

# Support Documentation



# About Support Documentation

Support Documentation is a new feature in the Healthfirst **Provider Portal** that lets you submit supporting member documentation electronically for online authorization requests.

**NOTE:** If you are uploading documentation in support of a specific authorization, you must attach the document to that authorization. You can either create a new authorization request and attach the document, or attach the document to a pending authorization request. Documents related to a specific authorization should not be uploaded as Support Documentation.

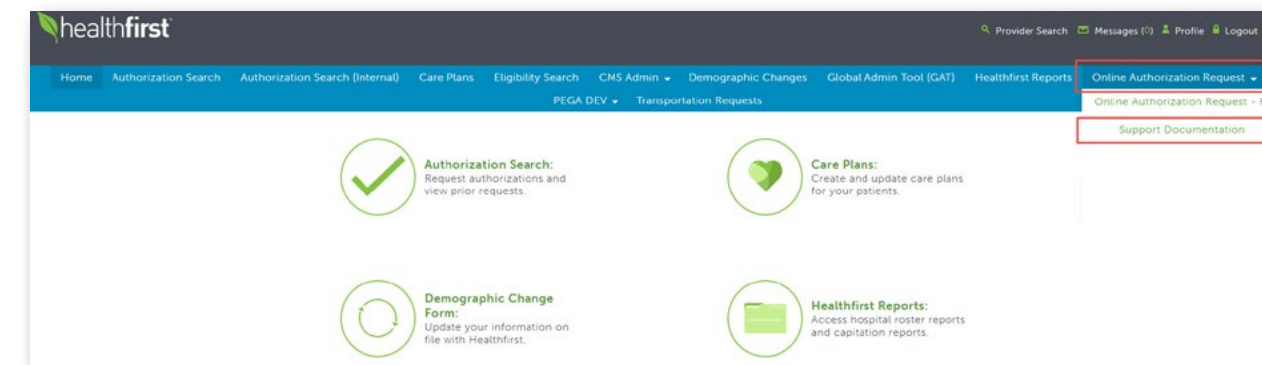
## Selecting a Document Type and Description

Below is a list of the document types and descriptions that can be used when uploading supporting documentation for your authorization request. In order for the associated document to be properly saved to the member’s record, you must choose the document type and one of the associated document descriptions, as outlined below.

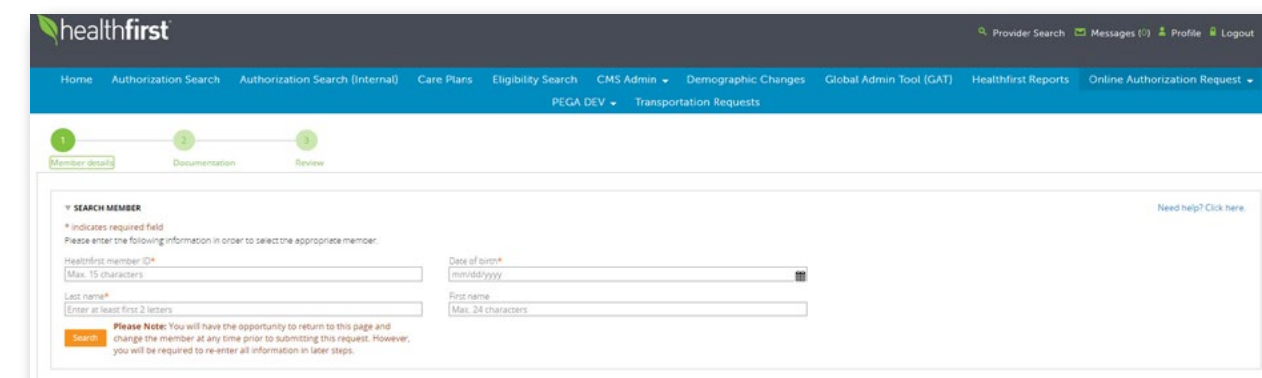
Document Type	Document Description(s)
Adult HCBS	BH HCBS Ongoing Authorization Request HCBS Initial Service Notification Form
Adult LOSD	Level of Service Determination (LOSD) Request
Adult POC	Non-Medical Transportation Request Plan of Care (POC) Supporting Clinical Information
CDPAS Forms	CDPAS or CDPAP Forms
Child CFTSS	CFTSS - Concurrent Review Form
Children HCBS	HCBS Ongoing Authorization Request
Children POC	Non-Medical Transportation Request Plan of Care (POC) Supporting Clinical Information
M11Q	M11Q
Medicaid/HARP	Appendix A: Document that supports the LOCADTR tool required for Inpatient Substance Abuse Disorder (IP SUD) events and some Outpatient services Clinical Information pertaining to Inpatient Admissions Clinical Information pertaining to Inpatient Admissions and Outpatient Events Clinical Information pertaining to Outpatient Events Court Mandate Document verifying enrollment LOCADTR: Tool used to confirm that member meets criteria of level of care requested Notification of Admission
PCA Information	PCA communication for a change in date or time of service PCA communication of a complaint or incident report PCA request for Overtime or Travel Time PCA request to increase hours PCA request to resume services

# How to Use Support Documentation

- 1 Log in to the Provider Portal at [hfproviderportal.org](https://hfproviderportal.org) with your username and password.
- 2 Click **Online Authorization Request**, then click **Support Documentation**.



- 3 Enter the **Healthfirst Member ID**, **Date of Birth**, and **Last Name**. Then, click **Search**.



- 4 Once the member details are displayed, scroll down and click **Next**.



5 Select options in both the **Document Type** and **Description** dropdown menus to label the document by type.

1 Member detail 2 Documentation 3 Review

**ATTACH SUPPORTING DOCUMENTATION**  
This is where you can submit any documentation that supports a member's status. If you need to submit an Authorization, please click the "Cancel" button and return to the Authorization Request tab.  
Please note: [Click here for a list of preferred file types.](#) Uploaded files are limited to 5MB in size.

EXISTING ATTACHMENTS

File Name	Document Type	Description	Attached By
No attachments			

ADD AN ATTACHMENT

CHOOSE DOCUMENT TYPE

Document type: **Child POC** Description: **Child Plan of Care (POC)**

**Add Attachment(s)**

6 Click **Add Attachment(s)** to select a file to upload.

ADD AN ATTACHMENT

CHOOSE DOCUMENT TYPE

Document type: **Child POC** Description: **Child Plan of Care (POC)**

**Add Attachment(s)**

7 Click **Select File(s)** and choose the file to attach in the window displayed. Then, click **Open**. You can also drag files into the **Drag and drop files here** box.

Add Attachment(s)

Drag and drop files here

or

**Select file(s)**

Cancel





8 Once you have selected your file, click **Attach**.

FILE NAME	DOCUMENT TYPE	DESCRIPTION	
Child Plan of Care.txt	Child POC	Child Plan of Care (POC)	X
Cancel		Attach	

9 Verify that everything presented on the Review screen is correct. Then, click the **Submit** button.

MEMBER

Healthfirst member ID  
XX30355D  
First name  
SALLYE

Date of birth  
10/15/1987

Last name  
BANKO

COVERAGE INFORMATION

Benefit plan name  
HEALTHFIRST MEDICAID  
Effective date  
06/01/2013

Benefit plan description  
SS/NY > 6 MONTHS  
Termination date

ATTACHMENTS

File Name	Document Type	Description	Attached By
Child Plan of Care.txt File	Child POC	Child Plan of Care (POC)	Created by Support Documentation System 06/17/2020 10:55 AM

By clicking Submit, you acknowledge that each document attached is NOT part of an expedited request.  
Expedited requests must be submitted by calling Memberfirst at 1-888-396-6227.

Before clicking submit, please confirm that each document is correct:

- Is specific to the member request
- Reflects the correct document type
- Contains only a single document in the attachment
- Is not a Supporting Service Document number in a submission request

Submit

Cancel

10 Once the Submit button is clicked, an **MRQ number** is presented for reference of the submission.

Member Request Number: MRQ-4010

Your Member Request was submitted successfully. Your Member Request number is MRQ-4010 for Member ID XX30355D.

Create new request

Return home

Generate Printable Member Request

Review Member Request

MEMBER

Healthfirst member ID  
XX30355D  
First name  
SALLYE

Date of birth  
10/15/1987

Last name  
BANKO

COVERAGE INFORMATION

Benefit plan name  
HEALTHFIRST MEDICAID  
Effective date  
06/01/2013

Benefit plan description  
SS/NY > 6 MONTHS  
Termination date

ATTACHMENTS

File Name	Document Type	Description	Attached By
Child Plan of Care.txt File	Child POC	Child Plan of Care (POC)	Created by Support Documentation System 10/12/2020 6:16 AM

If you have any questions, please contact Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

