HEDIS Chart Chase Provider Update Request



Instructions

To better serve you, we at Sunflower Health Plan 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.

Please complete and return by October 1, 2024.

•		
SORVICO	LACATIAN L	ntarmatian
Sel vice	LULALIUII II	nformation

Service Local	ion imormation				
Office Name		Tax ID Number/TII	Tax ID Number/TIN		
Office Address					
(Including City/State	/Zip)				
Office Phone	HIM Phone ¹				
HIM Email ²	HIM Fax				
Please attach additiona	HIM location references if applicable. Provider	rosters may be provided for a	dditional clarification.		
Preferred Retrieval Method:		Copy Servi	Copy Service Affiliation:		
□Fax	□Onsite	□Sharecare	□Verisma/Scanstat		
☐Secure Email	□EMR	□MRO	□HCA		
□Other:		□Ciox/Datavar	nt		
□ Yes, I would like so			al Data Systems)) File and/or EMR opportunities. Both		
can reduce the me	edical record request burden and potentially	y improve quality metrics.			
Completed By:		Contact #/Email:			
, ,	Name of Person Submitting this Form (print)		Contact Phone Number/ Email of Person Submitting this Form (print)		
Thank you for you	r continued partnership,	Return Forms by October 1:			
HEDIS Operations		Questions/Email:			
		SM HEDIS OPS@sunflowerhealthplan.com			

- 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?





