

PROGRAM INCENTIVES

- Health Risk 360 (HR360)
- Gaps in Care

HR360 INCENTIVE ELIGIBILITY

- Blue Advantage-participating physicians, nurse practitioners and physician assistants in the following specialties: family practice, general practice, geriatrics, internal medicine or OB-GYN.
- Be an active provider in good standing.*

* See Glossary of Terms on next page for details.

HR360 INCENTIVE DETAILS

We encourage providers to complete the HR360 assessment when they conduct an Annual Wellness Visit (AWV) or annual physical exam for Blue Advantage patients. View our [HR360 Quick Reference flier](#) and our [Provider Incentives webpage](#) on the Patrius Health provider website.

For this incentive, the following requirements must be met:

- Providers can earn \$150 for each accepted HR360 assessment performed for any eligible Blue Advantage patient.
- Providers who perform wellness visits for Blue Advantage members are required to complete and submit an accompanying HR360 to Patrius Health.
- The incentive is only available once per practice (based on NPI/Tax Identification Number combination) for an HR360 submitted for a specific patient within the program year.
- The patient must have active Blue Advantage health coverage at the time of payment for a provider to earn the incentive. (The patient does not have to be attributed to the provider performing the HR360.)
- Use our interactive HR360 online form for all patient assessments completed between January 1 and December 31, 2025.

Completing and Submitting the HR360

In conjunction with performing the AWV and/or annual routine physical exam, providers can complete and submit the HR360 using the link on the Blue Advantage provider website under Provider Tools at the top of the

page. This online feature includes the AutoHR360, which is a prepopulated form based on patient demographics and clinical data on file that allows providers to input additional information and submit the form directly through the application.

You have an additional option for submitting HR360s:

You have the option to print a blank form and upload it through the AutoHR360 tool if that works best with your workflow.

Signature required within 90 days: For any AutoHR360 or HR360 form, the provider's signature must be dated within 90 days of the associated patient encounter and match the performing provider on the encounter claim submission.

- **AutoHR360:** For the AutoHR360 available via **myBlue Provider**, the form should be completed and submitted within 90 days of the associated encounter. The AutoHR360 signature date corresponds to the submission date.
- **HR360 Form:** For HR360 forms that are manually completed, the signature must be dated within 90 days of the encounter.
- **Wellness Documentation Credit:** For practices with medical record connections that have received Patrius Health approval of their EMR wellness visit template, the medical record must be signed and closed within 90 days of the encounter.

Note: In addition to the 90-day signature requirement, the deadline for submitting the HR360 for the 2025 incentive program year is January 31, 2026.

Using Telehealth

The encounter associated with the HR360 form's completion must be either in person or performed via telehealth using both audio and video technology (only for AWVs) to be considered eligible. Annual physical exams cannot be conducted via telehealth. Appropriate codes related to these services should be filed on the corresponding claim. The HR360 form requires the providers to indicate if the visit was performed via telehealth.

Telehealth HR360 claims also should include appropriate HCPCS codes and/or modifiers for the encounter with the appropriate place of service code. Body mass index and blood pressure results for the patient will not be required for telehealth claims related to HR360. Telehealth encounters performed via audio only are not eligible for the HR360 incentive.

GAPS IN CARE INCENTIVE ELIGIBILITY

- Blue Advantage-participating physicians, nurse practitioners and physician assistants in the following specialties: family practice, general practice, geriatrics or internal medicine.
- Be a provider in good standing (see glossary below).

Quarterly Payment Details

Providers can earn \$20 per quarter for each closed gap in care per eligible patient (up to \$80 annually per gap closed) for the following measures:

Breast Cancer Screening	Diabetes Eye Exam
CAD Statin Therapy ASCVD	Diabetes HbA1c LT 9%
Colon Cancer Screening	Kidney Health Evaluation for Patients with Diabetes
Controlling High Blood Pressure	Medication Reconciliation

Providers can earn incentive payment for their attributed members only. Use Provider Insights accessed via **myBlue Provider** to easily find a list of attributed patients with gaps in care. Gaps are closed via claims and informational claims. Unless otherwise specified, claims must indicate dates of service from January 1, 2025, through December 31, 2025, for services rendered to close applicable gaps and earn the incentive. Refer to our Quality Measures Coding Guide for additional information about how to close these gaps.

GLOSSARY OF TERMS

Attribution: Blue Advantage members will be attributed using a Tax ID Number (TIN) attribution model. First, it will determine which TIN to which the member is allocated. Second, the member will be attributed to either a primary care, nurse practitioner or physician assistant in that TIN. A static attribution report will be accessible online to providers on **myBlue Provider**.

Good Standing: The provider has complied with obligations for maintaining or renewing network status, has not been placed in a probationary or suspended status, has not been convicted or pleaded guilty to a felony crime, has not failed a Patrius Health audit, and has no history of repeated malpractice.

Informational Claim: Providers can submit these types of claims for reporting purposes only (no payment is being requested).

Annual Payment Details

Providers can earn \$75 for each measure per eligible patient when compliance is achieved by the end of the reporting period:

Diabetes Medication	Hypertension Medication
Cholesterol Medication	Statin Use in Persons With Diabetes

The patient must be attributed to the provider to earn this incentive. Use Provider Insights accessed via **myBlue Provider** to easily find a list of attributed patients with gaps in care. Gaps are closed via pharmacy claims. Claims must indicate dates of service from January 1, 2025, through December 31, 2025, for medications filled to close applicable gaps and earn the incentive. Refer to our Quality Measures Coding Guide for additional information about these measures.

Other Details

These incentives will be disbursed to the provider's Tax ID primary location. The HR360 and \$20 gaps in care incentives are paid quarterly. The \$75 incentive will be paid annually based on the fourth quarter 2025 scoring that occurs in February 2026.

For more information about any of these incentives and closing gaps in care, visit the Patrius Health provider education website by logging in to **myBlue Provider** and clicking the Blue Advantage Resources link in the left-side menu.

QUICK TIP: Find your patients' gaps in care using our online tools!

After logging in to **myBlue Provider** and clicking Blue Advantage Resources to reach the Patrius Health provider education website, you can access the Patient Health Snapshot to find patients with gaps in care.

Also, use the Provider Insights tool to find an Opportunity List with detailed patient information, including gaps in care, AWW status and more.

For incentive program questions, please contact Patrius Health provider services at **1-888-950-0705**.



Blue Advantage® PPO is provided by Patrius Health, an independent licensee of the Blue Cross and Blue Shield Association.