



Top Takeaways from the September 2025 CMHN Committee Meeting

CMHN Celebrates 10 Year Anniversary

View a [Summary](#) of the Network's History from 2015 through 2025!

September CMHN Committee Content Now Available on Demand – [Click Here to View Recording](#)

Updated CMHN 2025 Incentive Performance Report: Use to Inform 2025 Improvement Efforts!

[Click here](#) to review your practice's rolling year performance to inform your quality improvement efforts!

Quality Performance Period:

- Aetna: Jan '24 to Dec '24
- Blue KC: July '24 to June '25
- Cigna: April '24 to March '25

• **Engagement:**

Engagement Points Earned by End of 2025.

- **Clinical Quality:** 10 of 28 Practices Achieving 48+ Points Out of 60 Points

• **Cost & Utilization:**

27 of 28 Practices Achieving 25 Out of 25 Points.



TIP: Use the [CMHN Quality Improvement Tool Kit](#) to review and access quality improvement strategies and insights for all CMHN incentive measures!

[Click here](#) to review the 2025 CMHN Incentive Distribution Framework.

REMINDER: New Provider-Level Performance Report Available – Share with Providers / Care Teams to Support Learning & Improvement!

Purpose: Quickly Compare Provider Performance Rates

- Relative to Overall Practice Rates and Relative to 2025 Incentive Targets.
- Available for Chlamydia Screenings, Age 2 Immunization, Age 13 Immunization, and All Other Incentive Measures.

Arrow Indicates Individual Provider Rate
Relative to Overall Practice Rate

Above Practice Rate

Below Practice Rate

Rate is below Lower Target (0% of Incentive)
Rate is exceeding Lower Target (50% of Incentive)
Rate is exceeding Middle Target (75% of Incentive)
Rate is exceeding the Top Target (100% of Incentive)

CMHN Practice	Attributed Physician Name	Measure Name	Numer	Denom	Rate	Practice Rate	Targets			
							Low	Mid	Top	
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	7	14	50.0%	73.8%		50.6%	59%	66%
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	8	11	72.7%	73.8%		50.6%	59%	66%
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	1	1	100.0%	73.8%		50.6%	59%	66%
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	19	21	90.5%	73.8%		50.6%	59%	66%
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	5	7	71.4%	73.8%		50.6%	59%	66%
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	13	14	92.9%	73.8%		50.6%	59%	66%
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	5	12	41.7%	73.8%		50.6%	59%	66%
		Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, I)	10	14	71.4%	73.8%		50.6%	59%	66%

IMPORTANT: It is recommended that the PDF report be shared with all providers and care teams to support learning and improvement. Ask your clinical and/or administrative representative to view this report!

Risk Capture Initiative – Risk Adjustment & NEW High Priority Risk Capture Worklists

Background: We are estimated a shared **loss of \$422k** for 2025 in the Blue KC Total Cost of Care Agreement. Blue KC uses a **risk adjusted cost**¹ to calculate shared losses or shared gains in this share savings agreement with downside risk. A decrease in our Network's **risk score**² has been identified as a key driver of the losses.

¹Risk Adjustment = An actuarial methodology used to calibrate healthcare costs based on the relative health of a population. It uses a patient's age, gender, medical diagnoses, and prescription medication history to assess patient risk. For more information, view [Understanding Risk Adjustment](#).

²Risk Score = Relative risk ratios based on an average patient with a risk score of 1.0. In other words, a patient with a risk score of 2.0 is expected to be twice as costly and a patient with a risk score of 0.9 is expected to be 10% less costly.

Action Requested: Ensure the risk score of your patients/populations is accurate by coding all appropriate diagnoses (at the appropriate acuity) managed during your clinic visits. Each patient's risk score is primarily dependent on what diagnostic codes are included in payer claims data.

Important: Risk scores are based exclusively on diagnoses included on claims. Problem list diagnoses are not included.

Tactic to Increase Risk Scores for CY2025 Performance: High Priority Risk Capture Worklists

- Worklists will be sent to all practices in October and November to provide awareness to high risk patients with significant coding gaps. Please review and code the missed diagnosis if appropriate at their next clinic visit.

View the 1-Page Education Resource for More Information on the [Risk Capture Worklists](#).

Measure Refresher – Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Measure Definition

The % of episodes for patients 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were NOT dispensed an antibiotic prescription

Important Insight: If a patient is diagnosed with URI and patient needs an antibiotic, include another "competing diagnosis" to ensure antibiotic is warranted!

Common Competing Diagnoses (i.e. Diagnoses Warranting an Antibiotic)

- Suppurative Otitis Media
- Acute/Chronic Sinusitis
- Pneumonia
- Pharyngitis, Streptococcal, or Tonsillitis
- Other Bacterial Infection Diagnoses

For more information, view the [URI Provider Quick Reference](#).



An antibiotic prescribed 4 days after initial URI diagnosis is OK.

If patient receives a diagnosis warranting an antibiotic (i.e. a competing diagnosis) within 4 days of the URI diagnosis, the patient is not included in the measure.

RSV Antibody Improvement Initiative

- NEW RSV Antibody Protection Measure
 - CMICS is looking to measure RSV immunization rates for the Network. The current measure only counts evidence of an RSV immunization code for the infant.
 - To understand the full rate of RSV protection, the Network needs a systematic and effective way to code for RSV contraindication when an infant's mother has received the RSV immunization (i.e., Nirsevimab RSV immunization is not needed).
- How to Code for RSV Contraindication?
 - Since there are no RSV immunization-specific contraindication codes, use **Z28.09** diagnosis code – Immunization not carried out because of other contraindication.
 - Associate the **Z28.09** code with any CPT code to code for the maternal RSV antibody before 8 months of age.
 - For more information on the RSV measure and coding for the maternal RSV antibody, please see the **RSV Antibody Protection Coding Guide!**
- When to Code Z28.09 for Maternal Protection?
 - Received At Least 14 Days Prior to Delivery
 - Received Between 32 Weeks and 36 Weeks & 6 Days Gestation
 - Received Between September through January
 - NOTE: The code Z28.09 should only be used when all 3 of the above criteria are met.

IMPORTANT:

1. Do not indicate maternal protection if mother received RSV vaccination during a previous pregnancy
2. Administer RSV immunization (Nirsevimab) when the mothers RSV vaccination status is unknown

The RSV Immunization For Your Child: What Parents Need To Know

Q&A

Q: What is RSV?

A: Respiratory Syncytial Virus (RSV) is a respiratory infection caused by a virus. Babies, kids, and adults can get it. It can cause mild symptoms, but sometimes—especially in babies—it can lead to severe difficulty breathing, hospitalization, and even death.

Q: Who should get the RSV immunization?

A: In addition to older adults and some high-risk children, infants 0-8 months old should get the RSV immunization. The RSV immunization is available for infants from October to March.

Q: Why does my baby need the RSV immunization?

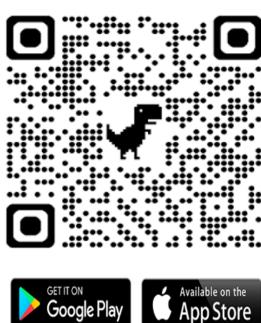
A: RSV is one of the most common causes of respiratory (lung) infections in children of all age groups. However, babies are more likely to get very sick from RSV because their immune systems are still developing, and their smaller airways are also more likely to get inflamed. Babies can develop bronchiolitis, pneumonia, or even apnea, which is when they suddenly stop breathing. The RSV immunization can help protect them.

See [Parent Handout for Q&A on What Parents Needs to Know about RSV!](#)

Charlie's House Virtual Safety Experience: New App to Keep Families Safe

Charlie's House Mission: To prevent accidents and injuries to children in and around the home.

Download the App



Charlie's House is proud to introduce the Virtual Safety Experience app—a child safety education tool designed to give parents and caregivers the safety information they need to prevent in-home accidents and injuries. The Virtual Safety Experience allows users to explore different areas around the home, interacting and learning from experts about common child safety concerns and how to mitigate them. From childproofing best practices to fire safety tips, seasonal hazards, and more, the app will help you build a safer environment for your family from the comfort of your own home.



Learn more about the Virtual Safety Experience app - https://www.youtube.com/watch?v=SqTndiB5a_Y.

Learn more about becoming a Charlie's House Champion: Pediatricians & Physicians - <https://www.charlieshouse.org/become-a-charlies-house-champion-pediatricians>.

[Click to Access Prior Monthly CMHN Committee Takeaways](#)

Questions or Comments? Please ask your Children's Mercy Health Network PHM Network Representative or contact Children's Mercy Health Network staff at ProviderRelations@cmpcn.org.