

WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM ANNUAL REPORT 2022



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West Virginia Children's Health Insurance Program
Comparative Statement of Revenues, Expenditures, Changes in Fund Balance, and Budget-to-Actual
For the Twelve Months Ending June 30, 2022 and June 30, 2021

	Annual Budget 2022	Actual June 30, 2022	Actual June 30, 2021	Actual Variance \$	%	Budget Variance \$	%
Beginning Operating Fund Balance		\$7,418,708	\$6,218,611	\$1,200,097	19%		
Revenues							
Federal Grants	\$53,211,908	\$46,635,861	\$46,645,067	(\$9,206)	0%	(\$6,576,047)	-12%
State Appropriations	\$7,090,665	\$6,929,972	\$6,992,924	\$0	0%	(\$160,693)	-2%
Premium Revenues	\$82,500	\$52,127	\$79,621	(\$27,494)	-35%	(\$30,373)	-37%
Investment Earnings (Interest)	\$100,000	(\$100,340)	\$91,367	(\$191,707)	-210%	(\$200,340)	-200%
Total Operating Fund Revenues	<u>\$60,485,073</u>	<u>\$53,517,620</u>	<u>\$53,808,979</u>	<u>(\$291,359)</u>	-1%	<u>(\$6,967,453)</u>	-12%
Expenditures:							
Claims Expenses:							
Managed Care Organizations		\$36,918,282	\$18,844,776	\$18,073,506	96%		
Prescribed Drugs		\$10,404,502	\$9,579,290	\$825,212	9%		
Physicians & Surgical		\$2,306,426	\$7,635,542	(\$5,329,116)	-70%		
Inpatient Hospital Services		\$561,840	\$2,808,685	(\$2,246,845)	-80%		
Dental		\$133,787	\$4,432,891	(\$4,299,104)	-97%		
Outpatient Services		\$272,449	\$3,897,807	(\$3,625,358)	-93%		
Therapy		\$77,454	\$1,003,430	(\$925,976)	-92%		
Other Services		\$69,266	\$1,628,984	(\$1,559,718)	-96%		
Inpatient Mental Health		\$24,265	\$387,621	(\$363,356)	-94%		
Vision		\$12,941	\$392,277	(\$379,336)	-97%		
Durable & Disposable Med. Equip.		\$5,568	\$221,125	(\$215,557)	-97%		
Outpatient Mental Health		\$7,172	\$171,776	(\$164,604)	-96%		
Medical Transportation		\$72,642	\$212,685	(\$140,043)	-66%		
Less: Other Collections**		(\$12,684)	(\$103,623)	\$90,939	-88%		
Drug Rebates	(\$2,517,954)	(\$265,674)	(\$2,131,643)	\$1,865,969	-88%	(\$2,239,596)	89%
Total Claims Expenses	<u>\$60,430,294</u>	<u>\$50,588,237</u>	<u>\$48,981,623</u>	<u>\$1,606,614</u>	3%	<u>(\$9,842,057)</u>	-16%
Administrative Expenses:							
Salaries and Benefits	\$669,704	\$335,577	\$547,749	(\$212,172)	-39%	(\$334,127)	-50%
Program Administration	\$4,393,877	\$2,708,906	\$2,755,542	(\$46,636)	-2%	(\$1,684,971)	-38%
Eligibility		\$0	\$0	\$0	0%	\$0	0%
Outreach & Health Promotion		\$0	\$0	\$0	0%	\$0	0%
Health Service Initiative	\$225,000	\$225,000	\$225,000	\$0	0%	\$0	0%
Current	\$175,000	\$36,033	\$100,393	(\$64,360)	-64%	(\$138,967)	-79%
Total Administrative Expenses in Operating Fund	<u>\$5,463,581</u>	<u>\$3,305,517</u>	<u>\$3,628,684</u>	<u>(\$323,167)</u>	-9%	<u>(\$2,158,064)</u>	-39%
Total Operating Fund Expenditures	<u>\$65,893,875</u>	<u>\$53,893,754</u>	<u>\$52,610,307</u>	<u>\$1,283,447</u>	2%	<u>(\$12,000,121)</u>	-18%
Adjustments		<u>(\$43,318)</u>	<u>\$1,426</u>				
Ending Operating Fund Balance		<u>\$6,999,256</u>	<u>\$7,418,708</u>	<u>(\$419,452)</u>	-6%		
Money Market		\$3,698,883	\$13,069				
Bond Pool		\$0	\$3,792,700				
Cash on Deposit		\$3,300,374	\$3,612,940				
Revenues Outside of Operating Funds:							
Federal Grants		\$1,751,468	\$414,404	\$1,337,064	323%		
Total WVCHIP Revenues		<u>\$55,269,087</u>	<u>\$54,223,383</u>	<u>\$1,045,704</u>	2%		
Program Expenses outside of Operating Funds:							
Eligibility	\$500,000	\$1,165,573	\$1,277,417	(\$111,844)	-9%	\$665,573	133%
Total Administrative Expenses	<u>\$5,963,581</u>	<u>\$4,471,090</u>	<u>\$4,906,101</u>	<u>(\$435,011)</u>	-9%	<u>(\$1,492,491)</u>	-25%
Total WVCHIP Expenditures	<u>\$66,393,875</u>	<u>\$55,059,327</u>	<u>\$53,887,724</u>	<u>\$1,171,603</u>	2%	<u>(\$11,334,548)</u>	-17%

Footnotes:

- 1) Statement is on cash basis.
- 2) Estimate of Incurred but Not Reported (IBNR) claims on June 30, 2022 is \$360,000. The June 30, 2021 estimate was \$401,980.
- 3) Administrative Accounts Payable balance on June 30, 2022 was \$953,313. The June 30, 2021 balance was \$814,806.
- 4) 2022 and 2021 adjustments to fund balance represent timing issues between the payment of expense and the draw-down of federal revenues.
- 5) Revenues are primarily federal funds.
- 6) WVCHIP's Federal Matching Assistance Percentage (FMAP) during SFY22 was 85.0%. FMAP during SFY21 was 98.3% through 09/30/20 and 85.00% starting 10/01/20.
- 7) Other Collections are primarily provider refunds and subrogation (amounts received from other insurers responsible for bills WVCHIP paid - primarily auto).
- 8) Physician & Surgical services include physicians, clinics, lab, Federally Qualified Health Centers (FQHC), and vaccine payments.
- 9) Other Services includes home health, chiropractors, psychologists, podiatrists, and nurse practitioners.
- 10) Eligibility costs outside the fund represent the costs allocated to the WVCHIP for eligibility and enrollment processing (RAPIDS/WVPATH).

Unaudited - For Management Purposes Only

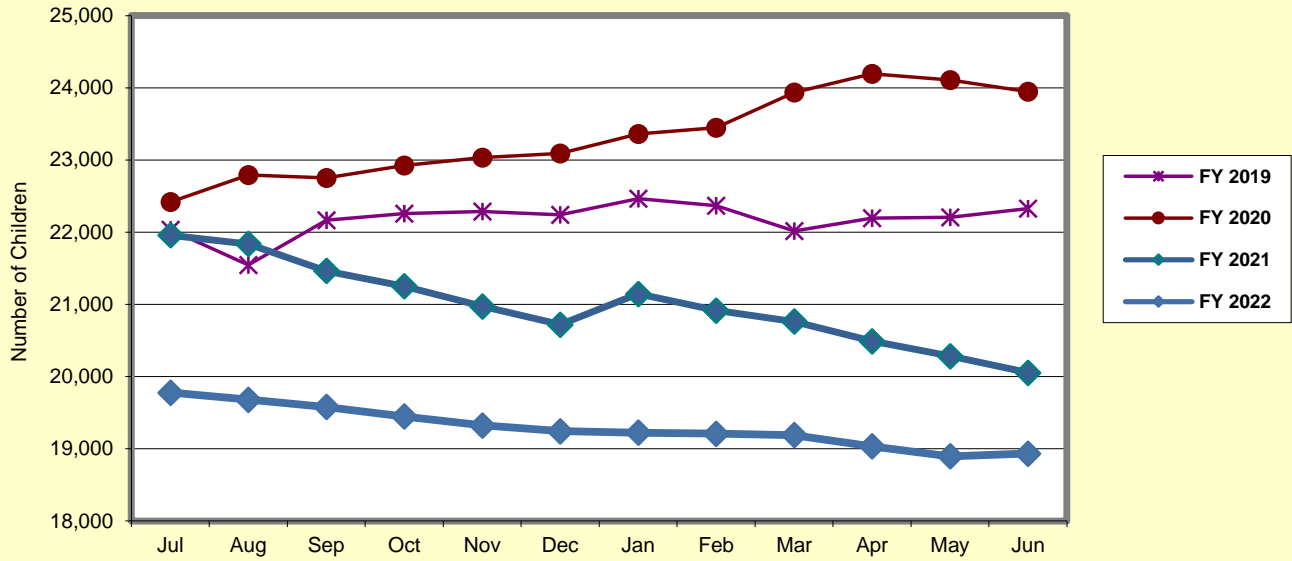
**West Virginia Children's Health Insurance Program
Changes in Federal Allotment Balance
For the Twelve Months Ending June 30, 2022**

Beginning Balance 7/01/2021	
CHP21	<u>\$71,726,737</u>
	\$71,726,737
New Allotments	
CHP22	<u>\$83,500,687</u>
Total Allotment Available	<u>\$155,227,424</u>
Adjustments	<u>\$114,145</u>
Adjusted Available Allotments	<u>\$155,341,569</u>
Draw-downs	
SCHIP	(\$35,906,759)
MCHIP	<u>(\$32,979,198)</u>
Ending Balance 6/30/2022	<u>\$86,455,612</u>
Draws In Transit	
SCHIP Cost Distribution for Eligibility through 6/30/2022	<u>(\$884,320)</u>
Adjusted Ending Balance 6/30/2022	<u>\$85,571,292</u>

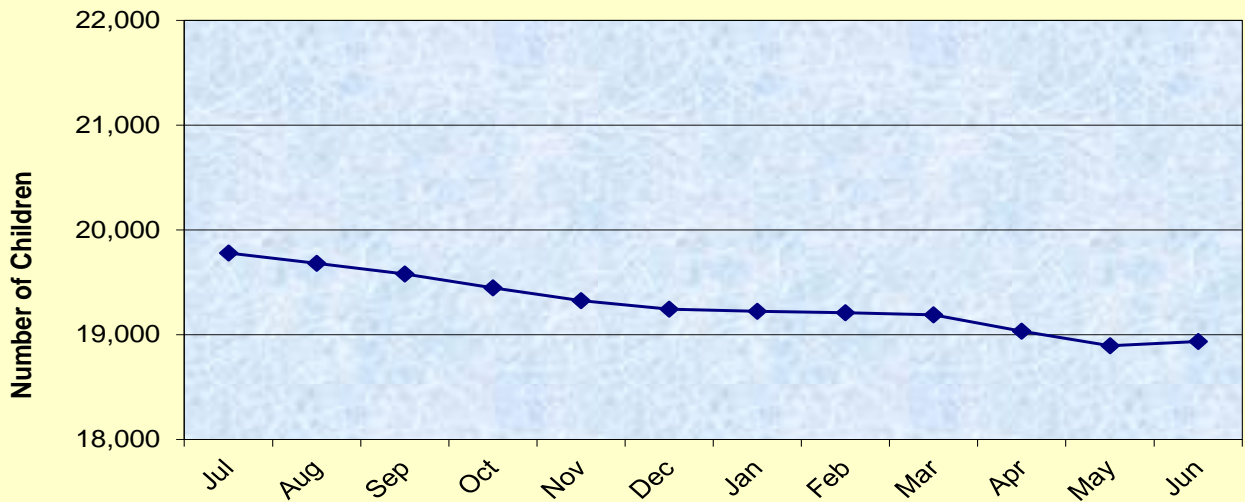
FOOTNOTES:

- 1) WVCHIP is federally funded through annual block grants
- 2) SCHIP = the state's separate CHIP (children over 133%FPL up to 300%FPL)
- 3) MCHIP = the state's CHIP-Medicaid expansion (Medicaid children ages 6 to 18 over 108%FPL up to 133%FPL without other insurance)
- 4) Cost Distribution represents WVCHIP's cost allocation for eligibility & enrollment processes

Enrollment

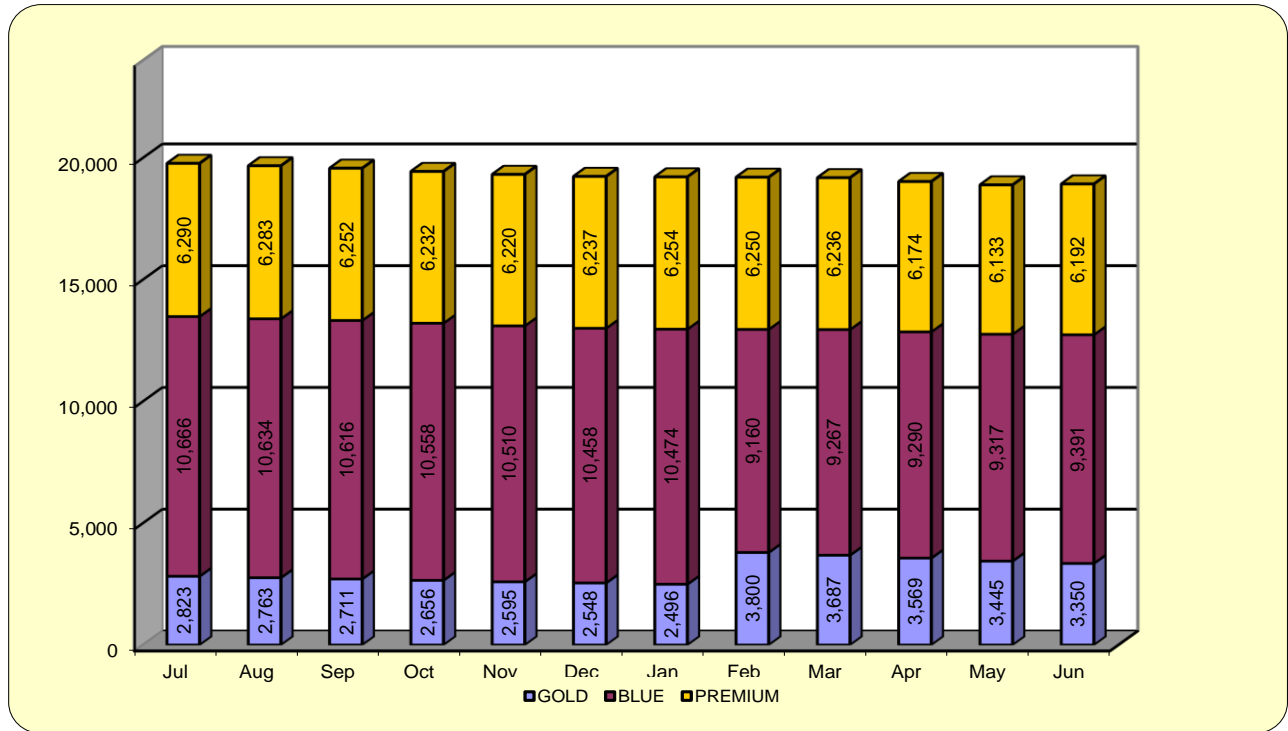


Monthly Enrollment SFY 2022



Monthly Enrollment by Group

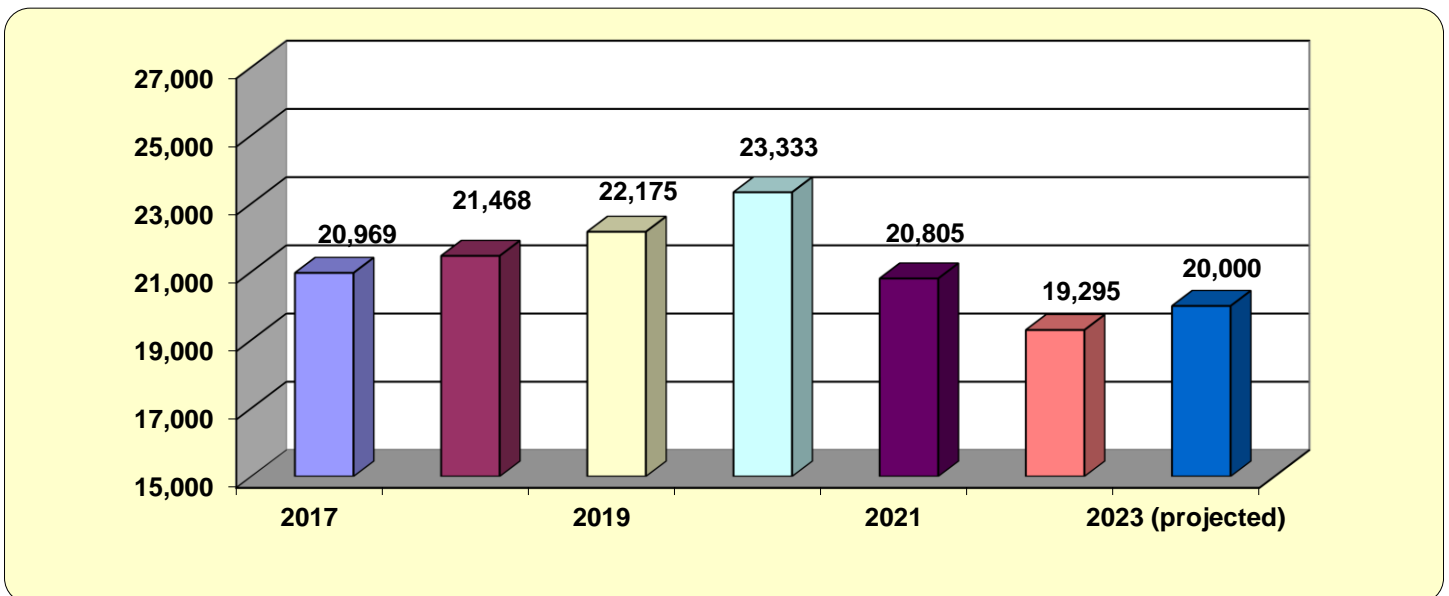
SFY 2022



CHIP members are enrolled in one of three groups based on family income compared to the federal poverty level (FPL): GOLD is $\leq 150\%$ FPL; BLUE is $\leq 211\%$ FPL; PREMIUM is $>211\%$ FPL.

Average Monthly Enrollment

SFYs 2017 - 2022



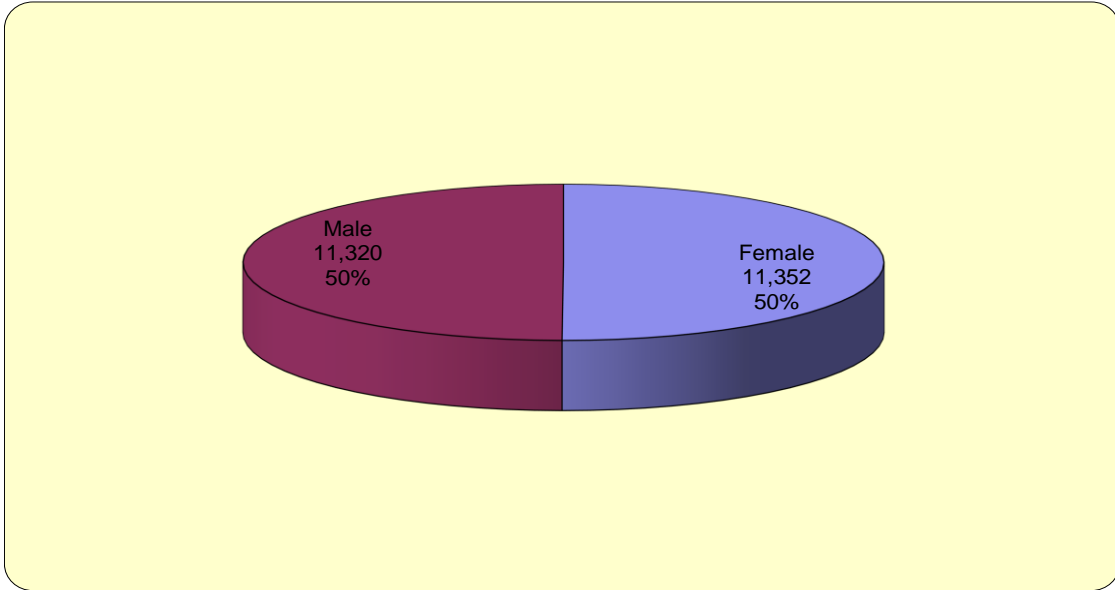
**Unduplicated Count of Children Served
In WVCHIP Each Year on June 30**

<u>Year</u>	<u>Number</u>	<u>% Change</u>
2001	30,006	
2002	33,569	+11.9%
2003	33,709	+0.4%
2004	35,495	+5.3%
2005	36,978	+4.2%
2006	38,064	+2.9%
2007	38,471	+1.1%
2008	37,707	-0.7%
2009	37,874	+0.4%
2010	37,758	-0.3%
2011	37,835	-0.2%
2012	37,608	-0.5%
2013	37,413	-0.5%
2014	34,438	-8.0%
2015	34,729	+0.8%
2016	30,829	-11.2%
2017	30,989	+0.5%
2018	32,147	+3.7%
2019	33,005	+0.3%
2020	30,411	-7.9%
2021	25,231	-17.0%
2022	22,672	-10.1%

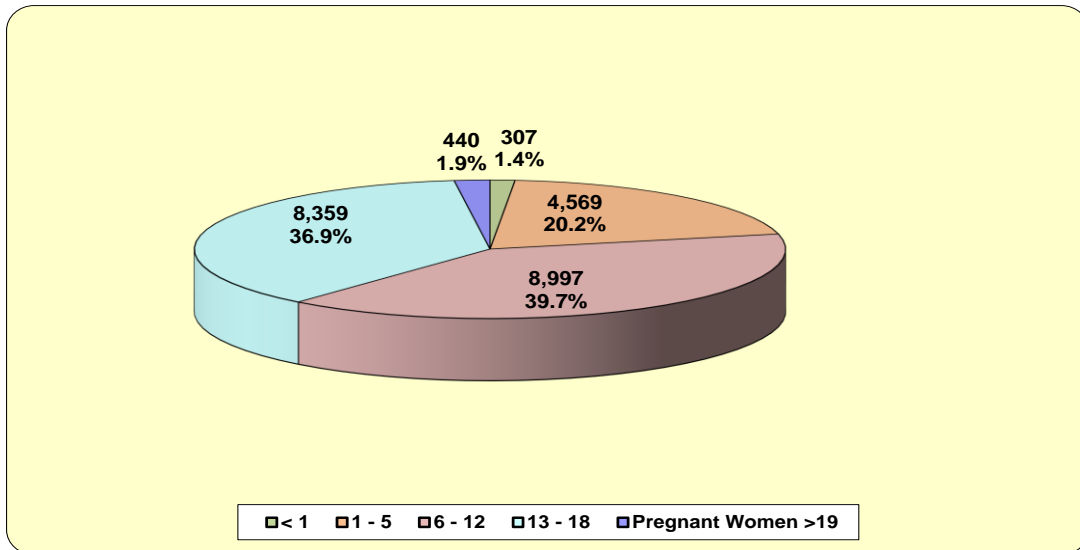
**Total unduplicated number of children ever enrolled as of
June 30, 2022, in WVCHIP since inception:**

209,832

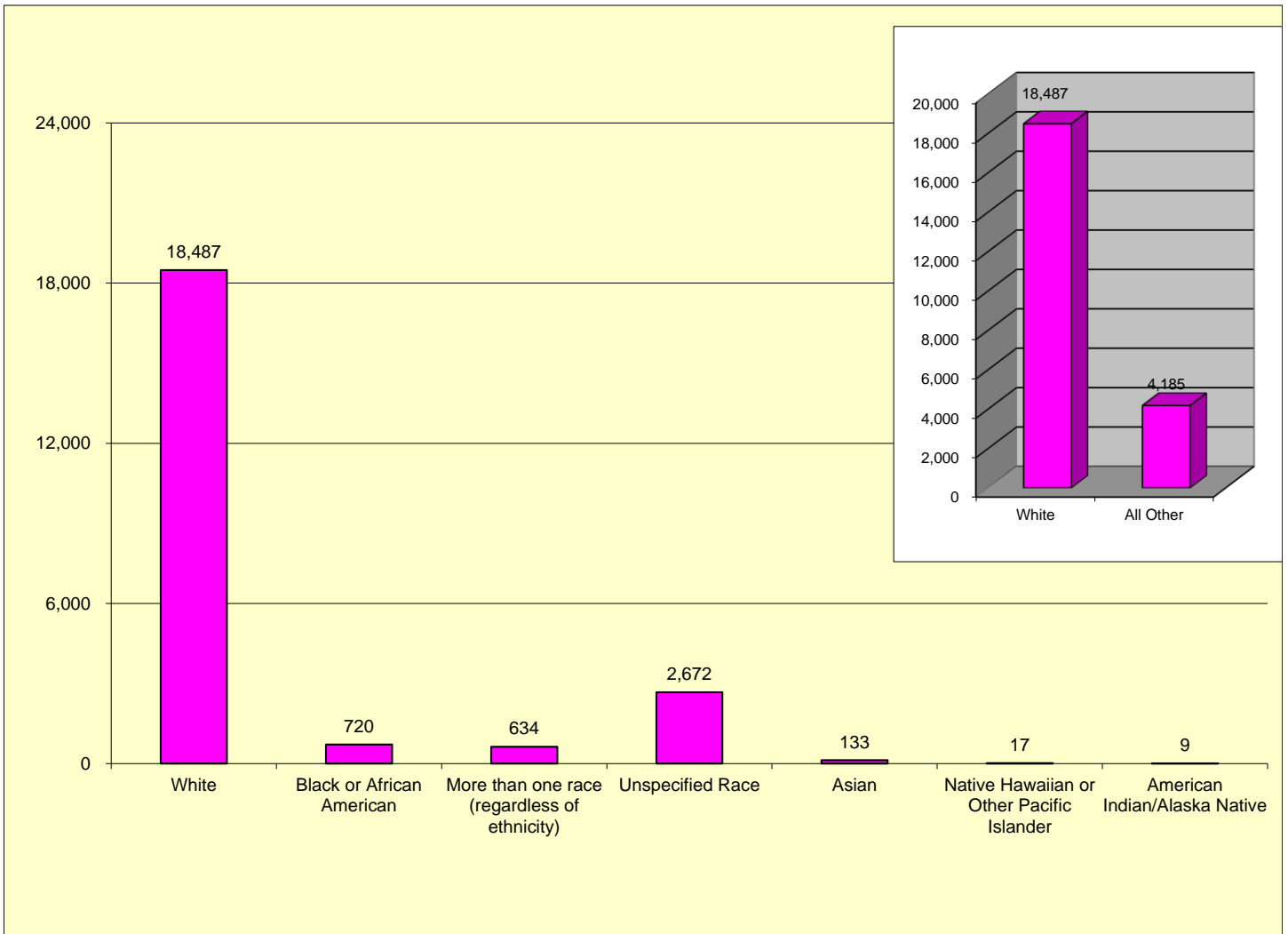
SFY 2022 Enrollment by Gender



SFY 2022 Enrollment by Age

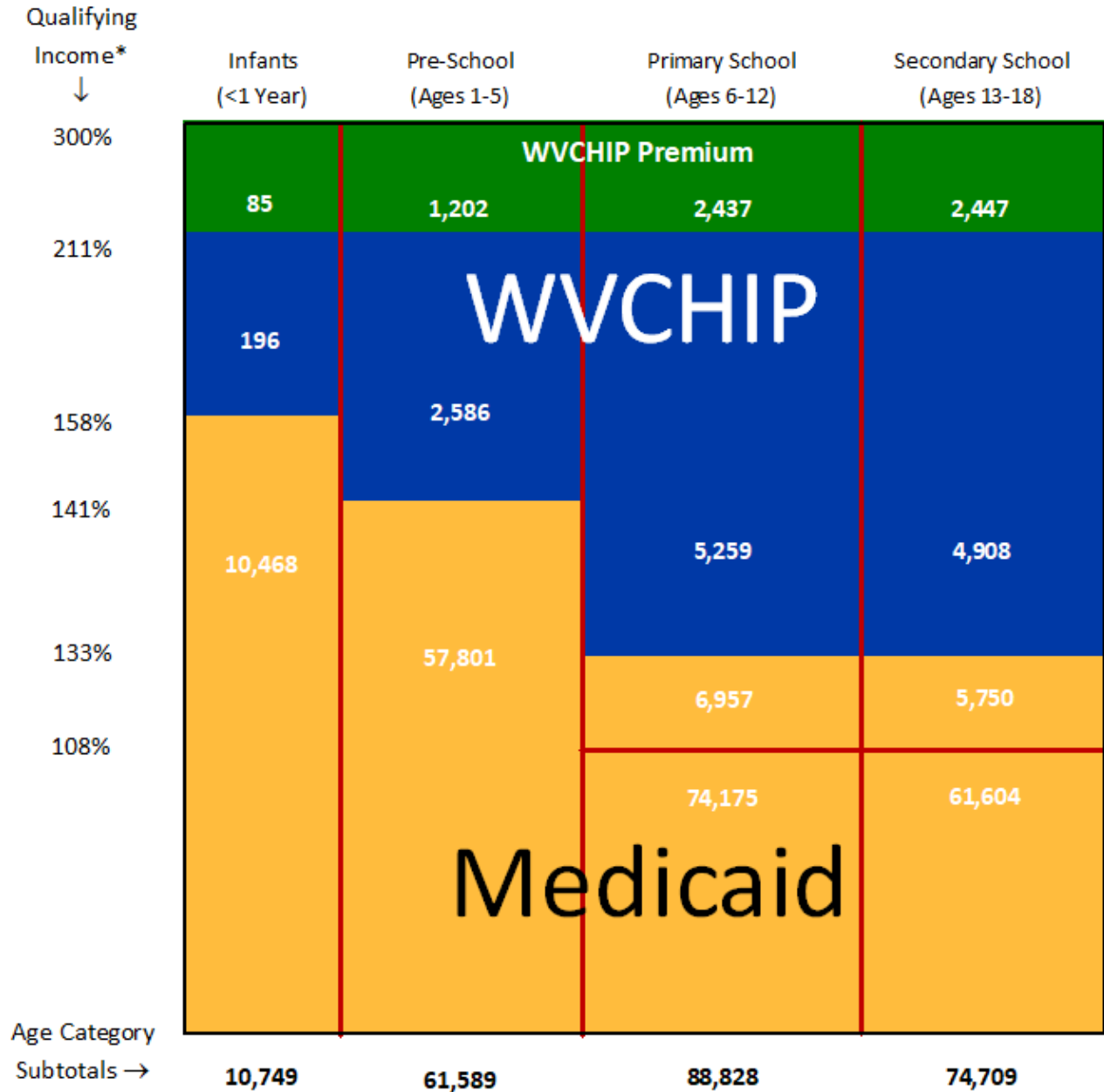


SFY 2022 Enrollment by Race



<u>Race/Ethnicity</u>	<u>WV CHIP Population</u>	<u>% of WV CHIP Population</u>	<u>WV Population Under 18 Years</u>	<u>% of WV Population Under 18 Years</u>
White	18,487	81.5%	377,046	93.1%
Black or African American	720	3.2%	14,985	3.7%
More than one race (regardless of ethnicity)	634	2.8%	8,100	2.0%
Unspecified Race	2,672	11.8%	810	0.2%
Asian	133	0.6%	2,835	0.7%
Native Hawaiian or Other Pacific Islander	17	0.1%	405	0.1%
American Indian/Alaska Native	9	0.0%	810	0.2%
Total	22,672	100.0%	404,990	100.0%

Health Coverage of West Virginia Children by WVCHIP and Medicaid June 30, 2022



*Household incomes through 300% of the Federal Poverty Level (FPL)

Total CHIP-Medicaid Expansion 12,707
Total WVCHIP Enrollment 19,120 Total WV Medicaid Enrollment 216,755
Total # of Children Covered by WVCHIP and Medicaid 235,875

Enrollment Changes by County

As Percent Difference from July 2021 – June 2022

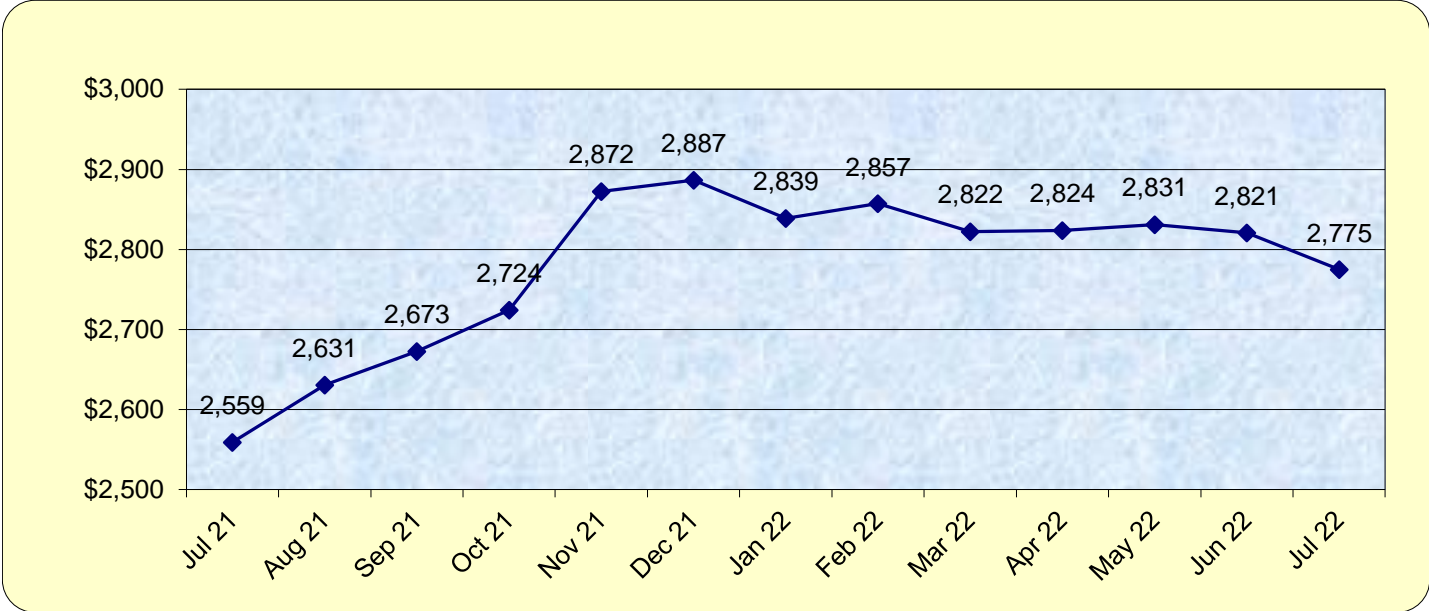
<u>County</u>	<u>Total Enrollees July 2021</u>	<u>Total Enrollees June 2022</u>	<u>Difference</u>	<u>% Change</u>
Clay	97	111	14	13%
Grant	91	104	13	13%
Nicholas	321	365	44	12%
Putnam	614	692	78	11%
Wirt	44	49	5	10%
McDowell	145	157	12	8%
Roane	228	241	13	5%
Berkeley	1,801	1,890	89	5%
Braxton	120	123	3	2%
Preston	448	457	9	2%
Hampshire	244	244	0	0%
Tucker	106	106	0	0%
Harrison	808	802	-6	-1%
Ritchie	60	59	-1	-2%
Barbour	213	209	-4	-2%
Monongalia	818	802	-16	-2%
Calhoun	78	76	-2	-3%
Ohio	416	403	-13	-3%
Lewis	182	176	-6	-3%
Brooke	0	1	1	-4%
Jefferson	641	615	-26	-4%
Monroe	206	197	-9	-5%
Cabell	821	779	-42	-5%
Kanawha	1,885	1,787	-98	-5%
Marion	612	580	-32	-6%
Pocahontas	92	87	-5	-6%
Morgan	220	208	-12	-6%
Mercer	777	726	-51	-7%
Wetzel	106	99	-7	-7%
Greenbrier	505	471	-34	-7%
Hancock	470	436	-34	-8%
Mason	235	218	-17	-8%
Fayette	536	491	-45	-9%
Wood	860	785	-75	-10%
Marshall	245	222	-23	-10%
Jackson	282	255	-27	-11%
Upshur	334	300	-34	-11%
Logan	324	290	-34	-12%
Gilmer	66	59	-7	-12%
Mineral	272	243	-29	-12%
Lincoln	203	181	-22	-12%
Mingo	217	192	-25	-13%
Raleigh	911	806	-105	-13%
Taylor	181	160	-21	-13%
Randolph	387	342	-45	-13%
Summers	126	111	-15	-14%
Hardy	187	164	-23	-14%
Wayne	390	340	-50	-15%
Webster	96	83	-13	-16%
Pendleton	86	74	-12	-16%
Boone	197	169	-28	-17%
Wyoming	277	234	-43	-18%
Pleasants	51	42	-9	-21%
Doddridge	83	67	-16	-24%
Tyler	69	53	-16	-30%
Totals	19,784	18,933	-851	-4%
12-Mo. Avg.		19,294	-15	-6%

Enrollment Changes by County

As Percent of Children Never Before Enrolled from July 2021 – June 2022

County	Total Enrollees	Total Enrollees	New Enrollees	New Enrollees
	July 2021	June 2022	Never in Program	As % of June 2022
Clay	97	111	54	49%
McDowell	145	157	63	40%
Nicholas	321	365	141	39%
Mingo	217	192	69	36%
Wirt	44	49	15	31%
Preston	448	457	138	30%
Braxton	120	123	37	30%
Berkeley	1,801	1,890	551	29%
Wetzel	106	99	28	28%
Webster	96	83	23	28%
Cabell	821	779	213	27%
Lewis	182	176	48	27%
Gilmer	66	59	16	27%
Ritchie	60	59	16	27%
Monroe	206	197	53	27%
Tucker	106	106	28	26%
Putnam	614	692	181	26%
Roane	228	241	63	26%
Marshall	245	222	58	26%
Marion	612	580	145	25%
Hancock	470	436	106	24%
Mason	235	218	53	24%
Ohio	416	403	96	24%
Hampshire	244	244	58	24%
Summers	126	111	26	23%
Grant	91	104	24	23%
Jefferson	641	615	137	22%
Harrison	808	802	171	21%
Monongalia	818	802	161	20%
Calhoun	78	76	15	20%
Kanawha	1,885	1,787	352	20%
Pocahontas	92	87	17	20%
Pleasants	51	42	8	19%
Mineral	272	243	46	19%
Jackson	282	255	48	19%
Taylor	181	160	30	19%
Wood	860	785	144	18%
Logan	324	290	53	18%
Morgan	220	208	38	18%
Barbour	213	209	38	18%
Upshur	334	300	53	18%
Mercer	777	726	124	17%
Wayne	390	340	58	17%
Tyler	69	53	9	17%
Fayette	536	491	81	16%
Hardy	187	164	27	16%
Pendleton	86	74	12	16%
Raleigh	911	806	111	14%
Randolph	387	342	47	14%
Lincoln	203	181	24	13%
Greenbrier	505	471	62	13%
Wyoming	277	234	30	13%
Boone	197	169	18	11%
Doddridge	83	67	6	9%
Brooke	0	1	0	0%
Totals	19,784	18,933	4,223	22%
12-Mo. Avg.		19,294	352	1.8%

Annualized Health Care Expenditures
(Cost Per Child)
SFY 2022

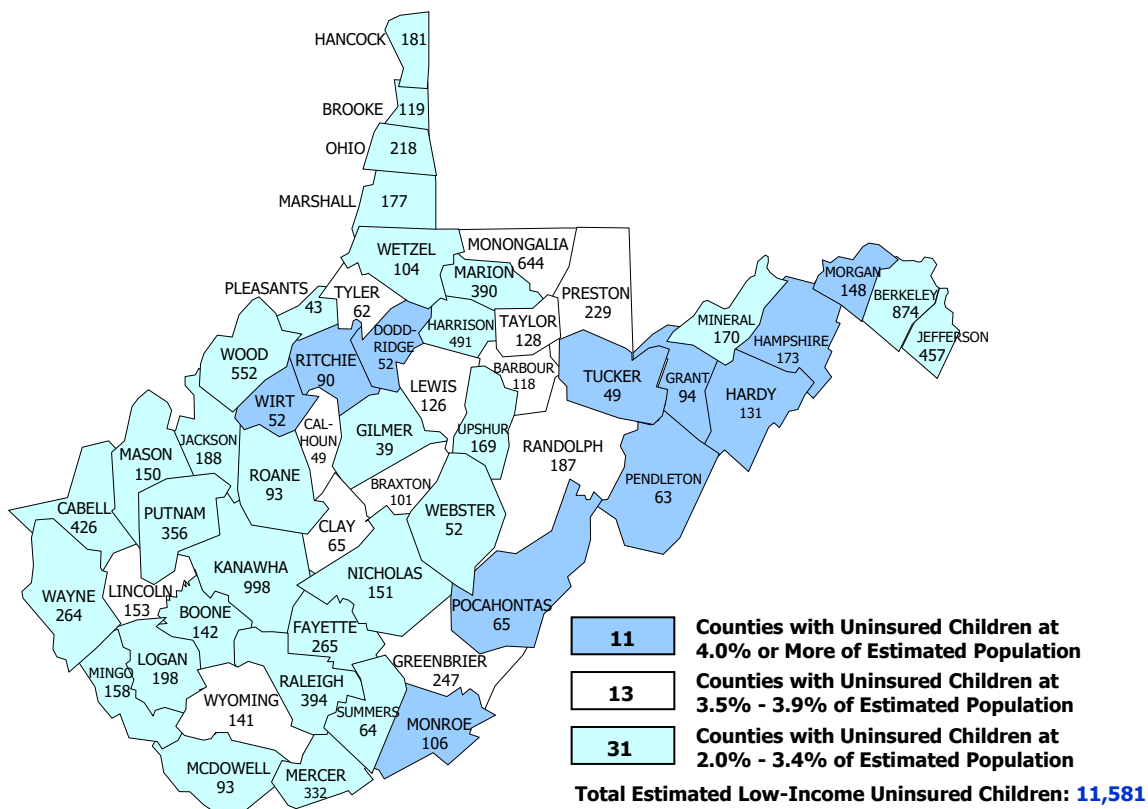


Uninsured Children, Program Outreach, and Health Initiatives

WVCHIP works with many types of community partners and entities as identified in its State Plan; however, as enrollment has stabilized, efforts to promote public awareness of the program have shifted from an enrollment focus to one of promoting child health awareness and prevention messaging on topics such as childhood health screening, child development, immunizations, quality improvement and the importance of a medical home.

Rate of Uninsured Children

Based on health insurance survey data from the U.S. Census Bureau's 2021 Annual Community Survey (ACS), WVCHIP continues to monitor uninsured rates for West Virginia children in its monthly reports to the legislative health committees reflecting both WVCHIP and Medicaid enrollment data for children at the county level. West Virginia is ranked within the top 10 states based on the percentage of uninsured children. The uninsured rate for West Virginia children decreased in 2021 slightly to 3.3 percent, approximately 13,000 children. West Virginia ranks 8th in the nation in the percentage of uninsured children. West Virginia's 2019 rate was 3.5 percent, again around 13,000 kids, and West Virginia ranked 7th in the nation. The U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE) provides uninsured information for children under 19 broken down to the county level, based on ACS estimates. The SAHIE data reflects more accurately the variation from county to county depending on the availability of employer sponsored insurance and should be a more accurate way to target outreach activities to the county level. The ACS information is more widely cited by researchers and advocates. The map below depicts uninsured estimates by county using the most current 2020 SAHIE.



Public Information via the HelpLine, Website, WVPATH, and Healthcare.gov

WVCHIP makes application and program information available through its 1-877-982-2447 toll-free HelpLine, which averages 600 calls a month and mails out applications and program materials upon request. Information is also available through the agency's website at www.chip.wv.gov where program guidelines and applications can be downloaded and printed. The WVCHIP website provides a wealth of information to the public about the agency, its governance, applying and enrolling for benefits, major annual reports, program statistics, and other program and health-related information.

An online application process that allows people to apply from the convenience of home and print out their own applications is available by DHHR at www.wvpath.wv.gov. Many WVPATH users who have evaluated the online application process have commented on its ease of use, costs avoided from travel to pick up applications, and time savings from not having to wait in line at local offices. Since the implementation of the Affordable Care Act in 2013, the inROADS and now the WVPATH application, the replacement for inROADS, is also linked to the www.healthcare.gov website. This linkage of the federal state insurance marketplace with the WVPATH online application process for both WVCHIP and Medicaid provides a "no wrong door" approach for any member of the public interested in health care coverage.

Health Collaborative Efforts

Collaborations are important to allow multiple agencies and entities inside and outside state government to integrate efforts related to a statewide mission for the health of West Virginia children. WVCHIP prioritizes prevention efforts to support West Virginia's Healthy People objectives for children. WVCHIP hopes to expand these collaborations jointly with the contracted managed care organizations to support the healthy development of West Virginia's children. Implementation of a child-focused Member Advisory Council will help to facilitate future work for children in West Virginia. The basis for the Council's work will focus on the following areas: Access, Service Delivery, Gaps in Support System, Engagement with System Staff, Cultural Competency, and Consumer Knowledge of Services and Supports.

WVCHIP Set of Pediatric Core Measures 2022

In 2010, the Secretary of the U.S. Department of Health and Human Services identified 24 pediatric core measures for which state CHIP and Medicaid programs could begin voluntarily reporting. WVCHIP extracts this information to the extent possible from administrative and claims data according to specifications developed for the Healthcare Effectiveness Data and Information Set (HEDIS®). Some core measures were developed by other states who are the measure steward (the expert group setting the measure specifications) and were recommended for inclusion in the core set by national panels of experts. The most common measure steward is the National Committee of Quality Assurance (NCQA). The NCQA oversees and revises its HEDIS® specification sets annually. Since 2010, WVCHIP has expanded the number of pediatric core measures to include 18 of the 24 national child core measures which are reported annually to the Centers for Medicare and Medicaid Services (CMS). This set of measures is expected to be studied and evaluated and become a mandatory reporting set for all states' CHIP and Medicaid child health programs sometime in the future. In addition, West Virginia's CHIP and Medicaid programs requires reporting of specific pediatric measures through their managed care contracts to drive measurement and improvement in child population health.

The HEDIS® set of standardized health performance measures identifies only those individuals with continuous 12-months enrollment for the measurement period before treatment or visit data can be included in calculating the measure. This helps to assure that the population measured is comparable from one health plan to another. It also only captures a subset of the child enrollees in the CHIP each year as the denominator. Continuous 12-month enrollment is defined as those members with no more than a 45-day break in enrollment throughout the measurement year. Measures are based on prior calendar year data. Therefore, 2022 measures are based on calendar year 2021 data.

The Center for Medicaid and CHIP Services (CMCS) decided that the Child Core Healthcare Quality Measure Sets for reporting year 2022 would retire two measures: 1) Percentage of Eligibles Who Received Preventive Dental Care (P-DENT); and 2) Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH). Four new measures were added to the 2022 Core Set: 1) Follow-up After Emergency Department Visit for Mental Illness: Ages 6 – 17 (FUA-CH); 2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUM-CH); 3) Oral Evaluation, Dental Services (OEV-CH); and 4) Topical Fluoride for Children (TFL-CH). West Virginia uses all reportable measures to assess, monitor, and identify areas for improvement in the care being provided to its members.

The measures are broken out into six domains: Primary Care Access and Preventive Care (8 measures), Maternal and Perinatal Health (5 measures), Care of Acute and Chronic Conditions (2 measures), Behavioral Health Care (6 measures), Dental and Oral Health Services (3 measures), and Experience of Care (1 measure).

The measures on the following pages are the ones that WVCHIP reports to CMS. More information on CMS core measures is located on www.medicaid.gov.

Health Care Quality Measures CMS – Child Core Set 2022

	Measure	Numerator	Denominator	Rate
WCC-CH	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents	4,274	10,659	40.1%
CHL-CH	Chlamydia Screening in Women Ages 16 - 20	149	773	19.3%
CIS-CH	Childhood Immunization Status - Combo #10	50	344	14.5%
W30-CH	Well-Child Visits in the First 30 Months of Life	305	469	65.0%
IMA-CH	Immunizations for Adolescents - Combo #2	148	935	15.8%
DEV-CH	Developmental Screening in the First Three Years of Life	577	1,053	54.8%
WCV-CH	Child and Adolescent Well-Care Visits	6,580	13,446	48.9%
CCW-CH	Contraceptive Care - All Effective Method	679	1,840	36.9%
APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics	25	87	28.7%
AMB-CH	Ambulatory Care: Emergency Department (ED) Visits	9,471	194,605	48.7
ADD-CH	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase	97	210	46.2%
FUH-CH	Follow-up After Hospitalization for Mental Illness Ages 6 - 17	12	49	24.5%
APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	21	38	55.3%
CDF-CH	Depression Screening and Follow-up Plan Ages 12 - 17	59	4,004	1.5%
SFM-CH	Sealant Receipt on Permanent First Molars	NR	NR	NR
OEV-CH	Oral Evaluations, Dental Services	8,796	15,705	56.0%
PPC-CH	Prenatal and Postpartum Care: Timeliness of Prenatal Care	8	8	100.0%
CCP-CH	Contraceptive Care - Postpartum Women Ages 15 to 20	3	6	50.0%

NR = Not Reported. Changes have been made to this measure and results are not yet available.

Health Care Quality Measures

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Measure		Description
WCC-CH	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage of children continuously enrolled throughout the year ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of body mass index (BMI) percentile documentation or counseling for nutrition or physical activity during the measurement year.
CHL-CH	Chlamydia Screening in Women Ages 16-20	Percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
CIS-CH	Childhood Immunization Status - Combo #10	Percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. WVCHIP publishes one rate in its Annual Report and results of other rates are available upon request.
W30-CH	Well-Child Visits in the First 30 Months of Life	Percentage of children who turned 30 months old during the measurement year and had two or more well-child visits with a primary care practitioner. Rates are also available for children with six or more visits with a primary care practitioner upon request.
IMA-CH	Immunizations for Adolescents - Combo #2	Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combinations rates. WVCHIP publishes one rate in its Annual Report and other rates are available upon request.
DEV-CH	Developmental Screening in the First Three Years of Life	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. WVCHIP publishes an overall rate in its Annual Report and other rates are available upon request.
WCV-CH	Child and Adolescent Well-Care Visits	Percentage of children ages 3 to 21 who had at least one comprehensive well-care visits with a primary care practitioner (PCP) or gynecologist (GYN) during the measurement year.
CCW-CH	Contraceptive Care - All Effective Method	The percentage of women, aged 15-20 years, who are at risk of unintended pregnancy and were provided a 'most effective' or a 'moderately effective' method of contraception during the measurement year. Excludes women who are infecund due to non-contraceptive reasons (e.g., hysterectomy, oophorectomy, menopause), those who had a live birth during the last two months of the measurement year, and those who were still pregnant at the end of the measurement year. Rates are also available for the percentage of women who were provided a long-acting reversible method of contraception (LARC) upon request.
APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics	The percentage of children and adolescents 1–17 years of age who had two or more anti-psychotic prescriptions and had metabolic testing.
AMB-CH	Ambulatory Care: Emergency Department (ED) Visits	Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.

Health Care Quality Measures

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Measure		Description
ADD-CH	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase	The percentage of children aged 6 to 12 who had an ambulatory prescription dispensed for an attention deficit hyperactivity disorder (ADHD) medication, and who had at least one follow-up visit with a practitioner during the 30-day initiation phase. WVCHIP publishes the Initiation Phase rate in its Annual Report. The Continuation and Maintenance Phase rate is available upon request.
FUH-CH	Follow-Up After Hospitalization for Mental Illness Ages 6 - 17	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm and who had a follow-up visit with a mental health practitioner within 7 days. WVCHIP publishes one rate but four rates are available: 1 and 2)percentage of discharges for which children received follow-up within 30 days after first and second discharge; and 3 and 4) percentage of discharges for which children received follow-up within 7 days after discharge after the first or second discharge.
APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
CDF-CH	Depression Screening and Follow-up Plan Ages 12 - 17	The percentage of children ages 12 to 17 years screened for depression on the date of the encounter or 14 days prior using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.
SFM-CH	Sealant Receipt on Permanent First Molars	Percentage of enrolled children who have ever received sealants on permanent first molar teeth: (1) at least one sealant and (2) all four molars sealed by the 10th birthdate.
OEV-CH	Oral Evaluation, Dental Services	Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year.
PPC-CH	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment
CCP-CH	Contraceptive Care - Postpartum Women Ages 15 to 20	The percentage of women, aged 15-20 years, who had a live birth and were provided a 'most effective' or a 'moderately effective' method of contraception within 60 days of delivery. Rates are also available for the percentage of women who were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery, or 'most effective' or 'moderately effective' method within 3 days upon request.