



## HEDIS MY2024 Provider Information

Dear Providers:

Partnership has officially kicked-off efforts in planning for our Annual HEDIS Medical Record Retrieval project launching in February 2025. 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.

Partnership recommends the following methods of retrieval: EMR remote retrieval, ShareFile (Partnership'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](mailto:hedismra@partnershiphp.org)**



## HEDIS MY2024 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:	



HEDIS MY2024 Provider Information

4. Please check the boxes for all counties in which your organization has locations.

Table with 4 columns and 6 rows of county checkboxes: Napa, Solano, Yolo, Tehama, Lake, Marin, Mendocino, Sonoma, Lassen, Modoc, Shasta, Siskiyou, Del Norte, Humboldt, Trinity, Yuba, Glenn, Butte, Colusa, Sutter, Nevada, Sierra, Placer, Plumas.

5. How are your medical records stored?

Form with two rows: 'Electronic? Yes or No' and '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, 2020 and December 31, 2024 accessible at your location?

Yes No

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

Empty text box for response to question 6.

7. Does your site have all of your electronic medical records with Dates of Service between January 1, 2020 and December 31, 2024 accessible at your location?

Yes No

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

Empty text box for response to question 7.



## HEDIS MY2024 Provider Information

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](mailto:HEDISMRA@partnershiphp.org).

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