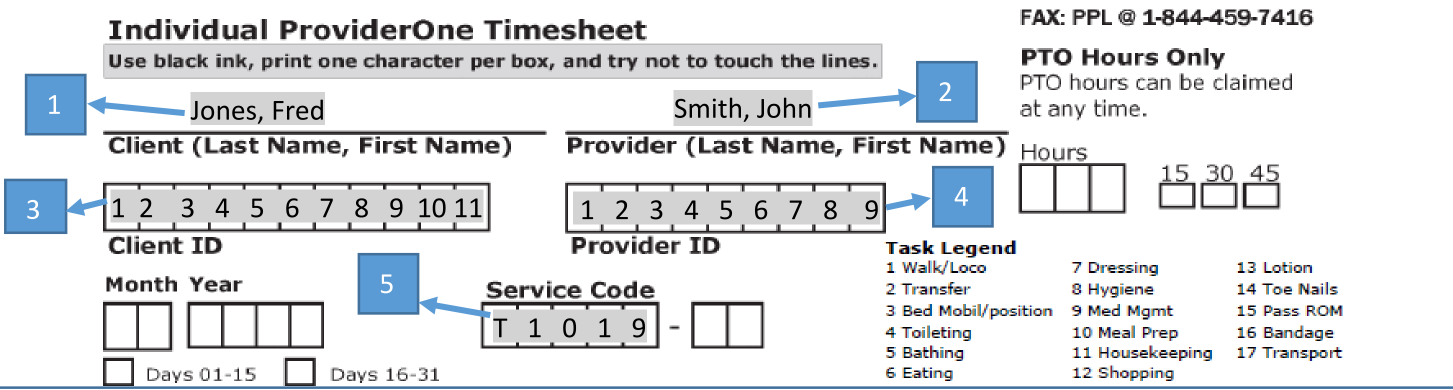
How to Submit A Paper Timesheet

IPOne will send you client-specific timesheets in the mail for your use. If you have not received your timesheets when you are ready to claim, please contact the IPOne Call Center. See “Who to Contact” on last page of this manual. Before mailing in your timesheet, be sure to review the next unit on this training: “How to Avoid Making a Mistake on My Paper Timesheet” to reduce your risk of submitting your timesheet with an error.

Reminder: You can go to IPOne to submit your e-timesheet!

<u>*The following section numbered 1- 5 will be filled in for you. Review the information to ensure it is right.</u>


Individual ProviderOne Timesheet
Use black ink, print one character per box, and try not to touch the lines.
FAX: PPL @ 1-844-459-7416
PTO Hours Only
PTO hours can be claimed at any time.
1 Jones, Fred
Client (Last Name, First Name)
Smith, John 2
Provider (Last Name, First Name)
Hours 15 30 45
3 1 2 3 4 5 6 7 8 9 10 11
Client ID
1 2 3 4 5 6 7 8 9 4
Provider ID
Month Year
5 Service Code
T 1 0 1 9 -
Days 01-15 Days 16-31
Task Legend
1 Walk/Loco
2 Transfer
3 Bed Mobil/position
4 Toileting
5 Bathing
6 Eating
7 Dressing
8 Hygiene
9 Med Mgmt
10 Meal Prep
11 Housekeeping
12 Shopping
13 Lotion
14 Toe Nails
15 Pass ROM
16 Bandage
17 Transport

All 5 of these fields should already be filled in for you on your paper timesheets. If not, contact the IPOne Call Center to get your personalized timesheet.

1 <u>Client Name</u>: The name of the client you are providing services to (last name, first name)

Example: <u>Jones, Fred</u> (should already be filled in)

2 <u>Provider Name:</u> YOUR name – the IP providing the services and getting paid (last name, first name)

Example: <u>Smith, John</u> (should already be filled in)

3 <u>Client ID</u>: Client’s Medicaid number

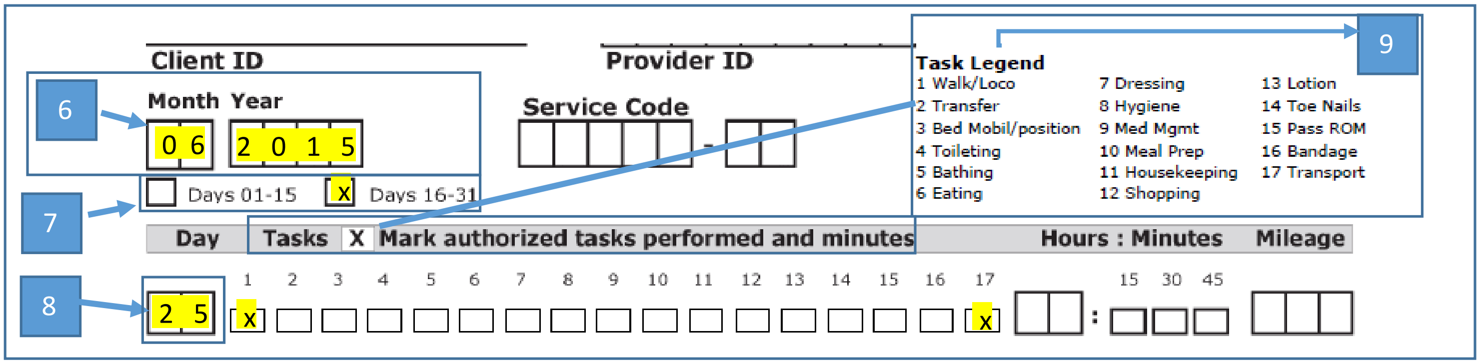
Example: (should already be filled in)

4 <u>Provider ID:</u> Your IPOne Provider ID

Example: (should already be filled in)

5 <u>Service Code:</u> The code describing the type of service that you are authorized to provide to the client

Example: (should already be filled in)



6 Timesheet For: Fill in the two digits of the month and the four digit year in which you worked.

Example: June = 0 6 2015 = 2 0 1 5

7 Pay Period: This is the period of time that you will be paid on a single check. Check the first box for the 1st pay period OR the second box for the 2nd pay period of the month. (See Payroll Schedule)

The example: John submitted time for the 25th; falling within the 16-31 box

Leave this box empty since the example is for the 25th day of the month

Example: ☐ Days 01 – 15 X Days 16 - 31

8 Day: Fill out the two digit day of the month according to the day you worked within this payroll period. You can use the same timesheet for any days worked within the same payroll period.

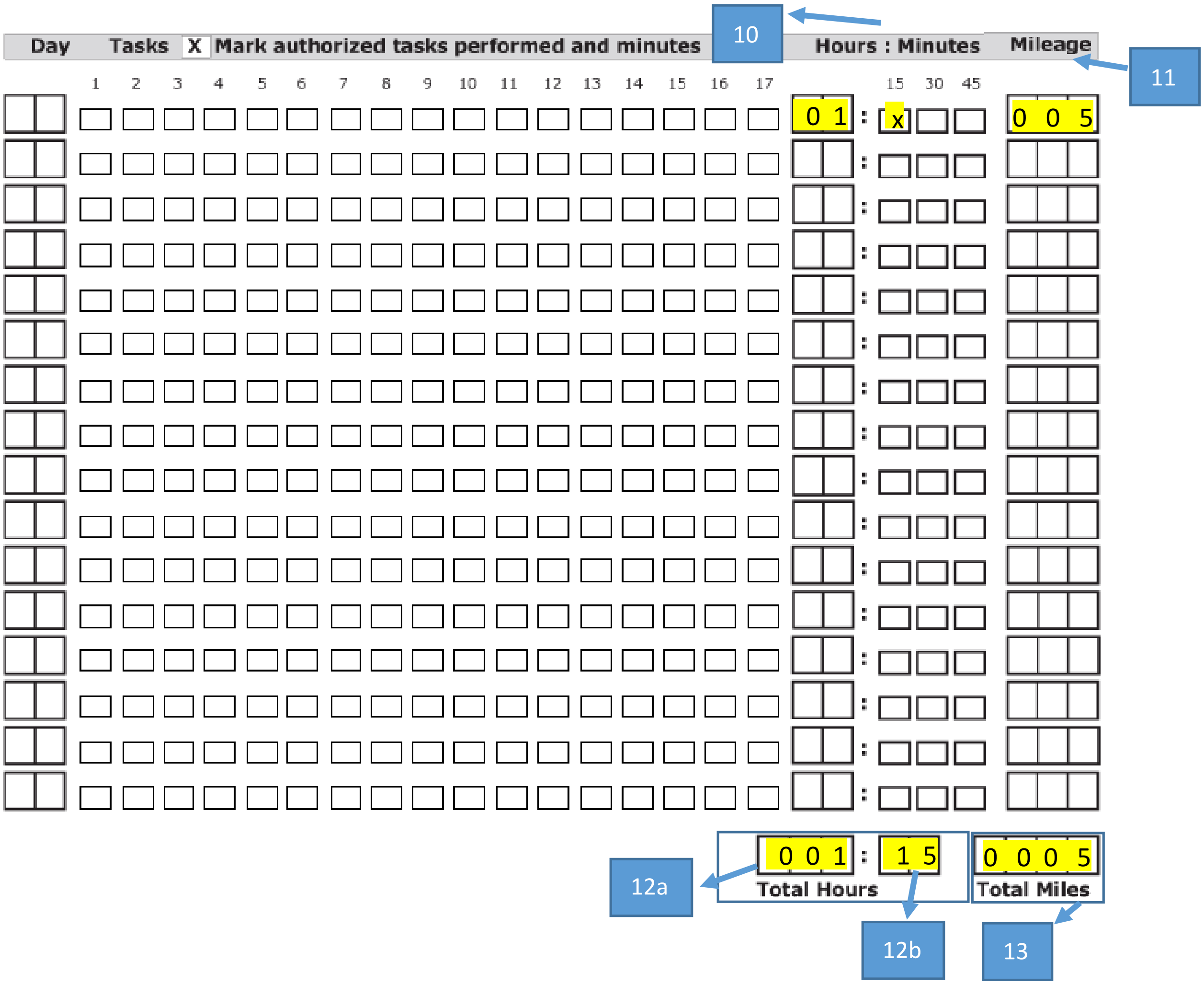
Example: 25 = 2 5

9 Task Legend & Tasks: The task legend provides the service and the task number to enter onto your timesheet. Please see the client care plan to ensure you are submitting for the tasks that you are authorized to provide. You must place a check mark under the corresponding task code for each day of work your timesheet is covering.

Task Legend

1 Walk/Loco	7 Dressing	13 Lotion
2 Transfer	8 Hygiene	14 Toe Nails
3 Bed Mobil/position	9 Med Mgmt	15 Pass ROM
4 Toileting	10 Meal Prep	16 Bandage
5 Bathing	11 Housekeeping	17 Transport
6 Eating	12 Shopping	

Individual Provider One



10 Hours & Minutes: In the hour box, enter the two digit number of hours completed per task and check the box for the minutes in 15 minute increments of work performed.

Example: 1 hour and 15 minutes = 0 1 | 15: X | 30: | 45:

11 Mileage: Enter the number of miles you drove the client on the day you claimed hours within the 3 boxes below.

Example: 5 miles = 0 0 5

12 Total Hours: 12a) Add the number of hours together within all of the above boxes and place the total for the full pay period in the first 3 boxes.

12b) Add the number of minutes together that are in 15 minute increments and place the total number of minutes worked into the next 2 boxes.

Example: 1 hour and 15 minutes = 0 0 1 : 1 5

13 Total Miles: Add the number of miles within all of the above boxes and place the total for the full pay period in these 3 boxes. Example: 5 miles = 0 0 0 5

By signing this timesheet, I am certifying that: I provided the service identified in the header of this timesheet during all of the hours that I entered on this timesheet; I understand that I am not authorized to be paid for personal care tasks that are not assigned to me on the client's service plan; the personal care tasks which I indicated as performed on this timesheet were assigned to me and I have provided them in accordance with my contract and the client's service plan; and, all of the information I have provided on this timesheet is true and accurate.

Provider Signature ______________________

Your signature will be required in order for your timesheet to be paid!

E-timesheets are a simpler, fast, and easier way to submit your time. Use this training guide to register for IPOne and learn how to submit online!

Mail timesheets to:

Public Partnerships, LLC
Individual ProviderOne
PO Box 98698
Seattle, WA 98198

Faxing your timesheet is fast! Make sure all of the boxes and numbers are filled in with ***dark ink*** so the fax machine can read the scanned version.

Individual ProviderOne Timesheet

Use black ink, print one character per box, and try not to touch the lines.

FAX: PPL @ 1-844-459-7416

PTO Hours Only
PTO hours can be claimed at any time.

Client (Last Name, First Name) **Provider (Last Name, First Name)** Hours

Paid Time Off (PTO)

- PTO can be marked on the paper timesheet here: It's the same as filling in your paper timesheet hours:
- Example: 6 hours and 15 minutes =

				15	30	45
0	0	6		X		

How to Avoid Making a Mistake on My Paper Timesheet

If you are submitting ***timesheets on paper***, review the below **Dos and Do Nots.**

DO	***DO NOT***
Do fill in the timesheet carefully and clearly. Remember it is being read by a machine. Write neatly so that your timesheet can be read.	**Do not** cross out any information. Instead use a new, clean timesheet. If your timesheet cannot be read properly, your payment may be delayed.
Do fill in all required fields. You will not be paid on time unless all of the required fields are completed.	**Do not** submit your timesheet via email or fax to any fax number other than the one on the timesheet.
Do use separate timesheets for each of your Clients/Employers. If you work with more than one Client/Employer, make sure you use separate timesheets for each.	**Do not** use lightly colored ink or a pencil to fill out your timesheet. Use a black pen only.
Do submit your timesheet the day after the pay period ends in order to get paid on time. Submit your timesheet by the 16^{th} and the 1^{st} of each month worked.	**Do not** enter dashes into blank boxes.
Do check a task for each line item of time completed. Each day worked requires that you check authorized task(s) you completed during that time.	**Do not** write additional items if they are not the tasks listed within your client support plan. The tasks designated are the ones your client is approved to receive.
Do use dates that are within the payment pay period.	**Do not** submit for future dates of service – payment is based on work already done. You will not be paid for future dates.
Do sign your timesheet prior to sending in your paper timesheet.	**Do not** overlap pay periods or your timesheet will be rejected.

Contact the IPOne Call Center team if you need help filling in your timesheet.

Reminder to check again!
Did you:

*Include all hours within the pay period submitted?
*Submit the correct number of hours worked?
*Record hours on the correct dates?
*Submit the correct number of miles you drove?
*Submit miles driven on the correct dates?
*Check the correct tasks completed?