

## Scheduling Guidelines for HEDIS Compliance

It is important to be proactive when scheduling patient office visits. Using these guidelines will help you to improve your HEDIS rates, which are often compromised because the service did not occur in the HEDIS-specified time frame. We want you to get the credit you deserve for providing the required care.

### How to Implement Best Practices and Improve Performance

- Annual preventive visits do not need to be scheduled exactly one year apart to be covered by MVP. They only need to occur in a different calendar year.
- All infant and child vaccines must be given on or before the child's second birthday. One day later will not be accepted by HEDIS. This includes lead screenings.
- All doses of adolescent vaccines must be given on or before the teen's thirteenth birthday. This includes all HPV doses. Therefore, you need to consider the timing for three doses (two months apart) to occur by age 13.
- Annual preventive visits do not always occur when the flu vaccine is available. If this is the case, schedule a flu visit at a time when the vaccine will be available.
- For patients whose compliance with medical care cannot be ensured, use every opportunity to administer appropriate vaccines, preventive screenings, and diagnosis related testing.
- Infants need to complete six or more Well-Visits by their 15-month birthday. When they present for sick visits in-between, please remind parent(s) or guardian(s) about the importance of keeping their preventive appointments, even if they are in close proximity.
- Postpartum visits must occur 7–84 days (1–12 weeks) after delivery and occur in an outpatient setting. Visits prior to, or after this time frame, will not be HEDIS-recognized.
- Medication reconciliation, post-discharge (from any inpatient facility) must be completed within 30 days of discharge. RNs, Clinical Pharmacists, Advanced Providers, or MDs must perform this function, per the NCQA. Other credentials are not HEDIS compliant. Medication reconciliation may be performed during a scheduled office visit or phone encounter (e.g., "Transitional Care" encounter). If the reconciliation has already occurred in the facility at the time of discharge, the service will be HEDIS-acceptable, as long as the medication reconciliation is documented in the discharge summary. In addition, there needs to be evidence that the report was received in the outpatient office within the 30-day time frame. Evidence can consist of a date/time stamp or a dated "received" notation on the discharge summary, and then filed in the patient medical record.
- Consider using an electronic health system to alert you of age or time-sensitive requirements.

*Information related to all 2021 HEDIS measures has been extracted from the NCQA 2021 HEDIS Technical Specifications Volume 2.*