

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-22-076

Issue date: 8/4/2022

Topic: Other

Due date:

Subject: Provider Time Capture (PTC) - Entries Claimed After 365 Days

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Types A and B | <input checked="" type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Comagine |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

This transmittal outlines the business process for when a provider needs to report time more than 365 days after the date of service. The Collective Bargaining Agreement allows for time to be reported within 365 days and it is the provider's responsibility to report their time within this timeframe. However, there are some circumstances when a provider may need to report time after 365 days. The OR PTC DCI system will not allow time entries after 365 days from the date of service, so the new Business Process outlines the steps that must be taken to record this time.

[Link to Business Process 2.3.0 - Entries Claimed After 365 Days](#)

The process begins at the Local Office:

- As a first step, providers need to write down all of their shift information which **MUST** include:
 - Date of Service
 - Start Time
 - End Time

- At least one task completed during EACH shift. (If they worked more than one shift on the same day, each shift for that day needs at least one task.)
- Reason for Late Submission

All of the above information is required before the request can be processed.

If any information is missing or inaccurate and staff are unable to get the needed information, the local office will inform the provider that their request has been denied. Follow these steps:

- Confirm all information was recorded.
- Reach out to the consumer for confirmation.
- If information is inaccurate, follow the local office's established procedure to notify the provider the request was denied.
- If the information is accurate, the staff member scans and attaches the required shift information to an email to the Provider Relations Unit (PRU) at APD.ceppayments@odhsoha.oregon.gov.

PRU will work with Medicaid Policy for a final determination. If the Medicaid Policy Manager denies the request for payment, PRU will notify the local office staff. Staff will follow the local office's established procedure to notify the provider of the denial.

If the entries are approved, the rest of the process happens outside the Local Office:

- PRU sends request to Medicaid Policy Manager, who either denies or approves the request. If the Medicaid Policy Manager approves the request for payment, PRU will inform PTC Support.
- If entries are approved, PRU sends an email to PTC Support to enter time into OR PTC DCI on behalf of the provider.
- The PTC Support team enters the time entries and sends a payroll batch to PRU.
- PRU enters the entries into Mainframe/DHR.

For more information on the PTC Project, please visit PTC.Oregon.gov.

If you have any questions about this information, contact:

Contact(s): Provider Time Capture	
Phone:	Fax:
Email: PTC.Support@odhsoha.oregon.gov	