

Fact Sheet

Access to Care

Introduction

Terms marked with an asterisk () are defined in the Helpful Definitions section.*

Access to care refers to a person's ability to obtain and use needed health care services, without unnecessary barriers.* It is shaped by five interconnected factors that influence whether people with Medicaid can get care when they need it. These factors include affordability, availability, accessibility, accommodation and acceptability.¹ Together, these factors can help explain why having health insurance coverage does not always lead to timely or appropriate care, especially for Medicaid Beneficiaries* who face social and economic inequities that contribute to barriers such as limited digital access, housing instability and transportation constraints.¹ This fact sheet will provide an overview of how NC Medicaid supports access to care for its Beneficiaries, including dimensions of access and how they are measured.

Nationally, Medicaid addresses health care affordability by providing health insurance to low-income individuals and guaranteeing low or no premiums and limited out-of-pocket costs (e.g., \$4 copays). These lower costs make it easier for Medicaid Beneficiaries to seek regular care, build ongoing relationships with providers and use preventive care services rather than delaying care due to cost concerns.² NC Medicaid also strives to address other important access-related factors, including whether there are enough providers and services available (availability), whether care facilities can be reached in a reasonable distance and time (accessibility), whether care options (e.g., telehealth and office hours) fit Medicaid Beneficiaries' lives (accommodation), and whether Medicaid Beneficiaries feel respected and treated fairly within the healthcare system (acceptability).¹

Given the role of access to care in shaping whether health insurance coverage leads to quality care, it is a central focus of NC Medicaid's Quality Strategy. The strategy emphasizes promoting timely and equitable access to services while maintaining high provider engagement to meet the needs of Medicaid Beneficiaries across the state.³

MEASURES OF ACCESS TO CARE

This section presents a selection of quality and survey measures NC Medicaid uses to assess access to care for Beneficiaries. These measures highlight preventive and ambulatory care utilization, member-reported experiences with obtaining care, and the role of telehealth in delivering non-emergency services.

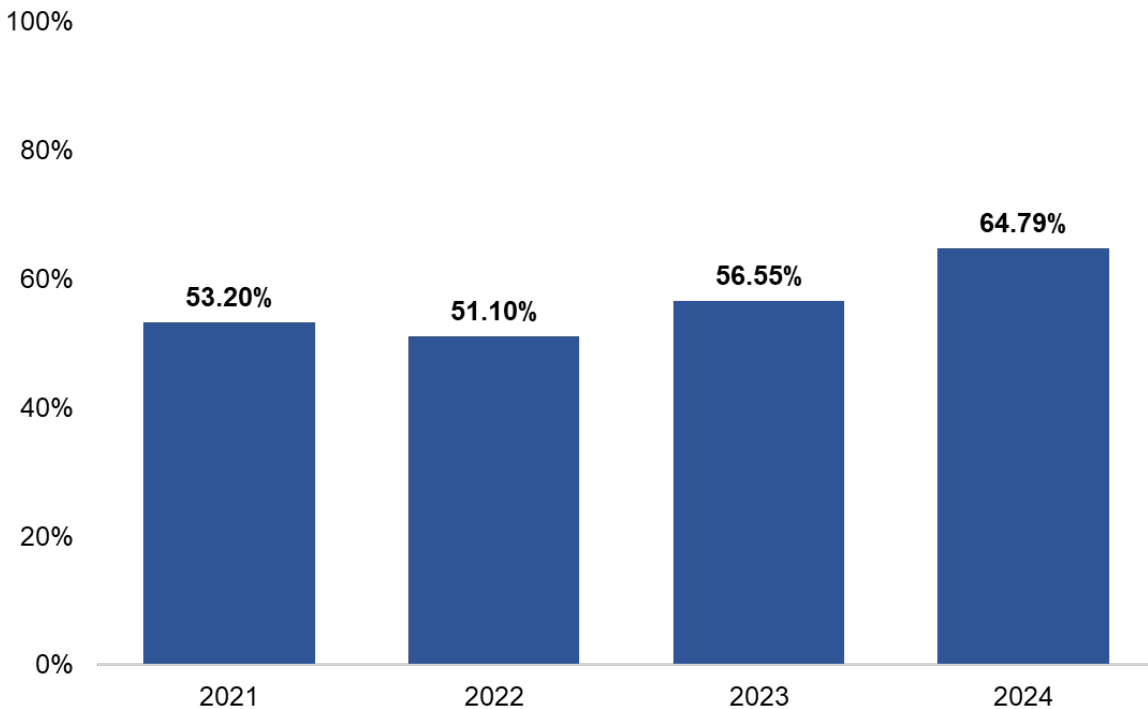
Preventive Care

One way to assess access to care is by examining how often Beneficiaries use preventative and ambulatory services. Preventive care includes services such as screenings and annual physicals delivered in outpatient or

clinic settings. Lower utilization of preventative care is associated with missed opportunities for early disease detection, greater disease burden, and less cost-efficient health care utilization.^{4,5}

NC Medicaid uses the *Adults' Access to Preventive/Ambulatory Health Services (AAP)* quality measure to assess the percentage of NC Medicaid Beneficiaries ages 20 and older who had one or more ambulatory or preventive care visits during the measurement year.^{*6} As shown in Figure 1, NC Medicaid's AAP rate remained fairly stable from 2021 to 2022. However, the rate increased from 51.10% in 2022 to 64.79% in 2024.

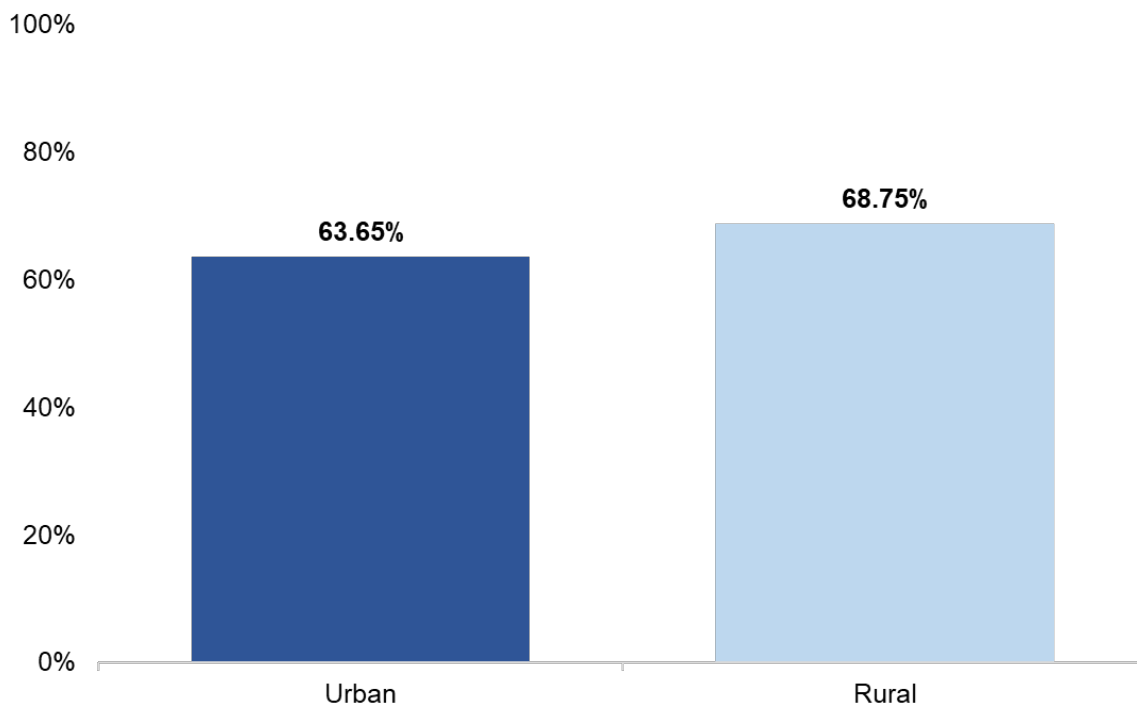
Figure 1. NC Medicaid Rate of Adults' Access to Preventive/Ambulatory Health Services (AAP) (2021-2024)



There may be multiple factors influencing the substantial increase in ambulatory or preventive visits from 2022 to 2024. NC Medicaid launched Managed Care in July of 2021, which transitioned most Beneficiaries from fee-for-service to prepaid health plans, such as Standard Plans. To learn more about managed care visit the [NC Medicaid Managed Care webpage](#). These plans offer physical health, pharmacy, care management and basic behavioral health services for Beneficiaries. The managed care model emphasizes the importance of preventative care. Thus, NC Medicaid's transition to managed care, may have, over time, improved Beneficiary access to and utilization of preventative care.

NC Medicaid also can track this measure by Beneficiary residential county, allowing for ongoing assessment of differences in service utilization across rural and urban populations. As seen in Figure 2, in 2024, adult Beneficiaries in rural counties accessed preventative/ambulatory health services at slightly higher rates compared to those living in urban counties. This pattern is consistent with prior years. Stratifying by rurality is crucial as NC Medicaid plays a critical role in promoting the health of the state's large rural population. In fact, in many rural counties, more than half of the population has health coverage through NC Medicaid.

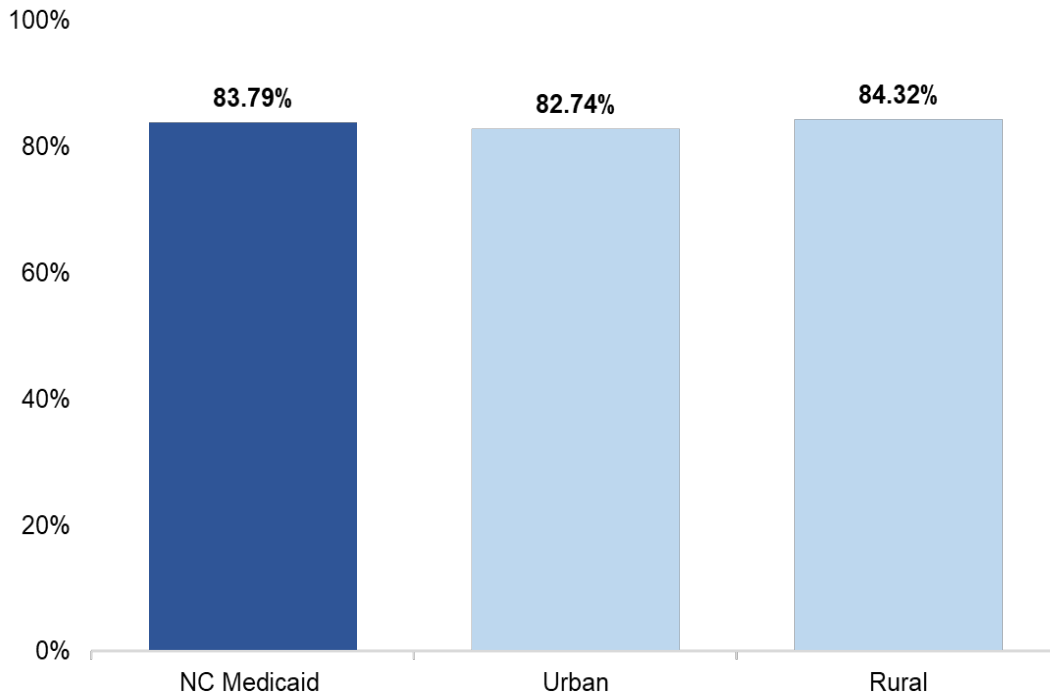
Figure 2. NC Medicaid *Rate of Adults' Access to Preventative/Ambulatory Health Services (AAP)*, Stratified by Urban vs. Rural (2024)



Accessing Care When Needed

NC Medicaid uses the annual *Consumer Assessment of Healthcare Providers and Systems (CAHPS)* Survey to assess Beneficiaries' experiences with getting the care they need. The *Getting Needed Care* measure asks Beneficiaries about experiences with accessing care. In the 2025 CAHPS results, 83.79% of adult NC Medicaid respondents reported they could "usually" or "always" get the care they needed (As seen in Figure 3). Rural adult respondents reported slightly better experiences with getting needed care than their urban counterparts (84.32% vs. 82.74%), though the difference was not statistically significant. Additionally, while not shown in Figure 3, North Carolina's 2025 performance on this measure was statistically significantly higher than the National Committee for Quality Assurance* (NCQA) Medicaid national average. This may indicate that NC Beneficiaries are having better experiences with getting the care they need more than Medicaid Beneficiaries nationally.

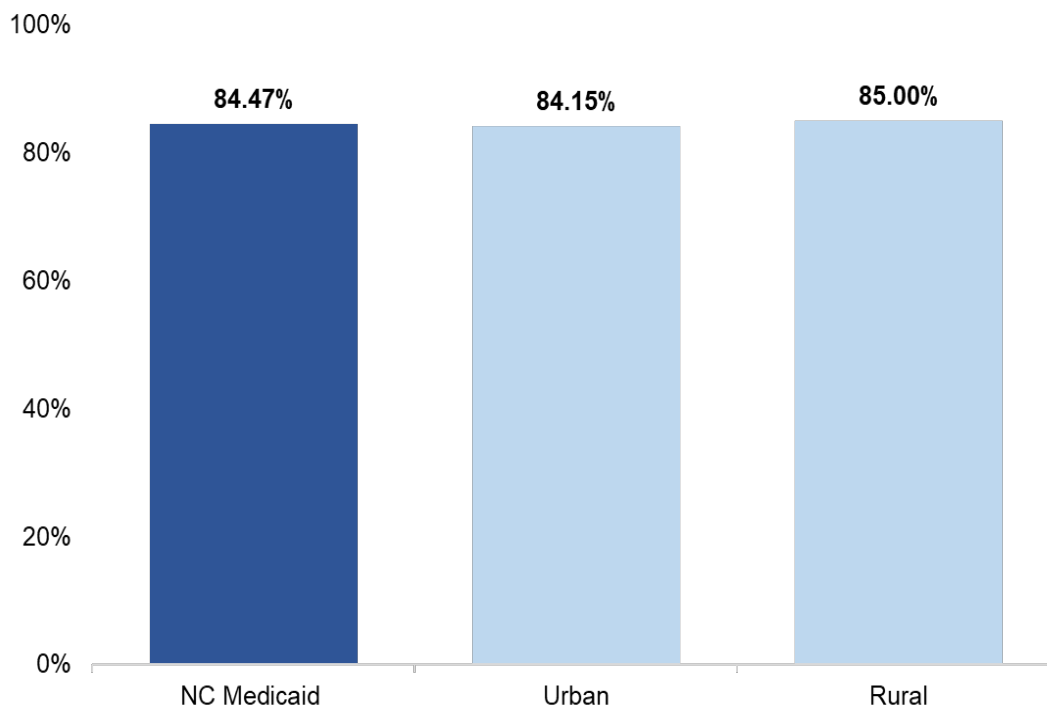
Figure 3: 2025 Adult NC Medicaid Program CAHPS Respondents Who Reported They Could “Usually” or “Always” Get The Care They Needed



Timeliness of Care

NC Medicaid also uses data from the 2025 CAHPS Survey to assess Beneficiaries’ ability to get care when they need it. The *Getting Care Quickly* measure asks Beneficiaries about experiences with getting care as soon as they needed it. In the 2025 CAHPS Survey results, 84.47% of adult NC Medicaid respondents who participated in the survey reported they could “usually” or “always” get care as soon as they needed it (As seen in Figure 4). Rural adult respondents reported slightly higher rates than urban adult respondents (85.00% vs. 84.15%). While not shown in Figure 4, North Carolina’s 2025 performance on this measure was statistically significantly higher than the NCQA Medicaid national average. This may indicate that NC Beneficiaries are having better experiences with getting care when they need it more than Medicaid Beneficiaries nationally.

Figure 4: 2025 Adult NC Medicaid Program CAHPS Respondents Who Reported They Could “Usually” Or “Always” Get Care as Soon as They Needed It



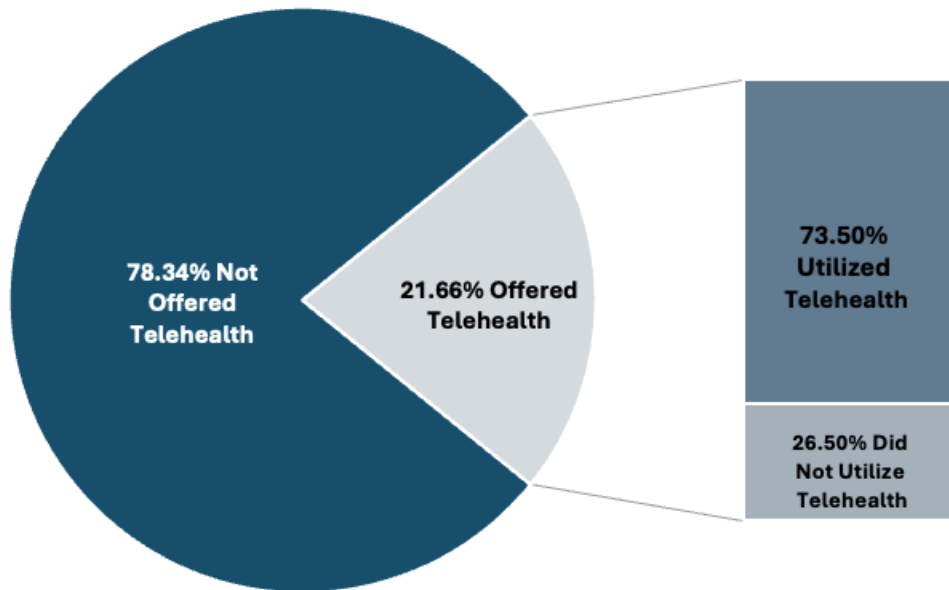
The Role of Telehealth

Telehealth can enhance access to care, particularly for individuals who live far away from providers or face transportation barriers. By reducing geographic constraints, virtual visits may support access to care for rural communities and individuals with limited transportation options.

NC Medicaid assesses telehealth availability and utilization through the 2025 CAHPS Survey. The *Offered Telehealth Appointment* measure asks Beneficiaries whether they were offered a telehealth visit in the last six months, and the *Chose Telehealth* measure captures how often Beneficiaries chose to use telehealth instead of an in-person visit when it was offered. As seen in Figure 5, among the 21.66% of adult NC Medicaid respondents who were offered telehealth appointments, 73.50% reported that they chose to use telehealth at least once, while 26.50% reported that they did not use the telehealth option for care.

Telehealth is one strategy to reduce access to care barriers. However, digital literacy gaps, unreliable internet access, and lack of digital devices may prevent some Beneficiaries from participating in virtual care. As a result, telehealth may expand access for some while remaining inaccessible to others.

Figure 5: 2025 CAHPS Adult NC Medicaid Program Respondents Who Were Offered a Telehealth Appointment Instead of an In-Person Appointment, and Those Who Chose Telehealth At Least Once When Offered



NC MEDICAID'S EFFORTS TO IMPROVE ACCESS TO CARE

Network Adequacy and Accessibility Standards:

NC Medicaid is committed to ensuring all NC Medicaid Beneficiaries can access the care they need. One way this can be achieved is by ensuring access for members to all covered health care services through a network of contracted health care providers. To support this, NC Medicaid requires health plans to meet two primary network adequacy standards: (1) time and distance standards, which specify the maximum travel time or distance from a member's residence to one or more providers of a certain type, and (2) appointment wait time standards, which set maximum wait times based on the urgency of the visit.⁷ These requirements vary for urban and rural counties to reflect differences in population density and provider distribution. NC Medicaid regularly monitors their health plans to ensure they are maintaining these minimum standards for both provider availability and appointment wait times.⁸ To ensure compliance with the time and distance standards, NC Medicaid uses geo-mapping software to calculate travel distances and times, making sure that 95% of Beneficiaries in a county live within the adequacy standard. NC Medicaid also conducts regular "secret shopper" analyses to monitor appointment wait times at various provider locations.⁹ Holding NC Medicaid plans to these requirements ensures that NC Medicaid Beneficiaries have reasonable and timely access to the care they need, regardless of where they live.

North Carolina's Rural Health Transformation Program:

In 2025, North Carolina was awarded a \$213 million grant through the Rural Health Transformation Program (RHTP) from the Centers for Medicare & Medicaid Services (CMS) to focus on improving healthcare for rural North Carolinians.¹⁰ The Rural Health Transformation Plan has several initiatives that will improve rural healthcare access, including establishing local healthcare networks in rural communities, expanding access to primary care and behavioral health and creating programs to train more providers in rural communities.¹¹ NC Medicaid will be part of the statewide steering committee supporting the Office of Rural Health in implementing the Rural Health Transformation Program, ensuring that rural Medicaid Beneficiaries are heard and prioritized throughout the process.¹²

HELPFUL DEFINITIONS

Barriers: Problems that make it harder for someone to get health care. These can include cost, transportation, lack of internet access, long wait times, etc.

Beneficiaries: People who are enrolled in and receive health care coverage through NC Medicaid.

Measurement Year: Refers to the calendar year (January 1-December 31), when health care services were delivered. For example, if the measurement year is 2024, the data reflects health care services that were provided between January 1 and December 31, 2024.

National Committee for Quality Assurance (NCQA): An independent organization that sets and evaluates standards for health care quality in the United States. NCQA develops tools and measures to compare how well health plans and providers deliver care.

ADDITIONAL INFORMATION

The quality measures displayed in this fact sheet include:

- *Adults Access to Preventive/Ambulatory Health Services (AAP)*

This quality measure was developed by the NCQA. For more technical information, please refer to the [NC Medicaid Technical Specifications Manual](#).

The survey measures displayed in this fact sheet are derived from the Calendar Year 2025 CAHPS, listed below:

- Getting Needed Care
- Getting Care Quickly
- Offered Telehealth Appointments
- Chose Telehealth

For more technical information on these measures, please click [here](#).

REFERENCES

1. McLaughlin, C. G., & Wyszewianski, L. (2002, December). *Access to care: Remembering old lessons*. Health services research. <https://pmc.ncbi.nlm.nih.gov/articles/PMC1464050/>
2. Burns, A., Hinton, E., Rudowitz, R., & Mohamed, M. *10 things to know about Medicaid*. Kaiser Family Foundation. (August 12, 2025). <https://www.kff.org/medicaid/10-things-to-know-about-medicaid/#:~:text=Longstanding%20research%20shows%20that%20Medicaid,medical%20debt%20sent%20to%20collections.>
3. *North Carolina's Medicaid Managed Care Quality Strategy*. (2025). <https://medicaid.ncdhhs.gov/2025-nc-medicaid-managed-care-quality-strategy/download?attachment=>
4. Kelley E, Moy E, Kosiak B, McNeill D, Zhan C, Stryer D, Clancy C. Prevention health care quality in America: findings from the first National Healthcare Quality and Disparities reports. *Prev Chronic Dis*. 2004 Jul;1(3):A03. PMID: PMC1253468.
5. Partnership for Prevention & Robert Wood Johnson Foundation. *Preventive Care: A National Profile on Use, Disparities, and Health Benefits*. (2007). Available at: <https://www.policyarchive.org/handle/10207/21574>
6. AAP (NCQA HEDIS Quality Measure). Learn more about this measure, and others, through North Carolina's Medicaid Quality Measurement Technical Specifications Manual. (2026). <https://medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-technical-specifications-manual/download>
7. *Network Adequacy Standards*. NCDHHS NC Medicaid Division of Health Benefits. (2026). ncmedicaidplans.gov/en/standard-plan-network-adequacy.
8. *NC Medicaid Managed Care Health Plan Network Adequacy*. (n.d.). NC Medicaid, Division of Health Benefits. <https://medicaid.ncdhhs.gov/reports/nc-medicaid-managed-care-health-plan-network-adequacy>
9. *Network Adequacy Oversight Measures and Results*. NC Medicaid, Division of Health Benefits. (2025, May 15). <https://medicaid.ncdhhs.gov/reports/network-adequacy-oversight-measures-and-results>
10. *Rural Health Transformation Program*. NC Department of Health and Human Services. Accessed February 2, 2026. <https://www.ncdhhs.gov/divisions/office-rural-health/rural-health-transformation-program>
11. *North Carolina Rural Health Transformation Program*. North Carolina Department of Health & Human Services. (2025). <https://www.ncdhhs.gov/north-carolina-rural-health-transformation-application/download?attachment=>
12. *North Carolina Rural Health Transformation Program: Project Abstract / Summary*. NC Department of Health and Human Services, n.d., <https://www.ncdhhs.gov/ncrhtp-project-summary/open>

