

2025 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
- **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
- **PCP**—Primary care physician
- **PHP**—Prepaid health plan
- **RTI**—Research Triangle Institute
- **SP**—Standard Plan
- **TP**—Tailored 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 C 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 C 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. Overall health characteristic measures (ratings of beneficiary overall health and mental or emotional health).
2. Global ratings (ratings of member experience on a scale of 0 to 10).
3. Composite measures (groups of related questions that are combined to form a composite).
4. Individual measure (based on a single question).
5. Medical assistance with smoking measures (individual measures that assess different facets of providing medical assistance with smoking and tobacco use cessation) (adult population only).

Survey Administration

Adult beneficiaries and parents or caretakers of child beneficiaries completed the surveys from February 14, 2025, to May 9, 2025. 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 standard plans (SPs) and four tailored plans (TPs) (see Table 1-1). SPs offer integrated physical health, pharmacy, care coordination, and basic behavioral health services. TPs offer integrated physical health, pharmacy, care coordination, and behavioral health services for members who may have significant behavioral health and substance use disorders, intellectual/developmental disabilities, and traumatic brain injuries.³

Table 1-1—Participating SPs and TPs

Name	Abbreviation
SPs	
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
TPs	
Alliance Health	Alliance
Partners Health Management	Partners
Trillium Health Resources	Trillium
Vaya Total Care	Vaya

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

- Federally recognized tribal members and others eligible for services through the Indian Health Service (IHS) associated only with the Eastern Band of Cherokee Indians (EBCI) who are enrolled in the EBCI Tribal Option.⁴

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: June 4, 2026.

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

- Beneficiaries receiving health care through Medicaid Direct (formerly known as fee-for-service).⁵
- Child Medicaid Direct beneficiaries who are in foster care.

HSAG grouped respondents to create aggregate results for comparative purposes:⁶

- **NC Medicaid Program**—Combined results from the general populations for all five SPs, four TP, EBCI Tribal Option, and Medicaid Direct.⁷
- **NC SP Aggregate**—Combined results of all five SPs’ general population samples.
- **NC TP Aggregate**—Combined results of all four TP’s general population samples.

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, who were currently enrolled in Medicaid and were continuously enrolled during the measurement period (July 1 to December 31, 2024) with no more than one gap in enrollment of up to 45 days.
- **Child beneficiaries**—a general sample of children (17 years of age or younger) from the entire eligible population, who were currently enrolled in Medicaid and were continuously enrolled during the measurement period (July 1 to December 31, 2024) with no more than one gap in enrollment of up to 45 days.

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 varied in comparison to the 2024 survey administration (i.e., some program-specific populations experienced an increase in response rates and others experienced a decrease in response rates).⁸

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	47,307	10.00% (4,704)
	Child General Sample	52,488	9.41% (4,932)

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

⁶ For the race and ethnicity comparisons, the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate include the Black and Hispanic oversamples.

⁷ The Foster Care population is not included in the child NC Medicaid Program since it is a sub-population of Medicaid Direct.

⁸ The TP response rates and number of respondents presented in Table 1-2 should be considered as a baseline as this is the first year the TPs were surveyed.

Program-Specific Populations	Population	Total Number of People Sampled (i.e., General Samples)	Response Rates and Number of Respondents (N)
AmeriHealth	Adult General Sample	6,183	8.90% (549)
	Child General Sample	5,056	7.63% (385)
Carolina Complete	Adult General Sample	6,561	7.03% (460)
	Child General Sample	4,992	7.74% (386)
Healthy Blue	Adult General Sample	6,008	8.19% (490)
	Child General Sample	4,644	9.63% (447)
UnitedHealthcare	Adult General Sample	5,238	8.63% (450)
	Child General Sample	5,071	8.09% (410)
WellCare	Adult General Sample	5,765	8.91% (512)
	Child General Sample	5,104	8.16% (416)
Alliance	Adult General Sample	3,389	12.16% (410)
	Child General Sample	4,345	8.03% (348)
Partners	Adult General Sample	3,389	12.90% (435)
	Child General Sample	4,344	8.87% (384)
Trillium	Adult General Sample	3,389	12.88% (435)
	Child General Sample	4,344	9.27% (402)
Vaya	Adult General Sample	3,389	12.26% (413)
	Child General Sample	4,350	10.49% (455)
EBCI Tribal Option	Adult General Sample	1,350	8.15% (110)
	Child General Sample	849	5.30% (45)
Medicaid Direct	Adult General Sample	2,646	17.41% (440)
	Child General Sample	4,967	17.93% (889)
Foster Care	Child General Sample	4,422	8.27% (365)

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., who 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 the National Committee for Quality Assurance (NCQA) national percentiles, to NCQA national averages, to the applicable program aggregate (i.e., NC Medicaid Program, NC SP Aggregate, or NC TP Aggregate), to the prior year's positive ratings, by race and ethnicity, by geography, and by Medicaid Expansion designation (SP adult beneficiaries only). The results presented in the Executive Summary are for CAHPS measures in Table B-1 in Appendix B. Reader's Guide beginning on page 497.

Comparative Analyses

National Percentile Comparisons

NC Medicaid Program positive ratings were compared to NCQA's 2024 Quality Compass[®] Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fall within.^{9,10} 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 when the positive ratings were compared to NCQA national percentiles. Please note this table's primary purpose is to compare NC Medicaid's performance to the national percentiles. For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 513. For

⁹ Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁰ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024. Quality Compass[®] 2024 data are used with the permission of NCQA. Quality Compass 2024 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.

detailed results regarding these comparisons, please refer to the NC Medicaid Results, Standard Plan Results, and Tailored Plan Results sections beginning on pages 27, 166, and 315, respectively.

Table 1-4—NC Medicaid Program Star Ratings
When Positive Rating Results Were Compared to NCQA National Percentiles (2025)

Measures	Adult	Child
Global Ratings		
<i>Rating of Health Plan</i>	★★★ 78.04%	★★★ 86.88%
<i>Rating of All Health Care</i>	★★★ 78.64%	★★ 87.14%
<i>Rating of Personal Doctor</i>	★★★ 84.52%	★★★★ 92.21%
<i>Rating of Specialist Seen Most Often</i>	★★★ 84.74%	★★ 87.27%
Composite Measures		
<i>Getting Needed Care</i>	★★★ 83.79%	★★★ 85.60%
<i>Getting Care Quickly</i>	★★★★ 84.47%	★★★ 87.80%
<i>How Well Doctors Communicate</i>	★★★ 93.23%	★★★★ 95.53%
<i>Customer Service</i>	★★★ 90.33%	★★★ 88.77%
Individual Item Measure		
<i>Coordination of Care</i>	★★★ 86.44%	★★★ 84.81%
Medical Assistance With Smoking and Tobacco Use Cessation Items		
<i>Advising Smokers and Tobacco Users to Quit</i>	★★★★ 79.34%	NA
<i>Discussing Cessation Medications</i>	★★★★ 58.13%	NA
<i>Discussing Cessation Strategies</i>	★★★★ 50.89%	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 in Appendix B beginning on page 510.		

Overall, compared to NCQA national percentiles, adult beneficiaries and parents/caretakers of child beneficiaries reported similar levels of experience across a majority of the areas for the NC Medicaid Program.

Adult Results

Compared to the NCQA national percentiles, adult beneficiaries reported high levels of experience (i.e., four and five stars) for the following measures:

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

Compared to the NCQA national percentiles, adult beneficiaries did not report low levels of experience (i.e., one and two stars) for any measure.

Child Results

Compared to the NCQA national percentiles, parents/caretakers of child beneficiaries reported high levels of experience for the following measures:

- *Rating of Personal Doctor*
- *How Well Doctors Communicate*

Compared to the NCQA national percentiles, parents/caretakers of child beneficiaries reported low levels of experience for the following measures:

- *Rating of All Health Care*
- *Rating of Specialist Seen Most Often*

Aggregate Comparisons

HSAG compared the individual SPs', TP's', and NC Medicaid populations' positive ratings to the overall NC Medicaid Program to determine if the populations' results were significantly different. For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 514.

NC Medicaid Comparisons

Table 1-5 provides a summary of the SP-specific measures with significant differences when the SP results were compared to the overall NC Medicaid Program.

Table 1-5—Significant Differences Only: SP-Specific Positive Rating Results Compared to NC Medicaid Program Results (2025)

Measures	NC Medicaid Program	AmeriHealth	Carolina Complete	Healthy Blue	United-Healthcare	WellCare
Adult Population	SS: 47,307 R: 4,704	SS: 6,183 R: 549	SS: 6,561 R: 460	SS: 6,008 R: 490	SS: 5,238 R: 450	SS: 5,765 R: 512
<i>General Health Status</i>	62.40%	∅	68.86% ↑	68.45% ↑	∅	68.70% ↑
<i>Mental or Emotional Health Status</i>	69.33%	72.03% ↑	∅	70.58% ↑	∅	72.58% ↑
<i>Rating of Health Plan</i>	78.04%	∅	∅	80.88% ↑	∅	∅
<i>Getting Needed Care</i>	83.79%	∅	∅	∅	77.74% ↓	∅
<i>Getting Care Quickly</i>	84.47%	88.90% ↑	∅	79.07% ↓	∅	∅
<i>How Well Doctors Communicate</i>	93.23%	∅	∅	∅	90.80% ↓	∅
Child Population	SS: 48,066 R: 4,567	SS: 5,056 R: 385	SS: 4,992 R: 386	SS: 4,644 R: 447	SS: 5,071 R: 410	SS: 5,104 R: 416
<i>General Health Status</i>	96.15%	97.39% ↑	∅	97.29% ↑	96.80% ↑	∅
<i>Mental or Emotional Health Status</i>	92.10%	96.34% ↑	93.73% ↑	93.23% ↑	93.86% ↑	93.46% ↑
<i>Rating of Health Plan</i>	86.88%	87.50% ↑	89.01% ↑	88.84% ↑	∅	∅
<i>Rating of All Health Care</i>	87.14%	∅	92.15% ↑	∅	∅	∅
<i>Rating of Personal Doctor</i>	92.21%	∅	∅	93.61% ↑	∅	∅
<i>Getting Care Quickly</i>	87.80%	∅	84.03% ↓	∅	∅	∅
Blue and orange shading indicates the 2025 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.						

Table 1-6 provides a summary of the TP-specific measures with significant differences when the TP results were compared to the overall NC Medicaid Program.

Table 1-6—Significant Differences Only: TP-Specific Positive Rating Results Compared to NC Medicaid Program Results (2025)

Measures	NC Medicaid Program	Alliance	Partners	Trillium	Vaya
Adult Population	SS: 47,307 R: 4,704	SS: 3,389 R: 410	SS: 3,389 R: 435	SS: 3,389 R: 435	SS: 3,389 R: 413
<i>General Health Status</i>	62.40%	69.70% ↑	∅	∅	∅
<i>Mental or Emotional Health Status</i>	69.33%	∅	54.44% ↓	53.70% ↓	51.36% ↓
<i>Rating of Health Plan</i>	78.04%	∅	69.98% ↓	∅	∅

Measures	NC Medicaid Program	Alliance	Partners	Trillium	Vaya
Rating of Personal Doctor	84.52%	∅	90.72% ↑	∅	∅
Getting Needed Care	83.79%	∅	∅	∅	89.29% ↑
How Well Doctors Communicate	93.23%	∅	96.96% ↑	∅	∅
Child Population	SS: 48,066 R: 4,567	SS: 4,345 R: 348	SS: 4,344 R: 384	SS: 4,344 R: 402	SS: 4,350 R: 455
General Health Status	96.15%	89.21% ↓	89.76% ↓	88.72% ↓	∅
Mental or Emotional Health Status	92.10%	68.91% ↓	68.16% ↓	64.34% ↓	66.00% ↓
Rating of Health Plan	86.88%	76.25% ↓	78.63% ↓	79.19% ↓	∅
Rating of All Health Care	87.14%	∅	∅	79.93% ↓	78.17% ↓
Getting Care Quickly	87.80%	∅	93.16% ↑	∅	∅
Blue and orange shading indicates the 2025 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.					

Table 1-7 provides a summary of the population-specific measures with significant differences when the population results were compared to the overall NC Medicaid Program.

Table 1-7—Significant Differences Only: Population-Specific Positive Rating Results Compared to NC Medicaid Program Results (2025)

Measures	NC Medicaid Program	EBCI Tribal Option	Medicaid Direct	Foster Care (Child Only)
Adult Population	SS: 47,307 R: 4,704	SS: 1,350 R: 110	SS: 2,646 R: 440	NA
General Health Status	62.40%	54.13% ↓	55.63% ↓	NA
Mental or Emotional Health Status	69.33%	∅	70.67% ↑	NA
Rating of Health Plan	78.04%	∅	79.05% ↑	NA
Child Population	SS: 48,066 R: 4,567	SS: 849 R: 45	SS: 4,967 R: 889	SS: 4,422 R: 365
General Health Status	96.15%	100.00% ↑ ⁺	∅	∅
Mental or Emotional Health Status	92.10%	∅ ⁺	∅	75.69% ↓
Rating of All Health Care	87.14%	∅ ⁺	89.16% ↑	∅
Rating of Personal Doctor	92.21%	∅ ⁺	94.61% ↑	∅
Getting Needed Care	85.60%	96.05% ↑ ⁺	∅	∅
Getting Care Quickly	87.80%	∅ ⁺	95.18% ↑	91.70% ↑
How Well Doctors Communicate	95.53%	∅ ⁺	98.84% ↑	∅

Measures	NC Medicaid Program	EBCI Tribal Option	Medicaid Direct	Foster Care (Child Only)
Customer Service	88.77%	Ø ⁺	Ø	94.82% ↑ ⁺
Blue and orange shading indicates the 2025 score is significantly different than the NC Medicaid Program. An “SS” indicates the sample size and an “R” indicates the respondents. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. Ø 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.				

Year-Over-Year Analysis

NC Medicaid Program positive ratings for 2025 were compared to 2024 positive ratings to determine if there were significant differences.^{11,12} The following significant differences for the year-over-year analysis were identified:

Adult Results

- Adult respondents’ 2025 score of *Offered Telehealth Appointment* (21.66 percent) was significantly *higher* than the 2024 score (18.61 percent) for the NC Medicaid Program.
- Adult respondents’ 2025 score of *Rating of Personal Doctor* (84.52 percent) was significantly *lower* than the 2024 score (87.39 percent) for the NC Medicaid Program.
- Adult respondents’ 2025 score of *Getting Needed Care* (83.79 percent) was significantly *lower* than the 2024 score (86.13 percent) for the NC Medicaid Program.
- Adult respondents’ 2025 score of *Flu Vaccination Received* (43.50 percent) was significantly *lower* than the 2024 score (47.68 percent) for the NC Medicaid Program.

Child Results

- Parent/caretakers of child beneficiaries’ 2025 score of *Rating of Personal Doctor* (92.21 percent) was significantly *higher* than the 2024 score (90.40 percent) for the NC Medicaid Program.

For more detailed information regarding these comparisons, please refer to Appendix B. Reader’s Guide beginning on page 515. For detailed results regarding these comparisons, please refer to the NC Medicaid Results and Standard Plan Results sections beginning on pages 29 and 168, respectively.

¹¹ The TPs were not included in the year-over-year analysis as the TPs were not surveyed in 2024.

¹² The adult NC Medicaid Program’s 2024 positive ratings include the Former Foster Care sample, and the child NC Medicaid Program’s 2024 positive ratings include the Foster Care sample. These populations were not included in the NC Medicaid Program positive ratings for 2025; therefore, caution should be exercised when interpreting the year-over-year analysis results.

Race and Ethnicity Comparisons

HSAG evaluated positive ratings to determine if there were significant differences by self-identified race and ethnicity. Race is categorized as Asian, Black, Multiracial, Native American, Other, and White.¹³ For this analysis, the Multiracial category includes respondents who selected more than one race category. The Other race category includes respondents who selected the Other race category as well as those who selected Native Hawaiian or other Pacific Islander. The positive ratings for each race category were compared as follows: Asian respondents were compared to non-Asian respondents; Black respondents were compared to non-Black respondents; Multiracial respondents were compared to non-Multiracial respondents; Native American respondents were compared to non-Native American respondents; Other race respondents were compared to non-Other race respondents; and White respondents were compared to non-White 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 1-8 through Table 1-10 provide a summary of the significant differences in healthcare experiences across racial and ethnic groups for the NC Medicaid Program.

The following significant differences were identified by race and ethnicity:

Adult Results

- Asian adult respondents scored both significantly *higher* (i.e., *Mental or Emotional Health Status* and *Used an Interpreter*) and significantly *lower* (i.e., *Getting Needed Care*, *Appointment for Counseling or Mental Health Treatment*, *Online Access to Health Information*, *Care Outside of Business Hours*, and *Offered Telehealth Appointment*) compared to their non-Asian counterparts.
- Black adult respondents scored both significantly *higher* (i.e., *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, *Discussing Cessation Strategies*, and *Flu Vaccination Received*) and significantly *lower* (i.e., *Appointment for Counseling or Mental Health Treatment*, *Used an Interpreter*, *Online Access to Health Information*, and *Offered Telehealth Appointment*) compared to their non-Black counterparts.
- Multiracial adult respondents scored both significantly *higher* (i.e., *Getting Care Quickly*, *How Well Doctors Communicate*, and *Discussing Cessation Strategies*) and significantly *lower* (i.e., *Rating of Specialist Seen Most Often* and *Flu Vaccination Received*) compared to their non-Multiracial counterparts.
- Native American adult respondents scored both significantly *higher* (i.e., *Flu Vaccination Received*) and significantly *lower* (i.e., *General Health Status*, *Rating of Personal Doctor*, *Online Access to Health Information*, and *Offered Telehealth Appointment*) compared to their non-Native American counterparts.
- Other race adult respondents scored both significantly *higher* (i.e., *General Health Status*, *Mental or Emotional Health Status*, and *Used an Interpreter*) and significantly *lower* (i.e., *Customer Service*,

¹³ The Native American category includes American Indian or Alaska Native.

Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies, Mental Health, Appointment for Counseling or Mental Health Treatment, Online Access to Health Information, Care Outside of Business Hours, and Offered Telehealth Appointment) compared to their non-Other race counterparts.

- White adult respondents scored both significantly *higher* (i.e., *Getting Needed Care, Appointment for Counseling or Mental Health Treatment, Online Access to Health Information, Care Outside of Business Hours, and Offered Telehealth Appointment*) and significantly *lower* (i.e., *Discussing Cessation Strategies* and *Flu Vaccination Received*) compared to their non-White counterparts.
- Hispanic adult respondents scored both significantly *higher* (i.e., *General Health Status, Mental or Emotional Health Status, Rating of Health Plan, Used an Interpreter, and Flu Vaccination Received*) and significantly *lower* (i.e., *Getting Needed Care, Getting Care Quickly, Discussing Cessation Strategies, Mental Health, Appointment for Counseling or Mental Health Treatment, Online Access to Health Information, Care Outside of Business Hours, and Offered Telehealth Appointment*) compared to their non-Hispanic counterparts.

Child Results

- Asian parents/caretaker respondents scored both significantly *higher* (i.e., *Mental or Emotional Health Status* and *Flu Vaccination Received*) and significantly *lower* (i.e., *Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Coordination of Care, Mental Health, Appointment for Counseling or Mental Health Treatment, and Care Outside of Business Hours*) , compared to their non-Asian counterparts.
- Black parents/caretaker respondents scored both significantly *higher* (i.e., *Customer Service*) and significantly *lower* (i.e., *General Health Status, Mental or Emotional Health Status, and Used an Interpreter*) compared to their non-Black counterparts.
- Multiracial parents/caretaker respondents scored both significantly *higher* (i.e., *Appointment for Counseling or Mental Health Treatment* and *Offered Telehealth Appointment*) and significantly *lower* (i.e., *Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Coordination of Care, and Used an Interpreter*) compared to their non-Multiracial counterparts.
- Native American parents/caretaker respondents scored significantly *higher* (i.e., *Rating of Health Plan*) compared to their non-Native American counterparts.
- Other race parents/caretaker respondents scored both significantly *higher* (i.e., *Mental or Emotional Health Status, Rating of Health Plan, Used an Interpreter, and Flu Vaccination Received*) and significantly *lower* (i.e., *General Health Status, Getting Care Quickly, How Well Doctors Communicate, Mental Health, Appointment for Counseling or Mental Health Treatment, Care Outside of Business Hours, and Offered Telehealth Appointment*) compared to their non-Other race counterparts.
- White parents/caretaker respondents scored both significantly *higher* (i.e., *General Health Status, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Coordination of*

Care, Mental Health, Appointment for Counseling or Mental Health Treatment, Care Outside of Business Hours, Offered Telehealth Appointment, and Chose Telehealth) and significantly lower (i.e., Used an Interpreter and Flu Vaccination Received) compared to their non-White counterparts.

- Hispanic parents/caretaker respondents scored both significantly higher (i.e., Mental or Emotional Health Status, Rating of Health Plan, Rating of All Health Care, Used an Interpreter, and Flu Vaccination Received) and significantly lower (i.e., General Health Status, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Mental Health, Appointment for Counseling or Mental Health Treatment, Care Outside of Business Hours, Offered Telehealth Appointment, and Chose Telehealth) compared to their non-Hispanic counterparts.

For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to Appendix B. Reader's Guide beginning on page 514. For detailed results regarding these comparisons, please refer to the NC Medicaid Results, Standard Plan Results, and Tailored Plan Results sections beginning on pages 29, 168, and 317, respectively.

Table 1-8—Race Comparisons
NC Medicaid Program Results: Significant Differences (2025)¹⁴

Measures	Asian	Non-Asian	Black	Non-Black	Multiracial	Non-Multiracial
Adult Population	R: 91	R: 4,507	R: 2,263	R: 3,477	R: 170	R: 4,428
<i>Mental or Emotional Health Status</i>	78.65% ↑ ⁺	64.72%	∅	∅	∅	∅
<i>Rating of Specialist Seen Most Often</i>	∅ ⁺	∅	∅	∅	71.08% ↓ ⁺	84.39%
<i>Getting Needed Care</i>	70.74% ↓ ⁺	84.18%	∅	∅	∅	∅
<i>Getting Care Quickly</i>	∅ ⁺	∅	∅	∅	90.82% ↑ ⁺	84.19%
<i>How Well Doctors Communicate</i>	∅ ⁺	∅	∅	∅	97.70% ↑ ⁺	94.14%
<i>Advising Smokers and Tobacco Users to Quit</i>	S	∅	79.44% ↑	75.35%	∅ ⁺	∅
<i>Discussing Cessation Medications</i>	S	∅	58.02% ↑	53.55%	∅ ⁺	∅
<i>Discussing Cessation Strategies</i>	S	∅	52.96% ↑	47.29%	60.87% ↑ ⁺	48.95%
<i>Appointment for Counseling or Mental Health Treatment</i>	36.36% ↓ ⁺	57.97%	53.30% ↓	59.50%	∅ ⁺	∅
<i>Used Interpreter</i>	32.73% ↑ ⁺	14.96%	8.52% ↓	18.33%	S	∅
<i>Online Access to Health Information</i>	50.77% ↓ ⁺	70.48%	65.41% ↓	71.53%	∅	∅

¹⁴ If race comparisons for a measure resulted in significant findings, these results appear on the following race categories: Asian, Black, and Multiracial.

Measures	Asian	Non-Asian	Black	Non-Black	Multiracial	Non-Multiracial
Care Outside of Business Hours	35.90% ↓ ⁺	55.35%	∅	∅	∅ ⁺	∅
Offered Telehealth Appointment	15.73% ↓ ⁺	23.77%	21.04% ↓	24.56%	∅	∅
Flu Vaccination Received	∅ ⁺	∅	43.58% ↑	36.26%	29.88% ↓	38.07%
Child Population	R: 116	R: 4,337	R: 1,748	R: 3,708	R: 347	R: 4,106
General Health Status	∅	∅	92.51% ↓	94.13%	∅	∅
Mental or Emotional Health Status	90.52% ↑	81.34%	76.35% ↓	82.47%	∅	∅
Rating of All Health Care	∅ ⁺	∅	∅	∅	78.41% ↓	86.62%
Rating of Personal Doctor	∅ ⁺	∅	∅	∅	87.71% ↓	92.17%
Rating of Specialist Seen Most Often	∅ ⁺	∅	∅	∅	80.43% ↓	87.40%
Getting Needed Care	66.69% ↓ ⁺	87.67%	∅	∅	∅	∅
Getting Care Quickly	72.68% ↓ ⁺	90.66%	∅	∅	∅	∅
How Well Doctors Communicate	85.77% ↓ ⁺	96.50%	∅	∅	∅	∅
Customer Service	71.22% ↓ ⁺	89.41%	91.05% ↑	88.18%	∅	∅
Coordination of Care	70.27% ↓ ⁺	86.00%	∅	∅	78.95% ↓	86.30%
Mental Health	27.59% ↓	49.16%	∅	∅	∅	∅
Appointment for Counseling or Mental Health Treatment	21.67% ↓ ⁺	55.79%	∅	∅	63.27% ↑	54.05%
Used Interpreter	∅ ⁺	∅	8.50% ↓	43.51%	18.75% ↓ ⁺	38.87%
Care Outside of Business Hours	29.31% ↓ ⁺	60.38%	∅	∅	∅	∅
Offered Telehealth Appointment	∅	∅	∅	∅	23.60% ↑	18.79%
Flu Vaccination Received	56.64% ↑	42.31%	∅	∅	∅	∅
Blue and orange shading indicates the demographic category score is significantly different than the comparison group's score. R Indicates the number of respondents. S Indicates results have been suppressed in accordance with CMS cell size suppression policy. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ∅ Indicates the score is not significantly higher or lower than the comparison group. ↑ Indicates the score is significantly higher than the comparison group's score. ↓ Indicates the score is significantly lower than the comparison group's score.						

Table 1-9—Race Comparisons
NC Medicaid Program Results: Significant Differences (2025), Continued¹⁵

Measures	Native American	Non-Native American	Other	Non-Other	White	Non-White
Adult Population	R: 158	R: 4,440	R: 291	R: 4,307	R: 2,656	R: 1,942
<i>General Health Status</i>	54.78% ↓	65.36%	73.52% ↑	64.43%	∅	∅
<i>Mental or Emotional Health Status</i>	∅	∅	73.52% ↑	64.42%	∅	∅
<i>Rating of Personal Doctor</i>	77.19% ↓	85.17%	∅	∅	∅	∅
<i>Getting Needed Care</i>	∅ ⁺	∅	∅	∅	84.92% ↑	82.30%
<i>Customer Service</i>	∅ ⁺	∅	83.56% ↓	89.76%	∅	∅
<i>Advising Smokers and Tobacco Users to Quit</i>	∅	∅	58.82% ↓ ⁺	76.93%	∅	∅
<i>Discussing Cessation Medications</i>	∅	∅	38.78% ↓ ⁺	55.77%	∅	∅
<i>Discussing Cessation Strategies</i>	∅	∅	31.37% ↓ ⁺	49.78%	47.43% ↓	52.18%
<i>Mental Health</i>	∅	∅	43.40% ↓	56.93%	∅	∅
<i>Appointment for Counseling or Mental Health Treatment</i>	∅ ⁺	∅	41.30% ↓	58.64%	63.57% ↑	49.57%
<i>Used Interpreter</i>	S	∅	44.78% ↑	12.60%	∅	∅
<i>Online Access to Health Information</i>	35.38% ↓ ⁺	70.84%	60.10% ↓	70.75%	74.87% ↑	63.09%
<i>Care Outside of Business Hours</i>	∅ ⁺	∅	32.14% ↓	56.49%	57.39% ↑	52.10%
<i>Offered Telehealth Appointment</i>	15.48% ↓	23.90%	17.44% ↓	24.02%	25.84% ↑	20.49%
<i>Flu Vaccination Received</i>	46.79% ↑	37.44%	∅	∅	35.75% ↓	40.55%
Child Population	R: 100	R: 4,353	R: 670	R: 3,783	R: 2,307	R: 2,146
<i>General Health Status</i>	∅	∅	91.75% ↓	94.32%	95.00% ↑	92.79%
<i>Mental or Emotional Health Status</i>	∅	∅	86.49% ↑	80.71%	∅	∅
<i>Rating of Health Plan</i>	90.82% ↑ ⁺	83.82%	86.45% ↑	83.53%	∅	∅
<i>Getting Needed Care</i>	∅ ⁺	∅	∅	∅	88.70% ↑	85.37%
<i>Getting Care Quickly</i>	∅ ⁺	∅	86.80% ↓	90.81%	91.79% ↑	88.44%

¹⁵ If race comparisons for a measure resulted in significant findings, these results appear on the following race categories: Native American, Other, and White.

Measures	Native American	Non-Native American	Other	Non-Other	White	Non-White
<i>How Well Doctors Communicate</i>	Ø ⁺	Ø	93.99% ↓	96.62%	97.40% ↑	94.87%
<i>Coordination of Care</i>	Ø ⁺	Ø	Ø	Ø	87.68% ↑	83.27%
<i>Mental Health</i>	Ø ⁺	Ø	38.86% ↓	50.32%	51.34% ↑	45.65%
<i>Appointment for Counseling or Mental Health Treatment</i>	Ø ⁺	Ø	30.92% ↓	59.12%	62.72% ↑	47.04%
<i>Used Interpreter</i>	S	38.57%	67.25% ↑	24.70%	31.38% ↓	42.33%
<i>Care Outside of Business Hours</i>	Ø ⁺	Ø	37.32% ↓	63.71%	66.51% ↑	52.31%
<i>Offered Telehealth Appointment</i>	Ø ⁺	Ø	8.81% ↓	21.00%	21.37% ↑	16.78%
<i>Chose Telehealth</i>	Ø ⁺	Ø	Ø ⁺	Ø	81.66% ↑	74.55%
<i>Flu Vaccination Received</i>	Ø ⁺	Ø	51.30% ↑	41.16%	38.97% ↓	46.68%
Blue and orange shading indicates the demographic category score is significantly different than the comparison group's score. R Indicates the number of respondents. S Indicates results have been suppressed in accordance with CMS cell size suppression policy. + 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 comparison group. ↑ Indicates the score is significantly higher than the comparison group's score. ↓ Indicates the score is significantly lower than the comparison group's score.						

Table 1-10—Ethnicity Comparisons
NC Medicaid Program Results: Significant Differences (2025)¹⁶

Measures	Hispanic	Non-Hispanic
Adult Population	Respondents: 1,421	Respondents: 4,207
<i>General Health Status</i>	71.06% ↑	64.49%
<i>Mental or Emotional Health Status</i>	72.14% ↑	64.04%
<i>Rating of Health Plan</i>	80.79% ↑	74.97%
<i>Getting Needed Care</i>	81.22% ↓	84.37%
<i>Getting Care Quickly</i>	80.88% ↓	84.64%
<i>Discussing Cessation Strategies</i>	40.34% ↓	49.85%
<i>Mental Health</i>	48.12% ↓	57.07%
<i>Appointment for Counseling or Mental Health Treatment</i>	43.95% ↓	59.88%
<i>Used Interpreter</i>	51.46% ↑	9.63%
<i>Online Access to Health Information</i>	65.57% ↓	71.08%

¹⁶ If ethnicity comparisons for a measure resulted in significant findings, these results appear on the Hispanic ethnicity category.

Measures	Hispanic	Non-Hispanic
Care Outside of Business Hours	40.74% ↓	56.83%
Offered Telehealth Appointment	18.97% ↓	24.19%
Flu Vaccination Received	41.11% ↑	37.70%
Child Population	Respondents: 2,618	Respondents: 3,412
General Health Status	91.73% ↓	94.47%
Mental or Emotional Health Status	85.90% ↑	79.78%
Rating of Health Plan	86.61% ↑	82.56%
Rating of All Health Care	88.05% ↑	85.07%
Getting Needed Care	84.73% ↓	87.69%
Getting Care Quickly	86.73% ↓	91.22%
How Well Doctors Communicate	94.47% ↓	96.67%
Customer Service	86.40% ↓	88.95%
Mental Health	41.67% ↓	50.50%
Appointment for Counseling or Mental Health Treatment	33.87% ↓	61.17%
Used Interpreter	69.98% ↑	10.51%
Care Outside of Business Hours	35.67% ↓	66.61%
Offered Telehealth Appointment	11.29% ↓	21.77%
Chose Telehealth	72.06% ↓	79.59%
Flu Vaccination Received	50.27% ↑	40.34%
Blue and orange shading indicates the Hispanic score is significantly different than the Non-Hispanic score. ↑ Indicates the score is significantly higher than the other ethnicity category. ↓ Indicates the score is significantly lower than the other ethnicity category.		

Supplemental Items

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

Adult Results

- The majority of adult respondents (55.92 percent) reported that their personal doctor asked about their mental health.
- Among those who sought counseling, approximately 42.73 percent of adult respondents reported that they never or sometimes received an appointment for counseling or mental health treatment as soon as they needed.

- Of those who indicated they needed an interpreter, the majority of adult respondents (80.06 percent;) reported they never received an interpreter.
- Of those who reported having unmet non-medical needs (19.80 percent), the top three unmet non-medical needs adult respondents reported were access to affordable and nutritious food, access to safe and reliable transportation, and access to safe and affordable housing (including rent and utilities).
- Of those who reported being treated unfairly or insensitively (20.22 percent), 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.
- Of those who wanted to access their health information online, the majority of adult respondents (69.73 percent) were usually or always able to access their health information online.
- Of those who needed care outside of business hours, the majority of adult respondents (54.59 percent) usually or always were able to receive this care.
- The majority of adult respondents (76.48 percent) were not offered a telehealth appointment instead of an in-person appointment.
- Among those who were offered a telehealth appointment by a doctor or other health provider, the majority of adult respondents (77.56 percent) sometimes, usually, or always utilized it over an in-person appointment.
- Thirty-seven percent of adult respondents reported receiving a flu vaccination.

Child Results

- The majority of parent/caretaker respondents (51.70 percent) reported that their child's personal doctor did not ask about their child's mental health.
- Among those who sought counseling, the majority of parent/caretaker respondents (54.15 percent) reported that they usually or always received an appointment for counseling or mental health treatment as soon as their child needed.
- Of those who indicated they needed an interpreter, the majority of parent/caretaker respondents (52.49 percent) reported that they or their child never received an interpreter.
- Of those who reported having unmet non-medical needs (13.64 percent), the top three unmet non-medical needs parents/caretaker respondents reported were access to affordable and nutritious food, other unmet non-medical need(s) not listed, and access to safe and reliable transportation.
- Of those who reported their child being treated unfairly or insensitively (20.06 percent), the top three reasons parent/caretaker respondents reported their child being treated in an unfair or insensitive way from anyone in a clinic, emergency room, or doctor's office were because of their child's health condition, language or accent, and age.
- Of those who needed care outside of business hours, the majority of parent/caretaker respondents (58.54 percent) were usually or always able to receive this care for their child.

- The majority of parent/caretaker respondents (80.95 percent) reported they were not offered a telehealth appointment for their child instead of an in-person appointment.
- Among those who were offered a telehealth appointment by a doctor or other health provider, the majority of parent/caretaker respondents (78.92 percent) sometimes, usually, or always utilized it over an in-person appointment.
- Forty-two percent of parent/caretaker respondents reported receiving a flu vaccination.

Geographic Comparisons

HSAG evaluated the positive ratings to determine if there were significant differences by geography (i.e., respondents living in rural or urban counties). The SP, TPs, and DHB designated counties as rural and urban within the sample frame files.¹⁷ The following significant differences were identified by geography for the NC Medicaid Program:

Adult Results

- Adult respondents residing in rural counties (59.03 percent) reported significantly *lower* positive ratings for *General Health Status* when compared to respondents residing in urban counties (66.87 percent).
- Adult respondents residing in rural counties (62.27 percent) reported significantly *lower* positive ratings for *Mental or Emotional Health Status* when compared to respondents residing in urban counties (65.89 percent).
- Adult respondents residing in rural counties (64.42 percent) reported significantly *lower* positive ratings for *Online Access to Health Information* when compared to respondents residing in urban counties (71.53 percent).
- Adult respondents residing in rural counties (21.50 percent) reported significantly *lower* positive ratings for *Offered Telehealth Appointment* when compared to respondents residing in urban counties (24.33 percent).

Child Results

- Parent/caretaker respondents of child beneficiaries residing in rural counties (62.53 percent) reported significantly *higher* positive ratings for *Care Outside of Business Hours* when compared to children residing in urban counties (57.15 percent).
- Parent/caretaker respondents of child beneficiaries residing in rural counties reported significantly *lower* positive ratings for *Used Interpreter* when compared to children residing in urban counties (41.98 percent).

¹⁷ Centers for Disease Control and Prevention. *NCHS Urban-Rural Classification Scheme for Counties*. <https://www.cdc.gov/nchs/data-analysis-tools/urban-rural.html>. Accessed on: June 4, 2026.

- Parent/caretaker respondents of child beneficiaries residing in rural counties (17.03 percent) reported significantly *lower* positive ratings for *Offered Telehealth Appointment* when compared to children residing in urban counties (19.72 percent).
- Parent/caretaker respondents of child beneficiaries residing in rural counties (38.77 percent) reported significantly *lower* positive ratings for *Flu Vaccination Received* when compared to children residing in urban counties (44.13 percent).

For more detailed information regarding the methodology used for the geographic comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding these comparisons, please refer to the NC Medicaid Results, Standard Plan Results, and Tailored Plan Results sections beginning on pages 30, 169, and 318, respectively.

Medicaid Expansion Comparisons

HSAG evaluated positive ratings to determine if there were significant differences by Medicaid Expansion designation for the adult SP population only. Specifically, HSAG compared beneficiaries in Medicaid Expansion to non-Medicaid Expansion beneficiaries. The SPs provided adult SP beneficiaries' Medicaid Expansion designation within the sample frame files. The following significant differences were identified by Medicaid Expansion designation for the adult NC SP Aggregate:

- The Medicaid Expansion positive rating for *General Health Status* (68.74 percent) was significantly *higher* than the non-Medicaid Expansion positive rating (64.41 percent).
- The Medicaid Expansion positive rating for *Online Access to Health Information* (74.86 percent) was significantly *higher* than the non-Medicaid Expansion positive rating (68.59 percent).
- The Medicaid Expansion positive rating for *Discussing Cessation Medications* (48.48 percent) was significantly *lower* than the non-Medicaid Expansion positive rating (57.91 percent).
- The Medicaid Expansion positive rating for *Discussing Cessation Strategies* (46.04 percent) was significantly *lower* than the non-Medicaid Expansion positive rating (54.39 percent).

For more detailed information regarding the methodology used for the Medicaid Expansion comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding these comparisons, please refer to the Standard Plan Results section beginning on page 169.

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.¹⁸ HSAG also assessed how strongly a score for the overall health characteristics (i.e., *General Health Status* and *Mental or Emotional Health Status*) was associated with all global ratings and composite measures. Table 1-11 and Table 1-12 present the results of the Spearman correlation for the adult NC Medicaid Program and Table 1-13 and Table 1-14 present the results of the Spearman correlation for the child NC Medicaid Program.

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 0.54.

For more detailed information regarding the methodology used for the Spearman correlation, please refer to Appendix B. Reader's Guide beginning on page 517. For detailed results regarding these comparisons, please refer to the NC Medicaid Results, Standard Plan Results, and Tailored Plan Results sections beginning on pages 161, 310, and 422, respectively.

Table 1-11—Spearman Correlation Adult NC Medicaid Program Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<i>Getting Needed Care</i>	0.38	0.47	0.33	0.40
<i>Getting Care Quickly</i>	0.29	0.36	0.28	0.27
<i>How Well Doctors Communicate</i>	0.28	0.40	0.54	0.31
<i>Customer Service</i>	0.44	0.35	0.27	0.31
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

Table 1-12—Spearman Correlation Adult NC Medicaid Program Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
<i>Rating of Health Plan</i>	-0.14	-0.18
<i>Rating of All Health Care</i>	-0.22	-0.23
<i>Rating of Personal Doctor</i>	-0.12	-0.13

¹⁸ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2026.

Measure	General Health Status	Mental or Emotional Health Status
<i>Rating of Specialist Seen Most Often</i>	-0.14	-0.16
Composite Measures		
<i>Getting Needed Care</i>	-0.12	-0.14
<i>Getting Care Quickly</i>	-0.10	-0.13
<i>How Well Doctors Communicate</i>	-0.11	-0.13
<i>Customer Service</i>	-0.04	-0.07
<i>Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.</i>		

Table 1-13—Spearman Correlation Child NC Medicaid Program Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<i>Getting Needed Care</i>	0.34	0.43	0.30	0.39
<i>Getting Care Quickly</i>	0.22	0.31	0.22	0.21
<i>How Well Doctors Communicate</i>	0.24	0.33	0.45	0.27
<i>Customer Service</i>	0.39	0.31	0.31	0.28
<i>Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.</i>				

Table 1-14—Spearman Correlation Child NC Medicaid Program Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
<i>Rating of Health Plan</i>	-0.24	-0.23
<i>Rating of All Health Care</i>	-0.27	-0.23
<i>Rating of Personal Doctor</i>	-0.17	-0.14
<i>Rating of Specialist Seen Most Often</i>	-0.18	-0.18
Composite Measures		
<i>Getting Needed Care</i>	-0.17	-0.15
<i>Getting Care Quickly</i>	-0.12	-0.07
<i>How Well Doctors Communicate</i>	-0.12	-0.08
<i>Customer Service</i>	-0.13	-0.08
<i>Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.</i>		

NC Medicaid Program Conclusions

The overall adult and child response rates for the NC Medicaid Program for the 2025 NC CAHPS survey were 9.61 percent and 9.21 percent, respectively. The response rate for the adult population increased and the response rate for the child population decreased from the 2024 NC CAHPS survey, where the adult and child response rates were 8.47 percent and 11.56 percent, respectively.

Overall, adult respondents' positive experiences with their general health status, health care, mental health, receiving an appointment for counseling or mental health treatment, accessing online health information, and being offered a telephone appointment increased from 2024 to 2025 for the NC Medicaid Program. Additionally, the percentage of adult respondents whose provider sometimes, usually, or always discussed cessation medications and strategies increased from 2023 to 2025. However, adult respondents' positive experiences with their mental or emotional health status, health plan, personal doctor, specialist seen most often, getting needed care, getting care quickly, how well their doctor communicates, customer service, coordination of care, using an interpreter, receiving care outside of business hours, choosing a telehealth appointment, and receiving a flu vaccination decreased from 2024 to 2025 for the NC Medicaid Program. Additionally, the percentage of adult respondents whose provider sometimes, usually, or always advised them to quit smoking decreased from 2024 to 2025.

Parents'/caretakers' of general child beneficiaries positive ratings of their child's general health status, mental or emotional health status, and health plan have consistently increased from 2021 to 2025, and their experience with their child's health care, personal doctor, customer service, mental health, receiving an appointment for counseling or mental health treatment, receiving care outside of business hours, and choosing a telehealth appointment for their child increased from 2024 to 2025 for the NC Medicaid Program. However, their experiences with how well their child's doctor communicates decreased from 2023 to 2025, and their experiences with the specialist their child saw most often, getting needed care, getting care quickly, coordination of care, using an interpreter, being offered a telehealth appointment, and receiving a flu vaccination for their child decreased from 2024 to 2025 for the NC Medicaid Program.

When compared to NCQA national percentiles, the NC Medicaid Program scored fairly well across the measure domains for the adult and child populations. Adult beneficiaries did not report low levels of experience for any measure. However, parents/caretakers of child beneficiaries reported low levels of experience for *Rating of All Health Care* and *Rating of Specialist Seen Most Often*. 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.¹⁹

The evaluation of the positive ratings for all race and ethnicity categories versus their counterparts suggest that some disparities exist in member-reported experiences with care across the standard

¹⁹ Please note, the Medicaid Direct population is larger than the SPs, TPs, EBCI Tribal Option, and Foster Care populations. Caution should be exercised when evaluating these results.

CAHPS survey measures. In evaluating the race and ethnicity findings, beneficiaries across all race and ethnicity categories reported both significantly *higher* and *lower* positive ratings for several measures across the adult and child populations except for parent/caretaker respondents of Native American children who did not report *lower* positive ratings for any standard CAHPS measure compared to non-Native American children for the NC Medicaid Program.

The evaluation of the positive ratings for urban respondents versus rural respondents resulted in a few significant differences for the NC Medicaid Program. Adult beneficiaries residing in rural counties reported significantly *lower* positive ratings regarding general and mental or emotional health status, ability to access online health information, and being offered a telehealth appointment when compared to beneficiaries residing in urban counties. Additionally, parents/caretakers of child beneficiaries residing in rural counties reported significantly *higher* positive ratings for receiving care for their child outside of business hours when compared to children residing in urban counties; however, parents/caretakers of general child beneficiaries residing in rural counties reported significantly *lower* positive ratings for using an interpreter, being offered a telehealth appointment, and receiving a flu vaccination when compared to children residing in urban counties.

2. NC Medicaid Results

The following section presents CAHPS results for the adult and child NC Medicaid populations (i.e., EBCI Tribal Option, Medicaid Direct, and Foster Care [child only]). The results include survey administration outcomes, overall health characteristics, national percentile comparisons, aggregate comparisons, year-over-year analysis, race and ethnicity comparisons, geographic comparisons, supplemental items, and Spearman correlation. Additionally, Table 2-1 provides an overview of the weighting that was used for reporting NC Medicaid Program results.

Table 2-1—Weighting Used for Reporting NC Medicaid Program Results

Analyses and Applicable Weighting	Measures
Weighted Aggregate Averages	
NC Medicaid Program Averages in National Percentile Comparisons	Standard CAHPS Measures
NC Medicaid Program Averages in Aggregate Comparisons	Standard CAHPS Measures and Overall Health Characteristics
NC Medicaid Program Averages in Year-Over-Year Analysis	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
Unweighted Aggregate Averages	
NC Medicaid Program Averages in Survey Administration Outcomes and Response Rates	Not Applicable
NC Medicaid Program Averages in Race/Ethnicity Comparisons <i>Uses self-reported race/ethnicity information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC Medicaid Program Averages in Geographic Comparisons <i>Uses sample frame county information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC Medicaid Program Averages in Supplemental Item Pie Charts <i>Uses self-reported supplemental item information</i>	Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC Medicaid Program Averages in Supplemental Item Bar Graphs <i>Uses self-reported supplemental item information</i>	<i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i> Supplemental Items
NC Medicaid Program Averages in Spearman Correlation	Not Applicable
NC Medicaid Program Averages in Demographics <i>Uses self-reported demographic information</i>	Not Applicable
NC Medicaid Program Averages in Survey Respondent to Eligible Population Demographic Data Comparisons <i>Uses sample frame and self-reported demographic information</i>	Not Applicable

For the NC Medicaid populations, HSAG sampled a total of 6,696 adult beneficiaries and a total of 975 surveys were completed, with an overall response rate of 9.61 percent. A total of 13,554 parents or caretakers of child beneficiaries were sampled and a total of 1,780 surveys were completed, with an overall response rate of 9.21 percent.

The adult response rates for EBCI Tribal Option and Medicaid Direct were 8.15 percent and 16.82 percent, respectively. The adult response rate for EBCI Tribal option decreased from the 2024 NC CAHPS survey, where the adult response rate was 9.52 percent, whereas the adult response rate for Medicaid Direct increased from the 2024 NC CAHPS survey, where the adult response rate was 16.08 percent. The child response rates for EBCI Tribal Option, Foster Care, and Medicaid Direct were 5.30 percent, 8.19 percent, and 17.61 percent, respectively, which decreased from the 2024 NC CAHPS survey, where the child response rates were 8.05 percent, 10.25 percent, and 20.07 percent, respectively.²⁰

In order to assess potential impact on the survey results, HSAG used data in the eligible population files, 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 adult respondents were 45 to 64 years of age, male, Native American, White, and resided in a rural county.
- Significantly *fewer* NC Medicaid Program adult respondents were 18 to 34 years of age, older than 65 years of age, female, Black, some Other race, and resided in an urban county.
- Significantly *more* NC Medicaid Program parents or caretakers responded for children who were 13 to 17 years of age, male, White, and resided in a rural county.
- Significantly *fewer* NC Medicaid Program parents or caretakers responded for children who were 0 to 7 years of age, female, 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. Because of these differences, the results may not fully reflect the experiences of the overall NC Medicaid population. For additional details on the demographic information please see Appendix A. Supplemental Information.

Survey Respondents

Table 2-2 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 and child

²⁰ For more detailed information regarding the survey administration outcomes and response rates for the eligible population, please refer to Table 2-2 on page 27.

populations. Numbers in Table 2-2 are reflective of all samples (i.e., general sample, general sample increase, and the Black and Hispanic race/ethnicity oversamples).

Table 2-2—NC Medicaid: Survey Administration Outcomes and Response Rates (2025)²¹

Population	Total Sample Size	Eligible Sample	Total General Respondents	Total Respondents	Response Rate
Adult					
NC Medicaid Program	72,785	72,368	4,704	6,957	9.61%
EBCI Tribal Option	1,350	1,349	110	110	8.15%
Medicaid Direct	5,346	5,142	440	865	16.82%
Child					
NC Medicaid Program	77,725	77,604	4,567	7,150	9.21%
EBCI Tribal Option	849	849	45	45	5.30%
Medicaid Direct	7,406	7,394	889	1,302	17.61%
Foster Care	5,299	5,285	365	433	8.19%

Comparative Analyses

National Percentile Comparisons

NC Medicaid Program 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 2-3, 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. For more detailed information regarding these comparisons, please refer to Appendix B. Reader’s Guide beginning on page 513.

²¹ The ‘Total General Respondents’ column represents completed surveys from the general sample and general sample increase. The ‘Total Respondents’ column represents completed surveys from the general sample, general sample increase, and Black and Hispanic race/ethnicity oversamples.

Table 2-3—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

Aggregate Comparisons

Program Comparisons

HSAG compared the individual populations' positive ratings to the overall NC Medicaid Program to determine if the populations' results were significantly different. Statistically significant results are denoted with triangles (▲ or ▼). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to the NC Medicaid Program as well as any population 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.²² For more detailed information regarding this analysis, please refer to Appendix B. Reader's Guide beginning on page 514. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on pages 452 and 477, respectively.

National Average Comparisons

HSAG compared the individual populations' and NC Medicaid Program positive ratings to the 2024 NCQA Medicaid national averages, where applicable, to determine if the populations' and NC Medicaid Program's results were significantly different. Statistically significant results are denoted with indicators higher (H) or lower (L). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to the NC Medicaid Program as well as any population with statistically significant differences. For more detailed information regarding this analysis, please refer to Appendix B. Reader's Guide beginning on page 514. For detailed results regarding the numerators and denominators for these comparisons, beginning on pages 452 and 477, respectively.

²² Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 4, 2026.

Year-Over-Year Analysis

The 2025 scores were compared to the 2024 scores to determine whether there were statistically significant differences.²³ Statistically significant results are denoted 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. Please note, a year-over-year analysis was not performed for the *Unmet Non-Medical Needs* and *Treated Unfairly and Insensitively* measures due to the nature of these questions. For more detailed information regarding this analysis, please refer to Appendix B. Reader's Guide beginning on page 515.

Race and Ethnicity Comparisons

HSAG stratified the NC Medicaid Program positive ratings by self-identified race and ethnicity. For the adult population, race is categorized as Asian (N=91), non-Asian (N=4,507), Black (N=2,263), non-Black (N=3,477), Multiracial (N=170), non-Multiracial (N=4,428), Native American (N=158), non-Native American (N=4,440), Other (N=291), non-Other (N=4,307), White (N=2,656), and non-White (N=1,942). For the child population, race is categorized as Asian (N=116), non-Asian (N=4,337), Black (N=1,748), non-Black (N=3,708), Multiracial (N=347), non-Multiracial (N=4,106), Native American (N=100), non-Native American (N=4,353), Other (N=670), non-Other (N=3,783), White (N=2,307), and non-White (N=2,146).^{24,25} For this analysis, the Multiracial category includes respondents who selected more than one race category. The Other race category includes respondents who selected the Other race category as well as those who selected Native Hawaiian or other Pacific Islander. The positive ratings for each race category were compared as follows: Asian respondents were compared to non-Asian respondents; Black respondents were compared to non-Black respondents; Multiracial respondents were compared to non-Multiracial respondents; Native American respondents were compared to non-Native American respondents; Other race respondents were compared to non-Other race respondents; and White respondents were compared to non-White respondents. For the adult population, ethnicity is categorized as Hispanic (N=1,421) and non-Hispanic (N=4,207) and for the child population, ethnicity is characterized as Hispanic (N=2,618) and non-Hispanic (N=3,412).²⁶ The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. Statistically significant results are denoted with arrows (↑ or ↓). If race and ethnicity comparisons for a measure resulted in significant findings, these results appear on the following race and ethnicity categories: Asian, Black, Multiracial, Native American, Other, White, and Hispanic.

²³ The adult NC Medicaid Program's 2024 positive ratings include the Former Foster Care sample, and the child NC Medicaid Program's 2024 positive ratings include the Foster Care sample. These populations were not included in the NC Medicaid Program positive ratings for 2025; therefore, caution should be exercised when interpreting the year-over-year analysis results.

²⁴ The Native American category includes American Indian or Alaska Native.

²⁵ The Black category includes the Black oversample.

²⁶ The Hispanic category includes the Hispanic oversample.

For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding the numerators and denominators for the composite measures, please refer to Appendix A, beginning on pages 455 and 479, respectively. 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.²⁷

Geographic Comparisons

NC Medicaid Program and population-specific positive ratings were stratified by geographical area to determine if any statistically significant differences exist between positive ratings for respondents residing in rural or urban counties. Statistically significant results are denoted with arrows (↑ or ↓). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to any result 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.²⁸ For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on pages 468 and 490, respectively.

Overall Health Characteristics

General Health Status

Aggregate Comparisons

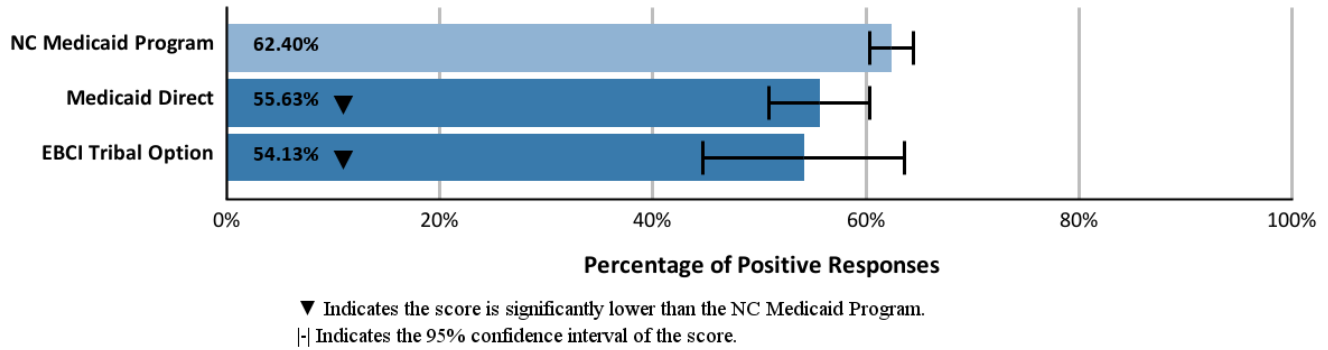
Figure 2-1 and Figure 2-2 present the adult respondents and parent/caretaker respondents of child beneficiaries self-reported characteristics for general health status. The percentage of respondents who reported their/their child's general health status as Excellent, Very Good, or Good was compared to the NC Medicaid Program.

The EBCI Tribal Option and Medicaid Direct rates for the adult population were significantly *lower* than the NC Medicaid Program.

²⁷ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 4, 2026.

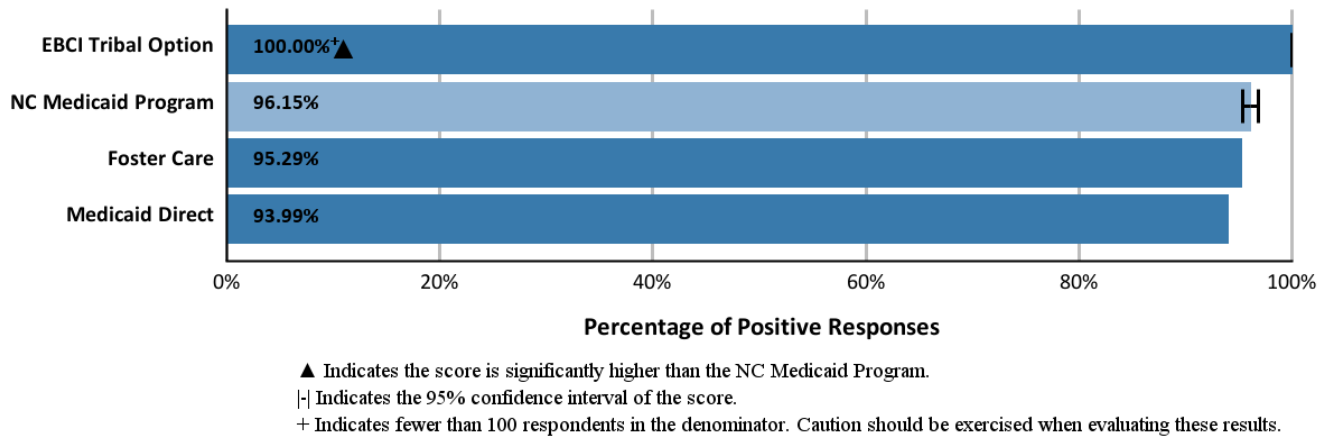
²⁸ Ibid.

Figure 2-1—Percentage of 2025 Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good, by Populations, with Aggregate Comparisons



The EBCI Tribal Option rate for the child population was significantly *higher* than the NC Medicaid Program.

Figure 2-2—Percentage of 2025 Child Respondents Who Rate Their Child’s General Health Status as Either Excellent, Very Good, or Good, by Populations, with Aggregate Comparisons



Year-Over-Year Analysis

Table 2-4 shows the *General Health Status* positive rating year-over-year results for the NC Medicaid Program and populations. The child EBCI Tribal Option 2025 rate was significantly *higher* than the 2024 rate.

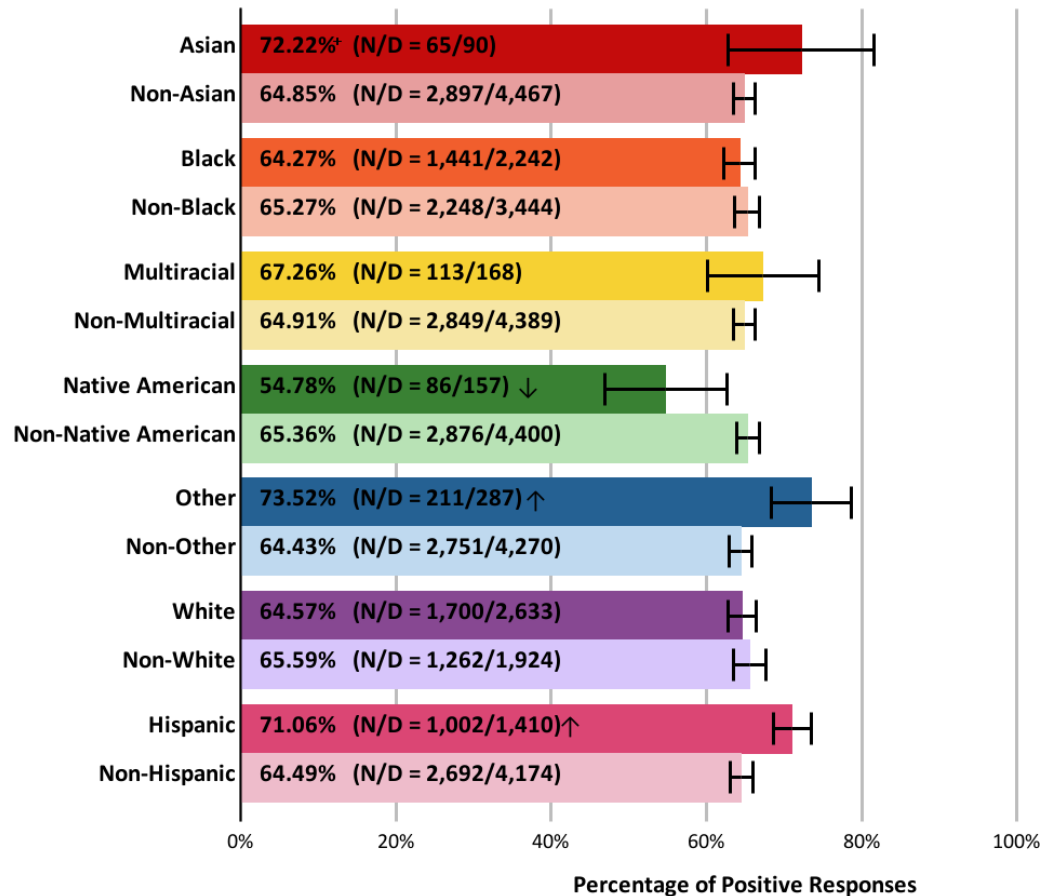
Table 2-4—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s General Health Status as Either Excellent, Very Good, or Good, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	60.70%	62.40%	Ø
EBCI Tribal Option	59.13%	54.13%	Ø
Medicaid Direct	57.45%	55.63%	Ø
Child			
NC Medicaid Program	95.77%	96.15%	Ø
EBCI Tribal Option	93.44% ⁺	100.00% ⁺	▲
Medicaid Direct	93.48%	93.99%	Ø
Foster Care	95.07%	95.29%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-3 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 Native American respondents reported their general health status as Excellent, Very Good, or Good when compared to non-Native American respondents.

Figure 2-3—Percentage of 2025 Adult Respondents Who Rate Their General Health Status as Either 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

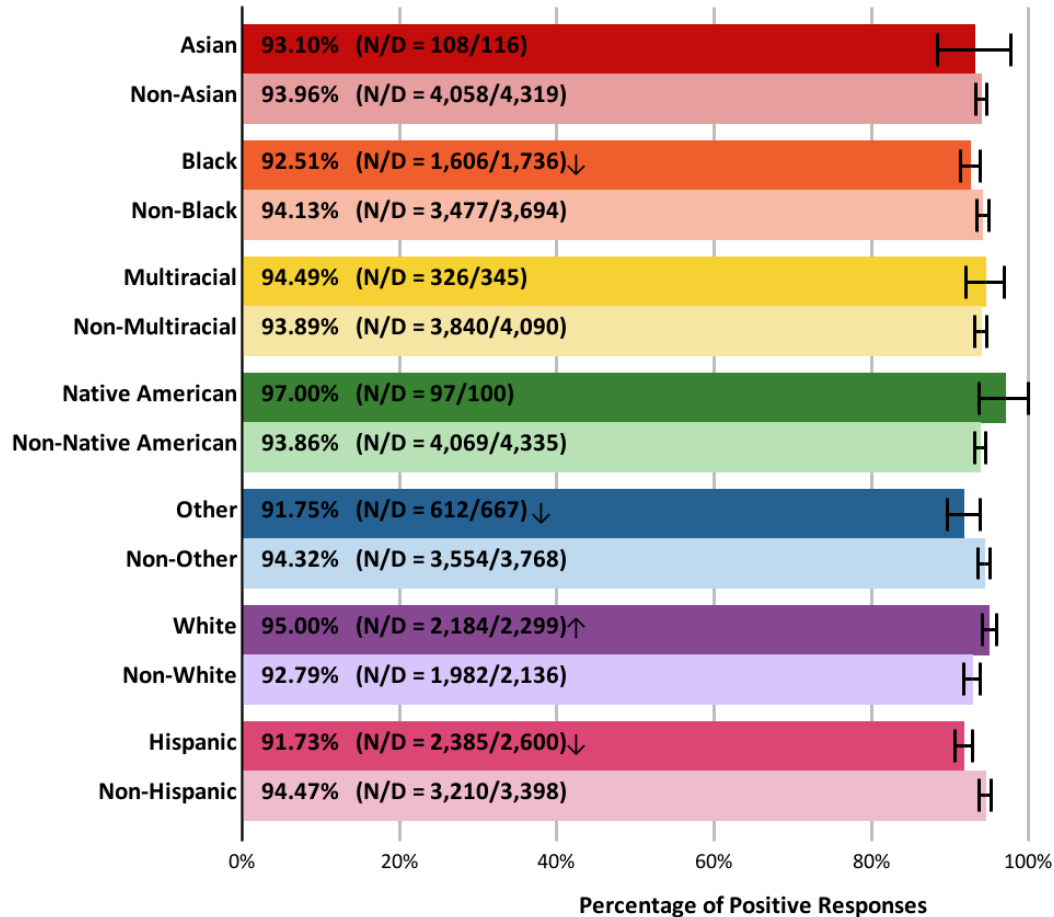
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-4 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. A significantly *higher* percentage of parents/caretakers of White children report their child's general health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Black, Other race, and Hispanic children reported their child's general health status as Excellent, Very Good, or Good when compared to parent/caretaker respondents of non-Black, non-Other race, and non-Hispanic children, respectively.

Figure 2-4—Percentage of 2025 Child Respondents Who Rate Their Child’s General Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity



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

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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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.

Geographic Comparisons

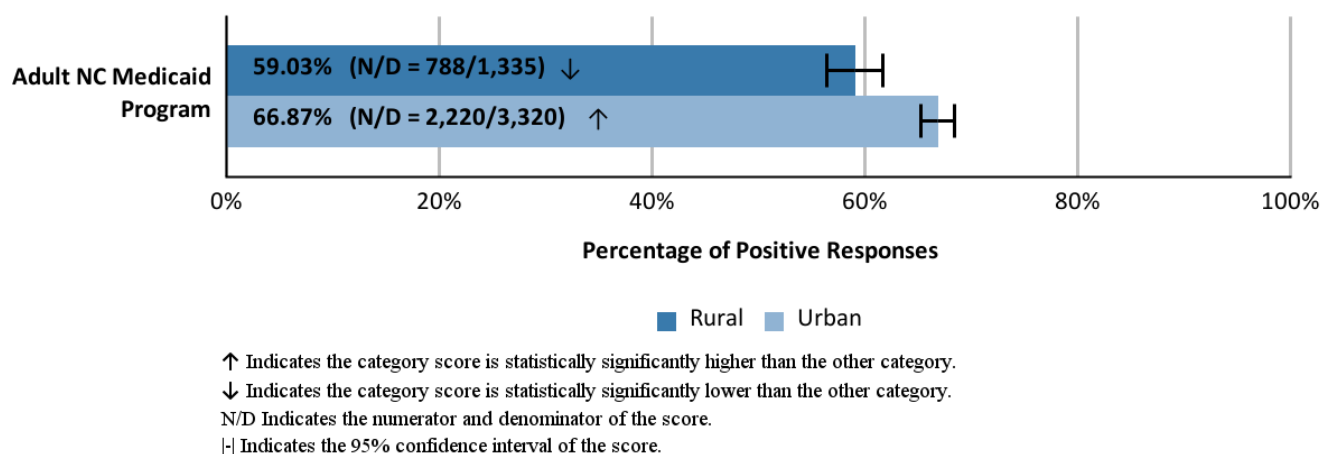
Table 2-5 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child's general health status as Excellent, Very Good, or Good stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-5 shows the significant differences for *General Health Status* by geography for adult respondents. The NC Medicaid Program rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Table 2-5—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child's General Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	59.03%↓	66.87%↑	94.34%	93.67%
EBCI Tribal Option	53.47%	S	100.00% ⁺	S
Medicaid Direct	56.38%	55.24%	96.21%	93.29%
Foster Care	N/A	N/A	94.31%	95.80%

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.
 N/A Indicates the population is not applicable.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 2-5—Significant Differences: Percentage of Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by Populations (2025)

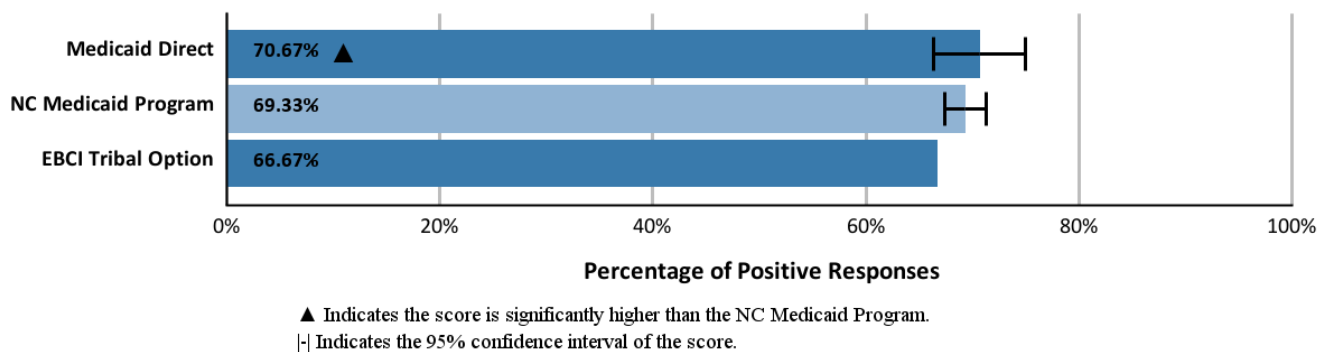


Mental or Emotional Health Status

Aggregate Comparisons

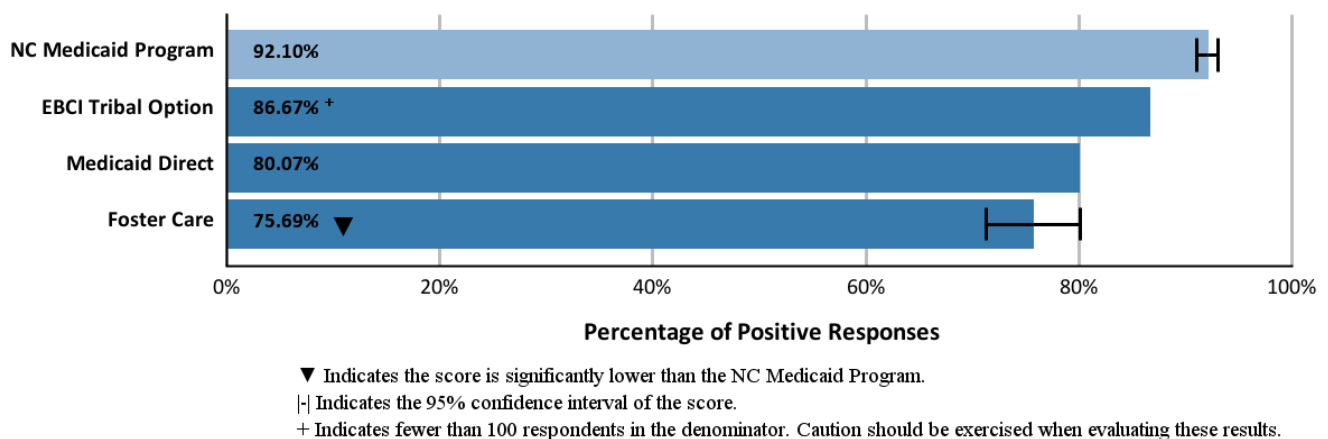
Figure 2-6 and Figure 2-7 present the adult respondents and parent/caretaker respondents of child beneficiaries self-reported characteristics for mental or emotional health status. The Medicaid Direct rate for the adult population was significantly *higher* than the NC Medicaid Program.

Figure 2-6—Percentage of 2025 Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Populations, with Aggregate Comparisons



The Foster Care rate for the child population was significantly *lower* than the NC Medicaid Program.

Figure 2-7—Percentage of 2025 Child Respondents Who Rate Their Child's Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Populations, with Aggregate Comparisons



Year-Over-Year Analysis

Table 2-6 shows the *Mental or Emotional Health Status* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

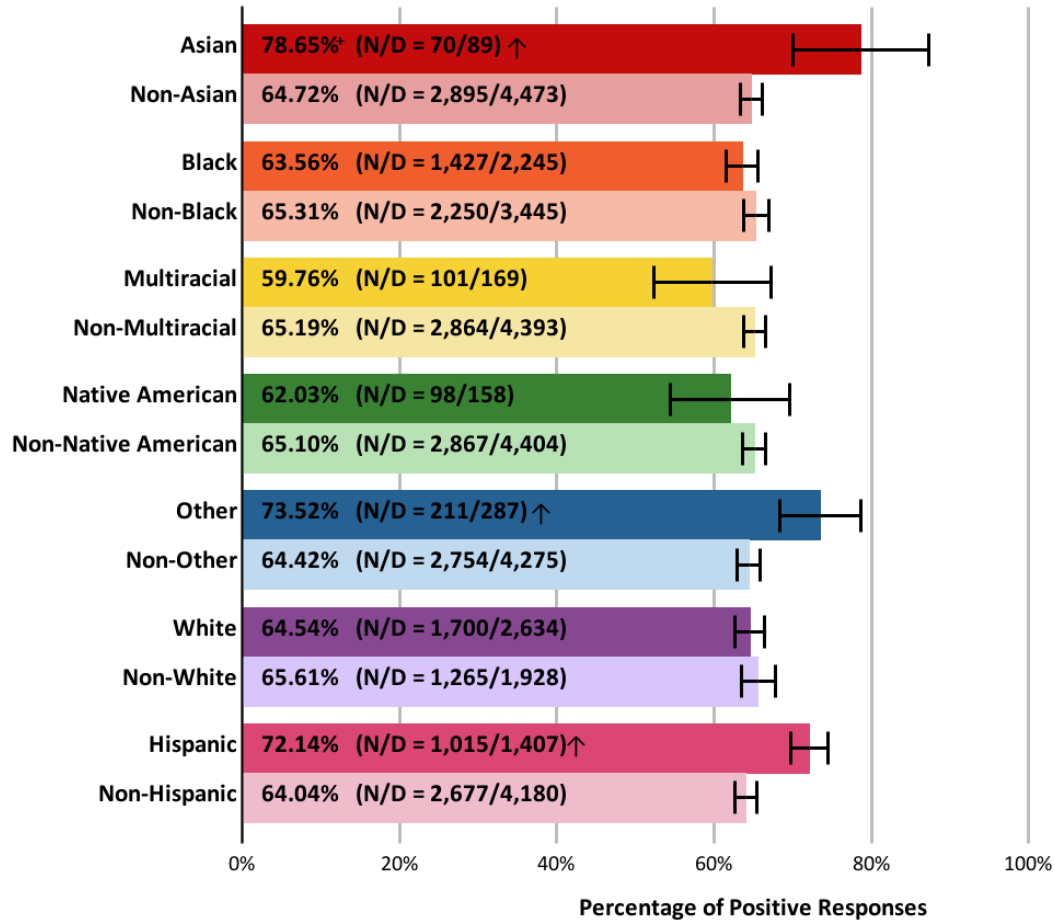
Table 2-6—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	69.53%	69.33%	Ø
EBCI Tribal Option	64.35%	66.67%	Ø
Medicaid Direct	70.70%	70.67%	Ø
Child			
NC Medicaid Program	91.23%	92.10%	Ø
EBCI Tribal Option	91.80% ⁺	86.67% ⁺	Ø
Medicaid Direct	81.53%	80.07%	Ø
Foster Care	73.49%	75.69%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-8 shows the *Mental or Emotional Health Status* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Asian, Other race, and Hispanic respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-Asian, non-Other race, and non-Hispanic respondents, respectively.

Figure 2-8—Percentage of 2025 Adult Respondents Who Rate Their Mental or Emotional Health Status as Either 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

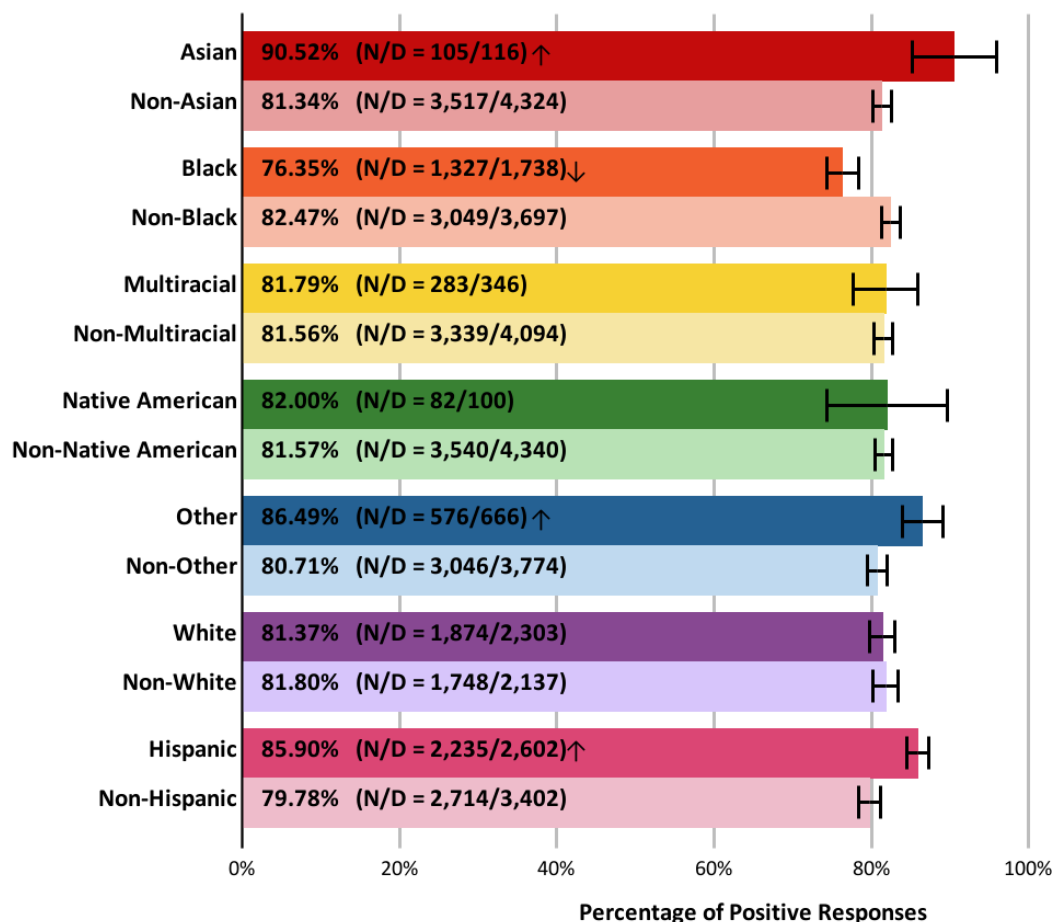
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-9 shows the *Mental or Emotional Health Status* 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 parents/caretaker respondents reported their Asian, 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-Asian, non-Other race, and non-Hispanic children, respectively. A significantly *lower* percentage of parents/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 2-9—Percentage of 2025 Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Either 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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.

Geographic Comparisons

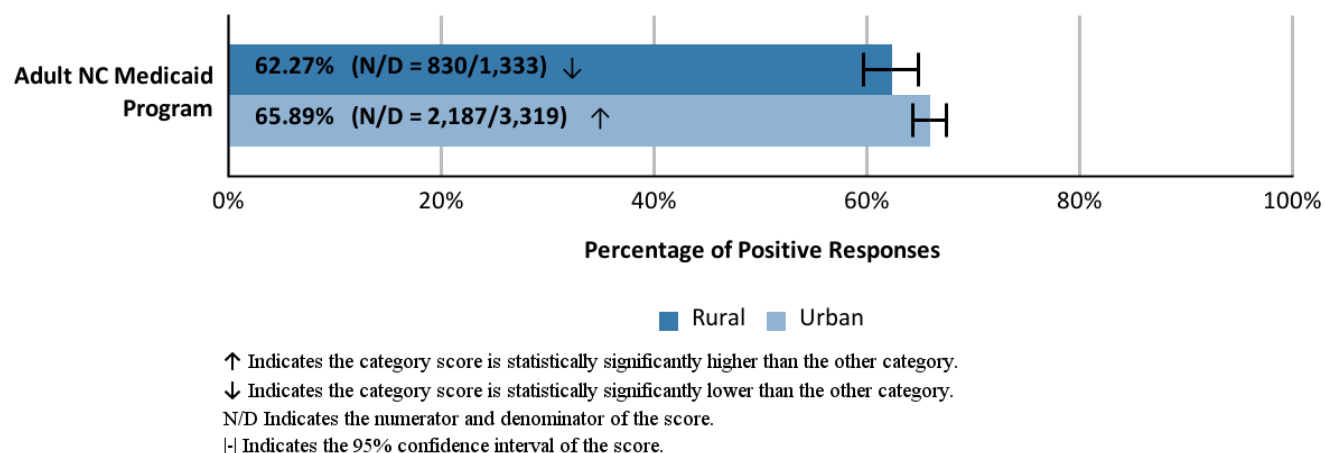
Table 2-7 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s mental or emotional health status as Excellent, Very Good, or Good stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-10 shows the significant differences for *Mental or Emotional Health Status* by geography for adult respondents. The NC Medicaid Program rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Table 2-7—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s Mental or Either Emotional Health Status as Excellent, Very Good, or Good and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	62.27%↓	65.89%↑	80.92%	82.07%
EBCI Tribal Option	67.00%	S	86.05% ⁺	S
Medicaid Direct	68.46%	71.83%	83.10%	79.10%
Foster Care	N/A	N/A	77.24%	74.90%

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.
N/A Indicates the population is not applicable.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 2-10—Significant Differences: Percentage of Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by Populations (2025)



Rating of Health Plan

National Percentile Comparisons

Table 2-8 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Health Plan*.

**Table 2-8—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by Populations: Rating of Health Plan (2025)**

Population	Adult	Child
NC Medicaid Program	★★★ 78.04%	★★★ 86.88%
EBCI Tribal Option	★ 69.23%	★ 84.09% ⁺
Medicaid Direct	★★★ 79.05%	★★ 85.52%
Foster Care	N/A	★★ 85.71%
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. N/A Indicates the population is not applicable. 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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 2-11 shows the *Rating of Health Plan* positive rating results for each adult population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the NC Medicaid Program.

Figure 2-11—Percentage of 2025 Adult Respondents Who Rate Their Health Plan Positively, by Populations, with National and Aggregate Comparisons

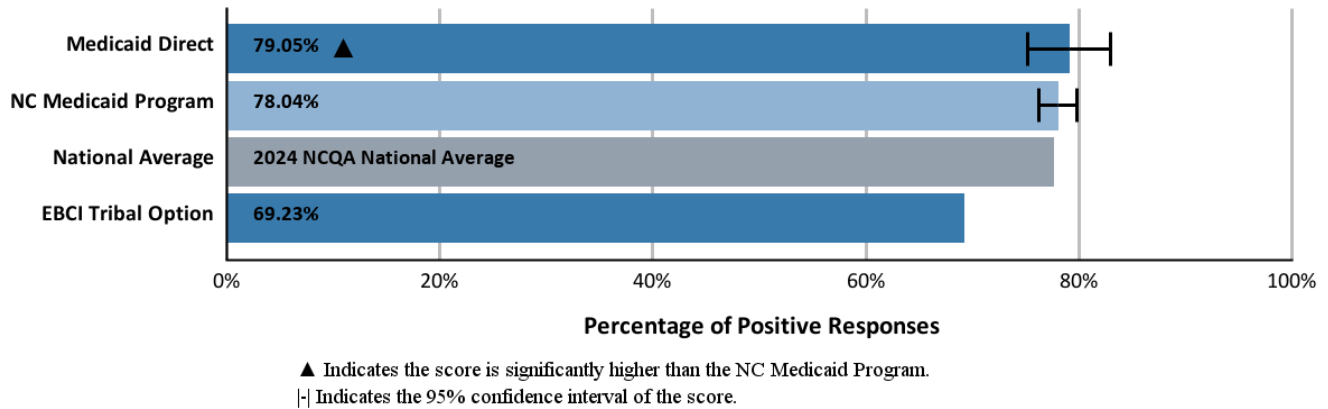
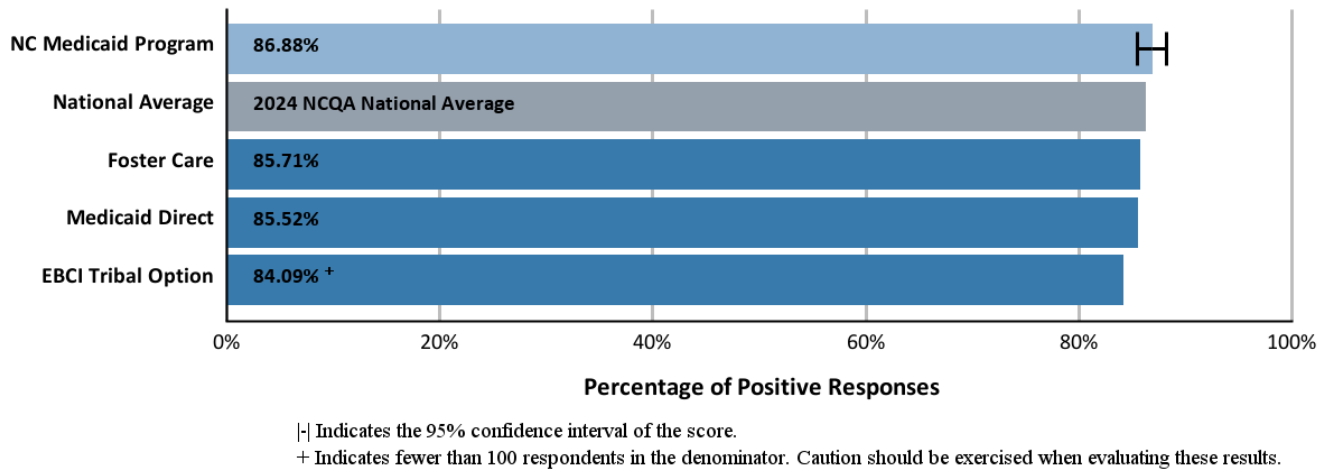


Figure 2-12 shows the Rating of Health Plan positive rating results for each child population, with national and aggregate comparisons. None of the populations' rates were significantly different than the national average or NC Medicaid Program.

Figure 2-12—Percentage of 2025 Child Respondents Who Rate Their Child's Health Plan Positively, by Populations, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 2-9 shows the *Rating of Health Plan* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-9—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Health Plan Positively, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	79.36%	78.04%	Ø
EBCI Tribal Option	75.68%	69.23%	Ø
Medicaid Direct	83.03%	79.05%	Ø
Child			
NC Medicaid Program	86.16%	86.88%	Ø
EBCI Tribal Option	68.33% ⁺	84.09% ⁺	Ø
Medicaid Direct	82.88%	85.52%	Ø
Foster Care	80.96%	85.71%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Figure 2-13 shows the *Rating of Health Plan* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-13—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, and 2025), with National Comparisons

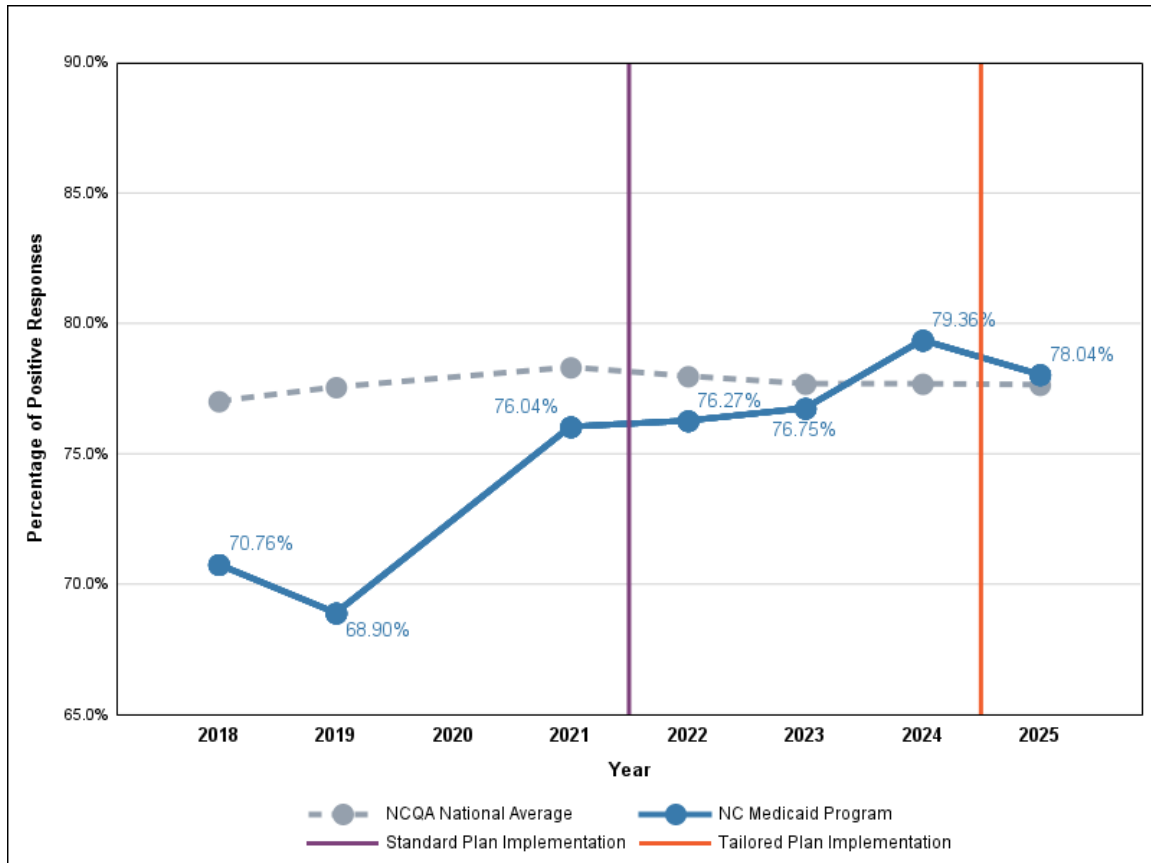
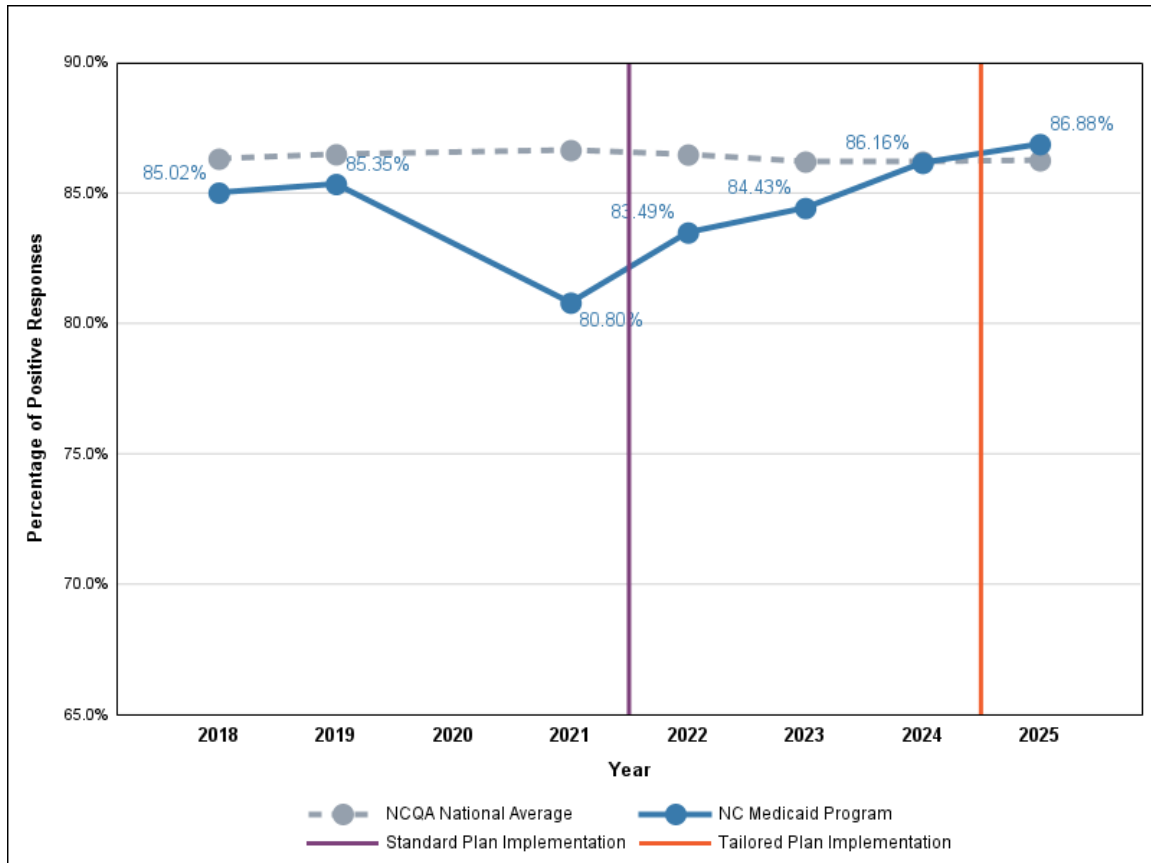


Figure 2-14 shows the *Rating of Health Plan* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

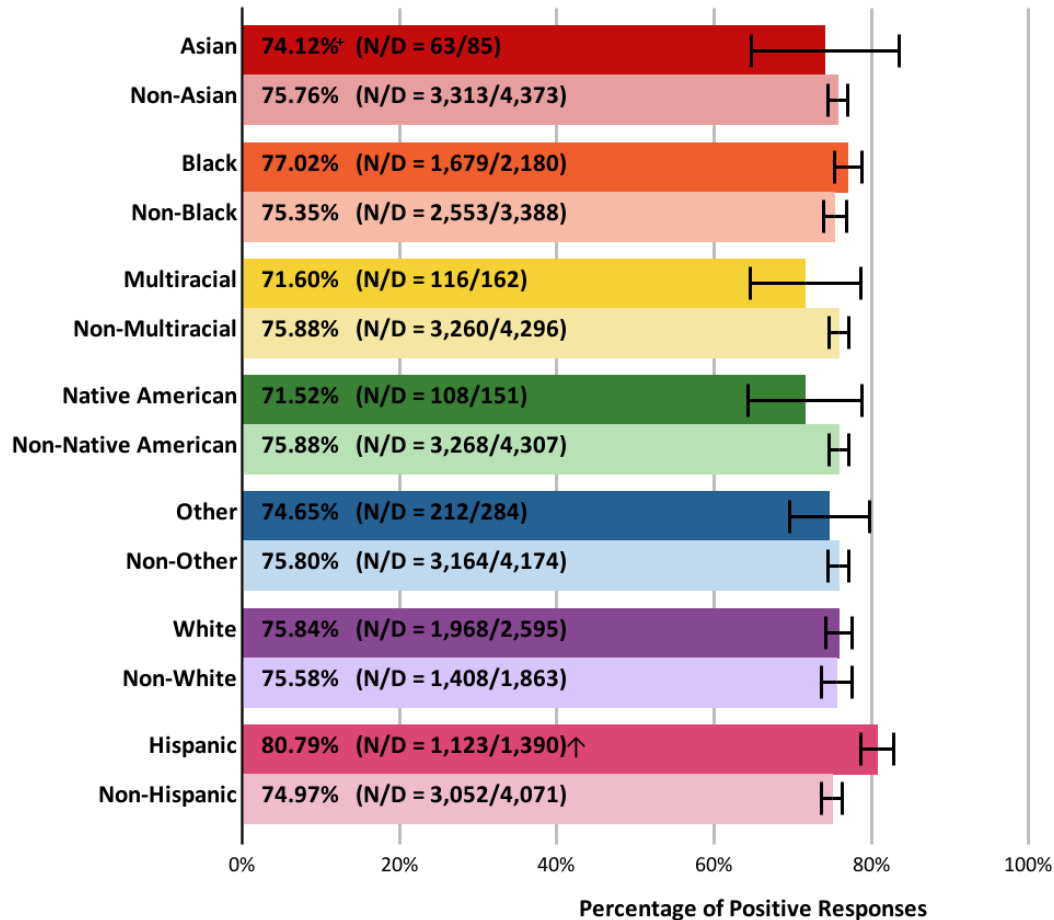
Figure 2-14—Percentage of Child Respondents Who Rate Their Child’s Health Plan Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-15 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 2-15—Percentage of 2025 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

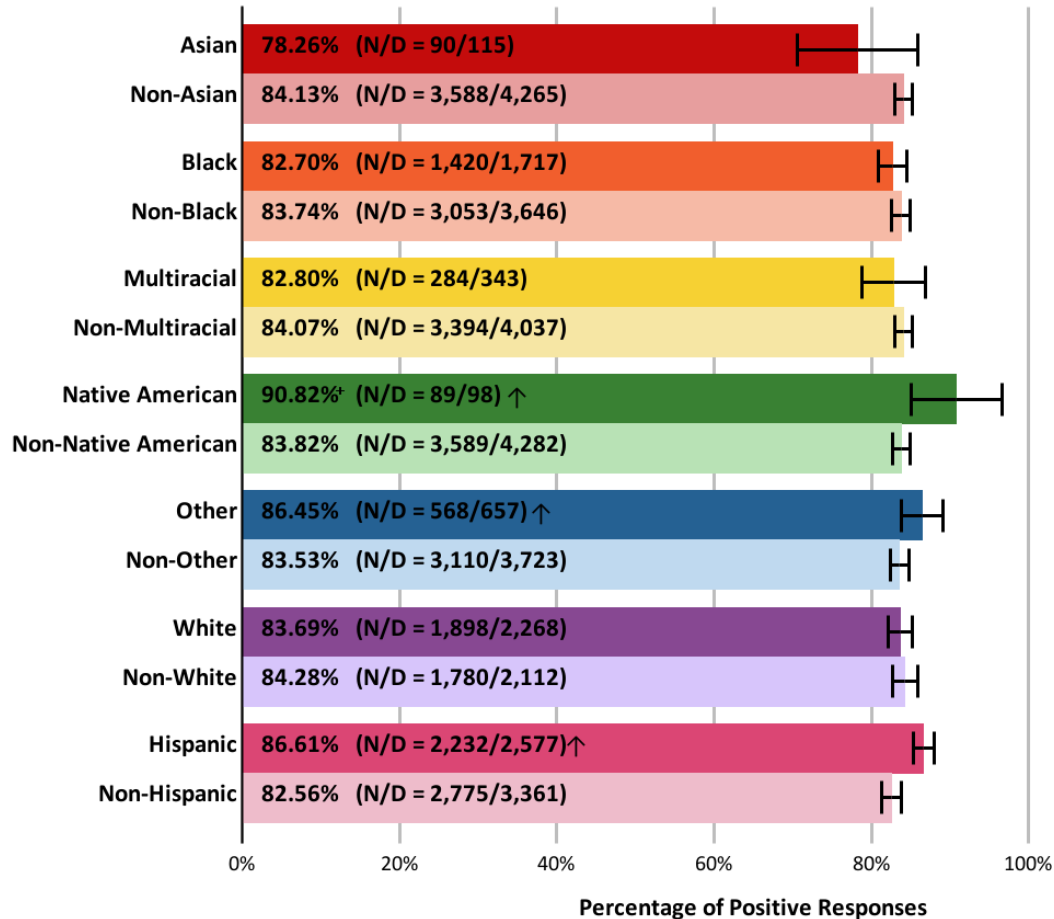
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-16 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 parents/caretakers of Native American, Other race, and Hispanic children rated their child's health plan positively when compared to parents/caretakers of non-Native American, non-Other race, and non-Hispanic children, respectively.

Figure 2-16—Percentage of 2025 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

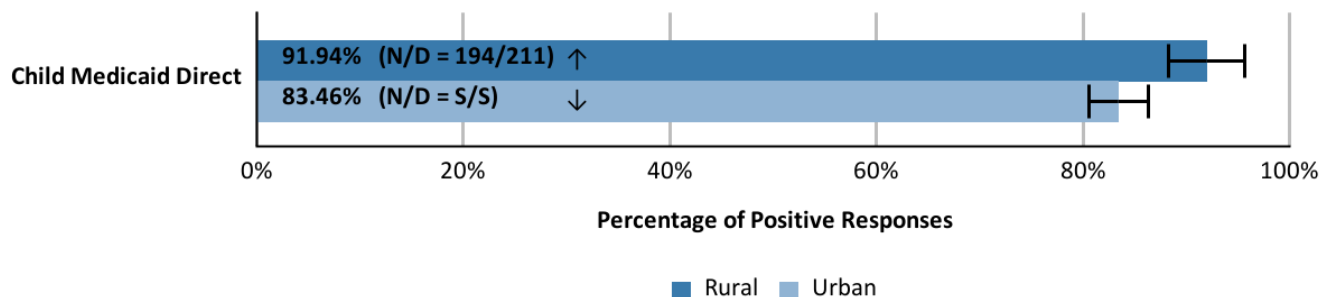
Table 2-10 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s health plan positively stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-17 shows the significant differences for *Rating of Health Plan* by geography for parents/caretakers of child beneficiaries. The Medicaid Direct rate for parents/caretakers of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 2-10—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s Health Plan Positively and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	76.97%	75.29%	85.39%	83.56%
EBCI Tribal Option	71.88% ⁺	S	83.33% ⁺	S
Medicaid Direct	81.12%	77.98%	91.94% [↑]	83.46% [↓]
Foster Care	N/A	N/A	82.79%	87.23%

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.
N/A Indicates the population is not applicable.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 2-17—Significant Differences: Percentage of Child Respondents Who Rate Their Child’s Health Plan Positively and Geographic Comparisons, by Populations (2025)



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

Rating of All Health Care

National Percentile Comparisons

Table 2-11 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of All Health Care*.

**Table 2-11—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by Populations: Rating of All Health Care (2025)**

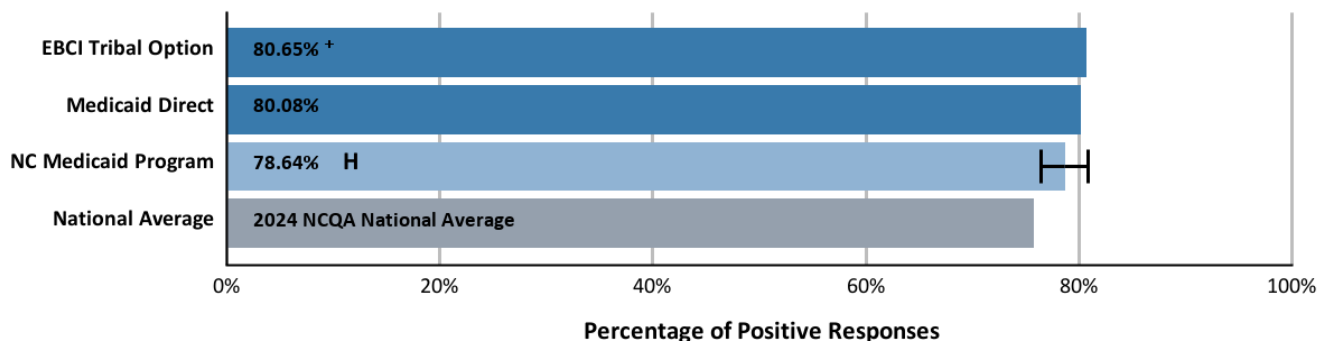
Population	Adult	Child
NC Medicaid Program	★★★ 78.64%	★★ 87.14%
EBCI Tribal Option	★★★★ 80.65% ⁺	★ 84.21% ⁺
Medicaid Direct	★★★★ 80.08%	★★★★ 89.16%
Foster Care	N/A	★★ 85.45%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
N/A Indicates the population is not applicable.
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 in Appendix B beginning on page 510.

Aggregate Comparisons

Figure 2-18 shows the *Rating of All Health Care* positive rating results for each adult population, with national and aggregate comparisons. The NC Medicaid Program rate was significantly *higher* than the national average.

**Figure 2-18—Percentage of 2025 Adult Respondents Who Rate All Their Health Care Positively,
by Populations, with National and Aggregate Comparisons**



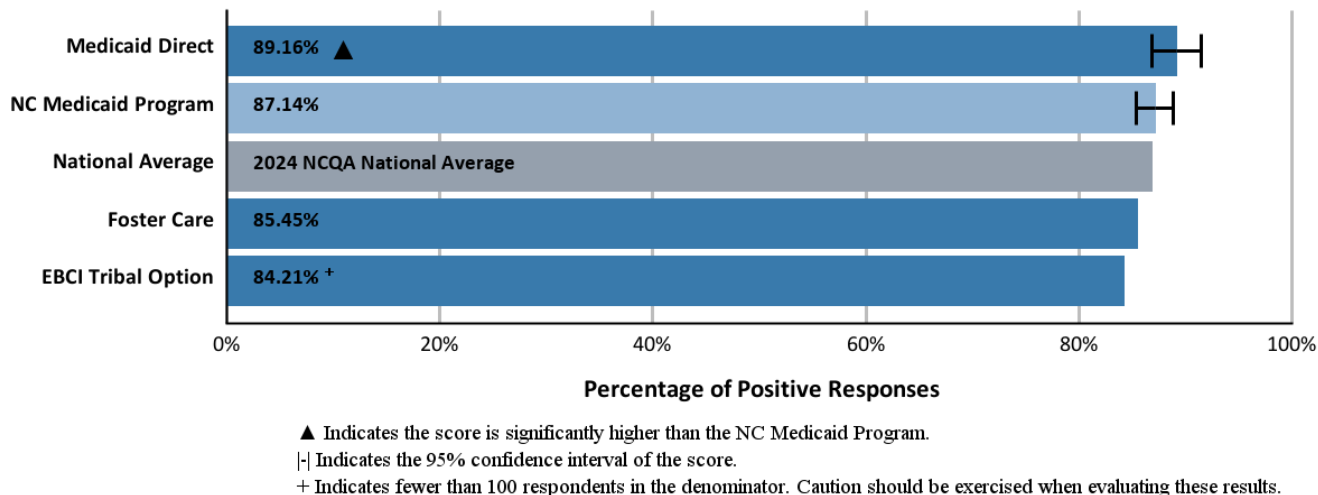
|—| Indicates the 95% confidence interval of the score.

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.

Figure 2-19 shows the *Rating of All Health Care* positive rating results for each child population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the NC Medicaid Program.

Figure 2-19—Percentage of 2025 Child Respondents Who Rate All Their Child’s Health Care Positively, by Populations, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 2-12 shows the *Rating of All Health Care* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-12—Percentage of Adult and Child Respondents Who Rate All Their/Their Child’s Health Care Positively, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	76.54%	78.64%	∅
EBCI Tribal Option	65.52% ⁺	80.65% ⁺	∅
Medicaid Direct	77.16%	80.08%	∅
Child			
NC Medicaid Program	86.57%	87.14%	∅
EBCI Tribal Option	80.00% ⁺	84.21% ⁺	∅
Medicaid Direct	87.35%	89.16%	∅
Foster Care	83.73%	85.45%	∅

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.

Figure 2-20 shows the *Rating of All Health Care* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-20—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, and 2025), with National Comparisons

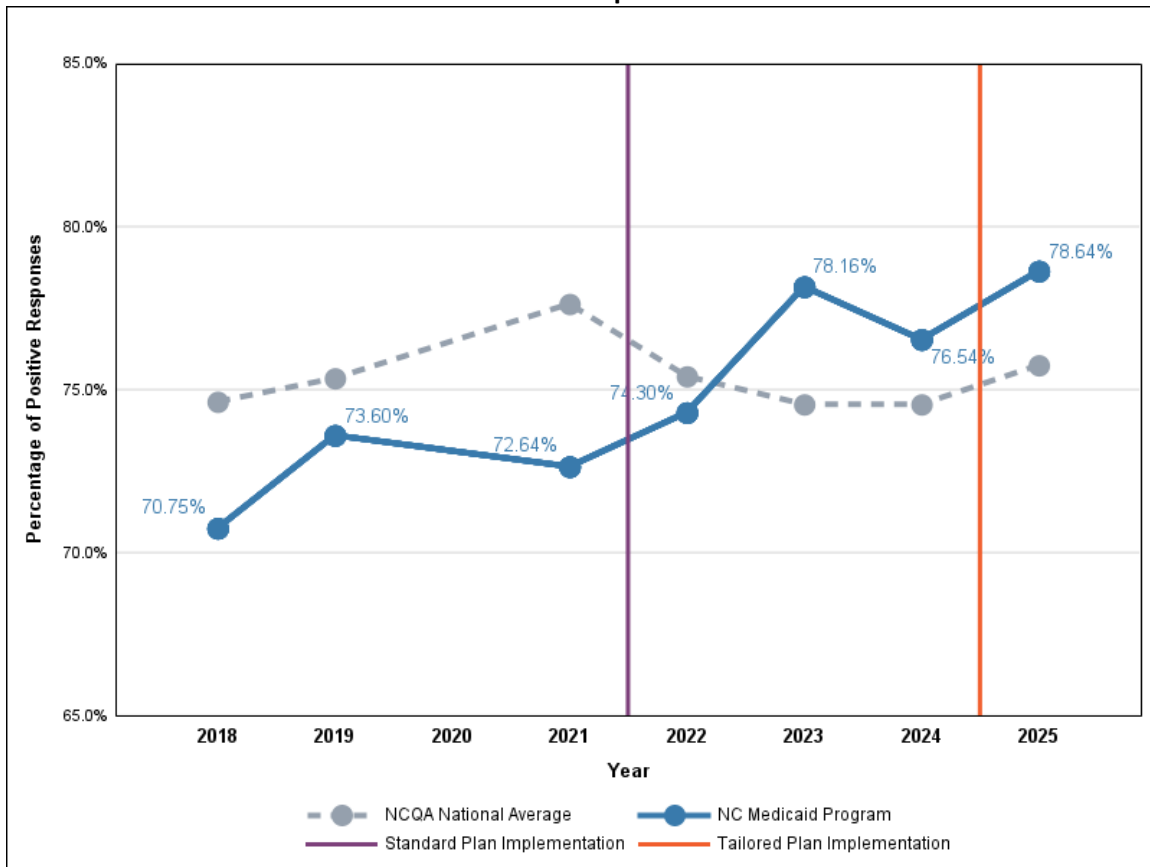
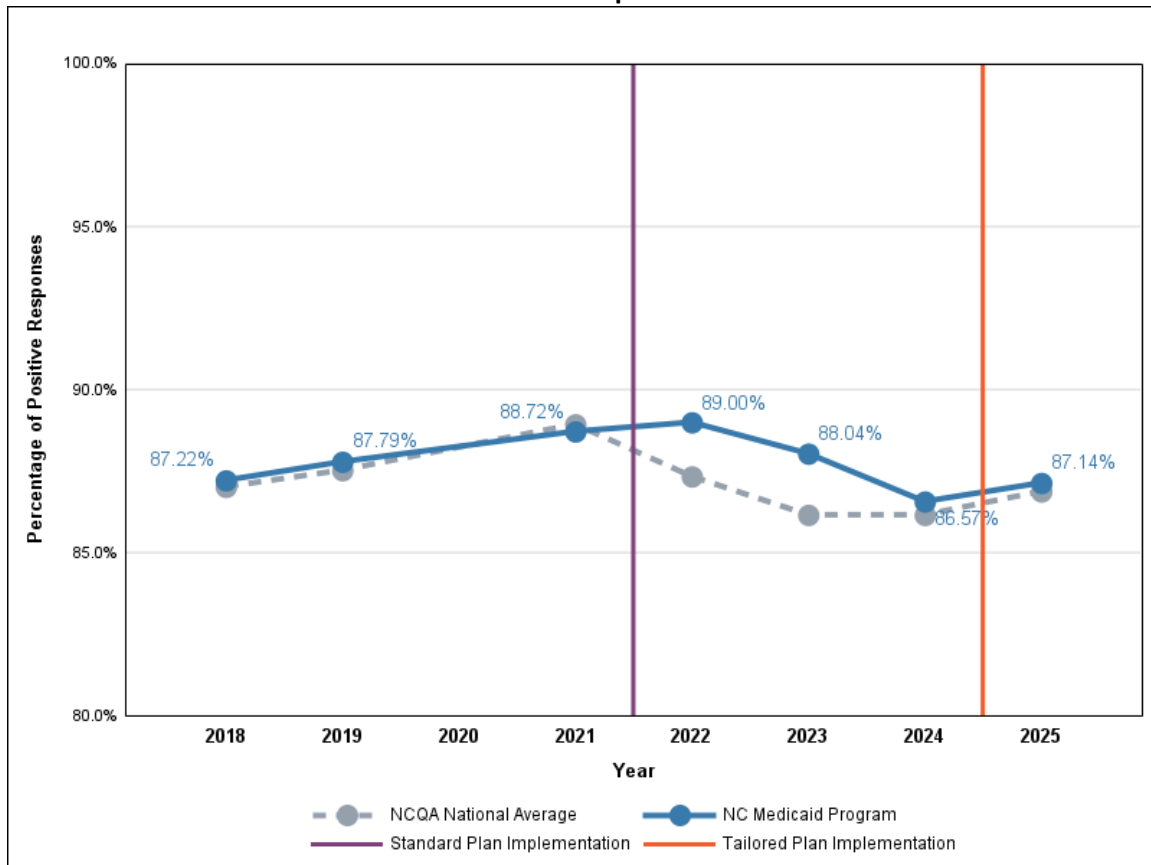


Figure 2-21 shows the *Rating of All Health Care* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

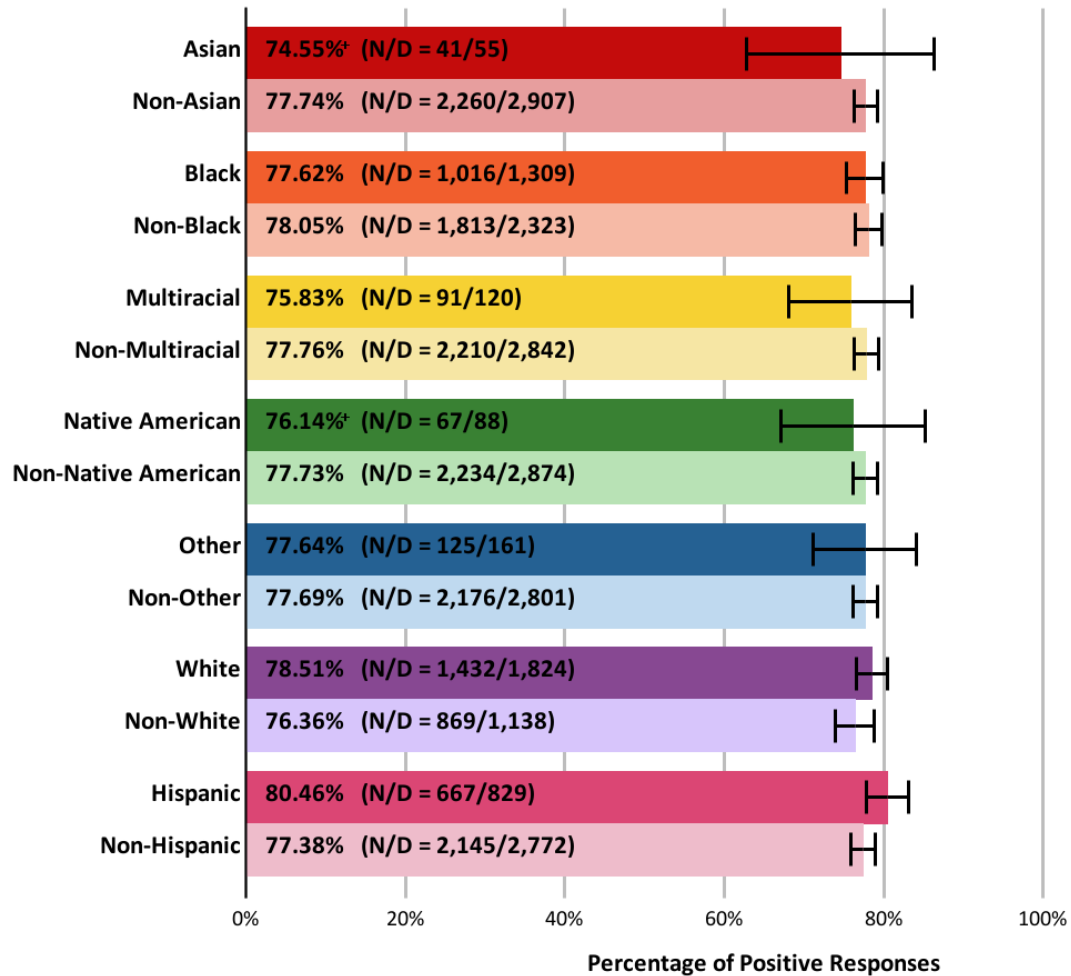
Figure 2-21—Percentage of Child Respondents Who Rate All Their Child’s Health Care Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-22 shows the *Rating of All Health Care* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 2-22—Percentage of 2025 Adult Respondents Who Rate All Their Health Care 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.

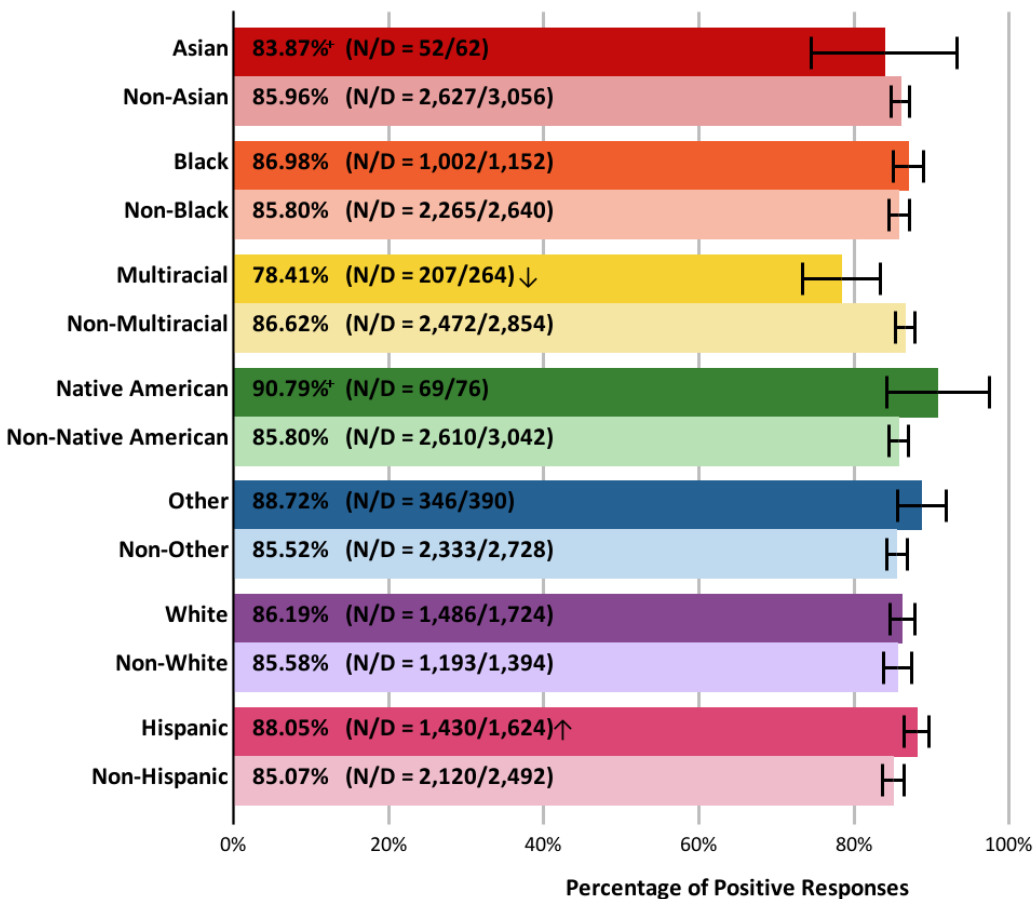
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 2-23 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. A significantly *higher* percentage of parents/caretakers of Hispanic children rated all their child's health care positively when compared to parents/caretakers of non-Hispanic children. A significantly *lower* percentage of parents/caretakers of Multiracial children rated all their child's health care positively when compared to parents/caretakers of non-Multiracial children.

Figure 2-23—Percentage of 2025 Child Respondents Who Rate All Their Child's Health Care Positively for NC Medicaid Program, by Race and Ethnicity



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

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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-13 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported all their/their child's health care positively stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-13—Percentage of Adult Respondents and Child Respondents Who Rate All Their/Their Child's Health Care Positively and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	76.26%	78.21%	87.52%	85.20%
EBCI Tribal Option	82.46% ⁺	S	83.78% ⁺	S
Medicaid Direct	78.65% ⁺	80.79%	91.56%	88.48%
Foster Care	N/A	N/A	80.22% ⁺	88.14%

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.
N/A Indicates the population is not applicable.

Rating of Personal Doctor

National Percentile Comparisons

Table 2-14 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Personal Doctor*.

Table 2-14—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Rating of Personal Doctor (2025)

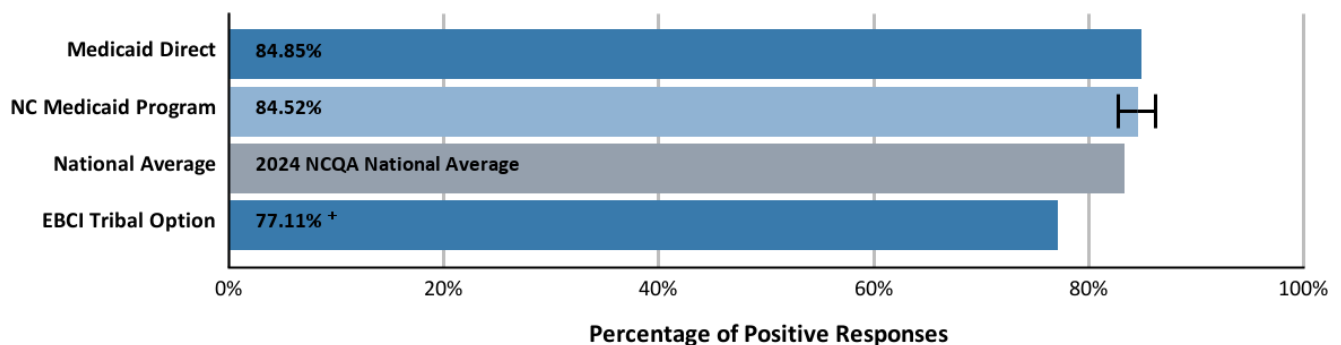
Population	Adult	Child
NC Medicaid Program	★★★ 84.52%	★★★★★ 92.21%
EBCI Tribal Option	★ 77.11% ⁺	★ 81.25% ⁺
Medicaid Direct	★★★ 84.85%	★★★★★ 94.61%

Population	Adult	Child
Foster Care	N/A	★★★★ 92.33%
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. N/A Indicates the population is not applicable. 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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 2-24 shows the *Rating of Personal Doctor* positive rating results for each adult population, with national and aggregate comparisons. None of the populations' rates were significantly different than the national average or NC Medicaid Program.

Figure 2-24—Percentage of 2025 Adult Respondents Who Rate Their Personal Doctor Positively, by Populations, with National and Aggregate Comparisons

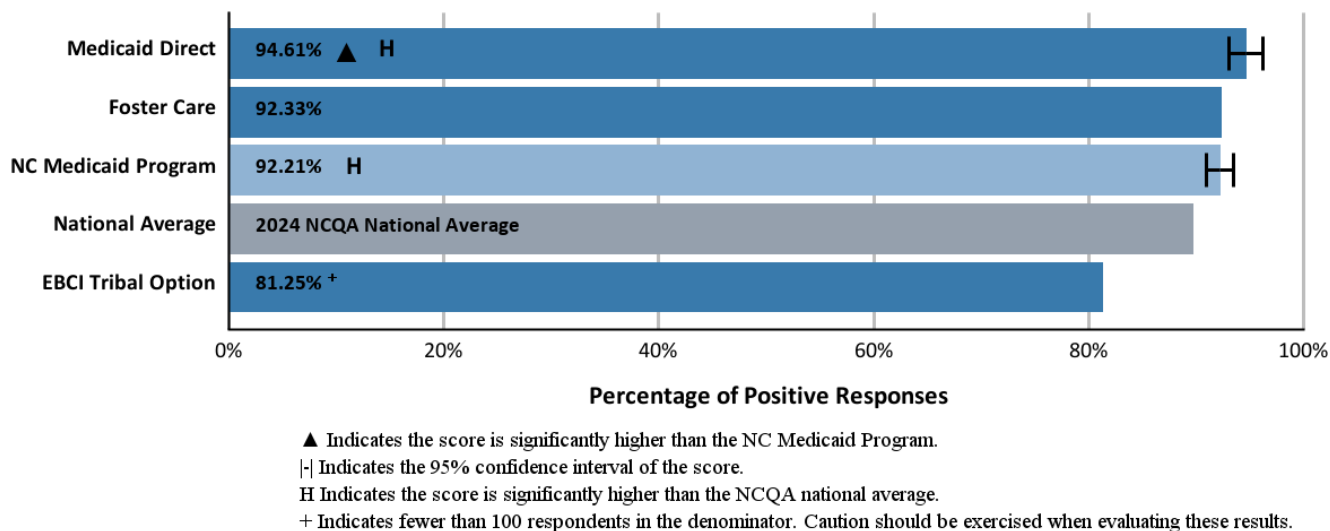


|—| Indicates the 95% confidence interval of the score.

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

Figure 2-25 shows the *Rating of Personal Doctor* positive rating results for each child population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the NC Medicaid Program. The NC Medicaid Program and Medicaid Direct rates were significantly *higher* than the national average.

Figure 2-25—Percentage of 2025 Child Respondents Who Rate Their Child’s Personal Doctor Positively, by Populations, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 2-15 shows the *Rating of Personal Doctor* positive rating year-over-year results for the NC Medicaid Program and populations. The adult NC Medicaid Program 2025 rate was significantly *lower* than the 2024 rate. The child NC Medicaid Program and Medicaid Direct 2025 rates were significantly *higher* than the 2024 rates.

Table 2-15—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Personal Doctor Positively, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	87.39%	84.52%	▼
EBCI Tribal Option	86.75% ⁺	77.11% ⁺	∅
Medicaid Direct	89.58%	84.85%	∅
Child			
NC Medicaid Program	90.40%	92.21%	▲
EBCI Tribal Option	78.26% ⁺	81.25% ⁺	∅
Medicaid Direct	92.46%	94.61%	▲

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Foster Care	88.81%	92.33%	Ø
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Figure 2-26 shows the *Rating of Personal Doctor* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-26—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, and 2025), with National Comparisons

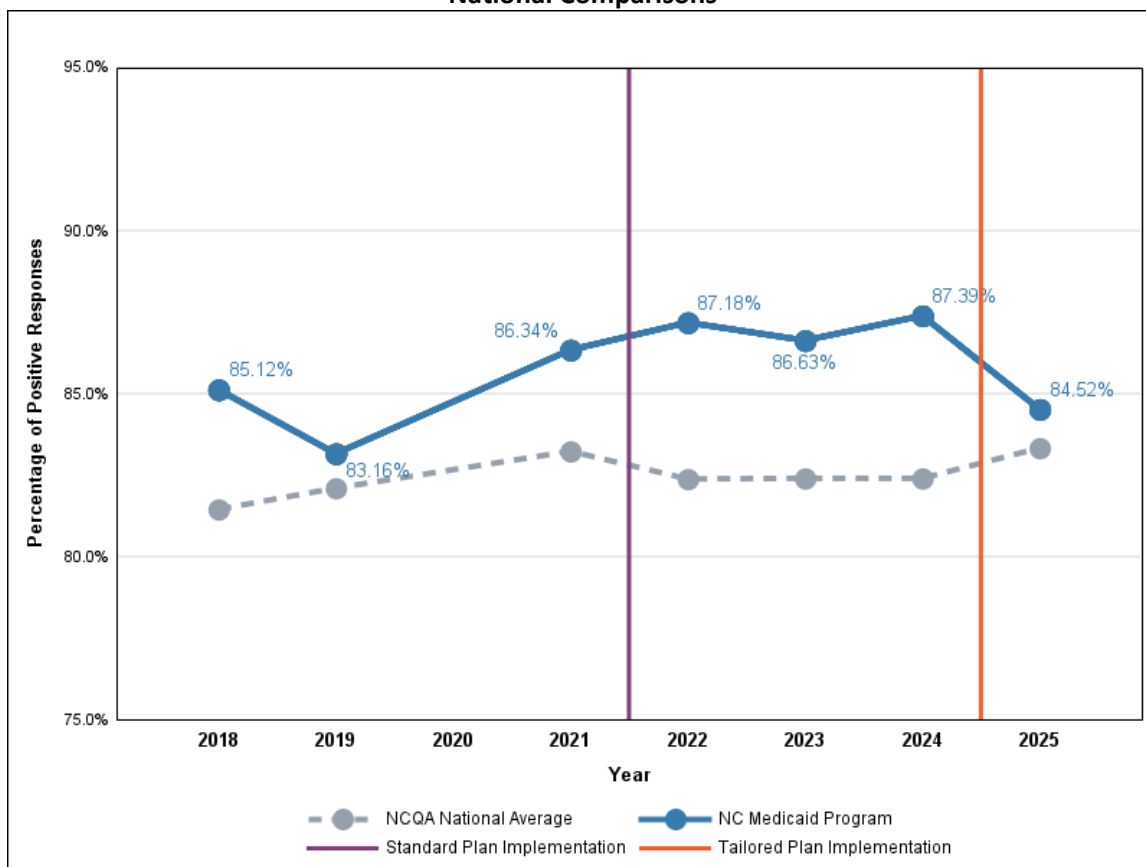
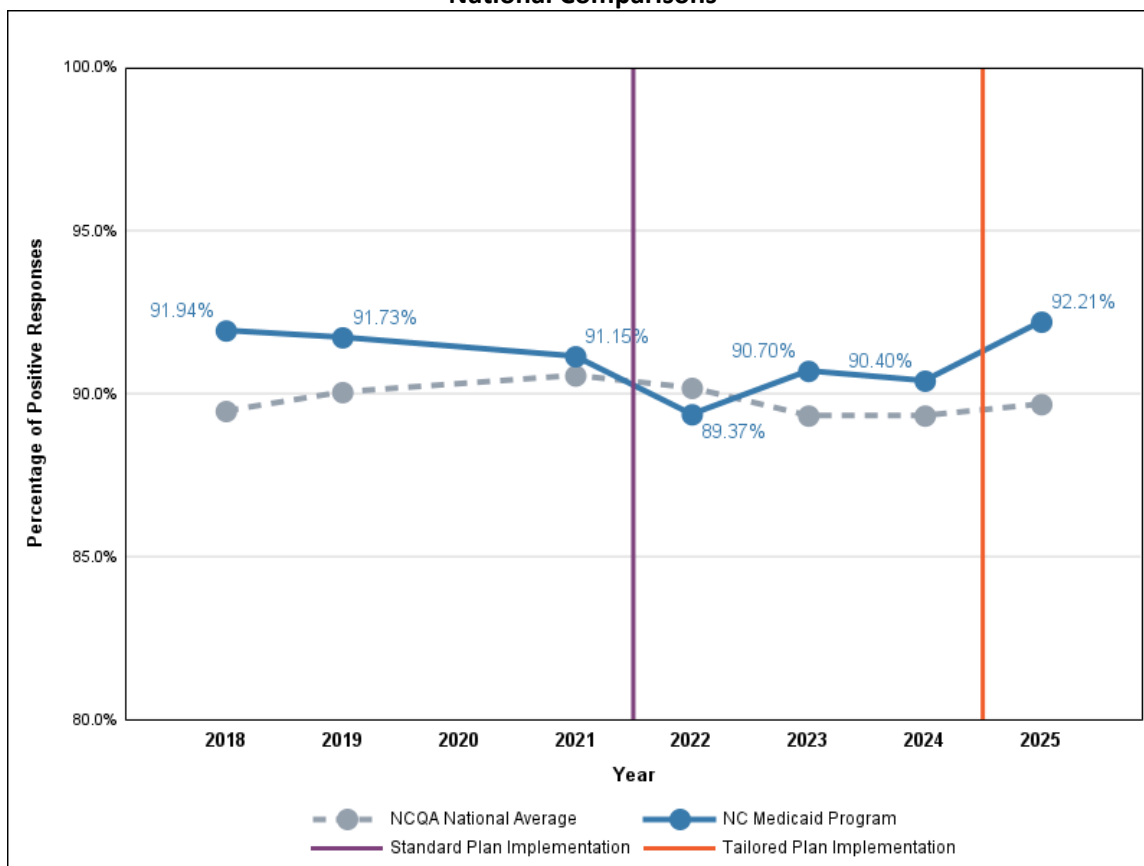


Figure 2-27 shows the *Rating of Personal Doctor* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

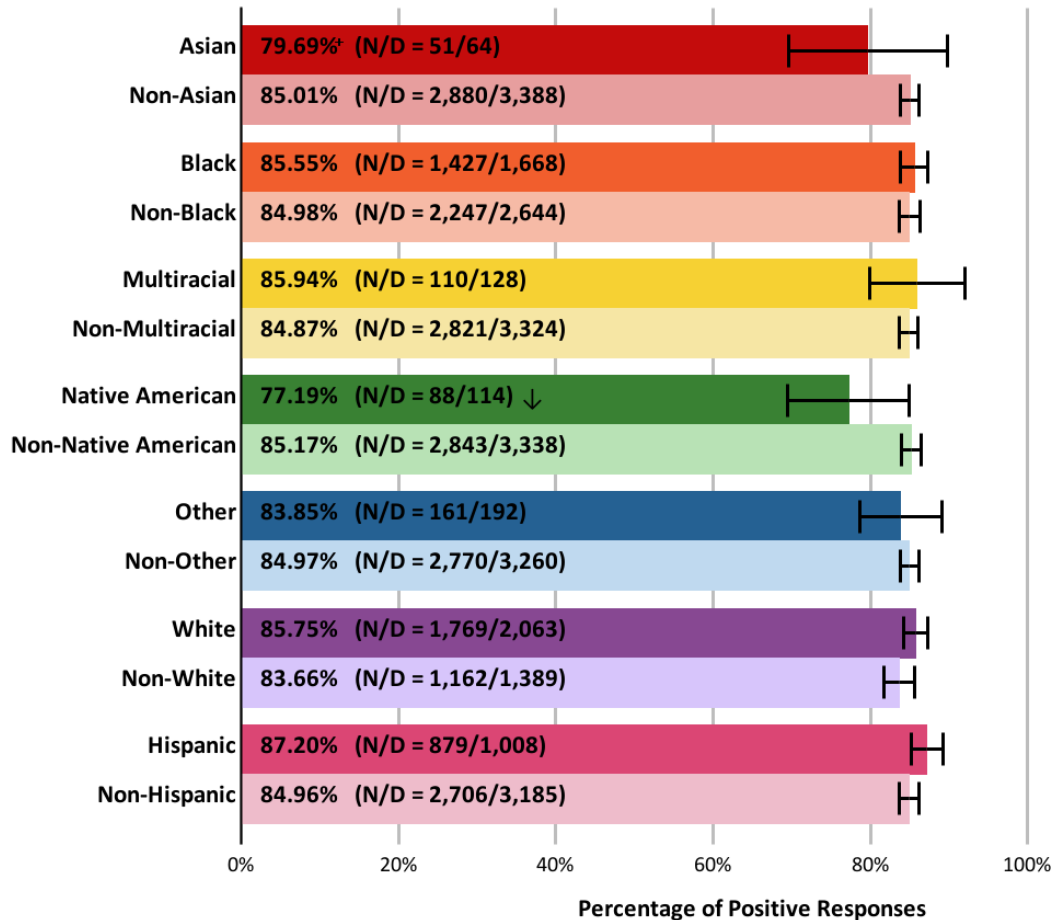
Figure 2-27—Percentage of Child Respondents Who Rate Their Child’s Personal Doctor Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-28 shows the *Rating of Personal Doctor* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Native American respondents rated their personal doctor positively when compared to non-Native American respondents. There were no significant differences identified by ethnicity.

Figure 2-28—Percentage of 2025 Adult Respondents Who Rate Their Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

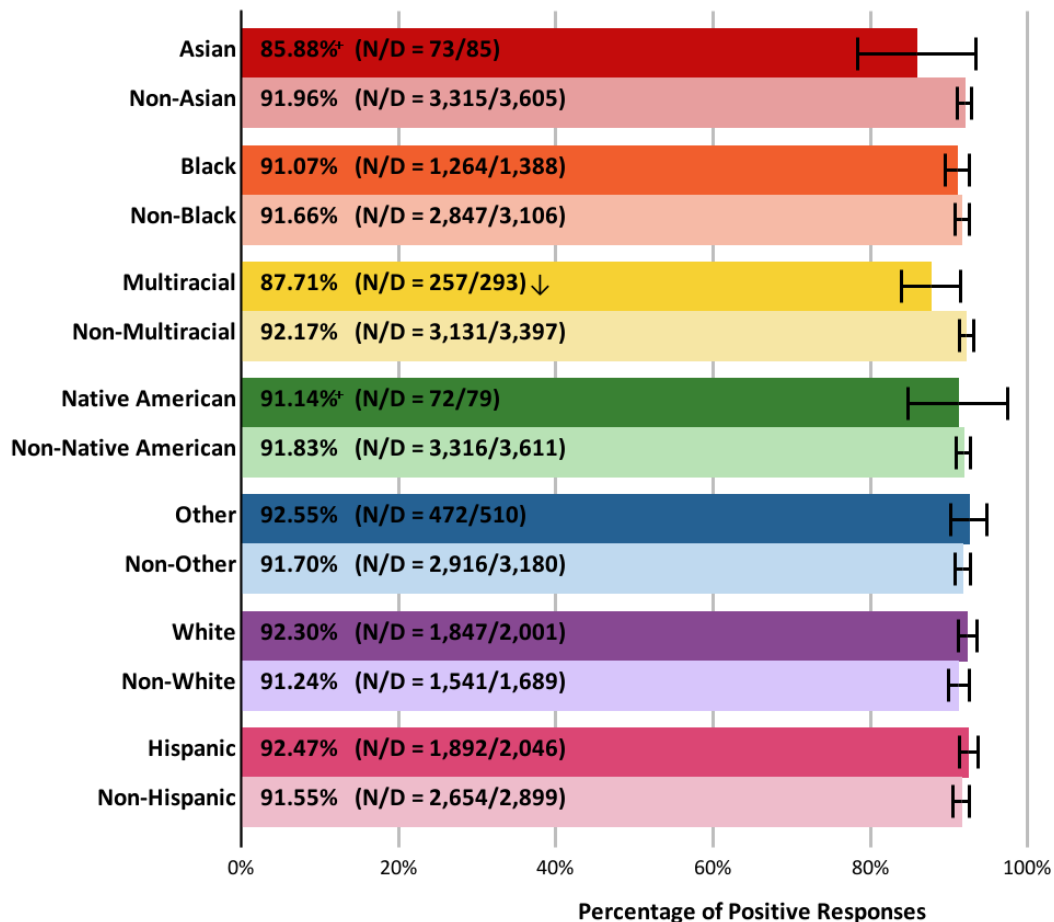
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-29 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 *lower* percentage of parents/caretakers of Multiracial children rated their child's personal doctor positively when compared to parents/caretakers of non-Multiracial children. There were no significant differences identified by ethnicity.

Figure 2-29—Percentage of 2025 Child Respondents Who Rate Their Child's Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-16 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child's personal doctor positively stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-16—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child's Personal Doctor Positively and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	84.66%	84.99%	92.08%	91.75%
EBCI Tribal Option	79.22% ⁺	S	81.25% ⁺	S
Medicaid Direct	84.26%	85.14%	95.51%	94.34%
Foster Care	N/A	N/A	91.84% ⁺	92.57%

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.*
N/A Indicates the population is not applicable.

Rating of Specialist Seen Most Often

National Percentile Comparisons

Table 2-17 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Specialist Seen Most Often*.

Table 2-17—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Rating of Specialist Seen Most Often (2025)

Population	Adult	Child
NC Medicaid Program	★★★ 84.74%	★★ 87.27%
EBCI Tribal Option	★★★ 84.85% ⁺	★★★★★ 100.00% ⁺
Medicaid Direct	★★★★★ 85.39%	★ 84.70%

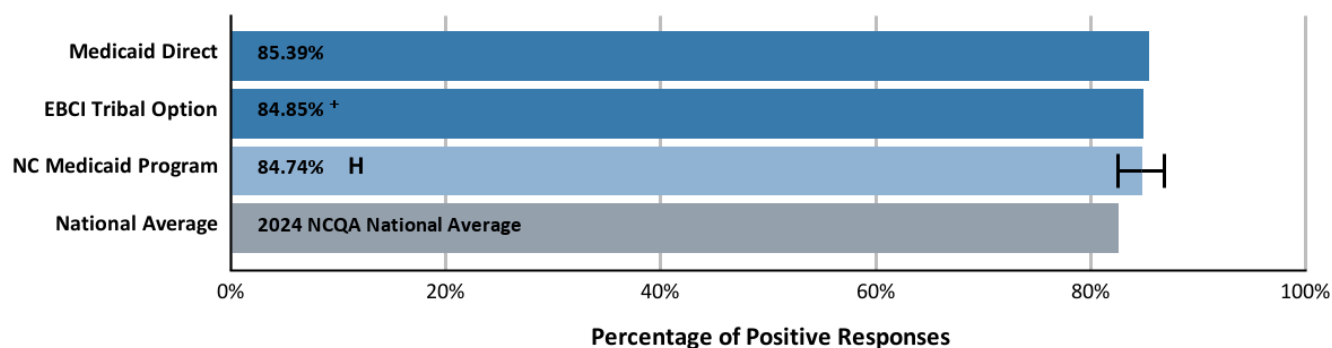
Population	Adult	Child
Foster Care	N/A	★★★ 88.39%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
N/A Indicates the population is not applicable.
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 in Appendix B beginning on page 510.

Aggregate Comparisons

Figure 2-30 shows the *Rating of Specialist Seen Most Often* positive rating results for each adult population, with national and aggregate comparisons. The NC Medicaid Program rate was significantly higher than the national average.

Figure 2-30—Percentage of 2025 Adult Respondents Who Rate the Specialist Seen Most Often Positively, by Populations, with National and Aggregate Comparisons



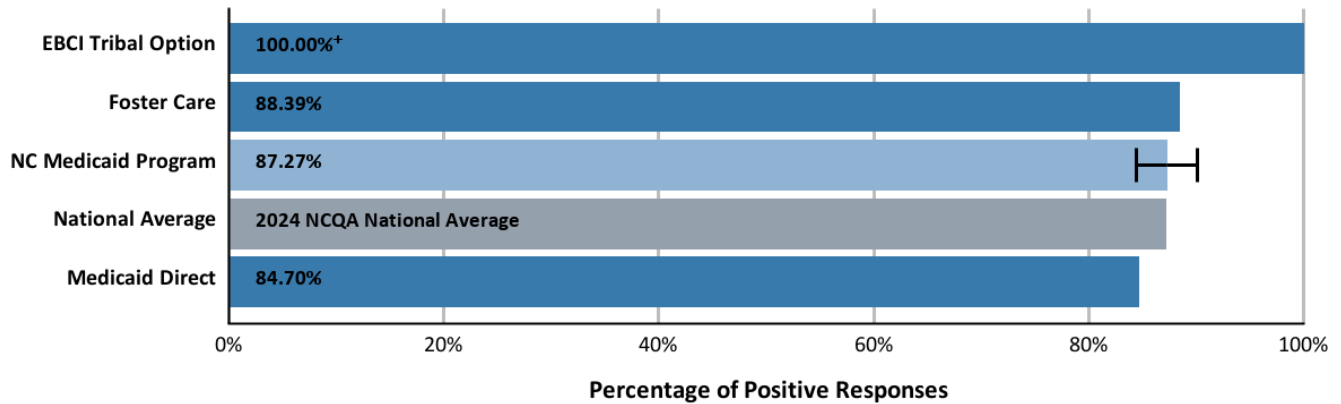
|—| Indicates the 95% confidence interval of the score.

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.

Figure 2-31 shows the *Rating of Specialist Seen Most Often* positive rating results for each child population, with national and aggregate comparisons. None of the populations' rates were significantly different than the national average or NC Medicaid Program.

Figure 2-31—Percentage of 2025 Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively, by 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.

Year-Over-Year Analysis

Table 2-18 shows the *Rating of Specialist Seen Most Often* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-18—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Specialist Seen Most Often Positively, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	84.76%	84.74%	∅
EBCI Tribal Option	66.67% ⁺	84.85% ⁺	∅
Medicaid Direct	88.07%	85.39%	∅
Child			
NC Medicaid Program	87.64%	87.27%	∅
EBCI Tribal Option	90.48% ⁺	100.00% ⁺	∅
Medicaid Direct	88.29%	84.70%	∅
Foster Care	82.49%	88.39%	∅

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.

Figure 2-32 shows the *Rating of Specialist Seen Most Often* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-32—Percentage of Adult Respondents Who Rate the Specialist Seen Most Often Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons

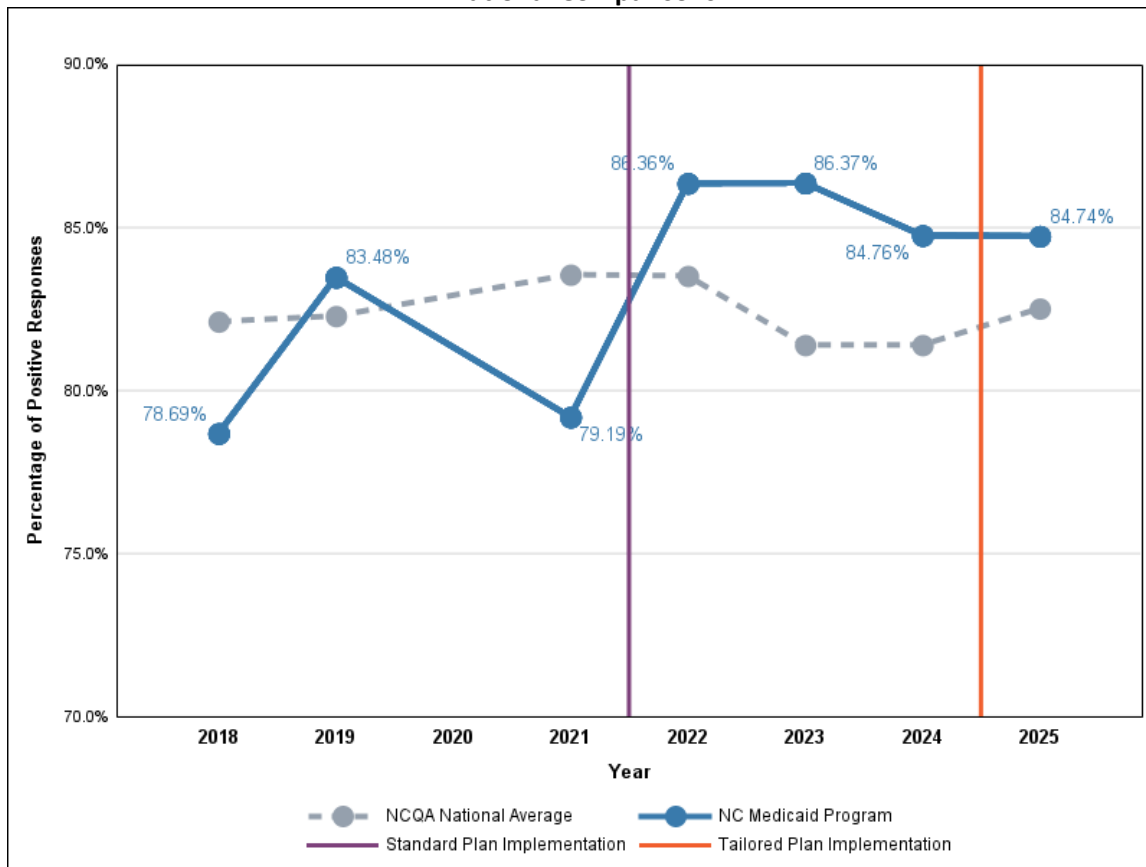
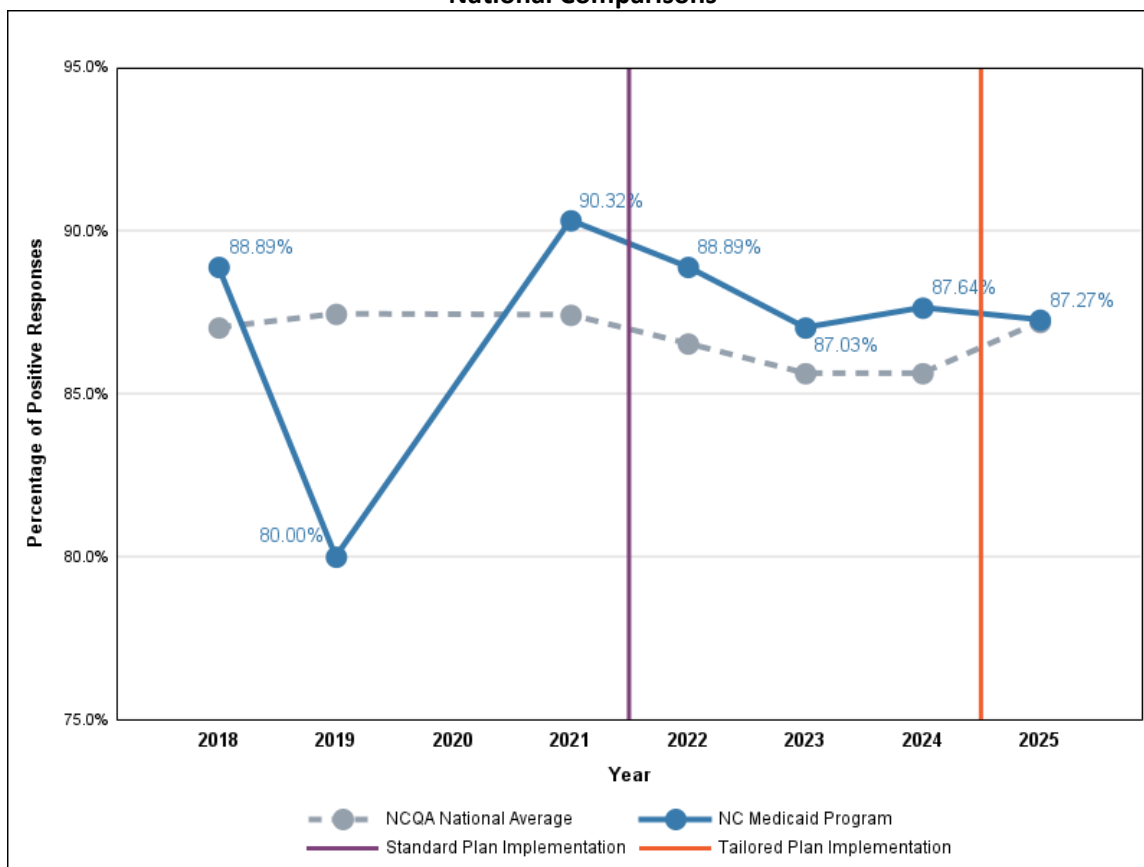


Figure 2-33 shows the *Rating of Specialist Seen Most Often* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

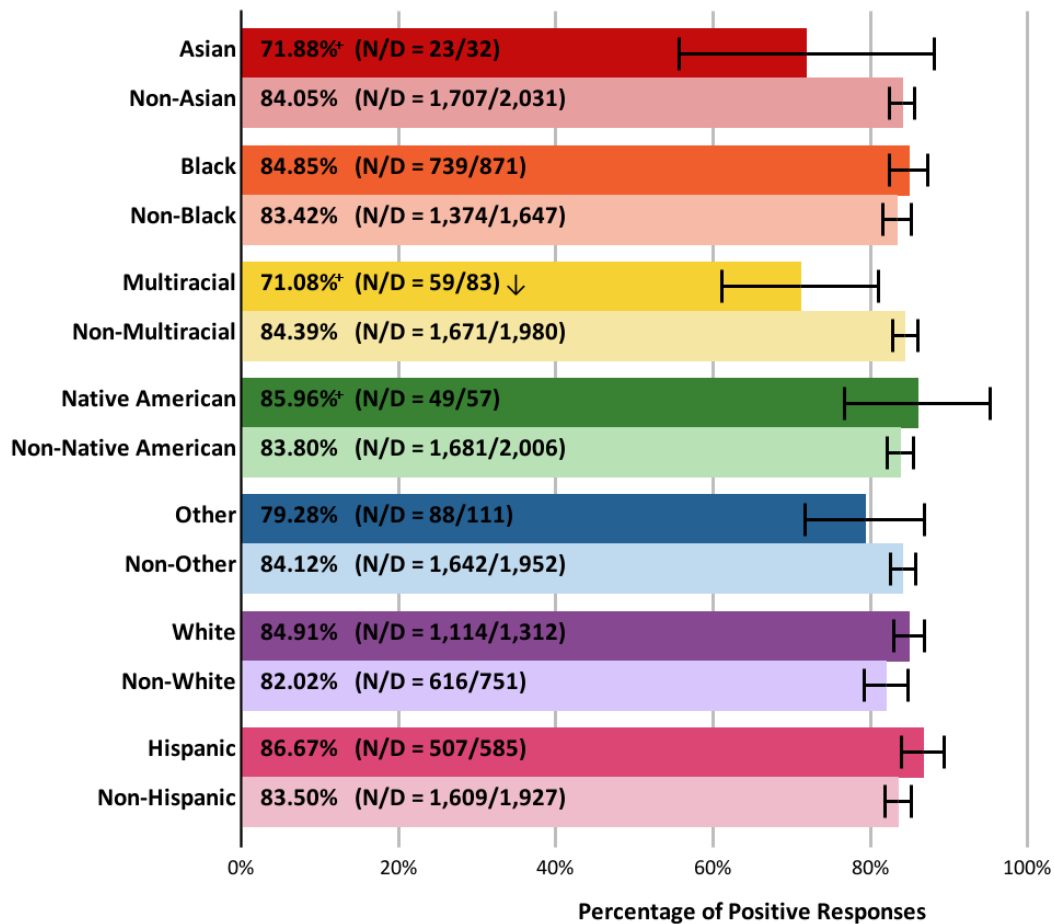
Figure 2-33—Percentage of Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-34 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 Multiracial respondents rated the specialist they saw most often positively when compared to non-Multiracial respondents. There were no significant differences identified by ethnicity.

Figure 2-34—Percentage of 2025 Adult Respondents Who Rate the Specialist They 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

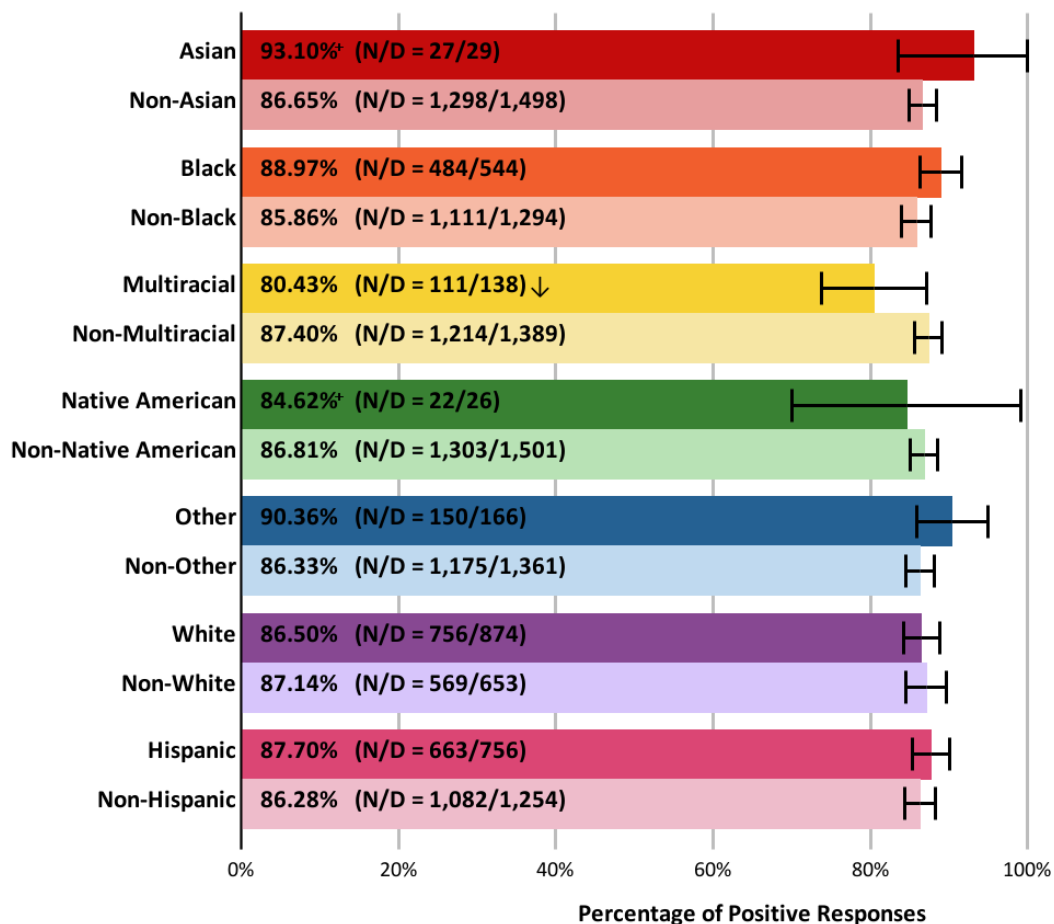
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 2-35 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 parents/caretakers of Multiracial children rated the specialist their child saw most often positively when compared to parents/caretakers of non-Multiracial children. There were no significant differences identified by ethnicity.

Figure 2-35—Percentage of 2025 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-19 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported the specialist they/their child saw most often positively stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-19—Percentage of Adult Respondents and Child Respondents Who Rate The Specialist They/Their Child Saw Most Often Positively and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	83.79%	84.01%	86.78%	86.59%
EBCI Tribal Option	83.87% ⁺	S	100.00% ⁺	S
Medicaid Direct	79.10% ⁺	88.16%	88.06% ⁺	83.95%
Foster Care	N/A	N/A	87.18% ⁺	89.04% ⁺

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.*
N/A Indicates the population is not applicable.

Getting Needed Care

National Percentile Comparisons

Table 2-20 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Getting Needed Care*.

Table 2-20—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Getting Needed Care (2025)

Population	Adult	Child
NC Medicaid Program	★★★ 83.79%	★★★ 85.60%
EBCI Tribal Option	★★★★★ 87.86% ⁺	★★★★★ 96.05% ⁺
Medicaid Direct	★★★★★ 86.50%	★★★★ 89.22%

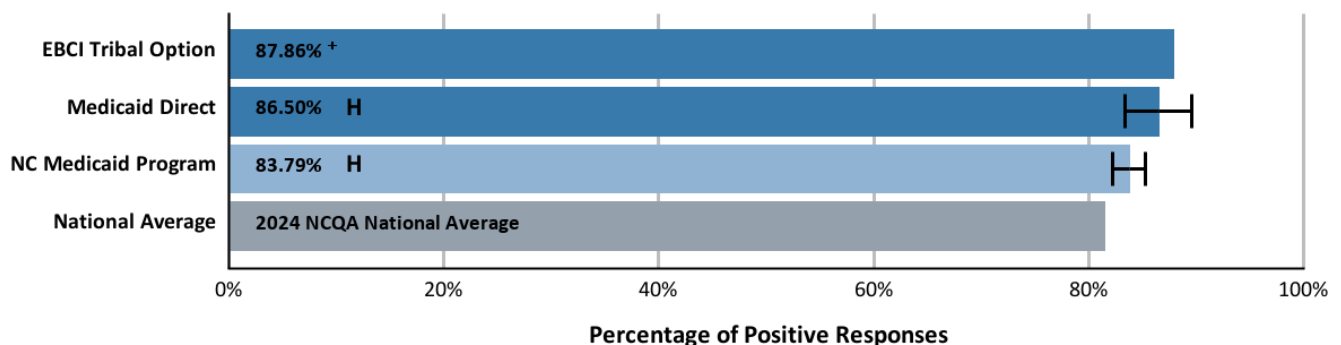
Population	Adult	Child
Foster Care	N/A	★★★★ 87.87%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
N/A Indicates the population is not applicable.
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 in Appendix B beginning on page 510.

Aggregate Comparisons

Figure 2-36 shows the *Getting Needed Care* positive rating results for each adult population, with national and aggregate comparisons. The NC Medicaid Program and Medicaid Direct rates were significantly *higher* than the national average.

Figure 2-36—Percentage of 2025 Adult Respondents Who Usually or Always Got Care They Needed, by Populations, with National and Aggregate Comparisons



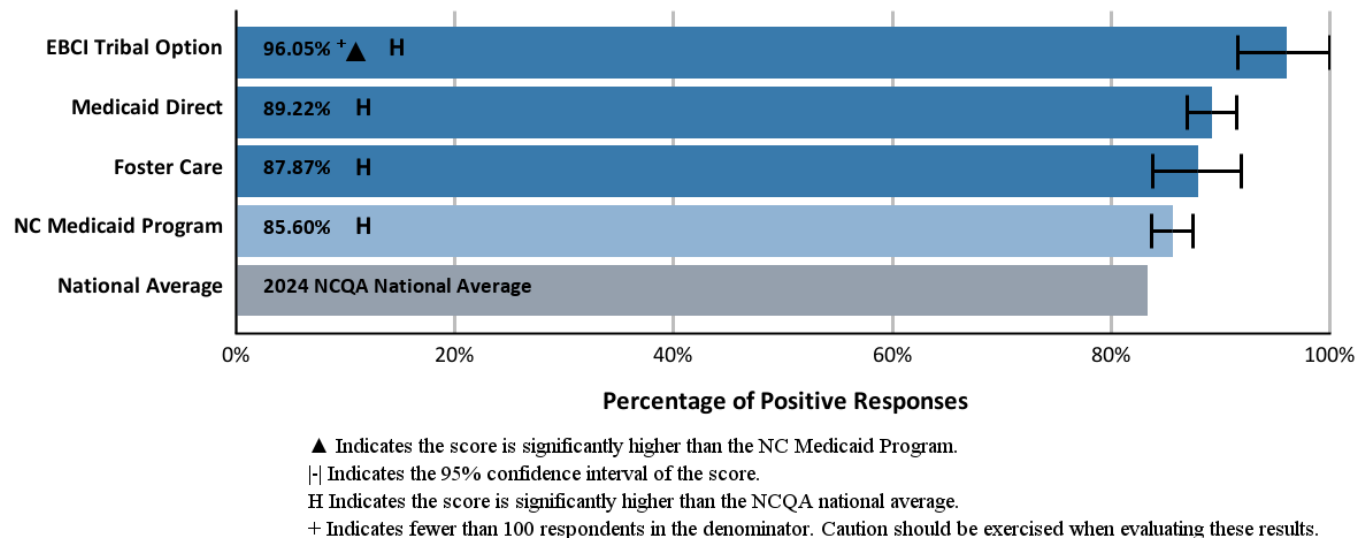
|—| Indicates the 95% confidence interval of the score.

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.

Figure 2-37 shows the *Getting Needed Care* positive rating results for each child population, with national and aggregate comparisons. The EBCI Tribal Option rate was significantly *higher* than the NC Medicaid Program. The NC Medicaid Program, EBCI Tribal Option, Medicaid Direct, and Foster Care rates were significantly *higher* than the national average.

Figure 2-37—Percentage of 2025 Child Respondents Who Usually or Always Got Care They Needed for Their Child, by Populations, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 2-21 shows the *Getting Needed Care* positive rating year-over-year results for the NC Medicaid Program and populations. The adult NC Medicaid Program 2025 rate was significantly *lower* than the 2024 rate.

Table 2-21—Percentage of Adult and Child Respondents Who Usually or Always Got Care They/Their Child Rate Needed, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	86.13%	83.79%	▼
EBCI Tribal Option	87.80% ⁺	87.86% ⁺	∅
Medicaid Direct	89.64%	86.50%	∅
Child			
NC Medicaid Program	86.74%	85.60%	∅
EBCI Tribal Option	91.49% ⁺	96.05% ⁺	∅
Medicaid Direct	88.45%	89.22%	∅
Foster Care	87.25%	87.87%	∅

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.

Figure 2-38 shows the *Getting Needed Care* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-38—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, and 2025), with National Comparisons

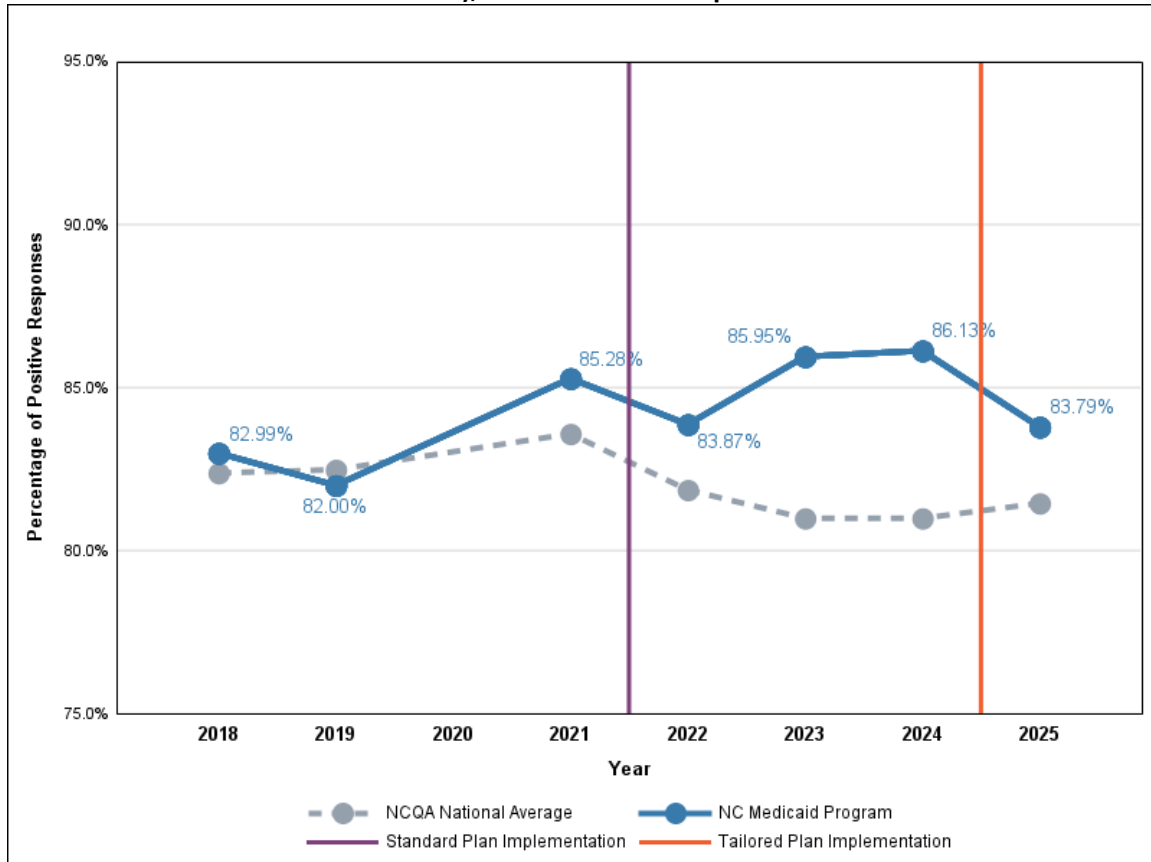
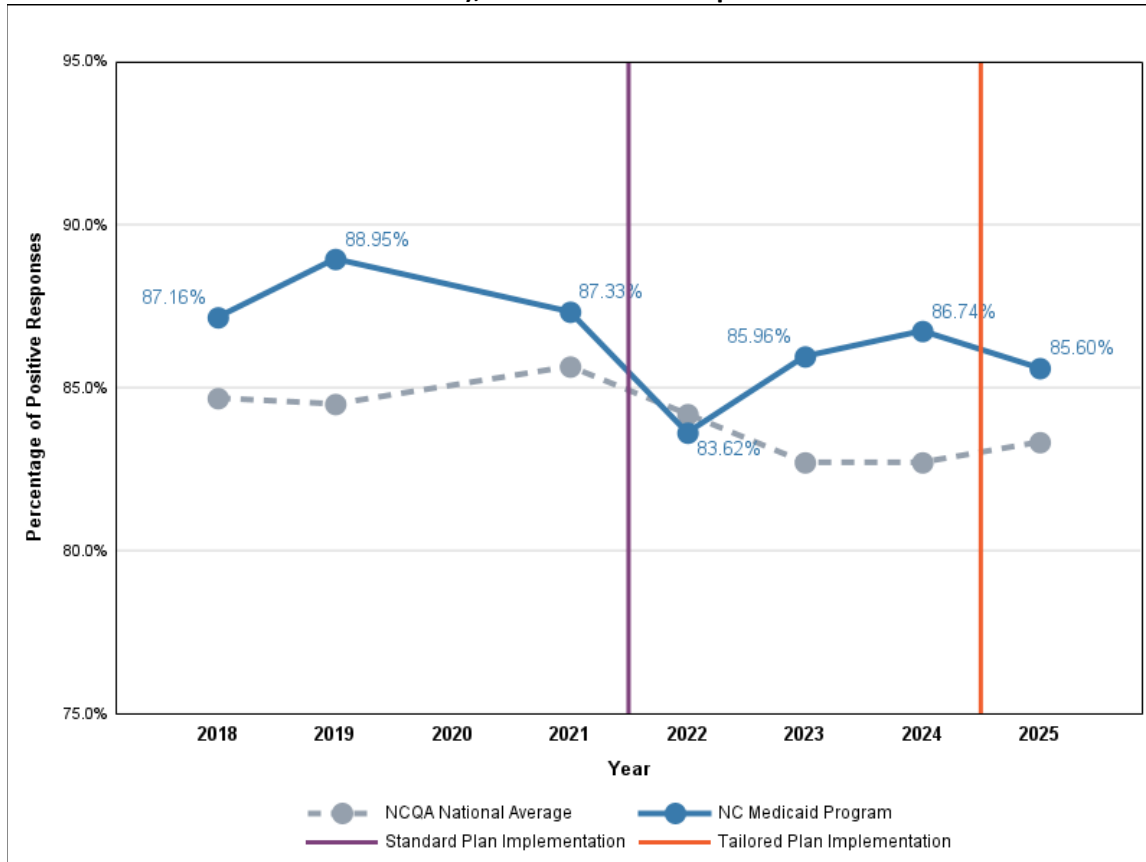


Figure 2-39 shows the *Getting Needed Care* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

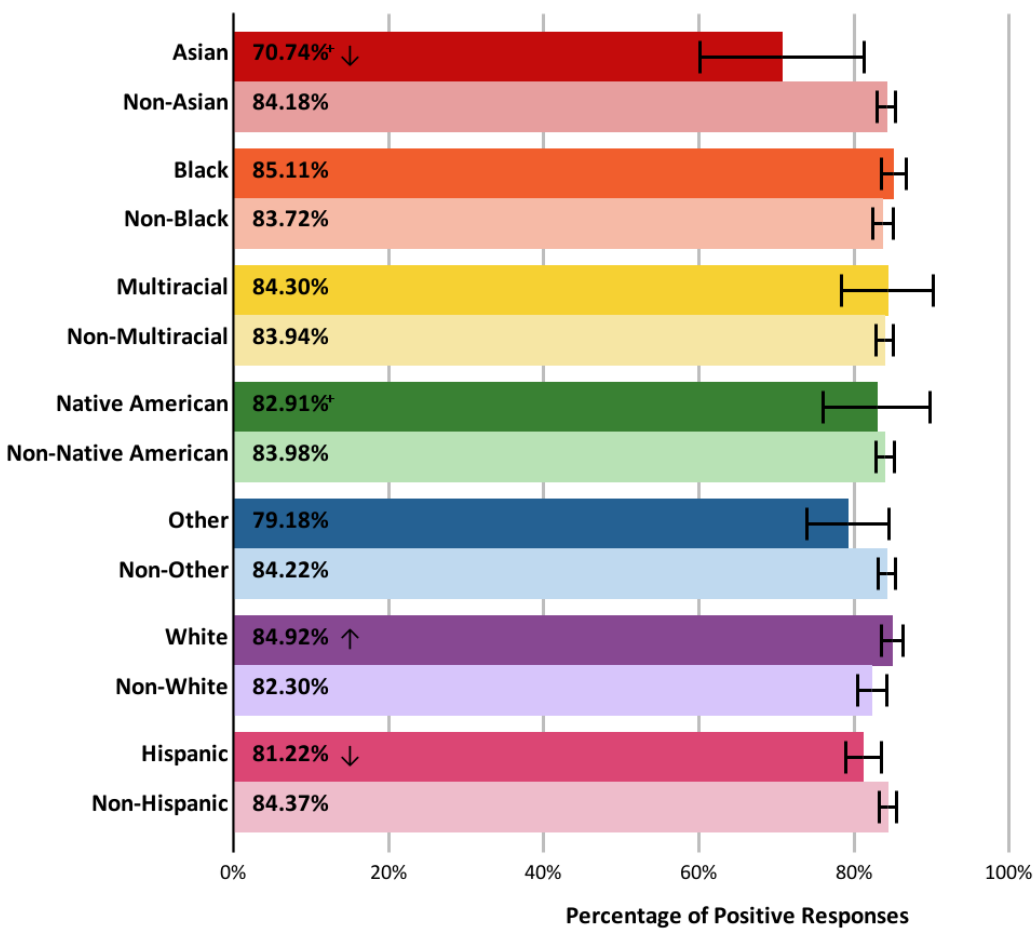
Figure 2-39—Percentage of Child Respondents Who Usually or Always Got Care They Needed for Their Child for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-40 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 White respondents reported they usually or always got care they needed when compared to non-White respondents. A significantly *lower* percentage of Asian and Hispanic respondents reported they usually or always got care they needed when compared to non-Asian and non-Hispanic respondents, respectively.

Figure 2-40—Percentage of 2025 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

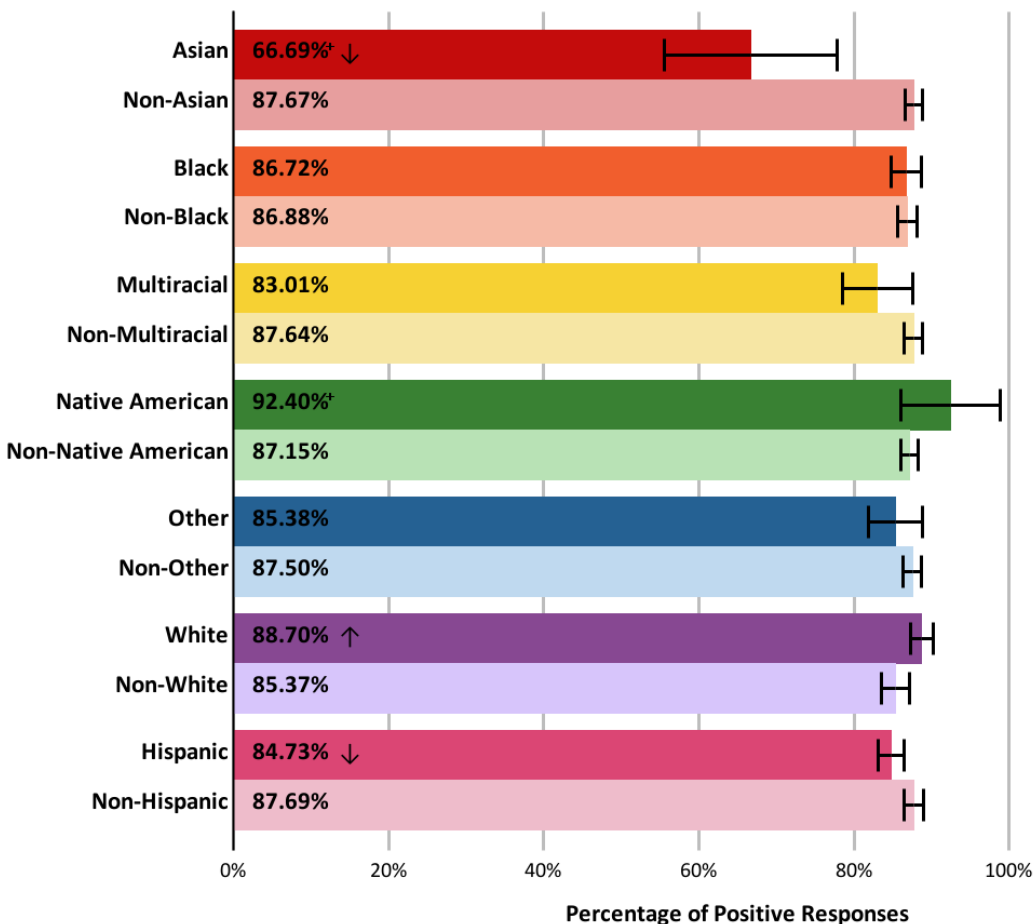
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 2-41 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 *higher* percentage of parents/caretakers of White children reported their child usually or always got care they needed when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian and Hispanic children reported their child usually or always got care they needed when compared to parents/caretakers of non-Asian and non-Hispanic children, respectively.

Figure 2-41—Percentage of 2025 Child Respondents Who Usually or Always Got Care They Needed for Their Child for NC Medicaid Program, by Race and Ethnicity



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

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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-22 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported they/their child usually or always got care they/their child needed stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-22—Percentage of Adult Respondents and Child Respondents Who Usually or Always Got Care They/Their Child Needed and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	82.74%	84.32%	88.10%	86.89%
EBCI Tribal Option	87.04% ⁺	S	95.95% ⁺	S
Medicaid Direct	85.38% ⁺	87.08%	92.53%	88.37%
Foster Care	N/A	N/A	85.80% ⁺	88.98%

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.
N/A Indicates the population is not applicable.

Getting Care Quickly

National Percentile Comparisons

Table 2-23 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Getting Care Quickly*.

Table 2-23—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Getting Care Quickly (2025)

Population	Adult	Child
NC Medicaid Program	★★★★ 84.47%	★★★ 87.80%
EBCI Tribal Option	★★★★★ 87.54% ⁺	★★★★★ 93.02% ⁺
Medicaid Direct	★★★★ 86.35%	★★★★★ 95.18%

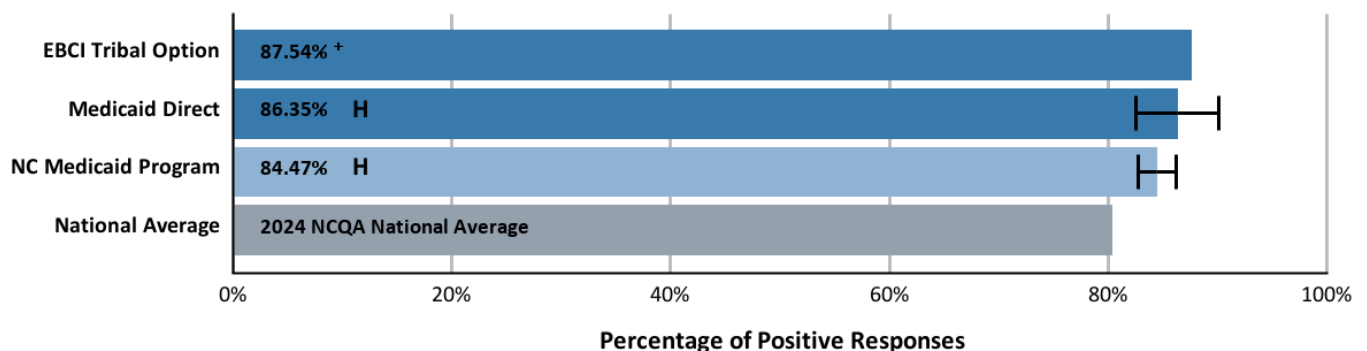
Population	Adult	Child
Foster Care	N/A	★★★★ 91.70%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
N/A Indicates the population is not applicable.
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 in Appendix B beginning on page 510.

Aggregate Comparisons

Figure 2-42 shows the *Getting Care Quickly* positive rating results for each adult population, with national and aggregate comparisons. The NC Medicaid Program and Medicaid Direct rates were significantly *higher* than the national average.

Figure 2-42—Percentage of 2025 Adult Respondents Who Usually or Always Got Care Quickly, by Populations, with National and Aggregate Comparisons



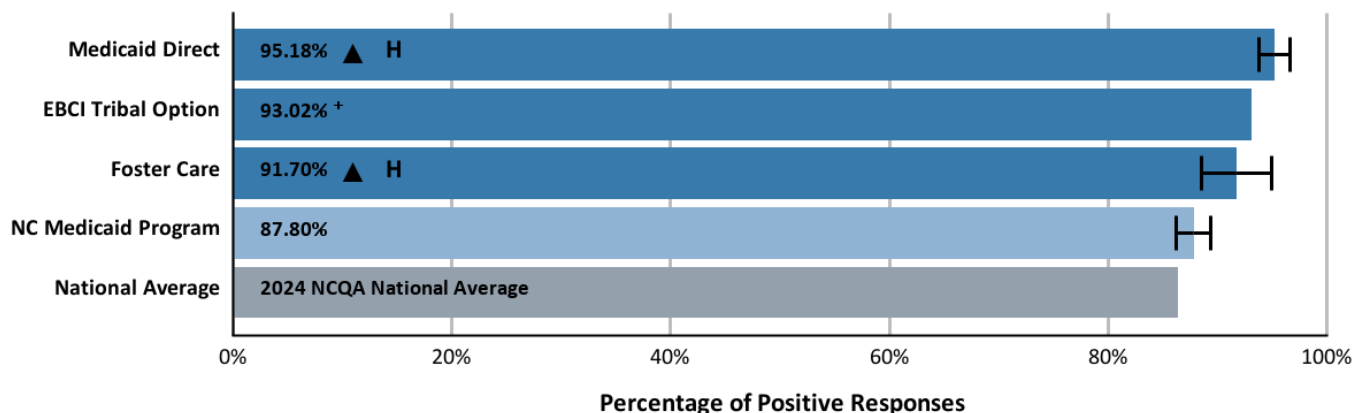
—|— Indicates the 95% confidence interval of the score.

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.

Figure 2-43 shows the *Getting Care Quickly* positive rating results for each child population, with national and aggregate comparisons. The Medicaid Direct and Foster Care rates were significantly *higher* than the NC Medicaid Program and national average.

Figure 2-43—Percentage of 2025 Child Respondents Who Usually or Always Got Care Quickly for Their Child, by Populations, with National and Aggregate Comparisons



▲ 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.

Year-Over-Year Analysis

Table 2-24 shows the *Getting Care Quickly* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-24—Percentage of Adult and Child Respondents Who Usually or Always Got Care Quickly for Themselves/Their Child, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	84.64%	84.47%	∅
EBCI Tribal Option	88.12% ⁺	87.54% ⁺	∅
Medicaid Direct	86.80%	86.35%	∅
Child			
NC Medicaid Program	89.18%	87.80%	∅
EBCI Tribal Option	85.61% ⁺	93.02% ⁺	∅
Medicaid Direct	93.57%	95.18%	∅
Foster Care	91.83%	91.70%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.

Figure 2-44 shows the *Getting Care Quickly* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-44—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, and 2025), with National Comparisons

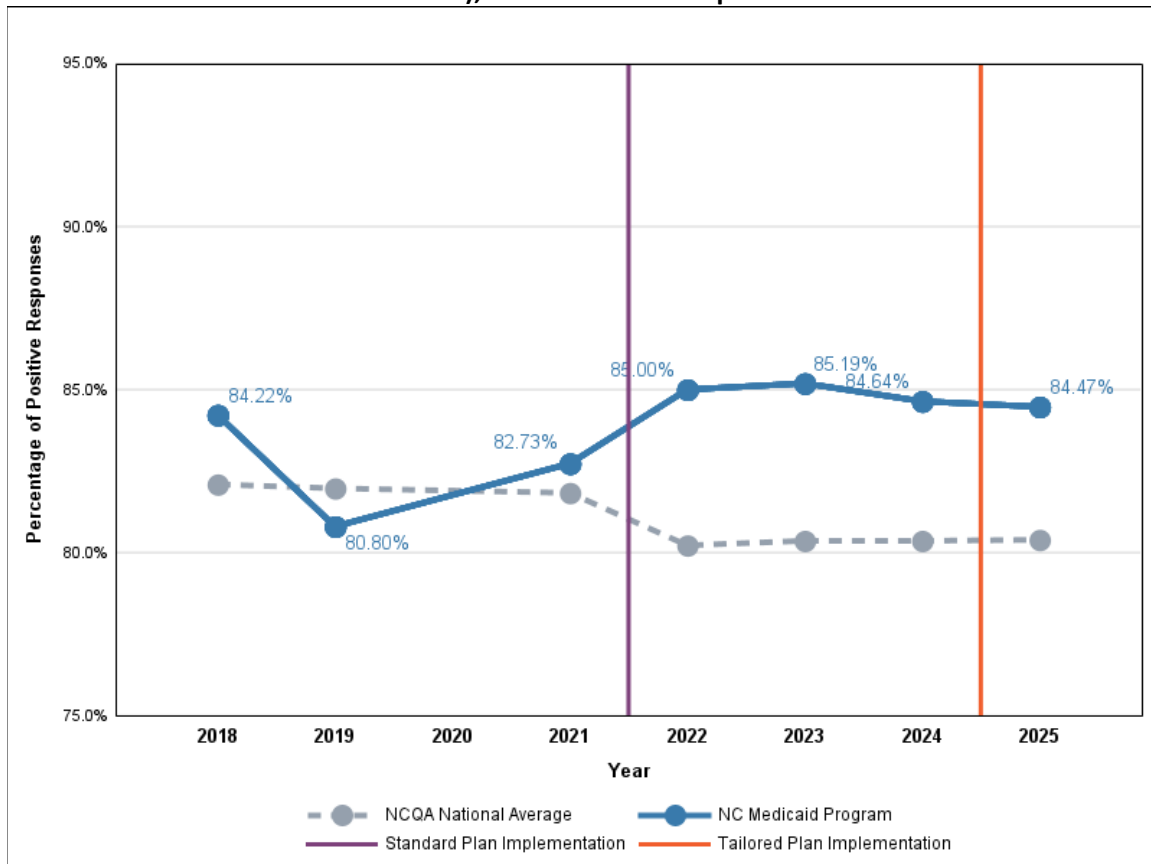
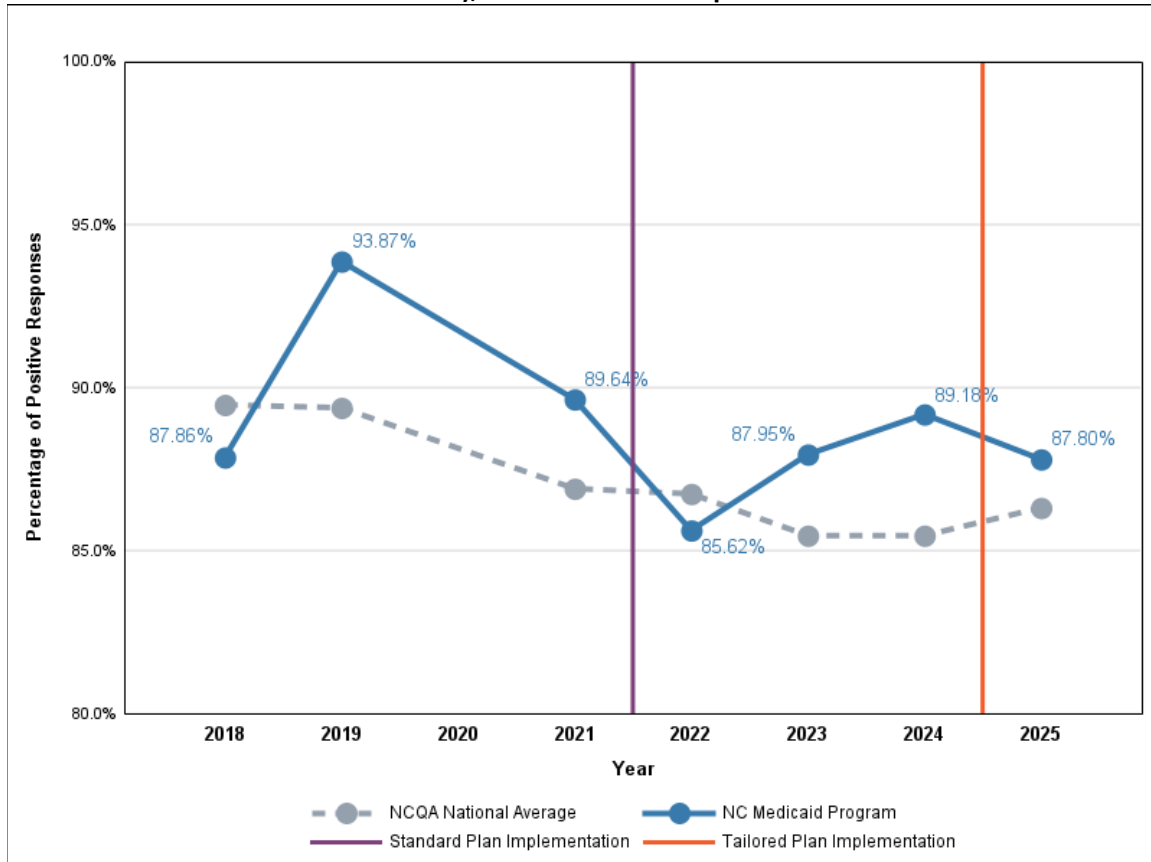


Figure 2-45 shows the *Getting Care Quickly* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

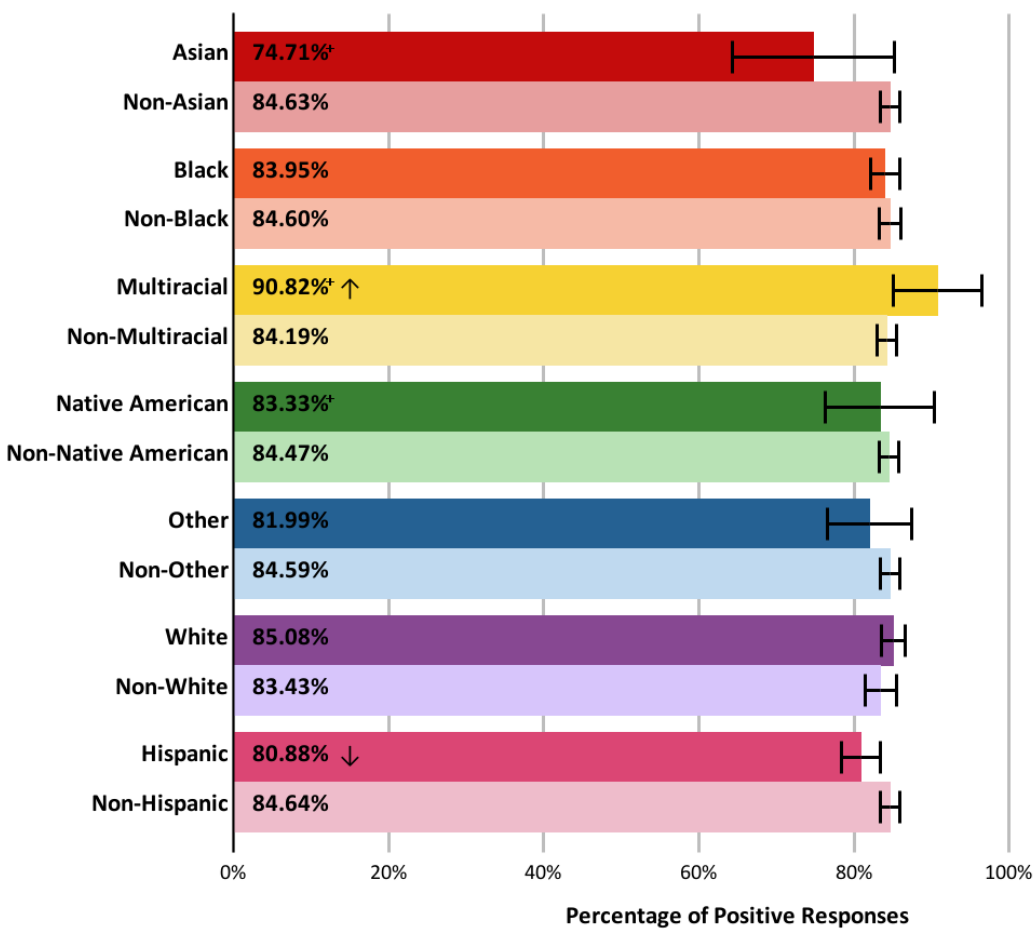
Figure 2-45—Percentage of Child Respondents Who Usually or Always Got Care Quickly for Their Child for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-46 shows the *Getting Care Quickly* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Multiracial respondents reported they usually or always got care quickly when compared to non-Multiracial respondents. A significantly *lower* percentage of Hispanic respondents reported they usually or always got care quickly when compared to non-Hispanic respondents.

Figure 2-46—Percentage of 2025 Adult Respondents Who Usually or Always Got Care Quickly 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

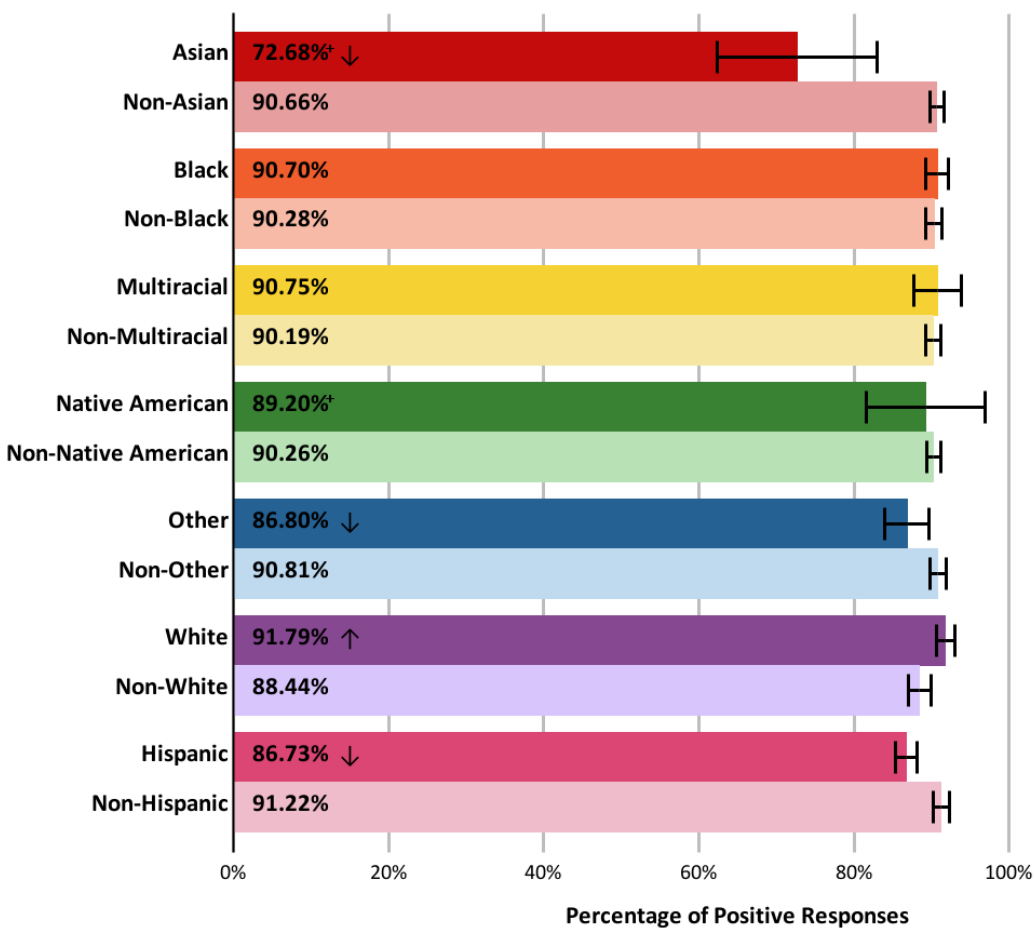
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 2-47 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 parents/caretakers of White children reported their child usually or always got care quickly when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child usually or always got care quickly when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively.

Figure 2-47—Percentage of 2025 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

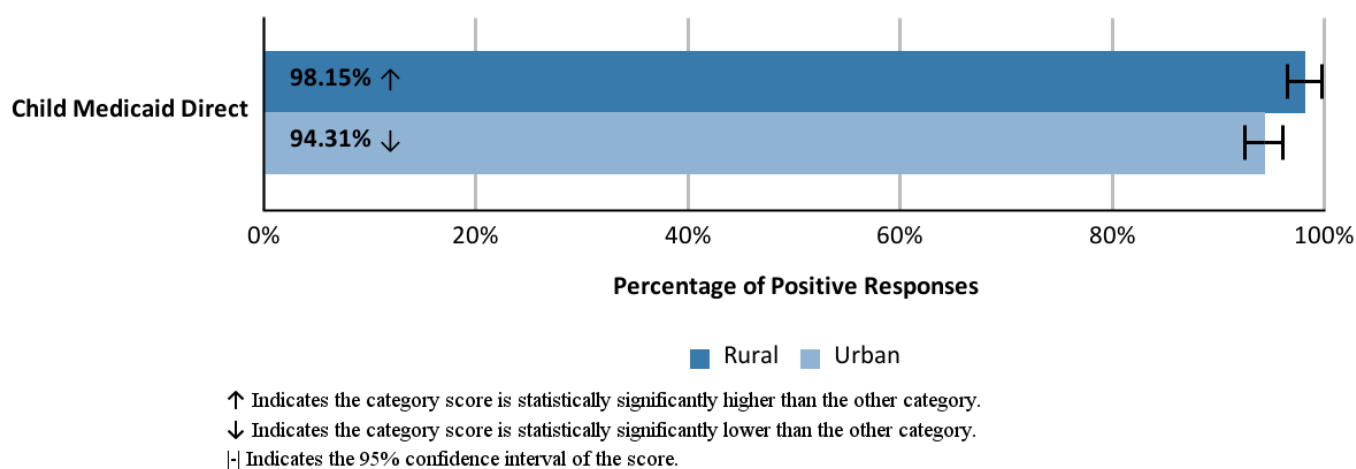
Table 2-25 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported they/their child usually or always got care quickly stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-48 shows the significant differences for *Getting Care Quickly* by geography for parents/caretakers of child beneficiaries. The Medicaid Direct rate for parents/caretakers of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 2-25—Percentage of Adult Respondents and Child Respondents Who Usually or Always Got Care Quickly and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	85.00%	84.15%	89.56%	90.38%
EBCI Tribal Option	86.67% ⁺	S	93.02% ⁺	S
Medicaid Direct	84.06% ⁺	87.43%	98.15% [↑]	94.31% [↓]
Foster Care	N/A	N/A	92.76% ⁺	91.29%

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.
N/A Indicates the population is not applicable.
 Blue and orange shading indicates the category score is significantly different than the other category.
[↑] Indicates the category score is significantly higher than the other category.
[↓] Indicates the category score is significantly lower than the other category.

Figure 2-48—Significant Differences: Percentage of Child Respondents Who Usually or Always Got Care Quickly and Geographic Comparisons, by Populations (2025)



How Well Doctors Communicate

National Percentile Comparisons

Table 2-26 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *How Well Doctors Communicate*.

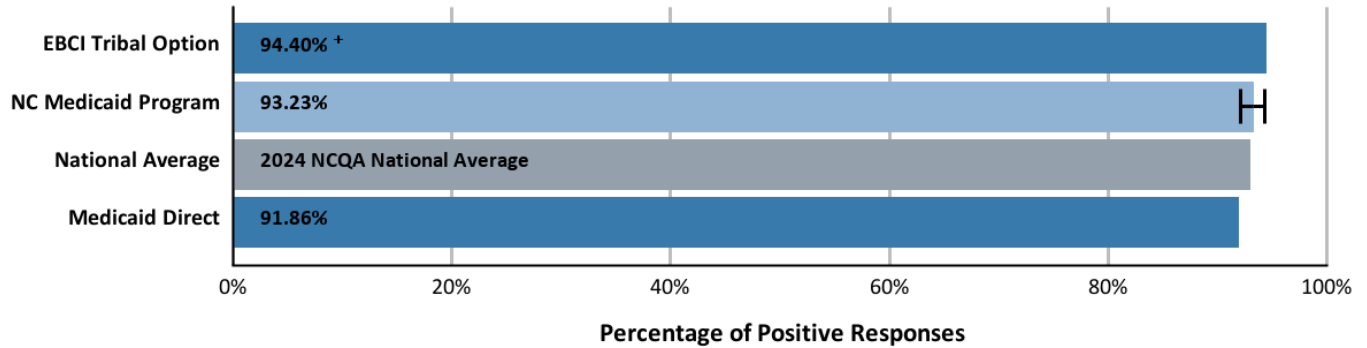
**Table 2-26—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by Populations: How Well Doctors Communicate (2025)**

Population	Adult	Child
NC Medicaid Program	★★★ 93.23%	★★★★★ 95.53%
EBCI Tribal Option	★★★★ 94.40% ⁺	★★ 93.52% ⁺
Medicaid Direct	★★ 91.86%	★★★★★ 98.84%
Foster Care	N/A	★★★★★ 97.22%
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. N/A Indicates the population is not applicable. 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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 2-49 shows the *How Well Doctors Communicate* positive rating results for each adult population, with national and aggregate comparisons. None of the populations' rates were significantly different than the national average or NC Medicaid Program.

Figure 2-49—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them, by Populations, with National and Aggregate Comparisons

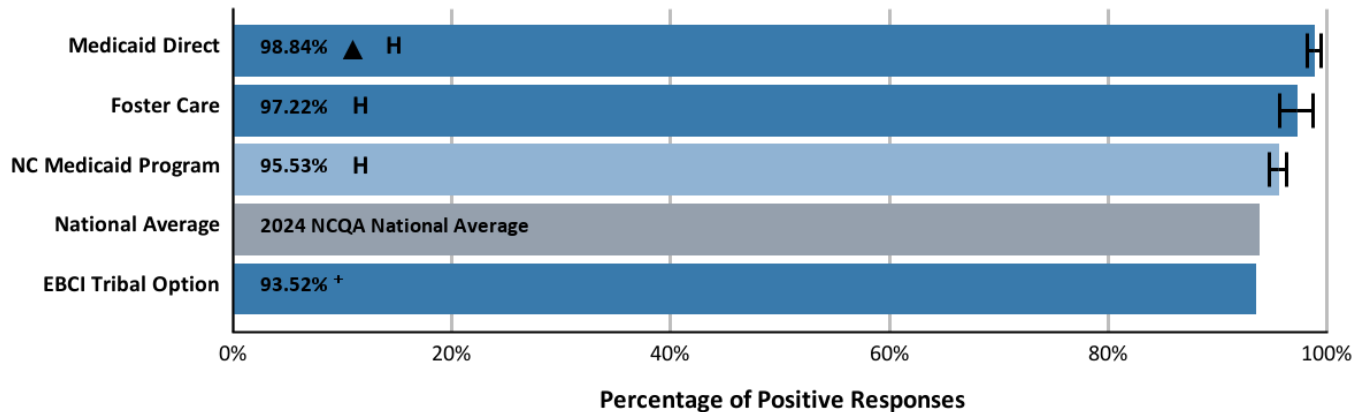


|—| Indicates the 95% confidence interval of the score.

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

Figure 2-50 shows the *How Well Doctors Communicate* positive rating results for each child population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the NC Medicaid Program. The NC Medicaid Program, Medicaid Direct, and Foster Care rates were significantly *higher* than the national average.

Figure 2-50—Percentage of 2025 Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them, by Populations, with National and Aggregate Comparisons



▲ 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.

Year-Over-Year Analysis

Table 2-27 shows the *How Well Doctors Communicate* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-27—Percentage of Adult and Child Respondents Whose Personal Doctor Usually or Always Communicated Well with Them, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	94.38%	93.23%	Ø
EBCI Tribal Option	96.55% ⁺	94.40% ⁺	Ø
Medicaid Direct	94.60%	91.86%	Ø
Child			
NC Medicaid Program	96.08%	95.53%	Ø
EBCI Tribal Option	100.00% ⁺	93.52% ⁺	Ø
Medicaid Direct	98.21%	98.84%	Ø
Foster Care	97.30%	97.22%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Figure 2-51 shows the *How Well Doctors Communicate* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-51—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, and 2025), with National Comparisons

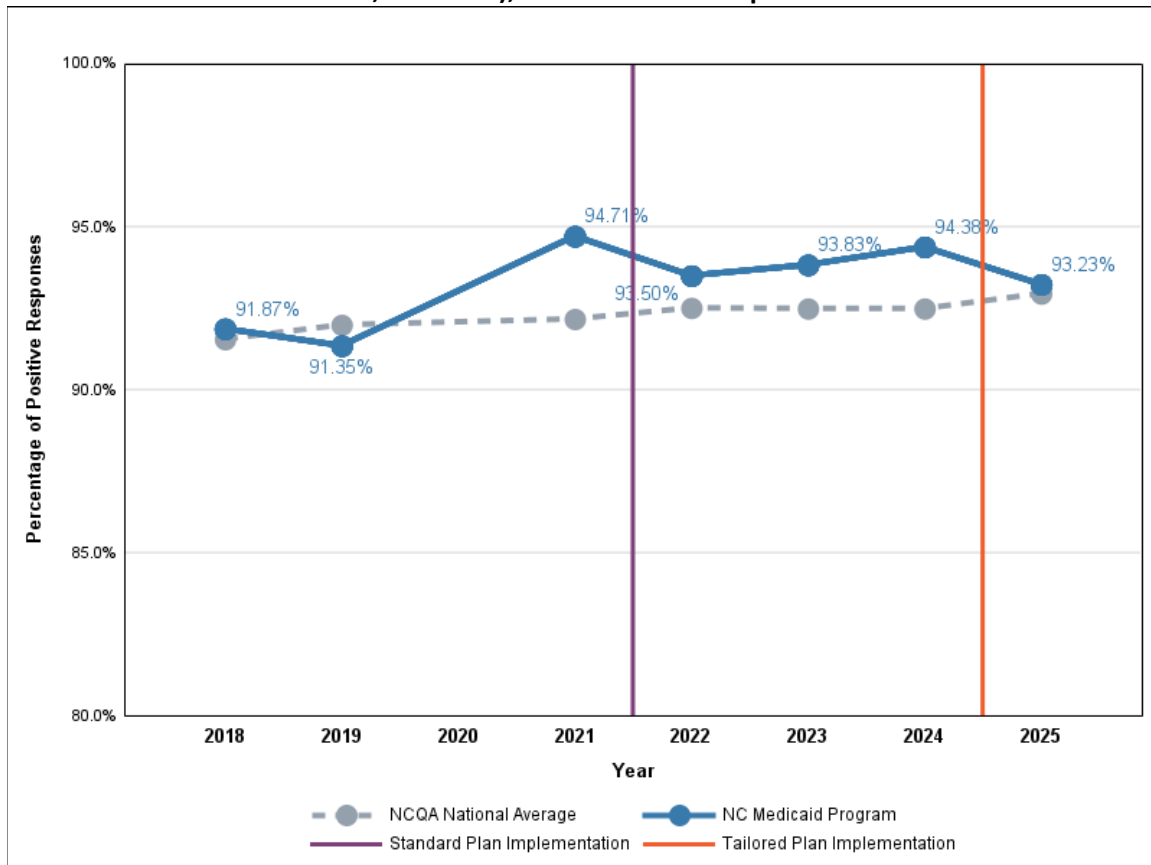
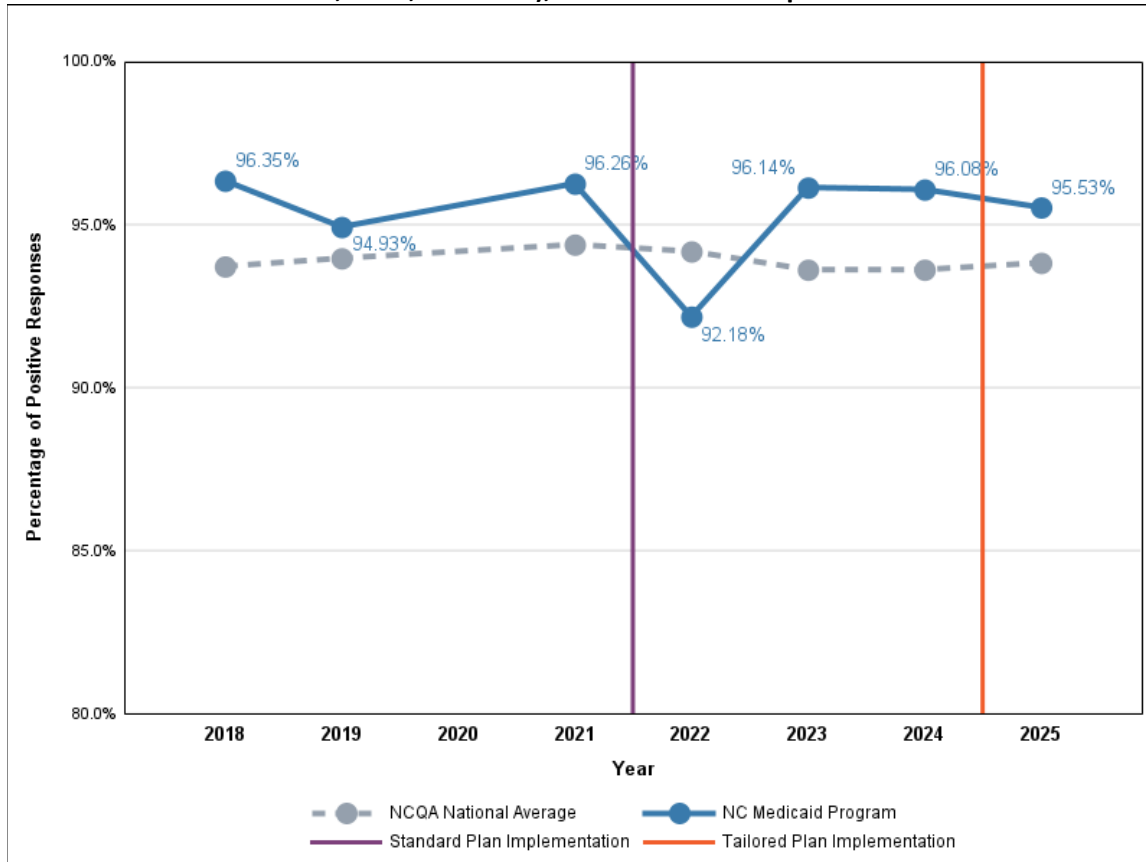


Figure 2-52 shows the *How Well Doctors Communicate* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

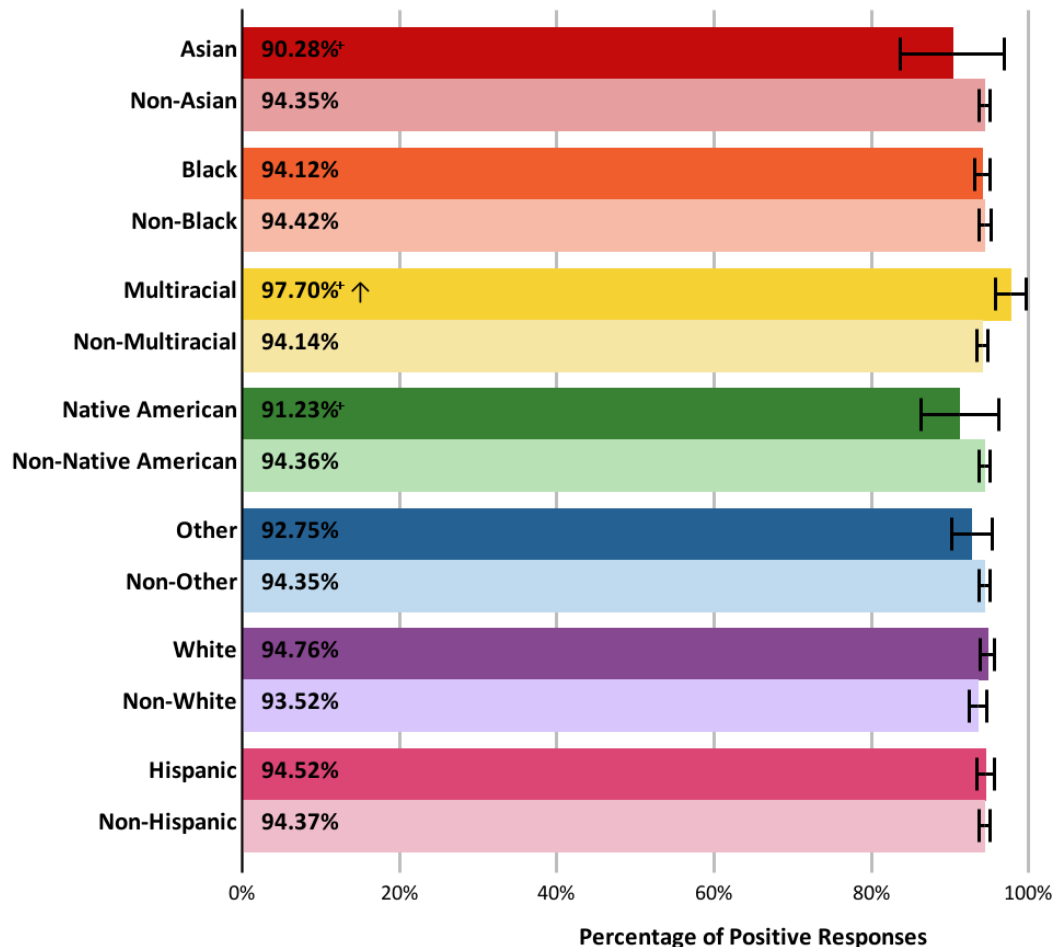
Figure 2-52—Percentage of Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-53 shows the *How Well Doctors Communicate* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Multiracial respondents reported their personal doctor usually or always communicated well with them when compared to non-Multiracial respondents. There were no significant differences identified by ethnicity.

Figure 2-53—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them for NC Medicaid Program, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

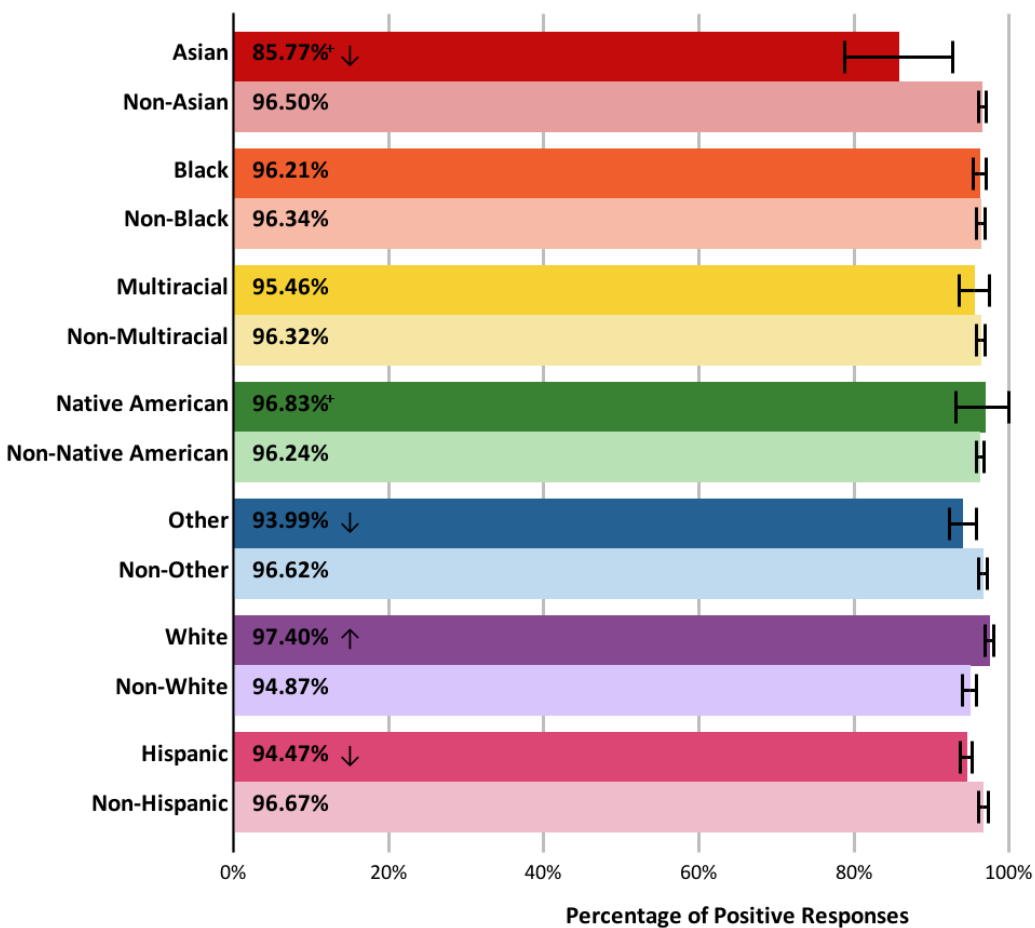
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 2-54 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 parents/caretakers of White children reported their child's personal doctor usually or always communicated well with them when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child's personal doctor usually or always communicated well with them when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively.

Figure 2-54—Percentage of 2025 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-28 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/child's personal doctor usually or always communicated well with them stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-28—Percentage of Adult Respondents and Child Respondents Whose Personal Doctor Usually or Always Communicated Well with Them and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	94.07%	94.38%	96.17%	96.18%
EBCI Tribal Option	94.20% ⁺	S	93.52% ⁺	S
Medicaid Direct	90.94% ⁺	92.33%	98.31%	99.01%
Foster Care	N/A	N/A	95.63% ⁺	97.96%

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.
N/A Indicates the population is not applicable.

Customer Service

National Percentile Comparisons

Table 2-29 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Customer Service*.

Table 2-29—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Customer Service (2025)

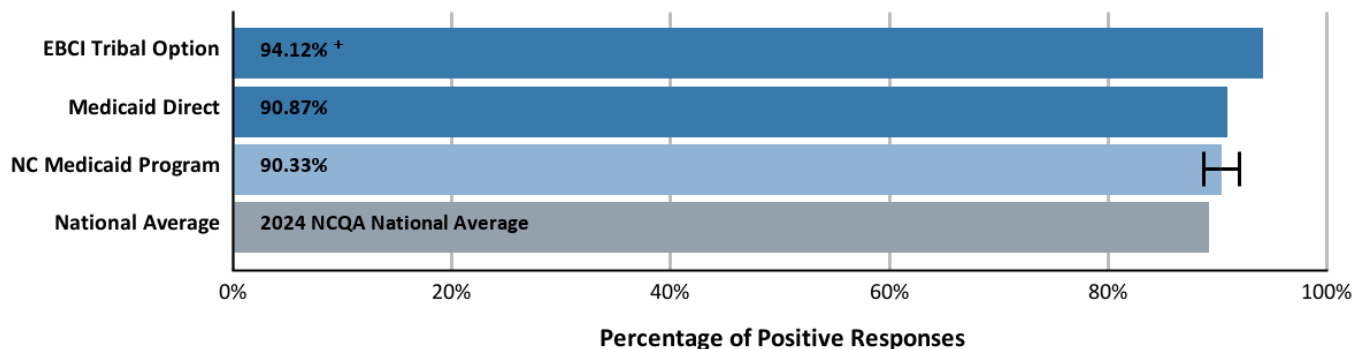
Population	Adult	Child
NC Medicaid Program	★★★★ 90.33%	★★★★ 88.77%
EBCI Tribal Option	★★★★★ 94.12% ⁺	★★★★★ 100.00% ⁺
Medicaid Direct	★★★★ 90.87%	★★ 87.62%

Population	Adult	Child
Foster Care	N/A	★★★★★ 94.82% ⁺
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. N/A Indicates the population is not applicable. 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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 2-55 shows the *Customer Service* positive rating results for each adult population, with national and aggregate comparisons. None of the populations' rates were significantly different than the national average or NC Medicaid Program.

Figure 2-55—Percentage of 2025 Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan's Customer Service, by Populations, with National and Aggregate Comparisons

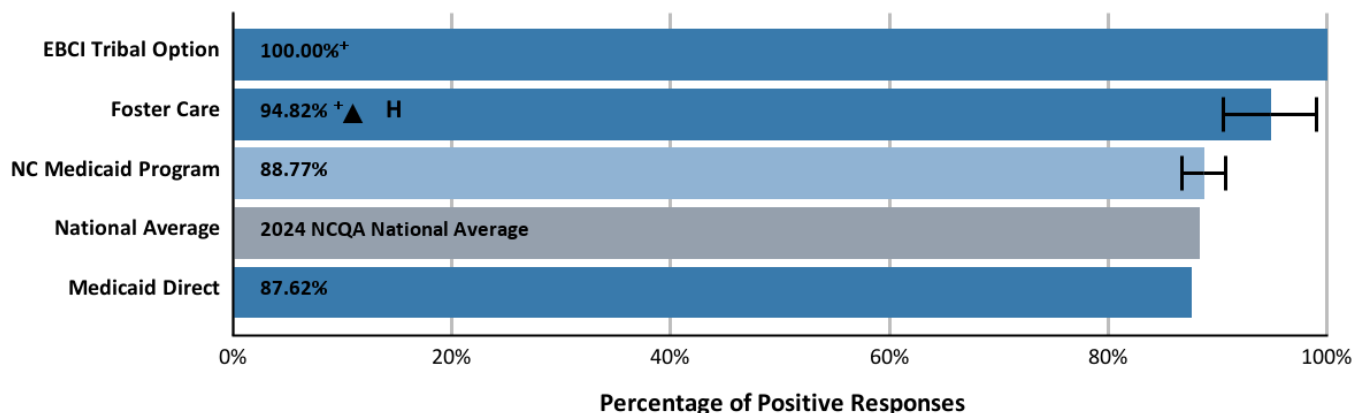


|—| Indicates the 95% confidence interval of the score.

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

Figure 2-56 shows the *Customer Service* positive rating results for each child population, with national and aggregate comparisons. The Foster Care rate was significantly *higher* than the NC Medicaid Program and national average.

Figure 2-56—Percentage of 2025 Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service, by Populations, with National and Aggregate Comparisons



▲ 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.

Year-Over-Year Analysis

Table 2-30 shows the *Customer Service* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-30—Percentage of Adult and Child Respondents Who Usually or Always Had a Positive Experience with Their/Their Child’s Health Plan’s Customer Service, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	91.35%	90.33%	Ø
EBCI Tribal Option	96.00% ⁺	94.12% ⁺	Ø
Medicaid Direct	94.64%	90.87%	Ø
Child			
NC Medicaid Program	87.64%	88.77%	Ø
EBCI Tribal Option	92.50% ⁺	100.00% ⁺	Ø
Medicaid Direct	88.76%	87.62%	Ø
Foster Care	88.95% ⁺	94.82% ⁺	Ø

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.

Figure 2-57 shows the *Customer Service* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-57—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, and 2025), with National Comparisons

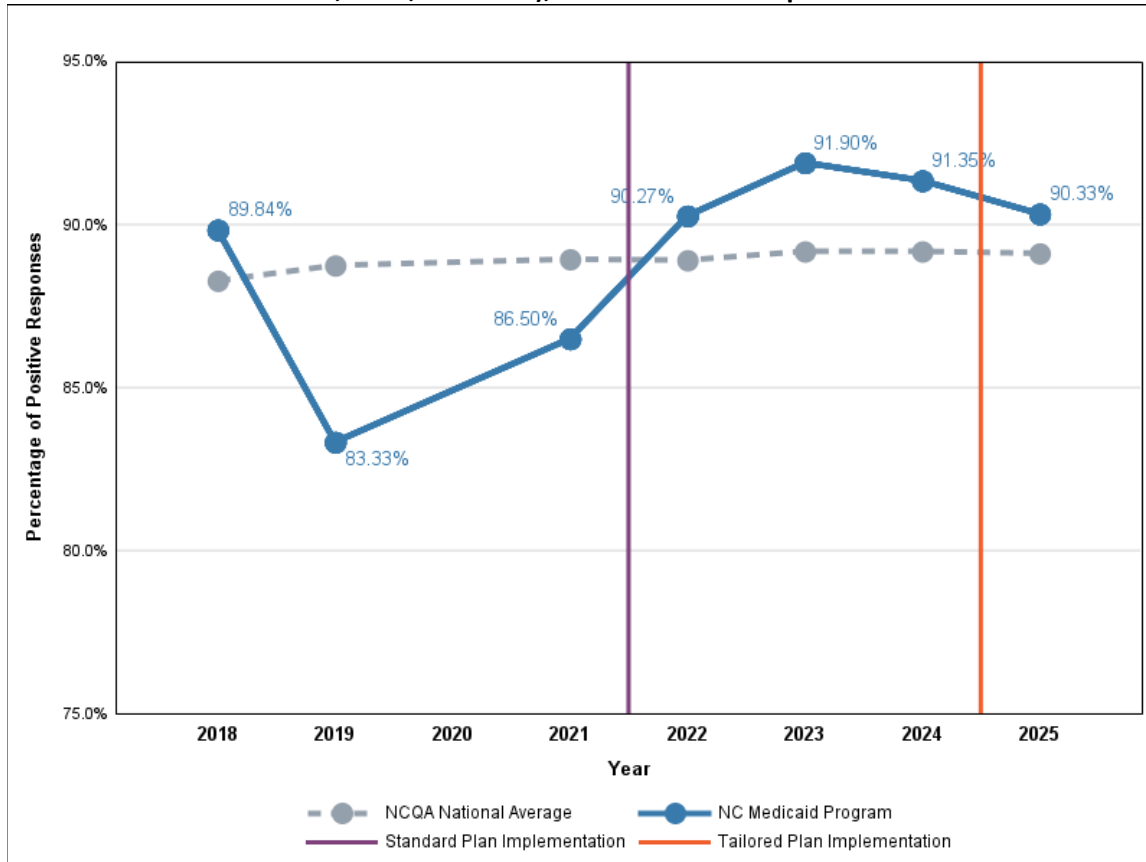
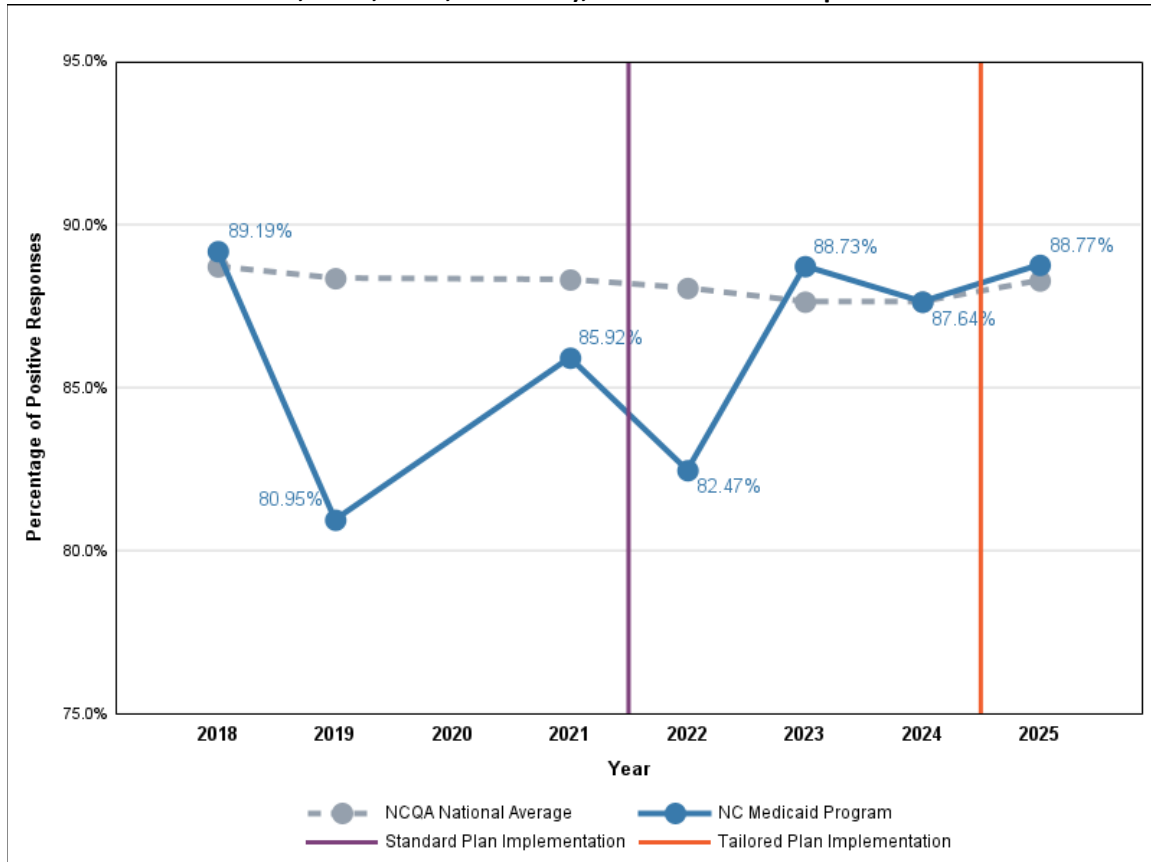


Figure 2-58 shows the *Customer Service* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

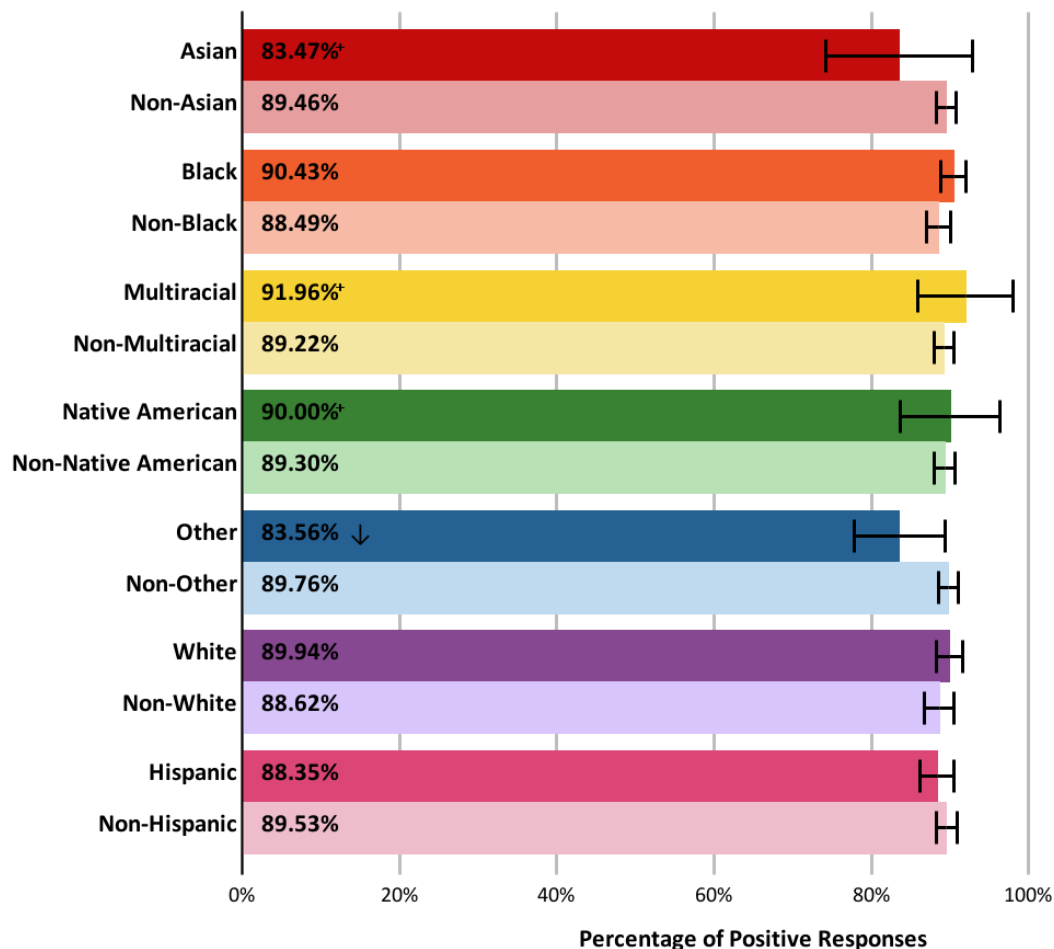
Figure 2-58—Percentage of Child Respondents Who Usually or Always Had a Positive Experience with Their Child’s Health Plan’s Customer Service for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-59 shows the *Customer Service* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Other race respondents usually or always had a positive experience with their health plan's customer service when compared to non-Other race respondents. There were no significant differences identified by ethnicity.

Figure 2-59—Percentage of 2025 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 lower than the comparison group's score.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

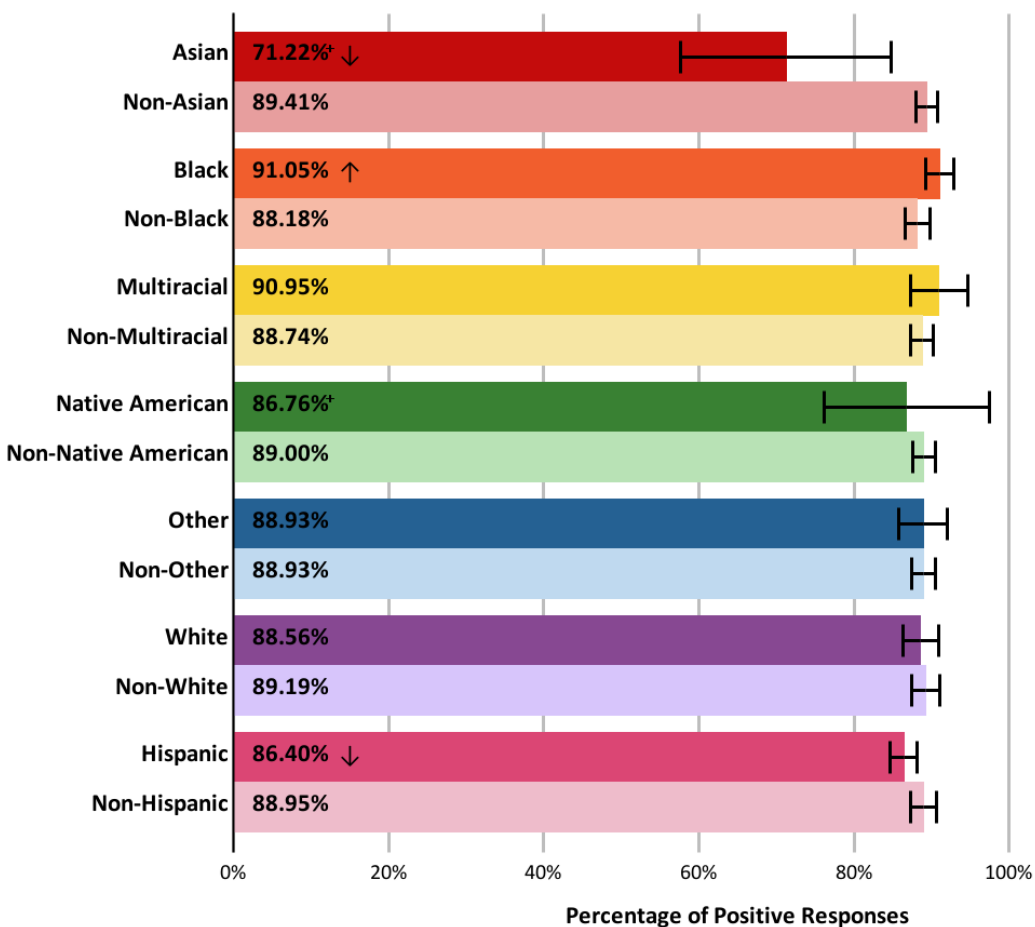
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 2-60 shows the *Customer Service* 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 parents/caretakers of Black children usually or always had a positive experience with their child's health plan's customer service when compared to parents/caretakers of non-Black children. A significantly *lower* percentage of parents/caretakers of Asian and Hispanic children usually or always had a positive experience with their child's health plan's customer service when compared to parents/caretakers of non-Asian and non-Hispanic children, respectively.

Figure 2-60—Percentage of 2025 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-31 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported usually or always having a positive experience with their/their child's health plan's customer service stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-31—Percentage of Adult Respondents and Child Respondents Who Usually or Always Had a Positive Experience With Their/Their Child's Health Plan's Customer Service and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	90.36%	89.19%	89.06%	88.71%
EBCI Tribal Option	93.75% ⁺	S	100.00% ⁺	S
Medicaid Direct	91.39% ⁺	90.66%	93.55% ⁺	86.06%
Foster Care	N/A	N/A	98.08% ⁺	92.68% ⁺
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. N/A Indicates the population is not applicable.				

Coordination of Care

National Percentile Comparisons

Table 2-32 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Coordination of Care*.

Table 2-32—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Coordination of Care (2025)

Population	Adult	Child
NC Medicaid Program	★★★ 86.44%	★★★ 84.81%
EBCI Tribal Option	★★★★★ 94.12% ⁺	★★★★★ 89.47% ⁺
Medicaid Direct	★★★ 86.34%	★★★ 86.15%

Population	Adult	Child
Foster Care	N/A	★★★★ 88.89%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/A Indicates the population is not applicable.
 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 in Appendix B beginning on page 510.

Aggregate Comparisons

Figure 2-61 shows the *Coordination of Care* positive rating results for each adult population, with national and aggregate comparisons. The EBCI Tribal Option rate was significantly *higher* than the national average.

Figure 2-61—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers, by Populations, with National and Aggregate Comparisons

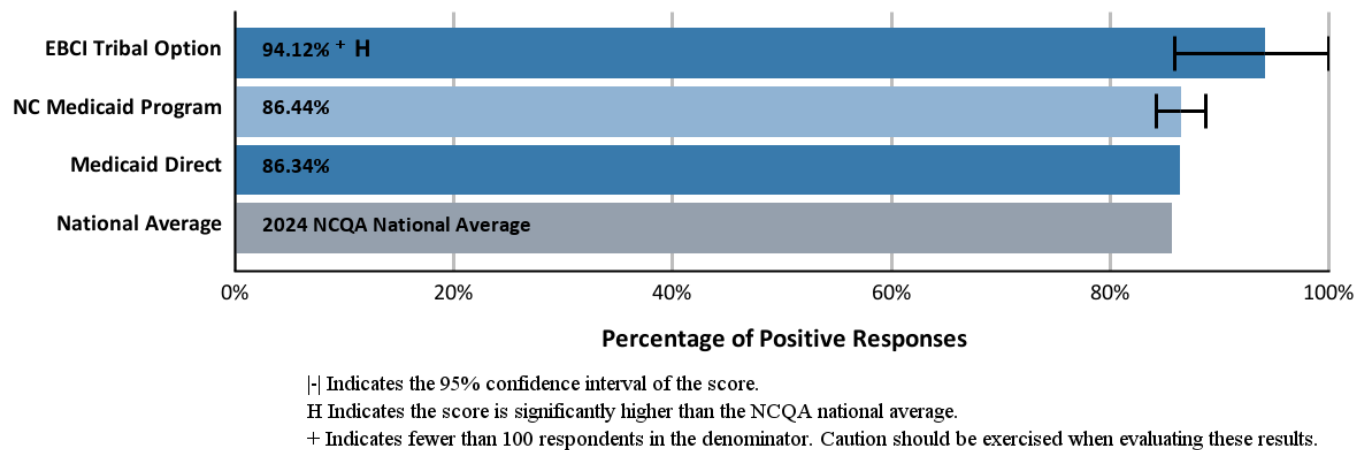
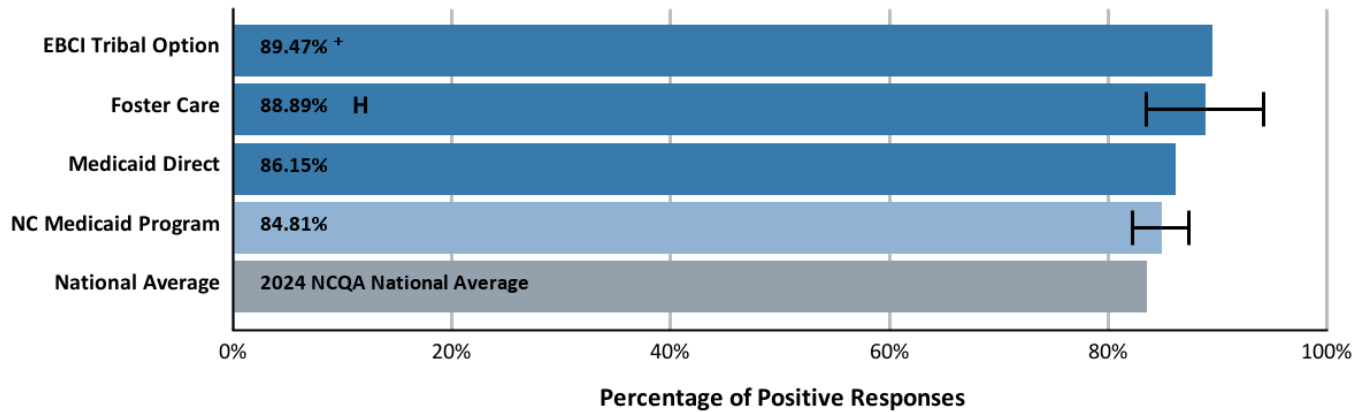


Figure 2-62 shows the *Coordination of Care* positive rating results for each child population, with national and aggregate comparisons. The Foster Care rate was significantly *higher* than the national average.

Figure 2-62—Percentage of 2025 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers, by 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

Table 2-33 shows the *Coordination of Care* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-33—Percentage of Adult and Child Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	87.56%	86.44%	∅
EBCI Tribal Option	82.76% ⁺	94.12% ⁺	∅
Medicaid Direct	90.15%	86.34%	∅
Child			
NC Medicaid Program	87.98%	84.81%	∅
EBCI Tribal Option	80.95% ⁺	89.47% ⁺	∅
Medicaid Direct	85.82%	86.15%	∅
Foster Care	84.65%	88.89%	∅

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.

Figure 2-63 shows the *Coordination of Care* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

Figure 2-63—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, and 2025), with National Comparisons

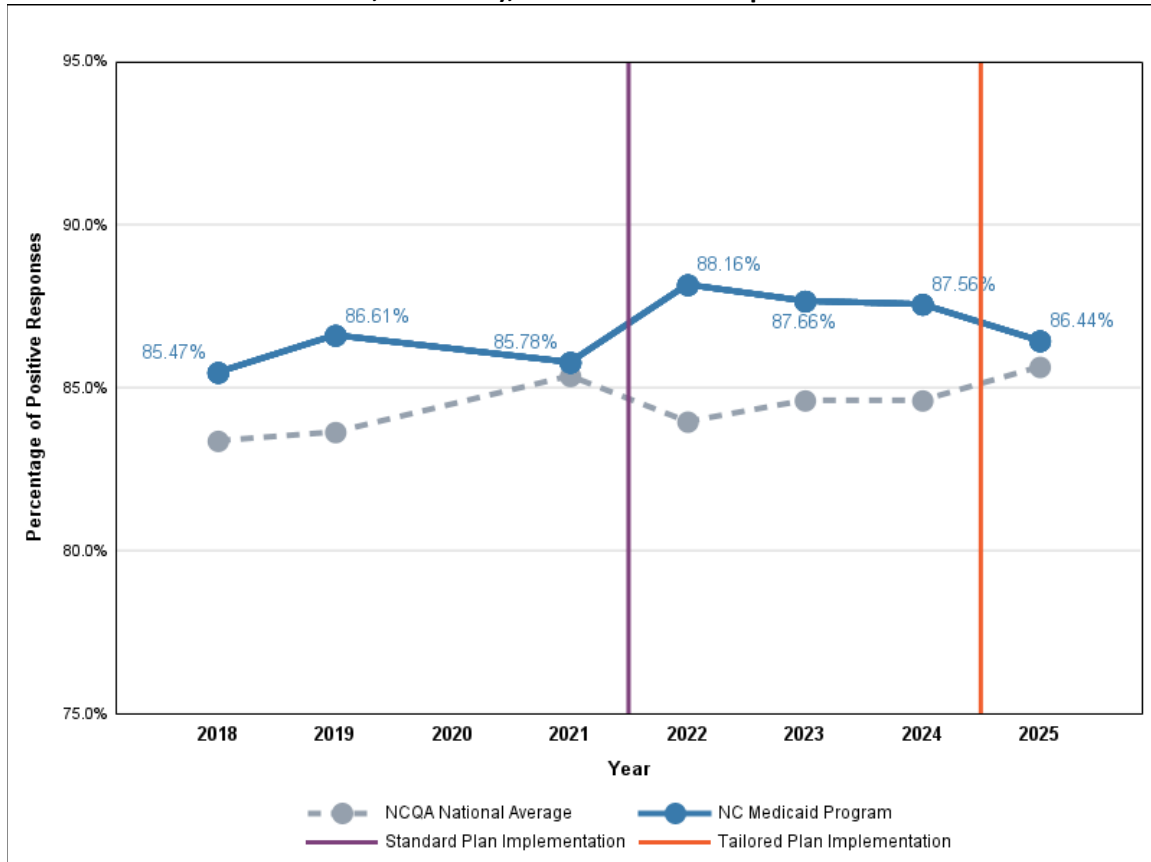
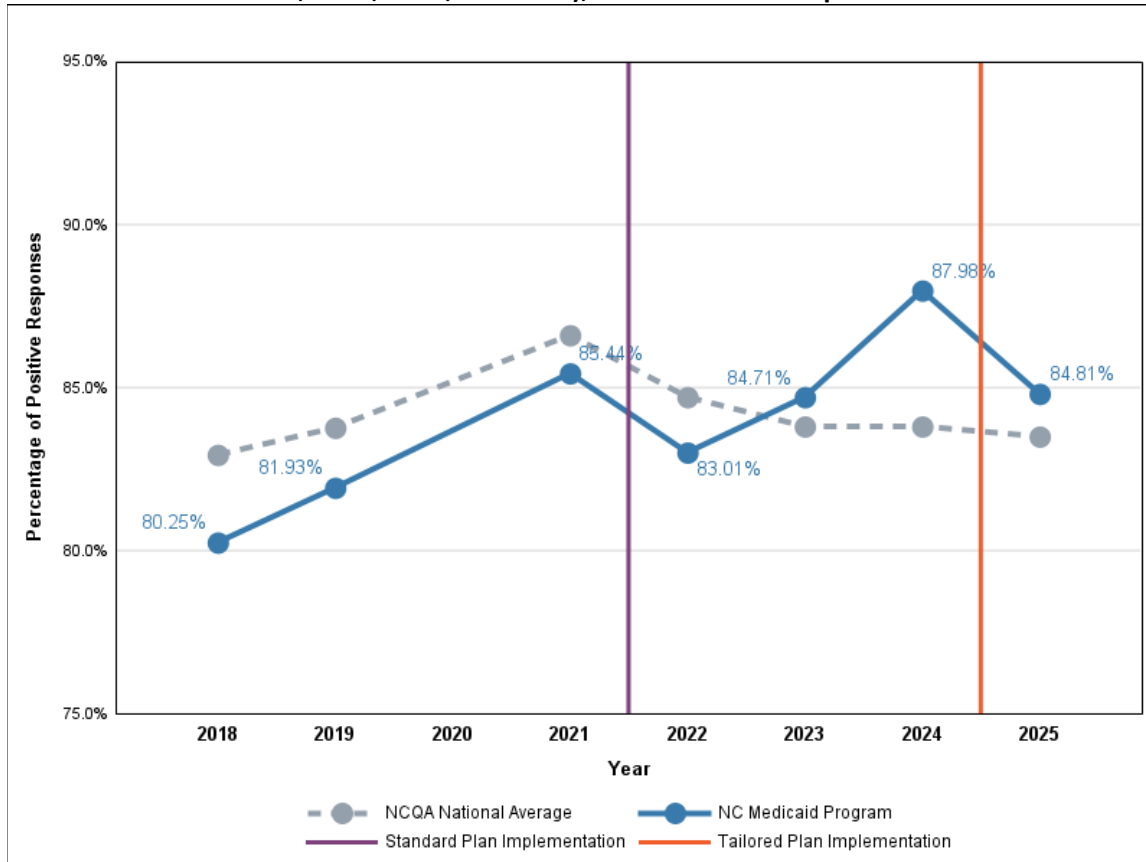


Figure 2-64 shows the *Coordination of Care* year-over-year data for the child NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

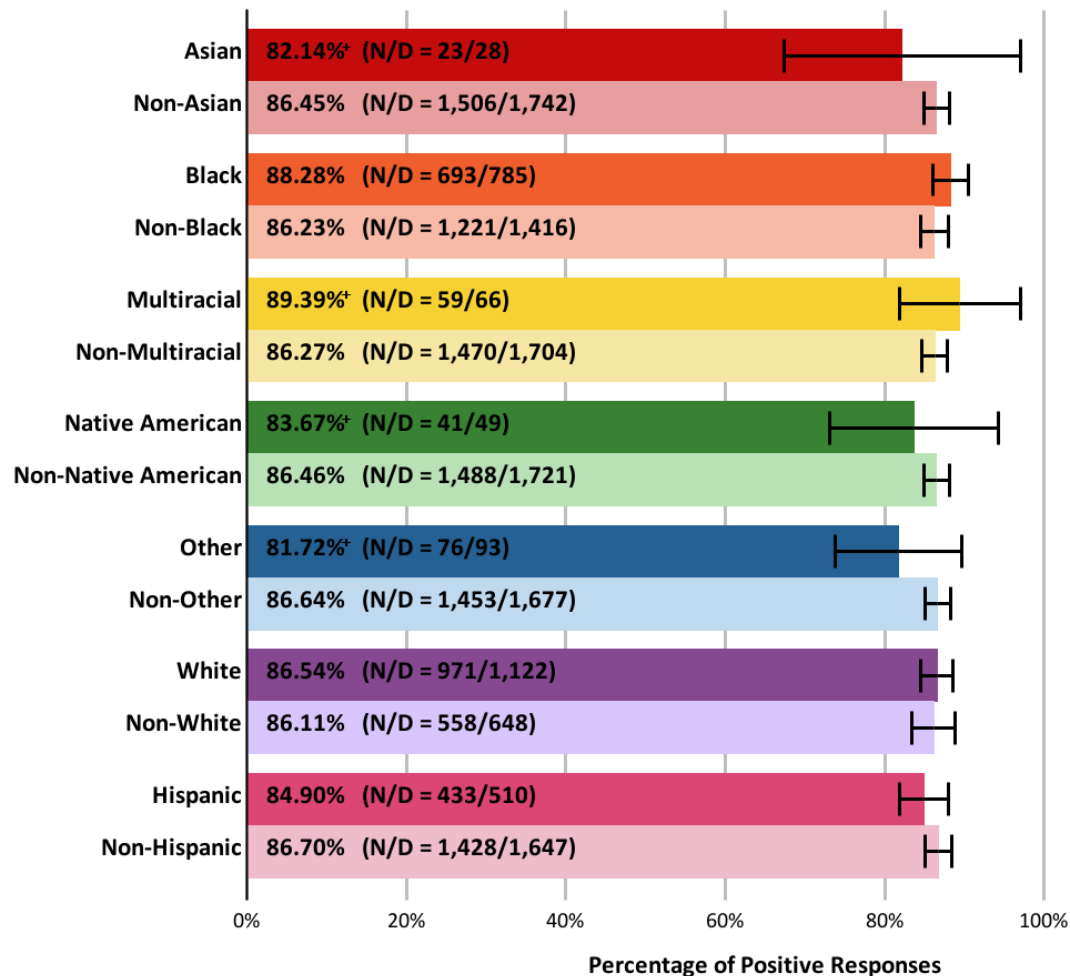
Figure 2-64—Percentage of Child Respondents Whose Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-65 shows the *Coordination of Care* 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 2-65—Percentage of 2025 Adult Respondents Who Reported Their Personal Doctor Usually or Always Coordinated Their 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.

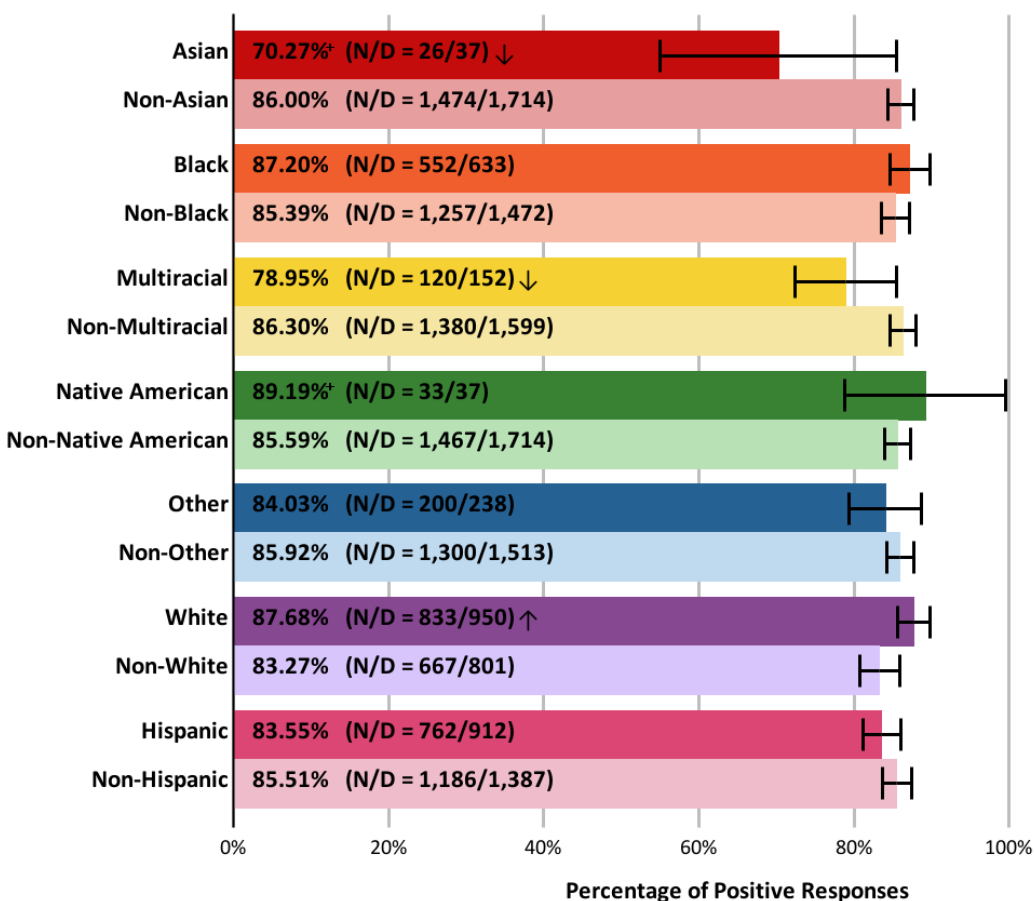
N/D Indicates the numerator and denominator of the demographic category score.

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

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

Figure 2-66 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. A significantly *higher* percentage of parents/caretakers of White children reported their child's personal doctor usually or always coordinated care with other providers when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian and Multiracial children reported their child's personal doctor usually or always coordinated care with other providers when compared to parents/caretakers of non-Asian and non-Multiracial children, respectively. There were no significant differences identified by ethnicity.

Figure 2-66—Percentage of 2025 Child Respondents Who Reported Their Child's Personal Doctor Usually or Always Coordinated Their Child's Care with Other Providers for NC Medicaid Program, by Race and Ethnicity



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

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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-34 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child's personal doctor usually or always coordinated their/their child's care with other providers stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-34—Percentage of Adult Respondents and Child Respondents Who Reported Their/Their Child's Personal Doctor Usually or Always Coordinated Their/Their Child's Care with Other Providers and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	85.83%	86.59%	86.32%	85.42%
EBCI Tribal Option	93.75% ⁺	S	89.47% ⁺	S
Medicaid Direct	85.96% ⁺	86.51%	90.11% ⁺	84.97%
Foster Care	N/A	N/A	81.58% ⁺	91.75% ⁺
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. N/A Indicates the population is not applicable.				

Advising Smokers and Tobacco Users to Quit (Adult Population Only)

National Percentile Comparisons

Table 2-35 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Advising Smokers and Tobacco Users to Quit*.

Table 2-35—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Advising Smokers and Tobacco Users to Quit (2025)

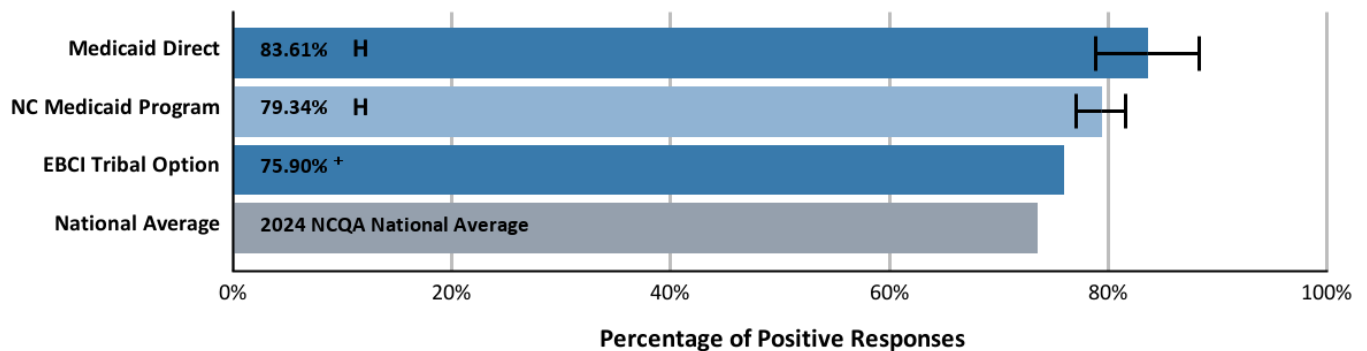
Population	Adult
NC Medicaid Program	★★★★ 79.34%
EBCI Tribal Option	★★★ 75.90% ⁺

Population	Adult
Medicaid Direct	★★★★★ 83.61%
+ 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 in Appendix B beginning on page 510.	

Aggregate Comparisons

Figure 2-67 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results for each adult population, with national and aggregate comparisons. The NC Medicaid Program and Medicaid Direct rates were significantly *higher* than the national average.

Figure 2-67—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit, by 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 Analysis²⁹

Table 2-36 shows the *Advising Smokers and Tobacco Users to Quit* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

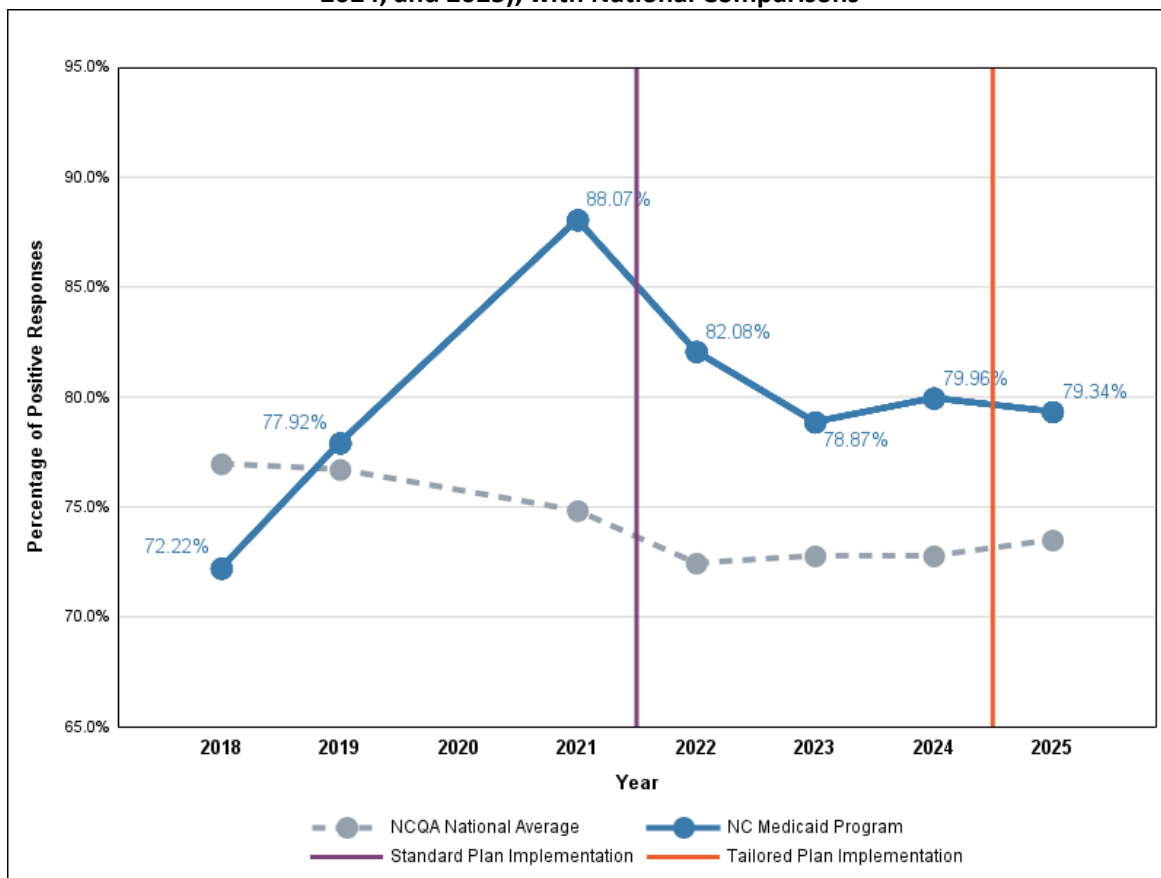
²⁹ Please note, the 2025 rolling average includes one year of data for the TPs since 2025 was the first year the TPs were surveyed.

Table 2-36—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
NC Medicaid Program	79.96%	79.34%	Ø
EBCI Tribal Option	74.44% ⁺	75.90% ⁺	Ø
Medicaid Direct	83.09%	83.61%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Figure 2-68 shows the *Advising Smokers and Tobacco Users to Quit* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

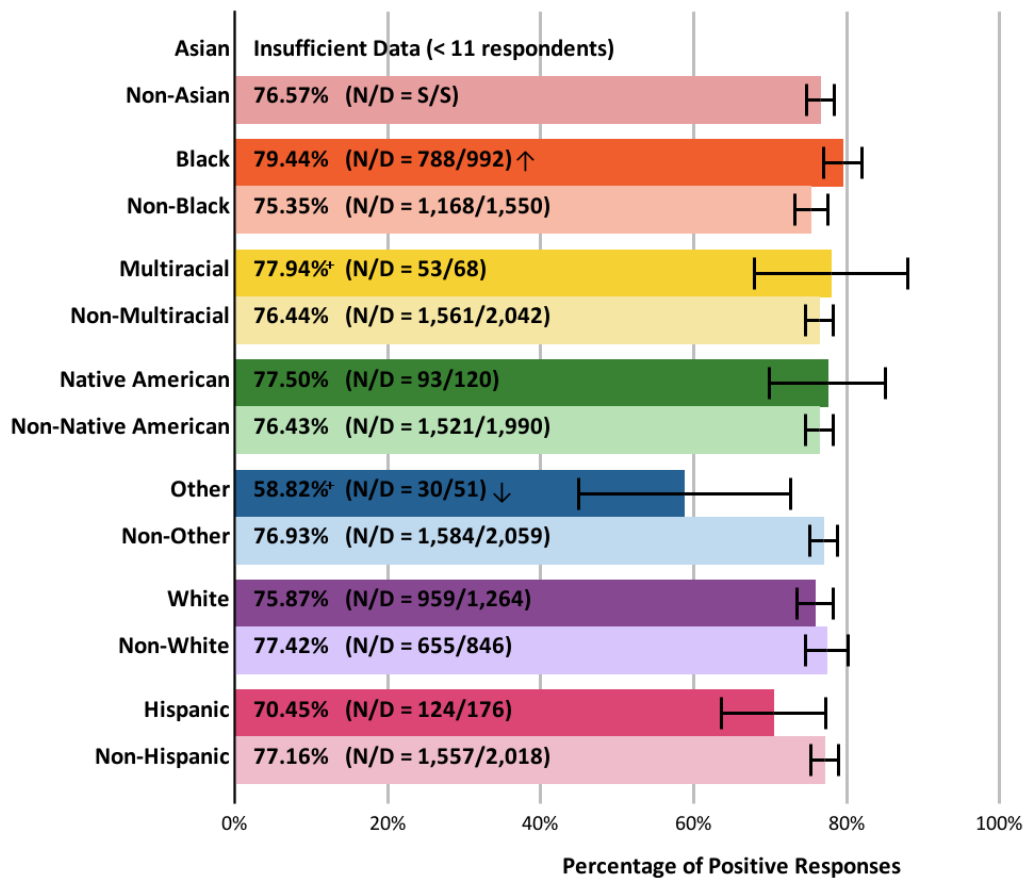
Figure 2-68—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-69 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 *higher* percentage of Black respondents reported sometimes, usually, or always being advised to quit smoking or using tobacco when compared to non-Black respondents. A significantly *lower* percentage of Other race respondents reported sometimes, usually, or always being advised to quit smoking or using tobacco when compared to non-Other race respondents. There were no significant differences identified by ethnicity. Additionally, the Asian race category was suppressed due to less than 11 respondents.

Figure 2-69—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-37 shows the adult respondents who reported they were sometimes, usually, or always advised to quit smoking stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-37—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit and Geographic Comparisons, by Populations (2025)

Population	Adult	
	Rural	Urban
NC Medicaid Program	76.58%	76.76%
EBCI Tribal Option	77.22% ⁺	S
Medicaid Direct	79.75% ⁺	85.53%
<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>		

Discussing Cessation Medications (Adult Population Only)

National Percentile Comparisons

Table 2-38 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Discussing Cessation Medications*.

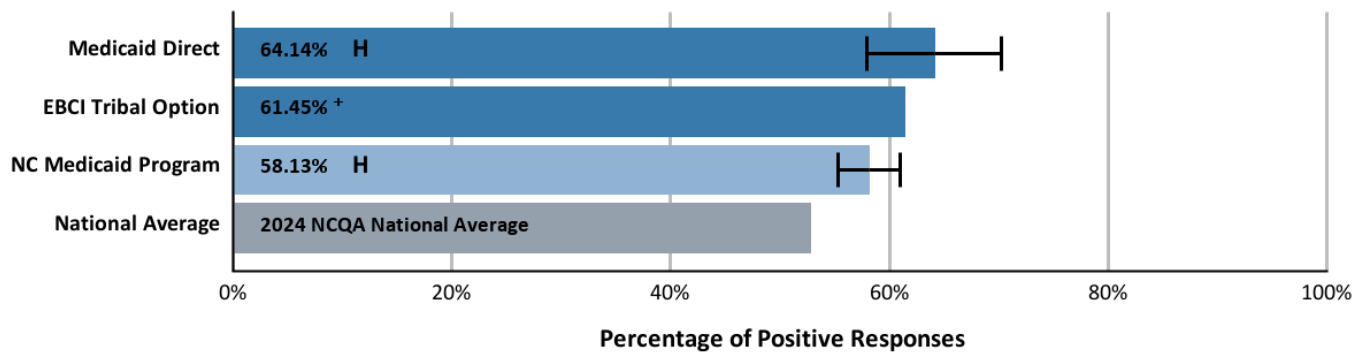
Table 2-38—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Discussing Cessation Medications (2025)

Population	Adult
NC Medicaid Program	★★★★★ 58.13%
EBCI Tribal Option	★★★★★ 61.45% ⁺
Medicaid Direct	★★★★★ 64.14%
<i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i> <i>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 in Appendix B beginning on page 510.</i>	

Aggregate Comparisons

Figure 2-70 shows the *Discussing Cessation Medications* positive rating results for each adult population, with national and aggregate comparisons. The NC Medicaid Program and Medicaid Direct rates were significantly *higher* than the national average.

Figure 2-70—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications, by 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 Analysis³⁰

Table 2-39 shows the *Discussing Cessation Medications* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-39—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications, by Populations, with Year-Over-Year Analysis (2024, 2025)

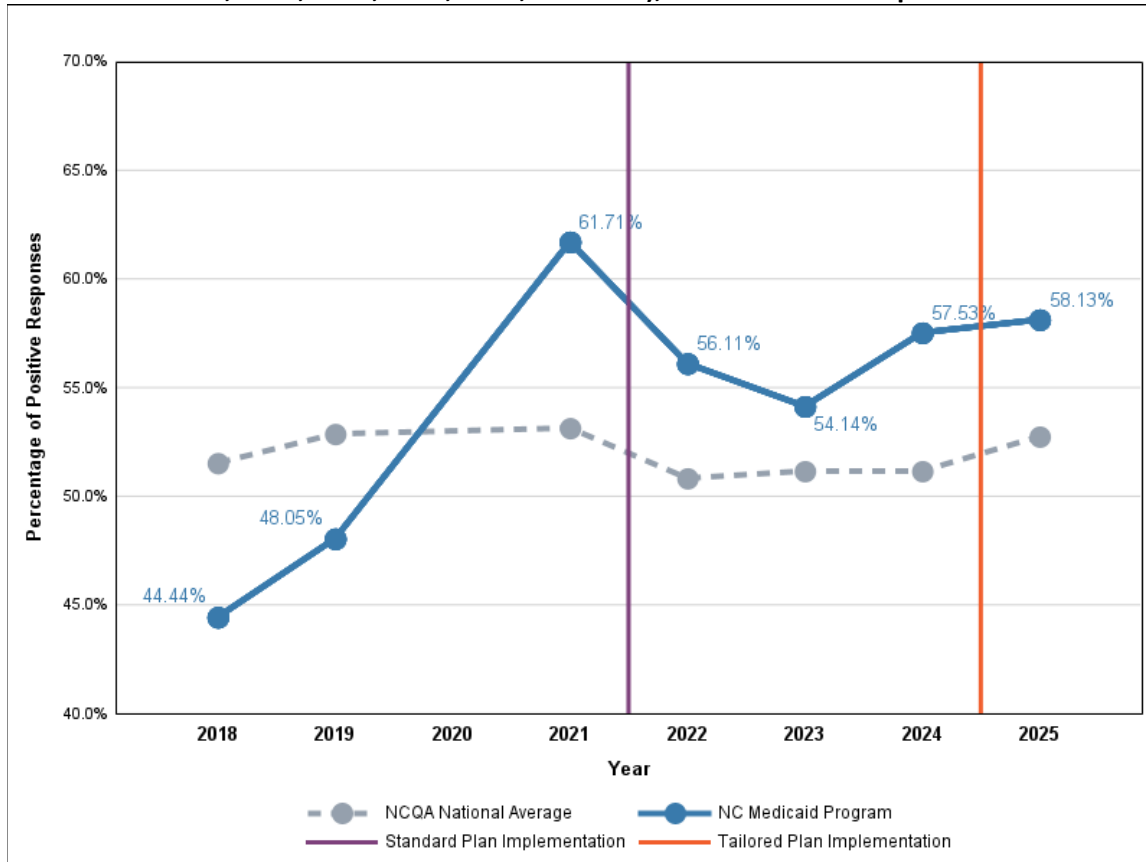
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
NC Medicaid Program	57.53%	58.13%	∅
EBCI Tribal Option	60.00% ⁺	61.45% ⁺	∅
Medicaid Direct	62.55%	64.14%	∅

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.

³⁰ Please note, the 2025 rolling average includes one year of data for the TPs since 2025 was the first year the TPs were surveyed.

Figure 2-71 shows the *Discussing Cessation Medications* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

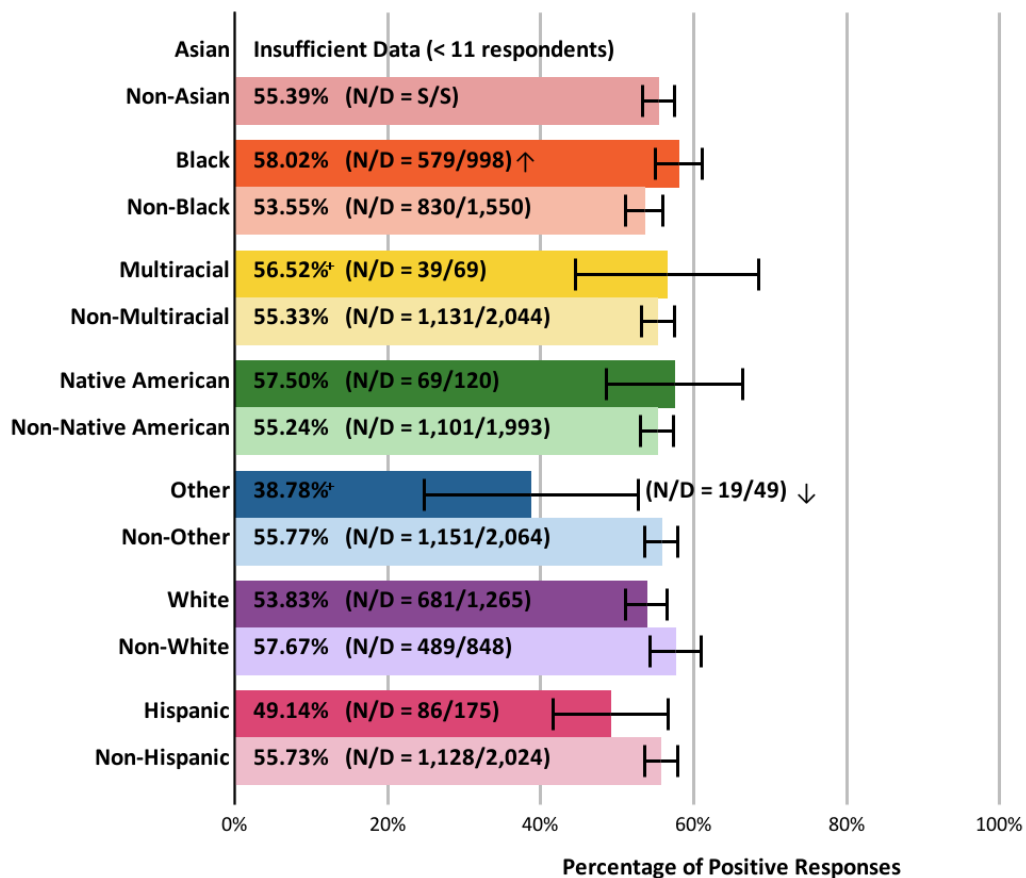
Figure 2-71—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-72 shows the *Discussing Cessation Medications* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Black respondents reported their provider sometimes, usually, or always discussed cessation medications when compared to non-Black respondents. A significantly *lower* percentage of Other race respondents reported their provider sometimes, usually, or always discussed cessation medications when compared to non-Other race respondents. There were no significant differences identified by ethnicity. Additionally, the Asian, race category was suppressed due to less than 11 respondents.

Figure 2-72—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-40 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation medications stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-40—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications and Geographic Comparisons, by Populations (2025)

Population	Adult	
	Rural	Urban
NC Medicaid Program	55.63%	55.34%
EBCI Tribal Option	62.03% ⁺	S
Medicaid Direct	63.29% ⁺	64.56%
<i>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.</i>		

Discussing Cessation Strategies (Adult Population Only)

National Percentile Comparisons

Table 2-41 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Discussing Cessation Strategies*.

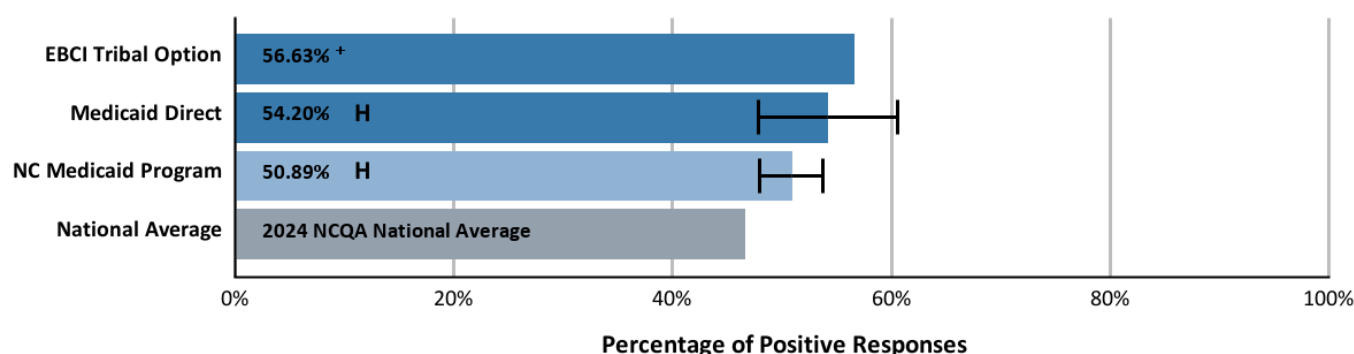
Table 2-41—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Populations: Discussing Cessation Strategies (2025)

Population	Adult
NC Medicaid Program	★★★★★ 50.89%
EBCI Tribal Option	★★★★★ 56.63% ⁺
Medicaid Direct	★★★★★ 54.20%
<i>+ 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 in Appendix B beginning on page 510.</i>	

Aggregate Comparisons

Figure 2-73 shows the *Discussing Cessation Strategies* positive rating results for each adult population, with national and aggregate comparisons. The NC Medicaid Program and Medicaid Direct rates were significantly *higher* than the national average.

Figure 2-73—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies, by 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 Analysis³¹

Table 2-42 shows the *Discussing Cessation Strategies* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

Table 2-42—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies, by Populations, with Year-Over-Year Analysis (2024, 2025)

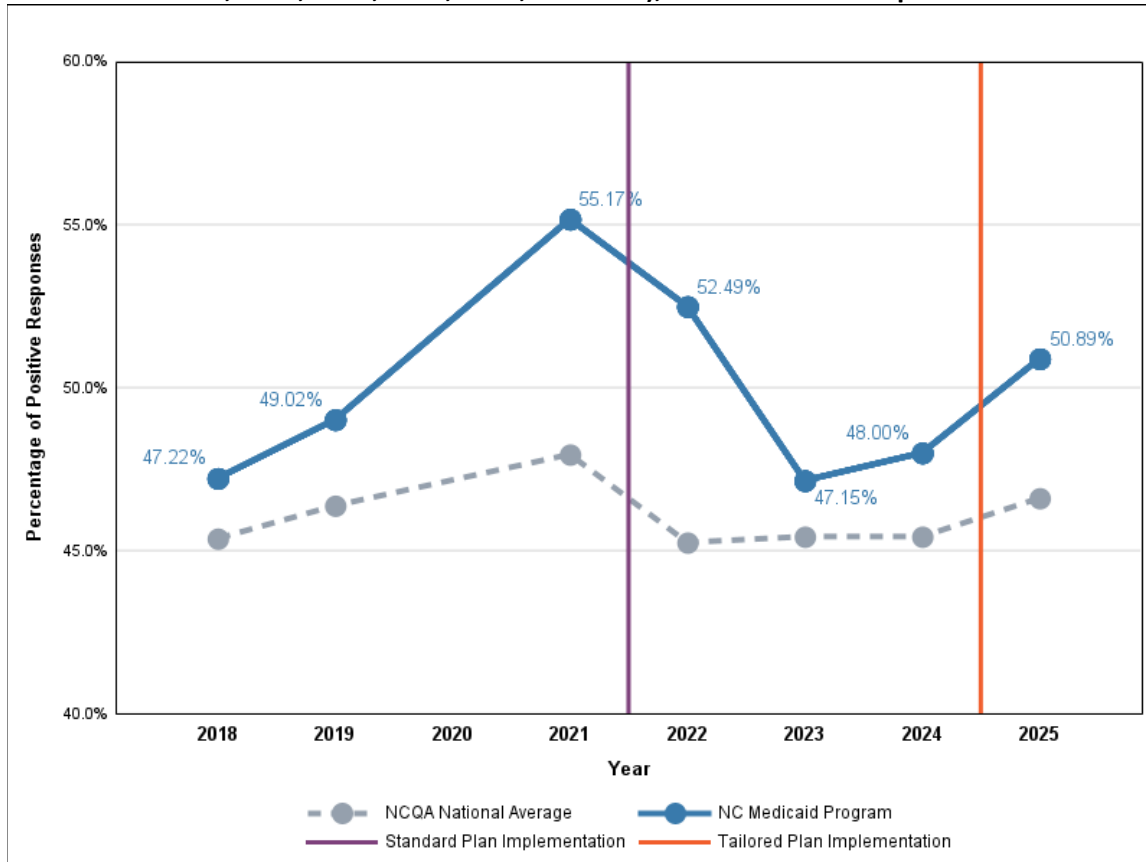
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
NC Medicaid Program	48.00%	50.89%	∅
EBCI Tribal Option	51.11% ⁺	56.63% ⁺	∅
Medicaid Direct	51.45%	54.20%	∅

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 ∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.

³¹ Please note, the 2025 rolling average includes one year of data for the TPs since 2025 was the first year the TPs were surveyed.

Figure 2-74 shows the *Discussing Cessation Strategies* year-over-year data for the adult NC Medicaid Program for the pre-managed care implementation (i.e., 2018, 2019, and 2021) and post-managed care implementation (i.e., 2022, 2023, 2024, and 2025) time periods, with national comparisons.

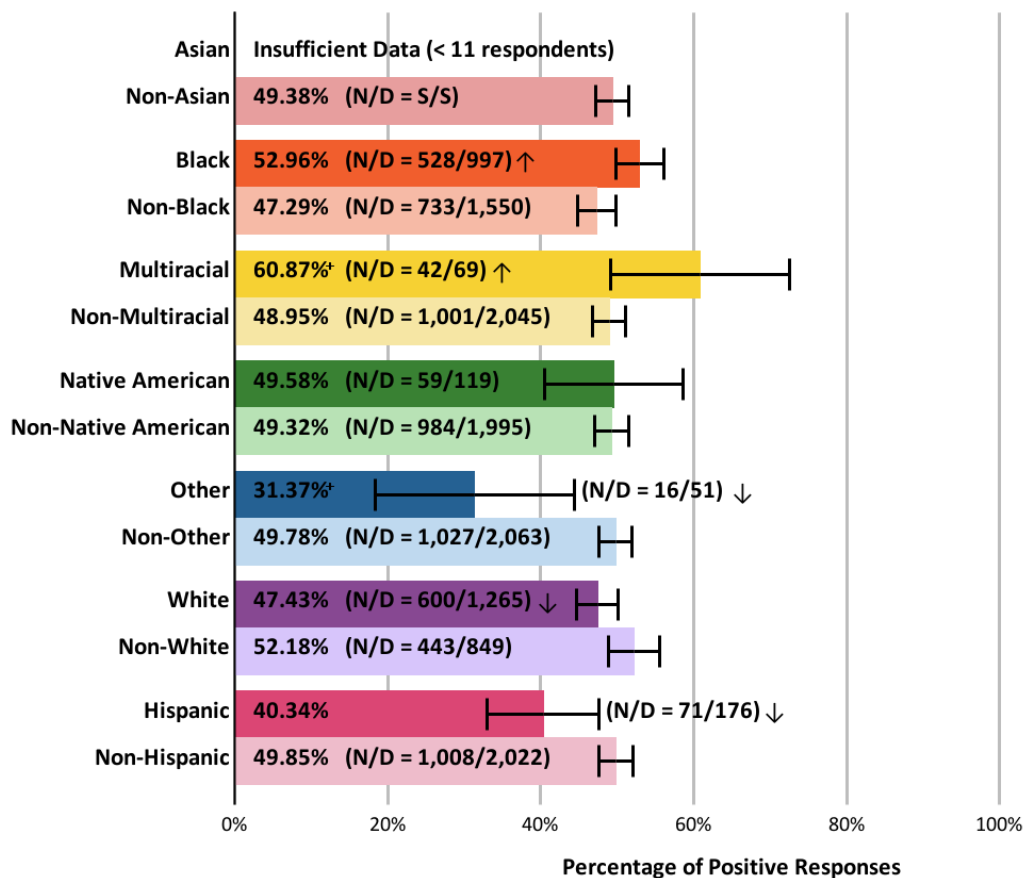
Figure 2-74—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for the NC Medicaid Program, Year-Over-Year Data (2018, 2019, 2021, 2022, 2023, 2024, and 2025), with National Comparisons



Race and Ethnicity Comparisons

Figure 2-75 shows the *Discussing Cessation Strategies* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Black and Multiracial respondents reported their provider sometimes, usually, or always discussed cessation strategies when compared to non-Black and non-Multiracial respondents, respectively. A significantly *lower* percentage of Other race, White, and Hispanic respondents reported their provider sometimes, usually, or always discussed cessation strategies when compared to non-Other race, non-White, and non-Hispanic respondents, respectively. Additionally, the Asian race category was suppressed due to less than 11 respondents.

Figure 2-75—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-43 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation strategies stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-43—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies and Geographic Comparisons, by Populations (2025)

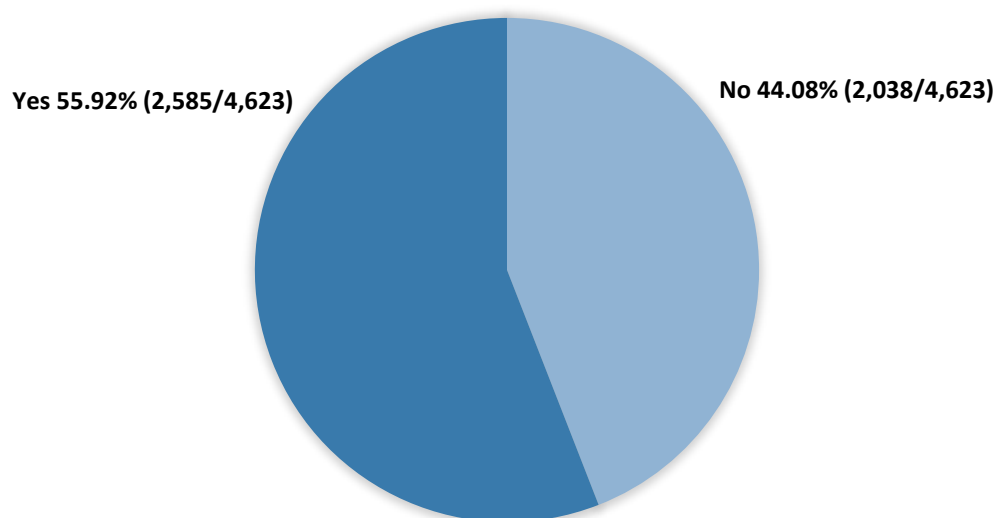
Population	Adult	
	Rural	Urban
NC Medicaid Program	48.97%	49.60%
EBCI Tribal Option	55.70% ⁺	S
Medicaid Direct	48.10% ⁺	57.23%
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i>		

Supplemental Items

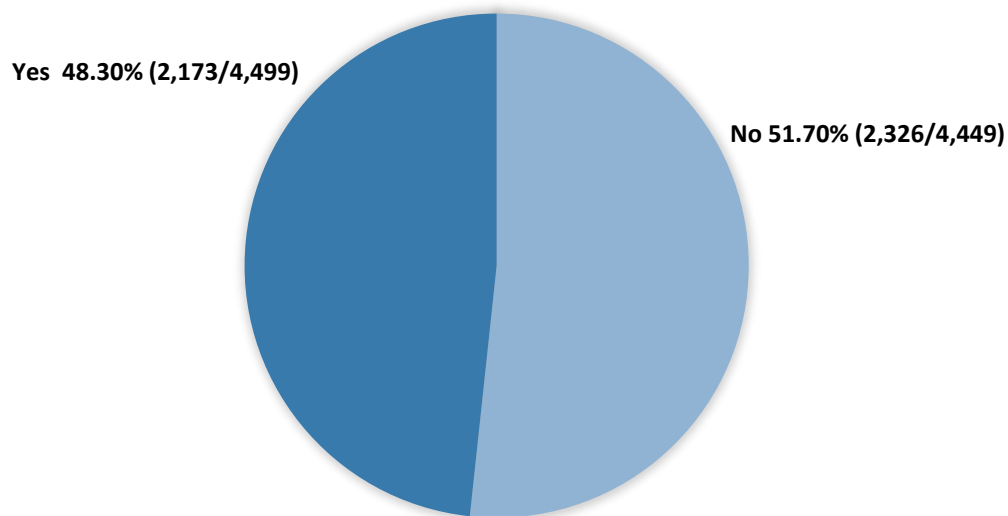
Mental Health

Adult respondents and parent/caretaker respondents were asked if their/their child's personal doctor asked about their/their child's mental health in the last 6 months. Figure 2-76 and Figure 2-77 present the percentage of adult respondents and parent/caretaker respondents, respectively, who reported if their/their child's personal doctor asked about their/their child's mental health. The majority of adult respondents (55.92 percent) reported that their personal doctor asked about their mental health for the NC Medicaid Program. Conversely, the majority of parent/caretaker respondents (51.70 percent) reported their child's personal doctor did not ask about their child's mental health for the NC Medicaid Program.

**Figure 2-76—Percentage of 2025 Adult NC Medicaid Program Respondents
Whose Personal Doctor Asked About Their Mental Health**



**Figure 2-77—Percentage of 2025 Child NC Medicaid Program Respondents
Whose Child's Personal Doctor Asked About Their Child's Mental Health**



Year-Over-Year Analysis

Table 2-44 shows the *Mental Health* positive rating year-over-year results for the NC Medicaid Program and populations. The child Medicaid Direct 2025 rate was significantly *higher* than the 2024 rate.

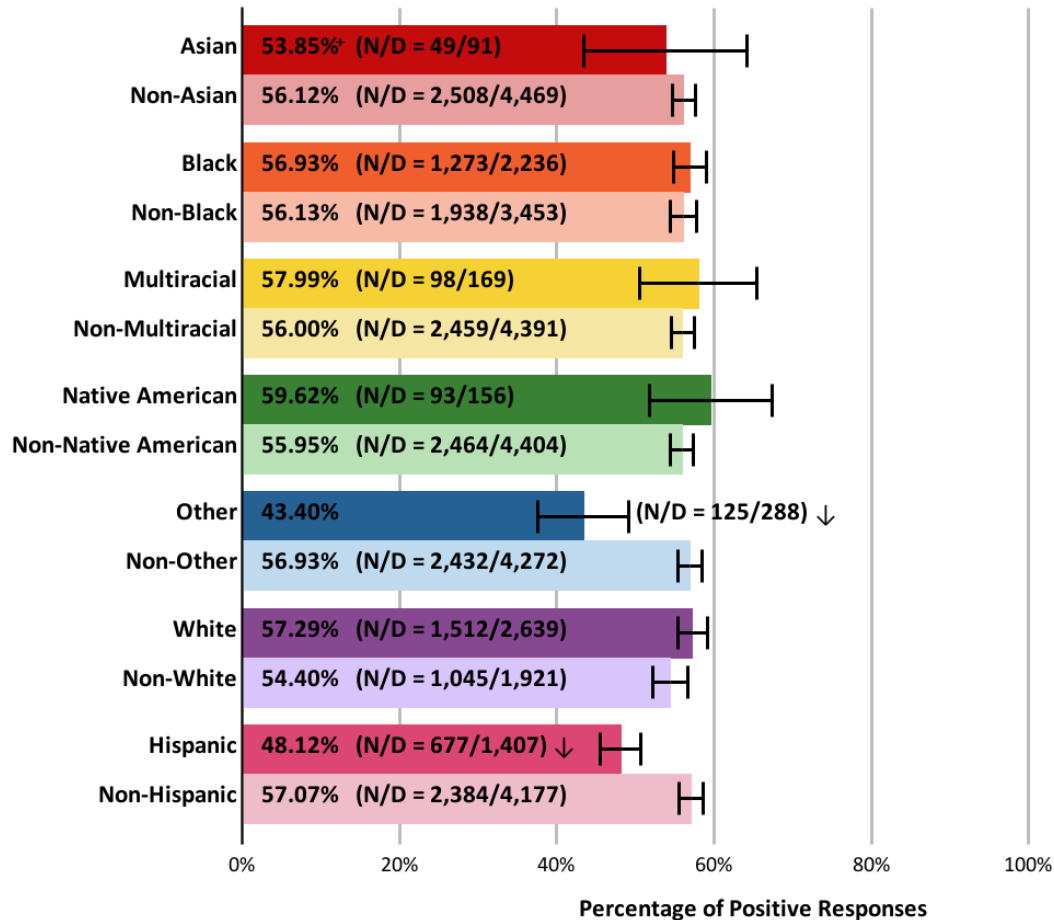
Table 2-44—Percentage of Adult and Child Respondents Whose Personal Doctor Asked About Their Mental Health by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	53.64%	55.84%	Ø
EBCI Tribal Option	56.03%	54.63%	Ø
Medicaid Direct	57.14%	62.01%	Ø
Child			
NC Medicaid Program	40.91%	41.13%	Ø
EBCI Tribal Option	55.00% ⁺	52.27% ⁺	Ø
Medicaid Direct	54.15%	58.59%	▲
Foster Care	50.92%	49.44%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-78 shows the *Mental Health* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Other race and Hispanic respondents reported their personal doctor asked about their mental health when compared to non-Other race and non-Hispanic respondents, respectively.

Figure 2-78—Percentage of 2025 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 lower than the comparison group's score.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

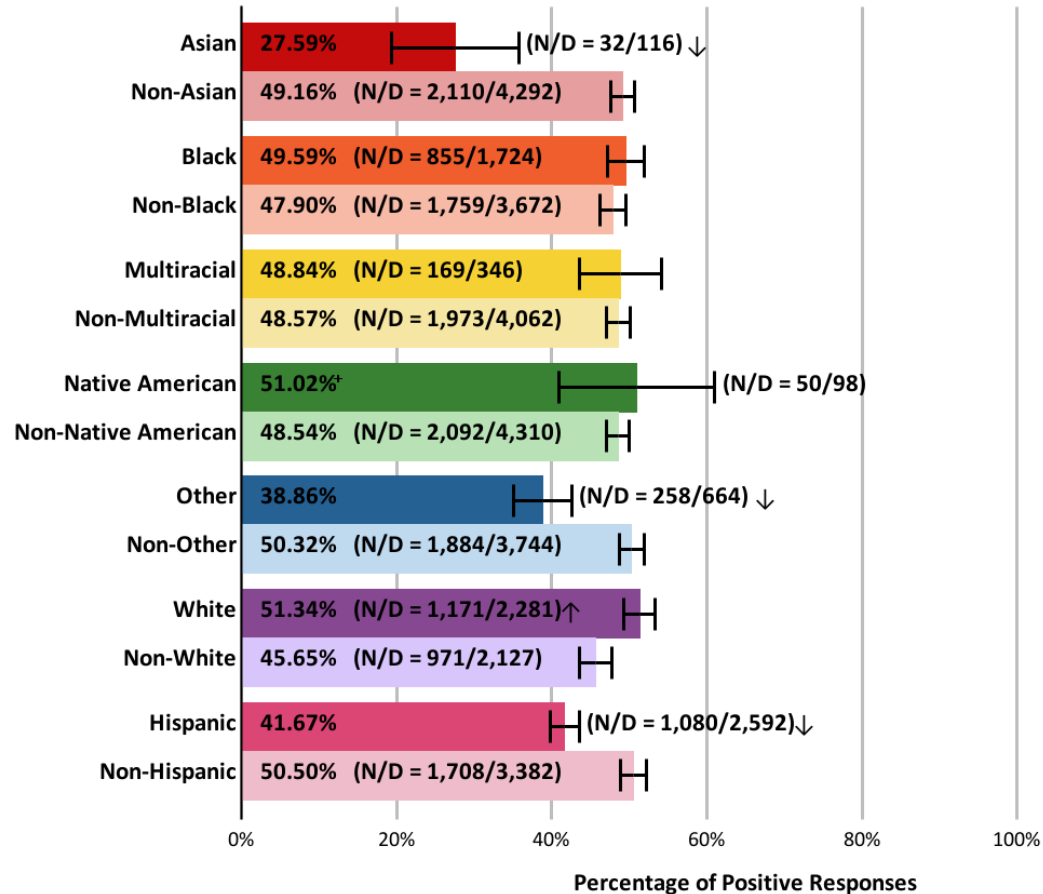
N/D Indicates the numerator and denominator of the demographic category score.

|·| 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.

Figure 2-79 shows the *Mental Health* 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 parents/caretakers of White children reported their child's personal doctor asked about their child's mental health when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child's personal doctor asked about their child's mental health when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively.

Figure 2-79—Percentage of 2025 Child Respondents Who Reported Their 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-45 shows the adult respondents and parents/caretakers of child beneficiaries who reported their/their child's personal doctor asked about their/their child's mental health stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

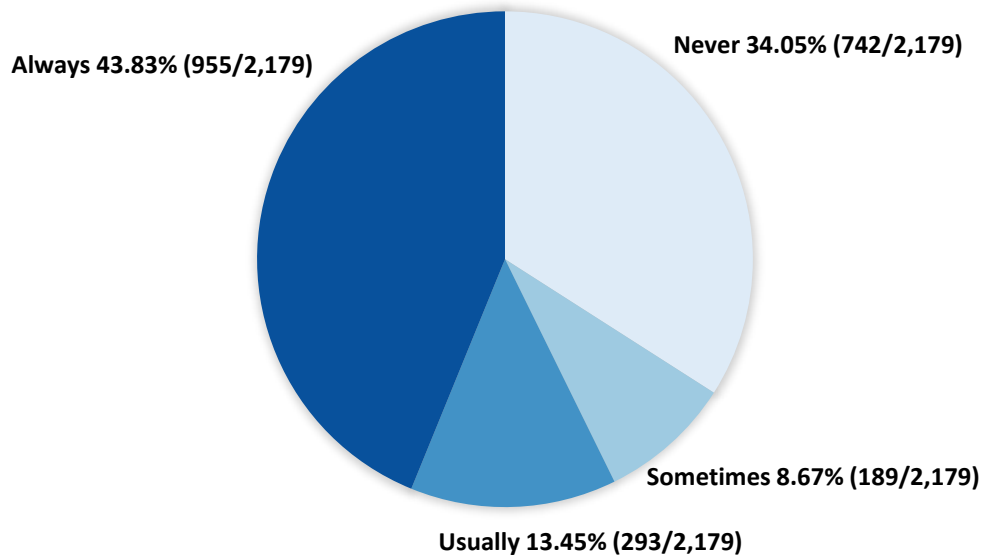
Table 2-45—Percentage of Adult Respondents and Child Respondents Whose Child's Personal Doctor Asked About Their/Their Child's Mental Health and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	56.78%	55.57%	46.35%	48.95%
EBCI Tribal Option	56.00%	S	52.38% ⁺	S
Medicaid Direct	61.59%	62.24%	55.66%	59.52%
Foster Care	N/A	N/A	45.90%	51.26%
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. N/A Indicates the population is not applicable.				

Appointment for Counseling or Mental Health Treatment

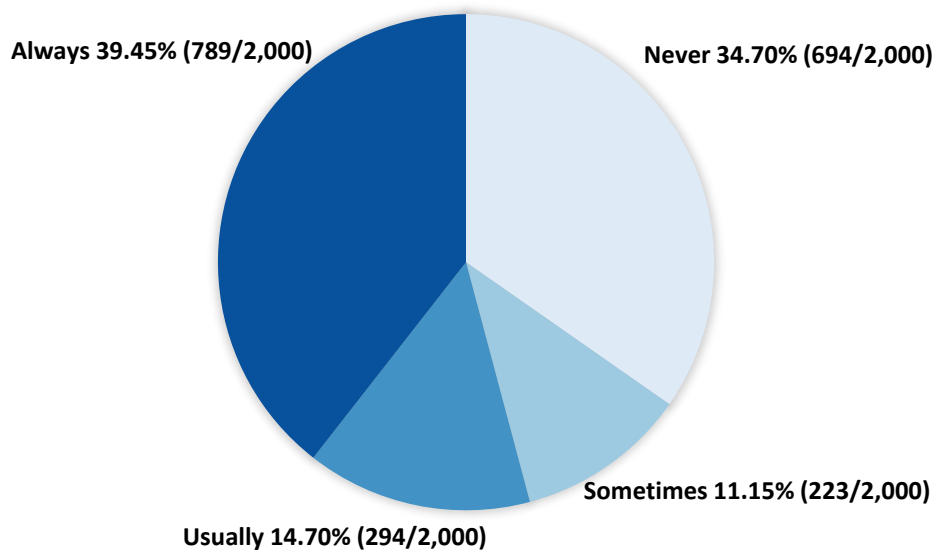
Figure 2-80 and Figure 2-81 present the percentage of adult respondents and parent/caretaker respondents, respectively, who needed counseling or mental health treatment for themselves or their child and whether they were always, usually, sometimes, or never able to get an appointment as soon as they/their child needed for the NC Medicaid Program. There were 2,383 adult respondents and 2,442 parent/caretaker respondents who indicated they did not need counseling or mental health treatment for themselves or their child, respectively, and therefore, were excluded from the denominator. Among those who sought counseling, the majority of adult respondents (57.27 percent) and parent/caretaker respondents (54.15 percent) reported they usually or always received an appointment for counseling or mental health treatment as soon as they/their child needed for the NC Medicaid Program.

Figure 2-80—How Often 2025 Adult NC Medicaid Program Respondents Who Needed Counseling or Mental Health Treatment Received An Appointment As Soon As They Needed



Respondents who answered "I did not need counseling or mental health treatment in the last 6 months" were excluded from the analysis.

Figure 2-81—How Often 2025 Child NC Medicaid Program Respondents Who Needed Counseling or Mental Health Treatment for Their Child 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.

Year-Over-Year Analysis

Table 2-46 shows the *Appointment for Counseling or Mental Health Treatment* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

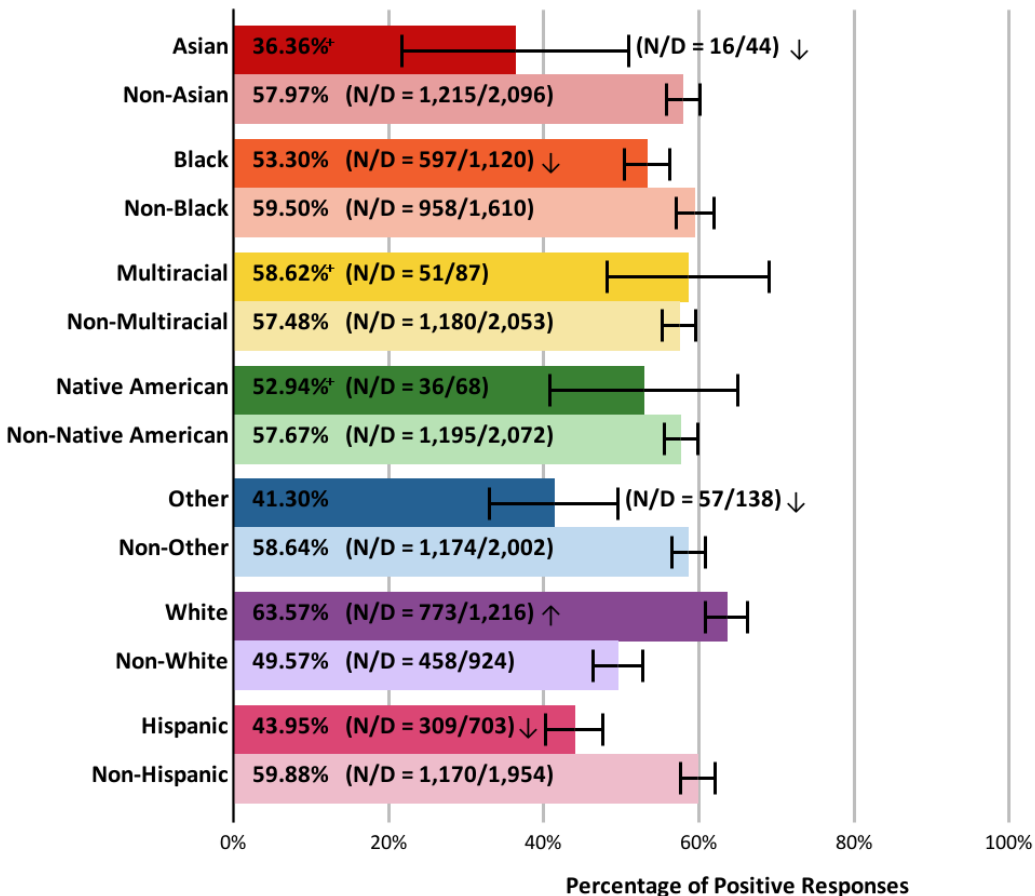
Table 2-46—Percentage of Adult and Child Respondents Who Needed Counseling or Mental Health Treatment for Themselves/Their Child Usually or Always Received An Appointment As Soon As They/Their Child Needed, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	39.29%	42.70%	Ø
EBCI Tribal Option	44.90% ⁺	48.84% ⁺	Ø
Medicaid Direct	37.88%	33.75%	Ø
Child			
NC Medicaid Program	34.33%	35.91%	Ø
EBCI Tribal Option	55.56% ⁺	73.68% ⁺	Ø
Medicaid Direct	65.48%	69.05%	Ø
Foster Care	73.23%	76.92%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-82 shows the *Appointment for Counseling or Mental Health Treatment* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they usually or always 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 Asian, Black, Other race, and Hispanic respondents reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as they needed it when compared to non-Asian, non-Black, non-Other race, and non-Hispanic respondents, respectively.

Figure 2-82—Percentage of 2025 Adult Respondents Who Needed Counseling or Mental Health Treatment Usually or Always Received An Appointment As Soon As 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

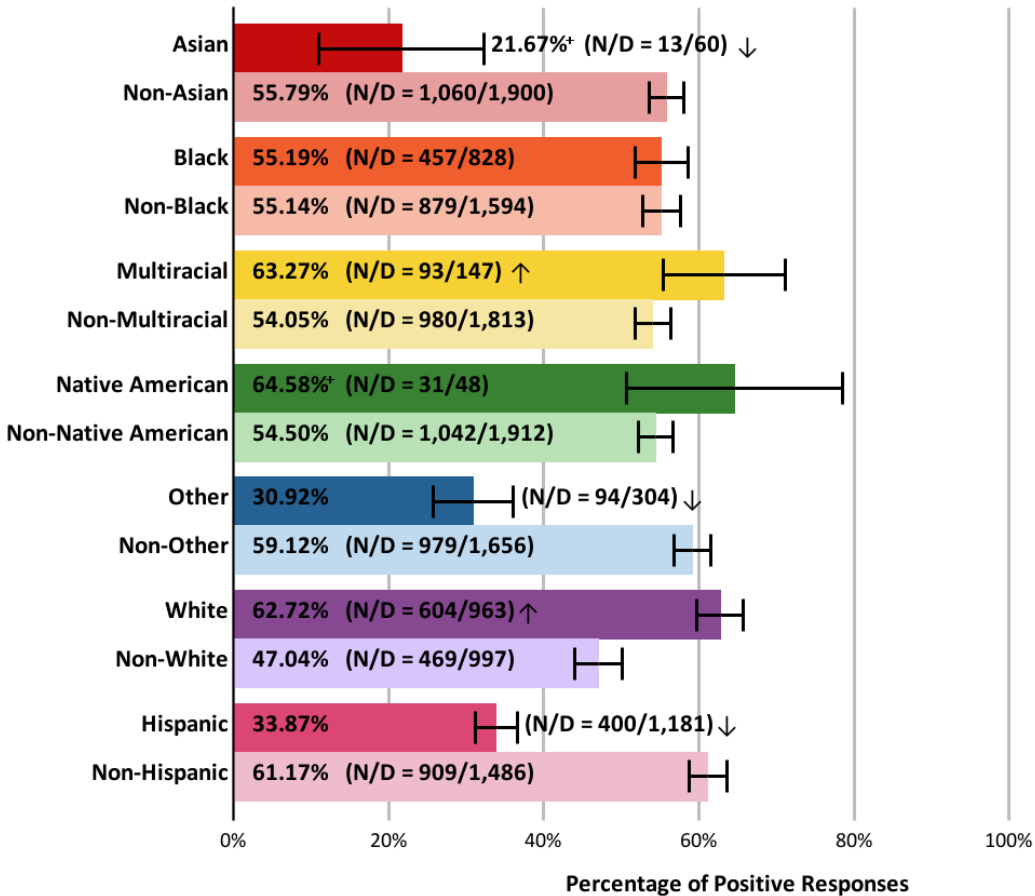
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-83 shows the *Appointment for Counseling or Mental Health Treatment* 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 parents/caretakers of Multiracial and White children reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as their child needed it when compared to parents/caretakers of non-Multiracial and non-White children, respectively. A significantly *lower* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as their child needed it when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively.

Figure 2-83—Percentage of 2025 Child Respondents Who Needed Counseling or Mental Health Treatment for Their Child Usually or Always Received An Appointment As Soon As Their Child 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-47 shows the adult respondents and parents/caretakers of child beneficiaries who needed counseling or mental health treatment for themselves or their child and whether they usually or always, were able to get an appointment as soon as they/their child needed stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

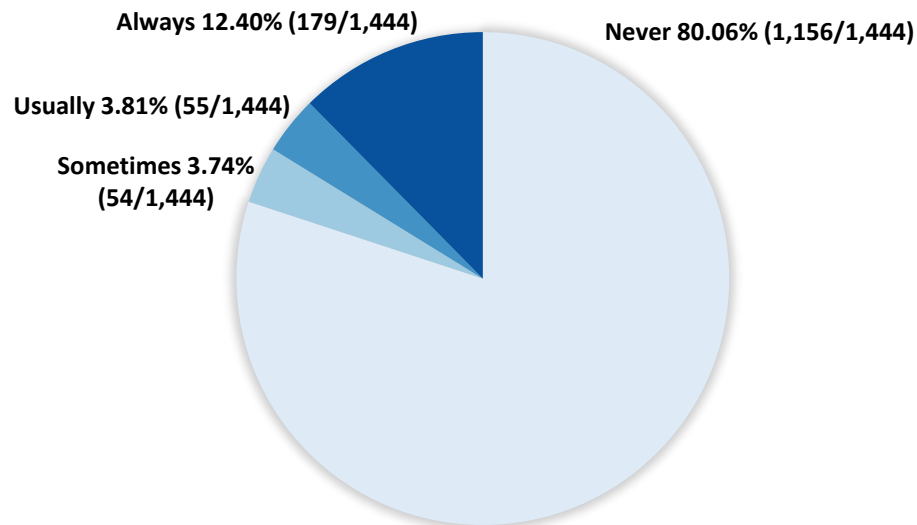
Table 2-47—Percentage of Adult Respondents and Child Respondents Who Needed Counseling or Mental Health Treatment for Themselves/Their Child Usually or Always Received An Appointment As Soon As They/Their Child Needed and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	57.47%	57.20%	56.57%	53.40%
EBCI Tribal Option	54.05% ⁺	S	72.22% ⁺	S
Medicaid Direct	35.00% ⁺	33.00%	70.37% ⁺	68.69%
Foster Care	N/A	N/A	78.79% ⁺	75.97%
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. N/A Indicates the population is not applicable.				

Used an Interpreter

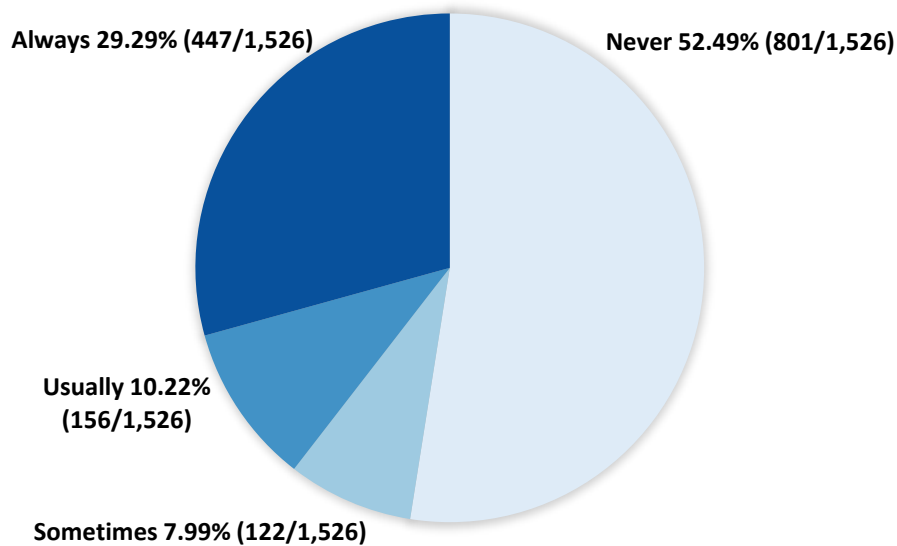
Adult respondents and parent/caretaker respondents were asked how often they/their child received an interpreter when they needed one at their/their child’s personal doctor’s office in the last 6 months. Figure 2-84 and Figure 2-85 present the percentage of adult respondents and parent/caretaker respondents, respectively, who always, usually, sometimes, or never got an interpreter at their/their child’s personal doctor’s office when they needed one. Of the 4,538 adult respondents and 4,456 parent/caretaker respondents who responded to the survey question from the NC Medicaid Program, 3,094 adult respondents and 2,930 parent/caretaker respondents indicated they did not need an interpreter and, therefore, were excluded from the denominator. Of the 1,444 adult beneficiaries and 1,526 parent/caretaker respondents in the NC Medicaid Program who indicated they needed an interpreter, the majority of adult respondents (80.06 percent) and parent/caretaker respondents (52.49 percent) reported they never received an interpreter.

Figure 2-84—How Often 2025 Adult NC Medicaid Program Respondents Who Needed an Interpreter at Their Personal Doctor’s Office Received One



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

Figure 2-85—How Often 2025 Child NC Medicaid Program Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Received One



Some percentages may not total 100% due to rounding. Respondents who answered “My child and I did not need an interpreter in the last 6 months” were excluded from the analysis.

Year-Over-Year Analysis

Table 2-48 shows the *Used an Interpreter* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

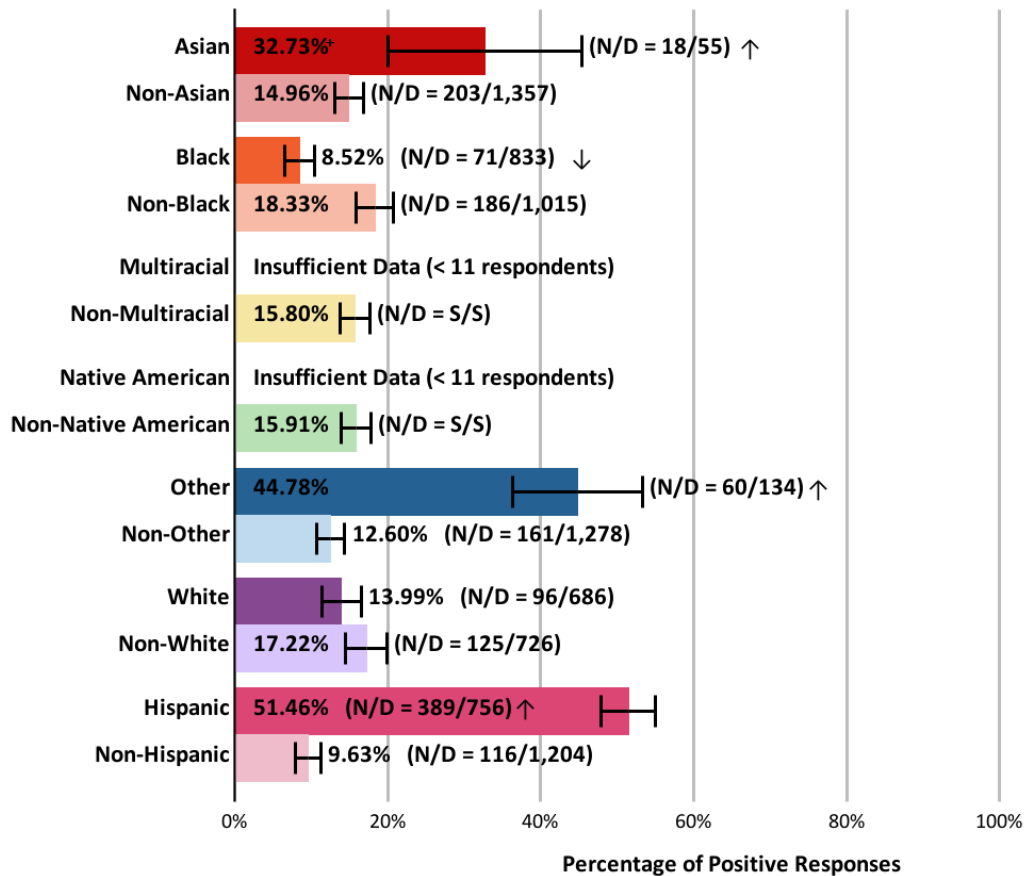
Table 2-48—Percentage of Adult and Child Respondents Who Needed an Interpreter at Their/Their Child’s Personal Doctor’s Office Usually or Always Received One, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	16.48%	16.45%	∅
EBCI Tribal Option	0.00% ⁺	S	S
Medicaid Direct	11.63%	14.71%	∅
Child			
NC Medicaid Program	47.30%	46.80%	∅
EBCI Tribal Option	S	S	S
Medicaid Direct	6.88%	S	S
Foster Care	10.58%	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. ∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-86 shows the *Used an Interpreter* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Asian, Other race, and Hispanic respondents reported they usually or always got an interpreter when they needed one at their personal doctor’s office when compared to non-Asian, non-Other race, and non-Hispanic respondents, respectively. A significantly *lower* percentage of Black respondents reported they usually or always got an interpreter when they needed one at their personal doctor’s office when compared to non-Black respondents. Additionally, the Multiracial and Native American race categories were suppressed due to less than 11 respondents.

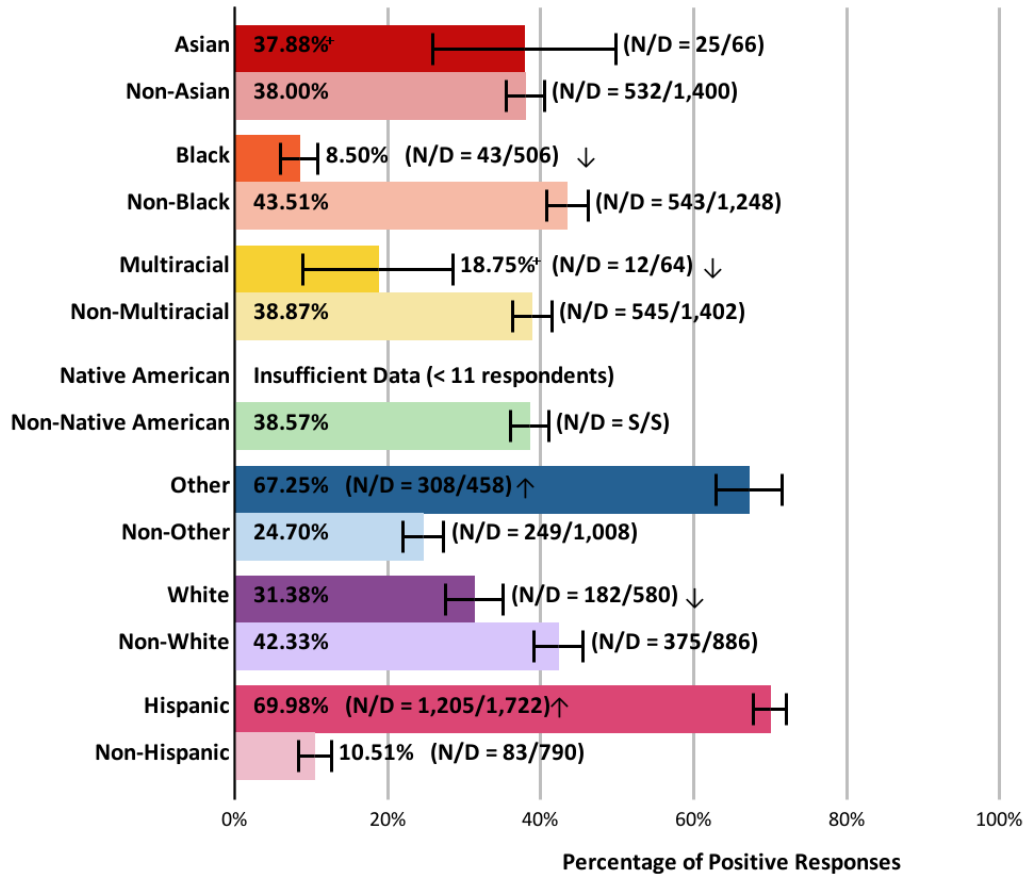
Figure 2-86—Percentage of 2025 Adult Respondents Who Needed an Interpreter at Their Personal Doctor's Office Usually or Always Received One for NC Medicaid Program, by Race and Ethnicity



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.
 If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.
 + 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.

Figure 2-87 shows the *Used an Interpreter* 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 parents/caretakers of Other race and Hispanic children reported they usually or always got an interpreter when they needed one at their child's personal doctor's office when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of Black, Multiracial, and White children reported they usually or always got an interpreter when they needed one at their child's personal doctor's office when compared to parents/caretakers of non-Black, non-Multiracial, and non-White children, respectively. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 2-87—Percentage of 2025 Child Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Usually or Always Received One 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

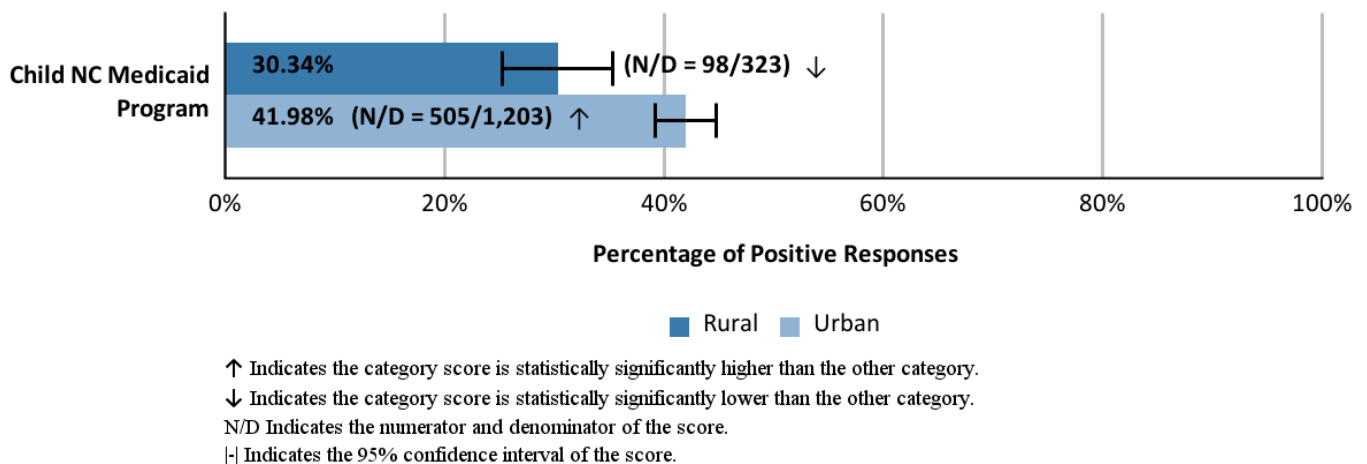
Table 2-49 shows the adult respondents and parents/caretakers of child beneficiaries who usually or always received an interpreter when they/their child needed one at their/their child’s personal doctor’s office stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-88 shows the significant differences for *Used an Interpreter* by geography for parents/caretakers of child beneficiaries. The NC Medicaid Program rate for parents/caretakers of child beneficiaries living in rural counties was significantly *lower* than children living in urban counties.

Table 2-49—Percentage of Adult Respondents and Child Respondents Who Needed an Interpreter at Their/Their Child’s Personal Doctor’s Office Usually or Always Received One and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	14.05%	17.11%	30.34%↓	41.98%↑
EBCI Tribal Option	S	S	S	S
Medicaid Direct	S	16.09% ⁺	S	S
Foster Care	N/A	N/A	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.
N/A Indicates the population is not applicable.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 2-88—Significant Differences: Percentage of Child Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Usually or Always Received One and Geographic Comparisons, by Populations (2025)

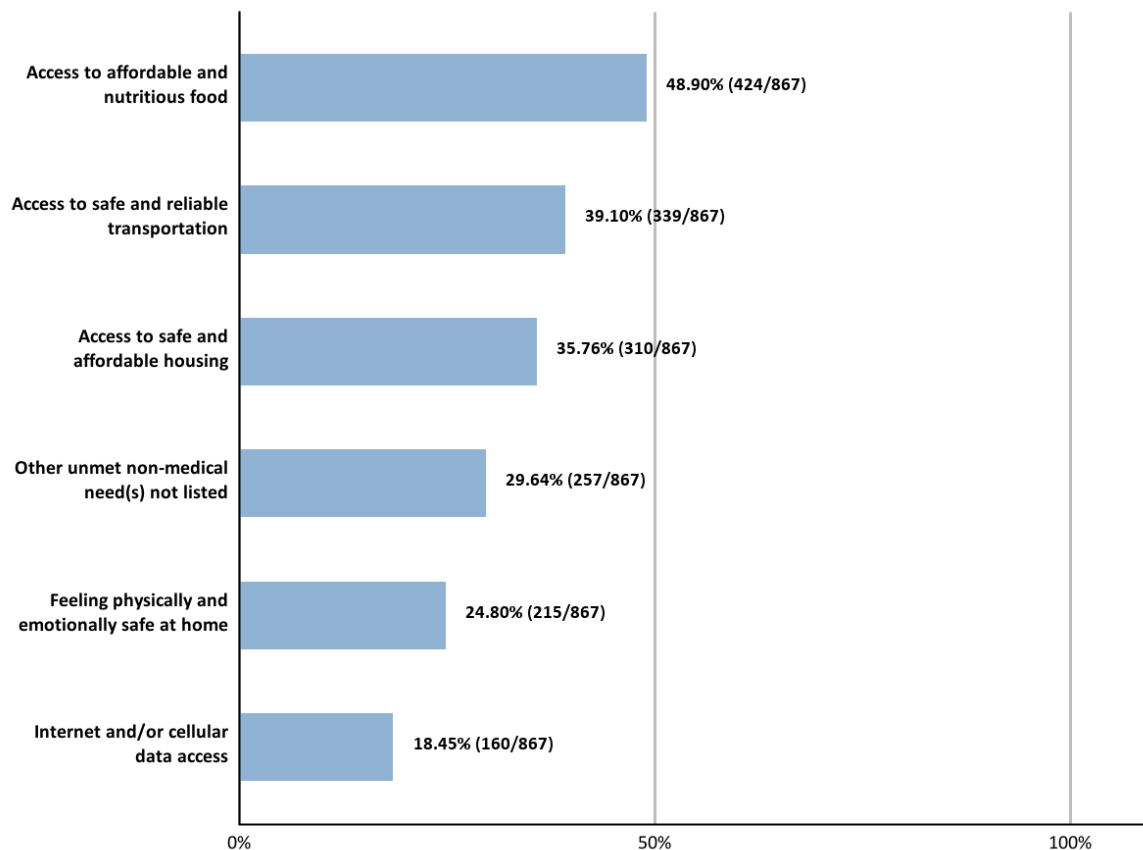


Unmet Non-Medical Needs

Adult respondents and parent/caretaker respondent were asked if they discussed any unmet non-medical needs they/their child have with a/their child’s health care provider or care manager. Figure 2-89 and Figure 2-90 present the percentage of adult respondents and parent/caretaker respondents, respectively, who discussed any non-medical needs they/their child have with a /their child’s health care provider or care manager, by reason, for the NC Medicaid Program. On a positive note, of the 4,379 adult respondents and 4,239 parent/caretaker respondents who responded to the survey question from the NC Medicaid Program, the vast majority of adult respondents (80.20 percent; 3,512 respondents) and

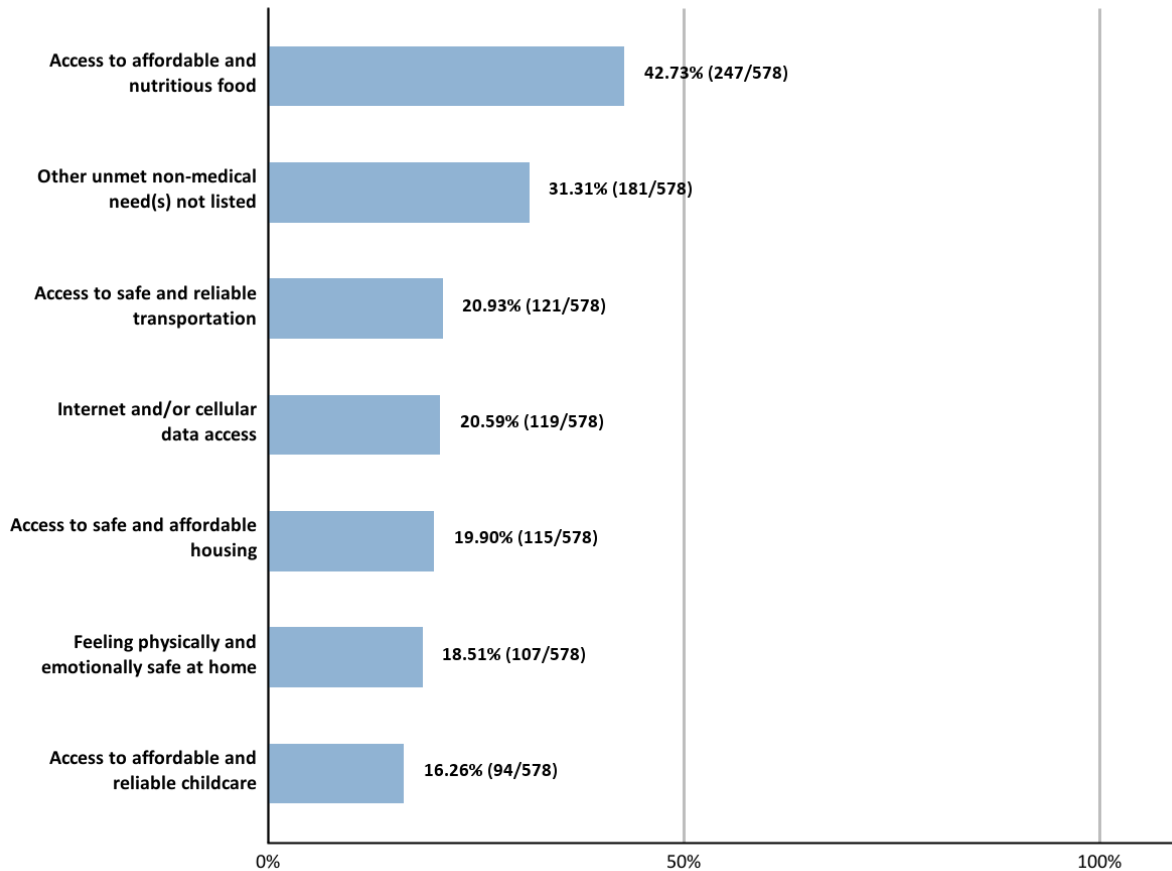
parent/caretaker respondents (86.36 percent; 3,3661 respondents) indicated they/their child did not have any unmet non-medical needs, and therefore, were excluded from the denominator. The top three unmet non-medical needs adult respondents reported were access to affordable and nutritious food, access to safe and reliable transportation, and access to safe and affordable housing. The top three unmet non-medical needs parents/caretaker respondents reported were access to affordable and nutritious food, other unmet non-medical need(s) not listed, and access to safe and reliable transportation.

Figure 2-89—Percentage of 2025 Adult NC Medicaid Program Respondents Who Discussed Any Unmet Non-Medical Needs, by Reason



Percentages will not total 100% because respondents could select more than one response option.

Figure 2-90—Percentage of 2025 Child NC Medicaid Program Respondents Who Discussed Any Unmet Non-Medical Needs, by Reason

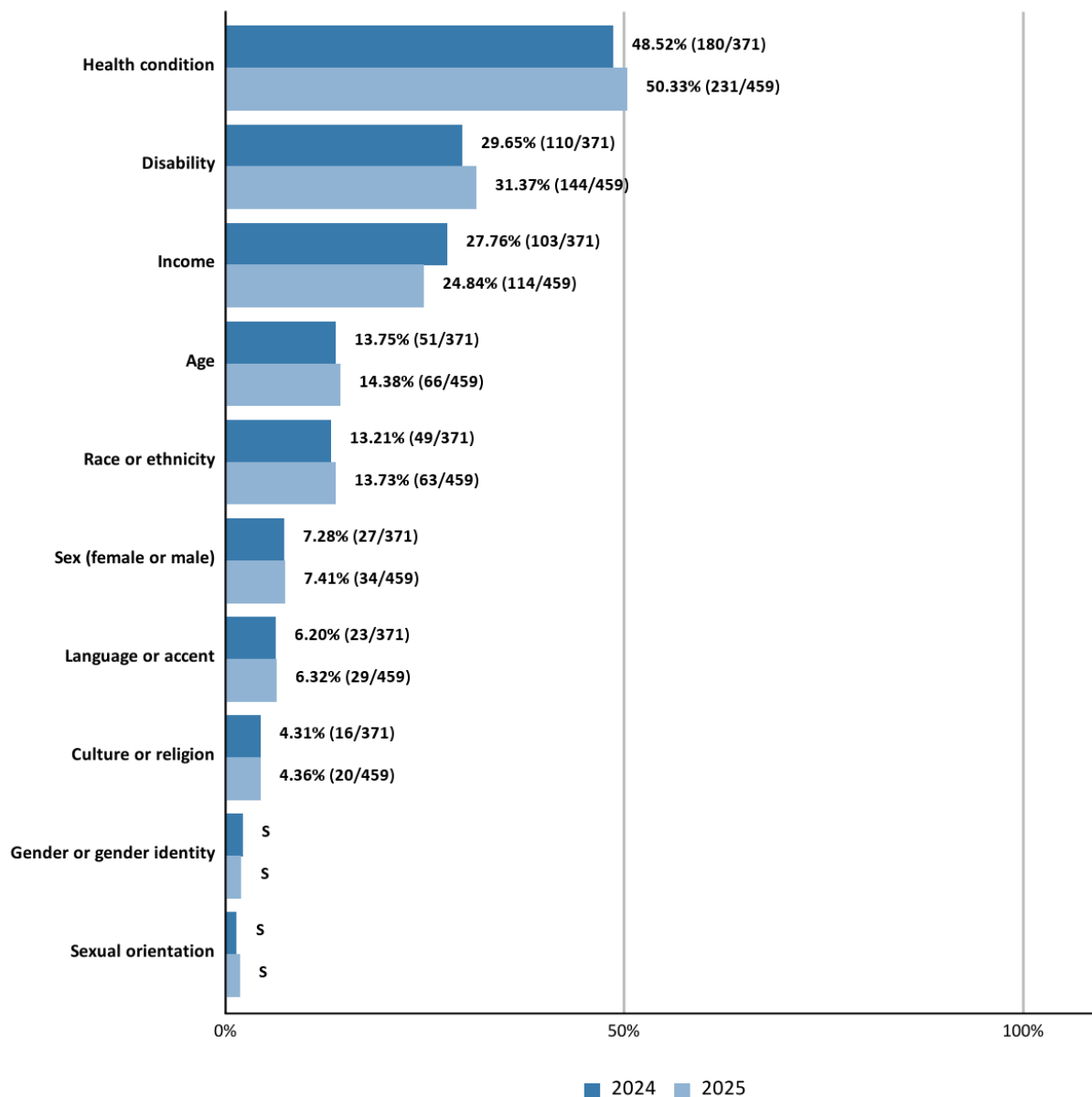


Percentages will not total 100% because respondents could select more than one response option.

Treated Unfairly or Insensitively

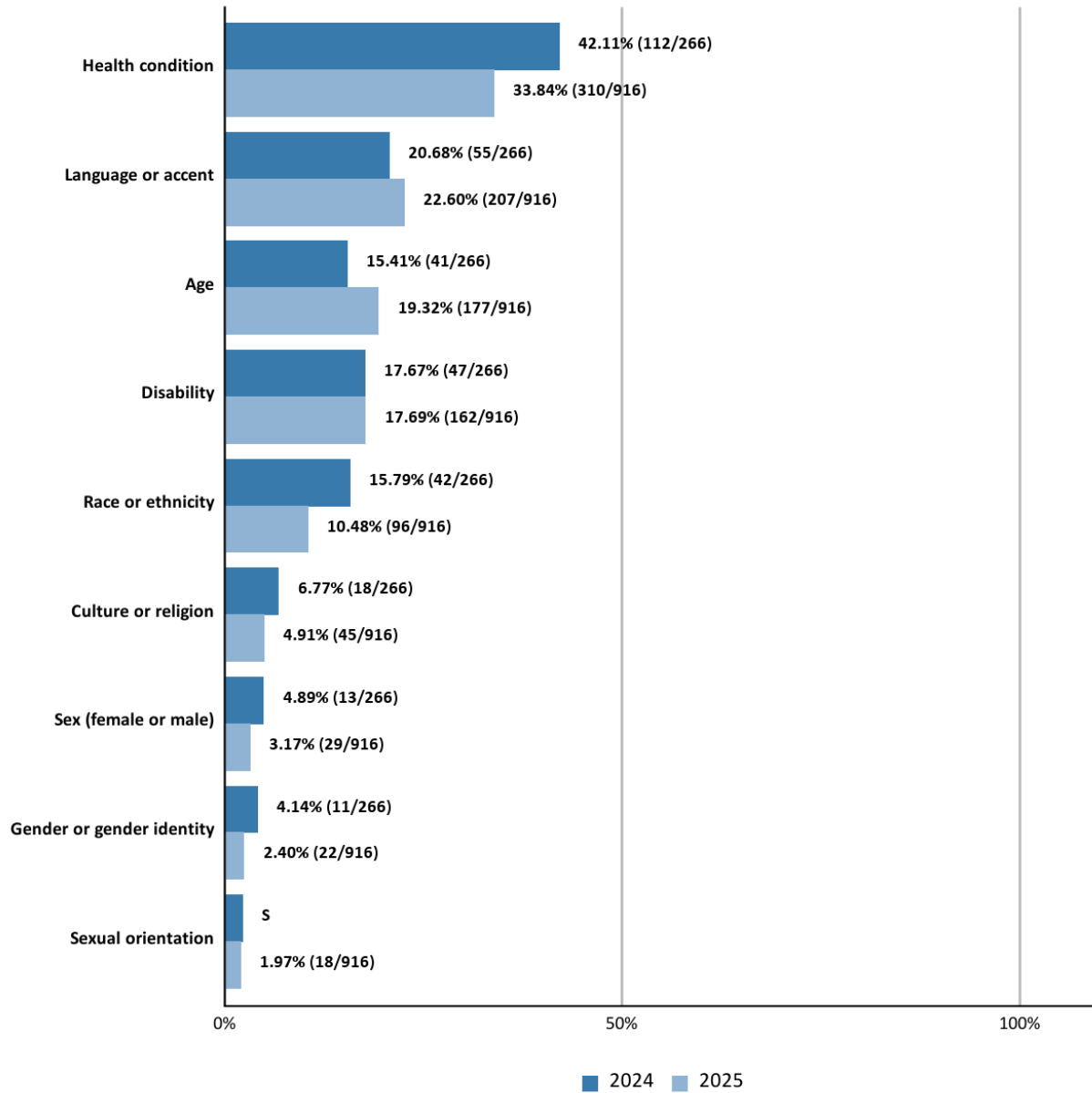
Adult respondents and parent/caretaker respondents were asked if anyone from a clinic, emergency room, or doctor's office where the respondent/their child got care treated them in an unfair or insensitive way. Figure 2-91 and Figure 2-92 present the percentage of adult respondents and parent/caretaker respondents, respectively, who reported being treated in an unfair or insensitive way, by reason, for the NC Medicaid Program. The figures include results from 2024 and 2025. On a positive note, of the 4,704 adult respondents and 4,567 parent/caretaker respondents who responded to the survey question from the NC Medicaid Program, the vast majority of adult respondents (79.78 percent; 3,753 respondents) and parent/caretaker respondents (79.94 percent; 3,651 respondents) did not indicate that they had been treated unfairly or insensitively, and therefore, were excluded from the denominator. The top three reasons adult respondents reported being treated in an unfair or insensitive way in 2025 were because of a health condition, disability, and income. The top three reasons parent/caretaker respondents reported their child being treated in an unfair or insensitive way in 2025 were because of a health condition, language or accent, and age.

Figure 2-91—Percentage of Adult NC Medicaid Program Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason (2024, 2025)



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

Figure 2-92—Percentage of Child NC Medicaid Program Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason (2024, 2025)

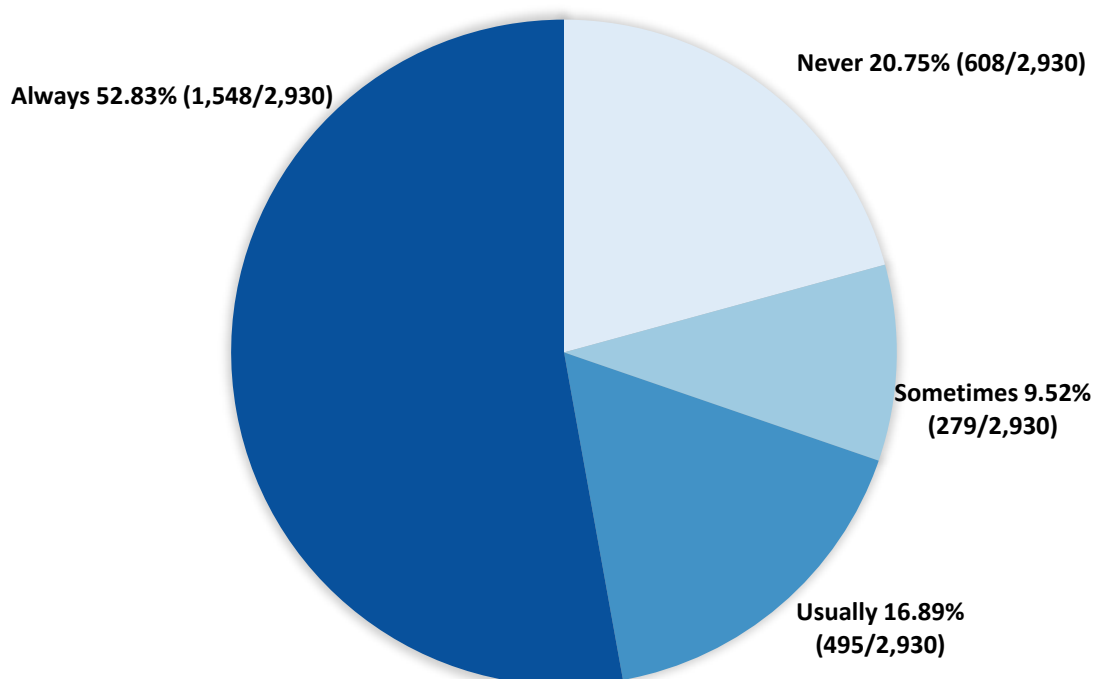


S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Percentages will not total 100% because respondents could select more than one response option.

Online Access to Health Information (Adult Population Only)

Adult respondents were asked how often they were able to access their health information online when they wanted it. Figure 2-93 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 1,628 respondents who indicated they did not want to access their health information online and, therefore, were excluded from the denominator. Of those in the NC Medicaid Program who wanted to access their health information online, the majority of adult respondents (69.73 percent) reported they were usually or always able to access their health information online.

Figure 2-93—Among 2025 Adult NC Medicaid Program Respondents Who Wanted to Access Their Health Information Online, How Often They Were Able to Access It



Some percentages may not total 100% due to rounding. Respondents who answered “I did not want to access my health information online in the last 6 months” were excluded from the analysis.

Year-Over-Year Analysis

Table 2-50 shows the *Online Access to Health Information* positive rating year-over-year results for the NC Medicaid Program and populations. There were no significant differences identified year-over-year.

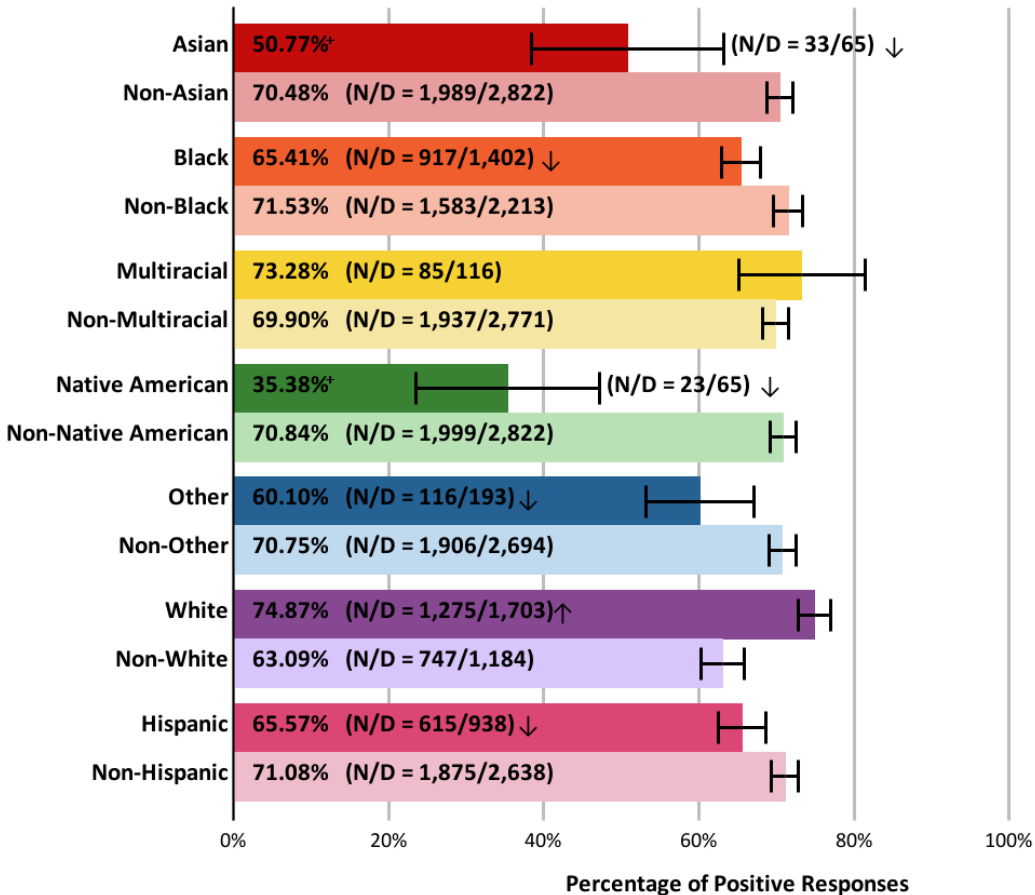
Table 2-50—Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	64.41%	67.32%	Ø
EBCI Tribal Option	36.96% ⁺	34.38% ⁺	Ø
Medicaid Direct	63.81%	60.78%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-94 shows the *Online Access to Health Information* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they were usually or always able to access their health information online when they wanted it when compared to non-White respondents. A significantly *lower* percentage of Asian, Black, Native American, Other race, and Hispanic respondents reported they were usually or always able to access their health information online when they wanted it when compared to non-Asian, non-Black, non-Native American, non-Other race, and non-Hispanic respondents, respectively.

Figure 2-94—Percentage of 2025 Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

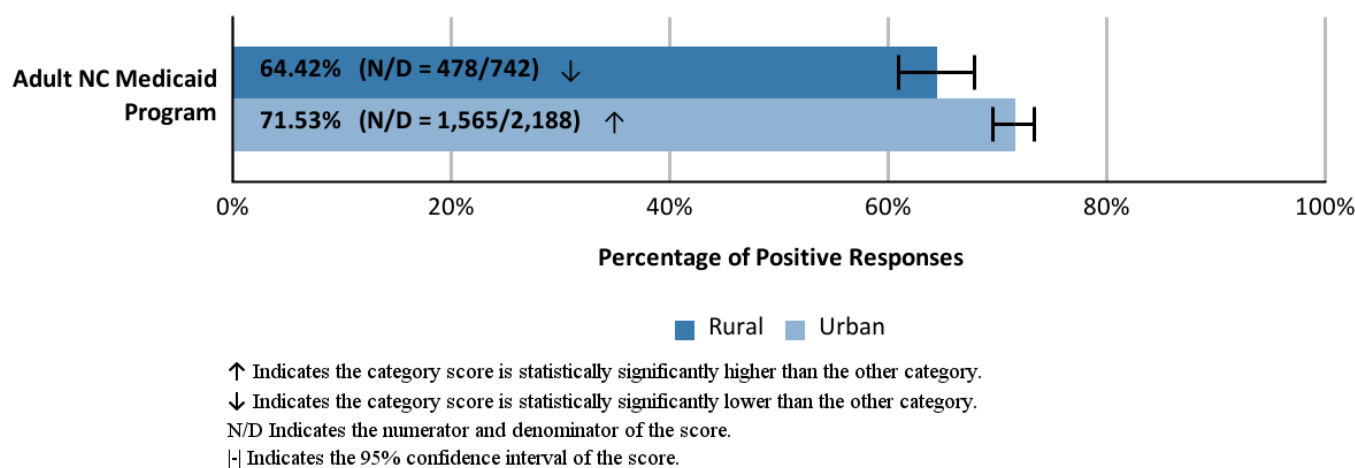
Table 2-51 shows the adult respondents who were usually or always able to access their health information online when they wanted it stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-95 shows the significant differences for *Online Access to Health Information* by geography for adult respondents. The NC Medicaid Program rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Table 2-51—Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Geographic Comparisons, by Populations (2025)

Population	Adult	
	Rural	Urban
NC Medicaid Program	64.42%↓	71.53%↑
EBCI Tribal Option	S	S
Medicaid Direct	56.25% ⁺	62.86%

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.
N/A Indicates the population is not applicable.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

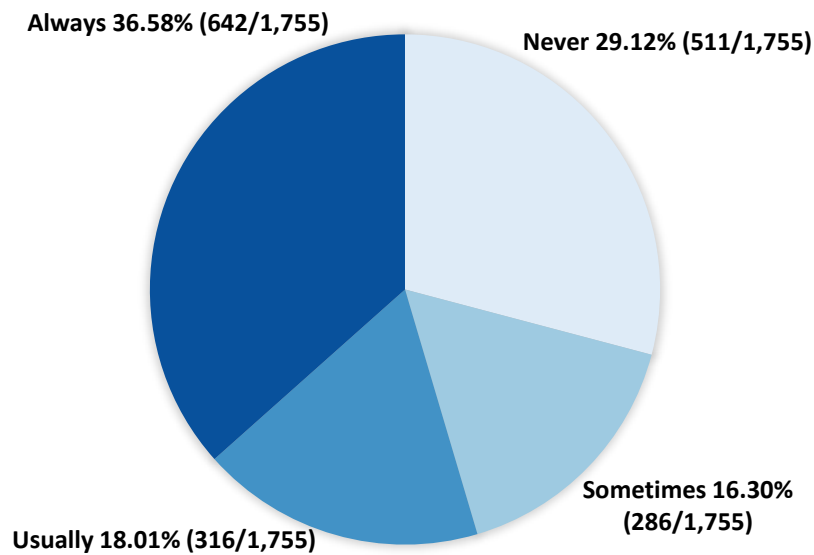
Figure 2-95—Significant Differences: Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Geographic Comparisons, by Populations (2025)



Care Outside of Business Hours

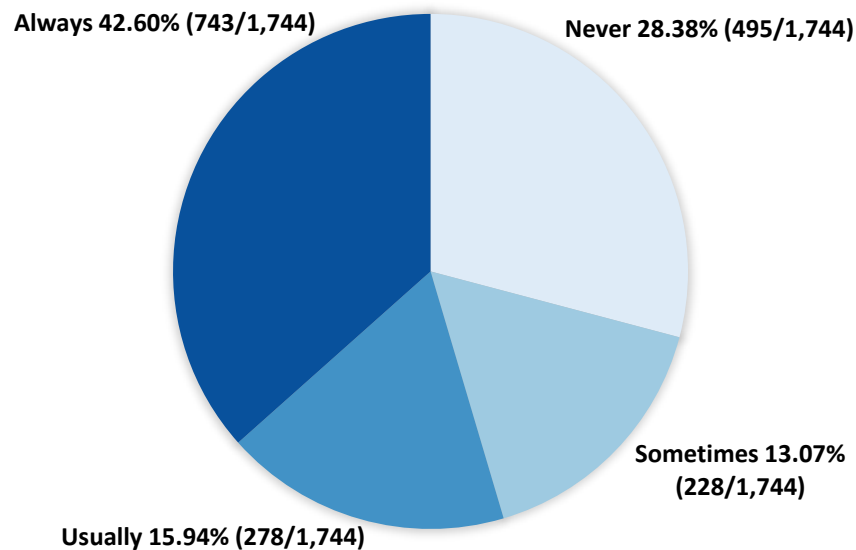
Adult respondents and parent/caretaker respondents were asked how often they were able to receive care that they/their child needed outside of business hours (i.e., in the evenings, on weekends, or during holidays). Figure 2-96 and Figure 2-97 present how often (i.e., always, usually, sometimes, never) adult respondents and parent/caretaker respondents, respectively, were able to receive care outside of business hours for the NC Medicaid Program. There were 2,814 adult respondents and 2,665 parent/caretaker respondents who indicated that they/their child did not need care outside of business hours and, therefore, were excluded from the denominator. Of those who needed care outside of business hours, the majority of adult respondents (54.59 percent) and parent/caretaker respondents (58.54 percent) reported usually or always being able to receive this care for the NC Medicaid Program.

Figure 2-96—Among 2025 Adult NC Medicaid Program Respondents Who Needed Care Outside of Business Hours, How Often They Were Able to Receive It



Some percentages may not total 100% due to rounding. Respondents who answered “I did not need care outside of business hours in the last 6 months” were excluded from the analysis.

Figure 2-97—Among 2025 Child NC Medicaid Program Respondents Whose Child Needed Care Outside of Business Hours, How Often Their Child Was Able to Receive It



Some percentages may not total 100% due to rounding. Respondents who answered “My child did not need care outside of business hours in the last 6 months” were excluded from the analysis.

Year-Over-Year Analysis

Table 2-52 shows the *Care Outside of Business Hours* positive rating year-over-year results for the NC Medicaid Program and populations. The child Medicaid Direct 2025 rate was significantly *higher* than the 2024 rate.

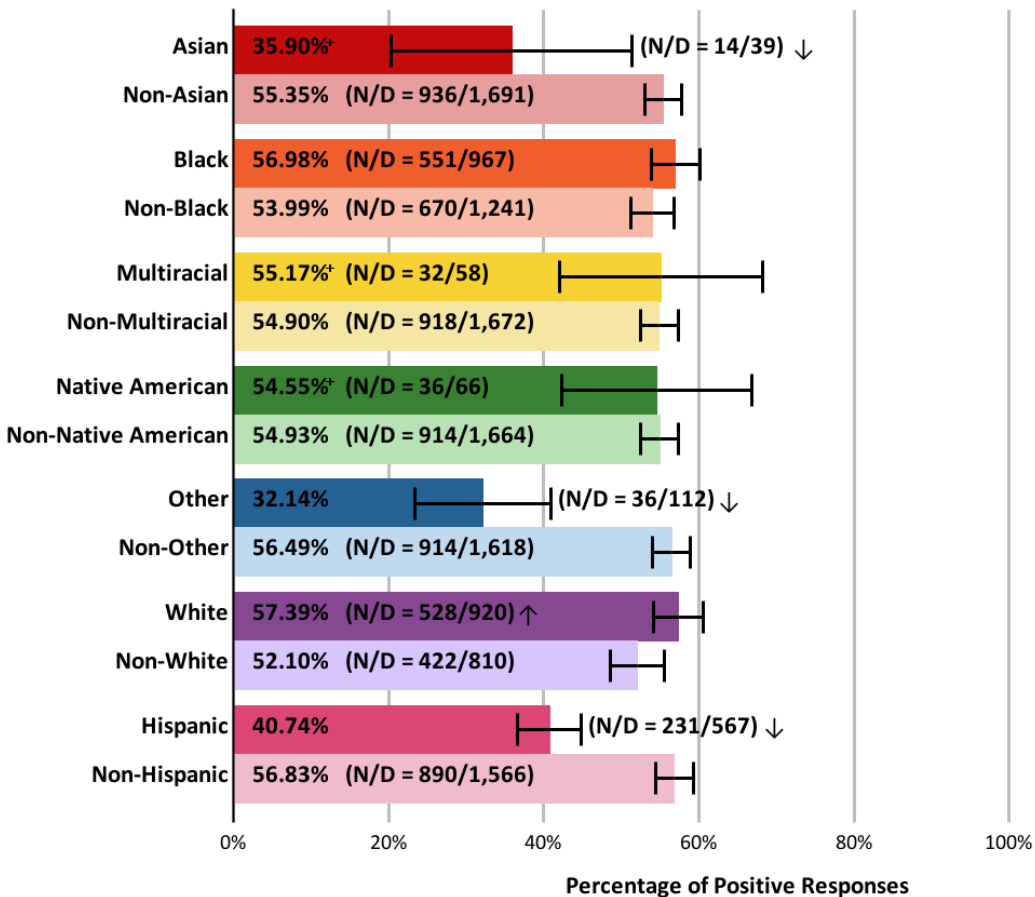
Table 2-52—Percentage of Adult and Child Respondents Who/Whose Child Were Usually or Always Able to Get Outside of Business Hours When Needed, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	58.31%	53.00%	Ø
EBCI Tribal Option	76.19% ⁺	62.50% ⁺	Ø
Medicaid Direct	61.54%	51.90%	Ø
Child			
NC Medicaid Program	50.07%	50.92%	Ø
EBCI Tribal Option	78.26% ⁺	84.62% ⁺	Ø
Medicaid Direct	65.17%	73.94%	▲
Foster Care	60.00%	69.92%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-98 shows the *Care Outside of Business Hours* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they were usually or always able to receive care outside of business hours if they needed it when compared to non-White respondents. A significantly *lower* percentage of Asian, Other race, and Hispanic respondents reported they were usually or always able to receive care outside of business hours if they needed it when compared to non-Asian, non-Other race, and non-Hispanic respondents, respectively.

Figure 2-98—Percentage of 2025 Adult Respondents Who Were Usually or Always Able to Get Care Outside of Business Hours When 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

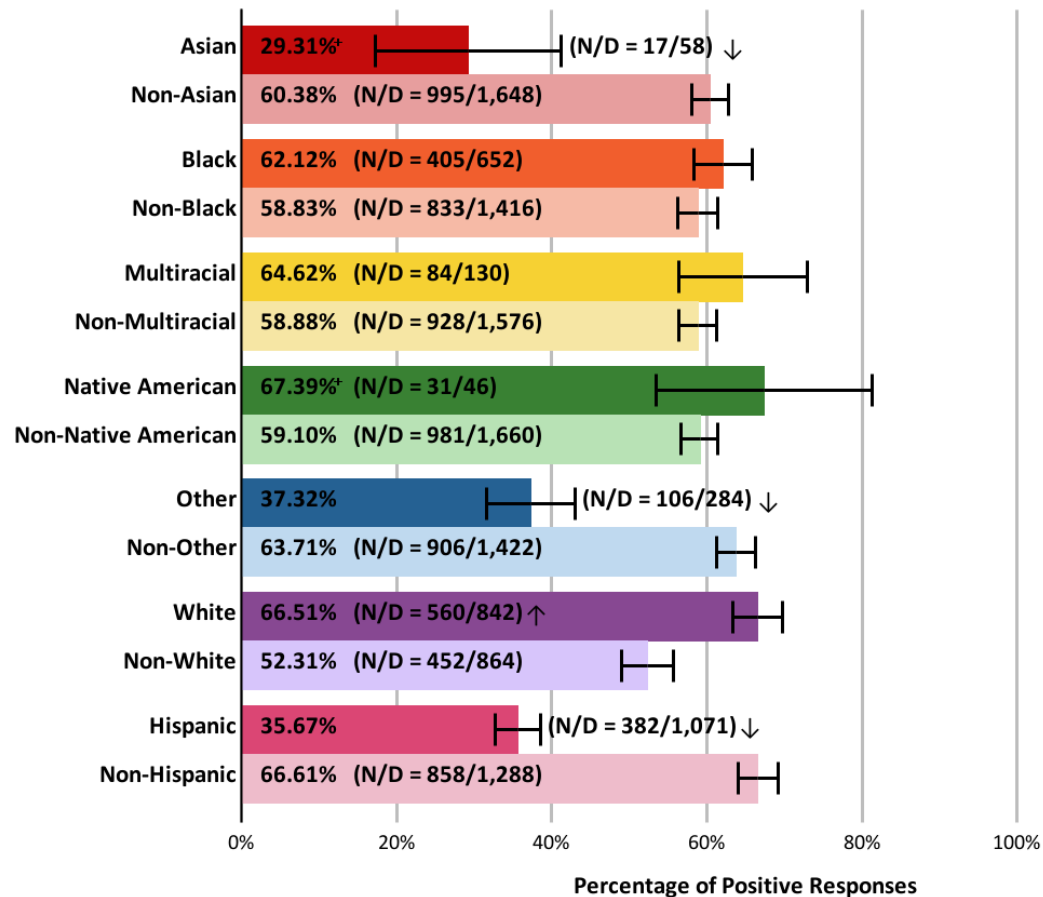
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-99 shows the *Care Outside of Business Hours* 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 parents/caretakers of White children reported their child was usually or always able to receive care outside of business hours if they needed it when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child was usually or always able to receive care outside of business hours if they needed it when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively.

Figure 2-99—Percentage of 2025 Child Respondents Whose Child Was Usually or Always Able to Get Care Outside of Business Hours When 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

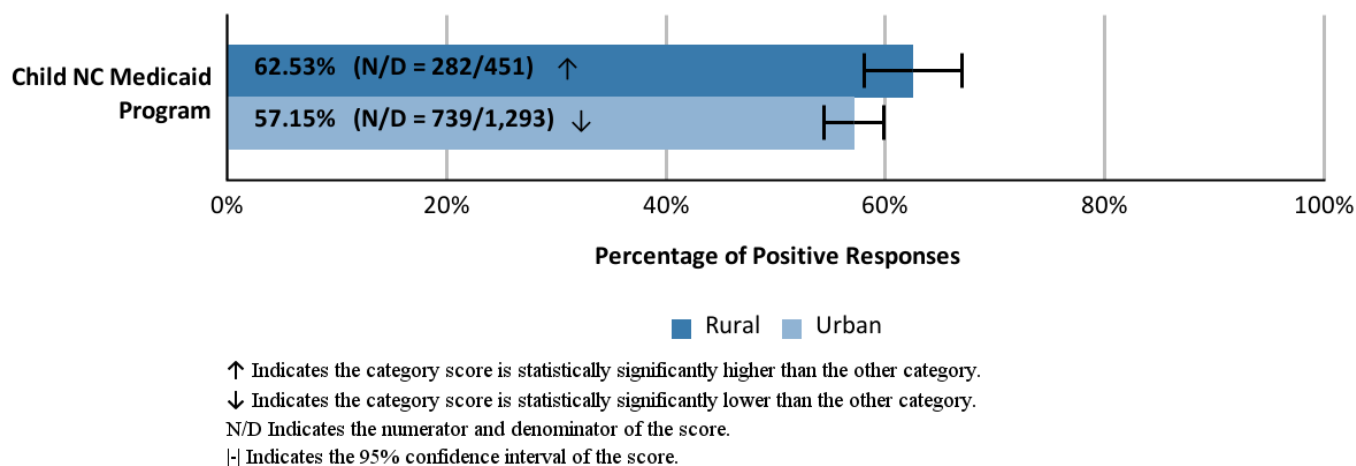
Table 2-53 shows the adult respondents and parents/caretakers of child beneficiaries who usually or always were able to receive care outside of business hours stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-100 shows the significant differences for *Care Outside of Business Hours* by geography for parents/caretakers of child beneficiaries. The NC Medicaid Program rate for parents/caretakers of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 2-53—Percentage of Adult Respondents and Child Respondents Who/Whose Child Were Usually or Always Able to Get Outside of Business Hours When Needed and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	53.03%	55.23%	62.53%↑	57.15%↓
EBCI Tribal Option	65.71% ⁺	S	84.00% ⁺	S
Medicaid Direct	48.28% ⁺	54.00%	74.36% ⁺	73.80%
Foster Care	N/A	N/A	65.85% ⁺	71.95% ⁺

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.
N/A Indicates the population is not applicable.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 2-100—Significant Differences: Percentage of Child Respondents Whose Child Were Usually or Always Able to Get Outside of Business Hours When Needed and Geographic Comparisons, by Populations (2025)



Offered Telehealth Appointment

Adult respondents and parent/caretaker respondents were asked if they were offered a telehealth appointment for themselves or their child instead of an in-person appointment. Figure 2-101 and Figure 2-102 present the percentage of adult respondents and parent/caretaker respondents, respectively, who were offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program. The majority of adult respondents (76.48 percent) and parent/caretaker respondents (80.95 percent) reported they were not offered a telehealth appointment for themselves or their child instead of an in-person appointment for the NC Medicaid Program.

Figure 2-101—Percentage of 2025 Adult NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment

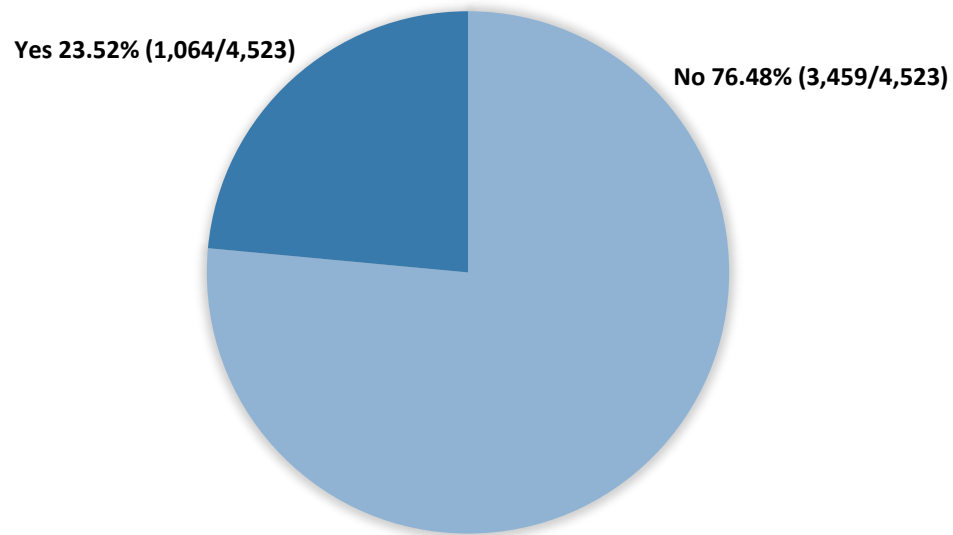
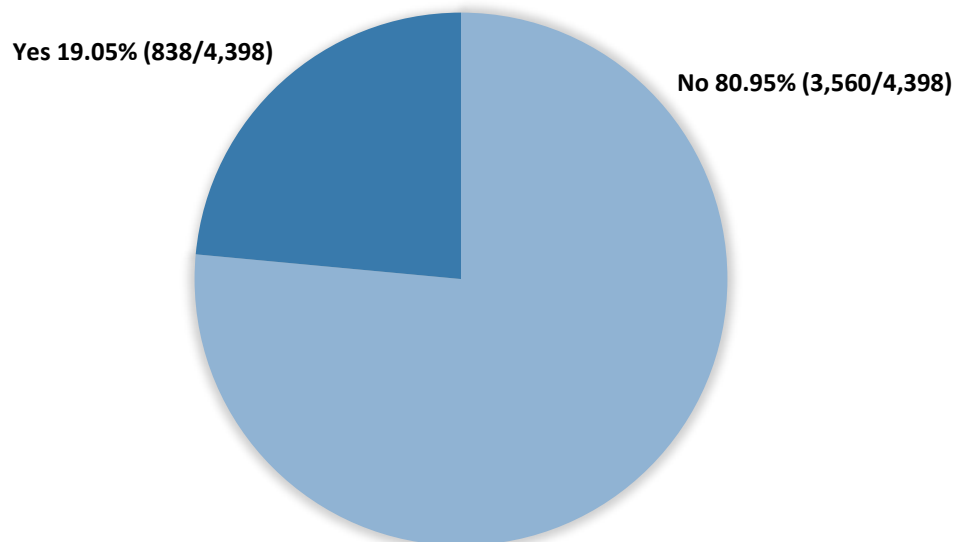


Figure 2-102—Percentage of 2025 Child NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment For Their Child Instead of an In-Person Appointment



Year-Over-Year Analysis

Table 2-54 shows the *Offered Telehealth Appointment* positive rating year-over-year results for the NC Medicaid Program and populations. The adult NC Medicaid Program 2025 rate was significantly *higher* than the 2024 rate.

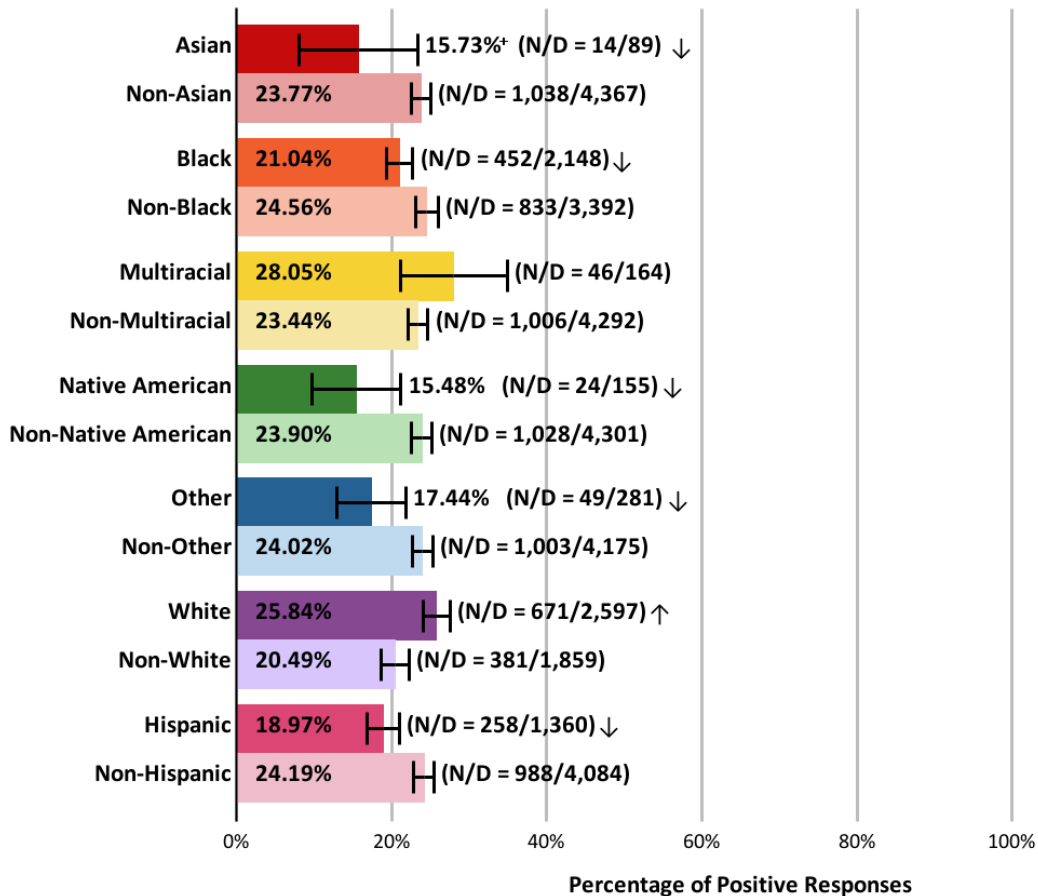
Table 2-54—Percentage of Adult and Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Themselves/Their Child, by Populations, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	18.61%	21.66%	▲
EBCI Tribal Option	13.04%	S	S
Medicaid Direct	19.38%	22.33%	Ø
Child			
NC Medicaid Program	11.67%	11.48%	Ø
EBCI Tribal Option	S	S	S
Medicaid Direct	23.01%	25.06%	Ø
Foster Care	19.17%	20.51%	Ø
S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-103 shows the *Offered Telehealth Appointment* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they were offered a telehealth appointment instead of an in-person appointment when compared to non-White respondents. A significantly *lower* percentage of Asian, 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-Asian, non-Black, non-Native American, non-Other race, and non-Hispanic respondents, respectively.

Figure 2-103—Percentage of 2025 Adult Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

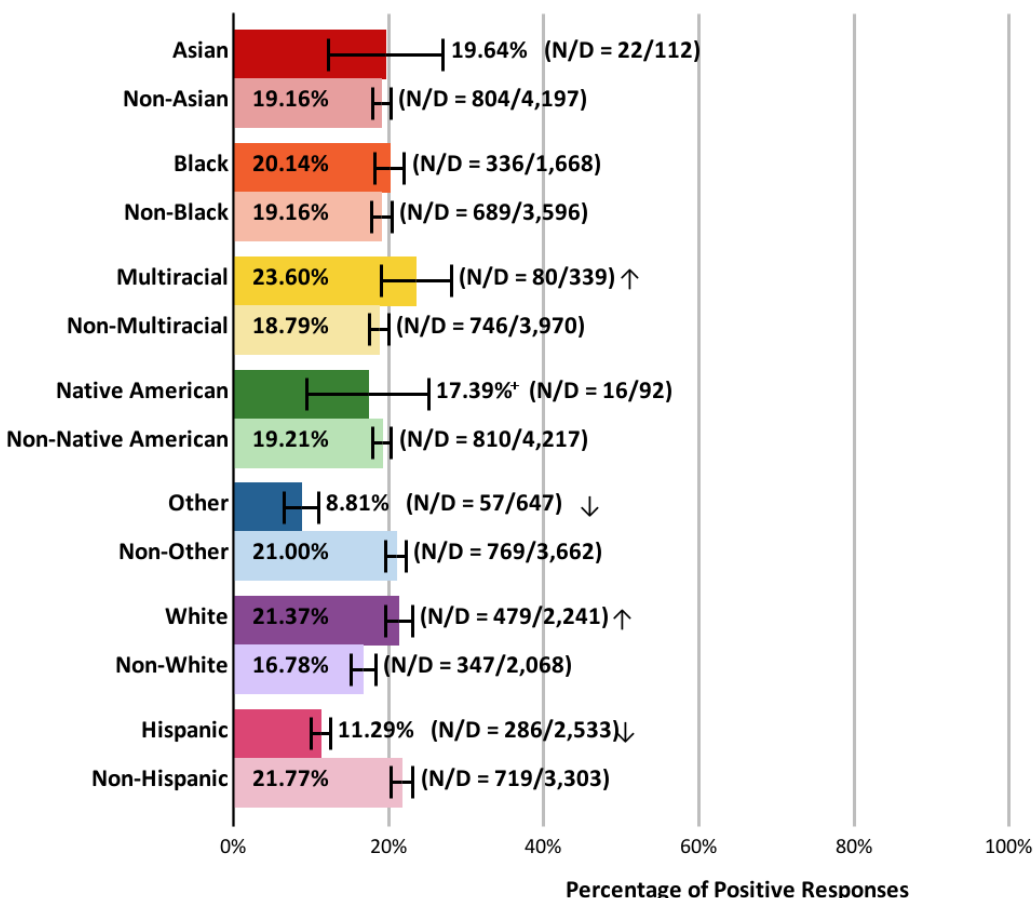
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-104 shows the *Offered Telehealth Appointment* 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 parents/caretakers of Multiracial and White children reported their child was offered a telehealth appointment instead of an in-person appointment when compared to parents/caretakers of non-Multiracial and non-White children, respectively. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported their child was offered a telehealth appointment instead of an in-person appointment when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively.

Figure 2-104—Percentage of 2025 Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

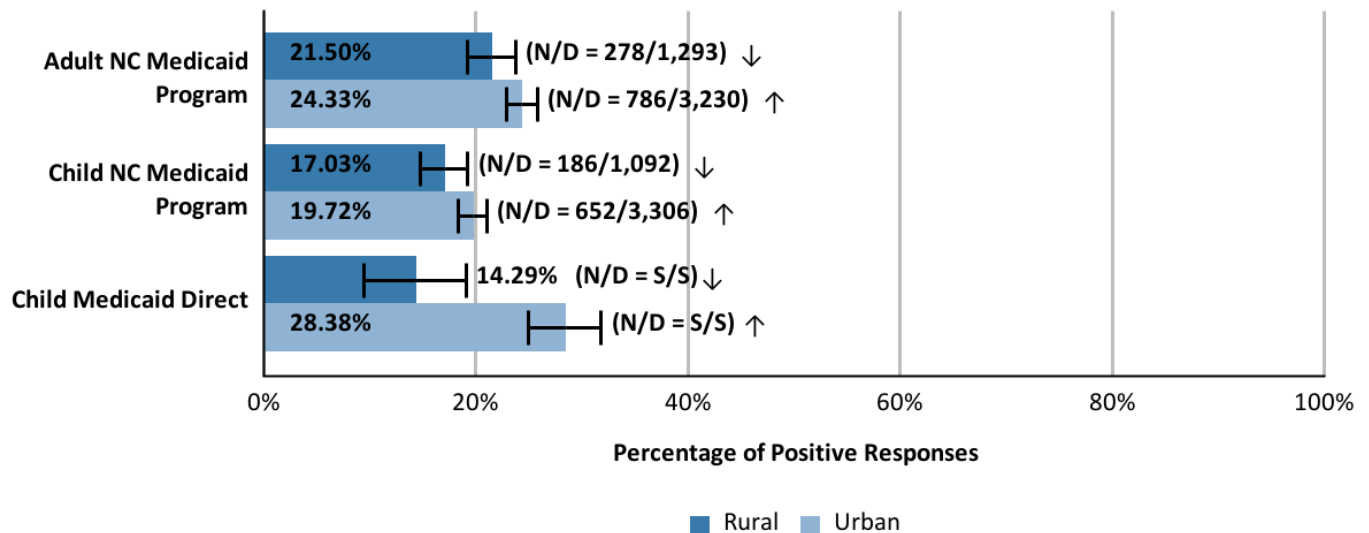
Table 2-55 shows the adult respondents and parents/caretakers of child beneficiaries who were offered a telehealth appointment instead of an in-person appointment stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-105 shows the significant differences for *Offered Telehealth Appointment* by geography for adult respondents and parents/caretakers of child beneficiaries. The NC Medicaid Program rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties. The NC Medicaid Program and Medicaid Direct rates for parents/caretakers of child beneficiaries living in rural counties were significantly *lower* than children living in urban counties.

Table 2-55—Percentage of Adult Respondents and Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Themselves/Their Child and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	21.50%↓	24.33%↑	17.03%↓	19.72%↑
EBCI Tribal Option	S	S	S	S
Medicaid Direct	20.98%	23.02%	14.29%↓	28.38%↑
Foster Care	N/A	N/A	24.37%	18.53%

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
N/A Indicates the population is not applicable.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 2-105—Significant Differences: Percentage of Adult and Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Themselves/Their Child and Geographic Comparisons, by Populations (2025)



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

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

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

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

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

Chose Telehealth

Adult respondents and parent/caretaker respondents were asked how often they chose to use telehealth for their/their child's health care when it was offered by a doctor or other health provider. Figure 2-106 and Figure 2-107 present how often (i.e., always, usually, sometimes, never) adult respondents and parent/caretaker respondents, respectively, chose to use telehealth for their/their child's health care when it was offered by a doctor or other health provider for the NC Medicaid Program. Among those who were offered a telehealth appointment by a doctor or other health provider, the majority of adult respondents (77.56 percent) and parent/caretaker respondents (78.92 percent) reported sometimes, usually, or always choosing to use telehealth for their/their child's health care for the NC Medicaid Program.

Figure 2-106—Among 2025 Adult NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment, How Often They Chose It

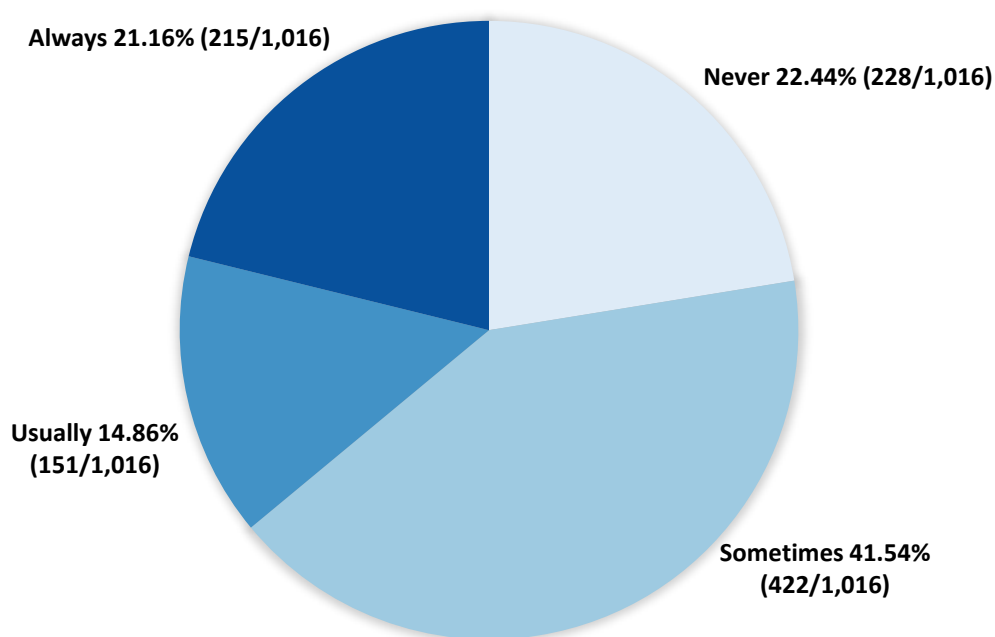
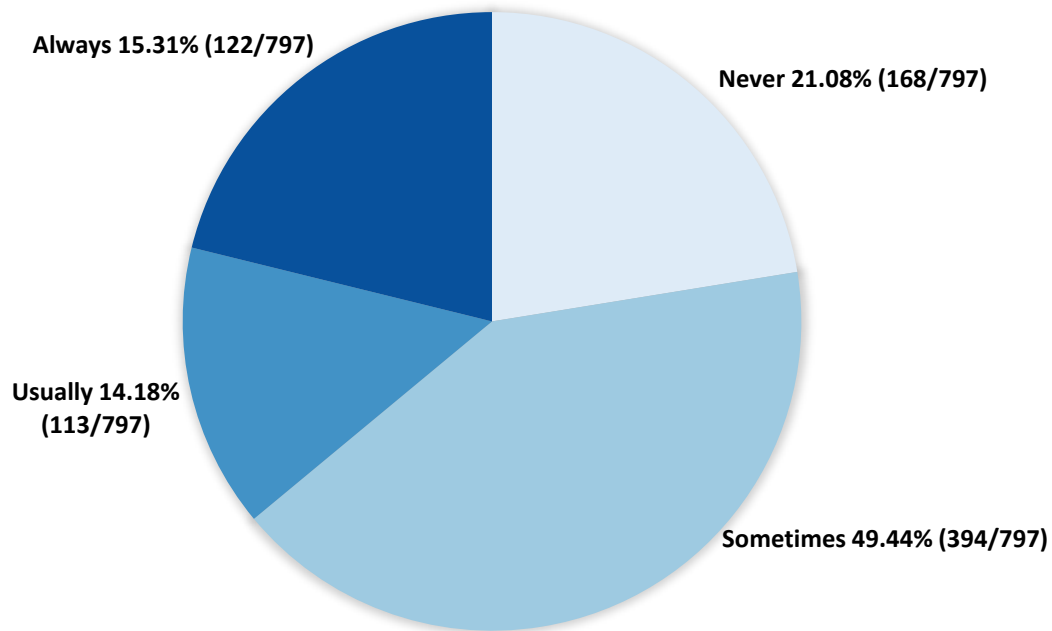


Figure 2-107—Among 2025 Child NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment for Their Child, How Often They Chose It



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

Year-Over-Year Analysis

Table 2-56 shows the *Chose Telehealth* positive rating year-over-year results for the NC Medicaid Program and populations. The child Medicaid Direct 2025 rate was significantly *higher* than the 2024 rate.

Table 2-56—Percentage of Adult and Child Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their/Their Child’s Health Care When Offered, by Populations, with Year-Over-Year Analysis (2024, 2025)

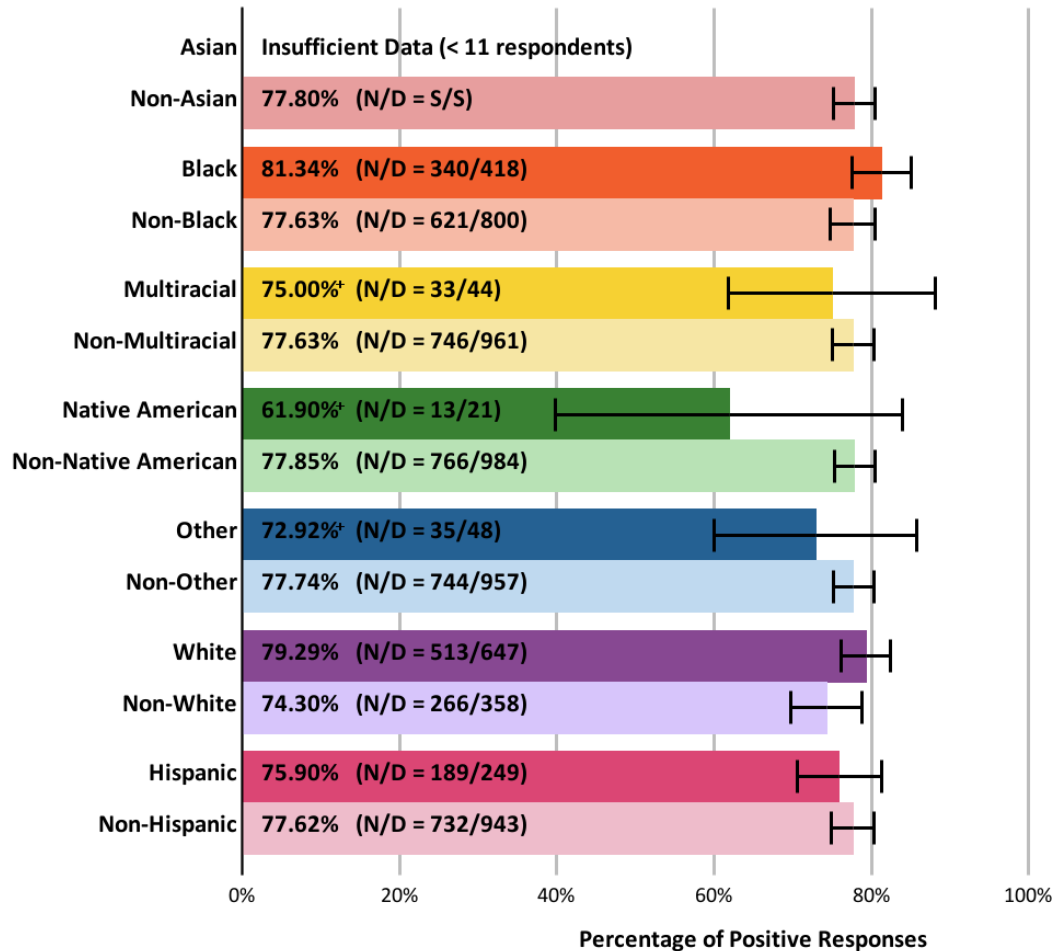
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	75.04%	73.50%	Ø
EBCI Tribal Option	84.62% ⁺	S	S
Medicaid Direct	72.73% ⁺	72.22% ⁺	Ø
Child			
NC Medicaid Program	64.65%	65.61%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
EBCI Tribal Option	S	S	S
Medicaid Direct	77.08%	85.78%	▲
Foster Care	74.23% ⁺	71.64% ⁺	Ø
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. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-108 shows the *Chose Telehealth* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian race category was suppressed due to less than 11 respondents.

Figure 2-108—Percentage of 2025 Adult Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their Health Care When Offered for NC Medicaid Program, by Race and Ethnicity



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.

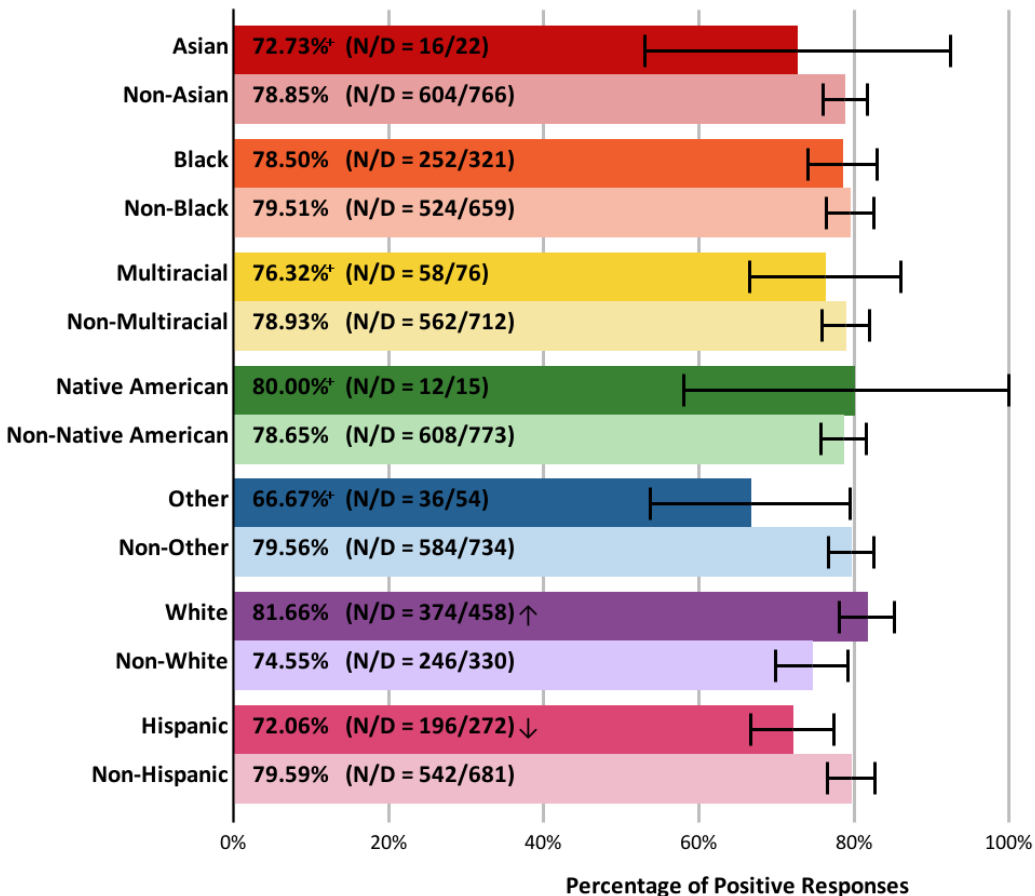
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-109 shows the *Chose Telehealth* 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 parents/caretakers of White children reported they sometimes, usually, or always chose to use telehealth for their child's health care when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Hispanic children reported they sometimes, usually, or always chose to use telehealth for their child's health care when compared to parents/caretakers of non-Hispanic children.

Figure 2-109—Percentage of 2025 Child Respondents W Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their Child’s Health Care When Offered 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 2-57 shows the adult respondents and parents/caretakers of child beneficiaries who sometimes, usually, or always chose to use telehealth for their/their child’s health care when it was offered by a doctor or other health provider stratified by geography for the NC Medicaid Program and populations. There were no significant differences identified by geography.

Table 2-57—Percentage of Adult Respondents and Child Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their/Their Child’s Health Care When Offered and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	76.14%	78.06%	78.57%	79.02%
EBCI Tribal Option	S	S	S	S
Medicaid Direct	72.41% ⁺	72.13% ⁺	86.21% ⁺	85.71%
Foster Care	N/A	N/A	73.08% ⁺	70.73% ⁺
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. N/A Indicates the population is not applicable.				

Flu Vaccination Received

Adult respondents and parent/caretaker respondents were asked if they/their child had either a flu shot or flu spray in the nose since July 1, 2024. Figure 2-110 and Figure 2-111 present the percentage of adult respondents and parent/caretaker respondents, respectively, who received/their child received a flu vaccination for the NC Medicaid Program. The majority of adult respondents (62.18 percent) and parent/caretaker respondents (57.20 percent) reported they/their child did not receive a flu vaccination for the NC Medicaid Program.

Figure 2-110—Percentage of 2025 Adult NC Medicaid Program Respondents Who Received a Flu Vaccination

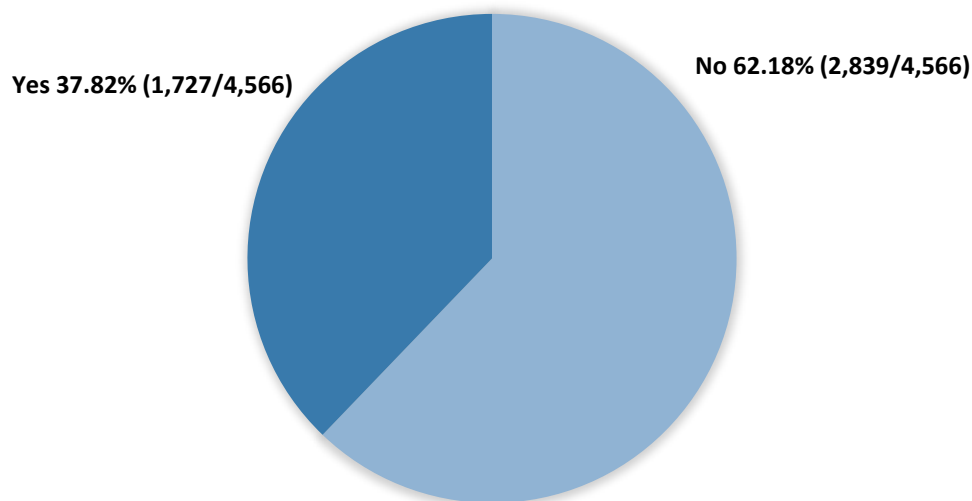
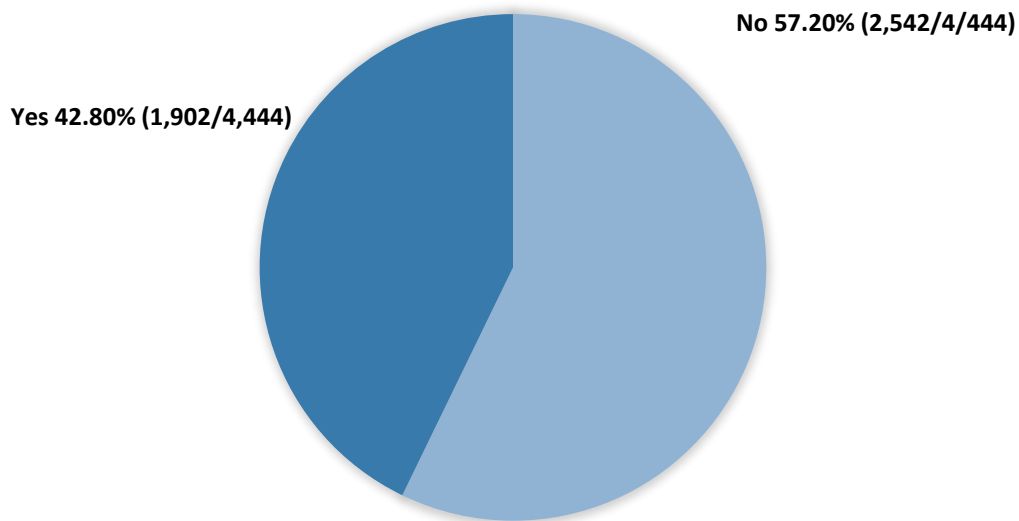


Figure 2-111—Percentage of 2025 Child NC Medicaid Program Respondents Whose Child Received a Flu Vaccination



Year-Over-Year Analysis

Table 2-58 shows the *Flu Vaccination Received* positive rating year-over-year results for the NC Medicaid Program and populations. The adult NC Medicaid Program 2025 rate was significantly *lower* than the 2024 rate.

Table 2-58—Percentage of Adult and Child Respondents Who/Whose Child Received a Flu Vaccination, by Populations, with Year-Over-Year Analysis (2024, 2025)

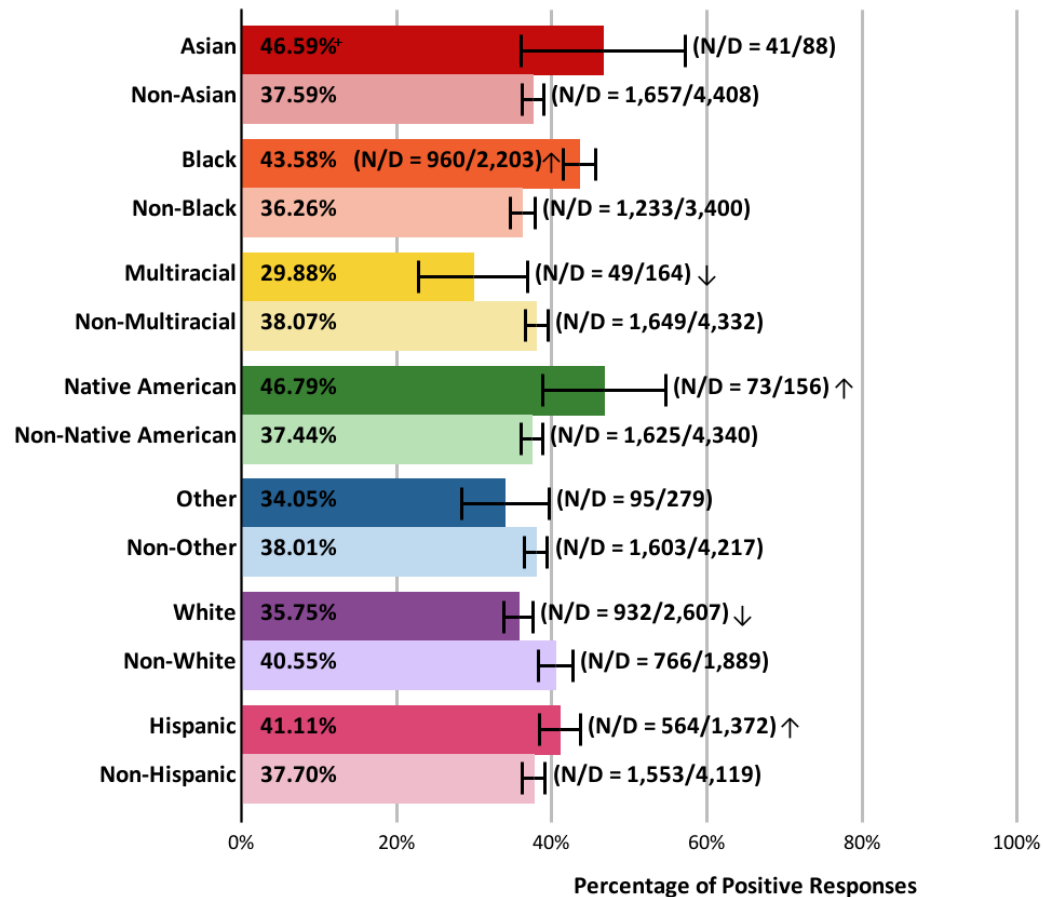
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC Medicaid Program	47.68%	43.50%	▼
EBCI Tribal Option	56.90%	56.07%	∅
Medicaid Direct	58.73%	60.28%	∅
Child			
NC Medicaid Program	42.85%	41.50%	∅
EBCI Tribal Option	49.18% ⁺	39.53% ⁺	∅
Medicaid Direct	49.72%	48.40%	∅

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Foster Care	46.28%	46.07%	Ø
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 2-112 shows the *Flu Vaccination Received* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Black, Native American, and Hispanic respondents reported they received a flu vaccination when compared to non-Black, non-Native American, and non-Hispanic respondents, respectively. A significantly *lower* percentage of Multiracial and White respondents reported they received a flu vaccination when compared to non-Multiracial and non-White respondents, respectively.

Figure 2-112—Percentage of 2025 Adult Respondents Who Received a 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

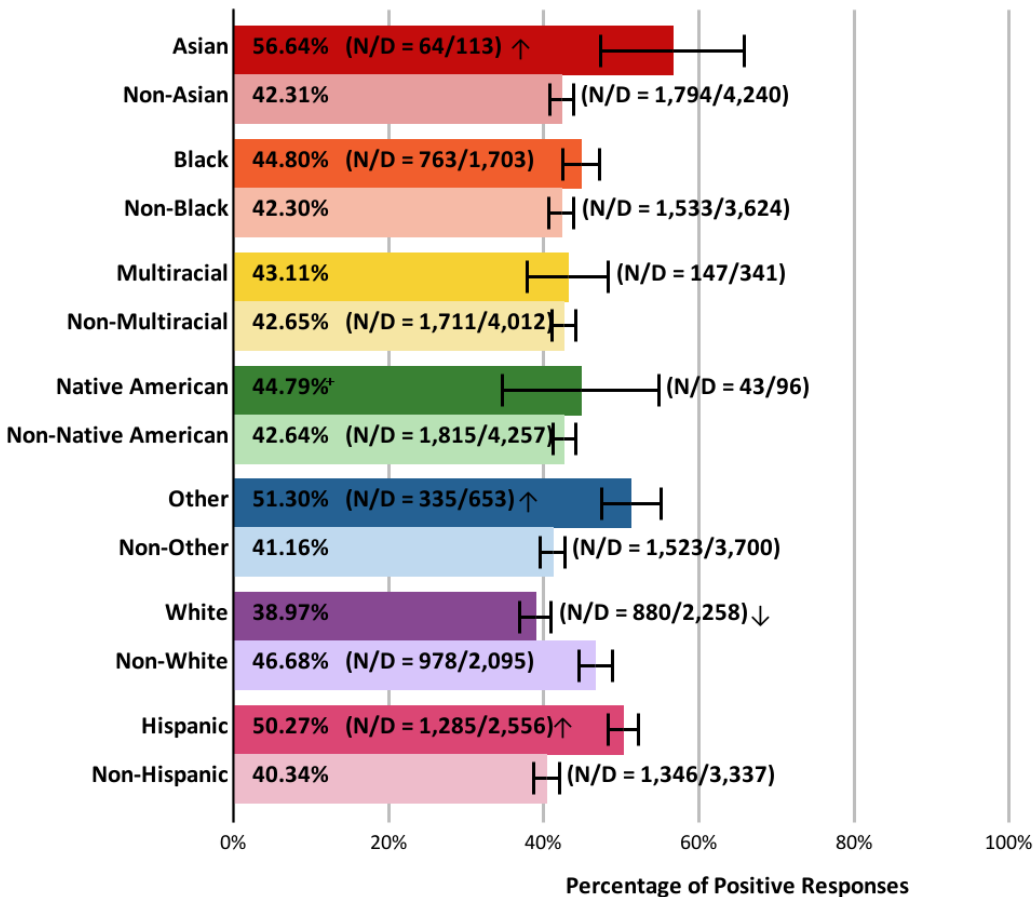
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 2-113 shows the *Flu Vaccination Received* 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 parents/caretakers of Asian, Other race, and Hispanic children reported their child received a flu vaccination when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of White children reported their child received a flu vaccination when compared to parents/caretakers of non-White children.

Figure 2-113—Percentage of 2025 Child Respondents Whose Child Received a 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

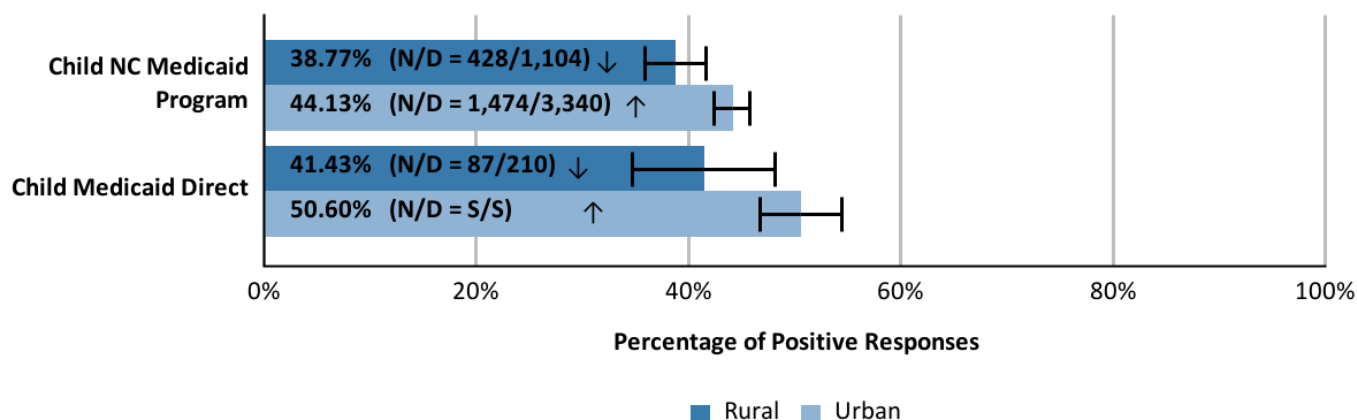
Table 2-59 shows the adult respondents and parents/caretakers of child beneficiaries who received/their child received a flu vaccination stratified by geography for the NC Medicaid Program and populations. Additionally, Figure 2-114 shows the significant differences for *Flu Vaccination Received* by geography for parents/caretakers of child beneficiaries. The NC Medicaid Program and Medicaid Direct rates for parents/caretakers of child beneficiaries living in rural counties were significantly *lower* than children living in urban counties.

Table 2-59—Percentage of Adult Respondents and Child Respondents Who/Whose Child Received a Flu Vaccination and Geographic Comparisons, by Populations (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC Medicaid Program	37.66%	37.89%	38.77%↓	44.13%↑
EBCI Tribal Option	57.00%	S	41.46% ⁺	S
Medicaid Direct	60.27%	60.28%	41.43%↓	50.60%↑
Foster Care	N/A	N/A	42.62%	47.86%

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.
N/A Indicates the population is not applicable.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 2-114—Significant Differences: Percentage of Adult and Child Respondents Who/Whose Child Received a Flu Vaccination and Geographic Comparisons, by Populations (2025)



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

Spearman Correlation

HSAG used the Spearman correlation to assess 1) how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist and 2) how strongly a score for the overall health characteristics (i.e., *General Health Status* and *Mental or*

Emotional Health Status) was associated with all global ratings and composite measures.³² For more detailed information regarding the methodology used for this analysis, please refer to Appendix B. Reader's Guide beginning on page 517. Table 2-60 through Table 2-63 present 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 and overall health characteristics except for *How Well Doctors Communicate* and *Rating of Personal Doctor* for the adult population, where there is a fairly positive relationship between the two measures.

Table 2-60—Adult Spearman Correlation NC Medicaid Program Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.38	0.47	0.33	0.40
Getting Care Quickly	0.29	0.36	0.28	0.27
How Well Doctors Communicate	0.28	0.40	0.54	0.31
Customer Service	0.44	0.35	0.27	0.31
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

Table 2-61—Adult Spearman Correlation NC Medicaid Program Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
Rating of Health Plan	-0.14	-0.18
Rating of All Health Care	-0.22	-0.23
Rating of Personal Doctor	-0.12	-0.13
Rating of Specialist Seen Most Often	-0.14	-0.16
Composite Measures		
Getting Needed Care	-0.12	-0.14
Getting Care Quickly	-0.10	-0.13
How Well Doctors Communicate	-0.11	-0.13
Customer Service	-0.04	-0.07
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.		

³² The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2026.

Table 2-62—Child Spearman Correlation NC Medicaid Program Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Getting Needed Care	0.34	0.43	0.30	0.39
Getting Care Quickly	0.22	0.31	0.22	0.21
How Well Doctors Communicate	0.24	0.33	0.45	0.27
Customer Service	0.39	0.31	0.31	0.28
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

Table 2-63—Child Spearman Correlation NC Medicaid Program Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
Rating of Health Plan	-0.24	-0.23
Rating of All Health Care	-0.27	-0.23
Rating of Personal Doctor	-0.17	-0.14
Rating of Specialist Seen Most Often	-0.18	-0.18
Composite Measures		
Getting Needed Care	-0.17	-0.15
Getting Care Quickly	-0.12	-0.07
How Well Doctors Communicate	-0.12	-0.08
Customer Service	-0.13	-0.08
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.		

3. Standard Plan Results

The following section presents CAHPS results by standard plans (SPs) for adult and child beneficiaries. The results include survey administration outcomes, overall health characteristics, national percentile comparisons, aggregate comparisons, year-over-year analysis, race and ethnicity comparisons, geographic comparisons, Medicaid expansion comparisons (adult SPs only), supplemental items, and Spearman correlation. Additionally, Table 3-1 provides an overview of the weighting that was used for reporting NC SP Aggregate results.

Table 3-1—Weighting Used for Reporting NC SP Aggregate Results

Analyses and Applicable Weighting	Measures
Weighted Aggregate Averages	
NC SP Aggregate Averages in National Percentile Comparisons	Standard CAHPS Measures
NC SP Aggregate Averages in Aggregate Comparisons	Standard CAHPS Measures and Overall Health Characteristics
NC SP Aggregate Averages in Year-Over-Year Analysis	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
Unweighted Aggregate Averages	
NC SP Aggregate Averages in Survey Administration Outcomes and Response Rates	Not Applicable
NC SP Aggregate Averages in Race/Ethnicity Comparisons <i>Uses self-reported race/ethnicity information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC SP Aggregate Averages in Geographic Comparisons <i>Uses sample frame county information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC SP Aggregate Averages in Medicaid Expansion Comparisons <i>Uses sample frame Medicaid expansion information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC SP Aggregate Averages in Supplemental Item Pie Charts <i>Uses self-reported supplemental item information</i>	Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC SP Aggregate Averages in Supplemental Item Bar Graphs <i>Uses self-reported supplemental item information</i>	<i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i> Supplemental Items
NC SP Aggregate Averages in Spearman Correlation	Not Applicable
NC SP Aggregate Averages in Demographics <i>Uses self-reported demographic information</i>	Not Applicable
NC SP Aggregate Averages in Survey Respondent to Eligible Population Demographic Data Comparisons <i>Uses sample frame and self-reported demographic information</i>	Not Applicable

For the SPs, HSAG sampled a total of 43,255 adult beneficiaries, and a total of 3,380 surveys were completed. A total of 41,367 parents or caretakers of child beneficiaries were sampled, and a total of 3,303 surveys were completed. The overall adult response rate for the SPs was 7.84 percent (with a range from 6.53 percent to 8.79 percent when stratified by SPs), which increased from the 2024 NC CAHPS survey, where the adult SP response rate was 7.77 percent. The overall child response rate for the SPs was 7.99 percent (with a range from 7.40 percent to 8.94 percent when stratified by SPs), which decreased from the 2024 NC CAHPS survey, where the child SP response rate was 9.27 percent.³³

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 SP Aggregate adult respondents were 45 years of age and older, White, resided in a rural county, and had a Medicaid Expansion designation.
- Significantly *fewer* NC SP Aggregate adult respondents were 44 years of age and younger, Black, resided in an urban county, and did not have a Medicaid Expansion designation.
- Significantly *more* NC SP Aggregate parents or caretakers responded for children who were 13 to 17 years of age, male, Asian, White, and Hispanic.
- Significantly *fewer* NC SP Aggregate parents or caretakers responded for children who were 4 to 7 years of age, female, Black, Native American, and non-Hispanic.

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. Because of these differences, the results may not fully reflect the experiences of the overall NC Medicaid population. For additional details on the demographic information please see Appendix A. Supplemental Information.

³³ For more detailed information regarding the survey administration outcomes and response rates for the eligible population, please refer to Table 3-2 on page 166.

Survey Respondents

Table 3-2 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 and child populations. Numbers in Table 3-2 are reflective of all samples (i.e., general sample, general sample increase, and the Black and Hispanic race/ethnicity oversamples).

Table 3-2—NC SP Aggregate: Survey Administration Outcomes and Response Rates (2025)³⁴

Population	Total Sample Size	Eligible Sample	Total General Respondents	Total Respondents	Response Rate
Adult					
NC SP Aggregate	43,255	43,137	2,461	3,380	7.84%
AmeriHealth	8,883	8,868	549	725	8.18%
Carolina Complete	9,261	9,234	460	603	6.53%
Healthy Blue	8,708	8,678	490	682	7.86%
UnitedHealthcare	7,938	7,915	450	696	8.79%
WellCare	8,465	8,442	512	674	7.98%
Child					
NC SP Aggregate	41,367	41,329	2,044	3,303	7.99%
AmeriHealth	8,356	8,347	385	639	7.66%
Carolina Complete	8,292	8,286	386	613	7.40%
Healthy Blue	7,944	7,938	447	710	8.94%
UnitedHealthcare	8,371	8,363	410	712	8.51%
WellCare	8,404	8,395	416	629	7.49%

Comparative Analyses

National Percentile Comparisons

NC SP Aggregate and plan-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 3-3, a star rating was assigned from one

³⁴ The ‘Total General Respondents’ column represents completed surveys from the general sample and general sample increase. The ‘Total Respondents’ column represents completed surveys from the general sample, general sample increase, and Black and Hispanic race/ethnicity oversamples.

(★) 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 Appendix B. Reader’s Guide beginning on page 513.

Table 3-3—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

Aggregate Comparisons

Program Comparisons

HSAG compared the individual SPs’ positive ratings to the NC SP Aggregate to determine if the SPs’ results were significantly different. Statistically significant results are denoted with triangles (▲ or ▼). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to the NC SP Aggregate as well as any SP 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.³⁵ For more detailed information regarding this analysis, please refer to Appendix B. Reader’s Guide beginning on page 514. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on pages 452 and 477, respectively.

National Average Comparisons

HSAG compared the individual SPs’ and NC SP Aggregate positive ratings to the 2024 NCQA Medicaid national averages, where applicable, to determine if the SPs’ and NC SP Aggregate’s results were significantly different. Statistically significant results are denoted with indicators higher (H) or lower (L). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to the NC SP Aggregate as well as any SP with statistically significant differences. For more detailed information regarding this analysis, please refer to Appendix B. Reader’s Guide beginning on page 514. For detailed

³⁵ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 4, 2026.

results regarding the numerators and denominators for these comparisons, beginning on pages 452 and 477, respectively.

Year-Over-Year Analysis

The 2025 scores were compared to the 2024 scores to determine whether there were statistically significant differences. Statistically significant results are denoted 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. Please note, a year-over-year analysis was not performed for the *Unmet Non-Medical Needs* and *Treated Unfairly and Insensitively* measures due to the nature of these questions. For more detailed information regarding this analysis, please refer to Appendix B. Reader's Guide beginning on page 515.

Race and Ethnicity Comparisons

HSAG stratified the NC SP Aggregate positive ratings by self-identified race and ethnicity. For the adult population, race is categorized as Asian (N=63), non-Asian (N=2,339), Black (N=997), non-Black (N=1,811), Multiracial (N=92), non-Multiracial (N=2,310), Native American (N=38), non-Native American (N=2,364), Other (N=212), non-Other (N=2,190), White (N=1,372), and non-White (N=1,030). For the child population, race is categorized as Asian (N=77), non-Asian (N=1,892), Black (N=660), non-Black (N=1,667), Multiracial (N=117), non-Multiracial (N=1,852), Native American (N=30), non-Native American (N=1,939), Other (N=454), non-Other (N=1,515), White (N=922), and non-White (N=1,047).^{36,37} For this analysis, the Multiracial category includes respondents who selected more than one race category. The Other race category includes respondents who selected the Other race category as well as those who selected Native Hawaiian or other Pacific Islander. The positive ratings for each race category were compared as follows: Asian respondents were compared to non-Asian respondents; Black respondents were compared to non-Black respondents; Multiracial respondents were compared to non-Multiracial respondents; Native American respondents were compared to non-Native American respondents; Other race respondents were compared to non-Other race respondents; and White respondents were compared to non-White respondents. For the adult population, ethnicity is categorized as Hispanic (N=802) and non-Hispanic (N=2,082), and for the child population, ethnicity is characterized as Hispanic (N=1,586) and non-Hispanic (N=1,293).³⁸ The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. Statistically significant results are denoted with arrows (↑ or ↓). If race and ethnicity comparisons for a measure resulted in significant findings, these results appear on the following race and ethnicity categories: Asian, Black, Multiracial, Native American, Other, White, and Hispanic.

³⁶ The Native American category includes American Indian or Alaska Native.

³⁷ The Black category includes the Black oversample.

³⁸ The Hispanic category includes the Hispanic oversample.

For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding the numerators and denominators for the composite measures, please refer to Appendix A, beginning on pages 455 and 479, respectively. 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.³⁹

Geographic Comparisons

NC SP Aggregate and SP positive ratings were stratified by geographical area to determine if any statistically significant differences exist between positive ratings for respondents residing in rural or urban counties. Statistically significant results are denoted with arrows (↑ or ↓). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to any result 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.⁴⁰ For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on pages 468 and 490, respectively.

Medicaid Expansion Comparisons

NC SP Aggregate and SP positive ratings were stratified by Medicaid Expansion designation obtained from the sample frame files to determine if any statistically significant differences exist between positive ratings for adult respondents stratified by Medicaid Expansion designation.⁴¹ For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on page 473.

³⁹ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 4, 2026.

⁴⁰ Ibid.

⁴¹ This analysis was performed for the SPs' adult population only.

Overall Health Characteristics

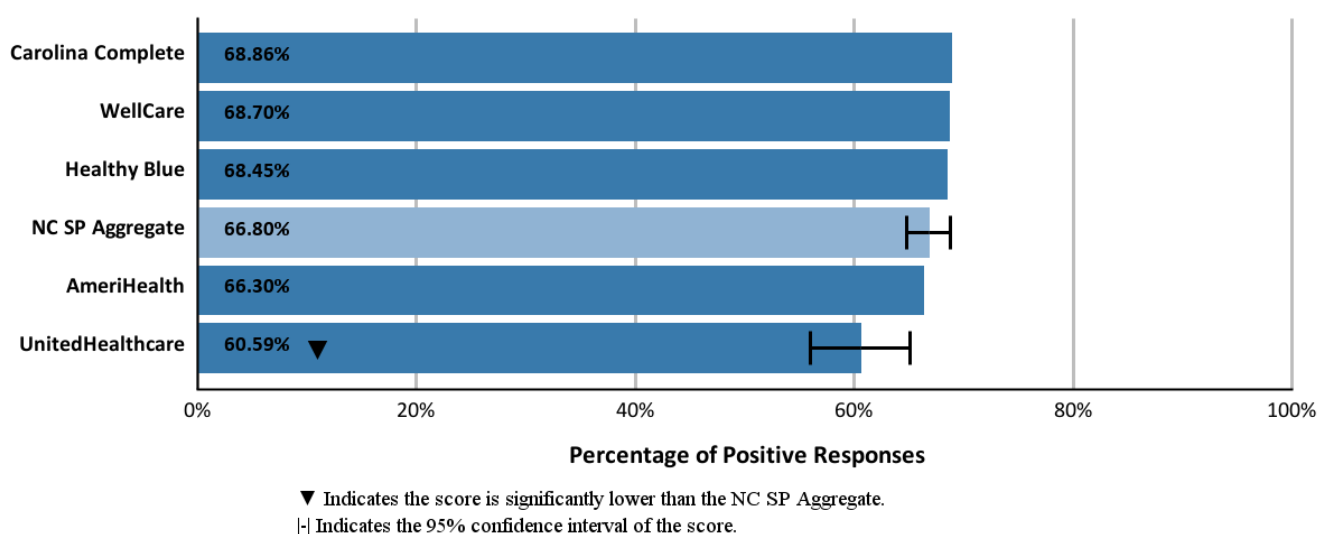
General Health Status

Aggregate Comparisons

Figure 3-1 and Figure 3-2 present the adult respondents and parent/caretaker respondents of child beneficiaries self-reported characteristics for general health status. The percentage of respondents who reported their/their child's general health status as Excellent, Very Good, or Good was compared to the NC SP Aggregate.

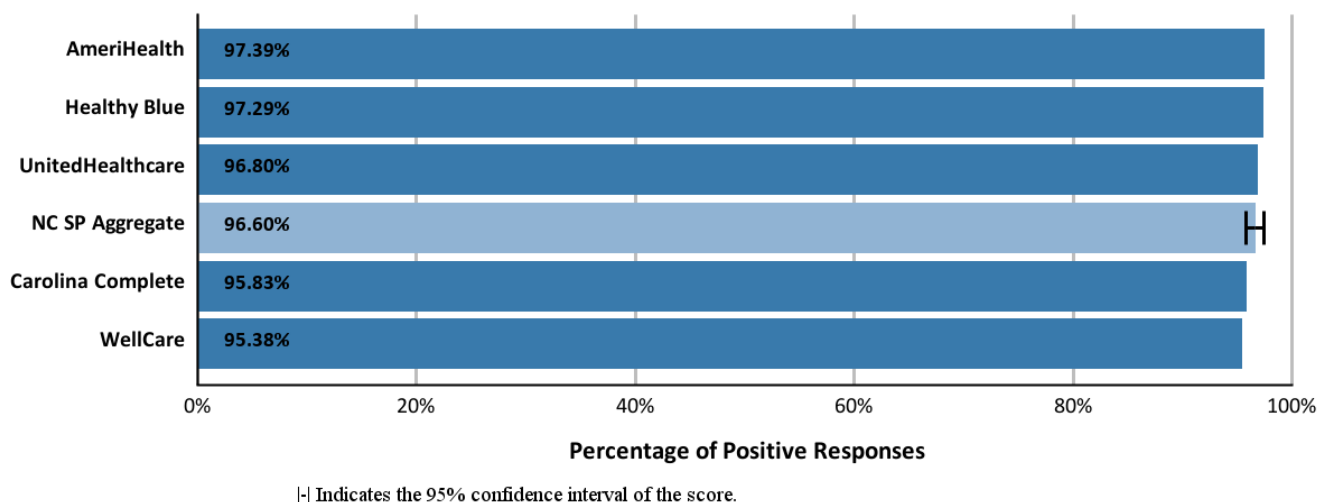
The UnitedHealthcare rate for the adult population was significantly *lower* than the NC SP Aggregate.

Figure 3-1—Percentage of 2025 Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good, by SP, with Aggregate Comparisons



None of the SPs' rates for the child population were significantly different than the NC SP Aggregate.

Figure 3-2—Percentage of 2025 Child Respondents Who Rate Their Child's General Health Status as Either Excellent, Very Good, or Good, by SP, with Aggregate Comparisons



Year-Over-Year Analysis

Table 3-4 shows the *General Health Status* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

Table 3-4—Percentage of Adult and Child Respondents Who Rate Their/Their Child's General Health Status as Either Excellent, Very Good, or Good, by SP, with Year-Over-Year Analysis (2024, 2025)

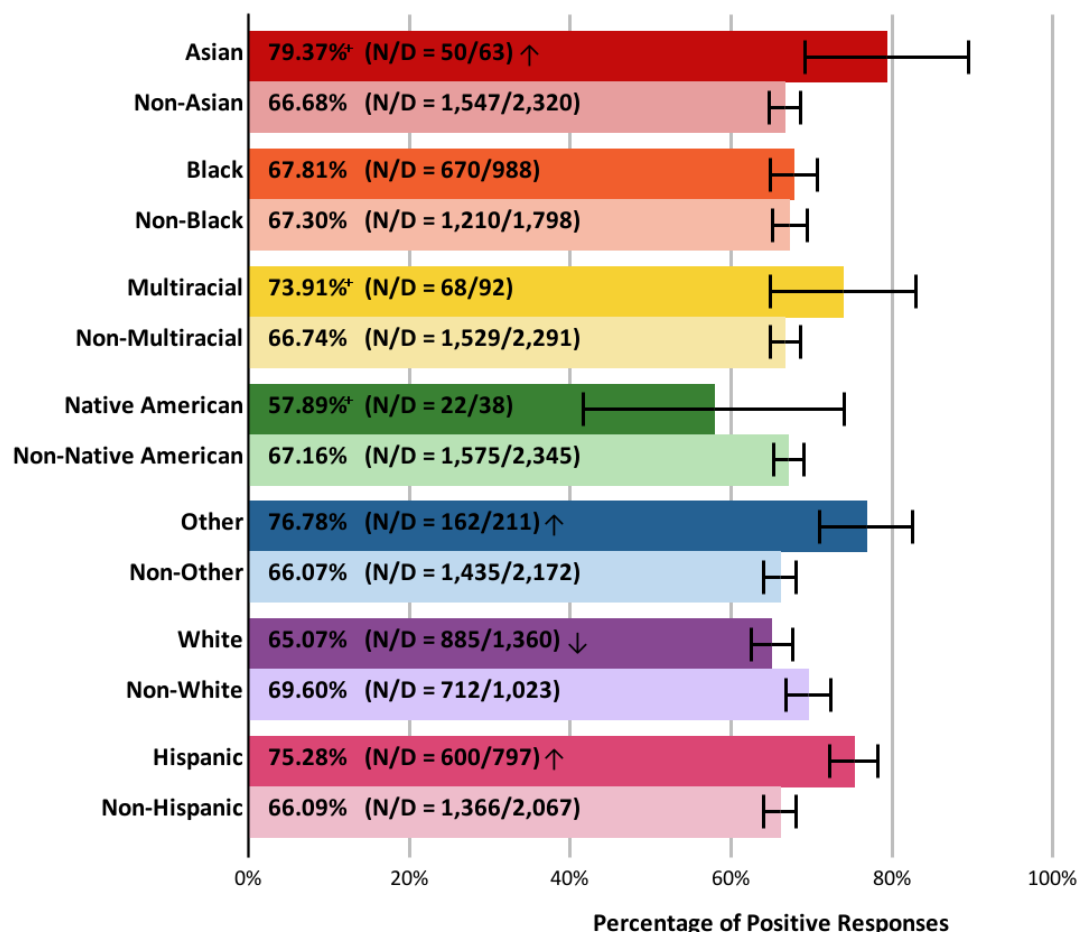
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	64.63%	66.80%	Ø
AmeriHealth	63.72%	66.30%	Ø
Carolina Complete	66.54%	68.86%	Ø
Healthy Blue	65.55%	68.45%	Ø
UnitedHealthcare	60.93%	60.59%	Ø
WellCare	65.89%	68.70%	Ø
Child			
NC SP Aggregate	95.99%	96.60%	Ø
AmeriHealth	95.49%	97.39%	Ø
Carolina Complete	96.34%	95.83%	Ø
Healthy Blue	95.70%	97.29%	Ø
UnitedHealthcare	96.89%	96.80%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
WellCare	95.77%	95.38%	Ø
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

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

Figure 3-3—Percentage of 2025 Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

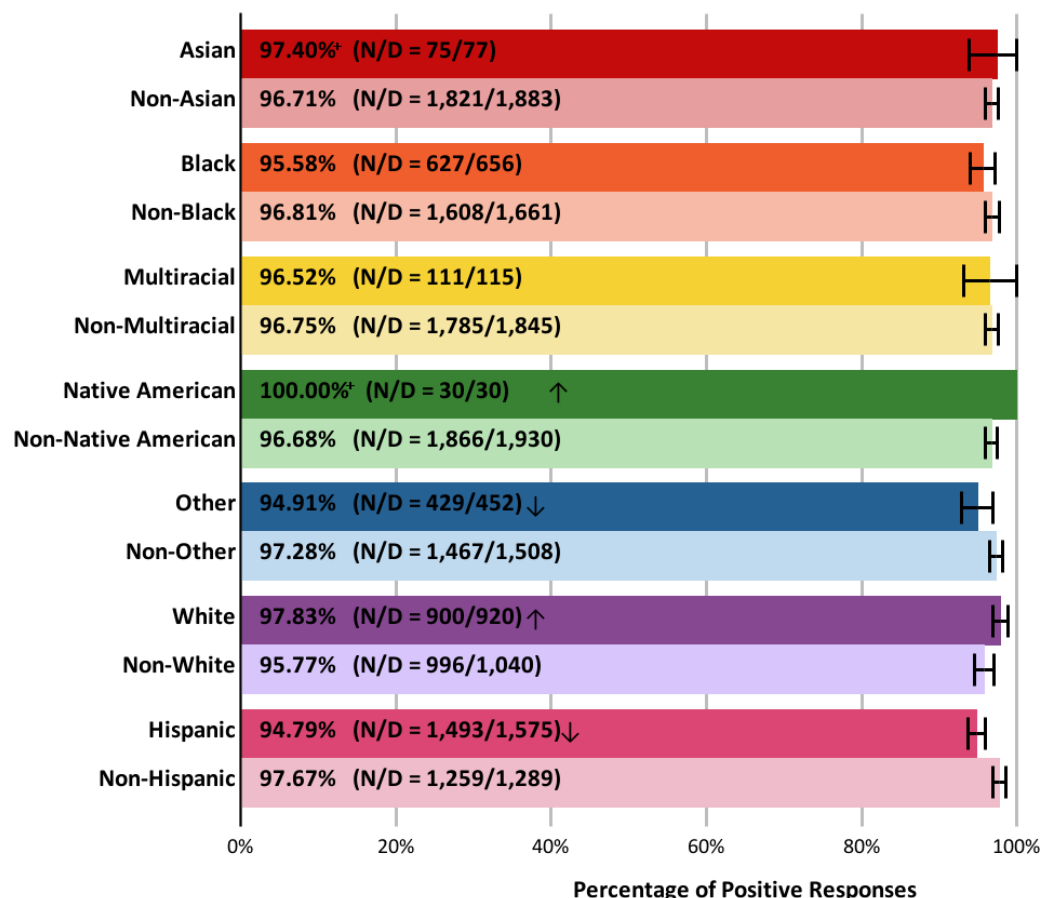
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 3-4 shows the *General Health Status* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Native American and White children reported their child's general health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-Native American and non-White children, respectively. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported their child's general health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively.

Figure 3-4—Percentage of 2025 Child Respondents Who Rate Their Child’s General Health Status as Excellent, Very Good, or Good for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

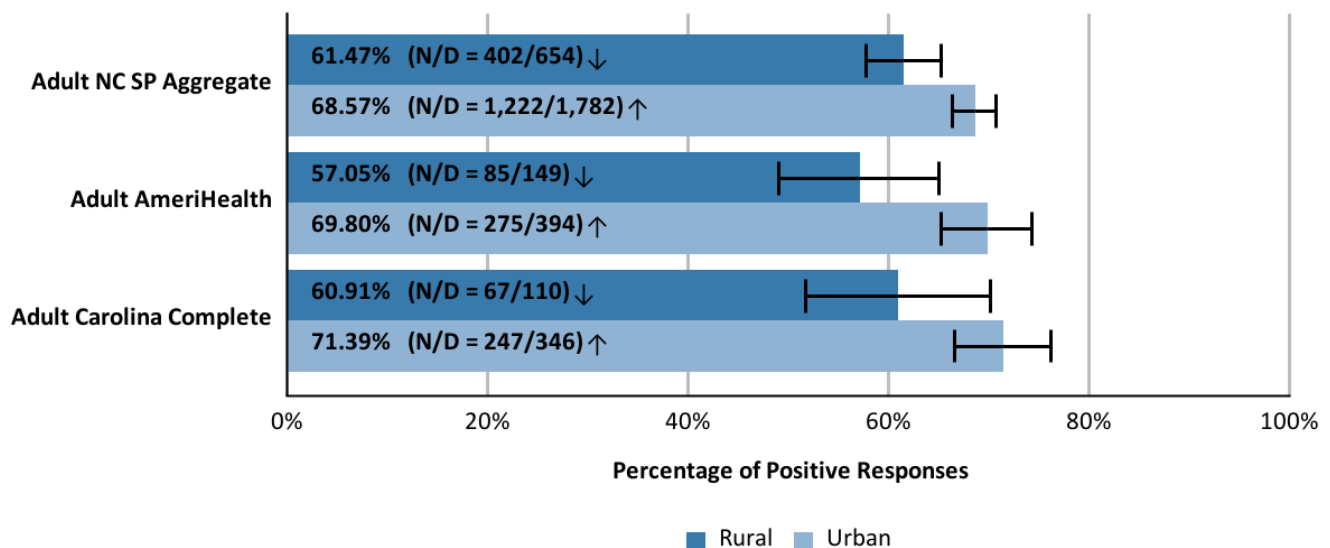
Table 3-5 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s general health status as Excellent, Very Good, or Good stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-5 shows the significant differences for *General Health Status* by geography for adult respondents. The NC SP Aggregate, AmeriHealth, and Carolina Complete rates for adult respondents living in rural counties were significantly *lower* than respondents living in urban counties.

Table 3-5—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s General Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	61.47%↓	68.57%↑	96.03%	96.71%
AmeriHealth	57.05%↓	69.80%↑	97.62% ⁺	97.32%
Carolina Complete	60.91%↓	71.39%↑	92.94% ⁺	96.66%
Healthy Blue	62.84%	70.92%	98.15%	97.01%
UnitedHealthcare	57.14%	61.65%	94.34%	97.67%
WellCare	68.31%	68.85%	96.84% ⁺	94.94%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-5—Significant Differences: Percentage of Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by SP (2025)



↑ 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.

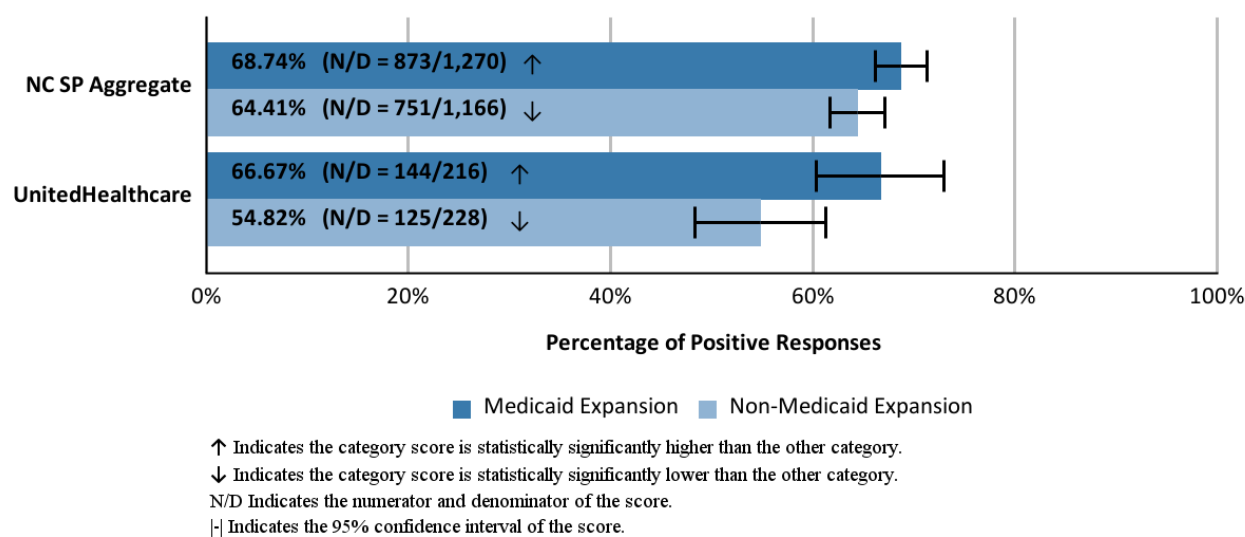
Medicaid Expansion Comparisons

Table 3-6 shows the adult respondents who reported their general health status as Excellent, Very Good, or Good stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-6 shows the significant differences for *General Health Status* by Medicaid Expansion designation. The NC SP Aggregate and UnitedHealthcare rates for adult respondents designated as Medicaid Expansion were significantly *higher* than respondents designated as non-Medicaid Expansion.

Table 3-6—Percentage of Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good and Medicaid Expansion Comparisons, by SP (2025)

SP	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	68.74%↑	64.41%↓
AmeriHealth	68.23%	63.93%
Carolina Complete	70.00%	67.89%
Healthy Blue	69.26%	67.44%
UnitedHealthcare	66.67%↑	54.82%↓
WellCare	69.45%	67.81%
<i>Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.</i>		

Figure 3-6—Significant Differences: Percentage of Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good and Medicaid Expansion Comparisons, by SP (2025)

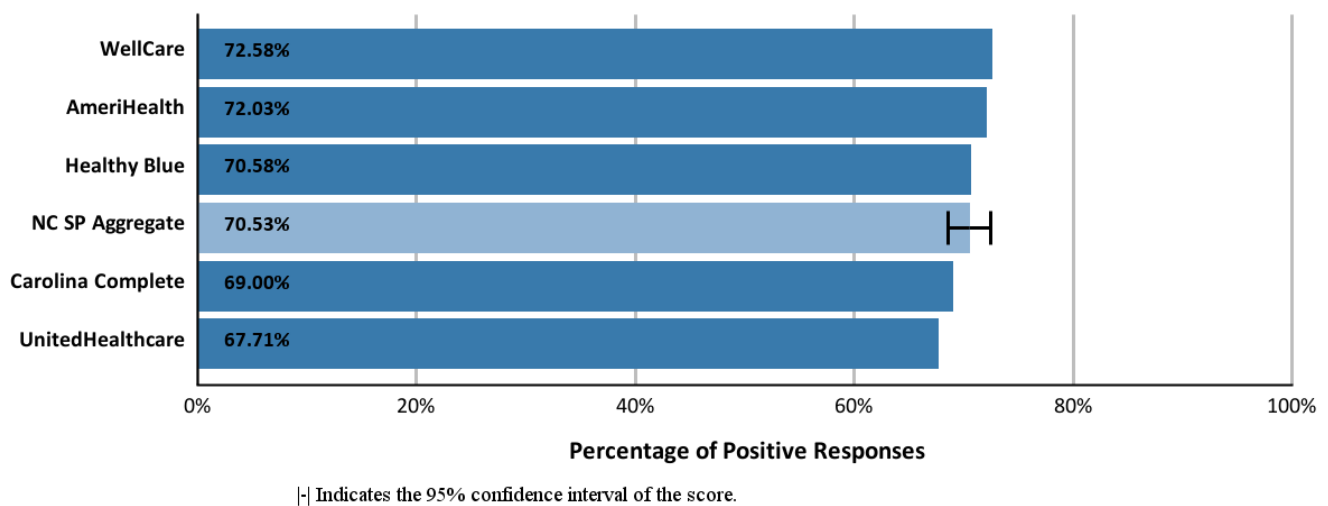


Mental or Emotional Health Status

Aggregate Comparisons

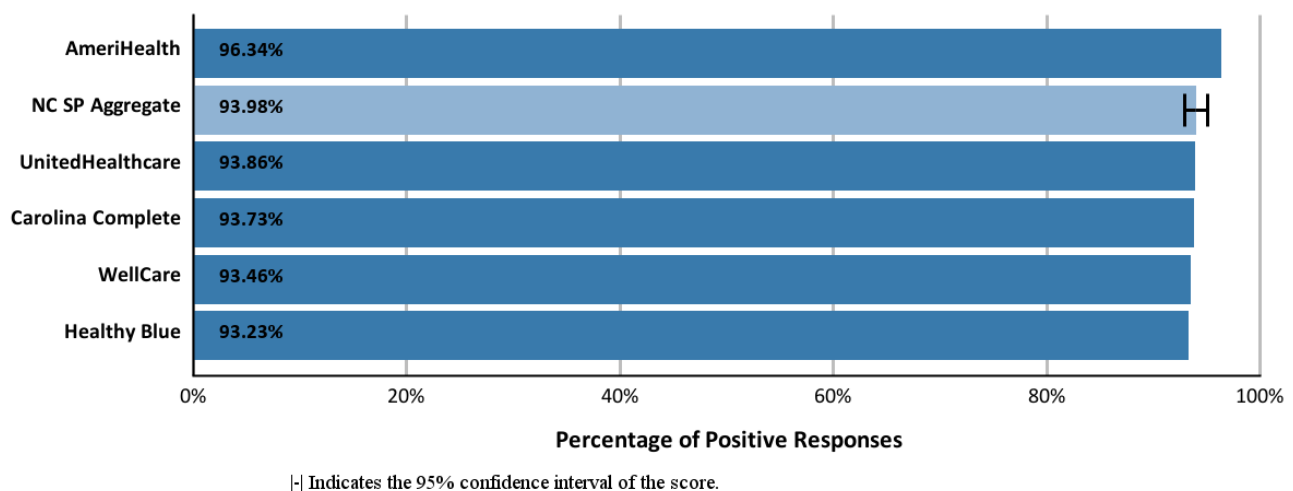
Figure 3-7 and Figure 3-8 present the adult respondents and parent/caretaker respondents of child beneficiaries self-reported characteristics for mental or emotional health status. None of the SPs' rates for the adult population were significantly different than the NC SP Aggregate.

Figure 3-7—Percentage of 2025 Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by SP, with Aggregate Comparisons



None of the SPs' rates for the child population were significantly different than the NC SP Aggregate.

Figure 3-8—Percentage of 2025 Child Respondents Who Rate Their Child's Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by SP, with Aggregate Comparisons



Year-Over-Year Analysis

Table 3-7 shows the *Mental or Emotional Health Status* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult WellCare 2025 rate was significantly *higher* than the 2024 rate. The child NC SP Aggregate and AmeriHealth 2025 rates were significantly *higher* than the 2024 rates.

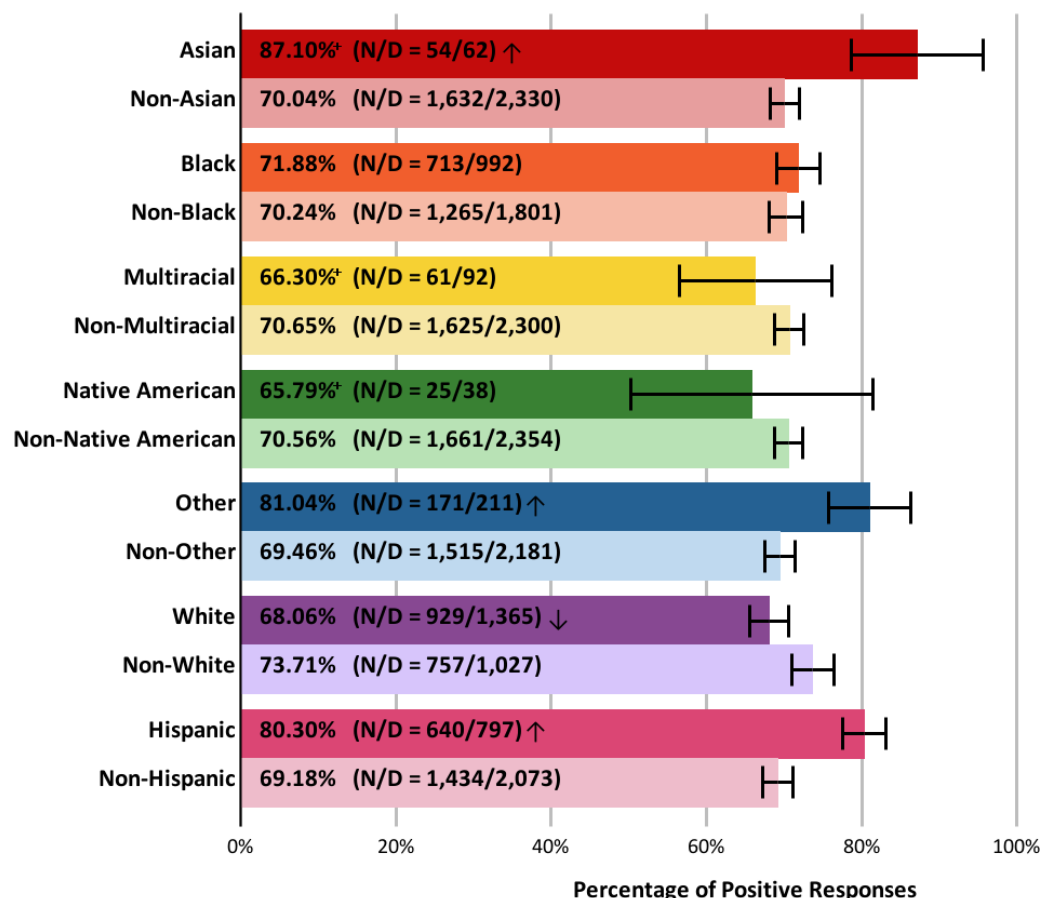
Table 3-7—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by SP, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	68.13%	70.53%	Ø
AmeriHealth	66.96%	72.03%	Ø
Carolina Complete	69.63%	69.00%	Ø
Healthy Blue	70.15%	70.58%	Ø
UnitedHealthcare	65.86%	67.71%	Ø
WellCare	66.93%	72.58%	▲
Child			
NC SP Aggregate	92.26%	93.98%	▲
AmeriHealth	90.61%	96.34%	▲
Carolina Complete	94.36%	93.73%	Ø
Healthy Blue	91.59%	93.23%	Ø
UnitedHealthcare	93.43%	93.86%	Ø
WellCare	92.15%	93.46%	Ø
Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-9 shows the *Mental or Emotional Health Status* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of Asian, Other race, and Hispanic respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-Asian, non-Other race, and non-Hispanic respondents, respectively. A significantly *lower* percentage of White respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-White respondents.

Figure 3-9—Percentage of 2025 Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

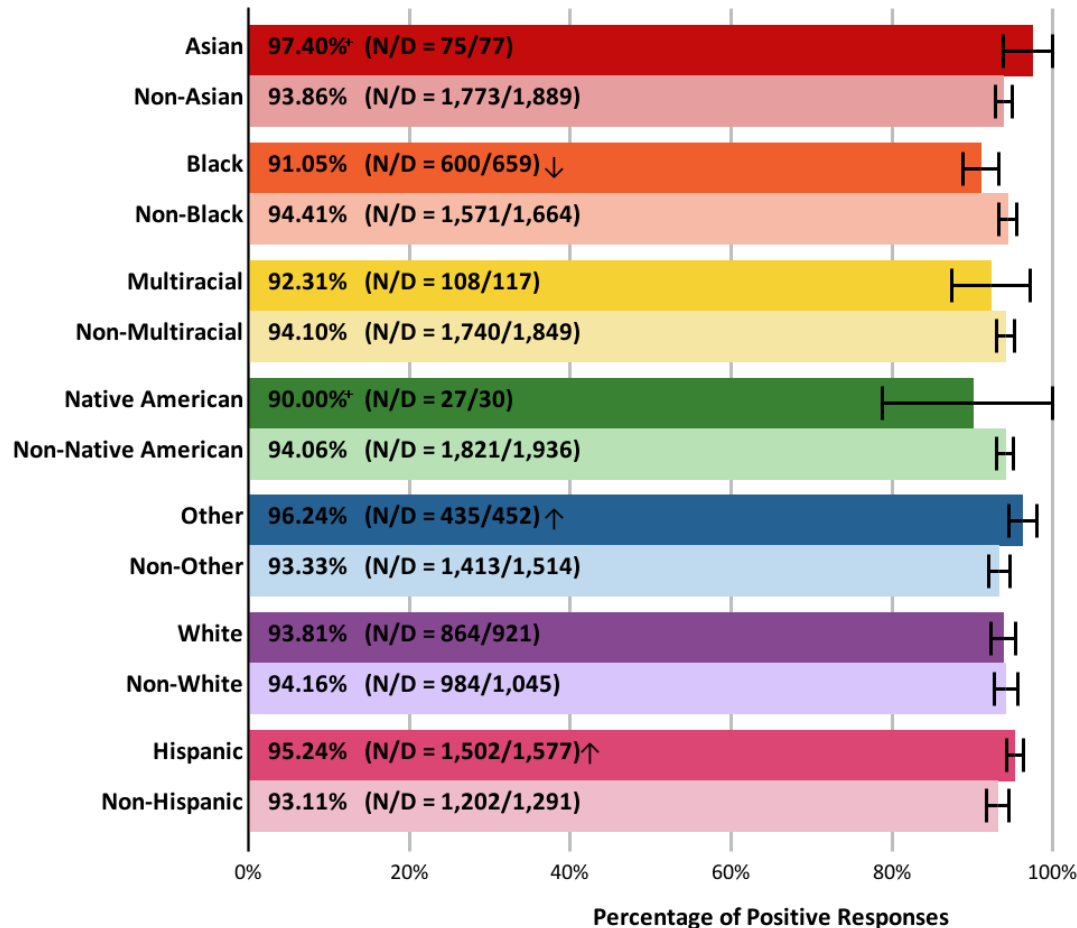
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 3-10 shows the *Mental or Emotional Health Status* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Other race and Hispanic children reported their child's mental or emotional health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of Black children reported their child's mental or emotional health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-Black children.

Figure 3-10—Percentage of 2025 Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-8 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s mental or emotional health status as Excellent, Very Good, or Good stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-8—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	69.47%	70.88%	93.08%	94.39%
AmeriHealth	69.13%	73.12%	94.05% ⁺	96.99%
Carolina Complete	73.64%	67.53%	89.41% ⁺	94.97%
Healthy Blue	65.77%	72.70%	94.44%	92.84%
UnitedHealthcare	69.52%	67.16%	93.40%	94.02%
WellCare	70.42%	73.42%	93.62% ⁺	93.42%

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

Medicaid Expansion Comparisons

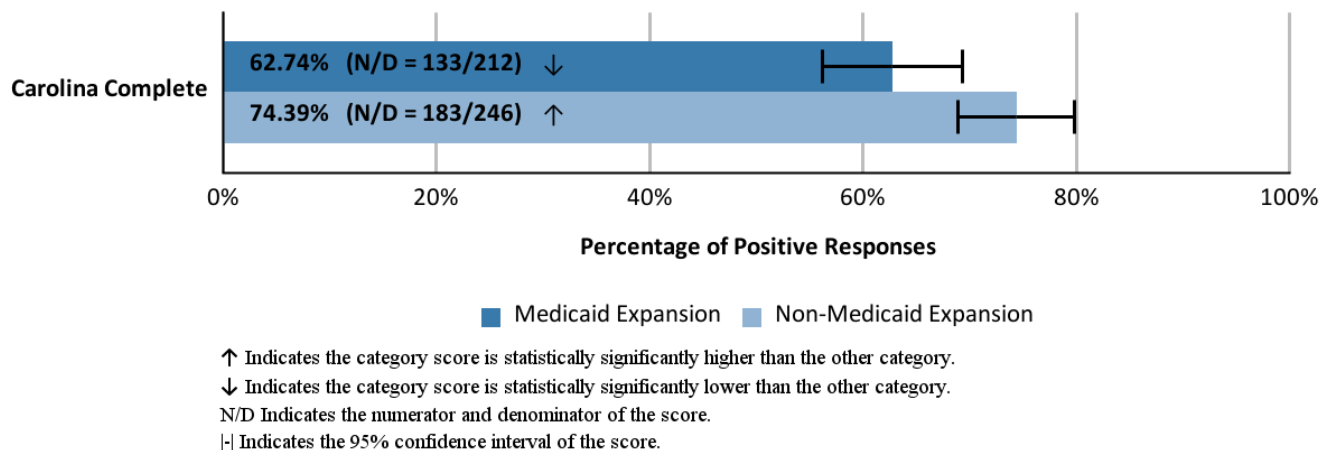
Table 3-9 shows the adult respondents who reported their mental or emotional health status as Excellent, Very Good, or Good stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-11 shows the significant differences for *Mental or Emotional Health Status* by Medicaid Expansion designation. The Carolina Complete rate for adult respondents designated as Medicaid Expansion was significantly *lower* than respondents designated as non-Medicaid Expansion.

Table 3-9—Percentage of Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good and Medicaid Expansion Comparisons, by SP (2025)

SP	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	68.95%	72.18%
AmeriHealth	72.48%	71.49%
Carolina Complete	62.74%↓	74.39%↑
Healthy Blue	70.11%	71.16%
UnitedHealthcare	67.43%	67.98%
WellCare	69.96%	75.64%

Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 3-11—Significant Differences: Percentage of Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good and Medicaid Expansion Comparisons, by SP (2025)



Rating of Health Plan

National Percentile Comparisons

Table 3-10 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Health Plan*.

Table 3-10—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Rating of Health Plan (2025)

Population	Adult	Child
NC SP Aggregate	★★★ 78.15%	★★★ 87.47%
AmeriHealth	★★ 74.81%	★★★ 87.50%
Carolina Complete	★★ 77.98%	★★★★ 89.01%
Healthy Blue	★★★★ 80.88%	★★★ 88.84%
UnitedHealthcare	★★★ 78.08%	★★ 85.54%
WellCare	★★ 76.60%	★★★ 86.45%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-12 shows the *Rating of Health Plan* positive rating results for each adult population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-12—Percentage of 2025 Adult Respondents Who Rate Their Health Plan Positively, by SP, with National and Aggregate Comparisons

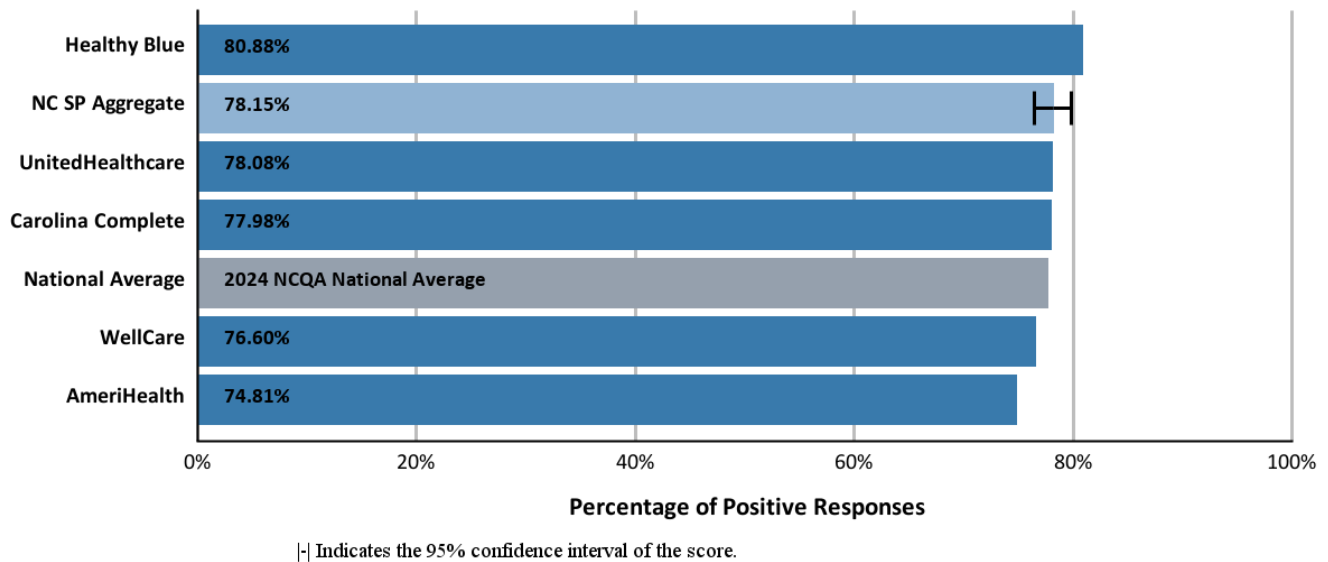
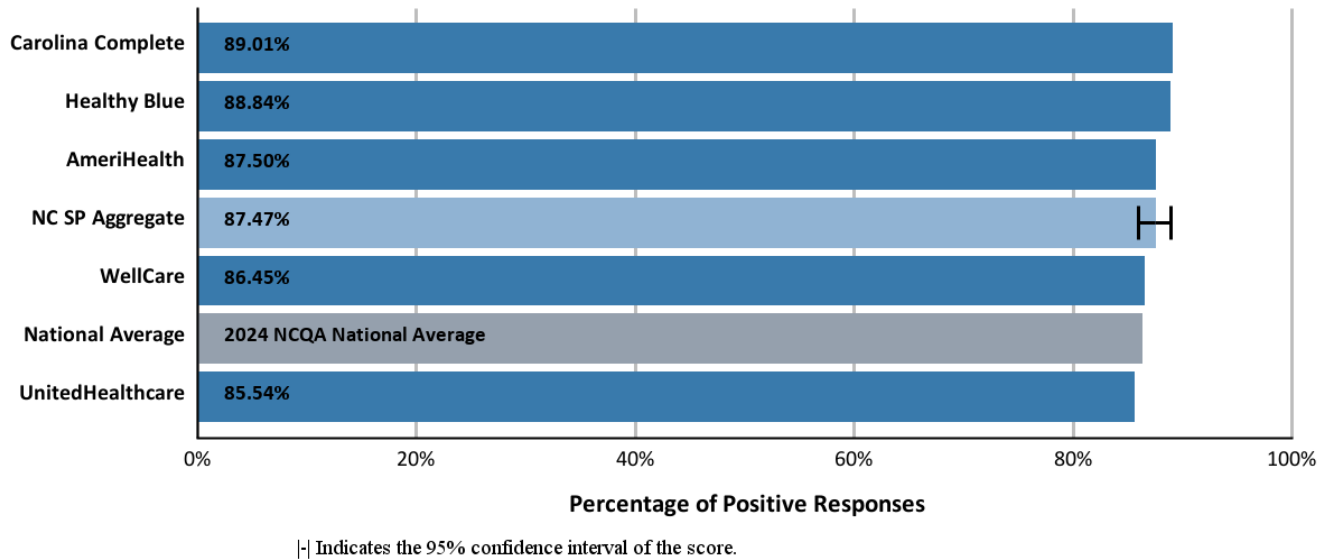


Figure 3-13 shows the *Rating of Health Plan* positive rating results for each child population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-13—Percentage of 2025 Child Respondents Who Rate Their Child’s Health Plan Positively, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-11 shows the *Rating of Health Plan* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult NC SP Aggregate 2025 rate was significantly *higher* than the 2024 rate.

Table 3-11—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Health Plan Positively, by SP, with Year-Over-Year Analysis (2024, 2025)

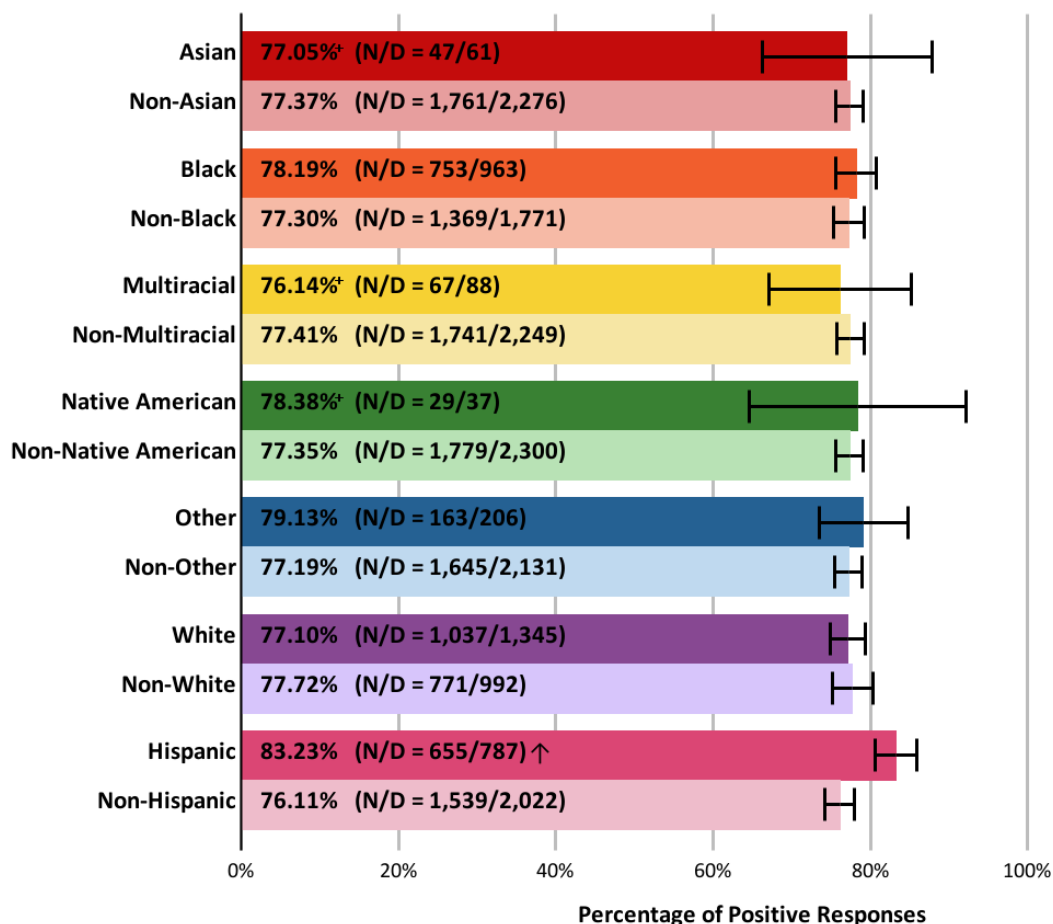
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	74.94%	78.15%	▲
AmeriHealth	72.29%	74.81%	Ø
Carolina Complete	74.72%	77.98%	Ø
Healthy Blue	77.38%	80.88%	Ø
UnitedHealthcare	75.65%	78.08%	Ø
WellCare	72.71%	76.60%	Ø
Child			
NC SP Aggregate	86.54%	87.47%	Ø
AmeriHealth	86.68%	87.50%	Ø
Carolina Complete	88.91%	89.01%	Ø
Healthy Blue	85.84%	88.84%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
UnitedHealthcare	85.27%	85.54%	Ø
WellCare	87.04%	86.45%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-14 shows the *Rating of Health Plan* positive rating results of adult respondents for the NC SP Aggregate 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 3-14—Percentage of 2025 Adult Respondents Who Rate Their Health Plan Positively for NC SP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

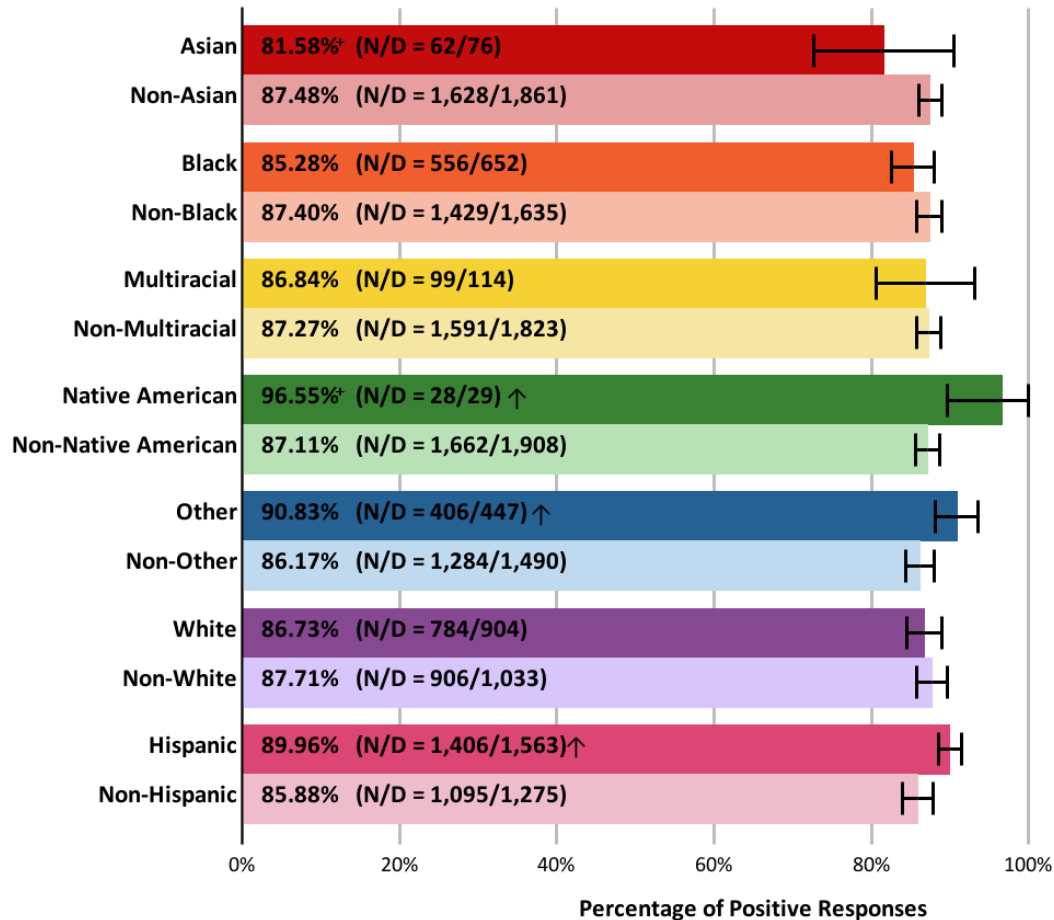
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 3-15 shows the *Rating of Health Plan* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Native American, Other race, and Hispanic children rated their child's health plan positively when compared to parents/caretakers of non-Native American, non-Other race, and non-Hispanic children, respectively.

Figure 3-15—Percentage of 2025 Child Respondents Who Rate Their Child’s Health Plan Positively for NC SP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-12 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s health plan positively stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-12—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s Health Plan Positively and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	79.18%	77.01%	88.96%	87.02%
AmeriHealth	77.62%	73.78%	86.59% ⁺	87.76%
Carolina Complete	72.90%	79.59%	91.76% ⁺	88.22%
Healthy Blue	81.51%	80.61%	89.91%	88.48%
UnitedHealthcare	81.19%	77.15%	89.11%	84.33%
WellCare	81.75%	74.66%	87.23% ⁺	86.22%

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

Medicaid Expansion Comparisons

Table 3-13 shows the adult respondents who reported their health plan positively by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid expansion designation.

Table 3-13—Percentage of Adult Respondents Who Rate Their Health Plan Positively and Medicaid Expansion Comparisons, by SP (2025)

SP	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	77.46%	77.72%
AmeriHealth	73.87%	75.92%
Carolina Complete	76.33%	79.41%
Healthy Blue	80.45%	81.43%
UnitedHealthcare	77.93%	78.22%
WellCare	78.81%	74.03%

Rating of All Health Care

National Percentile Comparisons

Table 3-14 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of All Health Care*.

Table 3-14—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Rating of All Health Care (2025)

Population	Adult	Child
NC SP Aggregate	★★★★ 78.09%	★★★★ 87.44%
AmeriHealth	★★★★ 80.23%	★★ 86.61%
Carolina Complete	★★★★ 81.16%	★★★★★ 92.15%
Healthy Blue	★★★ 76.11%	★★★ 87.46%
UnitedHealthcare	★★ 72.95%	★★ 86.72%
WellCare	★★★★★ 82.08%	★★ 85.94%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-16 shows the *Rating of All Health Care* positive rating results for each adult population, with national and aggregate comparisons. The NC SP Aggregate, AmeriHealth, Carolina Complete, and WellCare rates were significantly *higher* than the national average. The UnitedHealthcare rate was significantly *lower* than the NC SP Aggregate.

Figure 3-16—Percentage of 2025 Adult Respondents Who Rate All Their Health Care Positively, by SP, with National and Aggregate Comparisons

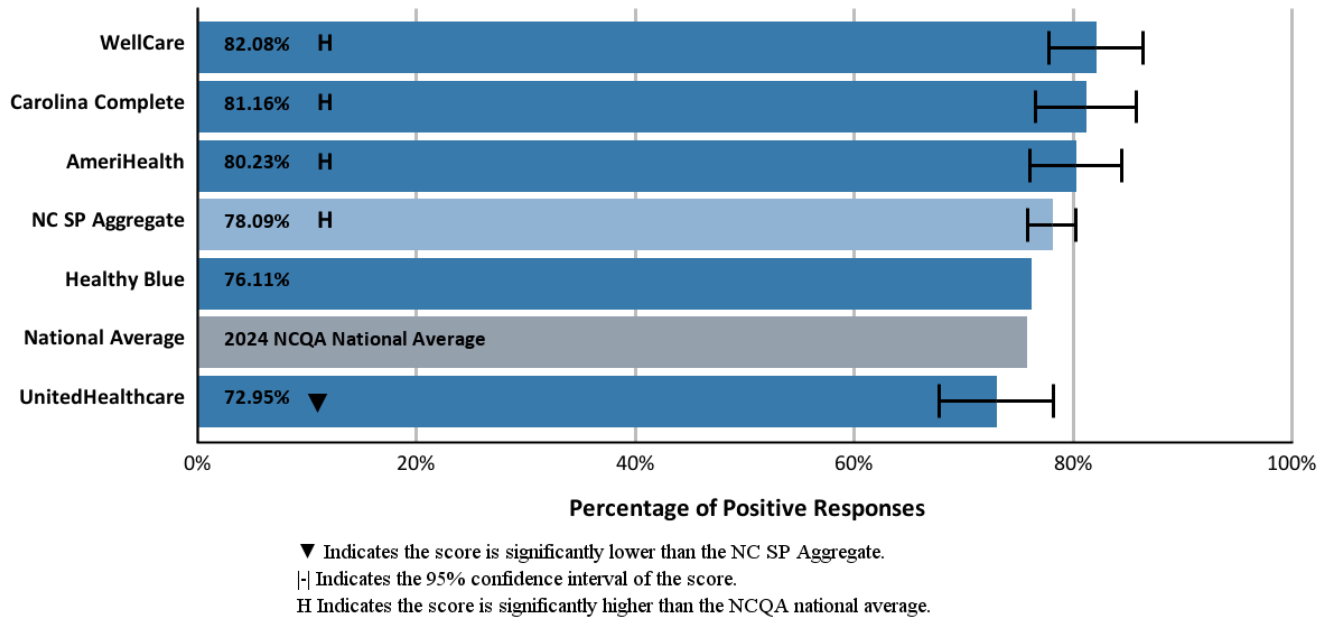
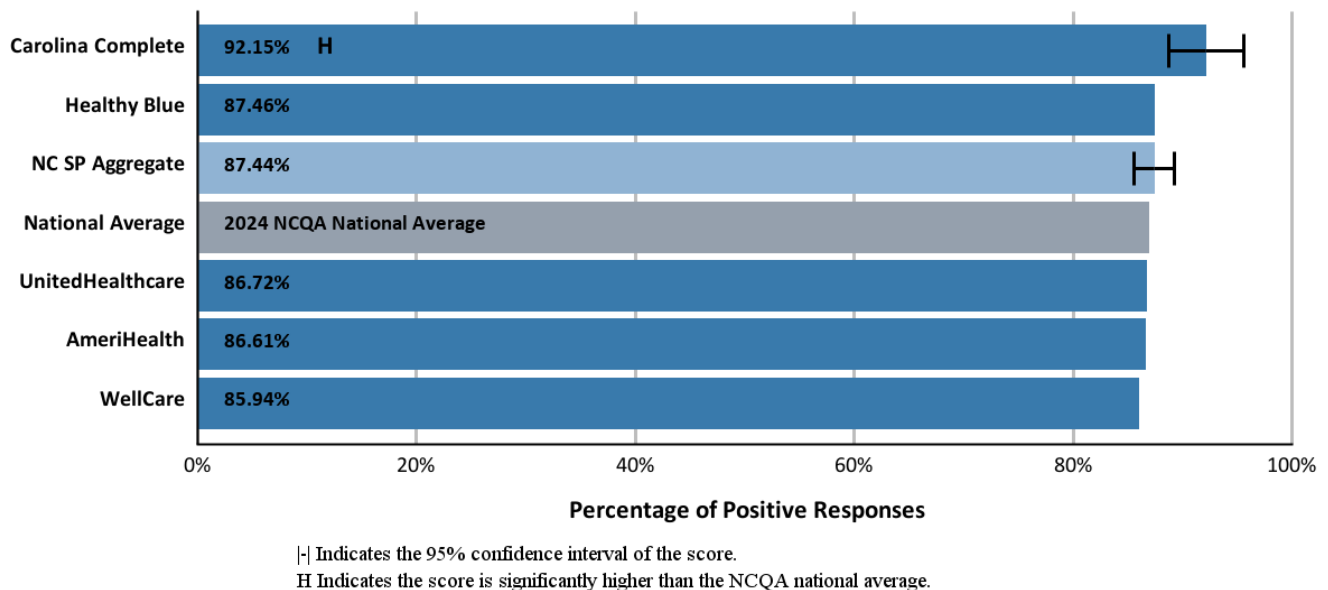


Figure 3-17 shows the *Rating of All Health Care* positive rating results for each child population, with national and aggregate comparisons. The Carolina Complete rate was significantly *higher* than the national average.

Figure 3-17—Percentage of 2025 Child Respondents Who Rate All Their Child’s Health Care Positively, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-15 shows the *Rating of All Health Care* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult Carolina Complete and WellCare 2025 rates were significantly *higher* than the 2024 rates.

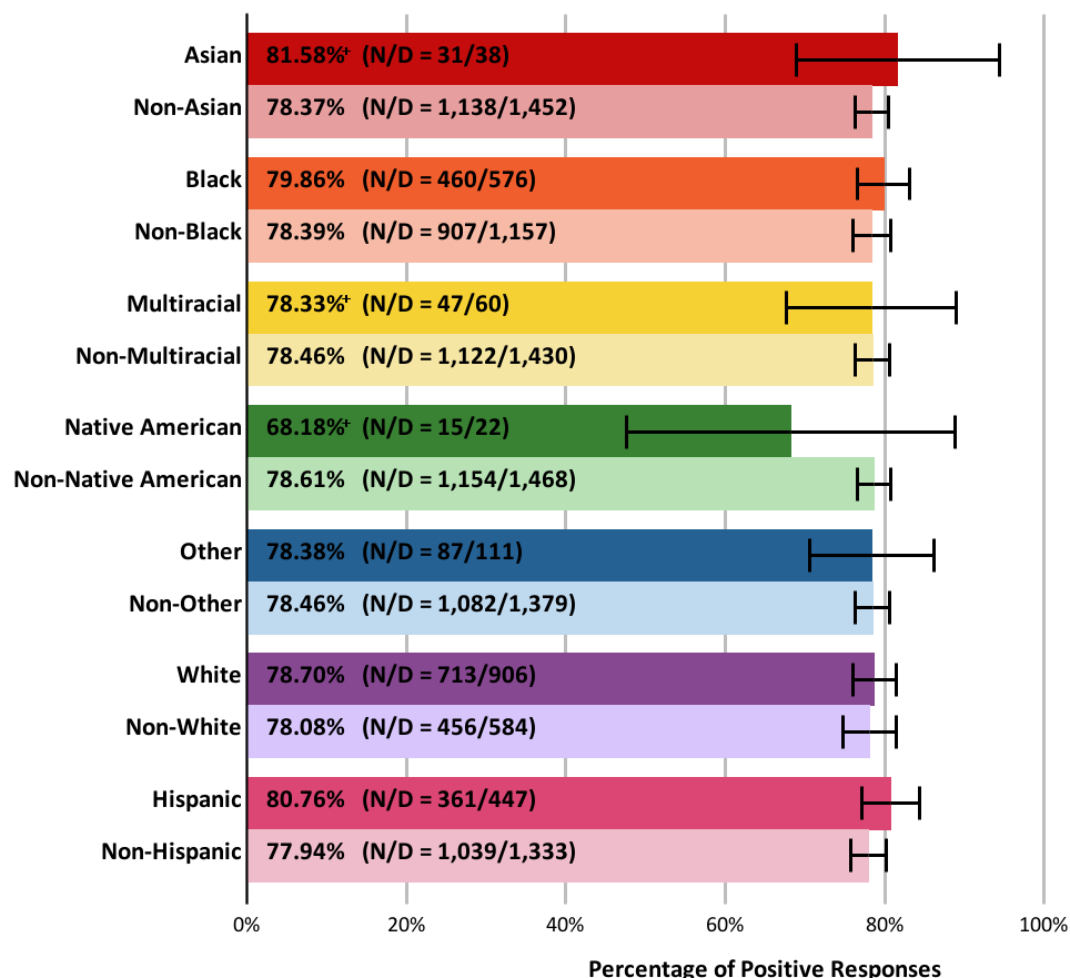
Table 3-15—Percentage of Adult and Child Respondents Who Rate All Their/Their Child’s Health Care Positively, by SP, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	75.86%	78.09%	Ø
AmeriHealth	77.64%	80.23%	Ø
Carolina Complete	74.30%	81.16%	▲
Healthy Blue	77.74%	76.11%	Ø
UnitedHealthcare	74.36%	72.95%	Ø
WellCare	73.73%	82.08%	▲
Child			
NC SP Aggregate	86.54%	87.44%	Ø
AmeriHealth	85.39%	86.61%	Ø
Carolina Complete	87.63%	92.15%	Ø
Healthy Blue	84.38%	87.46%	Ø
UnitedHealthcare	88.86%	86.72%	Ø
WellCare	87.70%	85.94%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-18 shows the *Rating of All Health Care* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-18—Percentage of 2025 Adult Respondents Who Rate All Their Health Care Positively for NC SP Aggregate, by Race and Ethnicity



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

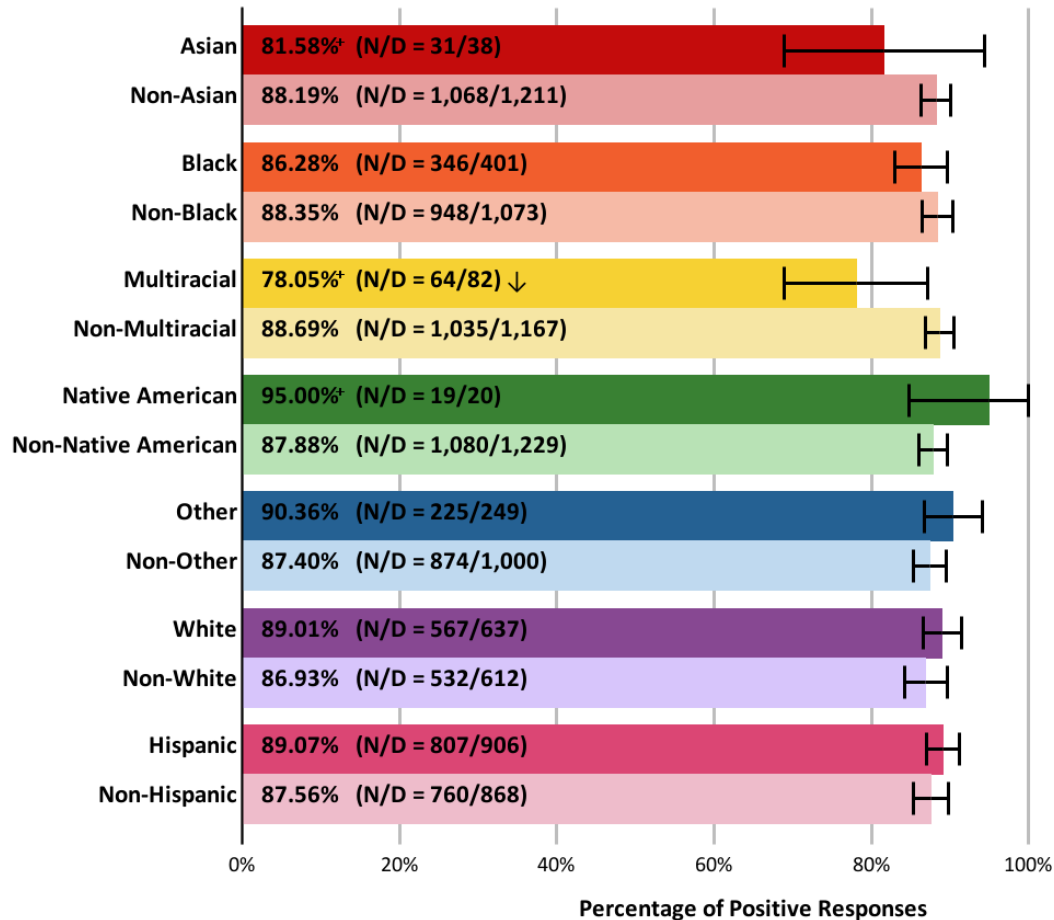
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 3-19 shows the *Rating of All Health Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Multiracial children rated all their child's health care positively when compared to parents/caretakers of non-Multiracial children. There were no significant differences identified by ethnicity.

Figure 3-19—Percentage of 2025 Child Respondents Who Rate All Their Child’s Health Care Positively for NC SP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

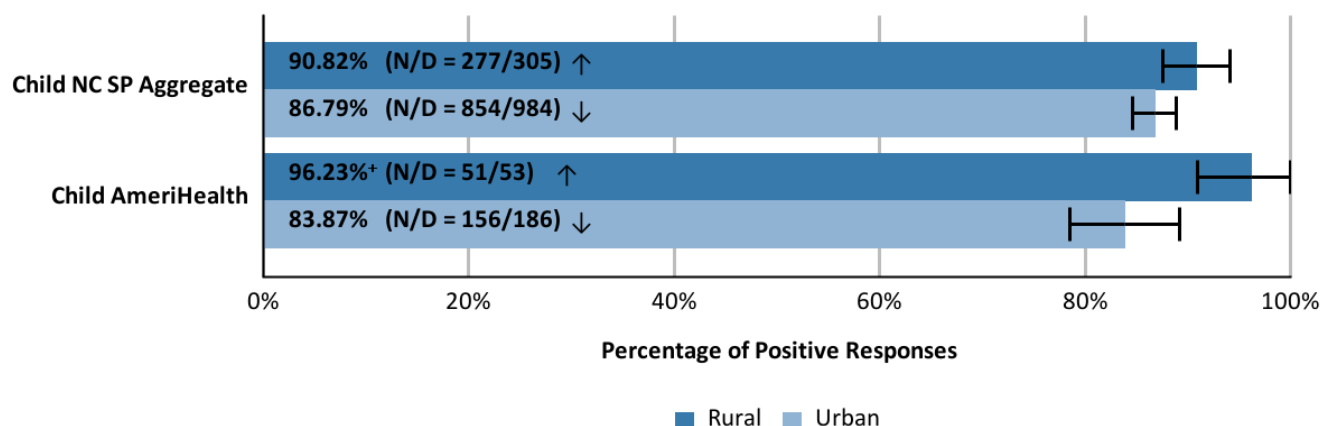
Table 3-16 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported all their/their child’s health care positively stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-20 shows the significant differences for *Rating of All Health Care* by geography for parents/caretakers of child beneficiaries. The NC SP Aggregate and AmeriHealth rates for parents/caretakers of child beneficiaries living in rural counties were significantly *higher* than children living in urban counties.

Table 3-16—Percentage of Adult Respondents and Child Respondents Who Rate All Their/Their Child’s Health Care Positively and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	78.16%	78.74%	90.82%↑	86.79%↓
AmeriHealth	82.00%	79.51%	96.23%+↑	83.87%↓
Carolina Complete	74.58%+	82.95%	92.00%+	92.19%
Healthy Blue	75.00%+	76.61%	88.46%+	87.11%
UnitedHealthcare	70.00%+	73.93%	92.42%+	84.74%
WellCare	86.21%+	80.45%	86.21%+	85.86%

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 3-20—Significant Differences: Percentage of Child Respondents Who Rate All Their Child’s Health Care Positively and Geographic Comparisons, by SP (2025)



↑ 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.

Medicaid Expansion Comparisons

Table 3-17 shows the adult respondents who reported all their health care positively by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-17—Percentage of Adult Respondents Who Rate All Their Health Care Positively and Medicaid Expansion Comparisons, by SP (2025)

SP	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	78.44%	78.74%
AmeriHealth	78.87%	82.00%
Carolina Complete	80.58%	81.75%
Healthy Blue	74.59%	78.29%
UnitedHealthcare	74.07%	71.92%
WellCare	83.93%	79.86%

Rating of Personal Doctor

National Percentile Comparisons

Table 3-18 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Personal Doctor*.

Table 3-18—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Rating of Personal Doctor (2025)

Population	Adult	Child
NC SP Aggregate	★★★ 84.11%	★★★★★ 92.30%
AmeriHealth	★★★ 84.36%	★★★★★ 91.80%
Carolina Complete	★★★★★ 86.88%	★★★★★ 92.44%
Healthy Blue	★★ 82.83%	★★★★★ 93.61%
UnitedHealthcare	★ 80.49%	★★★★★ 92.95%
WellCare	★★★★★ 87.30%	★★★ 90.31%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-21 shows the *Rating of Personal Doctor* positive rating results for each adult population, with national and aggregate comparisons. The WellCare rate was significantly *higher* than the national average.

Figure 3-21—Percentage of 2025 Adult Respondents Who Rate Their Personal Doctor Positively, by SP, with National and Aggregate Comparisons

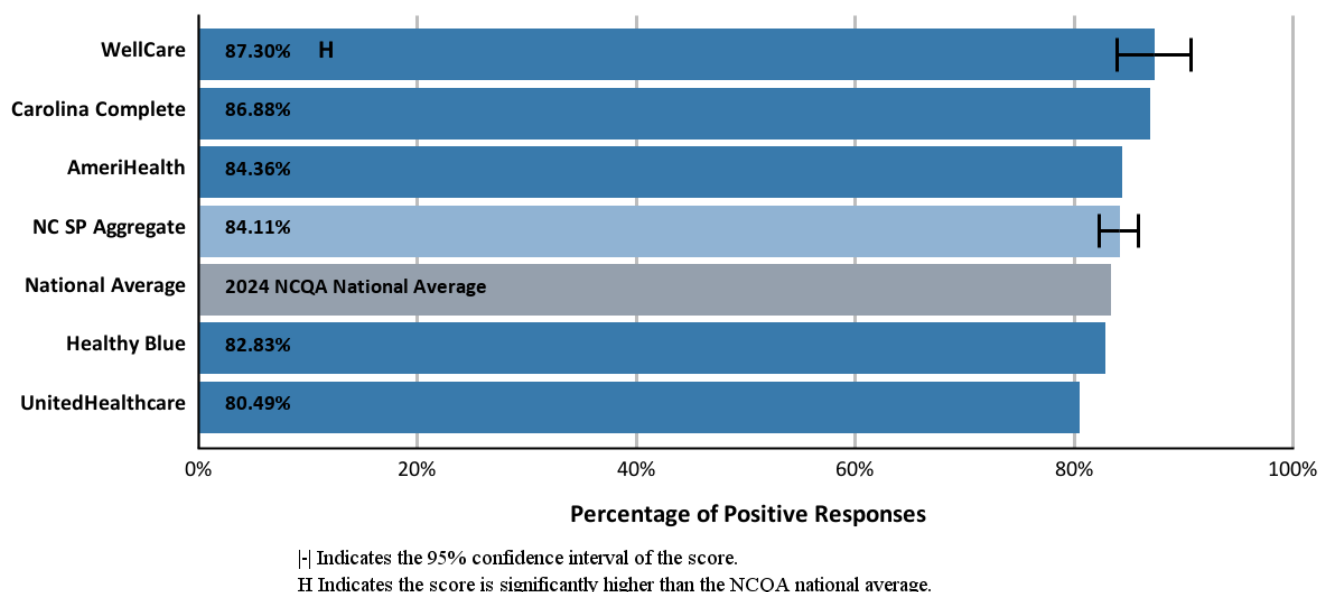
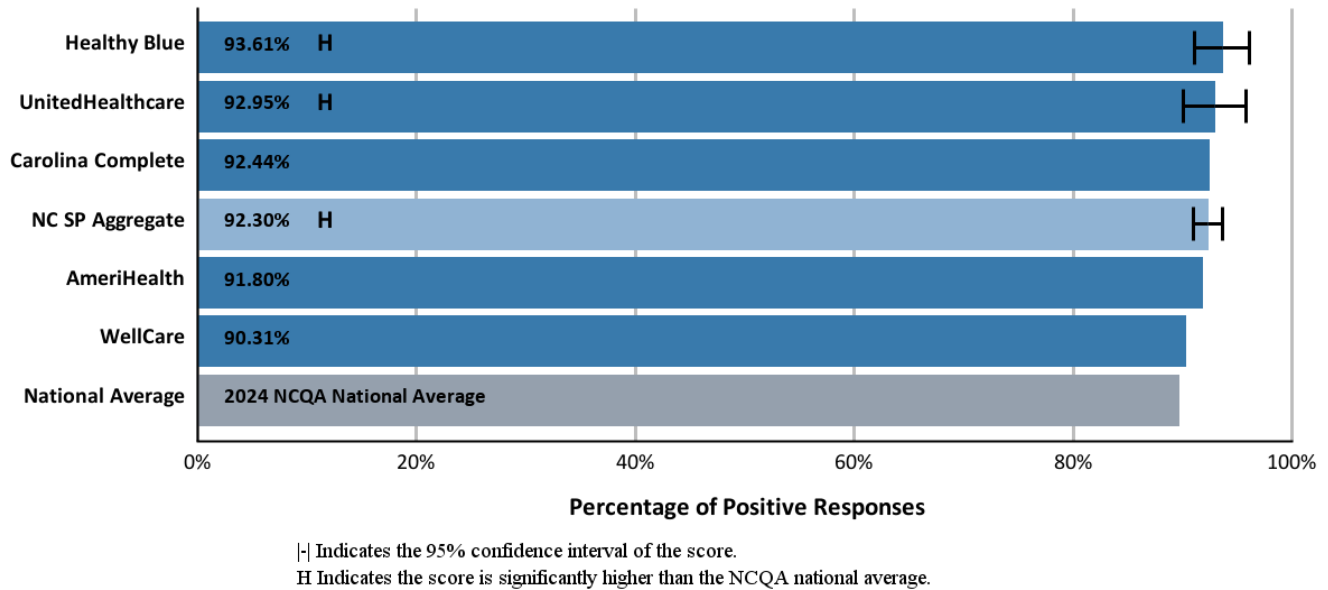


Figure 3-22 shows the *Rating of Personal Doctor* positive rating results for each child population, with national and aggregate comparisons. The NC SP Aggregate, Healthy Blue, and UnitedHealthcare rates were significantly *higher* than the national average.

Figure 3-22—Percentage of 2025 Child Respondents Who Rate Their Child’s Personal Doctor Positively, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-19 shows the *Rating of Personal Doctor* positive rating year-over-year results for the NC SP Aggregate and SPs. The child NC SP Aggregate 2025 rate was significantly *higher* than the 2024 rate.

Table 3-19—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Personal Doctor Positively, by SP, with Year-Over-Year Analysis (2024, 2025)

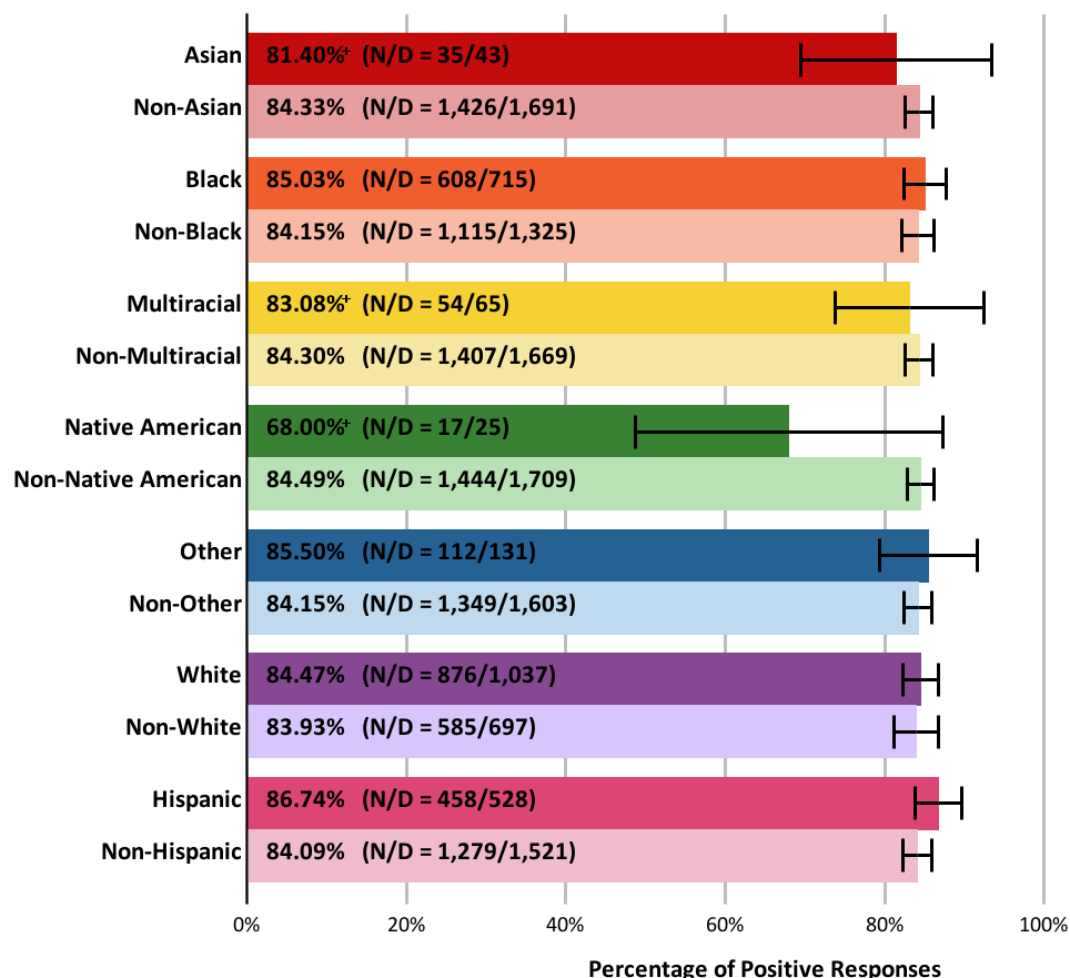
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	84.75%	84.11%	∅
AmeriHealth	84.17%	84.36%	∅
Carolina Complete	84.75%	86.88%	∅
Healthy Blue	85.44%	82.83%	∅
UnitedHealthcare	84.79%	80.49%	∅
WellCare	84.08%	87.30%	∅
Child			
NC SP Aggregate	90.26%	92.30%	▲
AmeriHealth	88.18%	91.80%	∅
Carolina Complete	92.11%	92.44%	∅
Healthy Blue	90.26%	93.61%	∅

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
UnitedHealthcare	92.04%	92.95%	Ø
WellCare	89.25%	90.31%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-23 shows the *Rating of Personal Doctor* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-23—Percentage of 2025 Adult Respondents Who Rate Their Personal Doctor Positively for NC SP Aggregate, by Race and Ethnicity



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

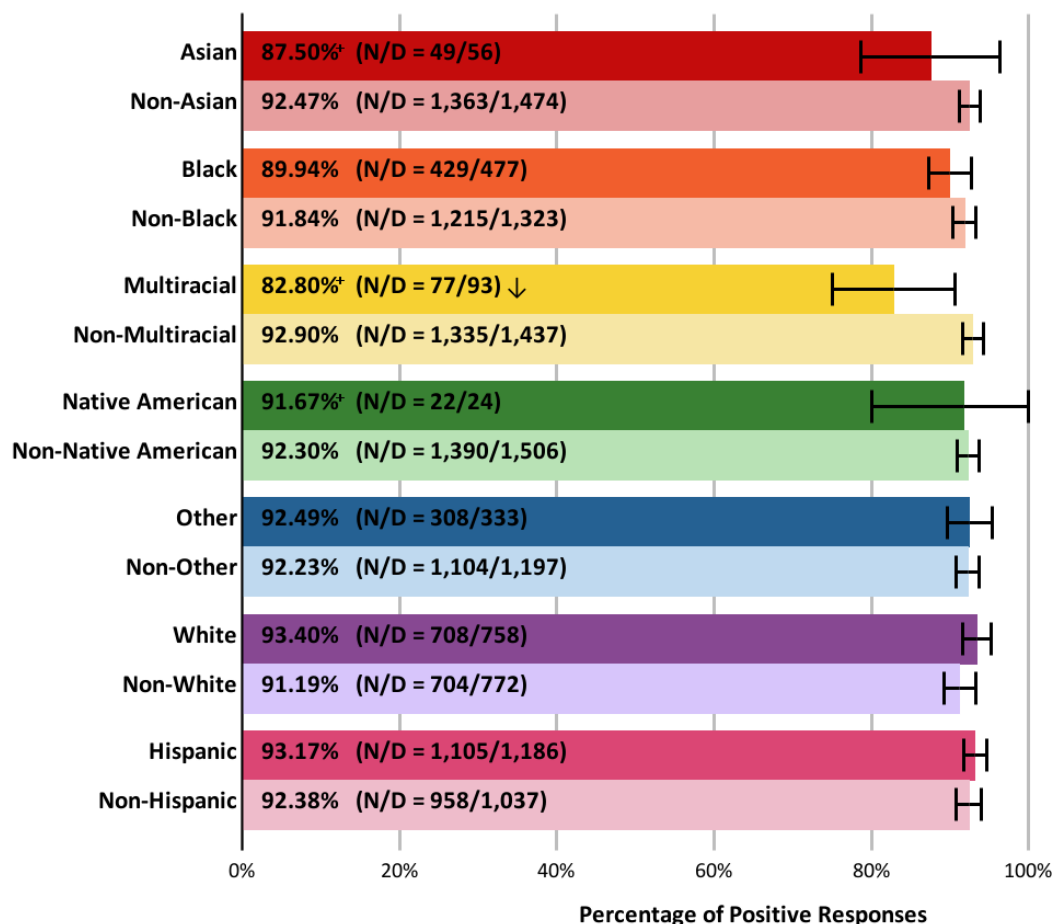
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 3-24 shows the *Rating of Personal Doctor* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Multiracial children rated their child's personal doctor positively when compared to parents/caretakers of non-Multiracial children. There were no significant differences identified by ethnicity.

Figure 3-24—Percentage of 2025 Child Respondents Who Rate Their Child’s Personal Doctor Positively for NC SP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

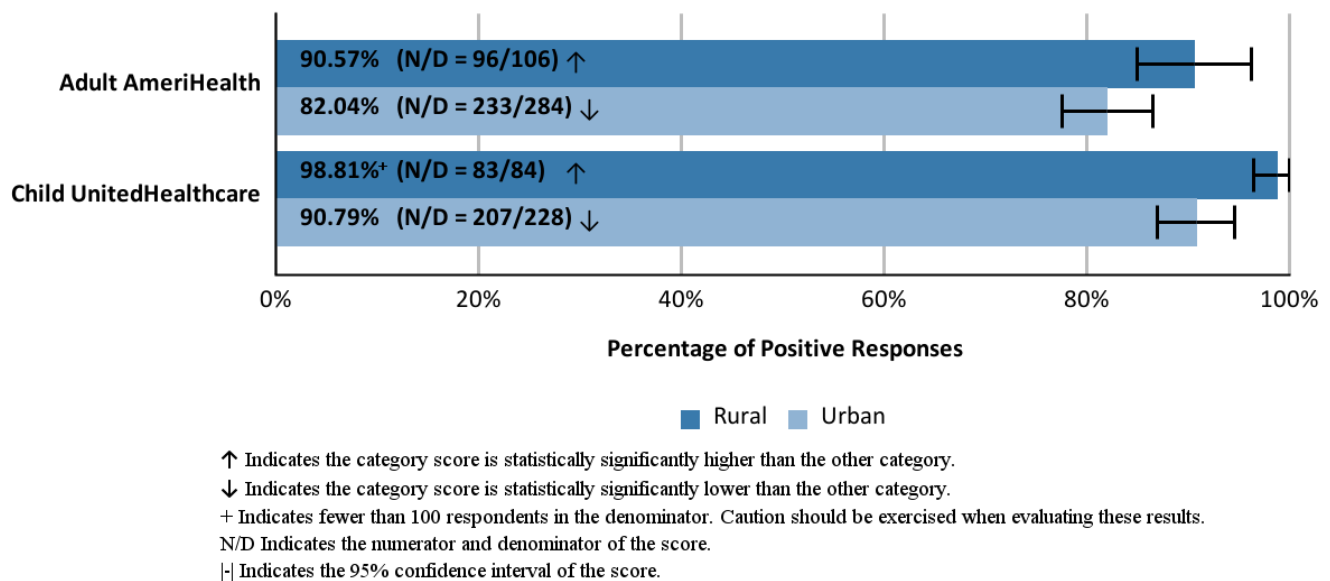
Table 3-20 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s personal doctor positively stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-25 shows the significant differences for *Rating of Personal Doctor* by geography for adult respondents and parents/caretakers of child beneficiaries. The AmeriHealth rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties. The UnitedHealthcare rate for parents/caretakers of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 3-20—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s Personal Doctor Positively and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	86.08%	83.78%	93.52%	91.85%
AmeriHealth	90.57%↑	82.04%↓	88.89% ⁺	92.70%
Carolina Complete	80.60% ⁺	88.54%	91.80% ⁺	92.61%
Healthy Blue	84.48%	82.07%	95.45% ⁺	93.01%
UnitedHealthcare	80.72% ⁺	80.41%	98.81% ⁺ ↑	90.79%↓
WellCare	91.18%	85.82%	91.36% ⁺	89.96%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-25—Significant Differences: Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Personal Doctor Positively and Geographic Comparisons, by SP (2025)



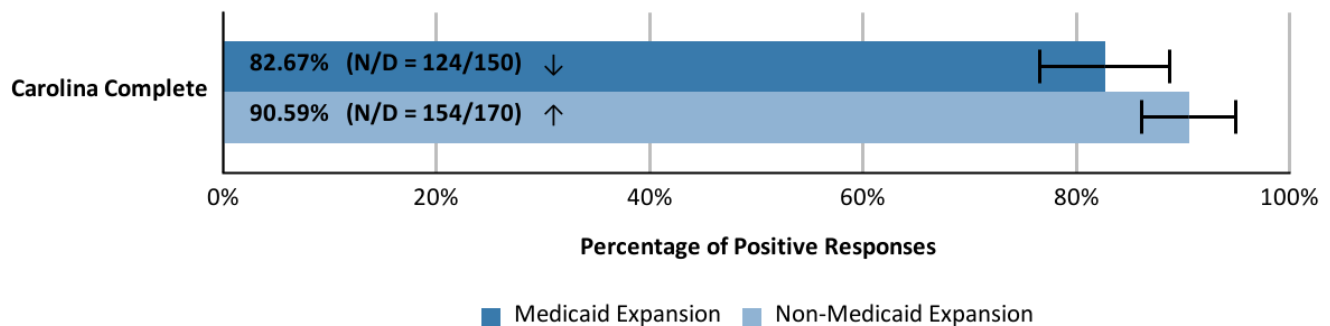
Medicaid Expansion Comparisons

Table 3-21 shows the adult respondents who reported their personal doctor positively by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-26 shows the significant differences for *Rating of Personal Doctor* by Medicaid Expansion designation. The Carolina Complete rate for adult respondents designated as Medicaid Expansion was significantly *lower* than respondents designated as non-Medicaid Expansion.

Table 3-21—Percentage of Adult Respondents Who Rate Their Personal Doctor Positively and Medicaid Expansion Comparisons, by SP (2025)

SP	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	85.06%	83.65%
AmeriHealth	84.91%	83.71%
Carolina Complete	82.67%↓	90.59%↑
Healthy Blue	83.02%	82.58%
UnitedHealthcare	84.47%	76.65%
WellCare	89.60%	84.52%
<i>Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.</i>		

Figure 3-26—Significant Differences: Percentage of Adult Respondents Who Rate Their Personal Doctor Positively and Medicaid Expansion Comparisons, by SP (2025)



↑ 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.

Rating of Specialist Seen Most Often

National Percentile Comparisons

Table 3-22 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Specialist Seen Most Often*.

**Table 3-22—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by SP: Rating of Specialist Seen Most Often (2025)**

Population	Adult	Child
NC SP Aggregate	★★★ 84.51%	★★ 87.32%
AmeriHealth	★★ 83.14%	★★★★ 89.33% ⁺
Carolina Complete	★★★ 84.21%	★★★★ 90.48% ⁺
Healthy Blue	★★★★ 85.96%	★★ 86.92%
UnitedHealthcare	★★ 81.08%	★ 82.98% ⁺
WellCare	★★★★ 86.34%	★★★ 88.35%
⁺ 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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-27 shows the *Rating of Specialist Seen Most Often* positive rating results for each adult population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-27—Percentage of 2025 Adult Respondents Who Rate the Specialist Seen Most Often Positively, by SP, with National and Aggregate Comparisons

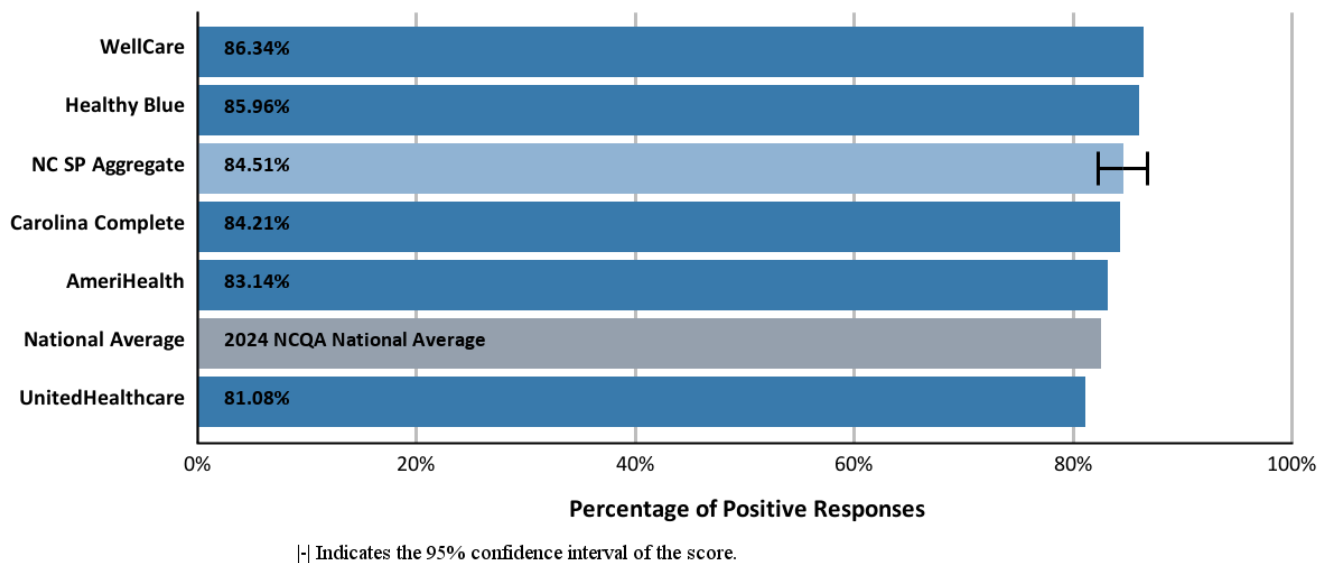
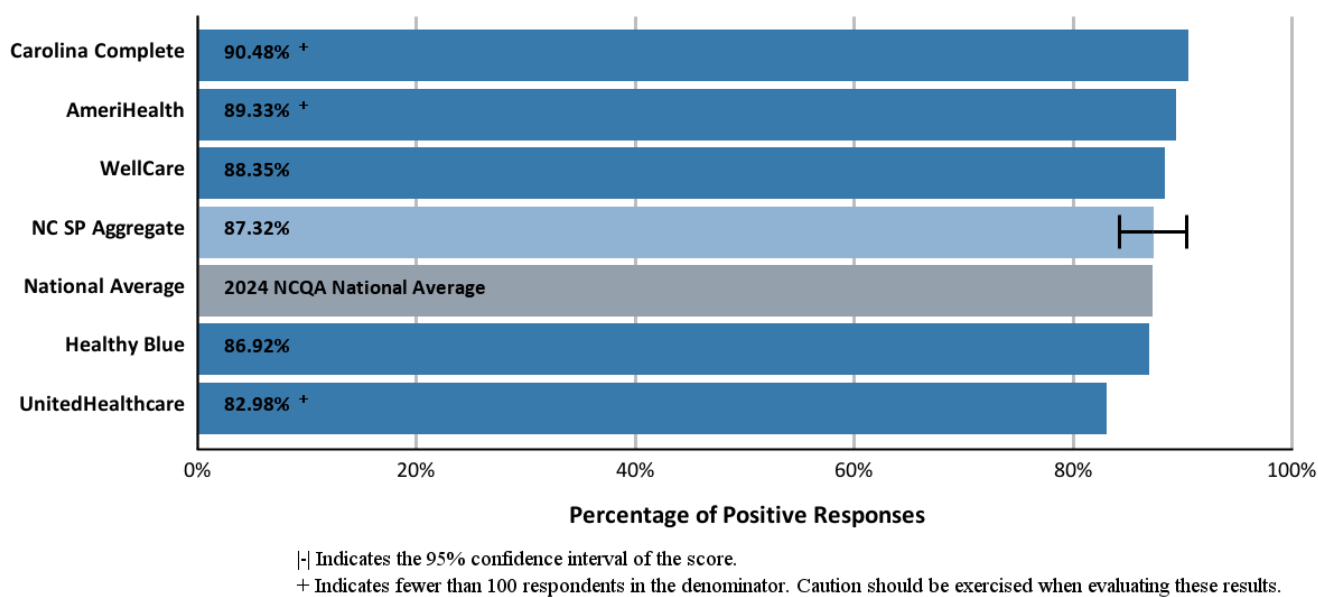


Figure 3-28 shows the *Rating of Specialist Seen Most Often* positive rating results for each child population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-28—Percentage of 2025 Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-23 shows the *Rating of Specialist Seen Most Often* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult NC SP Aggregate and Healthy Blue 2025 rates were significantly higher than the 2024 rates.

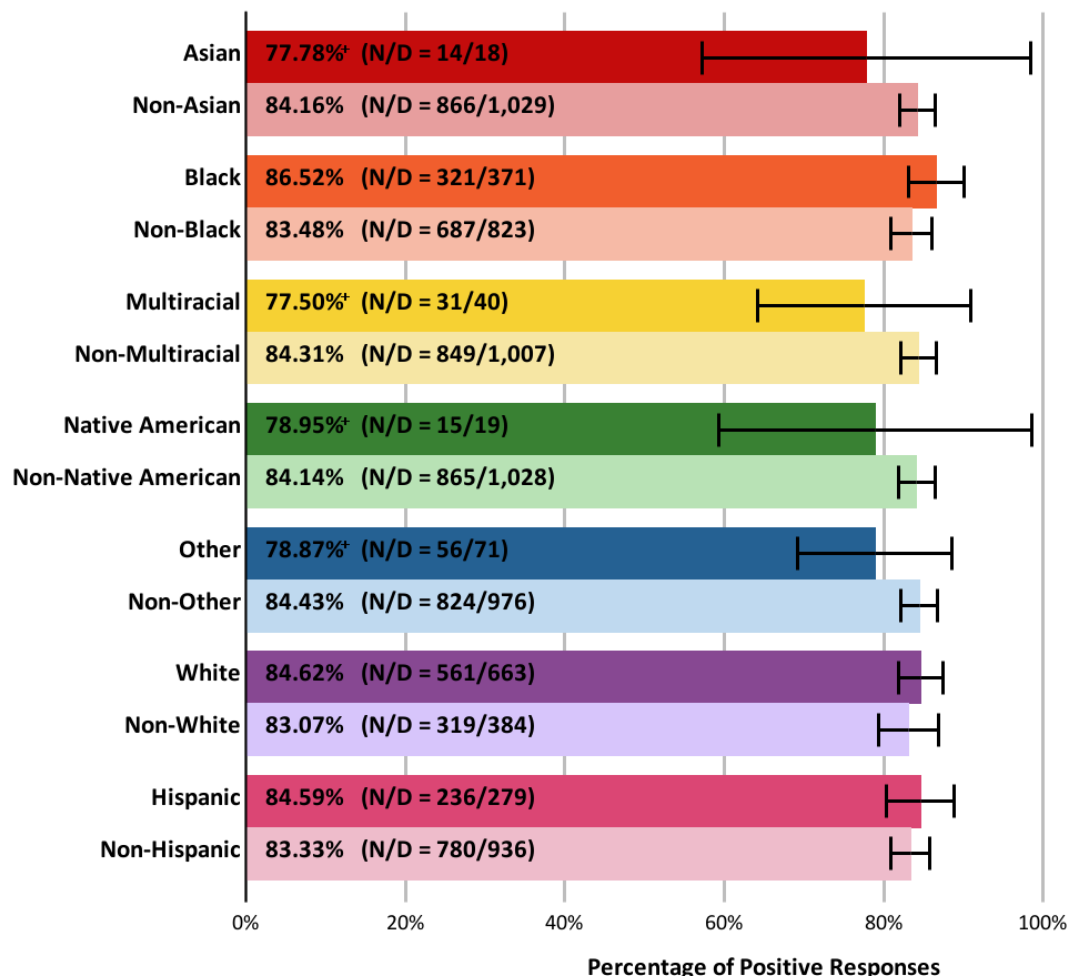
Table 3-23—Percentage of Adult and Child Respondents Who Rate Their/Their Child’s Specialist Seen Most Often Positively, by SP, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	80.83%	84.51%	▲
AmeriHealth	88.07%	83.14%	Ø
Carolina Complete	81.54%	84.21%	Ø
Healthy Blue	77.67%	85.96%	▲
UnitedHealthcare	78.81%	81.08%	Ø
WellCare	81.40%	86.34%	Ø
Child			
NC SP Aggregate	87.63%	87.32%	Ø
AmeriHealth	86.92%	89.33% ⁺	Ø
Carolina Complete	92.00%	90.48% ⁺	Ø
Healthy Blue	87.02%	86.92%	Ø
UnitedHealthcare	85.37%	82.98% ⁺	Ø
WellCare	88.33%	88.35%	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-29 shows the *Rating of Specialist Seen Most Often* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-29—Percentage of 2025 Adult Respondents Who Rate the Specialist They Saw Most Often Positively for NC SP Aggregate, by Race and Ethnicity



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

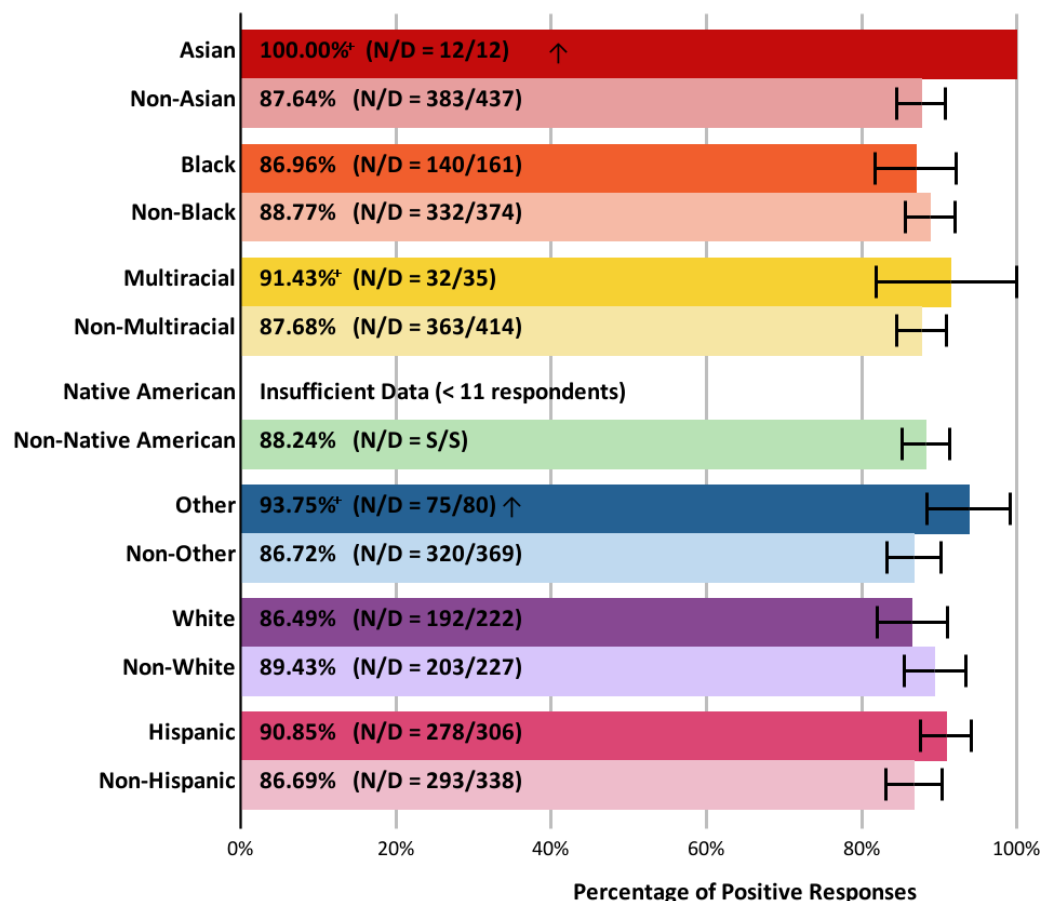
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 3-30 shows the *Rating of Specialist Seen Most Often* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Asian and Other race children rated the specialist their child saw most often positively when compared to parents/caretakers of non-Asian and non-Other race children, respectively. There were no significant differences identified by ethnicity. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 3-30—Percentage of 2025 Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-24 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported the specialist they/their child saw most often positively stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-24—Percentage of Adult Respondents and Child Respondents Who Rate The Specialist They/Their Child Saw Most Often Positively and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	83.85%	84.34%	83.65%	88.58%
AmeriHealth	81.33% ⁺	83.89%	88.24% ⁺	89.66% ⁺
Carolina Complete	78.05% ⁺	85.91%	S	95.65% ⁺
Healthy Blue	86.84% ⁺	85.53%	82.61% ⁺	88.10% ⁺
UnitedHealthcare	81.82% ⁺	80.85%	84.62% ⁺	82.35% ⁺
WellCare	89.09% ⁺	85.33%	91.30% ⁺	87.50% ⁺
<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>				

Medicaid Expansion Comparisons

Table 3-25 shows the adult respondents who reported the specialist they saw most often positively by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-25—Percentage of Adult Respondents Who Rate The Specialist They Saw Most Often Positively and Medicaid Expansion Comparisons, by SP (2025)

SP	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	84.03%	84.41%
AmeriHealth	83.22%	83.04%
Carolina Complete	86.17% ⁺	82.29% ⁺
Healthy Blue	86.82%	84.91%
UnitedHealthcare	79.12% ⁺	82.98% ⁺
WellCare	84.03%	89.53% ⁺
<i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i>		

Getting Needed Care

National Percentile Comparisons

Table 3-26 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Getting Needed Care*.

Table 3-26—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Getting Needed Care (2025)

Population	Adult	Child
NC SP Aggregate	★★ 81.67%	★★★★ 85.41%
AmeriHealth	★★★ 84.69%	★★ 82.91%
Carolina Complete	★★★ 83.89%	★★★ 85.23%
Healthy Blue	★★ 81.59%	★★★ 85.91%
UnitedHealthcare	★ 77.74%	★★ 83.07%
WellCare	★★ 81.67%	★★★★ 88.78%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-31 shows the *Getting Needed Care* positive rating results for each adult population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-31—Percentage of 2025 Adult Respondents Who Usually or Always Got Care They Needed, by SP, with National and Aggregate Comparisons

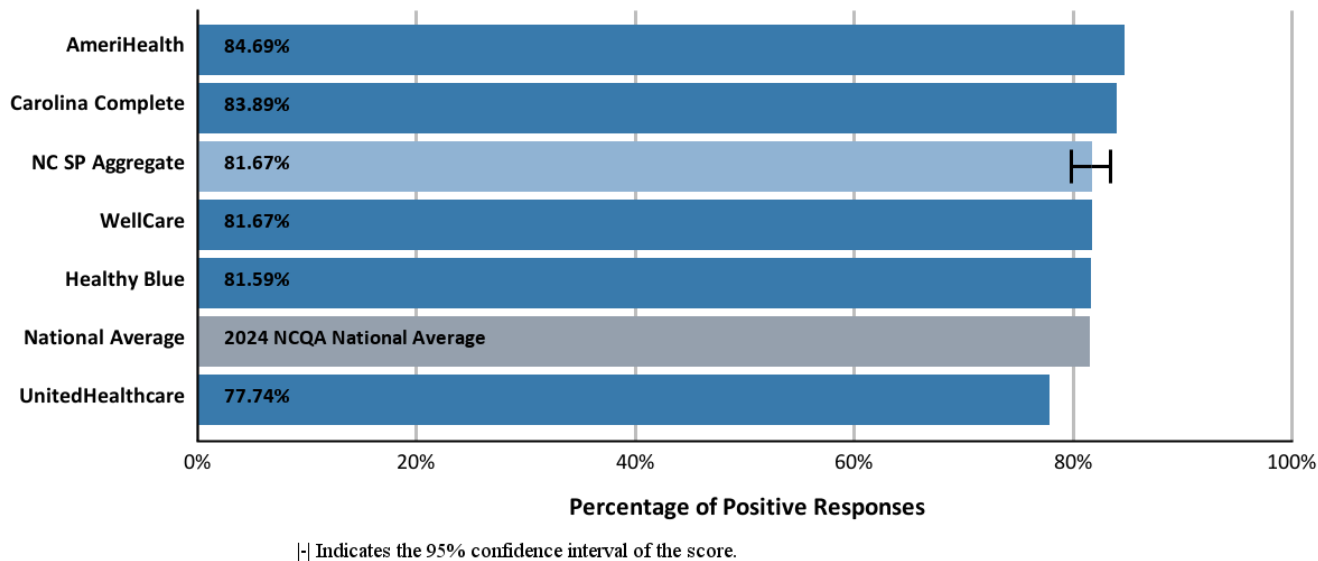
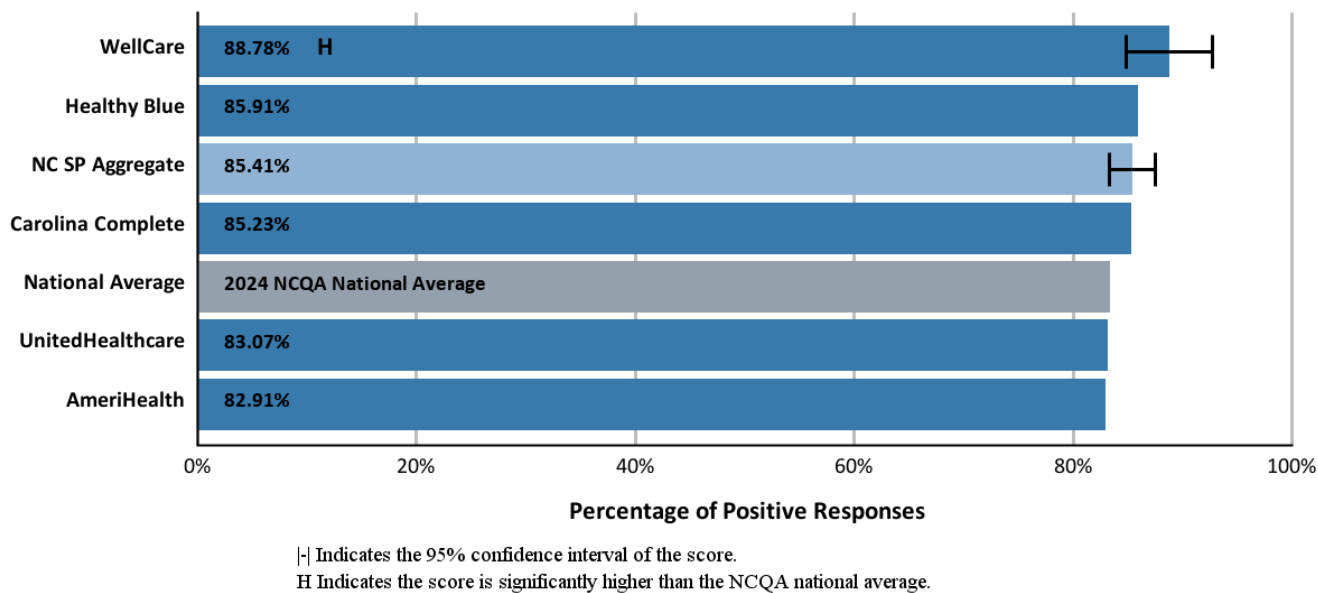


Figure 3-32 shows the *Getting Needed Care* positive rating results for each child population, with national and aggregate comparisons. The WellCare rate was significantly *higher* than the national average.

Figure 3-32—Percentage of 2025 Child Respondents Who Usually or Always Got Care They Needed for Their Child, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-27 shows the *Getting Needed Care* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult UnitedHealthcare 2025 rate was significantly *lower* than the 2024 rate.

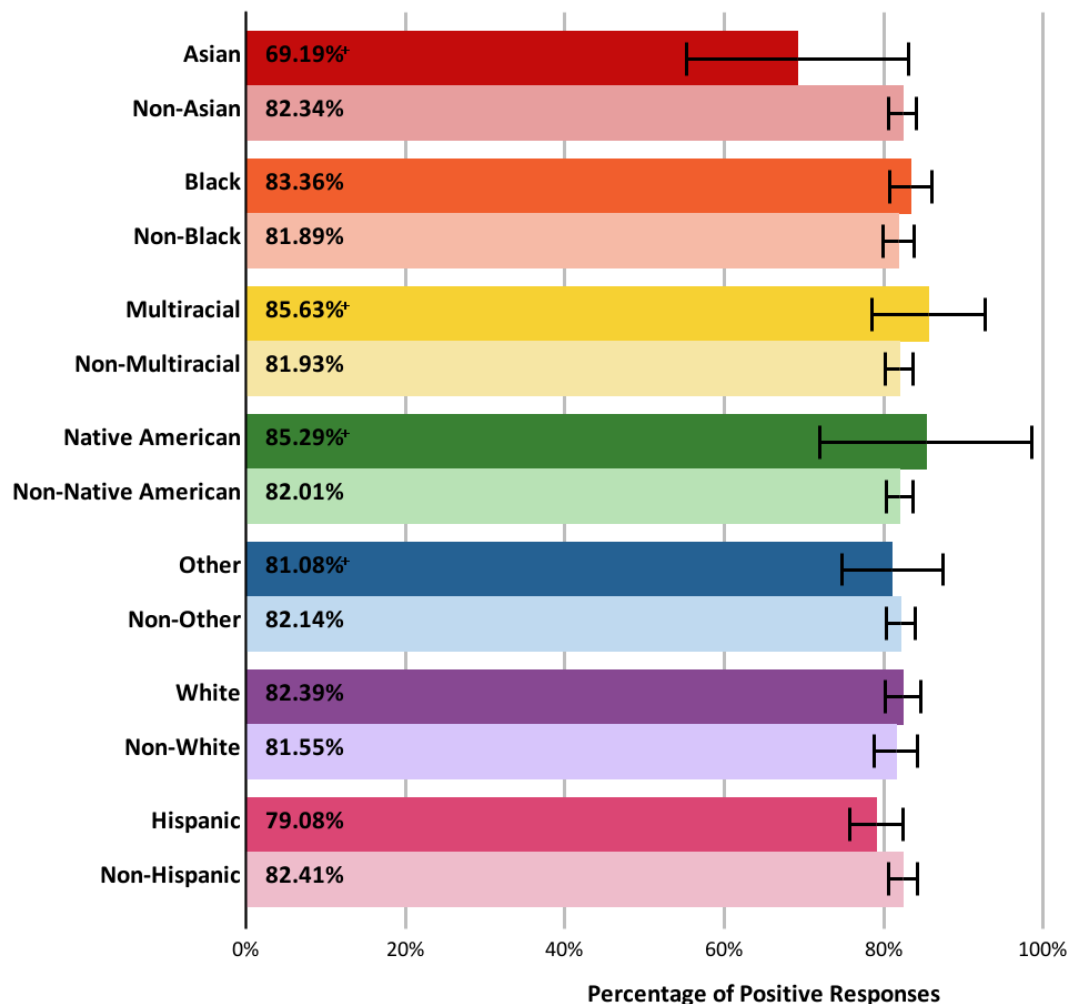
Table 3-27—Percentage of Adult and Child Respondents Who Usually or Always Got Care They/Their Child Needed, by SP, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	81.89%	81.67%	Ø
AmeriHealth	83.23%	84.69%	Ø
Carolina Complete	82.17%	83.89%	Ø
Healthy Blue	80.47%	81.59%	Ø
UnitedHealthcare	84.96%	77.74%	▼
WellCare	80.29%	81.67%	Ø
Child			
NC SP Aggregate	86.58%	85.41%	Ø
AmeriHealth	86.31%	82.91%	Ø
Carolina Complete	85.67%	85.23%	Ø
Healthy Blue	84.22%	85.91%	Ø
UnitedHealthcare	87.38%	83.07%	Ø
WellCare	89.83%	88.78%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-33 shows the *Getting Needed Care* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-33—Percentage of 2025 Adult Respondents Who Usually or Always Got Care They Needed for NC SP Aggregate, by Race and Ethnicity



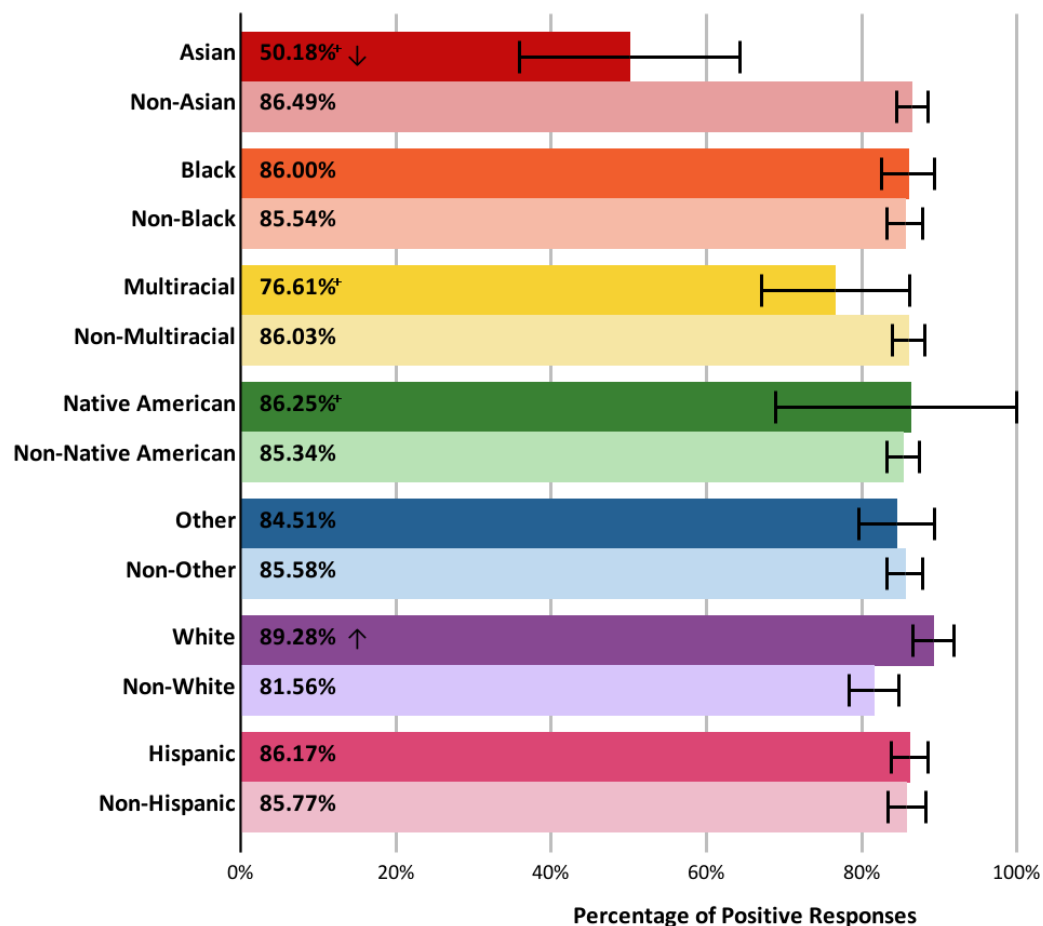
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 3-34 shows the *Getting Needed Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child usually or always got care they needed when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian children reported their child usually or always got care they needed when compared to parents/caretakers of non-Asian children. There were no significant differences identified by ethnicity.

Figure 3-34—Percentage of 2025 Child Respondents Who Usually or Always Got Care They Needed for Their Child for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-28 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported they/their child usually or always got care they/their child needed stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-28—Percentage of Adult Respondents and Child Respondents Who Usually or Always Got Care They/Their Child Needed and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	80.43%	82.65%	87.82%	84.62%
AmeriHealth	81.24% ⁺	86.11%	83.28% ⁺	82.79%
Carolina Complete	81.17% ⁺	84.64%	86.54% ⁺	84.92%
Healthy Blue	81.56% ⁺	81.53%	84.90% ⁺	86.09%
UnitedHealthcare	72.46% ⁺	79.42%	89.56% ⁺	80.64%
WellCare	83.54% ⁺	80.95%	92.74% ⁺	87.71%

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

Medicaid Expansion Comparisons

Table 3-29 shows the adult respondents who reported they usually or always got care they needed by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid expansion.

Table 3-29—Percentage of Adult Respondents Who Usually or Always Got Care They Needed and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	83.25%	80.65%
AmeriHealth	85.56%	83.55%
Carolina Complete	84.55%	83.24%
Healthy Blue	81.38%	81.85%
UnitedHealthcare	81.23%	74.46%
WellCare	83.10%	79.69%

Getting Care Quickly

National Percentile Comparisons

Table 3-30 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Getting Care Quickly*.

Table 3-30—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Getting Care Quickly (2025)

Population	Adult	Child
NC SP Aggregate	★★★★ 83.14%	★★★★ 87.46%
AmeriHealth	★★★★★ 88.90%	★★ 85.87%
Carolina Complete	★★★ 81.50%	★★ 84.03%
Healthy Blue	★★ 79.07%	★★★★ 89.83%
UnitedHealthcare	★★★★★ 84.84%	★★ 87.07%
WellCare	★★★★★ 84.63%	★★★★ 87.85%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-35 shows the *Getting Care Quickly* positive rating results for each adult population, with national and aggregate comparisons. The AmeriHealth rate was significantly *higher* than the NC SP Aggregate. The NC SP Aggregate, AmeriHealth, UnitedHealthcare, and WellCare rates were significantly *higher* than the national average. The Healthy Blue rate was significantly *lower* than the NC SP Aggregate.

Figure 3-35—Percentage of 2025 Adult Respondents Who Usually or Always Got Care Quickly, by SP, with National and Aggregate Comparisons

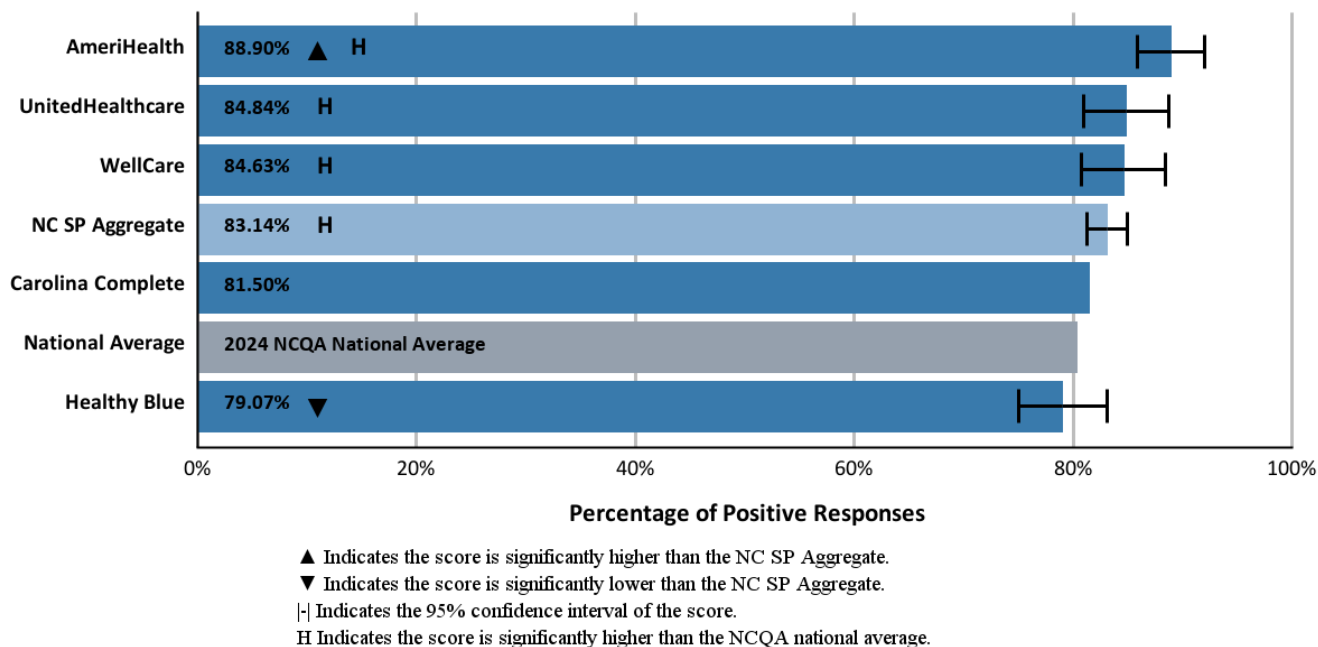
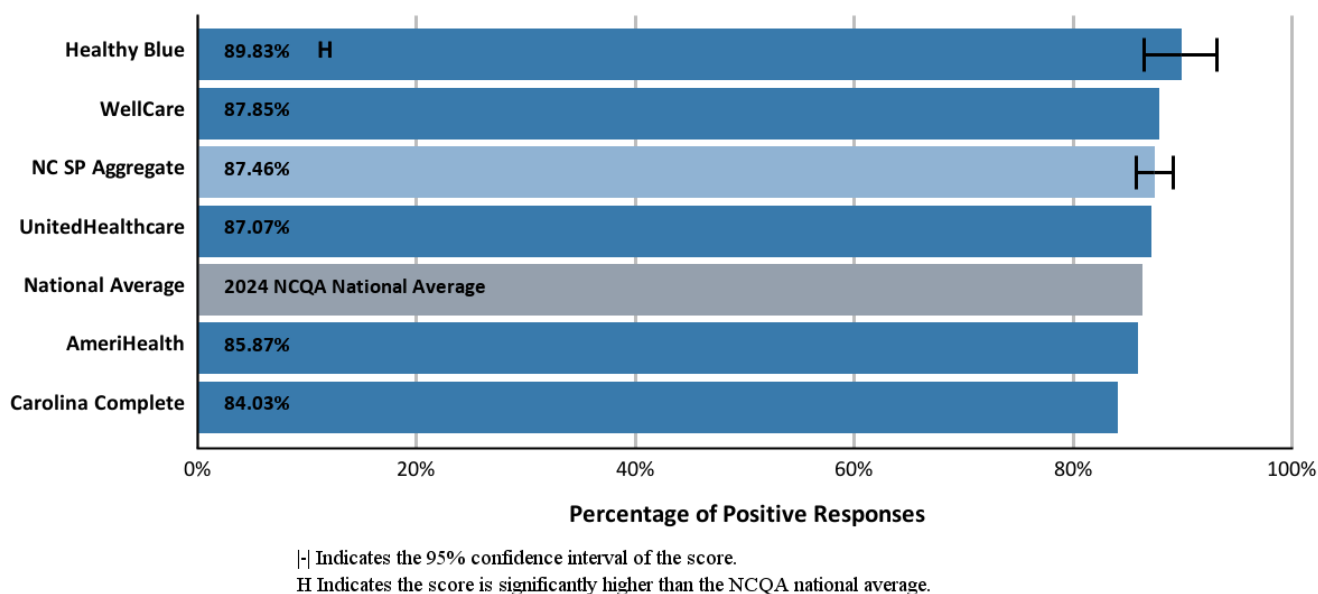


Figure 3-36 shows the *Getting Care Quickly* positive rating results for each child population, with national and aggregate comparisons. The Healthy Blue rate was significantly *higher* than the national average.

Figure 3-36—Percentage of 2025 Child Respondents Who Usually or Always Got Care Quickly for Their Child, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-31 shows the *Getting Care Quickly* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult AmeriHealth 2025 rate was significantly *higher* than the 2024 rate.

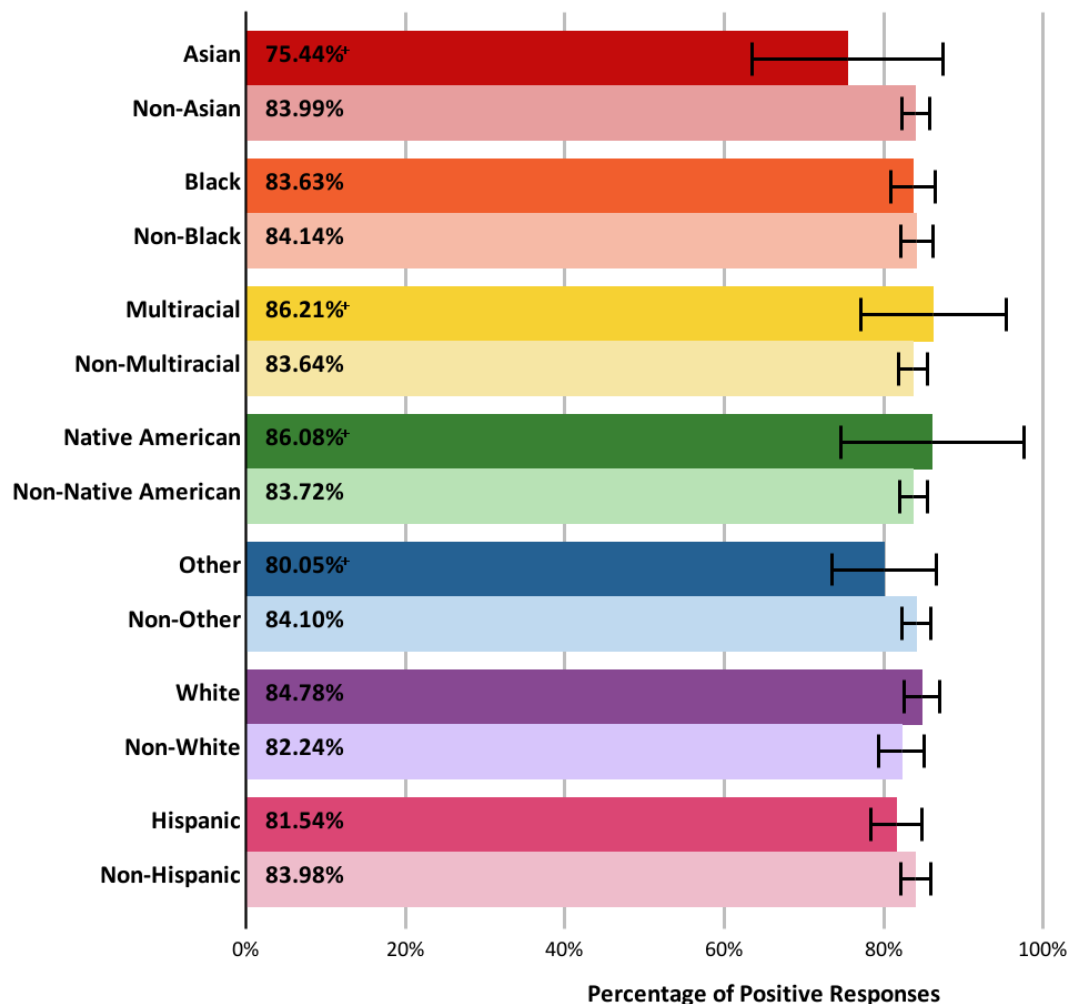
Table 3-31—Percentage of Adult and Child Respondents Who Usually or Always Got Care Quickly for Themselves/Their Child, by SP, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	82.04%	83.14%	Ø
AmeriHealth	83.59%	88.90%	▲
Carolina Complete	81.74%	81.50%	Ø
Healthy Blue	79.96%	79.07%	Ø
UnitedHealthcare	84.00%	84.84%	Ø
WellCare	82.58%	84.63%	Ø
Child			
NC SP Aggregate	88.77%	87.46%	Ø
AmeriHealth	86.67%	85.87%	Ø
Carolina Complete	86.49%	84.03%	Ø
Healthy Blue	88.16%	89.83%	Ø
UnitedHealthcare	89.35%	87.07%	Ø
WellCare	92.15%	87.85%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-37 shows the *Getting Care Quickly* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-37—Percentage of 2025 Adult Respondents Who Usually or Always Got Care Quickly for NC SP Aggregate, by Race and Ethnicity



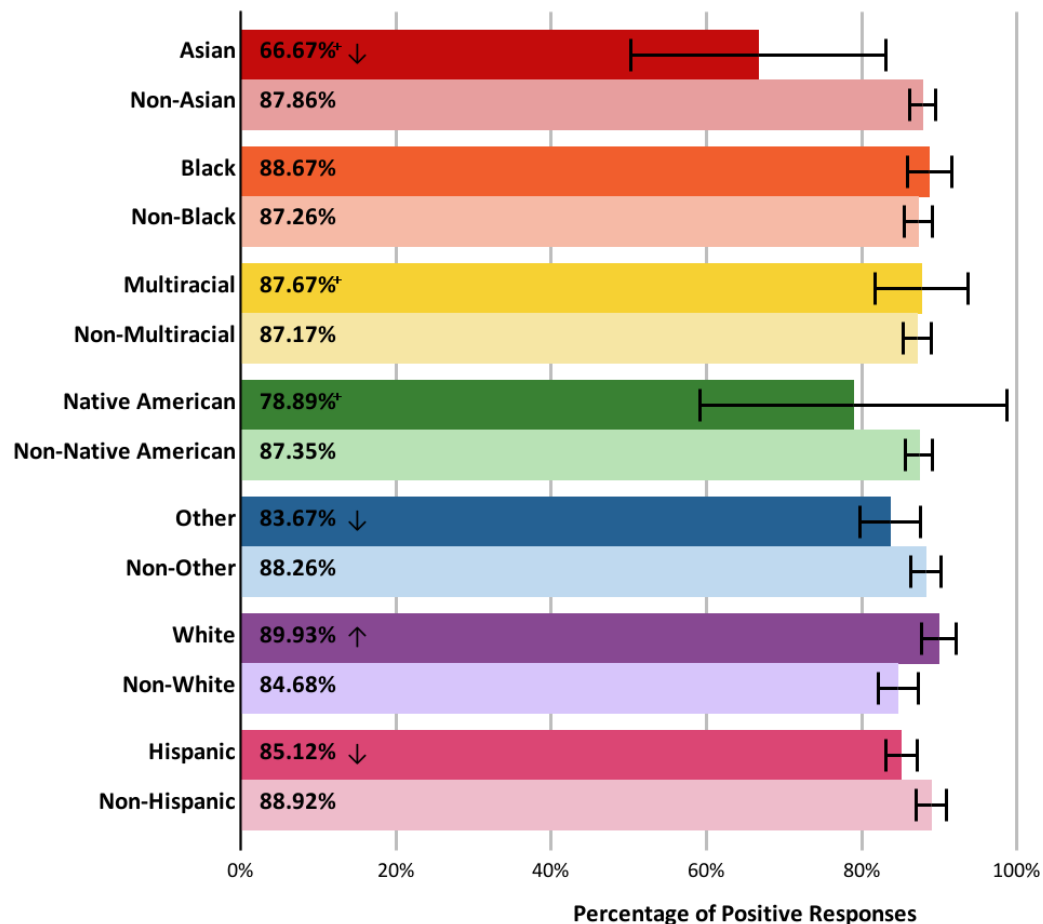
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 3-38 shows the *Getting Care Quickly* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child usually or always got care quickly when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child usually or always got care quickly when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively.

Figure 3-38—Percentage of 2025 Child Respondents Who Usually or Always Got Care Quickly for Their Child for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

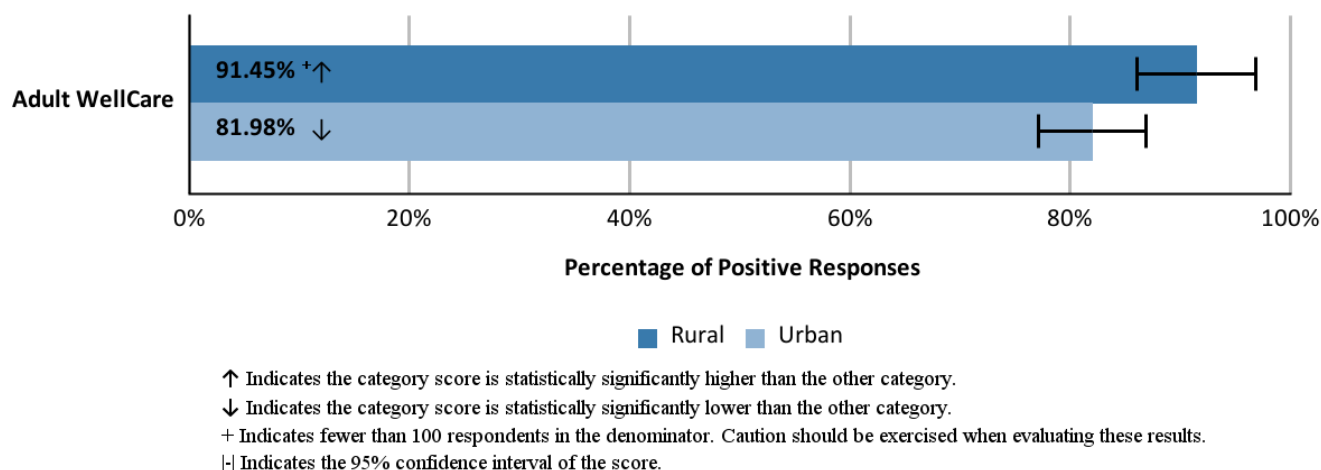
Table 3-32 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported they/their child usually or always got care quickly stratified by geography for the NC SP Aggregate and populations. Additionally, Figure 3-39 shows the significant differences for *Getting Care Quickly* by geography for adult respondents. The WellCare rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Table 3-32—Percentage of Adult Respondents and Child Respondents Who Usually or Always Got Care Quickly and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	85.03%	83.44%	85.60%	87.54%
AmeriHealth	92.05% ⁺	87.66%	85.18% ⁺	86.08%
Carolina Complete	82.65% ⁺	81.18%	82.59% ⁺	84.44%
Healthy Blue	75.57% ⁺	80.45%	89.08% ⁺	90.07%
UnitedHealthcare	82.16% ⁺	85.73%	87.80% ⁺	86.76%
WellCare	91.45% ⁺ ↑	81.98%↓	81.54% ⁺	89.89%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 3-39—Significant Differences: Percentage of Adult Respondents Who Usually or Always Got Care Quickly and Geographic Comparisons, by SP (2025)



Medicaid Expansion Comparisons

Table 3-33 shows the adult respondents who reported they usually or always got care quickly by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-33—Percentage of Adult Respondents Who Usually or Always Got Care Quickly and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	83.24%	84.52%
AmeriHealth	87.83%	90.24%
Carolina Complete	79.37% ⁺	83.55%
Healthy Blue	78.76%	79.45%
UnitedHealthcare	83.11%	86.36%
WellCare	86.41%	82.29%
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.		

How Well Doctors Communicate

National Percentile Comparisons

Table 3-34 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *How Well Doctors Communicate*.

Table 3-34—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: How Well Doctors Communicate (2025)

Population	Adult	Child
NC SP Aggregate	★★★ 93.87%	★★★★★ 95.47%
AmeriHealth	★★★★★ 95.53%	★★★ 95.13%
Carolina Complete	★★★ 93.76%	★★★ 94.51%
Healthy Blue	★★★★★ 94.68%	★★★★★ 96.50%

Population	Adult	Child
UnitedHealthcare	★ 90.80%	★★★★★ 95.99%
WellCare	★★★ 94.06%	★★★ 94.47%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-40 shows the *How Well Doctors Communicate* positive rating results for each adult population, with national and aggregate comparisons. The AmeriHealth rate was significantly *higher* than the national average.

Figure 3-40—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them, by SP, with National and Aggregate Comparisons

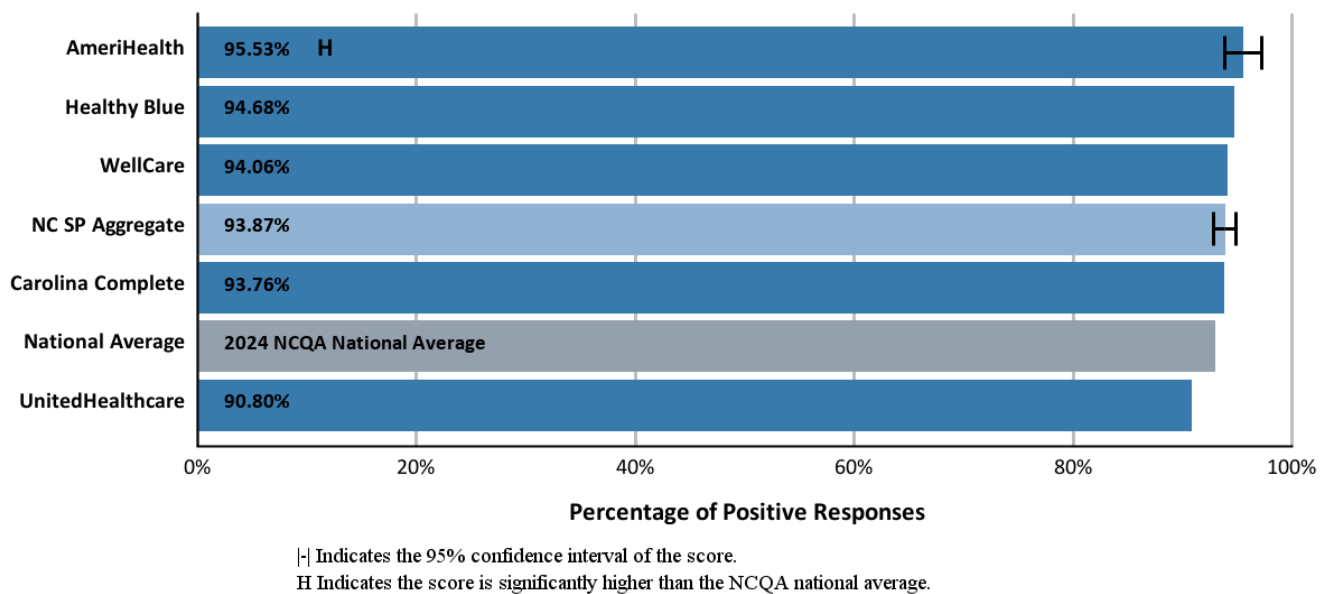
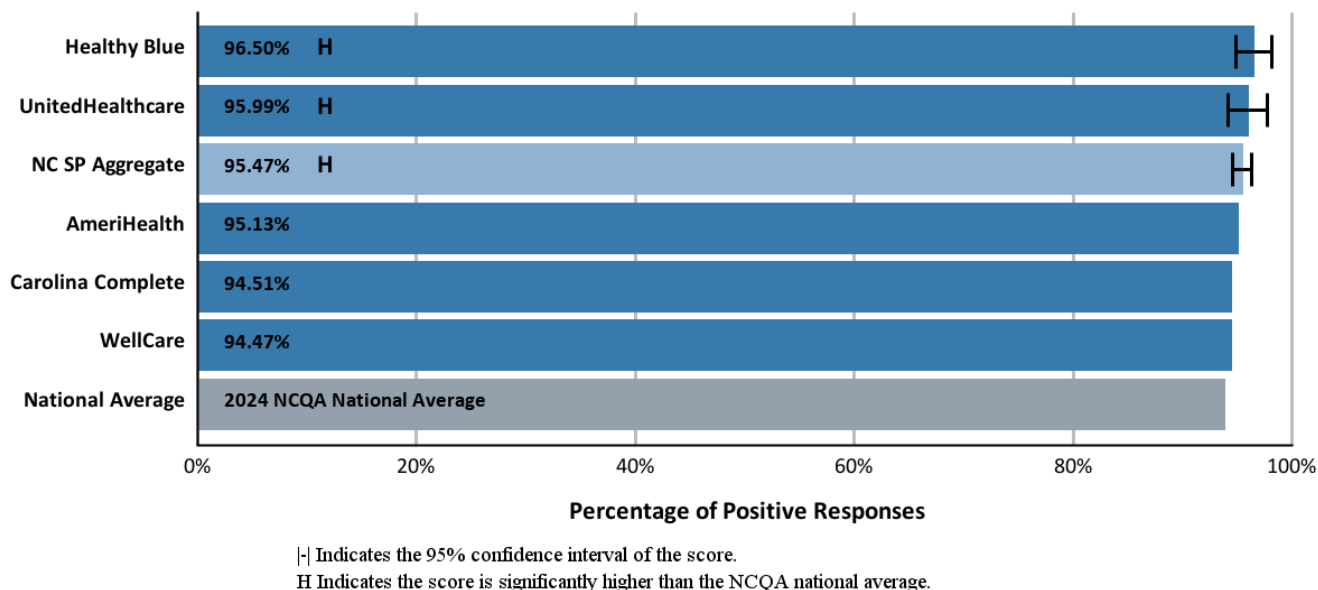


Figure 3-41 shows the *How Well Doctors Communicate* positive rating results for each child population, with national and aggregate comparisons. The NC SP Aggregate, Healthy Blue, and UnitedHealthcare rates were significantly *higher* than the national average.

Figure 3-41—Percentage of 2025 Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-35 shows the *How Well Doctors Communicate* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

Table 3-35—Percentage of Adult and Child Respondents Whose Personal Doctor Usually or Always Communicated Well with Them, by SP, with Year-Over-Year Analysis (2024, 2025)

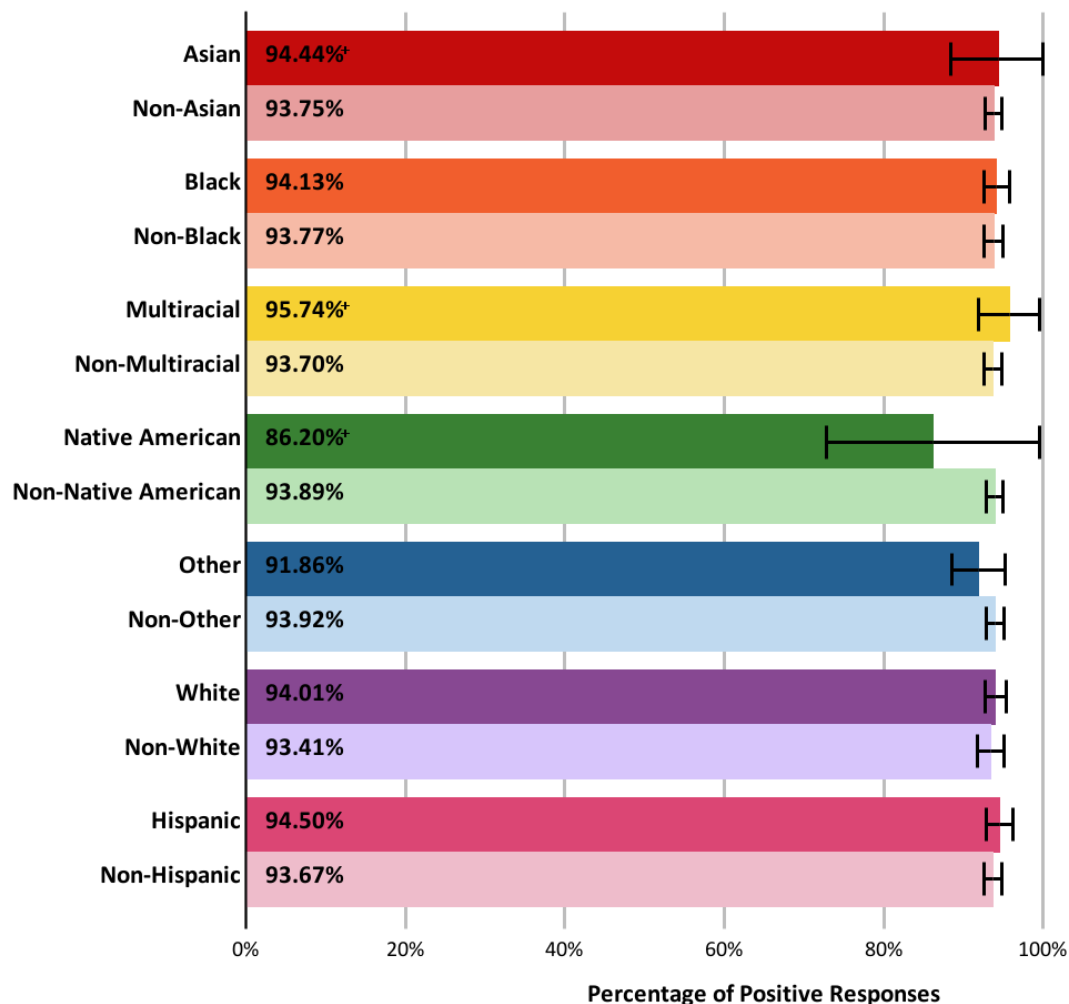
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	94.10%	93.87%	Ø
AmeriHealth	93.64%	95.53%	Ø
Carolina Complete	93.95%	93.76%	Ø
Healthy Blue	94.35%	94.68%	Ø
UnitedHealthcare	93.48%	90.80%	Ø
WellCare	94.69%	94.06%	Ø
Child			
NC SP Aggregate	95.88%	95.47%	Ø
AmeriHealth	94.27%	95.13%	Ø
Carolina Complete	94.82%	94.51%	Ø
Healthy Blue	96.86%	96.50%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
UnitedHealthcare	96.87%	95.99%	Ø
WellCare	95.60%	94.47%	Ø
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-42 shows the *How Well Doctors Communicate* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-42—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them for NC SP Aggregate, by Race and Ethnicity



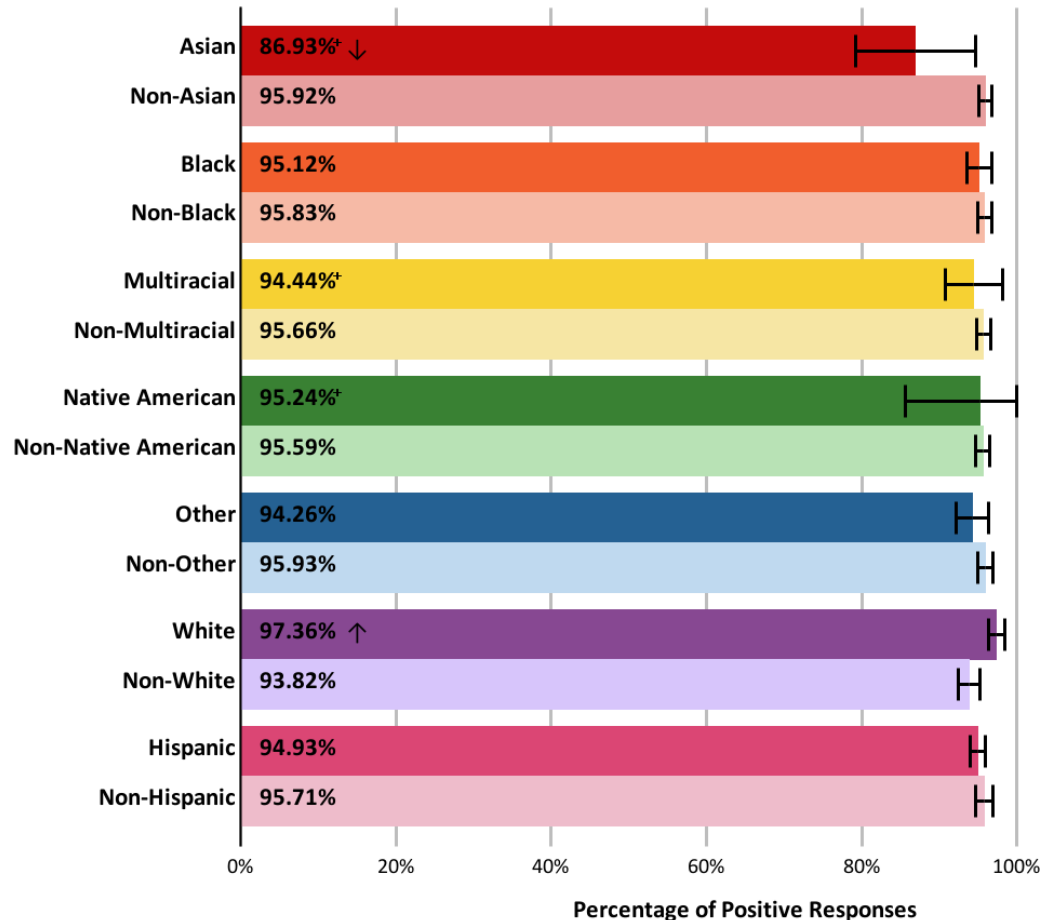
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 3-43 shows the *How Well Doctors Communicate* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child's personal doctor usually or always communicated well with them when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian children reported their child's personal doctor usually or always communicated well with them when compared to parents/caretakers of non-Asian children. There were no significant differences identified by ethnicity.

Figure 3-43—Percentage of 2025 Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-36 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s personal doctor usually or always communicated well with them stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-36—Percentage of Adult Respondents and Child Respondents Whose Personal Doctor Usually or Always Communicated Well with Them and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	94.57%	93.57%	95.28%	95.39%
AmeriHealth	96.47% ⁺	95.18%	94.54% ⁺	95.31%
Carolina Complete	91.89% ⁺	94.27%	95.45% ⁺	94.27%
Healthy Blue	96.33% ⁺	93.87%	95.59% ⁺	96.81%
UnitedHealthcare	91.29% ⁺	90.62%	97.32% ⁺	95.48%
WellCare	95.10% ⁺	93.62%	93.36% ⁺	94.87%

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

Medicaid Expansion Comparisons

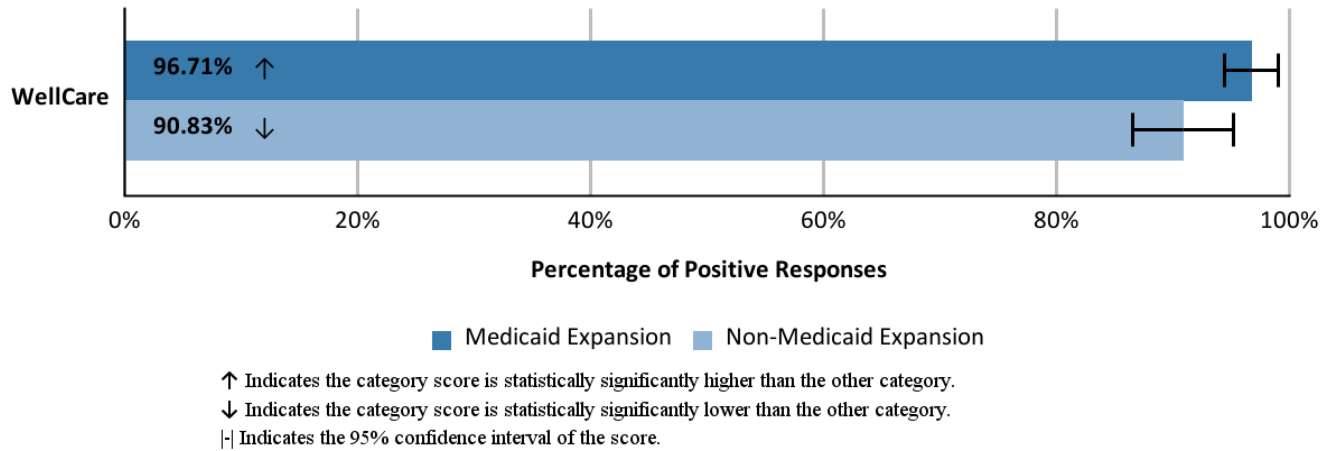
Table 3-37 shows the adult respondents who reported their personal doctor usually or always communicated well with them by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-44 shows the significant differences for *How Well Doctors Communicate* by Medicaid Expansion designation. The WellCare rate for adult respondents designated as Medicaid Expansion was significantly *higher* than respondents designated as non-Medicaid Expansion.

Table 3-37—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	94.77%	92.73%
AmeriHealth	96.47%	94.30%
Carolina Complete	92.96%	94.54%
Healthy Blue	94.45%	95.02%
UnitedHealthcare	92.29%	89.19%
WellCare	96.71%↑	90.83%↓

Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 3-44—Significant Differences: Percentage of Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them and Medicaid Expansion Comparisons, by SP (2025)



Customer Service

National Percentile Comparisons

Table 3-38 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Customer Service*.

Table 3-38—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Customer Service (2025)

Population	Adult	Child
NC SP Aggregate	★★★ 90.37%	★★★ 88.76%
AmeriHealth	★★ 87.88%	★ 84.75%
Carolina Complete	★★★ 90.02%	★★★★ 90.69%
Healthy Blue	★★★★ 91.33%	★★★★ 91.18%
UnitedHealthcare	★★★ 89.29%	★★ 87.47%
WellCare	★★★★ 91.79%	★★★ 88.60%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-45 shows the *Customer Service* positive rating results for each adult population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-45—Percentage of 2025 Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan's Customer Service, by SP, with National and Aggregate Comparisons

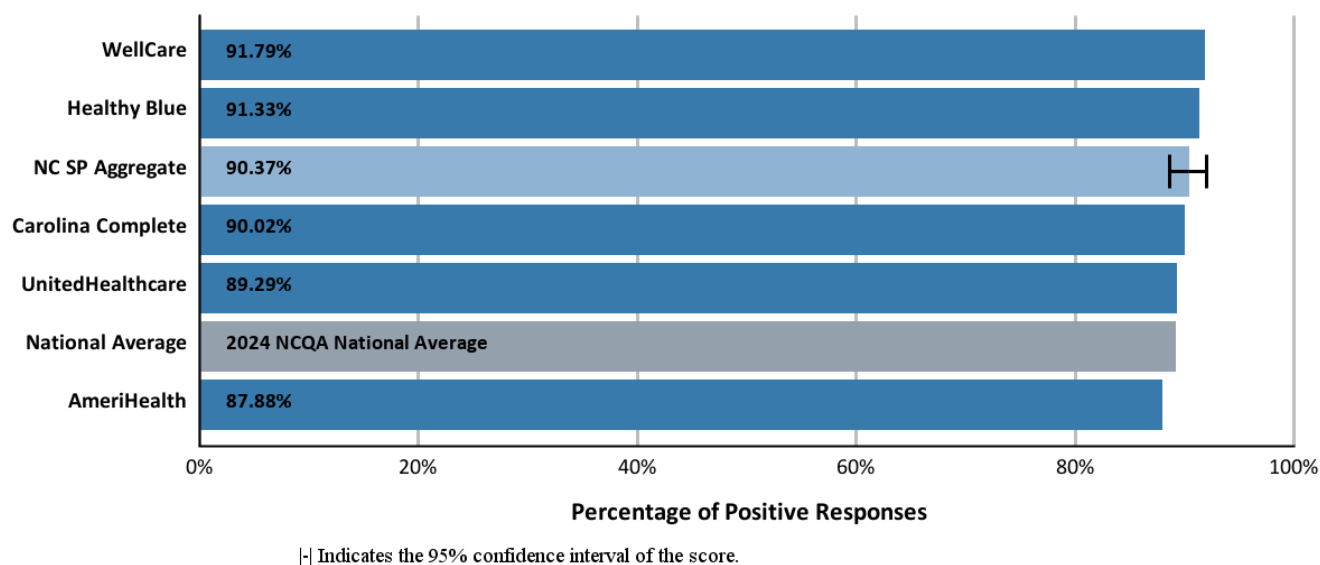
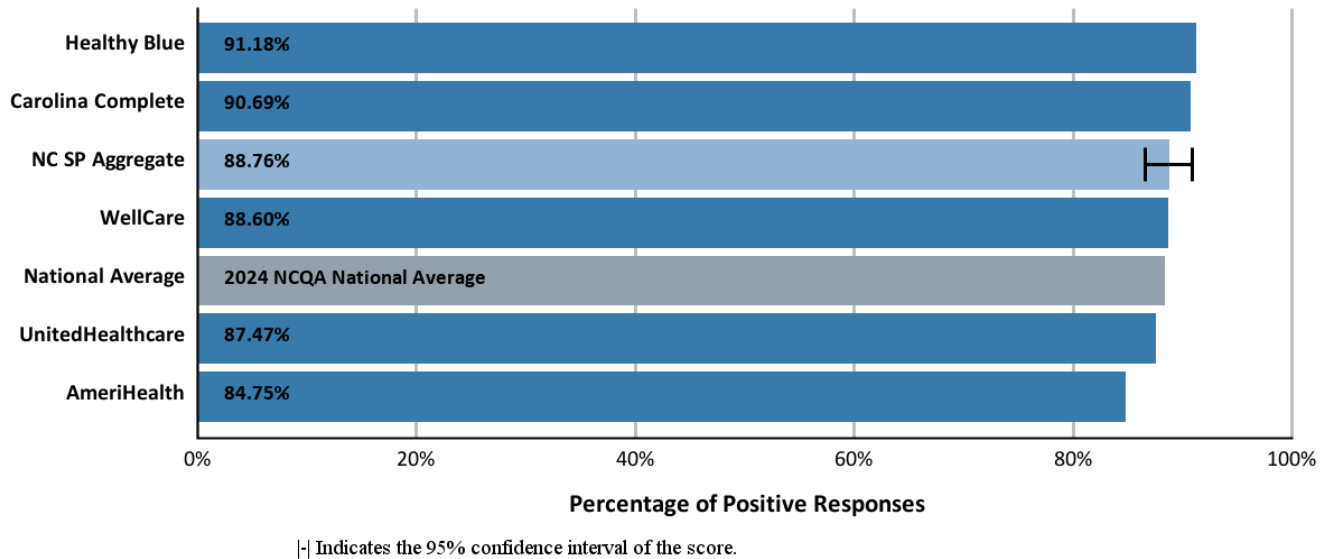


Figure 3-46 shows the *Customer Service* positive rating results for each child population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-46—Percentage of 2025 Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-39 shows the *Customer Service* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult NC SP Aggregate 2025 rate was significantly *higher* than the 2024 rate.

Table 3-39—Percentage of Adult and Child Respondents Who Usually or Always Had a Positive Experience with Their/Their Child’s Health Plan’s Customer Service, by SP, with Year-Over-Year Analysis (2024, 2025)

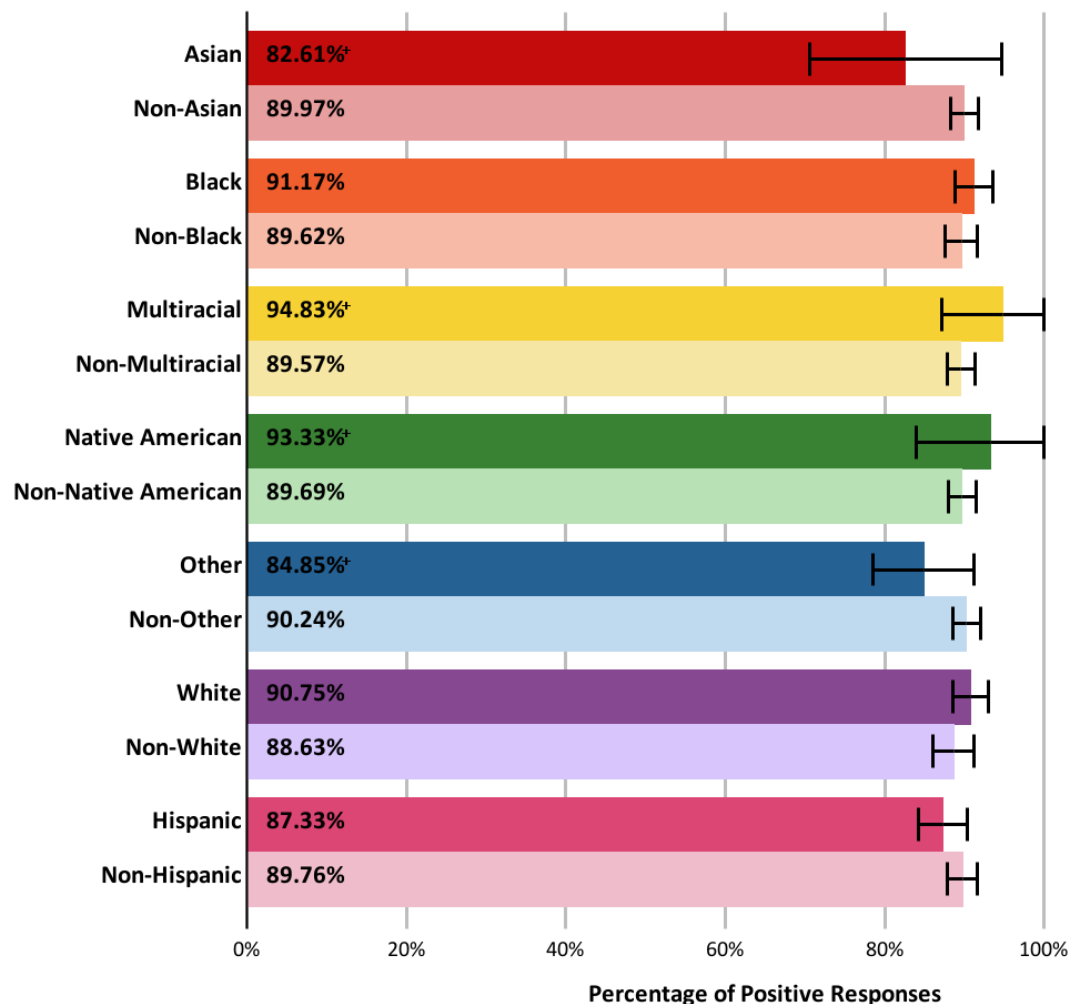
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	87.30%	90.37%	▲
AmeriHealth	87.39%	87.88%	Ø
Carolina Complete	86.47%	90.02%	Ø
Healthy Blue	86.60%	91.33%	Ø
UnitedHealthcare	89.35%	89.29%	Ø
WellCare	87.11%	91.79%	Ø
Child			
NC SP Aggregate	87.51%	88.76%	Ø
AmeriHealth	85.74%	84.75%	Ø
Carolina Complete	85.61%	90.69%	Ø
Healthy Blue	88.27%	91.18%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
UnitedHealthcare	89.53%	87.47%	Ø
WellCare	87.28%	88.60%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-47 shows the *Customer Service* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-47—Percentage of 2025 Adult Respondents Who Usually or Always Had a Positive Experience With Their Health Plan’s Customer Service for NC SP Aggregate, by Race and Ethnicity



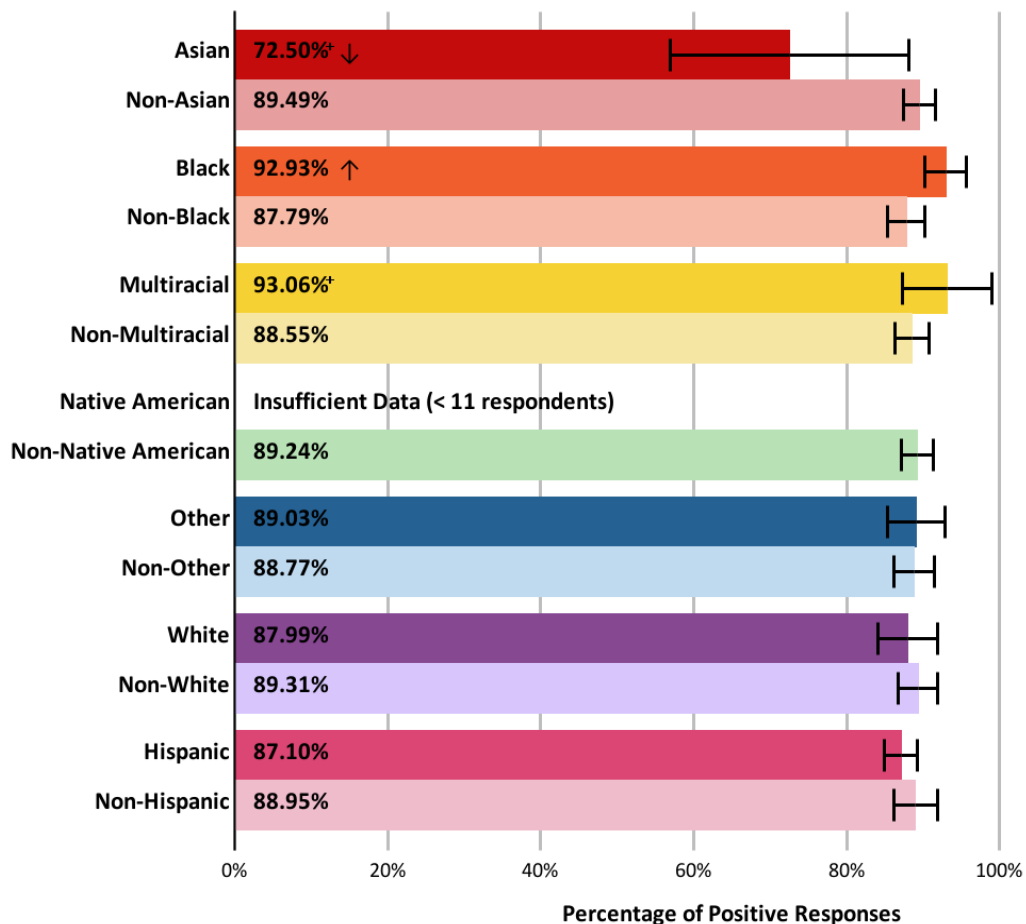
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 3-48 shows the *Customer Service* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Black children usually or always had a positive experience with their child’s health plan’s customer service when compared to parents/caretakers of non-Black children. A significantly *lower* percentage of parents/caretakers of Asian children usually or always had a positive experience with their child’s health plan’s customer service when compared to parents/caretakers of non-Asian children. There were no significant differences identified by ethnicity. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 3-48—Percentage of 2025 Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-40 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported usually or always having a positive experience with their/their child’s health plan’s customer service stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-49 shows the significant differences for *Customer Service* by geography for adult respondents and parents/caretakers of child beneficiaries. The Carolina Complete rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties. The NC SP Aggregate and Carolina

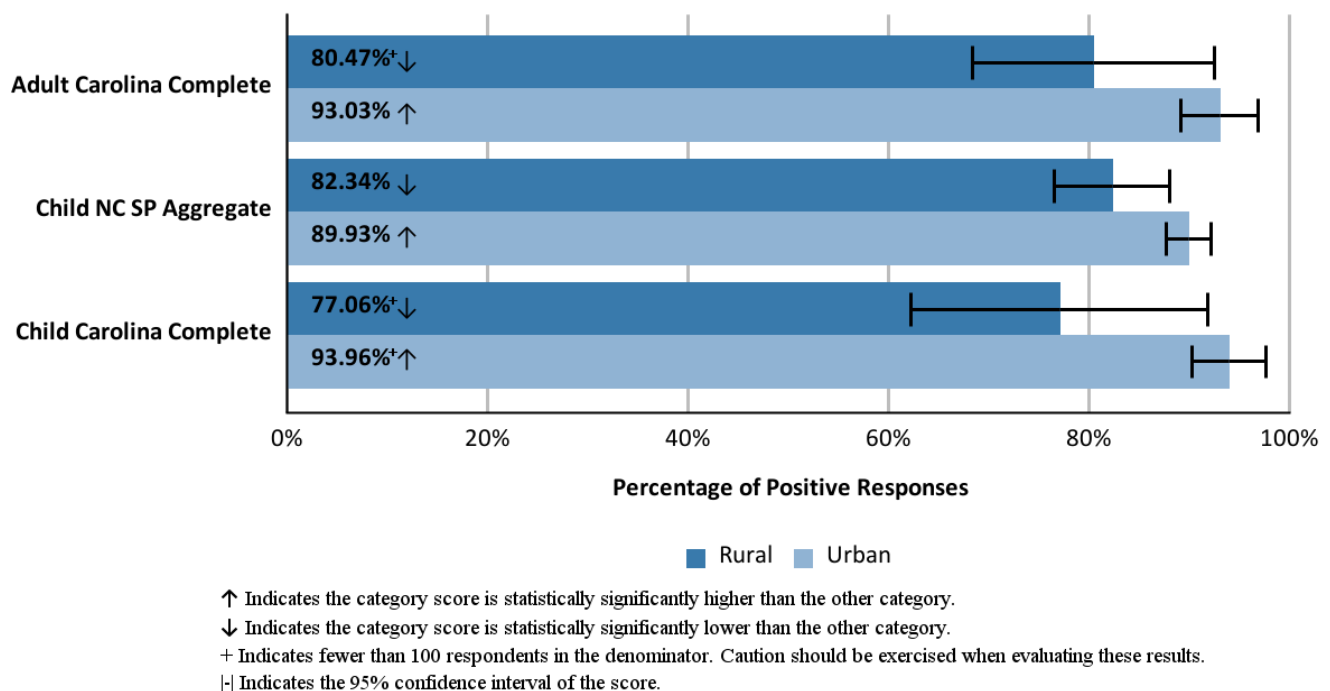
Complete rates for parents/caretakers of child beneficiaries living in rural counties were significantly lower than children living in urban counties.

Table 3-40—Percentage of Adult Respondents and Child Respondents Who Usually or Always Had a Positive Experience With Their/Their Child’s Health Plan’s Customer Service and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	90.47%	89.91%	82.34%↓	89.93%↑
AmeriHealth	90.57% ⁺	86.79%	82.50% ⁺	85.20% ⁺
Carolina Complete	80.47% ⁺ ↓	93.03%↑	77.06% ⁺ ↓	93.96% ⁺ ↑
Healthy Blue	92.37% ⁺	90.89%	84.78% ⁺	93.04% ⁺
UnitedHealthcare	93.06% ⁺	88.14%	89.13% ⁺	87.06% ⁺
WellCare	95.24% ⁺	90.80%	77.50% ⁺	90.96% ⁺

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-49—Significant Differences: Percentage of Adult and Child Respondents Who Usually or Always Had a Positive Experience With Their/Their Child’s Health Plan’s Customer Service and Geographic Comparisons, by SP (2025)



Medicaid Expansion Comparisons

Table 3-41 shows the adult respondents who reported usually or always having a positive experience with their health plan's customer service by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-41—Percentage of Adult Respondents Who Usually or Always Had a Positive Experience With Their Health Plan's Customer Service and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	90.65%	89.38%
AmeriHealth	87.00%	89.07% ⁺
Carolina Complete	88.75% ⁺	91.28% ⁺
Healthy Blue	92.95% ⁺	89.58% ⁺
UnitedHealthcare	91.67% ⁺	86.84% ⁺
WellCare	93.27%	89.97% ⁺
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.		

Coordination of Care

National Percentile Comparisons

Table 3-42 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Coordination of Care*.

Table 3-42—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Coordination of Care (2025)

Population	Adult	Child
NC SP Aggregate	★★★ 86.48%	★★★ 84.71%
AmeriHealth	★★★ 85.44%	★★★★ 87.50%
Carolina Complete	★★★ 85.53%	★★★★ 88.18%
Healthy Blue	★★★★ 88.77%	★★ 84.25%

Population	Adult	Child
UnitedHealthcare	★ 81.76%	★★ 84.13%
WellCare	★★★ 88.24%	★★ 81.75%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 3-50 shows the *Coordination of Care* positive rating results for each adult population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-50—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers, by SP, with National and Aggregate Comparisons

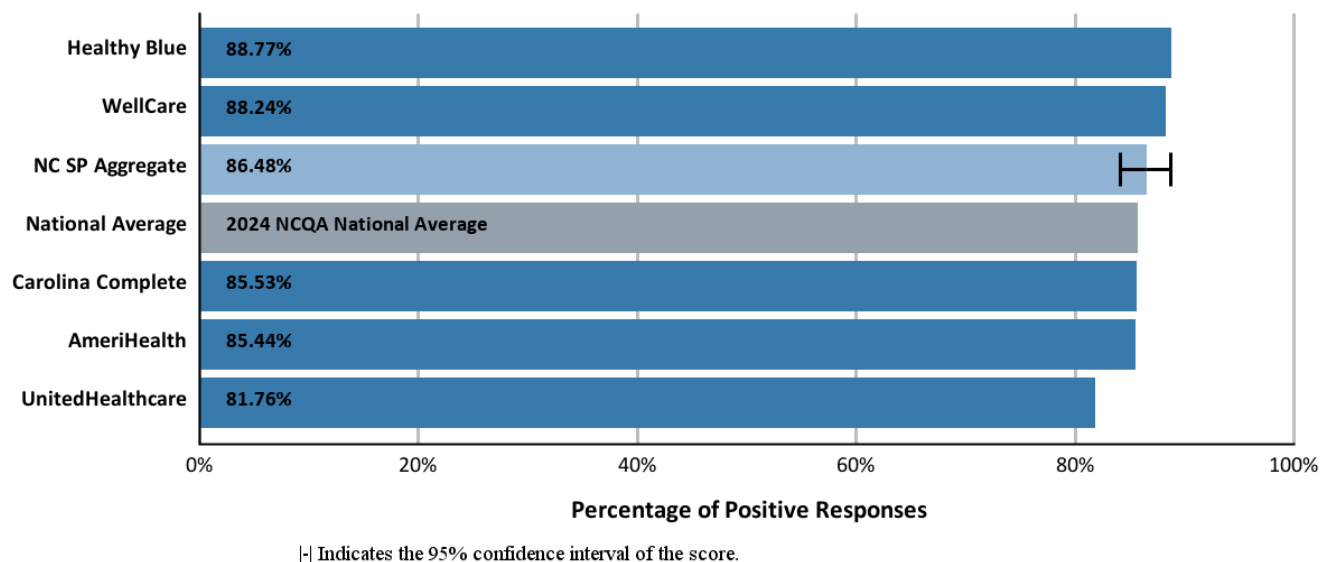
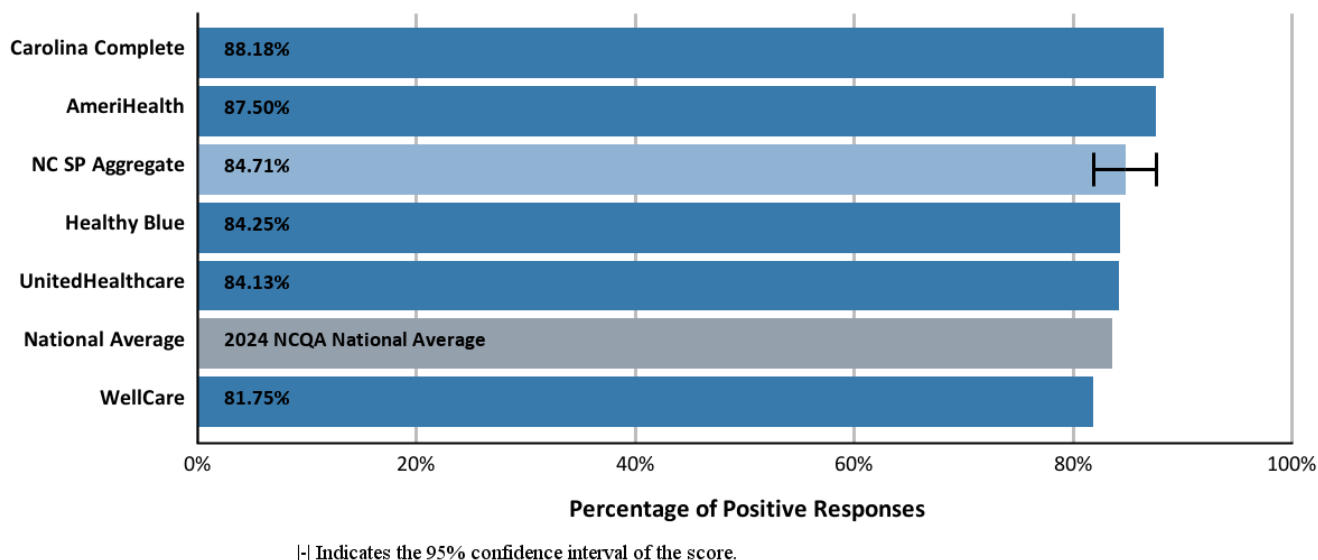


Figure 3-51 shows the *Coordination of Care* positive rating results for each child population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-51—Percentage of 2025 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-43 shows the *Coordination of Care* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

Table 3-43—Percentage of Adult and Child Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers, by SP, with Year-Over-Year Analysis (2024, 2025)

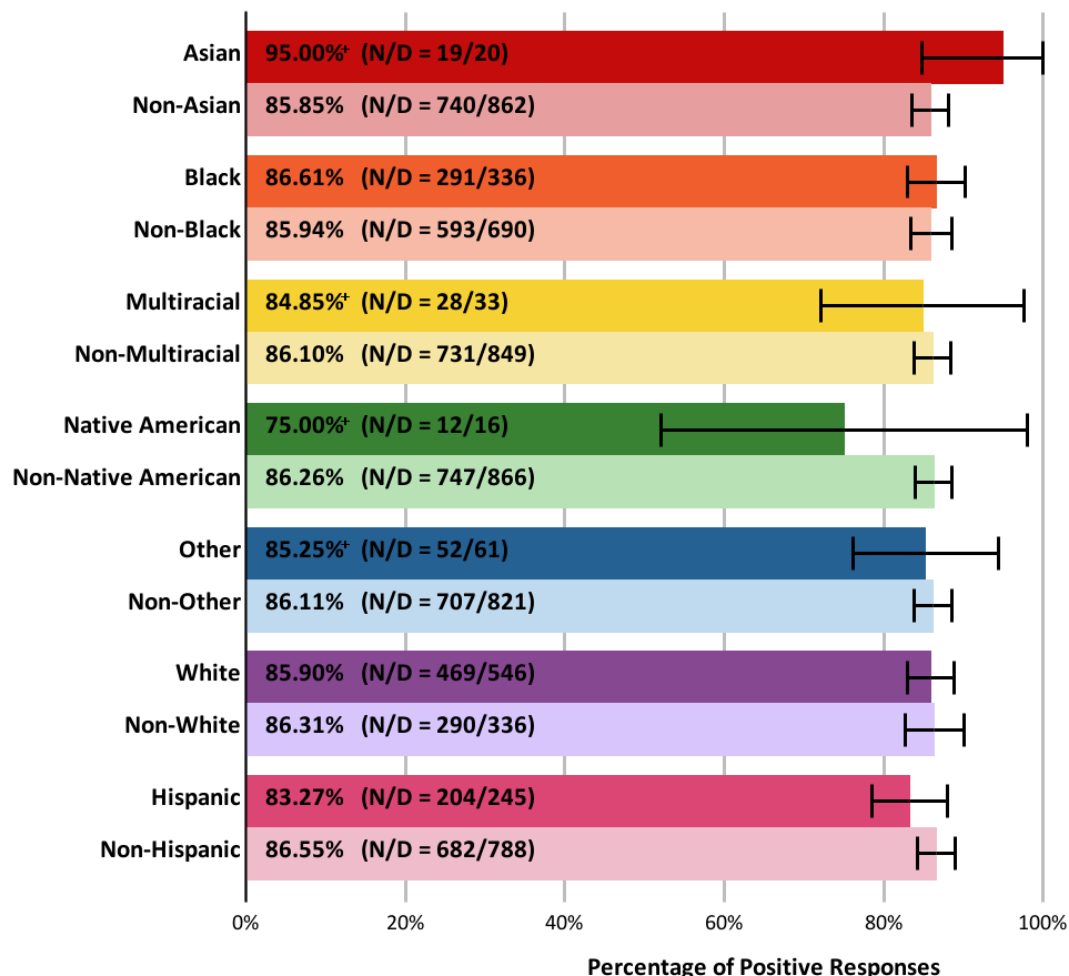
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	84.38%	86.48%	Ø
AmeriHealth	81.68%	85.44%	Ø
Carolina Complete	85.37%	85.53%	Ø
Healthy Blue	84.41%	88.77%	Ø
UnitedHealthcare	85.71%	81.76%	Ø
WellCare	84.74%	88.24%	Ø
Child			
NC SP Aggregate	88.22%	84.71%	Ø
AmeriHealth	86.71%	87.50%	Ø
Carolina Complete	86.05%	88.18%	Ø
Healthy Blue	87.50%	84.25%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
UnitedHealthcare	90.60%	84.13%	Ø
WellCare	89.61%	81.75%	Ø
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-52 shows the *Coordination of Care* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 3-52—Percentage of 2025 Adult Respondents Who Reported Their Personal Doctor Usually or Always Coordinated Their Care with Other Providers for NC SP Aggregate, by Race and Ethnicity



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

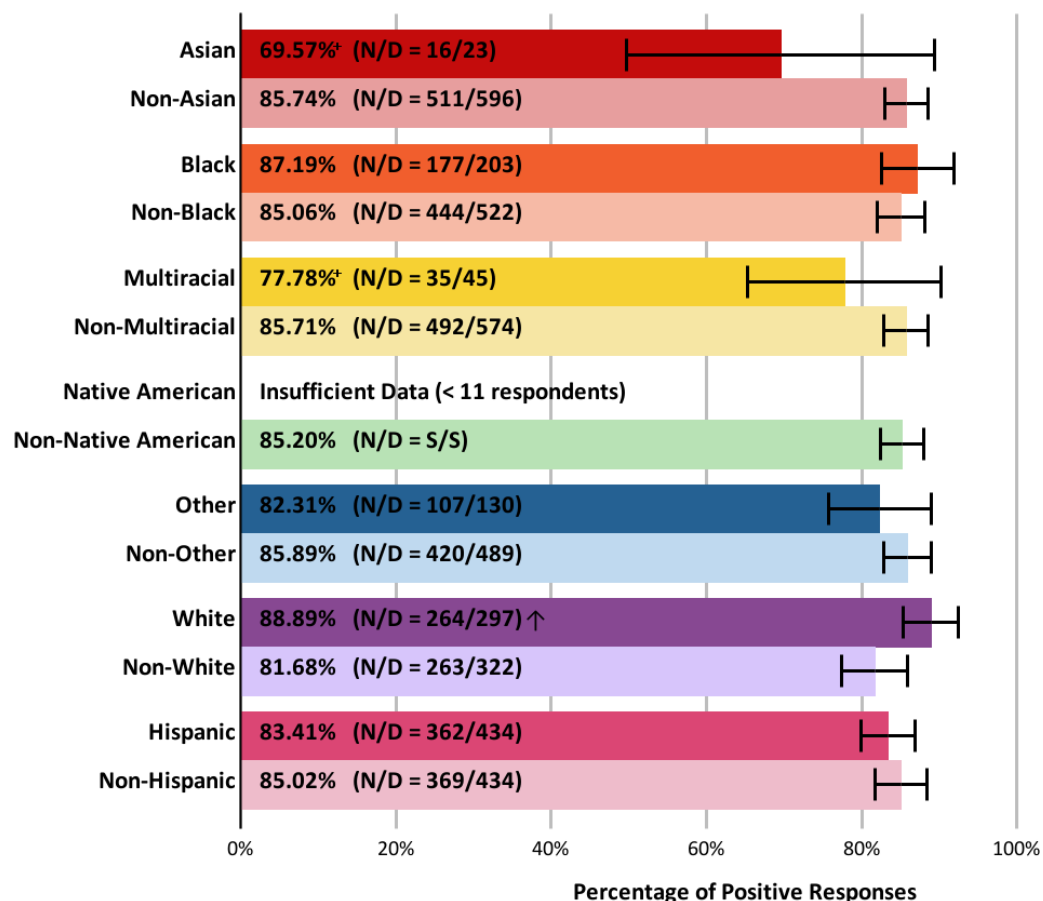
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 3-53 shows the *Coordination of Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child's personal doctor usually or always coordinated care with other providers when compared to parents/caretakers of non-White children. There were no significant differences identified by ethnicity. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 3-53—Percentage of 2025 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

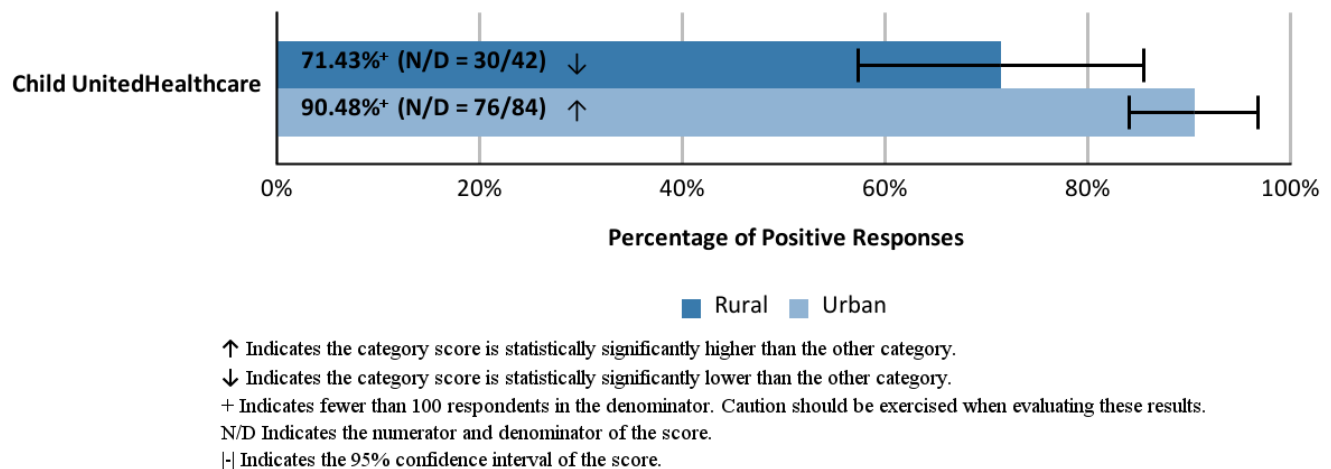
Table 3-44 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s personal doctor usually or always coordinated their/their child’s care with other providers stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-54 shows the significant differences for *Coordination of Care* by geography for parents/caretakers of child beneficiaries. The UnitedHealthcare rate for parents/caretakers of child beneficiaries living in rural counties was significantly *lower* than children living in urban counties.

Table 3-44—Percentage of Adult Respondents and Child Respondents Who Reported Their/Their Child’s Personal Doctor Usually or Always Coordinated Their/Their Child’s Care with Other Providers and Geographic Comparisons, by SP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	83.81%	86.87%	80.00%	86.64%
AmeriHealth	88.89% ⁺	84.21%	87.50% ⁺	87.50% ⁺
Carolina Complete	77.14% ⁺	88.03%	91.30% ⁺	87.36% ⁺
Healthy Blue	88.14% ⁺	89.06%	77.14% ⁺	86.49%
UnitedHealthcare	76.09% ⁺	83.87%	71.43% ⁺ ↓	90.48% ⁺ ↑
WellCare	84.91% ⁺	89.55%	80.56% ⁺	82.18%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-54—Significant Differences: Percentage of Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers and Geographic Comparisons, by SP (2025)



Medicaid Expansion Comparisons

Table 3-45 shows the adult respondents who reported their personal doctor usually or always coordinated their care with other providers by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-45—Percentage of Adult Respondents Who Reported Their Personal Doctor Usually or Always Coordinated Their Care with Other Providers and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	87.93%	83.78%
AmeriHealth	88.60%	81.52% ⁺
Carolina Complete	88.16% ⁺	82.89% ⁺
Healthy Blue	91.26%	85.71% ⁺
UnitedHealthcare	81.72% ⁺	81.82% ⁺
WellCare	89.32%	86.90% ⁺
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.		

Advising Smokers and Tobacco Users to Quit (Adult Population Only)

National Percentile Comparisons

Table 3-46 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Advising Smokers and Tobacco Users to Quit*.

Table 3-46—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Advising Smokers and Tobacco Users to Quit (2025)

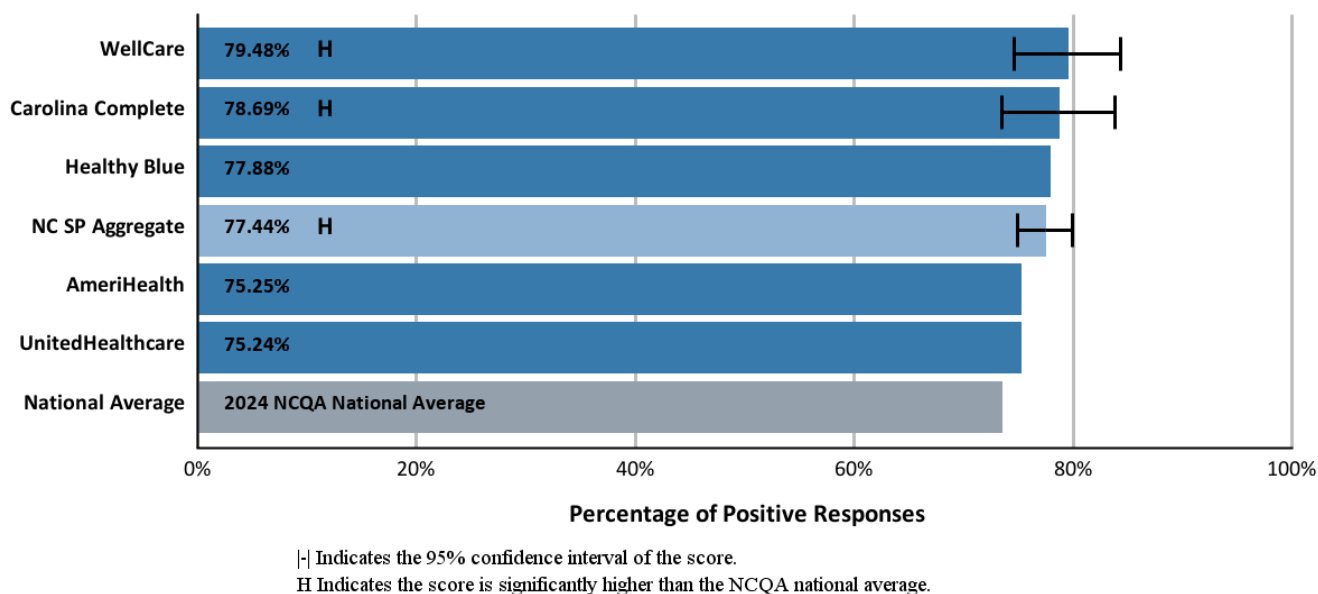
Population	Adult
NC SP Aggregate	★★★★★ 77.44%
AmeriHealth	★★★ 75.25%
Carolina Complete	★★★★★ 78.69%
Healthy Blue	★★★★★ 77.88%

Population	Adult
UnitedHealthcare	★★★ 75.24%
WellCare	★★★★ 79.48%
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 in Appendix B beginning on page 510.	

Aggregate Comparisons

Figure 3-55 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results for each adult population, with national and aggregate comparisons. The NC SP Aggregate, Carolina Complete, and WellCare rates were significantly *higher* than the national average.

Figure 3-55—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-47 shows the *Advising Smokers and Tobacco Users to Quit* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

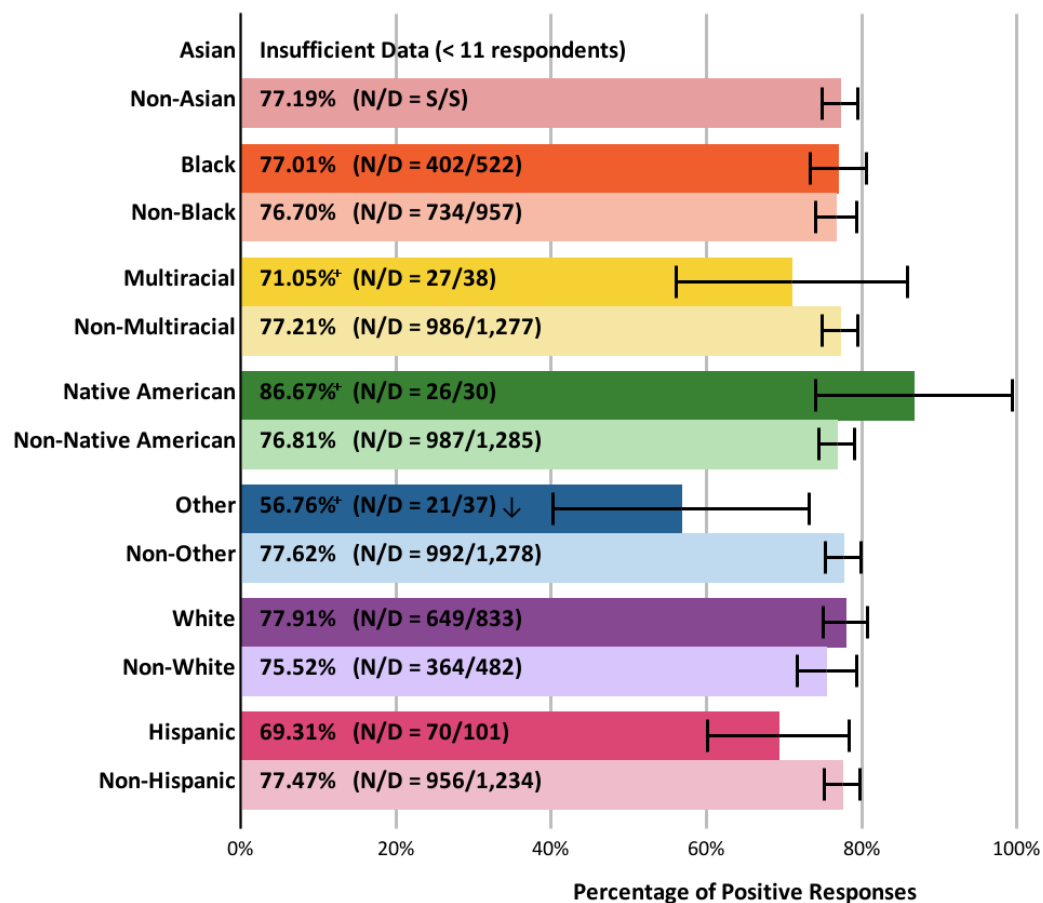
Table 3-47—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit, by SP, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
NC SP Aggregate	76.21%	77.44%	Ø
AmeriHealth	76.69%	75.25%	Ø
Carolina Complete	77.02%	78.69%	Ø
Healthy Blue	75.11%	77.88%	Ø
UnitedHealthcare	75.50%	75.24%	Ø
WellCare	77.69%	79.48%	Ø
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-56 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *lower* percentage of Other race respondents reported sometimes, usually, or always being advised to quit smoking or using tobacco when compared to non-Other race respondents. There were no significant differences identified by ethnicity. Additionally, the Asian race category was suppressed due to less than 11 respondents.

Figure 3-56—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-48 shows the adult respondents who reported they were sometimes, usually, or always advised to quit smoking or using tobacco stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-48—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit and Geographic Comparisons, by SP (2025)

Population	Adult	
	Rural	Urban
NC SP Aggregate	78.44%	76.43%
AmeriHealth	76.30%	74.39%
Carolina Complete	80.23% ⁺	77.71%
Healthy Blue	82.56% ⁺	74.81%
UnitedHealthcare	75.00% ⁺	75.34%
WellCare	79.27% ⁺	79.67%
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.		

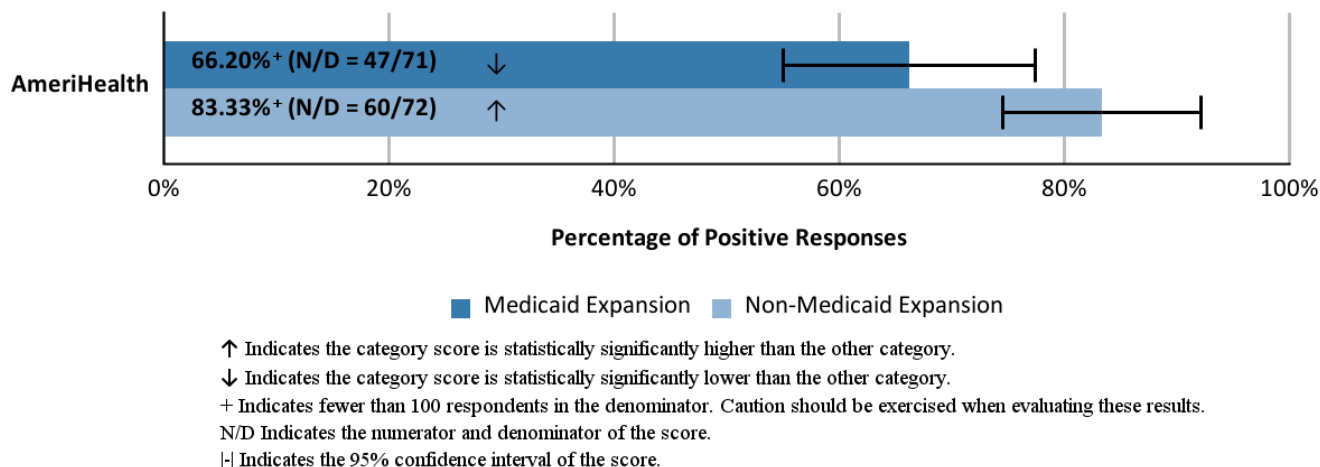
Medicaid Expansion Comparisons

Table 3-49 shows the adult respondents who reported they were sometimes, usually, or always advised to quit smoking by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-57 shows the significant differences for *Advising Smokers and Tobacco Users to Quit* by Medicaid Expansion designation. The AmeriHealth rate for adult respondents designated as Medicaid Expansion was significantly *lower* than respondents designated as non-Medicaid Expansion.

Table 3-49—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	73.62%	79.46%
AmeriHealth	66.20% ⁺ ↓	83.33% ⁺ ↑
Carolina Complete	72.00% ⁺	75.41% ⁺
Healthy Blue	79.69% ⁺	80.95% ⁺
UnitedHealthcare	73.85% ⁺	80.60% ⁺
WellCare	76.32% ⁺	76.36% ⁺
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.		

Figure 3-57—Significant Differences: Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit and Medicaid Expansion Comparisons, by SP (2025)



Discussing Cessation Medications (Adult Population Only)

National Percentile Comparisons

Table 3-50 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Discussing Cessation Medications*.

Table 3-50—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by SP: Discussing Cessation Medications (2025)

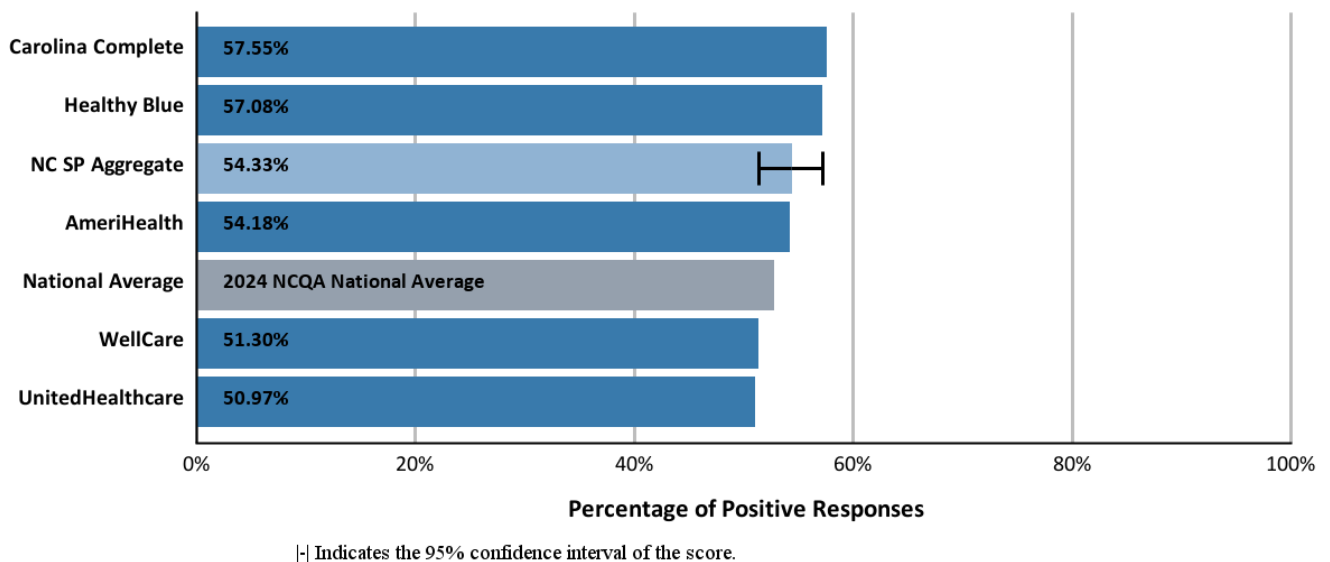
Population	Adult
NC SP Aggregate	★★★ 54.33%
AmeriHealth	★★★ 54.18%
Carolina Complete	★★★★ 57.55%
Healthy Blue	★★★★ 57.08%

Population	Adult
UnitedHealthcare	★★ 50.97%
WellCare	★★ 51.30%
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 in Appendix B beginning on page 510.	

Aggregate Comparisons

Figure 3-58 shows the *Discussing Cessation Medications* positive rating results for each adult population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-58—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-51 shows the *Discussing Cessation Mediations* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

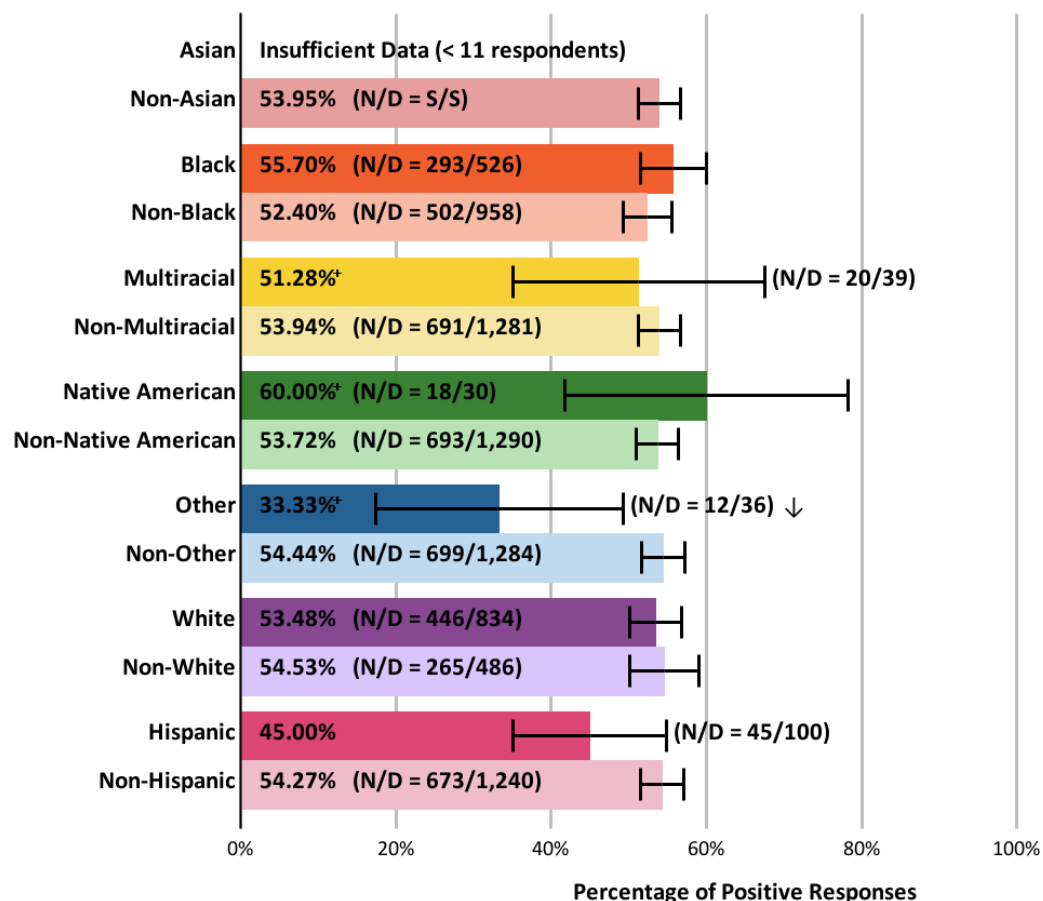
Table 3-51—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications, by SP, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
NC SP Aggregate	51.50%	54.33%	Ø
AmeriHealth	50.51%	54.18%	Ø
Carolina Complete	50.60%	57.55%	Ø
Healthy Blue	50.84%	57.08%	Ø
UnitedHealthcare	51.52%	50.97%	Ø
WellCare	53.85%	51.30%	Ø
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-59 shows the *Discussing Cessation Medications* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *lower* percentage of Other race respondents reported their provider sometimes, usually, or always discussed cessation medications when compared to non-Other race respondents. There were no significant differences identified by ethnicity. Additionally, the Asian race category was suppressed due to less than 11 respondents.

Figure 3-59—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

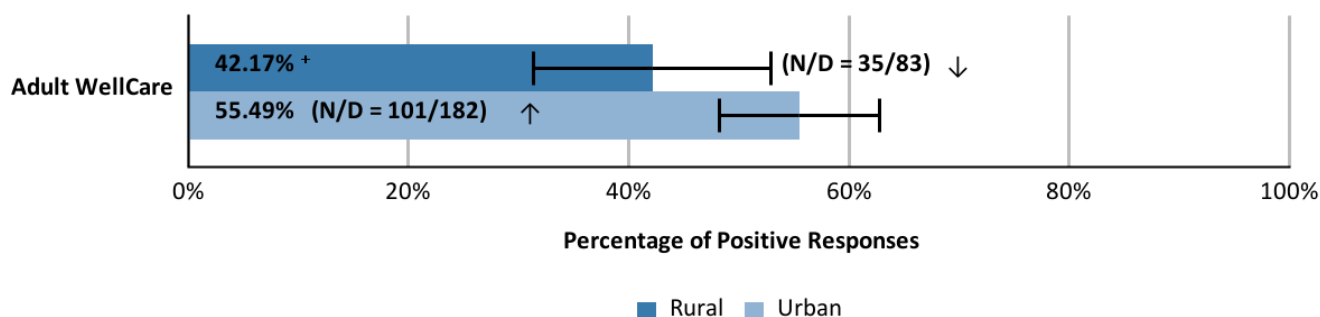
Table 3-52 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation medications stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-60 shows the significant differences for *Discussed Cessation Medications* by geography for adult respondents. The WellCare rate for adult respondents living in rural counties was significantly lower than respondents living in urban counties.

Table 3-52—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications and Geographic Comparisons, by SP (2025)

Population	Adult	
	Rural	Urban
NC SP Aggregate	54.74%	53.49%
AmeriHealth	57.78%	51.22%
Carolina Complete	55.17% ⁺	58.60%
Healthy Blue	57.65% ⁺	56.72%
UnitedHealthcare	58.82% ⁺	47.98%
WellCare	42.17% ⁺ ↓	55.49%↑

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-60—Significant Differences: Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications and Geographic Comparisons, by SP (2025)



↑ 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.

Medicaid Expansion Comparisons

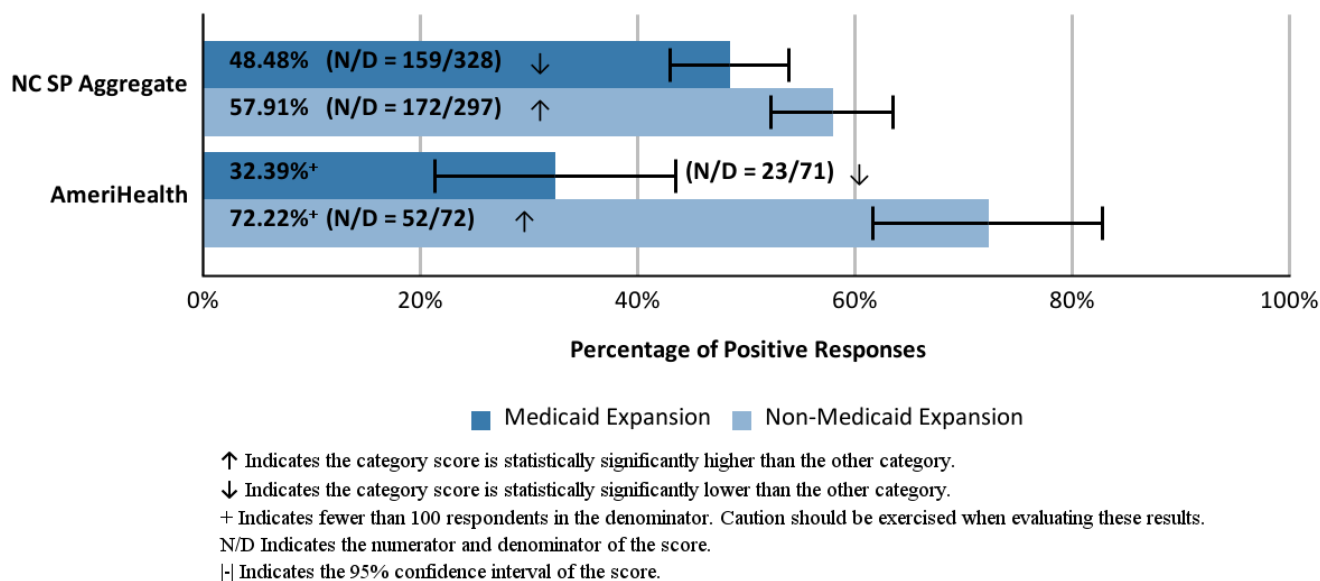
Table 3-53 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation medications by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-61 shows the significant differences for *Discussing Cessation Medications* by Medicaid Expansion designation. The NC SP Aggregate and AmeriHealth rates for adult respondents designated as Medicaid Expansion were significantly *lower* than respondents designated as non-Medicaid Expansion.

Table 3-53—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	48.48%↓	57.91%↑
AmeriHealth	32.39%+↓	72.22%+↑
Carolina Complete	58.00%+	62.30%+
Healthy Blue	60.00%+	57.14%+
UnitedHealthcare	46.97%+	47.76%+
WellCare	48.68%+	47.27%+

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 3-61—Significant Differences: Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications and Medicaid Expansion Comparisons, by SP (2025)



Discussing Cessation Strategies (Adult Population Only)

National Percentile Comparisons

Table 3-54 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Discussing Cessation Strategies*.

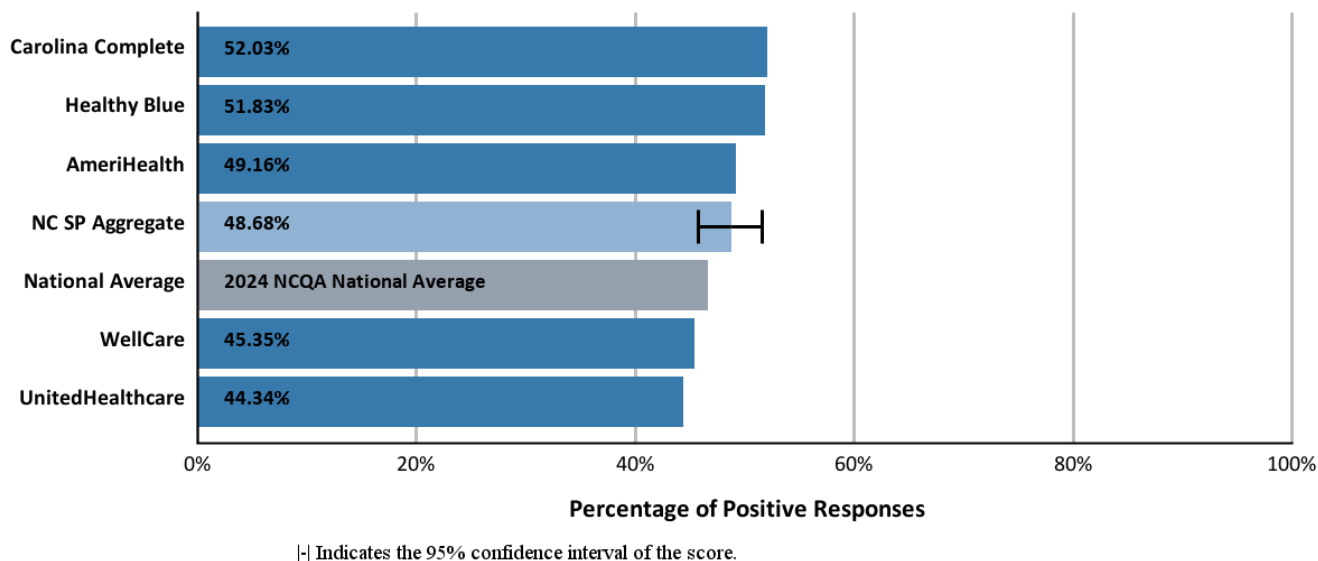
**Table 3-54—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by SP: Discussing Cessation Strategies (2025)**

Population	Adult
NC SP Aggregate	★★★ 48.68%
AmeriHealth	★★★ 49.16%
Carolina Complete	★★★★ 52.03%
Healthy Blue	★★★★ 51.83%
UnitedHealthcare	★★ 44.34%
WellCare	★★ 45.35%
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 in Appendix B beginning on page 510.	

Aggregate Comparisons

Figure 3-62 shows the *Discussing Cessation Strategies* positive rating results for each adult population, with national and aggregate comparisons. None of the SPs' rates were significantly different than the national average or NC SP Aggregate.

Figure 3-62—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies, by SP, with National and Aggregate Comparisons



Year-Over-Year Analysis

Table 3-55 shows the *Discussing Cessation Strategies* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult NC SP Aggregate and Healthy Blue 2025 rates were significantly higher than the 2024 rates.

Table 3-55—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies, by SP, with Year-Over-Year Analysis (2024, 2025)

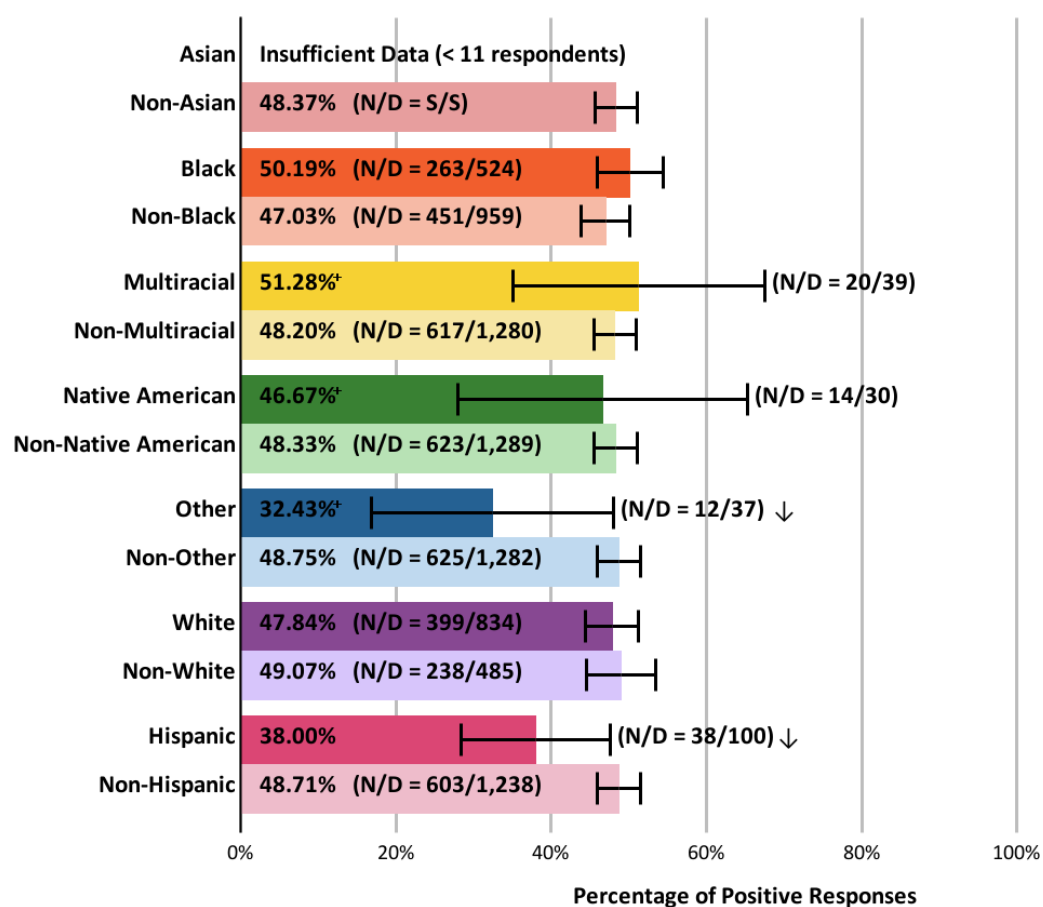
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
NC SP Aggregate	43.79%	48.68%	▲
AmeriHealth	44.59%	49.16%	Ø
Carolina Complete	46.18%	52.03%	Ø
Healthy Blue	39.83%	51.83%	▲
UnitedHealthcare	46.98%	44.34%	Ø
WellCare	45.17%	45.35%	Ø

Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.

Race and Ethnicity Comparisons

Figure 3-63 shows the *Discussing Cessation Strategies* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *lower* percentage of Other race and Hispanic respondents reported their provider sometimes, usually, or always discussed cessation strategies when compared to non-Other race and non-Hispanic respondents, respectively. Additionally, the Asian race category was suppressed due to less than 11 respondents.

Figure 3-63—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

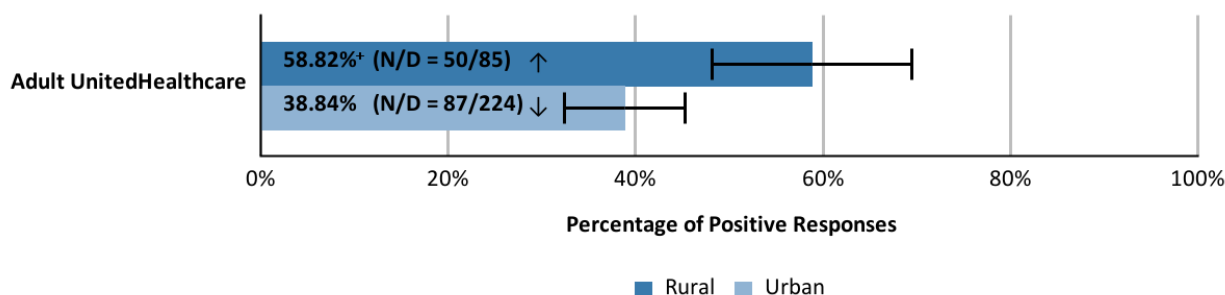
Table 3-56 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation strategies stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-64 shows the significant differences for *Discussed Cessation Strategies* by geography for adult respondents. The UnitedHealthcare rate for adult respondents living in rural counties was significantly *higher* than respondents living in urban counties.

Table 3-56—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies and Geographic Comparisons, by SP (2025)

Population	Adult	
	Rural	Urban
NC SP Aggregate	49.89%	47.26%
AmeriHealth	51.85%	46.91%
Carolina Complete	45.98% ⁺	55.06%
Healthy Blue	52.94% ⁺	51.13%
UnitedHealthcare	58.82% ⁺ ↑	38.84%↓
WellCare	38.55% ⁺	48.35%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-64—Significant Differences: Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies and Geographic Comparisons, by SP (2025)



↑ 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.

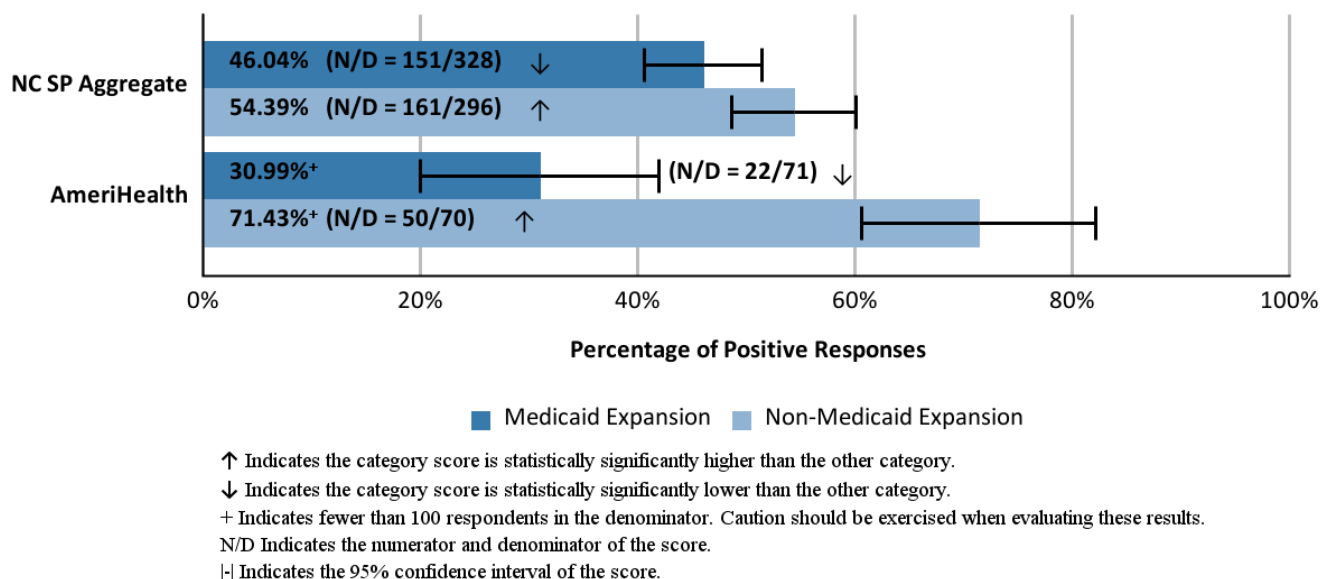
Medicaid Expansion Comparisons

Table 3-57 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation strategies by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-65 shows the significant differences for *Discussing Cessation Strategies* by Medicaid Expansion designation. The NC SP Aggregate and AmeriHealth rates for adult respondents designated as Medicaid Expansion were significantly *lower* than respondents designated as non-Medicaid Expansion.

Table 3-57—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies and Medicaid Expansion Comparisons, by SP (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	46.04%↓	54.39%↑
AmeriHealth	30.99%+↓	71.43%+↑
Carolina Complete	56.00%+	52.46%+
Healthy Blue	61.54%+	61.90%+
UnitedHealthcare	40.91%+	42.65%+
WellCare	44.74%+	43.64%+
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.		

Figure 3-65—Significant Differences: Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies and Medicaid Expansion Comparisons, by SP (2025)

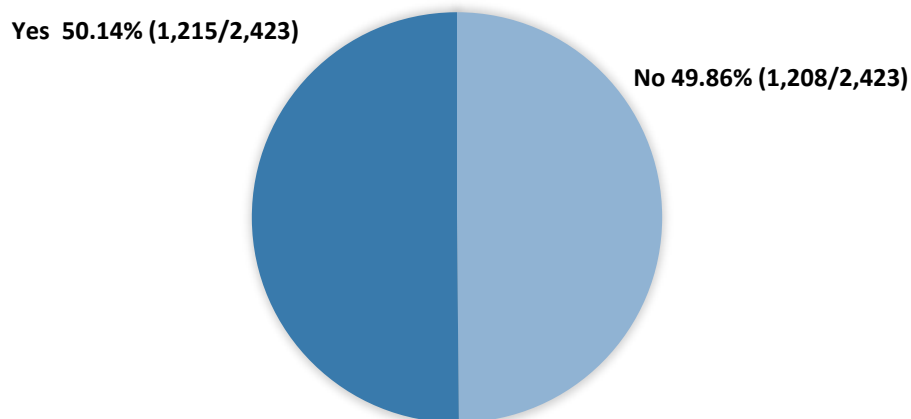


Supplemental Items

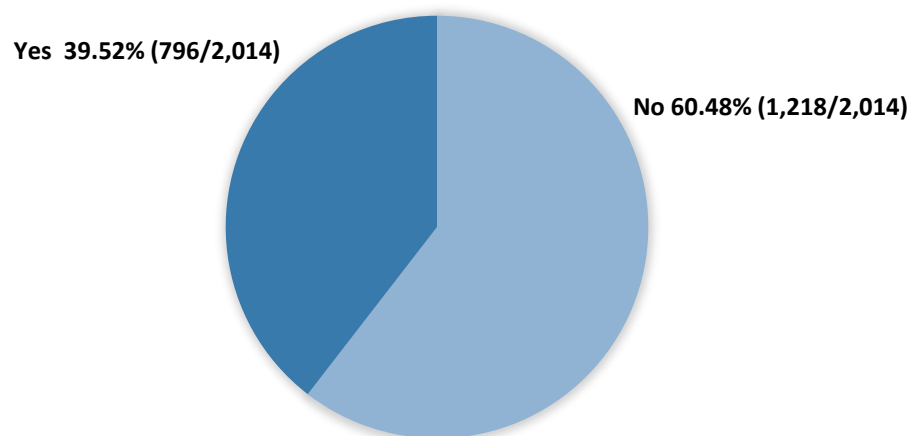
Mental Health

Adult respondents and parent/caretaker respondents were asked if their/their child's personal doctor asked about their/their child's mental health in the last 6 months. Figure 3-66 and Figure 3-67 present the percentage of adult respondents and parent/caretaker respondents, respectively, who reported if their/their child's personal doctor asked about their mental health. The majority of adult respondents (50.14 percent) reported their personal doctor asked about their mental health for the NC SP Aggregate. The majority of parent/caretaker respondents (60.48 percent) reported their child's personal doctor did not ask about their child's mental health for the NC SP Aggregate.

**Figure 3-66—Percentage of 2025 Adult NC SP Aggregate Respondents
Whose Personal Doctor Asked About Their Mental Health**



**Figure 3-67—Percentage of 2025 Child NC SP Aggregate Respondents
Whose Child's Personal Doctor Asked About Their Child's Mental Health**



Year-Over-Year Analysis

Table 3-58 shows the *Mental Health* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

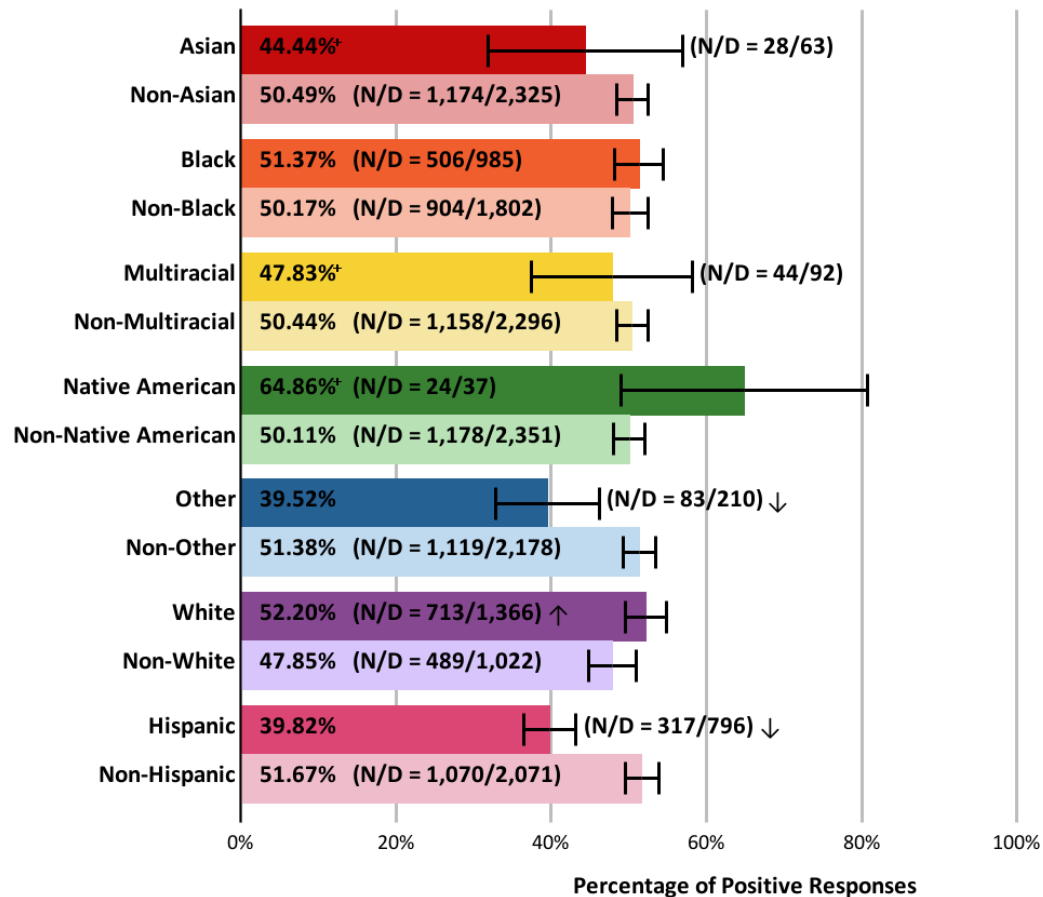
Table 3-58—Percentage of Adult and Child Respondents Whose Personal Doctor Asked About Their Mental Health by SPs, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	49.35%	50.40%	Ø
AmeriHealth	45.71%	50.65%	Ø
Carolina Complete	47.23%	48.79%	Ø
Healthy Blue	50.95%	51.66%	Ø
UnitedHealthcare	50.77%	48.87%	Ø
WellCare	49.80%	50.49%	Ø
Child			
NC SP Aggregate	39.62%	39.92%	Ø
AmeriHealth	36.55%	38.52%	Ø
Carolina Complete	36.80%	39.05%	Ø
Healthy Blue	46.20%	43.79%	Ø
UnitedHealthcare	36.76%	35.31%	Ø
WellCare	37.37%	40.44%	Ø
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-68 shows the *Mental Health* positive rating results of adult respondents for the NC SP Aggregate 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 respondents. 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 3-68—Percentage of 2025 Adult Respondents Whose Personal Doctor Asked About Their Mental Health for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

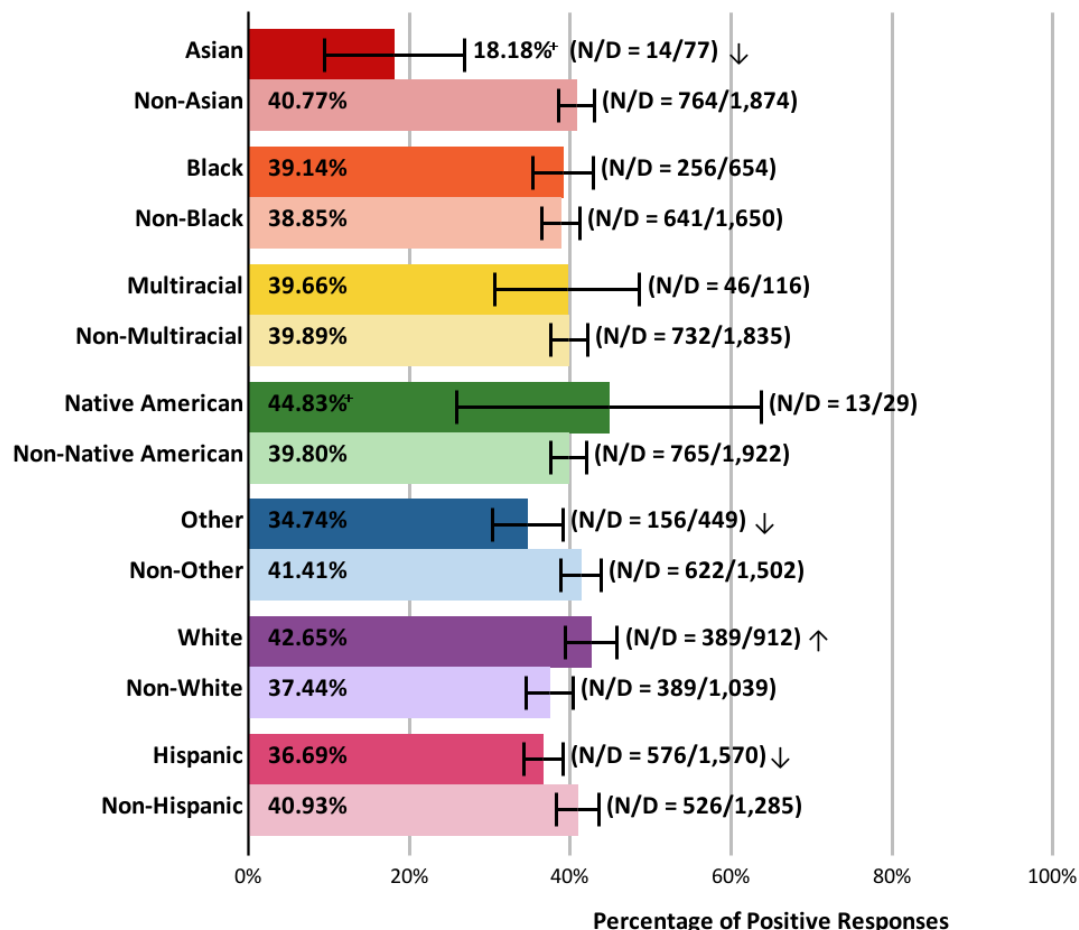
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 3-69 shows the *Mental Health* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child's personal doctor asked about their child's mental health when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child's personal doctor asked about their child's mental health when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively.

Figure 3-69—Percentage of 2025 Child Respondents Who Reported Their Child’s Personal Doctor Asked About Their Child’s Mental Health for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

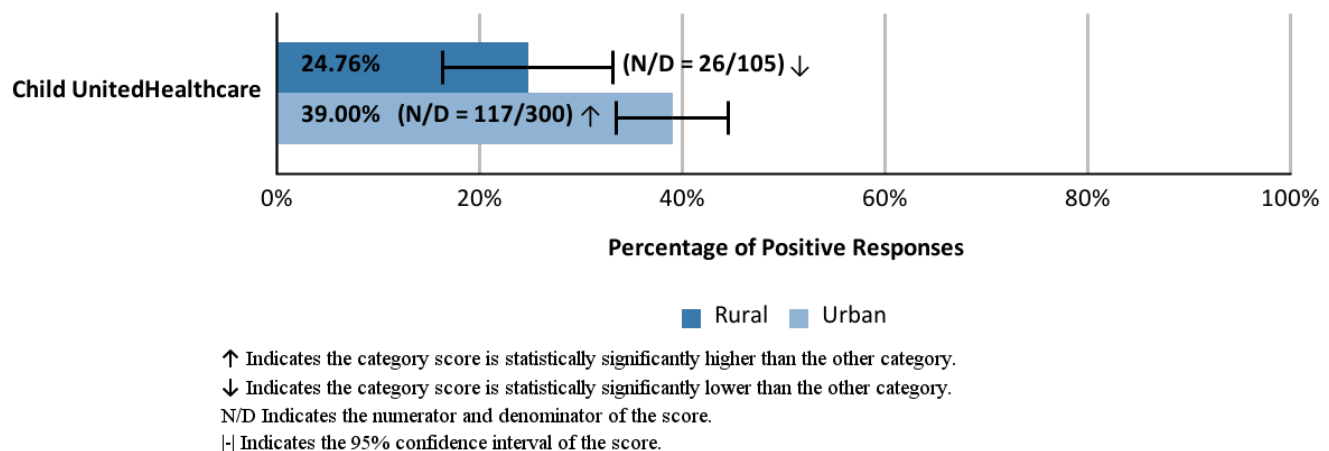
Table 3-59 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s personal doctor asked about their/their child’s mental health stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-70 shows the significant differences for *Mental Health* by geography for parents/caretakers of child beneficiaries. The UnitedHealthcare rate for parents/caretakers of child beneficiaries living in rural counties was significantly *lower* than children living in urban counties.

Table 3-59—Percentage of Adult Respondents and Child Respondents Whose Personal Doctor Asked About Their/Their Child’s Mental Health and Geographic Comparisons, by SPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	52.64%	49.24%	36.73%	40.38%
AmeriHealth	55.48%	48.85%	39.76% ⁺	38.18%
Carolina Complete	46.73%	49.42%	36.14% ⁺	39.86%
Healthy Blue	55.78%	49.85%	42.06%	44.35%
UnitedHealthcare	53.40%	47.49%	24.76%↓	39.00%↑
WellCare	50.35%	50.55%	41.94% ⁺	40.00%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-70—Significant Differences: Percentage of Child Respondents Whose Child’s Personal Doctor Asked About Their Child’s Mental Health and Geographic Comparisons, by SPs (2025)



Medicaid Expansion Comparisons

Table 3-60 shows the adult respondents who reported their personal doctor asked about their mental health stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

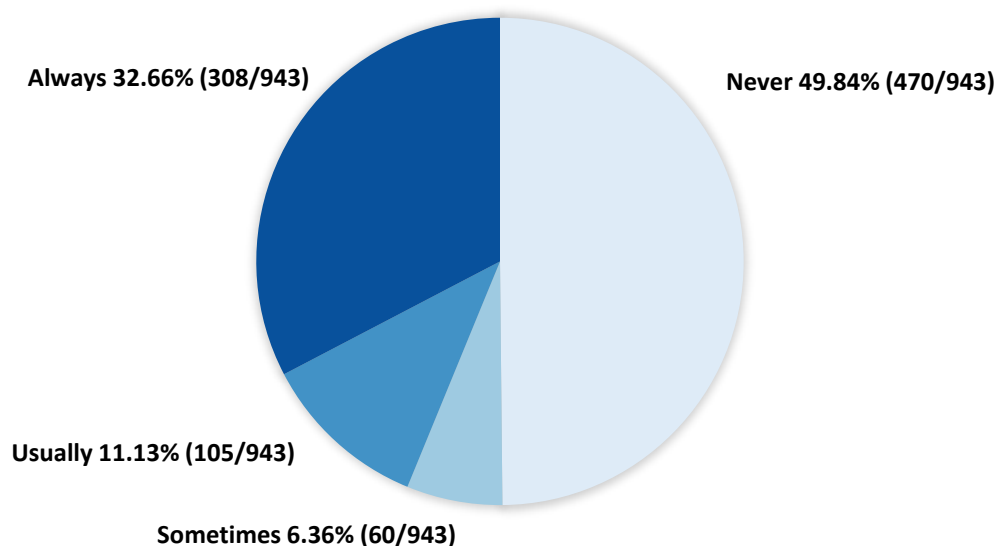
Table 3-60—Percentage of Adult Respondents Whose Personal Doctor Asked About Their Mental Health and Medicaid Expansion Comparisons, by SPs (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	51.71%	48.46%
AmeriHealth	51.19%	50.00%
Carolina Complete	52.86%	45.27%
Healthy Blue	52.61%	50.47%
UnitedHealthcare	52.34%	45.61%
WellCare	50.00%	51.06%

Appointment for Counseling or Mental Health Treatment

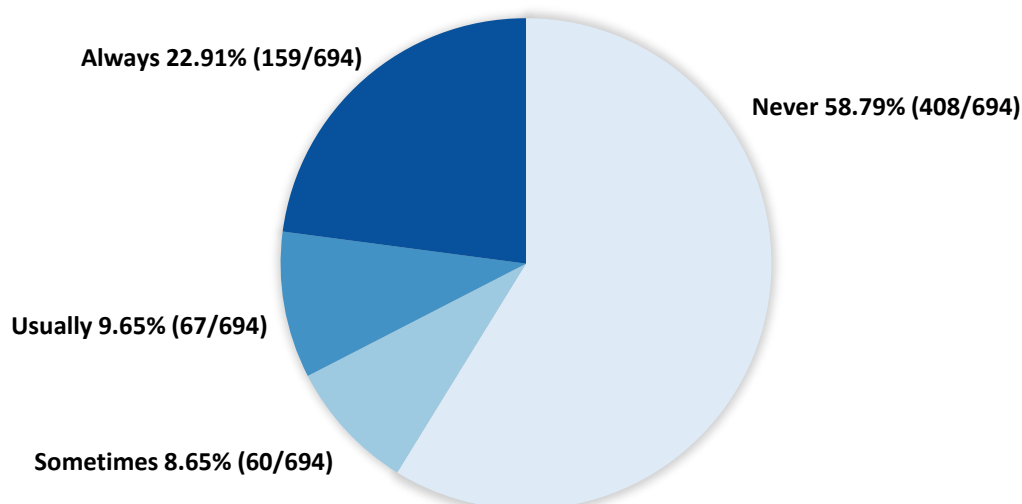
Figure 3-71 and Figure 3-72 present the percentage of adult respondents and parent/caretaker respondents, respectively, who needed counseling or mental health treatment for themselves or their child and whether they always, usually, sometimes, or never were able to get an appointment as soon as they/their child needed for the NC SP Aggregate. There were 1,445 adult respondents and 1,282 parent/caretaker respondents who indicated they did not need counseling or mental health treatment for themselves or their child, respectively and, therefore, were excluded from the denominator. Among those who sought counseling, the majority of adult respondents (56.20 percent) and parent/caretaker respondents (67.44 percent) reported that they never or sometimes received an appointment for counseling or mental health treatment as soon as they/their child needed for the NC SP Aggregate.

Figure 3-71—How Often 2025 Adult NC SP Aggregate Respondents Who Needed Counseling or Mental Health Treatment Received An Appointment As Soon As They Needed



Respondents who answered "I did not need counseling or mental health treatment in the last 6 months" were excluded from the analysis.

Figure 3-72—How Often 2025 Child NC SP Aggregate Respondents Who Needed Counseling or Mental Health Treatment for Their Child 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.

Year-Over-Year Analysis

Table 3-61 shows the *Appointment for Counseling or Mental Health Treatment* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult Carolina Complete 2025 rate was significantly *higher* than the 2024 rate.

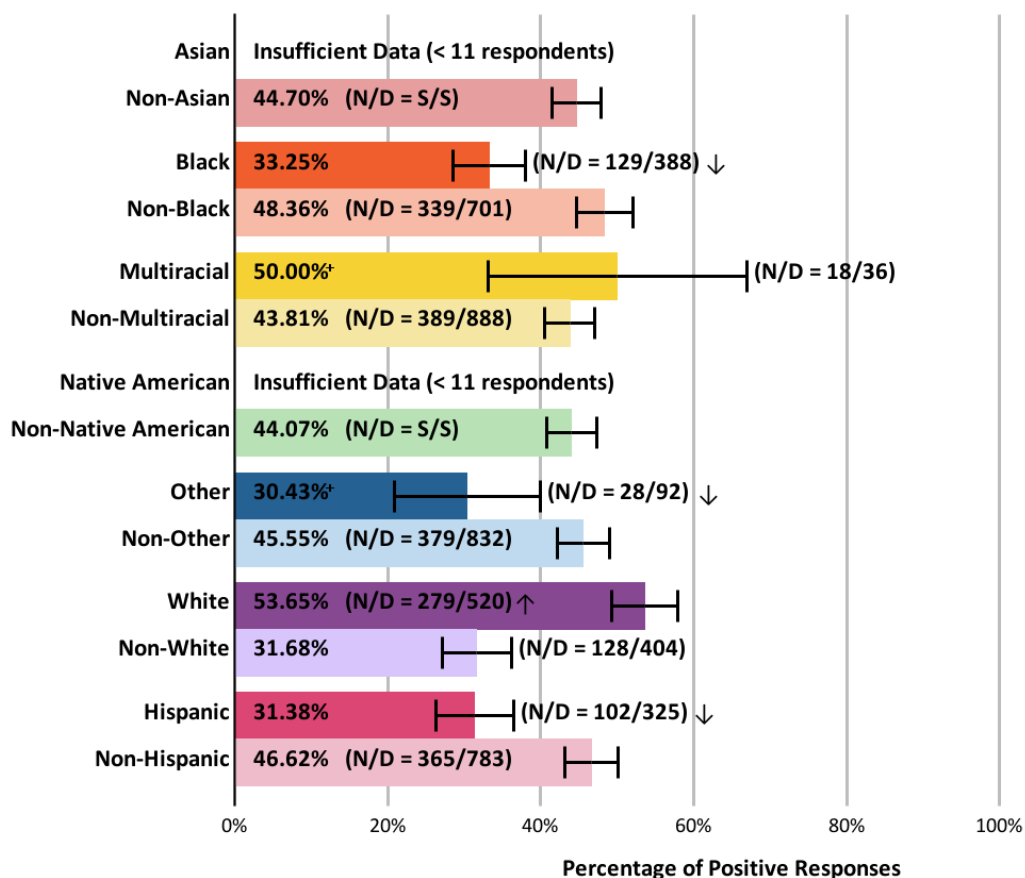
Table 3-61—Percentage of Adult and Child Respondents Who Needed Counseling or Mental Health Treatment for Themselves/Their Child Usually or Always Received An Appointment As Soon As They/Their Child Needed by SPs, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	40.96%	44.29%	Ø
AmeriHealth	38.46%	42.93%	Ø
Carolina Complete	34.82%	44.57%	▲
Healthy Blue	46.63%	48.50%	Ø
UnitedHealthcare	41.37%	45.40%	Ø
WellCare	37.44%	37.88%	Ø
Child			
NC SP Aggregate	31.18%	33.39%	Ø
AmeriHealth	26.20%	27.14%	Ø
Carolina Complete	34.87%	35.43%	Ø
Healthy Blue	30.15%	41.13%	Ø
UnitedHealthcare	30.00%	27.66%	Ø
WellCare	35.33%	31.72%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-73 shows the *Appointment for Counseling or Mental Health Treatment* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of White respondents reported they usually or always 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 Black, Other race, and Hispanic respondents reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as they needed it when compared to non-Black, non-Other race, and non-Hispanic respondents, respectively. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-73—Percentage of 2025 Adult Respondents Who Needed Counseling or Mental Health Treatment Usually or Always Received An Appointment As Soon As They Needed for NC SP Aggregate, by Race and Ethnicity

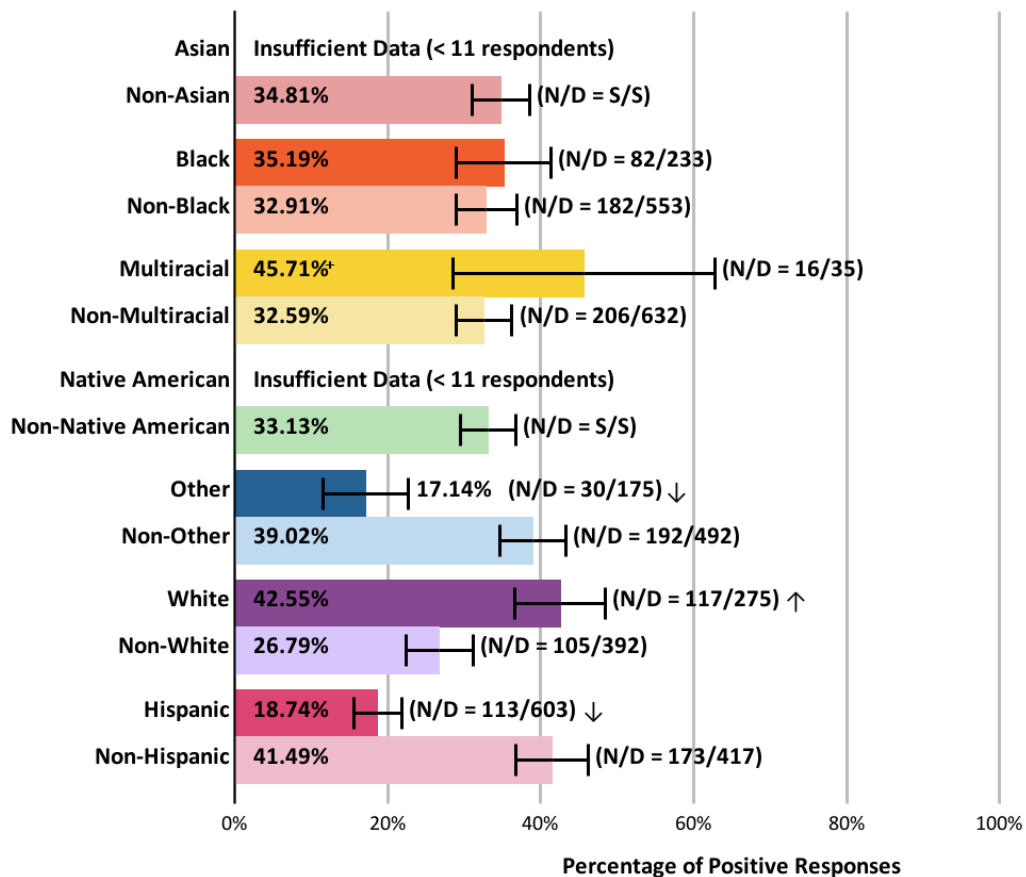


S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 ↑ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.
 ↓ Indicates the demographic category's score is statistically significantly lower than the comparison group's score.
 If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.
 + 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.

Figure 3-74 shows the *Appointment for Counseling or Mental Health Treatment* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as their child needed it when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as their child needed it when

compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-74—Percentage of 2025 Child Respondents Who Needed Counseling or Mental Health Treatment for Their Child Usually or Always Received An Appointment As Soon As Their Child Needed for NC SP Aggregate, by Race and Ethnicity



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

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

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

† Indicates no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-62 shows the adult respondents and parent/caretaker respondents of child beneficiaries who needed counseling or mental health treatment for themselves or their child and were usually or always able to get an appointment as soon as they/their child needed stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-62—Percentage of Adult Respondents and Child Respondents Who Needed Counseling or Mental Health Treatment for Themselves/Their Child Usually or Always Received An Appointment As Soon As They/Their Child Needed and Geographic Comparisons, by SPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	44.12%	43.69%	32.86%	32.49%
AmeriHealth	52.94% ⁺	39.46%	S	27.03%
Carolina Complete	45.45% ⁺	44.29%	S	36.19%
Healthy Blue	40.35% ⁺	51.75%	48.28% ⁺	39.29%
UnitedHealthcare	52.78% ⁺	43.31%	S	27.43%
WellCare	32.00% ⁺	39.86%	S	32.74%

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.

Medicaid Expansion Comparisons

Table 3-63 shows the adult respondents who needed counseling or mental health treatment and were usually or always able to get an appointment as soon as they needed stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-63—Percentage of Adult Respondents Who Needed Counseling or Mental Health Treatment Usually or Always Received An Appointment As Soon As They Needed and Medicaid Expansion Comparisons, by SPs (2025)

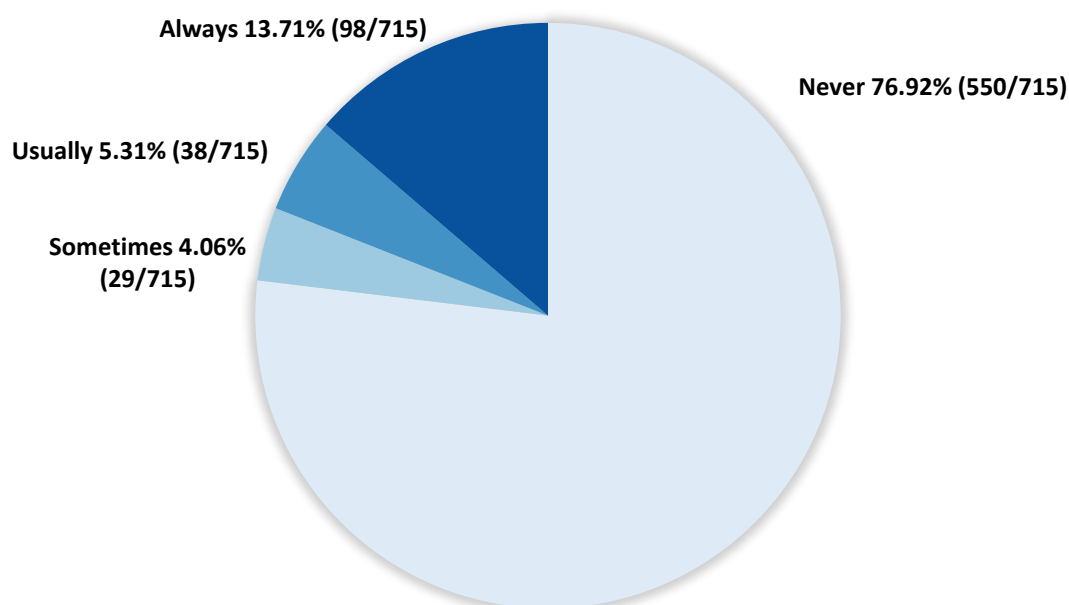
Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	44.17%	43.41%
AmeriHealth	40.57%	45.65% ⁺
Carolina Complete	47.06% ⁺	42.42% ⁺
Healthy Blue	48.54%	48.45% ⁺
UnitedHealthcare	44.16% ⁺	46.51% ⁺
WellCare	41.28%	33.71% ⁺

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

Used an Interpreter

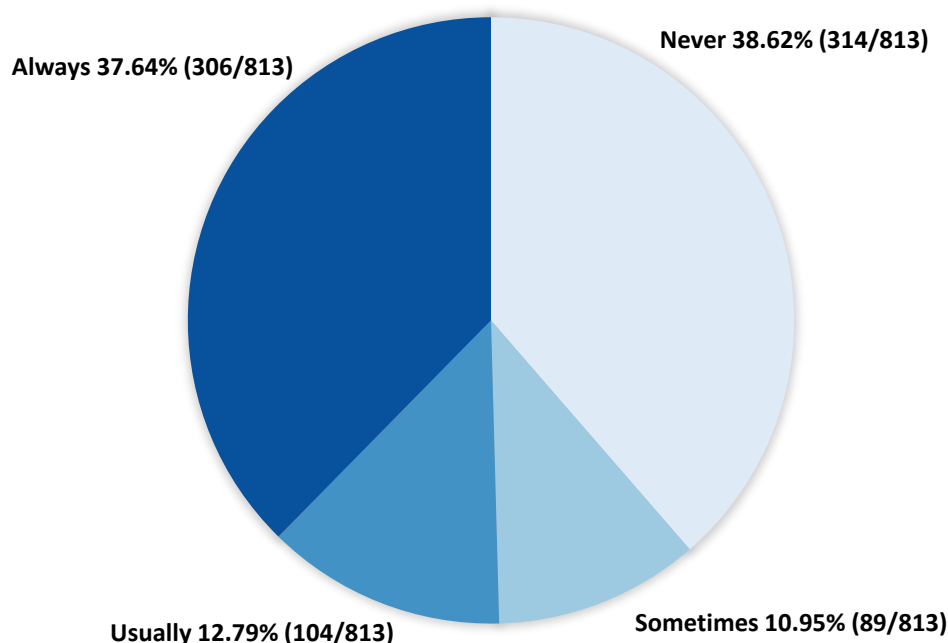
Adult respondents and parent/caretaker respondents were asked how often they/their child received an interpreter when they needed one at their/their child's personal doctor's office in the last 6 months. Figure 3-75 and Figure 3-76 present the percentage of adult respondents and parent/caretaker respondents, respectively, who always, usually, sometimes, or never got an interpreter at their/their child's personal doctor's office when they needed one. Of the 2,385 adult respondents and 1,997 parent/caretaker respondents who responded to the survey question from the NC SP Aggregate, 1,670 adult respondents and 1,184 parent/caretaker respondents indicated they did not need an interpreter and, therefore, were excluded from the denominator. Concerningly, of the 715 adult beneficiaries in the NC SP Aggregate who indicated they needed an interpreter, the vast majority of adult respondents (76.92 percent) reported they never received an interpreter. Of the 813 parent/caretaker respondents in the NC SP Aggregate who indicated they needed an interpreter, approximately 38.62 percent of parent/caretaker respondents reported they never received an interpreter.

Figure 3-75—How Often 2025 Adult NC SP Aggregate 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.

Figure 3-76—How Often 2025 Child NC SP Aggregate 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.

Year-Over-Year Analysis

Table 3-64 shows the *Used an Interpreter* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

Table 3-64—Percentage of Adult and Child Respondents Who Needed an Interpreter at Their/Their Child’s Personal Doctor’s Office Usually or Always Received One by SPs, with Year-Over-Year Analysis (2024, 2025)

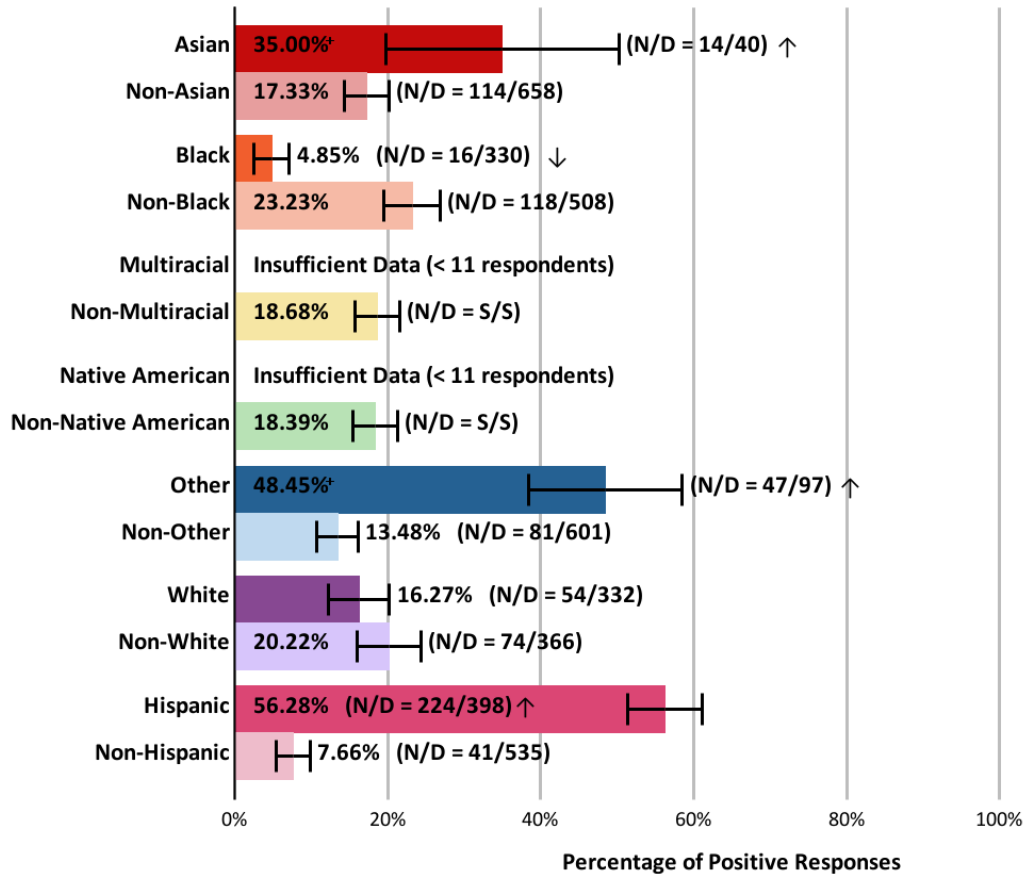
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	22.49%	18.06%	Ø
AmeriHealth	26.58%	21.25%	Ø
Carolina Complete	21.77%	22.22%	Ø
Healthy Blue	20.20% ⁺	14.71%	Ø
UnitedHealthcare	20.25%	20.16%	Ø
WellCare	25.21%	16.77%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Child			
NC SP Aggregate	51.30%	48.55%	Ø
AmeriHealth	56.86%	53.18%	Ø
Carolina Complete	58.50%	55.81%	Ø
Healthy Blue	45.11%	40.00%	Ø
UnitedHealthcare	46.02%	50.30%	Ø
WellCare	55.49%	50.60%	Ø
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-77 shows the *Used an Interpreter* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of Asian, Other race, and Hispanic respondents reported they usually or always got an interpreter when they needed one at their personal doctor's office when compared to non-Asian, non-Other race, and non-Hispanic respondents, respectively. A significantly *lower* percentage of Black respondents reported they usually or always got an interpreter when they needed one at their personal doctor's office when compared to non-Black respondents. Additionally, the Multiracial and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-77—Percentage of 2025 Adult Respondents Who Needed an Interpreter at Their Personal Doctor's Office Usually or Always Received One for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

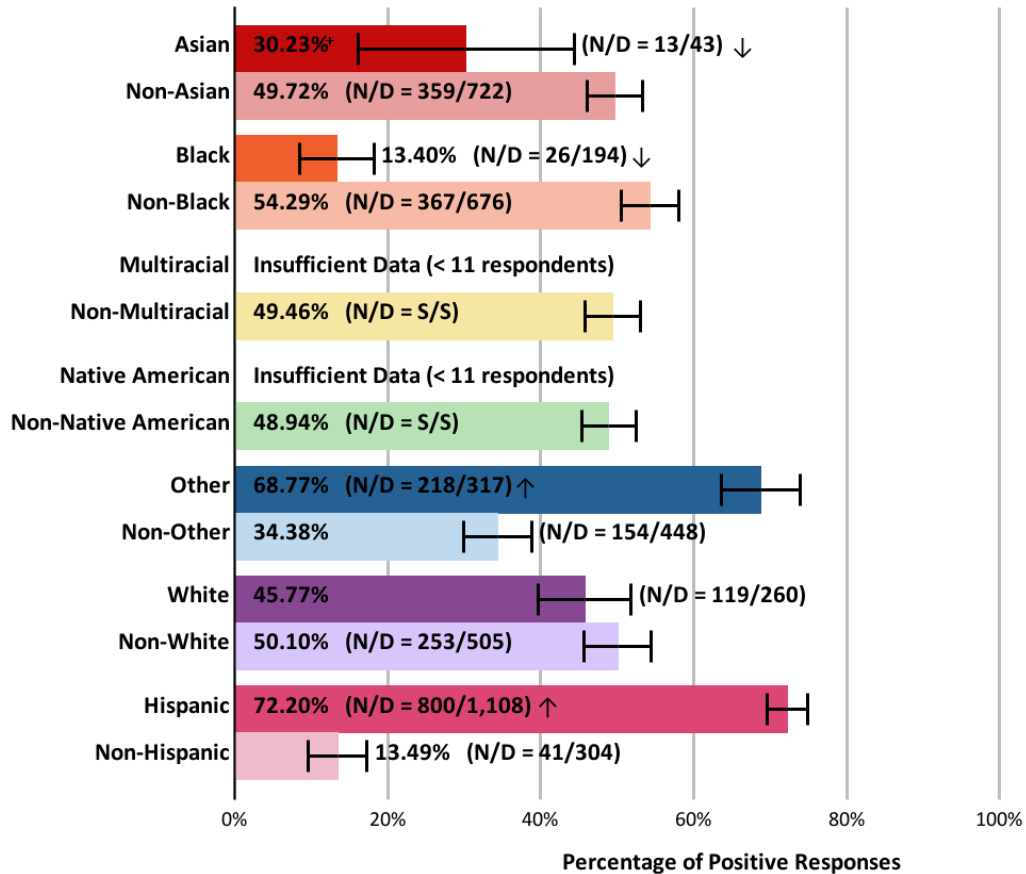
N/D Indicates the numerator and denominator of the demographic category score.

| 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.

Figure 3-78 shows the *Used an Interpreter* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Other race and Hispanic children reported they usually or always got an interpreter when they needed one at their child's personal doctor's office when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of Asian and Black children reported they usually or always got an interpreter when they needed one at their child's personal doctor's office when compared to parents/caretakers of non-Asian and non-Black children, respectively. Additionally, the Multiracial and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-78—Percentage of 2025 Child Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Usually or Always Received One for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-65 shows the adult respondents and parent/caretaker respondents of child beneficiaries who usually or always received an interpreter when they/their child needed one at their/their child’s personal doctor’s office stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-65—Percentage of Adult Respondents and Child Respondents Who Needed an Interpreter at Their/Their Child’s Personal Doctor’s Office Usually or Always Received One and Geographic Comparisons, by SPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	15.38%	20.26%	43.62%	51.96%
AmeriHealth	S	23.68%	S	56.46%
Carolina Complete	S	25.00%	48.48% ⁺	57.55%
Healthy Blue	S	16.67% ⁺	S	40.00%
UnitedHealthcare	S	18.69%	57.89% ⁺	48.06%
WellCare	S	16.95%	S	55.22%

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.

Medicaid Expansion Comparisons

Table 3-66 shows the adult respondents who usually or always received an interpreter when they needed one at their personal doctor’s office stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-66—Percentage of Adult Respondents Who Needed an Interpreter at Their Personal Doctor’s Office Usually or Always Received One and Medicaid Expansion Comparisons, by SPs (2025)

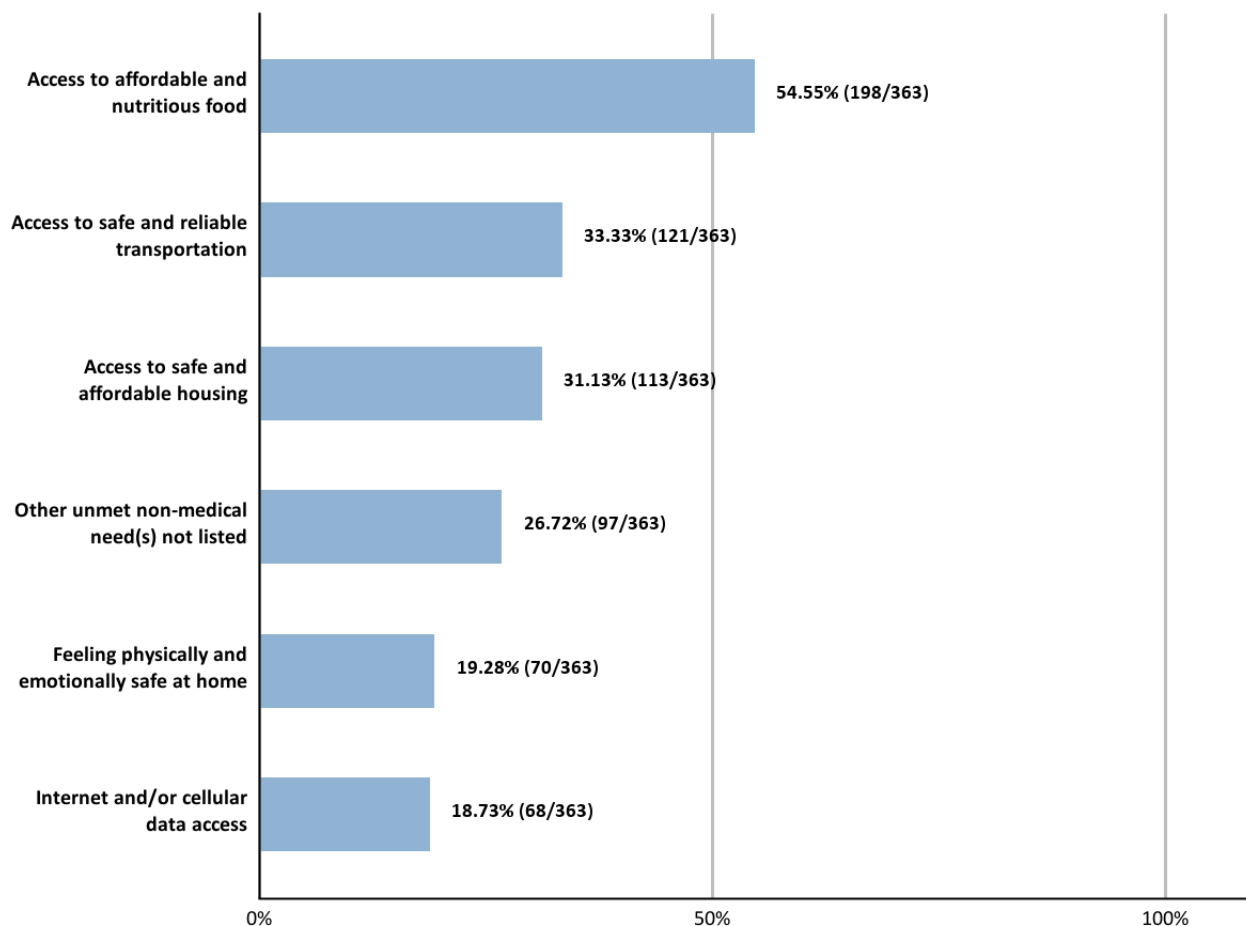
Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	17.15%	20.75%
AmeriHealth	19.28% ⁺	23.38% ⁺
Carolina Complete	24.53% ⁺	20.73% ⁺
Healthy Blue	19.40% ⁺	S
UnitedHealthcare	S	26.87% ⁺
WellCare	S	22.37% ⁺

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.

Unmet Non-Medical Needs

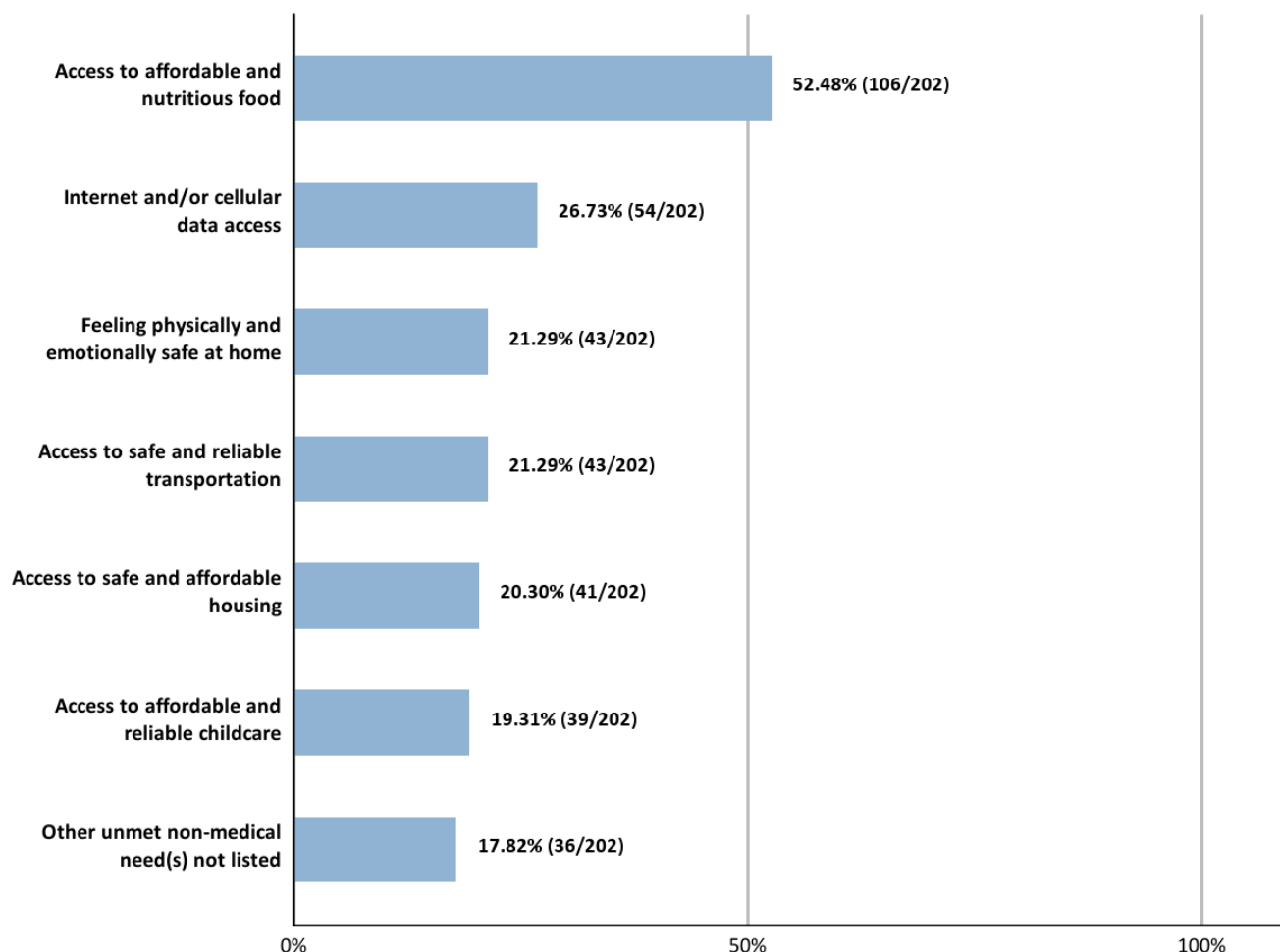
Adult respondents and parent/caretaker respondents were asked if they discussed any unmet non-medical needs they/their child have with a/their child's health care provider or care manager. Figure 3-79 and Figure 3-80 present the percentage of adult respondents and parent/caretaker respondents, respectively, who discussed any non-medical needs they/their child have with a/their child's health care provider or care manager, by reason, for the NC SP Aggregate. On a positive note, of the 2,301 adult respondents and 1,897 parent/caretaker respondents who responded to the survey question from the NC SP Aggregate, the vast majority of adult respondents (84.22 percent; 1,938 respondents) and parent/caretaker respondents (87.46 percent; 1,695 respondents) indicated they/their child did not have any unmet non-medical needs, and therefore, were excluded from the denominator. The top three unmet non-medical needs adult respondents reported were access to affordable and nutritious food, access to safe and reliable transportation, and access to safe and affordable housing. The top four unmet non-medical needs parent/caretaker respondents reported were access to affordable and nutritious food, internet and/or cellular data access, feeling physically and emotionally safe at home, and access to safe and reliable transportation.

Figure 3-79—Percentage of 2025 Adult NC SP Aggregate Respondents Who Discussed Any Unmet Non-Medical Needs, by Reason



Percentages will not total 100% because respondents could select more than one response option.

Figure 3-80—Percentage of 2025 Child NC SP Aggregate Respondents Who Discussed Any Unmet Non-Medical Needs, by Reason



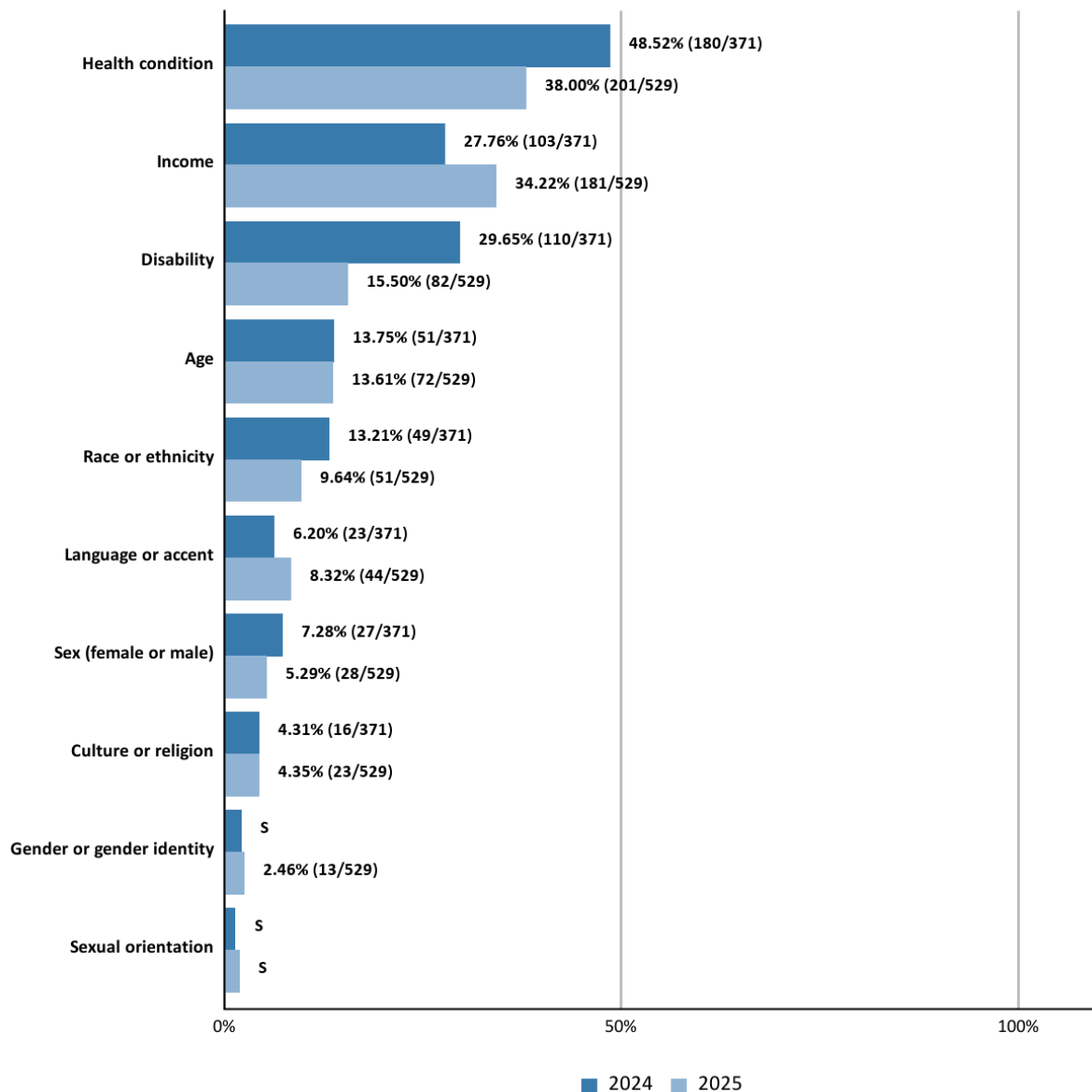
Percentages will not total 100% because respondents could select more than one response option.

Treated Unfairly or Insensitively

Adult respondents and parent/caretaker respondents were asked if anyone from a clinic, emergency room, or doctor's office, where they/their child got care, treated them in an unfair or insensitive way. Figure 3-81 and Figure 3-82 present the percentage of adult respondents and parent/caretaker respondents, respectively, who reported being treated in an unfair or insensitive way, by reason, for the NC SP Aggregate. The figures include results from 2024 and 2025. On a positive note, of the 2,461 adult respondents and 2,044 parent/caretaker respondents who responded to the survey question from the NC SP Aggregate, the majority of adult respondents (78.50 percent; 1,932 respondents) and parent/caretaker respondents (76.52 percent; 1,564 respondents) did not indicate that they had been treated unfairly or insensitively, and therefore, were excluded from the denominator. The top three reasons adult respondents reported being treated in an unfair or insensitive way in 2025 were because of

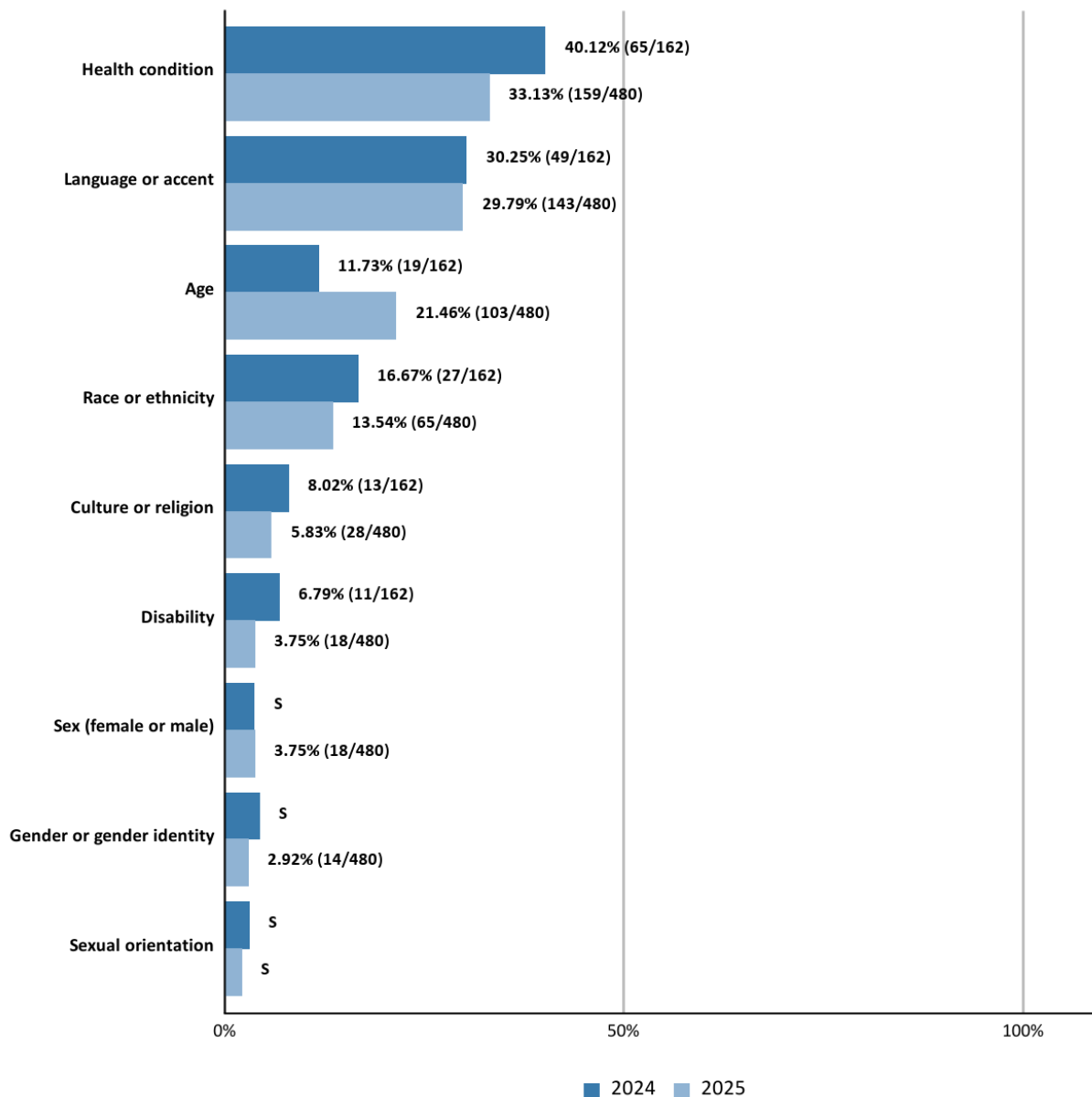
a health condition, income, and disability. The top three reasons parent/caretaker respondents reported being treated in an unfair or insensitive way in 2025 were because of a health condition, language or accent, and age.

Figure 3-81—Percentage of Adult NC SP Aggregate Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason (2024, 2025)



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

Figure 3-82—Percentage of Child NC SP Aggregate Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason (2024, 2025)

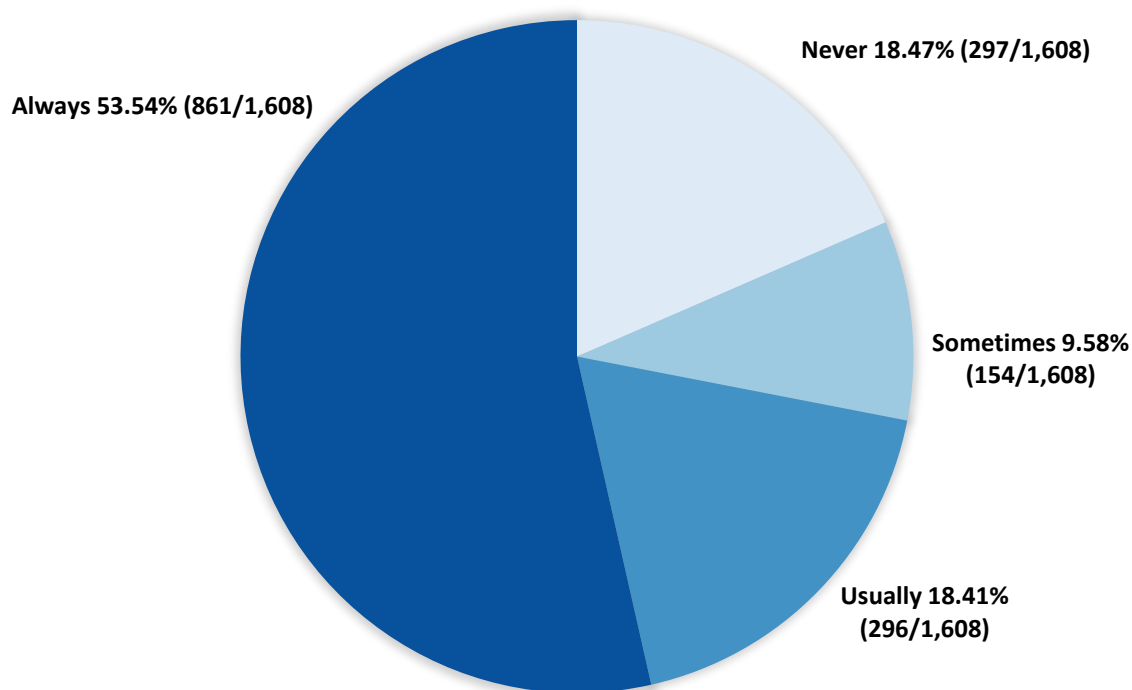


*S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
Percentages will not total 100% because respondents could select more than one response option.*

Online Access to Health Information (Adult Population Only)

Adult respondents were asked how often they were able to access their health information online when they wanted it. Figure 3-83 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 SP Aggregate. There were 786 respondents who indicated they did not want to access their health information online and, therefore, were excluded from the denominator. Of those in the NC SP Aggregate who wanted to access their health information online, the majority of adult respondents (71.95 percent) reported usually or always being able to access their health information online.

Figure 3-83—Among 2025 Adult NC SP Aggregate 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.

Year-Over-Year Analysis

Table 3-67 shows the *Online Access to Health Information* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult NC SP Aggregate, AmeriHealth, Carolina Complete, and WellCare 2025 rates were significantly *higher* than the 2024 rates.

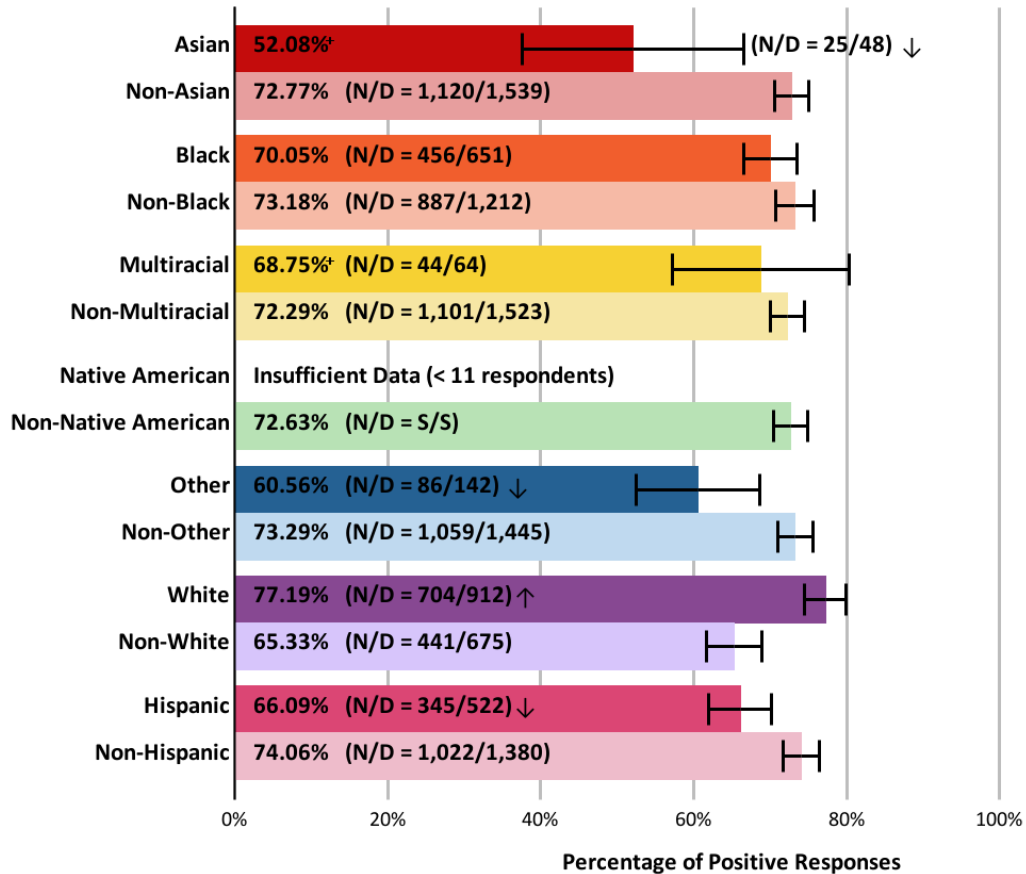
Table 3-67—Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted, by SPs, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	65.20%	71.70%	▲
AmeriHealth	60.06%	70.97%	▲
Carolina Complete	64.44%	74.26%	▲
Healthy Blue	67.51%	70.59%	∅
UnitedHealthcare	67.20%	72.18%	∅
WellCare	64.38%	72.06%	▲
Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score. ∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-84 shows the *Online Access to Health Information* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of White respondents reported they were usually or always able to access their health information online when they wanted it when compared to non-White respondents. A significantly *lower* percentage of Asian, Other race, and Hispanic respondents reported they were usually or always able to access their health information online when they wanted it when compared to non-Asian, non-Other race, and non-Hispanic respondents, respectively. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 3-84—Percentage of 2025 Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

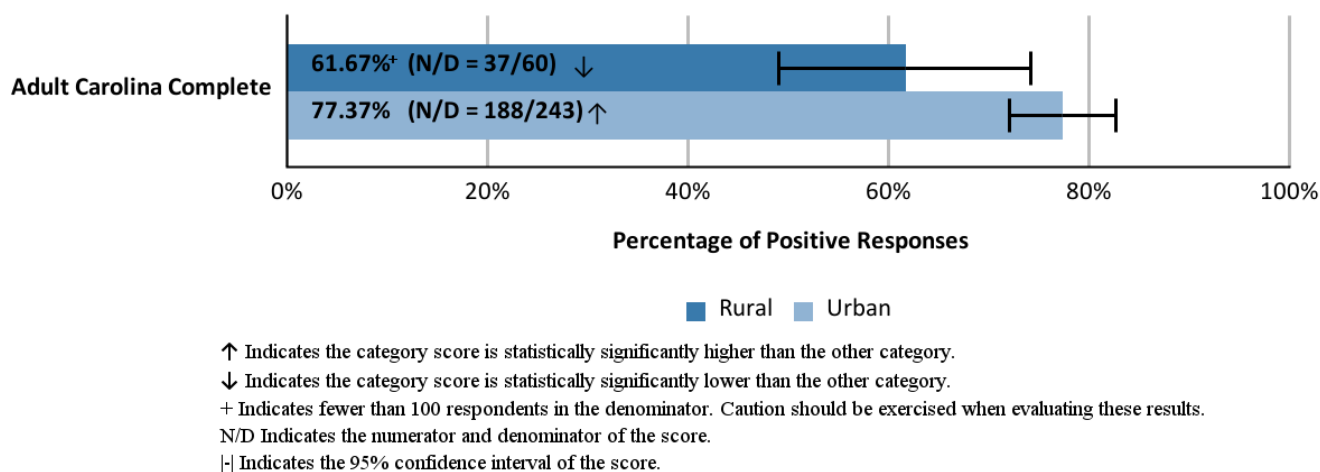
Table 3-68 shows the adult respondents who were usually or always able to access their health information online when they wanted it stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-85 shows the significant differences for *Online Access to Health Information* by geography for adult respondents. The Carolina Complete rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Table 3-68—Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Geographic Comparisons, by SPs (2025)

Population	Adult	
	Rural	Urban
NC SP Aggregate	69.15%	72.81%
AmeriHealth	69.88% ⁺	71.32%
Carolina Complete	61.67% ⁺ ↓	77.37%↑
Healthy Blue	64.36%	73.22%
UnitedHealthcare	78.95% ⁺	70.48%
WellCare	73.33% ⁺	71.70%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-85—Significant Differences: Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Geographic Comparisons, by SPs (2025)



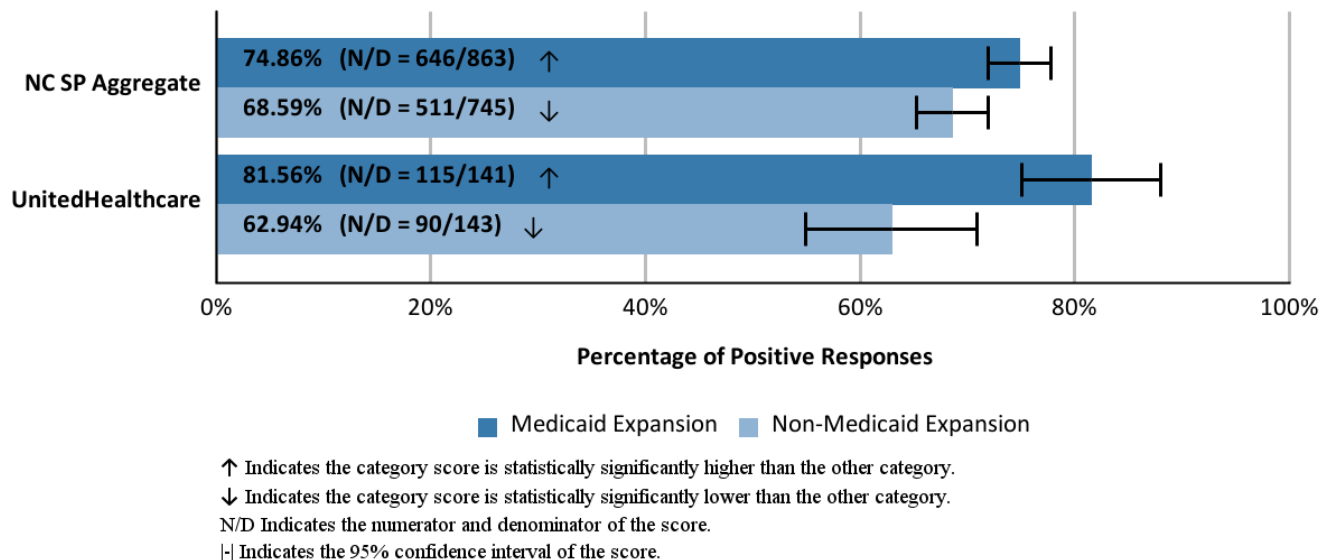
Medicaid Expansion Comparisons

Table 3-69 shows the adult respondents who were usually or always able to access their health information online when they wanted it stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-86 shows the significant differences for *Online Access to Health Information* by Medicaid Expansion designation for adult respondents. The NC SP Aggregate and UnitedHealthcare rates for adult respondents designated as Medicaid Expansion were significantly *higher* than respondents designated as non-Medicaid Expansion.

Table 3-69—Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Medicaid Expansion Comparisons, by SPs (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	74.86%↑	68.59%↓
AmeriHealth	69.23%	73.29%
Carolina Complete	76.67%	71.90%
Healthy Blue	73.00%	67.14%
UnitedHealthcare	81.56%↑	62.94%↓
WellCare	76.27%	67.48%
<i>Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.</i>		

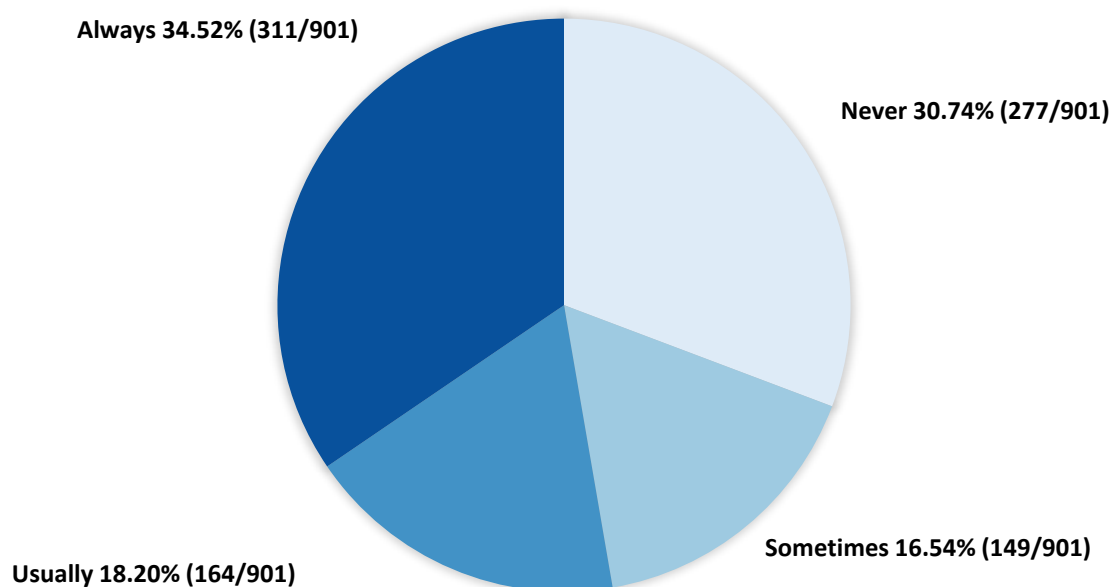
Figure 3-86—Significant Differences: Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Medicaid Expansion Comparisons, by SPs (2025)



Care Outside of Business Hours

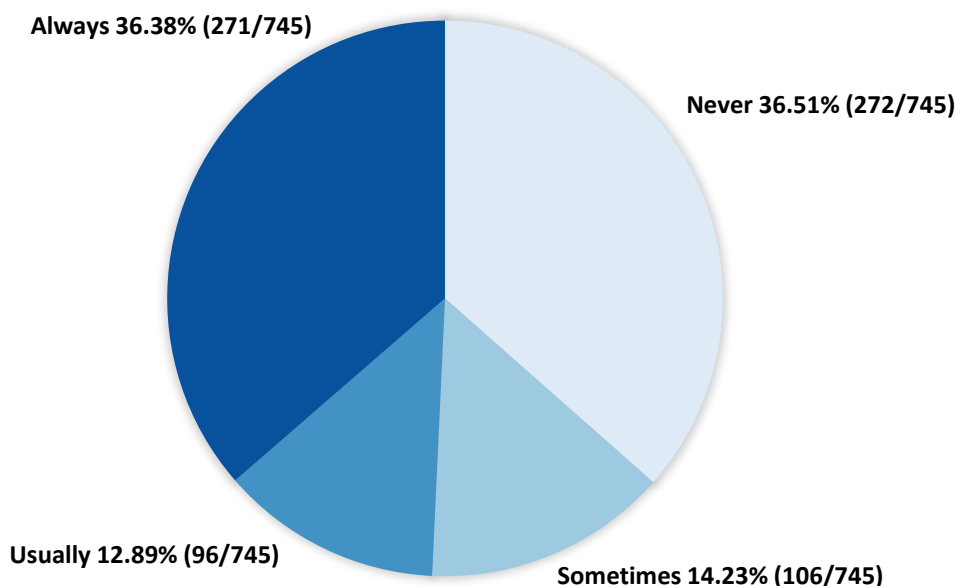
Adult respondents and parent/caretaker respondents were asked how often they were able to receive care they/their child needed outside of business hours (i.e., in the evenings, on weekends, or during holidays). Figure 3-87 and Figure 3-88 present how often (i.e., always, usually, sometimes, never) adult respondents and parent/caretaker respondents, respectively, were able to receive care outside of business hours for the NC SP Aggregate. There were 1,495 adult respondents and 1,217 parent/caretaker respondents who indicated they/their child did not need care outside of business hours and, therefore, were excluded from the denominator. Of those who needed care outside of business hours, the majority of adult respondents (52.72 percent) and nearly the majority of parent/caretaker respondents (49.26 percent) reported usually or always being able to receive this care for the NC SP Aggregate.

Figure 3-87—Among 2025 Adult NC SP Aggregate 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.

Figure 3-88—Among 2025 Child NC SP Aggregate Respondents Whose Child Needed Care Outside of Business Hours, How Often Their Child Was Able to Receive It



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

Year-Over-Year Analysis

Table 3-70 shows the *Care Outside of Business Hours* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult WellCare 2025 rate was significantly *lower* than the 2024 rate.

Table 3-70—Percentage of Adult and Child Respondents Who/Whose Child Were Usually or Always Able to Get Care Outside of Business Hours When Needed, by SPs, with Year-Over-Year Analysis (2024, 2025)

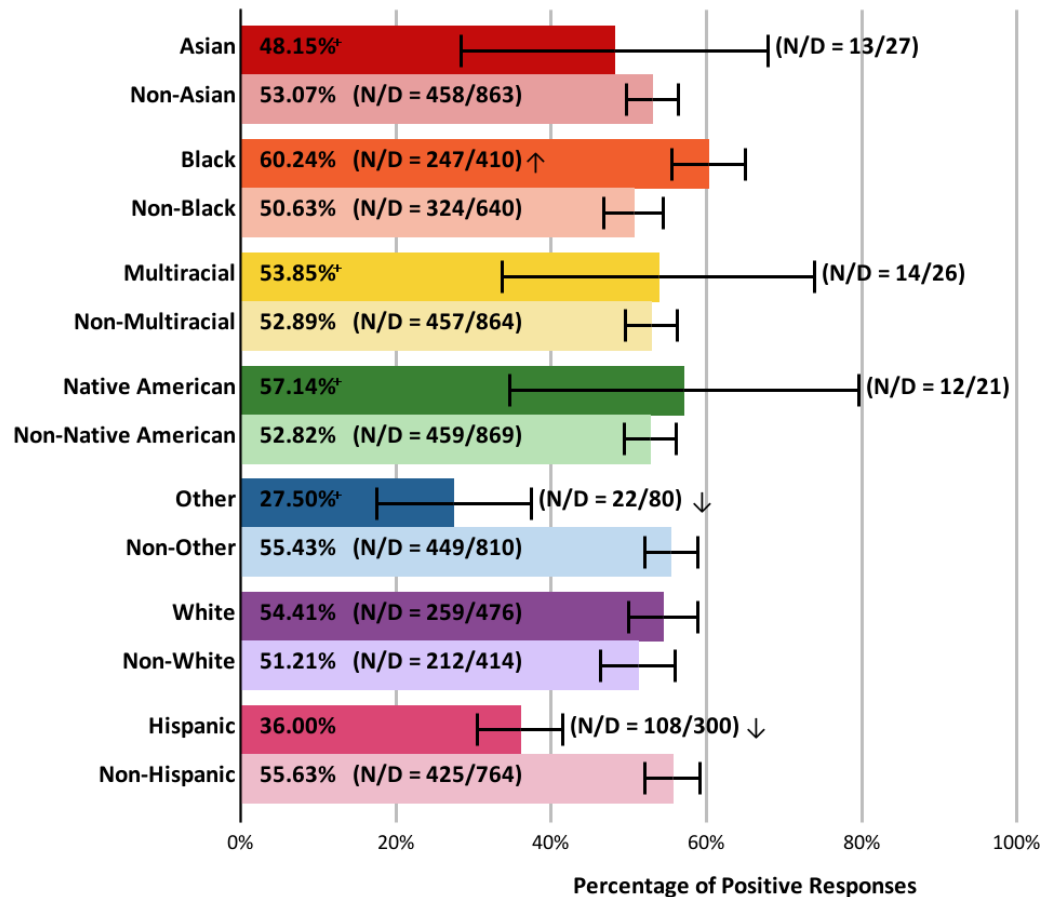
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	54.34%	53.08%	∅
AmeriHealth	53.30%	51.00%	∅
Carolina Complete	59.80%	53.01%	∅
Healthy Blue	50.56%	55.80%	∅
UnitedHealthcare	55.60%	58.49%	∅
WellCare	56.67%	46.07%	▼

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Child			
NC SP Aggregate	48.60%	49.78%	Ø
AmeriHealth	39.90%	50.00%	Ø
Carolina Complete	41.01%	47.14%	Ø
Healthy Blue	57.14%	55.84%	Ø
UnitedHealthcare	49.52%	50.35%	Ø
WellCare	47.73%	42.67%	Ø
<i>Blue and orange shading indicates the 2025 score is significantly different than the 2024 score.</i> ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-89 shows the *Care Outside of Business Hours* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of Black respondents reported they were usually or always able to receive care outside of business hours if they needed it when compared to non-Black respondents. A significantly *lower* percentage of Other race and Hispanic respondents reported they were usually or always able to receive care outside of business hours if they needed it when compared to non-Other race and non-Hispanic respondents, respectively.

Figure 3-89—Percentage of 2025 Adult Respondents Who Were Usually or Always Able to Get Care Outside of Business Hours When Needed for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

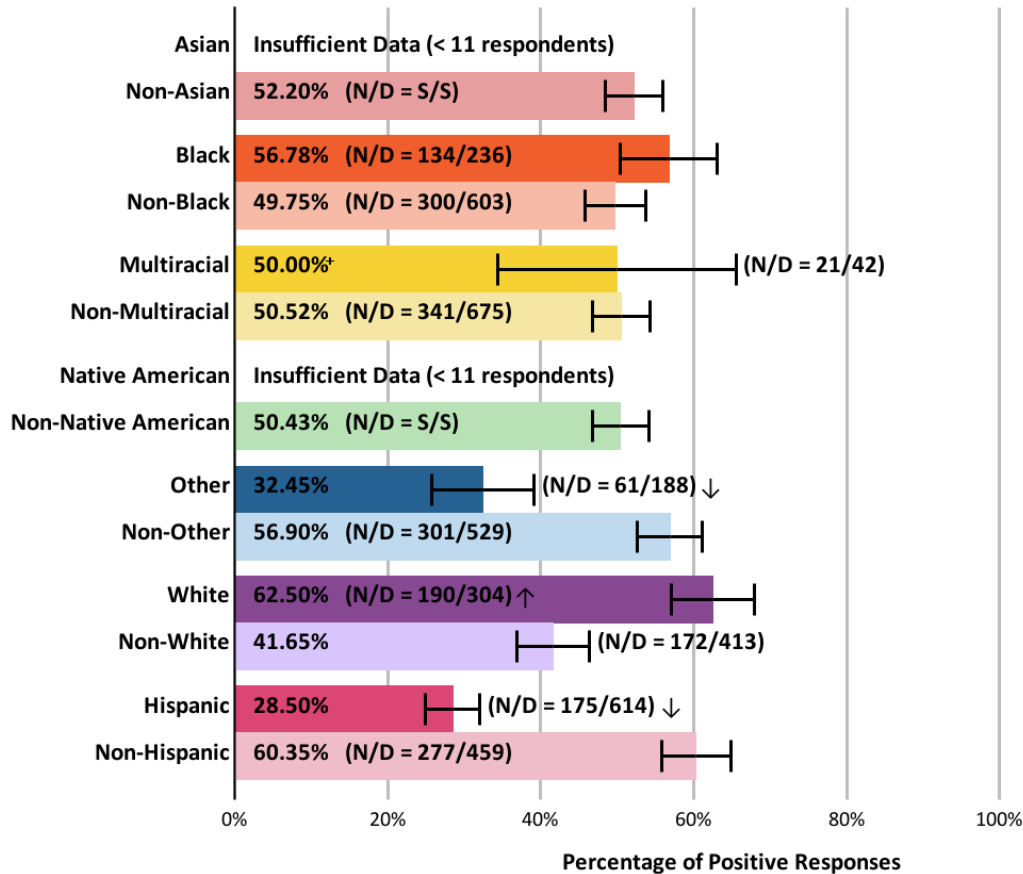
N/D Indicates the numerator and denominator of the demographic category score.

|·| 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.

Figure 3-90 shows the *Care Outside of Business Hours* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child was usually or always able to receive care outside of business hours if they needed it when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported their child was usually or always able to receive care outside of business hours if they needed it when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-90—Percentage of 2025 Child Respondents Whose Child Was Usually or Always Able to Get Care Outside of Business Hours When Needed for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

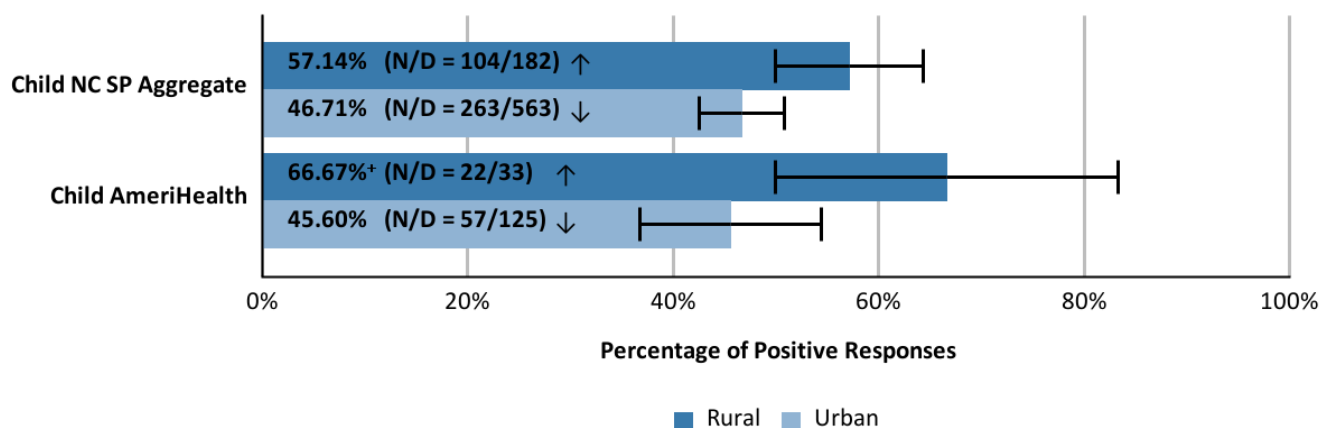
Table 3-71 shows the adult respondents and parent/caretaker respondents of child beneficiaries who usually or always were able to receive care outside of business hours stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-91 shows the significant differences for *Care Outside of Business Hours* by geography for parents/caretakers of child beneficiaries. The NC SP Aggregate and AmeriHealth rates for parents/caretakers of child beneficiaries living in rural counties were significantly *higher* than children living in urban counties.

Table 3-71—Percentage of Adult Respondents and Child Respondents Who/Whose Child Were Usually or Always Able to Get Care Outside of Business Hours When Needed and Geographic Comparisons, by SPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	50.85%	53.37%	57.14%↑	46.71%↓
AmeriHealth	50.94% ⁺	51.02%	66.67% ⁺ ↑	45.60%↓
Carolina Complete	47.92% ⁺	54.81%	50.00% ⁺	46.00%
Healthy Blue	49.09% ⁺	58.73%	58.82% ⁺	55.00%
UnitedHealthcare	69.44% ⁺	55.28%	57.89% ⁺	47.62%
WellCare	40.48% ⁺	47.79%	54.05% ⁺	38.94%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-91—Significant Differences: Percentage of Child Respondents Whose Child Was Usually or Always Able to Get Care Outside of Business Hours When Needed and Geographic Comparisons, by SPs (2025)



↑ 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.

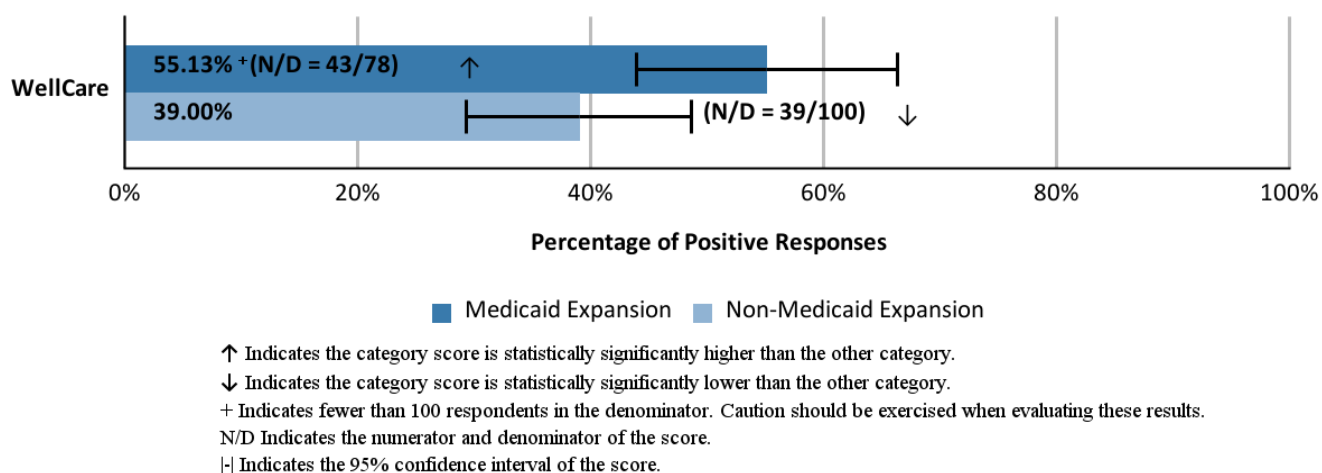
Medicaid Expansion Comparisons

Table 3-72 shows the adult respondents who usually or always were able to receive care outside of business hours stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-92 shows the significant differences for *Care Outside of Business Hours* by Medicaid Expansion designation for adult respondents. The WellCare rate for adult respondents designated as Medicaid Expansion was significantly *higher* than respondents designated as non-Medicaid Expansion.

Table 3-72—Percentage of Adult Respondents Who Were Usually or Always Able to Get Care Outside of Business Hours When Needed and Medicaid Expansion Comparisons, by SPs (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	54.80%	50.56%
AmeriHealth	48.62%	53.85% ⁺
Carolina Complete	56.52% ⁺	49.45% ⁺
Healthy Blue	61.32%	48.00% ⁺
UnitedHealthcare	52.05% ⁺	63.95% ⁺
WellCare	55.13% ⁺ ↑	39.00%↓
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.		

Figure 3-92—Significant Differences: Percentage of Adult Respondents Who Were Usually or Always Able to Get Care Outside of Business Hours When Needed and Medicaid Expansion Comparisons, by SPs (2025)



Offered Telehealth Appointment

Adult respondents and parent/caretaker respondents were asked if they were offered a telehealth appointment for themselves or their child instead of an in-person appointment. Figure 3-93 and Figure 3-94 present the percentage of adult respondents and parent/caretaker respondents, respectively, who were offered a telehealth appointment instead of an in-person appointment for the NC SP Aggregate. The majority of adult respondents (80.84 percent) and parent/caretaker respondents (89.78 percent) reported they were not offered a telehealth appointment for themselves or their child instead of an in-person appointment for the NC SP Aggregate.

Figure 3-93—Percentage of 2025 Adult NC SP Aggregate Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment

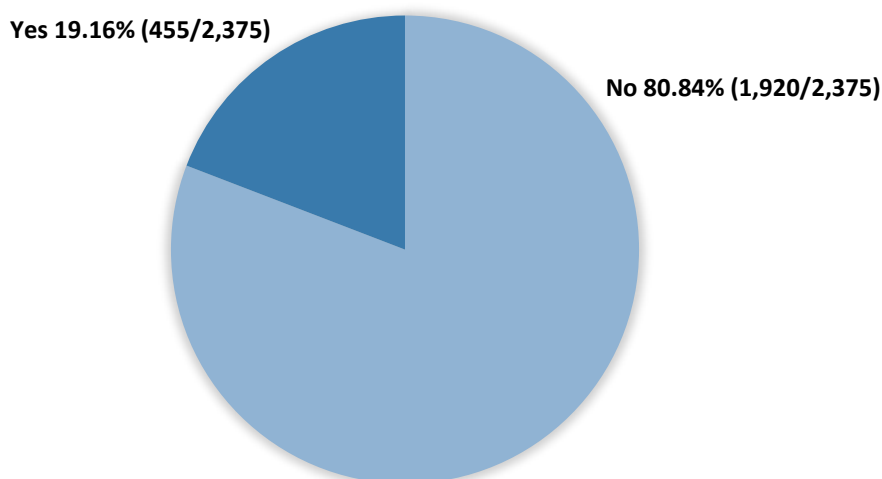
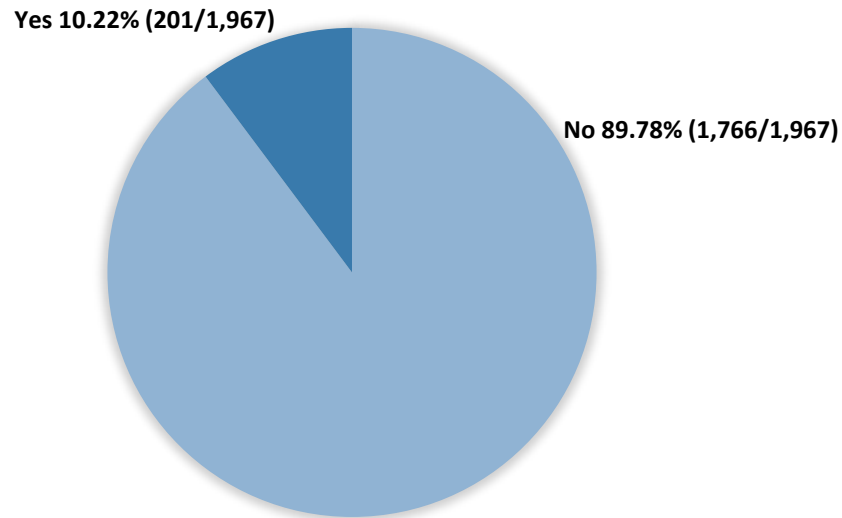


Figure 3-94—Percentage of 2025 Child NC SP Aggregate Respondents Who Were Offered a Telehealth Appointment For Their Child Instead of an In-Person Appointment



Year-Over-Year Analysis

Table 3-73 shows the *Offered Telehealth Appointment* positive rating year-over-year results for the NC SP Aggregate and SPs. There were no significant differences identified year-over-year.

Table 3-73—Percentage of Adult and Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Themselves/Their Child, by SPs, with Year-Over-Year Analysis (2024, 2025)

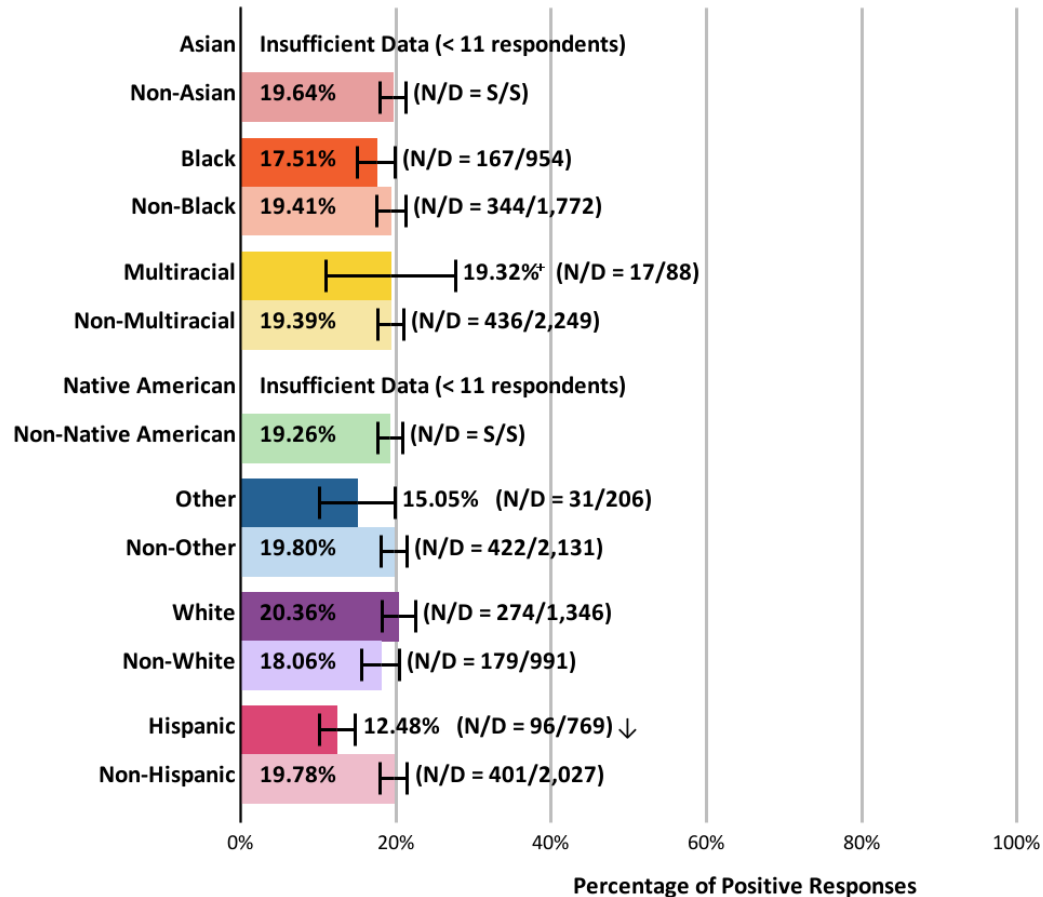
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	17.69%	19.72%	Ø
AmeriHealth	16.70%	16.45%	Ø
Carolina Complete	18.06%	19.82%	Ø
Healthy Blue	19.05%	22.44%	Ø
UnitedHealthcare	18.53%	19.26%	Ø
WellCare	15.42%	18.31%	Ø
Child			
NC SP Aggregate	10.61%	10.15%	Ø
AmeriHealth	10.26%	10.14%	Ø
Carolina Complete	9.45%	10.78%	Ø
Healthy Blue	12.28%	9.59%	Ø

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
UnitedHealthcare	8.92%	10.03%	Ø
WellCare	10.82%	10.64%	Ø
Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-95 shows the *Offered Telehealth Appointment* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *lower* percentage of Hispanic respondents reported they were offered a telehealth appointment instead of an in-person appointment when compared to non-Hispanic respondents. There were no significant differences identified by race. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-95—Percentage of 2025 Adult Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

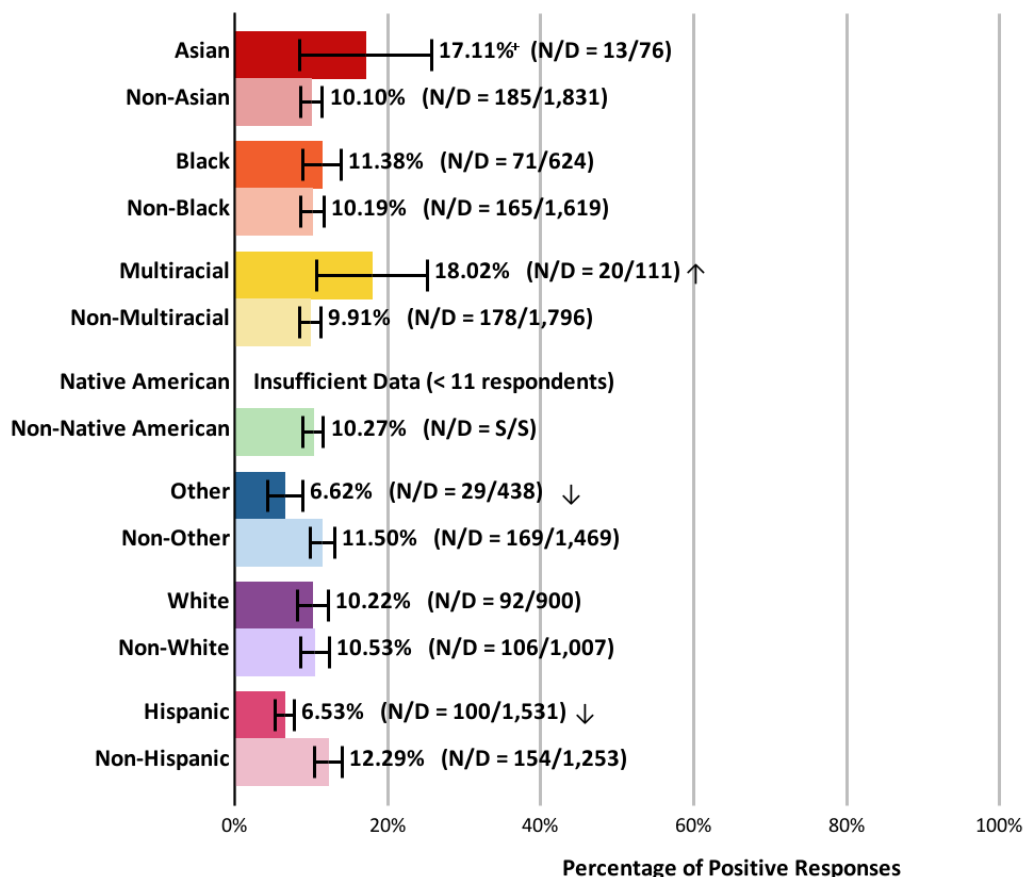
N/D Indicates the numerator and denominator of the demographic category score.

|·| 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.

Figure 3-96 shows the *Offered Telehealth Appointment* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Multiracial children reported their child was offered a telehealth appointment instead of an in-person appointment when compared to parents/caretakers of non-Multiracial children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported their child was offered a telehealth appointment instead of an in-person appointment when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Additionally, Native American race category was suppressed due to less than 11 respondents.

Figure 3-96—Percentage of 2025 Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Their Child for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 3-74 shows the adult respondents and parent/caretaker respondents of child beneficiaries who were offered a telehealth appointment instead of an in-person appointment stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-74—Percentage of Adult Respondents and Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Themselves/Their Child and Geographic Comparisons, by SPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	19.43%	19.06%	9.31%	10.50%
AmeriHealth	17.12%	16.20%	S	10.88%
Carolina Complete	20.95%	19.47%	16.25% ⁺	9.28%
Healthy Blue	19.72%	23.62%	S	10.30%
UnitedHealthcare	24.51%	17.63%	S	10.45%
WellCare	16.67%	18.94%	S	11.54%

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.

Medicaid Expansion Comparisons

Table 3-75 shows the adult respondents who usually or always were offered a telehealth appointment instead of an in-person appointment stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-75—Percentage of Adult Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment and Medicaid Expansion Comparisons, by SPs (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	18.58%	19.79%
AmeriHealth	15.65%	17.43%
Carolina Complete	22.82%	17.23%
Healthy Blue	20.45%	25.00%
UnitedHealthcare	17.54%	20.91%
WellCare	17.54%	19.21%

Chose Telehealth

Adult respondents and parent/caretaker respondents were asked how often they chose to use telehealth for their/their child's health care when it was offered by a doctor or other health provider. Figure 3-97 and Figure 3-98 present how often (i.e., always, usually, sometimes, never) adult respondents and parent/caretaker respondents, respectively, chose to use telehealth for their/their child's health care when it was offered by a doctor or other health provider for the NC SP Aggregate. Among those who were offered a telehealth appointment by a doctor or other health provider, the majority of adult respondents (72.89 percent) and parent/caretaker respondents (63.02 percent) reported sometimes, usually, or always choosing to use telehealth for their/their child's health care for the NC SP Aggregate.

Figure 3-97—Among 2025 Adult NC SP Aggregate Respondents Who Were Offered a Telehealth Appointment, How Often They Chose It

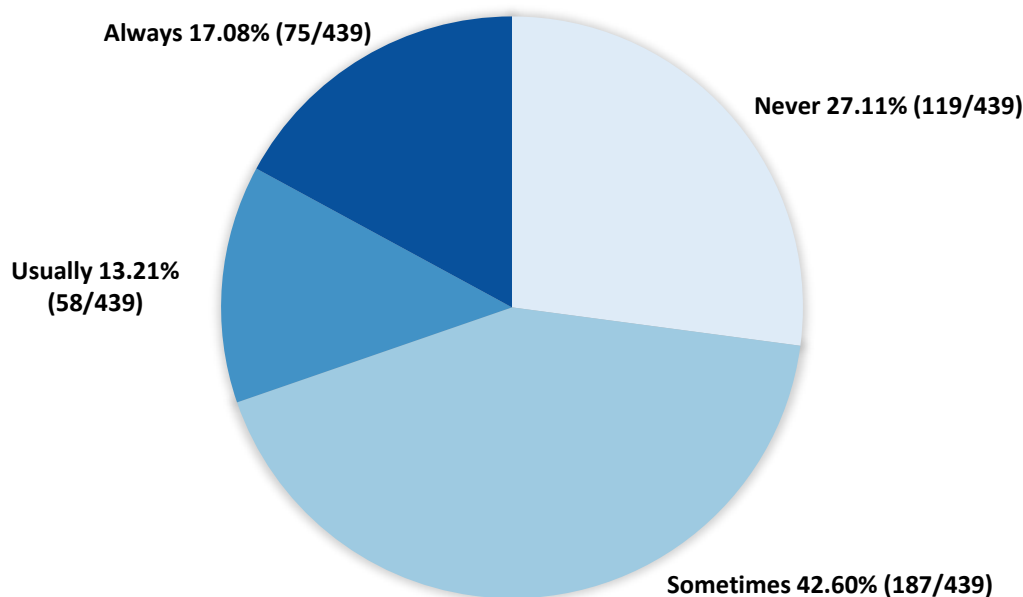
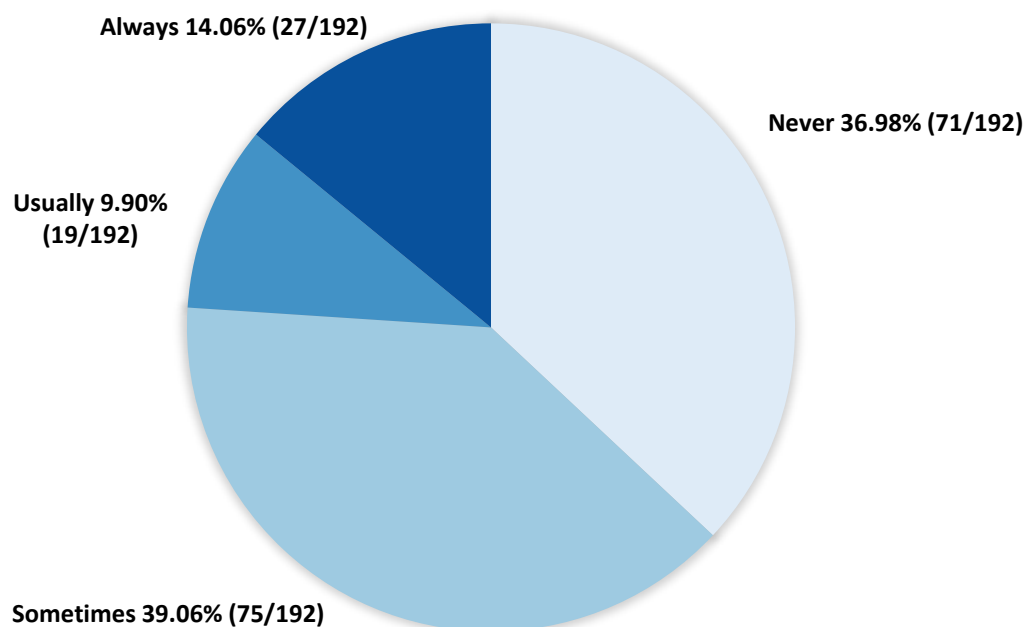


Figure 3-98—Among 2025 Child NC SP Aggregate Respondents Who Were Offered a Telehealth Appointment for Their Child, How Often They Chose It



Year-Over-Year Analysis

Table 3-76 shows the *Chose Telehealth* positive rating year-over-year results for the NC SP Aggregate and SPs. The child UnitedHealthcare 2025 rate was significantly *lower* than the 2024 rate.

Table 3-76—Percentage of Adult and Child Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their/Their Child's Health Care When Offered, by SPs, with Year-Over-Year Analysis (2024, 2025)

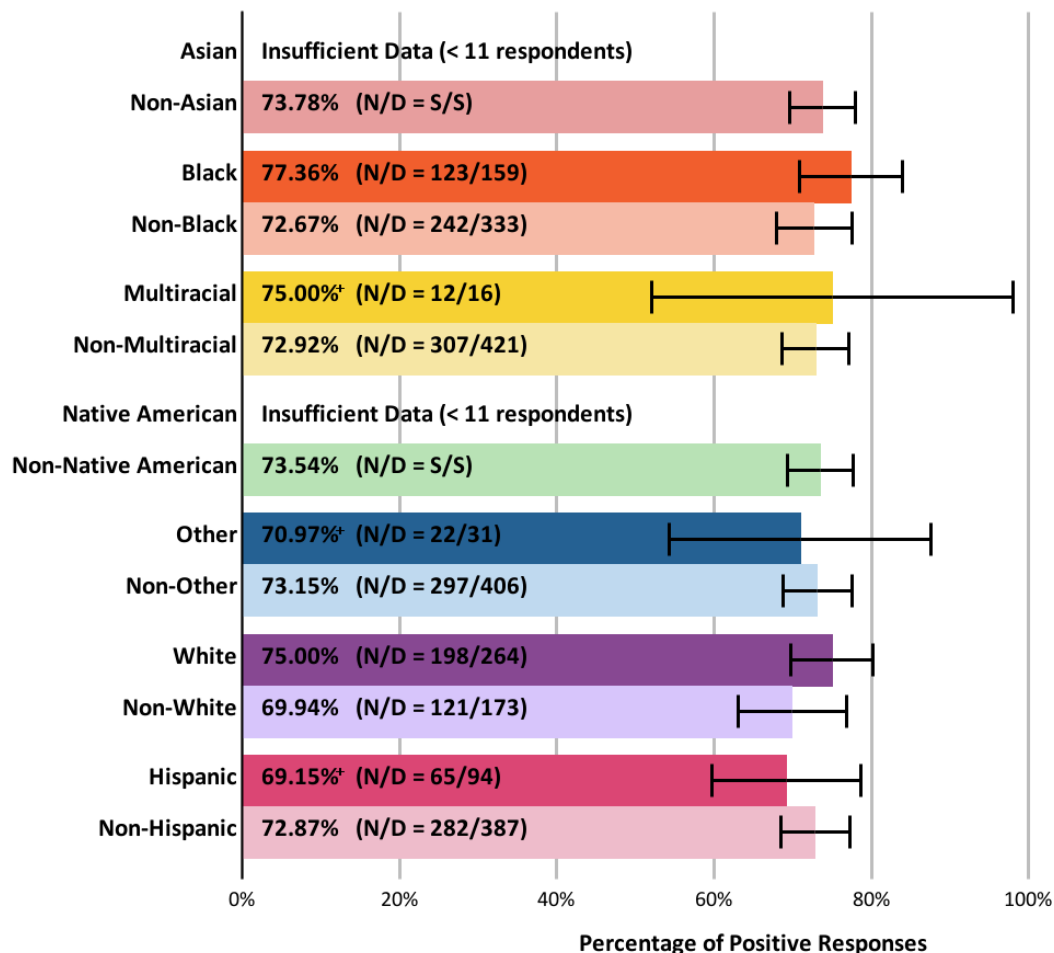
Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	77.78%	72.95%	∅
AmeriHealth	76.67% ⁺	75.00% ⁺	∅
Carolina Complete	75.56% ⁺	75.29% ⁺	∅
Healthy Blue	80.68% ⁺	76.24%	∅
UnitedHealthcare	77.55% ⁺	66.67% ⁺	∅
WellCare	75.68% ⁺	70.45% ⁺	∅

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Child			
NC SP Aggregate	63.40%	64.03%	Ø
AmeriHealth	58.18% ⁺	68.57% ⁺	Ø
Carolina Complete	57.14% ⁺	57.50% ⁺	Ø
Healthy Blue	58.49% ⁺	73.17% ⁺	Ø
UnitedHealthcare	75.56% ⁺	54.29% ⁺	▼
WellCare	67.31% ⁺	60.98% ⁺	Ø
⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-99 shows the *Chose Telehealth* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-99—Percentage of 2025 Adult Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their Health Care When Offered for NC SP Aggregate, by Race and Ethnicity



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.

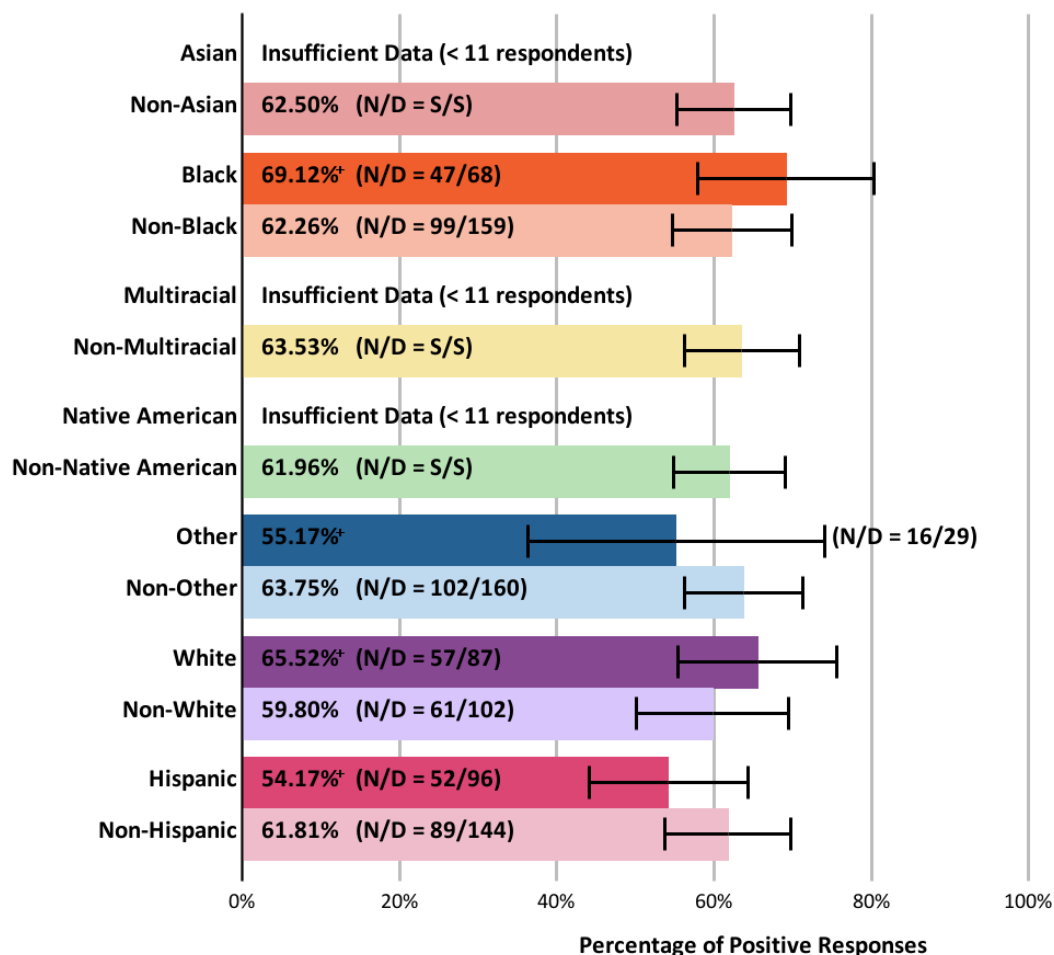
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 3-100 shows the *Chose Telehealth* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian, Multiracial, and Native American race categories were suppressed due to less than 11 respondents.

Figure 3-100—Percentage of 2025 Child Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their Child’s Health Care When Offered for NC SP Aggregate, by Race and Ethnicity



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.

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.

Geographic Comparisons

Table 3-77 shows the adult respondents and parent/caretaker respondents of child beneficiaries who sometimes, usually, or always chose to use telehealth for their/their child’s health care when it was offered by a doctor or other health provider stratified by geography for the NC SP Aggregate and SPs. There were no significant differences identified by geography.

Table 3-77—Percentage of Adult Respondents and Child Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their/Their Child’s Health Care When Offered, How Often They Chose It and Geographic Comparisons, by SPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	70.59%	73.75%	66.67%⁺	62.00%
AmeriHealth	83.33% ⁺	71.67% ⁺	S	65.52% ⁺
Carolina Complete	71.43% ⁺	76.56% ⁺	S	55.56% ⁺
Healthy Blue	67.86% ⁺	79.45% ⁺	S	69.70% ⁺
UnitedHealthcare	70.83% ⁺	64.91% ⁺	S	50.00% ⁺
WellCare	59.09% ⁺	74.24% ⁺	S	65.71% ⁺

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.

Medicaid Expansion Comparisons

Table 3-78 shows the adult respondents who sometimes, usually, or always chose to use telehealth for their health care when it was offered by a doctor or other health provider stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. There were no significant differences identified by Medicaid Expansion designation.

Table 3-78—Percentage of Adult Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their Health Care When Offered and Medicaid Expansion Comparisons, by SPs (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	72.27%	73.52%
AmeriHealth	69.77% ⁺	80.49% ⁺
Carolina Complete	71.74% ⁺	79.49% ⁺
Healthy Blue	72.00% ⁺	80.39% ⁺
UnitedHealthcare	72.22% ⁺	62.22% ⁺
WellCare	75.56% ⁺	65.12% ⁺

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

Flu Vaccination Received

Adult respondents and parent/caretaker respondents were asked if they/their child had either a flu shot or flu spray in the nose since July 1, 2024. Figure 3-101 and Figure 3-102 present the percentage of adult respondents and parent/caretaker respondents, respectively, who received/their child received a flu vaccination for the NC SP Aggregate. The majority of adult respondents (68.45 percent) and parent/caretaker respondents (58.35 percent) reported they/their child did not receive a flu vaccination for the NC SP Aggregate.

Figure 3-101—Percentage of 2025 Adult NC SP Aggregate Respondents Who Received a Flu Vaccination

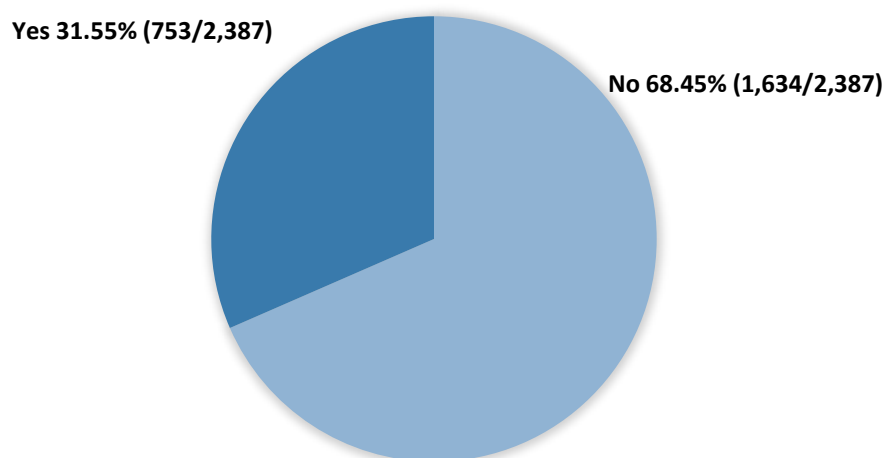
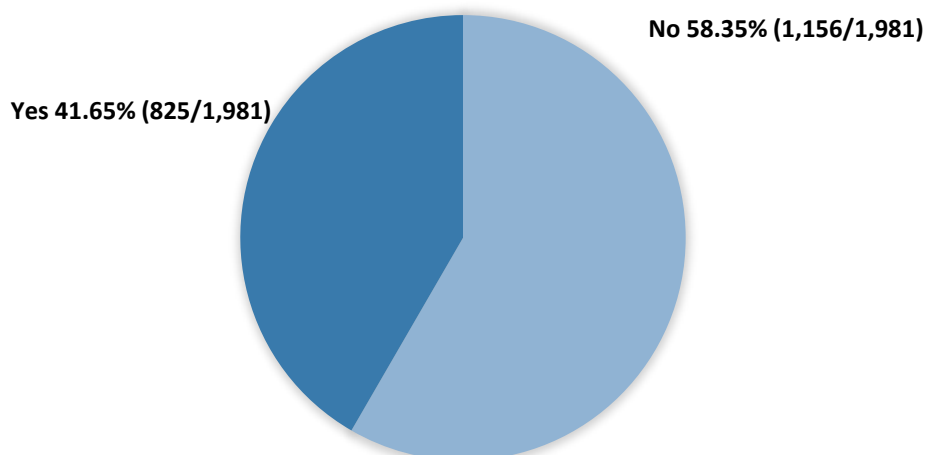


Figure 3-102—Percentage of 2025 Child NC SP Aggregate Respondents Whose Child Received a Flu Vaccination



Year-Over-Year Analysis

Table 3-79 shows the *Flu Vaccination Received* positive rating year-over-year results for the NC SP Aggregate and SPs. The adult Carolina Complete and UnitedHealthcare 2025 rates were significantly *lower* than the 2024 rates.

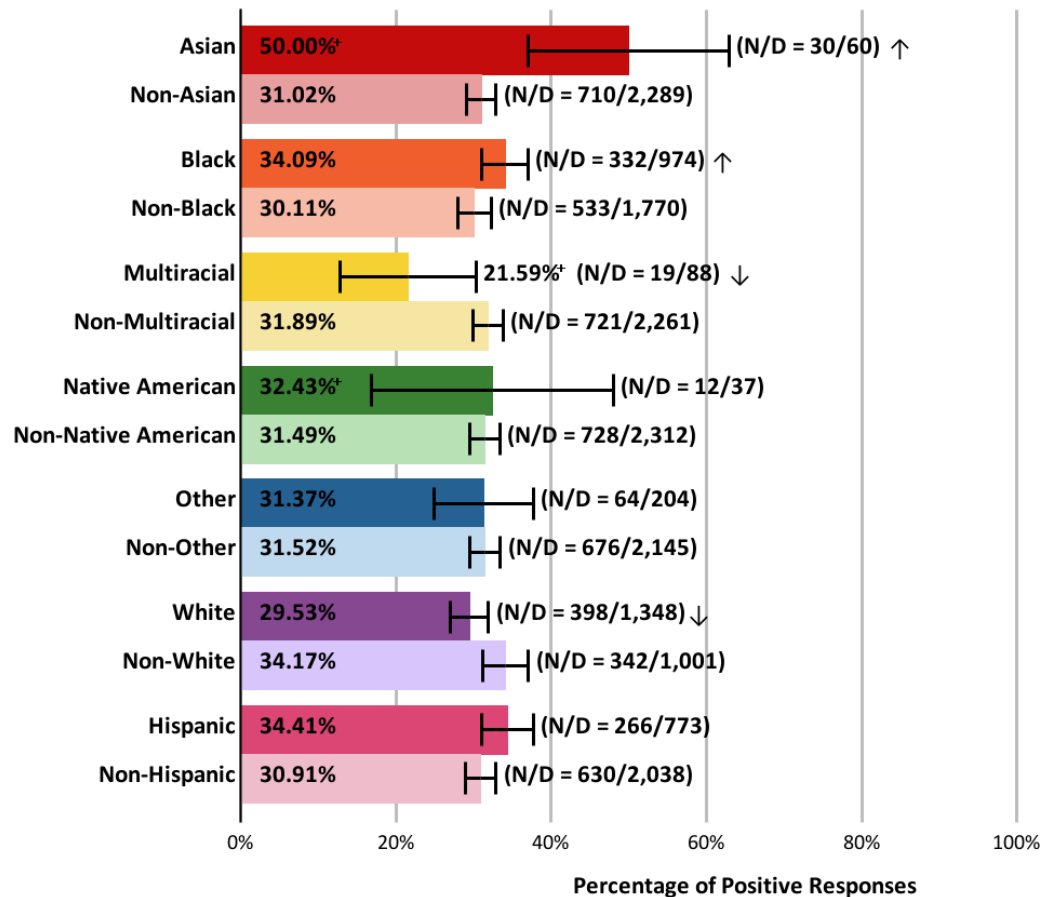
Table 3-79—Percentage of Adult and Child Respondents Who/Whose Child Received a Flu Vaccination, by SPs, with Year-Over-Year Analysis (2024, 2025)

Population	2024	2025	Year-Over-Year Results (2025 Compared to 2024)
Adult			
NC SP Aggregate	34.24%	32.15%	Ø
AmeriHealth	34.26%	31.14%	Ø
Carolina Complete	35.99%	29.40%	▼
Healthy Blue	36.21%	34.81%	Ø
UnitedHealthcare	34.72%	28.84%	▼
WellCare	29.64%	33.13%	Ø
Child			
NC SP Aggregate	42.20%	41.34%	Ø
AmeriHealth	43.46%	44.72%	Ø
Carolina Complete	44.44%	39.73%	Ø
Healthy Blue	38.91%	35.45%	Ø
UnitedHealthcare	44.20%	43.15%	Ø
WellCare	42.54%	45.91%	Ø
Blue and orange shading indicates the 2025 score is significantly different than the 2024 score. ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score. Ø Indicates the 2025 score is not statistically significantly different than the 2024 score.			

Race and Ethnicity Comparisons

Figure 3-103 shows the *Flu Vaccination Received* positive rating results of adult respondents for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of Asian and Black respondents reported they received a flu vaccination when compared to non-Asian and non-Black respondents, respectively. A significantly *lower* percentage of Multiracial and White respondents reported they received a flu vaccination when compared to non-Multiracial and non-White respondents, respectively. There were no significant differences identified by ethnicity.

Figure 3-103—Percentage of 2025 Adult Respondents Who Received a Flu Vaccination for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

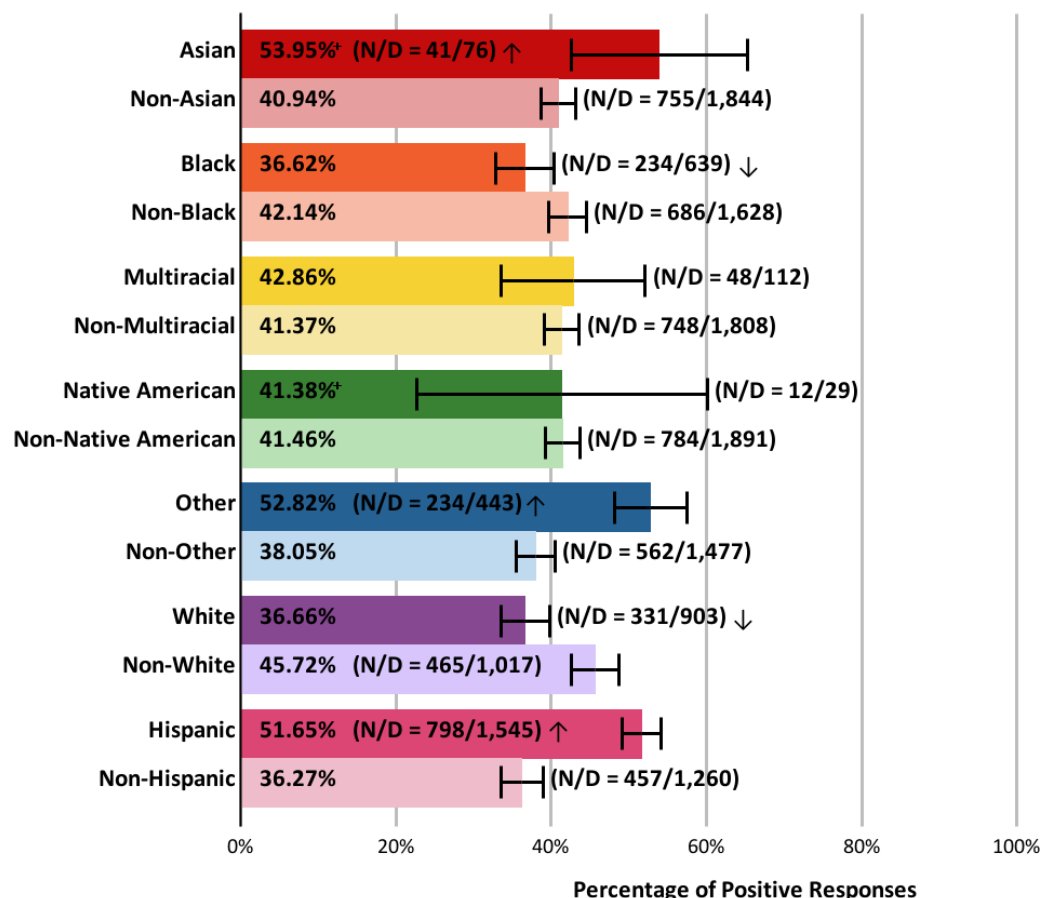
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 3-104 shows the *Flu Vaccination Received* positive rating results of child beneficiaries reported by their parents/caretakers for the NC SP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child received a flu vaccination when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of Black and White children reported their child received a flu vaccination when compared to parents/caretakers of non-Black and non-White children, respectively.

Figure 3-104—Percentage of 2025 Child Respondents Whose Child Received a Flu Vaccination for NC SP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

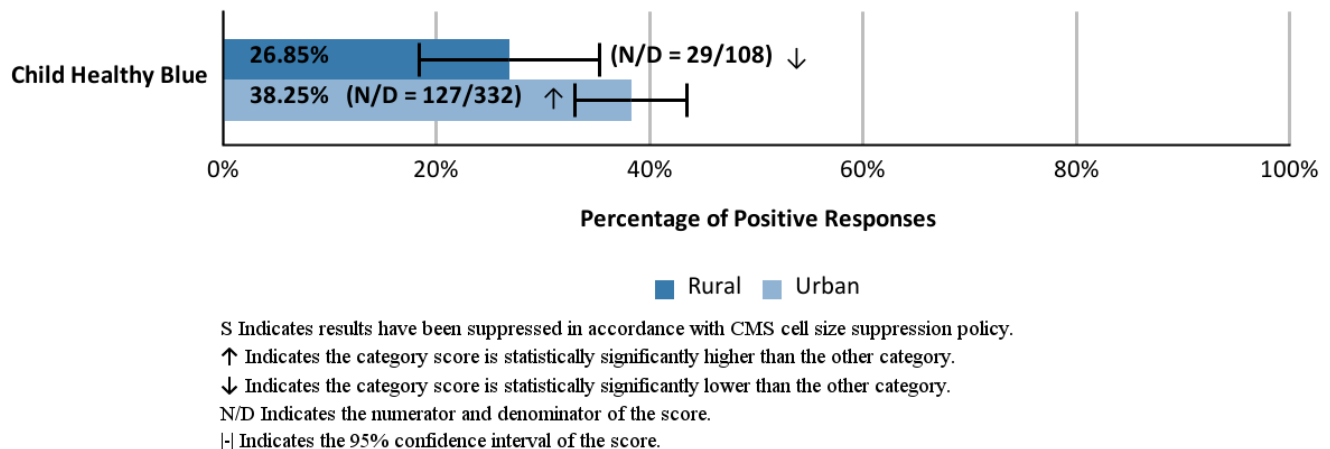
Table 3-80 shows the adult respondents and parent/caretaker respondents of child beneficiaries who received/their child received a flu vaccination stratified by geography for the NC SP Aggregate and SPs. Additionally, Figure 3-105 shows the significant differences for *Flu Vaccination Received* by geography for parents/caretakers of child beneficiaries. The Healthy Blue rate for parents/caretakers of child beneficiaries living in rural counties was significantly *lower* than children living in urban counties.

Table 3-80—Percentage of Adult Respondents and Child Respondents Who/Whose Child Received a Flu Vaccination and Geographic Comparisons, by SPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC SP Aggregate	30.88%	31.79%	39.09%	42.42%
AmeriHealth	31.29%	31.09%	39.51% ⁺	46.18%
Carolina Complete	27.78%	29.91%	35.37% ⁺	40.96%
Healthy Blue	34.72%	34.85%	26.85%↓	38.25%↑
UnitedHealthcare	32.67%	27.66%	51.00%	40.48%
WellCare	27.54%	35.26%	43.48% ⁺	46.62%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 3-105—Significant Differences: Percentage of Child Respondents Whose Child Received a Flu Vaccination and Geographic Comparisons, by SPs (2025)



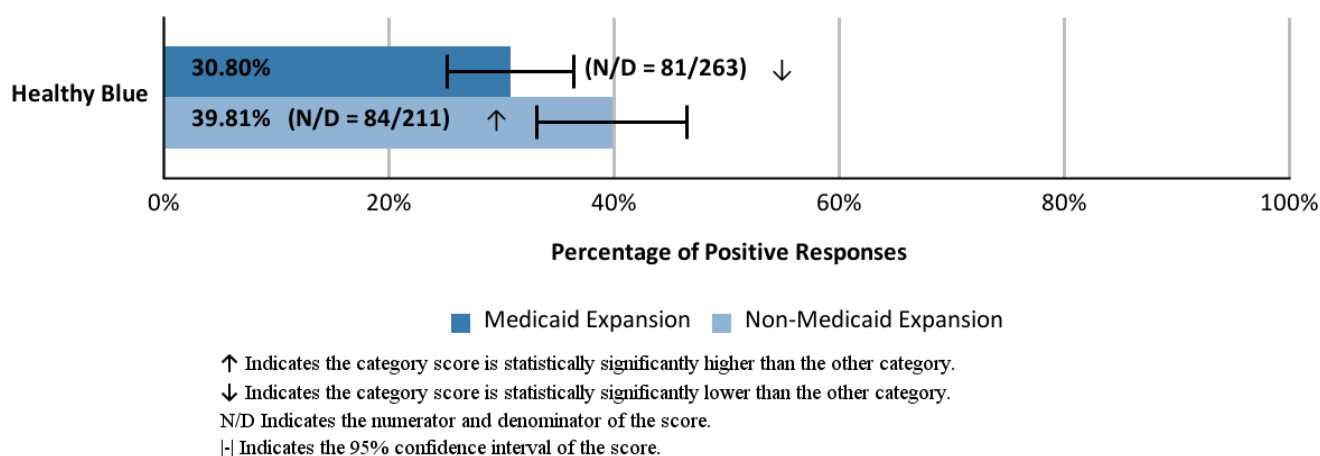
Medicaid Expansion Comparisons

Table 3-81 shows the adult respondents who received a flu vaccination stratified by Medicaid Expansion designation for the NC SP Aggregate and SPs. Additionally, Figure 3-106 shows the significant differences for *Flu Vaccination Received* by Medicaid Expansion designation for adult respondents. The Healthy Blue rate for adult respondents designated as Medicaid Expansion was significantly *lower* than respondents designated as non-Medicaid Expansion.

Table 3-81—Percentage of Adult Respondents Who Received a Flu Vaccination and Medicaid Expansion Comparisons, by SPs (2025)

Population	Adult	
	Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	29.89%	33.33%
AmeriHealth	28.92%	33.74%
Carolina Complete	30.10%	28.81%
Healthy Blue	30.80%↓	39.81%↑
UnitedHealthcare	27.36%	30.28%
WellCare	31.85%	34.63%
<i>Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.</i>		

Figure 3-106—Significant Differences: Percentage of Adult Respondents Who Received a Flu Vaccination and Medicaid Expansion Comparisons, by SPs (2025)



Spearman Correlation

HSAG used the Spearman correlation to assess 1) how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist and 2) how strongly a score for the overall health characteristics (i.e., *General Health Status* and *Mental or*

Emotional Health Status) was associated with all global ratings and composite measures.⁴² For more detailed information regarding the methodology used for this analysis, please refer to Appendix B. Reader's Guide beginning on page 517. Table 3-82 through Table 3-85 present the results of the Spearman correlation for the NC SP Aggregate. 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 and overall health characteristics except between *How Well Doctors Communicate* and *Rating of Personal Doctor* for the adult population, where there is a fairly positive relationship between the two measures.

Table 3-82—Adult Spearman Correlation NC SP Aggregate Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<i>Getting Needed Care</i>	0.37	0.47	0.31	0.39
<i>Getting Care Quickly</i>	0.31	0.39	0.26	0.25
<i>How Well Doctors Communicate</i>	0.30	0.42	0.55	0.29
<i>Customer Service</i>	0.41	0.32	0.26	0.29
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

Table 3-83—Adult Spearman Correlation NC SP Aggregate Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
<i>Rating of Health Plan</i>	-0.14	-0.19
<i>Rating of All Health Care</i>	-0.20	-0.24
<i>Rating of Personal Doctor</i>	-0.13	-0.15
<i>Rating of Specialist Seen Most Often</i>	-0.11	-0.15
Composite Measures		
<i>Getting Needed Care</i>	-0.09	-0.13
<i>Getting Care Quickly</i>	-0.07	-0.12
<i>How Well Doctors Communicate</i>	-0.11	-0.14
<i>Customer Service</i>	-0.03	-0.05
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.		

⁴² The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2026.

Table 3-84—Child Spearman Correlation NC SP Aggregate Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<i>Getting Needed Care</i>	0.33	0.40	0.30	0.36
<i>Getting Care Quickly</i>	0.23	0.33	0.24	0.22
<i>How Well Doctors Communicate</i>	0.26	0.36	0.42	0.25
<i>Customer Service</i>	0.35	0.35	0.41	0.35
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

Table 3-85—Child Spearman Correlation NC SP Aggregate Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
<i>Rating of Health Plan</i>	-0.25	-0.20
<i>Rating of All Health Care</i>	-0.27	-0.22
<i>Rating of Personal Doctor</i>	-0.20	-0.17
<i>Rating of Specialist Seen Most Often</i>	-0.15	-0.14
Composite Measures		
<i>Getting Needed Care</i>	-0.15	-0.12
<i>Getting Care Quickly</i>	-0.14	-0.07
<i>How Well Doctors Communicate</i>	-0.14	-0.09
<i>Customer Service</i>	-0.12	-0.07
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.		

4. Tailored Plan Results

The following section presents CAHPS results by tailored plans (TPs) for adult and child beneficiaries. The results include survey administration outcomes, overall health characteristics, national percentile comparisons, aggregate comparisons, race and ethnicity comparisons, geographic comparisons, supplemental items, and Spearman correlation.⁴³ Additionally, Table 4-1 provides an overview of the weighting that was used for reporting NC TP Aggregate results.

Table 4-1—Weighting Used for Reporting NC TP Aggregate Results

Analyses and Applicable Weighting	Measures
Weighted Aggregate Averages	
NC TP Aggregate Averages in National Percentile Comparisons	Standard CAHPS Measures
NC TP Aggregate Averages in Aggregate Comparisons	Standard CAHPS Measures and Overall Health Characteristics
Unweighted Aggregate Averages	
NC TP Aggregate Averages in Survey Administration Outcomes and Response Rates	Not Applicable
NC TP Aggregate Averages in Race/Ethnicity Comparisons <i>Uses self-reported race/ethnicity information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC TP Aggregate Averages in Geographic Comparisons <i>Uses sample frame county information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC TP Aggregate Averages in Supplemental Item Pie Charts <i>Uses self-reported supplemental item information</i>	Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)
NC TP Aggregate Averages in Supplemental Item Bar Graphs <i>Uses self-reported supplemental item information</i>	<i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i> Supplemental Items
NC TP Aggregate Averages in Spearman Correlation	Not Applicable
NC TP Aggregate Averages in Demographics <i>Uses self-reported demographic information</i>	Not Applicable
NC TP Aggregate Averages in Survey Respondent to Eligible Population Demographic Data Comparisons <i>Uses sample frame and self-reported demographic information</i>	Not Applicable

For the TPs, HSAG sampled a total of 22,834 adult beneficiaries and a total of 2,602 surveys were completed. A total of 28,103 parents or caretakers of beneficiaries were sampled and a total of 2,500

⁴³ The experience of care for beneficiaries enrolled in the TPs was assessed for the first time in 2025. Therefore, the 2025 results presented in this report represent a baseline assessment of the experiences of services adult and child beneficiaries received through the TPs

child surveys were completed. The overall adult response rate for the TPs was 11.44 percent (with a range from 10.80 percent to 12.10 percent when stratified by TPs). The overall child response rate for the TPs was 8.92 percent (with a range from 8.35 percent to 9.93 percent when stratified by TPs).⁴⁴

In order to assess potential impact on the survey results, HSAG used data in the eligible population files, 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 TP Aggregate adult respondents were 45 to 64 years of age, male, Asian, and White.
- Significantly *fewer* NC TP Aggregate adult respondents were 18 to 34 years of age, female, and Black.
- Significantly *more* NC TP Aggregate parents or caretakers responded for children who were 13 to 17 years of age, White, Hispanic, and resided in a rural county.
- Significantly *fewer* NC TP Aggregate parents or caretakers responded for children who were 0 to 7 years of age, Black, non-Hispanic, 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. Because of these differences, the results may not fully reflect the experiences of the overall NC Medicaid population. For additional details on the demographic information please see Appendix A. Supplemental Information.

⁴⁴ For more detailed information regarding the survey administration outcomes and response rates for the eligible population, please refer to Table 4-2 on page 315.

Survey Respondents

Table 4-2 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 and child TPs. Numbers in Table 4-2 are reflective of all samples (i.e., general sample, general sample increase, and the Black and Hispanic race/ethnicity oversamples).

Table 4-2—NC TP Aggregate: Survey Administration Outcomes and Response Rates (2025)⁴⁵

Population	Total Sample Size	Eligible Sample	Total General Respondents	Total Respondents	Response Rate
Adult					
NC TP Aggregate	22,834	22,740	1,693	2,602	11.44%
Alliance	6,089	6,065	410	655	10.80%
Partners	5,668	5,644	435	644	11.41%
Trillium	5,753	5,737	435	694	12.10%
Vaya	5,324	5,294	413	609	11.50%
Child					
NC TP Aggregate	28,103	28,032	1,589	2,500	8.92%
Alliance	7,645	7,631	348	640	8.39%
Partners	7,294	7,273	384	607	8.35%
Trillium	7,408	7,387	402	683	9.25%
Vaya	5,756	5,741	455	570	9.93%

Comparative Analyses

National Percentile Comparisons

NC TP Aggregate and plan-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 4-3, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater

⁴⁵ The ‘Total General Respondents’ column represents completed surveys from the general sample and general sample increase. The ‘Total Respondents’ column represents completed surveys from the general sample, general sample increase, and Black and Hispanic race/ethnicity oversamples.

than or equal to the national 90th percentile. For more detailed information regarding these comparisons, please refer to Appendix B. Reader’s Guide beginning on page 513.

Table 4-3—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

Aggregate Comparisons

Program Comparisons

HSAG compared the individual TPs’ positive ratings to the NC TP Aggregate to determine if the TPs’ results were significantly different. 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 (+). Ninety-five percent confidence interval error bars were added to the NC Medicaid Program as well as any TP 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.⁴⁶ For more detailed information regarding this analysis, please refer to Appendix B. Reader’s Guide beginning on page 514. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on pages 452 and 477, respectively.

National Average Comparisons

HSAG compared the individual TPs’ and NC TP Aggregate positive ratings to the 2024 NCQA Medicaid national averages, where applicable, to determine if the TPs’ and NC TP Aggregate’s results were significantly different. Statistically significant results are denoted with indicators higher (H) or lower (L). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to the NC TP Aggregate as well as any TP with statistically significant differences. For more detailed information regarding this analysis, please refer to Appendix B. Reader’s Guide beginning on page 514. For detailed

⁴⁶ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 4, 2026.

results regarding the numerators and denominators for these comparisons, beginning on pages 452 and 477, respectively.

Race and Ethnicity Comparisons

HSAG stratified the NC TP Aggregate positive ratings by self-identified race and ethnicity. For the adult population, race is categorized as Asian (N=22), non-Asian (N=1,637), Black (N=918), non-Black (N=1,271), Multiracial (N=58), non-Multiracial (N=1,601), Native American (N=24), non-Native American (N=1,635), Other (N=61), non-Other (N=1,598), White (N=1,049), and non-White (N=610). For the child population, race is categorized as Asian (N=31), non-Asian (N=1,525), Black (N=632), non-Black (N=1,289), Multiracial (N=128), non-Multiracial (N=1,428), Native American (N=14), non-Native American (N=1,542), Other (N=176), non-Other (N=1,380), White (N=875), and non-White (N=681).^{47,48} For this analysis, the Multiracial category includes respondents who selected more than one race category. The Other race category includes respondents who selected the Other race category as well as those who selected Native Hawaiian or other Pacific Islander. The positive ratings for each race category were compared as follows: Asian respondents were compared to non-Asian respondents; Black respondents were compared to non-Black respondents; Multiracial respondents were compared to non-Multiracial respondents; Native American respondents were compared to non-Native American respondents; Other race respondents were compared to non-Other race respondents; and White respondents were compared to non-White respondents. For the adult population, ethnicity is categorized as Hispanic (N=411) and non-Hispanic (N=1,600) and for the child population, ethnicity is characterized as Hispanic (N=834) and non-Hispanic (N=1,262).⁴⁹ The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. Statistically significant results are denoted with arrows (↑ or ↓). If race and ethnicity comparisons for a measure resulted in significant findings, these results appear on the following race and ethnicity categories: Asian, Black, Multiracial, Native American, Other, White, and Hispanic.

For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding the numerators and denominators for the composite measures, please refer to Appendix A, beginning on pages 455 and 479, respectively. 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.⁵⁰

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

⁴⁸ The Black category includes the Black oversample.

⁴⁹ The Hispanic category includes the Hispanic oversample.

⁵⁰ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: June 4, 2026.

Geographic Comparisons

NC TP Aggregate and TP positive ratings were stratified by geographical area to determine if any statistically significant differences exist between positive ratings for respondents residing in rural or urban counties. Statistically significant results are denoted with arrows (↑ or ↓). Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Ninety-five percent confidence interval error bars were added to any result 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.⁵¹ For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 516. For detailed results regarding the numerators and denominators for these comparisons, please refer to Appendix A, beginning on pages 468 and 490, respectively.

Overall Health Characteristics

General Health Status

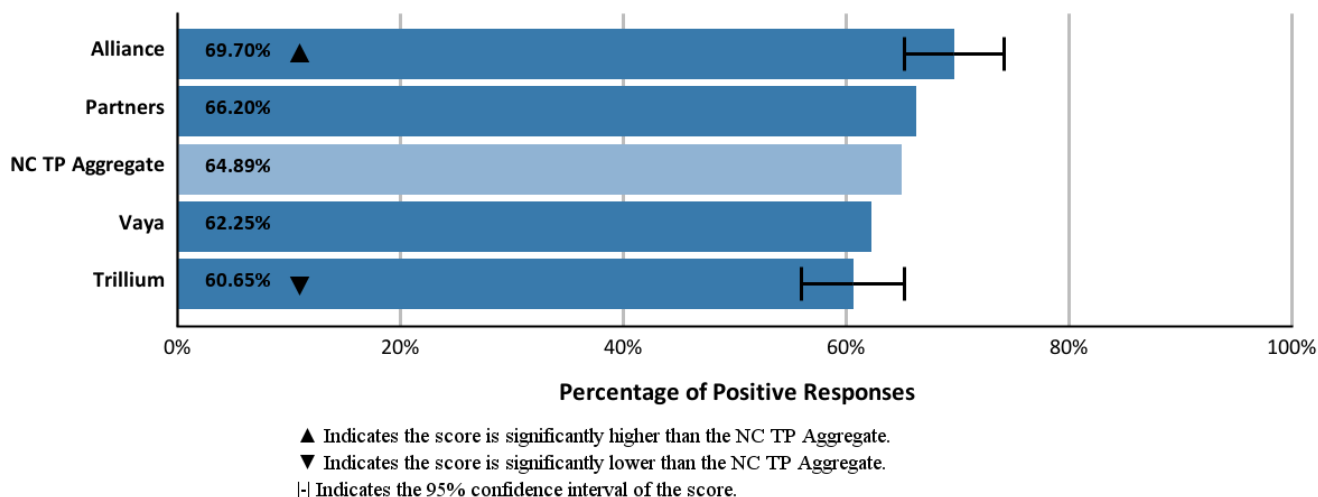
Aggregate Comparisons

Figure 4-1 and Figure 4-2 present the adult respondents and parent/caretaker respondents of child beneficiaries self-reported characteristics for general health status. The percentage of respondents who reported their/their child's general health status as Excellent, Very Good, or Good was compared to the NC TP Aggregate.

The Alliance rate for the adult population was significantly *higher* than the NC TP Aggregate. The Trillium rate for the adult population was significantly *lower* than the NC TP Aggregate.

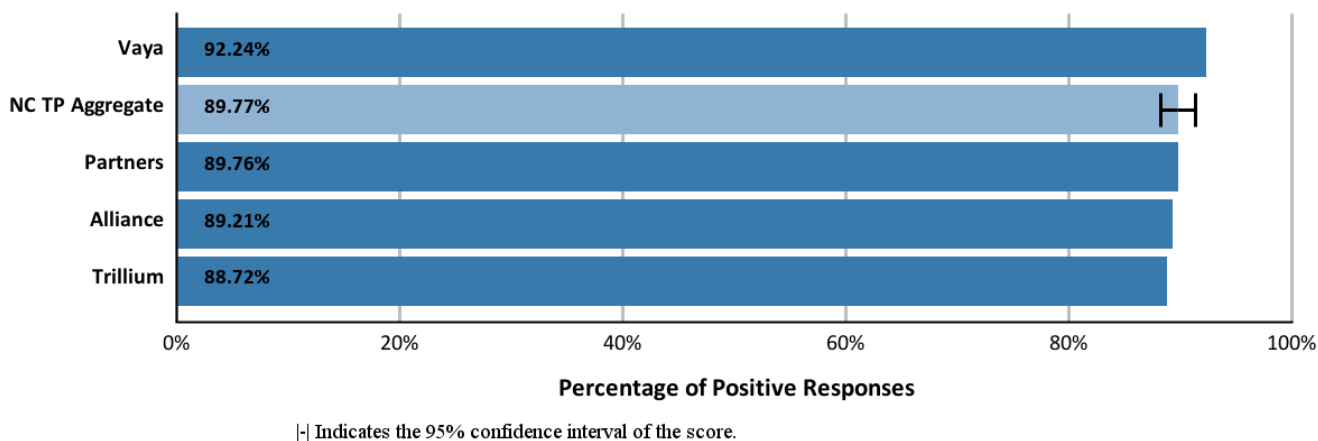
⁵¹ Ibid.

Figure 4-1—Percentage of 2025 Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good, by TP, with Aggregate Comparisons



None of the TPs' rates for the child population were significantly different than NC TP Aggregate.

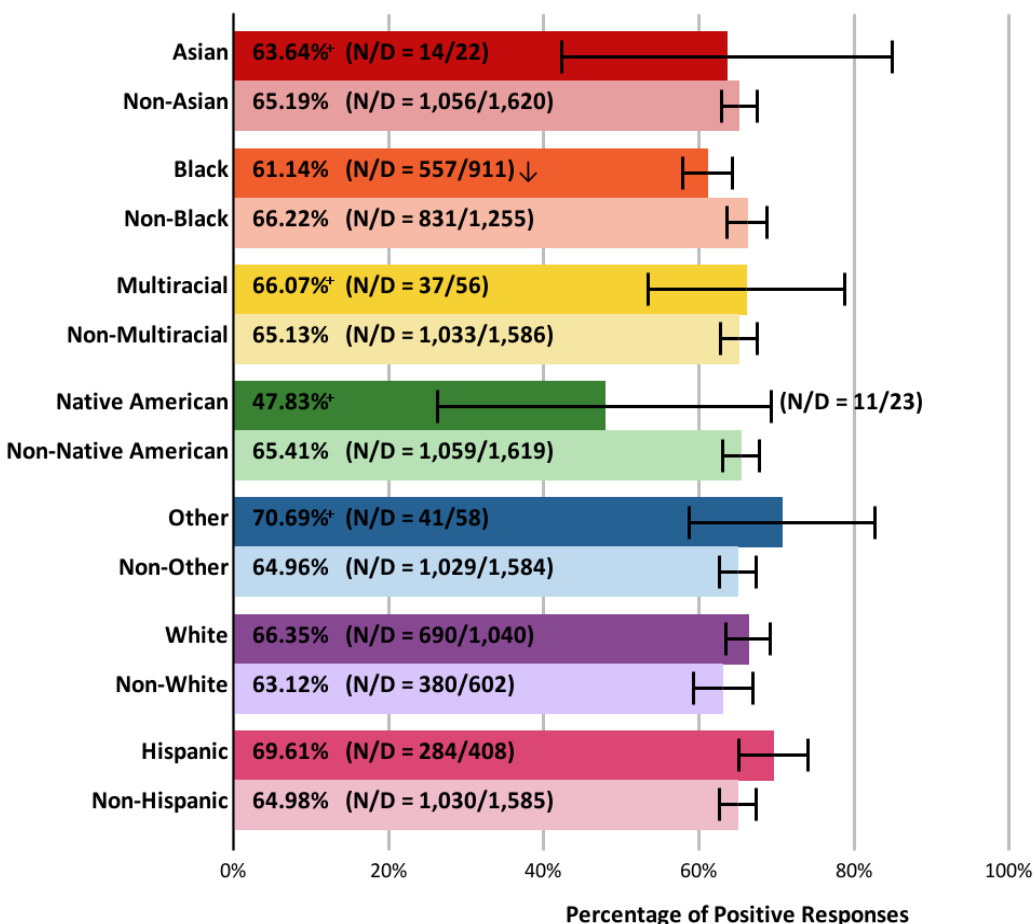
Figure 4-2—Percentage of 2025 Child Respondents Who Rate Their Child's General Health Status as Either Excellent, Very Good, or Good, by TP, with Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-3 shows the *General Health Status* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of Black respondents reported their general health status as Excellent, Very Good, or Good when compared to non-Black respondents. There were no significant differences identified by ethnicity.

Figure 4-3—Percentage of 2025 Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

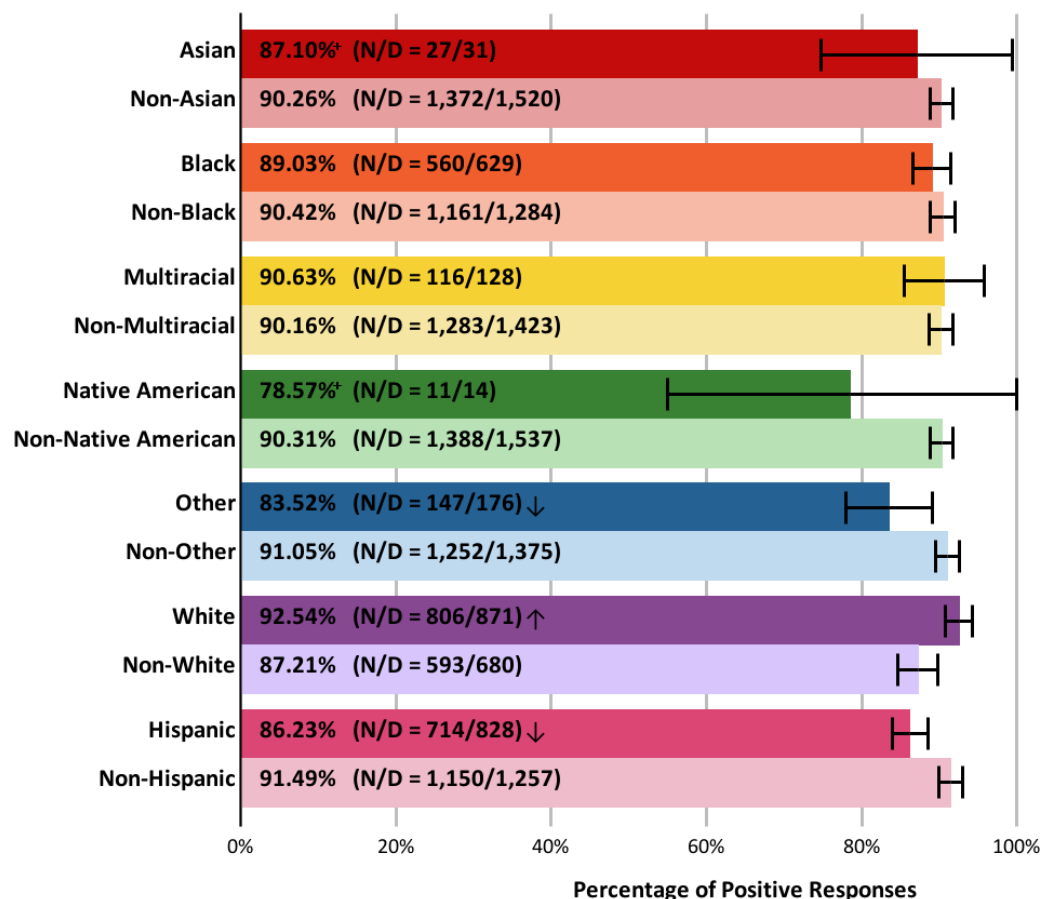
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-4 shows the *General Health Status* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child's general health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children report their child's general health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively.

Figure 4-4—Percentage of 2025 Child Respondents Who Rate Their Child’s General Health Status as Either Excellent, Very Good, or Good for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

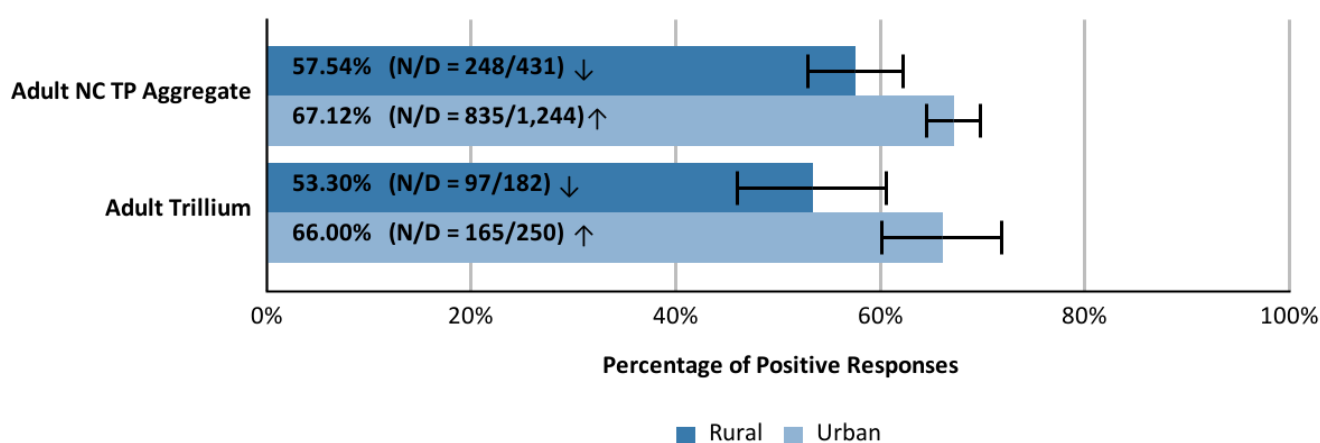
Table 4-4 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s general health status as Excellent, Very Good, or Good stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-5 shows the significant differences for *General Health Status* by geography for adult respondents. The NC TP Aggregate and Trillium rates for adult respondents living in rural counties were significantly *lower* than respondents living in urban counties.

Table 4-4—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s General Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	57.54%↓	67.12%↑	90.70%	89.88%
Alliance	77.78% ⁺	69.33%	92.00% ⁺	88.99%
Partners	62.34% ⁺	67.05%	91.78% ⁺	89.29%
Trillium	53.30%↓	66.00%↑	86.34%	90.34%
Vaya	57.79%	64.96%	94.96%	91.03%

⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-5—Significant Differences: Percentage of Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by TP (2025)

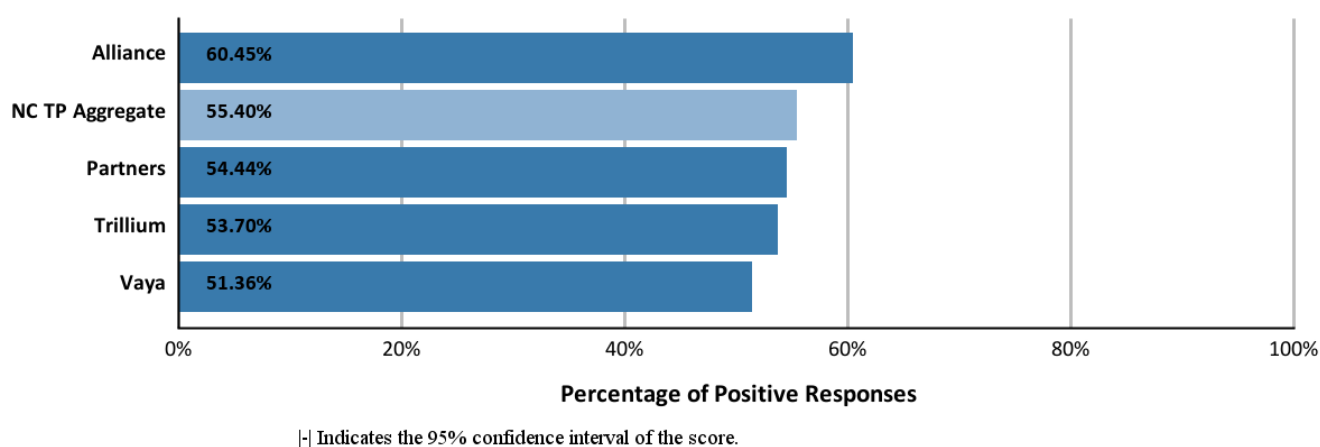


Mental or Emotional Health Status

Aggregate Comparisons

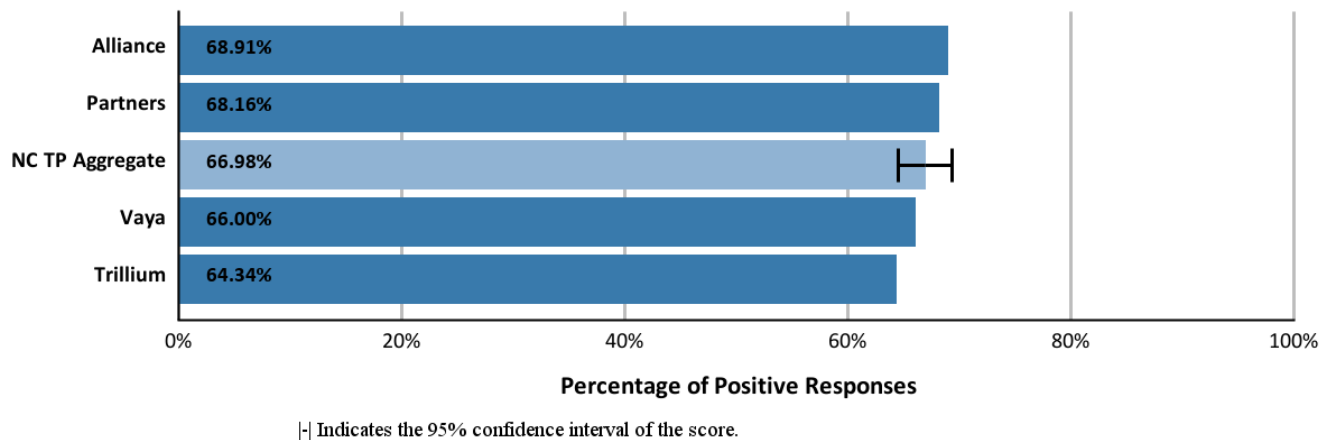
Figure 4-6 and Figure 4-7 present the adult respondents and parent/caretaker respondents of child beneficiaries self-reported characteristics for mental or emotional health status. None of the TPs' rates for the adult population were significantly different than the NC TP Aggregate.

Figure 4-6—Percentage of 2025 Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by TP, with Aggregate Comparisons



None of the TPs' rates for the child population were significantly different than the NC TP Aggregate.

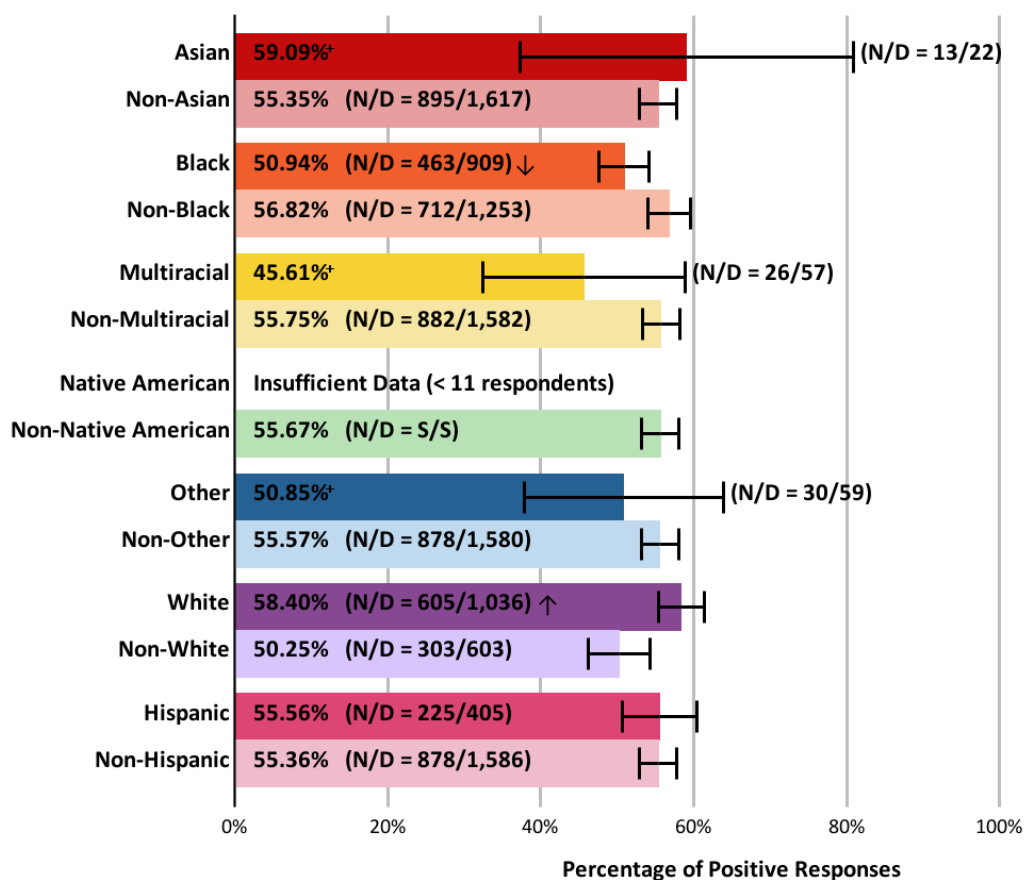
Figure 4-7—Percentage of 2025 Child Respondents Who Rate Their Child's Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by TP, with Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-8 shows the *Mental or Emotional Health Status* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of White respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-White respondents. A significantly *lower* percentage of Black respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-Black respondents. There were no significant differences identified by ethnicity. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-8—Percentage of 2025 Adult Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

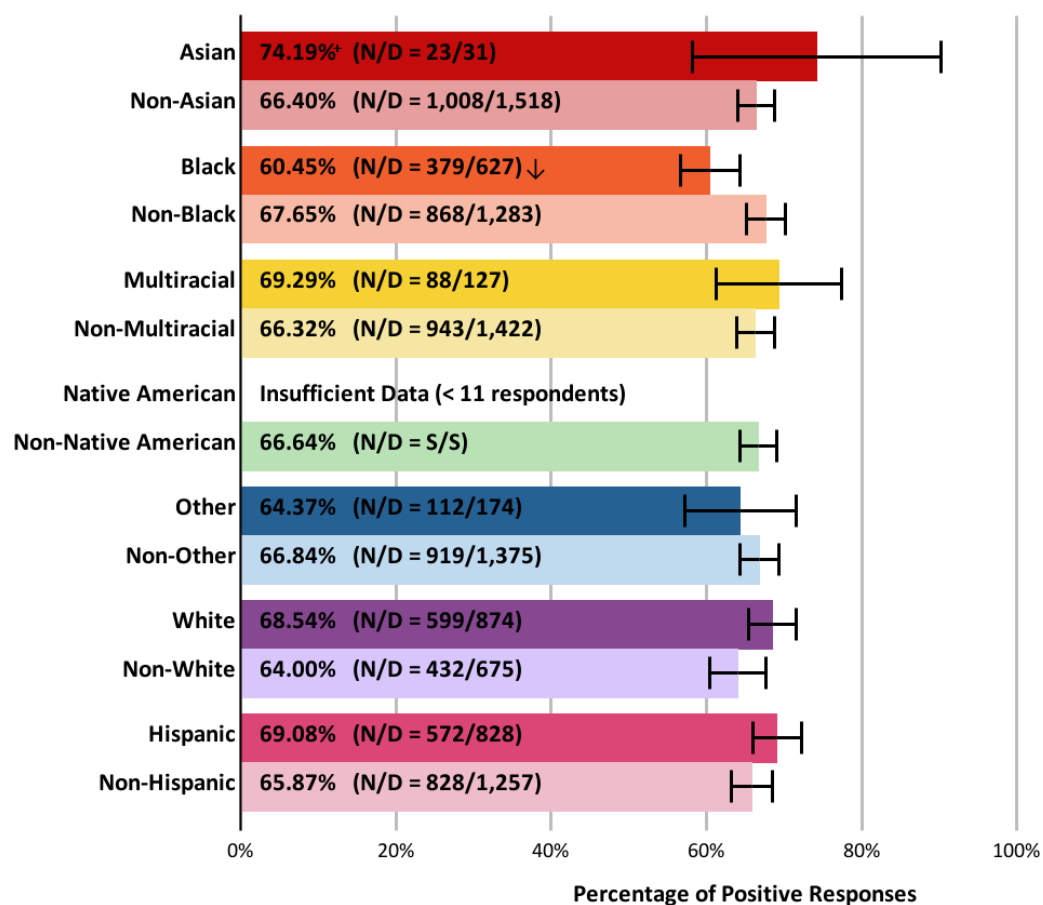
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 4-9 shows the *Mental or Emotional Health Status* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Black children report their child's mental or emotional health status as Excellent, Very Good, or Good when compared to parents/caretakers of non-Black children. There were no significant differences identified by ethnicity. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-9—Percentage of 2025 Child Respondents Who Rate Their Child's Mental or Emotional Health Status as Either Excellent, Very Good, or Good for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

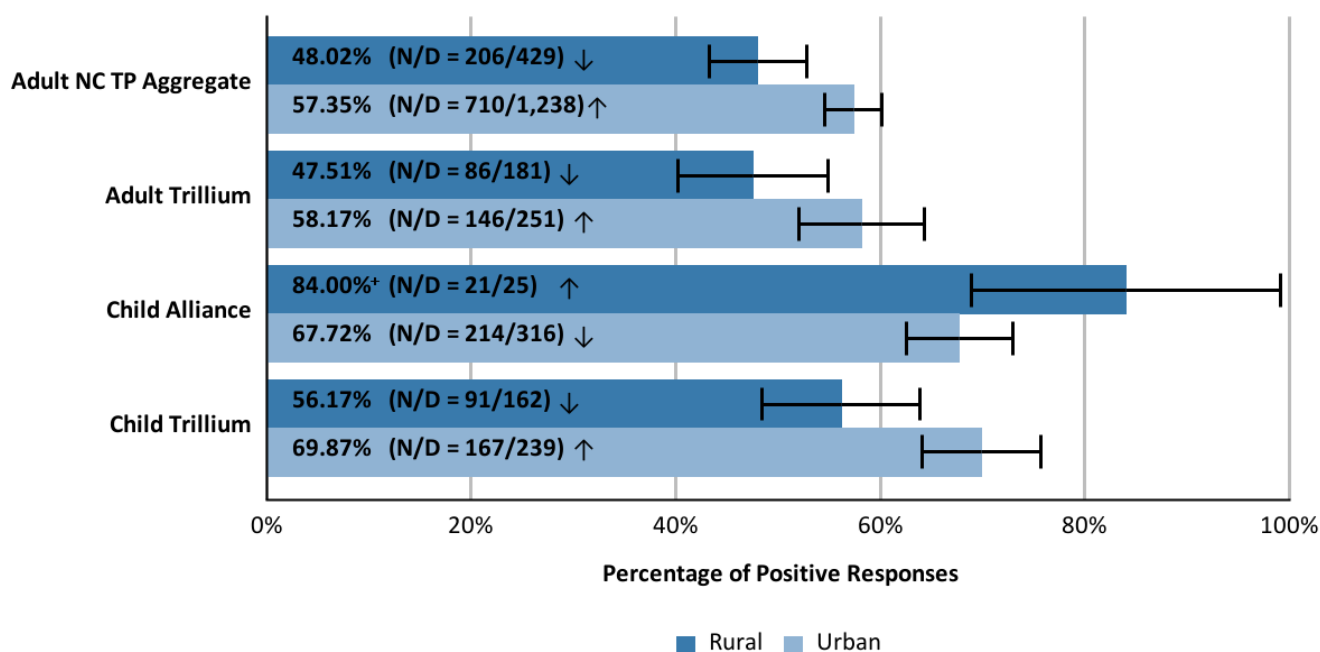
Geographic Comparisons

Table 4-5 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child's mental or emotional health status as Excellent, Very Good, or Good stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-10 shows the significant differences for Mental or Emotional Health Status by geography for adult respondents and parent/caretaker respondents of child beneficiaries. The NC TP Aggregate and Trillium rates for adult respondents living in rural counties were significantly *lower* than respondents living in urban counties. The Alliance rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties. The Trillium rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *lower* than children living in urban counties.

Table 4-5—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child's Mental or Emotional Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	48.02%↓	57.35%↑	64.66%	67.43%
Alliance	S	61.20%	84.00%+↑	67.72%↓
Partners	48.68%+	55.68%	69.86%+	67.75%
Trillium	47.51%↓	58.17%↑	56.17%↓	69.87%↑
Vaya	48.70%	52.99%	68.35%	64.95%
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. Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.				

Figure 4-10—Significant Differences: Percentage of Adult and Child Respondents Who Rate Their/Their Child's Mental or Emotional Health Status as Either Excellent, Very Good, or Good and Geographic Comparisons, by TP (2025)



↑ 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.

Rating of Health Plan

National Percentile Comparisons

Table 4-6 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Health Plan*.

Table 4-6—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Rating of Health Plan (2025)

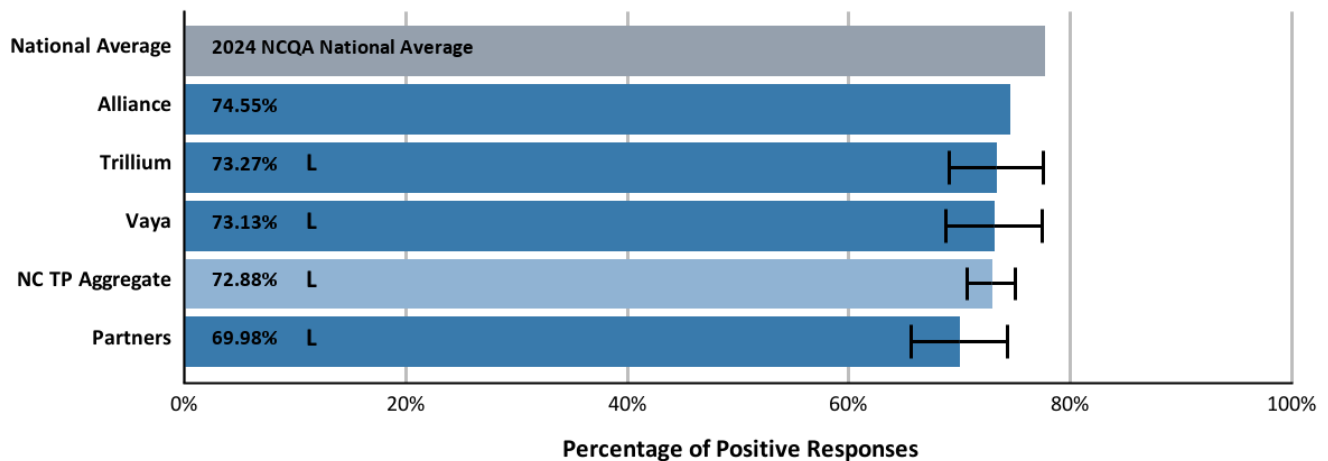
Population	Adult	Child
NC TP Aggregate	★ 72.88%	★ 78.33%
Alliance	★ 74.55%	★ 76.25%
Partners	★ 69.98%	★ 78.63%

Population	Adult	Child
Trillium	★ 73.27%	★ 79.19%
Vaya	★ 73.13%	★ 80.31%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 4-11 shows the *Rating of Health Plan* positive rating results for each adult population, with national and aggregate comparisons. The NC TP Aggregate, Partners, Trillium, and Vaya rates were significantly *lower* than the national average.

Figure 4-11—Percentage of 2025 Adult Respondents Who Rate Their Health Plan Positively, by TP, with National and Aggregate Comparisons

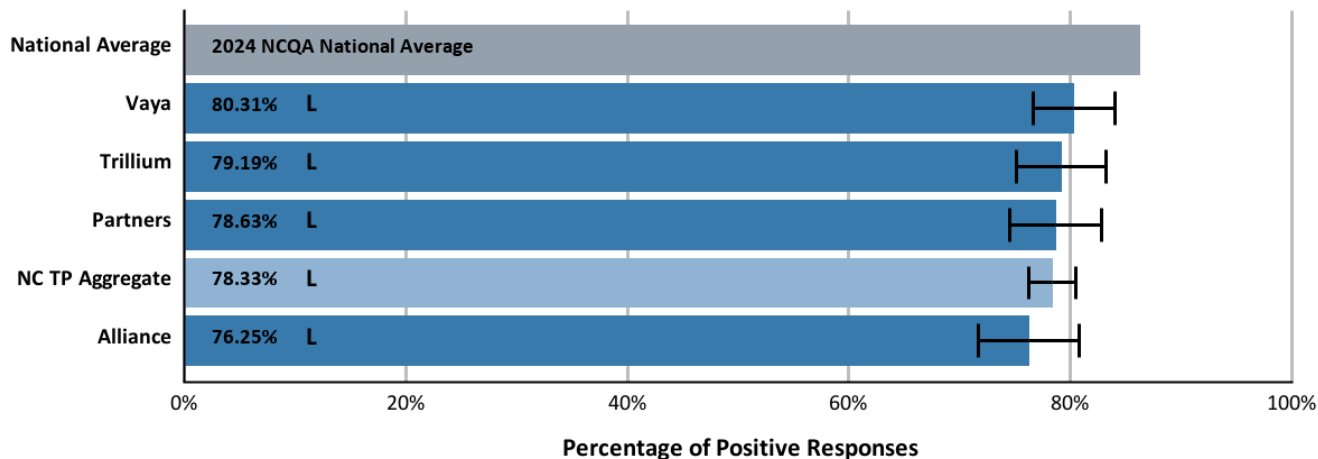


|—| Indicates the 95% confidence interval of the score.

L Indicates the score is significantly lower than the NCQA national average.

Figure 4-12 shows the *Rating of Health Plan* positive rating results for each child population, with national and aggregate comparisons. The NC TP Aggregate and all the TPs' rates were significantly *lower* than the national average.

Figure 4-12—Percentage of 2025 Child Respondents Who Rate Their Child’s Health Plan Positively, by TP, with National and Aggregate Comparisons



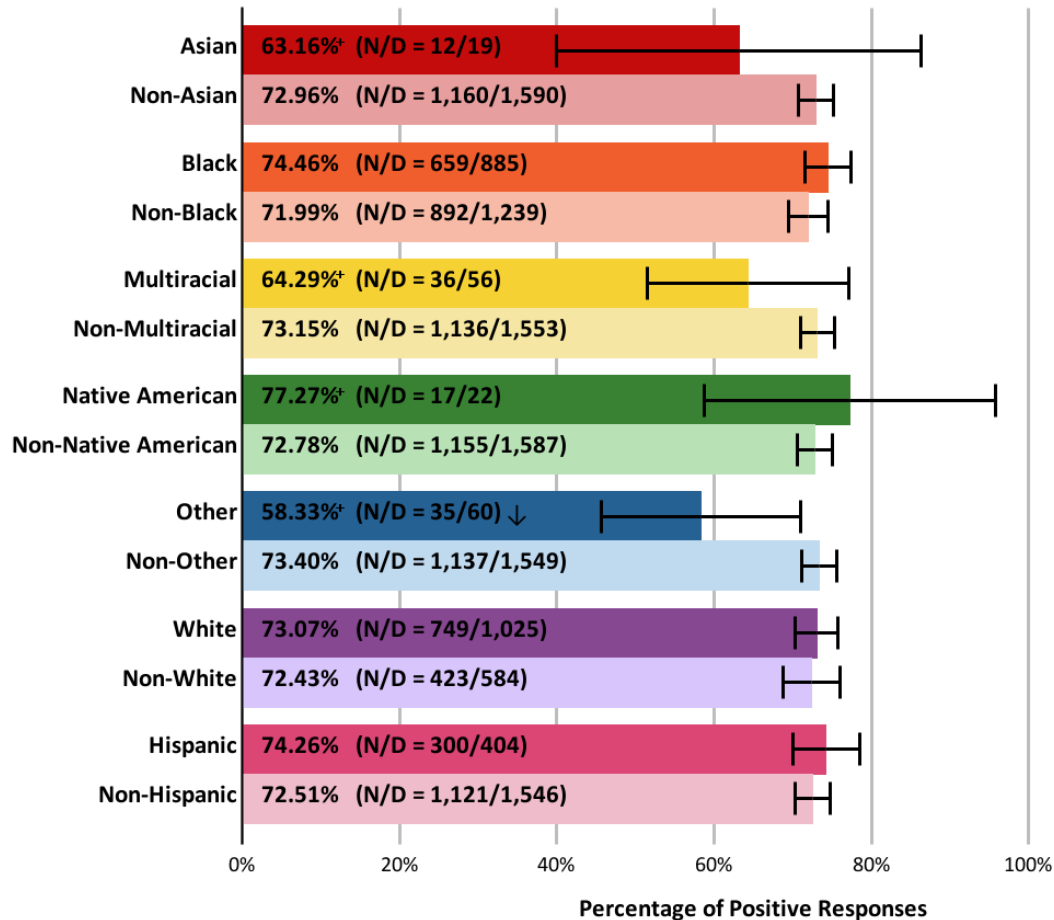
|—| Indicates the 95% confidence interval of the score.

L Indicates the score is significantly lower than the NCQA national average.

Race and Ethnicity Comparisons

Figure 4-13 shows the *Rating of Health Plan* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of Other race respondents rated their health plan positively when compared to non-Other race respondents. There were no significant differences identified by ethnicity.

Figure 4-13—Percentage of 2025 Adult Respondents Who Rate Their Health Plan Positively for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

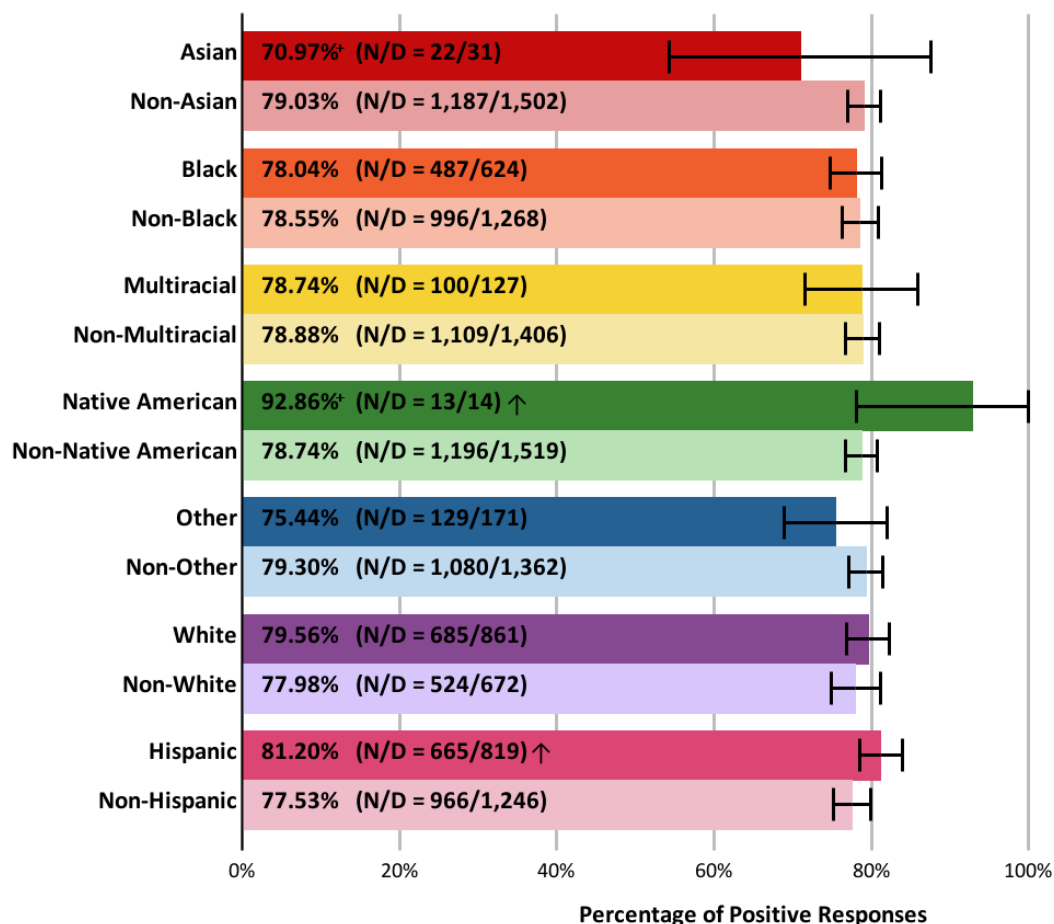
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-14 shows the *Rating of Health Plan* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Native American and Hispanic children rated their child's health plan positively when compared to parents/caretakers of non-Native American and non-Hispanic children, respectively.

Figure 4-14—Percentage of 2025 Child Respondents Who Rate Their Child’s Health Plan Positively for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 4-7 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s health plan positively stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-7—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s Health Plan Positively and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	73.40%	72.45%	77.81%	79.04%
Alliance	S	75.27%	70.83% ⁺	76.66%
Partners	64.47% ⁺	71.18%	78.08% ⁺	78.76%
Trillium	75.00%	72.02%	75.32%	81.78%
Vaya	77.63%	70.40%	81.75%	79.68%

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.

Rating of All Health Care

National Percentile Comparisons

Table 4-8 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of All Health Care*.

Table 4-8—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Rating of All Health Care (2025)

Population	Adult	Child
NC TP Aggregate	★★ 75.60%	★ 81.95%
Alliance	★★★ 77.39%	★ 82.45%
Partners	★★★ 77.52%	★★ 86.69%
Trillium	★ 71.68%	★ 79.93%
Vaya	★★★ 76.33%	★ 78.17%

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 in Appendix B beginning on page 510.

Aggregate Comparisons

Figure 4-15 shows the *Rating of All Health Care* positive rating results for each adult population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

Figure 4-15—Percentage of 2025 Adult Respondents Who Rate All Their Health Care Positively, by TP, with National and Aggregate Comparisons

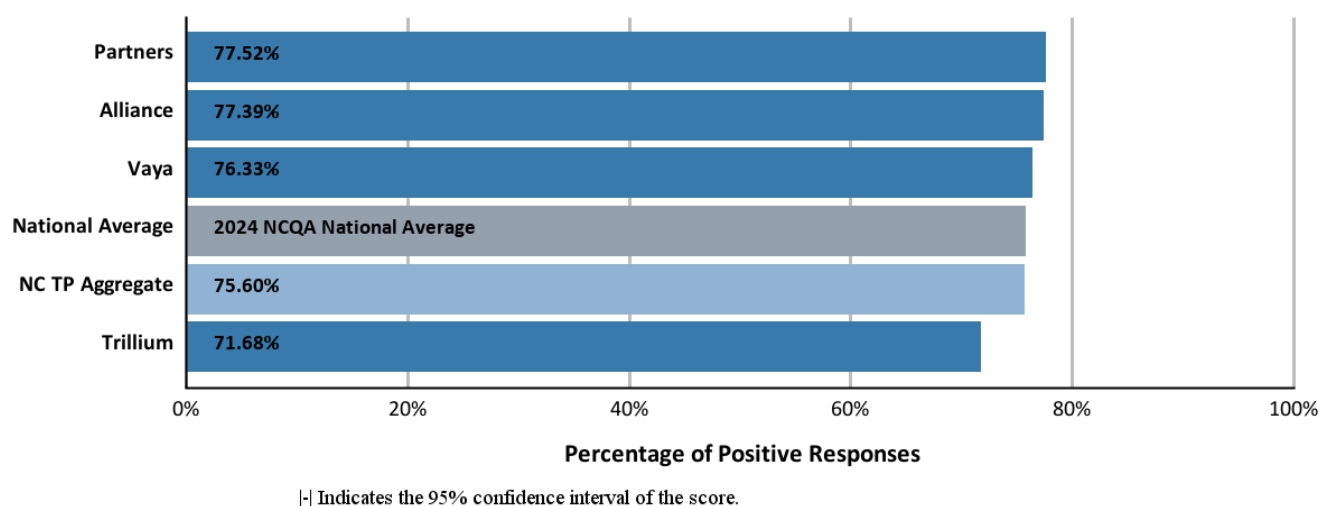
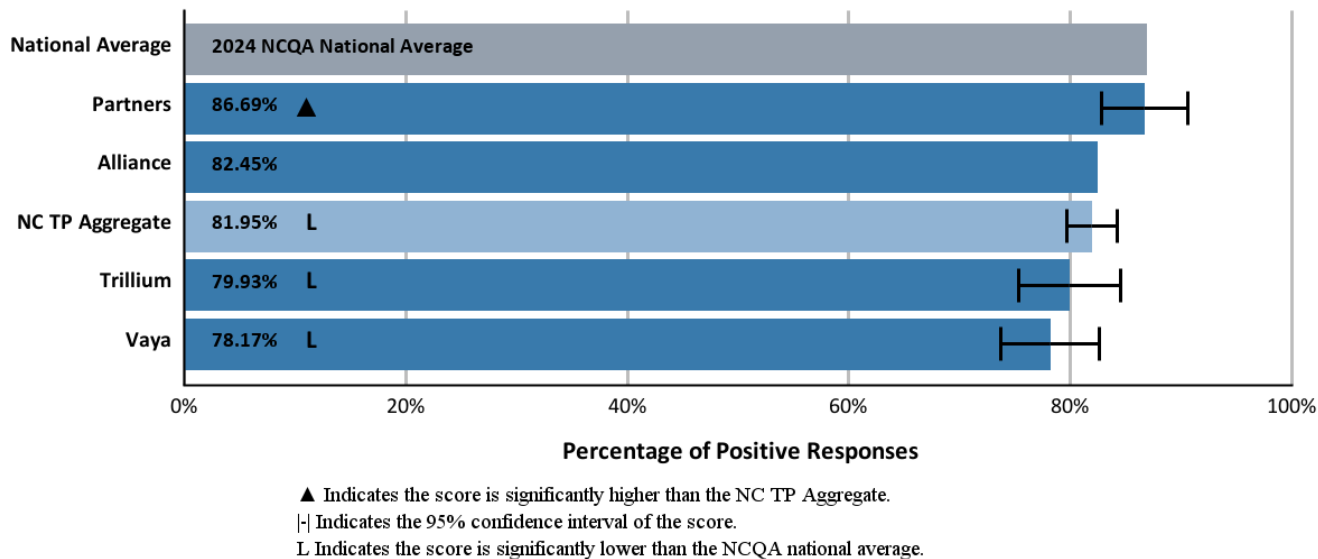


Figure 4-16 shows the *Rating of All Health Care* positive rating results for each child population, with national and aggregate comparisons. The Partners rate was significantly *higher* than the NC TP Aggregate. The NC TP Aggregate, Trillium, and Vaya rates were significantly *lower* than the national average.

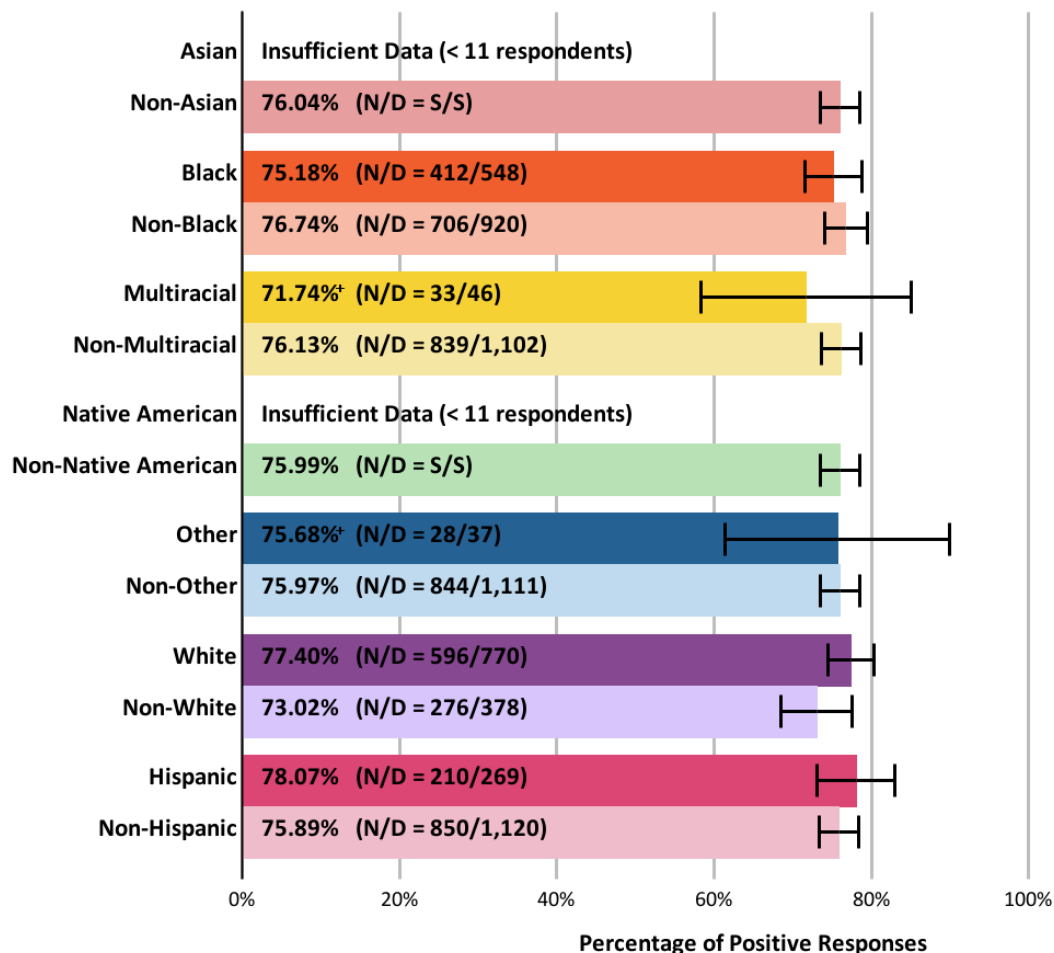
Figure 4-16—Percentage of 2025 Child Respondents Who Rate All Their Child’s Health Care Positively, by TP, with National and Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-17 shows the *Rating of All Health Care* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-17—Percentage of 2025 Adult Respondents Who Rate All Their Health Care Positively for NC TP Aggregate, by Race and Ethnicity



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.

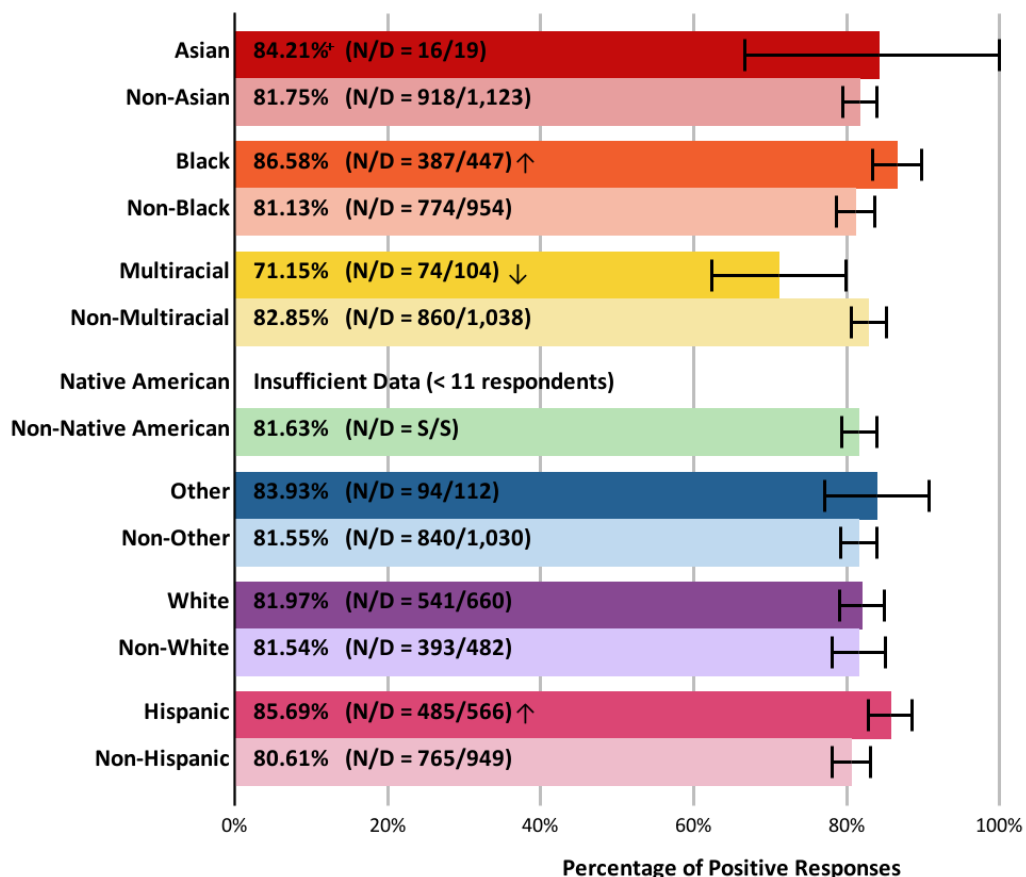
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-18 shows the *Rating of All Health Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Black and Hispanic children rated all their child's health care positively when compared to parents/caretakers of non-Black and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of Multiracial children rated all their child's health care positively when compared to parents/caretakers of non-Multiracial children. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-18—Percentage of 2025 Child Respondents Who Rate All Their Child’s Health Care Positively for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 4-9 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported all their/their child’s health care positively stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-9—Percentage of Adult Respondents and Child Respondents Who Rate All Their/Their Child’s Health Care Positively and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	71.67%	77.12%	82.49%	81.36%
Alliance	S	78.18%	86.67% ⁺	82.17%
Partners	73.08% ⁺	78.46%	90.00% ⁺	85.84%
Trillium	66.96%	74.85%	81.25%	79.10%
Vaya	77.12%	75.82%	79.09%	77.73%
<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>				

Rating of Personal Doctor

National Percentile Comparisons

Table 4-10 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Personal Doctor*.

Table 4-10—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Rating of Personal Doctor (2025)

Population	Adult	Child
NC TP Aggregate	★★★★ 85.83%	★★★ 90.39%
Alliance	★★ 82.98%	★★★★★ 92.76%
Partners	★★★★★ 90.72%	★★ 89.37%
Trillium	★★★ 85.42%	★★ 89.35%
Vaya	★★★ 85.11%	★★ 89.06%
<i>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 in Appendix B beginning on page 510.</i>		

Aggregate Comparisons

Figure 4-19 shows the *Rating of Personal Doctor* positive rating results for each adult population, with national and aggregate comparisons. The Partners rate was significantly *higher* than the NC TP Aggregate. The NC TP Aggregate and Partners rates were significantly *higher* than the national average.

Figure 4-19—Percentage of 2025 Adult Respondents Who Rate Their Personal Doctor Positively, by TP, with National and Aggregate Comparisons

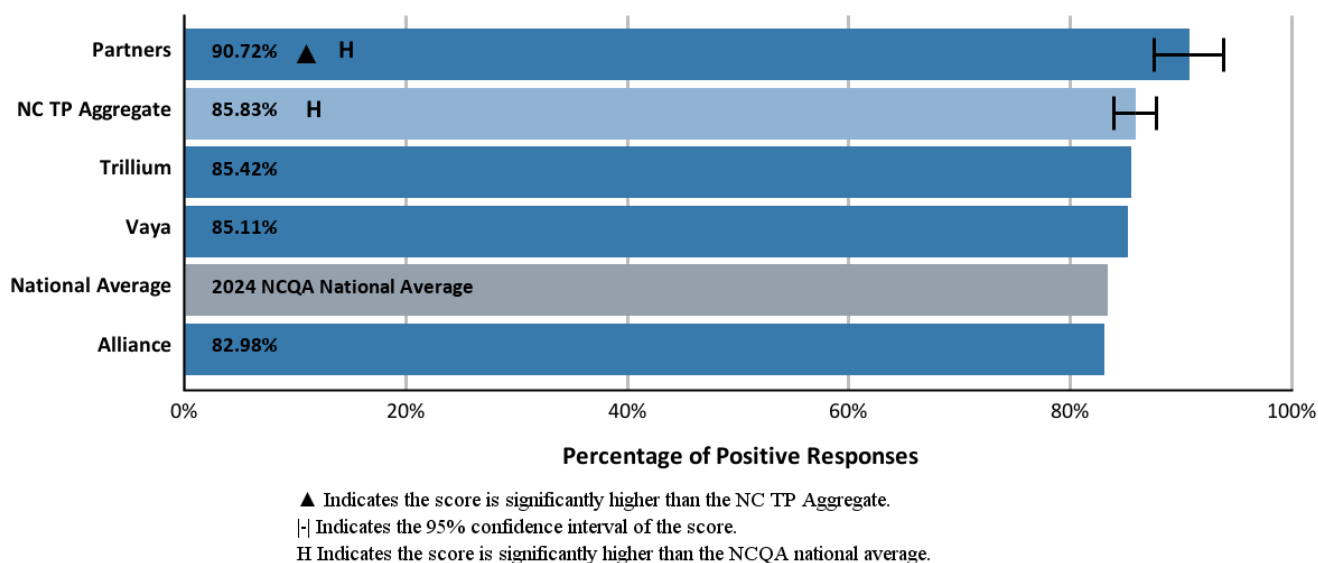
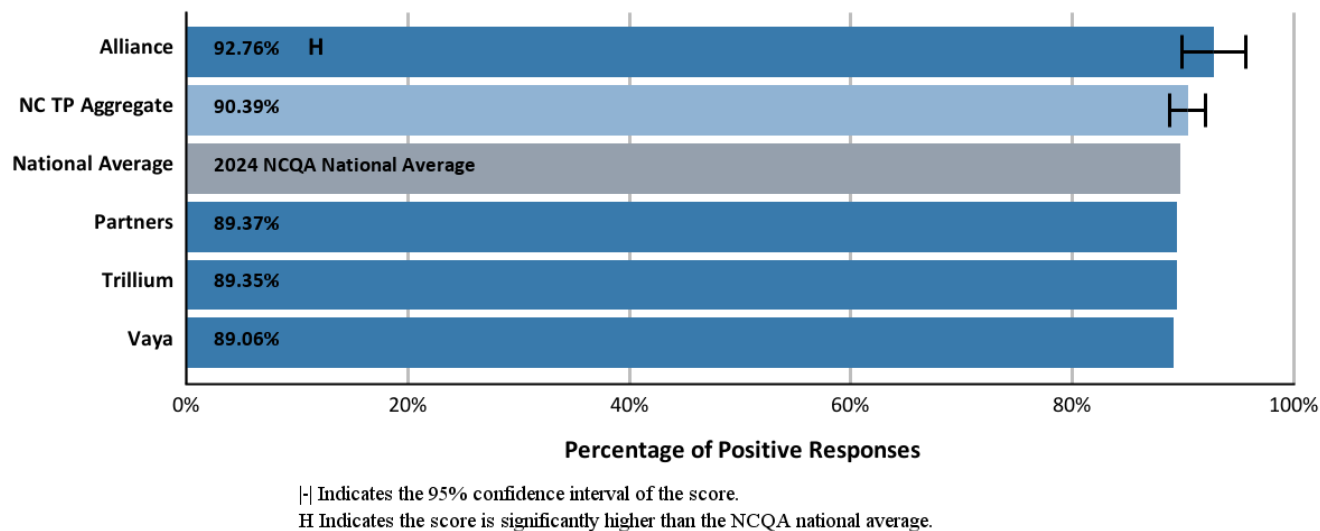


Figure 4-20 shows the *Rating of Personal Doctor* positive rating results for each child population, with national and aggregate comparisons. The Alliance rate was significantly *higher* than the national average.

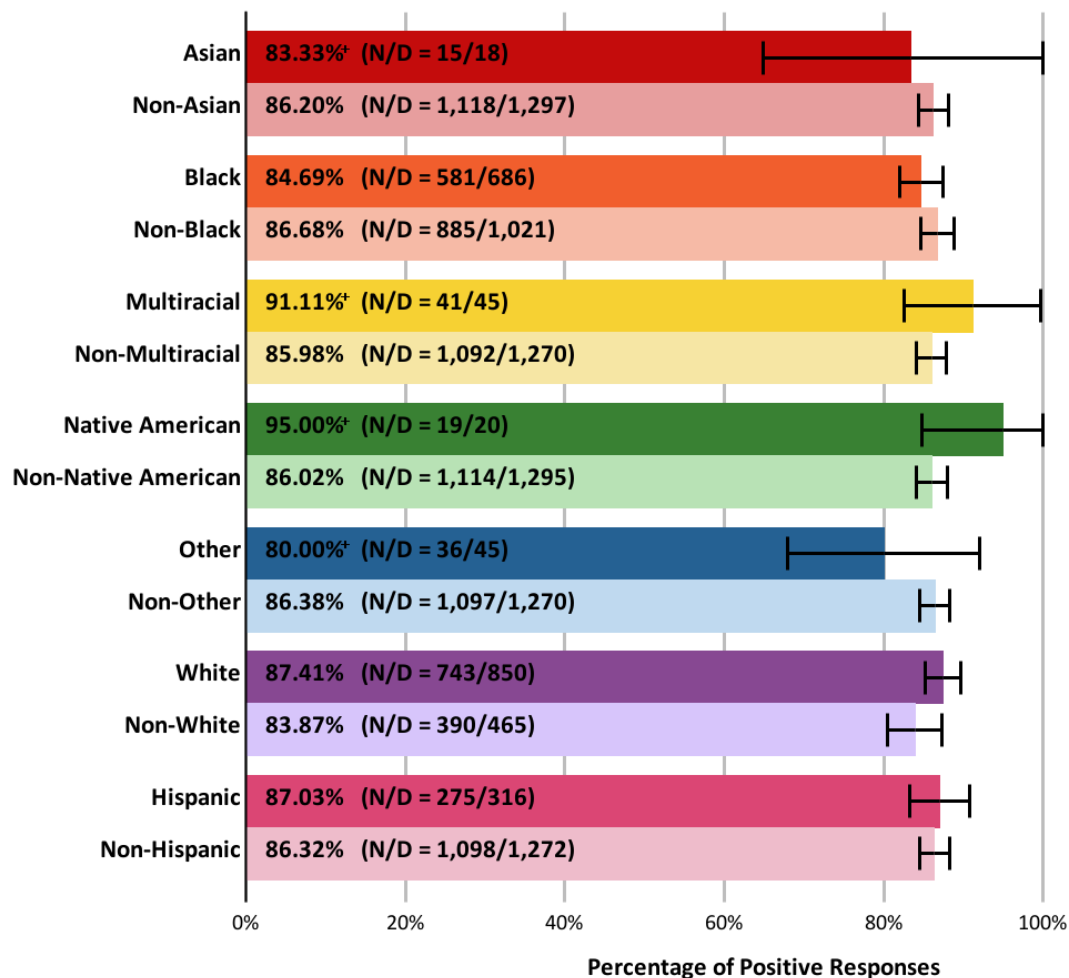
Figure 4-20—Percentage of 2025 Child Respondents Who Rate Their Child’s Personal Doctor Positively, by TP, with National and Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-21 shows the *Rating of Personal Doctor* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 4-21—Percentage of 2025 Adult Respondents Who Rate Their Personal Doctor Positively for NC TP Aggregate, by Race and Ethnicity



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

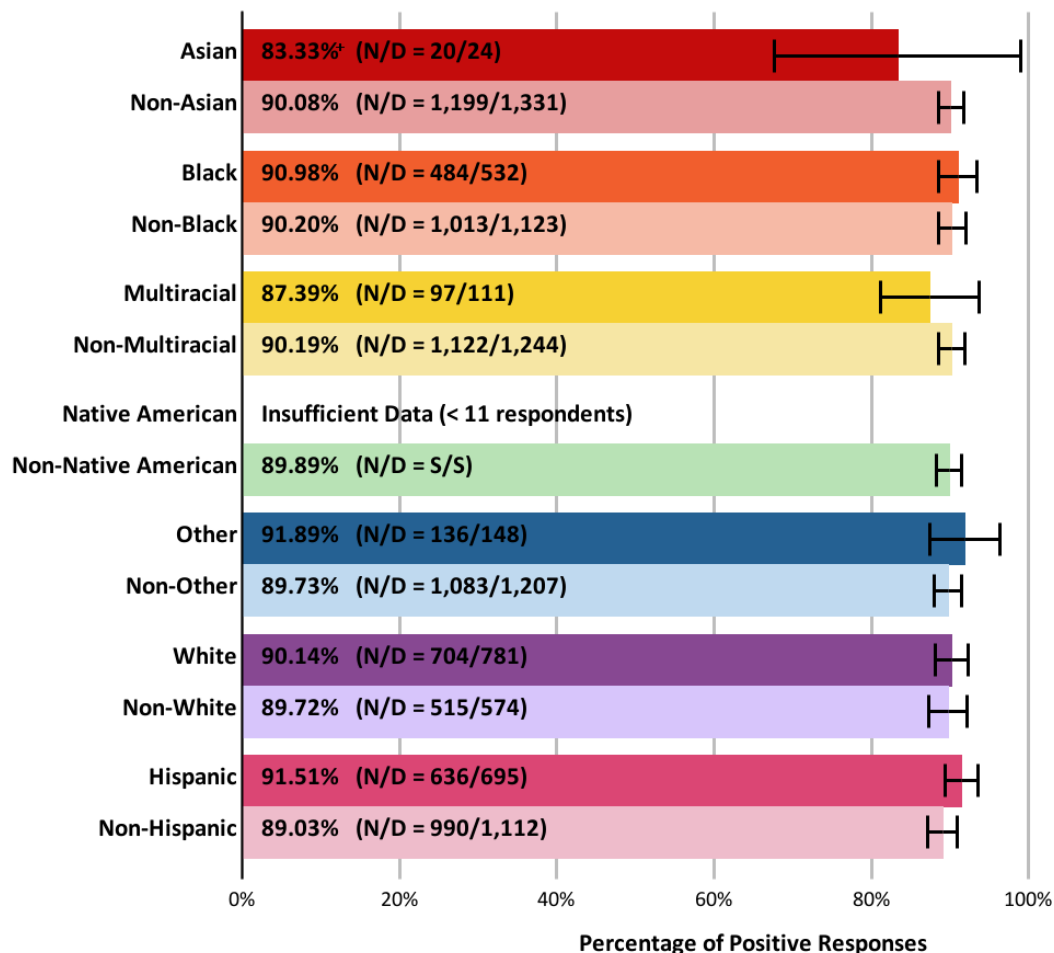
N/D Indicates the numerator and denominator of the demographic category score.

[-] 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.

Figure 4-22 shows the *Rating of Personal Doctor* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-22—Percentage of 2025 Child Respondents Who Rate Their Child’s Personal Doctor Positively for NC TP Aggregate, by Race and Ethnicity



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.

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.

Geographic Comparisons

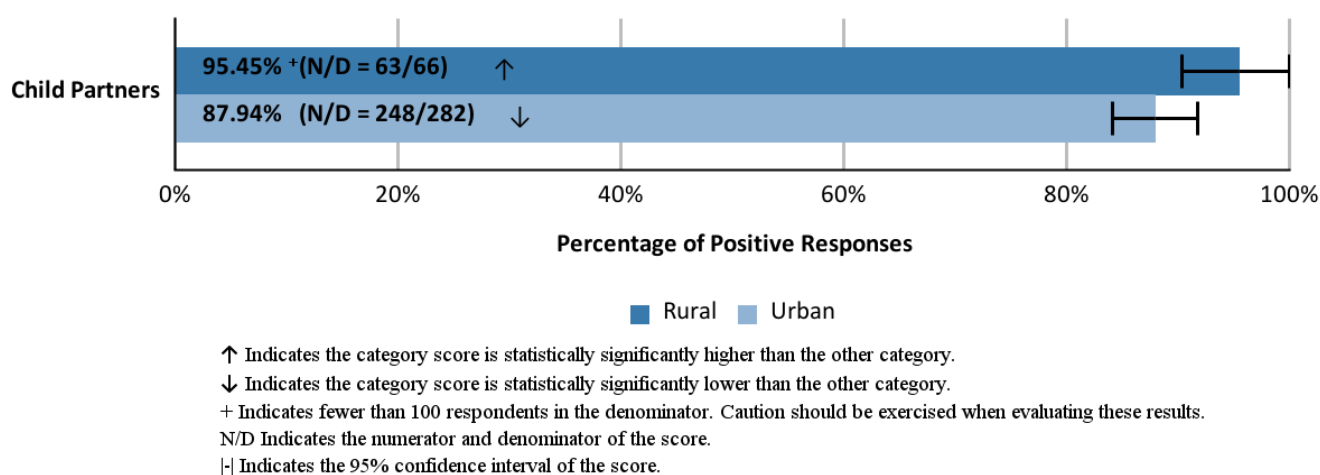
Table 4-11 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s personal doctor positively stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-23 shows the significant differences for Rating of Personal Doctor by geography for parent/caretaker respondents of child beneficiaries. The Partners rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 4-11—Percentage of Adult Respondents and Child Respondents Who Rate Their/Their Child’s Personal Doctor Positively and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	84.04%	86.74%	89.74%	90.12%
Alliance	S	83.02%	91.30% ⁺	92.88%
Partners	85.71% ⁺	91.73%	95.45% ⁺ ↑	87.94%↓
Trillium	83.10%	87.06%	87.59%	90.55%
Vaya	84.55%	85.44%	88.80%	89.18%

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.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-23—Significant Differences: Percentage of Child Respondents Who Rate Their Child’s Personal Doctor Positively and Geographic Comparisons, by TP (2025)



Rating of Specialist Seen Most Often

National Percentile Comparisons

Table 4-12 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Rating of Specialist Seen Most Often*.

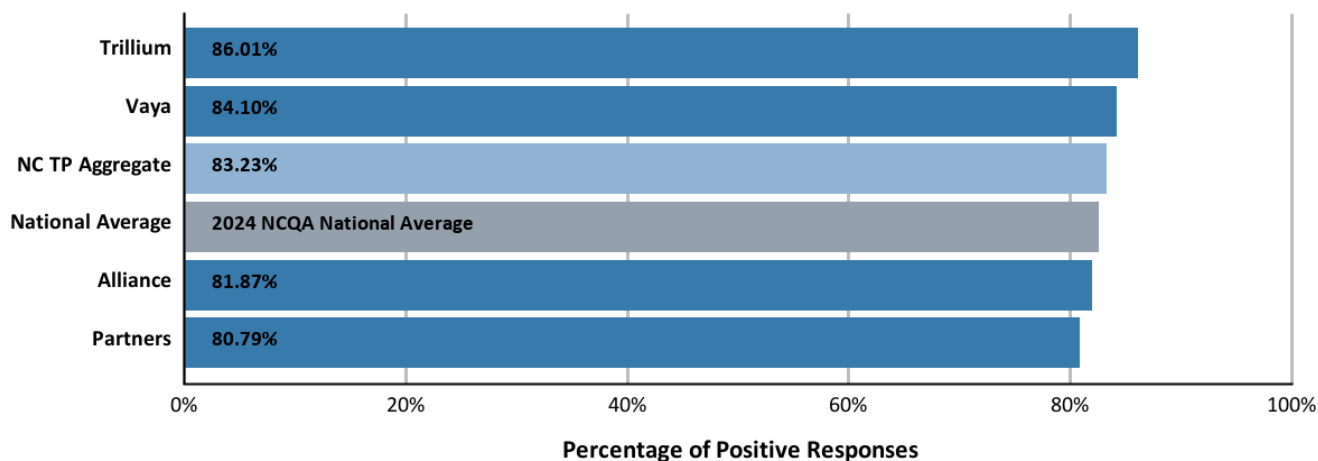
**Table 4-12—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by TP: Rating of Specialist Seen Most Often (2025)**

Population	Adult	Child
NC TP Aggregate	★★ 83.23%	★★ 86.89%
Alliance	★★ 81.87%	★★ 87.26%
Partners	★★ 80.79%	★★★ 87.37%
Trillium	★★★★ 86.01%	★★ 86.90%
Vaya	★★★ 84.10%	★★ 85.64%
<i>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 in Appendix B beginning on page 510.</i>		

Aggregate Comparisons

Figure 4-24 shows the *Rating of Specialist Seen Most Often* positive rating results for each adult population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

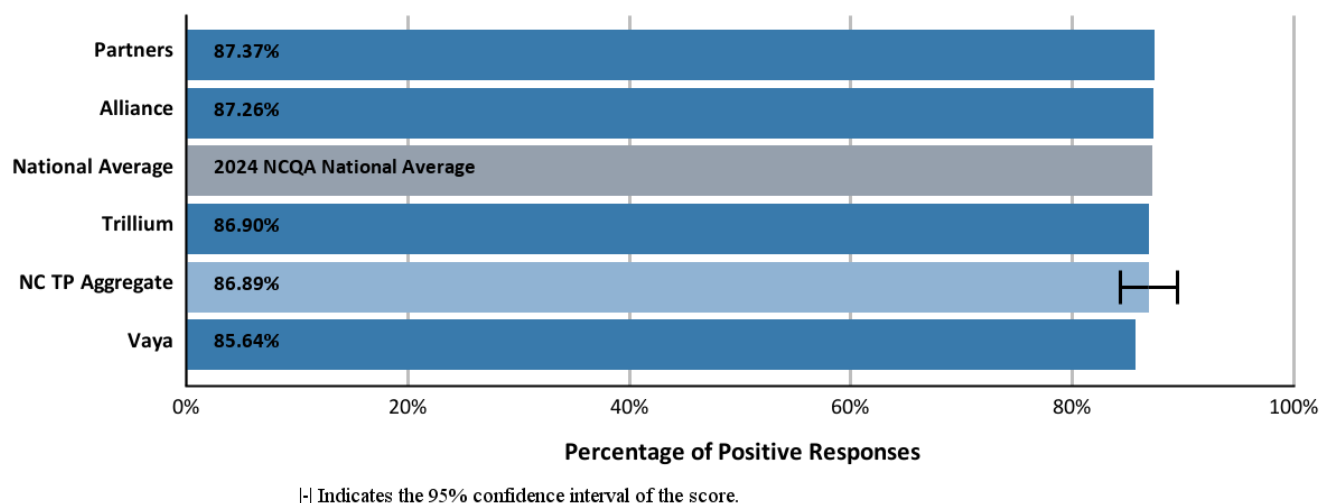
Figure 4-24—Percentage of 2025 Adult Respondents Who Rate the Specialist Seen Most Often Positively, by TP, with National and Aggregate Comparisons



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

Figure 4-25 shows the *Rating of Specialist Seen Most Often* positive rating results for each child population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

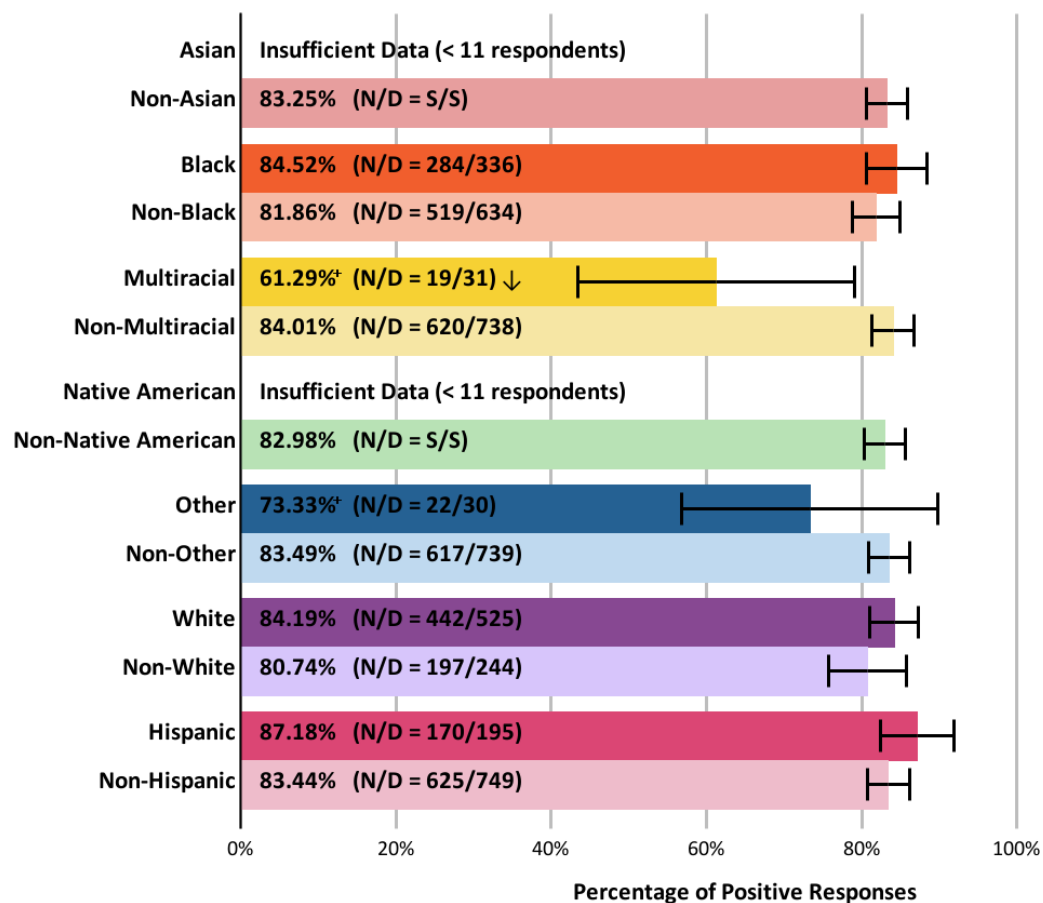
Figure 4-25—Percentage of 2025 Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively, by TP, with National and Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-26 shows the *Rating of Specialist Seen Most Often* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of Multiracial respondents rated the specialist they saw most often positively when compared to non-Multiracial respondents. There were no significant differences identified by ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-26—Percentage of 2025 Adult Respondents Who Rate the Specialist They Saw Most Often Positively for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

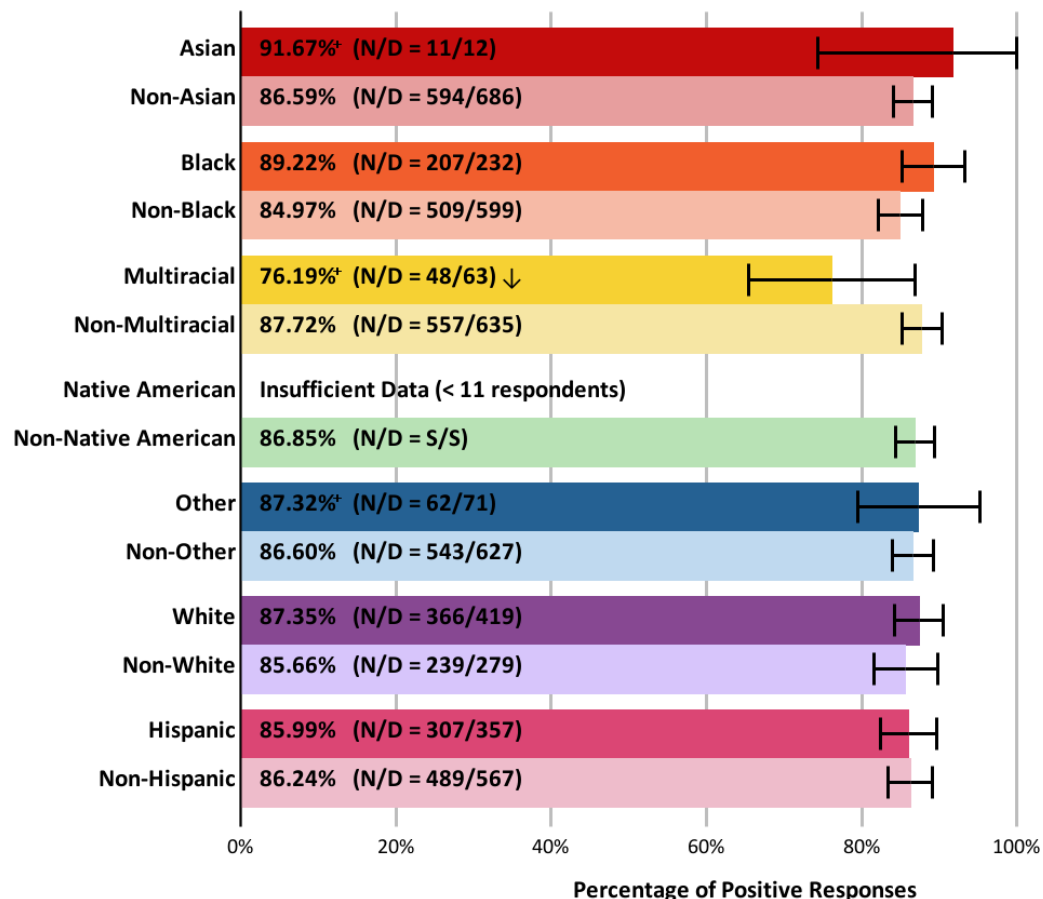
N/D Indicates the numerator and denominator of the demographic category score.

|·| 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.

Figure 4-27 shows the *Rating of Specialist Seen Most Often* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Multiracial children rated the specialist their child saw most often positively when compared to parents/caretakers of non-Multiracial children. There were no significant differences identified by ethnicity. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-27—Percentage of 2025 Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 4-13 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported the specialist they/their child saw most often positively stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-13—Percentage of Adult Respondents and Child Respondents Who Rate The Specialist They/Their Child Saw Most Often Positively and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	85.34%	82.46%	87.01%	86.70%
Alliance	S	82.70%	S	87.25%
Partners	85.29% ⁺	79.88%	87.50% ⁺	87.34%
Trillium	83.75% ⁺	87.61%	90.14% ⁺	84.54% ⁺
Vaya	89.86% ⁺	80.95%	82.76% ⁺	86.92%
<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>				

Getting Needed Care

National Percentile Comparisons

Table 4-14 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Getting Needed Care*.

Table 4-14—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Getting Needed Care (2025)

Population	Adult	Child
NC TP Aggregate	★★★★★ 85.08%	★★★★★ 87.05%
Alliance	★★★ 82.12%	★★★ 86.41%
Partners	★★★★★ 85.55%	★★★★★ 87.49%
Trillium	★★★ 84.84%	★★★★★ 87.27%
Vaya	★★★★★ 89.29%	★★★★★ 87.29%
<i>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 in Appendix B beginning on page 510.</i>		

Aggregate Comparisons

Figure 4-28 shows the *Getting Needed Care* positive rating results for each adult population, with national and aggregate comparisons. The Vaya rate was significantly *higher* than the NC TP Aggregate. The NC TP Aggregate, Partners, and Vaya rates were significantly *higher* than the national average. The Alliance rate was significantly *lower* than the NC TP Aggregate.

Figure 4-28—Percentage of 2025 Adult Respondents Who Usually or Always Got Care They Needed, by TP, with National and Aggregate Comparisons

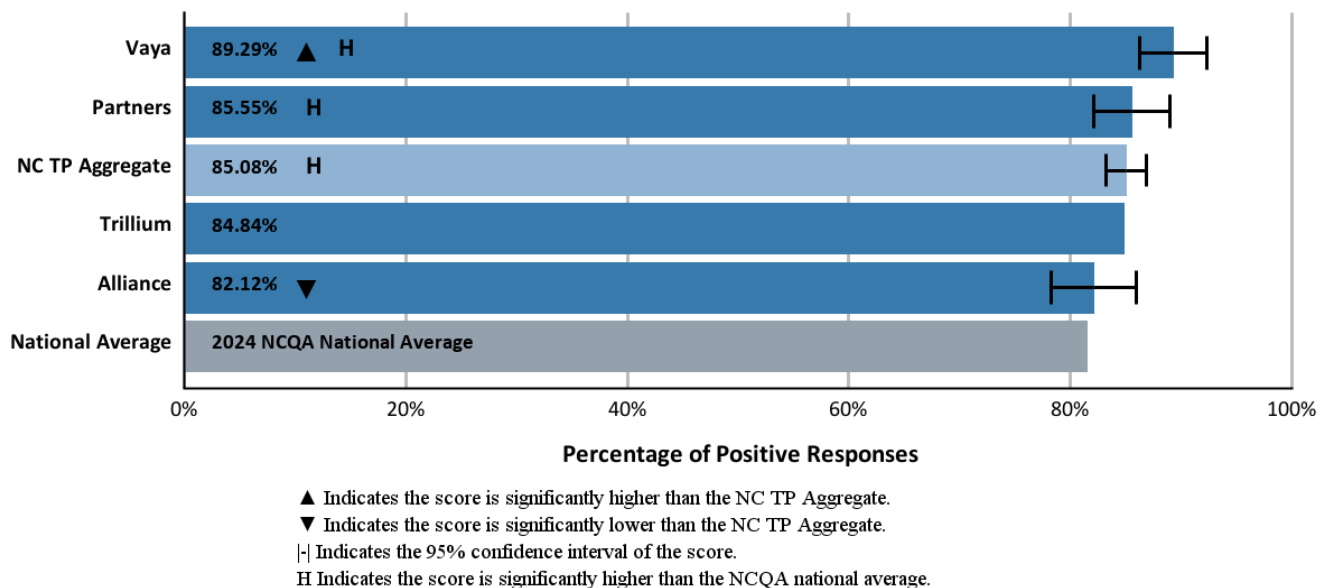
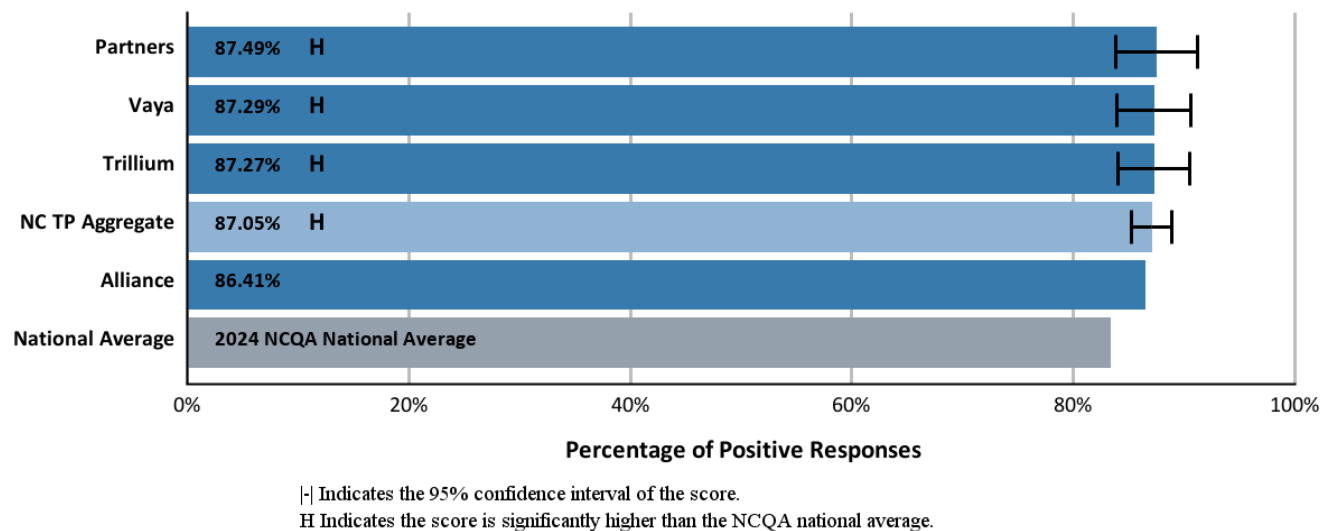


Figure 4-29 shows the *Getting Needed Care* positive rating results for each child population, with national and aggregate comparisons. The NC TP Aggregate, Partners, Trillium, and Vaya rates were significantly *higher* than the national average.

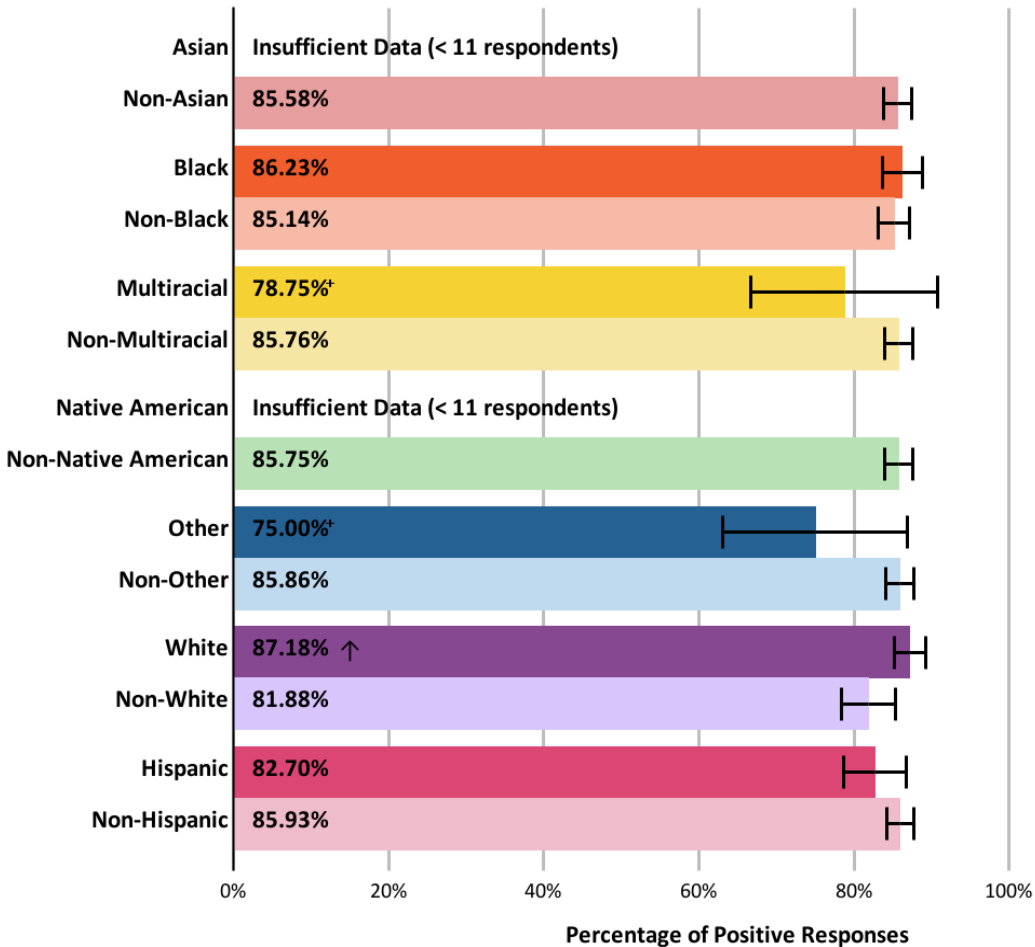
Figure 4-29—Percentage of 2025 Child Respondents Who Usually or Always Got Care They Needed for Their Child, by TP, with National and Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-30 shows the *Getting Needed Care* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of White respondents reported they usually or always got care they needed when compared to non-White respondents. There were no significant differences identified by ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-30—Percentage of 2025 Adult Respondents Who Usually or Always Got Care They Needed for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

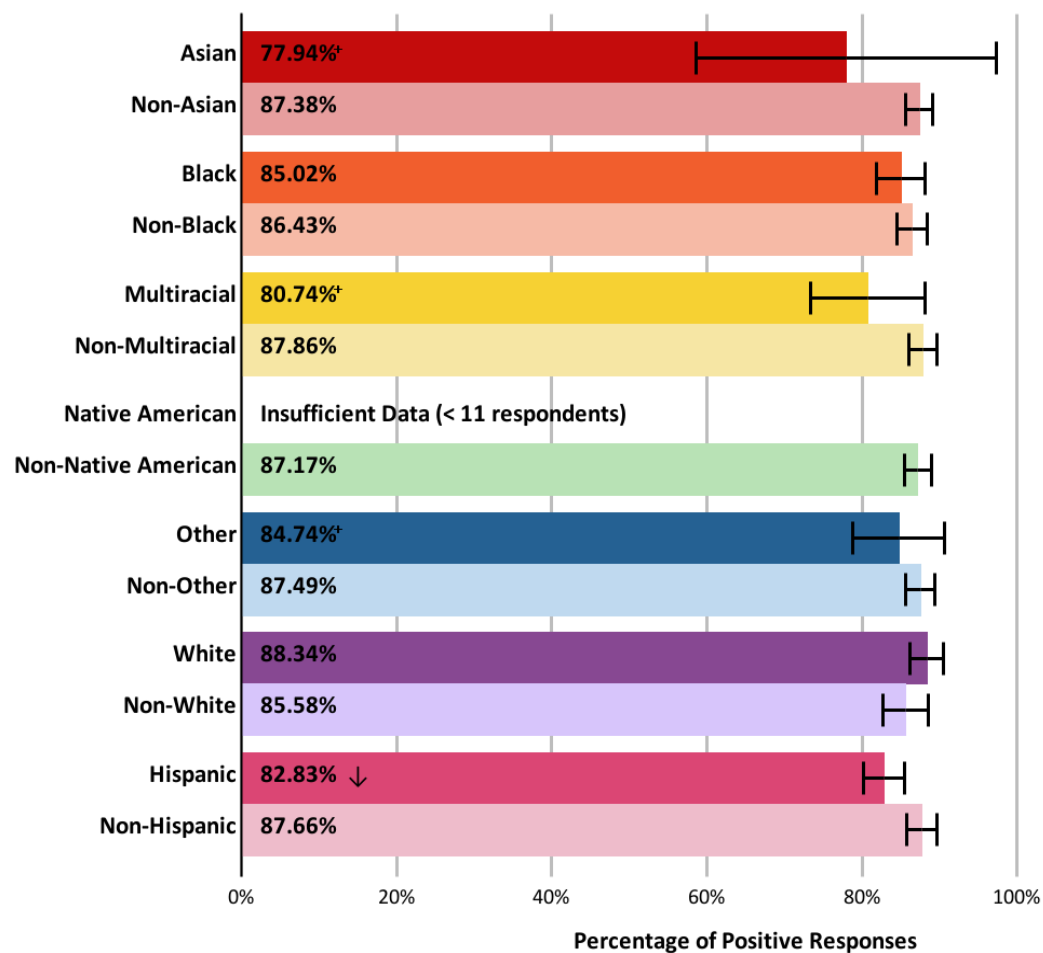
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 4-31 shows the *Getting Needed Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Hispanic children reported their child usually or always got care needed when compared to parents/caretakers of non-Hispanic children. There were no significant differences identified by race. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-31—Percentage of 2025 Child Respondents Who Usually or Always Got Care They Needed for Their Child for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

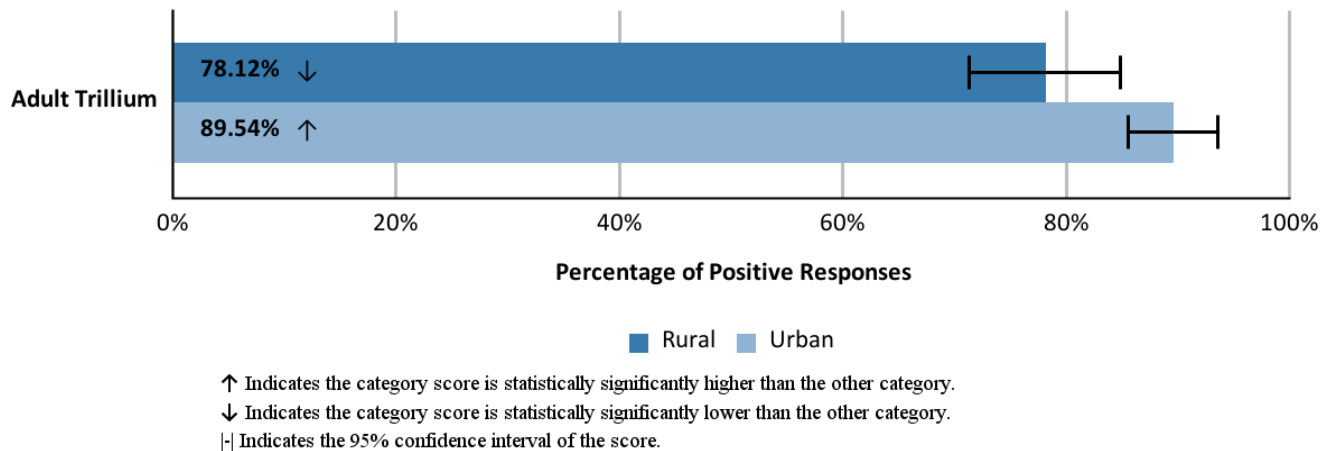
Table 4-15 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported they/their child usually or always got care they/their child needed stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-32 shows the significant differences for *Getting Needed Care* by geography for adult respondents. The Trillium rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Table 4-15—Percentage of Adult Respondents and Child Respondents Who Usually or Always Got Care They/Their Child Needed and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	84.44%	85.81%	85.44%	87.69%
Alliance	S	82.17%	S	87.37%
Partners	83.86% ⁺	85.91%	88.62% ⁺	87.20%
Trillium	78.12%↓	89.54%↑	84.59% ⁺	89.10%
Vaya	92.23% ⁺	87.64%	86.57% ⁺	87.60%

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.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-32—Significant Differences: Percentage of Adult Respondents Who Usually or Always Got Care They Needed and Geographic Comparisons, by TP (2025)



Getting Care Quickly

National Percentile Comparisons

Table 4-16 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Getting Care Quickly*.

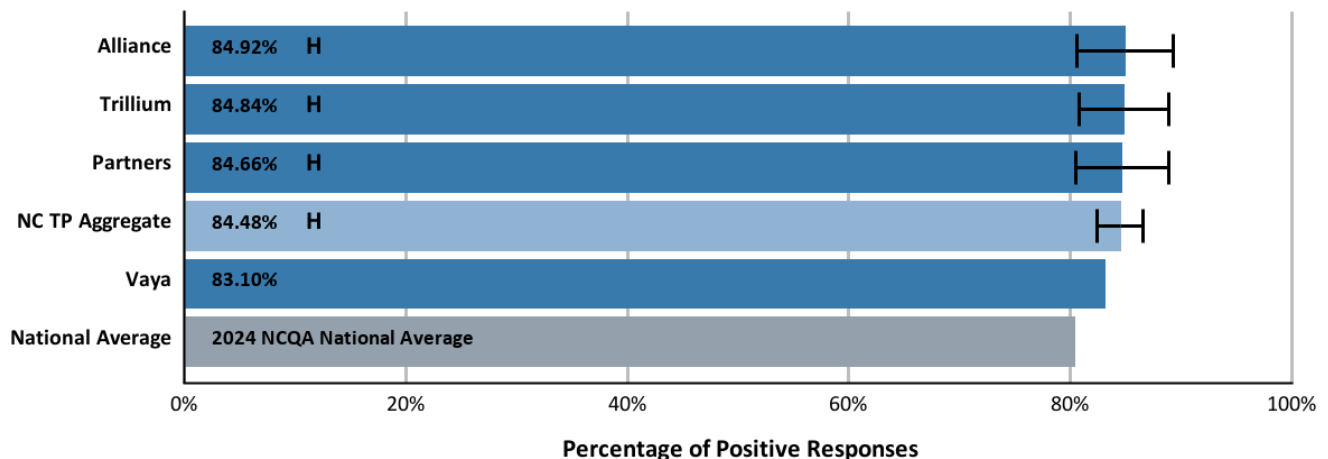
**Table 4-16—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by TP: Getting Care Quickly (2025)**

Population	Adult	Child
NC TP Aggregate	★★★★ 84.48%	★★★★ 90.49%
Alliance	★★★★ 84.92%	★★★ 89.25%
Partners	★★★★ 84.66%	★★★★★ 93.16%
Trillium	★★★★ 84.84%	★★★ 89.49%
Vaya	★★★ 83.10%	★★★★ 90.80%
<i>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 in Appendix B beginning on page 510.</i>		

Aggregate Comparisons

Figure 4-33 shows the *Getting Care Quickly* positive rating results for each adult population, with national and aggregate comparisons. The NC TP Aggregate, Alliance, Partners, and Trillium rates were significantly *higher* than the national average.

**Figure 4-33—Percentage of 2025 Adult Respondents Who Usually or Always Got Care Quickly,
by TP, with National and Aggregate Comparisons**

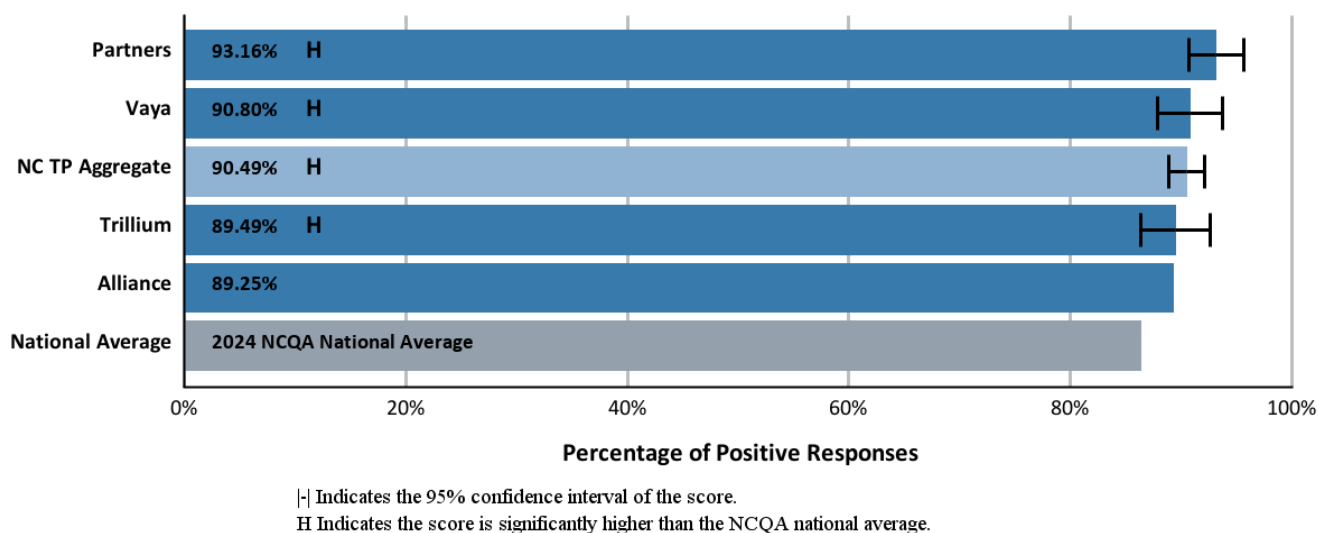


|-| Indicates the 95% confidence interval of the score.

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

Figure 4-34 shows the *Getting Care Quickly* positive rating results for each child population, with national and aggregate comparisons. The NC TP Aggregate, Partners, Trillium, and Vaya rates were significantly *higher* than the national average.

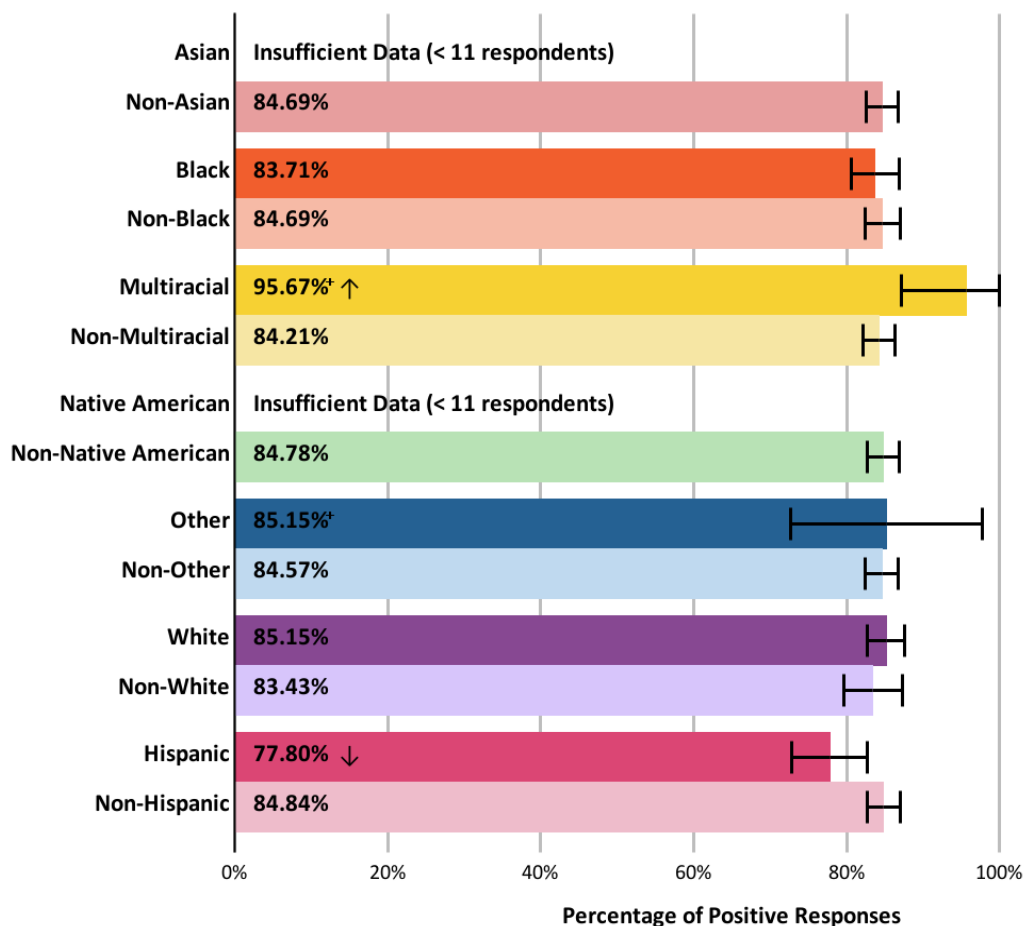
Figure 4-34—Percentage of 2025 Child Respondents Who Usually or Always Got Care Quickly for Their Child, by TP, with National and Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-35 shows the *Getting Care Quickly* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of Multiracial respondents reported they usually or always got care quickly when compared to non-Multiracial respondents. A significantly *lower* percentage of Hispanic respondents reported they usually or always got care quickly when compared to non-Hispanic respondents. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

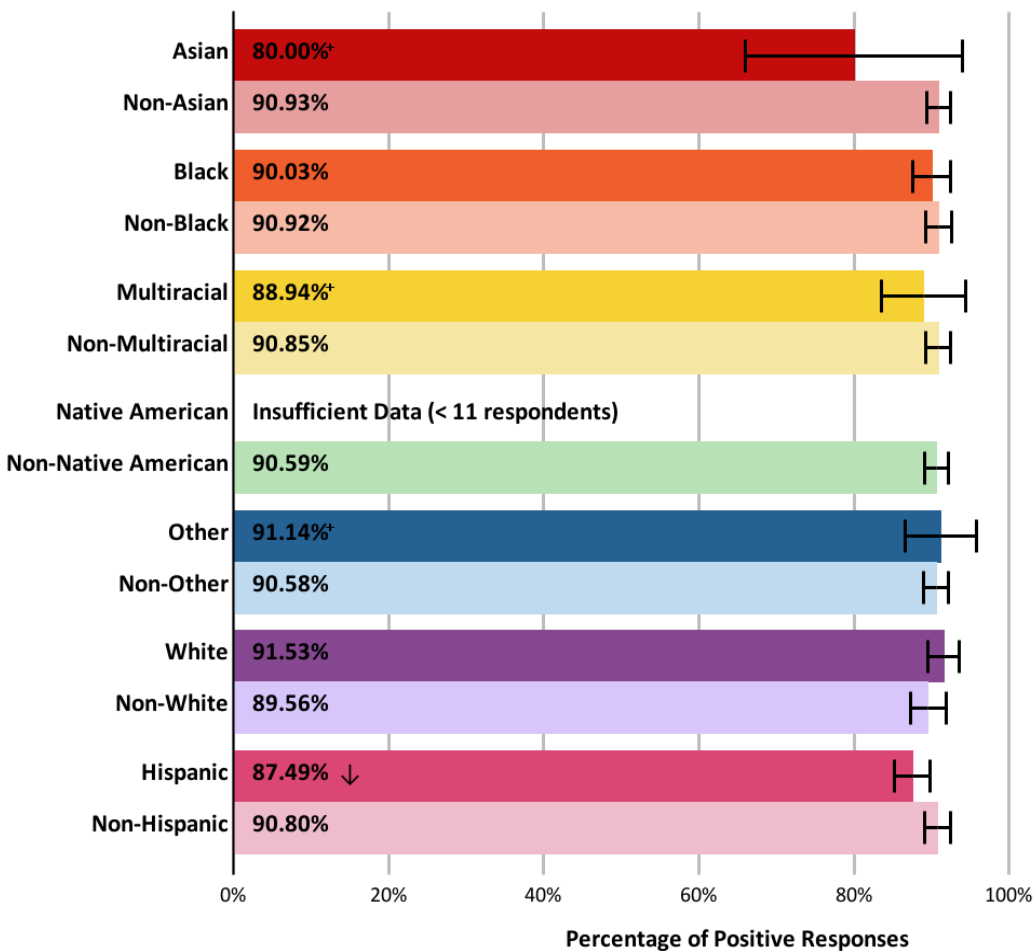
Figure 4-35—Percentage of 2025 Adult Respondents Who Usually or Always Got Care Quickly for NC TP Aggregate, by Race and Ethnicity



↑ 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.
 If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.
 + 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.

Figure 4-36 shows the *Getting Care Quickly* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Hispanic children reported their child usually or always got care quickly when compared to parents/caretakers of non-Hispanic children. There were no significant differences identified by race. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-36—Percentage of 2025 Child Respondents Who Usually or Always Got Care Quickly for Their Child for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

† 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.

Geographic Comparisons

Table 4-17 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported they/their child usually or always got care quickly stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-17—Percentage of Adult Respondents and Child Respondents Who Usually or Always Got Care Quickly and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	85.02%	84.15%	89.14%	91.27%
Alliance	S	85.06%	90.08% ⁺	89.14%
Partners	82.92% ⁺	85.06%	90.98% ⁺	93.72%
Trillium	84.16% ⁺	85.26%	86.99% ⁺	91.00%
Vaya	86.85% ⁺	80.58%	89.97% ⁺	91.19%
<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>				

How Well Doctors Communicate

National Percentile Comparisons

Table 4-18 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *How Well Doctors Communicate*.

Table 4-18—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: How Well Doctors Communicate (2025)

Population	Adult	Child
NC TP Aggregate	★★★★ 95.32%	★★★ 95.43%
Alliance	★★★★ 94.68%	★★★ 94.90%
Partners	★★★★★ 96.96%	★★★★ 96.33%
Trillium	★★★ 94.19%	★★★ 94.70%
Vaya	★★★★★ 96.00%	★★★★ 96.27%
<i>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 in Appendix B beginning on page 510.</i>		

Aggregate Comparisons

Figure 4-37 shows the *How Well Doctors Communicate* positive rating results for each adult population, with national and aggregate comparisons. The NC TP Aggregate, Partners, and Vaya rates were significantly *higher* than the national average.

Figure 4-37—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them, by TP, with National and Aggregate Comparisons

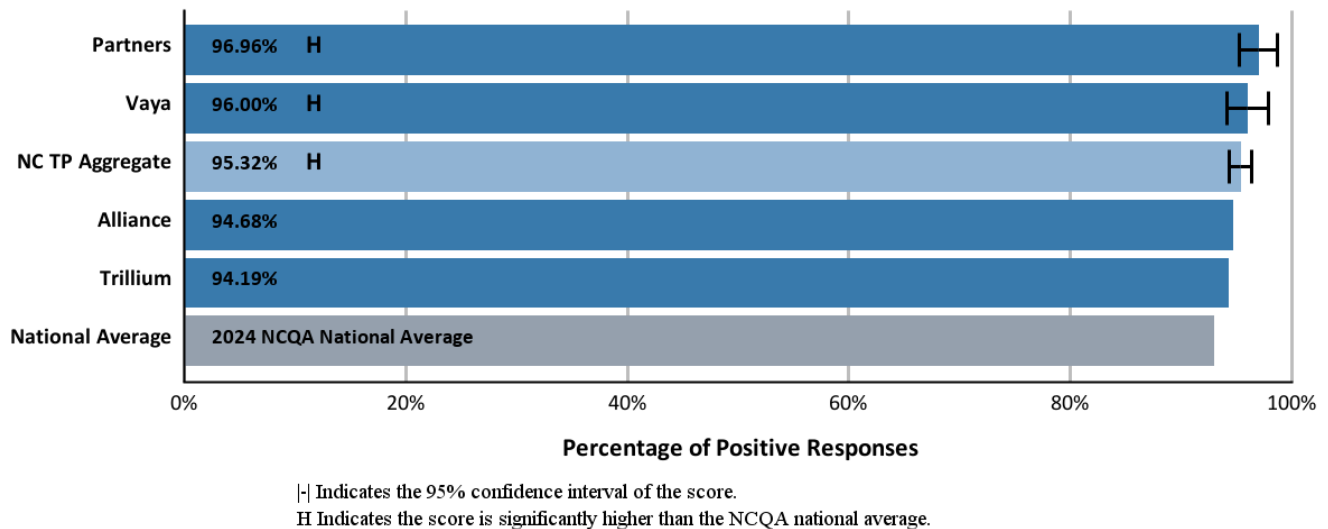
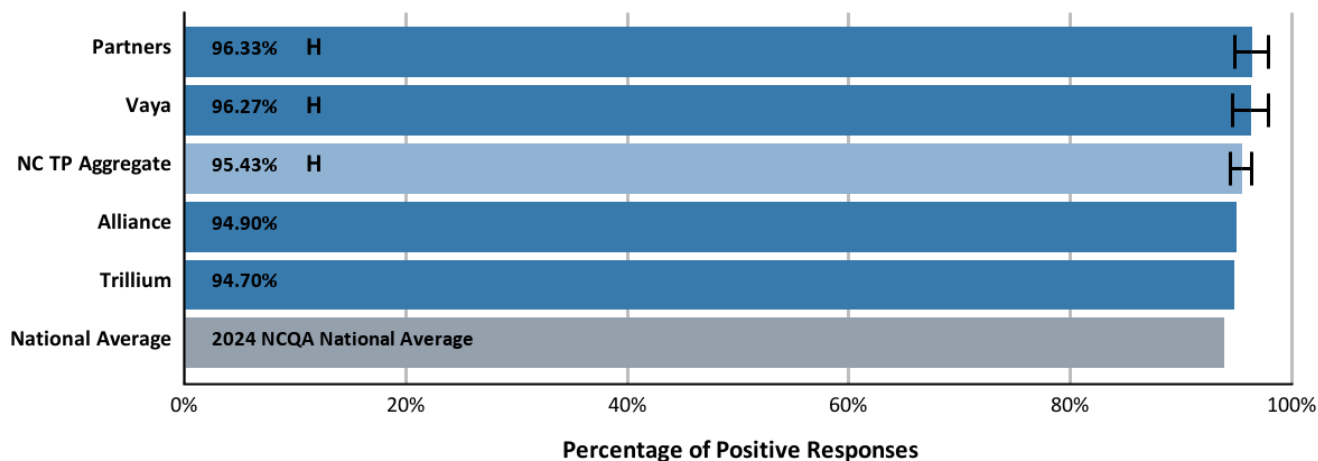


Figure 4-38 shows the *How Well Doctors Communicate* positive rating results for each child population, with national and aggregate comparisons. The NC TP Aggregate, Partners, and Vaya rates were significantly *higher* than the national average.

Figure 4-38—Percentage of 2025 Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them, by TP, with National and Aggregate Comparisons



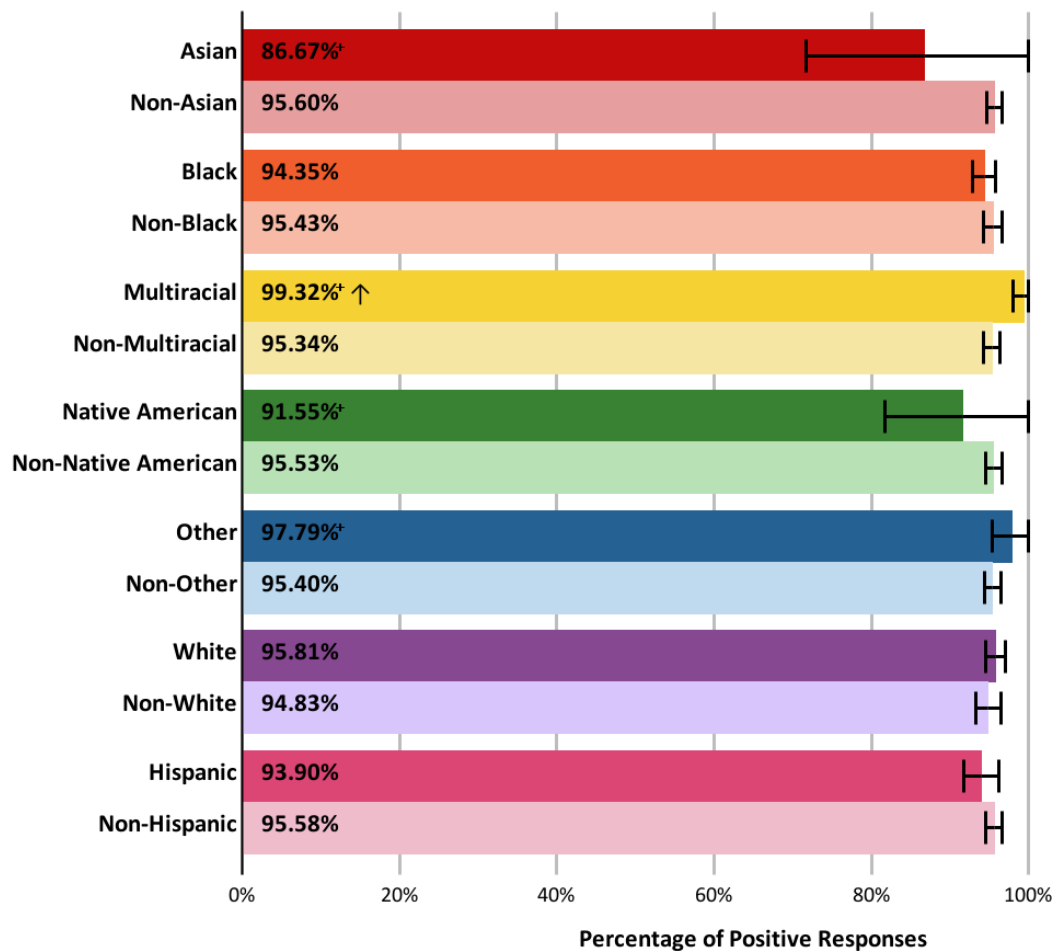
|—| Indicates the 95% confidence interval of the score.

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

Race and Ethnicity Comparisons

Figure 4-39 shows the *How Well Doctors Communicate* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of Multiracial respondents reported their personal doctor usually or always communicated well with them when compared to non-Multiracial respondents. There were no significant differences identified by ethnicity.

Figure 4-39—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

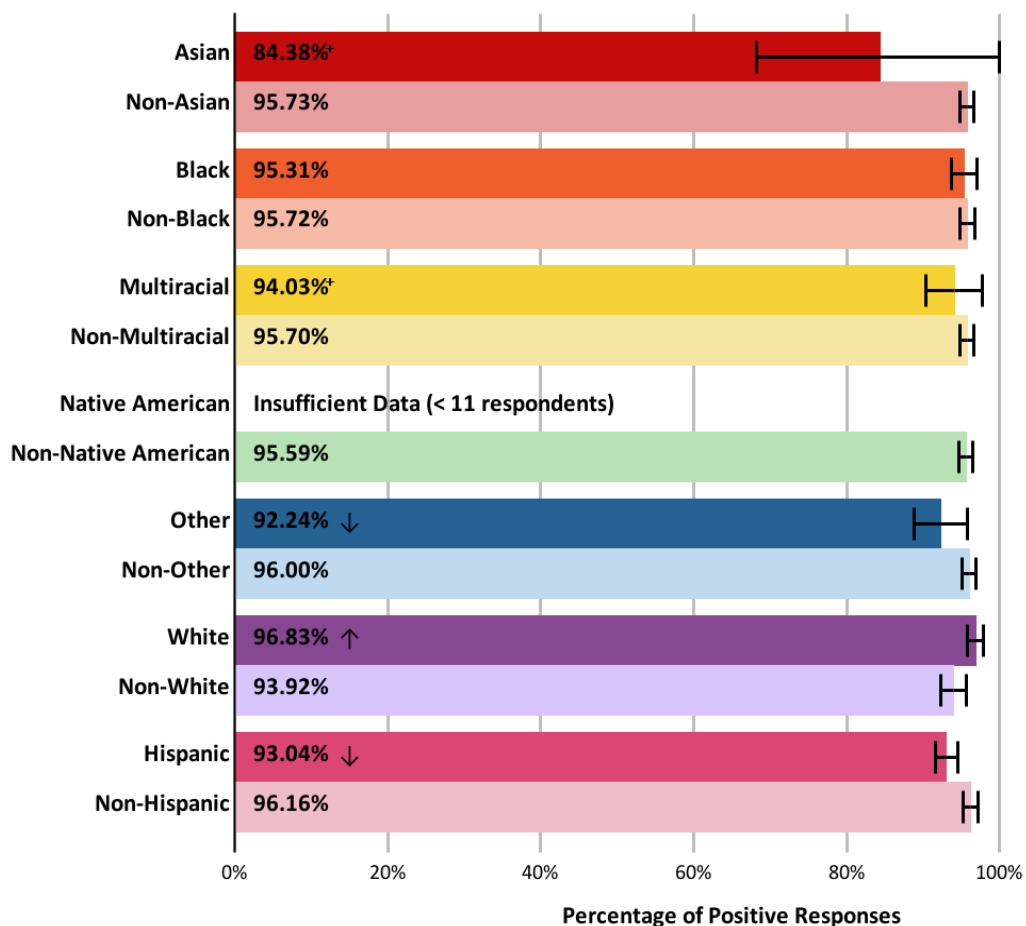
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 4-40 shows the *How Well Doctors Communicate* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their personal doctor usually or always communicated well with them when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported their personal doctor usually or always communicated well with them when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-40—Percentage of 2025 Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

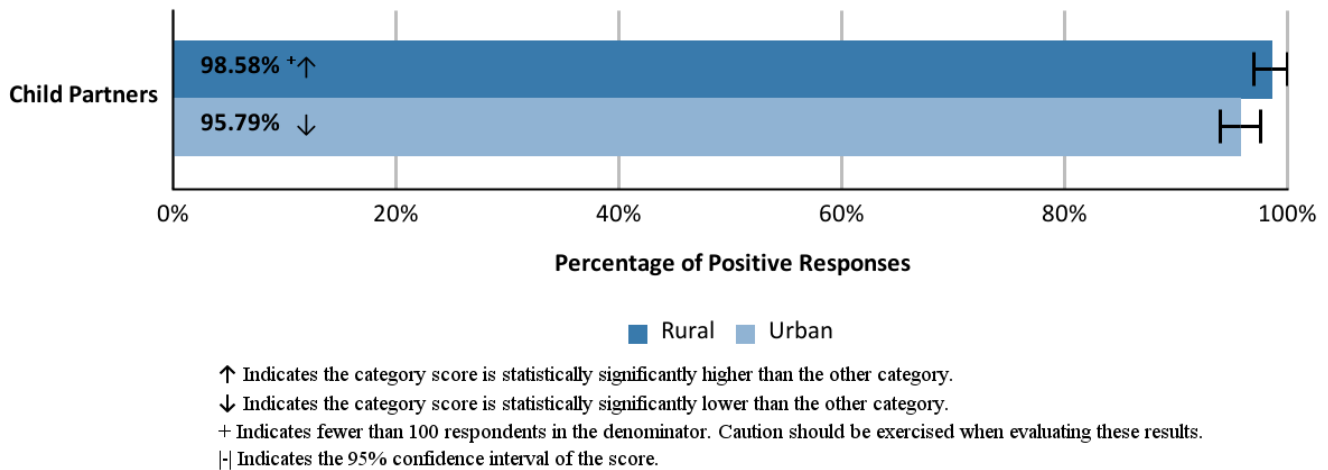
Table 4-19 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/child’s personal doctor usually or always communicated well with them stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-41 shows the significant differences for *How Well Doctors Communicate* by geography for parent/caretaker respondents of child beneficiaries. The Partners rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 4-19—Percentage of Adult Respondents and Child Respondents Whose Personal Doctor Usually or Always Communicated Well with Them and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	94.40%	95.82%	96.25%	95.39%
Alliance	S	94.54%	98.33% ⁺	94.68%
Partners	96.14% ⁺	97.12%	98.58% ⁺ ↑	95.79%↓
Trillium	92.25%	95.50%	94.03%	95.14%
Vaya	95.51%	96.30%	96.94% ⁺	95.96%

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.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-41—Significant Differences: Percentage of Child Respondents Whose Personal Doctor Usually or Always Communicated Well with Them and Geographic Comparisons, by TP (2025)



Customer Service

National Percentile Comparisons

Table 4-20 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Customer Service*.

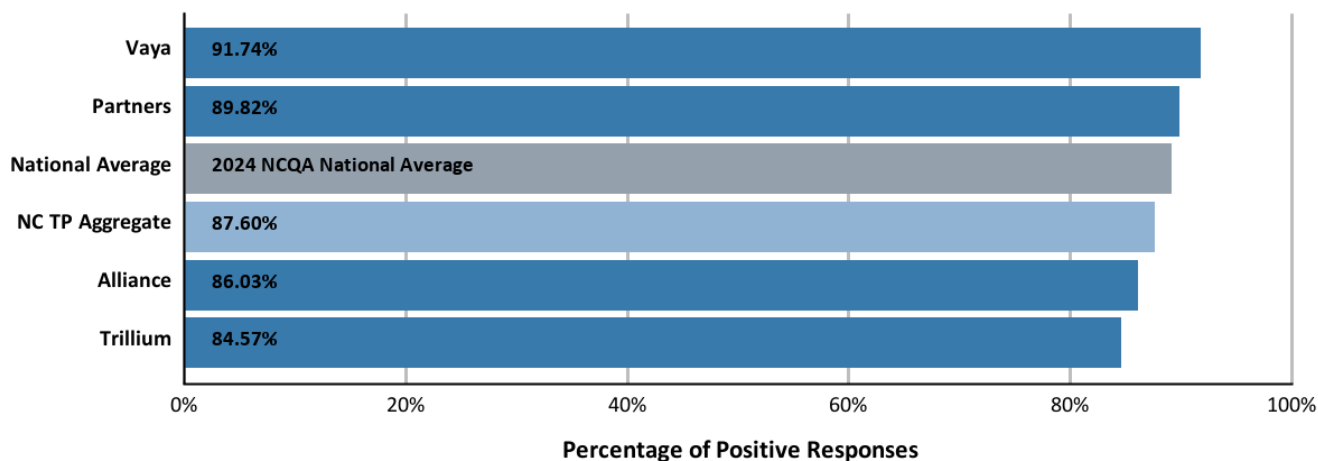
**Table 4-20—Respondent Percentage of Positive Ratings and Star Ratings
When Compared to NCQA National Percentiles, by TP: Customer Service (2025)**

Population	Adult	Child
NC TP Aggregate	★★ 87.60%	★★★★ 88.98%
Alliance	★ 86.03%	★★ 87.38%
Partners	★★★ 89.82%	★★ 87.28%
Trillium	★ 84.57%	★★★★ 90.40%
Vaya	★★★★★ 91.74%	★★★★★ 91.73%
<i>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 in Appendix B beginning on page 510.</i>		

Aggregate Comparisons

Figure 4-42 shows the *Customer Service* positive rating results for each adult population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

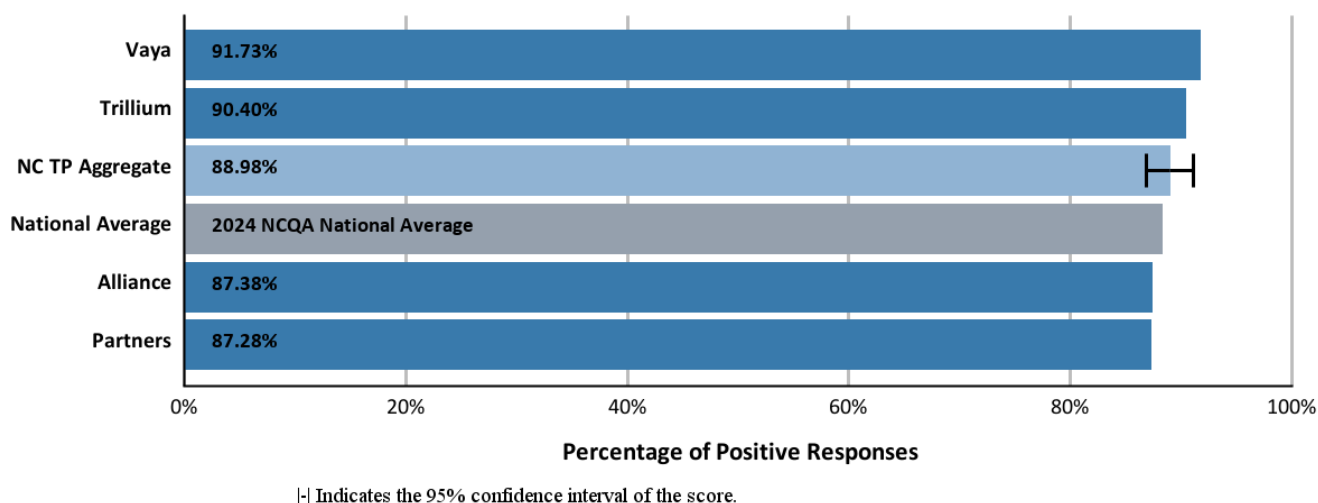
Figure 4-42—Percentage of 2025 Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan's Customer Service, by TP, with National and Aggregate Comparisons



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

Figure 4-43 shows the *Customer Service* positive rating results for each child population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

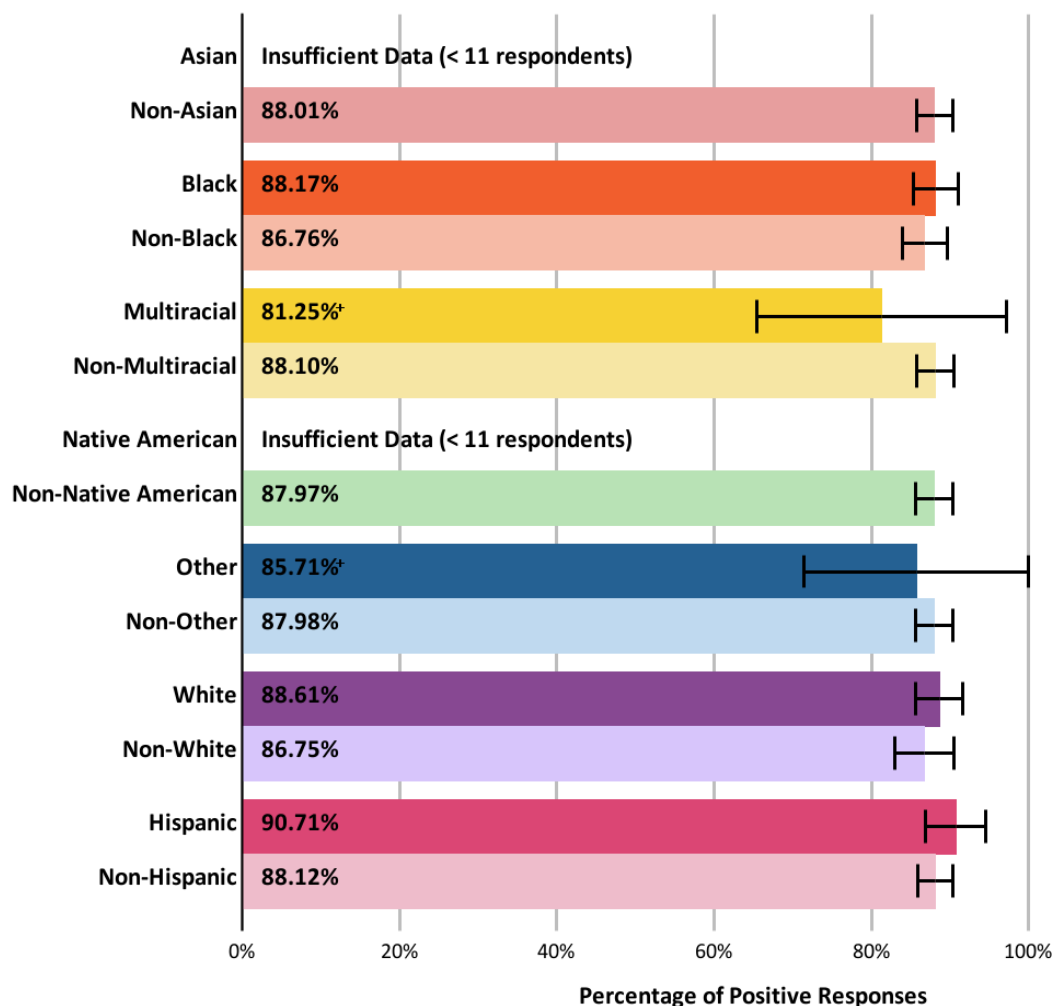
Figure 4-43—Percentage of 2025 Child Respondents Who Usually or Always Had a Positive Experience With Their Child's Health Plan's Customer Service, by TP, with National and Aggregate Comparisons



Race and Ethnicity Comparisons

Figure 4-44 shows the *Customer Service* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-44—Percentage of 2025 Adult Respondents Who Usually or Always Had a Positive Experience With Their Health Plan’s Customer Service for NC TP Aggregate, by Race and Ethnicity



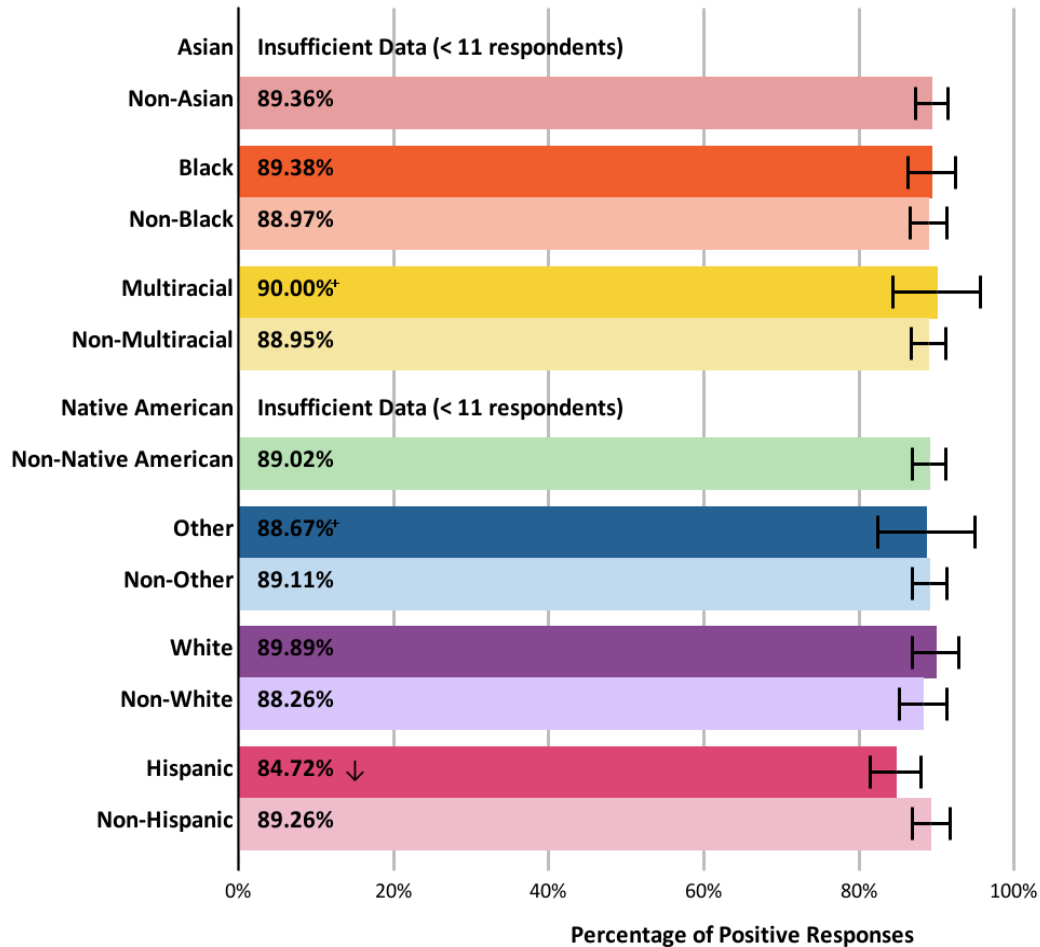
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

|—| 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.

Figure 4-45 shows the *Customer Service* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Hispanic children usually or always had a positive experience with their child’s health plan’s customer service when compared to parents/caretakers of non-Hispanic children. There were no significant differences identified by race. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-45—Percentage of 2025 Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service for NC TP Aggregate, by Race and Ethnicity



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

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

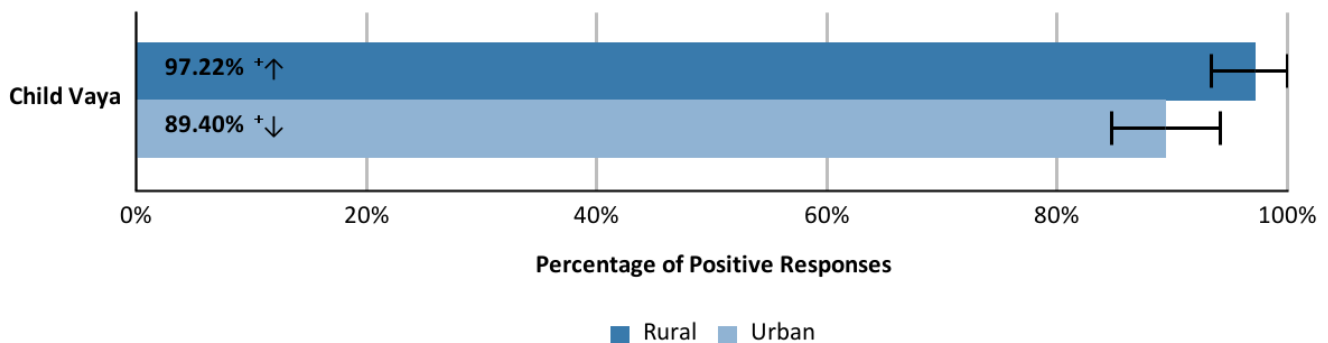
Geographic Comparisons

Table 4-21 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported usually or always having a positive experience with their/their child's health plan's customer service stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-46 shows the significant differences for *Customer Service* by geography for parent/caretaker respondents of child beneficiaries. The Vaya rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 4-21—Percentage of Adult Respondents and Child Respondents Who Usually or Always Had a Positive Experience With Their/Their Child’s Health Plan’s Customer Service and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	89.00%	87.52%	92.29%	88.10%
Alliance	S	86.26%	S	86.97%
Partners	92.97% ⁺	89.22%	84.09% ⁺	87.96%
Trillium	84.47% ⁺	84.66% ⁺	92.11% ⁺	88.97% ⁺
Vaya	95.12% ⁺	89.84% ⁺	97.22% ⁺ ↑	89.40% ⁺ ↓
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. Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.				

Figure 4-46—Significant Differences: Percentage of Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service and Geographic Comparisons, by TP (2025)



↑ 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.

Coordination of Care

National Percentile Comparisons

Table 4-22 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Coordination of Care*.

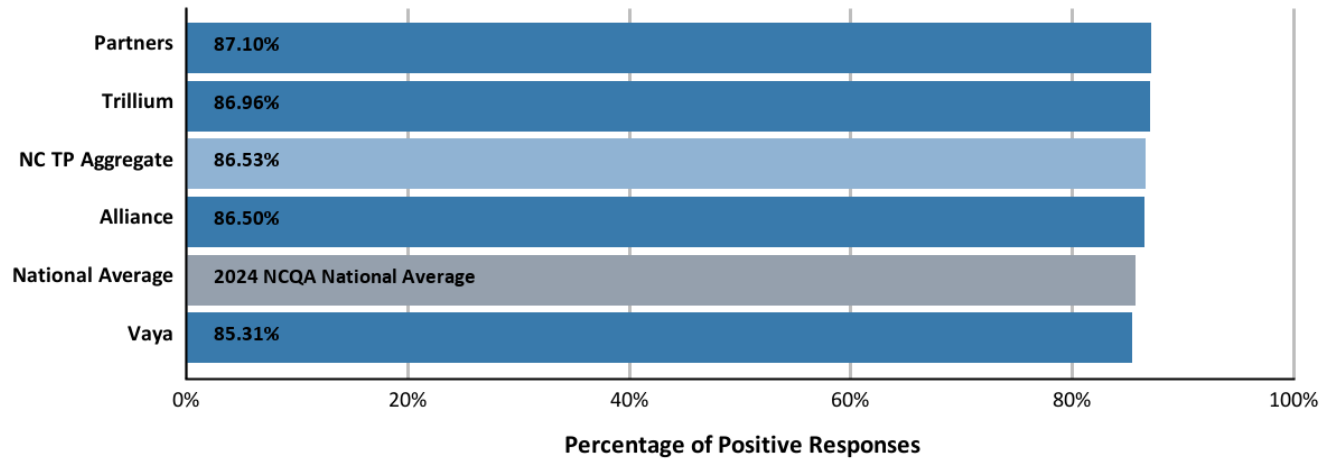
Table 4-22—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Coordination of Care (2025)

Population	Adult	Child
NC TP Aggregate	★★★ 86.53%	★★★ 85.65%
Alliance	★★★ 86.50%	★★ 83.72%
Partners	★★★ 87.10%	★★★★★ 89.45%
Trillium	★★★ 86.96%	★★★ 85.80%
Vaya	★★★ 85.31%	★★ 84.10%
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 in Appendix B beginning on page 510.		

Aggregate Comparisons

Figure 4-47 shows the *Coordination of Care* positive rating results for each adult population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

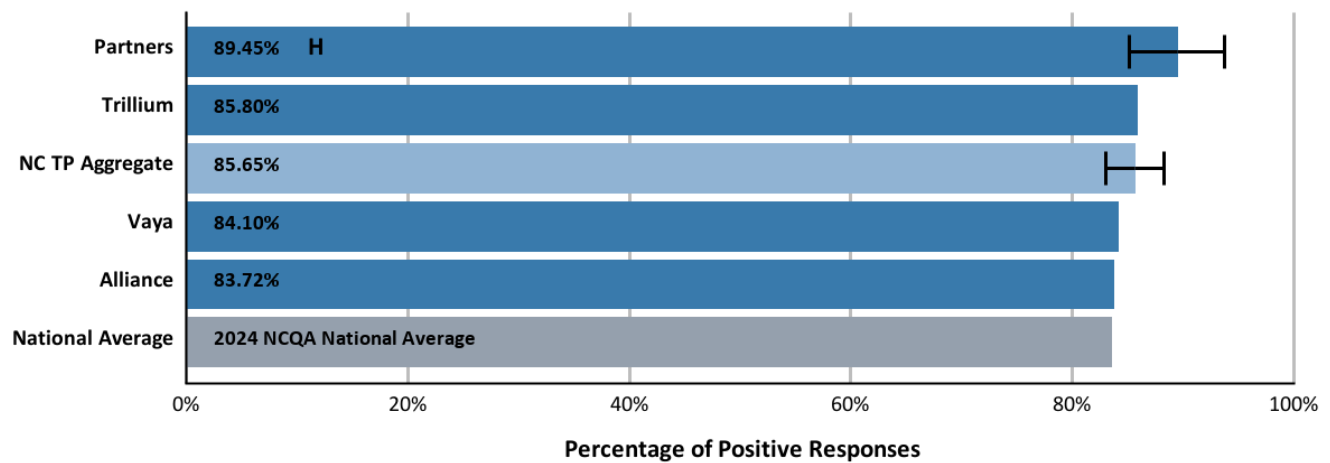
Figure 4-47—Percentage of 2025 Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers by TP, with National and Aggregate Comparisons



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

Figure 4-48 shows the *Coordination of Care* positive rating results for each child population, with national and aggregate comparisons. The Partners rate was significantly *higher* than the national average.

Figure 4-48—Percentage of 2025 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers by TP, with National and Aggregate Comparisons



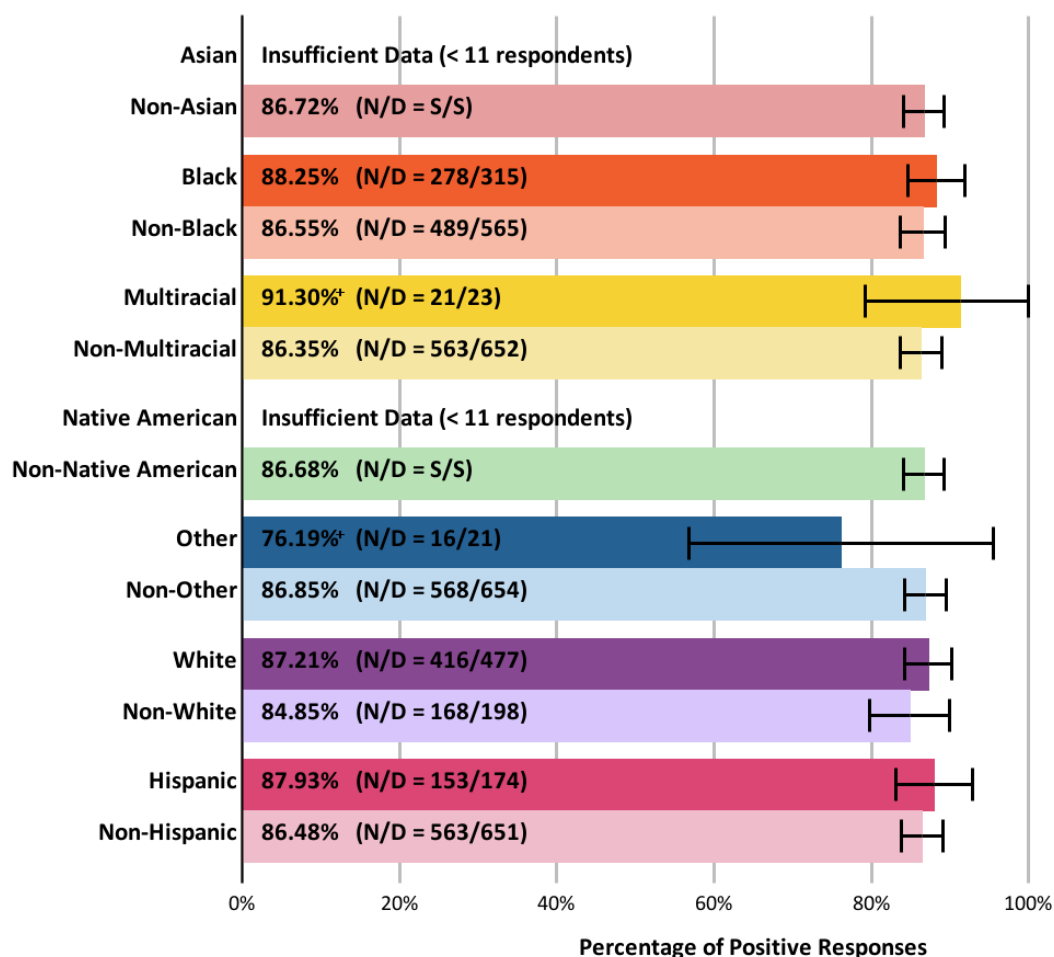
|—| Indicates the 95% confidence interval of the score.

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

Race and Ethnicity Comparisons

Figure 4-49 shows the *Coordination of Care* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-49—Percentage of 2025 Adult Respondents Who Reported Their Personal Doctor Usually or Always Coordinated Their Care with Other Providers for NC TP Aggregate, by Race and Ethnicity



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.

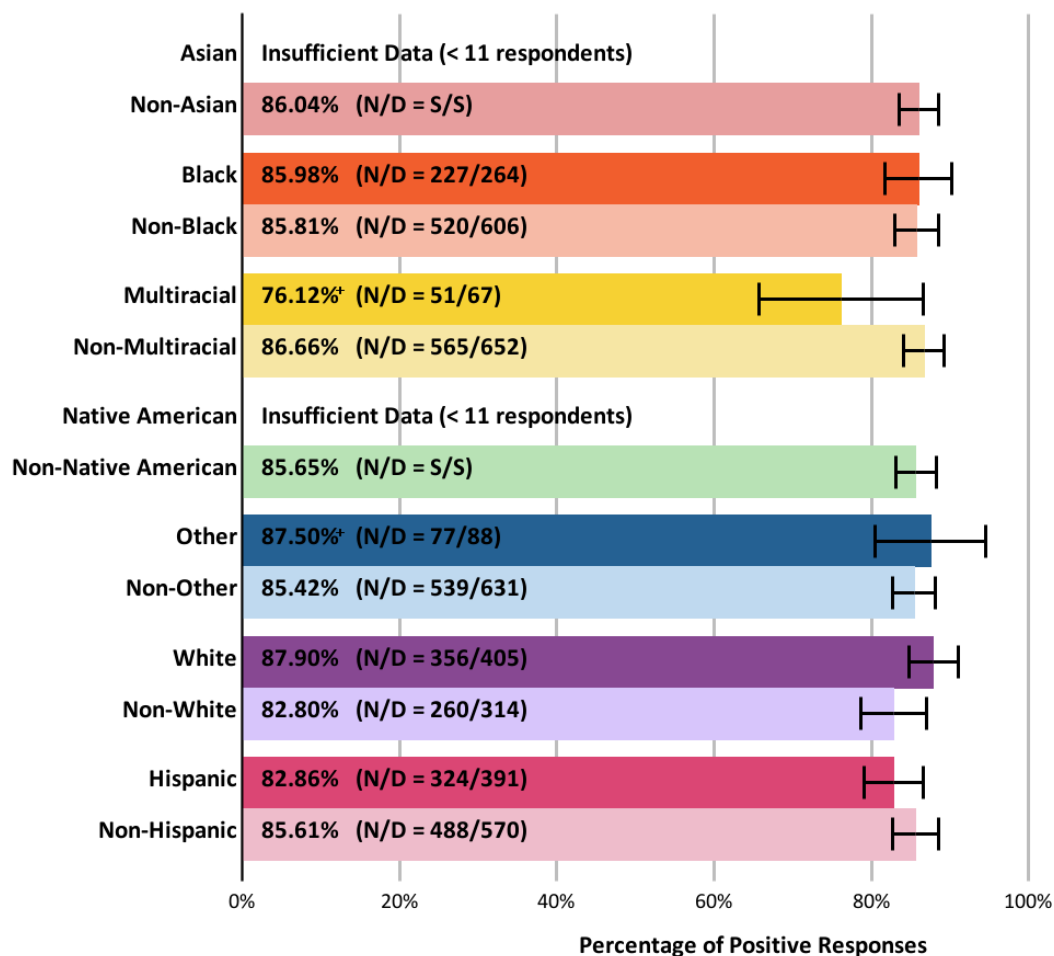
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-50 shows the *Coordination of Care* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-50—Percentage of 2025 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for NC TP Aggregate, by Race and Ethnicity



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.

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.

Geographic Comparisons

Table 4-23 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child’s personal doctor usually or always coordinated their/their child’s care with other providers stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-23—Percentage of Adult Respondents and Child Respondents Who Reported Their/Their Child’s Personal Doctor Usually or Always Coordinated Their/Their Child’s Care with Other Providers and Geographic Comparisons, by TP (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	87.27%	86.21%	89.77%	84.62%
Alliance	S	86.25%	S	83.95%
Partners	88.57% ⁺	86.75%	94.87% ⁺	88.13%
Trillium	85.25% ⁺	88.00%	89.23% ⁺	83.65%
Vaya	87.88% ⁺	83.78%	88.71% ⁺	81.95%
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.				

Advising Smokers and Tobacco Users to Quit (Adult Population Only)

National Percentile Comparisons

Table 4-24 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Advising Smokers and Tobacco Users to Quit*.

Table 4-24—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Advising Smokers and Tobacco Users to Quit (2025)

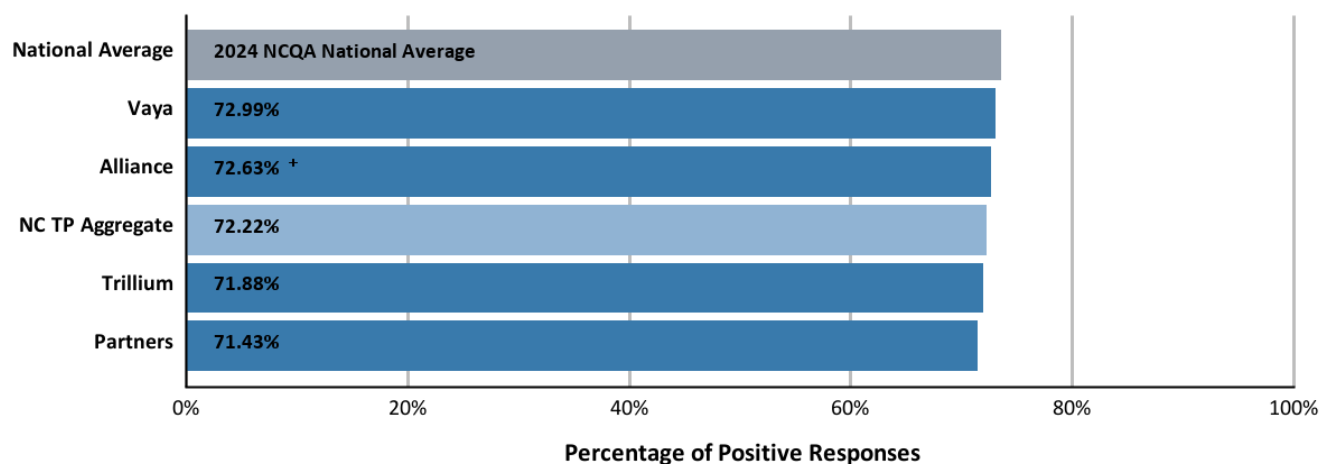
Population	Adult
NC TP Aggregate	★★ 72.22%
Alliance	★★ 72.63% ⁺
Partners	★★ 71.43%

Population	Adult
Trillium	★★ 71.88%
Vaya	★★ 72.99%
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. N/A Indicates the population is not applicable. 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 in Appendix B beginning on page 510.	

Aggregate Comparisons

Figure 4-51 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results for each adult population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

Figure 4-51—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit, by TP, with National and Aggregate Comparisons



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

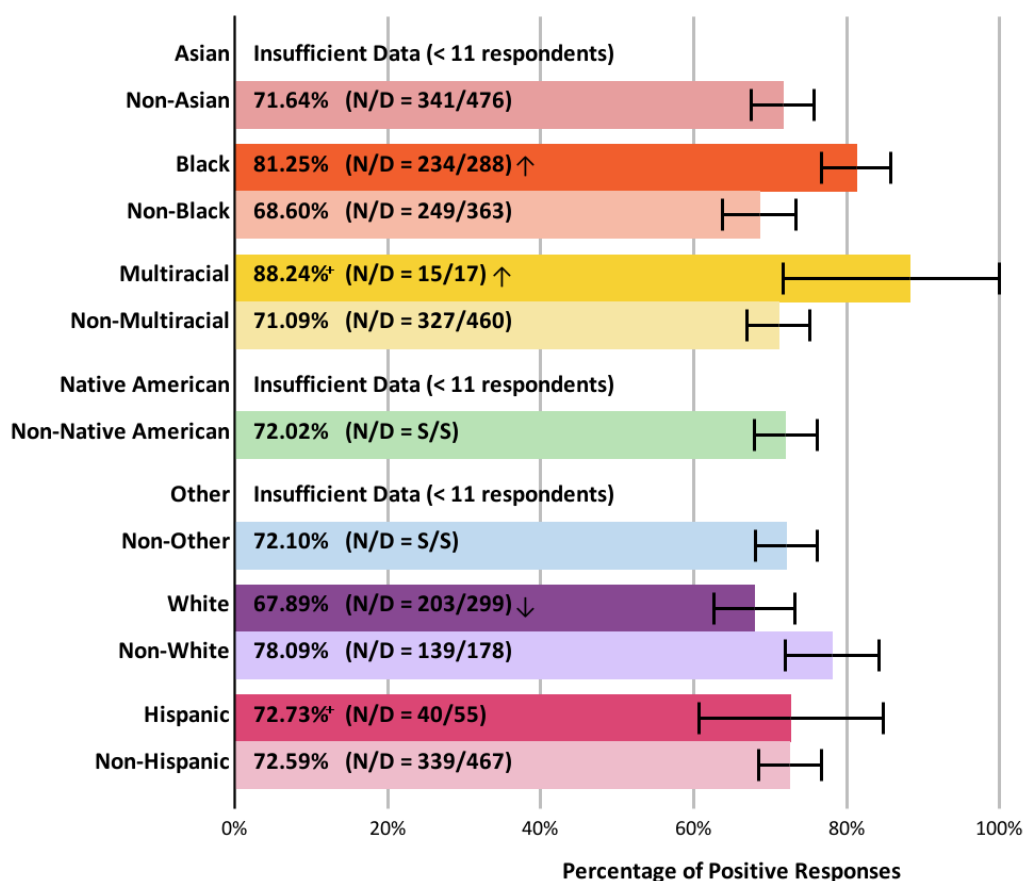
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Race and Ethnicity Comparisons

Figure 4-52 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of Black and Multiracial respondents reported sometimes, usually, or always being advised to quit smoking or using tobacco when compared to non-Black and non-Multiracial respondents, respectively. A significantly *lower* percentage of White respondents reported sometimes, usually, or always being

advised to quit smoking or using tobacco when compared to non-White respondents. There were no significant differences identified by ethnicity. Additionally, the Asian, Native American, and Other race categories were suppressed due to less than 11 respondents.

Figure 4-52—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 4-25 shows the adult respondents who reported they were sometimes, usually, or always advised to quit smoking stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-25—Percentage of Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit and Geographic Comparisons, by TP (2025)

Population	Adult	
	Rural	Urban
NC TP Aggregate	68.31%	73.84%
Alliance	S	75.28% ⁺
Partners	77.27% ⁺	70.19%
Trillium	71.43% ⁺	72.31% ⁺
Vaya	64.71% ⁺	77.91% ⁺
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. N/A Indicates the population is not applicable.		

Discussing Cessation Medications (Adult Population Only)

National Percentile Comparisons

Table 4-26 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Discussing Cessation Medications*.

Table 4-26—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Discussing Cessation Medications (2025)

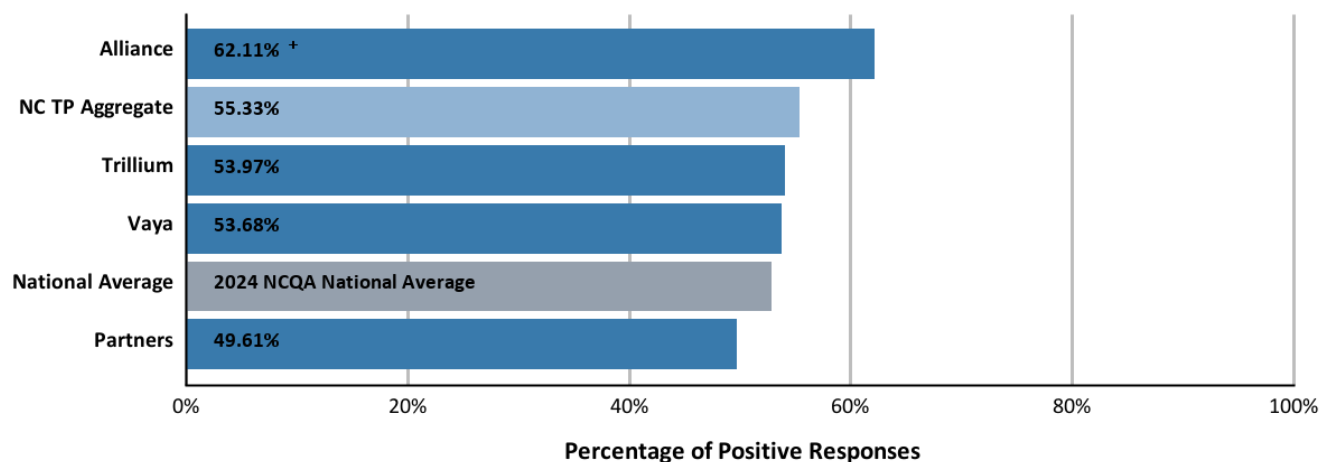
Population	Adult
NC TP Aggregate	★★★ 55.33%
Alliance	★★★★ 62.11% ⁺
Partners	★★ 49.61%
Trillium	★★★ 53.97%

Population	Adult
Vaya	★★★ 53.68%
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. N/A Indicates the population is not applicable. 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 in Appendix B beginning on page 510.	

Aggregate Comparisons

Figure 4-53 shows the *Discussing Cessation Medications* positive rating results for each adult population, with national and aggregate comparisons. None of the TPs' rates were significantly different than the national average or NC TP Aggregate.

Figure 4-53—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications, by TP, with National and Aggregate Comparisons



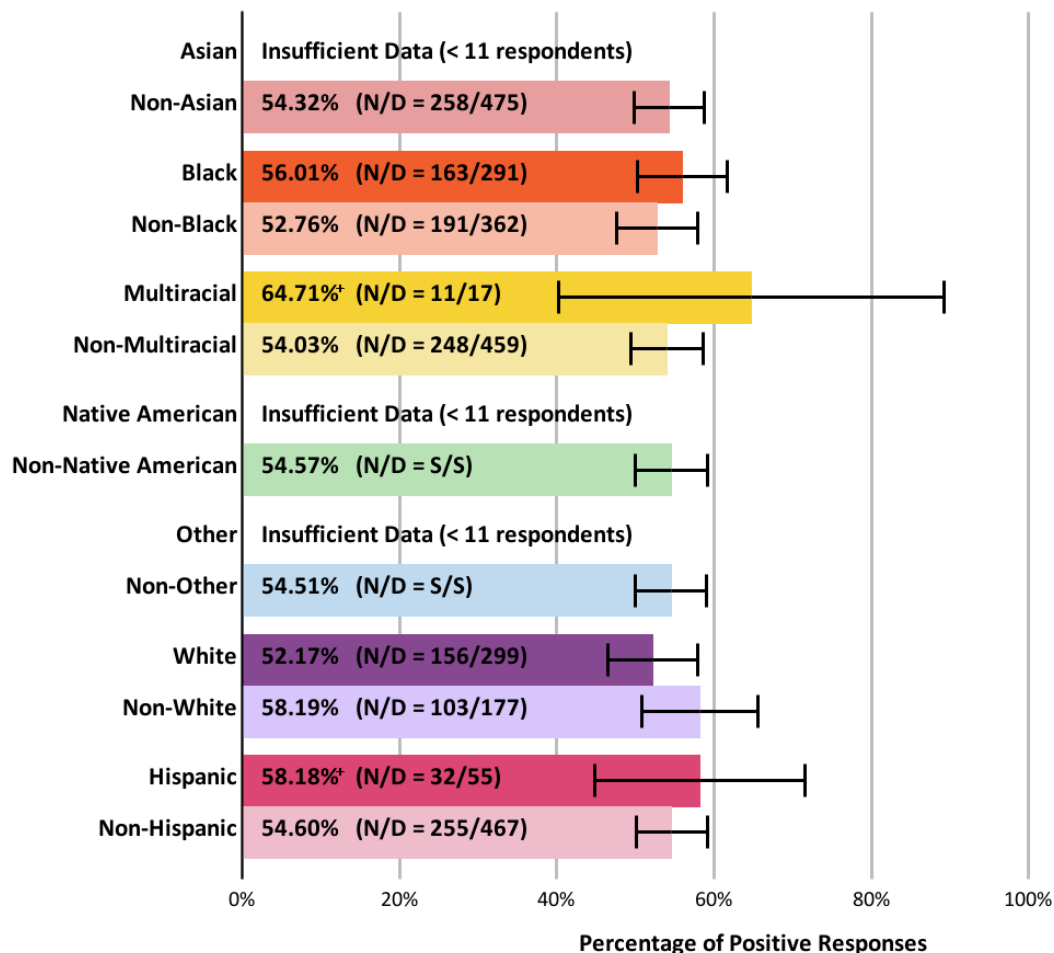
|—| Indicates the 95% confidence interval of the score.

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

Race and Ethnicity Comparisons

Figure 4-54 shows the *Discussing Cessation Medications* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian, Native American, and Other race categories were suppressed due to less than 11 respondents.

Figure 4-54—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications for NC TP Aggregate, by Race and Ethnicity



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.

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.

Geographic Comparisons

Table 4-27 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation medications stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-27—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications and Geographic Comparisons, by TP (2025)

Population	Adult	
	Rural	Urban
NC TP Aggregate	50.71%	55.81%
Alliance	S	61.80% ⁺
Partners	S	50.48%
Trillium	52.46% ⁺	55.38% ⁺
Vaya	49.02% ⁺	56.47% ⁺
<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>N/A Indicates the population is not applicable.</i>		

Discussing Cessation Strategies (Adult Population Only)

National Percentile Comparisons

Table 4-28 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for *Discussing Cessation Strategies*.

Table 4-28—Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by TP: Discussing Cessation Strategies (2025)

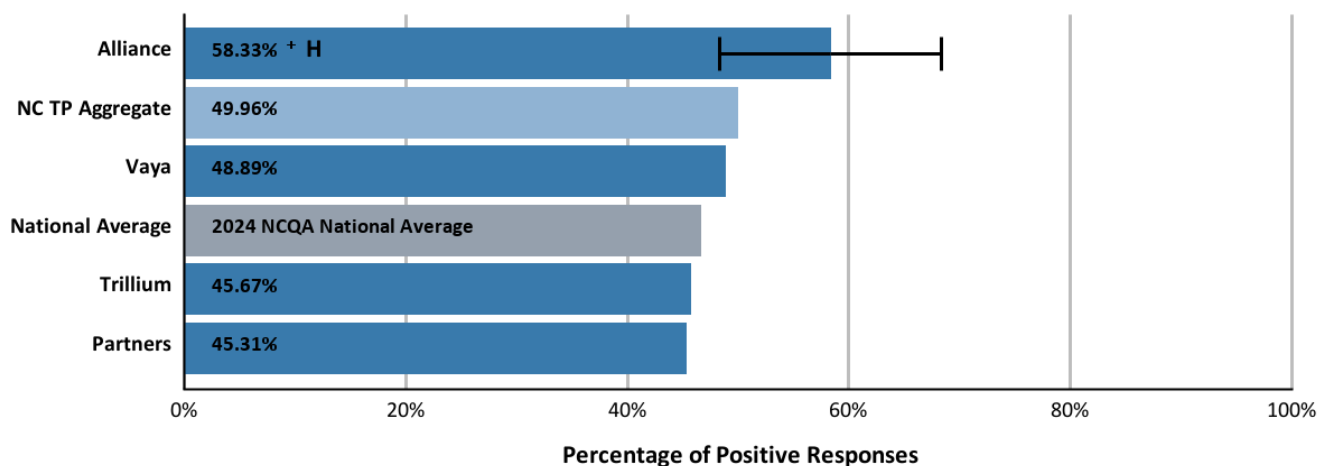
Population	Adult
NC TP Aggregate	★★★ 49.96%
Alliance	★★★★★ 58.33% ⁺
Partners	★★ 45.31%
Trillium	★★ 45.67%

Population	Adult
Vaya	★★★ 48.89%
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. N/A Indicates the population is not applicable. 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 in Appendix B beginning on page 510.	

Aggregate Comparisons

Figure 4-55 shows the *Discussing Cessation Strategies* positive rating results for each adult population, with national and aggregate comparisons. The Alliance rate was significantly *higher* than the national average.

Figure 4-55—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies, by TP, with National and Aggregate Comparisons



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

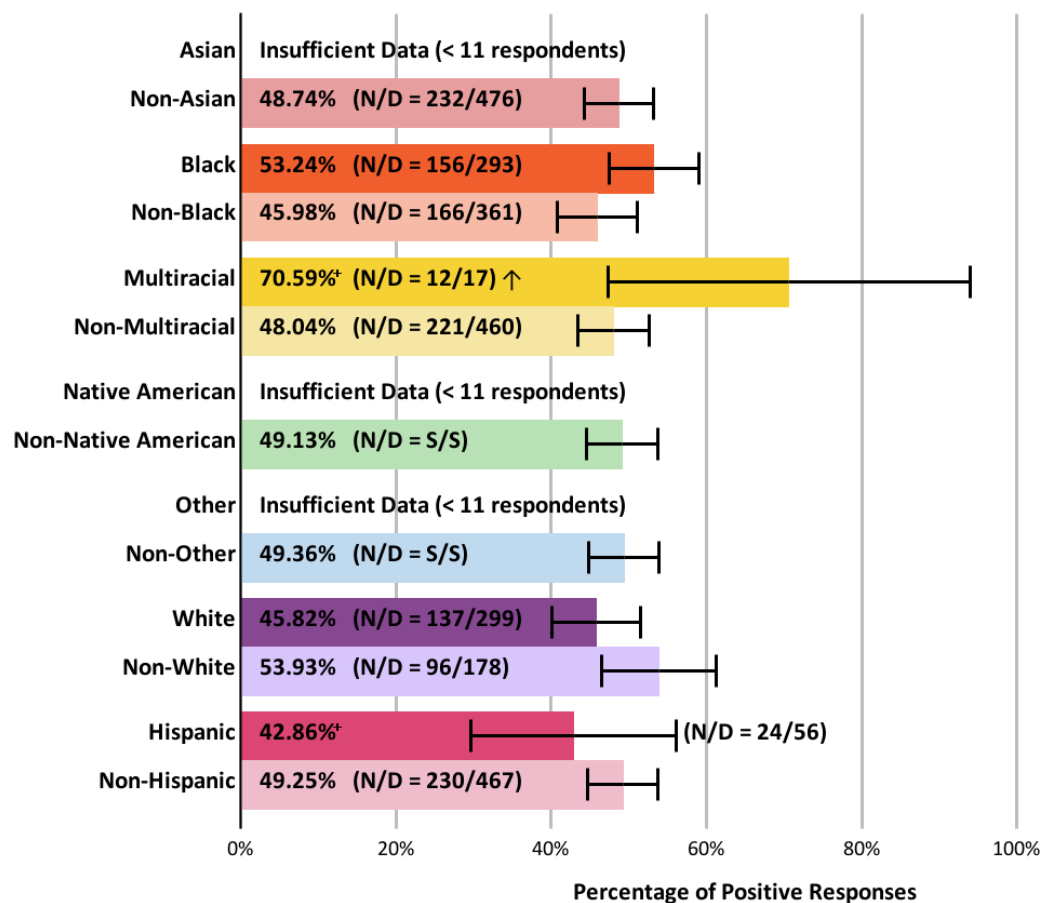
H Indicates the score is significantly higher than the NCQA national average.

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

Race and Ethnicity Comparisons

Figure 4-56 shows the *Discussing Cessation Strategies* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of Multiracial respondents reported their provider sometimes, usually, or always discussed cessation strategies when compared to non-Multiracial respondents. There were no significant differences identified by ethnicity. Additionally, the Asian, Native American, and Other race categories were suppressed due to less than 11 respondents.

Figure 4-56—Percentage of 2025 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 4-29 shows the adult respondents who reported their provider sometimes, usually, or always discussed cessation strategies stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-29—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies and Geographic Comparisons, by TP (2025)

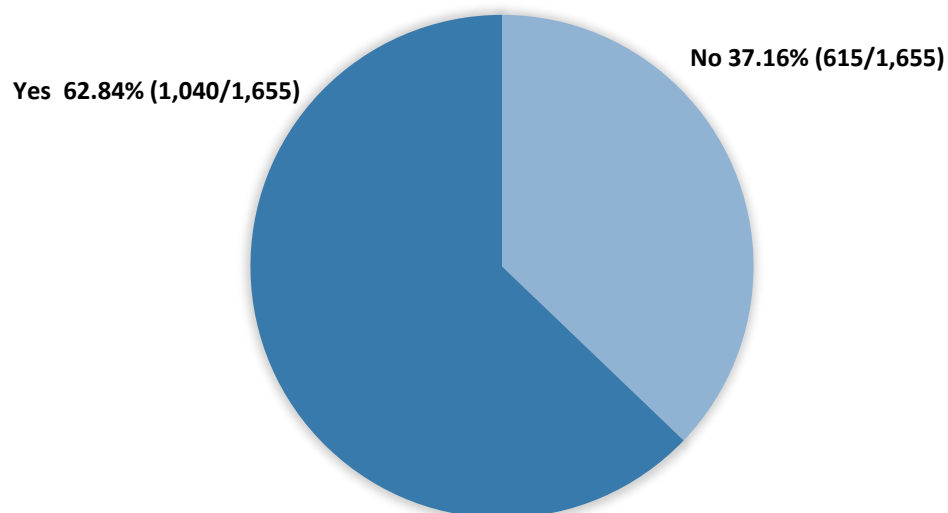
Population	Adult	
	Rural	Urban
NC TP Aggregate	42.55%	51.59%
Alliance	S	60.00% ⁺
Partners	S	46.23%
Trillium	46.03% ⁺	45.31% ⁺
Vaya	40.00% ⁺	54.12% ⁺
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i> <i>+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.</i> <i>N/A Indicates the population is not applicable.</i>		

Supplemental Items

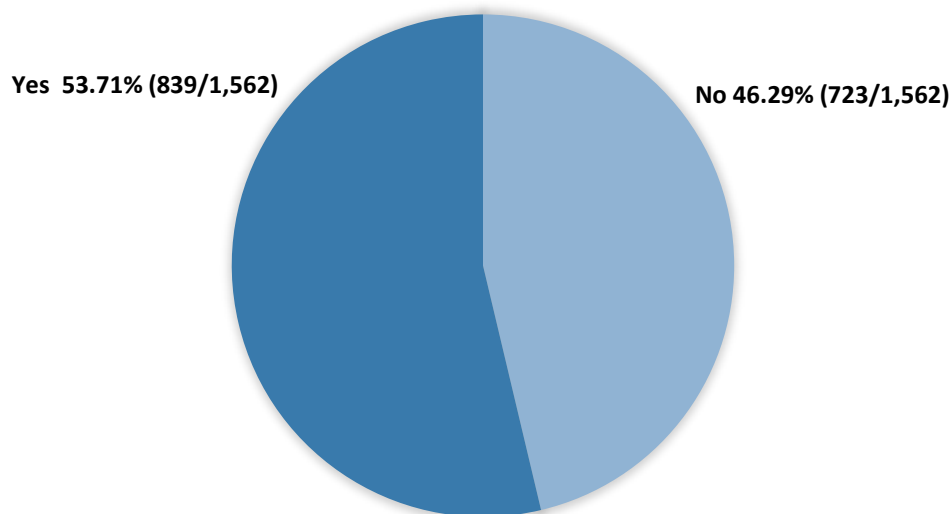
Mental Health

Adult respondents and parent/caretaker respondents were asked if their/their child's personal doctor asked about their/their child's mental health in the last 6 months. Figure 4-57 and Figure 4-58 present the percentage of adult respondents and parent/caretaker respondents, respectively, who reported if their/their child's personal doctor asked about their/their child's mental health. The majority of adult respondents (62.84 percent) and parent/caretaker respondents (53.71 percent) reported their/their child's personal doctor asked about their/their child's mental health for the NC TP Aggregate.

**Figure 4-57—Percentage of 2025 Adult NC TP Aggregate Respondents
Whose Personal Doctor Asked About Their Mental Health**



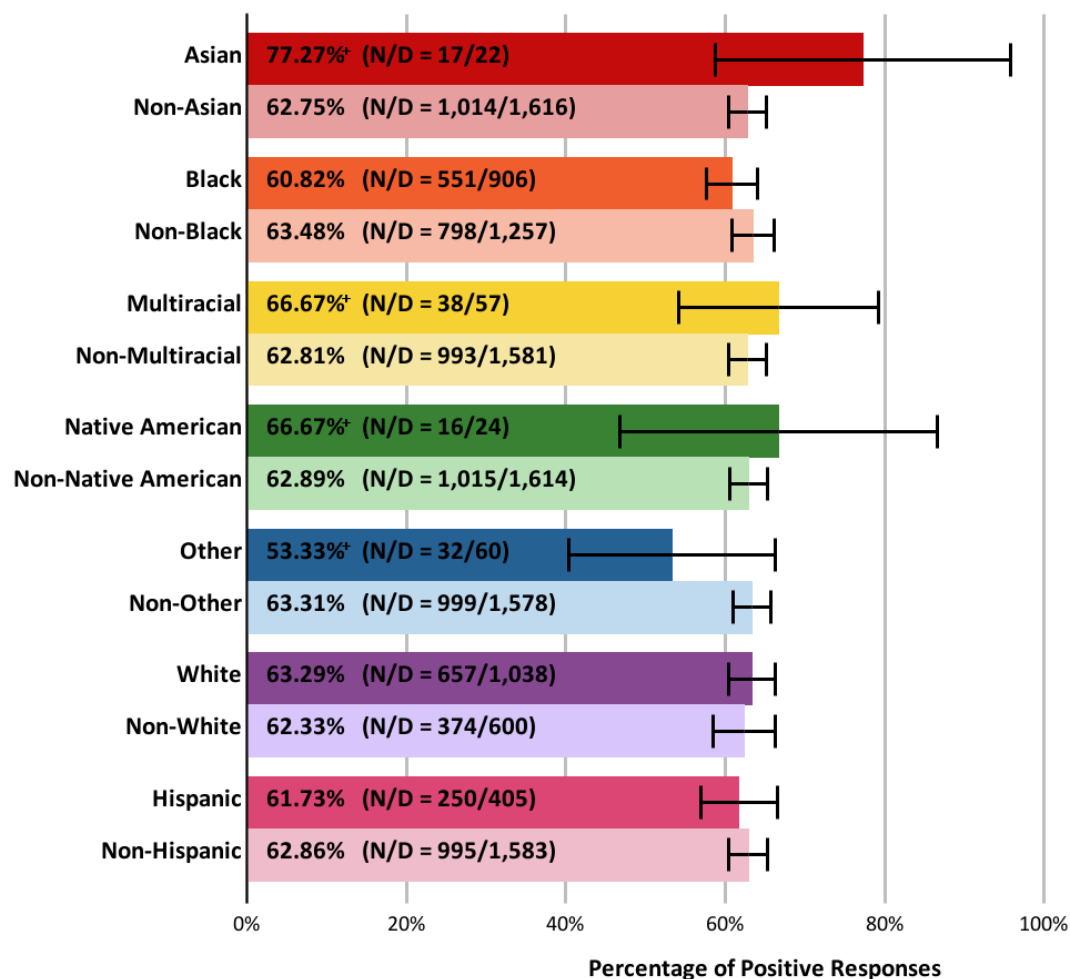
**Figure 4-58—Percentage of 2025 Child NC TP Aggregate Respondents
Whose Child's Personal Doctor Asked About Their Child's Mental Health**



Race and Ethnicity Comparisons

Figure 4-59 shows the *Mental Health* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity.

Figure 4-59—Percentage of 2025 Adult Respondents Who Reported Their Personal Doctor Asked About Their Mental Health for NC TP Aggregate, by Race and Ethnicity



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

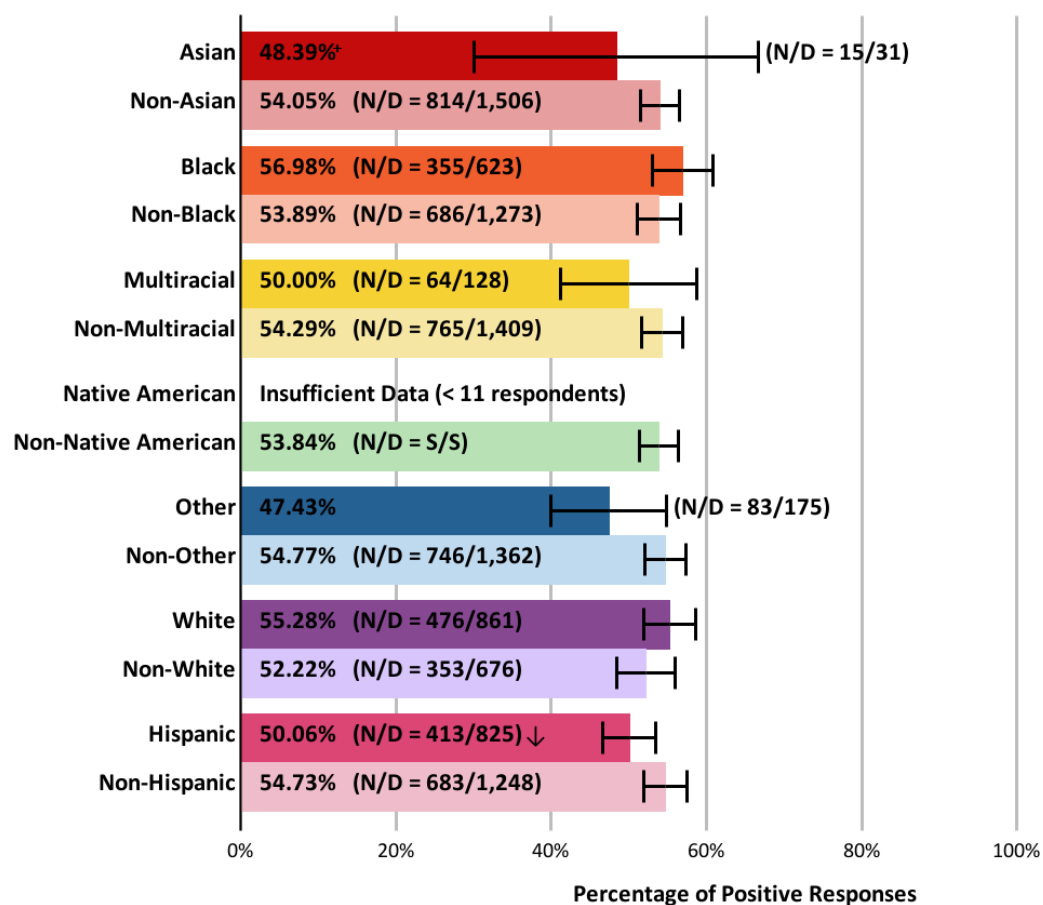
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-60 shows the *Mental Health* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of parents/caretakers of Hispanic children reported their child's personal doctor asked about their child's mental health when compared to parents/caretakers of non-Hispanic children. There were no significant differences identified by race. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-60—Percentage of 2025 Child Respondents Who Reported Their Child's Personal Doctor Asked About Their Child's Mental Health for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

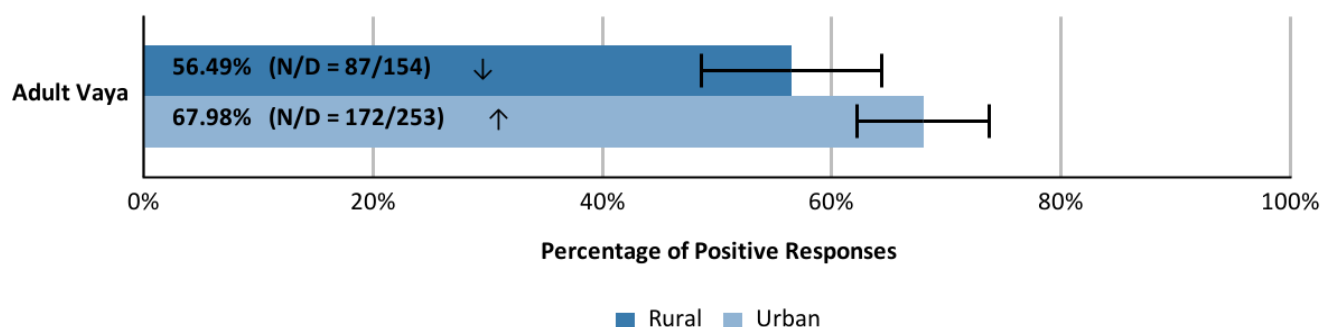
Table 4-30 shows the adult respondents and parent/caretaker respondents of child beneficiaries who reported their/their child's personal doctor asked about their/their child's mental health stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-61 shows the significant differences for *Mental Health* by geography for adult respondents. The Vaya rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Table 4-30—Percentage of Adult Respondents and Child Respondents Whose Child's Personal Doctor Asked About Their/Their Child's Mental Health and Geographic Comparisons, by TPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	61.50%	63.30%	52.14%	54.25%
Alliance	66.67% ⁺	63.83%	S	55.24%
Partners	57.89% ⁺	60.34%	52.05% ⁺	54.58%
Trillium	66.85%	61.94%	53.09%	53.81%
Vaya	56.49%↓	67.98%↑	52.90%	53.25%

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.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-61—Significant Differences: Percentage of Adult Respondents Who Personal Doctor Asked About Their Mental Health and Geographic Comparisons, by TPs (2025)

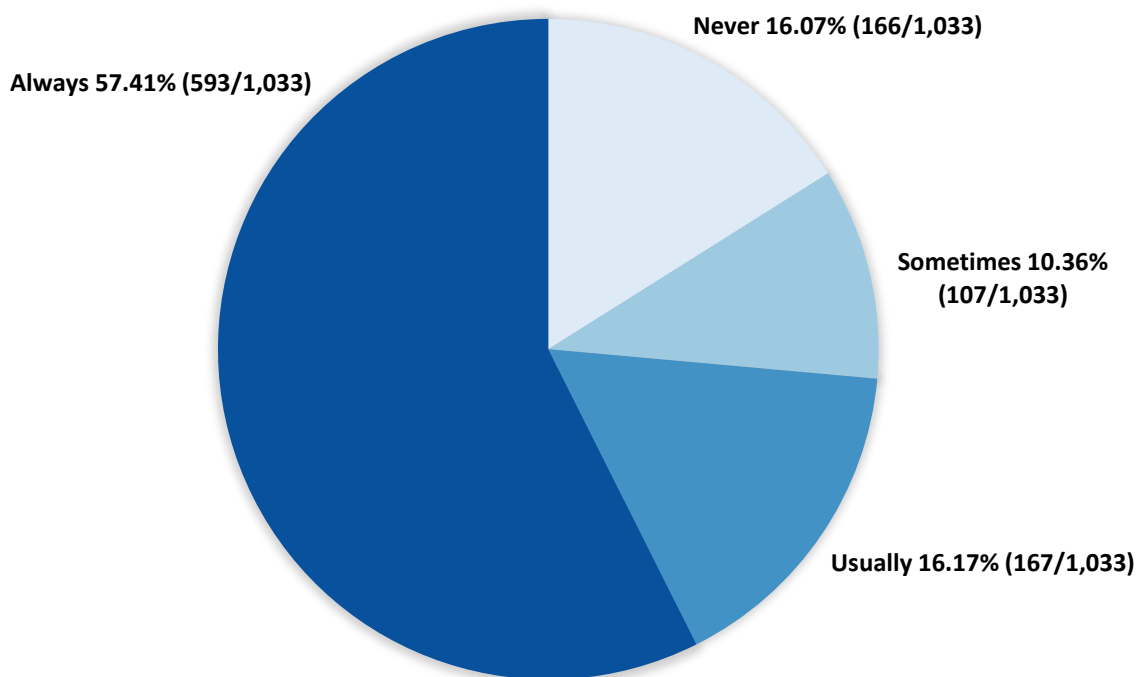


↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Appointment for Counseling or Mental Health Treatment

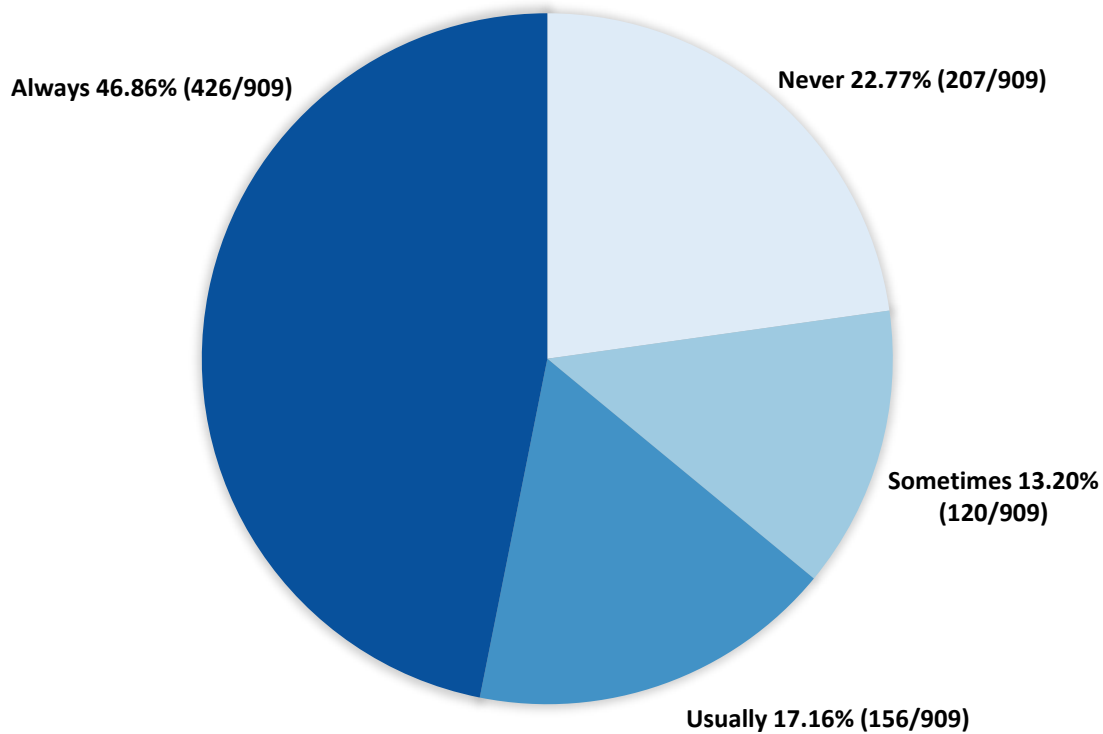
Figure 4-62 and Figure 4-63 present the percentage of adult respondents and parent/caretaker respondents, respectively, who needed counseling or mental health treatment for themselves or their child and whether they always, usually, sometimes, or never were able to get an appointment as soon as they/their child needed for the NC TP Aggregate. There were 612 adult respondents and 646 parent/caretaker respondents who indicated they did not need counseling or mental health treatment for themselves or their child, respectively, and therefore, were excluded from the denominator. Among those who sought counseling, the majority of adult respondents (73.58 percent) and parent/caretaker respondents (64.02 percent) reported that they usually or always received an appointment for counseling or mental health treatment as soon as they/their child needed for the NC TP Aggregate.

Figure 4-62—How Often 2025 Adult NC TP Aggregate Respondents Who Needed Counseling or Mental Health Treatment Received An Appointment As Soon As They Needed



Respondents who answered "I did not need counseling or mental health treatment in the last 6 months" were excluded from the analysis.

Figure 4-63—How Often 2025 Child NC TP Aggregate Respondents Who Needed Counseling or Mental Health Treatment for Their Child Received An Appointment As Soon As Their Child Needed

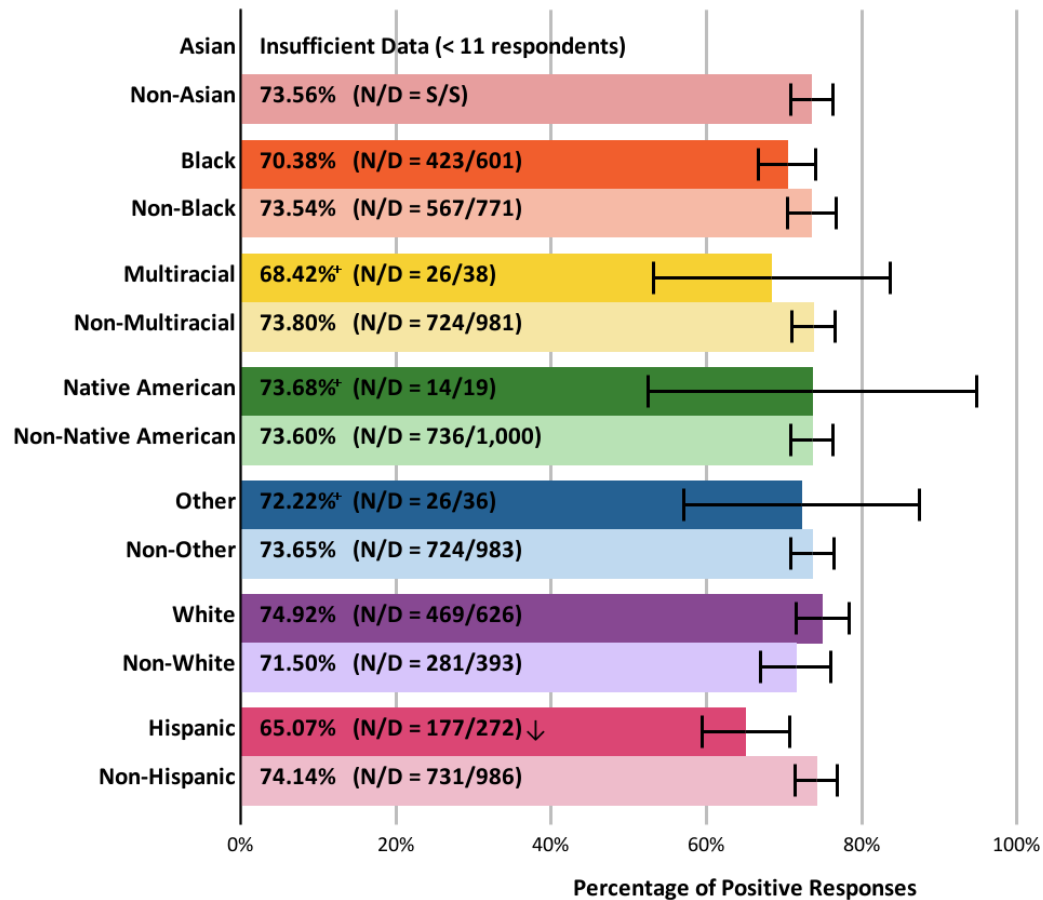


Respondents who answered “My child did not need counseling or mental health treatment in the last 6 months” were excluded from the analysis.

Race and Ethnicity Comparisons

Figure 4-63 shows the *Appointment for Counseling or Mental Health Treatment* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of Hispanic respondents reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as they needed it when compared to non-Hispanic respondents. There were no significant differences identified by race. Additionally, the Asian race category was suppressed due to less than 11 respondents.

Figure 4-64—Percentage of 2025 Adult Respondents Who Needed Counseling or Mental Health Treatment Usually or Always Received An Appointment As Soon As They Needed for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

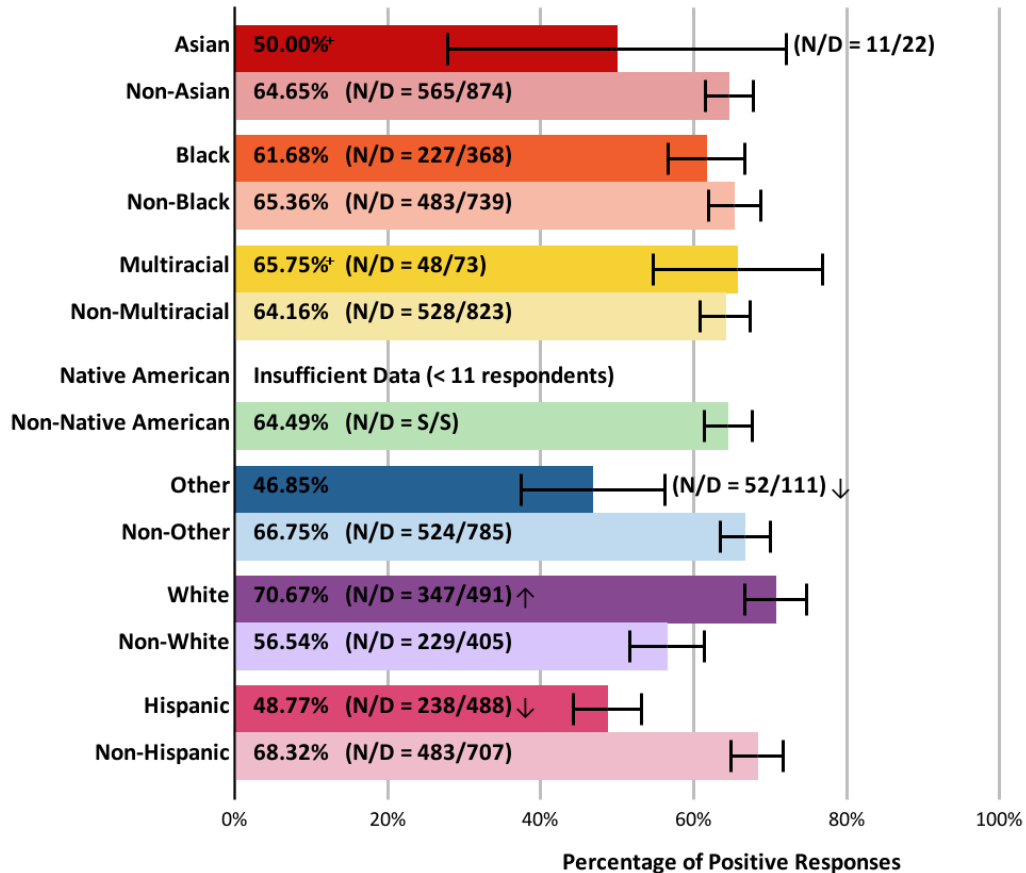
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-64 shows the *Appointment for Counseling or Mental Health Treatment* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as their child needed it when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported they usually or always were able to get an appointment for counseling or mental health treatment as soon as their child needed it when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-65—Percentage of 2025 Child Respondents Who Needed Counseling or Mental Health Treatment for Their Child Usually or Always Received An Appointment As Soon As Their Child Needed for NC TP Aggregate, by Race and Ethnicity



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↑ 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 4-31 shows the adult respondents and parent/caretaker respondents of child beneficiaries who needed counseling or mental health treatment for themselves or their child and were usually or always able to get an appointment as soon as they/their child needed stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-65 shows the significant differences for *Appointment for Counseling or Mental Health Treatment* by geography for parent/caretaker respondents of child beneficiaries. The Partners rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 4-31—Percentage of Adult Respondents and Child Respondents Who Needed Counseling or Mental Health Treatment for Themselves/Their Child Usually or Always Received An Appointment As Soon As They/Their Child Needed and Geographic Comparisons, by TPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	74.45%	73.25%	64.81%	63.76%
Alliance	S	70.39%	S	60.44%
Partners	74.00% ⁺	75.93%	79.07% ⁺ ↑	64.42%↓
Trillium	73.83%	73.83%	59.05%	55.97%
Vaya	76.42%	73.29%	65.28% ⁺	71.57%

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

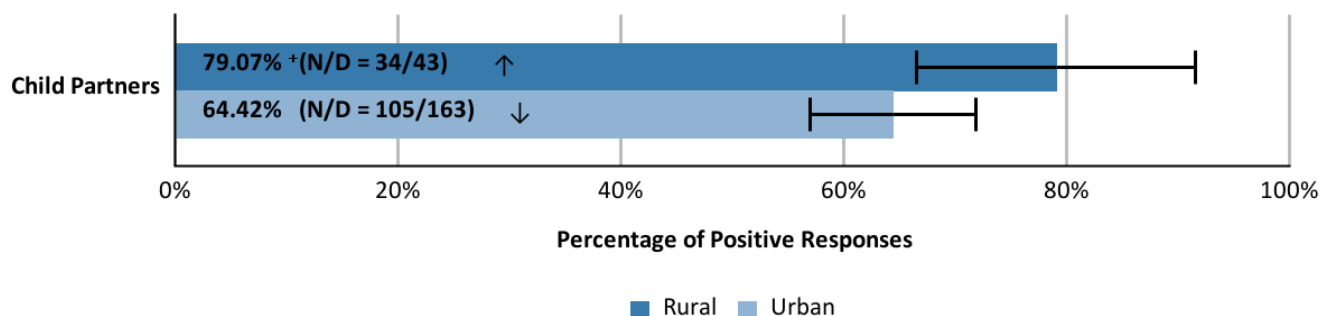
+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Blue and orange shading indicates the category score is significantly different than the other category.

↑ 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—Significant Differences: Percentage of Child Respondents Who Needed Counseling or Mental Health Treatment for Their Child Usually or Always Received An Appointment As Soon As Their Child Needed and Geographic Comparisons, by TPs (2025)



↑ 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.

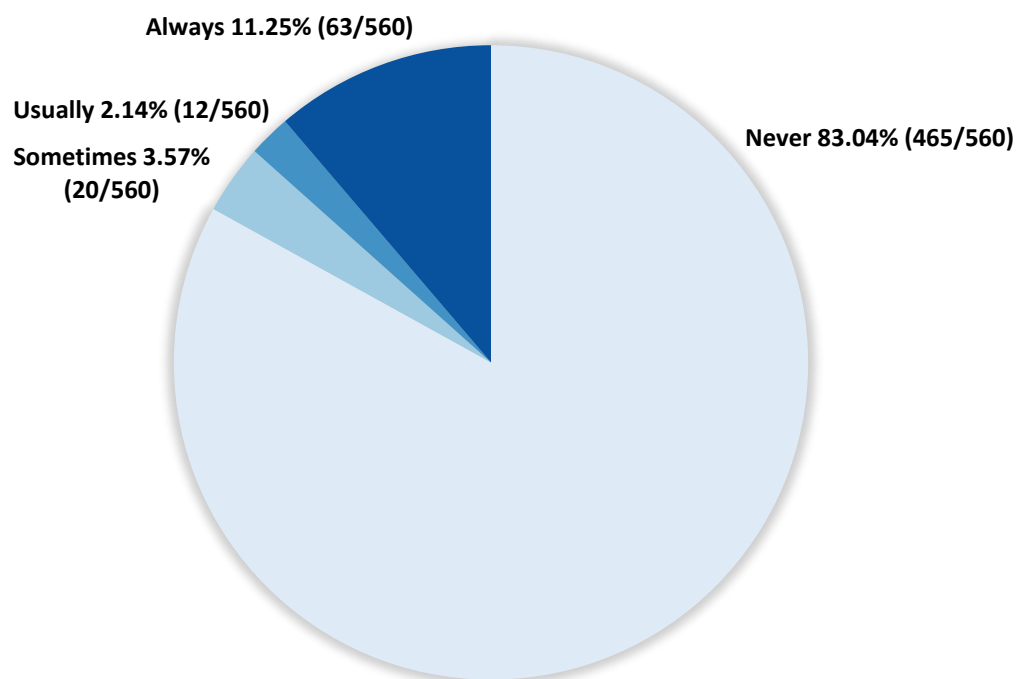
N/D Indicates the numerator and denominator of the score.

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

Used an Interpreter

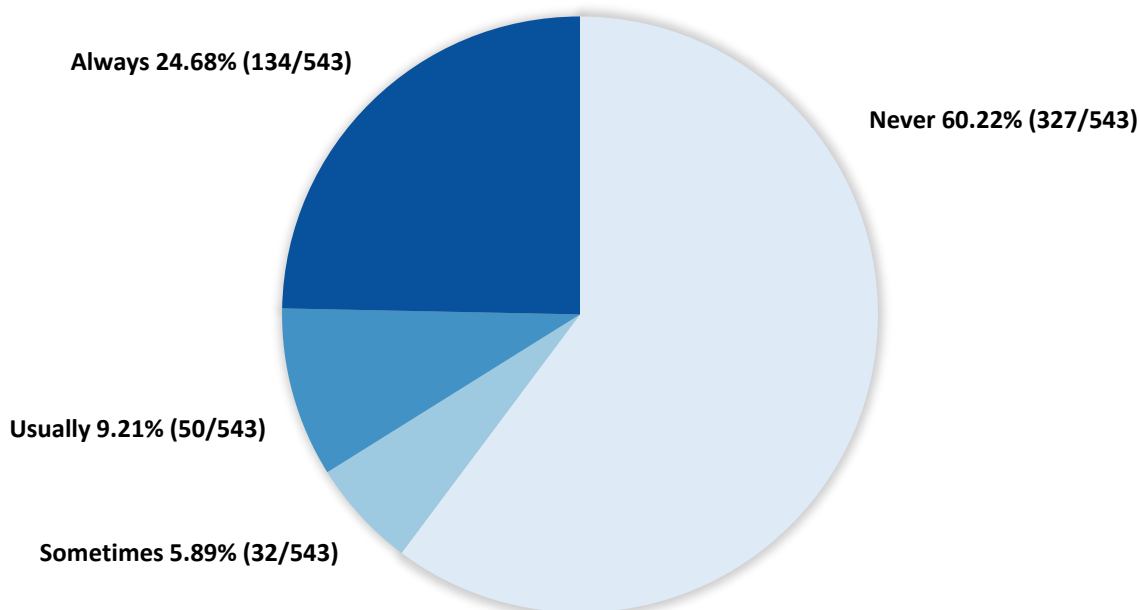
Adult respondents and parent/caretaker respondents were asked how often they/their child received an interpreter when they needed one at their/their child's personal doctor's office in the last 6 months. Figure 4-66 and Figure 4-67 present the percentage of adult respondents and parent/caretaker respondents, respectively, who always, usually, sometimes, or never got an interpreter at their/their child's personal doctor's office when they needed one. Of the 1,628 adult respondents and 1,544 parent/caretaker respondents who responded to the survey question from the NC TP Aggregate, 1,068 adult respondents and 1,001 parent/caretaker respondents indicated they did not need an interpreter and, therefore, were excluded from the denominator. Of the 560 adult beneficiaries and 543 parent/caretaker respondents in the NC TP Aggregate who indicated they needed an interpreter, the majority of adult respondents (83.04 percent) and parent/caretaker respondents (60.22 percent) reported they never received an interpreter.

Figure 4-67—How Often 2025 Adult NC TP Aggregate 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.

Figure 4-68—How Often 2025 Child NC TP Aggregate Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Received One

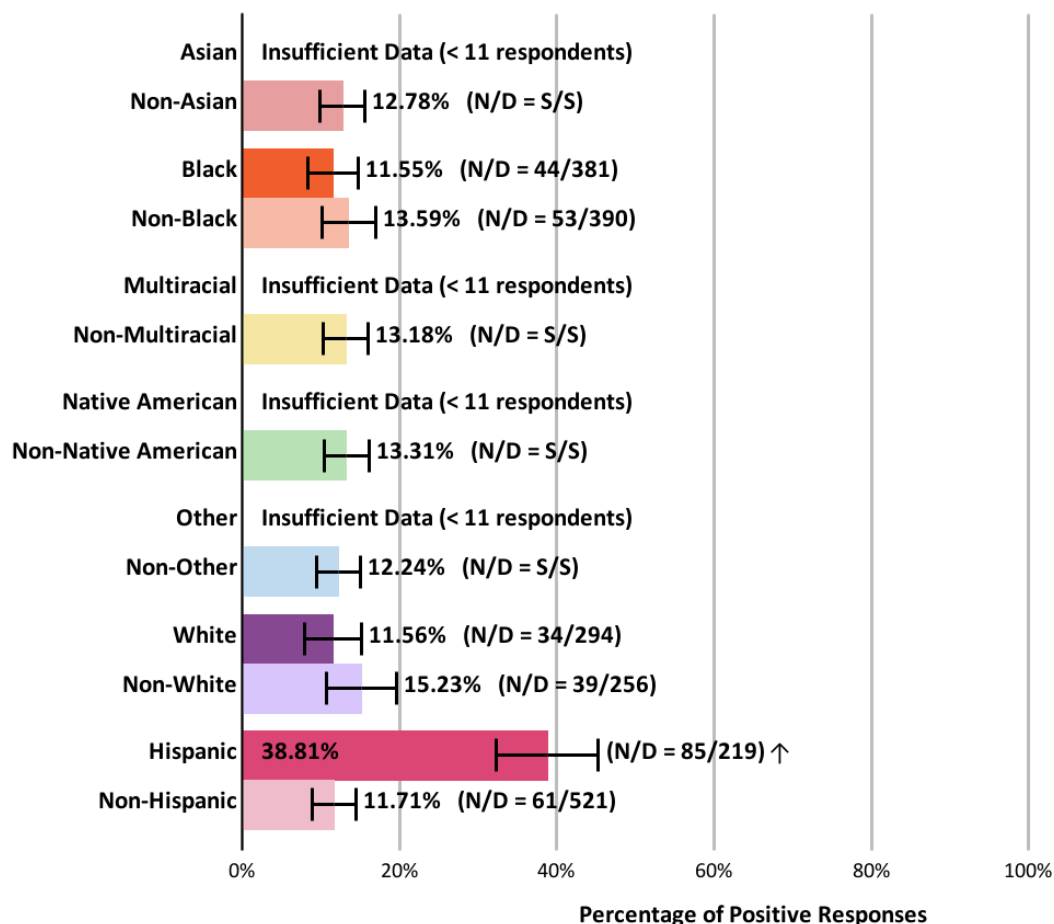


Respondents who answered “My child and I did not need an interpreter in the last 6 months” were excluded from the analysis.

Race and Ethnicity Comparisons

Figure 4-68 shows the *Used an Interpreter* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of Hispanic respondents reported they usually or always got an interpreter when they needed one at their personal doctor’s office when compared to non-Hispanic respondents. There were no significant differences identified by race. Additionally, the Asian, Multiracial, Native American, and Other race categories were suppressed due to less than 11 respondents.

Figure 4-69—Percentage of 2025 Adult Respondents Who Needed an Interpreter at Their Personal Doctor's Office Usually or Always Received One for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

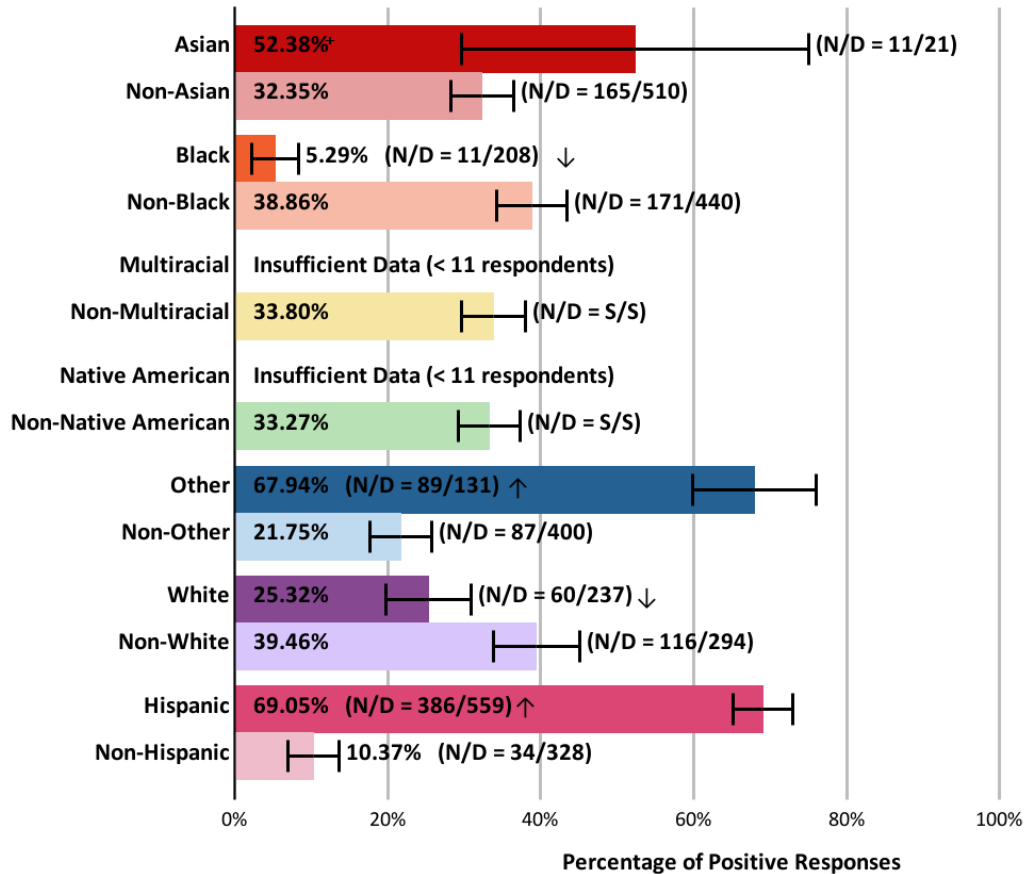
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-69 shows the *Used an Interpreter* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Other race and Hispanic children reported they usually or always got an interpreter when they needed one at their child's personal doctor's office when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of Black and White children reported they usually or always got an interpreter when they needed one at their child's personal doctor's office when compared to parents/caretakers of non-Black and non-White children, respectively. Additionally, the Multiracial and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-70—Percentage of 2025 Child Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Usually or Always Received One for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

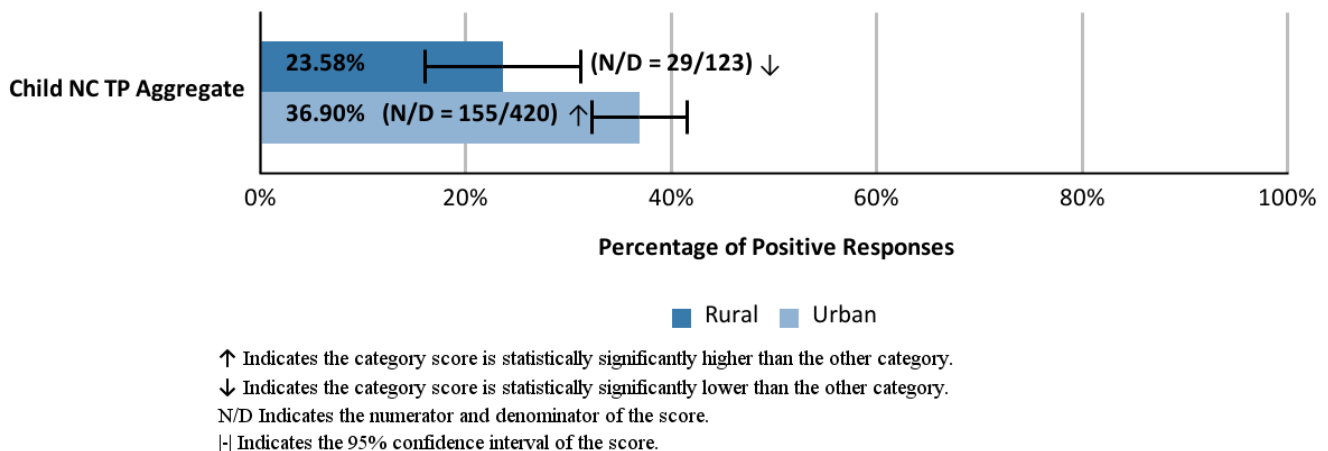
Table 4-32 shows the adult respondents and parent/caretaker respondents of child beneficiaries who usually or always received an interpreter when they/their child needed one at their/their child’s personal doctor’s office stratified by geography for the NC TP Aggregate and TPs. Figure 4-70 shows the significant differences for *Used an Interpreter* by geography for parent/caretaker respondents of child beneficiaries. The NC TP Aggregate rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *lower* than children living in urban counties.

Table 4-32—Percentage of Adult Respondents and Child Respondents Who Needed an Interpreter at Their/Their Child’s Personal Doctor’s Office Usually or Always Received One and Geographic Comparisons, by TPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	13.77%	13.23%	23.58%↓	36.90%↑
Alliance	S	19.70%	S	48.98%
Partners	S	11.70% ⁺	S	36.78% ⁺
Trillium	S	S	25.00% ⁺	23.08% ⁺
Vaya	S	S	S	30.56%

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.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-71—Significant Differences: Percentage of Child Respondents Who Needed an Interpreter at Their Child’s Personal Doctor’s Office Usually or Always Received One and Geographic Comparisons, by TPs (2025)

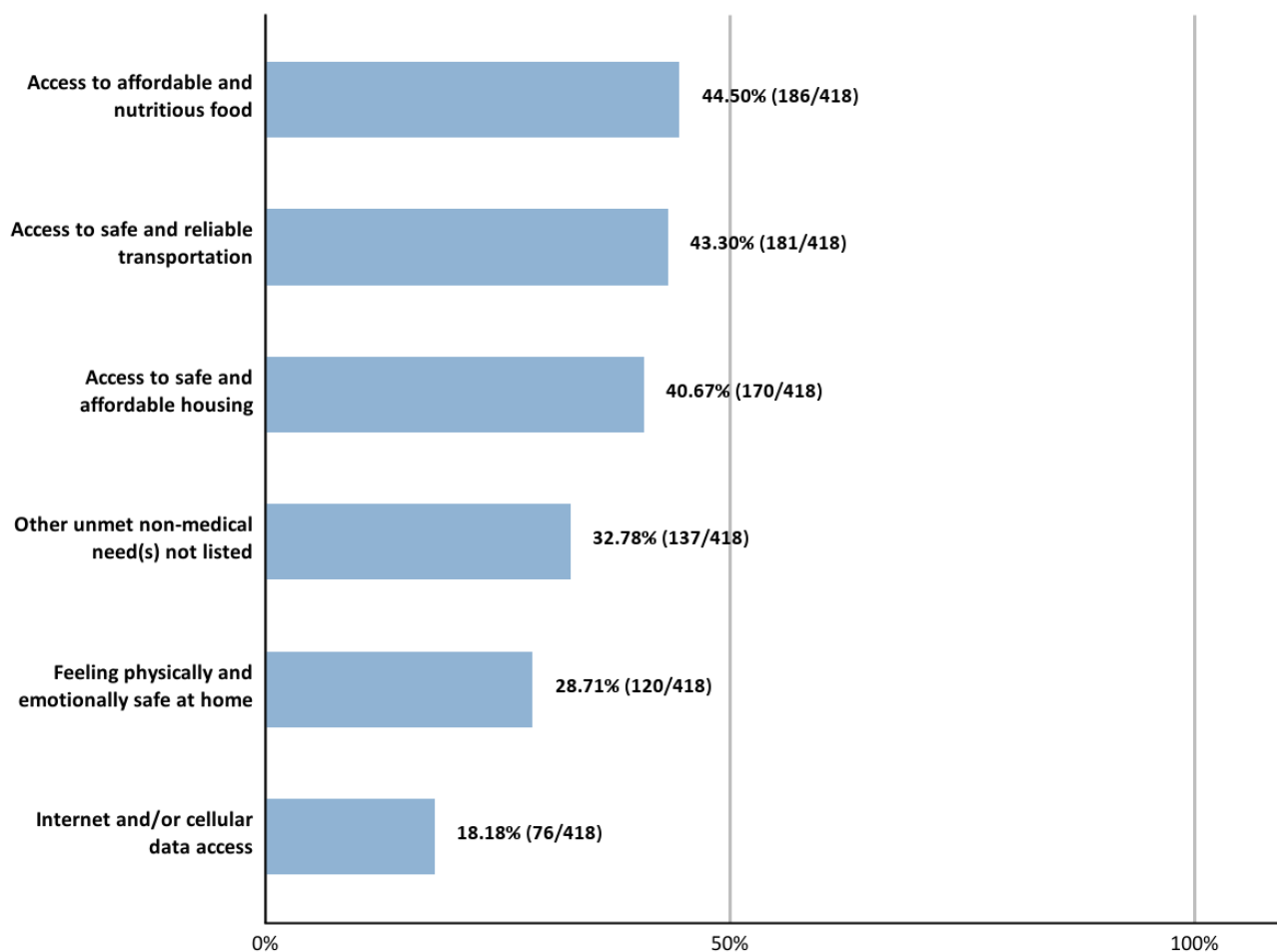


Unmet Non-Medical Needs

Adult respondents and parent/caretaker respondent were asked if they discussed any unmet non-medical needs they/their child have with a/their child’s health care provider or care manager. Figure 4-71 and Figure 4-72 present the percentage of adult respondents and parent/caretaker respondents, respectively, who discussed any unmet non-medical needs they/their child have with a/their child’s health care provider or care manager, by reason, for the NC TP Aggregate. On a positive note, of the 1,575 adult respondents and 1,458 parent/caretaker respondents who responded to the survey question from the NC TP Aggregate, majority of adult respondents (73.46 percent; 1,157 respondents) and parent/caretaker respondents (78.74 percent; 1,148 respondents) indicated they/their child did not have any unmet non-

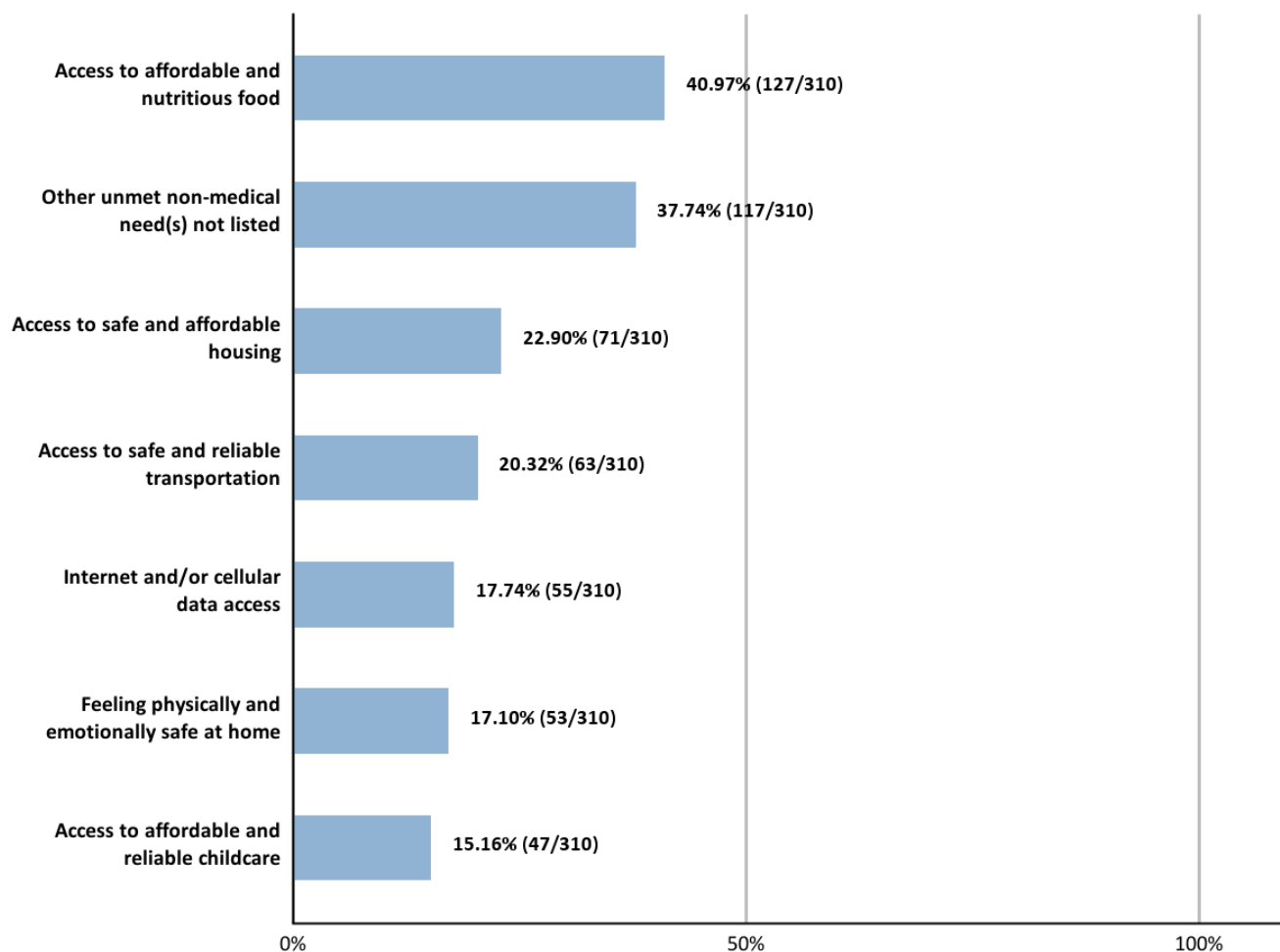
medical needs and therefore, were excluded from the denominator. The top three unmet non-medical needs adult respondents reported were access to affordable and nutritious food, access to safe and reliable transportation, and access to safe and affordable housing. The top three unmet non-medical needs parent/caretaker respondents reported were access to affordable and nutritious food, other unmet non-medical need(s) not listed, and access to safe and affordable housing.

Figure 4-72—Percentage of 2025 Adult NC TP Aggregate Respondents Who Discussed Any Unmet Non-Medical Needs, by Reason



Percentages will not total 100% because respondents could select more than one response option.

Figure 4-73—Percentage of 2025 Child NC TP Aggregate Respondents Who Discussed Any Unmet Non-Medical Needs, by Reason



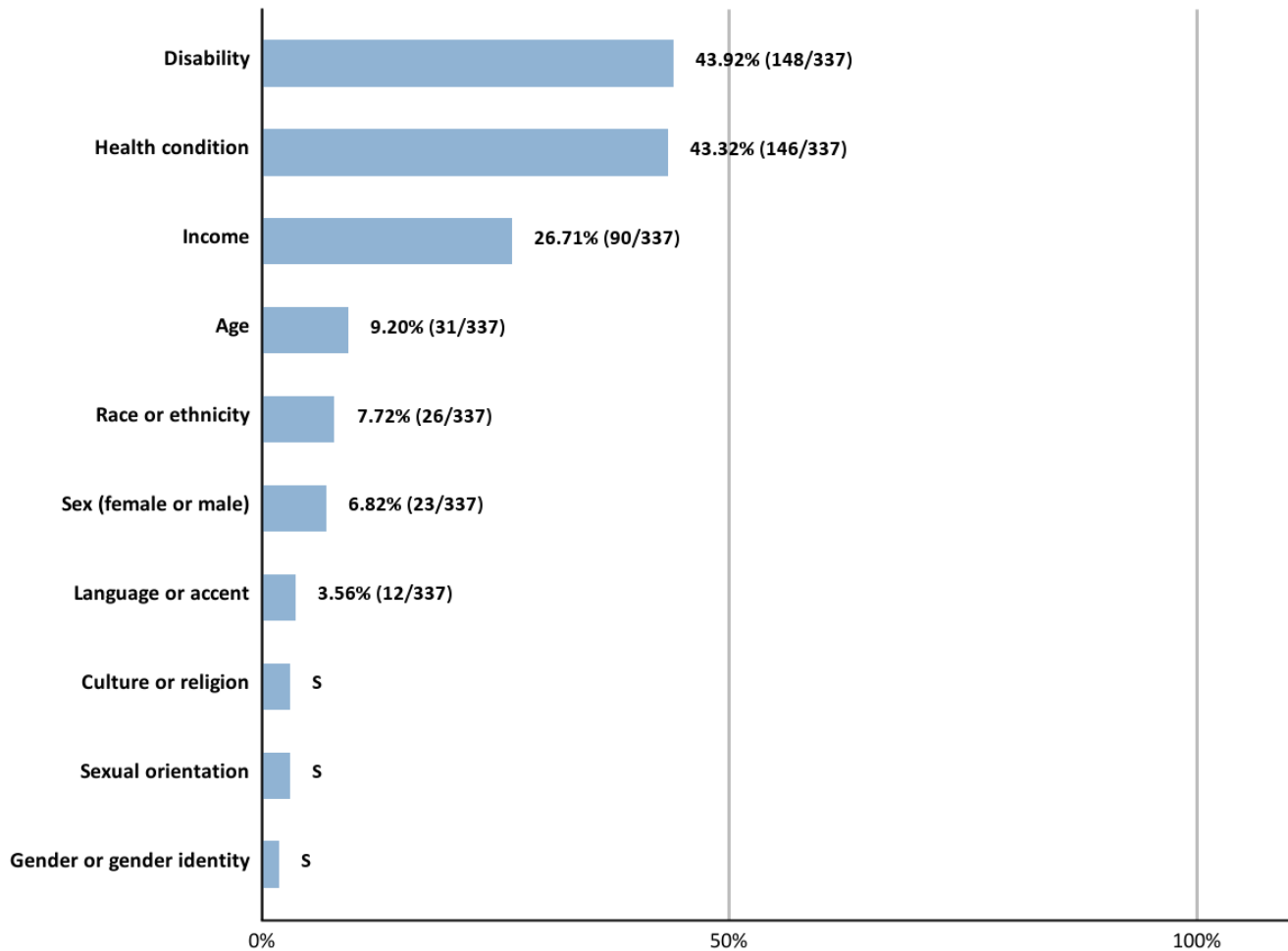
Percentages will not total 100% because respondents could select more than one response option.

Treated Unfairly or Insensitively

Adult respondents and parent/caretaker respondents were asked if anyone from a clinic, emergency room, or doctor's office, where they/their child got care, treated them in an unfair or insensitive way. Figure 4-73 and Figure 4-74 present the percentage of adult respondents and parent/caretaker respondents, respectively, who reported being treated in an unfair or insensitive way, by reason, for the NC TP Aggregate. Of the 1,693 adult respondents and 1,589 parent/caretaker respondents who responded to the survey from the NC TP Aggregate, the vast majority of adult respondents (80.09 percent; 1,356 respondents) and parent/caretaker respondents (78.67 percent; 1,250 respondents) did not indicate that they had been treated unfairly or insensitively, and therefore, were excluded from the denominator. The top three reasons adult respondents reported being treated in an unfair or insensitive way were because of disability, health condition, and income. The top three reasons parent/caretaker

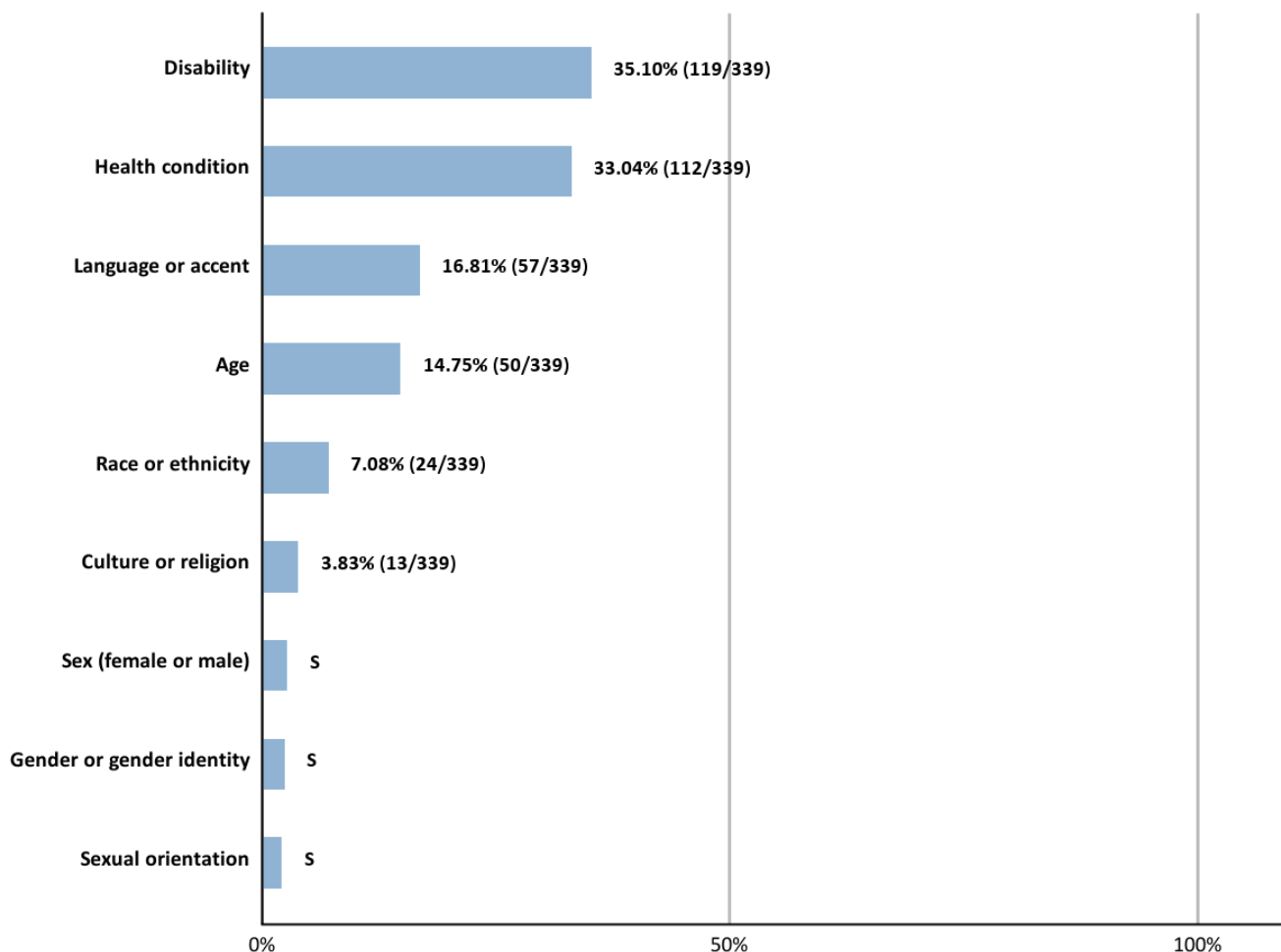
respondents reported their child being treated in an unfair or insensitive way were because of disability, health condition, and language or accent.

Figure 4-74—Percentage of Adult NC TP Aggregate Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason (2025)



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

Figure 4-75—Percentage of Child NC TP Aggregate Respondents Who Were Treated In An Unfair or Insensitive Way, by Reason (2025)

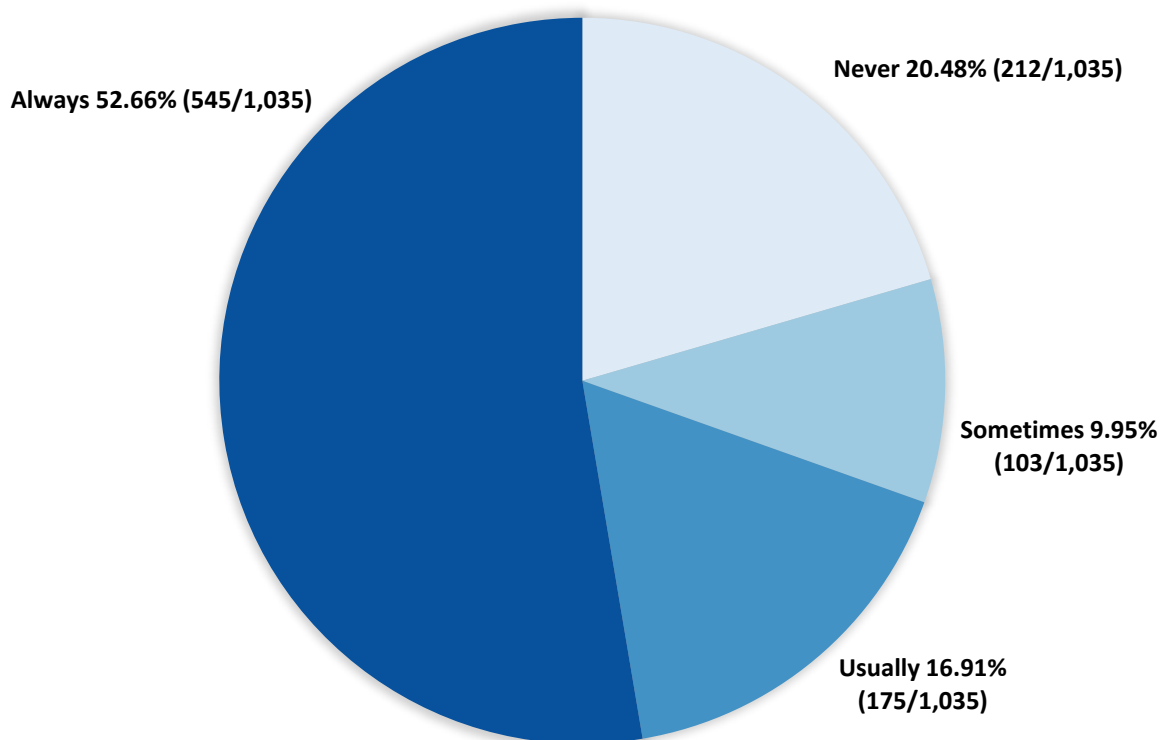


S Indicates results have been suppressed in accordance with CMS cell size suppression policy. Percentages will not total 100% because respondents could select more than one response option.

Online Access to Health Information (Adult Population Only)

Adult respondents were asked how often they were able to access their health information online when they wanted it. Figure 4-76 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 TP Aggregate. There were 605 respondents who indicated they did not want to access their health information online and, therefore, were excluded from the denominator. Of those in the NC TP Aggregate who wanted to access their health information online, the majority of adult respondents (69.57 percent) reported usually or always being able to access their health information online.

Figure 4-76—Among 2025 Adult NC TP Aggregate Respondents Who Wanted to Access Their Health Information Online, How Often They Were Able to Access It

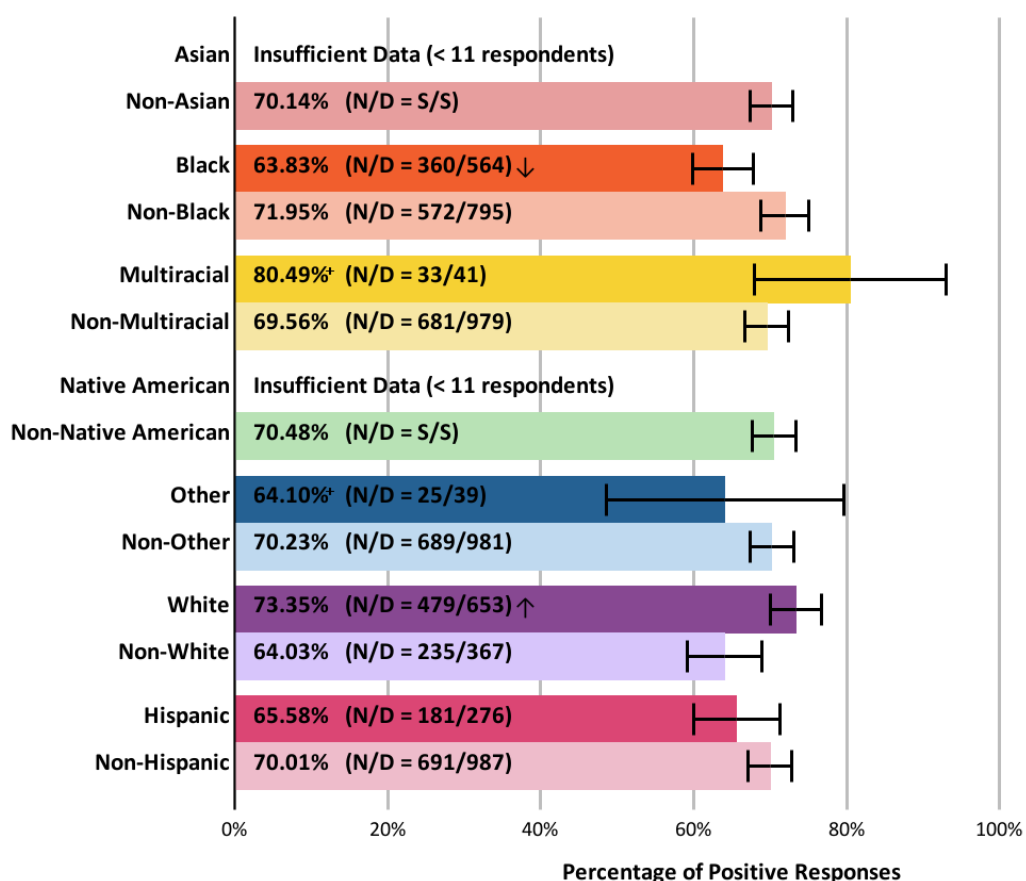


Respondents who answered “I did not want to access my health information online in the last 6 months” were excluded from the analysis.

Race and Ethnicity Comparisons

Figure 4-77 shows the *Online Access to Health Information* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of White respondents reported they were usually or always able to access their health information online when they wanted it when compared to non-White respondents. A significantly *lower* percentage of Black respondents reported they were usually or always able to access their health information online when they wanted it when compared to non-Black respondents. There were no significant differences identified by ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-77—Percentage of 2025 Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

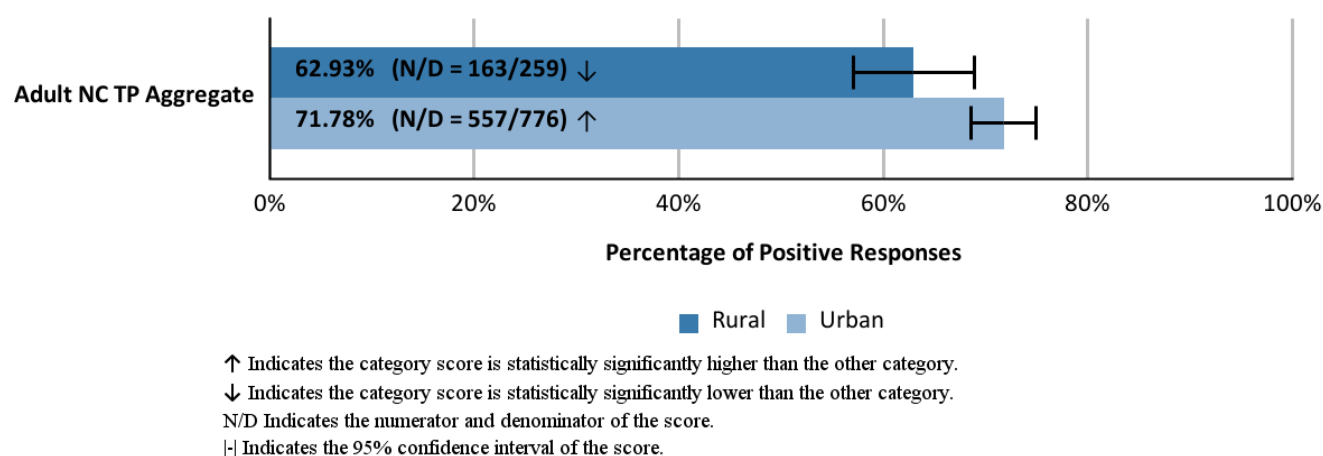
Geographic Comparisons

Table 4-33 shows the adult respondents who were usually or always able to access their health information online when they wanted it stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-78 shows the significant differences for *Online Access to Health Information* by geography for adult respondents. The NC TP Aggregate rate for adult respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Table 4-33—Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Geographic Comparisons, by TPs (2025)

Population	Adult	
	Rural	Urban
NC TP Aggregate	62.93%↓	71.78%↑
Alliance	S	74.50%
Partners	69.81%+	76.85%
Trillium	60.75%	61.88%
Vaya	61.80%+	70.47%
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. N/A Indicates the population is not applicable. Blue and orange shading indicates the category score is significantly different than the other category. ↑ Indicates the category score is significantly higher than the other category. ↓ Indicates the category score is significantly lower than the other category.		

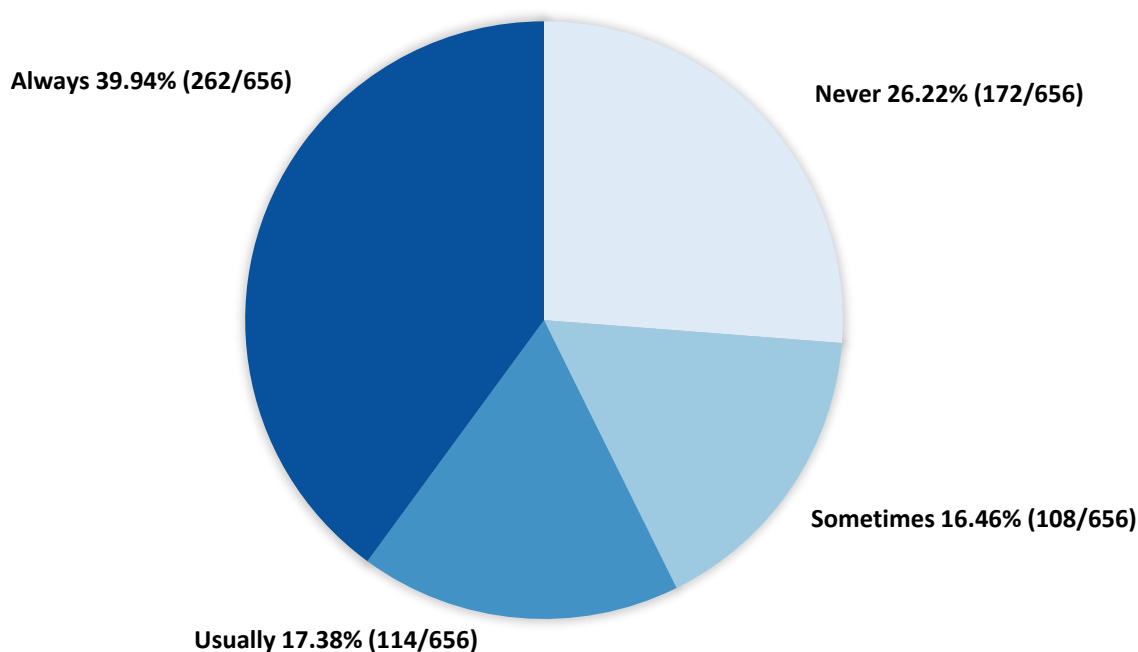
Figure 4-78—Significant Differences: Percentage of Adult Respondents Who Were Usually or Always Able to Access Their Health Information Online When They Wanted and Geographic Comparisons, by TPs (2025)



Care Outside of Business Hours

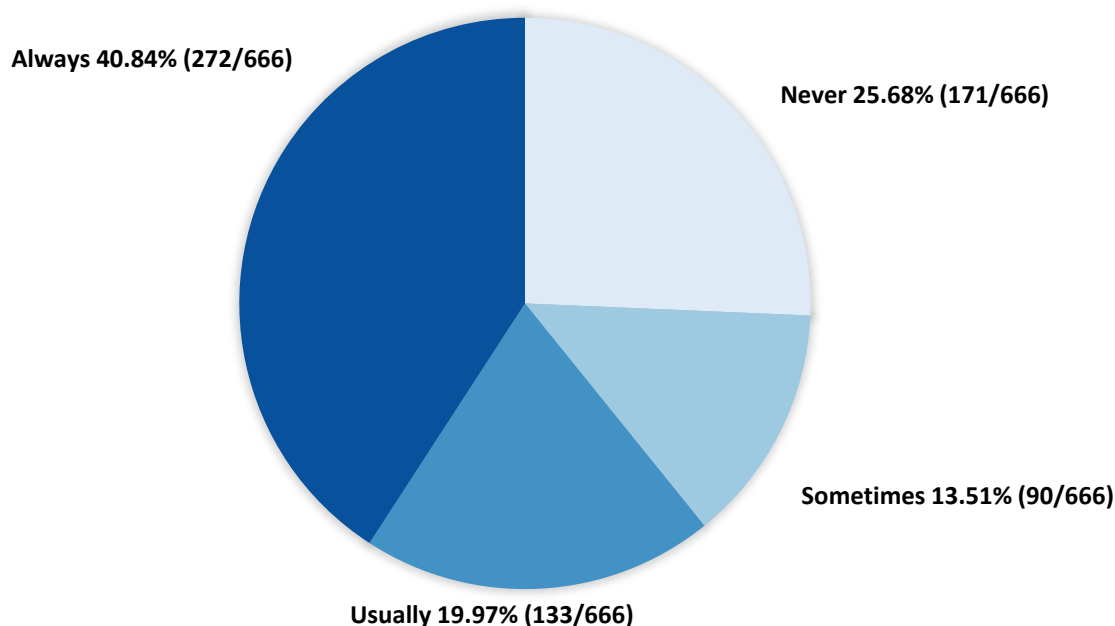
Adult respondents and parent/caretaker respondents were asked how often they were able to receive care they/their child needed outside of business hours (i.e., in the evenings, on weekends, or during holidays). Figure 4-79 and Figure 4-80 present how often (i.e., always, usually, sometimes, never) adult respondents and parent/caretaker respondents, respectively, were able to receive care outside of business hours for the NC TP Aggregate. There were 988 adult respondents and 869 parent/caretaker respondents who indicated they/their child did not need care outside of business hours and, therefore, were excluded from the denominator. Of those who needed care outside of business hours, the majority of adult respondents (57.32 percent) and parent/caretaker respondents (60.81 percent) reported usually or always being able to receive this care for the NC TP Aggregate.

Figure 4-79—Among 2025 Adult NC TP Aggregate 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.

Figure 4-80—Among 2025 Child NC TP Aggregate Respondents Whose Child Needed Care Outside of Business Hours, How Often Their Child Was Able to Receive It

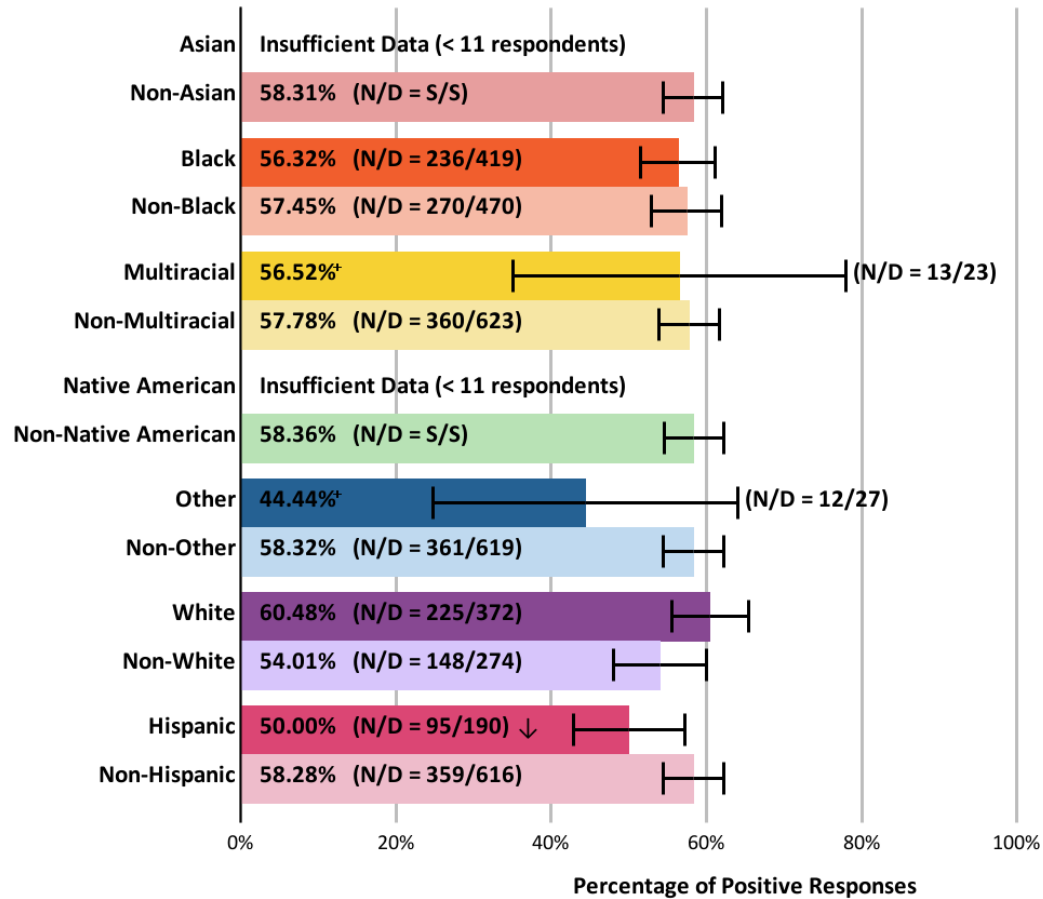


Respondents who answered "My child did not need care outside of business hours in the last 6 months" were excluded from the analysis.

Race and Ethnicity Comparisons

Figure 4-81 shows the *Care Outside of Business Hours* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *lower* percentage of Hispanic respondents reported they were usually or always able to receive care outside of business hours if they needed it when compared to non-Hispanic respondents. There were no significant differences identified by race. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-81—Percentage of 2025 Adult Respondents Who Were Usually or Always Able to Get Care Outside of Business Hours When Needed for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

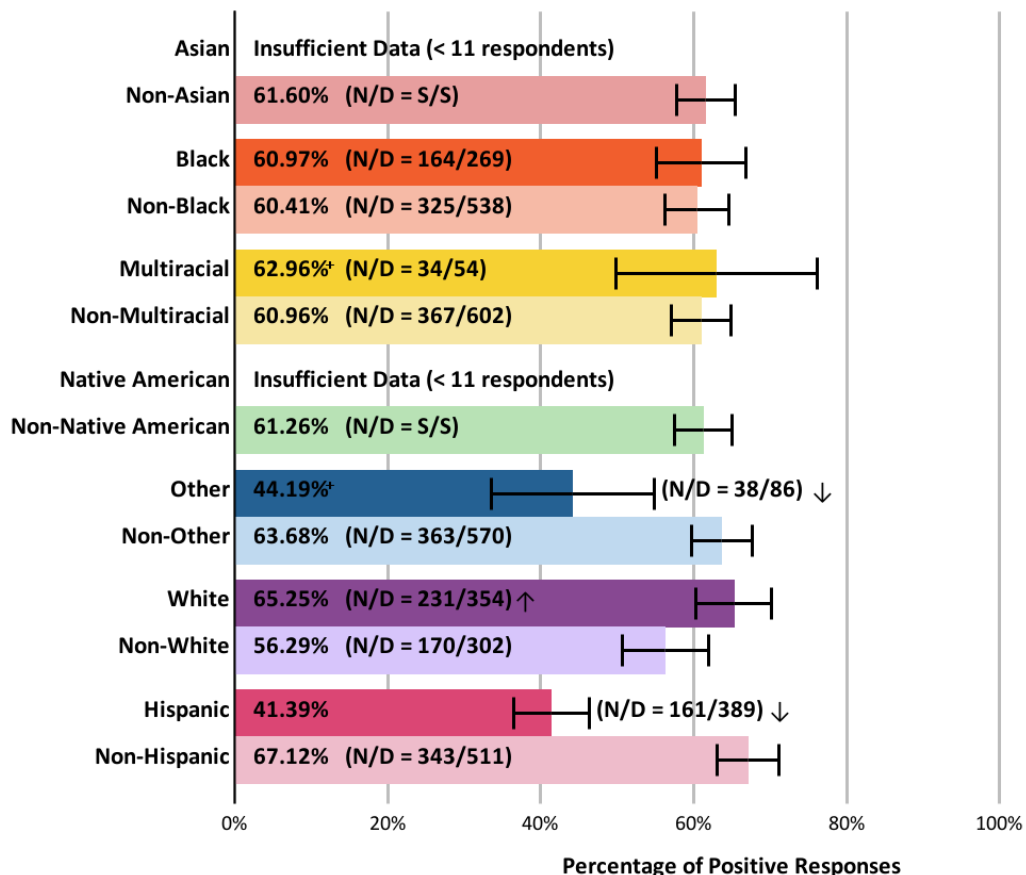
N/D Indicates the numerator and denominator of the demographic category score.

|·| 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.

Figure 4-82 shows the *Care Outside of Business Hours* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child was usually or always able to receive care outside of business hours if they needed it when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic child beneficiaries reported their child was usually or always able to receive care outside of business hours if they needed it when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-82—Percentage of 2025 Child Respondents Whose Child Was Usually or Always Able to Get Care Outside of Business Hours When Needed for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

Table 4-34 shows the adult respondents and parent/caretaker respondents of child beneficiaries who usually or always were able to receive care outside of business hours stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-34—Percentage of Adult Respondents and Child Respondents Who/Whose Child Were Usually or Always Able to Get Care Outside of Business Hours When Needed and Geographic Comparisons, by TPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	54.89%	58.26%	59.64%	61.20%
Alliance	S	58.82%	S	58.45%
Partners	48.65% ⁺	58.33%	67.57% ⁺	67.72%
Trillium	50.68% ⁺	57.73% ⁺	54.84% ⁺	54.35% ⁺
Vaya	61.19% ⁺	57.78% ⁺	65.45% ⁺	62.59%
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.				

Offered Telehealth Appointment

Adult respondents and parent/caretaker respondents were asked if they were offered a telehealth appointment for themselves or their child instead of an in-person appointment. Figure 4-83 and Figure 4-84 present the percentage of adult respondents and parent/caretaker respondents, respectively, who were offered a telehealth appointment instead of an in-person appointment for the NC TP Aggregate. The majority of adult respondents (68.70 percent) and parent/caretaker respondents (72.82 percent) reported they were not offered a telehealth appointment for themselves or their child instead of an in-person appointment for the NC TP Aggregate.

Figure 4-83—Percentage of 2025 Adult NC TP Aggregate Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment

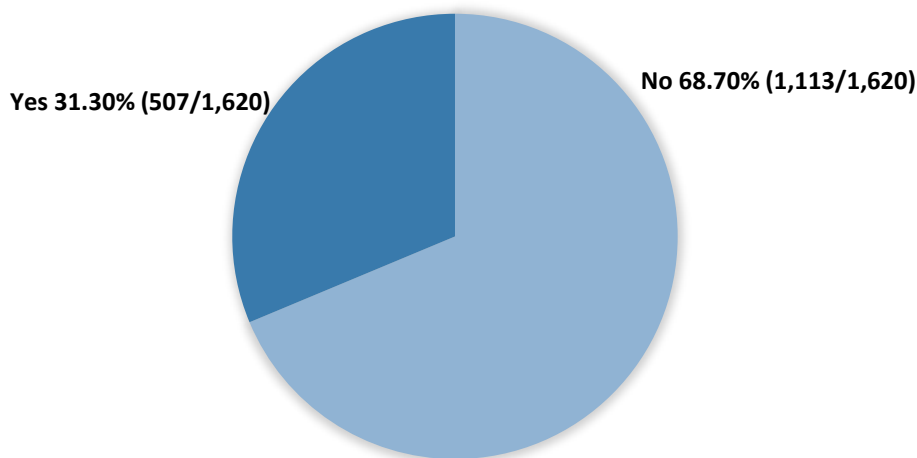
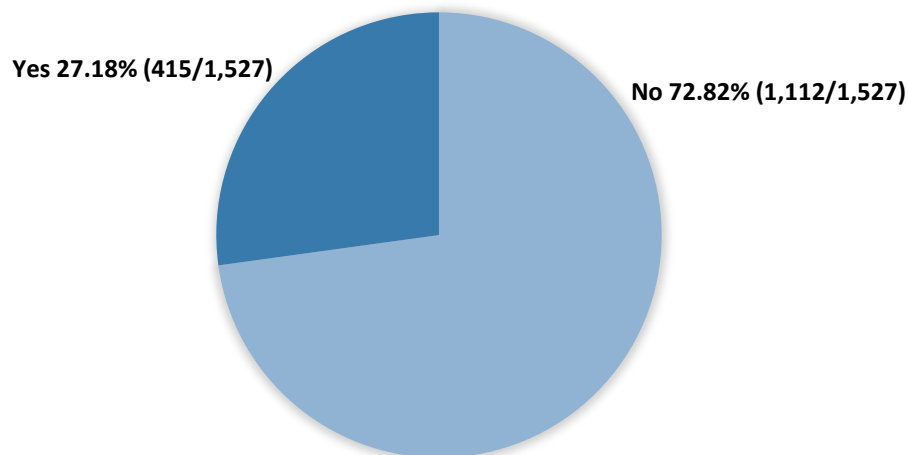


Figure 4-84—Percentage of 2025 Child NC TP Aggregate Respondents Who Were Offered a Telehealth Appointment For Their Child Instead of an In-Person Appointment

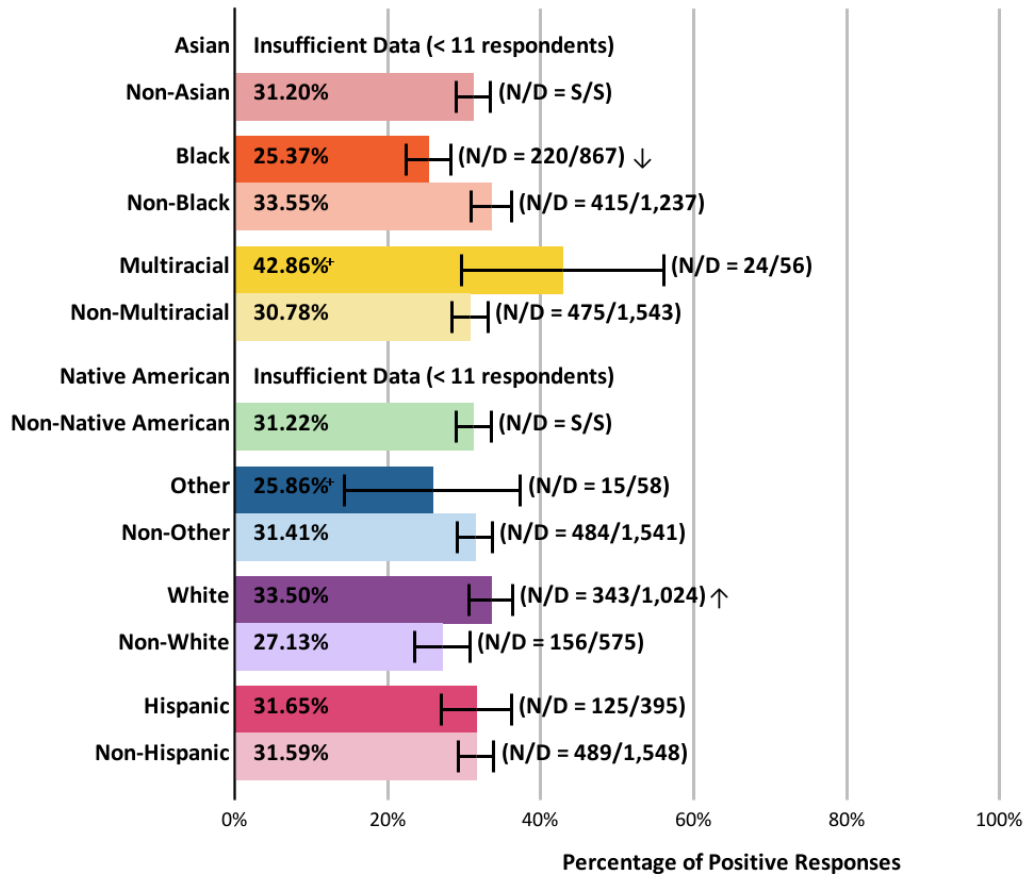


Race and Ethnicity Comparisons

Figure 4-85 shows the *Offered Telehealth Appointment* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of White respondents reported they were offered a telehealth appointment instead of an in-person appointment when compared to non-White respondents. A significantly *lower* percentage of Black respondents reported they were offered a telehealth appointment instead of an in-person appointment when compared to non-Black

respondents. There were no significant differences identified by ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-85—Percentage of 2025 Adult Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment for NC TP Aggregate, by Race and Ethnicity

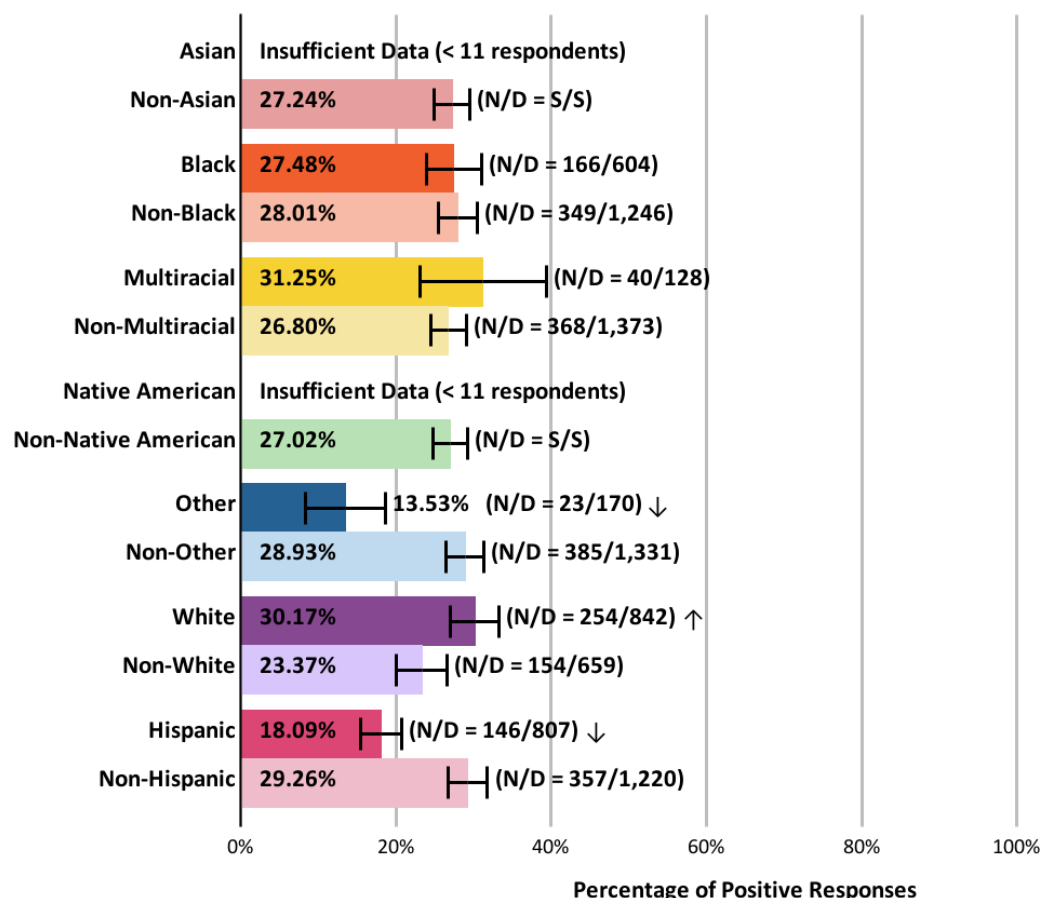


S Indicates results have been suppressed in accordance with CMS cell size suppression policy.
 ↑ Indicates the demographic category's score is statistically significantly higher than the comparison group's score.
 ↓ Indicates the demographic category's score is statistically significantly lower than the comparison group's score.
 If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.
 + 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.

Figure 4-86 shows the *Offered Telehealth Appointment* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of White children reported their child was offered a telehealth appointment instead of an in-person appointment when compared to parents/caretakers of non-White children. A significantly *lower* percentage of parents/caretakers of Other race and Hispanic children reported their child was offered a telehealth appointment instead of an in-person appointment when

compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-86—Percentage of 2025 Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Their Child for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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.

Geographic Comparisons

Table 4-35 shows the adult respondents and parent/caretaker respondents of child beneficiaries who were offered a telehealth appointment instead of an in-person appointment stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-87 shows the significant differences for *Offered Telehealth Appointment* by geography for adult respondents and parent/caretaker respondents of child beneficiaries. The Trillium rate for adult respondents living in rural counties was significantly *lower*

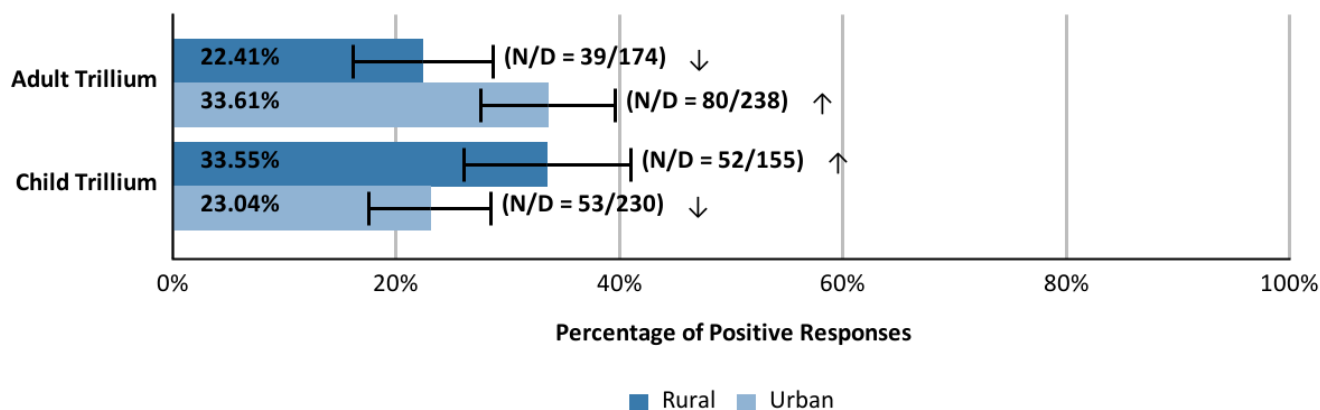
than respondents living in urban counties. The Trillium rate for parent/caretaker respondents of child beneficiaries living in rural counties was significantly *higher* than children living in urban counties.

Table 4-35—Percentage of Adult Respondents and Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Themselves/Their Child and Geographic Comparisons, by TPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	27.99%	32.45%	27.91%	26.93%
Alliance	S	36.76%	S	27.48%
Partners	34.67% ⁺	27.67%	28.77% ⁺	34.34%
Trillium	22.41%↓	33.61%↑	33.55%↑	23.04%↓
Vaya	31.58%	31.58%	21.48%	22.00%

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.
 Blue and orange shading indicates the category score is significantly different than the other category.
 ↑ Indicates the category score is significantly higher than the other category.
 ↓ Indicates the category score is significantly lower than the other category.

Figure 4-87—Significant Differences: Percentage of Adult and Child Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment For Themselves/Their Child and Geographic Comparisons, by TPs (2025)



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

Chose Telehealth

Adult respondents and parent/caretaker respondents were asked how often they chose to use telehealth for their/their child's health care when it was offered by a doctor or other health provider. Figure 4-88 and Figure 4-89 present how often (i.e., always, usually, sometimes, never) adult respondents and parent/caretaker respondents, respectively, chose to use telehealth for their/their child's health care when it was offered by a doctor or other health provider for the NC TP Aggregate. Among those who were offered a telehealth appointment by a doctor or other health provider, the majority of adult respondents (83.13 percent) and parent/caretaker respondents (83.54 percent) reported sometimes, usually, or always choosing to use telehealth for their/their child's health care for the NC TP Aggregate.

Figure 4-88—Among 2025 Adult NC TP Aggregate Respondents Who Were Offered a Telehealth Appointment, How Often They Chose It

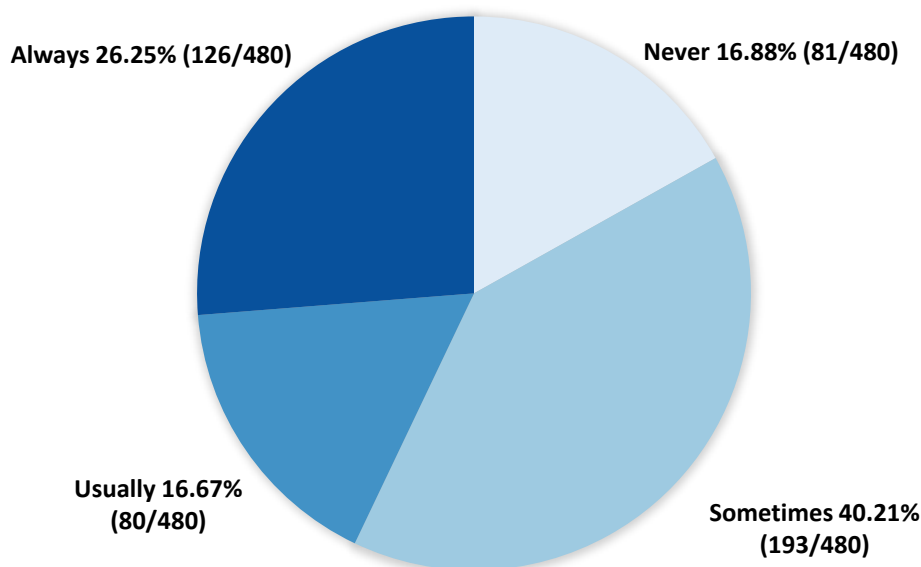
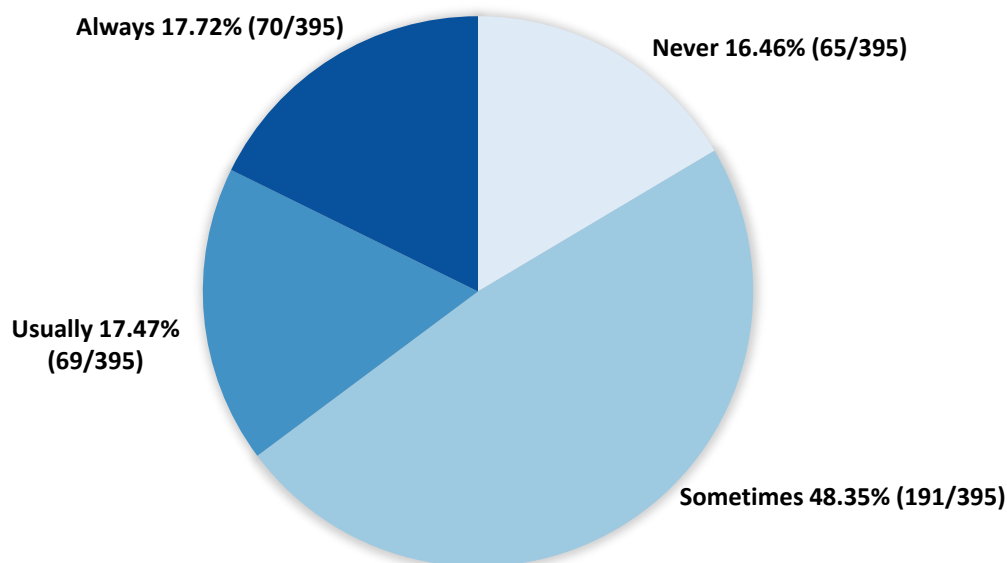


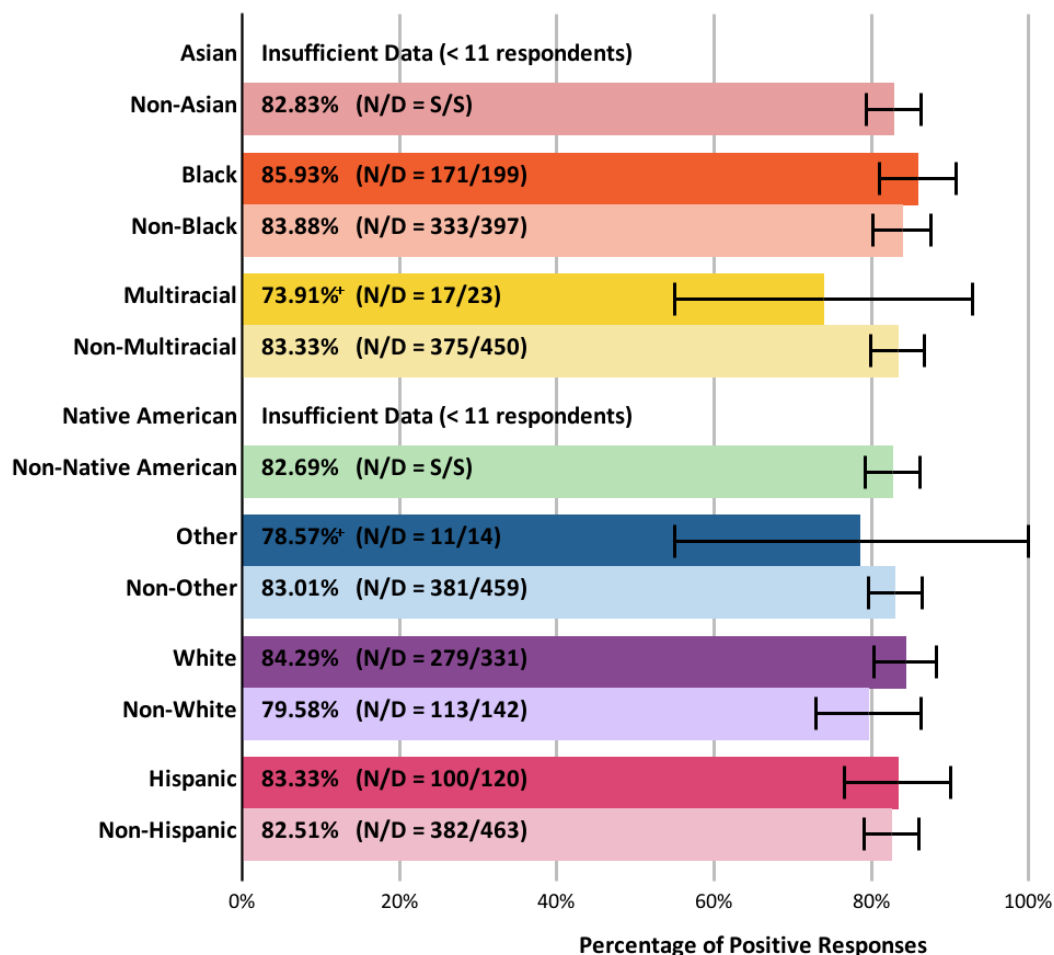
Figure 4-89—Among 2025 Child NC TP Aggregate Respondents Who Were Offered a Telehealth Appointment for Their Child, How Often They Chose It



Race and Ethnicity Comparisons

Figure 4-90 shows the *Chose Telehealth* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-90—Percentage of 2025 Adult Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their Health Care When Offered for NC TP Aggregate, by Race and Ethnicity



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.

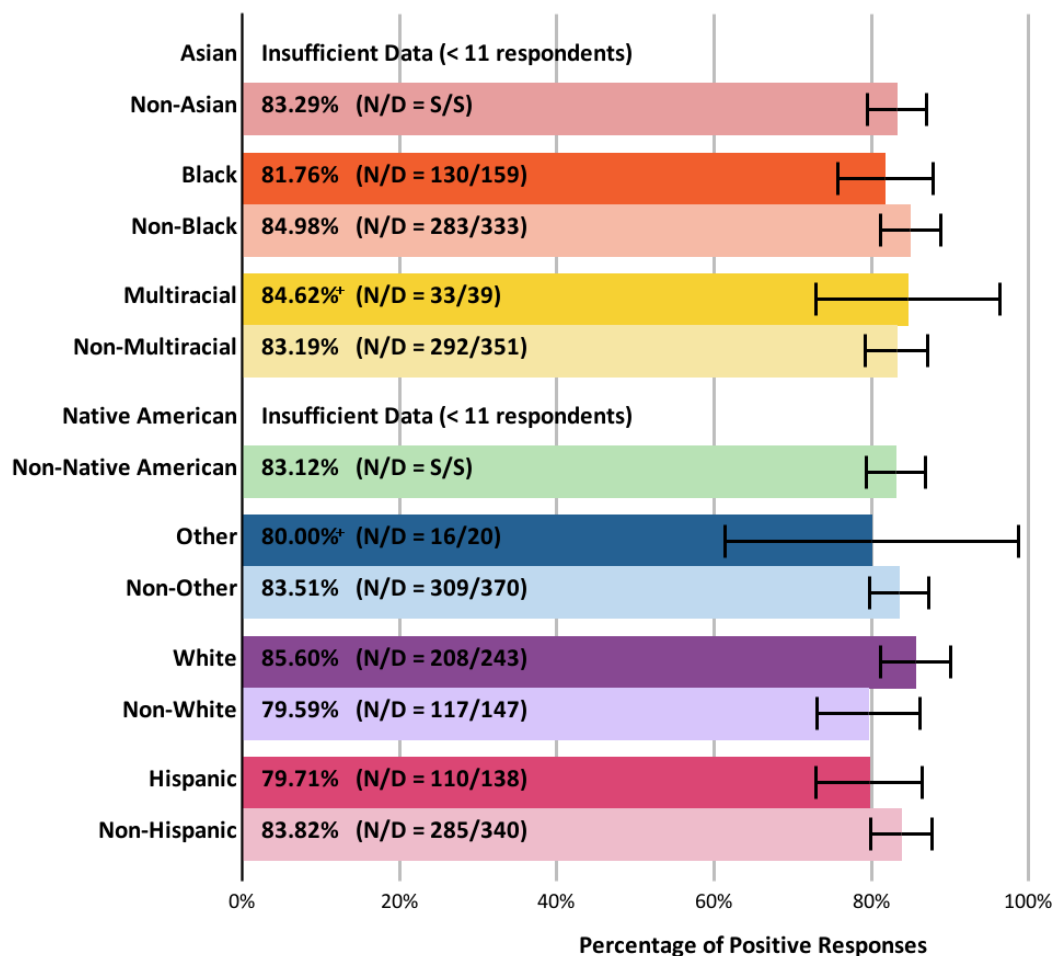
N/D Indicates the numerator and denominator of the demographic category score.

|—| 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.

Figure 4-91 shows the *Chose Telehealth* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. There were no significant differences identified by race and ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-91—Percentage of 2025 Child Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their Child’s Health Care When Offered for NC TP Aggregate, by Race and Ethnicity



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.

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.

Geographic Comparisons

Table 4-36 shows the adult respondents and parent/caretaker respondents of child beneficiaries who sometimes, usually, or always chose to use telehealth for their/their child’s health care when it was offered by a doctor or other health provider stratified by geography for the NC TP Aggregate and TPs. There were no significant differences identified by geography.

Table 4-36—Percentage of Adult Respondents and Child Respondents Who Sometimes, Usually, or Always Chose a Telehealth Appointment for Their/Their Child’s Health Care When Offered and Geographic Comparisons, by TPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	84.40%	82.75%	82.86%	83.79%
Alliance	S	82.17%	S	86.90% ⁺
Partners	86.96% ⁺	84.44% ⁺	85.00% ⁺	86.32% ⁺
Trillium	86.11% ⁺	84.42% ⁺	86.27% ⁺	86.00% ⁺
Vaya	82.98% ⁺	80.00% ⁺	75.00% ⁺	73.77% ⁺
<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>				

Flu Vaccination Received

Adult respondents and parent/caretaker respondents were asked if they/their child had either a flu shot or flu spray in the nose since July 1, 2024. Figure 4-92 and Figure 4-93 present the percentage of adult respondents and parent/caretaker respondents, respectively, who received/their child received a flu vaccination for the NC TP Aggregate. The majority of adult respondents (60.10 percent) and parent/caretaker respondents (58.81 percent) reported they/their child did not receive a flu vaccination for the NC TP Aggregate.

Figure 4-92—Percentage of 2025 Adult NC TP Aggregate Respondents Who Received a Flu Vaccination

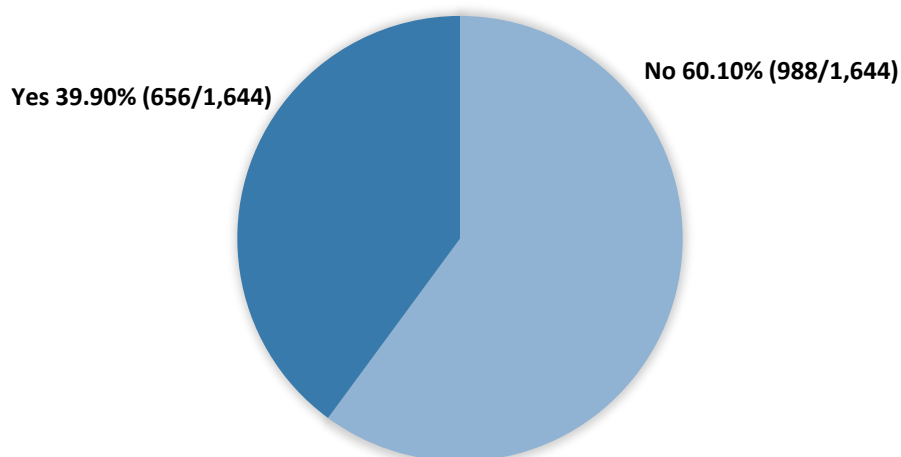
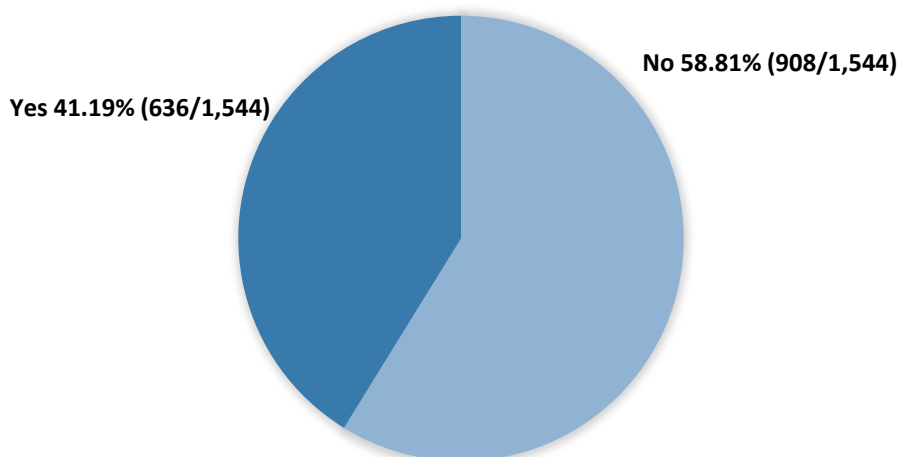


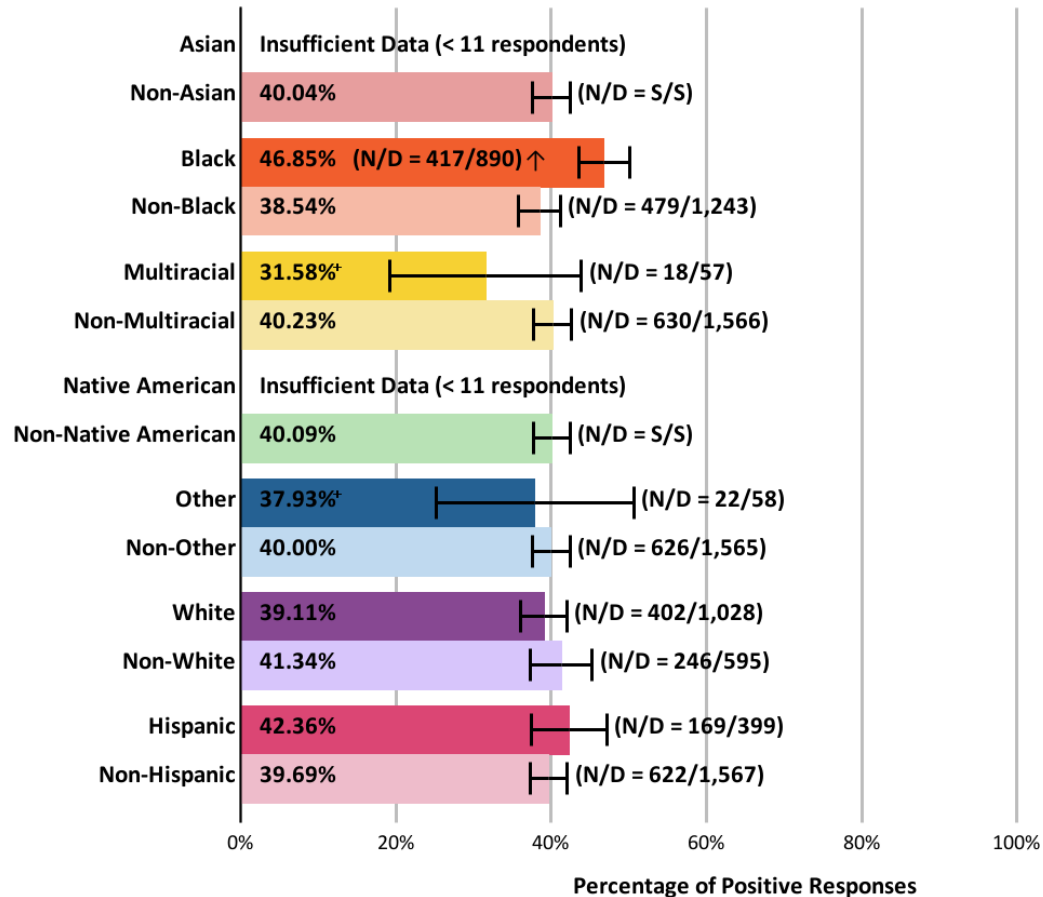
Figure 4-93—Percentage of 2025 Child NC TP Aggregate Respondents Whose Child Received a Flu Vaccination



Race and Ethnicity Comparisons

Figure 4-94 shows the *Flu Vaccination Received* positive rating results of adult respondents for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of Black respondents reported they received a flu vaccination when compared to non-Black respondents. There were no significant differences identified by ethnicity. Additionally, the Asian and Native American race categories were suppressed due to less than 11 respondents.

Figure 4-94—Percentage of 2025 Adult Respondents Who Received a Flu Vaccination for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

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

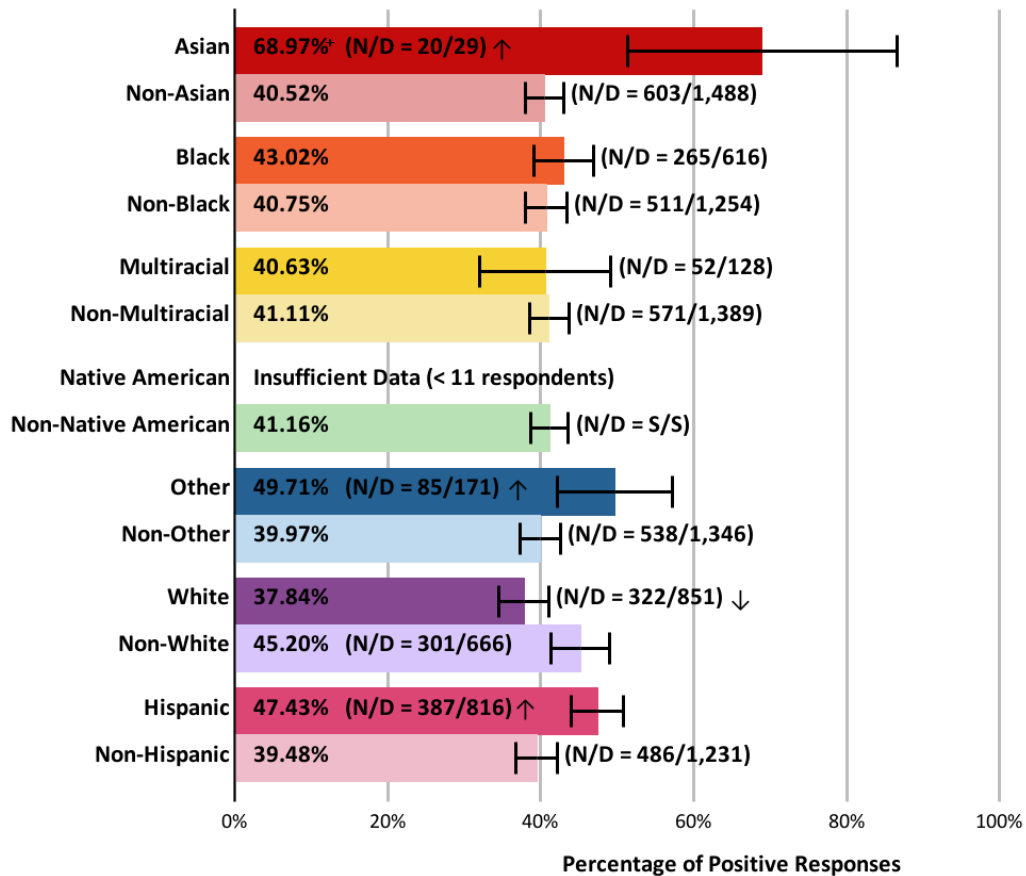
N/D Indicates the numerator and denominator of the demographic category score.

|·| 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.

Figure 4-95 shows the *Flu Vaccination Received* positive rating results of child beneficiaries reported by their parents/caretakers for the NC TP Aggregate by race and ethnicity. A significantly *higher* percentage of parents/caretakers of Asian, Other race, and Hispanic children reported their child received a flu vaccination when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively. A significantly *lower* percentage of parents/caretakers of White children reported their child received a flu vaccination when compared to parents/caretakers of non-White children. Additionally, the Native American race category was suppressed due to less than 11 respondents.

Figure 4-95—Percentage of 2025 Child Respondents Whose Child Received a Flu Vaccination for NC TP Aggregate, 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.

If no statistically significant differences were found, no indicators (↑ or ↓) appear in the figure.

+ 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.

Geographic Comparisons

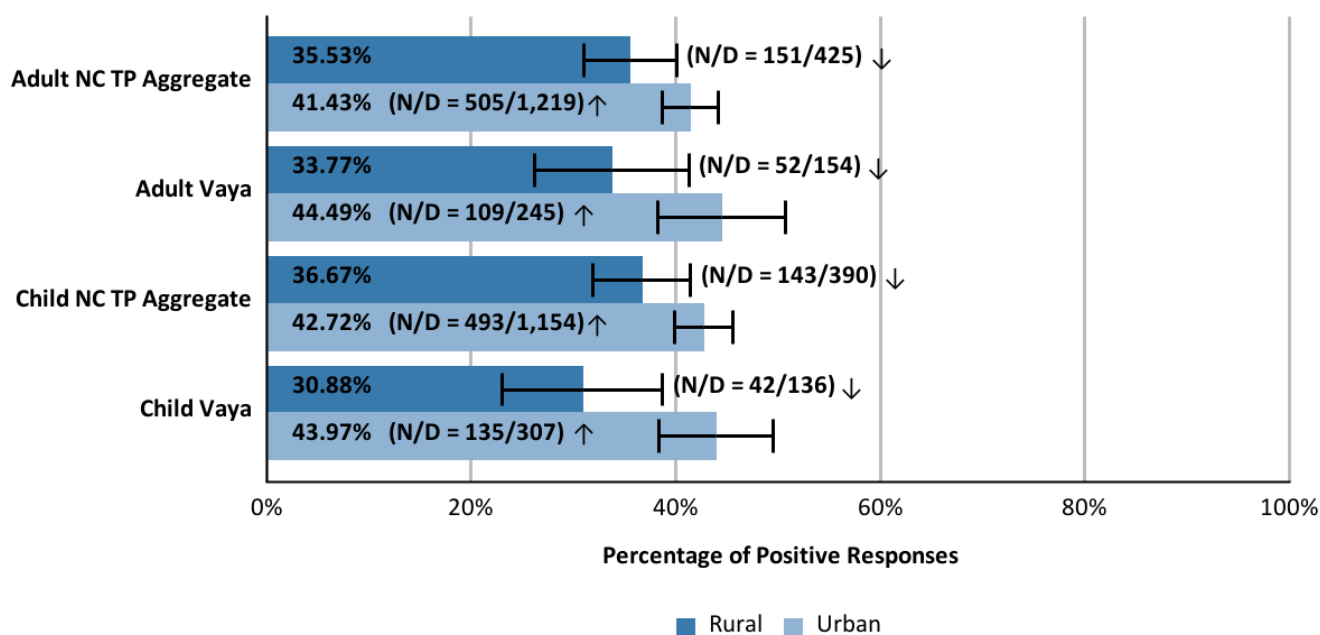
Table 4-37 shows the adult respondents and parent/caretaker respondents of child beneficiaries who received/their child received a flu vaccination stratified by geography for the NC TP Aggregate and TPs. Additionally, Figure 4-96 shows the significant differences for *Flu Vaccination Received* by geography for adult respondents and parent/caretaker respondents of child beneficiaries. The NC TP Aggregate and Vaya rates for adult respondents and parent/caretaker respondents of child beneficiaries living in rural counties were significantly *lower* than respondents living in urban counties.

Table 4-37—Percentage of Adult Respondents and Child Respondents Who/Whose Child Received a Flu Vaccination and Geographic Comparisons, by TPs (2025)

Population	Adult		Child	
	Rural	Urban	Rural	Urban
NC TP Aggregate	35.53%↓	41.43%↑	36.67%↓	42.72%↑
Alliance	S	48.68%	44.00% ⁺	45.08%
Partners	33.77% ⁺	34.86%	36.11% ⁺	39.00%
Trillium	37.85%	36.59%	40.76%	42.67%
Vaya	33.77%↓	44.49%↑	30.88%↓	43.97%↑

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.
Blue and orange shading indicates the category score is significantly different than the other category.
↑ Indicates the category score is significantly higher than the other category.
↓ Indicates the category score is significantly lower than the other category.

Figure 4-96—Significant Differences: Percentage of Adult and Child Respondents Who/Whose Child Received a Flu Vaccination and Geographic Comparisons, by TPs (2025)



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

Spearman Correlation

HSAG used the Spearman correlation to assess 1) how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist and 2) how strongly a score for the overall health characteristics (i.e., *General Health Status* and *Mental or Emotional Health Status*) was associated with all global ratings and composite measures.⁵² For more detailed information regarding the methodology used for this analysis, please refer to Appendix B. Reader's Guide beginning on page 517. Table 4-38 through Table 4-41 present the results of the Spearman correlation for the NC TP Aggregate. 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 and overall health characteristics except between *How Well Doctors Communicate* and *Rating of Personal Doctor* for the adult population, where there is a fairly positive relationship between the two measures.

Table 4-38—Adult Spearman Correlation NC TP Aggregate Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<i>Getting Needed Care</i>	0.41	0.46	0.34	0.42
<i>Getting Care Quickly</i>	0.30	0.35	0.32	0.29
<i>How Well Doctors Communicate</i>	0.26	0.36	0.51	0.30
<i>Customer Service</i>	0.47	0.37	0.24	0.30
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

Table 4-39—Adult Spearman Correlation NC TP Aggregate Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
<i>Rating of Health Plan</i>	-0.17	-0.13
<i>Rating of All Health Care</i>	-0.28	-0.21
<i>Rating of Personal Doctor</i>	-0.12	-0.11
<i>Rating of Specialist Seen Most Often</i>	-0.16	-0.14
Composite Measures		
<i>Getting Needed Care</i>	-0.19	-0.14
<i>Getting Care Quickly</i>	-0.18	-0.17

⁵² The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2026.

Measure	General Health Status	Mental or Emotional Health Status
<i>How Well Doctors Communicate</i>	-0.13	-0.12
<i>Customer Service</i>	-0.08	-0.07
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.		

Table 4-40—Child Spearman Correlation NC TP Aggregate Results (2025)

Composite Measure	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<i>Getting Needed Care</i>	0.33	0.44	0.30	0.39
<i>Getting Care Quickly</i>	0.25	0.31	0.23	0.20
<i>How Well Doctors Communicate</i>	0.24	0.33	0.50	0.27
<i>Customer Service</i>	0.42	0.28	0.25	0.22
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.				

Table 4-41—Child Spearman Correlation NC TP Aggregate Results, Continued (2025)

Measure	General Health Status	Mental or Emotional Health Status
Global Ratings		
<i>Rating of Health Plan</i>	-0.22	-0.19
<i>Rating of All Health Care</i>	-0.27	-0.21
<i>Rating of Personal Doctor</i>	-0.15	-0.15
<i>Rating of Specialist Seen Most Often</i>	-0.20	-0.22
Composite Measures		
<i>Getting Needed Care</i>	-0.18	-0.17
<i>Getting Care Quickly</i>	-0.14	-0.14
<i>How Well Doctors Communicate</i>	-0.15	-0.13
<i>Customer Service</i>	-0.12	-0.06
Blue shading indicates the correlation coefficient is less than -0.5 or greater than 0.5.		

5. Discussion, Conclusions, and Recommendations

Discussion

NC Medicaid Populations

The adult response rates for EBCI Tribal Option and Medicaid Direct were 8.15 percent and 16.82 percent, respectively. The adult response rate for EBCI Tribal Option decreased from the 2024 NC CAHPS survey, where the adult response rate was 9.52 percent, and the adult response rate for Medicaid Direct increased from the 2024 NC CAHPS survey, where the adult response rate was 16.08 percent. The child response rates for EBCI Tribal Option, Foster Care, and Medicaid Direct were 5.30 percent, 8.19 percent, and 17.61 percent, respectively, which decreased from the 2024 NC CAHPS survey, where the child response rates were 8.05 percent, 10.25 percent, and 20.07 percent, respectively.

For the adult NC Medicaid Program population, the rate for *Getting Needed Care* decreased significantly from 2024 to 2025. Although not statistically significant, adult respondents' positive ratings across several measure domains decreased from 2024 to 2025 for both EBCI Tribal Option and Medicaid Direct. Among the child population, EBCI Tribal Option's, Foster Care's, and Medicaid Direct's 2025 rates did not score significantly *lower* than the 2024 rates for any measure. EBCI Tribal Option's 2025 rate for the child population was significantly *higher* than the 2024 rate for *General Health Status*. Medicaid Direct's 2025 rates for the child population were significantly *higher* than the 2024 rates for *Rating of Personal Doctor*, *Care Outside of Business Hours*, *Mental Health*, and *Chose Telehealth*.

Compared to the NC Medicaid Program, the EBCI Tribal Option, Foster Care, and Medicaid Direct populations scored well across the measure domains for the adult and child populations. For the adult population, Medicaid Direct's rates were significantly *higher* than the NC Medicaid Program for *Mental or Emotional Health Status* and *Rating of Health Plan*; however, both EBCI Tribal Option's and Medicaid Direct's rates were significantly *lower* than the NC Medicaid Program for *General Health Status*. For the child population, EBCI Tribal Option's rates were significantly *higher* than the NC Medicaid Program for *General Health Status* and *Getting Needed Care*, and Medicaid Direct's rates were significantly *higher* than the NC Medicaid Program for *Rating of All Health Care*, *Rating of Personal Doctor*, and *Getting Care Quickly*. Foster Care's rates were significantly *higher* than the NC Medicaid Program for *Getting Care Quickly* and *Customer Service*. Of note, Foster Care was the only population that scored significantly *lower* than the NC Medicaid Program (i.e., *Mental or Emotional Health Status*). However, this is not unexpected given that children in foster care have higher health, mental, and developmental issues given the circumstances that lead to them being in foster care.¹⁰⁶ Additionally, caution should be exercised when extrapolating these results as the Medicaid Direct

¹⁰⁶ Child Welfare and Foster Care Statistics. The Annie E. Casey Foundation. <https://www.aecf.org/blog/child-welfare-and-foster-care-statistics>. Accessed on: June 4, 2026.

population had higher scores and a larger population size, which affected weighted results for the NC Medicaid Program.¹⁰⁷

When compared to the 2024 NCQA Medicaid national averages, EBCI Tribal Option, Foster Care, and Medicaid Direct scored well across the measure domains for the adult and child populations. None of the populations scored significantly *lower* than the national average for any measure for the adult or child populations. EBCI Tribal Option's rate was significantly *higher* than the national average for *Coordination of Care* for the adult population and significantly *higher* than the national average for *Getting Needed Care* for the child population. Foster Care's rates were significantly *higher* than the national average for *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*. Additionally, Medicaid Direct's rates were significantly *higher* than the national average for *Getting Needed Care*, *Getting Care Quickly*, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* for the adult population and significantly *higher* than the national average for *Rating of Personal Doctor*, *Getting Needed Care*, and *How Well Doctors Communicate* for the child population.

When compared to NCQA national percentiles, the EBCI Tribal Option, Foster Care, and Medicaid Direct had varied experiences across the measure domains for the adult and child populations. EBCI Tribal Option adult beneficiaries reported high levels of experience for eight of the 12 CAHPS measures and low levels of experience for two of the 12 CAHPS measures. Foster Care parents/caretakers of child beneficiaries reported high levels of experience for six of the nine CAHPS measures, whereas EBCI Tribal Option parents/caretakers of child beneficiaries reported low levels of experience for four of the nine CAHPS measures. Based on these results, there does not seem to be a specific pattern among which measures were rated higher or lower across the populations.

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 standard CAHPS survey measures for the NC Medicaid Program.¹⁰⁸ In evaluating the race and ethnicity findings, while Hispanic adult beneficiaries and parents/caretakers of Hispanic children reported significantly *higher* positive ratings for *Rating of Health Plan*, Hispanic adult beneficiaries and parents/caretakers of Hispanic children reported significantly *lower* positive ratings across the composite measures. Additionally, Asian, Black, and Other race adult beneficiaries and parents/caretakers of Asian, Black, and Other race children reported significantly *lower* positive ratings across the standard CAHPS survey measures, while White adult beneficiaries and parents/caretakers of White children reported significantly *higher* positive ratings. Parent/caretaker respondents of Native American children did not report significantly *lower* positive ratings for any standard CAHPS measure compared to non-Native American children for the NC Medicaid Program.

¹⁰⁷ Please note, the Medicaid Direct population is larger than the SPs, TPs, EBCI Tribal Option, and Foster Care populations. Caution should be exercised when evaluating these results.

¹⁰⁸ Please note, the race and ethnicity comparisons results were evaluated at the aggregate level (i.e., NC Medicaid Program). Population-specific race and ethnicity comparison results can be found in the separate population-specific Excel reports.

The evaluation of the positive ratings for urban respondents versus rural respondents resulted in a few significant differences for the Medicaid Direct child population. Parents/caretakers of child Medicaid Direct beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Rating of Health Plan* and *Getting Care Quickly* when compared to children residing in urban counties and significantly *lower* positive ratings for *Offered Telehealth Appointment* and *Flu Vaccination Received* when compared to children residing in urban counties. Based on these results, the lack of identifiable patterns in ratings between rural and urban respondents indicates there is no definable difference in these respondents' experiences based on where they live.

The evaluation of the supplemental items resulted in several key findings and significant differences for the NC Medicaid Program:

Of the adult beneficiaries and parent/caretaker respondents in the NC Medicaid Program who indicated they needed an interpreter, the majority of adult respondents (80.06 percent) and parent/caretaker respondents (52.49 percent) reported they never received an interpreter. Moreover, the rate of adult respondents reporting having never received an interpreter when they needed one increased from 74.04 percent in 2024. This trend of low utilization could be due to one or more of the following: excluding respondents who answered "I did not need an interpreter in the last 6 months" from the analysis, interpreter services being underutilized, providers not having the funds or administrative buildout to hire an interpreter, or the phrasing of the question in the survey excluding those respondents who needed an interpreter but did not voice this need to their doctor.

In evaluating the race and ethnicity findings, adult Asian, Other race, and Hispanic beneficiaries and parents/caretakers of Asian, Other race, and Hispanic children reported significantly *lower* positive ratings for *Appointment for Counseling or Mental Health Treatment* and *Care Outside of Business Hour* when compared to non-Asian, non-Other race, and non-Hispanic adult beneficiaries/children, respectively. Parents/caretakers of Asian, Other race, and Hispanic children also reported significantly *lower* positive ratings for *Mental Health* when compared to parents/caretakers of non-Asian, non-Other race, and non-Hispanic children, respectively. Additionally, adult Asian, Black, Native American, Other race, and Hispanic beneficiaries reported significantly *lower* positive ratings for *Online Access to Health Information* when compared non-Asian, non-Black, non-Native American, non-Other race, and non-Hispanic adult beneficiaries, respectively. Additionally, parents/caretakers of Multiracial children reported significantly *higher* positive ratings for *Appointment for Counseling or Mental Health Treatment* compared to non-Multiracial children. Conversely, adult White beneficiaries and parents/caretakers of White children reported significantly *higher* positive ratings for *Care Outside of Business Hour* and *Appointment for Counseling or Mental Health Treatment* compared to non-White beneficiaries/children, respectively. Adult White beneficiaries also reported significantly *higher* positive ratings for *Online Access to Health Information* compared to non-White beneficiaries; whereas parents/caretakers of White children reported significantly *higher* positive ratings for *Mental Health* compared to non-White children. Additionally, in evaluating positive ratings for urban respondents versus rural respondents, the NC Medicaid Program rate for adult respondents and parents/caretakers of child beneficiaries living in rural

counties was significantly *lower* than respondents living in urban counties for *Offered Telehealth Appointment*.

Standard Plans

The overall adult response rate for the SPs was 7.84 percent (with a range from 6.53 percent to 8.79 percent when stratified by SPs), which increased from the 2024 NC CAHPS survey, where the adult SP response rate was 7.77 percent. The overall child response rate for the SPs was 7.99 percent (with a range from 7.40 percent to 8.94 percent when stratified by SPs), which decreased from the 2024 NC CAHPS survey, where the child SP response rate was 9.27 percent.

Overall, several of the SPs' 2025 rates scored significantly *higher* and *lower* than the 2024 rates for the adult population. AmeriHealth's 2025 rates for the adult population scored significantly *higher* than the 2024 rates for *Getting Care Quickly* and *Online Access to Health Information*, and Healthy Blue's 2025 rates for the adult population scored significantly *higher* than the 2024 rates for *Rating of Specialist Seen Most Often* and *Discussing Cessation Strategies*. Carolina Complete's 2025 rates for the adult population scored significantly *higher* than the 2024 rates for *Rating of All Health Care*, *Appointment for Counseling or Mental Health Treatment*, and *Online Access to Health Information*; however, Carolina Complete's 2025 rate for the adult population scored significantly *lower* than the 2024 rate for *Flu Vaccination Received*. WellCare's 2025 rates for the adult population scored significantly *higher* than the 2024 rates for *Mental or Emotional Health Status*, *Rating of All Health Care*, and *Online Access to Health Information*; however, WellCare's 2025 rate for the adult population scored significantly *lower* than the 2024 rate for *Care Outside of Business Hours*. Lastly, UnitedHealthcare's 2025 rates for the adult population scored significantly *lower* than the 2024 rates for *Getting Needed Care* and *Flu Vaccination Received*. For the child population, only one of the SP's 2025 rates scored significantly *higher* and only one of the SP's 2025 rates scored statistically *lower* than the 2024 rates for the child population. AmeriHealth's 2025 rate was significantly *higher* than the 2024 rate for *Mental or Emotional Health Status*, while UnitedHealthcare's 2025 rate was significantly *lower* than the 2024 rate for *Chose Telehealth*.

When compared to the NC SP Aggregate, AmeriHealth scored significantly higher than the NC SP Aggregate for the adult population for *Getting Care Quickly*. Conversely, Healthy Blue and UnitedHealthcare were the only SPs that scored significantly *lower* than the NC SP Aggregate for the adult population. Healthy Blue's rate was significantly *lower* than the NC SP Aggregate for *Getting Care Quickly*, and UnitedHealthcare's rates were significantly *lower* than the NC SP Aggregate for *General Health Status* and *Rating of All Health Care*. None of the SPs scored significantly *higher* than the NC SP Aggregate for any measure for the child population.

When compared to the 2024 NCQA Medicaid national averages, the SPs scored well across the measure domains for the adult and child populations. None of the SPs scored significantly *lower* than the national averages for any measure for the adult or child populations. For the adult population, AmeriHealth's rates were significantly *higher* than the national averages for *Rating of All Health Care*, *Getting Care Quickly*, and *How Well Doctors Communicate*. Carolina Complete's rates were significantly *higher* than the national average for *Rating of All Health Care* and *Advising Smokers and Tobacco Users to Quit*.

UnitedHealthcare's rate was significantly *higher* than the national average for *Getting Care Quickly*, and WellCare's rates were significantly *higher* than the national averages for *Rating of All Health Care*, *Rating of Personal Doctor*, *Getting Care Quickly*, and *Advising Smokers and Tobacco Users to Quit*. For the child population, Carolina Complete's rate was significantly *higher* than the national average for *Rating of All Health Care*. Healthy Blue's rates were significantly *higher* than the national averages for *Rating of Personal Doctor*, *Getting Care Quickly*, and *How Well Doctors Communicate*. Additionally, UnitedHealthcare's rates were significantly *higher* than the national averages for *Rating of Personal Doctor* and *How Well Doctors Communicate*, and WellCare's rate was significantly *higher* than the national average for *Getting Needed Care*.

When compared to NCQA national percentiles, the SPs had varied experiences across the measure domains for the adult and child populations. Healthy Blue adult beneficiaries reported high levels of experience for eight of the 12 CAHPS measures, whereas UnitedHealthcare adult beneficiaries reported low levels of experience for eight of the 12 CAHPS measures. Carolina Complete parents/caretakers of child beneficiaries reported high levels of experience for six of the nine CAHPS measures, whereas UnitedHealthcare parents/caretakers of child beneficiaries reported low levels of experience for seven of the nine CAHPS. Based on these results, there did not seem to be a specific pattern among which measures were rated higher or lower across the SPs.

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 standard CAHPS survey measures for the NC SP Aggregate.¹⁰⁹ In evaluating the race and ethnicity findings, beneficiaries across all race and ethnicity categories reported significantly *higher* and *lower* positive ratings for several of the standard CAHPS measures across both the adult and child populations, except for Native American respondents and parent/caretaker respondents of Native American children, who did not have any positive ratings that were statistically significantly different compared to non-Native American respondents/children for any measure. Other race adult beneficiaries reported significantly *lower* positive ratings for all three of the medical assistance with smoking and tobacco use cessation measures compared to non-Other race adult beneficiaries. Additionally, parents/caretakers of Asian children reported significantly *lower* positive ratings across some of the standard CAHPS survey measures for the child population, while parents/caretakers of White children reported significantly *higher* positive ratings for the child population.

The evaluation of the positive ratings for urban respondents versus rural respondents resulted in a few significant differences for the SPs' adult and child populations. Adult WellCare beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Getting Care Quickly* when compared to beneficiaries residing in urban counties. Adult UnitedHealthcare beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Discussing Cessation Medications* when compared to beneficiaries residing in urban counties. Adult AmeriHealth beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Rating of Personal Doctor* when compared to

¹⁰⁹ Please note, the race and ethnicity comparisons results were evaluated at the aggregate level (i.e., NC SP Aggregate). Population-specific race and ethnicity comparison results can be found in the separate plan-specific Excel reports.

beneficiaries residing in urban counties. However, adult AmeriHealth beneficiaries residing in rural counties reported significantly *lower* positive ratings for *General Health Status* when compared to beneficiaries residing in urban counties. Additionally, adult Carolina Complete beneficiaries residing in rural counties reported significantly *lower* positive ratings for *General Health Status*, *Customer Service*, and *Online Access to Health Information* when compared to beneficiaries residing in urban counties. Adult WellCare beneficiaries residing in rural counties reported significantly *lower* positive ratings for *Discussing Cessation Medications* when compared to beneficiaries residing in urban counties.

Parents/caretakers of child AmeriHealth beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Rating of All Health Care* and *Care Outside of Business Hours* when compared to children residing in urban counties. Parents/caretakers of child UnitedHealthcare beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Rating Personal Doctor*. However, parents/caretakers of child Carolina Complete beneficiaries residing in rural counties reported significantly *lower* positive ratings for *Customer Service* when compared to children residing in urban counties. Parents/caretakers of child Healthy Blue beneficiaries residing in rural counties reported significantly *lower* positive ratings *Flu Vaccination Received* when compared to children residing in urban counties. Additionally, parents/caretakers of child UnitedHealthcare beneficiaries residing in rural counties reported significantly *lower* positive ratings for *Coordination of Care* and *Mental Health* when compared to children residing in urban counties. Based on these results and how experience varies by measure, the lack of identifiable patterns in ratings between adult and child rural and urban respondents indicates there is no definable difference in these respondents' experiences based on where they live.

The evaluation of the positive ratings for beneficiaries designated as Medicaid Expansion versus non-Medicaid Expansion resulted in several significant differences across the SPs' adult population. UnitedHealthcare's positive ratings for respondents designated as Medicaid Expansion for *General Health Status* and *Online Access to Health Information* were significantly *higher* than respondents designated as non-Medicaid Expansion. WellCare's positive ratings for respondents designated as Medicaid Expansion for *How Well Doctors Communicate* and *Care Outside of Business Hours* were significantly *higher* than respondents designated as non-Medicaid Expansion. However, Carolina Complete's positive ratings for respondents designated as Medicaid Expansion for *Mental or Emotional Health Status* and *Rating of Personal Doctor* were significantly *lower* than respondents designated as non-Medicaid Expansion. AmeriHealth's positive ratings for respondents designated as Medicaid Expansion for *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* were significantly *lower* than respondents designated as non-Medicaid Expansion. Additionally, Healthy Blue's positive rating for respondents designated as Medicaid Expansion for *Flu Vaccination Received* was significantly *lower* than respondents designated as non-Medicaid Expansion.

The evaluation of the supplemental items resulted in several key findings and significant differences for the NC SP Aggregate:

Of the adult beneficiaries and parent/caretaker respondents in the NC SP Aggregate who indicated they needed an interpreter, the majority of adult respondents (76.92 percent) and 38.62 percent of parent/caretaker respondents reported they never received an interpreter. Promisingly,

the adult NC SP Aggregate, AmeriHealth, Carolina Complete, and WellCare 2025 rates were significantly *higher* than the 2024 rates for *Online Access to Health Information*.

In evaluating the race and ethnicity findings, parents/caretakers of Asian children reported significantly *lower* positive ratings for *Mental Health* when compared to parents/caretakers of non-Asian children. Additionally, adult Black beneficiaries reported significantly *lower* positive ratings for *Appointment for Counseling* or *Mental Health Treatment* when compared to non-Black adult beneficiaries. Adult Other race and Hispanic beneficiaries and parents/caretakers of Other race and Hispanic children also reported significantly *lower* positive ratings for *Appointment for Counseling* or *Mental Health Treatment* when compared to non-Other race and non-Hispanic adult beneficiaries/children, respectively. Additionally, parents/caretakers of Other race and Hispanic children reported significantly *lower* positive ratings for *Mental Health* when compared to parents/caretakers of non-Other race and non-Hispanic children, respectively. Conversely, adult White beneficiaries and parents/caretakers of White children reported significantly *higher* positive ratings for *Mental Health* and *Appointment for Counseling* or *Mental Health Treatment* compared to non-White beneficiaries/children, respectively.

Tailored Plans

The overall adult response rate for the TPs was 11.44 percent (with a range from 10.80 percent to 12.10 percent when stratified by TPs). The overall child response rate for the TPs was 8.92 percent (with a range from 8.35 percent to 9.93 percent when stratified by TPs).¹¹⁰

When compared to the NC TP Aggregate, Partners scored significantly *higher* than the NC TP Aggregate for *Rating of Personal Doctor* for the adult population. Vaya scored significantly *higher* than the NC TP Aggregate for *Getting Needed Care*, whereas Alliance scored significantly *lower* than the NC TP Aggregate for *General Health Status* and *Getting Needed Care* for the adult population. Additionally, Trillium scored significantly *lower* than the NC TP Aggregate for *General Health Status* for the adult population. For the child population, none of the TPs scored significantly *lower* than the NC TP Aggregate for any measure for the child population, while Partners scored significantly *higher* than the NC TP Aggregate for *Rating of All Health Care*.

When compared to the 2024 NCQA Medicaid national averages, the TPs scored well in regard to the access and timeliness of the care and services their beneficiaries received, as shown by the higher rates for the composite measures for the adult and child populations. For the adult population, none of the TPs scored significantly *higher* or *lower* than the national average for the medical assistance with smoking and tobacco use cessation measures. Alliance's rate was significantly *higher* than the national average for *Getting Care Quickly*. Partners' rates were significantly *higher* than the national averages for *Rating of Personal Doctor*, *Getting Needed Care*, *Getting Care Quickly*, and *How Well Doctors Communicate*.

¹¹⁰ The experience of care for beneficiaries enrolled in the TPs was assessed for the first time in 2025. Therefore, the 2025 results presented in this report represent a baseline assessment of the experiences of services adult and child beneficiaries received through the TPs.

Trillium's rate was significantly *higher* than the national average for *Getting Care Quickly* and Vaya's rates were significantly *higher* than the national averages for *Getting Needed Care* and *How Well Doctors Communicate*. Conversely, Partners', Trillium's, and Vaya's rates were all significantly *lower* than the national average for *Rating of Health Plan*.¹¹¹

For the child population, Partners' rates were significantly *higher* than the national averages for *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Coordination of Care*. Trillium's rates were significantly *higher* than the national average for *Getting Care Quickly* and *Getting Needed Care*. Additionally, Vaya's rates were significantly *higher* than the national averages for *Getting Needed Care*, *Getting Care Quickly*, and *How Well Doctors Communicate*. However, all TPs' rates were significantly *lower* than the national average for *Rating of Health Plan*. Additionally, Trillium's and Vaya's rates were significantly *lower* than the national average for *Rating of All Health Care*.

When compared to the 2024 NCQA national percentiles, the TPs scored well in regards to the accessibility and timeliness of the care and services they receive as shown by the higher rates for the composite measures for the adult and child populations. Specifically, Alliance and Partners adult beneficiaries reported high levels of experience for four of the 12 CAHPS measures. On the other hand, Alliance, Partners, and Trillium adult beneficiaries reported low levels of experience for five of the 12 CAHPS measures. Partners parents/caretakers of child beneficiaries reported high levels of experience for four out of nine CAHPS measures. Alliance and Vaya parents/caretakers of child beneficiaries reported low levels of experience for five out of nine CAHPS measures. Based on these results, there does not seem to be a specific pattern among which measures were rated higher or lower across the TPs.

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 standard CAHPS survey measures for the NC TP Aggregate.¹¹² In evaluating the race and ethnicity findings for the NC TP Aggregate, beneficiaries across all race and ethnicity categories reported significantly *higher* and *lower* positive ratings for several of standard CAHPS measures across both the adult and child populations, except for Native American and Asian respondents and parent/caretaker respondents of Asian children, who did not report significantly *higher* or *lower* positive ratings for any standard CAHPS measure compared to non-Native American and non-Asian respondents/children. Additionally, parents/caretakers of Hispanic children reported significantly *higher* positive ratings across the global ratings; however, parents/caretakers of Hispanic children reported significantly *lower* positive ratings across the composite measures for the child population.

The evaluation of the positive ratings for urban respondents versus rural respondents resulted in a few significant differences for the TPs' adult and child populations. None of the adult beneficiaries residing in rural counties reported significantly *higher* positive ratings when compared to beneficiaries residing

¹¹¹ The experience of care for beneficiaries enrolled in the TPs was assessed for the first time in 2025. Therefore, the 2025 results presented in this report represent a baseline assessment of the experiences of services adult and child beneficiaries received through the TPs.

¹¹² Please note, the race and ethnicity comparisons results were evaluated at the aggregate level (i.e., NC TP Aggregate). Population-specific race and ethnicity comparison results can be found in the separate plan-specific Excel reports.

in urban counties across all the TPs. However, adult Trillium beneficiaries residing in rural counties reported significantly *lower* positive ratings for *General Health Status*, *Mental or Emotional Health Status*, *Getting Needed Care*, and *Offered Telehealth Appointment* when compared to beneficiaries residing in urban counties. Additionally, adult Vaya beneficiaries residing in rural counties reported significantly *lower* positive ratings for *Mental Health* and *Flu Vaccination Received* when compared to beneficiaries residing in urban counties. Parents/caretakers of child Alliance beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Mental or Emotional Health Status* when compared to beneficiaries residing in urban counties. Parents/caretakers of child Trillium beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Offered Telehealth Appointment* when compared to children residing in urban counties. Parents/caretakers of child Partners beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Rating of Personal Doctor*, *How Well Doctor Communicates*, and *Appointment for Counseling or Mental Health Treatment*. Additionally, parents/caretakers of child Vaya beneficiaries residing in rural counties reported significantly *higher* positive ratings for *Customer Service*. Conversely, Parents/caretakers of child Vaya beneficiaries residing in rural counties reported significantly *lower* positive ratings *Flu Vaccination Received* when compared to beneficiaries residing in urban counties. Based on these results, the lack of identifiable patterns in ratings between rural and urban respondents indicates there is no definable difference in these respondents' experiences based on where they live.

The evaluation of the supplemental items resulted in several key findings and significant differences for the NC TP Aggregate:

Overall, the TPs outperformed the SPs and NC Medicaid populations on the *Mental Health* measure. Of the adult beneficiaries and parent/caretaker respondents in the NC TP Aggregate who indicated they needed an interpreter, the majority of adult respondents (83.04 percent) and parent/caretaker respondents (60.22 percent) reported they never received an interpreter.

In evaluating the race and ethnicity findings, adult Black beneficiaries and parents/caretakers of Black children reported significantly *higher* positive ratings for *Flu Vaccination Received* when compared to non-Black beneficiaries/children, respectively. Conversely, adult Black beneficiaries reported significantly *lower* positive ratings for *Online Access to Health Information* and *Offered Telehealth Appointment* when compared to non-Black beneficiaries and parents/caretakers of Black children reported significantly *lower* positive ratings for *Used an Interpreter* when compared to non-Black children. Parents/caretakers of Other race children reported significantly *higher* positive ratings for *Used an Interpreter* when compared to non-Other race children; whereas parents/caretakers of Other race children reported significantly *lower* positive ratings for *Appointment for Counseling or Mental Health Treatment*, *Care Outside of Business Hours*, and *Offered Telehealth Appointment* when compared to non-Other race children. Adult White beneficiaries reported significantly *higher* positive for *Online Access to Health Information* when compared to non-White beneficiaries. Adult White beneficiaries and parents/caretakers of White children reported significantly *higher* positive for *Offered Telehealth Appointment* when compared to non-White beneficiaries/children, respectively. Among those who sought counseling, parents/caretakers of White children also reported significantly *higher* positive ratings for *Appointment for Counseling or Mental Health Treatment* when compared to

non-White children. Additionally, parents/caretakers of White children reported significantly *higher* positive ratings for *Care Outside of Business Hours* when compared to non-White children. Conversely, parents/caretakers of White children reported significantly *lower* positive ratings for *Used an Interpreter* when compared to non-White children. Adult Hispanic beneficiaries and parents/caretakers of Hispanic children reported significantly *higher* positive ratings for *Used an Interpreter* when compared to non-Hispanic adult beneficiaries/children and significantly *lower* positive ratings for *Appointment for Counseling or Mental Health Treatment* and *Care Outside of Business Hours* when compared to non-Hispanic adult beneficiaries/children, respectively. Parents/caretakers of Hispanic children reported significantly *higher* positive ratings for *Flu Vaccination Received* when compared to non-Hispanic children. Conversely, parents/caretakers of Hispanic children reported significantly *lower* positive ratings for *Offered Telehealth Appointment* and *Mental Health* when compared to non-Hispanic children.

Conclusions

The CAHPS results for the NC Medicaid populations, SPs, and TPps highlight both notable strengths and important opportunities for improvement in beneficiary experience. These findings provide meaningful insight into how effectively NC Medicaid and the program-specific populations are meeting the needs of beneficiaries and the parents or caretakers of child beneficiaries. These results help identify areas where performance is strong as well as aspects of care and service delivery that may benefit from targeted enhancement efforts aimed at ensuring that all members receive consistent, high-quality, person-centered care.

Of note, perhaps the strongest and most concerning pattern observed across all aggregate population was many respondents who needed an interpreter reported never receiving one (for both adult and child populations). This is a compelling and urgent finding that requires intervention as it directly affects accessibility, understanding of care, and equity.

NC Medicaid Populations

- Overall, response rates across the NC Medicaid populations generally decreased for the child population, whereas the response rates for the adult population were mixed.
- Although not statistically significant, adult ratings decreased across several domains for both EBCI Tribal Option and Medicaid Direct between 2024 and 2025. This may suggest emerging issues with quality, timeliness of, and access to care that could become significant if trends continue.
- Compared to the NC Medicaid Program, member experience varied across the NC Medicaid populations. Medicaid Direct performed well on *Mental/Emotional Health Status* and *Rating of Health Plan*, while both Medicaid Direct and EBCI Tribal Option performed worse on *General Health Status*. This possibly reflects broader challenges in navigating services and meeting complex health needs, which indicates how strengthened behavioral health integration and care

coordination likely contributed to higher satisfaction in some areas, whereas access barriers and higher clinical needs possibly influenced lower general health ratings.

- None of the NC Medicaid populations scored significantly lower than the national averages for the adult and child population, and a stronger than average performance was observed across all NC Medicaid populations regarding quality, access, and timeliness to care based on significantly higher results.
- While there was no consistent pattern of which measures were rated higher or lower across the NC Medicaid populations, EBCI Tribal Option adult respondents and Foster Care parent/caretaker respondents reported high levels of experience across measures associated with quality, access, and timeliness of care when compared to the national percentiles.
- Race and ethnicity differences indicated that significant inequities exist in patient experience, specifically for Asian, Black, Other race, and Hispanic respondents (for both adult and child populations).
- There were few significant differences observed across geographic areas, indicating that respondents in rural areas are not experiencing patterned disparities in access to care compared to respondents in more urban areas. However, rural Medicaid Direct respondents reported not being offered a telehealth appointment for their child significantly more than rural respondents, which may pose an issue with access to care as these respondents might prefer telehealth appointments due to the distance of the closest provider.

Standard Plans

- Overall, the response rate for the adult population increased from the prior year, whereas the response rate for the child population decreased. There was variation in response rates across the SPs for both adult and child populations.
- Overall, several SPs showed mixed performance, with notable improvements from 2024 in areas like online access to health information, mental health measures, and specialist ratings, while declines were seen in the flu vaccination and access-related measures. Differences among child results were limited, with only one SP improving mental/emotional health and another showing lower telehealth use compared to 2024.
- The adult SP performance showed mixed results compared to the NC SP Aggregate. Specifically, AmeriHealth outperformed the NC SP Aggregate on *Getting Care Quickly*, while Healthy Blue and UnitedHealthcare lagged in several areas. For children, no single SP performed significantly better or worse than the NC SP Aggregate on any measure, however continued attention to quality, access, and timeliness of care could help sustain and further strengthen these outcomes.
- Both adult and child SP results showed a consistent strong performance compared to the national averages, with multiple SPs scoring significantly higher and none of the SPs scoring lower than the national averages across measures. The child SPs' performance was stable like the adult SPs; however, performance was less differentiated with no SP significantly outperforming the others,

which merits continued attention to quality, access, and timeliness of care to help sustain and further strengthen these outcomes.

- While there was no consistent pattern in which measures were rated higher or lower across the SPs, Healthy Blue adult respondents and Carolina Complete parent/caretaker respondents reported high levels of experience across measures associated with quality, access, and timeliness of care; whereas UnitedHealthcare adult and parent/caretaker respondents reported low levels of experience across measures associated with quality, access, and timeliness of care when compared to the national percentiles.
- Race and ethnicity disparities were evident across several measures, with Other race adult respondents reporting significantly lower ratings more frequently than any other stratified race population especially in regard to supplemental item measures. Parent/caretaker respondents of Asian children reporting lower ratings across multiple measure domains, while parent/caretaker respondents of White children consistently reported higher ratings. This may suggest that certain populations may be benefiting more from current systems or communication practices, signaling opportunity to better standardize experience and quality of care across demographics.
- While a few significant differences emerged between rural and urban respondents across specific measures, the results showed no consistent pattern, indicating beneficiaries' experiences did not meaningfully differ based on whether they lived in rural or urban counties. However, beneficiaries living in rural counties may still report lower satisfaction for several reasons related to healthcare access and system constraints since rural populations often face longer travel times, fewer available providers, and limited specialty care, which can negatively affect perceptions of general health status, customer service, and ease of accessing information online.
- The adult Medicaid Expansion population showed generally lower positive ratings across several measures, particularly *Mental or Emotional Health Status*, *Rating of Personal Doctor*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*, indicating notable gaps in patient experience for certain SPs. While some SPs' Medicaid Expansion populations performed better in areas like *General Health Status* and access to care measures, overall results suggest targeted improvements are needed to address disparities among Medicaid Expansion beneficiaries.
- Results highlight improved access to online health information alongside persistent equity gaps compared to 2024. White respondents consistently reported higher positive ratings with mental health services, while non-White and Hispanic respondents reported lower ratings and continued challenges with interpreter access.

Tailored Plans

- Overall, the response rates for the adult population were higher than the child population, with a total response rate of 11.44 percent compared to 8.92 percent. As this is the first year the TPs were surveyed, response rates are regarded as a baseline indicator.
- Compared to the NC TP Aggregate, member experience varied across the TPs for the adult population, where Partners and Vaya performed well (i.e., *Rating of Personal Doctor* and

Getting Needed Care) and Alliance and Trillium performed worse (i.e., *General Health Status* and *Getting Needed Care*). On the other hand, the child population did not score statistically significantly lower than the NC TP Aggregate for any measure. The child population outcomes appear to be stable and positive across TPs, while adult outcomes show more variability when it comes to access and perceived quality of care.

- Overall, adult TP beneficiaries and parents/caretakers of child TP beneficiaries generally reported positive experiences with their/their child's doctor and receiving care; however, they appeared to be dissatisfied with their/their child's health plan. These low health plan ratings may be a result of the infancy of Tailored Plans at the time of survey administration and may not accurately reflect the ultimate healthcare experiences of TP beneficiaries.
- Overall performance was mixed across TPs, with no consistent pattern in which measures were rated higher or lower when compared to the national percentiles. Adult and parent/caretaker respondents reported low levels of experience across at least one TP for more measures compared to those with higher levels of experience. There were more concentrated experience levels (i.e., high levels of experience for Partners and low levels of experience for Alliance and Vaya) for the child population, while experience varied across Alliance, Partners, and Trillium for the adult population.
- Race and ethnicity differences indicated some inequities exist in patient experience, with particularly mixed experiences among Hispanic respondents (adult and child populations). Hispanic respondents rated global ratings more positively than composite measures. This may suggest that they feel more positive about their care overall but encounter challenges specific to aspects of care.
- Overall, the results show no consistent pattern of differences between rural and urban TP respondents, as variations in positive ratings shift by TP, population, and measure. However, none of the adult rural TP respondents reported significantly higher positive ratings compared to urban TP respondents, while rural Trillium respondents reported significantly lower positive ratings across several quality and access to care measure domains, especially for *General Health Status*, *Mental or Emotional Health Status*, *Getting Needed Care*, and *Offered Telehealth Appointment* and rural Vaya respondents reported significantly lower positive ratings for *Mental Health* and *Flu Vaccination Received*. These findings suggest that rural beneficiaries may face greater barriers to health care access and preventive services, potentially widening existing geographic health disparities due to all four of the TPs being geographically limited.
- While the results showed a strong performance among the TPs across the supplemental items, there appears to be persistent access and equity gaps for Hispanic respondents, rural populations, and those needing interpreter services. These implications signal the need for focused quality improvement efforts that address language access, cultural responsiveness, and geographic disparities to ensure equitable access to care.

Recommendations

The survey results offer insight into potential opportunities to address beneficiaries' and parents/caretakers of child beneficiaries' concerns and improve their overall care. Based on the survey's findings, HSAG provides the following recommendations to address reported experience of quality, timeliness of, and access to care.

HSAG recommends that DHB, in collaboration with the SPs, explore drivers of experience for the NC Medicaid population and SP scores that performed lower in 2025 compared to 2024 and develop initiatives designed to improve quality of care. DHB and the SPs should continue to monitor measures to ensure significant decreases in scores over time do not continue to occur.

HSAG recommends DHB explore the factors that could impact the EBCI Tribal Options' difference in rating for *General Health Status* between the adult population (i.e., significantly *lower* than the NC Medicaid Program) and child population (i.e., significantly *higher* than the NC Medicaid Program at 100 percent).

HSAG recommends that DHB, in collaboration with the SPs, explore what may be impacting the drivers of lower experience scores when compared to the NC SP Aggregate, develop initiatives designed to improve quality of care and access to care, and focus on improving beneficiaries' overall general health. The SPs may benefit from sharing best practices among themselves to identify potential interventions and process changes that could help improve the quality and timeliness of the care they receive.

DHB, in collaboration with the TPs, should focus initiatives on improving experiences of care related to the measures that were statistically significantly lower and continue to monitor the measures that performed well to ensure there are no significant decreases over time. Additionally, HSAG recommends DHB, in collaboration with Alliance, explore why the TP's rate for *General Health Status* performed better compared to the other TPs for the adult population, as it is expected for members enrolled in a TP to have higher health, mental, and developmental issues given the complex health needs of the populations.¹¹³ Any best practices or interventions that were successful in managing members' general health could be shared with other TPs. Additionally, HSAG recommends DHB explore why Trillium's and Vaya's rates for *Rating of All Health Care* performed significantly lower for the child population. Lastly, as TPs continue to establish themselves as a new health plan type within the NC Medicaid system, they should begin to explore factors that contribute to member satisfaction as all TPs' rates for *Rating of Health Plan* performed significantly *lower* for the child population while also performing significantly *higher* across the composite measures.¹¹⁴

¹¹³ Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans, NC Medicaid Division of Health Benefits. <https://medicaid.ncdhhs.gov/tailored-plans>. Accessed on: June 4, 2026.

¹¹⁴ The experience of care for beneficiaries enrolled in the TPs was assessed for the first time in 2025. Therefore, the 2025 results presented in this report represent a baseline assessment of the experiences of services adult and child beneficiaries received through the TPs.

HSAG recommends DHB, SPs, and TPs conduct root cause analyses or focus studies to further explore beneficiaries' perceptions regarding the quality and timeliness of care and services they receive for the measures exhibiting low levels of experience. The results may help to determine what could be driving lower scores compared to national percentiles. DHB, the SPs, and TPs should implement appropriate interventions to improve performance related to beneficiaries' perceptions about the care they need.

HSAG recommends DHB explore why the NC Medicaid Program's rate for *Rating of Health Plan* performed significantly *higher* for Hispanic beneficiaries while also performing significantly *lower* across the composite measures, as these results could suggest disparities. DHB should also explore why Asian, Black, and Other race beneficiaries reported significantly *lower* positive ratings across the standard CAHPS survey measures for the adult and child populations. Additionally, DHB and the SPs should explore why parents/caretakers of Asian children reported significantly *lower* positive ratings across the standard CAHPS survey measures for the child population. DHB and the TPs should explore why parents/caretakers of Hispanic children reported significantly *higher* positive ratings across the global ratings measures while reporting significantly *lower* positive ratings across the composite measures for the child population. The TPs may benefit from sharing best practices to identify potential interventions and process changes that could help improve the quality and timeliness of the care they receive. DHB should consider efforts to engage these beneficiaries to determine barriers to care or opportunities for improvement that may result in increased satisfaction with their/their child's health experience

While the results suggest that there are few significant differences between beneficiaries residing in rural or urban counties, DHB, in collaboration with the SPs and TPs, should continue to monitor the healthcare experiences of respondents residing in rural counties to account for potential changes in disparities. Additionally, HSAG recommends DHB, in collaboration with Trillium, conduct root cause analyses or focus studies to further explore beneficiaries' perceptions of their general health for Trillium's adult population as their perceptions regarding the quality and timeliness of care and services they receive were poor.

DHB should continue to monitor the healthcare experiences of respondents in Medicaid Expansion for potential changes in disparities.

HSAG recommends that DHB, SPs, and TPs promptly conduct root cause analyses or targeted studies to identify and address barriers beneficiaries face in accessing needed interpreter services and implement concrete interventions to improve interpreter access for both adult and child population.

Appendix A. Supplemental Information

Demographics

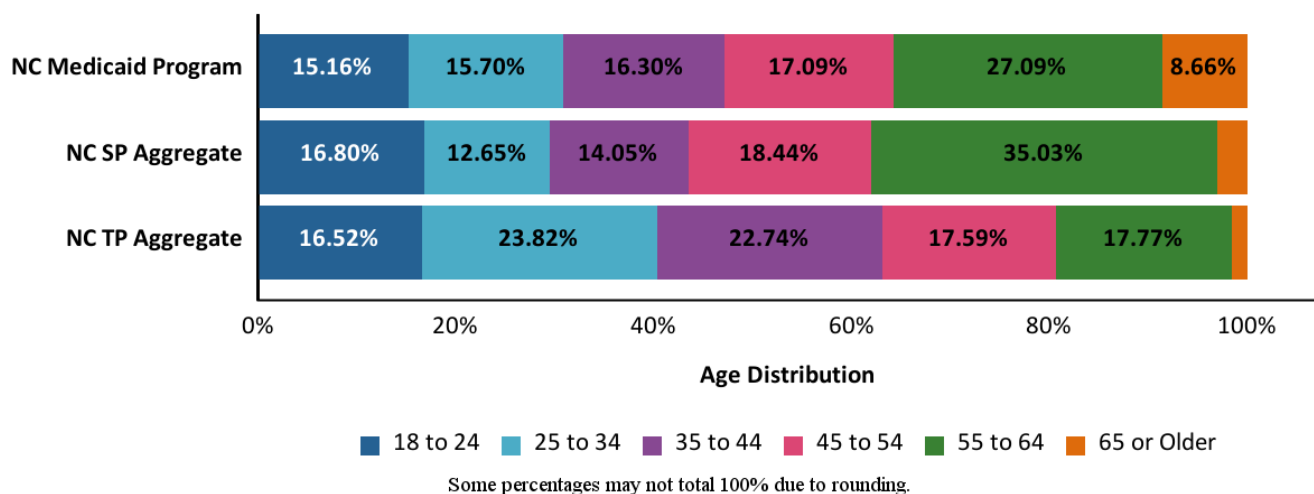
The demographics include the *self-reported* demographic information reported by respondents in the CAHPS surveys.

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.

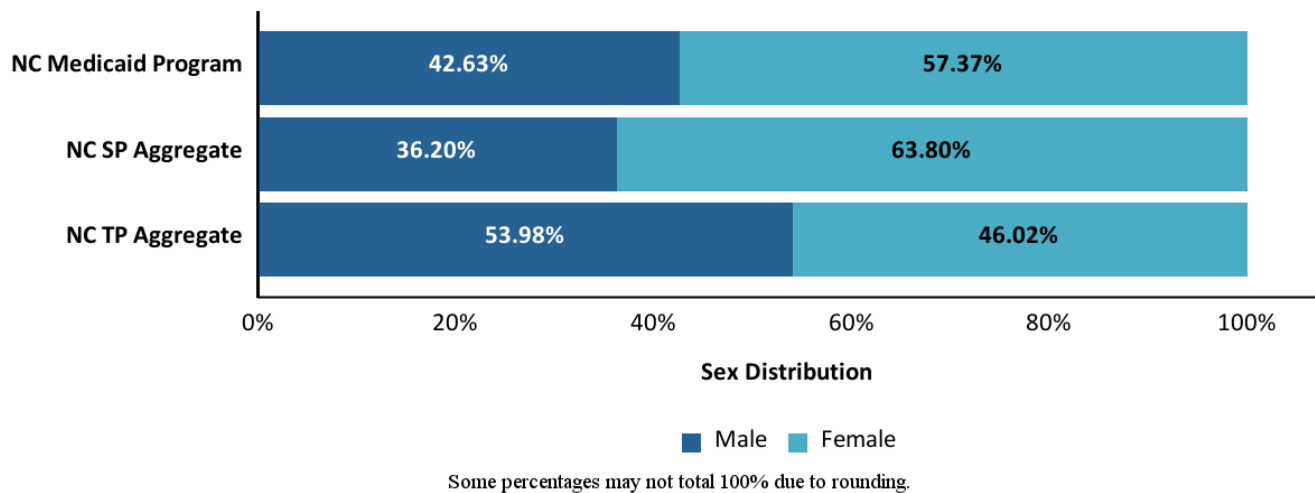
Overall, the majority of adult respondents were over the age of 45 years old for the NC Medicaid program and NC SP Aggregate, whereas the majority of adult respondents for the NC TP Aggregate were younger than 45 years old. The most common age category was 55 to 64 years old for the NC Medicaid Program and NC SP Aggregate and the most common age category was 25 to 34 years old for the NC TP Aggregate.

Figure A-1—Percentage of 2025 Adult Respondents Who Reported Their Age



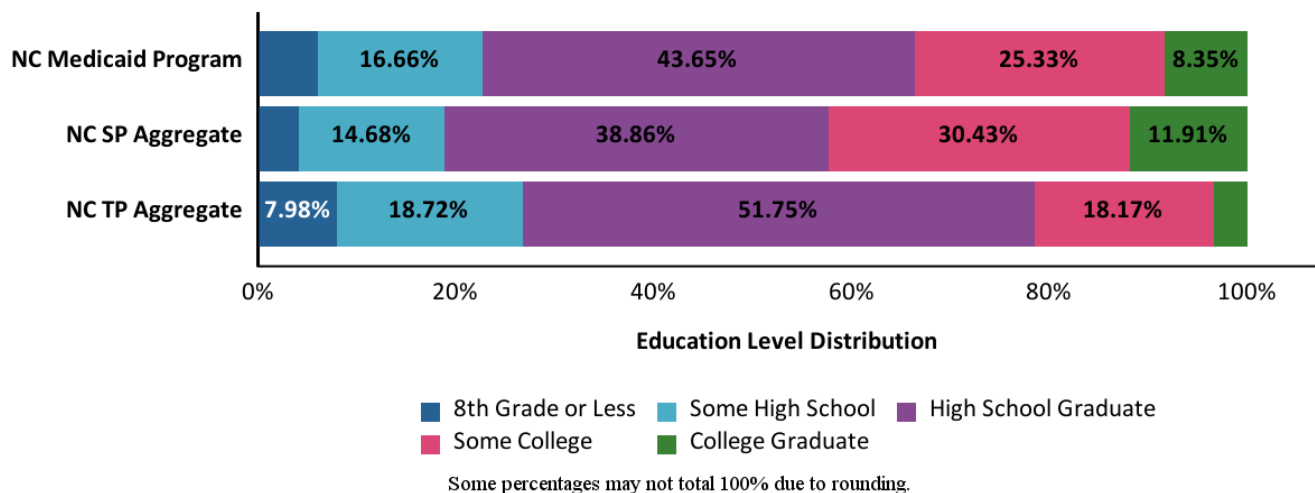
Overall, the majority of adult respondents were female across the NC Medicaid Program and NC SP Aggregate, whereas the majority of adult respondents were male for the NC TP Aggregate.

Figure A-2—Percentage of 2025 Adult Respondents Who Reported Their Sex



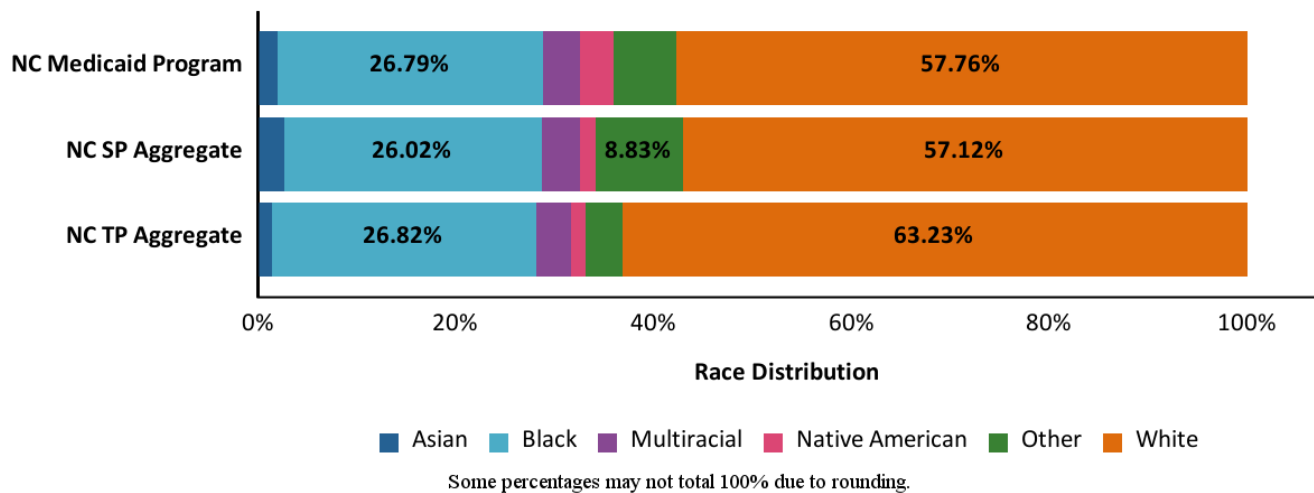
Overall, the most common education level reported by adult respondents was high school graduate across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-3—Percentage of 2025 Adult Respondents Who Reported Their Education Level



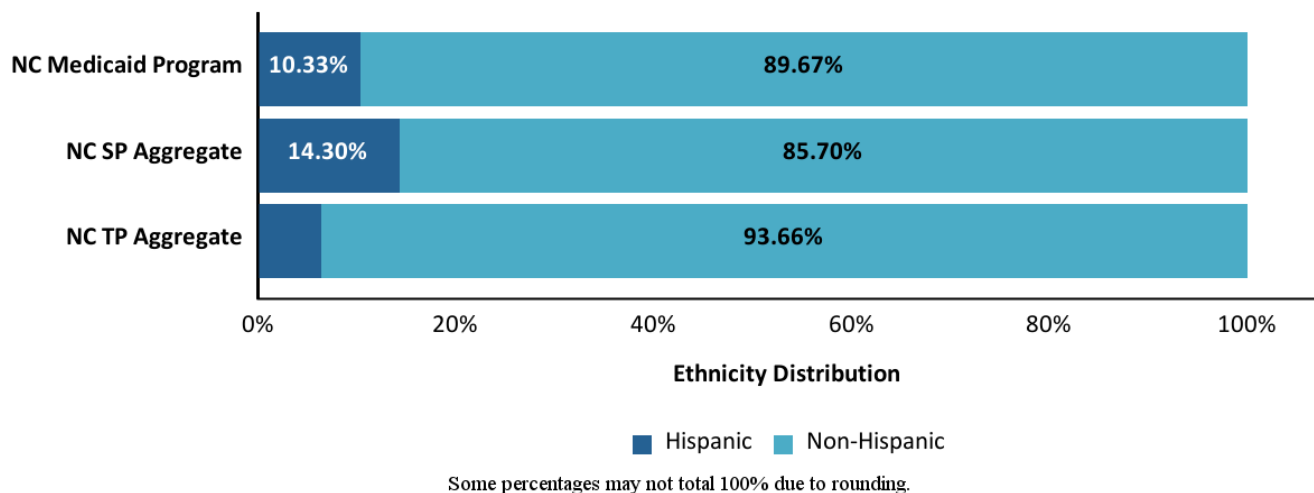
Overall, the majority of adult respondents were White across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-4—Percentage of 2025 Adult Respondents Who Reported Their Race



Overall, the majority of adult respondents were non-Hispanic across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-5—Percentage of 2025 Adult Respondents Who Reported Their Ethnicity



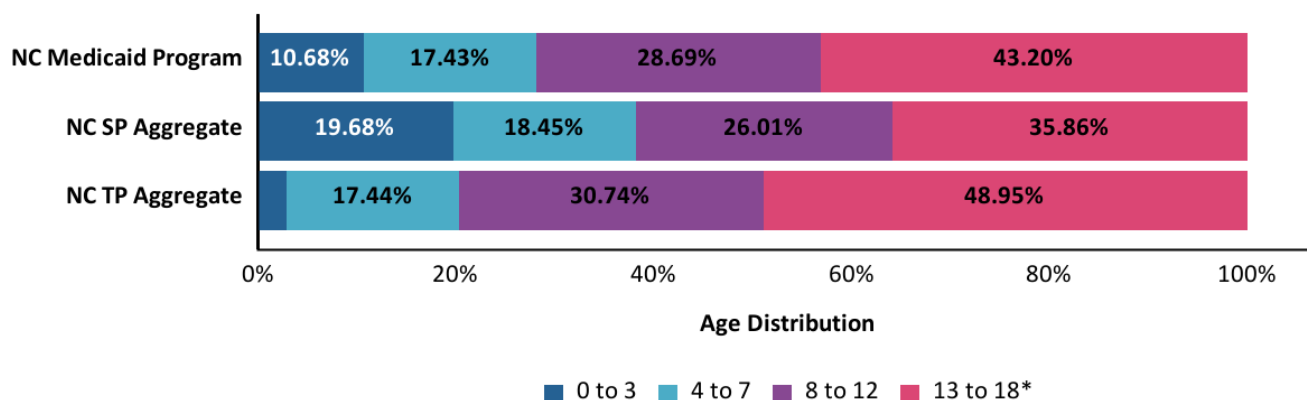
Child Demographics

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 SP Aggregate, and NC TP Aggregate.

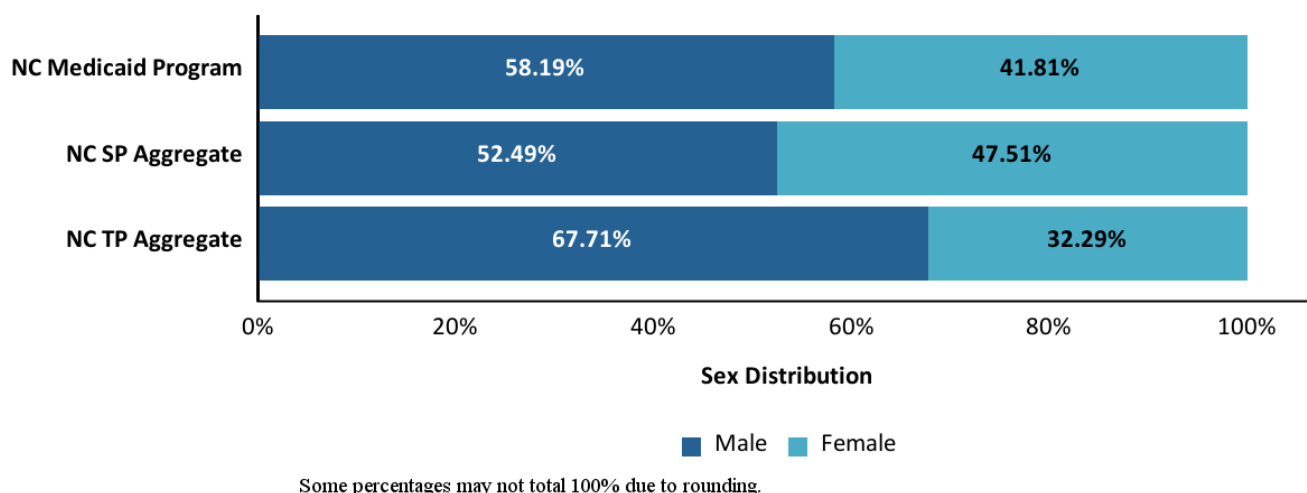
Figure A-6—Percentage of 2025 Child Respondents Who Reported Their Child’s Age



*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2024. Some children eligible for the CAHPS Survey turned 18 between January 1, 2025 and the time of survey administration. Some percentages may not total 100% due to rounding.

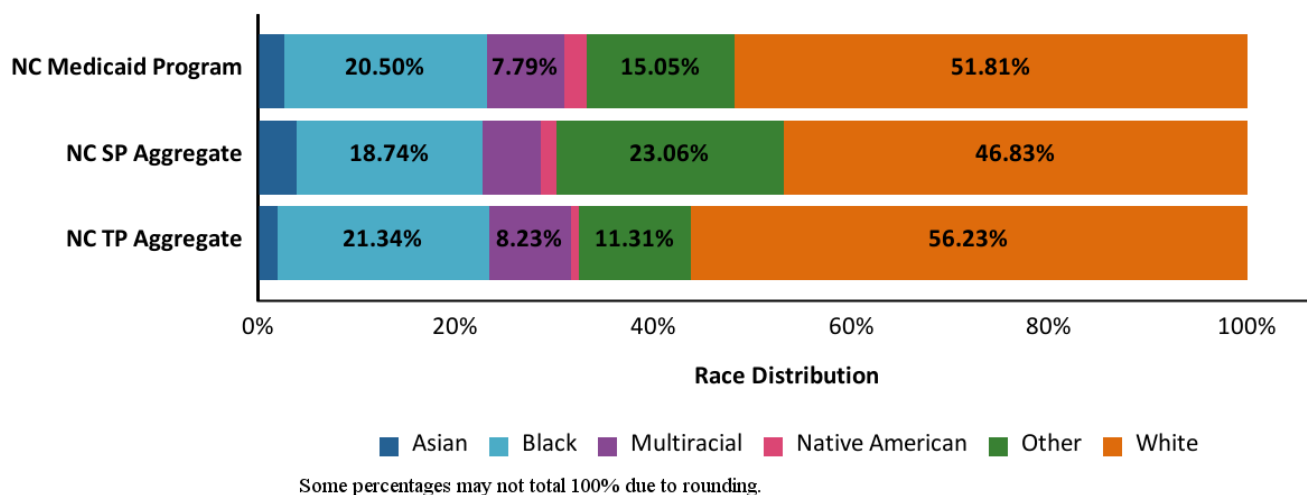
Overall, the majority child beneficiaries were male across the NC Medicaid Program, NC SP Aggregate, and the NC TP Aggregate.

Figure A-7—Percentage of 2025 Child Respondents Who Reported Their Child’s Sex



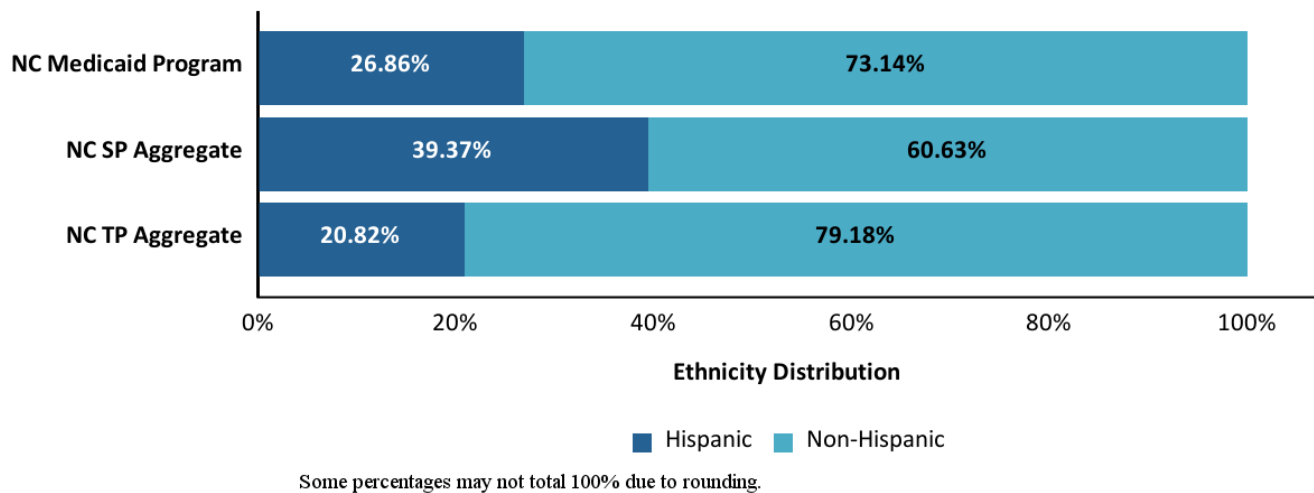
Overall, the plurality of child beneficiaries was mostly White across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-8—Percentage of 2025 Child Respondents Who Reported Their Child’s Race



Overall, the majority of child beneficiaries were non-Hispanic across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-9—Percentage of 2025 Child Respondents Who Reported Their Child’s Ethnicity

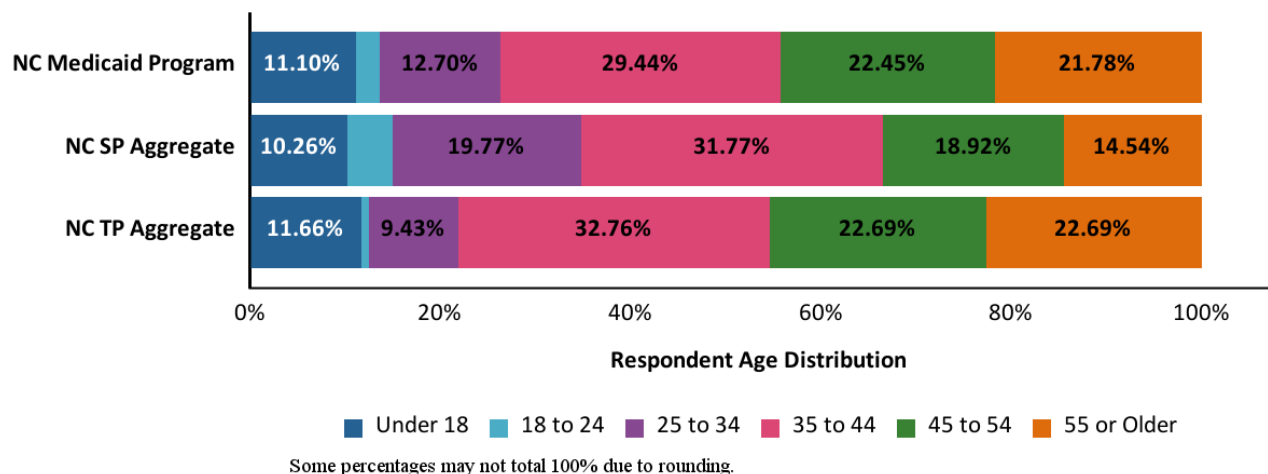


Child Respondent Demographics

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.

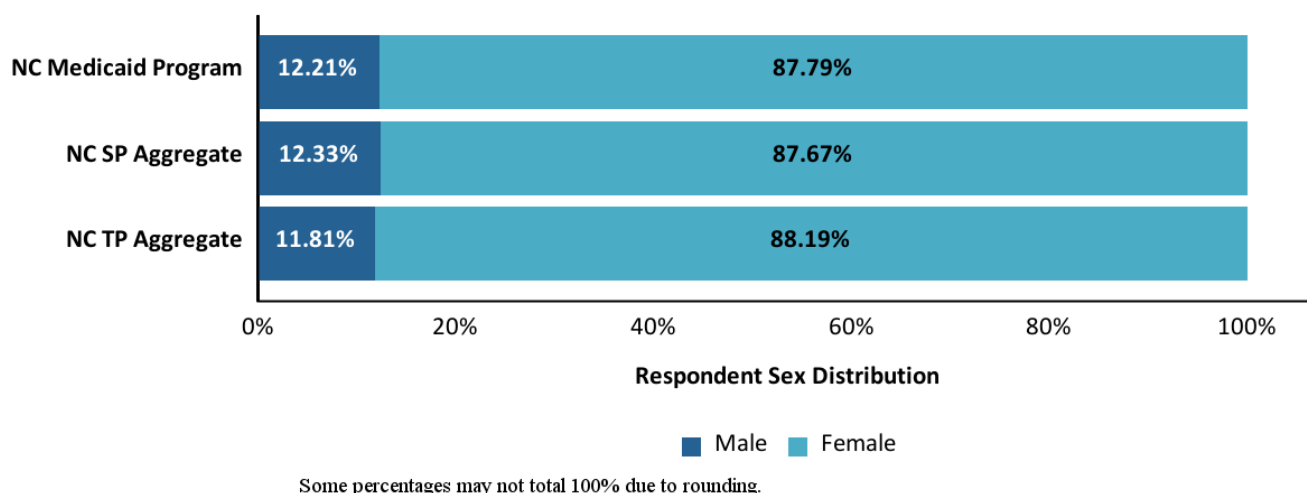
Overall, the majority of parent/caretaker respondents were 35 years of age or older. The most common age category was 35 to 44 years old across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-10—Percentage of 2025 Parent/Caretaker Child Respondents Who Reported Their Age



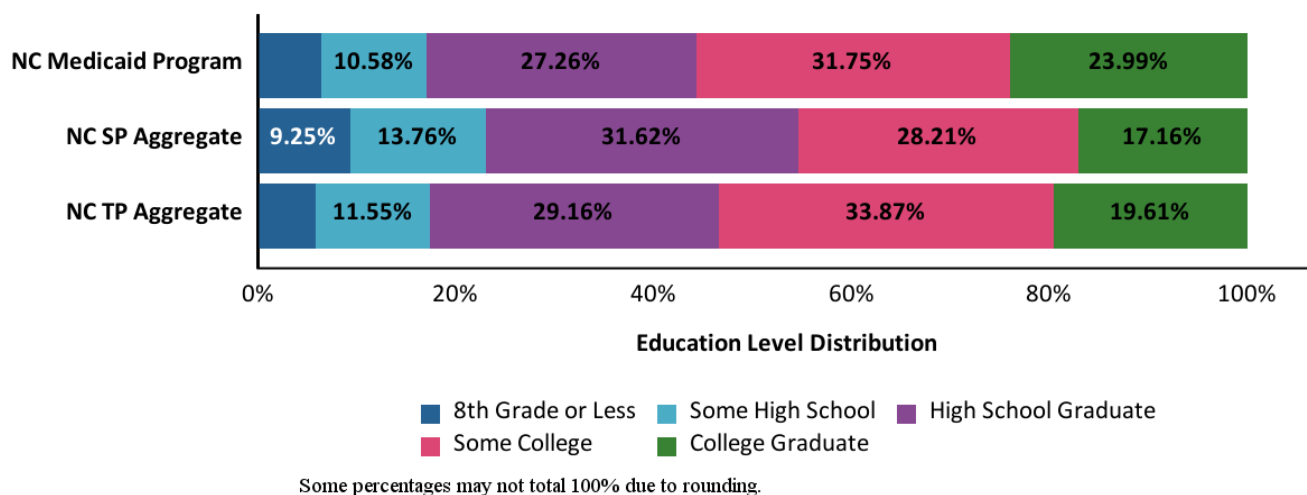
Overall, the majority of parent/caretaker respondents were female across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-11—Percentage of 2025 Parent/Caretaker Child Respondents Who Reported Their Sex



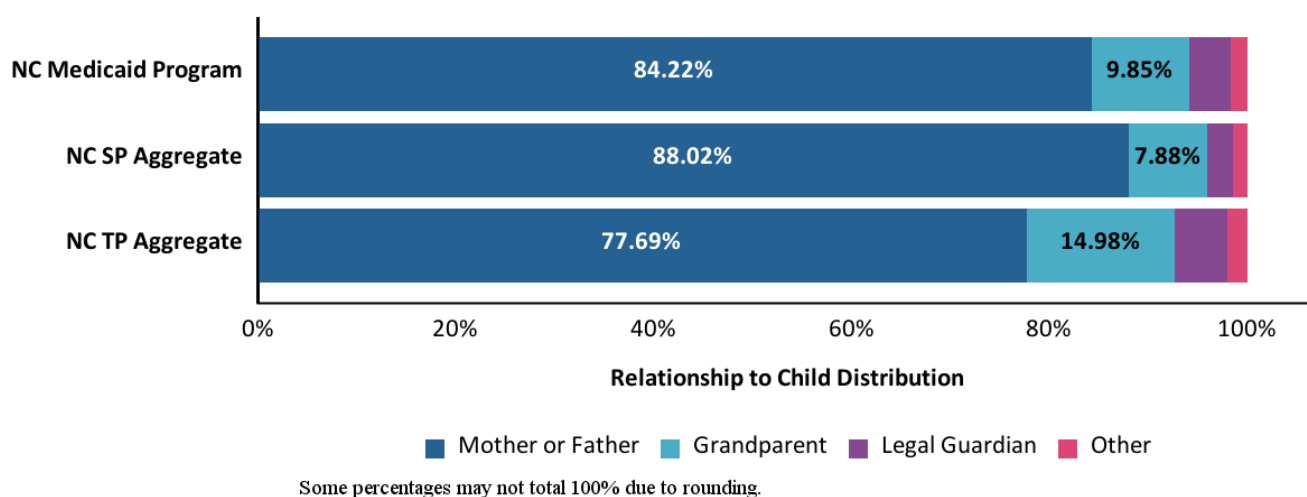
Overall, the most common education levels reported by parent/caretaker respondents were high school graduate and some college across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-12—Percentage of 2025 Parent/Caretaker Child Respondents Who Reported Their Education Level



Overall, the majority of parent/caretaker respondents were the mother or father of the child across the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

Figure A-13—Percentage of 2025 Parent/Caretaker Child Respondents Who Reported Their Relationship to Child



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.¹¹⁵ The demographic characteristics evaluated as part of the respondent analysis included age, sex, race, ethnicity, geography, and Medicaid Expansion (adult SP only). 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 files 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.

¹¹⁵ Respondents from the Black and Hispanic oversamples were not used for this analysis.

Adult Results

Table A-1 through Table A-6 present the results of the comparisons of the demographic characteristics of the survey respondents to the eligible population, using the Medicaid enrollment data, for the adult population.

**Table A-1—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Adult Member—Age (2025)**

		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
NC Medicaid Program	R	16.01%↓	15.71%↓	16.18%	17.33%↑	27.30%↑	7.48%↓
	EP	20.90%	19.51%	15.84%	11.61%	13.31%	18.83%
NC SP Aggregate	R	17.72%↓	12.43%↓	14.22%↓	18.37%↑	35.68%↑	1.58%↑
	EP	31.98%	25.87%	18.95%	11.79%	10.73%	0.68%
NC TP Aggregate	R	17.48%↓	24.10%↓	22.03%	18.19%↑	17.25%↑	0.95%
	EP	24.19%	26.55%	23.35%	14.31%	11.04%	0.57%

An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.

Blue and orange 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 (2025)**

		Male	Female
NC Medicaid Program	R	42.78%↑	57.22%↓
	EP	38.49%	61.51%
NC SP Aggregate	R	35.96%	64.04%
	EP	35.72%	64.28%
NC TP Aggregate	R	54.56%↑	45.44%↓
	EP	50.08%	49.92%

An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.

Blue and orange shading indicates the respondent percentage is significantly different than the eligible population percentage.

↑ Indicates the respondent percentage is significantly higher than the eligible population percentage.

↓ Indicates the respondent percentage is significantly lower than the eligible population percentage.

Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.

**Table A-3—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Adult Member—Race (2025)**

		Asian	Black	Native American	Other	White
NC Medicaid Program	R	2.03%	28.96%↓	3.26%↑	1.71%↓	64.04%↑
	EP	2.15%	38.98%	1.71%	2.11%	55.06%
NC SP Aggregate	R	2.68%	28.36%↓	1.50%	1.89%	65.57%↑
	EP	2.43%	39.13%	1.58%	2.10%	54.77%
NC TP Aggregate	R	1.47%↑	29.12%↓	S	S	67.94%↑
	EP	0.84%	36.75%	1.85%	0.23%	60.33%

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 and orange shading indicates the respondent percentage is significantly different than the eligible population percentage.
↑ Indicates the respondent percentage is significantly higher than the eligible population percentage.
↓ Indicates the respondent percentage is significantly lower than the eligible population percentage.
Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.

**Table A-4—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Adult Member—Ethnicity (2025)**

		Hispanic	Non-Hispanic
NC Medicaid Program	R	10.02%	89.98%
	EP	10.10%	89.90%
NC SP Aggregate	R	13.31%	86.69%
	EP	13.84%	86.16%
NC TP Aggregate	R	6.97%	93.03%
	EP	7.10%	92.90%

An “R” indicates respondent percentage, and an “EP” indicates 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—Geography (2025)**

		Rural	Urban
NC Medicaid Program	R	28.59%↑	71.41%↓
	EP	25.46%	74.54%
NC SP Aggregate	R	26.74%↑	73.26%↓
	EP	23.30%	76.70%

		Rural	Urban
NC TP Aggregate	R EP	25.63% 23.90%	74.37% 76.10%
An “R” indicates respondent percentage, and an “EP” indicates 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-6—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Medicaid Expansion (2025)¹¹⁶

		Medicaid Expansion	Non-Medicaid Expansion
NC SP Aggregate	R EP	51.89%↑ 46.47%	48.11%↓ 53.53%
An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue and orange 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.			

Child Results

Table A-7 through Table A-11 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 (2025)

		0 to 3	4 to 7	8 to 12	13 to 17
NC Medicaid Program	R EP	11.25%↓ 20.20%	17.78%↓ 23.12%	29.52% 28.56%	41.45%↑ 28.11%
SP Aggregate	R EP	20.50% 21.57%	18.40%↓ 23.22%	27.25% 28.20%	33.86%↑ 27.01%

¹¹⁶ Medicaid Expansion comparisons were only performed for the adult SP population; therefore, results are not presented for the NC Medicaid Program and the NC TP Aggregate.

		0 to 3	4 to 7	8 to 12	13 to 17
TP Aggregate	R	3.02%↓	18.31%↓	30.77%	47.89%↑
	EP	4.01%	23.00%	31.89%	41.11%
An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue and orange 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 (2025)**

		Male	Female
NC Medicaid Program	R	58.17%↑	41.83%↓
	EP	50.94%	49.06%
SP Aggregate	R	52.50%↑	47.50%↓
	EP	49.97%	50.03%
TP Aggregate	R	67.77%	32.23%
	EP	65.64%	34.36%
An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue and orange shadings indicate 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-9—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons
Using Medicaid Enrollment Data: Child Member—Race (2025)**

		Asian	Black	Native American	Other	White
NC Medicaid Program	R	2.67%	22.50%↓	1.95%	3.10%	69.78%↑
	EP	2.29%	36.68%	1.64%	2.98%	56.42%
SP Aggregate	R	3.84%↑	20.53%↓	0.91%↓	2.53%	72.19%↑
	EP	2.37%	36.84%	1.47%	2.99%	56.33%
TP Aggregate	R	2.15%	25.62%↓	S	S	71.12%↑
	EP	1.47%	39.29%	1.15%	0.35%	57.74%
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 and orange 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-10—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Child Member—Ethnicity (2025)

		Hispanic	Non-Hispanic
NC Medicaid Program	R	24.93%	75.07%
	EP	25.14%	74.86%
SP Aggregate	R	36.21%↑	63.79%↓
	EP	25.84%	74.16%
TP Aggregate	R	24.77%↑	75.23%↓
	EP	22.12%	77.88%
An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue and orange 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-11—Survey Respondent (R) to Eligible Population (EP) Demographic Comparisons Using Medicaid Enrollment Data: Child Member—Geography (2025)

		Rural	Urban
NC Medicaid Program	R	24.92%↑	75.08%↓
	EP	23.16%	76.84%
SP Aggregate	R	23.53%	76.47%
	EP	23.12%	76.88%
TP Aggregate	R	25.24%↑	74.76%↓
	EP	21.24%	78.76%
An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage. Blue and orange 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.			

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-12 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 SP Aggregate, NC TP Aggregate, and each population.

Table A-12—Numerators and Denominators for 2025 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Either Excellent, Very Good, or Good by Program-Specific Populations, with Aggregate Comparisons

Population	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
NC Medicaid Program	3,008/4,655	3,017/4,652
NC SP Aggregate	1,624/2,436	1,723/2,444
NC TP Aggregate	1,083/1,675	916/1,667
AmeriHealth	360/543	394/547
Carolina Complete	314/456	316/458
Healthy Blue	332/485	343/486
UnitedHealthcare	269/444	302/446
WellCare	349/508	368/507
Alliance	283/406	243/402
Partners	284/429	233/428
Trillium	262/432	232/432
Vaya	254/408	208/405
EBCI Tribal Option	59/109	72/108
Medicaid Direct	242/435	306/433
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate due to weighting. For further details, please refer to the Methodology section in Appendix B beginning on page 510.		

Aggregate Comparisons

Table A-13 through Table A-15 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 SP Aggregate, NC TP Aggregate, and each population.

Table A-13—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Global Ratings

Population	Rating of Health Plan (N/D)	Rating of All Health Care (N/D)	Rating of Personal Doctor (N/D)	Rating of Specialist Seen Most Often (N/D)
NC Medicaid Program	3,449/4,552	2,343/3,017	2,991/3,523	1,768/2,106
NC SP Aggregate	1,855/2,391	1,196/1,522	1,498/1,775	901/1,070
NC TP Aggregate	1,190/1,637	884/1,167	1,149/1,335	652/784
AmeriHealth	398/532	276/344	329/390	212/255
Carolina Complete	347/445	224/276	278/320	160/190
Healthy Blue	385/476	239/314	304/367	202/235
UnitedHealthcare	342/438	205/281	264/328	150/185
WellCare	383/500	252/307	323/370	177/205
Alliance	293/393	219/283	273/329	158/193
Partners	296/423	231/298	303/334	164/203
Trillium	307/419	205/286	293/343	166/193
Vaya	294/402	229/300	280/329	164/195
EBCI Tribal Option	72/104	50/62	64/83	28/33
Medicaid Direct	332/420	213/266	280/330	187/219
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate due to weighting. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

Table A-14—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Composite Measures

Population	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
NC Medicaid Program	2,197/2,601	1,815/2,163	2,662/2,824	1,387/1,549
NC SP Aggregate	1,089/1,317	935/1,122	1,316/1,403	751/834
NC TP Aggregate	850/987	676/803	1,037/1,086	454/517
AmeriHealth	260/306	216/245	299/313	159/181
Carolina Complete	200/236	160/198	229/244	144/160
Healthy Blue	229/279	187/238	276/291	137/150
UnitedHealthcare	186/238	181/214	239/263	137/154
WellCare	213/258	190/226	273/290	173/188
Alliance	199/239	162/191	249/263	117/136
Partners	218/254	168/198	263/271	118/132

Population	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
Trillium	208/244	174/207	255/271	113/134
Vaya	223/249	171/207	270/281	105/115
EBCI Tribal Option	44/49	37/43	54/58	32/34
Medicaid Direct	214/247	167/194	253/276	149/164
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate due to weighting. Numerators and denominators when calculated to percentages do not match the corresponding rates 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 in Appendix B beginning on page 510.				

Table A-15—Numerators and Denominators for 2025 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

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	1,560/1,806	1,643/2,142	1,189/2,144	1,060/2,146
NC SP Aggregate	776/902	1,030/1,335	723/1,340	646/1,339
NC TP Aggregate	594/687	351/486	263/484	238/486
AmeriHealth	176/206	225/299	162/299	146/297
Carolina Complete	130/152	192/244	141/245	128/246
Healthy Blue	166/187	169/217	125/219	113/218
UnitedHealthcare	139/170	231/307	157/308	137/309
WellCare	165/187	213/268	138/269	122/269
Alliance	141/163	69/95	59/95	56/96
Partners	162/186	90/126	63/127	58/128
Trillium	140/161	92/128	68/126	58/127
Vaya	151/177	100/137	73/136	66/135
EBCI Tribal Option	32/34	63/83	51/83	47/83
Medicaid Direct	158/183	199/238	152/237	129/238
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate due to weighting. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

Race and Ethnicity Comparisons

Table A-16 through Table A-33 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 for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

NC Medicaid Program

Table A-16—Numerators and Denominators for 2025 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for the 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		
Asian	65/90	70/89
Non-Asian	2,897/4,467	2,895/4,473
Black	1,441/2,242	1,427/2,245
Non-Black	2,248/3,444	2,250/3,445
Multiracial	113/168	101/169
Non-Multiracial	2,849/4,389	2,864/4,393
Native American	86/157	98/158
Non-Native American	2,876/4,400	2,867/4,404
Other	211/287	211/287
Non-Other	2,751/4,270	2,754/4,275
White	1,700/2,633	1,700/2,634
Non-White	1,262/1,924	1,265/1,928
Ethnicity Categories		
Hispanic	1,002/1,410	1,015/1,407
Non-Hispanic	2,692/4,174	2,677/4,180
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.		

Table A-17—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the 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				
Asian	63/85	41/55	51/64	23/32
Non-Asian	3,313/4,373	2,260/2,907	2,880/3,388	1,707/2,031
Black	1,679/2,180	1,016/1,309	1,427/1,668	739/871
Non-Black	2,553/3,388	1,813/2,323	2,247/2,644	1,374/1,647
Multiracial	116/162	91/120	110/128	59/83
Non-Multiracial	3,260/4,296	2,210/2,842	2,821/3,324	1,671/1,980
Native American	108/151	67/88	88/114	49/57
Non-Native American	3,268/4,307	2,234/2,874	2,843/3,338	1,681/2,006
Other	212/284	125/161	161/192	88/111
Non-Other	3,164/4,174	2,176/2,801	2,770/3,260	1,642/1,952
White	1,968/2,595	1,432/1,824	1,769/2,063	1,114/1,312
Non-White	1,408/1,863	869/1,138	1,162/1,389	616/751
Ethnicity Categories				
Hispanic	1,123/1,390	667/829	879/1,008	507/585
Non-Hispanic	3,052/4,071	2,145/2,772	2,706/3,185	1,609/1,927

(N/D) Indicates the numerator and denominator of the score.
For further details, please refer to the Methodology section in Appendix B beginning on page 510.

Table A-18—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the 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				
Asian	32/44	30/41	48/54	28/33
Non-Asian	2,123/2,505	1,751/2,079	2,561/2,715	1,319/1,475
Black	951/1,108	813/968	1,240/1,318	775/857
Non-Black	1,693/2,009	1,382/1,643	2,007/2,126	976/1,103
Multiracial	87/102	69/77	95/98	51/56
Non-Multiracial	2,069/2,447	1,712/2,043	2,514/2,671	1,296/1,452
Native American	63/75	53/64	78/85	45/50
Non-Native American	2,093/2,474	1,728/2,056	2,532/2,683	1,302/1,458

Race and Ethnicity Categories	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
Other	109/136	102/126	137/147	88/106
Non-Other	2,047/2,413	1,679/1,994	2,473/2,621	1,259/1,402
White	1,355/1,587	1,087/1,283	1,586/1,674	725/806
Non-White	800/962	694/837	1,024/1,095	622/702
Ethnicity Categories				
Hispanic	594/725	502/629	733/775	471/534
Non-Hispanic	2,023/2,382	1,656/1,963	2,434/2,579	1,223/1,366
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates 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 in Appendix B beginning on page 510.				

Table A-19—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the 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				
Asian	23/28	S	S	S
Non-Asian	1,506/1,742	S	S	S
Black	693/785	788/992	579/998	528/997
Non-Black	1,221/1,416	1,168/1,550	830/1,550	733/1,550
Multiracial	59/66	53/68	39/69	42/69
Non-Multiracial	1,470/1,704	1,561/2,042	1,131/2,044	1,001/2,045
Native American	41/49	93/120	69/120	59/119
Non-Native American	1,488/1,721	1,521/1,990	1,101/1,993	984/1,995
Other	76/93	30/51	19/49	16/51
Non-Other	1,453/1,677	1,584/2,059	1,151/2,064	1,027/2,063
White	971/1,122	959/1,264	681/1,265	600/1,265
Non-White	558/648	655/846	489/848	443/849

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)
Ethnicity Categories				
Hispanic	433/510	124/176	86/175	71/176
Non-Hispanic	1,428/1,647	1,557/2,018	1,128/2,024	1,008/2,022
S Indicates results have been suppressed in accordance with CMS cell size suppression policy. (N/D) Indicates the numerator and denominator of the score. Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

Table A-20—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the 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)	Online Access to Health Information (N/D)
Race Categories				
Asian	49/91	16/44	18/55	33/65
Non-Asian	2,508/4,469	1,215/2,096	203/1,357	1,989/2,822
Black	1,273/2,236	597/1,120	71/833	917/1,402
Non-Black	1,938/3,453	958/1,610	186/1,015	1,583/2,213
Multiracial	98/169	51/87	S	85/116
Non-Multiracial	2,459/4,391	1,180/2,053	S	1,937/2,771
Native American	93/156	36/68	S	23/65
Non-Native American	2,464/4,404	1,195/2,072	S	1,999/2,822
Other	125/288	57/138	60/134	116/193
Non-Other	2,432/4,272	1,174/2,002	161/1,278	1,906/2,694
White	1,512/2,639	773/1,216	96/686	1,275/1,703
Non-White	1,045/1,921	458/924	125/726	747/1,184
Ethnicity Categories				
Hispanic	677/1,407	309/703	389/756	615/938
Non-Hispanic	2,384/4,177	1,170/1,954	116/1,204	1,875/2,638
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 in Appendix B beginning on page 510.				

Table A-21—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the 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				
Asian	14/39	14/89	S	41/88
Non-Asian	936/1,691	1,038/4,367	S	1,657/4,408
Black	551/967	452/2,148	340/418	960/2,203
Non-Black	670/1,241	833/3,392	621/800	1,233/3,400
Multiracial	32/58	46/164	33/44	49/164
Non-Multiracial	918/1,672	1,006/4,292	746/961	1,649/4,332
Native American	36/66	24/155	13/21	73/156
Non-Native American	914/1,664	1,028/4,301	766/984	1,625/4,340
Other	36/112	49/281	35/48	95/279
Non-Other	914/1,618	1,003/4,175	744/957	1,603/4,217
White	528/920	671/2,597	513/647	932/2,607
Non-White	422/810	381/1,859	266/358	766/1,889
Ethnicity Categories				
Hispanic	231/567	258/1,360	189/249	564/1,372
Non-Hispanic	890/1,566	988/4,084	732/943	1,553/4,119
<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 in Appendix B beginning on page 510.</i>				

NC SP Aggregate

Table A-22—Numerators and Denominators for 2025 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for the NC SP Aggregate, by Race and Ethnicity

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Race Categories		
Asian	50/63	54/62
Non-Asian	1,547/2,320	1,632/2,330
Black	670/988	713/992
Non-Black	1,210/1,798	1,265/1,801
Multiracial	68/92	61/92

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Non-Multiracial	1,529/2,291	1,625/2,300
Native American	22/38	25/38
Non-Native American	1,575/2,345	1,661/2,354
Other	162/211	171/211
Non-Other	1,435/2,172	1,515/2,181
White	885/1,360	929/1,365
Non-White	712/1,023	757/1,027
Ethnicity Categories		
Hispanic	600/797	640/797
Non-Hispanic	1,366/2,067	1,434/2,073
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.		

Table A-23—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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				
Asian	47/61	31/38	35/43	14/18
Non-Asian	1,761/2,276	1,138/1,452	1,426/1,691	866/1,029
Black	753/963	460/576	608/715	321/371
Non-Black	1,369/1,771	907/1,157	1,115/1,325	687/823
Multiracial	67/88	47/60	54/65	31/40
Non-Multiracial	1,741/2,249	1,122/1,430	1,407/1,669	849/1,007
Native American	29/37	15/22	17/25	15/19
Non-Native American	1,779/2,300	1,154/1,468	1,444/1,709	865/1,028
Other	163/206	87/111	112/131	56/71
Non-Other	1,645/2,131	1,082/1,379	1,349/1,603	824/976
White	1,037/1,345	713/906	876/1,037	561/663
Non-White	771/992	456/584	585/697	319/384

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)
Ethnicity Categories				
Hispanic	655/787	361/447	458/528	236/279
Non-Hispanic	1,539/2,022	1,039/1,333	1,279/1,521	780/936
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

Table A-24—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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				
Asian	20/28	21/29	34/36	19/23
Non-Asian	1,044/1,259	891/1,067	1,252/1,335	708/787
Black	404/479	360/432	521/553	340/373
Non-Black	828/1,004	705/843	979/1,044	526/587
Multiracial	43/50	35/41	45/47	27/29
Non-Multiracial	1,022/1,238	877/1,055	1,241/1,324	699/781
Native American	17/20	16/19	18/21	14/15
Non-Native American	1,047/1,267	896/1,077	1,267/1,350	713/795
Other	75/91	69/88	93/101	61/72
Non-Other	990/1,196	843/1,007	1,193/1,270	666/738
White	661/797	550/652	772/822	392/432
Non-White	403/490	362/444	513/549	334/377
Ethnicity Categories				
Hispanic	302/375	276/344	370/392	246/282
Non-Hispanic	956/1,153	809/967	1,140/1,217	613/683
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates 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 in Appendix B beginning on page 510.				

Table A-25—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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				
Asian	19/20	S	S	S
Non-Asian	740/862	S	S	S
Black	291/336	402/522	293/526	263/524
Non-Black	593/690	734/957	502/958	451/959
Multiracial	28/33	27/38	20/39	20/39
Non-Multiracial	731/849	986/1,277	691/1,281	617/1,280
Native American	12/16	26/30	18/30	14/30
Non-Native American	747/866	987/1,285	693/1,290	623/1,289
Other	52/61	21/37	12/36	12/37
Non-Other	707/821	992/1,278	699/1,284	625/1,282
White	469/546	649/833	446/834	399/834
Non-White	290/336	364/482	265/486	238/485
Ethnicity Categories				
Hispanic	204/245	70/101	45/100	38/100
Non-Hispanic	682/788	956/1,234	673/1,240	603/1,238
<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>Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average.</i> <i>For further details, please refer to the Methodology section in Appendix B beginning on page 510.</i>				

Table A-26—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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)	Online Access to Health Information (N/D)
Race Categories				
Asian	28/63	S	14/40	25/48
Non-Asian	1,174/2,325	S	114/658	1,120/1,539
Black	506/985	129/388	16/330	456/651
Non-Black	904/1,802	339/701	118/508	887/1,212

Race and Ethnicity Categories	Mental Health (N/D)	Appointment for Counseling or Mental Health Treatment (N/D)	Used an Interpreter (N/D)	Online Access to Health Information (N/D)
Multiracial	44/92	18/36	S	44/64
Non-Multiracial	1,158/2,296	389/888	S	1,101/1,523
Native American	24/37	S	S	S
Non-Native American	1,178/2,351	S	S	S
Other	83/210	28/92	47/97	86/142
Non-Other	1,119/2,178	379/832	81/601	1,059/1,445
White	713/1,366	279/520	54/332	704/912
Non-White	489/1,022	128/404	74/366	441/675
Ethnicity Categories				
Hispanic	317/796	102/325	224/398	345/522
Non-Hispanic	1,070/2,071	365/783	41/535	1,022/1,380
<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 in Appendix B beginning on page 510.</i>				

Table A-27—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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				
Asian	13/27	S	S	30/60
Non-Asian	458/863	S	S	710/2,289
Black	247/410	167/954	123/159	332/974
Non-Black	324/640	344/1,772	242/333	533/1,770
Multiracial	14/26	17/88	12/16	19/88
Non-Multiracial	457/864	436/2,249	307/421	721/2,261
Native American	12/21	S	S	12/37
Non-Native American	459/869	S	S	728/2,312
Other	22/80	31/206	22/31	64/204
Non-Other	449/810	422/2,131	297/406	676/2,145
White	259/476	274/1,346	198/264	398/1,348
Non-White	212/414	179/991	121/173	342/1,001

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)
Ethnicity Categories				
Hispanic	108/300	96/769	65/94	266/773
Non-Hispanic	425/764	401/2,027	282/387	630/2,038
<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 in Appendix B beginning on page 510.</i>				

NC TP Aggregate

Table A-28—Numerators and Denominators for 2025 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for the NC TP Aggregate, by Race and Ethnicity

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Race Categories		
Asian	14/22	13/22
Non-Asian	1,056/1,620	895/1,617
Black	557/911	463/909
Non-Black	831/1,255	712/1,253
Multiracial	37/56	26/57
Non-Multiracial	1,033/1,586	882/1,582
Native American	11/23	S
Non-Native American	1,059/1,619	S
Other	41/58	30/59
Non-Other	1,029/1,584	878/1,580
White	690/1,040	605/1,036
Non-White	380/602	303/603
Ethnicity Categories		
Hispanic	284/408	225/405
Non-Hispanic	1,030/1,585	878/1,586
<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 in Appendix B beginning on page 510.</i>		

Table A-29—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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				
Asian	12/19	S	15/18	S
Non-Asian	1,160/1,590	S	1,118/1,297	S
Black	659/885	412/548	581/686	284/336
Non-Black	892/1,239	706/920	885/1,021	519/634
Multiracial	36/56	33/46	41/45	19/31
Non-Multiracial	1,136/1,553	839/1,102	1,092/1,270	620/738
Native American	17/22	S	19/20	S
Non-Native American	1,155/1,587	S	1,114/1,295	S
Other	35/60	28/37	36/45	22/30
Non-Other	1,137/1,549	844/1,111	1,097/1,270	617/739
White	749/1,025	596/770	743/850	442/525
Non-White	423/584	276/378	390/465	197/244
Ethnicity Categories				
Hispanic	300/404	210/269	275/316	170/195
Non-Hispanic	1,121/1,546	850/1,120	1,098/1,272	625/749
<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 in Appendix B beginning on page 510.</i>				

Table A-30—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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				
Asian	S	S	13/15	S
Non-Asian	S	S	1,010/1,056	S
Black	391/450	321/382	513/544	272/309
Non-Black	672/784	530/627	803/841	334/385
Multiracial	31/39	25/26	36/37	13/16
Non-Multiracial	804/930	642/765	986/1,034	430/488
Native American	S	S	13/14	S
Non-Native American	S	S	1,009/1,056	S

Race and Ethnicity Categories	Getting Needed Care (N/D)	Getting Care Quickly (N/D)	How Well Doctors Communicate (N/D)	Customer Service (N/D)
Other	25/33	23/27	32/33	18/21
Non-Other	810/937	645/764	990/1,038	425/483
White	572/653	447/526	675/704	272/307
Non-White	263/317	221/265	348/367	170/196
Ethnicity Categories				
Hispanic	195/235	149/194	238/254	131/144
Non-Hispanic	817/944	650/767	994/1,040	434/493
<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>Numerators and denominators when calculated to percentages do not match the corresponding rates because final composite measure scores are determined by calculating the average score across all questions within the composite measure.</i> <i>For further details, please refer to the Methodology section in Appendix B beginning on page 510.</i>				

Table A-31—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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				
Asian	S	0/0	0/0	0/0
Non-Asian	S	341/476	258/475	232/476
Black	278/315	234/288	163/291	156/293
Non-Black	489/565	249/363	191/362	166/361
Multiracial	21/23	15/17	11/17	12/17
Non-Multiracial	563/652	327/460	248/459	221/460
Native American	S	S	S	S
Non-Native American	S	S	S	S
Other	16/21	S	S	S
Non-Other	568/654	S	S	S
White	416/477	203/299	156/299	137/299
Non-White	168/198	139/178	103/177	96/178

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)
Ethnicity Categories				
Hispanic	153/174	40/55	32/55	24/56
Non-Hispanic	563/651	339/467	255/467	230/467
S Indicates results have been suppressed in accordance with CMS cell size suppression policy. (N/D) Indicates the numerator and denominator of the score. Numerators and denominators for the three Medical Assistance With Smoking and Tobacco Use Cessation items were calculated using a two-year rolling average. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

Table A-32—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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)	Online Access to Health Information (N/D)
Race Categories				
Asian	17/22	S	S	S
Non-Asian	1,014/1,616	S	S	S
Black	551/906	423/601	44/381	360/564
Non-Black	798/1,257	567/771	53/390	572/795
Multiracial	38/57	26/38	S	33/41
Non-Multiracial	993/1,581	724/981	S	681/979
Native American	16/24	14/19	S	S
Non-Native American	1,015/1,614	736/1,000	S	S
Other	32/60	26/36	S	25/39
Non-Other	999/1,578	724/983	S	689/981
White	657/1,038	469/626	34/294	479/653
Non-White	374/600	281/393	39/256	235/367
Ethnicity Categories				
Hispanic	250/405	177/272	85/219	181/276
Non-Hispanic	995/1,583	731/986	61/521	691/987
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 in Appendix B beginning on page 510.				

Table A-33—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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				
Asian	S	S	S	S
Non-Asian	S	S	S	S
Black	236/419	220/867	171/199	417/890
Non-Black	270/470	415/1,237	333/397	479/1,243
Multiracial	13/23	24/56	17/23	18/57
Non-Multiracial	360/623	475/1,543	375/450	630/1,566
Native American	S	S	S	S
Non-Native American	S	S	S	S
Other	12/27	15/58	11/14	22/58
Non-Other	361/619	484/1,541	381/459	626/1,565
White	225/372	343/1,024	279/331	402/1,028
Non-White	148/274	156/575	113/142	246/595
Ethnicity Categories				
Hispanic	95/190	125/395	100/120	169/399
Non-Hispanic	359/616	489/1,548	382/463	622/1,567
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 in Appendix B beginning on page 510.				

Geographic Comparisons

Table A-34 through Table A-39 present the numerators and denominators for the geographic comparisons 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-34—Numerators and Denominators for 2025 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and Geographic Comparisons, by Program-Specific Populations

Population	General Health Status		Mental or Emotional Health Status	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	788/1,335	2,220/3,320	830/1,333	2,187/3,319
NC SP Aggregate	402/654	1,222/1,782	455/655	1,268/1,789
NC TP Aggregate	248/431	835/1,244	206/429	710/1,238
AmeriHealth	85/149	275/394	103/149	291/398
Carolina Complete	67/110	247/346	81/110	235/348
Healthy Blue	93/148	239/337	98/149	245/337
UnitedHealthcare	60/105	209/339	73/105	229/341
WellCare	97/142	252/366	100/142	268/365
Alliance	14/18	269/388	S	235/384
Partners	48/77	236/352	S	196/352
Trillium	97/182	165/250	86/181	146/251
Vaya	89/154	165/254	75/154	133/251
EBCI Tribal Option	54/101	S	67/100	S
Medicaid Direct	84/149	S	102/149	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 in Appendix B beginning on page 510.				

Table A-35—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Global Ratings

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	996/1,294	2,453/3,258	649/851	1,694/2,166	839/991	2,152/2,532	486/580	1,282/1,526
NC SP Aggregate	502/634	1,353/1,757	322/412	874/1,110	408/474	1,090/1,301	244/291	657/779
NC TP Aggregate	309/421	881/1,216	210/293	674/874	279/332	870/1,003	163/191	489/593
AmeriHealth	111/143	287/389	82/100	194/244	96/106	233/284	61/75	151/180
Carolina Complete	78/107	269/338	44/59	180/217	54/67	224/253	32/41	128/149
Healthy Blue	119/146	266/330	72/96	167/218	98/116	206/251	66/76	136/159
UnitedHealthcare	82/101	260/337	49/70	156/211	67/83	197/245	36/44	114/141
WellCare	112/137	271/363	75/87	177/220	93/102	230/268	49/55	128/150

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)
Alliance	S	283/376	S	215/275	S	264/318	S	153/185
Partners	S	247/347	S	193/246	S	255/278	S	135/169
Trillium	132/176	175/243	77/115	128/171	118/142	175/201	67/80	99/113
Vaya	118/152	176/250	91/118	138/182	104/123	176/206	62/69	102/126
EBCI Tribal Option	69/96	S	47/57	S	61/77	S	26/31	S
Medicaid Direct	116/143	S	70/89	S	91/108	S	53/67	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 in Appendix B beginning on page 510.								

Table A-36—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Composite Measures

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	603/725	1,594/1,876	511/604	1,304/1,559	761/809	1,901/2,014	386/427	1,001/1,122
NC SP Aggregate	287/355	801/962	254/299	680/823	370/391	946/1,011	194/215	556/619
NC TP Aggregate	206/243	643/744	172/204	504/599	253/268	784/818	118/133	336/384
AmeriHealth	72/89	188/217	66/71	150/173	82/85	217/228	48/53	111/128
Carolina Complete	41/50	158/185	34/42	126/156	48/52	180/191	31/38	113/122
Healthy Blue	71/87	158/192	53/70	134/168	92/95	184/196	42/45	95/104
UnitedHealthcare	42/57	144/180	43/52	138/162	65/71	174/192	33/36	104/118
WellCare	60/71	152/187	58/63	132/163	82/86	190/203	40/42	133/146
Alliance	S	193/232	S	157/185	S	242/256	S	113/131
Partners	S	183/211	S	139/163	S	219/225	S	98/110
Trillium	79/100	129/144	68/82	106/124	101/109	154/161	55/65	58/69
Vaya	86/93	137/156	70/81	101/126	101/105	169/175	39/41	66/73
EBCI Tribal Option	40/46	S	34/40	S	52/56	S	30/32	S
Medicaid Direct	69/80	S	50/61	S	85/93	S	43/47	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 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 in Appendix B beginning on page 510.								

Table A-37—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items

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	430/501	1,130/1,305	592/773	1,047/1,364	430/773	756/1,366	379/774	678/1,367
NC SP Aggregate	207/247	569/655	371/473	655/857	260/475	460/860	237/475	406/859
NC TP Aggregate	144/165	450/522	97/142	254/344	71/140	192/344	60/141	178/345
AmeriHealth	48/54	128/152	103/135	122/164	78/135	84/164	70/135	76/162
Carolina Complete	27/35	103/117	69/86	122/157	48/87	92/157	40/87	87/158
Healthy Blue	52/59	114/128	71/86	98/131	49/85	76/134	45/85	68/133
UnitedHealthcare	35/46	104/124	63/84	168/223	50/85	107/223	50/85	87/224
WellCare	45/53	120/134	65/82	145/182	35/83	101/182	32/83	88/182
Alliance	S	138/160	S	67/89	S	55/89	S	54/90
Partners	S	131/151	S	73/104	S	53/105	S	49/106
Trillium	52/61	88/100	45/63	47/65	32/61	36/65	29/63	29/64
Vaya	58/66	93/111	33/51	67/86	25/51	48/85	20/50	46/85
EBCI Tribal Option	30/32	S	61/79	S	49/79	S	44/79	S
Medicaid Direct	49/57	S	63/79	S	50/79	S	38/79	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 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 in Appendix B beginning on page 510.

Table A-38—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Supplemental Items

Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Online Access to Health Information	
	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	750/1,321	1,835/3,302	350/609	898/1,570	60/427	174/1,017	478/742	1,565/2,188
NC SP Aggregate	339/644	876/1,779	105/238	308/705	28/182	108/533	260/376	897/1,232
NC TP Aggregate	262/426	778/1,229	204/274	556/759	23/167	52/393	163/259	557/776
AmeriHealth	81/146	192/393	27/51	58/147	S	27/114	58/83	184/258
Carolina Complete	50/107	171/346	20/44	62/140	S	26/104	37/60	188/243
Healthy Blue	82/147	167/335	23/57	74/143	S	15/90	65/101	175/239

Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Online Access to Health Information	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
UnitedHealthcare	55/103	161/339	19/36	55/127	S	20/107	45/57	160/227
WellCare	71/141	185/366	16/50	59/148	S	20/118	55/75	190/265
Alliance	12/18	240/376	S	164/233	S	26/132	S	187/251
Partners	44/76	213/353	S	164/216	S	11/94	S	166/216
Trillium	119/178	153/247	79/107	110/149	S	S	65/107	99/160
Vaya	87/154	172/253	81/106	118/161	S	S	55/89	105/149
EBCI Tribal Option	56/100	S	20/37	S	S	S	S	S
Medicaid Direct	93/151	S	21/60	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 in Appendix B beginning on page 510.

Table A-39—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Supplemental Items, Continued

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	271/511	687/1,244	278/1,293	786/3,230	201/264	587/752	493/1,309	1,234/3,257
NC SP Aggregate	119/234	356/667	123/633	332/1,742	84/119	236/320	197/638	556/1,749
NC TP Aggregate	101/184	275/472	117/418	390/1,202	92/109	307/371	151/425	505/1,219
AmeriHealth	27/53	75/147	25/146	63/389	20/24	43/60	46/147	120/386
Carolina Complete	23/48	74/135	22/105	66/339	15/21	49/64	30/108	102/341
Healthy Blue	27/55	74/126	28/142	77/326	19/28	58/73	50/144	115/330
UnitedHealthcare	25/36	68/123	25/102	58/329	17/24	37/57	33/101	91/329
WellCare	17/42	65/136	23/138	68/359	13/22	49/66	38/138	128/363
Alliance	S	90/153	S	136/370	S	106/129	S	184/378
Partners	S	77/132	S	96/347	S	76/90	S	122/350
Trillium	37/73	56/97	39/174	80/238	31/36	65/77	67/177	90/246
Vaya	41/67	52/90	48/152	78/247	39/47	60/75	52/154	109/245
EBCI Tribal Option	23/35	S	S	S	S	S	57/100	S
Medicaid Direct	28/58	S	S	S	S	S	88/146	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 in Appendix B beginning on page 510.

Medicaid Expansion Comparisons

Table A-40 through Table A-45 present the numerators and denominators for the Medicaid Expansion comparisons by overall health characteristics, global ratings, composite measures, individual item, medical assistance with smoking and tobacco use cessation items, and supplemental items, respectively.¹¹⁷

Table A-40—Numerators and Denominators for 2025 Adult Respondents Who Rate Their General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and Medicaid Expansion Comparisons, by Program-Specific Populations

Population	General Health Status		Mental or Emotional Health Status	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
NC SP Aggregate	873/1,270	751/1,166	877/1,272	846/1,172
AmeriHealth	204/299	156/244	216/298	178/249
Carolina Complete	147/210	167/246	133/212	183/246
Healthy Blue	187/270	145/215	190/271	153/215
UnitedHealthcare	144/216	125/228	147/218	155/228
WellCare	191/275	158/233	191/273	177/234
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

Table A-41—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Medicaid Expansion Comparisons, by Program-Specific Populations: Global Ratings

Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
NC SP Aggregate	962/1,242	893/1,149	644/821	552/701	797/937	701/838	484/576	417/494
AmeriHealth	212/287	186/245	153/194	123/150	180/212	149/178	119/143	93/112
Carolina Complete	158/207	189/238	112/139	112/137	124/150	154/170	81/94	79/96
Healthy Blue	214/266	171/210	138/185	101/129	176/212	128/155	112/129	90/106
UnitedHealthcare	166/213	176/225	100/135	105/146	136/161	128/167	72/91	78/94

¹¹⁷ Medicaid Expansion comparisons were only performed for the adult SP population.

Population	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
WellCare	212/269	171/231	141/168	111/139	181/202	142/168	100/119	77/86

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

For further details, please refer to the Methodology section in Appendix B beginning on page 510.

Table A-42—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Medicaid Expansion Comparisons, by Program-Specific Populations: Composite Measures

Population	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
NC SP Aggregate	596/711	493/606	496/597	439/524	729/770	587/633	402/443	349/390
AmeriHealth	149/173	111/133	116/133	99/111	170/177	128/136	90/103	69/77
Carolina Complete	101/118	99/117	76/97	84/101	112/120	116/123	71/80	73/80
Healthy Blue	130/159	98/120	106/135	81/103	166/176	109/115	72/78	64/72
UnitedHealthcare	94/115	92/123	89/106	92/107	126/136	113/127	71/78	66/76
WellCare	121/145	91/113	108/125	82/101	154/159	118/130	97/104	76/84

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

Numerators and denominators when calculated to percentages do not match the corresponding rates 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 in Appendix B beginning on page 510.

Table A-43—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Medicaid Expansion Comparisons, by Program-Specific Populations: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items

Population	Coordination of Care		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
NC SP Aggregate	430/489	346/413	240/326	236/297	159/328	172/297	151/328	161/296
AmeriHealth	101/114	75/92	47/71	60/72	23/71	52/72	22/71	50/70
Carolina Complete	67/76	63/76	36/50	46/61	29/50	38/61	28/50	32/61

Population	Coordination of Care		Advising Smokers and Tobacco Users to Quit		Discussing Cessation Medications		Discussing Cessation Strategies	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
Healthy Blue	94/103	72/84	51/64	34/42	39/65	24/42	40/65	26/42
UnitedHealthcare	76/93	63/77	48/65	54/67	31/66	32/67	27/66	29/68
WellCare	92/103	73/84	58/76	42/55	37/76	26/55	34/76	24/55

(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 in Appendix B beginning on page 510.

Table A-44—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Medicaid Expansion Comparisons, by Program-Specific Populations: Supplemental Items

Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter		Online Access to Health Information	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
NC SP Aggregate	650/1,257	565/1,166	212/480	201/463	59/344	77/371	646/863	511/745
AmeriHealth	150/293	123/246	43/106	42/92	16/83	18/77	135/195	107/146
Carolina Complete	111/210	110/243	40/85	42/99	13/53	17/82	115/150	110/153
Healthy Blue	141/268	108/214	50/103	47/97	13/67	S	146/200	94/140
UnitedHealthcare	112/214	104/228	34/77	40/86	S	S	115/141	90/143
WellCare	136/272	120/235	45/109	30/89	S	17/76	135/177	110/163

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 in Appendix B beginning on page 510.

Table A-45—Numerators and Denominators for 2025 Adult Respondents Who Gave Positive Ratings and Medicaid Expansion Comparisons, by Program-Specific Populations: Supplemental Items, Continued

Population	Care Outside of Business Hours		Offered Telehealth Appointment		Chose Telehealth		Flu Vaccination Received	
	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)	Medicaid Expansion (N/D)	Non-Medicaid Expansion (N/D)
NC SP Aggregate	251/458	224/443	231/1,243	224/1,132	159/220	161/219	370/1,238	383/1,149
AmeriHealth	53/109	49/91	46/294	42/241	30/43	33/41	83/287	83/246
Carolina Complete	52/92	45/91	47/206	41/238	33/46	31/39	62/206	70/243
Healthy Blue	65/106	36/75	54/264	51/204	36/50	41/51	81/263	84/211
UnitedHealthcare	38/73	55/86	37/211	46/220	26/36	28/45	58/212	66/218
WellCare	43/78	39/100	47/268	44/229	34/45	28/43	86/270	80/231
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.								

Child Results

Overall Health Characteristics

Table A-46 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 SP Aggregate, NC TP Aggregate, and each population.

Table A-46—Numerators and Denominators for 2025 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Either Excellent, Very Good, or Good by Program-Specific Populations, with Aggregate Comparisons

Population	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
NC Medicaid Program	4,248/4,527	3,704/4,529
NC SP Aggregate	1,956/2,026	1,909/2,029
NC TP Aggregate	1,418/1,574	1,049/1,572
AmeriHealth	373/383	369/383
Carolina Complete	368/384	359/383
Healthy Blue	430/442	413/443
UnitedHealthcare	393/406	382/407
WellCare	392/411	386/413
Alliance	306/343	235/341
Partners	342/381	259/380
Trillium	354/399	258/401
Vaya	416/451	297/450
EBCI Tribal Option	45/45	39/45
Medicaid Direct	829/882	707/883
Foster Care	344/361	274/362
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate due to weighting. For further details, please refer to the Methodology section in Appendix B beginning on page 510.		

Aggregate Comparisons

Table A-47 and Table A-48 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 SP Aggregate, NC TP Aggregate, and each population.

Table A-47—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Global Ratings

Population	Rating of Health Plan (N/D)	Rating of All Health Care (N/D)	Rating of Personal Doctor (N/D)	Rating of Specialist Seen Most Often (N/D)
NC Medicaid Program	3,763/4,479	2,732/3,185	3,473/3,782	1,348/1,556
NC SP Aggregate	1,753/2,004	1,131/1,289	1,465/1,588	405/463
NC TP Aggregate	1,229/1,561	952/1,166	1,245/1,383	617/711
AmeriHealth	329/376	207/239	280/305	67/75
Carolina Complete	340/382	223/242	269/291	76/84
Healthy Blue	390/439	265/303	337/360	93/107
UnitedHealthcare	343/401	222/256	290/312	78/94
WellCare	351/406	214/249	289/320	91/103
Alliance	260/341	202/245	282/304	137/157
Partners	298/379	254/293	311/348	173/198
Trillium	312/394	231/289	302/338	146/168
Vaya	359/447	265/339	350/393	161/188
EBCI Tribal Option	37/44	32/38	26/32	16/16
Medicaid Direct	744/870	617/692	737/779	310/366
Foster Care	306/357	229/268	277/300	99/112

(N/D) Indicates the numerator and denominator of the score.
Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate due to weighting.
For further details, please refer to the Methodology section in Appendix B beginning on page 510.

Table A-48—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings by Program-Specific Populations, with Aggregate Comparisons: Composite Measures and Individual Item

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	2,128/2,404	1,977/2,215	2,828/2,941	1,096/1,235	1,533/1,790
NC SP Aggregate	781/890	780/909	1,147/1,202	490/554	543/639
NC TP Aggregate	836/954	742/824	1,037/1,085	458/514	631/735
AmeriHealth	138/160	138/164	219/230	100/118	105/120
Carolina Complete	145/165	143/172	206/218	102/112	97/110
Healthy Blue	185/208	190/213	262/271	93/102	123/146
UnitedHealthcare	151/176	149/174	228/237	94/107	106/126
WellCare	162/180	158/184	231/244	101/114	112/137

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)
Alliance	177/203	170/191	237/249	125/143	144/172
Partners	219/249	194/210	262/272	109/125	178/199
Trillium	207/235	176/199	241/255	113/125	145/169
Vaya	233/266	201/224	296/308	110/120	164/195
EBCI Tribal Option	25/27	19/21	25/27	17/17	17/19
Medicaid Direct	485/533	436/461	618/626	131/150	342/397
Foster Care	174/193	156/172	227/234	64/68	120/135
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate due to weighting. Numerators and denominators when calculated to percentages do not match the corresponding rates 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 in Appendix B beginning on page 510.					

Race and Ethnicity Comparisons

Table A-49 through Table A-63 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 for the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate.

NC Medicaid Program

Table A-49—Numerators and Denominators for 2025 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for the 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		
Asian	108/116	105/116
Non-Asian	4,058/4,319	3,517/4,324
Black	1,606/1,736	1,327/1,738
Non-Black	3,477/3,694	3,049/3,697
Multiracial	326/345	283/346
Non-Multiracial	3,840/4,090	3,339/4,094
Native American	97/100	82/100
Non-Native American	4,069/4,335	3,540/4,340
Other	612/667	576/666

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Non-Other	3,554/3,768	3,046/3,774
White	2,184/2,299	1,874/2,303
Non-White	1,982/2,136	1,748/2,137
Ethnicity Categories		
Hispanic	2,385/2,600	2,235/2,602
Non-Hispanic	3,210/3,398	2,714/3,402
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.		

Table A-50—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the 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				
Asian	90/115	52/62	73/85	27/29
Non-Asian	3,588/4,265	2,627/3,056	3,315/3,605	1,298/1,498
Black	1,420/1,717	1,002/1,152	1,264/1,388	484/544
Non-Black	3,053/3,646	2,265/2,640	2,847/3,106	1,111/1,294
Multiracial	284/343	207/264	257/293	111/138
Non-Multiracial	3,394/4,037	2,472/2,854	3,131/3,397	1,214/1,389
Native American	89/98	69/76	72/79	22/26
Non-Native American	3,589/4,282	2,610/3,042	3,316/3,611	1,303/1,501
Other	568/657	346/390	472/510	150/166
Non-Other	3,110/3,723	2,333/2,728	2,916/3,180	1,175/1,361
White	1,898/2,268	1,486/1,724	1,847/2,001	756/874
Non-White	1,780/2,112	1,193/1,394	1,541/1,689	569/653
Ethnicity Categories				
Hispanic	2,232/2,577	1,430/1,624	1,892/2,046	663/756
Non-Hispanic	2,775/3,361	2,120/2,492	2,654/2,899	1,082/1,254
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

Table A-51—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the 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					
Asian	33/47	38/52	55/65	22/31	26/37
Non-Asian	2,053/2,308	1,898/2,116	2,708/2,806	1,051/1,175	1,474/1,714
Black	761/861	709/790	1,028/1,069	498/547	552/633
Non-Black	1,756/1,992	1,636/1,833	2,337/2,426	843/956	1,257/1,472
Multiracial	171/202	166/184	215/225	95/105	120/152
Non-Multiracial	1,915/2,154	1,769/1,984	2,548/2,645	978/1,102	1,380/1,599
Native American	48/52	43/48	61/63	29/34	33/37
Non-Native American	2,038/2,304	1,893/2,120	2,702/2,808	1,044/1,173	1,467/1,714
Other	246/285	267/313	372/396	212/239	200/238
Non-Other	1,839/2,071	1,668/1,855	2,391/2,475	861/968	1,300/1,513
White	1,179/1,312	1,046/1,151	1,527/1,568	442/499	833/950
Non-White	907/1,044	890/1,017	1,236/1,303	631/708	667/801
Ethnicity Categories					
Hispanic	1,050/1,217	1,043/1,224	1,490/1,577	787/911	762/912
Non-Hispanic	1,689/1,896	1,521/1,683	2,177/2,252	749/842	1,186/1,387
(N/D) Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates 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 in Appendix B beginning on page 510.					

Table A-52—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the 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)
Race Categories			
Asian	32/116	13/60	25/66
Non-Asian	2,110/4,292	1,060/1,900	532/1,400
Black	855/1,724	457/828	43/506
Non-Black	1,759/3,672	879/1,594	543/1,248
Multiracial	169/346	93/147	12/64
Non-Multiracial	1,973/4,062	980/1,813	545/1,402

Race and Ethnicity Categories	Mental Health (N/D)	Appointment for Counseling or Mental Health Treatment (N/D)	Used an Interpreter (N/D)
Native American	50/98	31/48	S
Non-Native American	2,092/4,310	1,042/1,912	S
Other	258/664	94/304	308/458
Non-Other	1,884/3,744	979/1,656	249/1,008
White	1,171/2,281	604/963	182/580
Non-White	971/2,127	469/997	375/886
Ethnicity Categories			
Hispanic	1,080/2,592	400/1,181	1,205/1,722
Non-Hispanic	1,708/3,382	909/1,486	83/790
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 in Appendix B beginning on page 510.			

Table A-53—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the 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				
Asian	17/58	22/112	16/22	64/113
Non-Asian	995/1,648	804/4,197	604/766	1,794/4,240
Black	405/652	336/1,668	252/321	763/1,703
Non-Black	833/1,416	689/3,596	524/659	1,533/3,624
Multiracial	84/130	80/339	58/76	147/341
Non-Multiracial	928/1,576	746/3,970	562/712	1,711/4,012
Native American	31/46	16/92	12/15	43/96
Non-Native American	981/1,660	810/4,217	608/773	1,815/4,257
Other	106/284	57/647	36/54	335/653
Non-Other	906/1,422	769/3,662	584/734	1,523/3,700
White	560/842	479/2,241	374/458	880/2,258
Non-White	452/864	347/2,068	246/330	978/2,095

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)
Ethnicity Categories				
Hispanic	382/1,071	286/2,533	196/272	1,285/2,556
Non-Hispanic	858/1,288	719/3,303	542/681	1,346/3,337
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.				

NC SP Aggregate

Table A-54—Numerators and Denominators for 2025 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for the NC SP Aggregate, by Race and Ethnicity

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Race Categories		
Asian	75/77	75/77
Non-Asian	1,821/1,883	1,773/1,889
Black	627/656	600/659
Non-Black	1,608/1,661	1,571/1,664
Multiracial	111/115	108/117
Non-Multiracial	1,785/1,845	1,740/1,849
Native American	30/30	27/30
Non-Native American	1,866/1,930	1,821/1,936
Other	429/452	435/452
Non-Other	1,467/1,508	1,413/1,514
White	900/920	864/921
Non-White	996/1,040	984/1,045
Ethnicity Categories		
Hispanic	1,493/1,575	1,502/1,577
Non-Hispanic	1,259/1,289	1,202/1,291
(N/D) Indicates the numerator and denominator of the score. For further details, please refer to the Methodology section in Appendix B beginning on page 510.		

Table A-55—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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				
Asian	62/76	31/38	49/56	12/12
Non-Asian	1,628/1,861	1,068/1,211	1,363/1,474	383/437
Black	556/652	346/401	429/477	140/161
Non-Black	1,429/1,635	948/1,073	1,215/1,323	332/374
Multiracial	99/114	64/82	77/93	32/35
Non-Multiracial	1,591/1,823	1,035/1,167	1,335/1,437	363/414
Native American	28/29	19/20	22/24	S
Non-Native American	1,662/1,908	1,080/1,229	1,390/1,506	S
Other	406/447	225/249	308/333	75/80
Non-Other	1,284/1,490	874/1,000	1,104/1,197	320/369
White	784/904	567/637	708/758	192/222
Non-White	906/1,033	532/612	704/772	203/227
Ethnicity Categories				
Hispanic	1,406/1,563	807/906	1,105/1,186	278/306
Non-Hispanic	1,095/1,275	760/868	958/1,037	293/338
<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 in Appendix B beginning on page 510.</i>				

Table A-56—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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					
Asian	16/26	20/30	38/44	14/20	16/23
Non-Asian	741/836	735/849	1,070/1,116	460/514	511/596
Black	251/286	237/271	346/363	190/205	177/203
Non-Black	645/733	654/762	958/1,000	381/434	444/522
Multiracial	46/57	55/64	68/72	33/36	35/45
Non-Multiracial	711/805	699/815	1,040/1,088	441/498	492/574
Native American	12/14	11/14	20/21	S	S

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-Native American	745/848	744/865	1,088/1,139	S	S
Other	145/169	162/199	230/244	150/168	107/130
Non-Other	612/693	592/680	878/915	324/365	420/489
White	396/433	374/421	561/577	161/183	264/297
Non-White	361/429	380/458	547/583	313/350	263/322
Ethnicity Categories					
Hispanic	544/621	570/681	826/870	499/573	362/434
Non-Hispanic	540/609	513/586	757/791	262/294	369/434
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 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 in Appendix B beginning on page 510.					

Table A-57—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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)
Race Categories			
Asian	14/77	S	13/43
Non-Asian	764/1,874	S	359/722
Black	256/654	82/233	26/194
Non-Black	641/1,650	182/553	367/676
Multiracial	46/116	16/35	S
Non-Multiracial	732/1,835	206/632	S
Native American	13/29	S	S
Non-Native American	765/1,922	S	S
Other	156/449	30/175	218/317
Non-Other	622/1,502	192/492	154/448
White	389/912	117/275	119/260
Non-White	389/1,039	105/392	253/505

Race and Ethnicity Categories	Mental Health (N/D)	Appointment for Counseling or Mental Health Treatment (N/D)	Used an Interpreter (N/D)
Ethnicity Categories			
Hispanic	576/1,570	113/603	800/1,108
Non-Hispanic	526/1,285	173/417	41/304
<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 in Appendix B beginning on page 510.</i>			

Table A-58—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC SP Aggregate, 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				
Asian	S	13/76	S	41/76
Non-Asian	S	185/1,831	S	755/1,844
Black	134/236	71/624	47/68	234/639
Non-Black	300/603	165/1,619	99/159	686/1,628
Multiracial	21/42	20/111	S	48/112
Non-Multiracial	341/675	178/1,796	S	748/1,808
Native American	S	S	S	12/29
Non-Native American	S	S	S	784/1,891
Other	61/188	29/438	16/29	234/443
Non-Other	301/529	169/1,469	102/160	562/1,477
White	190/304	92/900	57/87	331/903
Non-White	172/413	106/1,007	61/102	465/1,017
Ethnicity Categories				
Hispanic	175/614	100/1,531	52/96	798/1,545
Non-Hispanic	277/459	154/1,253	89/144	457/1,260
<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 in Appendix B beginning on page 510.</i>				

NC TP Aggregate

Table A-59—Numerators and Denominators for 2025 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good for the NC TP Aggregate, by Race and Ethnicity

Race and Ethnicity Categories	General Health Status (N/D)	Mental or Emotional Health Status (N/D)
Race Categories		
Asian	27/31	23/31
Non-Asian	1,372/1,520	1,008/1,518
Black	560/629	379/627
Non-Black	1,161/1,284	868/1,283
Multiracial	116/128	88/127
Non-Multiracial	1,283/1,423	943/1,422
Native American	11/14	S
Non-Native American	1,388/1,537	S
Other	147/176	112/174
Non-Other	1,252/1,375	919/1,375
White	806/871	599/874
Non-White	593/680	432/675
Ethnicity Categories		
Hispanic	714/828	572/828
Non-Hispanic	1,150/1,257	828/1,257
<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 in Appendix B beginning on page 510.</i>		

Table A-60—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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				
Asian	22/31	16/19	20/24	11/12
Non-Asian	1,187/1,502	918/1,123	1,199/1,331	594/686
Black	487/624	387/447	484/532	207/232
Non-Black	996/1,268	774/954	1,013/1,123	509/599
Multiracial	100/127	74/104	97/111	48/63

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)
Non-Multiracial	1,109/1,406	860/1,038	1,122/1,244	557/635
Native American	13/14	S	S	S
Non-Native American	1,196/1,519	S	S	S
Other	129/171	94/112	136/148	62/71
Non-Other	1,080/1,362	840/1,030	1,083/1,207	543/627
White	685/861	541/660	704/781	366/419
Non-White	524/672	393/482	515/574	239/279
Ethnicity Categories				
Hispanic	665/819	485/566	636/695	307/357
Non-Hispanic	966/1,246	765/949	990/1,112	489/567
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 in Appendix B beginning on page 510.				

Table A-61—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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					
Asian	12/16	14/17	13/16	S	S
Non-Asian	808/919	714/792	1,002/1,047	S	S
Black	299/346	275/307	396/416	214/240	227/264
Non-Black	685/788	609/676	843/881	354/398	520/606
Multiracial	69/85	65/73	82/88	45/50	51/67
Non-Multiracial	751/850	663/736	933/975	406/457	565/652
Native American	S	S	S	S	S
Non-Native American	S	S	S	S	S
Other	79/93	82/90	116/125	54/61	77/88
Non-Other	741/842	646/720	900/937	397/445	539/631
White	484/546	411/454	579/598	222/247	356/405
Non-White	336/389	317/355	436/464	229/259	260/314

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)
Ethnicity Categories					
Hispanic	396/473	373/434	534/574	255/301	324/391
Non-Hispanic	679/770	585/650	827/860	349/391	488/570
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 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 in Appendix B beginning on page 510.					

Table A-62—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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)
Race Categories			
Asian	15/31	11/22	11/21
Non-Asian	814/1,506	565/874	165/510
Black	355/623	227/368	11/208
Non-Black	686/1,273	483/739	171/440
Multiracial	64/128	48/73	S
Non-Multiracial	765/1,409	528/823	S
Native American	S	S	S
Non-Native American	S	S	S
Other	83/175	52/111	89/131
Non-Other	746/1,362	524/785	87/400
White	476/861	347/491	60/237
Non-White	353/676	229/405	116/294
Ethnicity Categories			
Hispanic	413/825	238/488	386/559
Non-Hispanic	683/1,248	483/707	34/328
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 in Appendix B beginning on page 510.			

Table A-63—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings for the NC TP Aggregate, 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				
Asian	S	S	S	20/29
Non-Asian	S	S	S	603/1,488
Black	164/269	166/604	130/159	265/616
Non-Black	325/538	349/1,246	283/333	511/1,254
Multiracial	34/54	40/128	33/39	52/128
Non-Multiracial	367/602	368/1,373	292/351	571/1,389
Native American	S	S	S	S
Non-Native American	S	S	S	S
Other	38/86	23/170	16/20	85/171
Non-Other	363/570	385/1,331	309/370	538/1,346
White	231/354	254/842	208/243	322/851
Non-White	170/302	154/659	117/147	301/666
Ethnicity Categories				
Hispanic	161/389	146/807	110/138	387/816
Non-Hispanic	343/511	357/1,220	285/340	486/1,231
<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 in Appendix B beginning on page 510.</i>				

Geographic Comparisons

Table A-64 through Table A-68 present the numerators and denominators for the geography comparisons by overall health characteristics, global ratings, composite measures, individual item, and supplemental items, respectively.

Table A-64—Numerators and Denominators for 2025 Child Respondents Who Rate Their Child’s General Health Status and Mental or Emotional Health Status as Excellent, Very Good, or Good and Geographic Comparisons, by Program-Specific Populations

Population	General Health Status		Mental or Emotional Health Status	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	1,066/1,130	3,182/3,397	916/1,132	2,788/3,397
NC SP Aggregate	459/478	1,497/1,548	444/477	1,465/1,552
NC TP Aggregate	361/398	1,057/1,176	258/399	791/1,173
AmeriHealth	82/84	291/299	79/84	290/299
Carolina Complete	79/85	289/299	76/85	283/298
Healthy Blue	106/108	324/334	102/108	311/335
UnitedHealthcare	100/106	293/300	99/106	283/301
WellCare	92/95	300/316	88/94	298/319
Alliance	23/25	283/318	21/25	214/316
Partners	67/73	275/308	51/73	208/307
Trillium	139/161	215/238	91/162	167/239
Vaya	132/139	284/312	95/139	202/311
EBCI Tribal Option	43/43	S	37/43	S
Medicaid Direct	203/211	S	177/213	S
Foster Care	116/123	228/238	95/123	179/239
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 in Appendix B beginning on page 510.				

Table A-65—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Global Ratings

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	953/1,116	2,810/3,363	694/793	2,038/2,392	872/947	2,601/2,835	315/363	1,033/1,193
NC SP Aggregate	419/471	1,334/1,533	277/305	854/984	361/386	1,104/1,202	87/104	318/359
NC TP Aggregate	305/392	924/1,169	245/297	707/869	315/351	930/1,032	154/177	463/534
AmeriHealth	71/82	258/294	51/53	156/186	64/72	216/233	S	52/58
Carolina Complete	78/85	262/297	46/50	177/192	56/61	213/230	S	66/69
Healthy Blue	98/109	292/330	69/78	196/225	84/88	253/272	19/23	74/84
UnitedHealthcare	90/101	253/300	61/66	161/190	83/84	207/228	22/26	56/68

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)
WellCare	82/94	269/312	50/58	164/191	74/81	215/239	21/23	70/80
Alliance	17/24	243/317	13/15	189/230	21/23	261/281	S	130/149
Partners	57/73	241/306	54/60	200/233	63/66	248/282	S	138/158
Trillium	119/158	193/236	91/112	140/177	120/137	182/201	64/71	82/97
Vaya	112/137	247/310	87/110	178/229	111/125	239/268	48/58	113/130
EBCI Tribal Option	35/42	S	31/37	S	26/32	S	15/15	S
Medicaid Direct	194/211	S	141/154	S	170/178	S	59/67	S
Foster Care	101/122	205/235	73/91	156/177	90/98	187/202	34/39	65/73

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 in Appendix B beginning on page 510.

Table A-66—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Composite Measures and Individual Item Measure

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	524/585	1,604/1,819	489/551	1,488/1,664	709/737	2,119/2,203	248/278	848/956	385/446	1,148/1,344
NC SP Aggregate	186/206	595/684	188/222	591/686	282/296	864/906	88/107	402/447	128/160	415/479
NC TP Aggregate	207/240	629/713	179/203	562/621	256/266	780/818	114/123	344/390	158/176	473/559
AmeriHealth	31/35	107/125	32/38	106/126	51/54	167/176	16/20	83/98	21/24	84/96
Carolina Complete	29/32	116/133	31/38	112/134	42/44	164/174	16/21	85/91	21/23	76/87
Healthy Blue	45/50	139/157	48/55	141/158	65/68	197/203	19/23	73/79	27/35	96/111
UnitedHealthcare	42/46	108/129	40/46	109/128	64/65	164/171	20/22	74/85	30/42	76/84
WellCare	37/41	124/139	36/45	122/139	59/64	171/180	15/20	85/94	29/36	83/101
Alliance	S	168/191	11/12	158/178	14/15	222/234	S	117/134	S	136/162
Partners	S	174/198	38/42	156/167	52/53	210/219	S	91/103	S	141/160
Trillium	80/94	126/141	67/77	109/121	94/100	146/154	52/57	60/68	58/65	87/104
Vaya	73/84	160/182	63/71	138/153	95/98	201/210	35/36	75/84	55/62	109/133
EBCI Tribal Option	24/26	S	19/21	S	25/27	S	17/17	S	17/19	S

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)
Medicaid Direct	106/113	S	102/104	S	145/147	S	29/31	S	82/91	S
Foster Care	59/67	114/126	57/61	99/110	71/74	156/159	26/27	38/41	31/38	89/97

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 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 in Appendix B beginning on page 510.

Table A-67—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Supplemental Items

Population	Mental Health		Appointment for Counseling or Mental Health Treatment		Used an Interpreter	
	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)	Rural (N/D)	Urban (N/D)
NC Medicaid Program	520/1,122	1,653/3,377	267/472	816/1,528	98/323	505/1,203
NC SP Aggregate	173/471	623/1,543	46/140	180/554	65/149	345/664
NC TP Aggregate	207/397	632/1,165	151/233	431/676	29/123	155/420
AmeriHealth	33/83	113/296	S	30/111	S	83/147
Carolina Complete	30/83	118/296	S	38/105	16/33	80/139
Healthy Blue	45/107	149/336	14/29	44/112	S	46/115
UnitedHealthcare	26/105	117/300	S	31/113	22/38	62/129
WellCare	39/93	126/315	S	37/113	S	74/134
Alliance	S	174/315	S	110/182	S	72/147
Partners	S	167/306	34/43	105/163	S	32/87
Trillium	86/162	127/236	62/105	75/134	13/52	18/78
Vaya	73/138	164/308	S	141/197	S	33/108
EBCI Tribal Option	22/42	S	13/18	S	S	S
Medicaid Direct	118/212	S	57/81	S	S	S
Foster Care	56/122	122/238	52/66	98/129	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 in Appendix B beginning on page 510.

Table A-68—Numerators and Denominators for 2025 Child Respondents Who Gave Positive Ratings and Geographic Comparisons, by Program-Specific Populations: Supplemental Items, Continued

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	282/451	739/1,293	186/1,092	652/3,306	143/182	486/615	428/1,104	1,474/3,340
NC SP Aggregate	104/182	263/563	43/462	158/1,505	28/42	93/150	181/463	644/1,518
NC TP Aggregate	99/166	306/500	108/387	307/1,140	87/105	243/290	143/390	493/1,154
AmeriHealth	22/33	57/125	S	31/285	S	19/29	32/81	133/288
Carolina Complete	20/40	46/100	13/80	27/291	S	15/27	29/82	120/293
Healthy Blue	20/34	66/120	S	34/330	S	23/33	29/108	127/332
UnitedHealthcare	22/38	50/105	S	30/287	S	13/26	51/100	119/294
WellCare	20/37	44/113	S	36/312	S	23/35	40/92	145/311
Alliance	S	83/142	S	86/313	S	73/84	11/25	142/315
Partners	S	86/127	S	102/297	S	82/95	26/72	117/300
Trillium	34/62	50/92	52/155	53/230	44/51	43/50	64/157	99/232
Vaya	36/55	87/139	29/135	66/300	21/28	45/61	42/136	135/307
EBCI Tribal Option	21/25	S	S	S	S	S	17/41	S
Medicaid Direct	58/78	S	S	S	S	S	87/210	S
Foster Care	27/41	59/82	29/119	43/232	19/26	29/41	52/122	112/234

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 in Appendix B beginning on page 510.

Eligible Population Sizes

The table in this section includes the adult and child eligible population sizes for each population. Eligible population sizes for the populations were obtained from the sample frame files.

Table A-69—2025 Eligible Population Sizes by Population

Population	Adult	Child
NC Medicaid Program	1,408,658	1,157,043
NC SP Aggregate	757,596	1,063,700
NC TP Aggregate	116,275	68,680
AmeriHealth	118,285	175,926
Carolina Complete	91,117	135,996
Healthy Blue	247,050	309,556
UnitedHealthcare	136,473	207,211
WellCare	164,671	235,011
EBCI Tribal Option	2,394	2,326
Medicaid Direct	532,393	22,337
Foster Care	N/A	11,669
Alliance	34,281	21,892
Partners	26,237	15,657
Trillium	32,854	18,297
Vaya	22,903	12,834
N/A Indicates there is no eligible population available.		

Appendix B. 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.¹¹⁸

Performance Measures

The adult survey includes 49 questions that yield 24 measures of experience. These measures include two overall health characteristics, four global rating questions, four composite measures, one individual item measure, three medical assistance with smoking and tobacco use cessation items, and 10 supplemental item measures. The child survey includes 50 questions that yield 20 measures of experience. These measures include two overall health characteristics, four global rating questions, four composite measures, one individual item measure, and nine supplemental item measures. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure and supplemental item measures are individual questions that look at a specific area of care (e.g., *Coordination of Care*). Table B-1 lists the measures included in the survey.

¹¹⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Table B-1—CAHPS Measures

Overall Health Characteristics	Global Ratings	Composite Measures	Individual Item Measure	Medical Assistance With Smoking and Tobacco Use Cessation Items (Adult Population Only)	Supplemental Item Measures
<i>General Health Status</i>	<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>Mental Health</i>
<i>Mental or Emotional Health Status</i>	<i>Rating of All Health Care</i>	<i>Getting Care Quickly</i>		<i>Discussing Cessation Medications</i>	<i>Appointment for Counseling or Mental Health Treatment</i>
	<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>		<i>Discussing Cessation Strategies</i>	<i>Used Interpreter</i>
	<i>Rating of Specialist Seen Most Often</i>	<i>Customer Service</i>			<i>Unmet Non-Medical Needs</i>
					<i>Treated Unfairly or Insensitively</i>
					<i>Online Access to Health Information (Adult Only)</i>
					<i>Care Outside of Business Hours</i>
					<i>Offered Telehealth Appointment</i>
					<i>Chose Telehealth</i>
					<i>Flu Vaccination Received</i>

Table B-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 B-2.

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

Question Language	Response Options
Overall Health Characteristics	
<i>General Health Status</i>	
28. In general, how would you rate your overall health?	Excellent, Very good, Good, Fair, Poor
<i>Mental or Emotional Health Status</i>	
28. In general, how would you rate your overall mental or emotional health?	Excellent, Very good, Good, Fair, Poor
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> ¹¹⁹	
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> ¹²⁰	
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

¹¹⁹ 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.

¹²⁰ 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.

Question Language	Response Options
Rating of Specialist Seen Most Often ¹²¹	
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
Composite Measures	
Getting Needed Care ¹²²	
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
Getting Care Quickly ¹²³	
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
How Well Doctors Communicate ¹²⁴	
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

¹²¹ 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.

¹²² 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.

¹²³ 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.

¹²⁴ 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.

Question Language	Response Options
Customer Service ¹²⁵	
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
Individual Item Measure	
Coordination of Care ¹²⁶	
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 ¹²⁷	
Advising Smokers and Tobacco Users to Quit	
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
Discussing Cessation Medications	
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
Discussing Cessation Strategies	
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	
Mental Health	
40. In the last 6 months, has your personal doctor asked about your mental health?	Yes, No

¹²⁵ 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.

¹²⁶ 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.

¹²⁷ 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.

Question Language	Response Options
<i>Appointment for Counseling or Mental Health Treatment</i> ¹²⁸	
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
<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>Unmet Non-Medical Needs</i>	
43. In the last 6 months, did you discuss any unmet non-medical needs with a health care provider or care manager? Select all that apply.	Access to safe and affordable housing (including rent and utilities), Feeling physically and emotionally safe at home, Access to affordable and nutritious food, Access to safe and reliable transportation (such as a car, buses, ride-sharing services, etc.), Internet and/or cellular data access, Other unmet non-medical need(s) not listed, I did not have any unmet non-medical needs in the last 6 months
<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

¹²⁸ 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
	information online in the last 6 months
Care Outside of Business Hours	
46. In the last 6 months, if you needed care from a doctor's office or clinic 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
Offered Telehealth Appointment	
47. In the last 6 months, were you offered a telehealth appointment instead of an in-person appointment?	Yes, No
Chose Telehealth¹²⁹	
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
Flu Vaccination Received	
49. Have you had either a flu shot or flu spray in the nose since July 1, 2024?	Yes, No

Table B-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 B-3.

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

Question Language	Response Options
Overall Health Characteristics	
General Health Status	
28. In general, how would you rate your overall health?	Excellent, Very good, Good, Fair, Poor
Mental or Emotional Health Status	
28. In general, how would you rate your overall mental or emotional health?	Excellent, Very good, Good, Fair, Poor
Rating of Health Plan	
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

¹²⁹ 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.

Question Language	Response Options
Rating of All Health Care¹³⁰	
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
Rating of Personal Doctor¹³¹	
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
Rating of Specialist Seen Most Often¹³²	
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 Care¹³³	
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 Quickly¹³⁴	
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

¹³⁰ 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.

¹³¹ 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.

¹³² 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.

¹³³ 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.

¹³⁴ 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.

Question Language	Response Options
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
<i>How Well Doctors Communicate</i>¹³⁵	
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
<i>Customer Service</i>¹³⁶	
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	
<i>Coordination of Care</i>¹³⁷	
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	
<i>Mental Health</i>	
42. In the last 6 months, has your child's personal doctor asked about their mental health?	Yes, No
<i>Appointment for Counseling or Mental Health Treatment</i>¹³⁸	
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

¹³⁵ 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.

¹³⁶ 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.

¹³⁷ 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.

¹³⁸ 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
	mental health treatment in the last 6 months
<i>Used an Interpreter</i>	
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
<i>Unmet Non-Medical Needs</i>	
45. In the last 6 months, did you discuss any unmet non-medical needs you or your child have with their health care provider or care manager? Select all that apply.	Access to affordable and reliable childcare, Access to safe and affordable housing (including rent and utilities), Feeling physically and emotionally safe at home, Access to affordable and nutritious food, Access to safe and reliable transportation (such as a car, buses, ride-sharing services, etc.), Internet and/or cellular data access, Other unmet non-medical need(s) not listed, My child and I did not have any unmet non-medical needs in the last 6 months
<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 from a doctor's office or clinic 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

Question Language	Response Options
<i>Chose Telehealth</i> ¹³⁹	
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, 2024?	Yes, No

Sampling Procedures

The NCQA HEDIS specifications require that HSAG be provided a list of all eligible beneficiaries for the SP and TP sampling frames.¹⁴⁰ DHB, the SPs, and the TPs provided HSAG a list of eligible beneficiaries for the population, SP, and TP sampling frames, respectively. DHB utilized data from 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, 2024.
- Children were 17 years of age or younger as of December 31, 2024.
- Were currently enrolled in Medicaid.
- Were continuously enrolled during the measurement period (July 1 to December 31, 2024) with no more than one gap in enrollment of up to 45 days.

A total of 72,785 adult beneficiaries and 83,024 child beneficiaries were selected for the samples, for an overall sample size of 155,809 beneficiaries. HSAG selected a sample of up to 1,350 eligible adult beneficiaries and 1,650 eligible child beneficiaries for each SP, TP, and population. Based on historical CAHPS disposition information for the SPs and populations, oversampling was performed. HSAG targeted 411 completed surveys from the general sample for each SP/population using the response rates from the 2024 NC CAHPS survey minus 1 percentage point for each SP/population. To estimate the general oversample size for each TP, HSAG used the Tailored Plan Eligible population's average response rate from the 2024 NC CAHPS survey minus 1 percentage point. A total of 32,457 adult beneficiaries and 33,489 child beneficiaries were selected for the general oversamples. After the general samples and general oversamples were selected, targeted oversamples of up to 1,350 Black and Hispanic adult beneficiaries and 1,650 Black and Hispanic child beneficiaries were drawn for the SPs, TPs,

¹³⁹ 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.

¹⁴⁰ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

Medicaid Direct, and Foster Care. Data from these oversamples are only included in the race and ethnicity comparisons analysis.

Table B-4 provides an overview of the weighting, measures, and samples used for reporting NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate results. Please reference the Weighting subsection for information regarding the populations included within the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate results.

Table B-4—Weighting, Measures, and Samples Used for Reporting NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate Results

Reporting	Measures	General Sample	Hispanic & Black Oversamples
Unweighted			
Survey Administration Outcomes and Response Rates	Response Rates	Includes all general samples and general sample increases	Includes Hispanic & Black oversamples
Race/Ethnicity Comparisons <i>Uses self-reported race/ethnicity information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)	Includes all general samples and general sample increases	Includes Hispanic & Black oversamples
Geographic Comparisons <i>Uses sample frame county information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)	Includes all general samples and general sample increases	Not included
Medicaid Expansion Comparisons ¹⁴¹ <i>Uses sample frame Medicaid expansion information</i>	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)	Includes all general samples and general sample increases	Not included
Supplemental Item Pie Charts <i>Uses self-reported supplemental item information</i>	Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)	Includes all general samples and general sample increases	Not included
Supplemental Item Bar Graphs <i>Uses self-reported supplemental item information</i>	<i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i> Supplemental Items	Includes all general samples and general sample increases	Not included

¹⁴¹ Medicaid Expansion comparisons were only performed for the adult SP population.

Reporting	Measures	General Sample	Hispanic & Black Oversamples
Spearman Correlation	Not Applicable	Includes all general samples and general sample increases	Not included
Demographics <i>Uses self-reported demographic information</i>	Not Applicable	Includes all general samples and general sample increases	Not included
Survey Respondents to Eligible Population Demographic Data Comparisons <i>Uses sample frame and self-reported demographic information</i>	Not Applicable	Includes all general samples and general sample increases	Not included
Weighted			
National Percentile Comparisons	Standard CAHPS Measures	Includes all general samples and general sample increases	Not included
Aggregate Comparisons (i.e., program-specific population comparisons and national average comparisons)	Standard CAHPS Measures and Overall Health Characteristics	Includes all general samples and general sample increases	Not included
Year-Over-Year Analysis ¹⁴²	Standard CAHPS Measures, Overall Health Characteristics, and Supplemental Items (excluding <i>Unmet Non-Medical Needs</i> and <i>Treated Unfairly or Insensitively</i>)	Includes all general samples and general sample increases	Not included

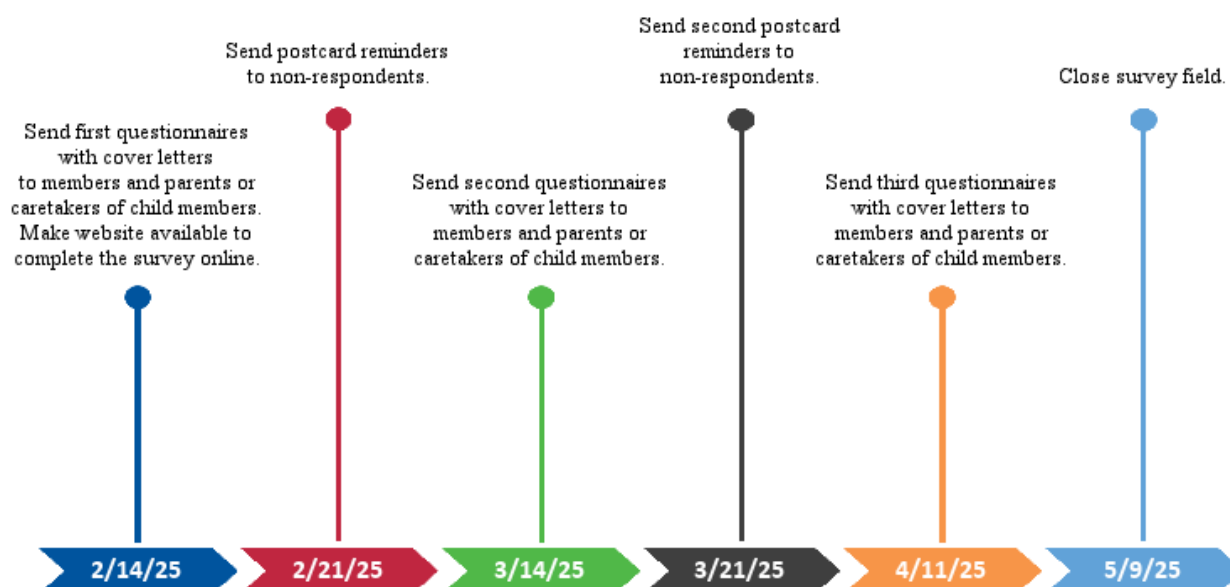
Survey Protocol

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.

¹⁴² The TPs were not included in the year-over-year analysis as the TPs were not surveyed in 2024.

Figure B-1 shows the survey administration timeline. The overall adult and child response rates for the 2025 NC CAHPS survey were 9.61 percent and 9.15 percent, respectively. Response rates ranged from a low of 5.30 percent for the child EBCI Tribal Option population to a high of 17.61 percent for the child Medicaid Direct population.

Figure B-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.¹⁴³ 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 28.¹⁴⁴ A child survey was coded as “completed” if at least three of the following questions were answered within the survey:

¹⁴³ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

¹⁴⁴ 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?”.

questions 3, 10, 22, 26, and 31.¹⁴⁵ 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* question.¹⁴⁶ Eligible beneficiaries include the entire sample minus ineligible beneficiaries. Ineligible beneficiaries met at least one of the following criteria: were deceased, did not meet eligibility criteria described on page 506, 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.¹⁴⁷ Cells with fewer than 11 respondents are suppressed and noted with an “S” or “Insufficient Data.” If only one stratification or SP/TP/population result needs to be suppressed and a total is presented, HSAG suppressed one more stratification or SP/TP/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.^{148, 149, 150}

¹⁴⁵ 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?”.

¹⁴⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

¹⁴⁷ A cell is an individual unit that contains specific pieces of data, such as text, numbers, dates, or formulas.

¹⁴⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

¹⁴⁹ NCQA requires a minimum of at least 100 respondents 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 respondents.

¹⁵⁰ 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.

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated positive ratings for each measure.¹⁵¹ 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:

- “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 2024, 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 for the populations and SPs follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results. Since 2025 represents the first year the TPs were surveyed, these measure scores deviate from the methodology of calculating a rolling average, since only the current year’s results were available.

¹⁵¹ Positive ratings are calculated by using the AHRQ “Top-Box Score” methodology. Please refer to *HEDIS® Measurement Year 2024, 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.

Supplemental Items

DHB selected supplemental items to assess experience 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, 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 performed weighting to calculate the following weighted aggregate results:

- **NC Medicaid Program**—Combined results from the general populations for all five SPs, four TP, EBCI Tribal Option, and Medicaid Direct.¹⁵²
- **NC SP Aggregate**—Combined results of all five SPs’ general population samples.
- **NC TP Aggregate**—Combined results of all four TP’s general population samples.

HSAG utilized the weighting methodology outlined by AHRQ in the Instructions for Analyzing Data from CAHPS Surveys in SAS.¹⁵³ This weighting methodology ensures populations are proportionally represented (e.g., if a SP had a large population, HSAG ensured they had a large influence over the final weighted aggregate results). HSAG used the eligible population files to determine the eligible population size for each SP, TP, EBCI Tribal Option, and Medicaid Direct. Results were weighted based on 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 494.

$$W_p = EP_p$$

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

¹⁵² The Foster Care sample is not included in the child NC Medicaid Program since it is a sub-population of Medicaid Direct.

¹⁵³ Yount, N., Walsh, K., & Zaslavsky, A. Instructions for Analyzing Data from CAHPS® Surveys in SAS®: Using the CAHPS Analysis Program Version 5.0, (Prepared by Westat, Rockville, MD, under Contract No. GS-00F-009DA/75Q80123F80005). Rockville, MD: Agency for Healthcare Research and Quality; March 2026. AHRQ Publication No. 20-M019.

Where:

EP_p = eligible population size for SP/TP/population p
 W_p = weight for program-specific population p
 S_p = score for program-specific population p
 $\sum_p$ = sum over program-specific population
 S = weighted aggregate score

Here is an example to calculate the weighted NC SP Aggregate for each measure utilizing the following steps:

1. First, HSAG determined the weight (i.e., population size) and the measure rate for each SP.
2. Then, HSAG multiplied the weight by the measure rate for each SP and will sum up each of the totals.
3. Next, HSAG summed up the SPs' weights.
4. Finally, HSAG calculated the weighted NC SP Aggregate using the following formula:

$$\frac{\text{Total Sum of (Weights * Rates)}}{\text{Total Sum of Weights}}$$

HSAG performed weighting on all aggregate results (i.e., NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate) for the national percentile comparisons, aggregate comparisons, and year-over-year analysis. Results for the adult and child populations were weighted separately.

Comparative Analyses

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.¹⁵⁴ Using the percentile distributions shown in Table B-5, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater than or equal to the national 90th percentile.

¹⁵⁴ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

Table B-5—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 comparisons 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

Program Comparisons

NC-specific population results were compared to the NC Medicaid Program, SP results were compared to the NC SP Aggregate, and TP results were compared to the NC TP 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 SP's/TP's/population's ratings were statistically significantly different from the NC Medicaid Program and applicable program-specific 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 the NC Medicaid Program, applicable program-specific aggregate, and each program-specific 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 NC Medicaid Program, applicable program-specific aggregate, or program-specific population's 95 percent confidence interval, the NC Medicaid Program, applicable program-specific aggregate, or program-specific population's score was statistically significantly *higher* than the Medicaid national average.
- If the Medicaid national average was above the upper bound of the NC Medicaid Program, applicable program-specific aggregate, or program-specific population's 95 percent confidence interval, the NC Medicaid Program, applicable program-specific aggregate, or program-specific population's score was statistically significantly *lower* than the Medicaid national average.
- If the Medicaid national average encompassed the NC Medicaid Program, applicable program-specific aggregate, or program-specific population's 95 percent confidence interval, the NC Medicaid Program, applicable program-specific aggregate, or program-specific 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, NC SP Aggregate, and NC TP 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 451.

Year-Over-Year Analysis

The current year's results for each measure for the NC Medicaid Aggregate, NC SP Aggregate, and each SP/population were compared to the previous year's results to determine if the positive rating was significantly different.¹⁵⁵ *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.

TPs were not included in the year-over-year analysis as this is the first year TPs were surveyed.

¹⁵⁵ For the race and ethnicity comparisons, the NC Medicaid Program, NC SP Aggregate, and NC TP Aggregate include the Black and Hispanic oversamples.

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.¹⁵⁶ 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 Asian, Black, Multiracial, Native American, Other, and White.¹⁵⁷ For this analysis, the Multiracial category includes respondents who selected more than one race category. The Other category will include respondents who select the Other race category as well as those who select Native Hawaiian or other Pacific Islander. The positive ratings for each race category were compared as follows: Asian respondents were compared to non-Asian respondents; Black respondents were compared to non-Black respondents; Multiracial respondents were compared to non-Multiracial respondents; Native American respondents were compared to non-Native American respondents; Other race respondents were compared to non-Other race respondents; and White respondents were compared to non-White 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: Asian, Black, Multiracial, Native American, Other, White, and Hispanic.

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.

Geographic Comparisons

Using county information provided in the sample frame files, 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 geography. *T* tests were performed to determine if scores from beneficiaries in rural counties were statistically significantly different (i.e., p value < 0.05) than beneficiaries in 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.

Medicaid Expansion Comparisons

Using Medicaid Expansion designation information provided in the sample frame files, scores for the adult SPs 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 Medicaid Expansion designation. Beneficiaries with a Medicaid Expansion

¹⁵⁶ The adult NC Medicaid Program's 2024 positive ratings include the Former Foster Care sample, and the child NC Medicaid Program's 2024 positive ratings include the Foster Care sample; therefore, caution should be exercised when interpreting the year-over-year analysis results.

¹⁵⁷ The Native American category includes American Indian or Alaska Native.

designation were compared to the non-Medicaid Expansion population. *T* tests were performed to determine if scores for the Medicaid Expansion population were statistically significantly different (i.e., p value < 0.05) than the non-Medicaid Expansion population. 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.

Spearman Correlation

HSAG used Spearman correlation to assess 1) how strongly a score for a composite measure was associated with the overall rating of health plan, health care, personal doctor, and specialist and 2) how strongly a score for the overall health characteristics (i.e., *General Health Status* and *Mental or Emotional Health Status*) was associated with all global ratings and composite measures.¹⁵⁸ 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.¹⁵⁹ The following groupings were used to determine the strength of the relationship between measures:¹⁶⁰

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

¹⁵⁸ The CAHPS Ambulatory Care Improvement Guide. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/5-determining-focus/index.html>. Accessed on: June 4, 2026.

¹⁵⁹ Cohen, Jacob. Statistical power analysis for the behavioral sciences. Academic press, 2013.

¹⁶⁰ 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.

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.

Year-Over-Year Analysis

The 2025 adult CAHPS results for the NC Medicaid Program do not include the Former Foster Care sample, since this population was not surveyed in 2025, and includes the four TPs. Historical 2024 adult CAHPS results include the Former Foster Care sample. Additionally, the 2025 child CAHPS results for the NC Medicaid Program do not include the Foster Care sample, since Foster Care is considered to be a sub-population of Medicaid Direct, and includes the four TPs. Therefore, caution should be exercised when comparing the 2025 and 2024 adult and child NC Medicaid Program results.

Causal Inferences

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

National Data Comparisons

NCQA 2024 Quality Compass data for the Medicaid population were used for comparative purposes. The NCQA 2024 Quality Compass data used for comparison include managed care plan Medicaid CAHPS data from 17 states for the adult population and 19 states for the child population.¹⁶¹ 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 2024, while the survey administration for the NC CAHPS survey was from February to May 2025. 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-Managed Care Implementation Data

The year-over-year figures include data for 2018, 2019, 2021, 2022, 2023, 2024, and 2025, where applicable, for the NC Medicaid Program and NC SP Aggregate. The data are provided for

¹⁶¹ Medicaid health plans from the following states are reporting to NCQA: Arizona, California, Florida, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, Virginia, Washington, and Wisconsin.

informational purposes only to provide insight into potential changes in member experience following the managed care 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 managed care implementation.¹⁶²

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).¹⁶³

Baseline Results

The experience of care for beneficiaries enrolled in the TPs was assessed for the first time in 2025. Therefore, the 2025 results presented in this report represent a baseline assessment of the experiences of services adult and child beneficiaries received through the TPs.

Supplemental Items

The supplemental items included in the survey instruments were developed by DHB, and not all the supplemental items were field tested.¹⁶⁴

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 SP/TP/population. In addition, caution should be exercised when extrapolating the CAHPS results to the entire population as the respondent population may differ 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 446.

¹⁶² SPs officially launched on July 1, 2021. TPs officially launched on July 1, 2024.

¹⁶³ Robert Wood Foundation. *How to Report Results of the CAHPS Clinician & Group Survey*. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>. Accessed on: June 4, 2026.

¹⁶⁴ 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.

The incompleteness and inaccuracy of the contact information for sampled beneficiaries may have resulted in lower-than-expected response rates. Approximately 7.54 percent (20,677/155,809) 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. For example, a respondent may respond that they received a flu vaccination or do not smoke or use tobacco because not getting a flu vaccination or being a smoker or tobacco user could be perceived as "bad" behavior. This survey is anonymous, confidential, and respondents self-report answers through mail or web (telephone interviewing is not used, which can increase dishonest responses), which decreases the likelihood that respondents feel pressure to answer a certain way. However, as with all surveys, social desirability bias could be present in the survey results.

Appendix C. Survey Instruments

The survey instruments selected were the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set and the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set. This section provides a copy of the survey instruments



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-842-1627.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

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?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | | Best | | | | |
| Personal Doctor | | | | | | Personal Doctor | | | | |
| Possible | | | | | | Possible | | | | |

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

☐ Yes
☐ No → *Go to Question 23*

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

21. How many specialists have you talked to in the last 6 months?

☐ None → *Go to Question 23*
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10
Worst					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?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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

43. In the last 6 months, did you discuss any unmet non-medical needs with a health care provider or care manager? Select all that apply.

- ☐ Access to safe and affordable housing (including rent and utilities)
- ☐ Feeling physically and emotionally safe at home
- ☐ Access to affordable and nutritious food
- ☐ Access to safe and reliable transportation (such as a car, buses, ride-sharing services, etc.)
- ☐ Internet and/or cellular data access
- ☐ Other unmet non-medical need(s) not listed
- ☐ I did not have any unmet non-medical needs in the last 6 months

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 from a doctor's office or clinic 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, 2024?

- ☐ 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]. 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?
- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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?

- | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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

45. In the last 6 months, did you discuss any unmet non-medical needs you or your child have with their health care provider or care manager? Select all that apply.

- ☐ Access to affordable and reliable childcare
- ☐ Access to safe and affordable housing (including rent and utilities)
- ☐ Feeling physically and emotionally safe at home
- ☐ Access to affordable and nutritious food
- ☐ Access to safe and reliable transportation (such as a car, buses, ride-sharing services, etc.)
- ☐ Internet and/or cellular data access
- ☐ Other unmet non-medical need(s) not listed
- ☐ My child and I did not have any unmet non-medical needs in the last 6 months

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 from a doctor's office or clinic 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, 2024?

- ☐ 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 D. 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

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00001*

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 email DataStat at (SurveyTeam2+DSY@datastat.com) or call 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

DSY-L1AE

DSY-00125-01



001-00001



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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. Si tiene alguna pregunta, envíe un correo electrónico a DataStat a (SurveyTeam2+DSY@datastat.com) o llame al número telefónico gratuito (1-800-842-1627).

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

DSY-L1AE-BS

NC Department of Health and Human Services

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

DSY-00125-AE

001-00001 50

Electronic Service Requested

*****AUTO**SCH 5-DIGIT 53660
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]



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!

DSY-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
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00001*

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:



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 email DataStat at (SurveyTeam2+DSY@datastat.com) or call 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.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L2AE

DSY-00125-02



001-00001



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 sobremanera. 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

DSY-L2AE-BS



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00001*

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.

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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
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Thank you for helping to make health care better.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L3AE

DSY-00125-34



001-00001



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 sobremanera. De ser el caso, puede ignorar esta carta.

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Nombre de usuario: **[UserName]**

Código de QR:



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Gracias por contribuir a que la atención médica sea mejor para todos.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L3AE-BS



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53661

50 ##

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00002*

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.

DataStat is an independent research firm that is helping us conduct the survey. No one but the research staff 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 email DataStat at (SurveyTeam2+DSY@datastat.com) or call the toll-free number (1-800-842-1627) if you have any questions.

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User name: [UserName]

QR code:



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Thank you for helping to make health care better.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L1AE

DSY-00163-01

001-00002



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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.

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Nombre de usuario: **[UserName]**

Código de QR:



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Gracias por contribuir a que la atención médica sea mejor para todos.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

NC Department of Health and Human Services

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001-00001 50

Electronic Service Requested

*****AUTO**SCH 5-DIGIT 53660
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]



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.

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If you have already sent in your survey, thank you! You can ignore this reminder.

Thanks again for your help!

DSY-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
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53661

50 ##

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00002*

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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Thank you for helping to make health care better.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L2AE

DSY-00163-0*



2001-0000*2



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 sobremanera. De ser el caso, puede ignorar esta carta.

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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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53661

50 ##

|||||

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00002*

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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Thank you for helping to make health care better.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L3AE

DSY-00163-34



001-00002



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 sobremanera. 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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Gracias por contribuir a que la atención médica sea mejor para todos.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00001*

**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 complete 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.

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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

DSY-L1CE

DSY-00125-01



001-000001



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 conozca más sobre la atención médica de su hijo debe completar 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:



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Gracias por contribuir a que la atención médica sea mejor para todos los niños.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L1CE-BS

NC Department of Health and Human Services

C/O Datastat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

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DSY-00125-CE
001-00001 50

Electronic Service Requested

*****AUTO**SCH 5-DIGIT 53660
PARENT/CARETAKER OF
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]



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!

DSY-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

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00001*

**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 complete 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.

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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

DSY-L2CE

DSY-00125-02



001-00001



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 sobremana. 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 conozca más sobre la atención médica de su hijo debe completar la encuesta.

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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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Gracias por contribuir a que la atención médica sea mejor para todos los niños.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L2CE-BS



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53660

50 #

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00001*

**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]:

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User name: [UserName]

QR code:



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Thank you for helping to make health care better for all children.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L3CE

DSY-00125-34



001-00001



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 sobremana. De ser el caso, puede ignorar esta carta.

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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 prepago para devolverla.

Gracias por contribuir a que la atención médica sea mejor para todos los niños.

Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L3CE-BS



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53661

50 ##

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00002*

**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 complete the survey.

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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

DSY-L1CE

DSY-00163-01

001-00002



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 conozca más sobre la atención médica de su hijo debe completar la encuesta.

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Nombre de usuario: **[UserName]**

Código de QR:



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Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid

NC Department of Health and Human Services

C/O Datastat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

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DSY-00125-CE

001-00001 50

Electronic Service Requested

*****AUTO**SCH 5-DIGIT 53660
PARENT/CARETAKER OF
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]



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.

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Thanks again for your help!

DSY-CE-PC

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53661

50 ##

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00002*

**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]:

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Thank you for helping to make health care better for all children.

Sincerely,

Jay Ludlam
Deputy Secretary, NC Medicaid

DSY-L2CE

DSY-00163-02



001-00002



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

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 sobremanera. De ser el caso, puede ignorar esta carta.

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Nombre de usuario: **[UserName]**

Código de QR:



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Atentamente,

Jay Ludlam
Deputy Secretary, NC Medicaid



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

*****AUTO**SCH 5-DIGIT 53661

50 ##

|||||

PARENT/CARETAKER OF:

[FIRST NAME] [LAST NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY] [STATE] [NZIP10]

DSY *001-00002*

**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 complete the survey.

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Deputy Secretary, NC Medicaid

DSY-L3CE

DSY-00163-34



001-00002



NC DEPARTMENT OF
**HEALTH AND
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Division of Health Benefits

C/O DataStat, Inc.
3975 Research Park Drive
Ann Arbor MI 48108

PADRE/GUARDIÁN DE:
[FIRST NAME] [LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [NZIP10]

Estimado Padre/Guardián de [First Name] [Last Name]:

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