



CMICS

Year In Review

CALENDAR YEAR

2020



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



Bob Finuf

Reflections

As we reflect on 2020, it's amazing the extent to which Children's Mercy Integrated Care Solutions' (CMICS) team members have adapted and adjusted to these unprecedented times. Every business unit and department within Children's Mercy has worked hard to accommodate new work from home (WFM) requirements while continuing to serve the pediatric population. Our mission, to improve the well-being of children through integrated pediatric networks, remained the key objective as we adjusted to the WFM environment. CMICS continues to meet its contractual obligations and provide excellent service to our members and stakeholders while ensuring the pediatric population has access to quality care.

CMICS quickly moved to accommodate WFM activities with essential equipment and enhanced technology. Collectively, we learned how to keep our teams connected, engaged, and productive. Together, we met this challenge, and we continue to have an engaged and dedicated team.

A special thank you is owed to all CMICS team members for making this transition. This is especially true as we all adapted our home schedules and various community closures to meet the challenges during this pandemic. Thank you!

During this time, we also learned many of our tasks and functions can be performed remotely after the pandemic ends. The CMICS team has expressed an interest in continuing to WFH even after the pandemic and public health emergency has been lifted. To that end, CMICS,

like all of Children's Mercy, has looked at each department and determined how we will continue to accommodate this new work environment. We expect the vast majority of CMICS employees will continue to work from home indefinitely.

The past year has also provided unique opportunities for CMICS to partner with other departments within Children's Mercy (CM). In concert with the CM Marketing Department, we combined our respective knowledge of the Kansas City area pediatric offices to make sure they had access to our extensive COVID-19 resource pages on the CM website. We quickly mobilized to make sure the CMICS providers were receiving CM communications regarding the rapidly changing information from the CDC and area experts through one resource link on the CM website. We assisted in identifying key concerns of the community practices and made sure providers were aware of and participating in the COVID-19 Provider Town Halls. Children's Mercy is to be commended for the information, resources and links to valuable information regarding COVID-19 made available to all community providers and families.

CMICS partnered with CBIZ, a local and national tax and insurance advisory firm, to provide insight into the Coronavirus Aid, Relief and Economic Security Act (CARES Act). As quickly as the federal government released details, we were able to provide applicable guidance from CBIZ that we passed on to the provider community. This was also posted to the Physician Resource Page on the CM Website. This included important information about PPP guidance and implications for small businesses and FAQs and contact information of value to area pediatric

provider offices. We received many requests for information and resources we could provide within the community and CM, as appropriate. This changing and timely information proved valuable to our network providers as they navigated the complexity of the requirements.

Additionally, we were able to include the CMICS Network providers and clinic staff in the CM COVID-19 vaccination process in Kansas and Missouri in 2021. Following CDC requirements, we compiled information from each CMICS practice and notified them when the vaccine would be available. This effort was well received by the provider community, and we heard how much they appreciated this opportunity.

The Year in Review outlines each functional area within CMICS (some in partnership and overlap with Children's Mercy.) Operationally, both the Pediatric Care Network (PCN) and Children's Mercy Health Network (CMHN) remain committed to Value-Based Reimbursement and Population Health Management. To that end, CMICS has a broad portfolio of population health management solutions and capabilities to support each practice, as well as the CM specialty clinics, as we continue to provide quality and access to care throughout the region.

I am pleased to present the CMICS 2020 Year in Review and am incredibly proud of all the individuals that contributed to the results. I look forward to what 2021 has in store as we respond to the challenges ahead.

Sincerely,
Bob Finuf
SVP Children's Mercy/CMICS Executive Director

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).

Integrated Care Solutions (ICS) History

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.



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 KCMHA. This allows 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.

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.



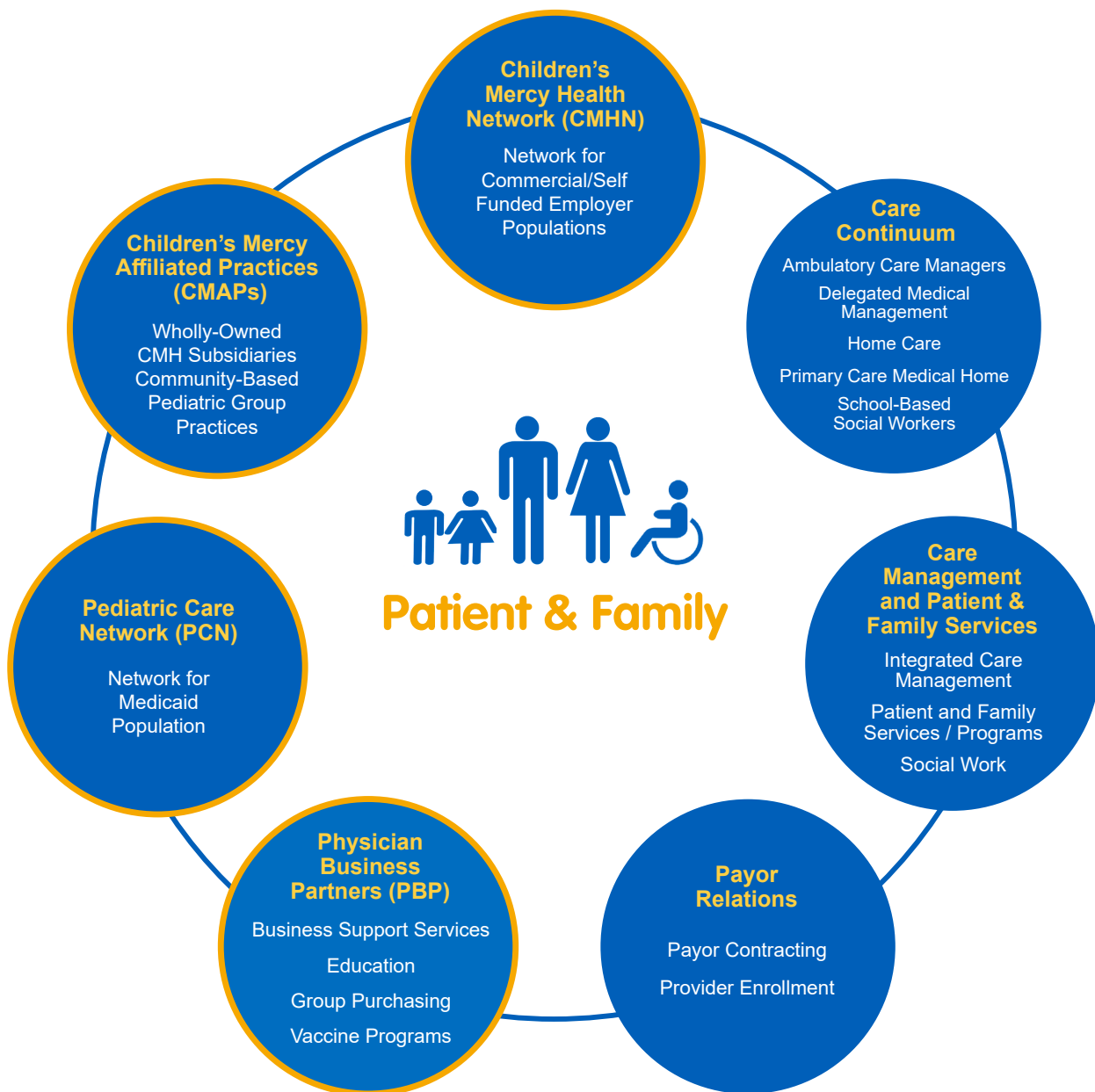
2020

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

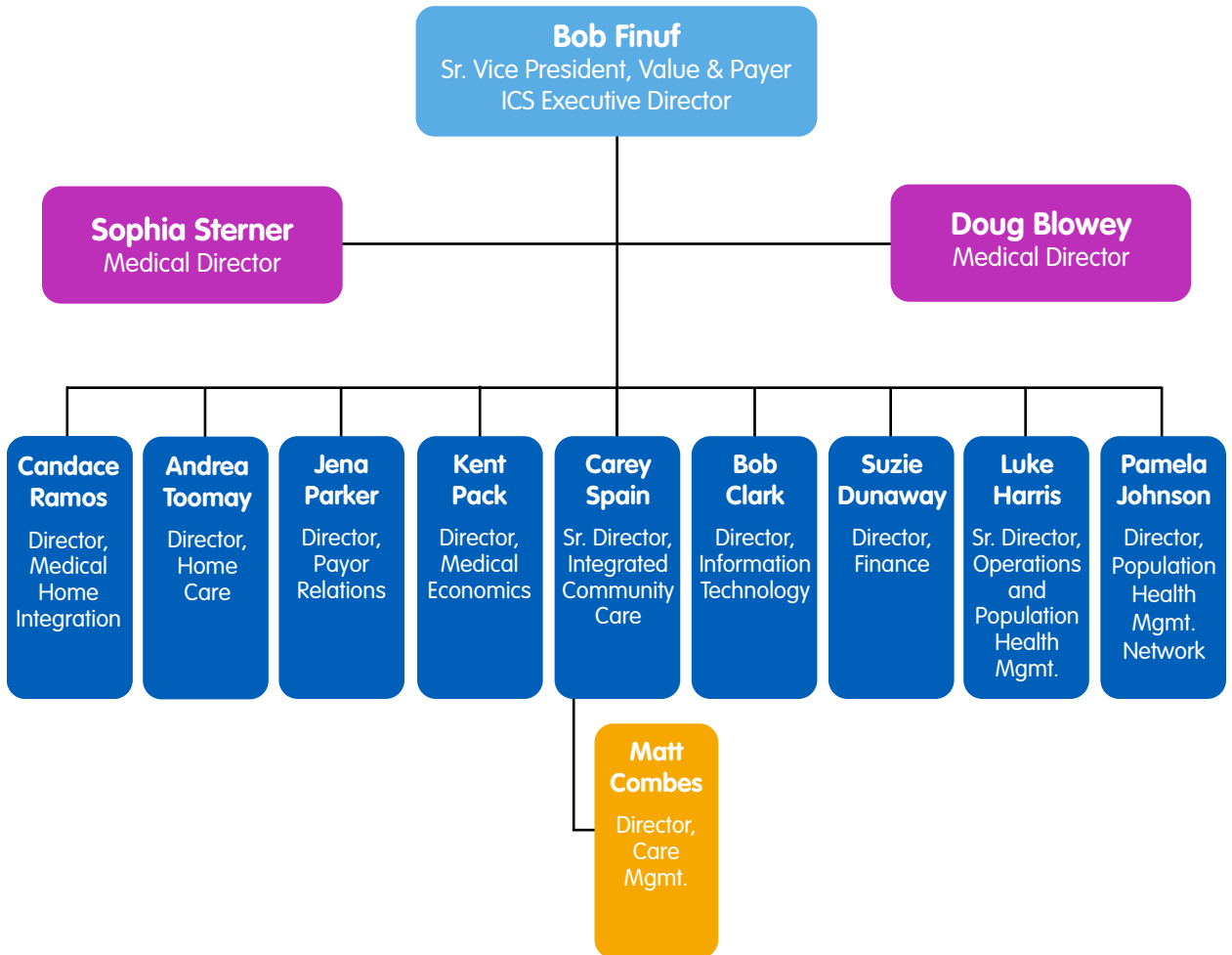
Children's Health Network officially changes name to Children's Mercy Health Network (CMHN)

Value-Based Care Model

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



Organizational Chart





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

42 PCP Locations

107 PCPs

750+ CM Pediatric Specialists

7 NCQA PCMH (22 locations)

Kansas

12 PCP Practices

17 PCP Locations

66 PCPs

750+ CM Pediatrics Specialists

5 NCQA PCMH (9 locations)



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:

- **Missouri Care, a WellCare Health Plan:** 58,812 members
- **UnitedHealthcare Community Plan of Missouri:** 41,763 members
- **UnitedHealthcare Community Plan of Kansas:** 32,265 members
- **Aetna Better Health of Kansas:** 23,487 members

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

PCN employs multiple disciplines for population health management initiatives that are organized into PCP-aligned Care Teams. There are currently four teams that include registered nurses, licensed social workers, community resource specialists, and practice facilitation specialists. Additionally, a fifth team is comprised of behavioral health specialists, care facilitation nurses, and care facilitation coordinators specific to completing intake and behavioral health delegation activities.

The Objectives:

- Assist members in sustaining or achieving an optimal level of wellness and function by facilitating timely and appropriate health care services
- Promote strong PCP and member relationships that include population management and patient-centered medical home tools
- Educate members in self-advocacy and self-management
- Minimize gaps in care and encourage use of preventive health services
- Achieve cost efficiency in the provision of health services
- Mobilize community resources to meet needs of members

For more information, view the PCN Annual Report on the Integrated Care Solutions website at www.cmics.org/pcn/.

2020 Overall Highlights Include:

Children's Mercy Integrated Care Solutions (CMICS) / Pediatric Care Network (PCN) contracted with a fourth Medicaid Managed Care Plan and continued in 2020 to provide delegated services through PCN's at-risk contract for:

Missouri (two of the three Medicaid Managed Care plans in MO):

- Healthy Blue MO (formerly known as Missouri Care)
- UnitedHealthcare Community Plan of Missouri (UHC-MO)

Kansas (two of the three Medicaid Managed Care plans in KS):

- 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 post NICU Home Care

Support Program in both Kansas and Missouri

- Rapidly adapted to telehealth technology in providing case management and disease management assessment
- Incorporated trauma informed skill building for staff

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

- PCN has expanded the behavioral health component through in-person and virtual introductions for patients and providers
- Engaged with local community mental health centers (CMHC), acute hospitals and psychiatric

residential treatment facilities (PRTF) to form collaborative partnership in treatment availabilities

- Joined the PRTF state stakeholders meetings, along with the Kansas MCOs
- PCN representatives continue to perform in-depth review of the PCN Care Planning tool to align goals and interventions with specific disease states

PCN continues to support the continued 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

Primary Care
Providers

Specialty
Providers



32 Practices **59** Locations

750⁺ Pediatric Specialists

236 Primary Care Providers
(107 Missouri, 66 Kansas,
63 Children's Mercy)

as of 12/31/2020

PCN Covered Lives

Missouri



100,575 Total



58,812
Missouri Care



41,763
UnitedHealthcare
- MO

Kansas



55,752 Total



32,265
UnitedHealthcare
- KS



23,487
Aetna Better
Health of Kansas

from hiring, billing and coordination of the medical and behavioral health conditions. (See blue box below.)

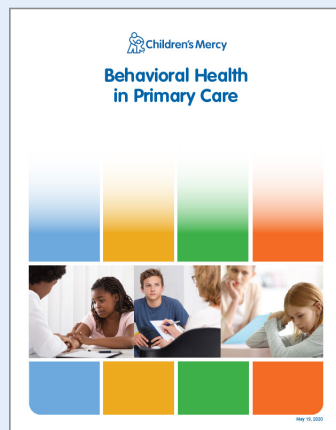
The PCN Provider Relations Department recently changed the department name to more accurately reflect the work that we do with Population Health Management. The representatives are now known as Population Health Management Network Representatives. (PHM Network Reps). While the network reps still provide traditional duties to the network practices, such as claims issues, eligibility issues and practice physician changes, they also provide guidance that supports the population health

management and primary care medical home processes. All PCN practices can earn incentive compensation for quality metric performance in the HEDIS pediatric measures such as well child care and immunizations.

These metrics are measured against national/regional performance averages and are consistent with the state Medicaid agencies in Kansas and Missouri. Together with the Population Health Operations team, the Network Representatives provided ongoing data through virtual connections and education so that each practice is aware of its current performance metrics and highlight those areas of opportunity for

Behavioral Health Integration

- 1 In the spring of 2020, ICS created a Behavioral Health integration manual to help providers understand the levels of integration, codes, billing and how to select the best discipline for their practice and initiate hiring to support the behavioral health needs of patients.
- 2 Through collaboration with Blue KC in the fall of 2020 we began to learn more about the Collaborative Case Management Model of supporting patient's mental health needs in primary care. In this model, an embedded Behavioral Health Case Manager in a primary care office collaborates with a primary care provider and has weekly consultation with a psychiatrist to best support patients with mental health needs. This model has been around for more than 10 years, is evidence-based and shown to reduce the normal barriers that exist with traditional referral to an outside provider.



improvement including:

- Primary Care Medical Home Processes
- Cost/Utilization data management
- Quality HEDIS metric management and Population Health Management technology - Innovaccer utilization (more information available in this report)
- Tri-Annual Data reviews with each practice

The incentive goal can be up to \$6.00 per member per month (PMPM) based on the practice performance and enrollment assignment. PCN has distributed approximately \$2.5 M each year to PCN Provider Practices and expect the same performance in 2021. Each year, the PCN Network continually

shows improvement and in 2019 we reported the following percentage point increases:

- **6.5% Average Increase** in well child exams for pediatric patients aged 0-15 months
- **1.2% Average Increase** in well child exams 3-6 years old
- **7.4% Average Increase** in adolescent well child exams
- **9.1% Average Increase** in the medical management of Asthmatic patients
- **5.6% percentage point decrease** in emergency department utilization

Social Determinants of Health (SDoH) continues to be a key component of population health management. We



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 with in PCN and CHN 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.

-- Kim Brown, LPN

Preferred Pediatrics – an Affiliate of Children's Mercy



have incorporated this into our practice education and will be monitoring for assessment and responses.

2020 also saw an adjustment in the way we interacted with the PCN Network Providers. What used to be face-to-face meetings became virtual learning sessions. We maximized the virtual technology and made sure that important data and information was continually shared with each practice. Intervention approaches to increase well child exams during the COVID-19 public health emergency were discussed including virtual health visits that were approved and paid for by Medicaid payers in Kansas and Missouri.

PCN continues to work with our contracted practices to support Patient-Centered Medical Home (PCMH) concepts and best practices related to population health. PCN focuses on helping practices improve their pediatric quality metrics and lower cost and utilization. Below are some practice success stories.



Samuel U. Rodgers (FQHC): Sam Rodgers has continued to show year over year improvement in their pediatric quality metrics. They have improved more than 10 percentage points in three measures (Age 2 Immunizations Combo 10, Age 13 Immunizations Combo 1, Well Child Visits-First 15 Months) and more than 9 percentage points in their Medication Management for Asthma measure. They work with PCN to identify areas of improvement and utilize the PCN population health tools and work lists for patient outreach. They have identified some barriers for Age 2 immunizations, as well as HPV and began bundling vaccines and holding special immunization clinic days.

Preferred Pediatrics – an Affiliate of Children’s Mercy: Preferred Pediatrics was able to achieve NCQA PCMH recognition in 2020 with the help of reports provided by PCN and the PCN population health tool, Innovaccer.

Community Choice Pediatrics – an Affiliate of Children’s Mercy (CCP): CCP was able to increase their Lead Screening in Children measure by 25.3% in 2020. They have achieved this using 3 key improvements identified through their work with PCN. First, they brought their lead screening in house. It is noted that even though they would order a lead screening test, many families were not following up and completing the test. By bringing the tests in house, they are able to complete the screening during a well exam without the patient needing another appointment outside the office. Second, their care coordinator reviews lists provided by PCN of all patients over 12 months to determine who did not have a lead test at their 12 month visit. At that point the care coordinator puts an alert on the patients chart in the EMR. Third, the care coordinator reviews list provided by PCN of patients deemed not compliant and compares that to CCP’s records. If the patient is compliant the care coordinator adds the test as complete into the PCN population health tool, Innovaccer, to bring that patient into compliance.

2020 Community Provider Success Story

Describe the issue/situation: *Patient was denied access to PRTF treatment due to complex medical needs/diabetes management. The facility felt that Pt would be better cared for at a PRTF that was connected with a hospital. This was reportedly due to the member having an insulin pump.*

What did you do to help? *BHS and Cornerstones of care collaborated with Joseph Winslow from KDADS who contacted Lauren Hentchel/Admissions Director/Kids TLC to partner with the facility in understanding the Pt needs and that her diabetes management has changed from a pump to pen/injection. It was also shared the concern that member needs this level of care to reduce risk of harm to self. With this update, Lauren was able to meet with her leadership team and the member was added to Kids TLC waitlist based on her initial approval date. Member could potentially admit for PRTF treatment at Kids TLC the week of 11/30/2020.*

2020 Member Success Story

Social Family History details: *Arabic speaking 17 y/o pregnant member with community resource needs for baby. Member receiving prenatal care at Samuel Rodgers.*

Diagnosis Specific details: *Pregnant 17 y/o*

Applicable Care Plan Goals/Barriers: *Member/family will be open to connection with CHW or CRS as needed during outreaches/Culture and age may impact willingness to ask/accept prn help for community resources should needs arise.*

Describe the issue/situation: *Member is a 17 y/o female expecting a baby with an EDC of 12/21/2020. Member has lack of access to resources for needed supplies for baby such as crib, car seat, etc. Member's primary language is Arabic, which creates barriers to self-acquisition of resource assistance.*

What did you do to help? *This CRS attempted to connect member to Uzazi Village for resource acquisition, but Uzazi Village unable to assist d/t language barrier. This CRS contacted Shalese Clay @ Samuel Rodgers Health Center (SURHC) to discuss possible enrollment in Healthy Start program at SURHC. Shalese reported member may not qualify for healthy start program, but could possibly make an exception d/t PCN referral and member age. Healthy Start program would assist member with getting connected to many resources such as crib, car seat, breastfeeding information, pregnancy classes, etc.*

What positive health and quality of life outcomes resulted from your assistance? *On 11/11/2020, PCN was able to connect with member and confirm that she had been connected with Healthy Start at SURHC. Member reports Healthy Start will be able to provide further support to her and will assist with baby supplies. This not only helps this pregnant PCN member, but will also help baby when it is born (potential PCN member.) By connecting member to these resources, she can help her baby have a safe and successful start at life by providing the baby with a safe sleep surface, a car seat for vehicle safety, and many other things.*

Kansas Delivery System Reform Incentive Payment (DSRIP)

The Kansas Delivery System Reform Incentive Payment Program (DSRIP) has drawn to a close at the end of 2020 after a two-year extension granted through KanCare 2.0. Children's Mercy is proud to share we have successfully captured an average of 93% of the incentives available per year through performance measures.

The DSRIP program in Kansas includes two major hospitals: Children's Mercy Kansas Hospital and The University of Kansas Hospital. Children's Mercy's projects that were managed in ICS and CM Beacon Clinic include expansion of patient-centered medical homes in the rural areas of the state of Kansas and the implementation of the Beacon Program to improve coordinated care for KS Children with Medical Complexities.

In 2014 the DSRIP pool program was implemented as part of the Kansas Medicaid delivery system overhaul. DSRIP seeks to advance the goals of access to services and healthy living. The DSRIP Program specifically focuses on incentivizing projects that increase access to integrated delivery systems and projects that expand successful models for prevention and management of chronic and complex diseases.



**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

205 Pediatric PCPs

63 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 2020 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/Modules?EducationID=40&AssessmentID=18&SiteID=2>.

2020 CMHN Highlights

- Developed resources to support practice efforts to initiate social determinants of health (SDoH) screening in January 2020. Resources included a recommended SDOH screening tool, flyers, and a quick reference guide to help respond to positive SDoH screens. Network-wide efforts led to SDoH screening rates increasing from 0% at the start of 2020 to nearly 90% by the end of the year!
- CMHN and Children's Mercy Kansas City supported and informed practices throughout COVID-19 pandemic. CMHN advanced 12 months (Approximately \$4 million) of incentives to support practice cash flow.
- CMHN exceeded quality performance targets on all CMHN payer quality incentive measures for calendar year 2019. Overall network performance exceeded 90th

percentile nationally in 8 of 10 measures! Check out the article at <https://news.childrensmarcy.org/childrens-mercy-health-network-providers-rank-among-the-best-for-quality-performance/>.

- CMHN met or exceeded calendar year 2019 cost & utilization targets for CMHN's Blue KC and Cigna value based agreements.
- Network engaged Children's Mercy Marketing & Communications team to evaluate network's brand and marketing strategy, which included interviews with practices, providers, and customer focus groups. As a result, network rebranded from Children's Health Network (CHN) to Children's Mercy Health Network (CMHN) and launched a "Partnering to Make a Difference" marketing campaign in August 2020 to elevate the network and each CMHN



Our experience as a CMHN practice has been overwhelmingly positive. The abundant information and resource sharing that being a part of the community provides, as well as the access to the vast array of specialists across the network, only enhances our ability to deliver the best quality care to our pediatric patients.

-- Julie Brown, MD
Shawnee Mission Pediatrics



practice.

- Developed a behavioral health onboarding & integration resource packet (models of behavioral health integration, selecting the right discipline, job descriptions, interviewing, onboarding, evaluating financials, general resources, etc.) to support & advance efforts to integrate behavioral health within primary care.
- Designed a Behavioral Health Integration Report to help measure, inform, and evaluate level and impact of behavioral health integration.
- CMHN evaluated SDOH closed-loop referral platform vendors. CMHN selected Aunt Bertha and initiated implementation of Children's Mercy branded Aunt Bertha platform for SDOH closed-loop referrals which is targeted to launch in Q1 2021.

- CMHN co-hosted a Community Connect Workshop with Saint Luke's Health System in November 2020. Workshops to be held quarterly with focus on partnering with community benefit organizations in the Kansas City area.
- CMHN initiated collaboration with Blue KC to pilot a Psychiatric Collaborative Care Model in 2021.
- Despite the impact of the COVID-19 pandemic, CMHN was able to minimize the impact on primary care quality performance. Specifically, the network was able to sustain current immunization rates and limit decreased performance in wellness and preventive care quality measures to less than 5 percentage points.

CMHN Network Operations Dashboard

Primary Care Providers

Specialty Providers



205 Primary Care Providers

955

Providers

750+ Pediatric Specialists

24

Organizations

Covered Lives



87,133
Total



8,194
Aetna



62,090
Blue KC

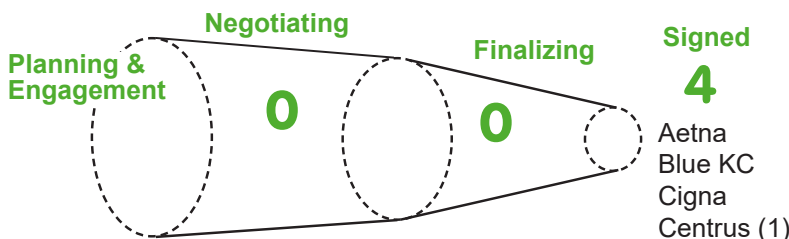


16,849
Cigna



0
United HC

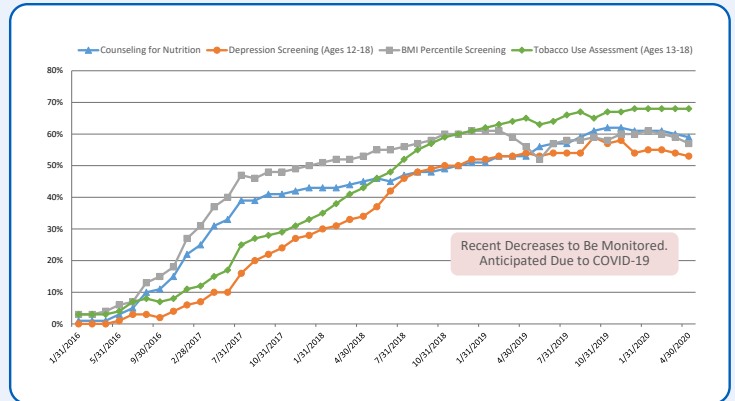
Contract Pipeline



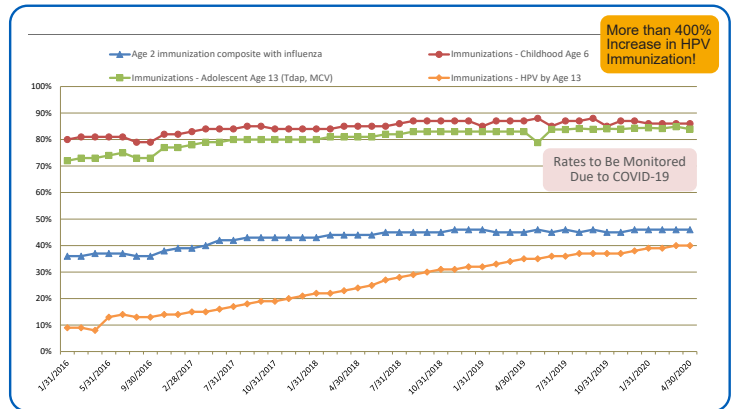
as of 12/31/2020

- CMHN continues to take action to increase, sustain, or reduce the impact of COVID-19 across many primary care quality measures.

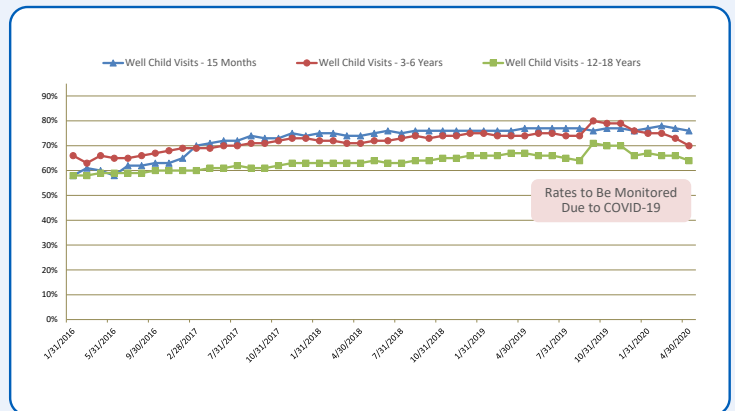
- 52-65% point increases across 4 screening measures (Counseling for Nutrition, BMI Percentile Screening, Depression Screening, Tobacco Use Screening)



- 6-31% point increases across 4 immunization measures (Age 2 Immunization Combo, Age 6 Immunization Combo, Age 13 Immunization Combo, HPV Immunization for Adolescents)



- 6-18% point increases in 3 well visit measures (Well Child Visits – 15 Months, Well Child Visits – 3-6 Years, Adolescent Well Care Visits) but some decrease in 2020 due to COVID-19.





Innovaccer

Children's Mercy Integrated Care Solutions recognizes the importance of data to advance and support our efforts to achieve optimal outcomes for the patients, families and communities we serve. CMICS has a broad portfolio of population health management solutions and capabilities built on an extensive infrastructure of data. Importantly, the data includes quality/cost reporting and analytic, point-of-care work flow solutions, care management and care coordination. These important concepts are shared with our CMICS Network practices to advance population health outcomes and improve metric-based quality performance indicators.

CMICS has partnered with Innovaccer, a population health management (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 14 different EMR vendors across 33 CMICS practices. Innovaccer's suite of products includes a robust point-of-care workflow application that operates agnostic of EMR and is utilized to advance pre-visit planning and inform care gap closure. Additionally, patient and family outreach via automated interactive voice response, patient outreach work lists, and data analytics dashboards are utilized to advance value-based care initiatives.

Innovaccer 2020 Highlights

- Implemented 40 disparate data feeds including data from payer claims, pre-adjudicated provider claims, practice EMRs, and external laboratories. EMR data feeds provide comprehensive access to data, including full encounter details, immunizations, allergies, problem lists, vitals, ordered medications, and scheduling data.
- Connected and fully validated over 80% of daily EMR data feeds. Remaining data feeds targeted to be completed in first half of 2021.
- Designed and implemented 10 interactive data dashboards, including network specific HEDIS Quality Performance, CIN Quality

Performance, Cost & Utilization Performance, Patient Outreach Results, Point-of-Care User Adoption, and Episodes of Care for three chronic conditions.

- Deployed 16 patient outreach work lists for community practices to utilize for outreach to patients with gaps in care.
- Designed and implemented primary care point-of-care solution (InNote) with over 50% of network practices. Remaining practices targeted to complete implementation in first half of 2021.
- Configured and launched seven unique interactive voice response patient outreach campaigns, calling over 33,000 unique patients and making over 54,000 calls.
- Developed and delivered Innovaccer training plan, including comprehensive implementation guide, four quick guides, five YouTube videos, and 10 Lunch and Learn trainings. Over 100 unique users were trained via Lunch and Learn trainings.
- Developed Episodes of Care analytical framework to meaningfully engage specialty divisions. Analytics is targeted to be deployed to specialty divisions in Q2 2021.
- Partnered with specialty divisions to design a point-of-care solution (InNote) specifically for specialists. The tool is targeted to be deployed to divisions in 2021.



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 formed in 1995. 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

40 Practices

190 PCPs (134 KC Area,
56 Outside KC Area)

6 Educational Programs

7 GSK Contract Sign-ups in 2020



PBP was the first, and is still the only, pediatric group purchasing organization in the region. PBP provides valuable educational opportunities to member practice staff and physicians.

PBP has **190** physician members representing **40** 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
 - Medimmune vaccines
- Provista GPO
- Group mobile phone discounts
- Office supplies, office furniture and equipment
- Practice support resources

A new vaccine contract with Pfizer, which saves practices 4% off the price of the Prevnar vaccine, was added. This is a sole source vaccine and the first time Pfizer has offered a discount on the vaccine.

Educational Meetings

With the onset of the COVID pandemic, meetings could not be held in person so PBP pivoted to virtual meetings in 2020. Several were key educational learnings for the offices. In May, PBP hosted Chip Hart, who gave a overview on the

MISSION: To support the continuum of pediatric and adolescent healthcare in the region. Our member physicians are supported through ongoing communication, educational programs and other services offered through network membership enabling them to provide quality health services to their patients.

impact of COVID to business lost across the U.S. The key learnings for PBP offices were the tactics he suggested, telemedicine and well-check recalls, which helped keep practice operations and appointments moving. In December, Tracy Bird, Medical Practice Advisors, gave an update on coding changes for E&M codes that went into effect January 2021.

Throughout the COVID pandemic, PBP kept in communication with all

PBP practices, providing the latest information from CMH, billing updates and government program updates.



[Click to view the latest issue of the PBP Insider newsletter.](#)

2021 PBP Educational Events (Tentative Schedule)

January 12
**COVID Vaccines –
Now and the Future**
Barbara Pahud, MD
Children’s Mercy Hospital
11am – Noon

February 17
Office Manager Meeting
11am – Noon

March 10
**Supporting Transgender
Youth to Navigate
Healthcare**
Gaby Flores
Children’s Mercy Hospital
12:15pm – 12:45pm

April 20
**A Call Away! -
Telephone Triage**
8am – 3pm
Multiple Speakers

May
9am – Noon

June
TBD

July
**Quarterly Office Manager
Networking Breakfast**
9 – 10:30am

August
9am – Noon

September
**Clinical Advances in
Pediatrics**
8am – 5pm
Children’s Mercy Park

October
**Quarterly Office
Manager Networking
Breakfast**
9 – 10:30am

November
TBD

December
No Meeting



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



Being a part of the CMAP organization has allowed our physicians/providers to focus on spending time with our patients and delivering quality care. At the same time, through our established Board of Directors, we can lead and participate with strategic decision-making for our group. It is a win for both organizations.

-- Claire D. White, MD FAAP, Pediatric Care Specialists



Children's Mercy Affiliated Practices (CMAPs)

Wholly-Owned CMH Subsidiaries
Community-Based
Pediatric Group Practices



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 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



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.

-- Tamara Shepard
Shawnee Mission Pediatrics



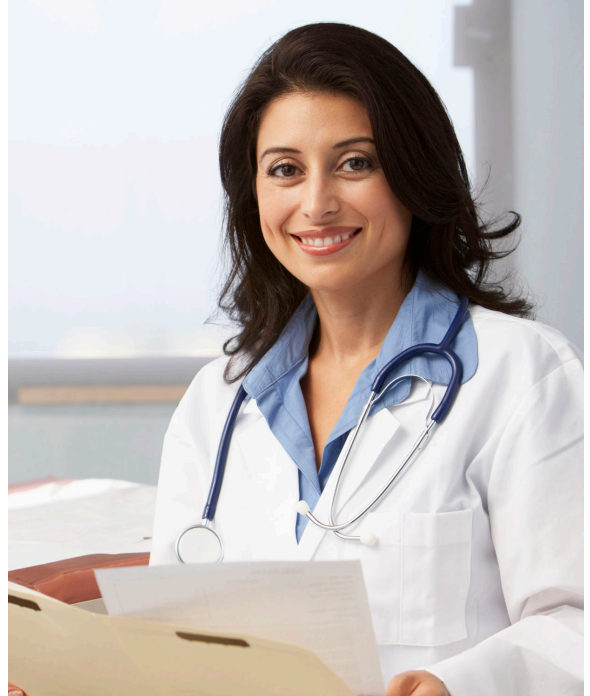
The affiliation with Children's Mercy has provided our practice the opportunity to develop best practices for our patients and provide them with the most up to date care. It is a win - win.

-- Mary Tyson, MD, FAAP
Johnson County Pediatrics

- 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, 2020, there are 14 CMAPs operating in 20 locations with 105 physicians in the Kansas City area.



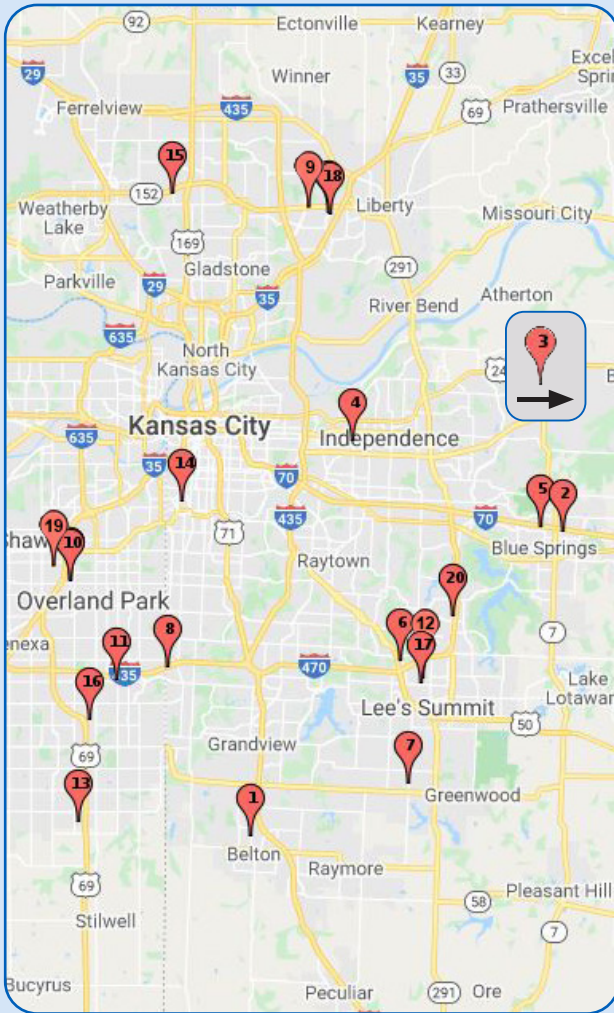
Our group just began their fourth year as a part of the CMAP organization. As the second community-based pediatric office to join the organization, we are delighted to be a member. From the ongoing practice collaboration and sharing of best practices, to improved operational outcomes and excellent support from the CMICS organization, it is a great step forward in providing care to our families.

-- Connie J. Wilson, Practice Administration
Pediatric Care Specialists

CMAP Timeline

June 2016	CMH Board Approves CMAP Model	
December 2016	Children's Mercy – Johnson County Pediatrics, Inc. Becomes First CMAP	 johnson county pediatrics An Affiliate of Children's Mercy
March 2017	Children's Mercy – Pediatric Care Specialists, Inc.	 Pediatric Care Specialists An Affiliate of Children's Mercy
May 2017	Children's Mercy – Pediatric Associates, Inc.	 pediatric associates An Affiliate of Children's Mercy
	Children's Mercy – Pediatric Care North, Inc.	 pediatric care north An Affiliate of Children's Mercy
July 2017	Children's Mercy – Cass County Pediatrics & Adolescents, Inc.	 Cass County Pediatrics & Adolescents An Affiliate of Children's Mercy
August 2017	Children's Mercy – Preferred Pediatrics, Inc.	 PREFERRED PEDIATRICS An Affiliate of Children's Mercy
October 2017	Children's Mercy – Redwood Pediatrics, Inc.	 REDWOOD PEDIATRICS An Affiliate of Children's Mercy
December 2017	Children's Mercy – Cradle Thru College Care, Inc.	 Cradle thru College Care An Affiliate of Children's Mercy
August 2018	Children's Mercy – Summit Pediatrics and Adolescent Medicine, Inc.	 Summit Pediatrics And Adolescent Medicine An Affiliate of Children's Mercy
July 2019	Children's Mercy – Shawnee Mission Pediatrics, Inc.	 Shawnee Mission Pediatrics An Affiliate of Children's Mercy
August 2019	Children's Mercy – Health Care for Children, Inc.	 Health Care for Children An Affiliate of Children's Mercy
September 2019	Children's Mercy – Leawood Pediatrics, Inc.	 Leawood PEDIATRICS An Affiliate of Children's Mercy
July 2020	Children's Mercy – Cockerell & McIntosh Pediatrics	 Cockerell & McIntosh PEDIATRICS Taking Care of Children Since 1961 An Affiliate of Children's Mercy
August 2020	Children's Mercy – Community Choice Pediatrics	 COMMUNITY CHOICE PEDIATRICS Healthcare Together An Affiliate of Children's Mercy

Children's Mercy Affiliated Practice Locations

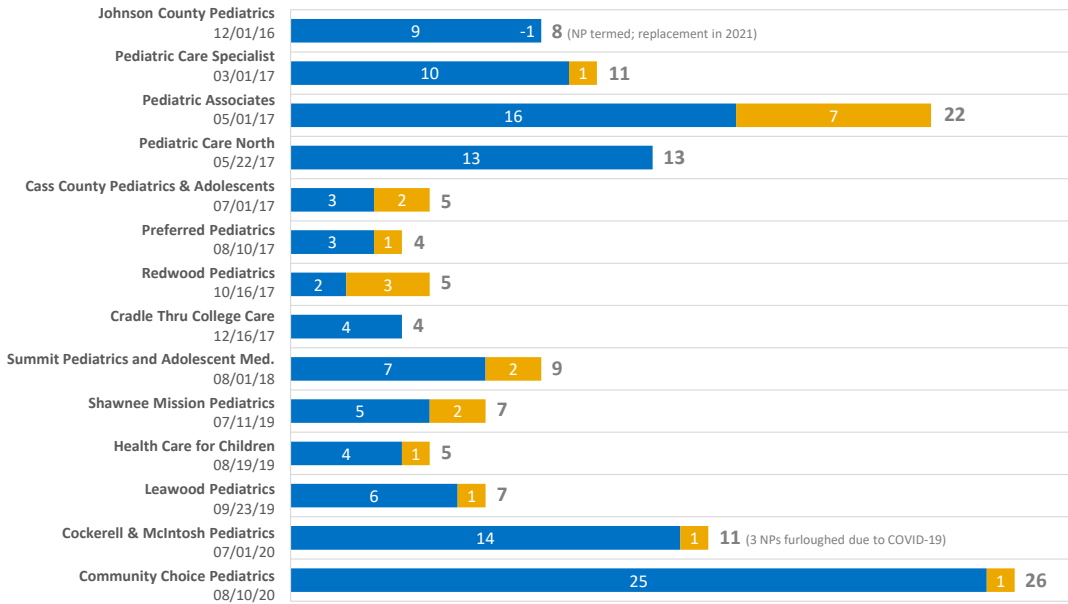


- 1 Cass County Pediatrics & Adolescents – an Affiliate of Children's Mercy
- 2 Cockerell and McIntosh Pediatrics (Blue Springs) – an Affiliate of Children's Mercy
- 3 Cockerell and McIntosh Pediatrics (Higginsville) – an Affiliate of Children's Mercy

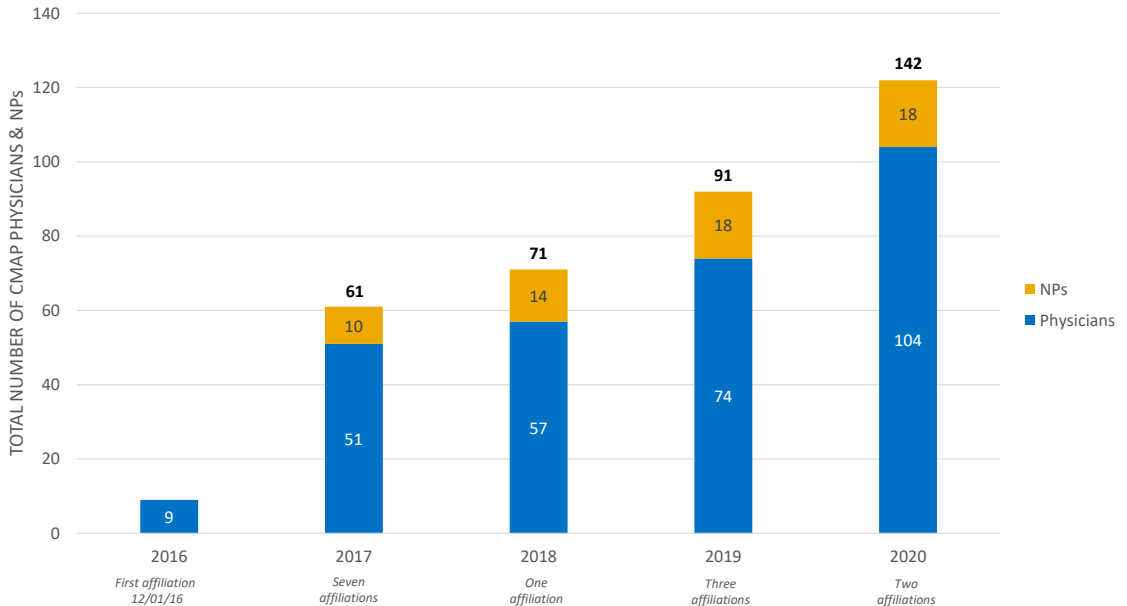
- 4 Cockerell and McIntosh Pediatrics (Independence) – an Affiliate of Children's Mercy
- 5 Community Choice Pediatrics (Blue Springs) – an Affiliate of Children's Mercy
- 6 Community Choice Pediatrics (Main) – an Affiliate of Children's Mercy
- 7 Community Choice Pediatrics (Raintree) – an Affiliate 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

■ Physicians and NPs Upon Affiliation ■ Physicians and NPs Added Since Affiliation



CMAP GROWTH





Care Continuum

The Department of Care Continuum incorporates system-wide, multi-disciplinary teams providing care management and population health services for patients and families across settings of care. The Department aligns the following areas under centralized leadership to optimize patient transitions and outcomes: inpatient care management; ambulatory nurse care management; utilization review; payer delegated medical management/population health; school based social work; and home care. These areas work together to provide a seamless healthcare journey for patients.

Care Continuum

Inpatient Care Management

Ambulatory Care Management

Utilization Review

Community &
School-based Care

Home Care

PCN Delegated Services



Children's Mercy
KANSAS CITY

Each area in the Care Continuum contributes to both the patient experience and the hospital's overall success. For example, the Utilization Review department does not interface directly with patients but advocates for them and the hospital with payers to prevent denials, which decrease hospital revenues and can place financial strain on patients and families.

To align with the hospital True North Pillars, the Care Continuum set several goals related to identifying discharge needs and facilitating safe discharges, offering, and respecting patient choices of post-discharge providers, and contributing to an improved operating margin through denial dollars recapture.

In 2020, the team met two of three targets. The inpatient care management team met their target (target = 95%) of screening 95% of inpatient admissions for psychosocial and discharge needs within 48 hours of admission. The team continues to strive toward their target (95%) in offering post-discharge service providers and improvements have been put in place to clarify the process and documentation templates, refine the audit process, and increase compliance. The utilization review team exceed their target of reducing unaddressed denials in 2020 (target = average of <10/week), and completely cleared their backlog of denials, resulting in tens of thousands of recaptured dollars.

Care Continuum continues to advance clinical care navigation at CMH, with the goal of reducing gaps in care and improving the patient experience across care settings. In 2020, the primary care-nurse care managers, in partnership with ambulatory social workers, continued their care navigation work within the PCC setting: assisting families in setting and achieving their goals, removing barriers to care, coordinating across settings, and assisting families in self-determined goals. They also contributed their expertise and countless hours to a software pilot (ongoing), which will help inform the clinical care navigation strategy at CMH over the coming years.

Home Care

Children's Mercy Home Care is a department of highly trained specialists focused on assisting patients and families with their medical needs as they transition to their home environment. The staff consists of more than 20 certified pediatric professionals, nurse managers, physical, occupational, speech and clinical respiratory therapists, as well as experts in pharmacy, medical social work and durable medical equipment and supplies. The team actively coordinates with area pediatricians, hospitals and schools to ensure patients and families receive the home care services they need to prevent hospital readmissions and to ensure the best possible outcomes. Home Care services are provided in 21 counties in Missouri and Kansas. Home Care has 20 certified pediatric nurses on staff.

Home Care serviced 1,340 PCN patients in 2020.

Home Care experienced significant growth across all service lines in 2020.



Because we live about 45 minutes from Children's Mercy, Home Care saves us two trips to the hospital each week. Plus, home visits limit Lucas' exposure to outside germs, and make therapy a much more comfortable experience for him.

-- Shannon Whitacre, Lucas' Mother



I was never so happy to see the home care nurse at my door the next day after our 4-month stay in the NICU.

-- Mother of Former NICU Patient



33% increase in revenue over 2019.

48% increase in reimbursement over 2019.

22% increase in service volumes over 2019.

Children's Mercy is the only full-service pediatric Home Care agency in the region.

School-Based Services Program

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 created a behavioral health crisis. The Children's Mercy School Based Social Work team quickly mobilized to adjust to virtual offerings for support and check-ins. While in-person meetings with students are preferred, the social workers were able to see a new side of the students and engage with new students who previously did not need extra support. Students were able to show off their pets and favorite spaces in their homes.

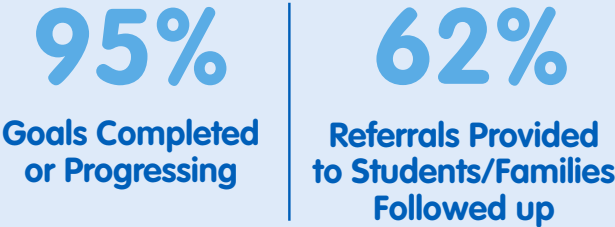
Social workers developed virtual offices with online resources and helped students stay connected with each other through virtual group meetings. Despite

the challenges, the school-based social work team maintained the high degree of professionalism and support they have come to be known for.

Beginning in 2017, Children’s Mercy Hospital and Blue Valley School District partnered to place



These students were provided **12,381** hours of interventions.



Issues addressed include:

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

Students Referred For:



Methods and Reasons for Referral to Social Work

Peer/social concerns and behavior issues were the top reasons for referral to social work. “Other” reasons included family issues, self-harm, and gender identity issues.

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

I could not do my job as a teacher without her assistance. Our social worker is helpful in all situations. Her calm demeanor, professional manner, love for children and ability to work with families make her such a valuable resource in our school. We had a challenging grade level this year with many unique needs. The worker meets each child and adult at their own level and gives them the support they need.

During a crisis situation in our building, our school social worker provided on-the-spot support to students. In these situations, it is invaluable to have someone who knows about outside resources and who to contact next to help the student.

I appreciate the social worker and the professional and compassionate way that she works with staff, students, and parents. Her knowledge of resources and experiences is so helpful to students and parents. She even helped me with resources for my own stress as an educator. When she is speaking you can hear that there is no judgement in her voice, she is only offering hope and opportunities to be supported.

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

90%

Would call the social worker in a crisis situation with a student



"Students in difficult situations were able to go to the social worker and discuss the situation privately in a safe environment. As a teacher, this also allowed me to better help my students learn because they were no longer embarrassed or uncomfortable in class and had tools to deal with their problems."

"As an educator, there is not a single day that I did not work with or collaborate with the social worker - problem solving, collaborating with parents/school community, support in the classroom, proactive instruction to kids on social skills, student groups, crisis support, suicide risk assessments....I honestly don't know where I would be without our social worker."

87%

Social worker provided them with strategies, resources or other support



"As a teacher, I use the social worker all of the time to help students get resources that they do not have – for example, she found a solution for a student who was suffering from poverty and verbal abuse at home."

"Our social worker is vital in our building – she is readily available and provides great assistance for students in crisis. She has helped connect one of my students with community resources when they experienced financial hardship, provided mental health resources to many of my students and their families, and helped our staff members with strategies for managing stress."

83%

More able to focus on their scope of practice due to social worker support



"The social worker was essential with support for several gifted students who were dealing with anxiety & suicidal concerns. She communicates well and is a huge support to students, families, and our staff."

96% Overall Satisfaction



Children's Mercy Payor Relations

The Children's Mercy Payor Relations team is responsible for the negotiation and procurement of new and renegotiated managed care agreements with all payor sources – commercial, ACA exchange, Medicaid, TriCare, Medicare, and direct employer agreements – through favorable contracts that exceed our cost to provide care, as well as capture maximum referral volume and decrease out-of-network experience whenever feasible. Payor Relations also serves as primary relationship manager between payors and Children's Mercy to leverage issues that aid in promoting Children's Mercy, increase cash flow, decrease administrative burden, and remove barriers.

Payor Relations: What We Do

- Analyze, plan and develop payor strategies to ensure optimal contracting and operational performance
- Ensure appropriate and efficient communication and timely issue resolution between Children's Mercy business office and payors in areas of claims payment disputes, contract compliance, service complaints, and prior authorization/concurrent review processes

Children's Mercy Payor Relations

Children's Mercy
Hospital & Clinics

Payor Contracting

Provider Enrollment



- Act as liaison between payors and Children's Mercy to analyze and communicate rate changes and provide updates regarding payor policies, bulletins, or procedures
- Provide education to Children's Mercy regarding contractual nuances and language interpretation
- Evaluate new program development through payor contract and policy review and analysis to recommend course of action to maximize payor reimbursement
- Maintain awareness and stay abreast of changes within payor policy, laws, and regulations as well as current and evolving payment structures
- Influence payor policy decisions
- Negotiation of single case agreements with out-of-network payors

Children's Mercy Provider Enrollment

The Children's Mercy Provider Enrollment team maintains enrollment for 1,300+ billable providers with each of our contracted payor sources and ensures Children's Mercy services and providers are enrolled timely, accurately identified, and reflected appropriately on all in-network payor websites.

Provider Enrollment: What We Do

- Initiates and maintains provider enrollment on behalf of Children's Mercy for all payor sources
- Ensures timely submission and accuracy of all provider additions, deletions, and demographic changes with all payor sources
- Serve as primary point of contact and subject matter expert for provider enrollment inquiries and ensure issues are escalated and resolved timely
- Maintain compliance with all contractual obligations, state regulations, and NCQA/URAC standards
- Ensure compliance with all Medicaid and Medicare enrollment and participation regulations and guidelines
- Maintain Medicare/PECOS enrollment for all applicable specialties via Medicare surrogacy access
- Maintain payor credentialing/

recredentialing for all Children's Mercy facilities and pharmacy locations

- Complete annual delegated oversight audits with all contracted payors to ensure compliance with payor contracts and policies

2020 Overall Highlights

- Successfully negotiated amendment with a large commercial payer to carve-in high cost drugs to allow Children's Mercy to "buy and bill" for these services and eliminate payor steerage to free standing infusion centers or specialty pharmacies
- Expansion of large commercial payer high cost drug amendment to allow for Children's Mercy to be recognized as an approved site of care to administer and buy and bill for all high cost drugs
- Completed contract amendment for large commercial payer for all-inclusive urgent care reimbursement to minimize patient out-of-pocket and secure reimbursement for both professional and facility services
- New Aetna Gene Therapy agreement to recognize Children's Mercy as Center of Excellence for Zolengma and other cellular therapies
- Negotiated new agreements with BCBS of Kansas Solutions ACA Exchange / Marketplace plan to bring all Children's Mercy services in-network

- Amendment with BlueKC to bring Children's Mercy in-network for new ACA Exchange/Marketplace plans in 2021
- Direct agreement for facility/hospital services via WPPA ProviDRs Care for three employers who opted for physician/provider-only network coverage
- New amendments to include Children's Mercy as in-network for narrow network products with both BlueKC and UHC
- Successfully negotiated new contract with BCBS Association to recognize Children's Mercy pediatric solid organ and bone marrow transplant programs as Blue Distinction Centers for Transplant (BDCT)
- Created and maintained centralized resource to track and report payor's COVID waiver, telehealth, reimbursement and policy-related updates for 2020 and beyond
- Incorporated enrollment and reimbursement for anesthesia assistants into existing agreement with large commercial payer
- Automation of monthly provider reports to payors for efficiency, consistency and greater accuracy
- Achieved perfect score for all but one delegated payor audit in 2020

Managed Care Agreements

32 Hospital

19 Professional

5 Transplant

5 Retail Pharmacy

20 Allied

12 Delegated Credentialing

Managed Care Enrollment for Children's Mercy Billable Providers

159
PCPs

- o Advanced Practice Professionals: **28**
- o Physicians: **141**
 - Exclusively Employed: **38**
 - Children's Mercy Affiliated Practice (CMAP): **103**

1,170
Specialists

- o Physicians: **643**
 - Exclusively Employed: **560**
 - Contracted: **83**
- o Advanced Practice Professionals: **369**
- o Allied Health: **158**

18 Children's Mercy Locations

20 Children's Mercy Affiliated
Practice Locations



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