

## Uploading Supplemental HEDIS Documentation into the (Legacy) Provider Portal

- 1. Log into the Delaware First Health provider portal.
- 2. Locate the Patients icon on the upper right icon menu



3. Choose the patient you want to upload the documentation for using the list or the **Find Patient** button.

	Eligibility	<b>L</b> Patients	Authorizations	<b>(\$</b> Claims	Messaging	
Plan Type						
✓ Delaware First Health	✓ G(	o	1 I I	Find Patie	ent 📃	

4. Click on the patient's name then click on **Document Resource Center** from the menu that opens:

Overview
Cost Sharing
Assessments
Growth Chart
Health Record
ADT
Care Team Contacts
Care Plan
Authorizations
Pharmacy PDL
Referrals
Coordination of Benefits
Claims
Document Resource Center

5. Click on the **Document Category** (*Behavioral Health, LTSS, Medical Necessity, Quality Management*) and choose **Quality Management**.

Overview	Document Resource Center							
Cost Sharing								
Assessments		Document Upload Document Review						
Growth Chart	1.	Document Category:	Please Select a Category	~				
Health Record	2.	Document Type:	Behavioral Health Long Term Services And Sup	pport				
Care Team Contacts	3.	Upload File:	Medical Necessity Quality Management	_				
Care Plan	4.		Submit					
Authorizations								

6. Click on the **Document Type** drop down menu and choose *HEDIS*.

Overview	Document Resource Center						
Cost Sharing							
Assessments		Document	Upload	Document Review			
Growth Chart	1.	Document Category:	Quality Management	~			
Health Record	2.	Document Type:	Please Select one				
ADT			Please Select one				
Care Team Contacts	3.	Submission Reason:	Audit EPSDT				
Care Plan	4.	Upload File:	HEDIS Peer Review				
Authorizations			Quality of Care				
Pharmacy PDL	5.		Risk Adjustment Other				
Referrals							
Coordination of Benefits							

7. Click on the **Submission Reason** and choose the appropriate HEDIS category.

emonte		Document	Upload	Document R	Review
nents					
hart 1	•	Document Category:	Quality Management	~	
ord					
2	2.	Document Type:	HEDIS	$\checkmark$	
Contacts 3	i.	Submission Reason:	Please Select a Reason	~	
			Please Select a Reason		
	L	Lipload Eile:	Adult Access to Preventativ	e Care (AAP)	
	•	opidad File.	Advance Care Planning (Ad	CP)	
ions	_		Antipsychotic Metabolic Mo	nitoring (APM)	
5	i.		Appropriate Testing for Pha	ryngitis (CWP)	
PDL			Blood Pressure for Diabete	s (BPD)	
			Breast Cancer Screening (	BCS)	
			Care for Older Adults (COA	.)	
on of Benefits			Cervical Cancer Screening	(CCS)	
			Childhood Immunizations (	CIS)	
			Chlamydia Screening (CHL	.)	
			Colorectal Cancer Screenin	ng (COL)	
Resource Center			Controlling High Blood Pres	ssure (CBP)	
			Diabetes Monitoring with P	eople with Schizophrenia (SMD)	
			Diabetic Screening with Sc	hizophrenia (SSD)	
			Eye Exam for Diabetes (EE	D)	

## 8. Upload the file you want to submit by choosing from a file on your computer.

Overview	Doc	Document Resource Center							
Cost Sharing									
Assessments		Document	Upload	Document Review					
Growth Chart	1.	Document Category:	Quality Management	~					
Health Record	2.	Document Type:	HEDIS	~					
ADT									
Care Team Contacts	3.	Submission Reason:	Controlling High Blood Pre	essure (CE 🗸					
Care Plan	4.	Upload File:	Choose File No file chose	en					
Authorizations									
Pharmacy PDL	5.		Submit						
Referrals									

## 9. Click the green **Submit** button.

Overview	Document Resource Center						
Cost Sharing		_					
Assessments	Document		Upload	Document Review			
Growth Chart	1.	Document Category:	Quality Management	~			
Health Record	2.	Document Type:	HEDIS	~			
ADT							
Care Team Contacts	3.	Submission Reason:	Controlling High Blood Pre	essure (CE 🗸			
Care Plan	4.	Upload File:	Choose File No file chose	en			
Authorizations							
Pharmacy PDL	5.		Submit				
Referrals							
Coordination of Benefits							