

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.

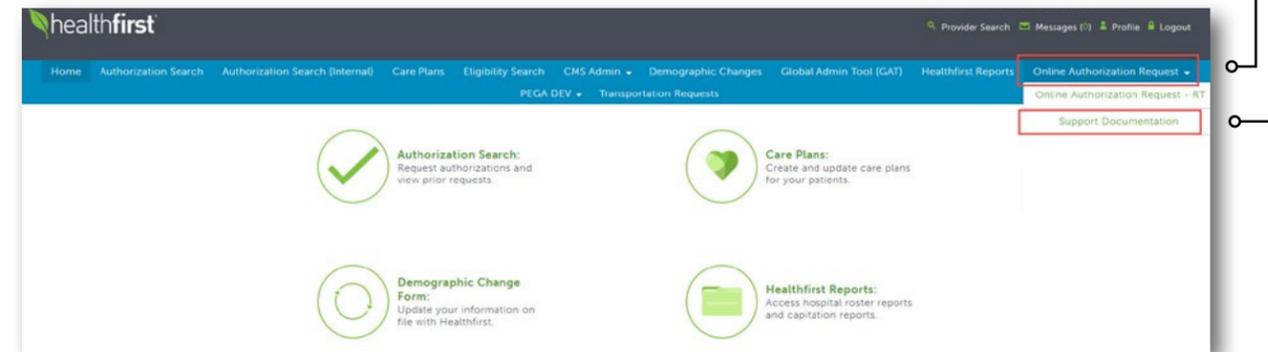
Selecting a Document Type and Description

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.

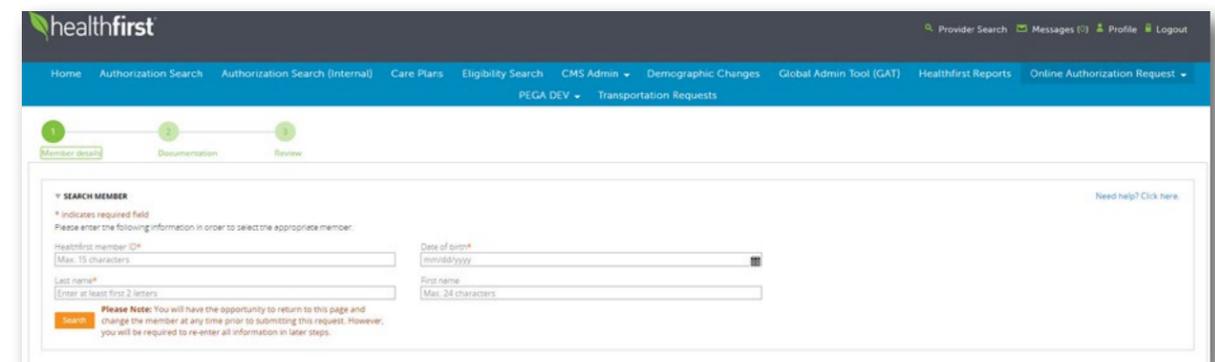
Document Type	Document Description(s)
Adult HCBS	BH HCBS Ongoing Authorization Request HCBS Initial Service Notification Form
Adult LOSD	Level of Service Determination (LOSD) Request
Adult POC	Non-Medical Transportation Request Plan of Care (POC) Supporting Clinical Information
CDPAS Forms	CDPAS or CDPAP 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 with your username and password.
- 2 Click **Online Authorization Request**, then click **Support Documentation**.



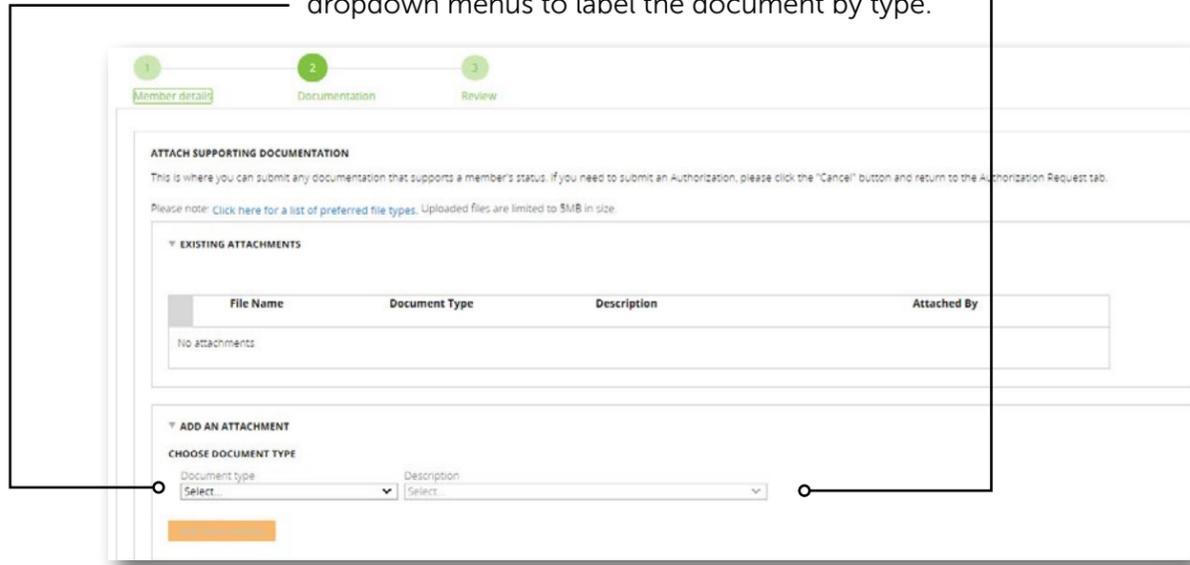
- 3 Enter the **Healthfirst Member ID, Date of Birth, and Last Name**. Then, click **Search**.



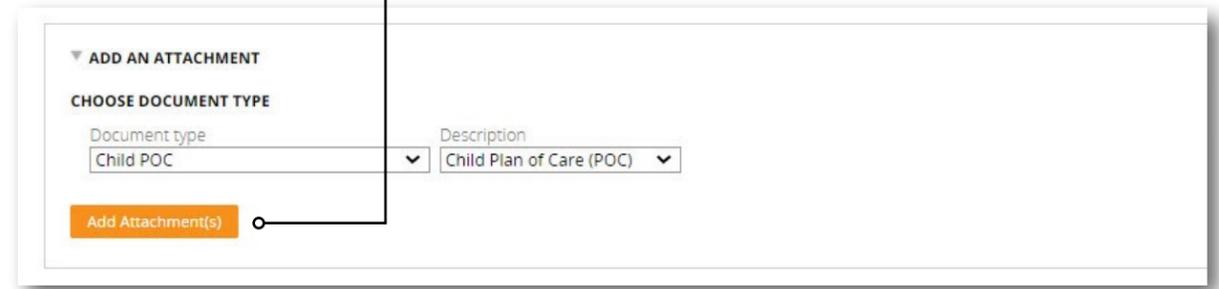
- 4 Once the member details are displayed, scroll down and click **Next**.



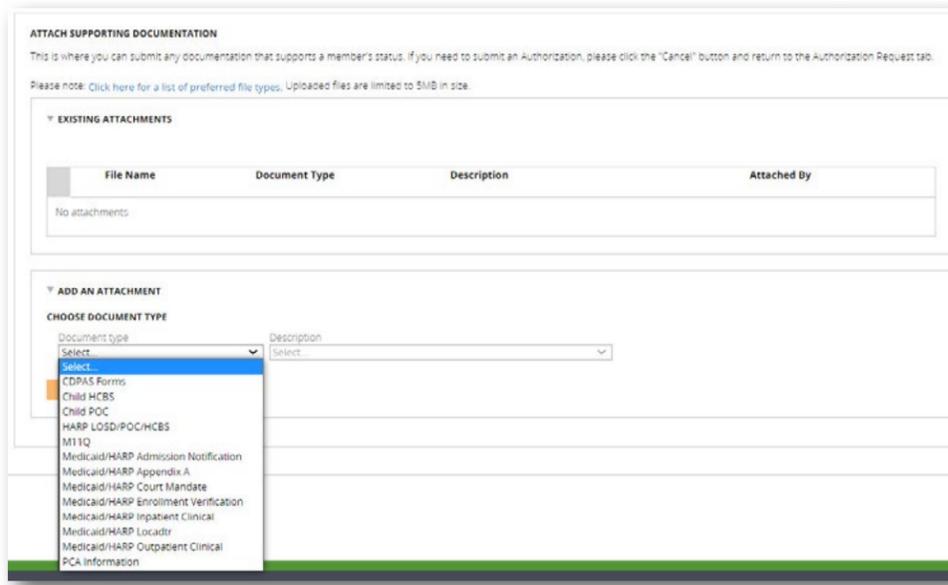
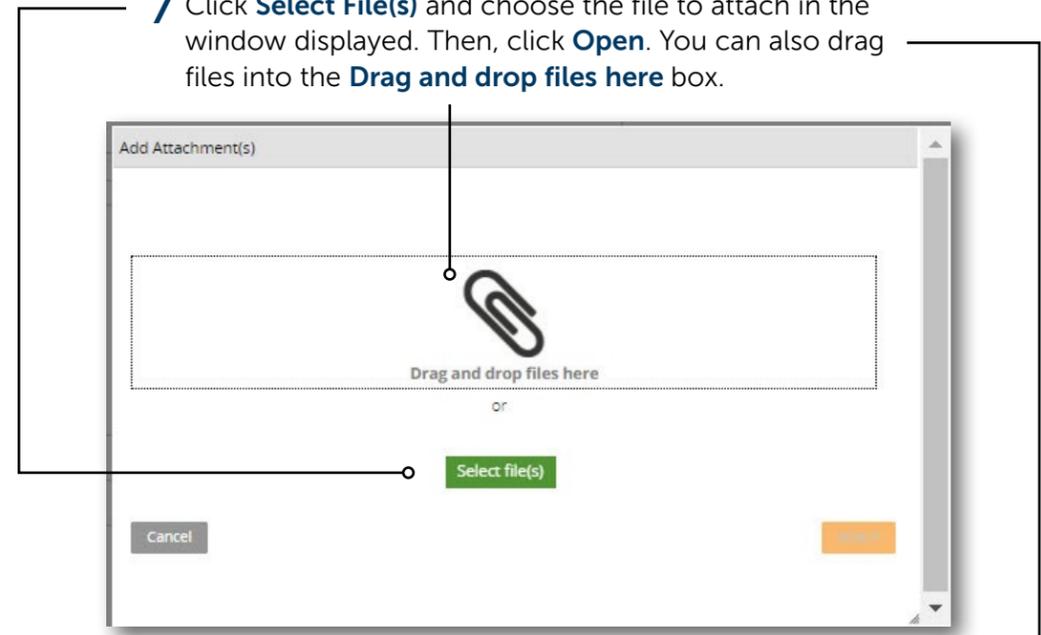
5 Select options in both the **Document Type** and **Description** dropdown menus to label the document by type.



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



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.



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)	

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

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 06/11/2020 10:05 AM

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	Date of birth	Last name
Healthfirst member ID XX30355D First name SALLYE	10/15/1987	BANKO

COVERAGE INFORMATION	Benefit plan description
Benefit plan name HEALTHFIRST MEDICAID Effective date 06/01/2013	SSI/NY > 6 MONTHS Termination date

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.



