



Virtual HEDIS Gap Closure

How CTH helped a national Medicare Advantage plan reach members that brick-and-mortar networks couldn't — **closing over 21K gaps in care across all 50 states.**

Total Gaps Addressed

54,000

Gaps Closed

21,400

Overall Closure Rate

39%

The Challenge: Provider Capacity Caps Plan Performance

Medicare Advantage plans don't lack strategy — they lack reach. Existing provider networks are bound by geography, scheduling capacity, and the members willing to walk through a clinic door. For a national MA organization managing tens of thousands of open care gaps across a diverse, dispersed population, that ceiling was the problem.

At the time of engagement, performance was uneven by design: closure rates were low across HEDIS segments, with more than 54,000 gaps still open. The highest-performing segments proved closure was achievable. The lower-performing ones revealed where traditional, in-person engagement runs out of road — disengaged members, members without an attributed PCP, and members in areas where network capacity simply wasn't there.

The Solution: A Virtual Clinical Layer, Built for Scale

CTH deployed a nationwide virtual AWV program focused on **unengaged members first**. Because our model isn't bound by a physical footprint, capacity was never a constraint.



Pre-visit clinical optimization. Claims and clinical data are aggregated before each Annual Wellness Visit so a single virtual encounter can **close multiple HEDIS gaps** and **capture RAF-relevant conditions**.



Provider-aligned, not provider-dependent. **Structured visit data flows back to the plan** and the members care team, supporting continuity without disrupting existing relationships.

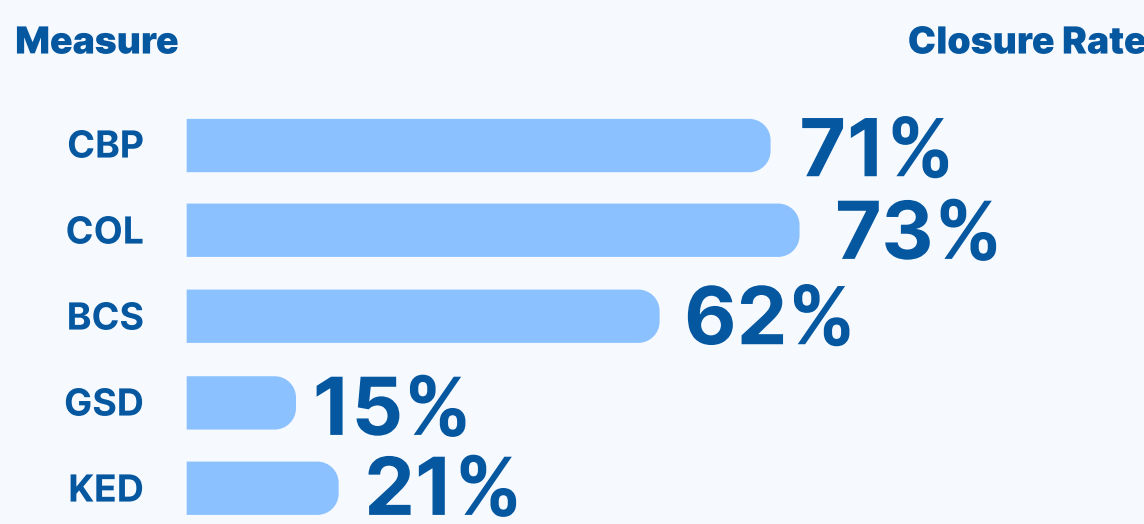


Nationwide reach, no geographic limits. CTH clinicians see members in all 50 states, including rural and underserved markets where in-person availability is thin or nonexistent.



Gap closure services that are billed as a claim. CTH adds clinical throughput on day one, without any PMPM requirements.

Results: Virtual AWVs Improve Access and Compliance



Why it Matters?

- Geographic limitations are removed
- Real time gap closure
- Transportation barriers eliminated

Top-performing segments show what's achievable when capacity isn't the bottleneck.

The Bottom Line for Health Plans

Brick-and-mortar networks have a ceiling. Virtual care doesn't. CTH gives Medicare Advantage plans a clinical layer that scales as fast as their members need — reaching members that traditional outreach can't, closing more HEDIS gaps per encounter, and moving the metrics that drive Stars, RAF accuracy, and member experience.

“Adding capacity shouldn't mean rebuilding your network. With CTH, it doesn't.”