

# Adult Access to Preventive/Ambulatory Health Services

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the adult access to preventative/ambulatory health services, best practices and more resources.

The percentage of members 20 years of age and older who had an ambulatory or preventive care visit

**LOB**  
Commercial  
Medicaid  
Medicare

**CMS Weight**  
1x

**HEDIS**  
2023

### Compliance (any one of the following)

- **Medicaid and Medicare:** One or more ambulatory or preventive care visits during the measurement year.
- **Commercial:** One or more ambulatory or preventive care visits during the measurement year or the 2 years prior to the measurement year.

### Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

### Best Practices

- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year
- Contact patients on the needed services list who have not had a preventive or ambulatory health visit
- Expansion of office hours to increase access to care
- Sending appointment reminders to up coming patient visits, outreaching to patients who have been inactive in the practice for a year or more
- Utilize appropriate billing & coding opportunities to reduce errors and capture rates
- Keep a few open appointment slots each day to see patients the day they call.

Learn more about EPIC workflow by following:

<https://uhcommunity.uhhospitals.org/UHAccountableCareOrganization/EPIC%20%20Quick%20Tips/Forms/AllItems.aspx>

Consider the other side of this measure:

- How many patients never access the system?
- What services do they receive?
- How does preventive care and counseling occur for these members?
- Without a patient visit, they do not receive counseling on diet, exercise, smoking cessation, seat belt use and behaviors that put them at risk.
- If the organization's services are not being used, are there barriers to access? Maintaining access to care requires more than making providers and services available—it involves analysis and systematic removal of barriers to care.

### Coding Tips for Preventive and Ambulatory Services

All current health conditions, including those that coexist, need to be reported (at minimum) annually as they do not carry over each year for CMS.

- Remember to document the status and the treatment plan for all diagnoses.
- Z00.00 Encounter for general adult medical examination without abnormal findings
  - Use this code when there are no new findings at the visit.
- Z00.01 Encounter for general adult medical examination with abnormal findings
  - Use this code when there are new findings at the visit.
  - Example – Patient has had CKD 3a for over a year (lab value verified). The eGFR lab value from labs drawn prior to exam indicate CKD stage 4.

### Reminder

The AAP measure is hybrid. Any care not received via claims will be captured through chart audits.

### For additional best practices regarding

- [https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/virginia/pdf/Access%20and%20Availability%20of%20Care%20\(AAP\).pdf](https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/virginia/pdf/Access%20and%20Availability%20of%20Care%20(AAP).pdf)
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