

Well-Child Visits in the First 30 Months

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Well-child visits during infancy and early childhood provide the foundation for healthy growth and development. Frequent visits create opportunities for immunizations, developmental and behavioral screening, growth monitoring, laboratory testing, safety guidance, and early response to family concerns.

Visits at 18 and 24 months are particularly important for developmental screening, including autism-spectrum disorder screening. Regular contact also helps families build trusted relationships with care teams and receive age-appropriate guidance on feeding, sleep, behavior, safety, and healthy routines.

Completing the recommended visit sequence can be difficult for rural families facing transportation barriers, workforce shortages, limited appointment availability, and changes in insurance or newborn enrollment. Reliable tracking, early scheduling, reminder and recall systems, and family-centered access strategies are central to improvement.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP X UDS ✓ PHMI	Well Child Checks	MODERATE

Well-Child Visits in the First 30 Months aligns managed-care quality priorities with early-childhood prevention. The measure includes two age-specific rates, requiring health centers to track infants through the first 15 months and sustain visit completion from 15 through 30 months.

Understanding the Improvement Strategy

HEDIS	QIP
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which infants and toddlers are off track for the required visit sequence through 30 months?	Key question: Are we scheduling, completing, and documenting every age-appropriate visit reliably?
COMMON STRATEGIES • Age-based member lists and care gap reports • Newborn enrollment and attribution follow-up • Schedule the next visit before checkout • Track missed visits and outreach outcomes	COMMON STRATEGIES • Use pre-visit planning and visit bundles • Reserve access for frequent infant visits • Deliver screenings, vaccines, and guidance • Address transportation and social needs

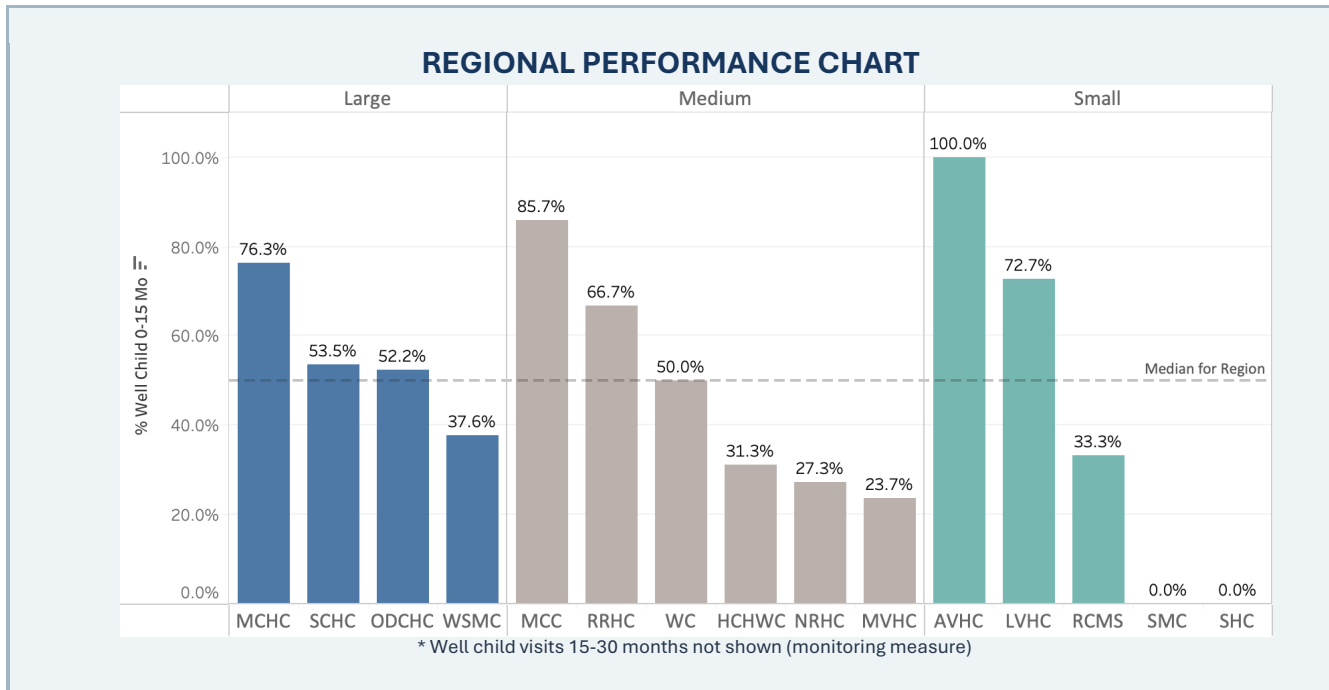
Strategic takeaway: Strong performance requires early enrollment, proactive scheduling, and reliable completion of the full age-appropriate well-child visit sequence.

Rural Northern California Performance

Regional Insights

- Linking Medi-Cal records for birthing people and newborns can affect member attribution, claims continuity, and accurate measurement.
- Workforce shortages, increased demand, and closures of private practices can limit access to frequent well-child appointments.
- Because the measure includes two age-specific rates, care teams need longitudinal tracking and outreach that continue through 30 months.

2025 REGIONAL PERFORMANCE



Performance Reflection

- Which infants and toddlers are missing visits in the recommended sequence?
- Are newborn enrollment, attribution, and record-linking issues creating apparent care gaps?
- Do scheduling and recall workflows begin early enough to complete all required visits?
- Should Well-Child Visits in the First 30 Months be considered a quality improvement priority this year?

Quality Measure Definition (QIP)

Two rates: (1) children turning 15 months with six or more well-child visits in their first 15 months; and (2) children turning 30 months with two or more visits from 15 months and one day through 30 months.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	Not applicable

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.