

PPL Timesheets

Instructions for Completion



Toll Free Numbers
 Phone: 866-886-1818
 TTY: 800-360-5899
Administrative Fax: 1-866-205-4334
Timesheet Fax: 1-866-710-5322

Whether you have used other timesheets or not, you are probably wondering, "How in the world am I supposed to fill out this timesheet?" This worksheet should provide you with clear instructions for doing so.

PPL accepts timesheets by fax or by mail. We do not accept timesheets over email at this time. Timesheets are read by a machine (like the ones that read standardized tests) so it is important that you fill out the timesheets clearly and completely.

Note: Members and attendant care workers must complete all required forms prior to payments being issued.

There are 14 required fields on our timesheet. These are described below.

1 PUBLIC PARTNERSHIPS, LLC ATTENDANT TIME SHEET (Fiscal/Employer Agent EverCare Select SDAC Service Option)

2 Attendant's Name: _____

3 Member ID: _____

4 Member ID: _____

5 Service Type (fill one):
 Attendant Care, Non-Family
 Attendant Care, Family NOT Living in Home
 Attendant Care, Family Living in Home

6 Week 1 Begin: Monday (mm/dd/yyyy) ____ / ____ / ____

7 Week 2 End: Sunday (mm/dd/yyyy) ____ / ____ / ____

8 Time In AM/PM

9 Time Out AM/PM

10 Total Hours

11 By signing below, I certify that I have provided the services to the member during the times described on this time sheet. Date: ____ / ____ / ____

12 Attendant Signature: _____

13 I certify that the member has received hours of service as reported above. Date: ____ / ____ / ____

14 Member or Responsible Party Signature: _____

USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, TRY NOT TO TOUCH THE LINES!!!

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Required Fields

All of these fields MUST be completed for the timesheet to be paid. This list corresponds to the picture above.

1. **Attendant's Name.** Enter the name of the person providing services.
2. **Member's Name.** Enter the name of the person receiving services.
3. **PPL Attendant ID.** This is the ID given to the attendant care worker by PPL. It begins with the first three letters of the ACW's last name followed by a three-digit number. Someone with the last name Jones would have an Attendant ID of JON001. Someone with the last name of Smith would have an Attendant ID of SMI001. The second ACW with the last name of Smith would have an Attendant ID of SMI002. Please call Customer Service if you want to verify your Attendant ID.
4. **Member ID Number.** This is the member's identification number issued by UnitedHealthcare Community Plan.
5. **Service Type.** Fill in the circle next to the service you are performing. Please note that you will need to select the service based on your relationship to the member you are serving. You will notice that there are different circles for attendant care services delivered by a non-family member, a family member NOT living in the home, and a family member that is living in the home. Please be sure to complete the appropriate circle.
6. **Begin Date.** This is the first day of the pay period. The payroll schedule will list these dates for you.
7. **End Date.** This is the last day of the pay period. The payroll schedule will list these dates for you.
8. **Time In/Time Out.** This is the time the ACW started working and the time the ACW finished working. Please see instructions below for entering overnight time and multiple times per day.
9. **AM/PM.** Fill in the circle indicating if the work was done in the AM or PM.
10. **Total Hours.** Enter in the total number of hours worked. You do not need to round time to the closest 15 minutes.
11. **Date of Attendant Signature.** This is the date the ACW signed the timesheet.
12. **Attendant Signature.** This is the signature of the ACW.
13. **Date of Member Signature.** This is the date that the member or member representative signed the timesheet.
14. **Member Signature.** This is the member or member representative's signature. An 'X' or a mark is accepted as a signature.

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Special Situations

1. **Working overnight.** When you work overnight, there are special instructions for completing the timesheet. You must complete one line for work you did before midnight and another line for work you did after midnight.

For example, say you worked overnight Friday night from 9:00 PM to 6:00 AM. Enter the start time as 9:00 PM as seen below. Enter the end time for that day as 11:59 PM. Now, you did not finish working at 11:59 PM, you just finished working on Friday at that time. Enter the rest of your time on Saturday as shown below – 12:00 AM to 6:00 AM.

Fri	0	9	:	0	0	AM	PM	1	1	:	5	9	AM	PM	0	2	:	5	9
			:			○	●					:					○	●	
Sat	1	2	:	0	0	AM	PM	0	6	:	0	0	AM	PM	0	6	:	0	0
			:			●	○					:					○	●	

2. **Working multiple times in one day.** Many ACWs work with someone multiple times in a day. You can enter two different in and out times on one timesheet, but you must enter each on a separate line. If you need to enter more than two in and out times, you would need to move onto a second timesheet for the same pay period.

For example, say you started working for Sally at 9:00 AM. You helped her until 10:05 AM. You left to run an errand, came back at 11:15 AM, and stayed until 12:30 PM. You would enter one line for each time you were providing services as shown below.

Wed	0	9	:	0	0	AM	PM	1	0	:	0	5	AM	PM	0	1	:	0	5
			:			●	○					:					○	●	
	1	1	:	1	5	AM	PM	1	2	:	3	0	AM	PM	0	1	:	1	5
		:			●	○					:			○			●		

General Suggestions

Below are some general suggestions for successfully completing timesheets:

- Fill in the timesheet clearly. Remember, it is being read by a machine. If it cannot read your timesheet, it may delay your payment.
- Fill in all the required fields. You will not be paid unless all of the fields are filled in.
- Do not use colored ink. The machine has trouble reading light colors.
- Use separate timesheets for different members. If you work with more than one member, make sure you use separate timesheets.
- Do not round time. Write the exact time. Our machines will round your time for you.
- Do not cross out information. The machine will not read it. If you make a mistake, use a new timesheet.
- Make sure the timesheets you submit are good copies. You can make copies of the timesheets, but be sure that they are straight (not tilted) and full-sized so that our machine can read them.

Obtaining Timesheets

1. You can make copies of the timesheets we give you, but again, please make sure they are full-size and not tilted or our machine will not be able to read them.
2. Contact Customer Service at 866-886-1818 or PPLAZ_EVERCARE@pccgus.com and request that they send you copies of timesheets.
3. You can download copies of the timesheets online at www.publicpartnerships.com. On the homepage, select Arizona from the 'Select a Program' drop-down box. Then, click on 'Service Option UnitedHealthcare Community Plan.' Under Resources, click on 'Program Documents.'

Submitting Timesheets

You can submit your properly completed timesheet to PPL in the following two ways:

1. Fax: 866-710-5322
2. Mail: Public Partnerships, LLC
AZ MCO – UnitedHealthcare Community Plan
7776 S. Point Pkwy West, STE #150
Phoenix, AZ 85044

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