West Virginia Children's Health Insurance Program

Annual Report
2025

WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES
Bureau for Medical Services

West Virginia Children's
Health Insurance Program

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Commissioner, WVCHIP, BMS

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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, 2025 and June 30, 2024

	Annual Budget 2025	Actual June 30, 2025	Actual June 30, 2024	Actual Variance		Budget Variance	
Beginning Operating Fund Balance		**$3,255,799**	**$5,382,999**	**($2,127,200)**	**-40%**		
Revenues							
Federal Grants	$63,527,759	$66,898,223	$65,239,204	$1,659,019	3%	$3,370,464	5%
State Appropriations	$12,755,475	$12,757,825	$11,026,832	$0	0%	$2,350	0%
Premium Revenues	$83,500	$531,118	$128,182	$402,935	314%	$447,618	536%
Investment Earnings (Interest)	$155,000	$156,742	$24,780	$131,962	533%	$1,742	1%
Total Operating Fund Revenues	**$76,521,734**	**$80,343,907**	**$76,418,998**	**$3,924,910**	**5%**	**$3,822,173**	**5%**
Expenditures:							
Claims Expenses:							
Managed Care Organizations		$55,896,423	$54,635,761	$1,260,663	2%		
Prescribed Drugs		$14,356,640	$13,438,772	$917,867	7%		
Physicians & Surgical		$2,562,471	$3,805,922	($1,243,451)	-33%		
Medical Transportation		$2,304,305	$1,969,256	$335,048	17%		
Inpatient Hospital Services		$1,542,969	$1,362,905	$180,064	13%		
Outpatient Services		$1,534,487	$1,463,916	$70,570	5%		
Therapy		$1,134,458	$308,661	$825,797	268%		
Dental		$544,274	$744,089	($199,814)	-27%		
Other Services		$206,045	$168,885	$37,160	22%		
Inpatient Mental Health		$128,794	$177,778	($48,983)	-28%		
Outpatient Mental Health		$75,126	$72,524	$2,602	4%		
Vision		$33,325	$39,962	($6,637)	-17%		
Durable & Disposable Med. Equip.		$16,369	$23,359	($6,990)	-30%		
Less: Other Collections**		($26,401)	($8,424)	($17,977)	213%		
Drug Rebates	$0	($1,081,659)	($4,809,999)	$3,728,340	-78%	$1,108,061	0%
Total Claims Expenses	**$70,153,130**	**$79,227,625**	**$73,393,366**	**$5,834,259**	**8%**	**$9,074,495**	**13%**
Administrative Expenses:							
Salaries and Benefits	$557,031	$355,522	$323,380	$32,142	10%	($201,509)	-36%
Program Administration	$5,222,107	$3,040,064	$4,788,881	($1,748,817)	-37%	($2,182,043)	-42%
Outreach & Health Promotion	$0	$0	$0	$0	0%	$0	0%
Health Service Initiative	$225,000	$225,000	$225,000	$0	0%	$0	0%
Current	$413,409	$293,217	$28,212	$265,005	939%	($120,192)	-29%
Total Administrative Expenses in Operating Fund	**$6,417,547**	**$3,913,803**	**$5,365,474**	**($1,451,670)**	**-27%**	**($2,503,744)**	**-39%**
Total Operating Fund Expenditures	**$76,570,677**	**$83,141,428**	**$78,758,840**	**$4,382,589**	**6%**	**$6,570,751**	**9%**
Adjustments		**($3,479)**	**$212,642**				
Ending Operating Fund Balance		**$454,799.28**	**$3,255,799**	**($2,801,000)**	**-86%**		
Money Market		$0	$0				
Bond Pool		$73,489	$2,416,748				
Cash on Deposit		$381,310	$839,051				
Revenues Outside of Operating Funds:							
Federal Grants		$5,300,000	$0	$5,300,000	0%		
Total WVCHIP Revenues		**$85,643,907**	**$76,418,998**	**$9,224,910**	**12%**		
Program Expenses outside of Operating Funds:							
Eligibility	$1,500,000	$4,360,886	$2,247,918	$2,112,967	94%	$2,860,886	191%
Total Administrative Expenses	**$7,917,547**	**$8,274,689**	**$7,613,392**	**$661,297**	**9%**	**$357,142**	**5%**
Total WVCHIP Expenditures	**$78,070,677**	**$87,502,314**	**$81,006,758**	**$6,495,556**	**8%**	**$9,431,637**	**12%**

Footnotes:

1) Statement is on cash basis.
2) Estimate of Incurred but Not Reported (IBNR) claims on June 30, 2025 is $3,970,647. The June 30, 2024 estimate was $998,704.
3) Administrative Accounts Payable balance on June 30, 2025 is $1,221,387. The June 30, 2024 balance was $422,837.
4) 2025 and 2024 adjustments to fund balances 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 SFY25 is 81.87% and during SFY24 is 81.69% (1/1/24); 82.92% (10/1/23); 83.56% (7/1/23).
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 (WVPATH).

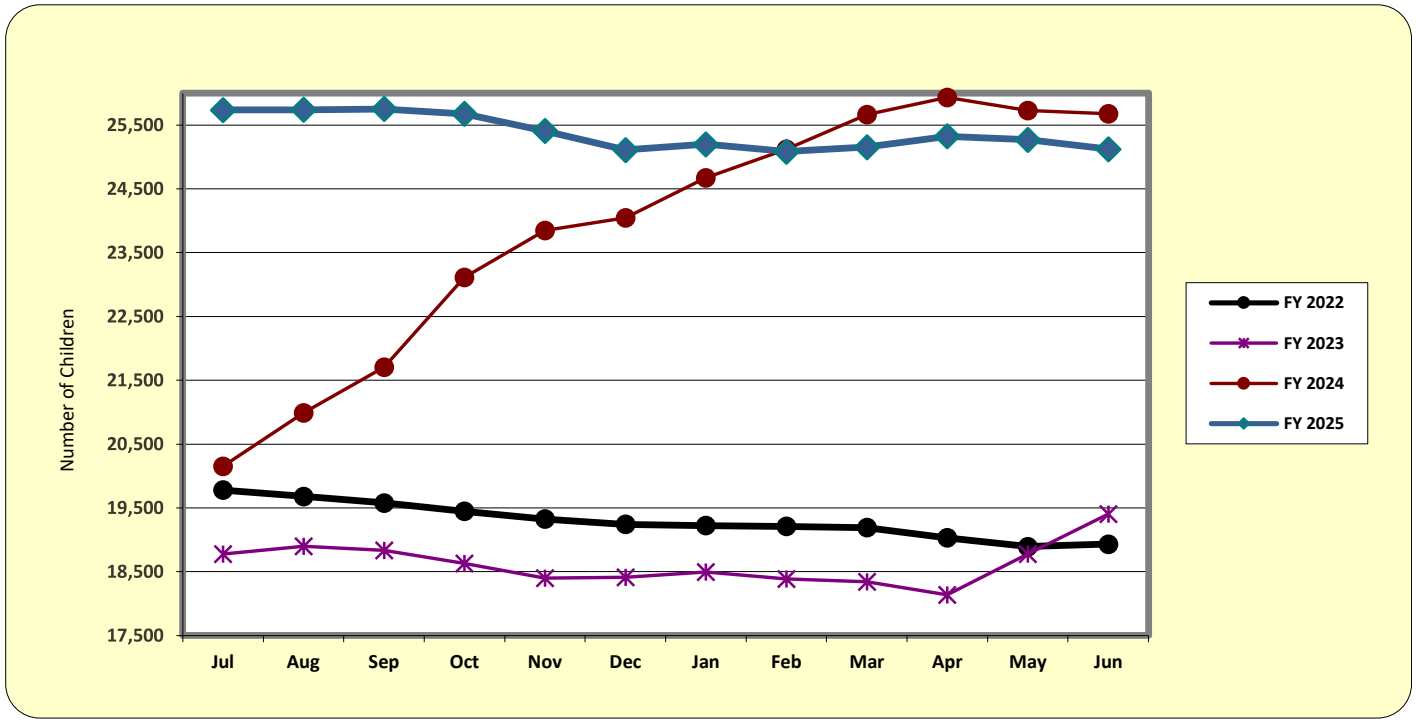
Unaudited - For Management Purposes Only

West Virginia Children's Health Insurance Program
Changes in Federal Allotment Balance
For the Year Ending June 30, 2025

Beginning Balance 7/01/2024	
CHP24	$57,959,682
CHP25	$98,529,867
	$156,489,549
New Allotments	
CHP24 - additional allotment	$5,093,057
Total Allotment Available	$161,582,606
Adjustments	$0
Adjusted Available Allotments	$161,582,606
Draw-downs	
SCHIP	($66,898,223)
MCHIP	($6,954,516)
SCHIP Cost Distribution for Eligibility	($5,300,000)
Ending Balance 6/30/2025	$82,429,867
Draws In Transit	
MCHIP QE 09/30/2024 & 12/31/2024 & 03/31/2025 & 06/30/2025	($16,490,557)
Adjusted Ending Balance 06/30/2025	$65,939,310

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

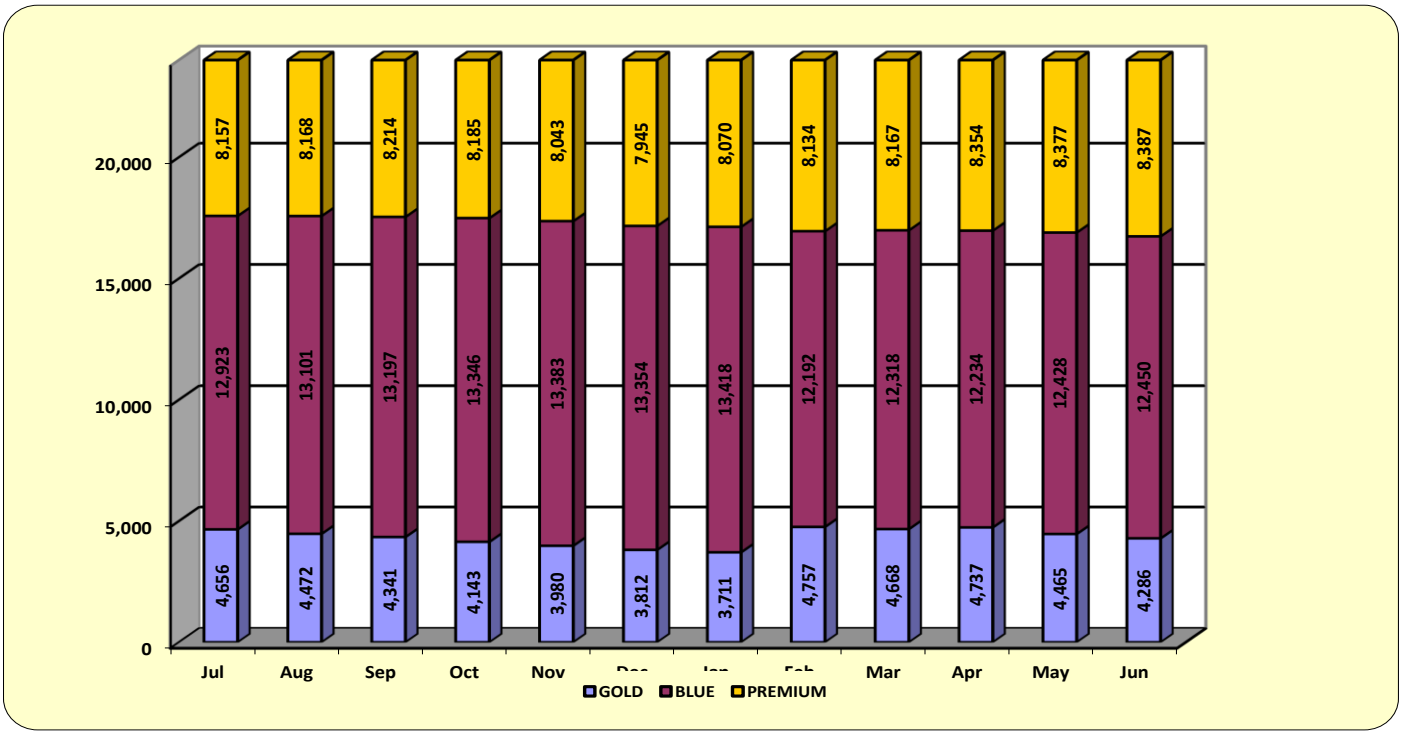
Enrollment



Monthly Enrollment SFY 2025

Monthly Enrollment by Group

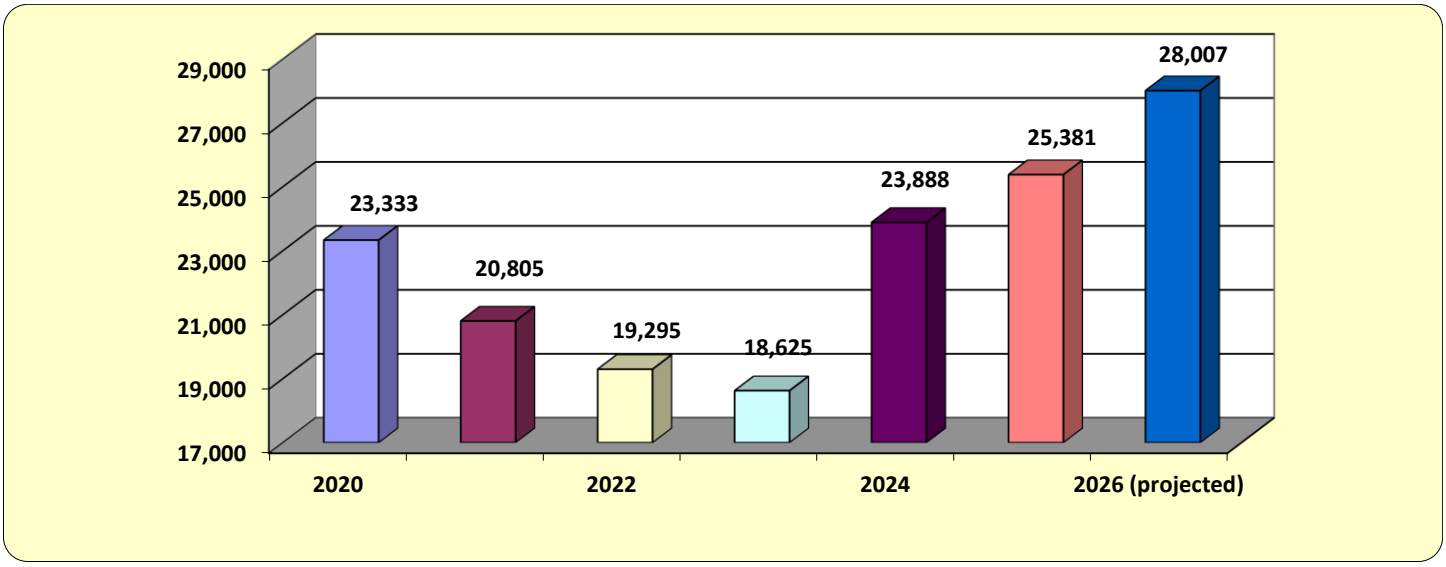
SFY 2025



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

Average Monthly Enrollment

SFYs 2020 - 2025



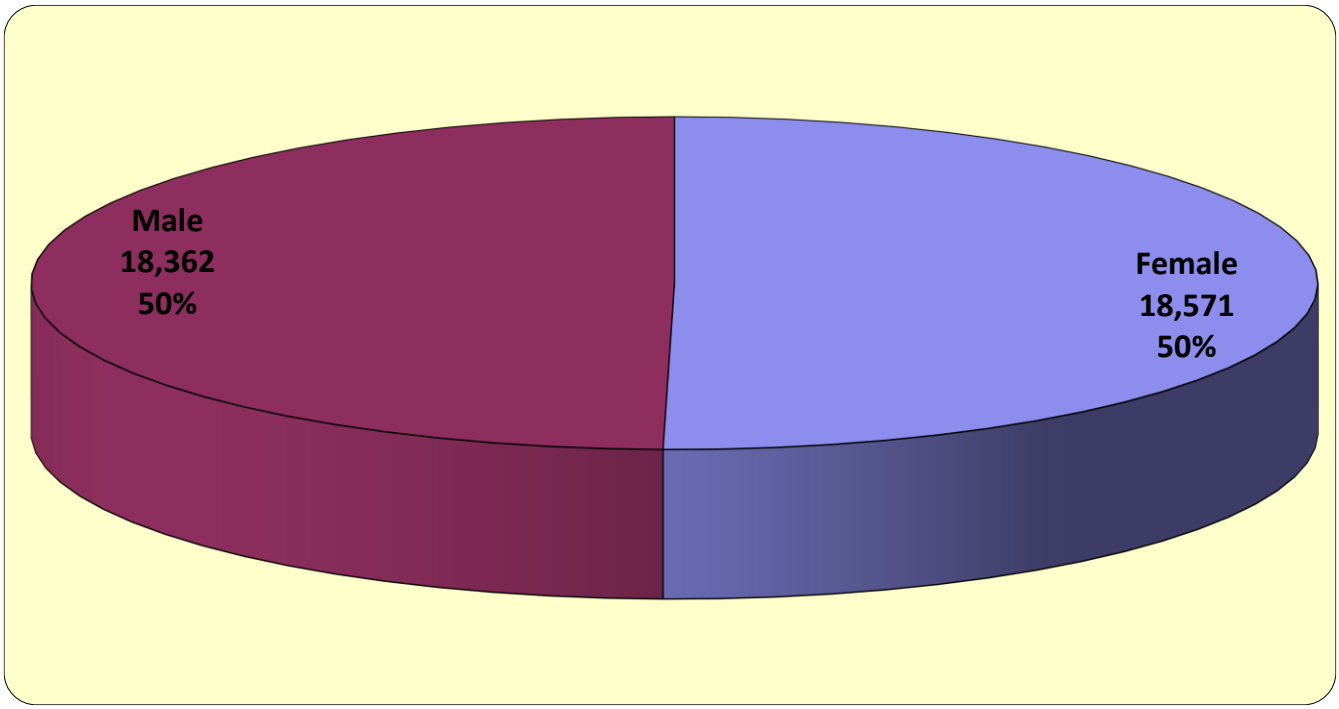
Unduplicated Count of Children Served In WVCHIP Each Year on June 30

Year	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%
2021	25,231	-17.0%
2022	22,672	-10.1%
2023	24,485	+8.0%
2024	35,570	+45.3%
2025	36,933	+3.8%

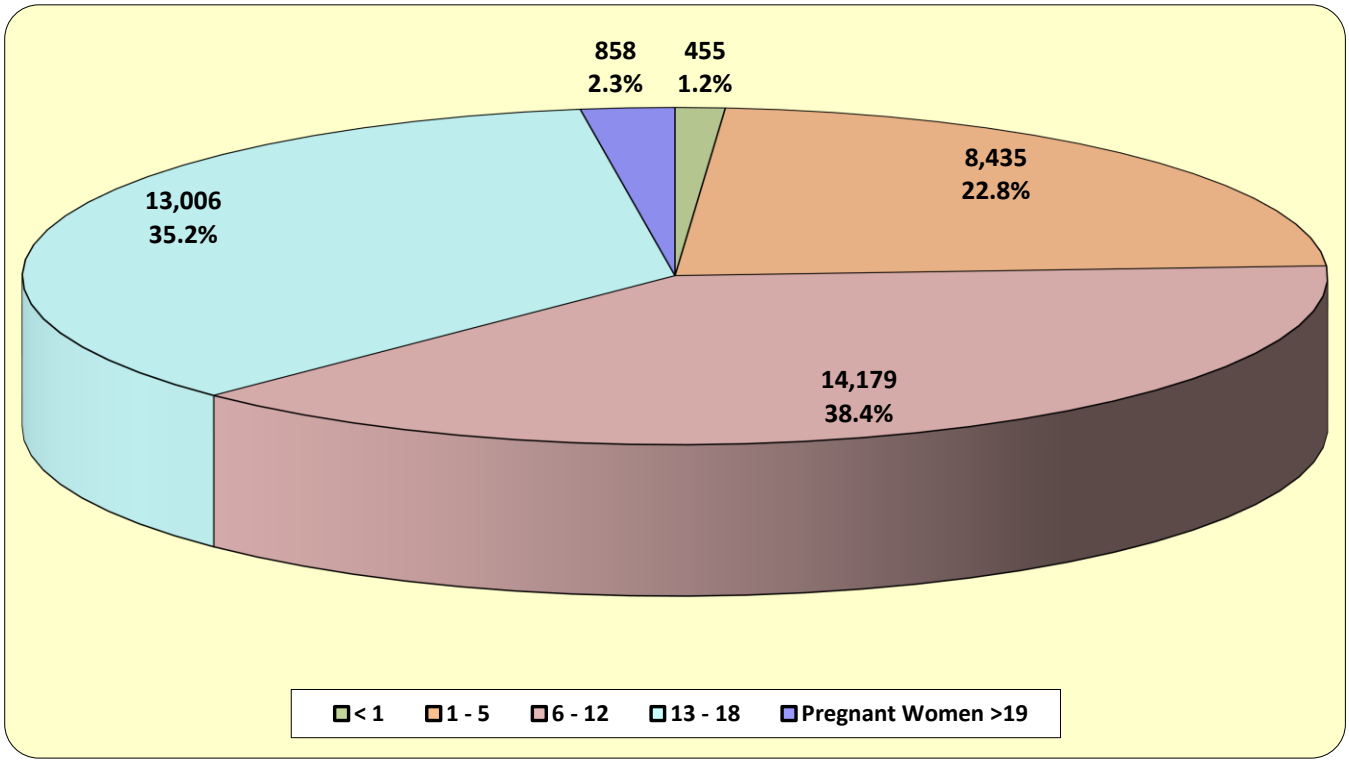
Total unduplicated number of children ever enrolled as of June 30, 2025, in WVCHIP since inception:

244,998

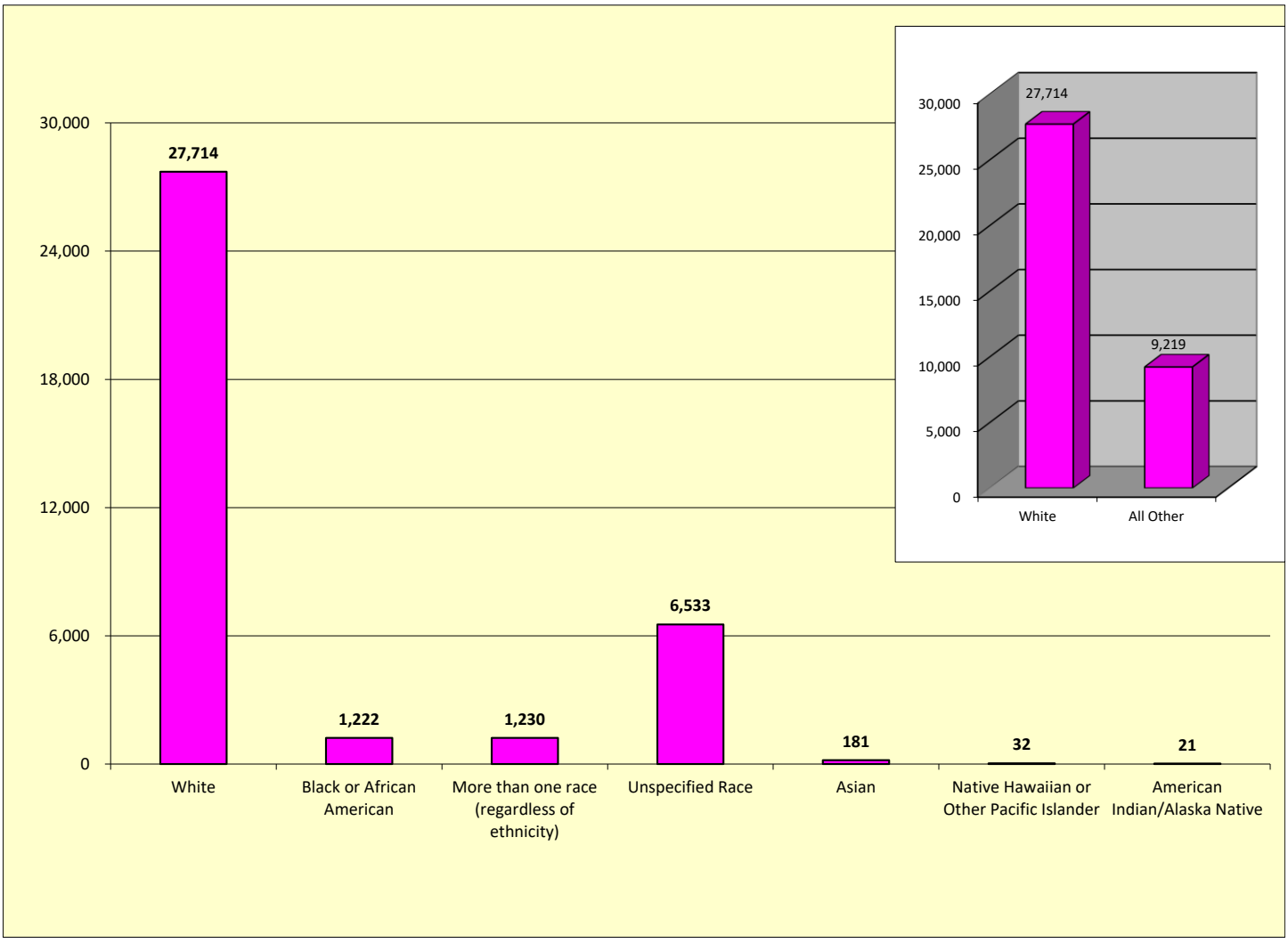
SFY 2025 Enrollment by Gender



SFY 2025 Enrollment by Age

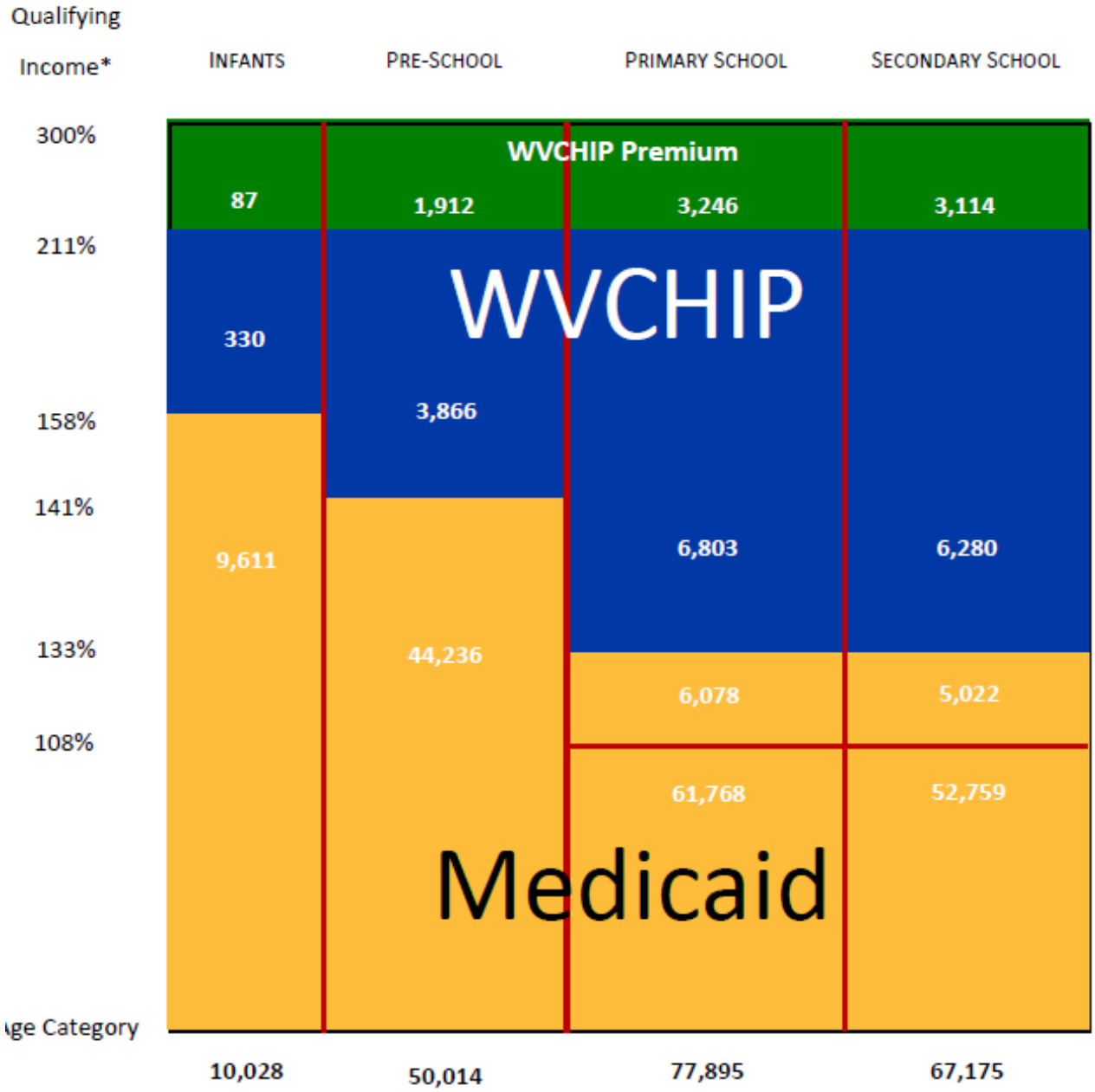


SFY 2025 Enrollment by Race



Race/Ethnicity	**WV CHIP Population**	**% of WV CHIP Population**	**WV Population Under 19 Years**	**% of WV Population Under 18 Years**
White	27,714	75.0%	351,141	89.4%
Black or African American	1,222	3.3%	12,569	3.2%
More than one race (regardless of ethnici	1,230	3.3%	21,210	5.4%
Unspecified Race	6,533	17.7%	4,321	1.1%
Asian	181	0.5%	2,749	0.7%
Native Hawaiian or Other Pacific Islander	32	0.1%	0	0.0%
American Indian/Alaska Native	21	0.1%	786	0.2%
Total	**36,933**	**100.0%**	**392,775**	**100.0%**

Health Coverage of West Virginia Children
by WVCHIP and West Virginia Medicaid
June 30, 2025



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

Total CHIP-Medicaid Expansion 11,100

Total WVCHIP Enrollment 25,638 **Total WV Medicaid Enrollment** 168,374

Total # of Children Covered by WVCHIP and Medicaid 205,112

Enrollment Changes by County

As Percent Difference from July 2024 to June 2025

County	Total Enrollees July 2024	Total Enrollees June 2025	Difference	% Change
Tyler	99	128	29	23%
Pocahontas	101	118	17	14%
Taylor	225	261	36	14%
Doddridge	90	100	10	10%
McDowell	210	229	19	8%
Lewis	294	317	23	7%
Mercer	1,048	1,127	79	7%
Clay	111	119	8	7%
Gilmer	77	82	5	6%
Ritchie	111	118	7	6%
Hampshire	316	333	17	5%
Braxton	140	145	5	3%
Lincoln	295	305	10	3%
Wetzel	160	165	5	3%
Ohio	410	422	12	3%
Grant	182	185	3	2%
Cabell	1,104	1,119	15	1%
Randolph	474	477	3	1%
Upshur	407	409	2	0%
Hardy	262	263	1	0%
Brooke	0	0	0	0%
Pleasants	76	76	0	0%
Greenbrier	642	640	-2	0%
Nicholas	384	381	-3	-1%
Calhoun	118	117	-1	-1%
Preston	496	491	-5	-1%
Kanawha	2,429	2,396	-33	-1%
Wayne	554	545	-9	-2%
Jefferson	816	799	-17	-2%
Raleigh	1,163	1,136	-27	-2%
Boone	264	257	-7	-3%
Morgan	297	289	-8	-3%
Marion	785	760	-25	-3%
Summers	182	176	-6	-3%
Fayette	653	629	-24	-4%
Wood	1,076	1,034	-42	-4%
Berkeley	2,549	2,447	-102	-4%
Barbour	253	242	-11	-5%
Jackson	387	369	-18	-5%
Harrison	978	927	-51	-6%
Logan	418	396	-22	-6%
Tucker	123	116	-7	-6%
Mingo	297	280	-17	-6%
Monroe	237	223	-14	-6%
Marshall	320	301	-19	-6%
Monongalia	1,061	970	-91	-9%
Pendleton	100	91	-9	-10%
Mineral	395	357	-38	-11%
Putnam	787	710	-77	-11%
Hancock	570	512	-58	-11%
Wyoming	340	304	-36	-12%
Webster	142	126	-16	-13%
Wirt	75	66	-9	-14%
Mason	355	303	-52	-17%
Roane	277	235	-42	-18%
Totals	**25,715**	**25,123**	**-592**	**-2%**
12-Mo. Avg.		***25,157***	***-11***	***-1%***

Enrollment Changes by County

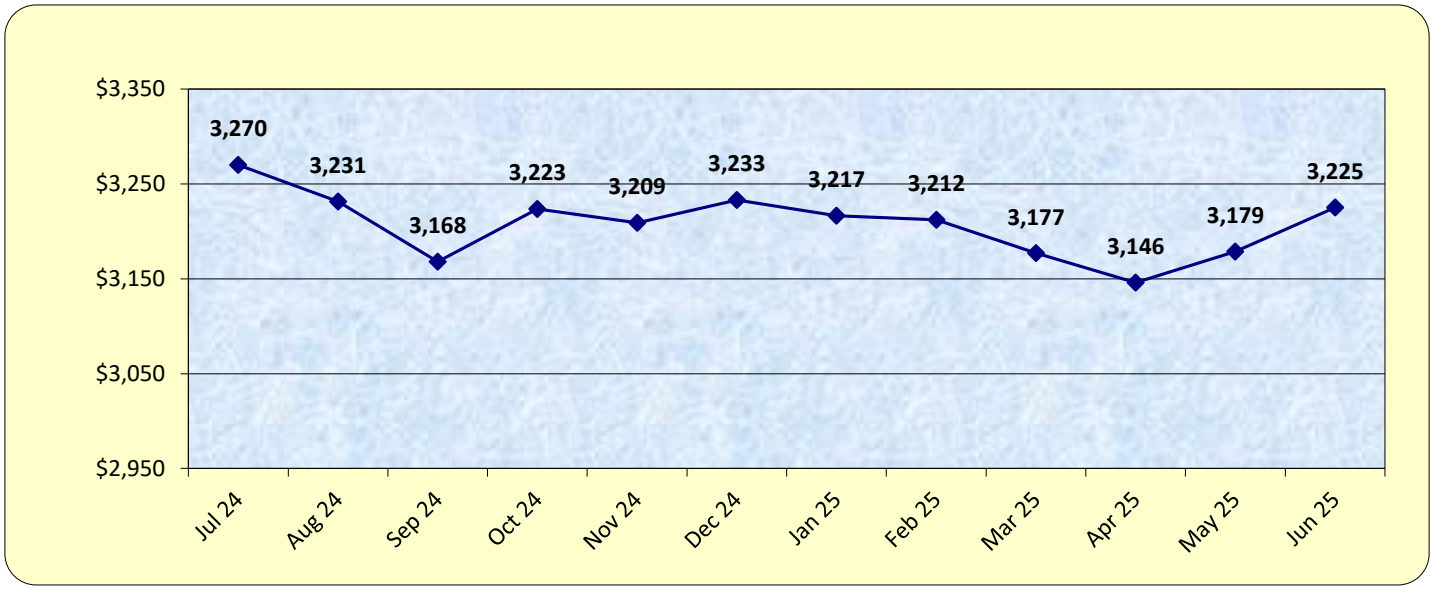
As Percent of Children Never Before Enrolled from July 2024 to June 2025

County	Total Enrollees July 2024	Total Enrollees June 2025	New Enrollees Never in Program	New Enrollees As % of June 2025
Barbour	253	242	112	46%
Berkeley	2,549	2,447	1,294	53%
Boone	264	257	144	56%
Braxton	140	145	78	54%
Brooke	0	0	0	0%
Cabell	1,104	1,119	554	50%
Calhoun	118	117	48	41%
Clay	111	119	60	50%
Doddridge	90	100	56	56%
Fayette	653	629	315	50%
Gilmer	77	82	35	43%
Grant	182	185	87	47%
Greenbrier	642	640	287	45%
Hampshire	316	333	198	59%
Hancock	570	512	270	53%
Hardy	262	263	151	57%
Harrison	978	927	449	48%
Jackson	387	369	163	44%
Jefferson	816	799	362	45%
Kanawha	2,429	2,396	1,201	50%
Lewis	294	317	181	57%
Lincoln	295	305	173	57%
Logan	418	396	207	52%
Marion	785	760	383	50%
Marshall	320	301	151	50%
Mason	355	303	175	58%
McDowell	210	229	110	48%
Mercer	1,048	1,127	578	51%
Mineral	395	357	209	59%
Mingo	297	280	134	48%
Monongalia	1,061	970	397	41%
Monroe	237	223	105	47%
Morgan	297	289	132	46%
Nicholas	384	381	176	46%
Ohio	410	422	188	45%
Pendleton	100	91	41	45%
Pleasants	76	76	33	43%
Pocahontas	101	118	74	63%
Preston	496	491	228	46%
Putnam	787	710	286	40%
Raleigh	1,163	1,136	557	49%
Randolph	474	477	193	40%
Ritchie	111	118	62	53%
Roane	277	235	96	41%
Summers	182	176	85	48%
Taylor	225	261	112	43%
Tucker	123	116	37	32%
Tyler	99	128	62	48%
Upshur	407	409	218	53%
Wayne	554	545	219	40%
Webster	142	126	58	46%
Wetzel	160	165	90	55%
Wirt	75	66	35	53%
Wood	1,076	1,034	476	46%
Wyoming	340	304	144	47%
Totals	**25,715**	**25,123**	**12,269**	**49%**
12-Mo. Avg.		***25,157***	***223***	***1%***

Annualized Health Care Expenditures

(Cost Per Child)

SFY 2025

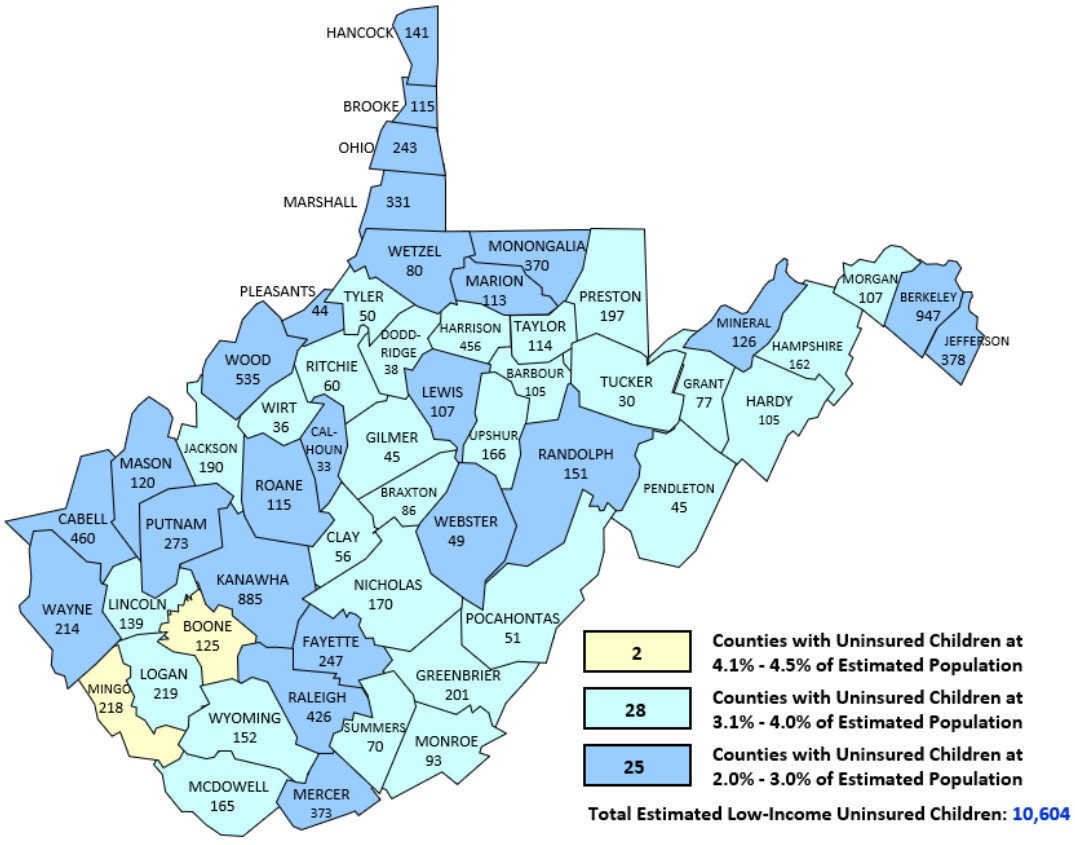


Uninsured Children, Program Outreach, and Health Initiatives

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 2024 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 2024 slightly to 2.8 percent, which is approximately 11,000 children. West Virginia ranks eighth in the nation in the percentage of uninsured children. West Virginia's 2023 rate was 3.0 percent, around 11,000 kids, and West Virginia ranked fifth 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 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 http://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 2025

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 26. Mandatory reporting of the core pediatric measure set for all states' CHIP and Medicaid child health programs began 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, 2025 measures are typically based on calendar year 2024 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 2025 would remain the same as the 2024 set at 27 measures minus one measure, Ambulatory Care: Emergency Department (ED) Visits (AMB-CH), leaving 26 measures in the 2025 core set. West Virginia uses all reportable measures to assess, monitor, and identify areas for improvement in the care being provided to its members.

The measures are broken out into six domains: Primary Care Access and Preventive Care (8 measures), Maternal and Perinatal Health (5 measures), Care of Acute and Chronic Conditions (2 measures), Behavioral Health Care (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 2025

	Measure	Numerator	Denominator	Rate
ADD-CH	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase	115	373	30.8%
CDF-CH	Depression Screening and Follow-up Plan Ages 12 to 17	258	10,701	2.4%
FUH-CH	Follow-up After Hospitalization for Mental Illness Ages 6 to 17	84	103	81.6%
APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Glucose Monitoring	97	155	62.6%
APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Ages 1 to 17	29	80	36.3%
FUA-CH	Follow-up After Emergency Department Visit for Substance Use: Ages 13 to 17	3	16	18.8%
FUM-CH	Follow-up After Emergency Department Visit for Mental Illness: Ages 6 to 17 - Within 30 Days	37	54	68.5%
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	4,342	6,761	64.2%
CHL-CH	Chlamydia Screening in Women Ages 16 - 20	212	921	23.0%
CIS-CH	Childhood Immunization Status - Combo #10	69	338	20.4%
W30-CH	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	346	549	63.0%
IMA-CH	Immunizations for Adolescents - Combo #2	268	861	31.1%
DEV-CH	Developmental Screening in the First Three Years of Life	1,209	2,049	59.0%
WCV-CH	Child and Adolescent Well-Care Visits - Ages 3 to 21	9,076	18,870	48.1%
LSC-CH	Lead Screening in Children	311	451	69.0%

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	Measure	Numerator	Denominator	Rate
LBW-CH	Live Births Weighing Less Than 2,500 Grams	NR	NR	NR
PPC2-CH	Prenatal and Postpartum Care: Under Age 21	5	5	100.0%
CCP-CH	Contraceptive Care - Postpartum Women Ages 15 to 20	3	6	50.0%
CCW-CH	Contraceptive Care - All Women Ages 15 to 20	835	2,713	30.8%
LRCD-CH	Low-Risk Cesarean Delivery: Under Age 20	NR	NR	NR
AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	233	575	59.5%
AMR-CH	Asthma Medication Ratio: Ages 5 to 18	221	253	87.4%
OEV-CH	Oral Evaluations, Dental Services	9,172	25,531	35.9%
TFL-CH	Topical Fluoride for Children	13,093	22,304	58.7%
SFM-CH	Sealant Receipt on Permanent First Molars	646	1,187	54.4%

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
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 to 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 qualifying encounter.
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 30 days follow-up. Rates for 7 days after discharge are available upon request.

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Measure		Description
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 children 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 publishes the 30 day follow-up rate. The rate for the 7 day follow-up is available upon request.
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.
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.
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.

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Measure		Description
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.
LBW-CH	Live Births Weighing Less Than 2,500 Grams	Percentage of live births that weighed less than 2,500 grams at birth during the measurement year. Note: A lower rate indicates better performance. CMS will calculate this measure for states using state natality data obtained through the Centers for Disease Control's (CDC) Wide-ranging ONline Data for Epidemiologic Research (WONDER), a data system that provides access to public health information. States are not asked to report data for this measure for 2025 Core Set reporting.
PPC2-CH	Prenatal and Postpartum Care: Under Age 21	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. For these beneficiaries, the measure assesses the following facets of prenatal and postpartum care: 1) Timeliness of Prenatal Care: Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment; and 2) Postpartum Care: Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. WVCHIP publishes the postpartum rate, the prenatal rate is available upon request.
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 publishes the 90 days for "most effective" or "moderately effective" rate. Other rates are available upon request.
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 reversable (LARC) 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 three months of the measurement year, and those who were still pregnant at the end of the measurement year. Rates are reported for "most' and 'moderately' effective contraception. Rates for the percentage of women who were povided a 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
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.
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. WVCHIP publishes the rate for dental or orah health services. The other two measures are available upon request.
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 publises the measure for one sealant. The other measures are available upon request.