

Web Payroll System User Guide Table of Contents

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Web Payroll System User Guide

The Agency for Persons with Disabilities (APD) Consumer Directed Care Plus Program (CDC+) developed the following instructions to assist you in entering your timesheets, vendor or independent contractor invoices, and requests for reimbursements through the CDC+ Secure Web-based Payroll System. Consumers and their authorized representatives are assigned secure usernames and passwords which must be used to access this system. If you have any questions, please call CDC+ Customer Service toll-free at 866-761-7043.

Employee Timesheets – General Information

Paper timesheets for your employees showing time in and out each day must be completed weekly as you have always done. As always, they must be signed by both you and your employee after finishing work each week. This is the official documentation for Medicaid funding of your employees. Copies of all timesheets must be maintained in your file for five years.

You may enter your employee's completed timesheet via the secure payroll system beginning at 8 a.m. on the Monday following the previous work week, with the same deadline of 5 p.m. Eastern Time on the Tuesday following the end of the 2-week pay period. You can verify the dates of each pay period by reviewing the official CDC+ bi-weekly pay schedule provided to you every six months and available on the CDC+ website at <http://apd.myflorida.com/cdcplus>.

When entering your employee's completed timesheet, you will select from drop-down menus the appropriate employee ID#, name, and the code for the service provided. The drop-down menus will only list the employees and the service codes they are authorized to provide based on your approved purchasing plan for the time period selected.

It is your choice to enter your employee's time each week or every other week for the entire 2-week pay period, but the paper timesheets must be completed by your employees each week.

Vendor and Independent Contractor Invoices and Requests for Reimbursement General Information

You must complete your paper Vendor/Independent Contractor Payment Forms and Consumer/Representative Reimbursement Forms as you have always done. These forms, along with your providers' invoices and your written verification of service delivery, are your documentation for Medicaid funding. Copies of all payment and reimbursement forms, along with the associated invoices, must be maintained in your file for five years.

As soon as you receive an invoice from your independent contractors and agencies/vendors AFTER their services have been provided during the month, you will either request payment for the invoice via the secure payroll system or you will call the information in by telephone to the

Customer Service Center. Payment requests made prior to Tuesday at 5 p.m. Eastern Time following the end of the regular bi-weekly pay period will pay out on the following bi-weekly payroll.

When entering your vendor or independent contractor invoices for payment, you will select from drop-down menus the appropriate vendor or independent contractor ID#, name, and the code for the service provided. The drop-down menus will only list the vendors or independent contractors and the service codes they are authorized to provide based on your approved purchasing plan for the time period selected.

When entering your request for reimbursement, you will select the appropriate person (either the consumer or the representative) to be reimbursed and the appropriate service code for which the reimbursement is being requested. The drop-down menus will only list the service codes that are authorized for consumer/representative reimbursement based on your approved purchasing plan for the time period selected.

If at any time you do not see a provider or a service code that you believe should be in the drop-down menu, please call the CDC+ Customer Service Center and they will assist you with your payroll entry.

Preparation for Entering Payroll System

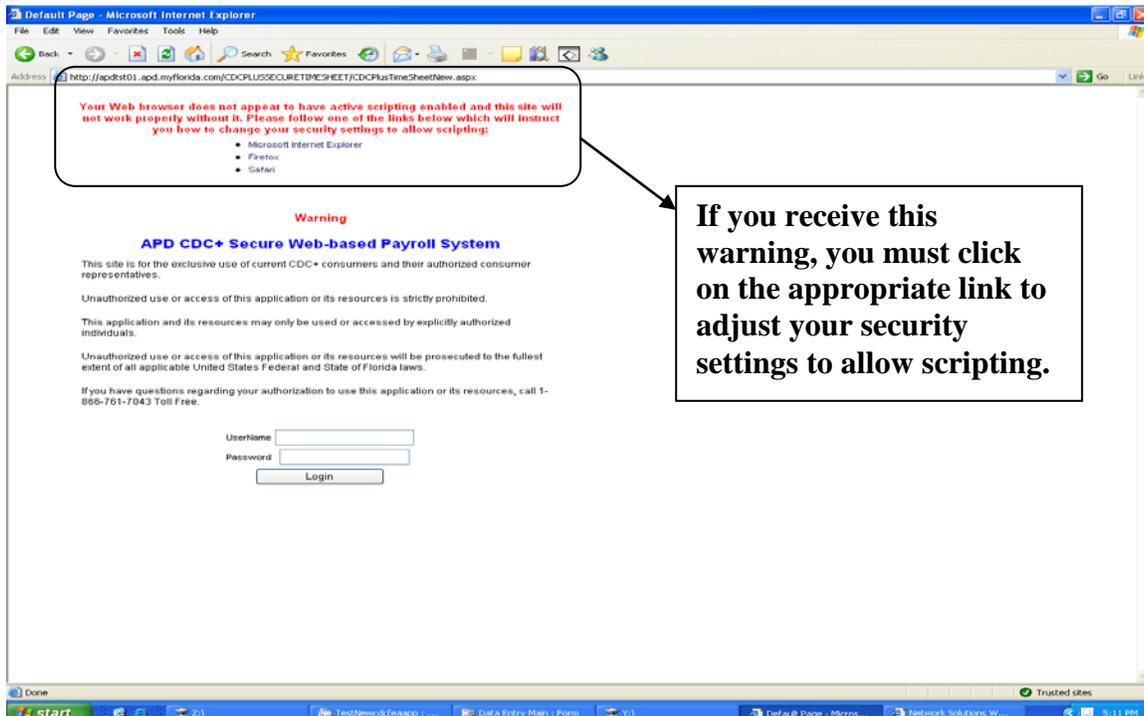
Instructions for Processing Timesheets, Invoices, and Requests for Reimbursement

Before you call or go to the Web site to enter your information –

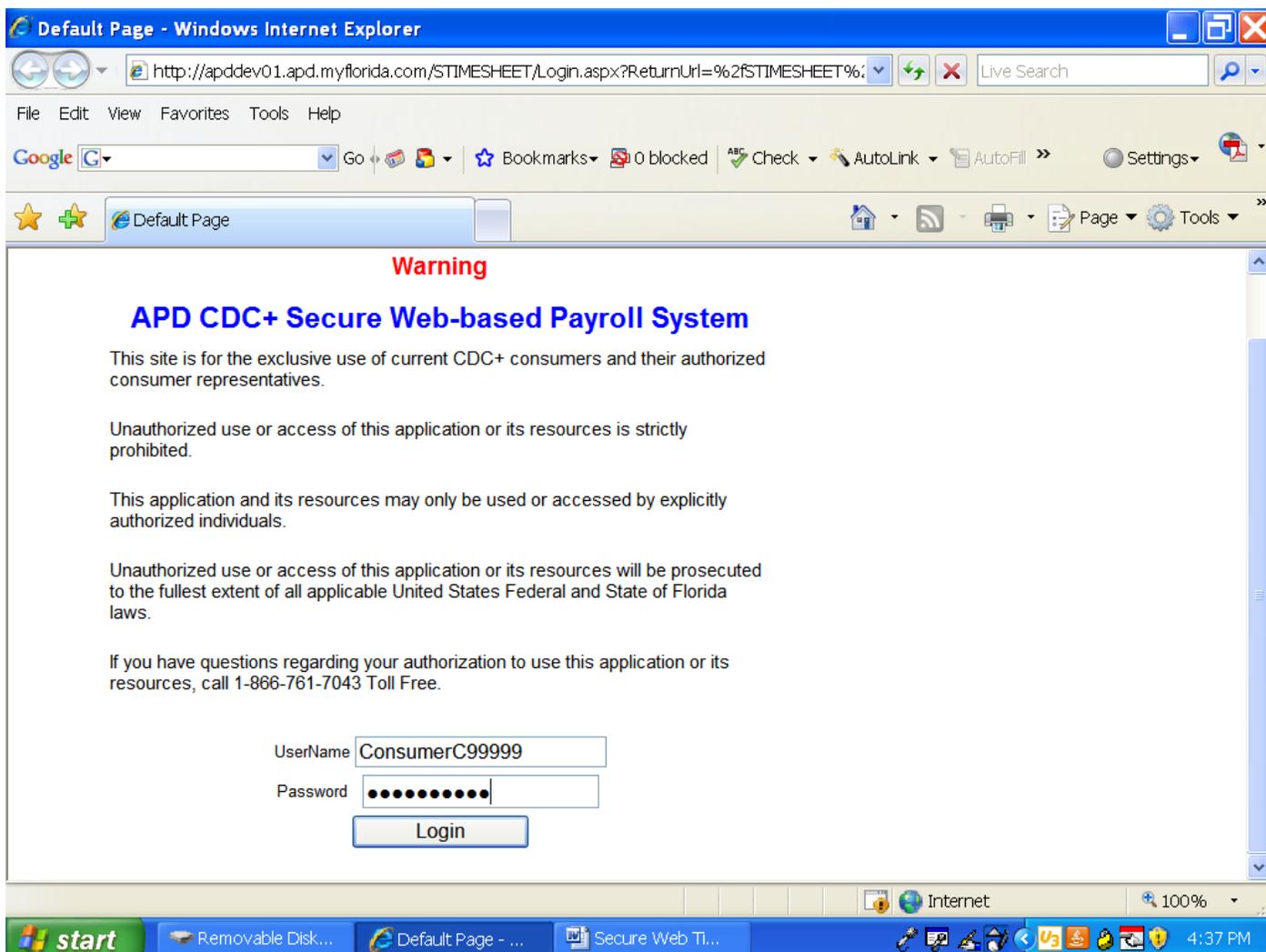
- ❑ Have all your employees' timesheets signed and fully completed with the column entitled "Total Hrs. Worked" completed for each service provided and each day worked AND the totals for each service provided at the bottom of the form.
- ❑ Have your Request for Vendor and Independent Contractor Payment forms fully completed with the original invoice attached to each.
 - If the original invoice does not have an invoice number printed on it, please make up a number and write that number on it. (**HINT:** If your vendor or independent contractor does not put numbers on their invoices, make the number meaningful, such as the initials of the vendor and the date, and be consistent each month as you put that number on the invoice so you can always find it if called upon to do so in an audit.)
 - You will also need the invoice date.
- ❑ Have your Consumer/Representative Reimbursement Forms fully completed with the PAID invoices or receipts attached to each.

Web-based System

- ❑ Go to APD's Secure Web-based Payroll System at <https://cdcplus.apd.myflorida.com/securetimesheet/>.



- On this page is also a Warning. Since you (the consumer or the consumer’s representative) are an authorized user, you will enter your assigned Username and Password for the Secure Web-based Payroll System. If you do not have an assigned Username and/or password, you will have to obtain one. You will not be able to proceed without these credentials.
 - Note: The Username format for use by Consumers is *ConsumerLastName+C+Consumer ID*. For use by Representatives, the format is *RepresentativeLastName+R+Representative ID*. Each consumer will be issued a unique password. Each representative, of consumers who have selected a representative, will also be issued a unique password. *The usernames and passwords should not be shared or given out.*
 - Enter Username
 - Enter Password
 - Select “Login” button after UserID and password have been entered.

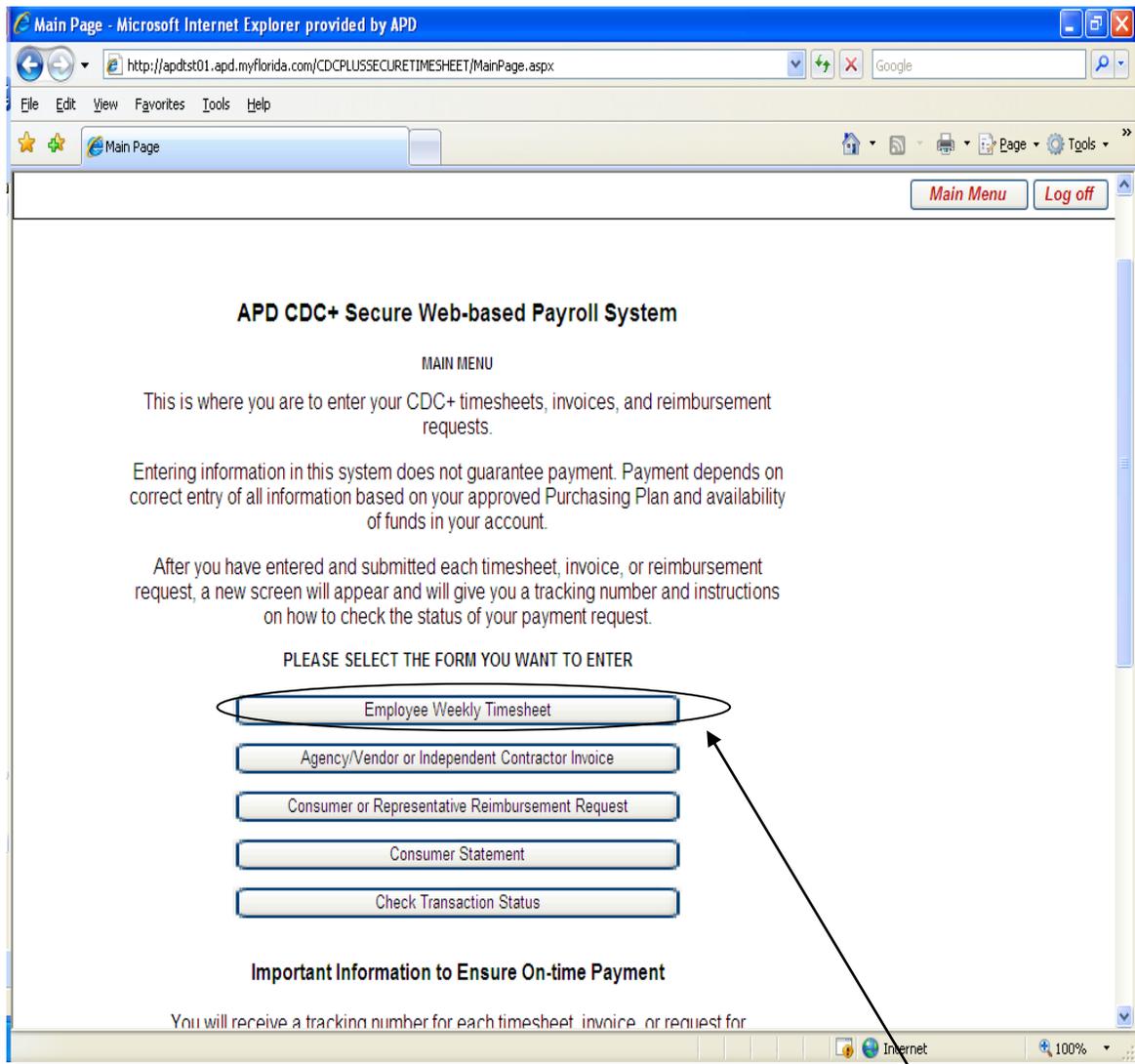


Please note that employees, vendors, and family members who provide paid services to the consumer or who are listed on the approved purchasing plan as emergency backups are not authorized users of this payroll system.

The consumer (or consumer's representative, if one has been selected) is responsible for every payroll item entered via the web. This responsibility is serious, as web claims authorize use of Medicaid funds. If entries are made by non-authorized users, it could constitute Medicaid fraud for which the consumer (or consumer's representative, if one has been selected) would be responsible.

(Please Note: This also applies to telephoned-in entries)

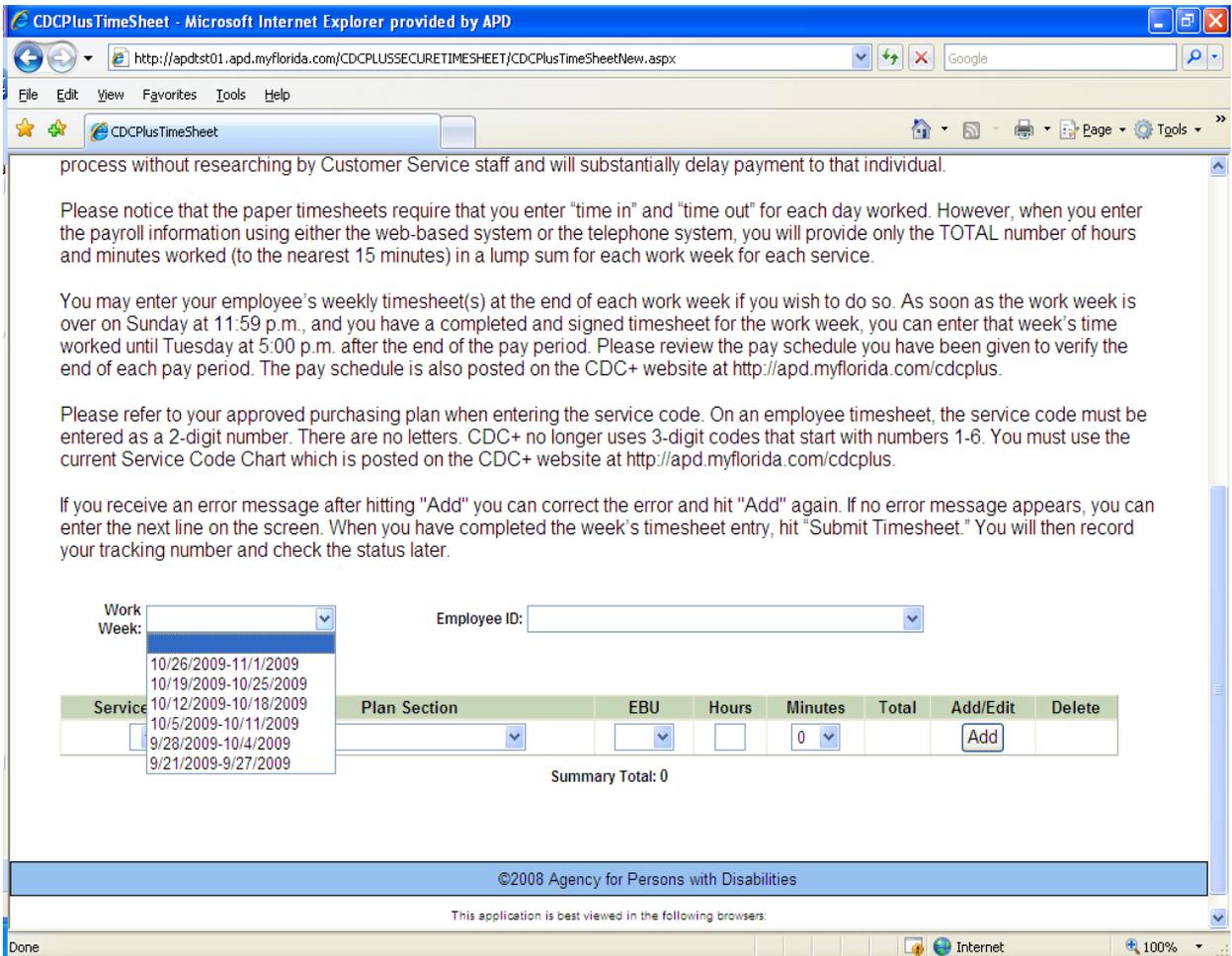
Main Menu Screen



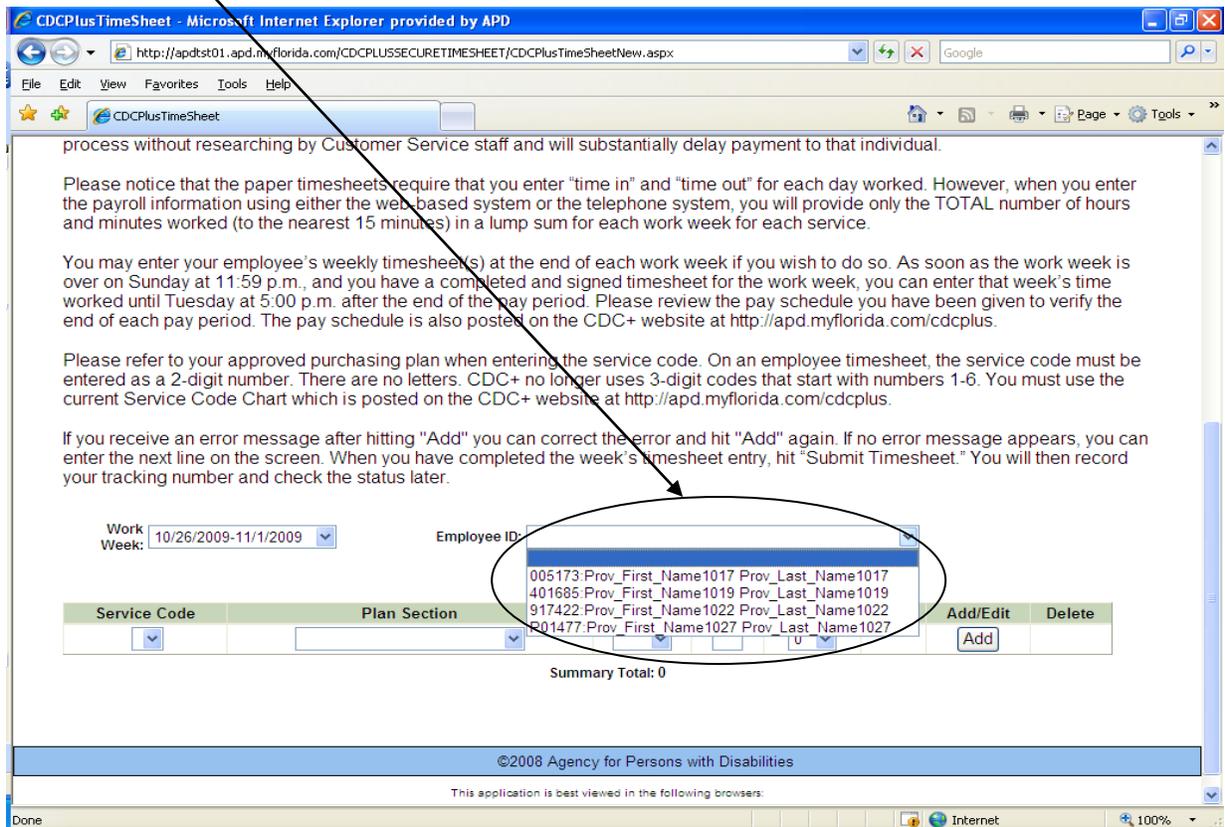
- ❑ On the Main Menu, you can select the type of payroll document you want to enter for payment (i.e.: Timesheet, Invoice, Reimbursement.)
- ❑ If you will be entering an employee's weekly timesheet(s), click on **Employee Weekly Timesheet**.

Employee Timesheet Screen: How to Enter
 since you cannot see the title on the screen shot

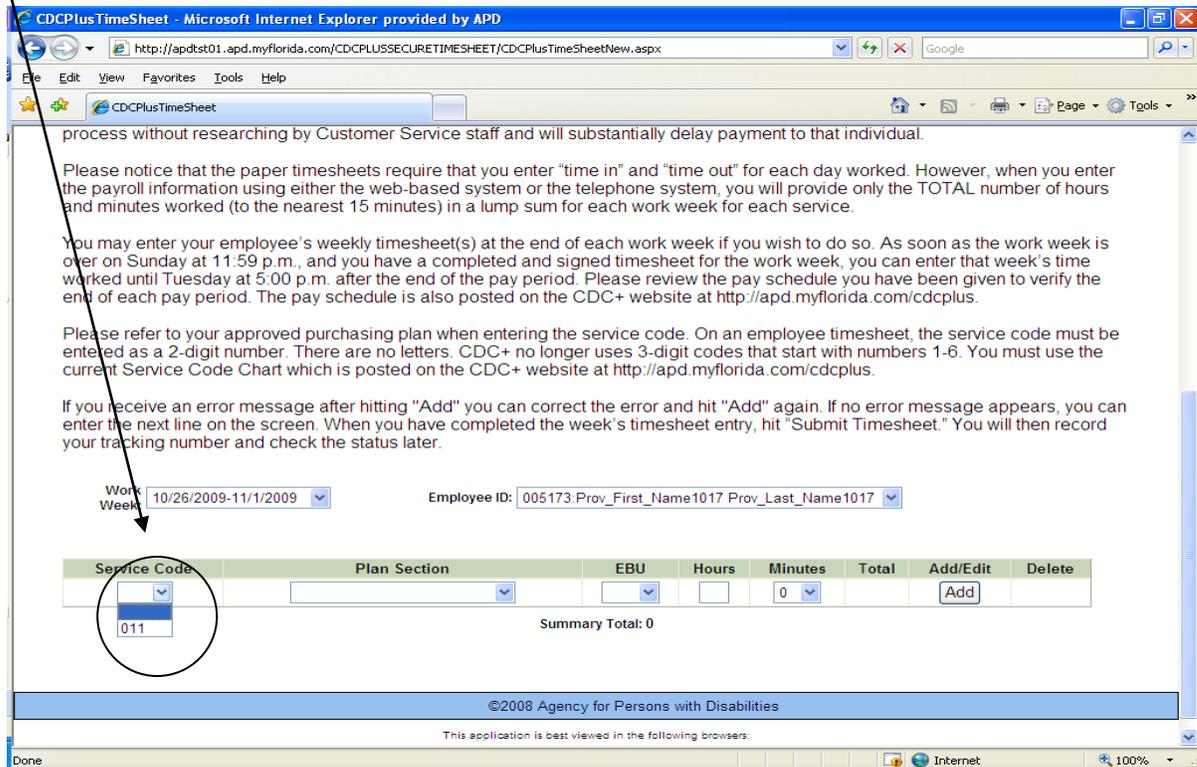
- ❑ The Employee Timesheet screen will give you general instructions.
- ❑ Select the desired work week from the “Work Week” drop-down menu.
NOTE: You can not submit timesheets greater than (6) six weeks thru the Web system, you must call customer service.



- ❑ Select the employee for whom you are entering time in the “Employee ID” menu.
 - Note: The drop-down menus will only list the employees authorized to provide services based on your approved purchasing plan for the time period selected.
 - If you do not see an employee you believe is authorized to provide services during the selected work week, please contact Customer Service.

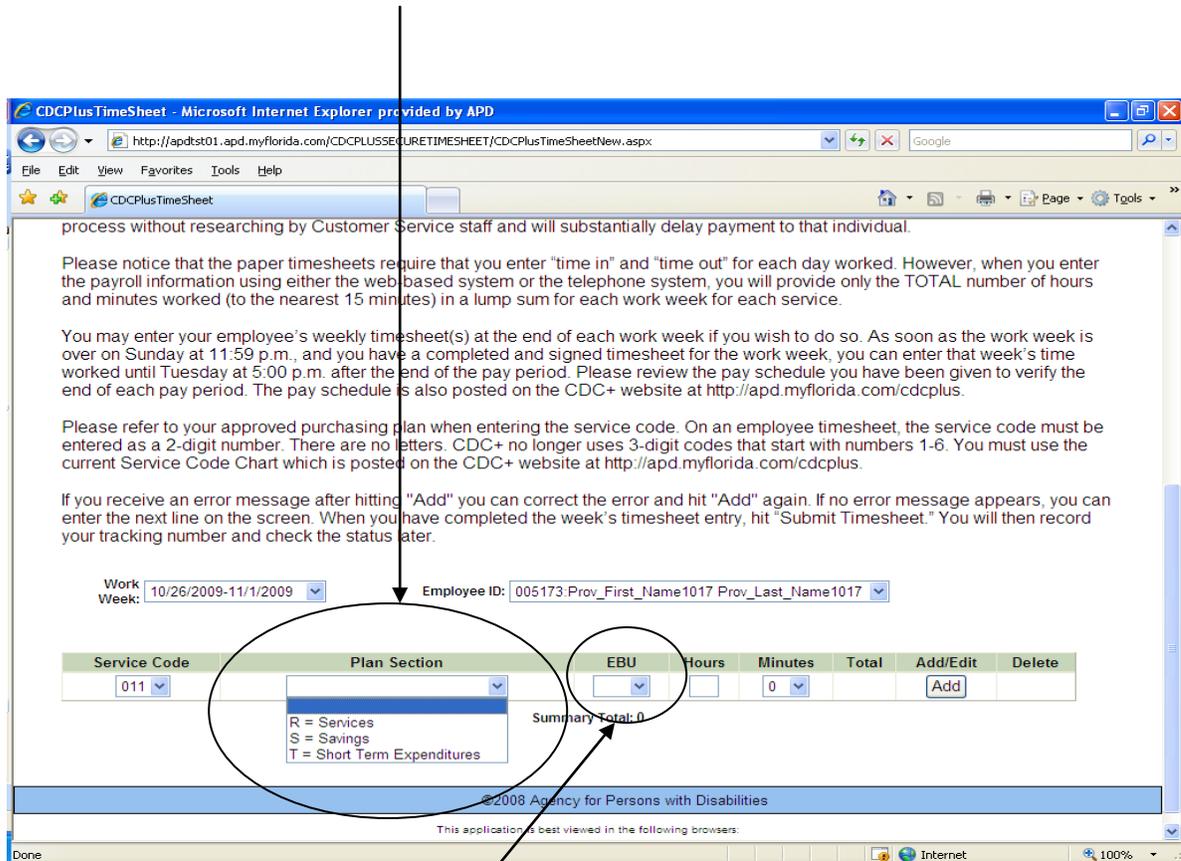


- ❑ A list of Service Codes for which the employee is authorized to work (according to the authorized approved purchasing plan) will be available in the “Service Code” drop-down menu.
- ❑ Select the applicable Service Code for this employee.
 - If you do not see a Service Code you believe an employee is authorized to provide during the selected work week, please contact Customer Service.



If you do not see the employee you wish to pay or a Service Code available for a type of work that the employee has performed, please contact Customer Service.

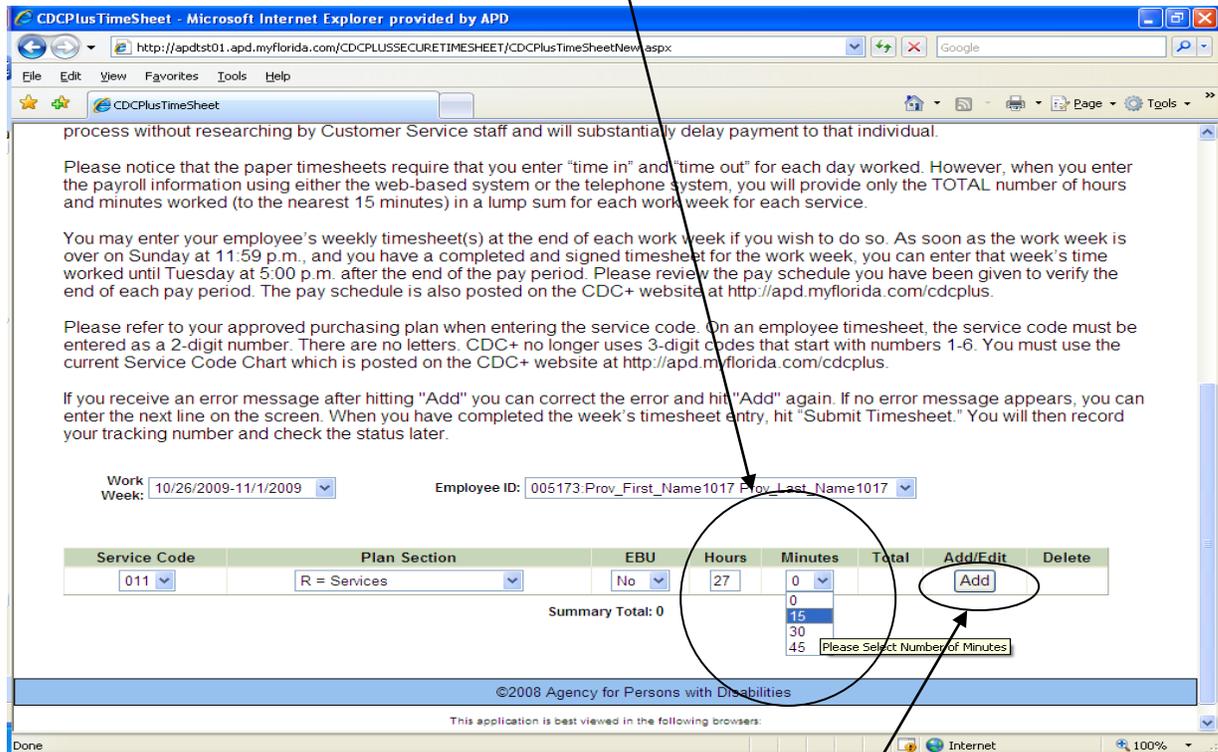
- ❑ From the “Plan Section” menu, select the area of the purchasing plan in which the employee was budgeted and therefore from which the employee is to be paid.
 - The available options are “R=Services,” “S=Savings” and “T=Short Term Expenditures.”
 - The codes “R, S, and T” are defined and used on the paper timesheet.



- ❑ From the “EBU” box, select whether or not the employee provided this service as an Emergency Back-Up provider.

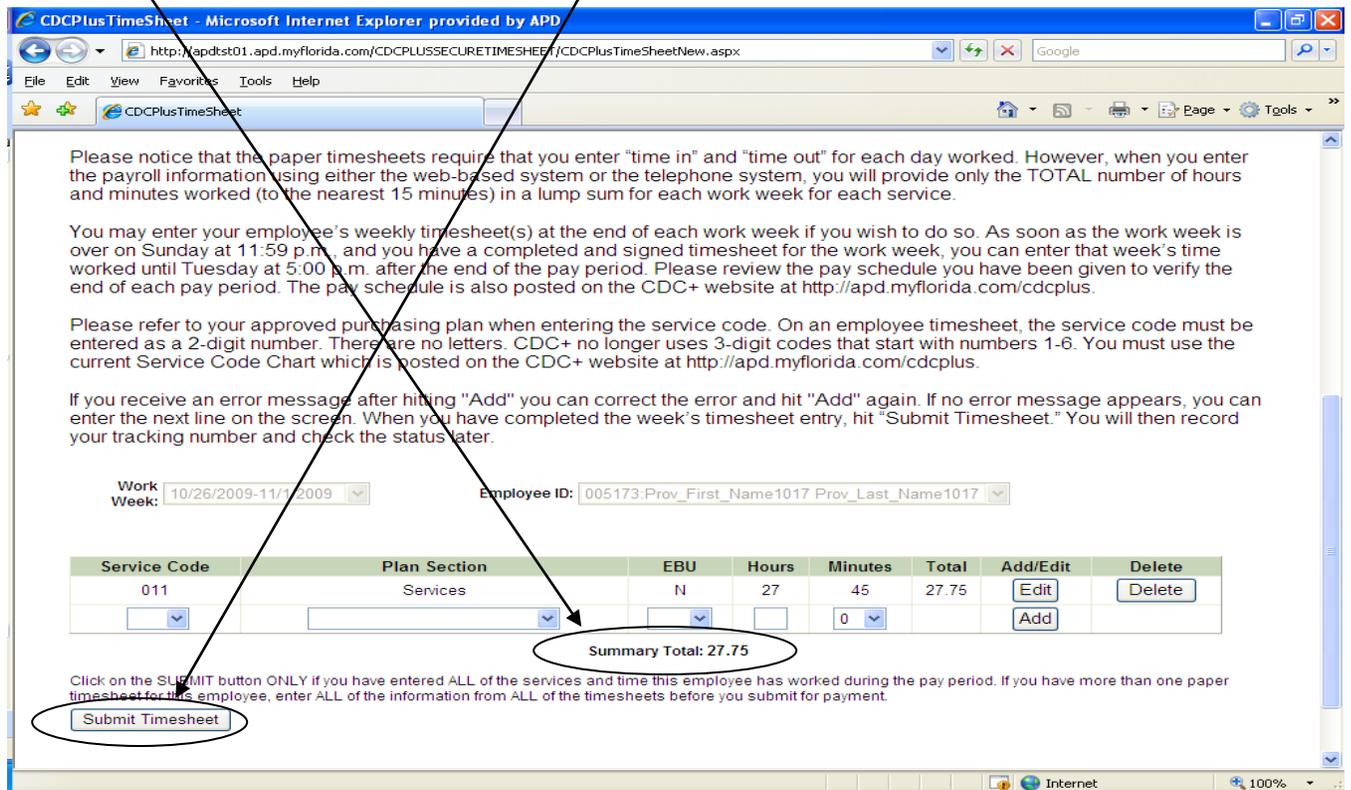
NOTE: The way each employee is entered on the paper purchasing plan plays an important part in getting the employee paid correctly and from the correct “budget section” of your purchasing plan. Therefore, you must always be sure you have a copy of your purchasing plan that has been approved by the local area office when you submit items for payment. The Purchasing Plan you wrote **should be** the plan that is ultimately submitted to and approved by the APD area office, but you cannot make that assumption. If you do not get a copy of your approved plan by the end of the first work week of the month in which your most recent plan was supposed to be effective, contact your consultant and ask for it.

- ❑ Enter the number of hours worked in the “Hours” box and select the number of minutes (to the nearest 15 minutes) from the “Minutes” drop-down menu.



- ❑ If everything you just entered is correct, hit the “Add” button. If not, you can delete it and start over or you can make changes before hitting “Add.” You can also edit the line after hitting “Add” and before you hit “Submit Timesheet.”

- ❑ After you hit “Add,” another line will appear and you can enter the next service the employee provided that week from the Service Code Totals at the bottom of the paper timesheet.
- ❑ Notice that the “Summary Total” of time worked will change every time you add another service on the web-based timesheet.
- ❑ When you have finished entering the selected employee’s timesheet, the Summary Total at the bottom of the screen should agree with the Total on your paper timesheet. If it does not, please double check your figures on both the paper and the web-based timesheet to be sure they are correct.
- ❑ Once you are sure the timesheet entry is correct, hit “Submit Timesheet.” **Please note that after you hit the “Submit Timesheet” button, you cannot make any changes.**



Employee Timesheets - Getting your Tracking Number

- ❑ The next screen that appears will give you a tracking number. Make a note of this tracking number and return to this site after a few hours to find out the status of this timesheet. It is strongly recommended that you print this page by clicking on “Print Timesheet” and staple it to the paper timesheet. If you cannot print the page for some reason, please write the tracking number on the paper timesheet you just entered. This is the **ONLY** way you will be able to find out the status of this timesheet. If you need to contact Customer Service to find out about this timesheet, they cannot help you if you do not have this number.

- ❑ If you need to enter another employee’s timesheet, click on “Enter New Timesheet.”

- ❑ If you do not have any more timesheets to enter, go to the top right of your screen and
 - click on “Main Menu” to enter invoices or reimbursement requests, or
 - click on “Log Off” to exit.

CDCPlusTimeSheet - Microsoft Internet Explorer provided by APD

http://apdst01.apd.myflorida.com/CDCPLUSSECURETIMESHEET/CDCPlusTimeSheetNew.aspx

Main Menu Log off

Employee Weekly Timesheet

Consumer ID: 32599
Employee: 005173:Prov_First_Name1017 Prov_Last_Name1017
THIS IS YOUR TRACKING NUMBER ASSIGNMENT: 1611
Submitted on: 11/4/2009 4:56:18 PM and Passed Adjudication.

Please write down your tracking number or print a copy for your records. It is very important (and it is the consumer/representative responsibility) to check the tracking status and that the consumer/representative use the issued tracking number(s) to 'check transaction status' for each submitted claim a few hours after you enter each timesheet, invoice, or request for reimbursement. If you receive a tracking number of 0 (zero) you need to call Customer Service as soon as possible because this timesheet or invoice has processed incorrectly.

Work Week: 10/26/2009-11/1/2009 Employee ID: 005173:Prov_First_Name1017 Prov_Last_Name1017

Service Code	Plan Section	EBU	Hours	Minutes	Total
011	Services	N	27	45	27.75

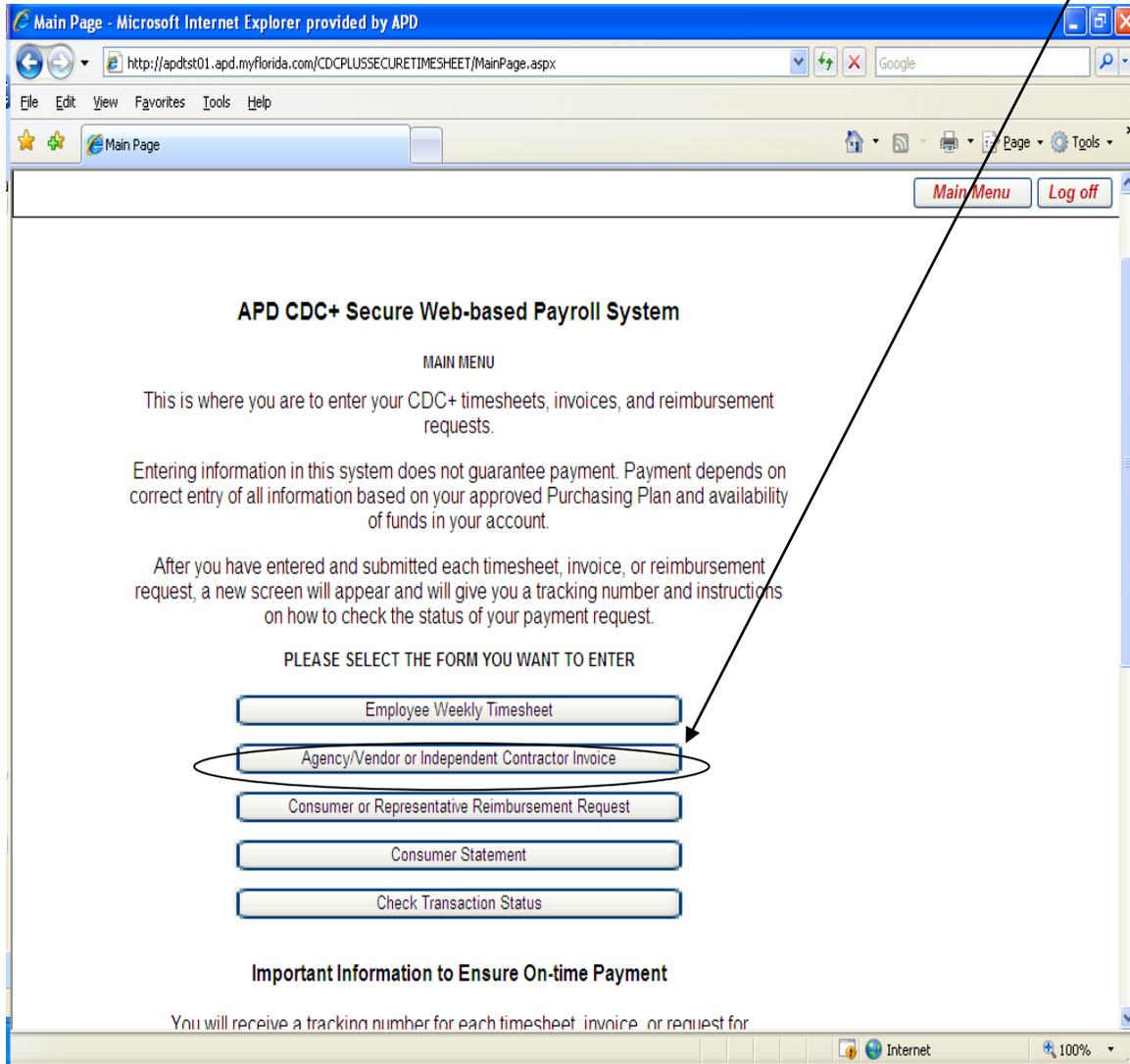
Summary Total: 27.75

Enter New Timesheet Print Timesheet

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This application is best viewed in the following browsers:
Microsoft Internet Explorer 5.0 or higher

- ❑ If you have returned to the Main Menu and you still have invoices from vendors and independent contractors to enter, click on **Agency/Vendor or Independent Contractor Invoice**.



Agency/Vendor or Independent Contractor Invoice Screen - How to Enter

- The Invoice screen will give you general instructions.
- Enter the date of the Invoice.
NOTE: You can not submit invoices dated greater than (6) six weeks thru the Web system, you must call customer service.
- Select the correct year in which the service were provided from the “Year” drop-down menu.

http://apd.myflorida.com/cdcplus.

Please refer to your approved purchasing plan when entering the Plan Section and make sure you select the section in which the service was written on your Purchasing Plan. Plan Section choices are R = Services, E = One-Time Expenditure, S = Savings, or T = Short Term Expenditures. Remember, a One-Time Expenditure can only be service code 14, 80 or 83. Please refer to the Service Code Chart for an explanation of One-Time and Short Term Expenditures.

You will receive a tracking number for each Request for Agency/Vendor or Independent Contractor Invoice screen you submit.

Date of Invoice: 12/31/2008 mmdyyyy
Year: 2007, 2008, 2009, 2010
Month: [dropdown]
Invoice number: [text box]

First Day of Service	Last Day of Service	Service Code	Plan Section	EBU	Amount	Add/Edit Delete
[dropdown]	[dropdown]	[dropdown]	[dropdown]	[dropdown]	\$ [text box]	Add

- Select the correct month in which the services were provided from the “Month” drop-down menu. You cannot enter an invoice for a future date.

- ❑ The “Provider ID” drop-down menu will only list the vendors and independent contractors approved and authorized to provide services based on the approved purchasing plan for the time period selected.
- ❑ Select the appropriate provider.
- ❑ **If you do not see the provider you are trying to pay in the drop-down menu for the time period selected, please contact Customer Service.**

the section in which the service was written on your Purchasing Plan. Plan Section choices are R = Services, E = One-Time Expenditure, S = Savings, or T = Short Term Expenditures. Remember, a One-Time Expenditure can only be service code 14, 80 or 83. Please refer to the Service Code Chart for an explanation of One-Time and Short Term Expenditures.

You will receive a tracking number for each Request for Agency/Vendor or Independent Contractor Invoice screen you submit.

Date of Invoice: 12/31/2008 mmdyyyy Year: 2008 Month: 11

Provider ID: A00001: VENDOR A
P00009: VENDOR B
999999: VENDOR C Invoice Number:

First Day of Service	Last Day of Service	Service Code	Plan Section	EBU	Amount	Add/Edit Delete
<input type="text"/>	\$ <input type="text"/>	Add				

Summary Total: \$0.00

- ❑ Enter the invoice number that is printed on the invoice you are paying.
 - If the invoice does not have a number, create a unique number, write it on the paper invoice, and enter that number into the Web form.
 - If you make up your invoice numbers, please be sure you do not duplicate the numbers.

- ❑ Select the first day of the month that the service was provided from the “First Day of Service” menu.

- ❑ Select the last day of the month that the service was provided from the “Last Day of Service” menu.
 - If the invoice is for supplies or a service provided only once during the month, then the first and last day will be the same date.

- ❑ The “Service Code” drop-down menu will only list the approved service codes for the selected provider.

- ❑ Select the appropriate service code.
 - **If you do not see an approved Service Code, please contact Customer Service.**

the section in which the service was written on your Purchasing Plan. Plan Section choices are R = Services, E = One-Time Expenditure, S = Savings, or T = Short Term Expenditures. Remember, a One-Time Expenditure can only be service code 14, 80 or 83. Please refer to the Service Code Chart for an explanation of One-Time and Short Term Expenditures.

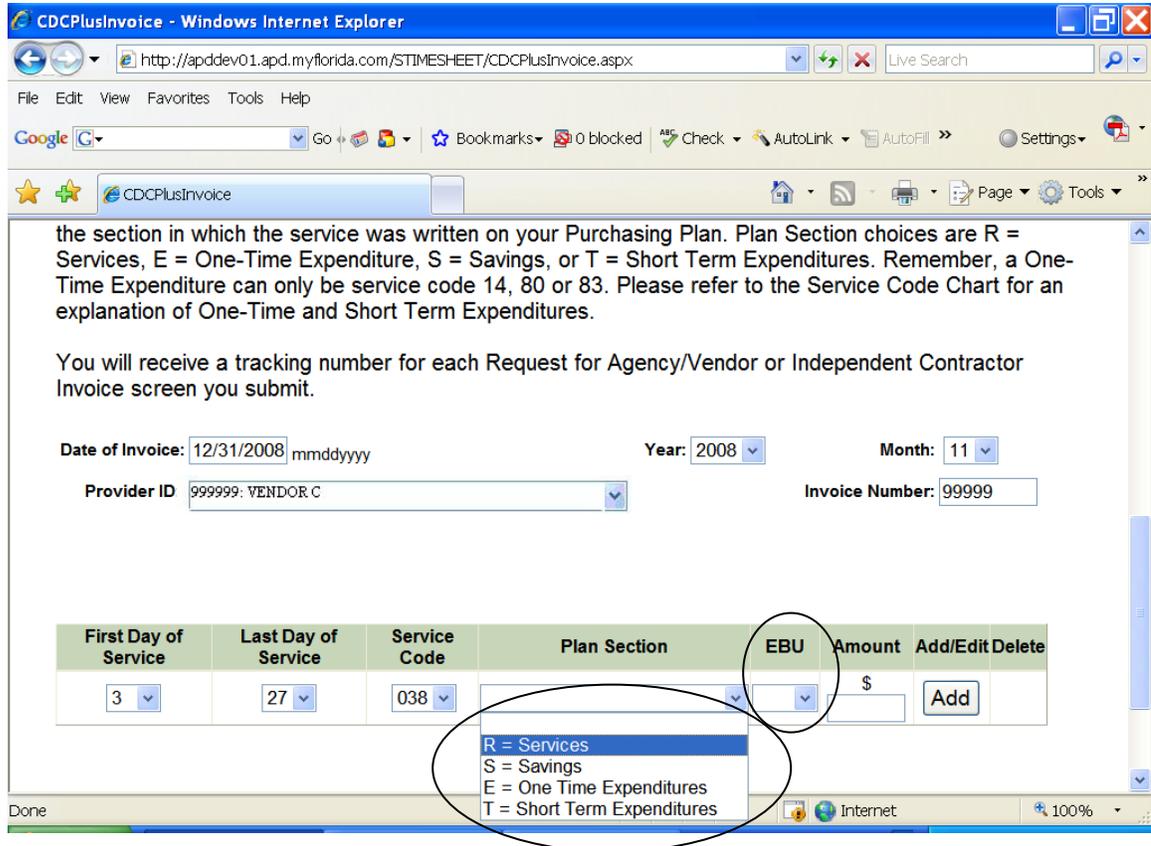
You will receive a tracking number for each Request for Agency/Vendor or Independent Contractor Invoice screen you submit.

Date of Invoice: 12/31/2008 mmdyyyy Year: 2008 Month: 11

Provider ID: 999999: VENDOR.C Invoice Number: 99999

First Day of Service	Last Day of Service	Service Code	Plan Section	EBU	Amount	Add/Edit Delete
3	27	038			\$	Add
Summary Total: \$0.00						

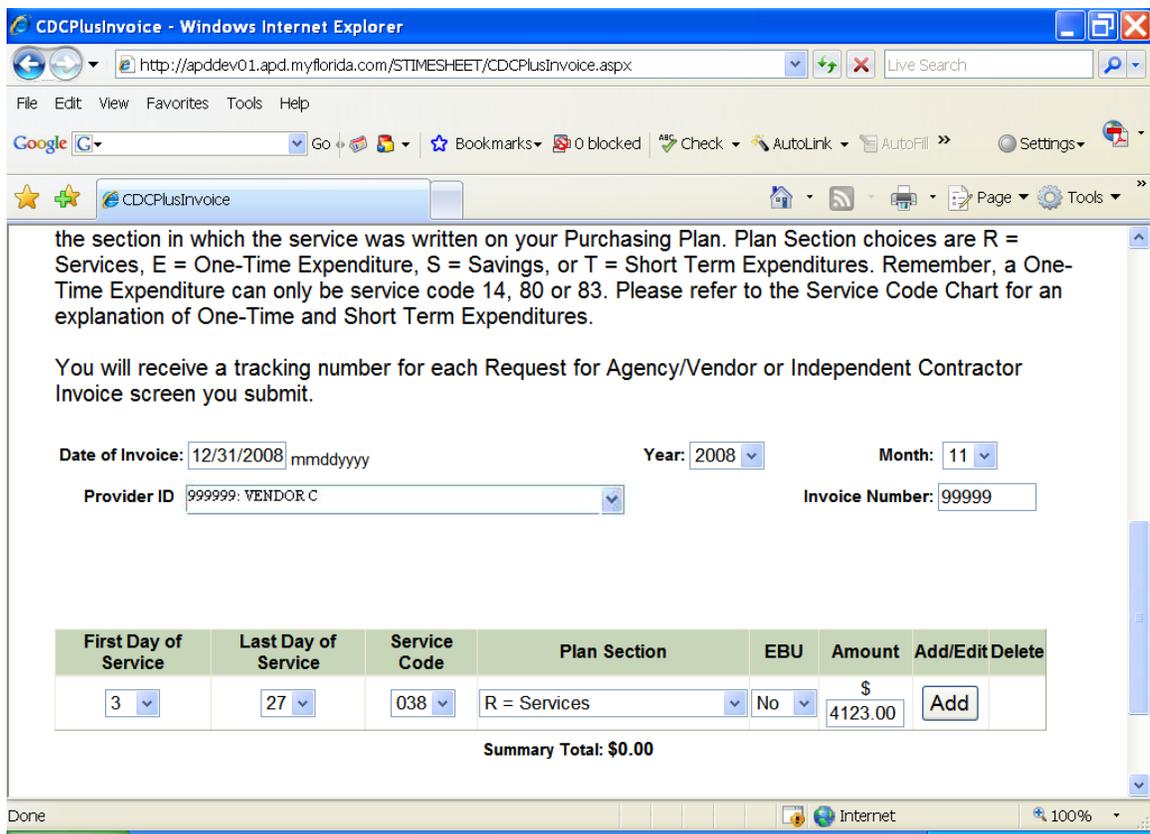
- ❑ Select the section of the Purchasing Plan where the vendor was approved to provide that service.
 - The available options are “R=Services,” “S=Savings” and “T=Short Term Expenditures.”



- ❑ Enter whether the vendor provided this service as an EBU (Emergency Back Up) to your primary provider or not. Select Yes or No from the drop-down menu.

- ❑ Enter the amount of the invoice for the service provided. **This is very important. If the invoice lists all the days the same service was provided, you must enter only the total amount of the invoice, not each day the service was provided.**

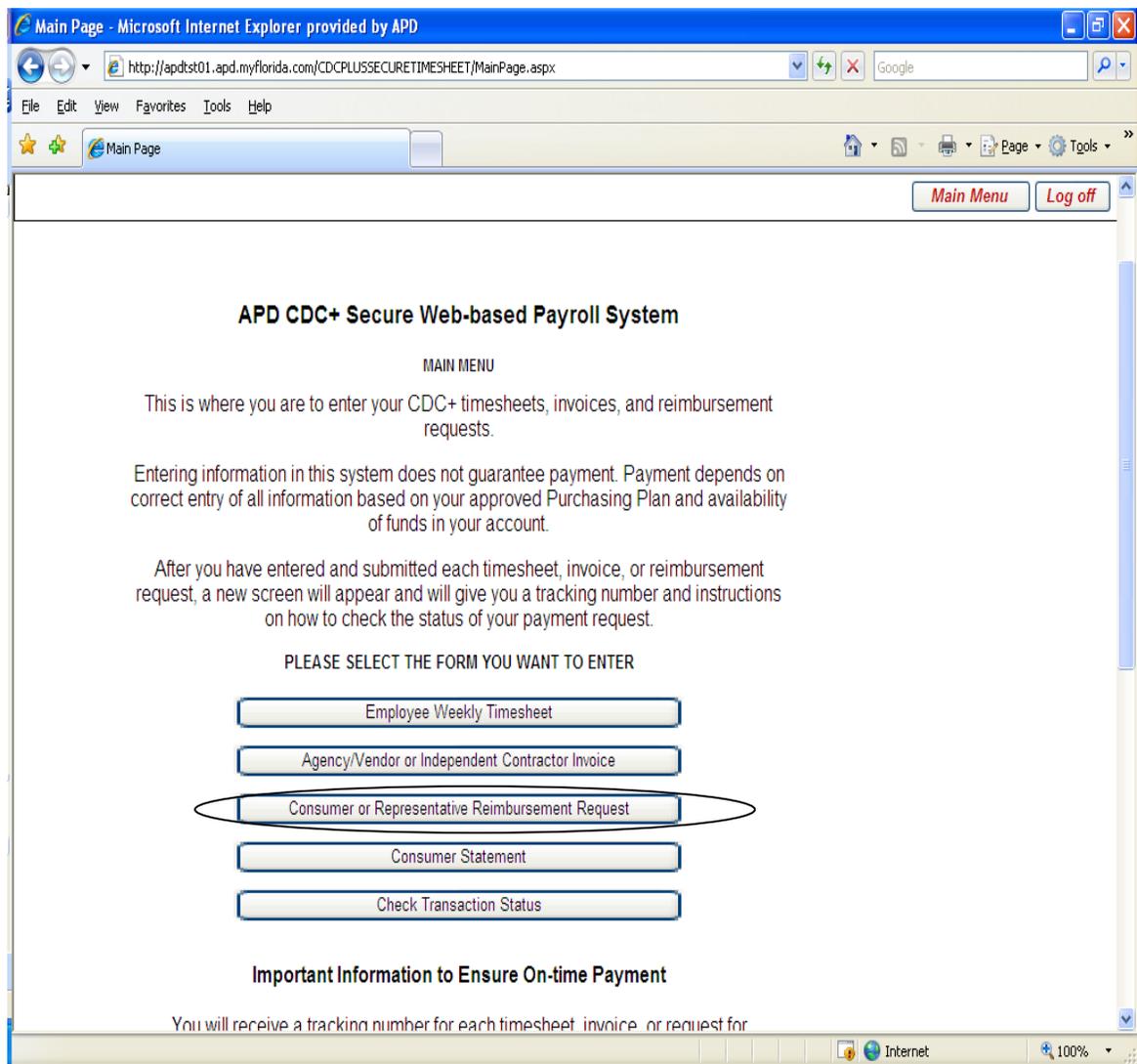
For example, if the invoice is for Occupational Therapy and Speech Therapy and lists each day and the number of hours of services provided, on the first line enter the first day and last day Occupational Therapy was provided, the Service Code, Plan Section, whether or not the provider was an emergency backup provider, and then enter the total amount to be paid for Occupational Therapy, then hit ADD. On the next line, enter the first day and last day Speech Therapy was provided, the Service Code, Plan Section, whether or not the provider was an emergency backup provider, and then enter the total amount to be paid for Speech Therapy. Then hit ADD.



- ❑ If everything you just entered is correct, hit the “Add” button. If not, you can delete it and start over or you can make changes before hitting “Add.” You can also edit the line after hitting “Add” and before hitting “Submit Payment.”
- ❑ After you hit “Add,” another line will appear and you can enter another service from that same provider and that same invoice, if there is one.
- ❑ Notice that the “Summary Total” will add up the total amount of every service on one invoice from that provider for the month.

- ❑ When you have finished entering the invoice, the Summary Total should agree with the Total on the vendor's invoice.
 - If it does not, please double check your figures on both the paper and the Web-based invoice form to be sure they are correct.
- ❑ Once you are sure the invoice entry is correct, hit "Submit Payment."
- ❑ The next screen will give you a tracking number so you can find out the status of this invoice payment after a few hours. It is strongly recommended that you print this page by clicking on "Print Invoice" and staple it to the paper invoice.
 - If you cannot print the page for some reason, you must write the tracking number on the paper invoice you just entered.
 - This is the **ONLY** way you will be able to find out the status of this invoice payment. If you need to contact Customer Service to find out about this invoice, the staff cannot help you if you do not have this number.
- ❑ If you have another invoice to enter, click on "Enter New Invoice."
- ❑ If you do not have any more invoices to enter go to the top right corner of the screen and click on "Main Menu" to enter timesheets or reimbursement requests, or click on "Log Off" to exit.

- ❑ If you have gone back to the Main Menu and you have copies of **PAID** invoices or receipts for payments you have made to vendors for services provided or items purchased during the month, click on **Consumer or Representative Reimbursement Request**. NOTE: A paid invoice or receipt is documented as follows:
 - It was paid by cash or credit card and shows a zero balance, or
 - The word “paid” is written on the invoice by the vendor, along with the vendor’s name and signature, or
 - Stapled to the invoice or receipt is a copy of a cashed check made out to the vendor in the amount of the invoice or receipt, or copy of credit card statement; some tangible proof that the payment was made by the consumer or representative.



Consumer or Representative Reimbursement Request Screen:

- ❑ The Consumer or Representative Reimbursement Request screen will give you instructions on what to do.
- ❑ Select whether the consumer or the representative is to be reimbursed (from drop-down menu). If you select consumer, the check will be made out to the consumer; if you select representative, the check will be made out to the representative on record with CDC+.

installation of a personal emergency response system, and again, only to an agency or vendor. CDC+ no longer uses 3-digit codes that start with numbers 1-6. You must use the current Service Code Chart that is posted on the CDC+ website at <http://apd.myflorida.com/cdcplus>.

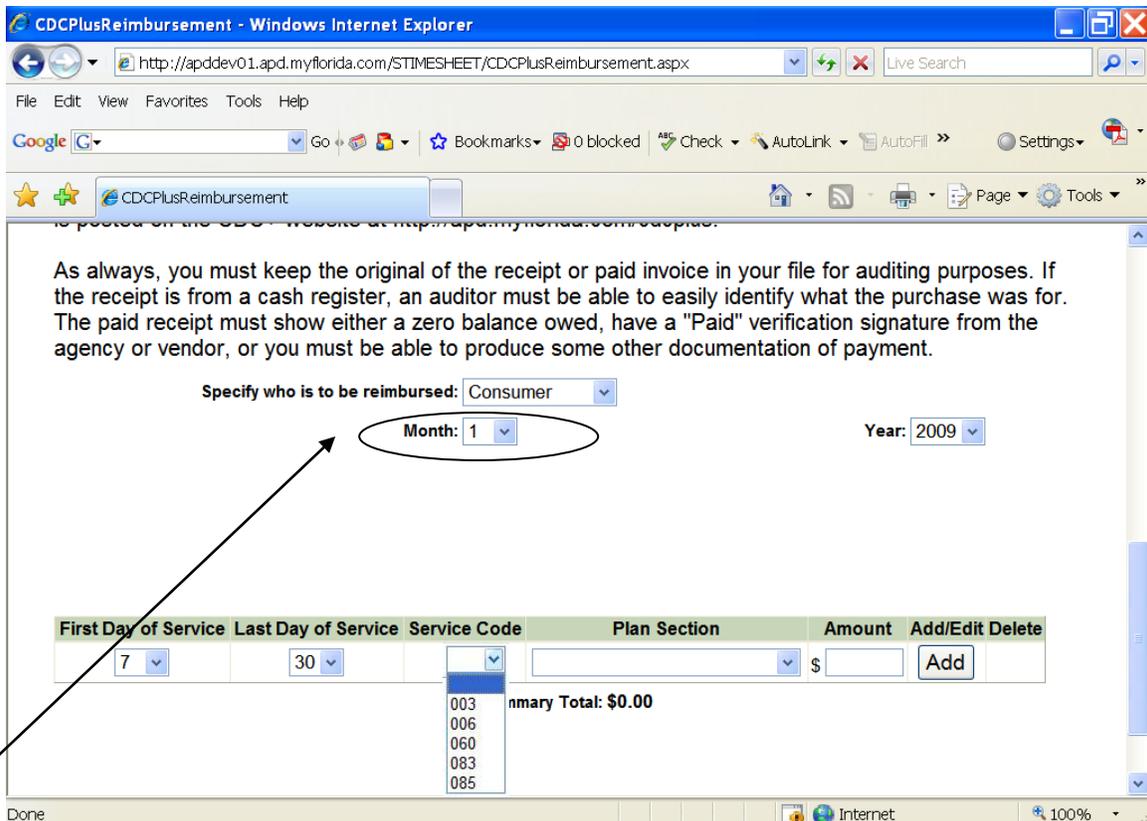
As always, you must keep the original of the receipt or paid invoice in your file for auditing purposes. If the receipt is from a cash register, an auditor must be able to easily identify what the purchase was for. The paid receipt must show either a zero balance owed, have a "Paid" verification signature from the agency or vendor, or you must be able to produce some other documentation of payment.

Specify who is to be reimbursed: Year:

Month: Consumer
Representative

First Day of Service	Last Day of Service	Service Code	Plan Section	Amount	Add/Edit Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="button" value="Add"/>

Summary Total: \$0.00



- Select the month in which the service was provided or item purchased from the dropdown menu.
- Select the year from the dropdown menu.
- Select the first day of the month that the service was provided.
- Select the last day of the month that the service was provided.
 - Note:** If you are requesting reimbursement for an item that you purchased at, for example, a local retail store, you will enter the date of the receipt or invoice in both the first and last day of service boxes.
- Select the appropriate Service Code from the “Service Code” drop-down menu.
 - If you do not see the Service Code for the service or support you wish to be reimbursed for, please contact Customer Service.**

NOTE: You can not submit invoices/purchases dated greater than (6) six weeks thru the Web system, you must call customer service.

installation of a personal emergency response system, and again, only to an agency or vendor. CDC+ no longer uses 3-digit codes that start with numbers 1-6. You must use the current Service Code Chart that is posted on the CDC+ website at <http://apd.myflorida.com/cdcplus>.

As always, you must keep the original of the receipt or paid invoice in your file for auditing purposes. If the receipt is from a cash register, an auditor must be able to easily identify what the purchase was for. The paid receipt must show either a zero balance owed, have a "Paid" verification signature from the agency or vendor, or you must be able to produce some other documentation of payment.

Specify who is to be reimbursed:

Month: Year:

First Day of Service	Last Day of Service	Service Code	Plan Section	Amount	Add/Edit Delete
<input type="text" value="7"/>	<input type="text" value="30"/>	<input type="text" value="060"/>	<input type="text" value=""/>	\$ <input type="text" value=""/>	<input type="button" value="Add"/>
Summary: <ul style="list-style-type: none"> S = Savings E = One Time Expenditures T = Short Term Expenditures 					

- ☐ Select the section of the Purchasing Plan where the service or support was budgeted.

- ❑ Enter the amount of the PAID invoice or receipt for which you are requesting reimbursement.

installation of a personal emergency response system, and again, only to an agency or vendor. CDC+ no longer uses 3-digit codes that start with numbers 1-6. You must use the current Service Code Chart that is posted on the CDC+ website at <http://apd.myflorida.com/cdcplus>.

As always, you must keep the original of the receipt or paid invoice in your file for auditing purposes. If the receipt is from a cash register, an auditor must be able to easily identify what the purchase was for. The paid receipt must show either a zero balance owed, have a "Paid" verification signature from the agency or vendor, or you must be able to produce some other documentation of payment.

Specify who is to be reimbursed:

Month: Year:

First Day of Service	Last Day of Service	Service Code	Plan Section	Amount	Add/Edit Delete
<input type="text" value="7"/>	<input type="text" value="30"/>	<input type="text" value="060"/>	<input type="text" value="S = Savings"/>	\$ 120.00	<input type="button" value="Add"/>

Summary Total: \$0.00

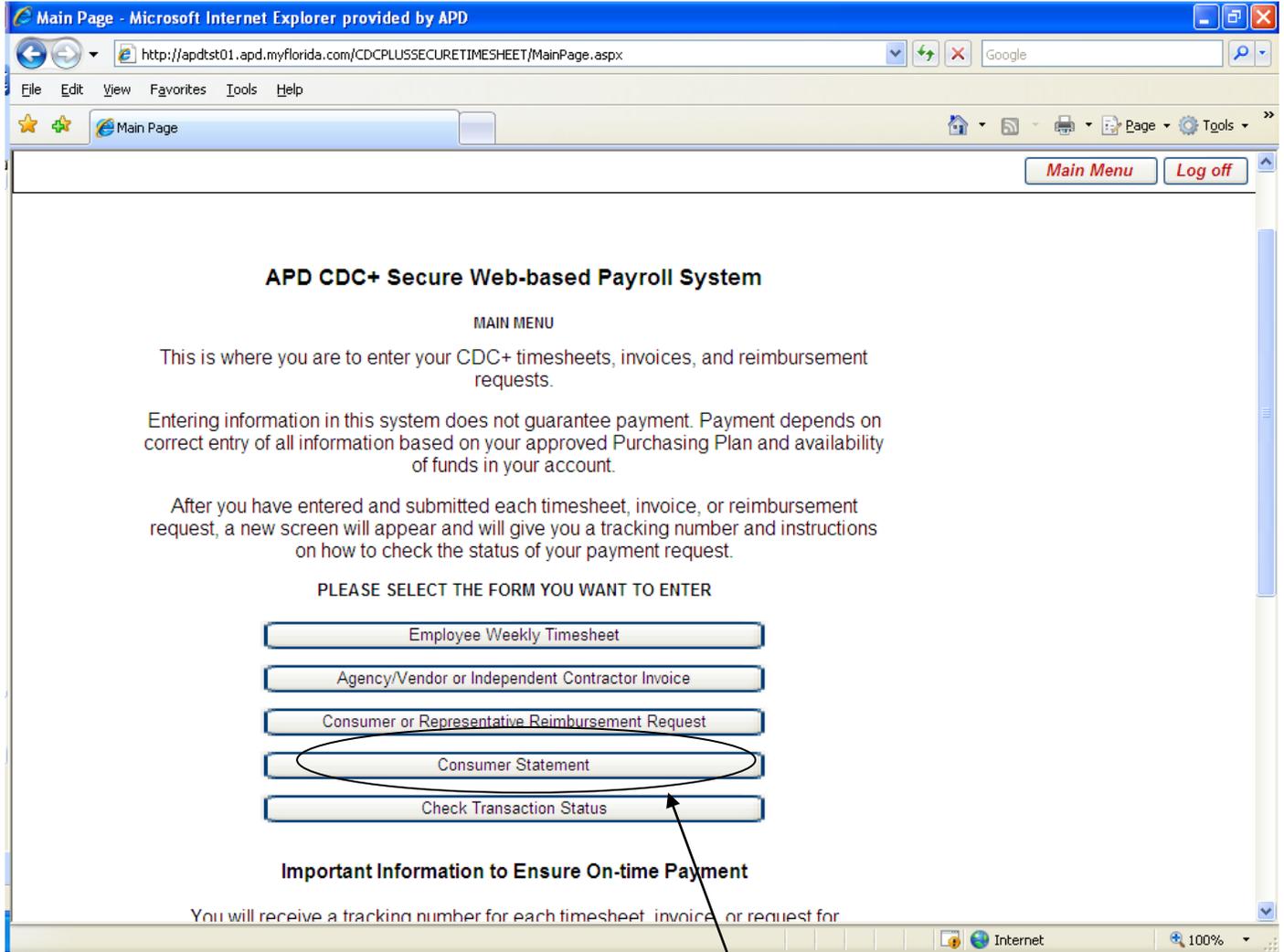
- ❑ If everything you just entered is correct, hit the “Add” button. If not, you can make changes before hitting “Add.” You can also edit or delete the line after hitting “Add,” so you will have another chance to make corrections before submitting it for payment.
- ❑ After you hit “Add,” another line will appear and you can enter another service or support that you purchased with your own funds during the same month and for which you are requesting reimbursement. Continue to add as many receipts and paid invoices as you need to submit for reimbursement.
- ❑ Notice that the “Summary Total” will add up every item for which you are requesting reimbursement for items or services that you paid for during the month.
- ❑ When you have finished entering the invoice, the Summary Total should agree with the Total on your paper Consumer/Representative Reimbursement Form. If it does not, please double check your figures on both the paper and the Web-based form to be sure they are correct.
- ❑ Once you are sure the entry is correct, hit “Submit Reimbursement Request.”

- ❑ The next screen will give you a tracking number so you can find out the status of this reimbursement request after a few hours.
 - It is strongly recommended that you print this page by clicking on “Print Invoice” and staple it to the paper invoice or receipt.
 - If you cannot print the page for some reason, you must write the tracking number on the paper invoice/receipt you just entered.
 - This is the ONLY way you will be able to find out the status of this invoice payment.
 - If you need to contact Customer Service to find out about this invoice, they cannot help you if you do not have this number.

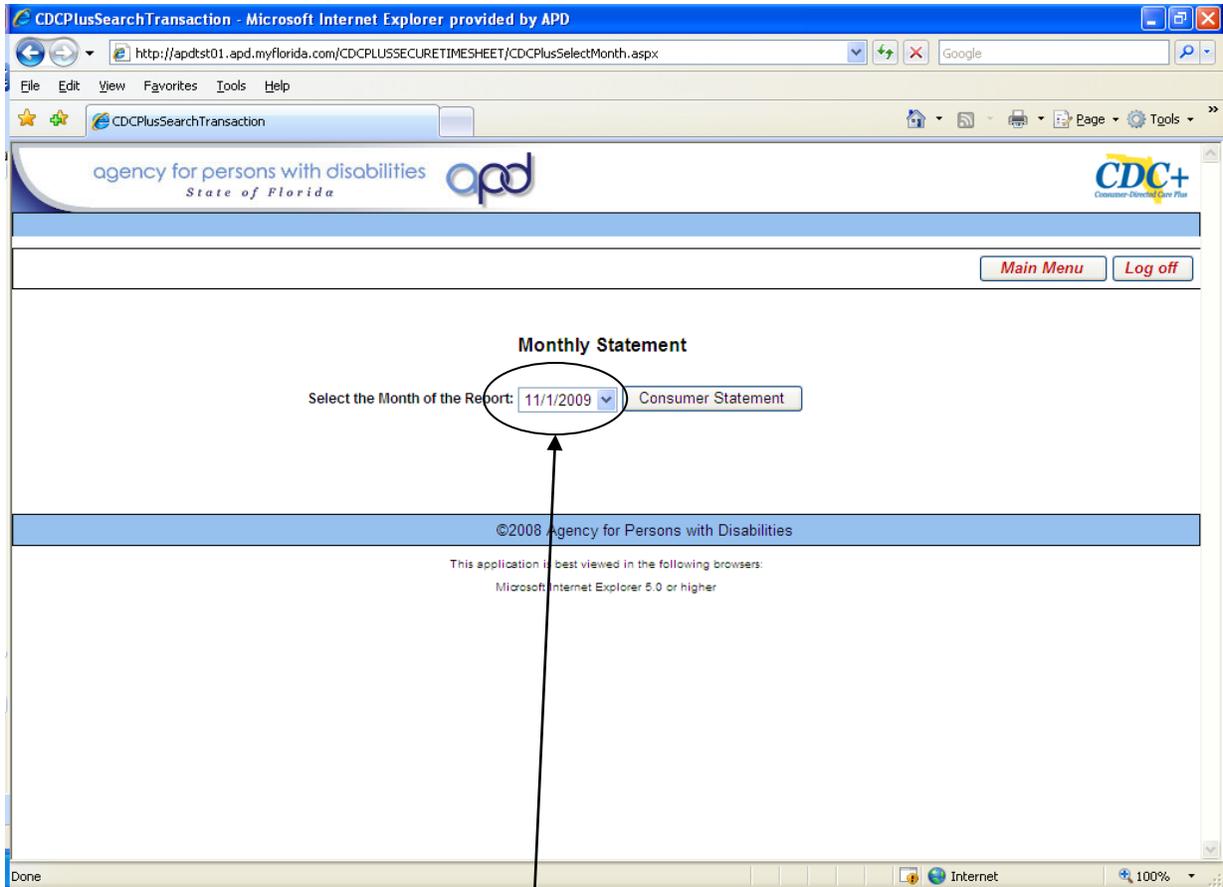
- ❑ If you forgot to enter a paid invoice or receipt for the same month you just entered, or if you need to enter an invoice or receipt that was paid the Representative now, then click on, “Enter New Reimbursement.”

- ❑ If you do not have any more receipts or paid invoices for reimbursement to enter, click on “Main Menu” to enter timesheets or vendor invoices, or click on “Log Off” to exit.

Viewing and Printing Consumer Statements

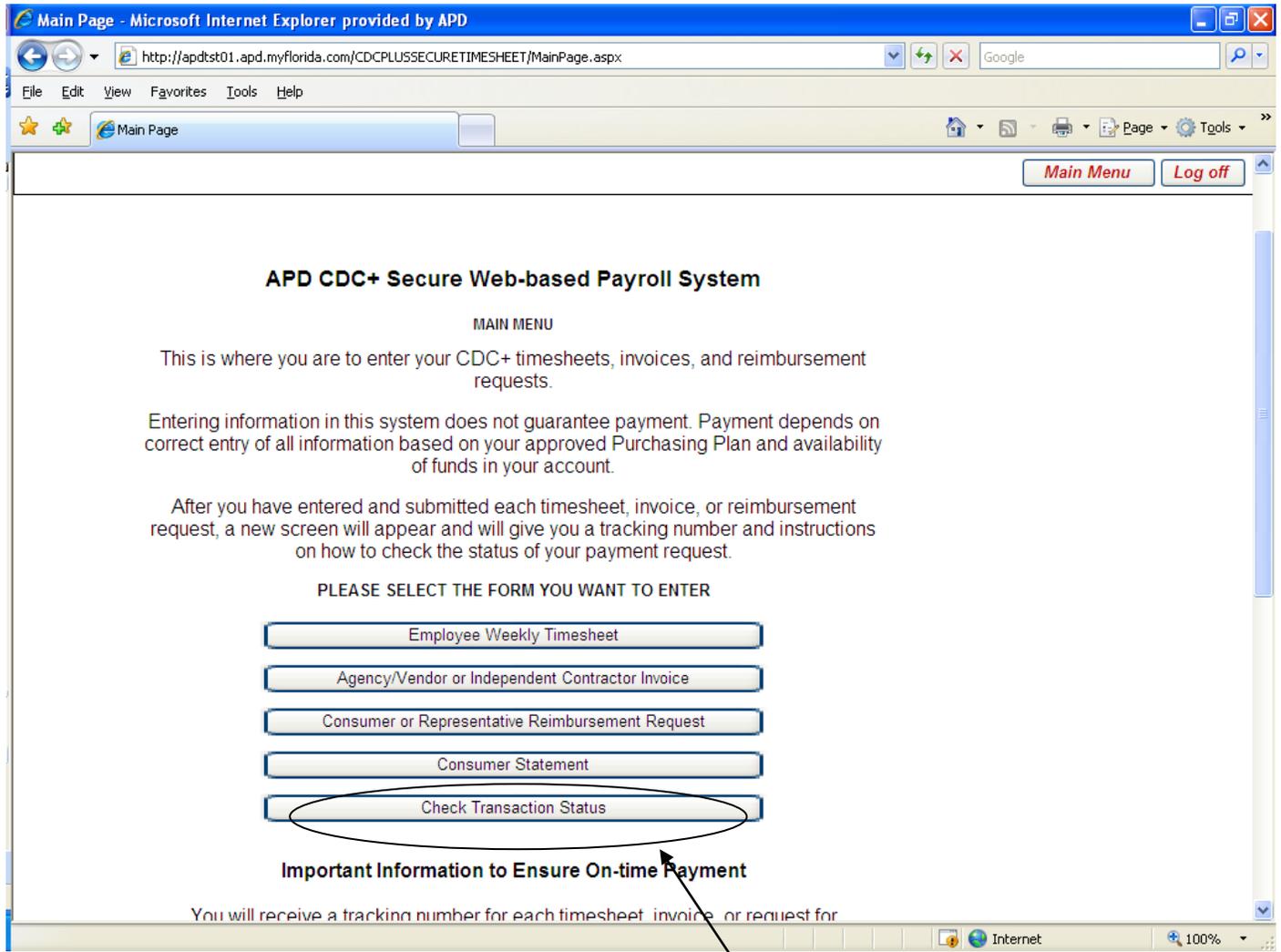


- Return to the Main Menu.
- Click on the bar at the bottom, labeled "Consumer Statement."



- Select the month's report you wish to view.
- Click on the bar labeled "Consumer Statement."
- If you desire to print this statement, click on the printer icon at the top of your screen.

Tracking Status of your Submission



- Return to the Main Menu.
- Click on the bar at the bottom, labeled “Check Transaction Status.”
- Enter the tracking number that you were given.
- Click on “Search.”
- The screen will come back to tell you the status of every line that you entered on the payroll form you submitted. The possible status options are:

In Process	Processing, Please check back for an Updated Status
Denied	Call CDC+ Help Desk at 1-866-761-7043 Toll Free
Failed	Call CDC+ Help Desk at 1-866-761-7043 Toll Free
Error	APD Staff will contact you if your assistance is needed to correct
Submitted	<u>Submitted</u>
Duplicate	Call CDC+ Help Desk at 1-866-761-7043 Toll Free

- Please follow the instructions you are given. Call only if requested to do so. If you do not receive a call by 5 p.m. on the day after you entered the item when the instruction says you will receive a call, please call the toll free number.

Miscellaneous Information:

The toll free number to call is 1-866-761-7043. Customer Service Representatives will be available to receive calls to help answer questions at the following times:

Monday - Friday	8 a.m. – 5 p.m. <u>Eastern Time</u>
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A NOTE ABOUT EMPLOYEE AND VENDOR ID NUMBERS:

Employee and vendor ID numbers are always six digits. Prior to July 2007, all ID numbers assigned to employees and vendors were numeric (no letters). ID numbers assigned while PPL was the fiscal/employer agent began with the letter P, followed by five numbers. ID numbers assigned under APD as the fiscal/employer agent begin with the letter A followed by five numbers. If the digit following the first letter is “0”, please be sure to enter that as a ZERO from the numbers across the top of your keyboard or on the number pad; do not use a “capital o (O).”