



HEDIS MY2023 Provider Information

Dear Providers:

PHC has officially kicked-off efforts in planning for our Annual HEDIS Medical Record Retrieval project launching in February 2024. We are requesting less than 10 minutes of your time to complete the following survey to ensure your site receives important and timely HEDIS notifications. This survey will collect key information regarding your location to improve efficiency in retrieving appropriate medical record documentation.

PHC recommends the following methods of retrieval: EMR remote retrieval, ShareFile (PHC's secure portal upload), or fax.

To learn more about HEDIS, please visit our webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/HEDISLandingPage.aspx>

If you have any questions, please contact us, and thank you for your continued support and cooperation with our annual HEDIS project!

HEDIS Team

Quality and Performance Improvement Department

Partnership HealthPlan of California

Phone: (866) 828-2302 | Fax: (707) 863-4314

E-Mail: hedismra@partnershiphp.org



HEDIS MY2023 Provider Information

1. HEDIS Primary Point of Contact

This will be the point-person to schedule medical records retrieval and should be able to provide assistance during medical record retrieval.

Name:	
Title:	
Phone:	
Email:	
Fax:	
Best contact method:	
Office Hours:	

2. HEDIS Secondary Point of Contact

Name	
Title	
Phone	
Email	

3. Location Demographics

Location Name:	
Address:	
City:	
Zip code:	



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4. In which region(s) does your location reside?

- Southeast (Napa, Solano, Yolo)
- Southwest (Lake, Marin, Mendocino, Sonoma)
- Northeast (Lassen, Modoc, Shasta, Siskiyou, Trinity)
- Northwest (Del Norte, Humboldt)
- Other (please specify)

5. How are your medical records stored?

Electronic? Yes or No	
If electronic, which EMR system does your location/site use?	

6. Does your site have all of your **paper** medical records with Dates of Service between January 1, 2019 and December 31, 2023 accessible at your location?

- Yes No

(If No, please include either the facility contact information or the length of time it will take to receive the records)

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7. Does your site have all of your **electronic** medical records with Dates of Service between January 1, 2019 and December 31, 2023 accessible at your location?

- Yes No

(If No, please include either the facility contact information or the length of time it will take to receive the records)

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8. Does your site use multiple EMR systems?

Yes

No

If yes, please specify which systems?

9. Is your location part of a multi-site organization?

Yes

No

If yes, please provide the name of the parent organization.

10. Does your location use a third party vendor for medical record retrieval?

Yes

No

If yes, please provide the name of your third party vendor and their contact information.

Thank you for completing the HEDIS Annual Provider Information Form.

If you have any questions about HEDIS or the Medical Record Retrieval process, please contact us by phone at (866) 828-2302 or by email at HEDISMRA@partnershiphp.org.

Thank you for your continued support and cooperation with our annual HEDIS project!