

January 15, 2026

Dear Colleague,

Thank you for being a valuable member of the Partners For Kids' (PFK) network and your commitment to caring for PFK members. I am pleased to share the 2026 PFK Primary Care Provider Incentive Plan (PC PIP) that continues to align with the Ohio Department of Medicaid's priorities for children. The PC PIP has been endorsed by your peer representatives on the PFK PC PIP committee who are actively providing primary care for PFK members in community practices. The following describe the 2026 PC PIP and highlight changes from the previous year:

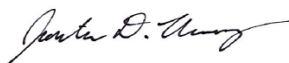
- Incentive payments for well checks continue to focus on adolescents and infants:
 - **Well-Child Incentives for qualifying children ages 12 and up** will be paid according to the rendering credentialed provider. This metric has been **adjusted** to include **all** adolescents with a tiered approach for targeted well checks (**Targeted Annual WCV**). Please review this document for additional detail.
 - **Well-Child Incentives for Ages 0 – 15 months of age (W30.1 measure)** will continue to require multiple visits. The incentive will be paid to the PFK credentialed provider who has rendered the most well checks at the end of the measurement period.
- **The Asthma Medication Ratio (AMR)** has been discontinued to align with changes with the Outcome Acceleration for Kids (OAK) Learning Network. The AMR metric will be replaced by **Asthma Controller Medication (ACM)**. This metric pays according to the credentialed prescribing provider for each 30-day unit of asthma medication filled by the patient, up to 12 times per year.
- The two metrics for **Follow-Up After Emergency Department Visit for Mental Health Concern or Substance Use** will focus on paying incentives for follow-up occurring within 7 days only, and these metrics will now include OhioRISE claim data. The 30-day follow-up incentive is discontinued.

Partners For Kids will continue to illustrate your practice's performance trends and create lists of patients who have been seen at or are attributed to your practice, but do not appear to be meeting the incentive measures. This is available in the PFK Provider Portal. The Population Health Team is eager to lend their support to your practice.

We will offer three Q&A sessions for those who may have questions regarding the 2026 plan. Those sessions may be joined by calling 305.224.1968 with meeting ID 506 165 4438 4438 or by joining the meeting link found here: <https://partnersforkids.org/news-updates/2026-provider-incentive-plan-qa-sessions-west-region/>. All three will be held on Tuesday, January 27, 2026 at 7:30 – 8:00 am, 12:30– 1:00 pm, and 5:00– 5:30 pm.

Again, we value the opportunity to collaborate with you on promoting the health and well-being of all our Partners For Kids' members. Please do not hesitate to contact me or your PFK Provider Relations representative (PFKProRelations@ChildrensDayton.org) if you have any questions.

Sincerely,



Jonathan Thackeray, MD
West Region Physician Director



Sean Gleeson, MD
President

2026 PFK Primary Care Incentive Program Summary

Measure: Definition & Eligibility	2025	2026
<p>Annual Network Requirement: Each credentialed provider must participate in at least one of the following as a prerequisite for earning incentives:</p> <ul style="list-style-type: none"> Participation in a PFK-sponsored QI project (in conjunction with the Population Health Team) Attend one of PFK's quarterly webinars or Behavioral Health in Primary Care webinars, co-sponsored with Nationwide Children's Hospital One visit with a PFK medical director, staff educator, provider relations representative, or participation with a PFK committee Participation in a Project ECHO Educational Program 	Active	Active
<p>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.</p>	\$ 75.00 PSP*	\$ 75.00 PSP*
<p>Targeted Annual WCV: Completion of ≥1 well-child visit with a primary care provider among children ages 12 to 18 years** (as of the end of the calendar year). Incentives will be applied using a tiered approach, with incentive figures dependent on length of time since previous well-child visit.</p> <p><i>** Children enrolled in the Aged, Blind and Disabled or Adoption, Kinship, and Foster Care program are eligible through 20 years old</i></p>	<p>13-23 months: \$75.00 PSP*</p> <p>24-35 months: \$100.00 PSP*</p> <p>36+ months: \$200.00 PSP*</p>	<p>0-17 months: \$42.00 PSP*</p> <p>18-35 months: \$100.00 PSP*</p> <p>36+ months: \$200.00 PSP*</p>
<p>Asthma Medication Ratio (AMR): The number of members ages 5 years and older 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.</p>	\$75.00 PSP* Paid annually	Inactive
<p>Asthma Controller Medication (ACM): The number of members ages 5 and up who were identified as having persistent asthma and who have filled 1 unit (1 unit = 30 days) of asthma controller medications. Patients are bonus eligible multiple times per year (up to 12 times per year).</p>	Inactive	\$25.00 PSP* (per unit filled)
<p>Follow-Up After Emergency Department Visit for Mental Health Includes any patient ages 0-17 years 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 of discharge. Visits occurring on the date of admission to the emergency room (Day Zero) do not count.</p>	<p>< 7 Days: \$600.00 PSP*</p> <p>< 30 Days: \$100.00 PSP*</p>	<p>< 7 Days: \$300.00 PSP*</p> <p>< 30 Days: Inactive</p>
<p>Follow-Up After Emergency Department Visit for Substance Use Includes any patient ages 10-17 years 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 of discharge. Visits occurring on the date of admission to the emergency room (Day Zero) do not count.</p>	<p>< 7 Days: \$600.00 PSP*</p> <p>< 30 Days: \$100.00 PSP*</p>	<p>< 7 Days: \$300.00 PSP*</p> <p>< 30 Days: Inactive</p>

* PSP = Per Successful Patient

2026 PC PIP Frequently Asked Questions

Q: *What has changed from 2025 to 2026?*

A: Partners For Kids continues to focus the incentive plan for 2026 on metrics that align with the Outcomes Acceleration for Kids (OAK) Learning Network. This has resulted in the following changes:

- Discontinuation of the Asthma Medication Ratio (AMR)
- Addition of the Asthma Controller Medication (ACM)
- Targeted Annual Well Child Visits for Ages 12 years and older** shifted the tiered payouts to include all adolescents
- The two metrics for Follow-Up After Emergency Department Visits for a Mental Health or Substance Use only include patients seen within 7 days of discharge from the emergency department. The 30-day metrics have been discontinued.

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

Q: *Why did PFK remove the Asthma Medication Ratio (AMR) from the incentive plan?*

A: Beginning in 2025, PFK has aligned incentives with the Outcomes Acceleration for Kids (OAK) Learning Network where appropriate. Late in 2025, OAK discontinued the Asthma Medication Ratio in favor of Asthma Controller Medication (ACM). PFK is measuring ACM with slight differences from OAK's guidelines.

Q: *How is PFK calculating incentives in the Asthma Controller Medication (ACM) metric?*

A: This metric identifies children ages 5 and up who are identified as having persistent asthma. The number of units (1 unit = 30 days of medication) of asthma controller medications filled for these children are totaled, with each unit per patient being eligible for a provider incentive. The incentive will be paid based on the **credentialed prescribing provider**, and each child may be incentive eligible multiple times during the 2026 calendar year, up to a maximum of 12 incentive payments. Multiple units may be prescribed and filled at the same time, and each unit will still be incentive eligible.

Q: *How will I know which patients will qualify for the Asthma Controller Medication (ACM) metric?*

- A: A patient list identifying persistent asthmatics is available via the PFK Provider Portal.
- The current portal can still be used to reference persistent asthmatic patients as the definition for AMR and ACM are closely aligned.
 - The portal contains information regarding high and medium risk patients, Percentage of Days Covered (PDC), and the asthma medication prescription history. PFK is working on updating the PFK Provider Portal to align with the new ACM metric. Information regarding the updates will be sent out via the newsletter when it is live!

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: *Is Partners For Kids still using the attributed provider for the payout methodology?*

- A: No. Partners For Kids transitioned away from the attribution model for most metrics when the 2025 incentive plan launched, with the exception of the Asthma Medication Ratio (AMR). With the discontinuation of AMR for the 2026 incentive year, attribution is no longer a factor in incentive calculations.

Based on feedback from the Partners For Kids provider network, this change 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. 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: *Can Partners For Kids remove patients from our attributed patient list who are not established at our practice?*

A: No. The process to update the attributed provider can only be initiated by the patient or their parent or guardian. They can call the managed care plan directly or fax/email the [PCP Provider Change Request](#) form to their managed care plan.

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 years and older, as well as to align with Partners For Kids, ODM, and OAK priorities.

Q: *Why are the Follow-up after Mental Health and Substance Abuse measures limited to follow-up within 7 days?*

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. The focus on 7 days specifically aligns with OAK and is identical to that of the Behavioral Health PIP. The OAK expanded measures can be accessed here: <http://partnersforkids.org/wp-content/uploads/2025/03/OAK-Expanded-Measure-Methodology-Document-BH.pdf>

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 department for mental health or substance use?*

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 Kids' 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: *What is the Network Requirement and why is it important?*

A: The **Annual 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.

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

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

- Attributed and established patient lists are available at any time via the PFK Provider Portal.

- 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 Population Health 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 representative to learn more.

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