



Increased Reimbursement for Medicare Wellness Visits and Gap Closure

We recognize the extraordinary efforts providers have made with their patients during this unprecedented time. HAP is here to partner with you in this effort.

Effective June 1, we're increasing reimbursement for some types of in-office and telehealth visits with the dual goals of supporting quality and HCC gap closure for our members and providing additional financial support to our provider network. This increased reimbursement is only for claims with dates of service from June 1, 2020 through December 31, 2020. If you have already submitted claims for dates of service in June, there is nothing additional you need to do. Claims will automatically be adjusted.

Guidance and details for both programs are outlined below.

Wellness Visits and Quality Gap Closure

Below are the applicable codes and requirements for reimbursement.

Plan	Applicable Codes	Q3 & Q4 Reimbursement	Telehealth Option?	Minimum Telehealth Requirement
HAP Medicare plans	• G0402	150% of Medicare	No. Physical exam required	N/A
	• G0438	150% of Medicare	Yes	Audio
	• G0439	150% of Medicare	Yes	Audio

Note: The telehealth guidance provided above applies to the listed CPT codes. Individual HEDIS and Star measures may have their own distinct telehealth requirements.

Risk Assessment and HCC Gap Closure

HAP has a Hierarchical Condition Category, or HCC, gap closure program. An HCC is a group of diagnoses used by CMS 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:

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

Reimbursement for HCCs and Gap Closures

There will be an increase from \$100 to \$200 for this incentive. To receive the increased reimbursement, please submit all of the following:

- An appropriate telehealth visit or in-office visit with an approved provider to address all member gaps by documenting current conditions in the provider notes. Be sure to include the appropriate POS code.
- Medical record must include provider signature, date of signature and credentials (M.D., D.O., N.P., P.A.). Upload or fax the progress notes by one of the methods below.
 - Log in at **hap.org** and select *HCC & HEDIS Program*. For assistance, refer to the *HCC and HEDIS Training Materials* under *Quick Links*
 - Fax the record to **(313) 664-5880**, attention HCC Gap Program
- Submit a single professional service claim with the 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 more information on getting started with HAP's HCC program, email HCC educators at **hccgapclosure@hap.org**.

Telehealth Guidance for HCCs Gap Closure

CMS guidance on telehealth for Medicare Advantage risk adjustment diagnosis capture requires both an audio and visual component to be considered acceptable.

We will continue to monitor CMS guidelines and post updates as necessary.

Communicating with members

We understand that improving the quality of care in members is a partnership between the health plan, the provider and the member. Throughout the year, we remind members to get the care and services they need. Over the next several weeks, we'll be reaching out to members through the channels below to educate and encourage these visits.

- Direct member communication
- Communications with employer groups
- Messaging on our website
- Social media posts
- Live town hall meetings on Facebook