


# Enroll Providers

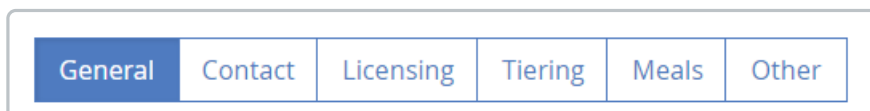
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When you enroll providers, KidKare walks you through the process of adding a provider step by step. It also checks some of the data you enter to ensure that it is logically correct. For example, it ensures that any start dates you enter come before any end dates.

Required boxes are highlighted in red. However, we recommend you enter as much information for your providers as possible. This ensures that claim reimbursements are accurate.

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. From the menu to the left, click **Provider Management**.
2. Select **Enroll Provider**, and click  in the top right corner. The Enroll Provider screen opens.
3. In the **General** tab:



- a. In the **Provider Info** section,
  - i. Click the **First Name** and **Last Name** boxes and enter the provider's full name as you would like it to appear on their paperwork.
  - ii. In the **Claim Source** box, select the primary method that the provider will use to submit their claim information to you for processing.

- iii. **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:

- iv.
  - **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.
- v. 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](#).

Provider ID:	<input type="text"/>	Next Available Provider ID: 8900
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**Note:** The next available provider number displays to the right of the Provider ID box.

- vi. 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.
  - vii. 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.
  - viii. Enter the provider's date of birth (**DOB**), social security number (**SSN**), and select their Ethnicity, Race, and Gender if applicable at the time of enrollment.
  - ix. 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.
- b. In the **Business Info** section,
- i. 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.
    - i. 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.

c. 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.
- **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.
- **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.

4. Next, click on the **Contact** tab and complete the required fields:

- In the **Current Physical Address** section, enter the provider's physical street address.
- In the **Current Mailing Address** section, 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.
- 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.
- 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.
- 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.

School District

--- Select ---

- Alum Rock Union Elementary
- Alview-dairyland Union Elementary
- Alvina Elementary
- Alvord Unified
- Amador Co Cya District
- Amador Co. Office Of Education**
- Amador County Unified
- Amador Valley Joint Union High
- American Union Elementary
- Anaheim City Group 1 Track S
- Anaheim City Group 2 Track S
- Anaheim City Group 3 Track S
- Anaheim City Track A
- Anaheim City Track B
- Anaheim City Track C
- Anaheim City Track D
- Anaheim Elementary
- Anaheim Union High
- Anderson Union High
- Anderson Valley Unified

**Note:** If you do not see a school district or a year-round tract for a school district, contact [Support@KidKare.com](mailto:Support@KidKare.com) to have the district added.

5. Next, click on the **Licensing** tab and complete the required fields:

General	Contact	<b>Licensing</b>	Tiering	Meals	Other
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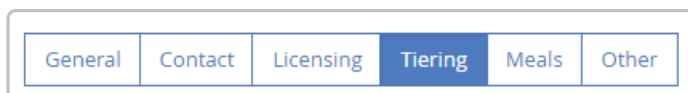
a. Enter the following information in the **License Paperwork** section:

- **License #:** This is the license number provided by the State. You can enter letters, numbers, and special characters in this box.
- 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.
- **License 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.

b. In the **License Type** section, click the drop-down menu, 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 waiver.

- c. In the **Provider Capacity** section, enter the max capacities by age group based on the provider license.
  - d. 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. Ages may be set by default according to state regulations. If this is the case, you cannot change the values in these boxes.
  - e. In the **Variance** section, toggle **Variance Allowed** if a variance or waiver is in place. Use the remaining fields to overwrite the programmed capacities to reflect the waiver in place, including waiver start and end dates.
  - f. In the **Additional Info** section,
    - i. Select the first day the provider is allowed to start entering meals and attendance. Ex: If the provider is approved to start claiming in April, choose 4/1/2024. If the provider is already approved, enter the date you want them to start using KidKare.
    - ii. 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.
6. Next, click on the **Tiering** tab. 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.



- a. Click the **Tier** drop-down menu and choose from the following
    - i. **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](#).
    - ii. **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.
- Next, click on the **Meals** tab. This tab displays the meals and times the provider is eligible to claim.



1. 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).
1. 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.

2. 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.
3. 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 be 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.

The screenshot displays a web interface for configuring provider meal options. At the top, there are tabs for 'Day Allowed' (Sun, Mon, Tue, Wed, Thu, Fri, Sat) and 'Menu Plans Allowed' (Master Menu, EZ Menu, Provider Cycle Menu, Sponsor Cycle Menu). Below this, there are columns for meal types: Breakfast, AM Snack, Lunch, PM Snack, and Dinner. A 'Meals Allowed' section has checkboxes for each meal type, with Breakfast, AM Snack, and Lunch checked. A 'Shift' dropdown is set to '2', and a 'Highest Meal Shift Tracked' dropdown is set to '2'. The interface is divided into two columns for 'Shift 1' and 'Shift 2'. For each shift, there are time selection boxes for Breakfast, AM Snack, and Lunch, each with a clear button (X). For Shift 1, the times are: Breakfast (08:00 AM, 08:30 AM), AM Snack (10:00 AM, 10:30 AM), and Lunch (12:00 PM, 12:45 PM). For Shift 2, the times are: Breakfast (07:30 AM, 08:00 AM), AM Snack (Start, End), and Lunch (Start, End).

4. 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.
- Last, click on the **Other** tab. This tab displays miscellaneous information that was not included on previous tabs.
    1. In the **Hours and Additional Info** section, enter provider operating hours, primary language, and any additional information needed here.
    2. In the **Direct Deposit** section, enter provider bank information if you are planning on issuing payments using Direct Deposit.
    3. In the **Reviews** section, 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.
    4. In the **Additional Requirements** Section, select if you want the provider to be required to enter their meals and attendance same day and if you want the provider to be required to enter in and out times in KidKare.
    5. 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](#).

General	Contact	Licensing	Tiering	Meals	Other
					<a href="#">Finalize</a> <a href="#">Save Draft</a> <a href="#">Delete</a>
<b>Hours and Additional Info</b>					<b>Reviews</b>
Time Opens: <input type="text"/>					Next Review Required: 06/29/2024
Time Closes: <input type="text"/>					Start Month: October
Language: English					<b>Additional Requirements</b>
<input type="checkbox"/> Provider in Serious Deficiency					<input type="checkbox"/> Require Same Day Entry
Monthly Check Deduction: 0					<input type="checkbox"/> Require In/Out Times
Enrollment Renewal Worksheet Last Received: <input type="text"/>					<b>Inservice</b>
<b>Direct Deposit</b>					Recent Inservices Date Attended: <input type="text"/>
Uses Direct Deposit: <input type="checkbox"/> Uses Direct Deposit					Date Attended: <input type="text"/>
Bank Account Type: --- Select ---					
Bank Account Number: <input type="text"/>					

- Once all of the provider information is entered, Click **Finalize**. You can always click **Save Draft** at anytime during the enrollment process and it saves what you have entered and allows you to come back and complete it later. You can fins Incomplete Providers by clicking on **Provider Management > Enroll Providers**

Incomplete Providers
Provider, ISBE (4321)
Smith, Natalia (8899)