Still Time to Qualify for Reimbursement for Gap Closure!
November 13, 2023

As we are in the last quarter of 2023, it's important to schedule visits with any of your patients with outstanding gaps in care. These visits are vital to the health and well-being of all our members to ensure their healthcare needs are being met. We know improving the quality of care in members is a partnership between the health plan, the provider, and the member.

Closing HEDIS Gaps Online
You can submit data via our online portal for the following HEDIS gaps:
- A1C
- Blood pressure control
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Diabetic eye exam
- Flu vaccine

All you have to do is log in at **hap.org** and select *HEDIS & HCC Program*. Enter a member ID or select the link to *view your HCC/HEDIS Gaps Panel Management Report*.

Hierarchical Condition Category (HCC) Gap Closure Program
An HCC is a group of diagnoses used by the Centers for Medicare & Medicaid Services in their risk adjusted reimbursement model for Medicare Advantage plans. These codes are the primary indicators of a member's health status. Most HCCs are conditions that tend to be chronic in nature. Diagnoses are captured from claims data submitted following a visit with an approved provider.

The goals of our program are to:
- Increase primary care physician visits.
- Accurately capture and report the medical condition and acuity of HAP Medicare Advantage members.
- Close member diagnosis gaps and improve the overall delivery of preventive services for our members.

To support quality and HCC gap closure for our members, we are continuing the $100 reimbursement incentive for our HCC Gap Closure Program. The last date of service a member can be seen to qualify a provider for this incentive is December 31, 2023.

Submission requirements for the $100 reimbursement incentive

Please see the table below for requirements to receive this incentive.

Requirement	What must be included
Appropriate telehealth visit, or in-office visit with an approved provider	• Address all member gaps by documenting current conditions in the provider notes • Appropriate place of service code
Medical record	Provider signature, date of signature and credentials— M.D., D.O., N.P., P.A. (see instructions below for submitting progress notes)
Single professional service claim	Appropriate Evaluation Management code, the 99080 CPT incentive code, and applicable ICD-10 diagnosis code(s)
Note: Only one 99080 claim submission is allowed per member, per provider, per calendar year for HAP Medicare Advantage and HAP Empowered MI Health Link.	

Submitting medical records and progress notes

Medical records and progress notes can be submitted by one of the methods below.

- Online. Log in at **hap.org** and select *HCC & HEDIS Program*. Instructions can be found in the *HCC and HEDIS Training Materials* under *Quick Links.*
- Fax to **(313) 664-5880**, attention HCC Gap Program (for HCC only).

Telehealth guidance for HCC gap closure

We follow CMS guidance on telehealth for Medicare Advantage risk adjustment diagnosis capture. It requires both an audio and visual component to be considered acceptable. Please follow these guidelines and ensure your medical records include both components.

For more information on HAP's HCC Gap program, email our HCC Gap Program Educators at **hccgapclosure@hap.org.**