims under different policy settings).

Note: We do not save the complete list of policy settings applied to an individual claim. So, if you change the policies inside a claim month, make your own notes of what you changed and when so you can look back at those claims in the future.

Shelf-Stable Dried/Semi-Dried Meat

Last Modified on 07/16/2020 4:32 pm CDT

The USDA has updated CACFP food crediting guidelines to allow shelf-stable, dried, and semi-dried meat, poultry, and seafood snacks to be credited toward the meat component in reimbursable meals. In addition, the updated guidelines also allow program participants to credit the following food items:

- Coconut
- Hominy
- Popcorn
- Surimi Seafood
- Tempeh

For more information about these updated guidelines, see the USDA's memo **Update of Food Crediting in Child Nutrition Programs**.

For more information about adding and editing foods, see the following articles:

- **Add Foods**
- **Edit Foods**

USDA Links and Resources

Last Modified on 05/28/2020 11:40 am CDT

Updated Meal Standards Charts

- Infants
- Children
- Adults

One-Page Summaries of the Updated Meal Standards

- Infants (English, Spanish)
- Children and Adults (English, Spanish)
- Best Practices (English, Spanish)

CACFP Meal Pattern Training Tools

- Choose Yogurts That Are Lower in Added Sugars (English, Spanish)
- Choose Breakfast Cereals That Are Lower in Added Sugars (English, Spanish)
- Serving Milk in the CACFP (English, Spanish)
- Growing A Healthier Future With the CACFP (English, Spanish)

Updated CACFP Food Crediting Guidelines

Last Modified on 01/09/2019 4:01 pm CST

The USDA has updated CACFP food crediting guidelines to allow shelf-stable, dried, and semi-dried meat, poultry, and seafood snacks to be credited toward the meat component in reimbursable meals. In addition, the updated guidelines also allow program participants to credit the following food items:

- Coconut
- Hominy
- Popcorn
- Surimi Seafood
- Tempeh

For more information about these updated guidelines, see the USDA's memo **Update of Food Crediting in Child Nutrition Programs**.

For more information about adding and editing foods, see the following articles:

- **Add a New Food**
- **Edit an Existing Food**

CACFP Trainer's Tools: Feeding Infants

Last Modified on 11/22/2019 1:36 pm CST

CACFP Trainers Tools: Feeding Infants (link out)

Provided by the USDA, this web page hosts content from the *Feeding Infants in the Child Adult Care Food Program* guide that is meant to help you train your sites to better feed infants. It focuses on developmental readiness, hunger cues, storing breastmilk/formula, and more. The resources included are:

- Trainer's Guide
- Presentations (with Trainer Notes)
- Videos
- Digital Activities
- Knowledge Tests

CACFP Food Buying & Crediting Resources

Last Modified on 11/22/2019 2:04 pm CST

The USDA has provided numerous resources for crediting and buying food in the CACFP. Click each link below to access each resource on the USDA's website.

Crediting Updates for Child Nutrition Programs: Be in the Know!

This is a five-part, recorded webinar series that ensures you remain up-to-date on recent crediting changes in the CACFP.

Exhibit A Grains Tool to the Rescue!

This is a recorded demo of the USDA's Exhibit A Grains Tool, which is included with the Food Buying Guide for Child Nutrition Programs Interactive Web-Based tool. The Exhibit A tool allows you to search for your grain product and enter serving sizes from the product label.

Food Buying Guide Goes Digital

This recorded webinar discusses the new Food Buying Guide mobile application and FBG Interactive Web Tool.

Navigating the Food Buying Guide FBG Calculator

This recorded webinar teaches users about the FBG Calculator, which is included in the Food Buying Guide for Child Nutrition Programs Interactive Web-Based Tool. The FBG Calculator is designed to create a shopping list to assist child nutrition program operators when ordering food for their programs.

SSO: What You Need to Know

Last Modified on 07/18/2022 9:49 am CDT

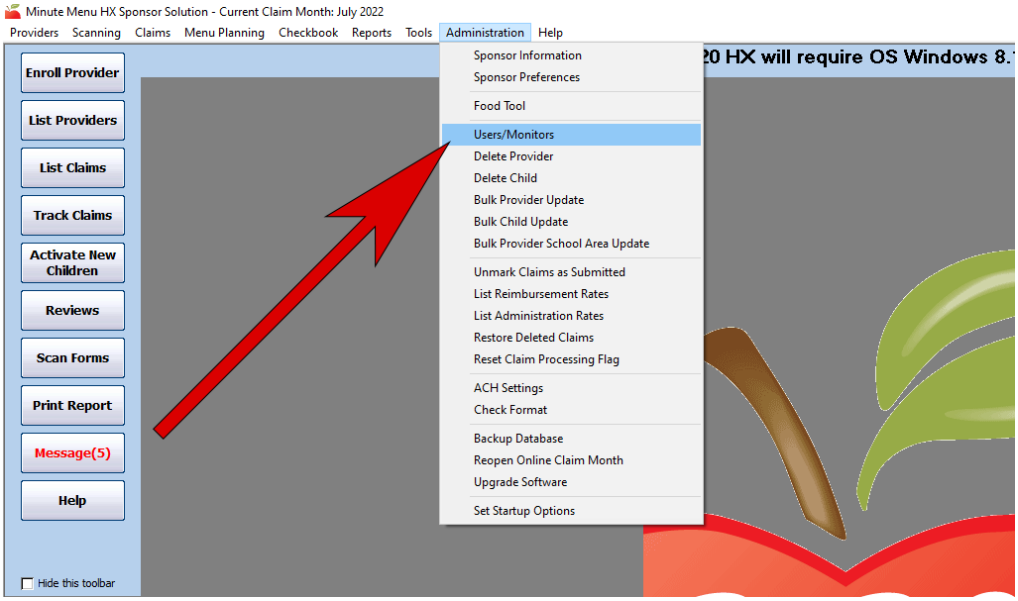
Access the SSO Updates Landing Page for the most up-to-date information about the ongoing SSO Updates.

Find Your Login Information

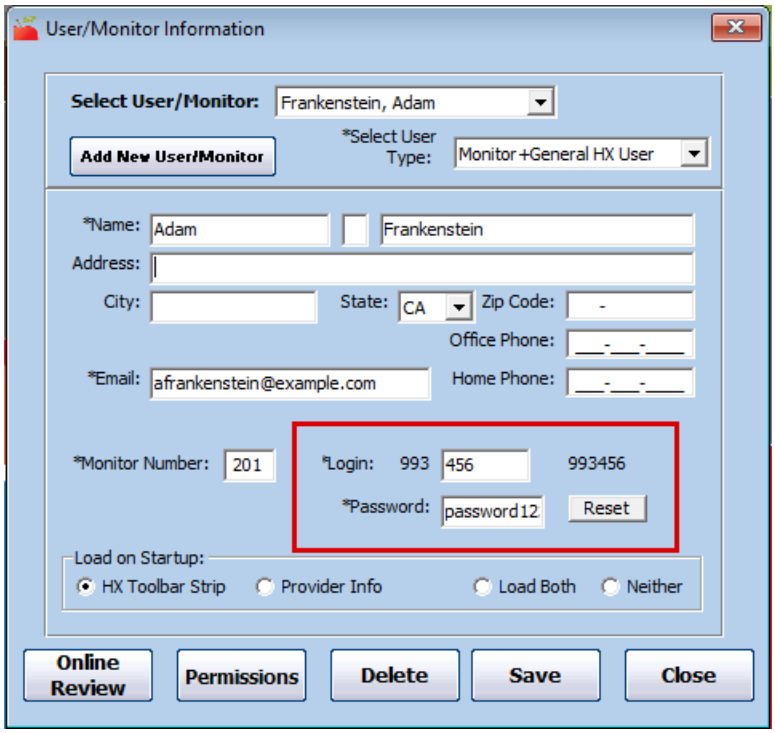
To find your login information for Minute Menu HX:

Last Modified on 07/18/2022 9:29 am CDT

1. Log in using your saved username and password.
2. Click the **Administration** menu and select **Users/Monitors**. The User/Monitor Information window opens.



3. Click the **Select User/Monitor** drop-down menu and select your name. Take note of your username and password.



Create Free Email Addresses

Last Modified on 08/04/2022 5:01 pm CDT

With the new SSO updates, every user must have an email address on-file. This includes members of your sponsor staff who access HX. It only takes a few steps to create a free email address on your platform of choice. This article includes step-by-step instructions for Gmail, Outlook, and Yahoo.

Create a Gmail Account

Note: Want to see this process instead of reading about it? Check out Right Inbox's video tutorial **here**.

1. Go to **gmail.com.**
2. Click **Create Account**.
3. Enter the following information in the text boxes:
    - First Name
    - Last Name
    - Username
    - Password
    - Confirm (enter your password again)
4. Click **Next**.
5. Enter your mobile phone number. Google will text a verification code to the number you provide. This is known as two-step verification. Enter this code once you receive it.
6. Click **Next**. Here, Google asks for some personal information to help keep your information secure. This includes your phone number, a recovery email address, date of birth, and gender. You can click **Why we ask for this information** on the sign-up form to learn more about why Google asks for this information.
7. Click **Next**.
8. Review Google's Terms of Service and Privacy Policy and click **I Agree**.
9. You should know be able to log in to Gmail with your new account.

Create an Outlook.com Email

Note: Want to see this process instead of reading about it? Check out MG's Tech Tips' video **here**.

1. Go to **https://outlook.live.com/owa/**.
2. Click Create Free Account.
3. Enter your preferred email address in the New Email field.
4. Click Next.
5. Create a password to use with your account.

> **Note:** To avoid unwanted emails, we recommend you clear the I would like information, tips, and offers about Microsoft products and services box before moving to **Step 6**.

6. Click **Next**.
7. Enter your first and last name.
8. Click **Next**.
9. Select your birthdate.
10. Click **Next**.
11. You may be prompted to complete a small task, like selecting a specific animal from a collection of images, or entering a piece of text. This helps Microsoft verify that you are not a bot attempting to create an account. Click **Next**. Your new inbox opens.

Create a Yahoo Mail Account

> **Note:** Want to see this process instead of reading about it? Check out How Tech's video **here**.

1. Go to **https://login.yahoo.com**.
2. Click **Create an Account**.
3. Enter the following information:
    a. Full name
    b. Preferred email address
    c. Password
    d. Birth Year
4. Click **Continue**.
5. Enter your mobile phone number and click **Send Code**. Yahoo will text a verification code to the number you provide. This is known as two-step verification. Enter this code once you receive it.
6. Click **Verify.**
7. You should now be able to log in to Yahoo Mail with your new account.