

2024 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 beneficiaries' health care experience. The goal of the CAHPS surveys is 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 39 core questions with 10 supplemental questions added by DHB, and the child survey included 41 core questions with nine 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 beneficiaries and parents or caretakers of child beneficiaries completed the surveys from February 16 to May 6, 2024. 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 beneficiaries 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 six specific NC Medicaid populations. These populations included:

- Individuals enrolled in a PHP receiving behavioral health services (i.e., Standard Plan [SP] Behavioral Health population)
- Federally recognized tribal members and others eligible for services through Indian Health Service (HIS) associated only with the Eastern Band of Cherokee Indians (EBCI) who are enrolled in the EBCI Tribal Option⁴
- Beneficiaries receiving health care through Medicaid Direct (formerly known as fee-for-service)⁵

³ Fact Sheet. Standard Plans and Behavioral Health I/DD Tailored Plans.
<https://medicaid.ncdhhs.gov/documents/county/county-playbook/county-playbook-fact-sheetsp-and-tp-services20240513/download?attachment>. Accessed on: September 12, 2024.

⁴ The tribal option manages beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties. The EBCI Tribal Option is a health plan managed by the Cherokee Indian Health Authority (CIHA).

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.

- Current Medicaid Direct beneficiaries 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
- Child Medicaid Direct beneficiaries who are in foster care
- Adult Medicaid Direct beneficiaries formerly in foster care (i.e., former foster care)

HSAG grouped respondents to create aggregate results for comparative purposes:

- **NC Medicaid Program (adult)**—Combined results of all five PHPs, EBCI Tribal Option, Medicaid Direct, and Former Foster Care.
- **NC Medicaid Program (child)**—Combined results of all five PHPs, EBCI Tribal Option, Medicaid Direct, and 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 beneficiaries**—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 47.
- **Child beneficiaries**—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 163.

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. Overall, the response rates for each program-specific population increased from the 2023 survey administration.

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	48,982	8.95% (4,359)
	Child General Sample	51,078	11.76% (5,997)
AmeriHealth	Adult General Sample	7,614	7.65% (582)
	Child General Sample	6,128	9.16% (561)
Carolina Complete	Adult General Sample	7,520	7.27% (546)
	Child General Sample	5,038	9.25% (466)

⁶ Tailored Plans, not yet implemented at the time of the survey, will offer integrated physical health, pharmacy, care coordination, and behavioral health services for beneficiaries who may have significant mental health needs, I/DD, traumatic brain injuries, or severe substance use disorders.

Program-Specific Populations	Population	Total Number of People Sampled (i.e., General Samples)	Response Rates and Number of Respondents (N)
Healthy Blue	Adult General Sample	6,170	7.85% (483)
	Child General Sample	4,755	9.87% (469)
UnitedHealthcare	Adult General Sample	6,656	8.85% (587)
	Child General Sample	6,090	9.12% (555)
WellCare	Adult General Sample	6,372	8.13% (517)
	Child General Sample	5,528	9.07% (501)
SP Behavioral Health	Adult General Sample	5,238	9.67% (504)
	Child General Sample	3,288	12.16% (399)
EBCI Tribal Option	Adult General Sample	1,232	9.52% (117)
	Child General Sample	758	8.05% (61)
Medicaid Direct	Adult General Sample	3,281	16.57% (519)
	Child General Sample	9,735	20.37% (1,973)
Tailored Plan Eligible	Adult General Sample	3,686	13.16% (482)
	Child General Sample	4,406	10.49% (461)
Former Foster Care	Adult General Sample	1,213	1.82% (22)
Foster Care	Child General Sample	5,352	10.31% (551)

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 (beneficiaries with an assigned primary care physician [PCP] with an AMH Tier 3 designation compared to the non-AMH Tier 3 population [i.e., beneficiaries with an assigned PCP with an AMH Tier 1 or 2 designation and beneficiaries 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 26.

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 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th 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. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 40. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 48 and 164 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 (2024)**

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>	★★★★ 79.36%	★★ 86.16%	★★ 74.94%	★★ 86.54%
<i>Rating of All Health Care</i>	★★★★ 76.54%	★★★★ 86.57%	★★★★ 75.86%	★★★★ 86.54%
<i>Rating of Personal Doctor</i>	★★★★★ 87.39%	★★★★ 90.40%	★★★★ 84.75%	★★★★ 90.26%
<i>Rating of Specialist Seen Most Often</i>	★★★★ 84.76%	★★★★ 87.64%	★★ 80.83%	★★★★ 87.63%
Composite Measures				
<i>Getting Needed Care</i>	★★★★★ 86.13%	★★★★★ 86.74%	★★★★ 81.89%	★★★★★ 86.58%
<i>Getting Care Quickly</i>	★★★★ 84.64%	★★★★ 89.18%	★★★★ 82.04%	★★★★ 88.77%
<i>How Well Doctors Communicate</i>	★★★★★ 94.38%	★★★★★ 96.08%	★★★★★ 94.10%	★★★★★ 95.88%
<i>Customer Service</i>	★★★★★ 91.35%	★★ 87.64%	★ 87.30%	★★ 87.51%
Individual Item Measure				
<i>Coordination of Care</i>	★★★★★ 87.56%	★★★★★ 87.98%	★★ 84.38%	★★★★★ 88.22%
Medical Assistance With Smoking and Tobacco Use Cessation Items				
<i>Advising Smokers and Tobacco Users to Quit</i>	★★★★★ 79.96%	NA	★★★★ 76.21%	NA
<i>Discussing Cessation Medications</i>	★★★★★ 57.53%	NA	★★★★ 51.50%	NA
<i>Discussing Cessation Strategies</i>	★★★ 48.00%	NA	★★ 43.79%	NA
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 38.				

Overall, compared to NCQA national percentiles, adult beneficiaries reported higher levels of experience (i.e., four and five stars) across a majority of the areas compared to child beneficiaries for the NC Medicaid Program.

Adults Results

Compared to the NCQA national percentiles, adult beneficiaries reported high levels of experience for the following measures:

- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*
- *Getting Needed Care*
- *How Well Doctors Communicate*
- *Customer Service*
- *Coordination of Care*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*

Compared to NCQA national percentiles, adult beneficiaries reported higher levels of experience for the *How Well Doctors Communicate* measure for the NC PHP Aggregate.

Compared to the NCQA national percentiles, adult beneficiaries did not report low levels of experience for the NC Medicaid Program; however, adult beneficiaries reported low levels of experience (i.e., one and two stars) for the following measures for the NC PHP Aggregate:

- *Rating of Health Plan*
- *Rating of Specialist Seen Most Often*
- *Customer Service*
- *Coordination of Care*
- *Discussing Cessation Strategies*

Child Results

Compared to NCQA national percentiles, parents/caretakers of child beneficiaries reported high levels of experience for the following measures for the NC Medicaid Program and NC PHP Aggregate:

- *Getting Needed Care*
- *How Well Doctors Communicate*
- *Coordination of Care*

Compared to NCQA national percentiles, parents/caretakers of child beneficiaries reported low levels of experience for the following measures for the NC Medicaid Program and the NC PHP Aggregate:

- *Rating of Health Plan*
- *Customer Service*

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 41.

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—Significant Differences Only: PHP-Specific Populations Positive Rating Results Compared to NC Medicaid Program Results (2024)

Measures	NC Medicaid Program	AmeriHealth	Carolina Complete	Healthy Blue	United-Healthcare	WellCare
Adult Population	SS: 40,058 R: 3,373	SS: 7,614 R: 582	SS: 7,520 R: 546	SS: 6,170 R: 483	SS: 6,656 R: 587	SS: 6,372 R: 517
<i>Rating of Specialist Seen Most Often</i>	84.76%	88.07% ↑	∅	∅	∅	∅
<i>Customer Service</i>	91.35%	87.39% ↓	86.47% ↓	86.60% ↓	∅	87.11% ↓
Child Population	SS: 43,384 R: 5,137	SS: 6,128 R: 561	SS: 5,038 R: 466	SS: 4,755 R: 469	SS: 6,090 R: 555	SS: 5,528 R: 501
<i>Rating of Health Plan</i>	86.16%	86.68% ↑	88.91% ↑	∅	∅	87.04% ↑
<i>Rating of Personal Doctor</i>	90.40%	∅	92.11% ↑	∅	92.04% ↑	∅
<i>Getting Care Quickly</i>	89.18%	∅	∅	∅	∅	92.15% ↑
<i>How Well Doctors Communicate</i>	96.08%	94.27% ↓	94.82% ↓	∅	∅	∅
<p>Blue shading indicates the score is significantly different than the NC Medicaid Program. An "SS" indicates the sample size, and an "R" indicates the respondents. ∅ 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>						

Table 1-6—Population-Specific Populations Positive Rating Results Compared to NC Medicaid Program Results: Significant Differences (2024)

Measures	NC Medicaid Program	SP Behavioral Health	EBCI Tribal Option	Medicaid Direct	Tailored Plan Eligible	Former Foster Care (Adult Only)	Foster Care (Child Only)
Adult Population	SS: 40,058 R: 3,373	SS: 5,238 R: 504	SS: 1,232 R: 117	SS: 3,281 R: 519	SS: 3,686 R: 482	SS: 1,213 R: 22	NA
<i>Rating of Health Plan</i>	79.36%	72.11% ↓	∅	83.03% ↑	∅	∅ ⁺	NA
<i>Rating of All Health Care</i>	76.54%	70.45% ↓	∅ ⁺	∅	∅	S	NA
<i>Rating of Personal Doctor</i>	87.39%	79.19% ↓	∅ ⁺	∅	∅	∅ ⁺	NA
<i>Rating of Specialist Seen Most Often</i>	84.76%	∅	∅ ⁺	88.07% ↑	∅	S	NA
<i>Getting Needed Care</i>	86.13%	∅	∅ ⁺	89.64% ↑	89.68% ↑	S	NA
<i>Customer Service</i>	91.35%	∅	∅ ⁺	94.64% ↑	∅	S	NA
<i>Advising Smokers and Tobacco Users to Quit</i>	79.96%	∅	∅ ⁺	∅	85.14% ↑	S	NA
<i>Discussing Cessation Medications</i>	57.53%	∅	60.00% ↑ ⁺	62.55% ↑	∅	S	NA
Child Population	SS: 43,384 R: 5,137	SS: 3,288 R: 399	SS: 758 R: 61	SS: 9,735 R: 1,973	SS: 4,406 R: 461	NA	SS: 5,352 R: 551
<i>Rating of Health Plan</i>	86.16%	80.36% ↓	68.33% ↓ ⁺	∅	∅	NA	∅
<i>Rating of All Health Care</i>	86.57%	∅	∅ ⁺	∅	80.98% ↓	NA	∅
<i>Rating of Personal Doctor</i>	90.40%	∅	78.26% ↓ ⁺	92.46% ↑	∅	NA	∅
<i>Getting Needed Care</i>	86.74%	91.57% ↑	∅ ⁺	∅	∅	NA	∅
<i>Getting Care Quickly</i>	89.18%	92.89% ↑	∅ ⁺	93.57% ↑	∅	NA	∅
<i>How Well Doctors Communicate</i>	96.08%	∅	100.00% ↑ ⁺	98.21% ↑	∅	NA	∅
<p>Blue shading indicates the score is significantly different than the NC Medicaid Program.</p> <p>An “SS” indicates the sample size, and an “R” indicates the respondents.</p> <p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>NA Indicates results are not applicable for the population.</p> <p>+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</p> <p>∅ Indicates the score is not significantly higher or lower than the NC Medicaid Program.</p> <p>↑ Indicates the score is significantly higher than the NC Medicaid Program.</p> <p>↓ 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 (2024)

Measures	NC PHP Aggregate	AmeriHealth	Carolina Complete	Healthy Blue	United-Healthcare	WellCare
Adult Population	SS: 34,332 R: 2,715	SS: 7,614 R: 582	SS: 7,520 R: 546	SS: 6,170 R: 483	SS: 6,656 R: 587	SS: 6,372 R: 517
<i>Rating of Specialist Seen Most Often</i>	80.83%	88.07% ↑	∅	∅	∅	∅
Child Population	SS: 27,539 R: 2,552	SS: 6,128 R: 561	SS: 5,038 R: 466	SS: 4,755 R: 469	SS: 6,090 R: 555	SS: 5,528 R: 501
<i>Getting Care Quickly</i>	88.77%	∅	∅	∅	∅	92.15% ↑
<p>Blue shading indicates the 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 (2024)

Measures	NC PHP Aggregate	SP Behavioral Health	EBCI Tribal Option	Medicaid Direct	Tailored Plan Eligible	Former Foster Care (Adult Only)	Foster Care (Child Only)
Adult Population	SS: 34,332 R: 2,715	SS: 5,238 R: 504	SS: 1,232 R: 117	SS: 3,281 R: 519	SS: 3,686 R: 482	SS: 1,213 R: 22	NA
<i>Rating of Health Plan</i>	74.94%	∅	∅	83.03% ↑	∅	∅ ⁺	NA
<i>Rating of All Health Care</i>	75.86%	70.45% ↓	∅ ⁺	∅	∅	S	NA
<i>Rating of Personal Doctor</i>	84.75%	79.19% ↓	∅ ⁺	89.58% ↑	∅	∅ ⁺	NA
<i>Rating of Specialist Seen Most Often</i>	80.83%	∅	∅ ⁺	88.07% ↑	86.58% ↑	S	NA
<i>Getting Needed Care</i>	81.89%	∅	∅ ⁺	89.64% ↑	89.68% ↑	S	NA
<i>Getting Care Quickly</i>	82.04%	∅	∅ ⁺	86.80% ↑	∅	S	NA
<i>Customer Service</i>	87.30%	∅	96.00% ↑ ⁺	94.64% ↑	∅	S	NA
<i>Coordination of Care</i>	84.38%	∅	∅ ⁺	90.15% ↑	∅	S	NA

Measures	NC PHP Aggregate	SP Behavioral Health	EBCI Tribal Option	Medicaid Direct	Tailored Plan Eligible	Former Foster Care (Adult Only)	Foster Care (Child Only)
<i>Advising Smokers and Tobacco Users to Quit</i>	76.21%	81.47% ↑	∅ ⁺	83.09% ↑	85.14% ↑	S	NA
<i>Discussing Cessation Medications</i>	51.50%	58.06% ↑	∅ ⁺	62.55% ↑	59.11% ↑	S	NA
<i>Discussing Cessation Strategies</i>	43.79%	51.03% ↑	∅ ⁺	51.45% ↑	54.80% ↑	S	NA
Child Population	SS: 27,539 R: 2,552	SS: 3,288 R: 399	SS: 758 R: 61	SS: 9,735 R: 1,973	SS: 4,406 R: 461	NA	SS: 5,352 R: 551
<i>Rating of Health Plan</i>	86.54%	80.36% ↓	68.33% ↓ ⁺	82.88% ↓	82.68% ↓	NA	80.96% ↓
<i>Rating of All Health Care</i>	86.54%	∅	∅ ⁺	∅	80.98% ↓	NA	∅
<i>Rating of Personal Doctor</i>	90.26%	∅	∅ ⁺	92.46% ↑	∅	NA	∅
<i>Getting Needed Care</i>	86.58%	91.57% ↑	∅ ⁺	∅	∅	NA	∅
<i>Getting Care Quickly</i>	88.77%	92.89% ↑	∅ ⁺	93.57% ↑	∅	NA	91.83% ↑
<i>How Well Doctors Communicate</i>	95.88%	∅	∅ ⁺	98.21% ↑	∅	NA	∅
<p>Blue shading indicates the score is significantly different than the NC PHP Aggregate.</p> <p>An “SS” indicates the sample size, and an “R” indicates the respondents.</p> <p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>NA Indicates results are not applicable for the population.</p> <p>+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</p> <p>∅ Indicates the score is not significantly higher or lower than the NC PHP Aggregate.</p> <p>↑ Indicates the score is significantly higher than the NC PHP Aggregate.</p> <p>↓ Indicates the score is significantly lower than the NC PHP Aggregate.</p>							

Year-Over-Year Analysis

NC Medicaid and NC PHP Aggregate positive ratings for 2024 were compared to 2023 positive ratings to determine if there were significant differences. The following significant difference for the Year-Over-Year analysis was identified for the NC Medicaid Program:

Adults Results

- Adult respondents’ 2024 rating of *General Health Status* (64.63 percent) was statistically significantly *lower* than the 2023 rating (67.45 percent) for the NC PHP Aggregate.

Child Results

The 2024 ratings for parent/caretakers of child beneficiaries were not significantly different than the 2023 ratings for any measure.

For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 42. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 68 and 181 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, Multiracial, 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; Multiracial respondents were compared to non-Multiracial 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 significant differences in healthcare experiences across racial and ethnic groups for the NC Medicaid Program, respectively.

The following significant differences were identified by race and ethnicity:

Adults Results

- Other race adult respondents reported both significantly better (i.e., *General Health Status*, *Mental or Emotional Health Status*, and *Rating of Health Plan*) and significantly worse (i.e., *Getting Needed Care* and *Advising Smokers and Tobacco Users to Quit*) experiences of care, compared to their non-Other race counterparts.
- Black adult respondents reported significantly better (i.e., *Getting Needed Care*, *Customer Service*, and *Coordination of Care*) experiences of care, compared to their non-Black counterparts.
- White adult respondents reported both significantly worse (i.e., *General Health Status*, *Mental Health or Emotional Health Status*, *Customer Service*, and *Coordination of Care*) experiences of care, compared to their non-White counterparts.
- Hispanic adult respondents reported both significantly better (i.e., *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Specialist Seen Most Often*) and, similar to the 2023 results, significantly worse (i.e., *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*) experiences of care, compared to their non-Hispanic counterparts.

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

Child Results

- Other race parents/caretaker respondents reported both significantly better (i.e., *Mental or Emotional Health Status*) and significantly worse (i.e., *Getting Needed Care*, *Getting Care Quickly*, and *How Well Doctors Communicate*) experiences of care, compared to their non-Other race parent/caretaker counterparts.
- Black parents/caretaker respondents reported significantly worse (i.e., *Mental or Emotional Health Status*) experiences of care, compared to their non-Black parent/caretaker counterparts.
- White parents/caretaker respondents reported significantly better (i.e., *Rating of Personal Doctor*, *Getting Care Quickly*, and *How Well Doctors Communicate*) experiences of care, compared to their non-White parent/caretaker counterparts.
- Hispanic parent/caretaker respondents reported both significantly better (i.e., *Mental or Emotional Health Status* and *Rating of Health Plan*) and significantly worse (i.e., *Getting Needed Care*, *Getting Care Quickly*, and *How Well Doctors Communicate*) experiences of care, compared to non-Hispanic parent/caretaker counterparts.

For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to the Reader's Guide beginning on page 42. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 94 and 201 for the adult and child populations, respectively.

Table 1-9—Race Comparisons
NC Medicaid Program Results: Significant Differences (2024)¹⁰

Measures	White	Non-White	Multi-racial	Non-Multi-racial	Black	Non-Black	Native American	Non-Native American	Other	Non-Other
Adult Population Sample Size: 45,458	R: 1,679	R: 1,612	R: 111	R: 3,180	R: 1,357	R: 2,340	R: 153	R: 3,138	R: 354	R: 2,937
<i>Rating of Specialist Seen Most Often</i>	∅ ⁺	∅	∅	∅	∅ ⁺	∅	65.96% ↓ ⁺	82.67%	∅	∅
<i>Getting Needed Care</i>	∅ ⁺	∅	∅	∅	85.89% ↑	82.70%	∅	∅	77.06% ↓	84.59%
<i>Customer Service</i>	87.55% ↓	90.70%	∅	∅	91.79% ↑	87.58%	∅	∅	∅	∅
<i>Coordination of Care</i>	83.72% ↓	87.91%	∅ ⁺	∅	88.06% ↑	84.03%	∅	∅	∅	∅

¹⁰ If race comparisons for a measure resulted in significant findings, these results appear on the following race categories: White, Multiracial, Black, Native American, and Other.

Measures	White	Non-White	Multi-racial	Non-Multi-racial	Black	Non-Black	Native American	Non-Native American	Other	Non-Other
<i>Advising Smokers and Tobacco Users to Quit</i>	Ø	Ø	Ø ⁺	Ø	Ø ⁺	Ø	Ø	Ø	60.71% ↓ ⁺	77.74%
Child Population Sample Size: 49,020	R: 2,520	R: 2,483	R: 378	R: 4,625	R: 1,453	R: 3,931	R: 156	R: 4,847	R: 822	R: 4,181
<i>Rating of Personal Doctor</i>	91.87% ↑	89.93%	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
<i>Rating of Specialist Seen Most Often</i>	Ø ⁺	Ø	78.95% ↓	88.09%	Ø	Ø	Ø	Ø	Ø	Ø
<i>Getting Needed Care</i>	Ø ⁺	Ø	Ø	Ø	Ø	Ø	Ø	Ø	83.70% ↓	88.27%
<i>Getting Care Quickly</i>	92.80% ↑	88.92%	Ø	Ø	Ø	Ø	Ø	Ø	83.10% ↓	92.34%
<i>How Well Doctors Communicate</i>	97.82% ↑	96.13%	Ø	Ø	Ø	Ø	Ø	Ø	94.58% ↓	97.44%

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.
Ø Indicates the score is not significantly higher or lower than the other ethnicity 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 (2024)¹¹

Measures	Hispanic	Non-Hispanic
Adult Population Sample Size: 45,458	Respondents: 895	Respondents: 2,843
<i>Rating of Health Plan</i>	80.82% ↑	75.43%
<i>Rating of All Health Care</i>	80.50% ↑	75.16%
<i>Rating of Specialist Seen Most Often</i>	88.75% ↑	81.50%
<i>Getting Needed Care</i>	80.12% ↓	84.19%
<i>Advising Smokers and Tobacco Users to Quit</i>	64.23% ↓	78.24%
<i>Discussing Cessation Medications</i>	36.89% ↓	54.07%
<i>Discussing Cessation Strategies</i>	35.54% ↓	47.12%

¹¹ If ethnicity comparisons for a measure resulted in significant findings, these results appear on the Hispanic ethnicity category.

Measures	Hispanic	Non-Hispanic
Child Population Sample Size: 48,385	Respondents: 1,797	Respondents: 3,944
<i>Rating of Health Plan</i>	88.86% ↑	83.11%
<i>Getting Needed Care</i>	85.22% ↓	87.79%
<i>Getting Care Quickly</i>	84.93% ↓	92.16%
<i>How Well Doctors Communicate</i>	94.21% ↓	97.64%
<i>Blue shading indicates the Hispanic score is significantly different than the Non-Hispanic score. ∅ Indicates the score is not significantly higher or lower than the other ethnicity category. ↑ Indicates the demographic category score is significantly higher than the other ethnicity category. ↓ Indicates the demographic category score is significantly lower than the other ethnicity category.</i>		

Supplemental Items

DHB added questions including topics about mental health, interpreter services, how beneficiaries were treated during clinic, in the emergency room, or during doctor's offices visits, receiving care outside of business hours, telehealth access and utilization, and receiving a flu vaccination to the adult and child surveys. The following significant differences were identified from the supplemental questions for the NC Medicaid Program:

Adult Results

- Approximately 50.39 percent of adult respondents (1,675/3,324 respondents) reported that their personal doctor asked about their mental health and 60.37 percent of respondents (841/1,393 respondents) reported that they never or sometimes received an appointment for counseling or mental health treatment as soon as they needed.
- Approximately 74.04 percent of adult respondents (619/836 respondents) reported they never received an interpreter when they needed one.
- The majority (89.53 percent; 188/210 respondents) of adult respondents who received an interpreter at their doctor's office reported always or usually being treated with courtesy and respect by the interpreter.
- 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.
- When asked how often adult respondents were able to receive the care they needed outside of business hours, 56.74 percent of respondents (741/1,306 respondents) usually or always were able to receive this care.
- The majority (82.36 percent; 2,657/3,226 respondents) of adult respondents were not offered a telehealth appointment instead of an in-person appointment. Among those who were offered a telehealth appointment, 19.49 percent of adult respondents (106/544 respondents) always utilized it over an in-person appointment.

- Flu vaccination rates were low, as 38.66 percent of adult respondents (1,282/3,316 respondents) reported they received a flu vaccination.

Child Results

- Approximately 53.91 percent of parent/caretaker respondents (2,733/5,070 respondents) reported that their child's personal doctor asked about their child's mental health and 52.30 percent of parent/caretaker respondents (1,056/2,019 respondents) reported that they usually or always received an appointment for counseling or mental health treatment as soon as their child needed.
- Approximately 49.96 percent of parent/caretaker respondents (622/1,245 respondents) reported that they or their child never got an interpreter when they needed one.
- The majority (94.23 percent; 571/606 respondents) of parent/caretaker respondents who received an interpreter at their child's doctor's office reported always or usually being treated with courtesy and respect by the interpreter.
- The top three reasons parent/caretaker 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, language or accent, or disability.
- When asked how often parent/caretaker respondents were able to receive care their child needed outside of business hours, 55.76 percent of parent/caretaker respondents (1,055/1,892 respondents) usually or always were able to receive this care.
- The majority (83.86 percent; 4,193/5,000 respondents) of parent/caretaker respondents were not offered a telehealth appointment for their child instead of an in-person appointment. Among those who were offered a telehealth appointment, 12.80 percent of parent/caretaker respondents (100/781 respondents) always utilized it over an in-person appointment.
- Flu vaccination rates were low, as only 45.91 percent of parent/caretaker respondents (2,318/5,049 respondents) reported their child received a flu vaccination.

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.¹² The following significant differences were identified by urbanicity for the NC Medicaid Program.¹³

¹² 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: September 12, 2024.

¹³ Significant differences by urbanicity for the supplemental items were not included in this section.

Adult Results

- Adult respondents residing in rural counties (59.54 percent) reported significantly *lower* positive ratings for *General Health Status* when compared to respondents in urban counties (65.17 percent).
- Adult respondents residing in rural counties (65.38 percent) reported significantly *lower* positive ratings for *Mental or Emotional Health Status* when compared to respondents in urban counties (69.58 percent).

Child Results

- Parent/caretaker respondents of child beneficiaries residing in rural counties (90.28 percent) reported significantly *higher* positive ratings for *Rating Specialist Seen Most Often* when compared to children residing in urban counties (86.49 percent).
- Parent/caretaker respondents of child beneficiaries residing in rural counties (89.16 percent) reported significantly *lower* positive ratings for *Rating Personal Doctor* compared to children residing in urban counties (91.56 percent).

For more detailed information regarding the methodology used for the urbanicity comparisons, please refer to the Reader's Guide beginning on page 42. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 129 and 232 for the adult and child populations, respectively.

AMH Tier Comparisons

HSAG evaluated positive ratings to determine if there were significant differences by AMH Tier designation. Specifically, HSAG compared beneficiaries in AMH Tier 3 to non-AMH Tier 3 beneficiaries. DHB provided beneficiaries' AMH Tier designation within the sample frame file. The following significant differences were identified by AMH Tier for the NC Medicaid Program:¹⁴

Adult Results

- For adult respondents, the AMH Tier 3 positive rating for *Discussing Cessation Medications* (55.42 percent) was significantly *higher* than the non-AMH Tier 3 positive rating (47.38 percent).
- For adult respondents, the AMH Tier 3 positive rating for *Discussing Cessation Strategies* (47.94 percent) was significantly *higher* than the non-AMH Tier 3 positive rating (41.51 percent).

Child Results

- For parent/caretaker respondents of child beneficiaries, the AMH Tier 3 positive rating for *Customer Service* (88.86 percent) was significantly *higher* than the non-AMH Tier 3 positive rating (83.59 percent).

¹⁴ Significant differences by AMH Tier for the supplemental items were not included in this section.

For more detailed information regarding the methodology used for the AMH Tier comparisons, please refer to the Reader's Guide beginning on page 43. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 145 and 247 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.¹⁵ 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 positive relationship with a global rating. *How Well Doctors Communicate* has a fairly positive 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 43. For detailed results regarding these comparisons, please refer to sections 3 and 4 beginning on pages 162 and 262 for the adult and child populations, respectively.

Table 1-11—Spearman Correlation Adult NC Medicaid Program Results (2024)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.36	0.46	0.35	0.43
Getting Care Quickly	0.29	0.38	0.25	0.30
How Well Doctors Communicate	0.28	0.38	0.55	0.29
Customer Service	0.42	0.31	0.22	0.27
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 (2024)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.36	0.44	0.29	0.41
Getting Care Quickly	0.22	0.31	0.22	0.23
How Well Doctors Communicate	0.23	0.35	0.45	0.25

¹⁵ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: September 12, 2024.

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Customer Service	0.41	0.36	0.31	0.33
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 2024 NC CAHPS survey were 8.92 percent and 11.47 percent, respectively. Response rates increased from the 2023 NC CAHPS survey, where the adult and child response rates were 8.03 percent and 9.81 percent, respectively.

Overall, adult respondents' positive experiences with their health plan have consistently increased from 2019 to 2024, and their experiences with their personal doctor, getting needed care, and how well their doctors communicate increased from 2023 to 2024 for the NC Medicaid Program. Additionally, the percentage of adult respondents whose provider sometimes, usually, or always advised them to quit smoking or discussed cessation medications and cessation strategies increased from 2023 to 2024. For the NC PHP Aggregate, adult respondents' ratings of their general health increased from 2023 to 2024.

Parents'/caretakers' of general child beneficiaries positive experiences with their child's health plan consistently increased from 2021 to 2024, and their experience with getting needed care, getting care quickly, and coordination of their child's care consistently increased from 2022 to 2024. However, their experiences with their child's health care, personal doctor, and customer service decreased from 2023 to 2024 for the NC Medicaid Program. Additionally, parents'/caretakers' of general child beneficiaries positive experiences did not increase from 2023 to 2024 for any measure.

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 *Customer Service* measure was the lowest performing measure. However, caution should be exercised when extrapolating these results as the Medicaid Direct population had higher scores and a larger population size, which affected weighted results for the NC Medicaid Program.

NC Medicaid prioritizes understanding the healthcare experiences of beneficiaries with 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. The SP Behavioral Health population -- those beneficiaries in a SP (i.e., PHP) receiving some behavioral health services -- reported significantly poorer experiences with care. For the adult population, SP Behavioral Health beneficiaries reported significantly *lower* positive ratings for *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor* when compared to the NC PHP Aggregate, NC Medicaid Program, and NCQA national average. Tailored Plan Eligible adult beneficiaries reported significantly

lower positive ratings for *Getting Needed Care* and *Advising Smokers and Tobacco Users to Quit* 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 Health Plan* when compared to the NC PHP Aggregate, NC Medicaid Program, and NCQA national average. Parents/caretakers of child beneficiaries who are eligible for Tailored Plans reported significantly poorer experiences with their child's health plan when compared to the NC PHP Aggregate and NCQA national average and their child's personal doctor 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 beneficiaries 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, beneficiaries who identified as Other race or Hispanic ethnicity reported significantly *lower* positive ratings for several measures across both the adult and child populations; however, Hispanic respondents reported higher positive ratings for the global rating measures despite the lower positive ratings across other measure domains. DHB and managed care plan partners should consider efforts to engage these beneficiaries to determine barriers to care or opportunities for improvement that may result in increased satisfaction with their health experience.

The evaluation of the positive ratings for urban respondents versus rural respondents resulted in few significant differences. While the results suggest that beneficiaries residing in rural counties are not reporting many significant differences in their healthcare experiences compared to beneficiaries residing in urban counties, DHB should continue to monitor the healthcare experiences of respondents residing in rural counties 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.¹⁶

CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 39 core questions that yield 12 measures. DHB added 10 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 nine 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 Measure	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>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>		

¹⁶ 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 select one of the opt-out response options. Questions with these skip-patterns likely have fewer responses. The measures that are affected by these gate items are noted within footnotes included in Table 2-2.

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>¹⁷	
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>¹⁸	
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>¹⁹	
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

¹⁷ 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.

¹⁸ 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.

¹⁹ 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>²⁰	
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>²¹	
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>²²	
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>²³	
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

- ²⁰ 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.
- ²¹ 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.
- ²² 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.
- ²³ For *Customer Service*, the gate question asks respondents if they 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 Measure	
<i>Coordination of Care</i> ²⁴	
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
Medical Assistance With Smoking and Tobacco Use Cessation Items ²⁵	
<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>	
40. In the last 6 months, has your personal doctor asked about your mental health?	Yes, No
<i>Appointment for Counseling or Mental Health Treatment</i> ²⁶	
41. 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 it?	Never, Sometimes, Usually, Always, I did not need counseling or mental health treatment in the last 6 months

²⁴ 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.

²⁵ 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.

²⁶ 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>Used an Interpreter</i>	
42. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you needed an interpreter at your personal doctor's office, how often did you get one?	Never, Sometimes, Usually, Always, I did not need an interpreter in the last 6 months
<i>Interpreter Treated with Courtesy and Respect²⁷</i>	
43. In the last 6 months, how often did this interpreter treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<i>Treated Unfairly or Insensitively</i>	
44. 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>	
45. 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
<i>Care Outside of Business Hours</i>	
46. In the last 6 months, if you needed care outside of business hours (i.e., in the evenings, on weekends, or during holidays), how often were you able to receive this care?	Never, Sometimes, Usually, Always, I did not need care outside of business hours in the last 6 months
<i>Offered Telehealth Appointment</i>	
47. In the last 6 months, were you offered a telehealth appointment instead of an in-person appointment?	Yes, No

²⁷ For *Interpreter Treated with Courtesy and Respect*, the gate question asks respondents how often they got an interpreter at their personal doctor's office when they needed one in the last six months. If respondents answer "I did not need an interpreter in the last 6 months" to this question, they are directed to skip the question that comprises the *Interpreter Treated with Courtesy and Respect* measure.

Question Language	Response Options
<i>Chose Telehealth</i>²⁸	
48. In the last 6 months, how often did you choose to use telehealth for your health care when it was offered by a doctor or health provider?	Never, Sometimes, Usually, Always
<i>Flu Vaccination Received</i>	
49. Have you had either a flu shot or flu spray in the nose since July 1, 2023?	Yes, No

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 include skip-pattern instructions that instruct respondents to skip specific questions if they select one of the opt-out response options. Questions with these skip-patterns likely have fewer responses. The measures that are affected by these gate items are noted within footnotes included in Table 2-3.

Table 2-4—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>²⁹	
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>³⁰	
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

²⁸ For *Chose Telehealth*, the gate question asks respondents if they were offered a telehealth appointment instead of an in-person appointment in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Chose Telehealth* measure.

²⁹ 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.

³⁰ 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.

Question Language	Response Options
Rating of Specialist Seen Most Often³¹	
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	
Getting Needed Care³²	
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
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 Quickly³³	
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 Communicate³⁴	
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

³¹ 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.

³² 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.

³³ 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.

³⁴ 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.

Question Language	Response Options
Customer Service³⁵	
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 Care³⁶	
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
Supplemental Questions	
Mental Health	
42. In the last 6 months, has your child's personal doctor asked about their mental health?	Yes, No
Appointment for Counseling or Mental Health Treatment³⁷	
43. In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment for your child as soon as they needed it?	Never, Sometimes, Usually, Always, My child did not need counseling or mental health treatment in the last 6 months
Used an Interpreter	
44. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you or your child needed an interpreter at your child's doctor's office, how often did you get one?	Never, Sometimes, Usually, Always, My child and I did not need an interpreter in the last 6 months

³⁵ 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.

³⁶ 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.

³⁷ 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.

Question Language	Response Options
<i>Interpreter Treated with Courtesy and Respect³⁸</i>	
45. In the last 6 months, how often did this interpreter treat you and your child with courtesy and respect?	Never, Sometimes, Usually, Always
<i>Treated Unfairly or Insensitively</i>	
46. 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 identify
<i>Care Outside of Business Hours</i>	
47. In the last 6 months, if your child needed care outside of business hours (i.e., in the evenings, on weekends, or during holidays), how often was your child able to receive this care?	Never, Sometimes, Usually, Always, My child did not need care outside of business hours in the last 6 months
<i>Offered Telehealth Appointment</i>	
48. In the last 6 months, were you offered a telehealth appointment for your child instead of an in-person appointment?	Yes, No
<i>Chose Telehealth³⁹</i>	
49. In the last 6 months, how often did you choose to use telehealth for your child's health care when it was offered by a doctor or other health provider?	Never, Sometimes, Usually, Always
<i>Flu Vaccination Received</i>	
50. Has your child had either a flu shot or flu spray in the nose since July 1, 2023?	Yes, No

³⁸ For *Interpreter Treated with Courtesy and Respect*, the gate question asks respondents how often they got an interpreter at their child's personal doctor's office when they or their child needed one in the last six months. If respondents answer "My child and I did not need an interpreter in the last 6 months" to this question, they are directed to skip the question that comprises the *Interpreter Treated with Courtesy and Respect* measure.

³⁹ For *Chose Telehealth*, the gate question asks respondents if they were offered a telehealth appointment for their child instead of an in-person appointment in the last six months. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Chose Telehealth* measure.

Sampling Procedures

The NCQA HEDIS specifications require that HSAG be provided a list of all eligible beneficiaries for the PHP sampling frames.⁴⁰ DHB and the PHPs provided HSAG a list of eligible beneficiaries for the population and PHP sampling frames. DHB worked with NC HealthConnex, NC's health information exchange (HIE), to obtain up-to-date contact information for the populations. HSAG reviewed the file records to check for any apparent problems, such as missing address elements. Following HEDIS requirements, HSAG sampled beneficiaries who met the following criteria:

- Adults were 18 years of age or older as of December 31, 2023.
- Children were 17 years of age or younger as of December 31, 2023.
- Were currently enrolled in Medicaid.
- Were continuously enrolled during the measurement period (July 1 to December 31, 2023) with no more than one gap in enrollment of up to 45 days.

A total of 61,582 adult beneficiaries were selected, and a total of 63,515 child beneficiaries were selected for the samples, for an overall sample size of 125,097 beneficiaries. HSAG selected a sample of up to 1,350 eligible adult beneficiaries and 1,650 eligible child beneficiaries 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 2023 NC CAHPS survey minus 1 percentage point for each PHP/population. A total of 35,737 adult beneficiaries and 35,470 child beneficiaries were selected for the general oversamples. After the general samples and general oversamples were selected, targeted oversamples of up to 900 Black and 900 Hispanic adult and child beneficiaries were 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 2-5 provides an overview of the weighting, samples, and populations used for reporting NC Medicaid results.

⁴⁰ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

Table 2-5—Weighting, Samples, and Populations Used for Reporting NC Medicaid Results

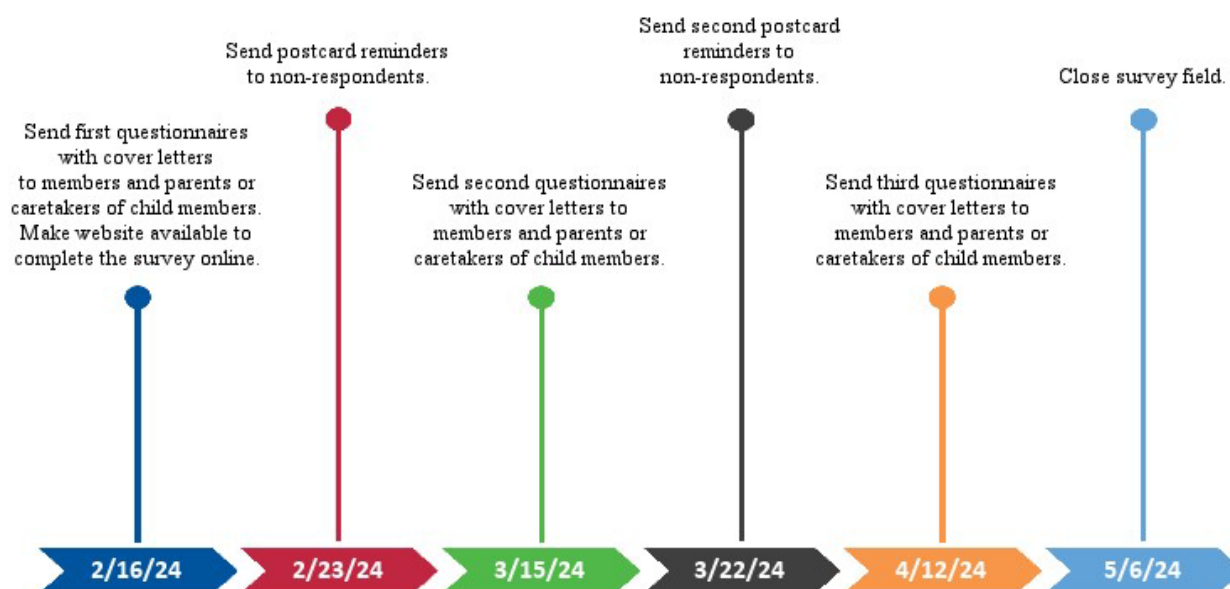
Reporting	Weighting	General Sample	Hispanic & Black Oversamples	Populations Included
NC Medicaid Weighted Averages in Aggregate Comparisons in Aggregate Report	Weighted	Includes all general samples and general oversamples (i.e., no Black/Hispanic oversamples included)	Not included	PHPs, EBCI Tribal Option, Medicaid Direct, Foster Care (child only), Former Foster Care (adult only)
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 (child only), Former Foster Care (adult only)

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. Beneficiaries who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter, with an English backside, and survey. Beneficiaries 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 beneficiaries or parents/ caretakers of child beneficiaries 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 2024 NC CAHPS survey were 8.92 percent and 11.47 percent, respectively. Response rates ranged from a low of 1.82 percent for Former Foster Care to a high of 20.07 percent for child Medicaid Direct.

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 beneficiaries of the sample.⁴¹ 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 28.⁴² 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 31.⁴³ The questions for a completed survey represent the first question in each section of the CAHPS survey (except for the “About You” section) and the *Rating of Health Plan*

⁴¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

⁴² 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?”.

⁴³ 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?”.

question.⁴⁴ Eligible beneficiaries include the entire sample minus ineligible beneficiaries. Ineligible beneficiaries met at least one of the following criteria: were deceased, did not meet criteria described on page 35, were mentally or physically incapacitated (adult population only), or had a language barrier (the survey was made available in English and Spanish).

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

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.⁴⁵ 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.^{46,47,48}

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated positive ratings for each measure.⁴⁹ The positive ratings represent the percentage of respondents with positive survey responses (i.e., rate their/ their child's experience of care higher). A positive rating was defined as follows:

⁴⁴ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

⁴⁵ A cell is an individual unit that contains specific pieces of data, such as text, numbers, dates, or formulas.

⁴⁶ Ibid.

⁴⁷ 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.

⁴⁸ Scores with fewer than 100 respondents may not be statistically reliable and should be interpreted with caution. These scores may still provide insight into trends, but further investigation may be necessary.

⁴⁹ Positive ratings are calculated by using the AHRQ “Top-Box Score” methodology. Please refer to *HEDIS® Measurement Year 2023, 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.

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

For the global ratings and individual item, 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 2023, 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 beneficiaries who were self-reported 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, discussed or 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*, *Offered Telehealth Appointment*, and *Flu Vaccination Received* measures.
- “Usually” or “Always” for the *Appointment for Counseling or Mental Health Treatment*, *Used an Interpreter*, *Interpreter Treated with Courtesy and Respect*, *Online Access to Health Information* (adult only), and *Care Outside of Business Hours* measures.
- “Sometimes”, “Usually” or “Always” for the *Chose Telehealth* measure.

Weighting

HSAG used the eligible population files to determine the eligible population size for each PHP, EBCI Tribal Option, Medicaid Direct, Foster Care, and Former Foster Care. 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 311.

$$W_p = EP_p$$

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

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, Medicaid Direct, and Former Foster Care
- **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.⁵⁰ Using the percentile distributions shown in Table 2-6, 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.

⁵⁰ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

Table 2-6—NCQA National Percentile Distributions Used to Assign Star Ratings

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

In the national percentile comparison tables, reading down the table provides all plan/program performance on a given measure, while reading across the table provides a chosen plan's/program's performance across all measures.

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. T tests determined whether each PHP's/population's ratings were 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 290, for instances where the numerator and denominator, when calculated to a percentage, do not match the measure rate.

Year-Over-Year Analysis

The current year's results for each measure for the NC Medicaid Aggregate, NC PHP Aggregate, and each PHP/population were compared to the previous year's results to determine if the positive rating was significantly different. *T* tests were performed to determine if scores from the current year were significantly different than the previous year. Please reference the Aggregate Comparisons subsection for the tests of significance methodology.

Supplemental item questions were not included in the Year-Over-Year analysis as several of the questions selected for the 2024 surveys were not included in the 2023 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, Multiracial, Black, Native American, and Other.⁵¹ 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; Multiracial respondents were compared to non-Multiracial 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

⁵¹ The Native American category includes American Indian or Alaska Native.

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, Multiracial, Black, Native American, Other, and Hispanic. Please reference the Aggregate Comparisons subsection for the test of significance methodology.

T tests were performed to determine if scores from the one category were statistically significantly different than the other category. Please reference the Aggregate Comparisons subsection for the tests 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, the individual item measure, medical assistance with smoking and tobacco use cessation items, and supplemental item measures were stratified by urbanicity. *T* tests were performed to determine if scores from rural counties were statistically significantly different (i.e., p value < 0.05) than 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, the individual item measure, medical assistance with smoking and tobacco use cessation items, and supplemental item measures were stratified by AMH Tier designation. Beneficiaries with an AMH Tier 3 designation were compared to the non-AMH Tier 3 population (i.e., beneficiaries with an assigned PCP with an AMH Tier 1 or Tier 2 designation and beneficiaries with an assigned PCP without an AMH designation). Beneficiaries without an assigned PCP were excluded from the analysis. *T* tests were performed to determine if scores for the AMH Tier 3 population were statistically significantly different 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 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.⁵²

⁵² The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: September 12, 2024.

Correlation coefficients, indicating the strength of the relationship between measures, 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.
- 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.⁵³ The following groupings were used to determine the strength of the relationship between measures:⁵⁴

- Fair: ± 0.5 - ± 0.59
- Moderate: ± 0.6 - ± 0.79
- Strong: ± 0.8 - ± 1.0

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.

Aggregate Comparisons

The 2024 adult CAHPS results for the NC Medicaid Program includes the Former Foster Care population. Historical 2023 adult CAHPS results did not include the Former Foster Care population. Therefore, caution should be exercised when comparing the 2024 and 2023 adult NC Medicaid Program results.

⁵³ Cohen, Jacob. Statistical power analysis for the behavioral sciences. Academic press, 2013.

⁵⁴ Akoglu H. User's guide to correlation coefficients. Turk J Emerg Med. 2018 Aug 7;18(3):91-93. doi: 10.1016/j.tjem.2018.08.001. PMID: 30191186; PMCID: PMC6107969.

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.

National Data Comparisons

NCQA 2023 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.⁵⁵ 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 February to May 2024. 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.

Pre-PHP Implementation Data

The Year-Over-Year figures include data for 2018, 2019, 2021, 2022, 2023, and 2024, where applicable, for the NC Medicaid Program. 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.⁵⁶

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., whether one plan has a higher percentage of beneficiaries that can never get the care they needed compared to other plans).⁵⁷

⁵⁵ 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.

⁵⁶ PHPs officially launched on July 1, 2021.

⁵⁷ 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: September 12, 2024.

Supplemental Items

The supplemental items included in the survey instruments were developed by DHB, and not all the supplemental items were field tested.⁵⁸

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 279. The incompleteness and inaccuracy of the contact information for sampled beneficiaries may have resulted in lower-than-expected response rates. Approximately 12.52 percent (15,664/125,097) of sampled beneficiaries had undeliverable mail. The inability to contact beneficiaries 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). Users of this report 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).

⁵⁸ The *Flu Vaccination Received* supplemental item was previously part of NCQA's Effectiveness of Care measure domain; however, this measure was removed by NCQA for measurement year 2023 and DHB elected to include this measure as a supplemental item.

3. Adult Results

The following section presents CAHPS results for the adult population. The results include survey administration outcomes, national percentile comparisons, overall health characteristics, aggregate comparisons, Year-Over-Year analysis, race and ethnicity comparisons, urbanicity comparisons, AMH Tier comparisons, and Spearman correlation.

HSAG surveyed a total of 61,582 adult beneficiaries, and a total of 5,461 adult surveys were completed. Among the total eligible population, the overall adult response rate was 8.92 percent (with a range from 1.82 percent to 16.08 percent when stratified by PHPs and populations), which increased from the 2023 NC CAHPS survey, where the adult response rate was 8.03 percent.⁵⁹

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

- Significantly *more* NC Medicaid Program respondents were 45 to 64 years of age, female, Hispanic, White, Other race, and resided in a rural county.
- Significantly *fewer* NC Medicaid Program respondents were 18 to 34 years of age, older than 65 years of age, male, non-Hispanic, Black, and resided in an urban 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 beneficiaries sampled, the number of eligible beneficiaries, 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).

⁵⁹ For more detailed information regarding the survey administration outcomes and response rates for the eligible population, please refer to Table 3-1 on page 44.

Table 3-1—Adult Survey: Survey Administration Outcomes and Response Rates (2024)

PHP/Population	Total Sample	Eligible Sample	Total General Adult Respondents	Total Respondents	Response Rate
Total	61,582	61,232	4,359	5,461	8.92%
NC Medicaid Program	50,858	50,562	3,373	4,285	8.47%
NC PHP Aggregate	43,332	43,246	2,715	3,362	7.77%
AmeriHealth	9,414	9,402	582	683	7.26%
Carolina Complete	9,320	9,308	546	665	7.14%
Healthy Blue	7,970	7,954	483	614	7.72%
UnitedHealthcare	8,456	8,431	587	751	8.91%
WellCare	8,172	8,151	517	649	7.96%
SP Behavioral Health	5,238	5,213	504	504	9.67%
EBCI Tribal Option	1,232	1,229	117	117	9.52%
Medicaid Direct	5,081	4,875	519	784	16.08%
Tailored Plan Eligible	5,486	5,457	482	672	12.31%
Former Foster Care	1,213	1,212	22	22	1.82%

National Percentile Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were compared to NCQA’s 2024 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 40.

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

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th 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 (2024)**

PHP/Population	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
NC Medicaid Program	★★★ 79.36%	★★★ 76.54%	★★★★★ 87.39%	★★★★★ 84.76%
NC PHP Aggregate	★★ 74.94%	★★★ 75.86%	★★★ 84.75%	★★ 80.83%
AmeriHealth	★ 72.29%	★★★ 77.64%	★★★ 84.17%	★★★★★ 88.07%
Carolina Complete	★★ 74.72%	★★ 74.30%	★★★ 84.75%	★★ 81.54%
Healthy Blue	★★ 77.38%	★★★★ 77.74%	★★★★ 85.44%	★ 77.67%
UnitedHealthcare	★★ 75.65%	★★ 74.36%	★★★ 84.79%	★★ 78.81%
WellCare	★ 72.71%	★★ 73.73%	★★★ 84.08%	★★ 81.40%
SP Behavioral Health	★ 72.11%	★ 70.45%	★ 79.19%	★★ 79.66%
EBCI Tribal Option	★★ 75.68%	★ 65.52% ⁺	★★★★★ 86.75% ⁺	★ 66.67% ⁺
Medicaid Direct	★★★★★ 83.03%	★★★ 77.16%	★★★★★ 89.58%	★★★★★ 88.07%
Tailored Plan Eligible	★★★ 78.68%	★★★★★ 79.71%	★★★★★ 87.69%	★★★★★ 86.58%
Former Foster Care	★ 61.90% ⁺	S	★ 75.00% ⁺	S

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

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

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 38.

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 (2024)**

PHP/Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
NC Medicaid Program	★★★★ 86.13%	★★★ 84.64%	★★★★ 94.38%	★★★★ 91.35%
NC PHP Aggregate	★★★ 81.89%	★★★ 82.04%	★★★★ 94.10%	★ 87.30%
AmeriHealth	★★★ 83.23%	★★★ 83.59%	★★★ 93.64%	★ 87.39%
Carolina Complete	★★★ 82.17%	★★★ 81.74%	★★★ 93.95%	★ 86.47%
Healthy Blue	★★ 80.47%	★★ 79.96%	★★★★ 94.35%	★ 86.60%
UnitedHealthcare	★★★★ 84.96%	★★★ 84.00%	★★★ 93.48%	★★ 89.35%
WellCare	★★ 80.29%	★★★ 82.58%	★★★★ 94.69%	★ 87.11%
SP Behavioral Health	★★★★ 84.69%	★★★★ 85.61%	★★ 91.99%	★ 87.41%
EBCI Tribal Option	★★★★★ 87.80% ⁺	★★★★★ 88.12% ⁺	★★★★★ 96.55% ⁺	★★★★★ 96.00% ⁺
Medicaid Direct	★★★★★ 89.64%	★★★★ 86.80%	★★★★ 94.60%	★★★★★ 94.64%
Tailored Plan Eligible	★★★★★ 89.68%	★★★★ 85.62%	★★★★ 94.40%	★★ 88.84%
Former Foster Care	S	S	S	S
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. S Indicates results have been suppressed in accordance with CMS cell size suppression policy. 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 38.				

Table 3-5 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for the individual item 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 Item and Medical Assistance With Smoking and Tobacco Use Cessation Items (2024)**

PHP/Population	Coordination of Care	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
NC Medicaid Program	★★★★ 87.56%	★★★★ 79.96%	★★★★ 57.53%	★★★ 48.00%
NC PHP Aggregate	★★ 84.38%	★★★ 76.21%	★★★ 51.50%	★★ 43.79%
AmeriHealth	★ 81.68%	★★★ 76.69%	★★★ 50.51%	★★ 44.59%
Carolina Complete	★★★ 85.37%	★★★★ 77.02%	★★★ 50.60%	★★ 46.18%
Healthy Blue	★★ 84.41%	★★★ 75.11%	★★★ 50.84%	★ 39.83%
UnitedHealthcare	★★★ 85.71%	★★★ 75.50%	★★★ 51.52%	★★★ 46.98%
WellCare	★★ 84.74%	★★★★ 77.69%	★★★ 53.85%	★★ 45.17%
SP Behavioral Health	★★ 84.98%	★★★★★ 81.47%	★★★★★ 58.06%	★★★★★ 51.03%
EBCI Tribal Option	★★ 82.76% ⁺	★★★ 74.44% ⁺	★★★★★ 60.00% ⁺	★★★★★ 51.11% ⁺
Medicaid Direct	★★★★★ 90.15%	★★★★★ 83.09%	★★★★★ 62.55%	★★★★★ 51.45%
Tailored Plan Eligible	★★ 84.26%	★★★★★ 85.14%	★★★★★ 59.11%	★★★★★ 54.80%
Former Foster Care	S	S	S	S

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
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 38.

Overall Health Characteristics

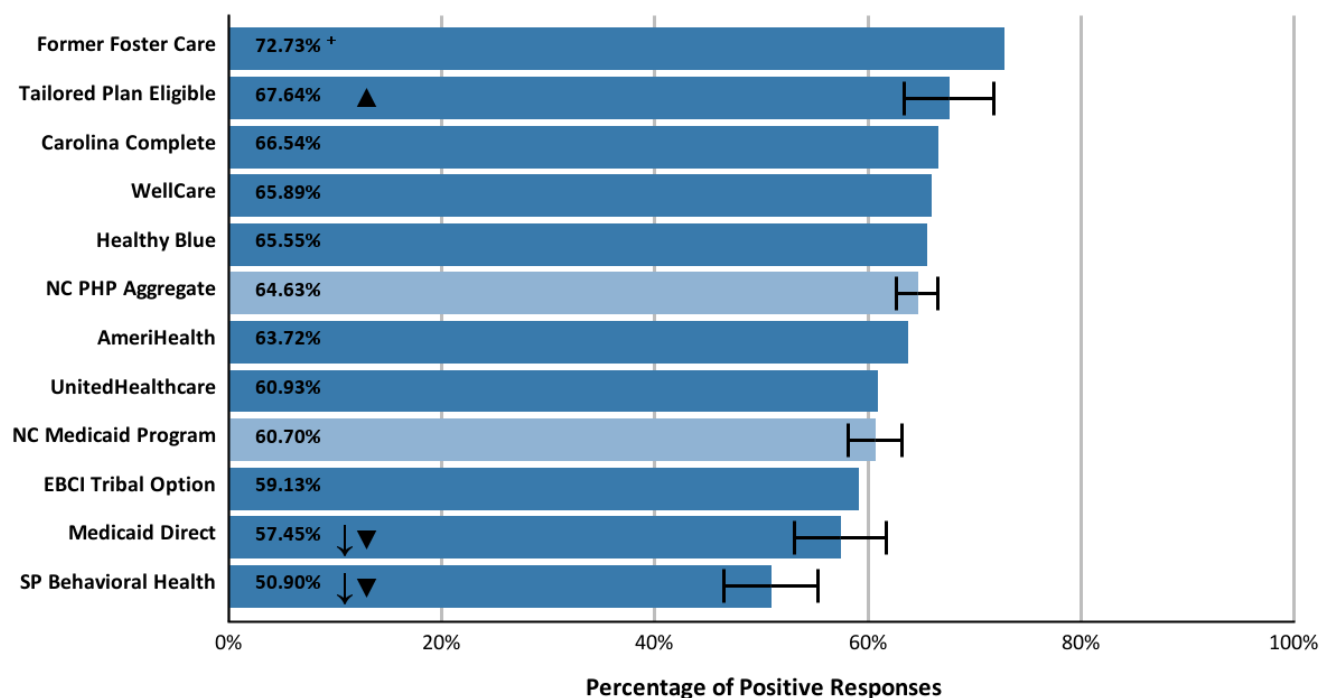
Figure 3-1 and Figure 3-2 present the adult respondent self-reported characteristics for general health status and mental or emotional health status. The percentage of PHP and population-specific respondents who reported their general and mental or emotional health status as Excellent, Very Good, or 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 occur due to large sample variations in results.⁶⁰ For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 290.

⁶⁰ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: September 12, 2024.

General Health Status

Tailored Plan Eligible respondents reported significantly *higher* ratings of their general health compared to the NC Medicaid Program, whereas Medicaid Direct and SP Behavioral Health respondents reported significantly *lower* ratings of their general health compared to the NC Medicaid Program and the NC PHP Aggregate.

Figure 3-1—Percentage of 2024 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.

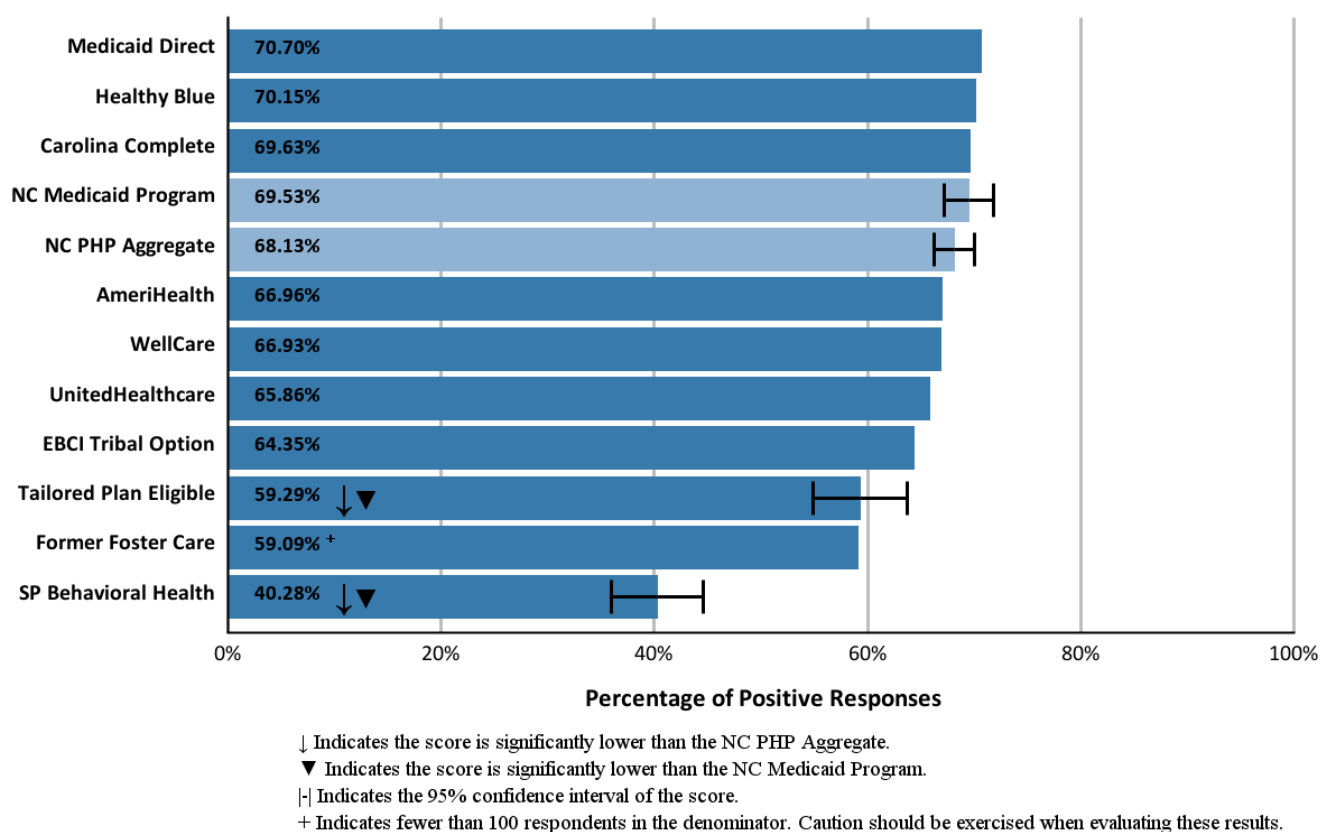
[-] Indicates the 95% confidence interval of the score.

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

Mental or Emotional Health Status

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 2024 Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons



Aggregate Comparisons

For the Aggregate Comparisons analysis, positive ratings were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.⁶¹ 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 26. For more detailed information regarding the measure calculations, please refer to the Reader's Guide beginning on page 38. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 291.

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.⁶² 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 occur due to large sample variations in results.⁶³

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 41.

⁶¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

⁶² 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.

⁶³ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: September 12, 2024.

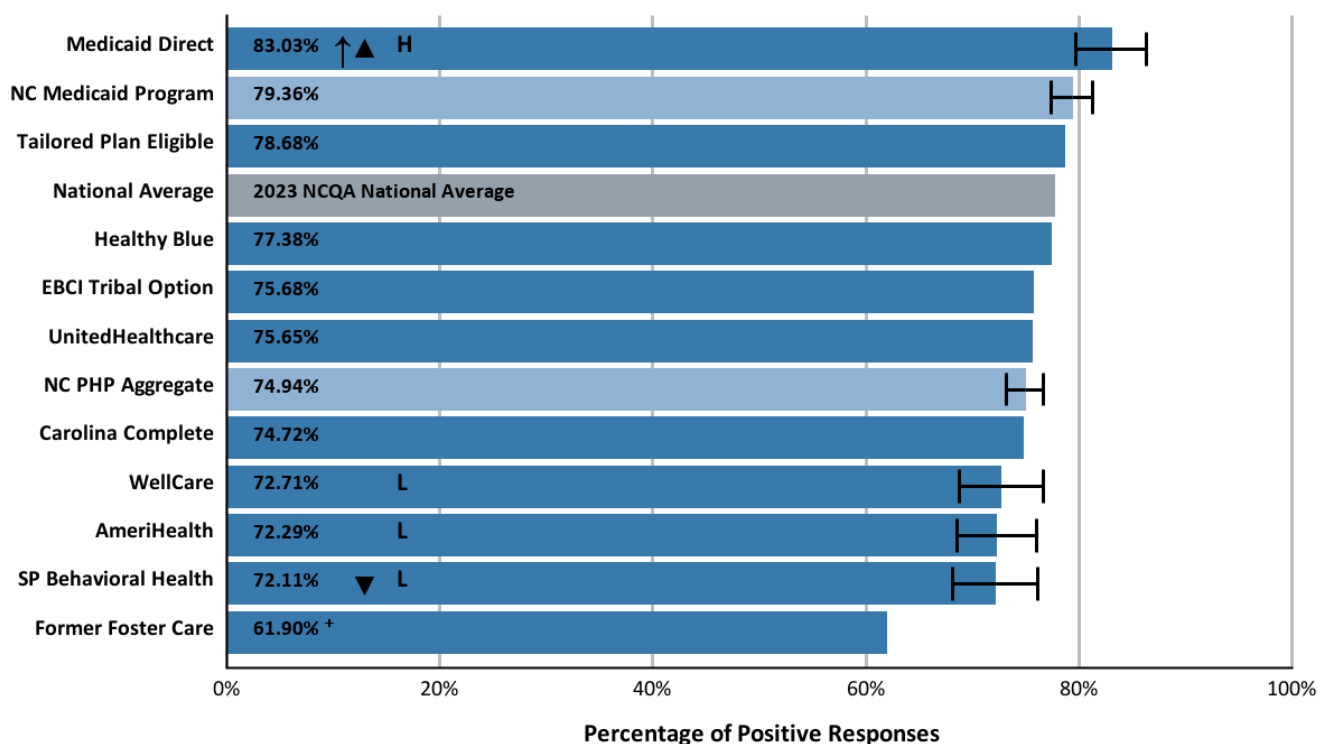
Global Ratings

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 Medicaid Program, NC PHP Aggregate, and national average. The SP Behavioral Health rate was significantly *lower* than the NC Medicaid Program. The following PHP or population-specific rates were significantly *lower* than the national average: WellCare, AmeriHealth, and SP Behavioral Health.

Figure 3-3—Percentage of 2024 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 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.

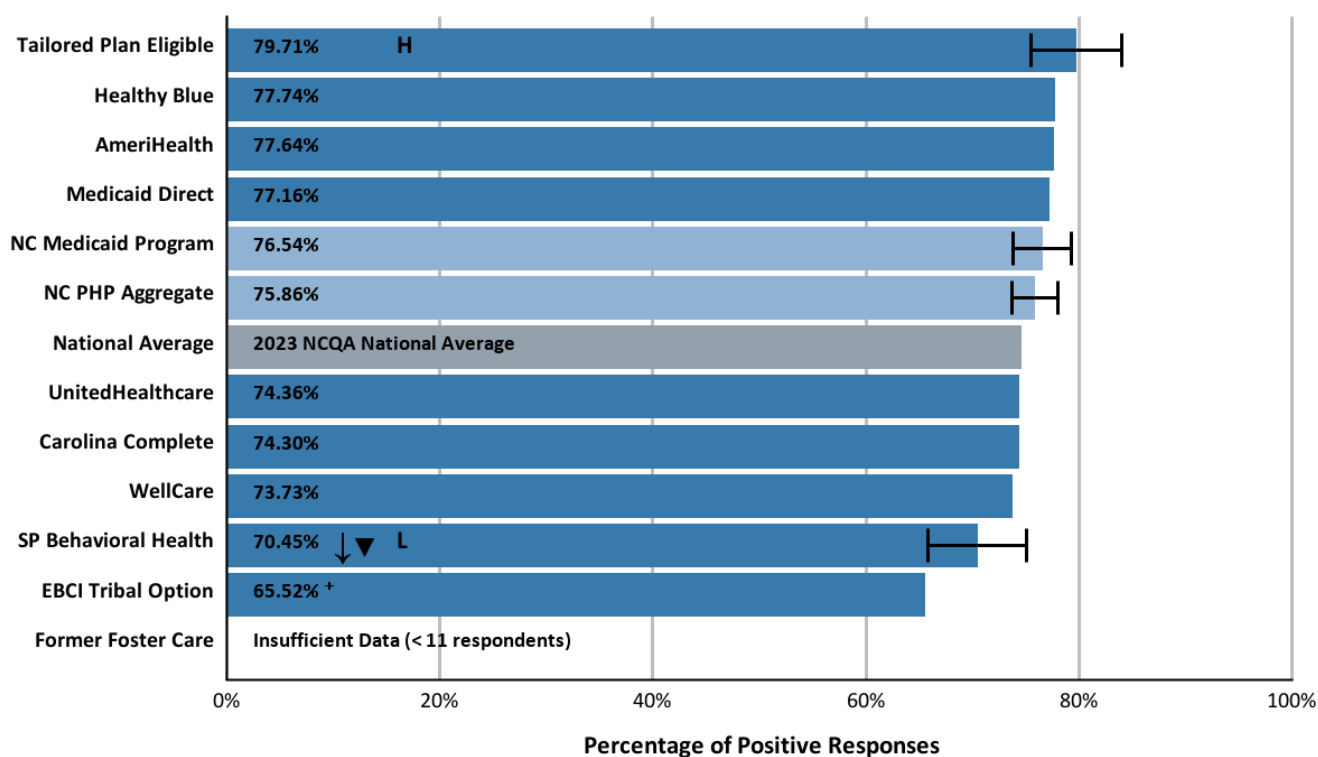
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Rating of 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 Tailored Plan Eligible 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 2024 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.

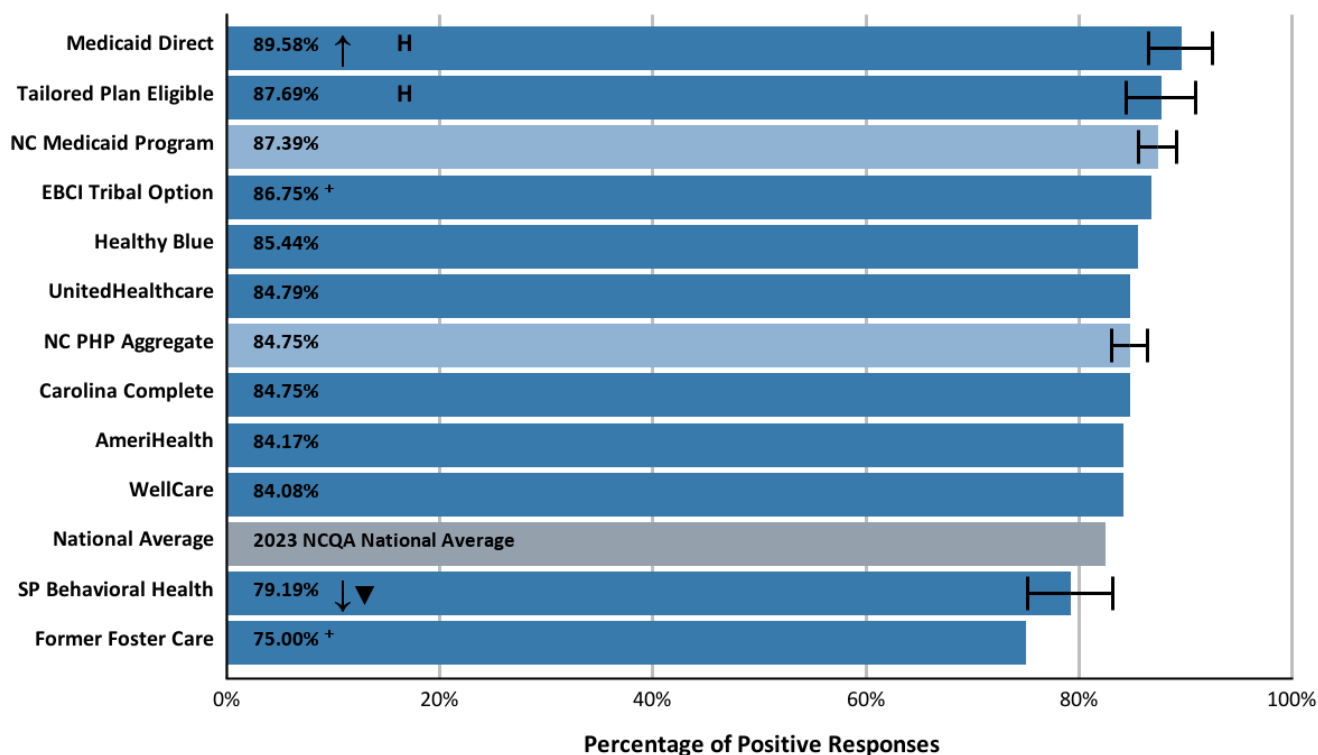
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

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 and NC PHP Aggregate. The following PHP or population-specific rates were significantly *higher* than the national average: Medicaid Direct and Tailored Plan Eligible.

Figure 3-5—Percentage of 2024 Adult Respondents Who Rate Their Personal Doctor Positively by Program-Specific Populations, with National and Aggregate Comparisons



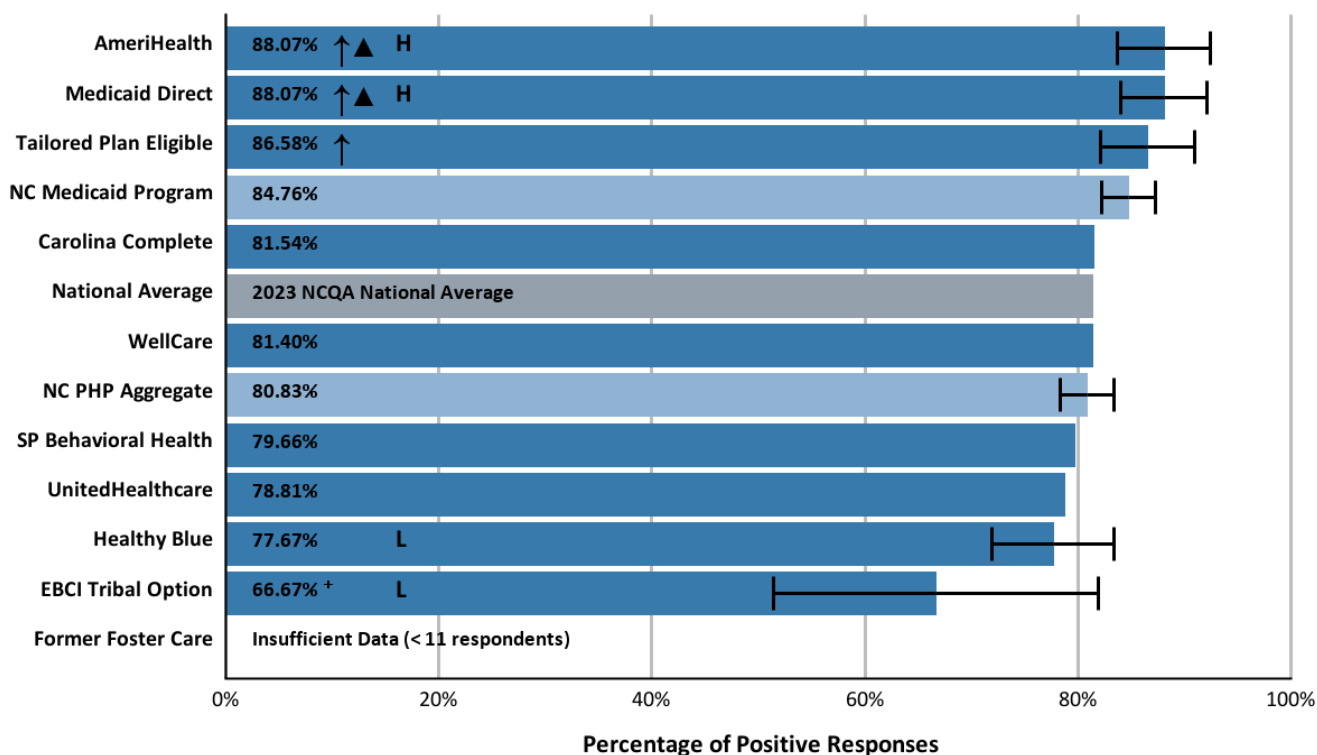
↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 H Indicates the score 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 AmeriHealth and Medicaid Direct rates were significantly *higher* than the NC PHP Aggregate, NC Medicaid Program, and national average. The Tailored Plan rate was significantly *higher* than the NC PHP Aggregate. The Healthy Blue and EBCI Tribal Option rates were significantly *lower* than the national average.

Figure 3-6—Percentage of 2024 Adult Respondents Who Rate the Specialist Seen Most Often 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 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.

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.

Composite Measures

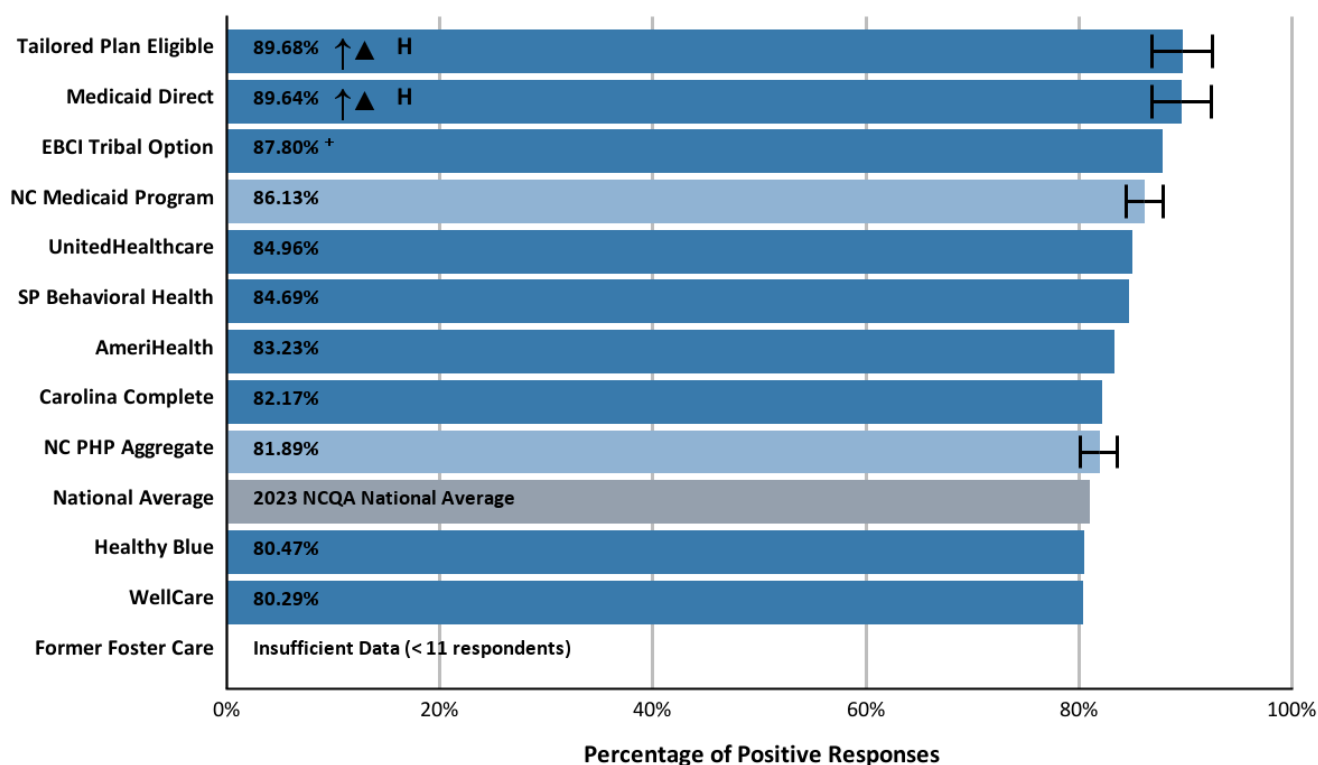
Getting Needed Care

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 Tailored Plan Eligible and Medicaid Direct rates were significantly *higher* than the NC PHP Aggregate, NC Medicaid Program, and national average.

Figure 3-7—Percentage of 2024 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 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.

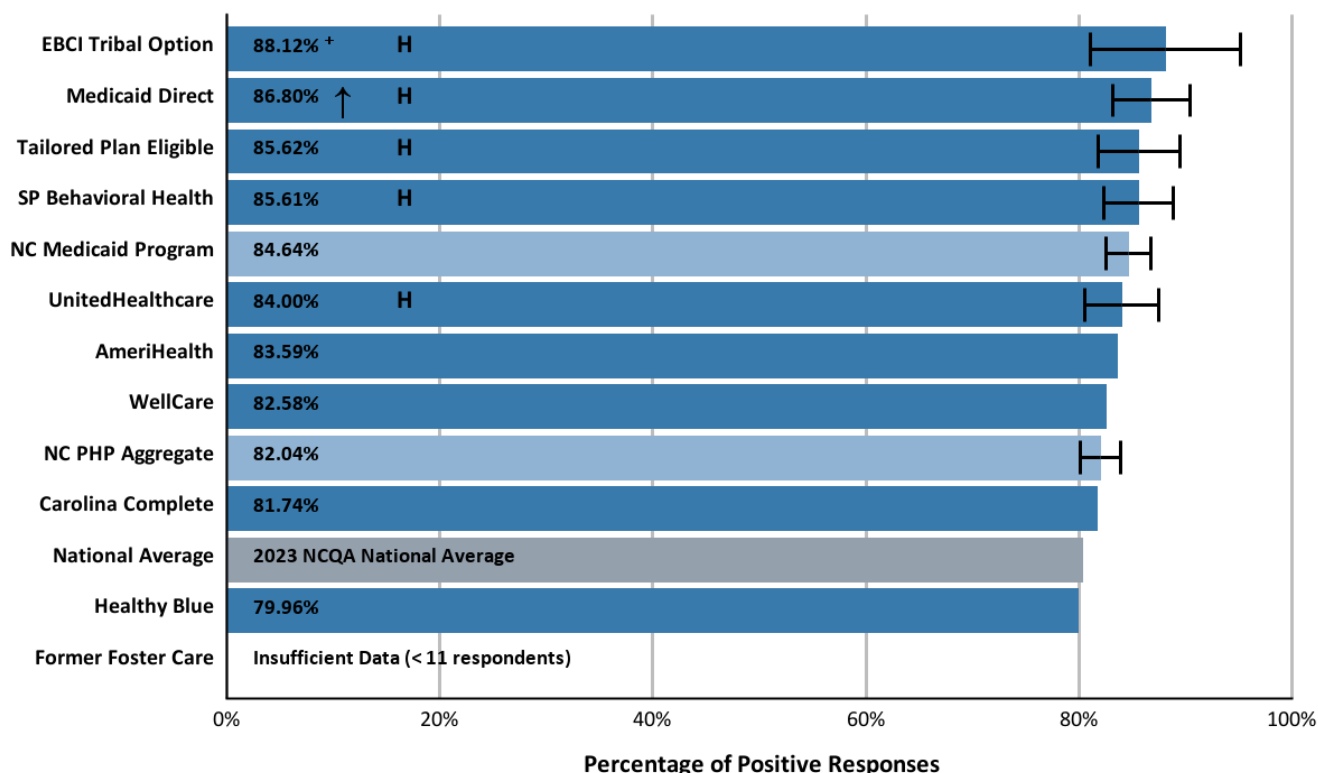
Getting Care Quickly

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 Medicaid Direct rate was significantly *higher* than the NC PHP Aggregate. The following PHP or population-specific rates were significantly *higher* than the national average: EBCI Tribal Option, Medicaid Direct, Tailored Plan Eligible, SP Behavioral Health, and UnitedHealthcare.

Figure 3-8—Percentage of 2024 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 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.

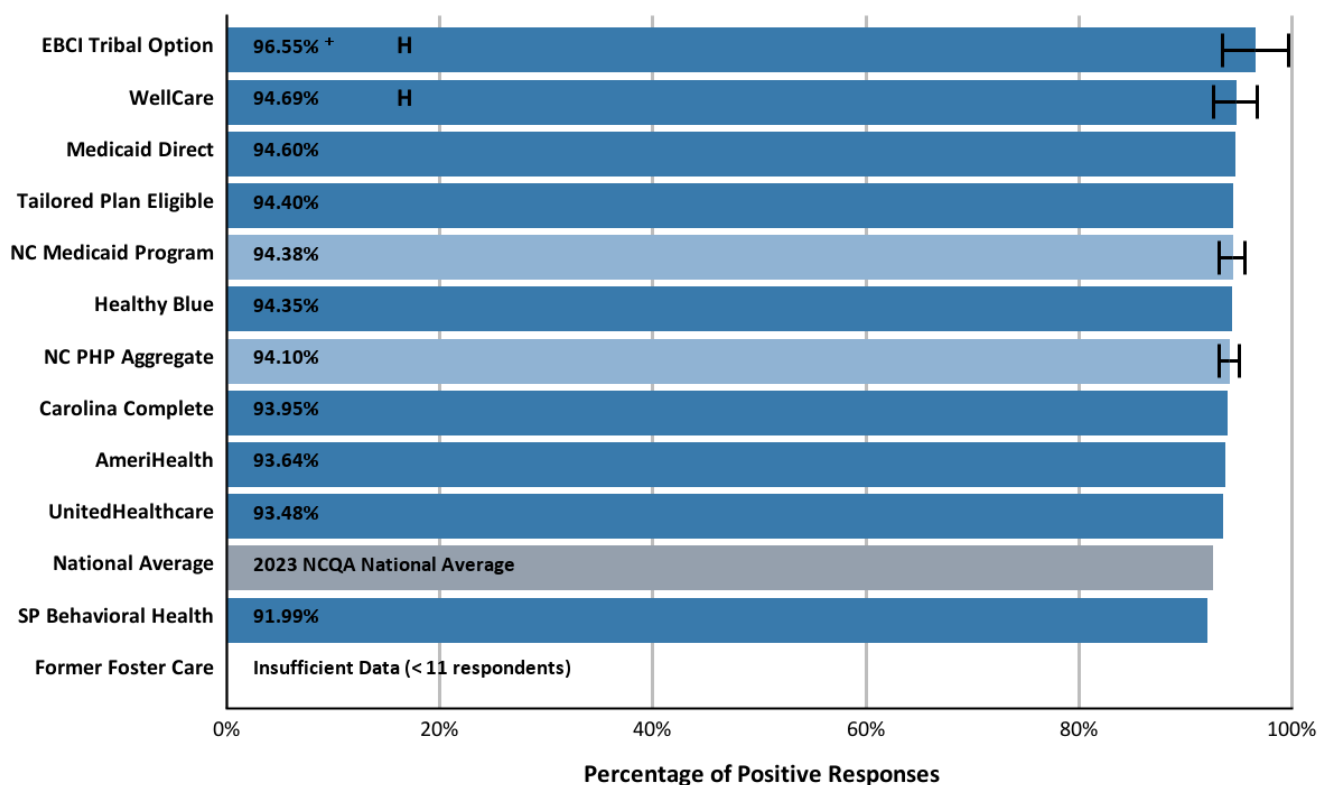
How Well Doctors Communicate

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 EBCI Tribal Option and WellCare rates were significantly *higher* than the national average.

Figure 3-9—Percentage of 2024 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them 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.

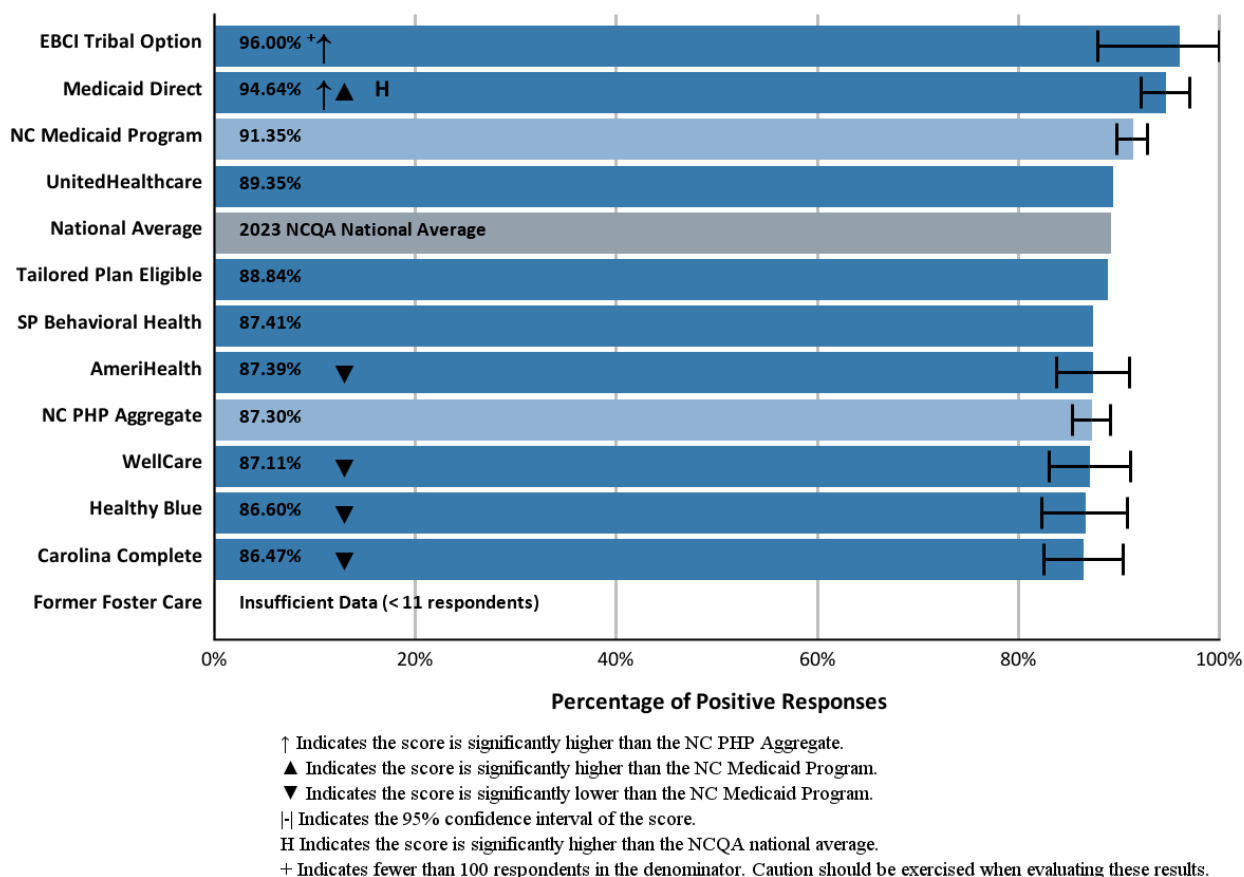
Customer Service

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 EBCI Tribal Option and Medicaid Direct rates were significantly *higher* than the NC PHP Aggregate, and the Medicaid Direct rate was also significantly *higher* than the NC Medicaid Program and national average. The following PHP or population-specific rates were significantly *lower* than the NC Medicaid Program: AmeriHealth, WellCare, Healthy Blue, and Carolina Complete.

Figure 3-10—Percentage of 2024 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



Individual Item Measure

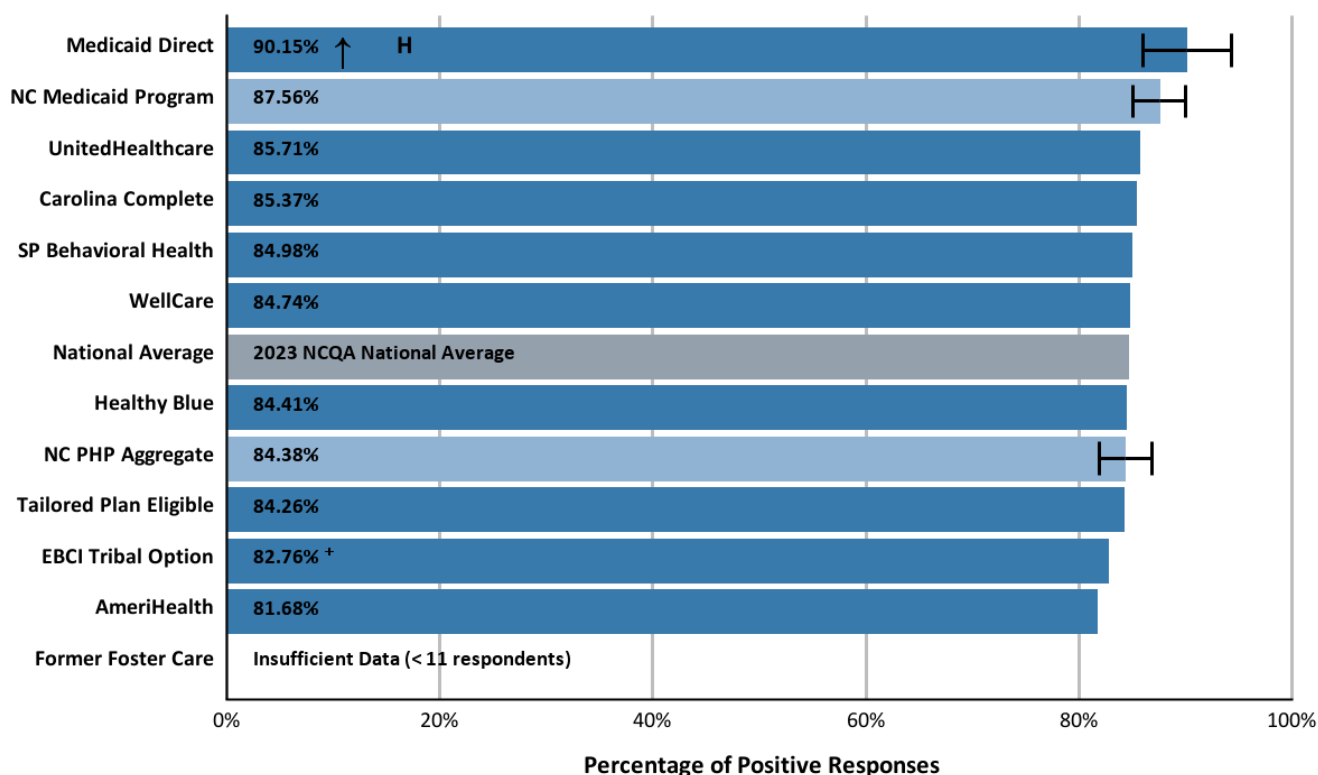
Coordination of Care

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 Medicaid Direct rate was significantly *higher* than the NC PHP Aggregate and national average.

Figure 3-11—Percentage of 2024 Adult Respondents Whose Personal Doctor Usually or Always Coordinated 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 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.

Medical Assistance With Smoking and Tobacco Use Cessation Items

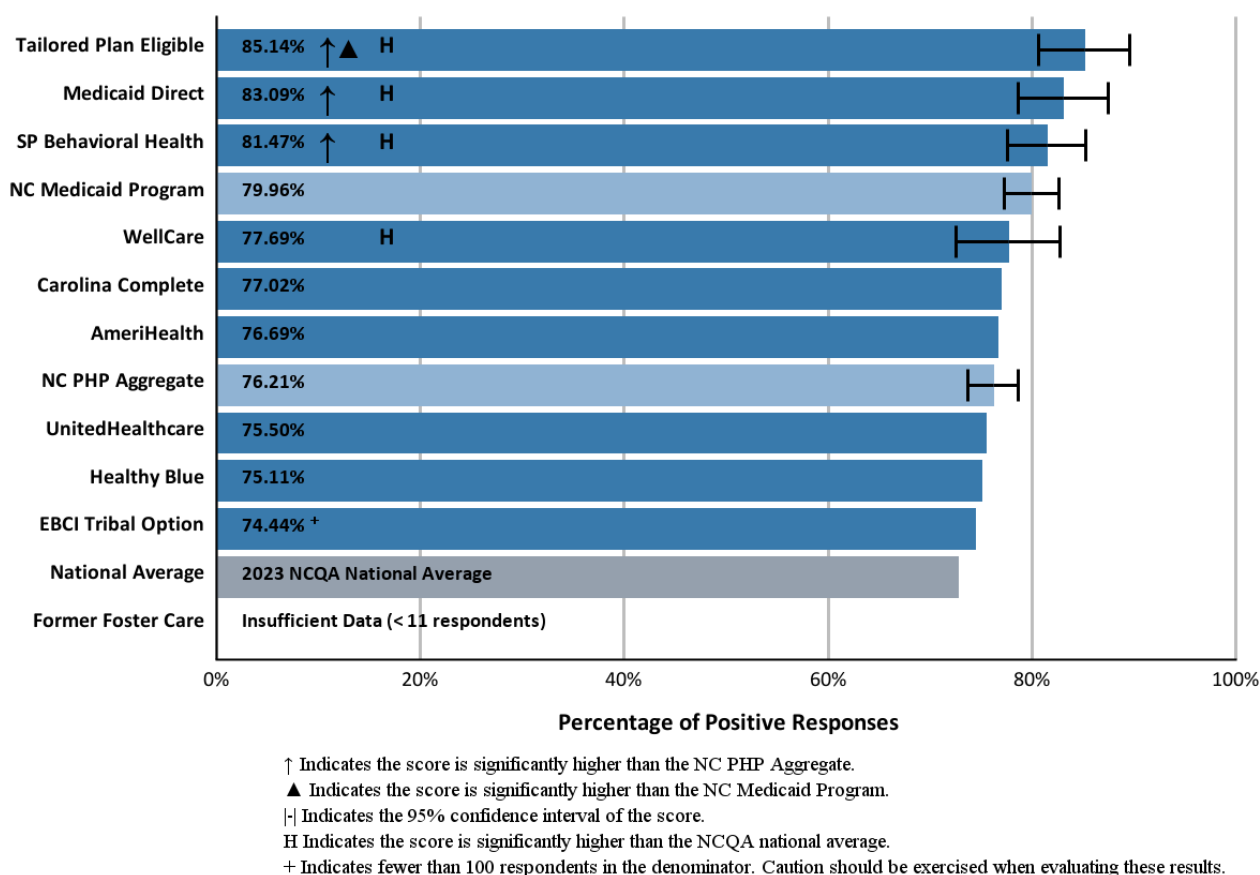
Advising Smokers and Tobacco Users to Quit

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 3-12 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 NC PHP Aggregate and national average: Tailored Plan Eligible, Medicaid Direct, and SP Behavioral Health. The Tailored Plan Eligible rate was also significantly *higher* than the NC PHP Aggregate. The WellCare rate was significantly *higher* than the national average.

Figure 3-12—Percentage of 2024 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit by Program-Specific Populations, with National and Aggregate Comparisons



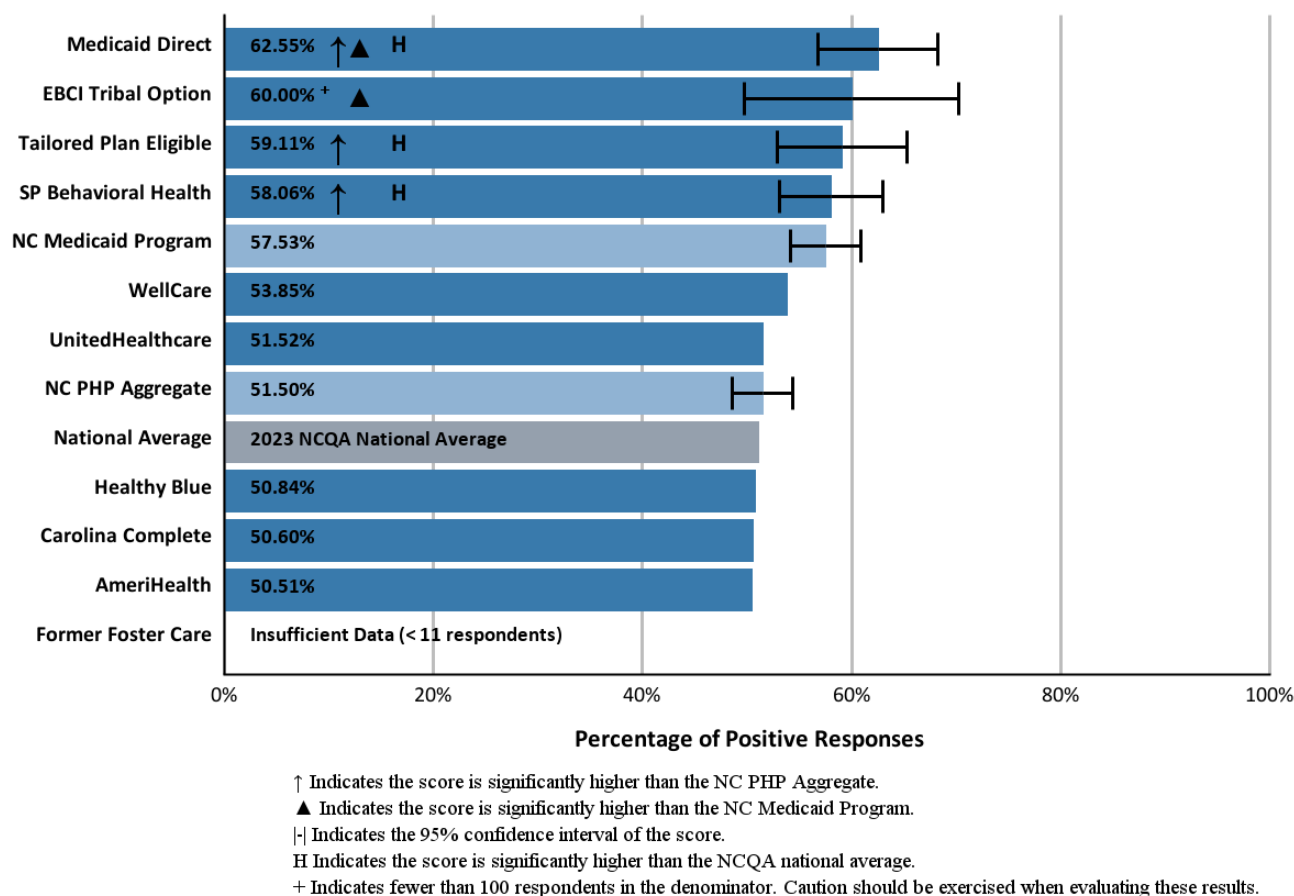
Discussing Cessation Medications

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 3-13 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 and national average: Medicaid Direct, Tailored Plan Eligible, and SP Behavioral Health. The Medicaid Direct and EBCI Tribal Option rates were significantly *higher* than the NC Medicaid Program.

Figure 3-13—Percentage of 2024 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications by Program-Specific Populations, with National and Aggregate Comparisons



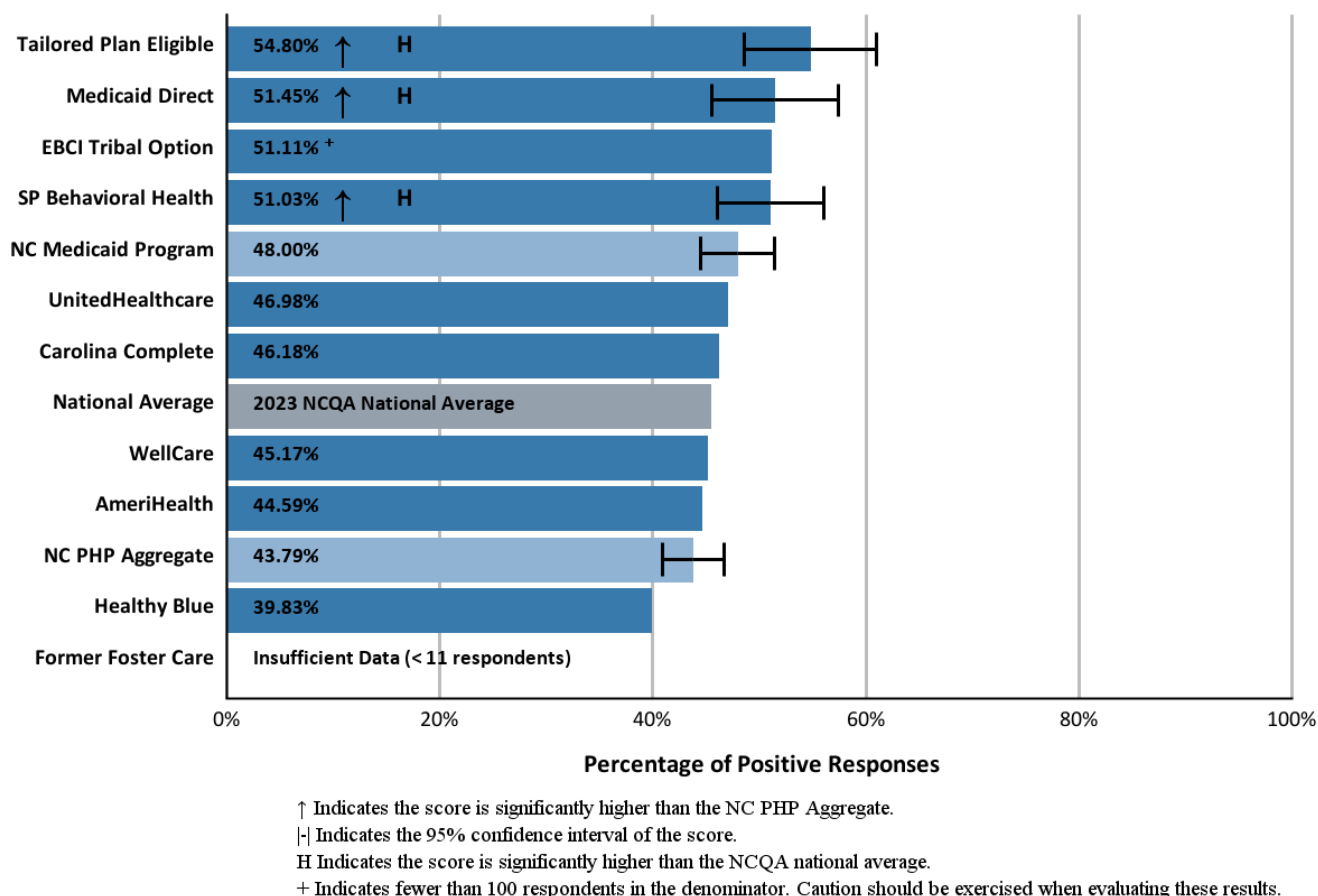
Discussing Cessation Strategies

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 3-14 shows the *Discussing Cessation Strategies* 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 and national average: Tailored Plan Eligible, Medicaid Direct, and SP Behavioral Health.

Figure 3-14—Percentage of 2024 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies by Program-Specific Populations, with National and Aggregate Comparisons



Year-Over-Year Analysis

The 2024 scores were compared to the 2023 scores to determine whether there were statistically significant differences. 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 42.

For each measure, HSAG included a Year-Over-Year chart that displays pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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 Year-Over-Year 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 NC PHP Aggregate 2024 rate was significantly *lower* than the 2023 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 Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	62.05%	60.70%	Ø
NC PHP Aggregate	67.45%	64.63%	▼
AmeriHealth	65.68%	63.72%	Ø
Carolina Complete	67.23%	66.54%	Ø
Healthy Blue	68.62%	65.55%	Ø
UnitedHealthcare	67.01%	60.93%	Ø
WellCare	68.00%	65.89%	Ø
SP Behavioral Health	53.24%	50.90%	Ø
EBCI Tribal Option	56.25%	59.13%	Ø
Medicaid Direct	58.21%	57.45%	Ø

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
Tailored Plan Eligible	63.02%	67.64%	Ø
<i>Blue shading indicates the 2024 score is significantly different than the 2023 score.</i> ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score. Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Mental or Emotional Health Status

Table 3-7 shows the Year-Over-Year 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. The Tailored Plan Eligible 2024 rate was significantly *higher* than the 2023 rate.

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 Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	71.11%	69.53%	Ø
NC PHP Aggregate	67.99%	68.13%	Ø
AmeriHealth	65.31%	66.96%	Ø
Carolina Complete	69.15%	69.63%	Ø
Healthy Blue	69.10%	70.15%	Ø
UnitedHealthcare	68.04%	65.86%	Ø
WellCare	68.08%	66.93%	Ø
SP Behavioral Health	44.99%	40.28%	Ø
EBCI Tribal Option	63.39%	64.35%	Ø
Medicaid Direct	73.35%	70.70%	Ø
Tailored Plan Eligible	51.87%	59.29%	▲
<i>Blue shading indicates the 2024 score is significantly different than the 2023 score.</i> ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score. Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Global Ratings

Rating of Health Plan

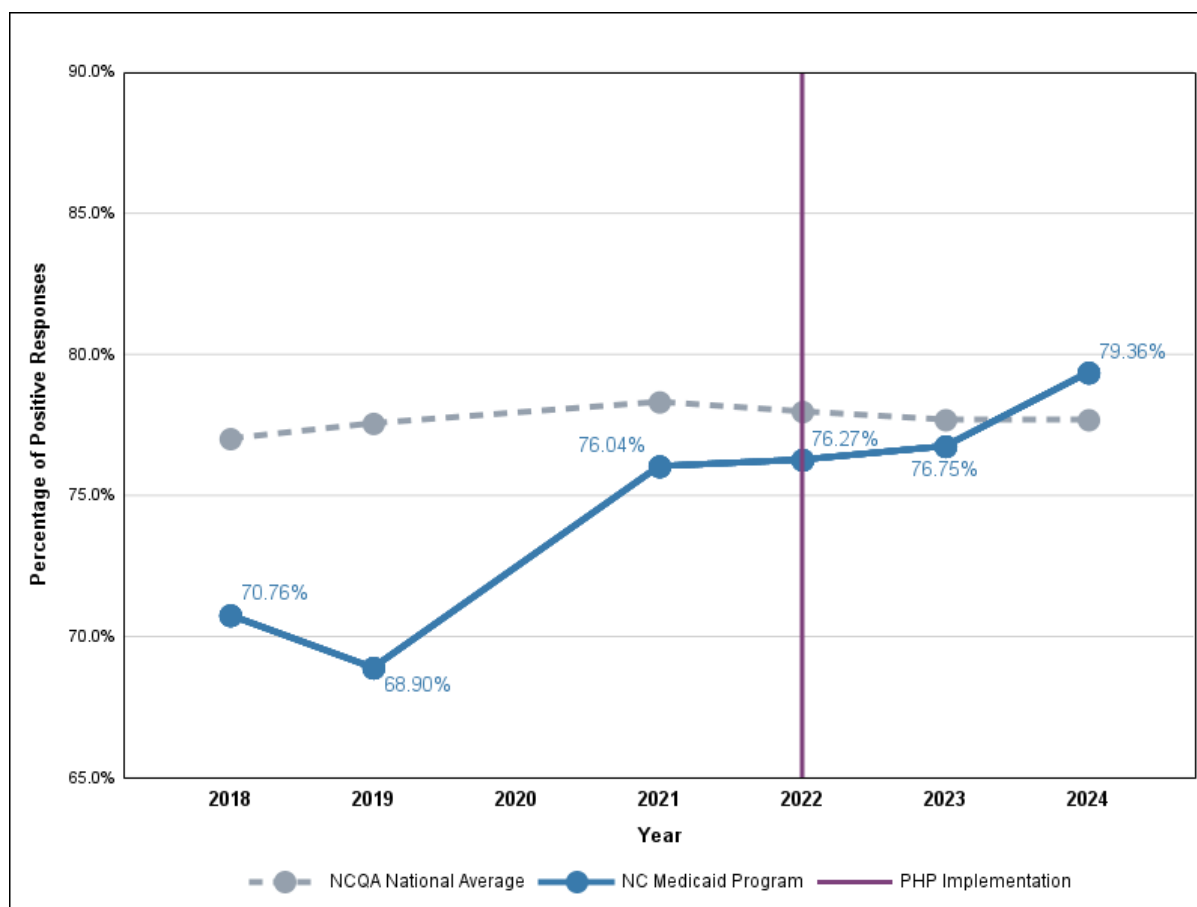
Table 3-8 shows the *Rating of Health Plan* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Tailored Plan Eligible 2024 rate was significantly *higher* than the 2023 rate.

Table 3-8—Percentage of Adult Respondents Who Rate Their Health Plan Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	76.75%	79.36%	Ø
NC PHP Aggregate	73.96%	74.94%	Ø
AmeriHealth	70.76%	72.29%	Ø
Carolina Complete	74.89%	74.72%	Ø
Healthy Blue	76.17%	77.38%	Ø
UnitedHealthcare	72.58%	75.65%	Ø
WellCare	74.63%	72.71%	Ø
SP Behavioral Health	69.26%	72.11%	Ø
EBCI Tribal Option	74.77%	75.68%	Ø
Medicaid Direct	78.74%	83.03%	Ø
Tailored Plan Eligible	72.88%	78.68%	▲
<p><i>Blue shading indicates the 2024 score is significantly different than the 2023 score.</i></p> <p>▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.</p> <p>Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.</p>			

Figure 3-15 shows the *Rating of Health Plan* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-15—Percentage of Adult Respondents Who Rate Their Health Plan Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Rating of All Health Care

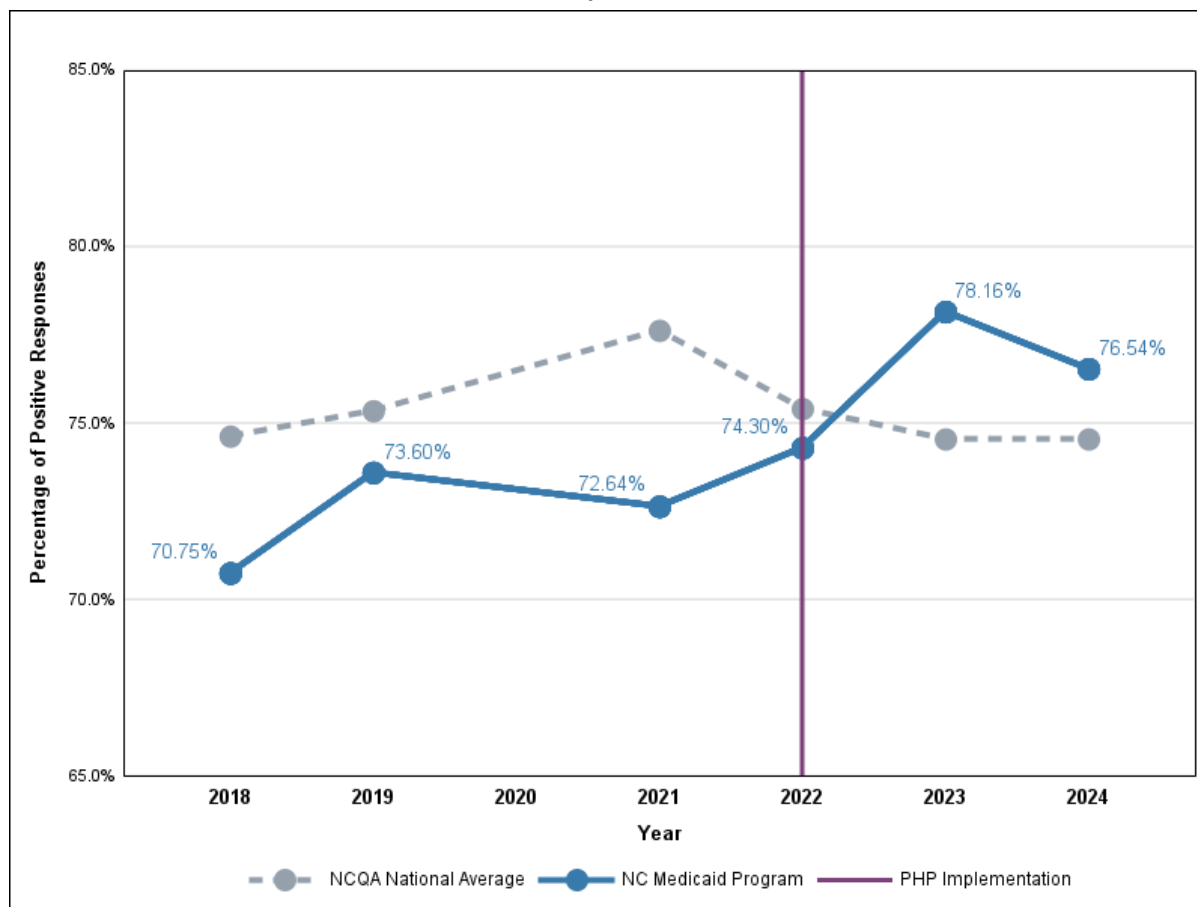
Table 3-9 shows the *Rating of All Health Care* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The WellCare 2024 rate was significantly *lower* than the 2023 rate.

Table 3-9—Percentage of Adult Respondents Who Rate All Their Health Care Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	78.16%	76.54%	∅
NC PHP Aggregate	78.57%	75.86%	∅
AmeriHealth	76.47%	77.64%	∅
Carolina Complete	73.68%	74.30%	∅
Healthy Blue	79.61%	77.74%	∅
UnitedHealthcare	78.13%	74.36%	∅
WellCare	82.31%	73.73%	▼
SP Behavioral Health	68.98%	70.45%	∅
EBCI Tribal Option	72.37% ⁺	65.52% ⁺	∅
Medicaid Direct	77.88%	77.16%	∅
Tailored Plan Eligible	74.69%	79.71%	∅
<p><i>Blue shading indicates the 2024 score is significantly different than the 2023 score.</i></p> <p>⁺ <i>Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i></p> <p>▼ <i>Indicates the 2024 score is statistically significantly lower than the 2023 score.</i></p> <p>∅ <i>Indicates the 2024 score is not statistically significantly different than the 2023 score.</i></p>			

Figure 3-16 shows the *Rating of All Health Care* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-16—Percentage of Adult Respondents Who Rate All Their Health Care Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Rating of Personal Doctor

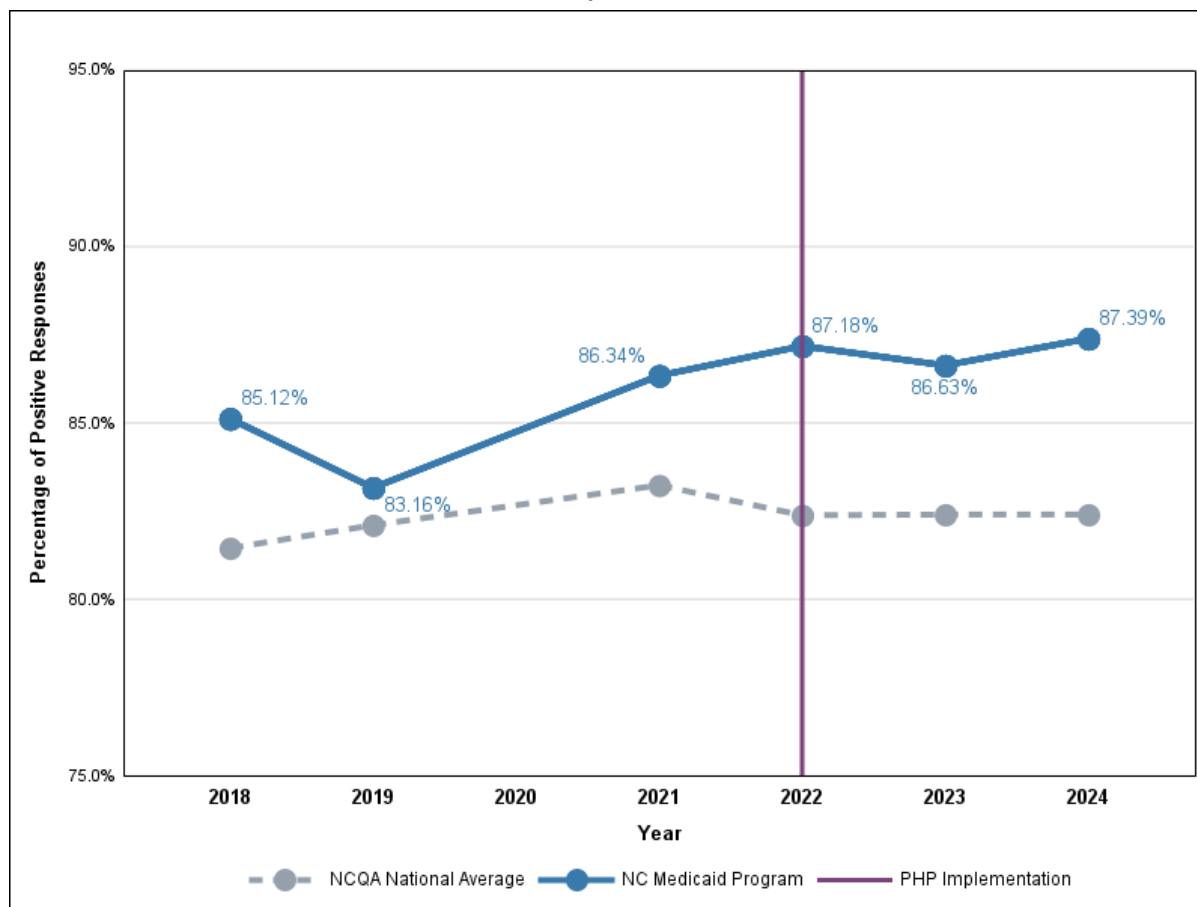
Table 3-10 shows the *Rating of Personal Doctor* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 3-10—Percentage of Adult Respondents Who Rate Their Personal Doctor Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	86.63%	87.39%	∅
NC PHP Aggregate	83.97%	84.75%	∅
AmeriHealth	84.03%	84.17%	∅
Carolina Complete	83.00%	84.75%	∅
Healthy Blue	86.19%	85.44%	∅
UnitedHealthcare	83.72%	84.79%	∅
WellCare	81.90%	84.08%	∅
SP Behavioral Health	79.95%	79.19%	∅
EBCI Tribal Option	80.90% ⁺	86.75% ⁺	∅
Medicaid Direct	88.54%	89.58%	∅
Tailored Plan Eligible	86.39%	87.69%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 3-17 shows the *Rating of Personal Doctor* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-17—Percentage of Adult Respondents Who Rate Their Personal Doctor Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Rating of Specialist Seen Most Often

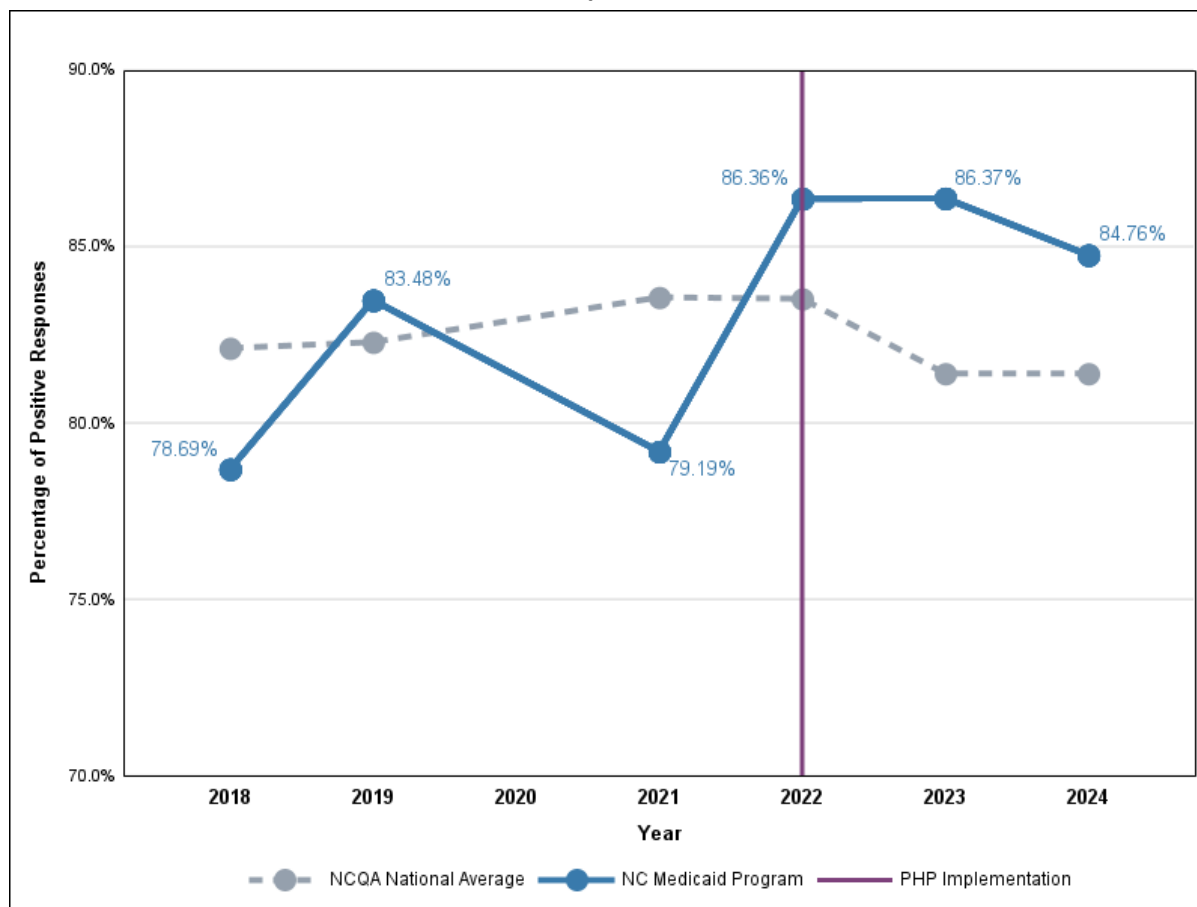
Table 3-11 shows the *Rating of Specialist Seen Most Often* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The AmeriHealth 2024 rate was significantly *higher* than the 2023 rate.

Table 3-11—Percentage of Adult Respondents Who Rate the Specialist Seen Most Often Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	86.37%	84.76%	Ø
NC PHP Aggregate	84.26%	80.83%	Ø
AmeriHealth	80.45%	88.07%	▲
Carolina Complete	83.64%	81.54%	Ø
Healthy Blue	84.33%	77.67%	Ø
UnitedHealthcare	86.27%	78.81%	Ø
WellCare	85.71%	81.40%	Ø
SP Behavioral Health	83.27%	79.66%	Ø
EBCI Tribal Option	83.33% ⁺	66.67% ⁺	Ø
Medicaid Direct	87.88%	88.07%	Ø
Tailored Plan Eligible	83.25%	86.58%	Ø
<p>Blue shading indicates the 2024 score is significantly different than the 2023 score.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.</p> <p>Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.</p>			

Figure 3-18 shows the *Rating of Specialist Seen Most Often Year-Over-Year* data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-18—Percentage of Adult Respondents Who Rate the Specialist They Saw Seen Most Often Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Composite Measures

Getting Needed Care

Table 3-12 shows the *Getting Needed Care* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The SP Behavioral Health and Tailored Plan Eligible 2024 rates were significantly *higher* than the 2023 rates.

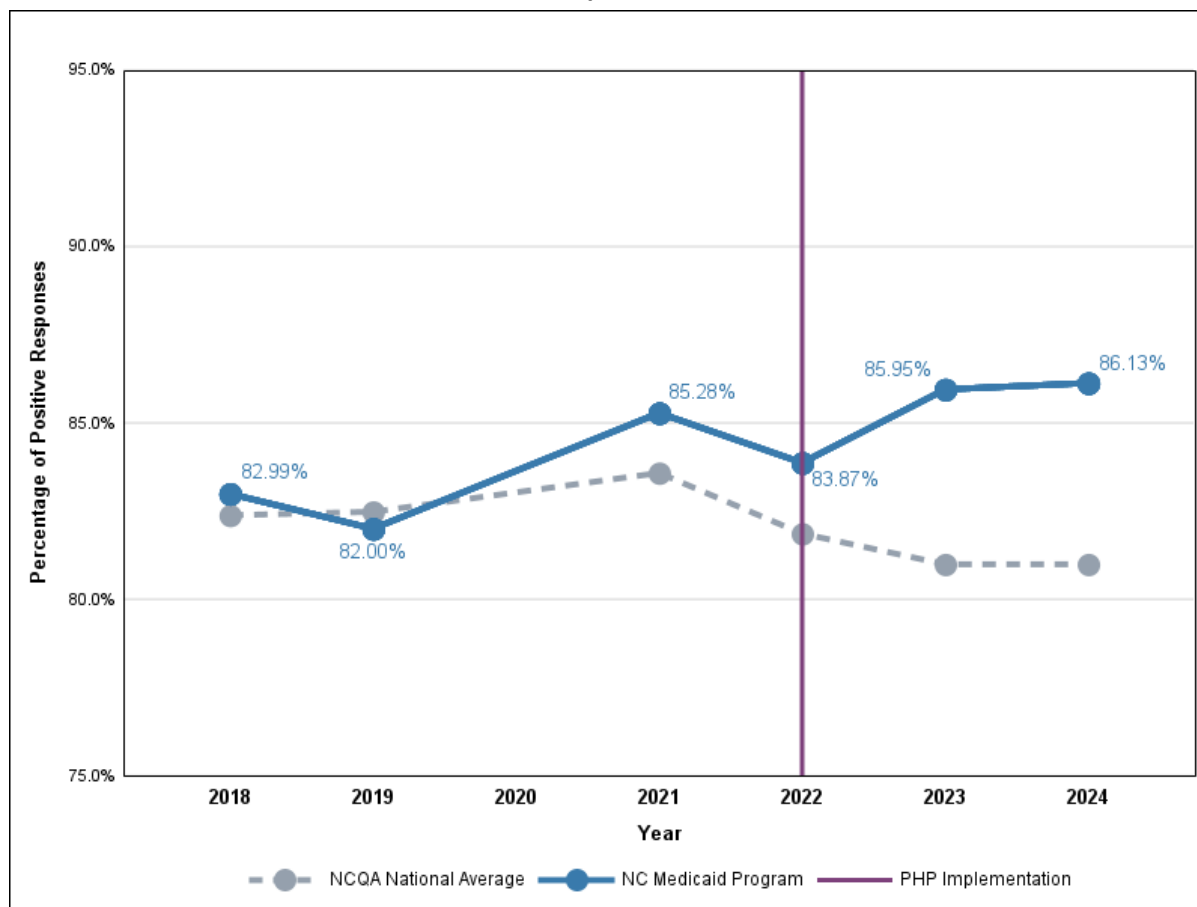
Table 3-12—Percentage of Adult Respondents Who Usually or Always Got Care They Needed by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	85.95%	86.13%	Ø
NC PHP Aggregate	82.96%	81.89%	Ø
AmeriHealth	81.79%	83.23%	Ø
Carolina Complete	82.78%	82.17%	Ø
Healthy Blue	83.30%	80.47%	Ø
UnitedHealthcare	83.03%	84.96%	Ø
WellCare	83.55%	80.29%	Ø
SP Behavioral Health	79.11%	84.69%	▲
EBCI Tribal Option	87.47% ⁺	87.80% ⁺	Ø
Medicaid Direct	88.07%	89.64%	Ø
Tailored Plan Eligible	84.20%	89.68%	▲

Blue shading indicates the 2024 score is significantly different than the 2023 score.
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.

Figure 3-19 shows the *Getting Needed Care Year-Over-Year* data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-19—Percentage of Adult Respondents Who Usually or Always Got Care They Needed for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Getting Care Quickly

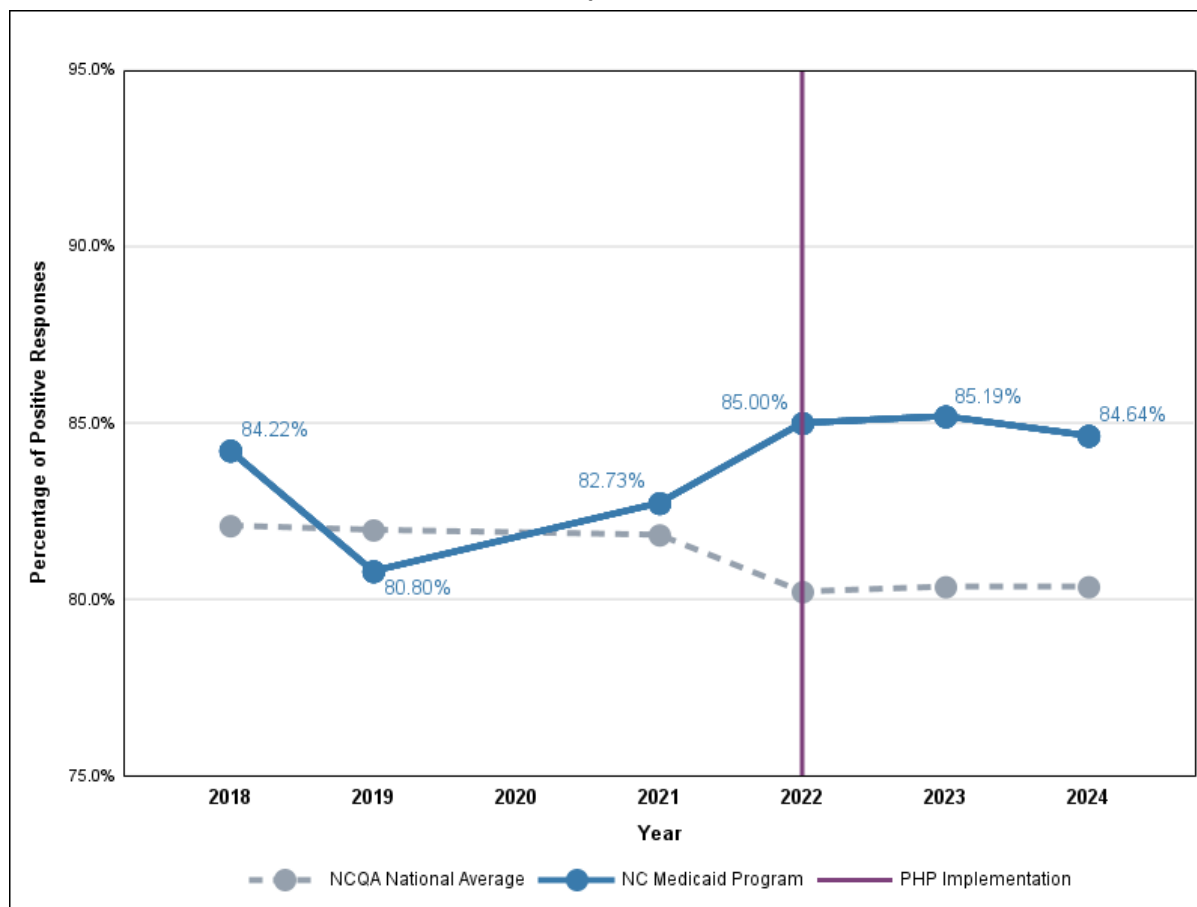
Table 3-13 shows the *Getting Care Quickly* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Carolina Complete and Healthy Blue 2024 rates were significantly *lower* than the 2023 rates.

Table 3-13—Percentage of Adult Respondents Who Usually or Always Got Care Quickly by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	85.19%	84.64%	∅
NC PHP Aggregate	83.72%	82.04%	∅
AmeriHealth	80.53%	83.59%	∅
Carolina Complete	87.71%	81.74%	▼
Healthy Blue	86.93%	79.96%	▼
UnitedHealthcare	83.65%	84.00%	∅
WellCare	79.99%	82.58%	∅
SP Behavioral Health	82.07%	85.61%	∅
EBCI Tribal Option	81.57% ⁺	88.12% ⁺	∅
Medicaid Direct	86.24%	86.80%	∅
Tailored Plan Eligible	83.51%	85.62%	∅
<p><i>Blue shading indicates the 2024 score is significantly different than the 2023 score.</i></p> <p>⁺ <i>Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i></p> <p>▼ <i>Indicates the 2024 score is statistically significantly lower than the 2023 score.</i></p> <p>∅ <i>Indicates the 2024 score is not statistically significantly different than the 2023 score.</i></p>			

Figure 3-20 shows the *Getting Care Quickly* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-20—Percentage of Adult Respondents Who Usually or Always Got Care Quickly for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



How Well Doctors Communicate

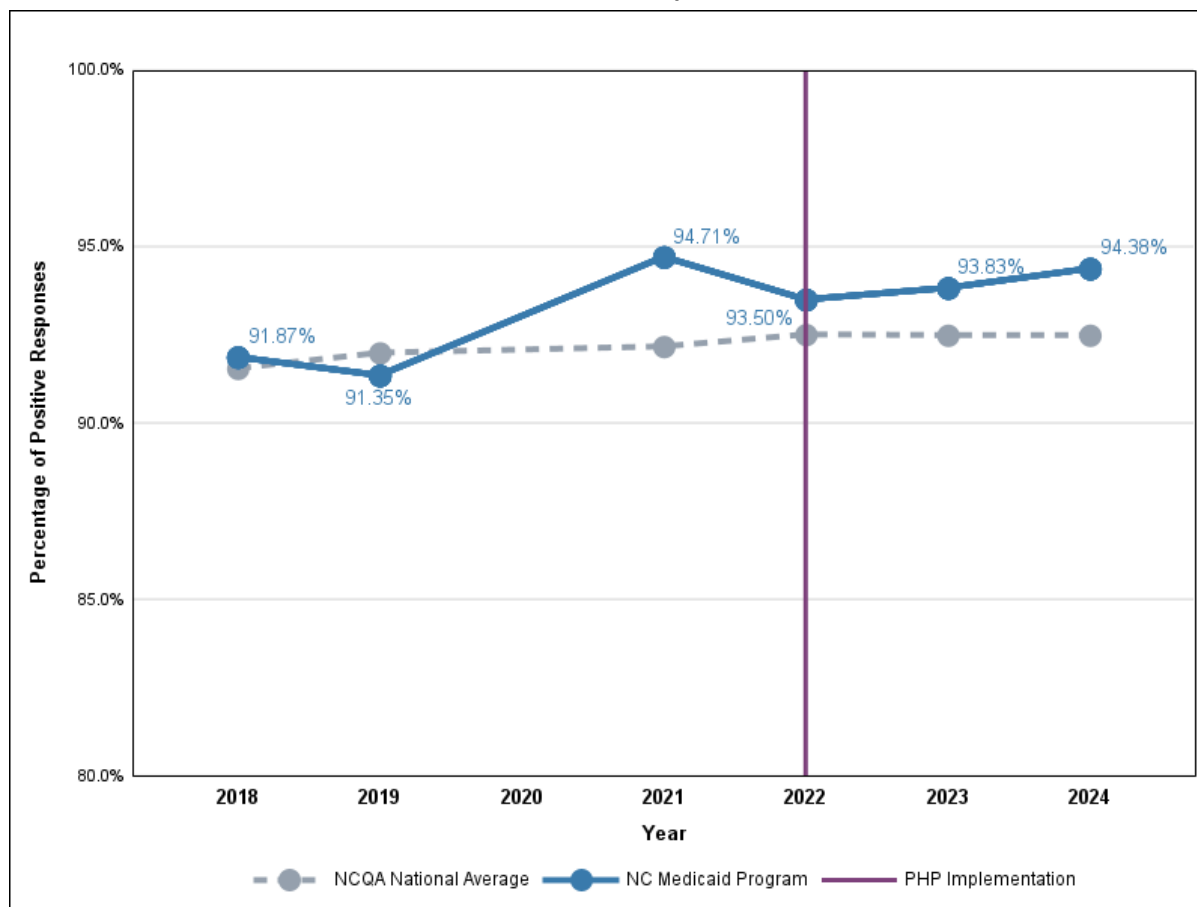
Table 3-14 shows the *How Well Doctors Communicate* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 3-14—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	93.83%	94.38%	∅
NC PHP Aggregate	93.60%	94.10%	∅
AmeriHealth	94.22%	93.64%	∅
Carolina Complete	93.23%	93.95%	∅
Healthy Blue	93.93%	94.35%	∅
UnitedHealthcare	94.69%	93.48%	∅
WellCare	91.76%	94.69%	∅
SP Behavioral Health	90.48%	91.99%	∅
EBCI Tribal Option	92.83% ⁺	96.55% ⁺	∅
Medicaid Direct	94.00%	94.60%	∅
Tailored Plan Eligible	95.04%	94.40%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 3-21 shows the *How Well Doctors Communicate* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-21—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Customer Service

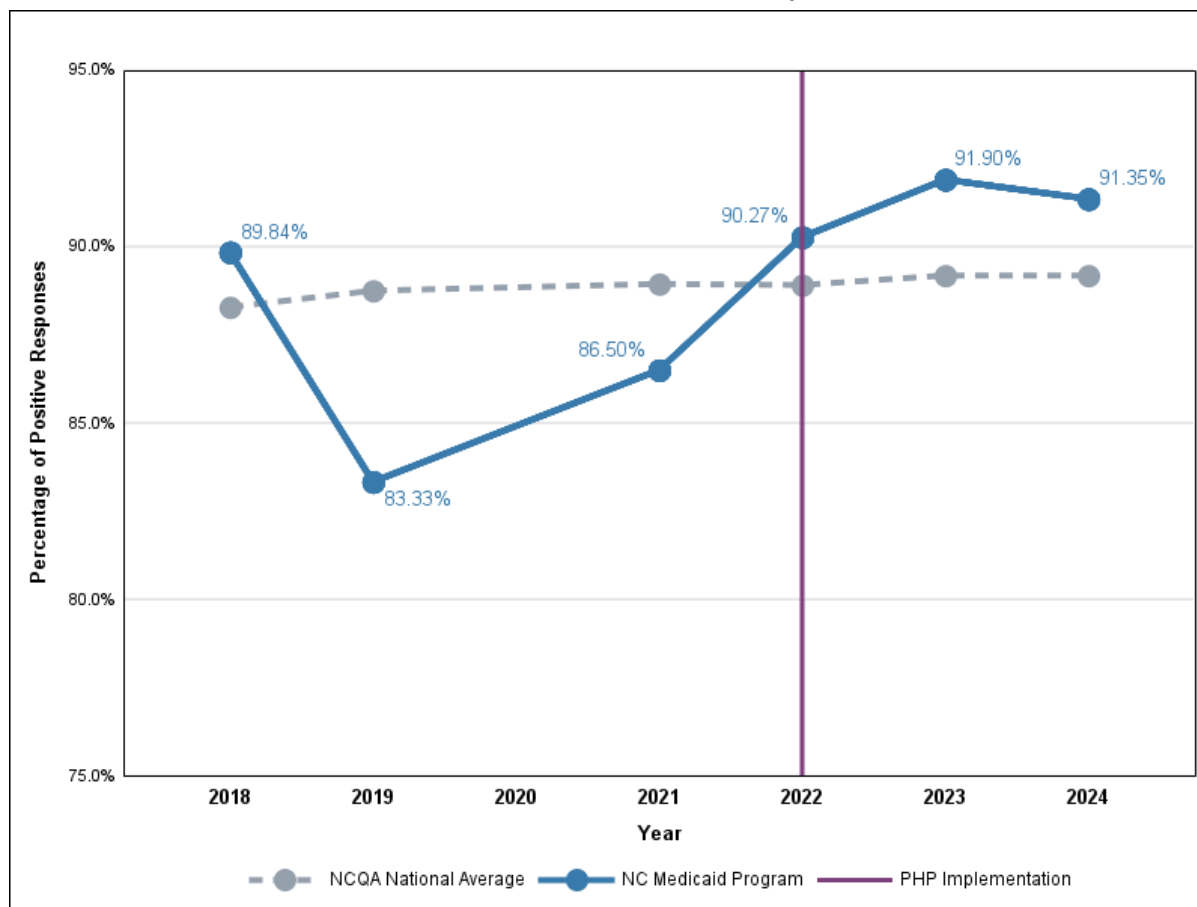
Table 3-15 shows the *Customer Service* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

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 Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	91.90%	91.35%	∅
NC PHP Aggregate	88.19%	87.30%	∅
AmeriHealth	84.82%	87.39%	∅
Carolina Complete	88.23%	86.47%	∅
Healthy Blue	85.77%	86.60%	∅
UnitedHealthcare	90.43%	89.35%	∅
WellCare	91.88%	87.11%	∅
SP Behavioral Health	83.62%	87.41%	∅
EBCI Tribal Option	93.10% ⁺	96.00% ⁺	∅
Medicaid Direct	94.54%	94.64%	∅
Tailored Plan Eligible	87.27%	88.84%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 3-22 shows the *Customer Service* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-22—Percentage of Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Individual Item Measure

Coordination of Care

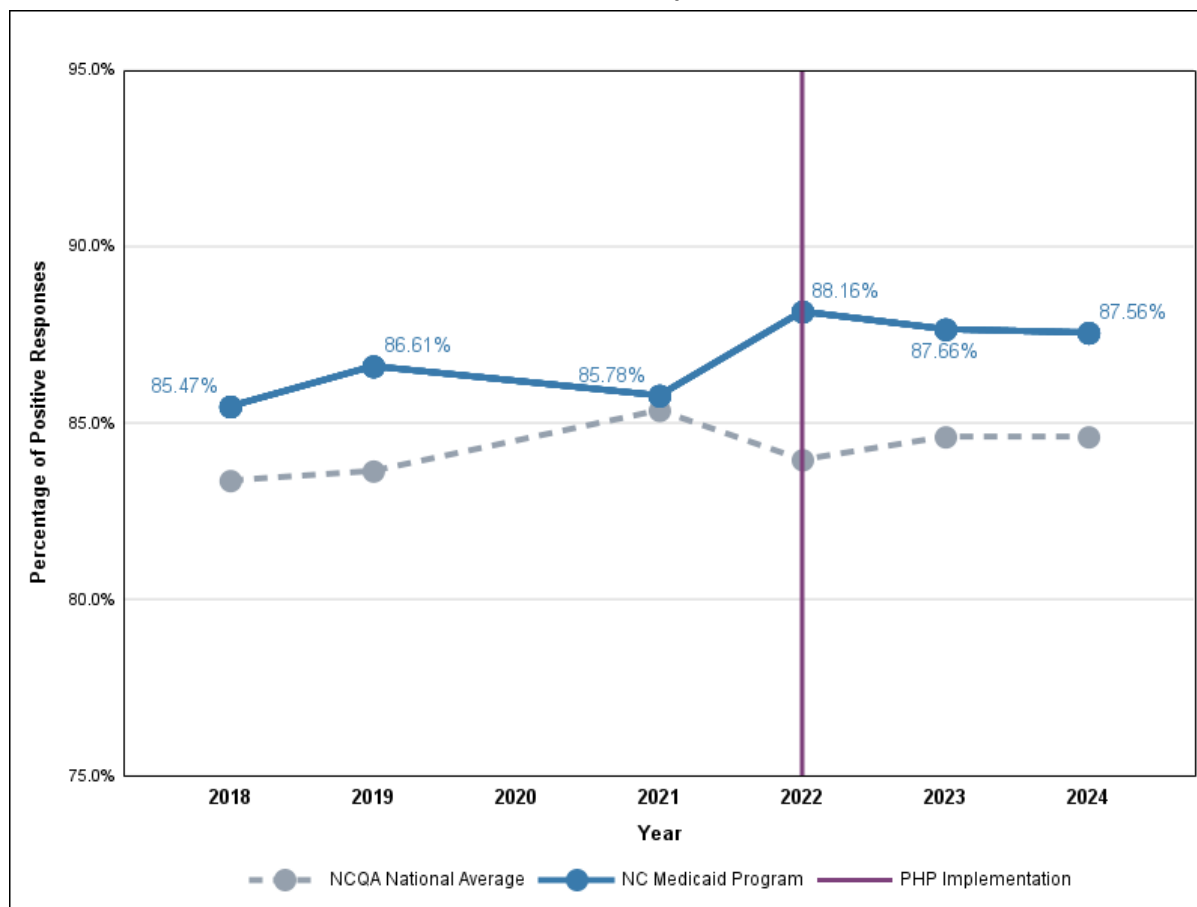
Table 3-16 shows the *Coordination of Care* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 3-16—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	87.66%	87.56%	Ø
NC PHP Aggregate	86.02%	84.38%	Ø
AmeriHealth	86.78%	81.68%	Ø
Carolina Complete	82.07%	85.37%	Ø
Healthy Blue	86.49%	84.41%	Ø
UnitedHealthcare	90.00%	85.71%	Ø
WellCare	83.10%	84.74%	Ø
SP Behavioral Health	84.94%	84.98%	Ø
EBCI Tribal Option	79.49% ⁺	82.76% ⁺	Ø
Medicaid Direct	88.84%	90.15%	Ø
Tailored Plan Eligible	87.56%	84.26%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 3-23 shows the *Coordination of Care* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-23—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Medical Assistance With Smoking and Tobacco Use Cessation Items

Advising Smokers and Tobacco Users to Quit

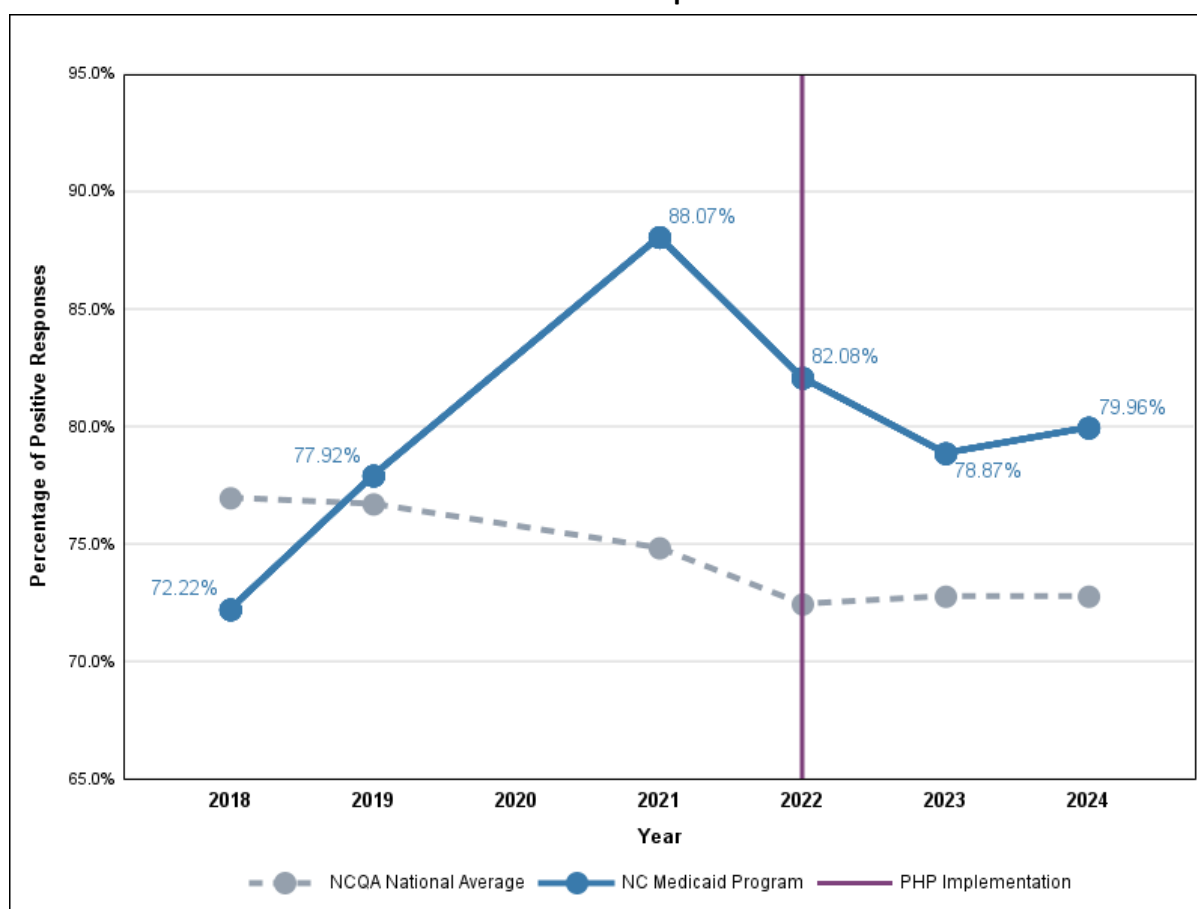
Table 3-17 shows the *Advising Smokers and Tobacco Users to Quit* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 3-17—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	78.87%	79.96%	Ø
NC PHP Aggregate	76.16%	76.21%	Ø
AmeriHealth	79.07%	76.69%	Ø
Carolina Complete	73.13%	77.02%	Ø
Healthy Blue	74.03%	75.11%	Ø
UnitedHealthcare	79.05%	75.50%	Ø
WellCare	75.33%	77.69%	Ø
SP Behavioral Health	79.82%	81.47%	Ø
EBCI Tribal Option	81.52% ⁺	74.44% ⁺	Ø
Medicaid Direct	80.79%	83.09%	Ø
Tailored Plan Eligible	84.32%	85.14%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 3-24 shows the *Advising Smokers and Tobacco Users to Quit* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-24—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Discussing Cessation Medications

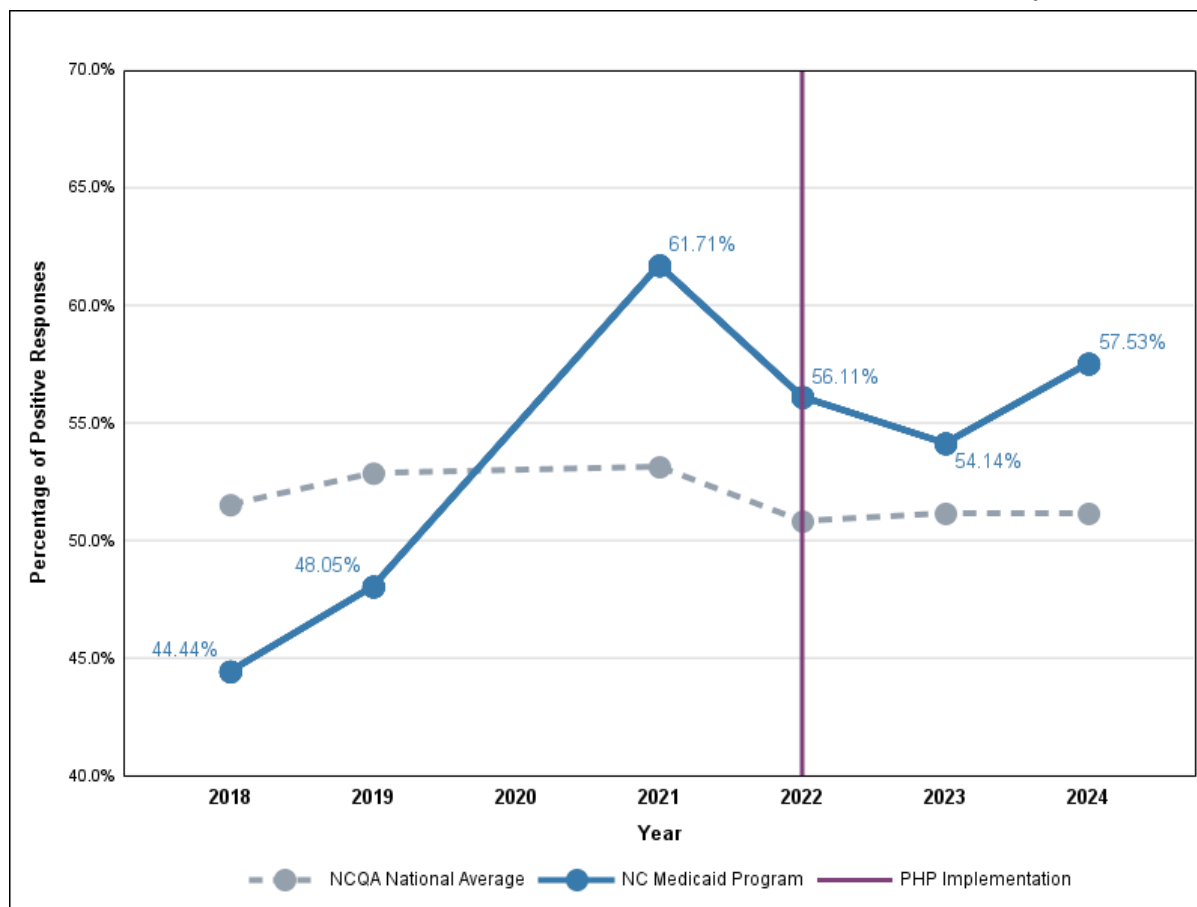
Table 3-18 shows the *Discussing Cessation Medications* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 3-18—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	54.14%	57.53%	∅
NC PHP Aggregate	49.11%	51.50%	∅
AmeriHealth	47.65%	50.51%	∅
Carolina Complete	47.01%	50.60%	∅
Healthy Blue	47.06%	50.84%	∅
UnitedHealthcare	48.98%	51.52%	∅
WellCare	54.36%	53.85%	∅
SP Behavioral Health	57.87%	58.06%	∅
EBCI Tribal Option	60.44% ⁺	60.00% ⁺	∅
Medicaid Direct	57.71%	62.55%	∅
Tailored Plan Eligible	57.92%	59.11%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 3-25 shows the *Discussing Cessation Medications* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-25—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Discussing Cessation Strategies

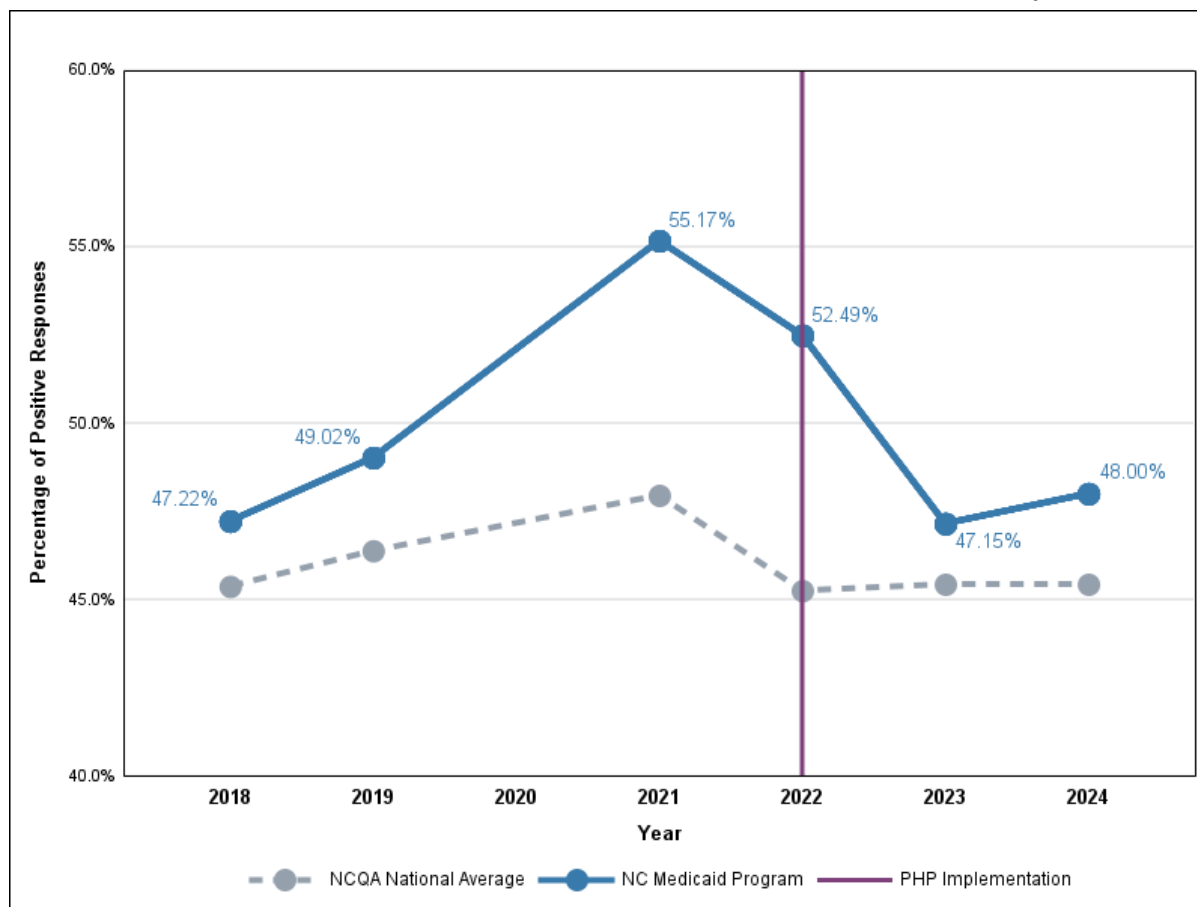
Table 3-19 shows the *Discussing Cessation Strategies* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 3-19—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	47.15%	48.00%	∅
NC PHP Aggregate	43.15%	43.79%	∅
AmeriHealth	45.35%	44.59%	∅
Carolina Complete	41.67%	46.18%	∅
Healthy Blue	38.56%	39.83%	∅
UnitedHealthcare	45.95%	46.98%	∅
WellCare	45.27%	45.17%	∅
SP Behavioral Health	49.07%	51.03%	∅
EBCI Tribal Option	48.89% ⁺	51.11% ⁺	∅
Medicaid Direct	50.00%	51.45%	∅
Tailored Plan Eligible	55.19%	54.80%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 3-26 shows the *Discussing Cessation Strategies* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) time periods, with national comparisons.

Figure 3-26—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Supplemental Items

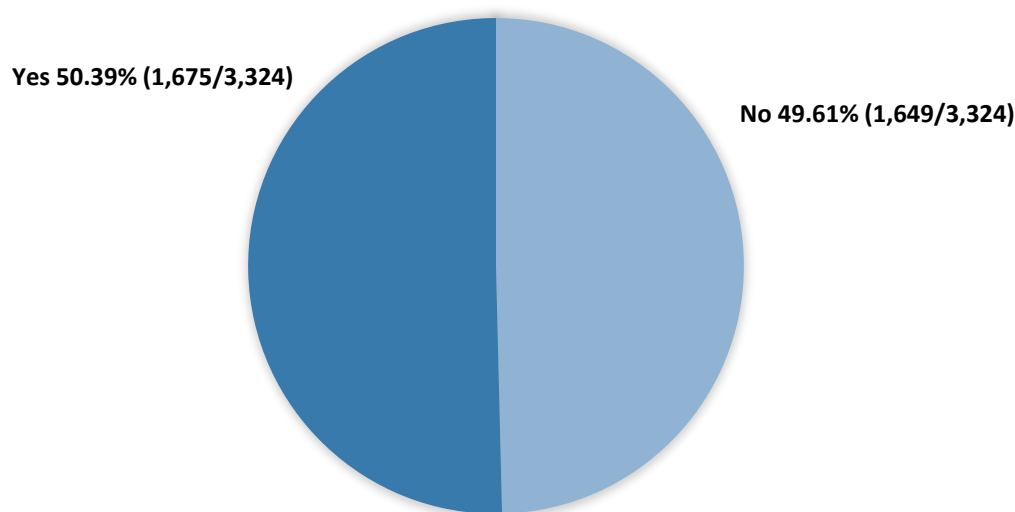
Counseling and Mental Health Treatment

DHB added two questions regarding mental health.

Mental Health

Respondents were asked if their personal doctor asked about their mental health in the last 6 months. Figure 3-27 presents the percentage of respondents who reported if their personal doctor asked about their mental health. The majority of respondents (50.39 percent) reported their personal doctor asked about their mental health for the NC Medicaid Program.

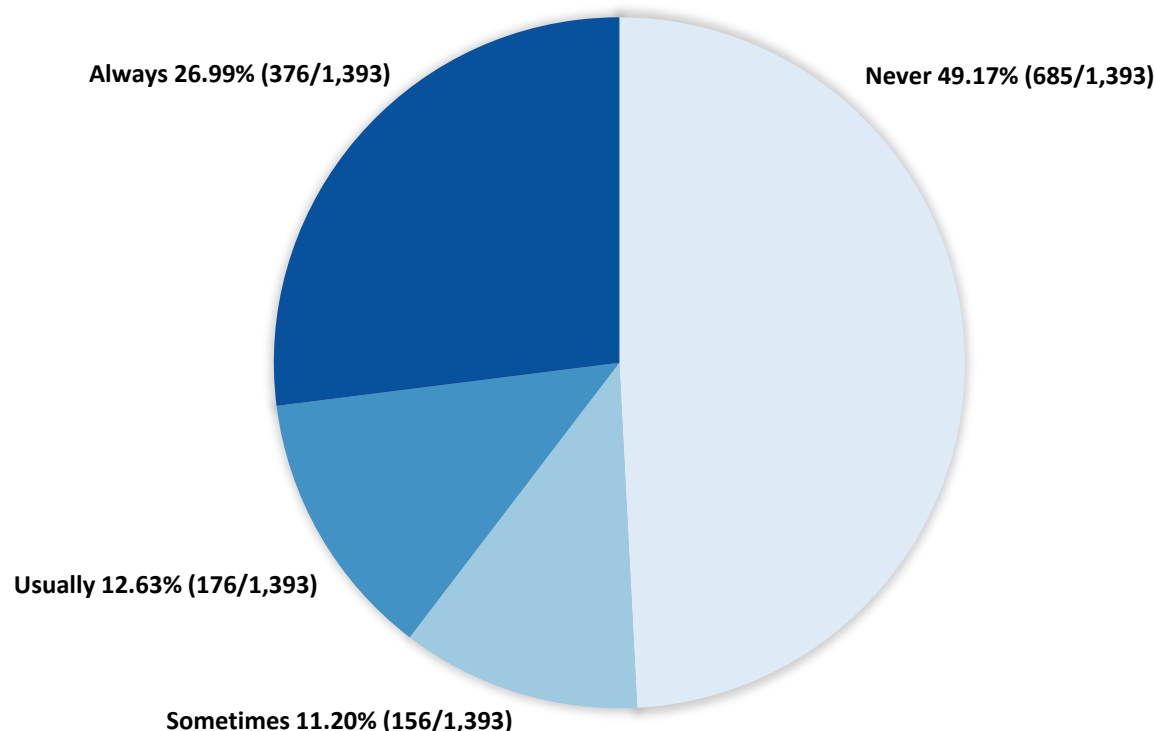
Figure 3-27—Percentage of 2024 Adult NC Medicaid Program Respondents Whose Personal Doctor Asked About Their Mental Health



Appointment for Counseling or Mental Health Treatment

Figure 3-28 presents the percentage of respondents who needed 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. There were 1,888 respondents who indicated they did not need counseling or mental health treatment and were therefore excluded from the denominator. The majority of respondents reported that they never or sometimes (60.37 percent) received an appointment for counseling or mental health treatment as soon as they needed for the NC Medicaid Program.

Figure 3-28—How Often 2024 Adult NC Medicaid Program Respondents Who Needed Counseling or Mental Health Treatment Received An Appointment As Soon As They Needed



Some percentages may not total 100% due to rounding. Respondents who answered “I did not need counseling or mental health treatment in the last 6 months” were excluded from the analysis.

Table 3-20 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 3-20—Among 2024 Adult Program-Specific Population Respondents Who Needed 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	26.50% (62/234)	11.97% (28/234)	8.97% (21/234)	52.56% (123/234)
Carolina Complete	23.48% (58/247)	11.34% (28/247)	15.38% (38/247)	49.80% (123/247)
Healthy Blue	26.42% (51/193)	20.21% (39/193)	11.40% (22/193)	41.97% (81/193)
UnitedHealthcare	28.92% (72/249)	12.45% (31/249)	7.63% (19/249)	51.00% (127/249)
WellCare	27.49% (58/211)	9.95% (21/211)	13.74% (29/211)	48.82% (103/211)

PHP/Population	Always % (N/D)	Usually % (N/D)	Sometimes % (N/D)	Never % (N/D)
SP Behavioral Health	58.68% (240/409)	18.34% (75/409)	9.78% (40/409)	13.20% (54/409)
EBCI Tribal Option	S	S	S	S
Medicaid Direct	27.78% (55/198)	10.10% (20/198)	8.59% (17/198)	53.54% (106/198)
Tailored Plan Eligible	57.23% (182/318)	12.58% (40/318)	10.06% (32/318)	20.13% (64/318)
Former Foster Care	S	S	S	S
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Some percentages may not total 100% due to rounding. (N/D) Indicates numerator and denominator.</i>				

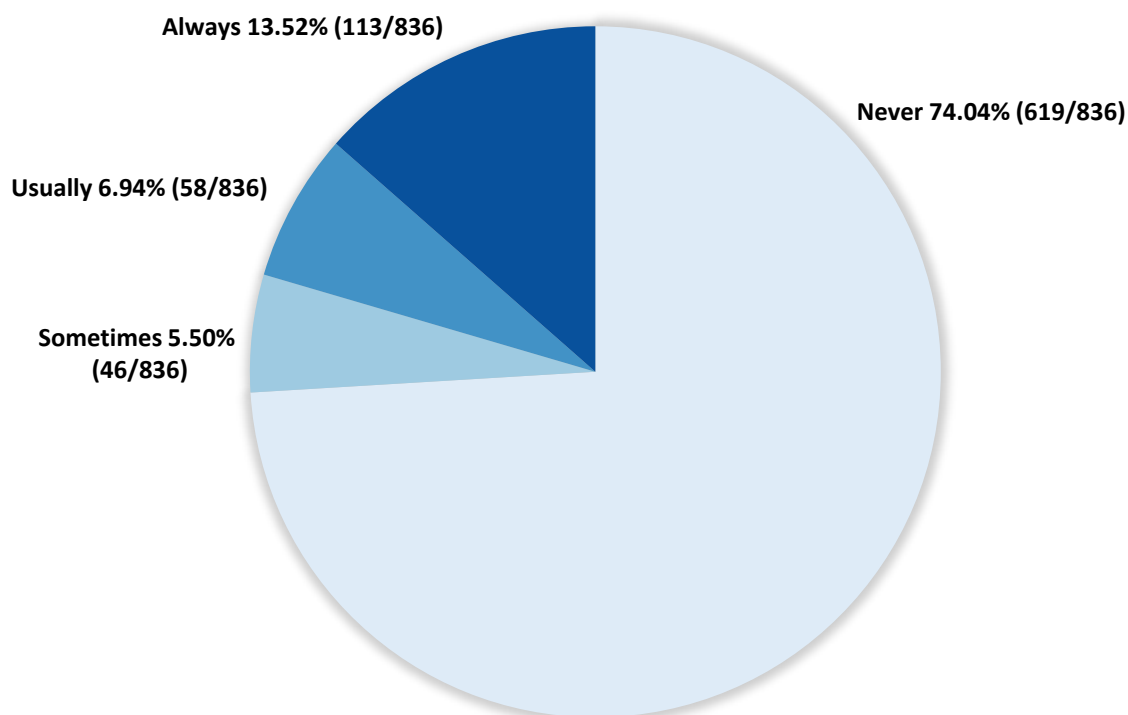
Interpreter

DHB added two questions regarding the use of interpreters.

Used an Interpreter

Respondents were asked how often they received an interpreter when they needed one at their personal doctor's office when they needed one in the last 6 months. Figure 3-29 presents the percentage of respondents who always, usually, sometimes, or never got an interpreter at their personal doctor's office when they needed one. Of the 3,373 beneficiaries who responded to the survey in the NC Medicaid Program, 2,384 respondents indicated they did not need an interpreter and were therefore excluded from the denominator. Of the 836 beneficiaries in the NC Medicaid Program who indicated they needed an interpreter, the majority of respondents (74.04 percent) reported they never got an interpreter when they needed one.

Figure 3-29—How Often 2024 Adult NC Medicaid Program Respondents Who Needed an Interpreter at Their Personal Doctor’s Office Received One

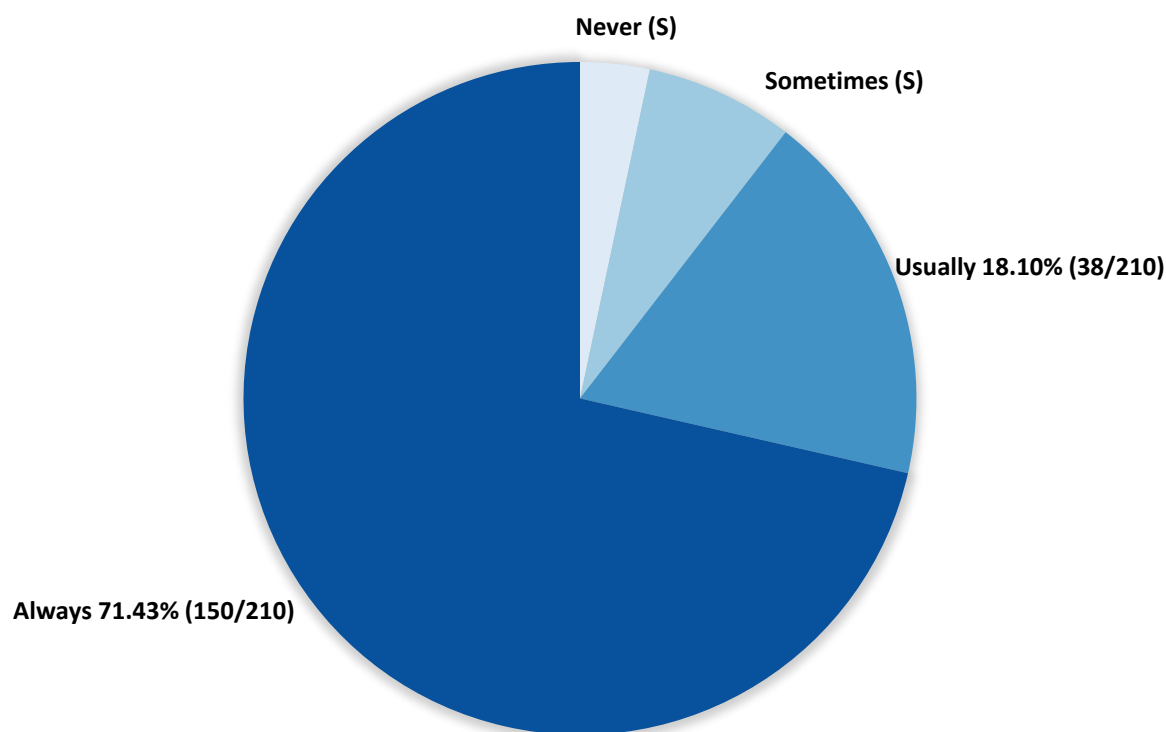


Respondents who answered “I did not need an interpreter in the last 6 months” were excluded from the analysis.

Interpreter Treated with Courtesy and Respect

Of the respondents who received an interpreter at their personal doctor’s office, Figure 3-30 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. Of those in the NC Medicaid Program who received an interpreter, the majority of respondents (89.53 percent) reported always or usually being treated with courtesy and respect by the interpreter.

Figure 3-30—Among 2024 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

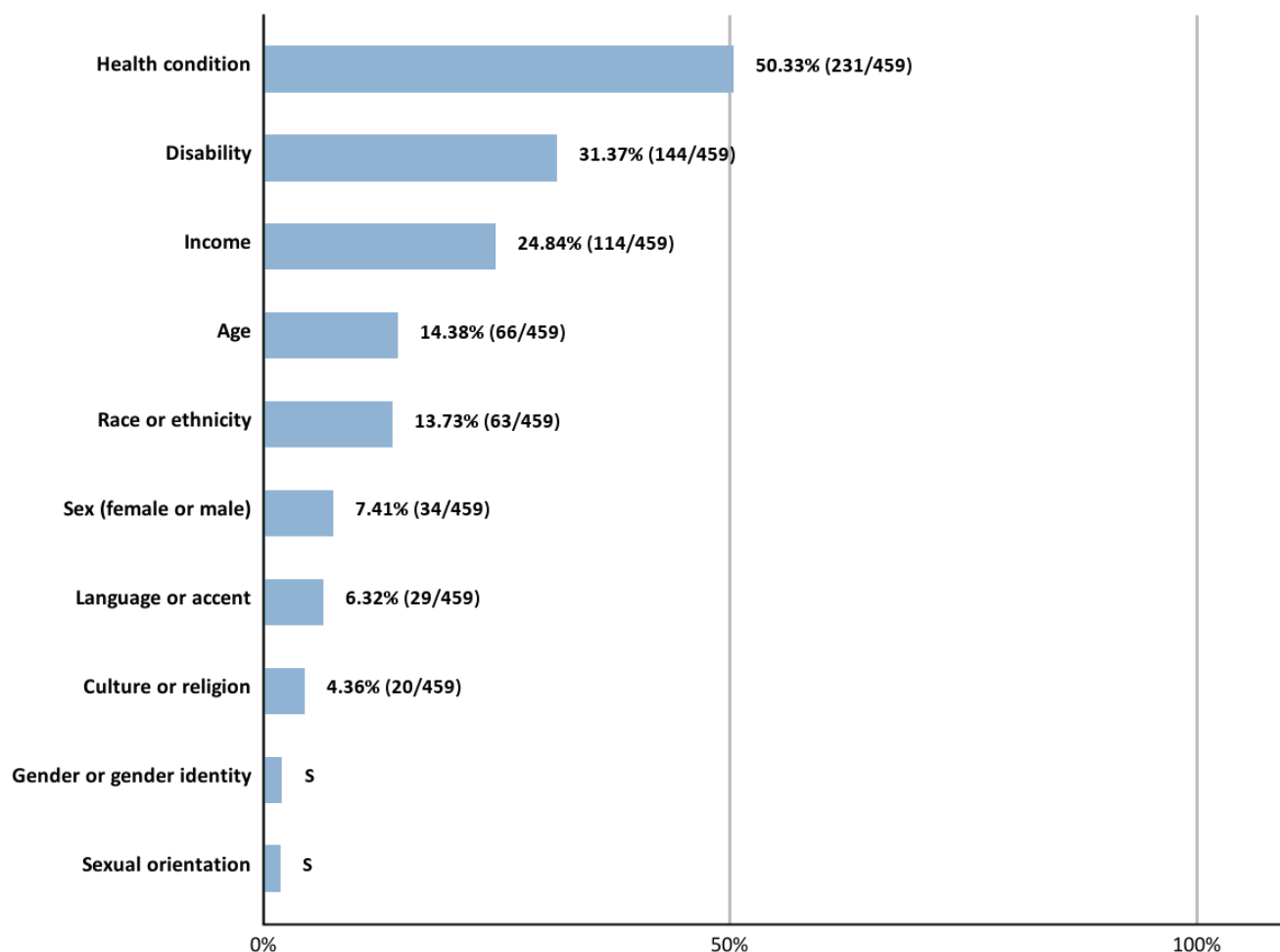


*Some percentages may not total 100% due to rounding.
Respondents who answered “Never” and “I did not need an interpreter in the last 6 months” to Question 42 were excluded from the analysis.*

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 3-31 presents the percentage of respondents who reported being treated in an unfair or insensitive way, by reason, for NC Medicaid Program. Of the 3,373 beneficiaries who responded to the survey from the NC Medicaid Program, 2,914 respondents did not indicate whether or not they had been treated unfairly or insensitively (i.e., non-respondents). The top three reasons respondents reported being treated in an unfair or insensitive way were because of a health condition, disability, and income.

Figure 3-31—Percentage of 2024 Adult NC Medicaid Program Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason



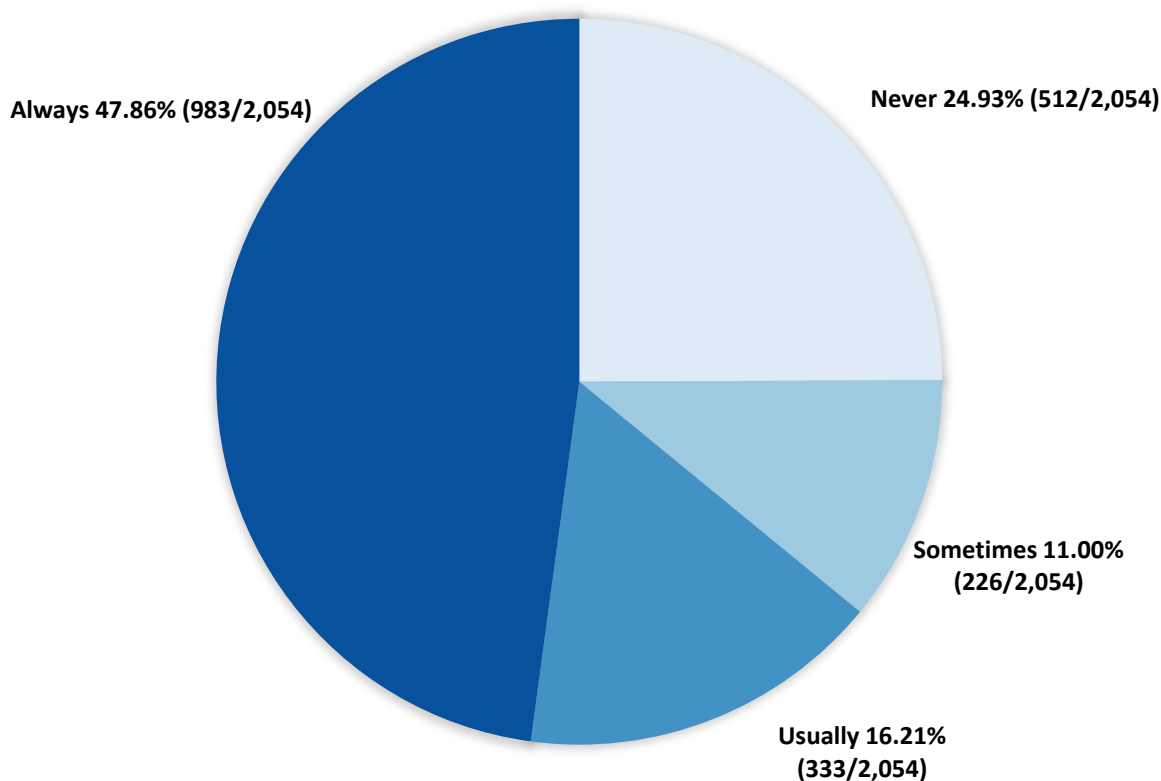
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Some 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 3-32 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 1,220 respondents who indicated they did not want to access their health information online and were therefore excluded from the denominator. Of those in the NC Medicaid Program who were able to access their health information online, the majority of respondents (64.07 percent) reported usually or always being able to access their health information online when they wanted it.

Figure 3-32—Among 2024 Adult NC Medicaid Program Respondents Who Wanted to Access Their Health Information Online, How Often They Were Able to Access It

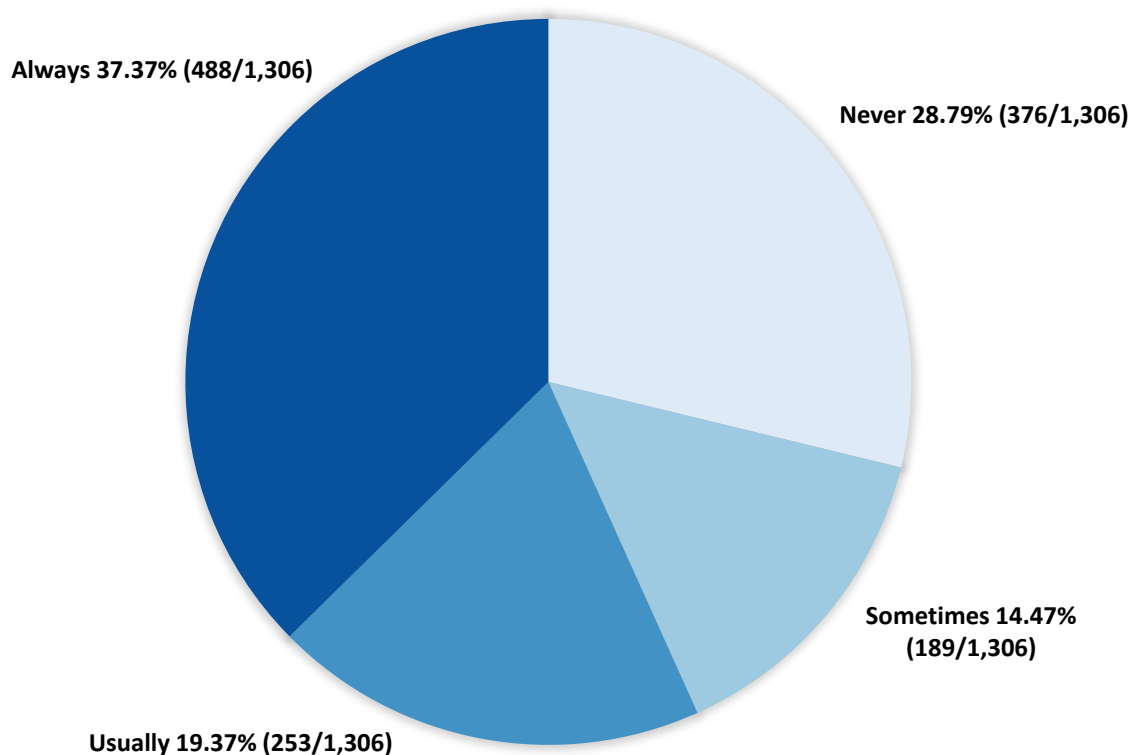


Respondents who answered “I did not want to access my health information online in the last 6 months” were excluded from the analysis.

Care Outside of Business Hours

DHB added one supplemental question asking how often respondents were able to receive care they needed outside of business hours (i.e., in the evenings, on weekends, or during holidays). Figure 3-33 presents how often (i.e., always, usually, sometimes, never) respondents were able to receive care outside of business hours for the NC Medicaid Program. There were 1,981 respondents who indicated they did not need care outside of business hours and were therefore excluded from the denominator. Of those who needed care outside of business hours, the majority of respondents (56.74 percent) reported usually or always being able to receive care outside of business hours for the NC Medicaid Program.

Figure 3-33—Among 2024 Adult NC Medicaid Program Respondents Who Needed Care Outside of Business Hours, How Often They Were Able to Receive It



Respondents who answered “I did not need care outside of business hours in the last 6 months” were excluded from the analysis.

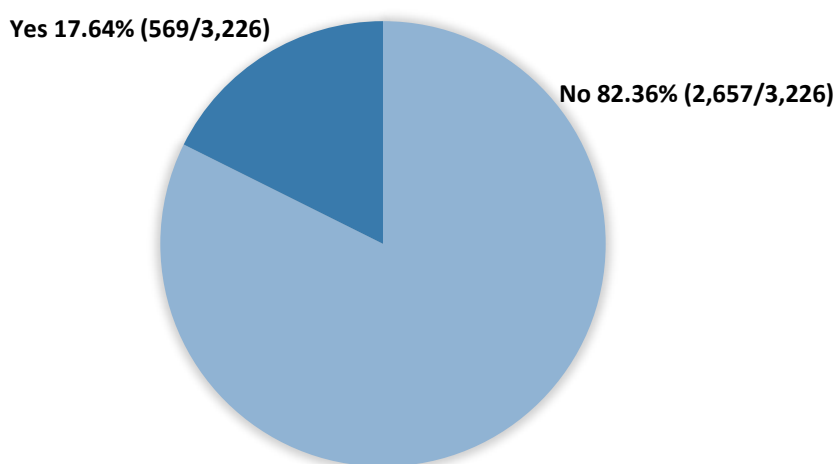
Telehealth

DHB added two questions regarding the use of telehealth.

Offered Telehealth Appointment

Respondents were asked if they were offered a telehealth appointment instead of an in-person appointment. Figure 3-34 presents the percentage of respondents who were offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program. The majority of respondents (82.36 percent) reported they were not offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program.

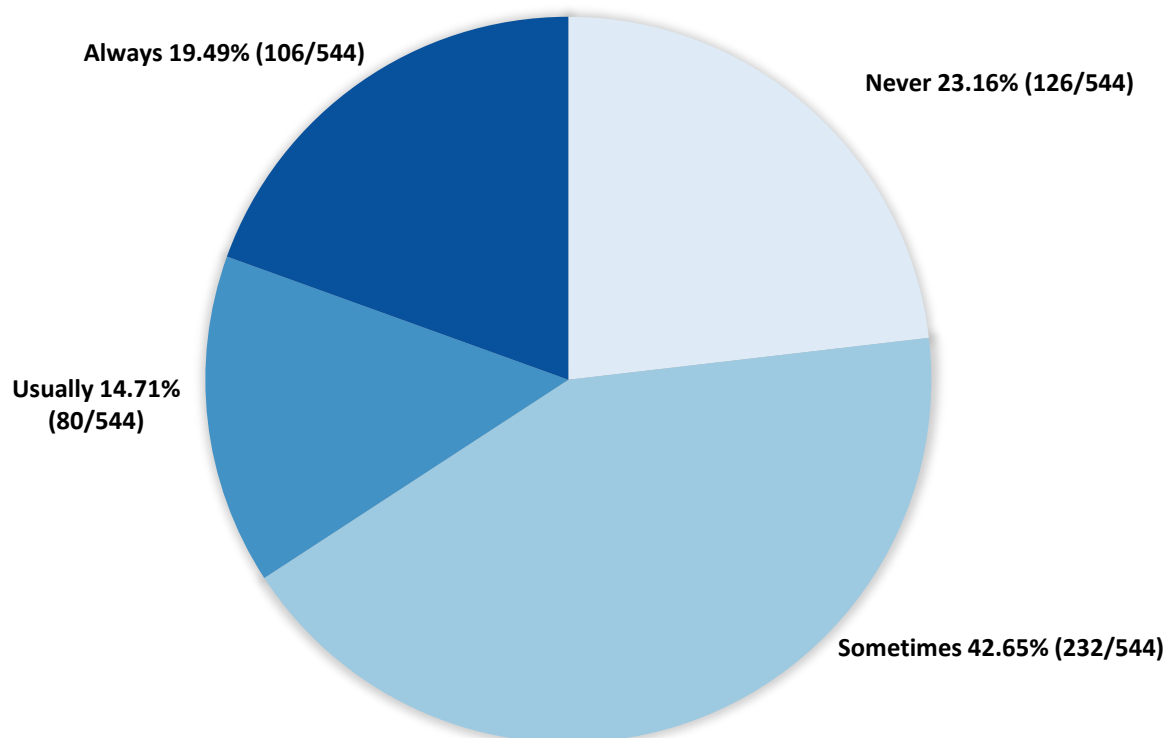
Figure 3-34—Percentage of 2024 Adult NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment



Chose Telehealth

Respondents were asked how often they chose to use telehealth for their health care when they reported it was offered by a doctor or other health provider. Figure 3-35 presents how often (i.e., always, usually, sometimes, never) respondents chose to use telehealth for their health care when it was offered by a doctor or other health provider for the NC Medicaid Program. Of those in the NC Medicaid Program who were offered a telehealth appointment by a doctor or other health provider, the majority of respondents (76.85 percent) reported sometimes, usually, or always choosing to use telehealth for their health care.

Figure 3-35—Among 2024 Adult NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment, How Often They Chose It

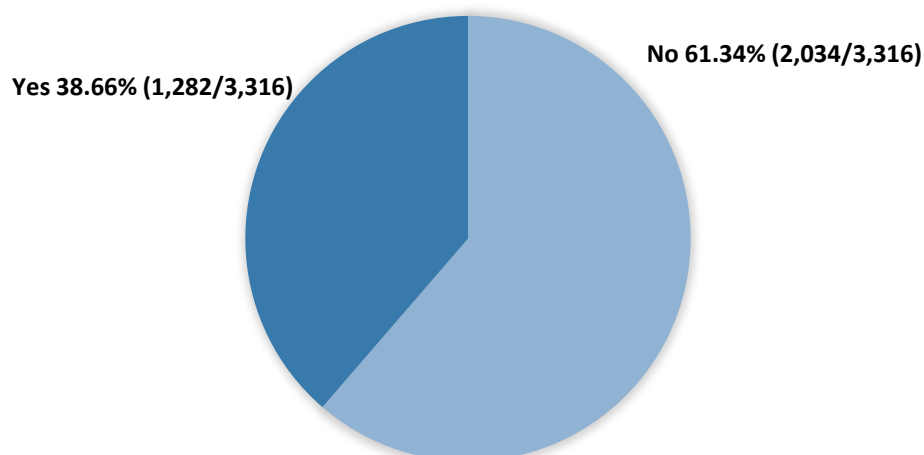


Some percentages may not total to 100% due to rounding.

Flu Vaccination Received

DHB added one supplemental question asking if respondents had either a flu shot or flu spray in the nose since July 1, 2023. Figure 3-36 presents the percentage of respondents who received a flu vaccination for the NC Medicaid Program. The majority of respondents (61.34 percent) reported they did not receive a flu vaccination for the NC Medicaid Program.

Figure 3-36—Percentage of 2024 Adult NC Medicaid Program Respondents Who Received a Flu Vaccination



Race and Ethnicity Comparisons

HSAG stratified the NC Medicaid Program positive ratings by self-identified race and ethnicity. Race is categorized as White (1,679), non-White (1,612), Multiracial (111), non-Multiracial (3,180), Black (1,357), non-Black (2,340), Native American (153), non-Native American (3,138), Other (354), and non-Other (2,937).^{64,65} For this analysis, the Multiracial 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; Multiracial respondents were compared to non-Multiracial 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 (895) and non-Hispanic (2,843).⁶⁶ 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, Multiracial, Black, Native American, Other, and Hispanic.

In evaluating the race and ethnicity findings, beneficiaries who reported being Other race and Hispanic reported significantly *lower* positive ratings for several measures across the adult populations (e.g., medical assistance with smoking and tobacco use cessation items). For more detailed information

⁶⁴ The Native American category includes American Indian or Alaska Native.

⁶⁵ The Black category includes the Black oversample.

⁶⁶ The Hispanic category includes the Hispanic oversample.

regarding the methodology used for the race and ethnicity comparisons, please refer to the Reader's Guide beginning on page 42. For detailed results regarding the numerators and denominators for the composite measures, please refer to Appendix A, beginning on page 293. Figure 3-57 Through Figure 3-59 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 occur due to large sample variations in results.⁶⁷

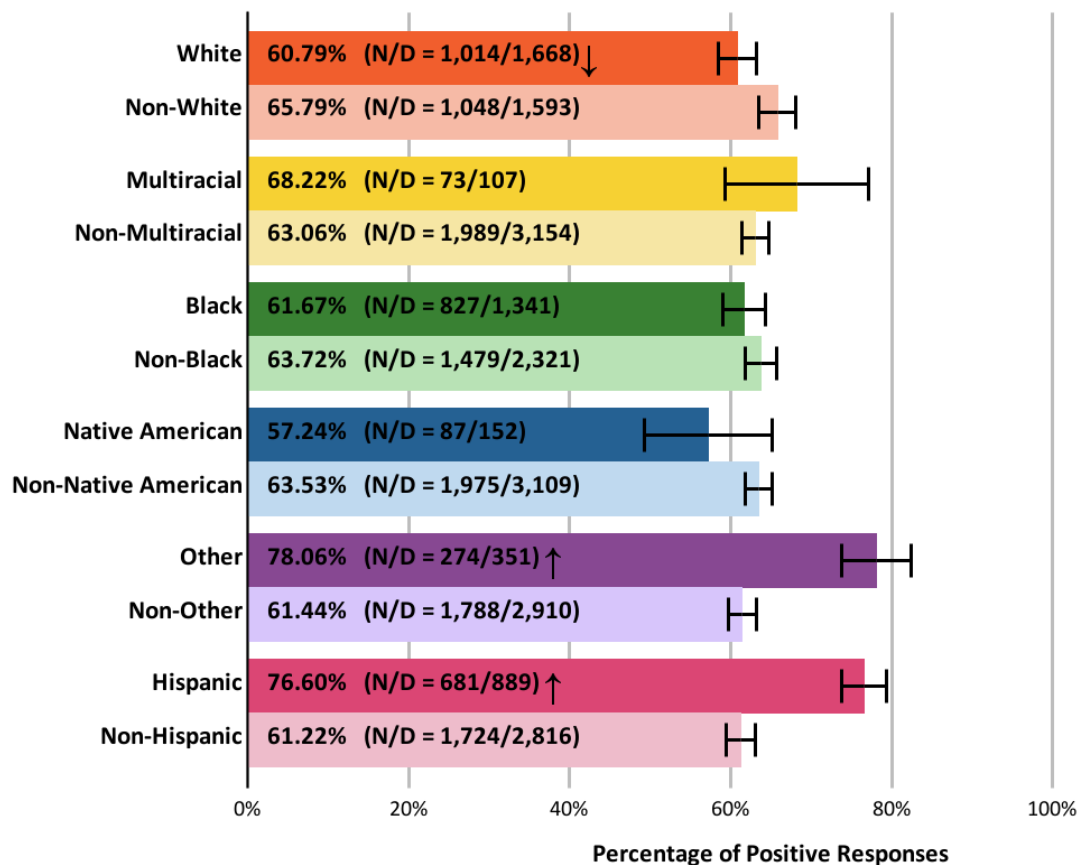
Overall Health Characteristics

General Health Status

Figure 3-37 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. A significantly *lower* percentage of White respondents reported their general health status as Excellent, Very Good, or Good when compared to non-White respondents.

⁶⁷ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: September 12, 2024.

Figure 3-37—Percentage of 2024 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.

↓ 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.

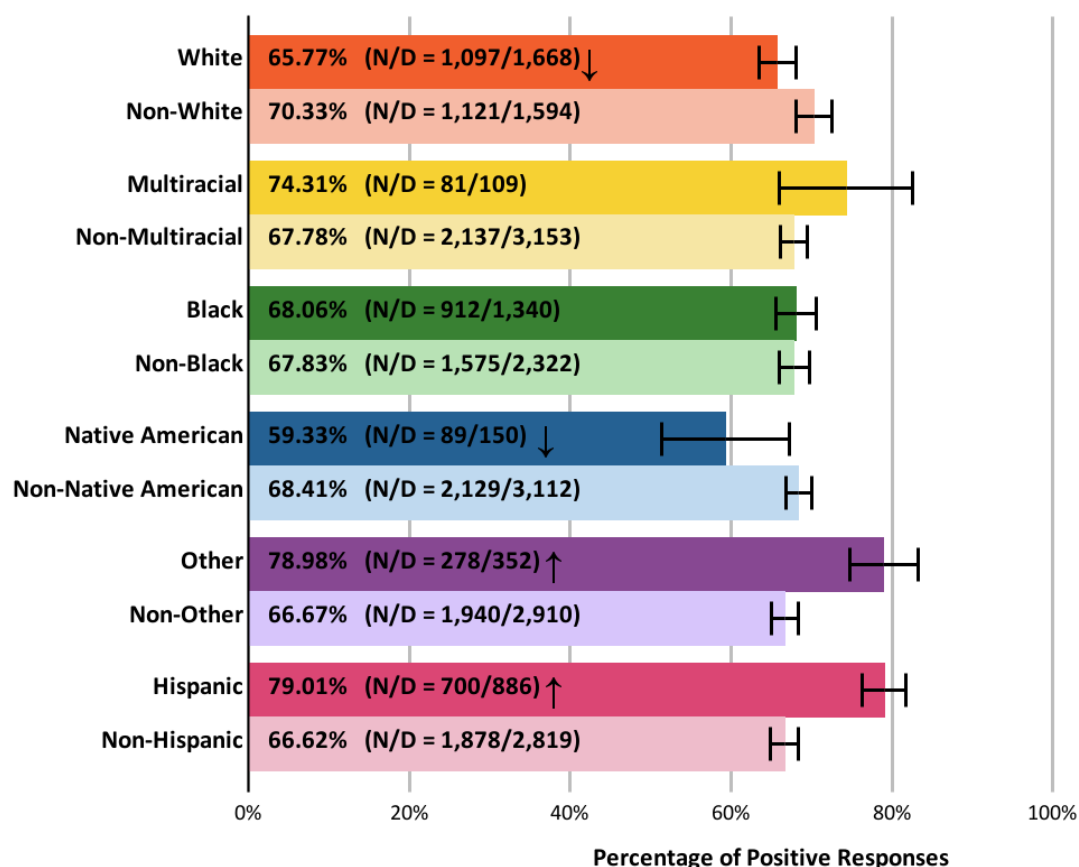
[-] Indicates the 95% confidence interval of the score.

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

Mental or Emotional Health Status

Figure 3-38 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 and Native American respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-White and non-Native American respondents, respectively. 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 non-Hispanic respondents, respectively.

Figure 3-38—Percentage of 2024 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 numerator and denominator of the demographic category score.

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

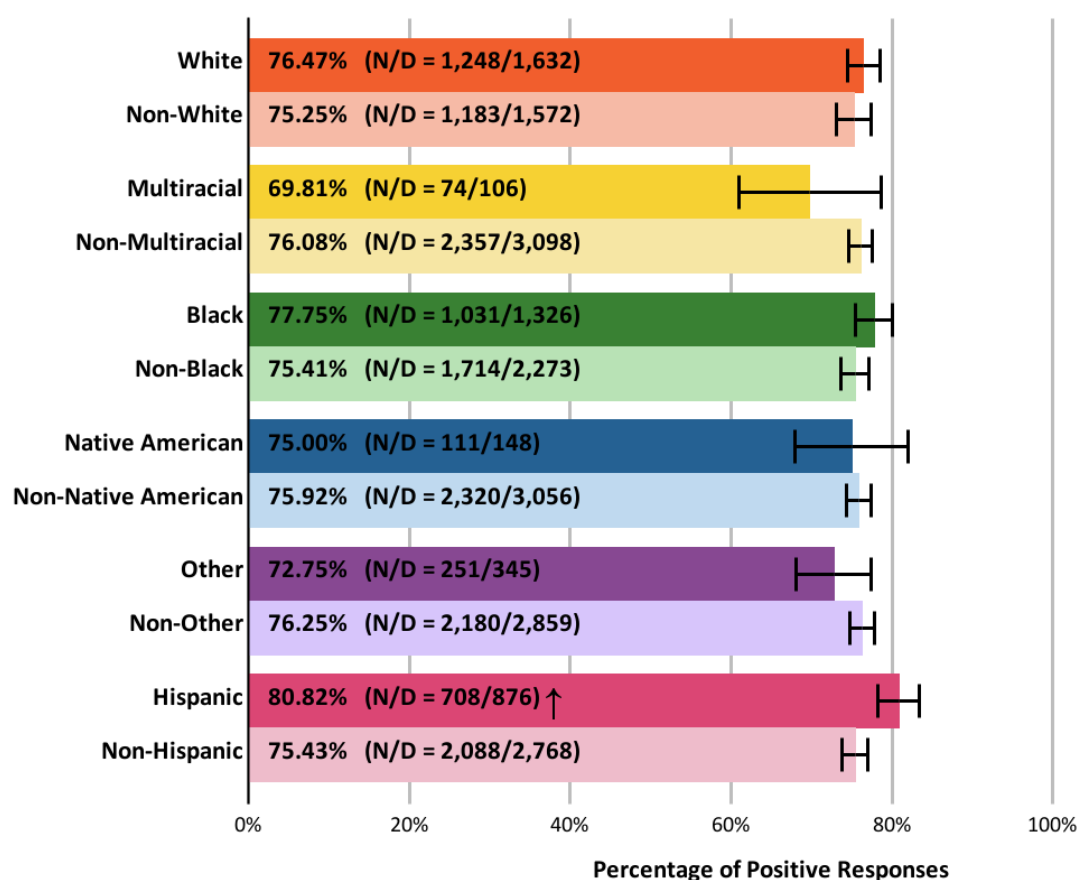
Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Global Ratings

Rating of Health Plan

Figure 3-39 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. There were no significant differences identified by race.

Figure 3-39—Percentage of 2024 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.

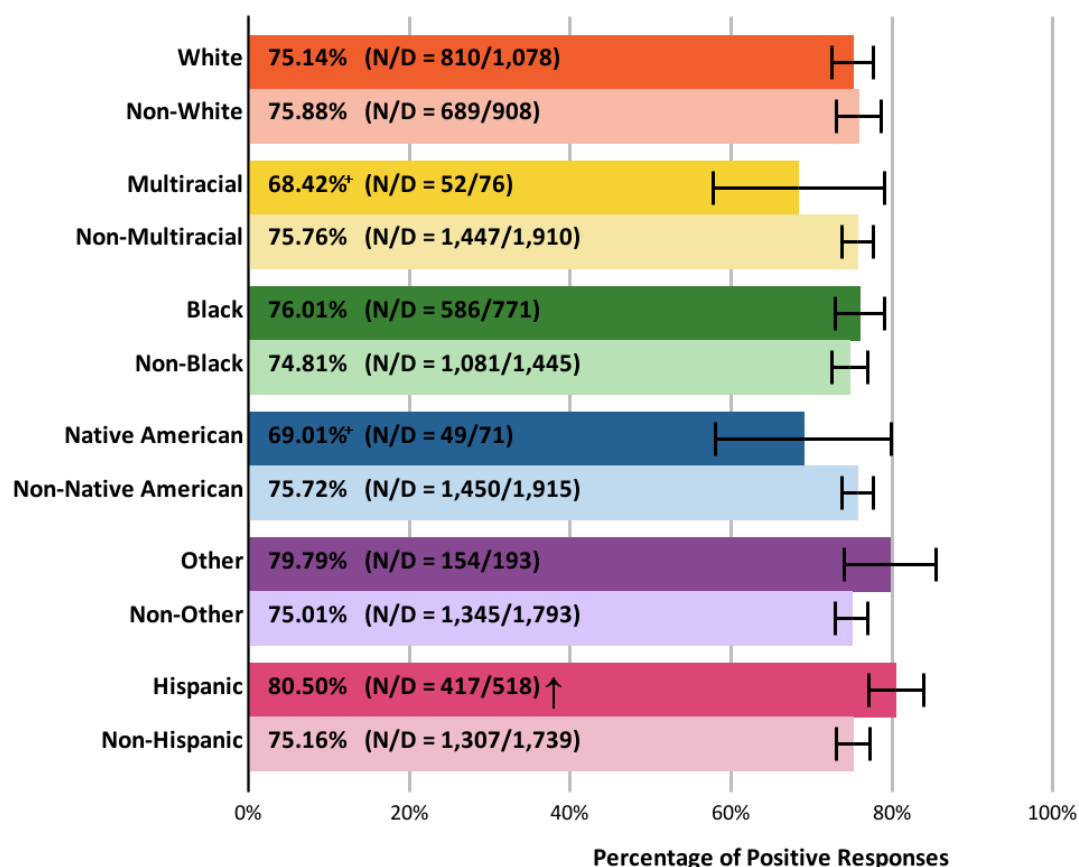
|—| Indicates the 95% confidence interval of the score.

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

Figure 3-40—Percentage of 2024 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 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.

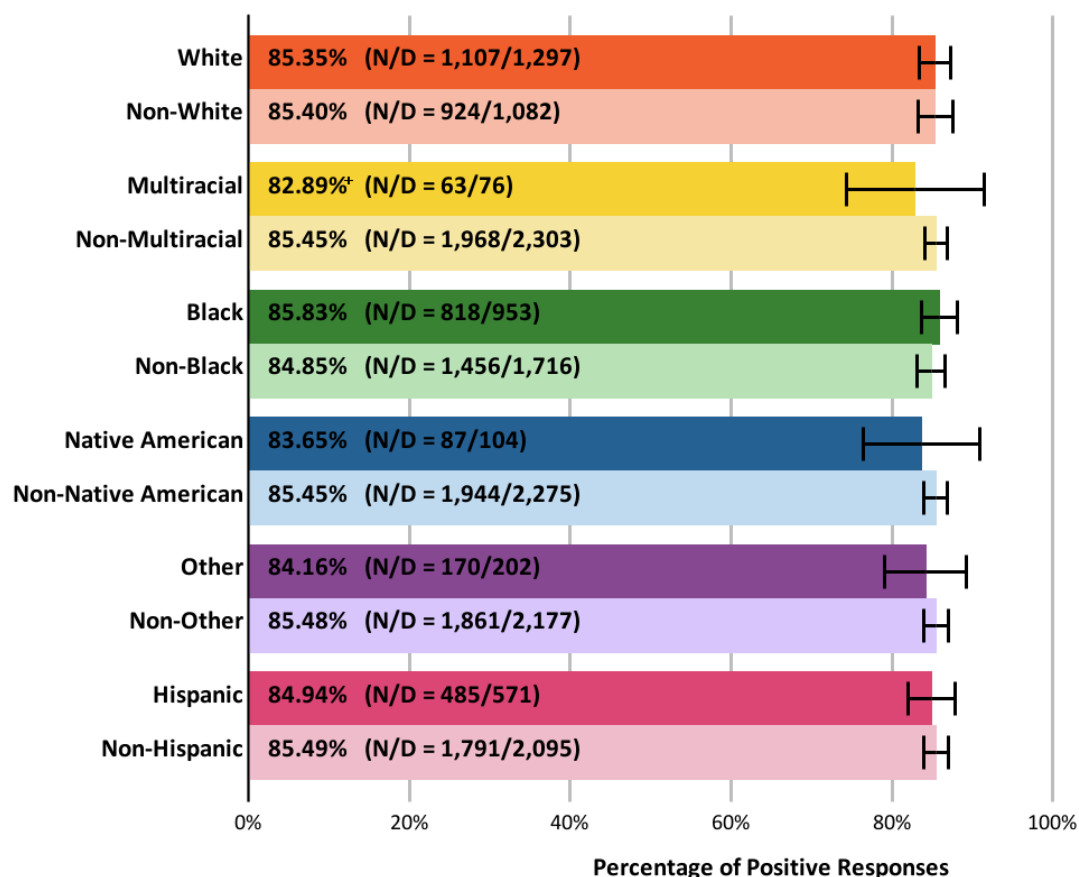
|—| Indicates the 95% confidence interval of the score.

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 3-41 shows the *Rating of Personal Doctor* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 3-41—Percentage of 2024 Adult Respondents Who Rate Their Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity



+ 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.

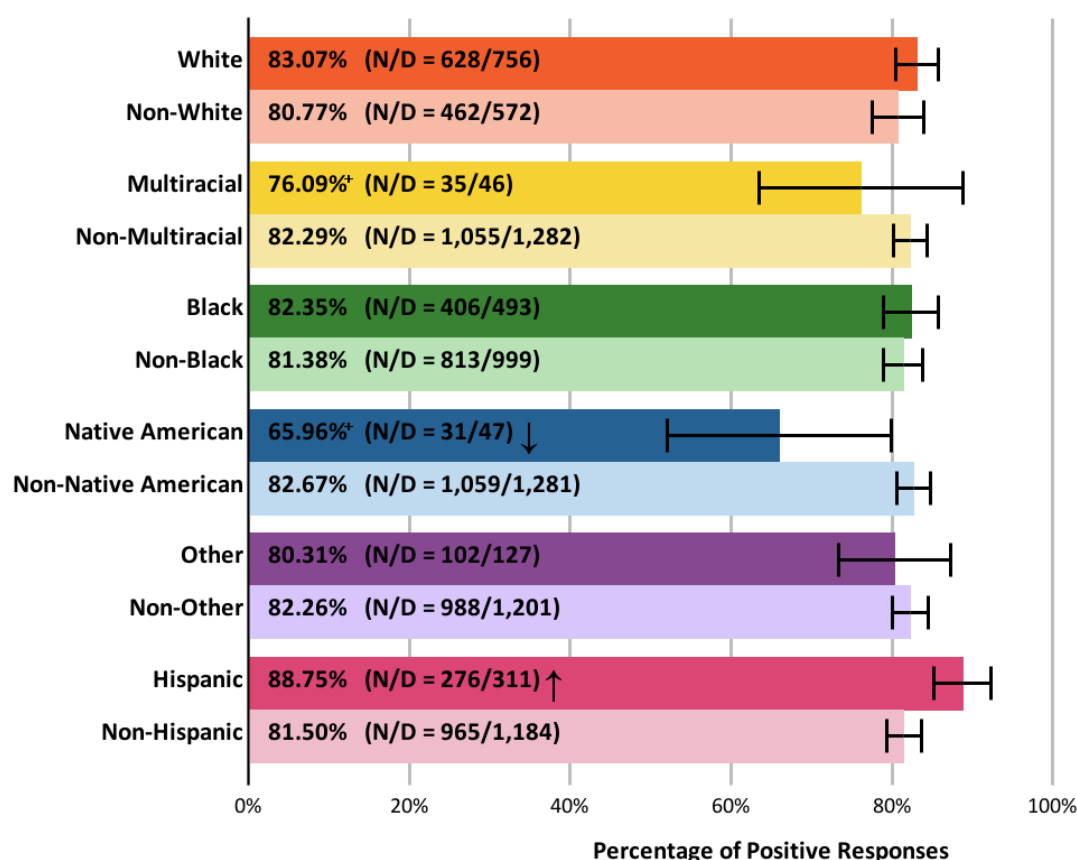
|—| Indicates the 95% confidence interval of the score.

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 Specialist Seen Most Often

Figure 3-42 shows the *Rating of Specialist Seen Most Often* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Native American respondents rated the specialist they saw most often positively when compared to non-Native American respondents. A significantly *higher* percentage of Hispanic respondents rated the specialist they saw most often positively when compared to non-Hispanic respondents.

Figure 3-42—Percentage of 2024 Adult Respondents Who Rate The Specialist Seen Most Often 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.

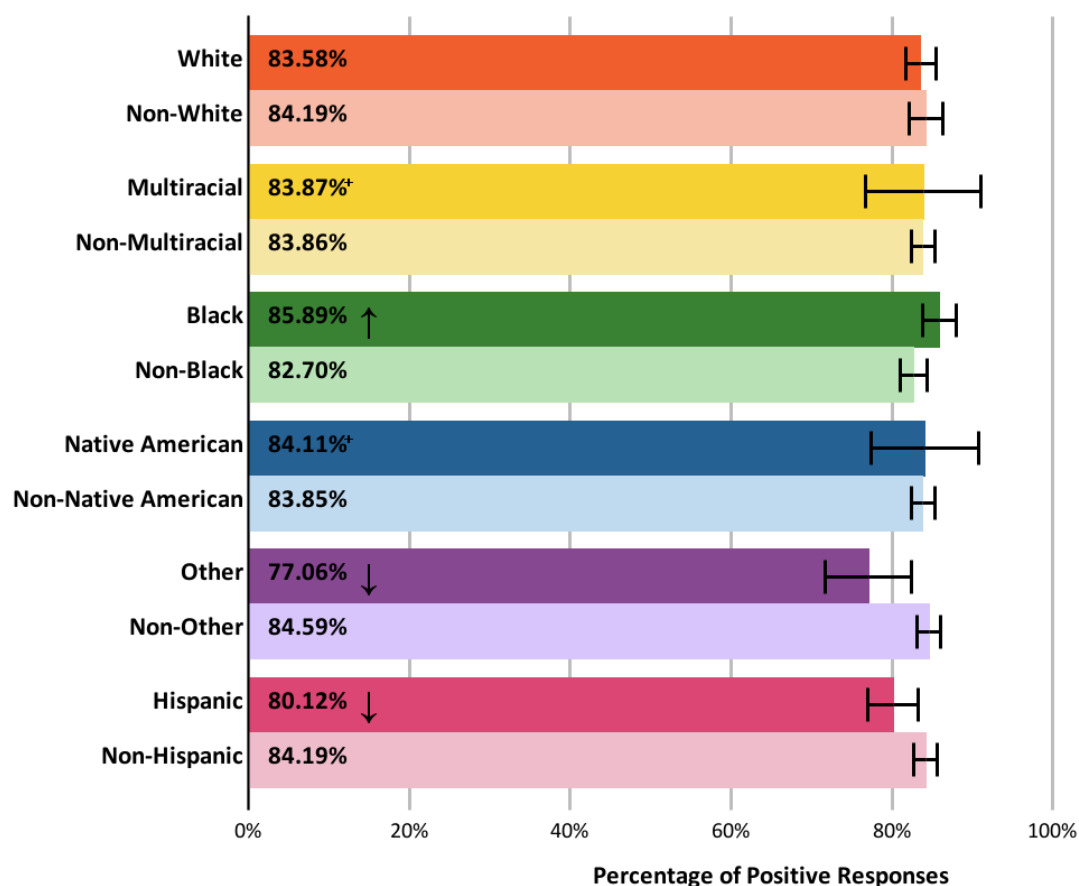
Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Composite Measures

Getting Needed Care

Figure 3-43 shows the *Getting Needed Care* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Black respondents reported they usually or always got care they needed when compared to non-Black respondents. A significantly *lower* percentage of Other and Hispanic respondents reported they usually or always got care they needed when compared to non-Other and non-Hispanic respondents, respectively.

Figure 3-43—Percentage of 2024 Adult Respondents Who Usually or Always Got Care They Needed 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.

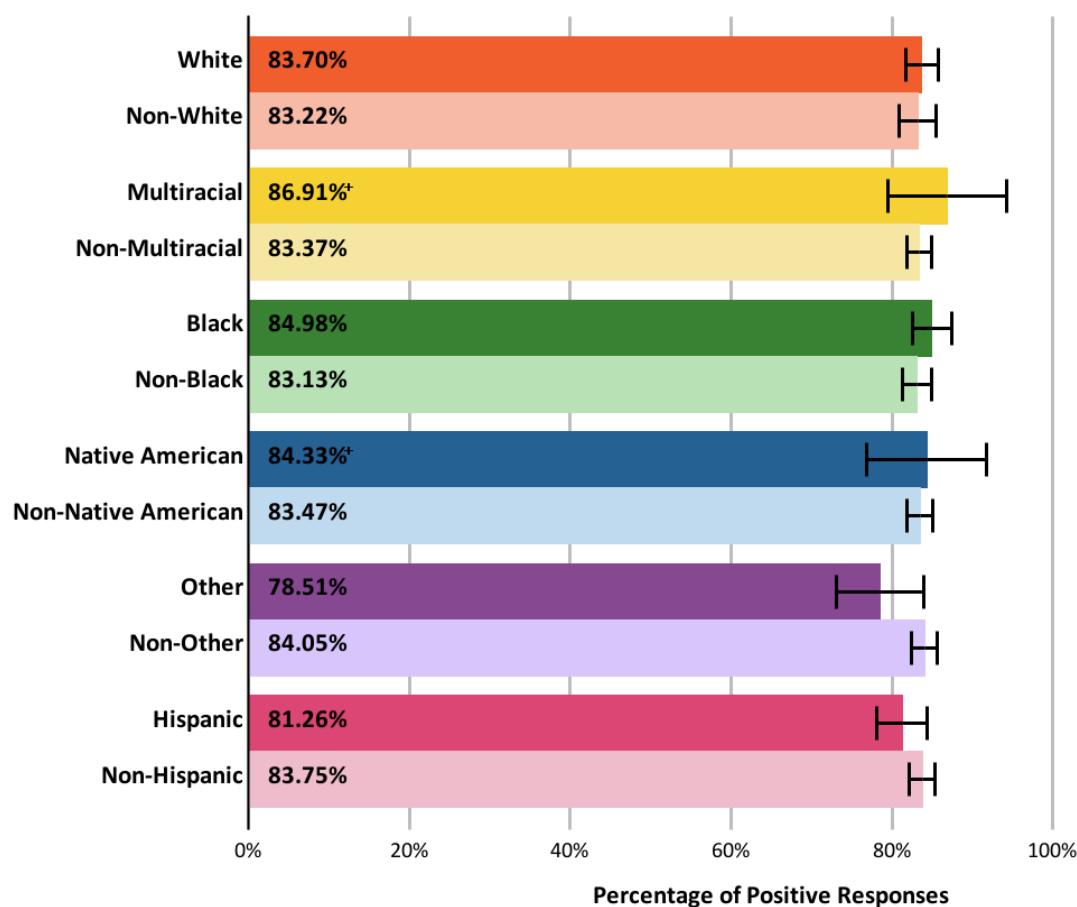
|—| Indicates the 95% confidence interval of the score.

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

Getting Care Quickly

Figure 3-44 shows the *Getting Care Quickly* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 3-44—Percentage of 2024 Adult Respondents Who Usually or Always Got Care Quickly for NC Medicaid Program, by Race and Ethnicity



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

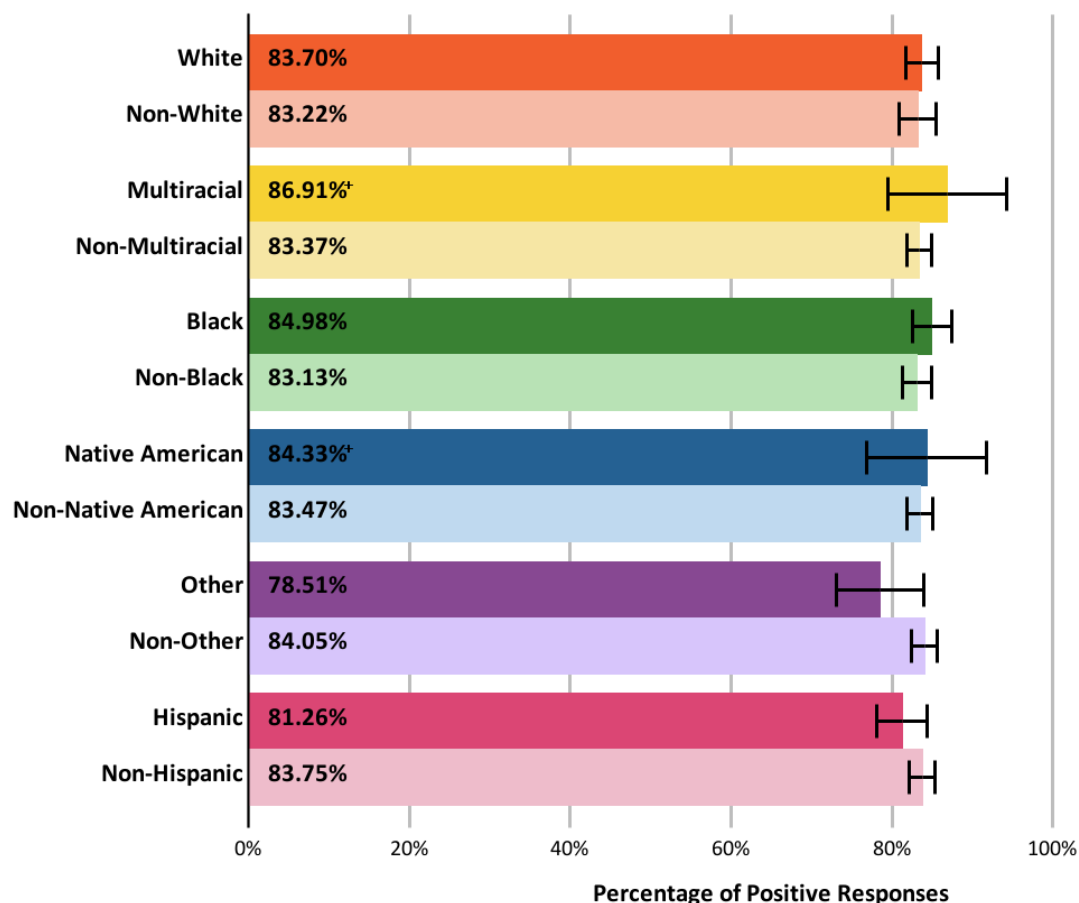
|—| Indicates the 95% confidence interval of the score.

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

How Well Doctors Communicate

Figure 3-45 shows the *How Well Doctors Communicate* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 3-45—Percentage of 2024 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well With Them for NC Medicaid Program, by Race and Ethnicity



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

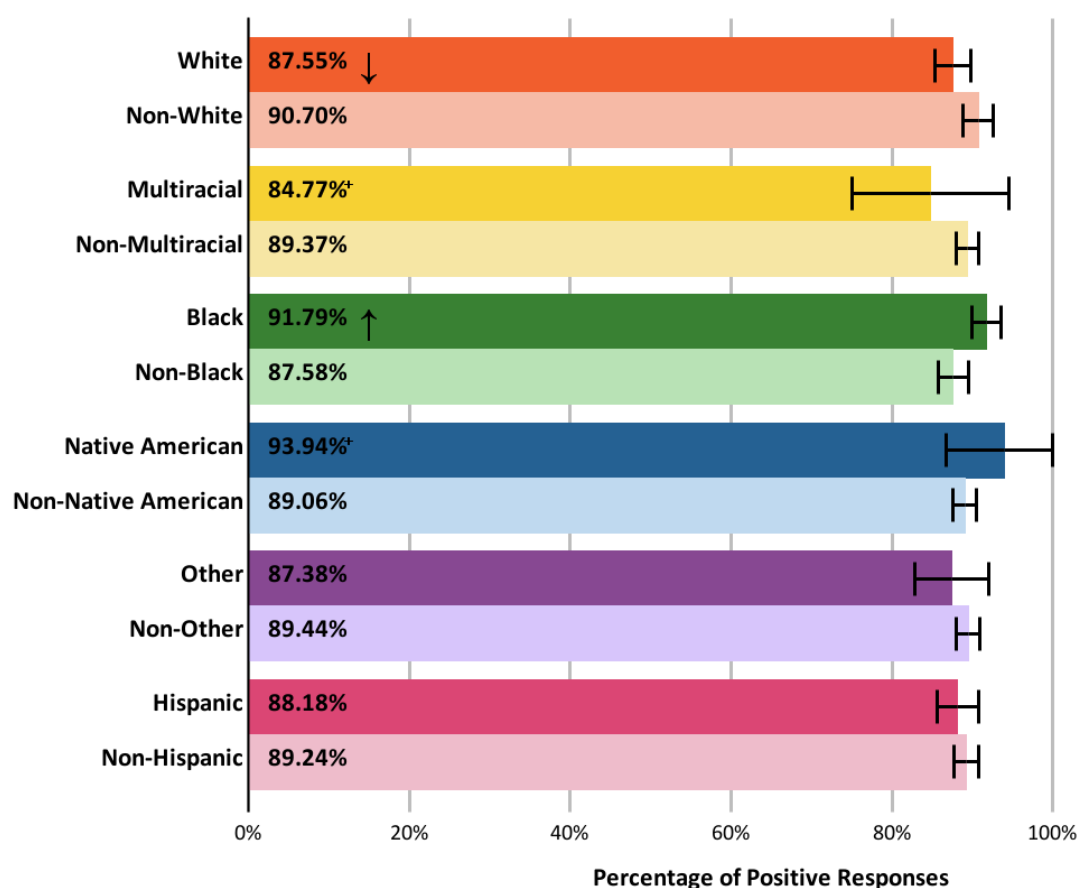
|—| Indicates the 95% confidence interval of the score.

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 3-46 shows the *Customer Service* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of White respondents usually or always had a positive experience with their health plan's customer service when compared to non-White respondents. 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. There were no significant differences identified by ethnicity.

Figure 3-46—Percentage of 2024 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 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.

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

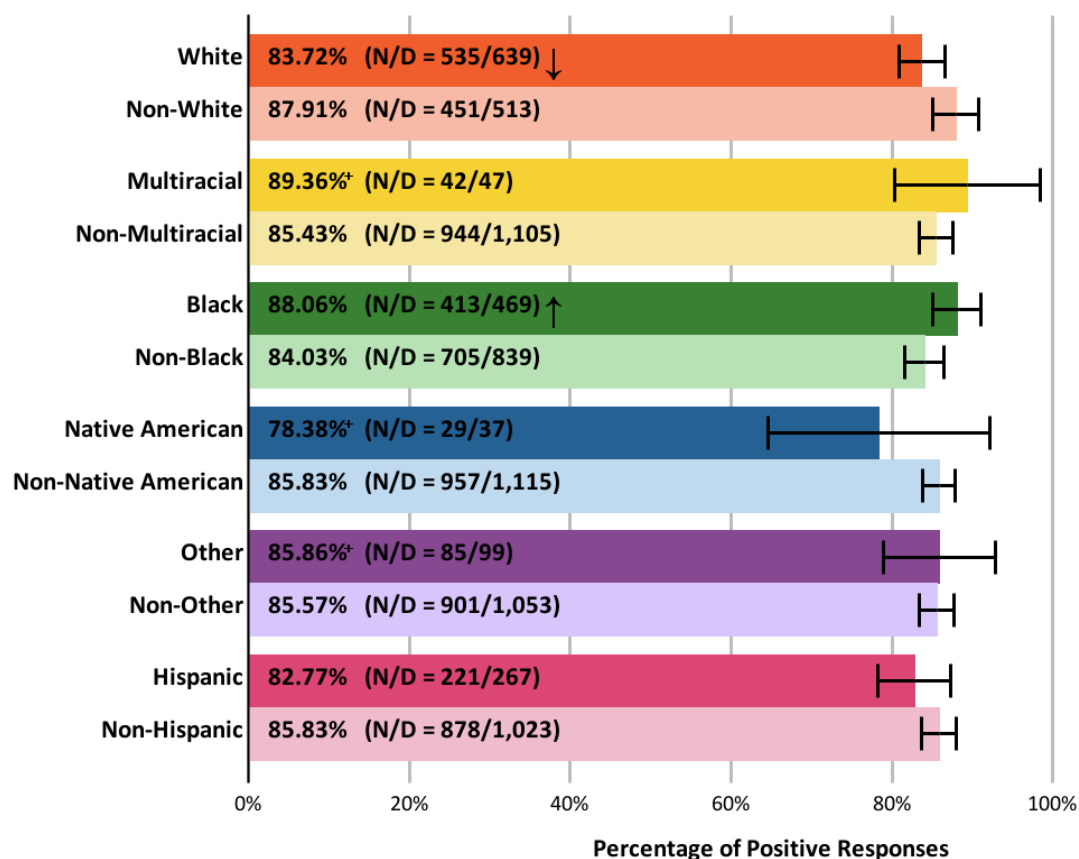
Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Individual Item Measure

Coordination of Care

Figure 3-47 shows the *Coordination of Care* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of White respondents reported their personal doctor usually or always coordinated care with other providers when compared to non-White respondents. A significantly *higher* percentage of Black respondents reported their personal doctor usually or always coordinated care with other providers when compared to non-Black respondents. There were no significant differences identified by ethnicity.

Figure 3-47—Percentage of 2024 Adult Respondents Whose Personal Doctor Usually or Always Coordinated 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.

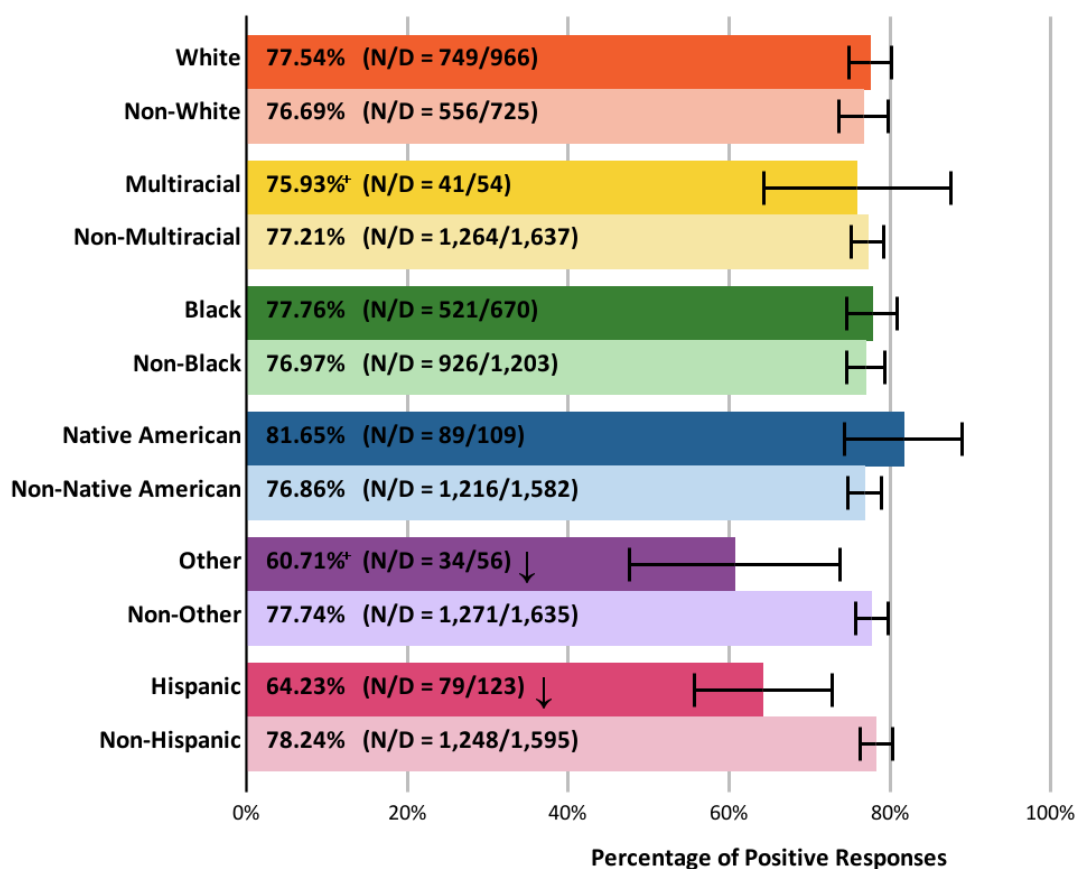
Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Medical Assistance With Smoking and Tobacco Use Cessation Items

Advising Smokers and Tobacco Users to Quit

Figure 3-48 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.

Figure 3-48—Percentage of 2024 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.

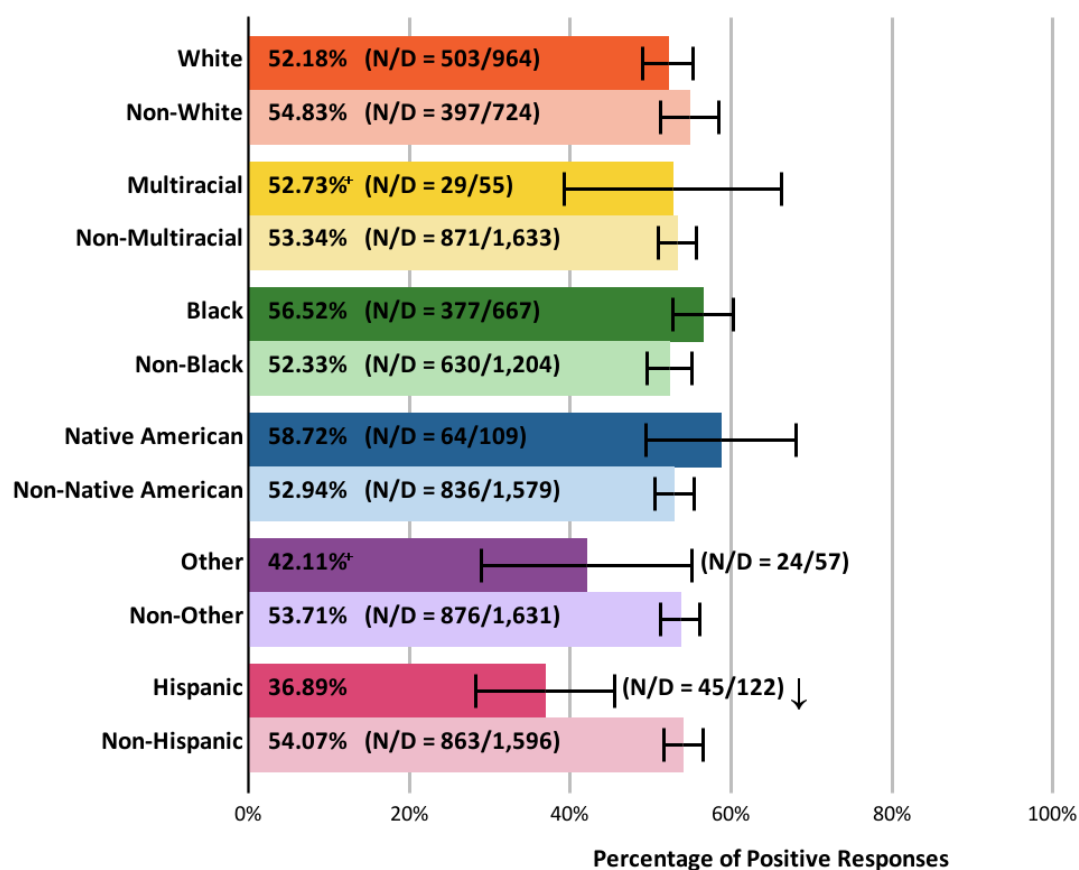
|—| Indicates the 95% confidence interval of the score.

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 3-49 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 Hispanic respondents reported their provider sometimes, usually, or always discussed cessation medications when compared to non-Hispanic respondents. There were no significant differences identified by race.

Figure 3-49—Percentage of 2024 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.

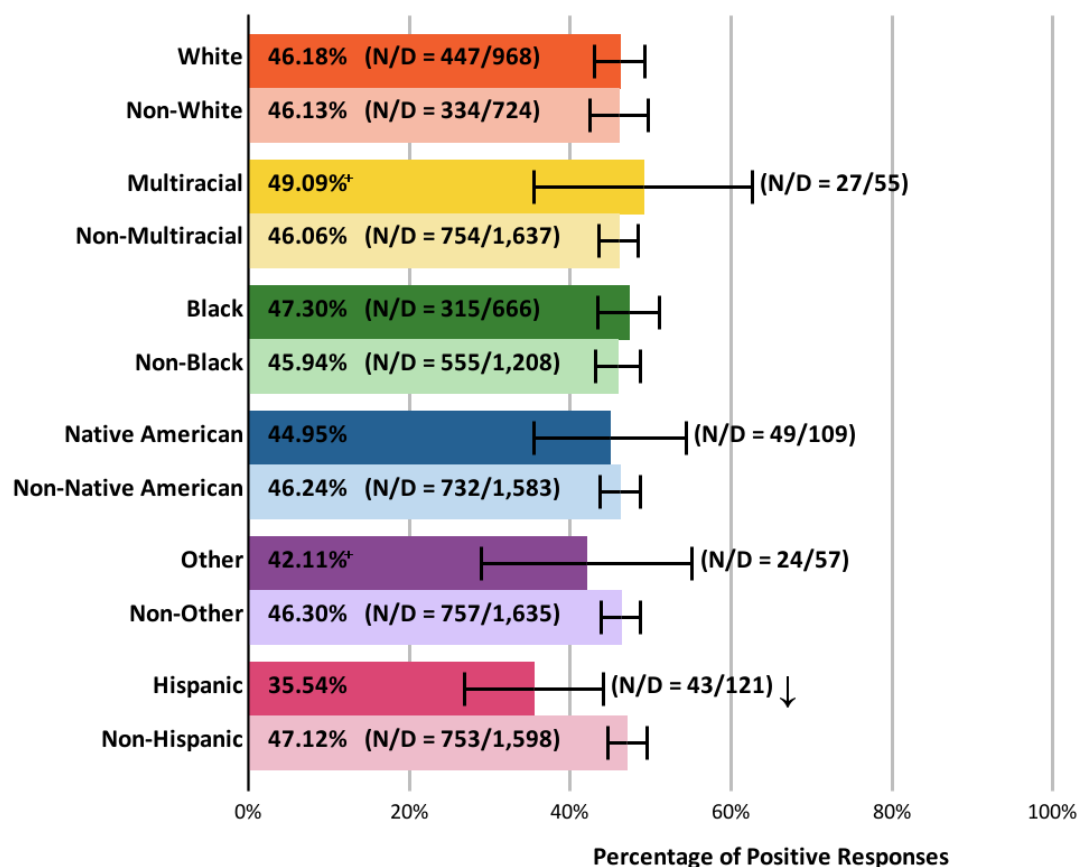
[-] Indicates the 95% confidence interval of the score.

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 3-50 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. There were no significant differences identified by race.

Figure 3-50—Percentage of 2024 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.

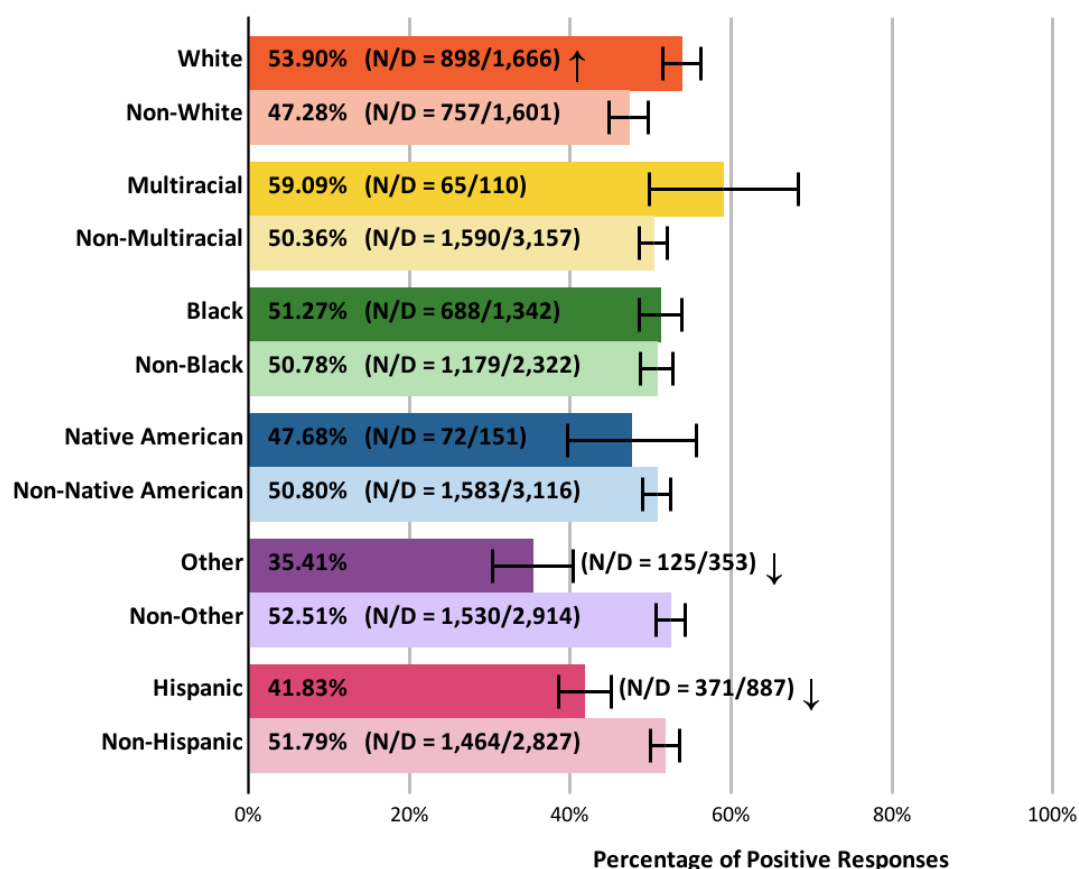
Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Supplemental Items

Mental Health

Figure 3-51 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. 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.

Figure 3-51—Percentage of 2024 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.

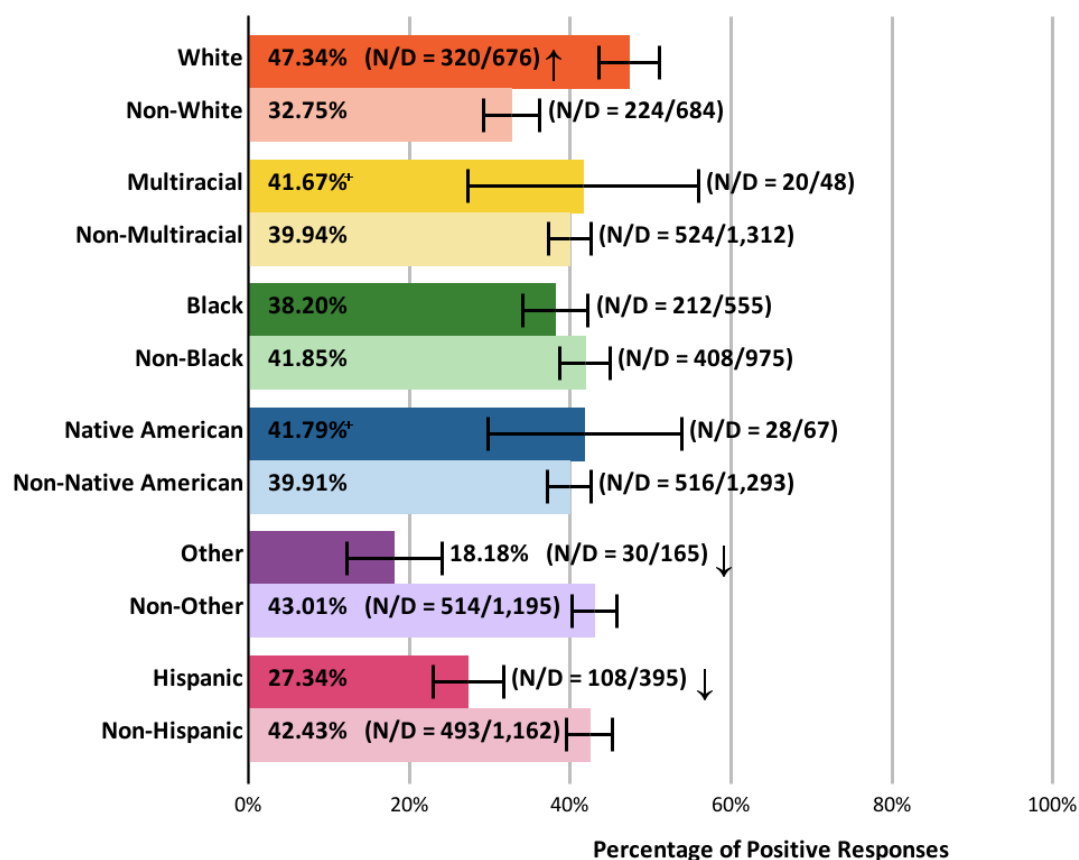
|—| Indicates the 95% confidence interval of the score.

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

Appointment for Counseling or Mental Health Treatment

Figure 3-52 shows the percentage of respondents who always or usually were able to get an appointment for counseling or mental health treatment as soon as they needed for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they always or usually were able to get an appointment for counseling or mental health treatment as soon as they needed it when compared to non-White respondents. A significantly *lower* percentage of Other race and Hispanic respondents reported they always or usually were able to get an appointment for counseling or mental health treatment as soon as they needed it when compared to non-Other race and non-Hispanic respondents, respectively.

Figure 3-52—Percentage of 2024 Adult Respondents Who Usually or Always Were Able to Get an Appointment for 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.

+ 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.

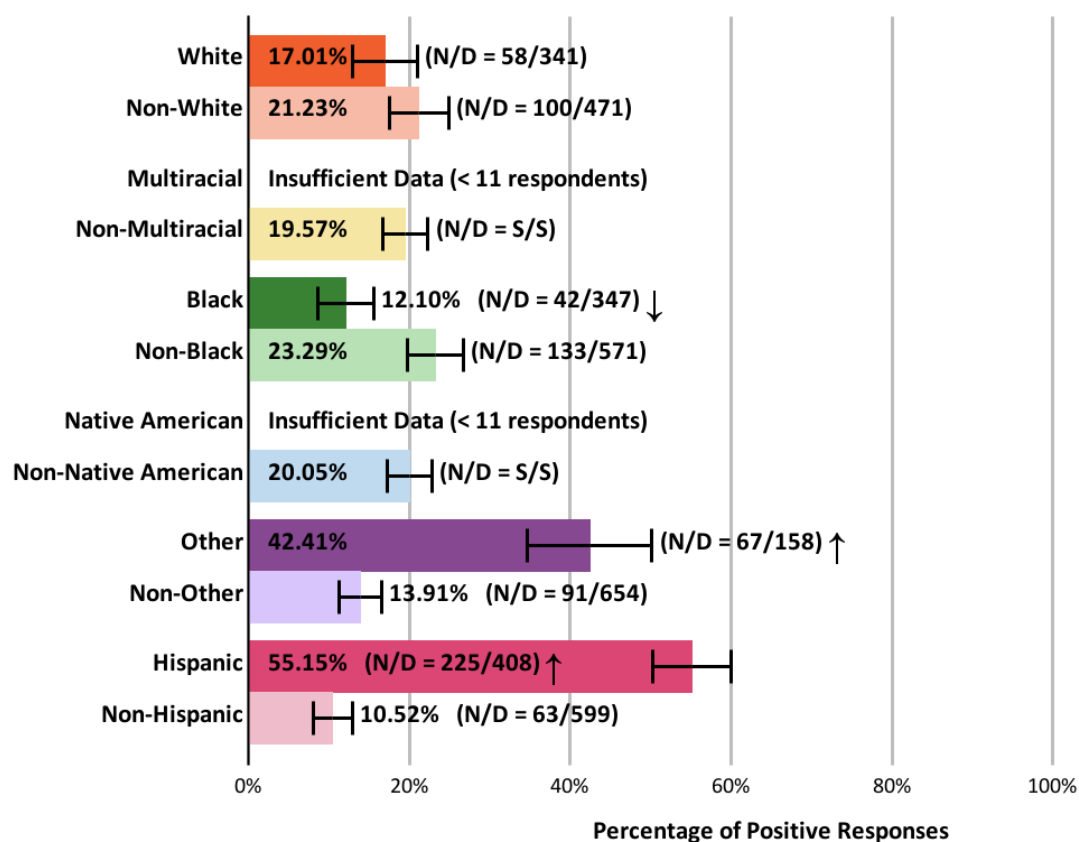
|—| Indicates the 95% confidence interval of the score.

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

Used an Interpreter

Figure 3-53 shows the percentage of respondents who always or usually got an interpreter when they needed one at their personal doctor's office for the NC Medicaid Program by race and ethnicity. Of those in the NC Medicaid Program who needed an interpreter, a significantly *higher* percentage of Other race and Hispanic respondents reported they always or usually got an interpreter when they needed one at their personal doctor's office when compared to non-Other race and non-Hispanic respondents, respectively. Of those in the NC Medicaid Program who received an interpreter, a significantly *lower* percentage of Black respondents reported they always or usually got an interpreter when they needed one at their personal doctor's office when compared to non-Black respondents. Additionally, the Multiracial or Native American race categories were suppressed due to less than 11 respondents.

Figure 3-53—Percentage of 2024 Adult Respondents Usually or Always Got an Interpreter at Their Personal Doctor's Office 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.

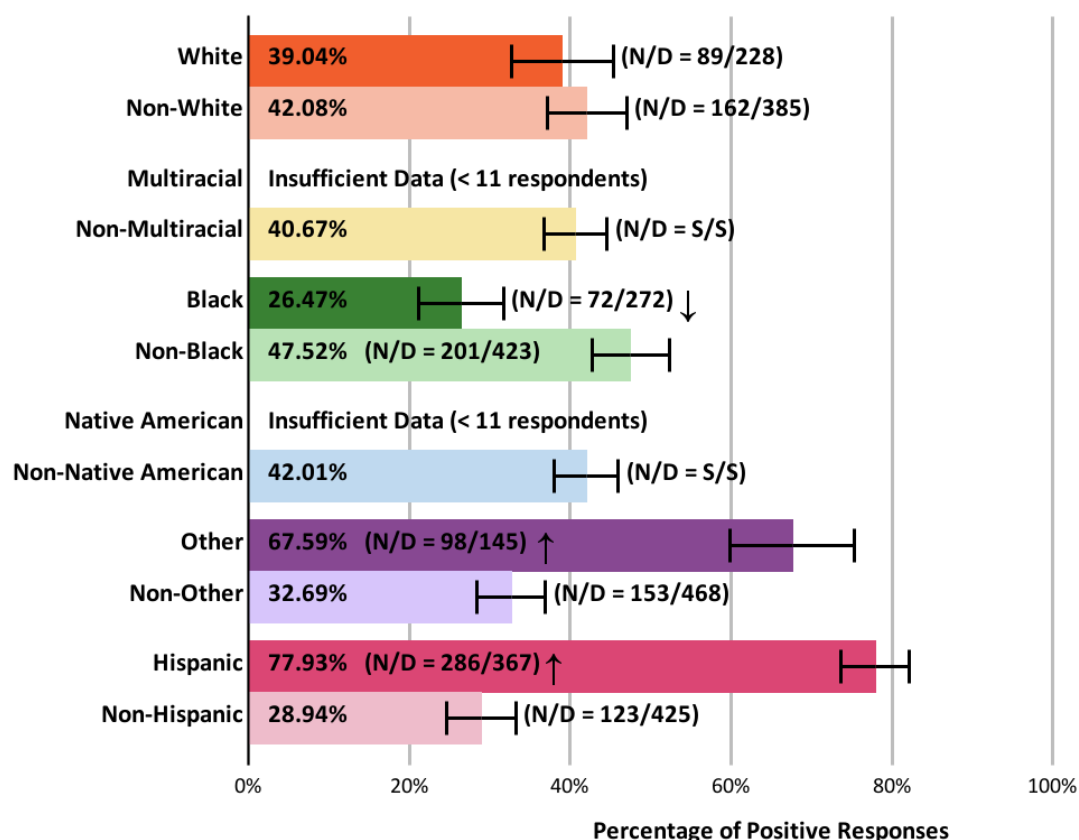
|—| Indicates the 95% confidence interval of the score.

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 3-54 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. Of those in the NC Medicaid Program who received an interpreter, a significantly *higher* percentage of Other race and Hispanic respondents reported they were always or usually treated with courtesy and respect by the interpreter when compared to non-Other race and non-Hispanic respondents, respectively. Of those in the NC Medicaid Program who received an interpreter, a significantly *lower* percentage of Black respondents reported they were always or usually treated with courtesy and respect by the interpreter when compared to non-Black respondents. Additionally, the Multiracial or Native American race categories were suppressed due to less than 11 respondents.

Figure 3-54—Percentage of 2024 Adult Respondents Who Usually or Always Were Treated with Courtesy and Respect by the Interpreter for NC Medicaid Program, by Race and Ethnicity



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

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↓ 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.

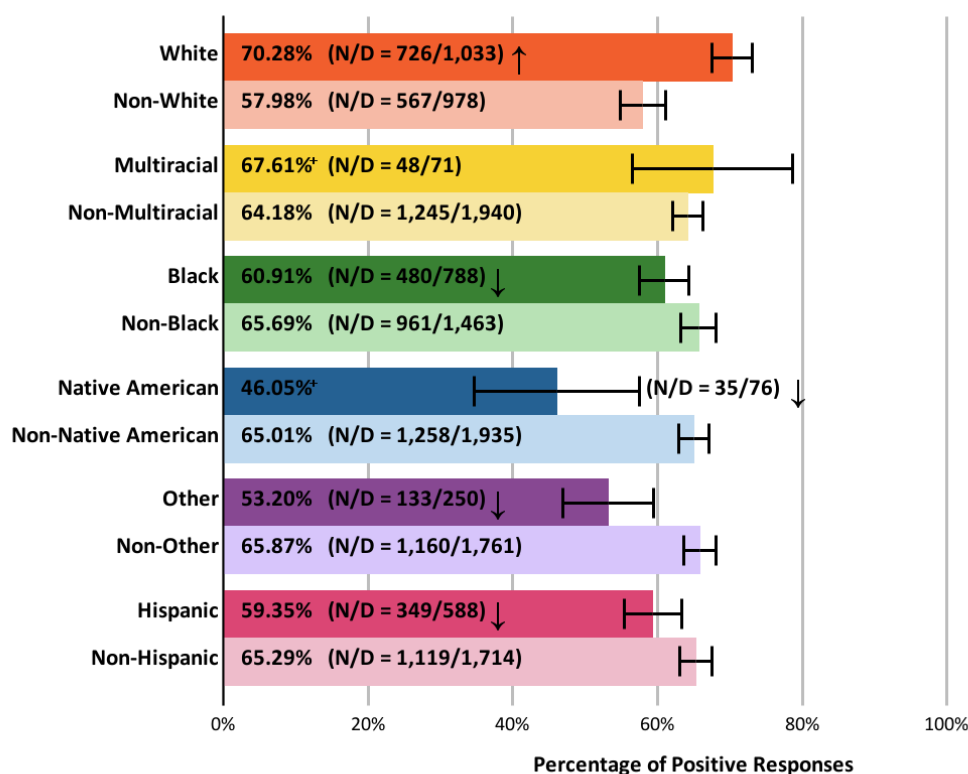
|—| Indicates the 95% confidence interval of the score.

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

Online Access to Health Information

Figure 3-55 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. Of those in the NC Medicaid Program who were able to access their health information online, 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. Of those in the NC Medicaid Program who were able to access their health information online, a significantly *lower* percentage of Black, Native American, Other race, 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-Native American, non-Other race, and non-Hispanic respondents, respectively.

Figure 3-55—Percentage of 2024 Adult Respondents Who Usually or Always 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.

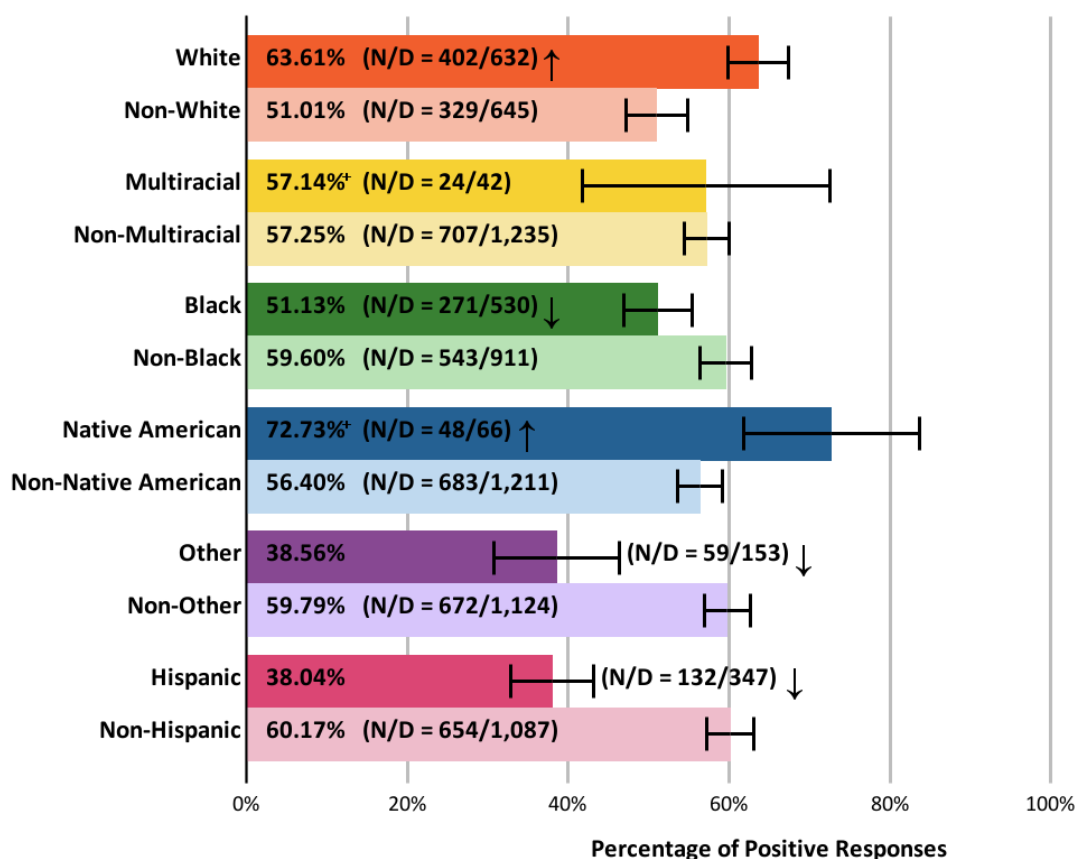
|—| Indicates the 95% confidence interval of the score.

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

Care Outside of Business Hours

Figure 3-56 shows the percentage of respondents who always or usually were able to receive care outside of business hours if they needed it for the NC Medicaid Program by race and ethnicity. Of those who needed care outside of business hours, a significantly *higher* percentage of White and Native American respondents reported they were always or usually able to receive care outside of business hours if they needed it when compared to non-White and non-Native American respondents, respectively. Of those who needed care outside of business hours, a significantly *lower* percentage of Black, Other race, and Hispanic respondents reported they were always or usually able to receive care outside of business hours if they needed it when compared to non-Black, non-Other race, and non-Hispanic respondents, respectively.

Figure 3-56—Percentage of 2024 Adult Respondents Who Were Usually or Always Able to Receive Care Outside of Business Hours When They Needed 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.

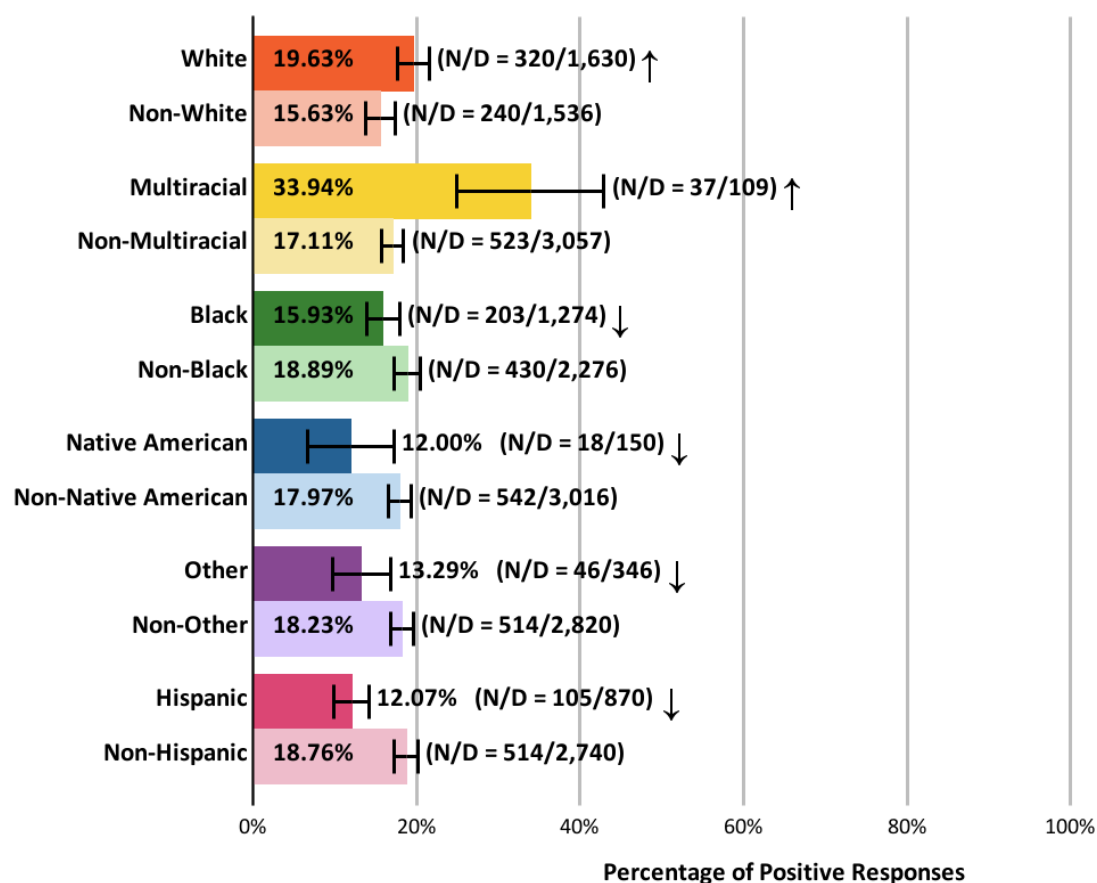
|—| Indicates the 95% confidence interval of the score.

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

Offered Telehealth Appointment

Figure 3-57 shows the percentage of respondents who were offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White and Multiracial respondents reported they were offered a telehealth appointment instead of an in-person appointment when compared to non-White and non-Multiracial respondents, respectively. A significantly *lower* percentage of Black, Native American, Other race, and Hispanic respondents reported they were offered a telehealth appointment instead of an in-person appointment when compared to non-Black, non-Native American, non-Other race, and non-Hispanic respondents, respectively.

Figure 3-57—Percentage of 2024 Adult Respondents Who Were Offered a Telehealth Appointment 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.

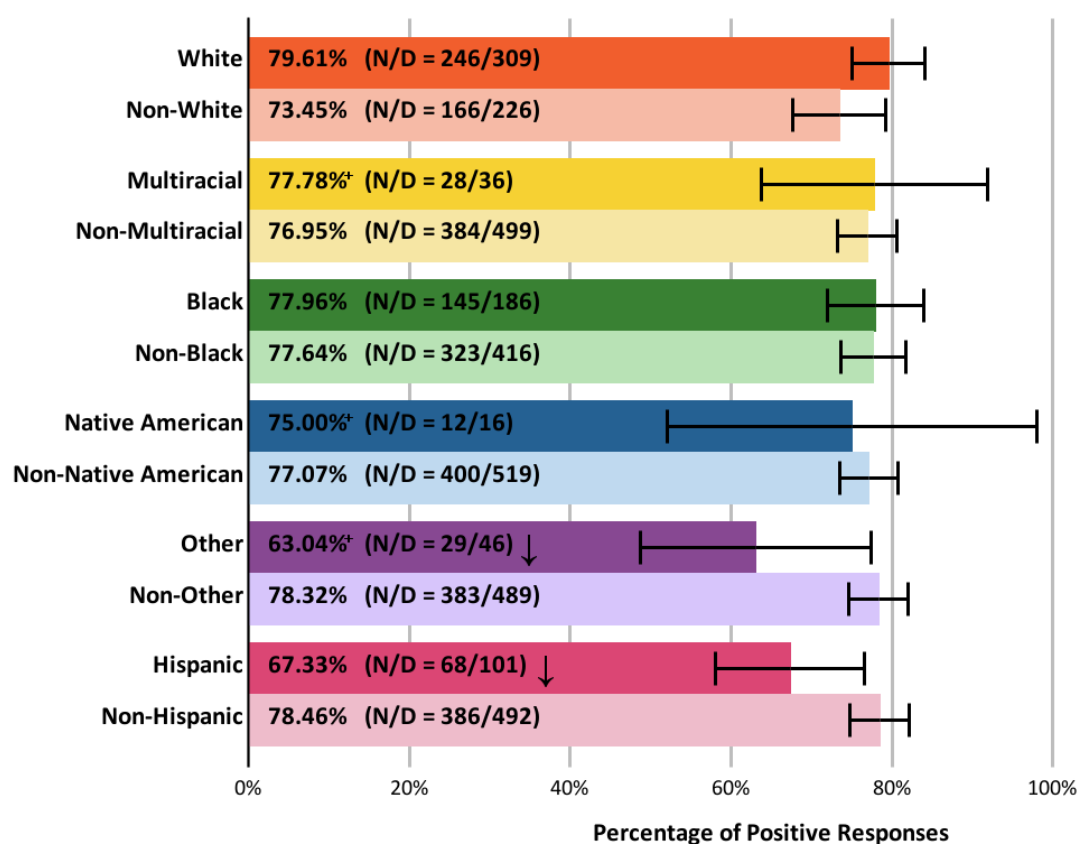
|—| Indicates the 95% confidence interval of the score.

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

Chose Telehealth

Figure 3-58 shows the percentage of respondents who always or usually chose to use telehealth for their health care when it was offered by a doctor or health care provider for the NC Medicaid Program by race and ethnicity. Of those in the NC Medicaid Program who were offered a telehealth appointment by a doctor or other health provider, a significantly *lower* percentage of Other race and Hispanic respondents reported they sometimes, usually, or always chose to use telehealth for their health care when compared to non-Other race and non-Hispanic respondents.

Figure 3-58—Percentage of 2024 Adult Respondents Who Sometimes, Usually, or Always Chose to Use Telehealth 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 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.

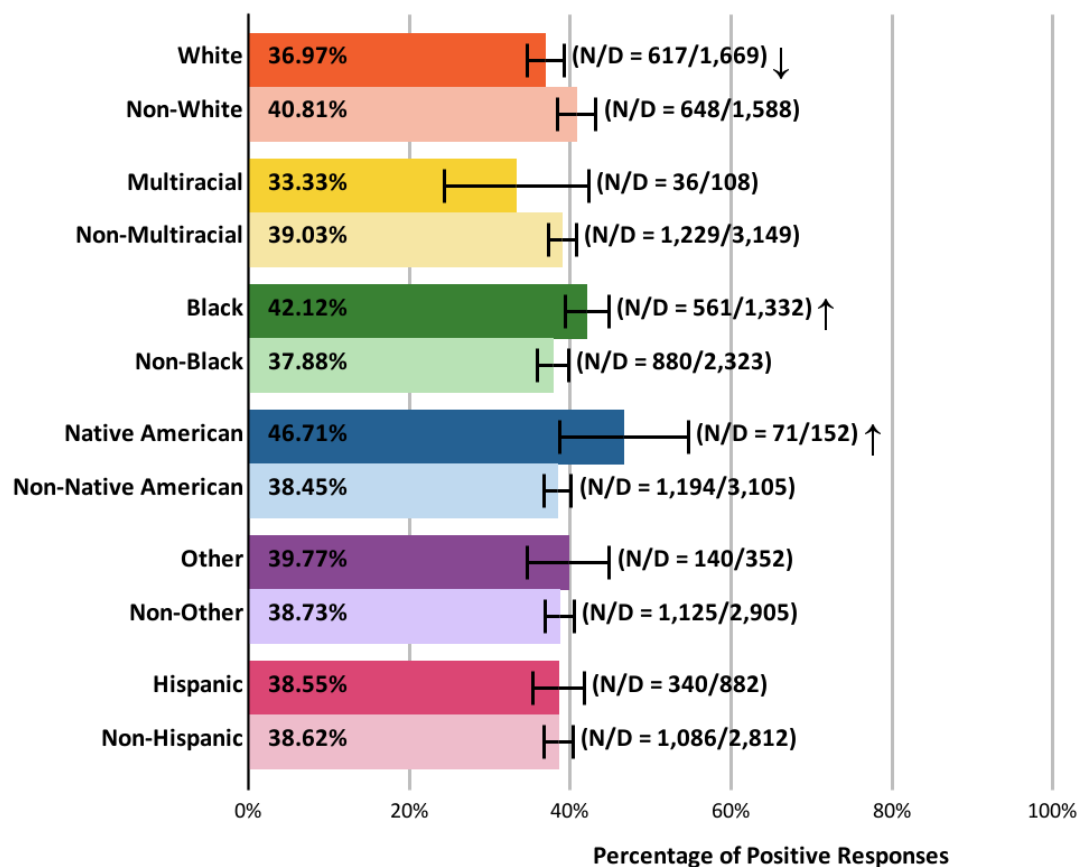
|—| Indicates the 95% confidence interval of the score.

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

Flu Vaccination Received

Figure 3-59 shows the percentage of respondents who reported they received a flu vaccination for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of White respondents reported they received a flu vaccination when compared to non-White respondents. A significantly *higher* percentage of Black and Native American respondents reported they received a flu vaccination when compared to non-Black and non-Native American respondents, respectively.

Figure 3-59—Percentage of 2024 Adult Respondents Who Received Their Flu Vaccination 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.

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 43. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 297.

Overall Health Characteristics

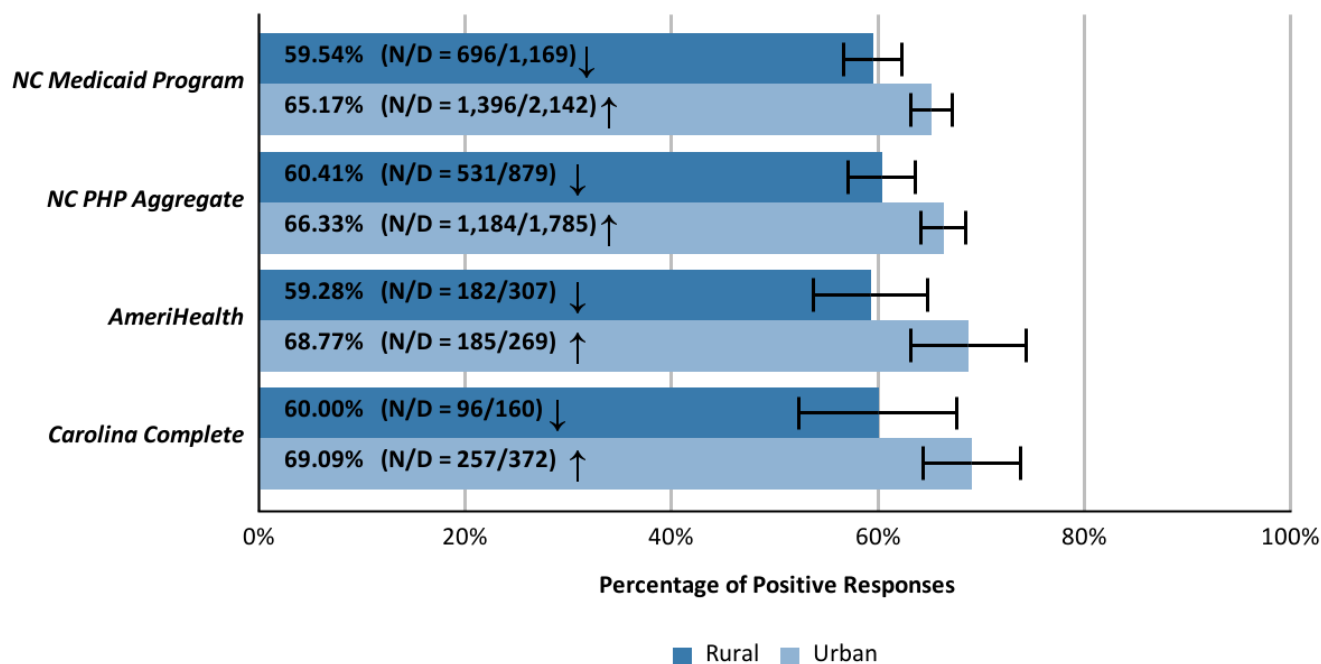
Table 3-21 shows the adult respondents who reported their general health status or mental or emotional health status as Excellent, Very Good, or Good stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 3-21—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 (2024)

PHP/Population	General Health Status		Mental or Emotional Health Status	
	Rural	Urban	Rural	Urban
NC Medicaid Program	59.54%↓	65.17%↑	65.38%↓	69.58%↑
NC PHP Aggregate	60.41%↓	66.33%↑	64.35%↓	69.55%↑
AmeriHealth	59.28%↓	68.77%↑	65.69%	68.40%
Carolina Complete	60.00%↓	69.09%↑	61.64%↓	72.80%↑
Healthy Blue	66.94%	65.08%	63.93%	72.27%
UnitedHealthcare	55.84%	62.76%	61.69%	67.38%
WellCare	62.77%	67.13%	67.88%	66.85%
SP Behavioral Health	47.06%	52.34%	41.61%	39.78%
EBCI Tribal Option	58.72%	S	63.30%	S
Medicaid Direct	54.65%	58.88%	71.93%	70.09%
Tailored Plan Eligible	66.41%	68.10%	54.96%	60.92%
Former Foster Care	S	S	S	S
<i>Blue shading indicates the category score is significantly different than the other category.</i> <i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>↑ Indicates the category score is significantly higher than the other category.</i> <i>↓ Indicates the category score is significantly lower than the other category.</i>				

Figure 3-60 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, AmeriHealth, and Carolina Complete.

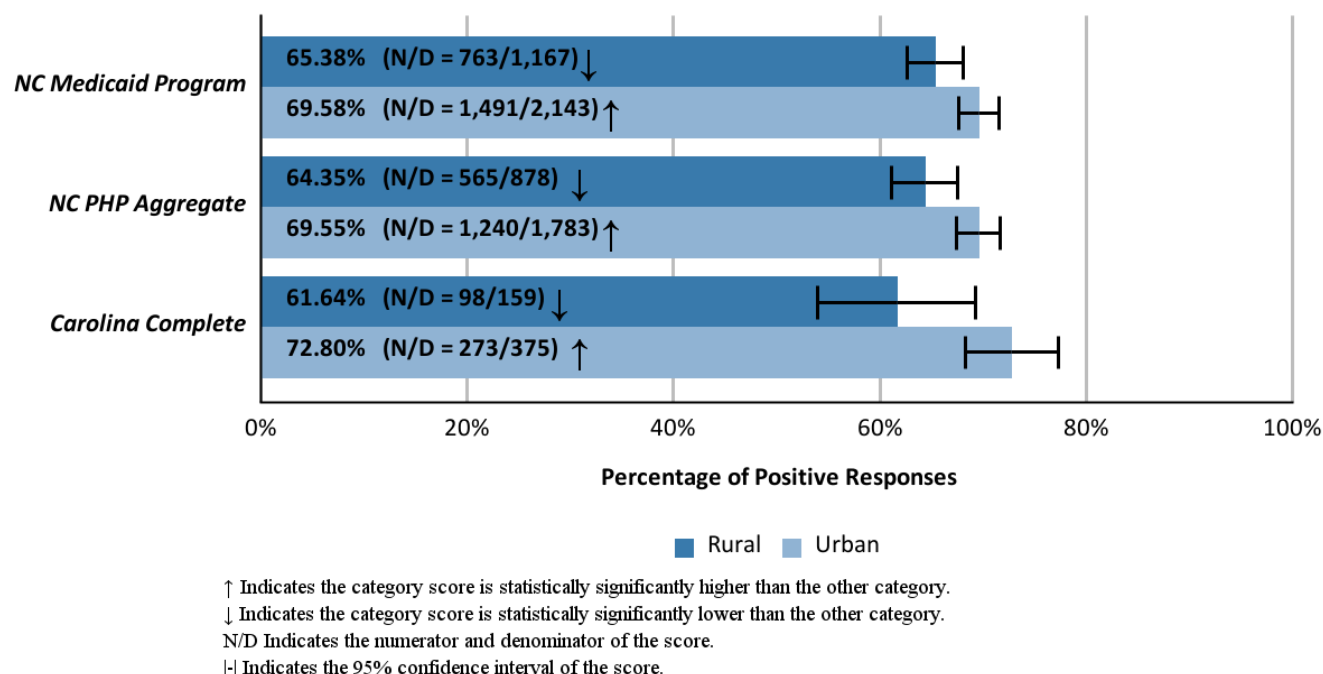
Figure 3-60—Significant Differences: Percentage of Adult Respondents Who Rate Their General Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations (2024)



↑ 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 *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 Carolina Complete.

Figure 3-61—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 (2024)



Global Ratings

Table 3-22 shows the positive ratings for the global ratings stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. There were no significant differences identified by urbanicity.

Table 3-22—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Global Ratings (2024)

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	74.41%	76.50%	73.99%	76.22%	84.88%	85.76%	81.76%	82.47%
NC PHP Aggregate	72.90%	75.27%	74.05%	76.32%	83.31%	85.26%	82.22%	81.22%
AmeriHealth	72.05%	72.56%	77.09%	78.29%	83.56%	84.97%	86.32%	90.10%
Carolina Complete	71.79%	75.82%	71.11% ⁺	75.22%	83.02%	85.25%	78.85% ⁺	82.27%
Healthy Blue	78.99%	76.84%	74.65% ⁺	78.63%	83.16% ⁺	86.25%	81.82% ⁺	76.54%
UnitedHealthcare	73.51%	76.42%	75.76% ⁺	73.81%	83.05%	85.44%	78.26% ⁺	79.04%
WellCare	69.92%	73.79%	68.24% ⁺	76.36%	83.50%	84.23%	81.97% ⁺	81.76%
SP Behavioral Health	73.48%	71.59%	71.96%	69.85%	82.86%	77.85%	77.33% ⁺	80.45%
EBCI Tribal Option	76.19%	S	69.09% ⁺	S	86.08% ⁺	S	67.57% ⁺	S
Medicaid Direct	82.04%	83.53%	77.78%	76.85%	92.91%	87.79%	87.95% ⁺	88.13%
Tailored Plan Eligible	79.07%	78.53%	83.16% ⁺	78.40%	89.81%	86.90%	88.89% ⁺	85.88%
Former Foster Care	S	S	S	S	S	S	S	S

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.

Composite Measures

Table 3-23 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 3-23—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Composite Measures (2024)

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	85.40%	82.91%	84.56%	82.51%	94.03%	94.25%	89.95%	88.48%
NC PHP Aggregate	84.00%	81.63%	83.38%	81.94%	93.27%	94.30%	87.33%	87.37%
AmeriHealth	84.83%	81.41%	84.70%	82.27%	92.91%	94.56%	85.90% ⁺	88.77%
Carolina Complete	89.67% ⁺ ↑	79.32% [↓]	84.81% ⁺	80.74%	95.89% ⁺	93.09%	87.25% ⁺	85.85%
Healthy Blue	79.29% ⁺	80.80%	83.62% ⁺	78.80%	90.49% ⁺	95.67%	84.21% ⁺	87.37%
UnitedHealthcare	86.79% ⁺	84.23%	80.71% ⁺	85.27%	91.25%	94.44%	87.46% ⁺	90.00%
WellCare	77.73% ⁺	82.08%	81.74% ⁺	82.39%	96.51% ⁺	93.73%	92.69% ⁺ ↑	84.85% [↓]
SP Behavioral Health	82.01% ⁺	85.69%	86.67% ⁺	85.21%	91.51% ⁺	92.16%	81.86% ⁺	89.45%
EBCI Tribal Option	88.99% ⁺	S	88.40% ⁺	S	96.43% ⁺	S	100.00% ⁺	S
Medicaid Direct	91.34% ⁺	88.79%	88.39% ⁺	85.93%	96.13%	93.80%	96.74% ⁺	93.54%
Tailored Plan Eligible	93.59% ⁺	88.42%	94.44% ⁺ ↑	82.92% [↓]	97.63% ⁺ ↑	93.27% [↓]	96.15% ⁺ ↑	85.53% ⁺ ↓
Former Foster Care	S	S	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 3-62 shows the significant differences for *Getting Needed Care* by urbanicity. The Carolina Complete rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 3-62—Significant Differences: Percentage of Adult Respondents Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Getting Needed Care (2024)

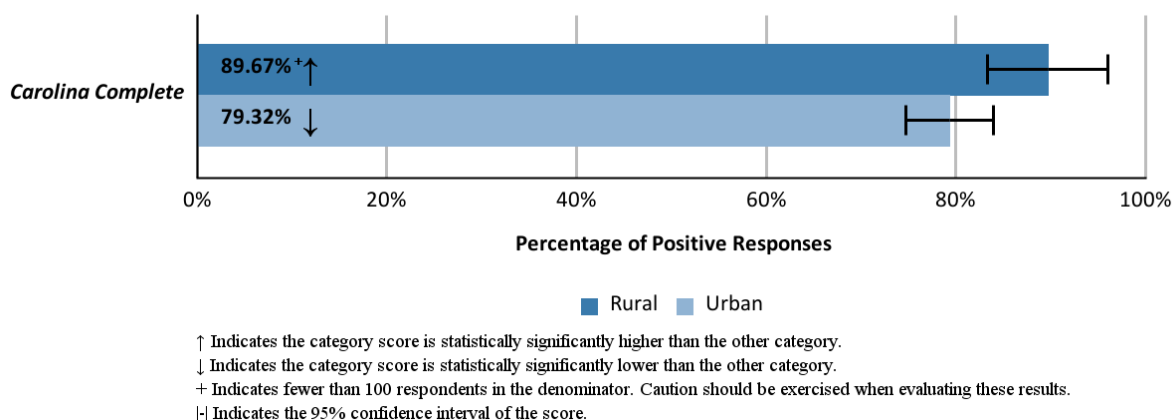


Figure 3-63 shows the significant differences for *Getting Care Quickly* by urbanicity. The Tailored Plan Eligible rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 3-63—Significant Differences: Percentage of Adult Respondents Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Getting Care Quickly (2024)

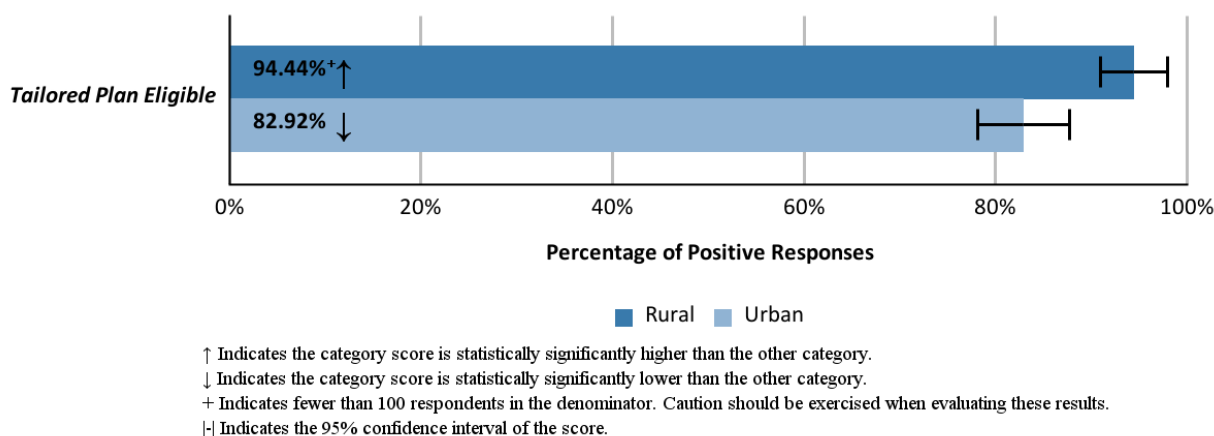


Figure 3-64 shows the significant differences for *How Well Doctors Communicate* by urbanicity. The Tailored Plan Eligible rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 3-64—Significant Differences: Percentage of Adult Respondents Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: How Well Doctors Communicate (2024)

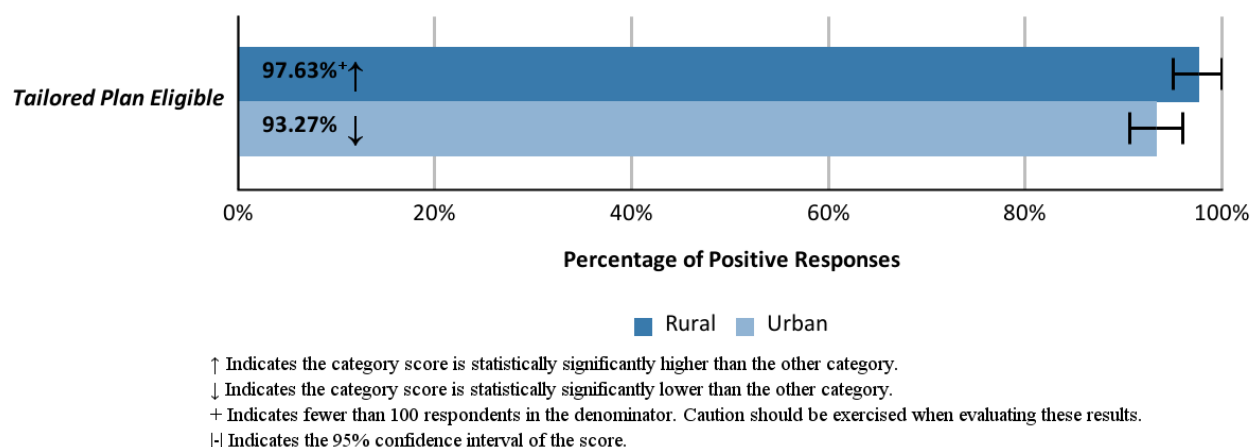
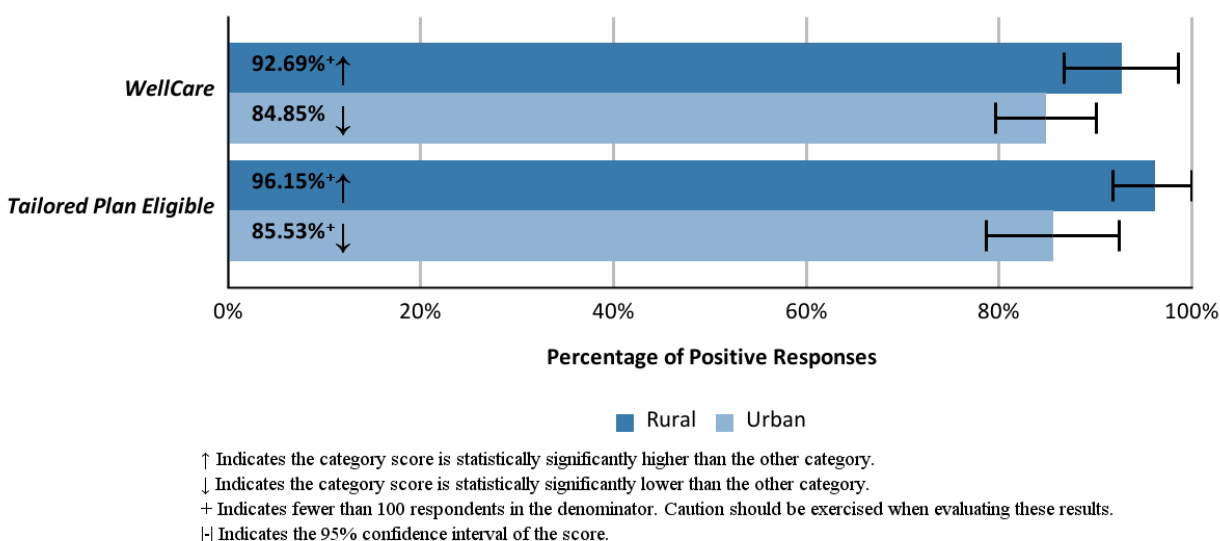


Figure 3-65 shows the significant differences for *Customer Service* by urbanicity. The WellCare rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties. The Tailored Plan Eligible rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 3-65—Significant Differences: Percentage of Adult Respondents Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Customer Service (2024)



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

Table 3-24 shows the positive ratings for the individual item 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.

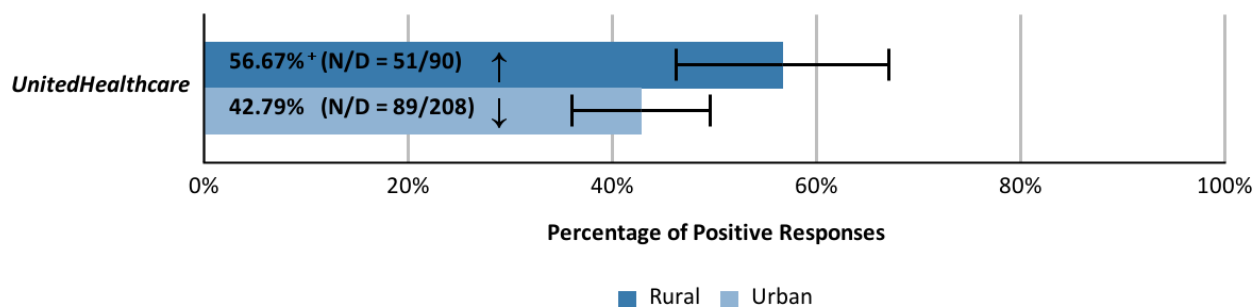
Table 3-24—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items (2024)

PHP/Population	Coordination of Care		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	84.60%	85.90%	77.79%	76.91%	54.01%	53.25%	46.83%	45.65%
NC PHP Aggregate	83.01%	85.11%	77.78%	75.56%	52.58%	50.83%	45.68%	44.09%
AmeriHealth	79.63%	84.34% ⁺	79.31%	74.17%	52.08%	49.01%	46.21%	43.05%
Carolina Complete	82.98% ⁺	85.96%	83.13% ⁺	73.78%	53.57% ⁺	48.78%	45.24% ⁺	46.34%
Healthy Blue	87.23% ⁺	83.45%	77.38% ⁺	73.86%	50.60% ⁺	50.97%	40.96% ⁺	39.22%
UnitedHealthcare	83.33% ⁺	86.67%	72.53% ⁺	76.81%	56.67% ⁺	49.28%	56.67% ⁺ ↑	42.79%↓
WellCare	86.00% ⁺	84.85%	75.90% ⁺	78.49%	50.00% ⁺	56.14%	38.10% ⁺	48.82%
SP Behavioral Health	83.58% ⁺	85.48%	79.34%	82.42%	56.67%	58.67%	48.33%	52.22%
EBCI Tribal Option	85.71% ⁺	S	74.12% ⁺	S	57.65% ⁺	S	48.24% ⁺	S
Medicaid Direct	90.91% ⁺	89.78%	81.61% ⁺	83.77%	59.77% ⁺	63.83%	51.72% ⁺	51.32%
Tailored Plan Eligible	90.57% ⁺	82.21%	86.67% ⁺	84.48%	51.35% ⁺	62.43%	56.00% ⁺	54.29%
Former Foster Care	S	S	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 3-66 shows the significant differences for *Discussing Cessation Strategies* by urbanicity. The UnitedHealthcare rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 3-66—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Discussing Cessation Strategies (2024)



↑ 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 3-25 through Table 3-27 show the positive ratings for all supplemental items 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: Supplemental Items (2024)

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter	
	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	50.60%	50.33%	42.50%	38.43%	15.56%↓	22.58%↑
NC PHP Aggregate	49.37%	48.59%	42.60%	38.34%	17.62%↓	25.05%↑
AmeriHealth	47.52%	43.66%	40.74%	36.51%	18.92%+↓	33.33%+↑
Carolina Complete	46.63%	47.72%	41.10%+	32.54%	S	22.92%+
Healthy Blue	52.07%	50.56%	44.00%+	47.55%	S	27.27%+↑
UnitedHealthcare	54.84%	49.30%	41.94%+	41.18%	S	22.05%
WellCare	48.12%	50.42%	48.89%+	34.38%	S	22.22%+
SP Behavioral Health	61.76%	66.12%	73.21%	78.45%	S	13.75%+
EBCI Tribal Option	54.55%	S	45.65%+	S	0.00%+	S
Medicaid Direct	54.65%	58.41%	36.54%+	38.36%	S	S
Tailored Plan Eligible	66.92%	65.71%	72.09%+	68.97%	S	21.18%+
Former 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.

Table 3-26—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2024)

PHP/Population	Interpreter Treated with Courtesy and Respect		Online Access to Health Information		Care Outside of Business Hours	
	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	35.64%↓	44.42%↑	62.97%	64.36%	63.86%↑	52.93%↓
NC PHP Aggregate	38.31%	47.45%	64.60%	64.50%	60.06%↑	52.80%↓
AmeriHealth	38.89%+	55.22%+	61.64%	58.76%	56.52%	50.00%
Carolina Complete	35.14%+	51.35%+	60.00%	66.54%	70.97%+↑	55.07%↓
Healthy Blue	S	45.45%+	64.71%+	68.27%	51.06%+	50.38%
UnitedHealthcare	45.83%+	43.00%	69.70%+	66.30%	57.75%+	54.75%

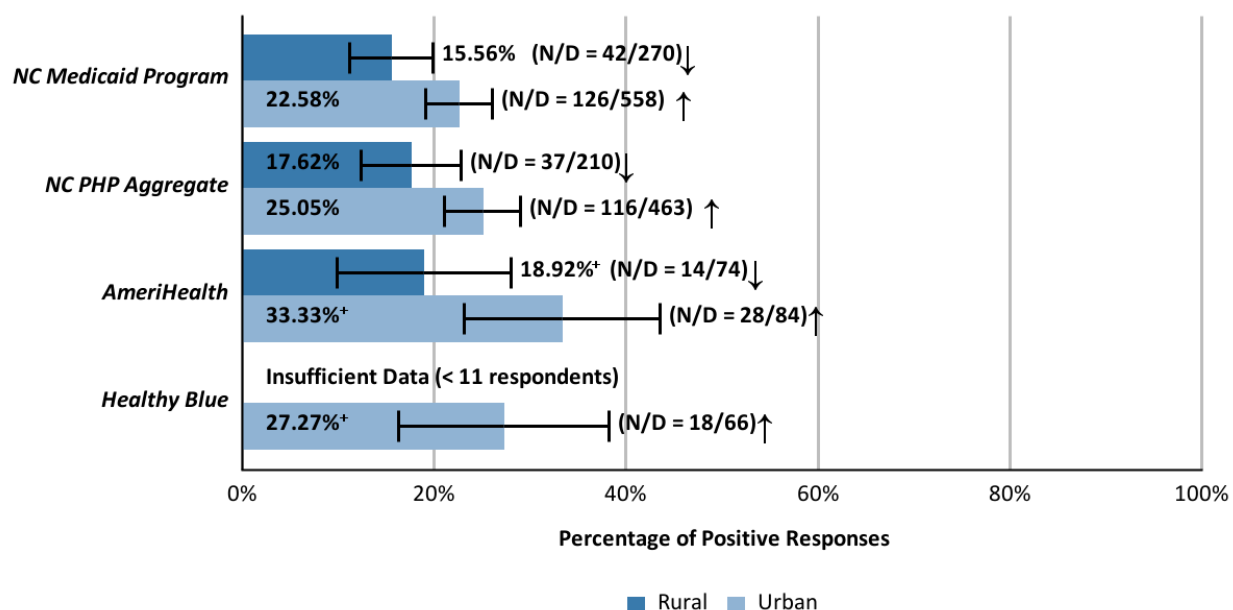
PHP/Population	Interpreter Treated with Courtesy and Respect		Online Access to Health Information		Care Outside of Business Hours	
	Rural	Urban	Rural	Urban	Rural	Urban
WellCare	S	44.16% ⁺	70.27% ⁺	60.87%	66.67% ⁺	52.63%
SP Behavioral Health	S	36.36% ⁺	63.64% ⁺	74.80%	57.75% ⁺	67.25%
EBCI Tribal Option	S	S	36.36% ⁺	S	79.49% ⁺	S
Medicaid Direct	S	28.13% ⁺	67.09% ⁺	62.43%	78.85% ⁺ ↑	54.62%↓
Tailored Plan Eligible	S	40.74% ⁺	56.96% ⁺ ↓	72.35%↑	59.02% ⁺	62.34%
Former Foster Care	S	S	S	S	S	S
<i>Blue shading indicates the category score is significantly different than the other category.</i> <i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i> <i>↑ Indicates the category score is significantly higher than the other category.</i> <i>↓ Indicates the category score is significantly lower than the other category.</i>						

Table 3-27—Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2024)

PHP/Population	Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	15.25%↓	18.84%↑	79.11%	76.05%	37.87%	39.06%
NC PHP Aggregate	15.84%	18.28%	80.65%	76.13%	31.58%	35.36%
AmeriHealth	15.31%	18.25%	78.57% ⁺	75.00% ⁺	34.43%	34.07%
Carolina Complete	17.95%	18.41%	80.77% ⁺	73.44% ⁺	26.54%↓	39.89%↑
Healthy Blue	13.04%↓	21.04%↑	86.67% ⁺	79.45% ⁺	35.29%	36.52%
UnitedHealthcare	19.48%	18.18%	80.00% ⁺	76.71% ⁺	34.19%	34.91%
WellCare	12.60%	15.52%	81.25% ⁺	75.00% ⁺	24.81%	30.99%
SP Behavioral Health	37.88%	38.11%	86.96% ⁺	87.80%	41.18%	37.22%
EBCI Tribal Option	11.93%	S	S	S	59.09%↑	S
Medicaid Direct	14.01%↓	21.98%↑	65.00% ⁺	75.00% ⁺	57.99%	59.10%
Tailored Plan Eligible	30.23%	32.46%	89.47% ⁺	76.70%	47.24%	47.40%
Former Foster Care	S	S	S	S	S	S
<i>Blue shading indicates the category score is significantly different than the other category.</i> <i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i> <i>↑ Indicates the category score is significantly higher than the other category.</i> <i>↓ Indicates the category score is significantly lower than the other category.</i>						

Figure 3-67 shows the significant differences for *Used an Interpreter* 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, AmeriHealth, and Healthy Blue; however, the rural results for Healthy Blue were suppressed due to insufficient data and caution should be exercised when interpreting these results.

Figure 3-67—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Used an Interpreter (2024)



↑ 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 3-68 shows the significant differences for *Interpreter Treated with Courtesy and Respect* by urbanicity. The NC Medicaid Program rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 3-68—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Interpreter Treated with Courtesy and Respect (2024)

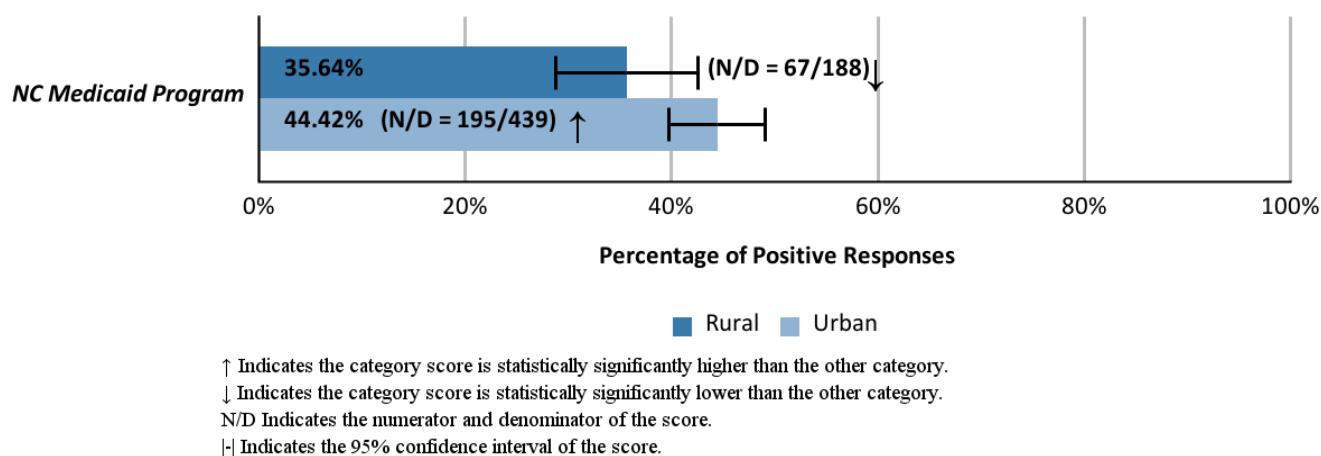


Figure 3-69 shows the significant differences for *Online Access to Health Information* by urbanicity. The Tailored Plan Eligible rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 3-69—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Online Access to Health Information (2024)

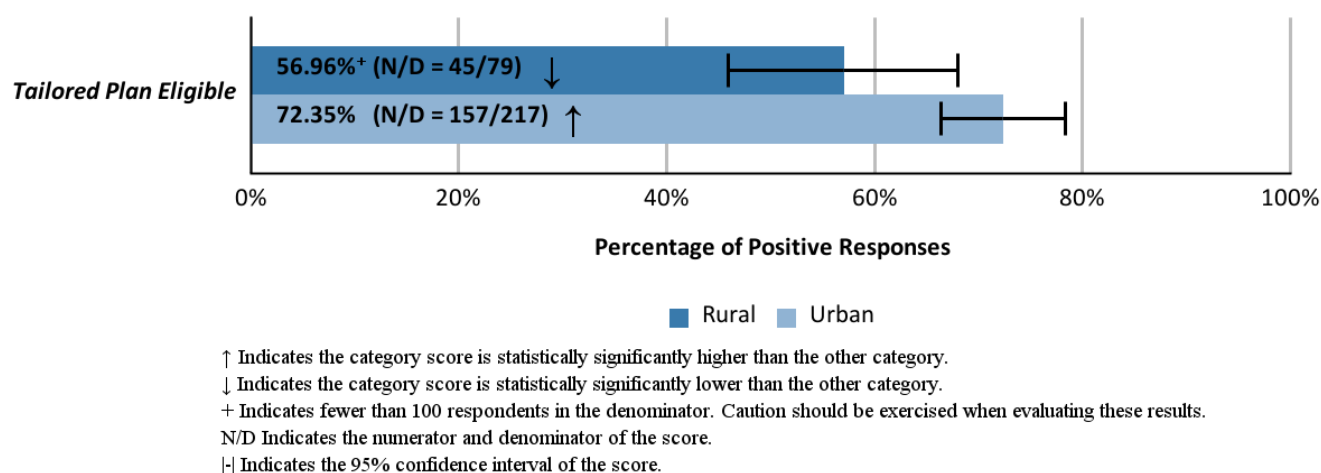
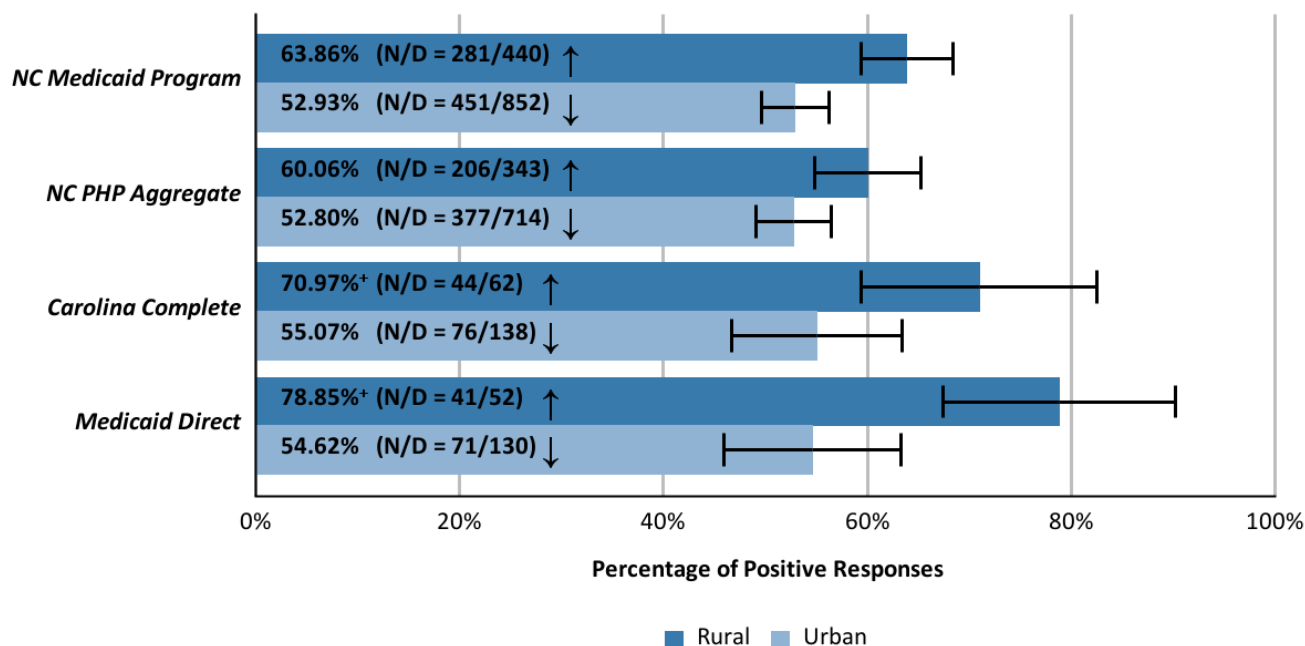


Figure 3-70 shows the significant differences for *Care Outside of Business Hours* by urbanicity. The following rates for adult respondents living in rural counties were significantly *higher* than respondents living in urban counties: NC Medicaid Program, NC PHP Aggregate, Carolina Complete, and Medicaid Direct.

Figure 3-70—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Care Outside of Business Hours (2024)



↑ Indicates the category score is statistically significantly higher than the other category.

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

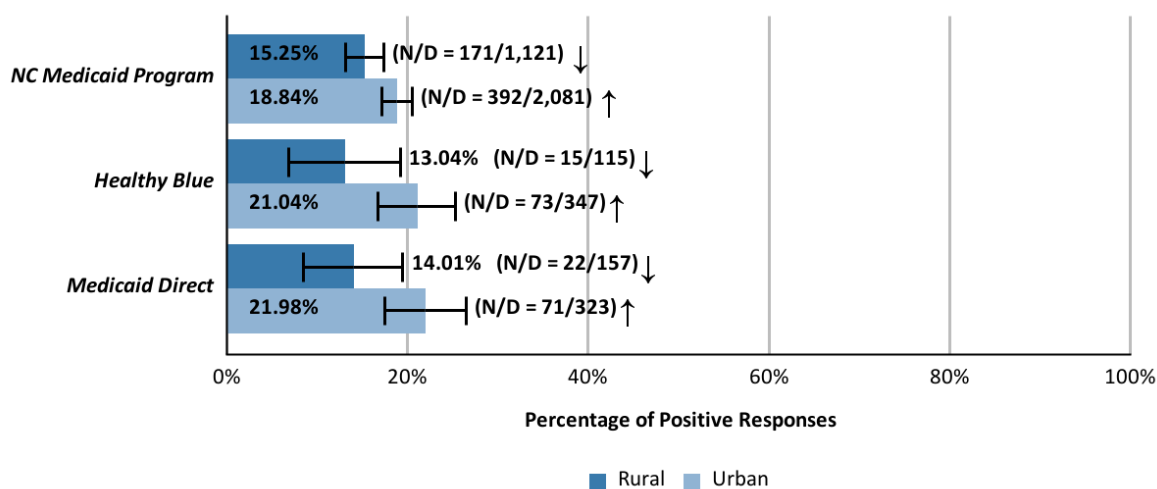
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

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

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

Figure 3-71 shows the significant differences for *Offered Telehealth Appointment* by urbanicity. The following rates for adult respondents living in rural counties were significantly *lower* than respondents living in urban counties: NC Medicaid Program, Healthy Blue, and Medicaid Direct.

Figure 3-71—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Offered Telehealth Appointment (2024)



↑ Indicates the category score is statistically significantly higher than the other category.

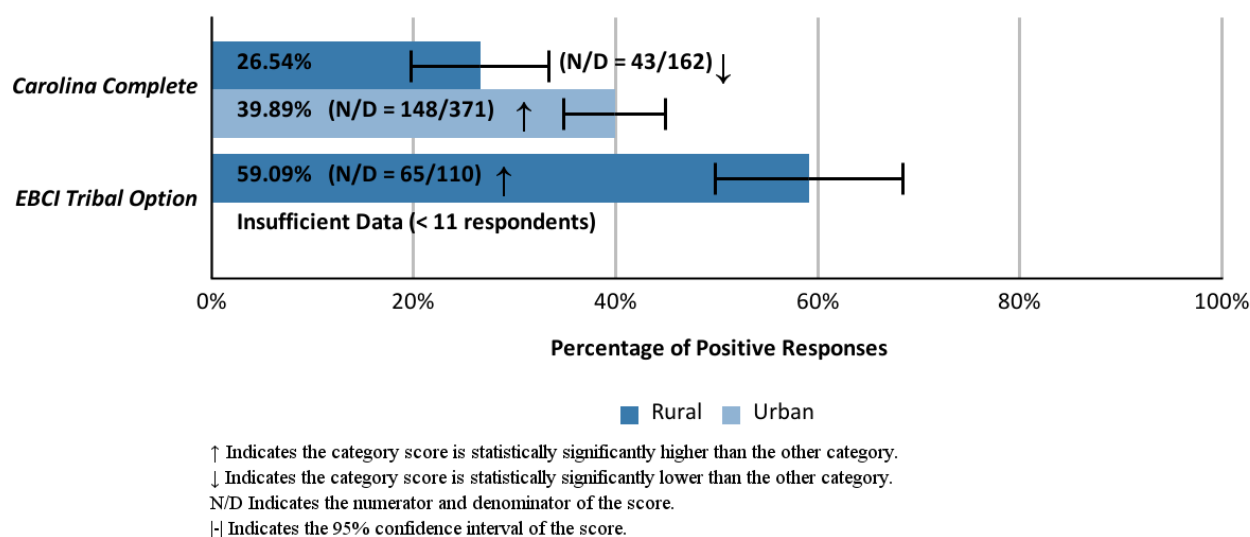
↓ Indicates the category score is statistically significantly lower than the other category.

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

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

Figure 3-72 shows the significant differences for *Flu Vaccination Received* by urbanicity. The Carolina Complete rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties. The EBCI Tribal Option rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties; however, the urban results for EBCI Tribal Option were suppressed due to insufficient data and caution should be exercised when interpreting these results.

Figure 3-72—Significant Differences: Adult Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Flu Vaccination Received (2024)



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., beneficiaries with an assigned PCP with an AMH Tier 1 or Tier 2 designation and beneficiaries 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. If AMH Tier comparisons for a measure resulted in significant findings, these results appear on AMH Tier 3.

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.⁶⁸ For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 43. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 301.

Overall Health Characteristics

Table 3-28 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. There were no significant differences identified by AMH Tier.

Table 3-28—Adult Respondents with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Overall Health Characteristics (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
NC Medicaid Program	63.56%	62.72%	68.10%	67.65%
NC PHP Aggregate	64.59%	63.48%	68.29%	67.80%
AmeriHealth	65.49%	58.13%	68.01%	62.89%
Carolina Complete	67.05%	66.27%	68.79%	71.93%
Healthy Blue	64.95%	67.59%	70.69%	72.22%
UnitedHealthcare	59.69%	61.11%	66.67%	66.46%
WellCare	65.99%	66.37%	67.68%	66.07%
SP Behavioral Health	48.24%	55.94%	37.54%	45.07%
EBCI Tribal Option	58.33% ⁺	S	61.05% ⁺	S

⁶⁸ Fact Sheet. Advanced Medical Home (AMH) Program. Available at: <https://medicaid.ncdhhs.gov/documents/amh-program-provider-fact-sheet/download?attachment>. Accessed on: September 12, 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
Medicaid Direct	55.00%	52.94% ⁺	70.63%	66.18% ⁺
Tailored Plan Eligible	66.45%	67.48%	57.64%	60.66%
Former Foster Care	S	S	S	S
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i>				

Global Ratings

Table 3-29 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 3-29—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Global Ratings (2024)

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	75.24%	75.61%	75.02%	75.25%	84.19%	87.11%	81.05%	82.01%
NC PHP Aggregate	74.66%	74.22%	75.47%	75.11%	84.19%	85.99%	81.23%	81.85%
AmeriHealth	73.40%	70.32%	77.43%	78.26% ⁺	85.14%	81.82%	85.03%↓	93.85% ⁺
Carolina Complete	74.41%	74.85%	73.21%	78.22%	82.02%	89.19%	78.51%	86.36% ⁺
Healthy Blue	77.37%	79.44%	80.93%↑	66.67% ⁺	85.26%	89.02% ⁺	80.14%	71.74% ⁺
UnitedHealthcare	75.93%	75.63%	75.33%	70.10% ⁺	85.11%	83.74%	80.25%	74.60% ⁺
WellCare	72.58%	71.68%	70.83%↓	82.19% ⁺	83.16%	87.50% ⁺	81.76%	78.85% ⁺
SP Behavioral Health	75.15%↑	65.47%	70.11%	74.53%	76.84%↓	86.36%	79.51%	80.49% ⁺
EBCI Tribal Option	74.19% ⁺	S	69.57% ⁺	S	85.29% ⁺	S	67.74% ⁺	S
Medicaid Direct	83.23%	89.71% ⁺	73.15%	80.00% ⁺	83.61%↓	96.49% ⁺	85.14% ⁺	87.88% ⁺
Tailored Plan Eligible	75.49%↓	87.60%	77.68%	85.87% ⁺	86.15%	92.23%	84.46%↓	93.75% ⁺
Former Foster Care	S	S	S	S	S	S	S	S
<i>Blue shading indicates the category score is significantly different than the other category.</i> <i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i> <i>↑ Indicates the category score is significantly higher than the other category.</i> <i>↓ Indicates the category score is significantly lower than the other category.</i>								

Figure 3-73 shows the significant differences for *Rating of Health Plan* by AMH Tier designation. The SP Behavioral Health 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 a AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

Figure 3-73—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of Health Plan (2024)

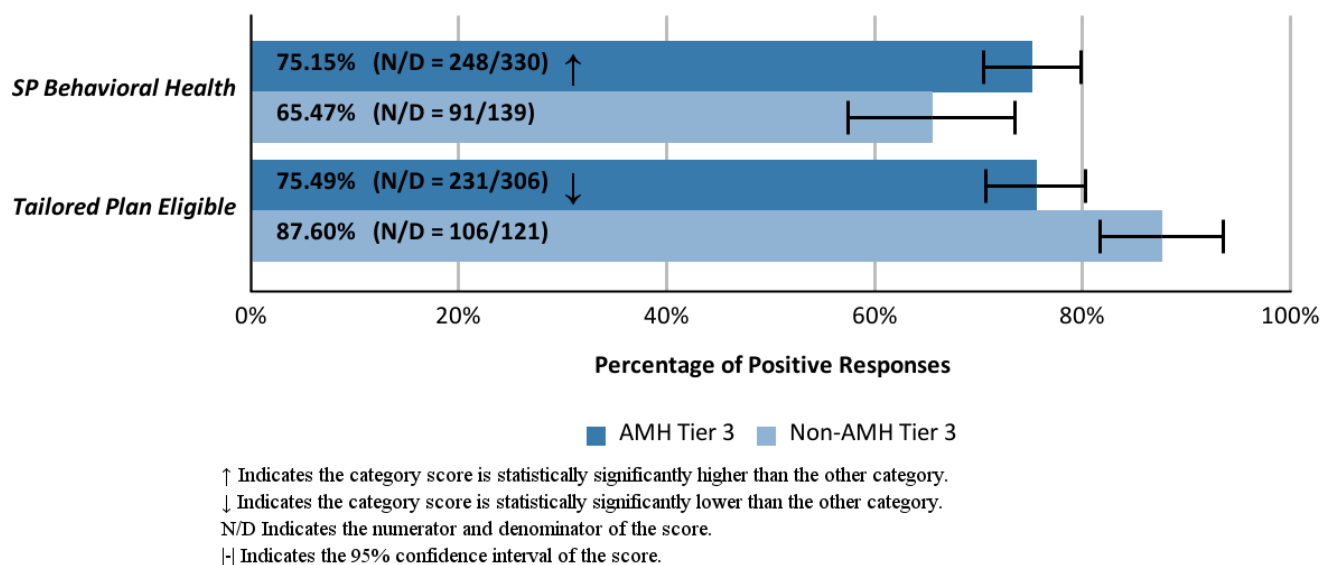
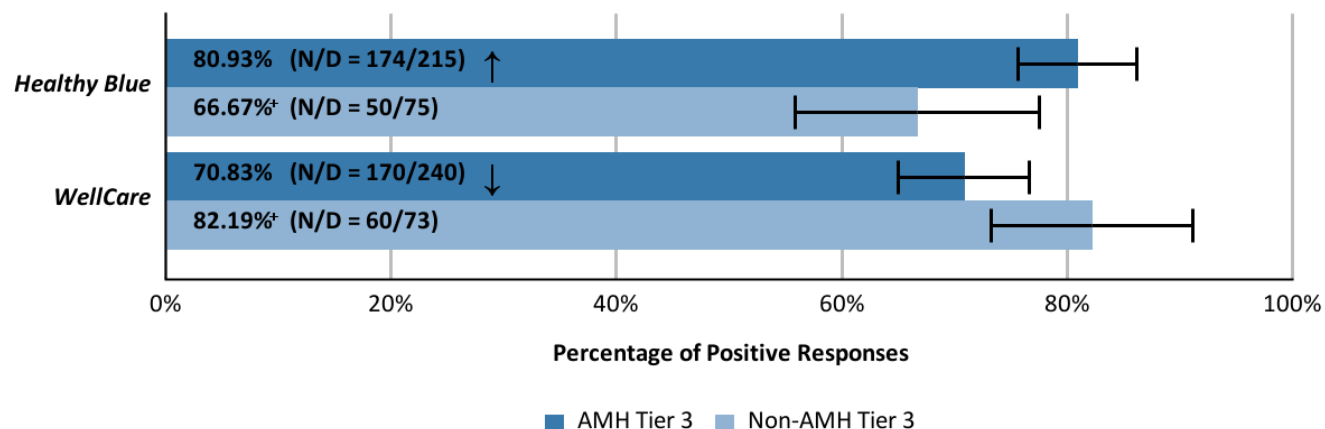


Figure 3-74 shows the significant differences for *Rating of All Health Care* by AMH Tier designation. The Healthy Blue rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP. The WellCare rate for adult respondents with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

Figure 3-74—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 (2024)



↑ 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 3-75 shows the significant differences for *Rating of Personal Doctor* 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: SP Behavioral Health and Medicaid Direct.

Figure 3-75—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of Personal Doctor (2024)

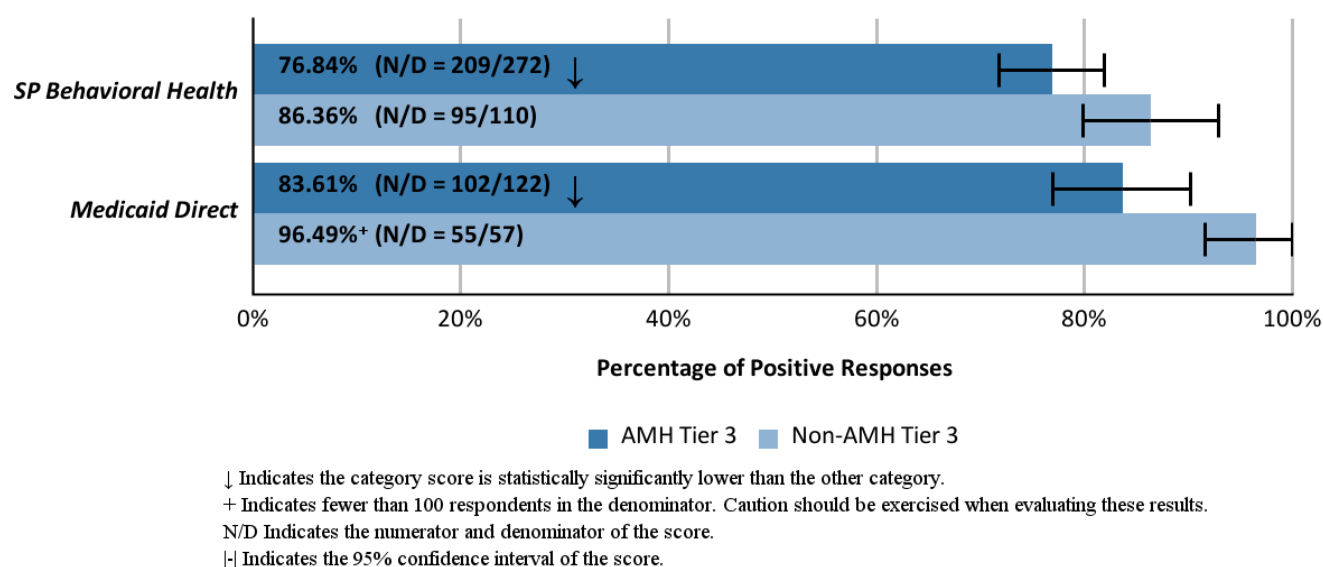
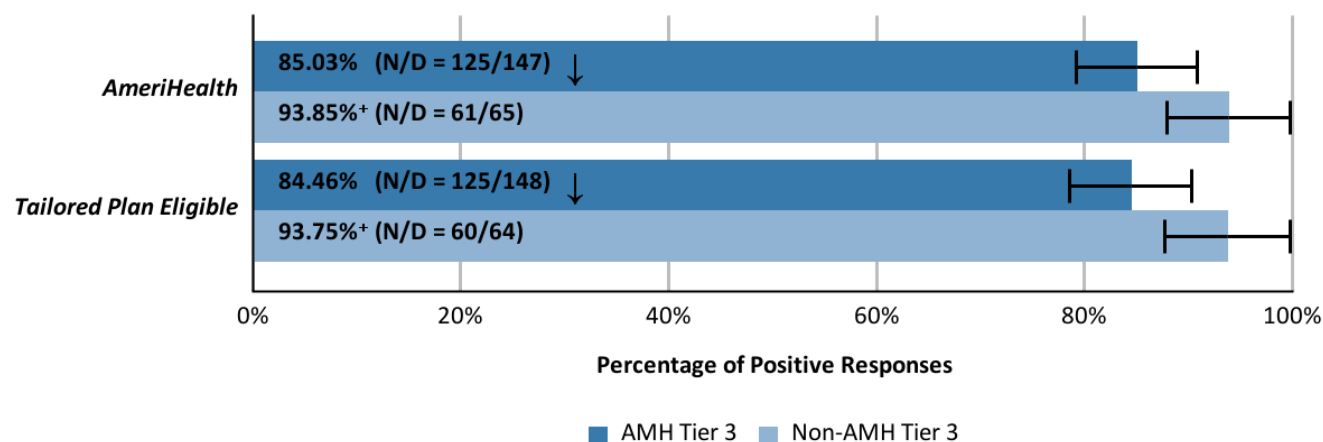


Figure 3-76 shows the significant differences for *Rating of Specialist Seen Most Often* by AMH Tier designation. The following program-specific population rates for adult respondents with an AMH Tier 3 PCP were significantly *lower* than respondents with a non-AMH Tier 3 PCP: AmeriHealth and Tailored Plan Eligible.

Figure 3-76—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of Specialist Seen Most Often (2024)



↓ 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 3-30 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 3-30—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Composite Measures (2024)

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	82.30%	84.96%	82.94%	83.74%	93.77%	94.91%	88.62%	88.84%
NC PHP Aggregate	81.90%	83.48%	82.14%	83.71%	93.86%	94.65%	87.81%	87.22%
AmeriHealth	82.88%	85.14% ⁺	82.52%	85.77% ⁺	93.57%	93.89% ⁺	87.17%	91.84% ⁺
Carolina Complete	81.53%	84.43% ⁺	81.18%	84.11% ⁺	93.10%	95.97% ⁺	84.69%	89.74% ⁺
Healthy Blue	80.62%	78.74% ⁺	80.71%	76.17% ⁺	94.60%	94.76% ⁺	88.09%	83.33% ⁺
UnitedHealthcare	84.74%	85.80% ⁺	83.45%	87.05% ⁺	93.17%	94.44% ⁺	90.16%	88.08% ⁺
WellCare	79.53%	81.56% ⁺	82.54%	83.04% ⁺	94.83%	94.19% ⁺	88.71%	81.86% ⁺
SP Behavioral Health	84.58%	83.45% ⁺	83.48%↓	90.73% ⁺	91.21%	94.23% ⁺	87.56%	87.07% ⁺
EBCI Tribal Option	88.22% ⁺	S	88.49% ⁺	S	95.74% ⁺	S	94.74% ⁺	S
Medicaid Direct	84.23% ⁺ ↑	99.00% ⁺	90.29% ⁺	83.43% ⁺	91.54% ⁺	96.63% ⁺	93.80% ⁺	100.00% ⁺
Tailored Plan Eligible	90.02%	88.54% ⁺	84.04%	86.73% ⁺	94.61%	94.25% ⁺	90.83% ⁺	90.00% ⁺
Former Foster Care	S	S	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 lower than the other category.

Figure 3-77 shows the significant differences for *Getting Needed Care* by AMH Tier designation. The Medicaid Direct rate for adult respondents with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

Figure 3-77—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Getting Needed Care (2024)

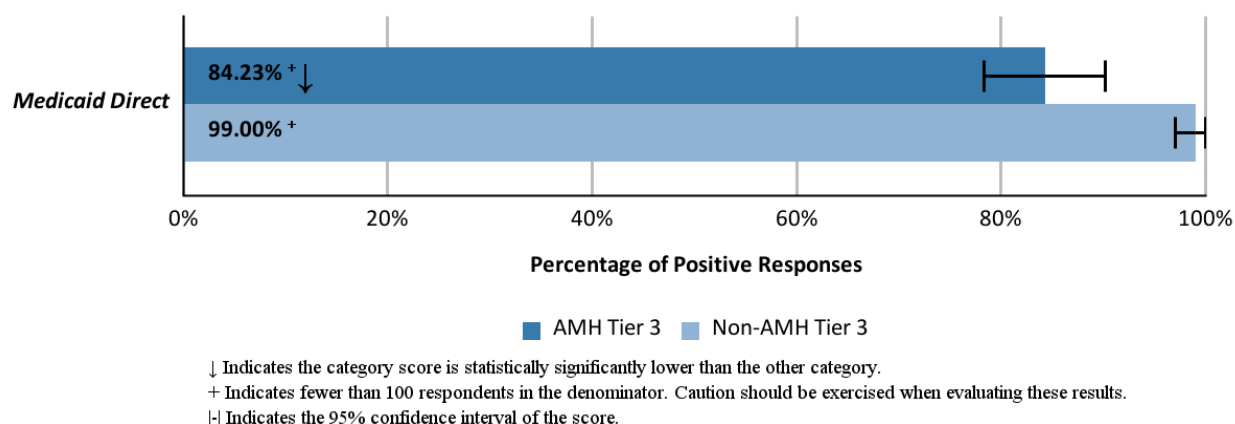
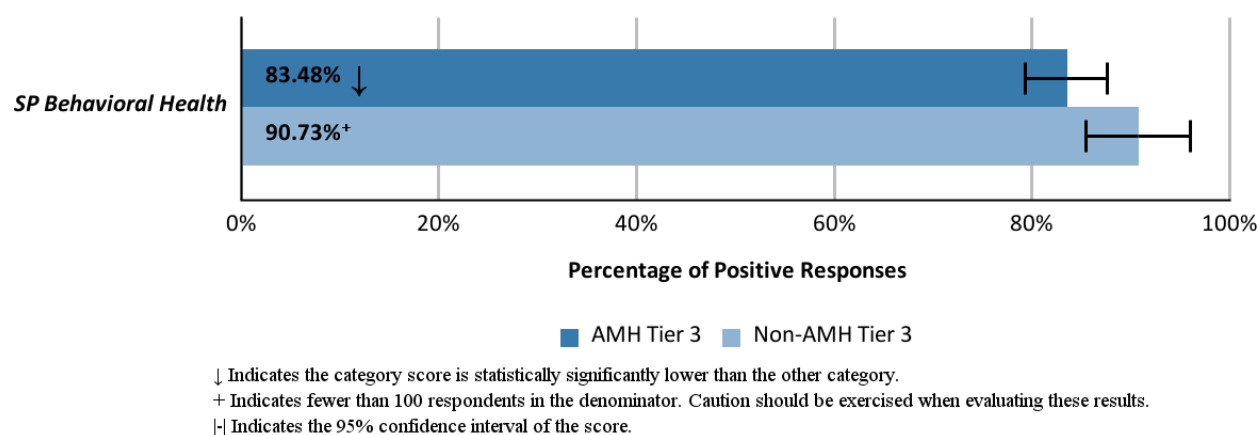


Figure 3-78 shows the significant differences for *Getting Care Quickly* by AMH Tier designation. The SP Behavioral Health rate for adult respondents with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

Figure 3-78—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Getting Care Quickly (2024)



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

Table 3-31 shows the positive ratings for the individual item 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 3-31—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items (2024)

PHP/Population	Coordination of Care		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
NC Medicaid Program	85.64%	84.53%	77.87%	75.79%	55.42%↑	47.38%	47.94%↑	41.51%
NC PHP Aggregate	85.29%	83.53%	77.27%	74.13%	53.81%↑	44.64%	46.74%↑	39.31%
AmeriHealth	83.21%	79.25% ⁺	79.79%	72.94% ⁺	53.76%	41.86% ⁺	44.39%	41.86% ⁺
Carolina Complete	82.57%	91.67% ⁺	75.97%	78.08% ⁺	54.55%	43.24% ⁺	49.68%	39.19% ⁺
Healthy Blue	88.00%	84.44% ⁺	73.42%	76.36% ⁺	50.63%	48.15% ⁺	42.41%	35.19% ⁺
UnitedHealthcare	87.59%	80.00% ⁺	76.68%	71.43% ⁺	52.60%	45.24% ⁺	48.96%	39.29% ⁺
WellCare	84.72%	83.72% ⁺	79.50%	72.34% ⁺	57.00%	46.81% ⁺	47.98%	39.58% ⁺
SP Behavioral Health	84.53%	85.07% ⁺	85.04%↑	71.58% ⁺	62.36%↑	45.26% ⁺	52.38%	47.87% ⁺
EBCI Tribal Option	83.33% ⁺	S	74.68% ⁺	S	59.49% ⁺	S	53.16% ⁺	S
Medicaid Direct	89.06% ⁺	93.10% ⁺	87.50% ⁺	93.33% ⁺	68.75% ⁺	77.42% ⁺	55.21% ⁺	64.52% ⁺
Tailored Plan Eligible	83.33%	82.76% ⁺	84.52%	86.27% ⁺	54.82%	69.23% ⁺	52.69%	59.62% ⁺
Former Foster Care	S	S	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.

Figure 3-79 shows the significant differences for *Advising Smokers and Tobacco Users to Quit* by AMH Tier designation. The SP Behavioral Health rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 3-79—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Advising Smokers and Tobacco Users to Quit (2024)

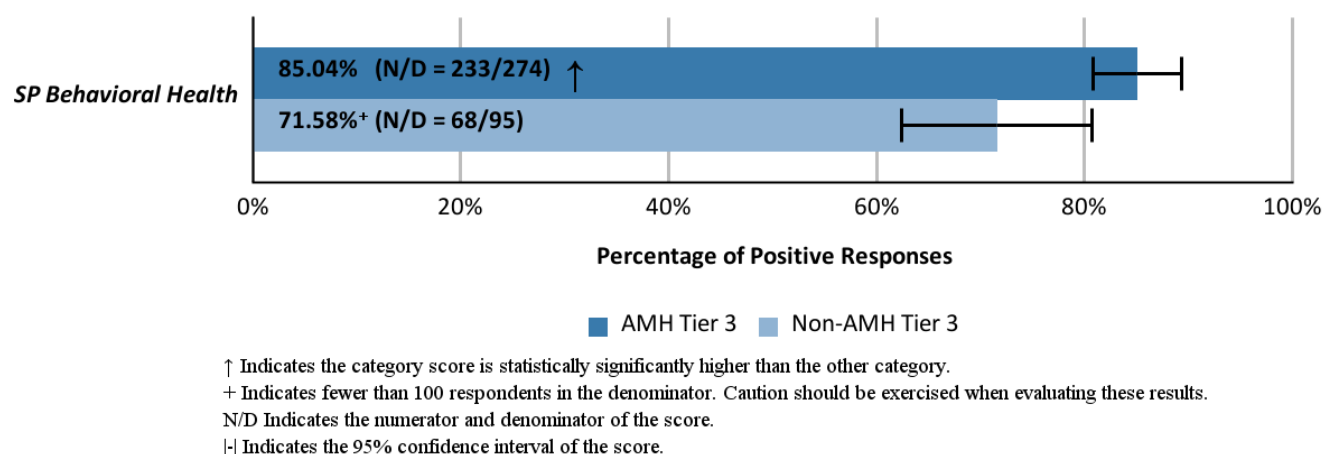
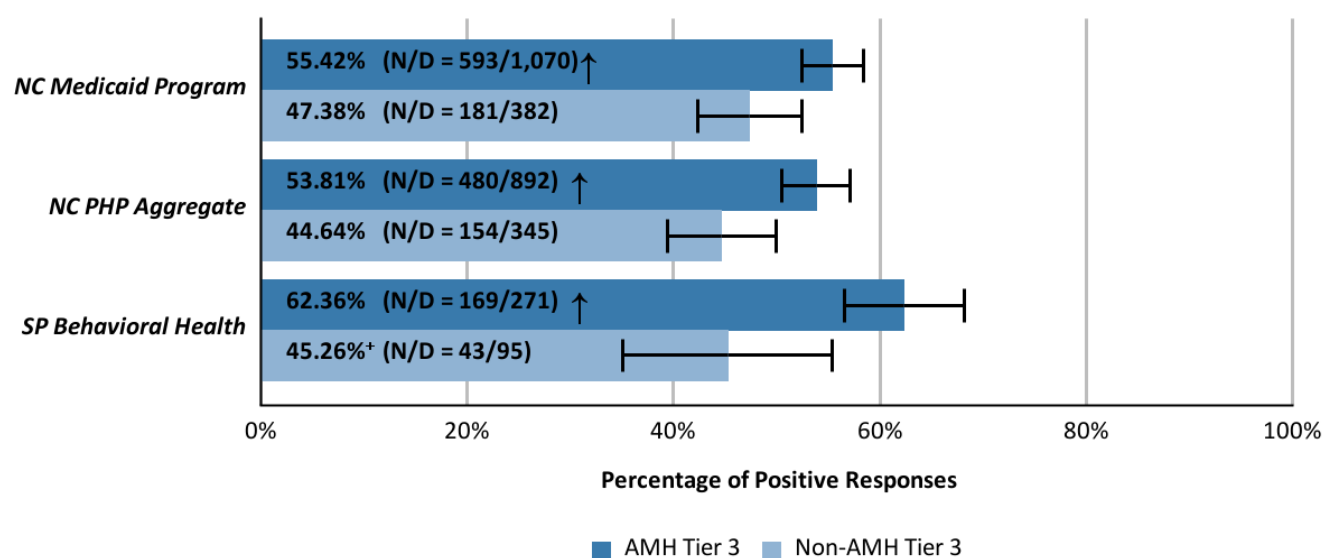


Figure 3-80 shows the significant differences for *Discussing Cessation Medications* by AMH Tier designation. The following program-specific population rates for adult respondents with an AMH Tier 3 PCP were significantly *higher* than respondents with a non-AMH Tier 3 PCP: NC Medicaid Program, NC PHP Aggregate, and SP Behavioral Health.

Figure 3-80—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Discussing Cessation Medications (2024)



↑ Indicates the category score is statistically significantly higher than the other category.

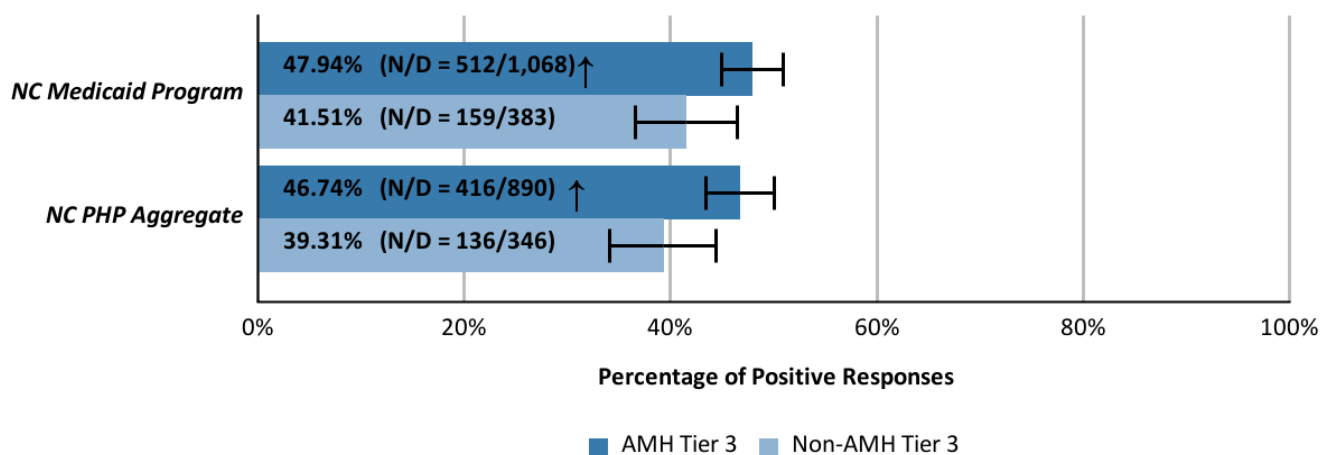
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

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

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

Figure 3-81 shows the significant differences for *Discussing Cessation Strategies* by AMH Tier designation. The NC Medicaid Program and NC PHP Aggregate rates for adult respondents with an AMH Tier 3 PCP were significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 3-81—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Discussing Cessation Strategies (2024)



↑ 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 3-32 through 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 3-32—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items (2024)

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	50.31%	48.85%	38.77%	39.63%	21.51%	20.77%
NC PHP Aggregate	49.00%	47.31%	38.59%	38.93%	23.19%	21.89%
AmeriHealth	46.19%	45.28%	37.58%	41.54% ⁺	24.77%	28.26% ⁺
Carolina Complete	49.57%	43.60%	35.33%	34.72% ⁺	21.21% ⁺	26.19% ⁺
Healthy Blue	49.70%	50.48%	42.54%	51.16% ⁺	21.05% ⁺ ↑	S
UnitedHealthcare	48.95%	52.80%	41.14%	35.62% ⁺	20.79%	S
WellCare	50.77%	44.95%	37.20%	35.56% ⁺	27.55% ⁺	S
SP Behavioral Health	67.94%	60.14%	78.52%	73.45%	14.10% ⁺	S
EBCI Tribal Option	59.38% ⁺	S	43.90% ⁺	S	0.00% ⁺	S
Medicaid Direct	59.49%	64.71% ⁺	35.29% ⁺	52.38% ⁺	S	S
Tailored Plan Eligible	66.56%	65.04%	70.05%	69.23% ⁺	20.00% ⁺	S
Former 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.

Table 3-33—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2024)

PHP/Population	Interpreter Treated with Courtesy and Respect		Online Access to Health Information		Care Outside of Business Hours	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	44.18%	40.15%	63.46%	66.11%	56.31%	56.15%
NC PHP Aggregate	45.97%	42.06%	64.32%	65.54%	55.05%	55.15%
AmeriHealth	47.67% ⁺	46.88% ⁺	59.49%	63.73%	51.97%	58.21% ⁺
Carolina Complete	47.37% ⁺	50.00% ⁺	64.61%	63.81%	60.45%	58.73% ⁺
Healthy Blue	38.10% ⁺	S	66.51%	67.12% ⁺	48.03%	51.22% ⁺

PHP/Population	Interpreter Treated with Courtesy and Respect		Online Access to Health Information		Care Outside of Business Hours	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
UnitedHealthcare	43.59% ⁺	45.71% ⁺	66.39%	71.29%	56.80%	50.00% ⁺
WellCare	51.22% ⁺ ↑	S	64.68%	60.32% ⁺	57.06%	56.76% ⁺
SP Behavioral Health	38.46% ⁺	S	72.65%	68.18% ⁺	61.76%	69.12% ⁺
EBCI Tribal Option	S	S	37.14% ⁺	S	75.76% ⁺	S
Medicaid Direct	S	S	61.18% ⁺	71.43% ⁺	59.70% ⁺	68.00% ⁺
Tailored Plan Eligible	37.04% ⁺	S	67.51%	71.23% ⁺	59.42%	62.96% ⁺
Former 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.

Table 3-34—Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2024)

PHP/Population	Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3	AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	16.95%	19.32%	76.36%	78.32%	38.63%↑	31.58%
NC PHP Aggregate	16.87%	19.13%	76.47%	78.29%	35.82%↑	29.10%
AmeriHealth	15.63%	19.48%	71.93% ⁺	86.67% ⁺	35.10%	31.88%
Carolina Complete	20.41%↑	12.73%	80.00% ⁺	65.00% ⁺	38.78%↑	30.06%
Healthy Blue	15.94%↓	27.88%	82.35% ⁺	75.86% ⁺	36.47%	34.91%
UnitedHealthcare	17.33%	22.64%	71.67% ⁺	85.29% ⁺	37.53%↑	26.88%
WellCare	15.30%	14.81%	76.79% ⁺	68.75% ⁺	31.71%↑	21.10%
SP Behavioral Health	35.87%	41.61%	88.07%	86.54% ⁺	42.06%↑	30.71%
EBCI Tribal Option	12.63% ⁺	S	S	S	62.50% ⁺	S
Medicaid Direct	21.77%	23.08% ⁺	70.00% ⁺	78.57% ⁺	57.69%	58.46% ⁺
Tailored Plan Eligible	28.57%	38.02%	81.71% ⁺	81.82% ⁺	46.93%	46.34%
Former 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 3-82 shows the significant differences for *Used an Interpreter* 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 3-82—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Used an Interpreter (2024)

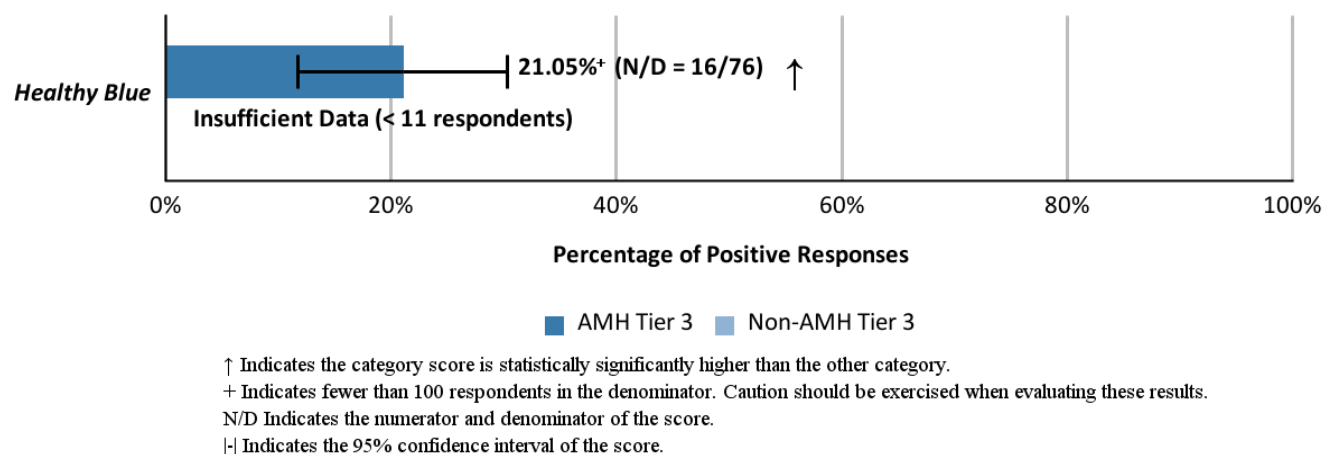


Figure 3-83 shows the significant differences for *Interpreter Treated with Courtesy and Respect* by AMH Tier designation. The WellCare rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP.

Figure 3-83—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Interpreter Treated with Courtesy and Respect (2024)

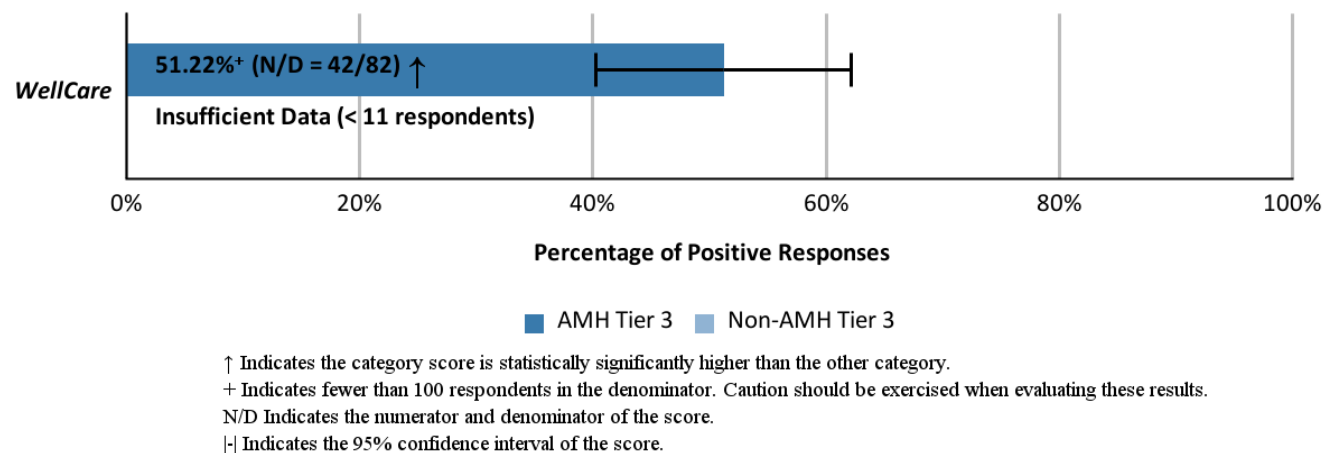


Figure 3-84 shows the significant differences for *Offered Telehealth Appointment* by AMH Tier designation. The Carolina Complete rate for adult respondents with an AMH Tier 3 PCP was significantly *higher* than respondents with a non-AMH Tier 3 PCP. The Healthy Blue rate for adult respondents with an AMH Tier 3 PCP was significantly *lower* than respondents with a non-AMH Tier 3 PCP.

Figure 3-84—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Offered Telehealth Appointment (2024)

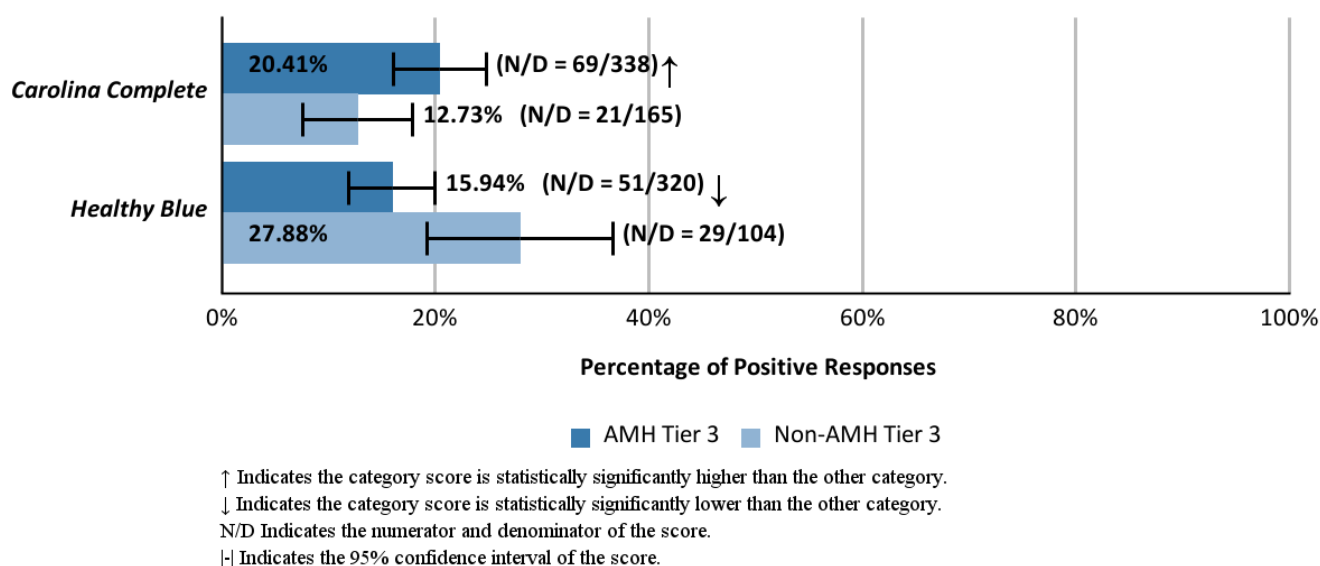
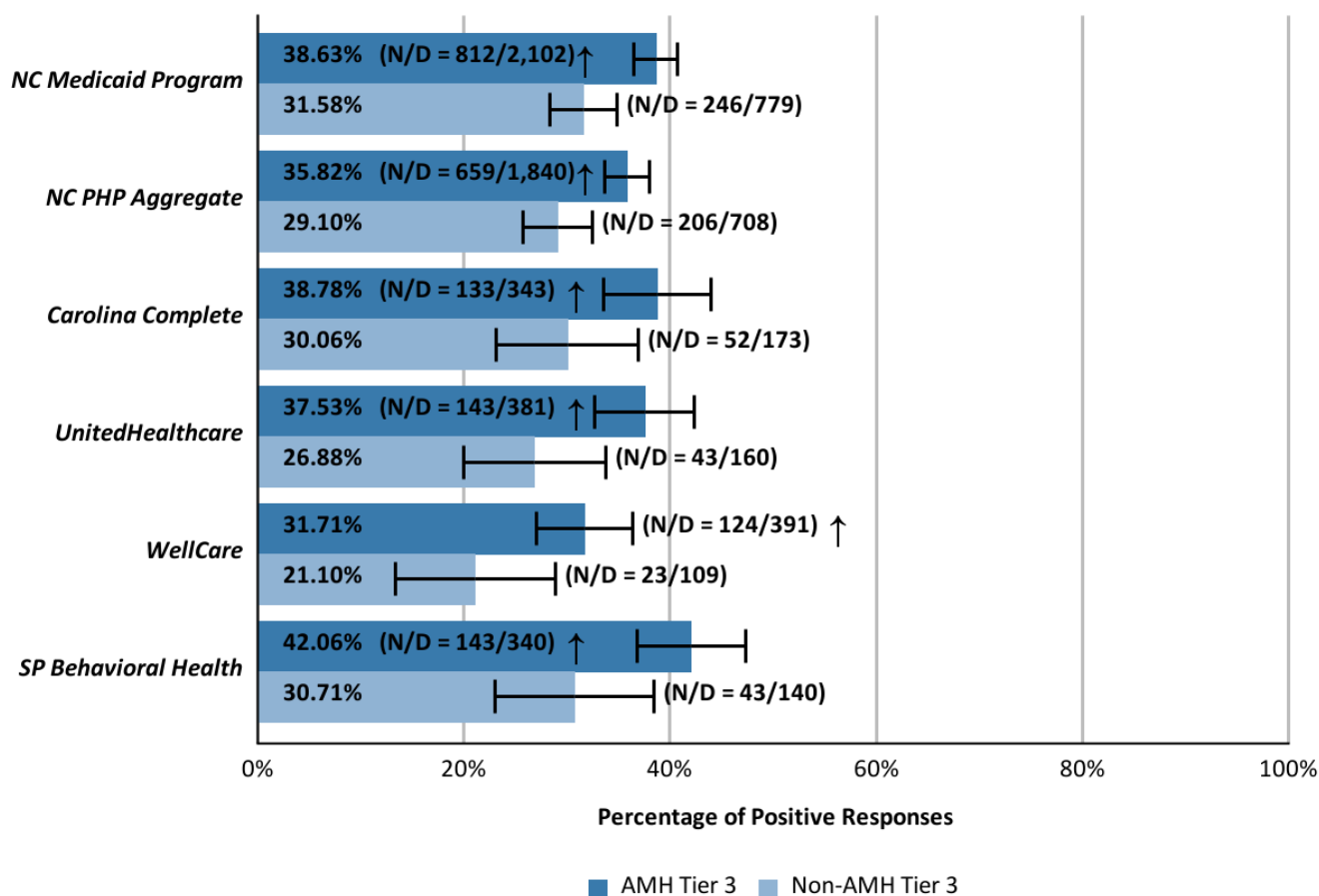


Figure 3-85 shows the significant differences for *Flu Vaccination Received* by AMH Tier designation. The following program-specific population rates for adult respondents with an AMH Tier 3 PCP were significantly *higher* than respondents with a non-AMH Tier 3 PCP: NC Medicaid Program, NC PHP Aggregate, Carolina Complete, UnitedHealthcare, WellCare, and SP Behavioral Health.

Figure 3-85—Significant Differences: Adult Respondent with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Flu Vaccination Received (2024)



↑ 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.

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.⁶⁹ For more detailed information regarding the methodology used for this analysis, please refer to the Reader's Guide beginning on page 43. 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 ratings on the global ratings except for *How Well Doctors Communicate* and *Rating of Personal Doctor*, where there is a fairly positive relationship between the two measures.

Table 3-35—Adult Spearman Correlation NC Medicaid Program Results (2024)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.36	0.46	0.35	0.43
Getting Care Quickly	0.29	0.38	0.25	0.30
How Well Doctors Communicate	0.28	0.38	0.55	0.29
Customer Service	0.42	0.31	0.22	0.27
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

⁶⁹ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: September 12, 2024.

4. Child Results

The following section presents CAHPS results for the child population. The results include survey administration outcomes, national percentile comparisons, overall health characteristics, aggregate comparisons, Year-Over-Year analysis, race and ethnicity comparisons, urbanicity comparisons, AMH Tier comparisons, and Spearman correlation.

HSAG surveyed a total of 63,515 parents or caretakers of beneficiaries for the child sample, and a total of 7,270 child surveys were completed. The overall child response rate was 11.47 percent (with a range from 8.05 percent to 20.07 percent when stratified by PHPs and populations), which increased from the 2023 NC CAHPS survey, where the child response rate was 9.81 percent.⁷⁰

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

- Significantly *more* NC Medicaid Program parents or caretakers responded for children who were 8 to 17 years of age, White, Other race, non-Hispanic, resided in a rural county, and were designated non-AMH Tier 3.
- Significantly *fewer* NC Medicaid Program parents or caretakers responded for children who were 0 to 7 years of age, Black, Hispanic, resided in an urban county, and were designated AMH Tier 3.

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 beneficiaries sampled, the number of eligible beneficiaries, 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).

⁷⁰ For more detailed information regarding the survey administration outcomes and response rates for the eligible population, please refer to Table 4-1 on page 165.

Table 4-1—Child Survey: Survey Administration Outcomes and Response Rates (2024)

PHP/Population	Total Sample	Eligible Sample	Total General Child Respondents	Total Respondents	Response Rate
Total	63,515	63,403	5,997	7,270	11.47%
NC Medicaid Program	54,021	53,934	5,137	6,237	11.56%
NC PHP Aggregate	36,539	36,515	2,552	3,385	9.27%
AmeriHealth	7,928	7,922	561	721	9.10%
Carolina Complete	6,838	6,835	466	637	9.32%
Healthy Blue	6,555	6,551	469	638	9.74%
UnitedHealthcare	7,890	7,882	555	743	9.43%
WellCare	7,328	7,325	501	646	8.82%
SP Behavioral Health	3,288	3,280	399	399	12.16%
EBCI Tribal Option	758	758	61	61	8.05%
Medicaid Direct	11,085	11,031	1,973	2,214	20.07%
Tailored Plan Eligible	6,206	6,189	461	634	10.24%
Foster Care	5,639	5,630	551	577	10.25%

National Percentile Comparisons

NC Medicaid Program, NC PHP Aggregate, PHP, and population-specific positive ratings were compared to NCQA’s 2024 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 40.

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

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th 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 (2024)**

PHP/Population	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
NC Medicaid Program	★★ 86.16%	★★★ 86.57%	★★★ 90.40%	★★★ 87.64%
NC PHP Aggregate	★★ 86.54%	★★★ 86.54%	★★★ 90.26%	★★★ 87.63%
AmeriHealth	★★ 86.68%	★★ 85.39%	★★ 88.18%	★★★ 86.92%
Carolina Complete	★★★ 88.91%	★★★ 87.63%	★★★★ 92.11%	★★★★★ 92.00%
Healthy Blue	★★ 85.84%	★★ 84.38%	★★★ 90.26%	★★★ 87.02%
UnitedHealthcare	★★ 85.27%	★★★★ 88.86%	★★★★ 92.04%	★★ 85.37%
WellCare	★★★ 87.04%	★★★ 87.70%	★★ 89.25%	★★★ 88.33%
SP Behavioral Health	★ 80.36%	★ 83.22%	★★★★★ 92.45%	★★ 85.00%
EBCI Tribal Option	★ 68.33% ⁺	★ 80.00% ⁺	★ 78.26% ⁺	★★★★★ 90.48% ⁺
Medicaid Direct	★ 82.88%	★★★ 87.35%	★★★★★ 92.46%	★★★ 88.29%
Tailored Plan Eligible	★ 82.68%	★ 80.98%	★ 86.97%	★★ 85.24%
Foster Care	★ 80.96%	★ 83.73%	★★ 88.81%	★ 82.49%

⁺ 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 38.

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 (2024)**

PHP/Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
NC Medicaid Program	★★★★ 86.74%	★★★ 89.18%	★★★★ 96.08%	★★ 87.64%	★★★★ 87.98%
NC PHP Aggregate	★★★★ 86.58%	★★★ 88.77%	★★★★ 95.88%	★★ 87.51%	★★★★ 88.22%
AmeriHealth	★★★ 86.31%	★★★ 86.67%	★★★ 94.27%	★ 85.74%	★★★ 86.71%
Carolina Complete	★★★ 85.67%	★★★ 86.49%	★★★ 94.82%	★ 85.61%	★★★ 86.05%
Healthy Blue	★★★ 84.22%	★★★ 88.16%	★★★★★ 96.86%	★★★ 88.27%	★★★★ 87.50%
UnitedHealthcare	★★★★ 87.38%	★★★ 89.35%	★★★★★ 96.87%	★★★ 89.53%	★★★★★ 90.60%
WellCare	★★★★★ 89.83%	★★★★★ 92.15%	★★★★★ 95.60%	★★ 87.28%	★★★★★ 89.61%
SP Behavioral Health	★★★★★ 91.57%	★★★★★ 92.89%	★★★★★ 96.87%	★★ 87.33% ⁺	★★★★ 89.51%
EBCI Tribal Option	★★★★★ 91.49% ⁺	★★ 85.61% ⁺	★★★★★ 100.00% ⁺	★★★★★ 92.50% ⁺	★★ 80.95% ⁺
Medicaid Direct	★★★★ 88.45%	★★★★★ 93.57%	★★★★★ 98.21%	★★★ 88.76%	★★★ 85.82%
Tailored Plan Eligible	★★★★ 86.91%	★★★★ 90.79%	★★★ 95.25%	★ 85.45%	★★★ 84.62%
Foster Care	★★★★ 87.25%	★★★★★ 91.83%	★★★★★ 97.30%	★★★ 88.95% ⁺	★★★ 84.65%

⁺ 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 38.

Overall Health Characteristics

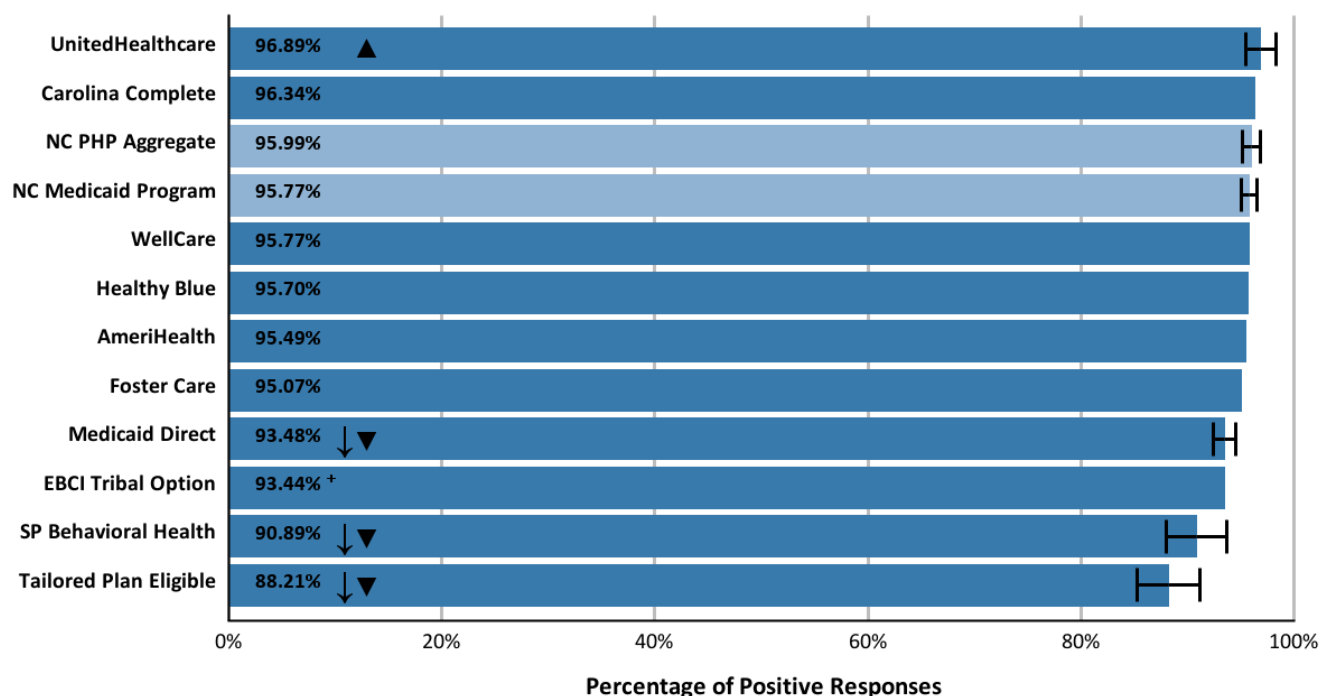
Figure 4-1 and Figure 4-2 present the characteristics of child beneficiaries reported by their parents/ caretakers who completed a survey on their behalf for general health status and mental or emotional health status. The percentage of PHP and population-specific respondents who reported their child's 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 occur due to large sample variations in results.⁷¹ For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 290.

⁷¹ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: September 12, 2024.

General Health Status

UnitedHealthcare parent/caretaker respondents reported significantly *higher* ratings of their child's general health compared to the NC Medicaid Program. The following PHP or population-specific rates were significantly *lower* compared to the NC Medicaid Program and NC PHP Aggregate: Medicaid Direct, SP Behavioral Health, and Tailored Plan Eligible.

Figure 4-1—Percentage of 2024 Child Respondents Who Rate Their Child's General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons

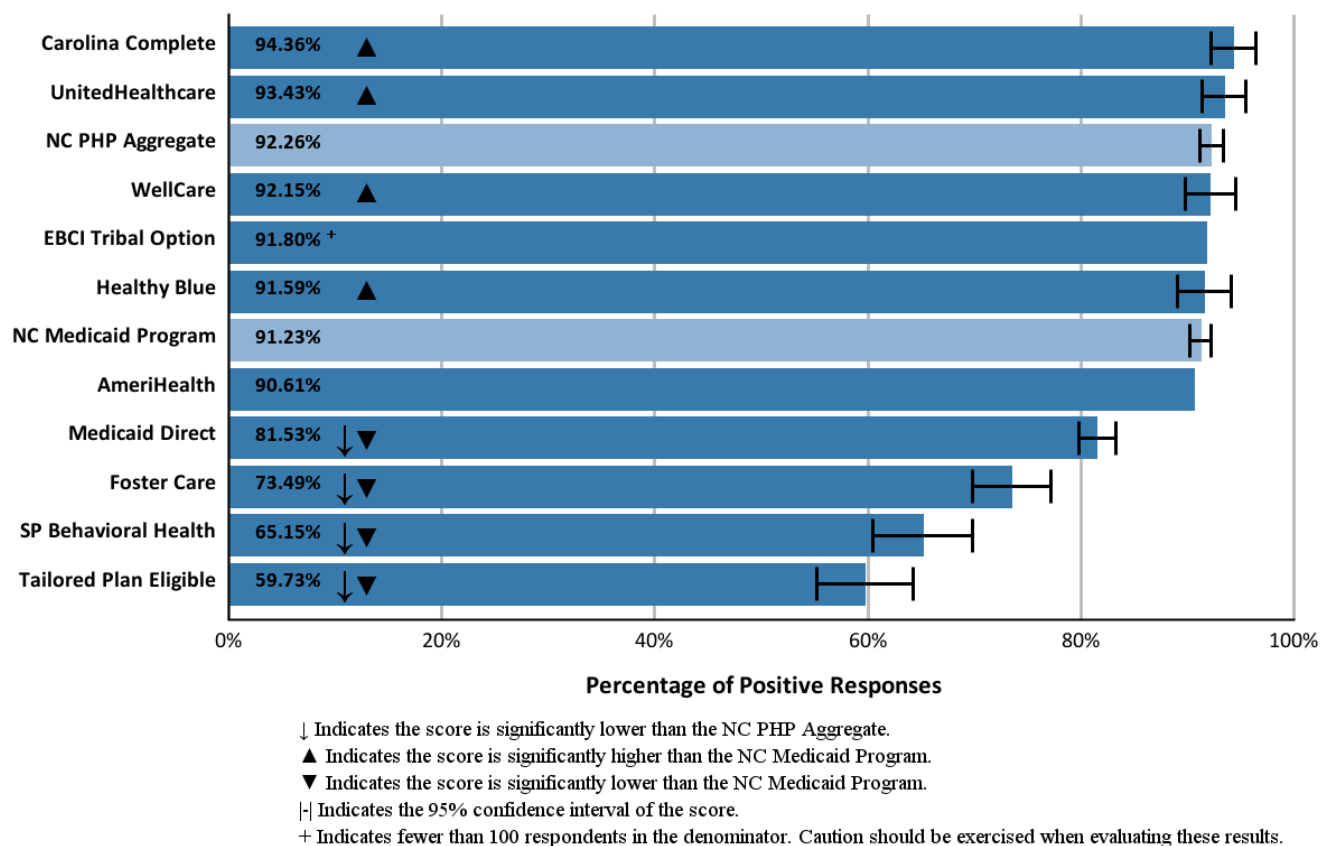


↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 + Indicates fewer 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, WellCare, and Healthy Blue. The following PHP or population-specific rates were significantly *lower* compared to the NC Medicaid Program and NC PHP Aggregate: Medicaid Direct, Foster Care, SP Behavioral Health, and Tailored Plan Eligible.

Figure 4-2—Percentage of 2024 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



Aggregate Comparisons

For the Aggregate Comparisons analysis, positive ratings were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.⁷² 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 27. For more detailed information regarding the measure calculations, please refer to the Reader's Guide beginning on page 38. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 306.

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.⁷³ 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 occur due to large sample variations in results.⁷⁴

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 41.

⁷² National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

⁷³ 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.

⁷⁴ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: September 12, 2024.

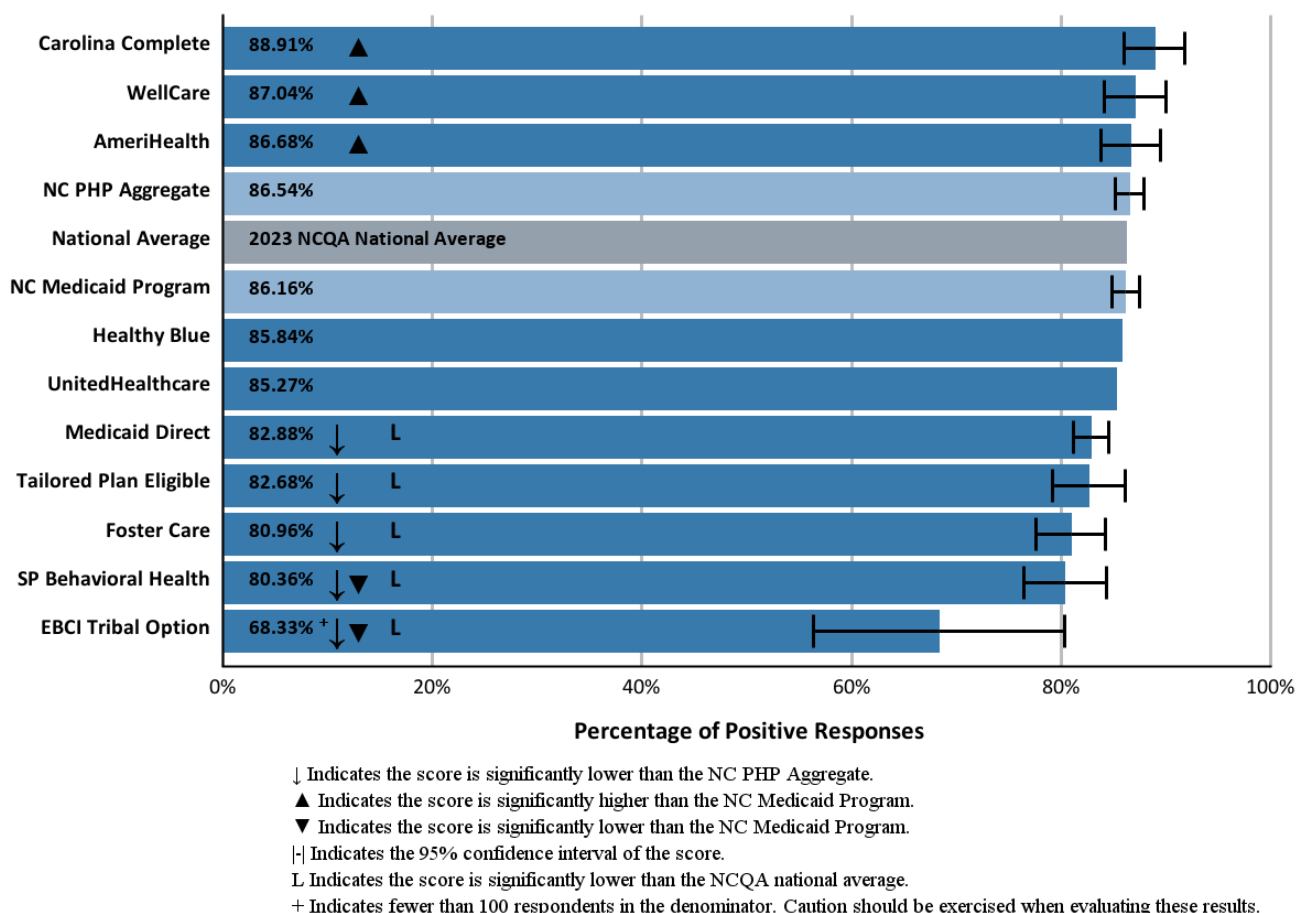
Global Ratings

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, WellCare, and AmeriHealth. The following PHP or population-specific rates were significantly *lower* than the national average and NC PHP Aggregate: Medicaid Direct, Tailored Plan Eligible, Foster Care, SP Behavioral Health, and EBCI Tribal Option. The following PHP or population-specific rates were also significantly *lower* than the NC Medicaid Program: SP Behavioral Health and EBCI Tribal Option.

Figure 4-3—Percentage of 2024 Child Respondents Who Rate Their Child’s Health Plan Positively, by Program-Specific Populations, with National and Aggregate Comparisons

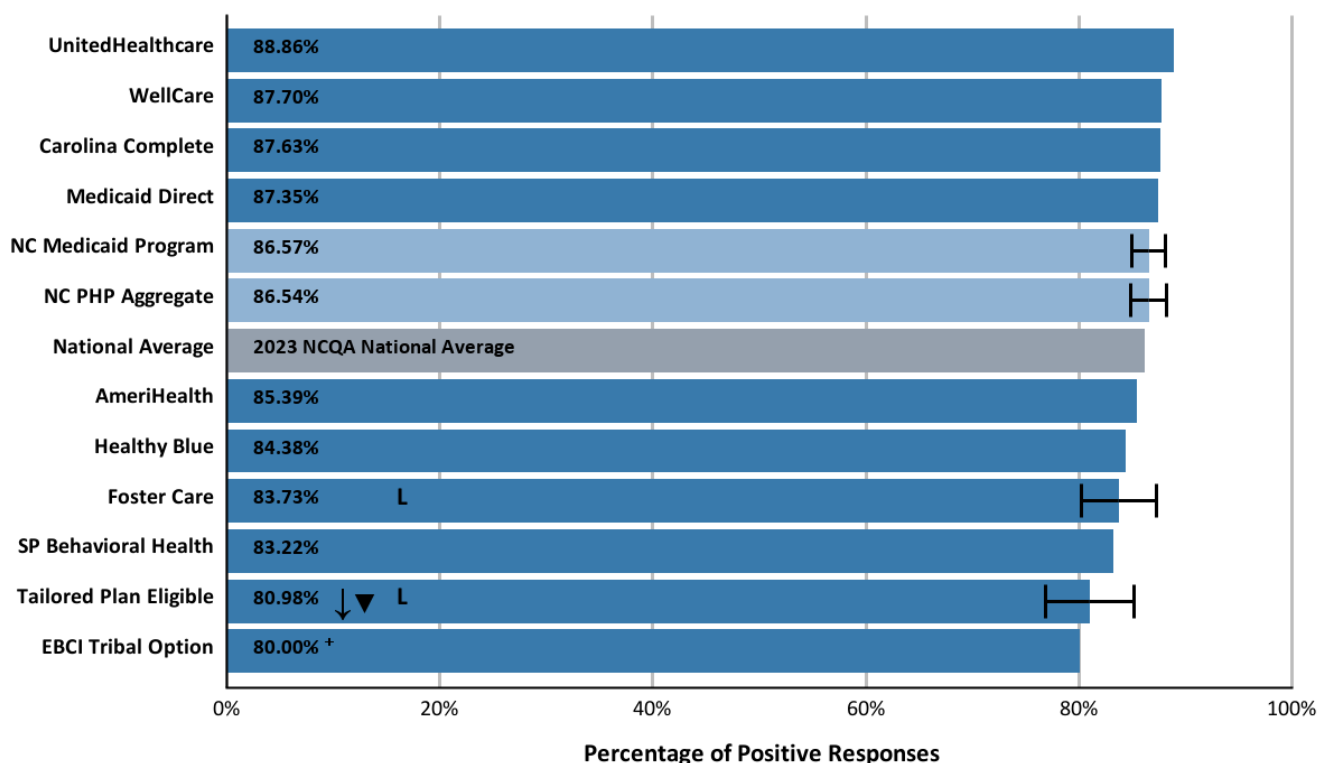


Rating of All Health Care

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 Tailored Plan Eligible rate was significantly *lower* than the national average, NC Medicaid Program, and NC PHP Aggregate. The Foster Care rate was significantly *lower* than the national average.

Figure 4-4—Percentage of 2024 Child Respondents Who Rate All Their Child's Health Care Positively by Program-Specific Populations, with National and Aggregate Comparisons



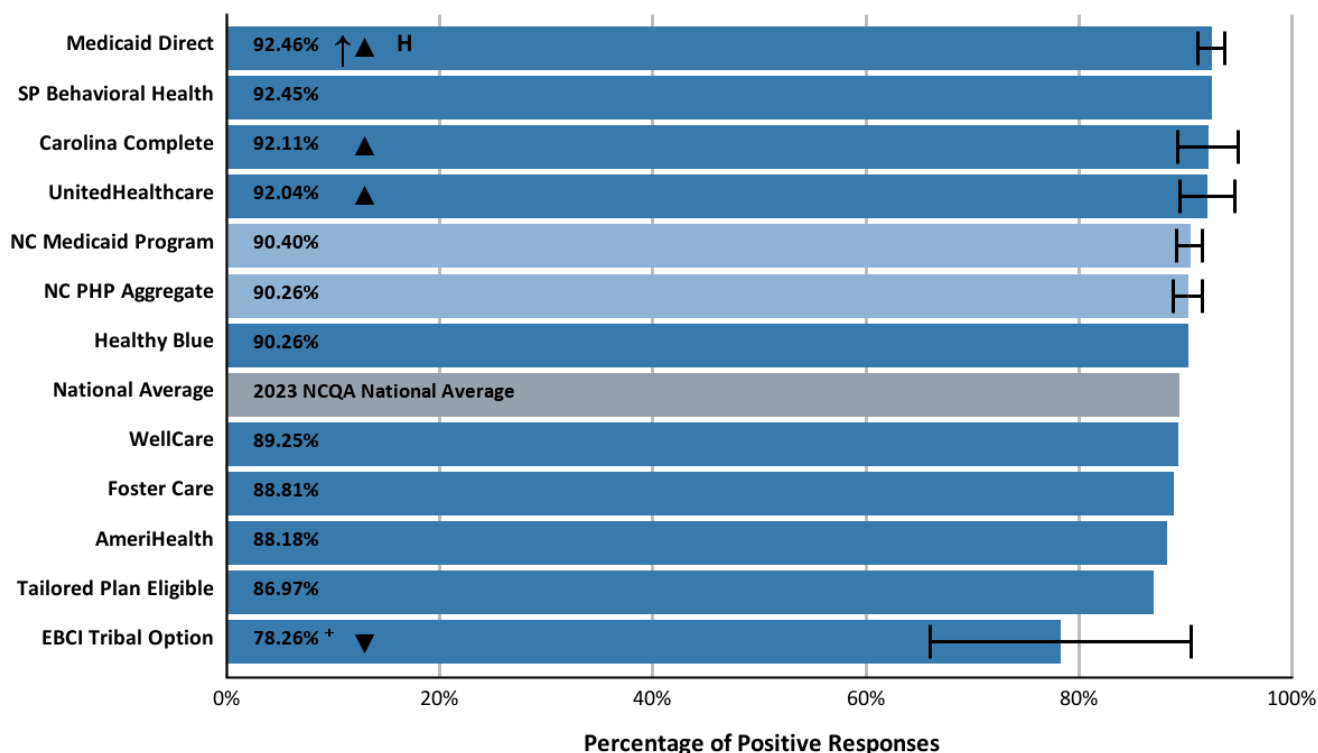
↓ Indicates the score is significantly lower than the NC PHP Aggregate.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 L Indicates the score is significantly lower than the NCQA national average.
 + Indicates fewer 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 Medicaid Direct rate was significantly *higher* than the national average, NC Medicaid Program, and NC PHP Aggregate. The Carolina Complete and UnitedHealthcare rates were significantly *higher* than the NC Medicaid Program. The EBCI Tribal Option rate was significantly *lower* than the NC Medicaid Program.

Figure 4-5—Percentage of 2024 Child Respondents Who Rate Their Child’s Personal Doctor Positively by Program-Specific Populations, with National and Aggregate Comparisons



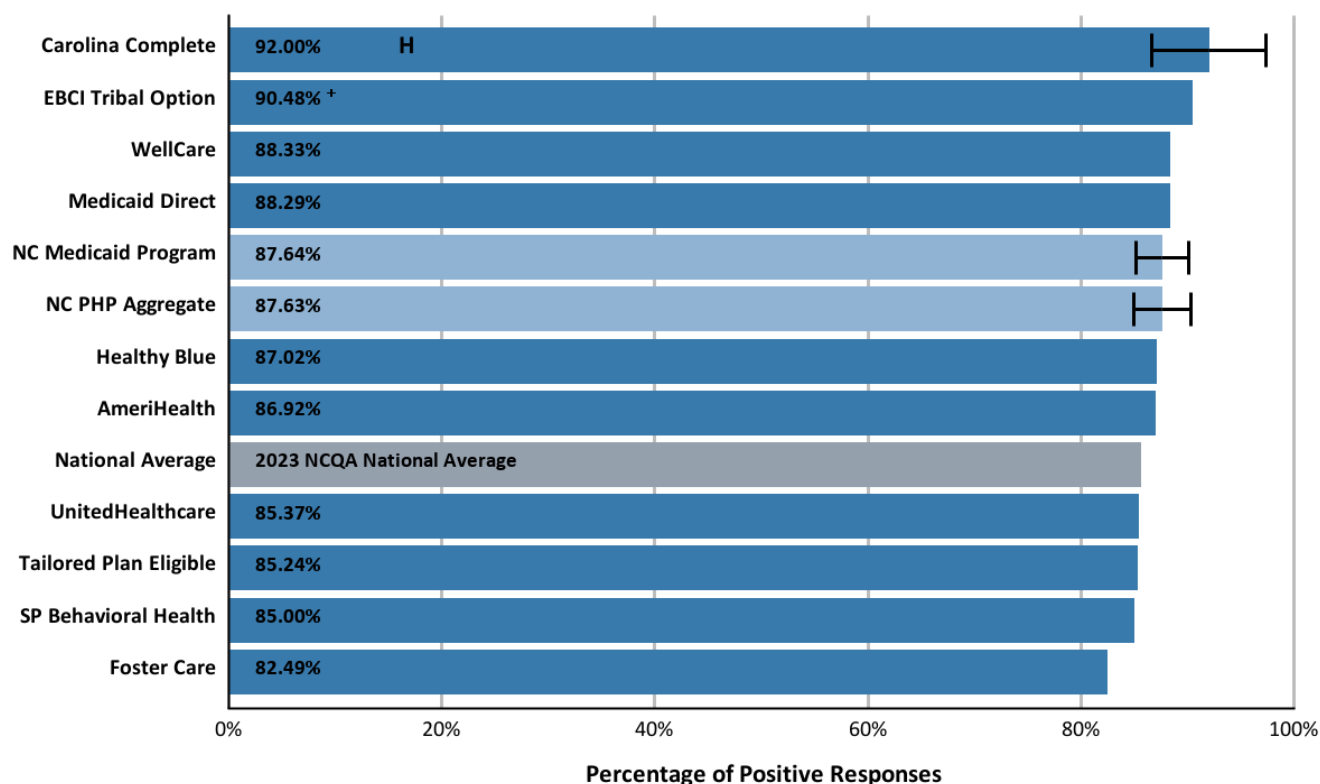
↑ Indicates the score is significantly higher than the NC PHP Aggregate.
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.
 |—| Indicates the 95% confidence interval of the score.
 H Indicates the score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

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. The Carolina Complete rate was significantly higher than the national average.

Figure 4-6—Percentage of 2024 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.

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

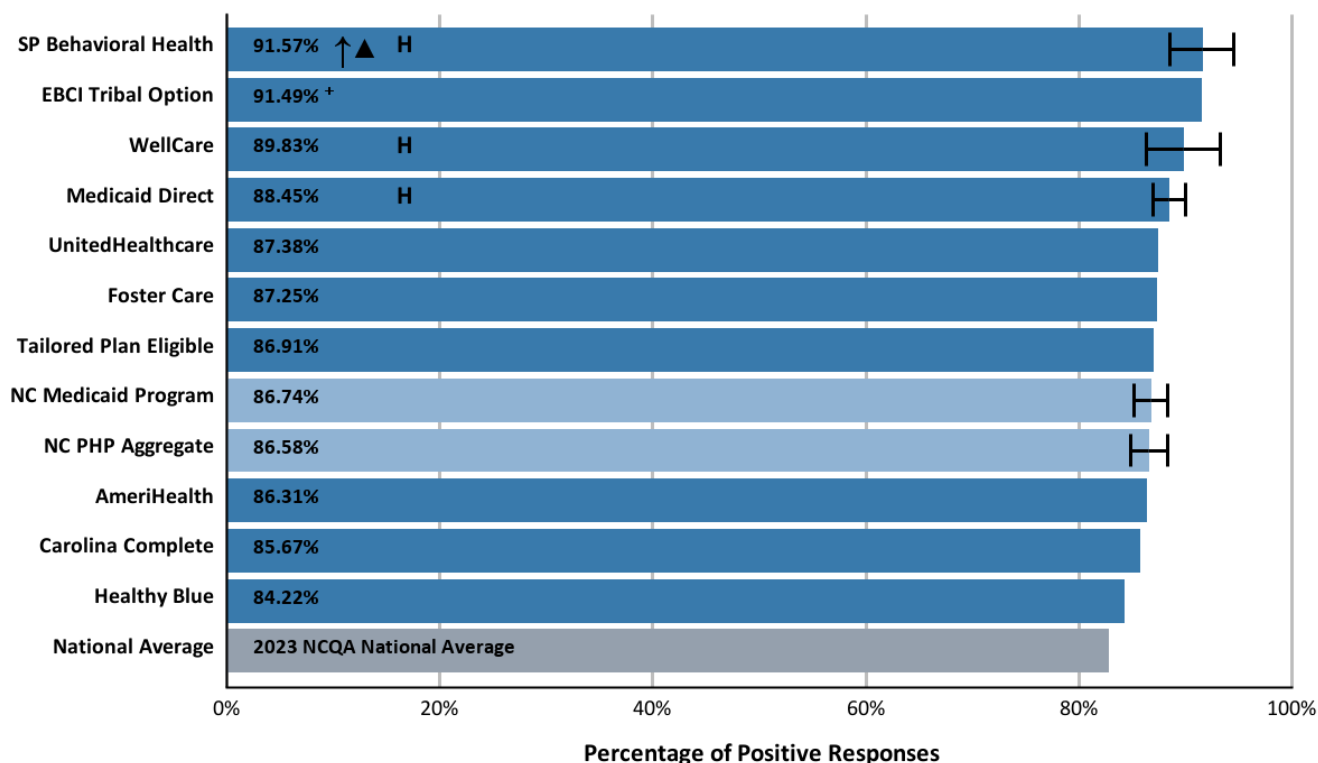
Getting Needed Care

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get needed care 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, WellCare, and Medicaid Direct. Additionally, the SP Behavioral Health rate was significantly *higher* than the NC Medicaid Program and NC PHP Aggregate.

Figure 4-7—Percentage of 2024 Child Respondents Who Usually or Always Got Care They Needed 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 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.

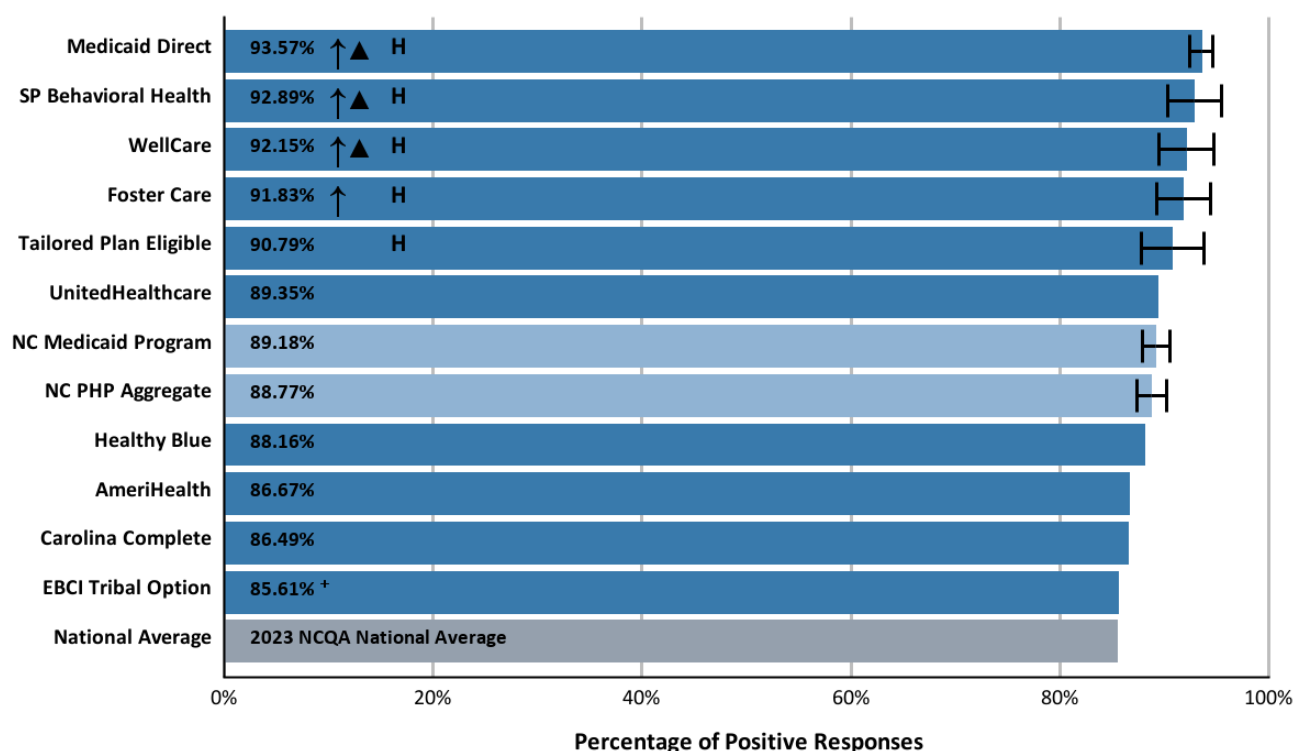
Getting Care Quickly

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, NC Medicaid Program, and NC PHP Aggregate: Medicaid Direct, SP Behavioral Health, and WellCare. The Foster Care rate was significantly *higher* than the NC PHP Aggregate and national average, and the Tailored Plan Eligible rate was significantly *higher* than the national average.

Figure 4-8—Percentage of 2024 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 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.

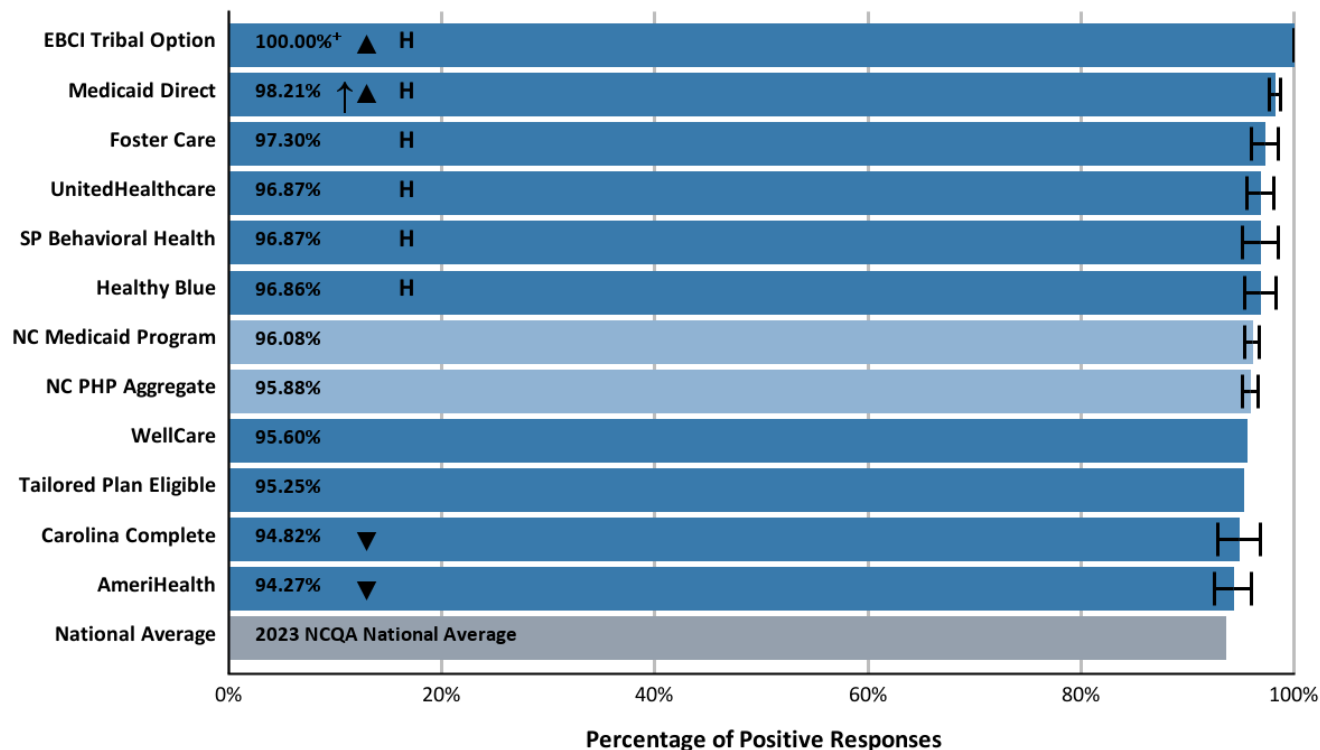
How Well Doctors Communicate

Four questions were asked to assess how often (never, sometimes, usually, or always) the 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: EBCI Tribal Option, Medicaid Direct, Foster Care, UnitedHealthcare, SP Behavioral Health, and Healthy Blue. The following PHP or population-specific rates were also significantly *higher* than the NC Medicaid Program: EBCI Tribal Option and Medicaid Direct. Additionally, the Medicaid Direct rate was significantly *higher* than the NC PHP Aggregate. The following PHP or population-specific rates were significantly *lower* than the NC Medicaid Program: Carolina Complete and AmeriHealth.

Figure 4-9—Percentage of 2024 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.

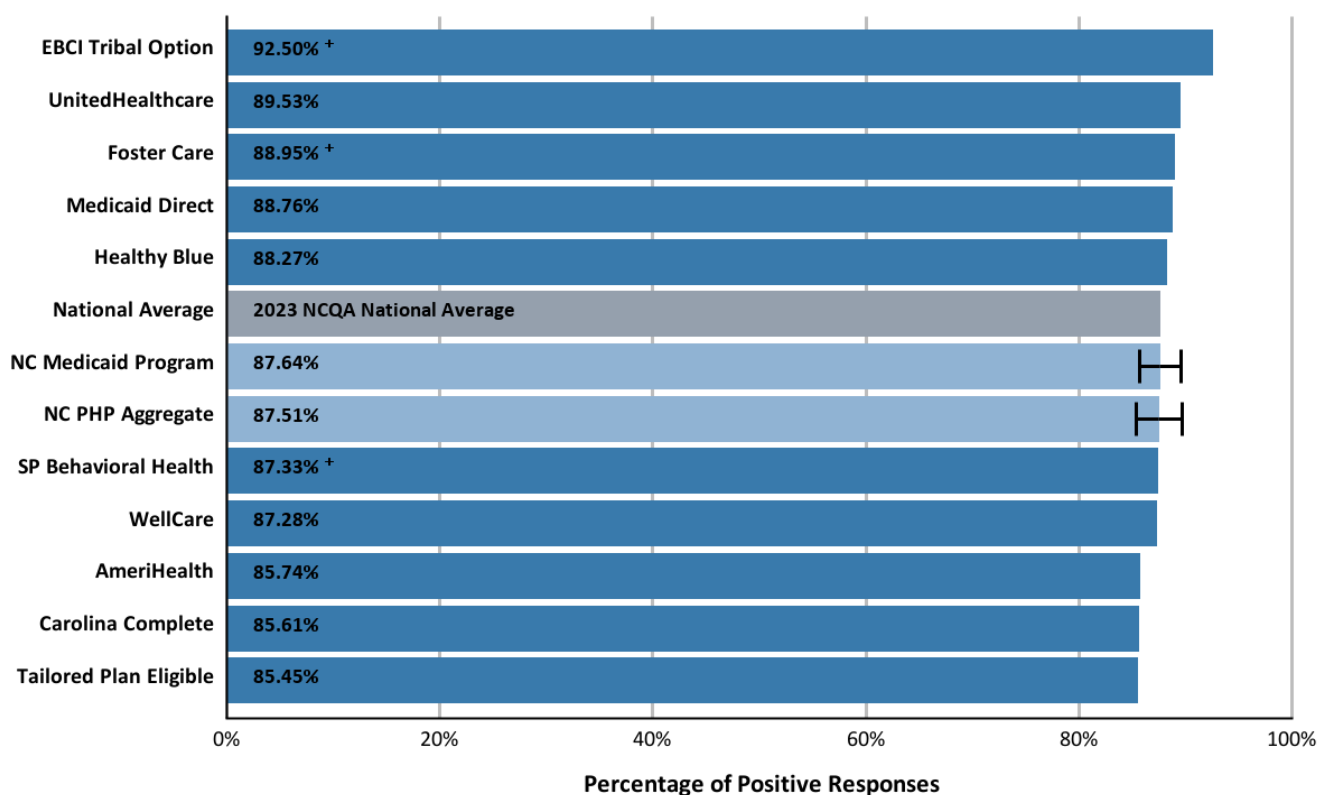
Customer Service

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. None of the PHPs or program-specific populations were significantly different than the national average, NC Medicaid Program, and NC PHP Aggregate.

Figure 4-10—Percentage of 2024 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.

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

Individual Item Measure

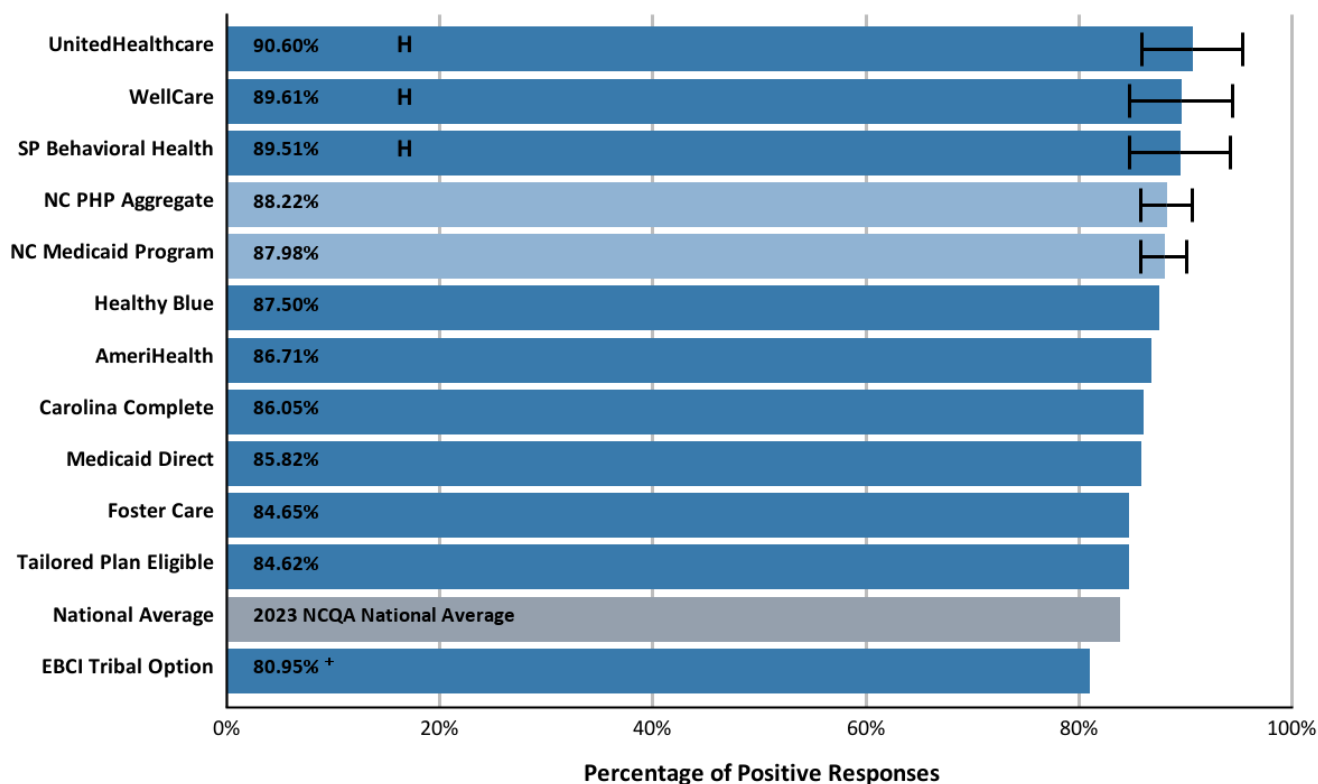
Coordination of Care

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 following PHP or population-specific rates were significantly *higher* than the national average: UnitedHealthcare, WellCare, and SP Behavioral Health.

Figure 4-11—Percentage of 2024 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 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.

Year-Over-Year Analysis

The 2024 positive ratings were compared to the 2023 scores to determine whether there were statistically significant differences. 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 42.

For each measure, HSAG included a Year-Over-Year chart that displays pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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 4-5 shows the Year-Over-Year 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 2024 rate was significantly *higher* than the 2023 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 Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	95.58%	95.77%	∅
NC PHP Aggregate	96.73%	95.99%	∅
AmeriHealth	96.86%	95.49%	∅
Carolina Complete	97.19%	96.34%	∅
Healthy Blue	97.23%	95.70%	∅
UnitedHealthcare	97.20%	96.89%	∅
WellCare	95.31%	95.77%	∅
SP Behavioral Health	92.34%	90.89%	∅
EBCI Tribal Option	92.86% ⁺	93.44% ⁺	∅
Medicaid Direct	81.76%	93.48%	▲
Tailored Plan Eligible	90.45%	88.21%	∅

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
Foster Care	96.24%	95.07%	∅
<i>Blue shading indicates the 2024 score is significantly different than the 2023 score.</i> + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Mental or Emotional Health Status

Table 4-6 shows the Year-Over-Year 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 SP Behavioral Health and Foster Care 2024 rates were significantly *lower* than the 2023 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 Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	92.12%	91.23%	∅
NC PHP Aggregate	93.21%	92.26%	∅
AmeriHealth	92.62%	90.61%	∅
Carolina Complete	93.74%	94.36%	∅
Healthy Blue	93.18%	91.59%	∅
UnitedHealthcare	93.66%	93.43%	∅
WellCare	93.02%	92.15%	∅
SP Behavioral Health	72.97%	65.15%	▼
EBCI Tribal Option	90.00% ⁺	91.80% ⁺	∅
Medicaid Direct	83.04%	81.53%	∅
Tailored Plan Eligible	61.63%	59.73%	∅
Foster Care	79.94%	73.49%	▼
<i>Blue shading indicates the 2024 score is significantly different than the 2023 score.</i> + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Global Ratings

Rating of Health Plan

Table 4-7 shows the *Rating of Health Plan* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Medicaid Direct 2024 rate was significantly *higher* than the 2023 rate.

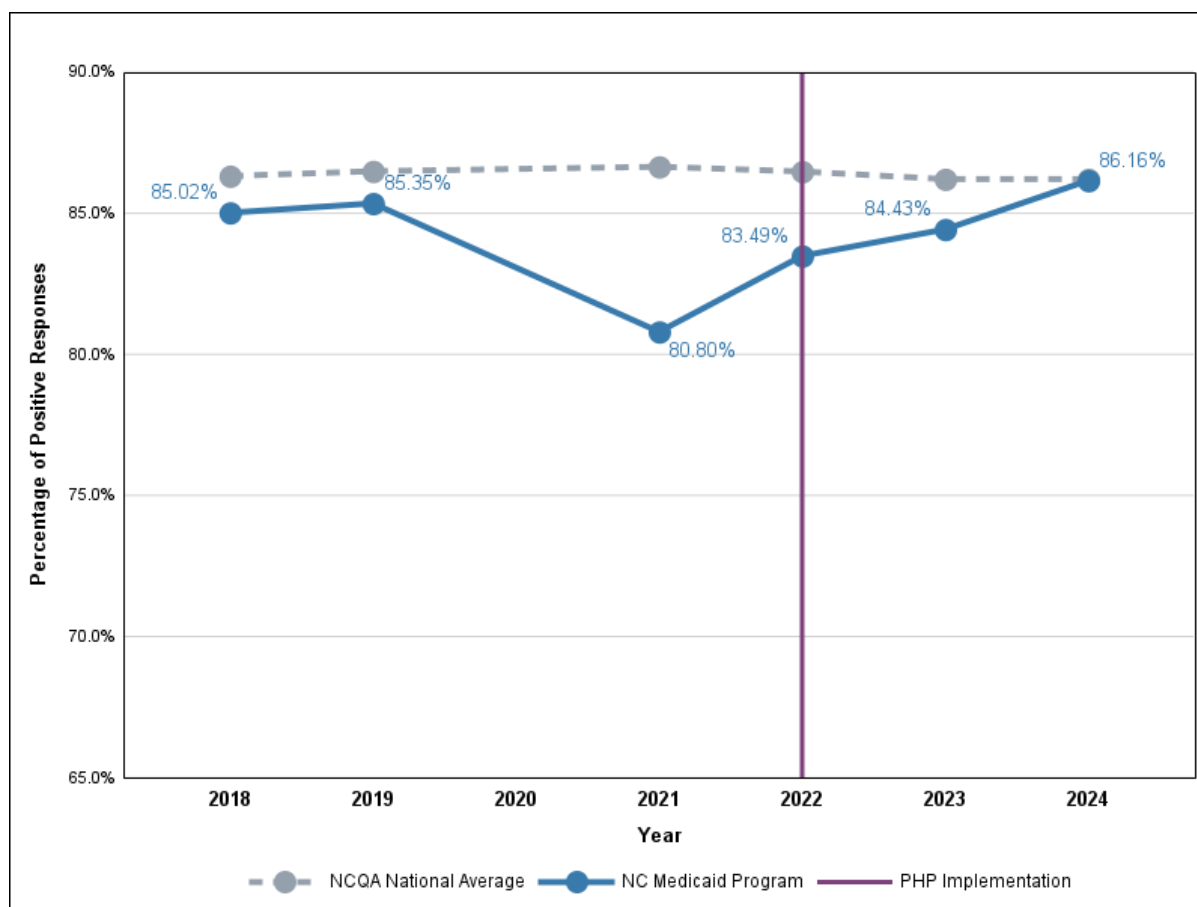
Table 4-7—Percentage of Child Respondents Who Rate Their Child’s Health Plan Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	84.43%	86.16%	Ø
NC PHP Aggregate	85.94%	86.54%	Ø
AmeriHealth	83.19%	86.68%	Ø
Carolina Complete	87.62%	88.91%	Ø
Healthy Blue	86.88%	85.84%	Ø
UnitedHealthcare	87.50%	85.27%	Ø
WellCare	84.59%	87.04%	Ø
SP Behavioral Health	82.65%	80.36%	Ø
EBCI Tribal Option	76.47% ⁺	68.33% ⁺	Ø
Medicaid Direct	67.07%	82.88%	▲
Tailored Plan Eligible	78.66%	82.68%	Ø
Foster Care	83.25%	80.96%	Ø

Blue shading indicates the 2024 score is significantly different than the 2023 score.
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.

Figure 4-12 shows the *Rating of Health Plan* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Rating of All Health Care

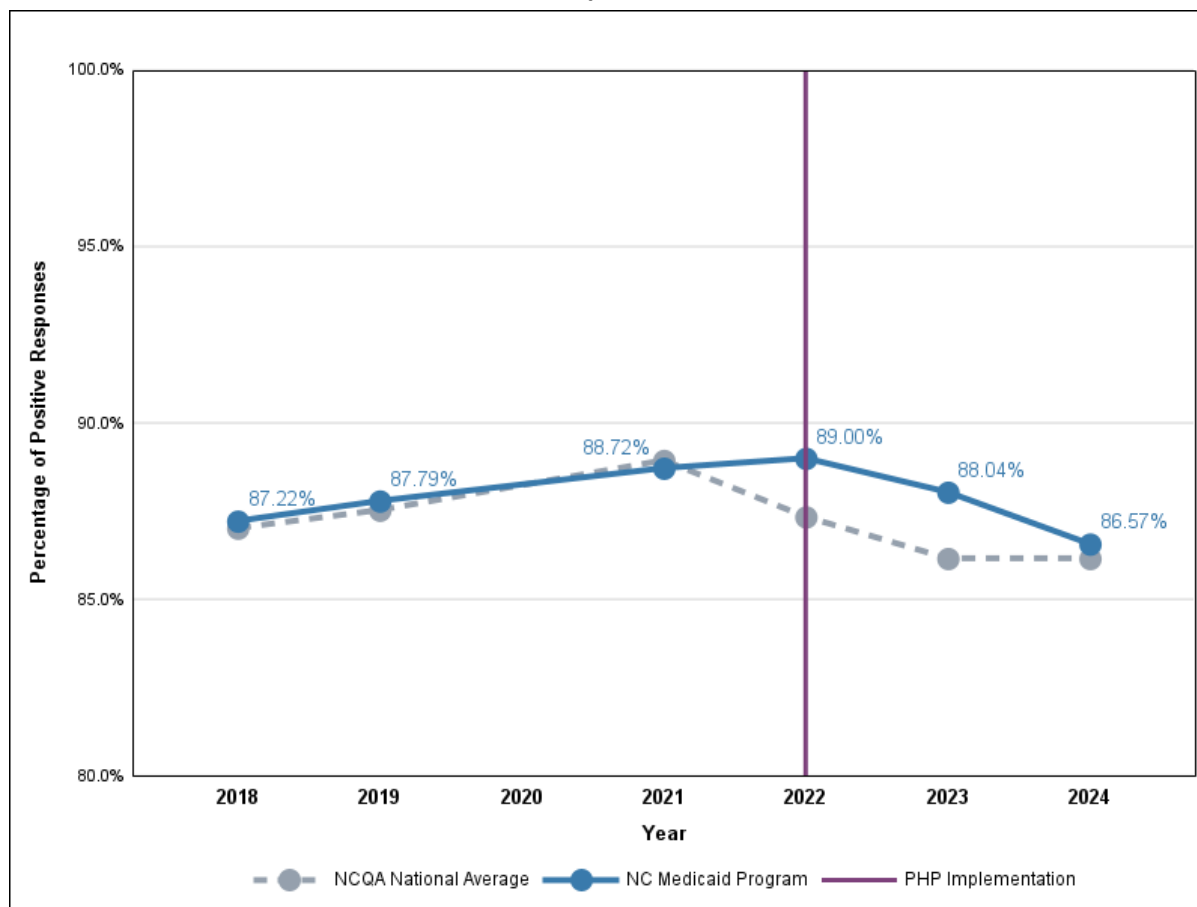
Table 4-8 shows the *Rating of All Health Care* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Healthy Blue and Foster Care 2024 rates were significantly *lower* than the 2023 rates.

Table 4-8—Percentage of Child Respondents Who Rate All Their Child’s Health Care Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	88.04%	86.57%	Ø
NC PHP Aggregate	88.05%	86.54%	Ø
AmeriHealth	86.02%	85.39%	Ø
Carolina Complete	89.60%	87.63%	Ø
Healthy Blue	91.41%	84.38%	▼
UnitedHealthcare	84.84%	88.86%	Ø
WellCare	87.64%	87.70%	Ø
SP Behavioral Health	82.34%	83.22%	Ø
EBCI Tribal Option	79.49% ⁺	80.00% ⁺	Ø
Medicaid Direct	87.70%	87.35%	Ø
Tailored Plan Eligible	85.09%	80.98%	Ø
Foster Care	89.55%	83.73%	▼
<p>Blue shading indicates the 2024 score is significantly different than the 2023 score.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.</p> <p>Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.</p>			

Figure 4-13 shows the *Rating of All Health Care* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Rating of Personal Doctor

Table 4-9 shows the *Rating of Personal Doctor* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The SP Behavioral Health 2024 rate was significantly *higher* than the 2023 rate, whereas the Foster Care 2024 rate was significantly *lower* than the 2023 rate.

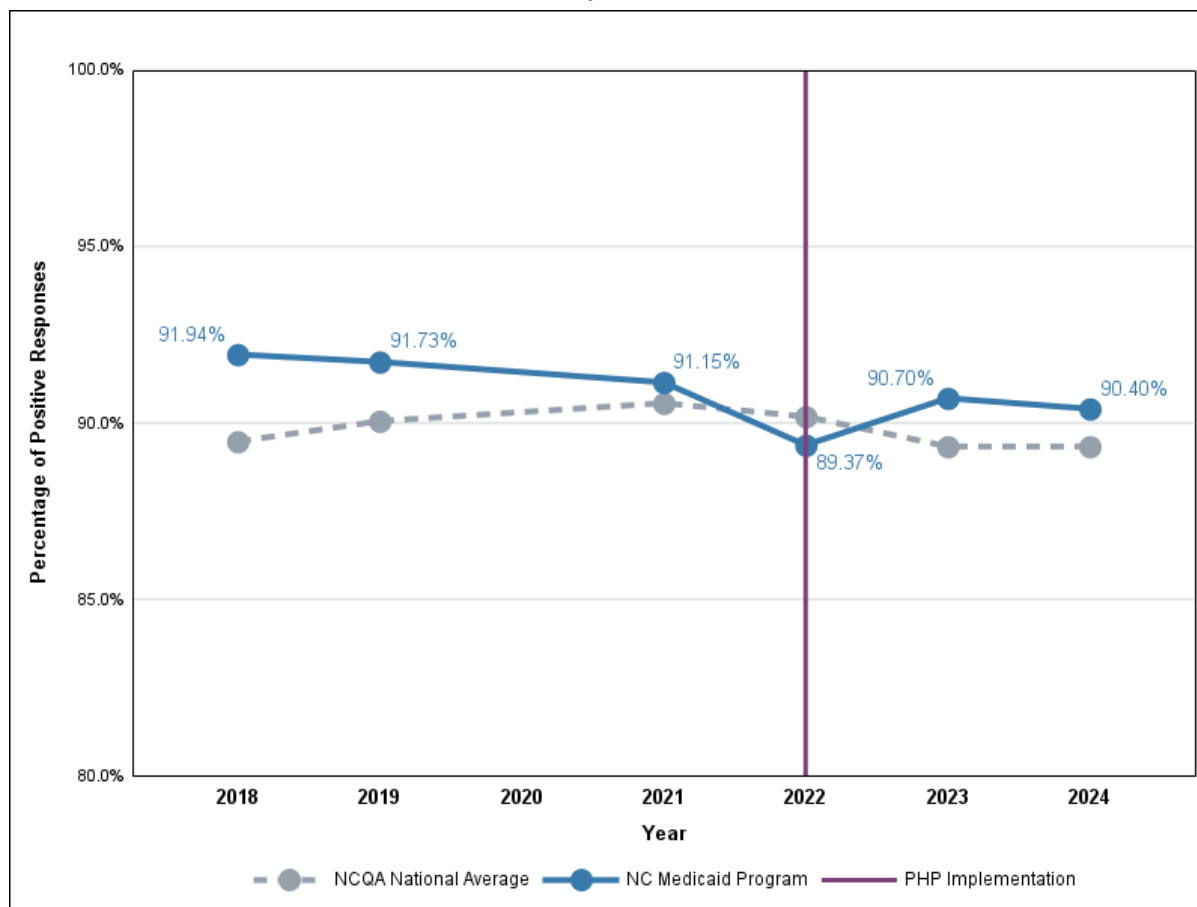
Table 4-9—Percentage of Child Respondents Who Rate Their Child’s Personal Doctor Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	90.70%	90.40%	∅
NC PHP Aggregate	90.63%	90.26%	∅
AmeriHealth	88.63%	88.18%	∅
Carolina Complete	92.68%	92.11%	∅
Healthy Blue	91.09%	90.26%	∅
UnitedHealthcare	90.40%	92.04%	∅
WellCare	90.72%	89.25%	∅
SP Behavioral Health	86.85%	92.45%	▲
EBCI Tribal Option	85.71% ⁺	78.26% ⁺	∅
Medicaid Direct	90.60%	92.46%	∅
Tailored Plan Eligible	91.15%	86.97%	∅
Foster Care	93.81%	88.81%	▼

Blue shading indicates the 2024 score is significantly different than the 2023 score.
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.

Figure 4-14 shows the *Rating of Personal Doctor* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Rating of Specialist Seen Most Often

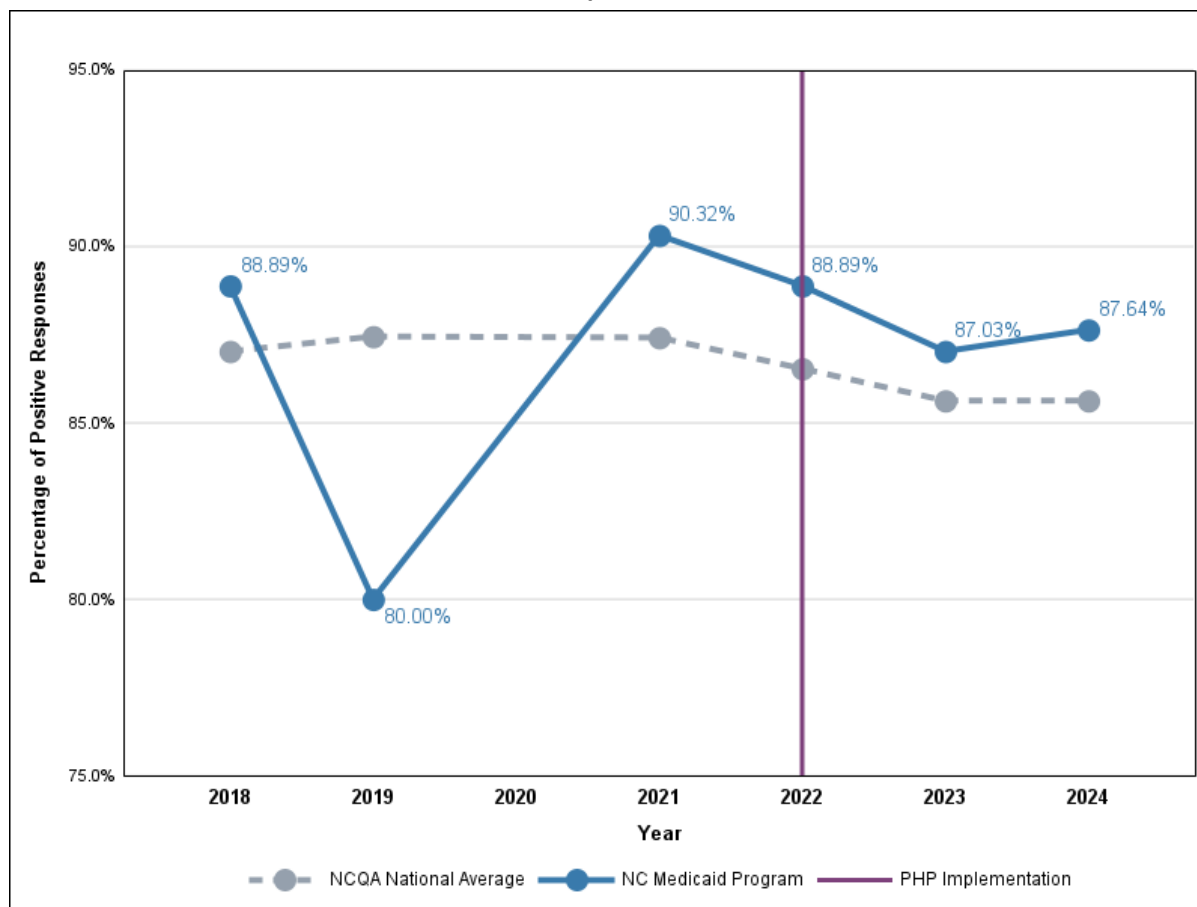
Table 4-10 shows the *Rating of Specialist Seen Most Often* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 4-10—Percentage of Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	87.03%	87.64%	Ø
NC PHP Aggregate	87.15%	87.63%	Ø
AmeriHealth	86.61%	86.92%	Ø
Carolina Complete	89.57%	92.00%	Ø
Healthy Blue	87.60%	87.02%	Ø
UnitedHealthcare	88.17% ⁺	85.37%	Ø
WellCare	84.62%	88.33%	Ø
SP Behavioral Health	82.89%	85.00%	Ø
EBCI Tribal Option	81.25% ⁺	90.48% ⁺	Ø
Medicaid Direct	85.71% ⁺	88.29%	Ø
Tailored Plan Eligible	87.24%	85.24%	Ø
Foster Care	87.46%	82.49%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 4-15 shows the *Rating of Specialist Seen Most Often* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Composite Measures

Getting Needed Care

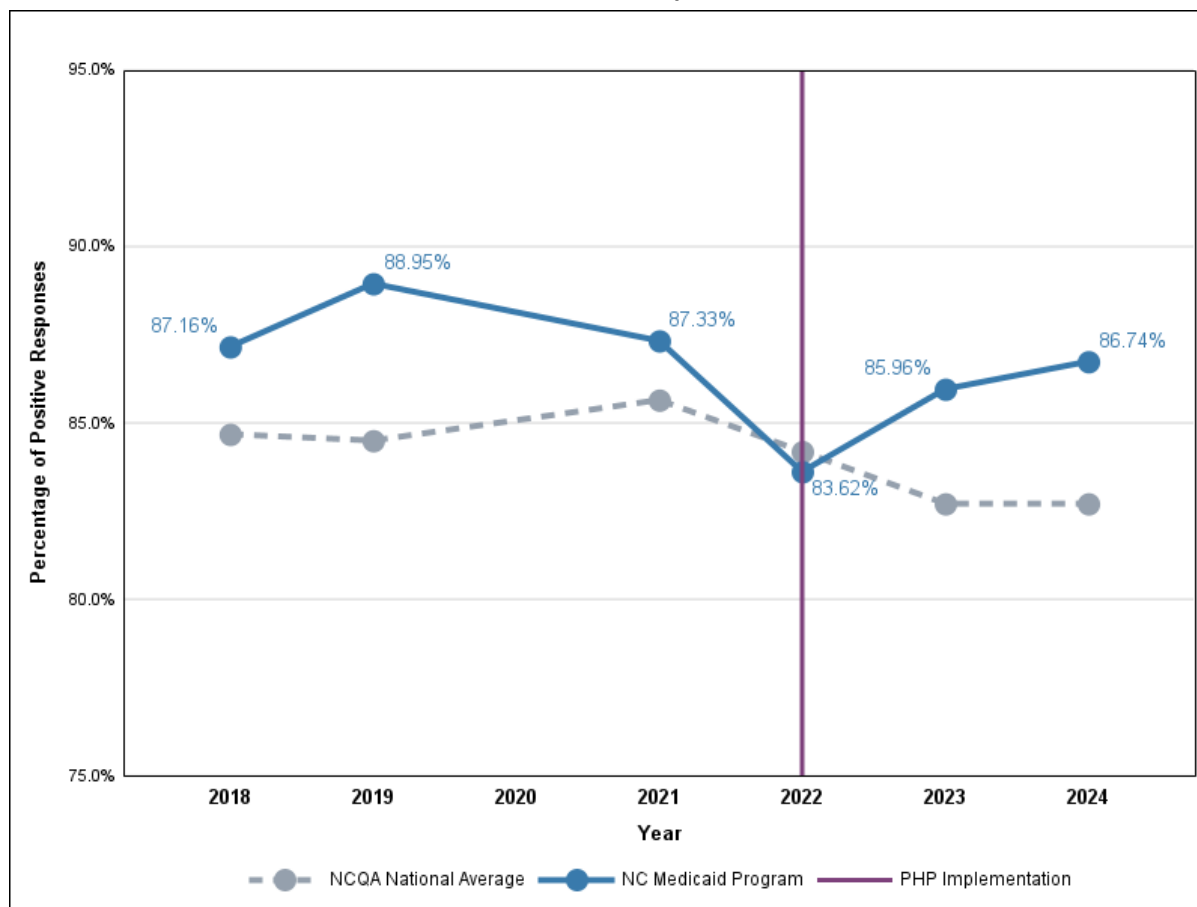
Table 4-11 shows the *Getting Needed Care* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

Table 4-11—Percentage of Child Respondents Who Usually or Always Got Care They Needed for Their Child by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	85.96%	86.74%	∅
NC PHP Aggregate	85.74%	86.58%	∅
AmeriHealth	83.62%	86.31%	∅
Carolina Complete	85.83%	85.67%	∅
Healthy Blue	87.77%	84.22%	∅
UnitedHealthcare	85.29%	87.38%	∅
WellCare	85.35%	89.83%	∅
SP Behavioral Health	88.54%	91.57%	∅
EBCI Tribal Option	82.23% ⁺	91.49% ⁺	∅
Medicaid Direct	88.03%	88.45%	∅
Tailored Plan Eligible	85.96%	86.91%	∅
Foster Care	87.99%	87.25%	∅
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. ∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 4-16 shows the *Getting Needed Care Year-Over-Year* data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Getting Care Quickly

Table 4-12 shows the *Getting Care Quickly* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Carolina Complete 2024 rate was significantly *lower* than the 2023 rate, whereas the WellCare 2024 rate was significantly *higher* than the 2023 rate.

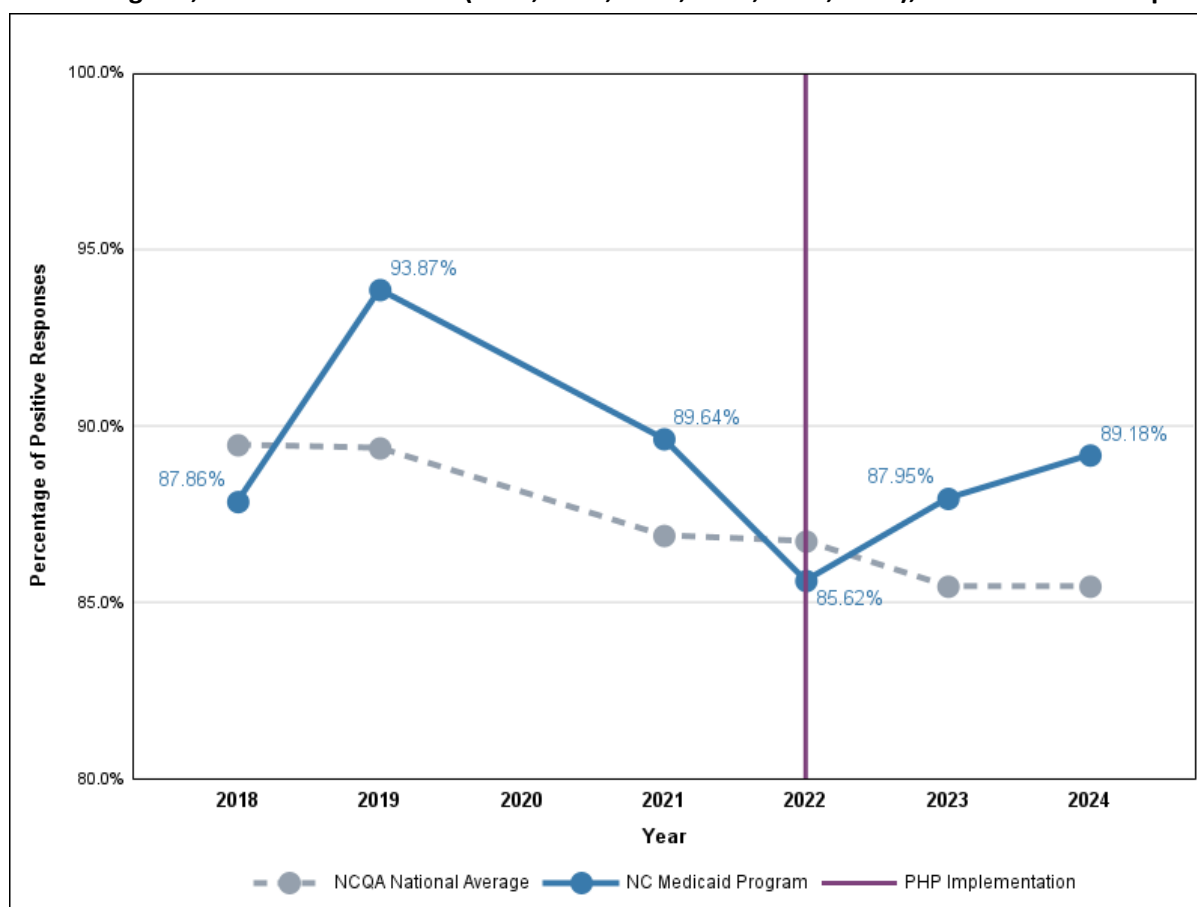
Table 4-12—Percentage of Child Respondents Who Usually or Always Got Care Quickly for Their Child by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	87.95%	89.18%	∅
NC PHP Aggregate	87.72%	88.77%	∅
AmeriHealth	84.13%	86.67%	∅
Carolina Complete	91.36%	86.49%	▼
Healthy Blue	89.16%	88.16%	∅
UnitedHealthcare	87.03%	89.35%	∅
WellCare	87.38%	92.15%	▲
SP Behavioral Health	90.29%	92.89%	∅
EBCI Tribal Option	88.31% ⁺	85.61% ⁺	∅
Medicaid Direct	88.73% ⁺	93.57%	∅
Tailored Plan Eligible	89.46%	90.79%	∅
Foster Care	93.93%	91.83%	∅

Blue shading indicates the 2024 score is significantly different than the 2023 score.
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.

Figure 4-17 shows the *Getting Care Quickly* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



How Well Doctors Communicate

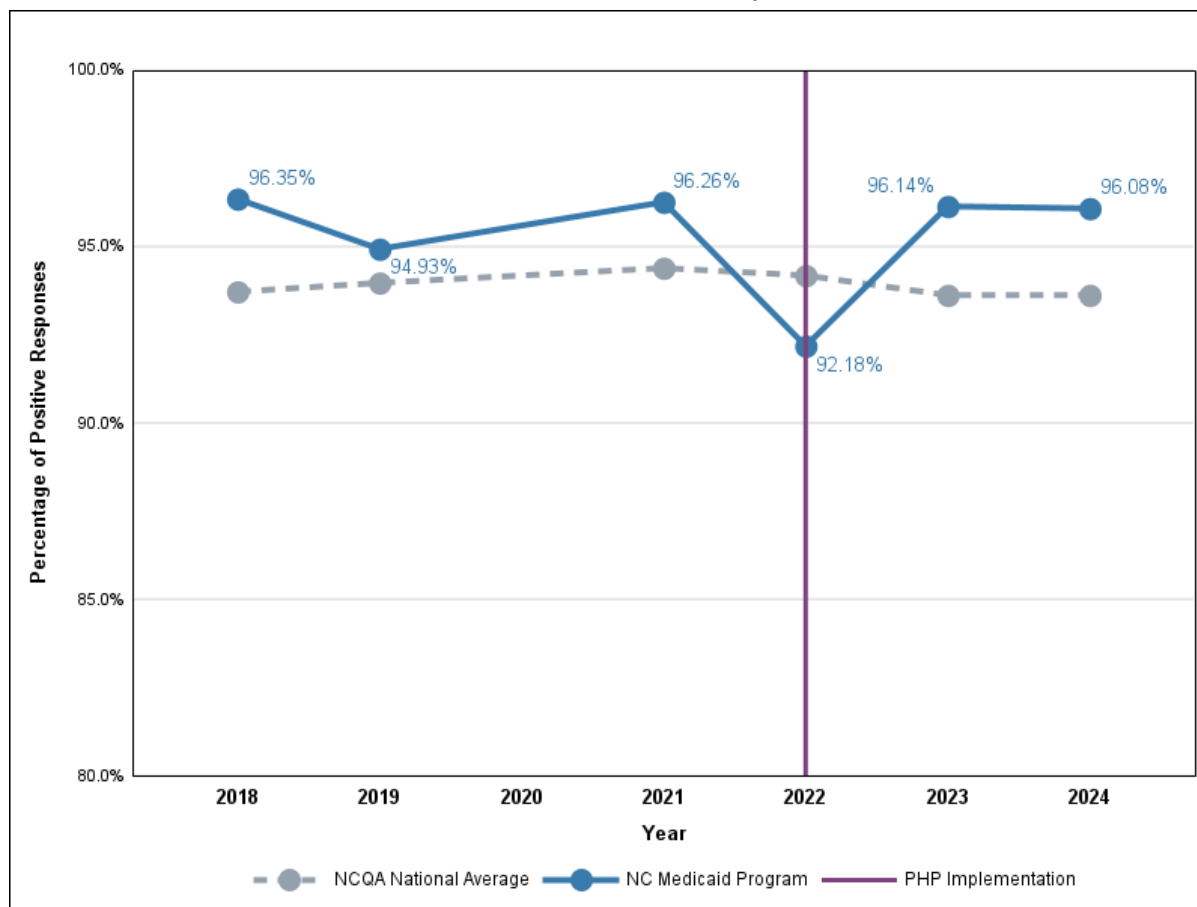
Table 4-13 shows the *How Well Doctors Communicate* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The Carolina Complete 2024 rate was significantly *lower* than the 2023 rate, whereas the UnitedHealthcare 2024 rate was significantly *higher* than the 2023 rate.

Table 4-13—Percentage of Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well With Them by Program-Specific Populations, with Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	96.14%	96.08%	∅
NC PHP Aggregate	95.91%	95.88%	∅
AmeriHealth	95.05%	94.27%	∅
Carolina Complete	97.38%	94.82%	▼
Healthy Blue	97.53%	96.86%	∅
UnitedHealthcare	93.98%	96.87%	▲
WellCare	95.54%	95.60%	∅
SP Behavioral Health	96.77%	96.87%	∅
EBCI Tribal Option	97.62% ⁺	100.00% ⁺	∅
Medicaid Direct	98.33%	98.21%	∅
Tailored Plan Eligible	95.51%	95.25%	∅
Foster Care	97.82%	97.30%	∅
<p>Blue shading indicates the 2024 score is significantly different than the 2023 score.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.</p> <p>▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.</p> <p>∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.</p>			

Figure 4-18 shows the *How Well Doctors Communicate* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Customer Service

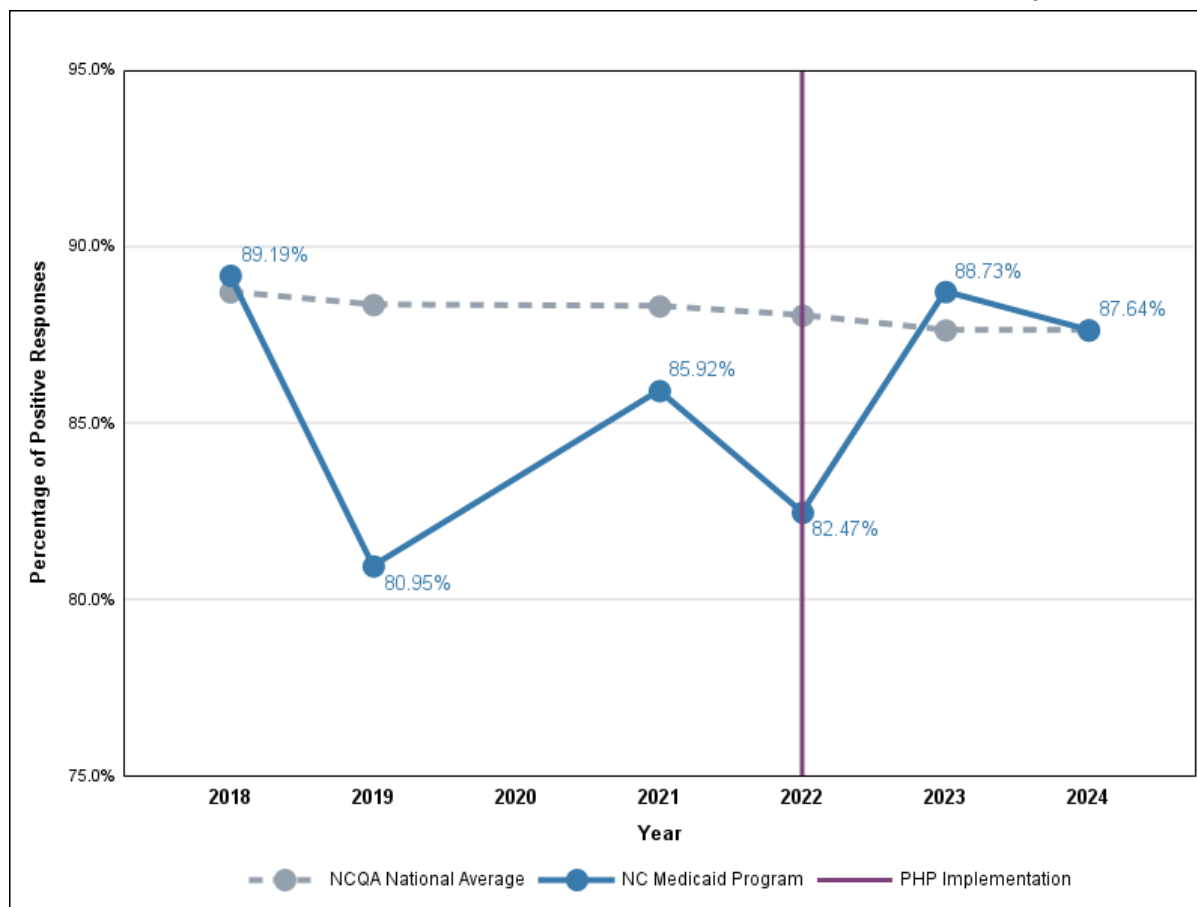
Table 4-14 shows the *Customer Service* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. The AmeriHealth and Carolina Complete 2024 rates were significantly *lower* than the 2023 rates.

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 Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	88.73%	87.64%	∅
NC PHP Aggregate	89.18%	87.51%	∅
AmeriHealth	92.57%	85.74%	▼
Carolina Complete	92.66%	85.61%	▼
Healthy Blue	91.10%	88.27%	∅
UnitedHealthcare	84.83% ⁺	89.53%	∅
WellCare	86.01%	87.28%	∅
SP Behavioral Health	90.27%	87.33% ⁺	∅
EBCI Tribal Option	93.33% ⁺	92.50% ⁺	∅
Medicaid Direct	83.60% ⁺	88.76%	∅
Tailored Plan Eligible	85.66%	85.45%	∅
Foster Care	87.78%	88.95% ⁺	∅
<p>Blue shading indicates the 2024 score is significantly different than the 2023 score.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.</p> <p>∅ Indicates the 2024 score is not statistically significantly different than the 2023 score.</p>			

Figure 4-19 shows the *Customer Service* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Individual Item Measure

Coordination of Care

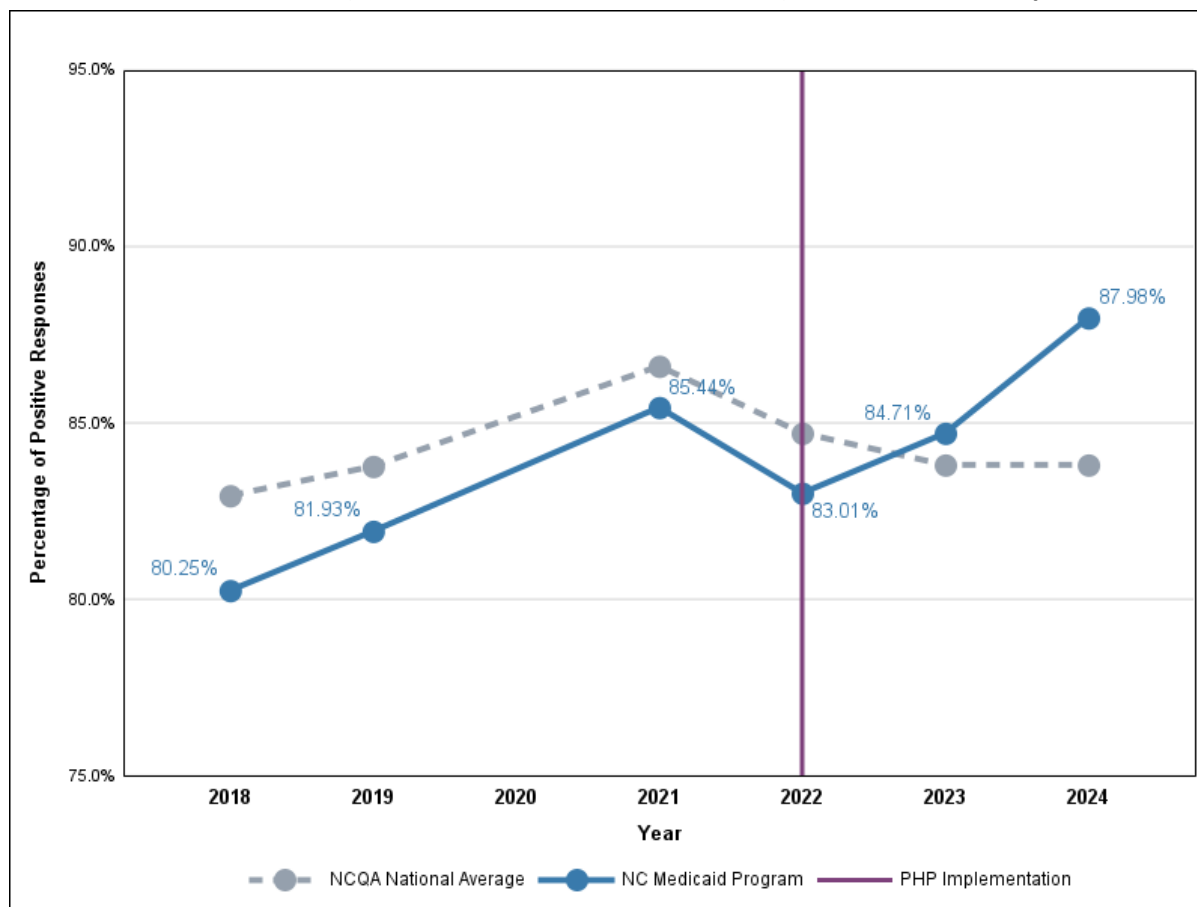
Table 4-15 shows the *Coordination of Care* positive rating Year-Over-Year results for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population. None of the NC Medicaid Program, NC PHP Aggregate, PHP, or population-specific rates were significantly different in 2024 than in 2023.

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 Year-Over-Year Analysis (2023, 2024)

PHP/Population	2023	2024	Year-Over-Year Results (2024 Compared to 2023)
NC Medicaid Program	84.71%	87.98%	Ø
NC PHP Aggregate	84.64%	88.22%	Ø
AmeriHealth	84.78%	86.71%	Ø
Carolina Complete	92.54%	86.05%	Ø
Healthy Blue	84.42%	87.50%	Ø
UnitedHealthcare	82.47% ⁺	90.60%	Ø
WellCare	82.10%	89.61%	Ø
SP Behavioral Health	88.30%	89.51%	Ø
EBCI Tribal Option	73.08% ⁺	80.95% ⁺	Ø
Medicaid Direct	84.88% ⁺	85.82%	Ø
Tailored Plan Eligible	84.24%	84.62%	Ø
Foster Care	87.74%	84.65%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2024 score is not statistically significantly different than the 2023 score.			

Figure 4-20 shows the *Coordination of Care* Year-Over-Year data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022, 2023, and 2024) 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, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024), with National Comparisons



Supplemental Items

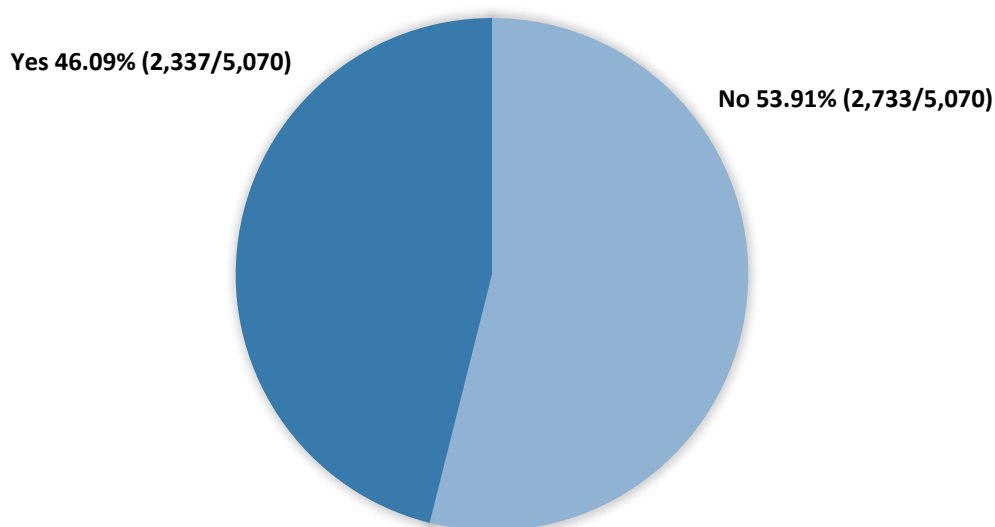
Counseling and Mental Health Treatment

DHB added two questions regarding mental health.

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 who reported their child's personal doctor asked about their child's mental health. The majority of parent/caretaker respondents (53.91 percent) reported their child's personal doctor did not ask about their child's mental health for the NC Medicaid Program.

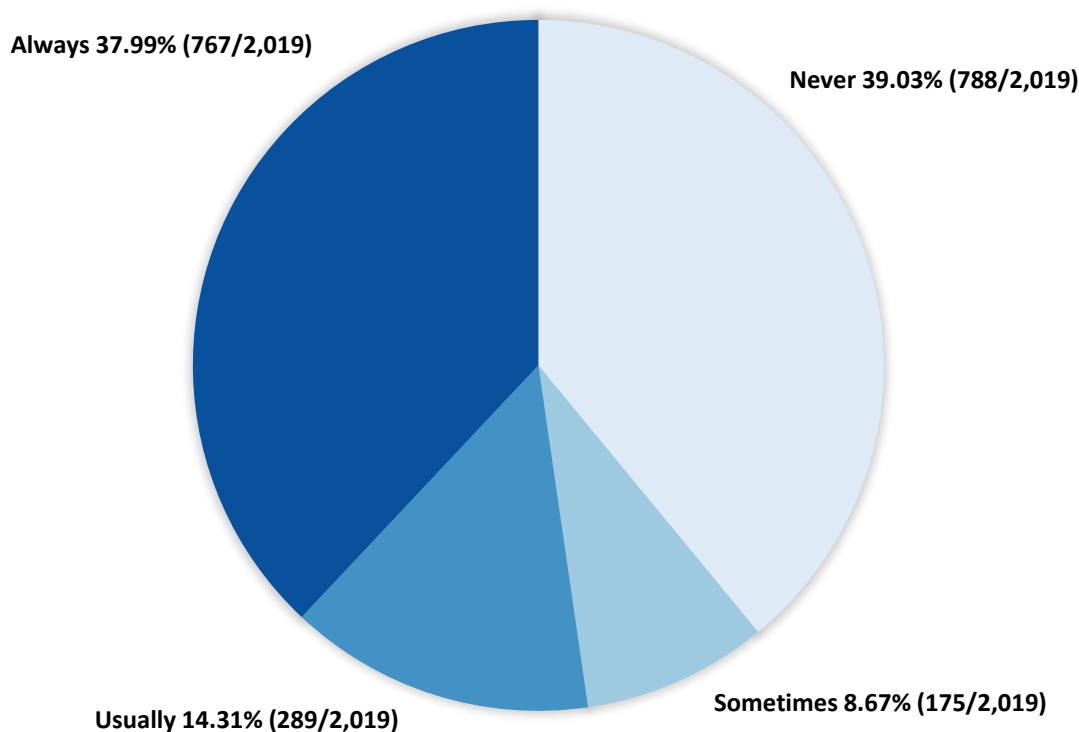
Figure 4-21—Percentage of 2024 Child NC Medicaid Program Respondents Whose Child's Personal Doctor Asked About Their Child's Mental Health



Appointment for Counseling or Mental Health Treatment

Figure 4-22 presents the percentage of parent/caretaker respondents who needed 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. There were 2,987 parent/caretaker respondents who indicated their child did not need counseling or mental health treatment and were therefore excluded from the denominator. The majority of parent/caretaker respondents (52.30 percent) reported they usually or always received an appointment for counseling or mental health treatment as soon as their child needed for the NC Medicaid Program.

Figure 4-22—Percentage of 2024 Child NC Medicaid Program Respondents Who Needed Counseling or Mental Health Treatment for Their Child, How Often They Received An Appointment As Soon As Their Child Needed



Respondents who answered “My child did not need counseling or mental health treatment in the last 6 months” were excluded from the analysis.

Table 4-16 presents the percentage of parents/caretakers who were always, usually, sometimes, or never were able to get an appointment for counseling or mental health treatment as soon as their child needed by PHP and population, among those who needed counseling or mental health treatment for their child.

Table 4-16—Among 2024 Child Program-Specific Population Respondents Who Needed 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	20.32% (38/187)	5.88% (11/187)	6.95% (13/187)	66.84% (125/187)
Carolina Complete	25.00% (38/152)	9.87% (15/152)	9.87% (15/152)	55.26% (84/152)
Healthy Blue	S	S	S	59.56% (81/136)
UnitedHealthcare	22.78% (41/180)	7.22% (13/180)	7.78% (14/180)	62.22% (112/180)
WellCare	28.26% (52/184)	7.07% (13/184)	5.98% (11/184)	58.70% (108/184)
SP Behavioral Health	62.28% (175/281)	17.44% (49/281)	9.25% (26/281)	11.03% (31/281)
EBCI Tribal Option	S	S	S	S
Medicaid Direct	46.14% (389/843)	19.34% (163/843)	9.37% (79/843)	25.15% (212/843)
Tailored Plan Eligible	50.96% (133/261)	18.39% (48/261)	9.20% (24/261)	21.46% (56/261)
Foster Care	54.19% (168/310)	19.03% (59/310)	8.71% (27/310)	S
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Some percentages may not total 100% due to rounding. (N/D) Indicates numerator and denominator.</i>				

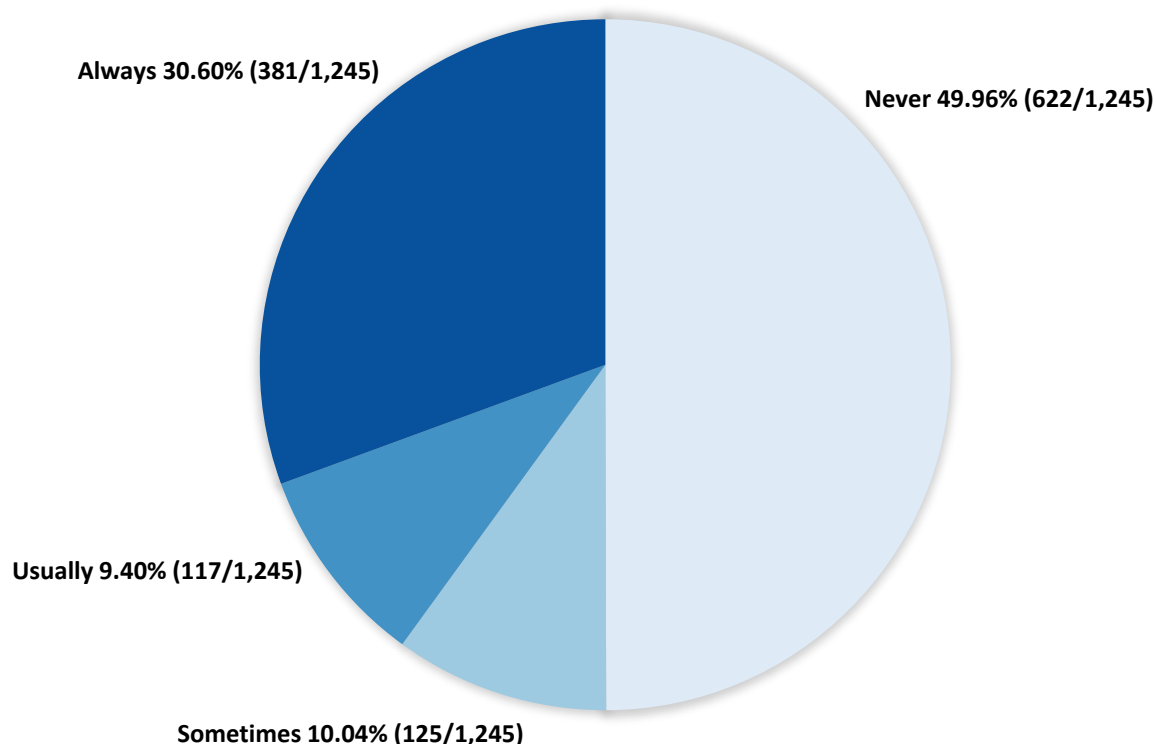
Interpreter

DHB added two questions regarding the use of interpreters.

Used an Interpreter

Parent/Caretaker respondents were asked how often they or their child received an interpreter when they needed one at their child’s personal doctor’s office in the last 6 months. Figure 4-23 presents the percentage of parent/ caretaker respondents who always, usually, sometimes, or never got an interpreter at their child’s personal doctor’s office when they needed one. Of the 5,137 parents/caretakers of child beneficiaries who responded to the survey for the NC Medicaid Program, there were 3,685 parent/caretaker respondents indicated they and their child did not need an interpreter and were therefore excluded from the denominator. Of the 1,245 parents/caretakers of child beneficiaries in NC Medicaid Program who indicated they needed an interpreter, close to half of parent/caretaker respondents (49.96 percent) reported they or their child never got an interpreter when they needed one.

Figure 4-23—How Often 2024 Child NC Medicaid Program Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Received One

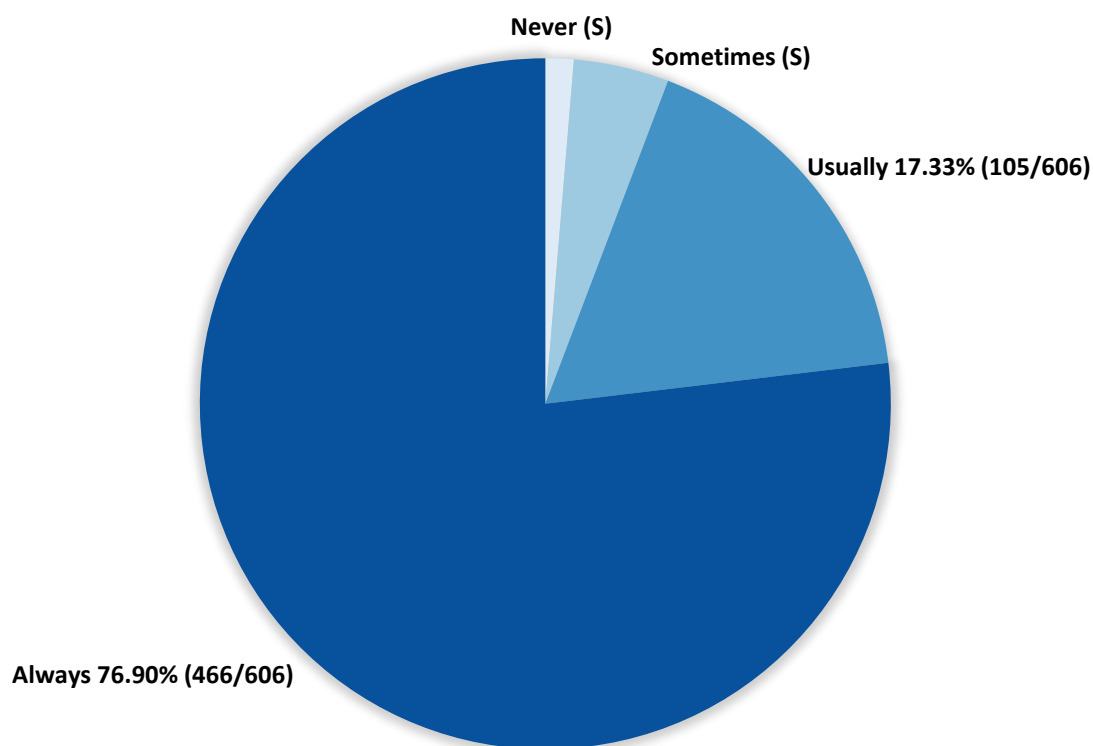


Respondents who answered “My child and I did not need an interpreter in the last 6 months” were excluded from the analysis.

Interpreter Treated with Courtesy and Respect

Of the parent/caretaker respondents who received an interpreter at their child’s personal doctor’s office, Figure 4-24 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. Of those in the NC Medicaid Program who received an interpreter, the majority of parent/caretaker respondents (94.23 percent) reported always or usually being treated with courtesy and respect by the interpreter.

Figure 4-24—Among 2024 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

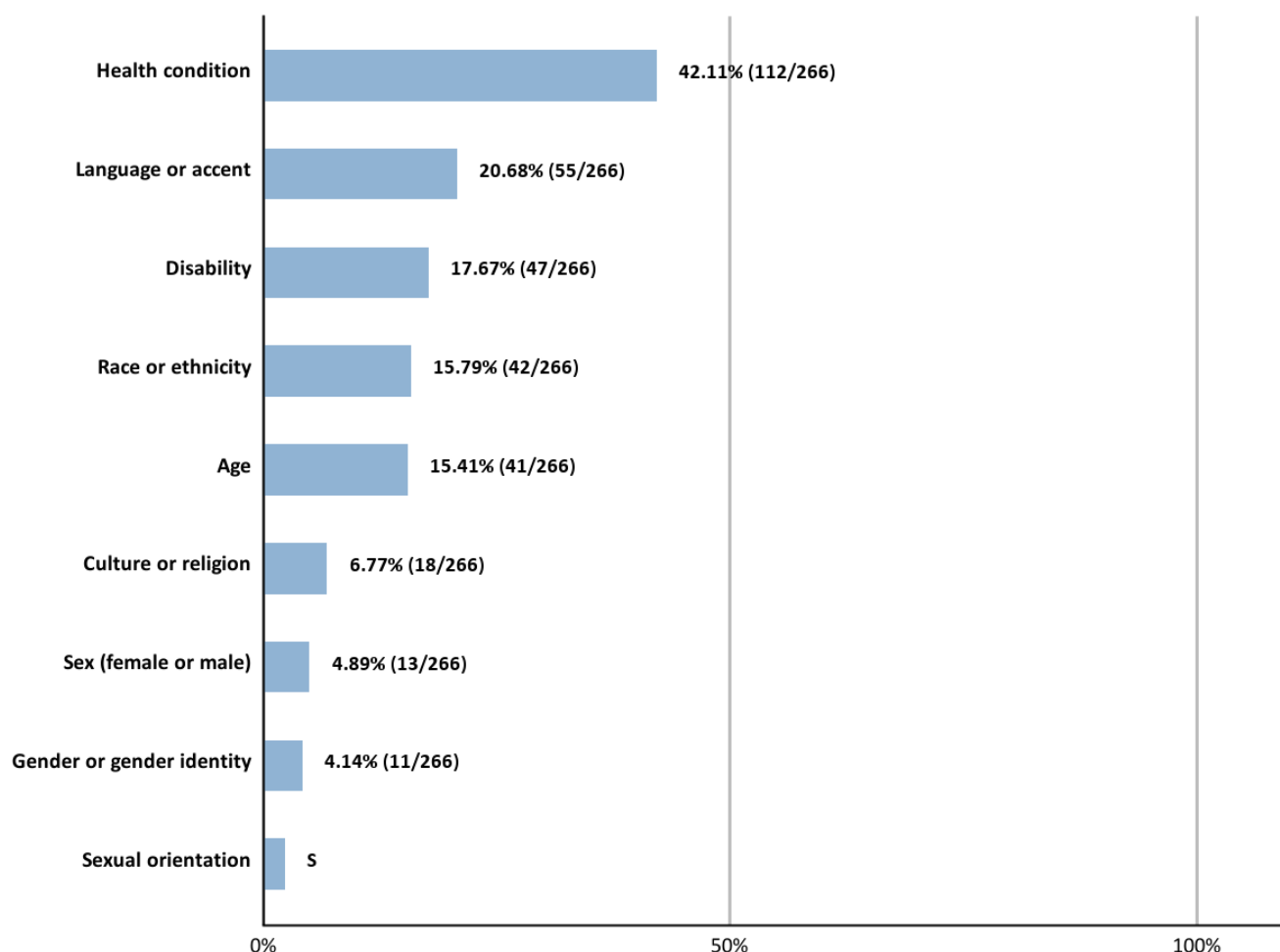


*Some percentages may not total 100% due to rounding.
Respondents who answered “Never” and “I did not need an interpreter in the last 6 months” to Question 44 were excluded from the analysis.*

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 4-25 presents the percentage of parent/caretaker respondents who reported being treated in an unfair or insensitive way, by reason, for NC Medicaid Program. Of the 5,137 parents/caretakers of child beneficiaries who responded to the survey, 4,871 did not indicate whether or not they had been treated unfairly or insensitively (i.e., non-respondents). 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 disability.

Figure 4-25—Percentage of 2024 Child NC Medicaid Program Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason



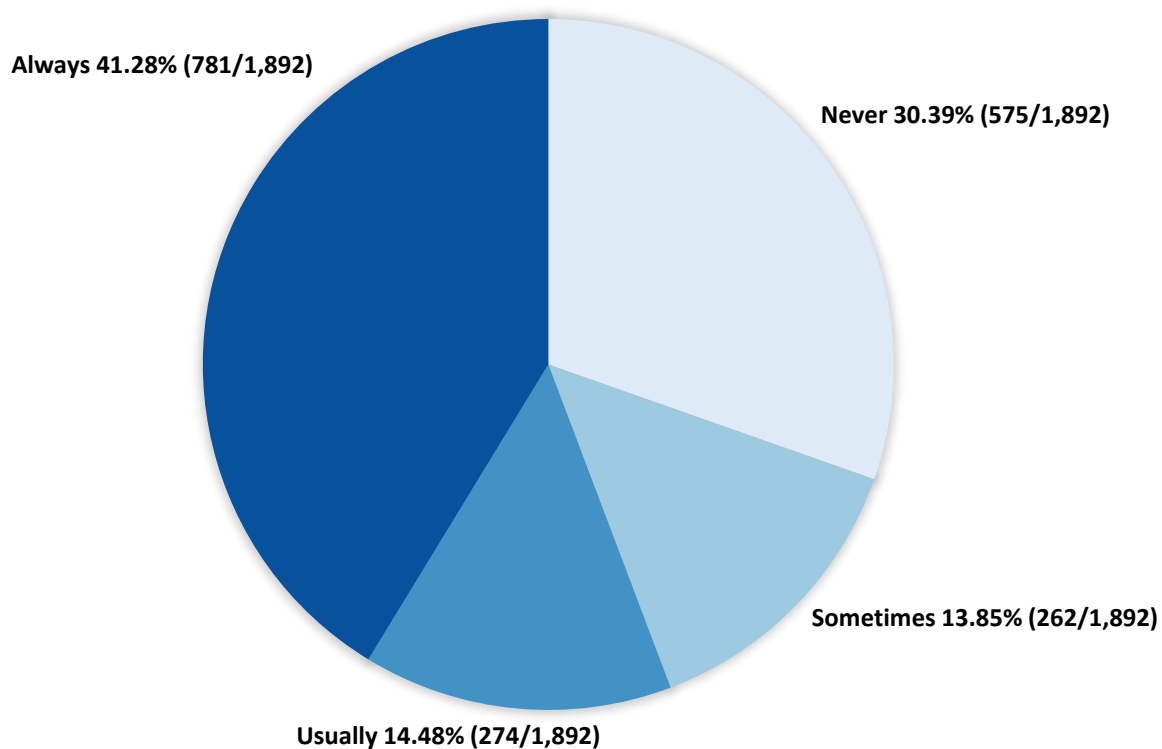
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Some percentages may not total 100% because respondents could select more than one response option.

Care Outside of Business Hours

DHB added one supplemental question asking how often parent/caretaker respondents were able to receive care their child needed outside of business hours (i.e., in the evenings, on weekends, or during holidays). Figure 4-26 presents how often (i.e., always, usually, sometimes, never) parent/caretaker respondents were able to receive care for their child outside of business hours for the NC Medicaid Program. There were 3,077 parent/caretaker respondents who indicated their child did not need care outside of business hours and were therefore excluded from the denominator. Of those who needed care outside of business hours, the majority of parent/caretaker respondents (55.76 percent) reported usually or always being able to receive care for their child outside of business hours for the NC Medicaid Program.

Figure 4-26—Among 2024 Child NC Medicaid Program Respondents Who Needed Care Outside of Business Hours, How Often They Were Able to Receive Received It



Respondents who answered "My child did not need care outside of business hours in the last 6 months" were excluded from the analysis.

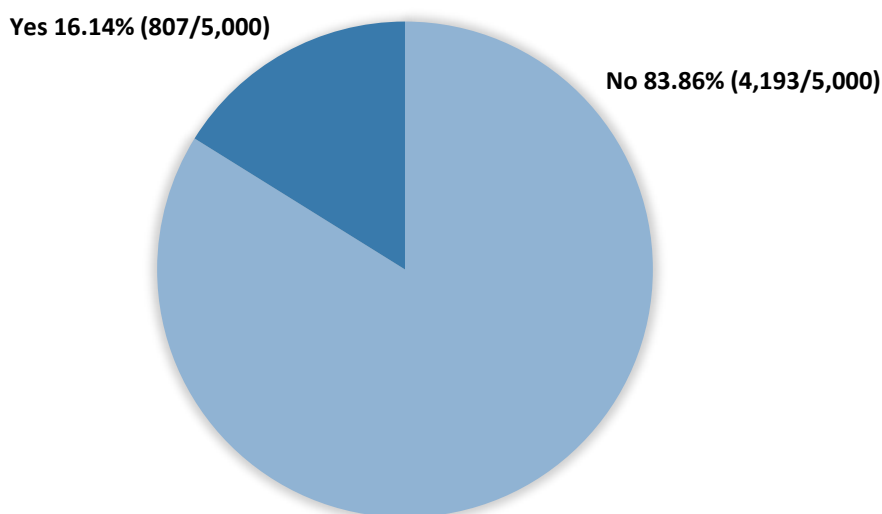
Telehealth

DHB added two questions regarding the use of telehealth.

Offered Telehealth Appointment

Parent/Caretaker respondents were asked if they were offered a telehealth appointment for their child instead of an in-person appointment. Figure 4-27 presents the percentage of parent/caretaker respondents who were offered a telehealth appointment for their child instead of an in-person appointment for the NC Medicaid Program. The majority of parent/caretaker respondents (83.86 percent) reported they were not offered a telehealth appointment for their child instead of an in-person appointment for the NC Medicaid Program.

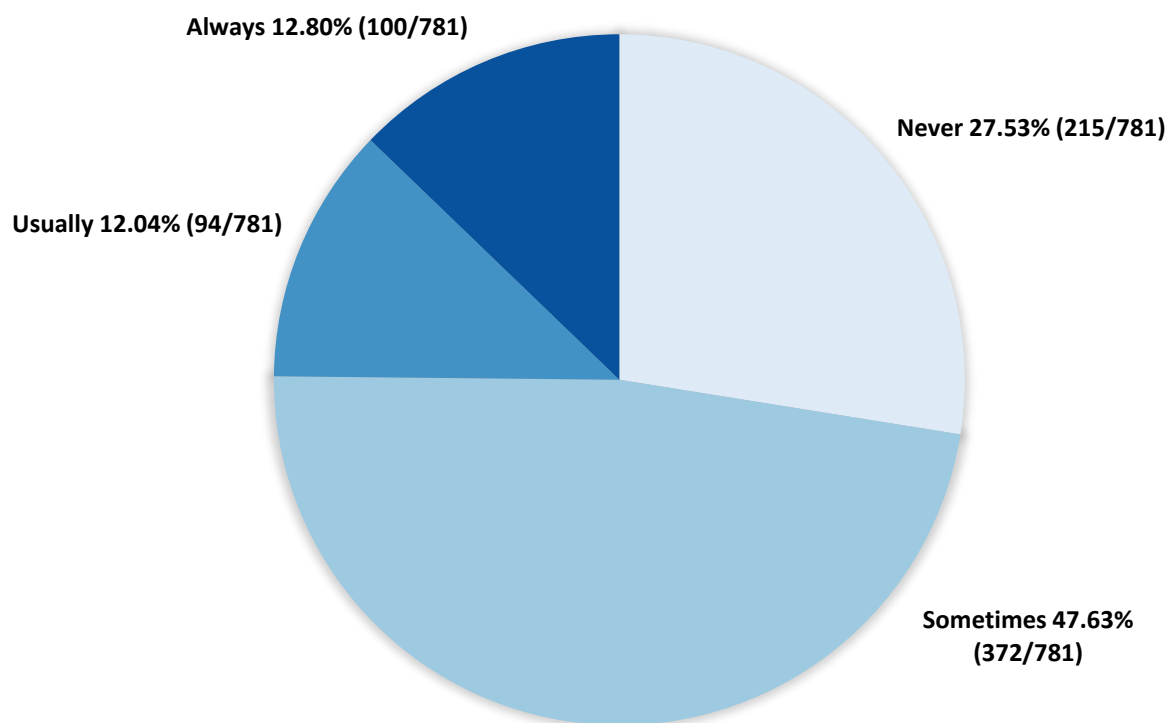
Figure 4-27—Percentage of 2024 Child NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment For Their Child Instead of an In-Person Appointment



Chose Telehealth

Parent/Caretaker respondents were asked how often they chose to use telehealth for their child's health care when it was offered by a doctor or other health provider. Figure 4-28 presents how often (i.e., always, usually, sometimes, never) parent/caretaker respondents chose to use telehealth for their child's health care when it was offered by a doctor or other health provider for the NC Medicaid Program. Of those in the NC Medicaid Program who were offered a telehealth appointment by a doctor or other health provider, the majority of parent/caretaker respondents (72.47 percent) reported sometimes, usually, or always choosing to use telehealth for their child's health care.

Figure 4-28—Among 2024 Child NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment For Their Child, How Often They Chose It



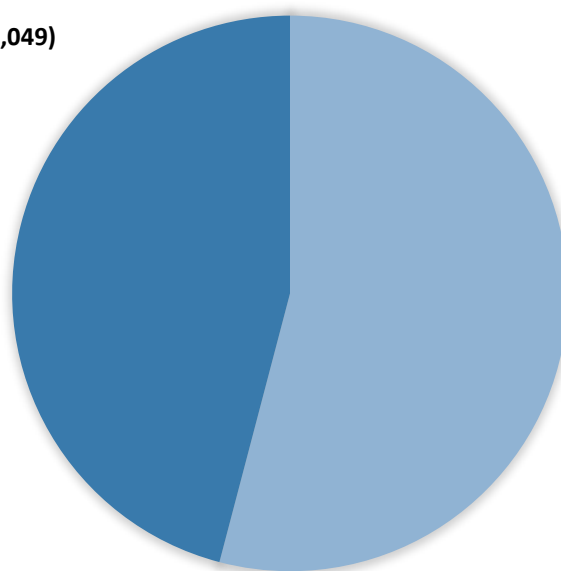
Some percentages may not total to 100% due to rounding.

Flu Vaccination Received

DHB added one supplemental question asking parent/caretaker respondents if their child had either a flu shot or flu spray in the nose since July 1, 2023. Figure 4-29 presents the percentage of parent/caretaker respondents who reported their child received a flu vaccination for the NC Medicaid Program. The majority of parent/caretaker respondents (54.09 percent) reported their child did not receive a flu vaccination for the NC Medicaid Program.

Figure 4-29—Percentage of 2024 Child NC Medicaid Program Respondents Whose Child Received a Flu Vaccination

Yes 45.91% (2,318/5,049)



No 54.09% (2,731/5,049)

Race and Ethnicity Comparisons

HSAG stratified the NC Medicaid Program results by the child's race and ethnicity as identified by the parent/caretaker. Race is categorized as White (2,520), non-White (2,483), Multiracial (378), non-Multiracial (4,625), Black (1,453), non-Black (3,931), Native American (156), non-Native American (4,847), Other (822), and non-Other (4,181).^{75,76} For this analysis, the Multiracial 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; Multiracial respondents were compared to non-Multiracial 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 (1,797) and non-Hispanic (3,944).⁷⁷ 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, Multiracial, Black, Native American, Other, and Hispanic.

In evaluating the race and ethnicity findings, beneficiaries who reported being Other race and Hispanic reported significantly *lower* positive ratings for several of the measures across child populations. For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 42. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 308. Figure 4-30 through Figure 4-48 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 occur due to large sample variations in results.⁷⁸

⁷⁵ The Native American category includes American Indian or Alaska Native.

⁷⁶ The Black category includes the Black oversample.

⁷⁷ The Hispanic category includes the Hispanic oversample.

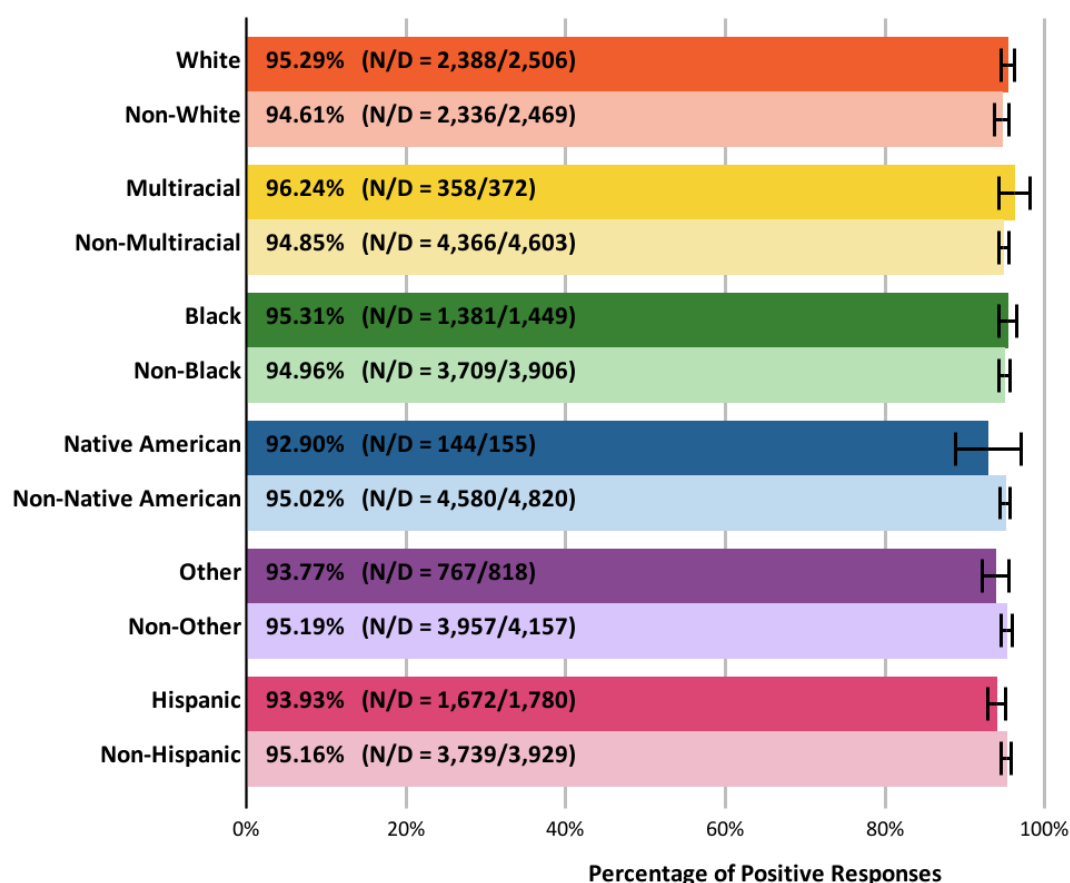
⁷⁸ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: September 12, 2024.

Overall Health Demographics

General Health Status

Figure 4-30 shows the *General Health Status* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 4-30—Percentage of 2024 Child Respondents Who Rate Their Child’s General Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity



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

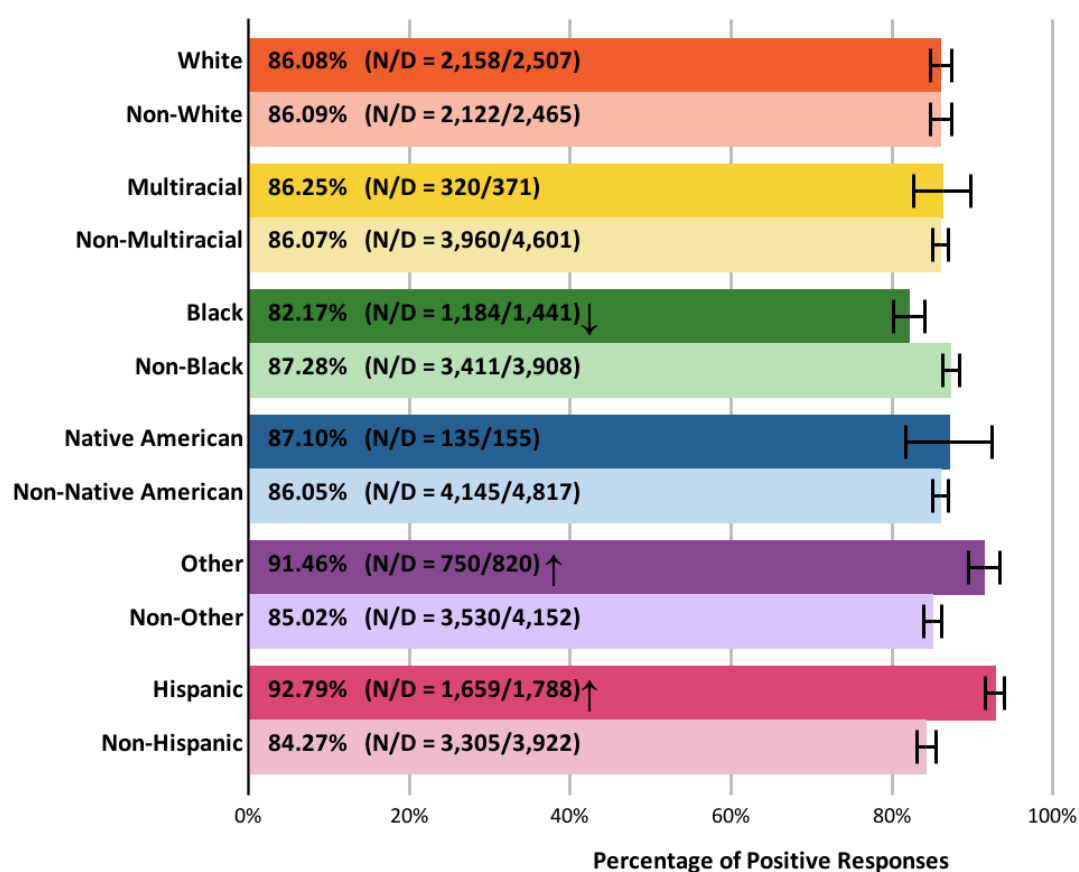
|—| Indicates the 95% confidence interval of the score.

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 4-31 shows the *Mental or Emotional Health Status* positive rating results of child beneficiaries 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. 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.

Figure 4-31—Percentage of 2024 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.

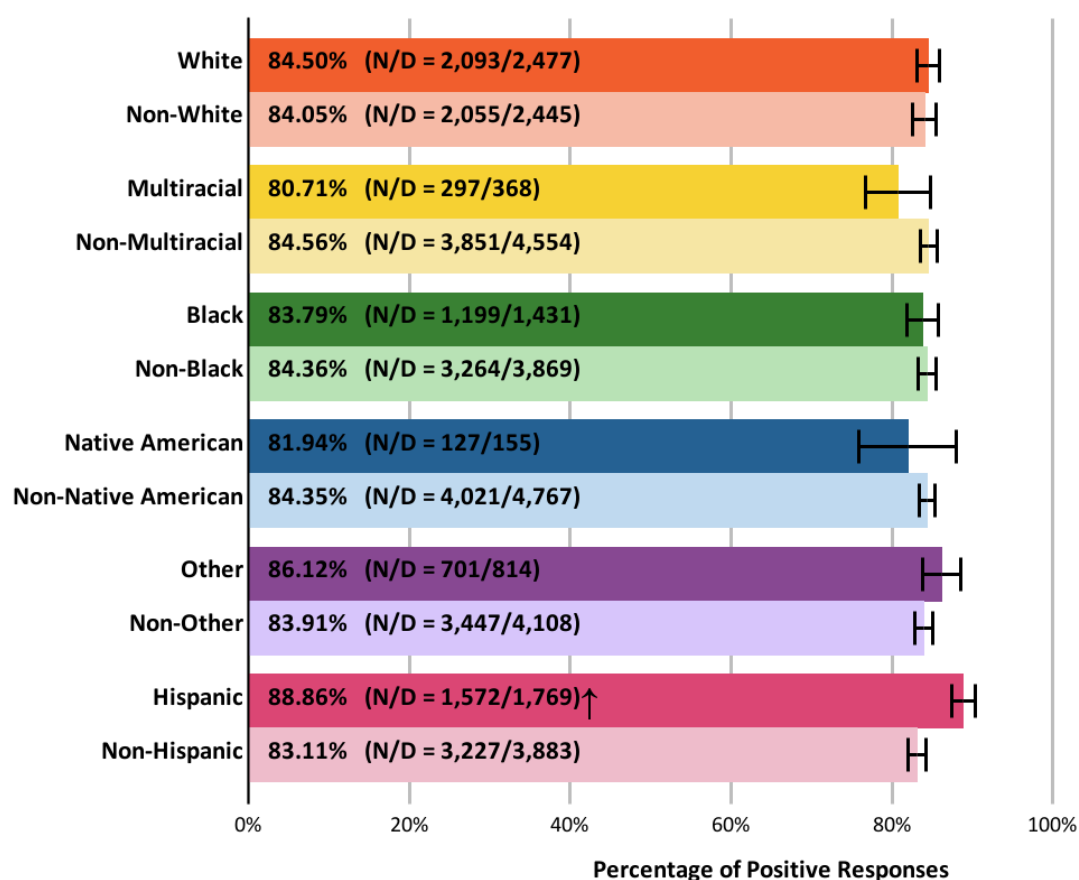
Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Global Ratings

Rating of Health Plan

Figure 4-32 shows the *Rating of Health Plan* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents rated their Hispanic child's health plan positively when compared to parent/caretaker respondents of non-Hispanic children.

Figure 4-32—Percentage of 2024 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.

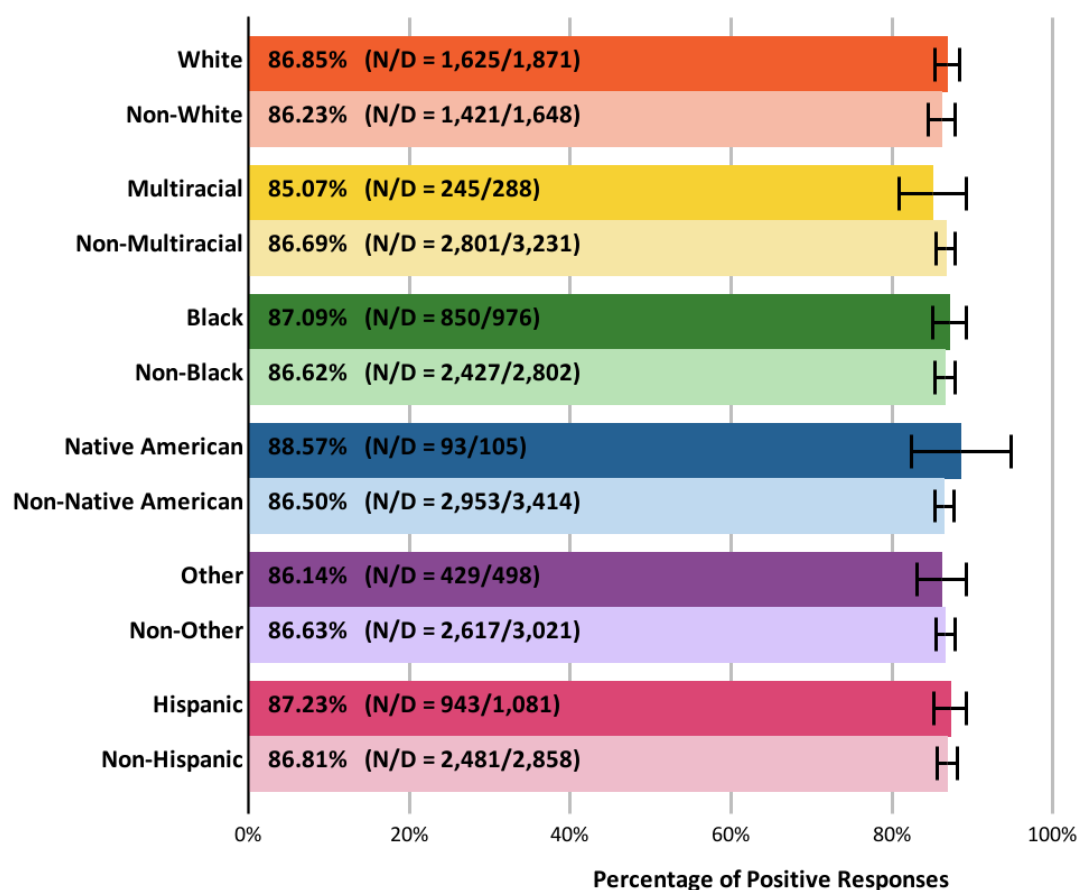
|—| Indicates the 95% confidence interval of the score.

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 All Health Care

Figure 4-33 shows the *Rating of All Health Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 4-33—Percentage of 2024 Child Respondents Who Rate All Their Child’s Health Care Positively for NC Medicaid Program, by Race and Ethnicity



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

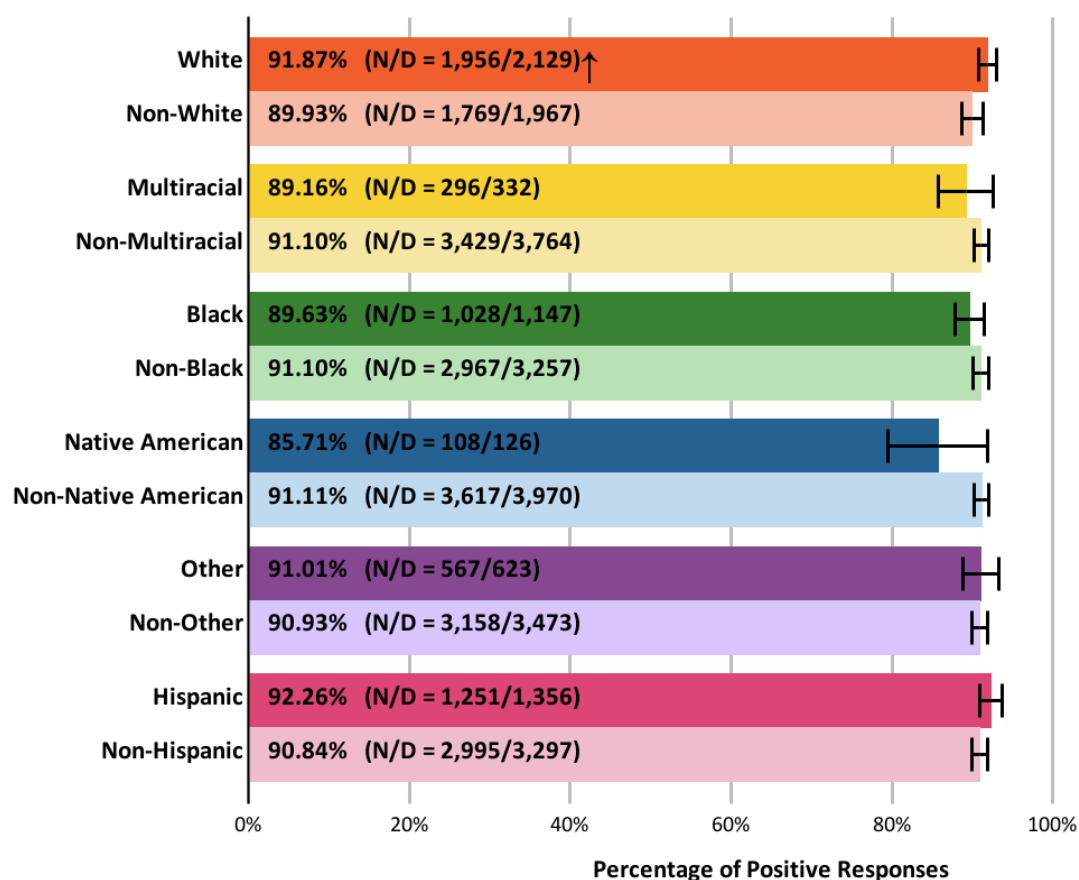
|—| Indicates the 95% confidence interval of the score.

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 4-34 shows the *Rating of Personal Doctor* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents rated their White child's personal doctor positively when compared to parent/caretaker respondents of non-White children.

Figure 4-34—Percentage of 2024 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 higher than the comparison group's score.

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

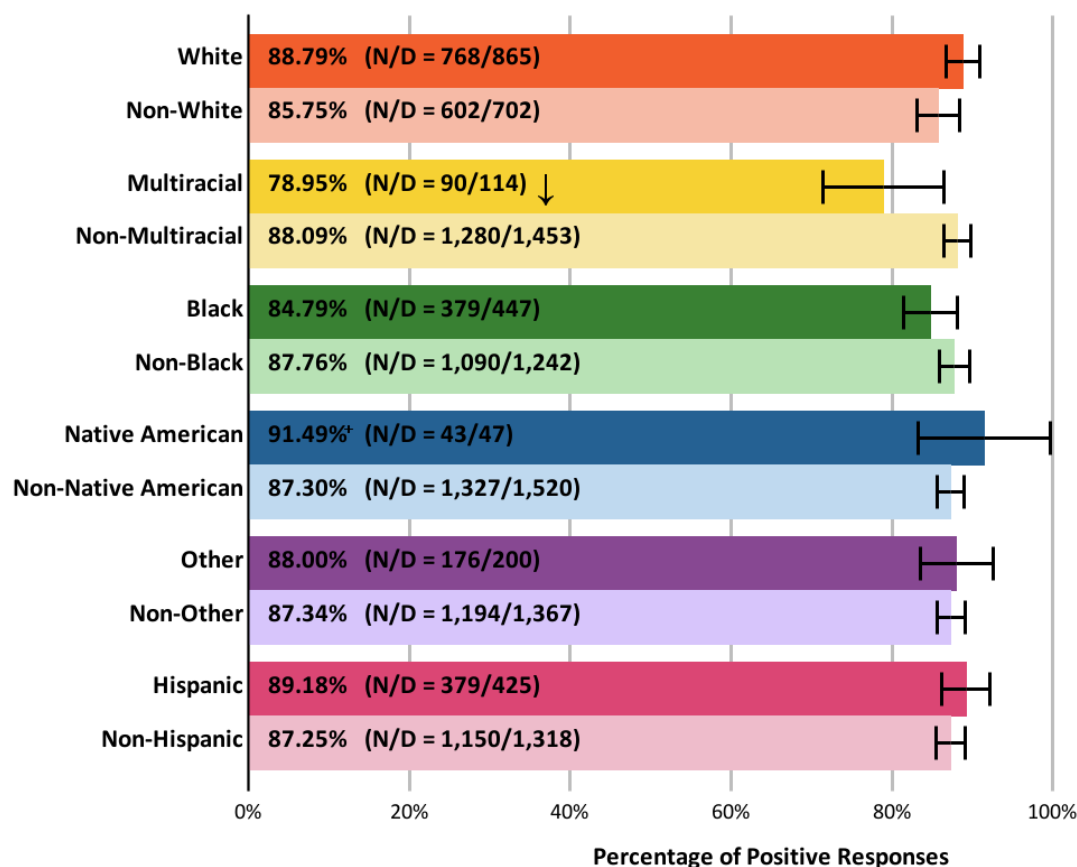
[-] Indicates the 95% confidence interval of the score.

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 Specialist Seen Most Often

Figure 4-35 shows the *Rating of Specialist Seen Most Often* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of parent/caretaker respondents rated their Multiracial child's specialist they saw most often positively when compared to parent/caretaker respondents of non-Multiracial children.

Figure 4-35—Percentage of 2024 Child Respondents Who Rate the Specialist Their Child Saw Most Often 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.

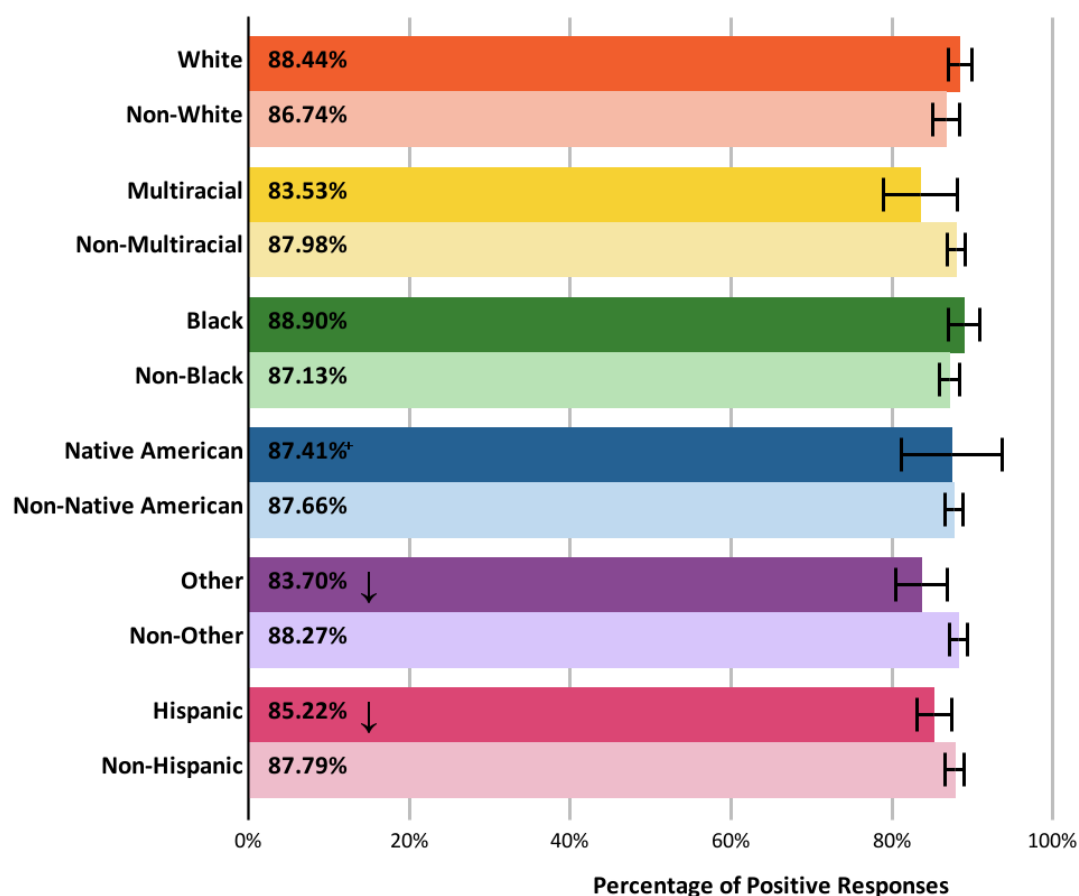
Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Composite Measures

Getting Needed Care

Figure 4-36 shows the *Getting Needed Care* positive rating results of child beneficiaries 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 the 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.

Figure 4-36—Percentage of 2024 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 lower than the comparison group's score.

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

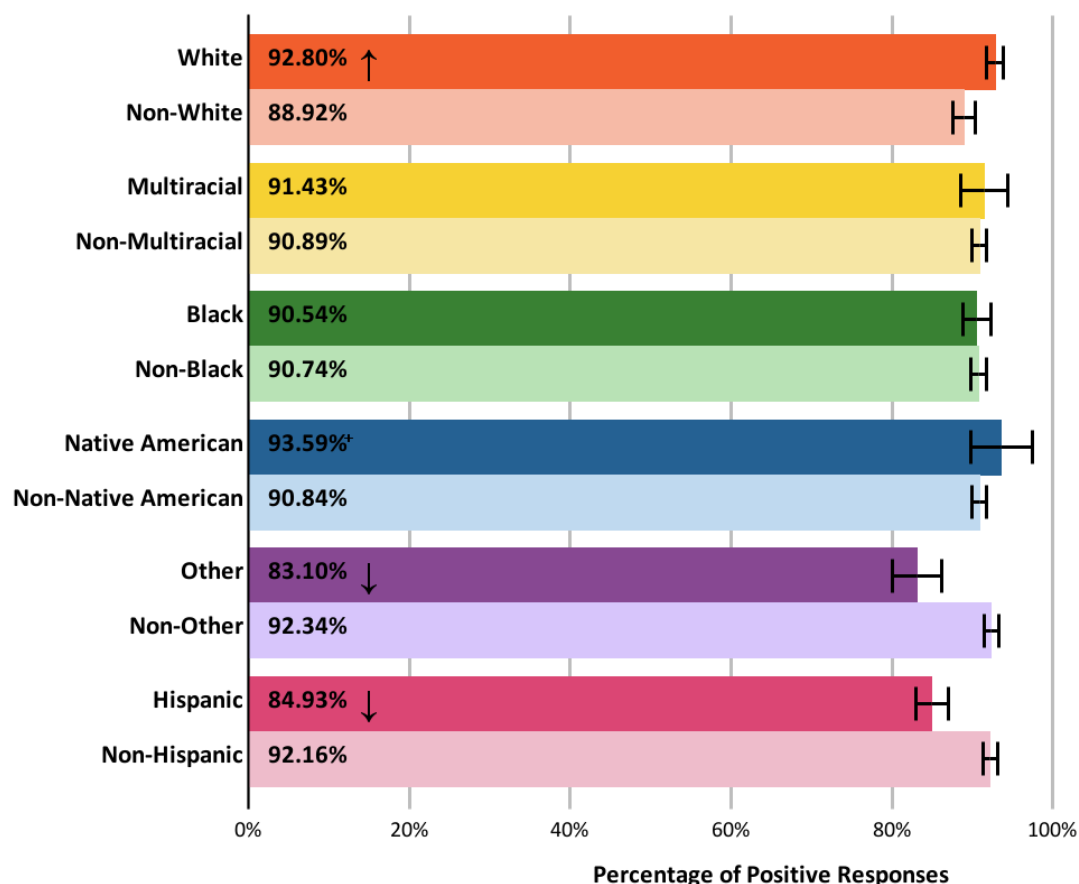
|—| Indicates the 95% confidence interval of the score.

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 4-37 shows the *Getting Care Quickly* positive rating results of child beneficiaries 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 quickly for their White child when compared to parent/caretaker respondents of non-White children. 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.

Figure 4-37—Percentage of 2024 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 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.

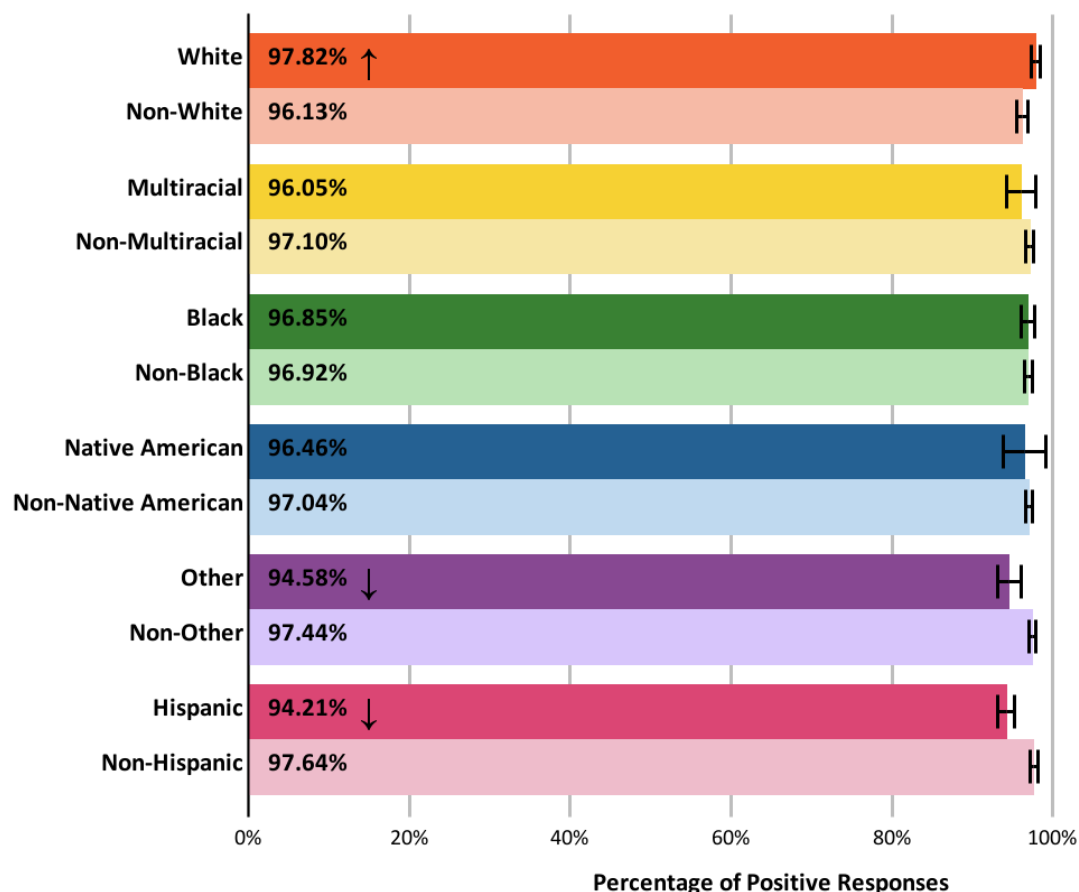
| Indicates the 95% confidence interval of the score.

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 4-38 shows the *How Well Doctors Communicate* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents' White child's personal doctor usually or always communicated well with them when compared to parent/caretaker respondents of non-White children. 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.

Figure 4-38—Percentage of 2024 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 higher than the comparison group's score.

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

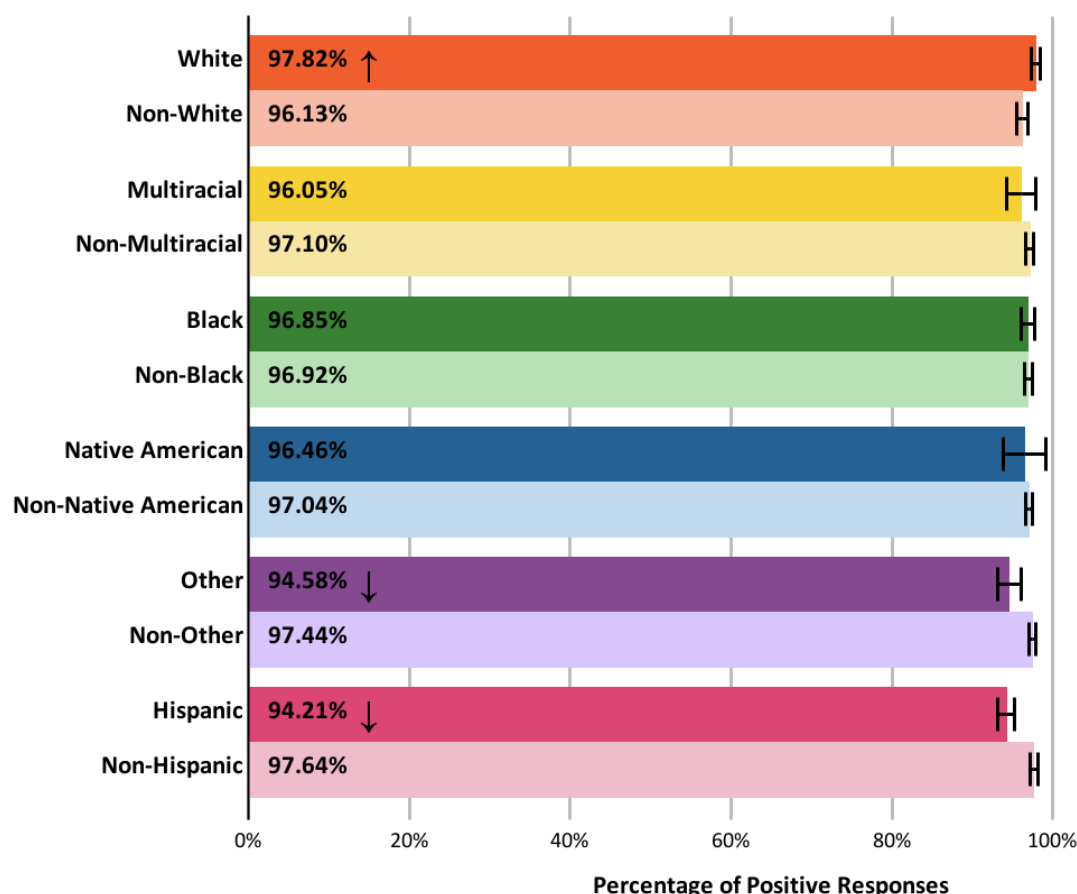
|—| Indicates the 95% confidence interval of the score.

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.

Customer Service

Figure 4-39 shows the *Customer Service* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 4-39—Percentage of 2024 Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s 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 the demographic category’s score is statistically significantly lower than the comparison group’s score.

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

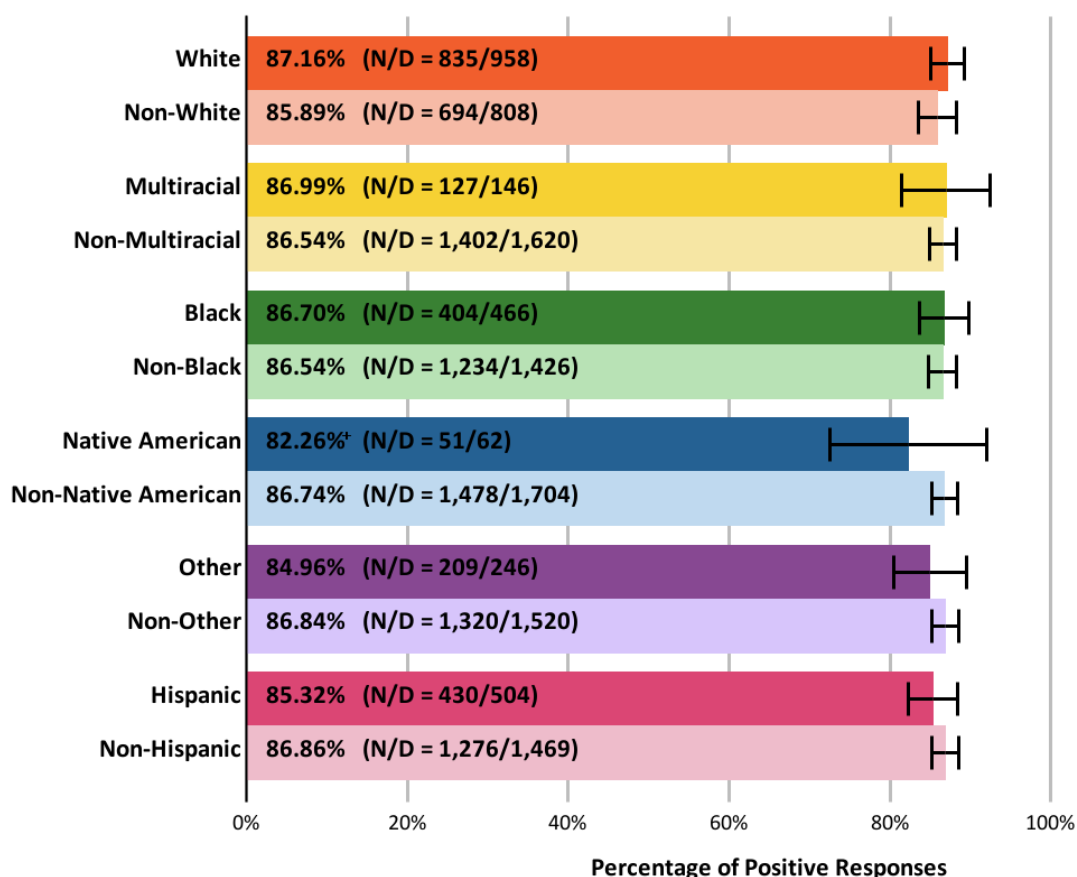
Respondents who answered survey questions about their child’s race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Individual Item Measure

Coordination of Care

Figure 4-40 shows the *Coordination of Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 4-40—Percentage of 2024 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 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.

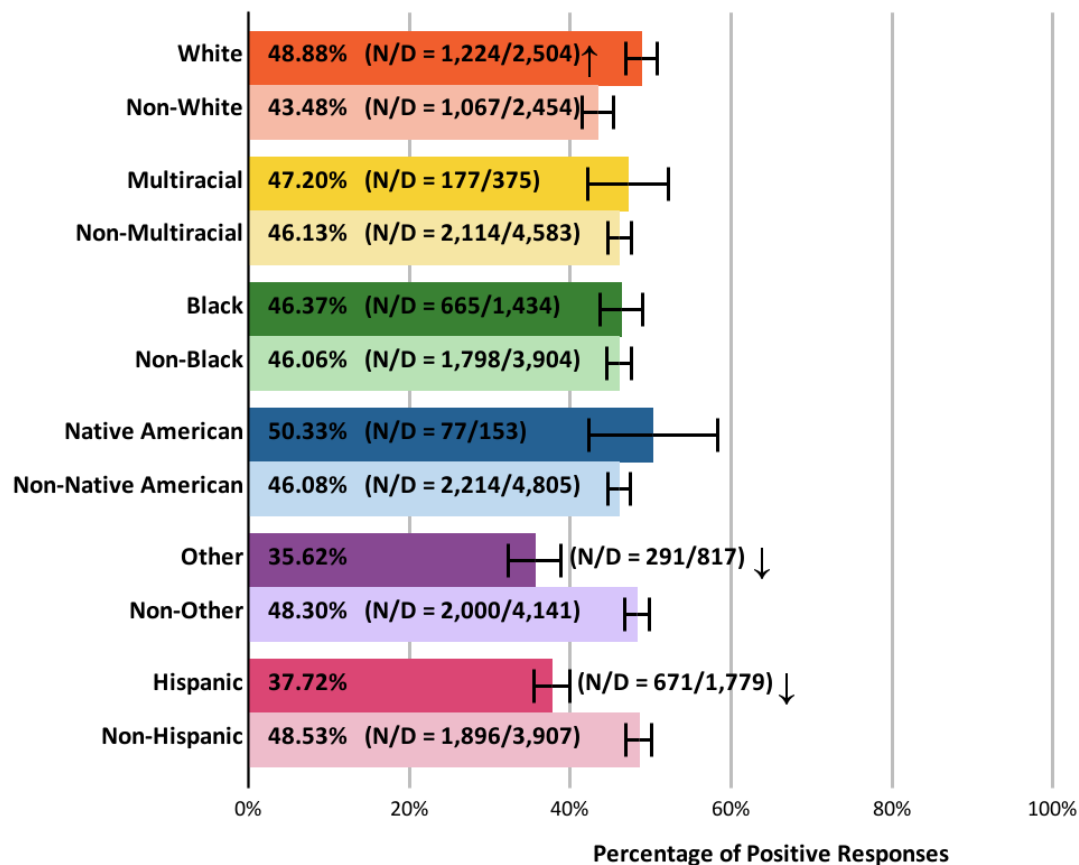
Respondents who answered survey questions about their child's race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Supplemental Items

Mental Health

Figure 4-41 shows the percentage of parent/caretaker respondents who reported their child's personal doctor asked about their mental health for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents reported their White child's personal doctor asked about their mental health when compared to parent/caretaker respondents of non-White children. 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.

Figure 4-41—Percentage of 2024 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.

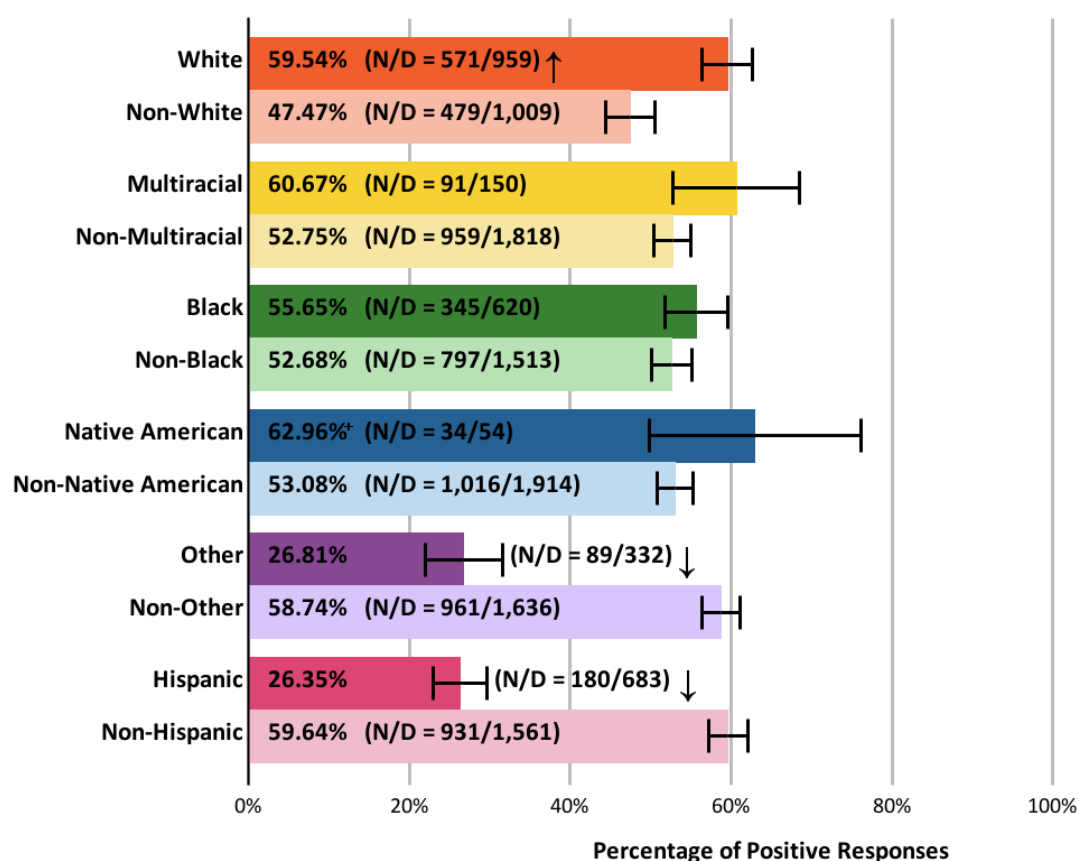
|—| Indicates the 95% confidence interval of the score.

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.

Appointment for Counseling or Mental Health Treatment

Figure 4-42 shows the percentage of parent/caretaker respondents who always or usually were able to get an appointment for counseling or mental health treatment for their child as soon as they needed for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents reported they always or usually were able to get an appointment for counseling or mental health treatment for their White child when compared to parent/caretaker respondents of non-White children. A significantly *lower* percentage of parent/caretaker respondents reported they always or usually were able to get an appointment for 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.

Figure 4-42—Percentage of 2024 Child Respondents Who Usually or Always Were Able to Get An Appointment for 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.

+ 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.

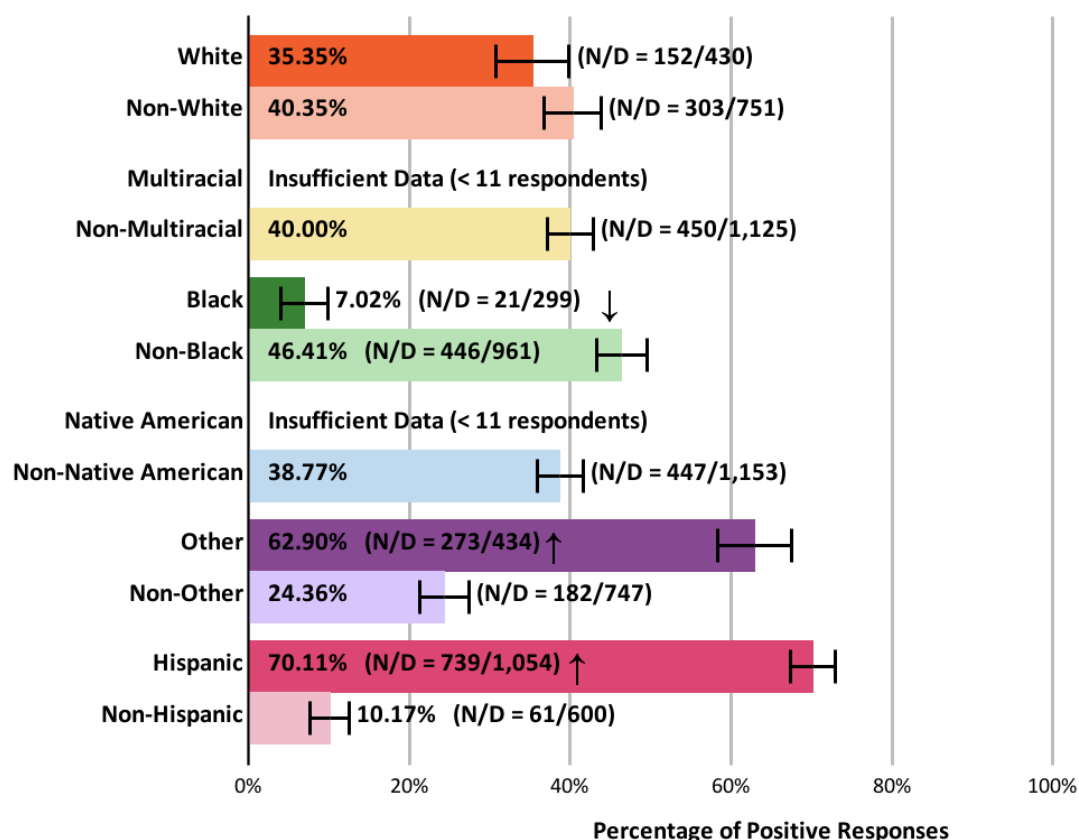
|—| Indicates the 95% confidence interval of the score.

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.

Used an Interpreter

Figure 4-43 shows the percentage of parent/caretaker respondents who always or usually got an interpreter when they needed one at their child's personal doctor's office for the NC Medicaid Program by race and ethnicity. Of those in NC Medicaid Program who needed an interpreter, a significantly *higher* percentage of parent/caretaker respondents reported they always or usually got an interpreter when they needed one 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. Of those in NC Medicaid Program who needed an interpreter, a significantly *lower* percentage of parent/caretaker respondents reported they always or usually got an interpreter when they needed one at their Black child's personal doctor's office when compared to parent/caretaker respondents of non-Black children.

Figure 4-43—Percentage of 2024 Child Respondents Who Usually or Always Got an Interpreter at Their Child's Personal Doctor's Office 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.

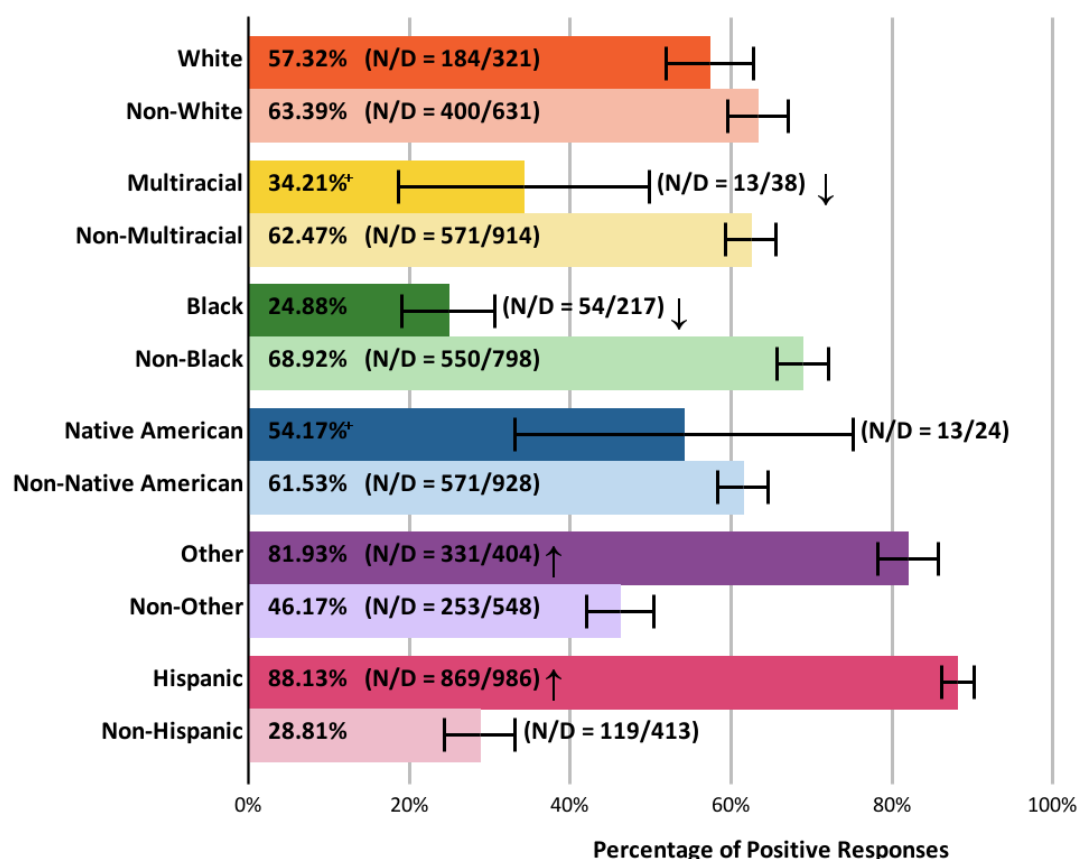
|—| Indicates the 95% confidence interval of the score.

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.

Interpreter Treated with Courtesy and Respect

Figure 4-44 shows the *Interpreter Treated with Courtesy and Respect* positive rating results of parent/caretaker respondents for the NC Medicaid Program by race and ethnicity. Of those in the NC Medicaid Program who received an interpreter, a significantly *higher* percentage of parent/caretaker respondents of Other race and Hispanic child beneficiaries reported they were usually or always treated with courtesy and respect by the interpreter when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively. Of those in the NC Medicaid Program who received an interpreter, a significantly *lower* percentage of parent/caretaker respondents of Multiracial and Black child beneficiaries reported they were usually or always treated with courtesy and respect by the interpreter when compared to parent/caretaker respondents of non-Multiracial and non-Black children, respectively.

Figure 4-44—Percentage of 2024 Child Respondents Who Usually or Always 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 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.

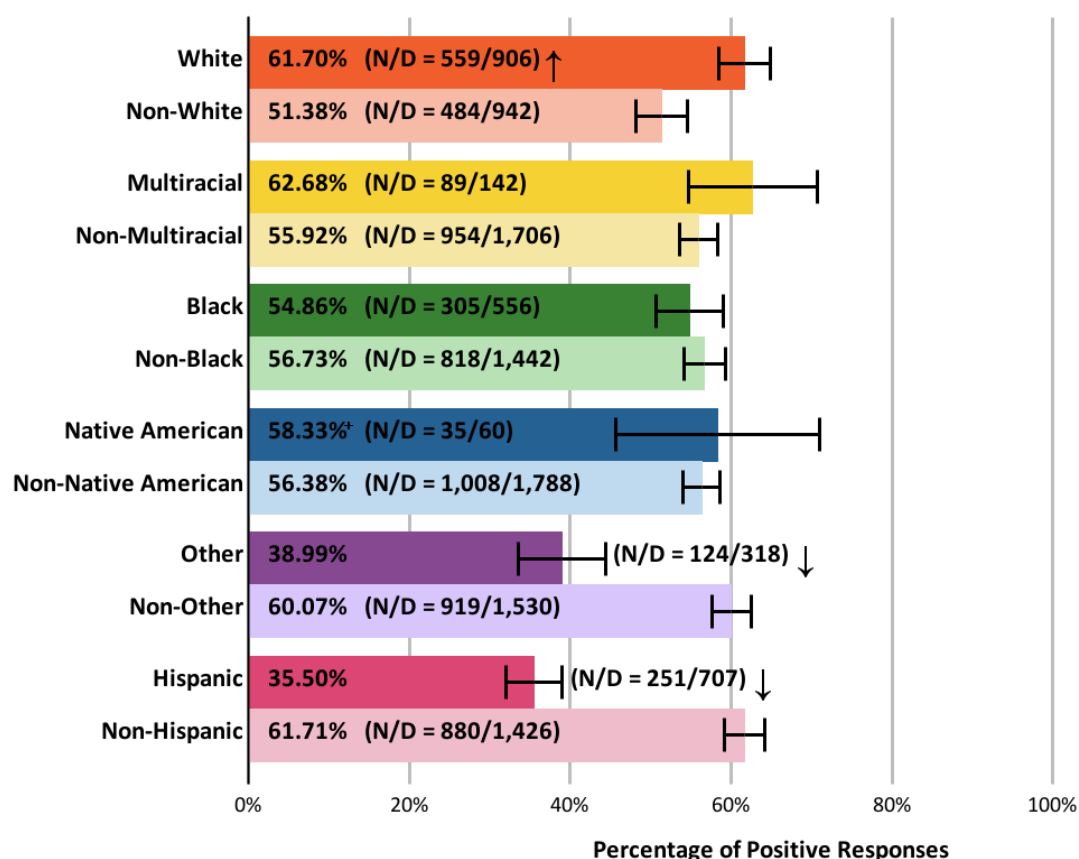
|·| Indicates the 95% confidence interval of the score.

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.

Care Outside of Business Hours

Figure 4-54 shows the percentage of parent/caretaker respondents of child beneficiaries who always or usually were able to receive care outside of business hours if they needed it for the NC Medicaid Program by race and ethnicity. Of those who needed care outside of business hours, a significantly *higher* percentage of parent/caretaker respondents of White child beneficiaries reported they were always or usually able to receive care outside of business hours when they needed it when compared to parent/caretaker respondents of non-White children. Of those who needed care outside of business hours, a significantly *lower* percentage of parent/caretaker respondents of Other race and Hispanic child beneficiaries reported they were always or usually able to receive care outside of business hours when they needed it when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively.

Figure 4-45—Percentage of 2024 Child Respondents Who Were Usually or Always Able to Receive Care Outside of Business Hours When Their Child Needed 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.

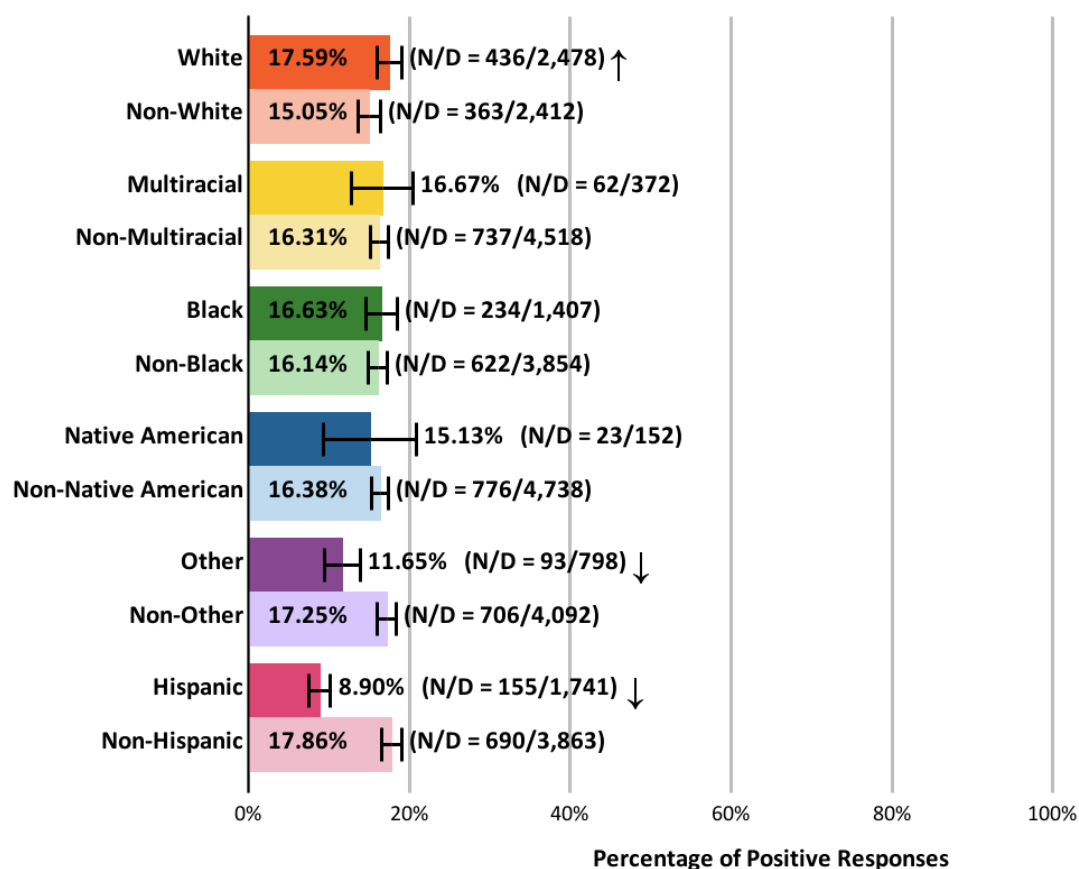
|—| Indicates the 95% confidence interval of the score.

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

Offered Telehealth Appointment

Figure 4-46 shows the percentage of parent/caretaker respondents of child beneficiaries who were offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents of White child beneficiaries reported they were offered a telehealth appointment instead of an in-person appointment when compared to parent/caretaker respondents of non-White children. A significantly *lower* percentage of parent/caretaker respondents of Other race and Hispanic child beneficiaries reported they were offered a telehealth appointment instead of an in-person appointment when compared to parent/caretaker respondents of non-Other race and non-Hispanic children, respectively.

Figure 4-46—Percentage of 2024 Child Respondents Who Were Offered a Telehealth Appointment 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.

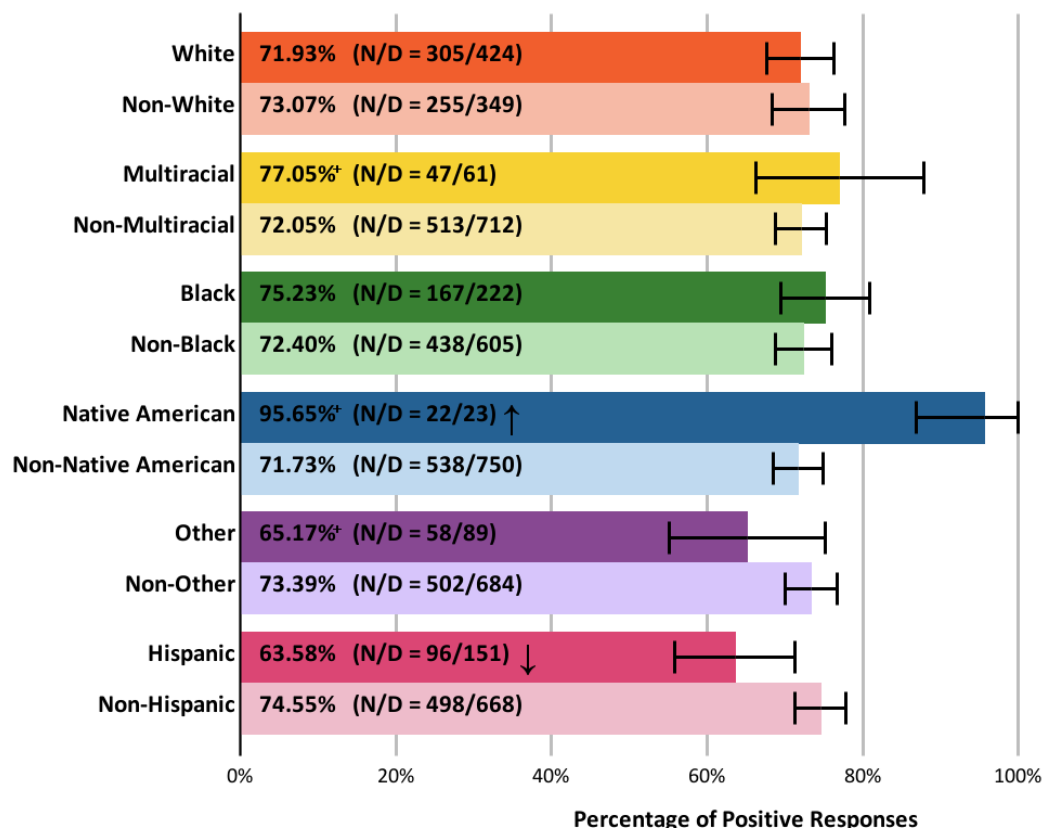
|—| Indicates the 95% confidence interval of the score.

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.

Chose Telehealth

Figure 4-47 shows the percentage of parent/caretaker respondents of child beneficiaries who always or usually chose to use telehealth for their child's health care when it was offered by a doctor or health care provider for the NC Medicaid Program by race and ethnicity. Of those in the NC Medicaid Program who were offered a telehealth appointment by a doctor or other health provider, a significantly *higher* percentage of parent/caretaker respondents of Native American child beneficiaries reported they sometimes, usually, or always chose to use telehealth for their child's health care when it was offered by a doctor or health care provider when compared to parent/caretaker respondents of non-Native American children. Of those in the NC Medicaid Program who were offered a telehealth appointment by a doctor or other health provider, a significantly *lower* percentage of parent/caretaker respondents of Hispanic child beneficiaries reported they sometimes, usually, or always chose to use telehealth for their child's health care when it was offered by a doctor or health care provider when compared to parent/caretaker respondents of non-Hispanic children.

Figure 4-47—Percentage of 2024 Child Respondents Who Sometimes, Usually, or Always Chose to Use Telehealth 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.

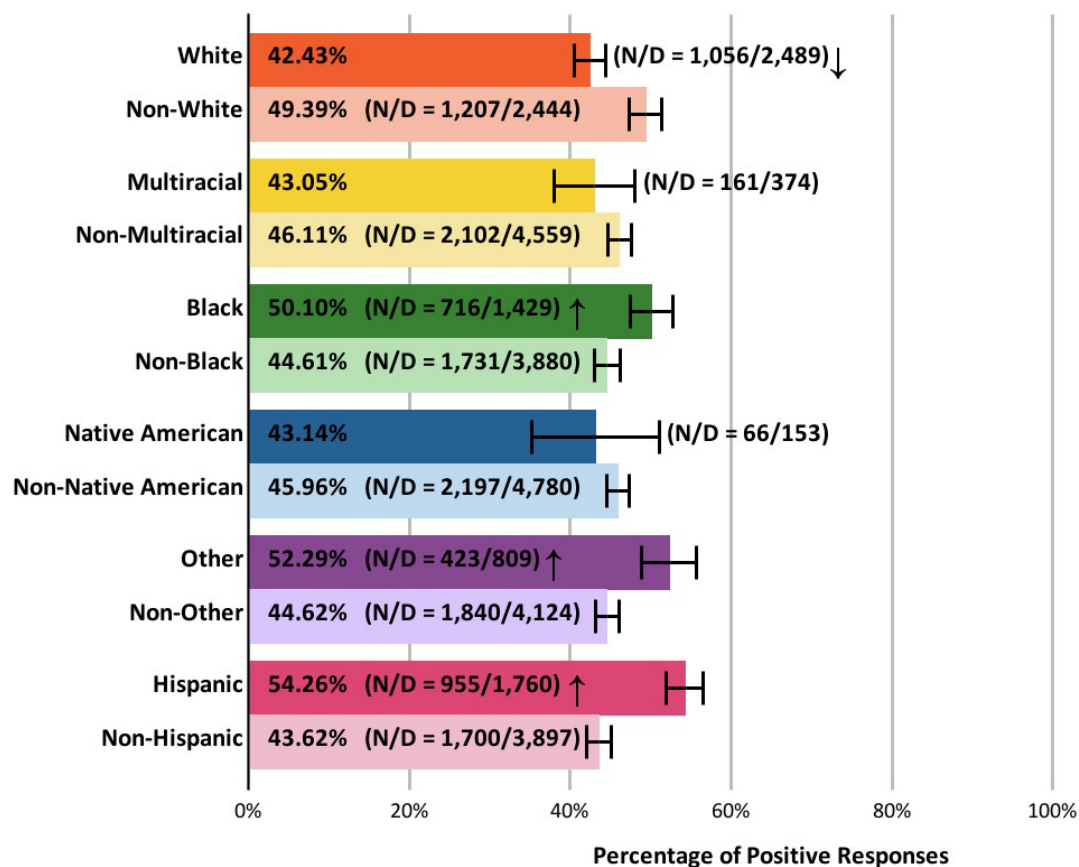
|—| Indicates the 95% confidence interval of the score.

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.

Flu Vaccination Received

Figure 4-48 shows the percentage of parent/caretaker respondents who reported their child received a flu vaccination for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of parent/caretaker respondents of Black, Other race, and Hispanic child beneficiaries reported their child received a flu vaccination when compared to parent/caretaker respondents of non-Black, non-Other race, and non-Hispanic children, respectively. A significantly *lower* percentage of parent/caretaker respondents of White child beneficiaries reported their child received a flu vaccination when compared to parent/caretaker respondents of non-White children.

Figure 4-48—Percentage of 2024 Child Respondents Whose Child Received Their Flu Vaccination 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.

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 43. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 311.

Overall Health Characteristics

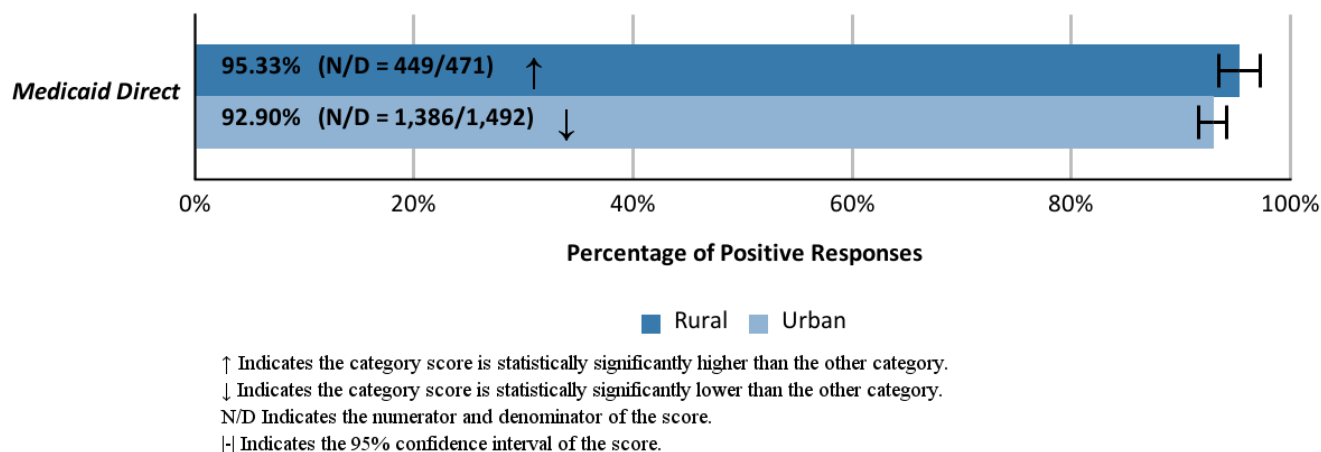
Table 4-17 shows the parent/caretaker respondents who reported their child's general health status or mental or emotional health status as Excellent, Very Good, or Good stratified by urbanicity for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table 4-17—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 (2024)

PHP/Population	General Health Status		Mental or Emotional Health Status	
	Rural	Urban	Rural	Urban
NC Medicaid Program	95.64%	94.64%	86.62%	86.04%
NC PHP Aggregate	95.90%	96.13%	91.66%	92.81%
AmeriHealth	95.65%	95.35%	88.89%	92.05%
Carolina Complete	98.28%	95.68%	94.83%	94.19%
Healthy Blue	95.69%	95.70%	92.24%	91.38%
UnitedHealthcare	94.07%	97.81%	92.65%	93.69%
WellCare	96.40%	95.71%	92.79%	92.51%
SP Behavioral Health	91.54%	90.57%	65.38%	65.04%
EBCI Tribal Option	93.22% ⁺	S	91.53% ⁺	S
Medicaid Direct	95.33% [↑]	92.90% [↓]	83.19%	81.00%
Tailored Plan Eligible	87.72%	88.37%	55.36%	61.18%
Foster Care	96.17%	94.52%	73.63%	73.42%
<p>Blue shading indicates the category score is significantly different than the other category.</p> <p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>↑ Indicates the category score is significantly higher than the other category.</p> <p>↓ Indicates the category score is significantly lower than the other category.</p>				

Figure 4-49 shows the significant differences for *General Health Status* by urbanicity. The Medicaid Direct rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-49—Significant Differences: Percentage of Child Respondents Who Rate Their Child’s General Health Status as Excellent, Very Good, or Good and Urbanicity Comparisons, by Program-Specific Populations (2024)



Global Ratings

Table 4-18 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 4-18—Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Global Ratings (2024)

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	84.89%	84.26%	86.26%	86.72%	89.16%↓	91.56%↑	90.28%↑	86.49%↓
NC PHP Aggregate	88.06%	86.27%	84.92%	87.53%	88.61%	90.99%	88.08%	87.47%
AmeriHealth	85.60%	87.58%	81.58%	88.24%	85.56%	90.25%	87.27%+	86.67%+
Carolina Complete	88.70%	88.95%	83.58%+	88.84%	91.21%+	92.40%	100.00%+	90.00%+
Healthy Blue	91.82%↑	83.95%↓	88.10%+	83.13%	90.43%+	90.21%	81.82%+	88.78%+
UnitedHealthcare	88.32%	84.26%	87.34%+	89.30%	89.90%+	92.68%	92.00%+	83.67%+
WellCare	88.89%	87.13%	86.96%+	88.33%	89.02%+	89.25%	84.21%+	88.54%+
SP Behavioral Health	82.95%	79.09%	80.81%+	84.46%	89.29%	94.06%	80.43%+	86.84%
EBCI Tribal Option	67.24%+	S	81.58%+	S	77.78%+	S	90.00%+	S
Medicaid Direct	84.09%	82.49%	89.02%	86.84%	90.62%	93.03%	92.59%↑	87.18%↓
Tailored Plan Eligible	87.50%	81.10%	83.33%+	80.23%	88.35%	86.49%	85.19%+	85.26%
Foster Care	80.00%	81.44%	85.00%	83.10%	90.78%	87.91%	89.66%+	78.99%
<p>Blue shading indicates the category score is significantly different than the other category.</p> <p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>↑ Indicates the category score is significantly higher than the other category.</p> <p>↓ Indicates the category score is significantly lower than the other category.</p>								

Figure 4-50 shows the significant differences for *Rating of Health Plan* by urbanicity. The Healthy Blue rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-50—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Rating of Health Plan (2024)

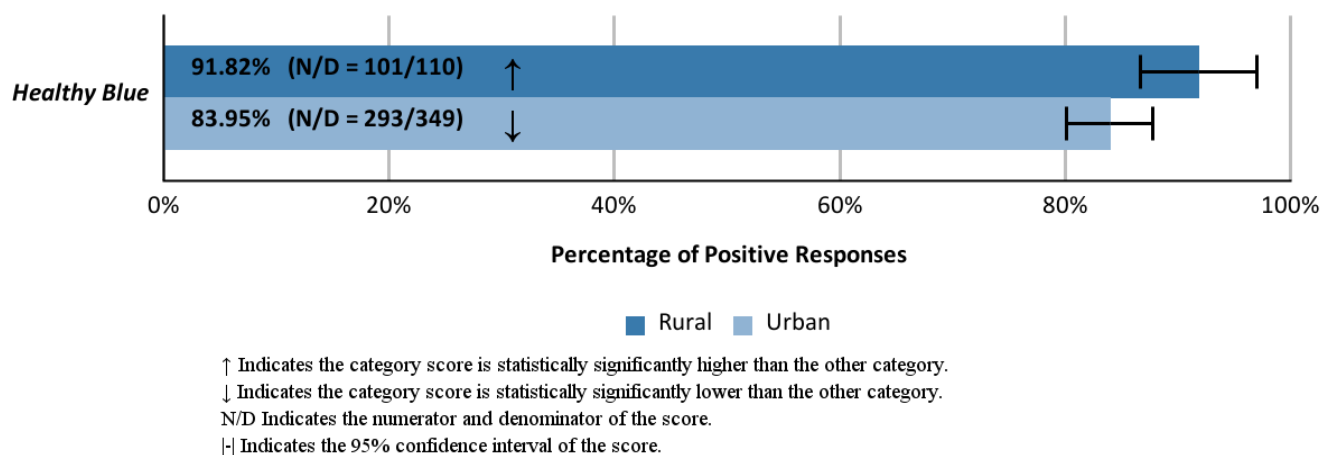


Figure 4-51 shows the significant differences for *Rating of Personal Doctor* by urbanicity. The NC Medicaid Program rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 4-51—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Rating of Personal Doctor (2024)

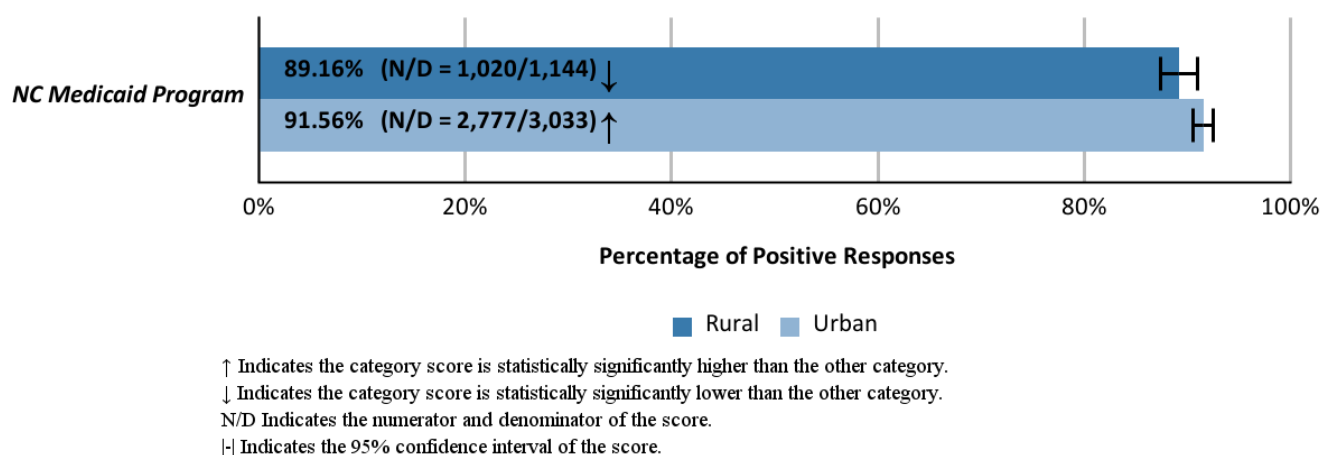
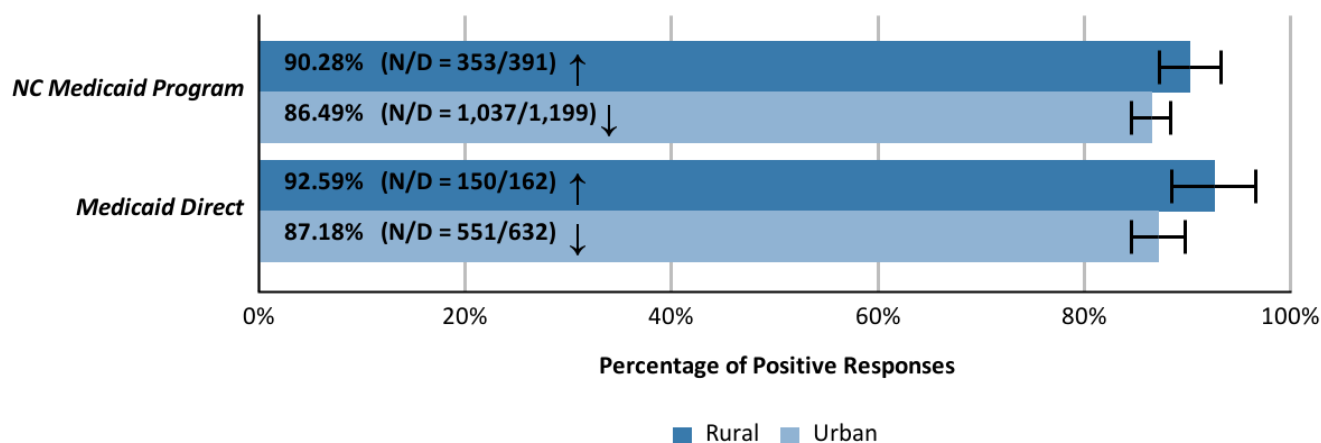


Figure 4-52 shows the significant differences for *Rating of Specialist Seen Most Often* by urbanicity. The NC Medicaid Program and Medicaid Direct rates for parent/caretaker respondents of child beneficiaries living in rural counties were significantly *higher* than respondents living in urban counties.

Figure 4-52—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Rating of Specialist Seen Most Often (2024)



↑ 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.

Composite and Individual Item Measures

Table 4-19 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 4-19—Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Composite Measures and Individual Item Measure (2024)

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	88.88%	87.15%	91.05%	90.86%	97.09%	96.91%	90.03%	87.09%	84.80%	87.20%
NC PHP Aggregate	90.68%↑	85.27%↓	88.73%	88.42%	95.39%	95.79%	89.31%	86.48%	87.14%	88.55%
AmeriHealth	88.60%	84.56%	87.79%	85.78%	94.53%	94.07%	87.31%+	84.64%+	84.93%+	88.24%+
Carolina Complete	92.21%+	84.46%	89.03%+	85.79%	93.23%+	95.30%	84.10%+	85.98%	84.85%+	86.32%+
Healthy Blue	93.63%+ ↑	81.20%↓	86.26%+	88.95%	97.46%+	96.67%	91.21%+	87.50%+	89.19%+	86.96%
UnitedHealthcare	91.91%+	86.18%	94.14%+ ↑	87.77%↓	98.95%+ ↑	96.27%↓	89.77%+	89.48%+	94.12%+	89.57%
WellCare	88.88%+	89.77%	87.51%+	93.43%	93.03%+	96.25%	100.00%+	84.99%	84.85%+	91.23%
SP Behavioral Health	92.83%+	90.94%	92.60%+	93.05%	96.25%+	97.20%	95.00%+ ↑	83.29%+ ↓	83.93%+	92.45%
EBCI Tribal Option	91.05%+	S	86.83%+	S	100.00%+	S	92.50%+	S	80.00%+	S
Medicaid Direct	87.42%	88.73%	93.21%	93.68%	98.79%	98.03%	93.26%+	87.53%	81.36%	87.04%
Tailored Plan Eligible	89.58%+	85.97%	89.32%+	91.25%	95.91%+	95.04%	91.38%+	83.85%	83.33%+	85.00%
Foster Care	87.33%+	87.18%	95.52%+ ↑	89.98%↓	97.67%	97.13%	86.59%+	90.74%+	88.33%+	83.23%

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.

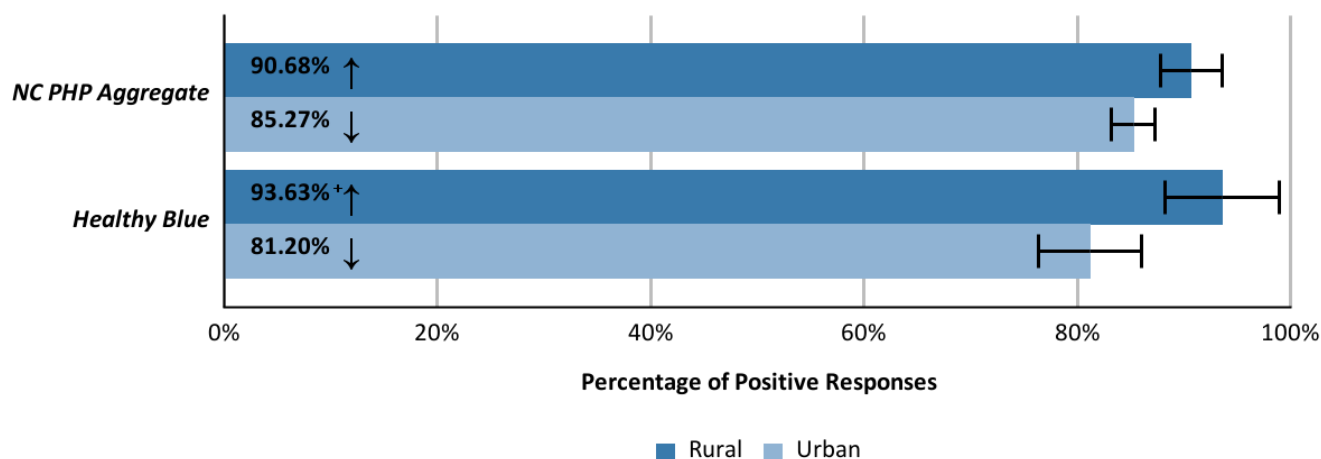
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

↑ Indicates the category score is significantly higher than the other category.

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

Figure 4-53 shows the significant differences for *Getting Needed Care* by urbanicity. The NC PHP Aggregate and Healthy Blue rates for parent/caretaker respondents of child beneficiaries living in rural counties were significantly *higher* than respondents living in urban counties.

Figure 4-53—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Getting Needed Care (2024)



↑ 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.

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

Figure 4-54 shows the significant differences for *Getting Care Quickly* by urbanicity. The UnitedHealthcare and Foster Care rates for parent/caretaker respondents of child beneficiaries living in rural counties were significantly *higher* than respondents living in urban counties.

Figure 4-54—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Getting Care Quickly (2024)

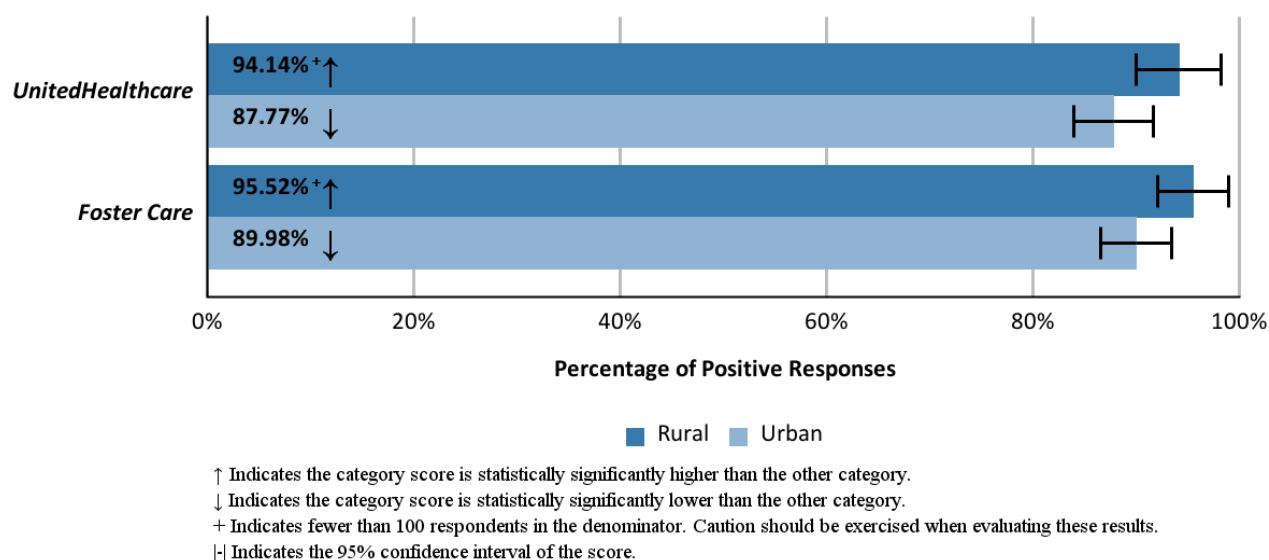


Figure 4-55 shows the significant differences for *How Well Doctors Communicate* by urbanicity. The UnitedHealthcare rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-55—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: How Well Doctors Communicate (2024)

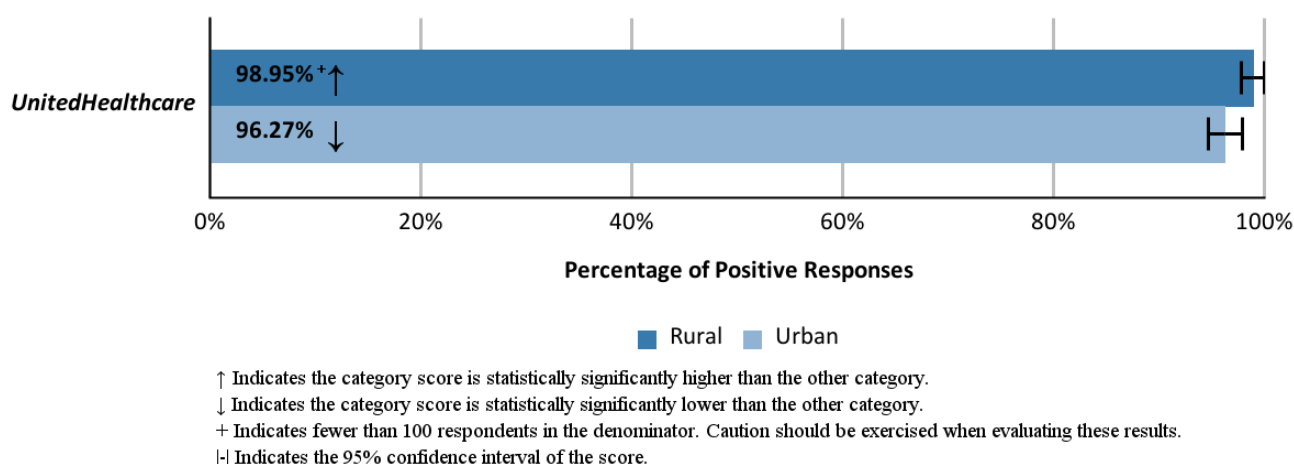
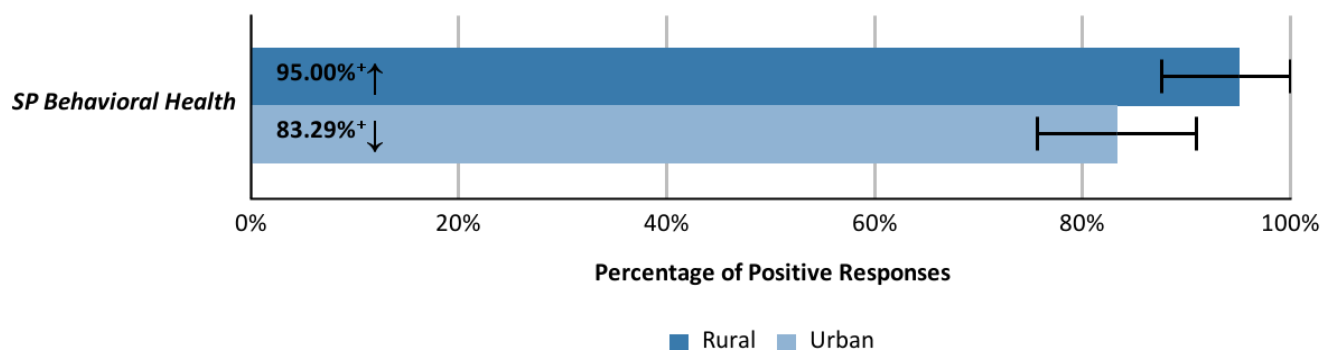


Figure 4-56 shows the significant differences for *Customer Service* by urbanicity. The SP Behavioral Health rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-56—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Customer Service (2024)



↑ 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.

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

Supplemental Items

Table 4-20 and Table 4-21 show the positive ratings for all supplemental items 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: Supplemental Items (2024)

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	45.07%	46.48%	55.16%	51.21%	32.79%↓	42.31%↑	57.68%	64.19%
NC PHP Aggregate	37.66%	38.86%	33.64%	30.11%	44.98%↓	55.47%↑	68.68%	75.04%
AmeriHealth	39.04%	34.45%	28.21%	24.77%	50.63%	60.80%	72.22%+	71.55%
Carolina Complete	31.90%	38.55%	44.44%	31.90%	35.14%↓	63.80%↑	60.00%+↓	82.47%↑
Healthy Blue	45.13%	46.55%	S	28.45%	S	45.22%	S	71.74%+
UnitedHealthcare	38.24%	36.27%	31.71%	29.50%	39.47%	47.83%	62.50%+	73.17%
WellCare	32.11%	38.34%	33.33%	34.75%	48.65%	57.04%	73.53%+	73.28%
SP Behavioral Health	54.62%	55.77%	78.41%	80.31%	S	21.43%	S	48.08%+↑
EBCI Tribal Option	55.17%+	S	53.85%+	S	0.00%+	S	S	S
Medicaid Direct	53.94%	54.21%	67.37%	64.93%	S	7.85%	S	25.64%
Tailored Plan Eligible	58.77%	54.52%	81.82%↑	65.13%↓	37.93%	45.10%	68.18%+	65.12%+
Foster Care	48.60%	52.05%	77.67%	71.01%	S	S	S	24.00%+

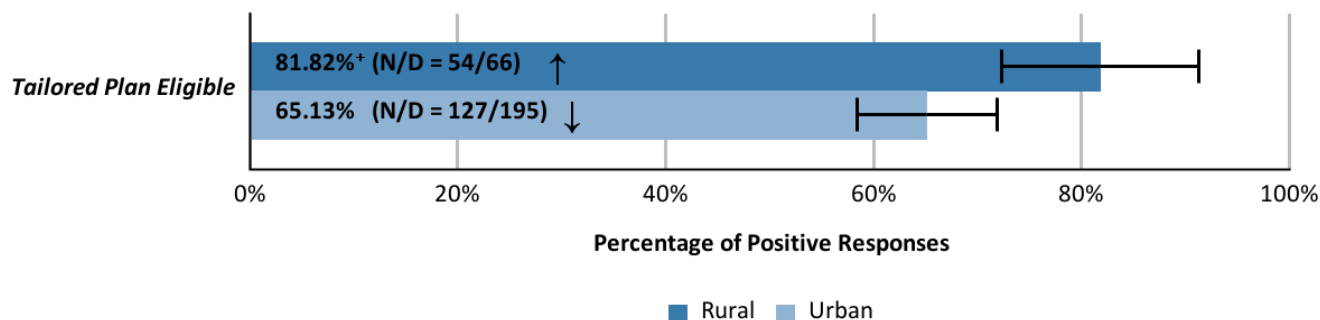
Blue shading indicates the category score is significantly different than the other category.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.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

Table 4-21—Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2024)

PHP/Population	Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
NC Medicaid Program	58.80%	54.59%	14.51%↓	16.74%↑	71.36%	72.84%	41.75%↓	47.63%↑
NC PHP Aggregate	50.85%	45.49%	10.08%	10.25%	60.56% ⁺	63.95%	40.69%	43.76%
AmeriHealth	45.07%	36.89%	9.47%	10.92%	52.17% ⁺	62.50% ⁺	40.08%	46.28%
Carolina Complete	48.72%	38.85%	9.65%	9.41%	S	61.29% ⁺	38.79%	46.49%
Healthy Blue	67.57%	54.48%	13.91%	11.73%	S	59.46% ⁺	35.90%	39.94%
UnitedHealthcare	48.98%	49.69%	9.70%	8.66%	S	72.73% ⁺	47.79%	43.00%
WellCare	50.00%	45.52%	S	10.84%	S	64.10% ⁺	40.37%	43.58%
SP Behavioral Health	64.91%	64.49%	31.50%	29.89%	73.68% ⁺	86.67% ⁺	44.53%	47.55%
EBCI Tribal Option	78.26% ⁺	S	S	S	S	S	49.15% ⁺	S
Medicaid Direct	64.19%	65.43%	20.94%	23.67%	76.84% ⁺	77.15%	42.04%↓	52.17%↑
Tailored Plan Eligible	66.00%	53.24%	24.55%	24.11%	85.19% ⁺	81.82% ⁺	40.00%	42.82%
Foster Care	66.67%	56.34%	17.24%	20.11%	75.00% ⁺	73.91% ⁺	42.86%	47.93%
<p>Blue shading indicates the category score is significantly different than the other category.</p> <p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>↑ Indicates the category score is significantly higher than the other category.</p> <p>↓ Indicates the category score is significantly lower than the other category.</p>								

Figure 4-57 shows the significant differences for *Appointment for Counseling or Mental Health Treatment* by urbanicity. The Tailored Plan Eligible rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than respondents living in urban counties.

Figure 4-57—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Appointment for Counseling or Mental Health Treatment (2024)



↑ Indicates the category score is statistically significantly higher than the other category.

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

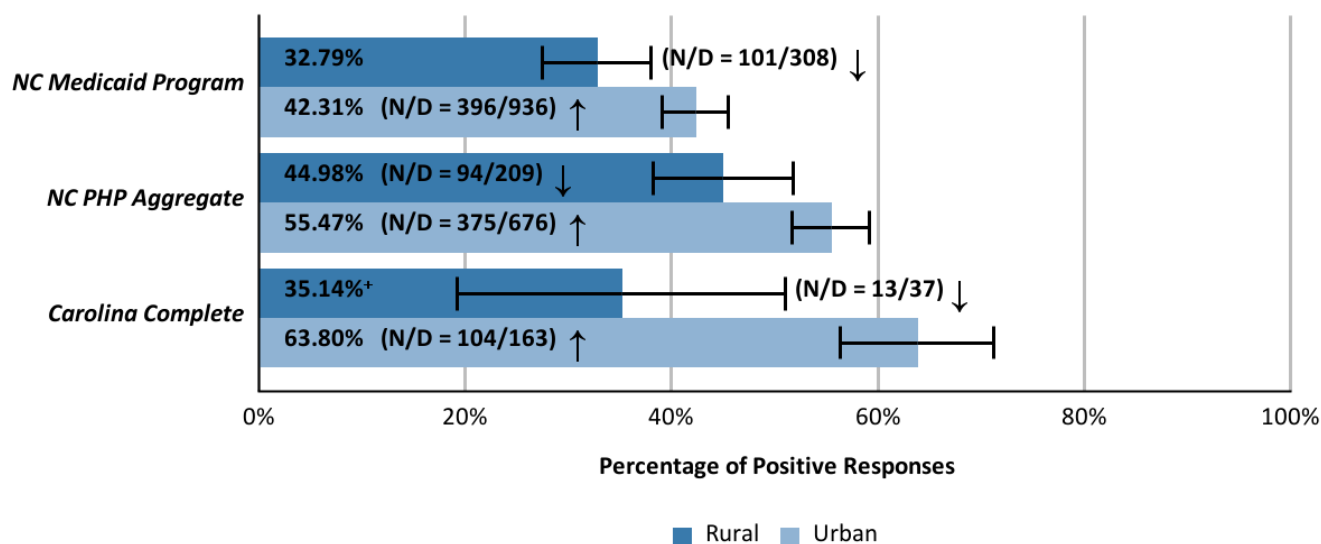
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

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

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

Figure 4-58 shows the significant differences for *Used an Interpreter* by urbanicity. The following rates for parent/caretaker respondents of child beneficiaries living in rural counties were significantly *lower* than respondents living in urban counties: NC Medicaid Program, NC PHP Aggregate, and Carolina Complete.

Figure 4-58—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Used an Interpreter (2024)



↑ Indicates the category score is statistically significantly higher than the other category.

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

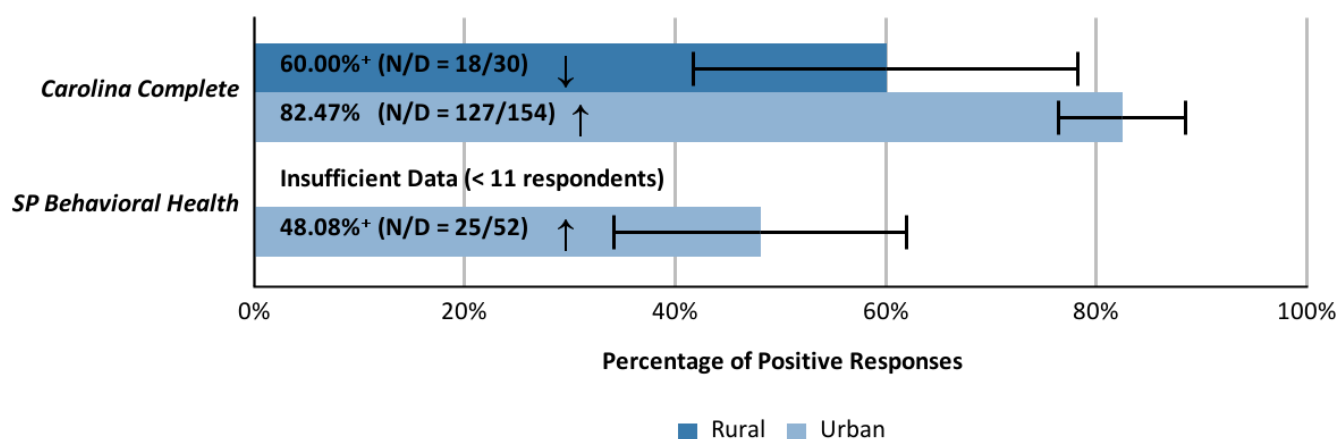
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

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

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

Figure 4-59 shows the significant differences for *Interpreter Treated with Courtesy and Respect* by urbanicity. The Carolina Complete 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 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 4-59—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Interpreter Treated with Courtesy and Respect (2024)



↑ 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 4-60 shows the significant differences for *Offered Telehealth Appointment* by urbanicity. The NC Medicaid Program rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 4-60—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Offered Telehealth Appointment (2024)

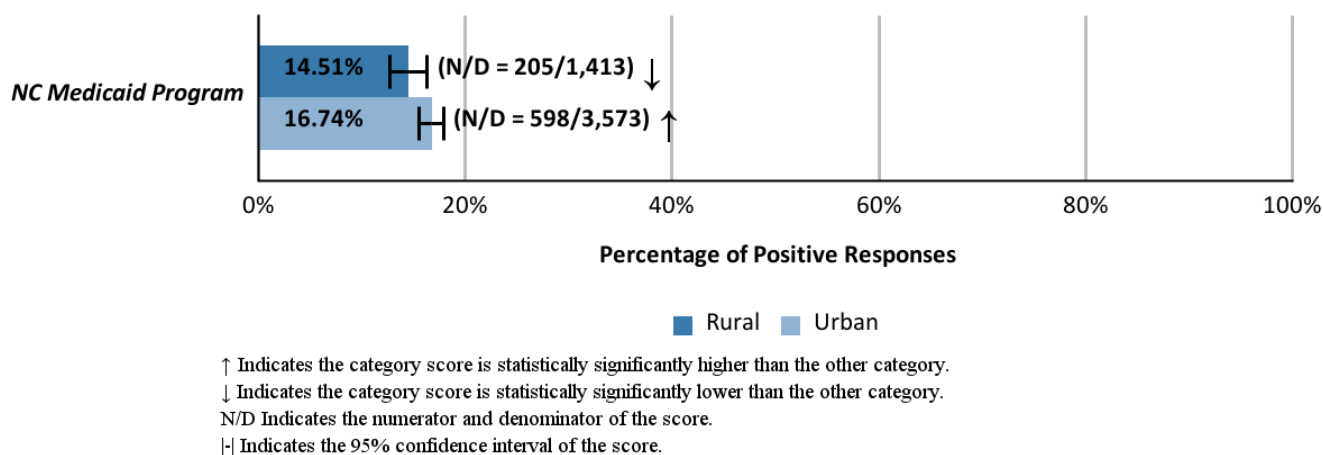
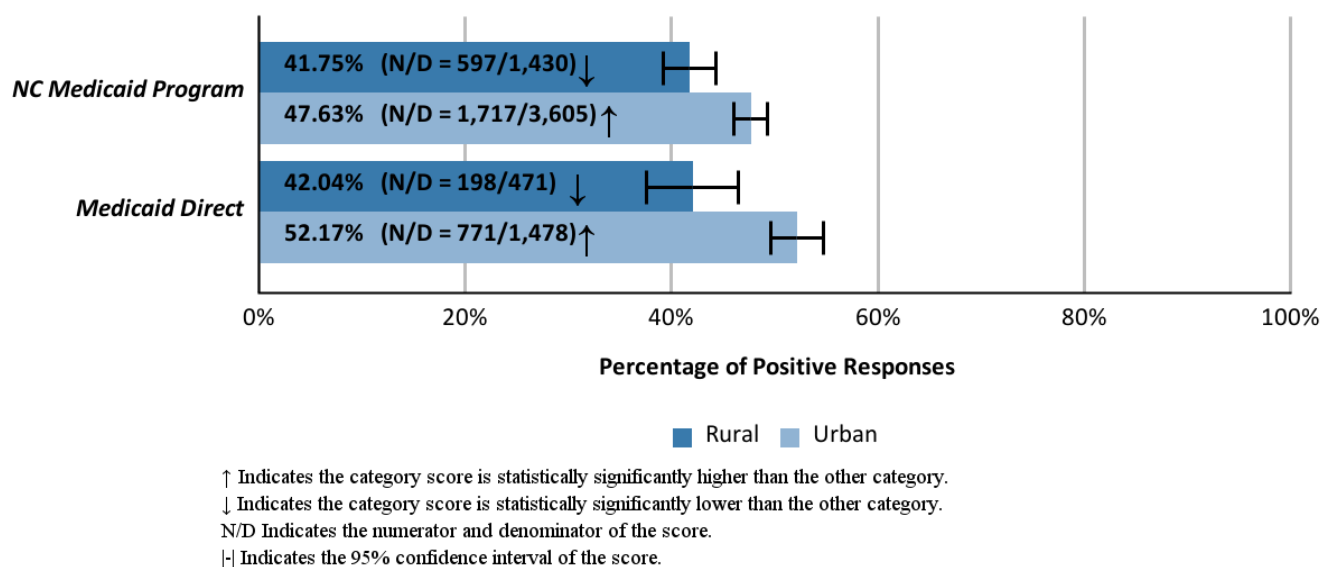


Figure 4-61 shows the significant differences for *Flu Vaccination Received* by urbanicity. The NC Medicaid Program and Medicaid Direct rates for child respondents living in rural counties were significantly *lower* than respondents living in urban counties.

Figure 4-61—Significant Differences: Child Respondent Percentage of Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Flu Vaccination Received (2024)



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., beneficiaries with a PCP with an AMH Tier 1 or Tier 2 designation and beneficiaries with an assigned PCP without an AMH designation). If AMH Tier comparisons for a measure resulted in significant findings, these results appear on AMH Tier 3. 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.⁷⁹ For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 43. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 315.

Overall Health Characteristics

Table 4-22 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 4-22—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Overall Health Characteristics (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
NC Medicaid Program	95.28%	94.41%	86.60%	84.82%
NC PHP Aggregate	96.08%	95.69%	92.59%	91.19%
AmeriHealth	94.83%↓	98.81% ⁺	89.22%↓	97.62% ⁺
Carolina Complete	96.53%	95.24% ⁺	94.89%	91.67% ⁺
Healthy Blue	96.43%	92.31% ⁺	93.11%↑	83.33% ⁺
UnitedHealthcare	96.63%	97.98% ⁺	93.49%	94.06%
WellCare	96.22%	93.15% ⁺	92.91%	87.67% ⁺
SP Behavioral Health	92.11%	88.75% ⁺	65.25%	66.25% ⁺

⁷⁹ Fact Sheet. Advanced Medical Home (AMH) Program. Available at: <https://medicaid.ncdhhs.gov/documents/amh-program-provider-fact-sheet/download?attachment>. Accessed on: September 12, 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
EBCI Tribal Option	94.44% ⁺	S	90.74% ⁺	S
Medicaid Direct	94.36%	93.06%	82.01%	80.00%
Tailored Plan Eligible	88.58%	88.46% ⁺	59.44%	57.89% ⁺
Foster Care	94.66%	94.59%	72.08%	75.45%

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 4-62 shows the significant differences for general health status by AMH Tier designation. The AmeriHealth rate for children with an AMH Tier 3 PCP was significantly *lower* than children with a non-AMH Tier 3 PCP.

Figure 4-62—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 (2024)

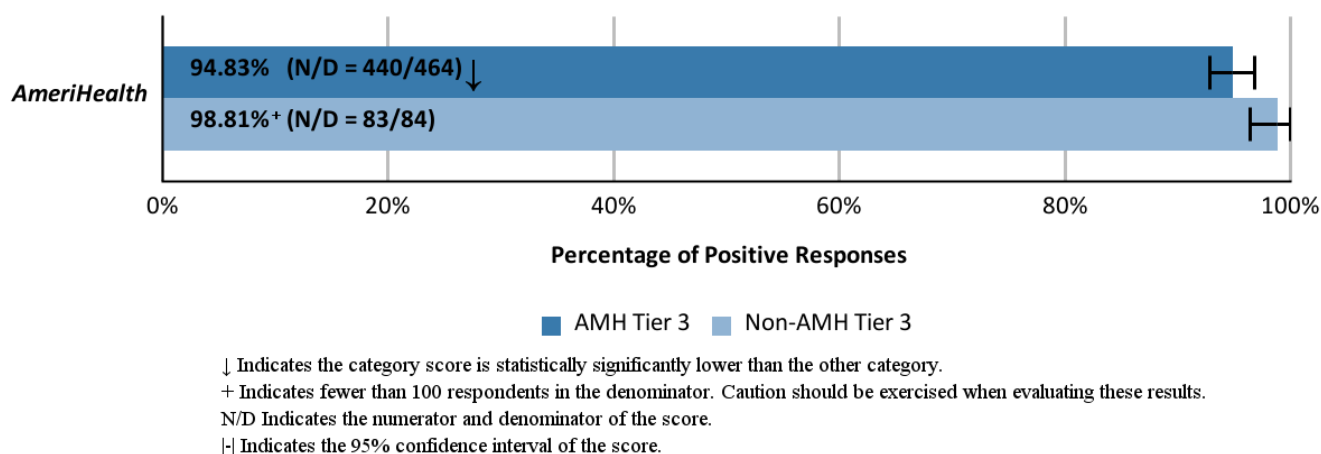
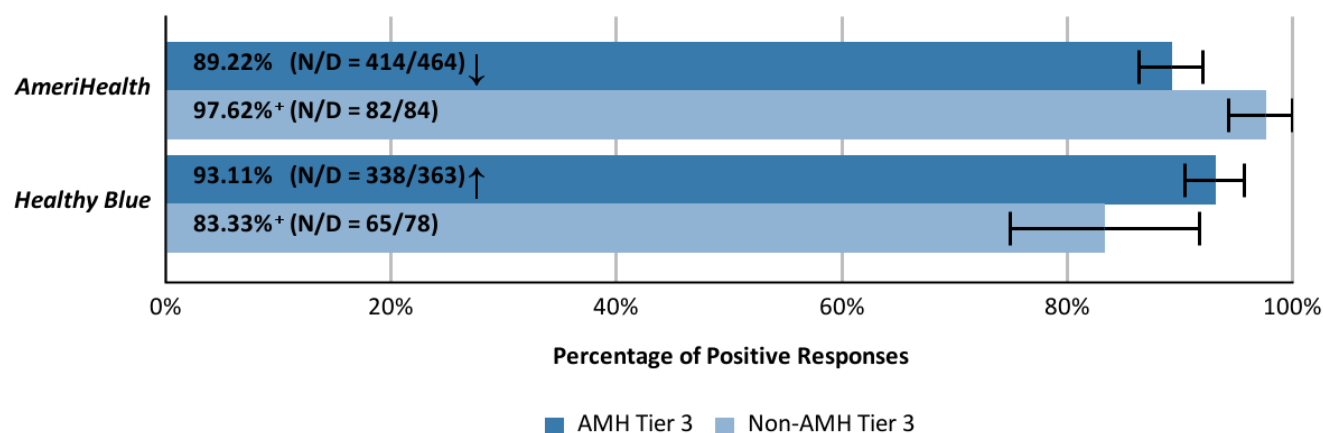


Figure 4-63 shows the significant differences for mental or emotional health status by AMH Tier designation. The AmeriHealth rate for children with an AMH Tier 3 PCP was significantly *lower* than children with a non-AMH Tier 3 PCP. The Healthy Blue rate for children with an AMH Tier 3 PCP was significantly *higher* than children with a non-AMH Tier 3 PCP.

Figure 4-63—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 (2024)



↑ 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.

Global Ratings

Table 4-23 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 4-23—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Global Ratings (2024)

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	84.88%	83.20%	87.10%	85.82%	90.86%	90.68%	87.57%	86.58%
NC PHP Aggregate	86.42%	87.14%	86.25%	88.66%	90.42%	90.20%	87.71%	87.96%
AmeriHealth	86.80%	86.25% ⁺	86.15%	80.36% ⁺	87.39%	92.75% ⁺	86.36%	90.00% ⁺
Carolina Complete	89.52%	86.75% ⁺	85.33% [↓]	96.43% ⁺	92.73%	88.89% ⁺	93.51% ⁺	86.36% ⁺
Healthy Blue	84.49% [↓]	92.00% ⁺	83.66%	89.83% ⁺	90.38%	90.00% ⁺	86.27%	90.91% ⁺
UnitedHealthcare	83.65%	87.25%	88.03%	89.86% ⁺	92.74%	90.70% ⁺	85.71% ⁺	83.33% ⁺
WellCare	87.65%	83.33% ⁺	87.92%	86.27% ⁺	89.41%	88.14% ⁺	88.00%	90.00% ⁺
SP Behavioral Health	80.07%	80.00% ⁺	83.48%	81.36% ⁺	91.27%	95.71% ⁺	84.40%	86.36% ⁺
EBCI Tribal Option	69.81% ⁺	S	81.08% ⁺	S	80.00% ⁺	S	89.47% ⁺	S
Medicaid Direct	84.13%	81.02%	88.75%	84.88%	92.26%	92.56%	88.52%	87.76%
Tailored Plan Eligible	81.56%	87.18% ⁺	81.68%	78.33% ⁺	86.64%	90.41% ⁺	84.52%	86.11% ⁺
Foster Care	81.65%	77.27%	85.53%	79.07% ⁺	88.82%	87.37% ⁺	82.40%	78.57% ⁺
<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 fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i></p> <p><i>↓ Indicates the category score is significantly lower than the other category.</i></p>								

Figure 4-64 shows the significant differences for *Rating of Health Plan* by AMH Tier designation. The Healthy Blue rate for children with an AMH Tier 3 PCP was significantly *lower* than children with a non-AMH Tier 3 PCP.

Figure 4-64—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of Health Plan (2024)

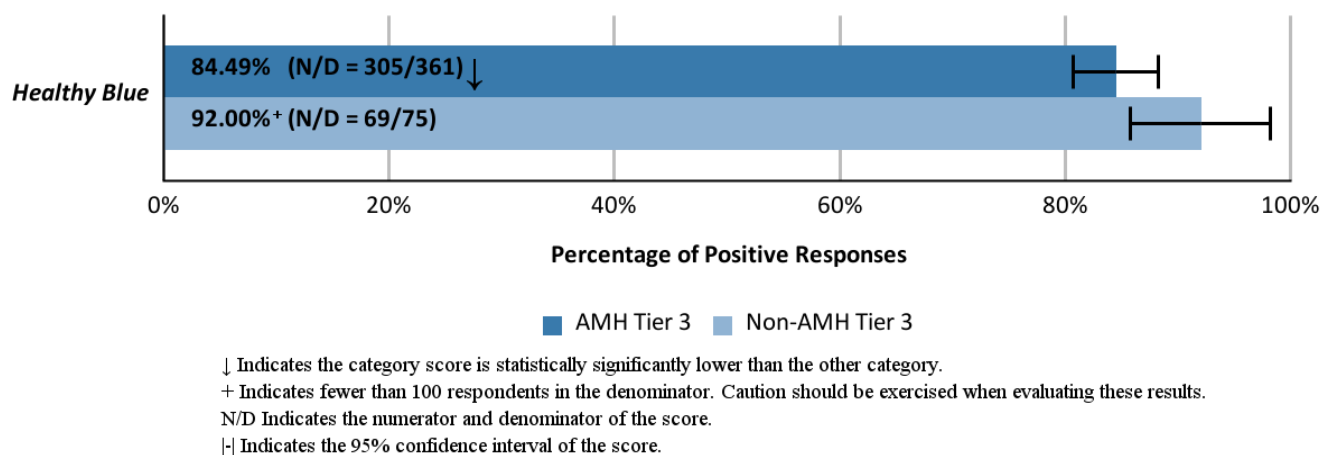
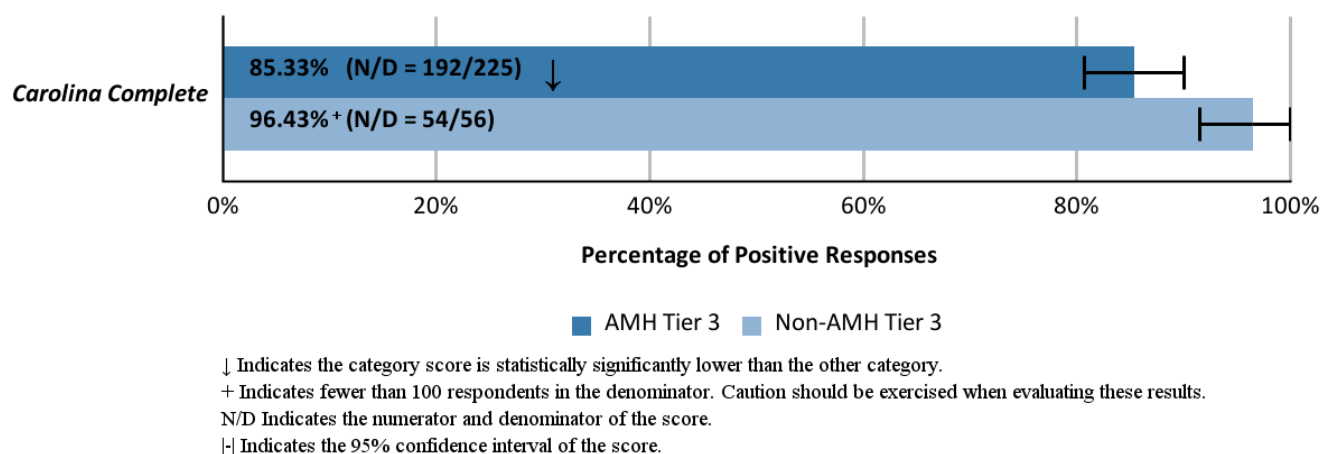


Figure 4-65 shows the significant differences for *Rating of All Health Care* by AMH Tier designation. The Carolina Complete rate for children with an AMH Tier 3 PCP was significantly *lower* than children with a non-AMH Tier 3 PCP.

Figure 4-65—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Rating of All Health Care (2024)



Composite and Individual Item Measures

Table 4-24 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 4-24—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Composite Measures and Individual Item Measure (2024)

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	87.62%	87.52%	90.97%	90.84%	96.68%	97.54%	88.86%↑	83.59%	86.36%	88.12%
NC PHP Aggregate	86.80%	85.48%	88.45%	88.44%	95.31%	96.85%	87.84%	83.87%	88.07%	88.59%
AmeriHealth	87.30%	80.45%+	87.39%	82.68%+	94.32%	93.50%+	88.29%↑	73.21%+	85.71%	90.00%+
Carolina Complete	85.09%	87.37%+	85.75%	88.82%+	94.10%↓	97.55%+	86.16%	82.00%+	86.27%	84.62%+
Healthy Blue	83.67%	85.35%+	88.14%	86.97%+	96.42%	97.83%+	87.63%+	89.47%+	87.39%	90.32%+
UnitedHealthcare	86.92%	87.84%+	88.32%	93.64%+	96.09%↓	99.25%+	89.56%+	91.07%+	90.00%	92.31%+
WellCare	90.66%	85.57%+	92.63%	89.65%+	95.60%	95.47%+	87.68%	85.42%+	90.84%	82.61%+
SP Behavioral Health	89.79%↓	95.60%+	93.07%	91.78%+	96.70%	97.12%+	85.57%+	92.50%+	86.96%	95.35%+
EBCI Tribal Option	90.68%+	S	86.18%+	S	100.00%+	S	94.44%+	S	80.00%+	S
Medicaid Direct	88.48%	89.02%	93.82%	92.93%	98.02%	98.56%	89.97%	84.31%+	85.43%	87.73%
Tailored Plan Eligible	85.90%	90.86%+	89.50%↓	95.45%+	95.54%	95.25%+	85.15%	91.58%+	83.03%	91.89%+
Foster Care	87.34%	87.29%+	92.78%	92.17%+	97.53%	96.15%+	91.30%+	80.56%+	84.46%	88.00%+

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 4-66 shows the significant differences for *Getting Needed Care* by AMH Tier designation. The SP Behavioral Health rate for children with an AMH Tier 3 PCP was significantly *lower* than children with a non-AMH Tier 3 PCP.

Figure 4-66—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Getting Needed Care (2024)

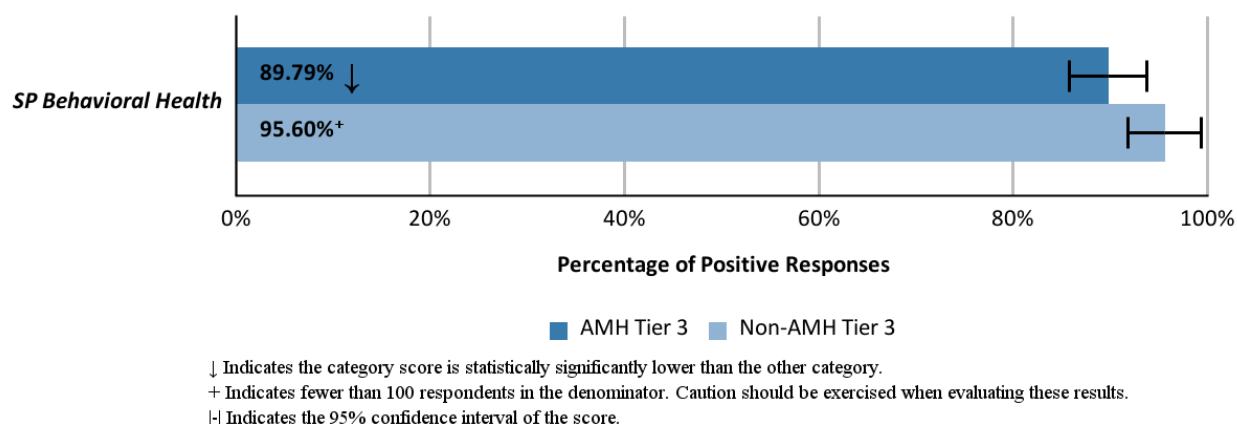


Figure 4-67 shows the significant differences for *Getting Care Quickly* by AMH Tier designation. The Tailored Plan Eligible rate for children with an AMH Tier 3 PCP was significantly *lower* than children with a non-AMH Tier 3 PCP.

Figure 4-67—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Getting Care Quickly (2024)

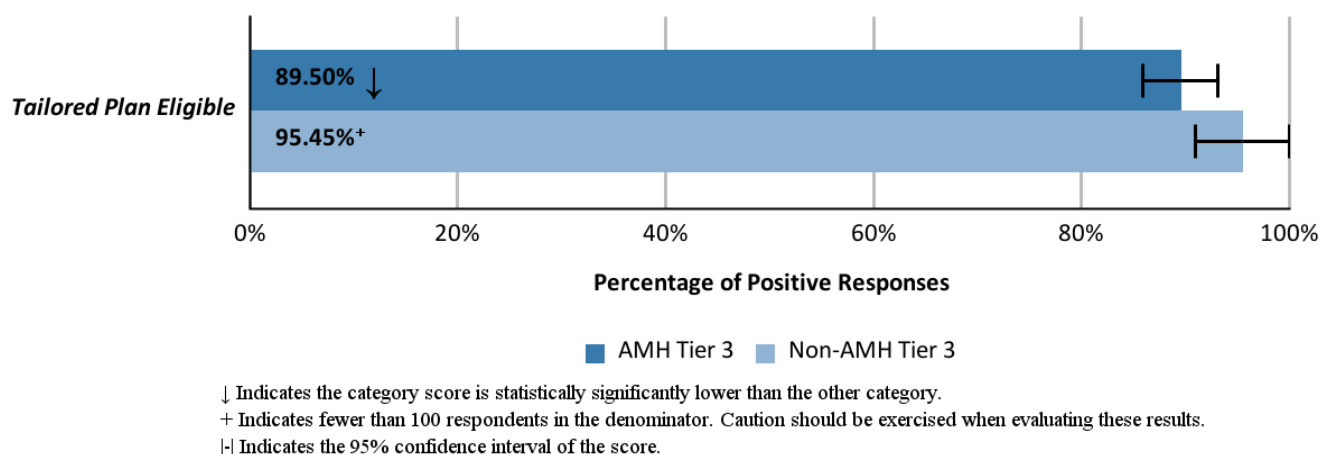
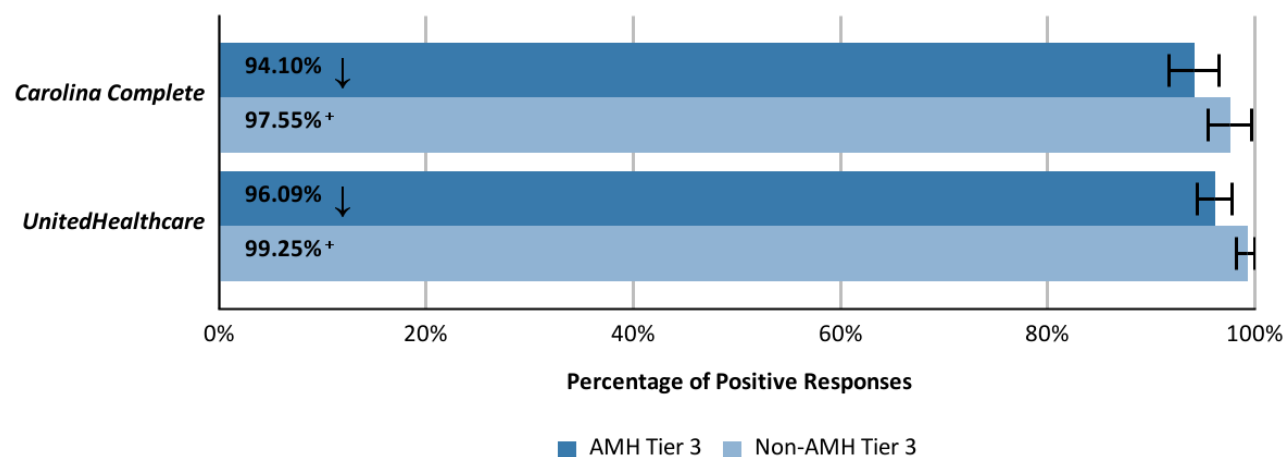


Figure 4-68 shows the significant differences for *How Well Doctors Communicate* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *lower* than children with a non-AMH Tier 3 PCP: Carolina Complete and UnitedHealthcare.

Figure 4-68—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: How Well Doctors Communicate (2024)



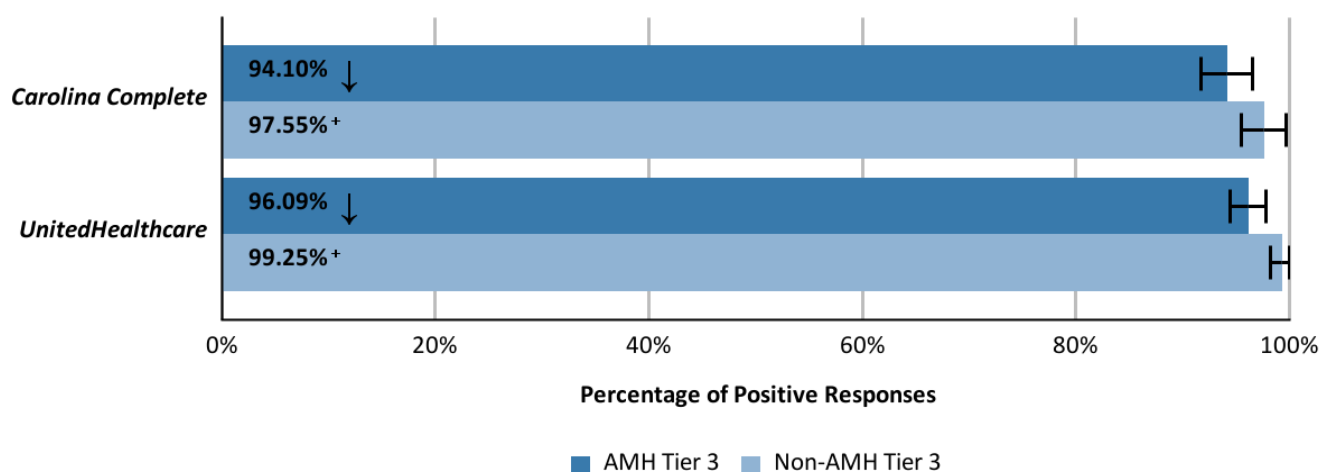
↓ Indicates the category score is statistically significantly lower than the other category.

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

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

Figure 4-69 shows the significant differences for *Customer Service* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *higher* than children with a non-AMH Tier 3 PCP: NC Medicaid Program and AmeriHealth.

Figure 4-69—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Customer Service (2024)



↓ 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.

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

Supplemental Items

Table 4-25 and Table 4-26 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 4-25—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items (2024)

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	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	45.64%	47.27%	51.28%	55.86%	41.99%	34.76%	64.11%	57.32%
NC PHP Aggregate	38.30%	39.52%	29.29%↓	40.41%	54.30%	49.22%	73.95%	69.23%
AmeriHealth	36.66%	34.52% ⁺	25.83%	S	59.54%	42.86% ⁺	74.68%↑	53.57% ⁺
Carolina Complete	36.46%	38.10% ⁺	34.13%	S	58.33%	61.29% ⁺	79.08%	76.67% ⁺
Healthy Blue	45.43%	49.35% ⁺	23.85%↓	60.87% ⁺	43.52%	S	70.11% ⁺	S
UnitedHealthcare	36.59%	38.24%	28.24%	35.90% ⁺	48.91%	44.00%	71.19%	66.67% ⁺
WellCare	37.29%	38.36% ⁺	33.33%	48.00% ⁺	56.46%	48.00% ⁺	72.09%	80.95% ⁺
SP Behavioral Health	54.97%	57.14% ⁺	81.48%	74.58% ⁺	21.33%	S	39.29% ⁺	S
EBCI Tribal Option	56.60% ⁺	S	54.17% ⁺	S	0.00% ⁺	S	S	S
Medicaid Direct	54.10%	55.56%	66.25%	64.78%	8.74%	0.00%	24.04%	S
Tailored Plan Eligible	55.99%	58.44% ⁺	70.14%	65.00% ⁺	46.00%	S	64.29% ⁺	73.68% ⁺
Foster Care	50.51%	50.45%	74.56%	70.00%	S	S	26.42% ⁺	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.

Table 4-26—Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued (2024)

PHP/Population	Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	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	54.45%↓	60.37%	15.31%	17.34%	71.18%	76.35%	46.64%↑	42.25%
NC PHP Aggregate	46.22%	50.00%	10.06%	10.63%	64.10%	60.47%+	43.12%	41.25%
AmeriHealth	42.86%	S	10.20%	S	56.52%+	S	44.74%	35.37%+
Carolina Complete	40.14%	46.67%+	9.81%	S	60.00%+	S	45.28%	42.17%+
Healthy Blue	54.55%	62.07%+	11.45%	15.79%+	60.53%+	S	37.88%	42.31%+
UnitedHealthcare	47.97%	55.56%	7.65%	10.78%	80.00%+	S	45.15%	41.58%
WellCare	46.10%	59.09%+	11.27%	S	67.39%+	S	41.94%	45.21%+
SP Behavioral Health	66.15%	56.67%+	29.47%	36.00%+	79.76%+	88.89%+	47.04%	41.03%+
EBCI Tribal Option	77.27%+	S	S	S	S	S	51.85%+↑	S
Medicaid Direct	63.33%↓	74.19%	21.72%	24.30%	74.75%↓	84.71%+	51.47%↑	41.46%
Tailored Plan Eligible	56.55%	48.57%+	23.23%	29.73%+	81.25%+	85.71%+	44.76%	33.77%+
Foster Care	60.48%	57.14%	19.31%	20.91%	73.24%+	75.00%+	46.09%	50.00%
<p>Blue shading indicates the category score is significantly different than the other category.</p> <p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</p> <p>↑ Indicates the category score is significantly higher than the other category.</p> <p>↓ Indicates the category score is significantly lower than the other category.</p>								

Figure 4-70 shows the significant differences for *Appointment for Counseling or Mental Health Treatment* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *lower* than children with a non-AMH Tier 3 PCP: NC PHP Aggregate and Healthy Blue.

Figure 4-70—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 (2024)

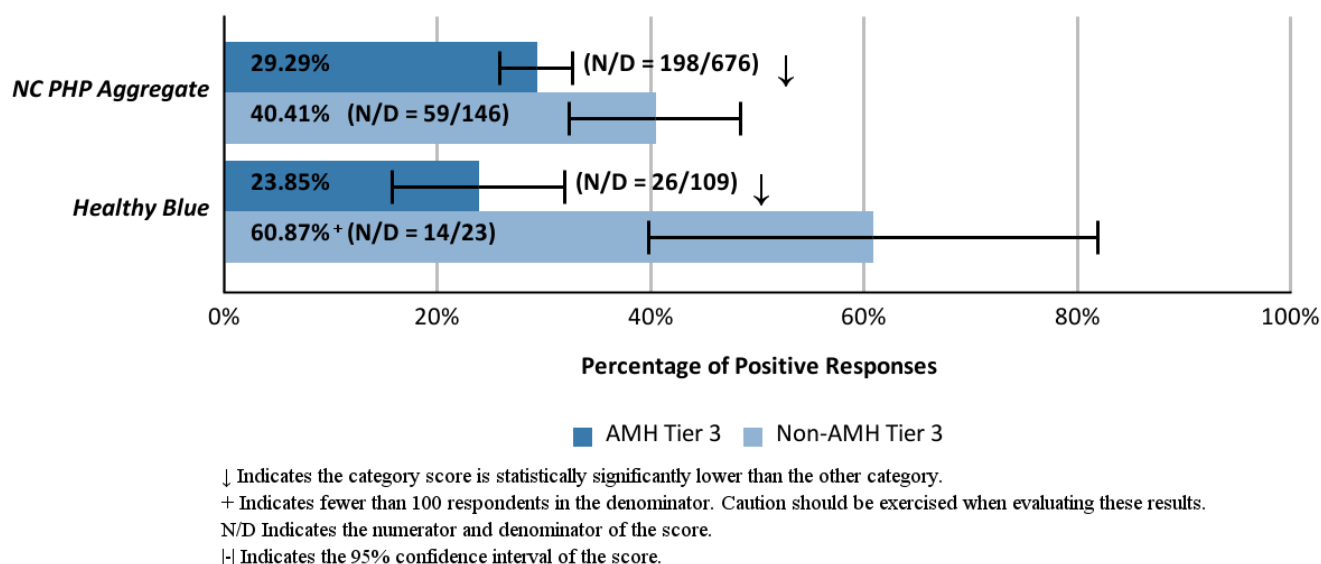


Figure 4-71 shows the significant differences for *Interpreter Treated with Courtesy and Respect* by AMH Tier designation. The AmeriHealth rate for children with an AMH Tier 3 PCP was significantly *higher* than children with a non-AMH Tier 3 PCP.

Figure 4-71—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Interpreter Treated with Courtesy and Respect (2024)

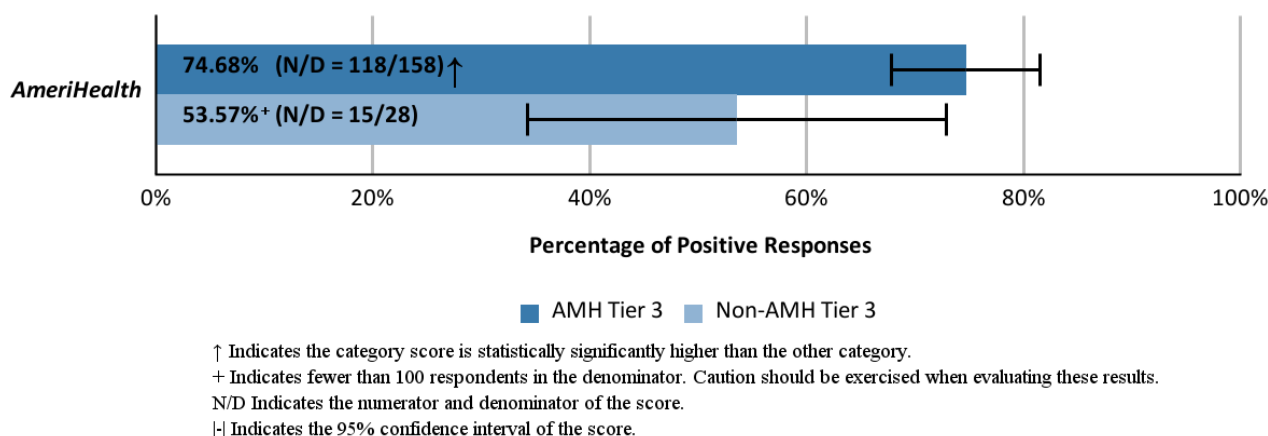


Figure 4-72 shows the significant differences for *Care Outside of Business Hours* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *lower* than children with a non-AMH Tier 3 PCP: NC Medicaid Program and Medicaid Direct.

Figure 4-72—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Care Outside of Business Hours (2024)

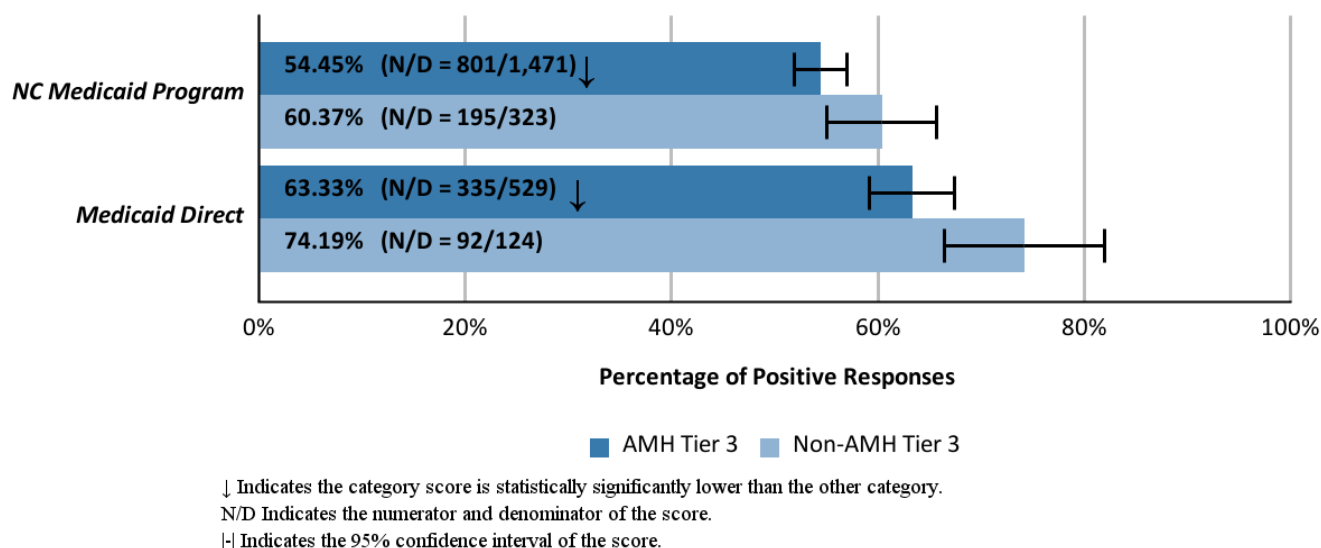
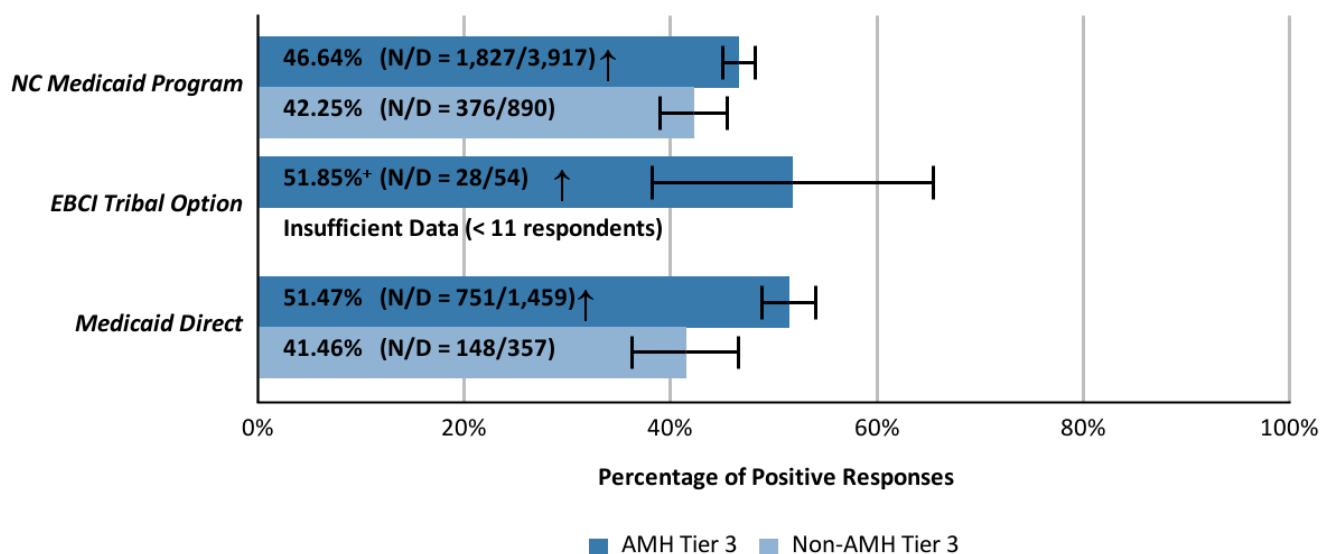


Figure 4-73 shows the significant differences for *Flu Vaccination Received* by AMH Tier designation. The following program-specific population rates for children with an AMH Tier 3 PCP were significantly *higher* than children with a non-AMH Tier 3 PCP: NC Medicaid Program, EBCI Tribal Option, and Medicaid Direct; however, the non-AMH Tier results for EBCI Tribal Option were suppressed due to insufficient data and caution should be exercised when interpreting these results.

Figure 4-73—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Flu Vaccination Received (2024)



↑ Indicates the category score is statistically significantly higher than the other category.

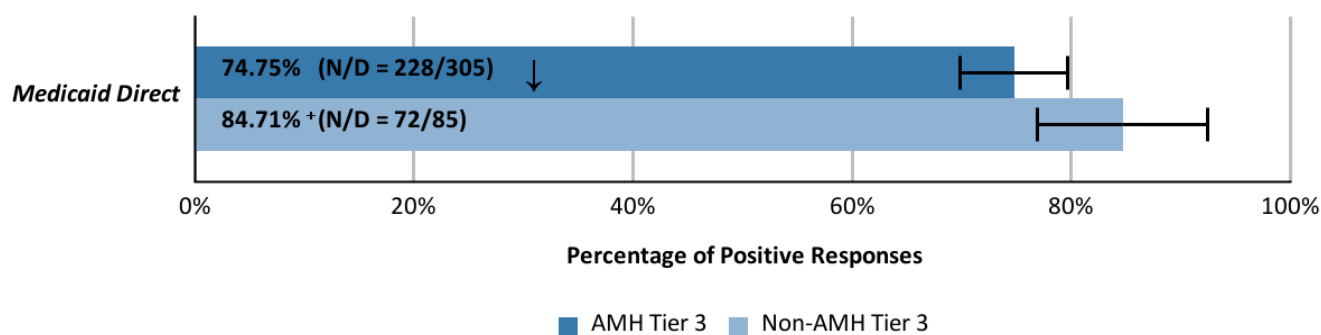
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

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

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

Figure 4-74 shows the significant differences for *Chose Telehealth* by AMH Tier designation. The Medicaid rate for children with an AMH Tier 3 PCP was significantly *lower* than children with a non-AMH Tier 3 PCP.

Figure 4-74—Significant Differences: Children with an Assigned PCP Percentage of Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Chose Telehealth (2024)



↓ 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.⁸⁰ For more detailed information regarding the methodology used for this analysis, please refer to the Reader's Guide beginning on page 43. Table 4-27 presents the results of the Spearman correlation for the NC Medicaid Program. Based on the results of this analysis, no correlation between the composite measures and global ratings exist.

Table 4-27—Child Spearman Correlation NC Medicaid Program Results (2024)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.36	0.44	0.29	0.41
Getting Care Quickly	0.22	0.31	0.22	0.23
How Well Doctors Communicate	0.23	0.35	0.45	0.25
Customer Service	0.41	0.36	0.31	0.33
<i>Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.</i>				

⁸⁰ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: September 12, 2024.

Appendix A. Supplemental Information

Demographics

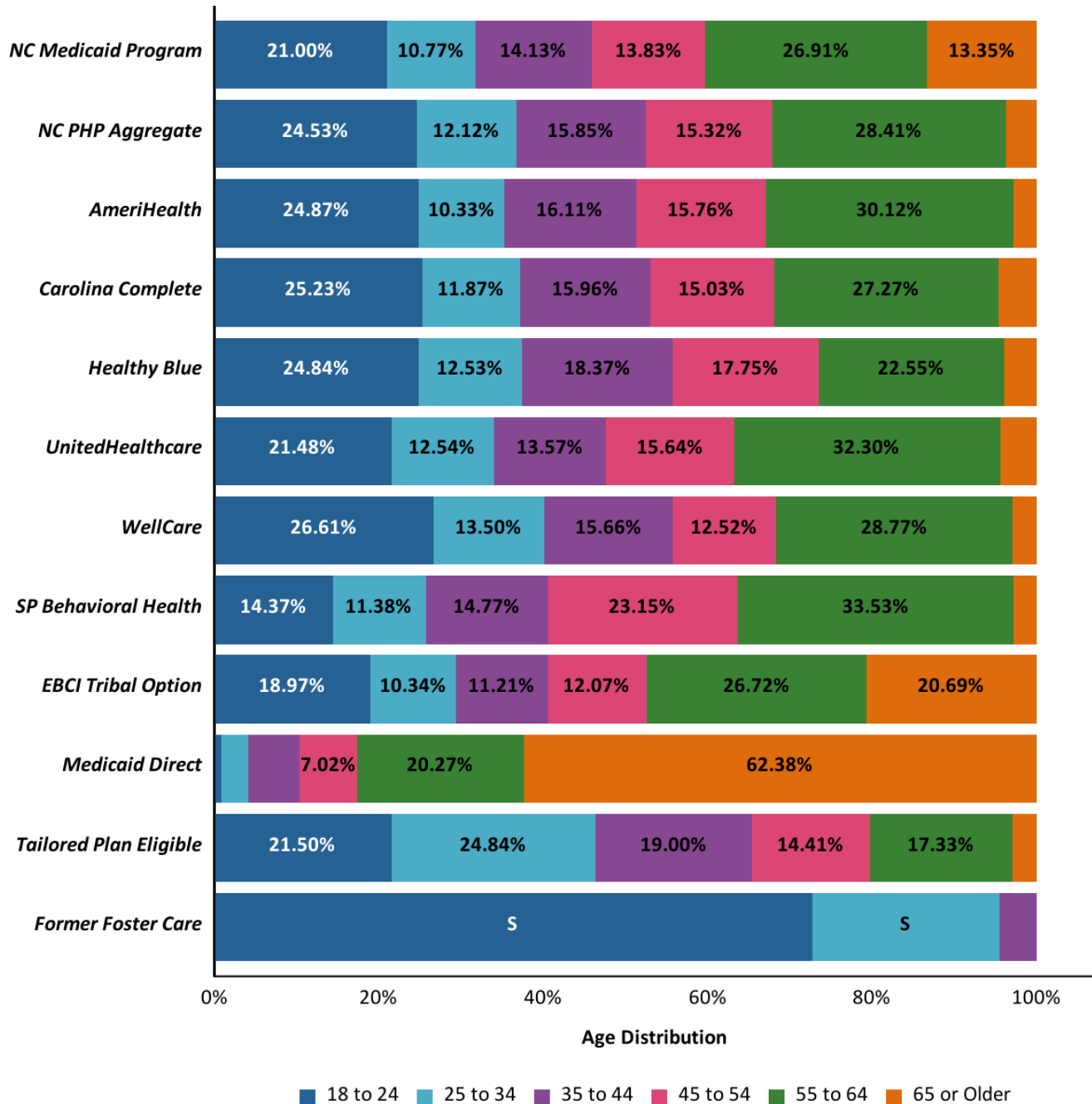
The demographics include the *self-reported* demographic information reported by respondents in the CAHPS surveys.

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, Tailored Plan Eligible, and Former Foster Care.

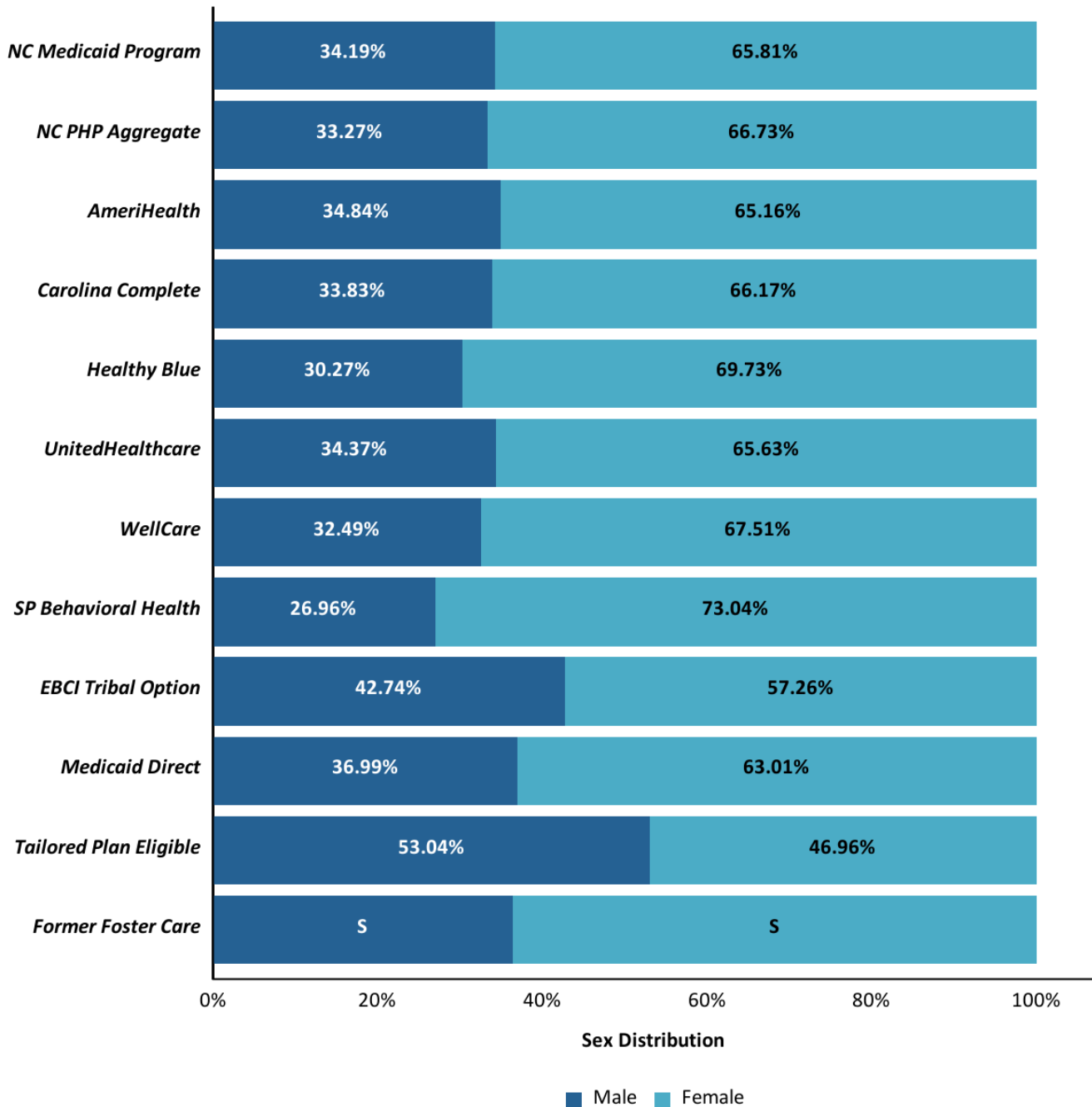
Figure A-1—Percentage of 2024 Adult Respondents Who Reported Their Age, with Aggregate Comparisons



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

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.

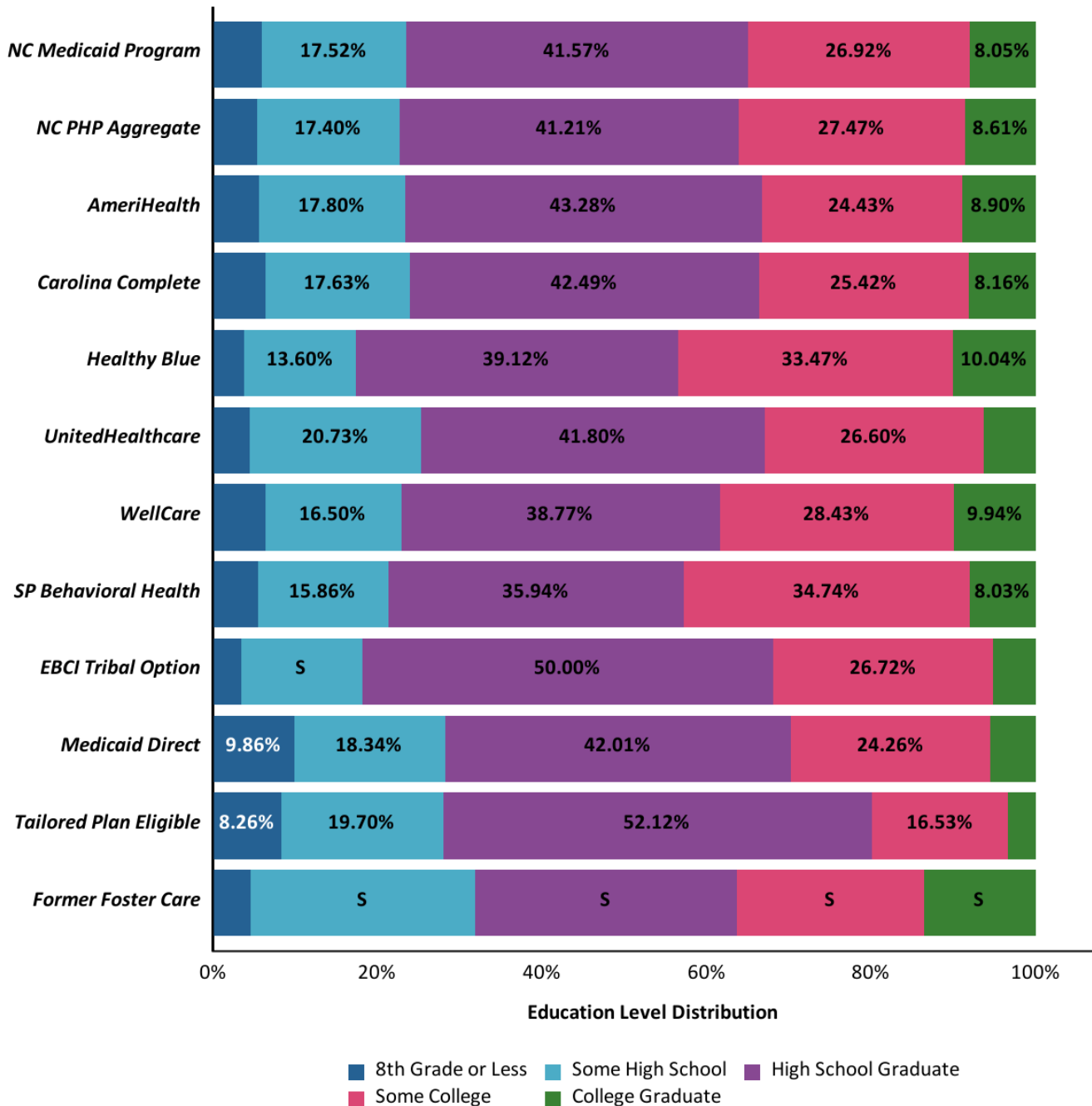
Figure A-2—Percentage of 2024 Adult Respondents Who Reported Their Sex, with Aggregate Comparisons



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

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.

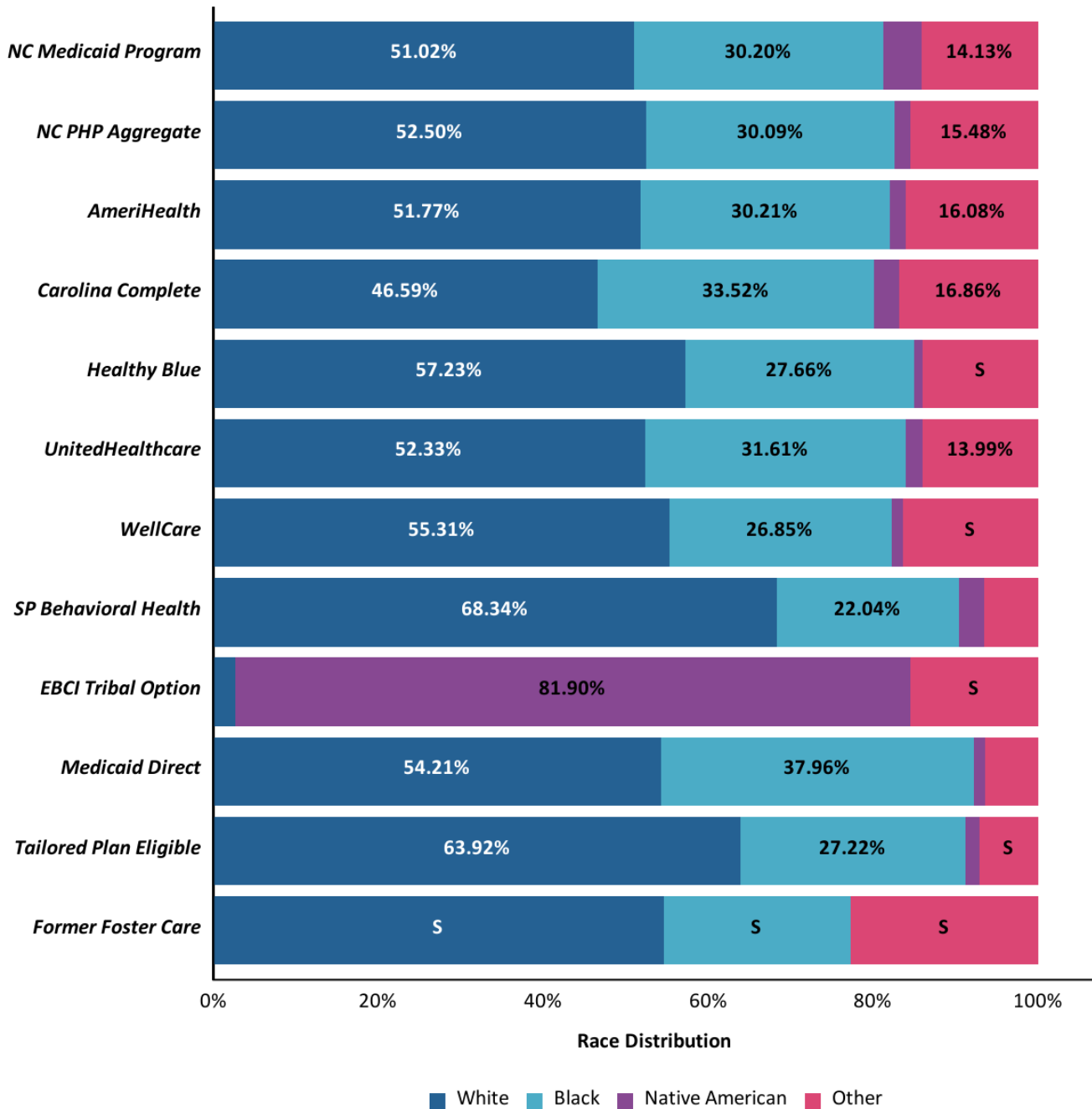
Figure A-3—Percentage of 2024 Adult Respondents Who Reported Their Education Level, with Aggregate Comparisons



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

Overall, the majority of adult respondents were White across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except EBCI Tribal Option.

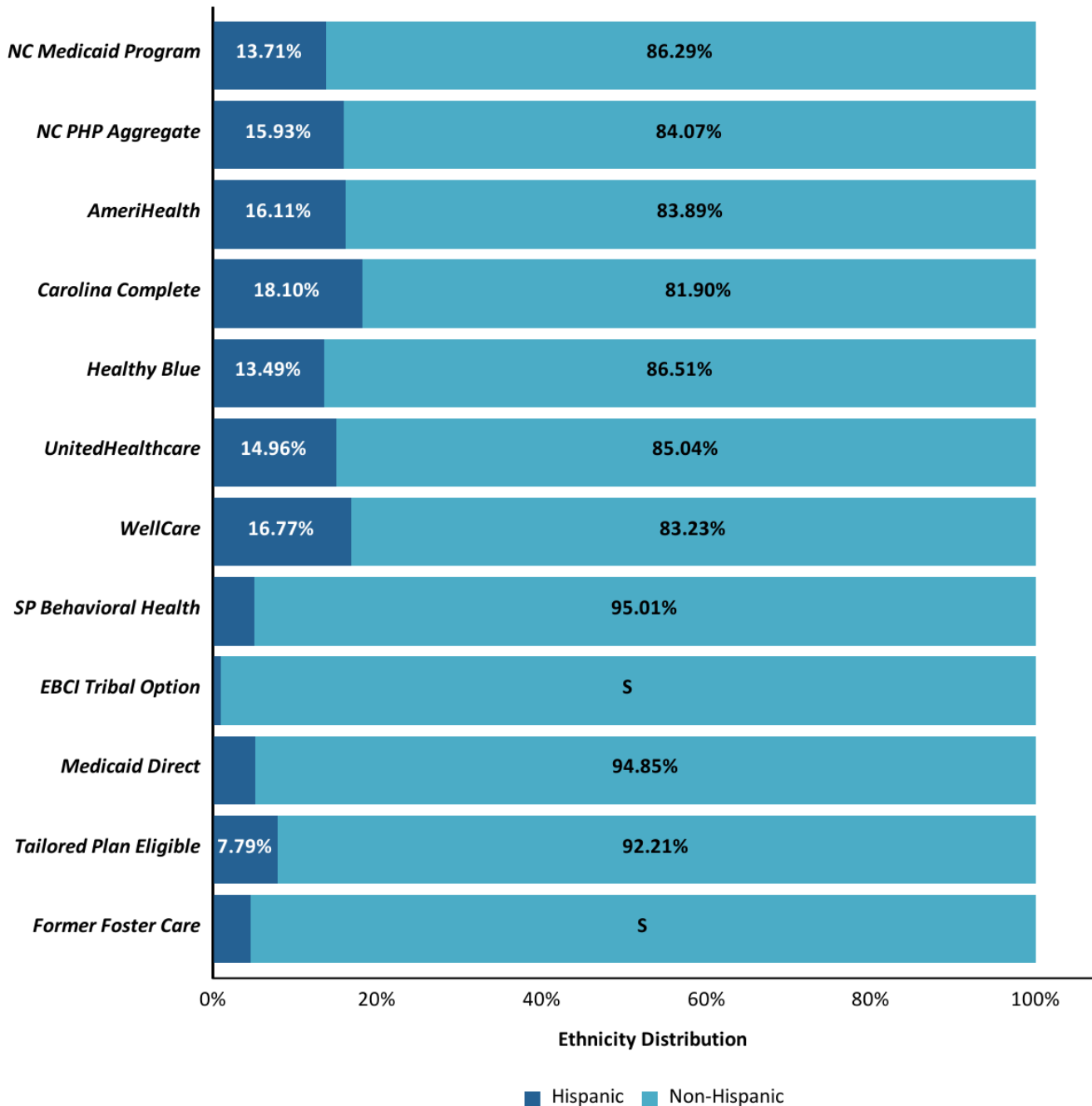
Figure A-4—Percentage of 2024 Adult Respondents Who Reported Their Race, with Aggregate Comparisons



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

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 2024 Adult Respondents Who Reported Their Ethnicity, with Aggregate Comparisons



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

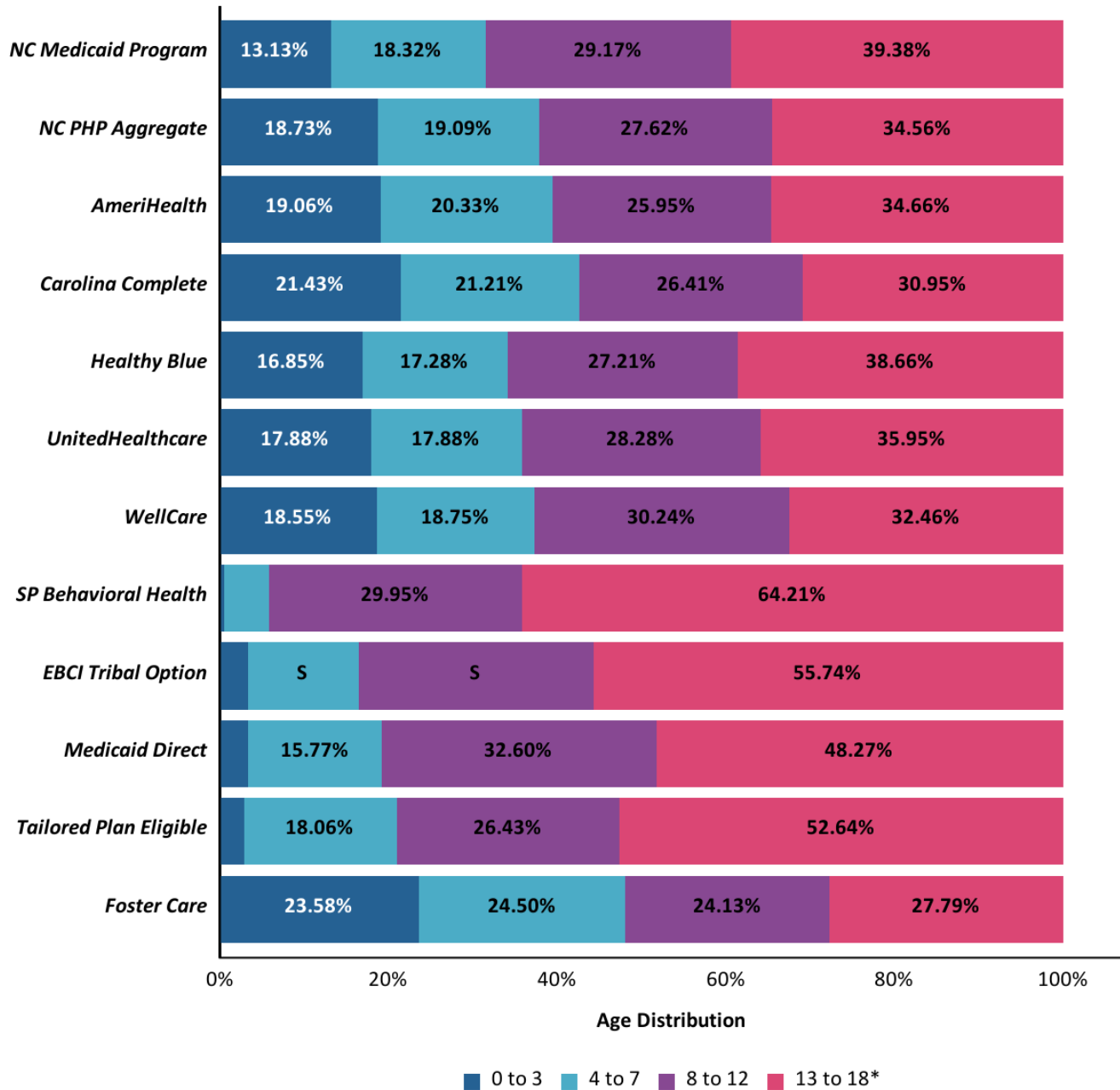
Child Demographics

Child Member Demographics

Figure A-6 through Figure A-9 present the demographic characteristics of child beneficiaries 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 beneficiaries were 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 2024 Child Respondents Who Reported Their Child's Age, with Aggregate Comparisons

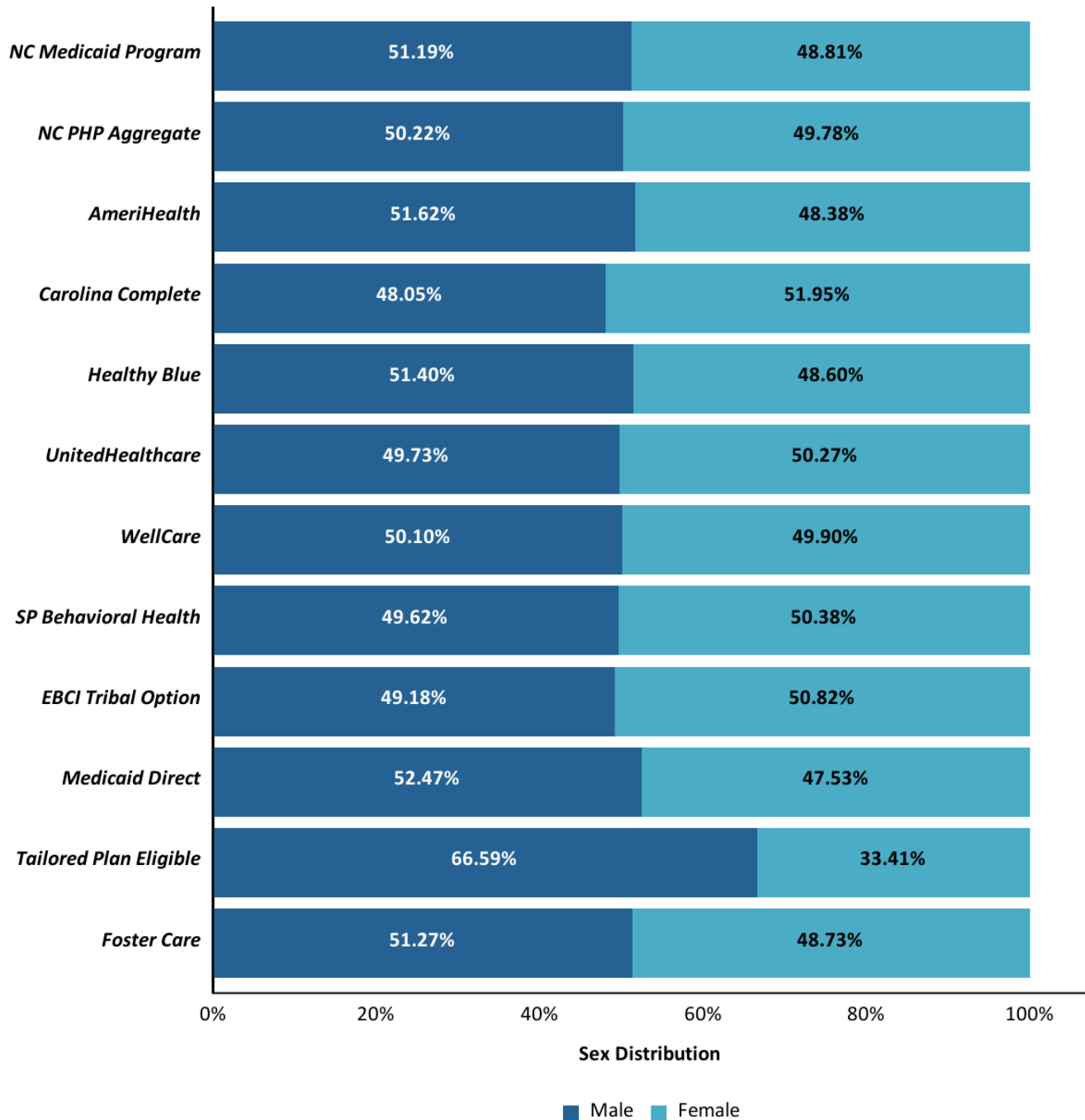


S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2023. Some children eligible for the CAHPS Survey turned 18 between January 1, 2024 and the time of survey administration. Some percentages may not total 100% due to rounding.

Overall, child beneficiaries 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.

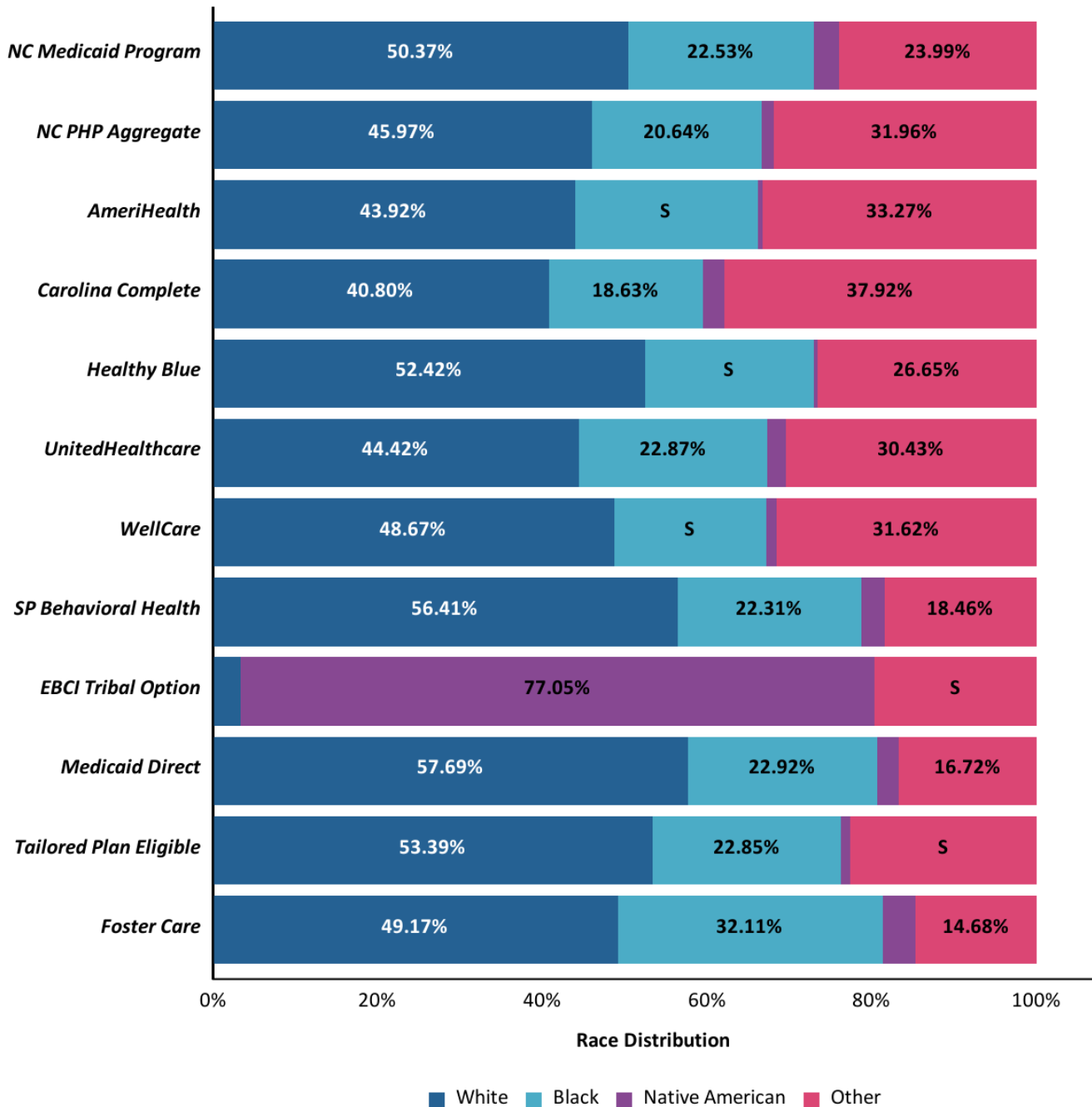
Figure A-7—Percentage of 2024 Child Respondents Who Reported Their Child’s Sex, with Aggregate Comparisons



Some percentages may not total 100% due to rounding.

Overall, the plurality of child beneficiaries was mostly White across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations, except EBCI Tribal Option.

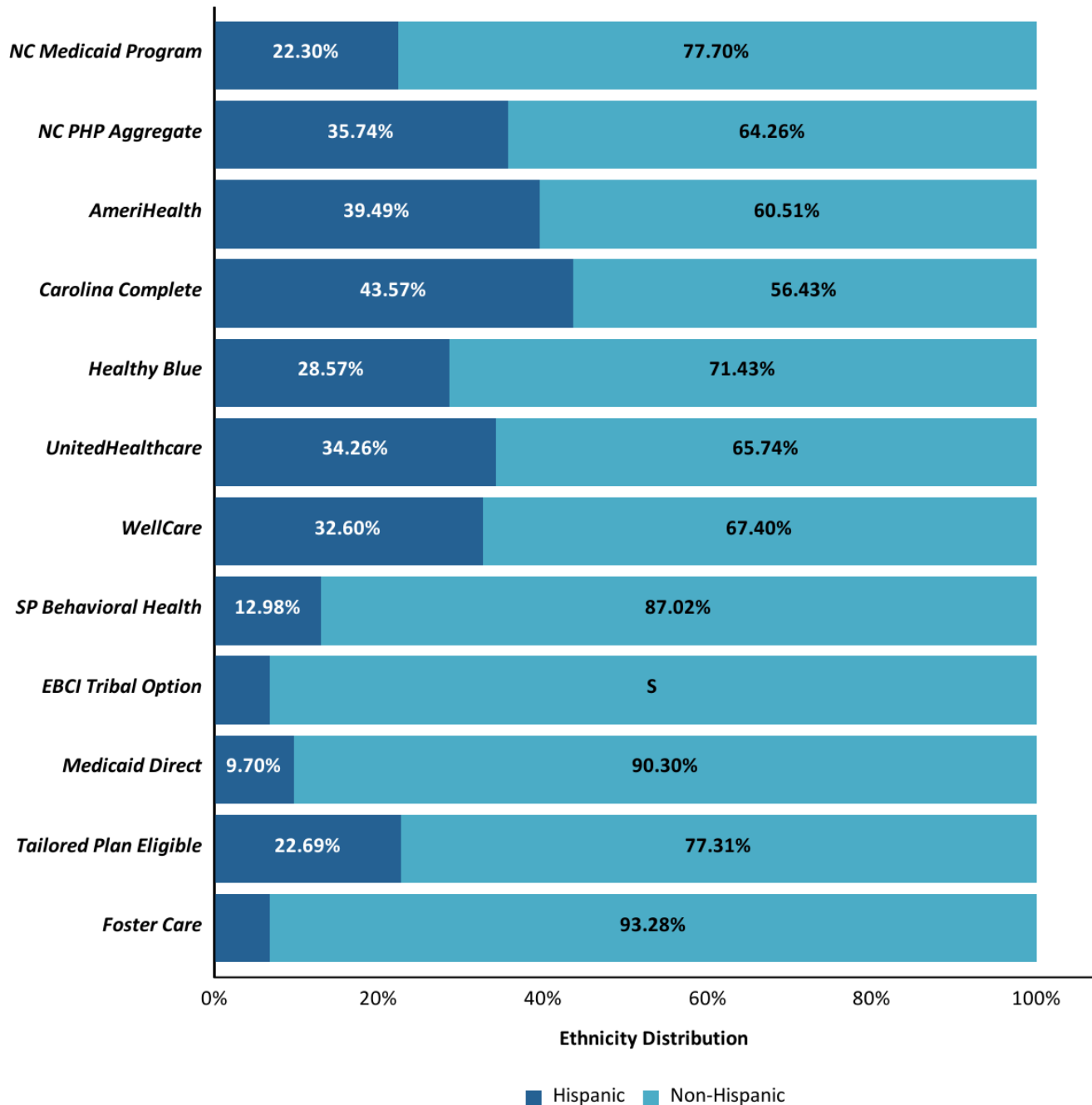
Figure A-8—Percentage of 2024 Child Respondents Who Reported Their Child’s Race, with Aggregate Comparisons



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

Overall, the majority of child beneficiaries were non-Hispanic across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

Figure A-9—Percentage of 2024 Child Respondents Who Reported Their Child’s Ethnicity, with Aggregate Comparisons



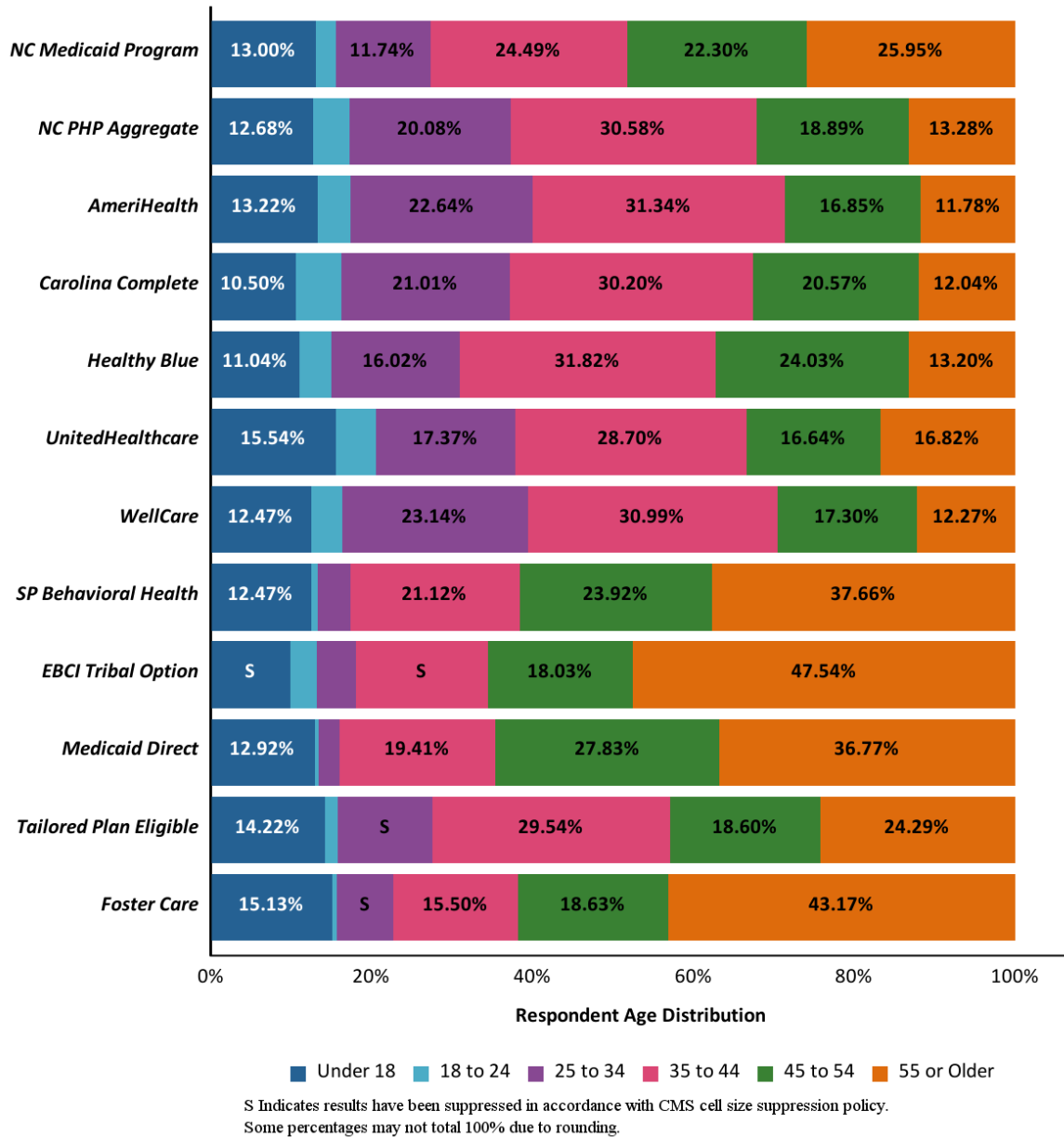
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
Some percentages may not total 100% due to rounding.

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 beneficiaries for age, sex, education level, and relationship to child.

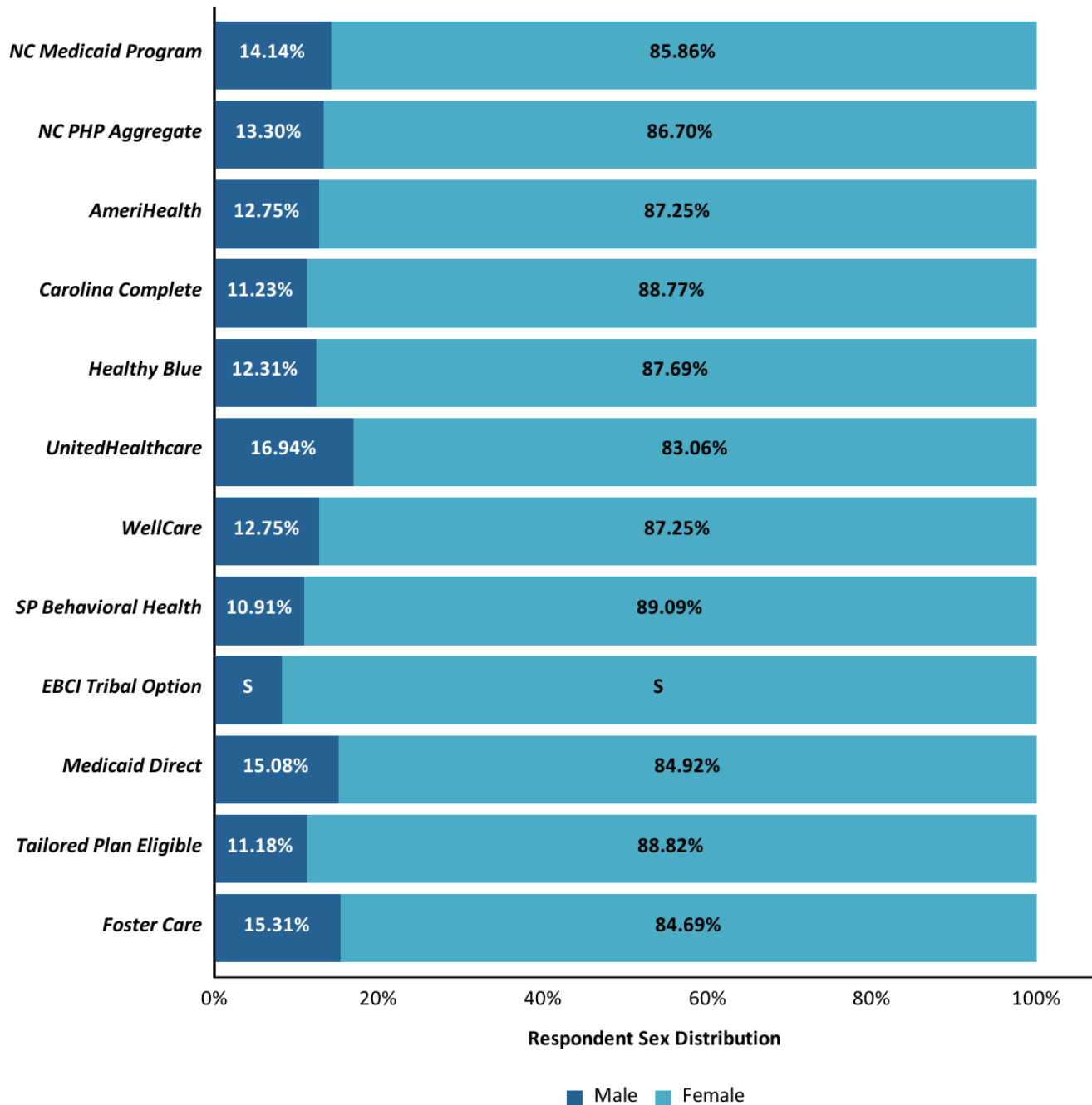
Overall, the majority of parent/caretaker respondents were 35 years of age or older. The most common age category was 35 to 44 years old across the NC PHP Aggregate and all PHP and program-specific populations, except for the NC Medicaid Program, SP Behavioral Health, EBCI Tribal Option, Medicaid Direct, and Foster Care.

Figure A-10—Percentage of 2024 Parent/Caretaker Child Respondents Who Reported Their Age, with Aggregate Comparisons



Overall, the majority of parent/caretaker respondents were female across the NC Medicaid Program, NC PHP Aggregate, and all PHP and program-specific populations.

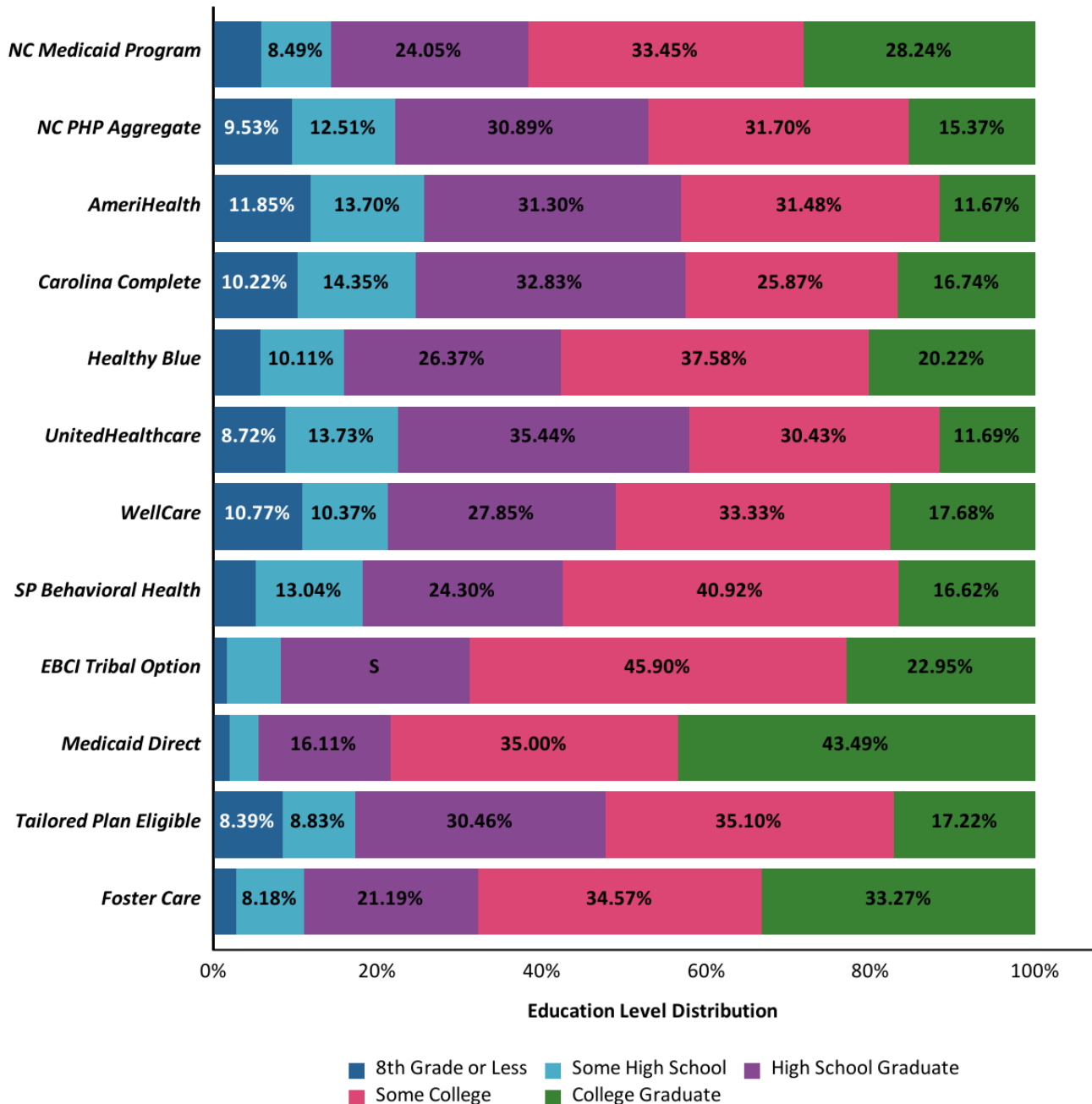
Figure A-11—Percentage of 2024 Parent/Caretaker Child Respondents Who Reported Their Sex, with Aggregate Comparisons



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

Overall, the most common education levels reported by parent/caretaker respondents were high school graduate and some college across the NC Medicaid Program, NC PHP Aggregate, Foster Care, and all PHP and program-specific populations, except Medicaid Direct.

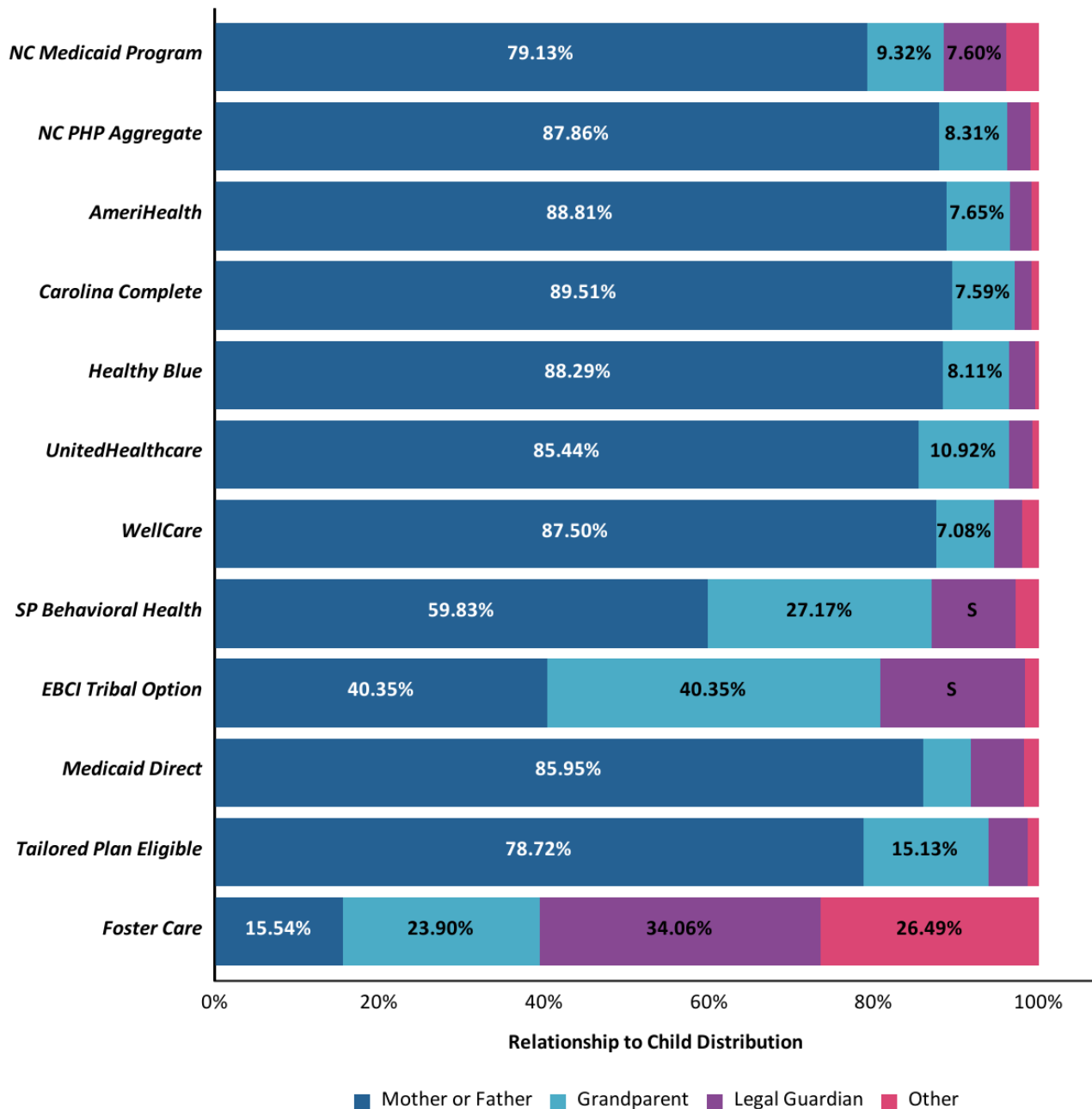
Figure A-12—Percentage of 2024 Parent/Caretaker Child Respondents Who Reported Their Education Level, with Aggregate Comparisons



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

Overall, the majority of 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, except Foster Care.

Figure A-13—Percentage of 2024 Parent/Caretaker Child Respondents Who Reported Their Relationship to Child, with Aggregate Comparisons



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

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.⁸¹ The demographic characteristics evaluated as part of the respondent analysis included age, sex, race, ethnicity, urbanicity, and AMH tier designation. HSAG performed *t* tests to determine whether the demographic characteristics of survey respondents were significantly different from the demographic characteristics of all beneficiaries in the eligible population. A difference was considered significant if the two-sided *p* value of the *t* tests were 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 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 (2024)**

		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
NC Medicaid Program	R EP	21.52%↓ 22.93%	10.79%↓ 18.37%	14.05% 15.09%	13.73%↑ 10.32%	27.33%↑ 12.43%	12.57%↓ 20.87%
NC PHP Aggregate	R EP	25.08%↓ 40.66%	12.15%↓ 24.41%	15.87%↓ 18.00%	15.25%↑ 8.40%	28.77%↑ 7.54%	2.87%↑ 0.99%
AmeriHealth	R EP	25.09%↓ 43.21%	11.34%↓ 23.06%	15.46% 16.92%	15.81%↑ 8.15%	29.90%↑ 7.71%	2.41%↑ 0.94%
Carolina Complete	R EP	26.01%↓ 41.87%	11.36%↓ 24.51%	16.85% 18.11%	13.74%↑ 8.03%	28.39%↑ 6.50%	3.66%↑ 0.98%
Healthy Blue	R EP	24.84%↓ 39.38%	12.63%↓ 25.12%	18.43% 19.10%	18.22%↑ 8.73%	22.36%↑ 6.81%	3.52%↑ 0.85%
UnitedHealthcare	R EP	21.98%↓ 39.34%	12.27%↓ 23.64%	14.31%↓ 17.61%	15.50%↑ 8.65%	33.05%↑ 9.59%	2.90%↑ 1.16%
WellCare	R EP	27.85%↓ 41.06%	13.35%↓ 24.95%	S 17.37%	13.15%↑ 8.08%	29.01%↑ 7.45%	S 1.09%

⁸¹ 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
SP Behavioral Health	R EP	14.29%↓ 26.04%	S 24.76%	14.88%↓ 23.67%	23.61%↑ 12.97%	33.53%↑ 12.21%	S 0.35%
EBCI Tribal Option	R EP	19.66%↓ 35.49%	10.26%↓ 22.19%	10.26%↓ 16.75%	13.68% 8.70%	27.35%↑ 9.91%	18.80%↑ 6.97%
Medicaid Direct	R EP	S 8.25%	S 13.39%	5.97%↓ 12.72%	6.36%↓ 11.91%	21.00%↑ 16.47%	62.43%↑ 37.25%
Tailored Plan Eligible	R EP	22.82%↓ 28.62%	24.48% 25.60%	19.71% 21.18%	13.49% 11.94%	17.22%↑ 11.47%	2.28% 1.19%
Former Foster Care	R EP	S 71.23%	S 28.77%	0.00% 0.00%	0.00% 0.00%	0.00% 0.00%	0.00% 0.00%

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 (2024)**

		Male	Female
NC Medicaid Program	R EP	34.42%↓ 36.13%	65.58%↑ 63.87%
NC PHP Aggregate	R EP	33.48%↑ 30.74%	66.52%↓ 69.26%
AmeriHealth	R EP	34.54% 32.97%	65.46% 67.03%
Carolina Complete	R EP	34.62% 30.86%	65.38% 69.14%
Healthy Blue	R EP	30.85% 29.30%	69.15% 70.70%
UnitedHealthcare	R EP	34.58% 31.42%	65.42% 68.58%
WellCare	R EP	32.30% 30.57%	67.70% 69.43%
SP Behavioral Health	R EP	27.98%↑ 23.29%	72.02%↓ 76.71%
EBCI Tribal Option	R EP	43.59% 37.85%	56.41% 62.15%
Medicaid Direct	R EP	37.19% 40.54%	62.81% 59.46%
Tailored Plan Eligible	R EP	53.11%↑ 46.09%	46.89%↓ 53.91%

		Male	Female
Former Foster Care	R EP	S 42.95%	S 57.05%
<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-3—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Adult Member—Race (2024)**

		White	Black	Other
NC Medicaid Program	R EP	58.54%↑ 53.95%	32.95%↓ 40.54%	8.51%↑ 5.51%
NC PHP Aggregate	R EP	61.44%↑ 52.98%	33.42%↓ 42.37%	5.13% 4.65%
AmeriHealth	R EP	58.05%↑ 51.00%	34.64%↓ 44.65%	7.30%↑ 4.35%
Carolina Complete	R EP	55.73%↑ 44.55%	37.15%↓ 49.02%	7.11% 6.42%
Healthy Blue	R EP	64.30%↑ 52.58%	31.83%↓ 42.65%	3.87% 4.77%
UnitedHealthcare	R EP	64.63%↑ 58.38%	32.75%↓ 38.03%	2.61% 3.58%
WellCare	R EP	64.45%↑ 55.16%	30.66%↓ 40.25%	4.88% 4.59%
SP Behavioral Health	R EP	70.97%↑ 65.93%	24.45% 27.70%	4.57% 6.38%
EBCI Tribal Option	R EP	S 1.28%	0.00% 0.00%	S 98.72%
Medicaid Direct	R EP	55.84% 54.84%	38.72% 39.20%	5.45% 5.96%
Tailored Plan Eligible	R EP	66.46%↑ 56.74%	28.51%↓ 37.12%	5.03% 6.14%
Former Foster Care	R EP	S 52.65%	S 39.97%	S 7.38%
<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-4—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Adult Member—Ethnicity (2024)**

		Hispanic	Non-Hispanic
NC Medicaid Program	R EP	13.34%↑ 10.08%	86.66%↓ 89.92%
NC PHP Aggregate	R EP	16.16% 15.89%	83.84% 84.11%
AmeriHealth	R EP	30.16%↓ 42.64%	69.84%↑ 57.36%
Carolina Complete	R EP	27.39% 26.51%	72.61% 73.49%
Healthy Blue	R EP	11.85% 12.99%	88.15% 87.01%
UnitedHealthcare	R EP	5.75% 5.86%	94.25% 94.14%
WellCare	R EP	15.28% 15.79%	84.72% 84.21%
SP Behavioral Health	R EP	4.04% 5.76%	95.96% 94.24%
EBCI Tribal Option	R EP	S 1.23%	S 98.77%
Medicaid Direct	R EP	3.56%↓ 5.92%	96.44%↑ 94.08%
Tailored Plan Eligible	R EP	4.88% 5.25%	95.12% 94.75%
Former Foster Care	R EP	S 6.12%	S 93.88%

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-5—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Adult Member—Urbanicity (2024)**

		Rural	Urban
NC Medicaid Program	R EP	35.32%↑ 27.82%	64.68%↓ 72.18%
NC PHP Aggregate	R EP	32.96%↑ 27.60%	67.04%↓ 72.40%
AmeriHealth	R EP	53.09%↑ 44.42%	46.91%↓ 55.58%

		Rural	Urban
Carolina Complete	R EP	30.19%↑ 23.75%	69.81%↓ 76.25%
Healthy Blue	R EP	25.26% 24.92%	74.74% 75.08%
UnitedHealthcare	R EP	26.41% 23.85%	73.59% 76.15%
WellCare	R EP	27.66% 23.99%	72.34% 76.01%
SP Behavioral Health	R EP	27.78% 26.94%	72.22% 73.06%
EBCI Tribal Option	R EP	S 97.63%	S 2.37%
Medicaid Direct	R EP	33.91%↑ 27.85%	66.09%↓ 72.15%
Tailored Plan Eligible	R EP	27.39% 26.94%	72.61% 73.06%
Former Foster Care	R EP	S 18.11%	S 81.89%
<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-6—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Adult Member—AMH Tier (2024)**

		AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	R EP	72.91% 74.21%	27.09% 25.79%
NC PHP Aggregate	R EP	72.22%↓ 74.57%	27.78%↑ 25.43%
AmeriHealth	R EP	71.23% 73.39%	28.77% 26.61%
Carolina Complete	R EP	66.73% 67.06%	33.27% 32.94%
Healthy Blue	R EP	75.57% 76.63%	24.43% 23.37%
UnitedHealthcare	R EP	70.49% 72.39%	29.51% 27.61%
WellCare	R EP	77.89% 78.68%	22.11% 21.32%

		AMH Tier 3	Non-AMH Tier 3
SP Behavioral Health	R EP	70.49% 70.99%	29.51% 29.01%
EBCI Tribal Option	R EP	S 94.77%	S 5.23%
Medicaid Direct	R EP	70.00% 73.41%	30.00% 26.59%
Tailored Plan Eligible	R EP	71.98% 75.10%	28.02% 24.90%
Former Foster Care	R EP	S 81.63%	S 18.37%
<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>			

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 (2024)**

		0 to 3	4 to 7	8 to 12	13 to 17
NC Medicaid Program	R EP	13.96%↓ 20.34%	18.30%↓ 23.23%	29.73%↑ 28.20%	38.02%↑ 28.23%
NC PHP Aggregate	R EP	19.83%↓ 21.72%	18.77%↓ 23.43%	28.06% 27.85%	33.35%↑ 27.00%
AmeriHealth	R EP	20.68% 20.66%	20.50% 23.49%	26.20% 28.44%	32.62%↑ 27.41%
Carolina Complete	R EP	22.32% 21.68%	20.39% 23.73%	27.04% 27.55%	30.26% 27.04%
Healthy Blue	R EP	18.12% 21.06%	16.63%↓ 23.15%	27.08% 28.24%	38.17%↑ 27.55%
UnitedHealthcare	R EP	17.84%↓ 22.31%	18.38%↓ 23.45%	28.65% 27.46%	35.14%↑ 26.78%
WellCare	R EP	20.36% 22.95%	17.76%↓ 23.57%	31.34% 27.38%	30.54%↑ 26.10%
SP Behavioral Health	R EP	0.00% S	5.76% S	30.83% 31.13%	63.41% 62.29%

		0 to 3	4 to 7	8 to 12	13 to 17
EBCI Tribal Option	R EP	S 11.94%	S 23.87%	S 34.05%	54.10%↑ 30.14%
Medicaid Direct	R EP	3.60% 4.21%	15.97%↓ 20.91%	33.96% 32.58%	46.48%↑ 42.31%
Tailored Plan Eligible	R EP	3.25% 3.98%	17.79%↓ 21.66%	26.90%↓ 31.75%	52.06%↑ 42.60%
Foster Care	R EP	25.05% 24.86%	25.05% 23.03%	22.32% 23.70%	27.59% 28.42%

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 (2024)**

		Male	Female
NC Medicaid Program	R EP	51.14% 51.07%	48.86% 48.93%
NC PHP Aggregate	R EP	50.12% 50.11%	49.88% 49.89%
AmeriHealth	R EP	50.98% 50.09%	49.02% 49.91%
Carolina Complete	R EP	49.36% 50.11%	50.64% 49.89%
Healthy Blue	R EP	50.75% 50.13%	49.25% 49.87%
UnitedHealthcare	R EP	50.09% 50.06%	49.91% 49.94%
WellCare	R EP	49.30% 50.12%	50.70% 49.88%
SP Behavioral Health	R EP	49.37% 53.30%	50.63% 46.70%
EBCI Tribal Option	R EP	49.18% 50.86%	50.82% 49.14%
Medicaid Direct	R EP	52.46%↓ 62.18%	47.54%↑ 37.82%
Tailored Plan Eligible	R EP	65.94% 65.45%	34.06% 34.55%

		Male	Female
Foster Care	R EP	51.36% 50.63%	48.64% 49.37%
<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-9—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Child Member—Race (2024)**

		White	Black	Other
NC Medicaid Program	R EP	66.57%↑ 55.48%	24.00%↓ 39.26%	9.42%↑ 5.25%
NC PHP Aggregate	R EP	69.58%↑ 55.32%	24.41%↓ 40.07%	6.00%↑ 4.60%
AmeriHealth	R EP	68.01%↑ 53.33%	26.63%↓ 42.67%	5.36% 4.00%
Carolina Complete	R EP	68.06%↑ 48.02%	24.54%↓ 45.66%	7.41% 6.32%
Healthy Blue	R EP	67.94%↑ 55.12%	26.46%↓ 40.20%	5.61% 4.68%
UnitedHealthcare	R EP	73.08%↑ 61.27%	22.24%↓ 35.06%	4.67% 3.67%
WellCare	R EP	70.28%↑ 56.10%	22.49%↓ 39.12%	7.23%↑ 4.78%
SP Behavioral Health	R EP	67.92%↑ 58.99%	22.56%↓ 32.27%	9.52% 8.75%
EBCI Tribal Option	R EP	S 1.40%	0.00% 0.00%	S 98.60%
Medicaid Direct	R EP	67.60%↑ 58.41%	22.06%↓ 32.28%	10.34% 9.31%
Tailored Plan Eligible	R EP	67.98%↑ 56.93%	22.59%↓ 34.40%	9.43% 8.68%
Foster Care	R EP	56.44% 57.21%	31.76% 30.56%	11.80% 12.23%
<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 (2024)**

		Hispanic	Non-Hispanic
NC Medicaid Program	R EP	19.79%↓ 24.93%	80.21%↑ 75.07%
NC PHP Aggregate	R EP	37.87%↑ 26.36%	62.13%↓ 73.64%
AmeriHealth	R EP	69.38% 67.04%	30.62% 32.96%
Carolina Complete	R EP	S 99.72%	S 0.28%
Healthy Blue	R EP	25.16% 21.21%	74.84% 78.79%
UnitedHealthcare	R EP	20.99%↑ 10.70%	79.01%↓ 89.30%
WellCare	R EP	25.55%↑ 20.43%	74.45%↓ 79.57%
SP Behavioral Health	R EP	10.58% 12.15%	89.42% 87.85%
EBCI Tribal Option	R EP	S 3.90%	S 96.10%
Medicaid Direct	R EP	5.86%↓ 14.17%	94.14%↑ 85.83%
Tailored Plan Eligible	R EP	21.88%↑ 16.58%	78.13%↓ 83.42%
Foster Care	R EP	4.91%↓ 7.38%	95.09%↑ 92.62%
<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 (2024)**

		Rural	Urban
NC Medicaid Program	R EP	28.40%↑ 26.99%	71.60%↓ 73.01%
NC PHP Aggregate	R EP	29.04%↑ 27.09%	70.96%↓ 72.91%
AmeriHealth	R EP	45.63% 42.17%	54.37% 57.83%
Carolina Complete	R EP	24.95% 23.93%	75.05% 76.07%
Healthy Blue	R EP	24.95% 24.57%	75.05% 75.43%
UnitedHealthcare	R EP	24.68% 22.83%	75.32% 77.17%
WellCare	R EP	22.75% 24.03%	77.25% 75.97%
SP Behavioral Health	R EP	32.83% 28.65%	67.17% 71.35%
EBCI Tribal Option	R EP	S 97.57%	S 2.43%
Medicaid Direct	R EP	24.13% 23.73%	75.87% 76.27%
Tailored Plan Eligible	R EP	24.73% 23.98%	75.27% 76.02%
Foster Care	R EP	33.21% 30.44%	66.79% 69.56%
<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 (2024)**

		AMH Tier 3	Non-AMH Tier 3
NC Medicaid Program	R EP	81.52%↓ 83.22%	18.48%↑ 16.78%
NC PHP Aggregate	R EP	82.94% 83.35%	17.06% 16.65%
AmeriHealth	R EP	84.32% 85.22%	15.68% 14.78%
Carolina Complete	R EP	81.78% 82.19%	18.22% 17.81%
Healthy Blue	R EP	82.51% 83.88%	17.49% 16.12%
UnitedHealthcare	R EP	80.50% 79.82%	19.50% 20.18%
WellCare	R EP	85.40% 84.80%	14.60% 15.20%
SP Behavioral Health	R EP	79.38% 81.63%	20.62% 18.37%
EBCI Tribal Option	R EP	S 91.12%	S 8.88%
Medicaid Direct	R EP	80.27% 81.69%	19.73% 18.31%
Tailored Plan Eligible	R EP	82.27% 82.04%	17.73% 17.96%
Foster Care	R EP	78.11% 81.27%	21.89% 18.73%
<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. ↑ 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 2024 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	2,108/3,334	2,270/3,334
NC PHP Aggregate	1,731/2,687	1,821/2,685
AmeriHealth	367/576	385/575
Carolina Complete	358/538	376/540
Healthy Blue	314/479	336/479
UnitedHealthcare	354/581	380/577
WellCare	338/513	344/514
SP Behavioral Health	254/499	201/499
EBCI Tribal Option	68/115	74/115
Medicaid Direct	293/510	362/512
Tailored Plan Eligible	324/479	284/479
Former Foster Care	16/22	13/22
(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 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 38.		

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 measure, 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 2024 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	2,482/3,276	1,535/2,035	2,076/2,429	1,116/1,358
NC PHP Aggregate	1,969/2,643	1,239/1,640	1,631/1,927	872/1,070
AmeriHealth	407/563	257/331	335/398	192/218
Carolina Complete	396/530	240/323	300/354	159/195
Healthy Blue	366/473	248/319	311/364	160/206
UnitedHealthcare	435/575	261/351	368/434	186/236
WellCare	365/502	233/316	317/377	175/215
SP Behavioral Health	349/484	267/379	312/394	235/295
EBCI Tribal Option	84/111	S	72/83	S
Medicaid Direct	416/501	250/324	361/403	214/243
Tailored Plan Eligible	369/469	275/345	349/398	200/231
Former Foster Care	13/21	S	12/16	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.
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 38.

Table A-15—Numerators and Denominators for 2024 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	1,454/1,728	1,235/1,489	1,768/1,877	1,052/1,182
NC PHP Aggregate	1,141/1,376	987/1,203	1,402/1,491	814/931
AmeriHealth	233/278	207/248	290/310	173/198
Carolina Complete	220/265	185/227	264/281	159/184
Healthy Blue	217/267	183/232	263/279	135/156

PHP/Population	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
UnitedHealthcare	253/297	229/273	312/333	180/201
WellCare	217/268	182/222	272/287	165/190
SP Behavioral Health	292/344	239/279	298/324	170/195
EBCI Tribal Option	S	S	S	S
Medicaid Direct	261/291	200/230	302/319	211/223
Tailored Plan Eligible	261/291	199/233	307/326	111/125
Former Foster Care	S	S	S	S
<p>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 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 38.</p>				

Table A-16—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items

PHP/Population	Coordination of Care (N/D)	Advising Smokers and Tobacco Users to Quit (N/D)	Discussing Cessation Medications (N/D)	Discussing Cessation Strategies (N/D)
NC Medicaid Program	1,007/1,179	1,326/1,716	917/1,713	790/1,713
NC PHP Aggregate	794/941	1,023/1,339	689/1,339	598/1,338
AmeriHealth	156/191	227/296	149/295	132/296
Carolina Complete	140/164	191/248	126/249	115/249
Healthy Blue	157/186	178/237	121/238	94/236
UnitedHealthcare	180/210	225/298	153/297	140/298
WellCare	161/190	202/260	140/260	117/259
SP Behavioral Health	215/253	321/394	227/391	199/390
EBCI Tribal Option	S	S	S	S
Medicaid Direct	183/203	231/278	172/275	142/276
Tailored Plan Eligible	182/216	212/249	146/247	137/250

PHP/Population	Coordination of Care (N/D)	Advising Smokers and Tobacco Users to Quit (N/D)	Discussing Cessation Medications (N/D)	Discussing Cessation Strategies (N/D)
Former Foster Care	S	S	S	S
<p><i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i></p> <p><i>(N/D) Indicates the numerator and denominator of the score.</i></p> <p><i>Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 3-11 through Figure 3-14 for the NC Medicaid Program and NC PHP Aggregate due to weighting.</i></p> <p><i>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</i></p>				

Race and Ethnicity Comparisons

Table A-17 through Table A-22 present the numerators and denominators for the race and ethnicity comparisons for the overall health characteristics, global ratings, composite measures, individual item, medical assistance with smoking and tobacco use cessation items, and supplemental items, respectively, for the NC Medicaid Program.

Table A-17—Numerators and Denominators for 2024 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	1,014/1,668	1,097/1,668
Non-White	1,048/1,593	1,121/1,594
Multiracial	73/107	81/109
Non-Multiracial	1,989/3,154	2,137/3,153
Black	827/1,341	912/1,340
Non-Black	1,479/2,321	1,575/2,322
Native American	87/152	89/150
Non-Native American	1,975/3,109	2,129/3,112
Other	274/351	278/352
Non-Other	1,788/2,910	1,940/2,910
Ethnicity Categories		
Hispanic	681/889	700/886
Non-Hispanic	1,724/2,816	1,878/2,819
<p><i>(N/D) Indicates the numerator and denominator of the score.</i></p> <p><i>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</i></p>		

Table A-18—Numerators and Denominators for 2024 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)	Rating of Specialist Seen Most Often (N/D)
Race Categories				
White	1,248/1,632	810/1,078	1,107/1,297	628/756
Non-White	1,183/1,572	689/908	924/1,082	462/572
Multiracial	74/106	52/76	63/76	35/46
Non-Multiracial	2,357/3,098	1,447/1,910	1,968/2,303	1,055/1,282
Black	1,031/1,326	586/771	818/953	406/493
Non-Black	1,714/2,273	1,081/1,445	1,456/1,716	813/999
Native American	111/148	49/71	87/104	31/47
Non-Native American	2,320/3,056	1,450/1,915	1,944/2,275	1,059/1,281
Other	251/345	154/193	170/202	102/127
Non-Other	2,180/2,859	1,345/1,793	1,861/2,177	988/1,201
Ethnicity Categories				
Hispanic	708/876	417/518	485/571	276/311
Non-Hispanic	2,088/2,768	1,307/1,739	1,791/2,095	965/1,184
(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 38.				

Table A-19—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Composite Measures

Race and Ethnicity Categories	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
Race Categories				
White	777/926	644/774	936/1,000	477/545
Non-White	645/761	570/685	790/833	546/602
Multiracial	53/62	52/60	61/64	36/42
Non-Multiracial	1,369/1,624	1,162/1,399	1,665/1,769	987/1,105
Black	562/650	488/575	713/751	497/542
Non-Black	1,029/1,239	874/1,057	1,238/1,320	675/771
Native American	51/61	49/58	66/71	31/33
Non-Native American	1,371/1,625	1,165/1,401	1,660/1,762	992/1,114
Other	128/164	115/147	149/157	117/134

Race and Ethnicity Categories	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
Non-Other	1,294/1,523	1,099/1,312	1,577/1,676	906/1,013
Ethnicity Categories				
Hispanic	346/425	298/373	404/426	301/341
Non-Hispanic	1,257/1,486	1,058/1,266	1,532/1,629	870/975
(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 3-46 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 38.				

Table A-20—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Individual Item Measure and Medical Assistance With Smoking and Tobacco Use Cessation Items

Race and Ethnicity Categories	Coordination of Care (N/D)	Advising Smokers and Tobacco Users to Quit (N/D)	Discussing Cessation Medications (N/D)	Discussing Cessation Strategies (N/D)
Race Categories				
White	535/639	749/966	503/964	447/968
Non-White	451/513	556/725	397/724	334/724
Multiracial	42/47	41/54	29/55	27/55
Non-Multiracial	944/1,105	1,264/1,637	871/1,633	754/1,637
Black	413/469	521/670	377/667	315/666
Non-Black	705/839	926/1,203	630/1,204	555/1,208
Native American	29/37	89/109	64/109	49/109
Non-Native American	957/1,115	1,216/1,582	836/1,579	732/1,583
Other	85/99	34/56	24/57	24/57
Non-Other	901/1,053	1,271/1,635	876/1,631	757/1,635
Ethnicity Categories				
Hispanic	221/267	79/123	45/122	43/121
Non-Hispanic	878/1,023	1,248/1,595	863/1,596	753/1,598
(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 38.				

Table A-21—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items

Race and Ethnicity Categories	Mental Health (N/D)	Appointment for Counseling or Mental Health Treatment (N/D)	Used an Interpreter (N/D)	Interpreter Treated with Courtesy and Respect (N/D)
Race Categories				
White	898/1,666	320/676	58/341	89/228
Non-White	757/1,601	224/684	100/471	162/385
Multiracial	65/110	20/48	S	S
Non-Multiracial	1,590/3,157	524/1,312	S	S
Black	688/1,342	212/555	42/347	72/272
Non-Black	1,179/2,322	408/975	133/571	201/423
Native American	72/151	28/67	S	S
Non-Native American	1,583/3,116	516/1,293	S	S
Other	125/353	30/165	67/158	98/145
Non-Other	1,530/2,914	514/1,195	91/654	153/468
Ethnicity Categories				
Hispanic	371/887	108/395	225/408	286/367
Non-Hispanic	1,464/2,827	493/1,162	63/599	123/425
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>(N/D) Indicates the numerator and denominator of the score.</i> <i>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</i>				

Table A-22—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items, Continued

Race and Ethnicity Categories	Online Access to Health Information (N/D)	Care Outside of Business Hours (N/D)	Offered Telehealth Appointment (N/D)	Chose Telehealth (N/D)	Flu Vaccination Received (N/D)
Race Categories					
White	726/1,033	402/632	320/1,630	111/309	617/1,669
Non-White	567/978	329/645	240/1,536	73/226	648/1,588
Multiracial	48/71	24/42	37/109	13/36	36/108
Non-Multiracial	1,245/1,940	707/1,235	523/3,057	171/499	1,229/3,149
Black	480/788	271/530	203/1,274	68/186	561/1,332
Non-Black	961/1,463	543/911	430/2,276	147/416	880/2,323
Native American	35/76	48/66	18/150	S	71/152
Non-Native American	1,258/1,935	683/1,211	542/3,016	S	1,194/3,105

Race and Ethnicity Categories	Online Access to Health Information (N/D)	Care Outside of Business Hours (N/D)	Offered Telehealth Appointment (N/D)	Chose Telehealth (N/D)	Flu Vaccination Received (N/D)
Other	133/250	59/153	46/346	11/46	140/352
Non-Other	1,160/1,761	672/1,124	514/2,820	173/489	1,125/2,905
Ethnicity Categories					
Hispanic	349/588	132/347	105/870	20/101	340/882
Non-Hispanic	1,119/1,714	654/1,087	514/2,740	178/492	1,086/2,812

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 38.

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 item, medical assistance with smoking and tobacco use cessation items, and supplemental items, respectively.

Table A-23—Numerators and Denominators for 2024 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	696/1,169	1,396/2,142	763/1,167	1,491/2,143
NC PHP Aggregate	531/879	1,184/1,785	565/878	1,240/1,783
AmeriHealth	182/307	185/269	201/306	184/269
Carolina Complete	96/160	257/372	98/159	273/375
Healthy Blue	81/121	233/358	78/122	258/357
UnitedHealthcare	86/154	268/427	95/154	285/423
WellCare	86/137	241/359	93/137	240/359
SP Behavioral Health	64/136	190/363	57/137	144/362
EBCI Tribal Option	S	S	S	S
Medicaid Direct	94/172	199/338	123/171	239/341
Tailored Plan Eligible	87/131	237/348	72/131	212/348
Former Foster Care	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 38.

Table A-24—Numerators and Denominators for 2024 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	846/1,137	1,618/2,115	512/692	1,013/1,329	741/873	1,319/1,538	381/466	729/884
NC PHP Aggregate	624/856	1,327/1,763	388/524	841/1,102	539/647	1,076/1,262	282/343	584/719
AmeriHealth	214/297	193/266	138/179	119/152	188/225	147/173	101/117	91/101
Carolina Complete	112/156	279/368	64/90	173/230	88/106	208/244	41/52	116/141
Healthy Blue	94/119	272/354	53/71	195/248	79/95	232/269	36/44	124/162
UnitedHealthcare	111/151	324/424	75/99	186/252	98/118	270/316	54/69	132/167
WellCare	93/133	259/351	58/85	168/220	86/103	219/260	50/61	121/148
SP Behavioral Health	97/132	252/352	77/107	190/272	87/105	225/289	58/75	177/220
EBCI Tribal Option	S	S	S	S	S	S	S	S
Medicaid Direct	137/167	279/334	84/108	166/216	131/141	230/262	73/83	141/160
Tailored Plan Eligible	102/129	267/340	79/95	196/250	97/108	252/290	48/54	152/177
Former Foster Care	S	S	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 38.								

Table A-25—Numerators and Denominators for 2024 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	503/588	943/1,129	423/501	800/975	630/670	1,122/1,190	343/382	699/790
NC PHP Aggregate	368/437	764/927	311/373	664/816	467/501	918/974	247/283	557/637
AmeriHealth	127/149	106/129	108/127	98/121	160/172	130/137	82/95	91/103
Carolina Complete	63/71	154/191	50/59	133/165	75/79	185/199	44/51	112/130
Healthy Blue	47/60	169/207	44/53	139/178	64/71	199/208	32/38	103/118
UnitedHealthcare	73/85	180/212	64/78	165/194	91/100	220/233	45/51	135/150
WellCare	57/72	154/187	44/55	128/157	76/78	183/195	44/47	115/135
SP Behavioral Health	78/95	214/249	66/76	173/203	78/85	220/239	43/52	127/142
EBCI Tribal Option	S	S	S	S	S	S	S	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)
Medicaid Direct	89/97	172/194	69/79	130/151	105/109	196/209	74/76	137/147
Tailored Plan Eligible	70/75	191/216	53/58	146/175	82/84	225/241	37/39	74/86
Former Foster Care	S	S	S	S	S	S	S	S
<p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>N/D Indicates the numerator and denominator of the score.</p> <p>Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 3-23 and Figure 3-62 through Figure 3-65 because final composite measure scores are determined by calculating the average score across all questions within the composite measure.</p> <p>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</p>								

Table A-26—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items

PHP/Population	Coordination of Care		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)
NC Medicaid Program	346/409	652/759	515/662	806/1,048	357/661	557/1,046	310/662	477/1,045
NC PHP Aggregate	259/312	526/618	378/486	640/847	255/485	431/848	222/486	373/846
AmeriHealth	86/108	70/83	115/145	112/151	75/144	74/151	67/145	65/151
Carolina Complete	39/47	98/114	69/83	121/164	45/84	80/164	38/84	76/164
Healthy Blue	41/47	116/139	65/84	113/153	42/83	79/155	34/83	60/153
UnitedHealthcare	50/60	130/150	66/91	159/207	51/90	102/207	51/90	89/208
WellCare	43/50	112/132	63/83	135/172	42/84	96/171	32/84	83/170
SP Behavioral Health	56/67	159/186	96/121	225/273	68/120	159/271	58/120	141/270
EBCI Tribal Option	S	S	S	S	S	S	S	S
Medicaid Direct	60/66	123/137	71/87	160/191	52/87	120/188	45/87	97/189
Tailored Plan Eligible	48/53	134/163	65/75	147/174	38/74	108/173	42/75	95/175
Former Foster Care	S	S	S	S	S	S	S	S
<p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>N/D Indicates the numerator and denominator of the score.</p> <p>Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average.</p> <p>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</p>								

Table A-27—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	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	590/1,166	1,074/2,134	187/440	362/942	42/270	126/558	67/188	195/439
NC PHP Aggregate	432/875	863/1,776	144/338	301/785	37/210	116/463	59/154	177/373
AmeriHealth	144/303	117/268	44/108	46/126	14/74	28/84	21/54	37/67
Carolina Complete	76/163	178/373	30/73	55/169	S	22/96	13/37	38/74
Healthy Blue	63/121	179/354	22/50	68/143	S	18/66	S	25/55
UnitedHealthcare	85/155	210/426	26/62	77/187	S	28/127	11/24	43/100
WellCare	64/133	179/355	22/45	55/160	S	20/90	S	34/77
SP Behavioral Health	84/136	240/363	82/112	233/297	S	11/80	S	20/55
EBCI Tribal Option	S	S	S	S	0/20	S	S	S
Medicaid Direct	94/172	198/339	19/52	56/146	S	S	S	18/64
Tailored Plan Eligible	87/130	228/347	62/86	160/232	S	18/85	S	22/54
Former Foster Care	S	S	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 38.

Table A-28—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Online Access to Health Information		Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	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	398/632	901/1,400	281/440	451/852	171/1,121	392/2,081	125/158	289/380	440/1,162	832/2,130
NC PHP Aggregate	323/500	774/1,200	206/343	377/714	134/846	318/1,740	100/124	236/310	276/874	628/1,776
AmeriHealth	98/159	114/194	65/115	56/112	45/294	48/263	33/42	36/48	105/305	92/270
Carolina Complete	60/100	169/254	44/62	76/138	28/156	67/364	21/26	47/64	43/162	148/371
Healthy Blue	44/68	170/249	24/47	67/133	15/115	73/347	13/15	58/73	42/119	130/356
UnitedHealthcare	69/99	181/273	41/71	98/179	30/154	76/418	20/25	56/73	53/155	148/424
WellCare	52/74	140/230	32/48	80/152	16/127	54/348	13/16	39/52	33/133	110/355
SP Behavioral Health	56/88	190/254	41/71	115/171	50/132	133/349	40/46	108/123	56/136	134/360

PHP/Population	Online Access to Health Information		Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	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)
EBCI Tribal Option	S	S	S	S	S	S	S	S	65/110	S
Medicaid Direct	53/79	118/189	41/52	71/130	22/157	71/323	13/20	51/68	S	198/335
Tailored Plan Eligible	45/79	157/217	36/61	96/154	39/129	111/342	34/38	79/103	60/127	164/346
Former Foster Care	S	S	S	S	S	S	S	S	S	S
<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 38.</i>										

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 item, medical assistance with smoking and tobacco use cessation items, and supplemental items, respectively.

Table A-29—Numerators and Denominators for 2024 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	1,345/2,116	493/786	1,441/2,116	529/782
NC PHP Aggregate	1,195/1,850	452/712	1,264/1,851	480/708
AmeriHealth	260/397	93/160	270/397	100/159
Carolina Complete	232/346	112/169	238/346	123/171
Healthy Blue	215/331	73/108	234/331	78/108
UnitedHealthcare	228/382	99/162	254/381	105/158
WellCare	260/394	75/113	268/396	74/112
SP Behavioral Health	164/340	80/143	128/341	64/142
EBCI Tribal Option	S	S	S	S
Medicaid Direct	88/160	36/68	113/160	45/68
Tailored Plan Eligible	208/313	83/123	181/314	74/122

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)
Former Foster Care	S	S	S	S
<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 38.</i>				

Table A-30—Numerators and Denominators for 2024 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	1,562/2,076	586/775	958/1,277	371/493	1,278/1,518	500/574	680/839	269/328
NC PHP Aggregate	1,358/1,819	521/702	843/1,117	329/438	1,113/1,322	442/514	593/730	239/292
AmeriHealth	287/391	109/155	175/226	72/92	235/276	90/110	125/147	61/65
Carolina Complete	253/340	125/167	153/209	79/101	187/228	99/111	95/121	57/66
Healthy Blue	253/327	85/107	174/215	50/75	214/251	73/82	113/141	33/46
UnitedHealthcare	287/378	121/160	171/227	68/97	240/282	103/123	130/162	47/63
WellCare	278/383	81/113	170/240	60/73	237/285	77/88	130/159	41/52
SP Behavioral Health	248/330	91/139	183/261	79/106	209/272	95/110	163/205	66/82
EBCI Tribal Option	S	S	S	S	S	S	S	S
Medicaid Direct	129/155	61/68	79/108	40/50	102/122	55/57	63/74	29/33
Tailored Plan Eligible	231/306	106/121	174/224	79/92	224/260	95/103	125/148	60/64
Former Foster Care	S	S	S	S	S	S	S	S
<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 38.</i>								

Table A-31—Numerators and Denominators for 2024 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	892/1,078	358/418	784/947	289/349	1,101/1,174	415/437	634/716	265/299
NC PHP Aggregate	772/936	313/372	680/830	260/314	966/1,029	363/383	548/624	227/261
AmeriHealth	157/188	69/80	140/170	61/72	200/213	80/85	126/144	45/49
Carolina Complete	140/170	72/85	120/148	56/68	175/188	77/81	97/114	52/58
Healthy Blue	147/182	48/60	125/157	38/51	179/190	58/62	88/100	35/42
UnitedHealthcare	166/195	71/82	153/183	64/74	204/219	85/90	114/127	55/62
WellCare	161/201	52/63	140/171	40/49	206/217	61/64	122/137	40/49
SP Behavioral Health	203/239	79/94	163/196	68/75	205/224	85/91	116/133	50/58
EBCI Tribal Option	S	S	S	S	S	S	S	S
Medicaid Direct	81/96	41/42	67/74	26/31	86/94	50/51	67/72	35/35
Tailored Plan Eligible	168/187	70/79	125/148	58/67	197/209	82/87	69/76	31/35
Former Foster Care	S	S	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.
Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 3-30 and Figure 3-77 and Figure 3-78 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 38.

Table A-32—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items

PHP/Population	Coordination of Care		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)
NC Medicaid Program	632/738	235/278	834/1,071	288/380	593/1,070	181/382	512/1,068	159/383
NC PHP Aggregate	551/646	208/249	690/893	255/344	480/892	154/345	416/890	136/346
AmeriHealth	109/131	42/53	150/188	62/85	100/186	36/86	83/187	36/86
Carolina Complete	90/109	44/48	117/154	57/73	84/154	32/74	77/155	29/74

PHP/Population	Coordination of Care		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)
Healthy Blue	110/125	38/45	116/158	42/55	81/160	26/54	67/158	19/54
UnitedHealthcare	120/137	48/60	148/193	60/84	101/192	38/84	94/192	33/84
WellCare	122/144	36/43	159/200	34/47	114/200	22/47	95/198	19/48
SP Behavioral Health	153/181	57/67	233/274	68/95	169/271	43/95	143/273	45/94
EBCI Tribal Option	S	S	S	S	S	S	S	S
Medicaid Direct	57/64	27/29	84/96	28/30	66/96	24/31	53/96	20/31
Tailored Plan Eligible	115/138	48/58	142/168	44/51	91/166	36/52	88/167	31/52
Former Foster Care	S	S	S	S	S	S	S	S
<p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p> <p>N/D Indicates the numerator and denominator of the score.</p> <p>Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average.</p> <p>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</p>								

Table A-33—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	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	1,061/2,109	381/780	347/895	128/323	117/544	38/183	186/421	55/137
NC PHP Aggregate	904/1,845	334/706	301/780	116/298	112/483	37/169	177/385	53/126
AmeriHealth	182/394	72/159	59/157	27/65	27/109	13/46	41/86	15/32
Carolina Complete	172/347	75/172	59/167	25/72	21/99	11/42	36/76	16/32
Healthy Blue	164/330	53/105	57/134	22/43	16/76	S	24/63	S
UnitedHealthcare	187/382	85/161	65/158	26/73	21/101	S	34/78	16/35
WellCare	199/392	49/109	61/164	16/45	27/98	S	42/82	S
SP Behavioral Health	231/340	86/143	223/284	83/113	11/78	S	20/52	S
EBCI Tribal Option	S	S	S	S	0/15	S	S	S
Medicaid Direct	94/158	44/68	24/68	11/21	S	S	S	S

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	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)
Tailored Plan Eligible	207/311	80/123	145/207	54/78	17/85	S	20/54	S
Former Foster Care	S	S	S	S	S	S	S	S
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>N/D Indicates the numerator and denominator of the score.</i> <i>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</i>								

Table A-34—Numerators and Denominators for 2024 Adult Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Online Access to Health Information		Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	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	839/1,322	318/481	482/856	169/301	347/2,047	147/761	252/330	112/143	812/2,102	246/779
NC PHP Aggregate	768/1,194	291/444	414/752	150/272	303/1,796	132/690	221/289	101/129	659/1,840	206/708
AmeriHealth	141/237	65/102	79/152	39/67	60/384	30/154	41/57	26/30	139/396	51/160
Carolina Complete	157/243	67/105	81/134	37/63	69/338	21/165	52/65	13/20	133/343	52/173
Healthy Blue	145/218	49/73	61/127	21/41	51/320	29/104	42/51	22/29	120/329	37/106
UnitedHealthcare	162/244	72/101	96/169	32/64	65/375	36/159	43/60	29/34	143/381	43/160
WellCare	163/252	38/63	97/170	21/37	58/379	16/108	43/56	11/16	124/391	23/109
SP Behavioral Health	178/245	60/88	105/170	47/68	118/329	57/137	96/109	45/52	143/340	43/140
EBCI Tribal Option	S	S	S	S	S	S	S	S	S	S
Medicaid Direct	52/85	25/35	40/67	17/25	32/147	15/65	21/30	11/14	90/156	38/65
Tailored Plan Eligible	133/197	52/73	82/138	34/54	88/308	46/121	67/82	36/44	145/309	57/123
Former Foster Care	S	S	S	S	S	S	S	S	S	S
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>N/D Indicates the numerator and denominator of the score.</i> <i>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</i>										

Child Results

Overall Health Characteristics

Table A-35 presents the numerators and denominators of child beneficiaries 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 2024 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	4,839/5,098	4,383/5,086
NC PHP Aggregate	2,426/2,526	2,332/2,524
AmeriHealth	529/554	502/554
Carolina Complete	447/464	435/461
Healthy Blue	445/465	425/464
UnitedHealthcare	529/546	512/548
WellCare	476/497	458/497
SP Behavioral Health	359/395	258/396
EBCI Tribal Option	57/61	56/61
Medicaid Direct	1,835/1,963	1,593/1,954
Tailored Plan Eligible	404/458	270/452
Foster Care	521/548	402/547
<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 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 38.</i>		

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 measure for the NC Medicaid Program, NC PHP Aggregate, and each PHP and population.

Table A-36—Numerators and Denominators for 2024 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	4,258/5,045	3,107/3,589	3,808/4,189	1,396/1,596
NC PHP Aggregate	2,177/2,511	1,422/1,639	1,793/1,985	530/604
AmeriHealth	475/548	304/356	373/423	113/130
Carolina Complete	409/460	248/283	327/355	92/100
Healthy Blue	394/459	281/333	343/380	114/131
UnitedHealthcare	469/550	311/350	393/427	105/123
WellCare	430/494	278/317	357/400	106/120
SP Behavioral Health	315/392	243/292	306/331	136/160
EBCI Tribal Option	41/60	32/40	36/46	19/21
Medicaid Direct	1,602/1,933	1,298/1,486	1,582/1,711	701/794
Tailored Plan Eligible	377/456	281/347	347/399	179/210
Foster Care	438/541	355/424	397/447	146/177
<p><i>N/D Indicates the numerator and denominator of the score.</i></p> <p><i>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.</i></p> <p><i>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</i></p>				

Table A-37—Numerators and Denominators for 2024 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	2,348/2,629	2,225/2,478	3,146/3,245	961/1,094	1,561/1,803
NC PHP Aggregate	1,011/1,139	1,018/1,167	1,434/1,499	583/669	654/742
AmeriHealth	219/248	226/264	309/327	138/161	137/158
Carolina Complete	173/197	175/208	247/260	115/135	111/129
Healthy Blue	203/234	205/235	285/294	97/110	133/152
UnitedHealthcare	215/240	211/239	310/320	115/129	135/149
WellCare	200/220	200/220	282/295	116/133	138/154
SP Behavioral Health	210/229	175/190	239/247	75/86	145/162
EBCI Tribal Option	28/30	22/25	34/34	18/19	17/21
Medicaid Direct	1,036/1,153	935/1,009	1,316/1,340	275/310	708/825
Tailored Plan Eligible	247/283	216/239	295/310	117/137	176/208

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	273/305	250/275	361/371	84/95	182/215
<p><i>N/D Indicates the numerator and denominator of the score.</i></p> <p><i>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.</i></p> <p><i>Numerators and denominators when calculated to percentages do not match the corresponding rates in Figure 4-7 through Figure 4-11 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 38.</i></p>					

Race and Ethnicity Comparisons

Table A-38 through Table A-42 present the numerators and denominators for the race and ethnicity comparisons for the overall health characteristics, global ratings, composite measures, individual item, and supplemental items, respectively, for the NC Medicaid Program.

Table A-38—Numerators and Denominators for 2024 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	2,388/2,506	2,158/2,507
Non-White	2,336/2,469	2,122/2,465
Multiracial	358/372	320/371
Non-Multiracial	4,366/4,603	3,960/4,601
Black	1,381/1,449	1,184/1,441
Non-Black	3,709/3,906	3,411/3,908
Native American	144/155	135/155
Non-Native American	4,580/4,820	4,145/4,817
Other	767/818	750/820
Non-Other	3,957/4,157	3,530/4,152
Ethnicity Categories		
Hispanic	1,672/1,780	1,659/1,788
Non-Hispanic	3,739/3,929	3,305/3,922
<p><i>(N/D) Indicates the numerator and denominator of the score.</i></p> <p><i>For further details, please refer to the Methodology section within the Reader's Guide beginning on page 38.</i></p>		

Table A-39—Numerators and Denominators for 2024 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 All Health Care (N/D)	Rating of Personal Doctor (N/D)	Rating of Specialist Seen Most Often (N/D)
Race Categories				
White	2,093/2,477	1,625/1,871	1,956/2,129	768/865
Non-White	2,055/2,445	1,421/1,648	1,769/1,967	602/702
Multiracial	297/368	245/288	296/332	90/114
Non-Multiracial	3,851/4,554	2,801/3,231	3,429/3,764	1,280/1,453
Black	1,199/1,431	850/976	1,028/1,147	379/447
Non-Black	3,264/3,869	2,427/2,802	2,967/3,257	1,090/1,242
Native American	127/155	93/105	108/126	43/47
Non-Native American	4,021/4,767	2,953/3,414	3,617/3,970	1,327/1,520
Other	701/814	429/498	567/623	176/200
Non-Other	3,447/4,108	2,617/3,021	3,158/3,473	1,194/1,367
Ethnicity Categories				
Hispanic	1,572/1,769	943/1,081	1,251/1,356	379/425
Non-Hispanic	3,227/3,883	2,481/2,858	2,995/3,297	1,150/1,318
(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 38.				

Table A-40—Numerators and Denominators for 2024 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)	Customer Service (N/D)	Coordination of Care (N/D)
Race Categories					
White	1,248/1,383	1,147/1,249	1,635/1,672	403/455	835/958
Non-White	1,054/1,193	1,030/1,174	1,448/1,506	536/614	694/808
Multiracial	175/202	175/194	249/259	47/54	127/146
Non-Multiracial	2,126/2,374	2,002/2,229	2,834/2,919	892/1,015	1,402/1,620
Black	649/723	606/678	838/865	329/370	404/466
Non-Black	1,821/2,045	1,718/1,917	2,459/2,537	701/799	1,234/1,426
Native American	69/77	71/76	102/106	37/40	51/62
Non-Native American	2,232/2,499	2,106/2,347	2,981/3,072	902/1,029	1,478/1,704
Other	303/354	303/373	439/465	201/235	209/246

Race and Ethnicity Categories	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)
Non-Other	1,999/2,222	1,873/2,050	2,644/2,713	738/834	1,320/1,520
Ethnicity Categories					
Hispanic	665/762	665/794	936/994	454/517	430/504
Non-Hispanic	1,893/2,116	1,768/1,940	2,518/2,579	676/765	1,276/1,469
(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 4-36 through Figure 4-40 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 38.					

Table A-41—Numerators and Denominators for 2024 Child Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items

Race and Ethnicity Categories	Mental Health (N/D)	Appointment for Counseling or Mental Health Treatment (N/D)	Used an Interpreter (N/D)	Interpreter Treated with Courtesy and Respect (N/D)
Race Categories				
White	1,224/2,504	571/959	152/430	184/321
Non-White	1,067/2,454	479/1,009	303/751	400/631
Multiracial	177/375	91/150	S	13/38
Non-Multiracial	2,114/4,583	959/1,818	S	571/914
Black	665/1,434	345/620	21/299	54/217
Non-Black	1,798/3,904	797/1,513	446/961	550/798
Native American	77/153	34/54	S	13/24
Non-Native American	2,214/4,805	1,016/1,914	S	571/928
Other	291/817	89/332	273/434	331/404
Non-Other	2,000/4,141	961/1,636	182/747	253/548
Ethnicity Categories				
Hispanic	671/1,779	180/683	739/1,054	869/986
Non-Hispanic	1,896/3,907	931/1,561	61/600	119/413
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 38.				

Table A-42—Numerators and Denominators for 2024 Child Respondents Who Gave Positive Ratings for NC Medicaid Program, by Race and Ethnicity: Supplemental Items, Continued

Race and Ethnicity Categories	Care Outside of Business Hours (N/D)	Offered Telehealth Appointment (N/D)	Chose Telehealth (N/D)	Flu Vaccination Received (N/D)
Race Categories				
White	559/906	436/2,478	101/424	1,056/2,489
Non-White	484/942	363/2,412	89/349	1,207/2,444
Multiracial	89/142	62/372	13/61	161/374
Non-Multiracial	954/1,706	737/4,518	177/712	2,102/4,559
Black	305/556	234/1,407	63/222	716/1,429
Non-Black	818/1,442	622/3,854	148/605	1,731/3,880
Native American	35/60	23/152	13/23	66/153
Non-Native American	1,008/1,788	776/4,738	177/750	2,197/4,780
Other	124/318	93/798	19/89	423/809
Non-Other	919/1,530	706/4,092	171/684	1,840/4,124
Ethnicity Categories				
Hispanic	251/707	155/1,741	30/151	955/1,760
Non-Hispanic	880/1,426	690/3,863	172/668	1,700/3,897
(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 38.				

Urbanicity Comparisons

Table A-43 through Table A-47 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 2024 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	1,381/1,444	3,445/3,640	1,249/1,442	3,124/3,631
NC PHP Aggregate	701/731	1,712/1,781	670/731	1,652/1,780
AmeriHealth	242/253	287/301	224/252	278/302
Carolina Complete	114/116	332/347	110/116	324/344

PHP/Population	General Health Status		Mental or Emotional Health Status	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
Healthy Blue	111/116	334/349	107/116	318/348
UnitedHealthcare	127/135	402/411	126/136	386/412
WellCare	107/111	357/373	103/111	346/374
SP Behavioral Health	119/130	240/265	85/130	173/266
EBCI Tribal Option	55/59	S	54/59	S
Medicaid Direct	449/471	1,386/1,492	391/470	1,202/1,484
Tailored Plan Eligible	100/114	304/344	62/112	208/340
Foster Care	176/183	S	134/182	S
<p>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 38.</p>				

Table A-44—Numerators and Denominators for 2024 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	1,208/1,423	3,040/3,608	841/975	2,259/2,605	1,020/1,144	2,777/3,033	353/391	1,037/1,199
NC PHP Aggregate	634/720	1,533/1,777	383/451	1,032/1,179	490/553	1,292/1,420	133/151	391/447
AmeriHealth	214/250	261/298	124/152	180/204	160/187	213/236	48/55	65/75
Carolina Complete	102/115	306/344	56/67	191/215	83/91	243/263	19/19	72/80
Healthy Blue	101/110	293/349	74/84	207/249	85/94	258/286	27/33	87/98
UnitedHealthcare	121/137	348/413	69/79	242/271	89/99	304/328	23/25	82/98
WellCare	96/108	325/373	60/69	212/240	73/82	274/307	16/19	85/96
SP Behavioral Health	107/129	208/263	80/99	163/193	100/112	206/219	37/46	99/114
EBCI Tribal Option	39/58	S	31/38	S	35/45	S	18/20	S
Medicaid Direct	391/465	1,211/1,468	308/346	990/1,140	367/405	1,215/1,306	150/162	551/632
Tailored Plan Eligible	98/112	279/344	70/84	211/263	91/103	256/296	46/54	133/156
Foster Care	144/180	S	119/140	S	128/141	S	52/58	S
<p>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 38.</p>								

Table A-45—Numerators and Denominators for 2024 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	629/693	1,712/1,928	607/672	1,610/1,797	844/869	2,294/2,367	265/295	691/793	396/467	1,158/1,328
NC PHP Aggregate	281/305	723/826	293/332	717/827	388/407	1,038/1,083	150/168	428/495	183/210	464/524
AmeriHealth	96/107	123/141	103/119	122/145	134/142	174/185	58/67	80/94	62/73	75/85
Carolina Complete	40/43	132/152	42/47	133/160	58/62	187/196	23/28	92/107	28/33	82/95
Healthy Blue	54/57	148/176	52/60	153/175	67/69	217/225	20/22	77/88	33/37	100/115
UnitedHealthcare	49/53	165/187	54/58	156/181	71/71	239/248	26/29	89/99	32/34	103/115
WellCare	40/44	153/169	41/47	152/165	56/61	218/227	21/21	90/106	28/33	104/114
SP Behavioral Health	69/74	141/155	61/66	114/124	83/86	156/160	28/30	47/56	47/56	98/106
EBCI Tribal Option	26/29	S	21/24	S	33/33	S	18/19	S	16/20	S
Medicaid Direct	231/259	805/894	205/223	729/786	307/310	1,009/1,029	62/66	213/244	144/177	564/648
Tailored Plan Eligible	62/70	185/213	49/55	167/184	70/73	225/236	26/29	90/108	40/48	136/160
Foster Care	90/99	S	87/92	S	115/118	S	35/41	S	53/60	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.
Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 4-19 and Figure 4-53 through Figure 4-56 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 38.

Table A-46—Numerators and Denominators for 2024 Child Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	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	645/1,431	1,685/3,625	294/533	759/1,482	101/308	396/936	139/241	493/768
NC PHP Aggregate	273/725	689/1,773	72/214	187/621	94/209	375/676	125/182	451/601
AmeriHealth	98/251	103/299	22/78	27/109	40/79	76/125	52/72	83/116
Carolina Complete	37/116	133/345	16/36	37/116	13/37	104/163	18/30	127/154
Healthy Blue	51/113	162/348	S	33/116	S	52/115	S	66/92
UnitedHealthcare	52/136	148/408	13/41	41/139	15/38	66/138	S	90/123

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
WellCare	35/109	143/373	S	49/141	S	77/135	25/34	85/116
SP Behavioral Health	71/130	145/260	69/88	155/193	S	15/70	S	25/52
EBCI Tribal Option	32/58	S	14/26	S	S	S	S	S
Medicaid Direct	253/469	805/1,485	128/190	424/653	S	15/191	S	30/117
Tailored Plan Eligible	67/114	187/343	54/66	127/195	11/29	46/102	15/22	56/86
Foster Care	87/179	S	80/103	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 38.

Table A-47—Numerators and Denominators for 2024 Child Respondents Who Gave Positive Ratings and Urbanicity Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	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	284/483	767/1,405	205/1,413	598/3,573	142/199	421/578	597/1,430	1,717/3,605
NC PHP Aggregate	119/234	318/699	72/714	179/1,747	43/71	110/172	295/725	771/1,762
AmeriHealth	32/71	45/122	23/243	32/293	12/23	20/32	99/247	137/296
Carolina Complete	19/39	54/139	S	32/340	S	19/31	45/116	159/342
Healthy Blue	25/37	79/145	16/115	40/341	S	22/37	42/117	137/343
UnitedHealthcare	24/49	79/159	13/134	35/404	S	24/33	65/136	175/407
WellCare	19/38	61/134	S	40/369	S	25/39	44/109	163/374
SP Behavioral Health	37/57	69/107	40/127	78/261	28/38	65/75	57/128	126/265
EBCI Tribal Option	18/23	S	S	S	S	S	29/59	S
Medicaid Direct	95/148	369/564	98/468	347/1,466	73/95	260/337	198/471	771/1,478
Tailored Plan Eligible	33/50	74/139	27/110	81/336	23/27	63/77	44/110	146/341
Foster Care	52/78	S	S	S	S	S	75/175	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 38.

AMH Tier Comparisons

Table A-48 through Table A-52 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 2024 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	3,773/3,960	845/895	3,418/3,947	760/896
NC PHP Aggregate	1,962/2,042	400/418	1,886/2,037	383/420
AmeriHealth	440/464	83/84	414/464	82/84
Carolina Complete	362/375	80/84	353/372	77/84
Healthy Blue	351/364	72/78	338/363	65/78
UnitedHealthcare	402/416	97/99	388/415	95/101
WellCare	407/423	68/73	393/423	64/73
SP Behavioral Health	280/304	71/80	199/305	53/80
EBCI Tribal Option	51/54	S	49/54	S
Medicaid Direct	1,388/1,471	335/360	1,199/1,462	288/360
Tailored Plan Eligible	318/359	69/78	211/355	44/76
Foster Care	372/393	S	284/394	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 38.				

Table A-49—Numerators and Denominators for 2024 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	3,328/3,921	733/881	2,383/2,736	575/670	2,912/3,205	710/783	1,050/1,199	258/298
NC PHP Aggregate	1,756/2,032	359/412	1,123/1,302	258/291	1,434/1,586	313/347	421/480	95/108
AmeriHealth	401/462	69/80	255/296	45/56	305/349	64/69	95/110	18/20

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)
Carolina Complete	333/372	72/83	192/225	54/56	268/289	56/63	72/77	19/22
Healthy Blue	305/361	69/75	215/257	53/59	263/291	63/70	88/102	20/22
UnitedHealthcare	348/416	89/102	228/259	62/69	294/317	78/86	78/91	20/24
WellCare	369/421	60/72	233/265	44/51	304/340	52/59	88/100	18/20
SP Behavioral Health	245/306	60/75	187/224	48/59	230/252	67/70	92/109	38/44
EBCI Tribal Option	37/53	S	30/37	S	32/40	S	17/19	S
Medicaid Direct	1,219/1,449	286/353	970/1,093	247/291	1,168/1,266	311/336	509/575	129/147
Tailored Plan Eligible	292/358	68/78	223/273	47/60	266/307	66/73	142/168	31/36
Foster Care	316/387	S	260/304	S	278/313	S	103/125	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 38.

Table A-50—Numerators and Denominators for 2024 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	1,778/1,989	444/497	1,686/1,878	417/464	2,392/2,474	604/619	760/855	163/195	1,159/1,342	319/362
NC PHP Aggregate	800/902	181/205	803/924	182/207	1,139/1,195	254/262	461/525	104/124	502/570	132/149
AmeriHealth	184/207	33/39	187/217	35/43	253/268	50/54	117/132	20/28	108/126	27/30
Carolina Complete	135/154	37/41	137/165	35/40	195/207	49/51	93/108	20/25	88/102	22/26
Healthy Blue	155/180	36/41	157/181	36/41	222/231	45/46	74/84	17/19	97/111	28/31
UnitedHealthcare	157/177	43/48	153/176	43/46	228/237	66/67	81/91	25/28	90/100	36/39
WellCare	168/183	31/36	168/184	32/35	239/250	42/44	96/109	20/24	119/131	19/23
SP Behavioral Health	151/167	51/53	135/146	37/41	183/189	50/52	56/65	18/20	100/115	41/43
EBCI Tribal Option	25/28	S	20/23	S	31/31	S	16/17	S	16/20	S
Medicaid Direct	757/841	202/225	681/733	181/197	965/984	273/277	219/243	43/51	516/604	143/163

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)
Tailored Plan Eligible	194/224	43/48	168/188	39/41	230/240	55/57	91/107	21/23	137/165	34/37
Foster Care	194/217	S	182/198	S	256/263	S	63/69	S	125/148	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.
Numerators and denominators when calculated to percentages do not match the corresponding rates in Table 4-24 and Figure 4-67 through Figure 6-70 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 38.

Table A-51—Numerators and Denominators for 2024 Child Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items

PHP/Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Interpreter Treated with Courtesy and Respect	
	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	1,794/3,931	424/897	801/1,562	205/367	422/1,005	65/187	518/808	90/157
NC PHP Aggregate	776/2,026	166/420	198/676	59/146	398/733	63/128	477/645	81/117
AmeriHealth	169/461	29/84	39/151	S	103/173	12/28	118/158	15/28
Carolina Complete	136/373	32/84	43/126	S	98/168	19/31	121/153	23/30
Healthy Blue	164/361	38/77	26/109	14/23	47/108	S	61/87	S
UnitedHealthcare	150/410	39/102	37/131	14/39	67/137	S	84/118	16/24
WellCare	157/421	28/73	53/159	12/25	83/147	12/25	93/129	S
SP Behavioral Health	166/302	44/77	176/216	44/59	16/75	S	22/56	S
EBCI Tribal Option	30/53	S	13/24	S	S	S	S	S
Medicaid Direct	791/1,462	200/360	420/634	103/159	16/183	0/45	25/104	S
Tailored Plan Eligible	201/359	45/77	148/211	26/40	46/100	S	54/84	14/19
Foster Care	197/390	S	170/228	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 38.

Table A-52—Numerators and Denominators for 2024 Child Respondents Who Gave Positive Ratings and AMH Tier Comparisons, by Program-Specific Populations: Supplemental Items, Continued

PHP/Population	Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	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	801/1,471	195/323	593/3,874	154/888	410/576	113/148	1,827/3,917	376/890
NC PHP Aggregate	348/753	78/156	201/1,998	44/414	125/195	26/43	871/2,020	172/417
AmeriHealth	69/161	S	46/451	S	26/46	S	204/456	29/82
Carolina Complete	59/147	14/30	36/367	S	21/35	S	168/371	35/83
Healthy Blue	78/143	18/29	41/358	12/76	23/38	S	136/359	33/78
UnitedHealthcare	71/148	25/45	31/405	11/102	24/30	S	186/412	42/101
WellCare	71/154	S	47/417	S	31/46	S	177/422	33/73
SP Behavioral Health	86/130	17/30	89/302	27/75	67/84	24/27	143/304	32/78
EBCI Tribal Option	17/22	S	S	S	S	S	28/54	S
Medicaid Direct	335/529	92/124	314/1,446	87/358	228/305	72/85	751/1,459	148/357
Tailored Plan Eligible	82/145	17/35	82/353	22/74	65/80	18/21	158/353	26/77
Foster Care	101/167	S	S	S	S	S	177/384	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 38.

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—2024 Eligible Population Sizes by Population

PHP/Population	Adult	Child
NC Medicaid Program	1,170,783	1,112,470
NC PHP Aggregate	526,366	1,011,868
AmeriHealth	85,637	173,636
Carolina Complete	66,940	132,137
Healthy Blue	171,241	295,738
UnitedHealthcare	93,158	191,213
WellCare	109,390	219,144
SP Behavioral Health	9,892	3,591
EBCI Tribal Option	1,564	2,220

PHP/Population	Adult	Child
Medicaid Direct	641,605	88,034
Tailored Plan Eligible	89,421	65,984
Former Foster Care	1,248	N/A
Foster Care	N/A	10,348
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.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



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.

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



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)

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

☐ Yes
☐ No → *Go to Question 5*

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you 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?

☐ 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 as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself 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 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 you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

☐ Yes
☐ No → *Go to Question 19*

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?

<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"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	
Worst						Best					
Specialist						Specialist					
Possible						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. 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 35**
- ☐ Don't know → **Go to Question 35**

32. 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

33. 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

34. 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

35. 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

36. Are you male or female?

- ☐ Male
- ☐ Female

37. 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

38. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

39. 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

40. 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.

41. In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment for any of these reasons as soon as you needed it?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not need counseling or mental health treatment in the last 6 months

42. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you needed an interpreter at your personal doctor's office, how often did you get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not need an interpreter in the last 6 months → **Go to Question 44**

43. In the last 6 months, how often did this interpreter treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

44. 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

45. 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 in the last 6 months

46. In the last 6 months, if you needed care outside of business hours (i.e., in the evenings, on weekends, or during holidays), how often were you able to receive this care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not need care outside of business hours in the last 6 months

47. In the last 6 months, were you offered a telehealth appointment instead of an in-person appointment?

- ☐ Yes
- ☐ No → **Go to question 49**

48. In the last 6 months, how often did you choose to use telehealth for your health care when it was offered by a doctor or other health provider?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

49. Have you had either a flu shot or flu spray in the nose since July 1, 2023?

- ☐ Yes
- ☐ No

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 named in the letter that was sent with this survey. 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 Best
Personal Doctor Personal Doctor
Possible 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

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 Best
Specialist Specialist
Possible Possible

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"/> | <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, how often were you able to get an appointment for counseling or mental health treatment for your child for any of these reasons as soon as they needed it?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child did not need counseling or mental health treatment in the last 6 months

44. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you or your child needed an interpreter at your child's doctor's office, how often did you get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child and I did not need an interpreter in the last 6 months → **Go to Question 46**

45. In the last 6 months, how often did this interpreter treat you and your child with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

46. 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

47. In the last 6 months, if your child needed care outside of business hours (i.e., in the evenings, on weekends, or during holidays), how often was your child able to receive this care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child did not need care outside of business hours in the last 6 months

48. In the last 6 months, were you offered a telehealth appointment for your child instead of an in-person appointment?

- ☐ Yes
- ☐ No → **Go to question 50**

49. In the last 6 months, how often did you choose to use telehealth for your child's health care when it was offered by a doctor or other health provider?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

50. Has your child had either a flu shot or flu spray in the nose since July 1, 2023?

- ☐ Yes
- ☐ No

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**

Appendix C. Mail Materials

This section provides a copy of the adult and child Medicaid cover letters and postcards.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

DQJ *001-00099*

Si usted prefiere leer
esta carta en español,
por favor lea la parte de
atrás de la misma.

Dear [FIRST NAME] [LAST NAME]:

How can [HEALTH PLAN NAME] serve you better? How can people choose the health care plan that is best for them?

This survey gives you the chance to tell us what you think about the services we provide at [HEALTH PLAN NAME]. It will take less than 20 minutes to complete.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps people learn more about health care plans.

DataStat is an independent research firm that is helping us conduct the survey. No one but the research staff and NCQA will see your answers. Your answers will not have your name on them and will be part of a pool of information from others like you. Please call DataStat at the toll-free number (1-800-842-1627) if you have any questions.

If you like, you can complete this survey on the internet by logging on to **www.datastat.com/NCCAHPS** and entering the following user name, or using the QR code. To use the QR code, open your smart phone camera and hover over the QR code. A pop up should appear with a link to a web location where you can complete your survey.

User name: [UserName]

QR code:



Because we are asking only a few people to take the survey, **it is very important that you complete the survey right away.**

Thank you for helping to make health care better.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L1AE

001-00099-01

001-00099



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

Si le gustaría tomar esta encuesta en español, por favor llame al 1-800-842-1627 sin cobrar.

Estimado [FIRST NAME] [LAST NAME]:

¿Cómo puede [HEALTH PLAN NAME] servirle mejor? ¿Cómo pueden las personas escoger el plan de atención médica más conveniente para ellas?

Esta encuesta le brinda la oportunidad de decirnos lo que piensa sobre los servicios que ofrecemos en [HEALTH PLAN NAME]. Le tomará menos de 20 minutos responderla.

La encuesta forma parte de un proyecto nacional del Comité Nacional de Control de Calidad (NCQA, por sus siglas en inglés), una organización sin fines de lucro que ayuda a las personas a informarse mejor sobre los planes de atención médica.

DataStat es una firma independiente de investigaciones que nos está ayudando a llevar a cabo la encuesta. Solamente el personal de investigaciones y de NCQA podrá ver sus respuestas. Sus respuestas no llevarán su nombre y serán parte de un conjunto de información de otras personas como usted. Comuníquese con DataStat al número de teléfono gratuito (1-800-842-1627) si tiene alguna pregunta.

Si lo desea, puede completar esta encuesta por Internet ingresando a **www.datastat.com/NCCAHPS** e introduciendo el siguiente nombre de usuario, o usando el código de QR. Para usar el código de QR, abra la cámara de su teléfono inteligente y pase por encima del código QR. Aparecerá un “pop-up” con el enlace a la localización en la red donde puede completar su encuesta.

Nombre de usuario: **[UserName]**

Código de QR:



Debido a que le pedimos solo a unas pocas personas que participen en la encuesta, **es muy importante que usted complete la encuesta y la devuelva de inmediato.**

Gracias por contribuir a que la atención médica sea mejor para todos.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L1AE-BS

North Carolina Medicaid
C/O Datastat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

FIRST-CLASS MAIL
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ANN ARBOR, MI
PERMIT NO. 120

DQJ-00125-AE
001-00099 50

Electronic Service Requested

*****AUTO**SCH 5-DIGIT 53660
[FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP 10]



We need your help! Recently, we sent you a short survey about your health care. Your answers will help us improve the services we provide. The survey will also help other people learn more about health care plans, but it will help only if everyone who gets the survey sends it back.

After you finish the survey, please return it in the pre-paid envelope to DataStat, a research firm working with us on this survey.

If you did not get the survey, or if you misplaced it, please call DataStat at the toll-free number (1-800-842-1627). They will mail you another one. You can also call that number if you have any questions.

If you have already sent in your survey, thank you! You can ignore this reminder.

Thanks again for your help!

DQJ-AE-PC

Si le gustaría tomar esta encuesta en español, por favor llame al 1-800-842-1627 sin cobrar.



NC DEPARTMENT OF
**HEALTH AND
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Division of Health Benefits

C/O DataStat, Inc.
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Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

DQJ *001-00099*

Si usted prefiere leer
esta carta en español,
por favor lea la parte de
atrás de la misma.

Dear [FIRST NAME] [LAST NAME]:

About three weeks ago, we sent you a survey about the services we provide at [HEALTH PLAN NAME]. If you responded, thank you for your help! You can ignore this letter.

We sent you another survey, just in case you misplaced the first one. Please take a little time to complete it. It will take less than 20 minutes to complete.

If you like, you can complete this survey on the internet by logging on to **www.datastat.com/NCCAHPs** and entering the following user name, or using the QR code. To use the QR code, open your smart phone camera and hover over the QR code. A pop up should appear with a link to a web location where you can complete your survey.

User name: [UserName]

QR code:



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Because we asked only a few people to take the survey, **it is very important that you complete the survey right away.** If you completed the paper survey, please return it in the pre-paid envelope.

Thank you for helping to make health care better.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L2AE

001-00099-02



001-00099



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

[FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP 10]

Si le gustaría tomar esta encuesta en español, por favor llame al 1-800-842-1627 sin cobrar.

Estimado [FIRST NAME] [LAST NAME]:

Hace unas tres semanas, le enviamos una encuesta sobre los servicios que ofrecemos en [HEALTH PLAN NAME]. Si devolvió su encuesta, se lo agradecemos de sobremano. De ser el caso, puede ignorar esta carta.

Le enviamos otra encuesta, en caso de que haya perdido la primera. Le pedimos que se tome un poco de tiempo para completarla. Le tomará menos de 20 minutos responderla.

Si lo desea, puede completar esta encuesta por Internet ingresando a **www.datastat.com/NCCAHPs** e introduciendo el siguiente nombre de usuario, o usando el código de QR. Para usar el código de QR, abra la cámara de su teléfono inteligente y pase por encima del código QR. Aparecerá un "pop-up" con el enlace a la localización en la red donde puede completar su encuesta.

Nombre de usuario: **[UserName]**

Código de QR:



La encuesta forma parte de un proyecto nacional del Comité Nacional de Control de Calidad (NCQA, por sus siglas en inglés), una organización sin fines de lucro que ayuda a las personas a informarse mejor sobre los planes de atención médica.

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Debido a que le pedimos solo a unas pocas personas que participen en la encuesta, **es muy importante que usted complete la encuesta y la devuelva de inmediato**. Utilice el sobre prepagado para devolverla.

Gracias por contribuir a que la atención médica sea mejor para todos.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L2AE-BS



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Ann Arbor, MI 48108

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KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

DQJ *001-00099*

**Si usted prefiere leer
esta carta en español,
por favor lea la parte de
atrás de la misma.**

Dear [FIRST NAME] [LAST NAME]:

About three weeks ago, we sent you a survey about the services we provide at [HEALTH PLAN NAME]. If you responded, thank you for your help! You can ignore this letter.

We sent you another survey, just in case you misplaced the first one. Please take a little time to complete it. It will take less than 20 minutes to complete.

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Because we asked only a few people to take the survey, **it is very important that you complete the survey right away.** If you completed the paper survey, please return it in the pre-paid envelope.

Thank you for helping to make health care better.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L3AE

001-00099-34



001-00099



NC DEPARTMENT OF
**HEALTH AND
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Division of Health Benefits

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KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

Estimado [FIRST NAME] [LAST NAME]:

Hace unas tres semanas, le enviamos una encuesta sobre los servicios que ofrecemos en [HEALTH PLAN NAME]. Si devolvió su encuesta, se lo agradecemos de sobremano. De ser el caso, puede ignorar esta carta.

Le enviamos otra encuesta, en caso de que haya perdido la primera. Le pedimos que se tome un poco de tiempo para completarla. Le tomará menos de 20 minutos responderla.

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Nombre de usuario: [UserName]

Código de QR:



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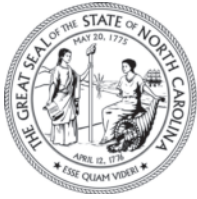
Debido a que le pedimos solo a unas pocas personas que participen en la encuesta, **es muy importante que usted complete la encuesta y la devuelva de inmediato**. Utilice el sobre prepagado para devolverla.

Gracias por contribuir a que la atención médica sea mejor para todos.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L3AE-BS



NC DEPARTMENT OF
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HUMAN SERVICES**

Division of Health Benefits

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3975 Research Park Drive
Ann Arbor, MI 48108

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KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

DQJ *001-00099*

**Si usted prefiere leer
esta carta en español,
por favor lea la parte de
atrás de la misma.**

Dear Parent/Caretaker of [FIRST NAME] [LAST NAME]:

How can [HEALTH PLAN NAME] serve your family better? How can people choose the health care plan that is best for them?

This survey gives you the chance to tell us what you think about the services we provide to your child at [HEALTH PLAN NAME]. It will take less than 20 minutes to complete. The person who knows the most about your child's health care should fill out the survey.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps people learn more about health care plans.

DataStat is an independent research firm that is helping us conduct the survey. No one but the research staff and NCQA will see your answers. Your answers will not have your name on them and will be part of a pool of information from others like you. Please call DataStat at the toll-free number (1-800-842-1627) if you have any questions.

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User name: [UserName]

QR code:



Because we are asking only a few people to take the survey, **it is very important that you complete the survey right away.**

Thank you for helping to make health care better for all children.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L1CE

001-00099-01

001-00099



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP 10]

Si le gustaría tomar esta encuesta en español, por favor llame al 1-800-842-1627 sin cobrar.

Estimado Padre/Guardián de [FIRST NAME] [LAST NAME]:

¿Cómo puede [HEALTH PLAN NAME] servirle mejor a su familia? ¿Cómo pueden las personas escoger el plan de atención médica más conveniente para ellas?

Esta encuesta le brinda la oportunidad de decirnos lo que piensa sobre los servicios que le ofrecemos a su hijo en [HEALTH PLAN NAME]. Le tomará menos de 20 minutos responderla. La persona que sepa más sobre la atención médica de su hijo debe responder la encuesta.

La encuesta forma parte de un proyecto nacional del Comité Nacional de Control de Calidad (NCQA, por sus siglas en inglés), una organización sin fines de lucro que ayuda a las personas a informarse mejor sobre los planes de atención médica.

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Nombre de usuario: **[UserName]**

Código de QR:



Debido a que le pedimos solo a unas pocas personas que participen en la encuesta, **es muy importante que usted complete la encuesta y la devuelva de inmediato.**

Gracias por contribuir a que la atención médica sea mejor para todos los niños.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L1CE-BS

North Carolina Medicaid
C/O Datastat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

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ANN ARBOR, MI
PERMIT NO. 120

DQJ-00125-CE
001-00099 50

Electronic Service Requested

*****AUTO**SCH 5-DIGIT 53660
PARENT/CARETAKER OF [FIRST NAME] [LAST
NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP 10]



We need your help! Recently, we sent you a short survey about your child's health care. Your answers will help to improve the services we provide to children. The survey will also help other people learn more about health care plans, but it will help only if everyone who gets the survey sends it back.

After you finish the survey, please return it in the pre-paid envelope to DataStat, a research firm working with us on this survey.

If you did not get the survey, or if you misplaced it, please call DataStat at the toll-free number (1-800-842-1627). They will mail you another one. You can also call that number if you have any questions.

If you have already sent in your survey, thank you! You can ignore this reminder.

Thanks again for your help!

DQJ-CE-PC

Si le gustaría tomar esta encuesta en español, por favor llame al 1-800-842-1627 sin cobrar.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

DQJ *001-00099*

**Si usted prefiere leer
esta carta en español,
por favor lea la parte de
atrás de la misma.**

Dear Parent/Caretaker of [FIRST NAME] [LAST NAME]:

About three weeks ago, we sent you a survey about the services we provide to your child at [HEALTH PLAN NAME]. If you responded, thank you for your help! You can ignore this letter.

We sent you another survey, just in case you misplaced the first one. Please take a little time to complete it. It will take less than 20 minutes to complete. The person who knows the most about your child's health care should fill out the survey.

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Because we asked only a few people to take the survey, **it is very important that you complete the survey right away.** If you completed the paper survey, please return it in the pre-paid envelope.

Thank you for helping to make health care better for all children.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L2CE

001-00099-02

001-00099



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP 10]

Si le gustaría tomar esta encuesta en español, por favor llame al 1-800-842-1627 sin cobrar.

Estimado Padre/Guardián de [FIRST NAME] [LAST NAME]:

Hace unas tres semanas, le enviamos una encuesta sobre los servicios que le proporcionamos a su hijo en [HEALTH PLAN NAME]. Si devolvió su encuesta, se lo agradecemos de sobremano. De ser el caso, puede ignorar esta carta.

Le enviamos otra encuesta, en caso de que haya perdido la primera. Le pedimos que se tome un poco de tiempo para completarla. Le tomará menos de 20 minutos responderla. La persona que sepa más sobre la atención médica de su hijo debe responder la encuesta.

Si lo desea, puede completar esta encuesta por Internet ingresando a **www.datastat.com/NCCAHPs** e introduciendo el siguiente nombre de usuario, o usando el código de QR. Para usar el código de QR, abra la cámara de su teléfono inteligente y pase por encima del código QR. Aparecerá un “pop-up” con el enlace a la localización en la red donde puede completar su encuesta.

Nombre de usuario: **[UserName]**

Código de QR:



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Debido a que le pedimos solo a unas pocas personas que participen en la encuesta, **es muy importante que usted complete la encuesta y la devuelva de inmediato**. Utilice el sobre prepago para devolverla.

Gracias por contribuir a que la atención médica sea mejor para todos los niños.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L2CE-BS



NC DEPARTMENT OF
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Division of Health Benefits

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3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [STATE] [ZIP 10]

DQJ *001-00099*

**Si usted prefiere leer
esta carta en español,
por favor lea la parte de
atrás de la misma.**

Dear Parent/Caretaker of [FIRST NAME] [LAST NAME]:

About three weeks ago, we sent you a survey about the services we provide to your child at [HEALTH PLAN NAME]. If you responded, thank you for your help! You can ignore this letter.

We sent you another survey, just in case you misplaced the first one. Please take a little time to complete it. It will take less than 20 minutes to complete. The person who knows the most about your child's health care should fill out the survey.

If you like, you can complete this survey on the internet by logging on to **www.datastat.com/NCCAHPs** and entering the following user name, or using the QR code. To use the QR code, open your smart phone camera and hover over the QR code. A pop up should appear with a link to a web location where you can complete your survey.

User name: [UserName]

QR code:



The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps people learn more about health care plans.

DataStat is an independent research firm that is helping us conduct the survey. No one but the research staff and NCQA will see your answers. Your answers will not have your name on them and will be part of a pool of information from others like you. Please call DataStat at the toll-free number (1-800-842-1627) if you have any questions.

Because we asked only a few people to take the survey, **it is very important that you complete the survey right away.** If you completed the paper survey, please return it in the pre-paid envelope.

Thank you for helping to make health care better for all children.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L3CE

001-00099-34



001-00099



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

ROY COOPER • Governor

KODY KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP 10]

Estimado Padre/Guardián de [FIRST NAME] [LAST NAME]:

Hace unas tres semanas, le enviamos una encuesta sobre los servicios que le proporcionamos a su hijo en [HEALTH PLAN NAME]. Si devolvió su encuesta, se lo agradecemos de sobremano. De ser el caso, puede ignorar esta carta.

Le enviamos otra encuesta, en caso de que haya perdido la primera. Le pedimos que se tome un poco de tiempo para completarla. Le tomará menos de 20 minutos responderla. La persona que sepa más sobre la atención médica de su hijo debe responder la encuesta.

Si lo desea, puede completar esta encuesta por Internet ingresando a **www.datastat.com/NCCAHPs** e introduciendo el siguiente nombre de usuario, o usando el código de QR. Para usar el código de QR, abra la cámara de su teléfono inteligente y pase por encima del código QR. Aparecerá un “pop-up” con el enlace a la localización en la red donde puede completar su encuesta.

Nombre de usuario: **[UserName]**

Código de QR:



La encuesta forma parte de un proyecto nacional del Comité Nacional de Control de Calidad (NCQA, por sus siglas en inglés), una organización sin fines de lucro que ayuda a las personas a informarse mejor sobre los planes de atención médica.

DataStat es una firma independiente de investigaciones que nos está ayudando a llevar a cabo la encuesta. Solamente el personal de investigaciones y de NCQA podrá ver sus respuestas. Sus respuestas no llevarán su nombre y serán parte de un conjunto de información de otras personas como usted. Comuníquese con DataStat al número de teléfono gratuito (1-800-842-1627) si tiene alguna pregunta.

Debido a que le pedimos solo a unas pocas personas que participen en la encuesta, **es muy importante que usted complete la encuesta y la devuelva de inmediato**. Utilice el sobre prepago para devolverla.

Gracias por contribuir a que la atención médica sea mejor para todos los niños.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DQJ-L3CE-BS