

# Staff – Entries Claimed After 365 days

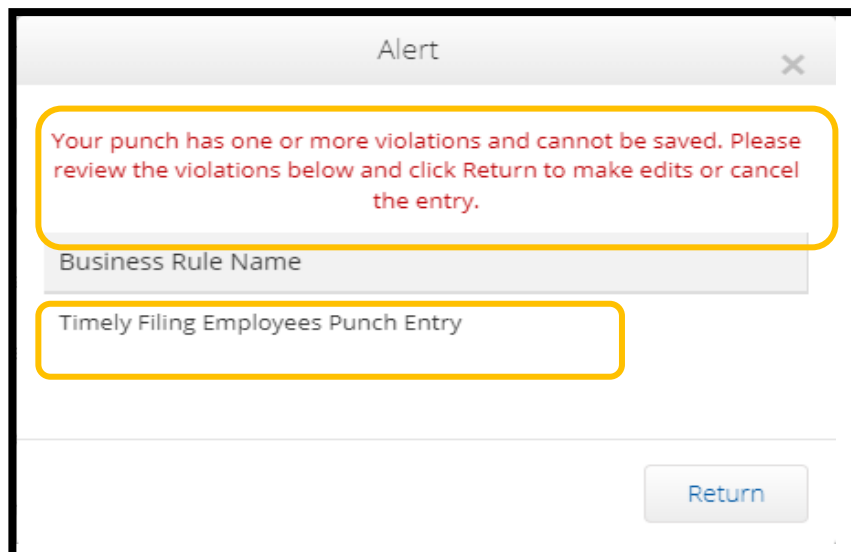


**Purpose:** To help staff complete the steps required when a provider requests payment more than 365 days after providing services.

**Outcome:** Local office staff can complete the required steps to receive and submit requests for payment more than 365 days after services were provided.

## A provider has contacted the local office and reported they need to claim time that is 365 days past the date of service.

- When a provider attempts to enter a historical entry in OR PTC DCI for a date that is more than 365 days after services were provided, OR PTC DCI will not allow the punch entry to be completed. The provider will receive a **Timely Filing Employees Punch Entry** error message.



- The provider will need to contact the local office and follow the process to request approval from Provider Relations Unit for these time punches.

# Staff – Entries Claimed After 365 days



## Provider Responsibility

- The Provider must submit a timesheet to the local office. This time sheet can be on a regular piece of notebook paper. However, the timesheet must have the following information.
  - Date of service
  - Start Time
  - End Time
  - Reason for late submission
  - The provider will hand write the following attestation statement prior to signing the sheet.
    - *“Time is correct. Falsifying may be Medicaid fraud.”*
  - Provider signature and the date.

**NOTE:** All the above information is required before the request can be processed by central office. If any information is missing or inaccurate and staff are unable to get the needed information, the local office will inform the provider their request has been denied.

## Local Office Staff Responsibility

- Confirms all information required (listed above) was recorded.
- The case manager reaches out to the consumer/CER for confirmation the provider did work these shifts.
- If the information provided is inaccurate or the case manager is unable to confirm the shifts with the consumer/CER, the local office staff will follow their established procedure to notify the provider the request was denied.
- If the information provided is accurate and the case manager received confirmation from the consumer/CER, the local office staff will scan and attach the required shift information to an email to the Provider Relations Unit (PRU) at [APD.ceppayments@odhsoha.oregon.gov](mailto:APD.ceppayments@odhsoha.oregon.gov).

# Staff – Entries Claimed After 365 days

---



## Provider Relations Unit Decision

- **Request Denied**
  - Local office staff follows their established procedure to notify the provider their request has been denied.
- **Request Approved**
  - The Provider Relations Unit (PRU) emails the PTC Support Team with an approval and the time entry details.
  - The PTC Support Team enters the approved time entries into OR PTC DCI on behalf of the provider and sends a payroll batch to the PRU.
  - PRU then enters the entries from the payroll batch into Mainframe and submits payment to the provider.