



2024 HEDIS and of HCC Gap Closure Updates!

February 29, 2024

As we are in the first quarter of 2024, 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:

- Hemoglobin A1C less than 9%
- Controlling high blood pressure
- 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*.

Comprehensive Care Assessment Program(formerly known as Hierarchical Condition Category (HCC) Gap Closure Program)

During the 2024 calendar year, we are providing a \$100 reimbursement incentive for our Comprehensive Care Assessment program to support quality and HCC gap closure for our members. The last date of service a member can be seen to qualify a provider for this incentive is December 31, 2024.

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.

What is an HCC?

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.

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	<ul style="list-style-type: none">Address all member gaps by documenting current conditions in the provider notesAppropriate 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.	

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.