

# HEDIS MY2025 Provider Information

Dear Providers,

Partnership offers three methods of record collection for our HEDIS project. For us to determine which method best suits your office, we are requesting less than 10 minutes of your time to complete the following survey. Completing this survey will 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)
- 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 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 MY2025 Provider Information

## 1. Location Demographics

Location name:	
Address:	
City:	
Zip code:	

## 2. HEDIS Primary Point of Contact

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

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

## 3. HEDIS Secondary Point of Contact

Name:	
Title:	
Phone:	
Email:	

# HEDIS MY2025 Provider Information

## 4. How are your medical records stored?

Electronic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If electronic, which EMR system does your location/site use?		

## 5. Does your site use multiple EMR systems?

☐ Yes ☐ No

If yes, please specify which systems:

## 6. 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 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).