



IMPROVING HEALTH CARE QUALITY

Well-Child Visits in the First 30 Months of Life

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Well-Child Visits in the First 30 Months of Life (W30) 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 \(NCQA\) 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 (PCP), 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 BCBSTX Network Representative.



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