

WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM ANNUAL REPORT

for Governor and Legislature



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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 Ended June 30, 2020 and June 30, 2019

	Annual	Actual	Actual		_		_
	Budget 2020	June 30, 2020	June 30, 2019	Actual Var	riance	Budget Va	riance
Beginning Operating Fund Balance		\$5,262,948	\$5,541,320	(\$278,372)	-5%		
Revenues							
Federal Grants		\$52,042,651	\$50,584,639	\$1,458,012	3%		
State Appropriations		\$0	\$0	\$0	0%		
Premium Revenues	\$1,529,958	\$1,129,537	\$1,575,299	(\$445,762)	-28%	\$400,421	-26%
Investment Earnings (Interest)		\$187,745	\$197,398	(\$9,653)	-5%		
Total Operating Fund Revenues		\$53,359,934	\$52,357,336	\$1,002,598	2%		
Expenditures:							
Claims:		Ć12 172 01E	ć12 002 271	(¢720.2E6)	E0/		
Physicians & Surgical Prescribed Drugs		\$13,172,915 \$11,218,055	\$13,902,271 \$9,507,918	(\$729,356) \$1,710,137	-5% 18%		
					1%		
Outpatient Services Dental		\$8,584,482	\$8,502,536	\$81,946	-9%		
		\$6,843,113	\$7,561,134	(\$718,021) (\$405,480)			
Inpatient Hospital Services		\$3,620,492	\$4,025,981	(\$405,489)	-10%		
Other Services		\$3,312,420	\$3,015,199	\$297,221	10%		
Therapy		\$2,047,610	\$2,076,513	(\$28,903)	-1%		
Inpatient Mental Health		\$569,995	\$637,804	(\$67,809)	-11%		
Vision Outpatient Mental Health		\$545,328	\$680,659	(\$135,331)	-20%		
Medical Transportation		\$440,321	\$380,733	\$59,588 (\$15,965)	16% -4%		
Durable & Disposable Med. Equip.		\$423,551	\$439,516	** *			
Less: Other Collections**		\$342,267 (\$66,972)	\$419,495	(\$77,228)	-18% -52%		
	(¢2.460.722)	, , ,	(\$139,654)	\$72,682		¢210.250	1 = 0/
Drug Rebates Total Claims	(\$2,168,732)	(\$2,421,110)	(\$1,695,346) \$40,314,750	(\$725,764) \$682,202	43%	\$319,350	-15%
Administrative Expenses:	\$50,481,331	<u>\$48,632,467</u>	<u>\$49,314,759</u>	<u>\$682,292</u>	-1%	(\$1,848,864)	-4%
Salaries and Benefits		\$23,863	\$0	\$23,863			
	\$5,679,624	\$3,552,617	\$2,815,419	\$737,198	26%	(\$2.127.007)	-37%
Program Administration Eligibility	\$3,079,024	\$5,332,017	\$2,813,419	(\$1,958)	26% 100%	(\$2,127,007)	-5/70
Outreach & Health Promotion	\$100,000	\$0	\$640	(\$640)	-100%	(\$100,000)	-100%
Current	\$350,000	\$165,528	\$83,254	\$82,274	99%	(\$184,472)	-53%
Total Administrative Expenses in Operating Fund		\$3,742,008	\$2,901,271	\$840,737	29%	(\$2,387,616)	-39%
Total Operating Fund Expenditures	\$56,610,955	\$52,374,474	\$52,216,030	\$158,444	0%	(\$4,236,481)	- 7 %
Adjustments	. , ,	(\$29,796)	(\$419,677)			. , , ,	
Ending Operating Fund Expenditures		\$6,218,611	\$5,262,949	\$955,662	18%		
Money Market		\$1,011,736	\$684,209	*****			
Bond Pool		\$3,696,120	\$4,550,946				
Cash on Deposit		\$1,510,754	\$27,794				
Unrealized Gain/Loss on Investment		\$36,747	(\$88,045)	(\$124,792)	142%		
Ending Fund Balance (Accrued Basis)		\$6,255,358	\$5,350,994	\$904,364	17%		
Revenues Outside of Operating Funds:							
Federal Grants		\$1,602,173	\$950,021	\$652,152	69%		
Total WVCHIP Revenues		\$54,962,106	\$53,307,357	\$1,654,749	3%		
Program Expenses outside of Operating Funds:							
Salaries and Benefits	\$702,625	\$551,487	\$521,841	\$29,646	6%	(\$127,275)	-18%
Eligibility	\$350,000	\$1,090,552	\$141,673	\$948,879	670%	\$740,552	212%
Total Administrative Expenses	\$7,182,249	\$5,384,047	\$3,564,785	\$1,819,262	51%	(\$1,798,202)	-25%
Total WVCHIP Expenditures	\$57,663,580	\$54,016,513	\$52,879,544	\$1,136,969	2%	(\$3,647,067)	-6%
		_	_	•			

FOOTNOTES:

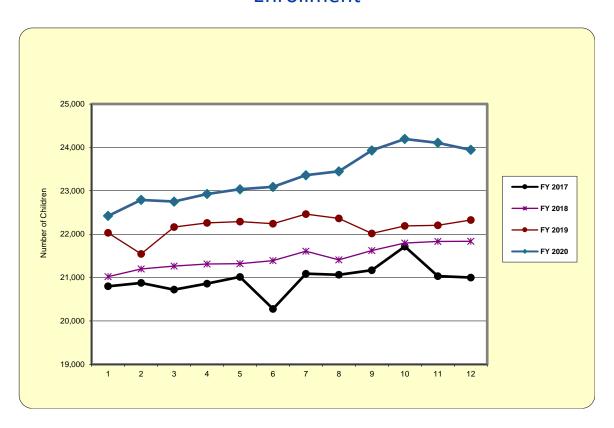
- 1) Statement is on cash basis.
- 2) Estimate of Incurred but Not Reported (IBNR) claims on June 30, 2020 is \$3,611,072. The June 30, 2019 estimate was \$3,903,155.
- 3) Administrative Accounts Payable balance on June 30, 2020 \$492,754. The June 30, 2019 balance was \$678,415.
- 4) 2020 and 2019 adjustments to fund balance represent timing issues between the payment of expense and the draw-down of federal revenues.
- 5) Revenues are primarily federal funds. WVCHIP's Federal Matching Assistance Percentage (FMAP) was 100% 07/01/2019 through 09/30/2019; 93.96% 10/01/2019 through 12/31/2019; and 98.3% 01/01/2020 through 06/30/2020; and FMAP was 100% in SFY2019.
- 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 include home health, chiropractors, psychologists, podiatrists, and nurse practitioners.
- 9) In response to the COVID-19 pandemic, CMS increased the FMAP to 98.03% starting 01/01/2020 through 09/30/2020.

West Virginia Children's Health Insurance Program Changes in Federal Allotment Balance For the Twelve Months Ending June 30, 2020

Beginning Balance 07/01/2019	
CHP19	\$50,778,487
	\$50,778,847
New Allotments	
CHP20	<u>\$81,735,803</u>
Total Allotment Available	\$132,514,290
Adjustments	\$0
Adjusted Available Allotments	<u>\$132,514,290</u>
Draw-downs	
SCHIP	(\$53,518,175)
MCHIP	(\$28,066,193)
Ending Balance 06/30/2020	\$50,929,922
Draws In-Transit	
MCHIP QE 06/30/2020 (Projected) SCHIP QE 06/30/2019 Eligibility Expenses	(\$6,065,074) (\$235,502)
SCHIF QL 00/30/2013 Eligibility Expenses	(\$235,503)
Adjusted Ending Balance 06/30/2020	<u>\$44,629,345</u>

- WVCHIP is federally funded by annual block grants
 SCHIP = the state's separate CHIP (children over 133% FPL up to 300%)
 MCHIP = the state's CHIP-Medicaid expansion (Medicaid children ages 6 to 18 over 108% FPL up to 133% FPL without other insurance)

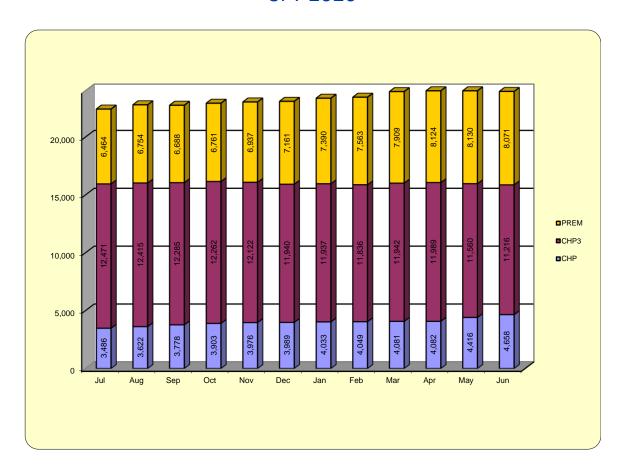
Enrollment



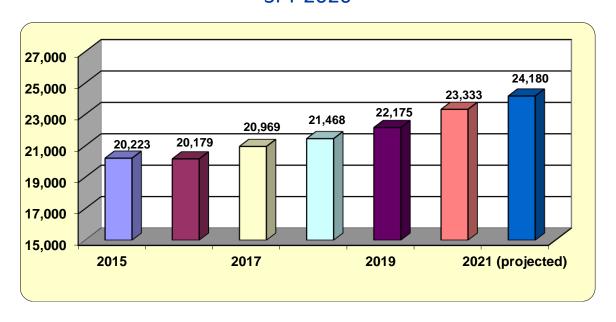
Monthly Enrollment SFY 2020



Monthly Enrollment by Group SFY 2020



Average Enrollment SFY 2020



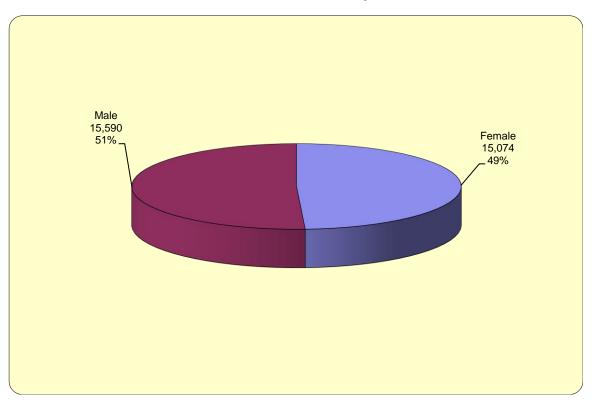
UNDUPLICATED COUNT OF CHILDREN SERVED IN WVCHIP EACH YEAR ON JUNE 30

<u>Year</u>	Number	% Change
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%

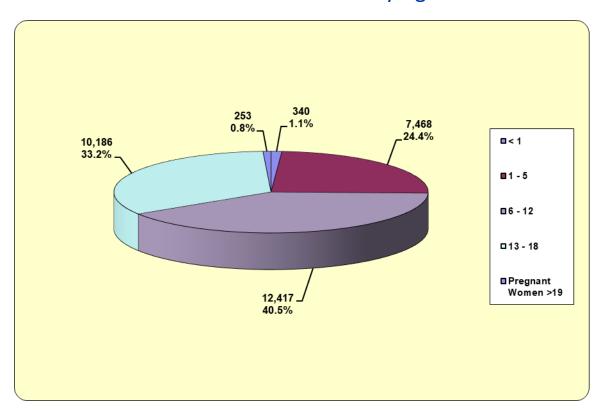
Total unduplicated number of children ever enrolled as of June 30, 2020 in WVCHIP since inception:

201,903

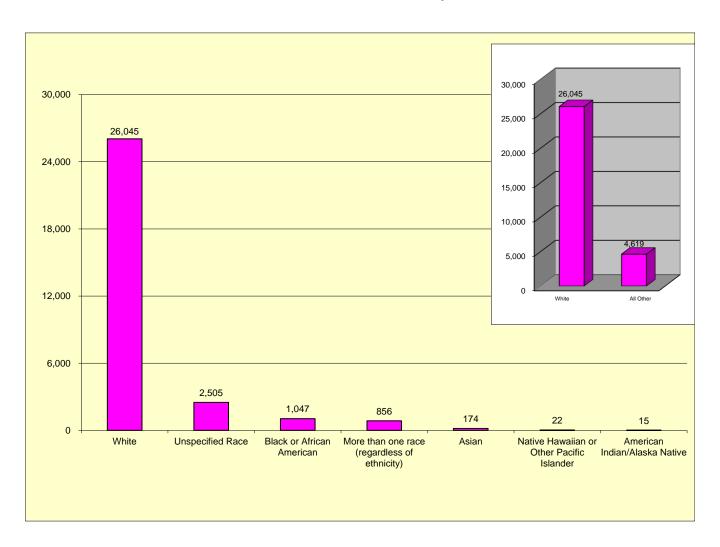
SFY 2020 Enrollment by Gender



SFY 2020 Enrollment by Age

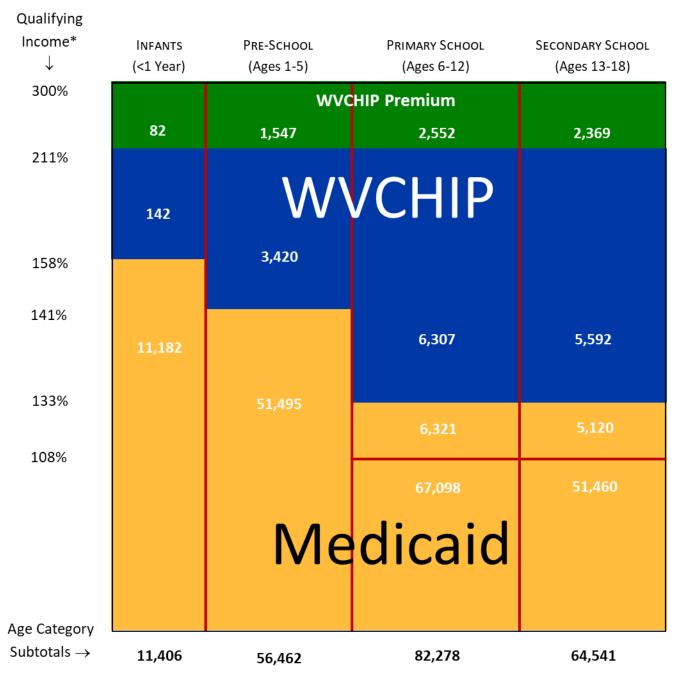


SFY 2020 Enrollment by Race



<u>Race/Ethnicity</u>	WVCHIP Population	% of WVCHIP Population	WV Population Under 18 Years	% of WV Population Under 18 Years
White	26,045	84.9%	342,576	93.6%
Unspecified Race	2,505	8.2%	732	0.2%
Black or African American	1,047	3.4%	11,712	3.2%
More than one race (regardless of ethnicity)	856	2.8%	7,320	2.0%
Asian	174	0.6%	2,562	0.7%
Native Hawaiian or Other Pacific Islander	22	0.1%	366	0.1%
American Indian/Alaska Native	15	0.0%	732	0.2%
Total	30,664	100.0%	366,000	100.0%

Health Coverage of West Virginia Children by WVCHIP and Medicaid June 30, 2020



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

Total CHIP-Medicaid Expansion 11,441

Total WVCHIP Enrollment 22,011 Total WV Medicaid Enrollment 181,235

Total # of Children Covered by WVCHIP and Medicaid 214,687

Enrollment Changes by County

As % Difference from July 2019 through June 2020

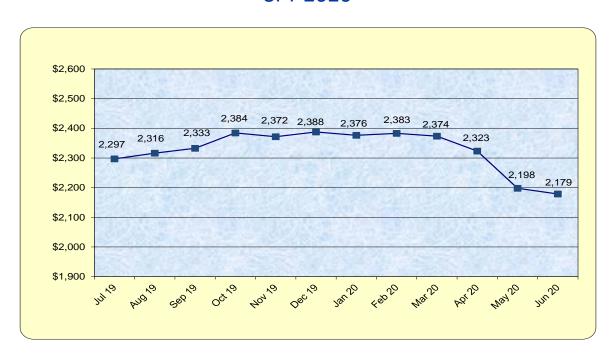
<u>County</u>	Total Enrollees July 2019	Total Enrollees June 2020	<u>Difference</u>	% Change
Barbour	244	259	15	6%
Berkeley	1,877	1,970	93	5%
Boone	257	247	-10	-4%
Braxton	159	149	-10 -10	-7%
Brooke	1	1	0	0%
Cabell	871	955	84	9%
Calhoun	104	99	-5	-5%
Clay	135	113	-22	-19%
Doddridge	95	95	0	0%
Fayette	95 717	742	25	3%
Gilmer	88	90	25	2%
Grant	121	109	-12	-11%
Greenbrier	588	629	41	7%
	284		41 14	7% 5%
Hampshire		298 530	-17	
Hancock	556 215	539 230	-17 15	-3% 7%
Hardy	∠15 881	230 994	15 113	7% 11%
Harrison				
Jackson	318 605	312 720	-6 44	-2%
Jefferson	695	739		6%
Kanawha	2,132	2,282	150	7%
Lewis	241	227	-14	-6%
Lincoln	260	307	47	15%
Logan	396	425	29	7%
Marion	676	710	34	5%
Marshall	298	311	13	4%
Mason	258	281	23	8%
McDowell	208	196	-12	-6%
Mercer	852	990	138	14%
Mineral	269	301	32	11%
Mingo	254	256	2	1%
Monongalia	909	997	88	9%
Monroe	261	275	14	5%
Morgan	269	250	-19	-8%
Nicholas	338	365	27	7%
Ohio	381	432	51	12%
Pendleton	95	106	11	10%
Pleasants	80	71	-9	-13%
Pocahontas	114	123	9	7%
Preston	389	464	75	16%
Putnam	668	737	69	9%
Raleigh	1,067	1,193	126	11%
Randolph	426	472	46	10%
Ritchie	100	87	-13	-15%
Roane	258	282	24	9%
Summers	170	178	8	4%
Taylor	201	206	5	2%
Tucker	110	124	14	11%
Tyler	93	93	0	0%
Upshur	353	403	50	12%
Wayne	421	462	41	9%
Webster	104	133	29	22%
Wetzel	153	165	12	7%
Wirt	68	62	-6	-10%
Wood	1,060	1,097	37	3%
Wyoming	283	312	29	9%
Totals	22,421	23,945	1,524	6%
12-Mo. Avg.	, T- I	23,183	127	4%
		-,	= -	

Enrollment Changes by County

As % of Children Never Before Enrolled from July 2019 through June 2020

County	Total Enrollees July 2019	Total Enrollees June 2020	New Enrollees Never in Program	New Enrollees As % of June 2020
<u> </u>	<u>,</u>			
Brooke	1	1	1	100%
Grant	121	109	43	39%
Mingo	254	256	94	37%
Marshall	298	311	113	36%
Braxton	159	149	52	35%
Mineral	269	301	104	35%
Berkeley	1,877	1,970	669	34%
Marion	676	710	239	34%
Tyler	93	93	31	33%
Logan	396	425	141	33%
Wyoming	283	312	103	33%
Wayne	421	462	152	33%
Mercer	852	990	324	33%
Hardy	215	230	73	32%
Monroe	261	275	86 224	31%
Jefferson	695	739	231	31%
Morgan	269	250 406	78	31%
McDowell Nicholas	208	196	60	31%
	338	365	110	30%
Lincoln	260	307	91 61	30%
Taylor	201	206	61	30%
Putnam	668	737	218	30%
Kanawha	2,132	2,282	672 157	29% 29%
Hancock Lewis	556 241	539 227	66	29%
Upshur	241 353	403	116	29%
Raleigh	1,067	1,193	341	29%
Webster	1,007	133	38	29%
Hampshire	284	298	85	29%
Cabell	871	955	271	28%
Ohio	381	432	122	28%
Preston	389	464	131	28%
Jackson	318	312	87	28%
Gilmer	88	90	25	28%
Harrison	881	994	275	28%
Wirt	68	62	17	27%
Mason	258	281	76	27%
Wood	1,060	1,097	294	27%
Pendleton	95	106	28	26%
Calhoun	104	99	26	26%
Boone	257	247	63	26%
Randolph	426	472	119	25%
Greenbrier	588	629	158	25%
Tucker	110	124	31	25%
Clay	135	113	28	25%
Monongalia	909	997	245	25%
Pleasants	80	71	16	23%
Summers	170	178	38	21%
Barbour	244	259	55	21%
Ritchie	100	87	18	21%
Wetzel	153	165	34	21%
Pocahontas	114	123	25	20%
Doddridge	95	95	19	20%
Roane	258	282	56	20%
Fayette	717	742	55	7%
Totals	22,421	23,945	6,861	29%
12-Mo. Avg.		23,183	572	2.5%

Annualized Health Care Expenditures (Cost Per Child) SFY 2020

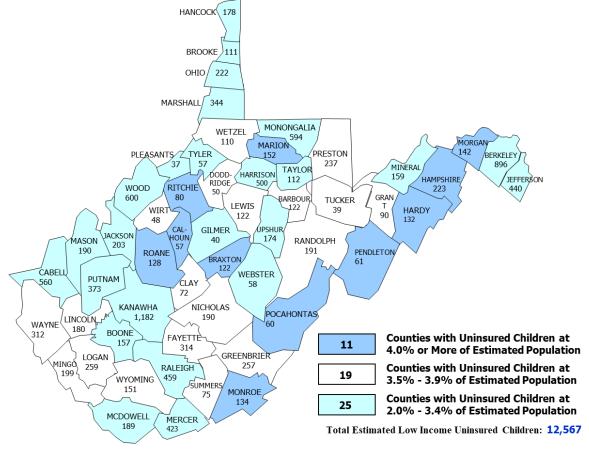


Uninsured Children, Program Outreach, and Health Initiatives

WVCHIP continues to work 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 2019 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. The uninsured rate for West Virginia children rose in 2019 slightly to 3.5 percent, approximately 13,000 children. West Virginia ranks 7th in the nation in the percentage of uninsured children. West Virginia's 2018 rate was 3.4 percent, again around 13,000 kids, and West Virginia ranked 14th 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 SAHIE that are based on 2018 ACS uninsured estimates.



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 1,200 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.org. 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 having to wait in line at local offices. Since the implementation of the ACA 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 2020

Ten years ago, 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 17 of the 24 national child core measures which are reported annually to the Centers for Medicare & 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 Medicaid program requires reporting of specific pediatric measures through its 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 program 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, 2020 measures are based on calendar year 2019 data.

The Center for Medicaid and CHIP Services (CMCS) decided that the Child Core Healthcare Quality Measure Sets for reporting year 2020 would retire three measures: 1) Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH); 2) Children and Adolescents' Access to Primary Care Practitioners (CAP-CH); and 3) Pediatric Central Line—Associated Bloodstream Infections (CLABSI-CH). One new measure was added to the 2020 Core Set: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH). West Virginia uses all reportable measures to assess, monitor, and identify areas for improvement in the care being provided to its members. Even though the APM-CH measure was retired this year, WVCHIP opted to include this measure in this Annual Report.

The measures are broken out into six domains: Primary Care Access and Preventive Care (9 measures), Maternal and Perinatal Health (6 measures), Care of Acute and Chronic Conditions (2 measures), Behavioral Health Care (4 measures), Dental and Oral Health Services (2 measures), and Experience of Care (1 measure).

The measures on the following pages are the ones that WVCHIP reports to CMS, with the exception of the APM-CH measure, which is included here, but not reported to CMS. More information on CMS core measures is located on www.medicaid.gov.

Health Care Quality Measures Centers for Medicare and Medicaid Services – Child Core Set 2020

	Measure	Numerator	Denominator	Rate
WCC-CH	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index Assessment for Children/Adolescents	2,466	9,299	26.5%
CHL-CH	Chlamydia Screening in Women Ages 16 - 20	155	659	23.5%
CIS-CH	Childhood Immunization Status	410	461	88.9%
W15-CH	Well-Child Visits in the First 15 Months of Life	189	276	68.5%
IMA-CH	Immunizations for Adolescents	537	764	70.3%
DEV-CH	Developmental Screening in the First Three Years of Life	695	1,136	61.2%
W34-CH	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	1,519	2,419	62.8%
AWC-CH	Adolescent Well-Child Visits	3,073	5,883	52.2%
CCW-CH	Contraceptive Care - All Effective Method	669	1,627	41.1%
APM-CH	Antipsychotic Metabolic Monitoring	35	82	42.7%
AMB-CH	Ambulatory Care: Emergency Department (ED) Visits	4,930	163,985	3.0%
ADD-CH	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	136	342	39.8%
FUH-CH	Follow-up After Hospitalization for Mental Illness: Ages 6-20		42	16.7%
APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	14	23	60.9%
CDF-CH	Depression Screening and Follow-up Plan	92	4665	2.0%
SEAL-CH	Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk	287	1,332	21.5%
PDENT-CH	Percentage of Eligibles Who Received Preventive Dental Services	15,084	27,257	55.3%

Health Care Quality Measures Centers for Medicare and Medicaid Services – Child Core Set 2020

	Measure	Description
WCC-CH	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index Assessment 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) precentile documentation 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. WVCHIP covers children through age 19.
CIS-CH	Childhood Immunization Status	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.
W15-CH	Well-Child Visits in the First 15 Months of Life	Percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their 15 months of life: 0, 1, 2, 3, 4, 5, 6 or more well-child visits.WVCHIP publishes one combined rate in its Annual Report and results of other rates are available upon request.
IMA-CH	Immunizations for Adolescents	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.
W34-CH	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.
AWC-CH	Adolescent Well-Child Visits	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year. WVCHIP covers children through age 19.
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.
APM-CH	Antipsychotic Metabolic Monitoring	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.
ADD-CH	Follow-up Care for Children Prescribed Attention- Deficit/Hyperactivity Disorder (ADHD) Medication	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: Initiation Phase and Continuation and Maintenance (C&M) Phase
FUH-CH	Follow-Up After Hospitalization for Mental Illness: Ages 6-20	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. Two rates are reported: 1) percentage of discharges for which children received follow-up within 30 days after discharge; and 2) percentage of discharges for which children received follow-up within 7 days after 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	The percentage of patients aged 12 to 17 years screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen. Excludes patients who have an active diagnosis of depression, bipolar disorder or who used hospice services anytime during the measurement year.
SEAL-CH	Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk	Percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e., "moderate" or "high" risk) who received a sealant on a permanent first molar tooth within the measurement year.
PDENT-CH	Percentage of Eligibles Who Received Preventive Dental Services	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period. WVCHIP covers children through age 19.