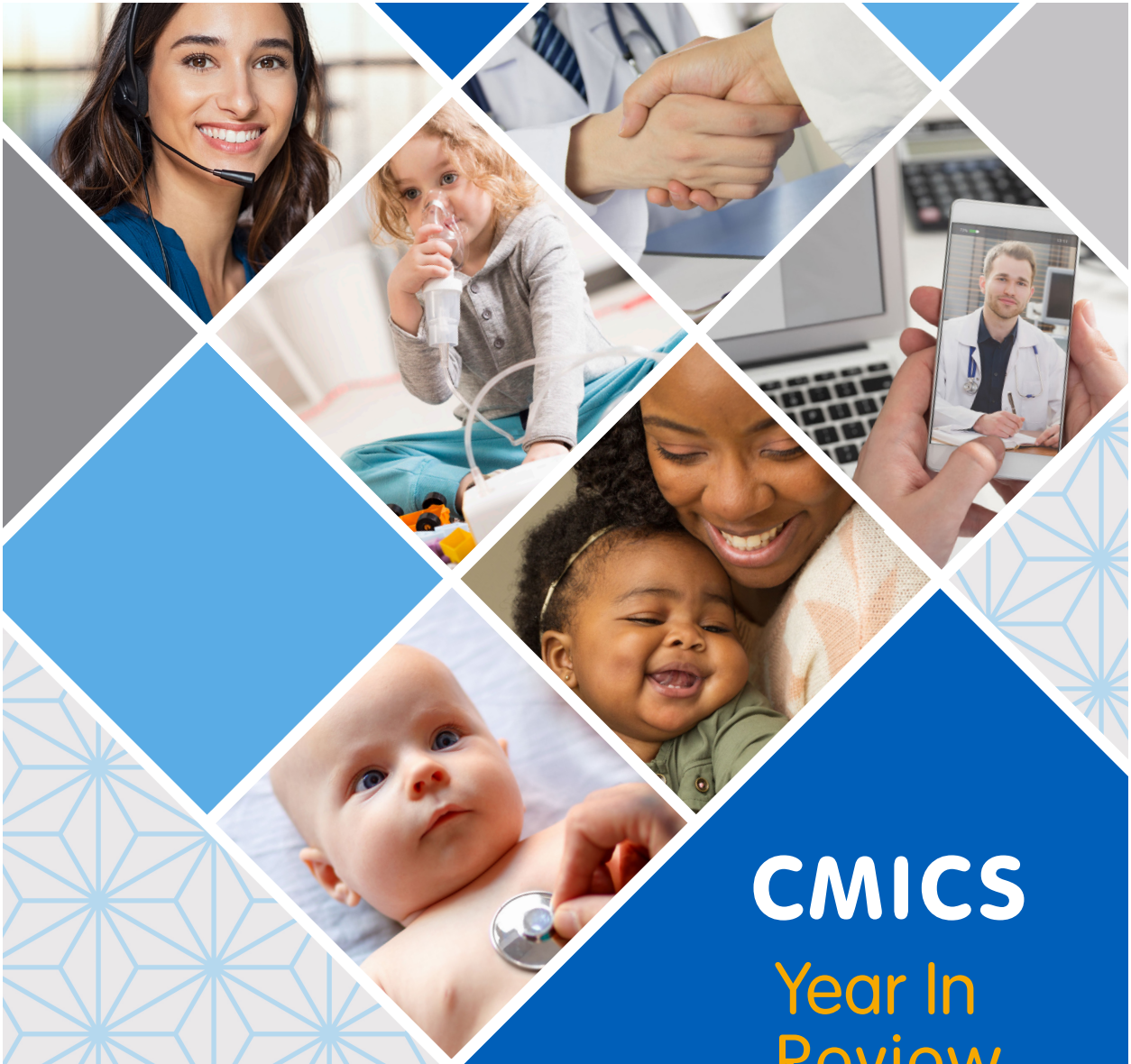


CMICS

Year In Review

CALENDAR YEAR

2021

Children's Mercy
INTEGRATED CARE SOLUTIONS

The Mission of Children's Mercy Integrated Care Solutions (ICS) is to improve the health and well-being of children through integrated pediatric networks in the Kansas City area that are valued based, community focused, patient centric and accountable for the quality and cost of care.

Children's Mercy
INTEGRATED CARE SOLUTIONS

Integrated Care Solutions (ICS) History

1996

Children's Mercy and Truman Medical Center form Family Health Partners (FHP), a Medicaid Managed Care Organization (MCO).

2002

Children's Mercy acquires Truman's interest and becomes sole owner of FHP.

2011

FHP serves 210,000 Medicaid recipients (adults and children) in Missouri and Kansas -- 85% of FHP enrollment is children.

2012

PCN is formed, an "ACO-like" organization to function as a pediatric network.

In anticipation of health care reform and the changing Medicaid landscape, Children's Mercy sells FHP to Coventry Health Care.

Global capitation agreement is made with Coventry and subsidiaries to medically manage over 112,000 eligible children in Kansas and Missouri.

2015

Children's Health Network, a pediatric clinically integrated network focused on commercial value-based programs, is formed.

CMHN changes name to Physician Business Partners.

2016

Name change from PCN to Children's Mercy Integrated Care Solutions (ICS) to more accurately reflect the portfolio for ICS network and value-based services.

Children's Mercy launches a new community-based primary care integration model known as Children's Mercy Affiliated Practices (CMAPs).

2017

KidCare Anywhere begins operations as a direct-to-consumer virtual health service.

Children's Mercy partners with Blue Valley School District for the provision of school-based social workers.

Children's Mercy Affiliated Practices (CMAPs) adds seven community pediatric practices.

Children's Health Network (CHN) enters into first value-based contract with Blue KC, worth $3 million annually to the CHN practices.

Care Continuum created to align multi-disciplinary teams supporting care management and population health initiatives for patients and families.

Integrated Care Solutions (ICS) History

2018

Children's Health Network (CHN) enters into additional value-based contracts with Aetna and Cigna, increasing CHN's attributed population with an additional 20,000 members. (50% increase)

Children's Health Network (CHN) enters into an affiliation agreement with Centrus Health KC, a clinically integrated adult network comprised of KU, Advent Health, North KC Hospital, and KCMPA.

This allow CHN to become the pediatric component with potential direct-to-employer contracting and participation in narrow network products.

Children's Mercy Affiliated Practices (CMAPs) adds one additional community pediatric practice.

2019

Children's Mercy Integrated Care Solutions/Pediatric Care Network adds a fourth full-risk delegated contract with Aetna Better Health of Kansas. PCN now contracts with two Medicaid Managed Care Organizations (MCOs) in Kansas. This is the only full-risk contract that includes Behavioral Health.

Children's Mercy Affiliated Practices (CMAPs) adds three more practices, bringing the total to 12 community pediatric practices with a total of 75 physicians.

2019

Children's Health Network is awarded the 2019 Leadership Award in the Kansas Summit on Quality. Children's Health Network quality improvement project/poster is awarded 1st Place at the Children's Mercy 11th National Healthcare Quality Session.

2020

Children's Mercy Affiliated Practices (CMAPs) add two more practices, bringing the total to 14 community pediatric practices with a total of 105 physicians.

Children's Health Network officially changes name to Children's Mercy Health Network (CMHN)

2021

Collaboration with Vibrant Health and Children's Mercy Primary Care to prepare for the 2022-2023 KS Medicaid Alternative Payment Model program. The objective is to develop meaningful quality measures to improve health outcomes for KanCare patients, and includes a statewide initiative in partnership with the University of Kansas Health System.

Launched LIft Up KC, an IT Windows-based solution that connects families with organizations for various social needs.

Membership increase from 2019 to 2021:

- PCN 35% increase
- CMHN 21% increase

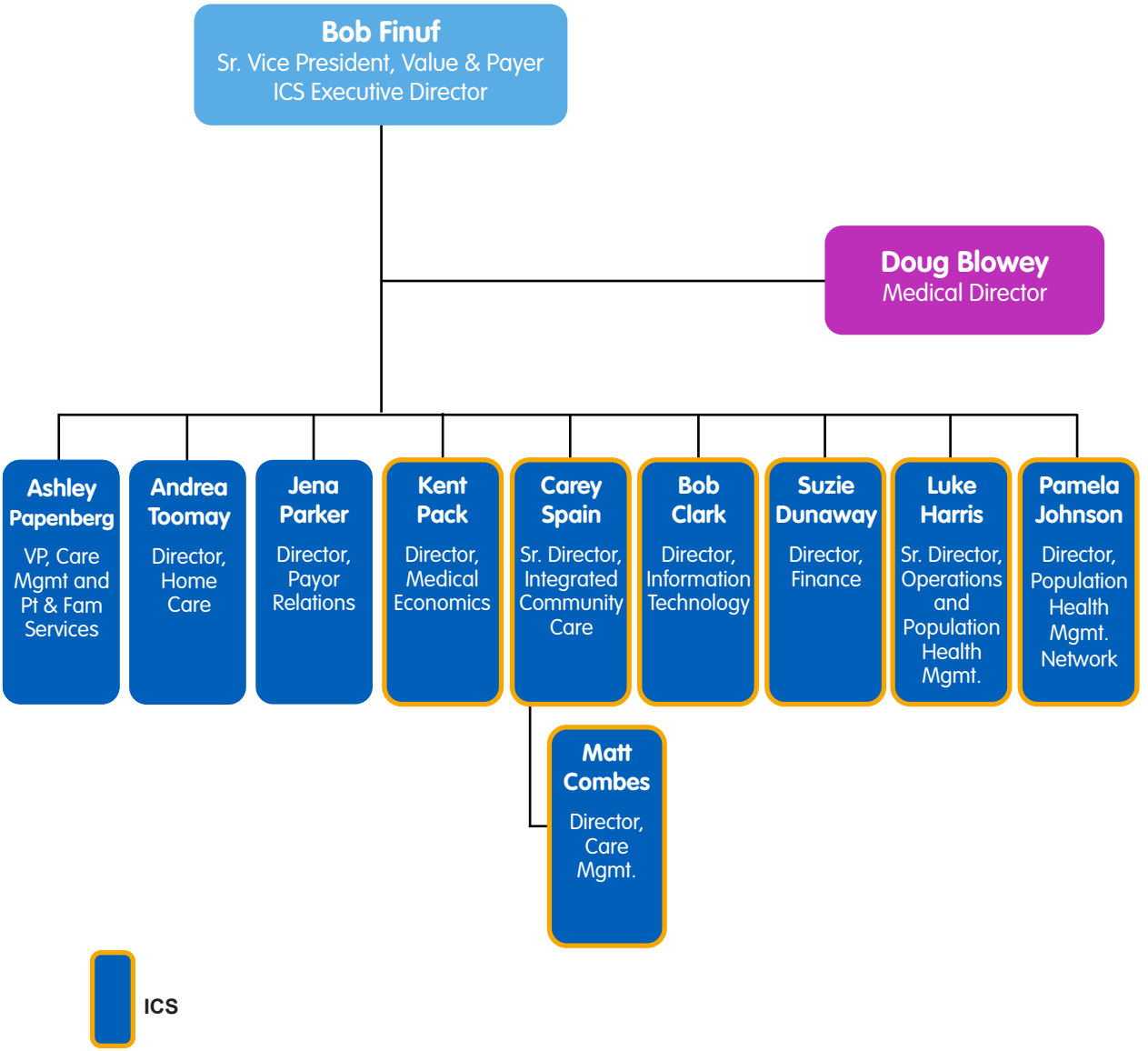
Value-Based Care Model

(Single entity with multiple lines of business/payer sources)

ICS Departments

Children's Mercy
INTEGRATED CARE SOLUTIONS

Organizational Chart



Children's Mercy
INTEGRATED CARE SOLUTIONS

Population Health Management

Population health management (PHM) refers to the process of improving health outcomes through improved clinical processes, care coordination, and patient engagement. The process is supported by data analytics and technology across an integrated system of care in which best practices can be identified and disseminated across collaborative networks. CMICS has partnered with Innovaccer, a PHM technology vendor, to develop a robust data infrastructure and advanced PHM capabilities, including quality reporting & analytics, payer financial analytics, automated patient/family outreach, and an integrated point-of-care clinical workflow solution. The data infrastructure includes data feeds from payers, providers, and external laboratories, including near real-time data feeds from over 15 different EMR vendors across nearly 40 CMICS practices. Below are some of the population health management highlights from 2021.

Population Health Management Technology Highlights

- Finished implementing and validating comprehensive daily EMR data feeds with nearly all CMICS practices. Near real-time EMR data inclusive of almost all EMR data elements, including full encounter details, diagnoses, immunizations, vitals, allergies, problem lists, ordered medications, scheduling data, and clinical notes.
- Completed the implementation of a primary care point-of-care solution (Innovaccer InNote) with nearly all CMICS practices. The point-of-care solution integrates directly within the care team's clinical workflow. The solution functions agnostic of EMR and brings key insights (care gaps, coding gaps, acute visit history, specialty visit history) efficiently to the point of care.
- Launched a new Children's Mercy white-labeled solution called Lift Up KC (www.liftupkc.org | Powered by findhelp.org) to connect families with trusted community resources. The platform supports efficient and effective communication with community-based organizations, allowing referral tracking and closed-loop communication. Long-term goal is to use closed-loop social need referral data to evaluate the impact on health outcomes. The Lift Up KC (www.liftupkc.org) solution was deployed to over 250 Children's Mercy users across nine departments.
- Implemented and deployed updated HEDIS Quality Performance and CIN Quality Performance dashboards to all CMICS practices. Practices have the ability to efficiently review practice/provider performance relative to network and national benchmarks.
- Configured and ran seven unique interactive voice response patient outreach campaigns, calling over 61,000 unique patients and making over 131,000 calls. Texting campaigns were also initiated for PCN populations, texting over 11,000 unique patients and sending over 20,000 texts. Outreach campaigns were focused on the following: care management, wellness visits, and asthma care visits.
- Continued effort to develop a point-of-care solution (InNote) specifically designed for specialists, including additional functionality related to laboratory tests and imaging. Solution to be introduced to specialists in 2022.
- Continued effort to develop an Episodes of Care analytical framework to meaningfully engage specialty divisions. Iterative development improved process to identify patients and attribute specialty providers. The analytical framework will be used to deliver useful and actionable

cost and utilization information to support specialty care redesign.
- Partnered with Children's Mercy to evaluate Innovaccer's care management solution (care coordination workflows, patient identification/risk stratification, communication) to inform Care Navigation strategy.

Population Health Management Collaboration & Performance Improvement Highlights

- CMICS launched several social determinants of health (SDOH) initiatives across its integrated networks of community practices within the Kansas City metropolitan area. The work has included the development of SDOH screening processes, education of providers and care teams, and engagement with community-based organizations (CBOs) to support collaboration and communication. CMICS has partnered with St. Luke's Health System and held Community Connect Workshops to engage CBOs. CMICS highlighted and shared this foundational work

at a Kansas City Health Collaborative Innovation Summit on Social Determinants of Health and a Missouri Hospital Association SDOH Webinar Series.

- Prepared to launch a new social determinants of health pilot in 2022 to fund community-based organizations (CBOs) to further develop relationships, evaluate/improve the "closed loop" social need referral workflow, and provide social need services to patients.
- Performed comprehensive updates to both Network's Quality Improvement Tool Kits (CMHN Tool Kit, PCN Tool Kit) and Provider/Practice Portals.
- Performed quality improvement "deep dives" on Appropriate Treatment for Upper Respiratory Infection (URI) and Appropriate Treatment for Pharyngitis to mitigate and reverse decreasing performance due to COVID-19 pandemic.
- Educated providers and practices on new Asthma Medication Ratio measure and developed quality improvement tactics and strategies. Key strategies included standardizing asthma care in practices (asthma action plan, medication education/reconciliation) and targeted outreach to ensure patients receiving routine asthma care (at least every six months).
- Deployed monthly end-of-year quality improvement packets to help practices identify and take action on non-compliant patients. This strategy has been a key tactic that has helped to limit the impact of the COVID-19 pandemic on pediatric quality outcomes.
- Educated practices on a new quality measure for well visits between 15 to 30 months of life (two or more well child visits between 15 months to 30 months of age). Reviewed measure definition, evaluated practice performance variation, identified best practices, and developed a graduated compliance report to support improvement efforts.
- Partnered with Children's Mercy's Division of Infectious Disease to develop an educational resource on when high risk chronic care patients should receive pneumococcal vaccinations. The educational resource (https://www.cmics.org/LoadImagesFiles/LoadFile?contentGUID=233B2F4E-FB7E-44FB-AA27-057C688D289D) summarized clinical guidelines, addressed common concerns, summarized impact on health outcomes, and addressed common barriers to vaccination. These materials and the use of PHM technology have supported a collaborative quality improvement effort across specialty care and primary care.

Children's Mercy
PEDIATRIC CARE NETWORK

Pediatric Care Network (PCN)

Children's Mercy Integrated Care Solutions (ICS) is the organization hierarchy for

Pediatric Care Network (PCN).

The Pediatric Care Network (PCN) offers a care integration program that provides comprehensive case management (CM)/care coordination (CC), disease management (DM), and utilization management (UM) using population health concepts and tools. The program focuses on preventive health and coordinating a member's care across the continuum through:

- Negotiating, procuring, and coordinating services and resources needed by patients and families with complex needs
- Facilitating care transitions across care settings
- Ensuring and facilitating the achievement of quality, clinical, and cost outcomes

Pediatric Care Network (PCN)

Network for Medicaid Population

Missouri

20 PCP Practices
39 PCP Locations
85 PCP Physicians
14 PCP NP/PA Practitioners
38 CM Pediatric PCP Physicians
19 CM NP PCPs
750+ CM Pediatric Specialists

Kansas

11 PCP Practices
15 PCP Locations
52 PCP Physicians
13 PCP NP/PA Practitioners
38 CM Pediatric PCP Physicians
19 CM NP PCPs
750+ CM Pediatrics Specialists

Children's Mercy
PEDIATRIC CARE NETWORK

- Assessing patient needs and developing patient-centered care plans and interventions
- Addressing and resolving patterns of issues that have negative quality or cost impact
- Continually evaluating the effectiveness of program interventions to improve quality and outcomes

PCN contracts with Medicaid managed care organizations (MCOs) in both Missouri and Kansas. PCN is accountable for the quality and cost of care for the defined pediatric population under a global capitation amount from the MCO. The global capitation is the amount PCN is paid each month for all individual members and represents the medical portion of the premium that the state Medicaid program pays the MCO. The PCN service area is defined by county designation and category of aid for children defined by each state. PCN currently contracts with:

- **Healthy Blue:** 63,980 members
- **UnitedHealthcare Community Plan of Missouri:** 47,024 members
- **UnitedHealthcare Community Plan of Kansas:** 34,182 members
- **Aetna Better Health of Kansas:** 26,787 members

"Being part of the PCN network has benefited BCA with assistance in providing resources for our patients and families. We also benefit financially from the integrated network and the value-based dollars that we earn by meeting HEDIS measures. We receive lots of assistance from PCN to help us meet these metrics."

-- Jeanna Patton, FACMPE
Practice Administrator,
Baby & Child Associates

PCN: What We Do

Improve Health Care Delivery by Offering:

- **Simplified administration and reduced fragmentation**, including standardized claim submission requirements, payment policies, and credentialing processes
- **Better population-based clinical tools and medical home support tools** such as Health Information Technology and aggregated data for the pediatric population in Kansas City
- **Payment system reform:** "value based" payment, opportunities for at-risk contracting, sharing savings, and other creative payment models
- **Delegated health plan administration**, including medical management, provider credentialing, and disease management programs

The Care Integration team, comprised of nurses, social workers, mental health professionals, and non-clinical staff, is responsible for delegated medical and behavioral health management functions, including utilization management, case management and disease management. The team collaborates with internal and external partners to ensure members and their families experience smooth transitions from hospital to home. A community health worker is a key partner who can extend into the community to physically connect families to needed resources.

Team Objectives Include:

- Assisting members in achieving wellness through timely and appropriate health care utilization
- Promoting strong PCP relationships for coordination and continuity of care
- Negotiating, procuring, and coordinating services and resources needed by patients and families with complex needs
- Facilitating care transitions across care settings to minimize gaps in care
- Ensuring quality, clinical, and cost outcomes meet or exceed our high standards
- Using a patient-centered approach to developing care plans and interventions
- Identifying and mitigating patterns that may negatively impact quality or cost of care
- Continually evaluating program effectiveness to improve quality and outcomes for members

2021 Overall Highlights Include:

Children's Mercy Integrated Care Solutions (CMICS) / Pediatric Care Network (PCN) continued in 2021 to provide delegated services through PCN's at-risk contracts for:

Missouri (two of the three Medicaid managed care plans in Missouri):

- Healthy Blue MO
- UnitedHealthcare Community Plan of Missouri (UHC-MO)

Kansas (two of the three Medicaid managed care plans in Kansas):

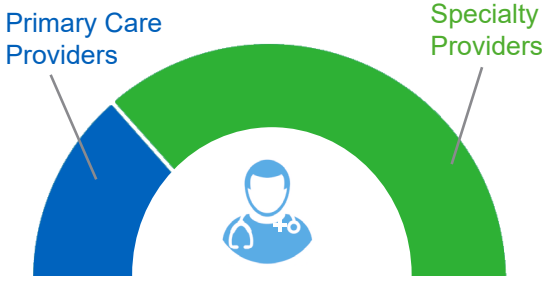
- Aetna Better Health of Kansas
- UnitedHealthcare Community Plan of Kansas (UHC-KS)

PCN is at risk for medical and operational expenses under the global capitation agreement in addition to delegated activities for case management, utilization management and disease management. The PCN care integration staff:

- Remains totally committed to focused LEAN initiatives and to improve process development and service provisions.
- Expanded on efforts to encourage utilization of telehealth technology in providing case management and disease management assessment.
- Reviewed materials and processes to ensure trauma informed practice utilization.
- Identified and implemented practices to better support culturally diverse populations.

In Kansas, we are also delegated for the behavioral health component for Aetna Better Health of Kansas.

- Continued presence on the PRTF state stakeholders meetings, along with the Kansas MCOs.
- Attended and contributed to the state of Kansas PRTF Process Improvement Workgroup.



31 Practices **54** Locations

750+ Pediatric Specialists

221 Primary Care Providers, (99 Missouri, 65 Kansas, 57 Children's Mercy)

as of 12/31/2021

PCN Covered Lives

Missouri

111,004 Total

63,980 Healthy Blue

47,024 UnitedHealthcare - MO

Kansas

60,969 Total

34,182 UnitedHealthcare - KS

26,787 Aetna Better Health of Kansas

PCN continues to support education to network providers for the integration of behavioral health services into primary care offices. A comprehensive booklet was developed and distributed to the PCN network providers that included information from hiring, billing and coordination of the medical and behavioral health conditions. (See page 17.)

The Department of Population Health Network Management is responsible for the education and support to the PCN pediatric providers. The network representatives provide traditional provider support for issues regarding Medicaid claims adjudication, coverage clarification, regulatory and eligibility issues. They also provide guidance that supports the population health and patient-centered medical home concepts and practices.

For many years, the network representatives have assisted the community practices in becoming recognized medical homes and the ongoing transformation in practice operations and quality metric performance. The introduction of population health management and value-based incentive contracting has been part of this transformation.

PCN offers a value-based performance incentive program for the community-based primary care providers who are part of the PCN. This program aligns accountability for performance

"The team with Integrated Care Solutions at Children's Mercy has been an invaluable resource for our clinic as we navigate and continue to learn how to properly find information and understand the NCQA PCMH submission process. Our EHR system does not give adequate choices for running reports that meet the needs for NCQA. The ICS team has been helpful in finding reports within PCN and CMHN that are more focused and detailed on what is needed for certain measures in NCQA. They have also been extremely helped in deciphering terms used and what is exactly needed to meet NCQA measures.

The ICS team is always willing to jump in and help our clinic out so that we can be successful with our NCQA renewal each year. It is a relief to know we have someone to reach out to with questions that have stumped us or when we are unable to obtain concrete numbers by way of reports from our own EHR."

PREFERRED Pediatrics
An Affiliate of Children's Mercy

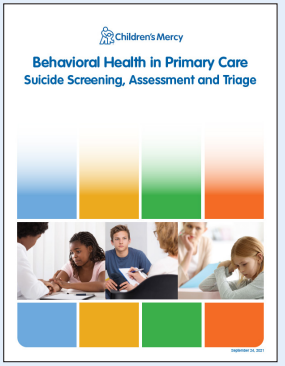
-- Kim Brown, LPN
Preferred Pediatrics –
an Affiliate of Children's Mercy

Behavioral Health Integration

Early identification of mental health needs is a critical prevention strategy, and ICS remains committed to supporting community providers to integrate behavioral health in primary care as one way to proactively identify and intervene with mental health concerns. The mental health crisis continues to be spotlighted by the pandemic with rates of depression and anxiety soaring. A primary care doctor is the first stop for parents when they have a question or concern about their child. All children should be screened for mental health concerns just as they are screened for hearing, vision, and other medical needs. When primary care doctors are trained to identify and treat mild to moderate mental health concerns, parents have a one-stop shop to get advice and recommendations from someone they trust and who knows their child.

For more than two decades, the integration of mental health in medical settings has shown to improve patient outcomes, save money and reduce stigma. Created at the University of Washington, the Collaborative Care Model is an evidence-based model using principals of chronic illness management to provide highly effective treatment for depression, anxiety, and other behavioral health conditions. In the Collaborative Care Model, the doctor engages with an on-site mental health provider to get treatment started right away and monitor closely for side effects. When the primary care doctor initiates this treatment, it reduces time a child spends away from school and the time and hassle a family would spend in making an appointment and connecting with a community provider. This model allows community mental health providers to see children with more serious needs that may require a psychiatrist. Similarly, when pediatricians address mental health as part of an overall evaluation of a child's health, it emphasizes that mental health is just as important as physical health, thereby reducing stigma. Integrated Behavioral Health is the most efficient and cost-effective way to proactively identify and mitigate mental health concerns. Using this model creates much needed capacity within existing mental health providers who are struggling with long wait lists. The Collaborative Care Model consistently demonstrates high levels of patient and provider satisfaction and better outcomes for patients than with traditional models of behavioral health care delivery.

Some community providers have made great strides in cultivating the resources necessary to support children in need of mental health services, but we want to make this the norm for all practices. To support the efforts of our community providers, ICS created a Suicide Screening, Assessment and Triage manual to assist practices in developing protocols for mental health screenings, knowing how to respond to and intervene on a positive screen, and language to help parents understand the importance of screening. Additional resources were shared with practices enabling free, on-demand access to consultation with a board-certified psychiatrist, and free technical support on behavioral health integration.



Our journey to integrated behavioral health in primary care is far from complete, but we are eager to learn and grow our knowledge and understanding of best practices and will continue until all practices have the resources they need to support the physical and mental health needs of their patients.

metrics in quality results, utilization, and total cost of care measures. This value-based incentive program is not limited to incentive payments but also includes requirements for level of engagement and participation by the primary care providers. Regularly scheduled meetings and individual practice meetings are held throughout the year. The agenda typically includes information regarding population health management, gaps in care, quality metric performance, patient-centered medical home processes, and costs and utilization performance, including avoidable ED utilization. Discussions are held regarding these meetings and focused work plans become part of the PCN objectives. The goal in aligning incentives is to achieve the triple aim of better care, healthier children and reduced costs.

Together, with the Population Health Operations team, the network representatives provide ongoing education and practice information that each practice may access through our population health IT platform, Innovaccer. Each practice is kept aware of its current performance metrics and can focus on areas of opportunity for improvement that include:

- Primary Care Medical Home;
- Cost/Utilization Data Management;
- Quality HEDIS Metric Management and Population Health Management Technology; and
- Practice Engagement – meeting and participation requirements.

The national pandemic has resulted in an increase in Medicaid enrollment in 2020 and 2021. We have centered our efforts on maintaining pre-pandemic performance rates and preparing for the future. We identified improvement areas and education while targeting lead screening, chlamydia screening and adolescent immunizations in 2021. These focus performance areas resulted in:

- Chlamydia screening on track to improve 6.5% points in CY2021 compared to CY2020, with seven practices increasing by 5% points.
- Social determinants of health screening increased to nearly 60% during this time period and looks to be improving in 2022.
- Sustained and improved performance for annual well-visit measures for children 3-6 years of age.
- Sustained and improved performance for adolescent well-visits between 12-20 years of age.

PCN also increased efforts to improve health and health equity by expanding the focus beyond medical care to identify and address social, economic, and environmental factors that influence health. This has included the application of a social determinants of health (SDOH) screening measure in our PCN performance incentive program, education on SDOH screening and referral processes, and investment in an SDOH platform (Lift Up KC) to support efficient and effective communication with community-based organizations (CBOs).

2021 Practice Success Stories

Preferred Pediatrics – an Affiliate of Children's Mercy has shown year over year improvement in their clinical quality goals. They have been able to achieve this by making several improvements in their workflow processes. They brought Lead testing in house, which has helped them steadily improve Lead Screening in Children. They also moved a nurse into a Care Coordination and NCQA coordinator role, which has helped them improve Well Child 3-6 and Adolescent care visits. Additionally, they focused on a quality improvement goal of Chlamydia Screening in Women by adding a chlamydia screening machine to their practice. Once they started doing the screenings in house, they improved by 16 percentage points and exceeded the 75th percentile in the 2021 measurement year. Even through the uncertainty of the covid-19 pandemic they were able to improve in 7 of the 8 PCN quality metrics in the 2021 measurement year.

Tenney Pediatrics had success implementing SDOH (Social Determinants of Health) screening for all of their patients in 2021. Their screening process included both allowing patients to complete this screening with an online Web form prior to the visit, and with an in-office screening, if not completed online. This measure has a very large denominator, and so progress for anyone is slow. Their steady increase of 3-6% per month was indicative of their hard work to identify and address the needs of their patients. Their rates started at 3.6% and increased to 41.6% by the end of 2021.

2021 Member Success Story

Social Family History Details: *Pregnant member open in Care Management with PCN care navigator*

Diagnosis Specific Details: *Pregnant*

Describe the issue/situation: *PCN care navigator identified need for assistance with resources (WIC & SNAP.) This CRS also identified need for assistance with transportation as member indicated she missed appointments due to no transportation. Member receiving care with Samuel Rodgers.*

What did you do to help? *This CRS connected member with bi-lingual representative with SURHC Healthy Start Program. Healthy Start Program will be able to assist with WIC and SNAP. Also requested Marlenas connect Dina with SURHC circulation program for transportation.*

What positive health and quality of life outcomes resulted from your assistance? *Spoke with member and Marlenas and confirmed member was enrolled in Healthy Start program to receive assistance with any pregnancy/baby-related needs. Member was also set up with circulation for transportation and has appointment scheduled for OB and to meet with Healthy Start.*

2021 Member Success Story

Social Family History details: *Single mother of two working full time. Arabic is the primary language with limited English. Father left family and does not provide financial or emotional support. Language barrier has been very limiting for mother when it comes to securing services for member.*

Diagnosis Specific details: *Member has low-functioning Autism (is nonverbal, incontinent of stool requiring 10-20 diapers/day, also shows aggressive/self injurious behaviors, has PICA, requires constant supervision for wandering and other safety reasons).*

Applicable Care Plan Goals/Barriers: *Language is primary barrier. Mother also has some financial difficulties and extreme lack of support. Mother in need of extra assistance in home to care for member, requesting PCA.*

Describe the issue/situation: *Mother has attempted to apply for IDD waiver waitlist in the past but has not been successful in completing application due to language barriers and lack of understanding the process. Member has not been engaged with PCP and mother has ongoing difficulty with diaper order from Edgepark. Member uses between 10-20 diapers/day. Mother has been paying out of pocket for diapers.*

What did you do to help? *Care navigator called and spoke to Johnson County CDDO and described mother's language barrier and other needs. Care navigator advocated for someone from CDDO to provide extra assistance to mother in completing IDD waiver application. CDDO agreed to send staff person into mother's home to assist. Application was completed successfully. In addition, they will make crisis request for the waiver due to the severity of member's needs and mother's lack of support. Care navigator also made appointment for WCC at the CMH Primary Care Clinic so that member can reengage with PCP. Mother has struggled making/keeping appointments due to barriers noted above. Finally, care navigator became involved with claims issue regarding diaper order and escalated to the appropriate parties. Edgepark agreed to send supply of diapers to mother while Edgepark/UHC address claims issue. Will assist mother in finding new DME provider should the claims issue not be resolved.*

What positive health and quality of life outcomes resulted from your assistance? *Member now formally connected to CDDO and crisis exception to be filed for IDD waiver which will result in additional support for mother. Member to be reconnected with PCP for referrals to specialists/additional supports. Mother also received shipment of diapers which will alleviate some financial burden.*

2021 Member Success Story

Social Family History Details: *18 year-old with low-risk pregnancy*

Diagnosis Specific Details: *Low-risk pregnancy*

Applicable Care Plan Goals/Barriers: *Teen pregnancy*

Describe the issue/situation: *Member is conscientious and has good family support.*

What did you do to help? *Followed member throughout pregnancy, assisting with finding PCP, vision care, WIC, birth education classes, breast pump, checking to ensure baby enrolled in MoHealthNet, and providing postpartum emotional support.*

What positive health and quality of life outcomes resulted from your assistance? *After baby was born, about six weeks postpartum. Member was offered a position as a manager at Sam's Club. She was very excited about the opportunity to build a better life for herself and her child. She knew that she would not be able to do this job and breastfeed full time any longer, and was made to feel guilty about transitioning to formula from breastfeeding by the WIC representative. She came to me to discuss this concern. I was able to provide education and support about the fact that the job of a parent is to provide nutrition for their baby, whether that be breast or bottle, and that is the mother's choice, and nobody should be making a young mother feel guilty about that choice, as each woman, child, and family is different. Care navigator was able to encourage mother in her journey to become financially self-sufficient and to be able to independently support herself and her baby. She is now going to be able to get off of Medicaid and WIC altogether, due to the income the new job will supply.*

Children's Mercy Health Network

Children's Mercy Health Network (CMHN)

Children's Mercy Integrated Care Solutions (ICS) is the organization hierarchy for

Children's Mercy Health Network (CMHN).

Children's Mercy Health Network (CMHN) is a clinically integrated network of pediatric providers that includes independent community pediatric providers and providers who are employed or contracted with Children's Mercy in the Kansas City and surrounding area. The objective of the clinically integrated network is to deliver high value care that meets the Triple Aim for all children, specifically better care, smarter spending, and healthier children. CMHN believes value-based payment contracts and clinical integration between community and health system providers are necessary to align incentives and create an integrated and coordinated care management approach for children.

Children's Mercy Health Network (CMHN)

Network for
Commercial/Self Funded
Employer Populations

24 Independent Pediatric
PCP Practices
207 Pediatric PCPs
38 CM Pediatric PCPs
750+ CM Pediatric Specialists
10 NCQA PCMH (**13** locations)

Children's Mercy Health Network

CMHN includes over 200 providers and 24 practices in and around the Kansas City area. CMHN providers are motivated to be part of CMHN to enhance the quality of care provided to all their patients, to collectively build and obtain access to information technology necessary to practice population health, and to build a network of providers to market to payers and employers on the basis of quality and cost efficiency. Want to learn more about Children's Mercy Health Network? Please visit www.cmics.org/cmhn.

CMHN developed an educational webinar for 2021 focused on educating providers and practice staff on the importance and impact of social determinants of health on health outcomes, recommendations on SDOH screening, and resources to support patient and family social needs. Check out the webinar at https://www.cmics.org/education/education/modulespublic?educationid=61.

2021 CMHN Highlights

- CMHN and Children's Mercy Kansas City continued to support & inform practices throughout the COVID-19 pandemic. CMHN was able to minimize the impact on primary care quality performance. Specifically, the network was able to sustain or improve screening and immunization rates throughout the pandemic and increase performance in wellness quality measures to pre-COVID levels.

COMMUNITY CHOICE PEDIATRICS
Healthier Together
An Affiliate of Children's Mercy

Our relationship with PCN/CMHN has been one of collaboration. Having work flows that help streamline data helps us take care of our patients as their medical home ensuring they are getting complete quality care.

-- Jennifer Sauer, MD
Community Choice Pediatrics –
an Affiliate of Children's Mercy

- CMHN exceeded targets in nine of 12 quality & utilization incentive measures for calendar year 2020. Five of 12 measures exceeded the national 90th percentile benchmark.
- CMHN met or exceeded calendar year 2020 cost & utilization targets for applicable CMHN's value-based agreements.
- Continued efforts to measure, monitor, and support practice efforts to integrate behavioral health services within primary care:
  - Behavioral health integration manual updated to include suicide assessment best practices and resources
  - Increased awareness and utilization of state behavioral health programs in MO and KS

CMHN has assisted with our value-based incentive program performance, continues to help us monitor performance, and provides us with clearer understanding through the meetings. Our CMHN rep answers our questions quickly & thoroughly, which makes our jobs easier to maximize the benefits CMHN offers our practice.

-- David Johnson
Cradle Thru College Care - an Affiliate of Children's Mercy

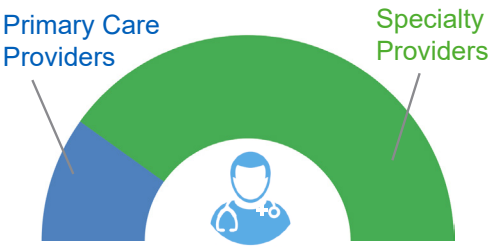
ICS has been an important resource to our clinic. They allow us to provide the best care possible to our patients by providing quality metrics and accesses to the different population health management strategies.

-- Tina Khaleghi, MD
Meritas Health Pediatrics

- Featured two CMHN quality improvement posters in Children's Mercy National Healthcare Quality Week Poster Session with the SDOH Poster recognized as a 'Top 5' Poster.
  - Addressing Social Determinants of Health (SDOH) Across Integrated Networks of Community Primary Care Practices in Kansas City
  - Improving Chlamydia Screening in a Kansas City Pediatric Clinically Integrated Network
- Network continued to help lead and support a quality improvement collaborative across primary care and multiple specialty divisions to ensure high-risk patients who have certain chronic medical conditions or are immunocompromised receive CDC recommended pneumococcal vaccinations.

- Children's Mercy experts presented on the following topics to community practices to improve care and experience: Comfort Promise (tactics & resources to increase comfort for needle procedures), screening and referral for social determinants of health (presented by Dr. Jeffrey Colvin), and de-labeling penicillin allergies (presented by Dr. Amol Purandare).
- CMHN began offering Children's Mercy social care referral website Lift Up KC (www.liftupkc.org | Powered by findhelp.org) as a resource to help address positive social needs by connecting patients and families with trusted community resources.
- Completed the implementation of nearly all comprehensive EMR data feeds within CMICS' population health platform (Innovaccer). Completed deployment of Innovaccer point-of-care solution to most CMHN practices.
- Highlighted national value-based care payment & industry trends and potential implications for next five years which will continue to require increased innovation and investment in care model transformations.

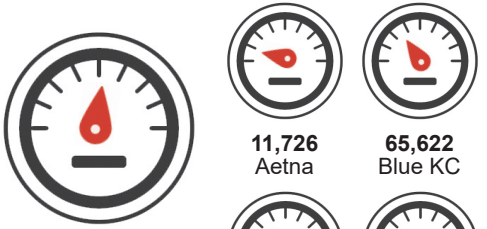
CMHN Network Operations Dashboard



254 Primary Care Providers
1,260 Providers

750+ Pediatric Specialists
24 Organizations

Covered Lives



99,274 Total

11,726 Aetna

65,622 Blue KC

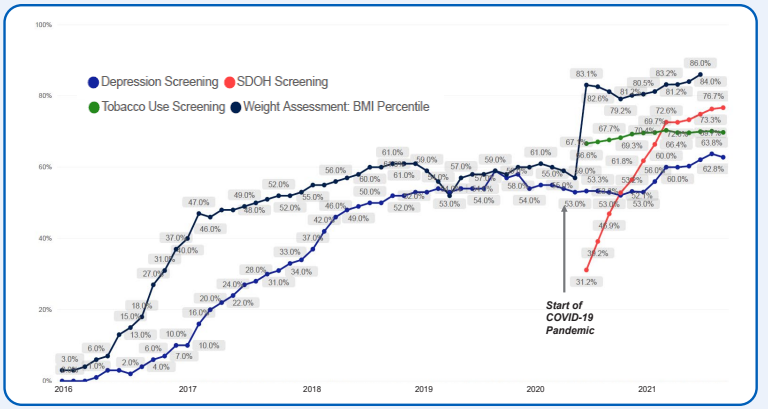
18,722 Cigna

3,204 Centrus

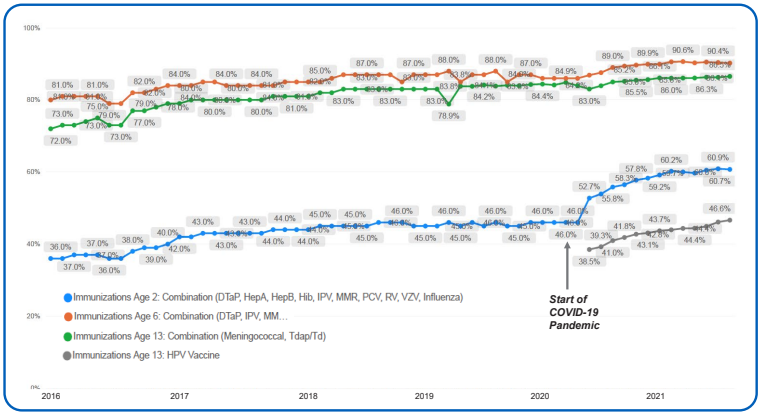
as of 12/31/2021

- CMHN practices have taken proactive steps to increase, sustain, or reduce the impact of the COVID-19 pandemic across nearly all primary care quality measures.

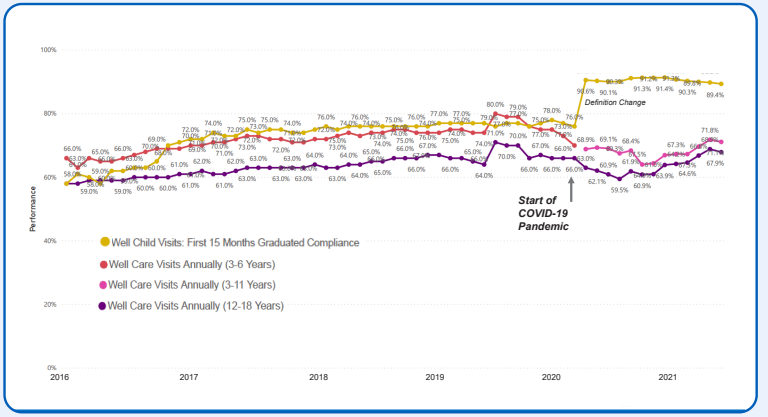
  - Screening Rates Have Continued to Improve Despite Impact of the COVID-19 Pandemic



  - Immunizations Rates Sustained / Continue to Improve Despite Impact of the COVID-19 Pandemic



  - Well Visit Rates (3-18 Years) Fell 10-20% Points During COVID-19 Pandemic But Have Now Backed Back to Near Pre-COVID Levels



Children's Mercy
PHYSICIAN BUSINESS PARTNERS

Physician Business Partners (PBP)

Children's Mercy Integrated Care Solutions (ICS) is the organization hierarchy for

Physician Business Partners (PBP).

Physician Business Partners (PBP) was founded on April 4, 1995, as Children's Mercy Health Network (CMHN). It was originally established in response to the changing healthcare environment, typified by the conversion of Medicaid to managed care. Community providers formed the first pediatric-focused purchasing organization in the area. Since the original founding, the mission of this organization has evolved to become a more consultative organization focused on group purchasing opportunities, discounts with premier business partners and educational opportunities for members.

Physician Business Partners (PBP)

- Group Purchasing
- Education
- Vaccine Programs
- Business Support Services

36 Practices
178 PCPs (131 KC Area, 47 Outside KC Area)
9 Educational Programs,
3 GSK Contract Sign-ups, and
1 Sanofi Contract Sign-up in 2021

Children's Mercy PHYSICIAN BUSINESS PARTNERS

In 2015, CMHN became part of the Children's Mercy Integrated Care Solutions (CMICS) organizational structure and changed the name to Physicians Business Partners (PBP). PBP was the first, and still the only, pediatric group purchasing organization in the area and provides valuable educational opportunities to member practice staff and physicians.

PBP has **178** physician members representing **36** practices.

PBP members have an opportunity to purchase services/supplies from various vendors that include, but are not limited to:

- Child Health Advantage Vaccine Program
  - GlaxoSmithKline Vaccines
  - Pfizer Vaccines
  - Sanofi Vaccines
  - Medimune Vaccines
- Provista GPO
- Group mobile phone discounts
- Office supplies, office furniture and equipment
- Practice support resources

Educational Meetings

PBP member physicians and office staff can attend educational events that included the following in 2021:

> The educational programming is great. I especially like the quarterly office managers networking meetings. These meetings give me a chance to hear what other practices are doing that is working for them and make connections with other managers I can reach out to for questions.

-- **Shealyn Lucansky**
Leawood Pediatrics - an Affiliate of Children's Mercy

- Quarterly Networking Meetings
- COVID Vaccines
- Supporting Transgender Youth to Navigate Healthcare
- A Call Away – Telephone Triage
- Practice Management in COVID Times and Beyond
- Treating Adolescents: Understanding Unique Challenges and Opportunities
- OSHA ETS Requirement
- Membership also entitles them to participate, without additional cost, in the Children's Mercy Clinical Advances in Pediatrics symposium.

2021 Overall Highlights

- Business support services provided to 36 practices (23 in KC Area, 13 outside of the KC area)
- Worked with Provista (GPO) to align accounts and PBP
- Nine PBP educational programs
- Three new GSK accounts and one Sanofi account were added to the vaccine contract
- Implemented new Pfizer contract giving our vaccine accounts the first ever discount on Prevnar and Trumenba vaccines.

Click to view the latest issue of the PBP Insider newsletter.

2021 PBP Educational Events

January
COVID Vaccines – Now and the Future
Barbara Pahud, MD, Children's Mercy Hospital

February
Office Manager Meeting

March
Supporting Transgender Youth to Navigate Healthcare
Gaby Flores, Children's Mercy Hospital

April
A Call Away! - Telephone Triage
Multiple Speakers

May
Practice Management in COVID Times and Beyond
Chip Hart, PCC

June
Treating Adolescents: Understanding Unique Challenges and Opportunities
Yolanda Sims, J.D., KaMMCO

July
Quarterly Office Manager Networking Breakfast

August
OSHA ETS Requirements
Nancy Ruzicka, Ruzicka Healthcare Consulting

September
Clinical Advances in Pediatrics

October
Quarterly Office Manager Networking Breakfast

November & December -- No Meetings

Children's Mercy
Affiliated Practices

Children's Mercy Affiliated Practices (CMAPs)

In the spring of 2016, Children's Mercy (CM) began the development of a new community-based primary care integration model. This unique model, known as the Children's Mercy Affiliated Practice model or "CMAP" integrates community pediatric practices with CM while allowing the community practices and physicians to maintain their independence. CM does not purchase the practices but does create a new wholly owned subsidiary for each CMAP that employs the physicians and staff.

Each CMAP has its own unique tax ID number, a physician-led board of directors, and budget. The physicians in the CMAP continue to maintain responsibility for the day-to-day operations and may choose to access some of the hospital resources, including employee benefits. Although CM owns the subsidiary or "affiliate", CM does not subsidize the CMAP financially. CMAPs are committed to working together

Children's Mercy Affiliated Practices (CMAPs)

Wholly-Owned CMH Subsidiaries
Community-Based
Pediatric Group Practices

Children's Mercy
Affiliated Practices

for healthier kids, sharing best practices, and collaborating with like-minded pediatricians to improve how care is delivered.

The integration and affiliation of the CMAPs with CM results in the following benefits:

- Better coordination of care
- Improved outcomes for quality performance and efficiencies
- Gives CM a community-based physician network of affiliated primary care pediatricians
- CMAPs and CM meet regularly to collaborate on CM strategic objectives and CMAP operational efficiencies
- Enables better collaboration for population health management and alternative payment models
- Improves operating results for the CMAP by participating in the CM payer contracts
- Allows CMAPs early opportunities to participate in innovative CM pilot initiatives around improving quality, safety, sharing of data, and improving communication. As of December 31, 2021, there were 14 CMAPs operating in 20 locations with 105 physicians in the Kansas City area.

> The support provided by the CMICS Provider Relations team and the opportunity to network with other CMAP partners has been invaluable. The regular "meetings of the minds" to discuss best practices, new developments, other ways of doing things; and just the solace that comes from having a network of seasoned colleagues and professionals throughout the pediatric community to draw insight from cannot be measured.

Shawnee Mission Pediatrics
An Affiliate of Children's Mercy

-- Tamara Shepard, MD
Shawnee Mission Pediatrics - an Affiliate of Children's Mercy

CMAP Timeline

June 2016 CMH Board Approves CMAP Model

December 2016 **Children's Mercy – Johnson County Pediatrics, Inc.** Becomes First CMAP

March 2017 **Children's Mercy – Pediatric Care Specialists, Inc.**

May 2017 **Children's Mercy – Pediatric Associates, Inc.**

Children's Mercy – Pediatric Care North, Inc.

July 2017 **Children's Mercy – Cass County Pediatrics & Adolescents, Inc.**

August 2017 **Children's Mercy – Preferred Pediatrics, Inc.**

October 2017 **Children's Mercy – Redwood Pediatrics, Inc.**

December 2017 **Children's Mercy – Cradle Thru College Care, Inc.**

August 2018 **Children's Mercy – Summit Pediatrics and Adolescent Medicine, Inc.**

July 2019 **Children's Mercy – Shawnee Mission Pediatrics, Inc.**

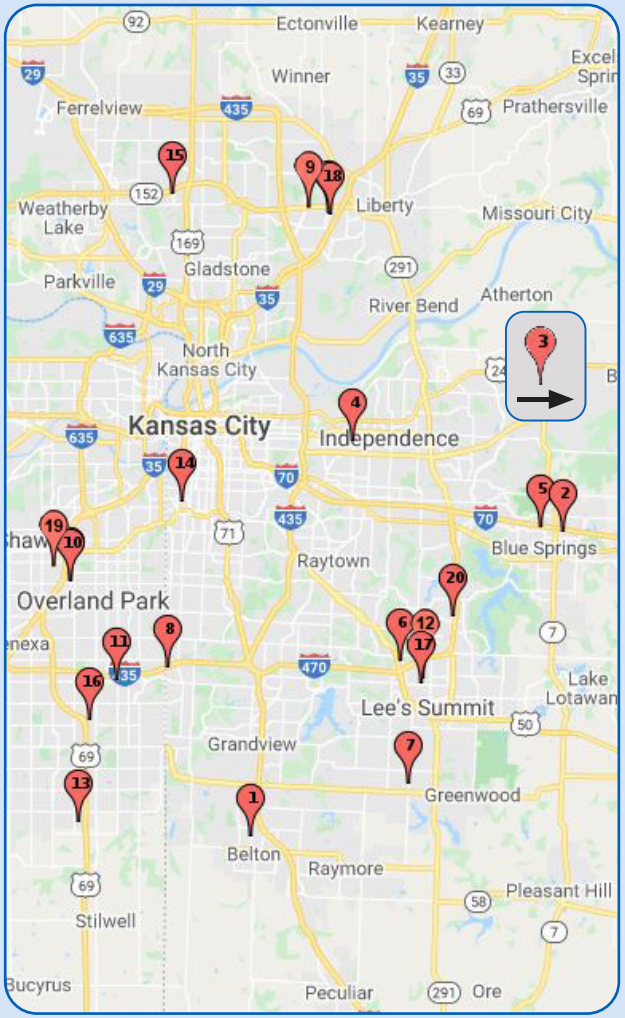
August 2019 **Children's Mercy – Health Care for Children, Inc.**

September 2019 **Children's Mercy – Leawood Pediatrics, Inc.**

July 2020 **Children's Mercy – Cockerell & McIntosh Pediatrics**

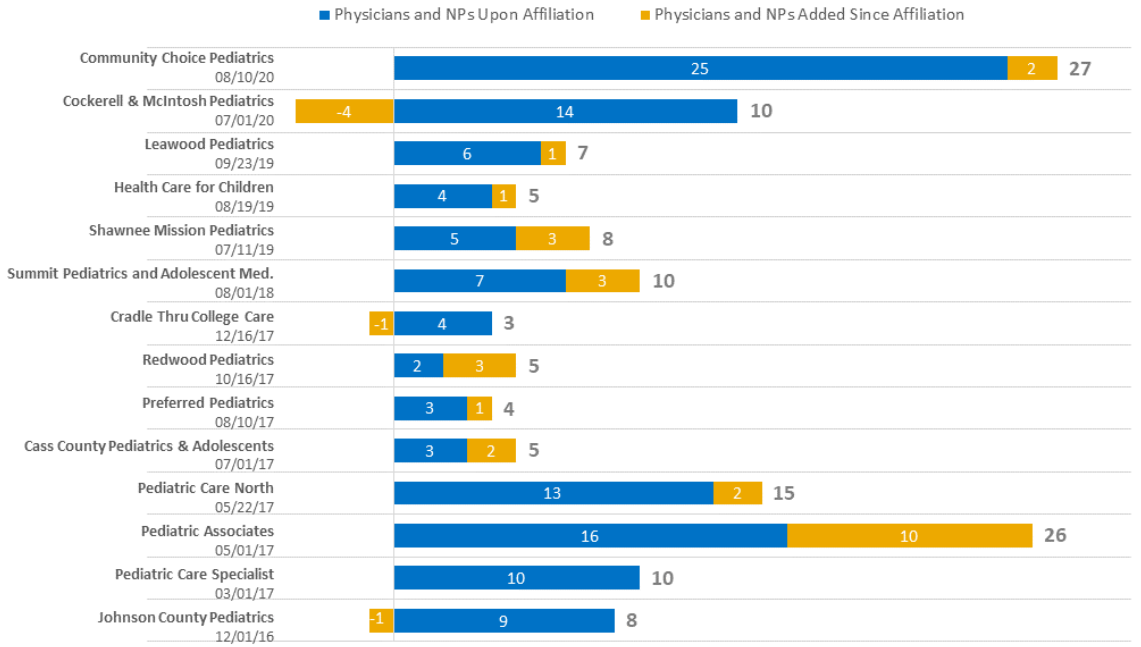
August 2020 **Children's Mercy – Community Choice Pediatrics**

Children's Mercy Affiliated Practice Locations

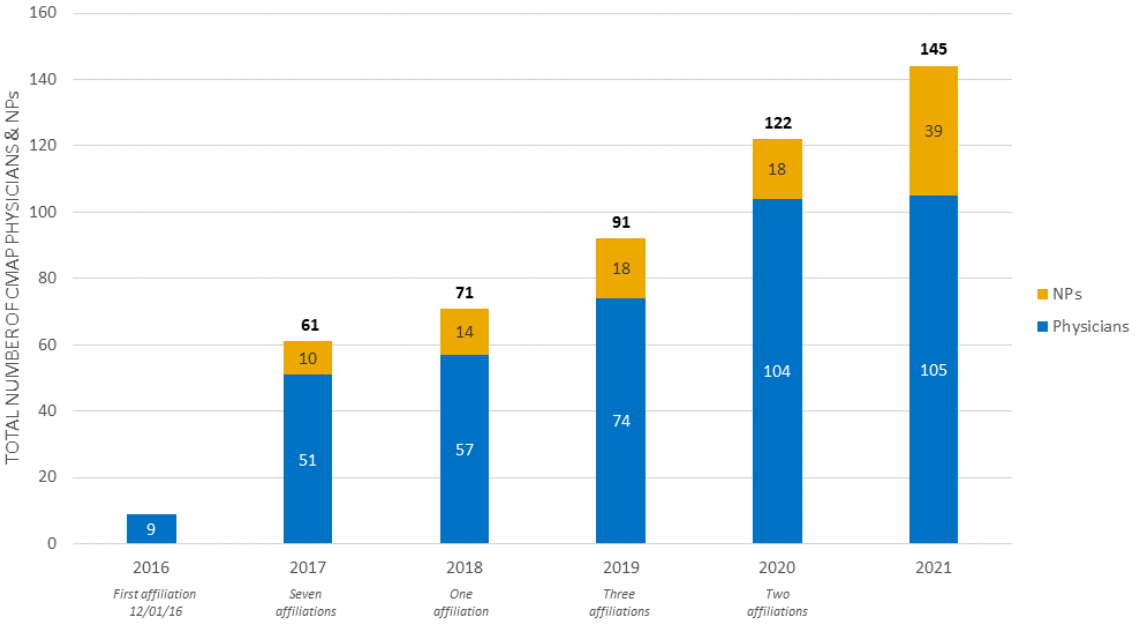


1. Cass County Pediatrics & Adolescents – an Affiliate of Children's Mercy
2. Cockerell and McIntosh Pediatrics (Blue Springs) – an Affiliate of Children's Mercy
3. Cockerell and McIntosh Pediatrics (Higginsville) – an Affiliate of Children's Mercy
4. Cockerell and McIntosh Pediatrics (Independence) – an Affiliate of Children's Mercy
5. Community Choice Pediatrics (Blue Springs) – an Affiliate of Children's Mercy
6. Community Choice Pediatrics (Main) – an Affiliate of Children's Mercy
7. Community Choice Pediatrics (Raintree) – an Affiliate of Children's Mercy
8. Cradle Thru College Care – an Affiliate of Children's Mercy
9. Health Care for Children – an Affiliate of Children's Mercy
10. Johnson County Pediatrics – an Affiliate of Children's Mercy
11. Leawood Pediatrics – an Affiliate of Children's Mercy
12. Pediatric Associates (Lee's Summit) – an Affiliate of Children's Mercy
13. Pediatric Associates (Overland Park) – an Affiliate of Children's Mercy
14. Pediatric Associates (Plaza Office) – an Affiliate of Children's Mercy
15. Pediatric Care North – an Affiliate of Children's Mercy
16. Pediatric Care Specialists – an Affiliate of Children's Mercy
17. Preferred Pediatrics – an Affiliate of Children's Mercy
18. Redwood Pediatrics – an Affiliate of Children's Mercy
19. Shawnee Mission Pediatrics – an Affiliate of Children's Mercy
20. Summit Pediatrics and Adolescent Medicine – an Affiliate of Children's Mercy

CMAP Growth



CMAP Growth



Children's Mercy KANSAS CITY

School-Based Services Program

In 2017 Children's Mercy began a partnership with Blue Valley Schools to place 20 Children's Mercy Social Workers in 32 schools (K-12) within the Blue Valley School District. These social workers provide mental health support, referrals, and consultation to parents, children, and staff of the school district. The team utilizes a strength's-based approach to address the needs of students in the school setting.

Due to the success of this partnership, it is with much excitement that the program announces Blue Valley recently expanded their agreement with Children's Mercy. For the 2021 school year 8 additional social workers have joined the team to continue to support this great partnership.

Covid-related

When students left for spring break in March 2020, no one knew it would be months before they would return to the classroom. Students and staff were left feeling uncertain about the future and the isolation of the pandemic magnified our nation's behavioral health crisis. The Children's Mercy social work team quickly mobilized to adjust to virtual offerings to meet the changing needs of students, families, and teachers. The endless uncertainties related to the pandemic made emotional support more important than ever, and students who previously did not require intervention were now reaching out for help. The social workers quickly learned new methods to engage students through virtual means and perform in the moment adaptations when faced with technological barriers. The team began creatively using art and play as tools to keep students engaged as they worked to help build coping skills to deal with the stress of the pandemic. Parents became more involved than ever through virtual sessions and support groups for covid anxiety. Social workers also provided support to teachers in managing their added stress, leading teachers in online mindfulness activities, providing helpful newsletters with mental health resources, and even helping teachers access their own mental health services when needed. Despite the challenges of the pandemic, the Children's Mercy social work team maintained the high degree of professionalism and support for which they have become known.

In 2020-2021, the Children's Mercy social workers supported nearly

1,500 students

with more than **10,000** hours of service.

96%
Goals Completed or Progressing

67%
Referrals Provided to Students/Families Followed up

Areas of support include:

Crisis Intervention • Emotional Support
Behavioral Support
Goal Setting & Achievement • Advocacy
Resources & Referrals • Support Groups

Students Referred For:

Peer/Social Concerns	14%
Behavior Issues	14%
Anxiety	12%
Family Issues	11%
IEP/504	9%
Depression	6%
Other Mental Health Needs	5%
History of Trauma	4%
ADHD	4%
Suicidal Ideation/ Attempts	3%

Students weren't the only beneficiary of the program. Blue Valley School District Staff also received direct and indirect support from the social workers.

"Our school-based social worker has helped me with SEVERAL of my students, helping me to navigate the best approaches to their needs, she provided me with tools to use in my classroom with students. Social workers have been able to provide strategies for working with students who are struggling in an area of their lives so that teachers can then further support the individual. She also helped a colleague of mine to feel supported in a stressful teaching situation. She meets with students to ensure they feel safe in our building and at home."

"I have had several children that would not have survived emotionally without the social workers support over the last several years. Her role is critical in the school setting for children. Our Children's Mercy social worker is always there to calm students down and make them feel like they can cope with whatever has been thrown at them."

"We have several students who have experienced significant trauma. Our social worker has been able to connect with these students on a personal level in a way that no one else has been able to do – gaining the trust needed so she can help them heal from trauma. She helped me understand that because a student was dealing with trauma, I could help support her by using trauma informed strategies and offering some flexibility on the assignments/work required of her."

As the sole administrator in an elementary building, our social worker is my biggest support system. She works closely with our problem-solving team, is always willing to help with any situation and works hard to build relationships with our families. I have had a couple of students this year that have struggled with attendance/truancy issues, and she was a HUGE help with talking to parents and helping to resolve the issue. We have had more students than ever this year need support of the social worker!

In an end of the year survey, Blue Valley faculty and staff reported:

84% **Would call the social worker in a crisis situation with a student**

88% **Felt that the social worker helped them with at least one of their students**

91% Overall Satisfaction

Children's Mercy
INTEGRATED CARE SOLUTIONS

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(888) 670-7261

www.cmics.org

May 2022