Electronic Physician Order Form (ePOF)

Date: June 17, 2021

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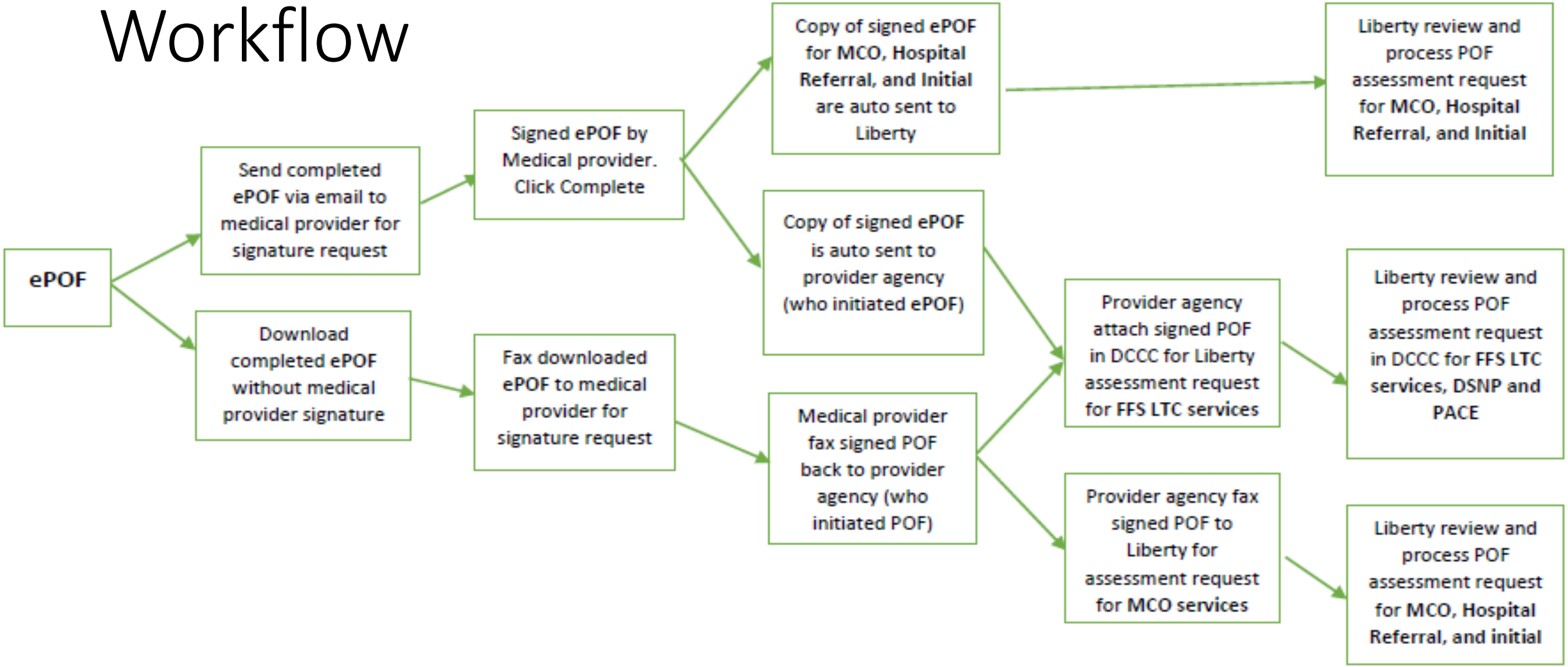
Home and Community Based Services Workflow



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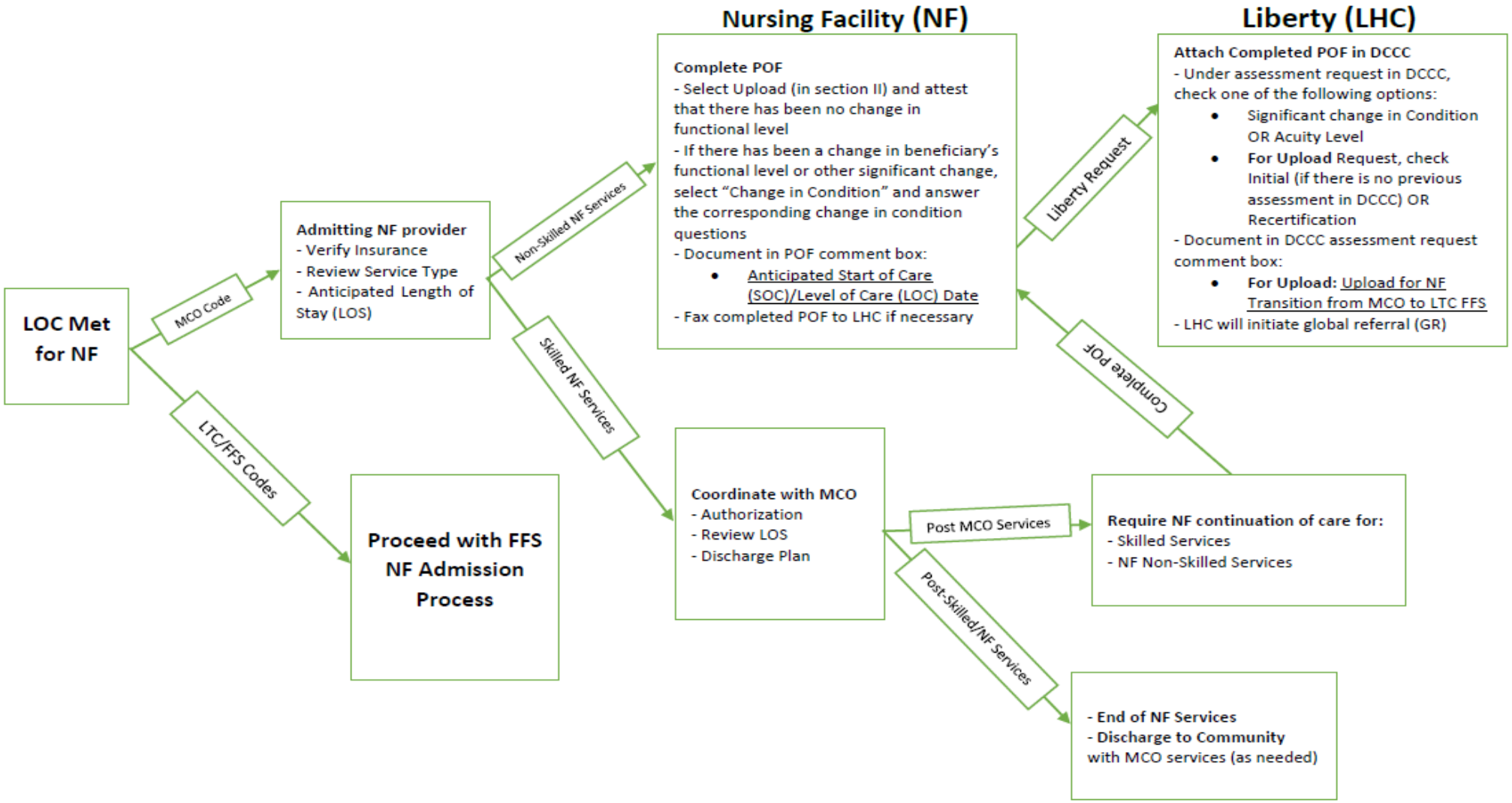
Nursing Facility Workflow

NF MCO Transition Workflow Process



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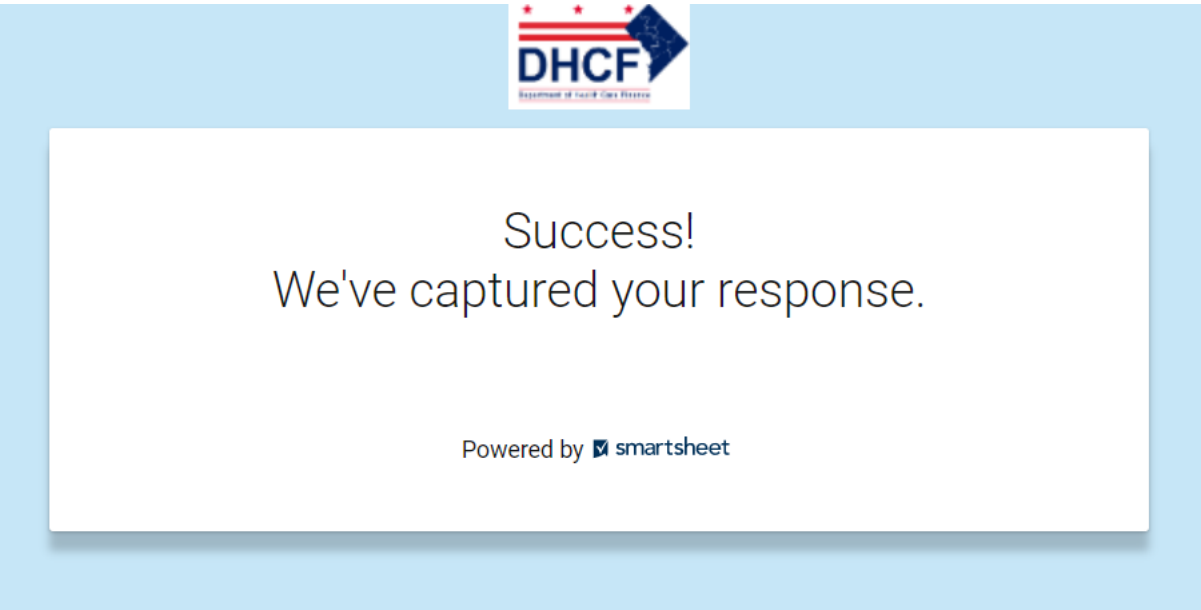
ePOF Submission

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



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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."):	N/A

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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...

DHCF Notifications via Smartsheet
Signature Request 10:27 AM
CAUTION: This email originated from out...

DHCF 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

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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 faxed to Physician/APRN for signature request.

Thank You.

Open Update Form

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QUESTIONS

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