

WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM

Annual Report
2024

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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 Years Ending June 30, 2024 and June 30, 2023

	Annual Budget 2024	Actual June 30, 2024	Actual June 30, 2023	Actual Variance \$	%	Budget Variance \$	%
Beginning Operating Fund Balance		\$5,382,999	\$6,999,256	(\$1,616,257)	-23%		
Revenues							
Federal Grants	\$57,889,868	\$65,239,204	\$42,274,614	\$22,964,590	54%	\$7,349,336	13%
State Appropriations	\$11,026,842	\$11,026,832	\$6,921,508	\$0	0%	(\$10)	0%
Premium Revenues	\$52,500	\$128,182	\$93,746	\$34,436	37%	\$75,682	144%
Investment Earnings (Interest)	<u>\$100,000</u>	<u>\$24,780</u>	<u>\$37,926</u>	<u>(\$13,147)</u>	<u>-35%</u>	<u>(\$75,220)</u>	<u>-75%</u>
Total Operating Fund Revenues	<u>\$69,069,210</u>	<u>\$76,418,998</u>	<u>\$49,327,794</u>	<u>\$27,091,204</u>	<u>55%</u>	<u>\$7,349,788</u>	<u>11%</u>
Expenditures:							
Claims Expenses:							
Managed Care Organizations		\$54,635,761	\$37,307,335	\$17,328,426	46%		
Prescribed Drugs		\$13,438,772	\$9,213,924	\$4,224,848	46%		
Physicians & Surgical		\$3,805,922	\$2,493,965	\$1,311,957	53%		
Medical Transportation		\$1,969,256	\$44,793	\$1,924,464	4296%		
Outpatient Services		\$1,463,916	\$339,141	\$1,124,776	332%		
Inpatient Hospital Services		\$1,362,905	\$616,348	\$746,557	121%		
Dental		\$744,089	\$144,989	\$599,099	413%		
Therapy		\$308,661	\$86,041	\$222,620	259%		
Other Services		\$168,885	\$59,806	\$109,079	182%		
Inpatient Mental Health		\$177,778	\$44,330	\$133,448	301%		
Outpatient Mental Health		\$72,524	\$10,336	\$62,188	602%		
Vision		\$39,962	\$7,804	\$32,159	412%		
Durable & Disposable Med. Equip.		\$23,359	\$4,618	\$18,740	406%		
Less: Other Collections**		(\$8,424)	(\$138,117)	\$129,693	-94%		
Drug Rebates	<u>(\$2,517,954)</u>	<u>(\$4,809,999)</u>	<u>(\$3,222,763)</u>	<u>(\$1,587,237)</u>	<u>49%</u>	<u>\$2,300,470</u>	<u>-91%</u>
Total Claims Expenses	<u>\$64,732,739</u>	<u>\$73,393,366</u>	<u>\$47,012,550</u>	<u>\$26,380,816</u>	<u>56%</u>	<u>\$8,660,627</u>	<u>13%</u>
Administrative Expenses:							
Salaries and Benefits	\$557,031	\$323,380	\$326,850	(\$3,470)	-1%	(\$233,651)	-42%
Program Administration	\$4,864,472	\$4,788,881	\$3,334,190	\$1,454,691	44%	(\$75,591)	-2%
Eligibility		\$0	\$0	\$0	0%	\$0	0%
Outreach & Health Promotion	\$0	\$0	\$0	\$0	0%	\$0	0%
Health Service Initiative	\$225,000	\$225,000	\$225,000	\$0	0%	\$0	0%
Current	<u>\$413,409</u>	<u>\$28,212</u>	<u>\$45,460</u>	<u>(\$17,248)</u>	<u>-38%</u>	<u>(\$385,197)</u>	<u>-93%</u>
Total Administrative Expenses in Operating Fund	<u>\$6,059,912</u>	<u>\$5,365,474</u>	<u>\$3,931,501</u>	<u>\$1,433,973</u>	<u>36%</u>	<u>(\$694,438)</u>	<u>-11%</u>
Total Operating Fund Expenditures	<u>\$70,792,651</u>	<u>\$78,758,840</u>	<u>\$50,944,050</u>	<u>\$27,814,789</u>	<u>55%</u>	<u>\$7,966,189</u>	<u>11%</u>
Adjustments		<u>\$212,642</u>	<u>(\$0)</u>				
Ending Operating Fund Balance		<u>\$3,255,799.09</u>	<u>\$5,382,999</u>	<u>(\$2,127,200)</u>	<u>-40%</u>		
Money Market		\$0	\$3,736,809				
Bond Pool		\$2,416,748	\$0				
Cash on Deposit		\$839,051	\$1,646,190				
Revenues Outside of Operating Funds:							
Federal Grants		\$0	\$1,550,000	(\$1,550,000)	-100%		
Total WVCHIP Revenues		<u>\$76,418,998</u>	<u>\$50,877,794</u>	<u>\$25,541,204</u>	<u>50%</u>		
Program Expenses outside of Operating Funds:							
Eligibility	<u>\$1,500,000</u>	<u>\$2,247,918</u>	<u>\$2,726,279</u>	<u>(\$478,361)</u>	<u>-18%</u>	<u>\$747,918</u>	<u>50%</u>
Total Administrative Expenses	<u>\$7,559,912</u>	<u>\$7,613,392</u>	<u>\$6,657,780</u>	<u>\$955,612</u>	<u>14%</u>	<u>\$53,480</u>	<u>1%</u>
Total WVCHIP Expenditures	<u>\$72,292,651</u>	<u>\$81,006,758</u>	<u>\$53,670,330</u>	<u>\$27,336,428</u>	<u>51%</u>	<u>\$8,714,107</u>	<u>12%</u>

Footnotes:

- 1) Statement is on cash basis.
- 2) Estimate of Incurred but Not Reported (IBNR) claims on June 30, 2024 is \$2,633,211. The June 30, 2023 estimate was \$2,087,883.
- 3) Administrative Accounts Payable balance on June 30, 2024 was \$209,637. The June 30, 2023 balance was \$558,624.
- 4) 2024 adjustment to fund balance represents timing issues between the payment of expense and the draw-down of federal revenues.
- 5) Revenues are primarily federal funds. WVCHIP's Federal Matching Assistance Percentage (FMAP) during SFY24 averaged 82.6%. SFY23 was 85.0%.
- 6) Other Collections are primarily provider refunds and subrogation (amounts received from other insurers responsible for bills WVCHIP paid - primarily auto).
- 7) Physician & Surgical services include physicians, clinics, lab, Federally Qualified Health Centers (FQHC), and vaccine payments.
- 8) Other Services includes home health, chiropractors, psychologists, podiatrists, and nurse practitioners.
- 9) Eligibility costs outside the fund represent the costs allocated to the WVCHIP for eligibility and enrollment processing (RAPIDS/WVPATH).

Unaudited - For Management Purposes Only

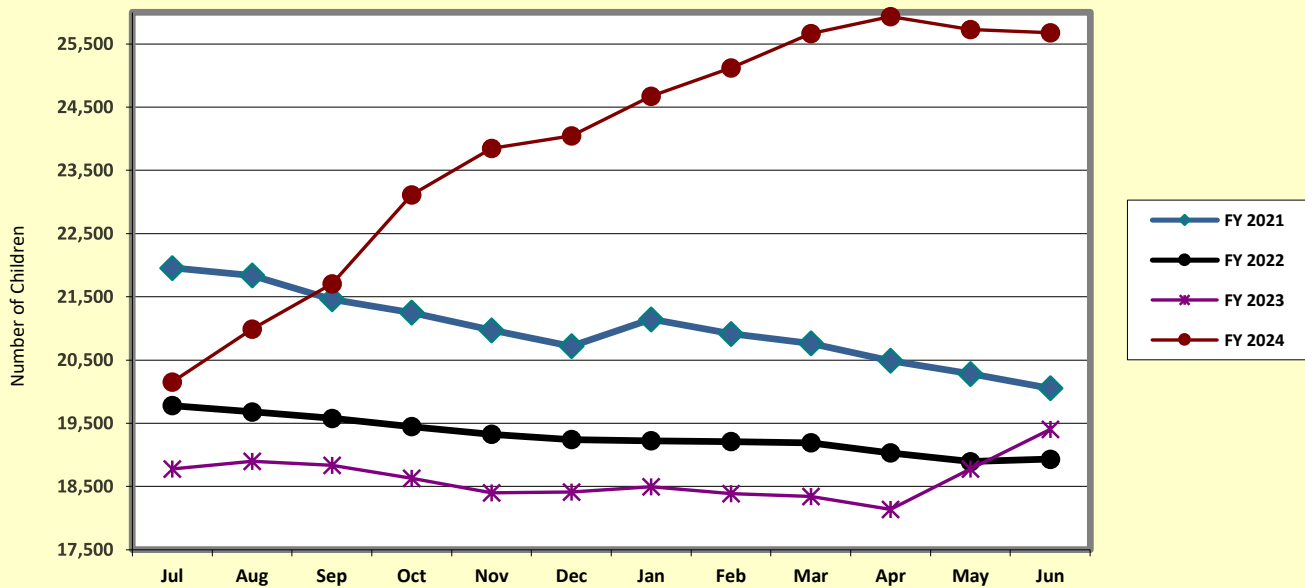
West Virginia Children's Health Insurance Program
Changes in Federal Allotment Balance
For the Year Ending June 30, 2024

Beginning Balance 7/01/2023	
CHP23	<u>\$76,071,113</u>
	\$76,071,113
New Allotments	
CHP24	<u>\$87,381,299</u>
Total Allotment Available	<u>\$163,452,412</u>
Adjustments	<u>\$0</u>
Adjusted Available Allotments	<u>\$163,452,412</u>
Draw-downs	
SCHIP	(\$63,196,398)
MCHIP	<u>(\$42,296,331)</u>
Ending Balance 6/30/2024	<u>\$57,959,683</u>
Draws In Transit	
MCHIP QE 6/30/2024	(\$1,954,516)
SCHIP QE 6/30/2024	(\$1,342,448)
SCHIP Cost Distribution for Eligibility through 6/30/2023	<u>(\$999,837)</u>
Adjusted Ending Balance 6/30/2023	<u>\$53,662,882</u>

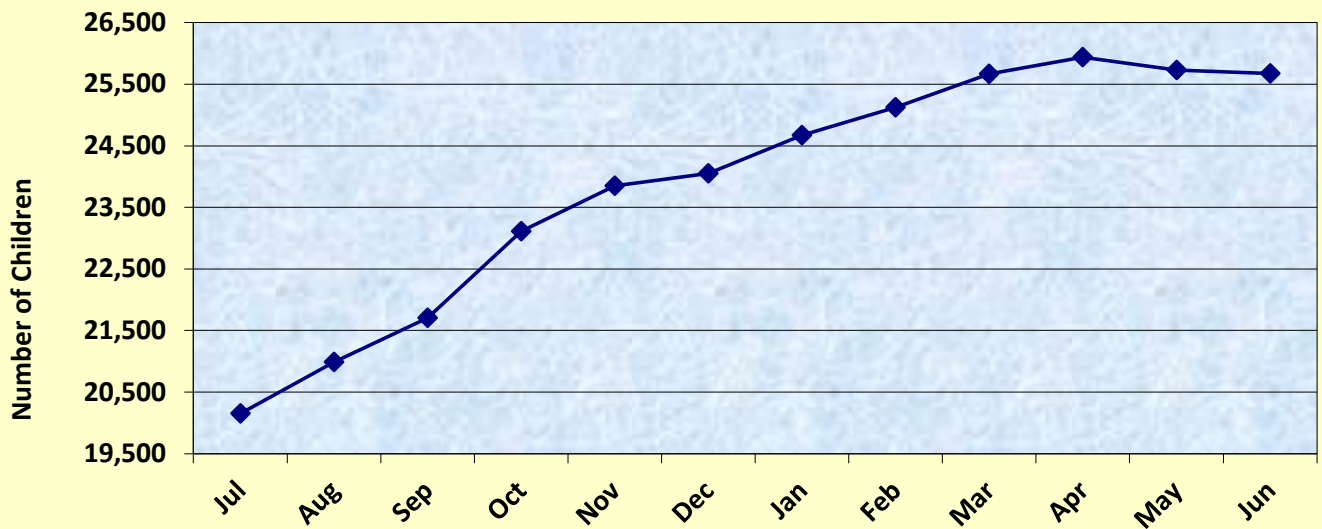
FOOTNOTES:

- 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



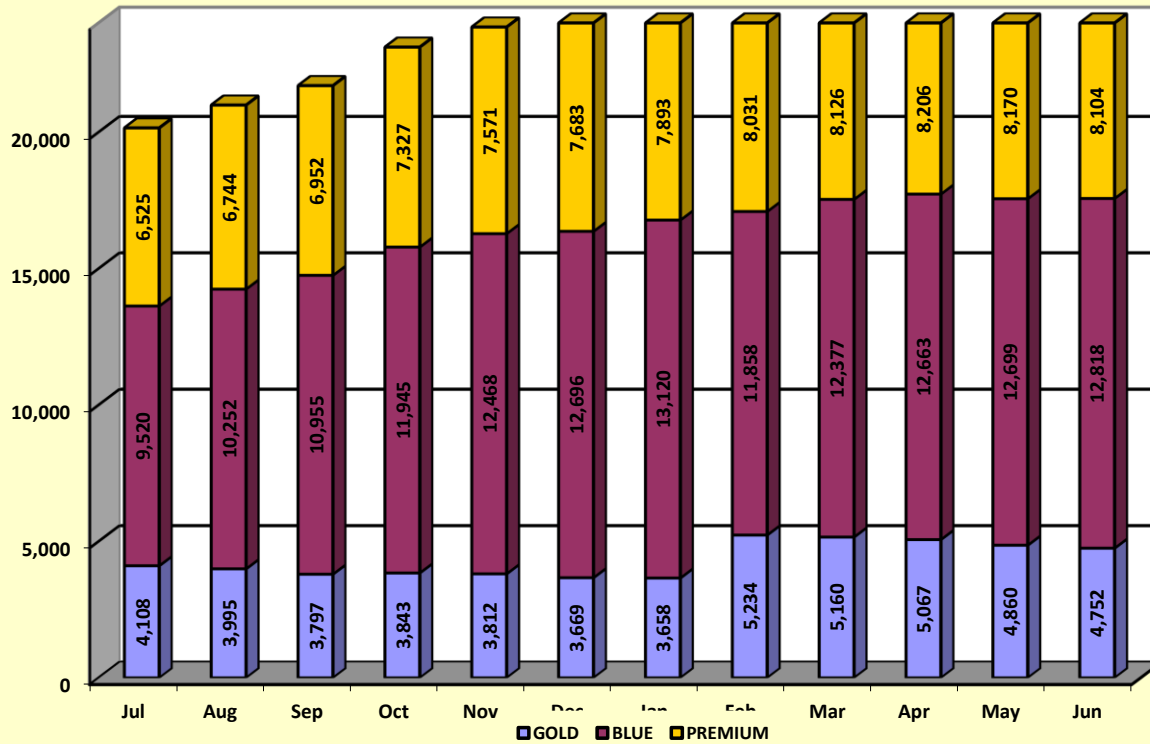
Monthly Enrollment SFY 2024



The COVID-19 Public Health Emergency ended on May 11, 2023. Medicaid eligibility unwinding began in May 2023 resulting in higher CHIP enrollment throughout SFY 2024 due to children being determined ineligible for Medicaid but eligible for CHIP.

Monthly Enrollment by Group

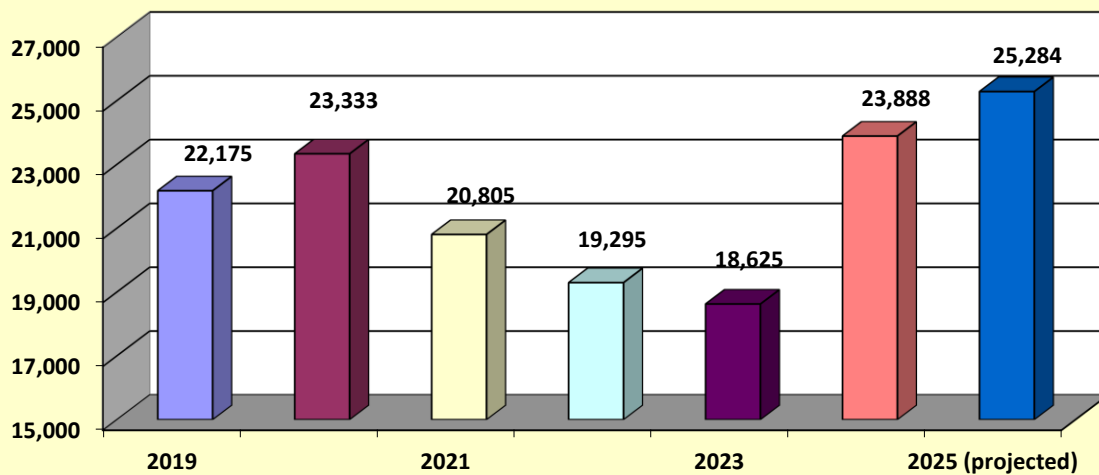
SFY 2024



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 2019 - 2024



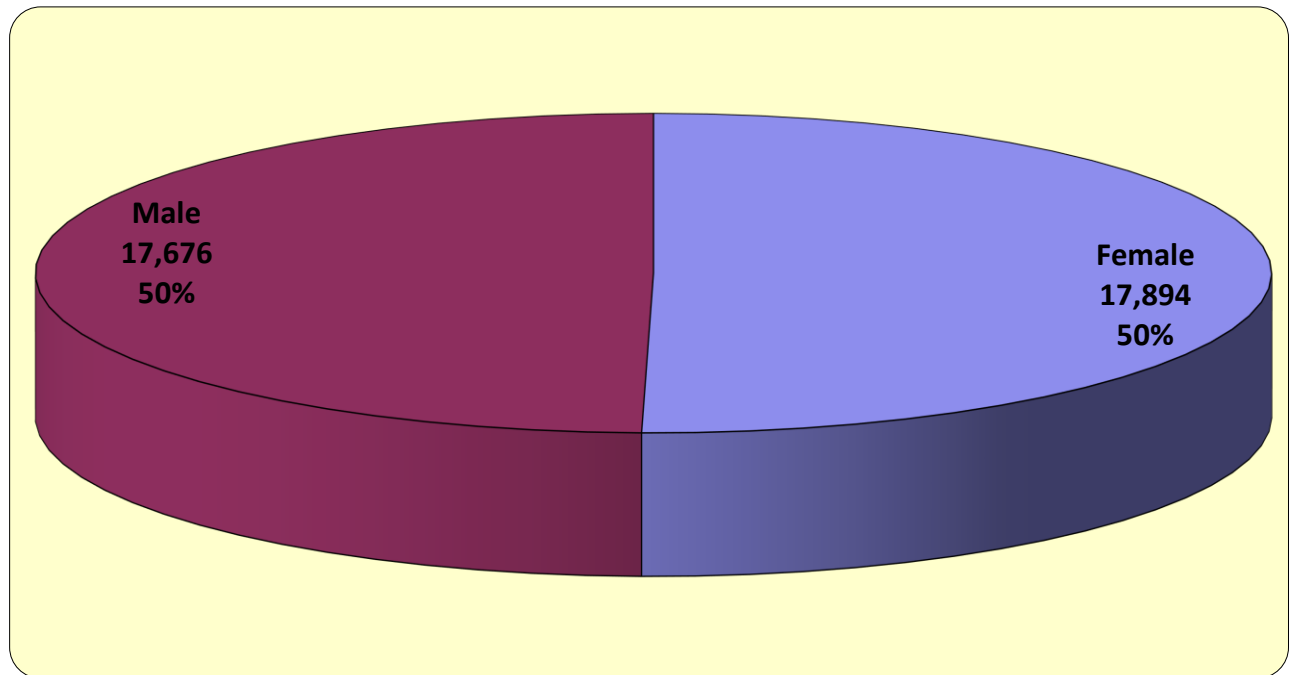
**Unduplicated Count of Children Served
In WVCHIP Each Year on June 30**

<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%
2023	24,485	+8.0%
2024	35,570	+45.3%

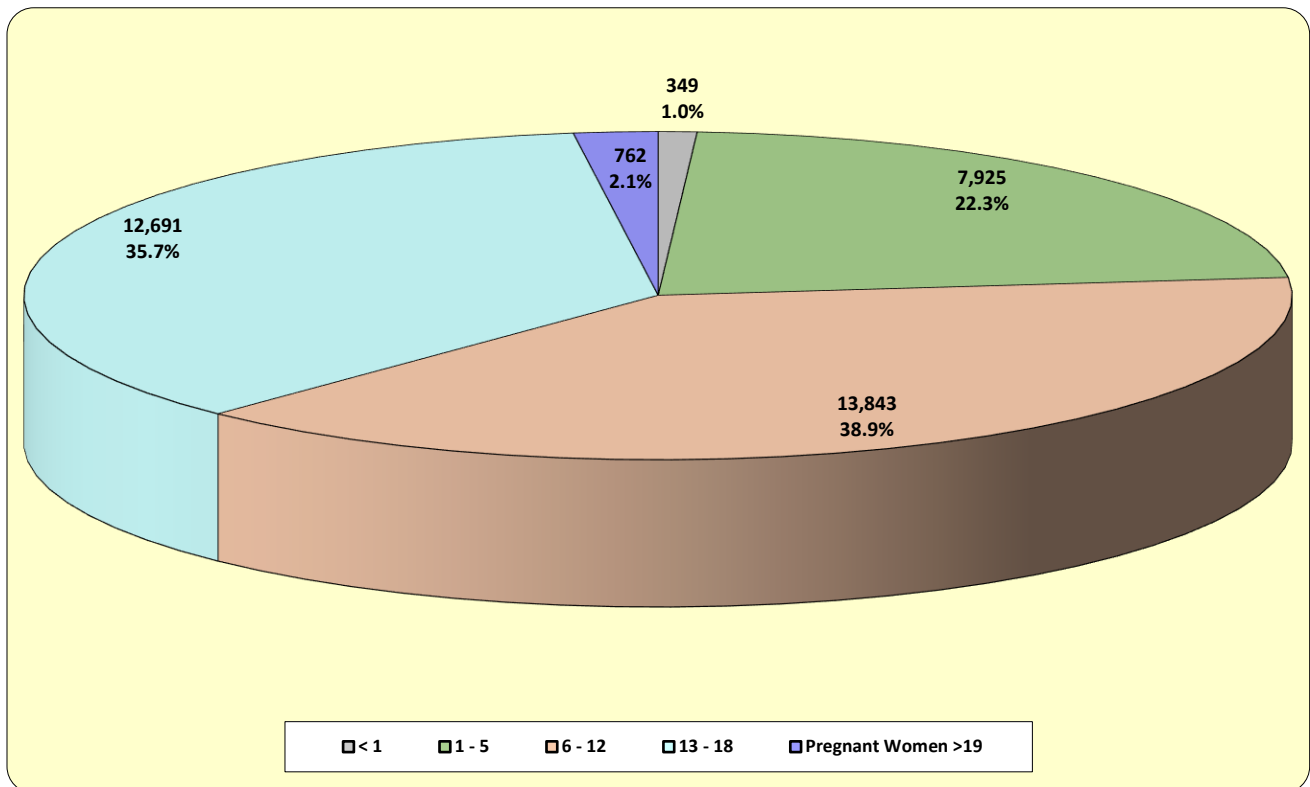
**Total unduplicated number of children ever enrolled as of
June 30, 2024, in WVCHIP since inception:**

233,755

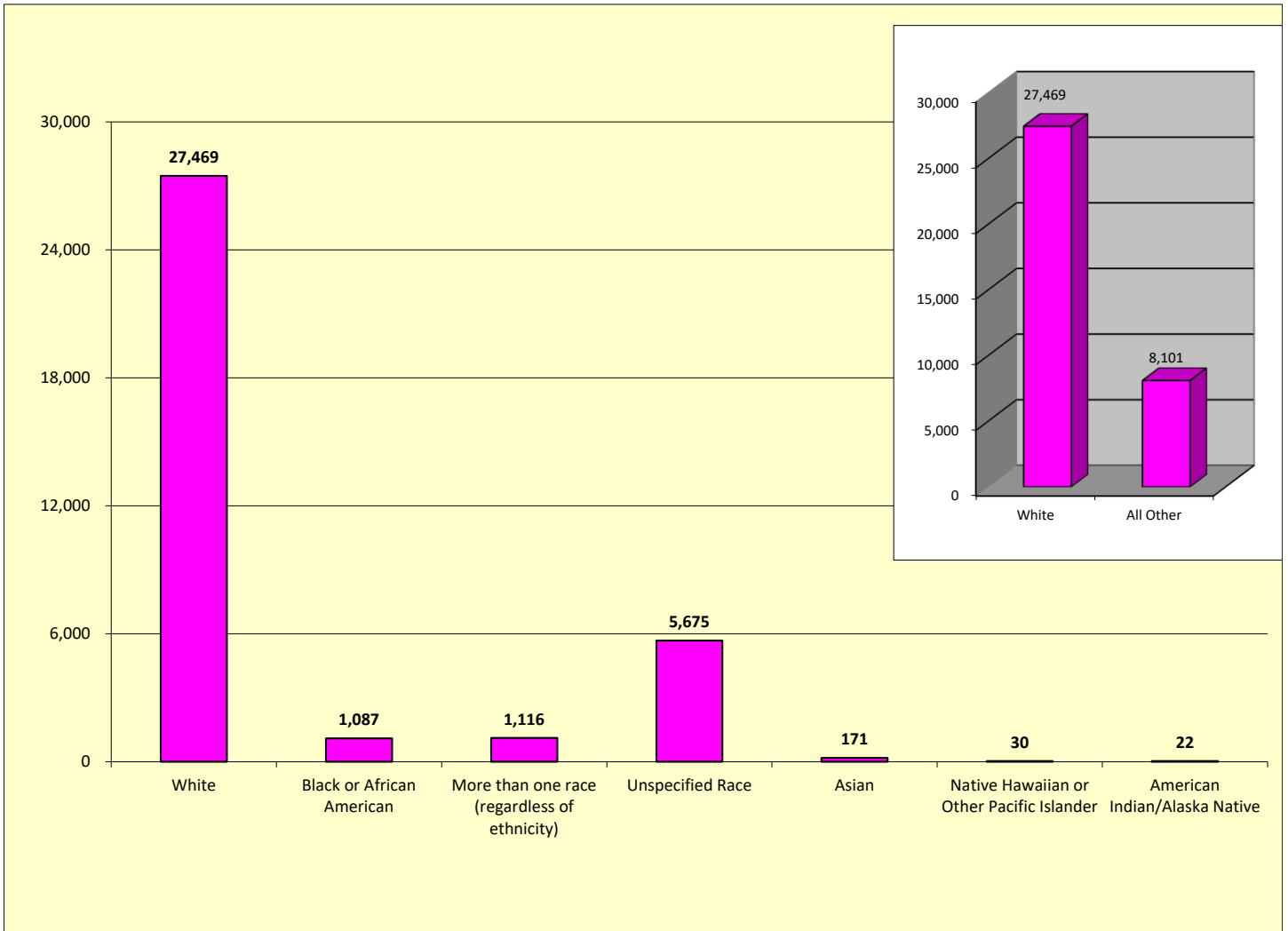
SFY 2024 Enrollment by Gender



SFY 2024 Enrollment by Age

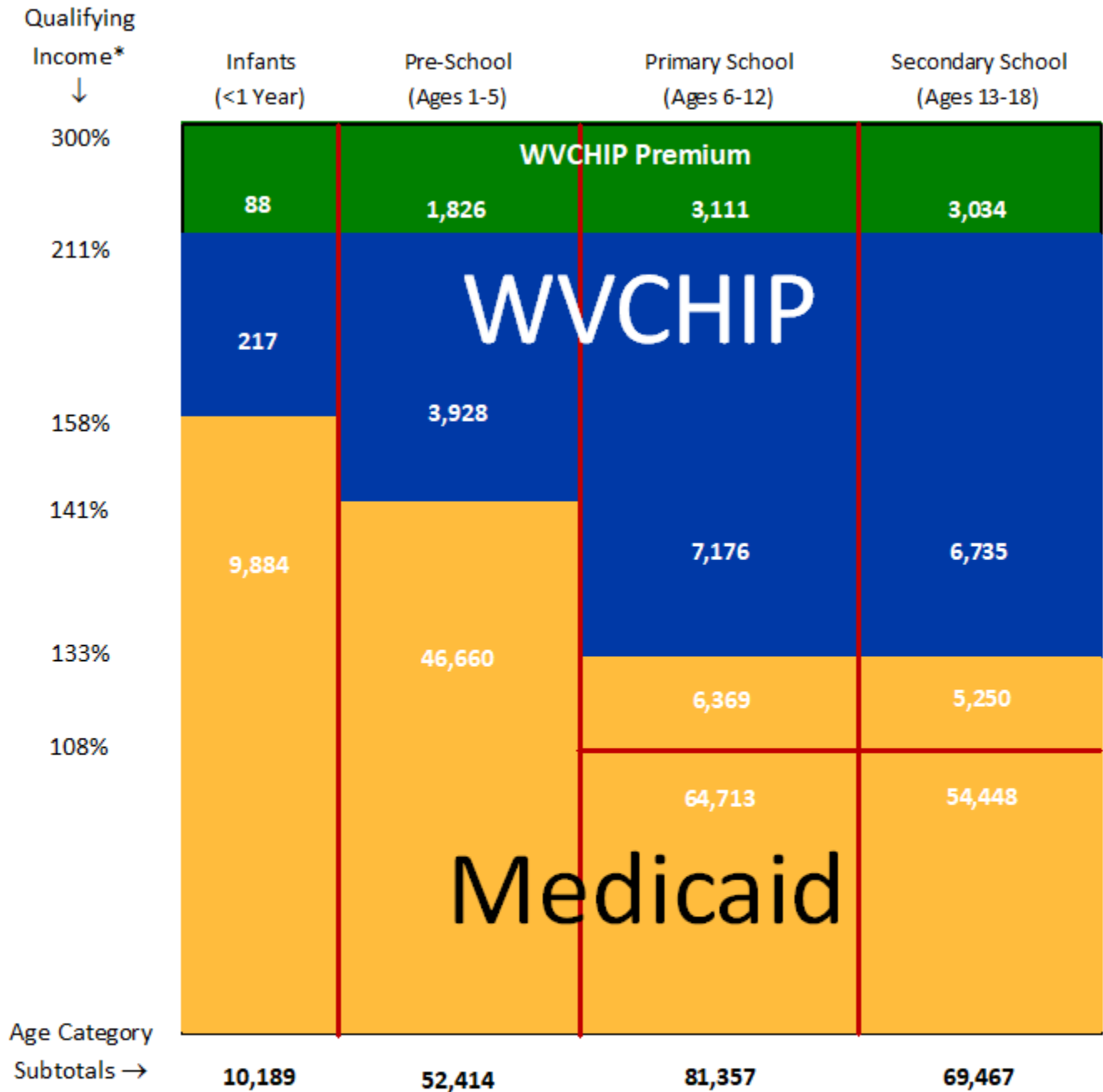


SFY 2024 Enrollment by Race



<u>Race/Ethnicity</u>	<u>WV CHIP Population</u>	<u>% of WV CHIP Population</u>	<u>WV Population Under 19 Years</u>	<u>% of WV Population Under 18 Years</u>
White	27,469	77.2%	359,357	90.1%
Black or African American	1,087	3.1%	12,364	3.1%
More than one race (regardless of ethnicity)	1,116	3.1%	17,549	4.4%
Unspecified Race	5,675	16.0%	3,191	0.8%
Asian	171	0.5%	2,393	0.6%
Native Hawaiian or Other Pacific Islander	30	0.1%	3,590	0.9%
American Indian/Alaska Native	22	0.1%	399	0.1%
Total	35,570	100.0%	398,842	100.0%

Health Coverage of West Virginia Children
by WVCHIP and West Virginia Medicaid
June 30, 2024



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

Total CHIP-Medicaid Expansion 11,619

Total WVCHIP Enrollment 26,103 Total WV Medicaid Enrollment 187,324

Total # of Children Covered by WVCHIP and Medicaid 213,427

Enrollment Changes by County

As Percent Difference from July 2023 to June 2024

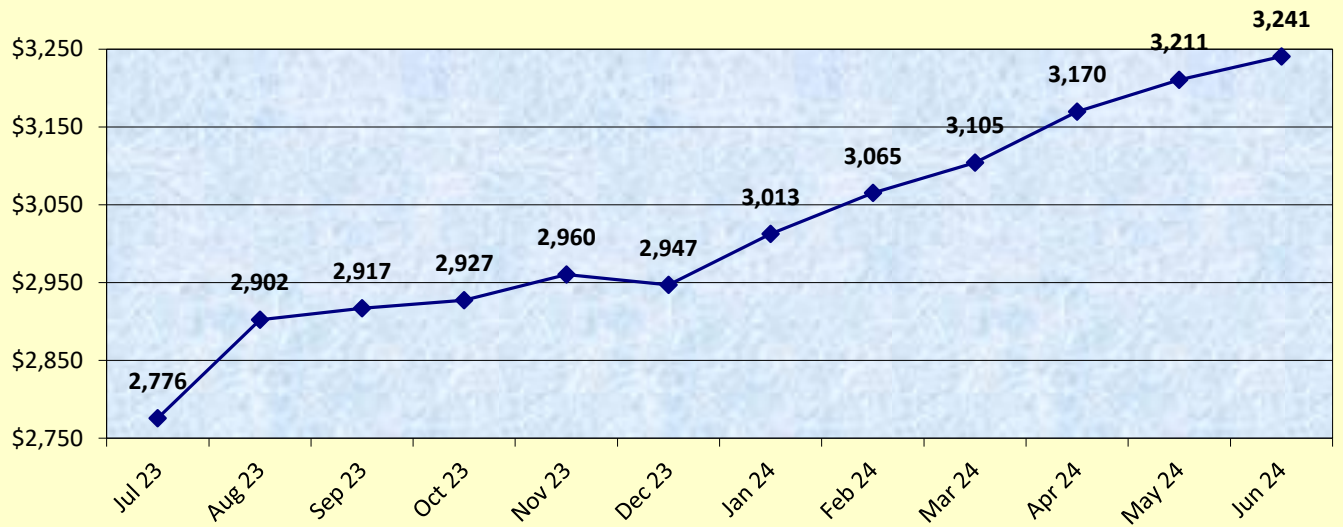
<u>County</u>	<u>Total Enrollees July 2023</u>	<u>Total Enrollees June 2024</u>	<u>Difference</u>	<u>% Change</u>
Mason	225	349	124	36%
Wirt	259	394	135	34%
Webster	111	168	57	34%
Jackson	261	395	134	34%
Hardy	174	258	84	33%
McDowell	143	209	66	32%
Lincoln	188	274	86	31%
Marshall	224	322	98	30%
Pleasants	53	76	23	30%
Wayne	317	444	127	29%
Wyoming	250	348	98	28%
Mercer	752	1,044	292	28%
Tyler	151	208	57	27%
Lewis	208	284	76	27%
Randolph	344	469	125	27%
Tucker	83	113	30	27%
Wetzel	95	128	33	26%
Logan	316	425	109	26%
Greenbrier	474	637	163	26%
Raleigh	873	1,169	296	25%
Wood	669	893	224	25%
Morgan	237	314	77	25%
Taylor	171	225	54	24%
Kanawha	1,838	2,390	552	23%
Fayette	514	667	153	23%
Berkeley	1,988	2,574	586	23%
Boone	197	254	57	22%
Grant	136	175	39	22%
Mingo	226	290	64	22%
Monongalia	849	1,084	235	22%
Cabell	877	1,111	234	21%
Hancock	451	567	116	20%
Barbour	211	264	53	20%
Pocahontas	76	95	19	20%
Upshur	326	406	80	20%
Calhoun	86	107	21	20%
Mineral	321	393	72	18%
Roane	206	251	45	18%
Jefferson	667	808	141	17%
Marion	640	762	122	16%
Pendleton	82	97	15	15%
Gilmer	64	75	11	15%
Hampshire	263	307	44	14%
Harrison	841	980	139	14%
Doddridge	69	80	11	14%
Summers	154	173	19	11%
Clay	99	111	12	11%
Monroe	217	238	21	9%
Preston	445	486	41	8%
Putnam	741	806	65	8%
Ohio	391	422	31	7%
Ritchie	159	167	8	5%
Nicholas	377	376	-1	0%
Braxton	140	136	-4	-3%
Brooke	0	0	0	-4%
Totals	20,229	25,798	5,569	22%
12-Mo. Avg.		19,294	101	21%

Enrollment Changes by County

As Percent of Children Never Before Enrolled from July 2023 to June 2024

County	Total Enrollees	Total Enrollees	New Enrollees	New Enrollees
	July 2023	June 2024	Never in Program	As % of June 2024
Wetzel	95	128	129	101%
Pleasants	53	76	73	96%
Wayne	317	444	340	77%
Gilmer	64	75	57	76%
Wood	669	893	669	75%
Lincoln	188	274	201	73%
Boone	197	254	184	72%
Summers	154	173	125	72%
Wyoming	250	348	249	72%
Pendleton	82	97	69	71%
Grant	136	175	122	70%
Lewis	208	284	196	69%
McDowell	143	209	144	69%
Hardy	174	258	177	69%
Logan	316	425	289	68%
Mason	225	349	234	67%
Marshall	224	322	212	66%
Hampshire	263	307	201	65%
Doddridge	69	80	52	65%
Mercer	752	1,044	676	65%
Jackson	261	395	254	64%
Raleigh	873	1,169	735	63%
Mineral	321	393	245	62%
Monroe	217	238	148	62%
Berkeley	1,988	2,574	1,599	62%
Fayette	514	667	413	62%
Calhoun	86	107	66	62%
Clay	99	111	68	61%
Tucker	83	113	68	60%
Randolph	344	469	282	60%
Cabell	877	1,111	665	60%
Kanawha	1,838	2,390	1,419	59%
Greenbrier	474	637	373	59%
Jefferson	667	808	472	58%
Hancock	451	567	331	58%
Braxton	140	136	79	58%
Morgan	237	314	182	58%
Mingo	226	290	168	58%
Ohio	391	422	243	58%
Upshur	326	406	232	57%
Marion	640	762	433	57%
Monongalia	849	1,084	614	57%
Barbour	211	264	143	54%
Ritchie	159	167	90	54%
Pocahontas	76	95	51	54%
Webster	111	168	90	54%
Roane	206	251	128	51%
Putnam	741	806	407	50%
Nicholas	377	376	188	50%
Taylor	171	225	110	49%
Preston	445	486	231	48%
Tyler	151	208	77	37%
Harrison	841	980	266	27%
Wirt	259	394	53	13%
Brooke	0	0	0	0%
Totals	20,229	25,798	15,322	59%
12-Mo. Avg.		23,014	1,277	5.5%

Annualized Health Care Expenditures
(Cost Per Child)
SFY 2024

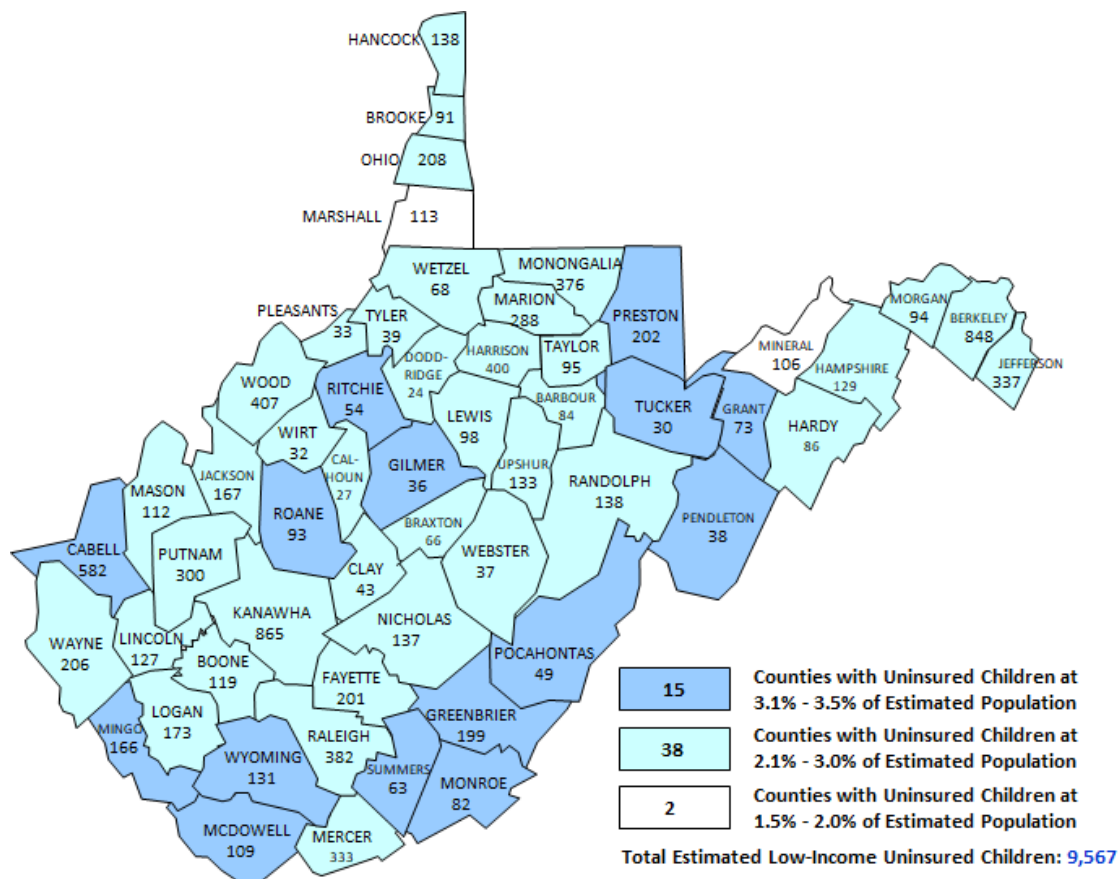


Uninsured Children, Program Outreach, and Health Initiatives

WVCHIP works with many 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 2023 Annual Community Survey (ACS), WVCHIP continues to monitor uninsured rates for West Virginia children in its monthly and quarterly reports to the legislative health committees reflecting both WVCHIP and West Virginia 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 increased in 2023 slightly to three percent, which is approximately 11,418 children. West Virginia ranks fifth in the nation in the percentage of uninsured children. West Virginia's 2022 rate was 2.8 percent, around 11,000 kids, and West Virginia ranked eighth in the nation in the percentage of uninsured children. 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 the variation from county to county more accurately depending on the availability of employer sponsored insurance and should be a more accurate way to target outreach activities at 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 2022 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 made available by the West Virginia Department of Human Services (DoHS) 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 WVPATH application 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 West Virginia 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 of 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.

WVCHIP Set of Pediatric Core Measures 2024

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 or entities that are the measure stewards (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, the Centers for Medicare and Medicaid Services (CMS) has expanded the number of national core pediatric measures to 27. Mandatory reporting of the core pediatric measure set for all states' CHIP and Medicaid child health programs starts in 2024. In addition, West Virginia's CHIP and Medicaid programs require 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-month enrollment for the measurement period before treatment or visit data can be included in calculating the measure. This helps to ensure 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 mostly based on prior calendar year data. Therefore, 2024 measures are typically based on calendar year 2023 data. Some measures do have different measurement periods. These are available on the CMS website at: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html.

The Center for Medicaid and CHIP Services (CMCS) decided that the Child Core Healthcare Quality Measure Sets for reporting year 2024 would remain the same as the 2023 set at 27 measures. 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 (3 measures), Behavioral Health Care (7 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 at www.medicaid.gov.

Health Care Quality Measures

CMS – Child Core Set 2024

	Measure	Numerator	Denominator	Rate
WCC-CH	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents Ages 13 to 17 - Body Mass Index Assessment Percentage	4,857	7,249	67.0%
CHL-CH	Chlamydia Screening in Women Ages 16 - 20	172	977	17.6%
CIS-CH	Childhood Immunization Status - Combo #10 *	80	348	23.0%
W30-CH	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	218	848	25.7%
IMA-CH	Immunizations for Adolescents - Combo #2 *	477	1,722	27.7%
DEV-CH	Developmental Screening in the First Three Years of Life	1,195	2,064	57.9%
WCV-CH	Child and Adolescent Well-Care Visits - Ages 3 to 21	3,692	19,386	19.0%
LSC-CH	Lead Screening in Children	425	764	55.6%
PPC2-CH	Prenatal and Postpartum Care: Under Age 21	NR	NR	NR
CCP-CH	Contraceptive Care - Postpartum Women Ages 15 to 20	NR	NR	NR
CCW-CH	Contraceptive Care - All Women Ages 15 to 20	25	85	29.4%
AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	231	627	36.8%
AMR-CH	Asthma Medication Ratio: Ages 5 to 18	178	207	86.0%
AMB-CH	Ambulatory Care: Emergency Department (ED) Visits - Visits per 1,000 Member Months Ages 0 to 19	17,193	242,248	71.0
ADD-CH	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase	118	325	36.3%

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	Measure	Numerator	Denominator	Rate
CDF-CH	Depression Screening and Follow-up Plan Ages 12 to 17	NR	NR	NR
FUH-CH	Follow-up After Hospitalization for Mental Illness Ages 6 to 17	56	74	75.7%
APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Glucose Monitoring - Ages 1 to 17	92	142	64.8%
APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Ages 1 to 17	27	60	45.0%
FUA-CH	Follow-up After Emergency Department Visit for Substance Use: Ages 13 to 17	NR	NR	NR
FUM-CH	Follow-up After Emergency Department Visit for Mental Illness: Ages 6 to 17 - Within 30 Days	38	50	76.0%
OEV-CH	Oral Evaluations, Dental Services Ages < 1 to 20	8,029	22,483	35.7%
TFL-CH	Topical Fluoride for Children	12,953	22,373	57.9%
SFM-CH	Sealant Receipt on Permanent First Molars	395	1,039	38.0%

NR = Not Reported. Changes have been made to this measure or the denominator is less than 10 and results are not yet available.

* = Numerator calculated based on Medicaid and CHIP combined weighted rate between FFS and MCO

	Measure	Description
WCC-CH	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year: 1) Body mass index (BMI) percentile documentation; 2) Counseling for nutrition; and 3) Counseling for physical activity. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value. WVCHIP publishes the measure for BMI documentation. Other measures for nutrition and physical activity counseling are available on request.
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 three separate combination rates. WVCHIP publishes the Combination #10 rate in its Annual Report and the results of the other rates are available upon request.

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Measure		Description
W30-CH	Well-Child Visits in the First 30 Months of Life	Percentage of children who had the following number of well-child visits with a primary care practitioner (PCP) during the last 15 months. The following rates are reported: 1) Well-Child Visits in the First 15 Months. Children who turned age 15 months during the measurement year: Six or more well-child visits; and 2) Well-Child Visits for Age 15 Months–30 Months. Children who turned age 30 months during the measurement year: Two or more well-child visits. WVCHIP publishes the rate for Age 15- 30 months with 2 or more visits in its Annual Report. Rates are available for children Age 15 months with 6 or more visits 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 combination rates. WVCHIP publishes the Combination #2 rate in its Annual Report and the 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 the 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 visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year. WVCHIP publishes an overall rate in its Annual Report. Three other measures by age groupings are available upon request.
LSC-CH	Lead Screening in Children	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
PPC2-CH	Prenatal and Postpartum Care: Under Age 21	Percentage of deliveries of live births for enrollees under age 21 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. The measure calculates the percentage of deliveries that had a postpartum visit on or between 7 and 242 days after delivery. WVCHIP does not report this measure because the denominator is less than 10 members.
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: 1) a "most effective" or "moderately effective" method of contraception within 3 days and within 90 days of delivery; and 2) a long-acting reversible method of contraception (LARC) within 3 days and within 90 days of delivery. WVCHIP does not report this measure because the denominator is less than 10 members.
CCW-CH	Contraceptive Care - All Women Ages 15 to 20	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' or a long-acting reversible (LARC) method of contraception during the measurement year. Excludes women who are infertile due to non-contraceptive reasons (e.g., hysterectomy, oophorectomy, menopause), those who had a live birth during the last three 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. Separate rates for "most" and "moderately" effective contraception and LARC are available upon request.
AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	Percentage of episodes for beneficiaries ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.
AMR-CH	Asthma Medication Ratio: Ages 5 to 18	The percentage of children and adolescents ages 5 to 18 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

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Measure		Description
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.
ADD-CH	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase	Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported: 1) Initiation Phase: Percentage of children ages 6 to 12 with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase; and 2) Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 with a prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. WVCHIP publishes the Initiation Phase rate in its Annual Report. The C&M Phase rate is available upon request.
CDF-CH	Depression Screening and Follow-up Plan Ages 12 to 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 qualifying encounter. This measure is not reported because West Virginia received a one-year exemption from reporting all populations for this measure for 2024.
FUH-CH	Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: 1) Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge; and 2) Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge WVCHIP publishes the rate for 7 days follow-up. Rates for 30 days after discharge are available upon request.
APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: 1) Percentage of children and adolescents on antipsychotics who received blood glucose testing; 2) Percentage of children and adolescents on antipsychotics who received cholesterol testing; and 3) Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing. WVCHIP publishes the result of the blood glucose and cholesterol measure and the other two rates are available upon request.
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.
FUA-CH	Follow-up After Emergency Department Visit for Substance Use: Ages 13 to 17	Percentage of emergency department (ED) visits for beneficiaries ages 13 to 17 years with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: 1) Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days); and 2) Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). WVCHIP does not report this measure because the denominator is less than 10 members.

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Measure		Description
FUM-CH	Follow-up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Percentage of emergency department (ED) visits for beneficiaries ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported: 1) Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days); and 2) Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). WVCHIP publishes the rate for 30-days follow-up and the rate for 7-days follow-up is available upon request.
OEV-CH	Oral Evaluation, Dental Services	Percentage of enrolled children ages <1 to 20 (under age 21) who received a comprehensive or periodic oral evaluation within the measurement year.
TFL-CH	Topical Fluoride for Children	Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.
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. WVCHIP publishes the rate for all four molars sealed and the rate for at least one sealant is available upon request.