Pediatric Services: Managed Care Organizations Compliance & Access by Age Groups

As Required by
2024-25 General Appropriations Act,
House Bill 1, 88th Legislature,
Regular Session, 2023
(Article II, Health and Human Services Commission, Rider 31)

Texas Health and Human Services Commission

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Health and Human Services

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Executive Summary

The 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services Commission, Rider 31(e)) states:

> [The Health and Human Services Commission (*HHSC)] shall evaluate, with the input of interested stakeholders, whether there are distinctions in the level of access to care available to clients ages 0 to 4 as compared to children ages 5 to 20. HHSC shall submit a report to the Governor's Office and the Legislative Budget Board by September 1, 2024, detailing the compliance by managed care organizations in allocating the additional funds listed above directly to pediatric services and evaluating whether there are distinctions in access to care by age amongst the pediatric age groups.*

To complete the requirements of the rider, HHSC convened a stakeholder workgroup. The workgroup consisted of HHSC staff and representatives from the Texas Alliance of Child and Family Services, Texas Medical Association, Texas Pediatric Society, Texas Academy of Family Physicians, Texas Association of Health Plans, and Amerigroup. The stakeholder workgroup held multiple meetings to discuss this report and topics beginning in January 2024 through April 2024.

The stakeholders shared their perceptions related to access to care among pediatric age. They voiced interest in understanding which Medicaid Managed Care Organizations (MCOs) implemented the rate increases as directed in Rider 31(a), which stated:

> *Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.5, Children, is $24,917,802 in General Revenue and $38,056,023 in Federal Funds ($62,973,825 in All Funds) in each fiscal year to increase the Medicaid reimbursement rates to improve access by children to physician and clinic services, especially well child visits, by six percent.*

Claims data to make a comparison of utilization pre- and post-the Rider 31 rate increases is not yet available. Once claims data has reached final adjudication in the spring of 2025, the potential impact of the Rider 31(a) rate increases as they relate to client utilization and potentially access to care could then be analyzed.

Background

Pediatric Services in Texas

Texas Health and Human Services reimburses medical expenses for children aged 0 to 20 through the Medicaid program and the Children's Health Insurance Program (CHIP). Children's Medicaid reimburses services provided to persons age 18 or younger (or 20 and younger for children with disabilities) who qualify based on family income (Texas Health and Human Services Commission [HHSC], 2020). The majority of these services are delivered through providers enrolled in Medicaid managed care organization (MCO) networks. The four main State Medicaid Managed Care programs are STAR, STAR Kids, STAR Health, and STAR+PLUS (Texas HHSC, 2021).

Managed Care

The predominant model for Medicaid services in Texas is managed care. As of fiscal year 2021, 96 percent of Medicaid-eligible individuals were enrolled in managed care. Managed care provides the delivery of specific Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and MCOs (Centers for Medicare & Medicaid Services [CMS], 2014). This collaborative approach seeks to ensure the delivery of high-quality healthcare services within a framework that is economically sustainable and responsive to the diverse needs of Medicaid beneficiaries.

Although fee-for-service (FFS) rates and capitation payments differ, FFS rates still serve an important role in the managed care delivery system through legislative action such as Rider 31 and by often serving as a benchmark for MCO negotiated rates with providers.

Physician and Clinic Services Procedure Codes

Rider 31 directed the implementation of rate increases for physician and clinic services, especially well-child visits, by 6 percent. These services, and specifically well-child visits, are primarily included under evaluation and management (E&M) procedure codes. The goal of this increase was to improve children's access to these services. A total of 104 distinct E&M codes, along with their corresponding type of service, were presented at a rate hearing on July 11, 2023, and increases implemented effective September 1, 2023.

Managed Care Organization Compliance

Rider 31(e) required HHSC to detail MCO compliance with the allocation of additional funds through the six percent rate increase related to pediatric services. At the time this report was written, MCO claims data following the rate increase is not available as the rate change became effective September 1, 2023 (the first day of fiscal year 2024), and claims will continue through August 2024 with a standard timeframe thereafter to allow for claims filing and adjudication. Fiscal year 2024 claims data cannot be analyzed for the potential impact of the rate increase in this report. To complete this evaluation, HHSC sent a survey to the 16 MCOs in Texas. Additionally, HHSC analyzed claims data from fiscal year 2023 (prior to the rate increase) to compare historical average MCO payment rates from adjudicated claims to the adjusted FFS rates and to explore any compelling trends.[a]

Survey of Managed Care Organizations

The survey for evaluation of the allocation of funds to pediatric services from MCOs asked MCOs if they implemented the rate increase outlined in Rider 31 and what percent of providers received this increase. 100 percent of MCOs responded to the survey. All MCOs indicated that they implemented rate increases on September 1, 2023. One MCO indicated that they did not implement the rate increase for all eligible providers but only for 99 percent of eligible providers. Their stated reason was that the published fee schedule for provider type 10 (nurse practitioner or advanced practice nurse) did not reflect the increase. The HHSC Provider Finance Department confirmed that the FFS rate assumptions for nurse practitioners and advanced practice nurses did reflect the 6 percent increase. However, in FFS, nurse practitioners are reimbursed at 92 percent of the rate paid for the same professional service paid to a physician per Texas Administrative Code 355.8281. The nurse practitioner fee schedule reflects 92 percent of the physician rate.

Findings from this survey indicate general compliance regarding the allocation of funds. These findings can be confirmed when MCO claims have been adjudicated. However, it should also be noted that the conclusion of continuous Medicaid coverage relative to the rate increase could potentially make it challenging to

[a] It should be noted that HHSC receives encounter data from MCOs and not actual MCO claims data. However, the data for this report will herein be referred to as "claims data."

determine the true effects of the 6 percent increase on access to care for the populations receiving these services.[b]

Payment Rates for Most Utilized Procedure Codes

In addition to the survey administered to MCOs, HHSC analyzed historic average MCO payment rates from adjudicated claims. First, MCO payment rates for the most utilized E&M procedure codes were evaluated. Table 1 presents the average payment rates obtained from the MCOs' claims data for the five most frequently utilized procedure codes within the E&M set. Codes 99213 and 99214 pertain to "office or other outpatient visit for the evaluation and management of an established patient," and 99283 and 99284 are codes for "emergency department visits for the evaluation and management of a patient." Procedure code 99392 refers to a well-child visit for an established patient between the ages of 1 and 4.

HHSC filtered the data to include the following programs: CHIP, STAR, STAR Health, and STAR Kids. The MCO payment rates were generated by dividing the summation of all paid amounts by the summation of all units, thereby offering insights into the MCOs' average rate per procedure code. For the five most frequently utilized procedure codes, every adjusted FFS rate (also known as the "adjusted fee") was lower than the MCO payment for fiscal year 2023.

[b] In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) and passed a law that allowed Medicaid recipients to automatically keep their Medicaid coverage (continuous Medicaid). Based on federal law, continuous Medicaid eligibility ended on March 31, 2023.

Table 1. Most Utilized Procedure Codes, Fee, Adjusted Fee, and MCO Payment Rate for Fiscal Years 2023 and 2024.

Procedure Code	Procedure Code Description	FY 2023 Rates Medicaid Fee-For Service Rate 8/31/2023	FY 2023 Rates MCO Average Payment for CHIP/STAR /STAR Health/STAR Kids	FY 2024 Rates Medicaid Fee-For Service Rate 9/1/2023	FY 2024 Rates MCO Average Payment for CHIP/STAR/STAR Health/STAR Kids
99213*	Outpatient Office Visit established patient, 20-29 minutes	$ 37.64	$ 48.49	$ 39.90	Not available at time of report
99214*	Outpatient Office Visit established patient, 30-39 minutes	$ 52.86	$ 61.37	$ 56.03	
99283	Emergency room E&M visit – low level complexity	$ 61.56	$ 117.89	$ 65.25	
99284	Emergency room E&M visit – moderate level complexity	$ 90.07	$ 275.28	$ 95.47	
99392	Periodic comprehensive preventative exam, ages 1-4 years	$ 79.28	$ 84.77	$ 84.04	

*99213, 99214 – "Genetics" type of service not included in the fiscal year 2023 fee or the adjusted fee.

Payment Rates for Well-Child Visit Procedure Codes

Following HHSC's analysis of payment rates for the most utilized procedure codes, HHSC analyzed MCO payment rates for well-child visits. Table 2 presents the average payment rates obtained from MCO claims data for well-child visit procedure codes for fiscal year 2023. HHSC filtered the data to include the following programs: "CHIP," "STAR," "STAR Health," and "STAR Kids."

Well-child visit procedure codes are broken down into five age groups: younger than 1 year of age, 1 to 4 years old, 5 to 11 years old, 12 to 17 years old, and 18 to 20 years old. Procedure codes 99381 through 99385 relate to new patients, while procedure codes 99391 through 999395 relate to established patients.

The adjusted fee exceeded the fiscal year 2023 MCO payments for six of the ten procedure codes. The adjusted fee for an established patient well-child visit for children less than 1 year of age and 1 to 4 years old was slightly lower than the MCO payment in fiscal year 2023. The impact on fiscal year 2024 is not available in either Table 1 or 2 due to rate changes becoming effective September 1, 2023 (the first day of fiscal year 2024), and claims continuing through August 2024 with a standard timeframe thereafter to allow for claims filing and adjudication.

Table 2. Fee, Adjusted Fee, and MCO Payment Rate by Well-Child Procedure Codes (PCs) for Fiscal Year 2023.

PC	PC Group	FY 2023 Rates Medicaid Fee-For Service Rate 8/31/2023	FY 2023 Rates MCO Average Payment for CHIP/STAR/STAR Health/STAR Kids	FY 2024 Rates Medicaid Fee-For Service Rate 9/1/2023	FY 2024 Rates MCO Average Payment for CHIP/ STAR/ STAR Health/ STAR Kids
99381	<1(New patient)	$ 84.51	$ 89.58	$ 89.58	Not available at time of report
99391*	<1 (Established patient)	$ 77.75	$ 83.60	$ 82.42	
99382	1-4 (New patient)	$ 92.47	$ 95.85	$ 98.02	
99392	1-4 (Established patient)	$ 79.28	$ 84.77	$ 84.04	
99383	5-11 (New patient)	$ 92.09	$ 95.20	$ 97.62	
99393	5-11 (Established patient)	$ 84.72	$ 88.94	$ 89.80	
99384	12-17 (New patient)	$ 100.43	$ 101.79	$ 106.46	
99394	12-17 (Established patient)	$ 92.40	$ 94.32	$ 97.94	
99385**	18-20 (New patient)	$ 100.43	$ 90.03	$ 106.46	
99395**	18-20 (Established patient)	$ 92.40	$ 84.84	$ 97.94	

*99391 – Non-facility (NF) and facility (F) rates differed. NF is displayed in the table; F rate was $72.47.

**99385, 99395 - "S" type of service is displayed for all procedure codes when more than one option exists.

Access to Care Evaluation

The second analysis component of this report was to evaluate whether there are distinctions in access to care by age group, specifically among children 0 to 4 as compared to children ages 5 to 20. Access to care is considered the ease with which consumers and communities can use appropriate services in proportion to their needs (Texas Statewide Health Coordinating Council, 2022). For this report, the evaluation of distinctions in access to care will look at healthcare utilization, specifically well-child visits. This report focused on well-child visits due to their important role in providing pediatric services.

Utilization is a common way to determine whether access to care has been realized and may indicate differences in access among varying populations (Institute of Medicine, 1993). It should be noted that while utilization may provide indications of differences in access to care, it does not explain the exact causes of these differences. Factors that impact access to care may include provider challenges such as provider shortages, reimbursement rates, provider participation, administrative burden, and scheduling difficulties. Non-medical drivers of health such as access to transportation, financial stress, difficulty taking time off work, and difficulty finding childcare may also impact access to care.

To date, research regarding age-specific patterns of well-child visit attendance is limited, especially when considering the age groups specific to this rider (0 to 4 and 5 to 20). A retrospective study of children 0 to 6 years old analyzed adherence to the 13 recommended well-child visits from birth to 6 years of age. The study was conducted between 2011 and 2016 within two health networks spanning 20 states. The researchers found that the 15-month, 18-month, and 4-year-old well-child visits were the least frequently attended (Wolf et al., 2018).

In 2019, the Medicaid and CHIP Payment and Access Commission (MACPAC) compared the experiences in accessing medical care of children covered by Medicaid and CHIP to children who had either private insurance or were uninsured. An aspect of this analysis stratified the data by age to understand how access and use differed by coverage type within each age group. Given that the periodicity of preventative services, screening, and examination varies by age, researchers stratified the data by age as follows: 0 to 4 years, 5 to 11 years, and 12 to 18 years. Researchers found that children with Medicaid or CHIP in all three age groups reported high rates of access to health care services. Rates of having a well child visit for children with Medicaid or CHIP was 98.5 percent for ages 0 to 4, 96.0

percent for ages 5 to 11, and 94.1 percent for ages 12 to 18 (Medicaid and CHIP Payment and Access Commission [MACPAC], 2021).

The following analysis aims to evaluate distinctions in well-child visit adherence by age for Texas children served through MCOs in the following programs: CHIP, STAR, STAR Health, and STAR Kids. Sections of the report stratify data by either age groups (0 to 4 and 5 to 20) or individuals' ages, as appropriate. HHSC pulled the data used for this analysis from the Provider Finance Department database in March 2024.

Managed Care Organization Service Population and Financial Distribution

Utilizing claims data specific to evaluation and management procedure codes, over three million children received services through MCO plans in Texas for fiscal years 2022 and 2023 (prior to the legislatively directed rate increase in Rider 31(a) in fiscal year 2024 for which claims are not yet available due to claims filing deadlines). Table 3 shows the number of children who received services by fiscal year under MCOs by age categories 0 to 4 and 5 to 20. The data in Table 3 is not exclusive to well-child visit claims but includes all claims related to evaluation and management procedure codes. HHSC calculated the age of each child at the end of the fiscal year for each corresponding year.

Table 3. Number of MCO Members Served by Age Group, 2022 and 2023.

Age at End of the Fiscal Year	Pre-Rider 31 Rate Increase FY 2022	Pre-Rider 31 Rate Increase FY 2023	Post Rate Increase directed in Rider 31 FY 2024
0-4	975,974	995,716	Not available at time of report
5-20	2,326,757	2,403,293	
Total	**3,302,731**	**3,399,009**	

*The MCO member values above are unique counts and specific to clients that utilized services. They do not encapsulate total enrollment.

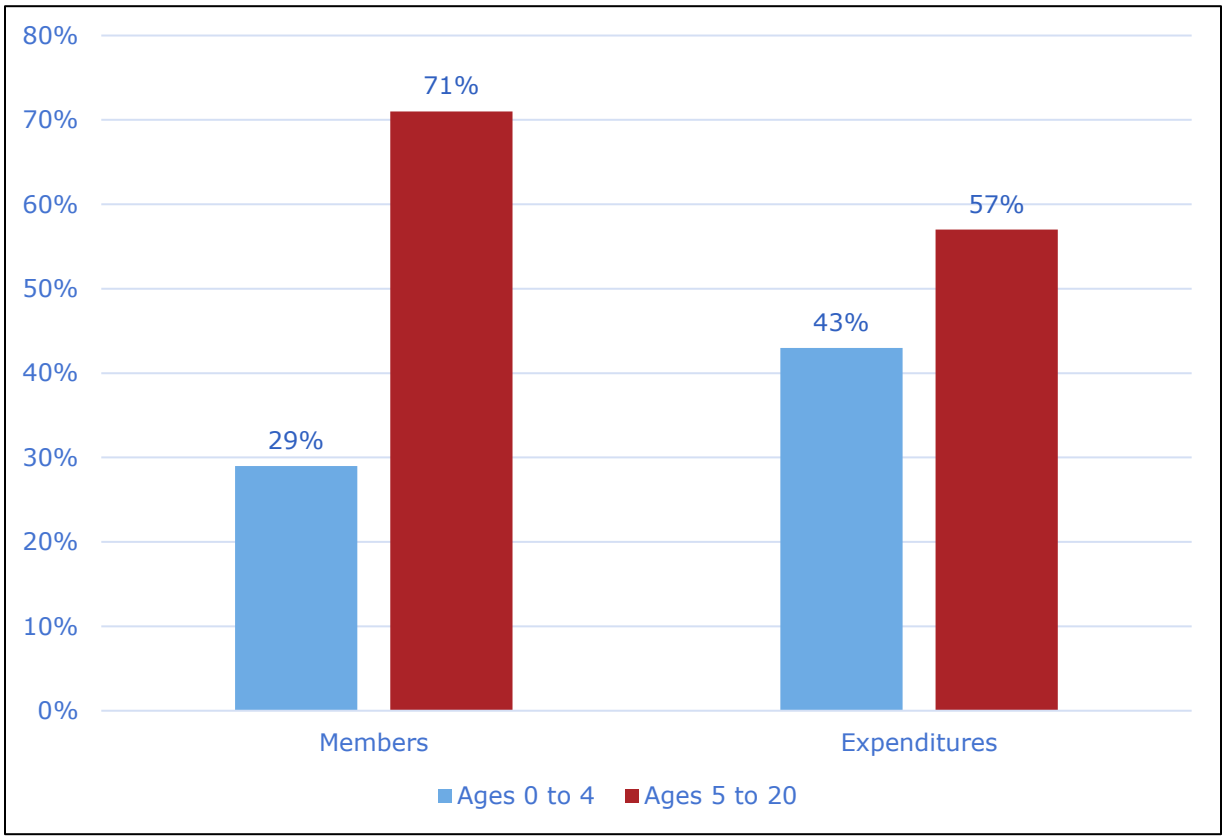
Table 4 shows the annual MCO expenditures aggregated by ages 0 to 4 and 5 to 20. Age groups were determined using age at the claim date. In fiscal year 2023, the total expenditures for ages 0 to 4 was approximately $882 million, while for ages 5 to 20 was approximately $1.2 billion.

Table 4. MCO Expenditures by Age Group, 2022 and 2023.

Age at Claim Date	Pre-Rider 31 Rate Increase FY 2022	Pre-Rider 31 Rate Increase FY 2023	Post Rate Increase Directed in Rider 31 FY 2024
0-4	$ 814,797,318	$ 881,739,524	Not available at time of report
5-20	$ 1,006,649,582	$ 1,165,173,213	
Total	**$ 1,821,446,900**	**$ 2,046,912,737**	

Figure 1 illustrates the proportion of members receiving services and expenditures by age group for fiscal year 2023. MCO enrollees who received services and were aged 0 to 4 accounted for 29 percent of the member distribution. However, they accounted for 43 percent of expenditures, indicating that more funds per child were allocated to the younger age group.

Figure 1. Proportion of MCO Members Served and Expenditures by Age Group in Fiscal Year 2023 prior to Rider 31 rate increase effective in Fiscal Year 2024.



Younger children are recommended to receive well-child visits more frequently than older children. The Office of Disease Prevention and Health Promotion (ODPHP) states that a child's first well-child visit should occur at 3 to 5 days of age and then again at 1 month, 2 months, 4 months, 6 months, and 9 months of age. Children ages 1 to 4 should have a well-child visit at 12, 15, 18, 24, and 30 months old. This more frequent periodicity could account for the larger percent of expenditures for ages 0 to 4 (43 percent) compared to member count (29 percent) (Office of Disease Prevention and Health Promotion [ODPHP], 2020).

At the request of stakeholders during meetings related to this rider report, HHSC conducted an additional analysis of well-child visit expenditures to determine their fiscal impact on total expenditures for each corresponding age group. In fiscal year 2023, expenditures related to well-child visits for ages 0 to 4 equaled $159,944,460, approximately 18 percent of total expenditures for this age group. Expenditures related to well-child visits for ages 5 to 20 equaled $148,114,447 dollars, approximately 13 percent of total expenditures for this age group. Thus, a larger portion of expenditures for the 0 to 4 age group are allocated toward well-child visits when compared to the 5 to 20 age group. This difference is expected considering the more frequent well-child visit periodicity for younger ages. However, it should be noted that these differences in financial distribution do not necessarily indicate differences in access to care. In the following section, utilization of well-child visits will be evaluated to explore access to care distinctions by age.

Healthcare Effectiveness Data and Information Set

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool that can be used to measure health plan performance on important dimensions of care and service and was brought up during discussion in stakeholder meetings as a requested point of analysis. The National Committee for Quality Assurance is the steward of HEDIS measures. HHSC and its External Quality Review Organization track measure rates of the Texas MCOs using encounter and enrollment data. One of the six domains of care for HEDIS measures is utilization and risk-adjusted utilization. More specifically, child and adolescent well-child visits are measured under this domain. The HEDIS well-child visit measures are also part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

Well-child visit HEDIS measures are specific to age, but do not align with the age groupings included in Rider 31. The measure categories include well-child visits in

the first 15 months, 15 to 30 months, and those from age 3 to 11 years old, 12 to 17 years old, and 18-21 years old.

- **Well-child visits in the first 15 months:** represent the percentage of members who turned 15 months old during the measurement year and had six or more well-child visits.
- **Well-child visits for ages 15-30 months:** represent the percentage of members who turned 30 months old during the measurement year and had at least two well-child visits.
- **Child and adolescent well-care visits:** represent the percentage of members who were 3 to 21 years of age and had one or more well-care visits during the measurement year.

The measurement year for HEDIS is the calendar year as opposed to the state fiscal year. Age is determined as of December 31 of the measurement year. To be included as part of the eligible population (the denominator value for each group), an individual must have no more than one gap in enrollment of up to 45 days during the measurement year. Members in hospice or using hospice services anytime during the measurement year are excluded.

Table 5 displays the most recent HEDIS data from the Texas Healthcare Learning Collaborative, a data portal run by the state's External Quality Review Organization. Data values include children included in the "Child-Medicaid" program type (this does not include children in CHIP).

Table 5. HEDIS Measures Child-Medicaid Well-Child Visits in 2022.

Measure Code	Sub Measure	Numerator	Denominator	Rate 2022
W30*	Six or more well-child visits in the first 15 months	116,825	197,305	59.2
W30*	Two or more well-child visits for ages 15-30 months	153,608	223,587	68.7
WCV**	Age 3-11 years	1,131,785	1,815,889	62.3
WCV**	Age 12-17 years	650,207	1,128,291	57.6
WCV**	Age 18-21 years	140,640	519,209	27.1

*W30, well-child visits in the first 30 months of life
**WCV, child and adolescent well-care visits

According to the HEDIS data from Table 5, the percentage of children in 2022 who received six or more well-child visits in the first 15 months of life (59.2 percent) was lower than the percentage of children who were 15 to 30 months and received

two or more well-child visits (68.7 percent) and the percentage of children ages 3 to 11 who received the recommended annual visit (62.3 percent). Table 6 displays the data from data 5 broken down by specific age for ages 3 through 21.

Table 6. HEDIS Measures Child-Medicaid Well-Child Visits in 2022, by Age

Measure Code	Sub Measure	Age	Numerator	Denominator	Rate 2022
W30*	Six or more well-child visits in the first 15 months		116,825	197,305	59.2
W30*	Two or more well-child visits for ages 15-30 months		153,608	223,587	68.7
WCV**	Age 3-11 years	3	154,097	216,786	71.1
WCV**	Age 3-11 years	4	141,444	193,038	73.3
WCV**	Age 3-11 years	5	130,840	193,307	67.7
WCV**	Age 3-11 years	6	123,045	199,481	61.7
WCV**	Age 3-11 years	7	117,098	200,124	58.5
WCV**	Age 3-11 years	8	112,599	196,469	57.3
WCV**	Age 3-11 years	9	107,212	189,124	56.7
WCV**	Age 3-11 years	10	103,906	184,497	56.3
WCV**	Age 3-11 years	11	106,140	179,791	59.0
WCV**	Age 12-17 years	12	118,627	183,841	64.5
WCV**	Age 12-17 years	13	120,384	190,248	63.3
WCV**	Age 12-17 years	14	113,048	190,397	59.4
WCV**	Age 12-17 years	15	105,799	188,151	56.2
WCV**	Age 12-17 years	16	96,623	179,576	53.8
WCV**	Age 12-17 years	17	83,249	167,631	49.7
WCV**	Age 18-21 years	18	63,705	160,221	39.8
WCV**	Age 18-21 years	19	36,304	143,150	25.4
WCV**	Age 18-21 years	20	23,114	119,627	19.3
WCV**	Age 18-21 years	21	12,607	71,869	17.5

*W30, well-child visits in the first 30 months of life

**WCV, child and adolescent well-care visits

According to the data in Table 6, for those who were 4 or younger rates of WCV adherence ranged from 59.2 to 73.3, with the rate for age 4 as the maximum (73.3). For those aged 5 to 21 rates of WCV adherence ranged from 17.5 to 67.7, with the rate for age 5 as the maximum (67.7). For the purposes of this rider, aggregated compliance for 0 to 4 was compared to aggregated compliance for 5 to 20. The aggregated compliance rates were 68.1 and 54.5, respectively. Statistical analysis comparing these two values indicated that the values were statistically significantly different and that adherence rates were higher for the 0 to 4 group compared to the 5 to 20 group.

Conclusion

Based on feedback collected through a survey of the 16 Medicaid MCOs, it appears that MCOs have nearly all implemented rate increases, and appropriately allocated funds as directed in Rider 31(a). Medicaid MCOs were asked several questions related to the implementation of Rider 31(a) rate increases, specifically focusing on the timeline for implementation of the increase and eligible providers receiving the increase. Using HEDIS well-child visit measures, HHSC found that there was a statistically significant difference in well-child visit adherence between age groups 0 to 4 and 5 to 20, with the 0 to 4 age group having a higher rate of adherence.

As previously mentioned, claims data to make a comparison of utilization pre- and post-the Rider 31 rate increases is not yet available. Once claims data has reached final adjudication in the spring of 2025, the potential impact of the Rider 31(a) rate increases as they relate to client utilization and potentially access to care could then be analyzed.

List of Acronyms

Acronym	Full Name
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
E&M	Evaluation and Management
FFS	Fee-for-service
HEDIS	Healthcare Effectiveness Data and Information Set
HHSC	Health and Human Services Commission
MACPAC	Medicaid and CHIP Payment and Access Commission
MCO	Managed Care Organization
ODPHP	Office of Disease Prevention and Health Promotion
PC	Procedure Code

References

1. Texas Health and Human Services Commission. (2020, April). *Children's Medicaid and CHIP*. https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services/programs-children-families/childrens-medicaid-chip
2. Texas Health and Human Services Commission. (2021, August). *Medicaid & CHIP quality & efficiency improvement.* https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement
3. Centers for Medicare & Medicaid Services. (2014, December). *Managed care | Medicaid*. U. S. Department of Health and Human Services. https://www.medicaid.gov/medicaid/managed-care/index.html
4. Statewide Health Coordinating Council. (2022, November). *2023-2028 Texas state health plan*. Texas Health and Human Services Commission, Department of State Health Services. https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/Statewide-Health-Coordinating-Council-2023-2028-Texas-State-Health-Plan.pdf
5. Institute of Medicine. (1993). A Model for Monitoring Access. In Millman M. (Ed.), *Access to health care in America* (pp. 31–45). The National Academies Press; https://doi.org/10.17226/2009.
6. Wolf E. R., Hochheimer C. J., Sabo R., DeVoe, J., Wasserman, R., Geissal, E. G., Opel, D. J., Warren, N., Puro, J., O'Neil, J., Pecsok, J., & Krist, A. H. (2018). Gaps in well-child care attendance among primary care clinics serving low-income families. *Pediatrics, 142(5),* Article e20174019. https://doi.org/10.1542/peds.2017-4019
7. Medicaid and CHIP Payment and Access Commission. (2021, November). *Access in brief: children's experiences in accessing medical care*. https://www.macpac.gov/wp-content/uploads/2016/06/Access-in-Brief-Childrens-Experiences-in-Accessing-Medical-Care.pdf
8. Office of Disease Prevention and Health Promotion (2020, February). *Regular checkups*. U.S. Department of Health and Human Services. Retrieved February 22, 2024, from https://health.gov/myhealthfinder/doctor-visits/regular-checkups