SFY 2023 (Year 2) Access to Care Annual Report

North Carolina Department of Health and Human Services Division of Health Benefits

June 2026

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

Abbreviations, Acronyms, and Initialisms

ABD	Aged, Blind, or Disabled
AmeriHealth	AmeriHealth Caritas North Carolina, Inc.
AHRQ	Agency for Healthcare Research and Quality
AMH	Advanced Medical Home
CAHPS®	Consumer Assessment of Healthcare Providers and Systems, a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)
Carolina Complete	Carolina Complete Health, Inc.
CCS	Cervical Cancer Screening
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
EBCI	Eastern Band of Cherokee Indians
FUH	Follow-Up After Hospitalization Visit for Mental Illness
Healthy Blue	Heathy Blue of North Carolina
HEDIS®	Healthcare Effectiveness Data and Information Set, a a registered trademark of the National Committee for Quality Assurance (NCQA)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HSAG	Health Services Advisory Group
MCO	Managed Care Organization
MY	Measurement Year
NC	North Carolina
NCDHHS	North Carolina Department of Health and Human Services
NCQA	National Committee for Quality Assurance
OBH	Outpatient Behavioral Health
OB/GYN	Obstetrics/Gynecology or Obstetrician/Gynecologist
PCP	Primary Care Provider
PHPs	Prepaid Health Plans
PPC	Prenatal and Postpartum Care
Q3, Q4	Quarter 3, Quarter 4
SFY	State Fiscal Year
SP	Standard Plan
UnitedHealthcare	UnitedHealthcare of North Carolina, Inc.
URL	Uniform Resource Locator
W30	Well-Child Visits in the First 30 Months of Life
WCV	Child and Adolescent Well-Care Visits.
WellCare	WellCare of North Carolina, Inc.

1. Executive Summary

Overview

Ensuring that Medicaid beneficiaries can easily access their healthcare services is an important duty of the Medicaid program. Monitoring the availability, accessibility, accommodations, and acceptability of the services offered by managed care plans is a critical way to boost provider and payer transparency and, ultimately, improve health outcomes.

For State Fiscal Year (SFY) 2023,[1] North Carolina (NC) Medicaid contracted Health Services Advisory Group, Inc. (HSAG), to develop a report on access to care for members of its five standard plans (SPs). Operating across six regions in NC, these plans are:

- AmeriHealth Caritas North Carolina, Inc. (AmeriHealth)
- Carolina Complete Health, Inc. (Carolina Complete)
- Heathy Blue of North Carolina (Healthy Blue)
- UnitedHealthcare of North Carolina, Inc. (UnitedHealthcare)
- WellCare of North Carolina, Inc. (WellCare)

Data across six sources related to access to care were synthesized to offer an assessment of members' access to care for SFY 2023. The data sources included:

- Time/Distance GeoAccess Reports
- Selected National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[2] Quality Measures
- Access-Related Grievances
- Provider Directory Validation
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[3] Surveys
- Provider Access Call Study

Time/Distance GeoAccess Reports

Time/distance access was evaluated among 13 provider types for adult and child members:

- Allergy
- Cardiology
- Outpatient Behavioral Health (OBH)
- Physical Therapy

[1] The NC Medicaid fiscal year runs from July 1 to June 30.
[2] HEDIS® is a registered trademark of NCQA.
[3] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), an agency within the United States Department of Health and Human Services.

- Gastroenterology
- Hospital
- Occupational Therapy
- Obstetrics/Gynecology (OB/GYN)
- Oncology
- Pharmacy
- Primary Care
- Psychiatry
- Speech Therapy

Findings demonstrated that greater than or equal to 95% of members had access to all provider types across all five plans with one exception: AmeriHealth for occupational therapy for both adult and child populations, where 90.64% of adult and child members had access.

Grievances Due to Access-Related Issues

As part of the access to care evaluation, grievances due to access-related issues were evaluated for the measurement period from July 1, 2022, to June 30, 2023 (Year 2). Access-related grievance rates from the baseline Year 1 report were used for comparison to assess changes in rates between the two periods. The findings indicated that access-related grievance rates per 10,000 members were generally low across most SPs in SFY 2022, ranging from 4.08 to 15.04. Trend analysis revealed that all SPs experienced increases in access-related grievance rates in Year 2 compared to the Year 1 rates.

NCQA HEDIS Quality Measures

NC Medicaid selected five NCQA HEDIS quality measures to assess health plan members' access and availability of care: Cervical Cancer Screening (CCS); Follow-Up After Hospitalization for Mental Illness (FUH); Well-Child Visits in the First 30 Months of Life (W30); Child and Adolescent Well-Care Visits (WCV); and Prenatal and Postpartum Care (PPC). Measurement Year (MY) 2022 and MY 2023 rates for each plan were compared against the NC Medicaid SP Aggregate. For MY 2023, several SPs experienced statistically significant increases in rates for the following measures: CCS, FUH (30-Day Follow-Up), W30, WCV, and PPC.

Provider Directory Validation

In accordance with federal information requirements outlined in *42 C.F.R. § 438.10(h)(3)*, NC Medicaid conducts monthly provider directory validation of SP provider directories for consistency with provider enrollment files. Across all five plans, the annual accuracy rates were higher in Year 2 (99.58%-100%) than Year 1 (95.06%-97.62%).

CAHPS Survey

HSAG administered the CAHPS 5.1H survey in CY 2023 to NC Medicaid beneficiaries. Several measures were selected as part of the evaluation of access to care for health plan beneficiaries: two composite measures (Getting Needed Care and Getting Care Quickly), one individual item measure (Coordination of Care), and six supplemental questions (Appointment for Counseling or Mental Health Treatment, Coordination of Care from Mental Health Providers, Need an Interpreter, Interpreter Shows Courtesy and Respect, Preferred Language, and Online Access to Health Information).

The assessment of beneficiaries' experience was based on each measure's positive rating[4] compared to the NC Medicaid Program and NC SP Aggregate rate for CY 2023, as well as trend comparisons between CY 2022 and CY 2023. Positive ratings were not statistically significantly different between SPs or between measurement years for the adult population when compared to the NC Medicaid Program and the NC SP Aggregate. For the child population, AmeriHealth's 2023 rate was statistically significantly higher than its 2022 rate for Getting Needed Care, while Carolina Complete's rate was significantly higher than the NC SP Aggregate for Getting Needed Care. In contrast, AmeriHealth's rate was significantly lower than both the NC Medicaid Program and the NC SP Aggregate for Getting Care Quickly. For Coordination of Care, Carolina Complete's rate was significantly higher than the national average, the NC Medicaid Program, and the NC SP Aggregate.

Survey results were also compared by race, ethnicity and geographic location. A significantly higher percentage of respondents who identified as Other race or Hispanic ethnicity reported needing an interpreter, that the interpreter showed courtesy and respect, and that their preferred language was Spanish, Russian, Vietnamese, or Another Language. Significantly lower percentages of Black, Other race, Native American, and Hispanic respondents reported being able to access their health information online. Rural respondents had significantly lower rates compared to those in urban counties for both the Need an Interpreter and Online Access to Health Information measures.

Provider Access Call Study

Provider Access call studies for the five SPs were conducted to examine provider access in Quarter 3 (January-March 2023) revealed calls and Quarter 4 (April-June 2023) secret calls during SFY 2023. Primary Care Provider (PCP) successful contact rates[5] remained low at an average of 17.10% for revealed calls and 17.08% for secret calls. Most successfully contacted providers reported accepting the SP, with the NC SP Aggregate at 86.15% in revealed calls and at 85.13% in secret calls. The new patient acceptance rate was also high with the NC SP Aggregate at 72.02% in revealed calls and slightly dropping to 71.08% in secret calls. Overall, current patients (revealed calls only) had better appointment wait times for routine care across all provider types and SPs, often having appointments

[4] Positive ratings are calculated using the AHRQ "Top-Box Score" methodology. Refer to HEDIS® Measurement Year 2021 Volume 3: Specifications for Survey Measures or AHRQ's website.

[5] Successful contact is defined as a provider contacted meeting three requirements: 1) call was answered 2) provider was recognized and 3) address was correct.

available within 30.00 calendar days for PCP and OB/GYNs and 14.00 calendar days for behavioral health providers. New patient (secret and revealed calls) appointment wait times for routine care often experienced much longer wait times when compared to current patient appointment wait times across provider types and SPs.

Conclusion and Recommendations

The NC Medicaid SPs' performance in areas related to access to care across several domains of care indicate effective network oversight and demonstrate that access to care for Medicaid beneficiaries remains a strong focus. Overall, the combined data sources examined in this report reflect a well-functioning system that prioritizes beneficiaries access, transparency, and quality, while continuing to identify opportunities for improvement.

Detailing which components of provider directory validation were incomplete, such as phone numbers or addresses, across plans may provide insight for a targeted approach to increase directory accuracy. The most reported access related grievances across all SPs included office and transportation wait time, timeliness of service, inability to reach providers, and appointment availability. Investigating strategies for transportation assistance, increasing provider capacity, and timely appointments may help to decrease access-related grievance occurrence. Among the Provider Access Call Study, OB/GYNs consistently had higher rates among successful contact, health and new patient acceptance rates. Among appointment availability, current patients had more timely appointment wait times than current patients and Behavioral Health providers had the shortest appointment wait times across all provider types. Increasing successful contact of PCP and Behavioral providers and identifying causes of longer appointment wait times may collectively enhance both provider directory validation and grievance rates. Additional remeasurements beyond the current baseline reporting will allow SPs to identify continued strengths and opportunities for improvement related to access to care.

2. Introduction

NC Medicaid encompasses nearly three million diverse beneficiaries and the many programs that serve them. The NC Department of Health and Human Services (NCDHHS) transitioned to Medicaid Managed Care on July 1, 2021. Under Managed Care, the majority of NC Medicaid beneficiaries are now enrolled in Standard Plans (SP). SPs are integrated health plans that provide physical health, pharmacy, care coordination, basic behavioral health services, and supplemental services such as wellness programs. They have a provider network that includes PCPs, therapists, specialists, hospitals, and other healthcare facilities to provide healthcare services to their beneficiaries.

Table 1 lists the five SPs offered by NC Medicaid Managed Care, their abbreviations in this report, and the regions they serve in NC.

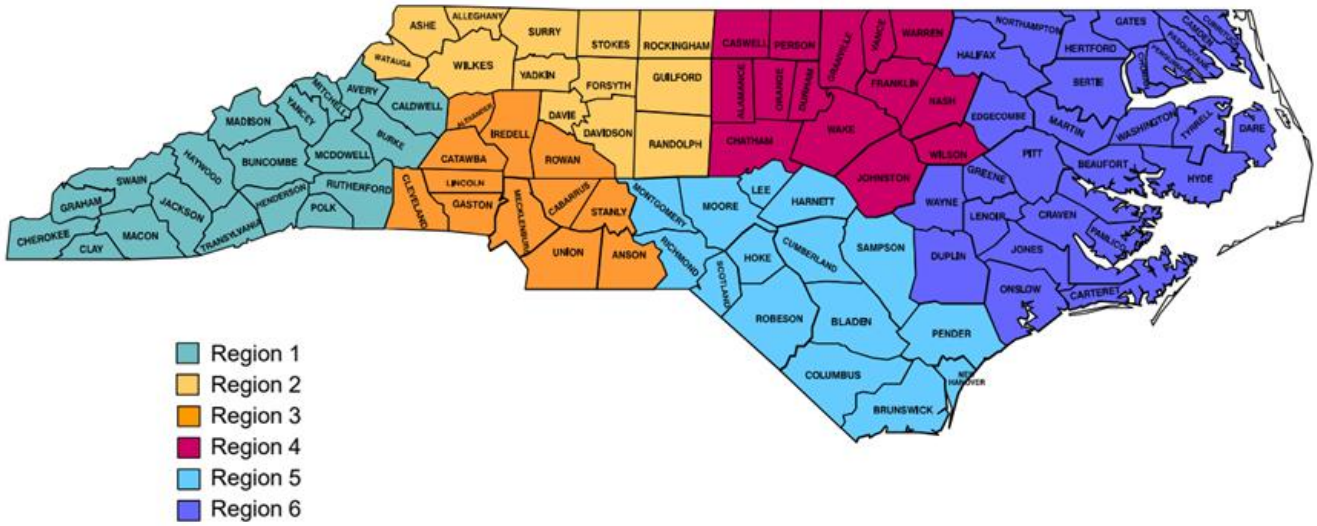
Table 1—NC Medicaid Standard Plans and Regions

Health Plan	Abbreviations	Regions Served (Refer to Figure 1)
AmeriHealth Caritas North Carolina, Inc.	AmeriHealth	Statewide – All Regions
Carolina Complete Health, Inc.	Carolina Complete	Regions 3, 4, 5
Healthy Blue of North Carolina, Inc.	Healthy Blue	Statewide – All Regions
UnitedHealthcare of North Carolina, Inc.	UnitedHealthcare	Statewide – All Regions
WellCare of North Carolina, Inc.	WellCare	Statewide – All Regions

Figure 1 illustrates the six NC Medicaid SP regions.[6]

[6] North Carolina Medicaid. https://www.ncdhhs.gov/medicaid/managed-care-regions-and-rollout/download

Figure 1—NC Medicaid Standard Plan Regions



The purpose of this report is to document the accessibility of provider networks and beneficiaries' access to care using several NC Medicaid data sources, including survey, clinical, and time/distance measures. This report provides a profile of access to care using measures detailed in the State's Quality Strategy based on six data sources (Table 2).[7]

Table 2—Access to Care Data Sources

Access to Care Domain	Access to Care Data Sources
Geographic Distribution	Time/Distance GeoAccess Reports
Access and Availability of Services	Grievances Due to Access-Related Issues Select NCQA HEDIS Quality Measures Provider Directory Validation CAHPS Surveys Provider Access Call Study

The following sections in this report detail and reflect on these studies' results, limitations, and recommendations. Refer to Appendix A for a discussion of the studies' methodology that defines the data sources, summarizes the data analysis, and outlines the measure calculations used to assess beneficiaries' access to care.

Since this is the second year of the North Carolina Annual Access to Care report, comparisons will be made between Year 1 and Year 2 findings. Table 3 below lists the dates associated with each data source for Year 1 and Year 2 as reference in the report.

[7] NC Medicaid Manage Care Quality Strategy. (2023).NC DHHS. https://medicaid.ncdhhs.gov/nc-medicaid-2023-quality-strategy/download?attachment

Table 3—Data Source Time Periods

Data Source	Year 1 Time Period	Year 2 Time Period
Time/Distance GeoAccess Reports	May 2022	July 2023
Grievances Due to Access-Related Issues	State Fiscal Year 2022 (July 2021 – June 2022)	State Fiscal Year 2023 (July 2022 – June 2023)
Select NCQA HEDIS Quality Measures	HEDIS Measurement Year (MY) 2022 (January 1 to December 31, 2022)	HEDIS Measurement Year (MY) 2023 (January 1 to December 31, 2023)
Provider Directory Validation	State Fiscal Year 2022 (July 2021 – June 2022)	State Fiscal Year 2023 (July 2022 – June 2023)
CAHPS Surveys	Surveys conducted in 2022 (June 7 to October 11, 2022)	Surveys conducted in 2023 (July 28 to October 20, 2023)
Provider Access Call Study	June – December 2022	January – June 2023

3. Discussion

Published in 1981, "The Concept of Access: Definition and Relationship to Consumer Satisfaction" introduced the "five A's" of healthcare access: affordability, availability, accessibility, accommodation, and acceptability.[8] Although affordability is not assessed for Medicaid beneficiaries in this Access to Care Annual Report, this section provides a cross-measure discussion of the results and what they reveal about the availability, accessibility, accommodation, and acceptability of the care provided by the five NC Medicaid SPs.

Availability

The availability of healthcare refers primarily to the presence of healthcare providers and services in a geographic area. For the SFY 2023 Access to Care Annual Report, Time/Distance GeoAccess Reports demonstrated that ≥95% of NC Medicaid beneficiaries met time and distance standards for nearly all provider types across all SPs. At the same time, beneficiaries in several regions of the state lacked adequate access to providers such as OB/GYNs, allergists/immunologists, gastroenterologists, and oncologists. While relatively small in percentage terms, these gaps highlight the uneven distribution of specialty services across the state.

Provider Access Call Studies further revealed that geographic availability does not always mean practical availability. Successful contact rates for PCPs were low, averaging around 17.00% for both secret and revealed calls. Among those successfully contacted, most providers accepted the health plan and new patients. However, while current patients typically experienced timely appointment availability, new patient routine care wait times often exceeded 30 days across provider types and SPs. These delays represent a major barrier to availability of care, particularly in primary and behavioral health.

Encouragingly, HEDIS results from MY 2023 show statistically significant improvements in performance across key preventive and follow-up measures. These improvements suggest that when providers are widely available for services such as cervical cancer screening, follow-up after hospitalization, well-child visits, and prenatal and postpartum care, beneficiaries will utilize their services.

Additionally, 82.96% of adult CAHPs respondents and 85.96% of parent/caretaker CAHPS respondents of child beneficiaries in CY2023 reported that they could always or usually get care when needed. This indicates that the beneficiary experience is generally favorable around the availability of health care services.

NC Medicaid maintains strong geographic availability of providers and is making progress on preventive access, but system-level barriers in provider responsiveness and appointment timeliness persist. Addressing these gaps may require region-specific interventions for specialty care, stronger

[8] Penchansky R, Thomas JW. "The Concept of Access: Definition and Relationship to Consumer Satisfaction." Medical Care. 1981;19(2): 127-40. Doi: 10.1097/00005650-198102000-00001.

oversight of appointment availability, and targeted incentives to expand provider participation in areas with persistent shortages.

Accessibility

Accessibility, or the ease with which patients can reach services, includes factors such as distance, transportation, and appointment availability. The findings from the SFY 2023 Access to Care Report show strong statewide coverage and accurate provider information, but significant challenges for new patient access and for certain provider types and regions of the state.

The Provider Access Call Studies indicate that most successfully contacted providers accepted the health plan. New patient acceptance was also high, at 72.02% in revealed calls and 71.08% in secret calls. However, while current patients generally experienced timely access for routine care within contractual requirements, new patient appointment wait times often exceeded these requirements. OB/GYN wait times for current patients were within requirements for most SPs, except at WellCare where average wait times reached 40.55 days. For behavioral health providers, all SPs exceeded the 14-day requirement for new patients, even though current patients met the requirements. These findings point to persistent access barriers at the point of entry into care, particularly for behavioral health and women's health services.

Although Time/Distance GeoAccess Reports confirmed that ≥95% of members had adequate geographic access for nearly all provider types, certain specialties and regions showed concentrated gaps. In the adult population, OB/GYN access fell short in Region 6, and allergy/immunology access was limited in Regions 4 and 5. In the child population, oncology access gaps were largest in Region 5, followed by gastroenterology in Region 2 and Allergy/Immunology in Region 6. These gaps, while relatively small in percentage terms, can represent meaningful barriers for members in affected regions who require specialized care.

Finally, provider directory validation showed steady improvement, with accuracy rates rising from 95.06%–97.62% in Year 1 to 99.58%–100% in Year 2. These results suggest that beneficiaries can increasingly rely on provider directories to locate services, an essential foundation for accessibility. However, results from the Provider Access Call Studies indicate that while provider directories may provide beneficiaries with accurate information, beneficiaries may still have long wait times to obtain new patient appointments.

Additionally, 83.72% of adult CAHPs respondents and 87.72% of parent/caretaker CAHPs respondents of child beneficiaries reported that they could always or usually get care quickly. This indicates that the beneficiary experience is generally favorable around the timeliness of health care services.

Taken together, these findings indicate that while geographic coverage is strong and provider information is highly accurate, timely access to appointments remains uneven, particularly for new patients, behavioral health, and specialty services in certain regions. Addressing these gaps may require enhanced monitoring of wait times for new patients, strengthening behavioral health capacity, and developing region-specific strategies to improve access to specialty care.

Accommodation

Accommodation refers to the extent to which a provider practice is responsive to patients' needs and preferences, such as cultural sensitivities, language access, and scheduling flexibility. The Provider Access Call Study revealed high availability of interpreter services across provider types for all SPs. The CAHPS survey results generally confirmed positive beneficiary experiences with interpreter services, with 85.04% of adult respondents and 92.64% of parent/caretaker respondents of child beneficiaries who needed an interpreter reporting they were always or usually treated with respect.

The Provider Access Studies noted that physical disability accommodations were nearly universal, with 99.07% of PCPs, 98.49% of OB/GYNs, and 98.89% of behavioral health providers reporting features such as ADA compliance, accessible restrooms, ramps, parking, and virtual appointments. Mental disability accommodations were also widely available, though less so than physical disability accommodations, with 84.24% of PCPs, 91.82% of OB/GYNs, and 92.52% of behavioral health providers reporting supports such as extended appointment times, private rooms, smaller crowd scheduling, and e-check-in options. These findings demonstrate that structural accommodations are well established across the SPs' networks.

However, CAHPS findings show that accommodations around digital access demonstrated weaker performance: only 62.78% of adult respondents reported they were always or usually able to access their health information online among those who wanted to. Demographic analyses highlighted disparities—Black, Other race, Native American, and Hispanic ethnicity adult respondents reported significantly lower rates of online access to health information. Also, adult rural respondents reported significantly lower rates compared to urban respondents for both interpreters treated beneficiaries with respect and online health information access.[9]

Addressing barriers to accommodations may require expanded investments in broadband and digital literacy, more robust monitoring of interpreter availability in rural settings, and continued emphasis on culturally and linguistically appropriate services. Additionally, if beneficiaries do not have access to technology to use online health information may present a barrier to access for some beneficiaries. Strengthening these areas would help ensure that accommodations are not only present in policy and provider offices, but accessible in practice for all NC Medicaid beneficiaries.

Acceptability

Acceptability refers to the patient's perception of the quality, trustworthiness, and cultural appropriateness of healthcare services.

CAHPS results for CY 2023 showed that most adult respondents reported usually or always getting the care they needed, and a similar majority reported usually or always receiving care quickly. Most adult

[9] For further information about child respondent results, please refer to the 2023 CAHPS report at https://medicaid.ncdhhs.gov/2023-cahps-survey-full-report/download?attachment.

and child respondents also reported timely access to mental health appointments, with 75.48% of adult respondents and 71.94% of parent/caretaker respondents of child beneficiaries reporting always or usually getting and appointment when needed. Importantly, 79.32% of adult respondents and 76.39% of parent/caretaker respondents of child beneficiaries reported receiving mental healthcare said their mental healthcare providers asked about physical health, suggesting progress toward integrated care.

Finally, grievance rates due to access-related issues increased between Year 1 and Year 2 for most SPs. While still low overall, the upward trend suggests the need for closer monitoring and more proactive use of grievance data to identify patterns of dissatisfaction. Additionally, the definition of an access-related grievance was not consistent between Year 1 and Year 2, so continued review of grievances may be required to determine if the rates of grievances are truly increasing or if increases are due to differences in reporting methodologies.

These findings suggest that while most NC Medicaid beneficiaries report positive care experiences, some structural inequities may remain. Efforts to expand digital access, improve culturally responsive care, and monitor grievances systematically will be critical to ensuring that services are acceptable to all beneficiaries.

4. Results

This section discusses the results of the data analysis for the calculated measures.

Time/Distance GeoAccess Reports

The time/distance analysis assessed 1) the percentage of members with access and 2) the percentage of members without access, calculated as the number of members lacking access over the total members in the region. These metrics were calculated for each SP by provider type and population group (adult and child). The data reflect percentages from May 2022 (Year 1) and July 2023 (Year 2) for each SP. The percentage of members with access was assessed according to DHB's time/distance standards which are shown in Appendix B.

Time/Distance Access Rates

The 95% pass rate was used as the minimum compliance standard for Medicaid's time/distance access requirements. Provider types with access rates at or above this benchmark were considered compliant with State network adequacy expectations. Across all SPs, access rates for all specialties ranged from 90.64% to 100%.

In July 2023, all SPs met the pass rate except AmeriHealth for Occupational Therapy for both adults and children which had 90.64% of adult and child members with access. Compared to May 2022, AmeriHealth and United Healthcare saw an increase in Allergy/Immunology (child). AmeriHealth increased from 89.91% in 2022 to 89.24% in 2023. United Healthcare increased from 86.23% in 2022 to 97.88% in 2023. For WellCare, access to gastroenterology (child) also improved from 94.90% to 99.77%, while access to oncology (child) improved from 92.70% to 98.12%.

Table 4—Time/Distance Access Rates by SP, Provider Type, and Age Group

Provider Type	Population	AmeriHealth		Carolina Complete		Healthy Blue		UnitedHealthcare		WellCare	
		May 22	Jul 23	May 22	Jul 23	May 22	Jul 23	May 22	Jul 23	May 22	Jul 23
Hospital	Adult	99.83%	99.88%	99.98%	99.93%	99.97%	99.94%	99.97%	99.95%	99.94%	99.92%
	Child	99.83%	99.88%	99.99%	99.93%	99.93%	99.94%	99.98%	99.95%	99.94%	99.92%
OB/GYN	Adult	99.92%	99.20%	100%	100%	99.92%	99.33%	99.96%	98.58%	99.95%	99.25%
PCP	Adult	100%	100%	100%	100%	100%	99.60%	100%	99.74%	100%	99.53%
	Child	100%	100%	100%	100%	100%	99.47%	100%	99.61%	100%	99.51%
Pharmacy	Adult	99.98%	99.91%	100%	100%	99.93%	99.93%	99.99%	99.92%	99.97%	99.96%
	Child	99.98%	99.91%	100%	100%	99.93%	99.93%	99.99%	99.92%	99.95%	99.96%
OBH	Adult	100%	100%	100%	100%	100%	100%	100%	99.96%	100%	100%
	Child	100%	100%	100%	100%	100%	100%	100%	99.89%	100%	100%
Occupational Therapy	Adult	99.87%	90.64% ▼	99.40%	100%	99.70%	97.41%	99.32%	96.42%	99.86%	99.28%
	Child	99.49%	90.64% ▼	99.51%	100%	99.66%	97.41%	99.37%	96.42%	99.84%	99.28%
Speech Therapy	Adult	99.63%	97.52%	100%	99.99%	99.93%	99.78%	99.95%	98.59%	99.95%	99.71%
	Child	99.78%	97.52%	100%	99.99%	99.92%	99.78%	99.97%	98.59%	99.94%	99.71%
Physical Therapy	Adult	98.87%	99.94%	100%	100%	99.62%	99.97%	99.94%	99.98%	99.96%	99.97%
	Child	99.14%	99.94%	100%	100%	99.57%	99.97%	99.97%	99.98%	99.95%	99.97%
Allergy/ Immunology	Adult	99.34%	98.83%	99.98%	97.06%	99.97%	99.56%	99.96%	99.22%	98.99%	99.41%
	Child	89.91%	98.24% ▲	97.14%	98.22%	98.08%	99.11%	86.23%	97.88% ▲	99.20%	99.10%
Cardiology	Adult	99.93%	100%	100%	100%	100%	100%	100%	100%	99.98%	99.98%
	Child	99.95%	99.98%	99.93%	99.87%	99.95%	99.98%	99.86%	99.14%	99.23%	100%
Gastroenterology	Adult	99.96%	99.80%	99.97%	99.99%	100%	100%	99.98%	100%	99.99%	100%
	Child	99.16%	98.95%	99.92%	97.78%	99.40%	98.05%	98.95%	97.66%	94.86%	99.77% ▲
Oncology	Adult	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Child	96.20%	97.09%	97.03%	96.39%	99.45%	98.13%	95.52%	98.68%	92.71%	98.12% ▲
Psychiatry	Adult	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Child	99.96%	99.99%	100%	100%	100%	100%	99.95%	99.97%	99.95%	100%

Red highlighting indicates standard was not met (<95.00%)
▲ Indicates the percentage of members with access improved from not meeting the access standard in Year 1 to meeting the access standard in Year 2
▼ Indicates the percentage of members with access met the standard in Year 1 but did not meet the standard in Year 2

Gaps in Access

Table 5, Table 6, and Table 7 show the percentage of SP members without access by provider type and region. Region 6 had the highest concentration of access gaps for multiple services in both child and adult populations. For adult members, the provider types with the highest access gaps were OB/GYN (3.37% did not have access in Region 6) and Allergy/Immunology (2.87% lacked access in Region 4 and 2.88% in Region 5). For child members, the provider types with the highest access gaps were Oncology (5.65% did not have access in Region 5), Gastroenterology (3.86% did not have access in Region 2), and Allergy/Immunology (3.66% did not have access in Region 6).

Table 5—Percentage of SP Members without Access by Provider Type and Region (Adult only)

Provider Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
OB/GYN	0.00%	0.00%	0.00%	0.00%	0.00%	3.37%
Primary Care	0.00%	0.00%	0.00%	0.00%	0.00%	1.04%
OBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%
Allergy/ Immunology	0.00%	0.00%	0.02%	2.87%	2.88%	0.00%
Cardiology	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
Gastroenterology	0.00%	0.00%	0.00%	0.00%	0.02%	0.18%
Oncology	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Psychiatry	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Blue shading indicates that at least some members did not have access to the provider type within the access standard.

Table 6—Percentage of SP Members without Access by Provider Type Region (Child only)

Provider Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Primary Care	0.00%	0.00%	0.00%	0.00%	0.00%	1.31%
OBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%
Allergy/ Immunology	0.00%	1.40%	0.30%	2.09%	0.13%	3.66%
Cardiology	0.01%	0.06%	0.11%	1.20%	0.01%	0.01%
Gastroenterology	0.19%	3.86%	2.97%	0.84%	2.53%	0.07%
Oncology	0.10%	2.42%	0.12%	3.64%	5.65%	1.34%
Psychiatry	0.00%	0.00%	0.04%	0.01%	0.00%	0.01%

Blue shading indicates that at least some members did not have access to the provider type within the access standard.

Table 7—Percentage of SP Members without Access by Provider Type Region (Adult and Child)

Provider Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Hospitals	0.09%	0.00%	0.00%	0.04%	0.01%	0.21%
Pharmacy	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%
Occupational Therapy	0.78%	0.68%	0.00%	0.07%	0.00%	14.13%
Speech Therapy	0.71%	1.65%	0.00%	0.01%	0.00%	2.78%
Physical Therapy	0.05%	0.10%	0.00%	0.00%	0.00%	0.04%

Blue shading indicates that at least some members did not have access to the provider type within the access standard.

Grievances Due to Access-Related Issues

For the purposes of this report, grievance cases were categorized into two groups: access-related and other (non-access-related). SPs classified the grievances as either access-related or other prior to submitting the findings to NC Medicaid. Each SP may have slightly different methods for classifying and collecting access-related grievances. Additionally, those methods may have changed from Year 1 to Year 2. Table 8 lists the access-related grievance categories included by each SP in each year, as they define access-related grievances. It is important to be aware that reporting changes could affect the number of grievances reported for comparisons of grievance rates across plans and between Year 1 and Year 2. Additionally, the grievance categories are reported by the SP and each SP may have slightly different categorizations for the access related grievances.

Table 8—Access to Care Grievance Categories, by SP and Report Year

SP Reported Access Related Grievance Category	AmeriHealth		Carolina Complete		Healthy Blue		United Healthcare		WellCare	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Appointment Availability/ Scheduling Wait Time		✓	✓	✓	✓	✓	✓	✓	✓	✓
Denial of Service/Prior Authorization	✓	✓		✓		✓		✓	✓	✓
ER Wait Time			✓							
Language Barrier	✓	✓								
Medical Equipment Not Available			✓							
Network Adequacy/Availability (e.g., no provider nearby, cannot reach provider)		✓	✓	✓	✓	✓	✓	✓	✓	✓
Office Wait Time		✓	✓	✓	✓	✓		✓		✓
Pharmacy			✓							✓
Provider		✓		✓		✓				✓
Range of Services Offered	✓									
Recipient Receiving Bills		✓		✓	✓					
Referral Issue	✓		✓							
Service Reduction						✓		✓		
Timeliness of Service		✓		✓	✓	✓		✓		✓
Transportation Wait Time		✓		✓		✓		✓		✓

Note: "✓" indicates inclusion of component for access-to-care-related grievances

Change in Annual Rate of Access-Related Grievances per 10,000 Members

The absolute change in the average rate of grievances due to access-related issues per 10,000 members was calculated from Year 1 to Year 2. Table 9 presents the average rates for each SP in Year 1 and Year 2, along with the change between the two years. United Healthcare experienced the largest increase, rising by 8.78 grievances per 10,000 members from .041 in Year 1 to 9.19 in Year 2. Carolina Complete also saw an increase of 7.05 grievances per 10,000 members. WellCare and AmeriHealth had moderate increases, both experiencing 2.28 grievances per 10,000 members. Healthy Blue showed a decrease from 2023 to 2022 but maintains the highest overall access-related grievance rate among all SPs. Overall, all five SPs reported an increase in access-related grievance rates from Year 1 to Year 2.

Table 9 —SFY 2022 and 2023 Average Access-Related Grievance Rate per 10,000 Members, by SP

SP	Average rate per 10,000 members (Year 1)	Average rate per 10,000 members (Year 2)	Absolute Rate Change (Year 1 to Year 2)
AmeriHealth	1.80	4.08	2.28 ↑
Carolina Complete	1.33	8.38	7.05 ↑
Healthy Blue	17.62	15.04	-2.58 ↓
United Healthcare	0.41	9.19	8.78 ↑
WellCare	2.76	5.04	2.28 ↑

↑ Indicates the rate increased from Year 1 to Year 2.
↓ Indicates the rate decreased from Year 1 to Year 2.

Overall Proportion of Access-Related Grievances

Table 9 shows the monthly percentage of access-related grievances for each SP in Year 2. Healthy Blue had the highest and most consistent access-related grievance rates, with 60.97% of all grievances in Year 2 being access related. Carolina Complete also reported consistently high percentages throughout the year, ranging from 36.84% of all grievances being access related in February 2023 to 74.55% of all grievances being access related in August 2022. In contrast, WellCare reported the lowest and most stable access-related grievance rates. AmeriHealth maintained moderate and stable rates. The SPs self-defined access related grievances, therefore, it is important to note that differences in the rate of access-related grievances between SPs may be due to the differences in how individual SPs categorized grievances.

Table 9—Percentage of Access-Related Grievances out of Total Grievances Per Month (Year 2)

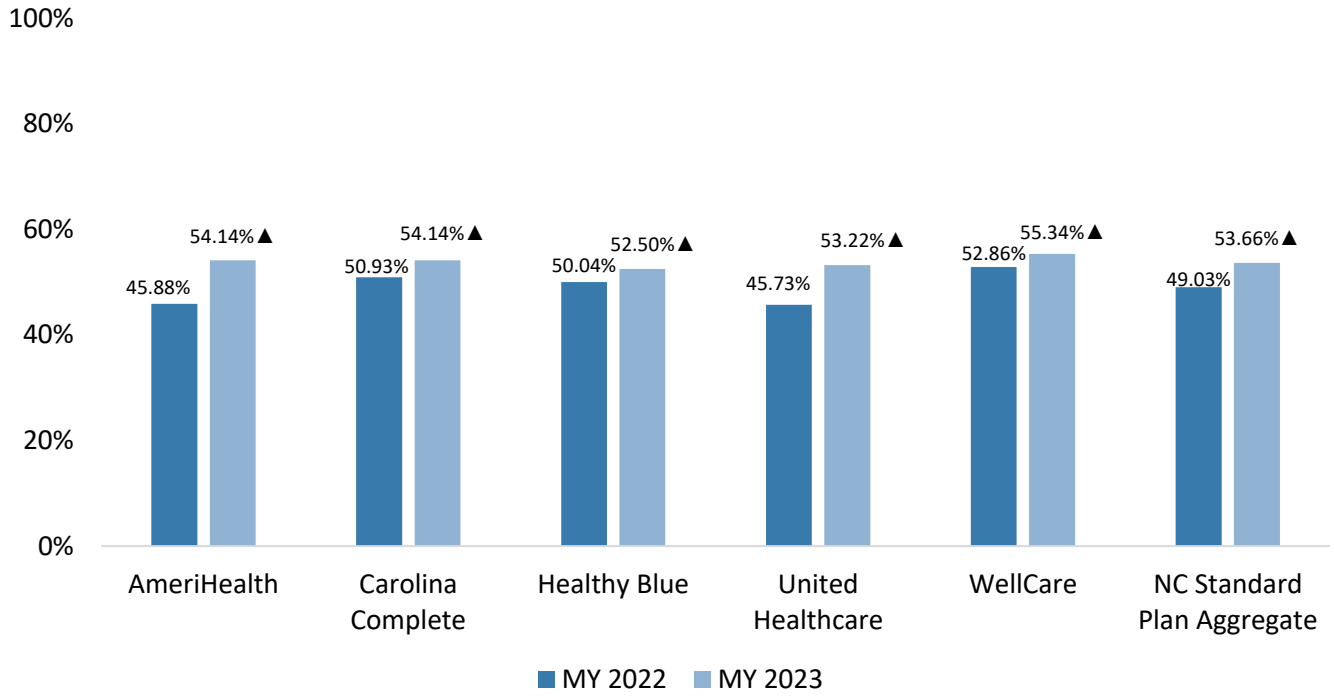
SP	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
AmeriHealth	16.67%	30.61%	30.61%	13.33%	22.22%	18.18%	15.52%	22.58%	18.31%	17.11%	18.75%	20.27%
Carolina Complete	53.33%	74.55%	62.50%	45.00%	57.89%	65.00%	68.42%	36.84%	57.89%	35.00%	63.89%	42.86%
Healthy Blue	63.55%	29.23%	34.95%	53.85%	67.01%	69.72%	61.87%	47.57%	51.58%	63.22%	57.14%	63.06%
United Healthcare	45.83%	39.76%	37.50%	36.84%	29.33%	48.78%	44.44%	44.30%	49.43%	40.00%	32.35%	44.87%
WellCare	12.59%	14.63%	13.16%	8.33%	11.76%	11.11%	1.92%	1.44%	2.06%	19.51%	10.60%	18.13%

NCQA HEDIS Quality Measures

Cervical Cancer Screening (CCS)

SPs experienced statistically significant increases in cervical cancer screening rates from MY 2022 to MY 2023 (as shown in Figure 2). AmeriHealth had the most notable rate improvement, with an increase from 45.88% in MY 2022 to 54.14% in MY 2023. WellCare had the highest rate for CCS in MY 2023 (55.34%). Overall, the SP Aggregate increased from 49.03% in MY 2022 to 53.66% in MY 2023, indicating significant progress toward improving rates of cervical cancer screening.

Figure 2—Cervical Cancer Screening (CCS), Stratified by SP (MY 2022-2023)

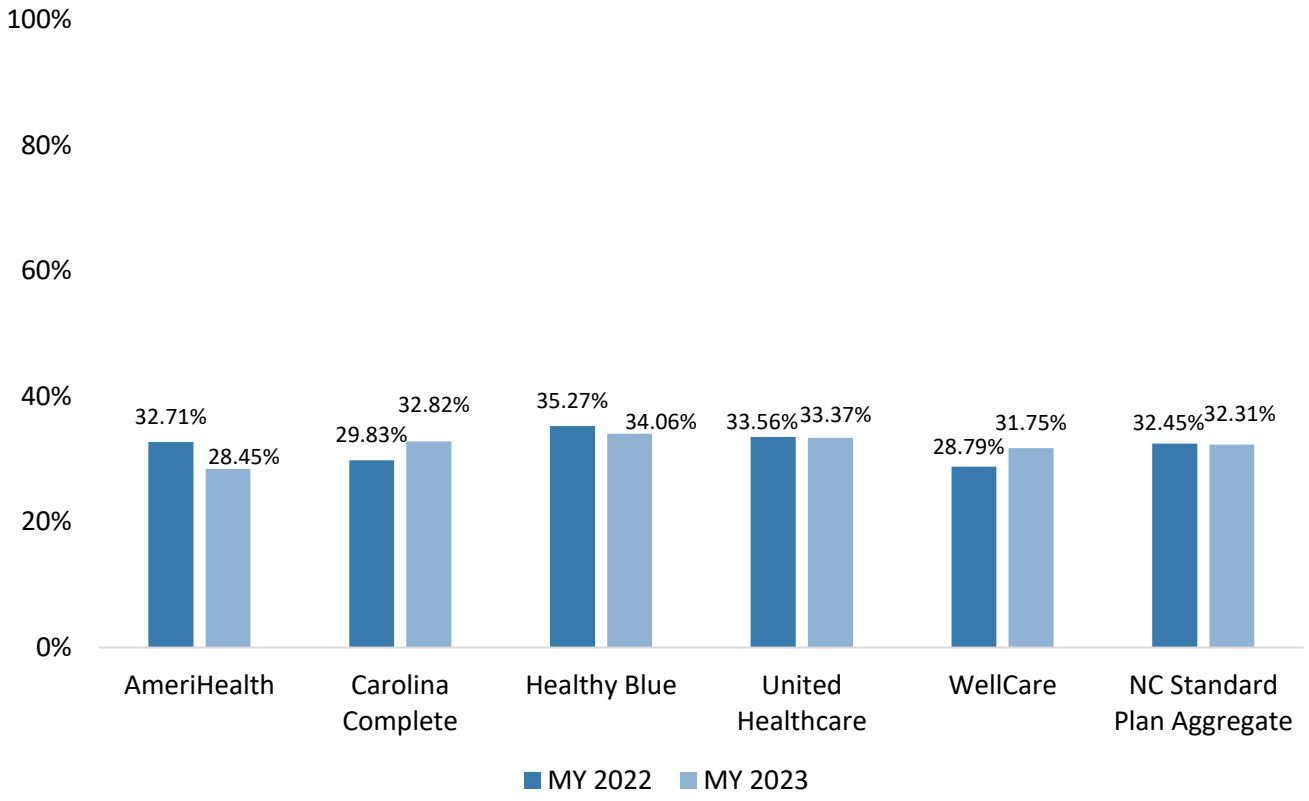


▲ Indicates a statistically significant increase between MY 2022 and MY 2023

Follow-Up After Hospitalization for Mental Illness (FUH) – 7-Day Follow-Up

As shown in Figure 3, SP rates for *FUH – 7-Day Follow-Up* remained relatively stable from MY 2022 to MY 2023 with no statistically significant increases or decreases in measure rates. Healthy Blue had the highest *7-Day Follow-Up* rate across both measurement years. AmeriHealth experienced a decrease in performance from 32.17% in MY 2022 to 28.45% in MY 2023, though the change was not statistically significant. Carolina Complete and United Healthcare experienced minimal changes in performance between the two measurement years.

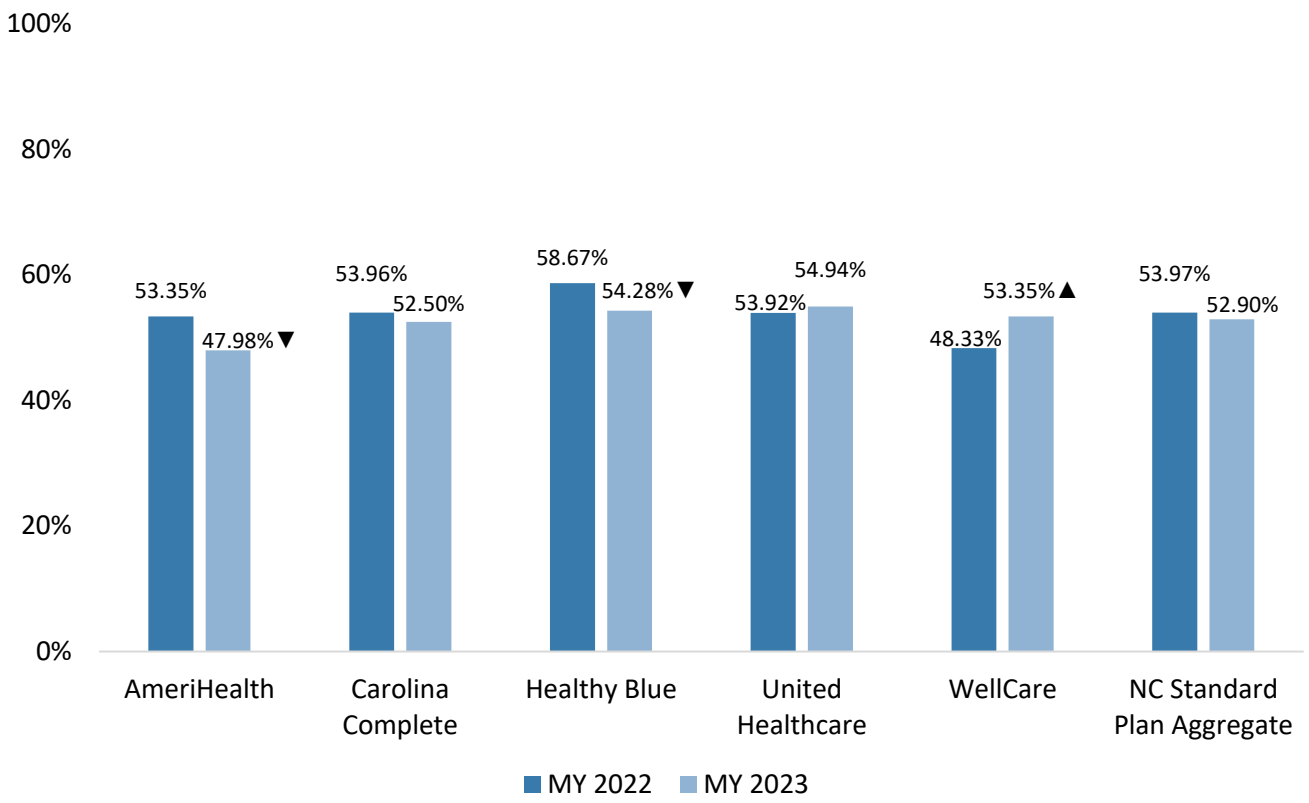
Figure 3—Follow-Up After Hospitalization for Mental Illness (FUH) – 7-Day Follow-Up, Stratified by Standard Plan (MY 2022-2023)



Follow-Up After Hospitalization for Mental Illness (FUH) – 30-Day Follow-Up

As shown in Figure 4, three out of five SPs (AmeriHealth, Healthy Blue, and WellCare) experienced statistically significant changes in performance for *FUH – 30-Day Follow-Up* from MY 2022 to MY 2023. While Healthy Blue had the highest rate of follow-up care within 30 days in MY 2022 (58.67%), its performance decreased to 54.28% in MY 2023. Similarly, AmeriHealth also experienced a decrease in performance from 53.35% in MY 2022 to 47.98% in MY 2023. Carolina Complete and United Healthcare experienced minimal changes from MY 2022 to MY 2023.

Figure 4—Follow-Up After Hospitalization for Mental Illness (FUH) – 30-Day Follow-Up, Stratified by SP (MY 2022-2023)

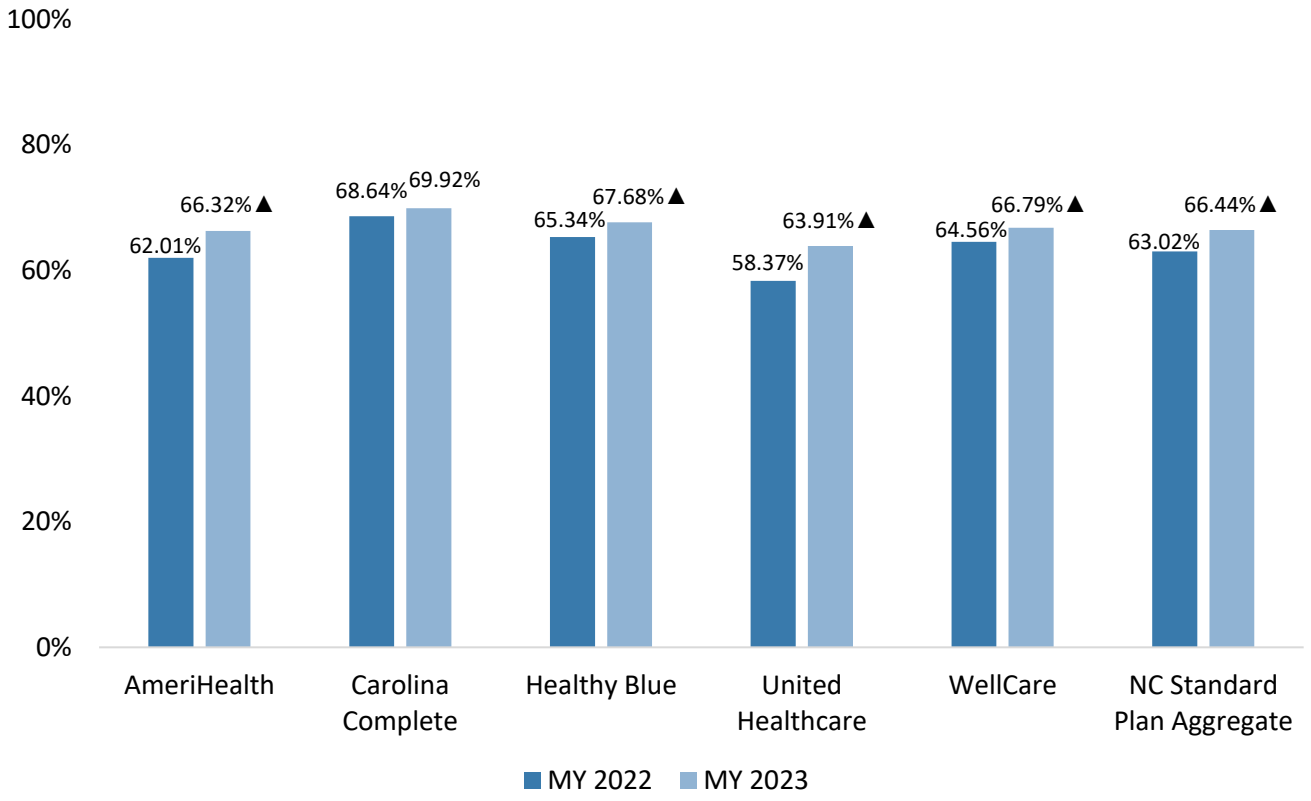


▲ Indicates a statistically significant increase between MY 2022 and MY 2023
▼ Indicates statistically significant decrease between MY 2022 and MY 2023

Well-Child Visits in the First 30 Months of Life (W30) – First 15 Months

As shown in Figure 5, four out of five SPs (AmeriHealth, Healthy Blue, United Healthcare, and WellCare) experienced statistically significant improvements in *W30 – First 15 Months* performance from MY 2022 to MY 2023. United Healthcare had the largest rate increase from 58.37% in MY 2022 to 63.91% in MY 2023, indicating meaningful progress within this measure. Carolina Complete had the highest rate in MY 2023 at 69.92%. The SP Aggregate also increased from 63.02% in MY 2022 to 66.44% in MY 2023. These findings indicate significant improvement in the number of well-child visits received in the first 15 months of life.

Figure 5—Well-Child Visit in the First 30 Months of Life (W30) – First 15 Months, Stratified by Standard Plan (MY 2022-2023)

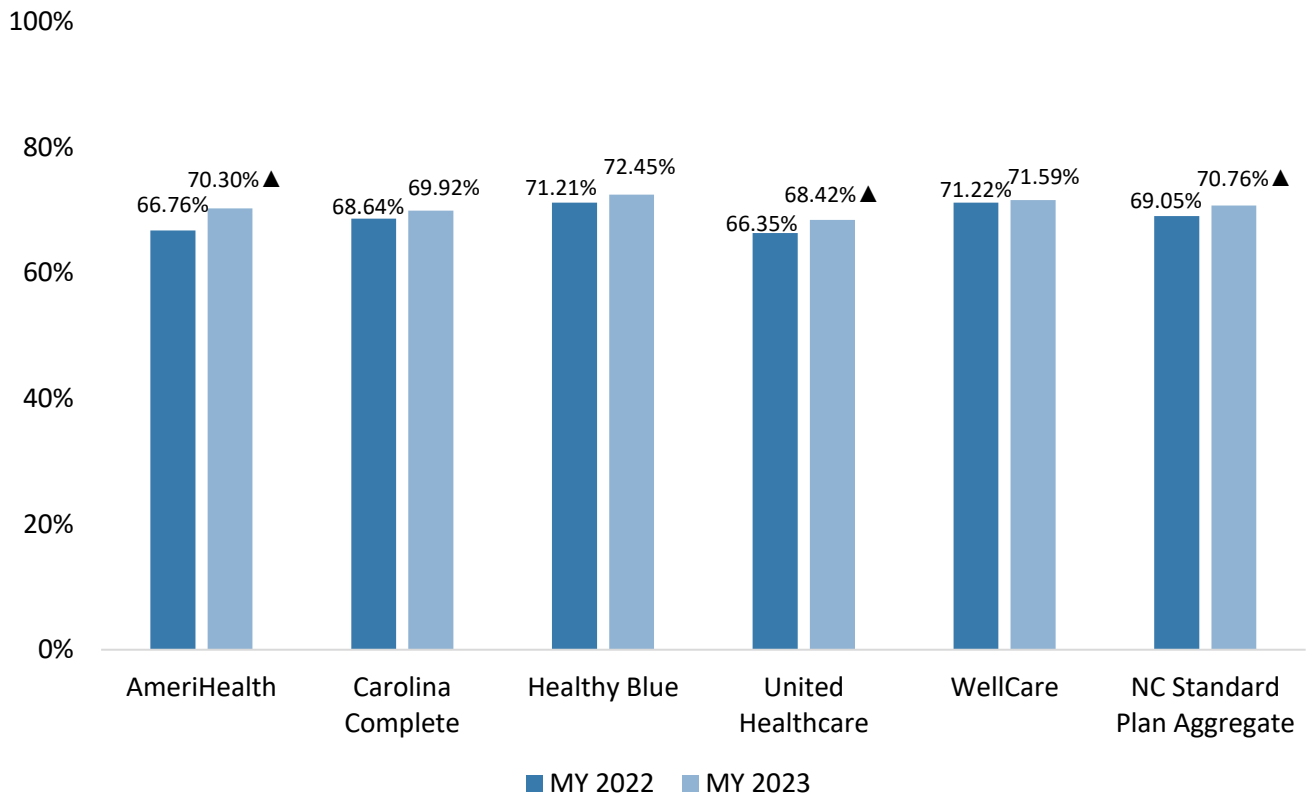


▲ Indicates a statistically significant increase between MY 2022 and MY 2023

Well-Child Visits in the First 30 Months of Life (W30) – 15-30 Months

As shown in Figure 6, AmeriHealth and United Healthcare experienced statistically significant improvements in performance for *W30 – 15-30 Months* from MY 2022 to MY 2023. The SP Aggregate rate increased significantly from 69.05% in MY 2022 to 70.76% in MY 2023. Healthy Blue had the highest performance in MY 2023 at 72.45%. These findings indicate moderate progress in improving rates of well-child visits from 15-30 months of life.

Figure 6—Well-Child Visit in the First 30 Months of Life (W30) – 15-30 Months, Stratified by Standard Plan (MY 2022-2023)

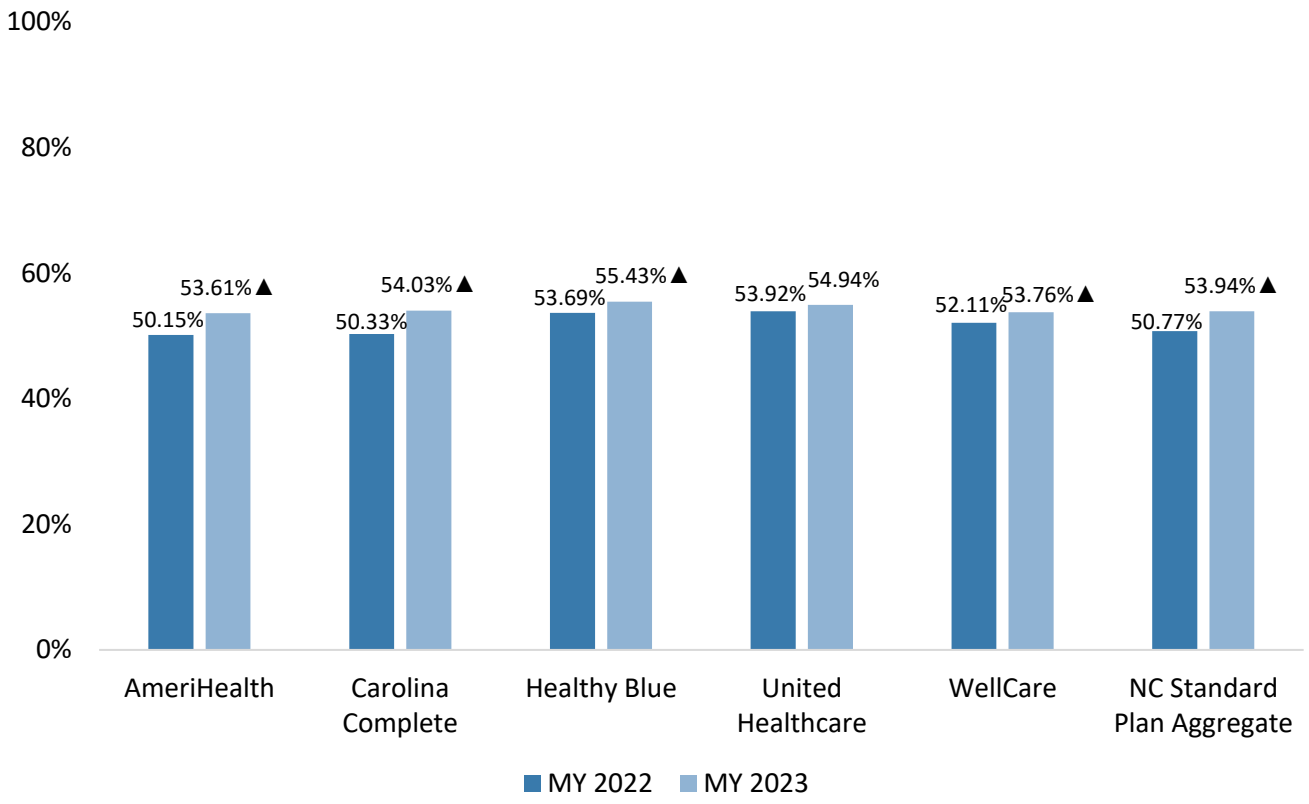


▲ Indicates a statistically significant increase between MY 2022 and MY 2023

Child and Adolescent Well-Care Visits (WCV)

As shown in Figure 7, four out of five SPs (AmeriHealth, Carolina Complete, Healthy Blue, and WellCare) experienced statistically significant improvements in performance for *WCV* from MY 2022 to MY 2023. Healthy Blue had the highest rate in MY 2023 at 55.43%, increasing from 53.69% in 2022. Additionally, the SP Aggregate increased from 50.77% in MY 2022 to 53.97% in MY 2023, indicating significant improvements in the rate of child and adolescent well-care visits.

Figure 7—Child and Adolescent Well-Care Visits (WCV), Stratified by Standard Plan (MY 2022-2023)

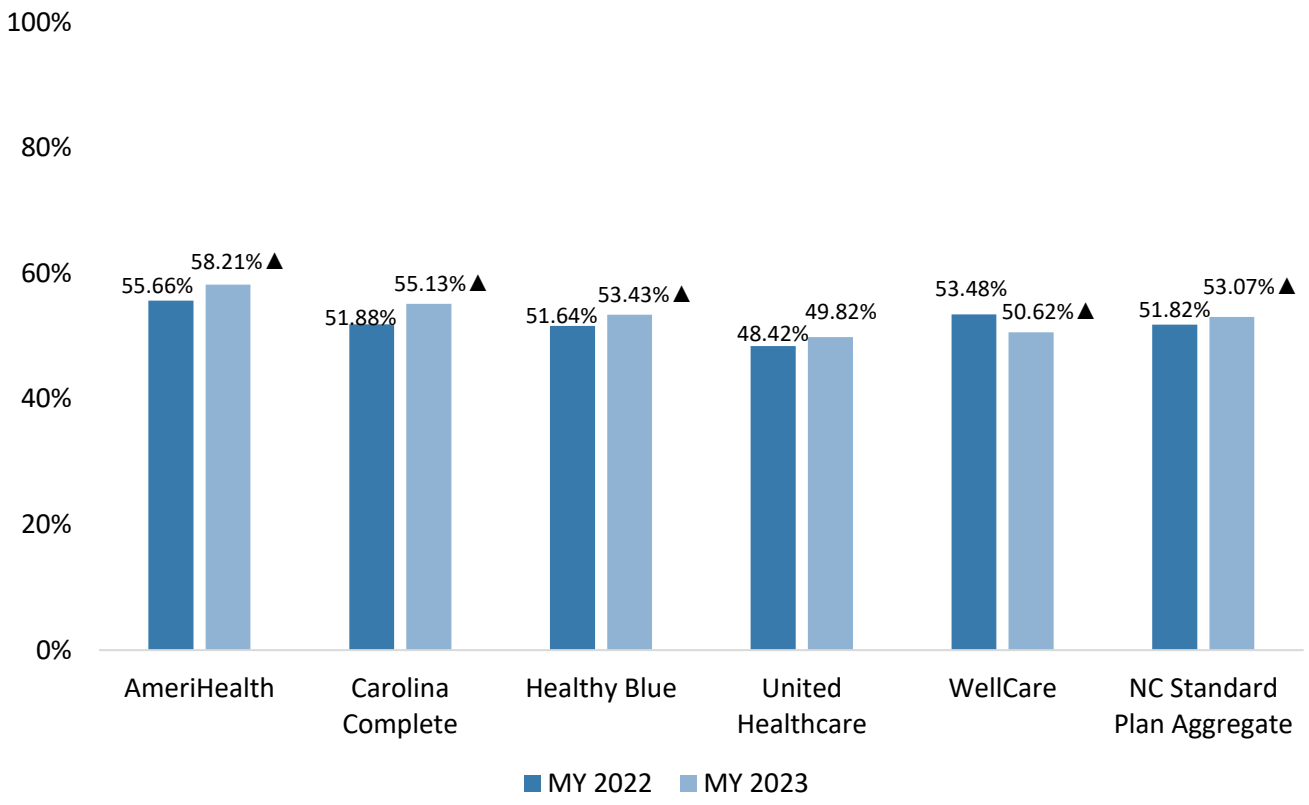


▲ Indicates a statistically significant increase between MY 2022 and MY 2023

Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care

As shown in Figure 8, four of the five SPs (AmeriHealth, Carolina Complete, Healthy Blue, and WellCare) experienced statistically significant improvement in *PPC – Timeliness of Prenatal Care* performance from MY 2022 to MY 2023. AmeriHealth demonstrated the highest rate in MY 2023 (58.21%), while Carolina Complete experienced the most substantial improvement in performance from 51.88% in MY 2022 to 55.13% in MY 2023. United Healthcare reported the lowest rates for both MYs, only increasing slightly from 48.42% in MY 2022 to 49.82% in MY 2023. These findings indicate statistically significant improvements in the rates of timely prenatal care appointments.

Figure 8—Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care, Stratified by Standard Plan (MY 2022-2023)

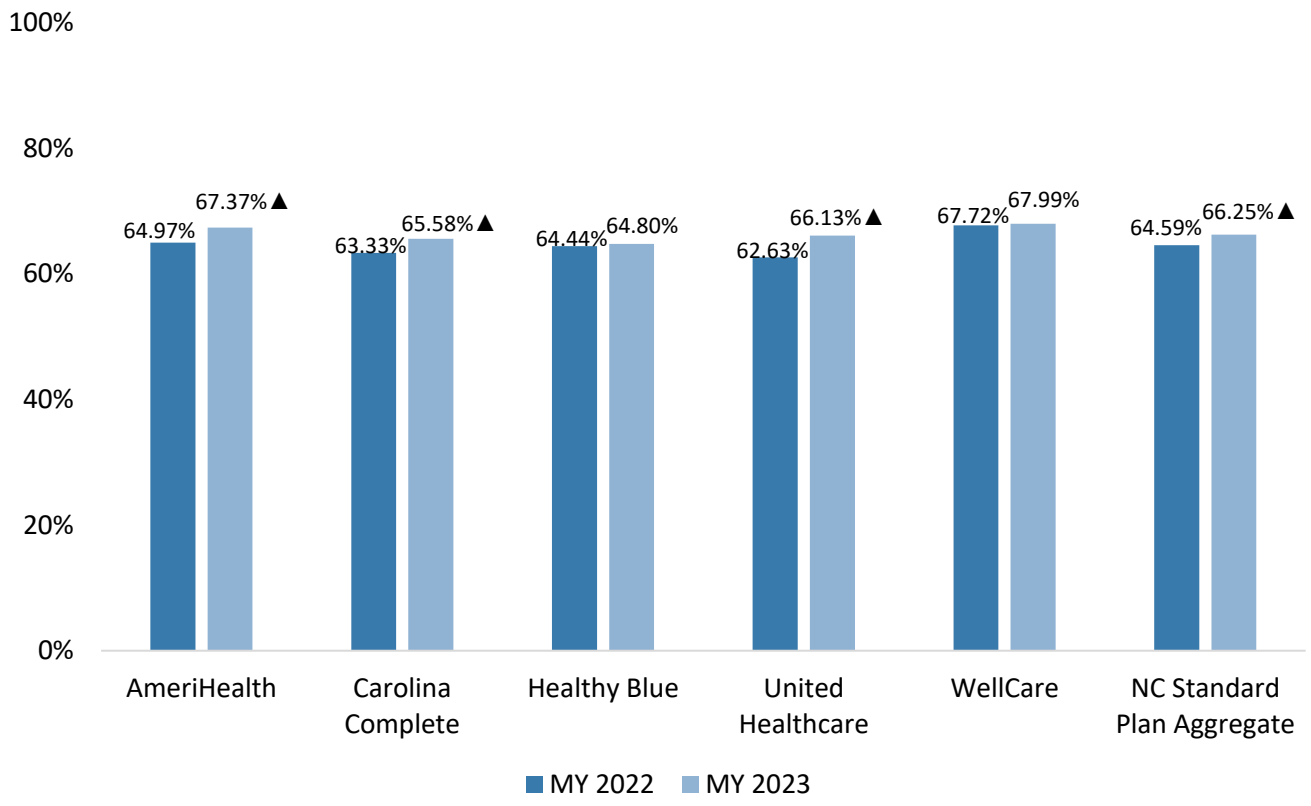


▲ Indicates a statistically significant increase between MY 2022 and MY 2023

Prenatal and Postpartum Care (PPC) – Postpartum Care

As seen in Figure 9, three of five SPs (AmeriHealth, Carolina Complete, and United Healthcare)demonstrated statistically significant improvements in *PPC – Postpartum Care* performance from MY 2022 to MY 2023. WellCare had the highest rate in MY 2023 (67.99%) and United Healthcare had the most significant improvement in performance from 62.63% in MY 2022 to 66.13% in MY 2023. These findings indicate statistically significant improvements in the rates of successful postpartum care appointments.

Figure 9—Prenatal and Postpartum Care (PPC) – Postpartum Care, Stratified by Standard Plan (MY 2022-2023)



▲ Indicates a statistically significant increase between MY 2022 and MY 2023

Provider Directory Validation

The SPs' provider directories were randomly sampled to assess discrepancies across eight main elements of provider contact information:

- Provider name
- Provider taxonomy
- Service location address
- Service location 3-digit code
- Practice phone number
- Contracted SP
- Enrollment status
- Provider doing business as (DBA) name

Each SP had a minimum of five providers sampled, although sample counts varied across SPs and monthly in baseline data collection. Each element was compared to the Daily Medicaid Provider Network File, the source of truth for NC Medicaid provider data.

Trended Monthly Accuracy Rates

The monthly accuracy rate results across both baseline and Year 2 findings are detailed in Table 10. All SPs' accuracy rates improved in Year 2, with all achieving 100% accuracy in November 2022 and maintaining that rate through the end of the measurement period.

Table 10—Year 1 and Year 2 Provider Directory Validation Accuracy Rates, by Month and SP

Year 1 (2021-2022)												
SP	**Jul 2021**	**Aug 2021**	**Sept 2021**	**Oct 2021**	**Nov 2021**	**Dec 2021**	**Jan 2022**	**Feb 2022**	**Mar 2022**	**Apr 2022**	**May 2022**	**Jun 2022**
AmeriHealth	71.43%	85.71%	80.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Carolina Complete	100%	88.89%	80.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Healthy Blue	87.50%	87.50%	75.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%
United Healthcare	100%	80.00%	75.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%
WellCare	60.00%	75.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Year 2 (2022-2023)												
SP	**Jul 2022**	**Aug 2022**	**Sept 2022**	**Oct 2022**	**Nov 2022**	**Dec 2022**	**Jan 2023**	**Feb 2023**	**Mar 2023**	**Apr 2023**	**May 2023**	**Jun 2023**
AmeriHealth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Carolina Complete	97.50%	100%	100%	97.50%	100%	100%	100%	100%	100%	100%	100%	100%
Healthy Blue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
United Healthcare	100%	100%	97.50%	100%	100%	100%	100%	100%	100%	100%	100%	100%
WellCare	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Percentages lower than 100% may reflect an inaccurate element from a single provider or multiple elements across providers.

Mean and Annual Accuracy Rates

Mean and annual accuracy rates were calculated for each SP for Year 1 and Year 2. Annual accuracy rates were calculated as the total number of correct entries validated over the total number of entries sampled. Detailed rates can be found in Appendix E.

As shown in Table 11, all SPs improved their annual accuracy rate in Year 2, with three of them (AmeriHealth, Healthy Blue, and WellCare) achieving 100% accuracy in Year 2.

Table 11—Year 1 and Year 2 Provider Validation Mean and Accuracy Rates, by SP

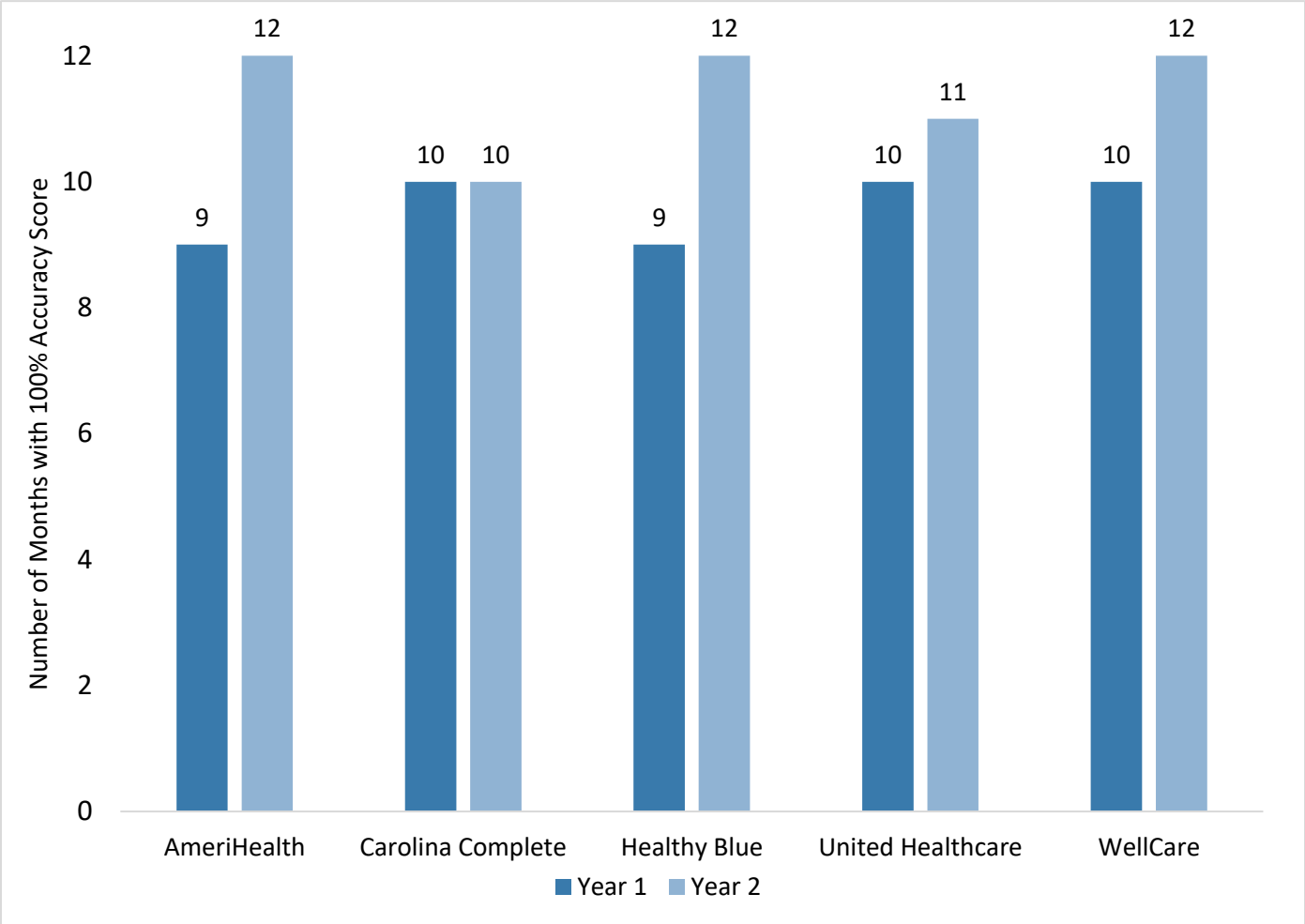
SP	Mean	Annual Accuracy Rate
Year 1 (2021-2022)		
AmeriHealth	94.76%	95.06%
Carolina Complete	97.41%	97.62%
Healthy Blue	95.83%	95.40%
United Healthcare	96.25%	96.36%
WellCare	94.58%	95.31%
Year 2 (2022-2023)		
AmeriHealth	100%	100%
Carolina Complete	99.58%	99.58%
Healthy Blue	100%	100%
United Healthcare	99.79%	99.79%
WellCare	100%	100%

Note: Annual accuracy rates are calculated as the total number of correct entries validated over the total number of entries sampled.

Frequency of 100% Accuracy Scores

To assess the occurrences of 100% accuracy for each SP, the percentage of months with 100% accuracy was computed and detailed in Figure 10. While the changes in occurrences for 100% accuracy from Year 1 to Year 2 were not statistically significantly different, Year 2 had more months with 100% accuracy rates compared to baseline, where three of five plans had a full year of 100% accuracy rates among the sample providers.

Figure 10—Year 1 and Year 2 Monthly Maximum Performance Accuracy Rates, by SP



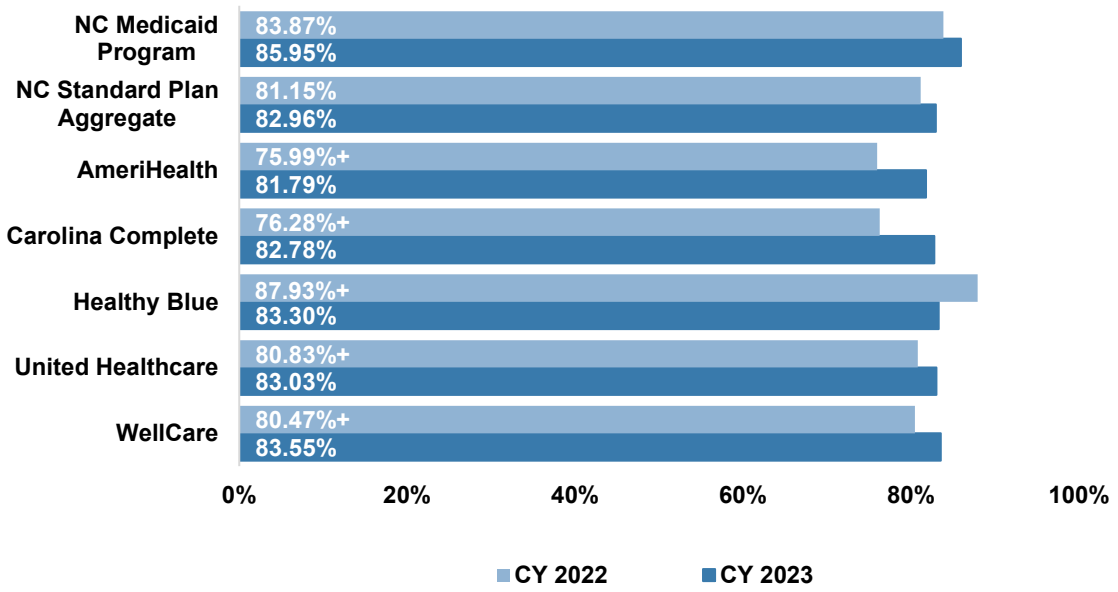
CAHPS Survey

The CAHPS measures related to access to care evaluate beneficiaries' own perceptions of the quality, trustworthiness, and cultural appropriateness of the healthcare services they have received. Assessing Medicaid beneficiaries' experiences with timeliness of care and coordination of care, as well as language preferences, interpreter needs, and online access to health information, is an important part of measuring whether healthcare services are appropriately accommodating and accessible. This section also compares survey results by race and ethnicity and geographic location to uncover whether beneficiary experience varies according to those demographics.

Getting Needed Care

As shown in Figure 11, the trend in positive ratings for Getting Needed Care for adult respondents remained consistent across the NC Medicaid Program, the NC SP Aggregate, and each individual SP. SP ratings were generally consistent with each other and across measurement years. None of the SP had rates that were significantly different from the NC Medicaid Program or the NC SP Aggregate. There were no statistically significant differences between the 2022 and 2023 rates.

Figure 11—Percentage of Adult Respondents Who Usually or Always Got Care by Program-Specific Populations, with NC Medicaid Program and SP Aggregate, 2022-2023

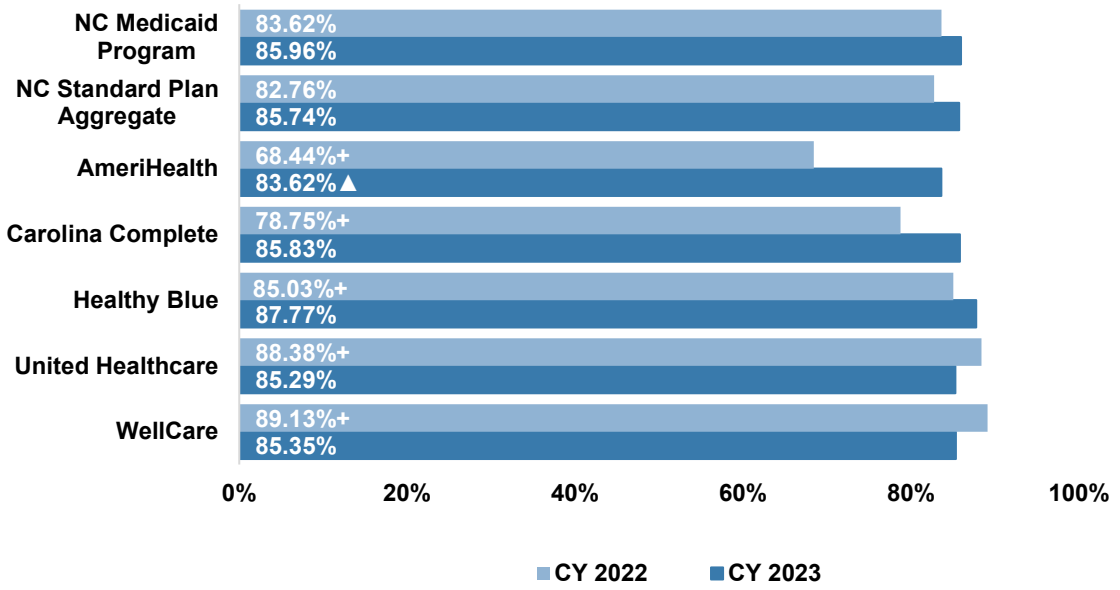


+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

As shown in Figure 12, the trend in positive ratings for Getting Needed Care for children remained consistent across the NC Medicaid Program, the NC SP Aggregate, and each SP. In 2023, SP ratings

ranged from 87.77% to 83.62%. When comparing 2022 positive responses for all SPs with 2023 responses, AmeriHealth's 2023 rate was significantly higher than its 2022 rate.

Figure 12—Percentage of Child Respondents Who Usually or Always Got Needed Care by Program-Specific Populations, with NC Medicaid Program and SP Aggregate Comparison, 2022-2023

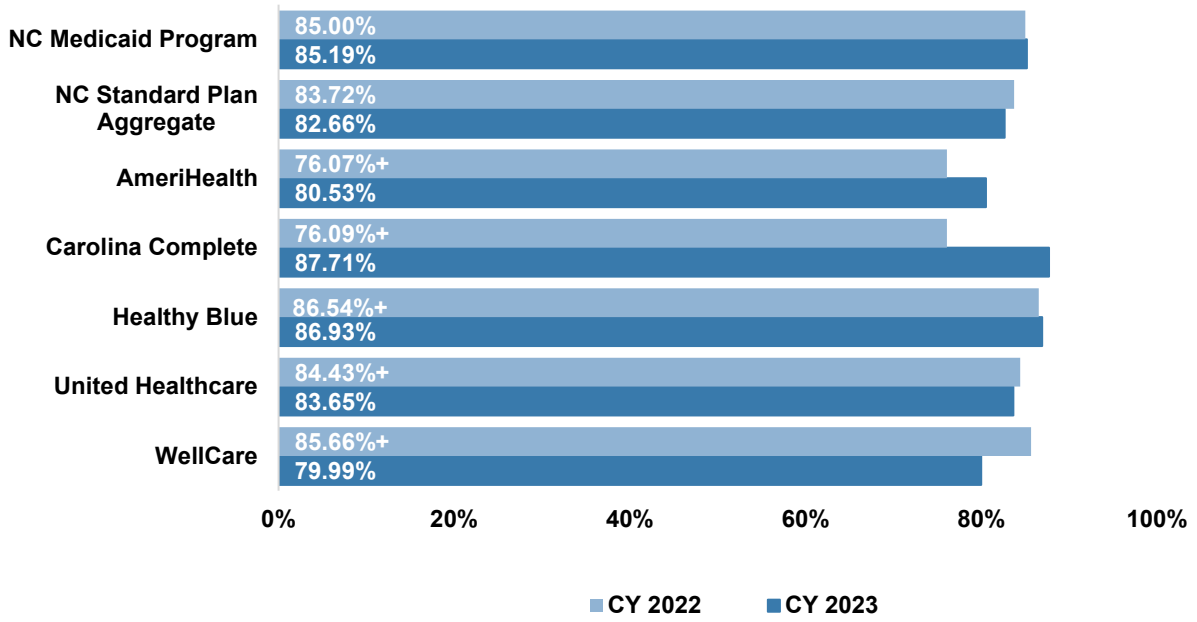


+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
▲ Indicates there is a statistically significant difference between CY 2022 and CY 2023.

Getting Care Quickly

Figure 13 shows the trend in positive ratings for adult respondents for Getting Care Quickly for the NC Medicaid Program, the NC SP Aggregate, and each SP. SP ratings were generally consistent with each other and across measurement years. None of the SP had rates that were significantly different from the NC Medicaid Program or the NC SP Aggregate. There were no statistically significant differences in rates between 2022 and 2023.

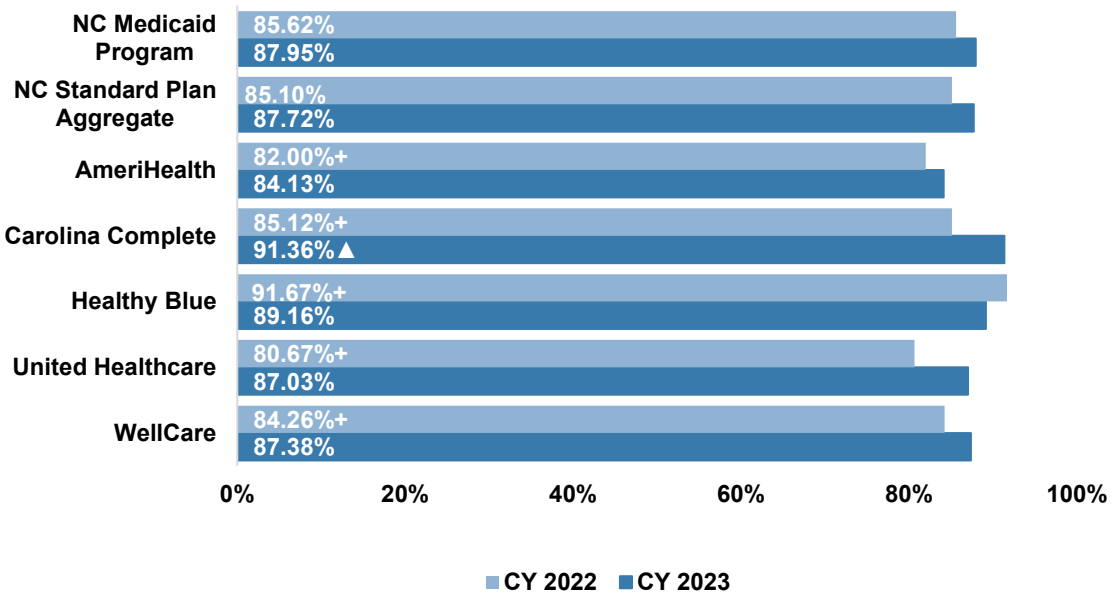
Figure 13—Percentage of Adult Respondents Who Always or Usually Got Care Quickly by Program-Specific Populations, with NC Medicaid Program and SP Aggregate, 2022-2023



+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

As shown in Figure 14, Carolina Complete's rate in 2023 (91.36%) was significantly higher than the NC SP Aggregate (87.72%). In contrast, AmeriHealth's rate (84.13%) was significantly lower than both the NC Medicaid Program (87.95%) and the NC SP Aggregate. Carolina Complete's rate in 2023 (91.36%) was significantly higher than its rate in 2022 (85.12%). In 2023, United Healthcare had the lowest positive response at 87.03%, while Carolina Complete had the highest at 91.36%.

Figure 14—Percentage of Child Respondents Who Always or Usually Got Care Quickly by Program-Specific Populations, with NC Medicaid Program and NC SP Aggregate Comparison, 2022-2023



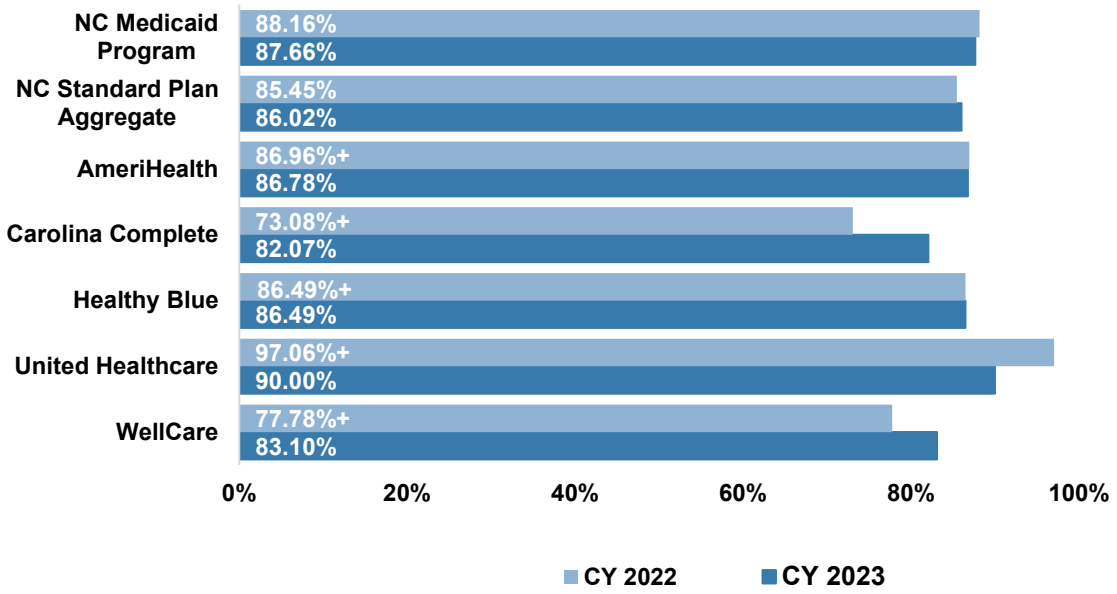
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
▲ Indicates there is a statistically significant difference between CY 2022 and CY 2023.

Individual Item Measure

Coordination of Care

Figure 15 shows the Coordination of Care positive rating trend results for adult respondents for the NC Medicaid Program, the NC SP Aggregate, and each SP. In 2023, SP positive ratings ranged from 82.07% for Carolina Complete to 90.00% for United Healthcare. None of the SP had rates that were significantly different from the NC Medicaid Program or the NC SP Aggregate. There were no statistically significant differences in rates between 2022 and 2023.

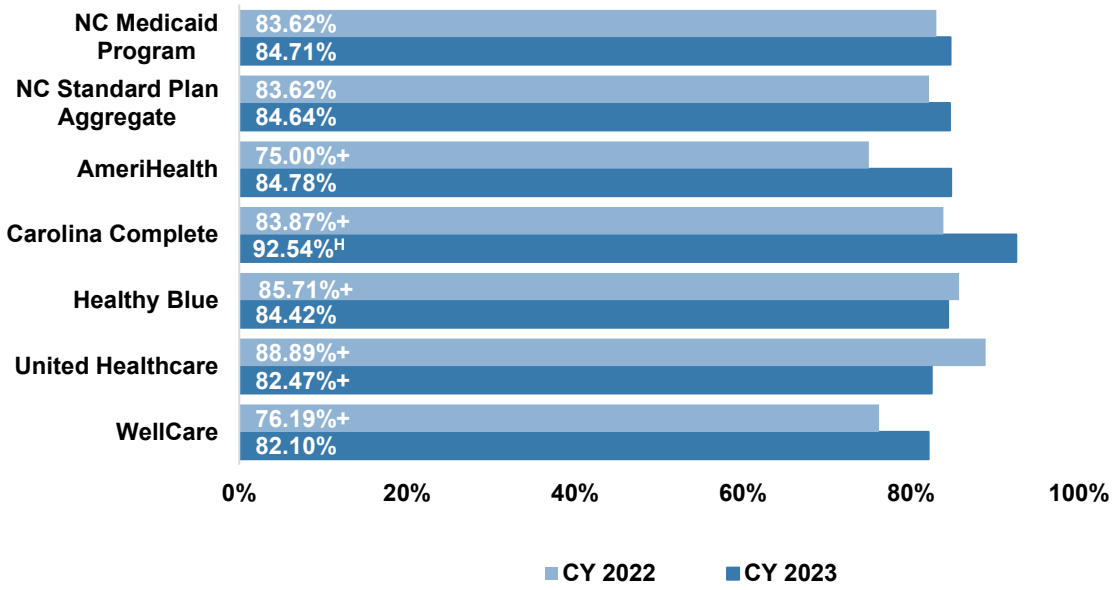
Figure 15—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers by Program-Specific Populations, with NC Medicaid Program and SP Aggregate, 2022-2023



+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Figure 16 shows that the Carolina Complete rate (92.54%) was significantly higher than the national average, the NC Medicaid Program, and the NC SP Aggregate. None of the NC Medicaid Program or NC SP Aggregate results were significantly different in 2023 than in 2022.

Figure 16—Percentage of Child Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers by Program-Specific Population, with NC Medicaid Program and NC SP Aggregate Comparison, 2022-2023



\+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
[H] Indicates the rate is significantly higher than national average, the NC Medicaid Program, and the NC SP Aggregate.

Supplemental Questions

Appointment for Counseling or Mental Health Treatment

Most adult respondents (75.48%) in the NC Medicaid Program reported that they *always* or *usually* received an appointment for counseling or mental health treatment as soon as they needed it. Respondents from this question are limited to a subset of respondents who indicated that they had sought counseling or mental health treatment in the previous six months. Table 12 shows the percentage of how often adult respondents who needed an appointment for counseling or mental health treatment got an appointment as soon as they needed, broken down by SP and population.

Table 12—Among 2023 Adult Program-Specific Population Respondents Who Sought Counseling or Mental Health Treatment, How Often They Received an Appointment as Soon as They Needed

Population	Always	Usually	Sometimes	Never
NC Medicaid	**52.70%**	**22.78%**	**14.09%**	**10.42%**
SP Aggregate	**50.12%**	**24.23%**	**15.20%**	**10.45%**
AmeriHealth	52.69%	21.51%	12.90%	12.90%
Carolina Complete	54.95%	29.67%	S	S
Healthy Blue	55.70%	22.78%	S	S

Population	Always	Usually	Sometimes	Never
United Healthcare	42.86%	S	24.29%	S
WellCare	43.18%	23.86%	S	S

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
Percentages may not total 100% due to rounding.

Most parent/child respondents (71.94%) in the NC Medicaid Program reported that they *always* or *usually* received an appointment for their child's counseling or mental health treatment as soon as they needed it. Respondents from this question are limited to a subset of respondents who indicated that they had sought counseling or mental health treatment in the previous six months. As shown in Table 13, 49.77% of child respondents who indicated needing an appointment for counseling or mental health treatment reported always receiving an appointment promptly when needed.

Table 13— Among 2023 Child Program-Specific Population Respondents Who Sought Counseling or Mental Health Treatment, How Often They Received an Appointment as Soon as They Needed

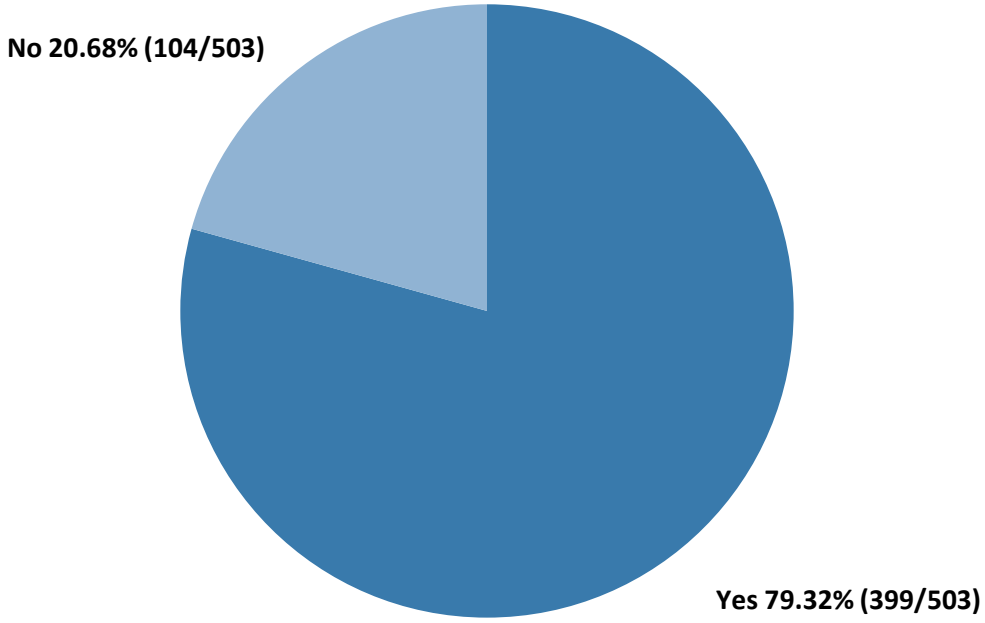
Population	Always	Usually	Sometimes	Never
NC Medicaid Program	**49.77%**	**22.17%**	**16.44%**	**11.61%**
SP Aggregate	**51.04%**	**20.83%**	**16.32%**	**11.81%**
AmeriHealth	44.07%	S	27.12%	S
Carolina Complete	55.38%	24.62%	S	S
Healthy Blue	58.33%	S	S	S
United Healthcare	45.00%	S	S	S
WellCare	50.00%	25.00%	S	S

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
Percentages may not total 100% due to rounding.

Coordination of Care from Mental Health Providers

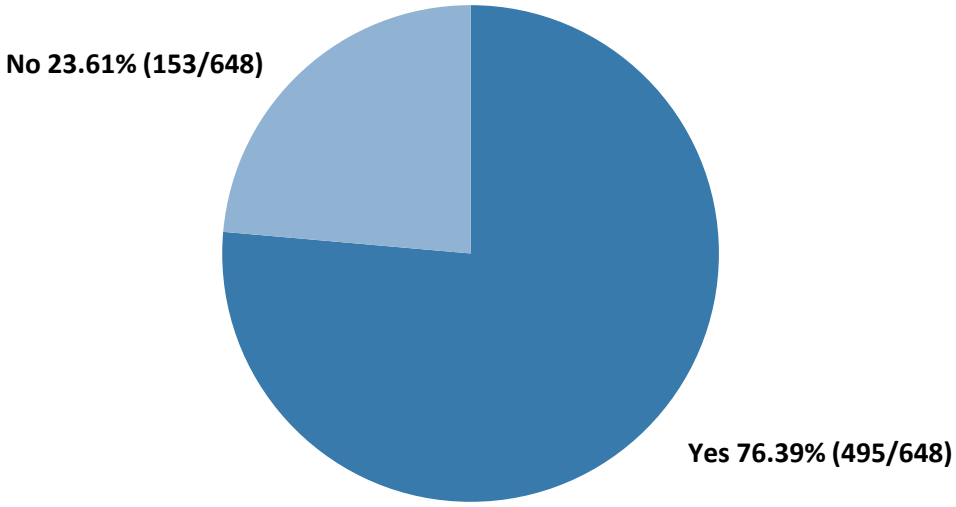
This supplemental question asked respondents whether the person they saw most often for counseling or mental health treatment ever asked about their physical health and any other treatments they were receiving at the time for the NC Medicaid Program. This question was also limited to a subset of respondents who indicated that they had sought counseling or mental health treatment in the previous six months. As shown in Figure 17, 79.32% of respondents who sought counseling or mental health treatment indicated that the provider they saw most often for counseling or mental healthcare did ask about their physical health or other treatments they were receiving.

Figure 17—Percentage of 2023 Adult NC Medicaid Program Respondents Whose Mental Healthcare Provider Asked About Physical Health, Among Those Who Sought Counseling or Mental Health Treatment



This question asked parent or caretaker respondents whether the person their child saw most often for counseling or mental health treatment asked about the child's physical health and any other treatments the child was receiving at the time within the NC Medicaid Program. This question was also limited to a subset of respondents who indicated that they had sought counseling or mental health treatment in the previous six months. As shown in Figure 18, 76.39% of respondents who sought an appointment for counseling or mental health treatment indicated that the provider regularly inquired about their child's physical health and other ongoing treatments.

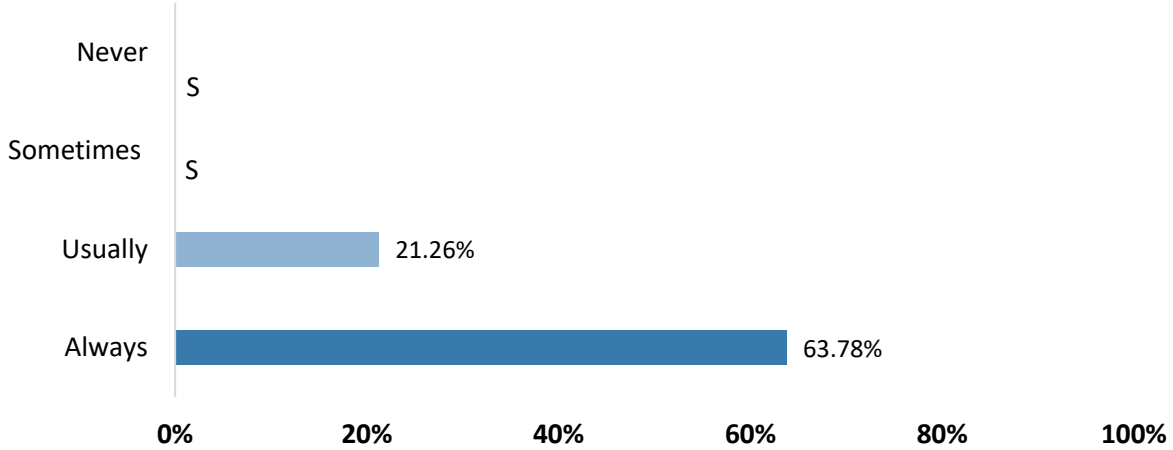
Figure 18—Percentage of 2023 Child NC Medicaid Program Respondents Whose Mental Healthcare Provider Asked About Physical Health, Among Those Who Sought Counseling or Mental Health Treatment



Interpreter Shows Courtesy and Respect

Among respondents in the NC Medicaid Program who needed an interpreter at their personal doctor's office, the majority (85.04%) reported that they were always or usually treated with courtesy and respect by the interpreter.

Figure 19—Percentage of 2023 Adult NC Medicaid Program Respondents Reporting Interpreter Treated Them With Courtesy and Respect, Among Those Who Needed an Interpreter



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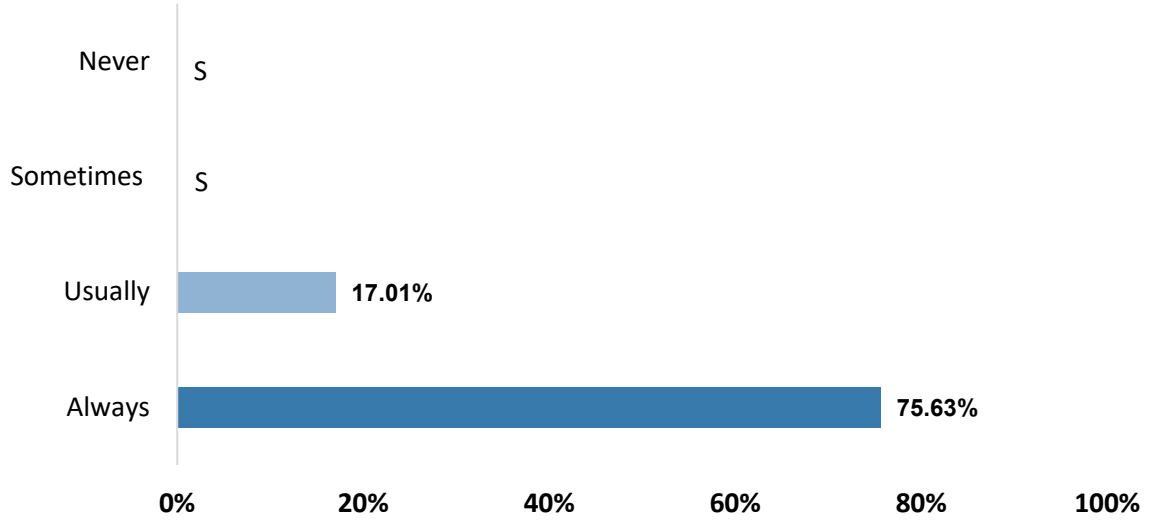
Among parent or caretaker respondents who reported needing an interpreter at their child's personal doctor's office, the majority (75.63%) reported always being treated with courtesy and respect by the interpreter within the NC Medicaid Program.

Figure 20—Percentage of 2023 Child NC Medicaid Program Respondents Who Needed an Interpreter Treated With Courtesy and Respect, Among Those Who Needed an Interpreter



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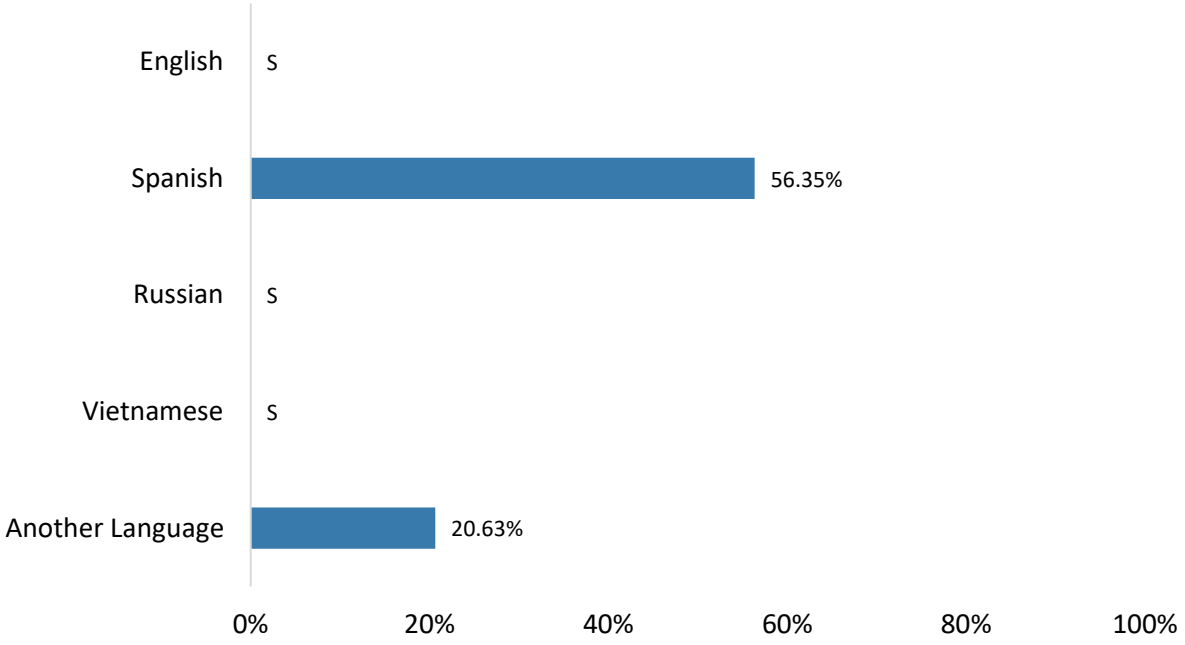
Preferred Language

This question asked the preferred language requested by adult respondents who needed an interpreter in the NC Medicaid Program. The languages included in the preferred language question were based on the most commonly spoken languages based on the most recent North Carolina census data. Of those, 56.36% indicated that they preferred to speak with their personal doctor in Spanish and 20.63% chose another language.

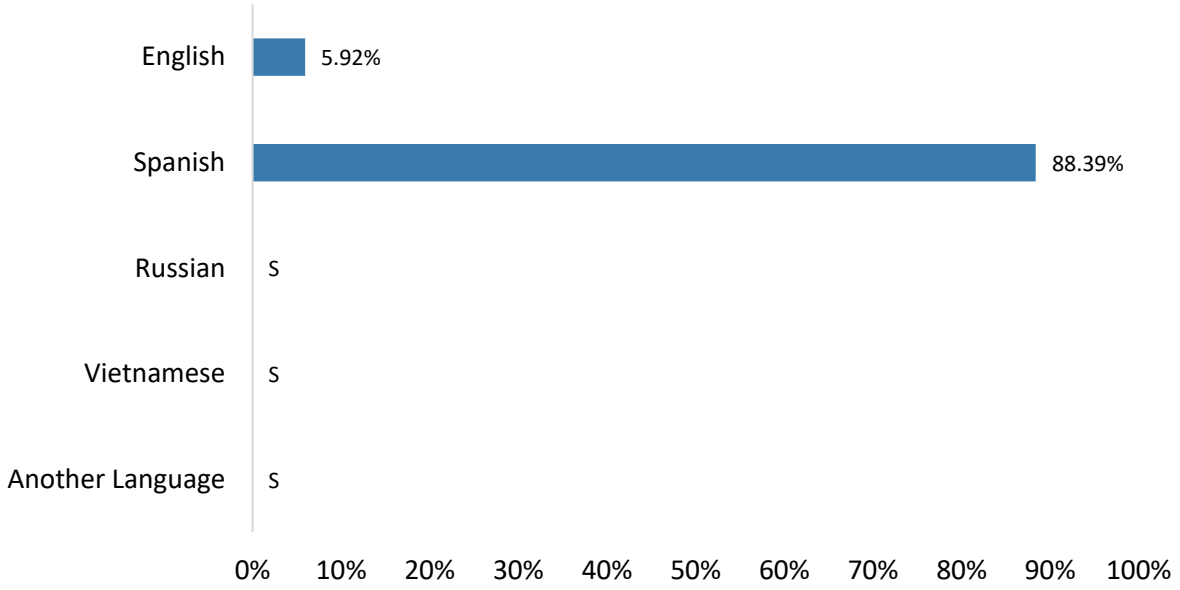
Figure 21—Percentage of 2023 Adult NC Medicaid Program Respondents' Preferred Languages, Among Those Who Needed an Interpreter



S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

This question asked the preferred language requested by parent or caretaker respondents who needed an interpreter within the NC Medicaid Program. Of those, 88.39% indicated that they preferred to speak with their child's personal doctor in Spanish while 5.92% preferred to speak English.

Figure 22— Percentage of 2023 Child NC Medicaid Program Respondents' Preferred Languages, Among Those Who Needed an Interpreter

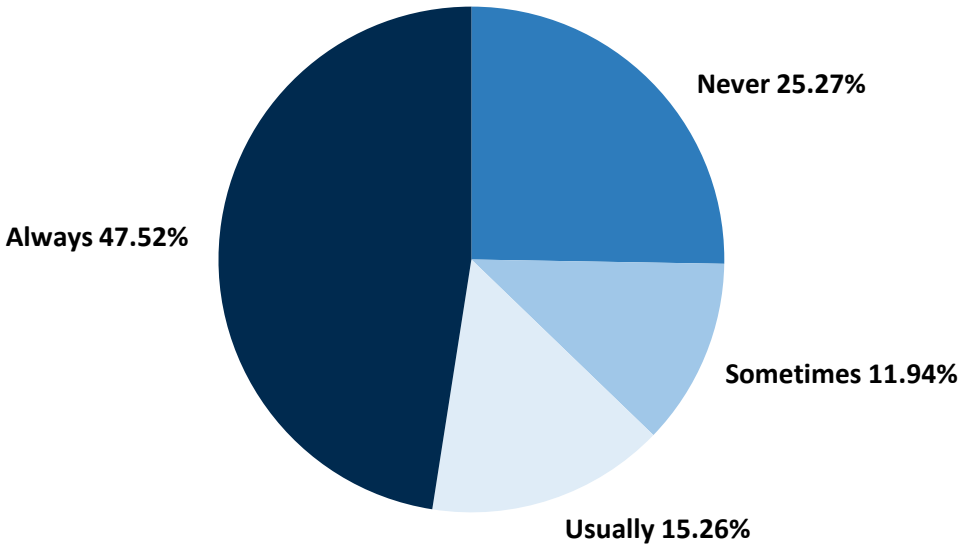


S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Online Access to Health Information

NC Medicaid included a supplemental question asking how often respondents were able to access their health information online when they wanted to. A total of 1,001 respondents (33.82%) indicated they did not wish to access their health information online and were excluded from the denominator. Among those who did, the majority (62.78%) reported that they were usually or always able to access their health information online when they wanted to in the NC Medicaid Program.

Figure 23—Among 2023 Adult NC Medicaid Program Respondents Who Wanted to Access Their Health Information Online, How Often They Were Able to Access

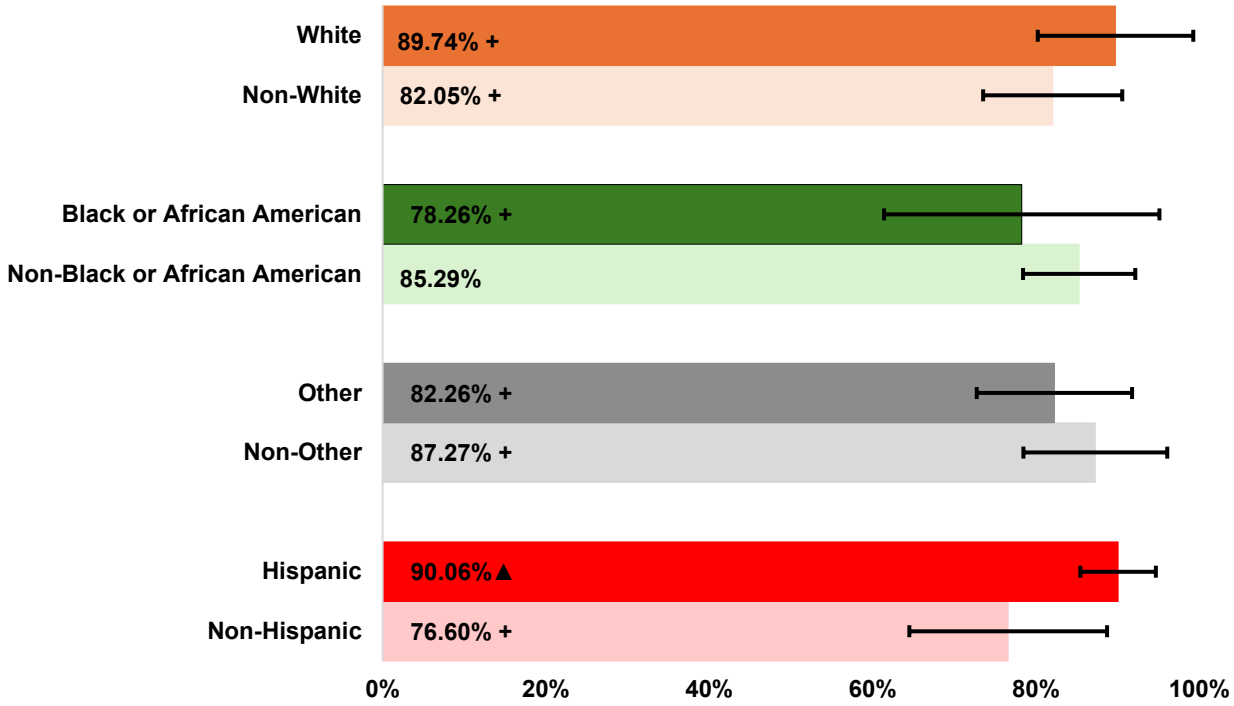


Race and Ethnicity Comparisons

There were no significant differences identified by race or ethnicity for Getting Needed Care, Getting Care Quickly, Coordination of Care, Appointment for Counseling or Mental Health Treatment, and Coordination of Care from Mental Health Providers.

A significantly higher percentage of Hispanic respondents reported receiving courteous and respectful treatment from the interpreter compared to non-Hispanic respondents as shown in Figure 24. No significant differences were observed by race. Additionally, no respondents for this item identified as Multi-Racial or Native American.

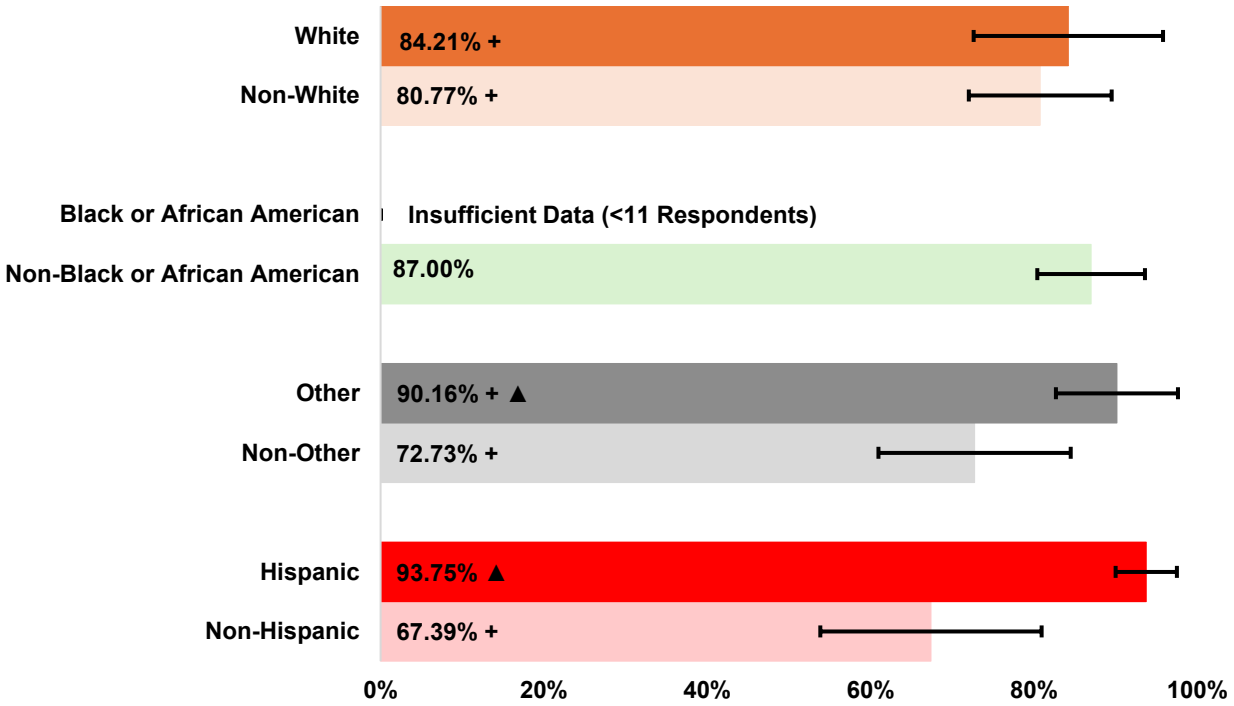
Figure 24—Percentage of 2023 Adult NC Medicaid Program Respondents Who Always or Usually Were Treated with Courtesy and Respect by the Interpreter, Among Those Who Needed an Interpreter, by Race and Ethnicity



|-| Indicates the 95% confidence of the score
▲ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The percentage of respondents in the NC Medicaid Program whose preferred language was Spanish, Russian, Vietnamese, or another non-English language was also statistically different by race and ethnicity. A significantly higher percentage of respondents identified as Other race and Hispanic reported a preference for one of these languages compared to non-Other race and non-Hispanic respondents, respectively. There were no respondents for this item who identified as Multi-Racial or Native American.

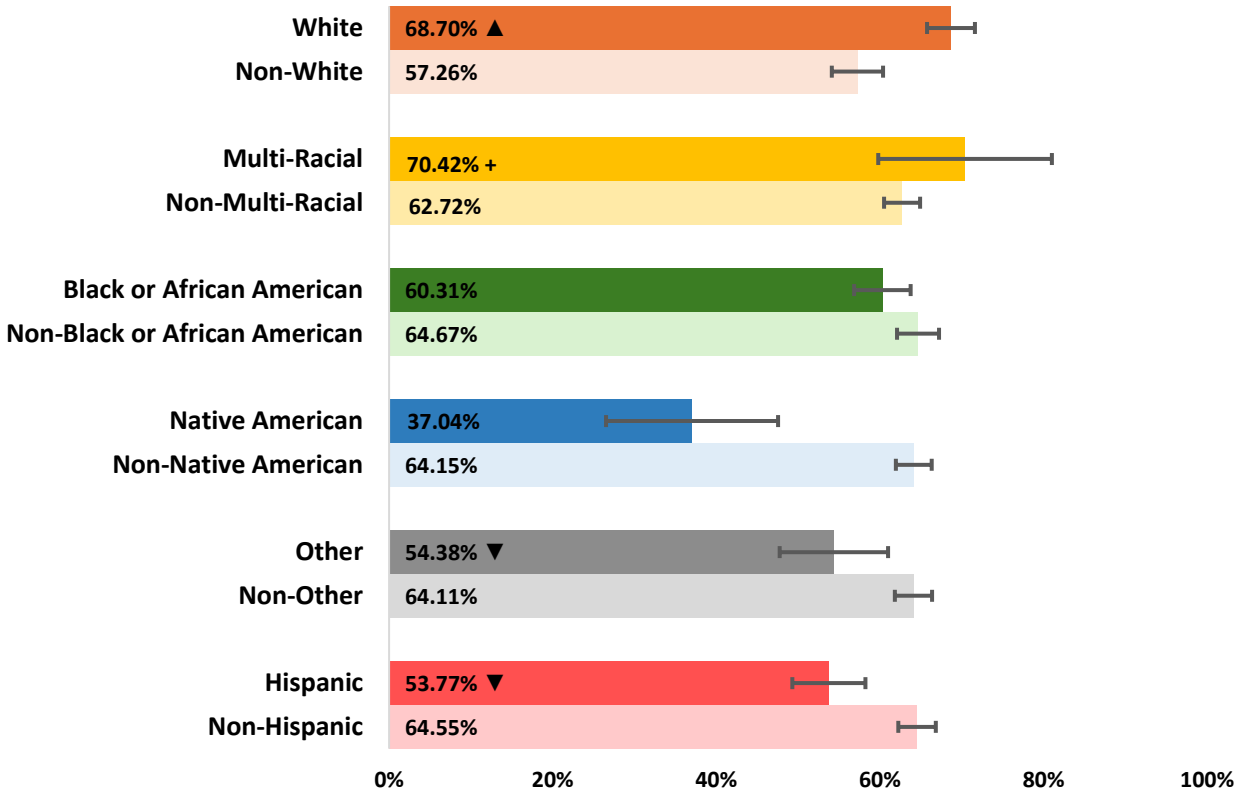
Figure 25—Percentage of 2023 Adult NC Medicaid Program Respondents Who Needed an Interpreter and Whose Preferred Language was Spanish, Russian, Vietnamese or Another Language, by Race and Ethnicity



|-| Indicates the 95% confidence of the score
▲ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

A significantly higher percentage of White respondents reported being able to access to their health information online when they wanted to access it compared to non-White respondents as shown in Figure 26. In contrast, significantly lower percentages of Black, Other race, Native American, and Hispanic respondents reported being able to access their health information online when needed, compared to their non-Black, non-Other race, non-Native American, and non-Hispanic counterparts, respectively.

Figure 26—Percentage of 2023 Adult NC Medicaid Program Respondents Always or Usually Were Able to Access Their Health Information Online When They Wanted It, by Race and Ethnicity



|-| Indicates the 95% confidence of the score.
▲ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.
▼Indicates the demographic category's score is statistically significantly lower than the comparison group's score.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Geographic Comparisons

This section summarizes differences in beneficiary experience by geography.

There were no statistically significant differences between rural or urban adult respondents for any CAHPS measures besides Access to Online Health Information. For Online Access to Health Information, 58.54% of NC Medicaid Program adult respondents in rural counties[10] reported being always or usually able to access their health information online when they wanted, which was

[10] For further information about how rural counties were delineated, please refer to the 2023 CAHPS report at https://medicaid.ncdhhs.gov/2023-cahps-survey-full-report/download?attachment.

significantly compared to those in urban counties, where 64.50% of adult respondents reported always or usually being able to access their health information online.[11]

AMH Tier Comparisons

This section summarizes differences in beneficiary experience among beneficiaries' with assigned primary care physicians that attest to different Advanced Medical Home (AMH) Tiers.

Table 14 presents the positive ratings for the composite measures stratified by adult respondents' assigned PCP's AMH tier for the NC Medicaid Program, NC SP Aggregate, and SPs. For Getting Needed Care, adult respondents of United Healthcare who had an AMH Tier 3 PCP reported significantly lower ratings compared to those with a non-AMH Tier 3 PCP. For Getting Care Quickly, adult respondents of Carolina Complete with an AMH Tier 3 PCP also reported significantly lower ratings than those with a non-AMH Tier 3 PCP.

Table 14—Positive Ratings for Adult Composite Measures by AMH Tier, 2023 (Significant Findings Only)

Population	Getting Needed Care		Getting Care Quickly	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	**82.76%**	**86.03%**	**84.51%**	**85.41%**
NC SP Aggregate	81.78%	86.57%	83.63%	85.07%
AmeriHealth	82.20%	81.83%+	83.62%	73.23%+
Carolina Complete	80.83%	87.42%+	84.89%↓	93.02%+
Healthy Blue	82.49%	83.44%+	86.28%	90.42%+
United Healthcare	80.19%↓	89.2%+	86.45%	79.96%+
WellCare	82.53%	87.02%+	77.87%	87.00%+

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
↓ Indicates the AMH Tier 3 score is significantly lower than the non-AMH Tier 3 score.

There were no significant differences identified by AMH Tier for Coordination of Care for adult respondents.

Table 15 presents the positive ratings for the composite measures stratified by child beneficiaries' assigned PCP's AMH tier for the NC Medicaid Program, NC SP Aggregate, and SPs. For Getting Care Quickly, child respondents of United Healthcare whose child had an AMH Tier 3 PCP reported significantly lower ratings compared to those with a non-AMH Tier 3 PCP. For Coordination of Care, child respondents from United Healthcare whose child had an AMH Tier 3 PCP also reported significantly lower ratings than those with a non-AMH Tier 3 PCP.

[11] For geographic comparisons for child respondents, please refer to the 2023 CAHPS Report at https://medicaid.ncdhhs.gov/2023-cahps-survey-full-report/download?attachment.

Table 15—Positive Ratings for Child Respondent Composite Measures by AMH Tier, 2023 (Significant Findings Only)

Population	Getting Care Quickly		Coordination of Care	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	**89.25%**	**92.03%**	**86.60%**	**82.14%**
NC SP Aggregate	87.29%↓	91.20%	85.66%	82.30%
AmeriHealth	83.24%	91.50%+	84.87%	81.25%+
Carolina Complete	92.06%	93.64%+	92.59%	91.67%+
Healthy Blue	89.54%	88.99%+	84.62%	79.31%+
United Healthcare	83.72%↓	97.22%+	79.73%+↓	94.44%+
WellCare	87.62%	85.24%+	84.96%	69.23%+

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
↓ Indicates the AMH Tier 3 score is significantly lower than the non-AMH Tier 3 score.

There were no significant differences identified by AMH Tier for Getting Needed Care for child respondents.

For Appointments for Counseling or Mental Health Treatment, the Healthy Blue rate for adult respondents with an AMH Tier 3 PCP was significantly higher compared to those with a non-AMH Tier 3 PCP, 84.42% compared to 59.09%, respectively.

Provider Access Call Study

Provider Access Call Studies are a common tool to assess beneficiary experience around obtaining appointments. These studies can mimic the beneficiary experience of calling a provider office and requesting an appointment. In addition to assessing time to an appointment, these studies can validate provider network data by ensuring that providers listed in provider directories are providing services to the plan's members.

To help ensure that North Carolina Medicaid Standard Plan providers offer adequate access to Medicaid beneficiaries, the Provider Access Call Study measured appointment availability, provider acceptance of new patients, provider acceptance of contracted NC Medicaid health plans, and whether providers offered accommodations for beneficiaries with disabilities. For the Provider Access Call Study conducted in SFY 2023, a telephone-based study used a combination of secret calls (in which the study and its purpose were not revealed) and revealed calls (in which the study and its purpose were disclosed) to collect data on providers.

There are advantages to both approaches. The biggest advantage to the secret shopper approach is that it most clearly mimics a true member experience. One limitation of the secret shopper approach is that it is usually limited to asking about appointments for new patients since the caller is not a current patient and does not have information to provide on current patients. The biggest advantage of the revealed caller approach is that since the purpose of the call is disclosed, the caller can ask about wait times for current or new patients. Utilizing both secret and revealed calls enables a comparative analysis of provider availability and the extent to which practices provide equitable access to care, and informs measured appointment access within the sampled frame.

During SFY 2023, calls for the Provider Access Call Study were conducted. In Quarter (Q) 3 (January 13-March 24) revealed calls were made first, followed by secret calls, whereas in Q4 (April 24-June 23) secret calls were made followed by revealed calls. A total of 9,312 calls were made during Q3 and Q4, with a successful contact rate of 19.99%. Data were collected across six indicators: successful contact rates; health plan acceptance; acceptance of new patients; routine appointment availability for both new and current patients.

Successful Contact Rates

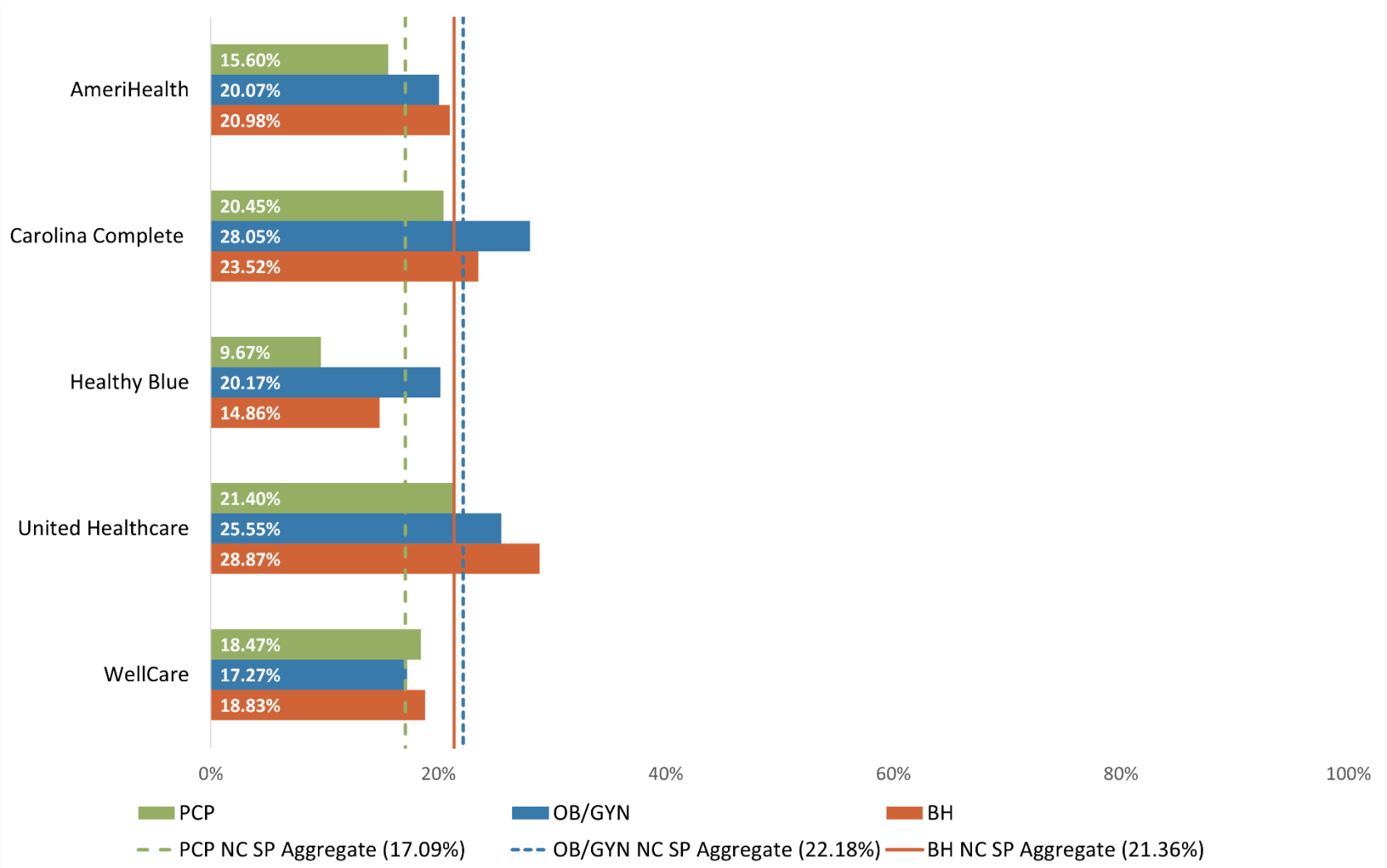
A call is determined as a successful contact based on the following requirements:

1. the call was answered,
2. the provider was recognized, and
3. the address was correct.

Successful contact rates were captured during both secret and revealed calls for PCPs, OB/GYNs, and behavioral health providers. Figure 27 details successful contact rates for PCPs, OB/GYNs, and behavioral health providers during revealed calls. The NC SP Aggregate successful contact rate was 17.09% for PCPs, 22.18% for OB/GYNs, and 21.36% for behavioral health providers. Healthy Blue was

consistently below the SP aggregate contact rate across all provider types, while Carolina Complete and United Healthcare were consistently above the state average across all provider types.

Figure 27—Successful Contact Rates by Provider Type and SP (2023)



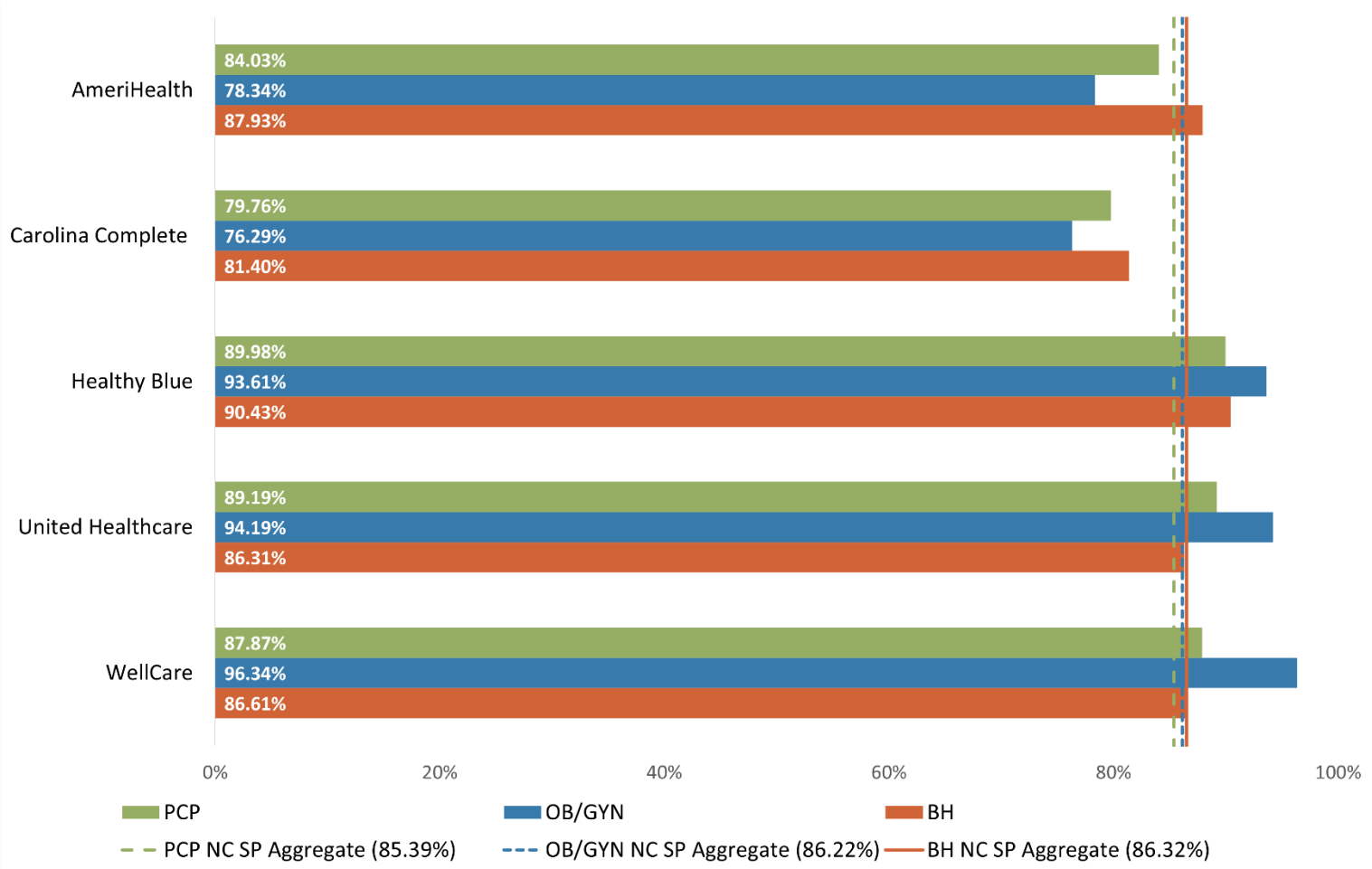
SP Acceptance Rates

The second indicator for the Provider Access Call Study was the percentage of providers accepting the health plan. Health plan acceptance was captured among both secret and revealed calls among PCPs, OB/GYNs, and behavioral health providers.

The vast majority of providers accepted the health plans inquired about in the calls. As shown in Figure 28, health plan acceptance rates among revealed calls were comparable, with behavioral health providers having the highest rates at 86.32%, followed by OB/GYNs at 86.22% and PCPs at 85.39%.

Carolina Complete had the lowest rates for PCPs at 79.76%, while United Healthcare had the highest at 89.19%. Carolina Complete had the lowest rate for OB/GYNs at 76.29%, while WellCare had the highest at 96.36%. For behavioral health providers, Carolina Complete again had the lowest rate at 81.40% and Healthy Blue had the highest at 90.43%. Carolina Complete was consistently below the SP Aggregate for all provider types, whereas Healthy Blue and WellCare were consistently above the SP Aggregates for all provider types.

Figure 28—Health Plan Acceptance Rates by Provider Type and SP (2023)



New Patient Acceptance Rates

New patient acceptance rates were calculated as the number of successful calls to providers accepting new patients over the total number of successful calls to providers accepting the SP.

Figure 29 shows the new patient acceptance rates for PCPs, OB/GYNs, and behavioral health providers during revealed surveys. OB/GYNs had the highest rate of new patient acceptance at 86.84%, followed by PCPs at 72.02% and behavioral health providers at 66.12%. Across SPs, PCP rates were comparable, with the lowest rates reported at 66.67% for WellCare and the highest at 86.96% for Healthy Blue. For OB/GYNs, United Healthcare had the lowest rate at 79.41% and AmeriHealth had the highest at 93.55%. For behavioral health providers, Healthy Blue had the lowest new patient acceptance rate at 57.58% and Carolina Complete had the highest at 72.31%. Variation in rates may be due to provider patient capacity or the time of year in which calls were made to providers.

Figure 29—Revealed Calls - New Patient Acceptance Rates (2023)

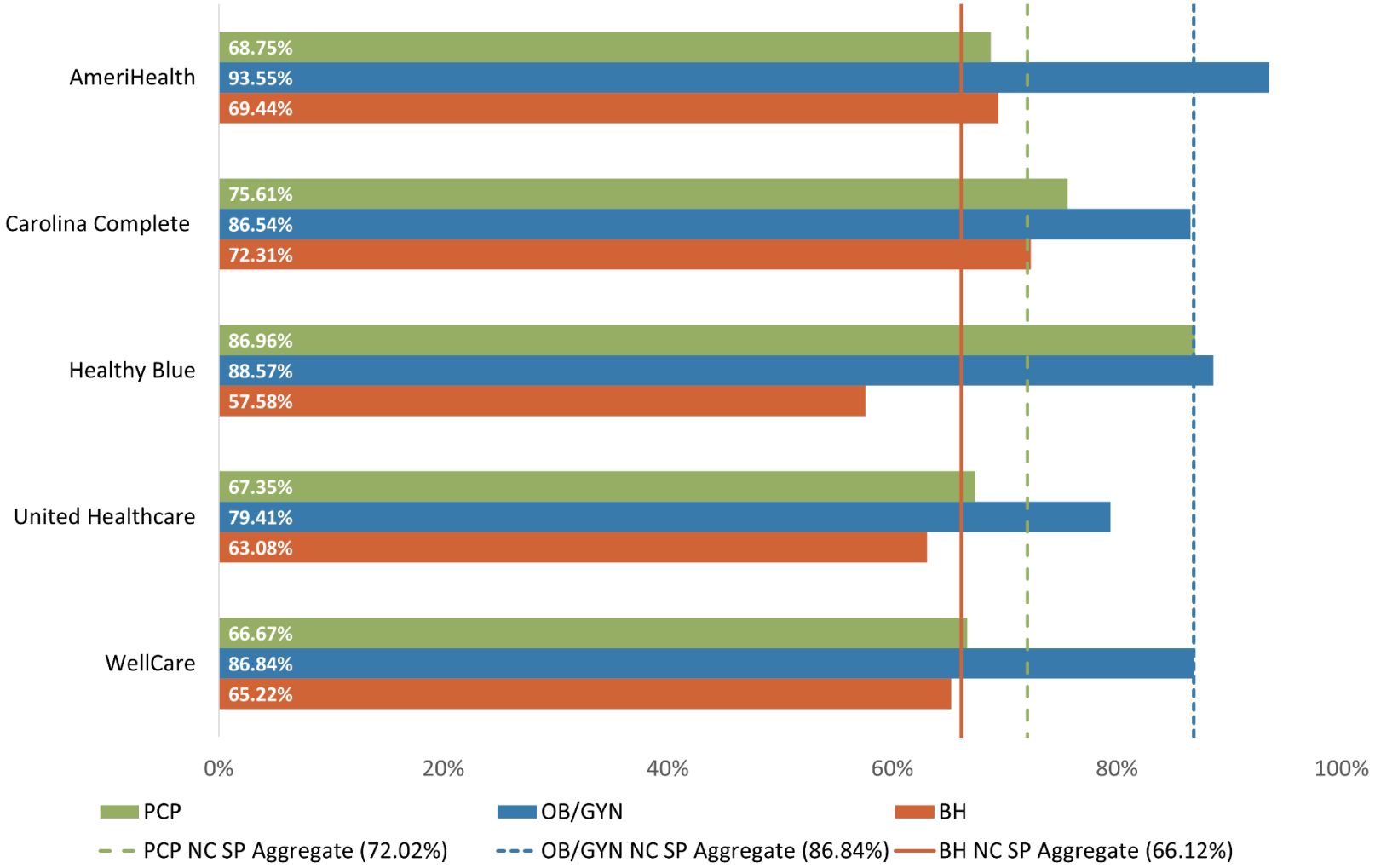
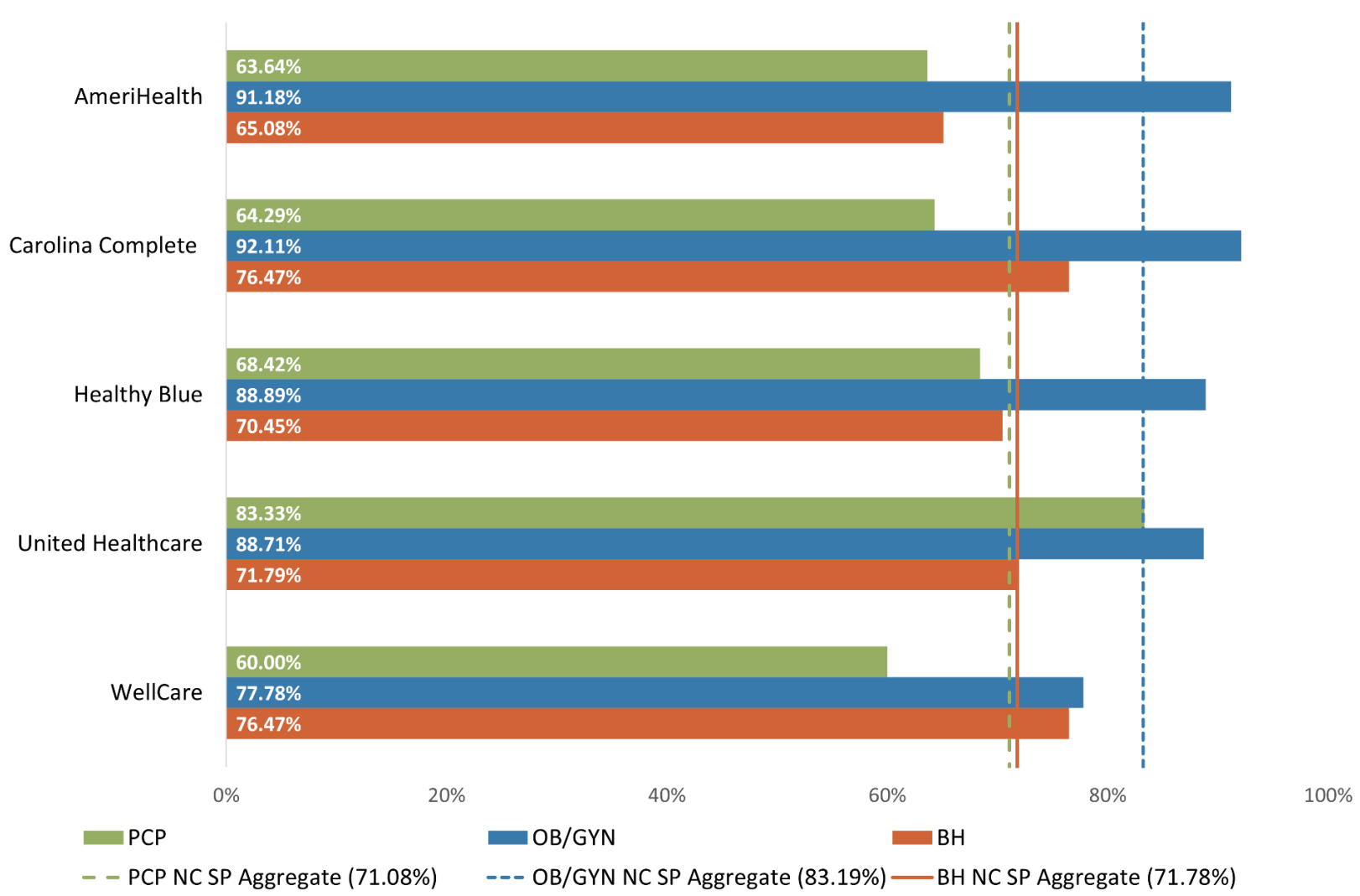


Figure 30 shows the new patient acceptance rates for PCPs, OB/GYNs, and behavioral health providers among secret shopper calls. OB/GYNs again had the highest rates of new patient acceptance at 83.19% where PCPs and BH providers had similar rates at 71.08% and 71.78% respectively. Across SPs, PCP rates were comparable with the lowest rates reported among 60.00% with WellCare and the highest at Healthy Blue with 83.33%. Among OB/GYNs WellCare had the lowest rate at 77.78% and the highest at 92.11% with Carolina Complete. Behavioral provider rates were the lowest among Ah at 65.08% and WellCare had the highest at 76.47%.

Figure 30—Secret Calls – New Patient Acceptance Rates



Appointment Availability

Another goal of the study was to detail appointment wait times for routine care appointment availability for new and current patients, across provider types. Additional appointment wait time data by provider type can be found in Appendix H.

Routine appointments are defined as preventative care appointments and can include annual physical exams, routine Pap smears, and general wellness checks. Callers were specifically instructed to use these examples when conducting surveys for routine appointment availability.

Figure 31-Figure 33 detail average routine appointment wait times in days by provider types during revealed calls. As shown in Figure 31, new patient wait times for PCPs ranged from a high of 44.89 days for AmeriHealth to 29.94 days for Healthy Blue. These average wait times were highest for Carolina Complete (22.14 days) and lowest for AmeriHealth (12.33 days).

Figure 31—Revealed Calls Routine Appointments: PCP Average Wait Times, in Calendar Days (2023)

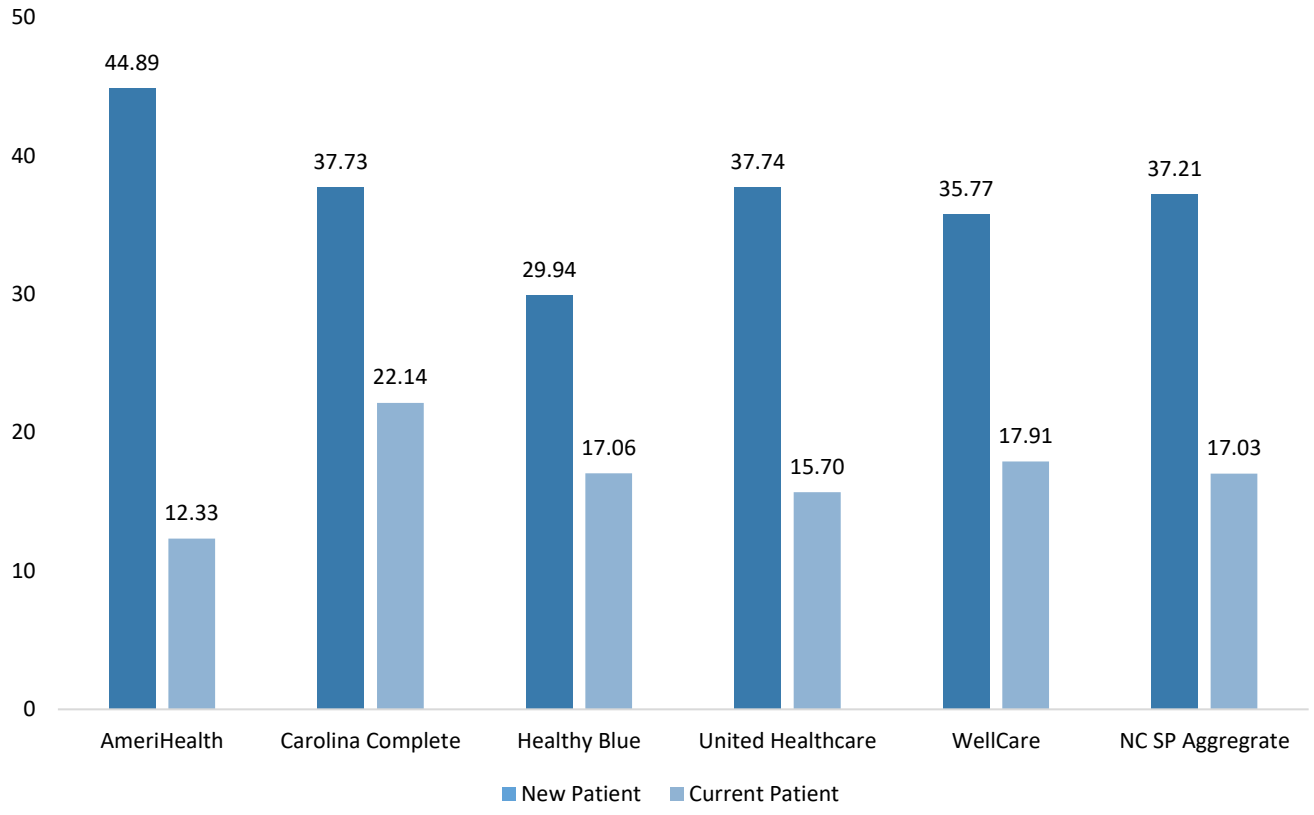


Figure 32 reveals a similar pattern for OB/GYNs in revealed calls. For new patients, only AmeriHealth fell under a 30-day appointment wait with an average wait time of 24.92 days. For current patients, all SPs had an appointment wait time less than 30 days except for WellCare, where routine appointments for OB/GYNs had an average wait time of 40.55 days.

Figure 32—Revealed Calls Routine Appointments: OB/GYN Average Wait Times, in Calendar Days (2023)

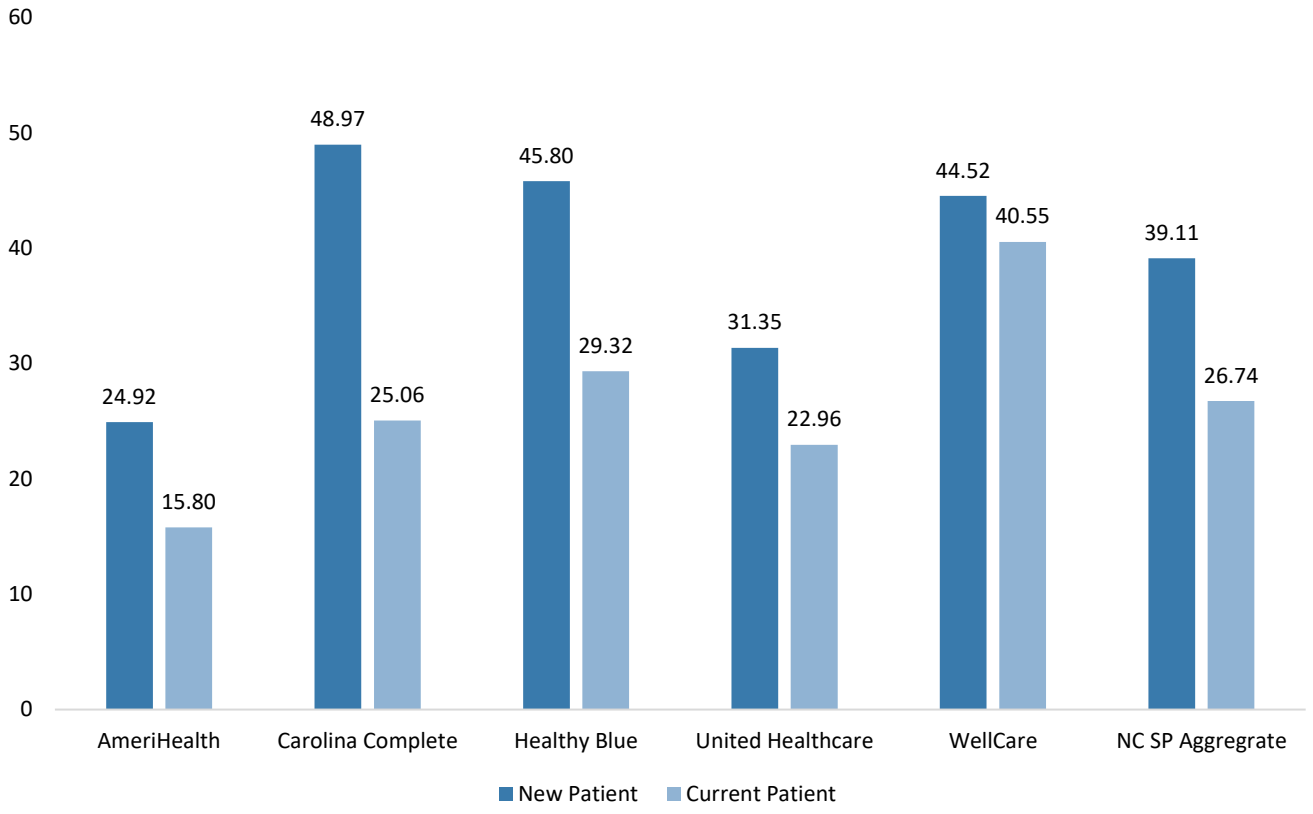


Figure 33 shows that new patient wait times for behavioral health providers were shorter than the current patient wait times for all SPs .

Figure 33—Revealed Calls Routine Appointments: Behavioral Health Provider Average Wait Times, In Calendar Days (2023)

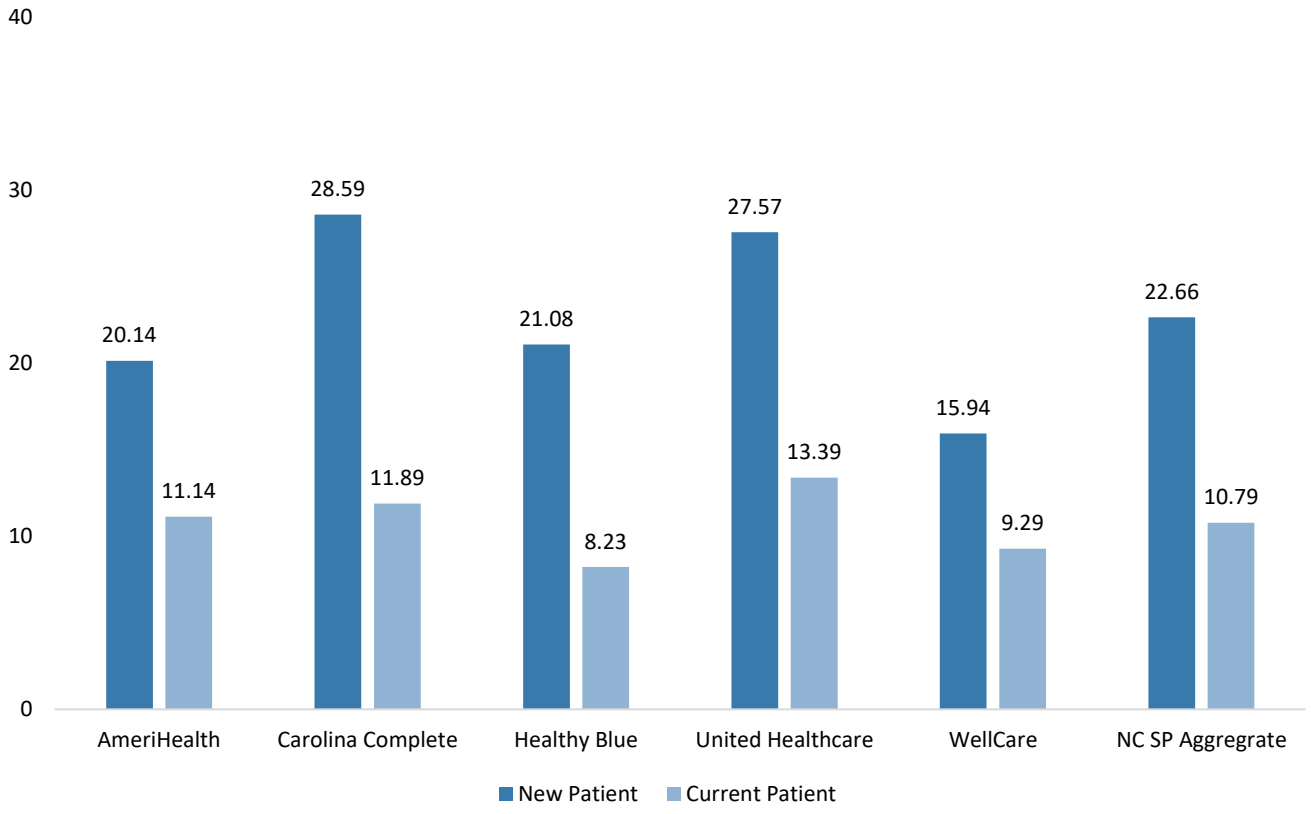
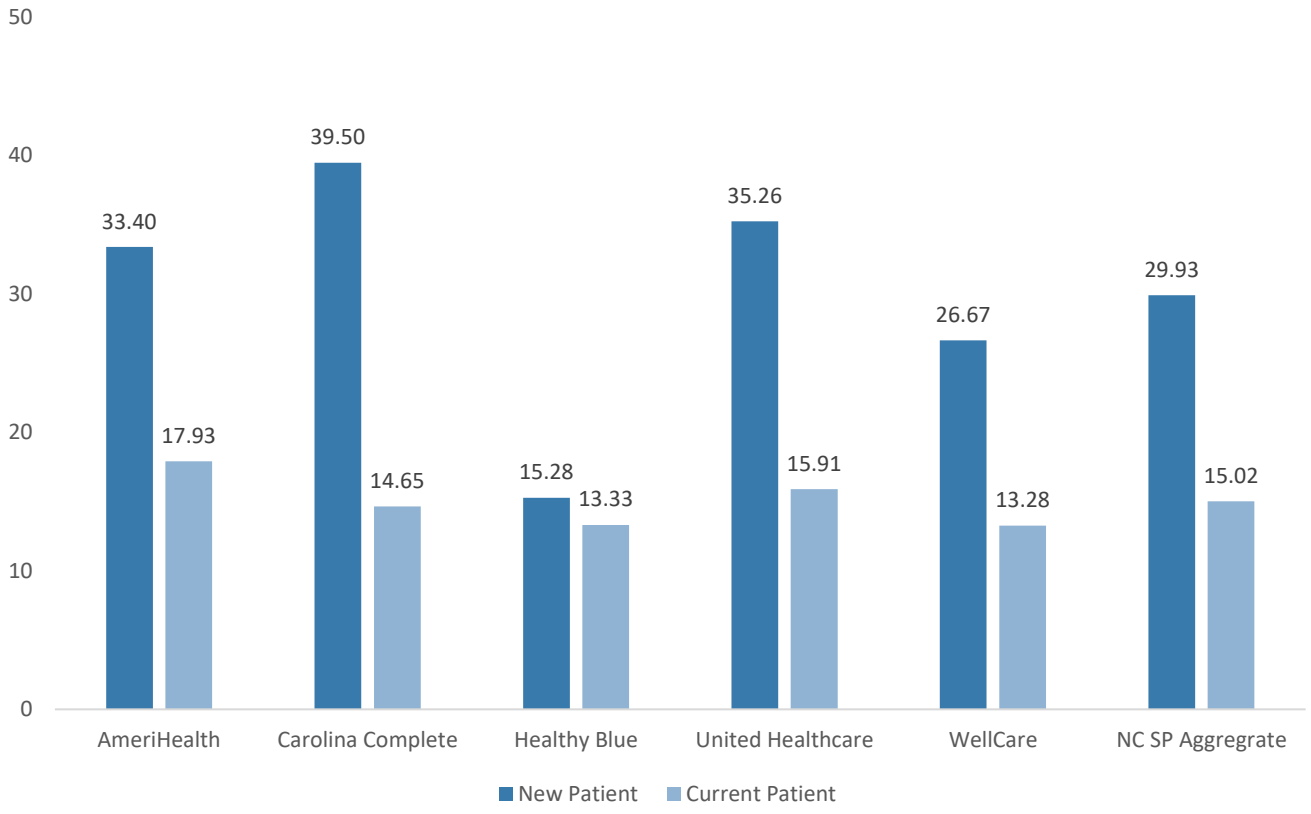


Figure 34 shows that all SPs exceeded the contract requirement of 14 days for new patient routine appointments, with a state average wait time of 29.93 days. All but two SPs, Healthy Blue and WellCare, exceeded the contract requirement for current patients.

Figure 34—Secret Calls Routine Appointments: Behavioral Health Average Wait Times, in Calendar Days (2023)



Language Availability

In revealed calls, surveyors asked about the primary language spoken by the provider as well as interpreter availability. Information about primary language and interpreter availability was only asked in revealed calls. The data reported here reflects original provider information captured from revealed calls across both quarters. Table 16 details the primary languages reported.

Table 16—Primary Language Spoken by Provider, by Provider Type

Provider Type	English	English and Spanish
PCP	94.56%	5.03%
OB/GYN	93.34%	6.66%
Behavioral Health	96.95%	5.37%

Interpreters were available across a variety of modalities, including the ability to bring individual interpreters during appointments; electronic interpreters; interpreters scheduled as needed; interpreters

on staff; or paperwork required to provide interpreters. Table 17 details interpreter availability rates by provider type.

Table 17—Interpreter Availability at Practice Location, by Provider Type

Provider Type	Yes, Interpreters Available	No, Interpreters Not Available
PCP	90.91%	18.18%
OB/GYN	93.75%	6.25%
Behavioral Health	87.39%	12.61%

Disability Accommodations

Callers during revealed calls asked whether providers offered any physical or mental disability accommodations. The revealed calls captured accommodation information among PCPs, OB/GYNs, and behavioral health providers. Nearly all providers reported offering physical disability accommodations. Physical disability accommodations mentioned by providers included ADA compliance, accessible parking, accessible restrooms, accessibility equipment/ramps, referrals as needed, and virtual appointment options. Table 18 details physical accommodation summaries.

Table 18—Physical Disability Accommodation, by Provider Type

Provider Type	Yes, Physical Accommodations Available
PCP	99.07%
OB/GYN	98.49%
Behavioral Health	98.89%

Mental disability accommodations included having a social worker present, private rooms, referrals as needed, e-check in, smaller crowd scheduling, extended time, and virtual appointment options. Most provider offices reported having mental disability accommodations available. Table 19 details mental disability accommodation rates.

Table 19—Mental Disability Accommodation, by Provider Type

Provider Type	Yes, Mental Accommodations Available
PCP	84.24%
OB/GYN	91.82%
Behavioral Health	92.52%

5. Limitations

This report is subject to limitations to consider when interpreting or generalizing the findings.

- The variation of measurement periods for data sources yields difficulty in annual comparisons and ability to generalize results from baseline to subsequent year comparisons. For example, the time/distance reports were from a single month in 2023, whereas the grievances and provider directory validation rates were collected from July 2022 to June 2023.
- Although county-based adjustments were applied to network adequacy time/distance calculations, the specific counties that were below the 95% threshold rate were not identified as part of the methodology.
- Small sample sizes were apparent in several reported measures including the stratified NCQA HEDIS quality measures, stratified CAHPS survey measures, and provider directory validation. Small samples sizes may impact the reliability of the findings and the generalizability of the findings to larger beneficiary or provider populations.
- For the Provider Access Call Study specifically, reporting bias may affect data collected during the revealed calls. Callers are required to identify themselves as calling on behalf of NC Medicaid, which may increase the likelihood of complete or favorable responses.
- For the Provider Access Call Study, there were several methodological errors made that impact the results:
    - The definition for "successful call" used by the survey vendor differed from the operational definition established by NC Medicaid. The study's methodology utilized conflicting definitions that do not align with the established definition, so it is unclear what definition was officially used in analyses.
    - The methodology utilized included recalling successfully contacted PCPs and OBGYNs from the Secret call phase, in the Revealed call phase. This recall strategy resulted in duplicate respondents being included in results for both call phase results; therefore, the successful call rate for Revealed calls is likely artificially inflated, and the results likely present duplicative respondents in both call types.

6. Conclusions and Recommendations

The NC Medicaid Program's performance across measures related to access to care indicate various strengths and some opportunities for improvement. For this report, some data sources utilized NC Medicaid Program data, but most utilized SP data. While the SPs faced certain challenges at a county and regional level with OB/GYN, occupational and speech therapy, allergy/immunology, and gastroenterology providers, GeoAccess analyses confirm that most members have access to key provider types within the NC Medicaid time/distance access standards. HEDIS quality measures, such as WCV, W30, PPC, and CCS, reflect steady or improved performance over time. These improvements suggest that members are not only able to access care but are receiving it at recommended intervals.

Access-related grievances varied across the SPs, however there were several grievance categories that posed challenges uniformly across all SPs namely: office and transportation wait time, timeliness of service, inability to reach providers, and appointment availability. The ranges in access-related grievances across SPs may be due to how SPs are applying grievance definitions.

Provider directory validation efforts show increasing accuracy in provider directories and internal consistencies when comparing provider information between the daily Medicaid provider network file and Standard Plan's public-facing directories.

CAHPS survey results demonstrate generally favorable beneficiary experiences, with strong ratings in areas such as getting needed care.

Among the Provider Access Call Study, OB/GYNs consistently had higher rates among successful contact, health plan and new patient acceptance rates. Assessing appointment availability, current patients had more timely appointment wait times than current patients. Behavioral providers had the shortest appointment wait times across all provider types. Overall current patient appointment availability is often within 30 calendar days across the surveyed service areas.

These combined data sources reflect a well-functioning system that prioritizes member access, transparency, and quality, while continuing to identify opportunities for improvement.

Recommendations to improve overall access for NC Medicaid beneficiaries include:

1. Plans should focus efforts on contracting more providers within the needed specialties (e.g., Occupational Therapy), as identified from the time/distance reports. It is imperative for plans to continually assess network adequacy to identify counties wherein the required time/distance standards are not met and increase efforts to provide specialty care in under-performing locations. Additionally, offering trended data instead of a single month for time/distance network adequacy reports may enhance understanding of where member needs are being met and where gaps in access to providers still exist.
2. Focusing efforts to increase successful contact, and health plan and new patient acceptance rates for PCPs and BHs should be considered. Assessing appointment availability among PCPs and

OB/GYNs through continued appointment availability surveys will continue to ensure network adequacy.

Additional recommendations to improve the measurement of access related metrics include:

1. Establish standardized definitions for access-related grievances that would be consistent across SP and years. This would allow for inter-SP comparisons and trending of the grievances to assess improvements and identify SPs with high rates of access-related grievances. Additionally, addressing causes of common access-related grievances among SPs may help decrease these types of grievances. For example, investigating strategies for transportation assistance for beneficiaries and addressing the root causes/impacts of provider capacity and timely appointments may decrease grievance occurrence
2. Utilizing larger samples for provider directory validation and monitoring may allow gaps in accurate online directory information to be identified more efficiently. Detailing provider directory components, such as phone number or address, which attributed to lower accuracy rates may be helpful to improve provider contact information. The cadence of monthly monitoring offers a continual assessment and is superior to quarterly or annual validation checks. Furthermore, while the provider directory validation confirms plans are updating provider information as instructed, external validation during call studies revealed some inconsistencies. There should be additional consideration to the process of omitting erroneous entries in addition to streamlining communication of changes in provider status such as new location information or adding additional providers.

Appendix A: Methodology

Methodology

This appendix details the six data sources used to evaluate access to care. For all data, the data analytic team conducted descriptive, comparative, and trend analyses for measures using SAS® Statistical Software, Microsoft Excel, SPSS (Statistical Package for Social Sciences), and Microsoft Power Business Intelligence (BI) software applications.

Time/Distance GeoAccess Reports

An SP's network consists of hospitals, physicians, advanced practice nurses, substance use disorder and behavioral health treatment providers, emergent and non-emergent transportation services, safety net hospitals, and all other provider types necessary to support capacity to make all services sufficiently available. Federal regulations require NC Medicaid to verify SPs maintain a network of appropriate providers that is "sufficient to provide adequate access" to all services covered under the contract for all members.[12] Per *42 CFR 438.68*, plan networks must meet network adequacy standards developed by the state and published online. These network adequacy standards measure how long and/or how far a member must travel to get to a specified type of provider**.**

The time/distance GeoAccess analyses in this report used output from assessments conducted by Medicaid via Quest Analytics. The Excel files included the number and percentage of members that had access to providers within the time/distance standards, the number and percentage of members that did not have access to providers within the time/distance standards, whether the county met the percentage of members with access standard, and the average distance for members from a provider type. Some of the time/distance standards were adjusted by county, provider type, and/or age category for areas where limited providers were available. There were two adjustments: 1) a 50% increase and a 100% increase to the time/distance standard or 2) a global exception if a 100% increase did not indicate an adequate number of Medicaid providers to contract with (e.g., a 50% adjustment increased standard "within 30 miles" to "within 45 miles" or a 100% adjustment increased standard from "within 60 miles" to "within 120 miles).

The NC Medicaid standards, including the adjusted required time and distance standards, for Hospitals, Primary Care (Adult/Child), Pharmacies, OB/GYN, Specialists (Adult/Child), and Outpatient Behavioral Health Services (Adult/Child) are located in Appendix B. Based on these standards, time/distance data were then consolidated and summarized across all three analysis sets (original, 50% increase, and 100% increase) by pulling the appropriate results based on the State's standards to create a

[12] 42 C.F.R. § 438.206(b)(1). Code of Federal Regulations. (2020). National Archives. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-D/section-438.206

final time/distance Excel results file. The final results file included a combination of data from the original analysis file and the 50% adjusted file or the 100% adjusted file, as applicable, for each county, provider type, and age category, per the State's standards.

Refer to Appendix D for the measure calculations used to analyze time/distance data.

Grievances Due to Access-Related Issues

NC Medicaid requires SPs to meet the standards set forth in *42 CFR 438.228*. Members are provided the opportunity to file a grievance with their SP to express their dissatisfaction with any issue that does not relate to an adverse benefit determination.[13] When managed care members and providers report adverse experiences with their care, it gives Medicaid officials important information about the performance and quality of the program. Grievances also offer a window into the problems members experience with access to services, network adequacy, and overall quality of care for members.

Grievances may include, but are not limited to, the quality of care or services provided; aspects of interpersonal relationships such as rudeness of a provider or employee; or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievances include an enrollee's right to dispute an extension of time proposed by the SP to make an authorization decision.

SPs submitted their grievance reports in Excel format, with separate tabs for each quarter of Year 2. These quarterly reports included access related grievances and were combined into a comprehensive dataset for analysis.

The following metrics were calculated:

- Yearly average access-related grievance rates per 10,000 enrolled members for each SP.
- Monthly percentages of access-related grievances out of total grievances for each SP.

Refer to Appendix D for the analyses of grievances due to access-related issues.

NCQA HEDIS Quality Measures

The NCQA HEDIS quality measures are a comprehensive set of standardized performance measures designed to evaluate the quality of healthcare services provided by health plans. These measures focus on various aspects of care, including preventive services, chronic disease management, and behavioral health. HEDIS measures also assess access to care by tracking metrics such as timely appointments, availability of services, and the use of preventive care like vaccinations and screenings. By monitoring these access-related measures, SPs can ensure that patients can readily obtain the care they need, reducing health disparities and improving health outcomes. Additionally, HEDIS measure monitoring

[13] Electronic Code of Federal Regulations (eCFR). Code of Federal Regulations 42 CFR 438.400(b) "Grievance." *https://www.ecfr.gov/current/title-42/part-438/section-438.400#p-438.400(b)(Grievance)*

enables SPs to identify and address gaps in care delivery. For MY 2022 and MY 2023, NC Medicaid selected a set of five NCQA HEDIS quality measures related to access and availability of care:[14]

Cervical Cancer Screening (CCS) assesses the percentage of women 21–64 years of age who were screened for cervical cancer using any of the following criteria:

Women 21–64 years of age who had cervical cytology performed within the last 3 years. Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. This measure was selected because the availability of clinics, healthcare providers, and diagnostic facilities directly impacts members' access to essential screenings.[15]

Follow-Up After Hospitalization Visit for Mental Illness (FUH) assesses the percentage of discharges for members ages 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

1. The percentage of discharges for which the patient received follow-up within seven days of discharge.
2. The percentage of discharges for which the patient received follow-up within 30 days of discharge.

This measure was selected to measure access to and availability of mental healthcare, as mental illness is a highly prevalent issue in the United States and follow-up care is associated with improved health outcomes such as reduced symptoms, enhanced recovery rates, increased adherence to treatment, better coping skills, and lower rates of rehospitalization.[16]

Well-Child Visits in the First 30 Months of Life (W30) assesses the percentage of members who had the following number of well-child visits with a PCP during the last 15 months. Two rates are reported:

1. Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year and had six or more well-child visits.
2. Well-Child Visits for Age 15-30 Months: Children who turned 30 months old during the measurement year and had two or more well-child visits.

Child and Adolescent Well-Care Visits (WCV) assesses the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. This measure is considered a critical indicator of access to care, reflecting child

[14] NCQA. (n.d.). HEDIS Measures and Technical Resources. https://www.ncqa.org/hedis/measures/

[15] King EM, Busolo DS. The role of primary care Nurse Practitioners in reducing barriers to cervical cancer screening: A literature review. Can Oncol Nurs J. 2022 Apr 1;32(2):233-244. doi: 10.5737/23688076322233244. PMID: 35582261; PMCID: PMC9040786.

[16] Griswold, K.S., Zayas, L.E., Pastore, P.A., Smith, S.J., Wagner, C.M., Servoss, T.J. (2018) Primary Care After Psychiatric Crisis Qualitative Analysis. Annals of Family Medicine, 6(1), 38-43. doi:10.1370/afm.760.

members' access to continuous, comprehensive, and preventive services focused on physical, emotional, and social development.[17]

W30 and WCV emphasize the importance of regular, early, and preventive healthcare visits, which are essential for monitoring and promoting the health and development of young children, supporting caregivers, and ensuring that preventative services like screenings and vaccinations are accessible to all families.[18] The W30 measure is considered a critical indicator of access to care, reflecting the ability of the healthcare system to provide continuous, comprehensive, and preventive services to children.

Prenatal and Postpartum Care (PPC) assesses the percentage of live birth deliveries on October 8 of the year prior to the measurement year or between that date and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care:

1. Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
2. Postpartum Care: The percentage of deliveries that had a postpartum visit between seven and 84 days after delivery.

This measure was chosen because regular prenatal visits allow providers to monitor the health of the pregnant member and developing fetus, and ensure any complications are detected and managed early on in pregnancy. Postpartum visits help monitor the member's recovery and the infant's health, providing essential follow-up care after birth.[19] Ensuring access to prenatal and postpartum care helps address disparities in maternal and infant health outcomes, as individuals from underserved or marginalized communities often face barriers to care. Therefore, improving access is essential for promoting health equity.[20]

These five NCQA HEDIS quality measures are calculated by the SPs. Comparison and benchmark HEDIS measure rates are provided by NCQA. Refer to Appendix D for HEDIS measure calculations and significance testing.

[17] Bright Futures. (2024). Promoting Children's Health is Everybody's Business. https://www.aap.org/en/practice-management/bright-futures

[18] Lipkin, Paul H., Michelle M. Macias, Section on Developmental and Behavioral Pediatrics Council on Children with Disabilities, Kenneth W. Norwood Jr, Timothy J. Brei, Lynn F. Davidson, Beth Ellen Davis, et al. 2020. "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening." Pediatrics 145 (1): e20193449. https://doi.org/10.1542/peds.2019-3449

[19] National Institutes of Health (NIH). (n.d). Pre-Pregnancy Care and Prenatal Care. https://www.nichd.nih.gov/health/topics/factsheets/preconceptioncare

[20] DiBari, J. N., Yu, S. M., Chao, S. M., & Lu, M. C. (2014). Use of postpartum care: predictors and barriers. Journal of Pregnancy, 2014, 530769. https://doi.org/10.1155/2014/530769

Provider Directory Validation

Monthly, the Managed Care Monitor at NC Medicaid pulled a sample of five providers from each of the SPs' electronic provider directories and compared the provider data from the SP Provider Directory to the five providers' records in NCTracks. NCTracks is a system that includes a secure provider portal that allows providers to enroll, credential, and reenroll/recredential to become NC Medicaid providers. Among other data, this system contains provider demographic and panel information for all enrolled locations. Monitoring was focused on eight elements, per *42 CFR 438.10(h)(1)*[21]: provider name, street address, telephone number(s), website uniform resource locator (URL), and others.

If discrepancies were found, the NC Medicaid monitor communicated the findings to the SP via a Command Case (COM) ticket in the NC Medicaid Help Center. The SP had 30 calendar days from the date of notification in the COM ticket to correct the provider data and update the electronic provider directory. Based on the monitoring for the reporting period, NC Medicaid generated an accuracy rate for each SP.

Refer to Appendix D for the analysis used for provider directory validation.

CAHPS Survey

The CAHPS survey is used as a national standard for assessing members' healthcare experience. HSAG, contracted by NC Medicaid, administered the CAHPS 5.1H Adult Medicaid Health Plan Survey with the supplemental HEDIS items and the CAHPS 5.1 Child Medicaid Health Plan Survey with the supplemental HEDIS items (excluding the children with chronic conditions measurement set) to all five SPs. The adult survey consisted of 40 core questions with nine supplemental questions added by NC Medicaid that assess mental health, interpreter services, and online access to health information. The child survey consisted of 41 core questions with eight supplemental questions added by NC Medicaid.

HSAG selected a random sample of eligible adult and child members for each SP for the survey. A targeted oversample of Black and Hispanic members for each SP was drawn for both the adult and child populations.

Assessments regarding the access-related experience of SP members used CAHPS composite measures (Getting Care Quickly and Getting Needed Care), one individual item measure (Coordination of Care), and supplemental items (Appointment for Counseling or Mental Health Treatment, Coordination of Care from Mental Health Providers, Interpreter Treated with Courtesy and Respect, Preferred Language, and Online Access to Health Information [adult only]).

[21] Prior to September 2023, the eight elements included Provider Name, Taxonomy (specialty), Service Location address, Service Location 3-digit code, Practice Telephone Number, PHPs they are Contracted with, Enrollment Status (Active/Terminated), Provider Doing Business As (DBA) Name.

Getting Needed Care is a composite score that combines two survey questions addressing members' access to care, which are:

- In the last six months, how often was it easy to get the care, tests, or treatment you/your child needed?
- In the last six months, how often did you get an appointment for you/your child with a specialist as soon as you/he or she needed?

Response options for the questions used a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* and *Usually* being the most favorable responses.

Getting Care Quickly is a composite score that combines responses to two survey questions addressing urgent and check-up/routine care. The questions are:

- In the last six months, when you/your child needed care right away, how often did you/your child get care as soon as you/your child needed?
- In the last six months, how often did you/your child get an appointment for a check-up or routine care as soon as you/your child needed?

Response options for the questions used a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* and *Usually* being the most favorable responses.

Coordination of Care is an individual survey item that asks:

- In the last six months, how often did your/your child's personal doctor seem informed and up to date about the care you/your child got from these doctors or other health providers?

Response options for the item used a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* and *Usually* being the most favorable responses.

Supplemental questions were added by NC Medicaid after consulting with the SPs and other NC Medicaid business units. The supplemental items and respective response choices for the MY 2023 CAHPS survey are listed below with language from the Adult and Child survey included:

- Appointment for Counseling or Mental Health Treatment:
  - In the last 6 months, how often were/was you/your child able to get an appointment for counseling or mental health treatment as soon as you/they needed?
    - Response options for the question used a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* and *Usually* being the most favorable responses.
- Coordination of Care from Mental Health Providers:
  - Think about the person you/your child saw most often for counseling or mental health treatment. In the last 6 months, did this person ever ask you (or your child) about your/their physical health and any other treatments you/they were receiving at the time? (Response options: Yes or No)

- Interpreter Treated with Courtesy and Respect:
  - In the last 6 months, how often did this interpreter treat you (and your child) with courtesy and respect?
    - Response options for the question used a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* and *Usually* being the most favorable responses.
- Preferred Language:
  - What language would you (and your child) like to talk to your/their personal doctor in? (Response options: *English, Spanish, Russian, Vietnamese, Another language*)
- Online Access to Health Information (Adult survey only):
  - In the last 6 months, how often were you able to access your health information online when you wanted it? (Response options: *Never, Sometimes, Usually, Always, I did not want to access my health information online)*
    - Response options for the question were *Never*, *Sometimes*, *Usually*, *Always,* or *I did not want to access my health information online.*

Finally, CAHPS positive ratings were computed for each SP overall and for the following demographics across each SP:

- Race (Black, Multi-Racial, Native American, Other, and White). For this report, the "Other" category included Asian, Native Hawaiian or other Pacific Islander, and Other.
- Ethnicity (Hispanic vs. Non-Hispanic)
- Geographical location (Rural vs. Urban)
- Assigned PCP's Advanced Medical Home (AMH) Tier (AMH Tier 3 vs. Non-AMH Tier 3)[22]

For each SP, the assessment of members' experience was based on each measure's positive rating[23], computed as the proportion of respondents with positive survey responses defined as "Usually" or "Always" for the Getting Needed Care and Getting Care Quickly composite measures, and the Coordination of Care individual item measure. Positive ratings for the supplemental items included the proportion of "Yes" responses for the Coordination of Care from Mental Health Providers and Need an Interpreter measures; the proportion of "Usually" or "Always" responses for the Appointment for Counseling or Mental Health Treatment, Interpreter Treated with Courtesy and Respect, and Online Access to Health Information (adult only) measure. Each SP's member experience was compared to the

[22] The Advanced Medical Home (AMH) program is NC Medicaid's primary model for delivering local, community-based care management. It builds upon the existing Community Care of North Carolina/Carolina Access primary care infrastructure to enhance the role of primary care in managing and improving patient health outcomes. Tier 1: Basic participation with standard primary care services; Tier 2: Includes all Tier 1 services plus additional care coordination responsibilities. Tier 3: Encompasses Tiers 1 and 2 services, with added responsibilities for comprehensive care management, either directly or through partnerships with Clinically Integrated Networks (CINs) or other entities. Information can be found at: Advanced Medical Home.

[23] Positive ratings are calculated by using the AHRQ "Top-Box Score" methodology. Refer to HEDIS® Volume 3: Specifications for Survey Measures or AHRQ's website.

SP Aggregate and the rate for the NC Medicaid program. Rates were also compared between 2022 and 20233.

CAHPS measures for both Adult and Child populations were calculated, as outlined in Appendix D.

Provider Access Call Study

NC Medicaid collaborates with contractors to conduct an annual Provider Access Call Study across the five SPs to understand provider appointment availability by SP and provider type, and to ensure routine care services are available and accessible to members using the following rates: successful call, new patient acceptance and health plan acceptance, appointment availability, language availability , physical and mental disability accommodation, and assessment of average appointment wait time. This telephone-based study used a combination of secret calls (in which the study and its purpose were not revealed) and revealed calls (in which the study and its purpose were disclosed) to collect data on provider access. This dual approach offers insights into provider transparency and the extent to which practices support equitable access to care.

The provider survey population was stratified into two main groups: Group A included PCPs and obstetrics and gynecology (OB/GYN) providers, while Group B included behavioral health, allergy/immunology, ophthalmology, and dermatology providers. Quarterly samples were drawn from the most up-to-date provider directories for each SP, using the Provider Permission Matrix and identifying relevant taxonomy codes identified in the NCDHHS Taxonomy Crosswalk for Purposes of Network Adequacy Analysis and Reporting for Standard Plans V10 provided by NC Medicaid. To ensure statistical validity, a 5% margin of error with a 95% confidence level was applied, and a 20% oversample was proportionally distributed across provider types. This approach helped maintain representativeness across large and small specialties. Table 20 details survey sample size.

Table 20: 2023 Provider Access Call Study Sample Sizes

SP	Revealed Survey	Secret Survey
AmeriHealth	972	982
Carolina Complete	969	893
Healthy Blue	977	995
United HealthCare	885	877
WellCare	881	881
NC SP Total	**4,684**	**4,628**

Note: Sample sizes are based on a statistically valid random sample of the provider population submitted by the health plan based on 95% confidence interval and 5% margin of error with a 20% oversample.

The study consisted of six calculations, as outlined Appendix D.

Appendix B: Time and Distance Standards

Table B-1—NC Contract Time and Distance Standards and Adjusted Standards as of May 31, 2022

Reference Number	Service Type	Urban Standard	Rural Standard
1	Primary Care	≥ 2 providers within 30 minutes or 10 miles for at least 95% of Members	≥ 2 providers within 30 minutes or 30 miles for at least 95% of Members
2	Specialty Care	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 95% of Members	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 95% of Members
3	Hospitals	≥ 1 hospital within 30 minutes or 15 miles for at least 95% of Members	≥ 1 hospital within 30 minutes or 30 miles for at least 95% of Members
4	Pharmacy	≥ 2 pharmacies within 30 minutes or 10 miles for at least 95% of Members	≥ 2 pharmacies within 30 minutes or 30 miles for at least 95% of Members
5	OB/GYN	≥ 2 providers within 30 minutes or 10 miles for at least 95% of Members	≥ 2 providers within 30 minutes or 30 miles for at least 95% of Members
6	Occupational, Physical, or Speech Therapists	≥ 2 providers (of each provider type) within 30 minutes or 10 miles for at least 95% of Members	≥ 2 providers (of each provider type) within 30 minutes or 30 miles for at least 95% of Members
7	Outpatient Behavioral Health Services	≥ 2 providers of each outpatient behavioral health service within 30 minutes or 30 miles of residence for at least 95% of Members	≥ 2 providers of each outpatient behavioral health service within 45 minutes or 45 miles of residence for at least 95% of Members
8	Location-Based Services (Behavioral Health)	≥ 2 providers of each service within 30 minutes or 30 miles of residence for at least 95% of Members	≥ 2 providers of each service within 45 minutes or 45 miles of residence for at least 95% of Members

Reference Number	Service Type	Urban Standard	Rural Standard
9	Crisis Services (Behavioral Health)	≥ 1 provider of each crisis service within each PHP Region	
10	Inpatient Behavioral Health Services	≥ 1 provider of each inpatient BEHAVIORAL HEALTH service within each PHP Region	
11	Partial Hospitalization (Behavioral Health)	≥ 1 provider of partial hospitalization within 30 minutes or 30 miles for at least 95% of Members	≥ 1 provider of specialized services partial hospitalization within 60 minutes or 60 miles for at least 95% of Members
12	Clinically Managed Low-Intensity Residential Treatment Services (Behavioral Health)	≥ 2 providers of clinically managed low-intensity residential treatment services within each PHP Region	

Table B-2—NC Contract Time and Distance Adjusted Standards by County and Provider Specialty as of May 31, 2022

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
1	Specialty Care	Allergy	Adult	Dare	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
2	Specialty Care	Allergy	Adult	Hyde	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 85% of Members
3	Specialty Care	ENT	Adult	Dare	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 94% of Members
4	Specialty Care	Gastroenterology	Adult	Dare	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
5	Specialty Care	Gastroenterology	Adult	Hyde	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 88% of Members
6	Specialty Care	Infectious Disease	Adult	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
7	Specialty Care	Infectious Disease	Adult	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
8	Specialty Care	Pain Management	Adult	Dare	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
9	Specialty Care	Pain Management	Adult	Davidson	2	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 93% of Members
10	Specialty Care	Pain Management	Adult	Hyde	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
11	Specialty Care	Rheumatology	Adult	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
12	Specialty Care	Rheumatology	Adult	Hyde	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
13	Specialty Care	Allergy	Child	Alleghany	2	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
14	Specialty Care	Allergy	Child	Ashe	2	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
15	Specialty Care	Allergy	Child	Avery	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
16	Specialty Care	Allergy	Child	Beaufort	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
17	Specialty Care	Allergy		Bertie	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
18	Specialty Care	Allergy	Child	Bladen	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
19	Specialty Care	Allergy	Child	Brunswick	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
20	Specialty Care	Allergy	Child	Carteret	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
21	Specialty Care	Allergy	Child	Cherokee	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
22	Specialty Care	Allergy	Child	Clay	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
23	Specialty Care	Allergy	Child	Columbus	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
24	Specialty Care	Allergy	Child	Craven	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
25	Specialty Care	Allergy	Child	Cumberland	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
26	Specialty Care	Allergy	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
27	Specialty Care	Allergy	Child	Duplin	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
28	Specialty Care	Allergy	Child	Graham	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
29	Specialty Care	Allergy	Child	Halifax	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
30	Specialty Care	Allergy	Child	Henderson	1	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
31	Specialty Care	Allergy	Child	Hertford	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
32	Specialty Care	Allergy	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
33	Specialty Care	Allergy	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
34	Specialty Care	Allergy	Child	Jones	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
35	Specialty Care	Allergy	Child	Lenoir	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
36	Specialty Care	Allergy	Child	Macon	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
37	Specialty Care	Allergy	Child	Martin	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
38	Specialty Care	Allergy	Child	New Hanover	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
39	Specialty Care	Allergy	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
40	Specialty Care	Allergy	Child	Onslow	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
41	Specialty Care	Allergy	Child	Pamlico	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
42	Specialty Care	Allergy	Child	Pender	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
43	Specialty Care	Allergy	Child	Pitt	6	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
44	Specialty Care	Allergy	Child	Robeson	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
45	Specialty Care	Allergy	Child	Swain	1	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 91% of Members
46	Specialty Care	Allergy	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 86% of Members
47	Specialty Care	Allergy	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 88% of Members
48	Specialty Care	Allergy	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
49	Specialty Care	Allergy	Child	Watauga	2	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
50	Specialty Care	Cardiology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
51	Specialty Care	Cardiology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
52	Specialty Care	Endocrinology	Child	Carteret	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
53	Specialty Care	Endocrinology	Child	Cherokee	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
54	Specialty Care	Endocrinology	Child	Clay	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
55	Specialty Care	Endocrinology	Child	Craven	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
56	Specialty Care	Endocrinology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
57	Specialty Care	Endocrinology	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
58	Specialty Care	Endocrinology	Child	Graham	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
59	Specialty Care	Endocrinology	Child	Halifax	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
60	Specialty Care	Endocrinology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
61	Specialty Care	Endocrinology	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 87% of Members
62	Specialty Care	Endocrinology	Child	Macon	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
63	Specialty Care	Endocrinology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
64	Specialty Care	Endocrinology	Child	Onslow	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
65	Specialty Care	Endocrinology	Child	Pamlico	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
66	Specialty Care	Endocrinology	Child	Swain	1	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 92% of Members
67	Specialty Care	Endocrinology	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 87% of Members
68	Specialty Care	Endocrinology	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 93% of Members
69	Specialty Care	Endocrinology	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 94% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
70	Specialty Care	Gastroenterology	Child	Alamance	4	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
71	Specialty Care	Gastroenterology	Child	Cherokee	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
72	Specialty Care	Gastroenterology	Child	Clay	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
73	Specialty Care	Gastroenterology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
74	Specialty Care	Gastroenterology	Child	Graham	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
75	Specialty Care	Gastroenterology	Child	Halifax	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
76	Specialty Care	Gastroenterology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
77	Specialty Care	Gastroenterology	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 94% of Members
78	Specialty Care	Gastroenterology	Child	Macon	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
79	Specialty Care	Gastroenterology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
80	Specialty Care	Gastroenterology	Child	Swain	1	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 92% of Members
81	Specialty Care	Gastroenterology	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
82	Specialty Care	Gastroenterology	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
83	Specialty Care	Gastroenterology	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
84	Specialty Care	Hematology	Child	Alamance	4	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
85	Specialty Care	Hematology	Child	Alleghany	2	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
86	Specialty Care	Hematology	Child	Bladen	5	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 94% of Members
87	Specialty Care	Hematology	Child	Brunswick	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
88	Specialty Care	Hematology	Child	Carteret	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
89	Specialty Care	Hematology	Child	Chowan	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
90	Specialty Care	Hematology	Child	Columbus	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
91	Specialty Care	Hematology	Child	Craven	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
92	Specialty Care	Hematology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
93	Specialty Care	Hematology	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 91% of Members
94	Specialty Care	Hematology	Child	Duplin	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
95	Specialty Care	Hematology	Child	Halifax	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
96	Specialty Care	Hematology	Child	Hertford	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
97	Specialty Care	Hematology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
98	Specialty Care	Hematology	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 85% of Members
99	Specialty Care	Hematology	Child	New Hanover	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
100	Specialty Care	Hematology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
101	Specialty Care	Hematology	Child	Onslow	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
102	Specialty Care	Hematology	Child	Pamlico	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
103	Specialty Care	Hematology	Child	Pender	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
104	Specialty Care	Hematology	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
105	Specialty Care	Hematology	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
106	Specialty Care	Hematology	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 87% of Members
107	Specialty Care	Infectious Disease	Child	Alamance	4	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
108	Specialty Care	Infectious Disease	Child	Bladen	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
109	Specialty Care	Infectious Disease	Child	Brunswick	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
110	Specialty Care	Infectious Disease	Child	Carteret	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
111	Specialty Care	Infectious Disease	Child	Chowan	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 91% of Members
112	Specialty Care	Infectious Disease	Child	Columbus	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
113	Specialty Care	Infectious Disease	Child	Craven	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
114	Specialty Care	Infectious Disease	Child	Cumberland	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
115	Specialty Care	Infectious Disease	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
116	Specialty Care	Infectious Disease	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
117	Specialty Care	Infectious Disease	Child	Duplin	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
118	Specialty Care	Infectious Disease	Child	Guilford	2	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
119	Specialty Care	Infectious Disease	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
120	Specialty Care	Infectious Disease	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
121	Specialty Care	Infectious Disease	Child	New Hanover	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
122	Specialty Care	Infectious Disease	Child	Onslow	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
123	Specialty Care	Infectious Disease	Child	Pamlico	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
124	Specialty Care	Infectious Disease	Child	Pender	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
125	Specialty Care	Infectious Disease	Child	Richmond	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
126	Specialty Care	Infectious Disease	Child	Robeson	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
127	Specialty Care	Infectious Disease	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
128	Specialty Care	Infectious Disease	Child	Union	3	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
129	Specialty Care	Infectious Disease	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
130	Specialty Care	Nephrology	Child	Alamance	4	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
131	Specialty Care	Nephrology	Child	Bladen	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
132	Specialty Care	Nephrology	Child	Brunswick	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
133	Specialty Care	Nephrology	Child	Buncombe	1	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
134	Specialty Care	Nephrology	Child	Carteret	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
135	Specialty Care	Nephrology	Child	Cherokee	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
136	Specialty Care	Nephrology	Child	Clay	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
137	Specialty Care	Nephrology	Child	Columbus	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
138	Specialty Care	Nephrology	Child	Craven	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
139	Specialty Care	Nephrology	Child	Cumberland	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
140	Specialty Care	Nephrology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
141	Specialty Care	Nephrology	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
142	Specialty Care	Nephrology	Child	Duplin	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
143	Specialty Care	Nephrology	Child	Graham	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
144	Specialty Care	Nephrology	Child	Guilford	2	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 94% of Members
145	Specialty Care	Nephrology	Child	Haywood	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
146	Specialty Care	Nephrology	Child	Henderson	1	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
147	Specialty Care	Nephrology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
148	Specialty Care	Nephrology	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 87% of Members
149	Specialty Care	Nephrology	Child	Jackson	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
150	Specialty Care	Nephrology	Child	Macon	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
151	Specialty Care	Nephrology	Child	New Hanover	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
152	Specialty Care	Nephrology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
153	Specialty Care	Nephrology	Child	Onslow	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
154	Specialty Care	Nephrology	Child	Pamlico	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
155	Specialty Care	Nephrology	Child	Pender	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
156	Specialty Care	Nephrology	Child	Richmond	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
157	Specialty Care	Nephrology	Child	Robeson	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
158	Specialty Care	Nephrology	Child	Sampson	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
159	Specialty Care	Nephrology	Child	Swain	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
160	Specialty Care	Nephrology	Child	Transylvania	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
161	Specialty Care	Nephrology	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 87% of Members
162	Specialty Care	Nephrology	Child	Union	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 87% of Members
163	Specialty Care	Nephrology	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 94% of Members
164	Specialty Care	Neurology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
165	Specialty Care	Neurology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
166	Specialty Care	Oncology	Child	Alamance	4	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
167	Specialty Care	Oncology	Child	Alleghany	2	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
168	Specialty Care	Oncology	Child	Bladen	5	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 94% of Members
169	Specialty Care	Oncology	Child	Brunswick	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
170	Specialty Care	Oncology	Child	Carteret	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
171	Specialty Care	Oncology	Child	Chowan	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
172	Specialty Care	Oncology	Child	Columbus	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
173	Specialty Care	Oncology	Child	Craven	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
174	Specialty Care	Oncology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
175	Specialty Care	Oncology	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 91% of Members
176	Specialty Care	Oncology	Child	Duplin	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
177	Specialty Care	Oncology	Child	Halifax	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
178	Specialty Care	Oncology	Child	Hertford	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
179	Specialty Care	Oncology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
180	Specialty Care	Oncology	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 85% of Members
181	Specialty Care	Oncology	Child	New Hanover	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
182	Specialty Care	Oncology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
183	Specialty Care	Oncology	Child	Onslow	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
184	Specialty Care	Oncology	Child	Pamlico	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
185	Specialty Care	Oncology	Child	Pender	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
186	Specialty Care	Oncology	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
187	Specialty Care	Oncology	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
188	Specialty Care	Oncology	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 87% of Members
189	Specialty Care	Pain Management	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
190	Specialty Care	Pain Management	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 94% of Members
191	Specialty Care	Pain Management	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
192	Specialty Care	Pulmonology	Child	Cherokee	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
193	Specialty Care	Pulmonology	Child	Clay	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
194	Specialty Care	Pulmonology	Child	Cumberland	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
195	Specialty Care	Pulmonology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
196	Specialty Care	Pulmonology	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 90% of Members
197	Specialty Care	Pulmonology	Child	Graham	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
198	Specialty Care	Pulmonology	Child	Halifax	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
199	Specialty Care	Pulmonology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
200	Specialty Care	Pulmonology	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 87% of Members
201	Specialty Care	Pulmonology	Child	Macon	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
202	Specialty Care	Pulmonology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
203	Specialty Care	Pulmonology	Child	Swain	1	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 92% of Members
204	Specialty Care	Pulmonology	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 87% of Members
205	Specialty Care	Pulmonology	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
206	Specialty Care	Pulmonology	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 93% of Members
207	Specialty Care	Radiology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
208	Specialty Care	Radiology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 90% of Members
209	Specialty Care	Rheumatology	Child	Alamance	4	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
210	Specialty Care	Rheumatology	Child	Bladen	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
211	Specialty Care	Rheumatology	Child	Brunswick	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
212	Specialty Care	Rheumatology	Child	Buncombe	1	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
213	Specialty Care	Rheumatology	Child	Cherokee	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
214	Specialty Care	Rheumatology	Child	Clay	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
215	Specialty Care	Rheumatology	Child	Columbus	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
216	Specialty Care	Rheumatology	Child	Cumberland	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
217	Specialty Care	Rheumatology	Child	Dare	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
218	Specialty Care	Rheumatology	Child	Davidson	2	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
219	Specialty Care	Rheumatology	Child	Duplin	6	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
220	Specialty Care	Rheumatology	Child	Forsyth	2	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
221	Specialty Care	Rheumatology	Child	Graham	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
222	Specialty Care	Rheumatology	Child	Guilford	2	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
223	Specialty Care	Rheumatology	Child	Halifax	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
224	Specialty Care	Rheumatology	Child	Haywood	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
225	Specialty Care	Rheumatology	Child	Henderson	1	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
226	Specialty Care	Rheumatology	Child	Hoke	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
227	Specialty Care	Rheumatology	Child	Hyde	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
228	Specialty Care	Rheumatology	Child	Iredell	3	Urban	≥ 2 providers (per specialty type) within 45 minutes or 23 miles for at least 95% of Members
229	Specialty Care	Rheumatology	Child	Jackson	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
230	Specialty Care	Rheumatology	Child	Macon	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
231	Specialty Care	Rheumatology	Child	Madison	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
232	Specialty Care	Rheumatology	Child	Mitchell	1	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 90% of Members
233	Specialty Care	Rheumatology	Child	Moore	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
234	Specialty Care	Rheumatology	Child	New Hanover	5	Urban	≥ 2 providers (per specialty type) within 60 minutes or 30 miles for at least 95% of Members
235	Specialty Care	Rheumatology	Child	Northampton	6	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
236	Specialty Care	Rheumatology	Child	Pender	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
237	Specialty Care	Rheumatology	Child	Richmond	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
238	Specialty Care	Rheumatology	Child	Robeson	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
239	Specialty Care	Rheumatology	Child	Sampson	5	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
240	Specialty Care	Rheumatology	Child	Scotland	5	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
241	Specialty Care	Rheumatology	Child	Swain	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
242	Specialty Care	Rheumatology	Child	Transylvania	1	Rural	≥ 2 providers (per specialty type) within 120 minutes or 120 miles for at least 95% of Members
243	Specialty Care	Rheumatology	Child	Tyrrell	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 87% of Members
244	Specialty Care	Rheumatology	Child	Union	3	Urban	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 87% of Members
245	Specialty Care	Rheumatology	Child	Warren	4	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
246	Specialty Care	Rheumatology	Child	Washington	6	Rural	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 93% of Members
247	Specialty Care	Rheumatology	Child	Yancey	1	Rural	≥ 2 providers (per specialty type) within 90 minutes or 90 miles for at least 95% of Members
248	Hospitals	N/A	N/A	Dare	6	Rural	≥ 1 hospital within 45 minutes or 45 miles for at least 95% of Members
249	Hospitals	N/A	N/A	Hyde	6	Rural	≥ 1 hospital within 60 minutes or 60 miles for at least 95% of Members
250	Hospitals	N/A	N/A	Pender	5	Rural	≥ 1 hospital within 30 minutes or 30 miles for at least 93% of Members
251	Obstetrics	N/A	N/A	Hyde	6	Rural	≥ 2 providers within 60 minutes or 60 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
252	Pharmacies	N/A	N/A	Hyde	6	Rural	≥ 2 pharmacies within 60 minutes or 60 miles for at least 95% of Members
253	Occupational, Physical, or Speech Therapy	Occupational	N/A	Bertie	6	Rural	≥ 2 providers (of each provider type) within 60 minutes or 60 miles for at least 95% of Members
254	Occupational, Physical, or Speech Therapy	Occupational	N/A	Currituck	6	Rural	≥ 2 providers (of each provider type) within 60 minutes or 60 miles for at least 95% of Members
255	Occupational, Physical, or Speech Therapy	Occupational	N/A	Dare	6	Rural	≥ 2 providers (of each provider type) within 45 minutes or 45 miles for at least 95% of Members
256	Occupational, Physical, or Speech Therapy	Occupational	N/A	Gates	6	Rural	≥ 2 providers (of each provider type) within 45 minutes or 45 miles for at least 95% of Members
257	Occupational, Physical, or Speech Therapy	Occupational	N/A	Hertford	6	Rural	≥ 2 providers (of each provider type) within 60 minutes or 60 miles for at least 95% of Members
258	Occupational, Physical, or Speech Therapy	Occupational	N/A	Hyde	6	Rural	≥ 2 providers (of each provider type) within 60 minutes or 60 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
259	Occupational, Physical, or Speech Therapy	Occupational	N/A	Tyrrell	6	Rural	≥ 2 providers (of each provider type) within 45 minutes or 45 miles for at least 95% of Members
260	Occupational, Physical, or Speech Therapy	Occupational	N/A	Washington	6	Rural	≥ 2 providers (of each provider type) within 60 minutes or 60 miles for at least 95% of Members
261	Occupational, Physical, or Speech Therapy	Physical	N/A	Columbus	5	Rural	≥ 2 providers (of each provider type) within 45 minutes or 45 miles for at least 95% of Members
262	Occupational, Physical, or Speech Therapy	Physical	N/A	Dare	6	Rural	≥ 2 providers (of each provider type) within 45 minutes or 45 miles for at least 95% of Members
263	Occupational, Physical, or Speech Therapy	Physical	N/A	Hyde	6	Rural	≥ 2 providers (of each provider type) within 60 minutes or 60 miles for at least 95% of Members
264	Occupational, Physical, or Speech Therapy	Physical	N/A	Tyrrell	6	Rural	≥ 2 providers (of each provider type) within 30 minutes or 30 miles for at least 88% of Members
265	Occupational, Physical, or Speech Therapy	Speech	N/A	Dare	6	Rural	≥ 2 providers (of each provider type) within 45 minutes or 45 miles for at least 95% of Members

Reference Number	Service Type	Specialty	Age Group	County	Region	Rural/ Urban	Adjusted Standard
266	Occupational, Physical, or Speech Therapy	Speech	N/A	Hyde	6	Rural	≥ 2 providers (of each provider type) within 60 minutes or 60 miles for at least 95% of Members
267	Occupational, Physical, or Speech Therapy	Speech	N/A	Tyrrell	6	Rural	≥ 2 providers (of each provider type) within 30 minutes or 30 miles for at least 88% of Members
268	Occupational, Physical, or Speech Therapy	Speech	N/A	Washington	6	Rural	≥ 2 providers (of each provider type) within 30 minutes or 30 miles for at least 88% of Members

Appendix C: County Codes

Table C-1—County by Region Code for Time/Distance Analysis

County	Region	County	Region	County	Region
Alamance, NC	4	Forsyth, NC	6	Pamlico, NC	6
Alexander, NC	3	Franklin, NC	2	Pasquotank, NC	6
Alleghany, NC	2	Gaston, NC	4	Pender, NC	5
Anson, NC	3	Gates, NC	3	Perquimans, NC	6
Ashe, NC	2	Graham, NC	6	Person, NC	4
Avery, NC	1	Granville, NC	1	Pitt, NC	6
Beaufort, NC	6	Greene, NC	4	Polk, NC	1
Bertie, NC	6	Guilford, NC	6	Randolph, NC	2
Bladen, NC	5	Halifax, NC	2	Richmond, NC	5
Brunswick, NC	5	Harnett, NC	6	Robeson, NC	5
Buncombe, NC	1	Haywood, NC	5	Rockingham, NC	2
Burke, NC	1	Henderson, NC	1	Rowan, NC	3
Cabarrus, NC	3	Hertford, NC	1	Rutherford, NC	1
Caldwell, NC	1	Hoke, NC	6	Sampson, NC	5
Camden, NC	6	Hyde, NC	5	Scotland, NC	5
Carteret, NC	6	Iredell, NC	6	Stanly, NC	3
Caswell, NC	4	Jackson, NC	3	Stokes, NC	2
Catawba, NC	3	Johnston, NC	1	Surry, NC	2
Chatham, NC	4	Jones, NC	4	Swain, NC	1
Cherokee, NC	1	Lee, NC	6	Transylvania, NC	1
Chowan, NC	6	Lenoir, NC	5	Tyrrell, NC	6
Clay, NC	1	Lincoln, NC	6	Union, NC	3
Cleveland, NC	3	Macon, NC	3	Vance, NC	4
Columbus, NC	5	Madison, NC	1	Wake, NC	4
Craven, NC	6	Martin, NC	1	Warren, NC	4
Cumberland, NC	5	McDowell, NC	6	Washington, NC	6
Currituck, NC	6	Mecklenburg, NC	1	Watauga, NC	2
Dare, NC	6	Mitchell, NC	3	Wayne, NC	6
Davidson, NC	2	Montgomery, NC	1	Wilkes NC	2
Davie, NC	2	Moore, NC	5	Wilson, NC	4

County	Region	County	Region	County	Region
Duplin, NC	6	Nash, NC	5	Yadkin, NC	2
Durham, NC	4	Onslow, NC	6	Yancey, NC	1
Edgecombe, NC	6	Orange, NC	4		

Appendix D: Measure Calculations

Measure Calculations

Table D-1—Time/Distance GeoAccess Reports

Calculation	Numerator	Denominator
1: Evaluate 95% pass criteria for time and distance	The number members with access based on the State-applied original or adjusted standard for each provider or facility type.	The total number of members in the catchment area for the provider or facility type.
2: Determine gaps in access to specific provider types by region	The number of members in each region who do not have access based on the applied time/distance standard (original, 50% increase, or 100% increase) for each provider or facility type. A crosswalk of county to region is in Appendix C.	The total number of members in the region area for the provider or facility type.

Table D-2—Grievances Due to Access-Related Issues

Calculation	Numerator	Denominator
1: Absolute rate change in the annual rate of access-related grievances per 10,000 members	The difference in year 2 rate of access related-grievances per 10,000 members and year 1 rate of access-related grievances per 10,000 members.	N/A
2: Overall proportion of access-related grievances	The number of access-related grievances reported by the SP.	The total number of grievances reported by the SP.

Table D-3—NCQA HEDIS Quality Measures

Calculation 1: HEDIS quality measure comparison against benchmark rates
To examine SP rates against State and national benchmarks, HEDIS quality measure rates were trended year-over-year and compared to the SP aggregate, total NC Medicaid rate, and the NCQA Medicaid Health Maintenance Organization (HMO) national average. Plan-specific rates were provided by the SPs through their QAV007 reports. In addition to providing individual rates for each Standard Plan, the report includes the SP aggregate, the measure rate for all NC Medicaid members enrolled in a Standard Plan that met the criteria for the measure. The SP aggregate and

total NC Medicaid rates were provided by NC Medicaid, and the Medicaid HMO national average rates for MY 2022 and MY 2023 were provided by NCQA.

To report measure results, measures must have a sufficient denominator size, or number of members who meet the criteria for inclusion in the measure. In alignment with NCQA guidelines, measure results with a denominator size less than 30 are suppressed. This follows Health Insurance Portability and Accountability Act (HIPAA) guidelines and ensures that member identity is protected and that measure results are not volatile.

Calculation 2: Statistical comparison of each SP for the HEDIS quality measures

To determine if NC Medicaid's performance on these HEDIS measures increased or decreased significantly from MY 2022 to MY 2023, a z-test for proportions was used. This approach involves computing the z-score using the formula:

$$z = \frac{p_1 - p_2}{SE}$$

wherein $\boldsymbol{p_1}$ = the rate for the previous measurement year, $\boldsymbol{p_2}$ = the rate for the current measurement year, and $\boldsymbol{SE}$ = the standard error of the difference between the previous and current rates.

The p-value from the standard normal distribution corresponding to the computed z-score was compared to the common level of significance (a threshold of 0.05) to determine whether there was a significant change in performance between MYs. If the p-value was less than 0.05, the change in rate from MY 2022 to MY 2023 was considered statistically significant.

Calculation 3: Statistical testing for HEDIS quality measure rates based on demographics

Based on data availability for each HEDIS measure, comparisons of subgroups were conducted for gender, race, ethnicity, geography, disability status, and Long-Term Services and Support (LTSS) Needs status.

Gender: Divided into Male and Female, with rates compared between these groups.

Race: Classified into the binary race categories: Black/African American and Not Black/African American; and American Indian/Alaska Native (AI/AN) and Not AI/AN.

Ethnicity: Ethnicity was divided into Hispanic/Latino and Non-Hispanic/Latino, with rates compared between these groups.

Geography:[24] Based on county information provided by NC Medicaid, rates were stratified by rural, urban, and other categories, according to geographic classification. However, some data in the "other" category were suppressed due to insufficient sample size.

Disability Status: Disability status was divided into Disability and No Disability, with rates compared between these groups.

LTSS Needs Status: LTSS Needs Status was divided into Aged, Blind, or Disabled (ABD) and Non-ABD, with rates compared between these groups. The two-proportion z-test was computed using the formula:

$$z = \frac{p_2 - p_1}{SE}$$

wherein $\boldsymbol{p_1}$ = the rate for the previous measurement year 2022, $\boldsymbol{p_2}$ = the rate for the current measurement year 2023, and $\boldsymbol{SE}$ = the standard error of the difference between the previous and current rates.

[24] Geography is based on a member's residential county (as reported in the 834 member file) and the National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties. More information about the classification scheme can be found here: https://www.cdc.gov/nchs/data-analysis-tools/urban-rural.html?CDC_AAref_Val=https://www.cdc.gov/nchs/data_access/urban_rural.htm

Table D-4—Provider Directory Validation

Calculation	Description	Formula
1: Trended monthly accuracy rates	Accuracy rates for each month were submitted as part of the provider directory validation report to assess the SPs' accuracy over time.	$= \left(\frac{\text{sum of matching entries in the provider network file and online provider directory}}{\text{Total \# entries evaluated monthly}} \right) \text{ x } 100$
2: Central tendency and summative accuracy rates	Three summative values that represent the annual accuracy rate for each SP for the baseline and current year.	The mean of the monthly accuracy rates: $= \frac{\sum \text{monthly accuracy rates}}{\text{total \# of months in measurement period}}$ The median of the monthly accuracy rates: $= \frac{\sum \text{6th month and 7th month values in rank-ordered accuracy rates}}{2}$ The annual accuracy rate: $= \left(\frac{\text{sum of matching entries in the provider network file and online provider directory}}{\text{total \# entries examined across the MY}} \right) \text{ x } 100$
3: Statistical comparison within each SP for the accuracy rates at baseline relative to the current year	To determine if annual accuracy rates changed significantly from baseline to Year 2, chi-square ($\chi 2$) tests were performed for each SP.	$\chi^2 = \frac{\sum (O-E)^2}{E}$ where O = observed counts and E = expected counts
4: Maximum performance frequency analysis	Determine the percentage of months with 100% accuracy to assess the occurrences of 100% accuracy for each SP.	$= \left(\frac{\text{\# of months with 100\% accuracy rate}}{12} \right) \text{ x } 100$
5: Statistical comparison within each SP for the maximum performance frequency occurrences	A chi-square test was performed to determine if the percentage of months with 100% accuracy rates (maximum performance scores) changed significantly from baseline to Year 2.	$\chi^2 = \frac{\sum (O-E)^2}{E}$ where O = observed counts and E = expected counts

Table D-5—CAHPS Survey

Calculation 1: Positive ratings for composite, individual item, and supplemental item measures
The assessment of members' experience was based on each measure's positive rating[25], computed as the proportion of respondents with positive survey responses defined as "Usually" or "Always" for the Getting Needed Care and Getting Care Quickly composite measures, and the Coordination of Care individual item measure. Positive ratings for the supplemental items included the proportion of "Yes" responses for the Coordination of Care from Mental Health Providers and Need an Interpreter measures; the proportion of "Usually" or "Always" responses for the Appointment for Counseling or Mental Health Treatment, Interpreter Treated with Courtesy and Respect, and Online Access to Health Information (adult only) measure. For the Preferred Language measure, the proportion of how many respondents selected a language other than English (i.e., Spanish, Russian, Vietnamese, or Another language) was calculated. NC SP Aggregate positive ratings, NC Medicaid Program, and the previous year's rates were compared to assess experience with plans. For the composite measures, separate positive ratings were calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure. For the individual item, positive rating will be defined as the proportion of positive responses out of all responses. The corresponding sample size for each positive rating, notated as "*N*" will also be reported.[26]
Calculation 2: Statistical testing for CAHPS positive ratings against comparison benchmark rates and year-over-year trended rates
For comparison, NC Medicaid Program and NC SP aggregate rates were presented for each measure. The NC Medicaid Program rate represents the combined results of all five SPs, the Eastern Band of Cherokee Indians (EBCI) Tribal Option, Medicaid Direct, and the Foster Care population.[27] The rate is a weighted average that includes all general samples.[28] The NC SP Aggregate included the combined results of all five SPs. The NC Medicaid Program and NC SP Aggregate results were weighted based on the eligible populations included in each.[29] For weighting, HSAG used the eligible population files to determine the eligible population size for each SP, EBCI Tribal Option, and Medicaid Direct. A sample probability weight was calculated for each respondent using the following formulas:

[25] Positive ratings are calculated by using the AHRQ "Top-Box Score" methodology. Refer to HEDIS® Volume 3: Specifications for Survey Measures or AHRQ's website.
[26] The NCQA "N" is computed as the floor of the mean of counts of questions in the composite (e.g., if a composite score has two questions, the "N" = floor of the mean for the "N" in question 1 and the "N" in question 2 of that composite). Flooring rounds the numeric value down to the nearest whole number. Demographic strata positive rating scores will be displayed using bar charts for race and ethnicity.
[27] For the child population surveys only
[28] Hispanic and Black oversamples are omitted.
[29] Reported rates for the adult and child populations will be weighted separately.

$$GP_r = \frac{GSS_p}{EP_p}$$

$$w_{gsr} = \frac{1}{GP_r}$$

where GP_r = probability for respondent *r* from the general SP sample/population, GSS_p = general sample size for SP/population *p*, EP_p = eligible population size for SP/population *p, and* w_{gsr} = weight for general sample respondent/population *r.*

A global F-test was conducted to assess whether the differences between the SP rates and the aggregate rates (NC SP and NC Medicaid Program) were statistically significant. Additionally, this test examined if the change in the SP rates from baseline to subsequent years is statistically significant. The *F* statistic was determined using the formula below:

$$\mathrm{F} = (1/(\mathrm{P}-1))\Sigma_{\mathrm{p}}(\hat{\mu}_{\mathrm{p}} - \hat{\mu})^2/\widehat{\mathrm{V}}_{\mathrm{p}}$$

If the *F*-test demonstrates differences (i.e., the *p* value is less than 0.05), *t*-tests are performed. The *t*-test was used as the post-hoc comparison to determine whether each SP's current rating was statistically significantly different from the prior year, NC Medicaid Program, and the NC SP Aggregate. The equation for the differences is as follows:

$$\Delta_p = \hat{\mu}_p - \left(\frac{1}{P}\right)\Sigma_{p'}\hat{\mu}_{p'} = \left((P - \frac{1}{P}\right)\hat{\mu}_p - \Sigma^*_{p'}\left(\frac{1}{P}\right)\hat{\mu}_{p'}$$

Calculation 3: Statistical testing for CAHPS positive ratings based on demographics

Subgroup analysis was conducted to compare race, ethnicity, geographic location, and AMH tier for MY 2023 CAHPS positive ratings. A t-test was used to determine if the results were statistically significantly different ($p < 0.05$) for the demographic comparisons using the following formula:

$$\mathrm{t} = \frac{M_{1-}M_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}}$$

wherein M is the group mean, n is the sample size and s is the standard deviation.

The following stratifications were compared:

Race: Self-reported race was classified into the following categories: Black, Multi-Racial, Native American, Other, and White. In this analysis, the "Other" category included Asian, Native Hawaiian or other Pacific Islander, and any additional groups. Positive ratings for each race category were by comparing responses from White to non-White, Multi-Racial to non-Multi-Racial, Black to non-Black, Native American to non-Native American, and Other to non-Other.

Ethnicity: Self-reported ethnicity was divided into Hispanic and non-Hispanic. The score for Hispanic members was compared to non-Hispanic members.

Geographic location: Based on urban/rural designation information provided by NC Medicaid, scores were stratified by rural and urban-residing respondents to compare the score from members residing in rural counties to those in urban counties.

AMH Tier: Respondents with an AMH Tier 3 designation were compared to the non-AMH Tier 3 population (i.e., respondents with an assigned PCP with an AMH Tier 1 or Tier 2 designation and respondents with an assigned PCP without an AMH designation).[30]

Table D-6—Provider Access Call Study

Calculation	Description	Formula
1: Evaluate successful call rates	Successful calls met three call criteria: 1) call was answered, 2) provider was recognized, and 3) the address listed was correct. Successful call rates were computed for each quarter for each SP separately, combined across all SPs, and stratified according to provider type.	$\left(\frac{\text{number of successful calls}}{\text{total \# of calls}}\right) \text{x } 100$
2: Determine acceptance of SP and new patients	Providers' acceptance rates for the SP and new patients were computed for each quarter and statewide, combining data across all SPs for comparison.	SP acceptances rates: $= \left(\frac{\text{number of successful calls where provider accepted the SP}}{\text{total \# of successful calls}}\right) \text{x } 100$ New member acceptance rates: $= \left(\frac{\text{number of successful calls where provider accepted new patients}}{\text{total number of successful calls}}\right) \text{x } 100$
3: Assess appointment availability using wait time (in days)	The average and range for wait time (in days) was computed for each quarter and statewide. The statewide rate was computed as the average SP wait times combining all five SPs, respective to the provider type, to compare appointment availability for each appointment type across SPs.	Wait time = number of days in between when the call was made and the appointment date provided by the call representative. Average wait time = $\frac{\sum \text{wait times}}{\text{total \# wait times collected}}$

[30] Members without an assigned PCP were excluded from the analysis.

Calculation	Description	Formula
4: Statistical analysis comparing SPs to SP Aggregate for appointment wait times	Using call-level data, wait times for each SP were compared to the overall combined statewide rate using a Pearson chi-square test for independence with pairwise comparisons.	$\chi^2 = \frac{\sum(O-E)^2}{E}$ where O = observed counts and E = expected counts
5: Describe language access for members	Language access was evaluated using two submeasures: primary language spoken and interpreter access.	Language access: $= \left(\frac{\text{number of providers reporting the specified language as spoken}}{\text{total number of language accomodation responses collected}} \right) \text{x } 100$ Interpreter access: $= \left(\frac{\text{number of providers reporting interpreter access available}}{\text{total number of interpreter access responses collected}} \right) \text{x } 100$
6: Describe disability accommodations for members	Physical and mental disability accommodations offered (yes/no) were examined as a statewide rate combined across all provider types for each quarter.	Physical disability accommodations: $= \left(\frac{\text{number of providers reporting physical disability accomodations as available}}{\text{total number of physical disability accomodation responses collected}} \right)$ Mental disability accommodations: $= \left(\frac{\text{number of providers reporting mental disability accomodations as available}}{\text{total number of mental disability accomodation responses collected}} \right) \text{x}$

Appendix E: HEDIS Stratified Quality Measure

Individual Standard Plan Stratified HEDIS Quality Measure Rates

Table E-1—AmeriHealth: MY 2022

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	48.62%	54.75%	60.51%	28.82%	47.92%	55.86%	59.76%	47.58%
Not Black/African American	43.66%	56.28%	67.98%	35.15%	56.77%	65.75%	71.57%	51.85%
American Indian/Alaska Native	42.00%	39.47%	50.00%	30.00%	40.00%	55.32%	66.67%	49.39%
Not American Indian/Alaska Native	45.94%	55.90%	65.19%	32.74%	53.53%	62.08%	66.76%	50.16%
Ethnicity								
Hispanic/Latino	51.59%	57.72%	71.09%	41.03%	60.68%	66.48%	66.48%	57.91%
Non-Hispanic/Latino	45.09%	55.15%	63.46%	31.16%	51.99%	60.26%	60.26%	47.15%
Disability Status								
Disability	31.69%	57.14%	46.15%	33.33%	50.72%	40.00%	70.00%	46.11%
No Disability	46.29%	55.66%	64.96%	32.64%	53.62%	62.03%	66.75%	50.16%
Gender								
Female	45.88%	55.66%	64.97%	33.65%	33.65%	61.49%	66.44%	51.38%
Male	NA	NA	NA	30.53%	30.53%	62.48%	67.09%	48.91%
Geography								
Rural	46.97%	59.18%	63.22%	31.03%	55.75%	60.85%	65.57%	47.15%
Urban	45.52%	54.36%	65.61%	33.22%	52.62%	62.37%	67.09%	51.06%
LTSS Needs								
ABD	33.37%	62.75%	50.98%	29.29%	45.45%	20.51%	48.94%	45.21%
Non-ABD	47.66%	55.59%	65.11%	33.23%	54.56%	62.37%	66.98%	50.24%
Total Population	**32,925**	**5115**	**5115**	**746**	**746**	**4456**	**3818**	**176,247**

Table E-2—AmeriHealth: MY 2023

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	57.25%	55.18%	63.48%	19.89%	38.67%	59.43%	64.32%	50.61%
Not Black/African American	51.71%	60.24%	69.97%	33.79%	53.79%	70.46%	74.51%	55.62%
American Indian/Alaska Native	52.61%	38.30%	67.02%	7.14%	28.57%	66.39%	62.86%	54.29%
Not American Indian/Alaska Native	54.16%	58.56%	67.37%	28.77%	48.28%	66.32%	70.39%	53.60%
Ethnicity								
Hispanic/Latino	59.85%	60.86%	72.58%	34.04%	56.74%	71.17%	71.17%	61.55%
Non-Hispanic/Latino	53.45%	57.64%	66.24%	27.47%	46.44%	64.29%	64.29%	50.55%
Disability Status								
Disability	38.44%	46.15%	46.15%	21.28%	47.87%	52.94%	76.92%	43.02%
No Disability	54.57%	58.24%	67.42%	29.25%	48.00%	66.35%	70.28%	53.63%
Gender								
Female	54.14%	58.21%	67.37%	30.45%	50.22%	66.90%	69.85%	54.72%
Male	NA	NA	NA	23.17%	42.08%	65.78%	70.74%	52.49%
Geography								
Rural	54.77%	59.39%	64.41%	28.17%	47.22%	64.91%	69.37%	51.10%
Urban	54.15%	57.92%	68.38%	28.68%	48.18%	67.00%	70.72%	54.48%
Other	25.41%	46.15%	69.23%	0.00%	66.67%	33.33%	50.94%	23.33%
LTSS Needs								
ABD	41.25%	54.41%	51.47%	17.60%	43.20%	22.22%	64.29%	48.02%
Non-ABD	55.84%	58.26%	67.56%	30.11%	48.71%	66.68%	70.39%	53.71%
Total Population	**33,290**	**5528**	**5528**	**942**	**942**	**8920**	**9415**	**168,712**

Table E-3—Carolina Complete: MY 2022

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	53.10%	52.33%	62.41%	24.64%	45.97%	60.89%	61.53%	47.67%
Not Black/African American	48.77%	51.49%	64.15%	33.13%	59.04%	67.35%	74.00%	52.30%
American Indian/Alaska Native	55.83%	40.16%	48.03%	14.29%	57.14%	65.43%	70.83%	57.37%
Not American Indian/Alaska Native	50.83%	52.17%	63.71%	30.04%	53.92%	64.60%	68.59%	50.20%
Ethnicity								
Hispanic/Latino	54.75%	55.59%	73.31%	39.53%	68.60%	69.61%	78.28%	58.79%
Non-Hispanic/Latino	50.50%	51.17%	61.41%	28.01%	51.20%	62.57%	65.19%	47.23%
Disability Status								
Disability	40.10%	60.00%	66.67%	22.58%	43.55%	13.79%	48.28%	44.62%
No Disability	51.99%	51.81%	63.30%	30.77%	55.30%	65.01%	68.82%	50.44%
Gender								
Female	50.93%	51.88%	63.33%	32.14%	58.93%	64.56%	68.20%	51.56%
Male	NA	NA	NA	23.84%	41.06%	64.68%	69.08%	49.10%
Geography								
Rural	52.57%	48.66%	60.86%	27.22%	53.89%	68.07%	70.45%	51.03%
Urban	50.21%	53.94%	65.00%	31.09%	53.96%	63.13%	67.58%	50.24%
Other	45.14%	50.93%	60.19%	31.82%	54.55%	54.64%	70.00%	40.83%
LTSS Needs								
ABD	40.15%	60.00%	66.67%	22.58%	43.55%	13.33%	48.28%	44.73%
Non-ABD	51.99%	51.81%	63.30%	30.77%	55.30%	65.03%	68.82%	50.44%
Total Population	**32,444**	**5310**	**5310**	**543**	**543**	**3779**	**3214**	**138,716**

Table E-4—Carolina Complete: MY 2023

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	56.80%	55.91%	61.57%	25.71%	44.49%	63.28%	64.31%	50.88%
Not Black/African American	51.65%	54.48%	68.88%	38.02%	58.38%	69.93%	74.09%	56.37%
American Indian/Alaska Native	56.72%	34.04%	54.26%	22.22%	44.44%	65.38%	67.40%	55.80%
Not American Indian/Alaska Native	54.09%	55.58%	65.83%	32.98%	52.63%	67.15%	69.98%	53.99%
Ethnicity								
Hispanic/Latino	56.94%	55.36%	72.82%	41.33%	61.33%	70.32%	77.58%	61.59%
Non-Hispanic/Latino	53.79%	55.07%	63.98%	31.55%	51.19%	65.68%	66.81%	50.97%
Disability Status								
Disability	41.88%	55.38%	46.15%	14.86%	33.78%	18.00%	57.39%	49.03%
No Disability	55.42%	55.12%	65.87%	35.45%	55.25%	67.46%	70.11%	54.12%
Gender								
Female	54.14%	55.13%	65.58%	36.92%	56.48%	67.85%	68.94%	55.04%
Male	NA	NA	NA	22.94%	42.94%	66.37%	70.87%	53.00%
Geography								
Rural	55.78%	50.27%	61.61%	36.55%	55.17%	69.70%	71.91%	55.70%
Urban	53.84%	56.75%	66.97%	31.71%	51.39%	66.47%	69.53%	53.69%
Other	31.61%	53.57%	57.14%	0.00%	100.00%	38.10%	40.00%	19.06%
LTSS Needs								
ABD	41.90%	55.22%	46.27%	14.86%	33.78%	18.00%	57.39%	49.03%
Non-ABD	55.43%	55.12%	65.88%	35.45%	55.25%	67.46%	70.11%	54.12%
Total Population	**28,456**	**4419**	**4419**	**579**	**579**	**7029**	**7926**	**127,310**

Table E-5—Healthy Blue: MY 2022

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	53.45%	50.51%	62.64%	29.81%	54.33%	60.67%	65.75%	51.43%
Not Black/African American	47.46%	52.44%	65.72%	38.21%	61.01%	68.31%	74.61%	55.05%
American Indian/Alaska Native	53.46%	45.45%	52.73%	40.00%	53.33%	70.64%	67.01%	55.27%
Not American Indian/Alaska Native	49.98%	51.76%	64.68%	35.21%	58.74%	65.26%	71.28%	53.66%
Ethnicity								
Hispanic/Latino	54.60%	55.30%	70.91%	36.67%	62.67%	70.80%	77.89%	61.39%
Non-Hispanic/Latino	49.64%	51.09%	63.47%	35.07%	58.09%	63.81%	69.37%	51.49%
Disability Status								
Disability	36.41%	59.46%	57.66%	23.62%	51.18%	17.95%	58.11%	49.31%
No Disability	51.72%	51.56%	64.51%	36.66%	59.57%	65.59%	71.36%	53.76%
Gender								
Female	50.04%	51.64%	64.44%	37.22%	61.25%	65.66%	70.49%	54.49%
Male	NA	NA	NA	30.38%	52.21%	65.02%	71.92%	52.87%
Geography								
Rural	49.81%	51.63%	60.39%	41.28%	60.14%	65.92%	70.88%	52.53%
Urban	49.68%	50.90%	65.74%	33.64%	58.06%	65.30%	71.33%	54.22%
Other	59.37%	62.43%	66.73%	28.21%	61.54%	52.78%	70.24%	47.32%
LTSS Needs								
ABD	36.36%	59.82%	57.14%	23.62%	51.18%	17.95%	58.11%	49.35%
Non-ABD	51.74%	51.56%	64.52%	36.66%	59.57%	65.59%	71.36%	53.76%
Total Population	**68,086**	**11,137**	**11,137**	**1188**	**1188**	**7351**	**6332**	**277,729**

Table E-6—Healthy Blue: MY 2023

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	55.72%	51.77%	61.68%	29.01%	47.81%	63.23%	67.28%	53.00%
Not Black/African American	50.01%	54.54%	66.87%	36.65%	57.61%	70.59%	75.82%	56.95%
American Indian/Alaska Native	54.02%	39.58%	55.73%	31.25%	43.75%	74.09%	70.49%	56.74%
Not American Indian/Alaska Native	52.47%	53.68%	64.96%	34.09%	54.39%	67.58%	72.48%	55.41%
Ethnicity								
Hispanic/Latino	56.68%	53.66%	69.19%	39.11%	63.69%	72.21%	80.50%	62.53%
Non-Hispanic/Latino	52.09%	53.40%	64.08%	33.43%	53.11%	66.44%	70.44%	53.54%
Disability Status								
Disability	40.59%	48.25%	55.26%	23.83%	39.25%	22.46%	72.02%	49.95%
No Disability	53.85%	53.49%	64.90%	35.62%	56.58%	68.09%	72.45%	55.53%
Gender								
Female	52.50%	53.43%	64.80%	35.63%	55.73%	67.90%	72.56%	56.32%
Male	NA	NA	NA	30.33%	50.84%	67.48%	72.33%	54.51%
Geography								
Rural	52.77%	53.68%	61.55%	34.83%	52.51%	68.56%	72.63%	54.56%
Urban	52.49%	53.48%	66.07%	33.77%	54.81%	67.45%	72.53%	55.81%
Other	39.12%	41.18%	52.94%	42.86%	57.14%	58.02%	52.27%	28.82%
LTSS Needs								
ABD	40.55%	48.25%	55.26%	23.61%	39.35%	22.46%	72.02%	49.89%
Non-ABD	53.87%	53.49%	64.90%	35.67%	56.59%	68.09%	72.45%	55.53%
Total Population	**74,776**	**11,137**	**11,137**	**1612**	**1612**	**15,599**	**16,397**	**286,214**

Table E-7—United Healthcare: MY 2022

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	49.06%	46.53%	59.72%	25.46%	46.95%	53.87%	62.05%	44.41%
Not Black/African American	43.05%	49.75%	64.69%	38.12%	57.85%	61.14%	69.18%	48.20%
American Indian/Alaska Native	50.51%	47.80%	55.61%	42.11%	52.63%	59.40%	70.65%	48.65%
Not American Indian/Alaska Native	45.62%	48.43%	62.79%	33.40%	53.94%	58.35%	66.26%	46.66%
Ethnicity								
Hispanic/Latino	51.15%	52.74%	70.52%	44.64%	65.18%	59.37%	59.37%	53.70%
Non-Hispanic/Latino	45.22%	47.69%	61.30%	32.23%	52.57%	58.07%	58.07%	44.59%
Disability Status								
Disability	30.23%	50.00%	60.20%	21.21%	40.15%	11.76%	62.96%	43.29%
No Disability	47.89%	48.40%	62.66%	35.34%	55.91%	58.90%	66.40%	46.77%
Gender								
Female	45.73%	48.42%	62.63%	35.29%	54.51%	58.34%	64.91%	47.55%
Male	NA	NA	NA	28.83%	52.31%	58.40%	67.77%	45.84%
Geography								
Rural	44.97%	47.04%	62.01%	31.33%	51.78%	62.06%	67.70%	46.79%
Urban	46.36%	49.33%	63.25%	35.37%	55.78%	55.75%	65.50%	46.78%
Other	31.45%	51.39%	48.61%	25.00%	37.50%	58.33%	55.56%	15.18%
LTSS Needs								
ABD	30.17%	50.00%	60.20%	21.21%	40.15%	11.76%	62.96%	43.29%
Non-ABD	47.92%	48.40%	62.66%	35.34%	55.91%	58.90%	66.40%	46.77%
Total Population	**56,992**	**9096**	**9096**	**1046**	**1046**	**6063**	**5069**	**226,509**

Table E-8—United Healthcare: MY 2023

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	56.05%	47.13%	60.80%	29.43%	47.88%	58.80%	63.57%	48.89%
Not Black/African American	51.00%	51.62%	69.71%	35.79%	59.29%	67.22%	71.67%	54.29%
American Indian/Alaska Native	56.44%	34.55%	61.78%	10.34%	37.93%	65.18%	65.06%	54.46%
Not American Indian/Alaska Native	53.14%	50.26%	66.26%	34.02%	55.43%	63.89%	68.50%	52.10%
Ethnicity								
Hispanic/Latino	58.08%	50.14%	70.07%	41.41%	62.50%	64.97%	64.97%	57.44%
Non-Hispanic/Latino	52.70%	49.76%	65.40%	32.25%	53.90%	63.54%	63.54%	50.40%
Disability Status								
Disability	38.91%	50.60%	60.24%	25.61%	43.29%	28.30%	68.75%	47.35%
No Disability	55.43%	49.81%	66.21%	34.80%	57.09%	64.26%	68.41%	52.24%
Gender								
Female	53.22%	49.82%	66.13%	35.03%	56.73%	64.49%	68.86%	52.82%
Male	NA	NA	NA	28.92%	50.17%	63.35%	68.00%	51.46%
Geography								
Rural	51.98%	45.91%	65.75%	32.97%	58.24%	65.80%	69.76%	51.98%
Urban	54.24%	52.94%	66.65%	33.73%	52.54%	62.92%	67.83%	52.45%
Other	34.13%	43.59%	55.13%	28.57%	42.86%	37.97%	41.94%	16.64%
LTSS Needs								
ABD	38.97%	50.60%	60.24%	25.45%	43.03%	28.30%	68.75%	47.37%
Non-ABD	55.44%	49.81%	66.21%	34.84%	57.16%	64.26%	68.41%	52.24%
Total Population	**4318**	**6809**	**6809**	**1052**	**1052**	**10,974**	**11,685**	**192,174**

Table E-9—WellCare: MY 2022

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	55.93%	52.66%	62.52%	30.13%	47.12%	59.14%	66.85%	49.60%
Not Black/African American	50.51%	54.03%	71.20%	28.08%	48.97%	68.01%	73.98%	53.67%
American Indian/Alaska Native	54.50%	48.47%	66.26%	21.43%	50.00%	60.80%	79.52%	55.45%
Not American Indian/Alaska Native	52.83%	53.59%	67.75%	28.91%	48.30%	64.64%	71.07%	52.04%
Ethnicity								
Hispanic/Latino	58.44%	55.21%	76.38%	40.68%	60.17%	66.38%	75.80%	57.39%
Non-Hispanic/Latino	52.30%	53.15%	66.09%	26.99%	46.53%	63.98%	69.75%	50.34%
Disability Status								
Disability	38.37%	50.00%	54.17%	21.78%	38.61%	18.92%	65.75%	45.80%
No Disability	54.78%	53.52%	67.88%	29.69%	49.56%	64.83%	71.31%	52.23%
Gender								
Female	52.86%	53.48%	67.72%	29.68%	48.39%	64.51%	71.44%	53.35%
Male	NA	NA	NA	26.81%	48.19%	64.61%	71.01%	50.87%
Geography								
Rural	54.26%	55.80%	63.34%	31.19%	50.00%	68.08%	70.70%	51.69%
Urban	52.47%	52.67%	69.24%	28.18%	47.83%	63.58%	71.44%	52.34%
Other	37.98%	59.09%	56.82%	0.00%	50.00%	35.29%	47.62%	20.66%
LTSS Needs								
ABD	38.28%	50.00%	54.17%	21.57%	38.24%	18.92%	66.22%	45.77%
Non-ABD	54.81%	53.52%	67.88%	29.72%	49.62%	64.83%	71.30%	52.23%
Total Population	**41,813**	**7790**	**7790**	**898**	**898**	**6205**	**4642**	**207,350**

Table E-10—WellCare: MY 2023

Stratification	CCS	PPC: Timeliness of Prenatal Care	PPC: Post-partum Care	FUH: 7-Day Follow-Up	FUH: 30-Day Follow-Up	W30: First 15 Months	W30: 15-30 Months	WCV
Binary Race								
Black/African American	57.79%	49.45%	64.96%	29.73%	50.15%	60.59%	65.69%	50.32%
Not Black/African American	53.73%	51.28%	69.67%	32.66%	54.79%	69.94%	74.59%	55.57%
American Indian/Alaska Native	54.50%	29.79%	52.13%	20.00%	40.00%	71.04%	78.09%	55.91%
Not American Indian/Alaska Native	55.35%	50.87%	68.18%	31.86%	53.48%	66.73%	71.50%	53.73%
Ethnicity								
Hispanic/Latino	59.85%	50.82%	73.55%	38.10%	61.11%	69.21%	76.24%	58.84%
Non-Hispanic/Latino	54.83%	50.58%	66.85%	30.91%	52.32%	65.88%	70.04%	51.97%
Disability Status								
Disability	42.24%	54.00%	55.00%	22.96%	40.00%	32.48%	62.73%	48.24%
No Disability	56.97%	50.58%	68.15%	33.01%	55.27%	67.10%	71.75%	53.86%
Gender								
Female	55.34%	50.62%	67.99%	32.82%	54.66%	67.45%	71.16%	54.47%
Male	NA	NA	NA	28.87%	49.83%	66.16%	72.00%	53.03%
Geography								
Rural	56.01%	48.59%	65.76%	34.88%	54.65%	66.75%	72.84%	52.77%
Urban	55.29%	51.32%	68.72%	30.78%	53.03%	66.92%	71.33%	54.19%
Other	29.27%	45.65%	65.22%	28.57%	42.86%	47.62%	47.62%	20.45%
LTSS Needs								
ABD	42.15%	53.47%	54.46%	22.79%	39.71%	32.48%	62.73%	48.38%
Non-ABD	57.00%	50.59%	68.16%	33.05%	55.33%	67.10%	71.75%	53.86%
Total Population	**45,702**	**7925**	**7925**	**1074**	**1074**	**13,298**	**12,673**	**205,370**

Appendix F: Provider Directory Validation Rates

Table F-1—Provider Directory Validation Annual Rates

SP	Annual Accuracy Rates (N/D) %
Year 1	
AmeriHealth	616/648 95.06%
Carolina Complete	656/672 97.62%
Healthy Blue	664/696 95.42%
United Healthcare	424/440 96.36%
WellCare	488/512 95.31%
Year 2	
AmeriHealth	480/480 100%
Carolina Complete	478/480 99.58%
Healthy Blue	480/480 100%
United Healthcare	479/480 99.79%
WellCare	480/480 100%

Appendix G: Provider Directory Validation Chi-Squared

Table G-1—Provider Directory Validation Chi-Squared Analysis

NC SP Aggregate	Accuracy Rate	Chi-Square	p-value
Met 100% Accuracy	3 (30.00%)	4.29	0.038
Not Met 100% Accuracy	7 (70.00%)		

Note: $p<0.05$ is considered significant.

Table G-2—Provider Directory Validation: Chi-Squared Monthly Maximum Performance Analysis

SP	Year	Met 100% Accuracy Rate n(%)	Not Met 100% Accuracy Rate n(%)	Chi-square	p-value
AmeriHealth	Year 1	9 (75.00%)	3 (25.00%)	3.43	0.064
	Year 2	12 (100%)	0 (0%)		
Carolina Complete	Year 1	10 (83.33%)	2 (16.67%)	0.00	1.000
	Year 2	10 (83.33%)	2 (16.67%)		
Healthy Blue	Year 1	9 (75.00%)	3 (25.00%)	3.43	0.064
	Year 2	12 (100%)	0 (0%)		
United Healthcare	Year 1	10 (83.33%)	2 (16.67%)	0.381	0.537
	Year 2	11 (91.67%)	1 (8.33%)		
WellCare	Year 1	10 (83.33%)	2 (16.67%)	2.18	0.140
	Year 2	12 (100%)	0 (0%)		

Note: $p<0.05$ is considered significant.

Appendix H: Provider Access Call Study

Provider Access Call Study Wait Time Overviews by Provider Type

Table H-1—Routine Appointments: PCP Wait Time Overview

SP	Average Wait Time (Days)	Median Wait Time (Days)	Range
Revealed Call - New Patient			
AmeriHealth	44.89	21.00	[4.00, 134.00]
Carolina Complete	37.73	29.50	[1.00, 119.00]
Healthy Blue	29.94	15.00	[2.00, 89.00]
United Healthcare	37.74	28.00	[1.00, 172.00]
WellCare	35.77	18.50	[0, 231.00]
Revealed Call - Current Patient			
AmeriHealth	12.33	6.00	[2.00, 38.00]
Carolina Complete	22.14	16.50	[1.00, 119.00]
Healthy Blue	17.06	5.00	[1.00, 92.00]
United Healthcare	15.70	8.00	[0.00, 122.00]
WellCare	17.91	14.00	[1.00, 88.00]

Table H-2—Routine Appointments: OB/GYN Wait Time Overview

SP	Average Wait Time (Days)	Median Wait Time (Days)	Range
Revealed Call - New Patient			
AmeriHealth	24.92	17.00	[2, 88.00]
Carolina Complete	48.97	37.00	[0, 164.00]
Healthy Blue	45.80	28.00	[2, 160.00]
United Healthcare	31.35	20.00	[2, 112.00]
WellCare	44.52	36.00	[7, 140.00]
Revealed Call - Current Patient			
AmeriHealth	15.80	11.00	[2, 56.00]
Carolina Complete	25.06	16.00	[0, 91.00]
Healthy Blue	29.32	17.00	[2, 96.00]
United Healthcare	22.96	14.00	[0, 75.00]
WellCare	40.55	26.00	[5, 140.00]

Table H-3—Routine Appointments: Behavioral Health Wait Time Overview

SP	Average Wait Time (Days)	Median Wait Time (Days)	Range
Revealed New Patient			
AmeriHealth	20.14	14.50	[5, 68.00]
Carolina Complete	28.59	23.00	[2, 126.00]
Healthy Blue	21.08	16.00	[7, 56.00]
United Healthcare	27.57	12.00	[1, 365.00]
WellCare	15.94	13.00	[0, 39.00]
Secret - New Patient			
AmeriHealth	33.40	16.00	[1, 366.00]
Carolina Complete	39.05	17.50	[1, 183.00]
Healthy Blue	15.28	10.50	[0, 69.00]
United Healthcare	35.26	15.00	[0, 396.00]
WellCare	26.67	21.00	[1, 88.00]
Revealed Call - Current Patient			
AmeriHealth	11.14	7.00	[1, 68.00]
Carolina Complete	11.89	7.00	[0, 46.00]
Healthy Blue	8.23	7.00	[1, 21.00]
United Healthcare	13.39	7.00	[1, 90.00]
WellCare	9.29	7.00	[2, 27.00]