Baseline Medicaid Provider Experience Survey Report

Revised April 22, 2022

Produced by the Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill

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EXECUTIVE SUMMARY

With the 1115 Medicaid Waiver, NC Medicaid transitioned from predominately fee-for-service to managed care (NC Medicaid Managed Care) through the offering of prepaid health plans (PHPs). Health systems and primary care practices contract with PHPs with a goal of improving health care delivery and quality of care for patients with Medicaid insurance. This transformation changes the relationships between North Carolina's health systems and primary care practices with NC Medicaid.

To evaluate the influence of the NC Medicaid transformation to managed care on primary care and obstetrics/gynecology (Ob/Gyn) practices that contract with Medicaid, the North Carolina Provider Experience Survey was developed and administered across all North Carolina primary care practices or their corporate parent. Stratified analyses were conducted to draw comparisons between rural versus non-rural provider groups, small/medium versus large provider groups, and groups delivering obstetrics and gynecology. The goal of these stratified analyses is to understand provider experience and satisfaction with the traditional NC Medicaid system and their thoughts about the transition to managed care.

This report describes findings from the baseline assessment of the provider experience and satisfaction with the traditional NC Medicaid fee-for-service system including the partnership with Community Care of North Carolina (CCNC). This assessment also explored the experience of providers in early contracting with PHPs. The baseline assessment will serve as a comparison against PHP performance in future years.

On average, surveyed organizations rated their experience with the traditional NC Medicaid system as excellent or good for most factors. However, they rated their experience as fair or poor for access to behavioral health prescribers and therapists for NC Medicaid patients. Among independent groups and medical practices, administrative items were rated more important for contracting with PHPs than support for quality and population health (e.g., case management, coaching, data sharing, social determinants of health (SDOH) support). Among health systems, education and training related to billing, prior authorizations, or other administrative activities were less important than other factors. Please see below for visualizations of the items that independent medical groups and practices and health systems, respectively, rated the importance of each factor when considering contracting with PHPs.

Figure E1: The four most important factors considered when contracting with PHPs identified by independent medical groups and practices.

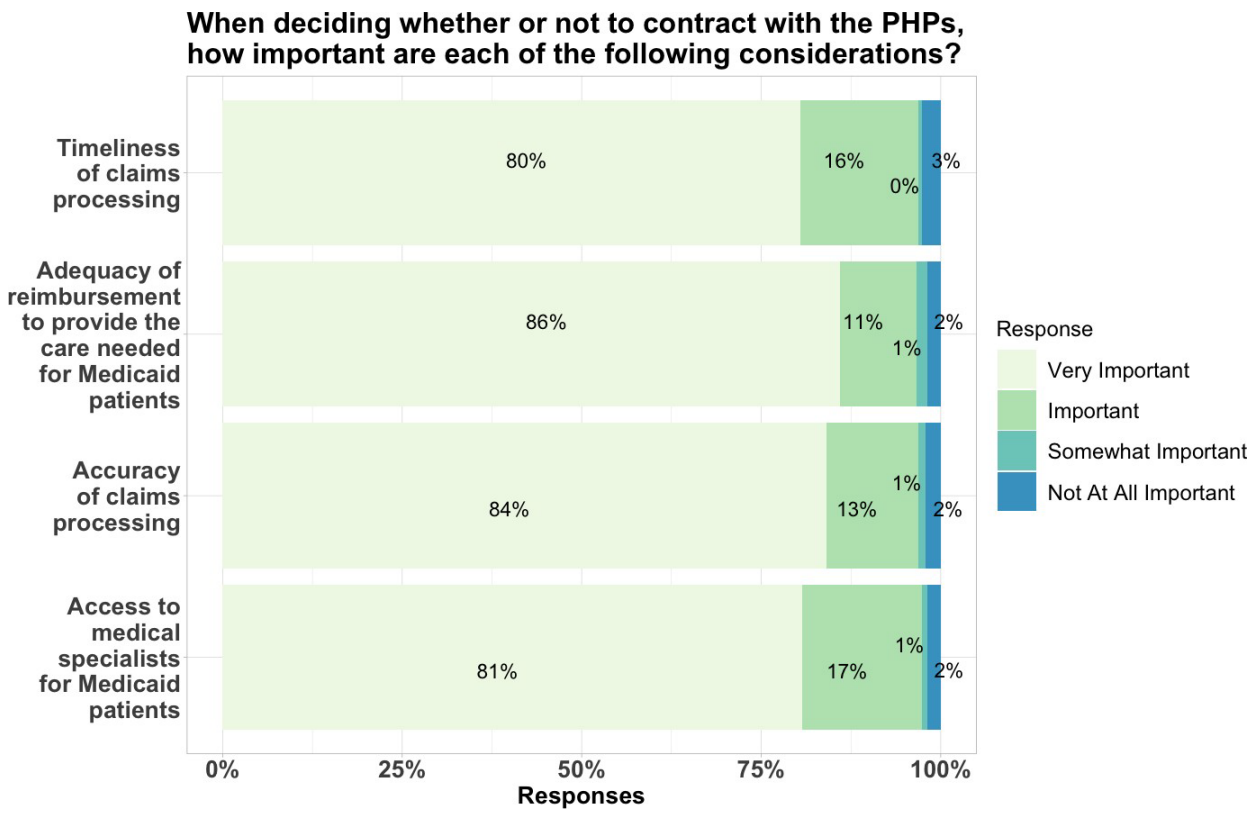
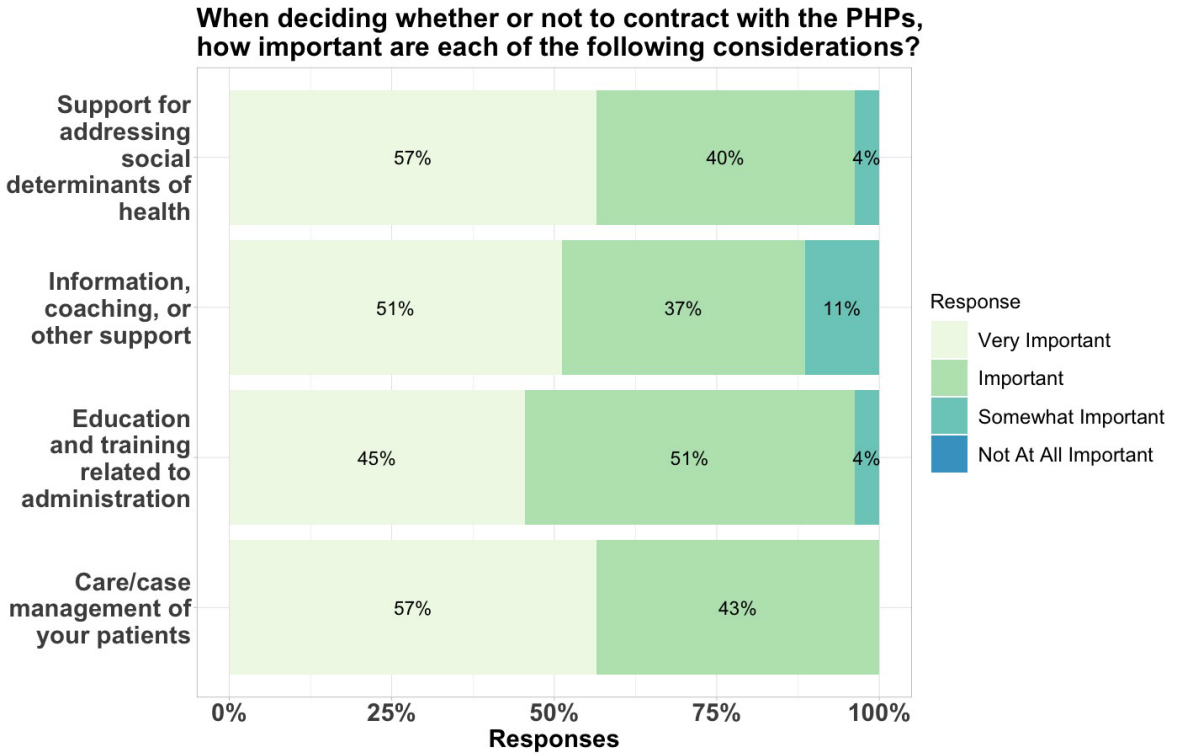
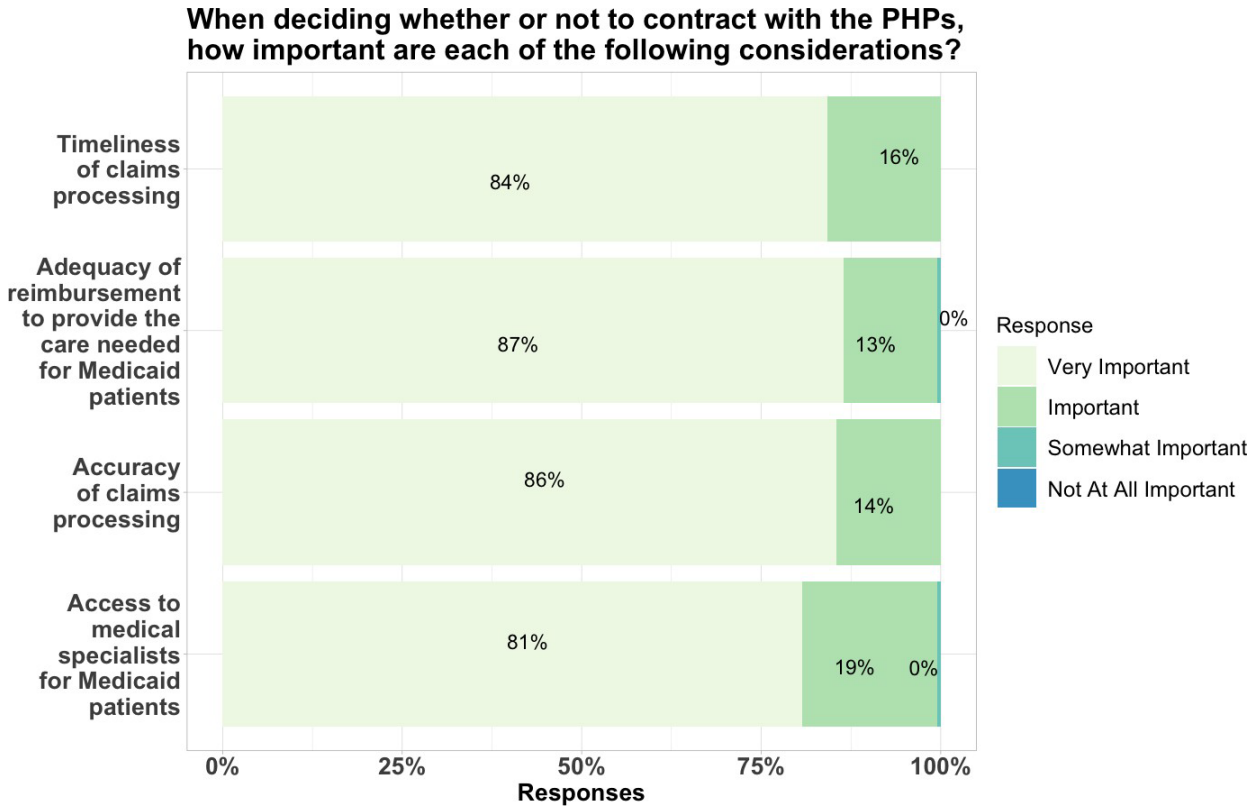


Figure E2: The four least important factors considered when contracting with PHPs identified by health systems.



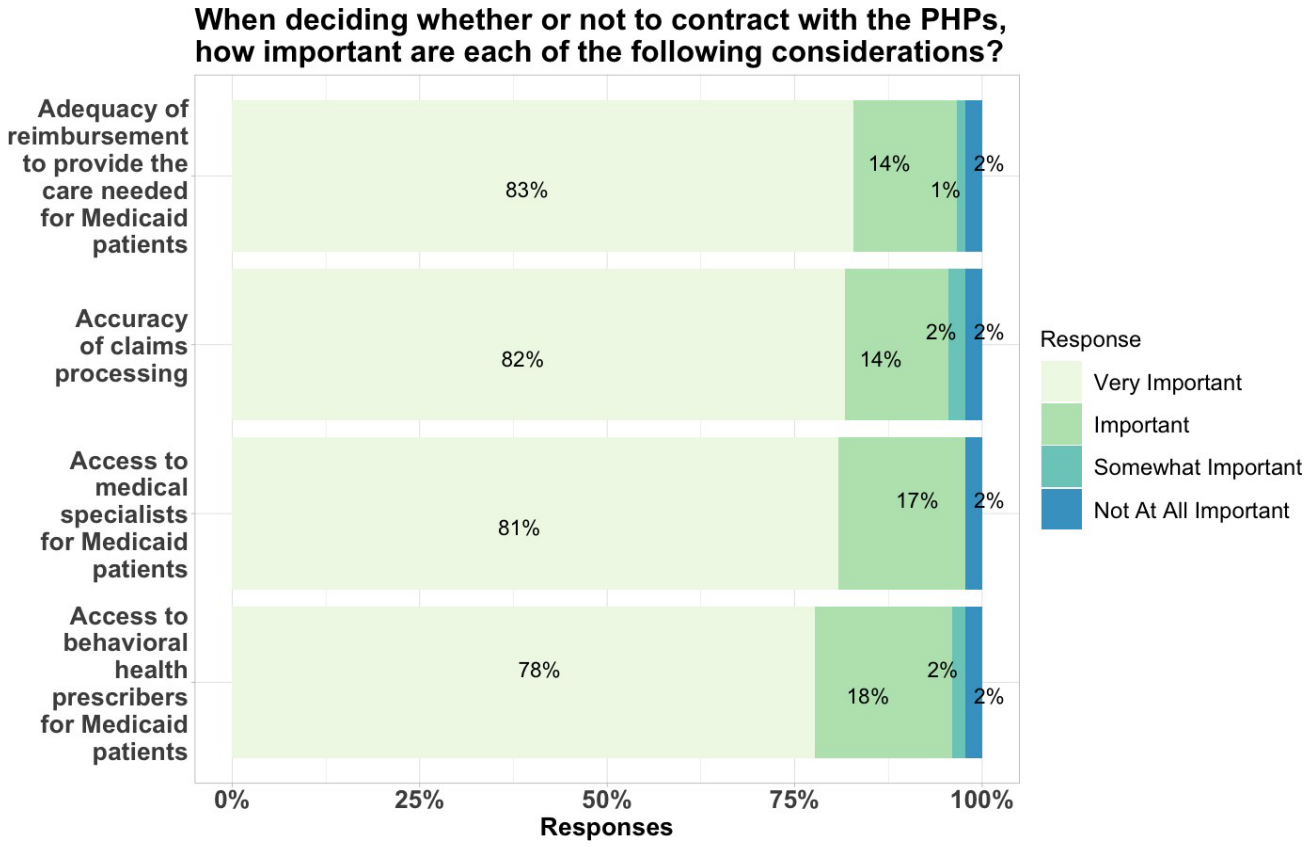
Compared with practices with no rural presence, rural practices rated their experience with the traditional NC Medicaid system slightly less favorable in the areas of adequacy of reimbursement, access to needed drugs, and support for addressing SDOH. In terms of importance for contracting with PHPs, practices with rural presence tended to emphasize administrative processes, access to children's developmental services and care management. Please see below for a visualization of the items that organizations with a rural presence rated as most important when considering contracting with PHPs.

Figure E3: The four most important factors considered when contracting with PHPs identified by provider organizations with rural practice sites.



Compared with medium or large practices, small practices (with 1-2 providers) rated their experience with the traditional NC Medicaid system as slightly more favorable in the areas of support for SDOH, type of data shared, method by which data is shared and timeliness of data sharing. In terms of importance for contracting with PHPs, small practices emphasized access to medical specialists, access to behavioral health prescribers, access to needed drugs and timeliness of data sharing. Interestingly, smaller practices placed less emphasis on access to children's developmental services.

Figure E4: The four most important factors considered when contracting with PHPs identified by small practices with 1-2 providers.



A detailed summary of provider satisfaction and experience for health systems and primary care practices overall, as well as stratified by rural versus non-rural practices and small versus non-small practices, follows.

OVERVIEW

Purpose

The overall goal of this annual provider survey is to assess health system and practice experience and satisfaction with NC Medicaid's transition to managed care. The project is an evaluation directly funded and sponsored by the North Carolina Department of Health and Human Services (DHHS) and implemented at the Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill (UNC-CH).

Objectives

The objectives of the baseline survey were to:

1. Evaluate satisfaction with support for healthcare quality in the traditional NC Medicaid program
2. Evaluate experience with the administrative process in the traditional NC Medicaid program
3. Serve as a baseline for comparison against PHP performance in future years
4. Assess the influence of PHP performance on provider experience

The state plans to use findings as an indicator of PHP quality. However, performance on the provider survey does not affect payments by the state. Additional investigation of issues and opportunities for improvement will be carried out with other data collection methods under the waiver evaluation—focus groups, interviews, and claims analyses.

METHODS

Questionnaire Development

The North Carolina Medicaid Provider Experience Questionnaire is a single instrument that was developed for practice managers, medical directors or other organizational leaders of North Carolina systems and practices that deliver primary care to patients with Medicaid. This questionnaire was developed specifically to understand the experience of health care providers delivering primary care and obstetrics and gynecological care in North Carolina's transition to NC Medicaid Managed Care.

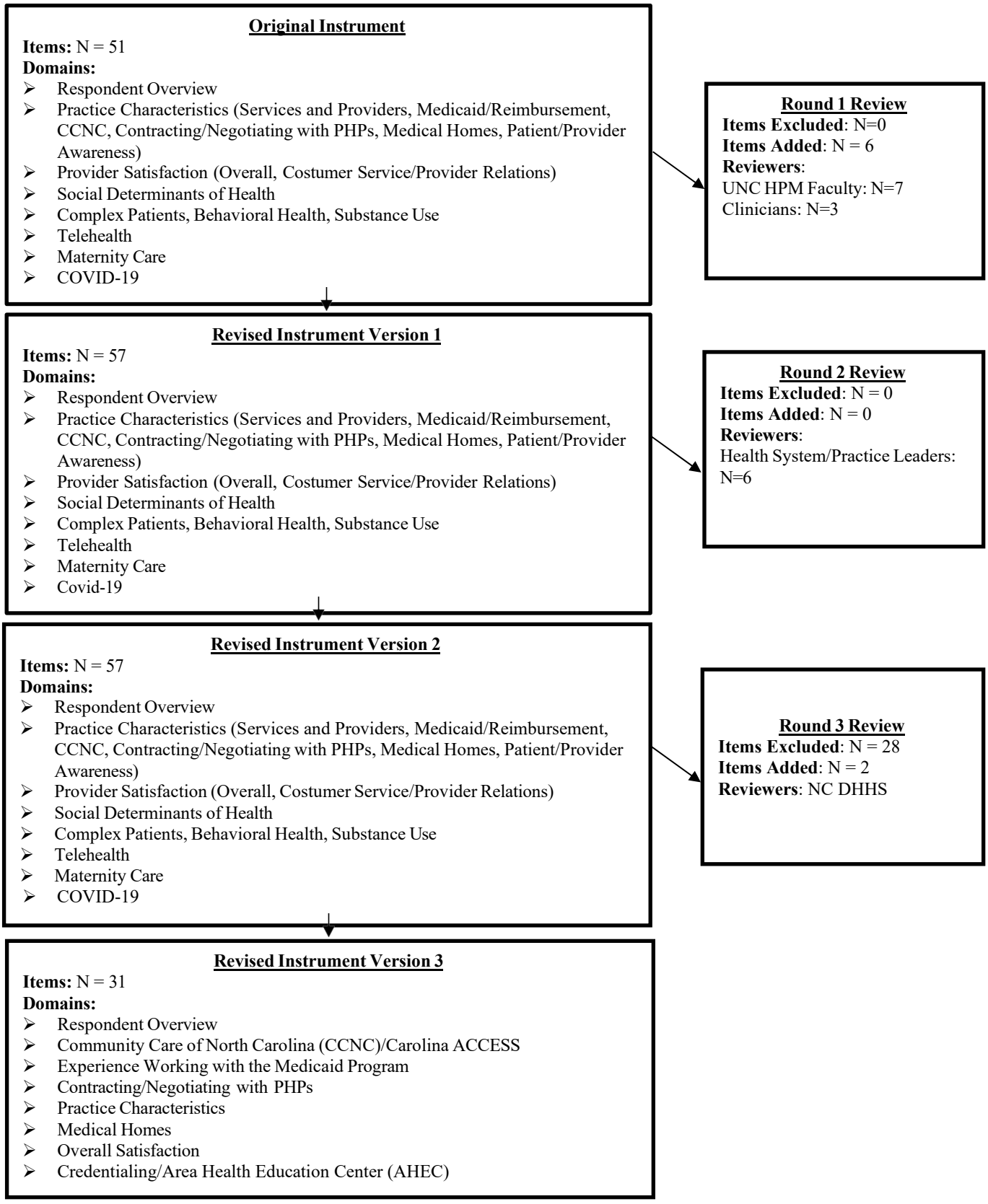
During the study start-up phase, a survey working group with experience in primary care delivery, payment models and Medicaid constructed a broad item bank based on prior surveys, relevant literature and content expertise. Items were reviewed by a series of subject matter experts including faculty at UNC-CH as well as leaders in health system and primary care practices in North Carolina. The Carolina Survey Research Laboratory and DHHS also provided input on the questionnaire development. Items determined to be outside the scope of the organizational experiences in the transition to NC Medicaid Managed Care were excluded. Items were further modified and reviewed over the course of several iterations to improve conciseness and clarity of interpretation.

The questionnaire covers several key and broad domains. Following are the final domains for the Year 1 survey:

- Background items (e.g., respondent's role at the organization, contact information, organizational information, organization's NC Medicaid involvement)
- Practice characteristics (type of organization, Independent Practice Association (IPA)/Clinically Integrated Network (CIN) participation and support, Medicaid patient population, medical home, and accountable care organization participation)
- History and overall experiences working with the NC Medicaid program
- Overall expectations from NC Medicaid transformation (quality, cost, and patient experience)
- Contracting/negotiating with PHPs (current contracting approach and priorities, overall experience thus far with PHPs)

These themes were intentionally broad to address the numerous ways that NC Medicaid and PHPs affect the health care delivery system. Additional goals of the questionnaire were to minimize respondent burden and reduce overlap with other primary data collection activities. We limited the length of the instrument in terms of the number of questions and took other steps, such as incorporating skip patterns in the design, to reduce the length of time required to complete the questionnaire. After a draft of the questionnaire was finalized on March 15, 2021, cognitive testing was performed in which written feedback was obtained from four pilot respondents—including health system and practice leaders—to test and finalize the instrument. The mean time for completion of the questionnaire was 17 minutes with a range of 10 to 22 minutes. The overall consensus was that the questionnaire was straightforward. Subject matter experts reported that the most time-consuming part of completing the questionnaire was reaching out to other staff members to help answer specific sections (e.g., billing & referral).

Figure M1. Questionnaire Development Flow Chart.



Sample Description

After deliberation and consultation in conjunction with NC Medicaid, the questionnaire was administered to every organization that met our inclusion criteria. The final decision was to sample and field the questionnaire at the highest organizational level, such as the health system or medical group when applicable, given that most interactions with the PHPs, such as contracting decisions and data sharing, occur at the organizational (rather than individual clinician) level. Thus, our sample includes a diverse set of organizations, from solo practice physicians to very large integrated delivery systems. Every medical group, independent practice, and system in our sample frame was invited to participate in the survey, a total of 668 potential respondents.

Sample Development

Organizational and system data were obtained from the IQVIA OneKey database, a proprietary commercial database containing characteristics of providers and health care organizations in the United States. IQVIA uses multiple data sources to regularly update their roster of providers and organizations, based on manual web searches, telephone verification, and information received from the American Medical Association (AMA), National Plan and Provider Enumeration System (NPPES), the Drug Enforcement Agency (DEA) registration files, state licensing agencies, and drug distribution data non-retail shipping addresses. IQVIA data has been used in numerous peer-reviewed studies using claims data as well as for provider surveys.[1–8]

IQVIA OneKey links individual clinicians with practices and medical groups, as well as the health systems or other corporate parents that own practices. As a result, this data allows us to more accurately identify and survey healthcare organizations and groups where Medicaid transformation and implementation decisions are made. Additionally, IQVIA updates provider and organizational contact information (e.g., mailing address, phone numbers) every six months. This ensures survey data collection efforts are more effective, especially through a multi-year surveying effort.

From IQVIA, we obtained a robust set of data elements for North Carolina physicians, nurse practitioners, physician assistants and health departments, as well as information about health systems and corporate parents linked with these providers. We requested data for all individual clinician NPIs in medical groups or independent practices identified with outpatient primary care and Ob/Gyn care, using the following class of trade specialties: family medicine, general practice, geriatric medicine, internal medicine, multi-specialty practice, Ob/Gyn, pediatric medicine, preventative medicine, and primary care.

To increase confidence that we were capturing the universe of organizations which may serve Medicaid patients in North Carolina, we matched NPIs from the IQVIA OneKey database to the NC Medicaid provider file and claims to identify all providers who billed Medicaid. For the first round of the survey, we were able to match 96% of individual NPIs in the IQVIA data to the NC Medicaid provider file. We chose to survey all organizations from the IQVIA data that had at least one NPI which we could match to the NC Medicaid provider file, and further screened organizational eligibility with sample cleaning processes (described below) and the questionnaire itself.

IQVIA data identify both the medical group or independent practice where a provider worked, as well as the owner of the group or practice, such as a larger, multi-site medical group or integrated delivery system. For sampling, medical groups and practices were rolled up to the largest organizational entity (e.g., a health system or large medical group). This resulted in a final sample of 120 larger corporate entities (including health systems and larger medical groups) and 548 independent practices and medical groups, as defined by IQVIA organizational designations.

Because the number of independent practices and corporate parents/health systems were below 800, the entire universe of primary care and Ob/Gyn practices that met inclusion criteria were invited to participate.

Sample Frame Cleaning

We used a multi-prong approach to identify appropriate individual survey respondents at different types of organizations identified in the sample frame. Because identifying appropriate respondents from larger health systems would require a more deliberate approach, we used IQVIA's size and corporate parent designations to parse out 38 large health systems (5.7% of the sample) from the sample frame for a more personalized frame cleaning process.

For these large health systems, a member of the research team contacted health system leaders with an email asking to confirm their contact information and identify their preferred method (email or mail) of receiving the questionnaire. If no response was received after three business days, a member of the research team contacted the health system leader with a phone call to confirm their contact information and identify their preferred method (email or mail) of receiving the questionnaire. If no response was received within one week, the research team identified a new health system contact and repeated the above process. Confirmation of contact information associated with each email and phone call attempt are displayed in **Table A.**

For medical group and independent practice leaders, a member of the research team contacted the practice with a phone call asking them to identify the best person to complete the questionnaire (practice manager, medical director, lead physician, or other). The team then obtained specific contact information for that person in order to mail the questionnaire. If the team was unable to verify the contact information for a specific person, the case was flagged for review. If the reviewers could not find the leader of the practice, the questionnaire was mailed to the practice address given in the IQVIA data set and addressed to the (lead physician).

Table A. Sample frame cleaning via email, phone & mailing to identify correct respondent.

Organization	**Small Health Systems, Independent Practices & Medical Groups (n=630)**	**Large health systems (n=38)**
	Count (%)	**Count (%)**
Reached	598 (94.9%)	27 (71.1%)

Not Reached	32 (5.1%)	11 (28.9%)
Email attempts (organization-level)		
1-3	n/a	23 (60.5%)
4-6	n/a	15 (39.5%)
Call Attempts (organization-level)		
1-3	449 (70.3%)	18 (47.3%)
4-9	171 (27.1%)	0
10-15	13 (2.1%)	0
Mailing Waves, counts of organizations receiving a mailing		
1st wave	627	13
2nd wave	258	11
3rd wave	90	0
4th wave	142	0
5th wave	78	0
6th wave	29	0
7th wave	454	0

It should be noted that mailing wave numbers reflect the ongoing process of respondent identification concurrent with data collection.

Outreach

For health system leaders, a member of the research team contacted health system leaders to identify the right person to complete the questionnaire. Once that person was identified, the research team sent the leader a link to the online questionnaire. If there was no response within two weeks, the team contacted that health system leader to remind them to complete the questionnaire. This process was repeated at weeks four and six if responses were not obtained.

For medical group and independent practice leaders, the sample frame cleaning process coincided with survey outreach. The research team mailed a paper copy of the questionnaire to practice leaders asking them to complete either online or on paper with a prepaid envelope for all returns. Initial questionnaires and letters were sent to the initial sample frame and we iterated and updated throughout the sample frame cleaning process, resulting in multiple waves of survey outreach. Respondents who completed the questionnaire received a $30 gift card to compensate them for their time.

Final response rate

Survey responses were collected between May 10 and Sept. 3, 2021. The final response rate was 58.8%. **Table B** summarizes response for all organizations sampled.

Table B. Response Rate & Final Dispositions of Sample Frame.

Final designations	**Total Response**
	Count (%)
Completed & eligible respondents	305 (45.7%)
Refusals	196 (29.3%)
Ineligible	136 (20.4%)
Duplicates	8 (1.2%)
Unknown eligibility	23 (3.4%)
Total	668 (100%)

The eligibility rate was calculated to be 77.6% from our original sample frame. We calculated a final response rate using the appropriate American Association for Public Opinion Research (AAPOR) formula that adjusts for eligibility of respondents,[9] which was **58.8%.** To account for non-response, we developed survey weights that used the total size of primary care providers (PCPs) and Ob/Gyn NPIs per organization, as well as whether respondent organizations had any primary care or Ob/Gyn practice locations affiliated with any rural zip codes, as defined by US census rural-urban commuting area (RUCA) codes.

The following analyses exclude all missing data from eligible survey respondents. We used the finite population correction where applicable because the sample rate (total respondents as a proportion of the entire population of respondents) was large.

Timing

The survey was fielded from May 10 to Sept. 3, 2021. PHPs went live on July 1, 2021. The vast majority of questionnaires were returned before July 1, 2021. We believe the wording of the questionnaire items was clear in terms of a retrospective view of the traditional NC Medicaid program. Between the beginning of May 2021 and September 2021, it is possible that practices established contact and contracts with PHPs. Thus, practices that responded later had more time to establish contracts. Because this effect is equally applied across health plans, we do not believe it changes impressions of comparisons between health plans.

SURVEY RESPONDENT CHARACTERISTICS

Table 1. Health system and practice characteristics for survey respondents (unweighted).

Health System and Practice Characteristics	Self-Identified Health Systems (N=23)	Self-Identified Medical Groups and Independent Practices (N=282)
	N (%) or Mean (SD)	N (%) or Mean (SD)
Respondent		
Role of Respondent		
Practice Director	1 (4.4%)	202 (71.6%)
Medical Director	1 (4.4%)	15 (5.3%)
Other	21 (91%)	65 (23.1%)
Practice Composition		
Services Provided for Patients with Medicaid		
Primary Care	23 (100%)	277 (98.2%)
Prenatal/Postnatal Care	20 (87%)	22 (7.8%)
Inpatient Obstetrics Care	19 (83%)	15 (5.3%)
Mean Number of Total Providers (IQVIA-sourced)		
Mean Number of Total PCPs	1359 (627)	3.6 (0.66)
Geography		
No Rural Sites (NCRC)	0 (0%)	153 (54.3%)
Any Rural Sites (NCRC)	23 (100%)	129 (45.7%)
Ownership		
Independent Medical Practice at a Single Site	n/a	245 (86.8%)
Medical Group (multiple practices owned by a single owner)	n/a	31 (10.9%)
Other	n/a	6 (2.1%)
FQHC Designation	0 (0%)	5 (1.8%)
Part of an Independent Practice Association (IPA) or Clinically Integrated Network (CIN) for Medicaid work	6 (26%)	158 (56.0%)

Highest Tier of Medical Home		
Tier 1	2 (9%)	23 (8.2%)
Tier 2	7 (30%)	36 (12.8%)
Tier 3/4	11 (48%)	158 (56.0%)
Not Applicable	4 (17 %)	64 (22.7%)
Participation in an Accountable Care Organization (ACO)	15 (65%)	117 (41.5%)
<u>Practice Service to Medicaid Beneficiaries</u>		
Limit on Percentage of Patients with Medicaid		
Yes	0 (0%)	52 (18.4%)
No	21 (91%)	190 (67.4%)
Unsure	0 (0%)	29 (10.3%)
Missing	2 (9%)	11 (3.9%)
Mean <u>limit</u> that practice/system places on percentage of patients with Medicaid Insurance *(if yes to above)*	0 (0)	22.1 (3.56)

EXPERIENCE OF INDEPENDENT MEDICAL GROUPS AND PRACTICES

In this section, analyses are limited to independent medical groups and practices (unweighted n = 282) that self-identified as such and excluded all health system respondents.

When asked whether practices were part of one or more CCNC/Carolina ACCESS networks, practices reported as follows:

- 242 (84.4%) "Yes, we are part of one or more CCNC/Carolina ACCESS networks"
- 10 (3.6%) "Not currently, but we were part of a CCNC/Carolina ACCESS network in the past"
- 34 (12.0%) "No or I don't know"

Practice Satisfaction with Community Care of North Carolina (CCNC)/Carolina ACCESS and Traditional NC Medicaid Program

The following questions and findings are related to independent medical groups' and practices' experience with the traditional state-administered Medicaid program.

We asked practices to rate their overall experience working with the traditional NC Medicaid program including interactions with the state and with CCNC/Carolina ACCESS. We asked them to reflect over the past five years prior to transition to PHPs in July 2021. The results of this assessment are weighted and presented in Tables 2-9 as **frequencies and percentages.**

Table 2. Independent medical groups and practice participation with CCNC/Carolina ACCESS and overall experience with the NC Medicaid program and CCNC/Carolina ACCESS.

Questions	Satisfaction				
Does your participation with CCNC/Carolina ACCESS improve the care your practice/health system provides to your patients?					
	Yes, participation improves patient care a lot N (%)	**Yes, participation improves patient care a little N (%)**	**Participation does not affect care N (%)**	**Participation makes care a little worse N (%)**	**Participation makes care much worse N (%)**
	125 (49.4%)	66 (26.1%)	61 (24.2%)	1 (0.35%)	0 (0.0%)
Consider your practice's/health system's experience with the NC Medicaid Program over the past 5 years. Prior to the upcoming transition to PHPs:					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**I don't know N (%)**

How would you rate your overall experience working with the Medicaid program in NC?	57 (19.7%)	154 (53.3%)	58 (20.0%)	17 (5.8%)	3 (1.1%)
If you participated with CCNC/Carolina ACCESS, how would you rate your overall experience working with CCNC/Carolina ACCESS?	83 (29.1%)	131 (46.2%)	39 (13.8%)	6 (2.2%)	25 (8.8%)

Table 3. Satisfaction of independent medical groups and practices with the traditional NC Medicaid system (including experience with CCNC/Carolina ACCESS)

Items	**Satisfaction**				
Based on your practice's/health system's experience with the <u>traditional North Carolina Medicaid system</u> (including experience with CCNC/Carolina ACCESS), please rate the following factors:					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**I don't know N (%)**
Provider relations overall	68 (23.7%)	141 (49.4%)	58 (20.3%)	12 (4.2%)	7 (2.4%)
Timeliness to answer questions and/or resolve problems	55 (19.2%)	116 (40.6%)	71 (24.7%)	40 (14.0%)	5 (1.6%)
Education and training related to billing, prior authorizations, or other administrative activities	52 (18.0%)	130 (45.6%)	63 (21.9%)	30 (10.4%)	12 (4.1%)
Timeliness of claims processing	88 (30.6%)	134 (46.9%)	45 (15.7%)	12 (4.2%)	8 (2.6%)
Accuracy of claims processing	66 (23.2%)	150 (52.5%)	50 (17.4%)	10 (3.4%)	10 (3.6%)
Process for managing prior authorization	30 (10.3%)	136 (47.5%)	78 (27.2%)	28 (9.9%)	14 (5.0%)
Process for managing grievances and appeals	26 (9.2%)	100 (35.0%)	76 (26.7%)	32 (11.1%)	52 (18.1%)
Adequacy of reimbursement to provide the care needed for Medicaid patients	37 (13.1%)	125 (43.7%)	69 (24.1%)	44 (15.4%)	11 (3.7%)
Access to medical specialists for Medicaid patients	29 (10.1%)	131 (45.816%)	73 (25.6%)	40 (14.0%)	13 (4.6%)

Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	23 (8.0%)	81 (28.3%)	81 (28.3%)	80 (27.9%)	22 (7.6%)
Access to behavioral health therapists for Medicaid patients	20 (7.0%)	78 (27.1%)	95 (33.3%)	68 (23.8%)	25 (8.8%)
Access to children's developmental services	22 (7.6%)	91 (32.1%)	50 (17.6%)	25 (8.7%)	97 (34.1%)
Access to needed drugs for Medicaid patients (formulary)	19 (6.8%)	131 (45.9%)	91 (31.6%)	23 (8.0%)	22 (7.7%)
Information, coaching, or other support which help you improve quality of care for your patients	28 (9.9%)	121 (42.3%)	64 (22.6%)	29 (10.0%)	43 (15.2%)
Care/case management of your patients	45 (15.8%)	140 (48.9%)	56 (19.6%)	10 (3.4%)	35 (12.3%)
Support for addressing social determinants of health	34 (12.1%)	122 (42.6%)	62 (21.7%)	17 (5.9%)	51 (17.8%)
Type of data shared for management of quality of care (quality performance, utilization, etc.)	38 (13.4%)	128 (44.7%)	60 (21.1%)	18 (6.2%)	42 (14.5%)
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	36 (12.5%)	127 (44.4%)	55 (19.4%)	19 (6.7%)	49 (17.1%)
Timeliness of the data that is shared	31 (10.9%)	118 (41.4%)	58 (20.4%)	26 (9.0%)	52 (18.3%)

Figure 1: The four factors that independent medical groups and practices were most satisfied with under the traditional NC Medicaid system (including experience with CCNC/Carolina ACCESS)

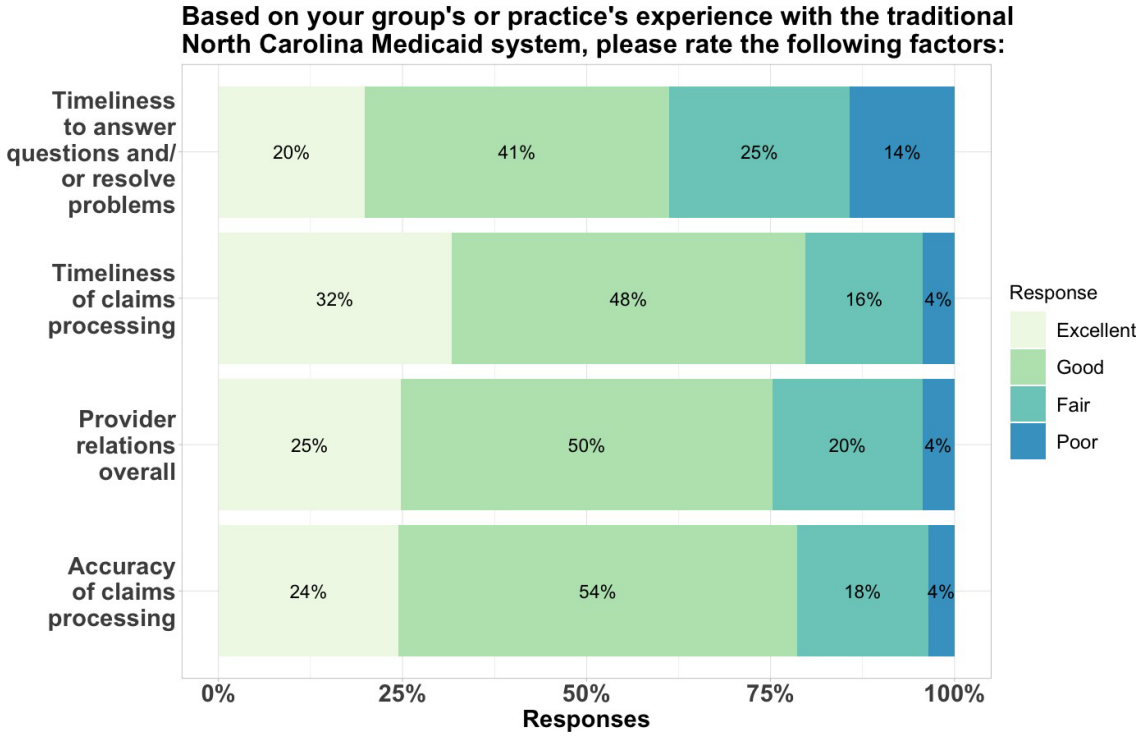
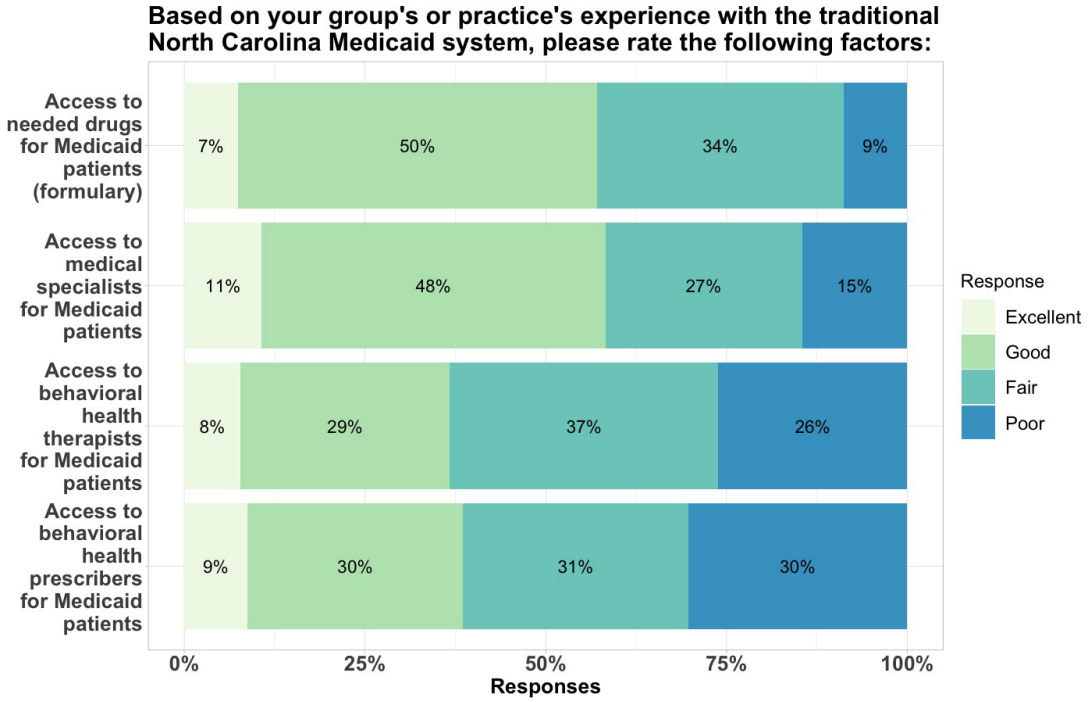


Figure 2: The four factors that independent medical groups and practices were least satisfied with under the traditional NC Medicaid system (including experience with CCNC/Carolina ACCESS)



Practice satisfaction with NC Medicaid credentialing process

Table 4. Independent Medical Groups and Practice Satisfaction with the current (spring 2021) NC Medicaid Credentialing Process.

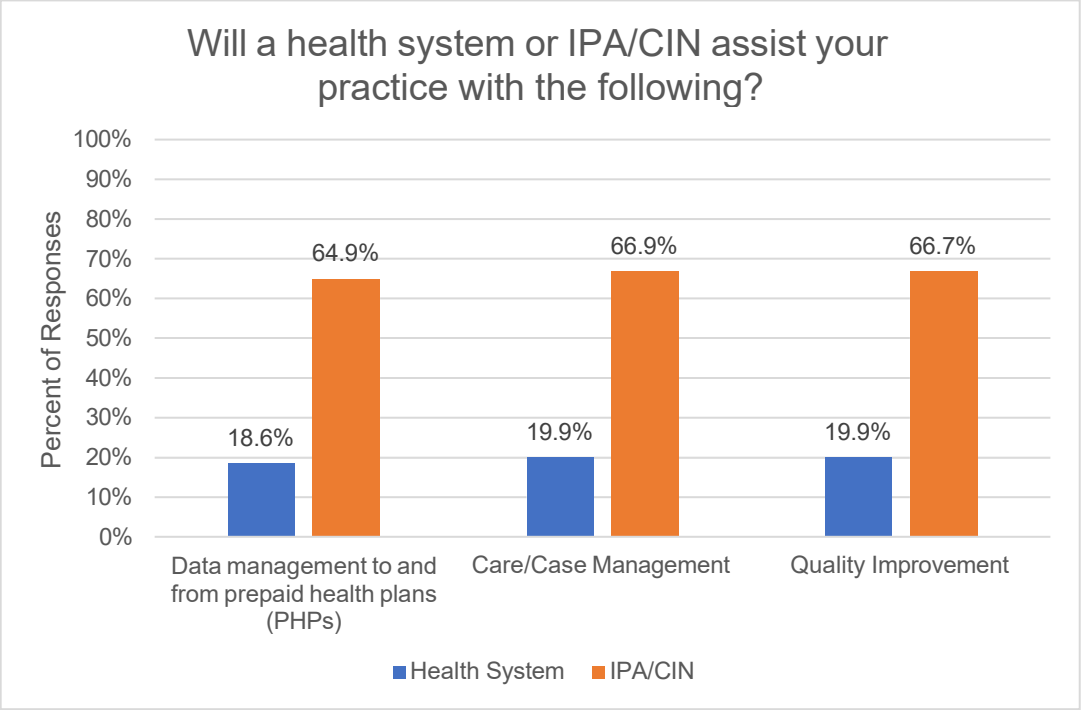
Questions	Satisfaction			
For each of the statements below regarding credentialing for Medicaid, please indicate whether you:				
	Strongly Agree N (%)	**Agree N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**
a. I received appropriate notice on the need to recredential	60 (21.8%)	173 (63.2%)	31 (11.4%)	10 (3.6%)
b. The credentialing/recredentialing process occurred in a timely manner	55 (20.0%)	173 (63.2%)	37 (13.4%)	9 (3.4%)
c. Provider relations credentialing staff were friendly and knowledgeable	49 (18.3%)	177 (65.9%)	35 (12.9%)	8 (2.9%)

Other Support for Practices

Table 5. Independent medical groups and practice satisfaction with regional AHEC coaches

Questions	Satisfaction			
In the past 6 months did you engage with a Regional Area Health Education Center (AHEC) coach to help your practice prepare for the transition to Medicaid managed care?				
	Yes N (%)		**No N (%)**	
	127 (45.7%)		151 (54.3%)	
If YES, how would you rate your level of satisfaction with the support provided by the Regional AHEC?				
	Very Satisfied N (%)	**Satisfied N (%)**	**Unsatisfied N (%)**	**Very Unsatisfied N (%)**
	88 (70.8%)	36 (29.2%)	0 (0.0%)	0 (0.0%)

Figure 3. Current support from health systems and independent practice association (IPA)/clinically integrated network (CIN) for independent medical groups and practices**.



***Note: In the figure above, we have excluded responses of "I don't know" and missing responses. These questions have very high item non-response, constituting roughly half of the sample. We suggest using a high degree of caution when interpreting this figure given the rate of non-response. The survey team will be looking into this more in-depth.*

Independent Medical Groups and Practice Experience Contracting and Negotiating with PHPs

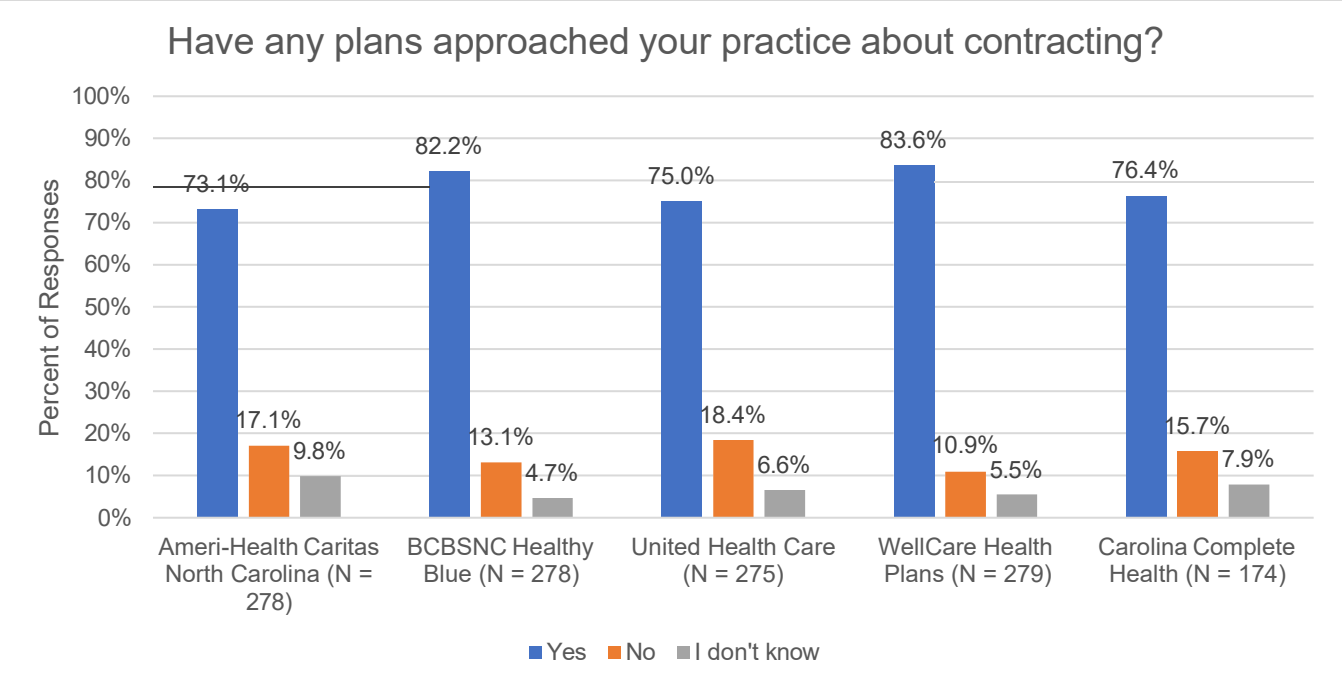
The following questions and findings are related to independent medical groups' and practices' experience negotiating and contracting with PHPs, rather than with the traditional state-administered Medicaid program.

When asked whether practices would continue to take care of patients insured by NC Medicaid **after they are enrolled in PHPs** (PHPs), responses were as follows:

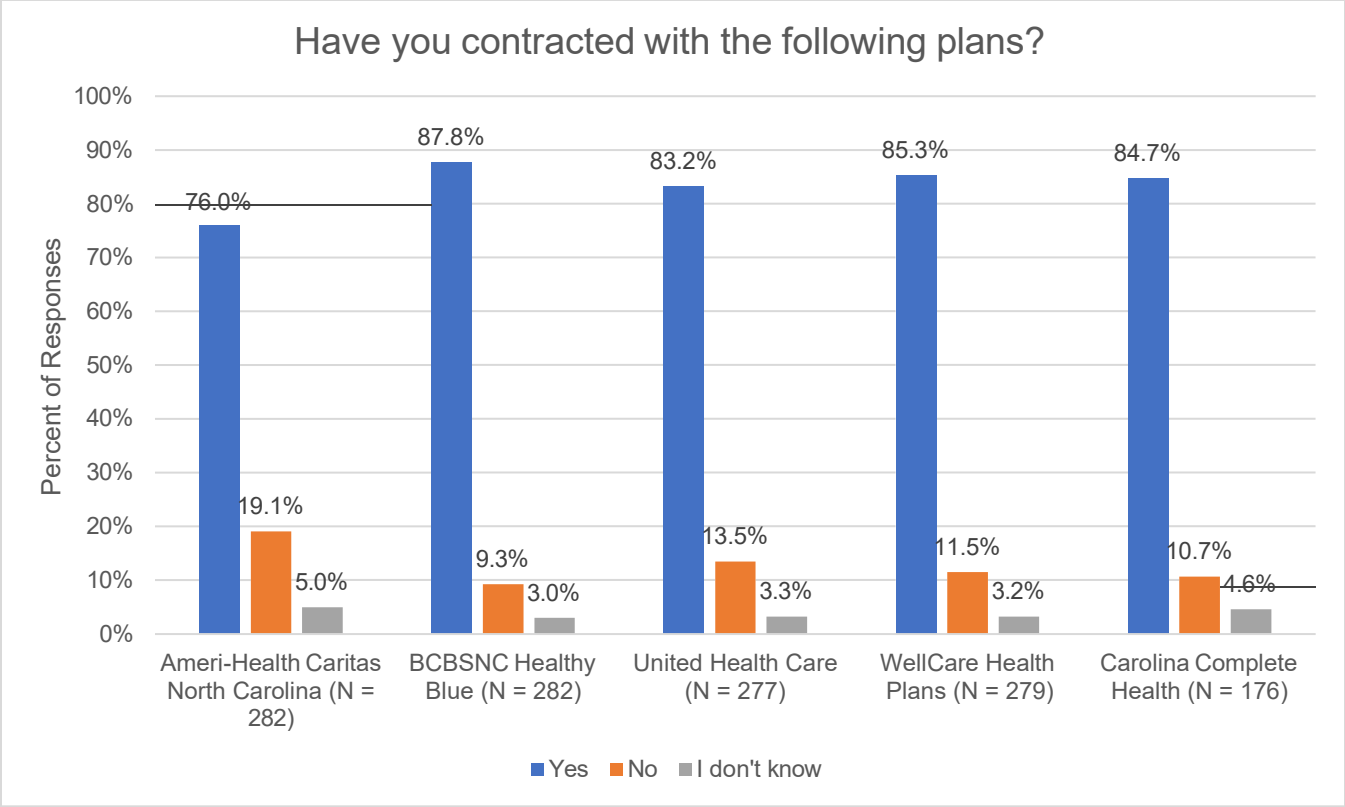
- 253 (89.5) "Yes"
- 16 (5.6%) "Still considering, and probably will"
- 7 (2.5%) "Still considering, and probably won't"
- 4 (1.4%) "No"
- 3 (1.1%) "I don't know what Prepaid Health Plans (PHPs) are"

Plans of practices for contracting with specific PHPs are displayed in Figures 4a-c.

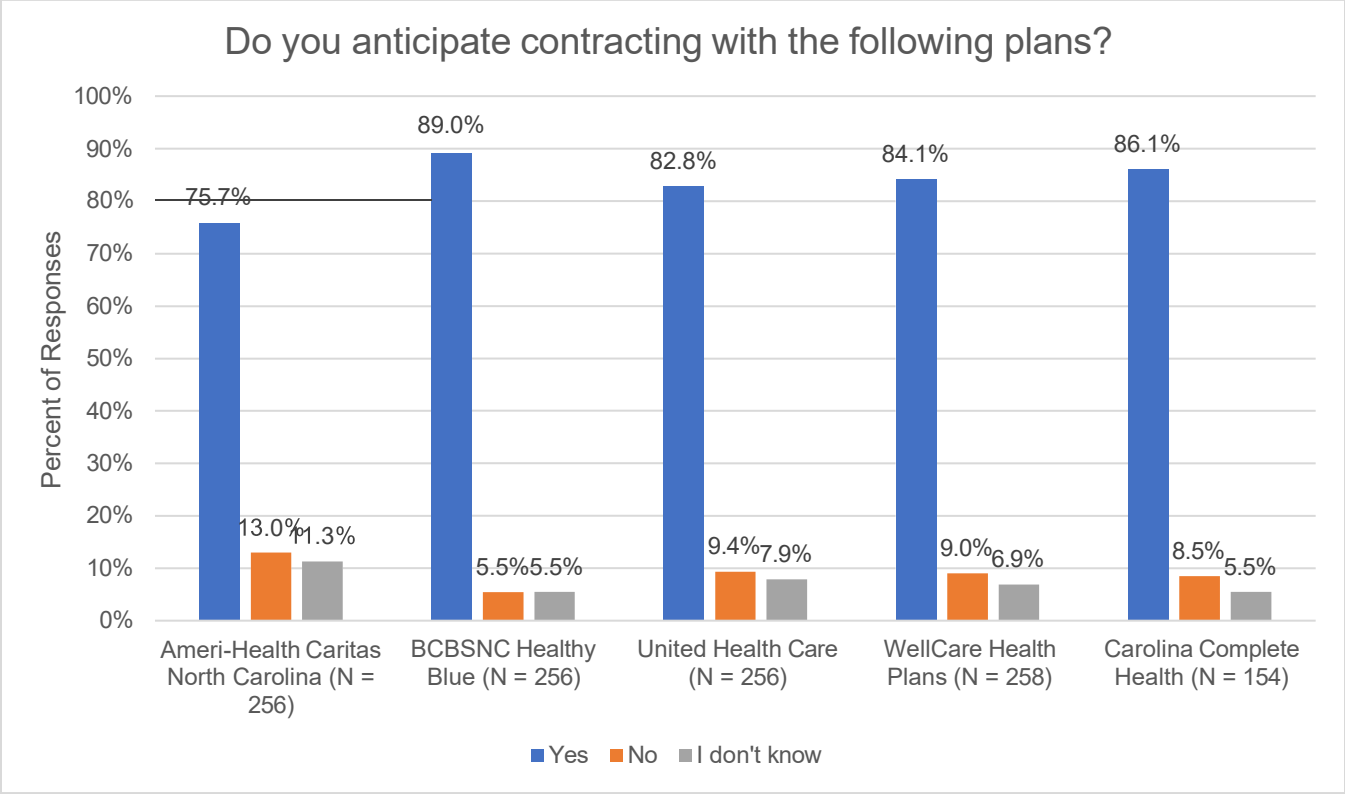
Figure 4a-c. Independent medical groups and practices plans for contracting with PHPs. The percentages are weighted. *Note: we only report percentages of those who responded to the questions.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.

Table 6. Independent medical groups and practice ranking of factors by importance when contracting with PHPs.

Items	**Importance**			
When deciding whether or not to contract with the Pre-Paid Health Plans (PHPs), how important are each of the following considerations?				
	Very Important N (%)	**Important N (%)**	**Somewhat Important N (%)**	**Not At All Important N (%)**
Provider relations overall	205 (73%)	64 (23%)	6 (2%)	7 (3%)
Timeliness to answer questions and/or resolve problems	216 (77%)	55 (20%)	4 (1%)	6 (2%)

Education and training related to billing, prior authorizations, or other administrative activities.	202 (71%)	66 (23%)	6 (2%)	9 (3%)
Timeliness of claims processing	226 (80%)	47 (17%)	1 (0.5%)	7 (3%)
Accuracy of claims processing	236 (84%)	37 (13%)	3 (1%)	6 (2%)
Process for managing prior authorization	215 (76%)	55 (20%)	6 (2%)	6 (2%)
Process for managing grievances and appeals	193 (69%)	69 (25%)	11 (4%)	7 (3%)
Adequacy of reimbursement to provide the care needed for Medicaid patients	243 (86%)	30 (11%)	4 (1%)	5 (2%)
Access to medical specialists for Medicaid patients	227 (81%)	46 (17%)	2 (1%)	5 (2%)
Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	223 (79%)	48 (17%)	4 (2%)	5 (2%)
Access to behavioral health therapists for Medicaid patients	219 (78%)	53 (19%)	5 (2%)	5 (2%)
Access to children's developmental services	183 (66%)	48 (1%)	12 (4%)	36 (13%)
Access to needed drugs for Medicaid patients (formulary)	218 (77%)	56 (20%)	3 (1%)	5 (2%)
Information, coaching, or other support which help you improve quality of care for your patients	176 (63%)	87 (31%)	9 (3%)	10 (3%)
Care/case management of your patients	193 (68%)	71 (25%)	13 (5%)	5 (2%)
Support for addressing social determinants of health	166 (59%)	90 (32%)	18 (6%)	6 (2%)
Type of data shared for management of quality of care (quality measures, utilization, etc.)	171 (61%)	85 (30%)	21 (7%)	5 (2%)
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	172 (61%)	81 (29%)	22 (8%)	5 (2%)
Timeliness of the data that is shared	176 (63%)	77 (28%)	20 (7%)	7 (3%)

Figure 5: The four most important factors considered when contracting with PHPs identified by independent medical groups and practices.

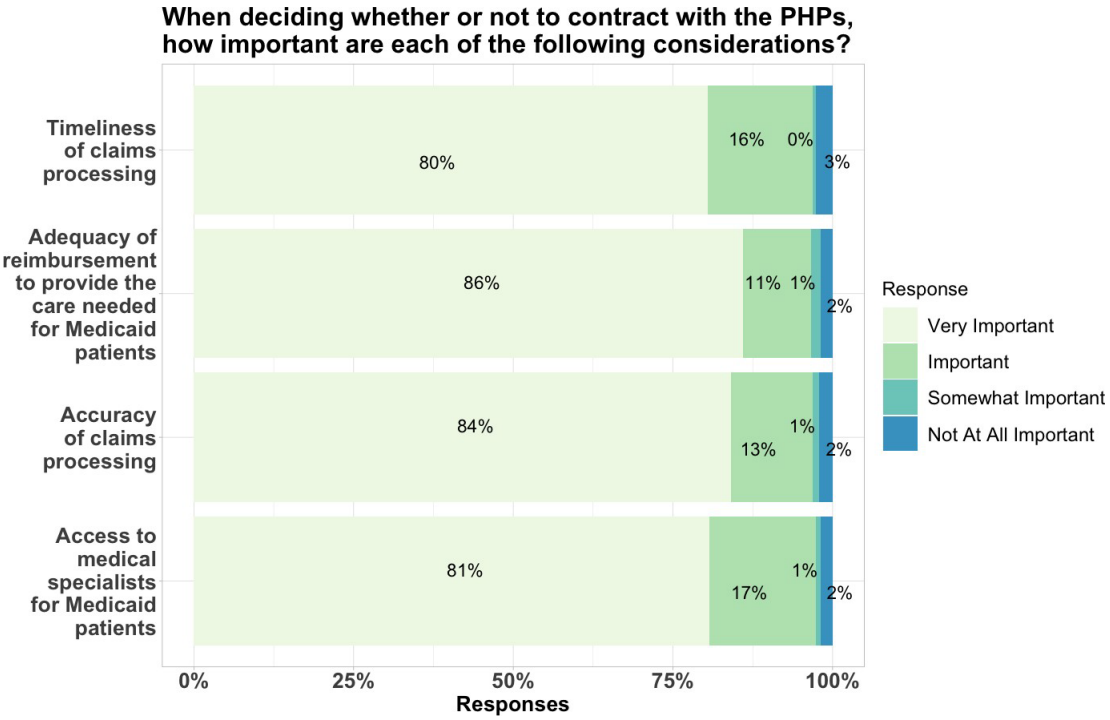
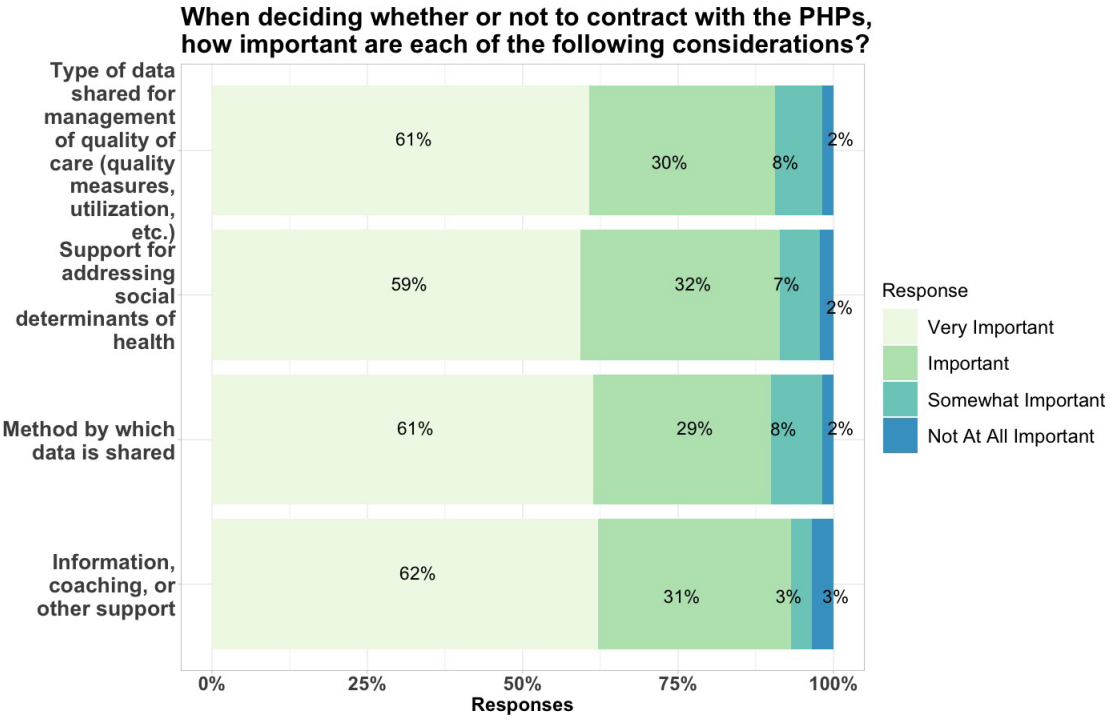


Figure 6: The four least important factors considered when contracting with PHPs identified by independent medical groups and practices. Note, they were still quite important.



Write in responses: "Below, please provide any comments on additional considerations that are important to you when deciding whether or not to contract with the Prepaid Health Plans."

Themes in write-in responses

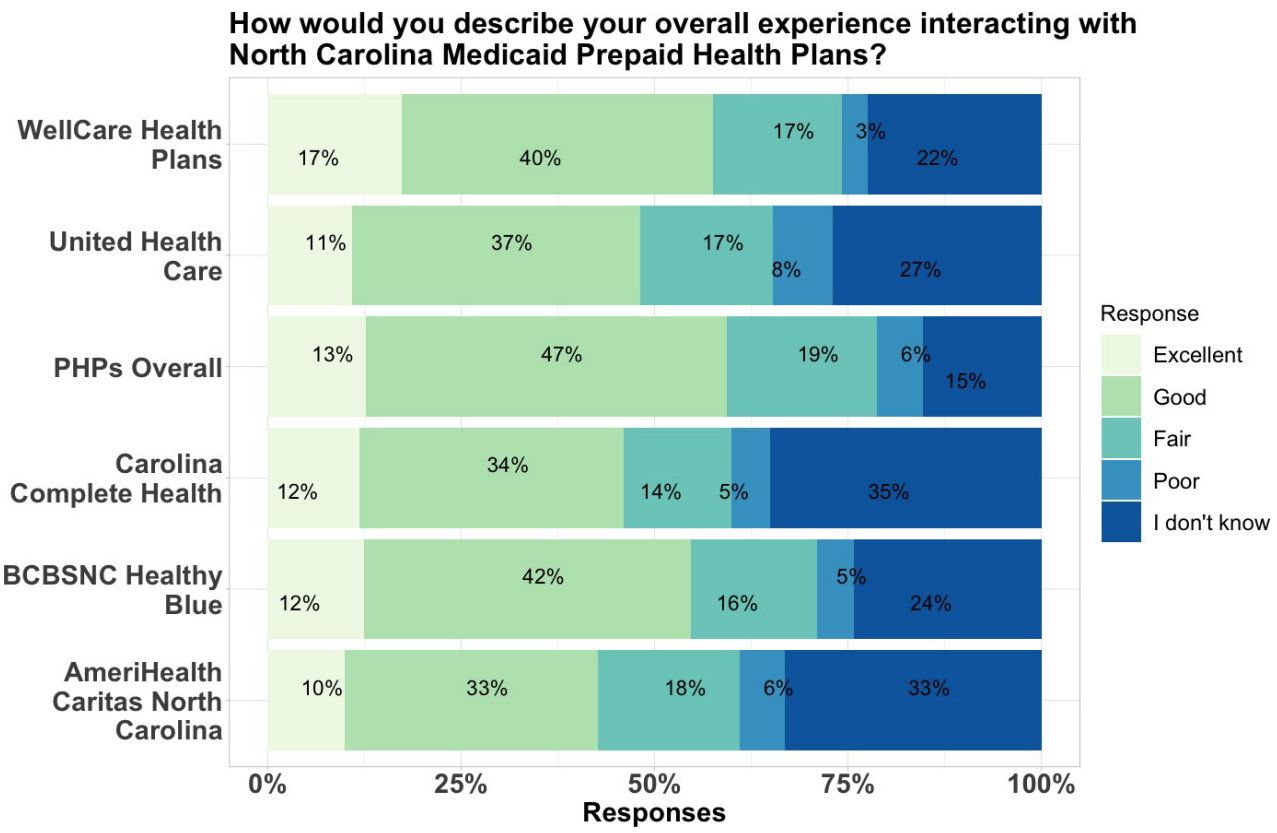
- A number of independent practices and medical groups who responded via free text stated that they joined all five available PHPs to provide equal access to care given unique coverage areas (Western NC, Eastern and Southern NC). Some felt that this was necessary as long as the terms were fair to reduce access obstacles for patients.
- Most respondents who were independent practices and medical groups noted that overall contractual terms and timely (weekly) reimbursements for submitted claims were important to them.
- Respondents worried about after claims-processing and authorizations, as well as having a point of contact for the business that wasn't a message center.

Table 7. Independent medical groups and practice ranking of satisfaction with North Carolina PHPs.

Plans	**Satisfaction**				
As of [CURRENT MONTH YEAR], how would you describe your overall experience interacting with North Carolina Medicaid Prepaid Health Plans?					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**I don't know N (%)**
1. Overall Experience	34 (12%)	132 (48%)	53 (19%)	16 (6%)	42 (15%)
2. AmeriHealth Caritas North Carolina	27 (10%)	93 (33%)	50 (18%)	17 (6%)	91 (33%)
3. BCBSNC Healthy Blue	34 (12%)	119 (43%)	45 (16%)	13 (5%)	67 (24%)
4. United Health Care	29 (11%)	105 (38%)	48 (17%)	21 (8%)	74 (27%)
5. WellCare Health Plans	47 (17%)	114 (41%)	45 (16%)	9 (3%)	62 (22%)
6. Carolina Complete Health	25 (14%)	68 (39%)	28 (16%)	4 (3%)	49 (28%)

Note: Numbers in this table for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.

Figure 7: Independent medical groups and practice ranking of satisfaction with North Carolina PHPs.



Write in responses: Below, please provide any additional comments you may have about your interaction with PHPs, specifying plans where applicable.

Themes in write-in responses

- Many free text responses from independent medical groups and practices noted that they had little to no communication with PHPs at the time of survey completion. Some indicated that they needed more information about the process, and a few indicated that PHPs had sent generic emails or started reaching out for virtual meetings.
- A few respondents noted that they had trouble getting listed or receiving an accurate, updated list of attributed patients. Moreover, respondents expressed worry that patients did not understand which individual providers are credentialed and participating with each PHP.
- Several respondents shared positive feedback for Community Care Physician Network (CCPN), a CIN that helped manage negotiations and contracting.

Table 8. Perceived influence of PHPs on short- and long- term Medicaid revenues of independent medical groups and practices.

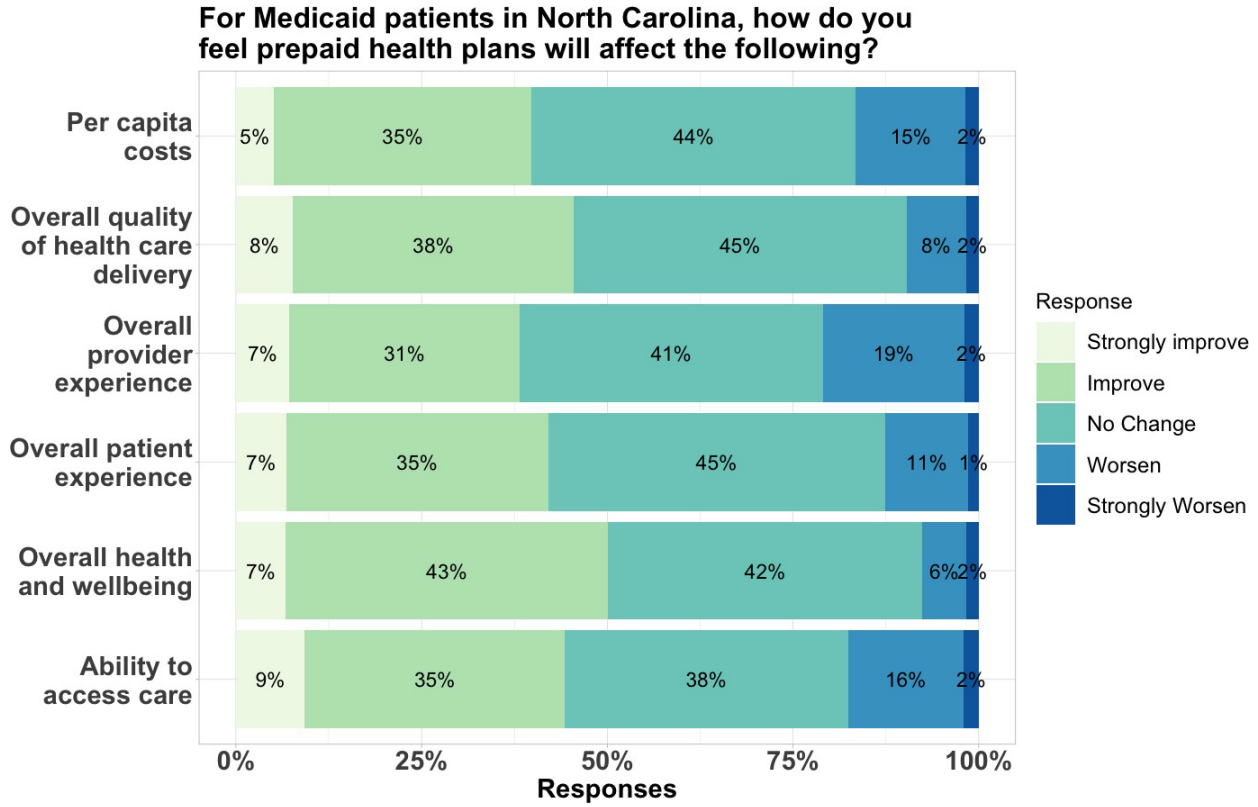
Short Versus Long-Term	Influence on Revenue			
Do you believe the change from the traditional model to Prepaid Health Plans will influence your Medicaid revenue?				
	Increase revenue N (%)	**Stay the Same N (%)**	**Decrease revenue N (%)**	**I don't know N (%)**
a. Short-Term (<2 years)	31 (11%)	92 (33%)	45 (16%)	112 (40%)
b. Long-Term (>2 years)	45 (16%)	44 (16%)	44 (16%)	128 (46%)

Perceived Impact of PHPs on Independent Medical Groups and Practices

Table 9. Independent medical groups and practice global perceived impact of PHPs on patients with Medicaid in North Carolina.

Items	Perceived Impact of PHPs				
For patients with Medicaid in North Carolina, how do you feel Prepaid Health Plans will affect:					
	Strongly Improve N (%)	**Improve N (%)**	**No Change N (%)**	**Worsen N (%)**	**Strongly Worsen N (%)**
a. Overall health and well-being?	18 (7%)	119 (43%)	118 (43%)	16 (6%)	5 (2%)
b. Overall quality of health care delivery?	21 (8%)	104 (38%)	125 (45%)	22 (8%)	5 (2%)
c. Overall patient experience?	18 (7%)	97 (35%)	126 (46%)	31 (11%)	4 (1%)
d. Per capita costs?	14 (5%)	95 (34%)	121 (44%)	41 (15%)	5 (2%)
e. Overall provider experience?	19 (7%)	84 (31%)	113 (41%)	52 (19%)	5 (2%)
f. Ability to access care?	25 (9%)	96 (35%)	106 (38%)	42 (15%)	5 (2%)

Figure 8: Independent medical groups' and practices' global perceived impact of PHPs on patients with Medicaid in North Carolina.



HEALTH SYSTEM EXPERIENCE WITH NC MEDICAID TRANSITION TO MANAGED CARE

The analyses in this section only include health systems (n = 23).

Health System Satisfaction with Community Care of North Carolina (CCNC)/Carolina ACCESS and Traditional NC Medicaid Program

The following questions and findings are related to health systems' experience with the traditional state-administered Medicaid program.

When asked whether systems were part of one or more CCNC/Carolina ACCESS, they reported as follows:

- 10 (59%) "Yes, we are part of one or more CCNC/Carolina ACCESS networks"
- 2 (14%) "Not currently, but we were part of a CCNC/Carolina ACCESS network in the past"
- 5 (28%) "No or I don't know"

Health system satisfaction with CCNC/Carolina ACCESS is displayed below in Table 10.
Health systems also ranked their satisfaction working with the traditional North Carolina Medicaid system (including CCNC/Carolina ACCESS) prior to the transition to the PHPs. Health system satisfaction with the traditional NC Medicaid system is displayed in Table 11. Health system satisfaction with other Medicaid processes including Medicaid credentialing, as well as other support for health systems, are displayed in Tables 12 and 13. Please note that these tables represent **weighted counts** and **percentages.**

Table 10. Health system participation with CCNC/Carolina ACCESS and overall experience with NC Medicaid and CCNC/Carolina ACCESS.

Questions	Satisfaction				
Does your participation with CCNC/Carolina ACCESS improve the care your practice/health system provides to your patients?					
	Yes, participation improves patient care a lot N (%)	**Yes, participation improves patient care a little N (%)**	**Participation does not affect care N (%)**	**Participation makes care a little worse N (%)**	**Participation makes care much worse N (%)**
	2 (15%)	6 (50%)	4 (30%)	0 (0%)	1 (5%)
Consider your practice's/health system's experience with the NC Medicaid Program over the past 5 years. Prior to the upcoming transition to Prepaid Health Plans:					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**Not Applicable**

					N (%)
How would you rate your overall experience working with the Medicaid program in NC?	1 (7%)	9 (51%)	5 (31%)	2 (10%)	0 (0%)
If you participated with CCNC/Carolina ACCESS, how would you rate your overall experience working with CCNC/Carolina ACCESS?	1 (7%)	6 (37%)	5 (28%)	1 (7%)	3 (21%)

Table 11. Health system satisfaction with the traditional North Carolina Medicaid system (including experience with CCNC/Carolina ACCESS).

Items	**Satisfaction**				
Based on your practice's/health system's experience with the traditional North Carolina Medicaid system (including experience with CCNC/Carolina ACCESS), please rate the following factors:					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**I don't know N (%)**
Provider relations overall	2 (11%)	7 (47%)	3 (20%)	3 (18%)	1 (4%)
Timeliness to answer questions and/or resolve problems	2 (15%)	6 (40%)	2 (16%)	4 (26%)	1 (4%)
Education and training related to billing, prior authorizations, or other administrative activities	1 (7%)	7 (44%)	4 (27 %)	3 (18%)	1 (4%)
Timeliness of claims processing	2 (15%)	7 (45%)	4 (29%)	1 (7%)	1 (4%)
Accuracy of claims processing	1 (4%)	8 (48%)	6 (37%)	1 (7%)	1 (4%)
Process for managing prior authorization	0 (0%)	8 (52%)	4 (23%)	3 (17%)	1 (8%)
Process for managing grievances and appeals	0 (0%)	5 (30%)	6 (37%)	4 (29%)	1 (4%)
Adequacy of reimbursement to provide the care needed for Medicaid patients	0 (0%)	0 (0%)	6 (41%)	9 (56%)	1 (4%)
Access to medical specialists for Medicaid patients	0 (0%)	4 (23%)	11 (73%)	0 (0%)	1 (4%)

Access to behavioral health prescribers (eg, psychiatrists) for Medicaid patients	0 (0%)	1 (8%)	5 (33%)	7 (45%)	2 (15%)
Access to behavioral health therapists for Medicaid patients	0 (0%)	1 (8%)	6 (40%)	6 (38%)	2 (15%)
Access to children's developmental services	0 (0%)	4 (27%)	6 (36%)	2 (15%)	3 (22%)
Access to needed drugs for Medicaid patients (formulary)	0 (0%)	6 (37%)	7 (48%)	0 (11%)	1 (4%)
Information, coaching, or other support which help you improve quality of care for your patients	0 (0%)	3 (20%)	5 (32%)	6 (37%)	0 (11%)
Care/case management of your patients	0 (0%)	5 (32%)	5 (31%)	5 (29%)	1 (8%)
Support for addressing social determinants of health	1 (4%)	1 (8%)	5 (29%)	7 (48%)	2 (11%)
Type of data shared for management of quality of care (quality performance, utilization, etc.)	0 (0%)	3 (17%)	5 (31%)	6 (37%)	2 (15%)
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	0 (0%)	3 (21%)	5 (34%)	5 (30%)	2 (15%)
Timeliness of the data that is shared	0 (0%)	3 (21%)	5 (34%)	5 (30%)	2 (15%)

Figure 9: The four factors that health systems were most satisfied with under the traditional North Carolina Medicaid system (prior to the transition to PHPs).

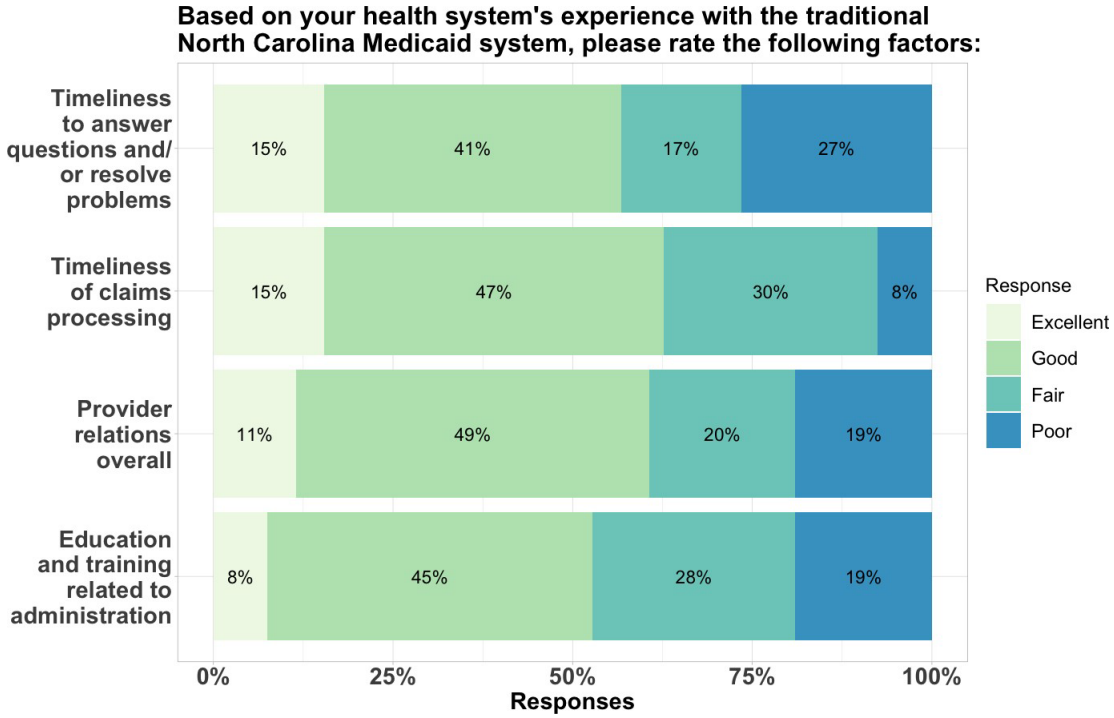
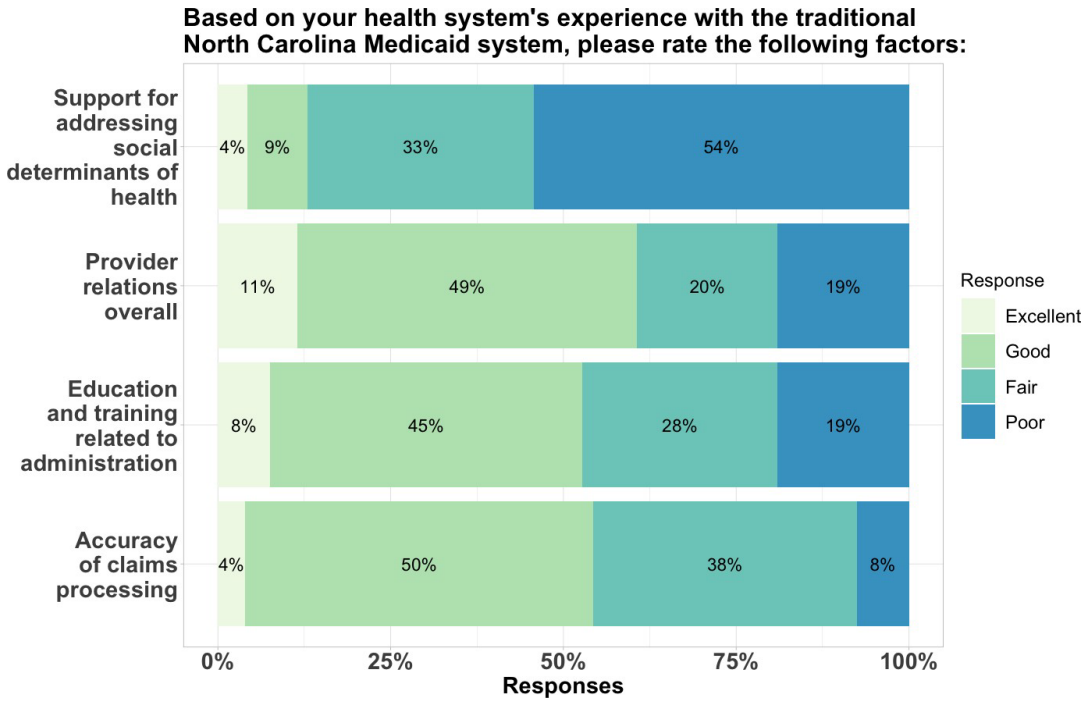


Figure 10: The four factors that health systems were least satisfied with under the traditional North Carolina Medicaid system (prior to the transition to PHPs).



Health System Satisfaction with NC Medicaid Credentialing Process

Table 12. Health system satisfaction with the current (spring 2021) NC Medicaid credentialing process.

Questions	Satisfaction			
For each of the statements below regarding credentialing for Medicaid, please indicate whether you:				
	Strongly Agree N (%)	**Agree N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**
a. I received appropriate notice on the need to recredential	1 (4%)	11 (71%)	2 (14%)	2 (11%)
b. The credentialing/recredentialing process occurred in a timely manner	1 (4%)	9 (57%)	4 (28%)	2 (11%)
c. Provider relations credentialing staff were friendly and knowledgeable	1 (4%)	10 (66%)	3 (23%)	1 (7 %)

Other Support for Health Systems

Table 13. Health system satisfaction with regional AHEC coaches.

Questions	Satisfaction	
In the past 6 months did you engage with a Regional Area Health Education Center (AHEC) coach to help your practice prepare for the transition to Medicaid managed care?		
	Yes N (%)	**No N (%)**
	3 (21%)	12 (79%)

Health System Experience Contracting and Negotiating with PHPs

The following questions and findings are related to health systems' experience negotiating and contracting with PHPs, rather than with the traditional state-administered Medicaid program.

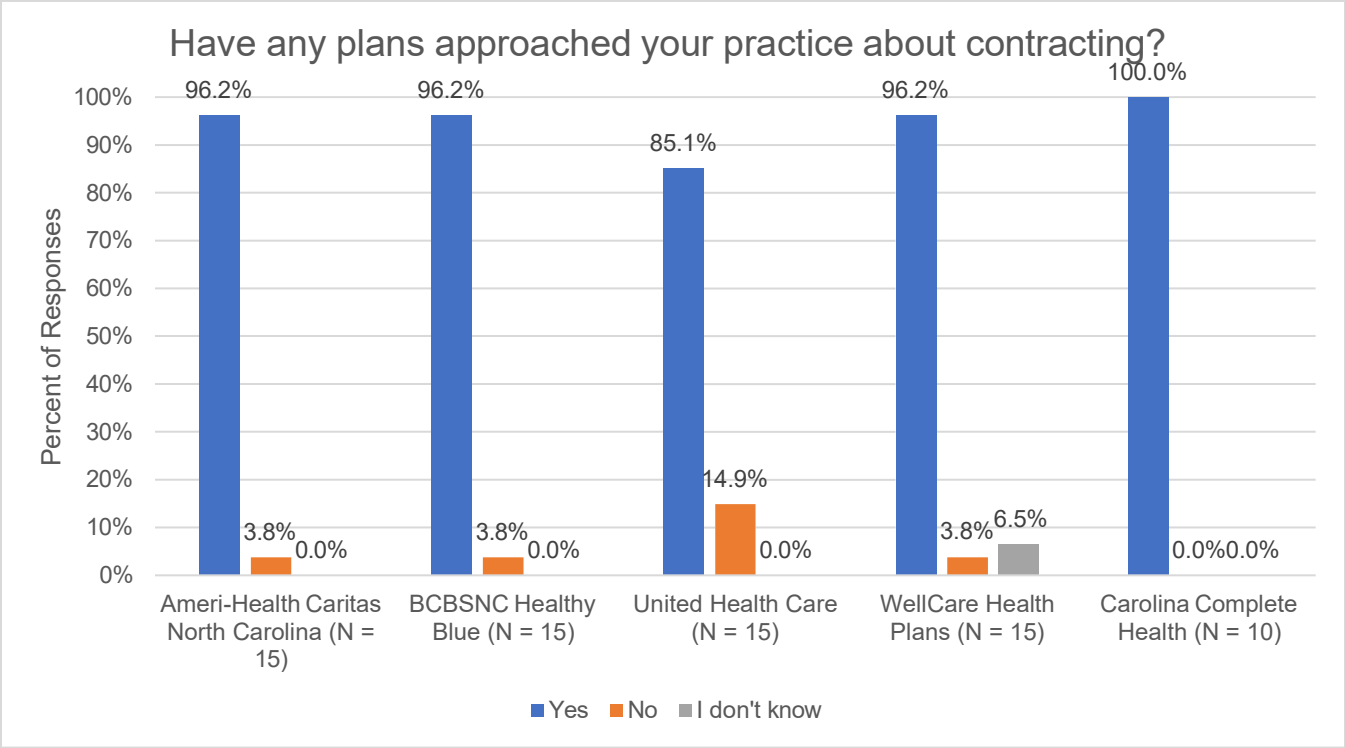
When asked whether practices would continue to take care of patients insured by NC Medicaid **after they are enrolled in PHPs**, responses were as follows:

- 14 (92%) "Yes"
- 1 (8%) "Still considering, and probably will"
- 0 (0%) "Still considering, and probably won't"

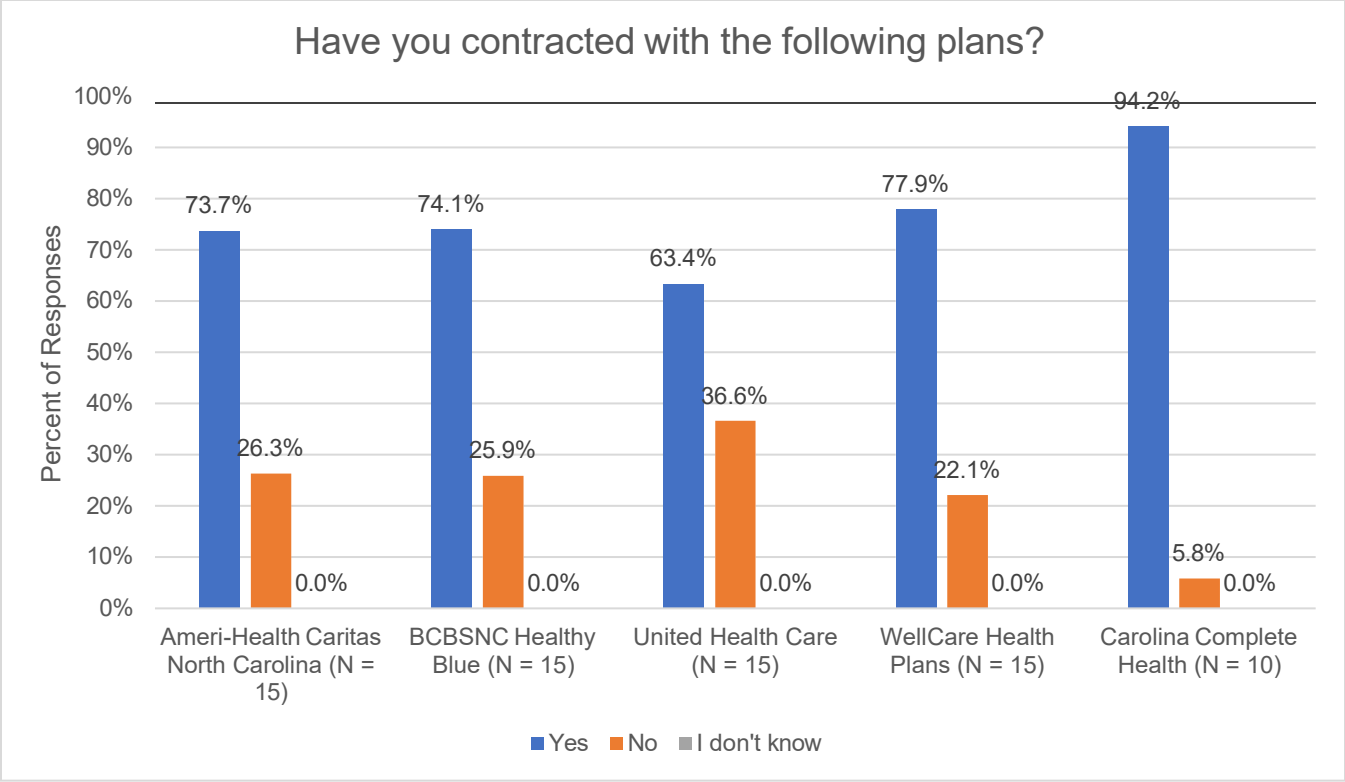
- 0 (0%) “No”
- 0 (0%) “I don’t know what Prepaid Health Plans (PHPs) are”

Plans of health systems for contracting with specific PHPs are displayed in Figures 11a-c.

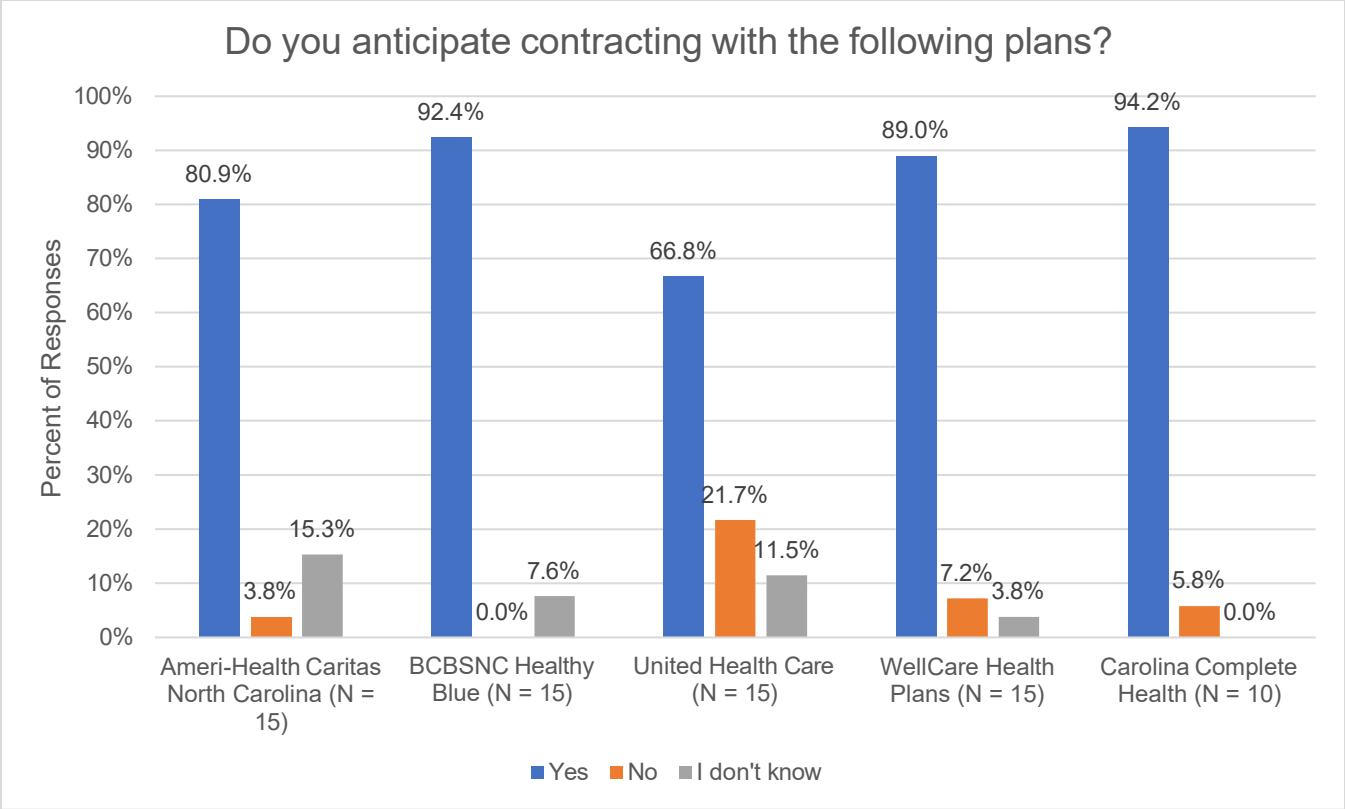
Figure 11a-c: Health system plans for contracting with PHPs.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.

Table 14. Health system ranking of factors by importance when contracting with PHPs.

Items	Importance			
When deciding whether or not to contract with the PHPs, how important are each of the following considerations?				
	Very Important N (%)	**Important N (%)**	**Somewhat Important N (%)**	**Not At All Important N (%)**
Provider relations overall	9 (57%)	6 (39%)	0 (0%)	1 (4%)
Timeliness to answer questions and/or resolve problems	13 (81%)	23 (19%)	0 (0%)	0 (0%)
Education and training related to billing, prior authorizations, or other administrative activities.	7 (45%)	8 (51%)	1 (4%)	0 (0%)
Timeliness of claims processing	14 (89%)	2 (11%)	0 (0%)	0 (0%)
Accuracy of claims processing	14 (92%)	1 (8%)	0 (0%)	0 (0%)
Process for managing prior authorization	13 (85%)	2 (15%)	0 (0%)	0 (0%)
Process for managing grievances and appeals	13 (81%)	3 (19%)	0 (0%)	0 (0%)
Adequacy of reimbursement to provide the care needed for Medicaid patients	13 (81%)	2 (15%)	1 (4%)	0 (0%)
Access to medical specialists for Medicaid patients	10 (66%)	5 (30%)	1 (4%)	0 (0%)
Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	11 (70%)	4 (26%)	1 (4%)	0 (0%)
Access to behavioral health therapists for Medicaid patients	11 (70%)	4 (26%)	1 (4%)	0 (0%)
Access to children's developmental services	10 (66%)	5 (30%)	1 (4%)	0 (0%)
Access to needed drugs for Medicaid patients (formulary)	10 (63%)	5 (34%)	1 (4%)	0 (0%)

Information, coaching, or other support which help you improve quality of care for your patients	8 (51%)	6 (37%)	2 (11%)	0 (0%)
Care/case management of your patients	9 (57%)	7 (44%)	0 (0%)	0 (0%)
Support for addressing social determinants of health	9 (57%)	6 (40%)	1 (4%)	0 (0%)
Type of data shared for management of quality of care (quality measures, utilization, etc.)	9 (60%)	6 (36%)	1 (4%)	0 (0%)
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	11 (74%)	3 (19%)	1 (8%)	0 (0%)
Timeliness of the data that is shared	12 (78%)	3 (23%)	0 (0%)	0 (0%)

Figure 12: The four most important factors considered when contracting with PHPs identified by health systems.

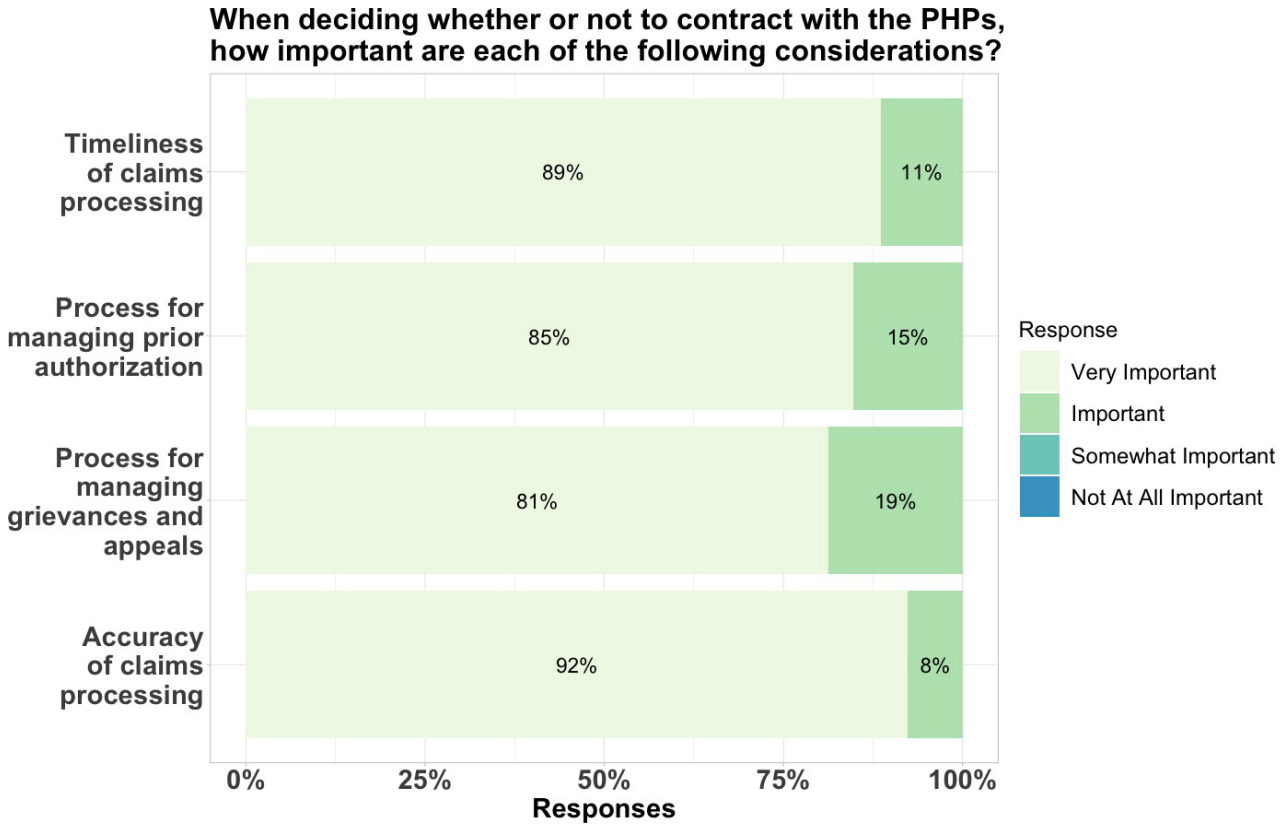
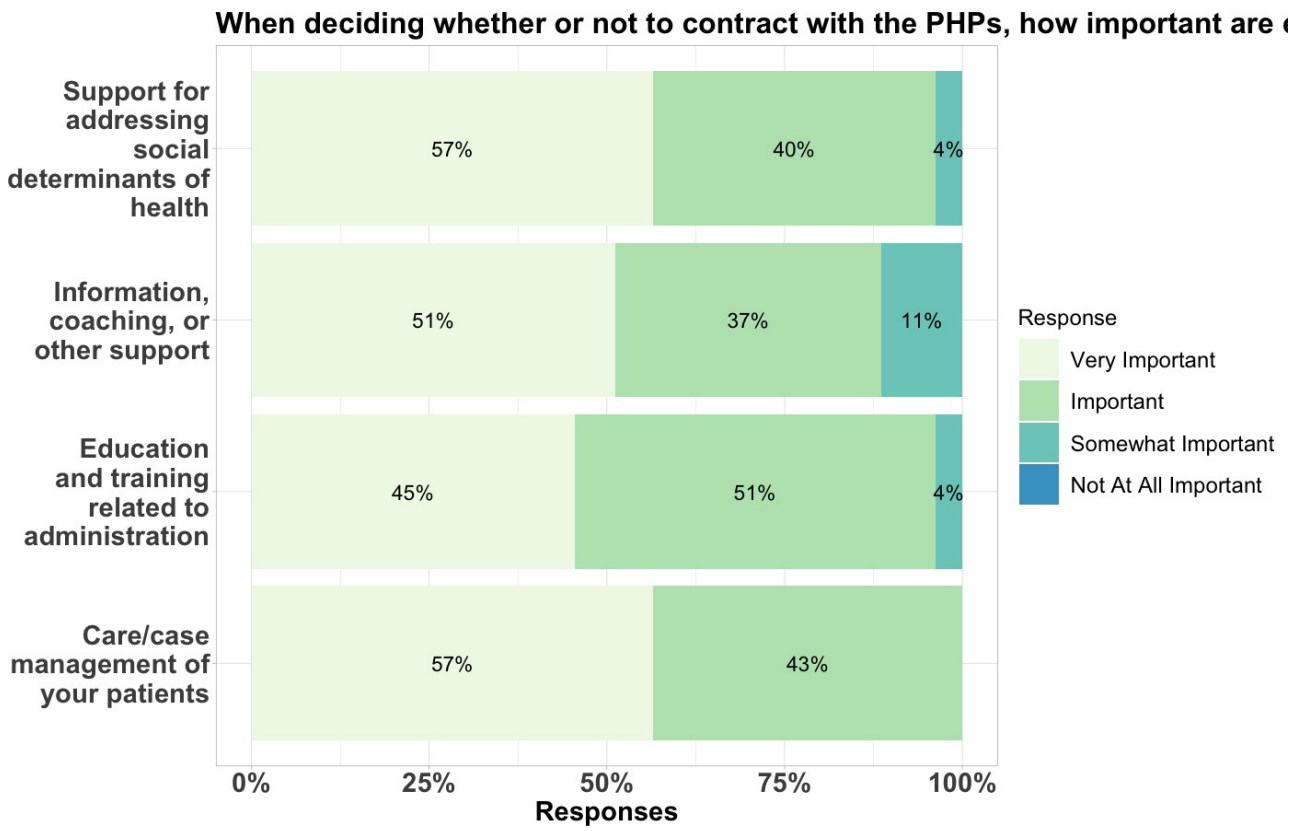


Figure 13: The four least important factors considered when contracting with PHPs identified by health systems.



Write in responses: "Below, please provide any comments on additional considerations that are important to you when deciding whether or not to contract with the PHPs."

Themes in write-in responses

- Health systems noted that appropriate and fair reimbursement, value-based agreements, and willingness to negotiate were factors that were important to them in making contracting decisions with PHPs.
- A few health systems chose to forego contracting with PHPs due to uncompetitive rates or unreasonable time limits on requesting corrections/adjustments to paid claims.

Table 15. Health system ranking of satisfaction with North Carolina PHPs.

Plans	Satisfaction				
As of [CURRENT MONTH YEAR], how would you describe your overall experience interacting with North Carolina Medicaid Prepaid Health Plans?					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**I don't know N (%)**
Overall Experience	0	7	3	5	1

	(0%)	(44%)	(19%)	(30%)	(8%)
AmeriHealth Caritas North Carolina	3 (22%)	6 (36%)	2 (15%)	3 (19%)	1 (8%)
BCBSNC Healthy Blue	1 (4%)	6 (36%)	3 (23%)	5 (30%)	1 (8%)
United Health Care	1 (8%)	5 (29%)	1 (8%)	7 (48%)	1 (8%)
WellCare Health Plans	1 (8%)	7 (44%)	3 (22%)	2 (11%)	2 (15%)
Carolina Complete Health	2 (23%)	4 (37%)	2 (17%)	2 (17%)	1 (6%)

Note: Numbers in this table for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.

Write in responses: Below, please provide any additional comments you may have about your interaction with PHPs, specifying plans where applicable.

Themes in write-in responses

- A few health systems named positive experiences with PHPs. One noted that payers were being difficult in initial contract and reimbursement negotiations, but the program delay led providers to contract under letters of agreement, which ultimately led to PHPs being more flexible.
- Health system respondents in free text noted that they are worried about PHP vendor carve-outs for claims processing and other functions, adding to the complexity health systems can expect with the go-live date.
- A few health systems expressed worry that PHPs were proposing unfavorable language to allow PHPs to modify agreement terms at any time and about proprietary fee schedules. Health systems thus expressed concern that fees and fines will be passed on to providers. Moreover, there was worry that many primary care practices had been closed to new patients despite Medicaid patient assignment.

Table 16. Perceived influence of PHPs on short- and long- term Medicaid revenues of health systems.

Short Versus Long-Term	**Influence on Revenue**			
Do you believe the change from the traditional model to Prepaid Health Plans will influence your Medicaid revenue?				
	Increase revenue N (%)	**Stay the Same N (%)**	**Decrease revenue N (%)**	**I don't know N (%)**

Short-Term (<2 years)	0	5	10	1

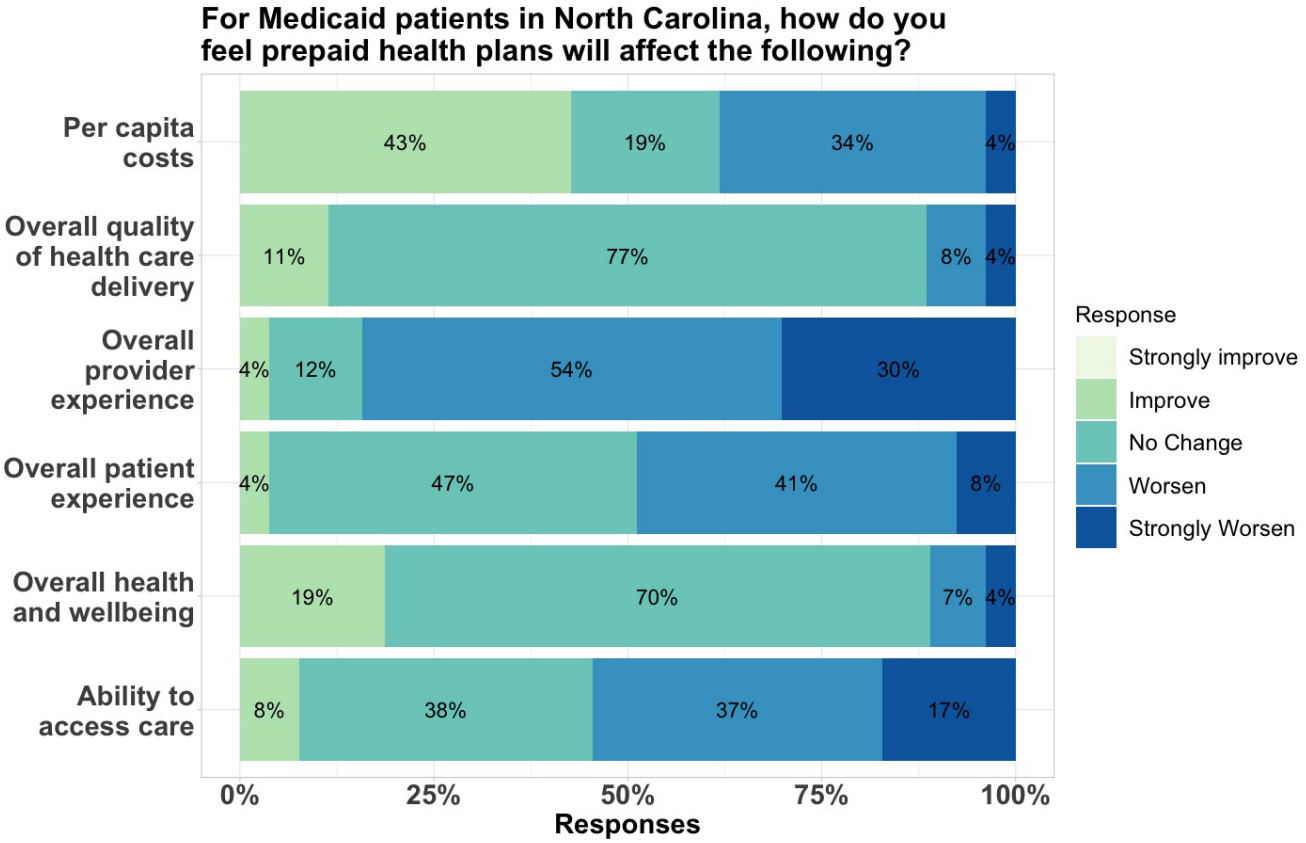
	(0 %)	(32%)	(64%)	(5%)
Long-Term (>2 years)	0 (0%)	1 (8%)	12 (77%)	2 (16%)

Health System Perceived Impact of PHPs on Patients with Medicaid in North Carolina

Table 17. Health system perceived impact of PHPs on patients with Medicaid in North Carolina.

Items	Perceived Impact of PHPs				
For patients with Medicaid in North Carolina, how do you feel Prepaid Health Plans will affect:					
	Strongly Improve N (%)	**Improve N (%)**	**No Change N (%)**	**Worsen N (%)**	**Strongly Worsen N (%)**
Overall health and well-being?	0 (0%)	3 (19%)	11 (70%)	1 (7%)	1 (4%)
Overall quality of health care delivery?	0 (0%)	2 (11%)	12 (77%)	1 (8%)	1 (4%)
Overall patient experience?	0 (0 %)	1 (4%)	7 (47%)	6 (41%)	1 (8%)
Per capita costs?	0 (0%)	7 (43%)	3 (19%)	5 (34%)	1 (4%)
Overall provider experience?	0 (0%)	1 (4%)	2 (12%)	8 (54%)	5 (30%)
Ability to access care?	0 (0%)	1 (8%)	6 (38%)	6 (37%)	3 (17%)

Figure 14: Health system perceived impact of PHPs on patients with Medicaid in North Carolina.



OBSTETRICS AND GYNECOLOGY (OB/GYN) PROVIDER EXPERIENCE WITH NC MEDICAID TRANSITION TO MANAGED CARE

The analyses presented in this section include only the organizations that self-report that they provide either prenatal/postnatal care for NC Medicaid patients, provide inpatient obstetrics care for NC Medicaid patients, or both (unweighted n = 42). Thus, this number may include physicians who are trained in family medicine but provide obstetrics services. It is not mutually exclusive from the organizations in the independent or system sections of this report.

Ob/Gyn Practice Satisfaction with Community Care of North Carolina (CCNC)/Carolina ACCESS and Traditional NC Medicaid Program

The following questions and findings are related to Ob/Gyn practices' experience with the traditional state-administered Medicaid program.

When asked whether practices were part of one or more CCNC/Carolina ACCESS, Ob/Gyn practices reported as follows:

- 26 (72%) "Yes, we are part of one or more CCNC/Carolina ACCESS networks"
- 2 (6%) "Not currently, but we were part of a CCNC/Carolina ACCESS network in the past"
- 8 (22%) "No or I don't know"

We asked Ob/Gyn practices to rate their overall experience working with the NC Medicaid program including interactions with the state and with CCNC/Carolina ACCESS. We asked them to reflect over the past five years prior to transition to PHPs in July 2021. The results of this assessment are weighted and presented in **Tables 18-25** as **frequencies and percentages.**

Table 18. Ob/Gyn practice participation with CCNC/Carolina ACCESS and overall experience with the Medicaid program in North Carolina and CCNC/Carolina ACCESS.

Questions	Satisfaction				
Does your participation with CCNC/Carolina ACCESS improve the care your practice/health system provides to your patients?					
	Yes, participation improves patient care a lot N (%)	**Yes, participation improves patient care a little N (%)**	**Participation does not affect care N (%)**	**Participation makes care a little worse N (%)**	**Participation makes care much worse N (%)**
	11 (37%)	13 (45%)	4 (15%)	0 (0%)	4 (2%)

Consider your practice's/health system's experience with the NC Medicaid Program over the past 5 years. <u>Prior to the upcoming transition</u> to Prepaid Health Plans:					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**Not Applicable N (%)**
a. How would you rate your overall experience working with the Medicaid program in NC?	3 (7%)	17 (46%)	15 (42%)	2 (4.7%)	0 (0%)
b. If you participated with CCNC/Carolina ACCESS, how would you rate your overall experience working with CCNC/Carolina ACCESS?	6 (16%)	14 (38%)	9 (24%)	2 (5%)	6 (17%)

Table 19. Satisfaction of Ob/Gyn practices with the Traditional North Carolina Medicaid system (including experience with CCNC/Carolina ACCESS).

Items	Satisfaction				
Based on your practice's/health system's experience with the traditional North Carolina Medicaid system (including experience with CCNC/Carolina ACCESS), please rate the following factors:					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**I don't know N (%)**
a. Provider relations overall	4 (11%)	18 (50%)	10 (29%)	3 (8%)	1 (2%)
b. Timeliness to answer questions and/or resolve problems	3 (9%)	10 (28%)	12 (34%)	10 (27%)	1 (2%)
c. Education and training related to billing, prior authorizations, or other administrative activities	3 (10%)	13 (36%)	13 (36%)	5 (17%)	1 (2%)
d. Timeliness of claims processing	7 (20%)	19 (54%)	4 (12%)	3 (9%)	2 (5%)
e. Accuracy of claims processing	5 (13%)	16 (45%)	11 (32%)	2 (5%)	2 (5%)
f. Process for managing prior authorization	2 (5%)	17 (47%)	8 (22%)	6 (17%)	3 (9%)
g. Process for managing grievances and appeals	1 (3%)	7 (21%)	15 (43%)	9 (25%)	3 (8%)
h. Adequacy of reimbursement to provide the care needed for Medicaid patients	2 (5%)	4 (13%)	11 (31%)	17 (49%)	1 (2%)
i. Access to medical specialists for Medicaid patients	3 (9%)	10 (29%)	17 (48%)	2 (4%)	4 (10%)
j. Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	2 (6%)	5 (15%)	12 (34%)	8 (23%)	8 (21%)
k. Access to behavioral health therapists for Medicaid patients	2 (6%)	5 (15%)	12 (34%)	8 (23%)	8 (21%)
l. Access to children's developmental services	1 (3%)	10 (29%)	7 (20%)	3 (9%)	14 (39%)
m. Access to needed drugs for Medicaid patients (formulary)	1 (3%)	14 (39%)	13 (38%)	2 (5%)	6 (16%)

n. Information, coaching, or other support which help you improve quality of care for your patients	2 (6%)	8 (23%)	10 (28%)	9 (25%)	6 (18%)
o. Care/case management of your patients	5 (13%)	14 (39%)	8 (24%)	5 (13%)	4 (12%)
p. Support for addressing social determinants of health	3 (8%)	11 (33%)	6 (16%)	8 (23%)	7 (20%)
q. Type of data shared for management of quality of care (quality performance, utilization, etc.)	2 (5%)	10 (28%)	8 (24%)	8 (24%)	7 (19%)
r. Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	1 (3%)	7 (21%)	11 (32%)	8 (22%)	8 (23%)
s. Timeliness of the data that is shared	2 (5%)	7 (21%)	9 (27%)	9 (24%)	8 (23%)

Figure 15: The four factors that Ob/Gyn providers were most satisfied with under the traditional North Carolina Medicaid system (prior to the transition to PHPs).

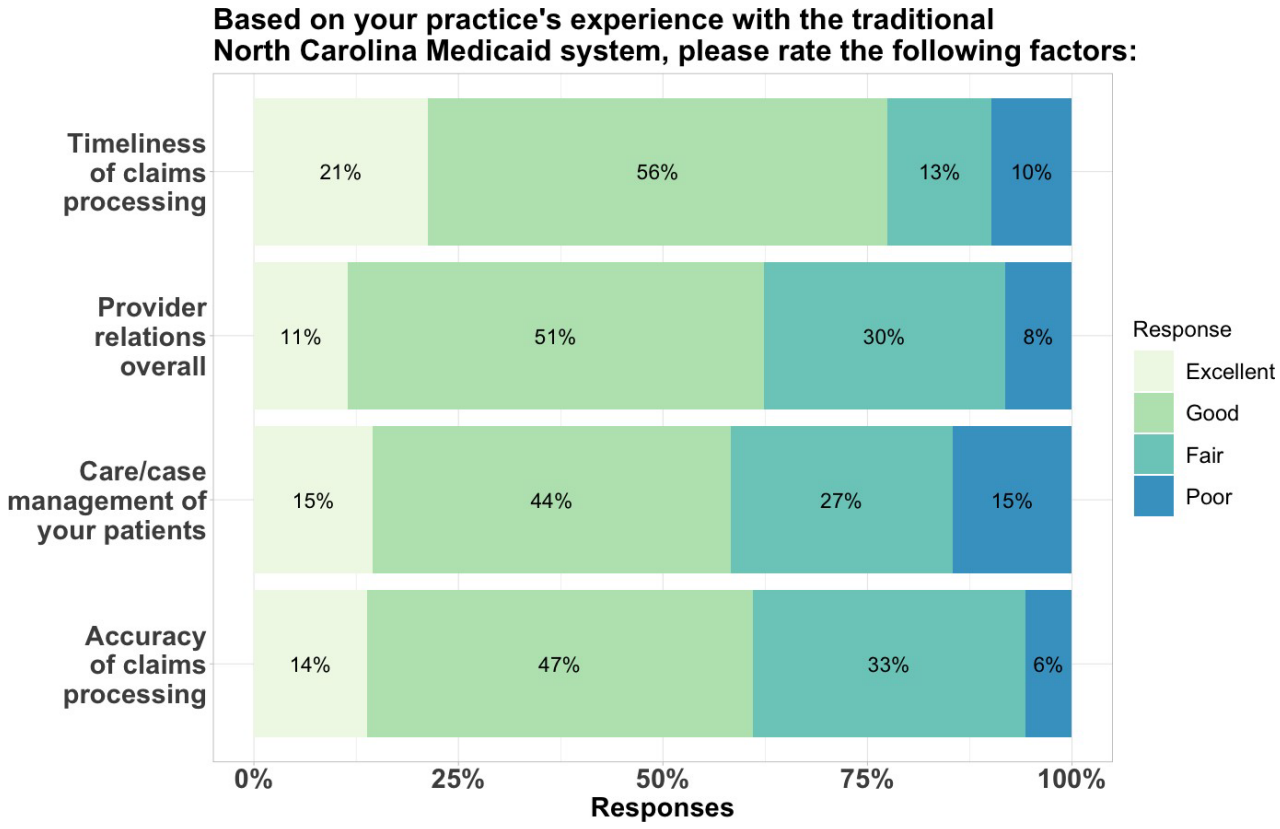
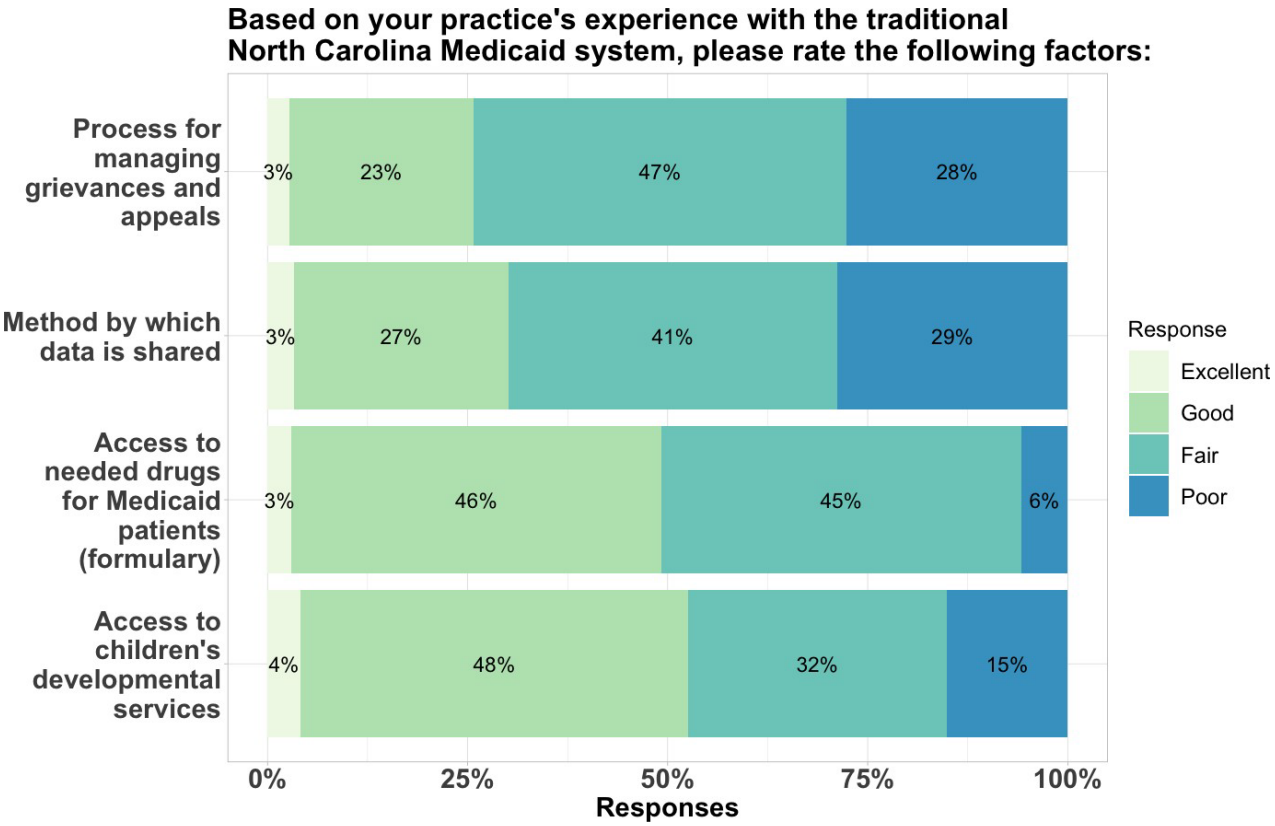


Figure 16: The four factors that Ob/Gyn providers were least satisfied with under the traditional North Carolina Medicaid system (prior to the transition to PHPs).



Ob/Gyn Practice Satisfaction with NC Medicaid Credentialing Process

Table 20. Ob/Gyn practice satisfaction with the NC Medicaid credentialing process.

Questions	Satisfaction			
For each of the statements below regarding credentialing for Medicaid, please indicate whether you:				
	Strongly Agree N (%)	**Agree N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**
a. I received appropriate notice on the need to recredential	2 (7 %)	24 (72%)	3 (9%)	4 (12%)
b. The credentialing/recredentialing process occurred in a timely manner	2 (7%)	21 (64%)	7 (21%)	2 (7%)
c. Provider relations credentialing staff were friendly and knowledgeable	2 (7%)	20 (64%)	7 (23%)	2 (6%)

Other Support for Ob/Gyn Practices

Table 21. Ob/Gyn practice satisfaction with regional AHEC coaches.

Questions	Satisfaction	
In the past 6 months did you engage with a Regional Area Health Education Center (AHEC) coach to help your practice prepare for the transition to Medicaid managed care?		
	Yes N (%)	**No N (%)**
	9 (27%)	24 (73%)

Ob/Gyn Practice Experience Contracting and Negotiating with PHPs

The following questions and findings are related to Ob/Gyn practices' experience negotiating and contracting with PHPs, rather than with the traditional state-administered Medicaid program.

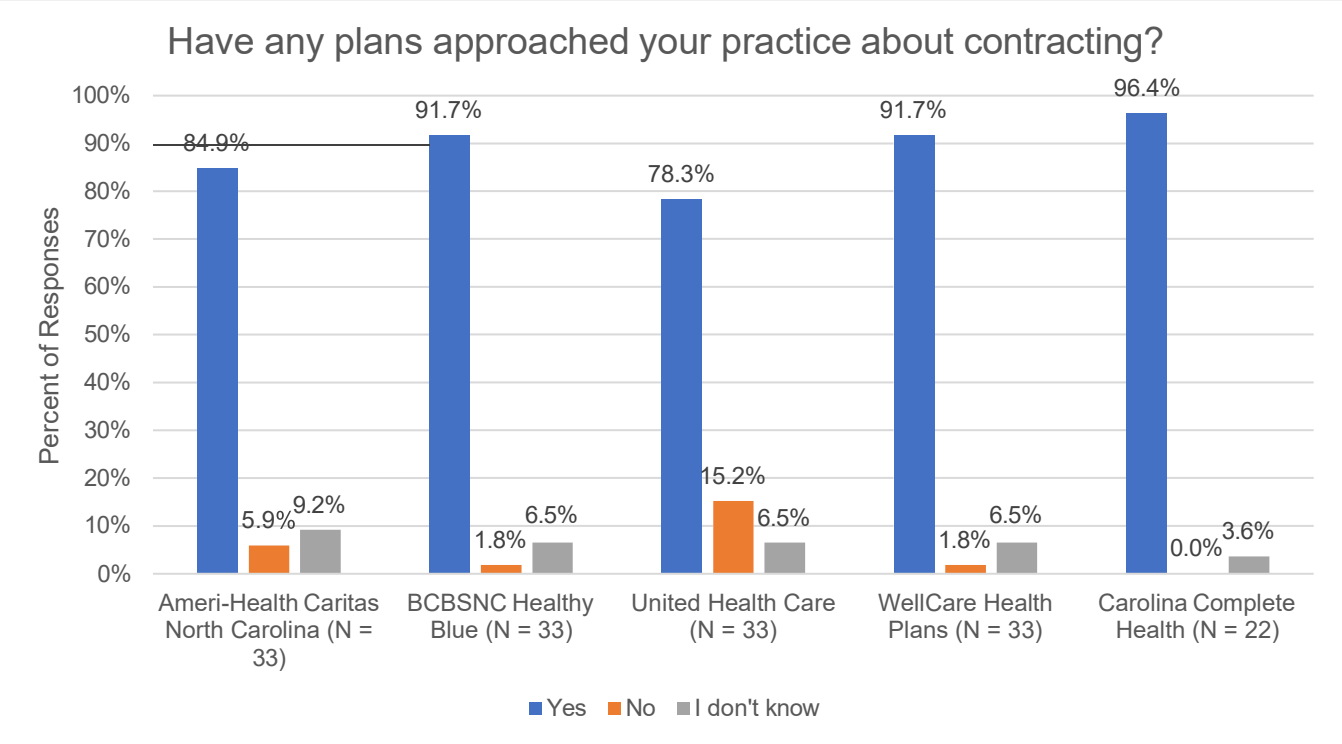
When asked whether Ob/Gyn practices would continue to take care of patients insured by NC Medicaid **after they are enrolled in PHPs**, responses were as follows:

- 31 (92%) "Yes"
- 1 (4%) "Still considering, and probably will"

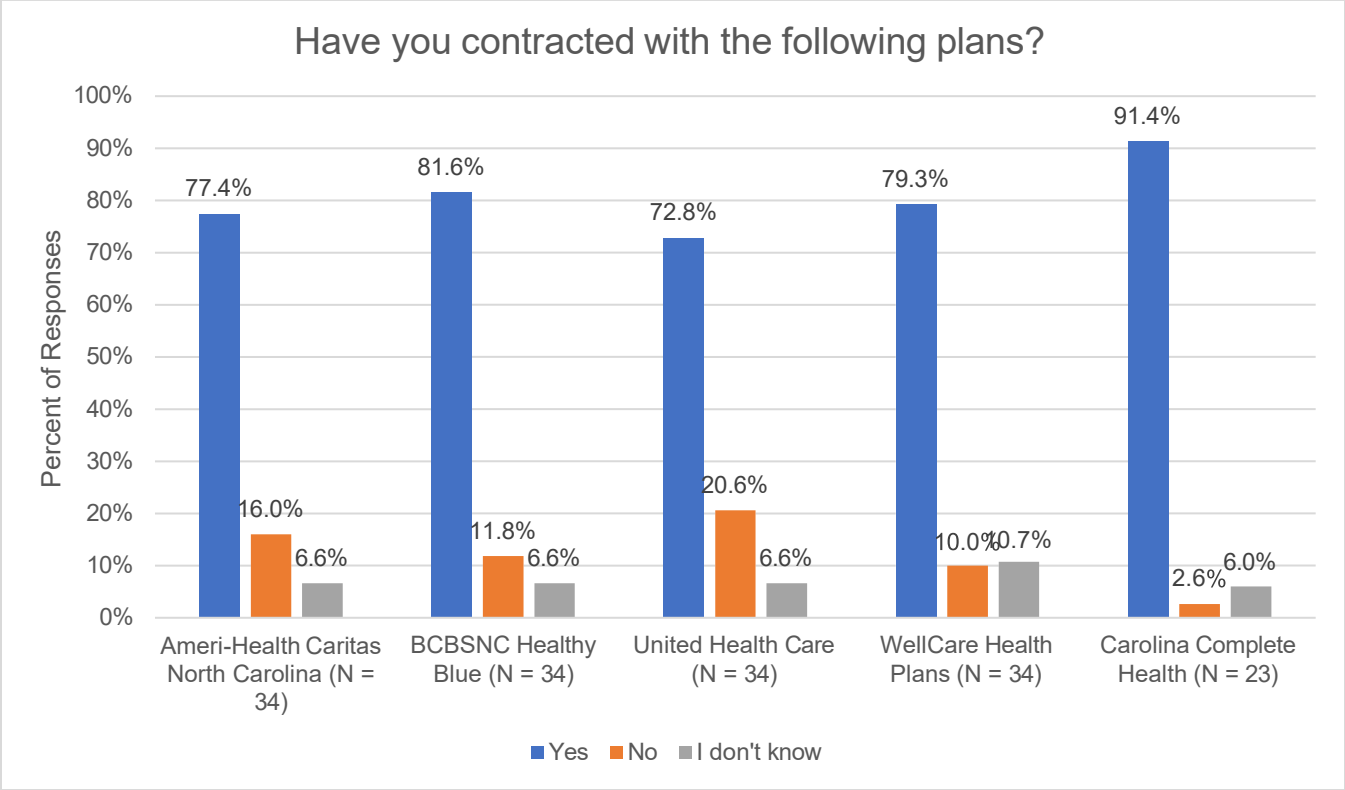
- 1 (4%) “Still considering, and probably won’t”
- 0 (0%) “No”
- 0 (0%) “I don’t know what Prepaid Health Plans (PHPs) are”

Plans of Ob/Gyn practices for contracting with specific PHPs are displayed in **Figures 17a-c**.

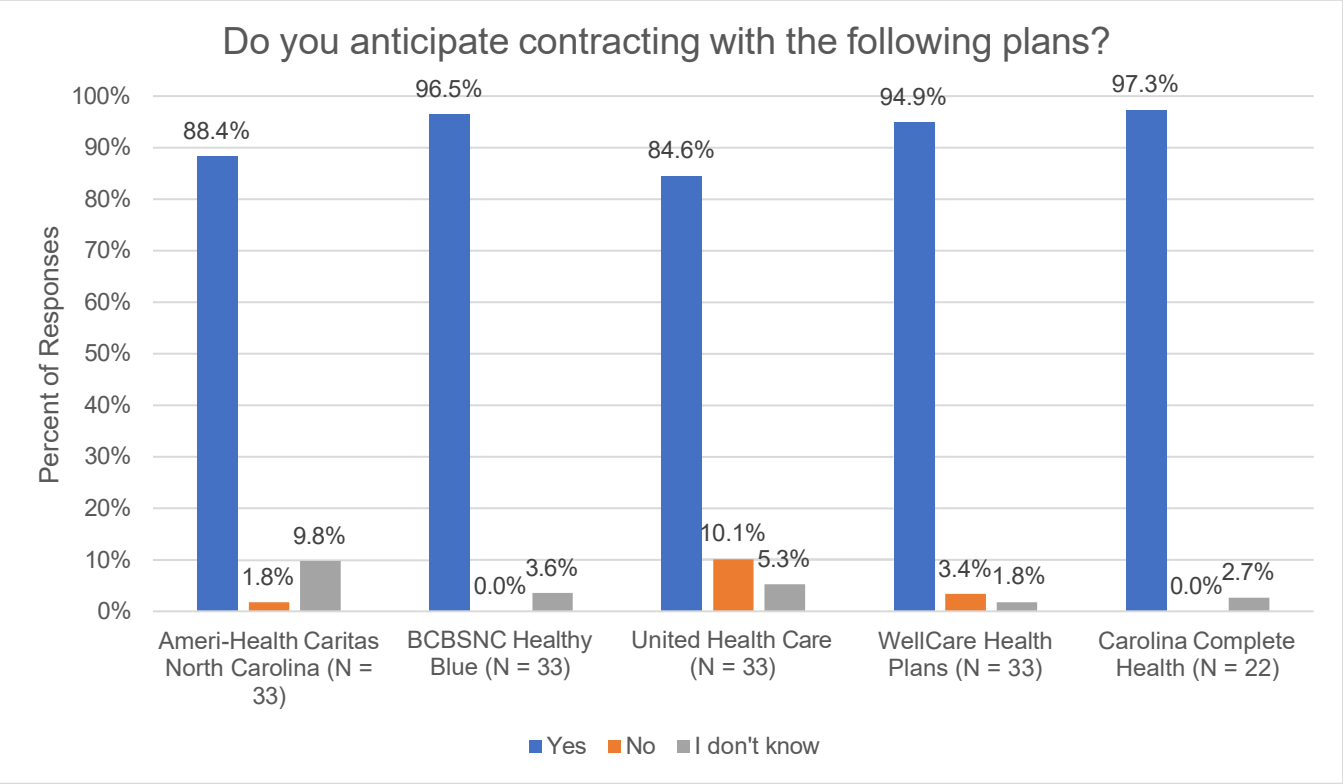
Figures 17a-c: Practice plans for contracting with PHPs.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.



Note: Numbers in this figure for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.

Table 22. Ob/Gyn practice ranking of factors by importance when contracting with PHPs.

Items	Importance			
When deciding whether or not to contract with the Pre-Paid Health Plans (PHPs), how important are each of the following considerations?				
	Very Important N (%)	**Important N (%)**	**Somewhat Important N (%)**	**Not At All Important N (%)**
Provider relations overall	22 (65%)	11 (33%)	0 (0%)	1 (2%)
Timeliness to answer questions and/or resolve problems	27 (78%)	7 (22%)	0 (0%)	0 (0%)
Education and training related to billing, prior authorizations, or other administrative activities.	22 (63%)	12 (35%)	1 (2%)	0 (0%)
Timeliness of claims processing	32 (93%)	2 (7%)	0 (0%)	0 (0%)
Accuracy of claims processing	32 (94%)	2 (6%)	0 (0%)	0 (0%)
Process for managing prior authorization	27 (80%)	7 (20%)	0 (0%)	0 (0%)
Process for managing grievances and appeals	28 (81%)	6 (17%)	1 (3%)	0 (0%)
Adequacy of reimbursement to provide the care needed for Medicaid patients	30 (89%)	3 (9%)	1 (2%)	0 (0%)
Access to medical specialists for Medicaid patients	24 (69%)	10 (29%)	1 (2%)	0 (0%)
Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	23 (66%)	10 (30%)	1 (4%)	0 (0%)
Access to behavioral health therapists for Medicaid patients	21 (62%)	11 (31%)	2 (7%)	0 (0%)
Access to children's developmental services	17 (51%)	11 (33%)	4 (13%)	1 (3%)
Access to needed drugs for Medicaid patients (formulary)	19 (57%)	13 (39%)	1 (4%)	0 (0%)

Information, coaching, or other support which help you improve quality of care for your patients	15 (44%)	17 (51%)	2 (5%)	0 (0%)
Care/case management of your patients	22 (64%)	12 (36%)	0 (0%)	0 (0%)
Support for addressing social determinants of health	16 (48%)	15 (45%)	2 (7%)	0 (0%)
Type of data shared for management of quality of care (quality measures, utilization, etc.)	18 (54%)	14 (42%)	1 (4%)	0 (0%)
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	20 (60%)	12 (34%)	2 (6%)	0 (0%)
Timeliness of the data that is shared	21 (63%)	11 (32%)	2 (5%)	0 (0%)

Table 23. Ob/Gyn practice ranking of satisfaction with North Carolina PHPs.

Plans	**Satisfaction**				
As of [CURRENT MONTH YEAR], how would you describe your overall experience interacting with North Carolina Medicaid PHPs?					
	Excellent N (%)	**Good N (%)**	**Fair N (%)**	**Poor N (%)**	**I don't know N (%)**
Overall Experience	1 (3%)	18 (52%)	6 (17%)	6 (18%)	4 (11%)
AmeriHealth Caritas North Carolina	6 (18%)	13 (38%)	7 (19%)	3 (8%)	5 (15%)
BCBSNC Healthy Blue	1 (4%)	14 (41%)	9 (26%)	5 (13%)	5 (15%)
United Health Care	2 (6 %)	14 (40%)	4 (11%)	9 (26%)	6 (17%)
WellCare Health Plans	3 (10%)	16 (47%)	6 (19%)	2 (5%)	6 (19%)
Carolina Complete Health	3 (14%)	10 (42%)	6 (26%)	2 (8%)	2 (10%)

Note: Numbers in this table for Carolina Complete Health include only organizations who have a presence in Regions 3, 4, or 5, where Carolina Complete Health is operating their PHP. Responses from organizations who have no presence in these regions were excluded from the Carolina Complete Health question.

Table 24. Perceived influence of PHPs on short- and long-term Medicaid revenues of Ob/Gyn practices.

Short Versus Long-Term	Influence on Revenue			
Do you believe the change from the traditional model to PHPs will influence your Medicaid revenue?				
	Increase revenue N (%)	**Stay the Same N (%)**	**Decrease revenue N (%)**	**I don't know N (%)**
Short-Term (<2 years)	3 (10%)	8 (24%)	17 (49%)	6 (17%)
Long-Term (>2 years)	4 (12%)	3 (8%)	20 (57%)	8 (23%)

Perceived Impact of PHPs on Ob/Gyn Practices

Table 25. Ob/Gyn practice global perceived impact of PHPs on patients with Medicaid in North Carolina.

Items	Perceived Impact of PHPs				
For patients with Medicaid in North Carolina, how do you feel Prepaid Health Plans will affect:					
	Strongly Improve N (%)	**Improve N (%)**	**No Change N (%)**	**Worsen N (%)**	**Strongly Worsen N (%)**
Overall health and well-being?	0 (0%)	12 (38%)	15 (46%)	5 (14%)	1 (2%)
Overall quality of health care delivery?	00 (0%)	9 (27%)	19 (56%)	5 (15%)	1 (2%)
Overall patient experience?	0 (0%)	5 (16%)	14 (42%)	11 (35%)	3 (8%)
Per capita costs?	0 (0%)	10 (32%)	12 (37%)	8 (25%)	2 (6%)
Overall provider experience?	0 (0%)	5 (16%)	7 (22%)	13 (39%)	7 (22%)
Ability to access care?	0 (0%)	8 (23%)	9 (28%)	13 (40%)	3 (10%)

PRACTICE SPECIFIC COMPARISONS: RESPONDENTS WITH A RURAL PRESENCE VERSUS NO RURAL PRESENCE

In this section, a respondent is defined as having a rural presence if **any** of its practice locations are rural as defined by the North Carolina Rural Center (NCRC) designated via county. For independent practices and medical groups, this would mean that having one location in a rural county would put them in the "any rural" category. Non-rural practices are those organizations which do not have any NCRC-defined rural practices associated with their business addresses. We present **means** and **standard deviations** in this section, as well as Wald test results to detect a significant difference in means. The main purpose of this stratification is to see if provider organizations with practice sites in rural areas answered differently than provider organizations with no practice sites in rural areas.

Table 26. Satisfaction with the traditional NC Medicaid system (including experience with CCNC/Carolina ACCESS) among respondents with a rural presence compared with those with no rural presence. For all items, scales range from 1-4, with lower scores indicating more satisfaction.

Items	Satisfaction		
Based on your practice's/health system's experience with the traditional North Carolina Medicaid system (including experience with CCNC/Carolina ACCESS), please rate the following factors:			
	Any Rural Practices (Mean, SD) (n= 152)	**Non-Rural Practices (Mean, SD) (n=153)**	**P-value**
Provider relations overall	2.15 (0.90)	2.02 (0.73)	0.038*
Timeliness to answer questions and/or resolve problems	2.41 (1.06)	2.31 (0.88)	0.20
Education and training related to billing, prior authorizations, or other administrative activities	2.28 (0.93)	2.27 (0.85)	0.89
Timeliness of claims processing	2.01 (0.83)	1.91 (0.78)	0.13
Accuracy of claims processing	2.10 (0.82)	1.99 (0.70)	0.056
Process for managing prior authorization	2.41 (0.88)	2.39 (0.76)	0.82

Process for managing grievances and appeals	2.56 (1.02)	2.48 (0.76)	0.29
Adequacy of reimbursement to provide the care needed for Medicaid patients	2.64 (1.03)	2.38 (0.85)	0.0003***
Access to medical specialists for Medicaid patients	2.40 (0.91)	2.52 (0.81)	0.055
Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	2.86 (1.03)	2.85 (0.90)	0.84
Access to behavioral health therapists for Medicaid patients	2.83 (1.03)	2.84 (0.81)	0.82
Access to children's developmental services	2.50 (0.98)	2.39 (0.76)	0.15
Access to needed drugs for Medicaid patients (formulary)	2.53 (0.86)	2.40 (0.67)	0.031*
Information, coaching, or other support which help you improve quality of care for your patients	2.42 (0.96)	2.43 (0.78)	0.92
Care/case management of your patients	2.22 (0.92)	2.13 (0.65)	0.17
Support for addressing social determinants of health	2.40 (0.93)	2.26 (0.75)	0.041*
Type of data shared for management of quality of care (quality performance, utilization, etc.)	2.31(0.93)	2.27 (0.75)	0.63
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	2.32 (0.91)	2.27 (0.76)	0.46
Timeliness of the data that is shared	2.37 (0.90)	2.37 (0.82)	0.82

*p < .05, **p < .01, ***p < .001

Note: Yellow highlight indicates items with a statistically significant difference in responses between organizations with a rural practice site and organizations without a rural practice site. The results in this Table are different than the original report due to data robustness checks which revealed coding errors our team has since corrected. There is no change in interpretation.

Table 27. Ranking of factors by importance when contracting with PHPs among respondents with a rural presence compared with those with no rural presence. For all items, scales range from 1-4, with lower scores indicating greater importance.

Items	Importance		
When deciding whether or not to contract with the Pre-Paid Health Plans (PHPs), how important are each of the following considerations?			
	Any Rural Practices (Mean, SD) (n= 152)	**Non-Rural Practices (Mean, SD) (n=153)**	**P-value**
Provider relations overall	1.32 (0.58)	1.38 (0.68)	0.25
Timeliness to answer questions and/or resolve problems	1.23 (0.48)	1.32 (0.63)	0.041*
Education and training related to billing, prior authorizations, or other administrative activities.	1.32 (0.56)	1.42 (0.71)	0.058
Timeliness of claims processing	1.16 (0.40)	1.31 (0.65)	0.0003***
Accuracy of claims processing	1.14 (0.38)	1.25 (0.60)	0.0075**
Process for managing prior authorization	1.24 (0.50)	1.33 (0.64)	0.043*
Process for managing grievances and appeals	1.35 (0.62)	1.42 (0.70)	0.013*
Adequacy of reimbursement to provide the care needed for Medicaid patients	1.14 (0.39)	1.23 (0.59)	0.019*
Access to medical specialists for Medicaid patients	1.20 (0.45)	1.28 (0.59)	0.050*
Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	1.29 (0.61)	1.23 (0.49)	0.15
Access to behavioral health therapists for Medicaid patients	1.23 (0.51)	1.32 (0.61)	0.053
Access to children's developmental services	1.51 (1.0)	1.71 (1.01)	0.011*

Access to needed drugs for Medicaid patients (formulary)	1.22 (0.52)	1.32 (0.59)	0.013*
Information, coaching, or other support which help you improve quality of care for your patients	1.43 (0.68)	1.52 (0.72)	0.081
Care/case management of your patients	1.30 (0.57)	1.47 (0.68)	0.0007***
Support for addressing social determinants of health	1.47 (0.70)	1.54 (0.69)	0.19
Type of data shared for management of quality of care (quality measures, utilization, etc.)	1.47 (0.71)	1.52 (0.69)	0.41
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	1.46 (0.72)	1.52 (0.70)	0.28
Timeliness of the data that is shared	1.44 (0.70)	1.51 (0.73)	0.18

*p < .05, **p < .01, ***p < .001
Yellow highlight indicates items with a statistically significant difference in responses between organizations with a rural practice site and organizations without a rural practice site.

PRACTICE SPECIFIC COMPARISONS: SMALL AND NON-SMALL PRACTICES

In this section, a respondent is defined as being a small practice if IQVIA indicated they only employed one to two total physicians (either primary care physicians or Ob/Gyns). We compared these small organizations with those that had three or more physicians.

Table 28. Satisfaction with the traditional NC Medicaid system (including experience with CCNC/Carolina ACCESS) among small practices compared to all other organizations. For all items, scales range from 1-4, with lower scores indicating more satisfaction.

Items	Satisfaction		
Based on your practice's/health system's experience with the traditional North Carolina Medicaid system (including experience with CCNC/Carolina ACCESS), please rate the following factors:			
	Small Providers (1-2 providers) Mean (SD) (n=185)	**Non-small Practices (3+ providers) Mean (SD) (N=120)**	**P-value**
Provider relations overall	2.05 (0.78)	2.10 (0.82)	0.46
Timeliness to answer questions and/or resolve problems	2.35 (0.91)	2.34 (1.04)	0.90
Education and training related to billing, prior authorizations, or other administrative activities	2.28 (0.86)	2.25 (0.92)	0.66
Timeliness of claims processing	1.94 (0.75)	1.97 (0.92)	0.64
Accuracy of claims processing	2.03 (0.72)	2.05 (0.83)	0.73
Process for managing prior authorization	2.43 (0.80)	2.33 (0.81)	0.13
Process for managing grievances and appeals	2.50 (0.83)	2.54 (0.93)	0.60
Adequacy of reimbursement to provide the care needed for Medicaid patients	2.47 (0.91)	2.54 (0.97)	0.32

Access to medical specialists for Medicaid patients	2.47 (0.84)	2.47 (0.85)	1.00
Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	2.83 (0.95)	2.90 (0.95)	0.36
Access to behavioral health therapists for Medicaid patients	2.80 (0.88)	2.93 (0.94)	0.066
Access to children's developmental services	2.40 (0.84)	2.52 (0.86)	0.084
Access to needed drugs for Medicaid patients (formulary)	2.49 (0.75)	2.39 (0.71)	0.088
Information, coaching, or other support which help you improve quality of care for your patients	2.41 (0.82)	2.47 (0.94)	0.36
Care/case management of your patients	2.15 (0.72)	2.21 (0.88)	0.39
Support for addressing social determinants of health	2.28 (0.79)	2.42 (0.92)	0.033*
Type of data shared for management of quality of care (quality performance, utilization, etc.)	2.22 (0.75)	2.43 (0.97)	0.0032**
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	2.24 (0.77)	2.40 (0.93)	0.021*
Timeliness of the data that is shared	2.33 (0.81)	2.47 (0.94)	0.050*

*p < .05, **p < .01, ***p < .001
Yellow highlight indicates items with a statistically significant difference in responses between organizations with a rural practice site and organizations without a rural practice site.

Table 29. Ranking of factors by importance when contracting with PHPs among small practices compared to all other organizations. For all items, scales range from 1-4, with lower scores indicating greater importance.

Items	Importance		
When deciding whether or not to contract with the Pre-Paid Health Plans (PHPs), how important are each of the following considerations?			
	Small Practices (1-2 providers) Mean (SD) (n=185)	**Non-Small Practices (3+ providers) Mean (SD) (n=120)**	**P-Value**
Provider relations overall	1.33 (0.58)	1.42 (0.82)	0.089
Timeliness to answer questions and/or resolve problems	1.27 (0.53)	1.30 (0.72)	0.62
Education and training related to billing, prior authorizations, or other administrative activities.	1.36 (0.63)	1.43 (0.77)	0.15
Timeliness of claims processing	1.25 (0.54)	1.23 (0.70)	0.68
Accuracy of claims processing	1.20 (0.49)	1.22 (0.69)	0.77
Process for managing prior authorization	1.28 (0.55)	1.33 (0.74)	0.27
Process for managing grievances and appeals	1.39 (0.63)	1.41 (0.79)	0.74
Adequacy of reimbursement to provide the care needed for Medicaid patients	1.18 (0.49)	1.22 (0.65)	0.43
Access to medical specialists for Medicaid patients	1.21 (0.48)	1.32 (0.71)	0.019*
Access to behavioral health prescribers (e.g., psychiatrists) for Medicaid patients	1.23 (0.51)	1.33 (0.71)	0.045*
Access to behavioral health therapists for Medicaid patients	1.26 (0.53)	1.33 (0.72)	0.17

Access to children's developmental services	1.70 (1.01)	1.47 (0.98)	0.0024**
Access to needed drugs for Medicaid patients (formulary)	1.25 (0.50)	1.35 (0.73)	0.046*
Information, coaching, or other support which help you improve quality of care for your patients	1.46 (0.67)	1.52 (0.82)	0.35
Care/case management of your patients	1.41 (0.61)	1.38 (0.75)	0.58
Support for addressing social determinants of health	1.51 (0.64)	1.51 (0.86)	0.99
Type of data shared for management of quality of care (quality measures, utilization, etc.)	1.53 (0.67)	1.43 (0.77)	0.054
Method by which data is shared (allows for actionable improvements in managing quality of care including quality measures, utilization, etc.)	1.52 (0.68)	1.45 (0.79)	0.20
Timeliness of the data that is shared	1.52 (0.70)	1.39 (0.78)	0.022**

*p < .05, **p < .01, ***p < .001

Yellow highlight indicates items with a statistically significant difference in responses between organizations with a rural practice site and organizations without a rural practice site.

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