



2024 PFK Primary Care Incentive Program Summary

Measure: Definition & Eligibility

Network Requirement: Each provider must 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 Coaching Program)
- Partnership with PFK's patient outreach team
- Attend any one of PFK's quarterly webinars or NCH Behavioral Health webinars
- One in-office visit with a PFK medical director, pharmacist, asthma coordinator, constipation management education, dental hygiene educator, or provider relations specialist
- Participation or membership with a PFK committee

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**.

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**.

Targeted Annual WCV: Completion of ≥ 1 well-child visit with a primary care practitioner among those children ages **3 to 6y** (as of the end of the calendar year) who had no well-child visit claim in the prior year (2023).

Targeted Annual WCV: Completion of ≥ 1 well-child visit with a primary care practitioner among those children ages **7 to 11y**** (as of the end of the calendar year) who had no well-child visit claim in the prior year (2023).

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 had no well-child visit claim in the prior year (2023).

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.

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.

* PSP = Per Successful Patient

** Children enrolled in the Aged, Blind and Disabled or Foster Care program are eligible through 20 years old



2024 PC PIP Frequently Asked Questions

Q: *What has changed from 2023 to 2024?*

A: The primary changes include:

- Addition of the Asthma Medication Ratio (AMR)
- Discontinuation of the Immunization for Adolescents Combination 2 (IMA)
- Adjustment of the Annual Well Child Visits for ages 3-6 to Targeted Well Child Visits ages 3-6

The Per Successful Patient (PSP) rate has been adjusted to focus on increased reimbursement for meeting the metrics for children ages 0 to 15 months (completion of 6 well checks in that timeframe), targeted adolescent well checks (completion of a well check in 2024 for ages 12 to 18**, if no well check was completed in 2023), and the Asthma Medication Ratio (AMR). This was done in alignment with Ohio Department of Medicaid (ODM) priorities.

Q: *What is being measured in the new 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 once at the end of the measurement year based on the members attributed to each provider in December who have been continuously eligible for Medicaid benefits for at least 11 months in 2024.

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 new patient list identifying asthmatics who qualify for the AMR HEDIS measure will be added to the PKF 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 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 has been raised substantially in recognition of the challenges of engaging patients ages 12 and up, as well as to align with ODM priorities.

Q: *Will a child who is newly attributed to my practice be eligible for the targeted annual WCV?*

A: Children who are newly enrolled as PFK members will be eligible since we will not have historical claims data for them to ascertain their prior year's WCV status. However, a PFK member who transfers care into your practice will be eligible only if there is no claims history of a well-child visit in 2023 (regardless of where the child received the service). Patient lists are available in the PFK Provider Portal, which will include all patients attributed to your practice and their most recent well-child visit date that we have recorded. This information can be used to determine eligibility for the incentive.

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 physicians connect 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 all we have to offer. In 2024, a meeting with Partners For Kids' constipation management educator or dental hygiene educator will fulfill the Network Requirement.

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

A: PFK is able to assist you in the following ways:

- Attributed patient lists are available at any time via the PFK Provider Portal.
- A new patient list identifying asthmatics who qualify for the AMR HEDIS measure will be added, including their current rolling 12-month asthma medication ratio.
- 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.
- Quality improvement resources and support from the PFK QI Coaching 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: *What happens if there are patients who have received eligible services not reflected on the compliant list?*

A: Practices may submit Proof Form corrections after the 4th quarter PIP report is provided (anticipated for August 2024). Practices submitting evidence of a completed well-care visit for all eligible children will receive a corrective payment in the next PIP check. Provider relations specialists can provide you with additional information about this process.

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

A: Contact your provider relations specialist (PFKProRelations@childrensdayton.org).