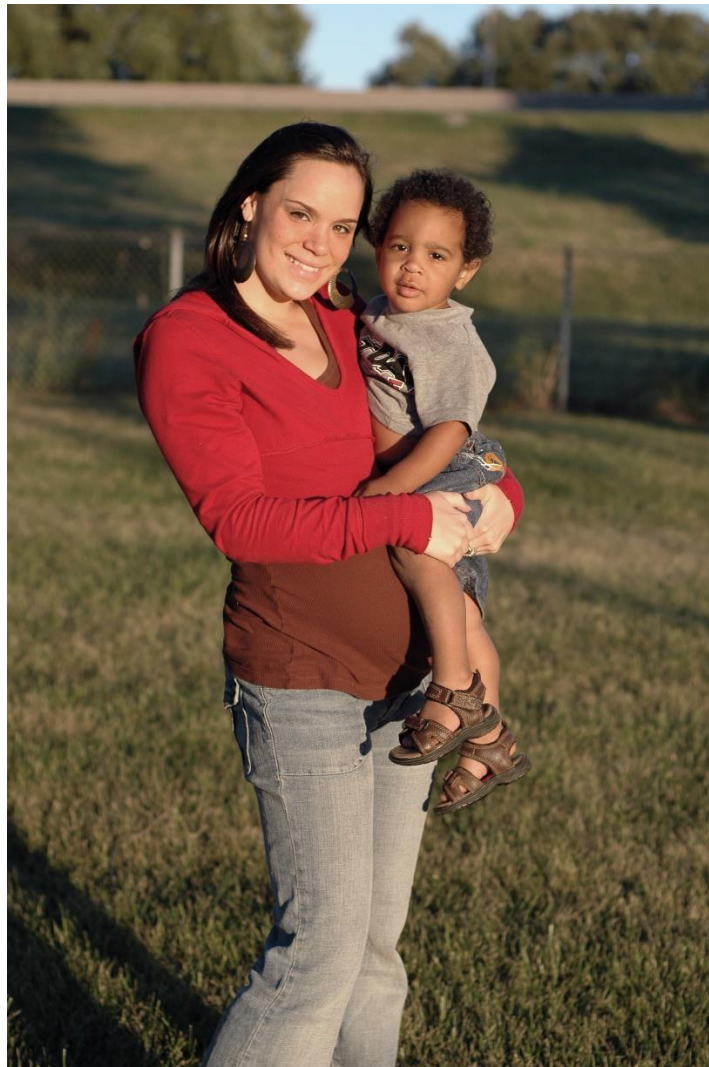


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# WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM ANNUAL REPORT 2023

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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 12 Months Ending June 30, 2023 and June 30, 2022**

	Annual Budget 2023	Actual June 30, 2023	Actual June 30, 2022	Actual Variance \$	%	Budget Variance \$	%
<b>Beginning Operating Fund Balance</b>		<b>\$6,999,256</b>	<b>\$7,418,708</b>	<b>(\$419,452)</b>	<b>-6%</b>		
<b>Revenues</b>							
Federal Grants	\$53,211,908	\$42,274,614	\$46,635,861	(\$4,361,247)	-9%	(\$10,937,294)	-21%
State Appropriations	\$7,090,665	\$6,921,508	\$6,929,972	\$0	0%	(\$169,157)	-2%
Premium Revenues	\$82,500	\$93,746	\$52,127	\$41,619	80%	\$11,246	14%
Investment Earnings (Interest)	\$100,000	\$37,926	(\$100,340)	\$138,267	-138%	(\$62,074)	-62%
<b>Total Operating Fund Revenues</b>	<b>\$60,485,073</b>	<b>\$49,327,794</b>	<b>\$53,517,620</b>	<b>(\$4,189,826)</b>	<b>-8%</b>	<b>(\$11,157,279)</b>	<b>-18%</b>
<b>Expenditures:</b>							
<b>Claims Expenses:</b>							
Managed Care Organizations		\$37,307,335.17	\$36,918,281.92	\$389,053	1%		
Prescribed Drugs		\$9,213,924	\$10,404,502	(\$1,190,578)	-11%		
Physicians & Surgical		\$2,493,965	\$2,306,426	\$187,539	8%		
Inpatient Hospital Services		\$616,348	\$561,840	\$54,508	10%		
Outpatient Services		\$339,141	\$272,449	\$66,691	24%		
Dental		\$144,989	\$133,787	\$11,202	8%		
Therapy		\$86,041	\$77,454	\$8,587	11%		
Other Services		\$59,806	\$69,266	(\$9,460)	-14%		
Medical Transportation		\$44,793	\$72,642	(\$27,849)	-38%		
Inpatient Mental Health		\$44,330	\$24,265	\$20,065	83%		
Outpatient Mental Health		\$10,336	\$7,172	\$3,165	44%		
Vision		\$7,804	\$12,941	(\$5,137)	-40%		
Durable & Disposable Med. Equip.		\$4,618	\$5,568	(\$950)	-17%		
Less: Other Collections**		(\$138,117)	(\$12,684)	(\$125,433)	989%		
Drug Rebates	(\$2,517,954)	(\$3,222,763)	(\$265,674)	(\$2,957,089)	1113%	\$842,926	-33%
<b>Total Claims Expenses</b>	<b>\$60,430,294</b>	<b>\$47,012,550</b>	<b>\$50,588,236.79</b>	<b>(\$3,575,687)</b>	<b>-7%</b>	<b>(\$13,417,744)</b>	<b>-22%</b>
<b>Administrative Expenses:</b>							
Salaries and Benefits	\$669,704	\$326,850	\$335,577	(\$8,727)	-3%	(\$342,854)	-51%
Program Administration	\$4,393,877	\$3,334,190	\$2,708,906	\$625,284	23%	(\$1,059,687)	-24%
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	\$45,460	\$36,033	\$9,427	26%	(\$129,540)	-74%
<b>Total Administrative Expenses in Operating Fund</b>	<b>\$5,463,581</b>	<b>\$3,931,501</b>	<b>\$3,305,517</b>	<b>\$625,984</b>	<b>19%</b>	<b>(\$1,532,080)</b>	<b>-28%</b>
<b>Total Operating Fund Expenditures</b>	<b>\$65,893,875</b>	<b>\$50,944,050</b>	<b>\$53,893,754</b>	<b>(\$2,949,703)</b>	<b>-5%</b>	<b>(\$14,949,825)</b>	<b>-23%</b>
<b>Adjustments</b>		<b>(\$0)</b>	<b>(\$43,318)</b>				
<b>Ending Operating Fund Balance</b>		<b>\$5,382,999</b>	<b>\$6,999,256</b>	<b>(\$1,616,257)</b>	<b>-23%</b>		
Money Market		\$3,736,809	\$3,698,883				
Bond Pool		\$0	\$0				
Cash on Deposit		\$1,646,190	\$3,300,374				
<b>Revenues Outside of Operating Funds:</b>							
Federal Grants		\$1,550,000	\$1,751,468	(\$201,468)	-12%		
<b>Total WVCHIP Revenues</b>		<b>\$50,877,794</b>	<b>\$55,269,087</b>	<b>(\$4,391,293)</b>	<b>-8%</b>		
<b>Program Expenses outside of Operating Funds:</b>							
Eligibility	\$500,000	\$2,726,279	\$1,165,573	\$1,560,706	134%	\$2,226,279	445%
<b>Total Administrative Expenses</b>	<b>\$5,963,581</b>	<b>\$6,657,780</b>	<b>\$4,471,090</b>	<b>\$2,186,690</b>	<b>49%</b>	<b>\$694,199</b>	<b>12%</b>
<b>Total WVCHIP Expenditures</b>	<b>\$66,393,875</b>	<b>\$53,670,330</b>	<b>\$55,059,327</b>	<b>(\$1,388,997)</b>	<b>-3%</b>	<b>(\$12,723,545)</b>	<b>-19%</b>

**Footnotes:**

- Statement is on cash basis.
- Estimate of Incurred but Not Reported (IBNR) claims on June 30, 2023 is \$558,624. The June 30, 2022 estimate was \$360,000.
- Administrative Accounts Payable balance on June 30, 2023 was \$558,624. The June 30, 2022 balance was \$953,313.
- 2022 adjustment to fund balance represents timing issues between the payment of expense and the draw-down of federal revenues.
- Revenues are primarily federal funds. WVCHIP's Federal Matching Assistance Percentage (FMAP) during SFY23 is 85.0%. SFY22 was 85.0%.
- Other Collections are primarily provider refunds and subrogation (amounts received from other insurers responsible for bills WVCHIP paid - primarily auto).
- Physician & Surgical services include physicians, clinics, lab, Federally Qualified Health Centers (FQHC), and vaccine payments.
- Other Services includes home health, chiropractors, psychologists, podiatrists, and nurse practitioners.
- Eligibility costs outside the fund represent the costs allocated to the WVCHIP for eligibility and enrollment processing (RAPIDS/WVPATH).

**Unaudited - For Management Purposes Only**

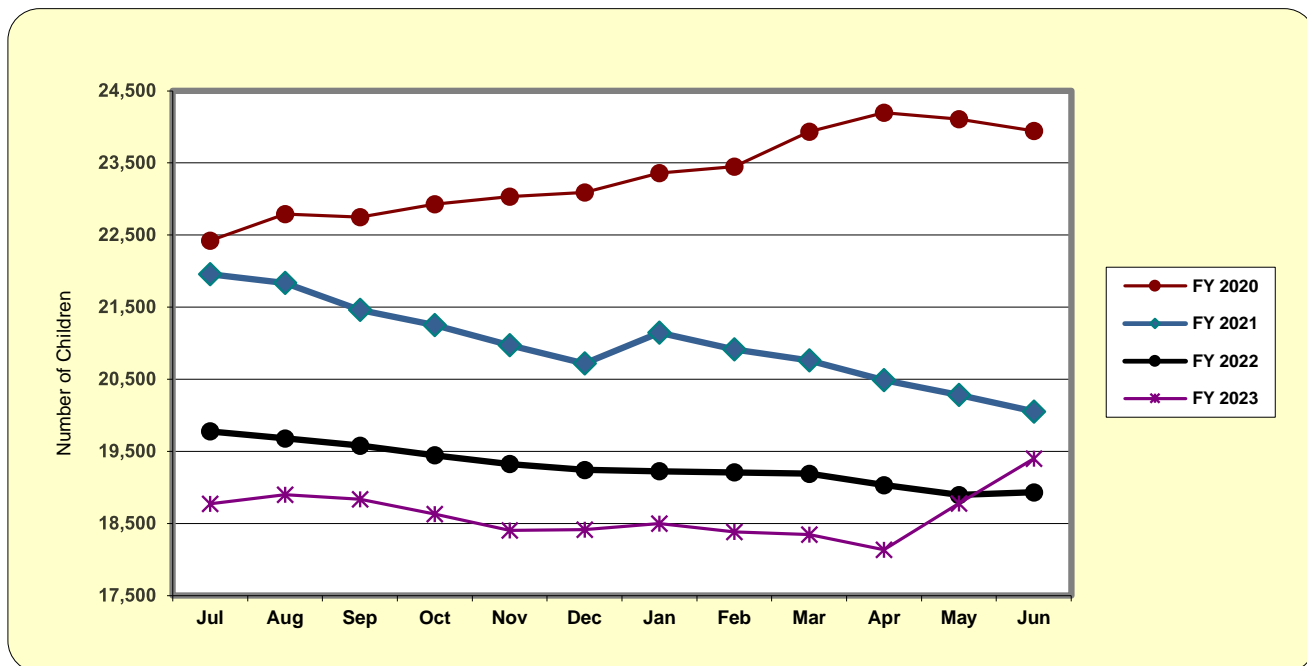
**West Virginia Children's Health Insurance Program  
Changes in Federal Allotment Balance  
For the 12 Months Ending June 30, 2023**

Beginning Balance 7/01/2022	
CHP22	<u>\$74,082,774</u>
	\$74,082,774
New Allotments	
CHP23	<u>\$83,113,918</u>
Total Allotment Available	<u>\$157,196,692</u>
Adjustments	<u>\$0</u>
Adjusted Available Allotments	<u>\$157,196,692</u>
Draw-downs	
SCHIP	(\$43,824,614)
MCHIP	<u>(\$37,300,965)</u>
Ending Balance 6/30/2023	<u>\$76,071,113</u>
Draws In Transit	
MCHIP QE 3/31/2023 & 6/30/2023	(\$15,475,897)
SCHIP Cost Distribution for Eligibility through 6/30/2023	<u>(\$999,837)</u>
Adjusted Ending Balance 6/30/2023	<u>\$59,595,379</u>

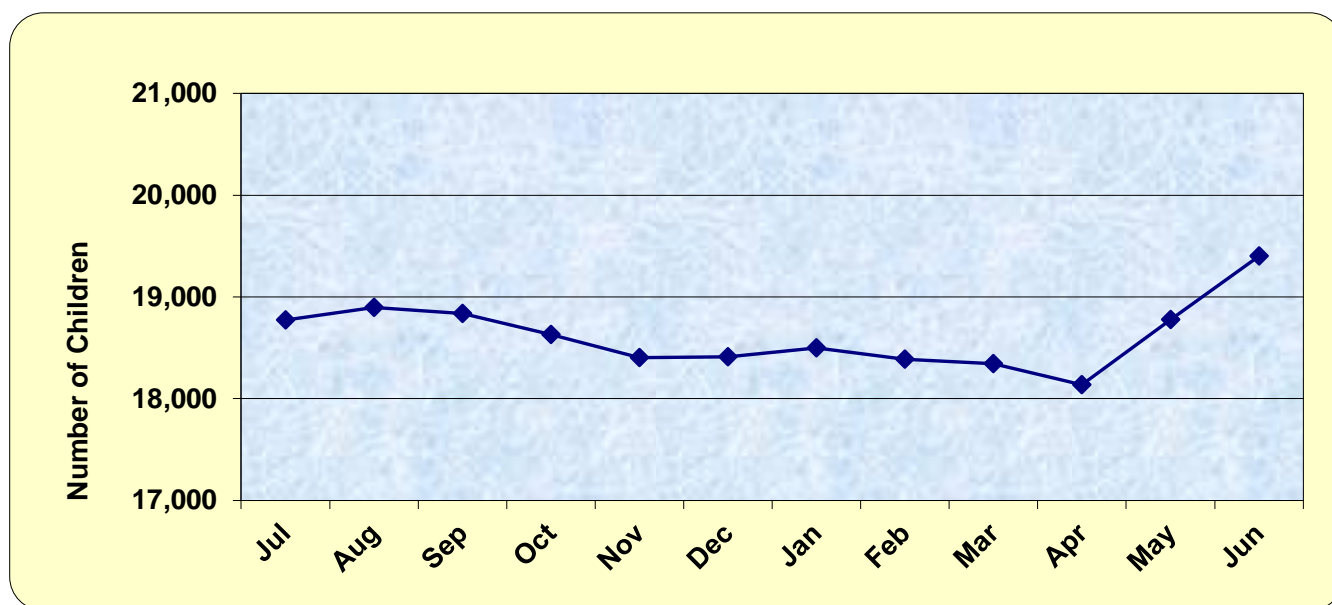
FOOTNOTES:

- 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

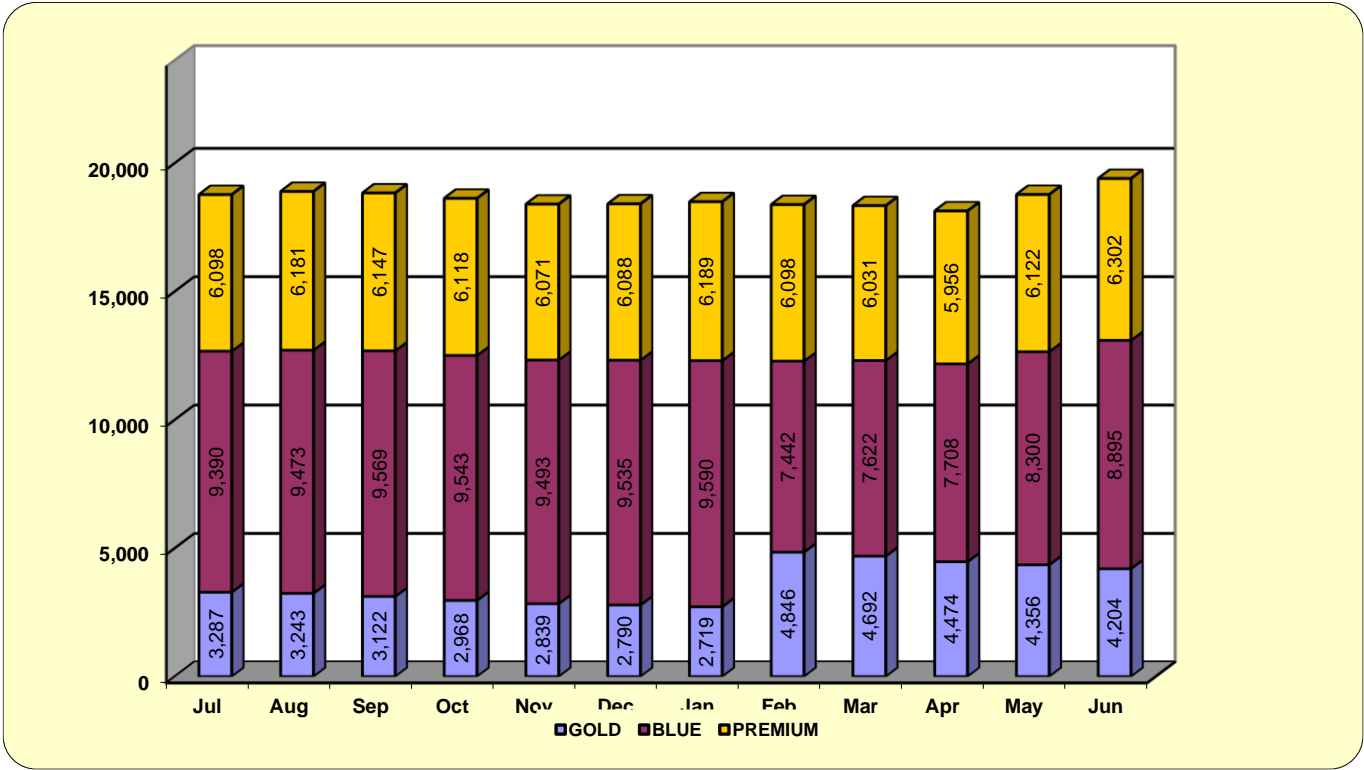


## Monthly Enrollment SFY 2023



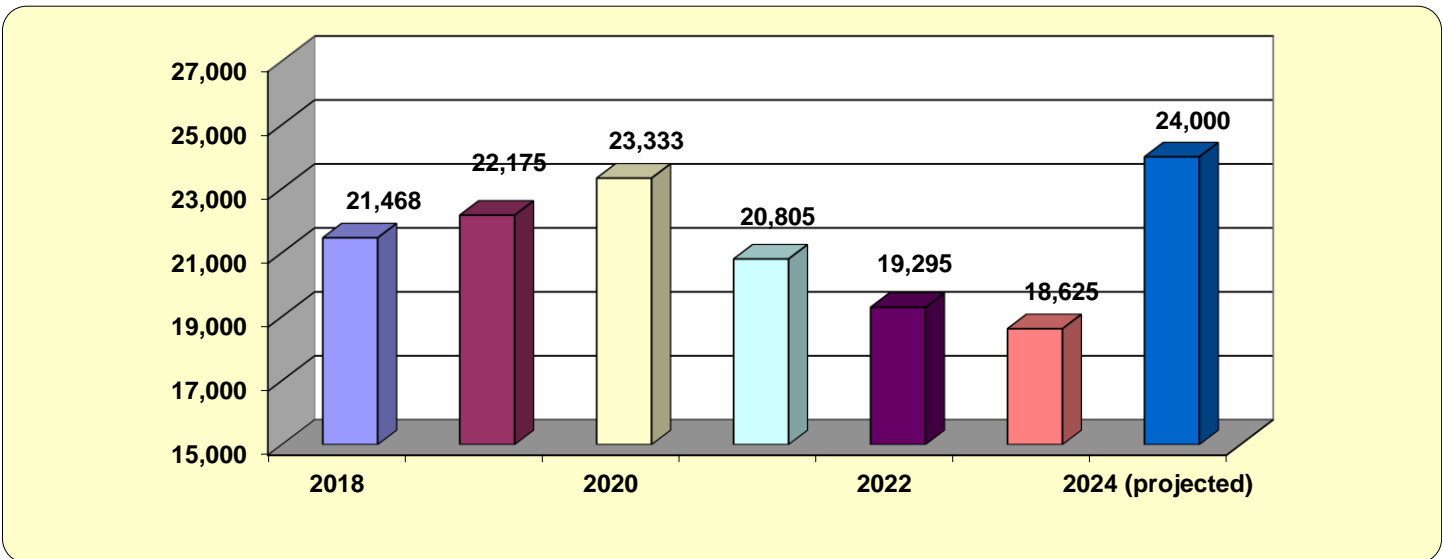
The COVID-19 Public Health Emergency ended on May 11, 2023. Medicaid eligibility unwinding began in May 2023 resulting in higher CHIP enrollment for May and June 2023 due to children being determined ineligible for Medicaid but eligible for CHIP.

## Monthly Enrollment by Group SFY 2023



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 2018 - 2023



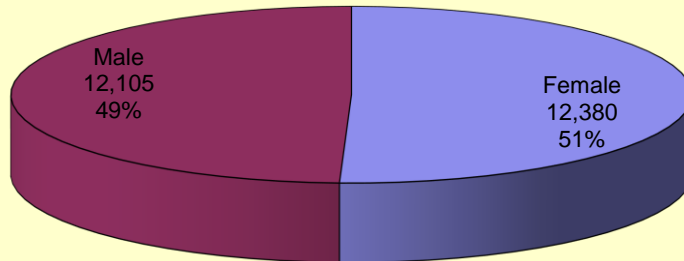
**Unduplicated Count of Children Served  
In WVCHIP Each Year on June 30**

<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%

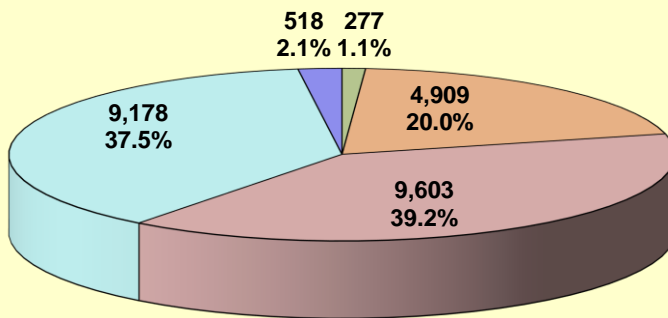
**Total unduplicated number of children ever enrolled as of  
June 30, 2023, in WVCHIP since inception:**

**216,744**

## SFY 2023 Enrollment by Gender



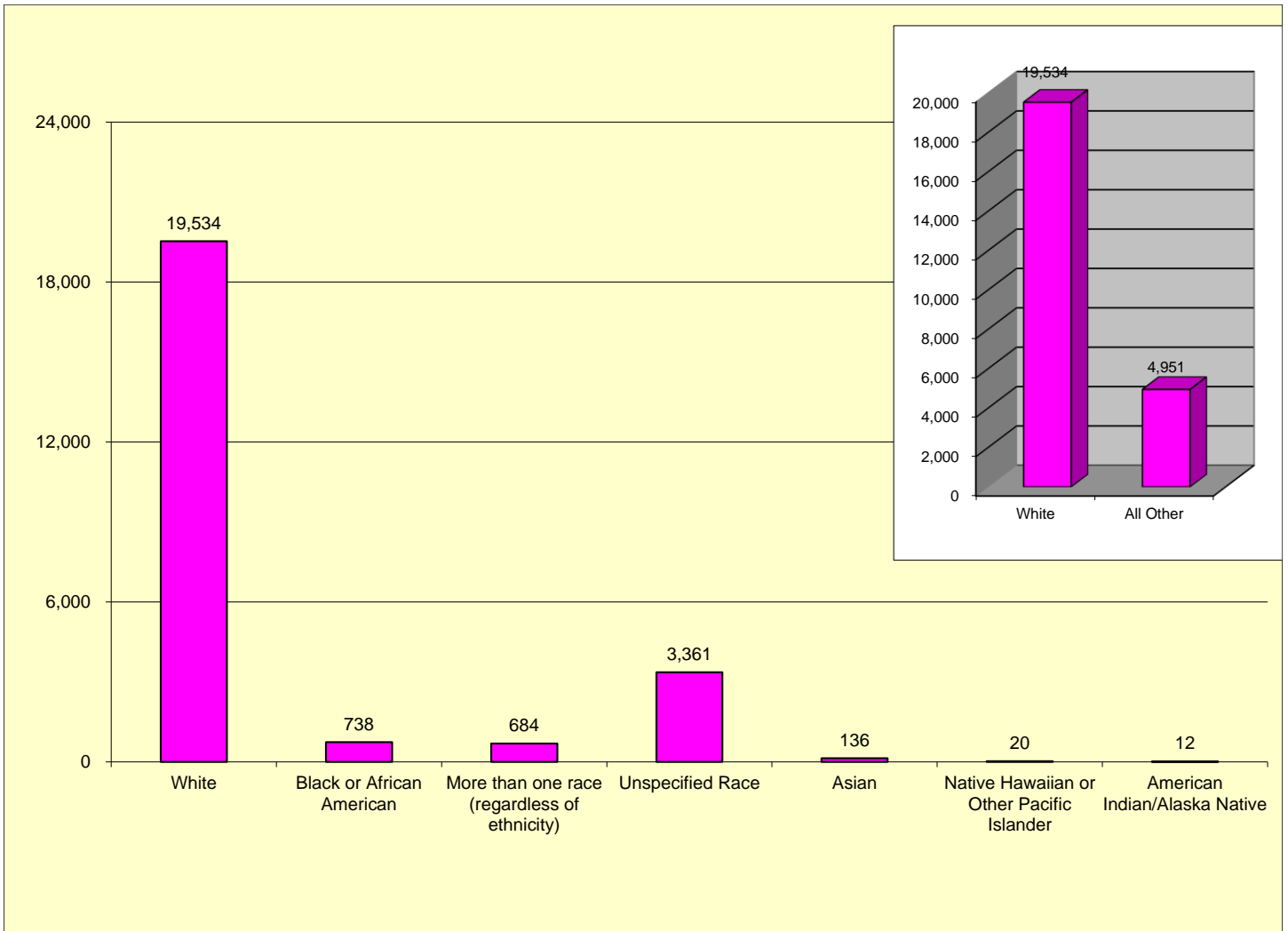
## SFY 2023 Enrollment by Age



Legend:  <1  1 - 5  6 - 12  13 - 18  Pregnant Women >19

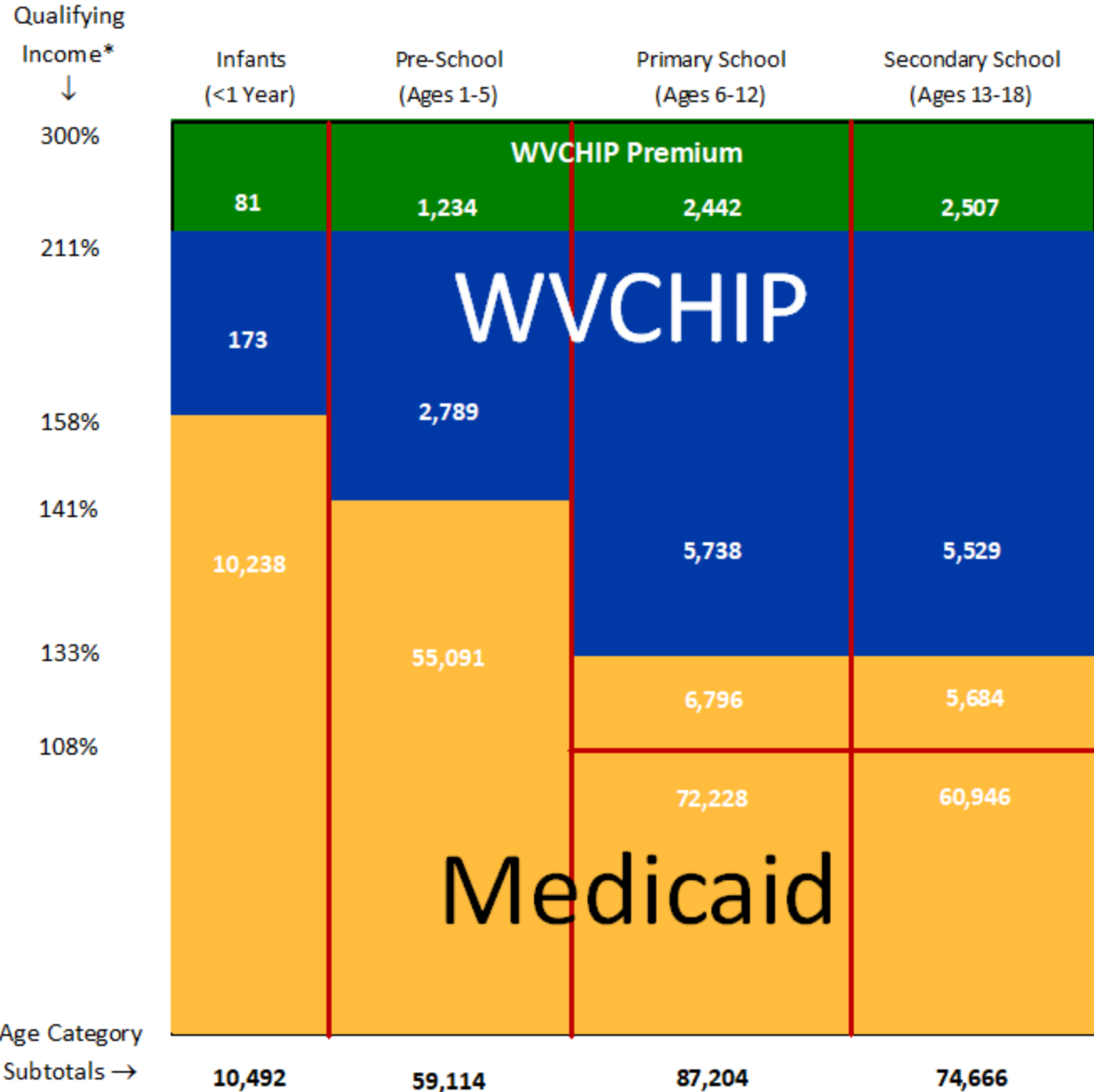


## SFY 2023 Enrollment by Race



<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	19,534	79.8%	337,542	92.1%
Black or African American	738	3.0%	12,094	3.3%
More than one race (regardless of ethnicity)	684	2.8%	11,361	3.1%
Unspecified Race	3,361	13.7%	1,832	0.5%
Asian	136	0.6%	2,565	0.7%
Native Hawaiian or Other Pacific Islander	20	0.1%	366	0.1%
American Indian/Alaska Native	12	0.0%	733	0.2%
<b>Total</b>	<b>24,485</b>	<b>100.0%</b>	<b>366,495</b>	<b>100.0%</b>

# Health Coverage of West Virginia Children by WVCHIP and West Virginia Medicaid June 30, 2023



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

**Total CHIP-Medicaid Expansion 12,480**  
**Total WVCHIP Enrollment 20,493    Total WV Medicaid Enrollment 210,983**  
**Total # of Children Covered by WVCHIP and Medicaid 231,476**

# Enrollment Changes by County

## As Percent Difference from July 2021 to June 2022

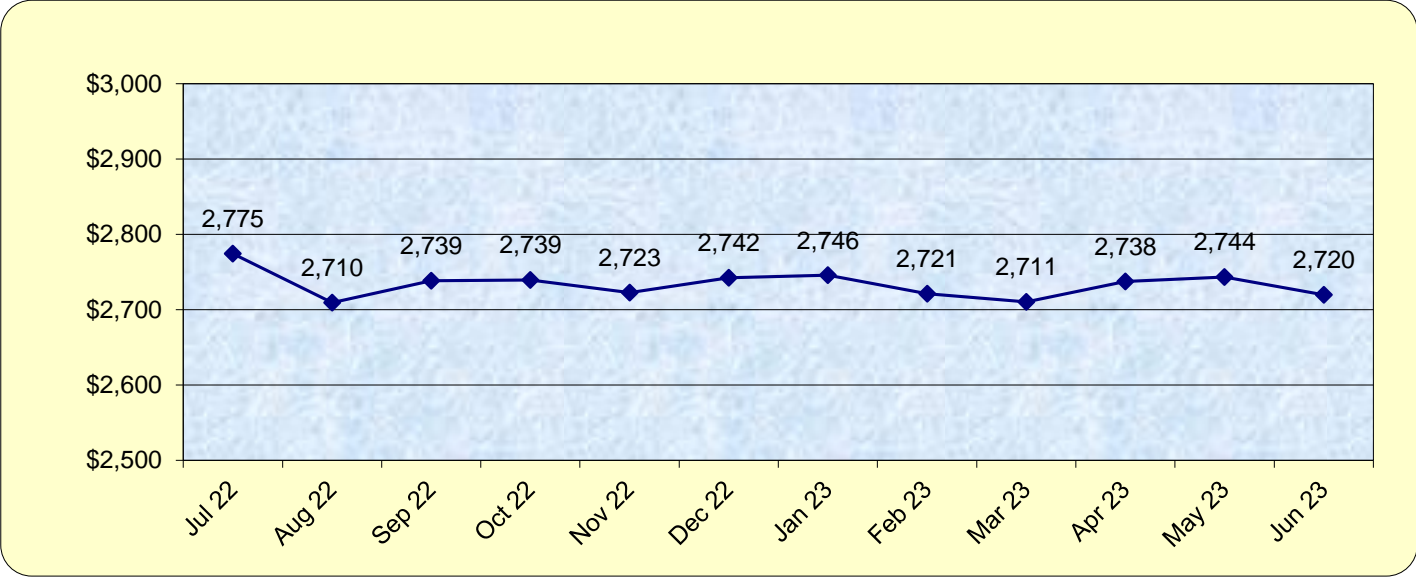
<u>County</u>	<u>Total Enrollees July 2021</u>	<u>Total Enrollees June 2022</u>	<u>Difference</u>	<u>% Change</u>
Clay	97	111	14	13%
Grant	91	104	13	13%
Nicholas	321	365	44	12%
Putnam	614	692	78	11%
Wirt	44	49	5	10%
McDowell	145	157	12	8%
Roane	228	241	13	5%
Berkeley	1,801	1,890	89	5%
Braxton	120	123	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%
<b>Totals</b>	<b>19,784</b>	<b>18,933</b>	<b>-851</b>	<b>-4%</b>
<b>12-Mo. Avg.</b>		<b>19,294</b>	<b>-15</b>	<b>-6%</b>

## Enrollment Changes by County

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

<u>County</u>	<u>Total Enrollees July 2021</u>	<u>Total Enrollees June 2022</u>	<u>New Enrollees Never in Program</u>	<u>New Enrollees As % of June 2022</u>
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%
<b>Totals</b>	<b>19,784</b>	<b>18,933</b>	<b>4,223</b>	<b>22%</b>
<b>12-Mo. Avg.</b>		<b>19,294</b>	<b>352</b>	<b>1.8%</b>

Annualized Health Care Expenditures  
(Cost Per Child)  
SFY 2023

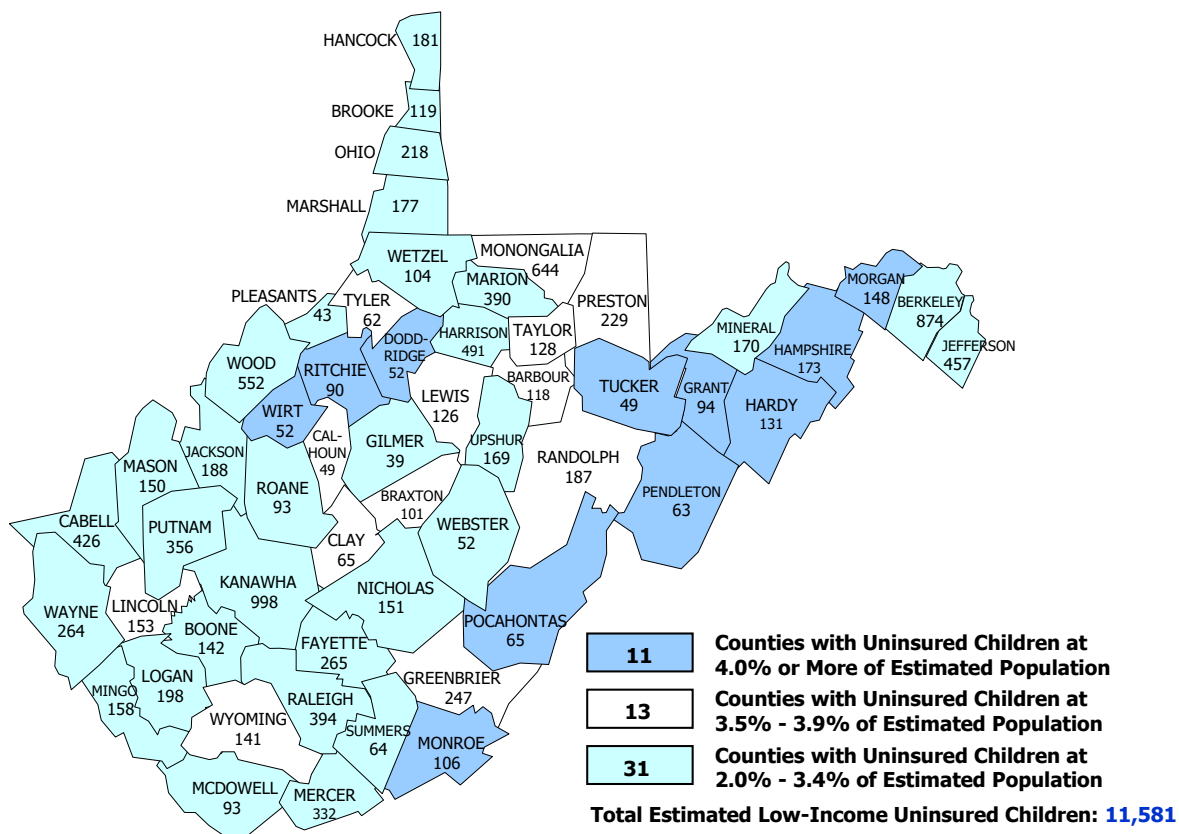


# Uninsured Children, Program Outreach, and Health Initiatives

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 2022 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 decreased in 2022 slightly to 2.8 percent, approximately 11,000 children. West Virginia ranks 8<sup>th</sup> in the nation in the percentage of uninsured children. West Virginia's 2021 rate was 3.3 percent, around 13,000 kids, and West Virginia ranked 7<sup>th</sup> 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 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 2023 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](http://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 West Virginia Department of Health and Human Resources (DHHR) at [www.wvpath.wv.gov](http://www.wvpath.wv.gov). Many WV PATH 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 WV inROADS and now the WV PATH application, the replacement for WV inROADS, is also linked to the [www.healthcare.gov](http://www.healthcare.gov) website. This linkage of the federal state insurance marketplace with the WV PATH 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 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 2023

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, 2023 measures are typically based on calendar year 2022 data. Some measures do have different measurement periods. These are available on the CMS website at: <https://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 2023 would add two new measures. There new measures are: 1) Follow-up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUA-CH); and 2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUM-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 (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 on [www.medicaid.gov](http://www.medicaid.gov).



## Health Care Quality Measures CMS – Child Core Set 2023

	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	8,491	9,771	86.9%
CHL-CH	Chlamydia Screening in Women Ages 16 - 20	169	684	24.7%
CIS-CH	Childhood Immunization Status - Combo #10	73	237	30.8%
W30-CH	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	201	258	77.9%
IMA-CH	Immunizations for Adolescents - Combo #2	264	962	27.4%
DEV-CH	Developmental Screening in the First Three Years of Life	685	1,290	53.1%
WCV-CH	Child and Adolescent Well-Care Visits - Ages 3 to 21	7,516	13,467	55.8%
LSC-CH	Lead Screening in Children	118	237	49.8%
PPC-CH	Prenatal and Postpartum Care: Timeliness of Prenatal Care	101	103	98.1%
CCP-CH	Contraceptive Care - Postpartum Women Ages 15 to 20	NR	NR	NR
CCW-CH	Contraceptive Care - All Women Ages 15 to 20	623	2,130	29.2%
AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	210	376	55.9%
AMR-CH	Asthma Medication Ratio: Ages 5 to 18	109	122	89.3%
AMB-CH	Ambulatory Care: Emergency Department (ED) Visits - Visits per 1,000 Member Months Ages 0 to 19	5,607	202,171	27.7
ADD-CH	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase	75	181	41.4%

# Health Care Quality Measures

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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	60	72	83.3%
APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Glucose Monitoring	37	70	52.9%
APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Ages 1 to 17	21	32	65.6%
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	29	48	60.4%
OEV-CH	Oral Evaluations, Dental Services	NR	NR	NR
TFL-CH	Topical Fluoride for Children	NR	NR	NR
SFM-CH	Sealant Receipt on Permanent First Molars	NR	NR	NR

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

	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 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.
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 3 and 90 days of delivery. Among women ages 15 to 20 who had a live birth, the percentage that: 1) were provided a most effective or moderately effective method of contraception within 3 and 90 days of delivery; and 2) were provided a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery.
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.

# Health Care Quality Measures

## CMS – Child Core Set 2023

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 eligible encounter. This measure is not reported because changes are being made to how data is pulled to calculate the measure.
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.

# Health Care Quality Measures

## CMS – Child Core Set 2023

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 under age 21 who received a comprehensive or periodic oral evaluation within the measurement year. This measure is under development and should be available in January 2024.
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. This measure is under development and results should be available in January 2024.
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. This measure is under development and should be ready in January 2024.