

How to submit a Paper Timesheet

IPOne will send IPs client-specific paper timesheets in the mail for their use for the first six (6) months only. After the first six-month supply is used, if they still want to submit paper timesheets they must call the Call Center to request another six-month supply. If they have not received their timesheets when they are ready to claim they can contact the IPOne Call Center. See “Who to Contact” on the last page of this manual. Before mailing in a timesheet, be sure to review the next unit on this training: “How to Avoid Making a Mistake on My Paper Timesheet” to reduce the risk of submitting a timesheet with an error.

Reminder: Users can go to IPOne to submit an e-timesheet!

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

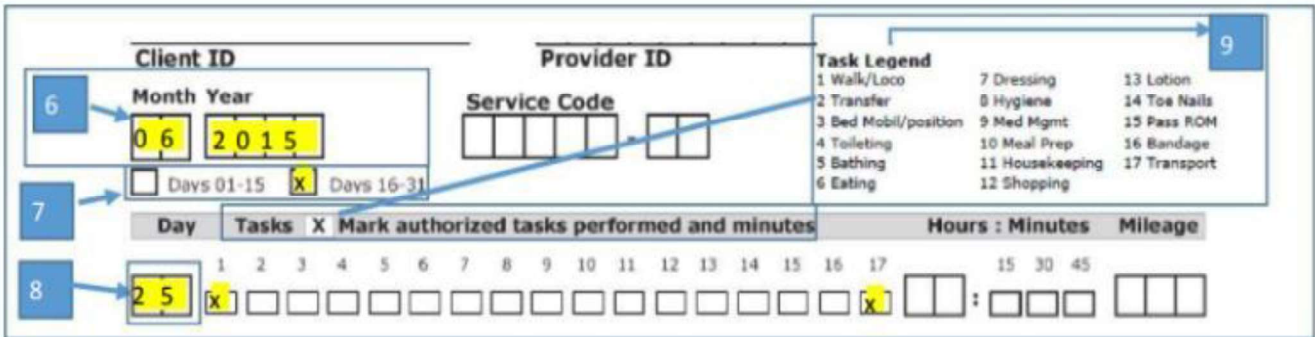
Individual ProviderOne Timesheet
 Use black ink, print one character per box, and try not to touch the lines.

FAX: PPL @ 1-844-459-7416
PTO Hours Only
 PTO hours can be claimed at any time.

<p>1 ← Jones, Fred Client (Last Name, First Name)</p>	<p>Smith, John → 2 Provider (Last Name, First Name)</p>	<p>Hours</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td></td><td></td><td></td><td>15</td><td>30</td><td>45</td> </tr> </table>										15	30	45																								
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<p>3 ← 1 2 3 4 5 6 7 8 9 10 11 Client ID</p> <p>Month Year</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Days 01-15</td><td colspan="3">Days 16-31</td> </tr> </table>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days 01-15			Days 16-31			<p>1 2 3 4 5 6 7 8 9 → 4 Provider ID</p> <p>5 ← T 1 0 1 9 - <input style="width: 20px; height: 20px;" type="text"/> Service Code</p>	<p>Task Legend</p> <table style="width: 100%; font-size: small;"> <tr> <td>1 Walk/LoCo</td> <td>7 Dressing</td> <td>13 Lotion</td> </tr> <tr> <td>2 Transfer</td> <td>8 Hygiene</td> <td>14 Toe Nails</td> </tr> <tr> <td>3 Bed Mobil/position</td> <td>9 Med Mgmt</td> <td>15 Pass RCM</td> </tr> <tr> <td>4 Toileting</td> <td>10 Meal Prep</td> <td>16 Bandage</td> </tr> <tr> <td>5 Bathing</td> <td>11 Housekeeping</td> <td>17 Transport</td> </tr> <tr> <td>6 Eating</td> <td>12 Shopping</td> <td></td> </tr> </table>	1 Walk/LoCo	7 Dressing	13 Lotion	2 Transfer	8 Hygiene	14 Toe Nails	3 Bed Mobil/position	9 Med Mgmt	15 Pass RCM	4 Toileting	10 Meal Prep	16 Bandage	5 Bathing	11 Housekeeping	17 Transport	6 Eating	12 Shopping	
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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** Client Name: The name of the client you are providing services to (last name, first name)
 Example: Jones, Fred (should already be filled in)
- 2** Provider Name: YOUR name – the IP providing the services and getting paid (last name, first name)
 Example: Smith, John (should already be filled in)
- 3** Client ID: Client’s Medicaid number
 Example: (should already be filled in)
- 4** Provider ID: Your IPOne Provider ID
 Example: (should already be filled in)
- 5** Service Code: The code describing the type of service that you are authorized to provide to the client
 Example: (should already be filled in)



The screenshot shows a timesheet form with the following sections:

- Client ID:** Month Year (06, 2015) and Days 01-15 / Days 16-31 (X).
- Provider ID:** Service Code (empty).
- Task Legend:** A grid of 17 tasks with corresponding numbers (1-17).
- Tasks:** A row of 17 boxes for marking authorized tasks performed.
- Hours : Minutes:** Fields for recording time.
- Mileage:** Fields for recording distance.

Callouts in the image:

- 6:** Points to the Month Year field.
- 7:** Points to the Days 01-15 / Days 16-31 field.
- 8:** Points to the Day field (25).
- 9:** Points to the Task Legend.

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)

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

Example: Days 01 – 15 Days 16 - 31

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

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/Loce	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	

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!

Please remember that e-timesheets are a simpler, faster, and easier way to submit claims. For more information on submitting e-timesheets, please review the earlier sections of this guide.

Mail timesheets to:
 Public Partnerships, LLC
 Individual ProviderOne
 PO Box 98698
 Seattle, WA 98198

If faxing a timesheet, 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 paper timesheet hours:

- Example: 6 hours and 15 minutes =

0	0	6
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15	30	45
X		