

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	L Patients	Authorizations	(\$ 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	Doc	ument Res	ource Cente	r			
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.

		Document	Unload	Document Review
sessments		Document	opioau	Document Neview
owth Chart	1.	Document Category:	Quality Management	~
th Record	2	Desument Turns		
	2.	Document Type.	HEDIS	•
Team Contacts	3.	Submission Reason:	Please Select a Reason	~
			Please Select a Reason	
re Plan	Δ	Upload File:	Adult Access to Preventative	Care (AAP)
		Upload File:	Advance Care Planning (ACP)	
norizations			Antipsychotic Metabolic Mon	itoring (APM)
	5.		Appropriate Testing for Phary	yngitis (CWP)
armacy PDL			Blood Pressure for Diabetes	(BPD)
ferrals			Breast Cancer Screening (B	CS)
			Care for Older Adults (COA)	
ordination of Benefits			Cervical Cancer Screening (CCS)
			Childhood Immunizations (C	IS)
iims			Chlamydia Screening (CHL)	
			Colorectal Cancer Screening	g (COL)
ument Resource Center			Controlling High Blood Press	sure (CBP)
			Diabetes Monitoring with Peo	ople with Schizophrenia (SMD)
es			Diabetic Screening with Schi	izophrenia (SSD)
			Eye Exam for Diabetes (EED))
			Follow up After Emergency	/isit for Substance Abuse (FUA)

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							