HEDIS MY2023 EMR Remote Access Retrieval Form

Partnership HealthPlan of California (Partnership) is excited to have your provider group enroll in EMR Remote Access Retrieval for the upcoming HEDIS MY2023 season.

Partnership greatly values the time spent answering the questions on this form which will help to mitigate the burden of medical record collection during the HEDIS MY2023 season.

This form takes less than 10 minutes to complete and will provide Partnership's contracted Remote Access Retrieval vendor KDJ Consultants with the information needed to outreach, and establish a remote connection to your site.

- Please note the following technical capabilities for successful remote access:
  - Read-Only EMR Remote Access
  - Permission/set-up that allows retrieval vendor access and ability to save required documentation to its Remote Desktop Protocol (RDP), preferably using a redirected printer
  - The ability to set up and maintain remote access for one to five (1-5) retrieval nurses
  - The ability to maintain access from January through May 2024

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

Group/Practice Demographics

1. Group/Practice Demographics

Group/Practice Name:	
Address:	
City:	
State:	
Zip code:	

2. In which region does your medical group/clinic reside?

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

Contact Information

3. HEDIS Primary Point of Contact (main person for outreach and communications)

Name:	
Title:	
Phone Number:	
Fax Number:	
Email address:	

4. HEDIS Secondary Point of Contact

Name:	
Title:	
Phone Number:	
Fax Number:	
Email address:	

5. HEDIS Technical Support Point of Contact (person who will be able to assist with set-up, testing, maintaining, and troubleshooting EMR remote access)

Name:	
Title:	
Phone Number:	
Fax Number:	
Email address:	

6. In the past year, have you added any additional locations to your group

☐ Yes (see below)
☐ No

If YES, please list the address and site name. If you have an extensive list, please send directly to the HEDIS Team as an Excel spreadsheet.

EMR Information

7. What type of Electronic Medical Record system (EMR) do you have? Please list the name below.

8. Does your site have any paper medical records with Dates of Service between January 1, 2019 and December 31, 2023 that are not included in your EMR?

☐ No
☐ Yes (Please specify below)

9. **We will need access to your EMR between January 2024 and May 2024. Will the credentials expire or timeout after a specific time frame, or will credentials be open until we indicate retrieval has been completed?**

   ☐ Open until indicated retrieval is completed.
   ☐ Expire or time out after a specific time frame (Please specify below)

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10. **Are all of your medical records stored on one (1) EMR or on multiple EMRs? For example, will the retrieval vendor need one login to access all of your site's medical records, or will they need multiple logins to access all of your records?**

    ☐ All medical records are stored on one (1) EMR – Vendor only needs one (1) login credential per user.
    ☐ Medical records are stored on multiple EMRs – Vendor will need more than one (1) login credential per user.

11. **Will EMR access be available after hours and on weekends?**

    ☐ Yes
    ☐ No
    ☐ Other (please specify below)

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12. **How long will it take to establish access for a new user once all required documents are received?**

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13. **Are there any restrictions to how many retrieval nurses can access your system? (We prefer credentials for at least two retrieval nurses.)**

    ☐ No
    ☐ Yes (Please specify below)

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14. **How would you like to receive the medical record request from KDJ? (Please select one Method and at least one Format option.)**

Method:
☐ Fax
☐ Secure email

Format:
☐ PDF
☐ Excel

Other Method and/or Format (please specify below)

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15. **Does your site require time to group charts for specific user access ("bucket charts") or any other additional actions once the medical record request list has been received?**

☐ No
☐ Yes (Please specify the anticipated time and/or additional actions below)

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16. **Please share any additional information we may need – i.e. migrating EMRs in the next six (6) months, any special requirements for remote access, etc.**

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Thank you very much for completing this form. For more information, please see our EMR Remote Access FAQ document, posted on our webpage. If you have any questions, please feel free to contact us using the information below.

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

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