



2025 HEDIS and of HCC Gap Closure Updates!

As we are in the last quarter of 2025, 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

Earlier this year, we removed the HEDIS gap care submission through our online portal.

Effective October 20, 2025, you can submit data through our online provider portal to close the HEDIS gaps below.

- Hemoglobin A1c ≤9%
- Controlling high blood pressure
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Diabetic eye exam
- Flu vaccine

HEDIS Gap Submission Instructions

Below are instructions for submitting data online to close HEDIS gaps. **Note: A medical record is required.**

- 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*.
- Select a gap that has "eligible" next to it.
- Complete the fields.
- Attach the appropriate information from the medical record (required).
- After your submission, the status will change to "submission in review."
 - If approved, the status will change to "submission approved."
 - If denied, the status will change to "submission denied." You can view the denial reason. We will also send an email with the denied reason. You can resubmit information to close the gap.

Please see the next page for information on closing HCC gaps.

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

During the 2025 calendar year, we are providing a \$100 reimbursement incentive for our Comprehensive Care Assessment program to support quality and HCC gap closure for our HAP Medicare Advantage members. The last date of service a member can be seen to qualify a provider for this incentive is December 31, 2025.

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 HAP Medicare Advantage 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 in-office visit with an approved provider	<ul style="list-style-type: none">• 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.

Submitting Medical Records and Progress Notes for HCC Gap Closure

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

Congress has not yet extended the COVID-19 public health emergency (PHE) flexibilities that were in place for Medicare plans through September 30, 2025 for telehealth services. Currently, telehealth visits are not applicable for HCC gap closure for HAP Medicare Advantage members.

HAP aligns its telehealth/virtual services billing guidelines with the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS) and the Michigan Department of Health and Human Services (MDHHS). While we anticipate that authorization will ultimately be renewed, we are prepared for the temporary gap.

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