INSTRUCTIONS FOR FILING MONTHLY CLAIM ON-LINE IN MIPS
(Management Information and Payment System)

****If a multi-site contractor, you will also need
Site-Based Claiming Instructions found on our website below****

www.FloridaHealth.gov/CCFP

MIPS Log-in and Filing Process for NEW USERS

Note: Only approved contractors with a payment start date can access MIPS. Also, the persons listed in #3 and #4 on the CCFP Application will automatically have user accounts in MIPS but they need to be set up by the user. Below are instructions on how to do that.

1. Go to CCFP website listed above.

2. Click on **Access MIPS.**

3. Click on link labeled **New User.**

4. Enter your MIPS Username, which is your 4-digit Authorization Number (no letters) + First four (4) letters of your last name + First two (2) letters of your first name. Click **Verify**.

5. Enter your Federal Employer Tax ID Number (FEIN). This number is nine (9) digits long; do not enter letters or dashes. Click **Verify**.

6. Click in the drop-down box next to Security Question and choose a question to which you will always remember the answer. Insert the Security Answer. This answer is <u>not</u> case-sensitive. If you ever need to change your Password in the future, you will have to answer this Security Question. Click **Continue**.

7. Enter your New Password and Confirm Password. These two entries need to be the same for the information to save. Please follow the password requirements on the screen (password must contain 8-14 characters, with at least one uppercase letter, one lowercase letter and at least one number). Click on **Save Password**.

8. <u>Remember your password and keep it confidential</u>. If you forget this number, you can recreate it yourself by clicking on the **Locked Out or Forgot Password** link on the log-in screen.

9. To file a claim in MIPS, from the Main Menu select **File a Claim**. (Note: If you want to see if a claim has already been filed, click on **View a Submitted Claim**).

10. Select a Claim Month from the drop-down and click **Continue**. All eligible claims will be listed here. If you are filing within the 30 day deadline, you can file your claim electronically; if it is after 30 days and before 60 days, you will file your claim by paper, as instructed in the dropdown. Please refer to the Claiming Deadlines document in MIPS for all deadline dates.

11. The Program Manager verification section will appear. Please double-check the information on the screen. If the information is correct, then click **Yes**. If any of the information is incorrect click **No**. You will then edit what needs editing and click **Update**. The claim form will then appear.

12. See **Completion of Claim Fields** in this document for further instruction.

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MIPS Log-in and Filing Process for CURRENT USERS

Note: Only the persons listed in #3 and #4 on the CCFP Application will automatically have user accounts in MIPS but they will initially need to be set up by the user. Additional users can be created by #3 or #4 individuals by using the Maintain Users link in MIPS.

1. Go to CCFP website listed above.

2. Click on **Access MIPS.**

3. Enter your MIPS Username, which is typically your 4-digit Authorization Number (no letters) + First four (4) letters of your last name + First two (2) letters of your first name.

4. Enter your Password. Click on **Log In**. If you have forgotten your password, click on the **Locked Out or Forgot Password** link to recreate one.

5. From the Main Menu select **File a Claim**. (Note: If you want to see if a claim has already been filed, click on **View a Submitted Claim**).

6. Select a Claim Month from the drop-down and click **Continue**. All eligible claims will be listed here. If you are filing within the 30 day deadline, you can file your claim electronically; if it is after 30 days and before 60 days, you will file your claim by paper, as instructed in the dropdown. Please refer to the Claiming Deadlines document in MIPS for all deadline dates.

7. The Program Manager verification section will appear. Please double-check the information on the screen. If the information is correct, click **Yes**. If any of the information is incorrect click **No**. You will then edit what needs editing and click **Update**. The claim form will then appear.

8. See **Completion of Claim Fields** in this document for further instruction.

Completion of Claim Fields

Please note: Some fields may not be on your claim because they don't apply to your contractor type. If they are specific to a particular contractor type, the type will be in parenthesis.

Operating Days: Enter the actual number of days meals were served during the claim month. Each claim must request reimbursement for one month only.

Centers/Sites/Homes Operated During Claim Month (multi-site contractors): Multi-site contractors will file each site claim individually as explained in the Site-Based Claiming instructions and this field will then automatically be filled in for you on the Sponsor claim.

Children Enrolled by Category (I, S, U): Enter the correct number in each category (Free, Reduced and Non-needy). These numbers are taken from your enrollment roster and should include **all** children who were in attendance during the claim month. If you are a multi-site contractor, you will file each site individually as explained in the Site-Based Claiming instructions and this field will then automatically be filled in for you on the Sponsor claim.

Children Enrolled (H): Enter the total number of children enrolled at the shelter for the claim month.

Highest Daily Attendance (A): Find the day in the month with the highest number of children in attendance. Enter the attendance number for that day.

Meals/Snacks Claimed: Enter the actual number of meals/snacks served to children during the claim month for each approved meal type.

Operating Expenditures: (DO NOT USE DECIMALS) Enter the amount of CCFP related expenditures. This may include food purchases, food service labor costs, non-food meal supplies, food service equipment, and transportation costs for food service. *Do not leave blank or your claim will not save.*

Administrative Expenditures: (DO NOT USE DECIMALS) Enter the amount of CCFP related expenditures. This may include administrative labor costs, contracted labor, training, travel, office rental, utilities and office supply costs. If you are not claiming administrative expenditures, enter "0." *Do not leave blank or your claim will not save.*

Income to Program: (DO NOT USE DECIMALS) Enter the amount of money (if any), received from the sale of meals. Typically, this amount is $0. *Do not leave blank or your claim will not save.*

(For-Profit Organizations Only)

If the Free and Reduced numbers reported are not at least 25% of your capacity or total enrollment (whichever number is lower), you must qualify with Option 1 – SSBG (Title XX) numbers.

Submitting the Claim:

After filling in all necessary numbers on the claim form, click on the **Calculate** button. If you wish to print your claim, you must do that **AFTER** you submit your claim, or all information will be lost.

Then click on the **Submit Claim** button. **FAILURE TO SUBMIT CLAIM WILL RESULT IN THE CLAIM NOT BEING PROCESSED.** When you click on **Submit Claim**, a box will pop-up on your screen saying, "Congratulations, your claim has been successfully submitted!" Once you receive that message, you may print your claim by clicking the **Print Preview** link at the top of the screen, then click on the printer icon on the lower tool bar.