

Cardinal Care Program 2024 Snapshot

Virginia Medicaid Background

DMAS administers the Cardinal Care program, which includes the Virginia Medicaid program and FAMIS, the Commonwealth's CHIP program

DMAS contracted with five privately owned MCOs to deliver physical and behavioral health services to Medicaid and CHIP members. VA Premier and Optima combined into a single MCO, re-branded as Sentara Health Plan.

Cardinal Care MCOs in Virginia

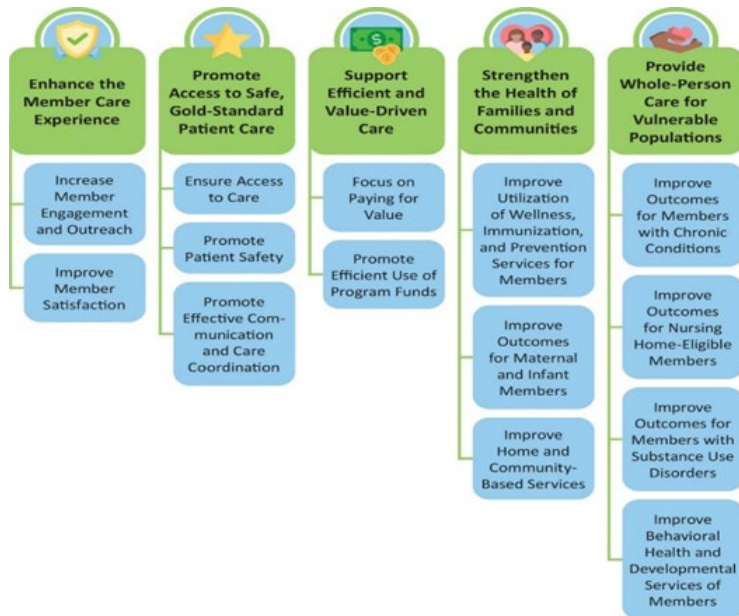
MCO Name	NCQA Accreditation Status
Aetna	Accredited*, LTSS Distinction
HealthKeepers	Accredited*, LTSS Distinction
Molina	Accredited*, LTSS Distinction
Sentara**	Provisional Accreditation***, LTSS Distinction
United	Accredited*, LTSS Distinction, Electronic Clinical Data Distinction

*Accredited: NCQA has awarded an accreditation status of "Accredited" for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and QI.¹

**VA Premier merged with Optima during CY 2023 forming the Sentara Health Plan.

*** Provisional Accreditation is granted for one year to plans that have adequate quality improvement programs and meet many of NCQA standards. The plan needs to demonstrate progress before they can qualify for higher levels of accreditation.

Virginia's 2023–2025 Quality Strategy Goals and Objectives

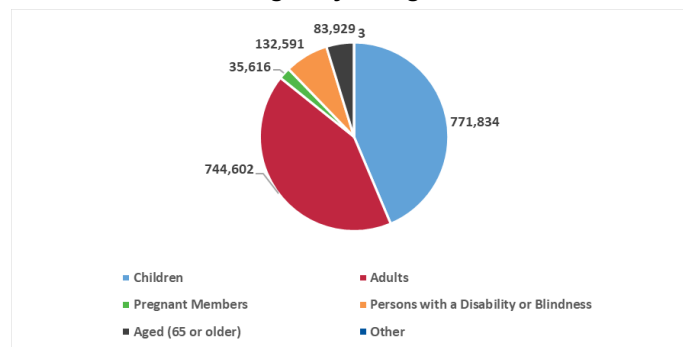


CY 2024 Average Annual Program Enrollment

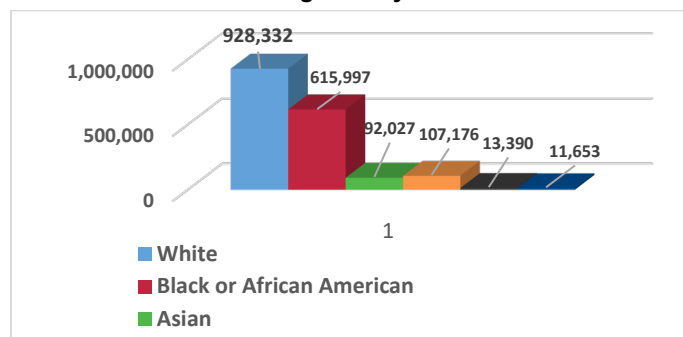
Program	SFY 2024 Enrollment as of 07/1/2024
Cardinal Care	1,784,681

Cardinal Care Program Demographics

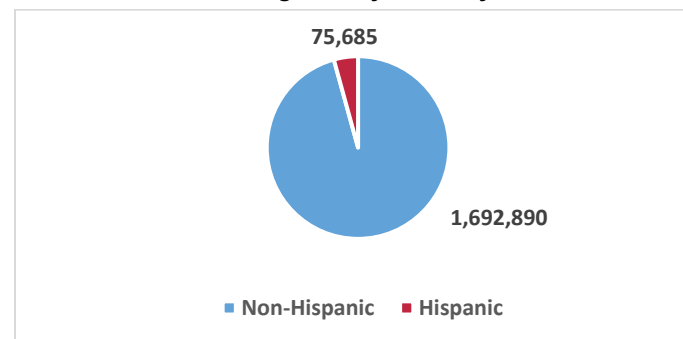
Eligibility Categories



Categories by Race



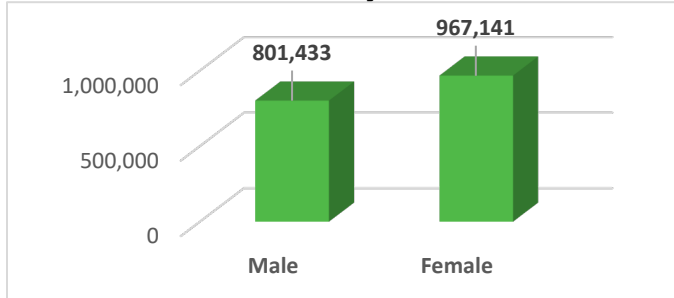
Categories by Ethnicity



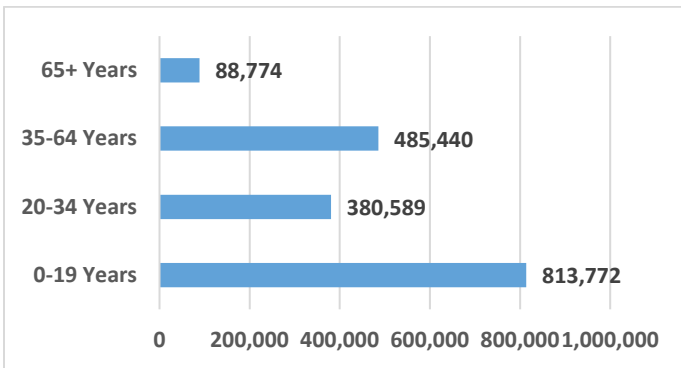
¹ National Committee for Quality Assurance. Advertising and Marketing Guidelines: Health Plan Accreditation. Available at: https://www.ncqa.org/wp-content/uploads/2018/08/20180804_HPA_Advertising_and_Marketing_Guidelines.pdf. Accessed on: Jan 8, 2025.

Cardinal Care Program Demographics

Enrollment by Gender

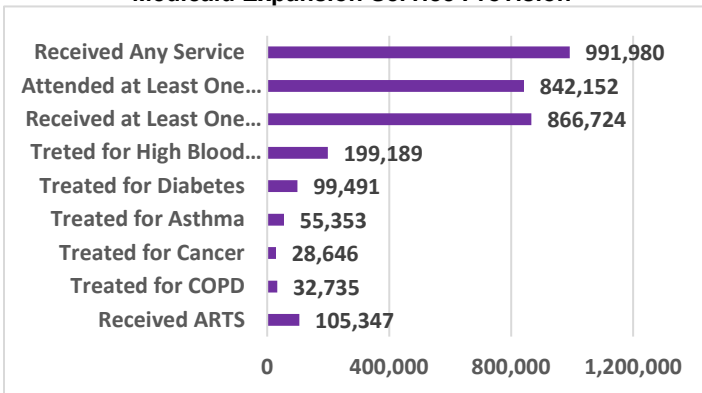


Enrollment by Age Group

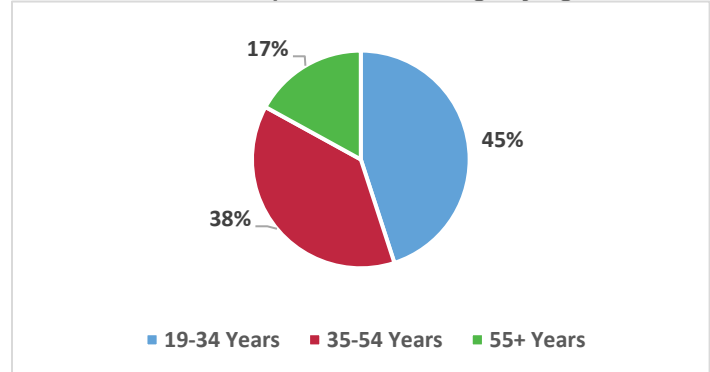


Medicaid Expansion

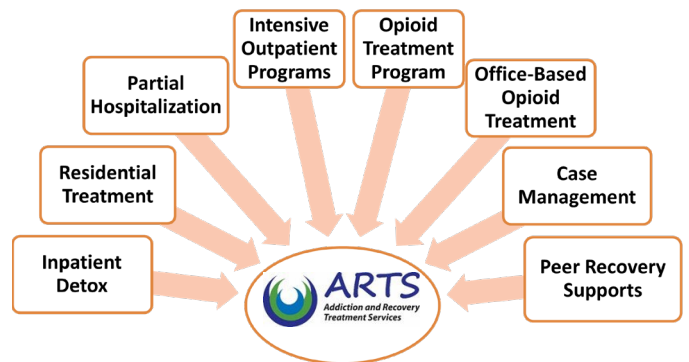
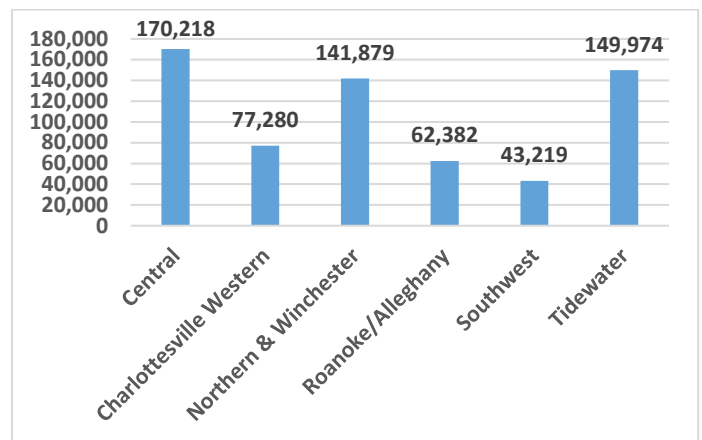
Medicaid Expansion Service Provision



Medicaid Expansion Percentage by Age



Medicaid Expansion Members by Medicaid Region



ARTS Benefit Outcomes

- Approximately 154,854 individuals received ARTS benefits during SFY 2024.
- The percentage of members using any ARTS service in SFY 2024 compared to SFY 2020 increased 23.6 percent.
- Over 116,000 Medicaid members had a diagnosed SUD in SFY 2021, an increase of 14.3 percent from SFY 2020.
- OD was the most frequently diagnosed SUD in SFY 2021 (48,008 members) followed by AUD (44,038 members);

cannabis (35,911 members, a 26.9 percent increase); and stimulants, which includes the use of methamphetamines (27,226 members, a 19.4 percent increase).

- Treatment rates are highest among members with an OUD diagnosis (69.4 percent) but lower among members with other SUD diagnoses, such as AUD (27.1 percent), stimulant use disorder (34.3 percent) and cannabis use disorder (16.5 percent).

Provider Network Expansion Supported Through ARTS

- The number of addiction treatment providers continued to increase in 2022. There were 1,540 practitioners in Virginia in 2022 who had federal authorization to prescribe buprenorphine, including 642 nurse practitioners and 148 physician assistants.

Providers of ARTS Services

Addiction Provider Type	# of Providers Before ARTS (2017)	# of Providers in 2020	# of Providers in 2022
Inpatient Detox	N/A	51	70
Residential Treatment	4	123	95
Partial Hospitalization Programs	NA	41	40
Intensive Outpatient Programs	49	252	209
Opioid Treatment Programs	6	40	43
Preferred Office-Based Addiction Treatment Providers	NA	154	200
Outpatient Practitioners Billing for ARTS Services	1,087	5,089	6,184

2024 Statewide Aggregate PIP Results

PIP Topics:

- Ensuring Timeliness of Prenatal Care
- Tobacco Cessation in Pregnant Women
- Ambulatory Care—Emergency Department Visits
- Transitions of Care—Patient Engagement After Inpatient Discharge

Strengths	Three of the five MCOs received 100 percent validation scores across all evaluation elements for Steps 1 through 8 and were assigned a High Confidence level for all PIPs. These MCOs calculated and reported Remeasurement 1 data accurately, implemented targeted interventions that addressed the identified barriers, and developed sound methodologies for evaluating the effectiveness for each intervention.
Weakness	Not all MCOs addressed all requirements for data analysis and interpretation of results (Step 7). One MCO did not include a statement about factors which threaten comparability, and one MCO did not provide the correct statistical testing results or indicator of the direction of change.

Performance Measure Validation Results

Domain	Strengths
Children's Preventive Care	Four of the five MCOs' rates met or exceeded the 75th percentile for the <i>Immunization for Adolescents—Combination 1 (Meningococcal; Tdap)</i> PM indicator.
Care for Chronic Conditions	All five MCOs' rates met or exceeded the 50th percentile for the <i>Asthma Medication Ratio—Total</i> PM indicator.
Behavioral Health	All five MCOs' rates met or exceeded the 50th percentile for the <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications—Total</i> , both indicators for <i>Initiation and Engagement of Substance Use Disorder Treatment</i> , and <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> PM indicators.
Access to Care	Three of the five MCOs' rates met or exceeded the 75th percentile for the <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> PM indicator.
Women's Health	Three of the five MCOs' rates exceeded the statewide average for the <i>Breast Cancer Screening—Total</i> PM indicator.
Domain	Opportunities for Improvement
Children's Preventive Care	Three of the five MCOs' rates fell below the 50th percentile for the <i>Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)</i> PM indicator.
Women's Health	Five of the six MCOs' rates fell below the 50th percentile for the <i>Cervical Cancer Screening</i> PM indicator.
Access to Care	All five MCOs' rates fell below the 50th percentile for the <i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total</i> , <i>Colorectal Cancer Screening—Total</i> , <i>Use of Imaging Studies for Low Back Pain—Total</i> , and <i>Plan All-Cause Readmissions—Observed Readmissions</i> PM indicators.
Care for Chronic Conditions	All five MCOs' rates fell below the 50th percentile for the <i>Medical Assistance With Smoking and Tobacco Use Cessation</i> PM indicators.
Behavioral Health	All five MCOs' rates fell below the 50th percentile for the <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total</i> PM indicator.

Medicaid Member Experience of Care Survey Results

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Adult Global Top-Box Scores				
Cardinal Care Program	61.98%	58.84%	70.98%	70.03%
Aetna	60.79%	54.19%	64.55%	69.37%
HealthKeepers	65.67%	58.59%	69.54%	65.00%+
Molina	67.16%	57.69%	75.39%	66.67%
Sentara	59.90%	61.76%	75.80%	75.00%
United	56.86%	55.37%	62.24%	69.05%+
	Getting Care Needed	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Adult Composite Top-Box Scores				
Cardinal Care Program	81.42%	81.07%	92.41%	87.73%
Aetna	80.49%	80.12%	92.17%	86.46%
HealthKeepers	78.69%	79.54%+	91.72%	85.75%+
Molina	78.02%	79.07%	94.43%	89.76%
Sentara	85.97%	83.55%+	93.03%	90.52%+
United	75.23%	78.60%+	90.99%	82.98%+
	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Child Global Top-Box Scores				
Cardinal Care Program	72.95%	72.67%	76.18%	72.38%
Aetna	72.01%	70.77%	73.65%	64.67%
HealthKeepers	74.52%	73.38%	75.00%	74.63%+
Molina	71.27%	66.98%	72.46%	73.68%+
Sentara	72.19%	73.47%+	79.26%	73.33%+
United	72.28%	71.57%	72.06%	67.86%+
	Getting Care Needed	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Child Composite Top-Box Scores				
Cardinal Care Program	80.51%	84.49%	94.04%	87.63%
Aetna	79.81%	85.85%	91.32%	86.53%
HealthKeepers	86.32%	85.75%	94.05%	91.63%+
Molina	81.77%+	79.63%+	89.24%	86.40%+
Sentara	77.35%+	84.43%+	95.94%+	87.11%+
United	73.07%+	81.14%+	91.31%+	77.25%+

+ Indicates fewer than 100 respondents. Caution should be exercised when interpreting these results.

Cells highlighted in orange represent rates that are statistically significantly higher than the 2023 NCQA national Medicaid averages.

Cells highlighted in gray represent rates that are statistically significantly lower than the 2023 NCQA national Medicaid averages.

Medicaid Member Experience of Care Survey Results

Strengths
<p>2024 Medicaid top-box score results:</p> <ul style="list-style-type: none"> Adult—Molina's 2024 top-box scores were statistically significantly higher than the 2023 NCQA adult Medicaid national averages for <i>Rating of Health Plan</i> and <i>Rating of Personal Doctor</i>. Adult—Sentara's 2024 top-box scores were statistically significantly higher than the 2023 NCQA adult Medicaid national averages for <i>Rating of Personal Doctor</i>, <i>Rating of Specialist Seen Most Often</i>, and <i>Getting Needed Care</i>. Child—No overall strengths in the child CAHPS survey results were identified.
Opportunities for Improvement
<p>2024 Medicaid top-box score results:</p> <ul style="list-style-type: none"> Adult—No overall weaknesses in the adult CAHPS survey results were identified. Child—Aetna's and Molina's top-box scores were statistically significantly lower than the 2023 NCQA child Medicaid national average for <i>How Well Doctors Communicate</i>. Child—United's top-box scores were statistically significantly lower than the 2023 NCQA child Medicaid national averages for <i>Getting Needed Care</i> and <i>Customer Service</i>.

FAMIS Member Experience of Care Survey Results

	General Child 2023	General Child 2024	CCC 2023	CCC 2024
Global Ratings				
Rating of Health Plan	72.66%	71.30%	65.87%	72.65%
Rating of All Health Care	67.05%+	63.79%+	56.39%	57.29%+
Rating of Personal Doctor	78.85%	73.56%+	74.83%	73.08%
Rating of Specialist Seen Most Often	73.91%+	66.67%+	63.86%+	64.91%+
Composite Top-Box Scores				
Getting Needed Care	83.35%+	81.21%+	76.24%	80.35%+
Getting Care Quickly	90.72%+	89.84%+	87.70%+	83.10%+
How Well Doctors Communicate	93.66%+	96.62%+	92.24%	93.60%+
Customer Service	95.00%+	90.91%+	89.35%+	88.15%+

+Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.

▼ Statistically significantly lower in 2023 than in 2022.

Cells highlighted in gray represent rates that are statistically significantly lower than the 2022 NCQA Medicaid national averages.

Performance Measure Calculation Results

HSAG calculated the *Screening for Depression and Follow-Up Plan (CDF) PM* following the FFY 2024 CMS Core Set of Adult Health Quality Measures for Medicaid and Core Set of Children's Health Care Quality Measures for Medicaid and the Children's Health Insurance Program (CHIP) Technical Specifications and

Resource Manuals. The table displays the CY 2024 CDF Child Core Set PM results and Adult Core Set PM results:

Stratification	Num	Denom	Rate
Virginia Total	19,441	839,052	2.32%
Child Core Set Total (12–17 Years)	10,005	176,449	5.67%
Adult Core Set	9,436	662,603	1.42%

Medicaid Maternal Child and Health Focus Study

The Medicaid and CHIP Maternal and Child Health Focus Study included five study indicators calculated among singleton, live births paid by Virginia Medicaid during CY 2022: percentage of births with early and adequate prenatal care, percentage of births with inadequate prenatal care, percentage of births with no prenatal care, percentage of preterm births (<37 weeks gestation), and percentage of newborns with low birth weight (<2,500g).

HSAG calculated the following maternal health outcomes study indicators to assess the study questions for all singleton, live births paid by Virginia Medicaid during CY 2022: percentage of postpartum women who utilized ED services within 90 days of delivery, percentage of postpartum women who utilized ambulatory care services within 90 days of delivery, percentage of women who received a screening for depression during pregnancy, and percentage of women who received a most or moderately effective contraceptive (MMEC) or a long-acting reversible contraceptive (LARC) within three and 90 days of delivery.

Strengths

- Overall, women enrolled in managed care had better outcomes than women in the FFS population in CY 2022 for all study indicators.
- The FFS and managed care rates for the *Newborns With Low Birth Weight (<2,500 grams)* study indicator outperformed the national benchmark for all three measurement periods.
- Overall, the FAMIS MOMS program demonstrated strength, with rates for the *Births With Early and Adequate Prenatal Care*, *Preterm Births (<37 Weeks Gestation)*, and *Newborns With Low Birth Weight (<2,500 grams)* study indicators outperforming the applicable national benchmarks for all three measurement periods.
- The Medicaid for Pregnant Women program also had rates for the *Preterm Births (<37 Weeks Gestation)* and *Newborns With Low Birth Weight (<2,500 grams)* study indicators that outperformed the national benchmarks for all three measurement periods, despite having rates for the *Births With Early and Adequate Prenatal Care* study indicator that did not meet the national benchmark.
- The FAMIS Prenatal Coverage program had the lowest rates of *Births With Early and Adequate Prenatal Care*, but had the lowest rates for the *Preterm Births (<37 Weeks Gestation)* and *Newborns With Low Birth Weight*

Strengths

- (<2,500 grams) study indicators, which outperformed national benchmarks in CY 2021 and CY 2022.
- In CY 2022, women in the FAMIS Prenatal Coverage and FAMIS MOMS programs had the most favorable rates for *Postpartum ED Utilization*. As discussed previously, all postpartum ED and ambulatory utilization increased from CY 2021 to CY 2022, which could be the result of utilization returning to pre-pandemic levels in CY 2022.

Opportunities for Improvement

- Births to women FAMIS Prenatal Coverage and FAMIS MOMS programs had the most favorable rates for *Postpartum ED Utilization*; however, women in the FAMIS MOMS program had the lowest rates of *Postpartum Ambulatory Care*.

Child Welfare Focus Study

In contract year 2022–2023, HSAG conducted the eighth annual Child Welfare Focus Study to determine the extent to which members in child welfare programs (i.e., children in foster care, children receiving adoption assistance, and former foster care members) received the expected preventive and therapeutic medical care under a managed care service delivery program compared to members not in a child welfare program and receiving Medicaid managed care benefits during MY 2022. While historically the Child Welfare Focus Study evaluated healthcare utilization among members in the study populations, for the 2021–22 and 2022–23 focus studies, DMAS requested that HSAG also evaluate timely access to care for members who transitioned into or out of the foster care program. Additionally, DMAS requested that HSAG evaluate disparities in healthcare utilization and timely access to care based on demographic factors.

Dental Utilization in Pregnant Women and Adults

During 2024, HSAG used dental encounter data to determine which dental services, if any, were utilized by pregnant women (during the member's preconception, pregnancy, or postpartum period) and adults during CY 2023. For the adult population, HSAG will also use the following DQA measures:

- Adults With Diabetes—Oral Evaluation*
- Ambulatory Care Sensitive Emergency Department (ED) Visits for Non-Traumatic Dental Conditions in Adults*
- Follow-Up After ED Visits for Non-Traumatic Dental Conditions in Adults*

Strengths

Children in Foster Care

- The Child Welfare Focus Study demonstrated that children in foster care have higher rates of appropriate healthcare utilization than comparable controls for the majority study indicators in MY 2022, MY 2021, and MY 2020.

Strengths

- MY 2022 rate differences between children in foster care and controls were greatest among the dental study indicators (*Annual Dental Visit*; *Preventive Dental Services*; *Oral Evaluation, Dental Services*; and *Topical Fluoride for Children—Dental or Oral Health*, the *Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics* indicator), and *Behavioral Health Encounters—CMH Services, Behavioral Health Encounters—Traditional Services*, and *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up*.

Former Foster Care Members

- Former foster care members have higher rates of appropriate healthcare utilization than comparable controls for approximately half of study indicators in MY 2022, MY 2021, and MY 2020.
- Former foster care members had higher rates than controls for *Child and Adolescent Well-Care Visits*, *Annual Dental Visit*, *Oral Evaluations, Dental Services*, *Topical Fluoride for Children—Dental or Oral Health Services*, *Follow-Up After ED Visit for Substance Use—30-Day Follow-Up*, both *Initiation and Engagement of SUD Treatment* indicators, *ED Visits*, and all Behavioral Health Encounters study indicators.
- During MY 2022, former foster care members had lower rates compared to controls for all Behavioral Health domain study indicators, *Asthma Medication Ratio*, *Ambulatory Care Visits*, and *Overall Service Utilization*. The largest differences were for the *Asthma Medication Ratio* study indicator, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* study indicator, the *Antidepressant Medication Management—Effective Acute Phase Treatment* study indicator, and the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* study indicator.

Children Receiving Adoption Assistance

- Children receiving adoption assistance have higher rates of appropriate healthcare utilization than comparable controls for approximately half of the study indicators in MY 2022, MY 2021, and MY 2020
- Children receiving adoption assistance had higher rates than controls for all four Oral Health domain study indicators, *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*, *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up*, *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing*, *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*, both *Initiation and Engagement of SUD Treatment* indicators, *Asthma Medication Ratio*, *Inpatient Visits*, and five out of six Behavioral Health Encounters study indicators

Opportunities for Improvement

Disparities

- Children in foster care who were 14 years of age and older also had significantly lower rates for the *Preventive Dental Services*; *Oral Evaluation, Dental Services*; and *Topical Fluoride for Children—Dental or Oral Health Services* indicators despite Virginia State guidelines that children in foster care should have dental examinations every six months while in foster care.² Additionally, for the *ED Visits* and *Inpatient Visits* indicators, the rates for children in foster care 14 years of age and older were higher than the rates for controls as well as all other age categories. Five study indicators demonstrated disparities between males and females—female members had significantly higher rates for the *Inpatient Visits* indicator, while male members had significantly higher rates for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* and *Behavioral Health Encounters—Therapeutic Services* indicators.
- Black or African American members had significantly lower rates for the *Ambulatory Care Visits*, *Behavioral Health Encounters—ARTS*, and *Overall Service Utilization* indicators compared to other racial groups, while White members had significantly higher rates for the *Ambulatory Care Visits*, *Behavioral Health Encounters—ARTS*, *Behavioral Health Encounters—Traditional Services*, and *Overall Service Utilization* indicators. Finally, members in the Other racial group had significantly lower rates for the *ED Visits*, *Behavioral Health Encounters—CMH Services*, *Behavioral Health Encounters—Total* indicators.
- Among former foster care members, five study indicators demonstrated disparities across age categories. Members 23 to 26 years of age were less likely to have an ED visit, behavioral health encounter with CMH services or any service, a follow-up visit after an ED visit for mental illness, or any service utilization type compared to members 19 to 22 years of age.

Children Receiving Adoption Assistance

- Children receiving adoption assistance have higher rates of appropriate healthcare utilization than comparable controls for approximately half of the study indicators in MY 2022, MY 2021, and MY 2020.
- They also had higher rates than controls for all four Oral Health domain study indicators, *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*, *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up*, *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing*, *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*, both

² Virginia Department of Social Services. Child and Family Services Manual: Identifying Services To Be Provided. 2021. Available at: https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/07_2021/section_12_identifying_services_to_be_provided.pdf. Accessed on: Jan 8, 2025.

Opportunities for Improvement

Initiation and Engagement of SUD Treatment indicators, *Asthma Medication Ratio*, *Inpatient Visits*, and five out of six *Behavioral Health Encounters* study indicators

- During MY 2022, children receiving adoption assistance had lower rates compared to controls for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*, *Child and Adolescent Well-Care Visits*, *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*, all *Follow-Up Care for Children Prescribed ADHD Medication* study indicators, *Ambulatory Care Visits*, *ED Visits*, *Behavioral Health Encounters—CMH Services*, and *Overall Service Utilization*, of which six differences were statistically significant. The largest differences were for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* study indicator and the *Follow-Up Care for Children Prescribed ADHD Medication—Two-Month Follow-Up* study indicator.

Children in Foster Care

- During MY 2022, children in foster care had lower performance compared to controls for nine study indicators, of which three were statistically significant: *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*, *ED Visits*, and *Overall Service Utilization*. For *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*, the rate for children in foster care was 22.0 percentage points lower than the rate for controls in MY 2022.
- Children in foster care had lower rates compared to controls for nine study indicators, of which three were statistically significant: *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*, *ED Visits*, and *Overall Service Utilization*. For *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*, the rate for children in foster care was 22.0 percentage points lower than the rate for controls in MY 2022

Rating	MCO Performance Compared to Statewide Average	
★★	Low Performance	The MCO's performance was significantly worse than the Virginia Medicaid average using a 68% confidence interval.
★	Lowest Performance	The MCO's performance was significantly worse than the Virginia Medicaid average using a 95% confidence interval.

MCO	Overall Rating*	Doctors' Communication	Access and Preventive Care
Aetna	★★★★★	★★★	★★★
HealthKeepers	★★★★★	★★★	★★★
Molina	★	★★★	★
Sentara	★★★	★★★★★	★★★★★
United	★★★	★★	★★★

MCO	Taking Care of Children	Women's Health	BH	Living With Illness
Aetna	★★★	★★★★★	★★★★★	★★★★★
HealthKeepers	★★★★★	★★★★★	★★★	★★★★★
Molina	★	★	★★★	★
Sentara	★	★	★★★	★
United	★★★★★	★★★★★	★★★	★★★

*This rating includes all categories, as well as how the member feels about his or her MCO and the healthcare they received.

Consumer Decision Support Tool

Rating	MCO Performance Compared to Statewide Average	
★★★★★	Highest Performance	The MCO's performance was significantly better than the Virginia Medicaid average using a 95% confidence interval.
★★★★	High Performance	The MCO's performance was significantly better than the Virginia Medicaid average using a 68% confidence interval.
★★★	Average Performance	The MCO's performance was not significantly different than the Virginia Medicaid average using either a 68% or a 95% confidence interval.