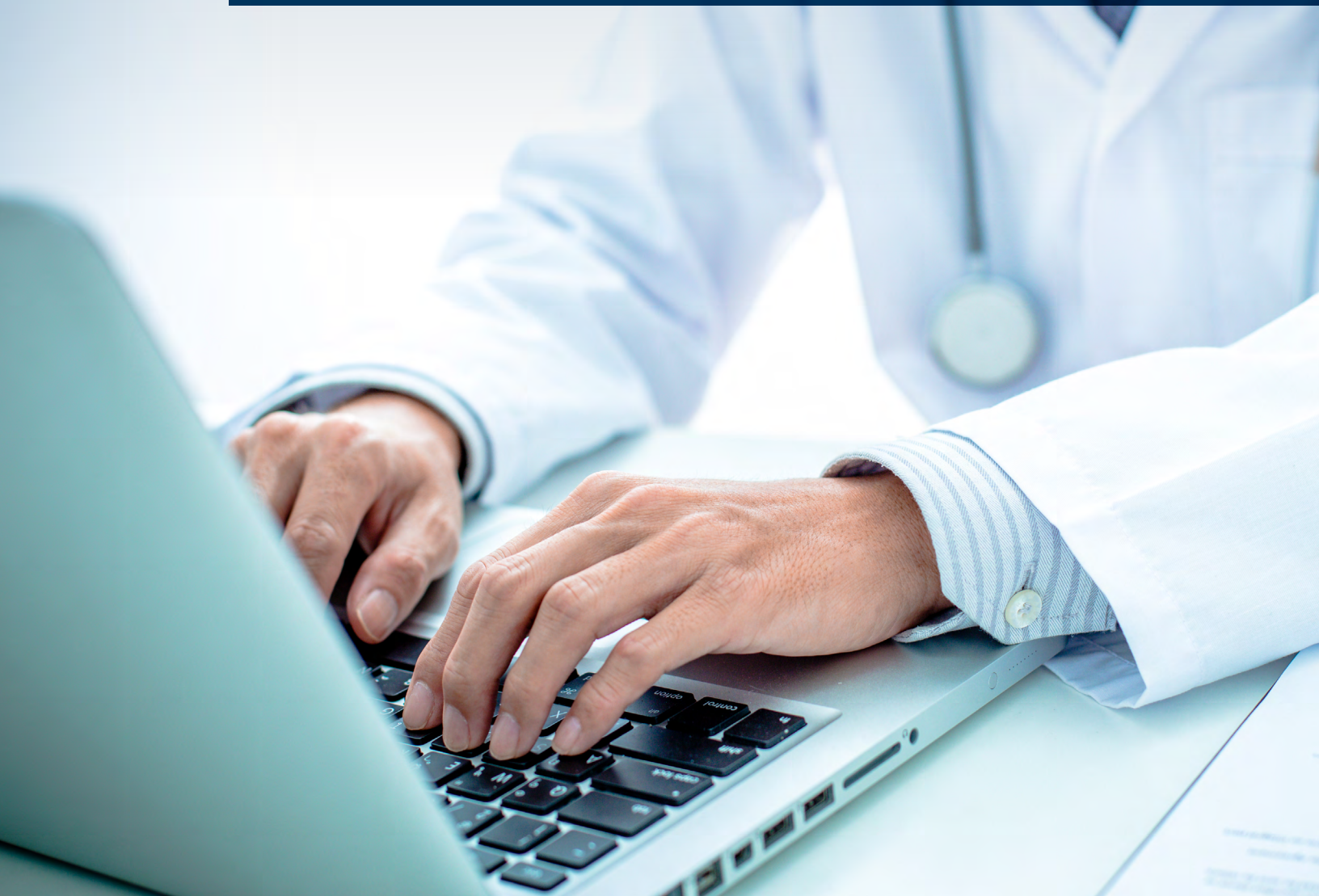
healthfirst®
Health Insurance for New Yorkers

Healthfirst Provider Portal:

Guide to Using the Online Authorization Request Tool

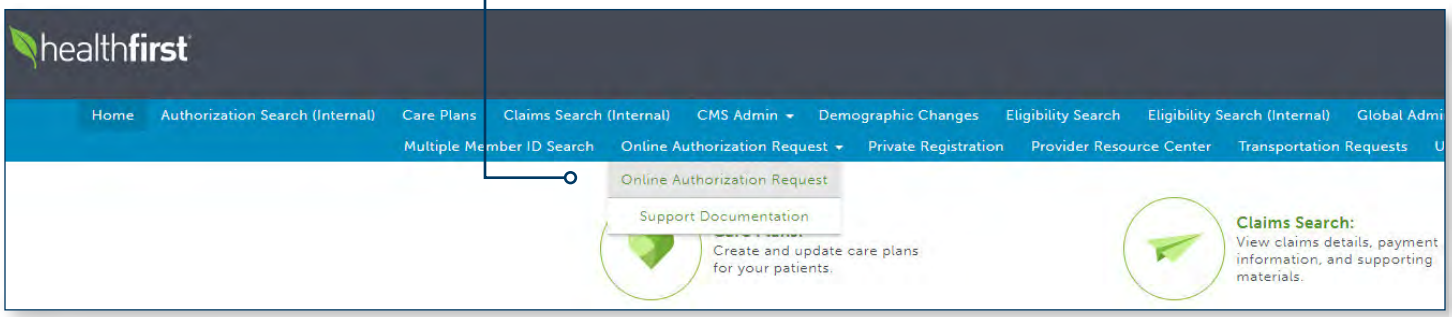
The **Online Authorization Request tool** is a feature on the Healthfirst Provider Portal at **hfproviderportal.org** that allows you to enter an authorization request online. You can enter clinical details for an authorization request and submit clinical documents that support your request.



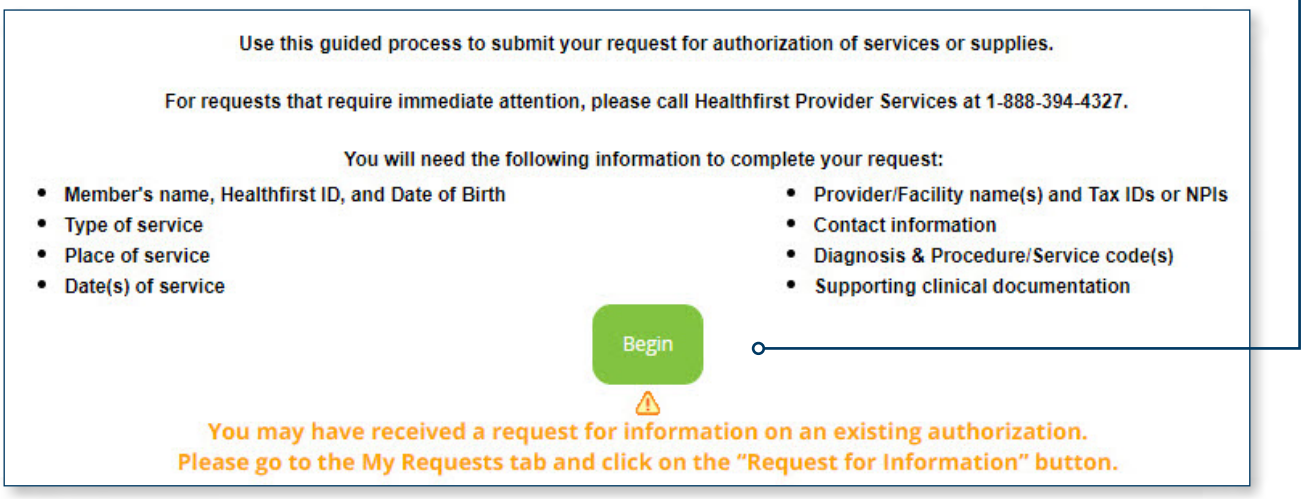
How to Generate an Online Authorization Request

1 Log in to the Provider Portal at **hfproviderportal.org** with your Username and Password.

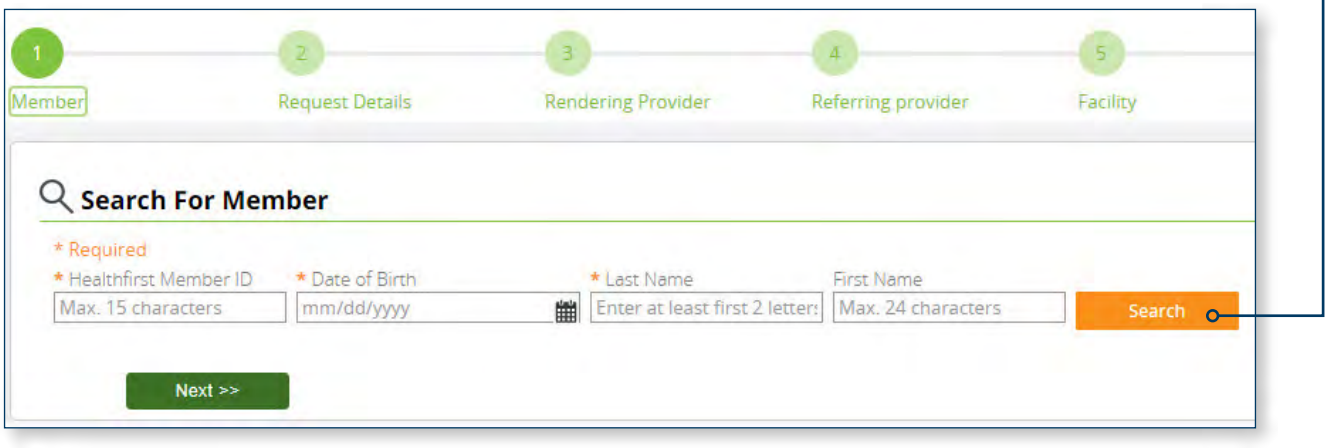
2 Click on the **Online Authorization Request** tab and select **Online Authorization Request** from the dropdown.



3 Once on the Authorization Request tab, click **Begin**.

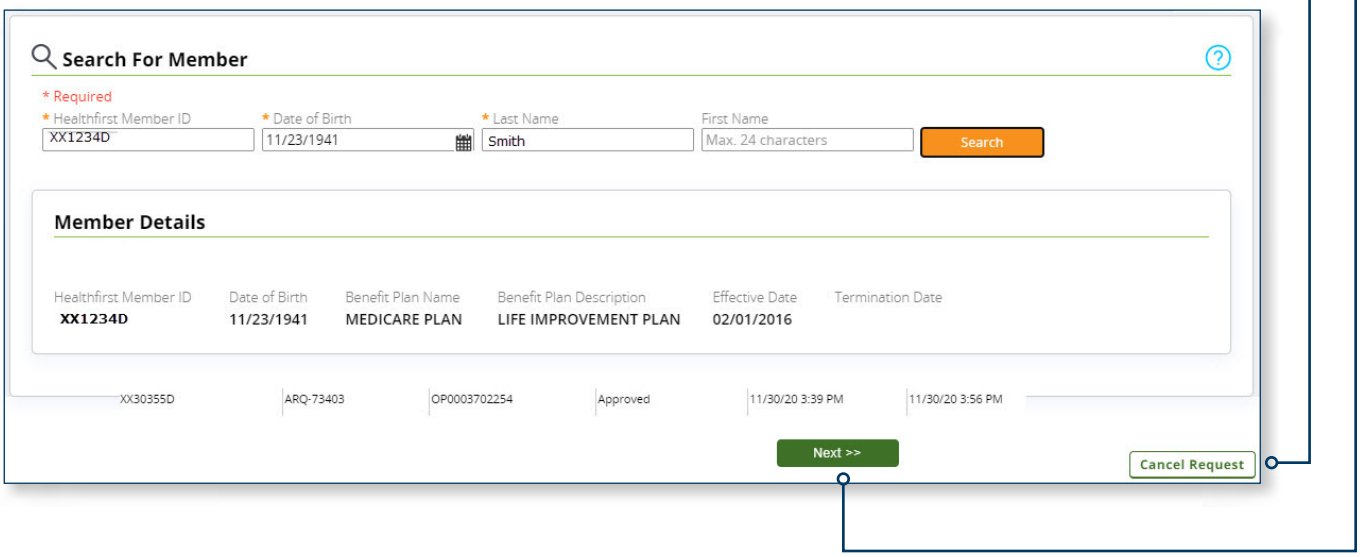


4 Enter the member's **Healthfirst Member ID**, **Date of Birth**, and **Last Name**. (First name is optional.) Click **Search**.

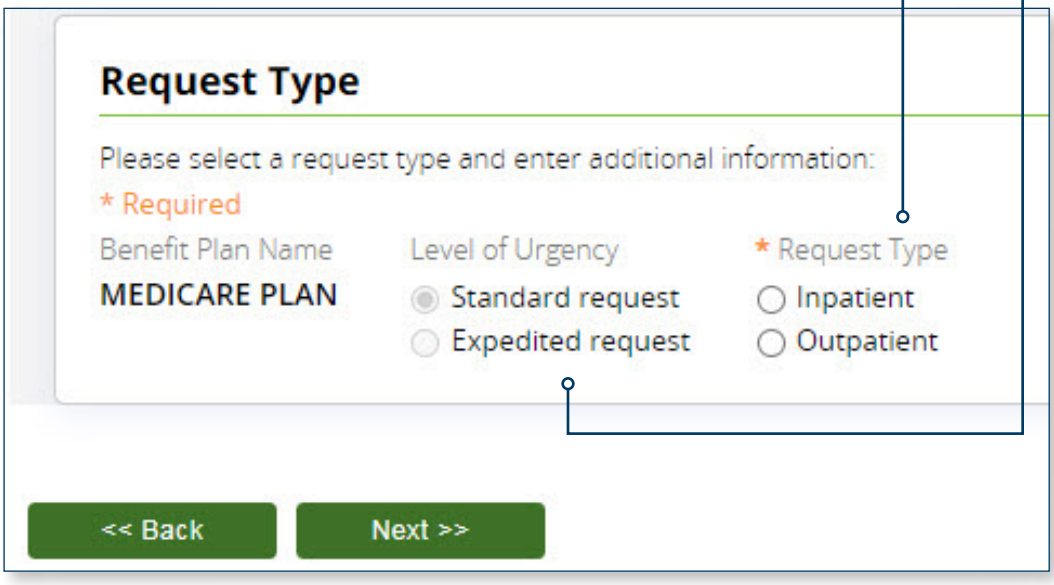


Once the member's details display, click **Next**.

To exit the request at any time, click **Cancel Request**.



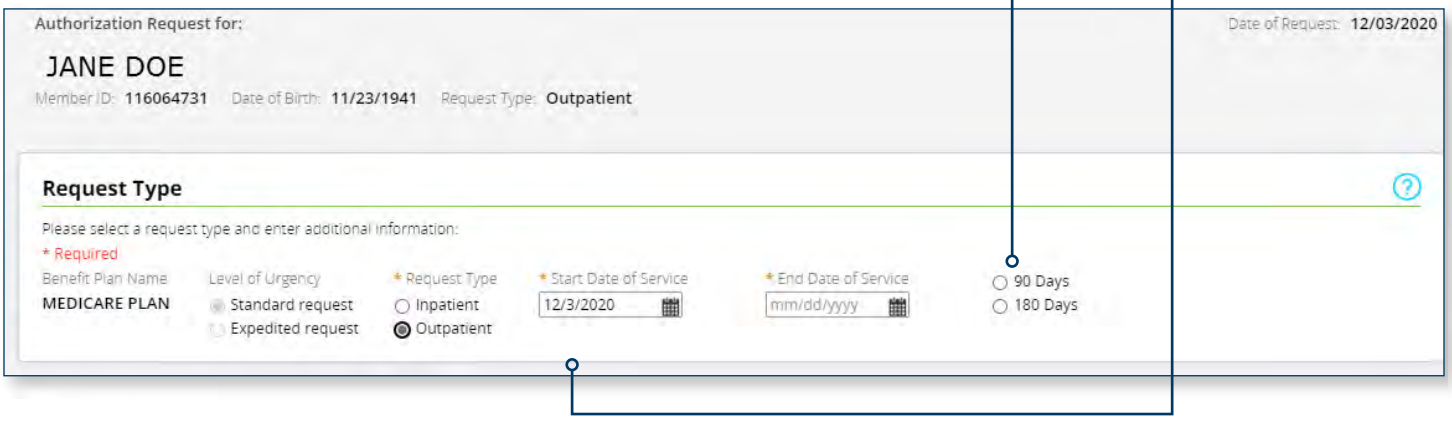
5 Select the Level of Urgency: **Standard Request** or **Expedited Request**
Select the Request Type: **Inpatient** or **Outpatient**
Click **Next**.



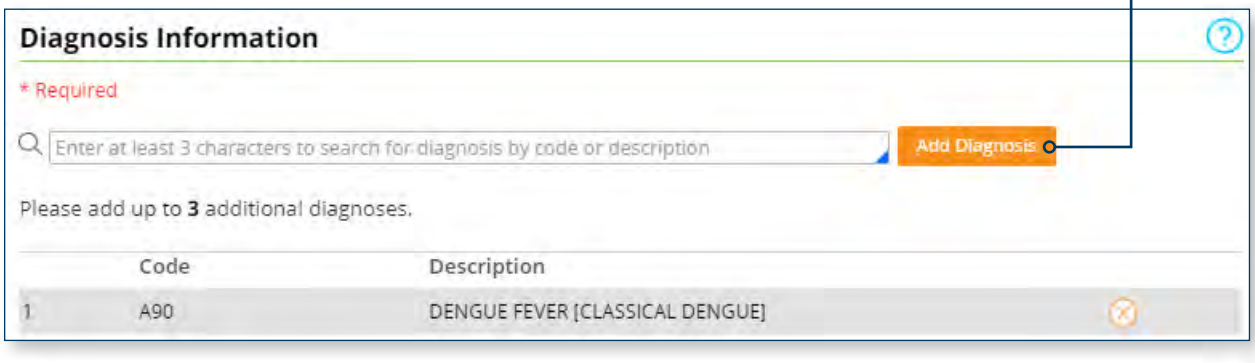
6 For Outpatient Requests, enter the **Start Date of Service** and **End Date of Service**.
The start date must be no earlier than today's date.

The **90 Days** and the **180 Days** options will prepopulate the end date.

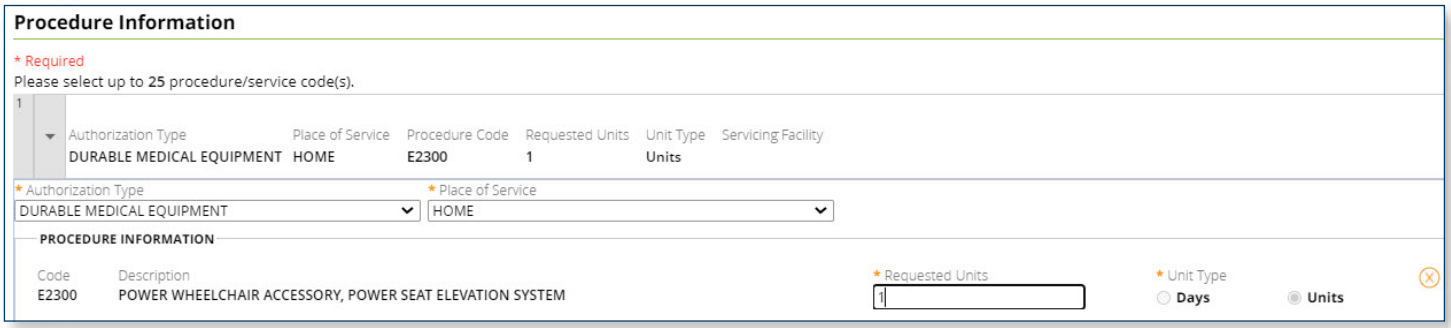
For help, click on the **Question Mark** ⓘ icon.



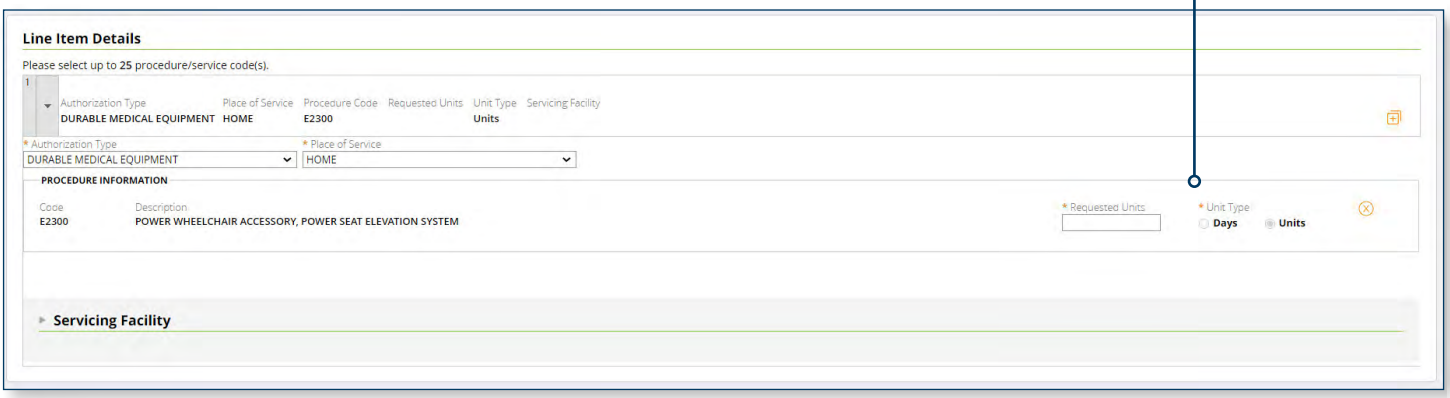
7 Enter at least one primary diagnosis in **Diagnosis Information**. You can enter up to three more diagnoses. Click **Add Diagnosis**. To change or remove a code, click the ⊗ icon.



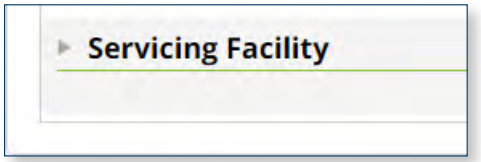
Enter the **Authorization Type**, **Place of Service**, **Procedure Code**, and **Keyword**. Click **Add Code**.



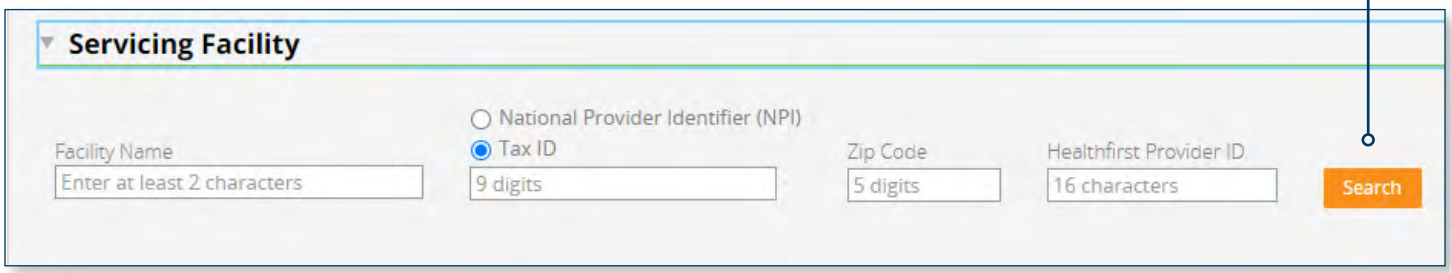
Enter the **Requested Units** and the **Unit Type**.



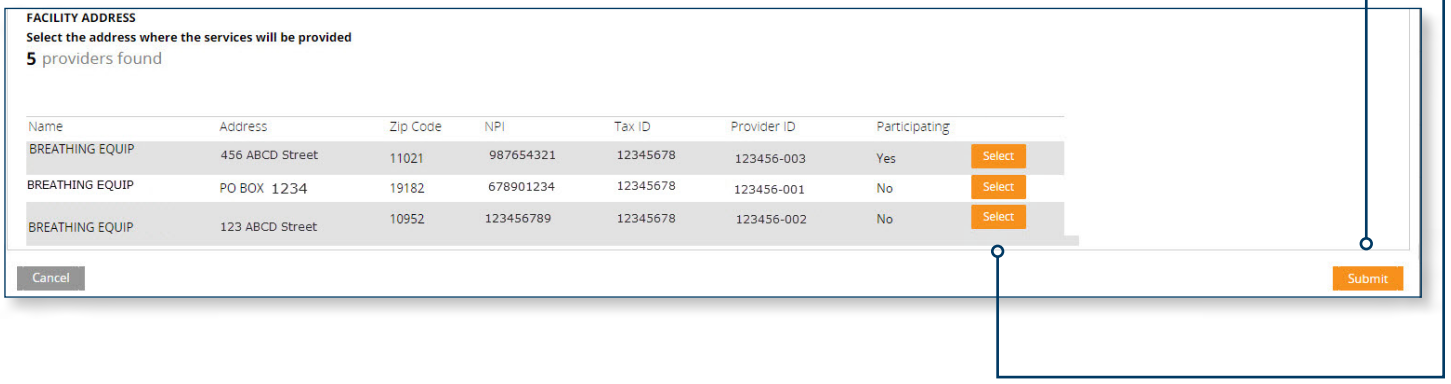
8 To add a **Servicing Facility**, click the **arrow** to display search criteria.



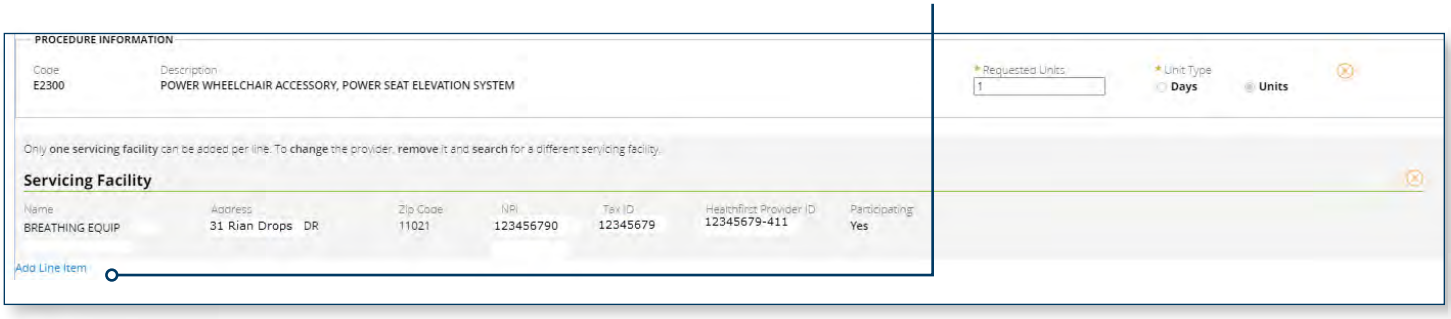
Enter the **Facility Name**, **Tax ID (TIN)**, and **National Provider Identifier (NPI)**. (Zip Code and Healthfirst Provider ID are optional.) Click **Search.**



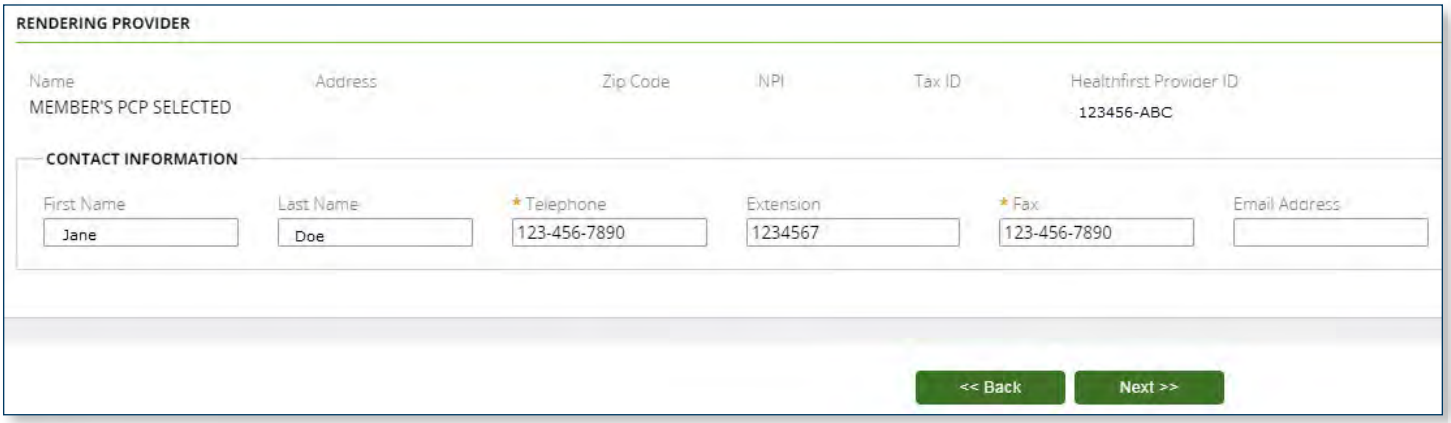
If multiple facility options display, click **Select** next to the provider address where services will be rendered. Click **Submit**.



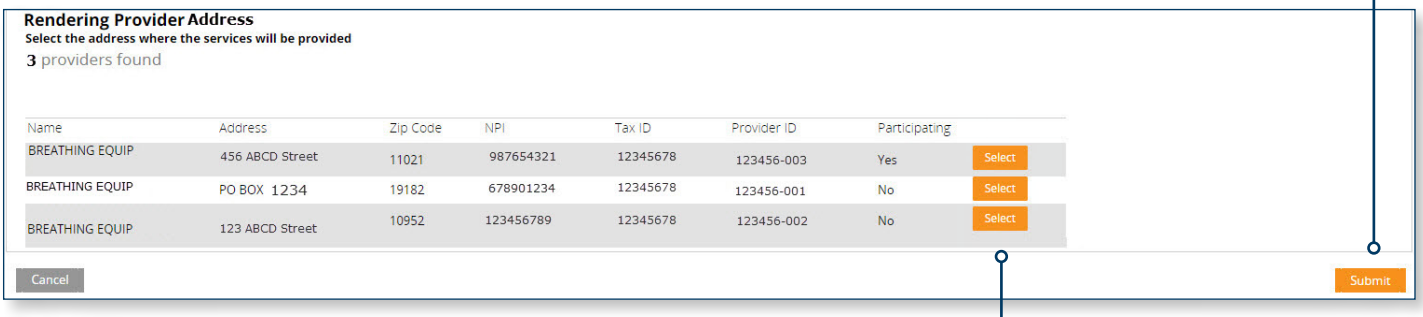
9 To add procedure information, click the **Add Line Item** link.



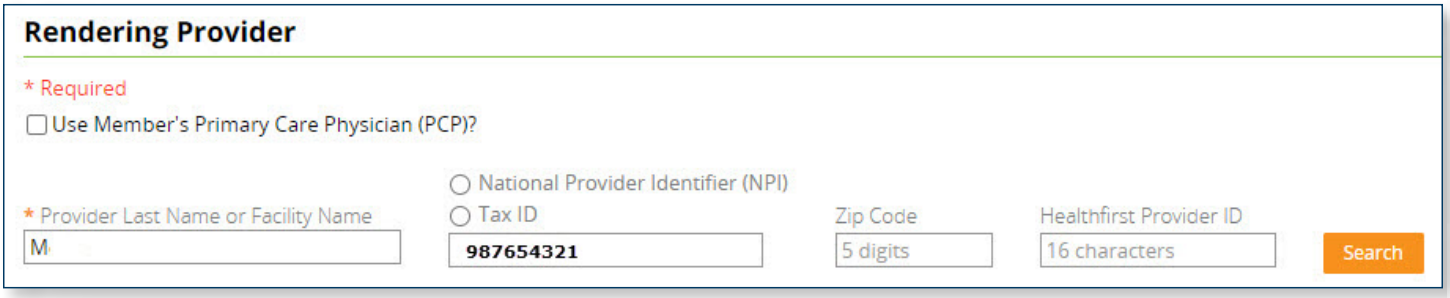
10 Enter the **Rendering Provider Name**, **Tax ID (TIN)**, and **National Provider Identifier (NPI)**. (Zip Code and Healthfirst Provider ID are optional.) Click **Next**.



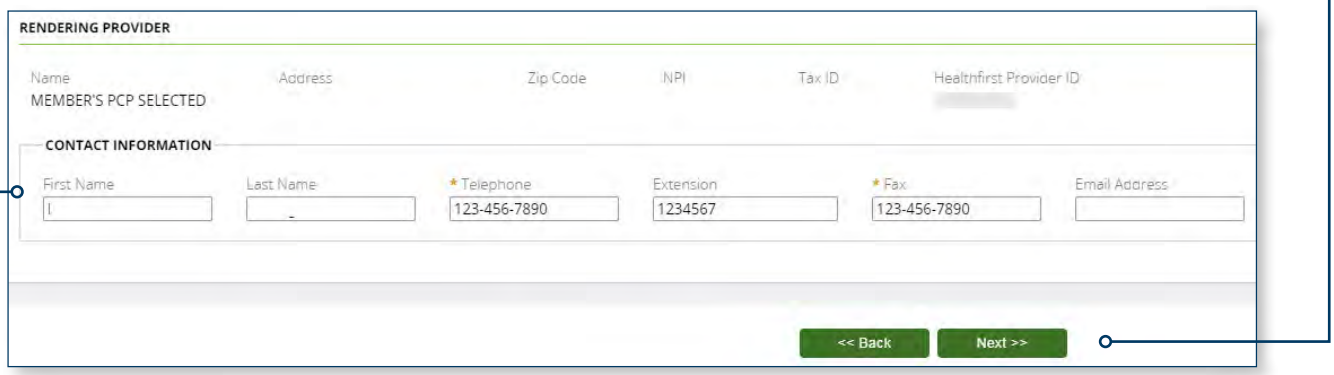
If multiple provider options display, click **Select** next to the provider address where services will be rendered. Click **Submit**.



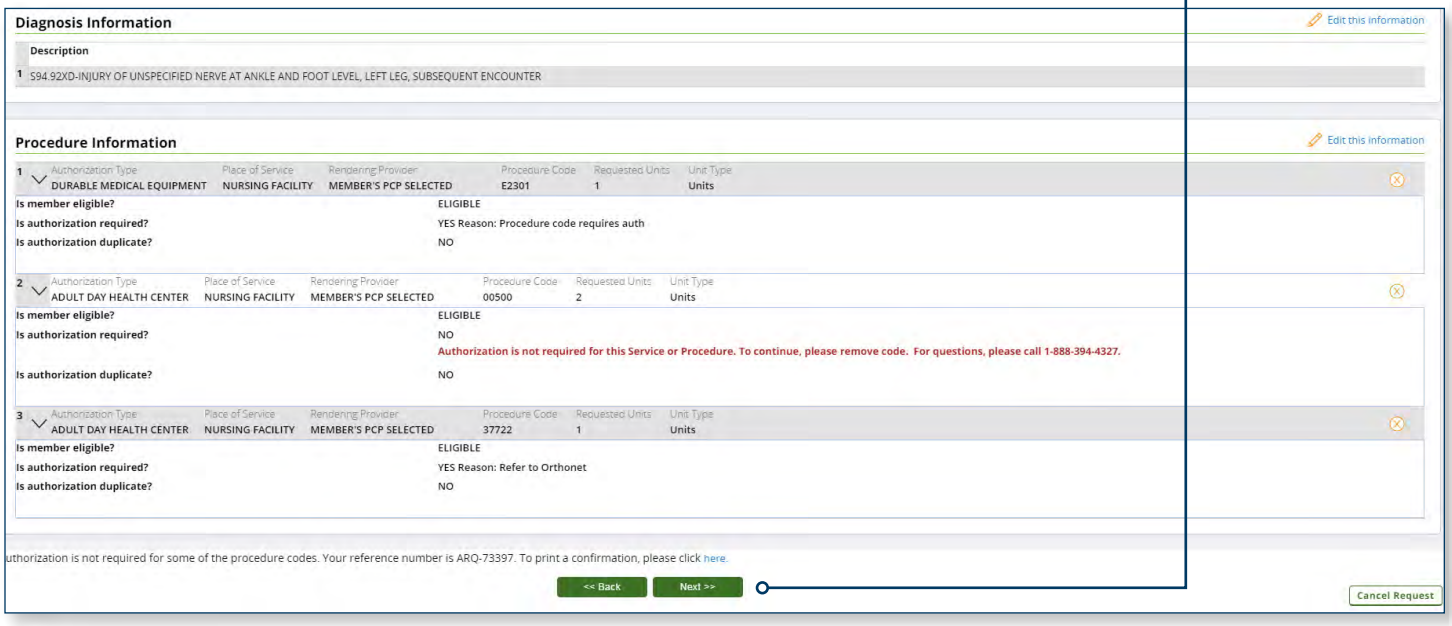
11 Select **Use Member's Primary Care Physician (PCP)?** if the Rendering Provider is their PCP.



Enter **First Name**, and **Telephone** and **Fax** numbers, for a direct clinical contact. (Last Name, Extension, and Email are optional.) Click **Next**.



12 The Prescreen displays whether an authorization is required, is a duplicate, or is managed by a delegated vendor. Additional action(s) may be required based on Prescreen results. Click **Next**.

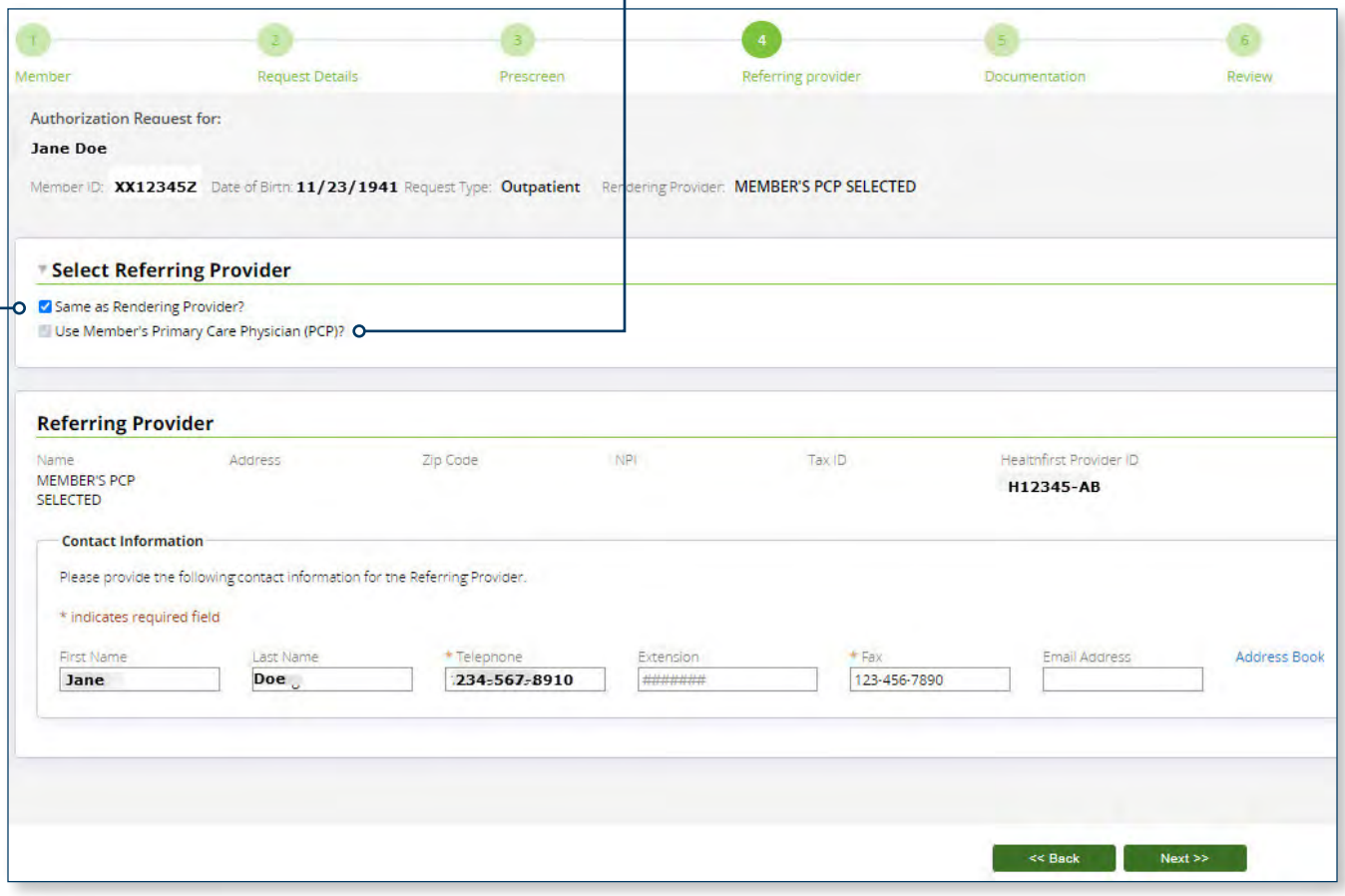


13 Enter Referring Provider's **Name**, **Tax ID (TIN)**, and **National Provider Identifier (NPI)**. (Zip Code and Healthfirst Provider ID are optional.) Click **Search**.

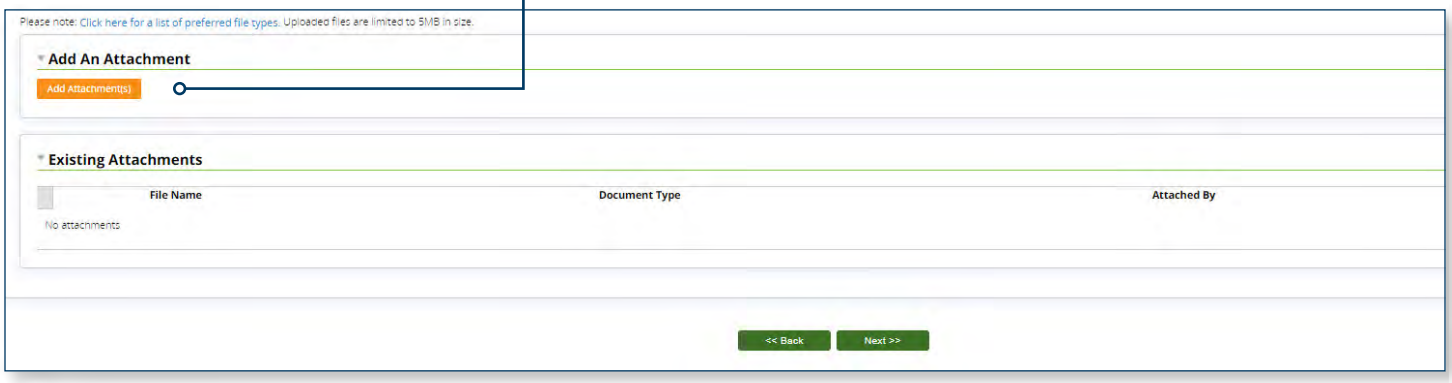
Click **Same as Rendering Provider** if the Referring Provider is the Rendering Provider.

Click **Use Member's Primary Care Physician (PCP)?** if the Referring Provider is their PCP.

Click **Next**.



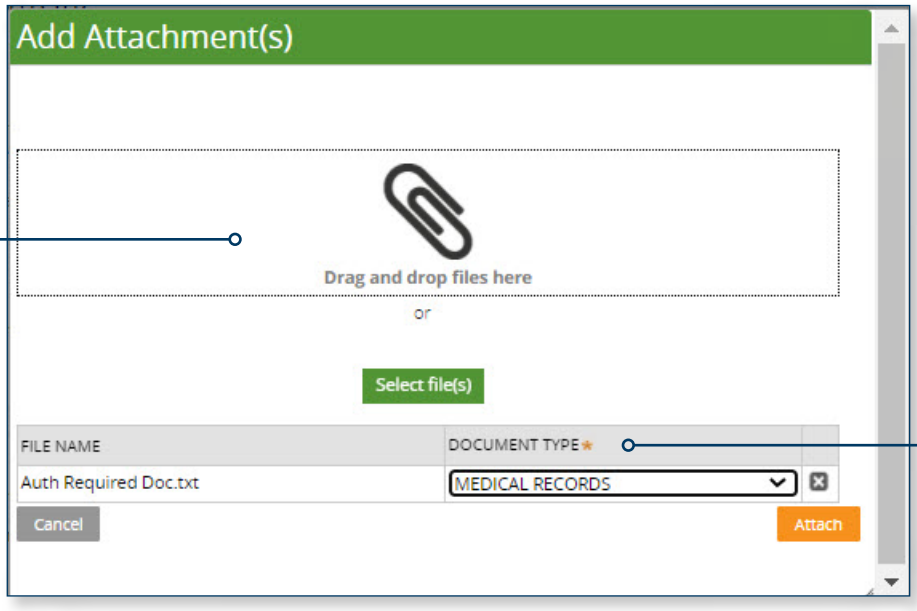
14 Click **Add An Attachment** to attach clinical documentation to the request.



Click **Select file(s)** or use **Drag and Drop** to upload clinical documentation.

Select **Document Type** from dropdown if different from Medical Records.

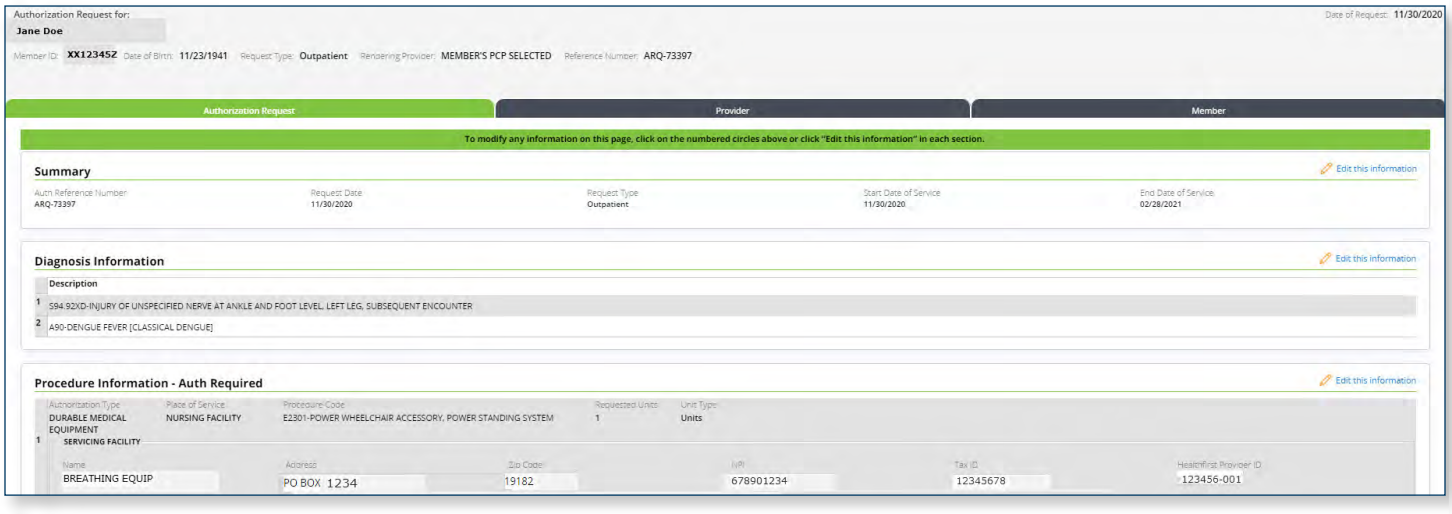
Click **Attach**.



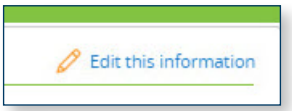
Documents will display under **Existing Attachments**. If the document does not appear, the document will not accompany the authorization request and processing may be delayed.

To remove a document, click the **Trash Can** icon.

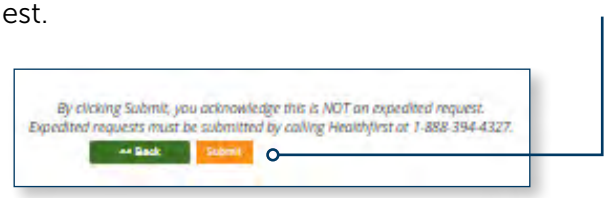
15 Validate the authorization details on the Review Page.



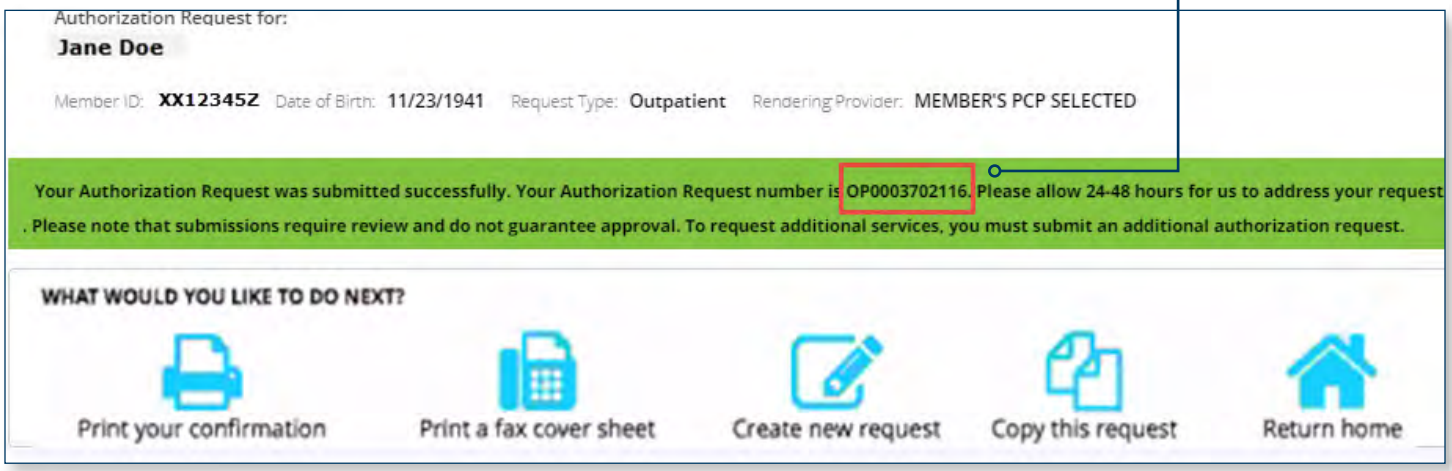
Click **Edit this information** to change or correct details before submission.



Click **Submit** to acknowledge that the authorization request is NOT an expedited request.

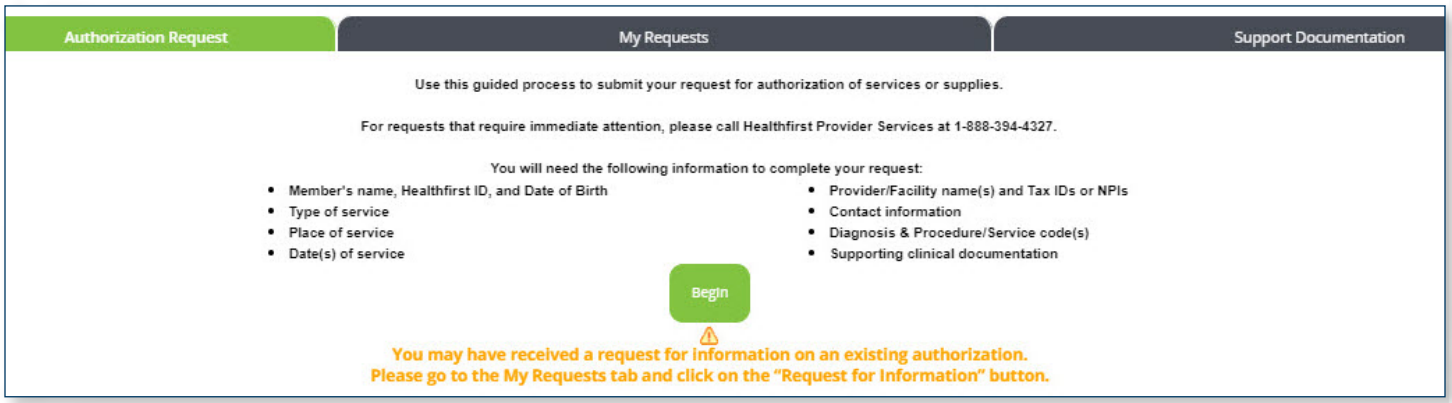


16 Once the Submit button is clicked, an **Authorization Request number** will be displayed.



My Requests Tab

1 To review requests submitted via the online authorization tool, return to the Welcome Page and select the **My Requests** tab.

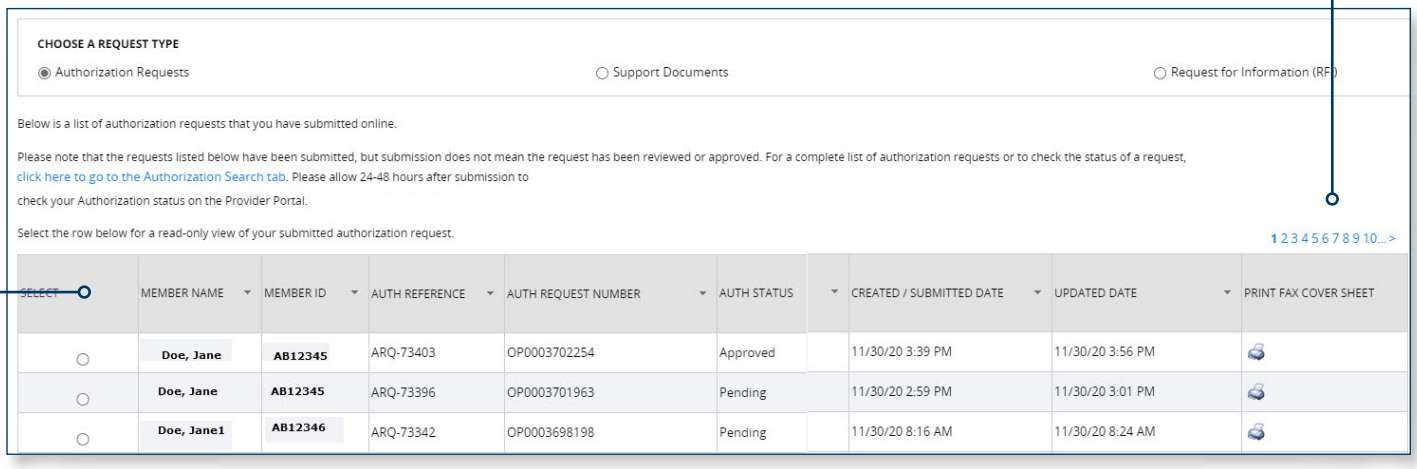


2 When navigating to the **My Requests** tab, a grid with several columns and a row for each specific authorization request created will be displayed.

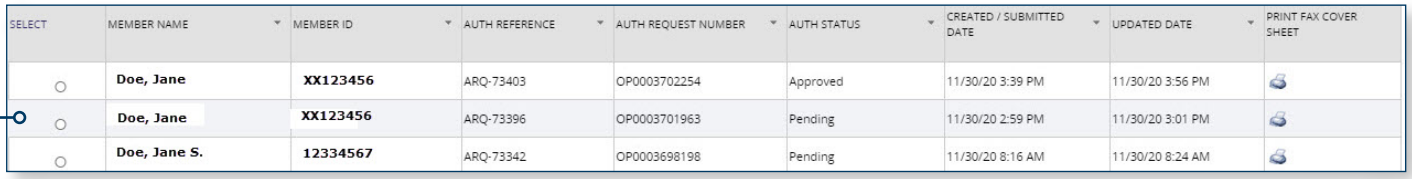
For each authorization, you will see the following:

- Member Name
- Member ID
- Authorization Reference Number
- Authorization Request Number
- Authorization Status
- Authorization Creation/Submission Date
- Authorization Update Date (if applicable)

The grid will show 10 requests per page. You can view additional pages by clicking on the page or arrow located at the top right of the grid.



3 For a specific authorization, click the button under the **Select** column.

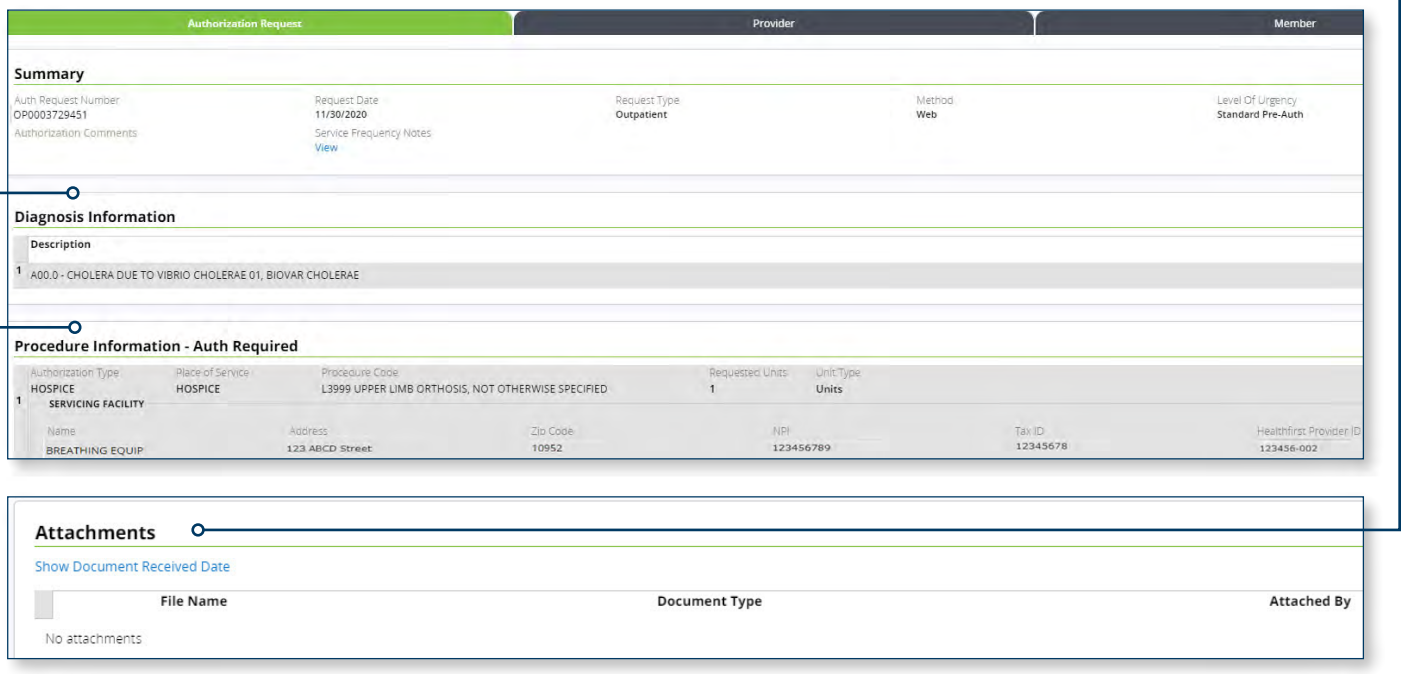


SELECT	MEMBER NAME	MEMBER ID	AUTH REFERENCE	AUTH REQUEST NUMBER	AUTH STATUS	CREATED / SUBMITTED DATE	UPDATED DATE	PRINT FAX COVER SHEET
○	Doe, Jane	XX123456	ARQ-73403	OP0003702254	Approved	11/30/20 3:39 PM	11/30/20 3:56 PM	
○	Doe, Jane	XX123456	ARQ-73396	OP0003701963	Pending	11/30/20 2:59 PM	11/30/20 3:01 PM	
○	Doe, Jane S.	12334567	ARQ-73342	OP0003698198	Pending	11/30/20 8:16 AM	11/30/20 8:24 AM	

4 If you have selected a specific authorization, click on one of these three tabs to view authorization details:

Authorization Request Tab

- Diagnosis Information
- Procedure Information (with facility details, if applicable)
- File Attachments



Authorization Request | Provider | Member

Summary

Auth Request Number	Request Date	Request Type	Method	Level Of Urgency
OP0003729451	11/30/2020	Outpatient	Web	Standard Pre-Auth

Authorization Comments

Service Frequency Notes: View

Diagnosis Information

	Description
1	A00.0 - CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE

Procedure Information - Auth Required

	Authorization Type	Place of Service	Procedure Code	Requested Units	Unit Type
1	HOSPICE	HOSPICE	L3999 UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	1	Units

SERVICING FACILITY

Name	Address	Zip Code	NPI	Tax ID	Healthfirst Provider ID
BREATHING EQUIP	123 ABCD Street	10952	123456789	12345678	123456-002

Attachments

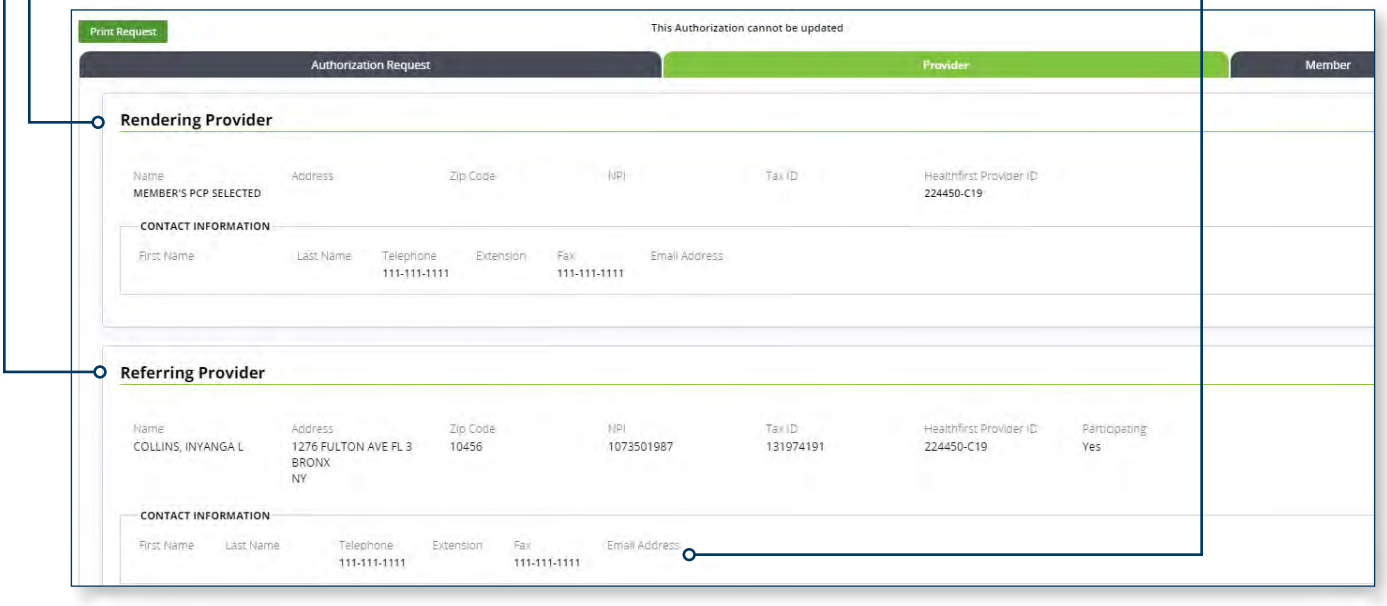
Show Document Received Date

File Name	Document Type	Attached By

No attachments

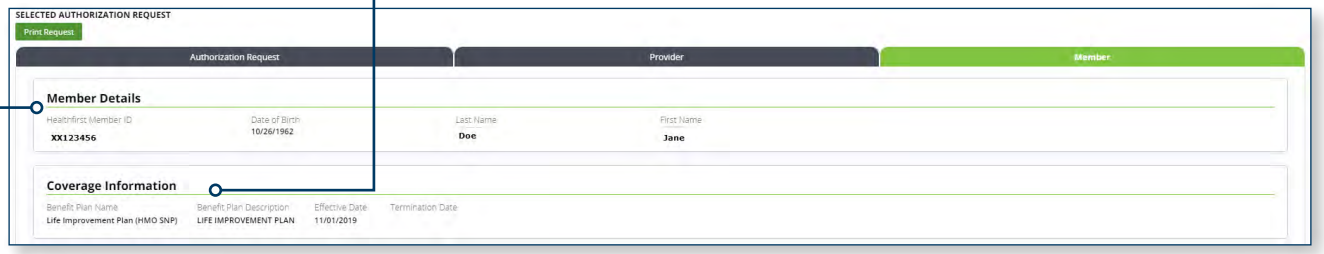
5 Provider Tab

- Rendering Provider Details
- Referring Provider Details
- Contact Information

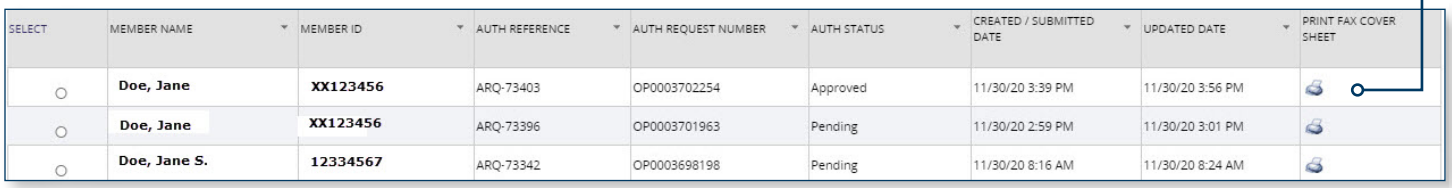


6 Member Tab

- Member Details
- Coverage Information

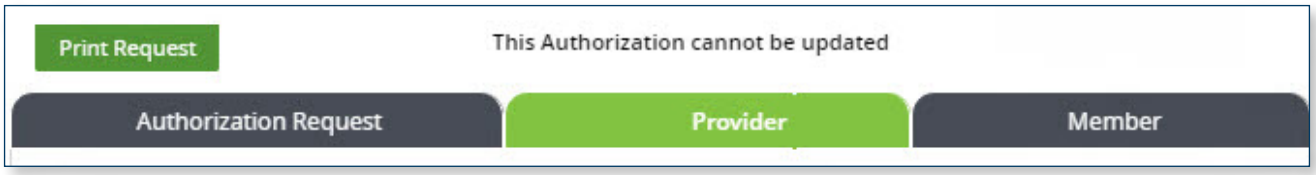


7 Click the **Printer** icon in the **Print Fax Cover Sheet** column to generate a prepopulated cover sheet.



SELECT	MEMBER NAME	MEMBER ID	AUTH REFERENCE	AUTH REQUEST NUMBER	AUTH STATUS	CREATED / SUBMITTED DATE	UPDATED DATE	PRINT FAX COVER SHEET
○	Doe, Jane	XX123456	ARQ-73403	OP0003702254	Approved	11/30/20 3:39 PM	11/30/20 3:56 PM	
○	Doe, Jane	XX123456	ARQ-73396	OP0003701963	Pending	11/30/20 2:59 PM	11/30/20 3:01 PM	
○	Doe, Jane S.	12334567	ARQ-73342	OP0003698198	Pending	11/30/20 8:16 AM	11/30/20 8:24 AM	

8 Click **Print Request** to generate a PDF of the selected Authorization Request.



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