



Instructions

Office Name

HEDIS Operations

To better serve you, we at Home State Health are reaching out to best understand your preferred method of record collection for HEDIS Medical Records. We know chart chase season can be a busy time for your office and our goal is to make the upcoming season as smooth as possible.

Tax ID

Questions/Email: QualityImprovement@homestatehealth.com

Please complete and return by:

Service Location Information

Office Address (Including City/State/Zip)				nber/TIN	
Office Phone			HIM Phone ¹		
HIM Email ²			HIM	Fax	
Please attach additiona	l HIM location reference	s if applicable.	Provider rost	ers may be	e provided for additional clarification.
Preferred Retriev	al Method:	Сору	Service	Affilia	tion:
☐ Fax	☐ Onsite	☐ Sha	recare	☐ Veris	sma/Scanstat
☐ Secure Email	□ EMR	☐ MR	0	☐ HCA	
☐ Other:		☐ Ciox/Datavant		☐ Other:	
Special Handling	Instructions ³				
					tal Data Systems)) File and/or rove quality metrics.
☐ Yes, I would like someone EMR opportunities. Both can Completed By:		ord request bur			

Quality Fax: 1-866-390-3581

¹ Please provide general department phone number/ext. When unavailable, default to the office phone, not an individual's.

² A shared or MR email is preferred, when available. When a MR email is unavailable, a contact email for the upcoming season is sufficient. Feel free to list all preferred emails. We cannot accept gmail, yahoo, etc.

³ Anything you would like us to know or do, anything to make MR requests go as smooth as possible?