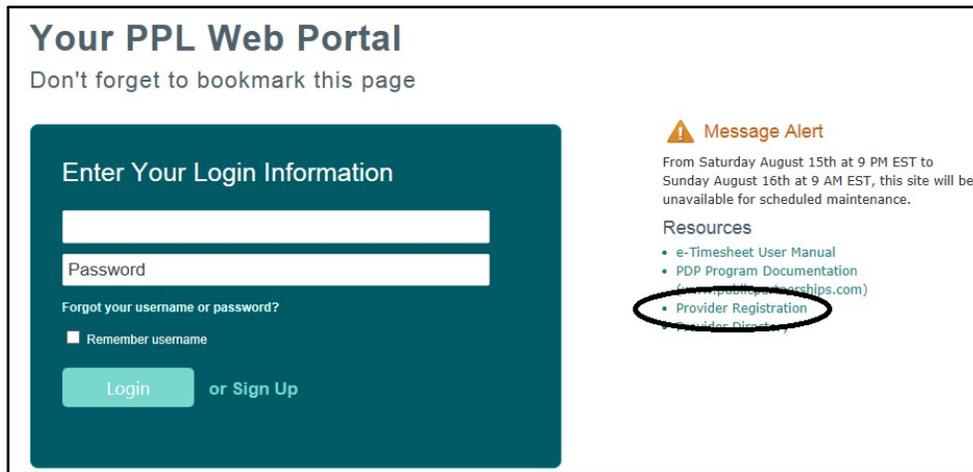


Public Partnerships BetterOnline™ Web Portal Registration and Electronic Timesheet Instructions

PROVIDER REGISTRATION

- 1.) Go to the following website and click on 'Provider Registration' on the BetterOnline™ web portal home page: <https://fms.publicpartnerships.com/PPLPortal/login.aspx?mapdp> ***Please note you must use the MA PDP Specific Portal web link in order to have access to the forms on the home page**



- 2.) Select one of the following provider types from the drop-down: Independent Contractor(IC), Agency, Independent Provider (employee) or Participant (PA). If you are not sure what provider type to select, please work with your support broker. Once you select your provider type, enter your demographic information into each required field and click 'Next' when complete.

Add Provider

Please enter the following information. All fields are required for good to go, unless otherwise specified. * fields are required to save the form.

Provider ID _____

Provider Type Employee [Help](#)

Step 1: Enter Demographic Information

Demographic Information	
First Name *	<input type="text"/>
Middle Name (optional)	<input type="text"/>
Last Name *	<input type="text"/>
Suffix (optional)	<input type="text"/>
Address 1	<input type="text"/>
Address 2 (optional)	<input type="text"/>
City	<input type="text"/>
State	- Select -
Zip	<input type="text"/>
Mailing Address 1 (optional)	<input type="text"/>
Mailing Address 2 (optional)	<input type="text"/>

3.) Check off the services you will be providing to the participant under the 'Direct Support' or 'Professional Services' dropdown. Once you have selected the services, click 'Next.'

Add Provider

Please enter the following information. All fields are required for good to go, unless otherwise specified. * fields are required to save the form.

Provider ID
 Provider Type [Help](#)

Step 2: Select Services

Services

Direct Support Checklist Complete

Service Code	Service Description	Show Checklist	Maximum Rate
<input type="checkbox"/> 5156	24 Hour Self Directed Home Sharing Support		\$138.9 /
<input type="checkbox"/> 5157	24 Hour Self Directed Home Sharing Support		\$198.92 /
<input type="checkbox"/> 5158	24 Hour Self Directed Home Sharing Support		\$251.27 /
<input type="checkbox"/> 5707	Adult Companion		\$20.28 /
<input type="checkbox"/> 5725	Chore		\$31.12 /
<input type="checkbox"/> 5749	Individual Support and Community Habilitation		As Negotiated /
<input type="checkbox"/> 5798	Individual Support and Community Habilitation		As Negotiated /
<input checked="" type="checkbox"/> 5704	Individualized Day Support		As Negotiated /
<input type="checkbox"/> 5703	Individualized Home Supports		\$31 /
<input type="checkbox"/> 5188	Individual Supported Employment		\$46.48 /
<input type="checkbox"/> 5705	Respite - In Recipients Home		\$26 /
<input type="checkbox"/> 5284	Transitional Services		As Negotiated /
<input type="checkbox"/> 5196	Transportation		\$28.28 /
<input type="checkbox"/> 5197	Transportation		As Negotiated /

Professional Services Checklist Complete

[Previous](#) **Next** [Cancel](#)

4.) Select the forms you wish to print. The required forms will be preselected for you as they need to be printed in order to finish registration. Once you have selected the forms you need, press 'Print Form'.

Add Provider

Please enter the following information. All fields are required for good to go, unless otherwise specified. * fields are required to save the form.

Provider ID
 Provider Type [Help](#)

Step 3: Print Forms

All Documents Create PDF

<input checked="" type="checkbox"/> Required Print Forms	<input type="checkbox"/> Regulatory Information	<input type="checkbox"/> Payroll Forms
<input checked="" type="checkbox"/> Welcome Letter Print	<input type="checkbox"/> Domestic Worker Rights Print	<input type="checkbox"/> Direct Deposit Application Print
<input checked="" type="checkbox"/> CORI Background Check Print	<input type="checkbox"/> Employee Paperwork Instructions Print	<input type="checkbox"/> E-Timesheet Instructions Print
<input checked="" type="checkbox"/> Credentialing Application Print	<input type="checkbox"/> I-9 Instructions Print	<input type="checkbox"/> Paper Timesheet & Invoice Instructions Print
<input checked="" type="checkbox"/> Employee Information Print	<input type="checkbox"/> Print Form	<input type="checkbox"/> Paper Timesheet and Invoice Instructions Print
<input checked="" type="checkbox"/> Form A Print		<input type="checkbox"/> Payment Schedule Print
<input checked="" type="checkbox"/> Form B Print		<input type="checkbox"/> Registration E-timesheets User Manual Print
<input checked="" type="checkbox"/> DPPC Guidelines and Reporting Print		<input type="checkbox"/> Registration E-timesheets User Manual Print
<input checked="" type="checkbox"/> I-9 Tax Form Print		<input type="checkbox"/> Print Form
<input checked="" type="checkbox"/> M-4 Form Print		
<input checked="" type="checkbox"/> W-4 Form Print		

Print Form

[Previous](#) [Submit](#) [Cancel](#)

5.) A pre-populated credentialing application, provider enrollment packet and any other forms you selected will 'pop-up' as a pdf document. Once you have printed all the paperwork, click 'Submit.' You have now created your provider profile and your provider ID number will appear on the screen!

6.) Please submit your completed paperwork to Public Partnerships by mail, fax or email:

Mail: 1 Cabot Road Suite 102, Medford, MA
02155

Fax: (877) 563-6438

Email: PPLMA_PDP@pcgus.com

CREATING A USERNAME AND PASSWORD

7.) To register a username and password for the Portal they will need to click the 'Sign Up' button on the Portal homepage. Please go to <https://fms.publicpartnerships.com/PPLPortal/login.aspx> and click sign up:

Massachusetts Participant Directed Program (PDP)

BetterOnline™ web portal

Don't forget to bookmark this page

Enter Your Login Information

Username

This field is required

Password

Forgot your username or password?

Remember username

or

Message Alert

This site will not be accessible from 8:00 PM to 9:30 PM EST on Thursday April 21 apologize for any inconvenience.

Resources

- e-Timesheet User Manual
- PDP Program Documentation (www.publicpartnerships.com)
- Provider Registration
- Provider Directory

8.) From there you will be directed to enter your 'State', 'Program' and 'Role' then select 'Next':

Massachusetts Participant Directed Program (PDP)

Timesheets Contact Us

New User Registration

Step 1: Select your State, Program and Role

State

Program

Role

9.) Once you click 'Next' you will have to enter your provider ID, Last Name, SSN (without dashes or spaces), and zip code:

Massachusetts Participant Directed Program (PDP)

Timesheets Contact Us

New User Registration

Step 2: Enter Credentials

Required fields *

Provider ID *

Last Name *

SSN *

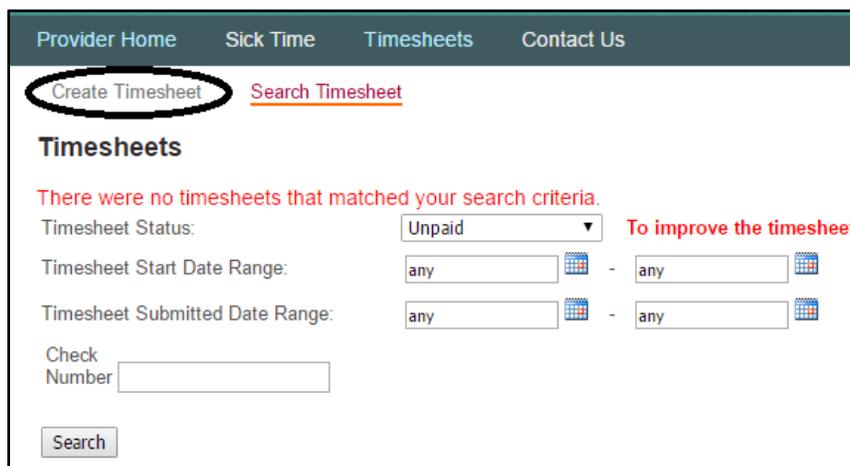
Mailing zip code *

10.) Finally, you can create your username and password. Once the password is created you can login and start submitting timesheets (as long as all paperwork is good to go)

ELECTRONIC TIMESHEETS

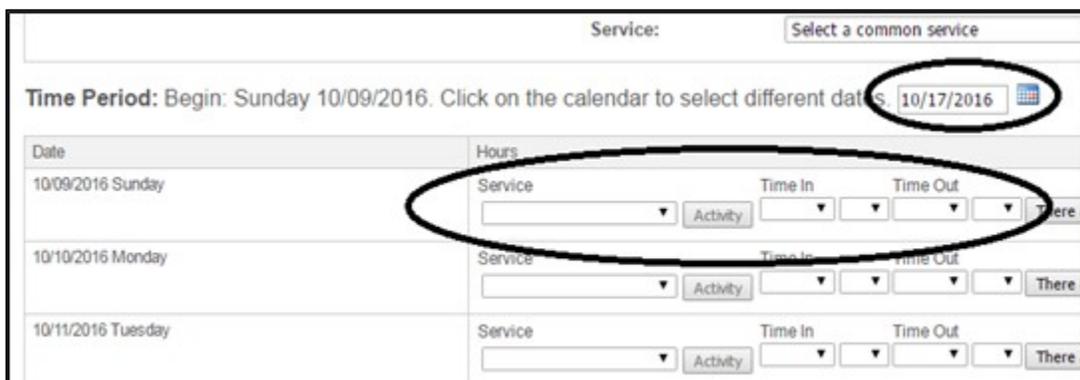
Please do not proceed any further unless all paperwork has been submitted and you are good to go.

11.) Log into the BetterOnline™ web portal using the username and password that you created in the above sign up steps. Once logged in you will be brought to the Timesheets page. From there you can create a new timesheet for submission by clicking the ‘Create Timesheet’ button.



12.) Click ‘Create Timesheet’ next to the participant that you served.

13.) Click on the calendar to select the first date for which you wish to submit time for. You will then select the service(s) and in and out times for all dates worked.



14.) Once you have completed your timesheet click ‘Next’ at the bottom of the screen. You will then do a final review of your timesheet and be given the option to ‘Edit,’ ‘Save Your Work’ so you can complete your timesheet at a later time, or ‘Submit.’

15.) Once you click ‘Submit’ the electronic timesheet will be ready for review and approval by the participant/employer.