2025 PFK Primary Care Incentive Program Summary

Measure: Definition & Eligibility	2024	2025
Network Requirement: Each credentialed provider much participate in at least one of the following as a prerequisite for earning incentives: • Participation in a PFK-sponsored QI project (in conjunction with the PFK QI Advising Program) or partnership with PFK's patient outreach team • Attend one of PFK's quarterly webinars or NCH Behavioral Health in Primary Care webinars • One in-office visit with a PFK medical director, staff educator, or provider relations specialist, or participation with a PFK committee	Active	Active
W30.1: For children who turned 15 months old during calendar year, completion of ≥6 well visits with a primary care practitioner during their **first 15 months of life**.	$ 75.00 PSP*	$ 75.00 PSP*
W30.2: For children who turned 30 months old during calendar year, completion of ≥2 well visits with a primary care practitioner from **age 15 to 30 months**.	$ 42.20 PSP*	Discontinued
Targeted Annual WCV: Completion of ≥1 well-child visit with a primary care practitioner among those children ages **3 to 6y** and **7 to 11y** (as of the end of the calendar year) who had no well-child visit claim in the prior year (2024).	$ 42.20 PSP*	Discontinued
Targeted Annual WCV: Completion of ≥1 well-child visit with a primary care practitioner among those **children ages 12 to 18y**** (as of the end of the calendar year) who have no well-child visit claim in at least the last 12 months. Incentives will be applied using a tiered approach. ** Children enrolled in the Aged, Blind and Disabled or Foster Care program are eligible through 20 years old	$ 75.00 PSP*	**13-23 months:** $75.00 PSP* **24-35 months:** $100.00 PSP* **36+ months:** $200.00 PSP*
Asthma Medication Ratio (AMR): The number of members ages 5 and up who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. This will be paid once at the end of the year.	$75.00 PSP* Paid annually	$75.00 PSP* Paid annually
Lead Screening: Children **under the age of 2** receiving ONE lead screening test prior to the member's second birthday. Incentive will be calculated in the year the member turns two.	$10.00 PSP*	Discontinued
Follow-Up After Emergency Department Visit for Mental Illness Includes any patient ages 0-17 with a diagnosis of mental illness or intentional self-harm during an emergency room visit who has a follow-up visit with a provider within 7 days or 30 days of discharge. Visits on the date of admission to the emergency room (Day Zero) do not count	Inactive	**< 7 Days:** $600.00 PSP* **< 30 Days:** $100.00 PSP*
Follow-Up After Emergency Department Visit for Substance Use Includes any patient ages 10-17 with a diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose during an emergency room visit who has a follow-up visit with a provider within 7 days or 30 days of discharge Visits on the date of admission to the emergency room (Day Zero) do not count	Inactive	**< 7 Days:** $600.00 PSP* **< 30 Days:** $100.00 PSP*

* PSP = Per Successful Patient

2025 PC PIP Frequently Asked Questions

Q: ***What has changed from 2024 to 2025?***

A: Partners For Kids has made the primary focus of the incentive plan for 2025 the metrics that align with the Outcomes Acceleration for Kids (OAK) program. This has resulted in the following changes:

- Discontinuation of Well-Child incentives for ages 15-30 months, Lead Screening for Children Under 2 (LCS), and Targeted Annual Well Child Visits for Ages 3-6 and 7-11
- Increased Per Successful Patient (PSP) payout rates for Well-Child Incentives for Ages 0-15 months and the Asthma Medication Ratio (AMR)
- Targeted Annual Well Child Visits for Ages 12 and up** will be paid out on a tiered basis. The longer a child has gone without receiving a well check, the higher the incentive.
- The of addition two metrics for Follow Up After an Emergency Department Visit for a Mental Health Concern or Substance Use

Outside of the focus on OAK metrics, another major change to the 2025 incentive plan involves the payout methodology in some metrics shifting the payment from the attributed provider to the servicing provider.

Metric	2024 Payout Methodology	2025 Payment Methodology
Well Child Visits ages 0-15 Mos (W30.1)	Attributed Provider***	PFK credentialed provider who rendered the most qualifying well checks****
Well Child Visits ages 16-30 Mos (W30.2)	Attributed Provider***	Metric Discontinued
Targeted Annual Well Child Visit Ages 3+	Attributed Provider***	PFK credentialed rendering provider (applies to Ages 12-18 Only; other age ranges discontinued)
Asthma Medication Ratio (AMR)	Attributed Provider***	Attributed Provider***
Lead Screening (LSC)	Attributed Provider***	Metric Discontinued
Follow Up After an Emergency Department Visit for a Mental Health Concern or Substance Use	Inactive	PFK credentialed rendering provider

*** Attribution is based on the model in use by ODM, the Medicaid managed care plans, and CPC Kids

**** In the event two or more providers render the same number of qualifying well checks, the incentive will be paid to the provider who most recently completed a qualifying well check

Q: ***Why did PFK remove several metrics that were included in the 2024 incentive plan?***

A: Metrics discontinued for 2025 were done so in order to increase the Per Successful Patient (PSP) rate on the metrics that align with OAK priorities.

Q: ***Why is Partners For Kids shifting the payout methodology?***

A: Based on feedback from the Partners For Kids provider network, it was felt that this would more accurately reflect a practice's efforts in providing care to Partners For Kids patients and direct the incentive for these efforts more appropriately. This feedback also noted the difficulties inherent in having a child's attributed provider updated in a timely fashion.

Q: ***Is the attributed provider going to be eliminated completely?***

A: No. Some metrics in our incentive will continue to require the use of the attributed provider to account for services not directly provided by a primary care provider. At present, the only metric this will apply to is the Asthma Medication Ratio (AMR).

In 2019, Partners For Kids adopted the attribution methodology used by multiple agencies in the state of Ohio in an effort to remain consistent with those programs. Attributed patient lists will still be used and distributed via the Partners For Kids Provider Portal in recognition of the fact that not every child has a medical home. If you see a patient on your list that is in need of a well check, it is likely they have not received a well check anywhere else and are in need of a medical home.

Q: ***Why is the program focusing on Targeted Annual WCVs?***

A: We recognize that children who are not firmly established in your practice are often the most difficult to engage and retain in care, and the pandemic has resulted in many children falling out of routine care. Our incentive payment per successful patient for targeted well checks is larger than other incentives in recognition of the challenges of engaging patients ages 12 and up, as well as to align with ODM and OAK priorities.

Q: ***What is being measured in the Asthma Medication Ratio (AMR) metric?***

A: This metric tracks the number of controller medications compared to the total number of asthma medications for children ages 5 and up who are deemed to have persistent asthma. Children with an AMR of 0.5 or greater are considered compliant. This metric will be paid out one time at the end of the measurement year and is based on the member's attributed provider in the most recent month of eligibility.

Q: ***How is a patient identified as a persistent asthmatic?***

A: Members who met ***at least one*** of the following criteria during both the measurement year and the year prior to the measurement year: (Criteria need not be the same across both years.)

- At least one ED visit with a principal diagnosis of asthma.
- At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth.
- At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim.
- At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits.
- At least four asthma medication dispensing events for any controller or reliever medication.

Q: How will I know which patients will qualify for the Asthma Medication Ratio (AMR) metric?

A: A patient list identifying asthmatics who qualify for the AMR HEDIS measure is available via the PFK Provider Portal. This will include their current rolling 12-month asthma medication ratio. This will be in addition to the asthma prescription history for members currently available through the Asthma QI Dashboard located on the PFK Provider Portal.

Q: Why were the Follow-up after Mental Health and Substance Abuse measures added?

A: Partners For Kids recognizes that access to mental health services is a critical need for our members. As such, many patients will visit their primary care provider for their behavioral health concerns. This metric aligns with OAK and is identical to that of the Behavioral Health PIP. The OAK expanded measures can be accessed here: https://partnersforkids.org/wp-content/uploads/2025/04/OAK-Expanded-Measure-Methodology-Document_4_9.pdf

Q: What is the Network Requirement and why is it important?

A: The **Network Requirement** affirms the value that Partners For Kids derives from being a network dedicated to providing high-quality care for Medicaid patients. It is vital to our joint success that providers engage with Partners For Kids on no less than an annual basis through the various opportunities listed on the Summary Table. Through these interactions, we can help ensure that we are providing you with beneficial resources, identify potentially new offerings, and ensure you are aware of what Partners For Kids has to offer. In 2025, a meeting with Partners For Kids' constipation management educator or dental hygiene educator will also fulfill the Network Requirement.

Q: Can a provider receive an incentive for both the 30-day and 7-day period in either the Follow Up After an ED Visit for a Mental Health Concern or Substance Abuse measures?

A: No. A provider may receive only the 7-day bonus or the 30-day bonus, not both.

Q: If a patient receives multiple services in one day, do they count as 1 visit or multiple visits?

A: They would count as one visit. (Maximum one visit per date of service.)

Q: ***How will I know if a patient I have seen is discharged from an emergency room for a mental health concern?***

A: Partners For Kids now receives CliniSync data which allows for more real-time reporting on your patients and their healthcare utilization. If you have access to the Partners For Kid's Provider Portal and would like to receive email notifications when your patients are at an emergency department, please contact your Provider Relations Representative to add this functionality to your portal access.

Q: ***How can PFK help my practice to be successful?***

A: Partners For Kids can assist you in the following ways:

- Attributed patient lists are available at any time via the PFK Provider Portal.
- Assistance with patient outreach through our Patient Outreach Coordinators.
- Shared learning opportunities and webinars hosted by PFK.
- Additional educational opportunities with PFK staff focused on asthma, constipation, and oral health.
- Educational offerings for your providers and staff.
- Quality improvement resources and support from the PFK QI Advising team.
- Online resources available at http://partnersforkids.org/resources/ include tip sheets, prescribing guidelines, and other educational materials.

You can work with your provider relations specialist to learn more about these resources at PFKProRelations@ChildrensDayton.org.

Q: ***I still have questions. How can I get answers?***

A: Contact your PFK Provider Relations representative:
Central Region: PFKProRelations@NationwideChildrens.org
West region: PFKProRelations@ChildrensDayton.org