

2023 Adult and Child Medicaid CAHPS[®] Aggregate Report

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

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Abbreviations

The following is a list of abbreviations and acronyms used throughout this report.

- **AHRQ**—Agency for Healthcare Research and Quality
- **AMH**—Advanced Medical Home
- **CAHPS[®]**—Consumer Assessment of Healthcare Providers and Systems¹
- **CCC**—Children with Chronic Conditions
- **CMS**—Centers for Medicare & Medicaid Services
- **DHB**—Division of Health Benefits
- **EBCI**—Eastern Band of Cherokee Indians
- **EQRO**—External Quality Review Organization
- **HEDIS[®]**—Healthcare Effectiveness Data and Information Set²
- **HIE**—Health Information Exchange
- **HSAG**—Health Services Advisory Group, Inc.
- **I/DD**—Intellectual/Developmental Disabilities
- **NC**—North Carolina
- **NCOA**—National Change of Address
- **NCQA**—National Committee for Quality Assurance
- **PHP**—Prepaid health plan
- **PCP**—Primary care physician
- **RTI**—Research Triangle Institute
- **SP**—Standard Plan

¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

1. Executive Summary

Overview

The North Carolina (NC) Department of Health and Human Services Division of Health Benefits (DHB) contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Surveys annually. The CAHPS questionnaires were developed under cooperative agreements among the Agency for Healthcare Research and Quality (AHRQ), Harvard Medical School, RAND Corporation, and the Research Triangle Institute (RTI) and are used as a national standard for assessing members' health care experience. The goals of the CAHPS surveys are to provide performance feedback that is actionable and will aid in improving overall care.

Survey Instruments

The standardized survey instruments selected included:

- CAHPS 5.1 Adult Medicaid Health Plan Survey with the supplemental Healthcare Effectiveness Data and Information Set (HEDIS) items (Please see Appendix B for a copy of the survey instrument.)
- CAHPS 5.1 Child Medicaid Health Plan Survey with the supplemental HEDIS items and without children with chronic conditions (CCC) measurement set (Please see Appendix B for a copy of the survey instrument.)

The adult survey included 40 core questions with nine supplemental questions added by DHB, and the child survey included 41 core questions with eight supplemental questions added by DHB. The survey includes a set of measures that can be classified as:

1. Global ratings (ratings of member experience on a scale of 0 to 10)
2. Composite measures (groups of related questions that are combined to form a composite)
3. Individual measures (based on a single question).

Survey Administration

Adult members and parents or caretakers of child members completed the surveys from July 28 to October 20, 2023. Respondents provided feedback on their/their child's experiences with care and services over the prior six months. The survey administration process allowed two methods by which the surveys could be completed: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. The first survey mailing was followed by a reminder postcard. A second survey

mailing was sent to all non-respondents, which was followed by a second reminder postcard. Finally, a third survey mailing was sent to all non-respondents.

Survey Populations

HSAG administered the surveys to members in the five prepaid health plans (PHPs) (see Table 1-1). PHPs offer integrated physical health, pharmacy, care coordination, and basic behavioral health services.³

Table 1-1—Participating PHPs

Name	Abbreviation
AmeriHealth Caritas North Carolina, Inc.	AmeriHealth
Carolina Complete Health, Inc.	Carolina Complete
Healthy Blue of North Carolina	Healthy Blue
UnitedHealthcare of North Carolina, Inc.	UnitedHealthcare
WellCare of North Carolina, Inc.	WellCare

In addition, HSAG also administered the surveys to five specific NC Medicaid populations. These populations included:

- Individuals enrolled in a PHP receiving behavioral health services (i.e., Standard Plan [SP] Behavioral Health population)
- American Indian or Alaskan Native individuals who were enrolled in the Eastern Band of Cherokee Indians (EBCI) Tribal Option⁴
- Members receiving health care through Medicaid Direct (formally known as fee-for-service)⁵
- Current Medicaid Direct enrollees who would qualify for Tailored Plans (Tailored Plan Eligible) who have mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorders⁶
- Children in foster care who are served by the child welfare system

³ Fact Sheet. Standard Plans and Behavioral Health I/DD Tailored Plans. <https://medicaid.ncdhhs.gov/documents/medicaid/fact-sheet-standard-plan-and-tailored-plan-services/open>. Accessed on: June 4, 2024.

⁴ The tribal option manages beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties.

⁵ The Medicaid Direct population is composed of former foster youth, foster child or using adoption services, dual eligibles, waiver populations, and people that opted for Medicaid Direct.

⁶ Tailored Plans, once implemented, will offer integrated physical health, pharmacy, care coordination, and behavioral health services for members who may have significant mental health needs, I/DD, traumatic brain injuries, or severe substance use disorders.

HSAG grouped respondents to create aggregate results for comparative purposes:

- **NC Medicaid Program**—Combined results of all five PHPs, EBCI Tribal Option, and Medicaid Direct. For the child NC Medicaid Program, this aggregate also includes the Foster Care population.
- **NC PHP Aggregate**—Combined results of all five PHPs.

Results were used to assess the experience of care for two populations:

- **Adult members**—a general sample of adults (18 years of age or older) from the entire eligible population. For detailed results, please refer to Section 3, beginning on page 42.
- **Child members**—a general sample of children (17 years of age or younger) from the entire eligible population. For detailed results, please refer to Section 4, beginning on page 148.

Table 1-2 provides an overview of the general population sample sizes (i.e., general population sample and general sample increase) and response rates for each program-specific population.

Table 1-2—Program-Specific Populations Sample Sizes and Response Rates

Program-Specific Populations	Population	Total Number of People Sampled (i.e., General Samples)	Response Rates and Number of Respondents (N)
Grand Total	Adult General Sample	49,943	8.14% (4,063)
	Child General Sample	49,045	9.83% (4,823)
AmeriHealth	Adult General Sample	8,595	6.41% (549)
	Child General Sample	7,491	7.73% (578)
Carolina Complete	Adult General Sample	7,341	6.47% (474)
	Child General Sample	5,870	9.19% (538)
Healthy Blue	Adult General Sample	6,270	7.67% (479)
	Child General Sample	4,896	9.65% (472)
UnitedHealthcare	Adult General Sample	5,463	7.19% (392)
	Child General Sample	5,580	7.76% (432)
WellCare	Adult General Sample	6,487	7.45% (483)
	Child General Sample	7,328	8.47% (620)
SP Behavioral Health	Adult General Sample	5,842	8.86% (515)
	Child General Sample	4,098	12.81% (524)
EBCI Tribal Option	Adult General Sample	1,547	7.24% (112)
	Child General Sample	920	7.63% (70)
Medicaid Direct	Adult General Sample	4,338	13.54% (569)
	Child General Sample	3,414	5.23% (172)
Tailored Plan Eligible	Adult General Sample	4,060	12.15% (490)
	Child General Sample	4,096	10.36% (423)
Foster Care	Child General Sample	5,352	18.62% (994)

Black and Hispanic oversamples are not included in the sample sizes and total respondents in this table.

Performance Highlights

HSAG calculated positive ratings for each measure. The positive scores represent the percentage of respondents with positive survey responses (i.e., rate their experience of care higher). The positive ratings include respondents who:

- Provided a rating of 8, 9, or 10 on the global ratings.
- Usually or always received and/or had access to the care and services they/their child needed.
- Sometimes, usually, or always were advised to quit smoking and using tobacco.

These positive ratings are used to compare results to NCQA national percentiles, to the NC Medicaid Program and NC PHP Aggregate, by race and ethnicity, by urbanicity, and by Advanced Medical Home

(AMH) Tier designation (members with an assigned primary care physician [PCP] with an AMH Tier 3 designation compared to the non-AMH Tier 3 population [i.e., members with an assigned PCP with an AMH Tier 1 or 2 designation and members with an assigned PCP without an AMH designation]). The results presented in the Executive Summary are limited to the standard CAHPS measures in Table 2-1 in the Reader’s Guide on page 22.

National Percentile Comparisons

NC Medicaid Program and NC PHP Aggregate positive ratings were compared to the National Committee for Quality Assurance’s (NCQA’s) 2023 Quality Compass® Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fall within.^{7,8} Using the percentile distributions shown in Table 1-3, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater than or equal to the national 90th percentile.

Table 1-3—NCQA National Percentile Distributions Used to Assign Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90 th percentile
★★★★ Very Good	At or between the 75 th and 89 th percentiles
★★★ Good	At or between the 50 th and 74 th percentiles
★★ Fair	At or between the 25 th and 49 th percentiles
★ Poor	Below the 25 th percentile

Table 1-4 provides the star ratings for each measure for the NC Medicaid Program and NC PHP Aggregate when the positive ratings were compared to NCQA national percentiles. Please note this table primarily serves the purpose of comparing NC Medicaid’s performance to the national percentiles – no statistically significant differences are reported in this table. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 35. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 43 and 149 for the adult and child populations, respectively.

⁷ Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).
⁸ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023. Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

**Table 1-4—NC Medicaid Program and NC PHP Aggregate Star Ratings
When Positive Ratings Results Were Compared to NCQA National Percentiles (2023)**

Measures	NC Medicaid Program Compared to National Percentiles		NC PHP Aggregate Compared to National Percentiles	
	Adult	Child	Adult	Child
Global Ratings				
<i>Rating of Health Plan</i>	★★ 76.75%	★★ 84.43%	★ 73.96%	★★ 85.94%
<i>Rating of All Health Care</i>	★★★★ 78.16%	★★★ 88.04%	★★★★ 78.57%	★★★ 88.05%
<i>Rating of Personal Doctor</i>	★★★★ 86.63%	★★★ 90.70%	★★★ 83.97%	★★★ 90.63%
<i>Rating of Specialist Seen Most Often</i>	★★★★ 86.37%	★★★ 87.03%	★★★ 84.26%	★★★ 87.15%
Composite Measures				
<i>Getting Needed Care</i>	★★★★ 85.95%	★★★ 85.96%	★★★ 82.96%	★★★ 85.74%
<i>Getting Care Quickly</i>	★★★★ 85.19%	★★★ 87.95%	★★★ 83.72%	★★★ 87.72%
<i>How Well Doctors Communicate</i>	★★★ 93.83%	★★★★★ 96.14%	★★★ 93.60%	★★★★ 95.91%
<i>Customer Service</i>	★★★★ 91.90%	★★★ 88.73%	★★ 88.19%	★★★ 89.18%
Individual Item Measures				
<i>Coordination of Care</i>	★★★★ 87.66%	★★★ 84.71%	★★★ 86.02%	★★★ 84.64%
<i>Flu Vaccination Received</i>	★★★ 42.51%	NA	★ 34.69%	NA
Medical Assistance With Smoking and Tobacco Use Cessation Items				
<i>Advising Smokers and Tobacco Users to Quit</i>	★★★★ 78.87%	NA	★★★ 76.16%	NA
<i>Discussing Cessation Medications</i>	★★★ 54.14%	NA	★★ 49.11%	NA
<i>Discussing Cessation Strategies</i>	★★★ 47.15%	NA	★★ 43.15%	NA
<p>NA Indicates the measure is not applicable for the population. Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader's Guide beginning on page 33.</p>				

Overall, compared to NCQA national percentiles, adult members reported higher levels of experience (i.e., four and five stars) across a majority of the areas compared to child members for the NC Medicaid Program. Compared to the NCQA national percentiles, adult members reported high levels of experience for *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, *Customer Service*, *Coordination of Care*, and *Advising Smokers and Tobacco Users to Quit*. Compared to NCQA national percentiles, parents/caretakers of child members reported high levels of experience for *How Well Doctors Communicate*.

Compared to the NCQA national percentiles, adult members and parents/caretakers of child members reported low levels of experience (i.e., one and two stars) for *Rating of Health Plan* for the NC Medicaid Program.

Aggregate Comparisons

HSAG compared the individual PHPs’ and populations’ positive ratings to the overall NC Medicaid Program and NC PHP Aggregate to determine if the populations’ results were significantly different from the NC Medicaid Program and/or NC PHP Aggregate. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 36.

NC Medicaid Comparisons

Table 1-5 and Table 1-6 provide a summary of the PHPs and populations, respectively, with significant differences when the PHP and population-specific results were compared to the overall NC Medicaid Program.

Table 1-5—PHP-Specific Populations Positive Rating Results Compared to NC Medicaid Program Results: Significant Differences (2023)

Measures	NC Medicaid Program	Ameri-Health	Carolina Complete	Healthy Blue	United-Healthcare	WellCare
Adult Population	SS: 40,041 R: 3,058	SS: 8,595 R: 549	SS: 7,341 R: 474	SS: 6,270 R: 479	SS: 5,463 R: 392	SS: 6,487 R: 483
<i>Rating of Health Plan</i>	76.75%	∅	∅	∅	∅	∅
<i>Rating of All Health Care</i>	78.16%	∅	∅	∅	∅	∅ ⁺
<i>Rating of Personal Doctor</i>	86.63%	∅	∅	∅	∅	∅ ⁺
<i>Getting Care Quickly</i>	85.19%	∅	87.71% ↑	∅	∅	∅
<i>Getting Needed Care</i>	85.95%	∅	∅	∅	∅	∅ ⁺
<i>How Well Doctors Communicate</i>	93.83%	∅	∅	∅	∅	∅ ⁺
<i>Customer Service</i>	91.90%	84.82% ↓	∅	∅	∅	∅ ⁺
<i>Flu Vaccination Received</i>	42.51%	∅	∅	34.55% ↓	∅	30.65% ↓

Measures	NC Medicaid Program	Ameri-Health	Carolina Complete	Healthy Blue	United-Healthcare	WellCare
Child Population	SS: 40,851 R: 3,876	SS: 7,491 R: 578	SS: 5,870 R: 538	SS: 4,896 R: 472	SS: 5,580 R: 432	SS: 7,328 R: 620
<i>Rating of Health Plan</i>	84.43%	∅	87.62% ↑	86.88% ↑	87.50% ↑	∅ ⁺
<i>Rating of All Health Care</i>	88.04%	∅	∅	∅	∅	∅ ⁺
<i>Rating of Personal Doctor</i>	90.70%	∅	∅	∅	∅	∅ ⁺
<i>Getting Care Quickly</i>	87.95%	84.13% ↓	∅	∅	∅	∅
<i>How Well Doctors Communicate</i>	96.14%	95.05% ↓	∅	∅	93.98% ↓	∅ ⁺
<i>Coordination of Care</i>	84.71%	∅	92.54% ↑	∅	∅	∅

*Blue shading indicates the 2023 score is significantly different than the NC Medicaid Program.
 An "SS" indicates the sample size and an "R" indicates the respondents.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 ∅ Indicates the score is not significantly higher or lower than the NC Medicaid Program.
 ↑ Indicates the score is significantly higher than the NC Medicaid Program.
 ↓ Indicates the score is significantly lower than the NC Medicaid Program.*

Table 1-6—Population-Specific Populations Positive Rating Results Compared to NC Medicaid Program Results: Significant Differences (2023)

Measures	NC Medicaid Program	EBCI Tribal Option	Foster Care (Child Only)	Medicaid Direct	SP Behavioral Health	Tailored Plan Eligible
Adult Population	SS: 40,041 R: 3,058	SS: 1,547 R: 112	NA	SS: 4,338 R: 569	SS: 5,842 R: 515	SS: 4,096 R: 423
<i>Rating of Health Plan</i>	76.75%	∅	NA	∅	69.26% ↓	∅
<i>Rating of All Health Care</i>	78.16%	∅	NA	∅	68.98% ↓	∅
<i>Rating of Personal Doctor</i>	86.63%	∅	NA	∅	79.95% ↓	∅
<i>Getting Needed Care</i>	85.95%	∅	NA	∅	79.11% ↓	∅
<i>How Well Doctors Communicate</i>	93.83%	∅	NA	∅	90.48% ↓	∅
<i>Customer Service</i>	91.90%	∅	NA	94.54% ↑	83.62% ↓	∅
<i>Flu Vaccination Received</i>	42.51%	54.55% ↑ ⁺	NA	48.06% ↑	35.23% ↓	∅
Child Population	SS: 40,851 R: 3,876	SS: 920 R: 70	SS: 5,352 R: 994	SS: 3,414 R: 72	SS: 4,098 R: 524	SS: 4,096 R: 423
<i>Rating of Health Plan</i>	84.43%	∅	∅	67.07% ↓	∅	78.66% ↓
<i>Rating of All Health Care</i>	88.04%	∅	∅	∅	82.34% ↓	∅
<i>Rating of Personal Doctor</i>	90.70%	∅	93.81% ↑	∅	86.85% ↓	∅
<i>Getting Care Quickly</i>	87.95%	∅	93.93% ↑	∅	∅	∅
<i>How Well Doctors Communicate</i>	96.14%	∅	97.82% ↑	98.33% ↑	∅	∅

Measures	NC Medicaid Program	EBCI Tribal Option	Foster Care (Child Only)	Medicaid Direct	SP Behavioral Health	Tailored Plan Eligible
<p>Blue shading indicates the 2023 score is significantly different than the NC Medicaid Program. An "SS" indicates the sample size and an "R" indicates the respondents. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. NA Indicates results are not applicable for the population. ∅ Indicates the score is not significantly higher or lower than the NC Medicaid Program. ↑ Indicates the score is significantly higher than the NC Medicaid Program. ↓ Indicates the score is significantly lower than the NC Medicaid Program.</p>						

NC PHP Aggregate Comparisons

Table 1-7 and Table 1-8 provide a summary of the PHPs and populations, respectively, with significant differences when the PHP and population-specific results were compared to the NC PHP Aggregate.

Table 1-7—PHP-Specific Populations Positive Rating Results Compared to NC PHP Aggregate Results: Significant Differences (2023)

Measures	NC PHP Aggregate	AmeriHealth	Carolina Complete	Healthy Blue
Adult Population	SS: 34,156 R: 2,377	SS: 8,595 R: 549	SS: 7,341 R: 474	SS: 6,270 R: 479
<i>Getting Care Quickly</i>	83.72%	∅	87.71% ↑	∅
Child Population	SS: 31,165 R: 2,640	SS: 7,491 R: 578	SS: 5,870 R: 538	SS: 4,896 R: 472
<i>Getting Care Quickly</i>	87.72%	84.13% ↓	91.36% ↑	∅
<i>How Well Doctors Communicate</i>	95.91%	∅	97.38% ↑	97.53% ↑
<i>Coordination of Care</i>	84.64%	∅ ⁺	92.54% ↑	∅
<p>Blue shading indicates the 2023 score is significantly different than the NC PHP Aggregate. An "SS" indicates the sample size and an "R" indicates the respondents. ∅ Indicates the score is not significantly higher or lower than the NC PHP Aggregate. ↑ Indicates the score is significantly higher than the NC PHP Aggregate. ↓ Indicates the score is significantly lower than the NC PHP Aggregate.</p>				

Table 1-8—Population-Specific Populations Positive Rating Results Compared to NC PHP Aggregate Results: Significant Differences (2023)

Measures	NC PHP Aggregate	EBCI Tribal Option	Foster Care (Child Only)	Medicaid Direct	SP Behavioral Health	Tailored Plan Eligible
Adult Population	SS: 34,156 Rs: 2,377	SS: 1,547 R: 112	NA	SS: 4,338 R: 569	SS: 5,842 Rs: 515	SS: 4,060 R: 490
<i>Rating of Health Plan</i>	73.96%	∅	NA	78.74% ↑	69.26% ↓	∅
<i>Rating of All Health Care</i>	78.57%	∅	NA	∅	68.98% ↓	∅

Measures	NC PHP Aggregate	EBCI Tribal Option	Foster Care (Child Only)	Medicaid Direct	SP Behavioral Health	Tailored Plan Eligible
Rating of Personal Doctor	83.97%	∅	NA	88.54% ↑	∅	∅
Getting Needed Care	82.96%	∅	NA	88.07% ↑	∅	∅
How Well Doctors Communicate	93.60%	∅	NA	∅	90.48% ↓	∅
Customer Service	88.19%	∅	NA	94.54% ↑	∅	∅
Flu Vaccination Received	34.69%	54.55% ↑ ⁺	NA	48.06% ↑	∅	43.72% ↑
Discussing Cessation Medications	49.11%	60.44% ↑ ⁺	NA	57.71% ↑	57.87% ↑	57.92% ↑
Discussing Cessation Strategies	43.15%	∅	NA	∅	∅	55.19% ↑
Child Population	SS: 31,165 R: 2,640	SS: 920 R: 70	SS: 5,352 R: 994	SS: 3,414 R: 172	SS: 4,098 R: 524	SS: 4,096 R: 423
Rating of Health Plan	85.94%	∅	∅	67.07% ↓	∅	78.66% ↓
Rating of All Health Care	88.05%	∅	∅	∅	82.34% ↓	∅
Rating of Personal Doctor	90.63%	∅	93.81% ↑	∅	86.85% ↓	∅
Getting Care Quickly	87.72%	∅	93.93% ↑	∅	∅	∅
How Well Doctors Communicate	95.91%	∅	97.82% ↑	98.33% ↑	∅	∅
<p>Blue shading indicates the 2023 score is significantly different than the NC PHP Aggregate. An "SS" indicates the sample size and an "R" indicates the respondents. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. NA Indicates results are not applicable for the population. ∅ Indicates the score is not significantly higher or lower than the NC PHP Aggregate. ↑ Indicates the score is significantly higher than the NC PHP Aggregate. ↓ Indicates the score is significantly lower than the NC PHP Aggregate.</p>						

Trend Analysis

NC Medicaid and NC PHP Aggregate positive ratings for 2023 were compared to 2022 to determine if there were significant differences. Parent/Caretaker respondents' 2023 ratings for how well doctors communicate and their child's health plan's customer service were significantly higher than their 2022 ratings for these measures for the NC Medicaid Program and NC PHP Aggregate.

For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 37. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 64 and 166 for the adult and child populations, respectively.

Race and Ethnicity Comparisons

HSAG evaluated the positive ratings to determine if there were significant differences by self-identified race and ethnicity. Race is categorized as White, Multi-Racial, Black, Native American, and Other.⁹ For this analysis, the Other race category includes: Asian, Native Hawaiian or other Pacific Islander, and Other. The positive ratings for each race category were compared as follows: White respondents were compared to non-White respondents; Multi-Racial respondents were compared to non-Multi-Racial respondents; Black respondents were compared to non-Black respondents; Native American respondents were compared to non-Native American respondents; and Other race respondents were compared to non-Other race respondents. Ethnicity is categorized as Hispanic and non-Hispanic. The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. Table 1-9 and Table 1-10 provide a summary of the race and ethnicity comparisons for the NC Medicaid Program, respectively.

Overall, the Other race category reported significantly worse ratings compared to non-Other race categories across several measures. Hispanic respondents reported significantly more positive ratings of their health plan and all health care when compared to non-Hispanic respondents; however, Hispanic parent/caretaker respondents’ ratings for access measures such as getting needed care, getting care quickly, how well doctors communicate, and coordination of care were significantly worse than those of non-Hispanic parent/caretaker respondents. Additionally, similar to the 2022 results, Hispanic respondents reported significantly worse access to medical assistance with smoking and tobacco use cessation than non-Hispanic respondents.

For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to the Reader’s Guide beginning on page 37. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 92 and 187 for the adult and child populations, respectively.

**Table 1-9—Race Comparisons
NC Medicaid Program Results: Significant Differences (2023)**

Measures	White	Non-White	Multi-Racial	Non-Multi-Racial	Black	Non-Black	Native American	Non-Native American	Other	Non-Other
Adult Population Sample Size: 44,841	R: 1,500	R: 1,486	R: 112	R: 2,874	R: 1,208	R: 2,081	R: 151	R: 2,835	R: 292	R: 2,694
<i>Rating of All Health Care</i>	∅	∅	∅ ⁺	∅	∅	∅	66.67%↓ ⁺	78.26%	∅ ⁺	∅
<i>Rating of Personal Doctor</i>	∅	∅	∅	∅	∅	∅	76.27%↓	85.10%	∅ ⁺	∅

⁹ The Native American category includes American Indian or Alaska Native.

Measures	White	Non-White	Multi-Racial	Non-Multi-Racial	Black	Non-Black	Native American	Non-Native American	Other	Non-Other
<i>How Well Doctors Communicate</i>	∅	∅	∅ ⁺	∅	∅	∅	∅	∅	89.69%↓	93.93%
<i>Customer Service</i>	∅ ⁺	∅	∅ ⁺	∅	93.31% ↑	88.18%	∅	∅	∅ ⁺	∅
<i>Advising Smokers and Tobacco Users to Quit</i>	∅ ⁺	∅	∅ ⁺	∅	∅	∅	∅	∅	60.53%↓ ⁺	77.98%
<i>Discussing Cessation Medications</i>	∅ ⁺	∅	∅ ⁺	∅	∅	∅	∅	∅	35.90%↓ ⁺	52.13%
Child Population Sample Size: 46,451	R: 1,806	R: 1,940	R: 292	R: 3,454	R: 1,106	R: 2,988	R: 116	R: 3,630	R: 719	R: 3,027
<i>Rating of Health Plan</i>	∅	∅	87.99%↑	83.78%	∅	∅	∅	∅	∅	∅
<i>Rating of Personal Doctor</i>	∅	∅	∅ ⁺	∅	∅	∅	83.87%↓ ⁺	91.95%	∅	∅
<i>Getting Needed Care</i>	87.99% ↑	85.17%	∅ ⁺	∅	∅	∅	∅	∅	80.42%↓	87.70%
<i>Getting Care Quickly</i>	∅	∅	∅ ⁺	∅	∅	∅	∅	∅	83.17%↓	91.15%
<i>How Well Doctors Communicate</i>	∅	∅	∅ ⁺	∅	∅	∅	∅	∅	94.30%↓	97.39%
<i>Coordination of Care</i>	∅	∅	∅ ⁺	∅	91.32% ↑	84.89%	∅	∅	78.11%↓	87.33%

Blue shading indicates the demographic category score is significantly different than the comparison group's score.

R Indicates the number of respondents.

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

∅ Indicates the score is not significantly higher or lower than the other race category.

↑ Indicates the demographic category score is significantly higher than the comparison group's score.

↓ Indicates the demographic category score is significantly lower than the comparison group's score.

**Table 1-10—Ethnicity Comparisons
NC Medicaid Program Results: Significant Differences (2023)**

Measures	Hispanic	Non-Hispanic
Adult Population Sample Size: 44,841	Respondents: 660	Respondents: 2,632
<i>Rating of Health Plan</i>	78.46% ↑	74.36%
<i>Rating of All Health Care</i>	83.06% ↑	77.21%
<i>Advising Smokers and Tobacco Users to Quit</i>	57.97% ↓ ⁺	78.50%
<i>Discussing Cessation Medications</i>	29.41% ↓ ⁺	52.12%
<i>Discussing Cessation Strategies</i>	32.35% ↓ ⁺	45.66%
Child Population Sample Size: 46,354	Respondents: 1,667	Respondents: 2,805
<i>Rating of Health Plan</i>	86.09% ↑	83.10%
<i>Getting Needed Care</i>	83.29% ↓	87.40%
<i>Getting Care Quickly</i>	84.16% ↓	91.11%
<i>How Well Doctors Communicate</i>	94.47% ↓	97.42%
<i>Coordination of Care</i>	82.12% ↓	87.02%
<p><i>Blue shading indicates the Hispanic score is significantly different than the Non-Hispanic score.</i> ⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ∅ Indicates the score is not significantly higher or lower than the other ethnicity category. ↑ Indicates the Hispanic score is significantly higher than the Non-Hispanic score. ↓ Indicates the Hispanic score is significantly lower than the Non-Hispanic score.</p>		

Supplemental Items

DHB added questions including topics about mental health and how members were treated during clinic, emergency room, or doctor’s offices visits to the adult survey. For adult members, 51.02 percent of respondents (1,531/3,001 respondents) reported their personal doctor asked about their mental health, and 79.32 percent of respondents (399/503) reported the person they saw most often for counseling or mental health treatment asked about their physical health or any other treatments they were receiving. The top three reasons adult respondents reported being treated in an unfair or insensitive way from anyone in a clinic, emergency room, or doctor’s office were because of a health condition, disability, and income.

For child members, 42.20 percent of parent/caretaker respondents (1,607/3,808 respondents) reported their child’s personal doctor asked about their child’s mental health. The top three reasons parent/caretaker respondents reported they or their child were treated in an unfair or insensitive way from anyone in a clinic, emergency room, or doctor’s office when getting their child care were because of a health condition, language or accent, and age.

Urbanicity Comparisons

HSAG evaluated the positive ratings to determine if there were significant differences by urbanicity (i.e., rural or urban counties). DHB designated counties as rural and urban within the sample frame file.¹⁰ Overall, there were only two significant differences in positive ratings by urbanicity for the NC Medicaid Program. Adult respondents living in rural counties (82.30 percent) reported significantly fewer positive ratings of their personal doctor when compared to respondents living in urban counties (85.69 percent). Child respondents living in rural counties (90.52 percent) reported significantly more positive ratings of their child's ability to get needed care when compared to respondents living in urban counties (85.06 percent).

For more detailed information regarding the methodology used for the urbanicity comparisons, please refer to the Reader's Guide beginning on page 37. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 119 and 210 for the adult and child populations, respectively.

AMH Tier Comparisons

HSAG evaluated the positive ratings to determine if there were significant differences by AMH Tier designation. Specifically, HSAG compared members in AMH Tier 3 to non-AMH Tier 3 members. DHB provided members' AMH Tier designation within the sample frame file. Overall, there was only one significant difference in positive ratings by AMH Tier for the NC Medicaid Program. AMH Tier 3 adult respondents (88.03 percent) reported significantly fewer positive ratings of their health plan's customer service when compared to non-AMH Tier 3 respondents (92.28 percent).

For more detailed information regarding the methodology used for the AMH Tier comparisons, please refer to the Reader's Guide beginning on page 38. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 131 and 221 for the adult and child populations, respectively.

Spearman Correlation

HSAG used a Spearman correlation to assess how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist.¹¹ Table 1-11 and Table 1-12 present the results of the Spearman correlation for the adult and child NC Medicaid Programs, respectively. Only one composite measure was found to have a slightly strong positive relationship with a global rating: *How Well Doctors Communicate* has a slightly strong positive

¹⁰ Centers for Disease Control and Prevention. *NCHS Urban-Rural Classification Scheme for Counties*. https://www.cdc.gov/nchs/data_access/urban_rural.htm. Accessed on: June 4, 2024.

¹¹ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2024.

correlation with *Rating of Personal Doctor* for the adult population with a correlation coefficient of 0.55.

For more detailed information regarding the methodology used for the Spearman correlation, please refer to the Reader’s Guide beginning on page 38. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 147 and 235 for the adult and child populations, respectively.

Table 1-11—Spearman Correlation Adult NC Medicaid Program Results (2023)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.39	0.45	0.31	0.41
Getting Care Quickly	0.33	0.37	0.25	0.28
How Well Doctors Communicate	0.27	0.39	0.55	0.34
Customer Service	0.43	0.34	0.32	0.34

Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.

Table 1-12—Spearman Correlation Child NC Medicaid Program Results (2023)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.34	0.42	0.29	0.43
Getting Care Quickly	0.17	0.28	0.18	0.20
How Well Doctors Communicate	0.24	0.34	0.42	0.28
Customer Service	0.40	0.32	0.33	0.34

Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.

Conclusions

The overall adult and child response rates for the 2023 NC CAHPS survey were 8.03 percent and 9.81 percent, respectively. Response rates increased from the 2022 NC CAHPS survey, where the adult and child response rates were 7.54 percent and 9.41 percent, respectively.

Overall, adult respondents’ positive experiences with their health plan, getting care quickly, and health plan’s customer service have consistently increased from 2019 to 2023, and their experiences with their health care, specialist seen most often, getting needed care, getting care quickly, and how well their doctors communicate consistently increased from 2022 to 2023 for the NC Medicaid Program. However, the percentage of adult respondents whose provider sometimes, usually, or always advised

them to quit smoking or discussed cessation medications and cessation strategies consistently decreased from 2021 to 2023. Parents'/Caretakers' of general child members positive experiences with their child's health plan consistently increased from 2021 to 2023, and their experiences with their child's specialist they see most often consistently decreased from 2021 to 2023 for the NC Medicaid Program.

NC Medicaid has a vested interest in the experience of health care received by members who have behavioral health needs. In particular, NC Medicaid was interested in learning about the differences in experience of care received between beneficiaries with significant behavioral health needs who are eligible for Tailored Plans versus those with less severe behavioral health needs receiving care through SPs. In examining the SP Behavioral Health population, those members in a SP (i.e., PHP) receiving some behavioral health services, reported significantly poorer experiences with care. For the adult population, SP Behavioral Health members reported significantly *lower* positive ratings for *Rating of Health Plan* and *Rating of All Health Care*, when compared to the NC PHP Aggregate, NC Medicaid Program, and NCQA national average. For the general child population, SP Behavioral Health parents/caretakers reported significantly *lower* positive ratings for *Rating of All Health Care* and *Rating of Personal Doctor* when compared to the NC PHP Aggregate, NC Medicaid Program, and NCQA national average. Parents/caretakers of child members who are eligible for Tailored Plans reported significantly poorer experiences with their child's health plan when compared to the NC PHP Aggregate, NC Medicaid Program, and NCQA national average. Given that the Tailored Plan eligible population is a vulnerable population reporting low ratings on domains associated with poor outcomes, the experience of care for these members should be monitored closely as they are transitioned into a new delivery system under the Tailored Plans.

The evaluation of the positive ratings for Hispanic respondents versus non-Hispanic respondents as well as across race categories suggests that some disparities exist in member-reported experiences with care across the major CAHPS survey measures. In evaluating the race and ethnicity findings, members who reported being Other race and Hispanic reported significantly *lower* positive ratings for a majority of the measures across both the adult and child populations. DHB and managed care plan partners should consider efforts to engage these members to determine barriers to care or opportunities for improvement that may result in increased satisfaction with their health experience.

When compared to NCQA national percentiles, the NC Medicaid Program scored fairly well across the measure domains for the adult and child populations; however, the NC PHP Aggregate scored poorly across the measure domains for the adult population. The *Rating of Health Plan* and *Flu Vaccination Received* measures were the lowest performing measures.

The evaluation of the positive ratings for urban respondents versus rural respondents resulted in few significant differences. While the results suggest that members residing in rural counties are not reporting significant differences in their healthcare experiences compared to members residing in urban counties, DHB should continue to monitor the healthcare experiences of these populations to monitor for potential changes in disparities. Similarly, respondents with providers designated as AMH Tier 3 reported few significant differences compared to respondents with non-AMH Tier 3 designated providers. DHB should continue to monitor these subgroups for potential changes in disparities.

2. Reader’s Guide

This section provides a comprehensive overview of the survey administration protocol and analytic methodology.

Survey Administration

Survey Overview

The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care and are the most recent version of the CAHPS survey. Based on this version, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.¹²

CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 13 measures. DHB added nine supplemental questions to the adult survey. The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 41 core questions that yield nine measures. DHB added eight supplemental questions to the child survey. Table 2-1 lists the measures included in the survey.

Table 2-1—CAHPS Measures

Global Ratings	Composite Measures	Individual Item Measures	Medical Assistance With Smoking and Tobacco Use Cessation Items (Adult Population Only)
<i>Rating of Health Plan</i>	<i>Getting Needed Care</i>	<i>Coordination of Care</i>	<i>Advising Smokers and Tobacco Users to Quit</i>
<i>Rating of All Health Care</i>	<i>Getting Care Quickly</i>	<i>Flu Vaccination Received (Adult Population Only)</i>	<i>Discussing Cessation Medications</i>
<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>		<i>Discussing Cessation Strategies</i>
<i>Rating of Specialist Seen Most Often</i>	<i>Customer Service</i>		

¹² National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Table 2-2 presents the question language and response options for each measure for the adult survey and supplemental items. Please note that the CAHPS survey has questions that are gate items that include skip-patterns that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted below.

Table 2-2—Question Language and Response Options: Adult Survey

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale
<i>Rating of All Health Care</i>¹³	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>¹⁴	
18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>¹⁵	
22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale

¹³ For *Rating of All Health Care*, the gate question asks respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

¹⁴ For *Rating of Personal Doctor*, the gate question asks respondents if they have a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

¹⁵ For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

Question Language	Response Options
Composite Measures	
<i>Getting Needed Care</i>¹⁶	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
<i>Getting Care Quickly</i>¹⁷	
4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?	Never, Sometimes, Usually, Always
<i>How Well Doctors Communicate</i>¹⁸	
12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
<i>Customer Service</i>¹⁹	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always

¹⁶ For *Getting Need Care*, the gate questions ask respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months and did they make any appointments with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

¹⁷ For *Getting Care Quickly*, the gate questions ask respondents if they had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

¹⁸ For *How Well Doctors Communicate*, the gate question asks respondents if they have a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

¹⁹ For *Customer Service*, the gate question asks respondents if the received information or help from customer service at their health plan in the last six months. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

Question Language	Response Options
Individual Item Measures	
<i>Coordination of Care</i> ²⁰	
17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always
<i>Flu Vaccination Received</i>	
31. Have you had either a flu shot or flu spray in the nose since July 1, 2022?	Yes, No ²¹
Medical Assistance With Smoking and Tobacco Use Cessation Items ²²	
<i>Advising Smokers and Tobacco Users to Quit</i>	
33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
<i>Discussing Cessation Medications</i>	
34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
<i>Discussing Cessation Strategies</i>	
35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always
Supplemental Questions	
<i>Mental Health</i>	
41. In the last 6 months, has your personal doctor asked about your mental health?	Yes, No
<i>Counseling or Mental Health Treatment</i>	
42. In the last 6 months, did you seek any counseling or mental health treatment for any of these reasons?	Yes, No
<i>Appointment for Counseling or Mental Health Treatment</i> ²³	
43. In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?	Never, Sometimes, Usually, Always

²⁰ For *Coordination of Care*, the gate question asks respondents if they have a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

²¹ Responses of Don’t know were excluded from the analysis.

²² For the *Medical Assistance With Smoking and Tobacco Use Cessation* measure items, the gate question asks respondents if they smoke cigarettes or use tobacco every day, some days, or not at all. If respondents answer “Not at all” or “Don’t know” to this question, they are directed to skip the questions that collectively comprise the *Medical Assistance With Smoking and Tobacco Use Cessation* measure items.

²³ For *Appointment for Counseling or Mental Health Treatment*, the gate question asks respondents if they sought counseling or mental health treatment for any of the listed reasons in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Appointment for Counseling or Mental Health Treatment* measure.

Question Language	Response Options
<i>Coordination of Care from Mental Health Providers</i> ²⁴	
44. Think about the person you saw most often for counseling or mental health treatment. In the last 6 months, did this person ever ask you about your physical health and any other treatments you were receiving at the time?	Yes, No
<i>Need an Interpreter</i>	
45. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter at your personal doctor's office?	Yes, No
<i>Interpreter Treated with Courtesy and Respect</i> ²⁵	
46. In the last 6 months, how often did this interpreter treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<i>Preferred Language</i> ²⁶	
47. What language would you like to talk to your personal doctor in?	English, Spanish, Russian, Vietnamese, Another language
<i>Treated Unfairly or Insensitively</i>	
48. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? Select all that apply.	Health condition, Disability, Age, Culture or religion, Language or accent, Race or ethnicity, Sex (female or male), Sexual orientation, Gender or gender identify, Income
<i>Online Access to Health Information</i>	
49. In the last 6 months, how often were you able to access your health information online when you wanted it?	Never, Sometimes, Usually, Always, I did not want to access my health information online

Table 2-3 presents the question language and response options for each measure for the child survey and the supplemental questions. Please note that the CAHPS survey has questions that are gate items that

²⁴ For *Coordination of Care from Mental Health Providers*, the gate question asks respondents if they sought counseling or mental health treatment for any of the listed reasons in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Coordination of Care from Mental Health Providers* measure.

²⁵ For *Interpreter Treated with Courtesy and Respect*, the gate question asks respondents if they needed an interpreter at their personal doctor's office in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Interpreter Treated with Courtesy and Respect* measure.

²⁶ For *Preferred Language*, the gate question asks respondents if they needed an interpreter at their personal doctor's office in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Preferred Language* measure.

include skip-pattern instructions that instruct respondents to skip specific questions if their child is not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted below.

Table 2-3—Question Language and Response Options: Child Survey

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?	0–10 Scale
<i>Rating of All Health Care</i> ²⁷	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child’s health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i> ²⁸	
21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child’s personal doctor?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i> ²⁹	
25. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
Composite Measures	
<i>Getting Needed Care</i> ³⁰	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always

²⁷ For *Rating of All Health Care*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

²⁸ For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

²⁹ For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

³⁰ For *Getting Need Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

Question Language	Response Options
23. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
Getting Care Quickly³¹	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate³²	
12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
Customer Service³³	
27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care³⁴	
20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always

³¹ For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

³² For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

³³ For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

³⁴ For *Coordination of Care*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

Question Language	Response Options
Supplemental Questions	
<i>Mental Health</i>	
42. In the last 6 months, has your child's personal doctor asked about their mental health?	Yes, No
<i>Counseling or Mental Health Treatment</i>	
43. In the last 6 months, did you seek any counseling or mental health treatment for your child for any of these reasons?	Yes, No
<i>Appointment for Counseling or Mental Health Treatment³⁵</i>	
44. In the last 6 months, how often was your child able to get an appointment for counseling or mental health treatment as soon as they need it?	Never, Sometimes, Usually, Always
<i>Coordination of Care from Mental Health Providers³⁶</i>	
45. Think about the person 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 their physical health and any other treatments they were receiving at the time?	Yes, No
<i>Need an Interpreter</i>	
46. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you or your child need an interpreter at your child's doctor's office?	Yes, No
<i>Interpreter Treated with Courtesy and Respect³⁷</i>	
47. In the last 6 months, how often did this interpreter treat you and your child with courtesy and respect?	Never, Sometimes, Usually, Always
<i>Preferred Language³⁸</i>	
48. What language would you and your child like to talk to your child's doctor in?	English, Spanish, Russian, Vietnamese, Another language

³⁵ For *Appointment for Counseling or Mental Health Treatment*, the gate question asks respondents if they sought counseling or mental health treatment for their child for any of the listed reasons in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Appointment for Counseling or Mental Health Treatment* measure.

³⁶ For *Coordination of Care from Mental Health Providers*, the gate question asks respondents if they sought counseling or mental health treatment for their child for any of the listed reasons in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Coordination of Care from Mental Health Providers* measure.

³⁷ For *Interpreter Treated with Courtesy and Respect*, the gate question asks respondents if they or their child needed an interpreter at their child's personal doctor's office in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Interpreter Treated with Courtesy and Respect* measure.

³⁸ For *Preferred Language*, the gate question asks respondents if they or their child needed an interpreter at their child's personal doctor's office in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Preferred Language* measure.

Question Language	Response Options
<i>Treated Unfairly or Insensitively</i>	
<p>49. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where your child got care treat them in an unfair or insensitive way because of any of the following things about them? Select all that apply.</p>	<p>Health condition, Disability, Age, Culture or religion, Language or accent, Race or ethnicity, Sex (female or male), Sexual orientation, Gender or gender identify</p>

Sampling Procedures

DHB provided HSAG a list of eligible members for the sampling frame. DHB worked with NC HealthConnex, NC's health information exchange (HIE), to obtain up-to-date contact information. HSAG reviewed the file records to check for any apparent problems, such as missing address elements. HSAG sampled members who met the following criteria:

- Adults were 18 years of age or older as of December 31, 2022.
- Children were 17 years of age or younger as of December 31, 2022.
- Were currently enrolled in Medicaid.
- Were continuously enrolled during the measurement period (July 1, 2022, to December 31, 2022) with no more than one gap in enrollment of up to 45 days.

A total of 61,143 adult members were selected, and a total of 61,748 child members were selected for the samples, for an overall sample size of 122,891 members. HSAG selected a sample of up to 1,350 eligible adult members and 1,650 eligible child members for each PHP and population. Based on historical CAHPS disposition information for the PHPs and populations, oversampling was performed. HSAG targeted 411 completed surveys from the general sample for each PHP/population using the response rates from the 2022 NC CAHPS survey minus 1 percentage point for each PHP/population. A total of 37,793 adult members and 33,275 child members were selected for the general sample oversamples. After the general samples and general oversamples were selected, a targeted oversample of 800 Black and 800 Hispanic adult and child members was drawn for the PHPs, Medicaid Direct, Tailored Plan Eligible, and Foster Care. Data from these oversamples are only included in the race and ethnicity comparisons analysis.

Table 2-4 provides an overview of the weighting, samples, and populations used for reporting NC Medicaid results.

Table 2-4—Weighting, Samples, and Populations Used for Reporting NC Medicaid Results

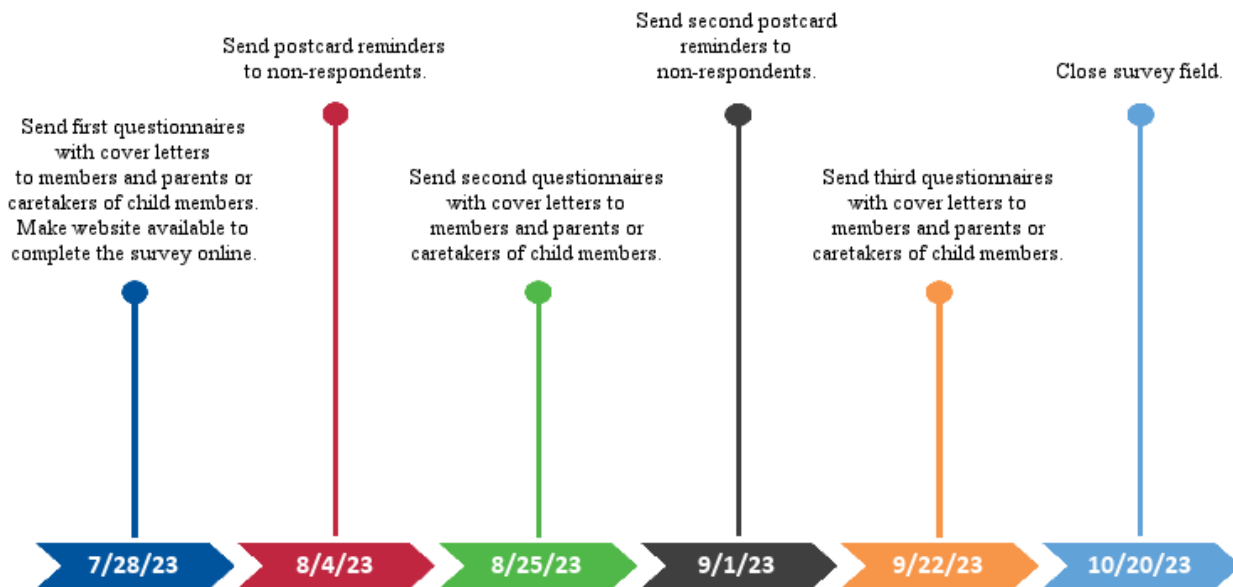
Reporting	Weighting	General Sample	Hispanic & Black Oversamples	Populations Included
NC Medicaid Weighted Averages in Aggregate Comparisons in Aggregate Report	Weighted	Includes all general samples and general oversamples (i.e., no Black/Hispanic oversamples included)	Not included	PHPs, EBCI Tribal Option, Medicaid Direct, Foster Care
NC Medicaid Unweighted Race/Ethnicity Comparisons in Aggregate Report <i>Uses self-reported race/ethnicity information</i>	Unweighted	Includes all general samples and general oversamples	Includes Hispanic & Black oversamples	PHPs, EBCI Tribal Option, Medicaid Direct, Foster Care

Survey Protocol

The survey process allowed two methods by which a survey could be completed in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter, with an English backside, and survey. Members who were not identified as Spanish speaking received an English version of the cover letter, with a Spanish backside, and survey. The English and Spanish versions of the survey included a toll-free number that adult members or parents/caretakers of child members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. Finally, a third survey mailing was sent to all non-respondents.

Figure 2-1 shows the survey administration timeline. The overall adult and child response rates for the 2023 NC CAHPS survey were 8.03 percent and 9.81 percent, respectively. Response rates ranged from a low of 4.96 percent for child Medicaid Direct to a high of 18.59 percent for Foster Care.

Figure 2-1—Mixed-Mode Methodology Survey Timeline



Survey Administration Outcomes and Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.³⁹ An adult survey was coded as “completed” if at least three of the following questions were answered within the survey: questions 3, 10, 19, 23, and 28.⁴⁰ A child survey was coded as “completed” if at least three of the following questions were answered within the survey: questions 3, 10, 22, 26, and 31.⁴¹ The questions for a completed survey represent the first question in each section of the CAHPS

³⁹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

⁴⁰ Adult Survey Questions—Question 3: “In the last 6 months, did you have an illness, injury, or condition that needed care right away?”; Question 10: “A personal doctor is the one you would talk to if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?”; Question 19: “Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?”; Question 23: “In the last 6 months, did you get information or help from your health plan’s customer service?”; and Question 28: “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?”.

⁴¹ Child Survey Questions—Question 3: “In the last 6 months, did your child have an illness, injury, or condition that needed care right away?”; Question 10: “A personal doctor is the one your child would talk to if he or she needs a checkup, has a health problem, or get sick or hurt. Does your child have a personal doctor?”; Question 22: “Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?”; Question 26: “In the last 6 months, did you get information or help from your child’s health plan’s customer service?”; and Question 31: “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?”.

survey (except for the “About You” section) and the *Rating of Health Plan* question.⁴² Eligible members include the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: were deceased, were invalid (did not meet criteria described on page 30), were mentally or physically incapacitated (adult population only), or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample} - \text{Ineligibles}}$$

Methodology

This section provides an overview of the analyses performed. In compliance with the Centers for Medicare & Medicaid Services (CMS) requirements, a minimum of 11 respondents in a cell is required for the results to be reported. Cells with fewer than 11 respondents are suppressed and noted with an “S” or “Insufficient Data.” If only one stratification or PHP/population result needs to be suppressed and a total is presented, HSAG suppressed one more stratification or PHP/population even if the number of responses was large enough not to be suppressed.

Scoring Calculations

HSAG calculated scores for each measure following NCQA HEDIS Specifications for Survey Measures.^{43,44}

Global Ratings, Composite Measures, and Individual Item Measures

HSAG calculated positive ratings for each measure.⁴⁵ The positive ratings represent the percentage of respondents with positive survey responses (i.e., rate their experience of care higher). A positive rating was defined as follows:

- “8”, “9”, or “10” on a scale of 0-10 for the global ratings.

⁴² National Committee for Quality Assurance. *HEDIS® Measurement Year 2022 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

⁴³ Ibid.

⁴⁴ NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable survey result; however, in order to maximize the number of reportable measures, HSAG uses CMS’ suppression rules and presents results with fewer than 100 responses.

⁴⁵ Positive ratings are calculated by using the AHRQ “Top-Box Score” methodology. Please refer to *HEDIS® Measurement Year 2022 Volume 3: Specifications for Survey Measures* or AHRQ’s website (<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/helpful-resources/analysis/preparing-data-for-analysis.pdf>) where this methodology is described.

- “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; and *Coordination of Care* individual item measure.
- “Yes” for the *Flu Vaccination Received* individual item.

For the global ratings and individual items, positive ratings were defined as the proportion of positive responses. 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 additional details, please refer to the *NCQA HEDIS Measurement Year 2022 Volume 3: Specifications for Survey Measures*.

Medical Assistance With Smoking and Tobacco Use Cessation Items

HSAG calculated three scores that assess the provision of medical assistance with smoking and tobacco use cessation for the adult population:

- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

These measures are limited to members who self-reported they are smokers or tobacco users. These scores assess the percentage of smokers and tobacco users that indicated they “Sometimes,” “Usually,” or “Always” were advised to quit, were recommended cessation medications, or were provided cessation methods or strategies. The scores presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Supplemental Items

DHB selected supplemental items to assess experiences of care. HSAG calculated positive ratings as follows:

- “Yes” for the *Mental Health, Counseling or Mental Health Treatment*, *Coordination of Care from Mental Health Providers*, and *Need an Interpreter* measures.
- “Usually” or “Always” for the *Appointment for Counseling or Mental Health Treatment*, *Interpreter Treated with Courtesy and Respect*, and *Online Access to Health Information* (adult only) measures.

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.

Weighting

HSAG used the eligible population files to determine the eligible population size for each PHP, EBCI Tribal Option, Medicaid Direct, and Foster Care, and results were weighted based off the eligible

population sizes using the formulas below. For further details on the eligible population sizes, please refer to the Eligible Population Sizes in Appendix A on page 287.

$$W_p = EP_p$$
$$S = \frac{\sum_p S_p \times W_p}{\sum_p W_p}$$

Where:

- EP_p = eligible population size for PHP/population p
- W_p = weight for PHP/population p
- S_p = score for PHP/population p
- \sum_p = sum over PHP/population
- S = weighted aggregate score

These weights were used to calculate the following weighted aggregate results:

- **NC Medicaid Program (adult)**—Combined results for all five PHPs, EBCI Tribal Option, and Medicaid Direct
- **NC Medicaid Program (child)**—Combined results for all five PHPs, EBCI Tribal Option, Medicaid Direct, and Foster Care
- **NC PHP Aggregate (adult and child)**—Combined results for all five PHPs

Results for the adult and child populations were weighted separately.

National Percentile Comparisons

Positive ratings were compared to NCQA's Quality Compass Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fell within.⁴⁶ Using the percentile distributions shown in Table 2-5, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater than or equal to the national 90th percentile.

⁴⁶ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

Table 2-5—NCQA National Percentile Distributions Used to Assign Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90 th percentile
★★★★ Very Good	At or between the 75 th and 89 th percentiles
★★★ Good	At or between the 50 th and 74 th percentiles
★★ Fair	At or between the 25 th and 49 th percentiles
★ Poor	Below the 25 th percentile

Aggregate Comparisons

PHP and Population Comparisons

PHP and population-specific results were compared to the NC Medicaid Program and NC PHP Aggregate. Two types of hypothesis tests were applied to the results. First, a global *F* test was calculated to determine whether the difference between the comparison populations' ratings was statistically significant. The *F* statistic was determined using the formula below:

$$F = (1/(P - 1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

If the *F* test demonstrated differences (i.e., *p* value < 0.05), then a *t* test was performed. The *t* test determined whether each PHP's/population's rating was statistically significantly different from the NC Medicaid Program and/or NC PHP Aggregate. The equation for the differences is as follows:

$$\Delta_p = \hat{\mu}_p - (1/P) \sum_{p'} \hat{\mu}_{p'} = ((P - 1)/P) \hat{\mu}_p - \sum_{p'}^* (1/P) \hat{\mu}_{p'}$$

This analytic approach follows AHRQ's recommended methodology for identifying statistically significant performance differences. All statistically significant differences throughout this report are referred to as "significant differences."

National Average Comparisons

HSAG calculated 95 percent confidence intervals for each PHP's/population's score and compared these intervals to the NCQA Medicaid national averages:

- If the Medicaid national average was below the lower bound of the PHP's/population's 95 percent confidence interval, the PHP's/population's score was determined to be significantly *higher* than the Medicaid national average.
- If the Medicaid national average was above the upper bound of the PHP's/population's 95 percent confidence interval, the PHP's/population's score was determined to be significantly *lower* than the Medicaid national average.

- If the Medicaid national average encompassed the PHP's/population's 95 percent confidence interval, then the PHP's/population's score was not significantly different from the Medicaid national average.

Measure Rates

HSAG presents the numerator and denominator in figures displaying measure rates, where appropriate. Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program and NC PHP Aggregate due to weighting. Numerators and denominators when calculated to percentages also do not match for the composite measures, because these composite measure scores are determined by calculating the average score across all questions within the composite measure. Therefore, some figures may include numerators and denominators while others do not include this information. Numerator and denominator counts are provided within Appendix A, beginning on page 264, for instances where the numerator and denominator, when calculated to a percentage, do not match the measure rate.

Trend Analysis

The current year's results for each measure for the NC Medicaid Aggregate, NC PHP Aggregate, and each PHP/population were trended to the previous year's results to determine if the positive rating was significantly different. A *t* test was performed to determine if the score from the current year was significantly higher or lower than the previous year. Please reference the Aggregate Comparisons subsection for the tests of significance methodology.

Supplemental item questions were not included in the trend analysis as the questions selected for the 2023 surveys were not included in the 2022 surveys.

Race and Ethnicity Comparisons

Using results from the general samples and the Black and Hispanic oversamples, where applicable, scores were stratified by race and ethnicity. Stratification was based on responses to the race and ethnicity questions (Question 39 and Question 38 in the adult survey and Question 37 and Question 36 in the child survey). Race is categorized as White, Multi-Racial, Black, Native American, and Other.⁴⁷ For this analysis, the Other race category includes: Asian, Native Hawaiian or other Pacific Islander, and Other. The positive ratings for each race category were compared as follows: White respondents were compared to non-White respondents; Multi-Racial respondents were compared to non-Multi-Racial respondents; Black respondents were compared to non-Black respondents; Native American respondents were compared to non-Native American respondents; and Other race respondents were compared to non-Other race respondents. Ethnicity was categorized as Hispanic and non-Hispanic. The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. If race and ethnicity comparisons for a measure resulted in significant findings, these results appear on the following race and ethnicity categories: White, Multi-Racial, Black, Native American, Other, and

⁴⁷ The Native American category includes American Indian or Alaska Native.

Hispanic. If the race or ethnicity comparisons for a measure did not result in any significant findings or the majority of the results were suppressed, the race or ethnicity comparison figure was not included in the report. Please reference the Aggregate Comparisons subsection for the test of significance methodology.

Urbanicity Comparisons

Using county information provided in the sample frame file by DHB, scores for overall health characteristics, global ratings, composite measures, individual item measures, medical assistance with smoking and tobacco use cessation items, and supplemental item measures were stratified by rural and urban counties. A *t* test was performed to determine if the score from the rural counties was statistically significantly different (i.e., *p* value < 0.05) than the urban counties. Ninety-five percent confidence interval error bars were added to the results with significant differences. Please reference the Aggregate Comparisons subsection for the tests of significance methodology.

AMH Tier Comparisons

Using AMH Tier designation information provided in the sample frame file by DHB, scores for overall health characteristics, global ratings, composite measures, individual item measures, medical assistance with smoking and tobacco use cessation items, and supplemental item measures were stratified by AMH Tier designation. Members with an AMH Tier 3 designation were compared to the non-AMH Tier 3 population (i.e., members with an assigned PCP with an AMH Tier 1 or Tier 2 designation and members with an assigned PCP without an AMH designation). Members without an assigned PCP were excluded from the analysis. A *t* test was performed to determine if the score for the AMH Tier 3 population was statistically significantly higher or lower than the non-AMH Tier 3 population. If AMH Tier comparisons for a measure resulted in significant findings, these results appear on AMH Tier 3. Please reference the Aggregate Comparisons subsection for the tests of significance methodology.

Spearman Correlation

HSAG used the Spearman correlation to assess how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist.⁴⁸ The correlation coefficient can range from -1.0 to 1.0.

- If the correlation coefficient is between zero and 1, the overall rating has a positive relationship with the score for a question or composite measure. This means that the rating increases as the score increases. The higher the coefficient, the stronger the relationship.

⁴⁸ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2024.

- If the correlation coefficient is 1.0, the rating and the question or composite measure are perfectly related (i.e., measuring the same concept). A correlation coefficient of 1.0 is extremely rare.
- If the correlation coefficient is zero, the rating and the question or composite measure are independent (i.e., not related).
- If the correlation is between zero and -1.0, the rating is inversely related to the question or composite measure, which means that the rating decreases when the score increases.

Within this analysis, correlation coefficients less than -0.5 or greater than 0.5 are shaded blue to indicate a stronger relationship is present.⁴⁹

Limitations and Cautions

The findings presented in this report are subject to limitations in the survey design, analysis, and interpretation. DHB should consider the limitations and cautions listed below when interpreting or generalizing the findings.

Baseline Foster Care Results

The 2023 CAHPS results are the first time that the foster care population was evaluated independently. The 2023 results presented in this report represent a baseline assessment of members' experiences specific to foster care. The 2023 results for the Foster Care population may potentially contain the Former Foster Care population and/or adopted children; therefore, caution should be exercised when interpreting the results for the Foster Care population.

Aggregate Comparisons

The 2023 child CAHPS results for the NC Medicaid Program includes the Foster Care population. Historical 2022 child CAHPS results did not include the Foster Care population. Therefore, caution should be exercised when comparing the 2022 and 2023 Child NC Medicaid Program results.

Causal Inferences

Although this report examines whether respondents report differences with various aspects of their or their child's health care, these differences may not be completely attributable to the PHPs or programs.

⁴⁹ Cohen, Jacob. Statistical power analysis for the behavioral sciences. Academic press, 2013.

National Data Comparisons

NCQA Quality Compass data for the Medicaid population were used for comparative purposes. The NCQA 2023 Quality Compass data used for comparison include managed care plan Medicaid CAHPS data from 14 states for the adult population and 16 states for the child population.⁵⁰ The states and plans that submitted data to NCQA Quality Compass may not be comparable to the plans and populations evaluated for the NC CAHPS survey. In addition, data were collected for the national CAHPS benchmarks from January to May 2023, while the survey administration for the NC CAHPS survey was from July to October 2023. Differences in the populations included in the Quality Compass benchmarks and the survey administration timeline may impact comparability. Caution should be exercised when interpreting the results of the comparisons analysis.

Change in Survey Instrument

The child trend results are caveated due to the change in survey instrument used between 2022 and 2023 (i.e., moved from the CAHPS 5.1 Child Health Plan Survey with CCC measurement set to CAHPS 5.1 Child Health Plan Survey without the CCC measurement set). Caution should be exercised when interpreting the child results of the trend analysis.

Pre-PHP Implementation Data

The trend figures include data for 2018, 2019, 2021, 2022, and 2023, where applicable, for the NC Medicaid populations. The data are provided for informational purposes only to provide insight into potential changes in member experience following the PHPs' implementation. While these populations are not directly comparable to the populations surveyed in historical years (e.g., different sampling approaches), the data provide insight into potential changes in member experience following the PHP implementation.

Disadvantages of Positive Rating Scoring

The positive rating score only looks at the percentage of positive results and does not use all the response options in calculating the results, which can lead to a less accurate measure of experience (e.g., does one plan have a higher percentage of members that can never get the care they needed compared to other plans).⁵¹

⁵⁰ Medicaid health plans from the following states are reporting to NCQA: Arizona, California, Florida, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, and Wisconsin.

⁵¹ Robert Wood Foundation. *How to Report Results of the CAHPS Clinician & Group Survey*. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>. Accessed on: June 4, 2024.

Supplemental Items

The supplemental items included in the survey instruments were developed by DHB, and not all the supplemental items were field tested.

Survey Bias

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by PHP/population. In addition, caution should be exercised when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program. For further details, please refer to the Survey Respondent to Eligible Population Demographic Data Comparisons in Appendix A on page 252. The incompleteness and inaccuracy of the contact information for sampled members may have resulted in lower-than-expected response rates. Approximately 16.26 percent (18,160/111,691) of sampled members had undeliverable mail. The inability to contact members could also result in non-response bias (e.g., a certain segment of the population may be more likely to have missing mail information than other segments). DHB should consider that potential non-response bias may exist when interpreting CAHPS results.

Social Desirability Bias

Social desirability bias is a form of survey response bias that occurs when respondents answer more favorably to a question based on what they consider to be acceptable (e.g., receiving flu vaccination, not smoking or using tobacco).

3. Adult Results

HSAG surveyed a total of 61,143 adult members, and a total of 4,883 adult surveys were completed. Among the total eligible population, the overall adult response rate was 8.03 percent (with a range from 6.41 percent to 12.78 percent when stratified by PHPs and populations).⁵²

In order to assess potential impact on the survey results, HSAG used data in the eligible population file, which uses Medicaid enrollment data, to compare the demographic characteristics of survey respondents to those in the eligible population. Compared to the eligible population:

- Significantly *fewer* NC Medicaid Program respondents were 18 to 44 or older than 65 years of age, non-Hispanic, Black, and resided in an urban county.
- Significantly *more* NC Medicaid Program respondents were 45 to 64 years of age, Hispanic, White, Other race, and resided in a rural county.

DHB should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population being evaluated. For additional details on the demographic information please see Appendix A. Supplemental Information.

Survey Respondents

Table 3-1 shows the total number of members sampled, the number of eligible members, the number of respondents (i.e., completed surveys), and the response rate for the adult population. Numbers in Table 3-1 are reflective of all samples (i.e., general sample, general sample increase, and the Black and Hispanic race/ethnicity oversamples).

⁵² For more detailed information regarding the eligible population, please refer to Table 3-1 on page 43.

Table 3-1—Adult Survey: Survey Administration Outcomes and Response Rates (2023)

PHP/Population	Total Sample	Eligible Sample	Total General Adult Respondents	Total Respondents	Response Rate
Total	61,143	60,805	4,063	4,883	8.03%
NC Medicaid Program	49,641	49,364	3,058	3,713	7.52%
NC PHP Aggregate	42,156	42,058	2,377	2,865	6.81%
AmeriHealth	10,195	10,166	549	657	6.46%
Carolina Complete	8,941	8,922	474	572	6.41%
Healthy Blue	7,870	7,839	479	564	7.19%
UnitedHealthcare	7,063	7,053	392	493	6.99%
WellCare	8,087	8,078	483	579	7.17%
SP Behavioral Health	5,842	5,815	515	515	8.86%
EBCI Tribal Option	1,547	1,546	112	112	7.24%
Medicaid Direct	5,938	5,760	569	736	12.78%
Tailored Plan Eligible	5,660	5,626	490	655	11.64%

National Percentile Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were compared to NCQA’s 2023 Quality Compass Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fell within. Using the percentile distributions shown in Table 3-2, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater than or equal to the national 90th percentile. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 35.

Table 3-2—NCQA National Percentile Distributions Used to Assign Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90 th percentile
★★★★ Very Good	At or between the 75 th and 89 th percentiles
★★★ Good	At or between the 50 th and 74 th percentiles
★★ Fair	At or between the 25 th and 49 th percentiles
★ Poor	Below the 25 th percentile

Table 3-3 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the global ratings.

Table 3-3—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Global Ratings (2023)

PHP/Population	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
NC Medicaid Program	★★ 76.75%	★★★★★ 78.16%	★★★★★ 86.63%	★★★★★ 86.37%
NC PHP Aggregate	★ 73.96%	★★★★★ 78.57%	★★★ 83.97%	★★★ 84.26%
AmeriHealth	★ 70.76%	★★★ 76.47%	★★★ 84.03%	★★ 80.45%
Carolina Complete	★★ 74.89%	★★ 73.68%	★★★ 83.00%	★★★ 83.64%
Healthy Blue	★★ 76.17%	★★★★★ 79.61%	★★★★★ 86.19%	★★★ 84.33%
UnitedHealthcare	★ 72.58%	★★★★★ 78.13%	★★★ 83.72%	★★★★★ 86.27%
WellCare	★ 74.63%	★★★★★ 82.31%	★★ 81.90%	★★★★★ 85.71%
SP Behavioral Health	★ 69.26%	★ 68.98%	★ 79.95%	★★★ 83.27%
EBCI Tribal Option	★★ 74.77%	★★ ⁺ 72.37%	★★ ⁺ 80.90%	★★★ ⁺ 83.33%
Medicaid Direct	★★★ 78.74%	★★★★★ 77.88%	★★★★★ 88.54%	★★★★★ 87.88%
Tailored Plan Eligible	★ 72.88%	★★ 74.69%	★★★★★ 86.39%	★★★ 83.25%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 33.

Table 3-4 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the composite measures.

Table 3-4—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Composite Measures (2023)

PHP/Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
NC Medicaid Program	★★★★ 85.95%	★★★★ 85.19%	★★★ 93.83%	★★★★ 91.90%
NC PHP Aggregate	★★★ 82.96%	★★★ 83.72%	★★★ 93.60%	★★ 88.19%
AmeriHealth	★★★ 81.79%	★★ 80.53%	★★★★ 94.22%	★ 84.82%
Carolina Complete	★★★ 82.78%	★★★★★ 87.71%	★★★ 93.23%	★★ 88.23%
Healthy Blue	★★★ 83.30%	★★★★ 86.93%	★★★ 93.93%	★ 85.77%
UnitedHealthcare	★★★ 83.03%	★★★ 83.65%	★★★★ 94.69%	★★★ 90.43%
WellCare	★★★ 83.55%	★★ 79.99%	★★ 91.76%	★★★★ 91.88%
SP Behavioral Health	★★ 79.11%	★★★ 82.07%	★ 90.48%	★ 83.62%
EBCI Tribal Option	★★★★★ ⁺ 87.47%	★★★★ ⁺ 81.57%	★★★★ ⁺ 92.83%	★★★★★ ⁺ 93.10%
Medicaid Direct	★★★★★ 88.07%	★★★★ 86.24%	★★★ 94.00%	★★★★★ 94.54%
Tailored Plan Eligible	★★★ 84.20%	★★★ 83.51%	★★★★ 95.04%	★ 87.27%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 33.

Table 3-5 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for the individual items and medical assistance with smoking and tobacco use items.

Table 3-5—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Individual Items and Medical Assistance With Smoking and Tobacco Use Cessation Items (2023)

PHP/Population	Coordination of Care	Flu Vaccination Received	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
NC Medicaid Program	★★★★★ 87.66%	★★★ 42.51%	★★★★★ 78.87%	★★★ 54.14%	★★★ 47.15%
NC PHP Aggregate	★★★ 86.02%	★ 34.69%	★★★ 76.16%	★★ 49.11%	★★ 43.15%
AmeriHealth	★★★ 86.78%	★★ 35.57%	★★★★★ 79.07%	★★ 47.65%	★★ 45.35%
Carolina Complete	★ 82.07%	★★★ 39.09%	★★★ 73.13%	★★ 47.01%	★★ 41.67%
Healthy Blue	★★★ 86.49%	★ 34.55%	★★★ 74.03%	★★ 47.06%	★ 38.56%
UnitedHealthcare	★★★★★ 90.00%	★★ 35.57%	★★★★★ 79.05%	★★ 48.98%	★★ 45.95%
WellCare	★★ 83.10%	★ 30.65%	★★★ 75.33%	★★★ 54.36%	★★ 45.27%
SP Behavioral Health	★★ 84.94%	★★ 35.23%	★★★★★ 79.82%	★★★★★ 57.87%	★★★ 49.07%
EBCI Tribal Option	★ ⁺ 79.49%	★★★★★ ⁺ 54.55%	★★★★★ ⁺ 81.52%	★★★★★ ⁺ 60.44%	★★★★ ⁺ 48.89%
Medicaid Direct	★★★★★ 88.84%	★★★★★ 48.06%	★★★★★ 80.79%	★★★★★ 57.71%	★★★ 50.00%
Tailored Plan Eligible	★★★★★ 87.56%	★★★ 43.72%	★★★★★ 84.32%	★★★★★ 57.92%	★★★★★ 55.19%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 33.

Overall Health Characteristics

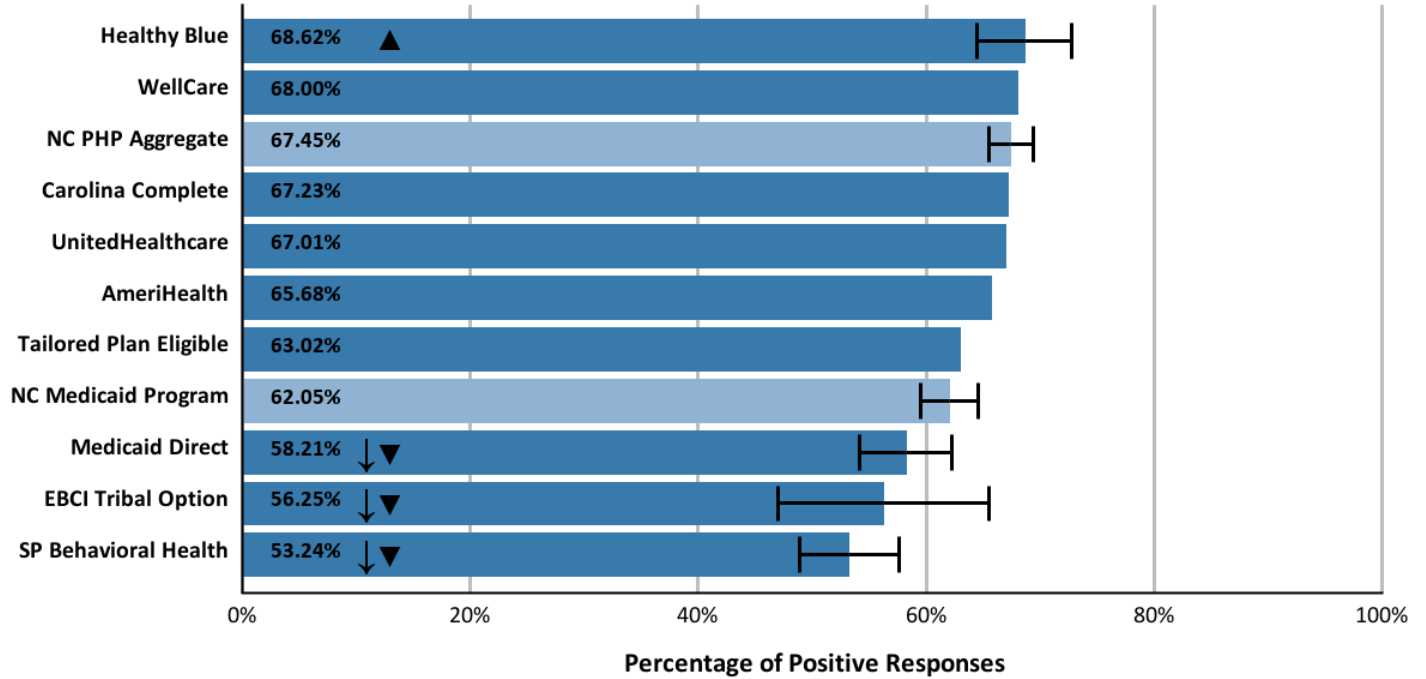
Figure 3-1 and Figure 3-2 present the adult respondent self-reported characteristics for general health status and mental or emotional health status. The percentage of PHP and population-specific respondents who reported their general and mental or emotional health status as Excellent, Very Good, or Good was compared to the NC Medicaid Program and NC PHP Aggregate. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any PHPs or populations, with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different, which can often occur due to large sample variations in results.⁵³

General Health Status

Healthy Blue respondents reported significantly *higher* ratings of their general health compared to the NC Medicaid Program, whereas Medicaid Direct, EBCI Tribal Option, and SP Behavioral Health respondents reported significantly *lower* ratings of their general health compared to the NC Medicaid Program and the NC PHP Aggregate.

⁵³ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 3, 2024.

Figure 3-1—Percentage of 2023 Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons

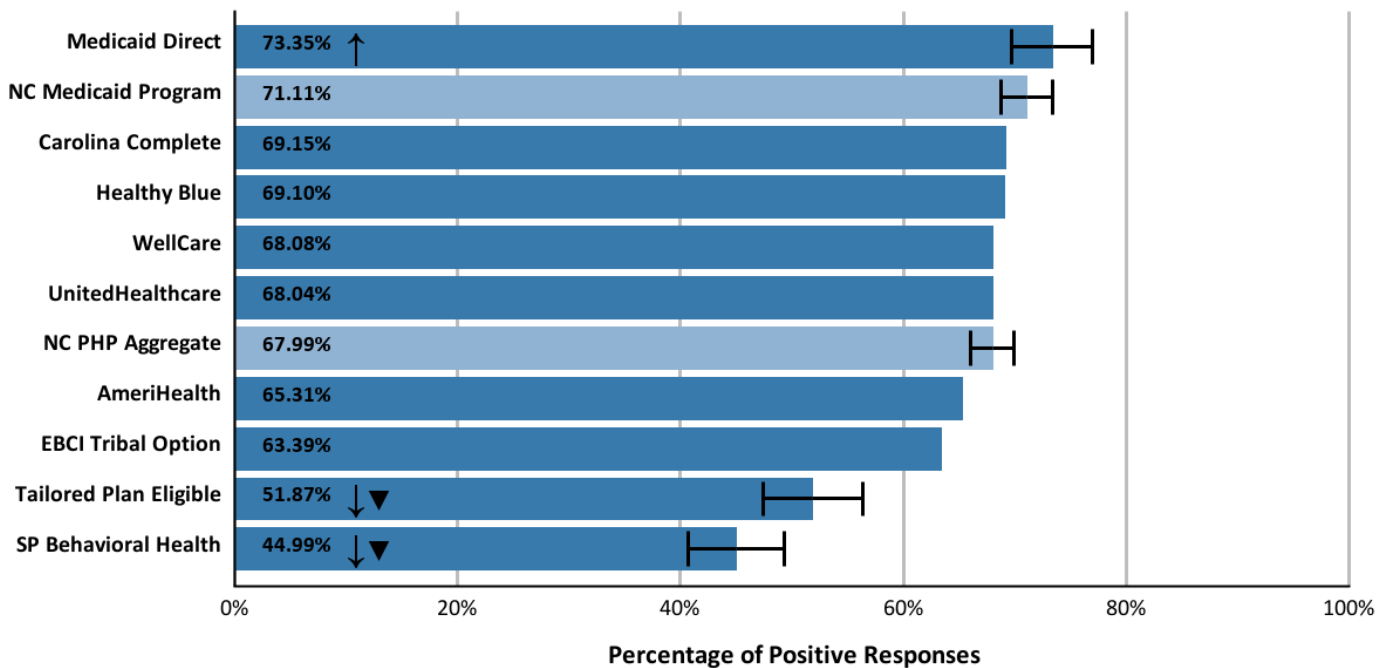


↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.

Mental or Emotional Health Status

Medicaid Direct respondents reported significantly *higher* ratings of their mental or emotional health status compared to the NC PHP Aggregate. Tailored Plan Eligible and SP Behavioral Health respondents reported significantly *lower* ratings of their mental or emotional health status compared to the NC Medicaid Program and NC PHP Aggregate.

Figure 3-2—Percentage of 2023 Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.

Aggregate Comparisons

For the Aggregate Comparisons analysis, positive ratings were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.⁵⁴ For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 22. For more detailed information regarding the measure calculations, please refer to the Reader's Guide beginning on page 33.

The NC Medicaid Program and NC PHP Aggregate results were weighted based on the eligible populations included in each. HSAG compared the PHP and population-specific results to the NC Medicaid Program and NC PHP Aggregate to determine if the results were significantly different. In addition, HSAG compared the results to NCQA's Medicaid national averages. NCQA Quality Compass data for the Medicaid population were used for comparative purposes.⁵⁵ In some instances, the scores presented for two PHPs/populations were similar, but one was significantly different from the NC Medicaid Program, NC PHP Aggregate, or NCQA Medicaid national average and the other was not. In these instances, it was likely the difference in the number of respondents between the two that explains why one achieved significance and the other did not. It is more likely that a significant result will be found with a larger number of respondents. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any PHPs or populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different, which can often occur due to large sample variations in results.⁵⁶

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 36.

⁵⁴ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

⁵⁵ Medicaid health plans from the following states are reporting to NCQA for the adult population: Arizona, California, Florida, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, New Jersey, Pennsylvania, Texas, Virginia, Washington, and Wisconsin.

⁵⁶ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 3, 2024.

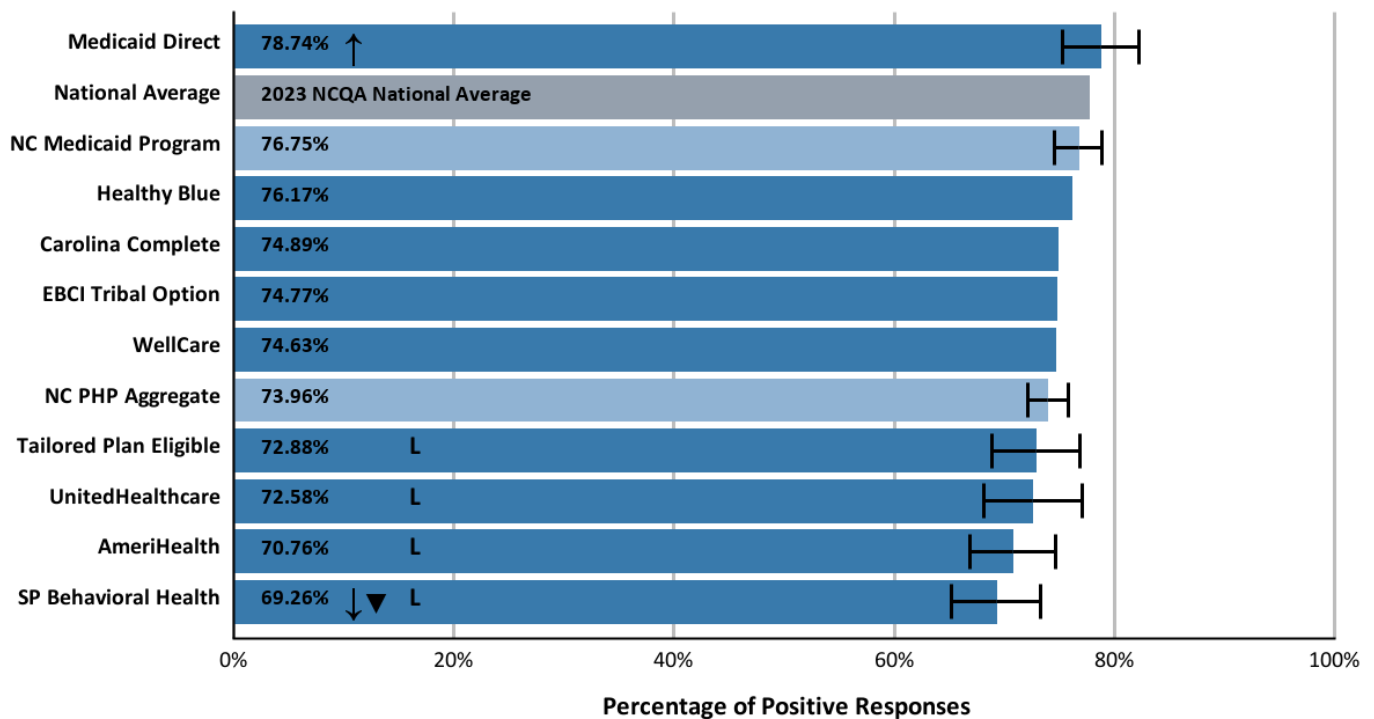
Global Ratings

Rating of Health Plan

Respondents were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-3 shows the *Rating of Health Plan* positive rating results for each PHP and population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the NC PHP Aggregate. The SP Behavioral Health rate was significantly *lower* than the NC Medicaid Program and NC PHP Aggregate. The following PHP or population-specific rates were significantly *lower* than the national average: Tailored Plan Eligible, UnitedHealthcare, AmeriHealth, and SP Behavioral Health.

Figure 3-3—Percentage of 2023 Adult Respondents Who Rate Their Health Plan Positively by Program-Specific Populations, with National and Aggregate Comparisons



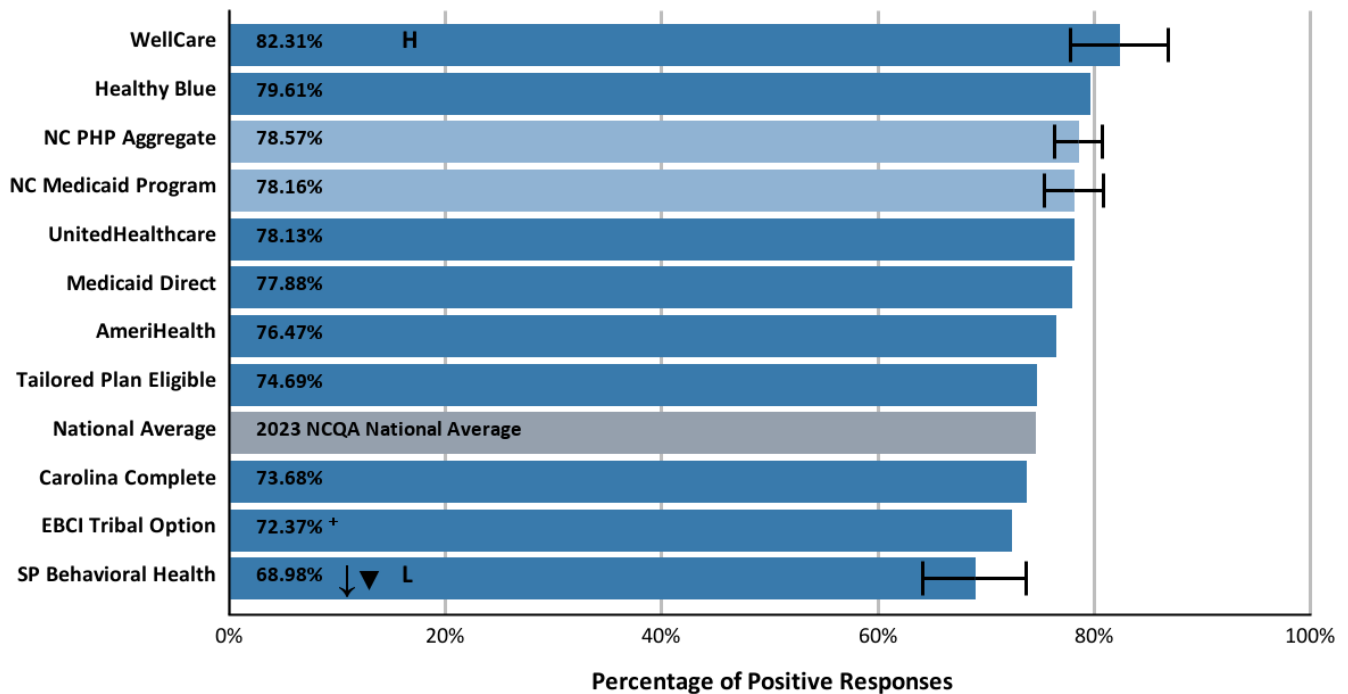
↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 L Indicates the score is significantly lower than the NCQA national average.

Rating of All Health Care

Respondents were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-4 shows the *Rating of All Health Care* positive rating results for each PHP and population, with national and aggregate comparisons. The WellCare rate was significantly *higher* than the national average. The SP Behavioral Health rate was significantly *lower* than the national average, NC Medicaid Program, and NC PHP Aggregate.

Figure 3-4—Percentage of 2023 Adult Respondents Who Rate All Their Health Care Positively by Program-Specific Populations, with National and Aggregate Comparisons



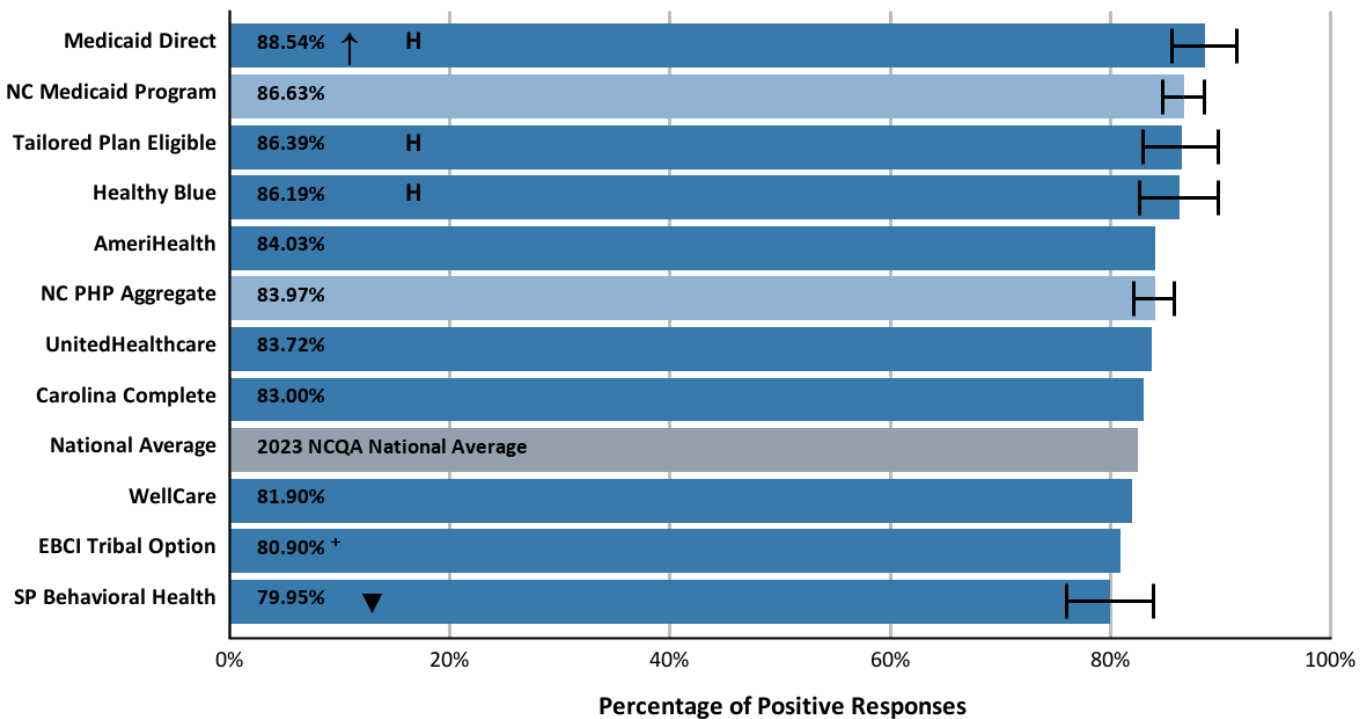
- ↓ Indicates the score is significantly lower than the NC PHP Aggregate.
- ▼ Indicates the score is significantly lower than the NC Medicaid Program.
- |—| Indicates the 95% confidence interval of the score.
- H Indicates the score is significantly higher than the NCQA national average.
- L Indicates the score is significantly lower than the NCQA national average.
- + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Respondents were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-5 shows the *Rating of Personal Doctor* positive rating results for each PHP and population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the NC PHP Aggregate. The SP Behavioral Health rate was significantly *lower* than the NC Medicaid Program. The following PHP or population-specific rates were significantly *higher* than the national average: Medicaid Direct, Tailored Plan Eligible, and Healthy Blue.

Figure 3-5—Percentage of 2023 Adult Respondents Who Rate Their Personal Doctor Positively by Program-Specific Populations, with National and Aggregate Comparisons



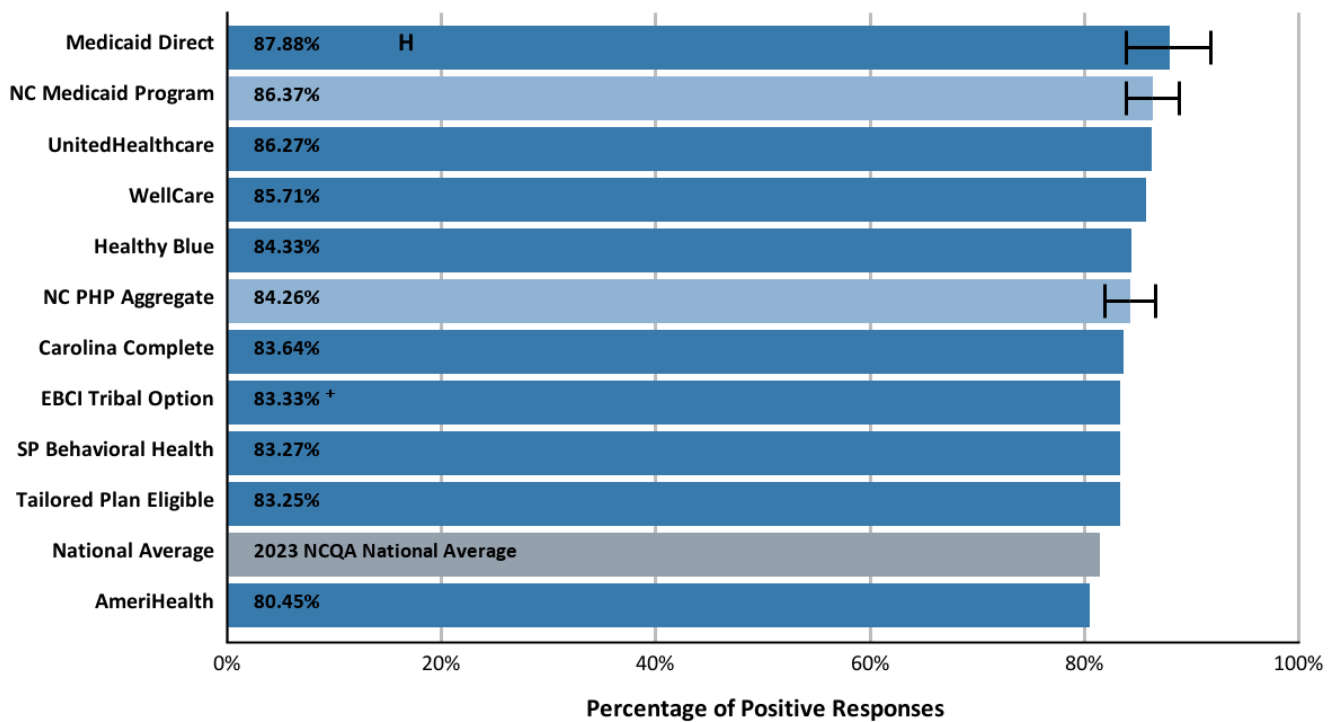
↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist they saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-6 shows the *Rating of Specialist Seen Most Often* positive rating results for each PHP and population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average. None of the PHP or population-specific rates were significantly different than the NC Medicaid Program or NC PHP Aggregate.

Figure 3-6—Percentage of 2023 Adult Respondents Who Rate the Specialist Seen Most Often Positively by Program-Specific Populations, with National and Aggregate Comparisons



-| Indicates the 95% confidence interval of the score.

H Indicates the score is significantly higher than the NCQA national average.

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

Composite Measures

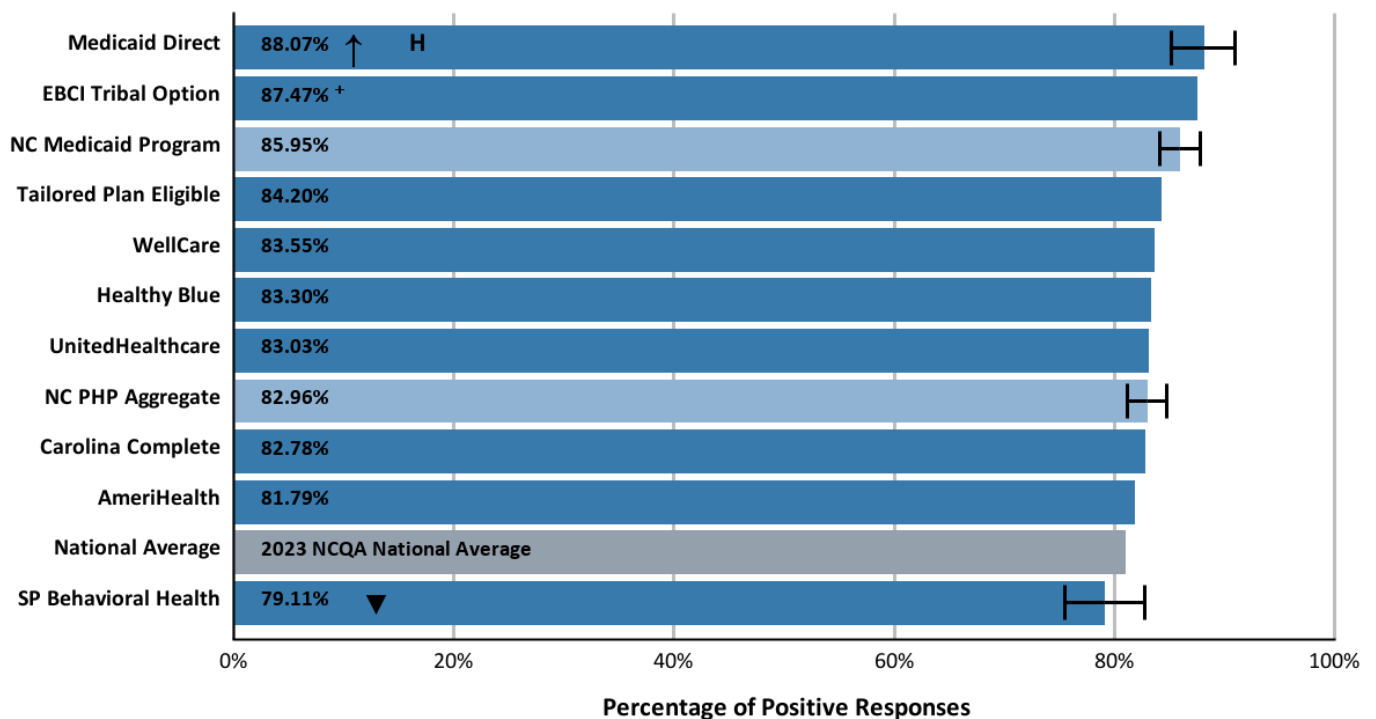
Getting Needed Care

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get needed care:

- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Responses of usually and always are considered positive ratings. Figure 3-7 shows the *Getting Needed Care* positive rating results for each PHP and population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average and NC PHP Aggregate. The SP Behavioral Health rate was significantly *lower* than the NC Medicaid Program.

Figure 3-7—Percentage of 2023 Adult Respondents Who Usually or Always Got Care They Needed by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |·| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

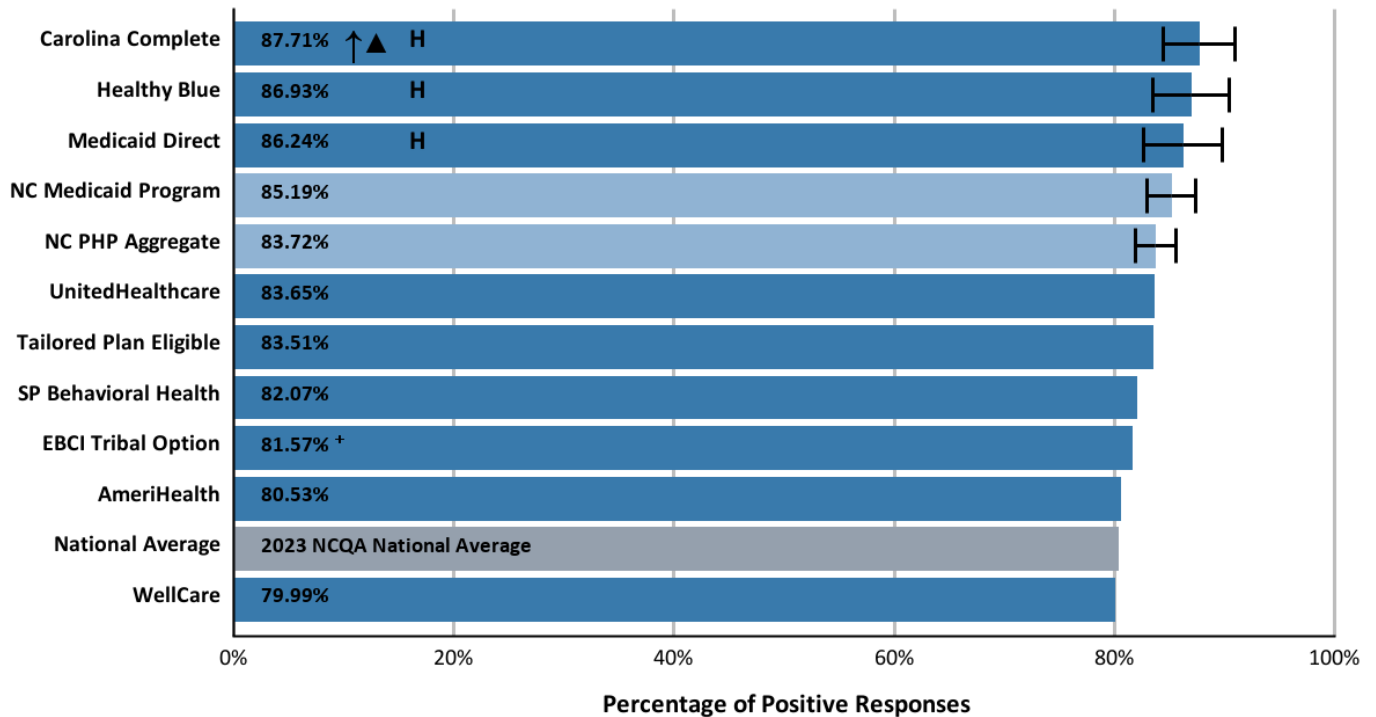
Getting Care Quickly

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get care quickly:

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?

Responses of usually and always are considered positive ratings. Figure 3-8 shows the *Getting Care Quickly* positive rating results for each PHP and population, with national and aggregate comparisons. The Carolina Complete rate was significantly *higher* than the NC Medicaid Program and NC PHP Aggregate. The following PHP or population-specific rates were significantly *higher* than the national average: Carolina Complete, Healthy Blue, and Medicaid Direct.

Figure 3-8—Percentage of 2023 Adult Respondents Who Usually or Always Got Care Quickly by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

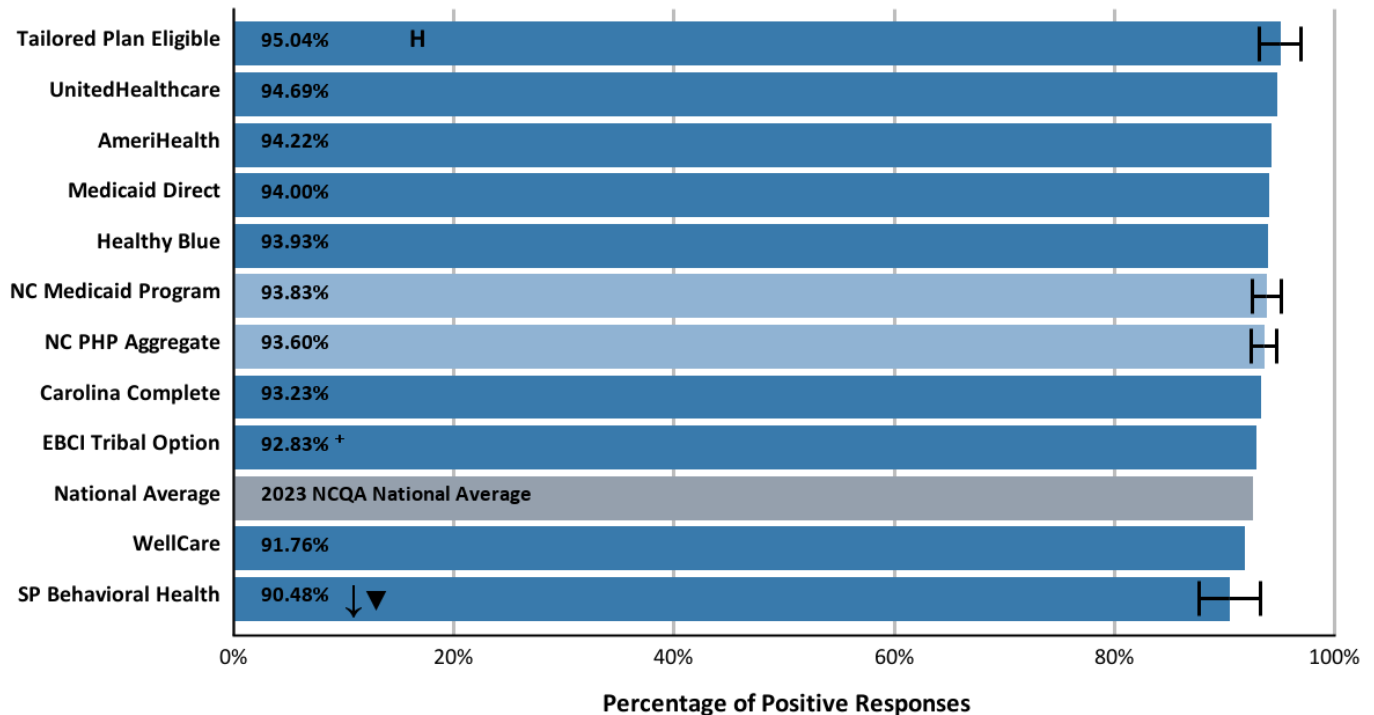
How Well Doctors Communicate

Four questions were asked to assess how often (never, sometimes, usually, or always) the respondent’s personal doctor communicated well with them:

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did your personal doctor spend enough time with you?

Responses of usually and always are considered positive ratings. Figure 3-9 shows the *How Well Doctors Communicate* positive rating results for each PHP and population, with national and aggregate comparisons. The Tailored Plan Eligible rate was significantly *higher* than the national average. The SP Behavioral Health rate was significantly *lower* than the NC Medicaid Program and NC PHP Aggregate.

Figure 3-9—Percentage of 2023 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them by Program-Specific Populations, with National and Aggregate Comparisons



↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

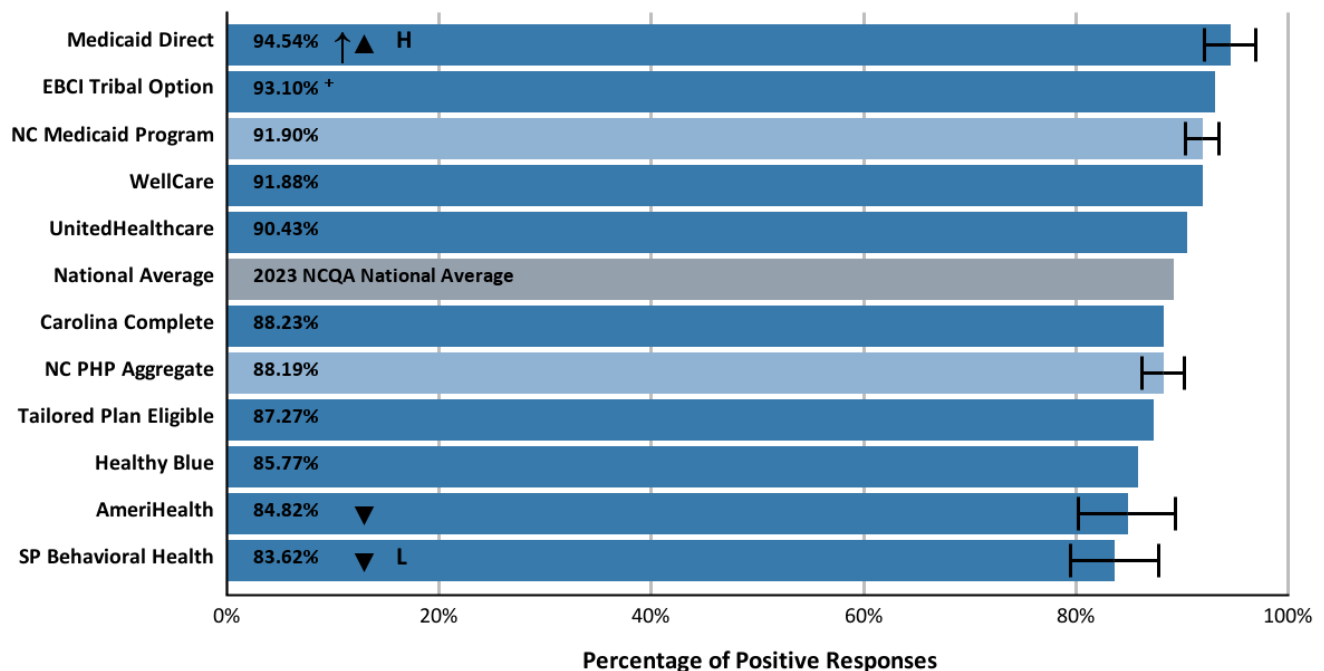
Customer Service

Two questions were asked to assess how often (never, sometimes, usually, or always) respondents had a positive experience with their health plan’s customer service:

- In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
- In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

Responses of usually and always are considered positive ratings. Figure 3-10 shows the *Customer Service* positive rating results for each PHP and population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average, NC Medicaid Program, and NC PHP Aggregate. The AmeriHealth and SP Behavioral Health rates were significantly *lower* than the NC Medicaid Program, and the SP Behavioral Health rate was also significantly *lower* than the national average.

Figure 3-10—Percentage of 2023 Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 L Indicates the score is significantly lower than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Individual Item Measures

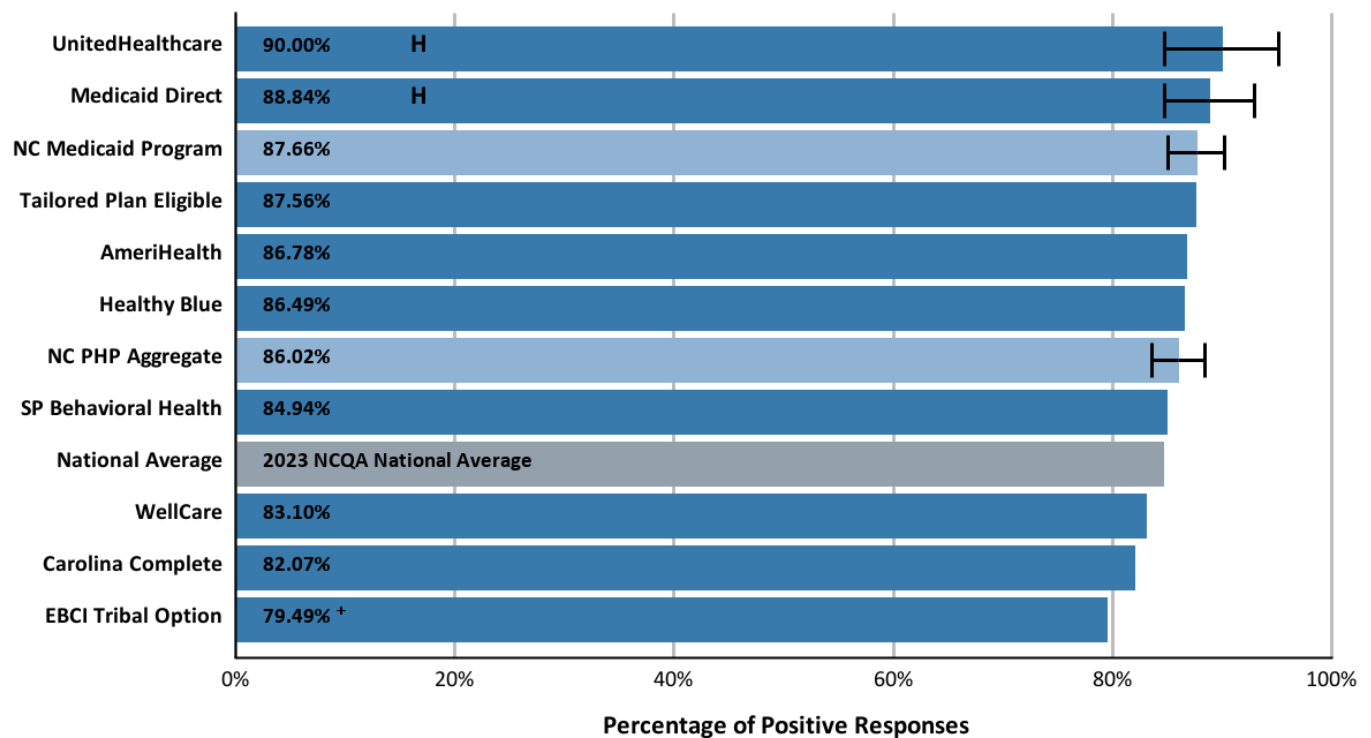
Coordination of Care

One question was asked to assess how often (never, sometimes, usually, or always) the respondent’s personal doctor seemed informed and up-to-date:

- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

Responses of usually and always are considered positive ratings. Figure 3-11 shows the *Coordination of Care* positive ratings results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the national average: UnitedHealthcare and Medicaid Direct. None of the PHPs or population-specific populations were significantly different than the NC Medicaid Program and NC PHP Aggregate.

Figure 3-11—Percentage of 2023 Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers by Program-Specific Populations, with National and Aggregate Comparisons



|—| Indicates the 95% confidence interval of the score.

H Indicates the score is significantly higher than the NCQA national average.

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

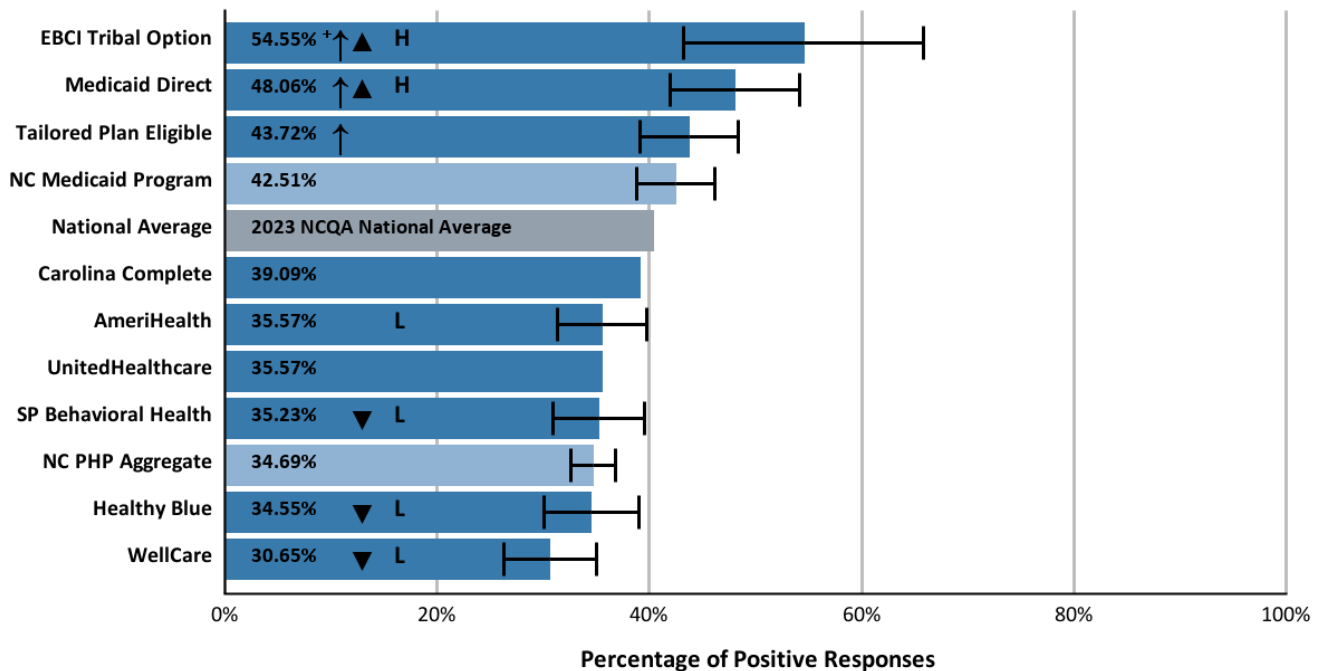
Flu Vaccination Received

One question was asked to assess if the respondents received their flu vaccine since July 1, 2022:

- Have you had either a flu shot or flu spray in the nose since July 1, 2022?

Figure 3-12 shows the percentage of respondents who received a flu vaccination for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the national average, NC Medicaid Program, and NC PHP Aggregate: EBCI Tribal Option and Medicaid Direct. The Tailored Plan Eligible rate was significantly *higher* than the NC PHP Aggregate, and the AmeriHealth rate was significantly *lower* than the national average. The following PHP or population-specific rates were significantly *lower* than the national average and NC Medicaid Program: SP Behavioral Health, Healthy Blue, and WellCare.

Figure 3-12—Percentage of 2023 Adult Respondents Who Received Their Flu Vaccination by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 L Indicates the score is significantly lower than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Medical Assistance With Smoking and Tobacco Use Cessation Items

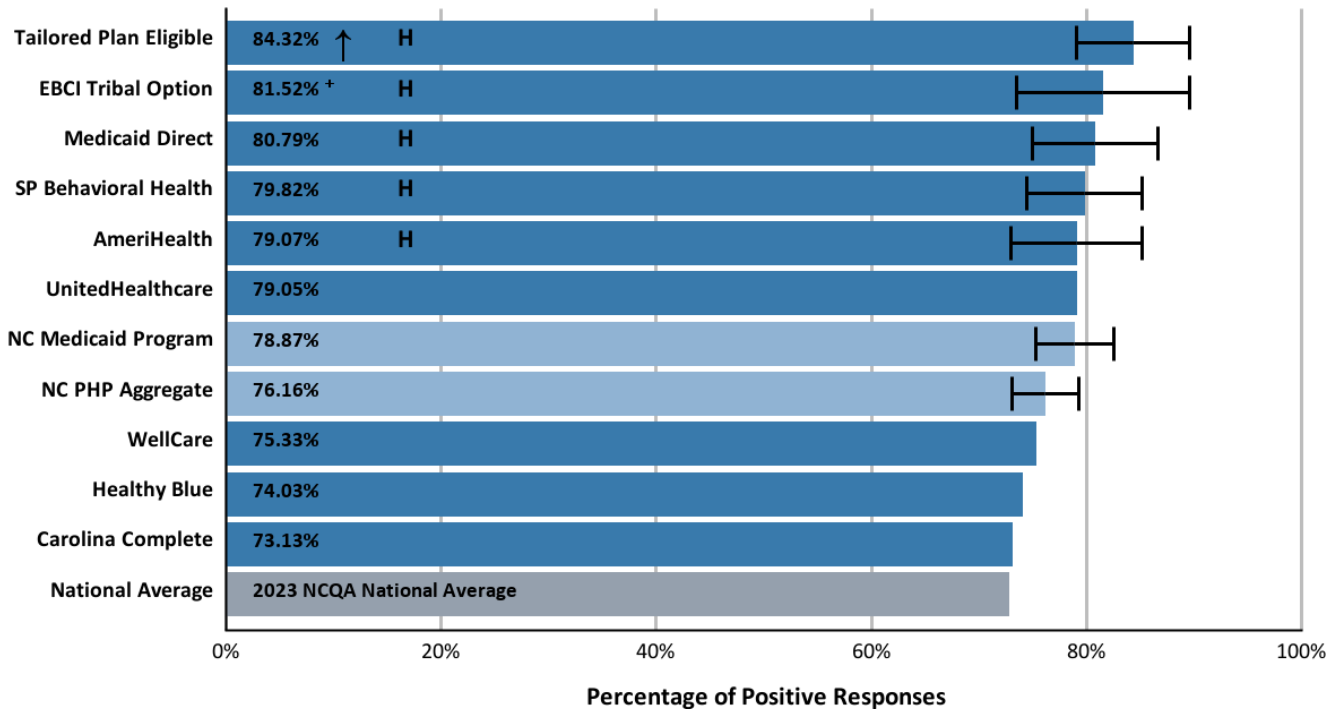
Advising Smokers and Tobacco Users to Quit

One question was asked to self-identified smokers and/or tobacco users to assess how often they were advised to quit smoking or using tobacco:

- In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Figure 3-13 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the national average: Tailored Plan Eligible, EBCI Tribal Option, Medicaid Direct, SP Behavioral Health, and AmeriHealth. The Tailored Plan Eligible rate was significantly *higher* than the NC PHP Aggregate.

Figure 3-13—Percentage of 2023 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.

|-| Indicates the 95% confidence interval of the score.

H Indicates the score is significantly higher than the NCQA national average.

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

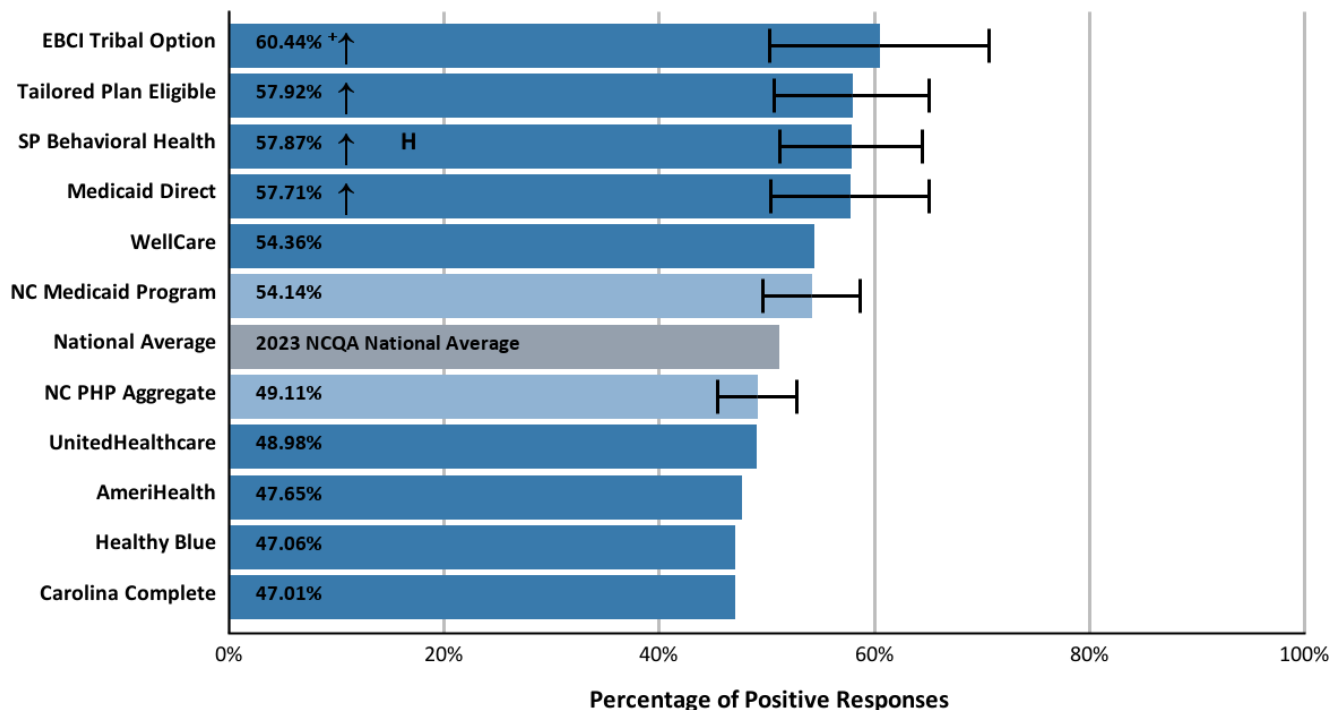
Discussing Cessation Medications

One question was asked to self-identified smokers and/or tobacco users to assess how often medication was recommended or discussed by a doctor or health provider to assist with quitting smoking or using tobacco:

- In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

Figure 3-14 shows the *Discussing Cessation Medications* positive rating results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the NC PHP Aggregate: EBCI Tribal Option, Tailored Plan Eligible, SP Behavioral Health, and Medicaid Direct. The SP Behavioral Health rate was significantly *higher* than the national average.

Figure 3-14—Percentage of 2023 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 -| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

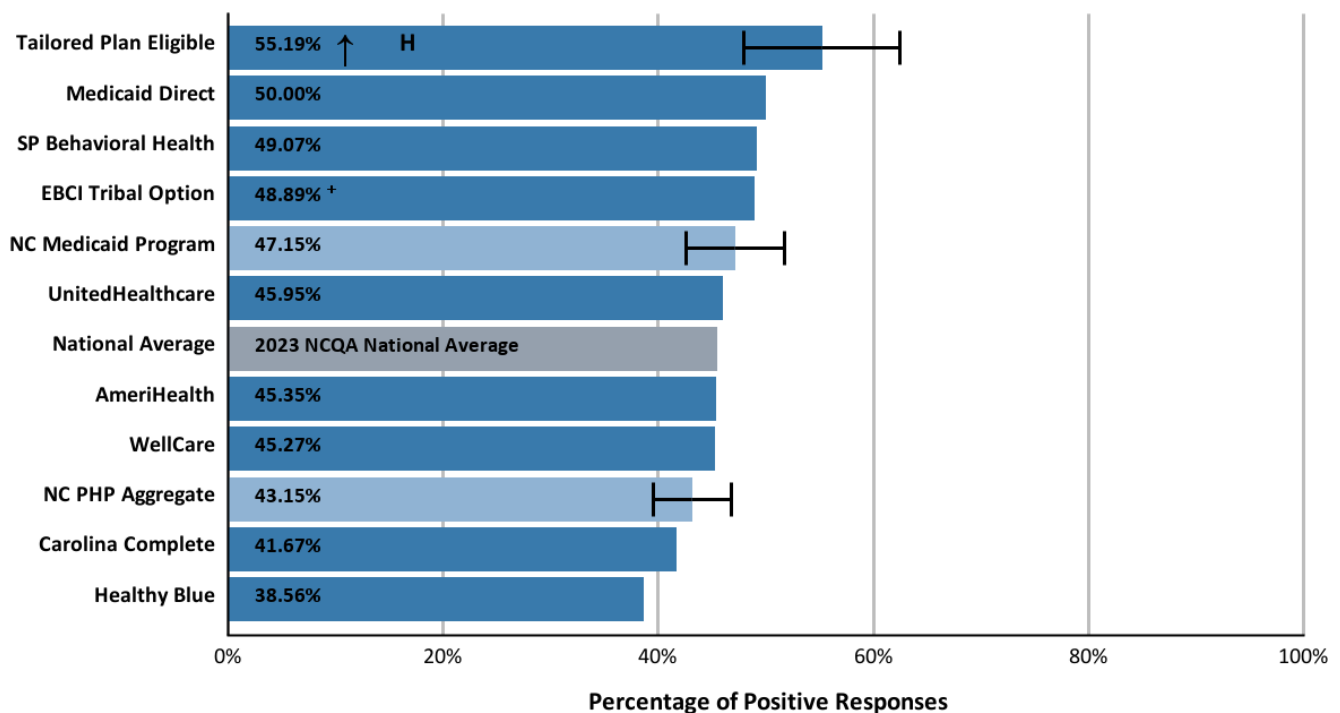
Discussing Cessation Strategies

One question was asked to self-identified smokers and/or tobacco users to assess how often doctors or health providers discussed or provided methods and strategies other than medication to assist with quitting smoking or using tobacco:

- In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

Figure 3-15 shows the *Discussing Cessation Strategies* positive rating results for each PHP and population, with national and aggregate comparisons. The Tailored Plan Eligible rate was significantly higher than the national average and NC PHP Aggregate.

Figure 3-15—Percentage of 2023 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 |—| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Trend Analysis

The 2023 scores were compared to the 2022 scores to determine whether there were statistically significant differences.⁵⁷ Statistically significant results are noted with triangles (▲ or ▼). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. For more detailed information regarding this analysis, please refer to the Reader’s Guide section beginning on page 37.

For each measure, HSAG included a trend chart that displays pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) measure results for the NC Medicaid Program and nation. CAHPS was not fielded in 2020 due to the public health emergency.

Overall Health Characteristics

General Health Status

Table 3-6 shows the trend results for adult respondents who reported their general health status as Excellent, Very Good, or Good for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The AmeriHealth 2023 rate was significantly *higher* than the 2022 rate.

Table 3-6—Percentage of Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	59.31%	62.05%	∅
NC PHP Aggregate	64.02%	67.45%	∅
AmeriHealth	49.33% ⁺	65.68%	▲
Carolina Complete	64.37% ⁺	67.23%	∅
Healthy Blue	67.35% ⁺	68.62%	∅
UnitedHealthcare	69.91%	67.01%	∅
WellCare	65.98% ⁺	68.00%	∅
SP Behavioral Health	53.24%	53.24%	∅
EBCI Tribal Option	56.76%	56.25%	∅
Medicaid Direct	56.52%	58.21%	∅

⁵⁷ HSAG recalculated the 2022 top-box scores to report scores out to two decimal places. Therefore, the 2022 results in this report will not match the previous report.

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
Tailored Plan Eligible	58.50%	63.02%	∅

Blue shading indicates the 2023 score is significantly different than the 2022 score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Mental or Emotional Health Status

Table 3-7 shows the trend results for adult respondents who reported their mental or emotional health status as Excellent, Very Good, or Good for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

Table 3-7—Percentage of Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	70.80%	71.11%	∅
NC PHP Aggregate	68.54%	67.99%	∅
AmeriHealth	66.67% ⁺	65.31%	∅
Carolina Complete	65.91% ⁺	69.15%	∅
Healthy Blue	73.20% ⁺	69.10%	∅
UnitedHealthcare	68.47%	68.04%	∅
WellCare	65.98% ⁺	68.08%	∅
SP Behavioral Health	53.24%	44.99%	∅
EBCI Tribal Option	69.37%	63.39%	∅
Medicaid Direct	72.14%	73.35%	∅
Tailored Plan Eligible	48.28%	51.87%	∅

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Global Ratings

Rating of Health Plan

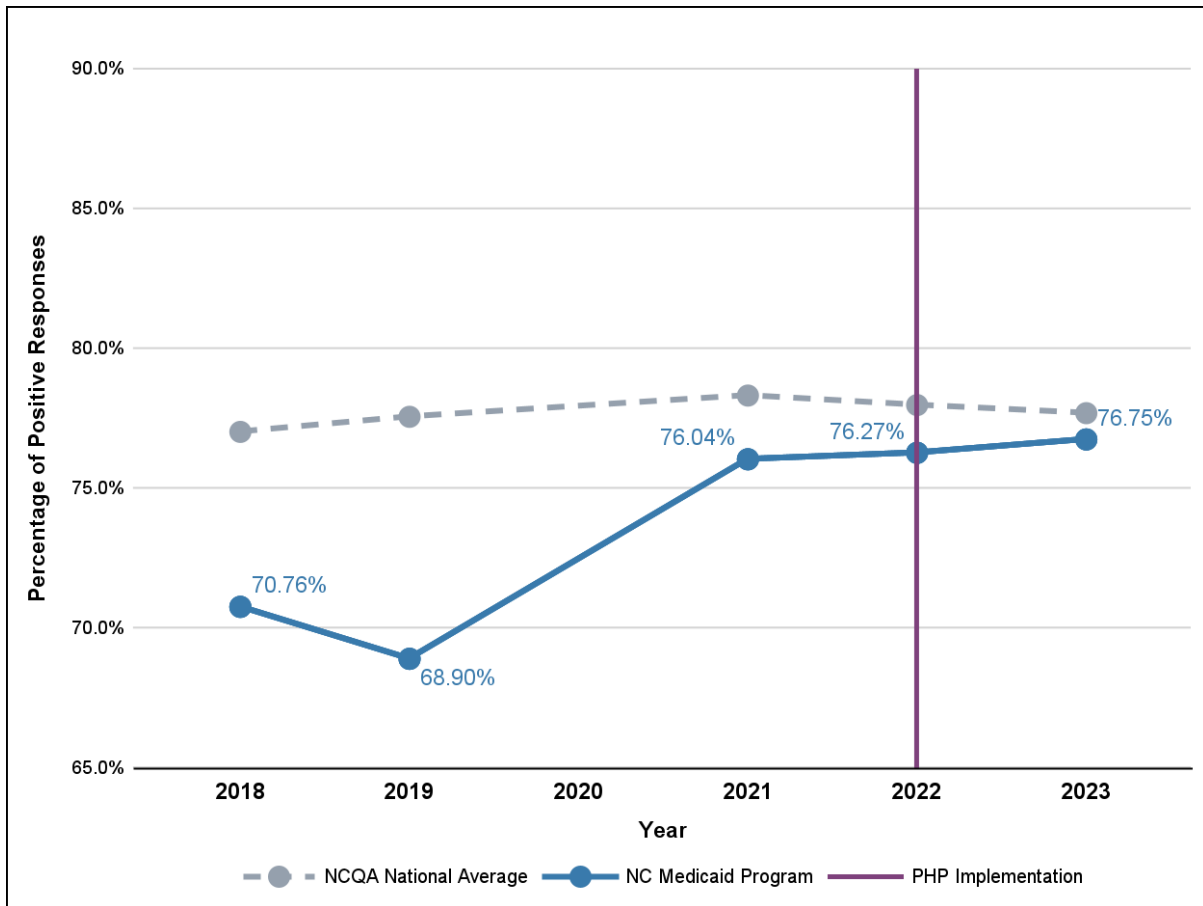
Table 3-8 shows the *Rating of Health Plan* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

Table 3-8—Percentage of Adult Respondents Who Rate Their Health Plan Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	76.27%	76.75%	∅
NC PHP Aggregate	73.22%	73.96%	∅
AmeriHealth	69.74% ⁺	70.76%	∅
Carolina Complete	66.27% ⁺	74.89%	∅
Healthy Blue	76.29% ⁺	76.17%	∅
UnitedHealthcare	74.77%	72.58%	∅
WellCare	75.00% ⁺	74.63%	∅
SP Behavioral Health	74.64%	69.26%	∅
EBCI Tribal Option	66.04%	74.77%	∅
Medicaid Direct	78.10%	78.74%	∅
Tailored Plan Eligible	74.31%	72.88%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.			

Figure 3-16 shows the *Rating of Health Plan* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-16—Percentage of Adult Respondents Who Rate Their Health Plan Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Rating of All Health Care

Table 3-9 shows the *Rating of All Health Care* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The SP Behavioral Health 2023 rate was significantly *lower* than the 2022 rate.

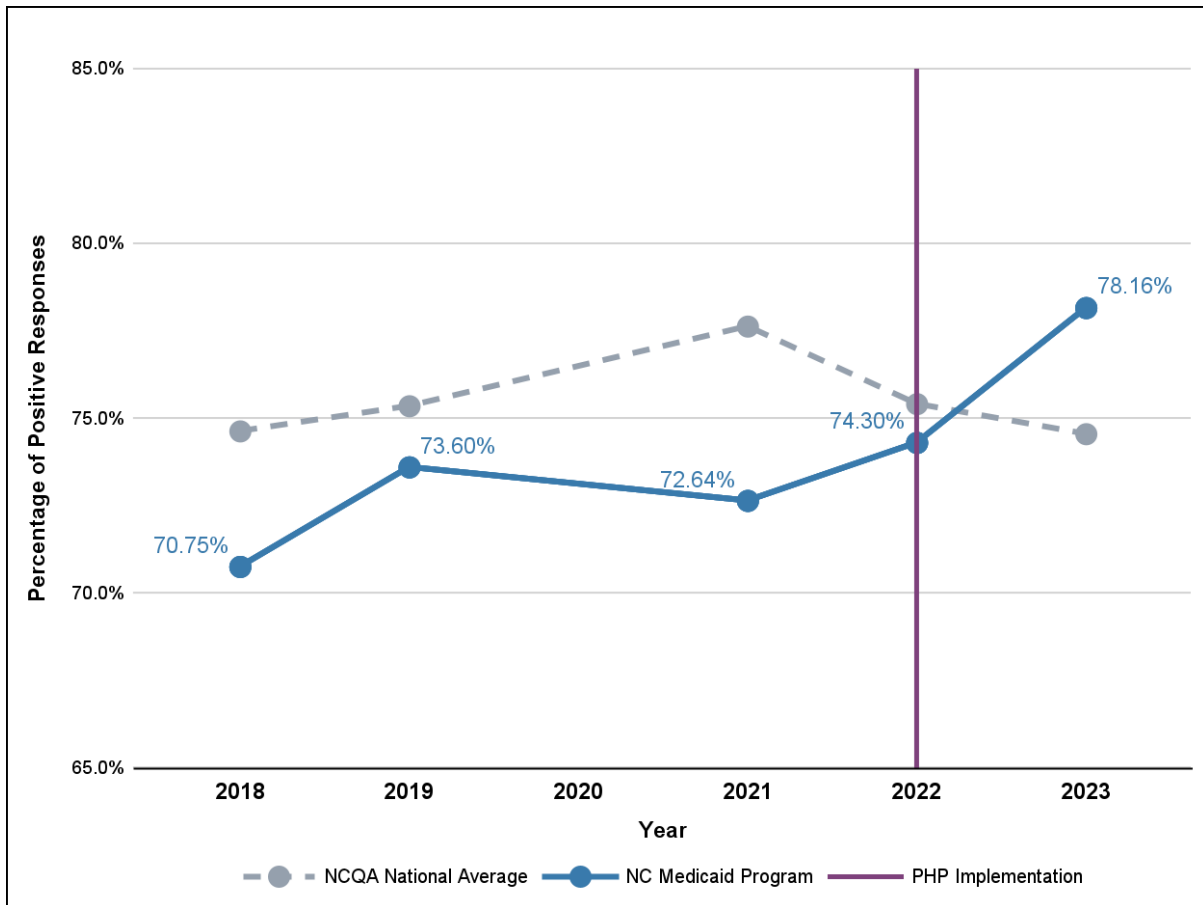
Table 3-9—Percentage of Adult Respondents Who Rate All Their Health Care Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	74.30%	78.16%	∅
NC PHP Aggregate	76.97%	78.57%	∅
AmeriHealth	70.45% ⁺	76.47%	∅
Carolina Complete	71.74% ⁺	73.68%	∅
Healthy Blue	83.05% ⁺	79.61%	∅
UnitedHealthcare	82.09% ⁺	78.13%	∅
WellCare	72.58% ⁺	82.31%	∅
SP Behavioral Health	79.21%	68.98%	▼
EBCI Tribal Option	65.75% ⁺	72.37% ⁺	∅
Medicaid Direct	72.73% ⁺	77.88%	∅
Tailored Plan Eligible	74.53%	74.69%	∅

Blue shading indicates the 2023 score is significantly different than the 2022 score.
⁺ *Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.*
 ▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*
 ∅ *Indicates the 2023 score is not statistically significantly different than the 2022 score.*

Figure 3-17 shows the *Rating of All Health Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-17—Percentage of Adult Respondents Who Rate All Their Health Care Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Rating of Personal Doctor

Table 3-10 shows the *Rating of Personal Doctor* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

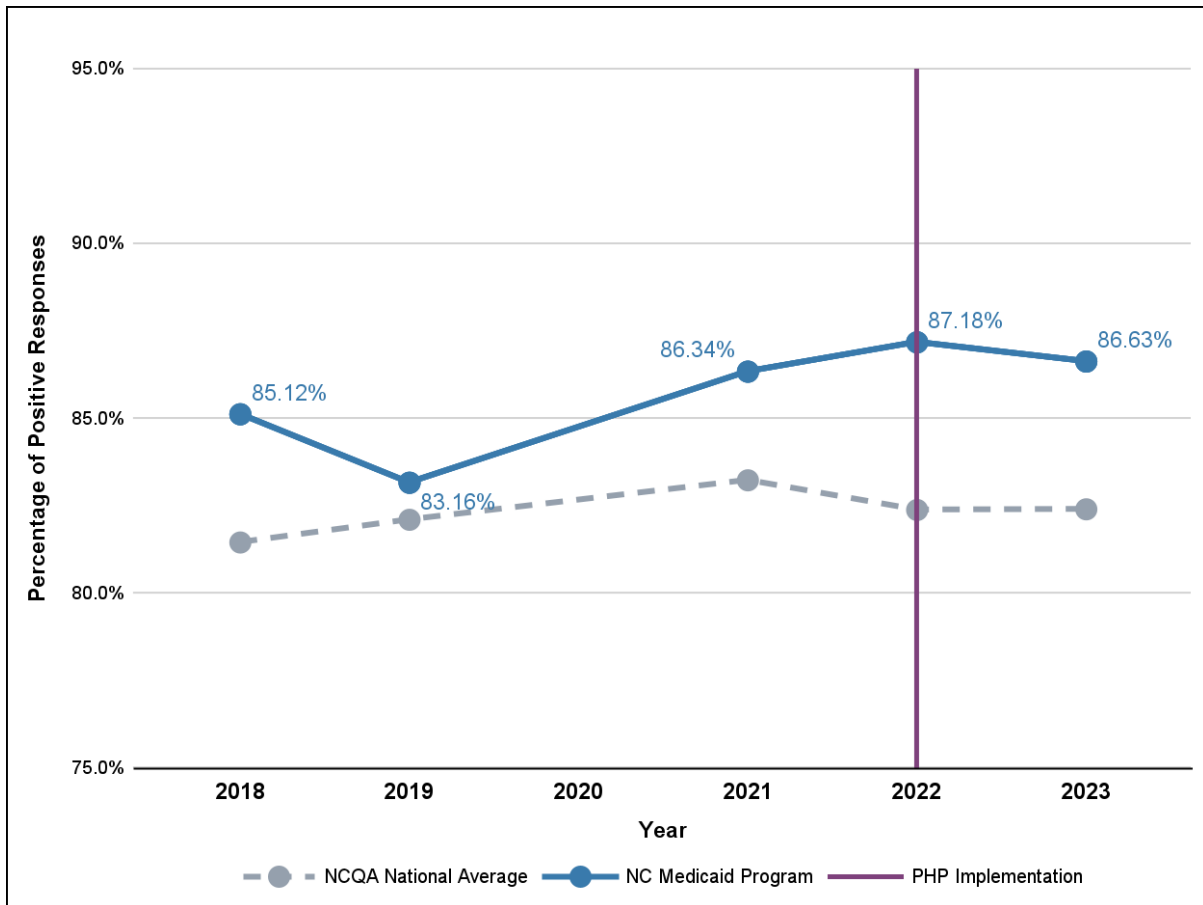
Table 3-10—Percentage of Adult Respondents Who Rate Their Personal Doctor Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	87.18%	86.63%	∅
NC PHP Aggregate	84.51%	83.97%	∅
AmeriHealth	77.78% ⁺	84.03%	∅
Carolina Complete	79.31% ⁺	83.00%	∅
Healthy Blue	89.61% ⁺	86.19%	∅
UnitedHealthcare	87.78% ⁺	83.72%	∅
WellCare	83.56% ⁺	81.90%	∅
SP Behavioral Health	83.62%	79.95%	∅
EBCI Tribal Option	69.14% ⁺	80.90% ⁺	∅
Medicaid Direct	88.79%	88.54%	∅
Tailored Plan Eligible	78.45%	86.39%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Figure 3-18 shows the *Rating of Personal Doctor* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-18—Percentage of Adult Respondents Who Rate Their Personal Doctor Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Rating of Specialist Seen Most Often

Table 3-11 shows the *Rating of Specialist Seen Most Often* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

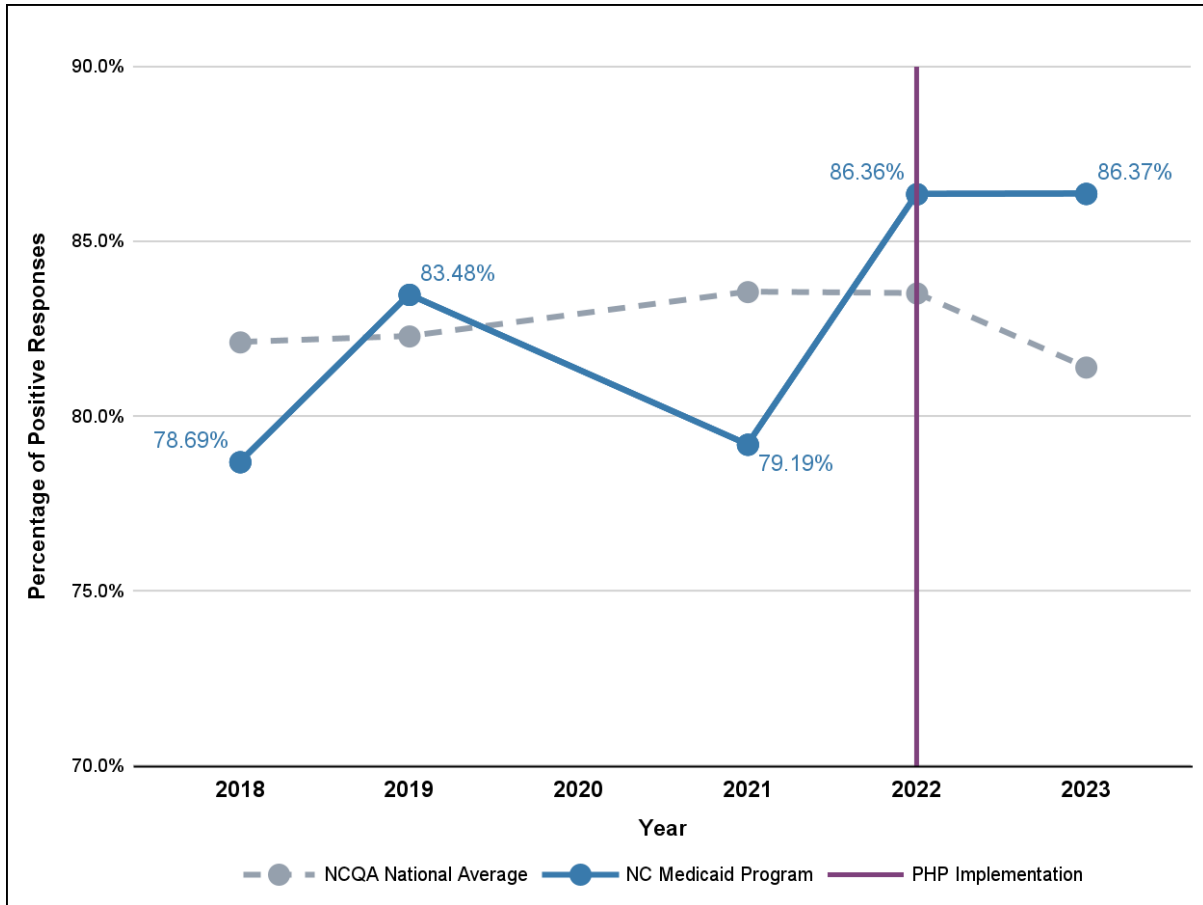
Table 3-11—Percentage of Adult Respondents Who Rate the Specialist Seen Most Often Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	86.36%	86.37%	∅
NC PHP Aggregate	83.82%	84.26%	∅
AmeriHealth	79.31% ⁺	80.45%	∅
Carolina Complete	75.00% ⁺	83.64%	∅
Healthy Blue	88.89% ⁺	84.33%	∅
UnitedHealthcare	82.98% ⁺	86.27%	∅
WellCare	87.76% ⁺	85.71%	∅
SP Behavioral Health	86.11% ⁺	83.27%	∅
EBCI Tribal Option	80.00% ⁺	83.33% ⁺	∅
Medicaid Direct	87.88% ⁺	87.88%	∅
Tailored Plan Eligible	78.79% ⁺	83.25%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Figure 3-19 shows the *Rating of Specialist Seen Most Often* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-19—Percentage of Adult Respondents Who Rate the Specialist They Saw Seen Most Often Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Composite Measures

Getting Needed Care

Table 3-12 shows the *Getting Needed Care* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

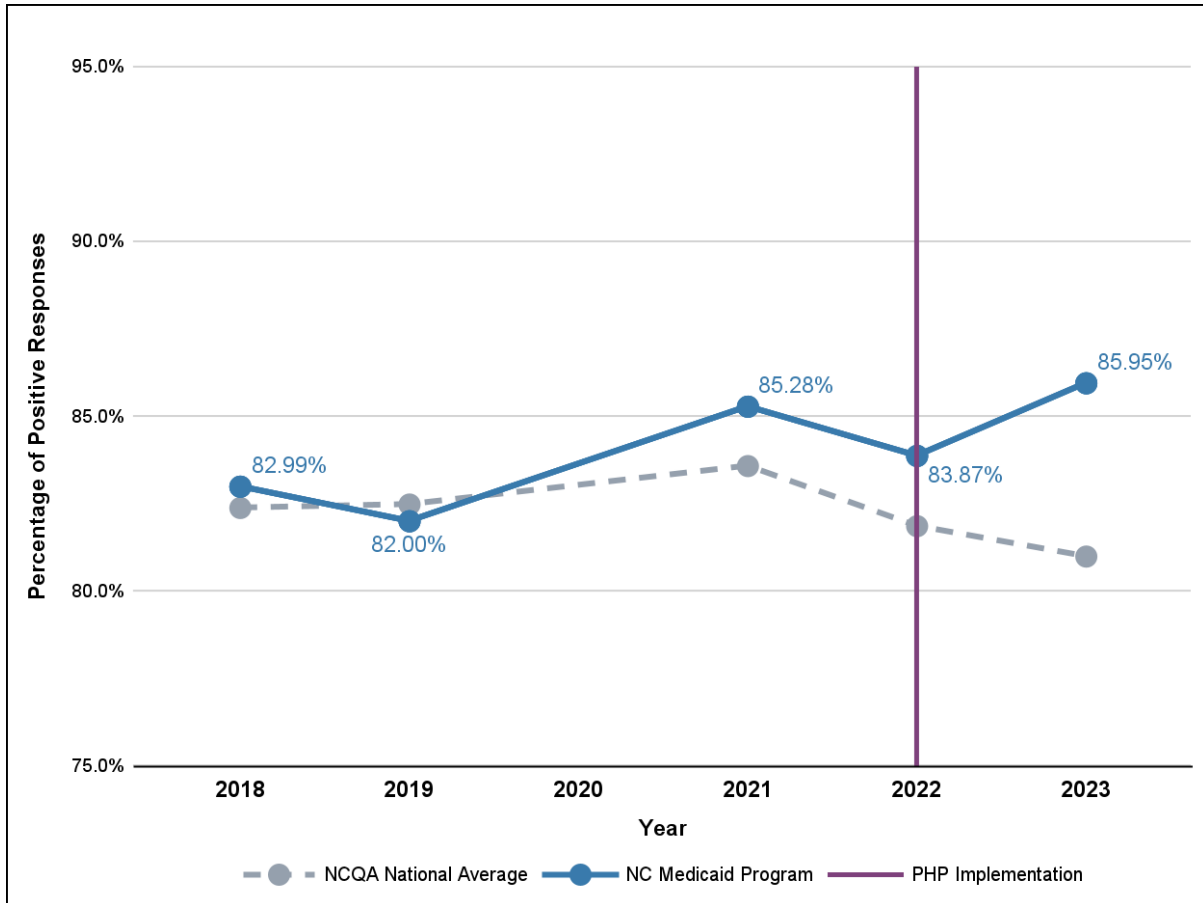
Table 3-12—Percentage of Adult Respondents Who Usually or Always Got Care They Needed by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	83.87%	85.95%	∅
NC PHP Aggregate	81.15%	82.96%	∅
AmeriHealth	75.99% ⁺	81.79%	∅
Carolina Complete	76.28% ⁺	82.78%	∅
Healthy Blue	87.93% ⁺	83.30%	∅
UnitedHealthcare	80.83% ⁺	83.03%	∅
WellCare	80.47% ⁺	83.55%	∅
SP Behavioral Health	78.64% ⁺	79.11%	∅
EBCI Tribal Option	79.21% ⁺	87.47% ⁺	∅
Medicaid Direct	85.49% ⁺	88.07%	∅
Tailored Plan Eligible	79.39% ⁺	84.20%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Figure 3-20 shows the *Getting Needed Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-20—Percentage of Adult Respondents Who Usually or Always Got Care They Needed for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Getting Care Quickly

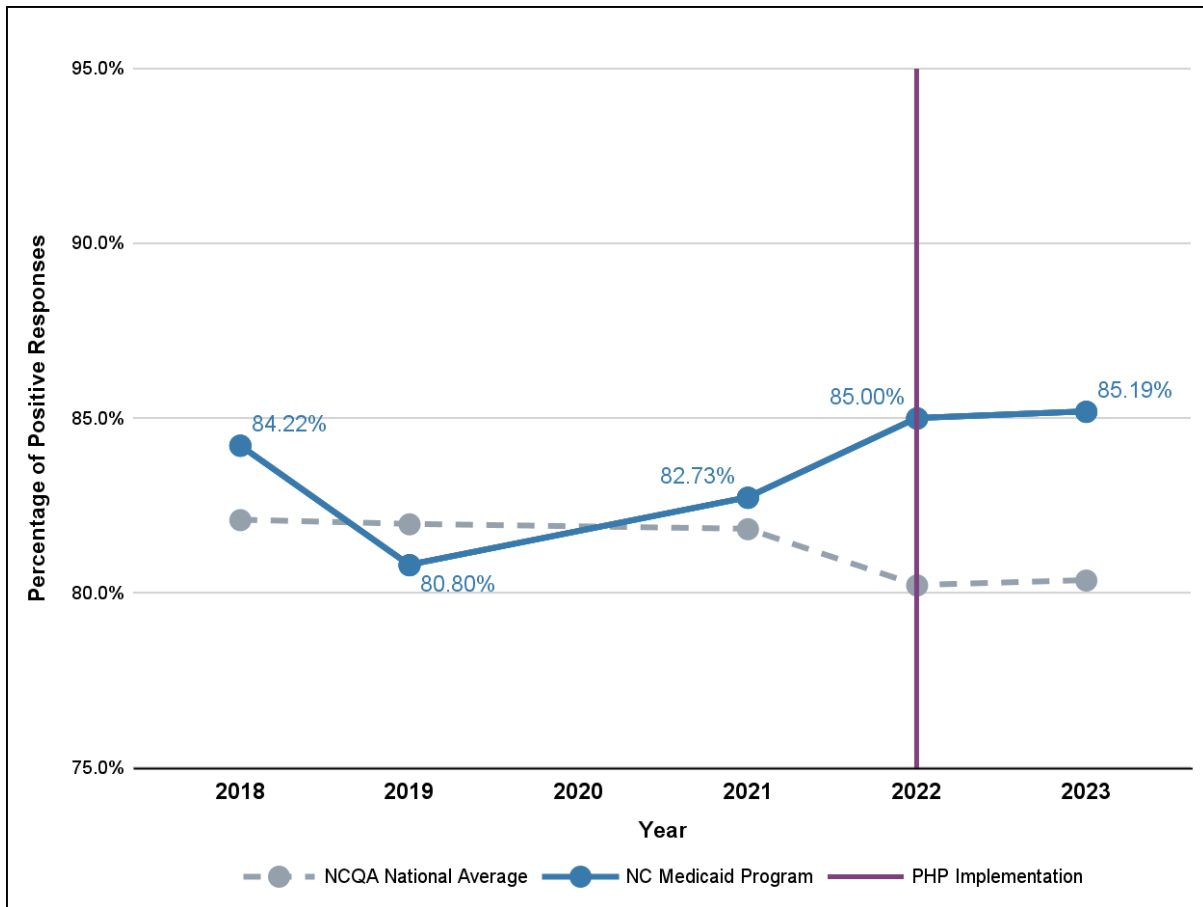
Table 3-13 shows the *Getting Care Quickly* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

Table 3-13—Percentage of Adult Respondents Who Usually or Always Got Care Quickly by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	85.00%	85.19%	∅
NC PHP Aggregate	82.66%	83.72%	∅
AmeriHealth	76.07% ⁺	80.53%	∅
Carolina Complete	76.09% ⁺	87.71%	∅
Healthy Blue	86.54% ⁺	86.93%	∅
UnitedHealthcare	84.43% ⁺	83.65%	∅
WellCare	85.66% ⁺	79.99%	∅
SP Behavioral Health	84.31% ⁺	82.07%	∅
EBCI Tribal Option	77.33% ⁺	81.57% ⁺	∅
Medicaid Direct	86.40% ⁺	86.24%	∅
Tailored Plan Eligible	88.83% ⁺	83.51%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.			

Figure 3-21 shows the *Getting Care Quickly* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-21—Percentage of Adult Respondents Who Usually or Always Got Care Quickly for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



How Well Doctors Communicate

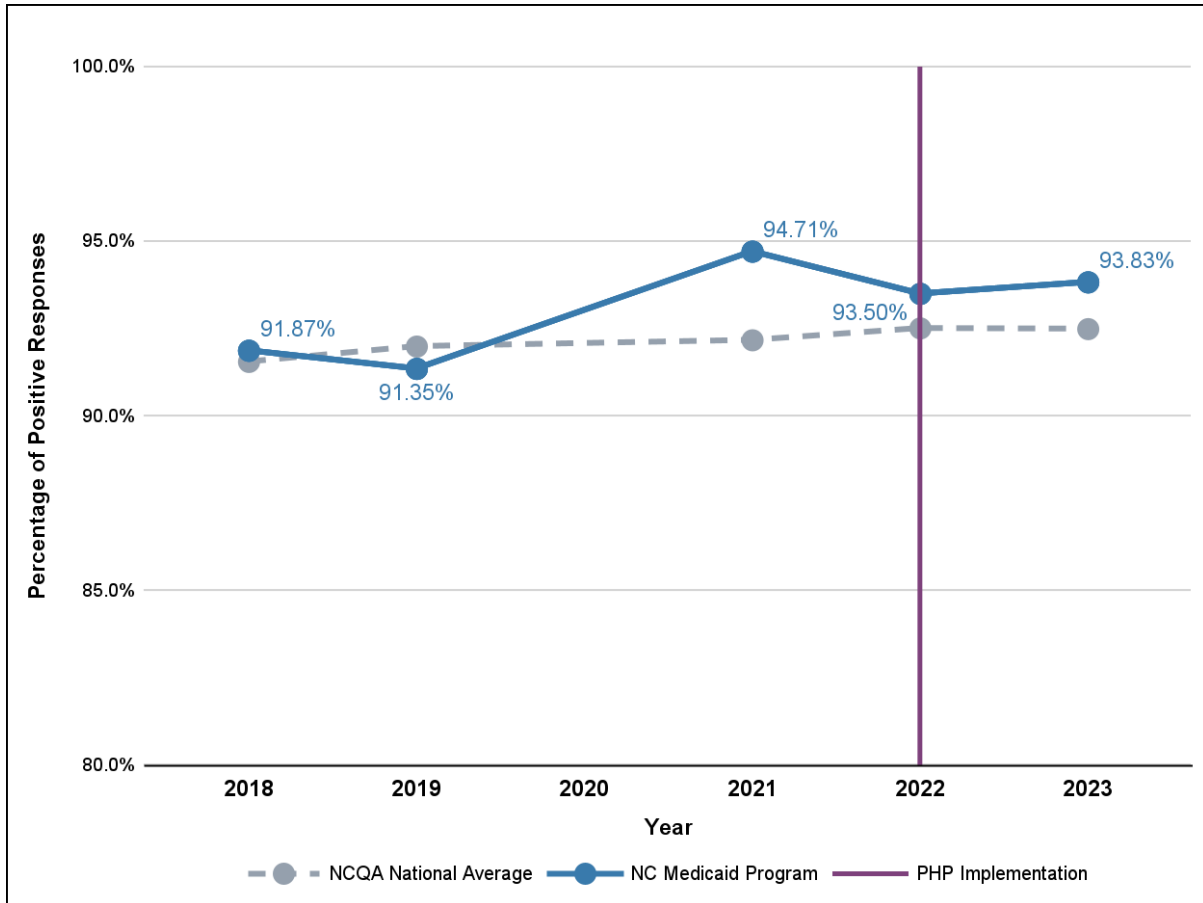
Table 3-14 shows the *How Well Doctors Communicate* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

Table 3-14—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	93.50%	93.83%	∅
NC PHP Aggregate	93.46%	93.60%	∅
AmeriHealth	92.68% ⁺	94.22%	∅
Carolina Complete	89.89% ⁺	93.23%	∅
Healthy Blue	95.26% ⁺	93.93%	∅
UnitedHealthcare	94.96% ⁺	94.69%	∅
WellCare	92.40% ⁺	91.76%	∅
SP Behavioral Health	90.39%	90.48%	∅
EBCI Tribal Option	91.98% ⁺	92.83% ⁺	∅
Medicaid Direct	93.53% ⁺	94.00%	∅
Tailored Plan Eligible	93.39% ⁺	95.04%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.			

Figure 3-22 shows the *How Well Doctors Communicate* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-22—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Customer Service

Table 3-15 shows the *Customer Service* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The WellCare 2023 rate was significantly *higher* than the 2022 rate.

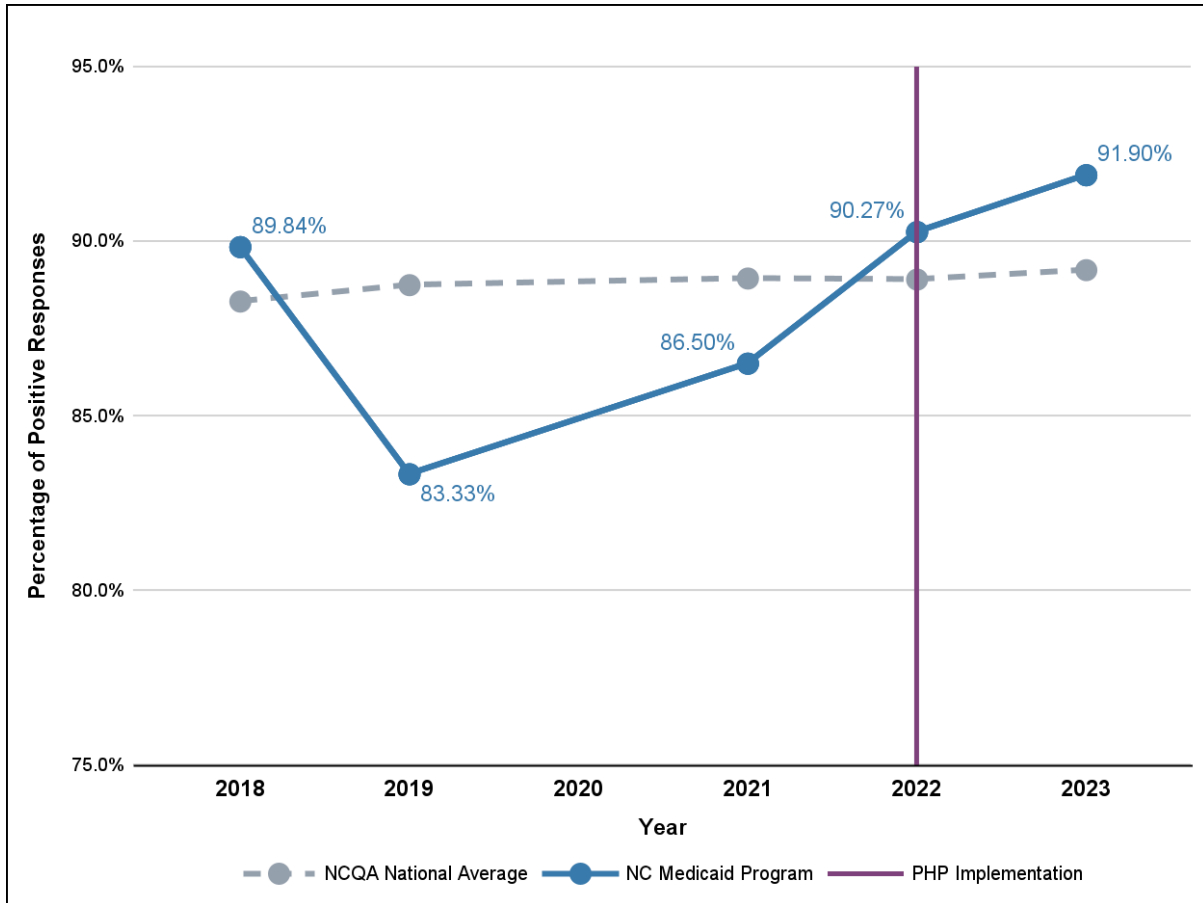
Table 3-15—Percentage of Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	90.27%	91.90%	∅
NC PHP Aggregate	87.26%	88.19%	∅
AmeriHealth	91.67% ⁺	84.82%	∅
Carolina Complete	89.13% ⁺	88.23%	∅
Healthy Blue	86.11% ⁺	85.77%	∅
UnitedHealthcare	90.63% ⁺	90.43%	∅
WellCare	80.00% ⁺	91.88%	▲
SP Behavioral Health	82.70% ⁺	83.62%	∅
EBCI Tribal Option	96.55% ⁺	93.10% ⁺	∅
Medicaid Direct	92.04% ⁺	94.54%	∅
Tailored Plan Eligible	86.82% ⁺	87.27%	∅

Blue shading indicates the 2023 score is significantly different than the 2022 score.
⁺ *Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.*
 ▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
 ∅ *Indicates the 2023 score is not statistically significantly different than the 2022 score.*

Figure 3-23 shows the *Customer Service* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-23—Percentage of Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Individual Item Measures

Coordination of Care

Table 3-16 shows the *Coordination of Care* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

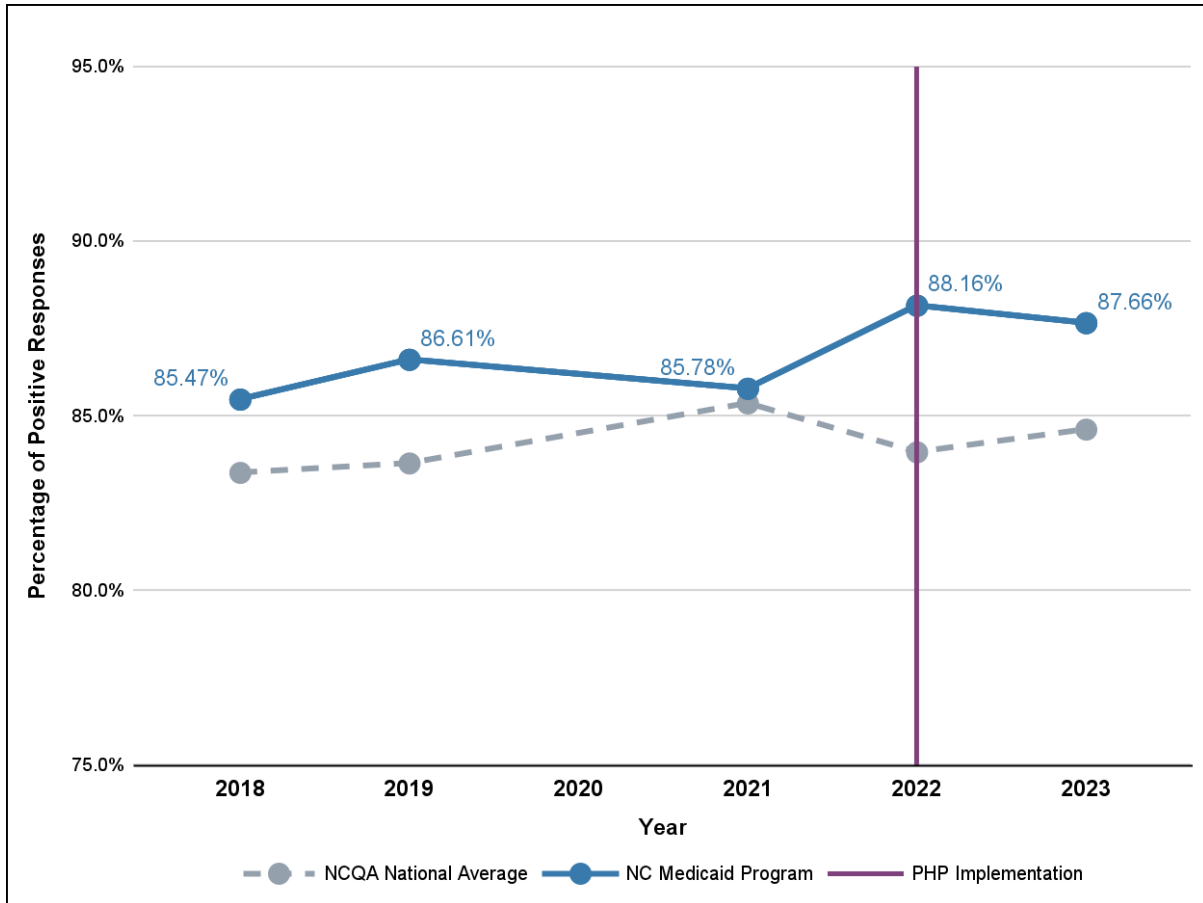
Table 3-16—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	88.16%	87.66%	∅
NC PHP Aggregate	85.45%	86.02%	∅
AmeriHealth	86.96% ⁺	86.78%	∅
Carolina Complete	73.08% ⁺	82.07%	∅
Healthy Blue	86.49% ⁺	86.49%	∅
UnitedHealthcare	97.06% ⁺	90.00%	∅
WellCare	77.78% ⁺	83.10%	∅
SP Behavioral Health	80.60% ⁺	84.94%	∅
EBCI Tribal Option	75.76% ⁺	79.49% ⁺	∅
Medicaid Direct	89.80% ⁺	88.84%	∅
Tailored Plan Eligible	78.00% ⁺	87.56%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Figure 3-24 shows the *Coordination of Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-24—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Flu Vaccination Received

Table 3-17 shows the percentage of respondents who received a flu vaccination trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

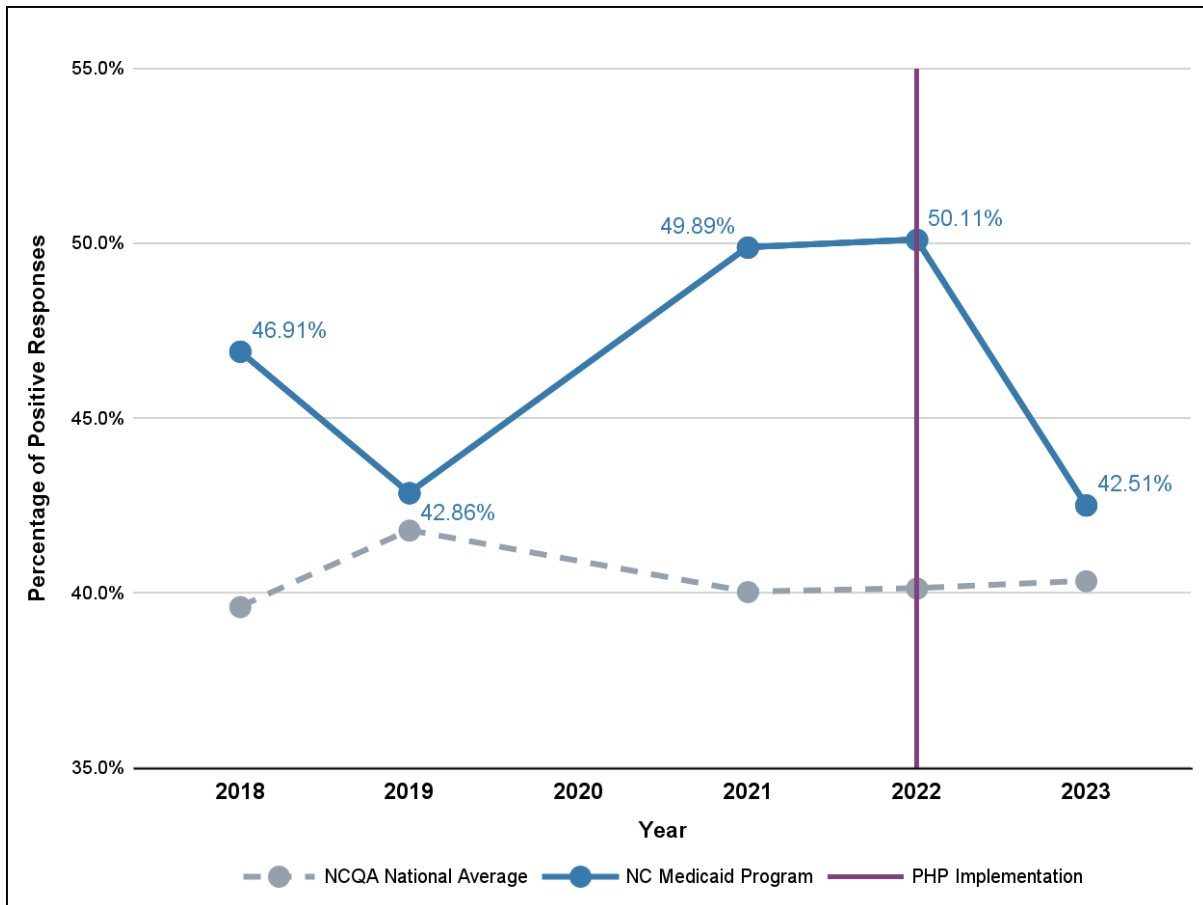
Table 3-17—Percentage of Adult Respondents Who Received Their Flu Vaccination by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	50.11%	42.51%	∅
NC PHP Aggregate	36.49%	34.69%	∅
AmeriHealth	43.94% ⁺	35.57%	∅
Carolina Complete	32.50% ⁺	39.09%	∅
Healthy Blue	35.87% ⁺	34.55%	∅
UnitedHealthcare	36.08% ⁺	35.57%	∅
WellCare	33.71% ⁺	30.65%	∅
SP Behavioral Health	40.16%	35.23%	∅
EBCI Tribal Option	51.65% ⁺	54.55% ⁺	∅
Medicaid Direct	58.18% ⁺	48.06%	∅
Tailored Plan Eligible	34.45%	43.72%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Figure 3-25 shows the *Flu Vaccination Received* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-25—Percentage of Adult Respondents Who Received Their Flu Vaccination for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Medical Assistance With Smoking and Tobacco Use Cessation Items

Advising Smokers and Tobacco Users to Quit

Table 3-18 shows the *Advising Smokers and Tobacco Users to Quit* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Carolina Complete 2023 rate was significantly *lower* than the 2022 rate.

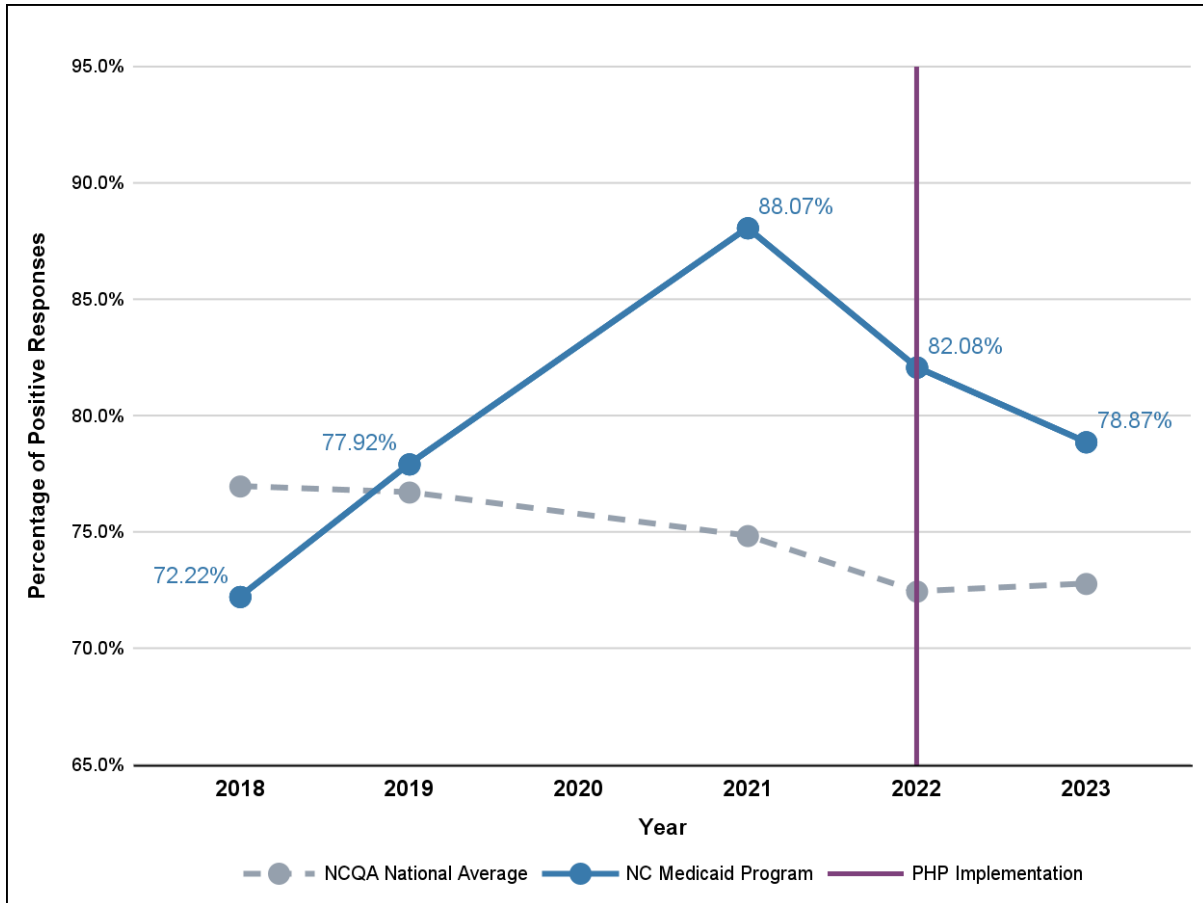
Table 3-18—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	82.08%	78.87%	∅
NC PHP Aggregate	82.49%	76.16%	∅
AmeriHealth	84.38% ⁺	79.07%	∅
Carolina Complete	89.47% ⁺	73.13%	▼
Healthy Blue	71.43% ⁺	74.03%	∅
UnitedHealthcare	84.00% ⁺	79.05%	∅
WellCare	88.89% ⁺	75.33%	∅
SP Behavioral Health	73.33% ⁺	79.82%	∅
EBCI Tribal Option	87.80% ⁺	81.52% ⁺	∅
Medicaid Direct	81.82% ⁺	80.79%	∅
Tailored Plan Eligible	75.93% ⁺	84.32%	∅

Blue shading indicates the 2023 score is significantly different than the 2022 score.
⁺ *Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.*
 ▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*
 ∅ *Indicates the 2023 score is not statistically significantly different than the 2022 score.*

Figure 3-26 shows the *Advising Smokers and Tobacco Users to Quit* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-26—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Discussing Cessation Medications

Table 3-19 shows the *Discussing Cessation Medications* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

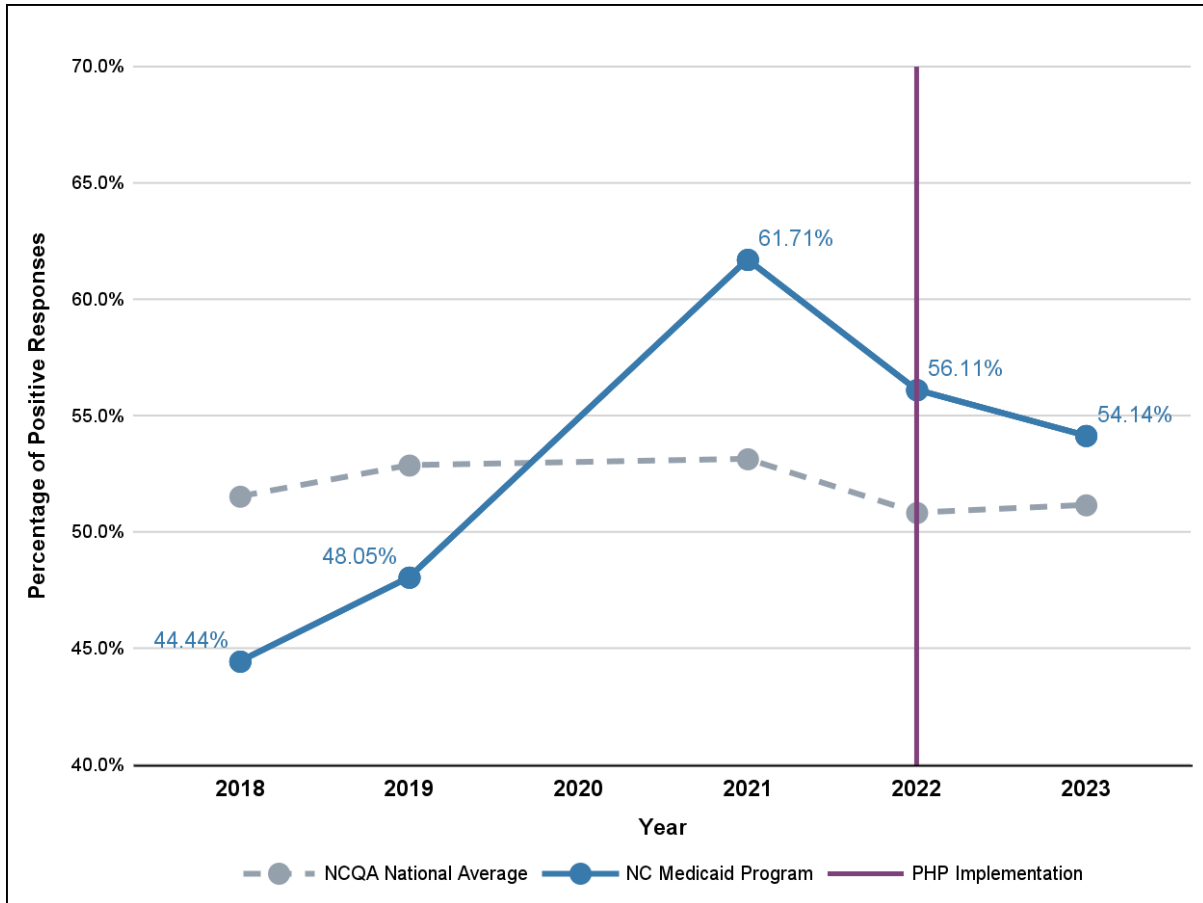
Table 3-19—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	56.11%	54.14%	∅
NC PHP Aggregate	54.91%	49.11%	∅
AmeriHealth	61.29% ⁺	47.65%	∅
Carolina Complete	57.89% ⁺	47.01%	∅
Healthy Blue	48.15% ⁺	47.06%	∅
UnitedHealthcare	52.00% ⁺	48.98%	∅
WellCare	59.26% ⁺	54.36%	∅
SP Behavioral Health	46.67% ⁺	57.87%	∅
EBCI Tribal Option	57.50% ⁺	60.44% ⁺	∅
Medicaid Direct	56.82% ⁺	57.71%	∅
Tailored Plan Eligible	51.85% ⁺	57.92%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Figure 3-27 shows the *Discussing Cessation Medications* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-27—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Discussing Cessation Strategies

Table 3-20 shows the *Discussing Cessation Strategies* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

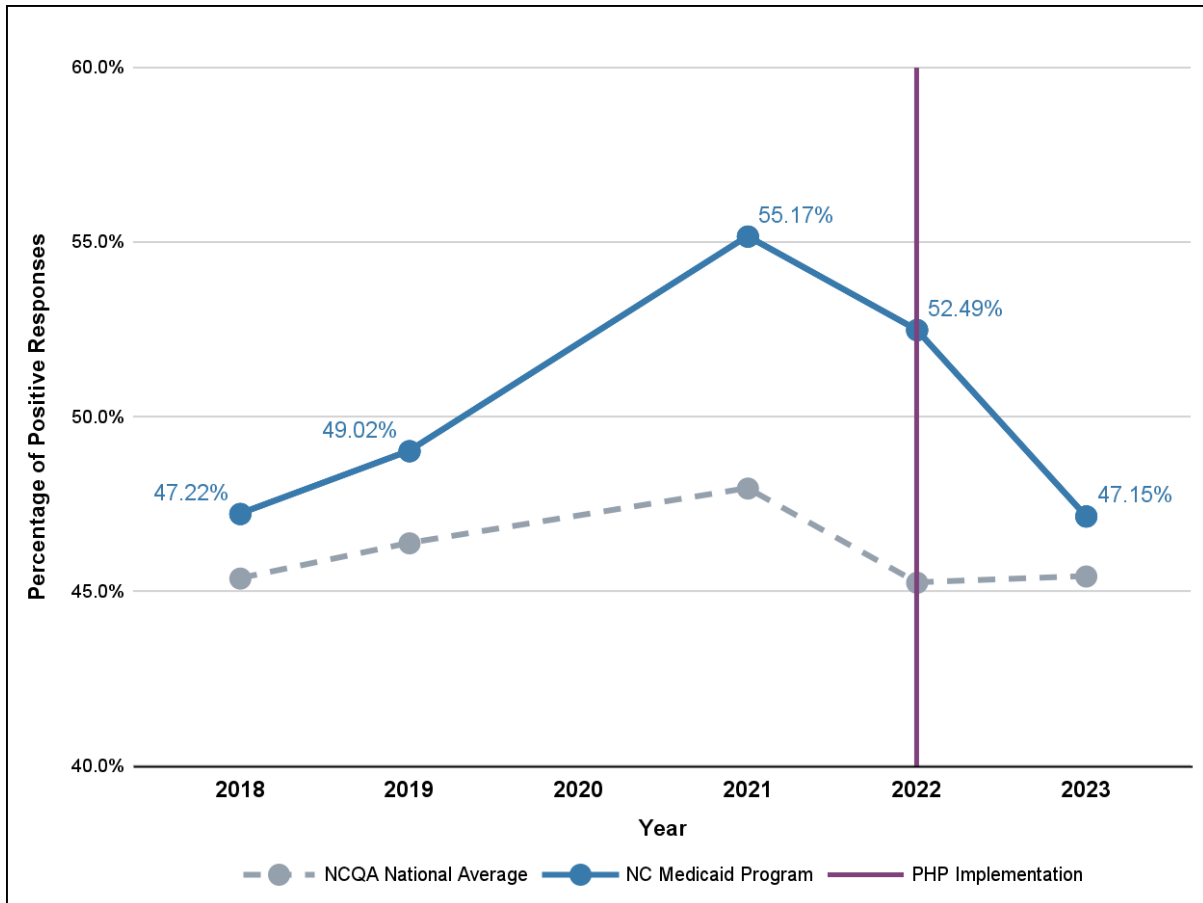
Table 3-20—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	52.49%	47.15%	∅
NC PHP Aggregate	46.90%	43.15%	∅
AmeriHealth	62.50% ⁺	45.35%	∅
Carolina Complete	S	41.67%	∅
Healthy Blue	42.86% ⁺	38.56%	∅
UnitedHealthcare	S	45.95%	∅
WellCare	51.85% ⁺	45.27%	∅
SP Behavioral Health	44.44% ⁺	49.07%	∅
EBCI Tribal Option	46.15% ⁺	48.89% ⁺	∅
Medicaid Direct	55.81% ⁺	50.00%	∅
Tailored Plan Eligible	53.85% ⁺	55.19%	∅

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

Figure 3-28 shows the *Discussing Cessation Strategies* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 3-28—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



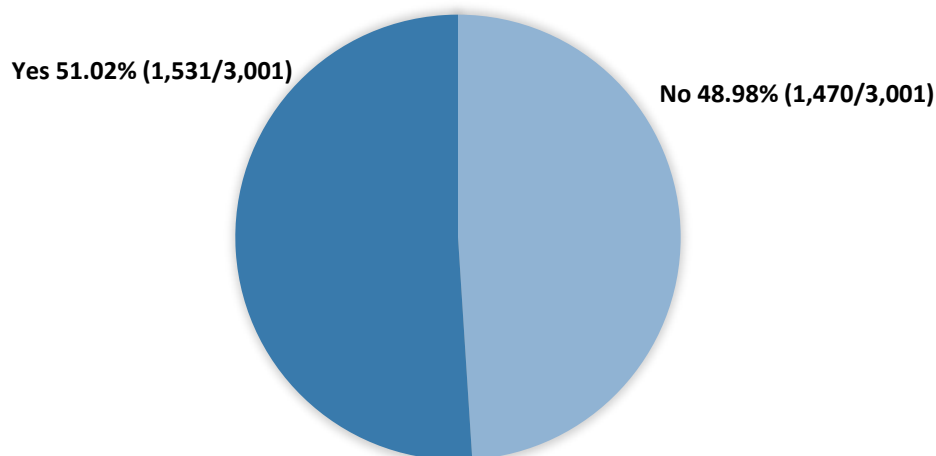
Supplemental Items

Counseling and Mental Health Treatment

Mental Health

DHB added four questions regarding mental health. Respondents were asked if their personal doctor asked about their mental health in the last 6 months. Figure 3-29 presents the percentage of respondents who reported if their personal doctor asked about their mental health. The majority of respondents reported their personal doctor asked about their mental health for the NC Medicaid Program.

Figure 3-29—Percentage of 2023 Adult NC Medicaid Program Respondents Whose Personal Doctor Asked About Their Mental Health



Counseling or Mental Health Treatment

Respondents were asked if they sought any counseling or mental health treatment for reasons such as feeling depressed, anxious, or stressed; personal problems (like when a loved one dies or when there are problems at work); family problems (like marriage problems or when parents and children have trouble getting along); or needing help with drug or alcohol use. Figure 3-30 presents the percentage of respondents who reported if they sought any counseling or mental health treatment for any of these reasons. The majority of respondents reported not seeking any counseling or mental health treatment for the NC Medicaid Program.

Figure 3-30—Percentage of 2023 Adult NC Medicaid Program Respondents Who Sought Counseling or Mental Health Treatment

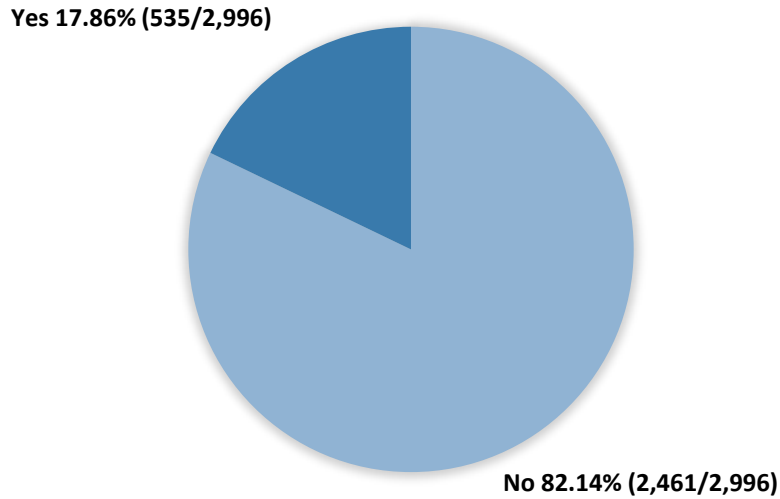


Table 3-21 presents the percentage of respondents who reported if they sought any counseling or mental health treatment by PHP and population. A majority of SP Behavioral Health respondents sought counseling or mental health treatment.

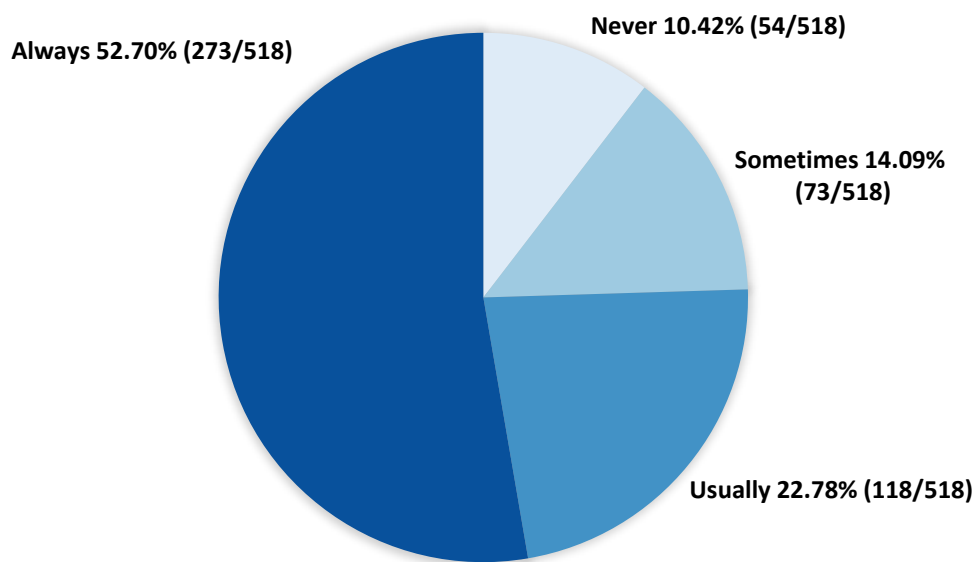
Table 3-21—Percentage of 2023 Adult Program-Specific Population Respondents Who Sought Counseling or Mental Health Treatment

PHP/Population	Yes % (N/D)	No % (N/D)
AmeriHealth	18.40% (99/538)	81.60% (439/538)
Carolina Complete	19.49% (91/467)	80.51% (376/467)
Healthy Blue	17.34% (82/473)	82.66% (391/473)
UnitedHealthcare	19.32% (74/383)	80.68% (309/383)
WellCare	18.78% (89/474)	81.22% (385/474)
SP Behavioral Health	61.26% (310/506)	38.74% (196/506)
EBCI Tribal Option	18.75% (21/112)	81.25% (91/112)
Medicaid Direct	14.39% (79/549)	85.61% (470/549)
Tailored Plan Eligible	42.74% (203/475)	57.26% (272/475)
<i>Percentages may not total 100% due to rounding. (N/D) Indicates numerator and denominator.</i>		

Appointment for Counseling or Mental Health Treatment

Figure 3-31 presents the percentage of respondents who sought counseling or mental health treatment and whether they always, usually, sometimes, or never were able to get an appointment as soon as they needed for the NC Medicaid Program. The majority of respondents reported that they always or usually (75.48%) received an appointment for counseling or mental health treatment as soon as they needed for the NC Medicaid Program.

Figure 3-31—Among 2023 Adult NC Medicaid Program Respondents Who Sought Counseling or Mental Health Treatment, How Often They Received An Appointment As Soon As They Needed



Results presented are based on respondents that answered “Yes” to seeking any counseling or mental health treatment. Percentages may not total 100% due to rounding.

Table 3-22 presents the percentage of respondents who sought counseling or mental health treatment and whether they always, usually, sometimes, or never were able to get an appointment as soon as they needed by PHP and population.

Table 3-22—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

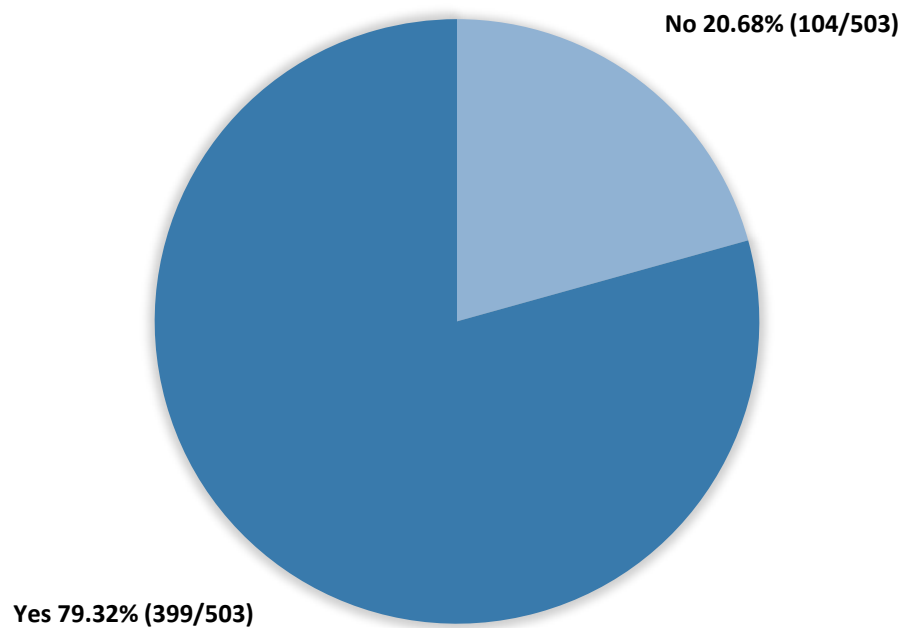
PHP/Population	Always % (N/D)	Usually % (N/D)	Sometimes % (N/D)	Never % (N/D)
AmeriHealth	52.69% (49/93)	21.51% (20/93)	12.90% (12/93)	12.90% (12/93)
Carolina Complete	54.95% (50/91)	29.67% (27/91)	S	S
Healthy Blue	55.70% (44/79)	22.78% (18/79)	S	S
UnitedHealthcare	42.86% (30/70)	S	24.29% (17/70)	S
WellCare	43.18% (38/88)	23.86% (21/88)	S	S
SP Behavioral Health	64.33% (193/300)	19.00% (57/300)	10.67% (32/300)	6.00% (18/300)
EBCI Tribal Option	S	S	S	S
Medicaid Direct	S	S	S	S
Tailored Plan Eligible	63.50% (127/200)	23.00% (46/200)	S	S

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
Percentages may not total 100% due to rounding.
(N/D) Indicates numerator and denominator.*

Coordination of Care from Mental Health Providers

Figure 3-32 presents the percentage of respondents who reported if 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. The majority of these respondents reported the person they saw most often for counseling or mental health treatment asked about their physical health or any other treatments they were receiving at the time for the NC Medicaid Program.

Figure 3-32—Percentage of 2023 Adult NC Medicaid Program Respondents Who Were Asked About Their Physical Health and Any Other Treatments



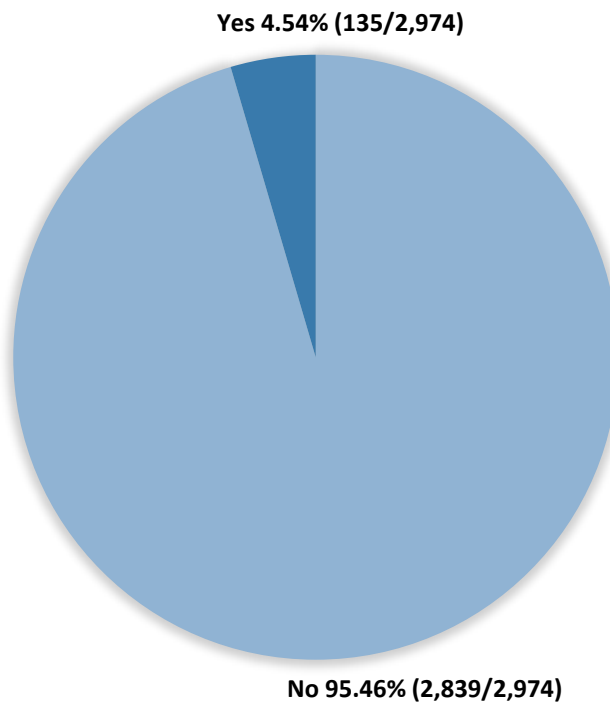
Interpreter

DHB added three questions regarding the use of interpreters and preferred language.

Need an Interpreter

Respondents were asked if they needed an interpreter at their personal doctor's office in the last 6 months. Figure 3-33 presents the percentage of respondents who identified their need for an interpreter at their personal doctor's office. The majority of respondents reported they did not need an interpreter for the NC Medicaid Program.

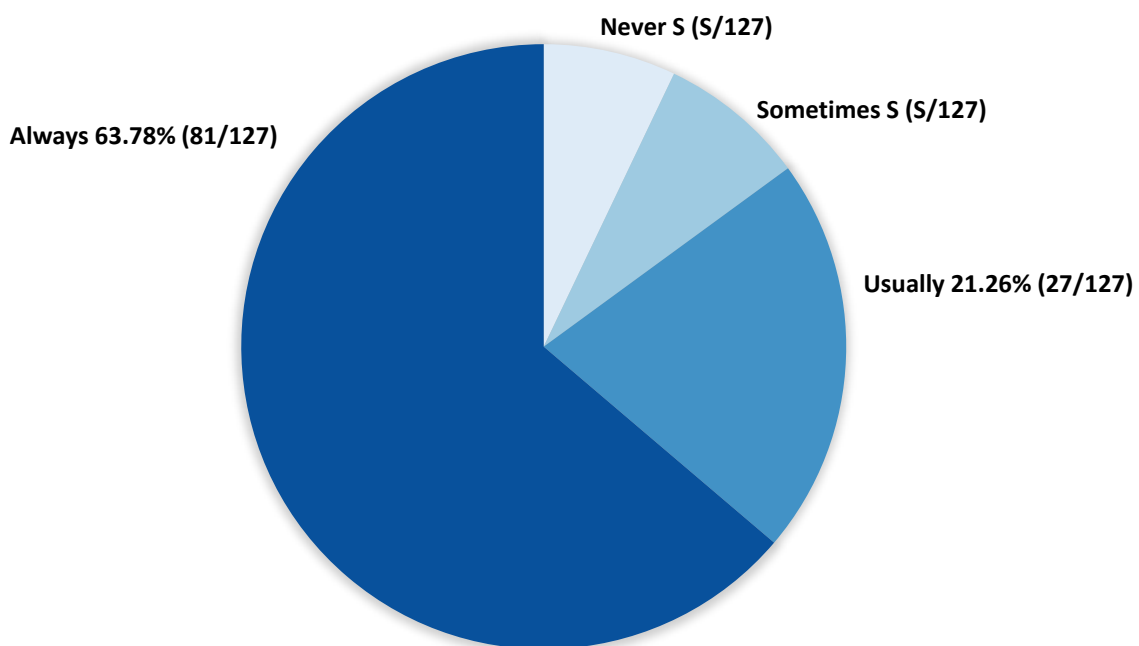
Figure 3-33—Percentage of 2023 Adult NC Medicaid Program Respondents Who Identified a Need for an Interpreter at Their Personal Doctor's Office



Interpreter Treated with Courtesy and Respect

Of the respondents who needed an interpreter at their personal doctor’s office, Figure 3-34 presents the percentage of respondents who always, usually, sometimes, or never were treated with courtesy and respect by the interpreter for the NC Medicaid Program. The majority of respondents reported always or usually (85.04%) being treated with courtesy and respect by the interpreter for the NC Medicaid Program.

Figure 3-34—Among 2023 Adult NC Medicaid Program Respondents Who Needed an Interpreter at Their Personal Doctor’s Office, How Often The Interpreter Treated Them With Courtesy and Respect

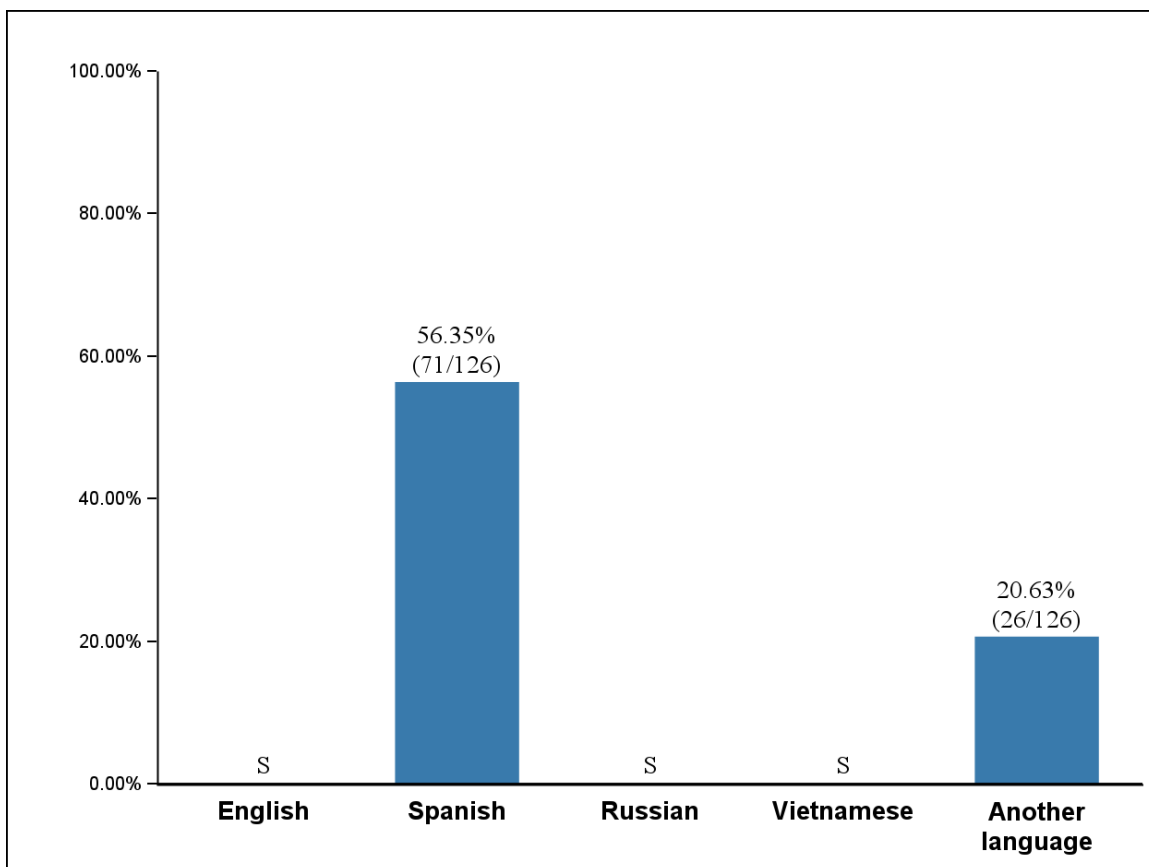


S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Results presented are based on respondents that answered “Yes” to needing an interpreter at their personal doctor’s office.

Preferred Language

Figure 3-35 presents the preferred language requested for those that needed an interpreter for the NC Medicaid Program.⁵⁸ The majority of respondents reported preferring to talk to their personal doctor in Spanish.⁵⁹

Figure 3-35—2023 Adult NC Medicaid Program Respondents Language They Preferred to Talk To Their Personal Doctor In



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

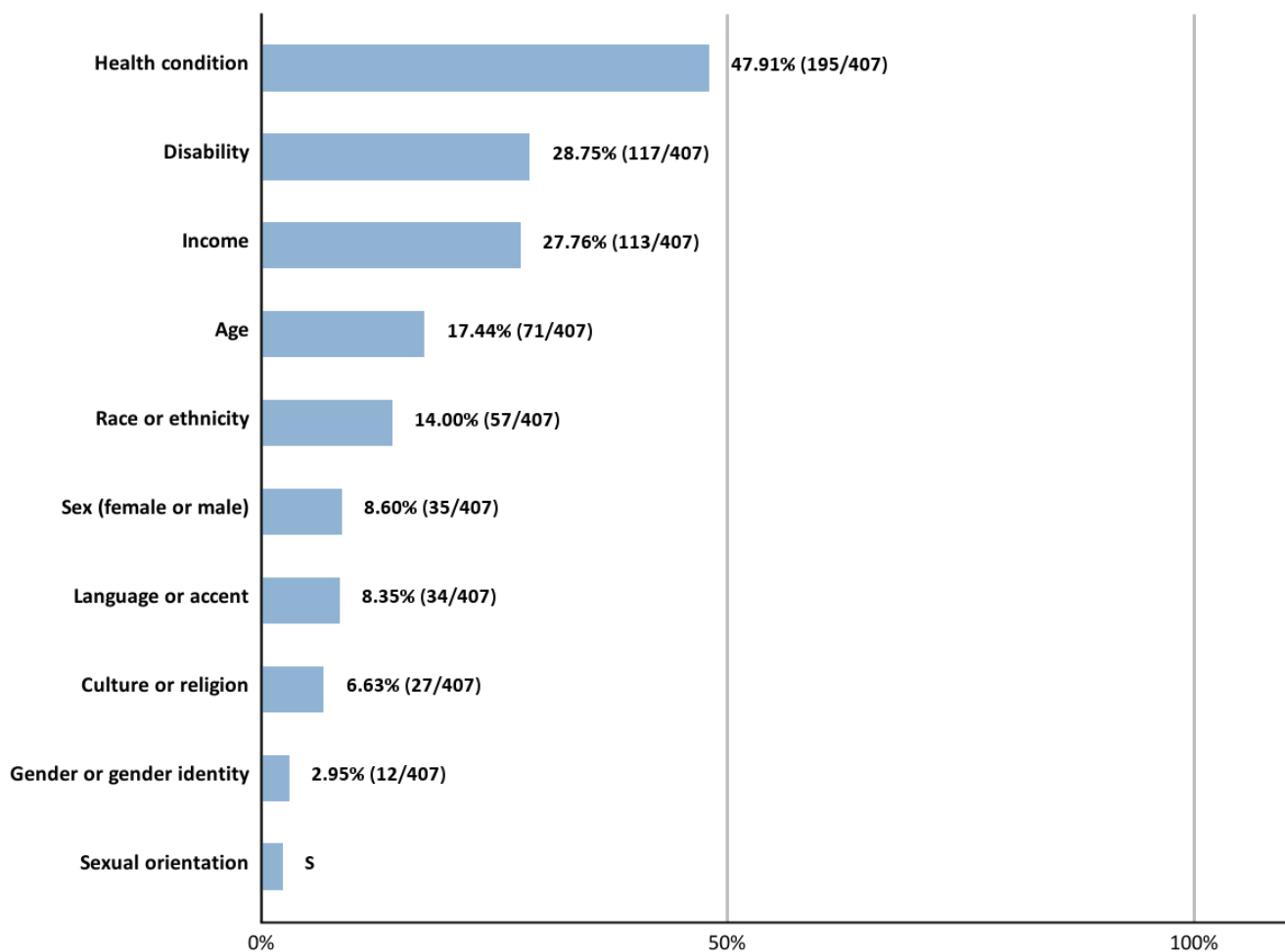
⁵⁸ US Census Bureau data were used to determine the top four languages spoken in North Carolina at the time of survey design.

⁵⁹ For *Preferred Language*, the gate question asks respondents if they needed an interpreter at their personal doctor’s office in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Preferred Language* measure.

Treated Unfairly or Insensitively

DHB added one supplemental question asking if anyone from a clinic, emergency room, or doctor’s office where the respondent got care treated them in an unfair or insensitive way. Figure 3-36 presents the percentage of respondents who reported being treated in an unfair or insensitive way, by reason, for NC Medicaid Program. The top three reasons respondents reported being treated in an unfair or insensitive way were because of a health condition, disability, and income.

Figure 3-36—Percentage of 2023 Adult NC Medicaid Program Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason

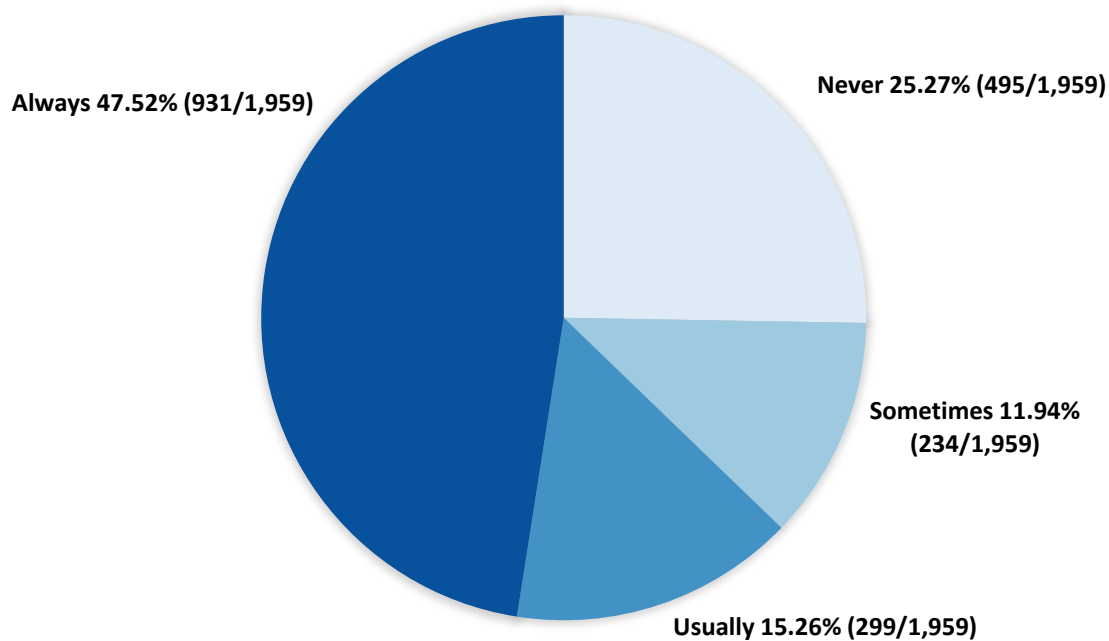


S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Percentages may not total 100% because respondents could select more than one response option.

Online Access to Health Information

DHB added one supplemental question asking how often respondents were able to access their health information online when they wanted it. Figure 3-37 presents how often (i.e., always, usually, sometimes, never) respondents were able to access their health information online when they wanted it for the NC Medicaid Program. There were 1,001 members who indicated they did not want to access their health information online and were therefore excluded from the denominator. The majority of respondents (62.78%) reported usually or always being able to access their health information online when they wanted it for the NC Medicaid Program.

Figure 3-37—Among 2023 Adult NC Medicaid Program Respondents Who Wanted to Access Their Health Information Online, How Often They Were Able to Access It



Percentages may not total 100% due to rounding.

Race and Ethnicity Comparisons

HSAG stratified the NC Medicaid Program positive ratings by self-identified race and ethnicity. Race is categorized as White (1,500), non-White (1,486), Multi-Racial (112), non-Multi-Racial (2,874), Black (1,208), non-Black (2,081), Native American (151), non-Native American (2,835), Other (292), and non-Other (2,694).⁶⁰ For this analysis, the Multi-Racial category includes respondents who selected more than one race category and the Other race category includes: Asian, Native Hawaiian or other Pacific Islander, and Other. The positive ratings for each race category were compared as follows: White respondents were compared to non-White respondents; Multi-Racial respondents were compared to non-Multi-Racial respondents; Black respondents were compared to non-Black respondents; Native American respondents were compared to non-Native American respondents; and Other race respondents were compared to non-Other race respondents. Ethnicity is categorized as Hispanic (660) and non-Hispanic (2,632). The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. If the race or ethnicity comparisons for a measure did not result in any significant findings or the majority of the results were suppressed, the race or ethnicity comparison figure was not included in the report. In evaluating the race and ethnicity findings, members who reported being Other race and Hispanic reported significantly *lower* positive ratings for a majority of the measures across the adult populations. For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to the Reader's Guide beginning on page 37. Figure 3-38 through Figure 3-53 show the race and ethnicity stratifications and comparisons. Ninety-five percent confidence interval error bars were added to the results. Of note, overlapping confidence intervals does not indicate the results are not significantly different, which can often occur due to large sample variations in results.⁶¹

Overall Health Characteristics

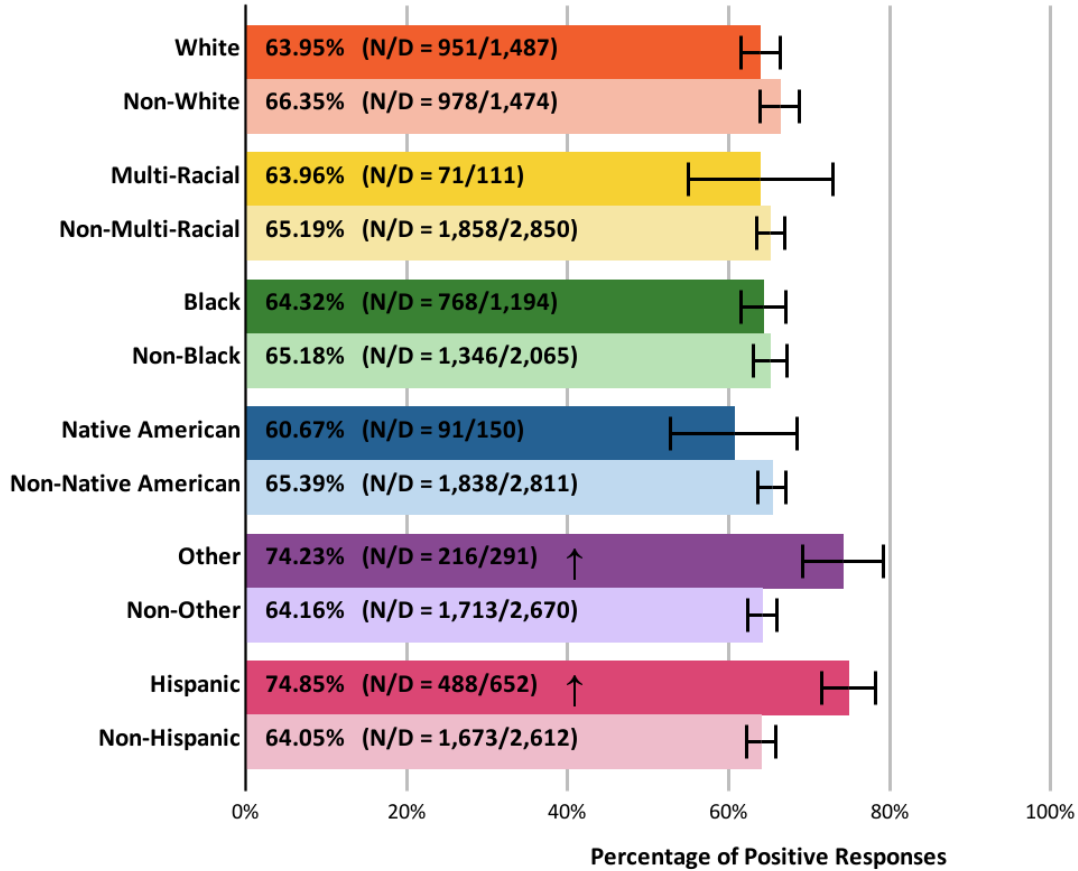
General Health Status

Figure 3-38 shows the *General Health Status* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Other race and Hispanic respondents reported their general health status as Excellent, Very Good, or Good when compared to non-Other race and non-Hispanic respondents, respectively, for the NC Medicaid Program.

⁶⁰ The Native American category includes American Indian or Alaska Native.

⁶¹ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 3, 2024.

Figure 3-38—Percentage of 2023 Adult Respondents Who Rate Their General Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity



↑ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.

N/D Indicates the numerator and denominator of the demographic category score.

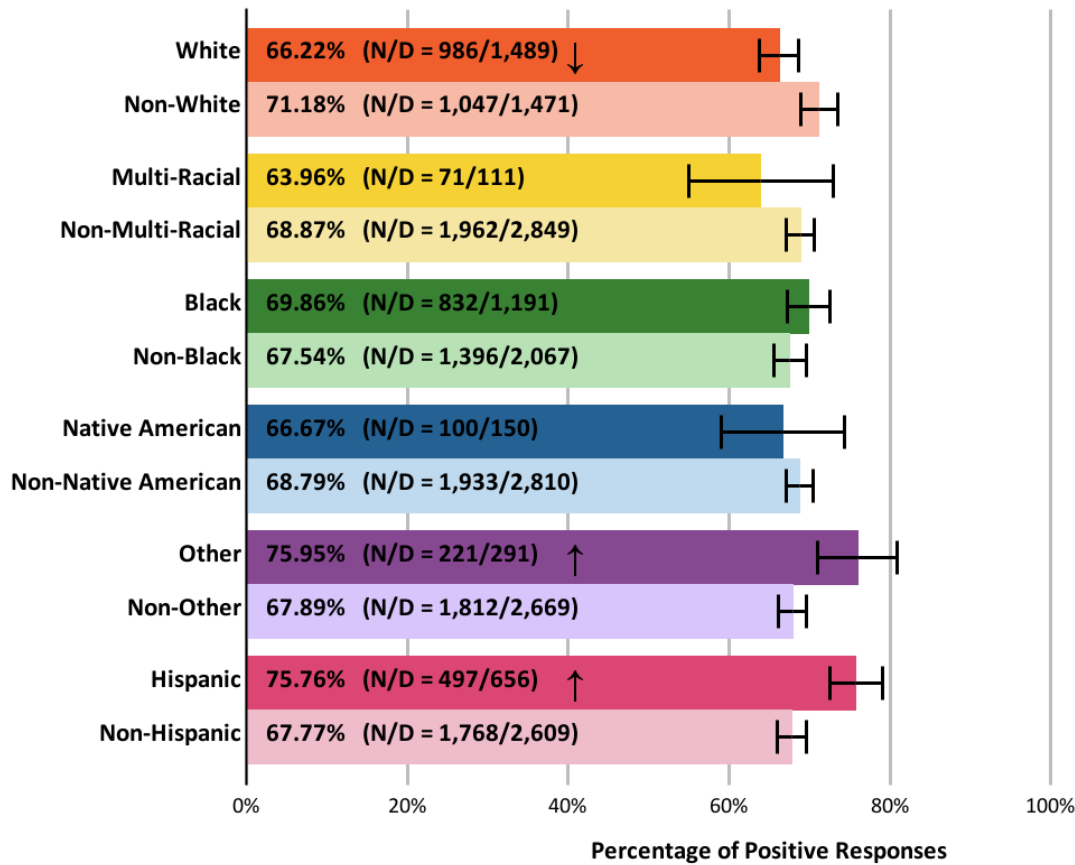
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Mental or Emotional Health Status

Figure 3-39 shows the *Mental or Emotional Health Status* positive rating results of adult respondents for NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of White respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-White respondents for the NC Medicaid Program. A significantly *higher* percentage of Other race and Hispanic respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-Other race and Hispanic respondents, respectively, for the NC Medicaid Program.

Figure 3-39—Percentage of 2023 Adult Respondents Who Rate Their Mental or Emotional Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity



↑ 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.
 N/D Indicates the numeric and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

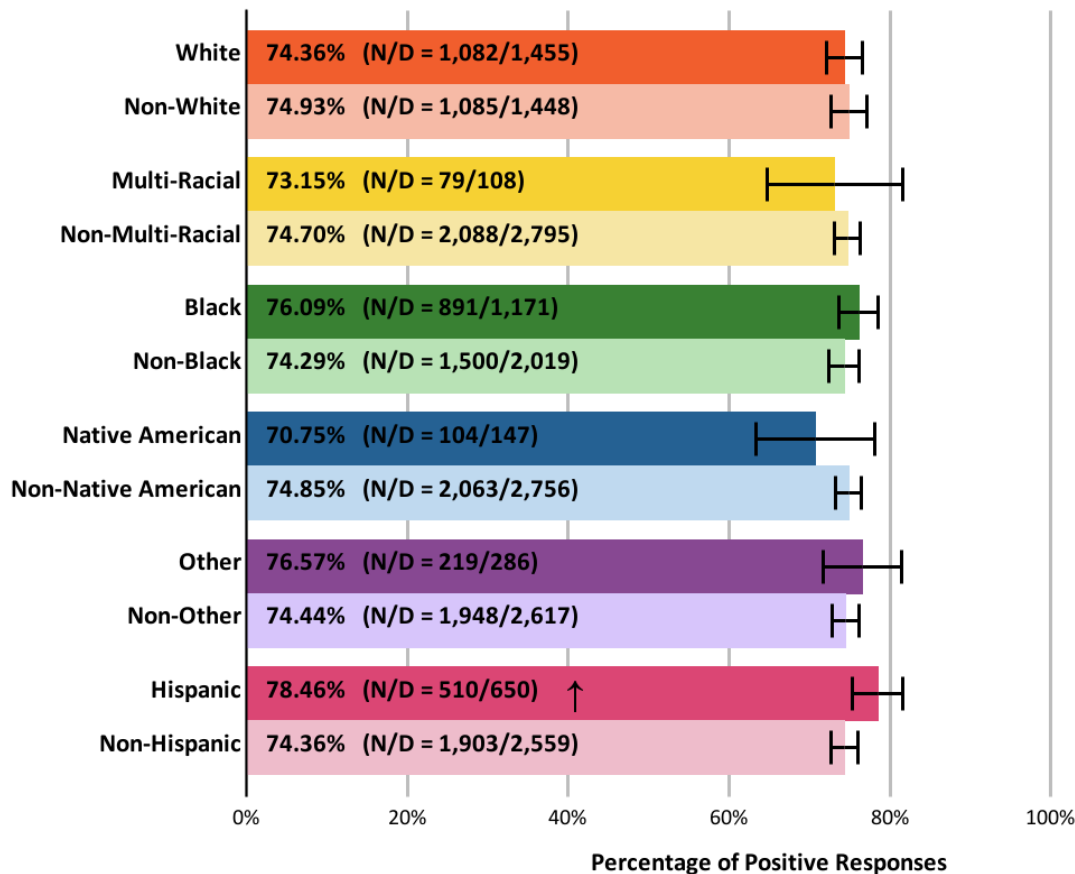
Global Ratings

There were no significant differences identified by race or ethnicity for the *Rating of Specialist Seen Most Often* measure.

Rating of Health Plan

Figure 3-40 shows the *Rating of Health Plan* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Hispanic respondents rated their health plan positively when compared to non-Hispanic respondents for the NC Medicaid Program. There were no significant differences identified by race.

Figure 3-40—Percentage of 2023 Adult Respondents Who Rate Their Health Plan Positively for NC Medicaid Program, by Race and Ethnicity

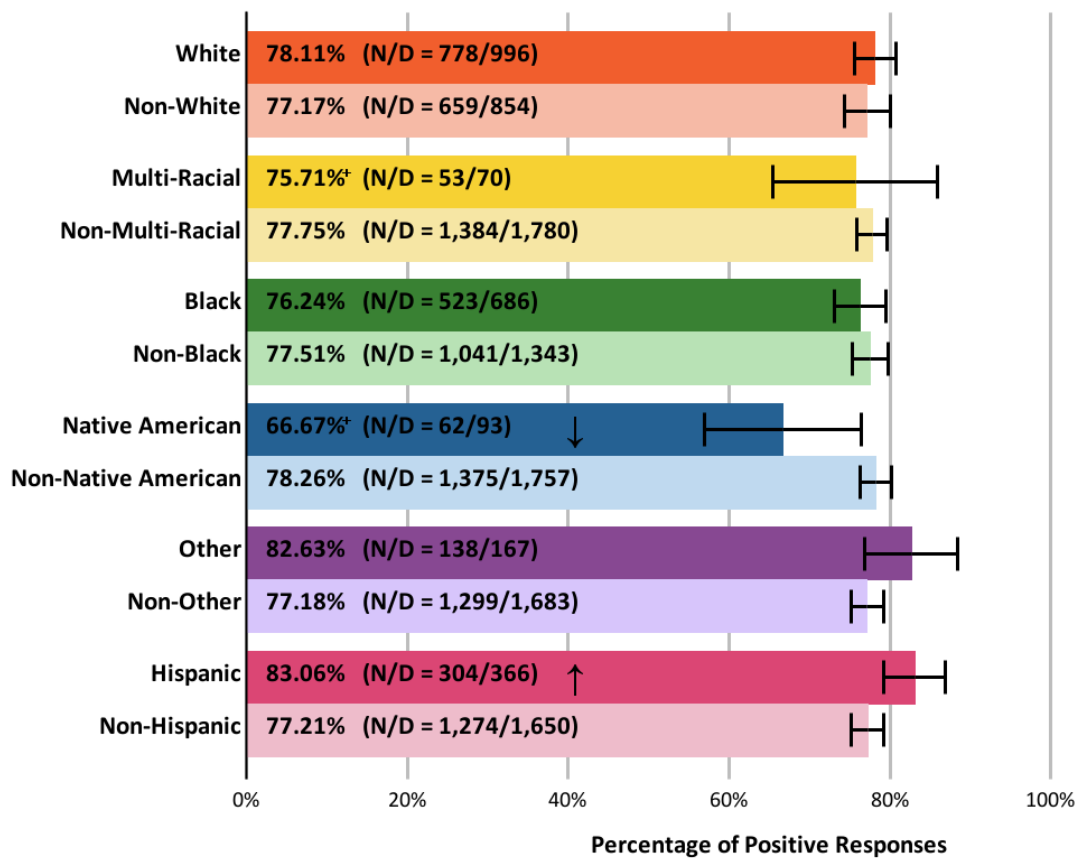


↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Rating of All Health Care

Figure 3-41 shows the *Rating of All Health Care* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Native American rated all their health care positively when compared to non-Native American for the NC Medicaid Program. A significantly *higher* percentage of Hispanic respondents rated all their health care positively when compared to non-Hispanic respondents for the NC Medicaid Program.

Figure 3-41—Percentage of 2023 Adult Respondents Who Rate All Their Health Care Positively for NC Medicaid Program, by Race and Ethnicity

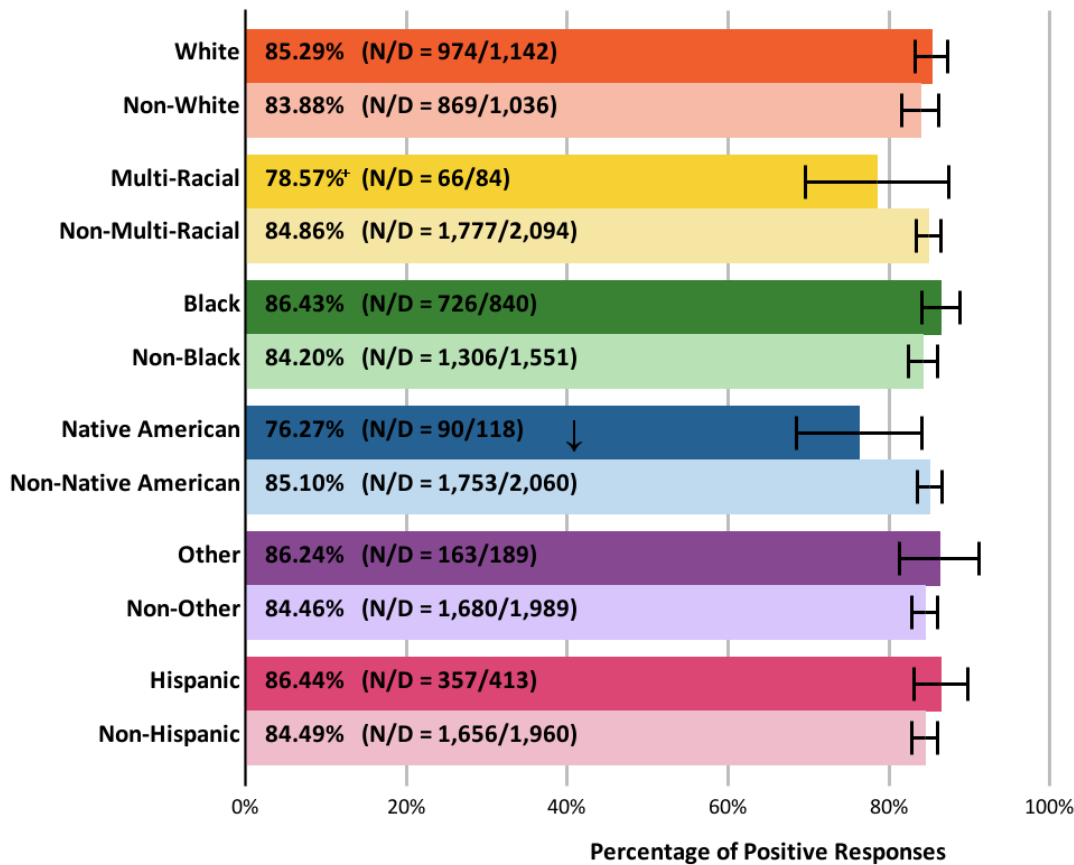


↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 ↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Rating of Personal Doctor

Figure 3-42 shows the *Rating of Personal Doctor* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Native American respondents rated their personal doctor positively when compared to non-Native American respondents for the NC Medicaid Program. There were no significant differences identified by ethnicity.

Figure 3-42—Percentage of 2023 Adult Respondents Who Rate Their Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity



↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.

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

N/D Indicates the numerator and denominator of the demographic category score.

|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

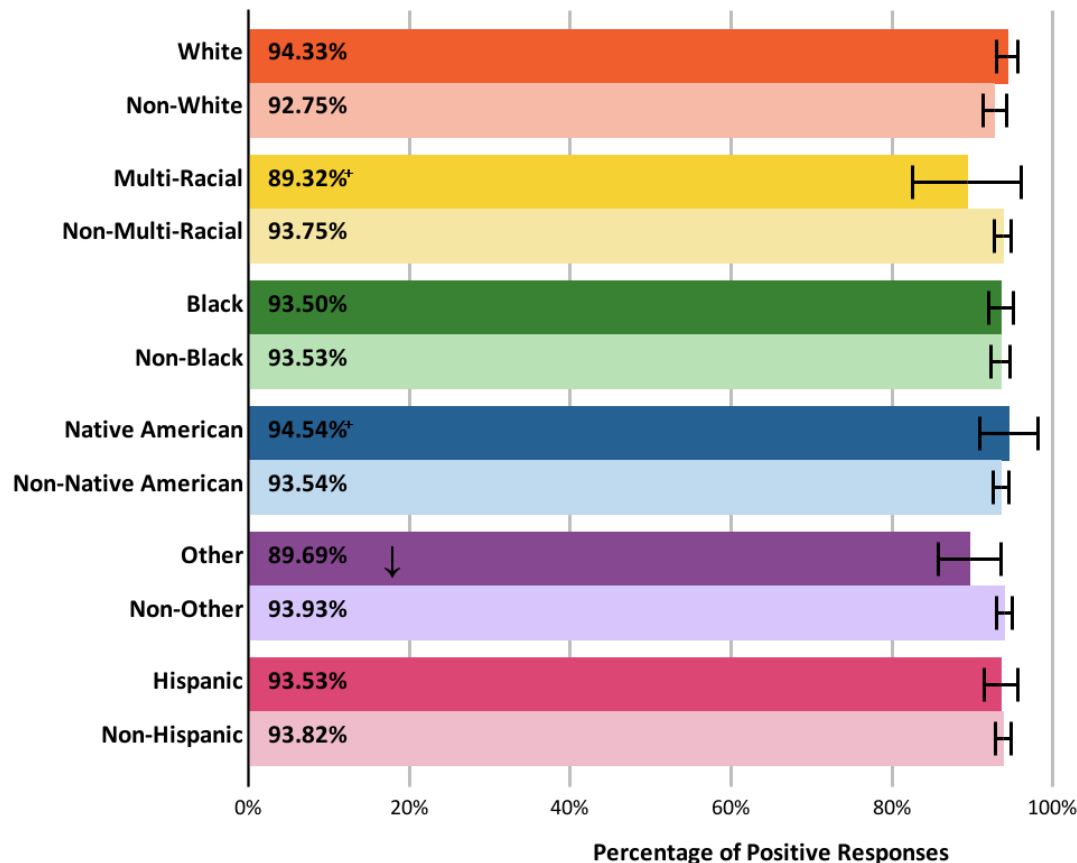
Composite Measures

There were no significant differences identified by race or ethnicity for the *Getting Needed Care* and *Getting Care Quickly* measures.

How Well Doctors Communicate

Figure 3-43 shows the *How Well Doctors Communicate* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly lower percentage of Other race respondents rated their personal doctor positively when compared to non-Other race respondents for the NC Medicaid Program. There were no significant differences identified by ethnicity.

Figure 3-43—Percentage of 2023 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well With Them for NC Medicaid Program, by Race and Ethnicity

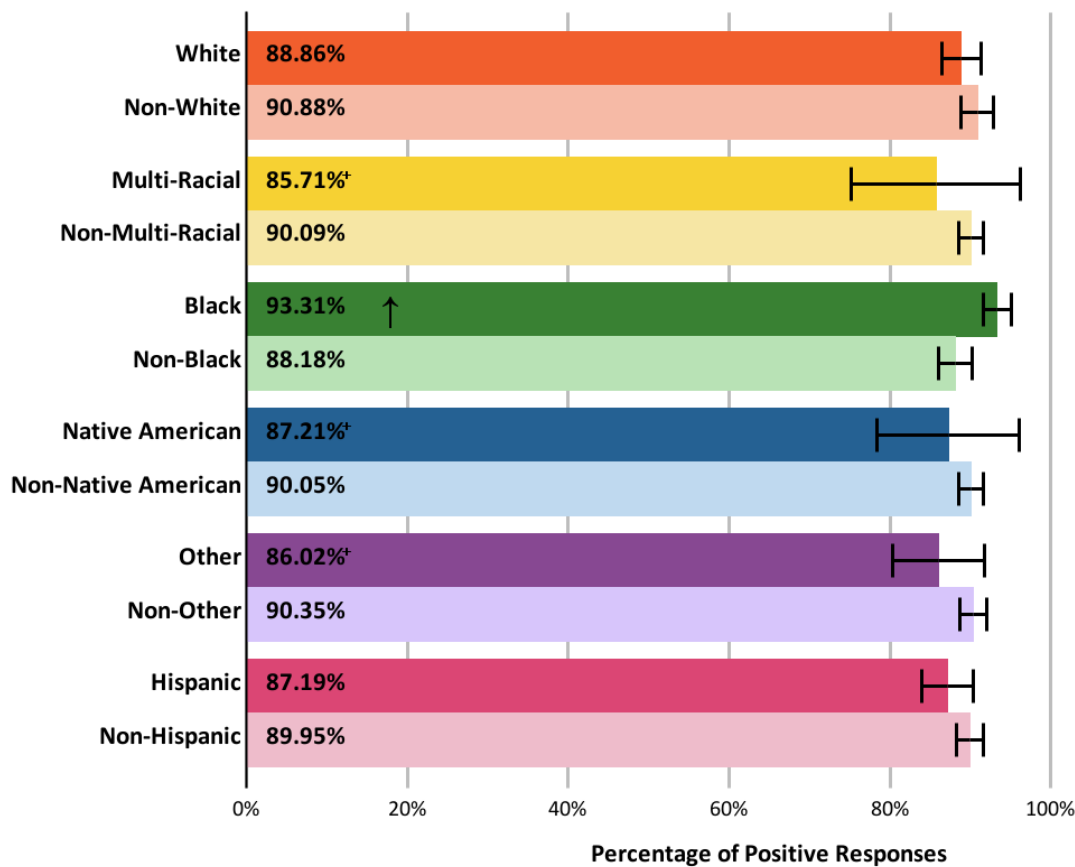


↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Customer Service

Figure 3-44 shows the *Customer Service* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Black respondents usually or always had a positive experience with their health plan’s customer service when compared to non-Black respondents for the NC Medicaid Program. There were no significant differences identified by ethnicity.

Figure 3-44—Percentage of 2023 Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service for NC Medicaid Program, by Race and Ethnicity



↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 † Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Individual Item Measures

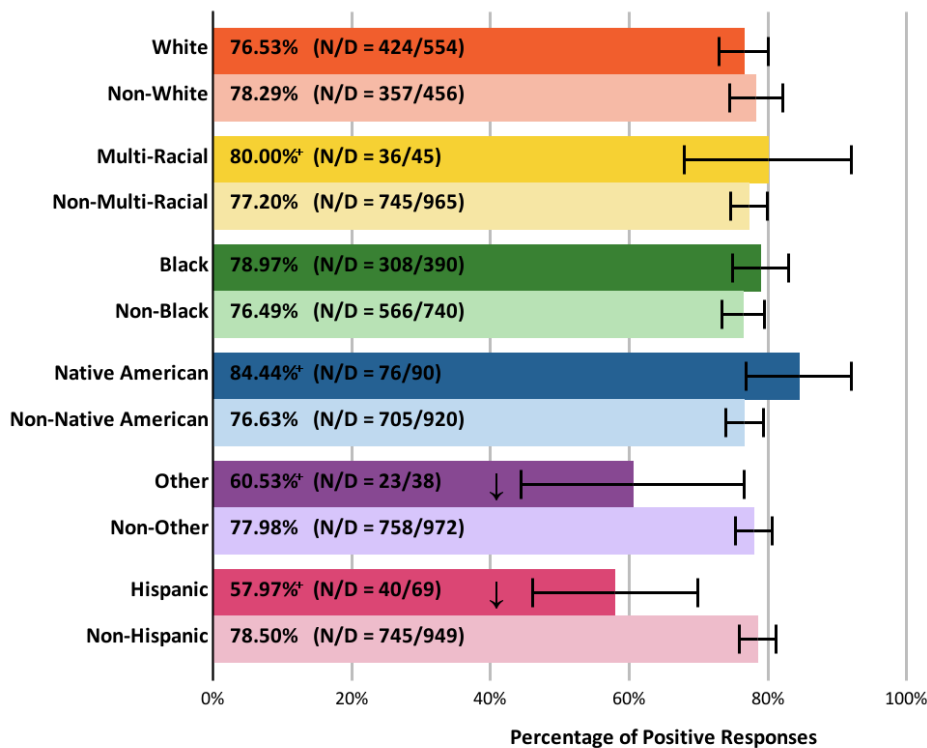
There were no significant differences identified by race or ethnicity for the *Coordination of Care* and *Flu Vaccination Received* measures.

Medical Assistance With Smoking and Tobacco Use Cessation Items

Advising Smokers and Tobacco Users to Quit

Figure 3-45 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly lower percentage of Other race and Hispanic respondents reported sometimes, usually, or always being advised to quit smoking or using tobacco when compared to non-Other race and non-Hispanic respondents, respectively, for the NC Medicaid Program.

Figure 3-45—Percentage of 2023 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit for NC Medicaid Program, by Race and Ethnicity

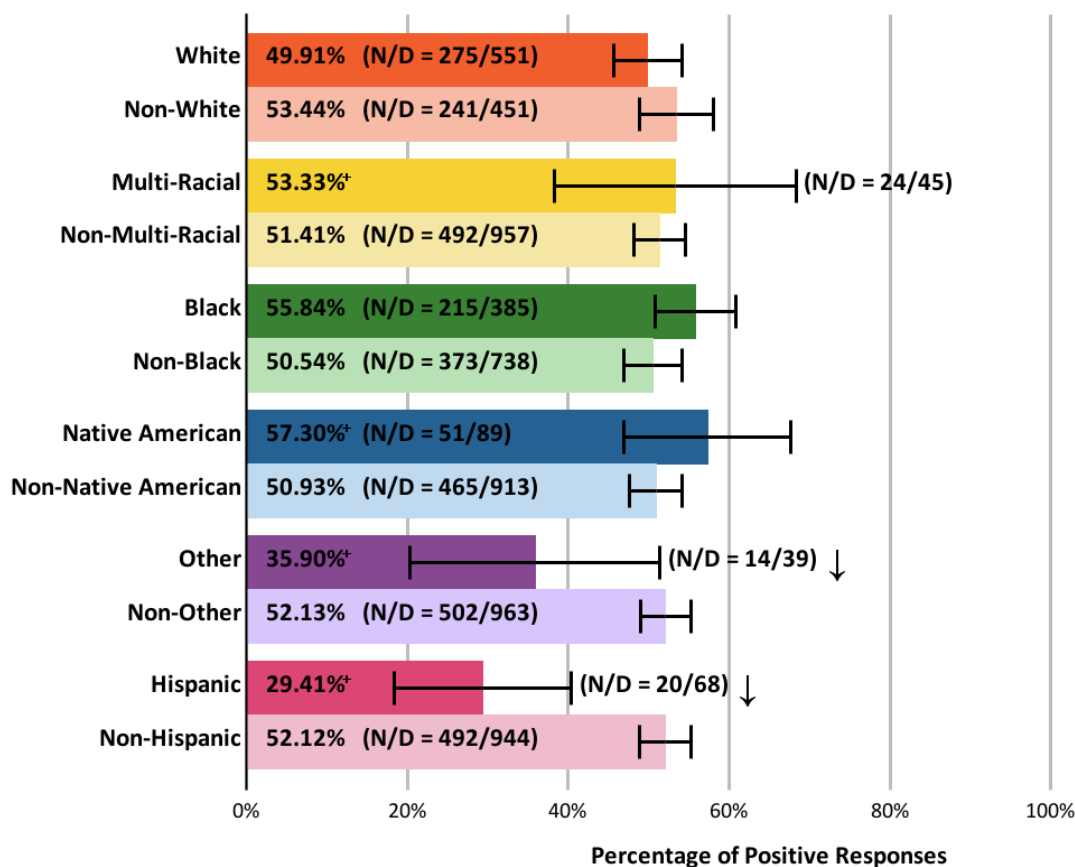


↓ Indicates the demographic category's score is statistically significantly lower than the comparison group's score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Discussing Cessation Medications

Figure 3-46 shows the *Discussing Cessation Medications* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly lower percentage of Other race and Hispanic respondents reported their provider sometimes, usually, or always discussed cessation medications when compared to non-Other race and non-Hispanic respondents, respectively, for the NC Medicaid Program.

Figure 3-46—Percentage of 2023 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications for NC Medicaid Program, by Race and Ethnicity

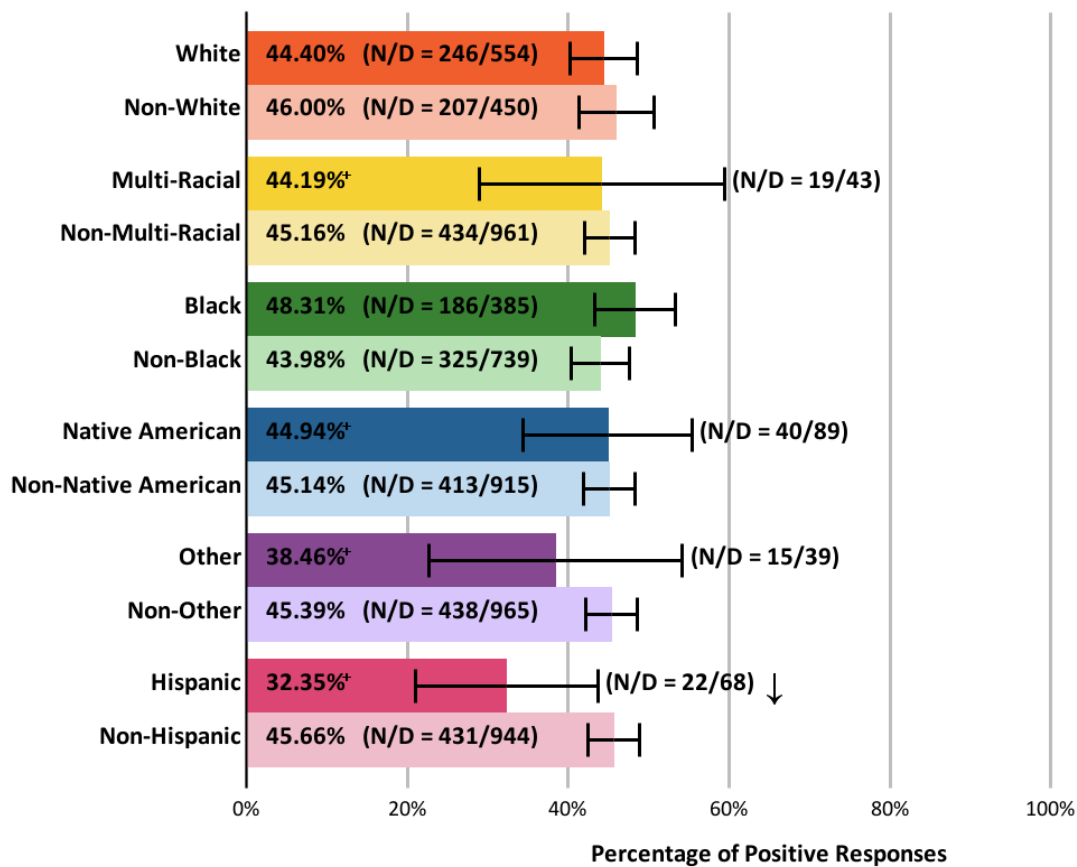


↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Discussing Cessation Strategies

Figure 3-47 shows the *Discussing Cessation Strategies* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Hispanic respondents reported their provider sometimes, usually, or always discussed cessation strategies when compared to non-Hispanic respondents for the NC Medicaid Program. There were no significant differences identified by race.

Figure 3-47—Percentage of 2023 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for NC Medicaid Program, by Race and Ethnicity



↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

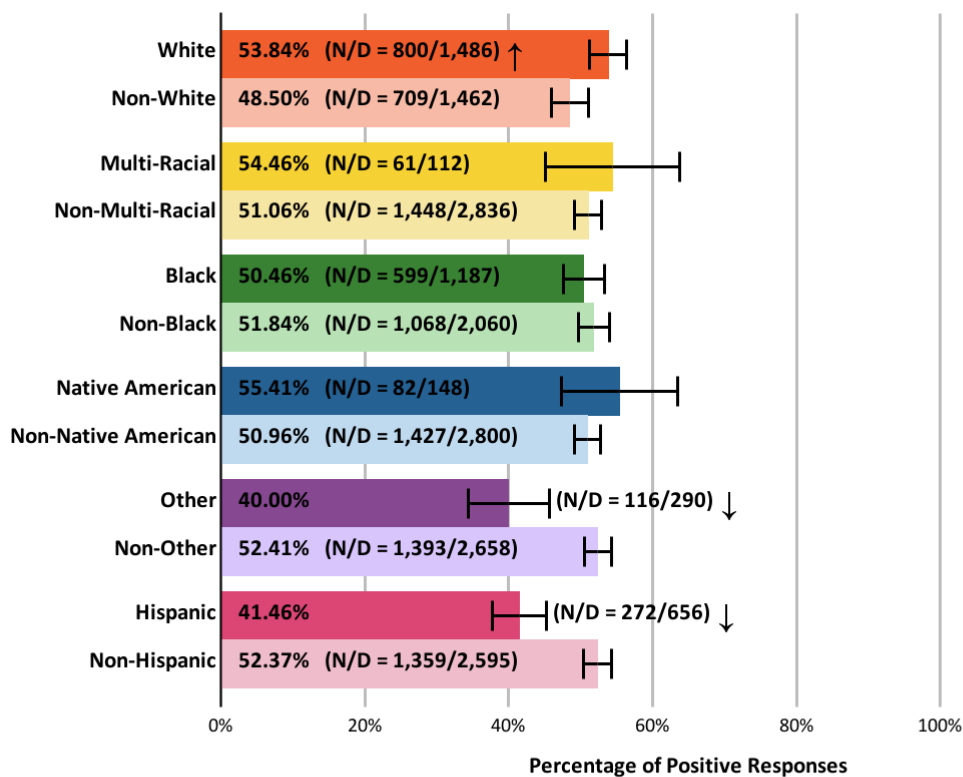
Supplemental Items

There were no significant differences identified by race or ethnicity for the *Appointment for Counseling or Mental Health Treatment* and *Coordination of Care from Mental Health Providers* measures.

Mental Health

Figure 3-48 shows the percentage of respondents who reported their personal doctor asked about their mental health for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported their personal doctor asked about their mental health when compared to non-White for the NC Medicaid Program. A significantly *lower* percentage of Other race and Hispanic respondents reported their personal doctor asked about their mental health when compared to non-Other race and non-Hispanic respondents, respectively, for the NC Medicaid Program.

Figure 3-48—Percentage of 2023 Adult Respondents Whose Personal Doctor Asked About Their Mental Health for NC Medicaid Program, by Race and Ethnicity

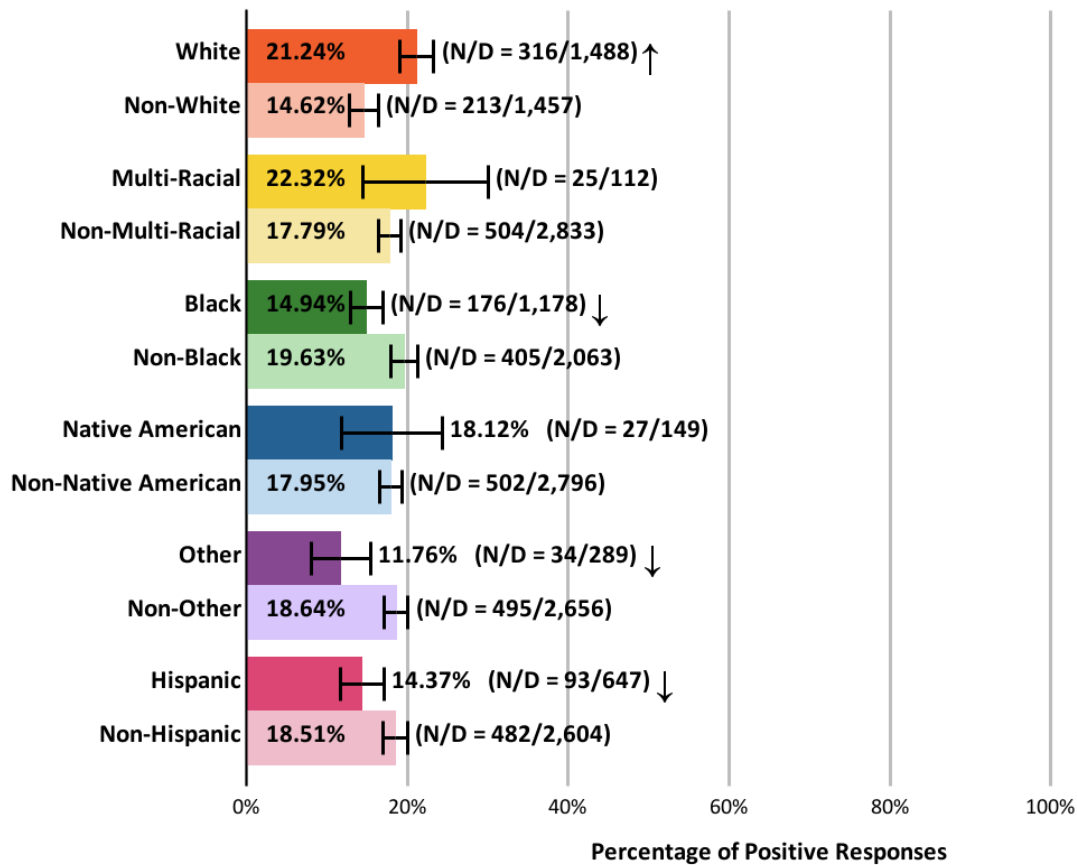


↑ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.
 ↓ Indicates the demographic category's score is statistically significantly lower than the comparison group's score.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Counseling or Mental Health Treatment

Figure 3-49 shows the percentage of respondents who reported they sought any counseling or mental health treatment for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they sought any counseling or mental health treatment when compared to non-White respondents for the NC Medicaid Program. A significantly *lower* percentage of Black, Other race, and Hispanic respondents reported they sought any counseling or mental health treatment when compared to non-Black, non-Other race, and non-Hispanic respondents, respectively, for the NC Medicaid Program.

Figure 3-49—Percentage of 2023 Adult Respondents Who Sought Any Counseling or Mental Health Treatment for NC Medicaid Program, by Race and Ethnicity

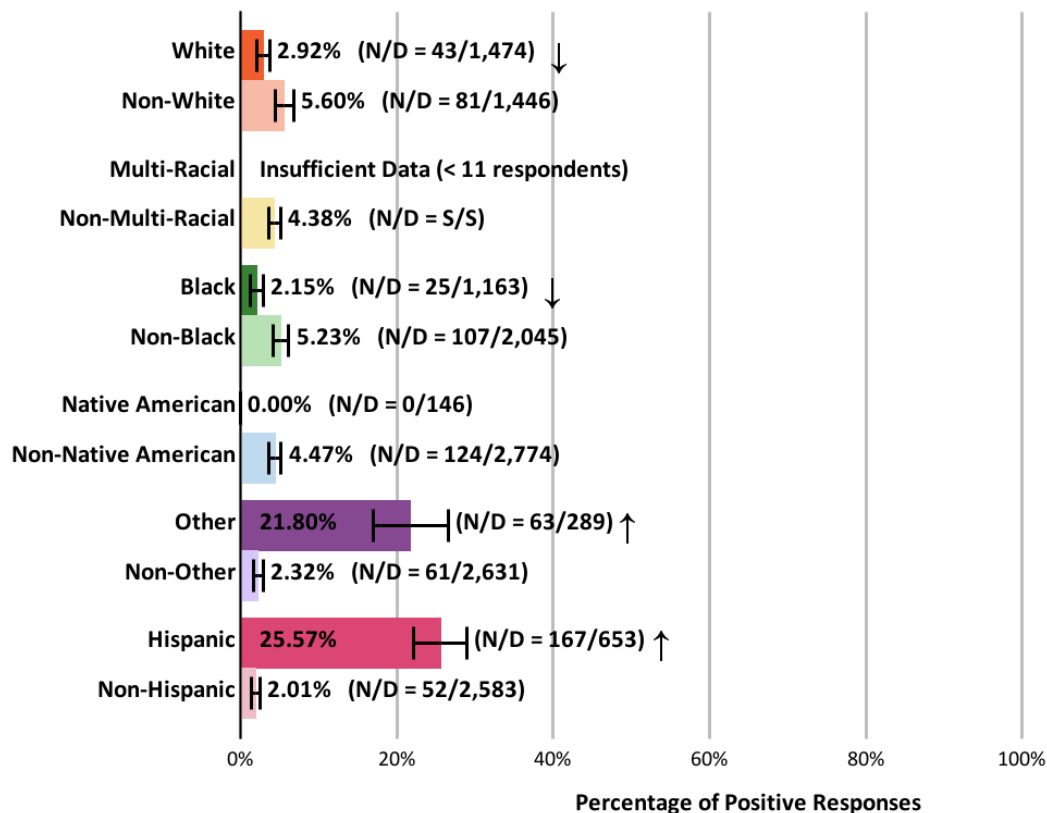


↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 ↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Need an Interpreter

Figure 3-50 shows the percentage of respondents who identified their need for an interpreter at their personal doctor’s office for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Other race and Hispanic respondents reported they needed an interpreter at their personal doctor’s office when compared to non-Other race and non-Hispanic respondents, respectively, for the NC Medicaid Program. A significantly *lower* percentage of White and Black respondents reported they needed an interpreter at their personal doctor’s office when compared to non-White and non-Black respondents, respectively, for the NC Medicaid Program.

Figure 3-50—Percentage of 2023 Adult Respondents Whose Identified a Need for an Interpreter at Their Personal Doctor’s for NC Medicaid Program, by Race and Ethnicity

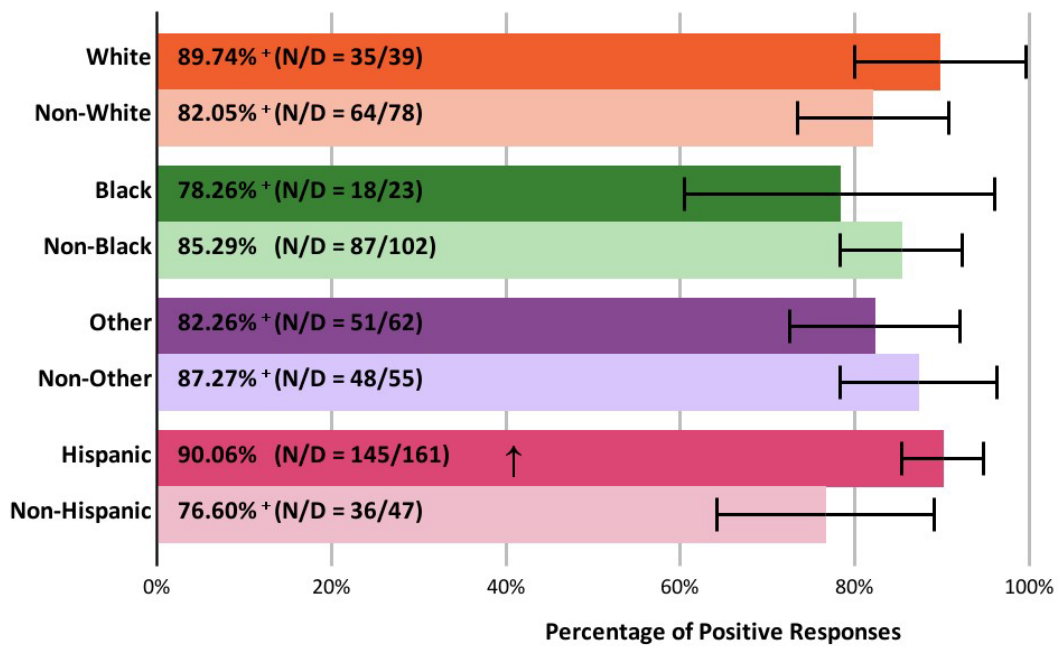


S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 ↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 ↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Interpreter Treated with Courtesy and Respect

Figure 3-51 shows the percentage of respondents who always or usually were treated with courtesy and respect by the interpreter for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Hispanic respondents reported they were always or usually treated with courtesy and respect by the interpreter when compared to non-Hispanic respondents for the NC Medicaid Program. There were no significant differences identified by race. Additionally, there were no respondents for Multi-Racial or Native American.

Figure 3-51—Percentage of 2023 Adult Respondents Who Always or Usually Were Treated with Courtesy and Respect by the Interpreter for NC Medicaid Program, by Race and Ethnicity



↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.

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

N/D Indicates the numerator and denominator of the demographic category score.

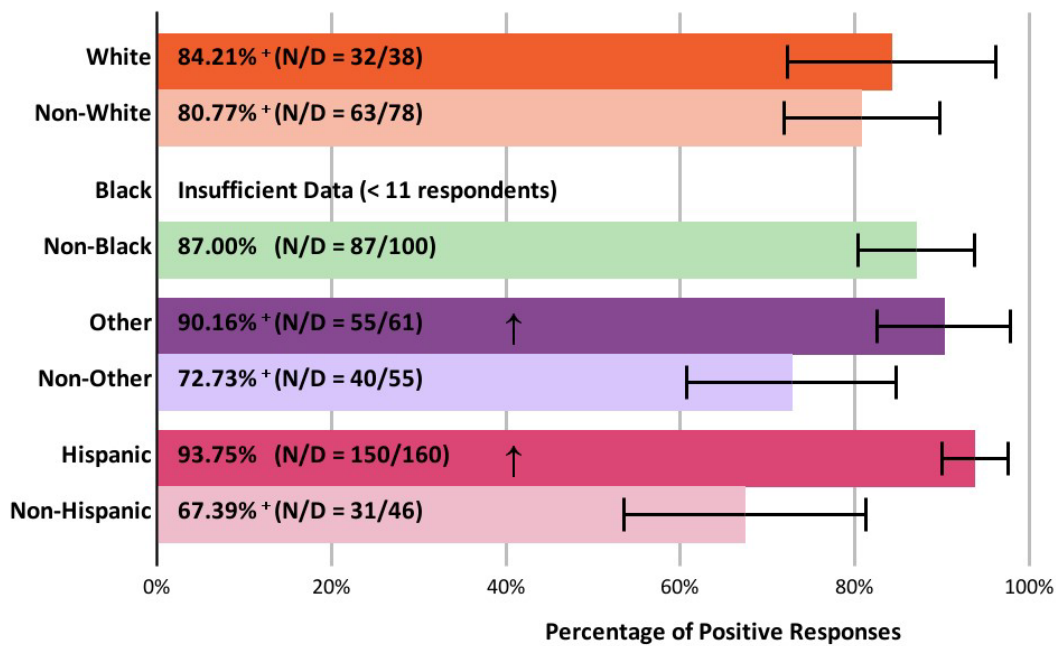
|–| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Preferred Language

Figure 3-52 shows the percentage of respondents whose preferred language was Spanish, Russian, Vietnamese, or another language for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Other race and Hispanic respondents reported their preferred language was Spanish, Russian, Vietnamese, or another language when compared to non-Other race and non-Hispanic respondents, respectively, for the NC Medicaid Program. Additionally, there were no respondents for Multi-Racial or Native American.

Figure 3-52—Percentage of 2023 Adult Respondents Whose Preferred Language was Spanish, Russian, Vietnamese, or Another Language for NC Medicaid Program, by Race and Ethnicity

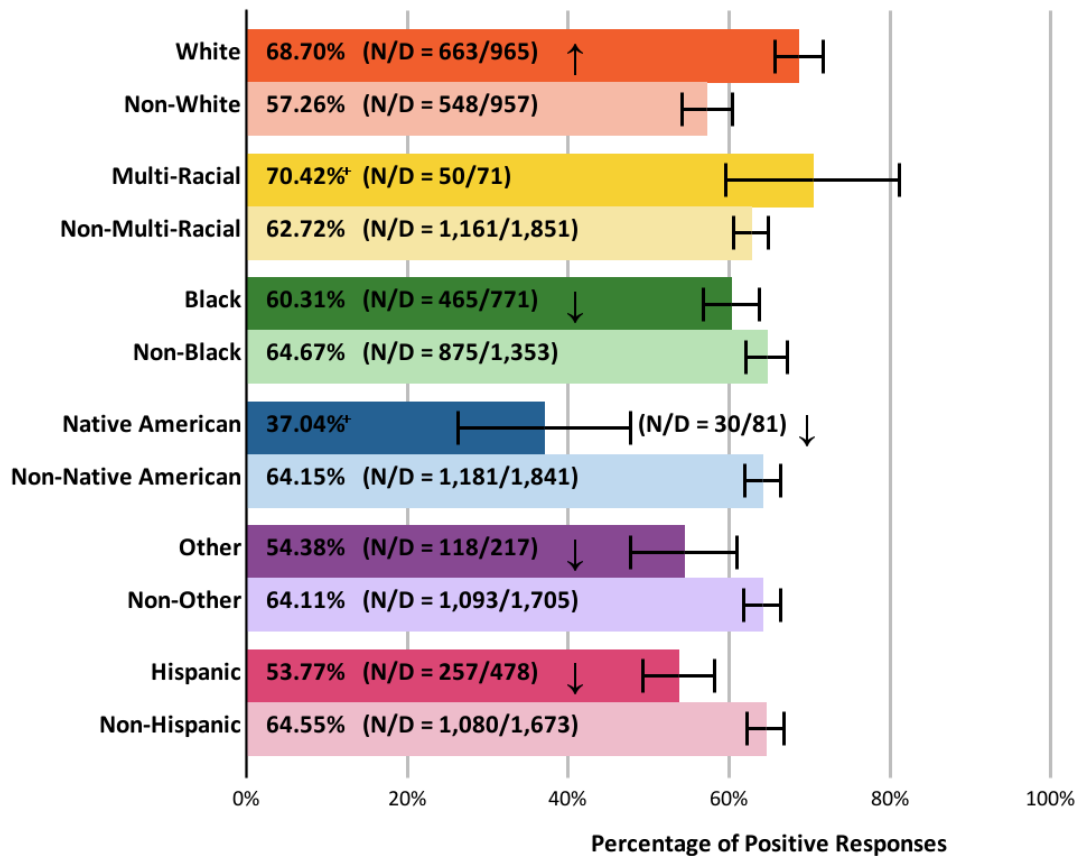


↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |-| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Online Access to Health Information

Figure 3-53 shows the percentage of respondents who always or usually were able to access their health information online when they wanted it for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they were always or usually able to access their health information online when they wanted it when compared to non-White respondents for the NC Medicaid Program. A significantly *lower* percentage of Black, Other race, Native American, and Hispanic respondents reported they were always or usually able to access their health information online when they wanted it when compared to non-Black, non-Other race, non-Native American, and non-Hispanic respondents, respectively, for the NC Medicaid Program.

Figure 3-53—Percentage of 2023 Adult Respondents Who Always or Usually Were Able to Access Their Health Information Online When they Wanted it for NC Medicaid Program, by Race and Ethnicity



↑ 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 in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Urbanicity Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were stratified by geographical area to determine if any differences exist between positive ratings for respondents residing in rural or urban counties. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 38.

Overall Health Characteristics

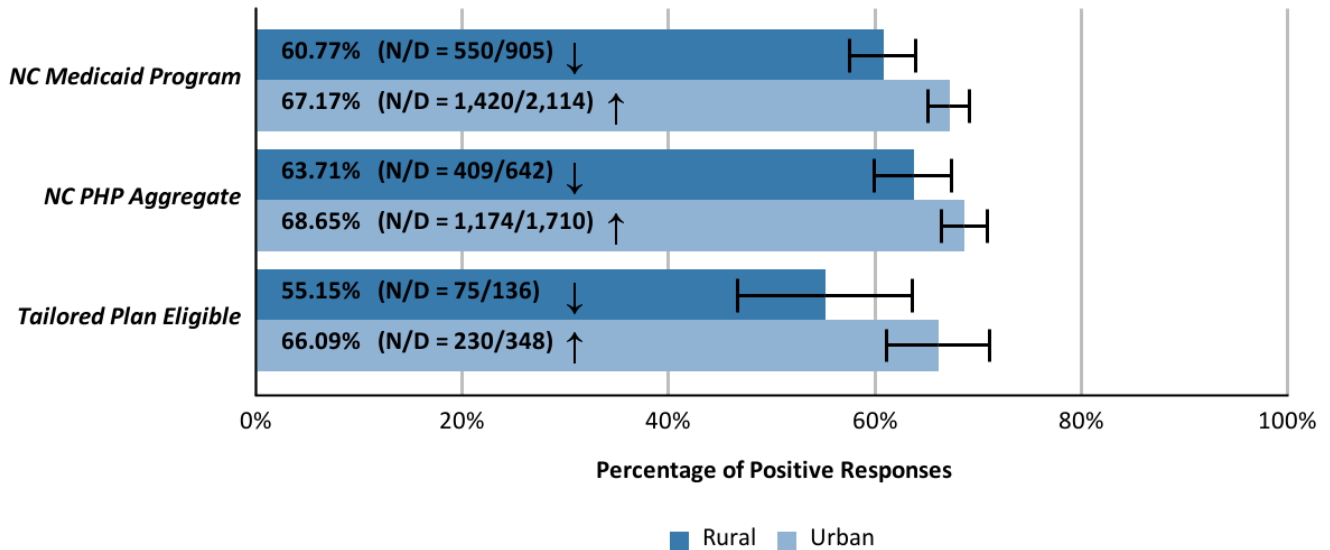
Table 3-23 shows the adult respondents who reported their general health status or mental or emotional health status as Excellent, Very Good, or Good stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-23—Percentage of Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations (2023)

PHP/Population	General Health Status		Mental or Emotional Health Status	
	Rural	Urban	Rural	Urban
NC Medicaid Program	60.77%↓	67.17%↑	65.41%↓	70.12%↑
NC PHP Aggregate	63.71%↓	68.65%↑	64.16%↓	69.28%↑
AmeriHealth	62.07%	67.00%	59.03%	67.59%
Carolina Complete	64.71%	68.09%	69.49%	69.03%
Healthy Blue	64.29%	70.41%	62.86%	71.68%
UnitedHealthcare	63.73%	68.18%	66.67%	68.53%
WellCare	63.97%	69.82%	64.44%	69.73%
SP Behavioral Health	50.36%	54.30%	38.69%	47.31%
EBCI Tribal Option	54.37%	S	62.14%	S
Medicaid Direct	53.13%	60.71%	72.50%	73.74%
Tailored Plan Eligible	55.15%↓	66.09%↑	40.44%↓	56.36%↑
<p><i>Blue shading indicates the category score is significantly different than the other category.</i></p> <p><i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i></p> <p><i>↑ Indicates the category score is significantly higher than the other category.</i></p> <p><i>↓ Indicates the category score is significantly lower than the other category.</i></p>				

Figure 3-54 shows the significant differences for general health status by urbanicity. The following rates for adult respondents living in rural counties were significantly *lower* than respondents living in urban counties: NC Medicaid Program, NC PHP Aggregate, and Tailored Plan Eligible.

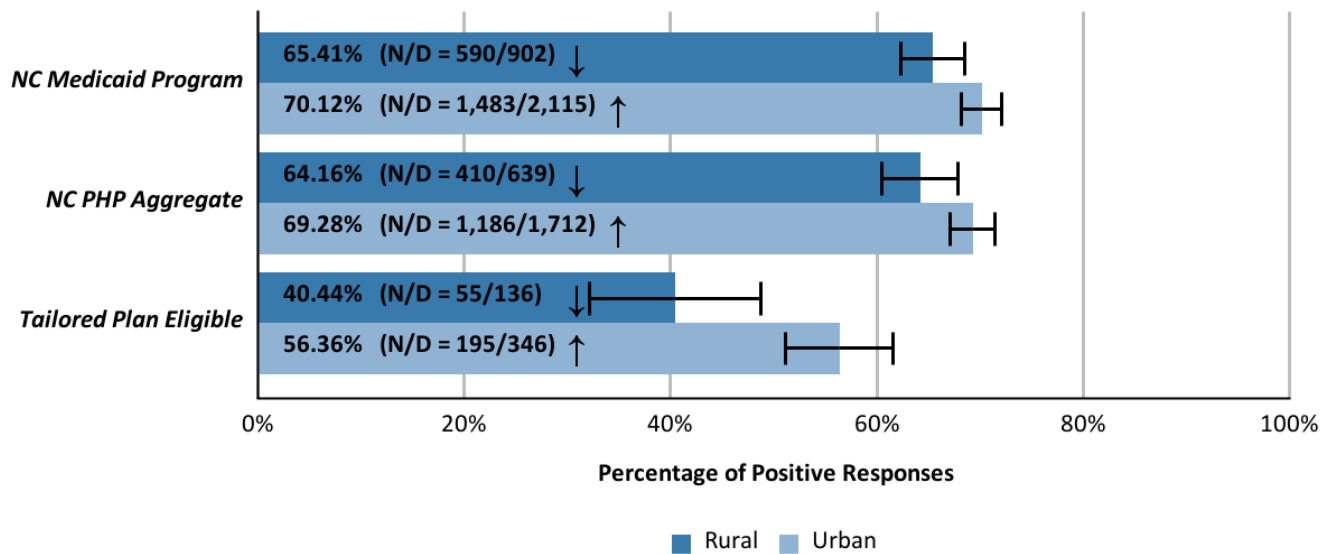
Figure 3-54—Significant Differences: Percentage of Adult Respondents Who Rate Their General Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Figure 3-55 shows the significant differences for mental or emotional health status by urbanicity. The following rates for adult respondents living in rural counties were significantly *lower* than respondents living in urban counties: NC Medicaid Program, NC PHP Aggregate, and Tailored Plan Eligible.

Figure 3-55—Significant Differences: Percentage of Adult Respondents Who Rate Their Mental or Emotional Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Global Ratings

Table 3-24 shows the positive ratings for the global ratings stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-24—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Global Ratings (2023)

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	74.50%	74.92%	77.50%	77.81%	82.30%↓	85.69%↑	85.67%	84.23%
NC PHP Aggregate	73.32%	73.91%	78.17%	77.76%	81.24%	84.78%	85.10%	83.40%
AmeriHealth	67.83%	71.83%	78.65%+	75.70%	82.18%	84.70%	79.31%+	80.86%
Carolina Complete	75.00%	74.85%	73.17%+	73.86%	86.52%+	81.82%	80.00%+	84.57%
Healthy Blue	76.81%	75.90%	79.01%+	79.82%	80.95%	88.33%	89.39%+	82.12%
UnitedHealthcare	72.82%	72.50%	78.46%+	77.99%	81.16%+	84.66%	86.11%+	86.32%
WellCare	74.45%	74.62%	81.82%+	82.50%	76.19%	84.42%	90.00%+	83.87%
SP Behavioral Health	70.90%	68.66%	67.82%+	69.34%	76.19%	81.27%	82.61%+	83.50%
EBCI Tribal Option	75.51%+	S	70.42%+	S	81.48%+	S	84.21%+	S
Medicaid Direct	78.71%	79.37%	80.00%+	77.69%	86.72%	89.52%	88.89%+	87.44%
Tailored Plan Eligible	79.70%↑	70.21%↓	75.86%+	74.25%	85.32%	86.81%	80.00%+	84.42%

Blue shading indicates the category score is significantly different than the other category.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-56 shows the significant differences for *Rating of Health Plan* by urbanicity. The Tailored Plan Eligible rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 3-56—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Rating of Health Plan (2023)

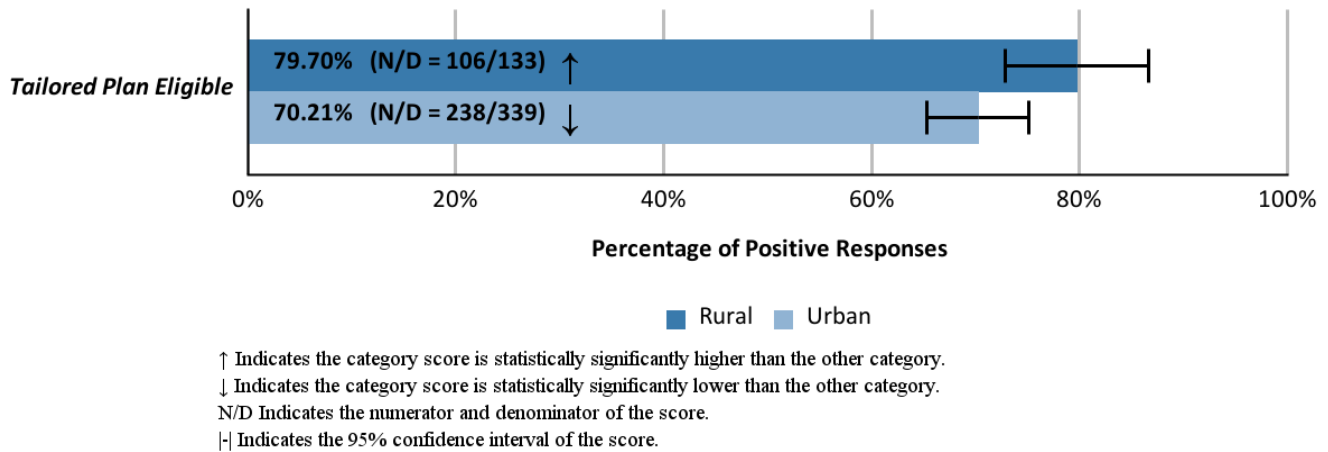
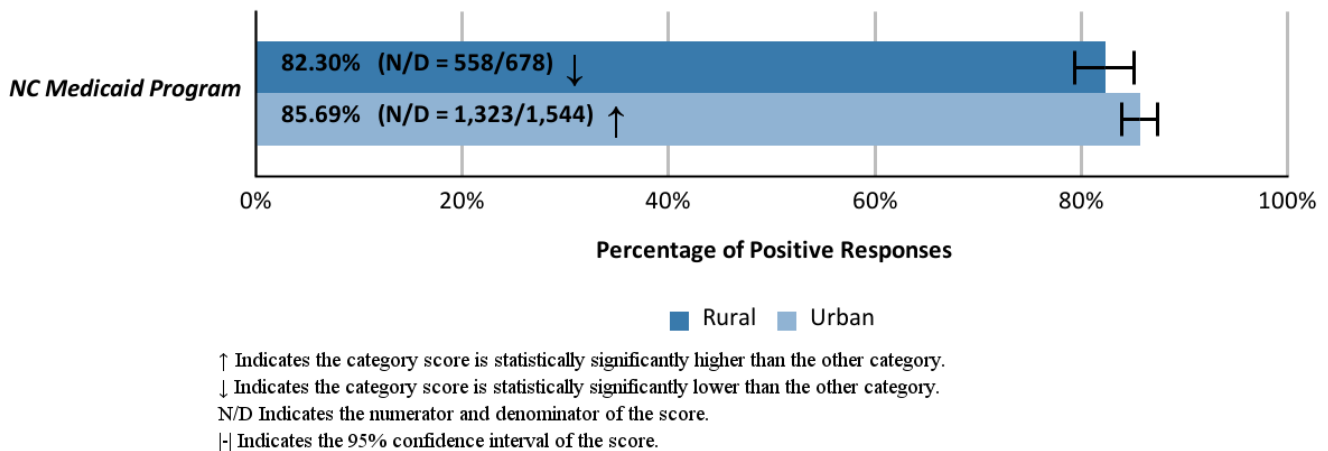


Figure 3-57 shows the significant differences for *Rating of Personal Doctor* by urbanicity. The NC Medicaid Program rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 3-57—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Rating of Personal Doctor (2023)



Composite Measures

Table 3-25 shows the positive ratings for each composite measure stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-25—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Composite Measures (2023)

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	83.45%	84.36%	83.05%	84.55%	93.05%	93.90%	90.93%	89.35%
NC PHP Aggregate	81.96%	83.18%	82.35%	84.32%	92.67%	93.84%	89.96%	87.73%
AmeriHealth	83.41% ⁺	81.21%	77.62% ⁺	81.52%	93.21% ⁺	94.60%	86.56% ⁺	84.23%
Carolina Complete	81.31% ⁺	83.29%	87.01% ⁺	87.95%	92.29% ⁺	93.53%	93.42% ⁺	86.59%
Healthy Blue	81.51% ⁺	83.98%	85.03% ⁺	87.70%	93.58% ⁺	94.05%	82.93% ⁺	87.15% ⁺
UnitedHealthcare	81.31% ⁺	83.63%	84.04% ⁺	83.50%	94.31% ⁺	94.82%	92.42% ⁺	89.81%
WellCare	82.07% ⁺	84.04%	78.76% ⁺	80.58%	90.70% ⁺	92.23%	94.00% ⁺	90.91%
SP Behavioral Health	80.81% ⁺	78.54%	81.17% ⁺	82.21%	89.79% ⁺	90.71%	77.78% ⁺	85.48%
EBCI Tribal Option	86.38% ⁺	S	80.40% ⁺	S	92.28% ⁺	S	92.31% ⁺	S
Medicaid Direct	87.92% ⁺	88.80%	88.27% ⁺	85.33%	94.78%	94.02%	93.47% ⁺	94.95%
Tailored Plan Eligible	81.69% ⁺	85.13%	82.91% ⁺	83.67%	94.20% ⁺	95.39%	92.50% ⁺	84.83% ⁺

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Individual Item Measures and Medical Assistance With Smoking and Tobacco Use Cessation Items

Table 3-26 shows the positive ratings for the individual items and medical assistance with smoking and tobacco use cessation items stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

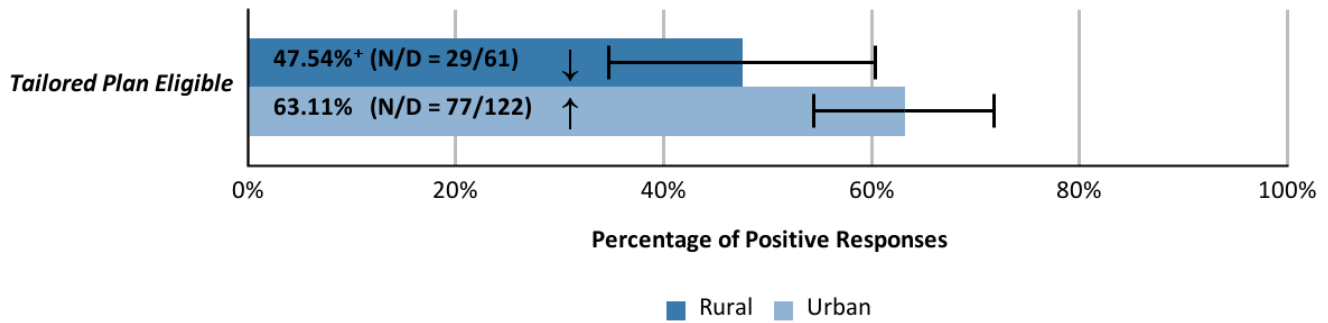
Table 3-26—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Individual Items and Medical Assistance With Smoking and Tobacco Use Cessation Items (2023)

PHP/Population	Coordination of Care		Flu Vaccination Received		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	85.13%	86.46%	35.97%	37.41%	78.33%	76.98%	50.92%	51.96%	43.95%	45.75%
NC PHP Aggregate	84.02%	86.05%	32.89%	35.85%	76.57%	76.06%	48.73%	49.22%	41.18%	44.55%
AmeriHealth	89.13% ⁺	85.94%	32.35%	36.76%	87.04% ⁺	75.42%	49.06% ⁺	47.01%	46.30% ⁺	44.92%
Carolina Complete	81.40% ⁺	82.27%	38.32%	39.35%	79.07% ⁺	70.33% ⁺	51.16% ⁺	45.05% ⁺	41.86% ⁺	41.57% ⁺
Healthy Blue	86.67% ⁺	86.43%	32.33%	35.50%	70.00% ⁺	75.96%	40.82% ⁺	50.00%	36.00% ⁺	39.81%
UnitedHealthcare	83.87% ⁺	91.92% ⁺	32.32% ⁺	36.82%	72.22% ⁺	81.25%	54.29% ⁺	47.32%	48.57% ⁺	45.13%
WellCare	79.63% ⁺	85.06% ⁺	30.00%	30.69%	73.21% ⁺	76.34% ⁺	50.00% ⁺	57.61% ⁺	35.71% ⁺	51.65% ⁺
SP Behavioral Health	80.00% ⁺	86.59%	32.28%	36.31%	77.27% ⁺	80.92%	55.38% ⁺	58.94%	52.31% ⁺	47.65%
EBCI Tribal Option	78.38% ⁺	S	57.14% ⁺	S	80.23% ⁺	S	57.65% ⁺	S	46.43% ⁺ ↓	S
Medicaid Direct	93.33% ⁺	87.72%	41.43% ⁺	50.54%	82.76% ⁺	79.83%	50.00% ⁺	61.54%	51.72% ⁺	49.14%
Tailored Plan Eligible	87.04% ⁺	87.76%	40.16%	45.14%	81.97% ⁺	85.48%	47.54% ⁺ ↓	63.11% ⁺ ↑	55.93% ⁺	54.84%

Blue shading indicates the category score is significantly different than the other category.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-58 shows the significant differences for *Discussing Cessation Medications* by urbanicity. The Tailored Plan Eligible rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

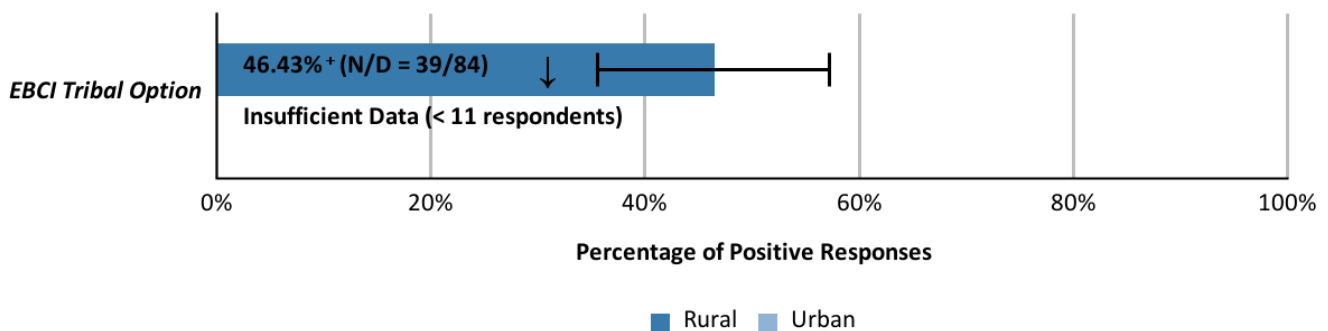
Figure 3-58—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Discussing Cessation Medications (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Figure 3-59 shows the significant differences for *Discussing Cessation Strategies* by urbanicity. The EBCI Tribal Option rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 3-59—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Discussing Cessation Strategies (2023)



↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Supplemental Items

Table 3-27 and Table 3-28 show the positive ratings for select supplemental items stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-27—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items (2023)

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Coordination of Care from Mental Health Providers	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	52.68%	50.36%	16.67%	18.37%	76.43%	75.07%	78.83%	79.45%
NC PHP Aggregate	50.47%	49.20%	17.58%	19.03%	76.42%	73.65%	80.77%	77.30%
AmeriHealth	48.23%	53.79%	18.18%	18.48%	75.00% ⁺	73.91% ⁺	79.17% ⁺	67.61% ⁺
Carolina Complete	49.17%	50.29%	16.95%	20.34%	100.00% ⁺	80.28% ⁺	85.00% ⁺	82.35% ⁺
Healthy Blue	49.64%	50.45%	16.79%	17.56%	72.73% ⁺	80.70% ⁺	75.00% ⁺	81.48% ⁺
UnitedHealthcare	48.04%	43.97%	14.00%	21.20%	S	67.80% ⁺	S	87.50% ⁺
WellCare	56.52% [↑]	45.78% [↓]	20.86%	17.96%	72.41% ⁺	64.41% ⁺	82.76% ⁺	69.09% ⁺
SP Behavioral Health	57.25%	62.33%	57.35%	62.70%	82.89% ⁺	83.48%	84.00% ⁺	82.14%
EBCI Tribal Option	61.39%	S	19.42%	S	77.78% ⁺	S	66.67% ⁺	S
Medicaid Direct	56.05%	55.16%	11.04%	15.56%	75.00% ⁺	81.97% ⁺	80.00% ⁺	90.00% ⁺
Tailored Plan Eligible	64.23%	63.85%	45.19%	41.76%	90.00% ⁺	85.00%	87.93% ⁺	81.16%

Blue shading indicates the category score is significantly different than the other category.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Table 3-28—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2023)

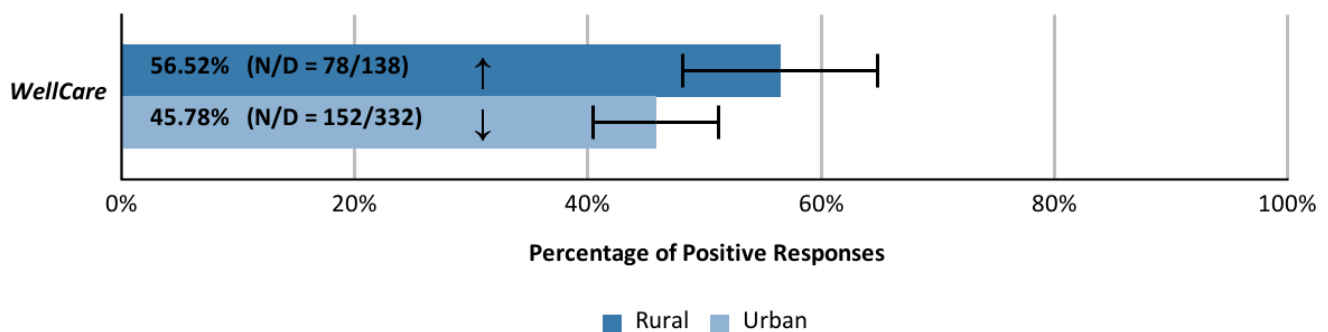
PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language		Online Access to Health Information	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	1.69% [↓]	5.76% [↑]	92.86% ⁺	84.07%	78.57% ⁺	83.04%	58.54% [↓]	64.50% [↑]
NC PHP Aggregate	2.20% [↓]	6.05% [↑]	92.31% ⁺	84.21% ⁺	84.62% ⁺	84.04% ⁺	62.88%	66.00%
AmeriHealth	S	7.40%	S	85.19% ⁺	S	92.86% ⁺	57.32% ⁺	61.22%

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language		Online Access to Health Information	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Carolina Complete	S	7.16%	S	79.17% ⁺	S	78.26% ⁺	59.21% ⁺	64.31%
Healthy Blue	S	4.19% [↑]	S	84.62% ⁺	S	S	68.60% ⁺	70.59%
UnitedHealthcare	S	5.36%	S	84.62% ⁺	S	S	60.00% ⁺	65.96%
WellCare	S	5.74% [↑]	S	88.89% ⁺	S	88.24% ⁺	67.82% ⁺	68.24%
SP Behavioral Health	S	S	S	S	S	S	63.83% ⁺	69.14%
EBCI Tribal Option	0.00%	S	S	S	S	S	27.50% ⁺	S
Medicaid Direct	S	4.37% [↑]	S	82.35% ⁺	S	82.35% ⁺	52.94% ⁺	57.02%
Tailored Plan Eligible	S	5.34%	S	94.44% ⁺	S	S	58.75% ⁺	57.94%

Blue shading indicates the category score is significantly different than the other category.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-60 shows the significant differences for *Mental Health* by urbanicity. The WellCare rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

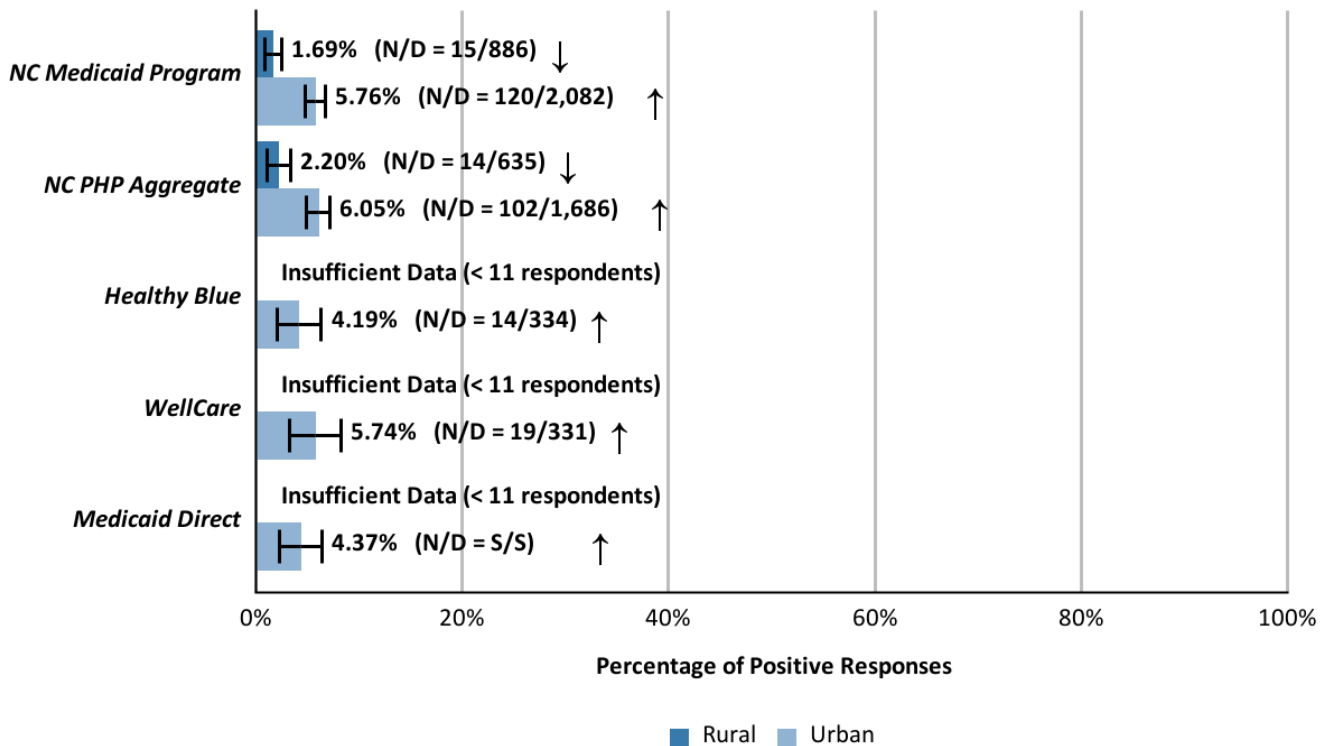
Figure 3-60—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Mental Health (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Figure 3-61 shows the significant differences for *Need an Interpreter* by urbanicity. The NC Medicaid Program and NC PHP Aggregate rates for adult respondents living in rural counties were significantly *lower* than respondents living in urban counties. The Healthy Blue, WellCare, and Medicaid Direct rates for adult respondents living in urban counties were significantly *higher* than respondents living in rural counties; however, the rural results were suppressed due to insufficient data and caution should be exercised when interpreting these results.

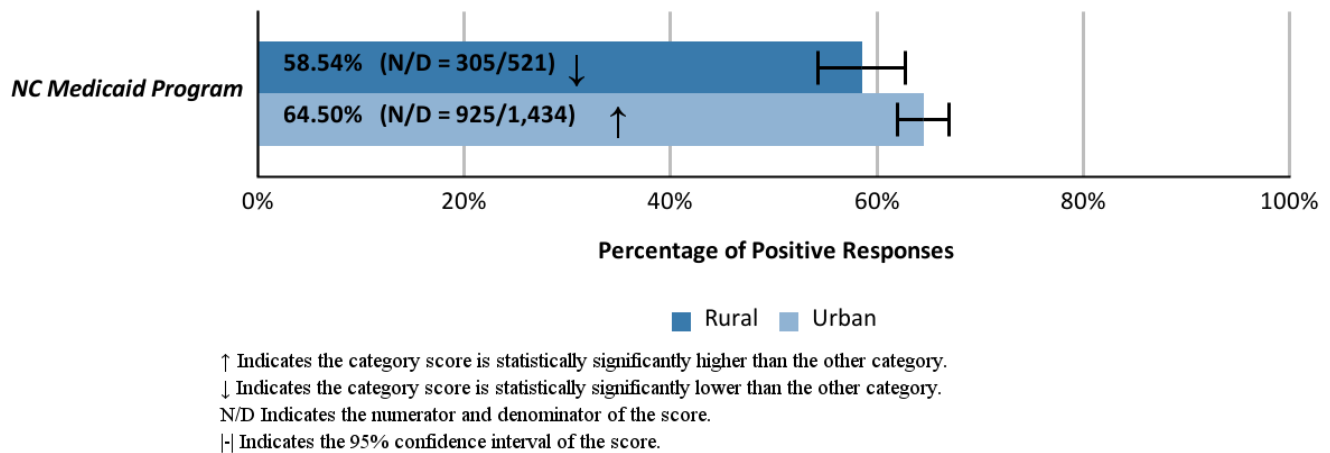
Figure 3-61—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Need an Interpreter (2023)



S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 ↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Figure 3-62 shows the significant differences for *Accessed Health Information Online* by urbanicity.⁶² The NC Medicaid Program rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 3-62—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Accessed Health Information Online (2023)



⁶² The results presented in Figure 3-62 only include respondents who wanted to access their health information online.

AMH Tier Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were stratified to determine if any differences exist between positive ratings for respondents assigned a PCP with an AMH Tier 3 designation compared to the non-AMH Tier 3 population (i.e., members with an assigned PCP with an AMH Tier 1 or Tier 2 designation and members with an assigned PCP without an AMH designation). Non-AMH Tier 3 often had fewer than 100 respondents, which may have influenced the significant results. AMH Tier 3 providers must meet all AMH Tier 1 and 2 provider requirements in addition to Tier 3 requirements. They must also assume primary care management responsibilities; as a result they receive higher per-member per-month payments as part of DHB's value-based payment model. AMH Tier 2 and Tier 1 providers must meet their respective AMH Tier provider requirements and are responsible for delegating primary care management responsibilities through a Clinically Integrated Network or other partner.⁶³ For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 38.

Overall Health Characteristics

Table 3-29 shows the adult respondents who reported their general health status or mental or emotional health status as Excellent, Very Good, or Good stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-29—Adult Respondents with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Overall Health Characteristics (2023)

PHP/Population	General Health Status		Mental or Emotional Health Status	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	66.10%	66.41%	69.28%	69.09%
NC PHP Aggregate	67.72%	67.75%	68.70%	68.60%
AmeriHealth	69.10%↑	58.27%	65.83%	66.67%
Carolina Complete	65.42%	72.06%	69.83%	68.38%
Healthy Blue	65.82%	74.56%	70.89%	66.96%
UnitedHealthcare	67.62%	67.33%	69.67%	68.00%
WellCare	70.03%	67.71% ⁺	68.02%	74.23% ⁺
SP Behavioral Health	53.17%	56.35%	45.15%	45.24%
EBCI Tribal Option	54.17% ⁺	S	66.67% ⁺	S
Medicaid Direct	58.14%	55.07% ⁺	75.86%	76.47% ⁺

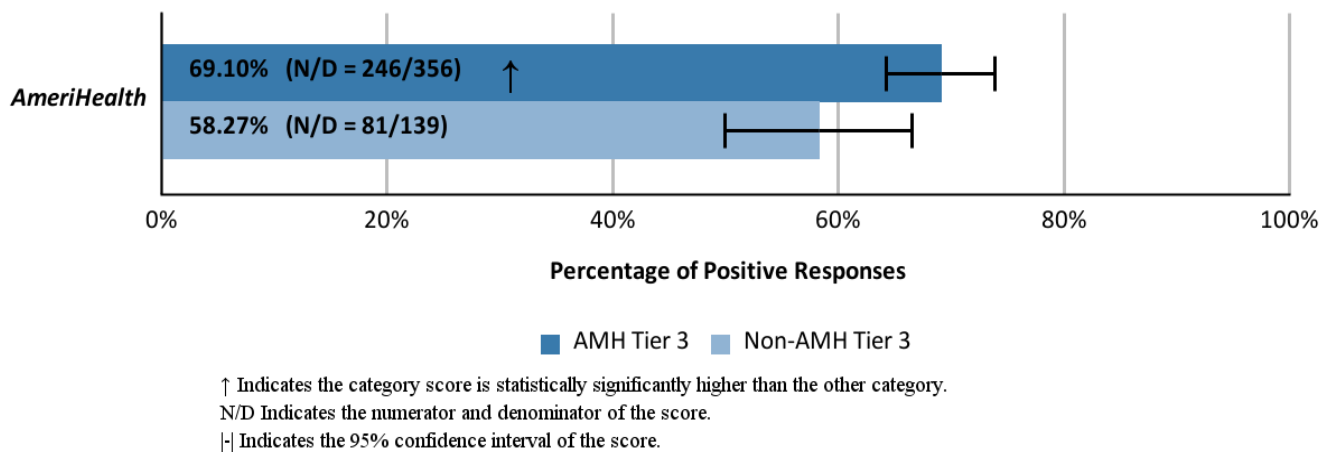
⁶³ Fact Sheet. Advanced Medical Home (AMH) Program. Available at: <https://medicaid.ncdhhs.gov/documents/amh-program-provider-fact-sheet/download?attachment>. Accessed on: June 26, 2024.

PHP/Population	General Health Status		Mental or Emotional Health Status	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
Tailored Plan Eligible	61.86%	66.96%	51.03%	54.31%

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the AMH Tier 3 score is significantly higher than the non-AMH Tier 3 score.

Figure 3-63 shows the significant differences for general health status by AMH Tier designation. The AmeriHealth rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 3-63—Significant Differences: Percentage of Adult Respondents with an Assigned PCP Who Rate Their General Health Status as Excellent, Very Good, or Good and AMH Tier Comparisons, by Program-Specific Populations (2023)



Global Ratings

Table 3-30 shows the positive ratings for the global ratings stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

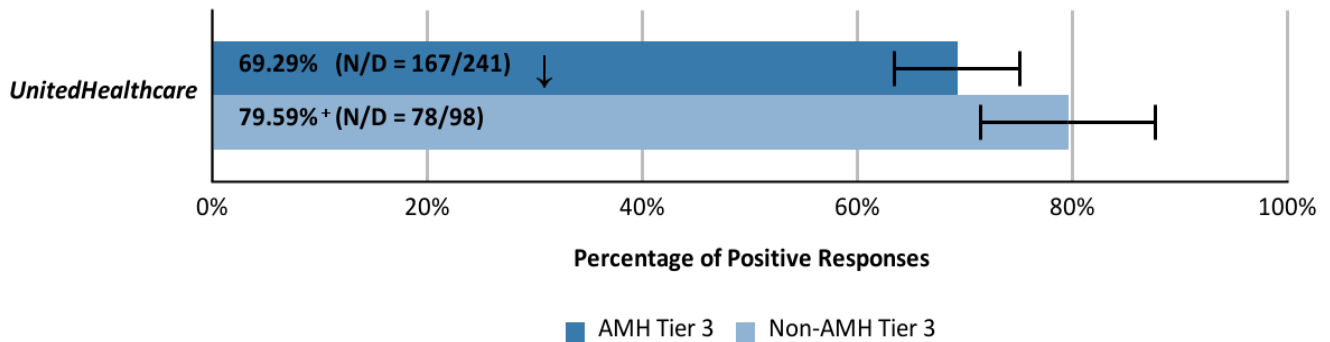
Table 3-30—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Global Ratings (2023)

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	74.35%	76.90%	76.89%	81.22%	84.38%	85.12%	84.38%	85.56%
NC PHP Aggregate	73.39%	76.27%	77.34%	80.66%	83.91%	84.56%	83.66%	84.27%
AmeriHealth	72.47%	70.37%	77.42%	77.27% ⁺	83.00%	88.66% ⁺	81.69%	78.57% ⁺
Carolina Complete	76.55%	74.44%	72.41%	76.67% ⁺	83.78%	83.33%	83.45%	87.50% ⁺
Healthy Blue	73.87%	80.53%	77.56% [↓]	87.67% ⁺	85.29%	84.71% ⁺	83.87%	83.67% ⁺
UnitedHealthcare	69.29% [↓]	79.59% ⁺	77.30%	81.03% ⁺	83.63%	86.15% ⁺	82.98% ⁺	90.70% ⁺
WellCare	74.13%	78.72% ⁺	81.95%	83.02% ⁺	83.82%	79.17% ⁺	86.40%	80.56% ⁺
SP Behavioral Health	67.48%	71.77%	66.07% [↓]	77.17% ⁺	80.62%	80.58%	82.17%	85.37% ⁺
EBCI Tribal Option	75.82% ⁺	S	73.85% ⁺	S	79.73% ⁺	S	88.24% ⁺	S
Medicaid Direct	82.25%	84.85% ⁺	74.78% [↓]	88.37% ⁺	90.34%	91.38% ⁺	88.04% ⁺	96.97% ⁺
Tailored Plan Eligible	72.89%	71.43%	72.82%	76.92% ⁺	85.78%	89.22%	84.38%	84.31% ⁺

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
+ 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.

Figure 3-64 shows the significant differences for *Rating of Health Plan* by AMH Tier designation. The UnitedHealthcare rate for adult respondents with AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

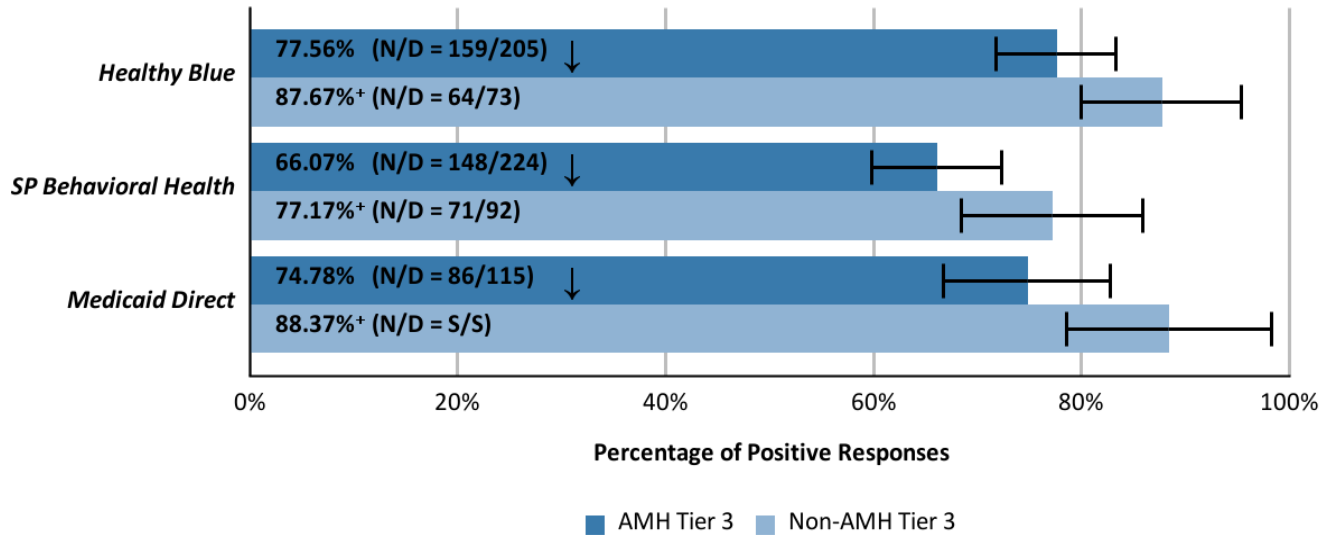
Figure 3-64—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of Health Plan (2023)



↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 -| Indicates the 95% confidence interval of the score.

Figure 3-65 shows the significant differences for *Rating of All Health Care* by AMH Tier designation. The following program-specific population rates for adult respondents with an AMH Tier 3 PCP were significantly *lower* than respondents with a non-AMH Tier 3 PCP: Healthy Blue, SP Behavioral Health, and Medicaid Direct.

Figure 3-65—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of All Health Care (2023)



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

↓ Indicates the category score is statistically significantly lower than the other category.

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

N/D Indicates the numerator and denominator of the score.

| - | Indicates the 95% confidence interval of the score.

Composite Measures

Table 3-31 shows the positive ratings for each composite measure stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-31—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Composite Measures (2023)

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	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%	93.81%	93.66%	88.03%↓	92.28%
NC PHP Aggregate	81.78%	85.57%	83.63%	85.07%	93.83%	93.65%	86.88%↓	91.29%
AmeriHealth	82.20%	81.83% ⁺	83.62%	73.23% ⁺	94.44%	94.27% ⁺	84.03%	87.50% ⁺
Carolina Complete	80.83%	87.42% ⁺	84.89%↓	93.02% ⁺	92.59%	95.43% ⁺	85.64% ⁺	92.45% ⁺
Healthy Blue	82.49%	83.44% ⁺	86.28%	90.42% ⁺	93.98%	94.53% ⁺	82.30% ⁺ ↓	94.23% ⁺
UnitedHealthcare	80.19%↓	89.20% ⁺	86.45%	79.96% ⁺	95.11%	95.20% ⁺	89.66% ⁺	92.11% ⁺
WellCare	82.53%	87.02% ⁺	77.87%	87.00% ⁺	93.35%	87.50% ⁺	91.53%	89.66% ⁺
SP Behavioral Health	79.28%	80.54% ⁺	81.19%	84.63% ⁺	89.99%	90.19% ⁺	86.31%	75.00% ⁺
EBCI Tribal Option	90.20% ⁺	S	85.51% ⁺	0.00% ⁺	93.19% ⁺	S	96.15% ⁺	S
Medicaid Direct	87.60%	91.96% ⁺	92.52% ⁺	93.06% ⁺	93.95%	95.24% ⁺	93.20% ⁺	98.21% ⁺
Tailored Plan Eligible	82.79%	85.24% ⁺	83.50%	82.35% ⁺	95.12%	96.23% ⁺	85.88% ⁺	86.76% ⁺

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
+ 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.

Figure 3-66 shows the significant differences for *Getting Needed Care* by AMH Tier designation. The UnitedHealthcare rate for adult respondents with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

Figure 3-66—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Getting Needed Care (2023)

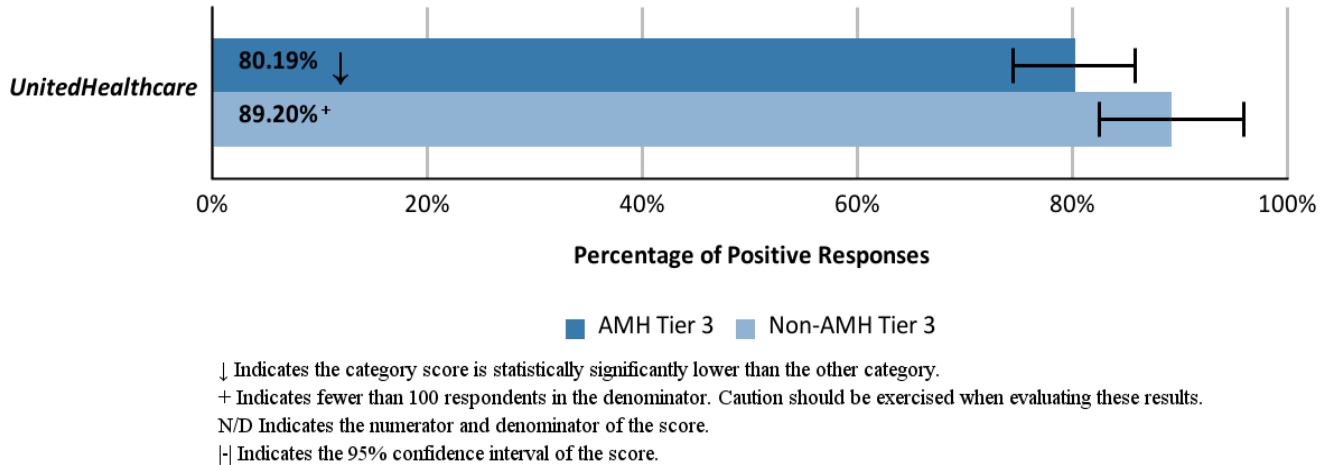


Figure 3-67 shows the significant differences for *Getting Care Quickly* by AMH Tier designation. The Carolina Complete rate for adult respondents with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

Figure 3-67—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Getting Care Quickly (2023)

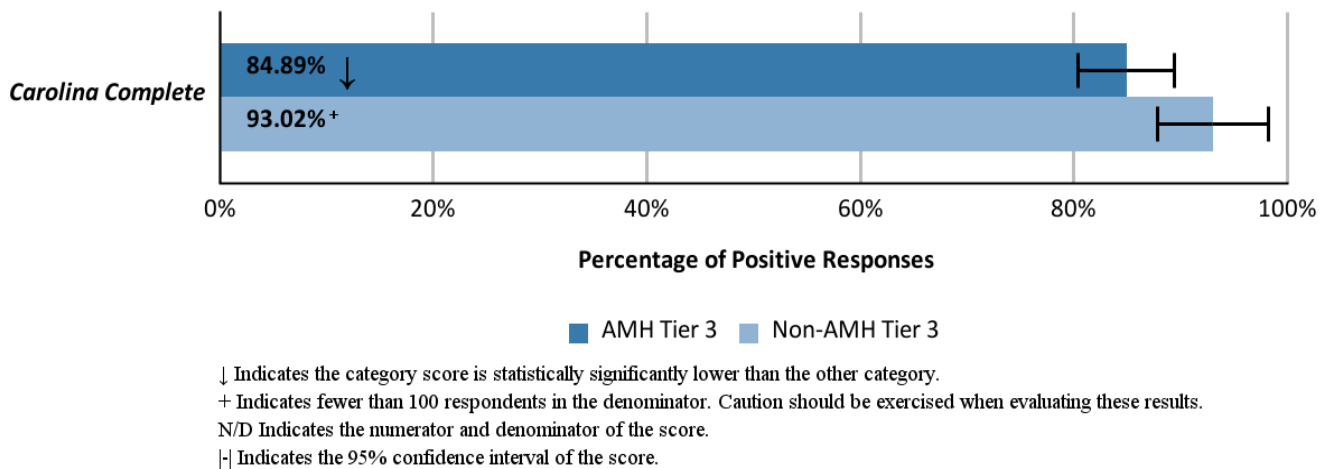
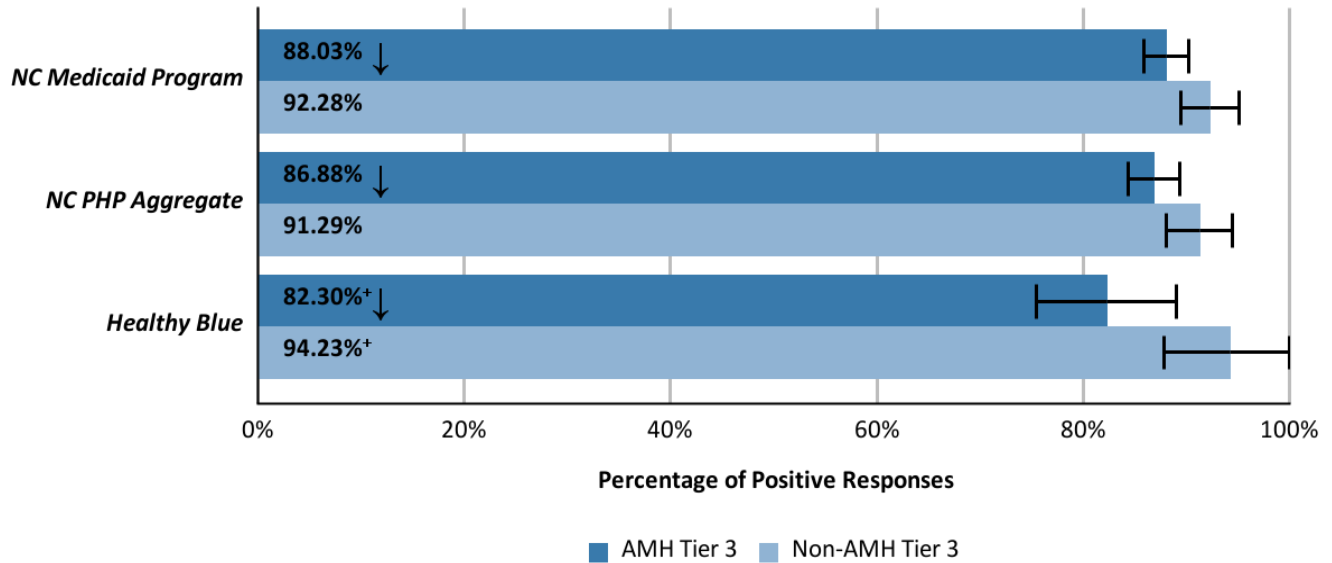


Figure 3-68 shows the significant differences for *Customer Service* by AMH Tier designation. The following program-specific population rates for adult respondents with an AMH Tier 3 PCP were significantly *lower* than respondents with a non-AMH Tier 3 PCP: NC Medicaid Program, NC PHP Aggregate, and Healthy Blue.

Figure 3-68—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Customer Service (2023)



↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Individual Item Measures and Medical Assistance With Smoking and Tobacco Use Cessation Items

Table 3-32 shows the positive ratings for the individual items and medical assistance with smoking and tobacco use cessation items stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

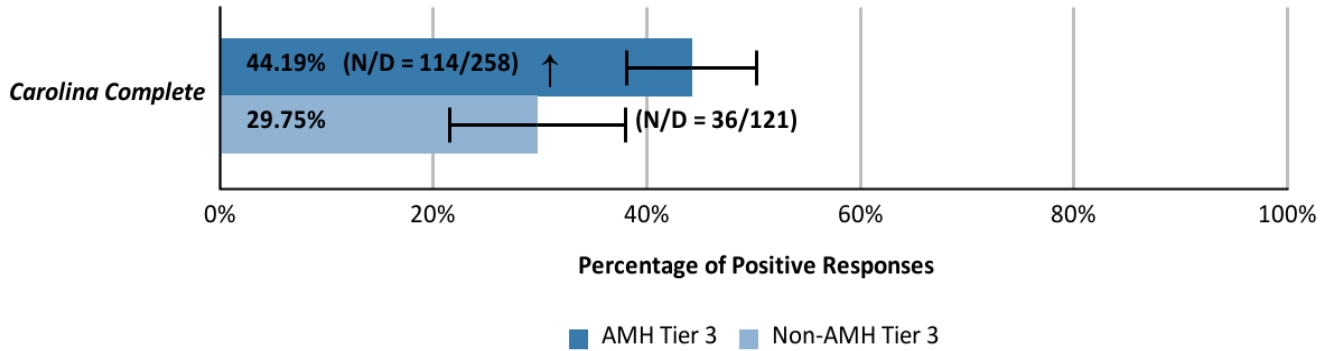
Table 3-32—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Individual Items and Medical Assistance With Smoking and Tobacco Use Cessation Items (2023)

PHP/Population	Coordination of Care		Flu Vaccination		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	86.21%	85.71%	37.48%	34.15%	77.90%	78.35%	52.37%	48.98%	46.75%	41.33%
NC PHP Aggregate	85.88%	86.05%	36.10%	32.77%	76.34%	76.84%	49.60%	46.63%	44.78%	39.89%
AmeriHealth	88.29%	84.09% ⁺	37.08%	34.35%	80.95%	76.47% ⁺	50.98%	38.46% ⁺	48.08%	36.54% ⁺
Carolina Complete	80.53%	88.14% ⁺	44.19% [↑]	29.75%	70.97% ⁺	82.76% ⁺	48.39% ⁺	41.38% ⁺	41.30% ⁺	41.38% ⁺
Healthy Blue	88.33%	86.00% ⁺	36.08%	29.81%	72.16% ⁺	75.00% ⁺	44.79% ⁺	50.00% ⁺	40.63% ⁺	30.56% ⁺
UnitedHealthcare	89.41% ⁺	88.57% ⁺	35.53%	33.33% ⁺	79.17% ⁺	78.95% ⁺	46.88% ⁺	52.63% ⁺	45.83% ⁺	44.74% ⁺
WellCare	83.33%	81.48% ⁺	28.93%	37.65% ⁺	77.68%	69.57% ⁺	55.86%	56.52% ⁺	47.27%	52.17% ⁺
SP Behavioral Health	84.62%	84.38% ⁺	35.06%	32.48%	81.21%	77.08% ⁺	59.86%	52.08% ⁺	49.32%	53.19% ⁺
EBCI Tribal Option	81.25% ⁺	S	53.97% ⁺	S	81.58% ⁺	S	58.67% ⁺	S	51.35% ⁺	S
Medicaid Direct	90.67% ⁺	85.71% ⁺	51.52% ⁺	54.29% ⁺	86.44% ⁺	92.86% ⁺	67.80% ⁺	73.33% ⁺	57.63% ⁺	S
Tailored Plan Eligible	86.36%	92.73% ⁺	43.87%	42.45%	85.60%	85.71% ⁺	56.56%	62.07% ⁺	53.28%	62.07% ⁺

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the AMH Tier 3 score is significantly higher than the non-AMH Tier 3 score.

Figure 3-69 shows the significant differences for *Flu Vaccination Received* by AMH Tier designation. The Carolina Complete rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 3-69—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Flu Vaccination Received (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 N/D Indicates the numerator and denominator of the score.
 [-] Indicates the 95% confidence interval of the score.

Supplemental Items

Table 3-33 and Table 3-34 show the positive ratings for the supplemental items stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-33—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items (2023)

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Physical Health and Other Treatments	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	51.08%	50.38%	18.85%↑	15.14%	75.61%	74.49%+	77.88%	78.26%+
NC PHP Aggregate	49.74%	49.14%	19.30%↑	15.54%	75.00%	74.16%+	76.95%	77.38%+
AmeriHealth	53.13%	49.28%	20.51%↑	11.76%	73.13%+	75.00%+	71.01%+	68.75%+
Carolina Complete	47.30%	55.97%	20.41%	16.42%	83.33%+	90.91%+	82.76%+	85.71%+
Healthy Blue	53.21%↑	41.59%	15.97%	19.47%	85.42%↑	59.09%+	80.85%+	70.00%+
UnitedHealthcare	45.23%	47.00%	20.42%	16.16%+	70.21%+	S	84.44%+	85.71%+
WellCare	48.41%	50.53%+	19.36%	14.43%+	65.15%+	78.57%+	69.84%+	S
SP Behavioral Health	59.64%	61.90%	59.09%	65.87%	81.91%	83.95%+	82.45%	83.75%+
EBCI Tribal Option	59.57%+	S	18.75%+	S	87.50%+	S	75.00%+	S
Medicaid Direct	58.58%	59.42%+	14.79%	S	75.00%+	S	91.30%+	S
Tailored Plan Eligible	62.76%	63.25%	43.21%	37.61%	82.64%↓	93.18%+	82.20%	77.27%+

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the AMH Tier 3 score is significantly higher than the non-AMH Tier 3 score.
 ↓ Indicates the AMH Tier 3 score is significantly lower than the non-AMH Tier 3 score.

Table 3-34—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2023)

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language		Online Access to Health Information	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	5.11%	4.92%	86.52%⁺	78.57%⁺	79.78%⁺	92.59%⁺	62.14%[↓]	68.34%
NC PHP Aggregate	5.32%	5.21%	86.08%⁺	84.62%⁺	82.28%⁺	92.00%⁺	63.85%[↓]	70.07%
AmeriHealth	7.32%	S	84.00% ⁺	S	84.62% ⁺	S	60.34%	60.23% ⁺
Carolina Complete	6.78%	S	84.21% ⁺	S	84.21% ⁺	S	58.72% [↓]	71.43% ⁺
Healthy Blue	3.54%	S	S	S	S	S	70.97%	71.26% ⁺
UnitedHealthcare	S	S	S	S	S	S	61.44%	73.61% ⁺
WellCare	4.37%	S	86.67% ⁺	S	85.71% ⁺	S	67.09%	76.19% ⁺
SP Behavioral Health	S	S	S	S	0.00% ⁺	S	66.67%	72.73% ⁺
EBCI Tribal Option	S	0.00% ⁺	S	S	S	S	32.43% ⁺	S
Medicaid Direct	S	S	S	0.00% ⁺	S	S	55.34%	54.55% ⁺
Tailored Plan Eligible	5.65%	S	100.00% ⁺	S	S	S	54.91%	64.18% ⁺

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
+ 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.

Figure 3-70 shows the significant differences for *Mental Health* by AMH Tier designation. The Healthy Blue rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 3-70—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Mental Health (2023)

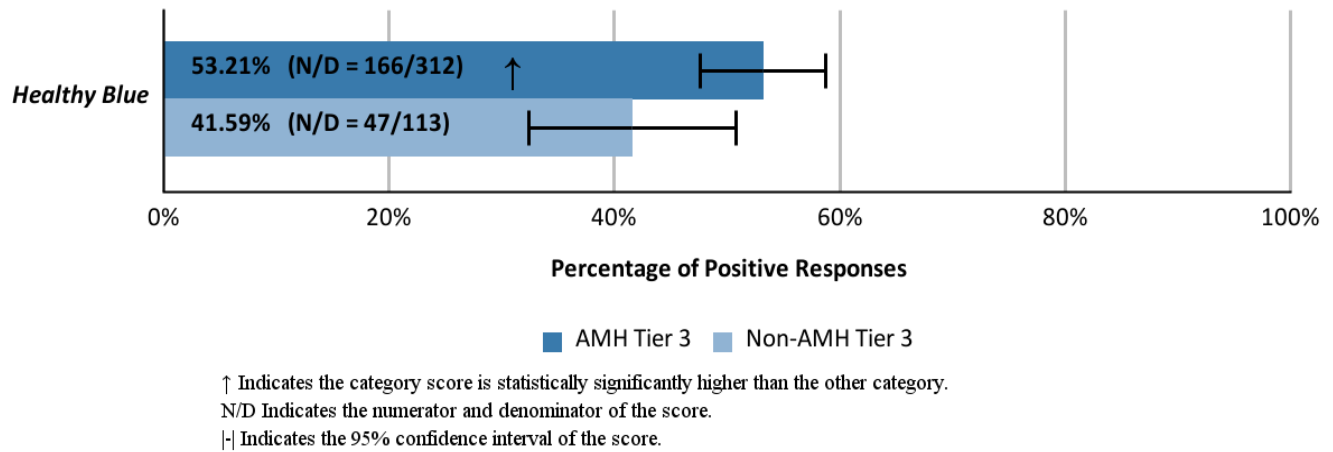


Figure 3-71 shows the significant differences for *Counseling or Mental Health Treatment* by AMH Tier designation. The following program-specific population rates for adult respondents with an AMH Tier 3 PCP were significantly *higher* than respondents with a non-AMH Tier 3 PCP: NC Medicaid Program, NC PHP Aggregate, and AmeriHealth.

Figure 3-71—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Counseling or Mental Health Treatment (2023)

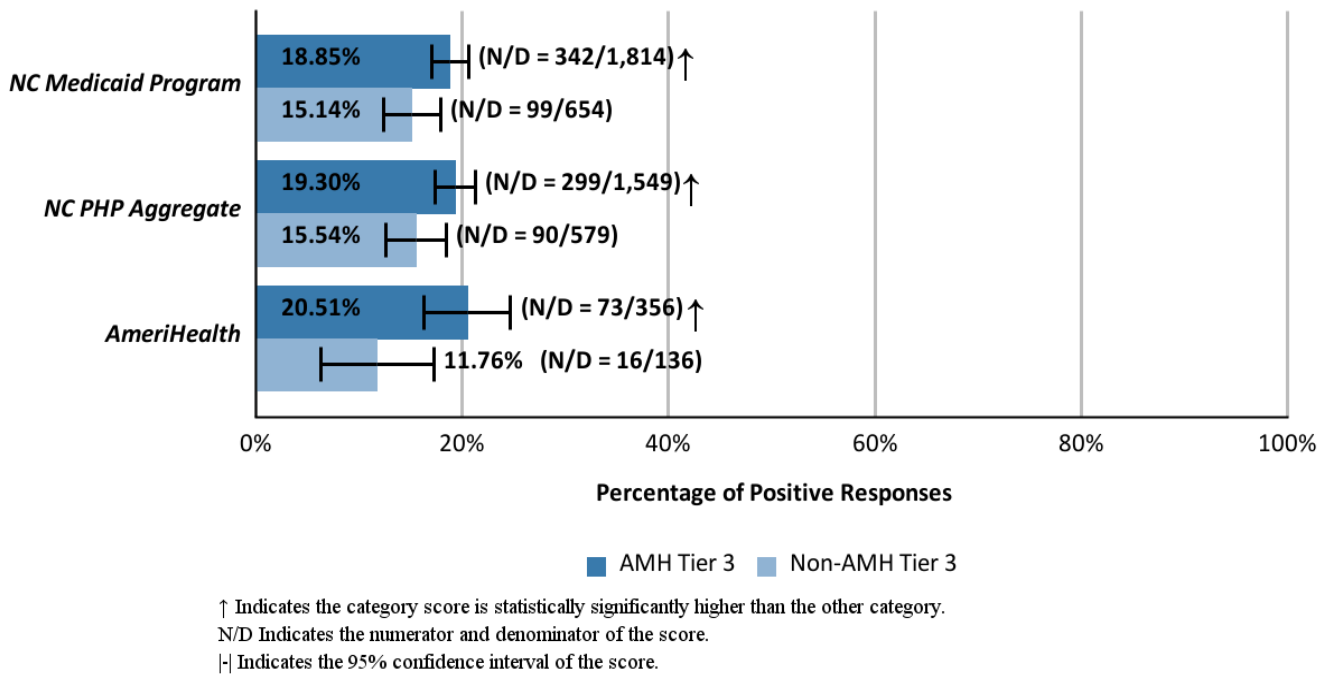
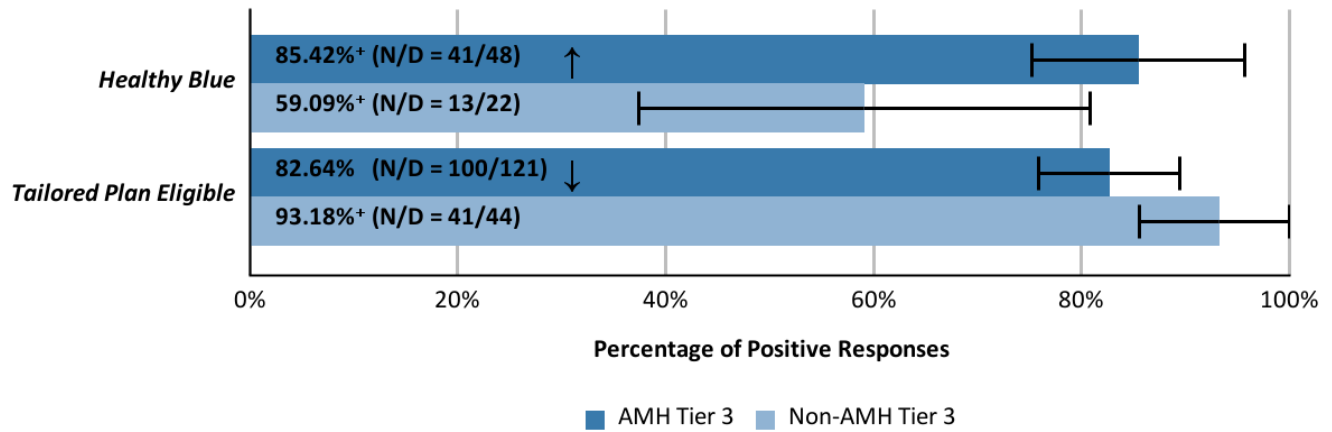


Figure 3-72 shows the significant differences for *Appointment for Counseling or Mental Health Treatment* by AMH Tier designation. The Healthy Blue rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP. The Tailored Plan Eligible rate for adult respondents with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

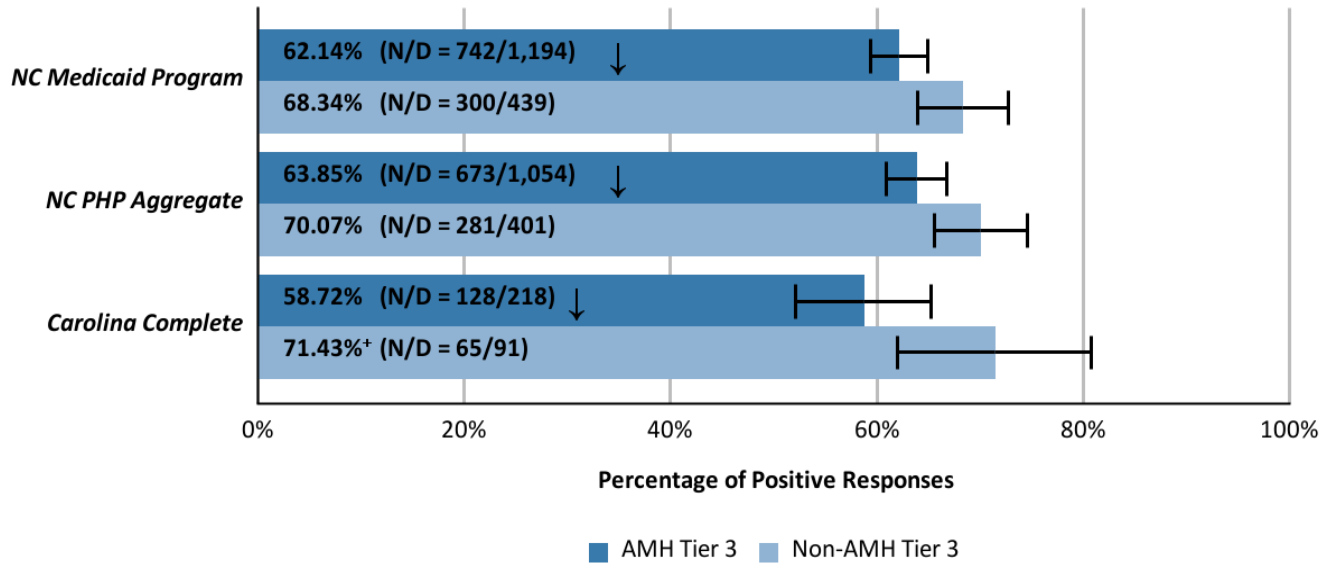
Figure 3-72—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Appointment for Counseling or Mental Health Treatment (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Figure 3-73 shows the significant differences for *Accessed Health Information Online* by AMH Tier designation. The following program-specific population rates for adult respondents with an AMH Tier 3 PCP were significantly *lower* than respondents with a non-AMH Tier 3 PCP: NC Medicaid Program, NC PHP Aggregate, and Carolina Complete.

Figure 3-73—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Accessed Health Information Online (2023)



↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Spearman Correlation

HSAG used the Spearman correlation to assess how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist.⁶⁴ For more detailed information regarding the methodology used for this analysis, please refer to the Reader’s Guide beginning on page 38. Table 3-35 presents the results of the Spearman correlation for the NC Medicaid Program. Based on the results of this analysis, there does not appear to be a strong association with respondents’ ratings on the composite measures and their rating of the global ratings except for *How Well Doctors Communicate* and *Rating of Personal Doctor* where there is a slightly stronger positive relationship between the two measures.

Table 3-35—Adult Spearman Correlation NC Medicaid Program Results (2023)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.39	0.45	0.31	0.41
Getting Care Quickly	0.33	0.37	0.25	0.28
How Well Doctors Communicate	0.27	0.39	0.55	0.34
Customer Service	0.43	0.34	0.32	0.34
<i>Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.</i>				

⁶⁴ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2024.

4. Child Results

HSAG surveyed a total of 61,748 parents or caretakers of members for the child sample, and a total of 6,028 child surveys were completed. The overall child response rate was 9.81 percent (with a range from 4.96 percent to 18.59 percent when stratified by PHPs and populations).⁶⁵

In order to assess potential impact on the survey results, HSAG used data in the eligible population file, which uses Medicaid enrollment data, to compare the demographic characteristics of survey respondents to those in the eligible population. Compared to the eligible population:

- Significantly *fewer* NC Medicaid Program parents or caretakers responded for children who were 0 to 7 years of age, Black, non-Hispanic, and resided in an urban county.
- Significantly *more* NC Medicaid Program parents or caretakers responded for children who were 13 to 17 years of age, White, Other race, Hispanic, and resided in a rural county.

DHB should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population being evaluated. For additional details on the demographic information please see Appendix A. Supplemental Information.

Survey Respondents

Table 4-1 shows the total number of members sampled, the number of eligible members, the number of respondents (i.e., completed surveys), and the response rate for the child population. Numbers in Table 4-1 are reflective of all samples (i.e., general sample, general sample increase, and the Black and Hispanic race/ethnicity oversamples).

⁶⁵ For more detailed information regarding the eligible population, please refer to Table 4-1 on page 149.

Table 4-1—Child Survey: Survey Administration Outcomes and Response Rates (2023)

PHP/Population	Total Sample	Eligible Sample	Total General Child Respondents	Total Respondents	Response Rate
Total	61,748	61,460	4,823	6,028	9.81%
NC Medicaid Program	51,954	51,692	3,876	4,910	9.50%
NC PHP Aggregate	39,165	39,104	2,640	3,330	8.52%
AmeriHealth	9,091	9,080	578	731	8.05%
Carolina Complete	7,470	7,456	538	668	8.96%
Healthy Blue	6,496	6,490	472	611	9.41%
UnitedHealthcare	7,180	7,164	432	566	7.90%
WellCare	8,928	8,914	620	754	8.46%
SP Behavioral Health	4,098	4,090	524	524	12.81%
EBCI Tribal Option	920	918	70	70	7.63%
Medicaid Direct	5,014	4,839	172	240	4.96%
Tailored Plan Eligible	5,696	5,678	423	594	10.46%
Foster Care	6,855	6,831	994	1,270	18.59%

National Percentile Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were compared to NCQA’s 2023 Quality Compass Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fell within. Using the percentile distributions shown in Table 4-2, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater than or equal to the national 90th percentile. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 35.

Table 4-2—NCQA National Percentile Distributions Used to Assign Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90 th percentile
★★★★ Very Good	At or between the 75 th and 89 th percentiles
★★★ Good	At or between the 50 th and 74 th percentiles
★★ Fair	At or between the 25 th and 49 th percentiles
★ Poor	Below the 25 th percentile

Table 4-3 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the global ratings.

Table 4-3—Child Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Global Ratings (2023)

PHP/Population	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
NC Medicaid Program	★★ 84.43%	★★★ 88.04%	★★★ 90.70%	★★★ 87.03%
NC PHP Aggregate	★★ 85.94%	★★★ 88.05%	★★★ 90.63%	★★★ 87.15%
AmeriHealth	★ 83.19%	★★ 86.02%	★★ 88.63%	★★★ 86.61%
Carolina Complete	★★★ 87.62%	★★★★ 89.60%	★★★★★ 92.68%	★★★★ 89.57%
Healthy Blue	★★★ 86.88%	★★★★★ 91.41%	★★★ 91.09%	★★★ 87.60%
UnitedHealthcare	★★★ 87.50%	★★ 84.84%	★★★ 90.40%	★★★+ 88.17%
WellCare	★★ 84.59%	★★★ 87.64%	★★★ 90.72%	★★ 84.62%
SP Behavioral Health	★ 82.65%	★ 82.34%	★ 86.85%	★ 82.89%
EBCI Tribal Option	★+ 76.47%	★+ 79.49%	★+ 85.71%	★+ 81.25%
Medicaid Direct	★ 67.07%	★★★ 87.70%	★★★ 90.60%	★★+ 85.71%
Tailored Plan Eligible	★ 78.66%	★★ 85.09%	★★★ 91.15%	★★★ 87.24%
Foster Care	★ 83.25%	★★★★ 89.55%	★★★★★ 93.81%	★★★ 87.46%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 33.

Table 4-4 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the composite and individual item measures.

Table 4-4—Child Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Composite and Individual Item Measures (2023)

PHP/Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
NC Medicaid Program	★★★ 85.96%	★★★ 87.95%	★★★★★ 96.14%	★★★ 88.73%	★★★ 84.71%
NC PHP Aggregate	★★★ 85.74%	★★★ 87.72%	★★★★★ 95.91%	★★★ 89.18%	★★★ 84.64%
AmeriHealth	★★★ 83.62%	★★ 84.13%	★★★ 95.05%	★★★★★ 92.57%	★★★ 84.78%
Carolina Complete	★★★ 85.83%	★★★★★ 91.36%	★★★★★ 97.38%	★★★★★ 92.66%	★★★★★ 92.54%
Healthy Blue	★★★★ 87.77%	★★★ 89.16%	★★★★★ 97.53%	★★★★ 91.10%	★★★ 84.42%
UnitedHealthcare	★★★ 85.29%	★★★ 87.03%	★★★ 93.98%	★ ⁺ 84.83%	★★ ⁺ 82.47%
WellCare	★★★ 85.35%	★★★ 87.38%	★★★★★ 95.54%	★★ 86.01%	★★ 82.10%
SP Behavioral Health	★★★★ 88.54%	★★★★★ 90.29%	★★★★★ 96.77%	★★★★ 90.27%	★★★★ 88.30%
EBCI Tribal Option	★★ ⁺ 82.23%	★★★ ⁺ 88.31%	★★★★★ ⁺ 97.62%	★★★★★ ⁺ 93.33%	★ ⁺ 73.08%
Medicaid Direct	★★★★ 88.03%	★★★ ⁺ 88.73%	★★★★★ 98.33%	★ ⁺ 83.60%	★★★ ⁺ 84.88%
Tailored Plan Eligible	★★★ 85.96%	★★★★★ 89.46%	★★★★★ 95.51%	★ 85.66%	★★★ 84.24%
Foster Care	★★★★ 87.99%	★★★★★ 93.93%	★★★★★ 97.82%	★★★ 87.78%	★★★★ 87.74%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 33.

Overall Health Characteristics

Figure 4-1 and Figure 4-2 present the characteristics of child members reported by their parents/ caretakers who completed a survey on their behalf for general health status and mental or emotional health status. The percentage of PHP and population-specific respondents who reported their child’s

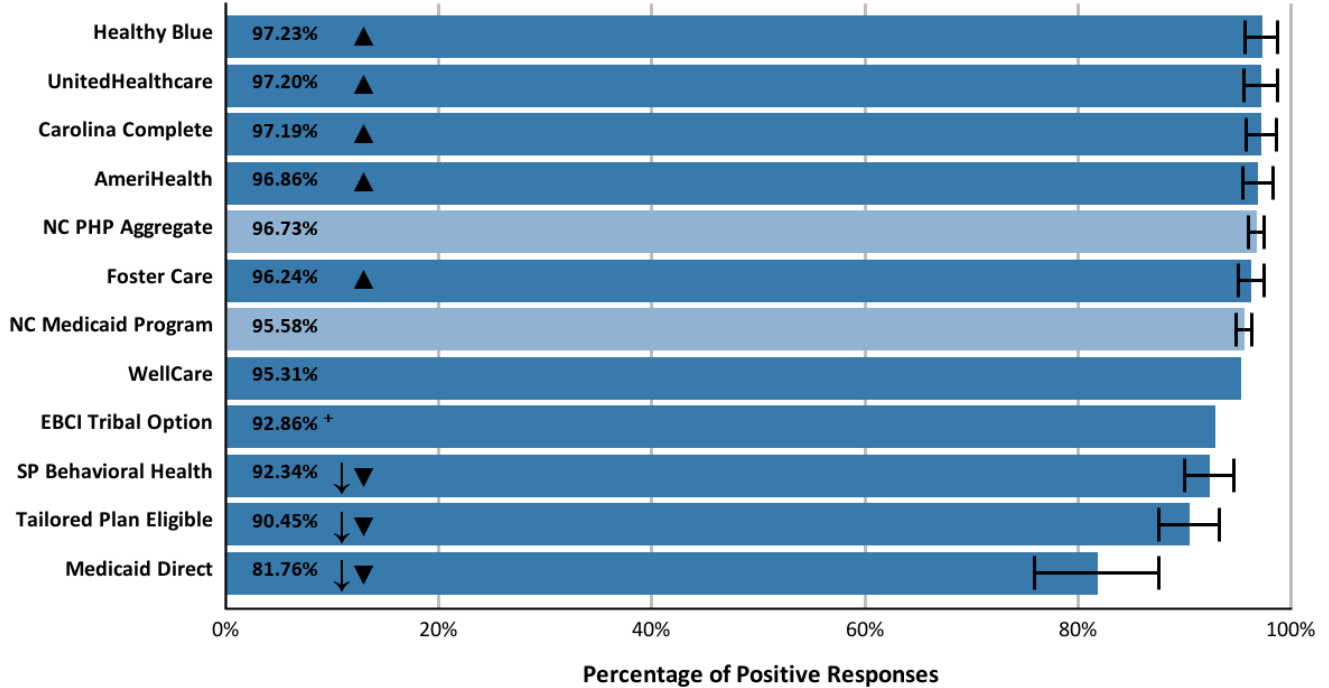
general and mental or emotional health status as Excellent, Very Good, or Good was compared to the NC Medicaid Program and NC PHP Aggregate. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any PHPs or populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different, which can often occur due to large sample variations in results.⁶⁶

General Health Status

The following PHP or population-specific rates were significantly *higher* compared to the NC Medicaid Program: Healthy Blue, UnitedHealthcare, Carolina Complete, AmeriHealth, and Foster Care. The following PHP or population-specific rates were significantly *lower* compared to the NC Medicaid Program and NC PHP Aggregate: SP Behavioral Health, Tailored Plan Eligible, and Medicaid Direct.

⁶⁶ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 3, 2024.

Figure 4-1—Percentage of 2023 Child Respondents Who Rate Their Child’s General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons

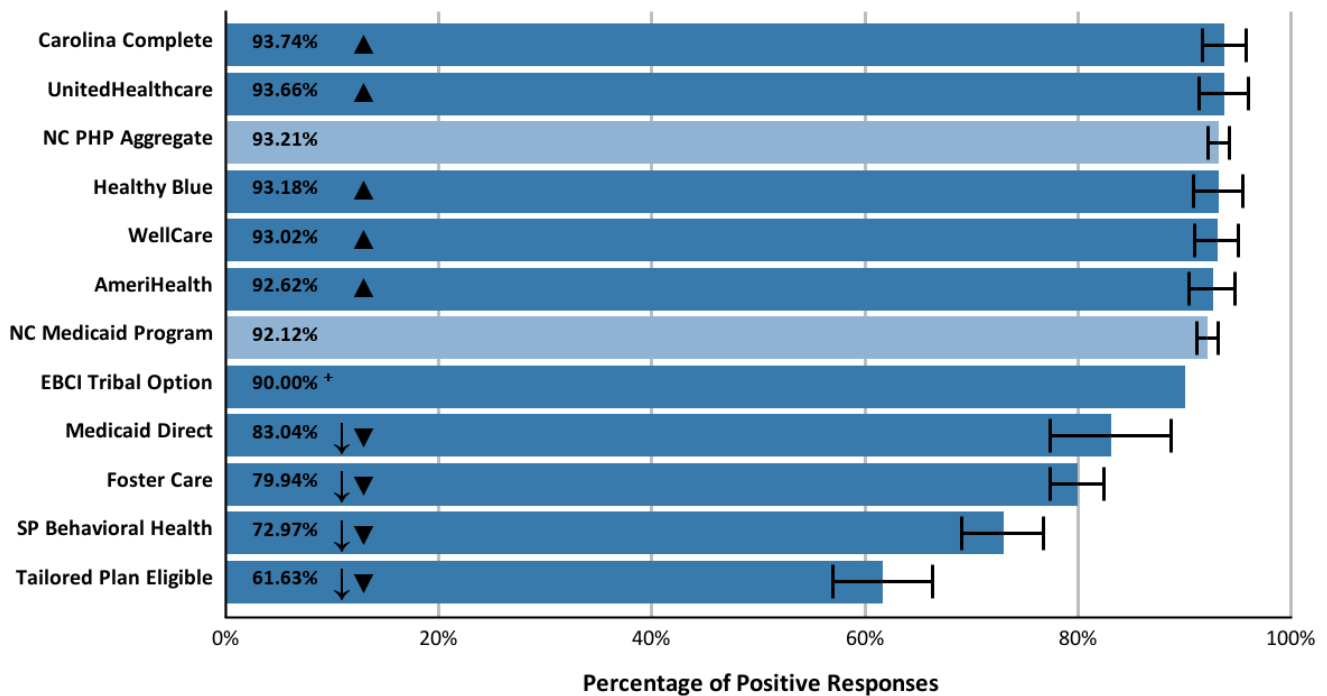


↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Mental or Emotional Health Status

The following PHP or population-specific rates were significantly *higher* compared to the NC Medicaid Program: Carolina Complete, UnitedHealthcare, Healthy Blue, WellCare, and AmeriHealth. The following PHP or population-specific rates were significantly *lower* compared to the NC Medicaid Program: Medicaid Direct, Foster Care, SP Behavioral Health, and Tailored Plan Eligible. Medicaid Direct, SP Behavioral Health, Tailored Plan Eligible, and Foster Care respondents reported significantly *lower* ratings of their child’s mental or emotional health compared to the NC PHP Aggregate.

Figure 4-2—Percentage of 2023 Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons



↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Aggregate Comparisons

For the Aggregate Comparisons analysis, scores were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.⁶⁷ For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 23. For more detailed information regarding the measure calculations, please refer to the Reader's Guide beginning on page 33.

The NC Medicaid Program and NC PHP Aggregate results were weighted based on the eligible populations included in each. HSAG compared the PHP and population-specific results to the NC Medicaid Program and NC PHP Aggregate to determine if the results were significantly different. In addition, HSAG compared the results to NCQA's Medicaid national averages. NCQA Quality Compass data for the Medicaid population were used for comparative purposes.⁶⁸ In some instances, the scores presented for two PHPs/populations were similar, but one was significantly different from the NC Medicaid Program, NC PHP Aggregate, or NCQA Medicaid national average and the other was not. In these instances, it was likely the difference in the number of respondents between the two that explains why one achieved significance and the other did not. It is more likely that a significant result will be found with a larger number of respondents. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any PHPs or populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different, which can often occur due to large sample variations in results.⁶⁹

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 36.

⁶⁷ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

⁶⁸ Medicaid health plans from the following states are reporting to NCQA for the child population: California, Florida, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, and Wisconsin.

⁶⁹ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 3, 2024.

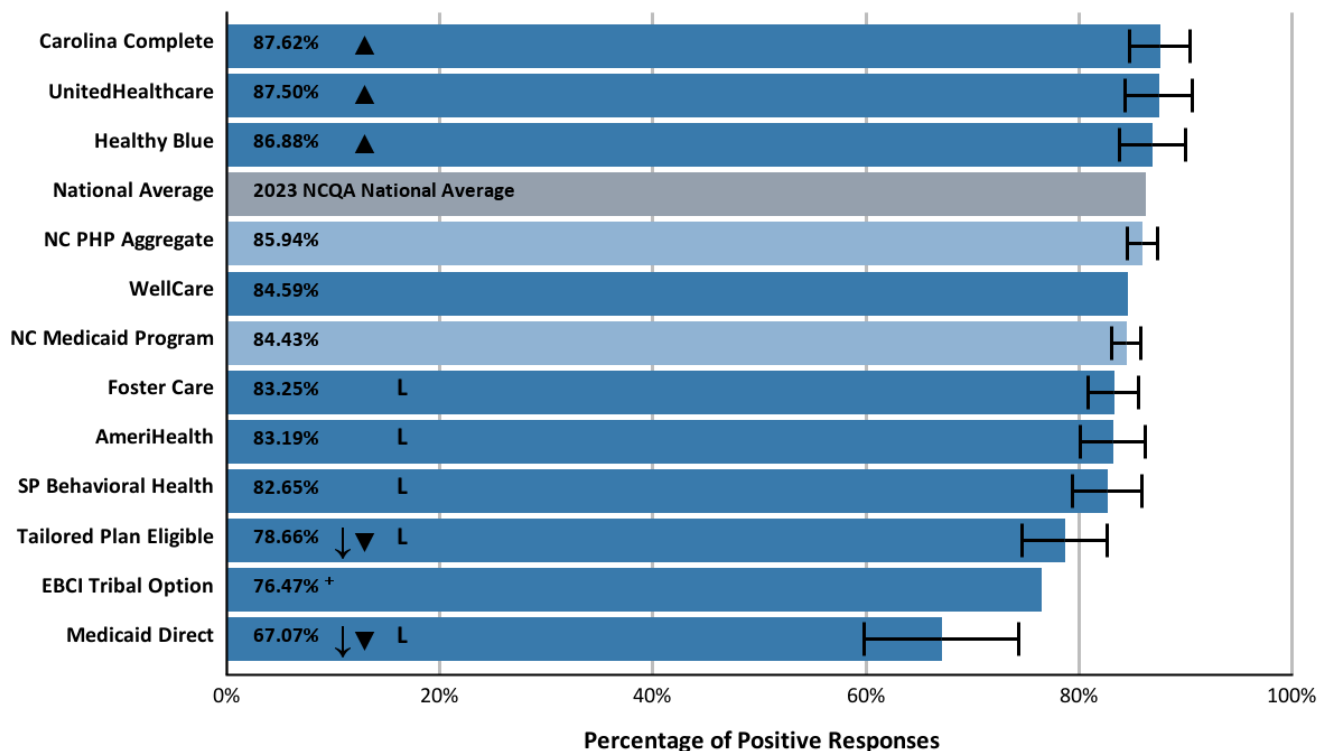
Global Ratings

Rating of Health Plan

Respondents were asked to rate their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-3 shows the *Rating of Health Plan* positive rating results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the NC Medicaid Program: Carolina Complete, UnitedHealthcare, and Healthy Blue. The following PHP or population-specific rates were significantly *lower* than the NC Medicaid Program and NC PHP Aggregate: Tailored Plan Eligible and Medicaid Direct. The following PHP or population-specific rates were significantly *lower* than the national average: Foster Care, AmeriHealth, SP Behavioral Health, Tailored Plan Eligible, and Medicaid Direct.

Figure 4-3—Percentage of 2023 Child Respondents Who Rate Their Child’s Health Plan Positively, by Program-Specific Populations, with National and Aggregate Comparisons



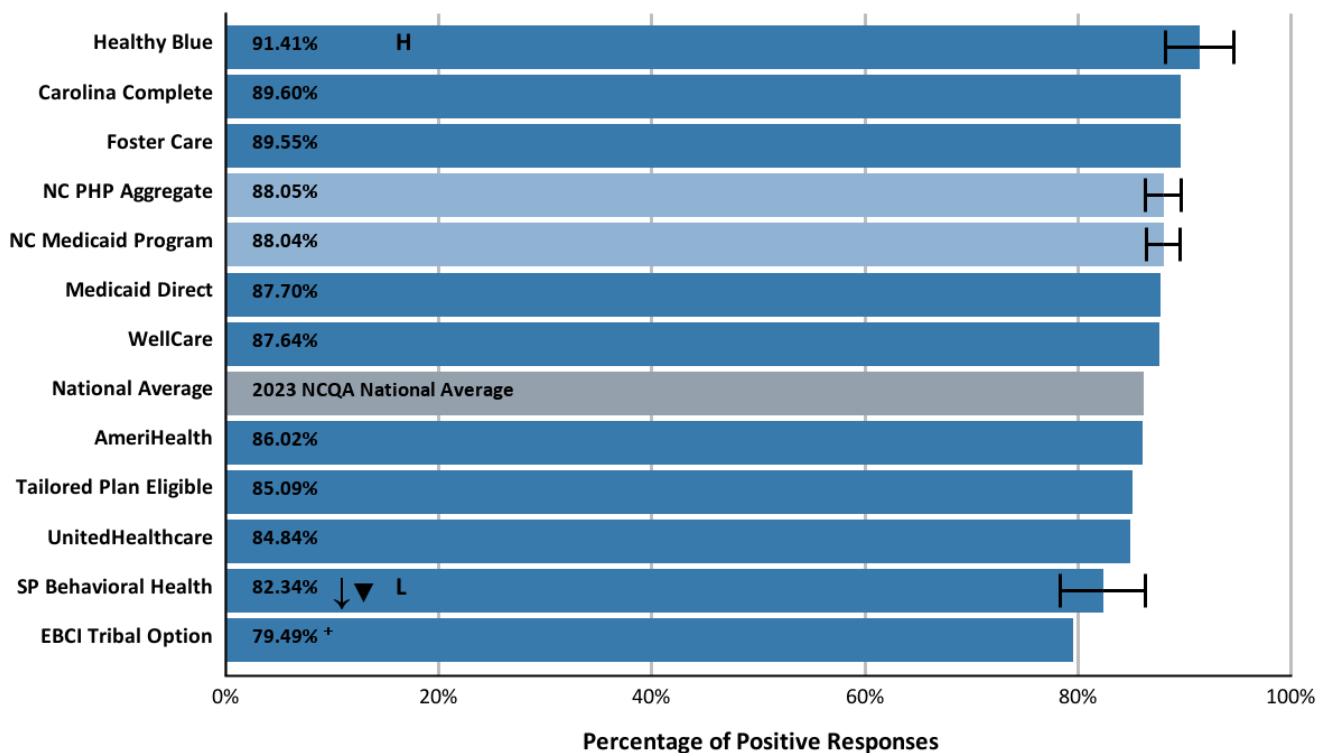
↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 L Indicates the score is significantly lower than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Rating of All Health Care

Respondents were asked to rate all their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-4 shows the *Rating of All Health Care* positive rating results for each PHP and population, with national and aggregate comparisons. The Healthy Blue rate was significantly *higher* than the national average. The SP Behavioral Health rate was significantly *lower* than the national average, NC Medicaid Program, and NC PHP Aggregate.

Figure 4-4—Percentage of 2023 Child Respondents Who Rate All Their Child’s Health Care Positively by Program-Specific Populations, with National and Aggregate Comparisons



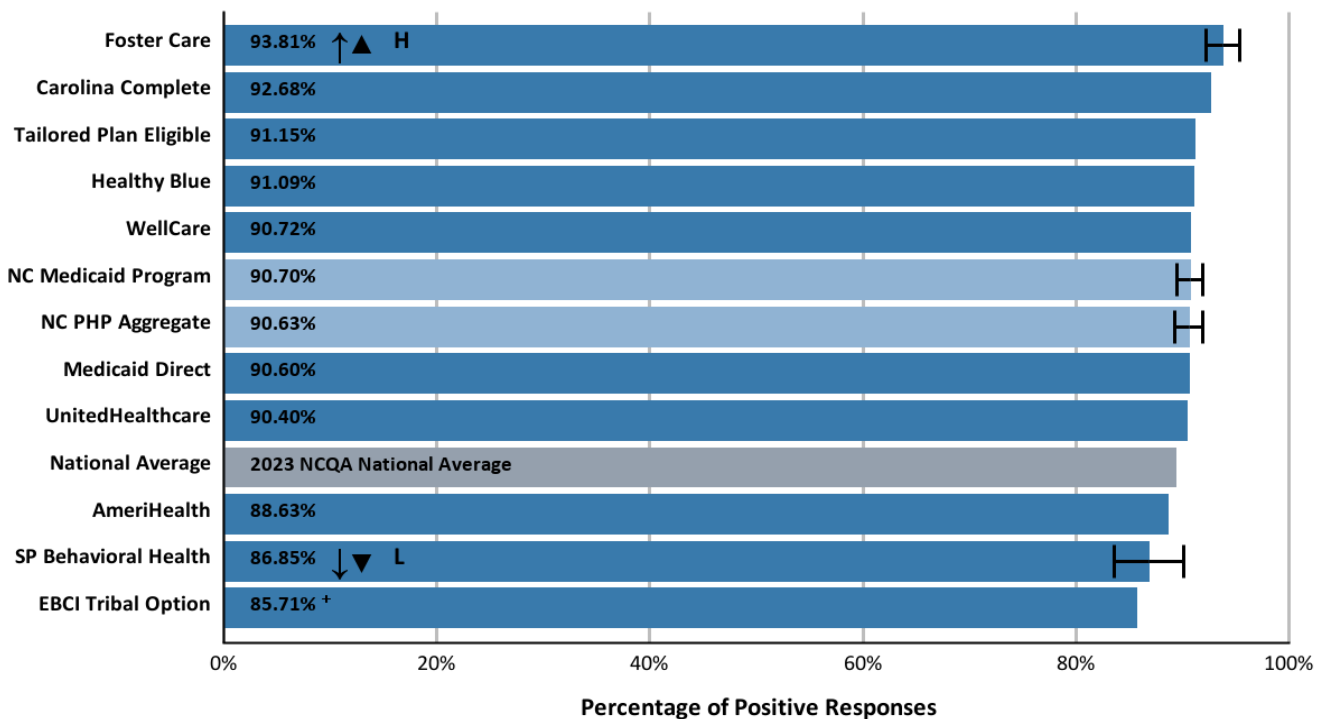
↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 L Indicates the score is significantly lower than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Respondents were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-5 shows the *Rating of Personal Doctor* positive rating results for each PHP and population, with national and aggregate comparisons. The Foster Care rate was significantly *higher* than the national average, NC PHP Aggregate, and NC Medicaid Program. The SP Behavioral Health rate was significantly *lower* than the national average, NC Medicaid Program, and NC PHP Aggregate.

Figure 4-5—Percentage of 2023 Child Respondents Who Rate Their Child’s Personal Doctor Positively by Program-Specific Populations, with National and Aggregate Comparisons



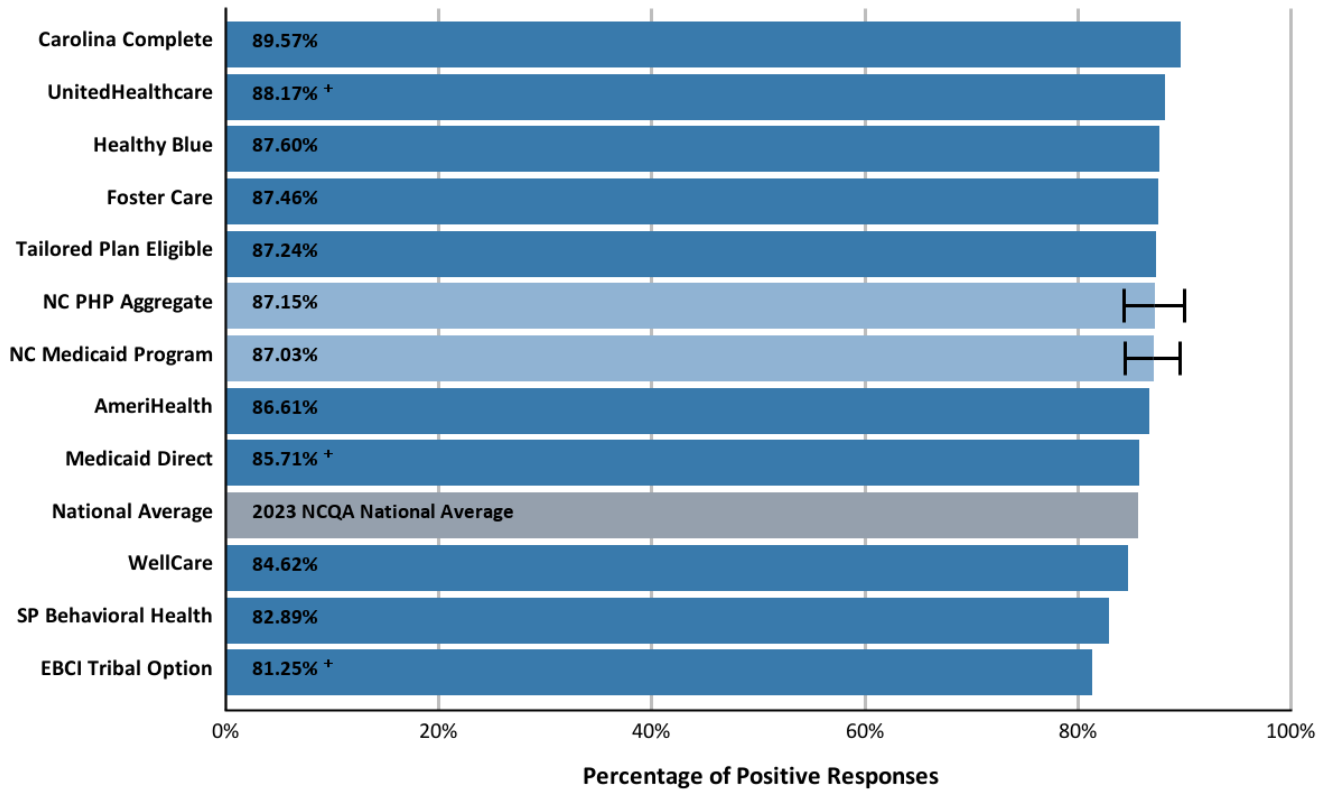
- ↑ Indicates the score is significantly higher than the NC PHP Aggregate.
- ↓ Indicates the score is significantly lower than the NC PHP Aggregate.
- ▲ Indicates the score is significantly higher than the NC Medicaid Program.
- ▼ Indicates the score is significantly lower than the NC Medicaid Program.
- | | Indicates the 95% confidence interval of the score.
- H Indicates the score is significantly higher than the NCQA national average.
- L Indicates the score is significantly lower than the NCQA national average.
- + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-6 shows the *Rating of Specialist Seen Most Often* positive rating results for each PHP and population, with national and aggregate comparisons. None of the PHP or population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

Figure 4-6—Percentage of 2023 Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively by Program-Specific Populations, with National and Aggregate Comparisons



|—| Indicates the 95% confidence interval of the score.

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

Composite Measures

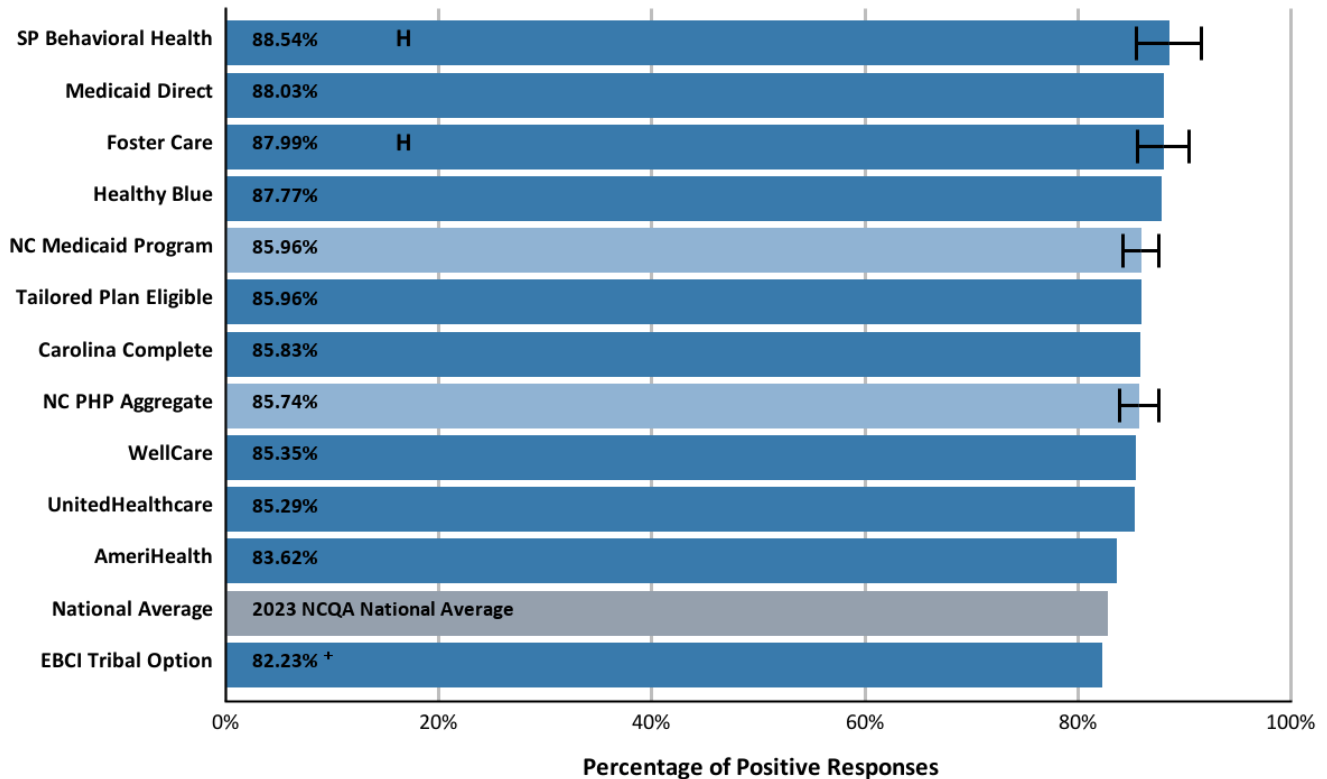
Getting Needed Care

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get needed care for their child:

- In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Responses of usually and always are considered positive ratings. Figure 4-7 shows the *Getting Needed Care* positive rating results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the national average: SP Behavioral Health and Foster Care. None of the PHPs or program-specific populations were significantly different than the NC Medicaid Program and NC PHP Aggregate.

Figure 4-7—Percentage of 2023 Child Respondents Who Usually or Always Got Care They Needed for Their Child by Program-Specific Populations, with National and Aggregate Comparisons



|—| Indicates the 95% confidence interval of the score.

H Indicates the score is significantly higher than the NCQA national average.

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

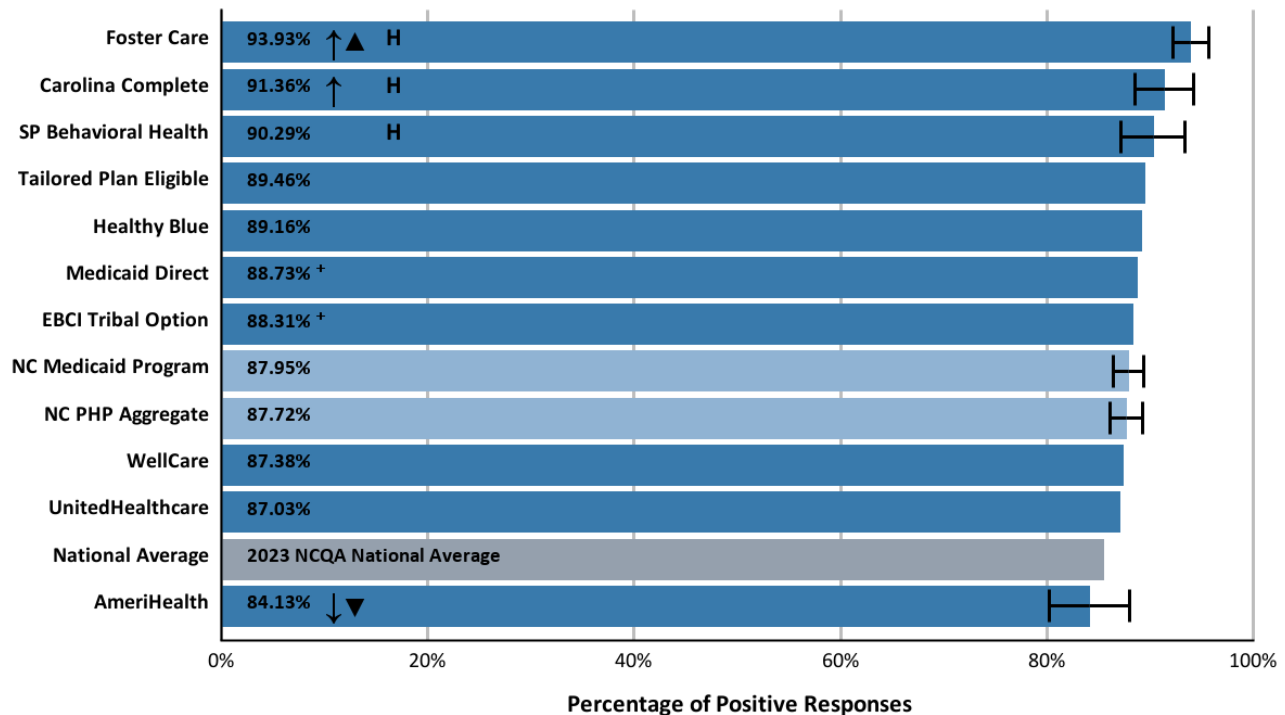
Getting Care Quickly

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get care quickly for their child:

- In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?

Responses of usually and always are considered positive ratings. Figure 4-8 shows the *Getting Care Quickly* positive rating results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the national average: Foster Care, Carolina Complete, and SP Behavioral Health. The Foster Care rate was significantly *higher* than the NC PHP Aggregate and NC Medicaid Program, whereas the Carolina Complete rate was significantly *higher* than the NC PHP Aggregate. The AmeriHealth rate was significantly *lower* than the NC Medicaid Program and NC PHP Aggregate.

Figure 4-8—Percentage of 2023 Child Respondents Who Usually or Always Got Care Quickly for Their Child by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

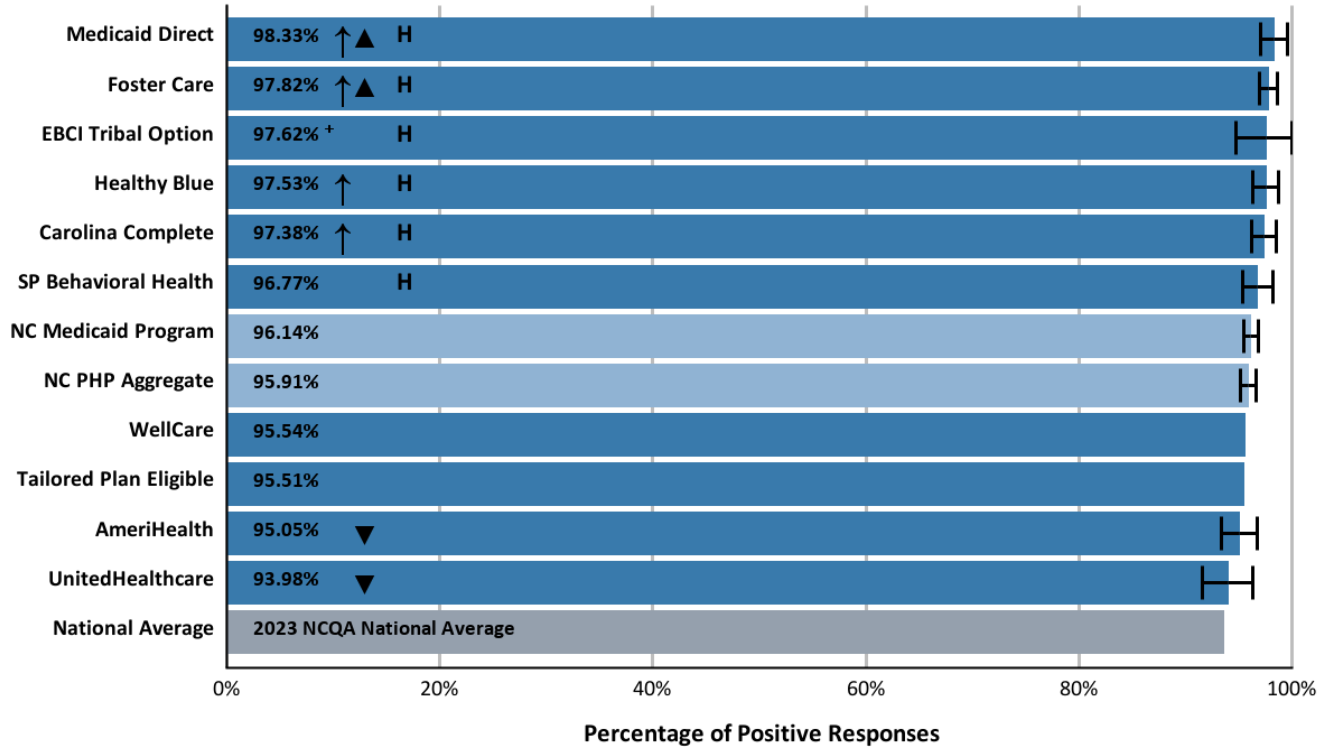
How Well Doctors Communicate

Four questions were asked to assess how often (never, sometimes, usually, or always) the child's personal doctor communicated well with the respondent:

- In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
- In the last 6 months, how often did your child's personal doctor listen carefully to you?
- In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- In the last 6 months, how often did your child's personal doctor spend enough time with your child?

Responses of usually and always are considered positive ratings. Figure 4-9 shows the *How Well Doctors Communicate* positive rating results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the national average: Medicaid Direct, Foster Care, EBCI Tribal Option, Healthy Blue, Carolina Complete, and SP Behavioral Health. The following PHP or population-specific rates were significantly *higher* than the NC Medicaid Program: Medicaid Direct and Foster Care. The following PHP or population-specific rates were significantly *higher* than the NC PHP Aggregate: Medicaid Direct, Foster Care, Healthy Blue, and Carolina Complete. The following PHP or population-specific rates were significantly *lower* than the NC Medicaid Program: AmeriHealth and UnitedHealthcare.

Figure 4-9—Percentage of 2023 Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well With Them by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

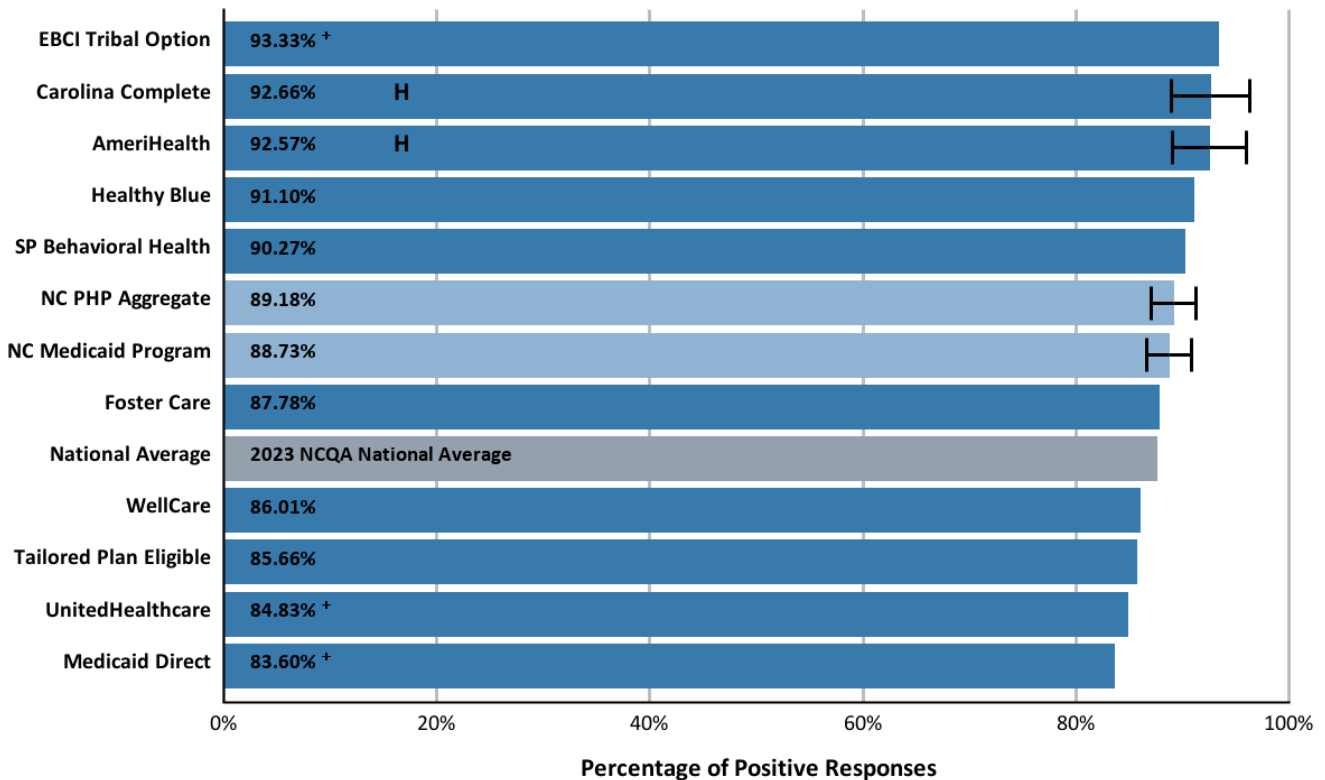
Customer Service

Two questions were asked to assess how often (never, sometimes, usually, or always) respondents had a positive experience with their child’s health plan’s customer service:

- In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?
- In the last 6 months, how often did customer service staff at your child’s health plan treat you with courtesy and respect?

Responses of usually and always are considered positive ratings. Figure 4-10 shows the *Customer Service* positive rating results for each PHP and population, with national and aggregate comparisons. The following PHP or population-specific rates were significantly *higher* than the national average: Carolina Complete and AmeriHealth. None of the PHPs or program-specific populations were significantly different than the NC Medicaid Program and NC PHP Aggregate.

Figure 4-10—Percentage of 2023 Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service by Program-Specific Populations, with National and Aggregate Comparisons



-| Indicates the 95% confidence interval of the score.
H Indicates the score is significantly higher than the NCQA national average.
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Individual Item Measure

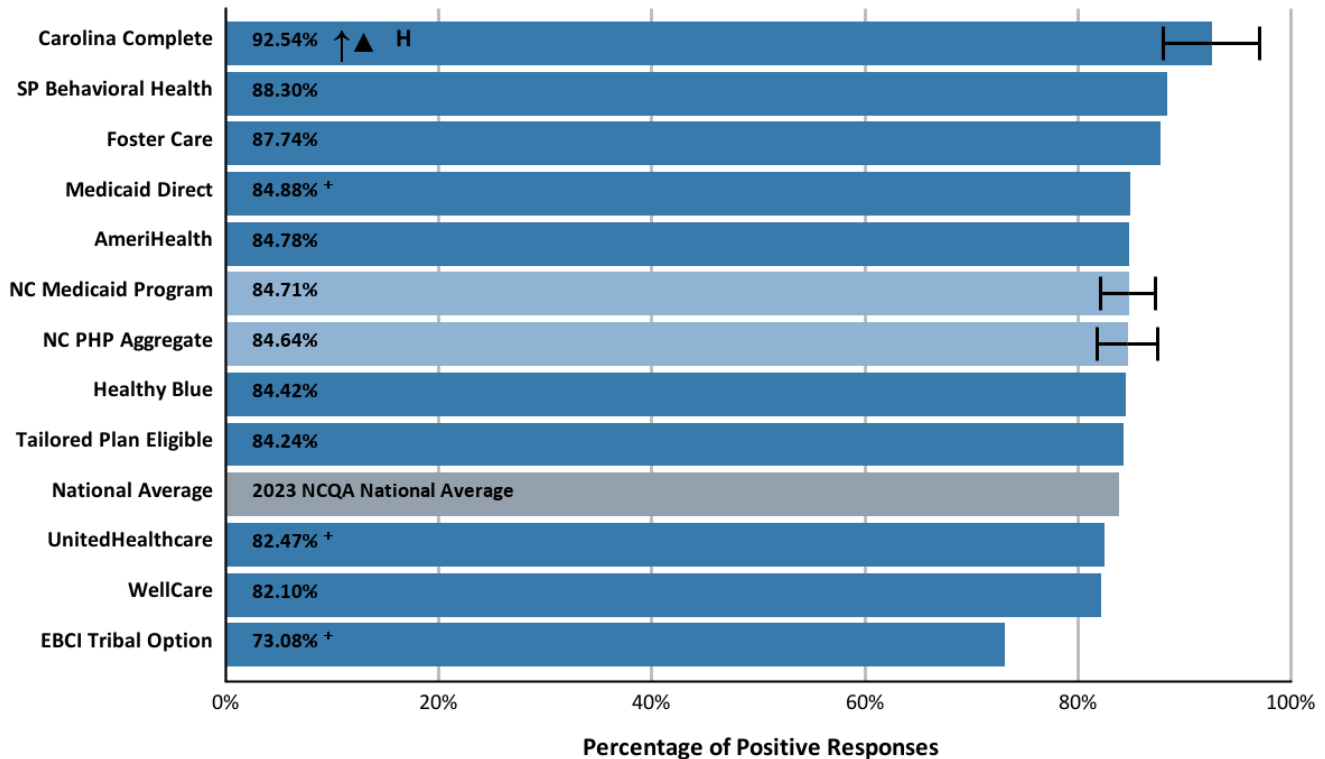
Coordination of Care

One question was asked to assess how often (never, sometimes, usually, or always) the child’s personal doctor seemed informed and up-to-date:

- In the last 6 months, how often did your child’s personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

Responses of usually and always are considered positive ratings. Figure 4-11 shows the *Coordination of Care* positive rating results for each PHP and population, with national and aggregate comparisons. The Carolina Complete rate was significantly *higher* than the national average, NC Medicaid Program, and NC PHP Aggregate.

Figure 4-11—Percentage of 2023 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers by Program-Specific Populations, with National and Aggregate Comparisons



↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 |-| Indicates the 95% confidence interval of the score.
 H Indicates the score is significantly higher than the NCQA national average.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Trend Analysis

The 2023 scores were compared to the 2022 scores to determine whether there were statistically significant differences.^{70,71} Statistically significant results are noted with triangles (▲ or ▼). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. Additionally, caution should be used when evaluating differences between 2022 and 2023 scores as the survey instrument used between 2022 and 2023 changed (i.e., moved from the CAHPS 5.1 Child Health Plan Survey with the CCC measurement set to the CAHPS 5.1 Child Health Plan Survey without the CCC measurement set). For more detailed information regarding this analysis, please refer to the Reader's Guide section beginning on page 37.

For each measure, HSAG included a trend chart that displays pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) measure results for the NC Medicaid Program and nation. CAHPS was not fielded in 2020 due to the public health emergency.

⁷⁰ HSAG recalculated the 2022 top-box scores to report scores out to two decimal places. Therefore, the 2022 results in this report will not match the previous report.

⁷¹ The Foster Care population was surveyed for the first time in 2023; therefore, this population was not analyzed.

Overall Health Characteristics

General Health Status

Table 4-5 shows the trend results for parent/caretaker respondents who reported their child’s general health status as Excellent, Very Good, or Good for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Medicaid Direct 2023 rate was significantly *lower* than the 2022 rate, whereas the Tailored Plan Eligible 2023 rate was significantly *higher* than the 2022 rate.

Table 4-5—Percentage of Child Respondents Who Rate Their Child’s General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	96.41%	95.58%	∅
NC PHP Aggregate	96.87%	96.73%	∅
AmeriHealth	97.20%	96.86%	∅
Carolina Complete	96.15%	97.19%	∅
Healthy Blue	97.33%	97.23%	∅
UnitedHealthcare	97.06%	97.20%	∅
WellCare	96.30%	95.31%	∅
SP Behavioral Health	92.27%	92.34%	∅
EBCI Tribal Option	98.81% ⁺	92.86% ⁺	∅
Medicaid Direct	92.06%	81.76%	▼
Tailored Plan Eligible	81.22%	90.45%	▲
Foster Care	—	96.24%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.

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

▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*

▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*

∅ *Indicates the 2023 score is not statistically significantly different than the 2022 score.*

— *Indicates the 2022 score is not available.*

NA *Indicates the trend analysis could not be performed because there was no prior year’s data available.*

Mental or Emotional Health Status

Table 4-6 shows trend results for the parent/caretaker respondents who reported their child’s mental or emotional health status as Excellent, Very Good, or Good for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The AmeriHealth 2023 rate was significantly *lower* than the 2022 rate, whereas the Healthy Blue 2023 rate was significantly *higher* than the 2022 rate.

Table 4-6—Percentage of Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	89.81%	92.12%	∅
NC PHP Aggregate	91.02%	93.21%	∅
AmeriHealth	97.14%	92.62%	▼
Carolina Complete	93.80%	93.74%	∅
Healthy Blue	86.67%	93.18%	▲
UnitedHealthcare	90.51%	93.66%	∅
WellCare	89.81%	93.02%	∅
SP Behavioral Health	77.35%	72.97%	∅
EBCI Tribal Option	92.86% ⁺	90.00% ⁺	∅
Medicaid Direct	78.50%	83.04%	∅
Tailored Plan Eligible	62.78%	61.63%	∅
Foster Care	—	79.94%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.

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

▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.

▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

— Indicates the 2022 score is not available.

NA Indicates the trend analysis could not be performed because there was no prior year’s data available.

Global Ratings

Rating of Health Plan

Table 4-7 shows the *Rating of Health Plan* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Medicaid Direct 2023 rate was significantly lower than the 2022 rate.

Table 4-7—Percentage of Child Respondents Who Rate Their Child’s Health Plan Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	83.49%	84.43%	∅
NC PHP Aggregate	84.09%	85.94%	∅
AmeriHealth	85.71%	83.19%	∅
Carolina Complete	83.59%	87.62%	∅
Healthy Blue	82.00%	86.88%	∅
UnitedHealthcare	84.85%	87.50%	∅
WellCare	84.76%	84.59%	∅
SP Behavioral Health	80.90%	82.65%	∅
EBCI Tribal Option	79.27% ⁺	76.47% ⁺	∅
Medicaid Direct	77.99%	67.07%	▼
Tailored Plan Eligible	80.68%	78.66%	∅
Foster Care	—	83.25%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.

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

▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

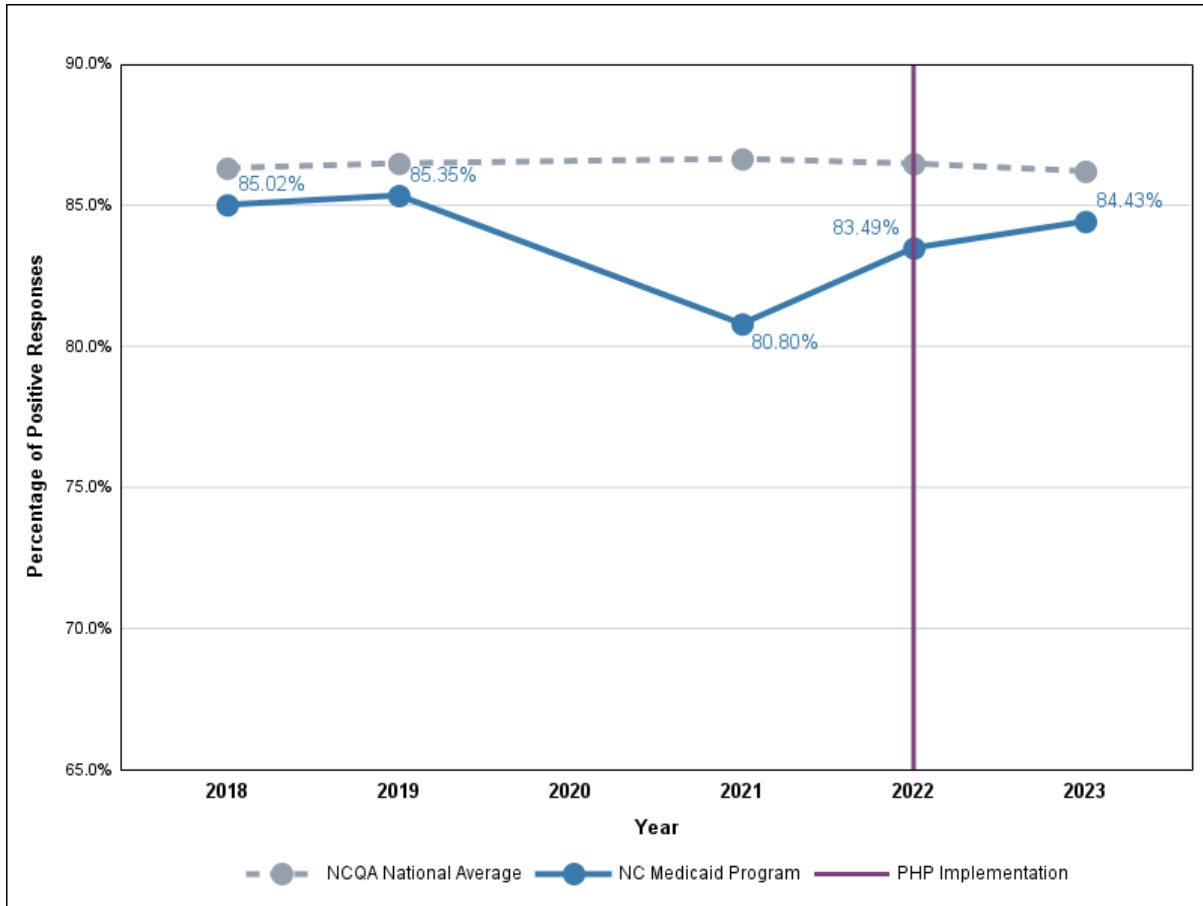
∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

— Indicates the 2022 score is not available.

NA Indicates the trend analysis could not be performed because there was no prior year’s data available.

Figure 4-12 shows the *Rating of Health Plan* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-12—Percentage of Child Respondents Who Rate Their Child’s Health Plan Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Rating of All Health Care

Table 4-8 shows the *Rating of All Health Care* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

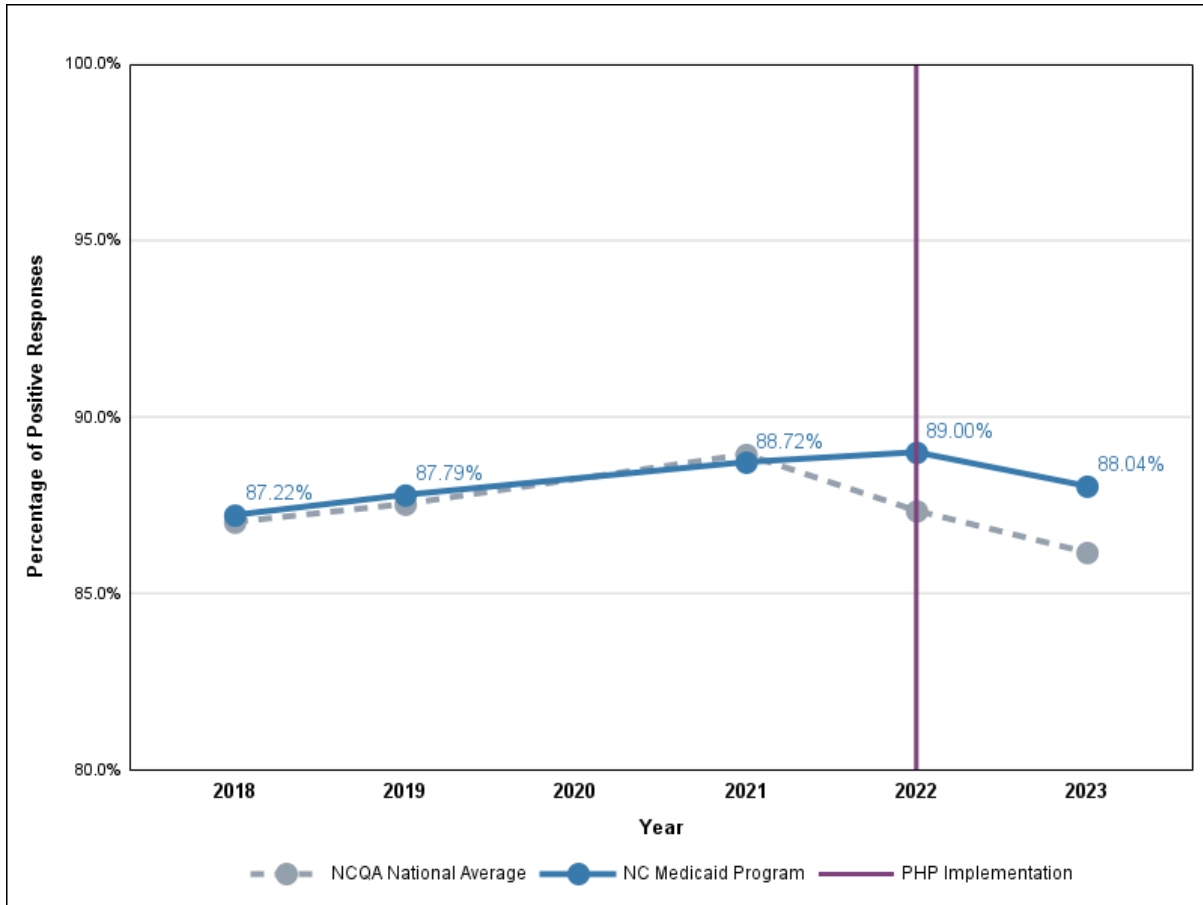
Table 4-8—Percentage of Child Respondents Who Rate All Their Child’s Health Care Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	89.00%	88.04%	∅
NC PHP Aggregate	88.83%	88.05%	∅
AmeriHealth	89.83% ⁺	86.02%	∅
Carolina Complete	86.96% ⁺	89.60%	∅
Healthy Blue	88.89% ⁺	91.41%	∅
UnitedHealthcare	86.84% ⁺	84.84%	∅
WellCare	91.04% ⁺	87.64%	∅
SP Behavioral Health	87.39%	82.34%	∅
EBCI Tribal Option	81.97% ⁺	79.49% ⁺	∅
Medicaid Direct	90.80%	87.70%	∅
Tailored Plan Eligible	81.34%	85.09%	∅
Foster Care	—	89.55%	NA

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.
 — Indicates the 2022 score is not available.
 NA Indicates the trend analysis could not be performed because there was no prior year’s data available.

Figure 4-13 shows the *Rating of All Health Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-13—Percentage of Child Respondents Who Rate All Their Child’s Health Care Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Rating of Personal Doctor

Table 4-9 shows the *Rating of Personal Doctor* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Carolina Complete 2023 rate was significantly *higher* than the 2022 rate.

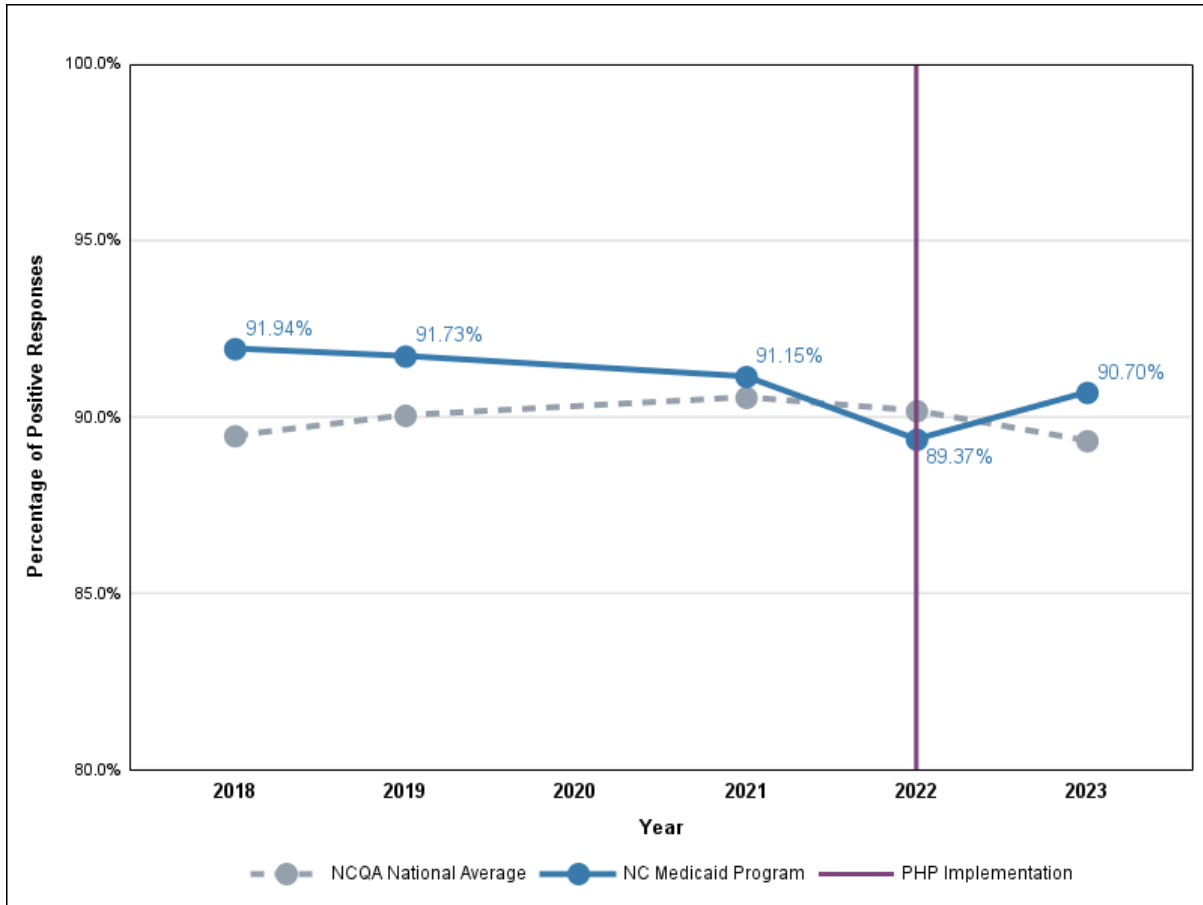
Table 4-9—Percentage of Child Respondents Who Rate Their Child’s Personal Doctor Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	89.37%	90.70%	∅
NC PHP Aggregate	89.20%	90.63%	∅
AmeriHealth	88.10% ⁺	88.63%	∅
Carolina Complete	84.85% ⁺	92.68%	▲
Healthy Blue	90.40%	91.09%	∅
UnitedHealthcare	92.31%	90.40%	∅
WellCare	88.24% ⁺	90.72%	∅
SP Behavioral Health	85.33%	86.85%	∅
EBCI Tribal Option	80.28% ⁺	85.71% ⁺	∅
Medicaid Direct	91.15%	90.60%	∅
Tailored Plan Eligible	90.32%	91.15%	∅
Foster Care	—	93.81%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.
⁺ *Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
∅ *Indicates the 2023 score is not statistically significantly different than the 2022 score.*
— *Indicates the 2022 score is not available.*
NA *Indicates the trend analysis could not be performed because there was no prior year’s data available.*

Figure 4-14 shows the *Rating of Personal Doctor* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-14—Percentage of Child Respondents Who Rate Their Child’s Personal Doctor Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Rating of Specialist Seen Most Often

Table 4-10 shows the *Rating of Specialist Seen Most Often* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

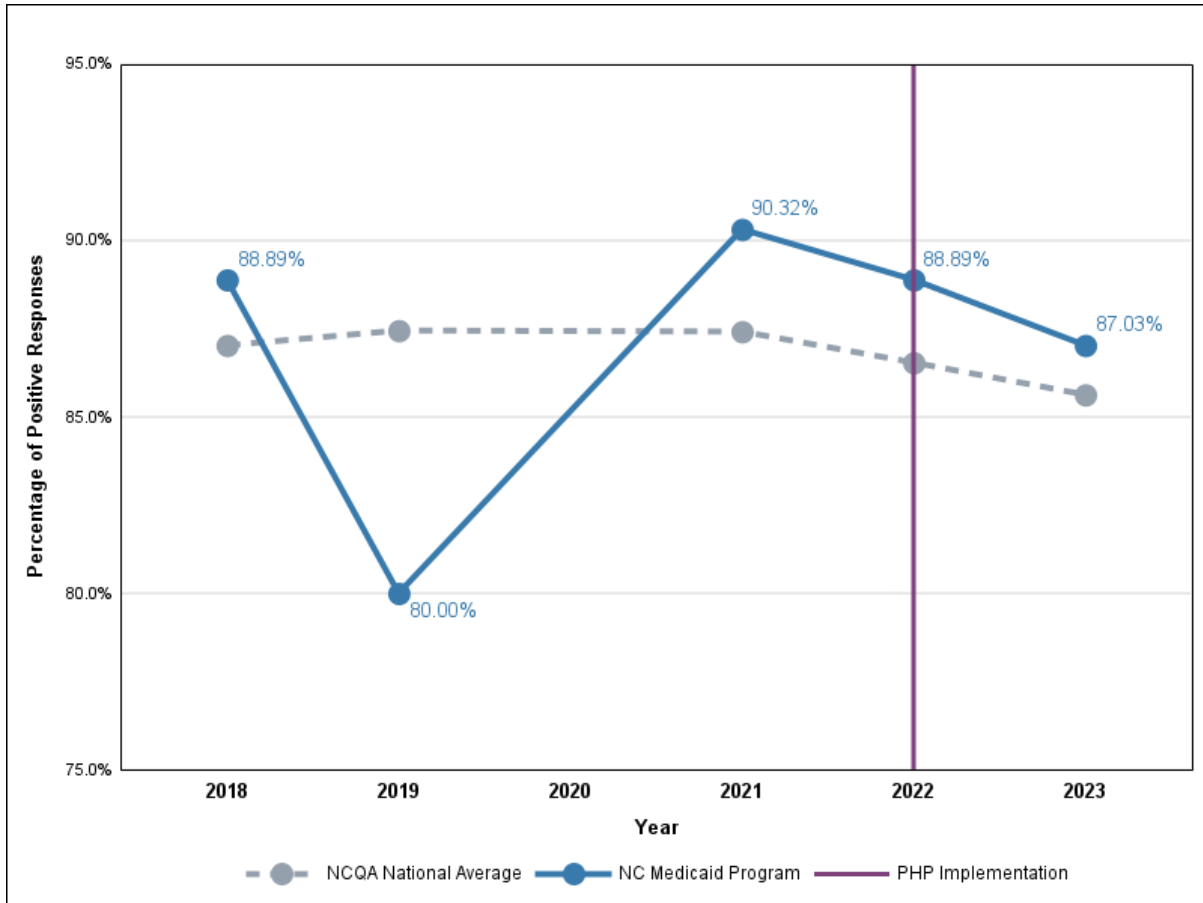
Table 4-10—Percentage of Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	88.89%	87.03%	∅
NC PHP Aggregate	88.90%	87.15%	∅
AmeriHealth	92.86% ⁺	86.61%	∅
Carolina Complete	84.00% ⁺	89.57%	∅
Healthy Blue	90.48% ⁺	87.60%	∅
UnitedHealthcare	90.48% ⁺	88.17% ⁺	∅
WellCare	85.00% ⁺	84.62%	∅
SP Behavioral Health	78.69% ⁺	82.89%	∅
EBCI Tribal Option	100.00% ⁺	81.25% ⁺	∅
Medicaid Direct	88.54% ⁺	85.71% ⁺	∅
Tailored Plan Eligible	89.87% ⁺	87.24%	∅
Foster Care	—	87.46%	NA

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.
 — Indicates the 2022 score is not available.
 NA Indicates the trend analysis could not be performed because there was no prior year's data available.

Figure 4-15 shows the *Rating of Specialist Seen Most Often* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-15—Percentage of Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Composite Measures

Getting Needed Care

Table 4-11 shows the *Getting Needed Care* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The AmeriHealth 2023 rate was significantly *higher* than the 2022 rate, whereas the EBCI Tribal Option 2023 rate was significantly *lower* than the 2022 rate.

Table 4-11—Percentage of Child Respondents Who Usually or Always Got Care They Needed for Their Child by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	83.62%	85.96%	∅
NC PHP Aggregate	82.76%	85.74%	∅
AmeriHealth	68.44% ⁺	83.62%	▲
Carolina Complete	78.75% ⁺	85.83%	∅
Healthy Blue	85.03% ⁺	87.77%	∅
UnitedHealthcare	88.38% ⁺	85.29%	∅
WellCare	89.13% ⁺	85.35%	∅
SP Behavioral Health	83.62% ⁺	88.54%	∅
EBCI Tribal Option	95.90% ⁺	82.23% ⁺	▼
Medicaid Direct	91.39%	88.03%	∅
Tailored Plan Eligible	81.83%	85.96%	∅
Foster Care	—	87.99%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.

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

▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.

▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

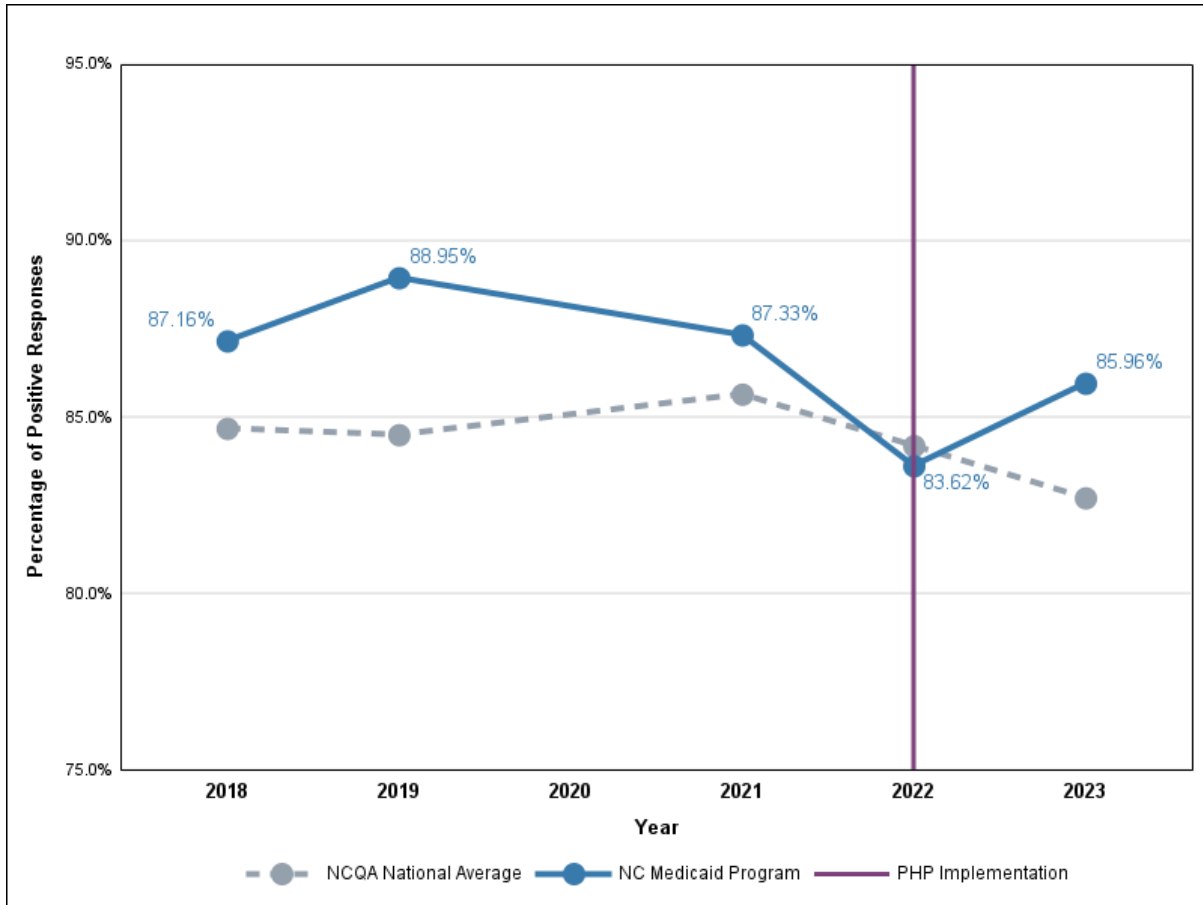
∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.

— Indicates the 2022 score is not available.

NA Indicates the trend analysis could not be performed because there was no prior year's data available.

Figure 4-16 shows the *Getting Needed Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-16—Percentage of Child Respondents Who Usually or Always Got Care They Needed for Their Child for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Getting Care Quickly

Table 4-12 shows the *Getting Care Quickly* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2023 than in 2022.

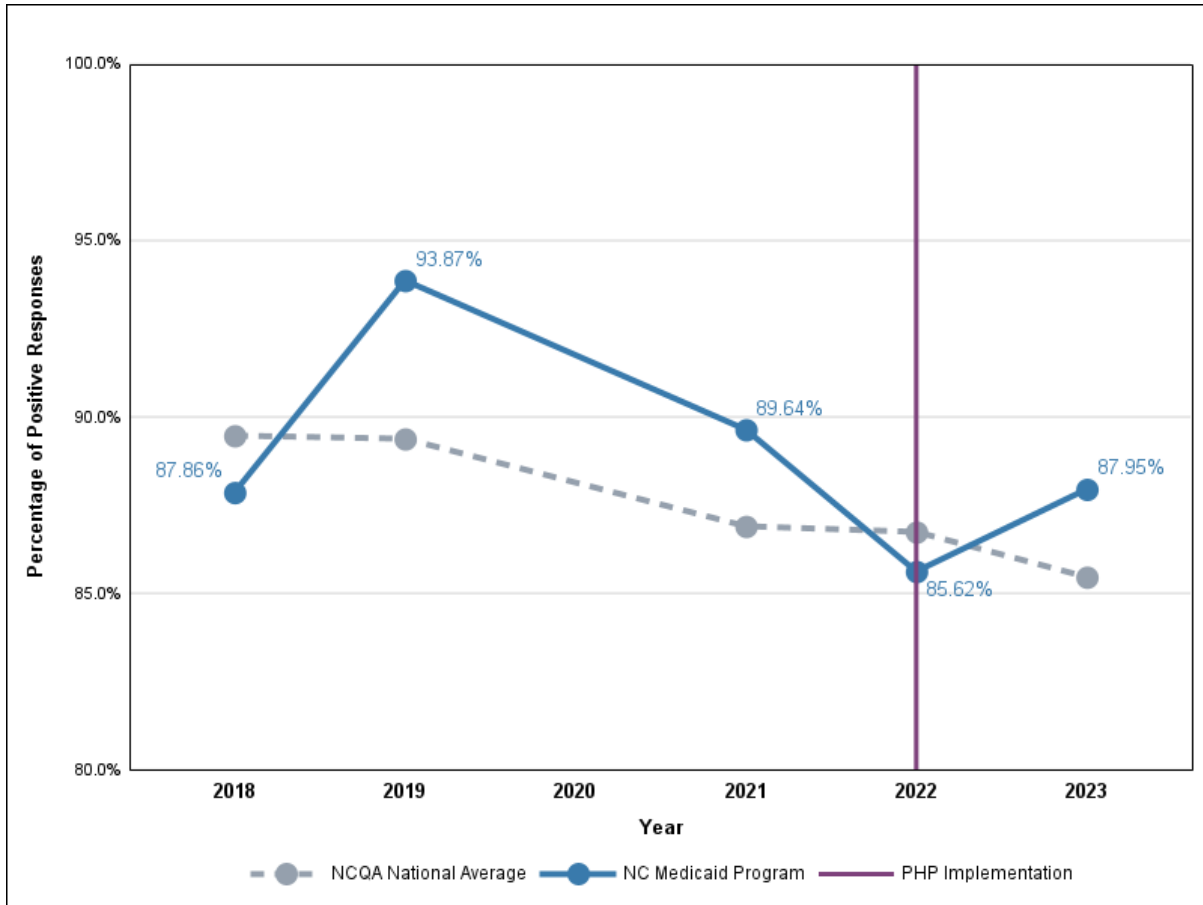
Table 4-12—Percentage of Child Respondents Who Usually or Always Got Care Quickly for Their Child by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	85.62%	87.95%	∅
NC PHP Aggregate	85.10%	87.72%	∅
AmeriHealth	82.00% ⁺	84.13%	∅
Carolina Complete	85.12% ⁺	91.36%	∅
Healthy Blue	91.67% ⁺	89.16%	∅
UnitedHealthcare	80.67% ⁺	87.03%	∅
WellCare	84.26% ⁺	87.38%	∅
SP Behavioral Health	86.87% ⁺	90.29%	∅
EBCI Tribal Option	90.00% ⁺	88.31% ⁺	∅
Medicaid Direct	90.37%	88.73% ⁺	∅
Tailored Plan Eligible	88.86% ⁺	89.46%	∅
Foster Care	—	93.93%	NA

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.
 — Indicates the 2022 score is not available.
 NA Indicates the trend analysis could not be performed because there was no prior year's data available.

Figure 4-17 shows the *Getting Care Quickly* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-17—Percentage of Child Respondents Who Usually or Always Got Care Quickly for Their Child for NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



How Well Doctors Communicate

Table 4-13 shows the *How Well Doctors Communicate* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The NC Medicaid Program, NC PHP Aggregate, Healthy Blue, and SP Behavioral Health 2023 rates were significantly *higher* than the 2022 rates.

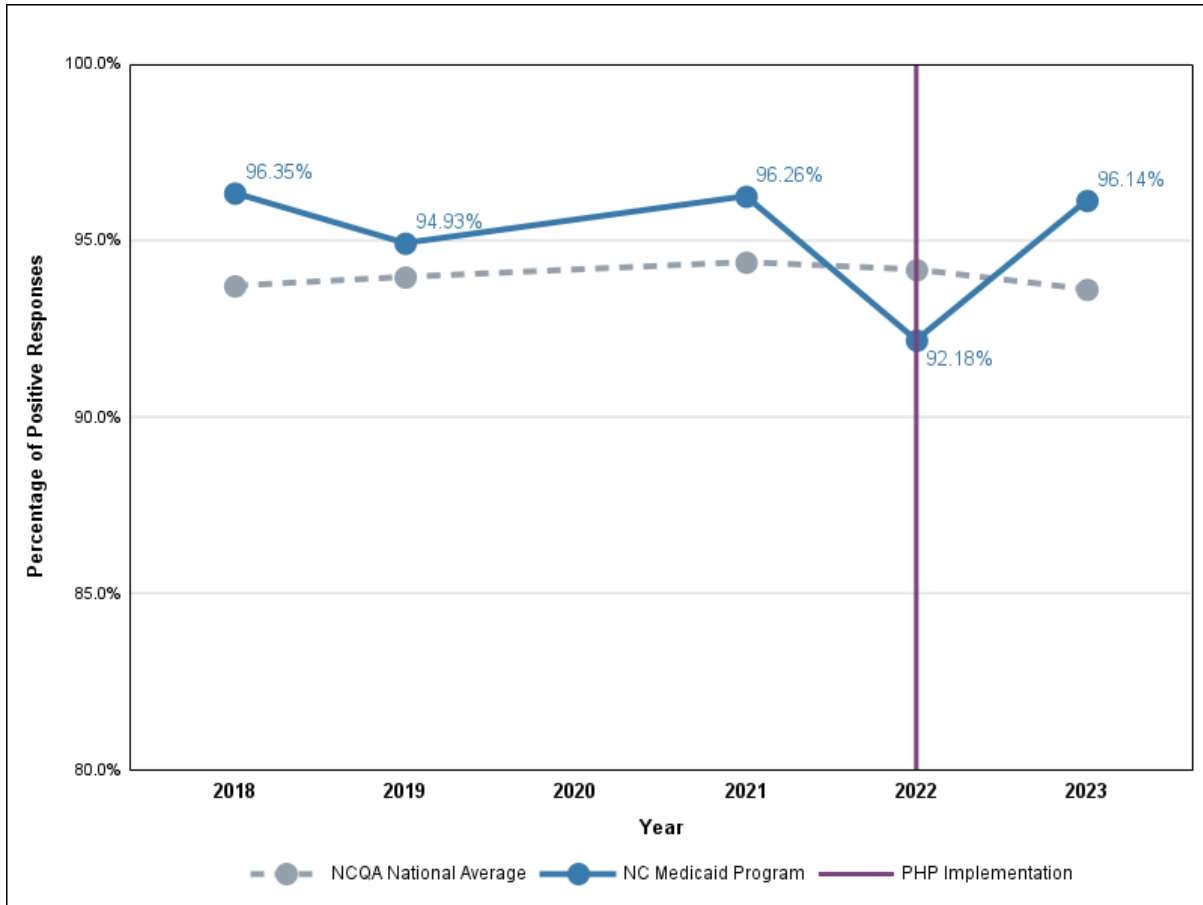
Table 4-13—Percentage of Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well With Them by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	92.18%	96.14%	▲
NC PHP Aggregate	91.68%	95.91%	▲
AmeriHealth	88.96% ⁺	95.05%	∅
Carolina Complete	93.66% ⁺	97.38%	∅
Healthy Blue	92.08% ⁺	97.53%	▲
UnitedHealthcare	92.90% ⁺	93.98%	∅
WellCare	91.09% ⁺	95.54%	∅
SP Behavioral Health	91.57%	96.77%	▲
EBCI Tribal Option	93.93% ⁺	97.62% ⁺	∅
Medicaid Direct	96.74%	98.33%	∅
Tailored Plan Eligible	91.15%	95.51%	∅
Foster Care	—	97.82%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.
— Indicates the 2022 score is not available.
NA Indicates the trend analysis could not be performed because there was no prior year’s data available.

Figure 4-18 shows the *How Well Doctors Communicate* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-18—Percentage of Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well With Them for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Customer Service

Table 4-14 shows the *Customer Service* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The NC Medicaid Program, NC PHP Aggregate, and AmeriHealth 2023 rates were significantly *higher* than the 2022 rates.

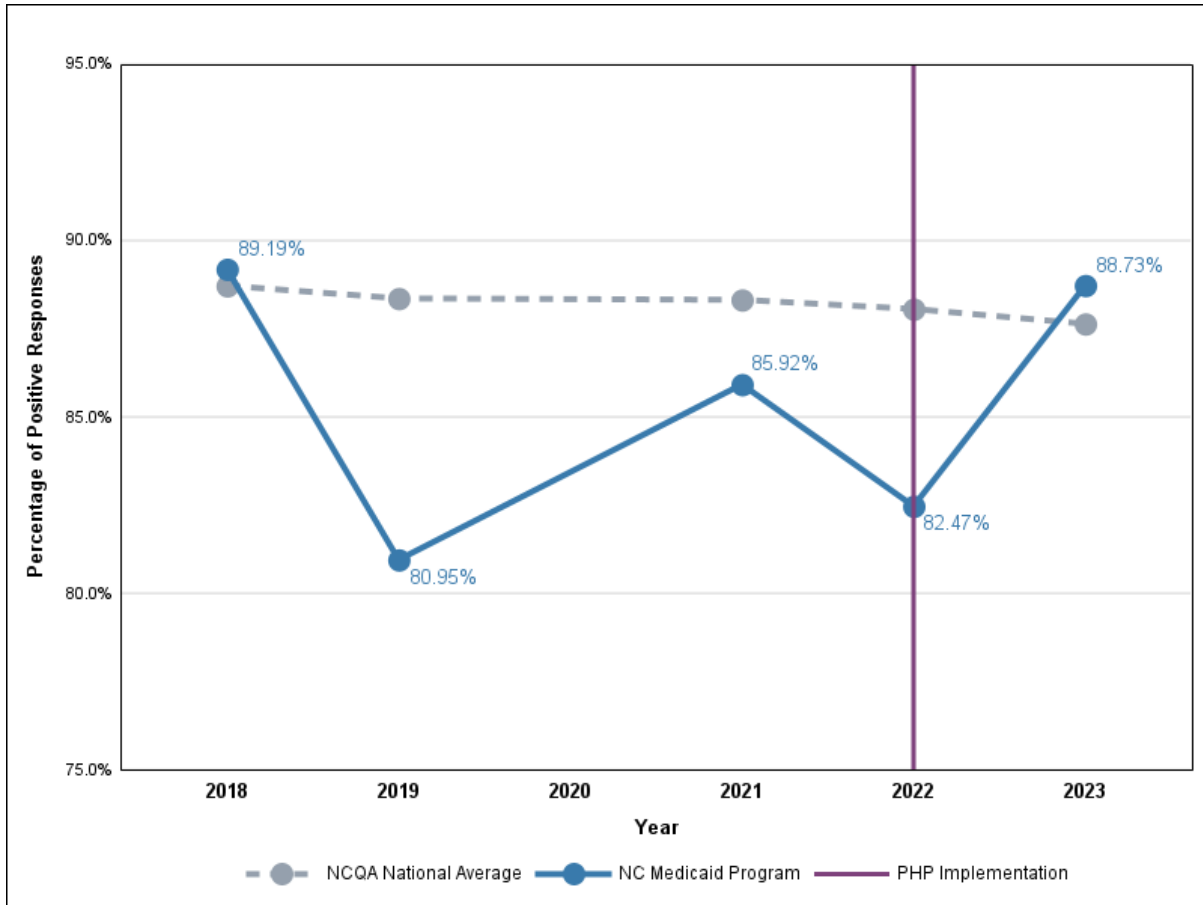
Table 4-14—Percentage of Child Respondents Who Usually or Always Had a Positive Experience with Their Child’s Health Plan’s Customer Service by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	82.47%	88.73%	▲
NC PHP Aggregate	81.96%	89.18%	▲
AmeriHealth	70.59% ⁺	92.57%	▲
Carolina Complete	81.67% ⁺	92.66%	∅
Healthy Blue	83.73% ⁺	91.10%	∅
UnitedHealthcare	87.30% ⁺	84.83% ⁺	∅
WellCare	84.38% ⁺	86.01%	∅
SP Behavioral Health	86.99% ⁺	90.27%	∅
EBCI Tribal Option	92.00% ⁺	93.33% ⁺	∅
Medicaid Direct	87.06% ⁺	83.60% ⁺	∅
Tailored Plan Eligible	86.25% ⁺	85.66%	∅
Foster Care	—	87.78%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.
⁺ *Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
∅ *Indicates the 2023 score is not statistically significantly different than the 2022 score.*
— *Indicates the 2022 score is not available.*
NA *Indicates the trend analysis could not be performed because there was no prior year’s data available.*

Figure 4-19 shows the *Customer Service* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-19—Percentage of Child Respondents Who Usually or Always Had a Positive Experience with Their Child’s Health Plan’s Customer Service for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



Individual Item Measure

Coordination of Care

Table 4-15 shows the *Coordination of Care* positive rating trend results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The SP Behavioral Health 2023 rate was significantly *higher* than the 2022 rate.

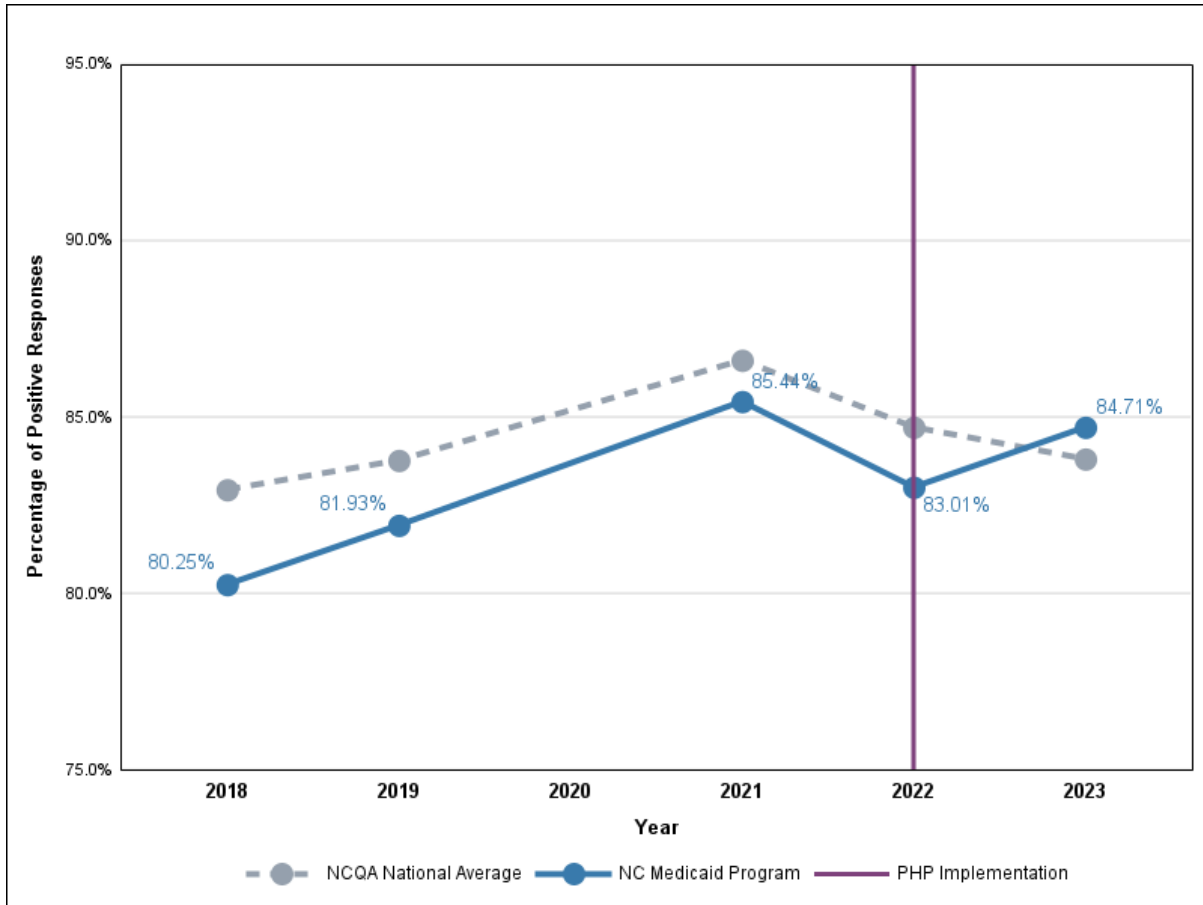
Table 4-15—Percentage of Child Respondents Whose Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers by Program-Specific Populations, with Trend Analysis (2022, 2023)

PHP/Population	2022	2023	Trend Results (2023 Compared to 2022)
NC Medicaid Program	83.01%	84.71%	∅
NC PHP Aggregate	82.16%	84.64%	∅
AmeriHealth	75.00% ⁺	84.78%	∅
Carolina Complete	83.87% ⁺	92.54%	∅
Healthy Blue	85.71% ⁺	84.42%	∅
UnitedHealthcare	88.89% ⁺	82.47% ⁺	∅
WellCare	76.19% ⁺	82.10%	∅
SP Behavioral Health	71.93% ⁺	88.30%	▲
EBCI Tribal Option	72.00% ⁺	73.08% ⁺	∅
Medicaid Direct	91.18%	84.88% ⁺	∅
Tailored Plan Eligible	76.19% ⁺	84.24%	∅
Foster Care	—	87.74%	NA

Blue shading indicates the 2023 score is significantly different than the 2022 score.
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
 ∅ Indicates the 2023 score is not statistically significantly different than the 2022 score.
 — Indicates the 2022 score is not available.
 NA Indicates the trend analysis could not be performed because there was no prior year’s data available.

Figure 4-20 shows the *Coordination of Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022 and 2023) time periods, with national comparisons.

Figure 4-20—Percentage of Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022, 2023), with National Comparisons



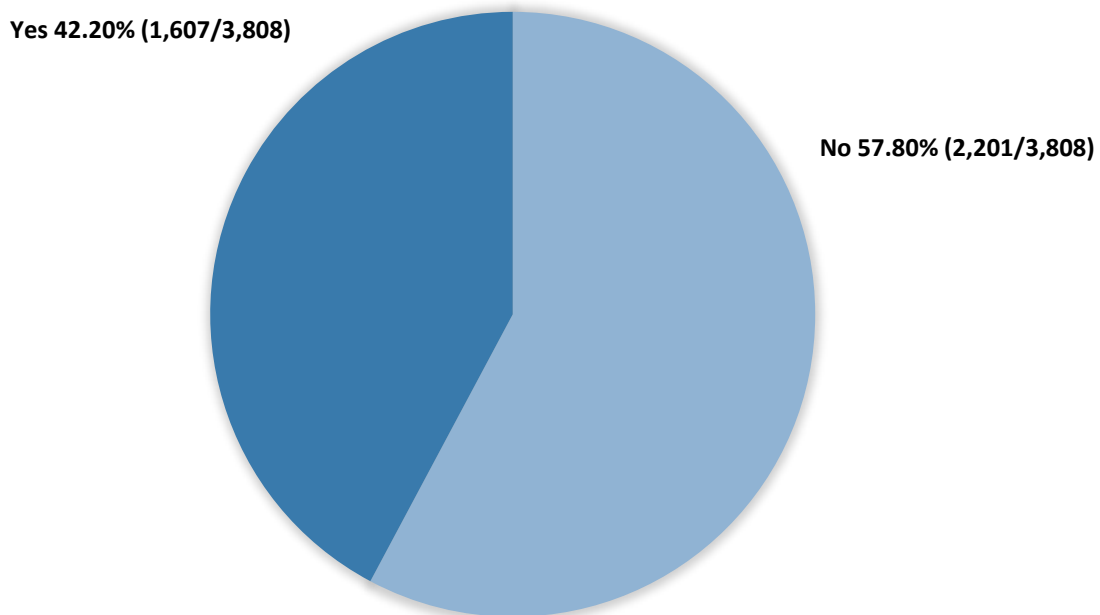
Supplemental Items

Counseling and Mental Health Treatment

Mental Health

DHB added four questions regarding mental health. Parent/Caretaker respondents were asked if their child’s personal doctor asked about their child’s mental health in the last 6 months. Figure 4-21 presents the percentage of parent/caretaker respondents whose child’s personal doctor asked about their child’s mental health. The majority of parent/caretaker respondents reported their child’s personal doctor did not ask about their child’s mental health for the NC Medicaid Program.

Figure 4-21—Percentage of 2023 Child NC Medicaid Program Respondents Whose Child’s Personal Doctor Asked About Their Child’s Mental Health



Counseling or Mental Health Treatment

Parent/Caretaker respondents were asked if they sought any counseling or mental health treatment for their child for reasons such as feeling depressed, anxious, or stressed; personal problems (like when a loved one dies or when there are problems at school); family problems (like when parents and children have trouble getting along); or needing help with drug or alcohol use. Figure 4-22 presents the percentage of respondents who reported if they sought any counseling or mental health treatment for their child for any of these reasons. The majority of parent/caretaker respondents reported not seeking any counseling or mental health treatment for their child for the NC Medicaid Program.

Figure 4-22—Percentage of 2023 Child NC Medicaid Program Respondents Who Sought Counseling or Mental Health Treatment for Their Child

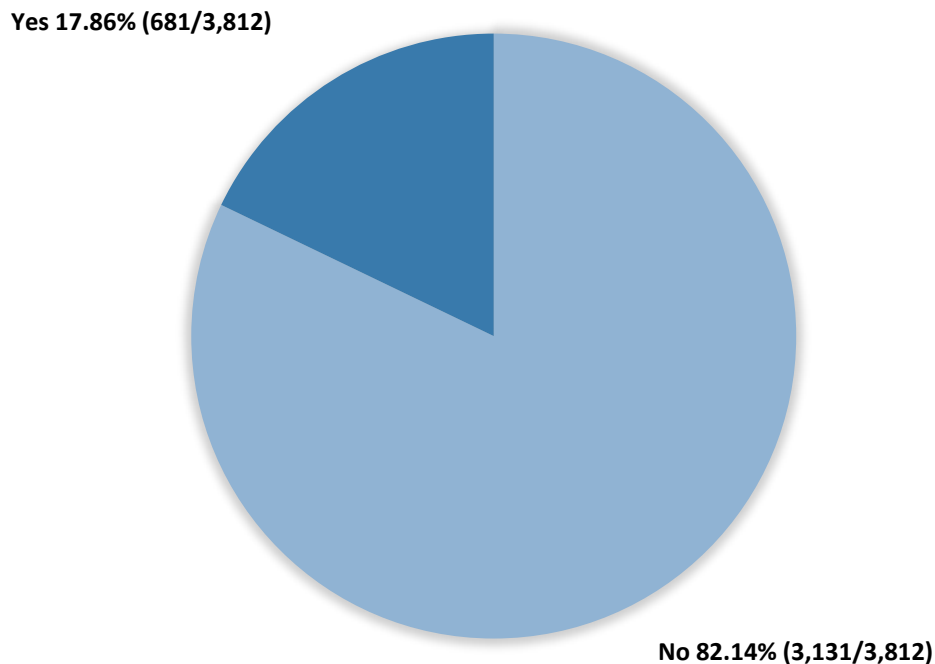


Table 4-16 presents the percentage of parent/caretaker respondents who reported if they sought any counseling or mental health treatment for their child for any reason by PHP and population.

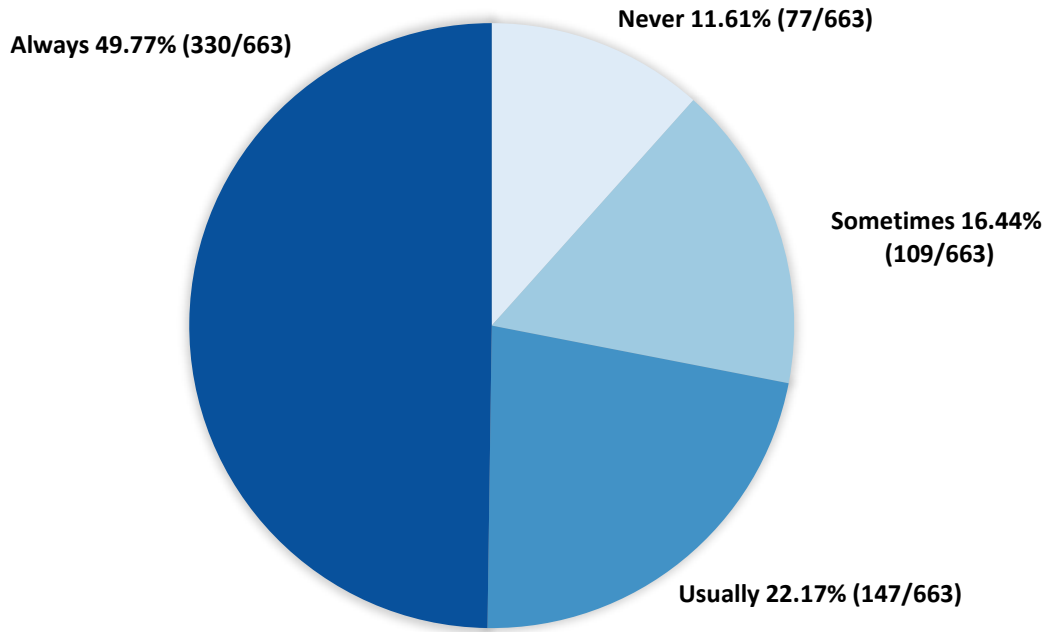
Table 4-16—Percentage of 2023 Child Program-Specific Population Respondents Who Sought Counseling or Mental Health Treatment for Their Child

PHP/Population	Yes % (N/D)	No % (N/D)
AmeriHealth	10.48% (59/563)	89.52% (504/563)
Carolina Complete	12.64% (67/530)	87.36% (463/530)
Healthy Blue	13.55% (63/465)	86.45% (402/465)
UnitedHealthcare	9.39% (40/426)	90.61% (386/426)
WellCare	10.75% (66/614)	89.25% (548/614)
SP Behavioral Health	49.71% (257/517)	50.29% (260/517)
EBCI Tribal Option	24.64% (17/69)	75.36% (52/69)
Medicaid Direct	17.65% (30/170)	82.35% (140/170)
Tailored Plan Eligible	42.21% (176/417)	57.79% (241/417)
Foster Care	34.77% (339/975)	65.23% (636/975)
<i>Percentages may not total 100% due to rounding. (N/D) Indicates numerator and denominator.</i>		

Appointment for Counseling or Mental Health Treatment

Figure 4-23 presents the percentage of parent/caretaker respondents who sought counseling or mental health treatment for their child and whether they always, usually, sometimes, or never were able to get an appointment as soon as their child needed for the NC Medicaid Program. The majority of parent/caretaker respondents (49.77%) reported always receiving an appointment for counseling or mental health treatment as soon as their child needed for the NC Medicaid Program.

Figure 4-23—Among 2023 Child NC Medicaid Program Respondents Who Sought Counseling or Mental Health Treatment for Their Child, How Often They Received An Appointment As Soon As Their Child Needed



Results presented are based on respondents that answered “Yes” to seeking any counseling or mental health treatment for their child. Percentages may not total 100% due to rounding.

Table 4-17 presents the percentage of parent/caretaker respondents who sought counseling or mental health treatment for their child and whether they always, usually, sometimes, or never were able to get an appointment as soon as their child needed by PHP and population.

Table 4-17—Among 2023 Child Program-Specific Population Respondents Who Sought Counseling or Mental Health Treatment for Their Child, How Often They Received An Appointment As Soon As Their Child Needed

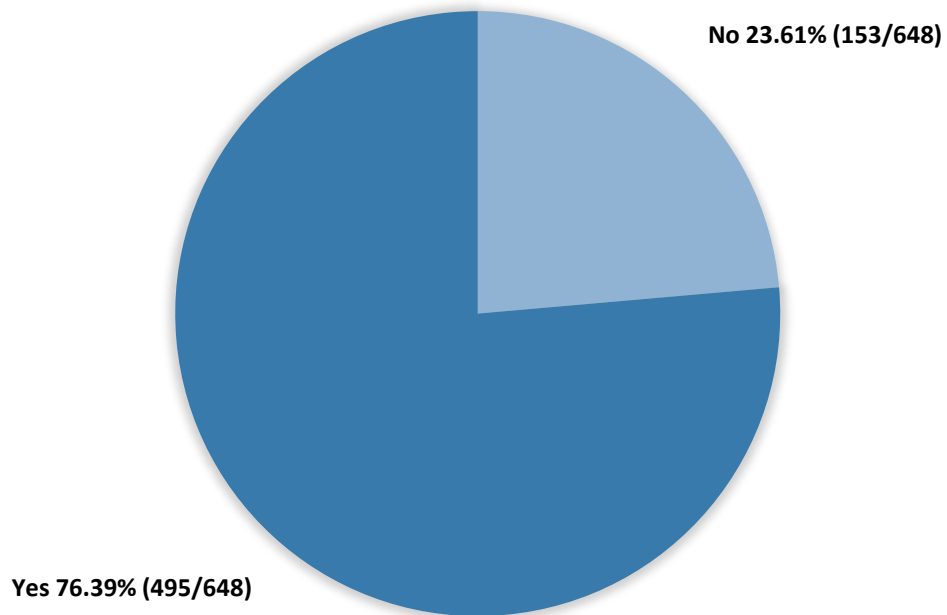
PHP/Population	Always % (N/D)	Usually % (N/D)	Sometimes % (N/D)	Never % (N/D)
AmeriHealth	44.07% (26/59)	S	27.12% (16/59)	S
Carolina Complete	55.38% (36/65)	24.62% (16/65)	S	S
Healthy Blue	58.33% (35/60)	S	S	S
UnitedHealthcare	45.00% (18/40)	S	S	S
WellCare	50.00% (32/64)	25.00% (16/64)	S	S
SP Behavioral Health	63.35% (159/251)	20.72% (52/251)	9.96% (25/251)	5.98% (15/251)

PHP/Population	Always % (N/D)	Usually % (N/D)	Sometimes % (N/D)	Never % (N/D)
EBCI Tribal Option	S	S	S	S
Medicaid Direct	S	43.33% (13/30)	S	S
Tailored Plan Eligible	48.82% (83/170)	26.47% (45/170)	13.53% (23/170)	11.18% (19/170)
Foster Care	51.82% (171/330)	21.82% (72/330)	16.06% (53/330)	10.30% (34/330)
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Percentages may not total 100% due to rounding. (N/D) Indicates numerator and denominator.</i>				

Coordination of Care from Mental Health Providers

Figure 4-24 presents the percentage of parent/caretaker respondents who reported if the person their child saw most often for counseling or mental health treatment ever asked about their child’s physical health and any other treatments their child was receiving at the time for the NC Medicaid Program. The majority of parent/caretaker respondents reported the person their child saw most often for counseling or mental health treatment asked about their child’s physical health or any other treatments their child was receiving at the time for the NC Medicaid Program.

Figure 4-24—Percentage of 2023 Child NC Medicaid Program Respondents Who Were Asked About Their Child’s Physical Health and Any Other Treatments

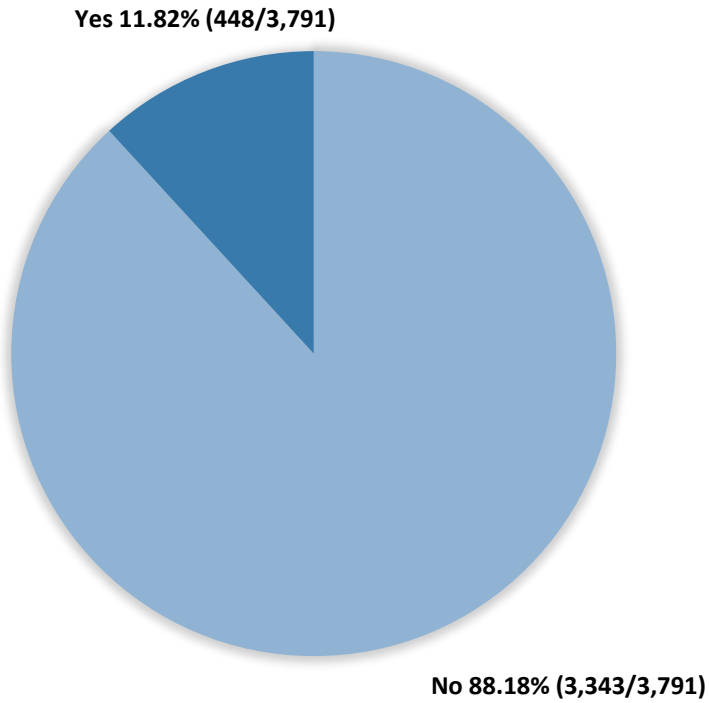


Interpreter

Need an Interpreter

DHB added three questions regarding the use of interpreters and preferred language. Parent/Caretaker respondents were asked if they or their child needed an interpreter at their child’s personal doctor’s office in the last 6 months. Figure 4-25 presents the percentage of parent/caretaker respondents who identified their need for an interpreter at their child’s personal doctor’s office. The majority of parent/caretaker respondents reported they or their child did not need an interpreter for the NC Medicaid Program.

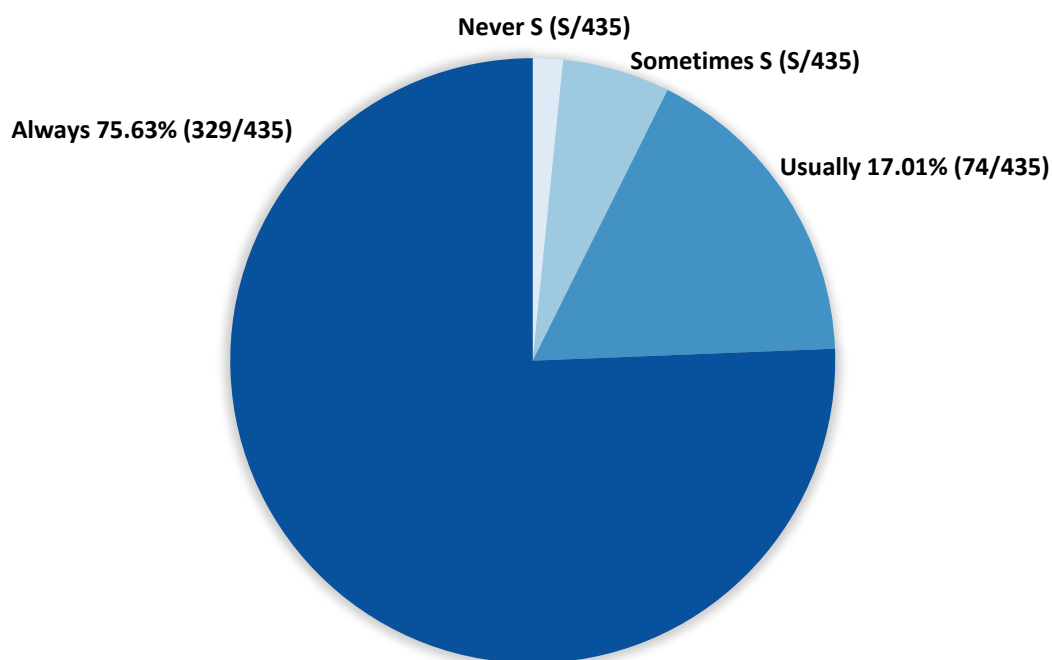
Figure 4-25—Percentage of 2023 Child NC Medicaid Program Respondents Who Identified a Need for an Interpreter at Their Child’s Personal Doctor’s Office



Interpreter Treated with Courtesy and Respect

Of the parent/caretaker respondents who needed an interpreter at their child’s personal doctor’s office, Figure 4-26 presents the percentage of parent/caretaker respondents who always, usually, sometimes, or never were treated with courtesy and respect by the interpreter for the NC Medicaid Program. The majority of parent/caretaker respondents reported always (75.63%) being treated with courtesy and respect by the interpreter for the NC Medicaid Program.

Figure 4-26—Among 2023 Child NC Medicaid Program Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office, How Often The Interpreter Treated Them With Courtesy and Respect



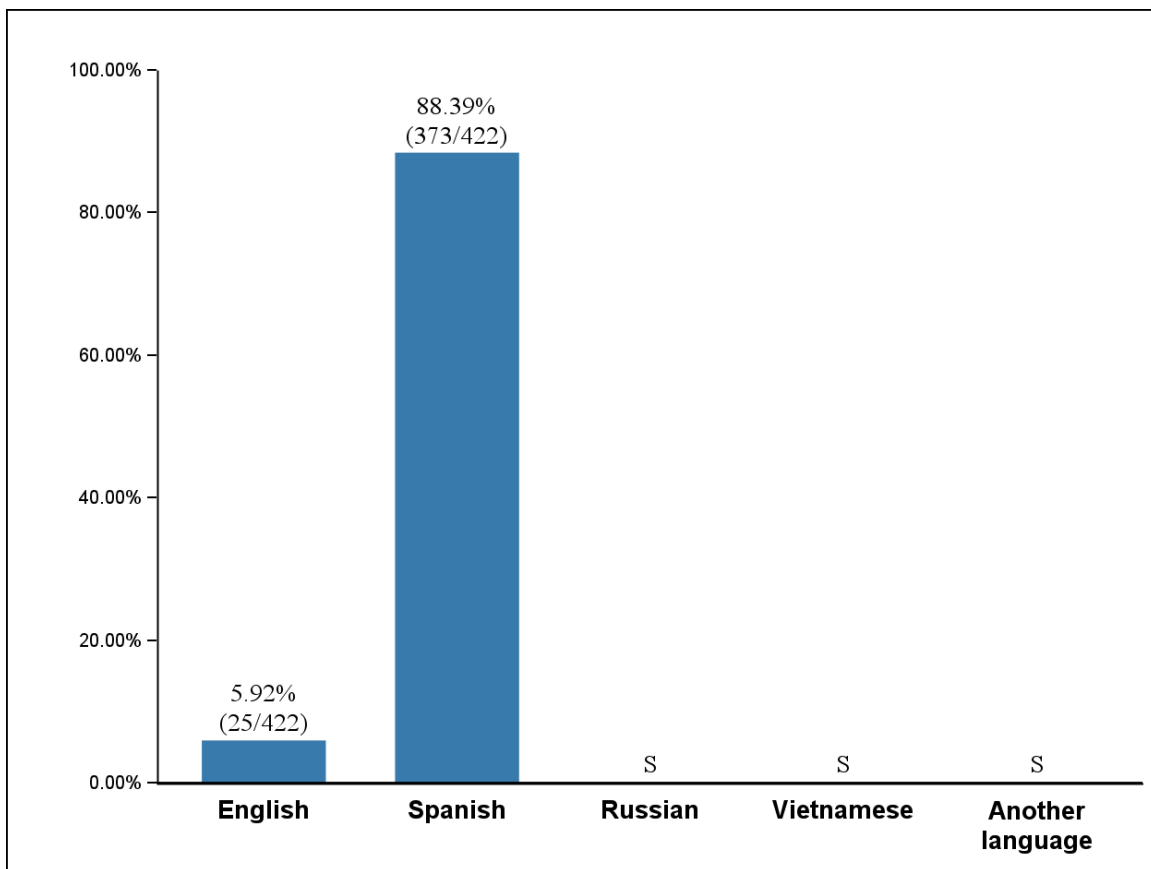
Results presented are based on respondents that answered “Yes” to needing an interpreter at their child’s personal doctor’s office.

S Indicates results have been suppressed as results had fewer than 11 respondents.

Preferred Language

Figure 4-27 presents the preferred language requested for those parent/caretaker respondents who needed an interpreter for NC Medicaid Program.⁷² The majority of parent/caretaker respondents reported preferring to talk to their child’s personal doctor in Spanish.⁷³

Figure 4-27—Among 2023 Child NC Medicaid Program Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office, Which Language They Preferred to Talk To Their Child’s Personal Doctor In



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

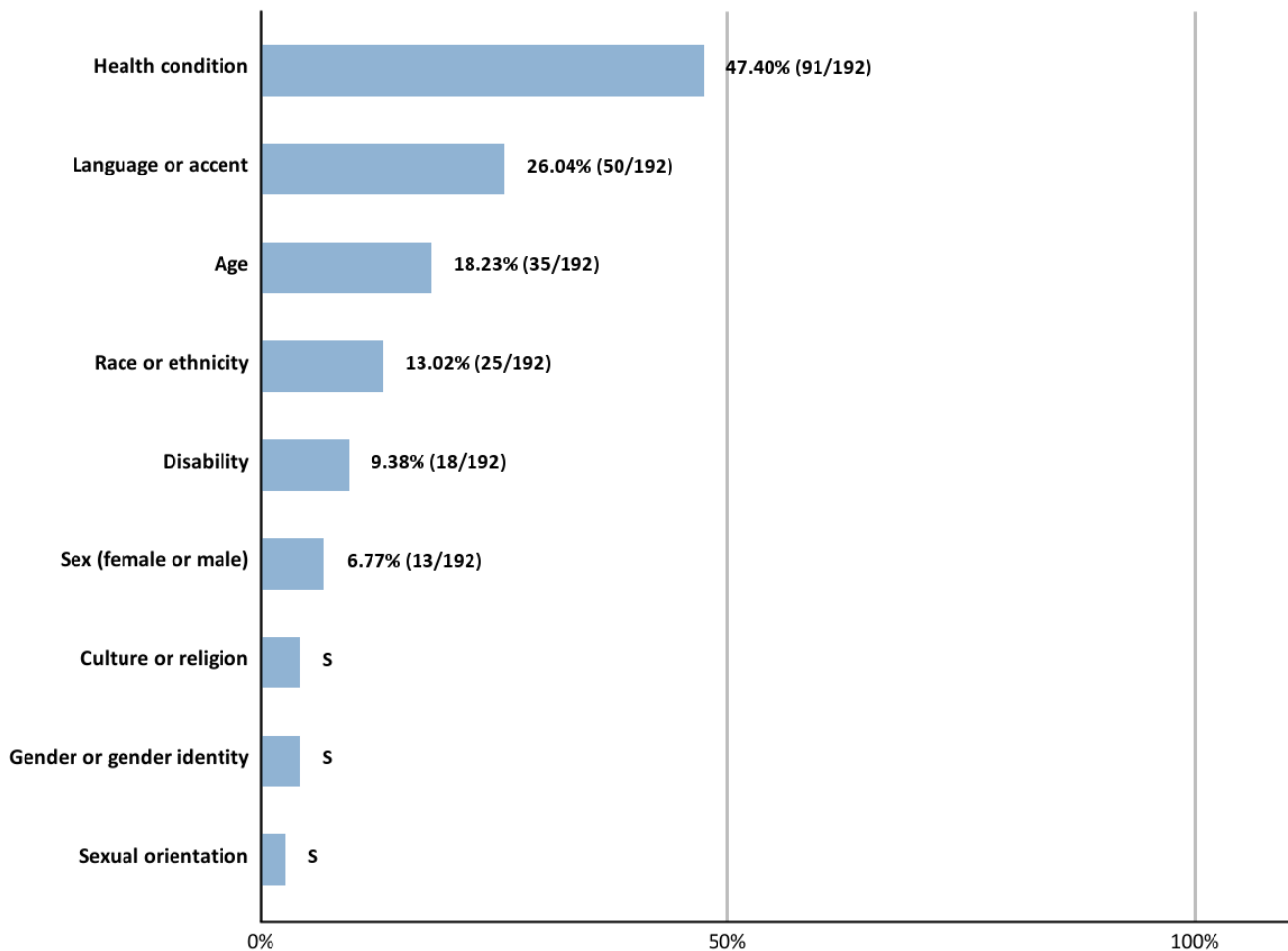
⁷² US Census Bureau data were used to determine the top four languages spoken in North Carolina at the time of survey design.

⁷³ For *Preferred Language*, the gate question asks respondents if they or their child needed an interpreter at their child’s personal doctor’s office in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Preferred Language* measure.

Treated Unfairly or Insensitively

DHB added one supplemental question asking if anyone from a clinic, emergency room, or doctor’s office where their child got care treated them in an unfair or insensitive way. Figure 4-28 presents the percentage of parent/caretaker respondents who reported being treated in an unfair or insensitive way, by reason, for NC Medicaid Program. The top three reasons parent/caretaker respondents reported being treated in an unfair or insensitive way were because of a health condition, language or accent, and age.

Figure 4-28—Percentage of 2023 Child NC Medicaid Program Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason



S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Percentages may not total 100% because respondents could select more than one response option.

Race and Ethnicity Comparisons

HSAG stratified the NC Medicaid Program results by the race and ethnicity identified by the parent/caretaker for their child. Race is categorized as White (1,806), non-White (1,940), Multi-Racial (292), non-Multi-Racial (3,454), Black (1,106), non-Black (2,988), Native American (116), non-Native American (3,630), Other (719), and non-Other (3,027).⁷⁴ For this analysis, the Multi-Racial category includes respondents who selected more than one race category, and the Other race category includes: Asian, Native Hawaiian or other Pacific Islander, and Other. The positive ratings for each race category were compared as follows: White respondents were compared to non-White respondents; Multi-Racial respondents were compared to non-Multi-Racial respondents; Black respondents were compared to non-Black respondents; Native American respondents were compared to non-Native American respondents; and Other race respondents were compared to non-Other race respondents. Ethnicity is categorized as Hispanic (1,667) and non-Hispanic (2,805). The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. If the race or ethnicity comparisons for a measure did not result in any significant findings or the majority of the results were suppressed, the race or ethnicity comparison figure was not included in the report. In evaluating the race and ethnicity findings, members who reported being Other race and Hispanic reported significantly *lower* positive ratings for a majority of the measures across child populations. For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 37. Figure 4-29 through Figure 4-40 show the race and ethnicity stratifications and comparisons. Ninety-five percent confidence interval error bars were added to the results. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different, which can often occur due to large sample variations in results.⁷⁵

Overall Health Demographics

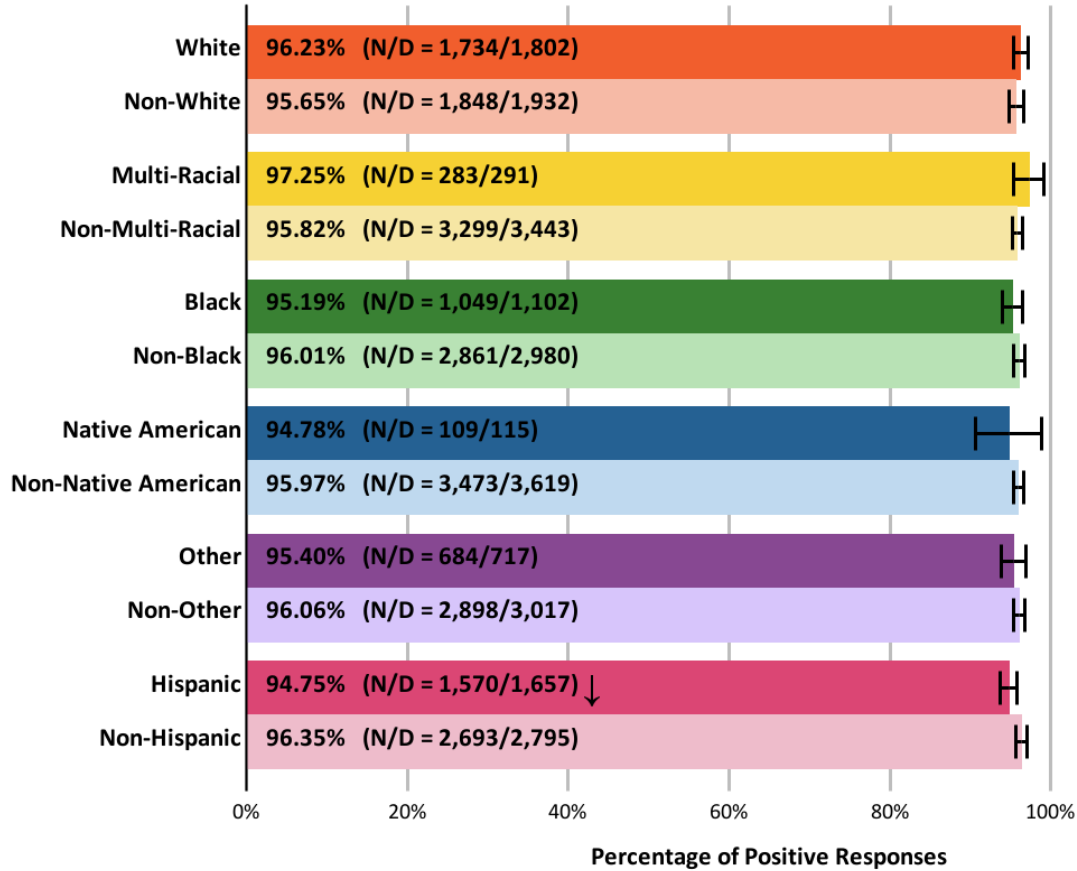
General Health Status

Figure 4-29 shows the *General Health Status* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of parent/caretaker respondents reported their Hispanic child's general health status as Excellent, Very Good, or Good when compared to parent/caretaker respondents of non-Hispanic children for the NC Medicaid Program. There were no significant differences identified by race.

⁷⁴ The Native American category includes American Indian or Alaska Native.

⁷⁵ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 3, 2024.

Figure 4-29—Percentage of 2023 Child Respondents Who Rate Their Child’s General Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity



↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.

N/D Indicates the numerator and denominator of the demographic category score.

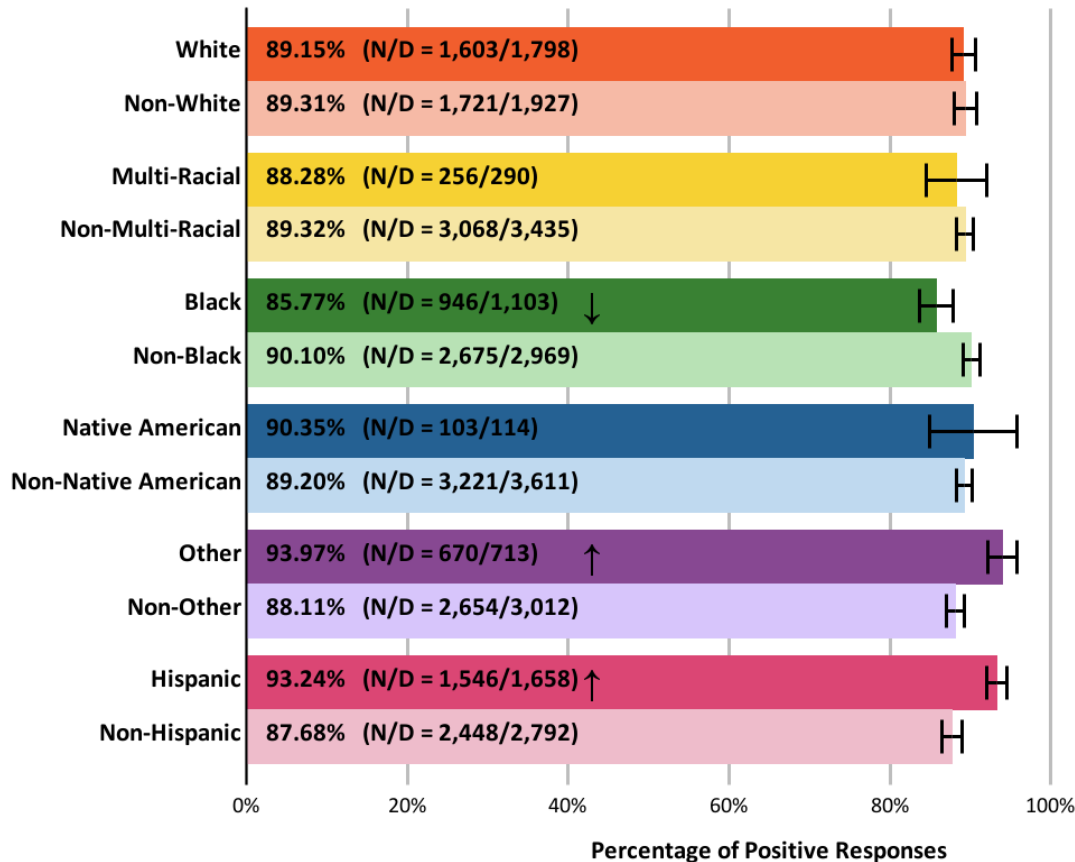
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Mental or Emotional Health Status

Figure 4-30 shows the *Mental or Emotional Health Status* positive rating results of child members reported by their parents/caretakers for NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents reported their Other race and Hispanic child’s mental or emotional health status as Excellent, Very Good, or Good when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program. A significantly *lower* percentage of parent/caretaker respondents reported their Black child’s mental or emotional health status as Excellent, Very Good, or Good when compared to parent/caretaker respondents of non-Black children for the NC Medicaid Program.

Figure 4-30—Percentage of 2023 Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity



↑ 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.

N/D Indicates the numerator and denominator of the demographic category score.

|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their child’s race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

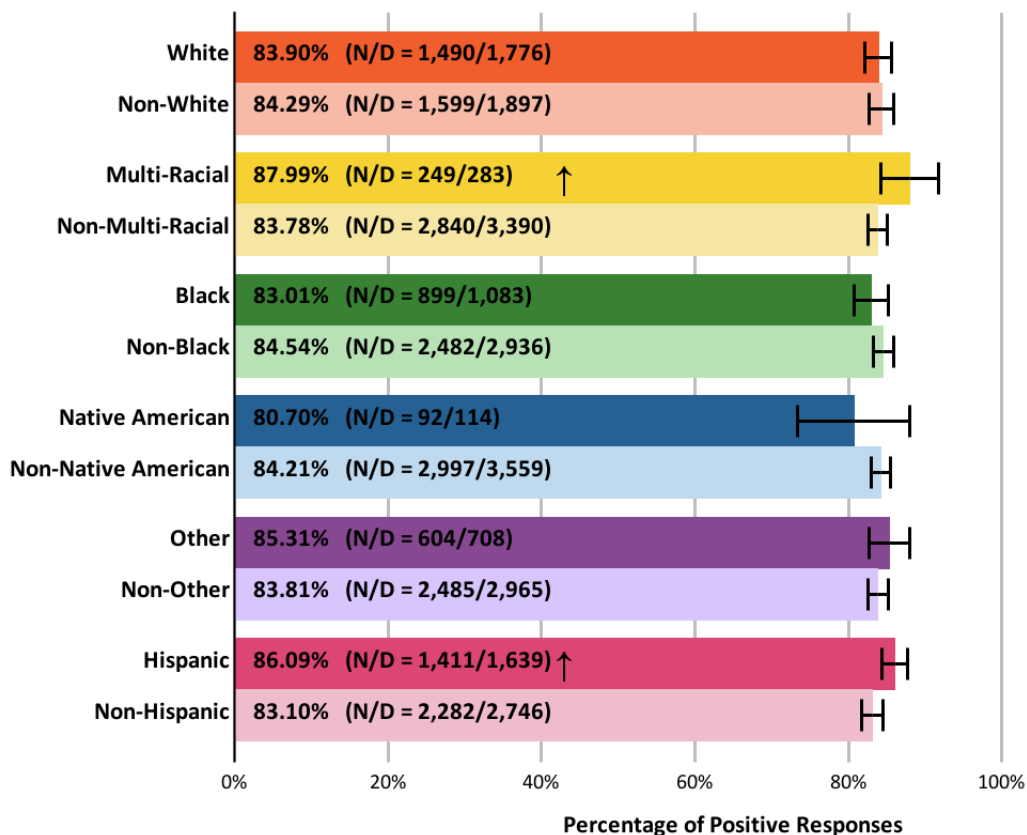
Global Ratings

There were no significant differences identified by race and ethnicity for the *Rating of All Health Care* and *Rating of Specialist Seen Most Often* measures.

Rating of Health Plan

Figure 4-31 shows the *Rating of Health Plan* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents rated their Multi-Racial and Hispanic child’s health plan positively when compared to parent/caretaker respondents non-Multi-Racial and non-Hispanic children, respectively, for the NC Medicaid Program.

Figure 4-31—Percentage of 2023 Child Respondents Who Rate Their Child’s Health Plan Positively for NC Medicaid Program, by Race and Ethnicity



↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.

N/D Indicates the numerator and denominator of the demographic category score.

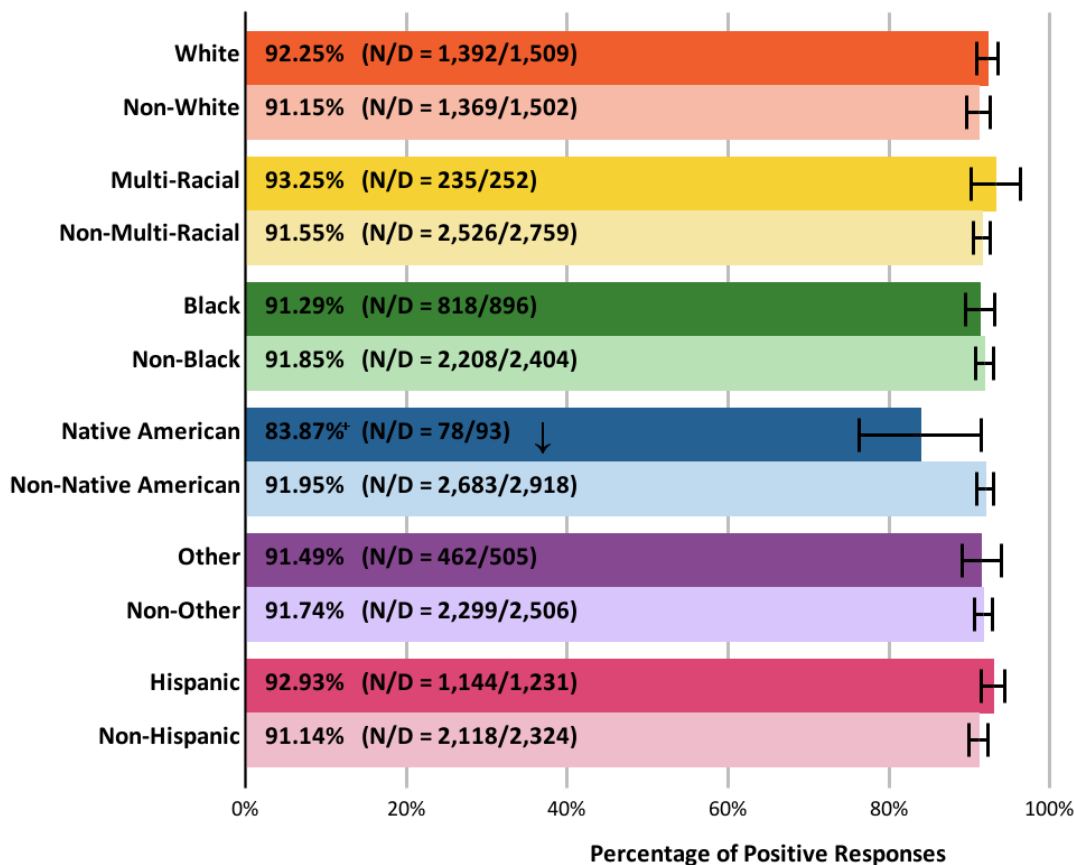
[-] Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their child’s race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Rating of Personal Doctor

Figure 4-32 shows the *Rating of Personal Doctor* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of parent/caretaker respondents rated their Native American child’s personal doctor positively when compared to parent/caretaker respondents’ non-Native American children for the NC Medicaid Program.

Figure 4-32—Percentage of 2023 Child Respondents Who Rate Their Child’s Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity



↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

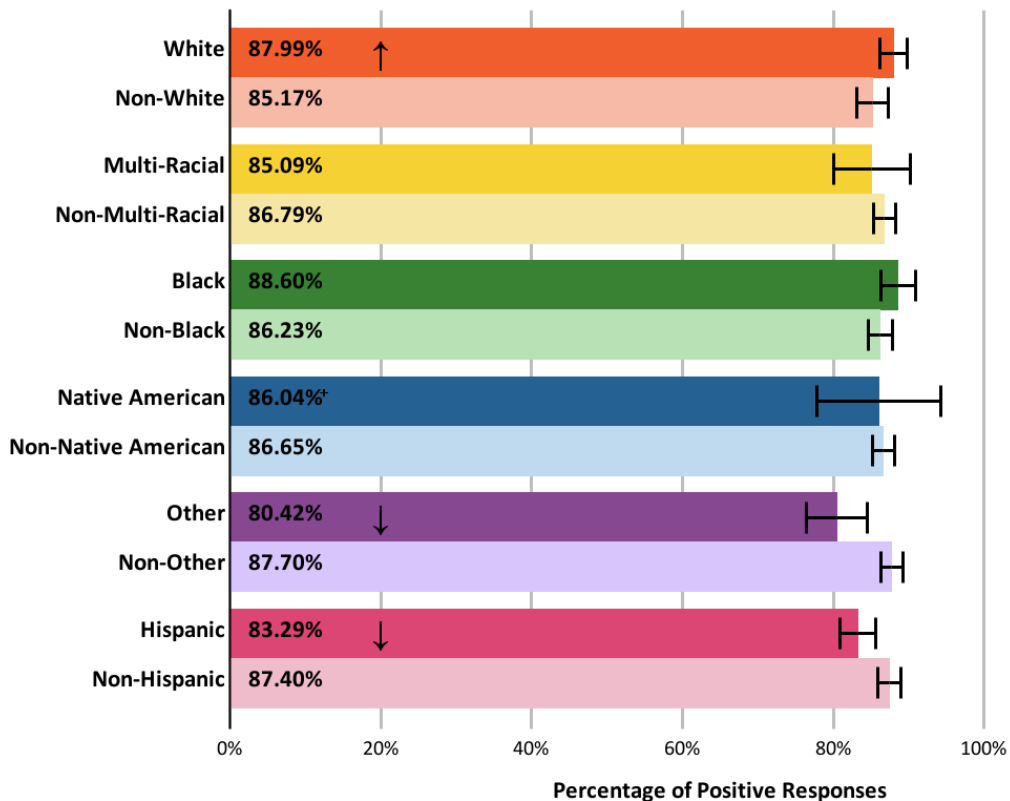
Composite Measures

There were no significant differences identified by race or ethnicity for the *Customer Service* measure.

Getting Needed Care

Figure 4-33 shows the *Getting Needed Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents usually or always got care they needed for their White child when compared to parent/caretaker respondents of non-White children for the NC Medicaid Program. A significantly *lower* percentage of parent/caretaker respondents usually or always got care they needed for their Other race and Hispanic child when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program.

Figure 4-33—Percentage of 2023 Child Respondents Who Usually or Always Got Care They Needed for Their Child for NC Medicaid Program, by Race and Ethnicity

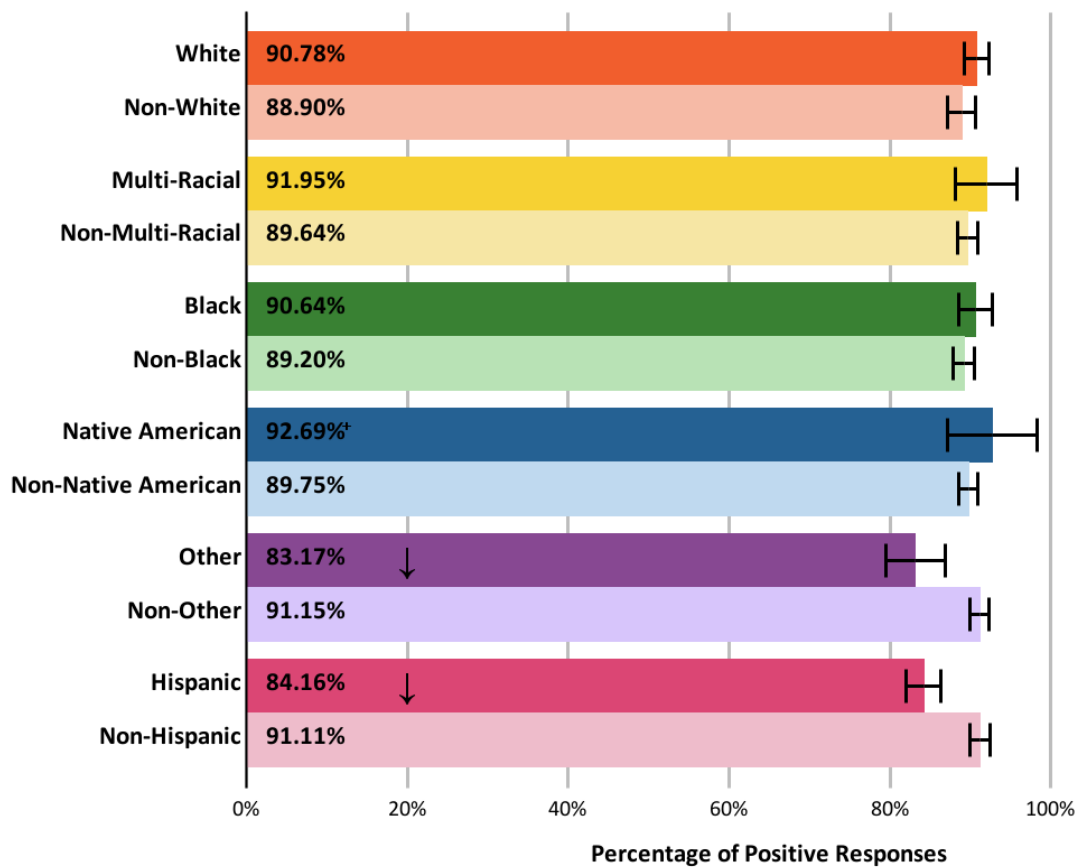


↑ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.
 ↓ Indicates the demographic category's score is statistically significantly lower than the comparison group's score.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Getting Care Quickly

Figure 4-34 shows the *Getting Care Quickly* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of parent/caretaker respondents usually or always got care quickly for their Other race and Hispanic child when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program.

Figure 4-34—Percentage of 2023 Child Respondents Who Usually or Always Got Care Quickly for Their Child for NC Medicaid Program, by Race and Ethnicity



↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.

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

N/D Indicates the numerator and denominator of the demographic category score.

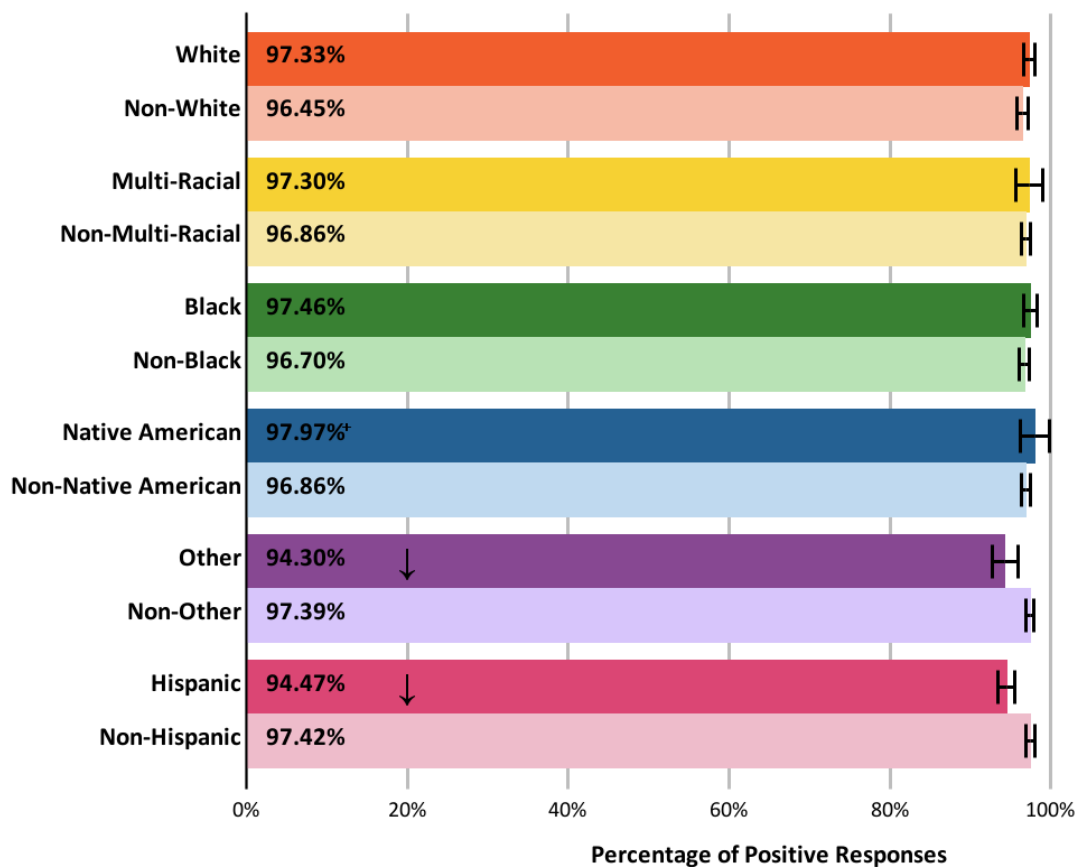
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

How Well Doctors Communicate

Figure 4-35 shows the *How Well Doctors Communicate* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly lower percentage of parent/caretaker respondents' Other race and Hispanic child's personal doctor usually or always communicated well with them when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program.

Figure 4-35—Percentage of 2023 Child Respondents Whose Child's Personal Doctor Usually or Always Communicated Well with Them for NC Medicaid Program, by Race and Ethnicity



↓ Indicates the demographic category's score is statistically significantly lower than the comparison group's score.

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

N/D Indicates the numerator and denominator of the demographic category score.

|—| Indicates the 95% confidence interval of the score.

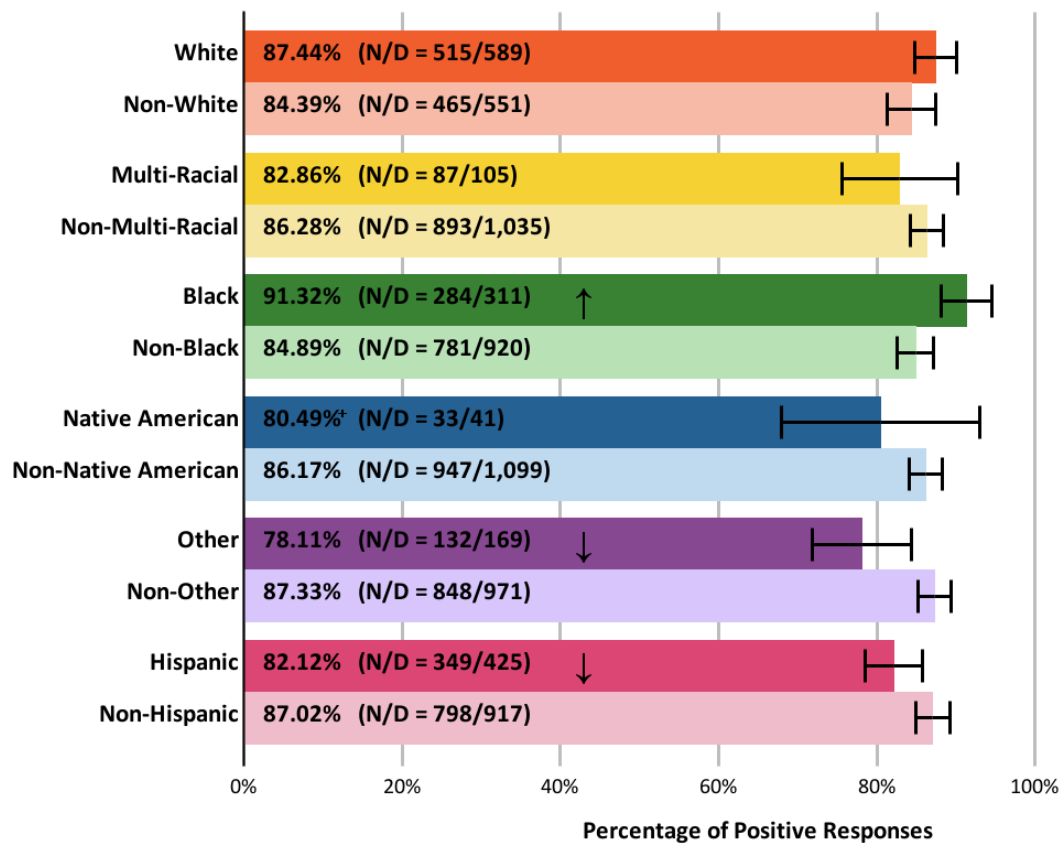
Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Individual Item Measure

Coordination of Care

Figure 4-36 shows the *Coordination of Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents reported their Black child’s personal doctor usually or always coordinated their child’s care with other providers when compared to parent/caretaker respondents of non-Black children for the NC Medicaid Program. A significantly *lower* percentage of parent/caretaker respondents reported their Other race and Hispanic child’s personal doctor usually or always coordinated their child’s care with other providers when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program.

Figure 4-36—Percentage of 2023 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for NC Medicaid Program, by Race and Ethnicity



↑ 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 in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their child’s race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

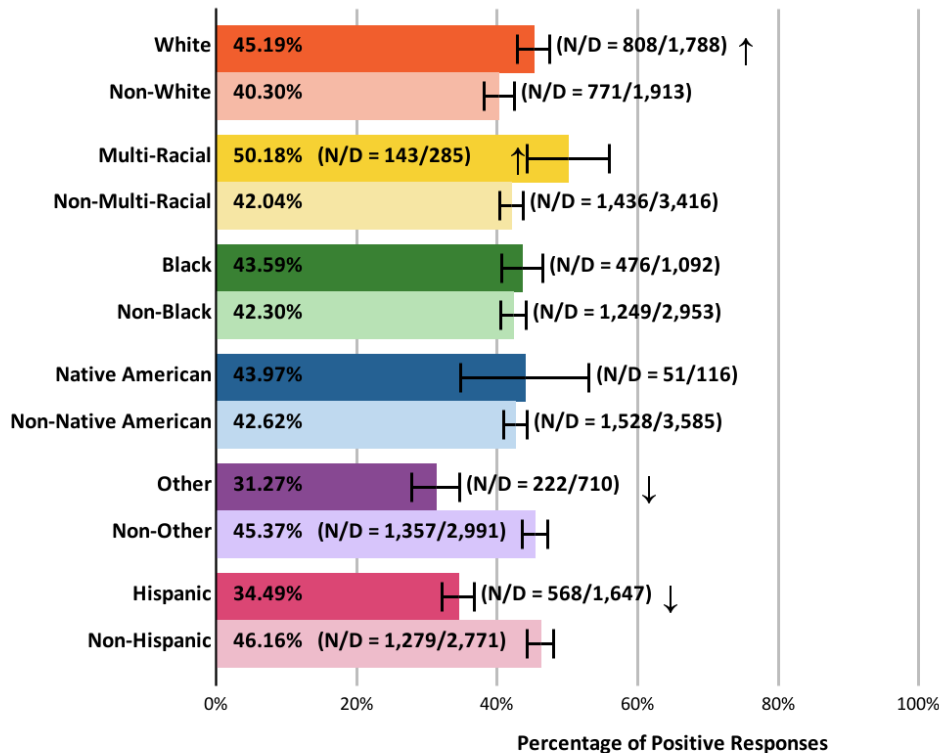
Supplemental Items

There were no significant differences identified by race or ethnicity for the *Appointment for Counseling or Mental Health Treatment, Coordination of Care from Mental Health Providers, and Interpreter Treated with Courtesy and Respect* measures.

Mental Health

Figure 4-37 presents the percentage of parent/caretaker respondents who reported their child’s personal doctor asked about their child’s mental health for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents reported their White and Multi-Racial child’s personal doctor asked about their mental health when compared to parent/caretaker respondents of non-White and non-Multi-Racial children, respectively, for the NC Medicaid Program. A significantly *lower* percentage of parent/caretaker respondents reported their Other race and Hispanic child’s personal doctor asked about their mental health when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program.

Figure 4-37—Percentage of 2023 Child Respondents Whose Child’s Personal Doctor Asked About Their Child’s Mental Health for NC Medicaid Program, by Race and Ethnicity

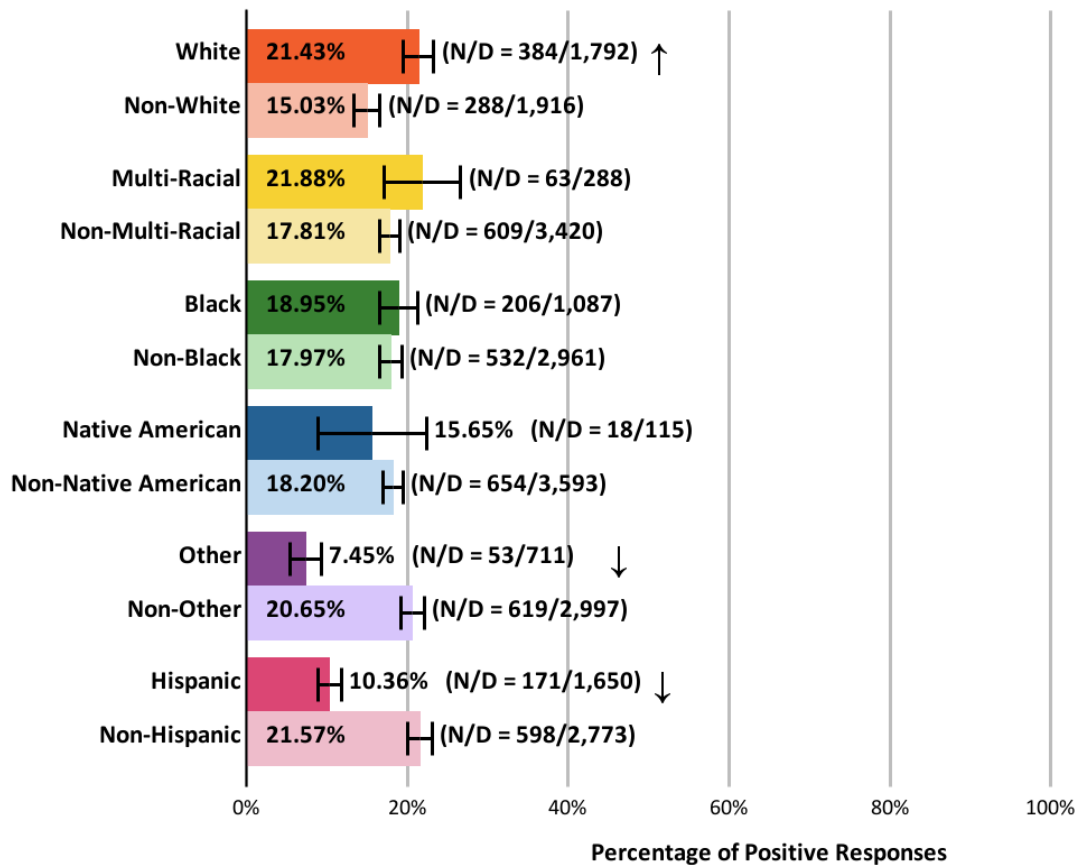


↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 ↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their child’s race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Counseling or Mental Health Treatment

Figure 4-38 shows the percentage of parent/caretaker respondents who reported they sought any counseling or mental health treatment for their child for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents reported they sought any counseling or mental health treatment for their White child when compared to parent/caretaker respondents of non-White children for the NC Medicaid Program. A significantly *lower* percentage of parent/caretaker respondents reported they sought any counseling or mental health treatment for their Other race and Hispanic child when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program.

Figure 4-38—Percentage of 2023 Child Respondents Who Sought Any Counseling or Mental Health Treatment For Their Child for NC Medicaid Program, by Race and Ethnicity



↑ 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.

N/D Indicates the numerator and denominator of the demographic category score.

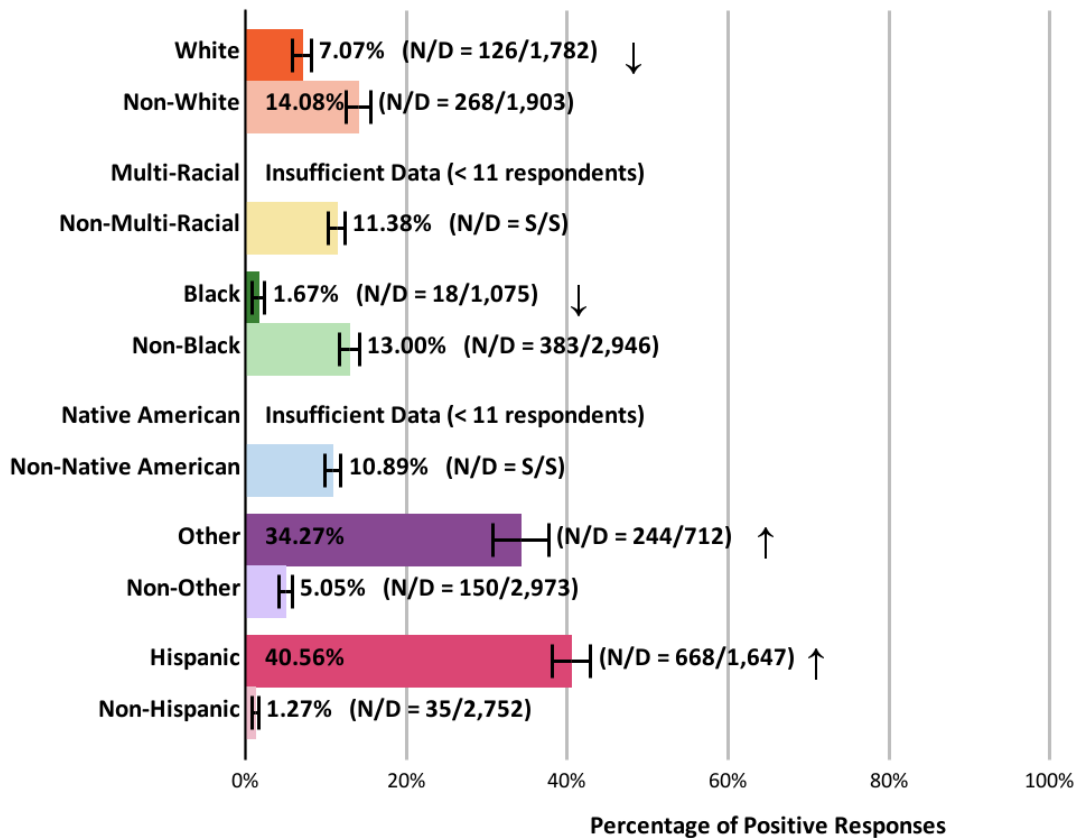
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Need an Interpreter

Figure 4-39 shows the percentage of parent/caretaker respondents who identified their need for an interpreter at their child’s personal doctor’s office for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents reported they needed an interpreter at their Other race and Hispanic child’s personal doctor’s office when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively, for the NC Medicaid Program. A significantly *lower* percentage of parent/caretaker respondents reported they needed an interpreter at their White and Black child’s personal doctor’s office when compared to parent/caretaker respondents of non-White and non-Black children, respectively, for the NC Medicaid Program.

Figure 4-39—Percentage of 2023 Child Respondents Who Needed and Interpreter For Their Child for NC Medicaid Program, by Race and Ethnicity

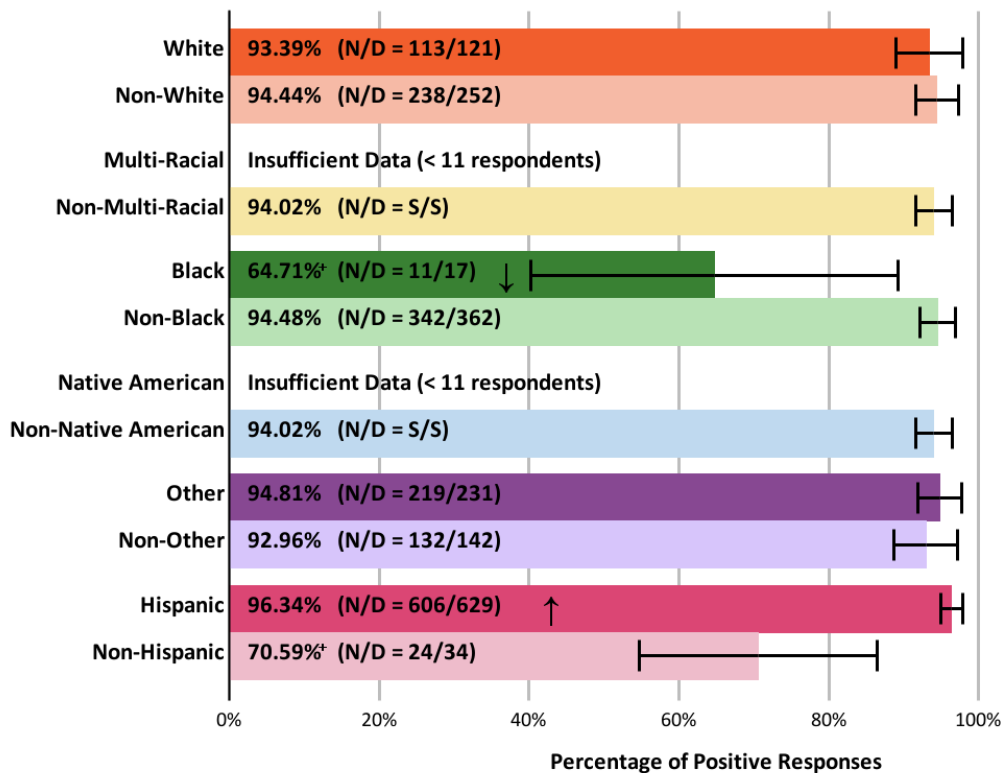


S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 ↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 ↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 N/D Indicates the numerator and denominator of the demographic category score.
 |—| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their child’s race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Preferred Language

Figure 4-40 shows the percentage of parent/caretaker respondents whose preferred language was Spanish, Russian, Vietnamese, or another language for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents of Hispanic child members reported their preferred language was Spanish, Russian, Vietnamese, or another language when compared to parent/caretaker respondents of non-Hispanic children for the NC Medicaid Program. A significantly *lower* percentage of parent/caretaker respondents of Black child members reported their preferred language was Spanish, Russian, Vietnamese, or another language when compared to parent/caretaker respondents of non-Black children for the NC Medicaid Program.

Figure 4-40—Percentage of 2023 Child Respondents Whose Preferred Language was Spanish, Russian, Vietnamese, or Another Language for NC Medicaid Program, by Race and Ethnicity



S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 ↑ 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 in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 | Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Urbanicity Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were stratified by geographical area to determine if any differences exist between positive ratings for respondents residing in rural or urban counties. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 38.

Overall Health Characteristics

Table 4-18 shows the parent/caretaker respondents who reported their child’s general health status or mental or emotional health status as Excellent, Very Good, or Good stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

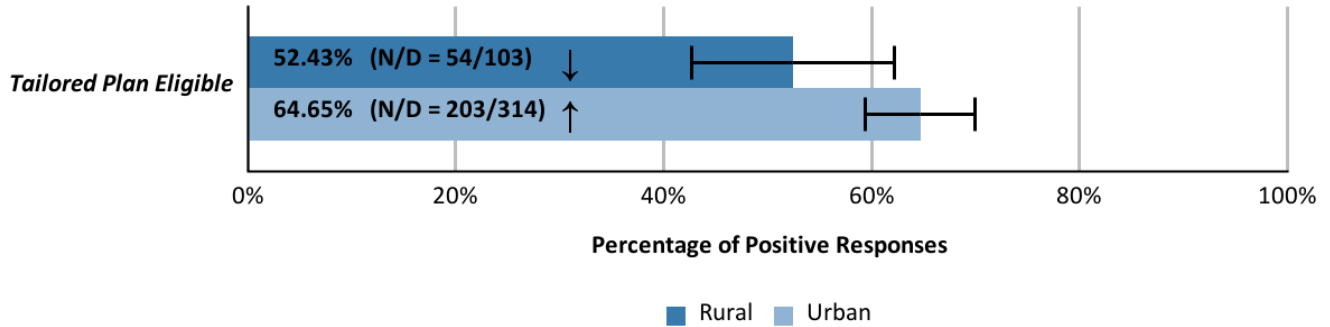
Table 4-18—Percentage of Child Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations (2023)

PHP/Population	General Health Status		Mental or Emotional Health Status	
	Rural	Urban	Rural	Urban
NC Medicaid Program	95.10%	96.15%	89.41%	89.22%
NC PHP Aggregate	96.31%	96.86%	92.59%	93.42%
AmeriHealth	94.44%	97.67%	91.61%	92.96%
Carolina Complete	97.14%	97.45%	95.00%	93.25%
Healthy Blue	96.03%	97.67%	93.60%	93.02%
UnitedHealthcare	97.06%	97.24%	90.29%	94.74%
WellCare	96.97%	94.70%	92.07%	93.36%
SP Behavioral Health	90.91%	92.88%	71.43%	73.54%
EBCI Tribal Option	92.65% ⁺	S	89.71% ⁺	S
Medicaid Direct	82.50% ⁺	81.40%	85.00% ⁺	82.31%
Tailored Plan Eligible	89.32%	90.82%	52.43% [↓]	64.65% [↑]
Foster Care	94.53%	96.84%	81.64%	79.34%

Blue shading indicates the category score is significantly different than the other category.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-41 shows the significant differences for mental or emotional health status by urbanicity. The Tailored Plan Eligible rate for child respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 4-41—Significant Differences: Percentage of Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Global Ratings

Table 4-19 shows the positive ratings for the global ratings stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 4-19—Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Global Ratings (2023)

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	83.46%	84.40%	86.46%	88.95%	90.91%	91.67%	86.25%	87.32%
NC PHP Aggregate	86.38%	85.57%	86.11%	88.63%	91.03%	90.56%	88.46%	86.85%
AmeriHealth	81.69%	83.69%	84.52% ⁺	86.55%	82.08% [↓]	90.82% [↑]	88.00% ⁺	86.21% ⁺
Carolina Complete	87.68%	87.53%	85.37% ⁺	91.02%	95.33%	91.64%	93.10% ⁺	88.37% ⁺
Healthy Blue	87.10%	86.80%	90.12% ⁺	91.90%	92.52%	90.56%	92.86% ⁺	86.02% ⁺
UnitedHealthcare	88.89% ⁺	87.08%	80.00% ⁺	86.24%	93.06% ⁺	89.64%	86.96% ⁺	88.57% ⁺
WellCare	87.27%	83.60%	88.30% ⁺	87.41%	92.42%	90.08%	80.00% ⁺	85.71%
SP Behavioral Health	83.45%	82.35%	87.10% ⁺	80.62%	92.62% [↑]	84.54% [↓]	97.92% [↑]	77.70% [↓]
EBCI Tribal Option	75.76% ⁺	S	79.49% ⁺	S	85.45% ⁺	S	81.25% ⁺	S
Medicaid Direct	70.73% ⁺	65.57%	93.10% ⁺	86.02% ⁺	91.43% ⁺	90.27%	89.47% ⁺	84.72% ⁺
Tailored Plan Eligible	78.43%	78.73%	80.52% ⁺	86.53%	85.56% ⁺	92.93%	87.76% ⁺	87.07%
Foster Care	79.84%	84.45%	87.72%	90.13%	91.89%	94.47%	82.67% ⁺	88.89%

Blue shading indicates the category score is significantly different than the other category.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-42 shows the significant differences for *Rating of Personal Doctor* by urbanicity. The AmeriHealth rate for child respondents living in rural counties was significantly *lower* than respondents living in urban counties. The SP Behavioral health rate for child respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-42—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Rating of Personal Doctor (2023)

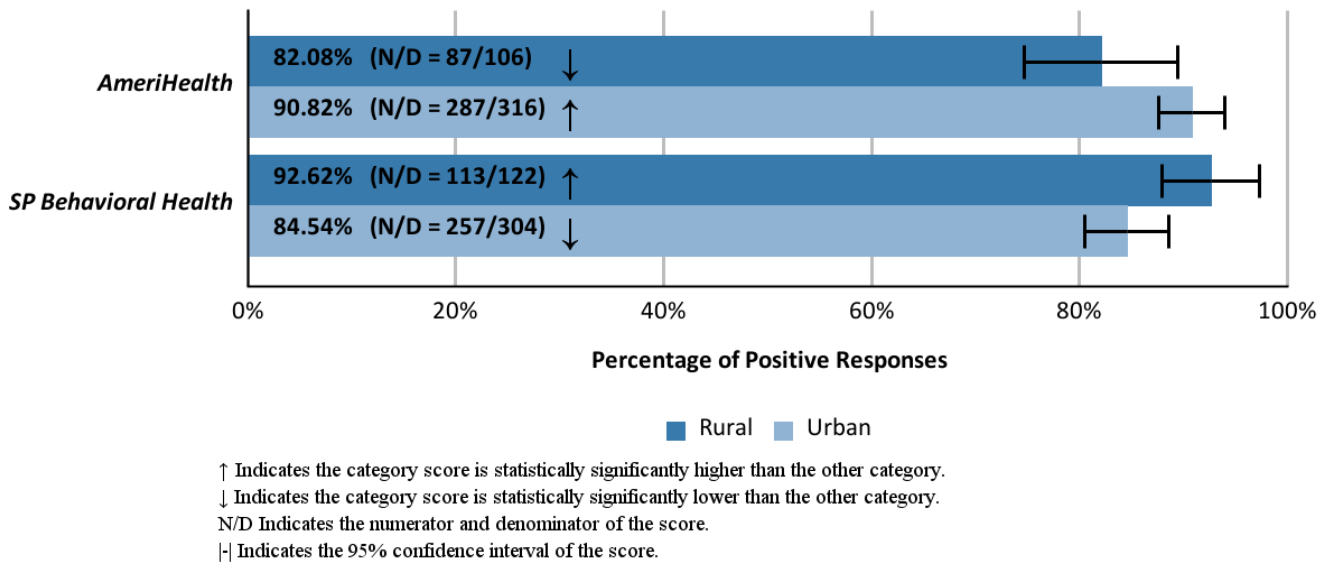
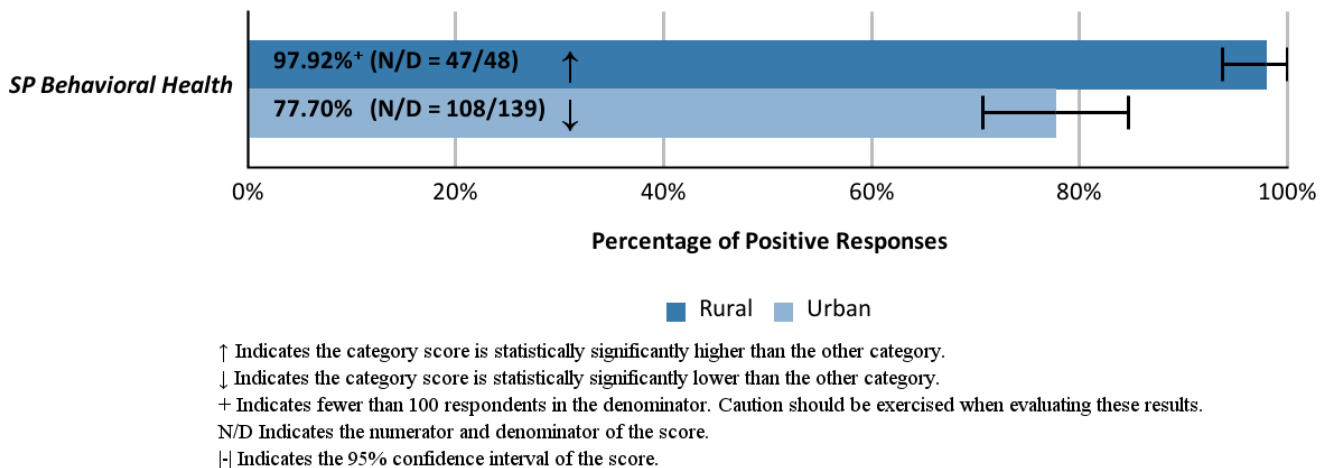


Figure 4-43 shows the significant differences for *Rating of Specialist Seen Most Often* by urbanicity. The SP Behavioral Health rate for child respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-43—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Rating of Specialist Seen Most Often (2023)



Composite Measures and Individual Item Measure

Table 4-20 shows the positive ratings for each composite measure and individual item measure stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

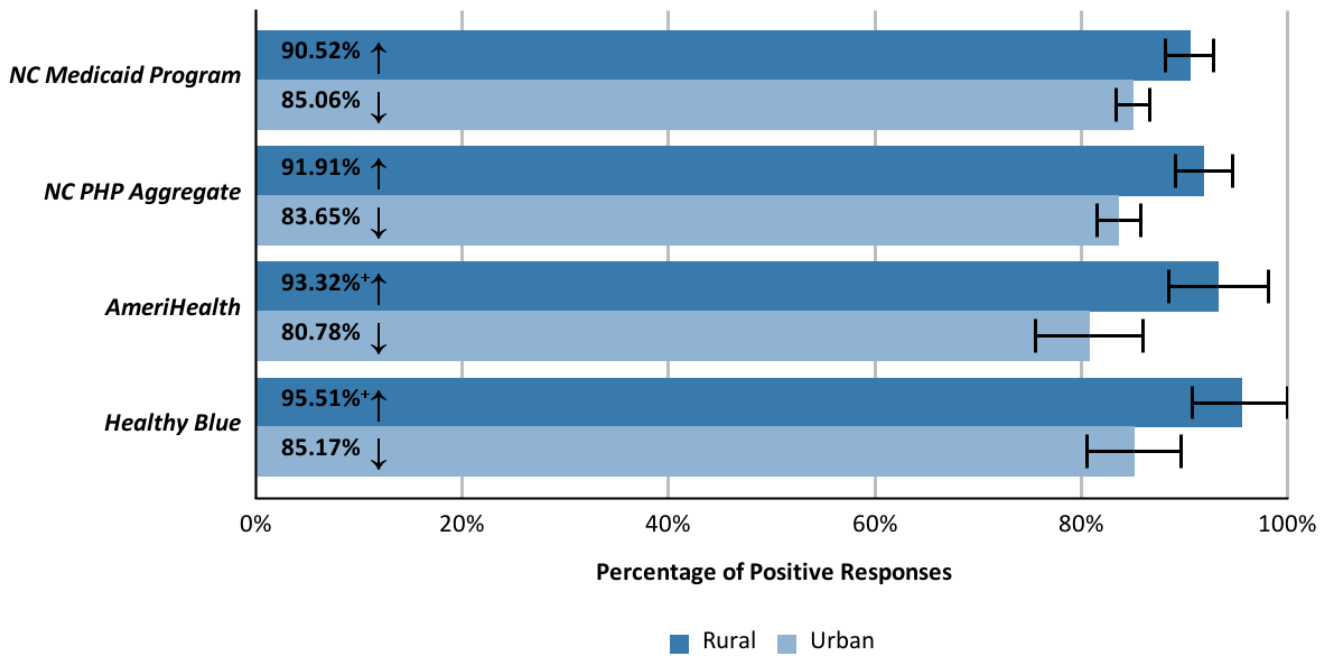
Table 4-20—Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Composite Measures and Individual Item Measure (2023)

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service		Coordination of Care	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	90.52%↑	85.06%↓	90.49%	89.25%	96.95%	96.54%	91.52%	88.33%	85.23%	85.91%
NC PHP Aggregate	91.91%↑	83.65%↓	88.58%	87.53%	96.62%	95.72%	92.31%	88.84%	85.55%	85.16%
AmeriHealth	93.32%+↑	80.78%↓	88.55%+	82.80%	96.58%+	94.57%	95.00%+	91.95%	83.87%+	85.05%
Carolina Complete	91.65%+	83.82%	95.39%+↑	89.97%↓	96.79%+	97.59%	95.31%+	91.89%	97.30%+	90.72%+
Healthy Blue	95.51%+↑	85.17%↓	88.22%+	89.45%	97.12%+	97.68%	97.92%+↑	88.98%↓	81.82%+	85.45%
UnitedHealthcare	87.12%+	84.70%	78.71%↓	89.53%↑	93.46%+	94.12%	87.50%+	84.25%+	75.00%+	84.42%+
WellCare	90.69%+	83.94%	89.08%+	86.92%	97.72%+	94.70%	86.59%+	85.83%	85.37%+	80.99%
SP Behavioral Health	90.35%+	87.90%	90.80%+	90.18%	96.09%+	97.04%	90.91%+	90.00%+	90.38%+	87.50%
EBCI Tribal Option	82.23%+	S	88.10%+	S	97.56%+	S	93.33%+	S	73.08%+	S
Medicaid Direct	90.78%+	87.21%+	94.83%+	87.02%+	98.28%+	98.35%+	S	82.51%+	88.89%+	83.82%+
Tailored Plan Eligible	86.74%+	85.71%	89.48%+	89.46%	94.86%+	95.72%	85.58%+	85.68%+	79.07%+	85.82%
Foster Care	90.41%	87.22%	95.03%	93.61%	97.32%	97.99%	88.36%+	87.64%	87.65%+	87.76%

Blue shading indicates the category score is significantly different than the other category.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-44 shows the significant differences for *Getting Needed Care* by urbanicity. The following program-specific population rates for child respondents living in rural counties were significantly *higher* than respondents living in urban counties: NC Medicaid Program, NC PHP Aggregate, AmeriHealth, and Healthy Blue.

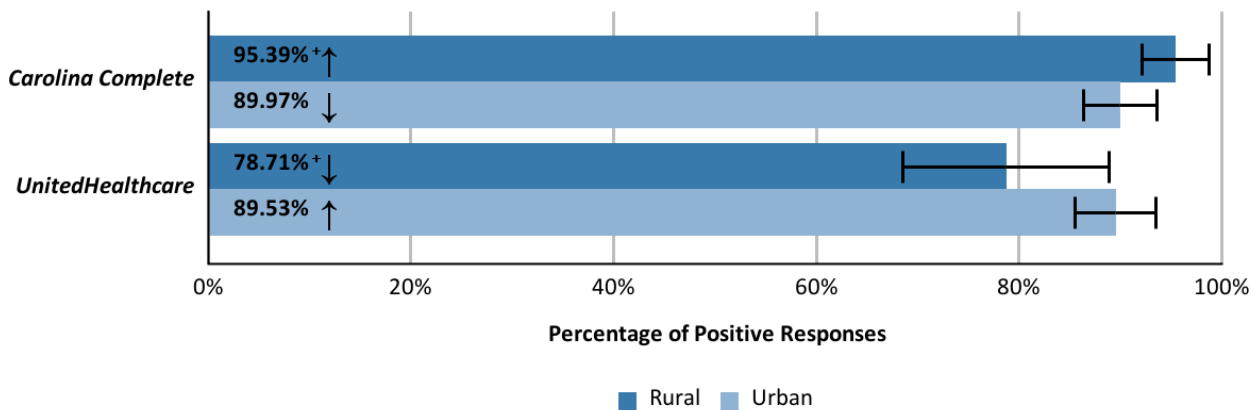
Figure 4-44—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Getting Needed Care (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Figure 4-45 shows the significant differences for *Getting Care Quickly* by urbanicity. The Carolina Complete rate for child respondents living in rural counties was significantly *higher* than respondents living in urban counties. The UnitedHealthcare rate for child respondents living in rural counties was significantly *lower* than respondents living in urban counties.

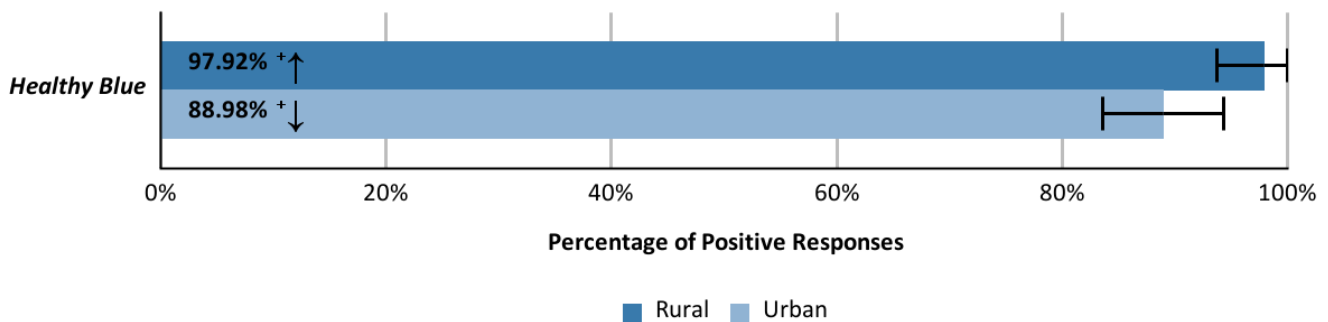
Figure 4-45—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Getting Care Quickly (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Figure 4-46 shows the significant differences for *Customer Service* by urbanicity. The Healthy Blue rate for child respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-46—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Customer Service (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Supplemental Items

Table 4-21 and Table 4-22 show the positive ratings for select supplemental items stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 4-21—Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items (2023)

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Coordination of Care from Mental Health Providers	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	42.02%	42.29%	15.92%↓	18.61%↑	67.92%	73.21%	71.34%	78.00%
NC PHP Aggregate	38.45%	36.94%	10.13%	11.79%	70.77%+	72.20%	76.92%+	72.94%
AmeriHealth	38.03%	38.15%	9.15%	10.93%	S	54.35%+	92.31%↑	70.45%↑↓
Carolina Complete	40.71%	34.19%	9.42%	13.85%	91.67%+	77.36%+	S	69.23%+
Healthy Blue	41.94%	41.64%	14.52%	13.20%	68.75%+	77.27%+	S	74.42%+
UnitedHealthcare	36.63%	35.29%	S	10.19%	S	69.70%+	S	78.79%+
WellCare	35.37%	35.79%	10.30%	10.91%	S	80.85%+	70.59%+	73.91%+
SP Behavioral Health	56.74%	50.27%	48.94%	50.00%	89.39%+	82.16%	80.30%+	75.96%
EBCI Tribal Option	48.48%+	S	25.37%+	S	S	S	S	S
Medicaid Direct	46.34%+	48.06%	S	21.71%↑	S	71.43%+	0.00%+	82.14%+
Tailored Plan Eligible	59.22%	54.29%	48.54%	40.13%	78.00%+	74.17%	89.58%+	81.36%
Foster Care	49.20%	55.52%	30.56%	36.24%	71.43%+	74.31%	74.67%+	82.04%

Blue shading indicates the category score is significantly different than the other category.

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

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

↑ Indicates the category score is significantly higher than the other category.

↓ Indicates the category score is significantly lower than the other category.

Table 4-22—Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2023)

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language	
	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	9.34%↓	12.74%↑	93.41%+	92.44%	92.39%+	94.55%
NC PHP Aggregate	13.90%↓	17.90%↑	93.26%+	92.24%	92.13%+	94.70%
AmeriHealth	19.86%	19.81%	88.89%+	91.67%+	85.19%+	98.72%+
Carolina Complete	12.78%↓	21.85%↑	100.00%+	98.80%+	100.00%+	90.00%+
Healthy Blue	S	11.73%↑	S	94.87%+	S	86.84%+
UnitedHealthcare	16.83%	14.38%	88.24%+	93.18%+	94.12%+	95.24%+
WellCare	14.11%	19.87%	95.65%+	84.71%+	95.45%+	98.80%+
SP Behavioral Health	S	7.98%	S	89.66%+	S	85.19%+
EBCI Tribal Option	0.00%+	S	S	S	S	S
Medicaid Direct	S	S	S	S	S	S
Tailored Plan Eligible	S	11.97%	S	97.22%+	S	88.24%+
Foster Care	S	S	S	S	S	S

Blue shading indicates the category score is significantly different than the other category.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-47 shows the significant differences for *Counseling or Mental Health Treatment* by urbanicity. The NC Program rates for child respondents living in rural counties were significantly *lower* than respondents living in urban counties. The Medicaid Direct rates for child respondents living in urban counties were significantly *higher* than respondents living in rural counties; however, the rural results were suppressed due to insufficient data and caution should be exercised when interpreting these results.

Figure 4-47—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Counseling or Mental Health Treatment (2023)

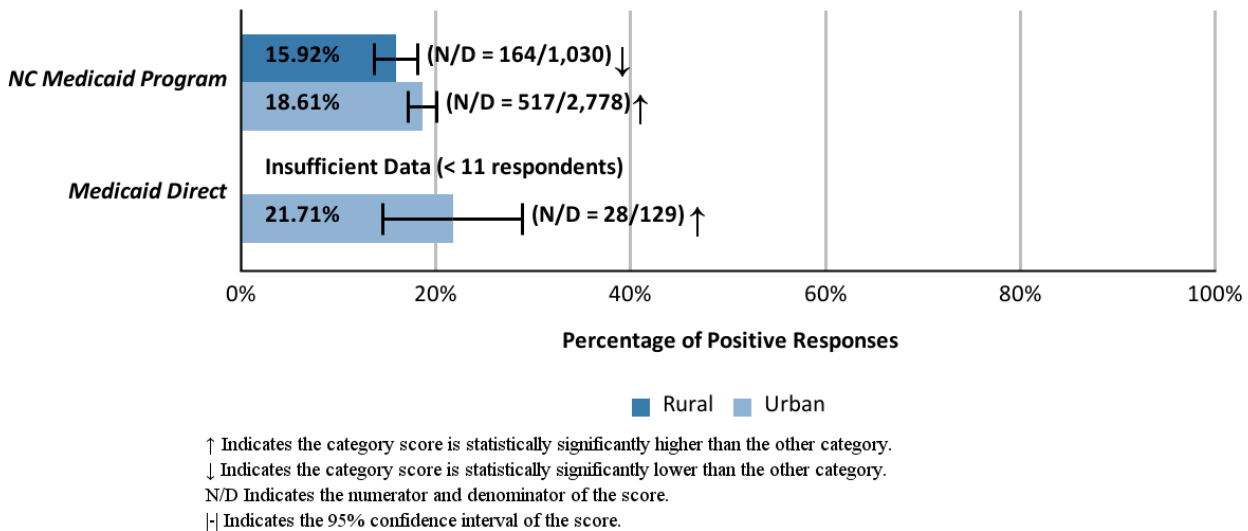


Figure 4-48 shows the significant differences for *Coordination of Care from Mental Health Providers* by urbanicity. The AmeriHealth rate for child respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-48—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Coordination of Care from Mental Health Providers (2023)

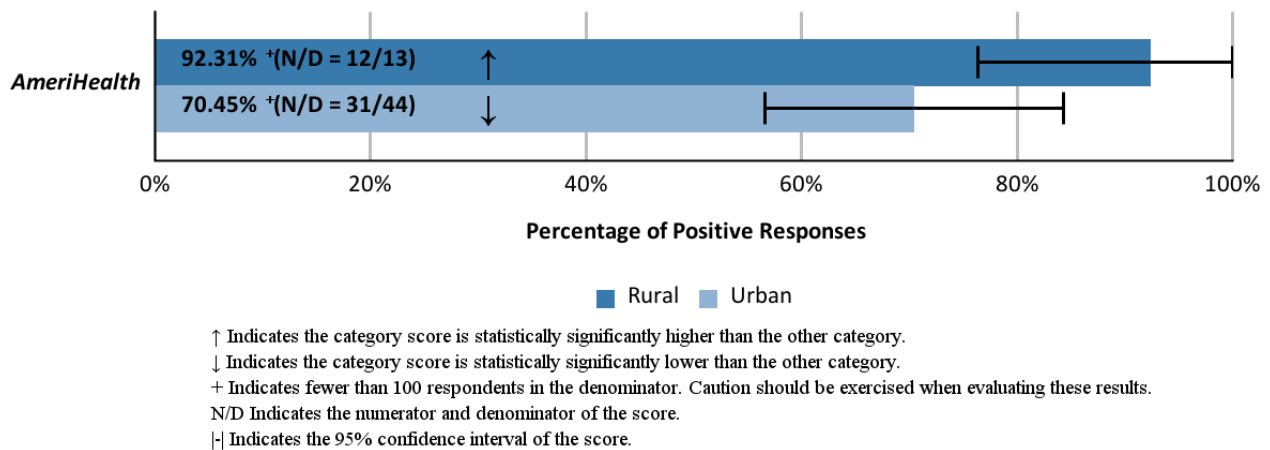
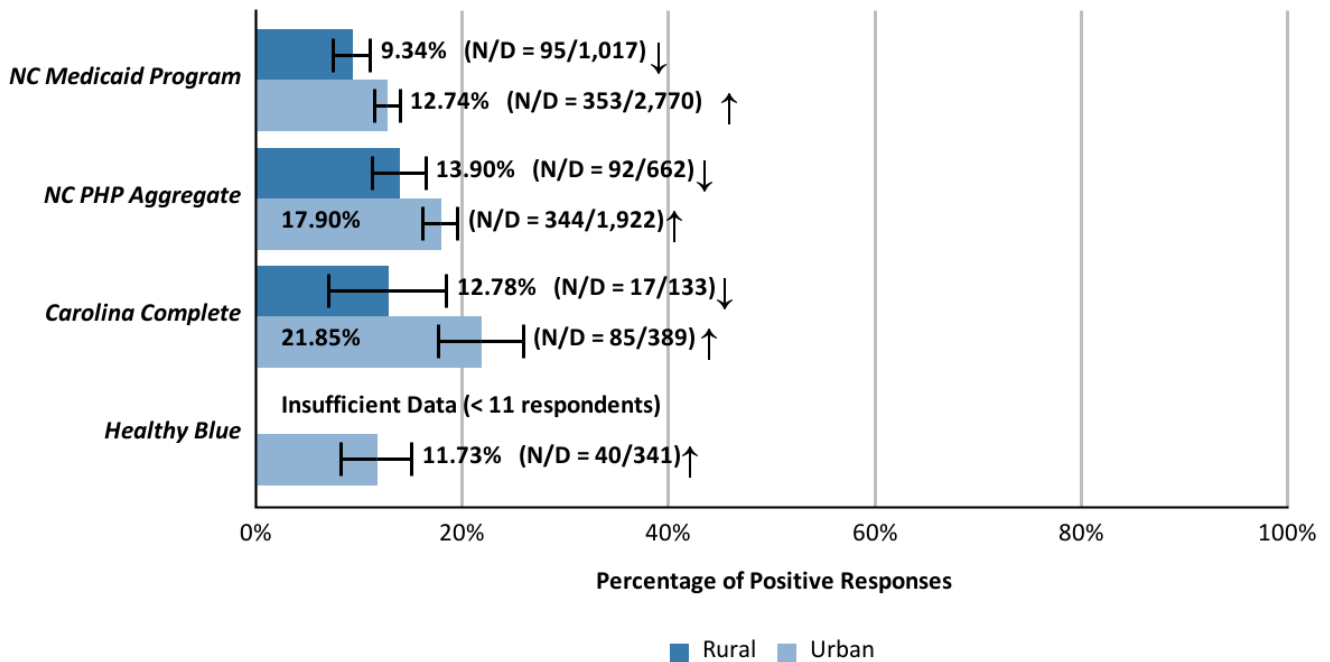


Figure 4-49 shows the significant differences for *Need an Interpreter* by urbanicity. The following program-specific population rates for child respondents living in rural counties were significantly *lower* than respondents living in urban counties: NC Medicaid Program, NC PHP Aggregate, Carolina Complete, and Healthy Blue.

Figure 4-49—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Need an Interpreter (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

AMH Tier Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were stratified to determine if any differences exist between positive ratings for respondents assigned a PCP with an AMH Tier 3 designation compared to the non-AMH Tier 3 population (i.e., members with a PCP with an AMH Tier 1 or Tier 2 designation and members with an assigned PCP without an AMH designation). Non-AMH Tier 3 often had fewer than 100 respondents, which may have influenced the significant results. AMH Tier 3 providers must meet all AMH Tier 1 and 2 provider requirements in addition to Tier 3 requirements. They must also assume primary care management responsibilities; as a result they receive higher per-member per-month payments as part of DHB's value-based payment model. AMH Tier 2 and Tier 1 providers must meet their respective AMH Tier provider requirements and are responsible for delegating primary care management responsibilities through a Clinically Integrated Network or other partner.⁷⁶ For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 38.

Overall Health Characteristics

Table 4-23 shows the parent/caretaker respondents who reported their child's general health status or mental or emotional health status as Excellent, Very Good, or Good stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 4-23—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Overall Health Characteristics (2023)

PHP/Population	General Health Status		Mental or Emotional Health Status	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	95.81%	96.69%	88.87%↓	91.47%
NC PHP Aggregate	96.60%	96.72%	93.05%	94.35%
AmeriHealth	96.74%	96.92% ⁺	92.61%	95.38% ⁺
Carolina Complete	97.42%	95.56% ⁺	93.35%	96.63% ⁺
Healthy Blue	96.54%	98.81% ⁺	94.22%	89.29% ⁺
UnitedHealthcare	97.18%	97.78% ⁺	93.73%	92.05% ⁺
WellCare	95.43%	94.90% ⁺	92.00%↓	97.98% ⁺
SP Behavioral Health	91.56%↓	96.84% ⁺	73.43%	71.58% ⁺
EBCI Tribal Option	93.44% ⁺	S	90.16% ⁺	S
Medicaid Direct	76.25% ⁺	89.47% ⁺	77.50% ⁺ ↓	94.74% ⁺

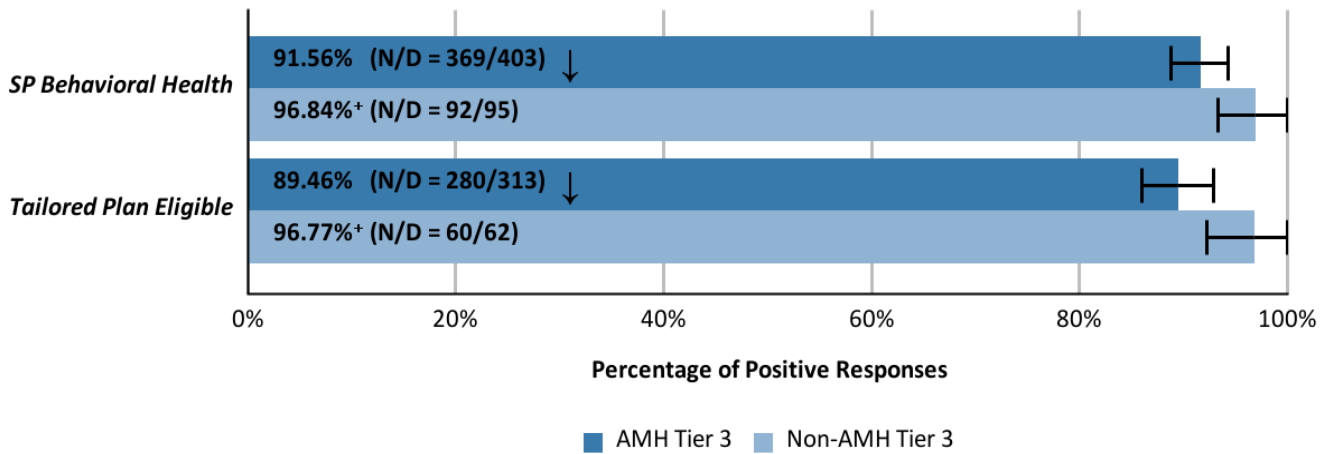
⁷⁶ Fact Sheet. Advanced Medical Home (AMH) Program. Available at: <https://medicaid.ncdhhs.gov/documents/amh-program-provider-fact-sheet/download?attachment>. Accessed on: June 26, 2024.

PHP/Population	General Health Status		Mental or Emotional Health Status	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
Tailored Plan Eligible	89.46%↓	96.77%+	60.90%	70.49%+
Foster Care	95.91%	97.78%	78.17%↓	84.53%

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
+ 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.

Figure 4-50 shows the significant differences for general health status by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly lower than respondents with a non-AMH Tier 3 PCP: SP Behavioral Health and Tailored Plan Eligible.

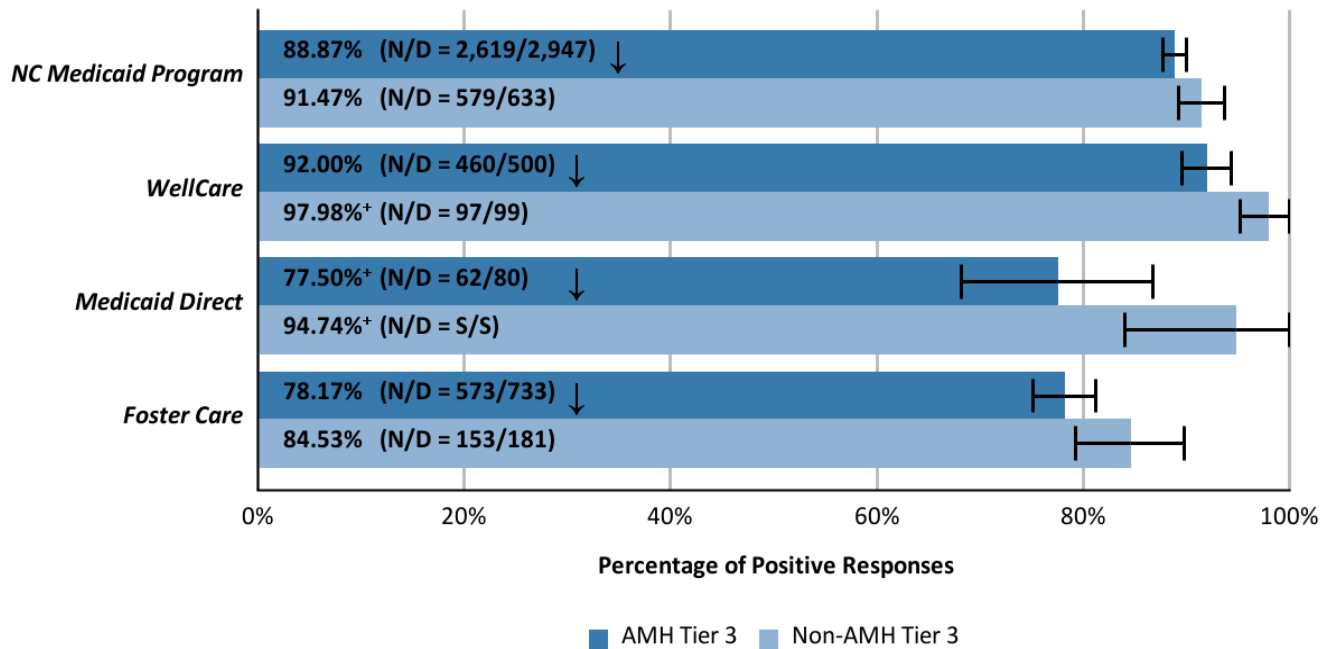
Figure 4-50—Significant Differences: Percentage of Children with an Assigned PCP Whose Parent/Caretaker Rate Their Child’s General Health Status as Excellent, Very Good, or Good and AMH Tier Comparisons, by Program-Specific Populations (2023)



↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Figure 4-51 shows the significant differences for mental or emotional health status by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *lower* than respondents with a non-AMH Tier 3 PCP: NC Medicaid Program, WellCare, Medicaid Direct, and Foster Care.

Figure 4-51—Significant Differences: Percentage of Children with an Assigned PCP Whose Parent/Caretaker Rate Their Child’s Mental or Emotional Health Status as Excellent, Very Good, or Good and AMH Tier Comparisons, by Program-Specific Populations (2023)



S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 -| Indicates the 95% confidence interval of the score.

Global Ratings

Table 4-24 shows the positive ratings for the global ratings stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

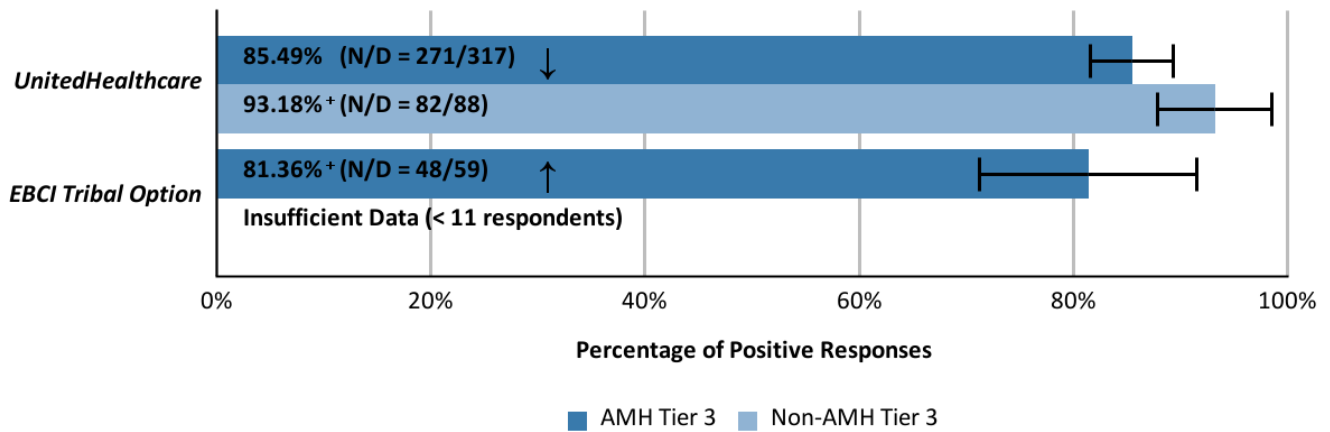
Table 4-24—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Global Ratings (2023)

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	84.52%	84.11%	88.28%	89.46%	91.21%	93.11%	87.32%	86.47%
NC PHP Aggregate	85.33%	87.17%	87.38%	89.66%	90.21%	92.61%	87.22%	87.62%
AmeriHealth	82.82%	86.15% ⁺	85.77%	89.47% ⁺	87.74%	94.23% ⁺	88.54% ⁺	75.00% ⁺
Carolina Complete	87.35%	88.76% ⁺	88.93%	92.86% ⁺	92.56%	92.11% ⁺	88.89% ⁺	95.24% ⁺
Healthy Blue	87.13%	85.71% ⁺	91.55%	89.29% ⁺	91.32%	90.41% ⁺	88.76% ⁺	82.61% ⁺
UnitedHealthcare	85.49% [↓]	93.18% ⁺	82.68%	88.68% ⁺	89.83%	93.06% ⁺	86.15% ⁺	95.45% ⁺
WellCare	84.74%	82.11% ⁺	87.33%	87.93% ⁺	90.05%	93.67% ⁺	83.96%	86.96% ⁺
SP Behavioral Health	83.04%	79.79% ⁺	81.58%	82.61% ⁺	88.11%	83.33% ⁺	84.72%	77.78% ⁺
EBCI Tribal Option	81.36% [↑]	S	82.86% ⁺	S	91.67% [↑]	S	81.25% ⁺	S
Medicaid Direct	73.42% ⁺	63.16% ⁺	91.30% ⁺	81.25% ⁺	91.78% ⁺	89.47% ⁺	85.71% ⁺	S
Tailored Plan Eligible	77.32%	83.61% ⁺	83.54%	88.00% ⁺	88.89% [↓]	98.25% ⁺	85.03%	92.31% ⁺
Foster Care	83.66%	81.14%	90.34%	91.34%	93.53% [↓]	96.86%	88.26%	85.45% ⁺

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the AMH Tier 3 score is significantly higher than the non-AMH Tier 3 score.
 ↓ Indicates the AMH Tier 3 score is significantly lower than the non-AMH Tier 3 score.

Figure 4-52 shows the significant differences for *Rating of Health Plan* by AMH Tier designation. The UnitedHealthcare rate for children with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP. The EBCI Tribal Option rate for children with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

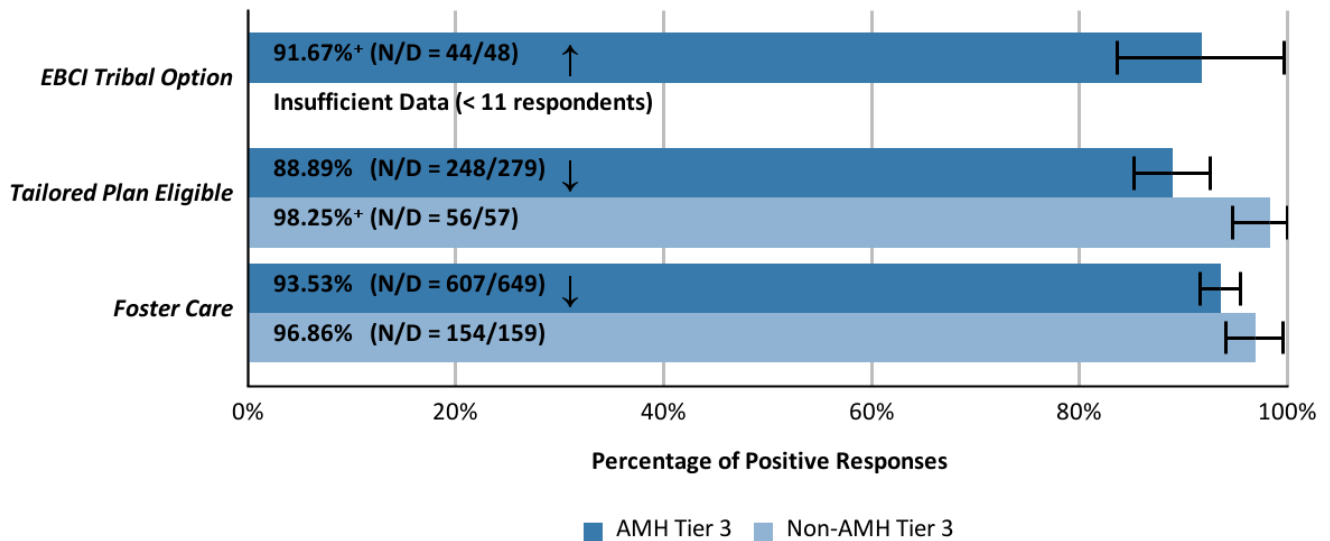
Figure 4-52—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of Health Plan (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Figure 4-53 shows the significant differences for *Rating of Personal Doctor* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *lower* than respondents with a non-AMH Tier 3 PCP: Tailored Plan Eligible and Foster Care. The EBCI Tribal Option rate for children with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 4-53—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of Personal Doctor (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 -| Indicates the 95% confidence interval of the score.

Composite Measures and Individual Item Measure

Table 4-25 shows the positive ratings for each composite measure and individual item measure stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 4-25—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Composite Measures and Individual Item Measure (2023)

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service		Coordination of Care	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	86.72%	85.76%	89.25%	92.03%	96.80%	96.56%	89.34%	88.52%	86.60%	82.14%
NC PHP Aggregate	85.65%	84.60%	87.29%↓	91.20%	96.02%	95.82%	89.93%	89.67%+	85.66%	82.30%
AmeriHealth	83.42%	84.87%+	83.24%	91.50%+	95.26%	95.12%+	92.19%	93.75%+	84.87%	81.25%+
Carolina Complete	85.55%	87.14%+	92.06%	93.64%+	97.10%	98.66%+	92.74%	92.86%+	92.59%	91.67%+
Healthy Blue	87.72%	88.03%+	89.54%	88.99%+	97.84%	97.22%+	91.58%+	90.00%+	84.62%	79.31%+
UnitedHealthcare	86.05%	81.95%+	83.72%↓	97.22%+	93.05%	96.08%+	85.16%+	83.33%+	79.73%+↓	94.44%+
WellCare	85.91%	81.79%+	87.62%	85.24%+	96.21%	91.82%+	86.79%	89.47%+	84.96%	69.23%+
SP Behavioral Health	87.25%	91.97%+	89.19%	91.67%+	96.80%	96.27%+	90.48%+	87.50%+	89.36%	91.67%+
EBCI Tribal Option	85.19%+	S	86.63%+	S	97.92%+	S	92.31%+	S	80.95%+	S
Medicaid Direct	88.92%+	86.88%+	88.81%+	S	98.85%+	96.88%+	73.81%+	S	86.00%+	85.71%+
Tailored Plan Eligible	84.44%	87.64%+	89.03%	88.07%+	94.59%↓	98.43%+	85.30%+	92.31%+	82.64%↓	96.30%+
Foster Care	88.63%	88.85%+	94.22%	93.03%+	98.24%	98.26%	89.18%	81.25%+	88.97%	84.38%+

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + 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.

Figure 4-54 shows the significant differences for *Getting Care Quickly* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly lower than respondents with a non-AMH Tier 3 PCP: NC PHP Aggregate and UnitedHealthcare.

Figure 4-54—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Getting Care Quickly (2023)

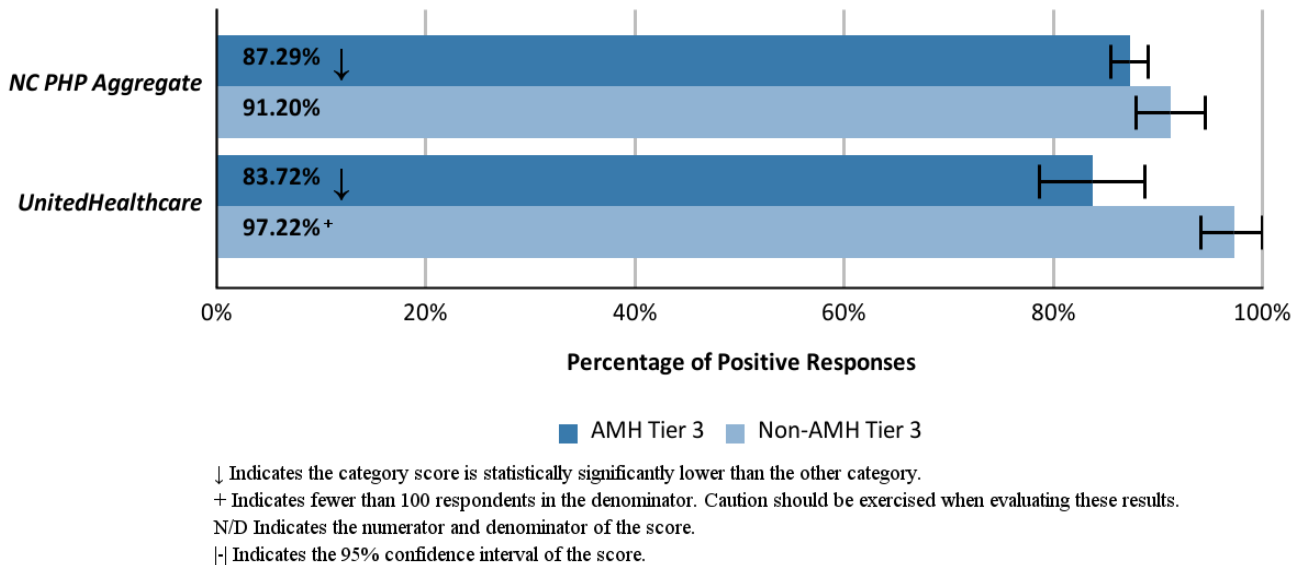


Figure 4-55 shows the significant differences for *How Well Doctors Communicate* by AMH Tier designation. The Tailored Plan Eligible rate for children with an AMH Tier 3 PCP was significantly lower than respondents with a non-AMH Tier 3 PCP.

Figure 4-55—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: How Well Doctors Communicate (2023)

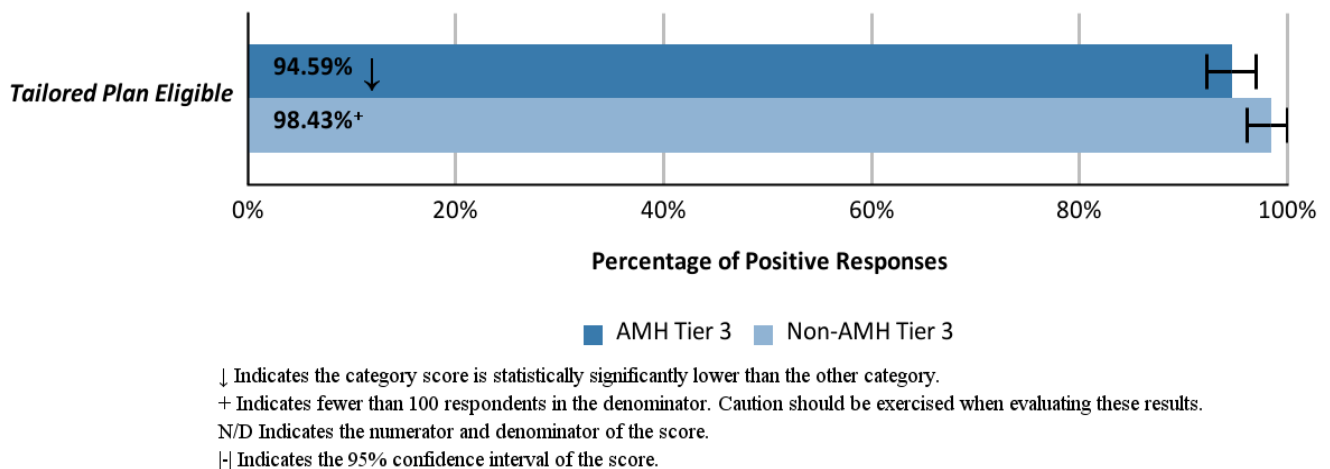
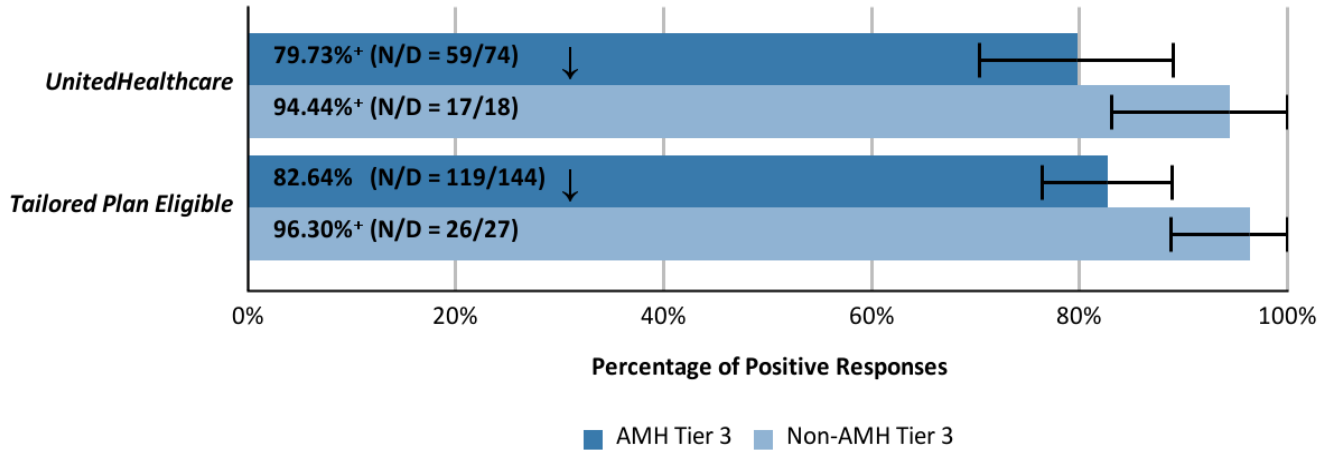


Figure 4-56 shows the significant differences for *Coordination of Care* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly lower than respondents with a non-AMH Tier 3 PCP: UnitedHealthcare and Tailored Plan Eligible.

Figure 4-56—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Coordination of Care (2023)



↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 [-] Indicates the 95% confidence interval of the score.

Supplemental Items

Table 4-26 and Table 4-27 show the positive ratings for select supplemental items stratified by AMH Tier designation for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 4-26—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items (2023)

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Physical Health and Other Treatments	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	42.54%	40.76%	18.05%	16.64%	73.06%	71.57%	75.05%	79.21%
NC PHP Aggregate	37.79%	36.17%	10.94%	13.41%	74.32%	64.81% ⁺	72.69%	76.36% ⁺
AmeriHealth	37.97%	38.46% ⁺	9.36%	16.92% ⁺	62.22% ⁺	S	79.07% ⁺	S
Carolina Complete	36.32%	37.78% ⁺	13.00%	S	83.33% ⁺	S	69.23% ⁺	S
Healthy Blue	43.31%	39.76% ⁺	12.79%	16.87% ⁺	73.81% ⁺	84.62% ⁺	60.98% ⁺ ↓	92.31% ⁺
UnitedHealthcare	35.85%	34.48% ⁺	8.49%	14.61% ⁺	81.48% ⁺ ↑	S	88.89% ⁺	S
WellCare	36.29%	31.63% ⁺	11.02%	S	72.22% ⁺	S	71.70% ⁺	S
SP Behavioral Health	51.64%	51.09% ⁺	48.87%	50.53% ⁺	83.77%	86.96% ⁺	79.89%	67.39% ⁺
EBCI Tribal Option	49.15% ⁺	S	26.67% ⁺	S	S	S	S	S
Medicaid Direct	51.85% ⁺	S	18.52% ⁺	S	80.00% ⁺	S	86.67% ⁺	S
Tailored Plan Eligible	53.85%	53.23% ⁺	43.09%	33.87% ⁺	74.62%	80.00% ⁺	84.92%	80.00% ⁺
Foster Care	54.50%	50.56%	37.57%↑	24.58%	73.21%	81.82% ⁺	78.52%	80.95% ⁺

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ↑ Indicates the AMH Tier 3 score is significantly higher than the non-AMH Tier 3 score.
 ↓ Indicates the AMH Tier 3 score is significantly lower than the non-AMH Tier 3 score.

Table 4-27—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2023)

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	12.82%↑	8.64%	93.65%	87.04% ⁺	95.16%↑	84.31% ⁺
NC PHP Aggregate	18.00%↑	12.53%	93.58%	86.79% ⁺	95.10%	86.00% ⁺
AmeriHealth	20.91%↑	S	93.00%	S	96.84% ⁺	S
Carolina Complete	21.29%	13.48% ⁺	98.84% ⁺	100.00% ⁺	93.98% ⁺	S
Healthy Blue	11.37%	S	94.59% ⁺	S	86.49% ⁺	S
UnitedHealthcare	15.82%	S	89.58% ⁺	S	93.48% ⁺	S
WellCare	18.35%	18.18% ⁺	90.80% ⁺	77.78% ⁺	98.84% ⁺	93.75% ⁺
SP Behavioral Health	7.54%	S	96.43% ⁺	S	92.31% ⁺	S
EBCI Tribal Option	0.00% ⁺	0.00% ⁺	S	S	S	S
Medicaid Direct	S	0.00% ⁺	S	S	S	S
Tailored Plan Eligible	11.04%	S	94.12% ⁺	S	96.97% ⁺	0.00% ⁺
Foster Care	S	S	S	S	S	S

Blue shading indicates the AMH Tier 3 score is significantly different than the non-AMH Tier 3 score.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
↑ Indicates the AMH Tier 3 score is significantly higher than the non-AMH Tier 3 score.

Figure 4-57 shows the significant differences for *Counseling or Mental Health Treatment* by AMH Tier designation. The Foster Care rate for children with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 4-57—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Counseling or Mental Health Treatment (2023)

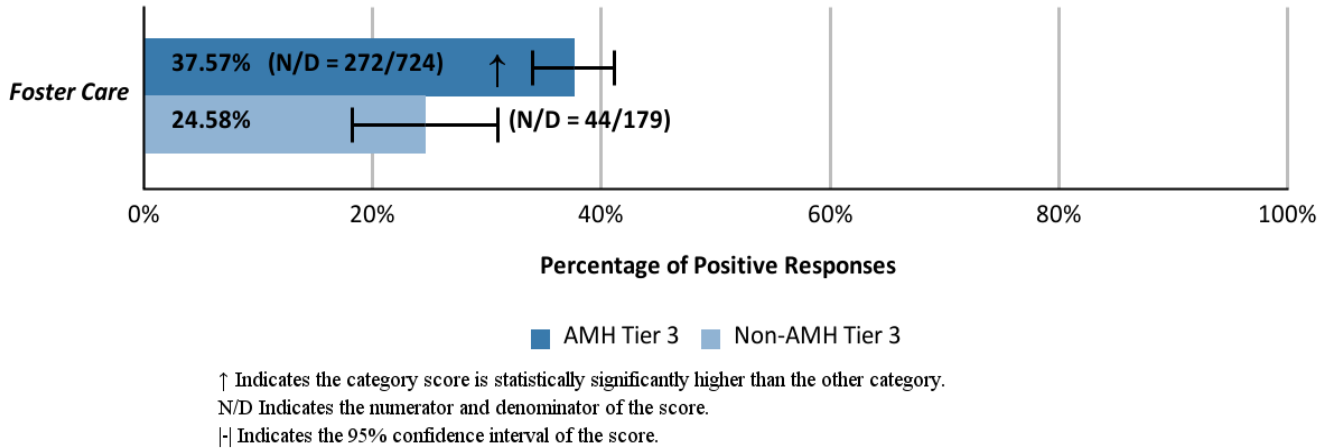


Figure 4-58 shows the significant differences for *Appointment for Counseling or Mental Health Treatment* by AMH Tier designation. The UnitedHealthcare rate for children with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 4-58—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Appointment for Counseling or Mental Health Treatment (2023)

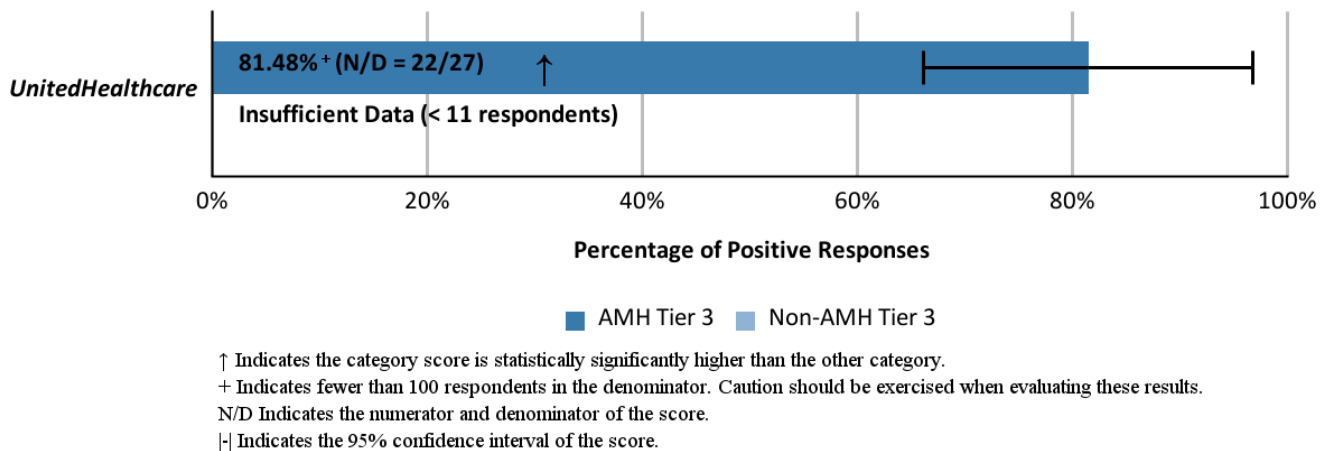
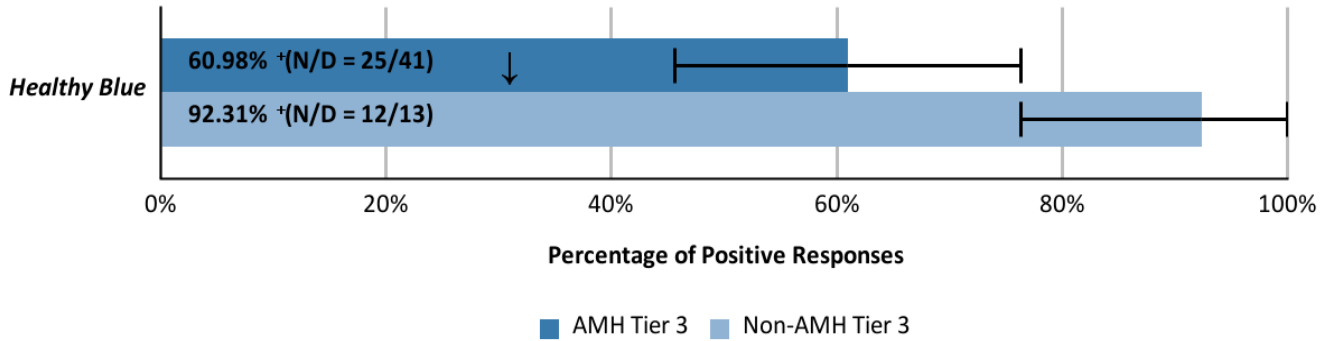


Figure 4-59 shows the significant differences for *Coordination of Care from Mental Health Providers* by AMH Tier designation. The Healthy Blue rate for children with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

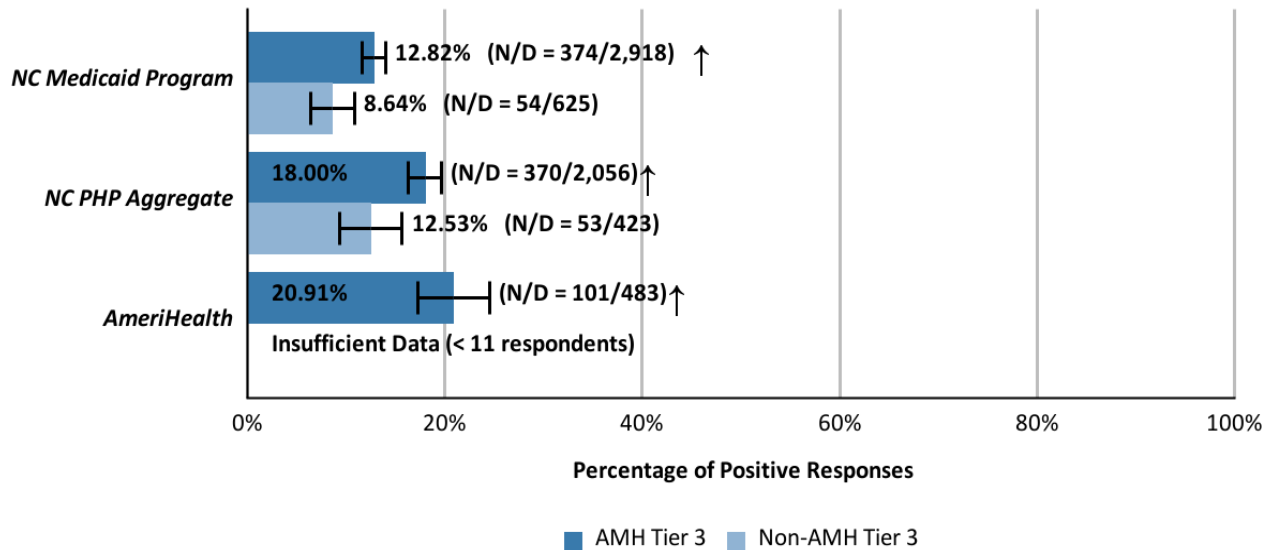
Figure 4-59—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Coordination of Care from Mental Health Providers (2023)



↓ Indicates the category score is statistically significantly lower than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 -| Indicates the 95% confidence interval of the score.

Figure 4-60 shows the significant differences for *Need an Interpreter* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *higher* than respondents with a non-AMH Tier 3 PCP: NC Medicaid Program, NC PHP Aggregate, and AmeriHealth.

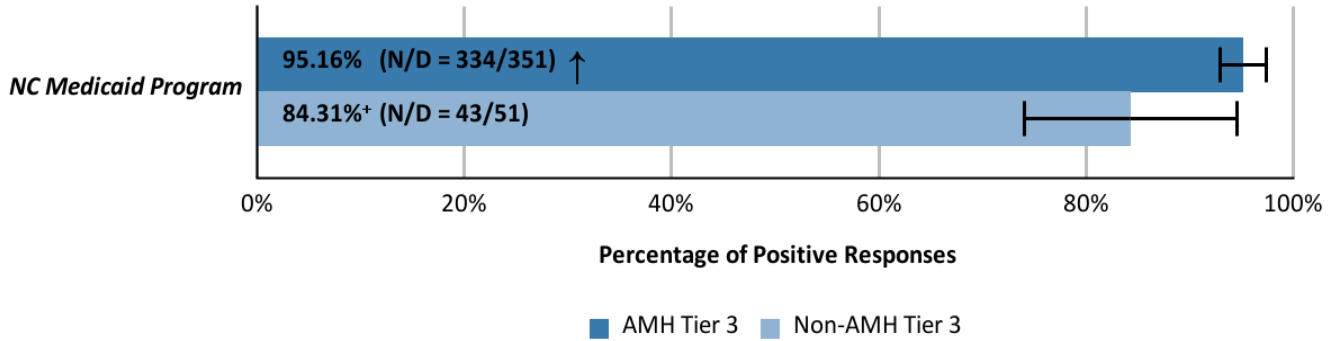
Figure 4-60—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Need an Interpreter (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Figure 4-61 shows the significant differences for *Preferred Language* by AMH Tier designation. The NC Medicaid Program rate for children with a AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 4-61—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Preferred Language (2023)



↑ Indicates the category score is statistically significantly higher than the other category.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Spearman Correlation

HSAG used the Spearman correlation to assess how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist.⁷⁷ For more detailed information regarding the methodology used for this analysis, please refer to the Reader’s Guide beginning on page 38. Table 4-28 presents the results of the Spearman correlation for the NC Medicaid Program. Based on the results of this analysis, no strong relationships between the composite measures and global ratings exist.

Table 4-28—Child Spearman Correlation NC Medicaid Program Results (2023)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.34	0.42	0.29	0.43
Getting Care Quickly	0.17	0.28	0.18	0.2
How Well Doctors Communicate	0.24	0.34	0.42	0.28
Customer Service	0.4	0.32	0.33	0.34

Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.

⁷⁷ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2024.

Appendix A. Supplemental Information

Demographics

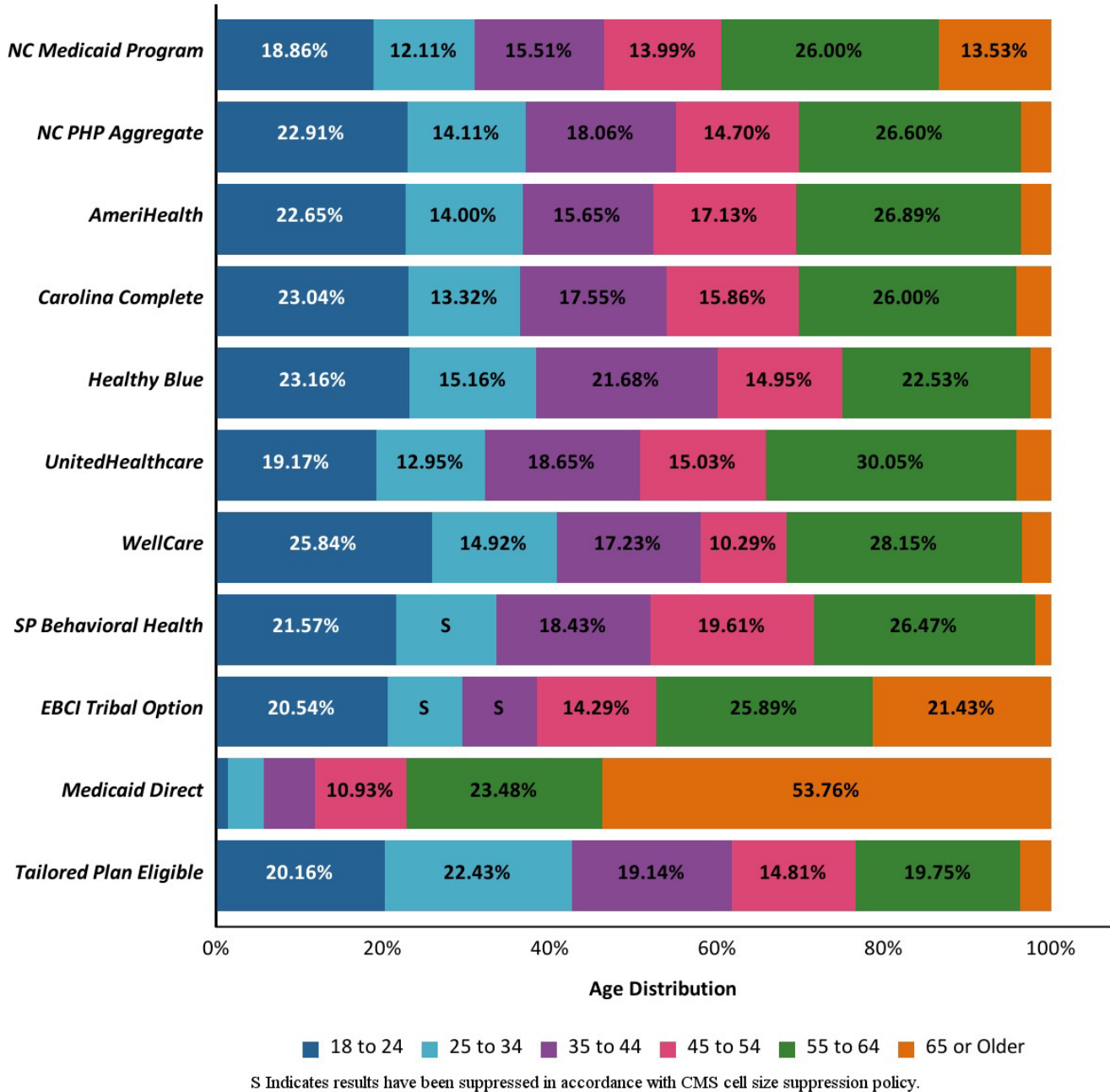
The demographics include the *self-reported* demographic information reported by respondents in the CAHPS surveys.

Adult Demographics

Figure A-1 through Figure A-5 present the adult respondent self-reported demographic characteristics (i.e., demographic information reported on the survey) for age, sex, education level, race, and ethnicity.

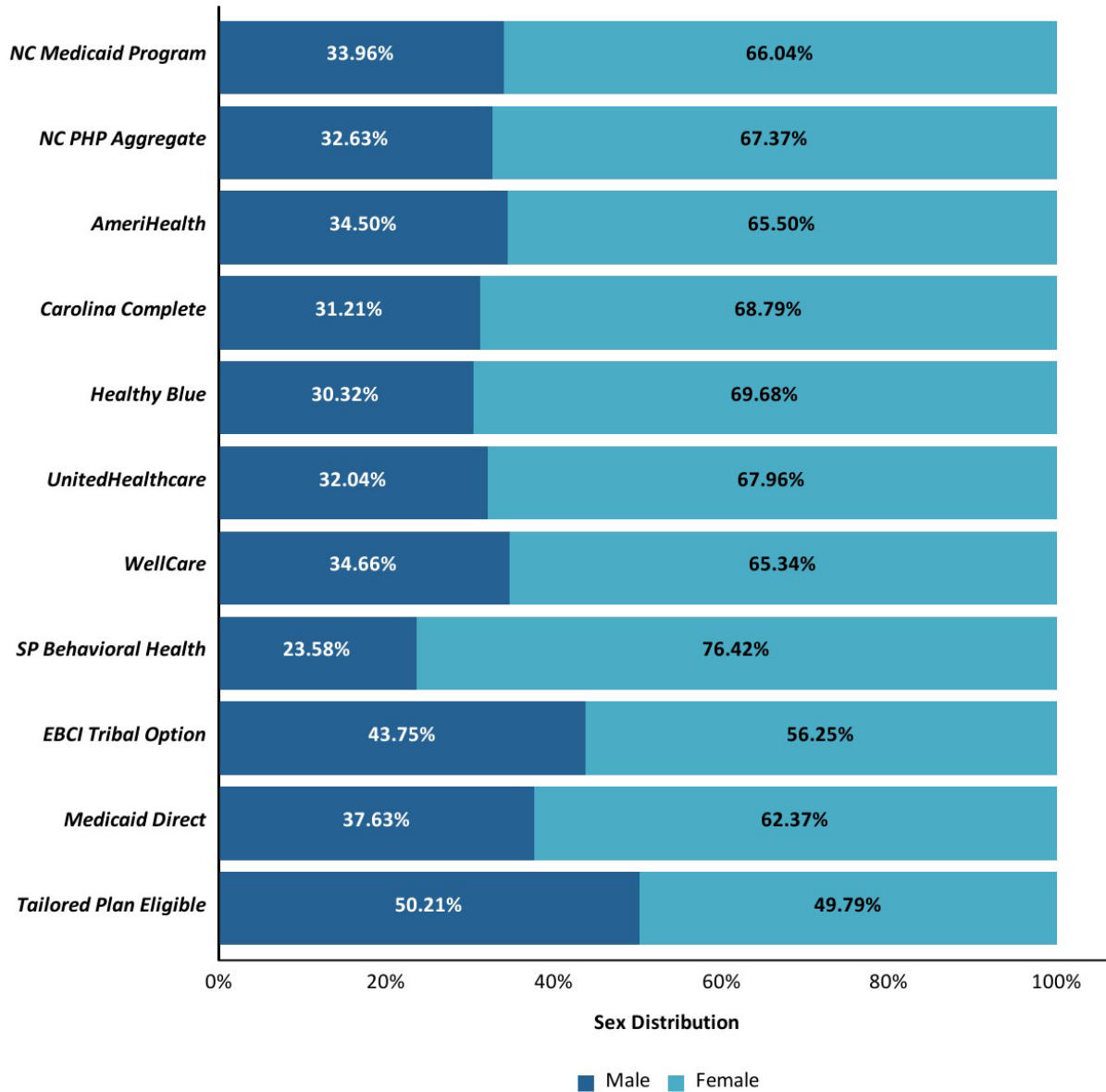
Overall, the majority of adult respondents were over the age of 45 years old. The most common age category was 55 to 64 years old across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except for Healthy Blue, Medicaid Direct, and Tailored Plan Eligible.

Figure A-1—Percentage of 2023 Adult Respondents Who Reported Their Age, with Aggregate Comparisons



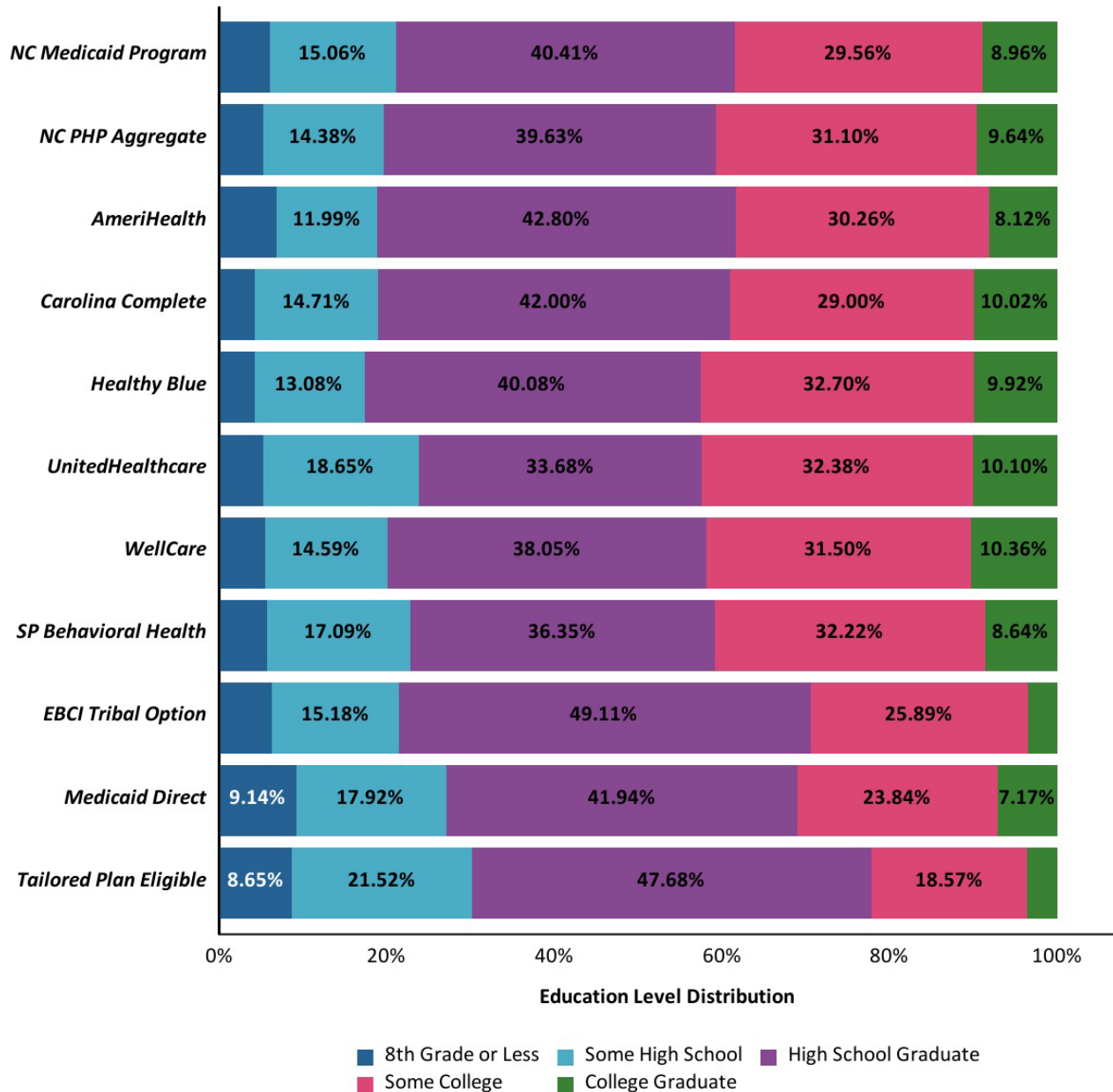
Overall, the majority of adult respondents were female across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except for Tailored Plan Eligible.

Figure A-2—Percentage of 2023 Adult Respondents Who Reported Their Sex, with Aggregate Comparisons



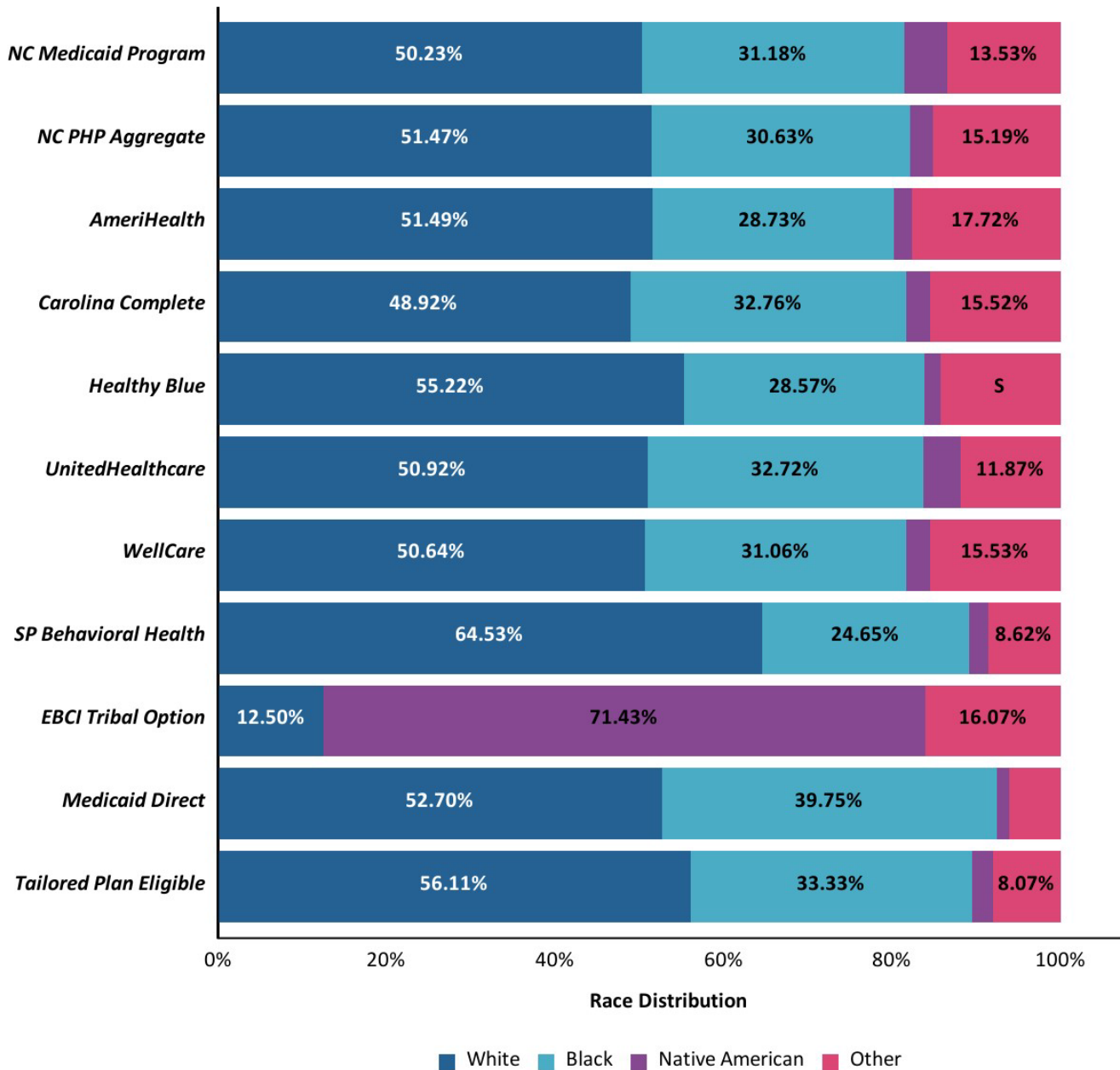
Overall, the most common education level reported by adult respondents was high school graduate across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

Figure A-3—Percentage of 2023 Adult Respondents Who Reported Their Education Level, with Aggregate Comparisons



Overall, the majority of adult respondents were White across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except Carolina Complete and EBCI Tribal Option.

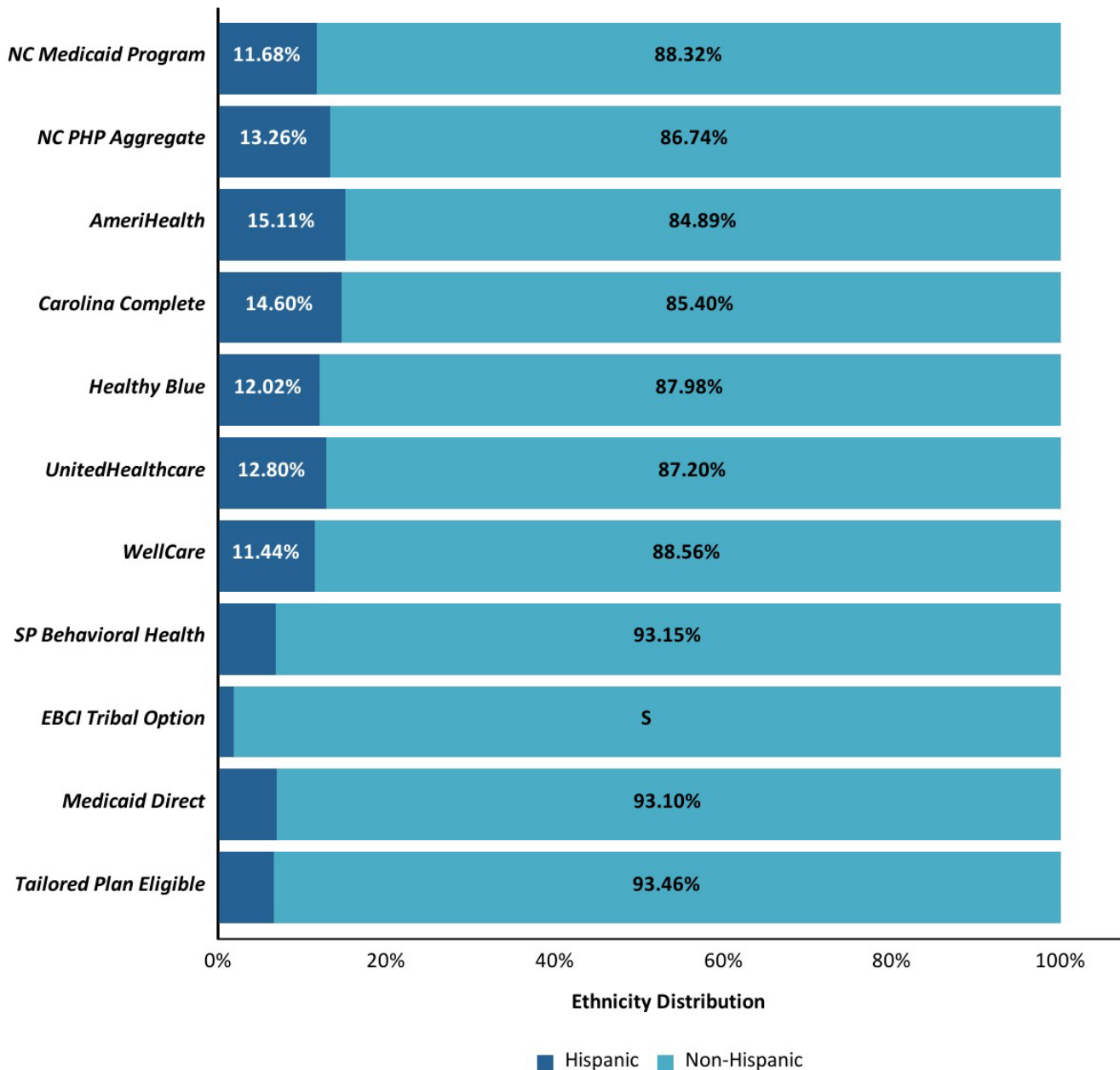
Figure A-4—Percentage of 2023 Adult Respondents Who Reported Their Race, with Aggregate Comparisons



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

Overall, the majority of adult respondents were non-Hispanic across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

Figure A-5—Percentage of 2023 Adult Respondents Who Reported Their Ethnicity, with Aggregate Comparisons



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

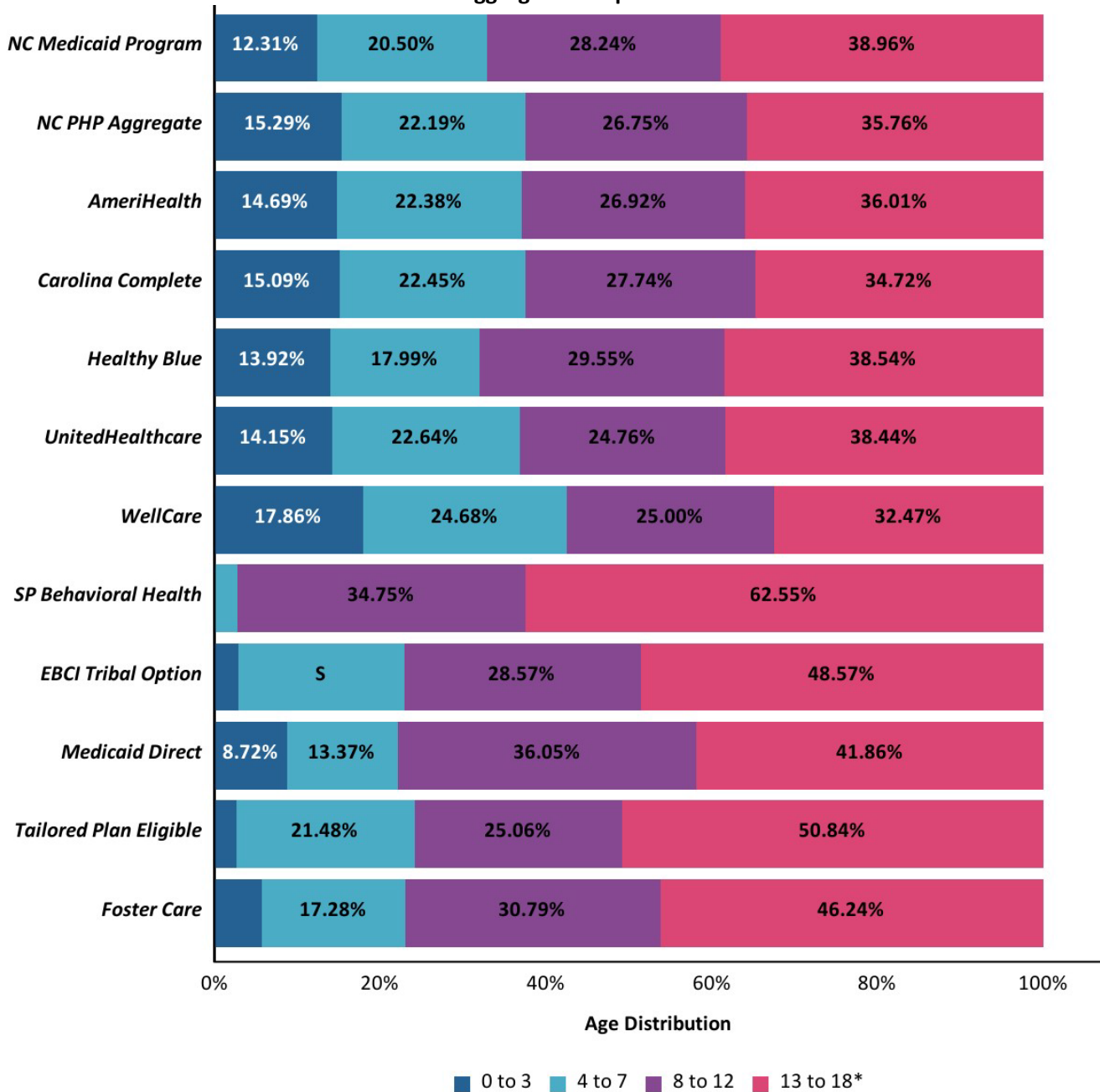
Child Demographics

Child Member Demographics

Figure A-6 through Figure A-9 present the demographic characteristics of child members reported by their parents/caretakers who completed a survey (i.e., demographic information reported on the survey) for age, sex, race, and ethnicity.

Overall, the Majority of child members was 8 years of age or older. The most common age category was 13 to 18 years old across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

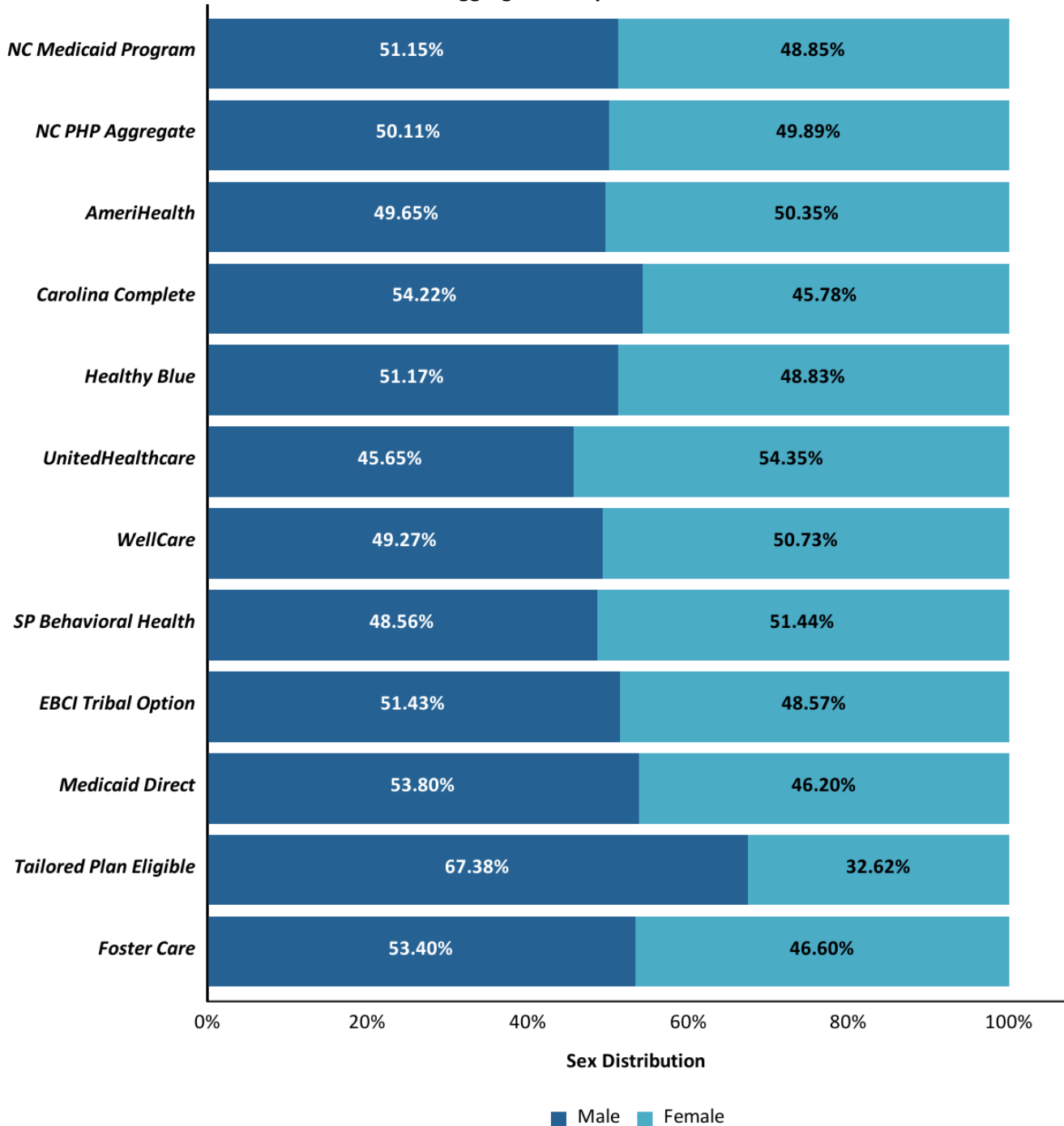
Figure A-6—Percentage of 2023 Child Respondents Who Reported Their Child’s Age, with Aggregate Comparisons



S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 *Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2022. Some children eligible for the CAHPS Survey turned 18 between January 1, 2023 and the time of survey administration.

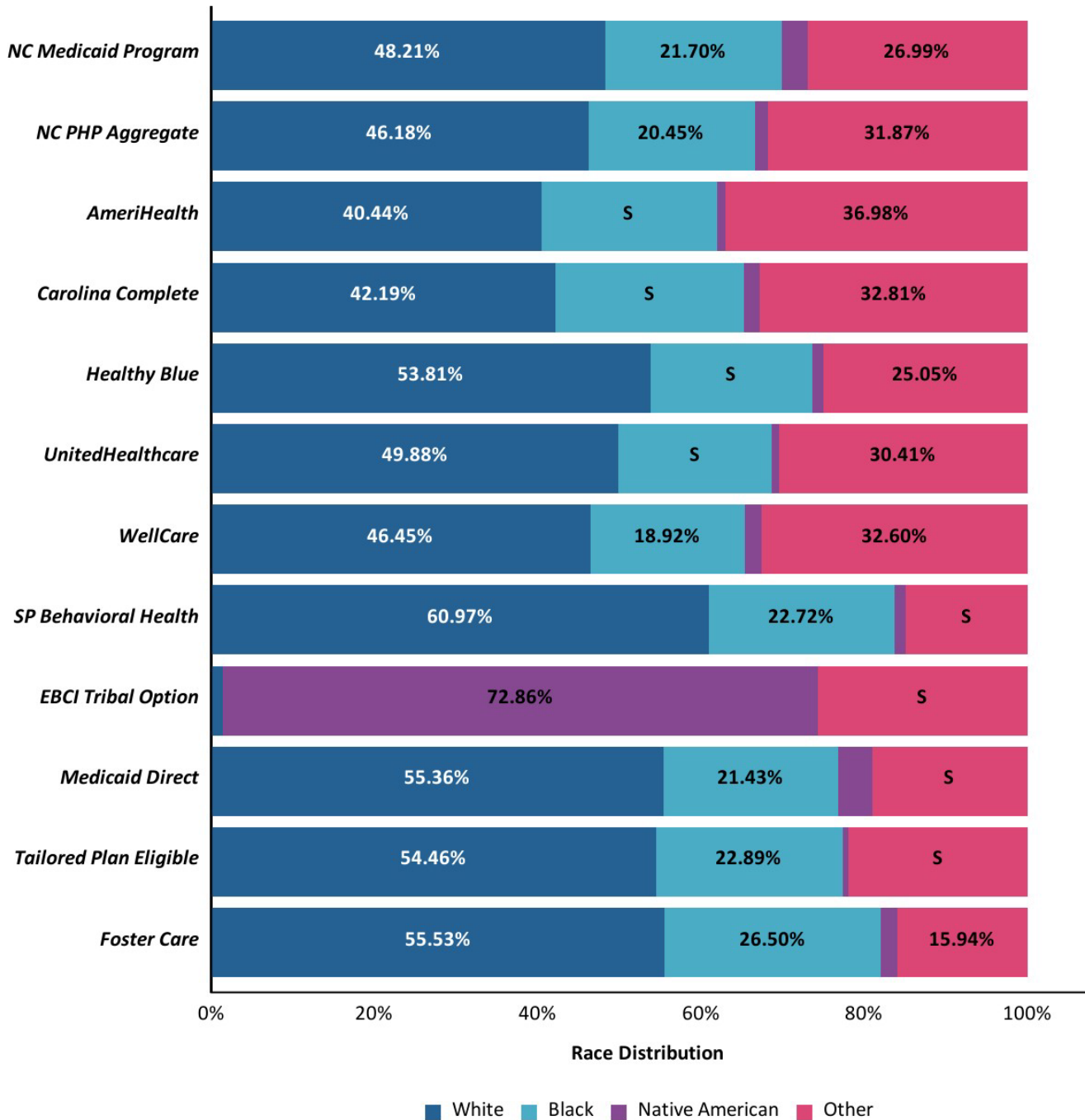
Overall, child members had about an even distribution of sex across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except for Tailored Plan Eligible.

Figure A-7—Percentage of 2023 Child Respondents Who Reported Their Child’s Sex, with Aggregate Comparisons



Overall, the plurality of child members was mostly White across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except EBCI Tribal Option.

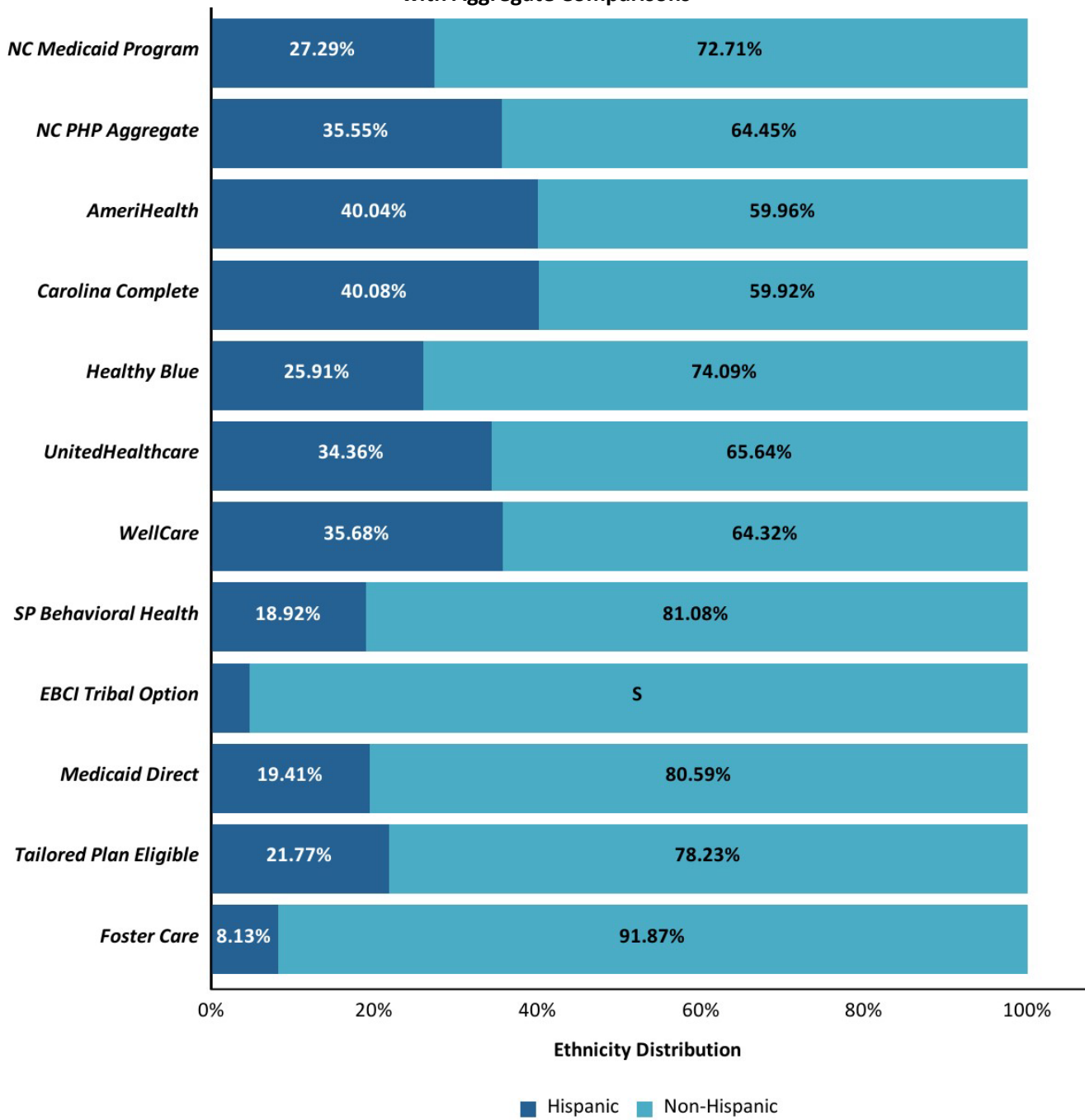
Figure A-8—Percentage of 2023 Child Respondents Who Reported Their Child’s Race, with Aggregate Comparisons



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

Overall, the majority of child members were non-Hispanic across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

Figure A-9—Percentage of 2023 Child Respondents Who Reported Their Child’s Ethnicity, with Aggregate Comparisons



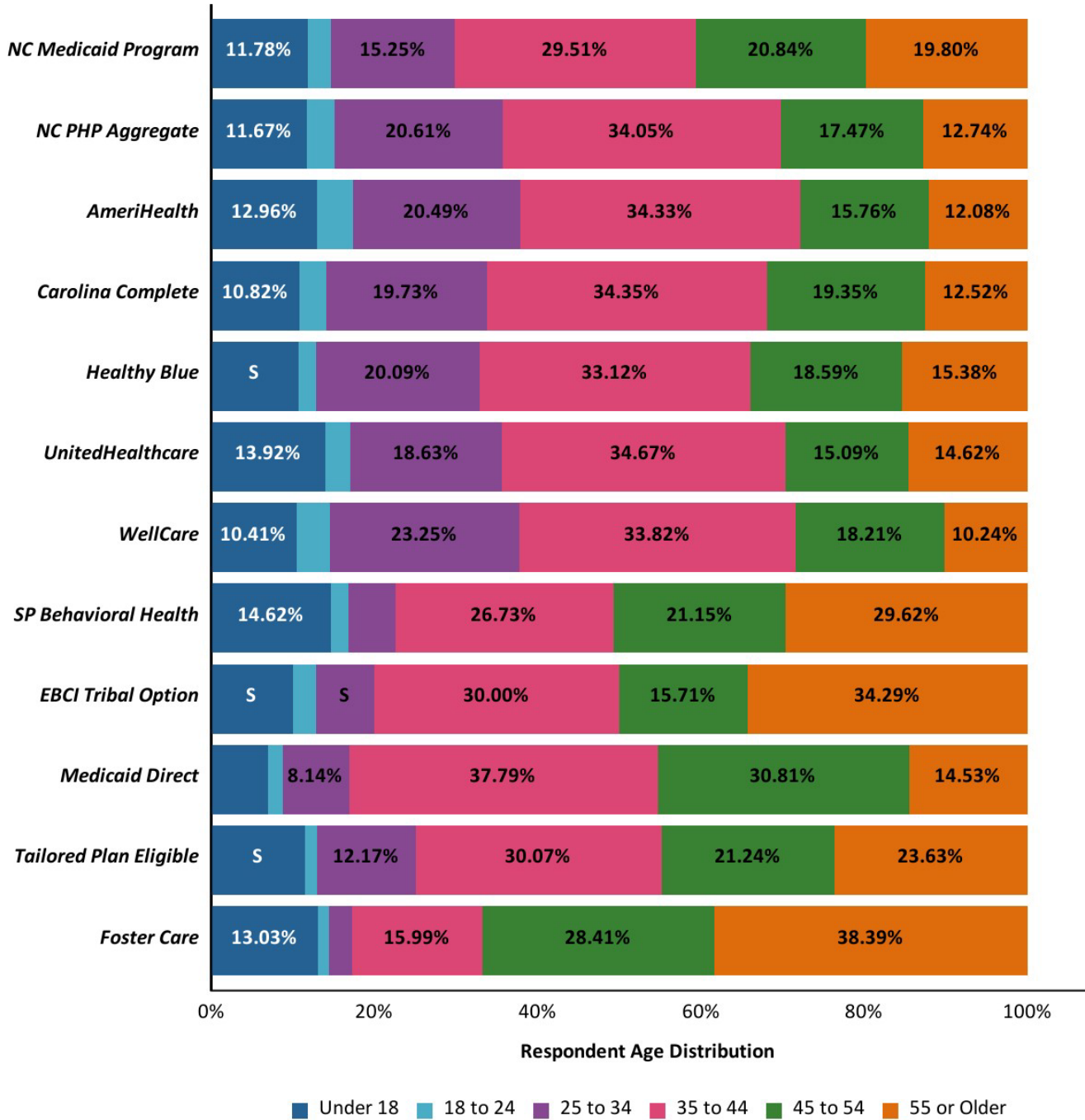
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Child Respondent Demographics

Figure A-10 through Figure A-13 present the self-reported demographic characteristics (i.e., demographic information reported on the survey) of the parents/caretakers who completed a survey on behalf of child members for age, sex, education level, and relationship to child.

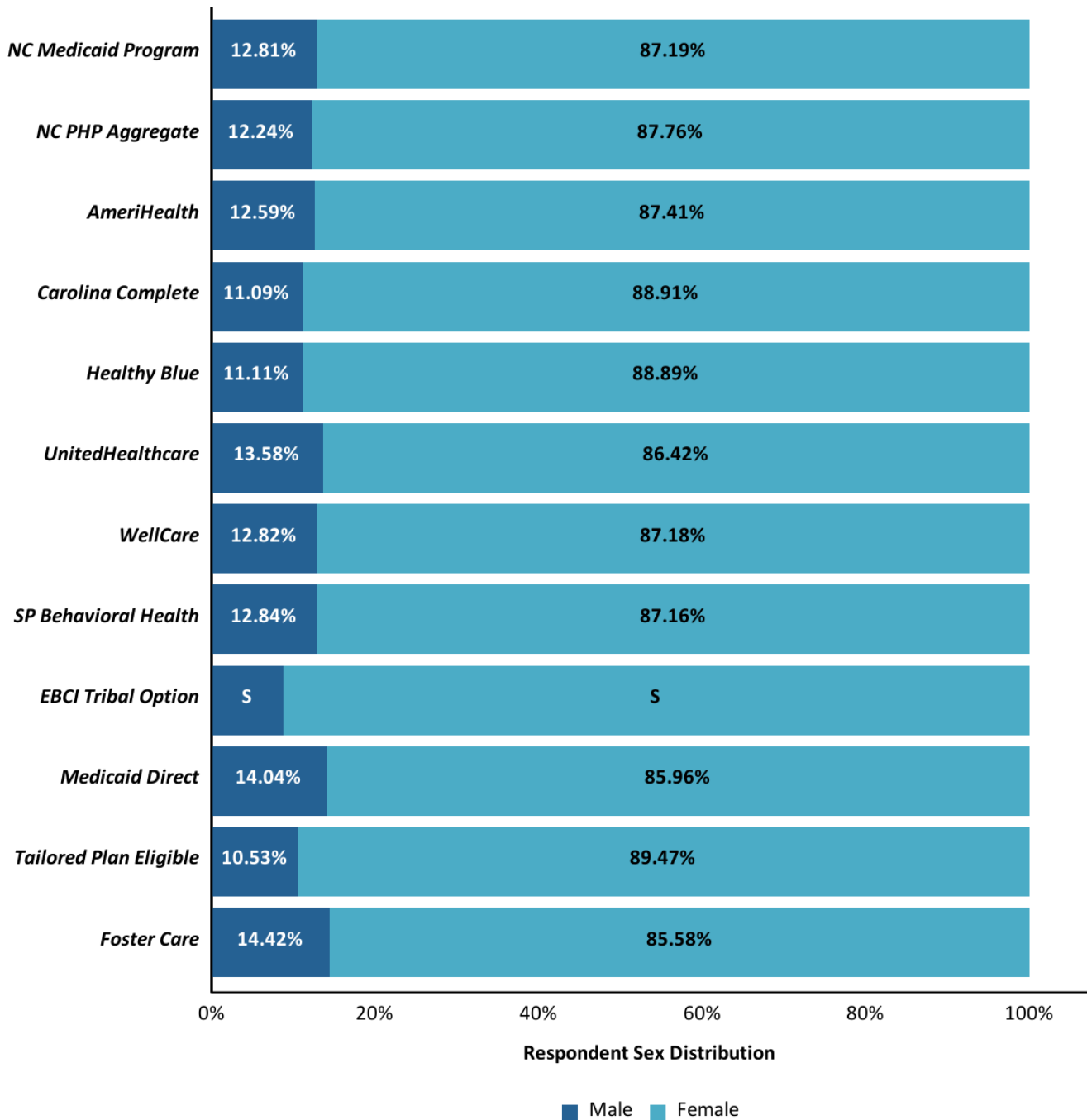
Overall, the majority of child parent/caretaker respondents were 35 years of age or older. The most common age category was 35 to 44 years old across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except for SP Behavioral Health, EBCI Tribal Option, and Foster Care.

Figure A-10—Percentage of 2023 Parent/Caretaker Child Respondents Who Reported Their Age, with Aggregate Comparisons



Overall, the majority of child parent/caretaker respondents were female across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

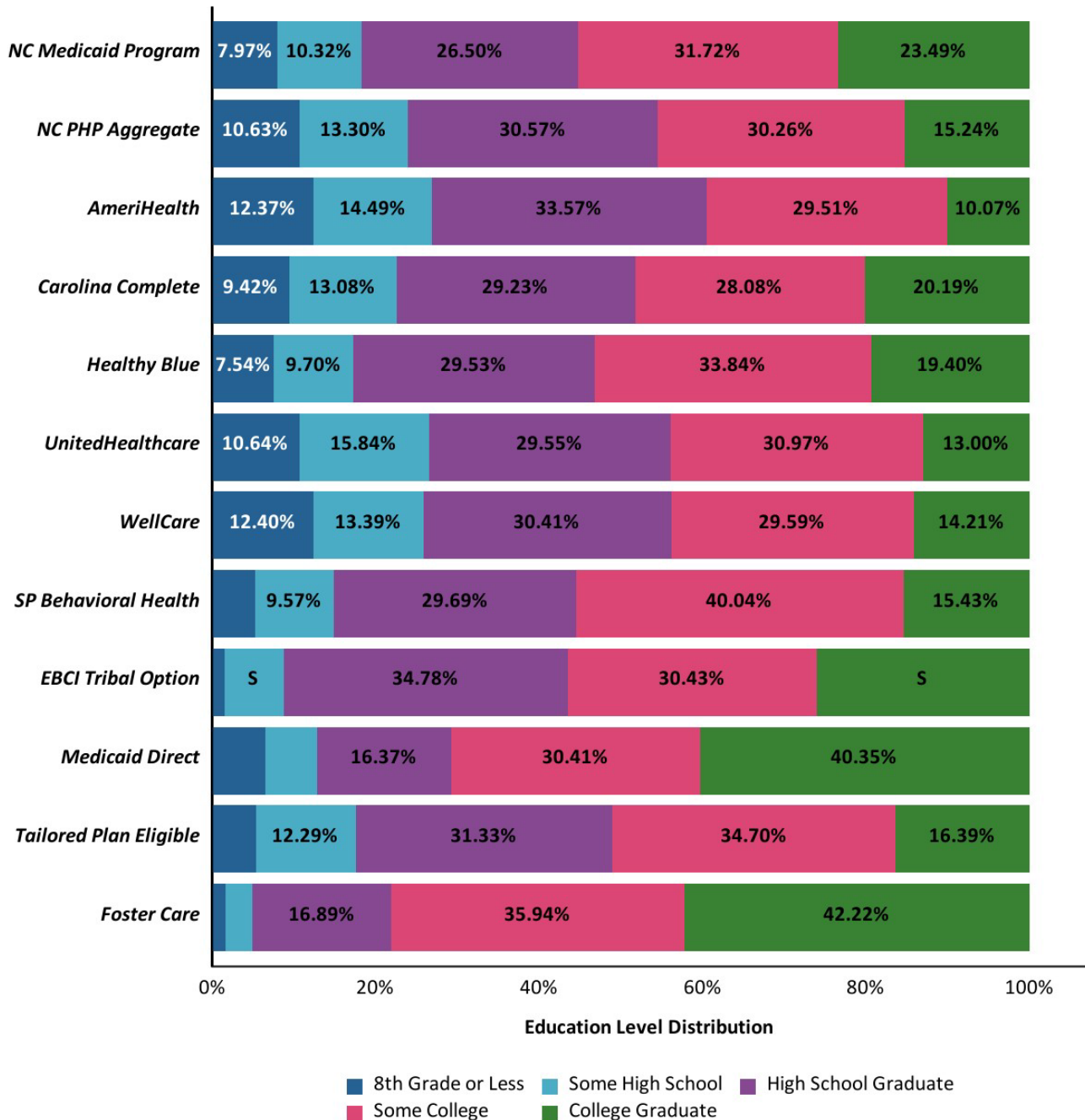
Figure A-11—Percentage of 2023 Parent/Caretaker Child Respondents Who Reported Their Sex, with Aggregate Comparisons



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

Overall, the most common education levels reported by child parent/caretaker respondents were high school graduate and some college across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except Medicaid Direct and Foster Care.

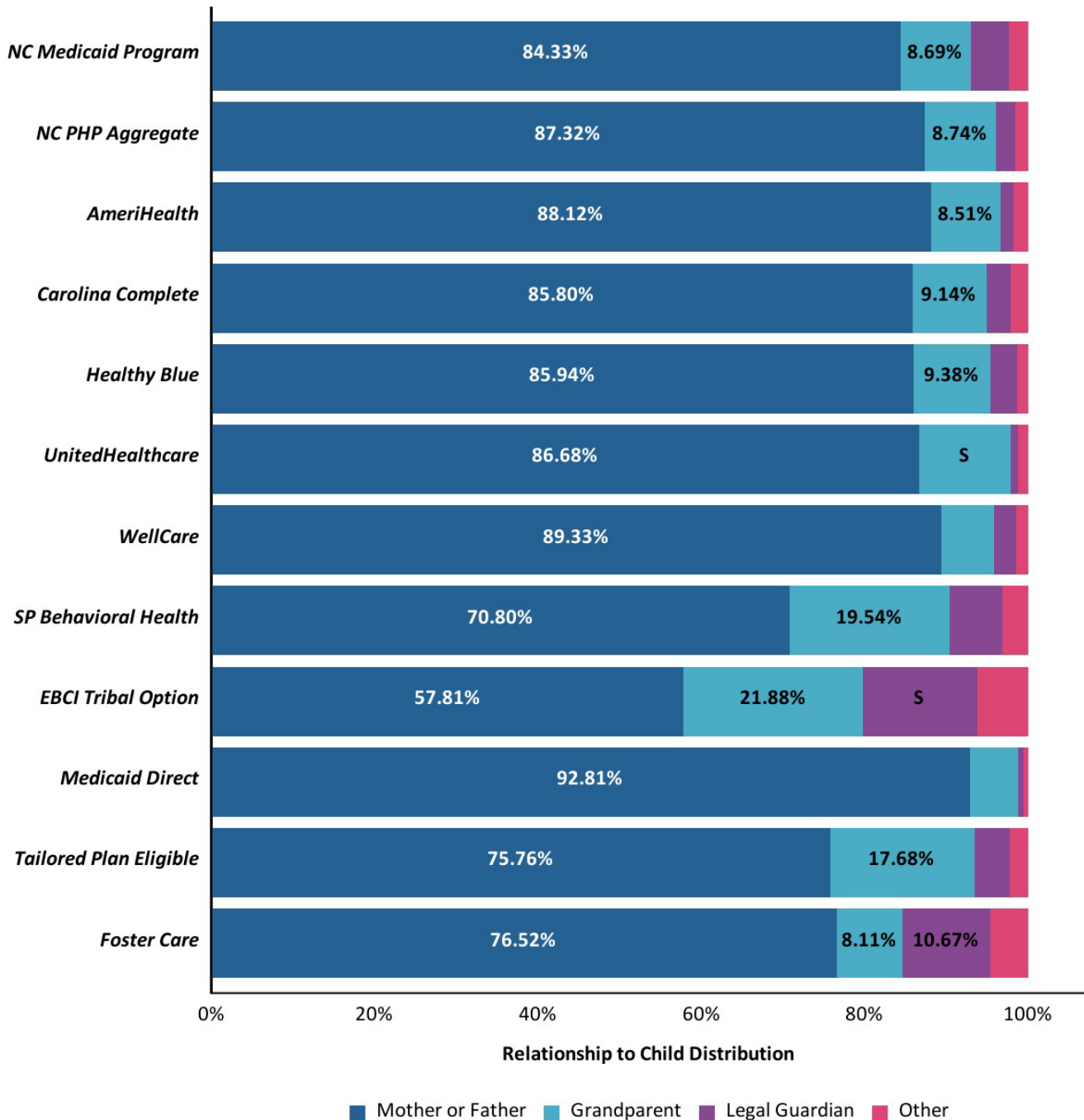
Figure A-12—Percentage of 2023 Parent/Caretaker Child Respondents Who Reported Their Education Level, with Aggregate Comparisons



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

Overall, the majority of child parent/caretaker respondents were the mother or father of the child across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

Figure A-13—Percentage of 2023 Parent/Caretaker Child Respondents Who Reported Their Relationship to Child, with Aggregate Comparisons



Survey Respondent to Eligible Population Demographic Data Comparisons

HSAG used the sample frame (i.e., eligible population) data, which was pulled from Medicaid enrollment data, to compare the demographic characteristics of those who responded to the survey (i.e., survey respondents) to the total eligible population.⁷⁸ The demographic characteristics evaluated as part of the respondent analysis included age, sex, race, ethnicity, urbanicity, and AMH tier designation. HSAG performed a *t* test to determine whether the demographic characteristics of survey respondents were significantly different from the demographic characteristics of all members in the eligible population. A difference was considered significant if the two-sided *p* value of the *t* test was less than 0.05. If the respondent population differs significantly from the actual population, then caution should be exercised when extrapolating the survey results to the entire population.

Please note that variables from the eligible population file were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Adult Results

Table A-1 through Table A-6 present the results of the comparisons of the demographic characteristics of the survey respondents to the eligible population, using the Medicaid enrollment data, for the adult population.

Table A-1—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Age (2023)

		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
NC Medicaid Program	R	19.88%↓	12.69%↓	14.91%↓	14.52%↑	26.10%↑	11.90%↓
	EP	21.64%	20.69%	18.76%	12.22%	12.54%	14.14%
NC PHP Aggregate	R	24.19%↓	14.68%↓	17.33%↓	15.06%↑	26.76%↑	1.98%↑
	EP	36.97%	25.11%	21.07%	8.85%	7.34%	0.66%
AmeriHealth	R	23.86%↓	14.39%↓	14.75%↓	18.40%↑	26.23%↑	2.37%↑
	EP	38.96%	23.90%	20.36%	8.84%	7.27%	0.67%
Carolina Complete	R	25.11%↓	14.56%↓	16.46%↓	S	27.85%↑	S
	EP	36.77%	25.59%	21.70%	8.65%	6.55%	0.73%
Healthy Blue	R	24.01%↓	S	21.09%	15.66%↑	22.96%↑	S
	EP	35.44%	25.53%	21.84%	9.27%	7.28%	0.63%
UnitedHealthcare	R	19.39%↓	S	18.11%	16.07%↑	29.85%↑	S
	EP	36.84%	24.64%	20.72%	8.90%	8.21%	0.69%

⁷⁸ Respondents from the Black and Hispanic oversamples were not used for this analysis.

		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
WellCare	R EP	27.74%↓ 37.48%	14.70%↓ 25.76%	16.77%↓ 20.66%	10.77% 8.40%	27.54%↑ 7.06%	2.48%↑ 0.63%
SP Behavioral Health	R EP	22.14%↓ 30.11%	S 23.14%	18.64%↓ 24.82%	20.19%↑ 12.22%	25.44%↑ 9.55%	S 0.16%
EBCI Tribal Option	R EP	22.32%↓ 31.09%	S 22.33%	S 19.64%	14.29% 10.50%	25.89%↑ 10.46%	19.64%↑ 5.98%
Medicaid Direct	R EP	S 10.71%	S 17.54%	5.98%↓ 17.12%	12.30% 14.63%	23.37%↑ 16.26%	51.85%↑ 23.75%
Tailored Plan Eligible	R EP	22.24% 23.62%	21.63% 24.60%	18.78%↓ 24.77%	S 13.37%	20.82%↑ 12.40%	S 1.24%

An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy.
 An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.
 Blue shading indicates the respondent percentage is significantly different than the eligible population percentage.
 ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage.
 ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage.
 Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.

Table A-2—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Sex (2023)

		Male	Female
NC Medicaid Program	R EP	34.11% 34.93%	65.89% 65.07%
NC PHP Aggregate	R EP	32.69%↑ 28.26%	67.31%↓ 71.74%
AmeriHealth	R EP	35.34%↑ 30.21%	64.66%↓ 69.79%
Carolina Complete	R EP	31.22% 28.10%	68.78% 71.90%
Healthy Blue	R EP	29.85% 27.13%	70.15% 72.87%
UnitedHealthcare	R EP	32.40% 28.59%	67.60% 71.41%
WellCare	R EP	34.16%↑ 27.82%	65.84%↓ 72.18%
SP Behavioral Health	R EP	23.69% 20.87%	76.31% 79.13%
EBCI Tribal Option	R EP	43.75%↑ 33.44%	56.25%↓ 66.56%
Medicaid Direct	R EP	38.14% 39.68%	61.86% 60.32%

		Male	Female
Tailored Plan Eligible	R EP	50.61%↑ 43.56%	49.39%↓ 56.44%

An “S” indicates results have been suppressed as results had fewer than 11 respondents.
 An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.
 Blue shading indicates the respondent percentage is significantly different than the eligible population percentage.
 ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage.
 ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage.
 Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.

Table A-3—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Race (2023)

		White	Black	Other
NC Medicaid Program	R EP	58.40%↑ 53.42%	32.96%↓ 41.94%	8.63%↑ 4.64%
NC PHP Aggregate	R EP	61.42%↑ 53.28%	32.69%↓ 42.19%	5.89%↑ 4.53%
AmeriHealth	R EP	63.39%↑ 54.01%	30.60%↓ 42.16%	6.01%↑ 3.83%
Carolina Complete	R EP	59.28%↑ 48.11%	35.02%↓ 45.98%	5.70% 5.91%
Healthy Blue	R EP	63.47%↑ 54.85%	32.36%↓ 40.86%	4.18% 4.29%
UnitedHealthcare	R EP	60.20%↑ 52.75%	33.93%↓ 42.49%	5.87% 4.76%
WellCare	R EP	60.25%↑ 54.26%	32.09%↓ 41.39%	7.66%↑ 4.35%
SP Behavioral Health	R EP	69.71%↑ 62.91%	27.18%↓ 33.99%	3.11% 3.10%
EBCI Tribal Option	R EP	S 6.88%	0.00% 0.00%	S 93.12%
Medicaid Direct	R EP	55.71% 53.61%	40.60% 41.84%	3.69% 4.55%
Tailored Plan Eligible	R EP	60.82%↑ 55.23%	33.67%↓ 41.12%	5.51% 3.65%

An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy.
 An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.
 Blue shading indicates the respondent percentage is significantly different than the eligible population percentage.
 ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage.
 ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage.
 Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.

Table A-4—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Ethnicity (2023)

		Hispanic	Non-Hispanic
NC Medicaid Program	R	9.86%↑	90.14%↓
	EP	8.62%	91.38%
NC PHP Aggregate	R	11.57%	88.43%
	EP	12.26%	87.74%
AmeriHealth	R	13.53%	86.47%
	EP	13.03%	86.97%
Carolina Complete	R	13.91%	86.09%
	EP	14.16%	85.84%
Healthy Blue	R	9.46%	90.54%
	EP	11.07%	88.93%
UnitedHealthcare	R	10.94%	89.06%
	EP	11.84%	88.16%
WellCare	R	9.68%↓	90.32%↑
	EP	12.43%	87.57%
SP Behavioral Health	R	5.16%	94.84%
	EP	6.85%	93.15%
EBCI Tribal Option	R	S	S
	EP	1.34%	98.66%
Medicaid Direct	R	4.20%↓	95.80%↑
	EP	6.01%	93.99%
Tailored Plan Eligible	R	3.89%	96.11%
	EP	4.18%	95.82%
<p>An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage. ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

Table A-5—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Urbanicity (2023)

		Rural	Urban
NC Medicaid Program	R	29.95%↑	70.05%↓
	EP	26.90%	73.10%
NC PHP Aggregate	R	27.31%	72.69%
	EP	25.53%	74.47%
AmeriHealth	R	26.59%	73.41%
	EP	25.70%	74.30%
Carolina Complete	R	25.32%	74.68%
	EP	25.27%	74.73%
Healthy Blue	R	29.23%	70.77%
	EP	26.57%	73.43%
UnitedHealthcare	R	26.53%	73.47%
	EP	24.38%	75.62%
WellCare	R	28.84%	71.16%
	EP	25.38%	74.62%
SP Behavioral Health	R	26.80%	73.20%
	EP	25.75%	74.25%
EBCI Tribal Option	R	S	S
	EP	97.58%	2.42%
Medicaid Direct	R	28.62%	71.38%
	EP	27.73%	72.27%
Tailored Plan Eligible	R	28.16%	71.84%
	EP	28.98%	71.02%
<p>An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage. ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

Table A-6—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—AMH Tier (2023)

		AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	R	73.54%	26.46%
	EP	73.40%	26.60%
NC PHP Aggregate	R	72.81%	27.19%
	EP	73.44%	26.56%
AmeriHealth	R	72.31%	27.69%
	EP	75.29%	24.71%
Carolina Complete	R	68.66%	31.34%
	EP	67.60%	32.40%
Healthy Blue	R	73.32%	26.68%
	EP	74.49%	25.51%
UnitedHealthcare	R	70.98%	29.02%
	EP	70.98%	29.02%
WellCare	R	78.27%	21.73%
	EP	76.38%	23.62%
SP Behavioral Health	R	72.29%	27.71%
	EP	71.75%	28.25%
EBCI Tribal Option	R	S	S
	EP	95.23%	4.77%
Medicaid Direct	R	71.43%	28.57%
	EP	73.19%	26.81%
Tailored Plan Eligible	R	71.36%	28.64%
	EP	75.27%	24.73%
<p>An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

Child Results

Table A-7 through Table A-12 present the results of the comparisons of the demographic characteristics of the survey respondents to the eligible population, using the Medicaid enrollment data, for the child population.

Table A-7—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Child Member—Age (2023)

		0 to 3	4 to 7	8 to 12	13 to 17
NC Medicaid Program	R	15.38%↓	21.23%↓	28.92%	34.47%↑
	EP	20.75%	23.66%	27.90%	27.69%
NC PHP Aggregate	R	18.79%↓	22.84%	26.63%	31.74%↑
	EP	22.08%	24.09%	27.47%	26.36%
AmeriHealth	R	18.69%	22.84%	26.12%	32.35%↑
	EP	20.89%	24.09%	28.20%	26.82%
Carolina Complete	R	19.14%	21.38%	28.25%	31.23%↑
	EP	22.28%	24.32%	27.15%	26.26%
Healthy Blue	R	16.53%↓	20.34%	29.03%	34.11%↑
	EP	21.93%	23.88%	27.56%	26.62%
UnitedHealthcare	R	17.59%↓	25.00%	24.07%	33.33%↑
	EP	22.15%	24.04%	27.34%	26.48%
WellCare	R	21.13%	24.52%	25.65%	28.71%
	EP	23.08%	24.26%	27.07%	25.60%
SP Behavioral Health	R	0.00%	4.01%↓	38.93%	57.06%↑
	EP	0.04%	9.40%	39.16%	51.39%
EBCI Tribal Option	R	S	S	28.57%	45.71%↑
	EP	15.33%	25.12%	32.64%	26.92%
Medicaid Direct	R	11.05%	13.95%↓	37.79%	37.21%
	EP	7.49%	19.68%	32.00%	40.83%
Tailored Plan Eligible	R	5.20%	21.99%	26.71%	46.10%↑
	EP	6.96%	22.07%	30.91%	40.06%
Foster Care	R	7.75%↓	18.31%	33.50%↑	40.44%↑
	EP	13.33%	20.06%	30.49%	36.13%

An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy.
 An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.
 Blue shading indicates the respondent percentage is significantly different than the eligible population percentage.
 ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage.
 ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage.
 Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.

Table A-8—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Child Member—Sex (2023)

		Male	Female
NC Medicaid Program	R	51.29%	48.71%
	EP	51.10%	48.90%
NC PHP Aggregate	R	50.08%	49.92%
	EP	50.20%	49.80%
AmeriHealth	R	50.17%	49.83%
	EP	50.22%	49.78%
Carolina Complete	R	53.90%	46.10%
	EP	50.20%	49.80%
Healthy Blue	R	50.85%	49.15%
	EP	50.23%	49.77%
UnitedHealthcare	R	45.14%↓	54.86%↑
	EP	50.11%	49.89%
WellCare	R	49.52%	50.48%
	EP	50.26%	49.74%
SP Behavioral Health	R	48.28%	51.72%
	EP	48.79%	51.21%
EBCI Tribal Option	R	51.43%	48.57%
	EP	51.71%	48.29%
Medicaid Direct	R	53.49%↓	46.51%↑
	EP	61.63%	38.37%
Tailored Plan Eligible	R	67.14%	32.86%
	EP	65.13%	34.87%
Foster Care	R	54.12%	45.88%
	EP	51.33%	48.67%
<p>An “S” indicates results have been suppressed as results had fewer than 11 respondents. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage. ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

**Table A-9—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Child Member—Race (2023)**

		White	Black	Other
NC Medicaid Program	R	68.58%↑	23.74%↓	7.69%↑
	EP	57.98%	37.27%	4.76%
NC PHP Aggregate	R	70.57%↑	22.31%↓	7.12%↑
	EP	57.61%	37.75%	4.65%
AmeriHealth	R	70.42%↑	22.49%↓	7.09%↑
	EP	58.00%	38.24%	3.75%
Carolina Complete	R	66.91%↑	24.35%↓	8.74%↑
	EP	53.59%	40.59%	5.81%
Healthy Blue	R	73.94%↑	21.40%↓	4.66%
	EP	59.05%	36.54%	4.41%
UnitedHealthcare	R	71.30%↑	21.99%↓	6.71%
	EP	57.07%	37.88%	5.05%
WellCare	R	70.81%↑	21.29%↓	7.90%↑
	EP	58.40%	37.00%	4.60%
SP Behavioral Health	R	72.52%↑	24.81%↓	2.67%
	EP	64.24%	33.33%	2.43%
EBCI Tribal Option	R	S	0.00%	S
	EP	S	S	93.55%
Medicaid Direct	R	65.70%	23.26%↓	11.05%↑
	EP	62.03%	33.91%	4.06%
Tailored Plan Eligible	R	73.76%↑	S	S
	EP	59.97%	36.95%	3.08%
Foster Care	R	68.31%↑	29.28%↓	2.41%
	EP	63.66%	33.14%	3.20%
<p>An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage. ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>				

Table A-10—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Child Member—Ethnicity (2023)

		Hispanic	Non-Hispanic
NC Medicaid Program	R	25.72%↑	74.28%↓
	EP	23.28%	76.72%
NC PHP Aggregate	R	34.66%↑	65.34%↓
	EP	24.32%	75.68%
AmeriHealth	R	39.05%↑	60.95%↓
	EP	25.65%	74.35%
Carolina Complete	R	37.08%↑	62.92%↓
	EP	27.59%	72.41%
Healthy Blue	R	25.43%	74.57%
	EP	22.28%	77.72%
UnitedHealthcare	R	34.44%↑	65.56%↓
	EP	23.45%	76.55%
WellCare	R	35.67%↑	64.33%↓
	EP	24.60%	75.40%
SP Behavioral Health	R	15.77%	84.23%
	EP	16.89%	83.11%
EBCI Tribal Option	R	S	S
	EP	4.25%	95.75%
Medicaid Direct	R	17.75%	82.25%
	EP	16.81%	83.19%
Tailored Plan Eligible	R	19.76%	80.24%
	EP	16.39%	83.61%
Foster Care	R	5.08%	94.92%
	EP	6.11%	93.89%
<p>An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage. ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

Table A-11—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Child Member—Urbanicity (2023)

		Rural	Urban
NC Medicaid Program	R	27.07%↑	72.93%↓
	EP	24.19%	75.81%
NC PHP Aggregate	R	25.82%↑	74.18%↓
	EP	24.00%	76.00%
AmeriHealth	R	25.26%	74.74%
	EP	22.71%	77.29%
Carolina Complete	R	26.31%	73.69%
	EP	24.14%	75.86%
Healthy Blue	R	26.69%	73.31%
	EP	24.98%	75.02%
UnitedHealthcare	R	23.84%	76.16%
	EP	22.92%	77.08%
WellCare	R	26.61%	73.39%
	EP	24.78%	75.22%
SP Behavioral Health	R	27.29%	72.71%
	EP	24.47%	75.53%
EBCI Tribal Option	R	S	S
	EP	97.57%	2.43%
Medicaid Direct	R	23.98%	76.02%
	EP	23.57%	76.43%
Tailored Plan Eligible	R	24.82%	75.18%
	EP	24.77%	75.23%
Foster Care	R	25.96%	74.04%
	EP	26.71%	73.29%
<p>An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage. ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

Table A-12—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Child Member—AMH Tier (2023)

		AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	R	82.40%	17.60%
	EP	82.91%	17.09%
NC PHP Aggregate	R	83.05%	16.95%
	EP	82.94%	17.06%
AmeriHealth	R	88.41%↑	11.59%↓
	EP	85.50%	14.50%
Carolina Complete	R	82.53%	17.47%
	EP	83.63%	16.37%
Healthy Blue	R	80.60%	19.40%
	EP	82.40%	17.60%
UnitedHealthcare	R	78.21%	21.79%
	EP	79.88%	20.12%
WellCare	R	83.58%	16.42%
	EP	83.81%	16.19%
SP Behavioral Health	R	81.00%	19.00%
	EP	82.30%	17.70%
EBCI Tribal Option	R	S	S
	EP	90.37%	9.63%
Medicaid Direct	R	81.00%	19.00%
	EP	82.78%	17.22%
Tailored Plan Eligible	R	83.64%	16.36%
	EP	83.01%	16.99%
Foster Care	R	80.33%	19.67%
	EP	81.30%	18.70%
<p>An “S” indicates results have been suppressed in accordance with CMS cell size suppression policy. An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue shading indicates the respondent percentage is significantly different than the eligible population percentage. ↑ Indicates the respondent percentage is significantly higher than the eligible population percentage. ↓ Indicates the respondent percentage is significantly lower than the eligible population percentage. Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

Numerator and Denominator Breakouts

The tables in this section include the numerators and denominators for rates in the respective subsections of the Results sections.

Adult Results

Overall Health Characteristics

Table A-13 presents the numerators and denominators for the adult respondent self-reported characteristics for general health status and mental or emotional health status for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table A-13—Numerators and Denominators for 2023 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good by Program-Specific Populations, with Aggregate Comparisons

PHP/Population	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
NC Medicaid Program	1,972/3,025	2,077/3,023
NC PHP Aggregate	1,583/2,353	1,596/2,352
AmeriHealth	356/542	354/542
Carolina Complete	316/470	325/470
Healthy Blue	328/478	331/479
UnitedHealthcare	260/388	264/388
WellCare	323/475	322/473
SP Behavioral Health	271/509	229/509
EBCI Tribal Option	63/112	71/112
Medicaid Direct	326/560	410/559
Tailored Plan Eligible	305/484	250/482
<p>N/D Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 3-1 and Figure 3-2 for the NC Medicaid Program and NC PHP Aggregate due to weighting. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</p>		

Aggregate Comparisons

Table A-14 through Table A-16 present the numerators and denominators for the positive ratings for the global ratings, composite measures, individual item measures, and medical assistance with smoking and tobacco cessation items for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table A-14—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Global Ratings

PHP/Population	Rating of Health Plan (N/D)	Rating of All Health Care (N/D)	Rating of Personal Doctor (N/D)	Rating of Specialist Seen Most Often (N/D)
NC Medicaid Program	2,218/2,969	1,466/1,888	1,884/2,226	1,093/1,291
NC PHP Aggregate	1,712/2,321	1,147/1,473	1,418/1,692	826/985
AmeriHealth	380/537	260/340	321/382	177/220
Carolina Complete	346/462	238/323	293/353	184/220
Healthy Blue	358/470	246/309	312/362	183/217
UnitedHealthcare	278/383	175/224	216/258	132/153
WellCare	350/469	228/277	276/337	150/175
SP Behavioral Health	347/501	249/361	323/404	224/269
EBCI Tribal Option	80/107	55/76	72/89	35/42
Medicaid Direct	426/541	264/339	394/445	232/264
Tailored Plan Eligible	344/472	239/320	330/382	174/209

*N/D Indicates the numerator and denominator of the score.
Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 3-3 through Figure 3-6 for the NC Medicaid Program and NC PHP Aggregate due to weighting.
For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.*

Table A-15—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Composite Measures

PHP/Population	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
NC Medicaid Program	1,369/1,620	1,135/1,352	1,629/1,741	875/974
NC PHP Aggregate	1,040/1,248	891/1,069	1,228/1,313	647/733
AmeriHealth	237/286	199/248	269/285	126/148
Carolina Complete	229/275	198/227	261/280	139/157

PHP/Population	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
Healthy Blue	221/265	190/220	259/275	108/126
UnitedHealthcare	159/191	141/169	196/207	127/141
WellCare	194/229	162/204	242/264	147/160
SP Behavioral Health	256/322	227/277	297/328	156/186
EBCI Tribal Option	51/59	39/47	64/69	27/29
Medicaid Direct	277/313	204/235	337/358	200/212
Tailored Plan Eligible	230/271	192/229	306/322	109/125

N/D Indicates the numerator and denominator of the score.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 3-7 through Figure 3-10 for the NC Medicaid Program and NC PHP Aggregate due to weighting.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 3-7 through Figure 3-10 because final composite measure scores are determined by calculating the average score across all questions within the composite measure. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-16—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Individual Items and Medical Assistance With Smoking and Tobacco Use Cessation Items

PHP/Population	Coordination of Care (N/D)	Flu Vaccination Received (N/D)	Advising Smokers and Tobacco Users to Quit (N/D)	Discussing Cessation Medications (N/D)	Discussing Cessation Strategies (N/D)
NC Medicaid Program	935/1,087	921/2,489	796/1,027	525/1,019	458/1,017
NC PHP Aggregate	697/815	755/2,154	578/758	369/753	327/753
AmeriHealth	151/174	180/506	136/172	81/170	78/172
Carolina Complete	151/184	163/417	98/134	63/134	55/132
Healthy Blue	160/185	152/440	114/154	72/153	59/153
UnitedHealthcare	117/130	127/357	117/148	72/147	68/148
WellCare	118/142	133/434	113/150	81/149	67/148
SP Behavioral Health	203/239	167/474	174/218	125/216	105/214
EBCI Tribal Option	31/39	42/77	75/92	55/91	44/90
Medicaid Direct	207/233	124/258	143/177	101/175	87/174

PHP/Population	Coordination of Care (N/D)	Flu Vaccination Received (N/D)	Advising Smokers and Tobacco Users to Quit (N/D)	Discussing Cessation Medications (N/D)	Discussing Cessation Strategies (N/D)
Tailored Plan Eligible	176/201	195/446	156/185	106/183	101/183

N/D Indicates the numerator and denominator of the score.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 3-11 through Figure 3-15 for the NC Medicaid Program and NC PHP Aggregate due to weighting.
 For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.

Race and Ethnicity Comparisons

Table A-13 through Table A-18 present the numerators and denominators for the race and ethnicity overall health characteristics, global ratings, composite measures, individual items, and medical assistance with smoking and tobacco use cessation items, respectively, for the NC Medicaid Program.

Table A-17—Numerators and Denominators for 2023 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Race Categories		
White	951/1,487	986/1,489
Non-White	978/1,474	1,047/1,471
Multi-Racial	71/111	71/111
Non-Multi-Racial	1,858/2,850	1,962/2,849
Black	768/1,194	832/1,191
Non-Black	1,346/2,065	1,396/2,067
Native American	91/150	100/150
Non-Native American	1,838/2,811	1,933/2,810
Other	216/291	221/291
Non-Other	1,713/2,670	1,812/2,669

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Ethnicity Categories		
Hispanic	488/652	497/656
Non-Hispanic	1,673/2,612	1,768/2,609
N/D Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.		

Table A-18—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Global Ratings

Race and Ethnicity Categories	Rating of Health Plan (N/D)	Rating of All Health Care (N/D)	Rating of Personal Doctor (N/D)
Race Categories			
White	1,082/1,455	778/996	974/1,142
Non-White	1,085/1,448	659/854	869/1,036
Multi-Racial	79/108	53/70	66/84
Non-Multi-Racial	2,088/2,795	1,384/1,780	1,777/2,094
Black	891/1,171	523/686	726/840
Non-Black	1,500/2,019	1,041/1,343	1,306/1,551
Native American	104/147	62/93	90/118
Non-Native American	2,063/2,756	1,375/1,757	1,753/2,060
Other	219/286	138/167	163/189
Non-Other	1,948/2,617	1,299/1,683	1,680/1,989
Ethnicity Categories			
Hispanic	510/650	304/366	357/413
Non-Hispanic	1,903/2,559	1,274/1,650	1,656/1,960
N/D Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.			

Table A-19—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Composite Measures

Race and Ethnicity Categories	How Well Doctors Communicate (N/D)	Customer Service (N/D)
Race Categories		
White	853/904	398/448
Non-White	742/800	455/500
Multi-Racial	56/63	30/35
Non-Multi-Racial	1,538/1,641	823/914
Black	625/669	406/435
Non-Black	1,130/1,208	552/626
Native American	86/91	37/43
Non-Native American	1,508/1,612	816/906
Other	121/135	80/93
Non-Other	1,473/1,568	773/856
Ethnicity Categories		
Hispanic	289/309	211/242
Non-Hispanic	1,437/1,532	743/826
<p><i>N/D Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 3-43 through Figure 3-44. because final composite measure scores are determined by calculating the average score across all questions within the composite measure. For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.</i></p>		

Table A-20—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Medical Assistance With Smoking and Tobacco Use Cessation Items

Race and Ethnicity Categories	Advising Smokers and Tobacco Users to Quit (N/D)	Discussing Cessation Medications (N/D)	Discussing Cessation Strategies (N/D)
Race Categories			
White	424/554	275/551	246/554
Non-White	357/456	241/451	207/450
Multi-Racial	36/45	24/45	19/43

Race and Ethnicity Categories	Advising Smokers and Tobacco Users to Quit (N/D)	Discussing Cessation Medications (N/D)	Discussing Cessation Strategies (N/D)
Non-Multi-Racial	745/965	492/957	434/961
Black	308/390	215/385	186/385
Non-Black	566/740	373/738	325/739
Native American	76/90	51/89	40/89
Non-Native American	705/920	465/913	413/915
Other	23/38	14/39	15/39
Non-Other	758/972	502/963	438/965
Ethnicity Categories			
Hispanic	40/69	20/68	22/68
Non-Hispanic	745/949	492/944	431/944
<p>N/D Indicates the numerator and denominator of the score. Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</p>			

Table A-21—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items

Race and Ethnicity Categories	Mental Health (N/D)	Counseling or Mental Health Treatment (N/D)
Race Categories		
White	800/1,486	316/1,488
Non-White	709/1,462	213/1,457
Multi-Racial	61/112	25/112
Non-Multi-Racial	1,448/2,836	504/2,833
Black	599/1,187	176/1,178
Non-Black	1,068/2,060	405/2,063
Native American	82/148	27/149
Non-Native American	1,427/2,800	502/2,796
Other	116/290	34/289

Race and Ethnicity Categories	Mental Health (N/D)	Counseling or Mental Health Treatment (N/D)
Non-Other	1,393/2,658	495/2,656
Ethnicity Categories		
Hispanic	272/656	93/647
Non-Hispanic	1,359/2,595	482/2,604
<i>N/D Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</i>		

Table A-22—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items, Continued

Race and Ethnicity Categories	Need an Interpreter (N/D)	Interpreter Treated with Courtesy and Respect (N/D)	Preferred Language (N/D)	Accessed Health Information Online (N/D)
Race Categories				
White	43/1,474	35/39	32/38	663/965
Non-White	81/1,446	64/78	63/78	548/957
Multi-Racial	S	0/0	0/0	50/71
Non-Multi-Racial	S	N/A	N/A	1,161/1,851
Black	25/1,163	18/23	S	465/771
Non-Black	107/2,045	87/102	87/100	875/1,353
Native American	0/146	0/0	0/0	30/81
Non-Native American	124/2,774	N/A	N/A	1,181/1,841
Other	63/289	51/62	55/61	118/217
Non-Other	61/2,631	48/55	40/55	1,093/1,705
Ethnicity Categories				
Hispanic	167/653	145/161	150/160	257/478
Non-Hispanic	52/2,583	36/47	31/46	1,080/1,673
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy. N/D Indicates the numerator and denominator of the score. N/A Indicates the numerator and denominator are not available for the demographic category due to the comparison group having zero respondents. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</i>				

Urbanicity Comparisons

Table A-23 through Table A-28 present the numerators and denominators for the urbanicity comparison by overall health characteristics, global ratings, composite measures, individual items, medical assistance with smoking and tobacco use cessation items, and supplemental items, respectively.

Table A-23—Numerators and Denominators for 2023 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations

PHP/Population	General Health Status		Mental or Emotional Health Status	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	550/905	1,420/2,114	590/902	1,483/2,115
NC PHP Aggregate	409/642	1,174/1,710	410/639	1,186/1,712
AmeriHealth	90/145	266/397	85/144	269/398
Carolina Complete	77/119	239/351	82/118	243/352
Healthy Blue	90/140	238/338	88/140	243/339
UnitedHealthcare	65/102	195/286	68/102	196/286
WellCare	87/136	236/338	87/135	235/337
SP Behavioral Health	69/137	202/372	53/137	176/372
EBCI Tribal Option	56/103	S	64/103	S
Medicaid Direct	85/160	S	116/160	S
Tailored Plan Eligible	75/136	230/348	55/136	195/346

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.*

Table A-24—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Global Ratings

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	666/894	1,550/2,069	434/560	1,031/1,325	558/678	1,323/1,544	305/356	785/932
NC PHP Aggregate	470/641	1,241/1,679	308/394	839/1,079	381/469	1,036/1,222	217/255	608/729
AmeriHealth	97/143	283/394	70/89	190/251	83/101	238/281	46/58	131/162

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
Carolina Complete	90/120	256/342	60/82	178/241	77/89	216/264	36/45	148/175
Healthy Blue	106/138	252/332	64/81	182/228	85/105	227/257	59/66	124/151
UnitedHealthcare	75/103	203/280	51/65	124/159	56/69	160/189	31/36	101/117
WellCare	102/137	247/331	63/77	165/200	80/105	195/231	45/50	104/124
SP Behavioral Health	95/134	252/367	59/87	190/274	80/105	243/299	57/69	167/200
EBCI Tribal Option	74/98	S	50/71	S	66/81	S	32/38	S
Medicaid Direct	122/155	S	76/95	S	111/128	S	56/63	S
Tailored Plan Eligible	106/133	238/339	66/87	173/233	93/109	237/273	44/55	130/154

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

N/D Indicates the numerator and denominator of the score.

For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-25—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Composite Measures

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	394/468	974/1,148	341/412	792/938	491/528	1,136/1,209	261/287	612/685
NC PHP Aggregate	273/331	767/916	245/300	646/769	332/358	895/953	179/199	468/533
AmeriHealth	64/75	173/211	51/66	148/182	72/77	197/208	32/37	93/111
Carolina Complete	54/67	174/208	49/57	148/169	63/68	198/212	35/38	103/119
Healthy Blue	60/73	161/191	54/64	136/156	69/74	189/201	34/41	74/85
UnitedHealthcare	41/51	117/140	40/48	101/120	49/52	146/154	30/33	97/108
WellCare	53/64	140/165	50/64	112/140	78/86	163/177	47/50	100/110
SP Behavioral Health	64/79	192/243	54/65	173/211	72/80	224/247	35/45	121/141
EBCI Tribal Option	47/54	S	36/44	S	59/64	S	24/26	S
Medicaid Direct	74/83	S	59/67	S	100/105	S	58/62	S

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
Tailored Plan Eligible	60/73	170/198	51/60	141/169	89/94	217/227	37/40	72/85

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 3-24 because final composite measure scores are determined by calculating the average score across all questions within the composite measure.
 For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.

Table A-26—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Individual Items and Medical Assistance With Smoking and Tobacco Use Cessation Items

PHP/Population	Coordination of Care		Flu Vaccination Received		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	269/316	664/768	268/745	651/1,740	300/383	495/643	193/379	332/639	167/380	291/636
NC PHP Aggregate	184/219	512/595	199/605	555/1,548	183/239	394/518	115/236	254/516	98/238	229/514
AmeriHealth	41/46	110/128	44/136	136/370	47/54	89/118	26/53	55/117	25/54	53/118
Carolina Complete	35/43	116/141	41/107	122/310	34/43	64/91	22/43	41/91	18/43	37/89
Healthy Blue	39/45	121/140	43/133	109/307	35/50	79/104	20/49	52/104	18/50	41/103
UnitedHealthcare	26/31	91/99	32/99	95/258	26/36	91/112	19/35	53/112	17/35	51/113
WellCare	43/54	74/87	39/130	93/303	41/56	71/93	28/56	53/92	20/56	47/91
SP Behavioral Health	48/60	155/179	41/127	126/347	51/66	123/152	36/65	89/151	34/65	71/149
EBCI Tribal Option	29/37	S	40/70	S	69/86	S	49/85	S	39/84	S
Medicaid Direct	56/60	S	29/70	S	48/58	S	29/58	S	30/58	S
Tailored Plan Eligible	47/54	129/147	51/127	144/319	50/61	106/124	29/61	77/122	33/59	68/124

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average.
 For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.

Table A-27—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Physical Health and Other Treatments	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	472/896	1,057/2,099	149/894	385/2,096	107/140	283/377	108/137	290/365
NC PHP Aggregate	322/638	834/1,695	112/637	323/1,697	81/106	232/315	84/104	235/304
AmeriHealth	68/141	213/396	26/143	73/395	18/24	51/69	19/24	48/71
Carolina Complete	59/120	176/350	20/118	71/349	20/20	57/71	17/20	56/68
Healthy Blue	68/137	169/335	23/137	59/336	S	46/57	S	44/54
UnitedHealthcare	49/102	124/282	14/100	60/283	S	40/59	S	49/56
WellCare	78/138	152/332	29/139	60/334	21/29	38/59	24/29	38/55
SP Behavioral Health	79/138	230/369	78/136	232/370	63/76	187/224	63/75	184/224
EBCI Tribal Option	62/101	S	20/103	S	14/18	S	12/18	S
Medicaid Direct	88/157	S	17/154	S	12/16	S	12/15	S
Tailored Plan Eligible	88/137	219/343	61/135	142/340	54/60	119/140	51/58	112/138

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

N/D Indicates the numerator and denominator of the score.

For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.

Table A-28—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language		Accessed Health Information Online	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	15/886	120/2,082	13/14	95/113	11/14	93/112	305/521	925/1,434
NC PHP Aggregate	14/635	102/1,686	12/13	80/95	11/13	79/94	249/396	788/1,194
AmeriHealth	S	29/392	S	23/27	S	26/28	47/82	161/263
Carolina Complete	S	25/349	S	19/24	S	18/23	45/76	164/255
Healthy Blue	S	14/334	S	11/13	S	S	59/86	180/255
UnitedHealthcare	S	15/280	S	11/13	S	S	39/65	124/188
WellCare	S	19/331	S	16/18	S	15/17	59/87	159/233
SP Behavioral Health	S	S	S	S	S	S	60/94	186/269

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language		Accessed Health Information Online	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
EBCI Tribal Option	S	S	S	S	S	S	11/40	S
Medicaid Direct	S	S	S	S	S	S	45/85	S
Tailored Plan Eligible	S	18/337	S	17/18	S	S	47/80	124/214

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.*

AMH Tier Comparisons

Table A-29 through Table A-34 present the numerators and denominators for the AMH Tier comparison by overall health characteristics, global ratings, composite measures, individual items, medical assistance with smoking and tobacco use cessation items, and supplemental items, respectively.

Table A-29—Numerators and Denominators for 2023 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and AMH Tier Comparisons, by Program-Specific Populations

PHP/Population	General Health Status		Mental or Emotional Health Status	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	1,207/1,826	439/661	1,265/1,826	456/660
NC PHP Aggregate	1,055/1,558	397/586	1,069/1,556	402/586
AmeriHealth	246/356	81/139	235/357	92/138
Carolina Complete	193/295	98/136	206/295	93/136
Healthy Blue	208/316	85/114	224/316	77/115
UnitedHealthcare	165/244	68/101	170/244	68/100
WellCare	243/347	65/96	234/344	72/97
SP Behavioral Health	176/331	71/126	149/330	57/126
EBCI Tribal Option	52/96	S	64/96	S
Medicaid Direct	100/172	S	132/174	S
Tailored Plan Eligible	180/291	77/115	148/290	63/116

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.*

Table A-30—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Global Ratings

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	1,339/1,801	496/645	885/1,151	333/410	1,134/1,344	412/484	659/781	243/284
NC PHP Aggregate	1,131/1,541	437/573	751/971	292/362	944/1,125	356/421	548/655	209/248
AmeriHealth	258/356	95/135	168/217	68/88	210/253	86/97	116/142	44/56
Carolina Complete	222/290	99/133	147/203	69/90	186/222	85/102	116/139	56/64
Healthy Blue	229/310	91/113	159/205	64/73	203/238	72/85	130/155	41/49
UnitedHealthcare	167/241	78/98	109/141	47/58	143/171	56/65	78/94	39/43
WellCare	255/344	74/94	168/205	44/53	202/241	57/72	108/125	29/36
SP Behavioral Health	220/326	89/124	148/224	71/92	208/258	83/103	129/157	70/82
EBCI Tribal Option	69/91	S	48/65	S	59/74	S	30/34	S
Medicaid Direct	139/169	S	86/115	S	131/145	S	81/92	S
Tailored Plan Eligible	207/284	80/112	142/195	60/78	187/218	91/102	108/128	43/51

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-31—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Composite Measures

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	818/981	303/350	693/821	253/299	977/1,042	358/382	507/576	192/208
NC PHP Aggregate	680/826	264/307	590/708	226/267	814/867	309/330	420/484	162/178
AmeriHealth	154/185	59/72	134/161	44/61	170/180	74/78	84/100	28/32
Carolina Complete	141/173	68/77	118/140	64/69	165/179	78/82	80/94	49/53
Healthy Blue	149/180	52/62	122/143	53/59	171/182	60/64	69/84	24/26
UnitedHealthcare	97/120	44/50	98/113	32/41	131/138	49/52	78/87	35/38

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
WellCare	139/166	40/45	117/150	32/37	175/188	47/54	108/118	26/29
SP Behavioral Health	155/195	71/88	141/174	63/74	188/209	73/81	107/124	31/42
EBCI Tribal Option	44/49	S	36/41	0/1	54/58	S	25/26	S
Medicaid Direct	93/106	S	67/72	27/30	108/115	S	62/66	S
Tailored Plan Eligible	138/165	57/66	114/134	47/57	175/184	83/86	54/63	29/34

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 3-30 because final composite measure scores are determined by calculating the average score across all questions within the composite measure.
 For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-32—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Individual Items and Medical Assistance With Smoking and Tobacco Use Cessation Items

PHP/Population	Coordination of Care		Flu Vaccination Received		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	550/638	216/252	582/1,553	195/571	497/638	152/194	331/632	96/196	295/631	81/196
NC PHP Aggregate	456/531	185/215	514/1,424	174/531	384/503	136/177	247/498	83/178	223/498	71/178
AmeriHealth	98/111	37/44	122/329	45/131	85/105	39/51	52/102	20/52	50/104	19/52
Carolina Complete	91/113	52/59	114/258	36/121	66/93	24/29	45/93	12/29	38/92	12/29
Healthy Blue	106/120	43/50	105/291	31/104	70/97	27/36	43/96	18/36	39/96	11/36
UnitedHealthcare	76/85	31/35	81/228	30/90	76/96	30/38	45/96	20/38	44/96	17/38
WellCare	85/102	22/27	92/318	32/85	87/112	16/23	62/111	13/23	52/110	12/23
SP Behavioral Health	121/143	54/64	108/308	38/117	121/149	37/48	88/147	25/48	73/148	25/47
EBCI Tribal Option	26/32	S	34/63	S	62/76	S	44/75	S	38/74	S

PHP/Population	Coordination of Care		Flu Vaccination Received		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
Medicaid Direct	68/75	S	34/66	S	51/59	S	40/59	S	34/59	S
Tailored Plan Eligible	95/110	51/55	118/269	45/106	107/125	24/28	69/122	18/29	65/122	18/29

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average.
 For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-33—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Physical Health and Other Treatments	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	924/1,809	330/655	342/1,814	99/654	248/328	73/98	250/321	72/92
NC PHP Aggregate	769/1,546	285/580	299/1,549	90/579	216/288	66/89	217/282	65/84
AmeriHealth	187/352	68/138	73/356	16/136	49/67	12/16	49/69	11/16
Carolina Complete	140/296	75/134	60/294	22/134	50/60	20/22	48/58	18/21
Healthy Blue	166/312	47/113	50/313	22/113	41/48	13/22	38/47	14/20
UnitedHealthcare	109/241	47/100	49/240	16/99	33/47	S	38/45	S
WellCare	167/345	48/95	67/346	14/97	43/66	S	44/63	S
SP Behavioral Health	198/332	78/126	195/330	83/126	154/188	68/81	155/188	67/80
EBCI Tribal Option	56/94	S	18/96	S	14/16	S	12/16	S
Medicaid Direct	99/169	S	25/169	S	18/24	S	21/23	S
Tailored Plan Eligible	182/290	74/117	124/287	44/117	100/121	41/44	97/118	34/44

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-34—Numerators and Denominators for 2023 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language		Accessed Health Information Online	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	92/1,802	32/650	77/89	22/28	71/89	25/27	742/1,194	300/439
NC PHP Aggregate	82/1,540	30/576	68/79	22/26	65/79	23/25	673/1,054	281/401
AmeriHealth	26/355	S	21/25	S	22/26	S	140/232	53/88
Carolina Complete	20/295	S	16/19	S	16/19	S	128/218	65/91
Healthy Blue	S	S	S	S	S	S	154/217	62/87
UnitedHealthcare	S	S	S	S	S	S	94/153	53/72
WellCare	15/343	S	13/15	S	12/14	S	157/234	48/63
SP Behavioral Health	S	S	S	S	0/3	S	158/237	64/88
EBCI Tribal Option	S	S	S	S	S	S	12/37	S
Medicaid Direct	S	S	S	S	S	S	57/103	S
Tailored Plan Eligible	16/283	S	16/16	S	S	S	95/173	43/67

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.*

Child Results

Overall Health Characteristics

Table A-35 presents the numerators and denominators of child members reported by their parents/ caretakers who completed a survey on their behalf for general health status and mental or emotional health status for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table A-35—Numerators and Denominators for 2023 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good by Program-Specific Populations, with Aggregate Comparisons

PHP/Population	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
NC Medicaid Program	3,687/3,847	3,424/3,835
NC PHP Aggregate	2,535/2,622	2,430/2,607
AmeriHealth	555/573	527/569
Carolina Complete	519/534	494/527
Healthy Blue	456/469	437/469
UnitedHealthcare	416/428	399/426
WellCare	589/618	573/616
SP Behavioral Health	482/522	378/518
EBCI Tribal Option	65/70	63/70
Medicaid Direct	139/170	142/171
Tailored Plan Eligible	379/419	257/417
Foster Care	948/985	789/987

*N/D Indicates the numerator and denominator of the score.
Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 4-1 and Figure 4-2 for the NC Medicaid Program and NC PHP Aggregate due to weighting.
For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.*

Aggregate Comparisons

Table A-36 and Table A-37 present the numerators and denominators for the positive ratings for the global ratings, composite measures, and individual item measures for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table A-36—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Global Ratings

PHP/Population	Rating of Health Plan (N/D)	Rating of All Health Care (N/D)	Rating of Personal Doctor (N/D)	Rating of Specialist Seen Most Often (N/D)
NC Medicaid Program	3,188/3,788	2,134/2,417	2,833/3,097	875/1,005
NC PHP Aggregate	2,221/2,589	1,362/1,548	1,831/2,019	498/571
AmeriHealth	470/565	277/322	374/422	97/112
Carolina Complete	460/525	293/327	367/396	103/115

PHP/Population	Rating of Health Plan (N/D)	Rating of All Health Care (N/D)	Rating of Personal Doctor (N/D)	Rating of Specialist Seen Most Often (N/D)
Healthy Blue	404/465	266/291	358/393	106/121
UnitedHealthcare	371/424	207/244	292/323	82/93
WellCare	516/610	319/364	440/485	110/130
SP Behavioral Health	424/513	289/351	370/426	155/187
EBCI Tribal Option	52/68	31/39	48/56	13/16
Medicaid Direct	110/164	107/122	135/149	78/91
Tailored Plan Eligible	328/417	274/322	340/373	171/196
Foster Care	805/967	634/708	819/873	286/327

N/D Indicates the numerator and denominator of the score.
Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 4-3 through Figure 4-6 for the NC Medicaid Program and NC PHP Aggregate due to weighting.
For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-37—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Composite Measures and Individual Item

PHP/Population	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)	Coordination of Care (N/D)
NC Medicaid Program	1,541/1,737	1,518/1,719	2,243/2,321	774/869	998/1,164
NC PHP Aggregate	949/1,076	968/1,122	1,421/1,481	582/649	584/685
AmeriHealth	188/220	199/239	288/303	137/148	117/138
Carolina Complete	201/225	202/224	286/294	132/143	124/134
Healthy Blue	187/208	186/213	286/293	92/101	130/154
UnitedHealthcare	149/170	153/182	222/237	75/89	80/97
WellCare	224/252	227/263	337/353	144/168	133/162
SP Behavioral Health	245/274	211/235	307/317	102/113	166/188
EBCI Tribal Option	25/30	28/32	41/42	14/15	19/26
Medicaid Direct	95/107	75/86	118/120	30/36	73/86
Tailored Plan Eligible	226/261	173/196	287/300	102/119	155/184

PHP/Population	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)	Coordination of Care (N/D)
Foster Care	471/523	447/478	662/677	148/168	322/367

N/D Indicates the numerator and denominator of the score.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 4-7 through Figure 4-11 for the NC Medicaid Program and NC PHP Aggregate due to weighting.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 4-7 through Figure 4-10 because final composite measure scores are determined by calculating the average score across all questions within the composite measure. For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.

Race and Ethnicity Comparisons

Table A-38 through Table A-42 present the numerators and denominators for the race and ethnicity overall health characteristics, global ratings, composite measures, and individual item for the NC Medicaid Program.

Table A-38—Numerators and Denominators for 2023 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Race Categories		
White	1,734/1,802	1,603/1,798
Non-White	1,848/1,932	1,721/1,927
Multi-Racial	283/291	256/290
Non-Multi-Racial	3,299/3,443	3,068/3,435
Black	1,049/1,102	946/1,103
Non-Black	2,861/2,980	2,675/2,969
Native American	109/115	103/114
Non-Native American	3,473/3,619	3,221/3,611
Other	684/717	670/713
Non-Other	2,898/3,017	2,654/3,012

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Ethnicity Categories		
Hispanic	1,570/1,657	1,546/1,658
Non-Hispanic	2,693/2,795	2,448/2,792
<i>N/D Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</i>		

Table A-39—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Global Ratings

Race and Ethnicity Categories	Rating of Health Plan (N/D)	Rating of Personal Doctor (N/D)
Race Categories		
White	1,490/1,776	1,392/1,509
Non-White	1,599/1,897	1,369/1,502
Multi-Racial	249/283	235/252
Non-Multi-Racial	2,840/3,390	2,526/2,759
Black	899/1,083	818/896
Non-Black	2,482/2,936	2,208/2,404
Native American	92/114	78/93
Non-Native American	2,997/3,559	2,683/2,918
Other	604/708	462/505
Non-Other	2,485/2,965	2,299/2,506
Ethnicity Categories		
Hispanic	1,411/1,639	1,144/1,231
Non-Hispanic	2,282/2,746	2,118/2,324
<i>N/D Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</i>		

Table A-40—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Composite Measures and Individual Item

Race and Ethnicity Categories	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Coordination of Care (N/D)
Race Categories				
White	783/872	745/832	1,129/1,160	515/589
Non-White	719/818	736/838	1,059/1,098	465/551
Multi-Racial	137/157	142/155	198/204	87/105
Non-Multi-Racial	1,366/1,533	1,339/1,516	1,990/2,054	893/1,035
Black	427/471	417/467	614/630	284/311
Non-Black	1,209/1,368	1,180/1,340	1,765/1,825	781/920
Native American	44/50	46/51	72/74	33/41
Non-Native American	1,458/1,640	1,435/1,620	2,116/2,184	947/1,099
Other	221/262	230/280	334/354	132/169
Non-Other	1,281/1,428	1,251/1,390	1,854/1,904	848/971
Ethnicity Categories				
Hispanic	578/675	580/708	853/903	349/425
Non-Hispanic	1,183/1,319	1,157/1,283	1,712/1,757	798/917
<p>N/D Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 4-33 through Figure 4-35 because final composite measure scores are determined by calculating the average score across all questions within the composite measure. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</p>				

Table A-41—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items

Race and Ethnicity Categories	Mental Health (N/D)	Counseling or Mental Health Treatment (N/D)
Race Categories		
White	808/1,788	384/1,792
Non-White	771/1,913	288/1,916
Multi-Racial	143/285	63/288
Non-Multi-Racial	1,436/3,416	609/3,420
Black	476/1,092	206/1,087
Non-Black	1,249/2,953	532/2,961

Race and Ethnicity Categories	Mental Health (N/D)	Counseling or Mental Health Treatment (N/D)
Native American	51/116	18/115
Non-Native American	1,528/3,585	654/3,593
Other	222/710	53/711
Non-Other	1,357/2,991	619/2,997
Ethnicity Categories		
Hispanic	568/1,647	171/1,650
Non-Hispanic	1,279/2,771	598/2,773
<i>N/D Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</i>		

Table A-42—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items, Continued

Race and Ethnicity Categories	Need an Interpreter (N/D)	Preferred Language (N/D)
Race Categories		
White	126/1,782	113/121
Non-White	268/1,903	238/252
Multi-Racial	S	S
Non-Multi-Racial	S	S
Black	18/1,075	11/17
Non-Black	383/2,946	342/362
Native American	S	S
Non-Native American	S	S
Other	244/712	219/231
Non-Other	150/2,973	132/142
Ethnicity Categories		
Hispanic	668/1,647	606/629
Non-Hispanic	35/2,752	24/34
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy. N/D Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.</i>		

Urbanicity Comparisons

Table A-43 through Table A-43 present the numerators and denominators for the urbanicity comparison by overall health characteristics, global ratings, composite measures, individual item, and supplemental items, respectively.

Table A-43—Numerators and Denominators for 2023 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations

PHP/Population	General Health Status		Mental or Emotional Health Status	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	990/1,041	2,694/2,802	929/1,039	2,491/2,792
NC PHP Aggregate	652/677	1,882/1,943	625/675	1,803/1,930
AmeriHealth	136/144	419/429	131/143	396/426
Carolina Complete	136/140	382/392	133/140	359/385
Healthy Blue	121/126	335/343	117/125	320/344
UnitedHealthcare	99/102	317/326	93/103	306/323
WellCare	160/165	429/453	151/164	422/452
SP Behavioral Health	130/143	352/379	100/140	278/378
EBCI Tribal Option	63/68	S	61/68	S
Medicaid Direct	33/40	S	34/40	S
Tailored Plan Eligible	92/103	287/316	54/103	203/314
Foster Care	242/256	706/729	209/256	580/731

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.*

Table A-44—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Global Ratings

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	858/1,028	2,326/2,756	549/635	1,585/1,782	760/836	2,070/2,258	207/240	668/765
NC PHP Aggregate	577/668	1,642/1,919	341/396	1,021/1,152	477/524	1,352/1,493	115/130	383/441
AmeriHealth	116/142	354/423	71/84	206/238	87/106	287/316	22/25	75/87

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
Carolina Complete	121/138	337/385	70/82	223/245	102/107	263/287	27/29	76/86
Healthy Blue	108/124	296/341	73/81	193/210	99/107	259/286	26/28	80/93
UnitedHealthcare	88/99	283/325	44/55	163/189	67/72	225/251	20/23	62/70
WellCare	144/165	372/445	83/94	236/270	122/132	318/353	20/25	90/105
SP Behavioral Health	116/139	308/374	81/93	208/258	113/122	257/304	47/48	108/139
EBCI Tribal Option	50/66	S	31/39	S	47/55	S	13/16	S
Medicaid Direct	29/41	S	27/29	S	32/35	S	17/19	S
Tailored Plan Eligible	80/102	248/315	62/77	212/245	77/90	263/283	43/49	128/147
Foster Care	202/253	603/714	150/171	484/537	204/222	615/651	62/75	224/252

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-45—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Composite Measures and Individual Item Measure

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service		Coordination of Care	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	412/448	1,128/1,289	384/432	1,134/1,287	596/615	1,646/1,705	183/200	591/669	254/298	744/866
NC PHP Aggregate	247/266	702/810	232/268	735/854	364/377	1,056/1,103	132/143	450/506	148/173	436/512
AmeriHealth	50/55	137/165	49/55	149/184	70/73	218/230	28/30	108/118	26/31	91/107
Carolina Complete	52/57	148/168	52/56	149/168	75/77	210/215	30/32	102/111	36/37	88/97
Healthy Blue	53/55	134/153	43/50	142/162	75/78	210/215	23/24	69/77	36/44	94/110
UnitedHealthcare	35/39	114/131	31/42	122/140	46/49	176/187	14/16	61/73	15/20	65/77
WellCare	56/59	168/192	55/64	172/199	96/98	241/254	35/41	109/127	35/41	98/121
SP Behavioral Health	65/72	179/202	55/61	156/174	86/89	221/227	30/33	72/80	47/52	119/136
EBCI Tribal Option	25/30	S	27/31	S	40/41	S	S	S	19/26	S
Medicaid Direct	22/24	S	18/20	S	28/29	S	S	S	16/18	S
Tailored Plan Eligible	55/63	171/198	41/46	132/150	69/73	218/227	21/24	81/94	34/43	121/141

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service		Coordination of Care	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
Foster Care	117/127	354/396	106/112	341/366	163/168	499/509	30/34	117/134	71/81	251/286

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 4-19 because final composite measure scores are determined by calculating the average score across all questions within the composite measure.
 For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.

Table A-46—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Physical Health and Other Treatments	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	432/1,028	1,174/2,776	164/1,030	517/2,778	108/159	369/504	112/157	383/491
NC PHP Aggregate	258/671	710/1,922	68/671	227/1,925	46/65	161/223	50/65	159/218
AmeriHealth	54/142	161/422	13/142	46/421	S	25/46	12/13	31/44
Carolina Complete	57/140	133/389	S	54/390	11/12	41/53	S	36/52
Healthy Blue	52/124	142/341	18/124	45/341	11/16	34/44	S	32/43
UnitedHealthcare	37/101	114/323	S	33/324	S	23/33	S	26/33
WellCare	58/164	160/447	17/165	49/449	S	38/47	12/17	34/46
SP Behavioral Health	80/141	187/372	69/141	188/376	59/66	152/185	53/66	139/183
EBCI Tribal Option	32/66	S	S	S	S	S	S	S
Medicaid Direct	19/41	S	S	28/129	S	S	0/2	S
Tailored Plan Eligible	61/103	171/315	50/103	126/314	39/50	89/120	43/48	96/118
Foster Care	123/250	402/724	77/252	S	55/77	188/253	S	201/245

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.

Table A-47—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	95/1,017	353/2,770	85/91	318/344	85/92	312/330
NC PHP Aggregate	92/662	344/1,922	83/89	309/335	82/89	304/321
AmeriHealth	28/141	84/424	24/27	77/84	23/27	77/78
Carolina Complete	17/133	85/389	16/16	82/83	S	72/80
Healthy Blue	S	40/341	S	37/39	S	33/38
UnitedHealthcare	S	46/320	S	41/44	16/17	40/42
WellCare	23/163	89/448	22/23	72/85	21/22	82/83
SP Behavioral Health	S	30/376	S	26/29	S	23/27
EBCI Tribal Option	0/66	S	S	S	S	S
Medicaid Direct	S	S	S	S	S	S
Tailored Plan Eligible	S	37/309	S	35/36	S	30/34
Foster Care	S	S	S	S	S	S

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.*

AMH Tier Comparisons

Table A-44 through Table A-48 present the numerators and denominators for the AMH Tier comparison by overall health characteristics, global ratings, composite measures, individual item, and supplemental items, respectively.

Table A-48—Numerators and Denominators for 2023 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and AMH Tier Comparisons, by Program-Specific Populations

PHP/Population	General Health Status		Mental or Emotional Health Status	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	2,837/2,961	613/634	2,619/2,947	579/633
NC PHP Aggregate	2,016/2,087	413/427	1,929/2,073	401/425
AmeriHealth	475/491	63/65	451/487	62/65

PHP/Population	General Health Status		Mental or Emotional Health Status	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
Carolina Complete	416/427	86/90	393/421	86/89
Healthy Blue	335/347	83/84	326/346	75/84
UnitedHealthcare	310/319	88/90	299/319	81/88
WellCare	480/503	93/98	460/500	97/99
SP Behavioral Health	369/403	92/95	293/399	68/95
EBCI Tribal Option	57/61	S	55/61	S
Medicaid Direct	61/80	S	62/80	S
Tailored Plan Eligible	280/313	60/62	190/312	43/61
Foster Care	703/733	176/180	573/733	153/181

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.*

Table A-49—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Global Ratings

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	2,467/2,919	524/623	1,642/1,860	365/408	2,147/2,354	500/537	668/765	147/170
NC PHP Aggregate	1,757/2,059	367/421	1,073/1,228	234/261	1,429/1,584	326/352	389/446	92/105
AmeriHealth	400/483	56/65	235/274	34/38	315/359	49/52	85/96	12/16
Carolina Complete	366/419	79/89	233/262	52/56	286/309	70/76	80/90	20/21
Healthy Blue	298/342	72/84	195/213	50/56	263/288	66/73	79/89	19/23
UnitedHealthcare	271/317	82/88	148/179	47/53	212/236	67/72	56/65	21/22
WellCare	422/498	78/95	262/300	51/58	353/392	74/79	89/106	20/23
SP Behavioral Health	328/395	75/94	217/266	57/69	289/328	65/78	122/144	28/36
EBCI Tribal Option	48/59	S	29/35	S	44/48	S	13/16	S
Medicaid Direct	58/79	S	63/69	S	67/73	S	48/56	S
Tailored Plan Eligible	242/313	51/61	198/237	44/50	248/279	56/57	125/147	24/26

PHP/Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
Foster Care	604/722	142/175	477/528	116/127	607/649	154/159	218/247	47/55

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-50—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Composite Measures and Individual Item Measure

PHP/Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service		Coordination of Care	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	1,183/1,331	260/295	1,189/1,350	243/268	1,724/1,781	379/392	617/690	108/122	782/903	161/196
NC PHP Aggregate	750/851	162/185	773/900	162/181	1,121/1,168	246/257	473/526	82/92	472/551	93/113
AmeriHealth	159/187	24/27	169/205	25/28	241/253	39/41	118/128	15/16	101/119	13/16
Carolina Complete	161/181	33/38	163/179	33/37	224/231	55/56	108/117	19/21	100/108	22/24
Healthy Blue	137/153	35/39	141/160	34/38	214/219	52/54	71/77	13/15	99/117	23/29
UnitedHealthcare	107/123	33/38	110/136	35/37	161/173	49/51	54/64	17/21	59/74	17/18
WellCare	185/206	36/43	190/218	33/40	279/290	50/55	121/140	17/19	113/133	18/26
SP Behavioral Health	184/209	50/54	160/179	40/45	234/241	58/60	76/84	21/24	126/141	33/36
EBCI Tribal Option	23/27	S	24/28	S	35/36	S	12/13	S	17/21	S
Medicaid Direct	55/62	S	44/50	S	64/65	S	15/21	S	43/50	S
Tailored Plan Eligible	164/193	34/39	128/145	26/31	214/226	47/47	84/99	12/13	119/144	26/27
Foster Care	354/391	85/93	348/371	70/76	503/512	112/114	116/130	19/24	250/281	54/64

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 N/D Indicates the numerator and denominator of the score.
 Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 4-24 because final composite measure scores are determined by calculating the average score across all questions within the composite measure.
 For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-51—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Counseling or Mental Health Treatment		Appointment for Counseling or Mental Health Treatment		Physical Health and Other Treatments	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	1,245/2,927	256/628	529/2,930	105/631	377/516	73/102	376/501	80/101
NC PHP Aggregate	780/2,064	153/423	226/2,065	57/425	165/222	35/54	157/216	42/55
AmeriHealth	183/482	25/65	45/481	11/65	28/45	S	34/43	S
Carolina Complete	154/424	34/90	55/423	S	45/54	S	36/52	S
Healthy Blue	149/344	33/83	44/344	14/83	31/42	11/13	25/41	12/13
UnitedHealthcare	114/318	30/87	27/318	13/89	22/27	S	24/27	S
WellCare	180/496	31/98	55/499	S	39/54	S	38/53	S
SP Behavioral Health	205/397	47/92	195/399	48/95	160/191	40/46	151/189	31/46
EBCI Tribal Option	29/59	S	16/60	S	S	S	S	S
Medicaid Direct	42/81	S	15/81	S	S	S	S	S
Tailored Plan Eligible	168/312	33/62	134/311	21/62	97/130	16/20	107/126	16/20
Foster Care	394/723	90/178	272/724	44/179	194/265	36/44	201/256	34/42

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

N/D Indicates the numerator and denominator of the score.

For further details, please refer to the Methodology section within the Reader's Guide beginning on page 33.

Table A-52—Numerators and Denominators for 2023 Child Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
NC Medicaid Program	374/2,918	54/625	339/362	47/54	334/351	43/51
NC PHP Aggregate	370/2,056	53/423	335/358	46/53	330/347	43/50
AmeriHealth	101/483	S	93/100	S	92/95	S
Carolina Complete	89/418	12/89	85/86	12/12	78/83	S
Healthy Blue	39/343	S	35/37	S	32/37	S
UnitedHealthcare	50/316	S	43/48	S	43/46	S

PHP/Population	Need an Interpreter		Interpreter Treated with Courtesy and Respect		Preferred Language	
	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)	AMH Tier 3 (N/D)	Non-AMH Tier 3 (N/D)
WellCare	91/496	18/99	79/87	14/18	85/86	15/16
SP Behavioral Health	30/398	S	27/28	S	24/26	S
EBCI Tribal Option	0/59	S	S	S	S	S
Medicaid Direct	S	0/18	S	S	S	S
Tailored Plan Eligible	34/308	S	32/34	S	32/33	0/3
Foster Care	S	S	S	S	S	S

*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/D Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section within the Reader’s Guide beginning on page 33.*

Eligible Population Sizes

The table in this section includes the adult and child eligible population sizes for each PHP/population. Eligible population sizes for the PHPs/populations were obtained from the sample frame files.

Table A-53—2023 Eligible Population Sizes by Population

PHP/Population	Adult	Child
NC Medicaid Program	1,817,006	1,290,879
NC PHP Aggregate	754,890	1,159,634
AmeriHealth	134,680	208,213
Carolina Complete	94,444	150,962
Healthy Blue	205,412	311,815
UnitedHealthcare	160,505	236,752
WellCare	159,849	251,892
SP Behavioral Health	59,586	46,923
EBCI Tribal Option	2,123	2,727
Medicaid Direct	1,059,993	97,767
Tailored Plan Eligible	112,710	71,998
Foster Care	N/A	30,751

N/A Indicates there is no eligible population available.

Appendix B. Survey Instruments

The survey instruments selected were the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set and the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set. This section provides a copy of the survey instruments.



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-842-1627.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:



↓ **START HERE** ↓

1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

- Yes ➔ *Go to Question 3*
 No

2. What is the name of your health plan? (Please print)



11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- None → Go to Question 18
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
- No → Go to Question 18

17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | | Best | | | | |
| Personal Doctor | | | | | | Personal Doctor | | | | |
| Possible | | | | | | Possible | | | | |



GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- Yes
- No → *Go to Question 23*

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

21. How many specialists have you talked to in the last 6 months?

- None → *Go to Question 23*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Specialist Possible Best Specialist Possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

23. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
- No → *Go to Question 26*

24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → **Go to Question 28**

27. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Plan | | | | | Health Plan | | | | | |
| Possible | | | | | Possible | | | | | |

ABOUT YOU

29. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

30. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2022?

- Yes
- No
- Don't know

32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 36**
- Don't know → **Go to Question 36**

33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always



35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

36. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

37. Are you male or female?

- Male
- Female

38. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

39. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

40. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

41. In the last 6 months, has your personal doctor asked about your mental health?

- Yes
- No

People can get counseling or mental health treatment for many different reasons, such as:

- Feeling depressed, anxious, or stressed.
- Personal problems (like when a loved one dies or when there are problems at work).
- Family problems (like marriage problems or when parents and children have trouble getting along).
- Needing help with drug or alcohol use.

42. In the last 6 months, did you seek any counseling or mental health treatment for any of these reasons?

- Yes
- No → *Go to Question 45*

43. In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

44. Think about the person you saw most often for counseling or mental health treatment. In the last 6 months, did this person ever ask you about your physical health and any other treatments you were receiving at the time?

- Yes
- No

45. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter at your personal doctor's office?

- Yes
- No → *Go to Question 48*

46. In the last 6 months, how often did this interpreter treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

47. What language would you like to talk to your personal doctor in?

- English
- Spanish
- Russian
- Vietnamese
- Another language

48. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? Select all that apply.

- Health condition
- Disability
- Age
- Culture or religion
- Language or accent
- Race or ethnicity
- Sex (female or male)
- Sexual orientation
- Gender or gender identity
- Income

49. In the last 6 months, how often were you able to access your health information online when you wanted it?

- Never
- Sometimes
- Usually
- Always
- I did not want to access my health information online

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-842-1627.

SURVEY INSTRUCTIONS

- ▶ Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks 



- ▶ You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

1. Our records show that your child is now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your child's health plan? (Please print)



**YOUR CHILD'S HEALTH CARE
IN THE LAST 6 MONTHS**

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?
 - Yes
 - No → *Go to Question 5*

- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- 5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?
 - Yes
 - No → *Go to Question 7*

- 6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

- None → *Go to Question 10*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S PERSONAL DOCTOR

10. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 22*



11. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

- None → **Go to Question 21**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

15. Is your child able to talk with doctors about his or her health care?

- Yes
- No → **Go to Question 17**

16. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes
- No

19. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes
- No → **Go to Question 21**

20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always



21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

0 1 2 3 4 5 6 7 8 9 10
 Worst Personal Doctor Possible Best Personal Doctor Possible

24. How many specialists has your child talked to in the last 6 months?

- None → **Go to Question 26**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

25. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 1 2 3 4 5 6 7 8 9 10
 Worst Specialist Possible Best Specialist Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when he or she stayed overnight in a hospital.

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- Yes
- No → **Go to Question 26**

23. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

26. In the last 6 months, did you get information or help from customer service at your child's health plan?

- Yes
- No → **Go to Question 29**

27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always



28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

29. In the last 6 months, did your child's health plan give you any forms to fill out?

- Yes
- No → **Go to Question 31**

30. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Plan | | | | | Health Plan | | | | | |
| Possible | | | | | Possible | | | | | |

ABOUT YOUR CHILD AND YOU

32. In general, how would you rate your child's overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

33. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

34. What is your child's age?

- Less than 1 year old
- YEARS OLD (write in)

35. Is your child male or female?

- Male
- Female

36. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

37. What is your child's race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

38. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older



◆

39. Are you male or female?

- Male
- Female

40. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

41. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

42. In the last 6 months, has your child's personal doctor asked about their mental health?

- Yes
- No

◆

Children can get counseling or mental health treatment for many different reasons, such as:

- Feeling depressed, anxious, or stressed.
- Personal problems (like when a loved one dies or when there are problems at school).
- Family problems (like when parents and children have trouble getting along).
- Needing help with drug or alcohol use.

43. In the last 6 months, did you seek any counseling or mental health treatment for your child for any of these reasons?

- Yes
- No → *Go to Question 46*

44. In the last 6 months, how often was your child able to get an appointment for counseling or mental health treatment as soon as they need it?

- Never
- Sometimes
- Usually
- Always

45. Think about the person 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 their physical health and any other treatments they were receiving at the time?

- Yes
- No

46. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you or your child need an interpreter at your child's doctor's office?

- Yes
- No → *Go to Question 49*

47. In the last 6 months, how often did this interpreter treat you and your child with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

48. What language would you and your child like to talk to your child's doctor in?

- English
- Spanish
- Russian
- Vietnamese
- Another language

49. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where your child got care treat them in an unfair or insensitive way because of any of the following things about them? Select all that apply.

- Health condition
- Disability
- Age
- Culture or religion
- Language or accent
- Race or ethnicity
- Sex (female or male)
- Sexual orientation
- Gender or gender identity

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

