BlueCross BlueShield of Texas

HEDIS® Medical Record Retrieval and Electronic Medical Record Questionnaire

Provider Group Name: _____

Address: _____ **City/ST:** _____ **Zip:** _____

Please use this form to provide medical record request contact information for your Quality Improvement contact and EMR information. This allows us to request access to our members' charts to collect Healthcare Effectiveness Data and Information Set (HEDIS®) data.

By providing us remote access to your EMR, we're able to pull the needed documentation directly from your EMR system. This reduces the administrative burden for provider groups. **Please send the form to the attention of the Quality Department** at TX_Medicaid_QI@bcbstx.com, **by Nov. 14, 2025**.

Who is your QI/ HEDIS Contact?	Title:	
Is that person available Mon-Fri? ☐ Yes ☐ No	Phone number: ( )	Fax: ( )
Do you have an EMR System? ☐ Yes ☐ No	Type of EMR System (Epic, NexGen, etc.):	
Do you have multiple sites who use the same system? ☐ Yes ☐ No	Can it be accessed from one location? ☐ Yes ☐ No	
Can it be accessed by the BCBSTX Medicaid Division remotely? ☐ Yes ☐ No		
Who is the point of contact to arrange remote access?	Title:	
Phone number: ( )	Email Address:	
Do you use a 3rd party to manage medical records? ☐ Yes ☐ No If so, which one? (CIOX, ScanSTAT, etc.)		
Do you have a contact at the 3rd party?		
Any Instructions:		
Completed by:	Title:	Date: / /