

Date: June 17, 2021



Department of Health Care Finance

### Workflow Copy of signed ePOF Liberty review and for MCO, Hospital process POF Referral, and Initial assessment request are auto sent to for MCO, Hospital Signed ePOF by Liberty Referral, and Initial Medical provider. Send completed Click Complete ePOF via email to Copy of signed ePOF medical provider for is auto sent to signature request ePOF Liberty review and provider agency Provider agency (who initiated ePOF) process POF attach signed POF Download assessment request Fax downloaded in DCCC for Liberty in DCCC for FFS LTC completed ePOF ePOF to medical assessment request services, DSNP and without medical for FFS LTC services provider for PACE provider signature Medical provider signature request fax signed POF back to provider agency (who Provider agency fax initiated POF) signed POF to Liberty review and Liberty for process POF assessment request assessment request for MCO services for MCO, Hospital Referral, and initial





# ePOF Submission

Once you complete your ePOF you will see a message that lets you know your submission was successful

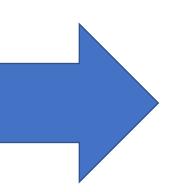






# ePOF Submission Details

If you request a copy you will receive an e-mail with the details of your submission



Thank you for submitting your entry. A copy is included below for your records.

## DHCF PRESCRIPTION ORDER FORM (POF)

Patient DC
Medicaid
Number (If the individual is new to DC
Medicaid and does not yet have a Medicaid number, please note "N/A."):





# E-mail a form for signature

When you e-mail a ePOF you will receive e-mail notifications

- DHCF Notifications via Smartsheet
   ePOF has been signed by Me... 10:28 AM
   CAUTION: This email originated from out...
- DHCF Notifications via Smartsheet
   ePOF has been signed by Me... 10:27 AM
   CAUTION: This email originated from out...
- OHCF Notifications via Smartsheet
  Signature Request 10:27 AM
  CAUTION: This email originated from out...
- OHCF Notifications via Smartsheet
  Signature Request 10:12 AM
  CAUTION: This email originated from out...

When you e-mail directly to the physician to request a signature the MD/APRN will receive an e-mail link

Please sign and date the electronic prescription order form (ePOF). Click submit to return completed form. Thank you.

Open Update Form

Once signed you will receive confirmation

ePOF has been signed by Medical Provider

Please note, once the physician/APRN has signed and completed the ePOF any edit will be referred to program integrity for possible fraud, waste, and abuse. By clicking submit you are finalizing your ePOF.

Thank you.

Open Update Form





# No E-Mail? You Can Still Fax

If you do not have a physician e-mail you can fax the form directly for a hard signature for upload This is a copy of the submitted ePOF. Please fax to Physician/APRN for signature request.

Thank You.

Open Update Form





# QUESTIONS





