



Paper Timesheets

PPL offers two methods to submit timesheets; online via our Web Portal or faxed paper timesheets. The below will describe the paper timesheet method and required timesheets fields.

1 Member: (Last Name, First Name)

2 Provider: (Last Name, First Name)

3 Member ID:

4 Provider ID:

5 Service Code:

6 Payroll Schedule Begin Date (mm/dd/yyyy) / Payroll Schedule End Date (mm/dd/yyyy)

7 Time In / AM/PM / Time Out / AM/PM / Sub-Total Hours

8 AM/PM selections

9 Total hours for each shift

10 Total Hours for Week 1 / Total Hours for Week 2

11 Date (mm/dd/yyyy) / Provider Signature

12 Provider's signature

13 Date (mm/dd/yyyy) / Member, Employer or Authorized Rep. Signature

14 Member, Employer or Authorized Rep. Signature

7062

USE BLACK INK, PRINT ONE CHARACTER PER BOX, TRY NOT TO TOUCH THE LINES

CORRECT INCORRECT

SUBMIT YOUR TIMESHEET ONLINE! GO TO [HTTP://FMS.PUBLICPARTNERSHIPS.COM](http://fms.publicpartnerships.com) FOR FAST, SECURE, REAL-TIME VALIDATION

FAX to 1-855-671-5296

There are **14** required fields on our timesheet. **All of these fields MUST be completed for the timesheet to be paid.** This list corresponds to the picture above.

1. Member Name.
2. Provider Name.
3. Member ID number: this number is assigned by PPL.
4. Provider ID number: this number is assigned by PPL.
5. Service Code: One timesheet per services code must be submitted.
6. Payroll Schedule Start and End Dates. Please use the Pay Schedule for appropriate Start and End Dates.
7. Time in / Time out.
8. AM/PM selections.
9. Total hours for each shift.
10. Total hours for the each week.
11. Date Provider reviewed and signed the timesheet.
12. Provider's signature confirming the hours submitted are accurate to the best of their knowledge.
13. Date member, employer, or authorized representative reviewed and signed the timesheet.
14. Signature of member, employer, or authorized representative, confirming the hours submitted are accurate to the best of their knowledge.

MI HEALTH LINK Self-Determination Service codes

<u>Service Description</u>	<u>Service Code</u>	<u>Modifier</u> (if blank, then modifier is not required)
Chore Services	S5120	
Expanded Community Living Supports	H2015	
Unskilled Respite Care/Not Hospice	S5150	
Unskilled Respite Care/Not Hospice- per diem	S5151	
Environmental Modifications	S5165	
Non-Medical Transportation: Mileage- per mile	S0215	
Personal Care	T1019	
Private Duty Nursing: RN Services	T1000	TD
Private Duty Nursing: LPN/LVN Services	T1000	TE
Preventative Nursing Services: RN Services	T1002	
Preventative Nursing Services: LPN/LVN Services	T1003	

Submitting Timesheets

Providers and member have two options for submitting timesheets to PPL.

- 1) Mail the Timesheet to PPL. Here is the address:
Public Partnerships, LLC
One Cabot Road, STE 102
Medford, MA 02155

- 2) Fax the timesheet to PPL. Here is the Fax Number for **timesheets only.**
1-855-671-5296