



QUALITY CARE

## Well-Child Visits in the First 30 Months of Life

We collect quality data from providers to measure and improve the quality of care our members receive. Well-Child Visits in the First 30 Months of Life is just one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

### What We Measure

We capture the percentage of members who had the following number of well-child visits during the 15-month periods:

- Children who turned 15 months old during the measurement year: Six or more well-child visits
- Children who turned 30 months old during the measurement year: Two or more well-child visits

A higher rate represents more well-child visits, which indicates better performance.

W30 is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance website](#) for more details.

### Why It Matters

Access to primary care and assessments of physical, emotional, and social development are important for the health and well-being of young children. Consistent screening, appropriate treatment and preventive services can reduce non-urgent emergency room visits for children. Well-child visits are opportunities for providers to influence health and development.

### Eligible Population

Children who turn 15 months or 30 months old during the measurement year are included in this measure.

**Exclusions:** Members in hospice



### Tips to Consider

- Advise caregivers about the need for regular visits and consider extended/weekend hours to accommodate busy schedules.
- Educate caregivers on what to watch for in their child's development.
- Emphasize the importance of returning for scheduled well-child visits even if the child is healthy.
- Use existing guidelines to identify developmental delays or disabilities.

### How to Document

Medical record documentation must indicate the well-child visit was with a primary care provider, but it does not have to be the child's assigned PCP. The visit notes **MUST** include evidence of all the following:

- Health history
- Physical exam
- Physical development history
- Date of visit
- Mental development history
- Health education or anticipatory guidance, such as medications and immunizations

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



### Questions?

Contact your Network Representative.



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