2023 Medicaid Provider Experience Survey

Last revised: February 2, 2024

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

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LIST OF ABBREVIATIONS

Abbreviation	Definition
NC Medicaid	North Carolina Medicaid Program
PHP(s)	Prepaid Health Plan(s)
Ob/Gyn	Obstetrics and Gynecology
Wave 2	First year of Prepaid Health Plans
CI	Confidence Interval
Wave 3	Second year of Prepaid Health Plans
DHHS	North Carolina Department of Health and Human Services
DHB	Division of Health Benefits
UNC-CH	Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill

EXECUTIVE SUMMARY

The North Carolina (NC) Medicaid program transitioned from predominately fee-for-service to managed care through the offering of Prepaid Health Plans (PHPs) with the 1115 Medicaid Waiver. This transition has been coined as North Carolina Medicaid Transformation. The North Carolina Provider Experience Survey was developed to evaluate the influence of NC Medicaid Transformation on primary care and obstetrics/gynecology (Ob/Gyn) practices that contract with Medicaid. It was administered across all North Carolina independent primary care practices, medical groups, and health care systems that provide primary care or Ob/Gyn care.

In this report, findings are described from the third assessment of provider experience and satisfaction with the NC Medicaid program. The survey was conducted from March 27 to July 12, 2023, representing experience with the PHPs from the second year of Medicaid managed care. We refer to this year's survey of the second year into managed care as Wave 3.

The five PHPs had high rates of contracting with provider organizations in our study. Of our respondents, contracting levels with each of the five PHPs ranged from 77.3% to 97.2%. Respondents rated their experience across thirteen domains representing dimensions of administrative and clinical functions of the PHPs, using a scale from "poor" (equivalent to 1 numerically) to "excellent" (equivalent to 4). **Figures E1** and **E2** compare the first and second years of managed care for each of these domains. Mean overall ratings for the five plans ranged from 2.52 to 2.65. Overall, in the second year of managed care, as in the first year, there are many similarities in overall ratings across plans on any given domain; in general ratings across plans in a single domain were more similar than ratings between the highest and lowest domains. That is, providers generally rated all plans worse on some domains (e.g., behavioral health access) and better on other domains (e.g., timeliness of claims processing, care/case management).

Compared with the first year of managed care, PHPs overall performed slightly worse with few exceptions. PHPs were rated substantively worse on timeliness to answer questions and/or resolve problems and customer/member support services for patients, which are also supported by qualitative comments on the survey. Providers rated PHPs better than the first year on support for addressing social determinants of health. There were some small changes over time in other domains that may become more evident in future years.

While most variation remains across domains rather than plans, there were some notable patterns across plans that are detailed in this report. These differences are highlighted in **Table E1**. Collaborative sharing of best practices among plans may improve provider experience.

Figure E1. Experience and satisfaction with administrative domains: First Year of PHPs (Wave 2) vs. Second Year of PHPs (Wave 3)

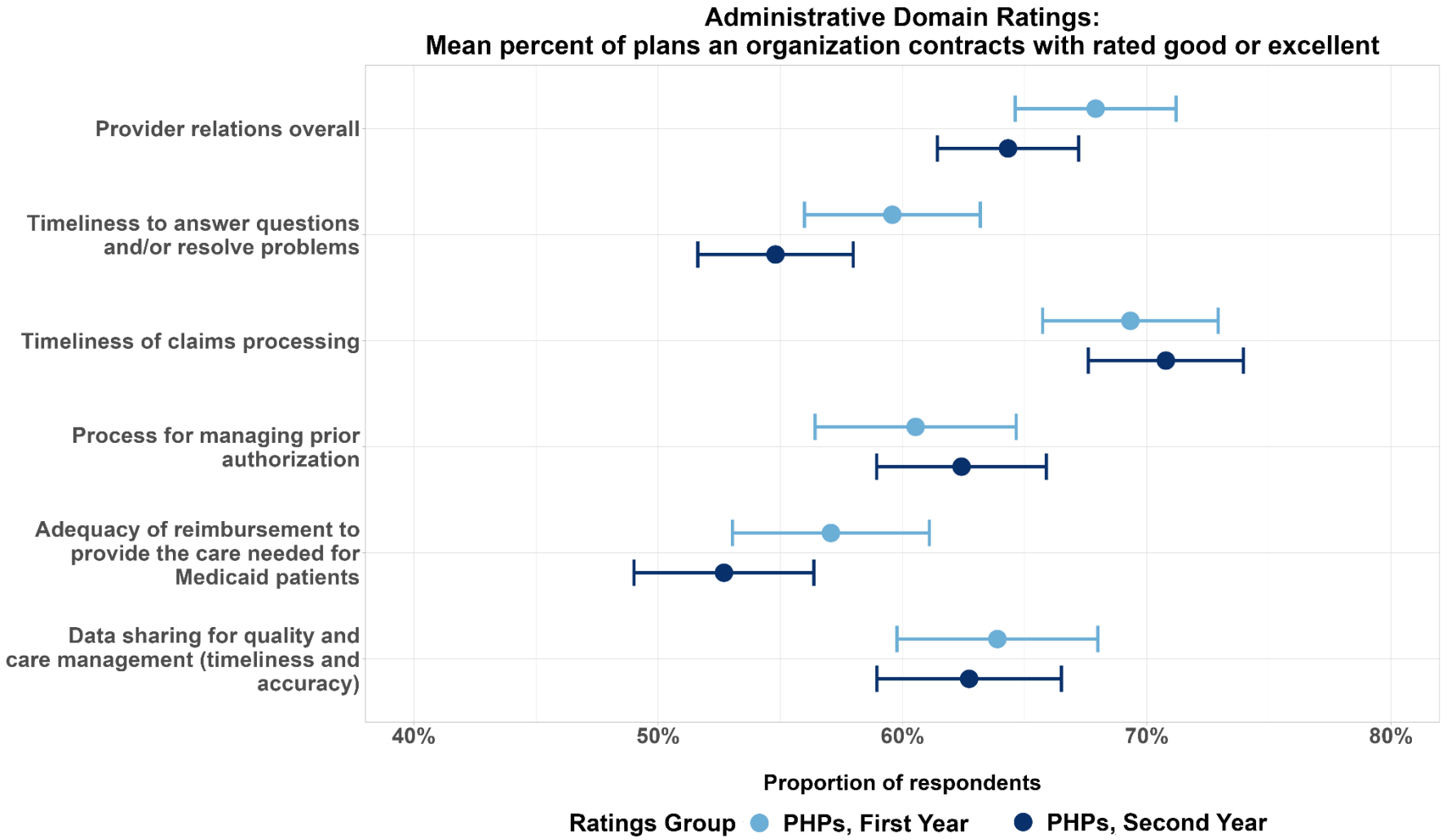


Figure E2. Experience and satisfaction with clinical domains: First Year of PHPs (Wave 2) vs. Second Year of PHPs (Wave 3)

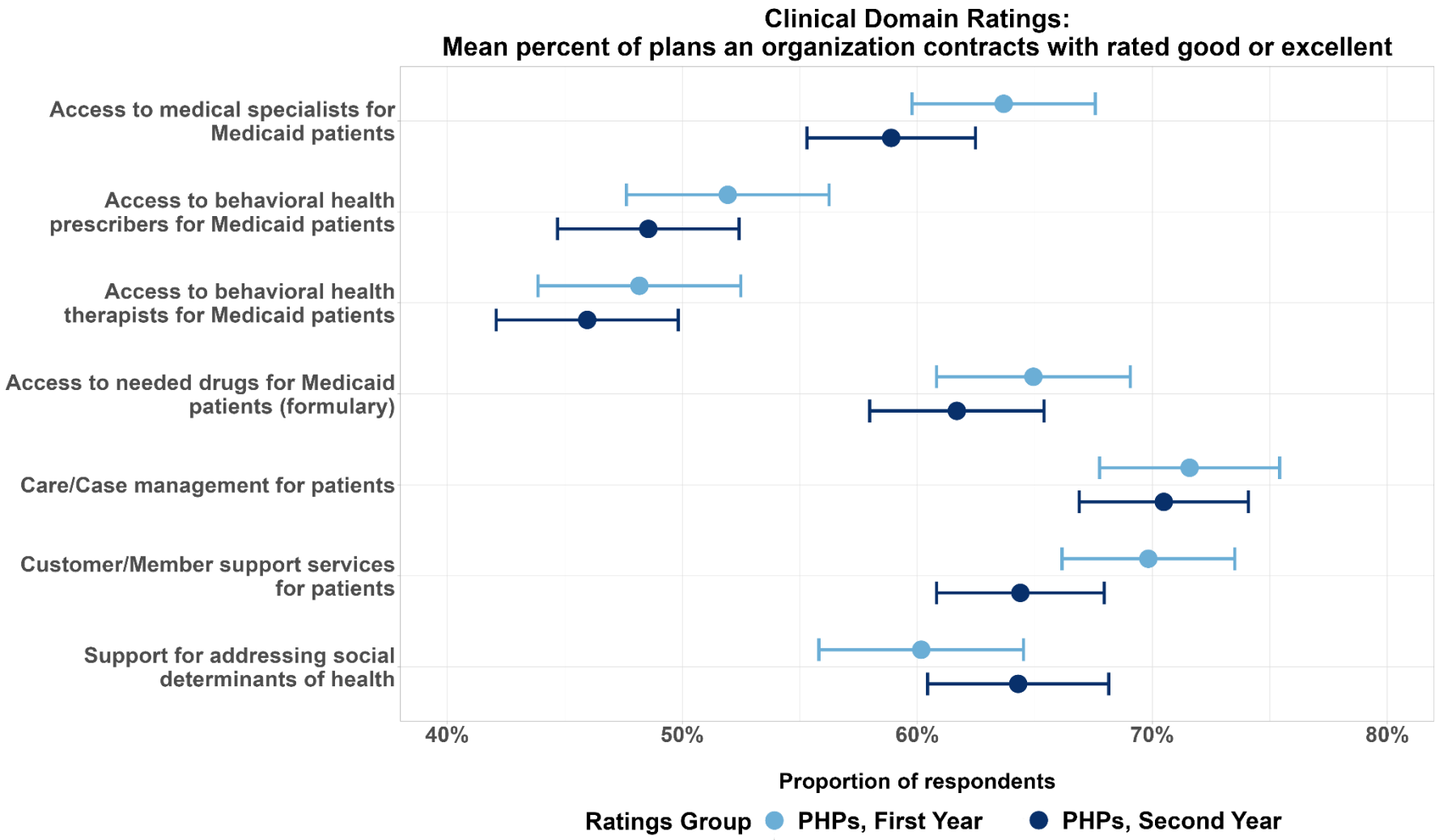


Table E1. Direction of performance domain rating change between Wave 3 and Wave 2

	Ameri Health Caritas	BCBSNC Healthy Blue	United Healthcare	WellCare	Carolina Complete Health
Provider relations overall	↓	↓	↓	↓	↑
Timeliness to answer questions and/or resolve problems	↓	↓	↓	↓	↓
Timeliness of claims processing	↓	↑	↑	↓	↑
Process for managing prior authorizations	↑	↑	↑	↑	↑
Adequacy of reimbursement to provide the care needed for Medicaid patients	↓	↓	↓	↓	↓
Access to medical specialists for Medicaid patients	↓	↓	↓	↓	↓
Access to behavioral health prescribers for Medicaid patients	↓	↓	↓	↓	↓
Access to behavioral health therapists for Medicaid patients	↓	↓	↓	↓	↓
Access to needed drugs for Medicaid patients (formulary)	↓	↓	↓	↓	↓
Care/Case management for patients	↓	↑	↑	↑	↑
Customer/Member support services for patients	↓	↓	↓	↓	↓
Support for addressing social determinants of health	↑	↑	↑	↑	↑
Data sharing for quality and care management (timeliness and accuracy)	↓	↓	↑	↓	↑

Legend

↓ : Significant worsening

↓ : Marginal worsening

↑ : Significant improvement

↑ : Marginal improvement

Key Findings

- Rates of contracting with each of the five available PHPs ranged from **73.3% to 97.2%**, and the organizations contracted with an **average of 4.3 plans.**
- **91.1%** of respondents report they **do not anticipate dropping any standard plan PHP contracts** in the coming year.
- **Small but meaningful differences** were found in provider experience with PHPs overall compared with the first year of managed care.
    - PHPs in the second year had higher experience ratings than the first year on the timeliness of claims processing domain, an important factor considered when contracting with PHPs.
    - PHPs in the second year performed worse than in the first year on timeliness to answer questions and/or resolve problems, and customer/member support services for patients.
- Overall, providers rated their experience with plans on clinical domains (e.g., access to specialists) slightly worse than on administrative domains (e.g., claims processing).
- **Large differences were not found** between PHPs on most performance domains, although some key patterns across plans emerged.
    - As noted in Table E1, PHPs worsened in more domains than they improved.
    - On two domains some plans improved, and others worsened: case/care management for patients and process for managing prior authorization.
- Few respondents reported having been approached by PHPs to negotiate alternative payment models or ACO contracts, ranging from **11.0% to 18.0%** across the five plans.
- A large portion of respondents remained unclear on medical home attestation: **35%** of organizations providing primary care responded that they did not know what tier of medical home they attested to with the state of North Carolina.
- Open-ended comments revealed **notable administrative burden** in sustaining multiple PHP relationships which providers say has ultimately placed financial strain on provider organizations, harmed patient access to care, and has imposed stress on the healthcare system more broadly.
- Large provider organizations rated their experience with the health plans worse than smaller provider organizations. No differences in experience were found when comparing rural versus non-rural provider organizations.
- Ob/Gyn provider organizations rated their experience with the health plans worse than provider organizations that do not provide Ob/Gyn care.
- Ob/Gyn providers at large provider organization rate experience worse than Ob/Gyn providers at smaller organizations. At least part of this effect is because there is a greater concentration of large provider organizations among Ob/Gyn providers.
- Contracting rates roughly mirror provider experience ratings; that is, plans with the highest contracting rates also often had the highest performance ratings, and plans with the lowest contracting rates had lower performance ratings.
- Provider perceptions of the overall Medicaid transformation trended slightly worse (Figure 20), particularly provider experience. 40-50% of providers feel the Medicaid

transformation has made no difference in cost, quality, access, provider experience, and patient experience. 15-35% believe the transformation has worsened these areas.

Recommendations for the Division of Health Benefits

- Although important differences between plans may be emerging, the differences across domains remain generally larger than the differences between individual plans. This pattern, similar to Wave 2, suggests that most areas for improvement apply to all plans and therefore could be addressed through statewide approaches that would impact all plans. Some examples include engaging in joint problem solving across plans, use of contracting mechanisms to encourage improvement across plans, or use of state policymaking levers to improve the context in which plans work.
- Copious open-ended comments from providers make clear the administrative burden of working with up to five different PHPs is wearing on practices, and assistance from plans to resolve billing and coding problems is not meeting providers' expectations. Differences among plans related to administrative procedures creates a substantial burden on practices. The state may consider additional approaches to standardize or streamline procedures across plans to reduce this administrative burden, which likely is contributing to the small but clear worsening of provider experience in the second year of managed care implementation.
- Differential performance across plans suggests possibilities to improve plan performance. For example, care and case management and prior authorizations are two domains where some PHPs have improved, and others worsened. Understanding best practices may focus on what the higher performing plans are doing to improve. Similarly, across multiple domains, we observe a common pattern of plan performance, BCBSNC performing best; AmeriHealth and WellCare performing worse. The state may take a variety of approaches in response to this pattern, such as encouraging shared learning or best practices across plans; use of contracting or payment mechanisms (to plans) to incentivize performance improvement; or technical assistance to plans on key domains of worsening.

OVERVIEW

Purpose

The overall goal of this annual provider survey is to assess health system and practice experience and satisfaction with prepaid health plans (PHPs) and identify opportunities for improvement. The project is an evaluation directly funded and sponsored by the North Carolina Department of Health and Human Services' (DHHS) Division of Health Benefits (DHB) and implemented at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill (UNC-CH). To access the results of the previous annual surveys, please see the report posted at this link for One Year into Managed Care (Wave 2) survey and this link for Baseline Survey (Wave 1).

Objectives

The objectives of the Wave 3 survey were to:

1. Assess changes in provider experience and satisfaction with the state's Medicaid program between the first year of PHPs and second year of PHPs
2. Evaluate provider experiences with each PHP
3. Understand provider contracting decisions regarding medical homes
4. Understand provider capabilities for behavioral health

The state will use the findings as an indicator of PHP quality. Additional investigation of issues and opportunities for improvement will be carried out with other data collection methods under the waiver evaluation and include focus groups, interviews, claims, and other clinical and administrative data 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. The 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. The Carolina Survey Research Laboratory and the North Carolina Division of Health Benefits 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 for the 2023 Medicaid Transformation Provider Experience Survey (Wave 3) covered the following domains, largely identical to the Wave 2 survey:

- Background items (e.g., respondent's role at the organization, contact information, organizational information, organization's Medicaid involvement)
- Practice characteristics (type of organization, Independent Practice Association/Clinically Integrated Network participation and support, Medicaid patient population, medical home, and accountable care organization participation)
- Contracting with PHPs (current contracts, plans to add or drop contracts, Medical Home arrangements, etc.)
- Overall perceived effects of PHPs on care delivery (overall health and well-being, quality of health care delivery, patient experience, provider experience, etc.)
- Behavioral Health and Tailored Plans (co-located behavioral health professionals, Collaborative Care Model, contracting with tailored plan, etc.)

These themes are intentionally broad to address the numerous ways that Medicaid and PHPs affect the health care delivery system. Additionally, the questionnaire was built to minimize respondent burden and reduce overlap with other primary data collection activities. The number of questions were limited and skip patterns were incorporated to reduce the time required to complete the questionnaire.

Sample Description

The target population for the survey was all primary care and Ob/Gyn practices and health systems in North Carolina that accept Medicaid. After deliberation and consultation in conjunction with DHB, the questionnaire was administered to every organization that met the inclusion criteria (accepting Medicaid and providing primary care or Ob/Gyn care). The questionnaire was sampled and fielded at the highest organizational level, such as the health system or medical group when applicable.

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 data has been used in numerous peer-reviewed studies using claims data as well as for provider surveys.[1–8] Further information on it can be found in the Wave 1 and Wave 2 survey reports.

The IQVIA OneKey database provides a robust set of data elements about North Carolina health care providers, as well as information about medical groups and health systems linked with these providers. IQVIA updates provider and organizational contact information (e.g., mailing address, phone numbers) every six months. Data used for sample development were obtained in November 2022. Data included clinician NPIs in medical groups or independent practices identified with outpatient primary care and Ob/Gyn care, using the specialties: Family Practice, General Practice, Geriatric Medicine, Internal Medicine, Multi-specialty practice, Ob/Gyn, Pediatric Medicine, Preventative Medicine, and Primary Care.

Data from the IQVIA OneKey database were matched to the NC Medicaid provider file and claims data to increase confidence in captured organizations serving Medicaid patients in NC. In the first two waves of data collection, we identified a common issue in the frame cleaning process where a number of organizations in our sample had a very small number of Medicaid patients (e.g., sometimes a single patient). Although they were technically contracted with Medicaid, they would be unable to answer survey questions on experience with Medicaid. In addition, the data included a number of very small practices that were eventually coded out as not operational, and essentially measurement error in the IQVIA data. To improve the accuracy and consistency of the sample frame, the Wave 3 sample was limited to organizations who had seen at least five unique Medicaid patients for primary care-related services. This method was effective at removing bad data from the sample frame so that Carolina Survey Research Lab (CSRL) could focus on achieving a higher response rate. Overall, this resulted in conducting sample frame cleaning and outreach with a cleaner and smaller sample in Wave 3 compared with Wave 2 (potential sample frame of 1,243 in Wave 2 in vs. 999 in Wave 3).

Sample Frame Cleaning

The research team refined and validated the sample of potential survey respondents by ensuring that all of the practices in the sample exist and removed organizations that were closed, a mistake in the data, or otherwise not operating. For large health systems, once the contact point was determined, 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. Follow-up went to that individual or, in the case of no response, another identified individual.

For medical group and independent practice leaders, a member of the survey 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.

As part of frame cleaning, phone calls were made during data collection to non-responders to confirm eligibility. Practices were considered ineligible if they did not accept Medicaid patients or if they did not provide primary care or Ob/Gyn care. Practices were removed from the sampling frame if the given telephone number was no longer operating or connecting to the practice and a follow up web search could not produce an alternative telephone number or mailing address. Several attempts were made to these practices before removing them from the sample.

Data Collection

All potential respondents (n=999) received an invitation packet to participate in the survey. The packet included a letter describing the study and gave individual links to a password protected online survey hosted by Qualtrics^{XM}. Each packet also included a paper survey with a prepaid return envelope, so participants could respond either online or by mail. Email invitations were also sent at this time to all respondents who participated in last year's survey and had provided an email address.

Non-responders were first sent a letter for address verification. Follow-up packets were mailed to all non-responders three weeks later, at which time follow-up telephone calls were implemented. For the remaining period of data collection, telephone calls were made to all non-responders to determine point of contact, verify contact information, and to resupply the participant with his or her preferred survey mode (i.e., URL link & password for an online survey, paper survey, or faxed survey). Respondents who completed the questionnaire received a $30 gift card to compensate them for their time.

Final response rate

Survey responses were collected between March 27, 2023 and July 12, 2023. The final response rate was 60.8%. **Table 1** summarizes responses for all sampled organizations. Because experience with Waves 1 and 2 of the survey indicated a substantial proportion of organizations in the sample frame were not in business or not eligible, Wave 3 data collection considered the entire sample frame as "unknown eligibility" until their eligibility could be determined. Potential respondents who completed the eligibility screening were coded as eligible or not. Respondents were determined as ineligible if it was confirmed the organization existed as a medical practice, but they did not take Medicaid or did not provide primary care or Ob/Gyn services. Those who did not want to complete the survey were deemed refusals. Practices were removed from the sample frame if it was determined the organization was closed, not operating as a medical practice, or did not exist. This yielded an eligibility rate from the original sample frame of 57.0%. Eligibility for a small subset of potential respondents was not able to be determined. A response rate was calculated using the American Association for Public Opinion Research (AAPOR RR4) formula that adjusts for unknown eligibility of respondents.[9]

Table 1. Response rate & final dispositions of sample frame

Final designations	Total Response
	Count (%)
Completed & eligible respondents	346 (34.6%)
Refusals of eligible respondents	13 (1.3%)
Ineligible for survey	256 (25.6%)
Unknown eligibility	369 (36.9%)
Not operating as practices	15 (1.5%)
Total	999

Notes: response rate = (completed & eligible respondents)/ [completed & eligible respondents + refusals of eligible respondents + (Unknown eligibility × eligibility rate)] = 60.8%

To account for non-response, survey weights were developed using the total number of PCP and Ob/Gyn NPIs per organization, as well as whether respondent organization had any primary care or Ob/Gyn practice locations in rural zip codes, as defined by the US Census rural-urban commuting area (RUCA) codes. To more accurately reflect the known and unknown eligibility of the sample frame, survey weights were updated to account for eligibility rates across the categories.

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

Experience with Health Plan Domains

Results are presented on 13 separate domains of health plan experience. Seven represent clinical categories, and six represent administrative categories. Two scales developed for Wave 3 of the survey, defined broadly as clinical and administrative, were used. **Table 2** lists all items and whether they were categorized as clinical or administrative**.** Where mean ratings on individual and categorized domains are provided, ratings scale ranges from 1 (poor) to 4 (excellent). Legacy NC Medicaid estimates are from the baseline survey conducted prior to PHP implementation. To compare experience with health plans between Wave 2 and Wave 3, significant differences were determined if the overlap of the 95% confidence intervals (CI) is no more than about half the margin of error (half the interval).

Table 2. Categorizations of domains into administrative and clinical groups

Domain	Domain Description	Category
1	Provider relations overall	Administrative
2	Timeliness to answer questions and/or resolve problems	Administrative
3	Timeliness of claims processing	Administrative
4	Process for managing prior authorizations	Administrative
5	Adequacy of reimbursement to provide the care needed for Medicaid patients	Administrative

6	Access to medical specialists for Medicaid patients	Clinical
7	Access to behavioral health prescribers for Medicaid patients	Clinical
8	Access to behavioral health therapists for Medicaid patients	Clinical
9	Access to needed drugs for Medicaid patients (formulary)	Clinical
10	Care/Case management for patients	Clinical
11	Customer/Member support services for patients	Clinical
12	Support for addressing social determinants of health	Clinical
13	Data sharing for quality and care management (timeliness and accuracy)	Administrative

SURVEY RESPONDENT CHARACTERISTICS

Table 3. Health system and practice characteristics for survey respondents (unweighted)

Health System and Practice Characteristics	Self-Identified Health Systems (N = 16)	Self-Identified Medical Groups and Independent Practices (N = 330)
	N (%) or Mean (SD)	N (%) or Mean (SD)
Practice Composition		
Services Provided for Patients with Medicaid		
Primary Care	15 (93.8%)	323 (97.9%)
Prenatal/Postnatal Care	14 (87.5%)	37 (11.2%)
Inpatient Obstetrics Care	15 (93.8%)	15 (4.5%)
Number of Providers (IQVIA-sourced)		
1-2 providers	0 (0.0%)	136 (41.2%)
3-9 providers	0 (0.0%)	148 (44.8%)
10 or more providers	16 (100.0%)	46 (13.9%)
Geography		
No Rural Practice Sites	2 (12.5%)	152 (46.1%)
Any Rural Practice Sites	14 (87.5%)	178 (53.9%)
Ownership		
Independent Medical Practice at a Single Site	n/a	252 (76.4%)
Medical Group (multiple practices owned by a single owner)	n/a	36 (10.9%)
Other	n/a	42 (12.7%)
Part of a Clinically Integrated Network (CIN) for Medicaid work	10 (62.5%)	192 (58.7%)
Highest Tier of Medical Home Attestation with State (among primary care provider organizations)		
Tier 3	8 (40.0%)	159 (48.8%)
All else	12 (60.0%)	167 (51.2%)
Practice Service to Medicaid Beneficiaries		

Mean percentage of patients served that are insured by Medicaid	22.3 (10.7)	39.8 (25.9)
Limit on Percentage of Patients with Medicaid		
Yes	0 (0.0%)	52 (15.8%)
No	14 (87.5%)	255 (77.5%)
Unsure	2 (12.5%)	22 (6.7%)
Mean <u>limit</u> that practice/system places on percentage of patients with Medicaid Insurance *(if yes to above)*	n/a	36.3 (77.5)
<u>Contracting with Pre-Paid Health Plans</u>		
Number of PHPs that practice/system is currently contracting with	4.4 (1.0)	4.5 (1.0)

Notes: Any data categories which do not add to final response n=346 are due to item non-response.

EXPERIENCE OF PROVIDER ORGANIZATIONS

In this section, analyses represent all respondents to the survey. This includes independent medical groups and practices (unweighted n =330) that self-identified as such and all health system respondents (unweighted n = 16). All subsequent figures reported in this section are weighted.

Contracting with Prepaid Health Plans (PHPs)

The following questions and findings are related to provider organizations' relationships with PHPs. Practices were asked to identify the standard PHPs they contracted with.

Table 4. Provider organizations' contract arrangements with standard PHPs in North Carolina Medicaid, with Wave 2 and Wave 3 comparisons

For the below listed standard Prepaid Health Plans (PHPs), have you contracted with the following plans?		
PHP	**2022 Response: Yes N (%)**	**2023 Response: Yes N (%)**
AmeriHealth Caritas North Carolina	318 (81.1%)	295 (85.3%)*
BCBSNC Healthy Blue	372 (94.5%)	336 (97.2%)
United Health Care	357 (90.9%)	327 (94.5%)
WellCare Health Plans	349 (88.9%)	324 (93.7%)
Carolina Complete Health†	285 (73.3%)	265 (77.3%)

Note: *Contract rate significantly higher compared to previous year. †Because Carolina Complete Health is geographically limited, they do not contract with as many providers.

Among provider organizations that did not contract with all standard PHPs, when asked if they anticipated adding any new standard plan PHP contracts in the coming year, practices reported as follows:

- 19 (18.9%) Yes
- 80 (81.1%) No

When asked if they anticipated dropping any standard plan PHP contracts in the coming year, provider organizations reported as follows:

- 31 (8.9%) Yes
- 315 (91.1%) No

Write-in responses: If you are dropping a plan, can you comment on why your health system/practice is dropping that health plan?

Themes write-in responses (from most common to least common)

- Plan did not respond to communication efforts

  Example Quote: "We are having a lot of issues getting claims paid correctly by [PHP name omitted] and there is no way to communicate with them and their management. They only allow us one level of appeal and if we send medical records, they count that as an appeal when we are only fulfilling a request for claims processing. [PHP name omitted] is the worse to work with as they refuse to work with the hospital."
- Payment challenges

  Example Quote: "[T]he PHP doesn't commit to paying for the work that is done in providing our practice the monies required to offer the services required as per NC Medicaid nor does the PHP pay what NC Medicaid sees as a feasible rate per member/month for care management."

  Example Quote: "We are considering dropping [PHP name omitted] due to difficulty getting [PHP name omitted] to pay for basic services like ... flu vaccinations and developmental screening…as part of recommend early-childhood screening programs"
- Administrative burden/customer service

  Example Quote: "Too many operational issues and denials. Requires additional staffing that we cannot afford."

  Example Quote: "Administrative burden placed on the practice by the payer. Difficulty working with them, above the norm."
- Patients expressing frustration with PHPs
- Difficulty finding in-network specialists

When asked if their provider organization currently limits the percentage of patients with Medicaid that they will take, they responded as follows:

- 51 (14.8%) Yes
- 270 (78.2%) No
- 24 (7.0%) Unsure

Medical Homes

When asked what tier of medical home their provider organization attested to with the state of North Carolina (non-exclusive), organizations providing primary care reported as follows:

- 16 (4.6%) Tier 1
- 42 (12.0%) Tier 2
- 167 (48.3%) Tier 3

- 121 (35.0%) Don't Know
- 6 (1.7%) Not Applicable (exclusive)

Table 5. Provider organizations' medical home contracts with PHPs in North Carolina Medicaid, from July 2022 – June 2023

PHP	Tier 1 N (%)	Tier 2 N (%)	Tier 3 N (%)	I don't know N (%)
AmeriHealth Caritas North Carolina	*	27 (8.3%)	143 (43.7%)	152 (46.1%)
BCBSNC Healthy Blue	*	34 (10.2%)	152 (45.5%)	139 (41.5%)
United Health Care	*	34 (10.2%)	144 (44.0%)	144 (43.1%)
WellCare Health Plans	*	32 (9.6%)	150 (44.9%)	143 (42.7%)
Carolina Complete Health†	*	28 (8.7%)	128 (39.3%)	164 (50.0%)

*Suppressed due to small cell sizes

†Because Carolina Complete Health is geographically limited, they do not contract with as many providers

Table 6. Provider organizations' contract negotiations with standard PHPs in North Carolina Medicaid

Have you begun negotiations with any of the below PHPs about alternative payment models or Accountable Care Organization (ACO) contracts?	
PHP	**Response: Yes N (%)**
AmeriHealth Caritas North Carolina	48 (13.9%)
BCBSNC Healthy Blue	62 (18.0%)
United Health Care	57 (16.5%)
WellCare Health Plans	51 (14.7%)
Carolina Complete Health†	38 (11.0%)

†Because Carolina Complete Health is geographically limited, they do not contract with as many providers

Write-in responses: What would it take for your practice to contract as a tier 3 AMH with all health plans?

Themes write-in responses (from most common to least common)

- Not sure what Tier 3 is and/or have not received any information about this
  Quote: "None of these health plans have approached me or told me anything about AMH programs."
- Additional providers and/or support staff
  Quote: "More staff - I know it's not important to the healthcare system, but we barely survived the pandemic financially. We've had inadequate staffing since the pandemic. Yet we can't provide good medical care. We have no office manager+ the physicians do the bulk of the administrative work. Again I know the establishment doesn't care, but I can't do it - my staff is tired. We just want to take care of our patients."
- Not interested to contract as Tier 3
  Quote : "We are actually looking at going back down to Tier 2 due to all the demands for meetings, constant changing of contract, inaccuracy of what is reported in NC Tracks vs what we get paid for just to name a few."
- Practice needs to grow to be able to provide required services
- Reimbursement contract
- Knowledge of cost and benefit to practice

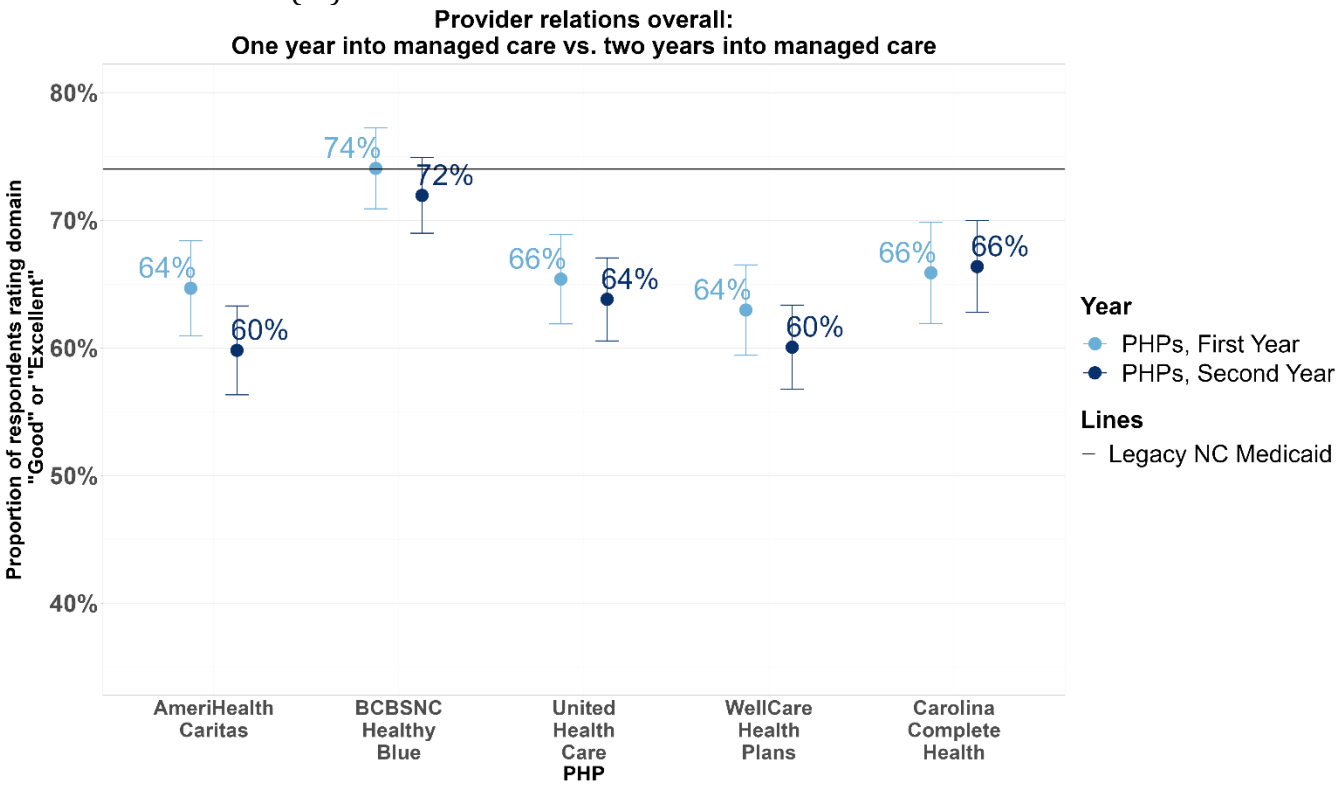
Experience with Prepaid Health Plans (PHPs)

Table 7. Provider ratings of PHPs regarding provider relations overall, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Provider Relations Overall*		
PHP	**2022 Mean (Standard Error)**	**2023 Mean (Standard Error)**
AmeriHealth Caritas North Carolina	2.63 (0.03)	2.61 (0.03)
BCBSNC Healthy Blue	2.90 (0.03)	2.83 (0.03)
United Health Care	2.73 (0.03)	2.71 (0.03)
WellCare Health Plans	2.68 (0.03)	2.62 (0.03)
Carolina Complete Health	2.71 (0.04)	2.75 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.93 (0.03)

Figure 1. Practice ratings for overall satisfaction of provider organizations with PHPs, with 95% Confidence Intervals (CI)



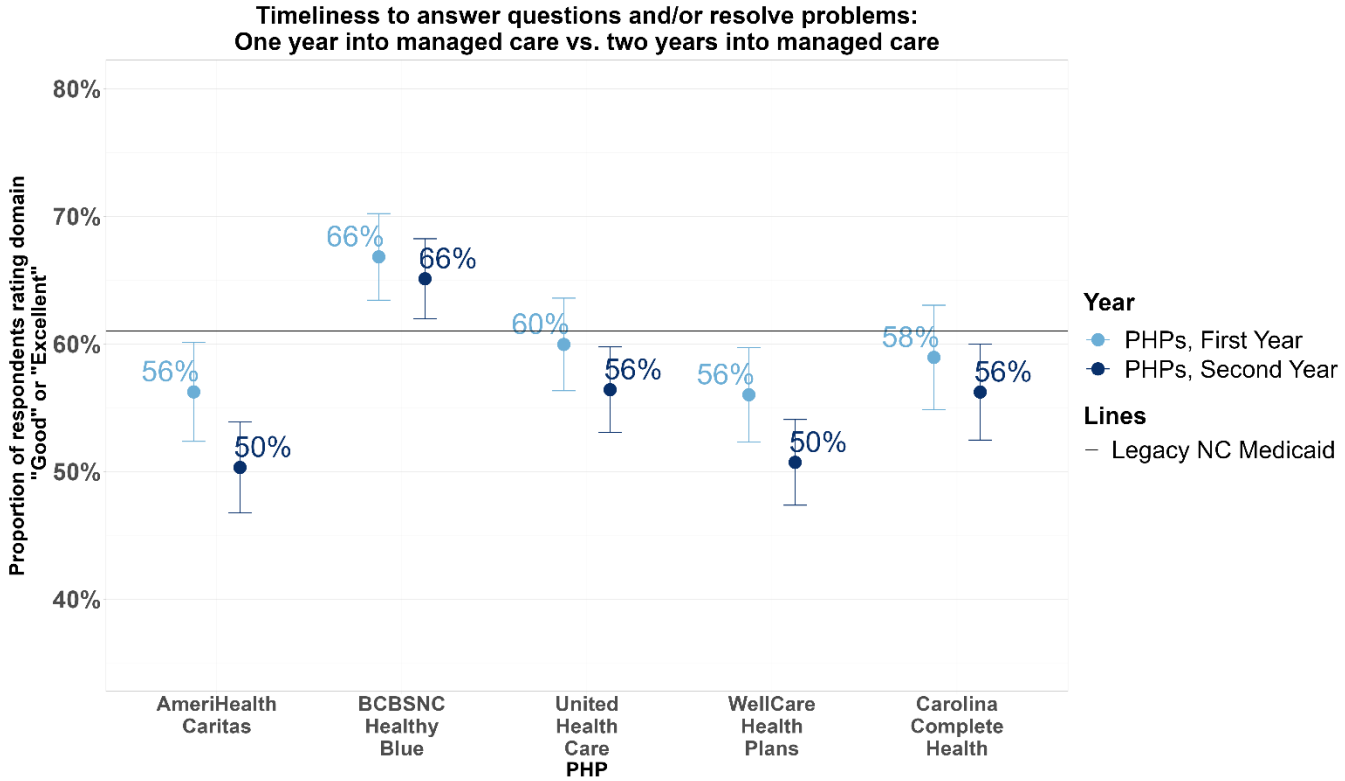
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (71%-78%).

Table 8. Experience of provider organizations with PHPs' timeliness to answer questions and/or resolve problems, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? ***Timeliness to answer questions and/or resolve problems***		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.50 (0.04)	2.44 (0.03)
BCBSNC Healthy Blue	2.72 (0.03)	2.68 (0.03)
United Health Care	2.59 (0.03)	2.55 (0.03)
WellCare Health Plans	2.51 (0.04)	2.43 (0.03)
Carolina Complete Health	2.53 (0.04)	2.58 (0.04)

Notes: Legacy NC Medicaid mean (standard error) : 2.65 (0.04) .

Figure 2. Experience of provider organizations with PHPs' timeliness to answer questions and/or resolve problems, with 95% CI



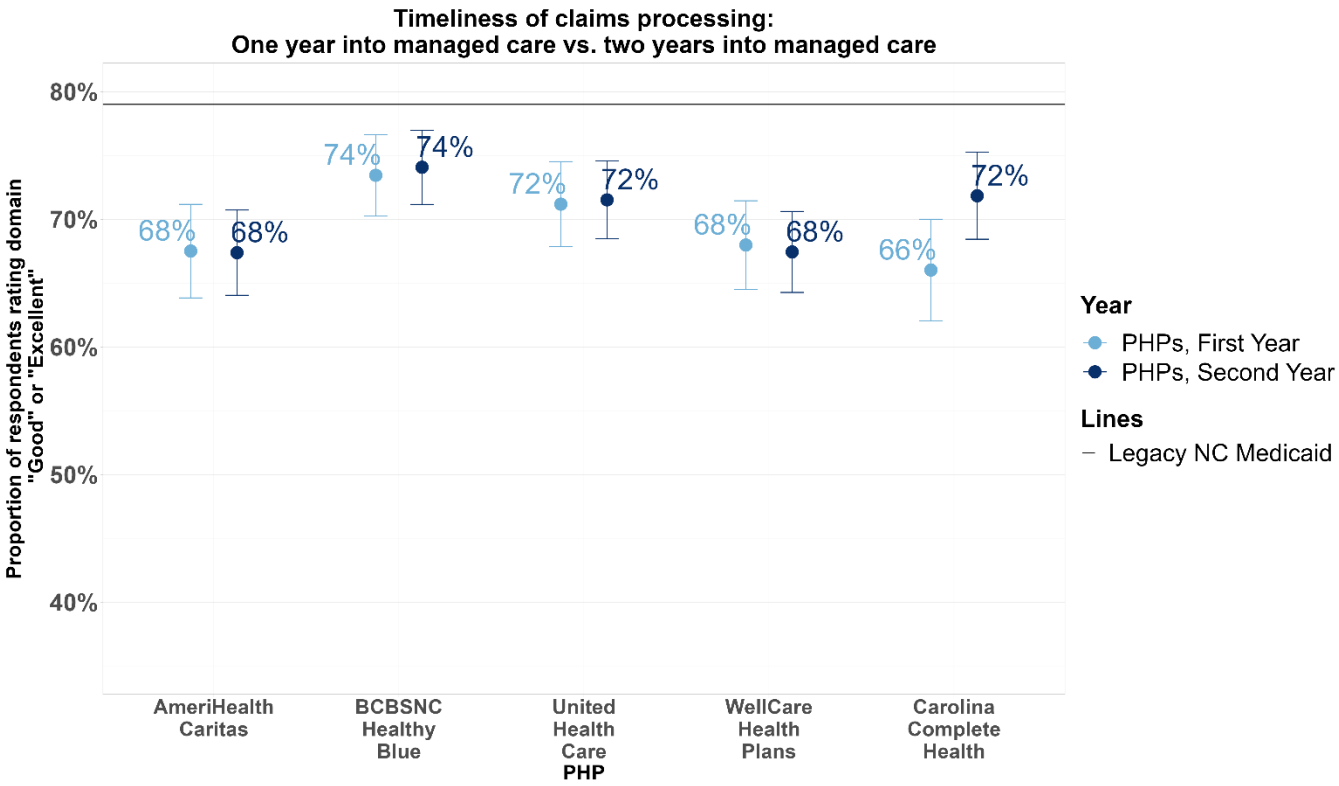
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (57%-64%).

Table 9. Experience of provider organizations with PHPs' timeliness of claims processing, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Timeliness of claims processing*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.71 (0.03)	2.74 (0.03)
BCBSNC Healthy Blue	2.87 (0.03)	2.87 (0.03)
United Health Care	2.81 (0.03)	2.81 (0.03)
WellCare Health Plans	2.73 (0.03)	2.73 (0.03)
Carolina Complete Health	2.70 (0.04)	2.78 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 3.05 (0.03).

Figure 3. Experience of provider organizations with PHPs' timeliness of claims processing, with 95% CI



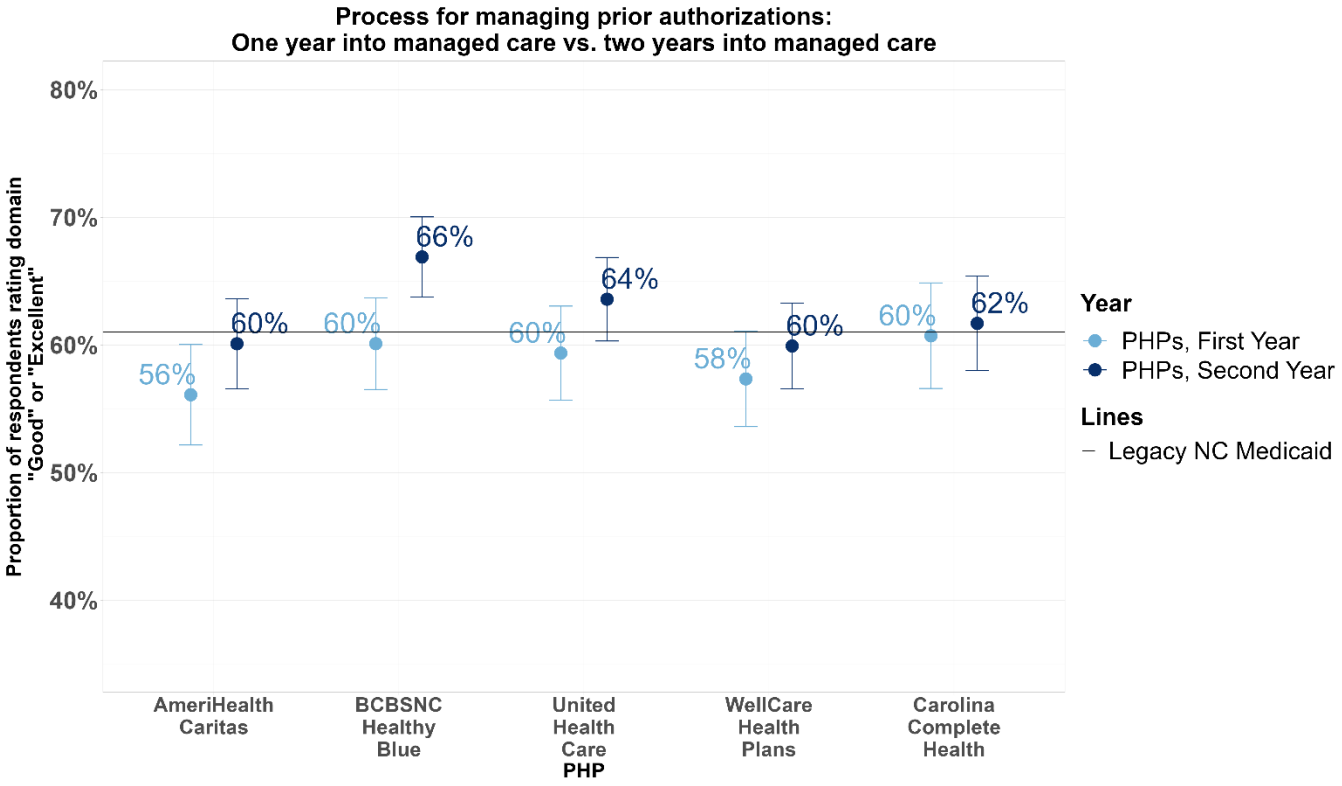
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (76%-82%).

Table 10. Experience of provider organizations with PHPs' process for managing prior authorization, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Process for managing prior authorization*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.52 (0.03)	2.59 (0.03)
BCBSNC Healthy Blue	2.61 (0.03)	2.71 (0.03)
United Health Care	2.59 (0.03)	2.67 (0.03)
WellCare Health Plans	2.53 (0.03)	2.60 (0.03)
Carolina Complete Health	2.60 (0.03)	2.64 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.60 (0.03).

Figure 4. Experience of provider organizations with PHPs' process for managing prior authorization, with 95% CI



Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (57%-64%).

Figure 5. Distribution of respondent ratings of process for managing prior authorization for first and second years into managed care, by PHP

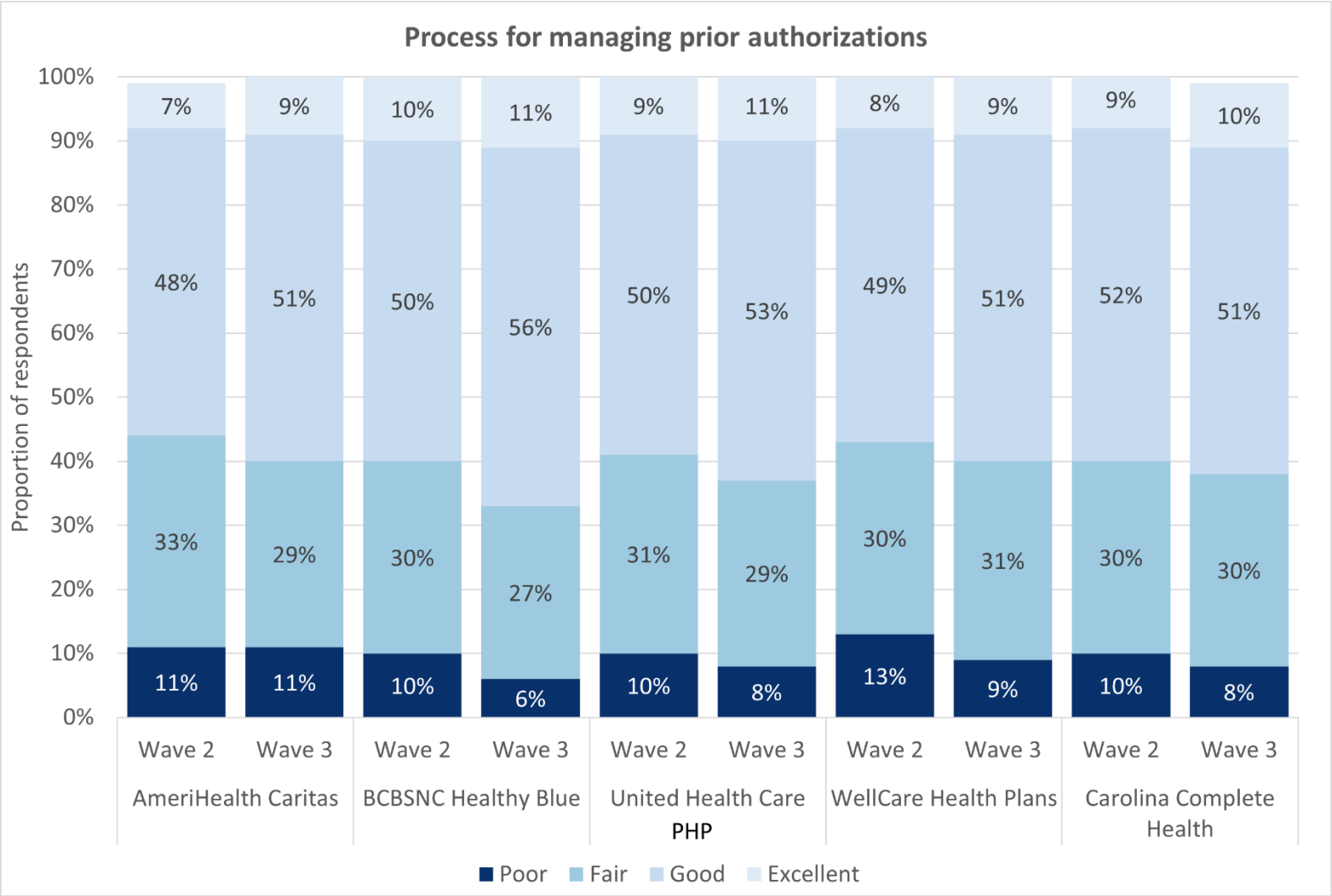
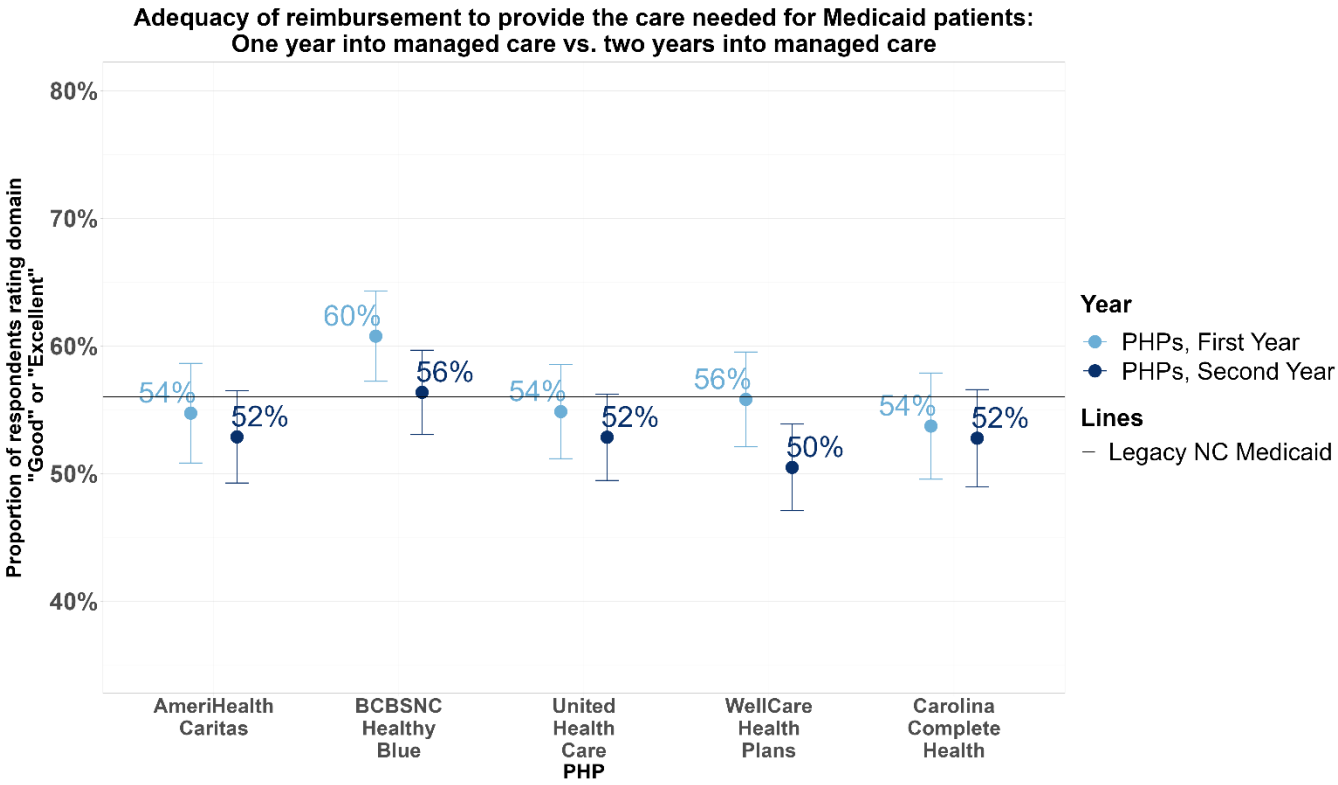


Table 11. Experience of provider organizations with PHPs' reimbursement to provide the care needed for Medicaid patients, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Adequacy of reimbursement to provide the care needed for Medicaid patients*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.49 (0.03)	2.49 (0.03)
BCBSNC Healthy Blue	2.64 (0.03)	2.55 (0.03)
United Health Care	2.54 (0.03)	2.48 (0.03)
WellCare Health Plans	2.53 (0.03)	2.44 (0.03)
Carolina Complete Health	2.48 (0.04)	2.47 (0.04)

Notes: Legacy NC Medicaid mean (standard error) : 2.51 (0.04).

Figure 6. Experience of provider organizations with PHPs' reimbursement to provide the care needed for Medicaid patients, with 95% CI



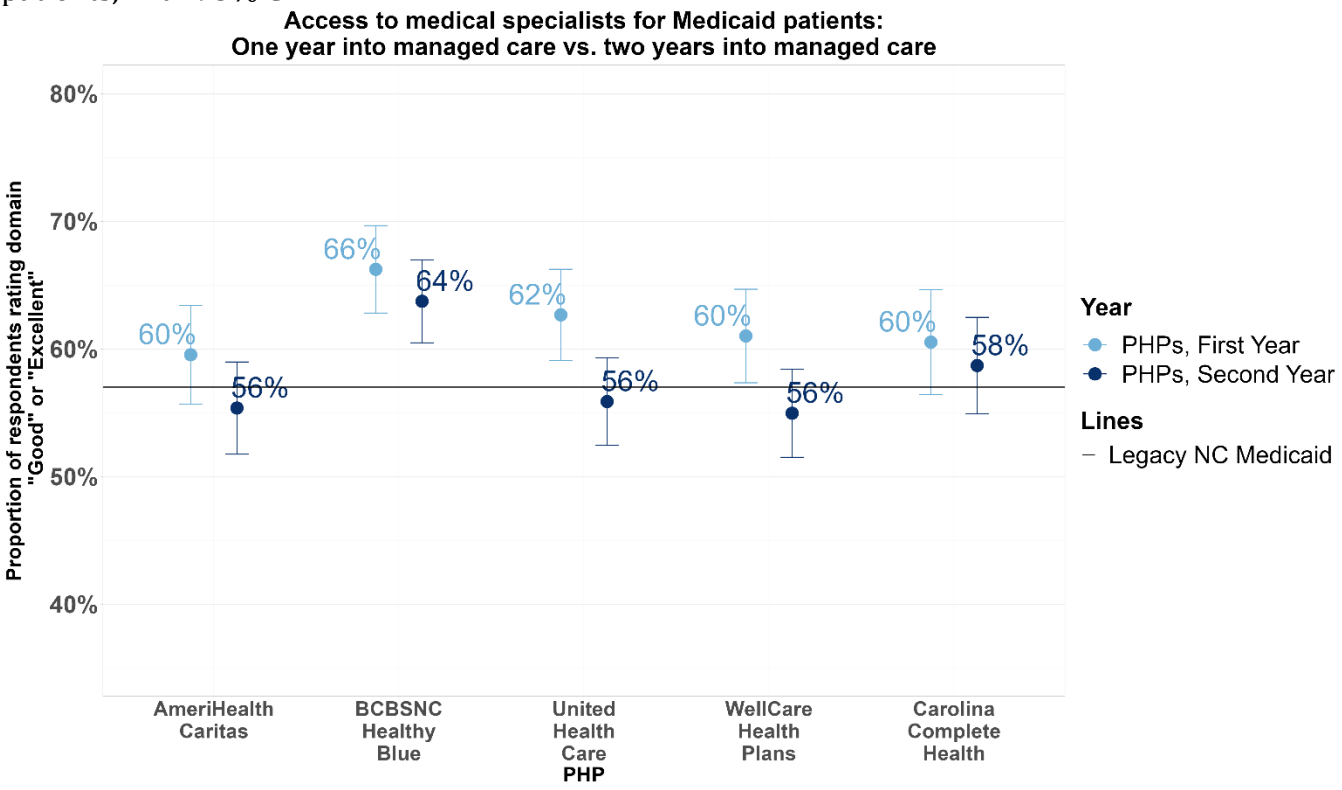
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (52%-60%).

Table 12. Experience of provider organizations with access to medical specialists for Medicaid patients, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Access to medical specialists for Medicaid patients*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.58 (0.03)	2.46 (0.03)
BCBSNC Healthy Blue	2.72 (0.03)	2.63 (0.03)
United Health Care	2.65 (0.03)	2.49 (0.03)
WellCare Health Plans	2.59 (0.03)	2.47 (0.03)
Carolina Complete Health	2.60 (0.03)	2.55 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.53 (0.03) .

Figure 7. Experience of provider organizations with access to medical specialists for Medicaid patients, with 95% CI



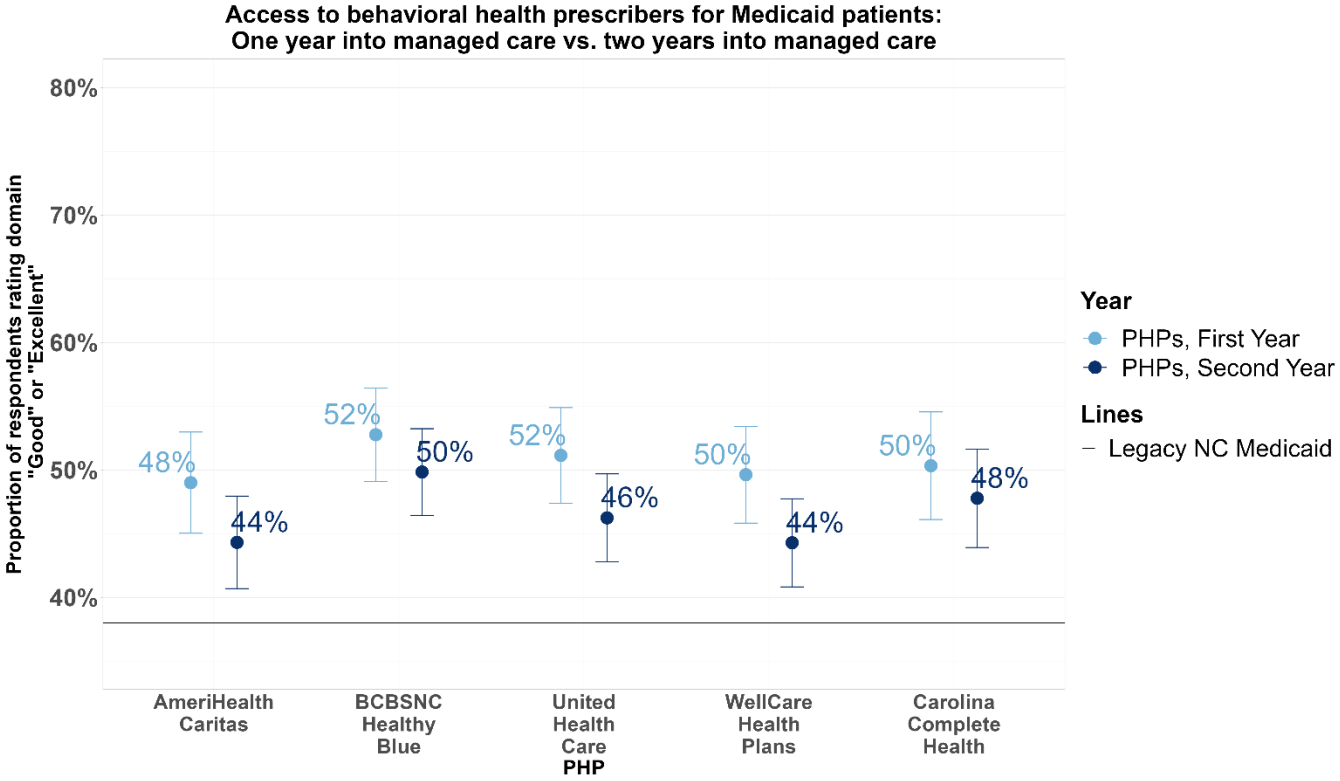
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (53%-61%).

Table 13. Experience of provider organizations with access to behavioral health prescribers (e.g., psychiatrists, psychiatric nurse practitioners, or physician assistants) for Medicaid patients, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Access to behavioral health prescribers (e.g., psychiatrists, psychiatric nurse practitioners, or physician assistants) for Medicaid patients*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.36 (0.04)	2.30 (0.03)
BCBSNC Healthy Blue	2.43 (0.03)	2.39 (0.03)
United Health Care	2.40 (0.03)	2.32 (0.03)
WellCare Health Plans	2.37 (0.03)	2.31 (0.03)
Carolina Complete Health	2.39 (0.04)	2.36 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.15 (0.04).

Figure 8. Experience of provider organizations with access to behavioral health prescribers (e.g., psychiatrists, psychiatric nurse practitioners, or physician assistants) for Medicaid patients, with 95% CI



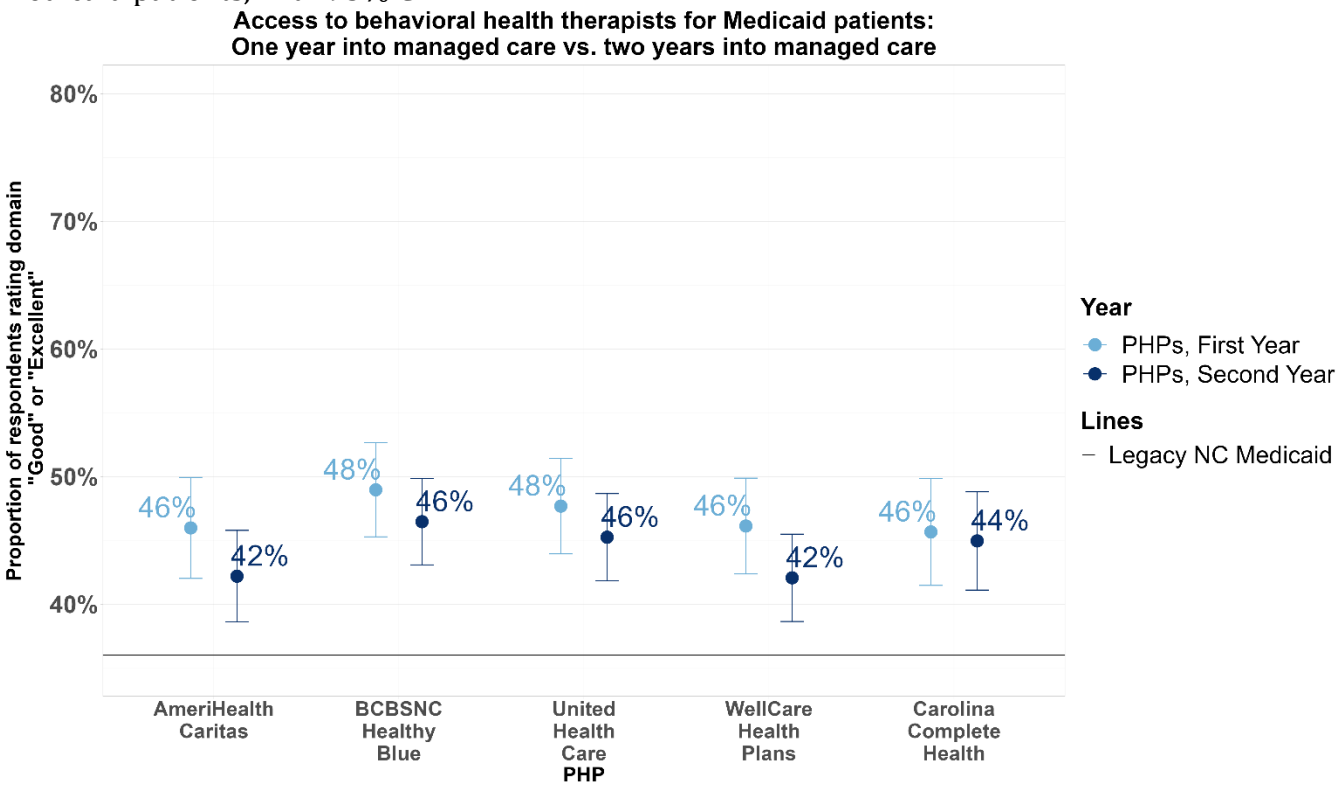
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (34%-42%).

Table 14. Experience of provider organizations with access to behavioral health therapists for Medicaid patients, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Access to behavioral health therapists for Medicaid patients*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.32 (0.04)	2.27 (0.03)
BCBSNC Healthy Blue	2.38 (0.03)	2.33 (0.03)
United Health Care	2.36 (0.03)	2.28 (0.03)
WellCare Health Plans	2.31 (0.03)	2.27 (0.03)
Carolina Complete Health	2.32 (0.04)	2.32(0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.16 (0.04).

Figure 9. Experience of provider organizations with access to behavioral health therapists for Medicaid patients, with 95% CI



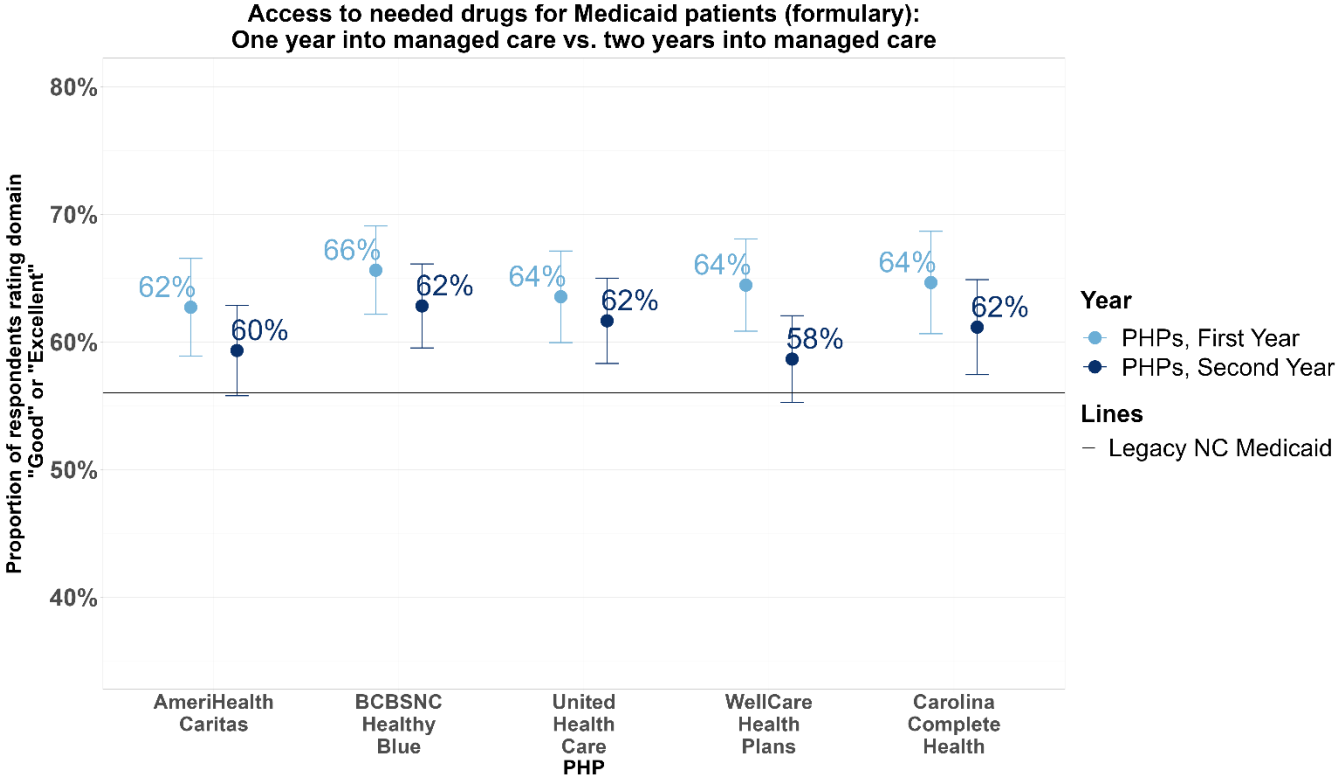
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (32%-40%).

Table 15. Experience of provider organizations with access to needed drugs for Medicaid patients (formulary), ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Access to needed drugs for Medicaid patients (formulary)*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.63 (0.03)	2.60 (0.03)
BCBSNC Healthy Blue	2.67 (0.03)	2.65 (0.02)
United Health Care	2.64 (0.03)	2.62 (0.03)
WellCare Health Plans	2.62 (0.03)	2.59 (0.03)
Carolina Complete Health	2.66 (0.03)	2.62 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.54 (0.03)

Figure 10. Experience of provider organizations with access to needed drugs for Medicaid patients (formulary), with 95% CI



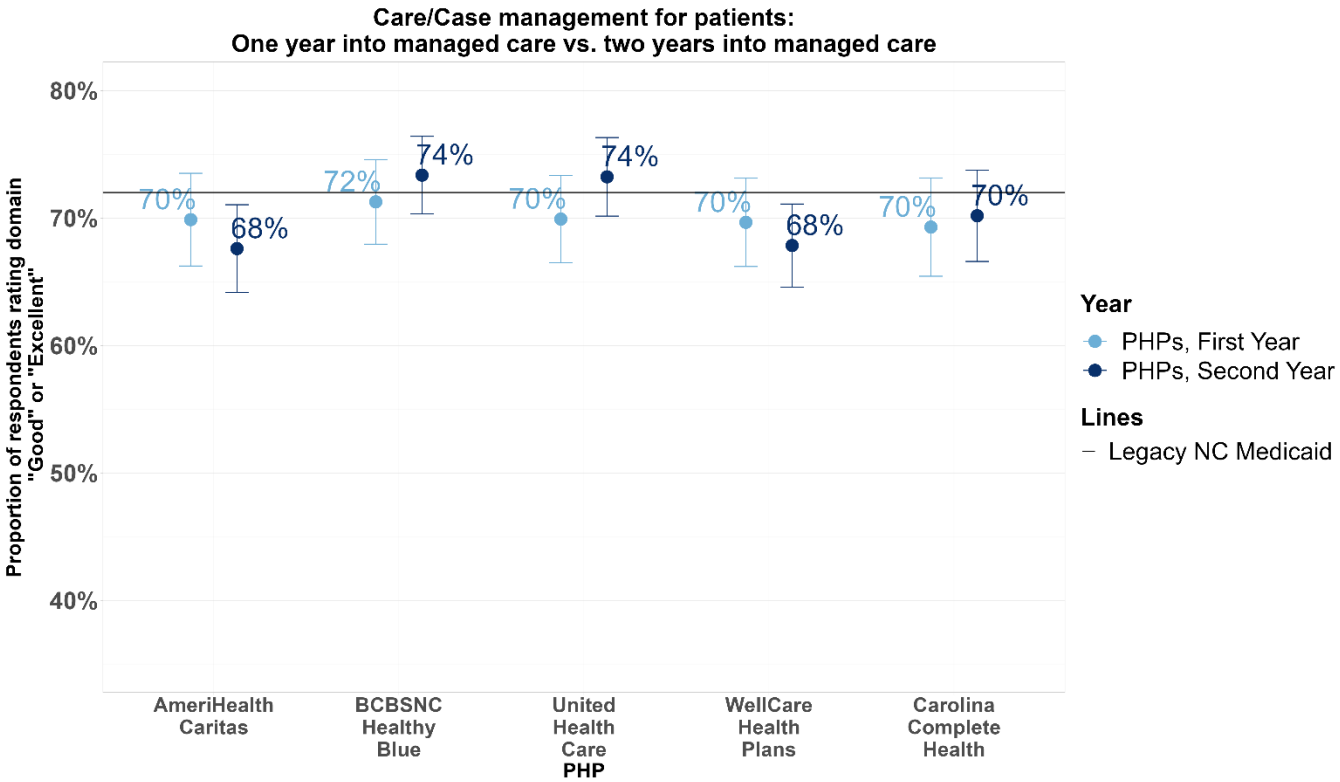
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (52%-60%).

Table 16. Experience of provider organizations with care/case management for your patients, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Care/case management for your patients*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.75 (0.03)	2.71 (0.03)
BCBSNC Healthy Blue	2.80 (0.03)	2.78 (0.03)
United Health Care	2.78 (0.03)	2.78 (0.03)
WellCare Health Plans	2.75 (0.03)	2.70 (0.03)
Carolina Complete Health	2.77 (0.03)	2.76 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.83 (0.03).

Figure 11. Experience of provider organizations with care/case management for your patients, with 95% CI



Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (68%-75%).

Figure 12. Distribution of respondent ratings of process for managing care/case management for patients for first and second years into managed care, by PHP

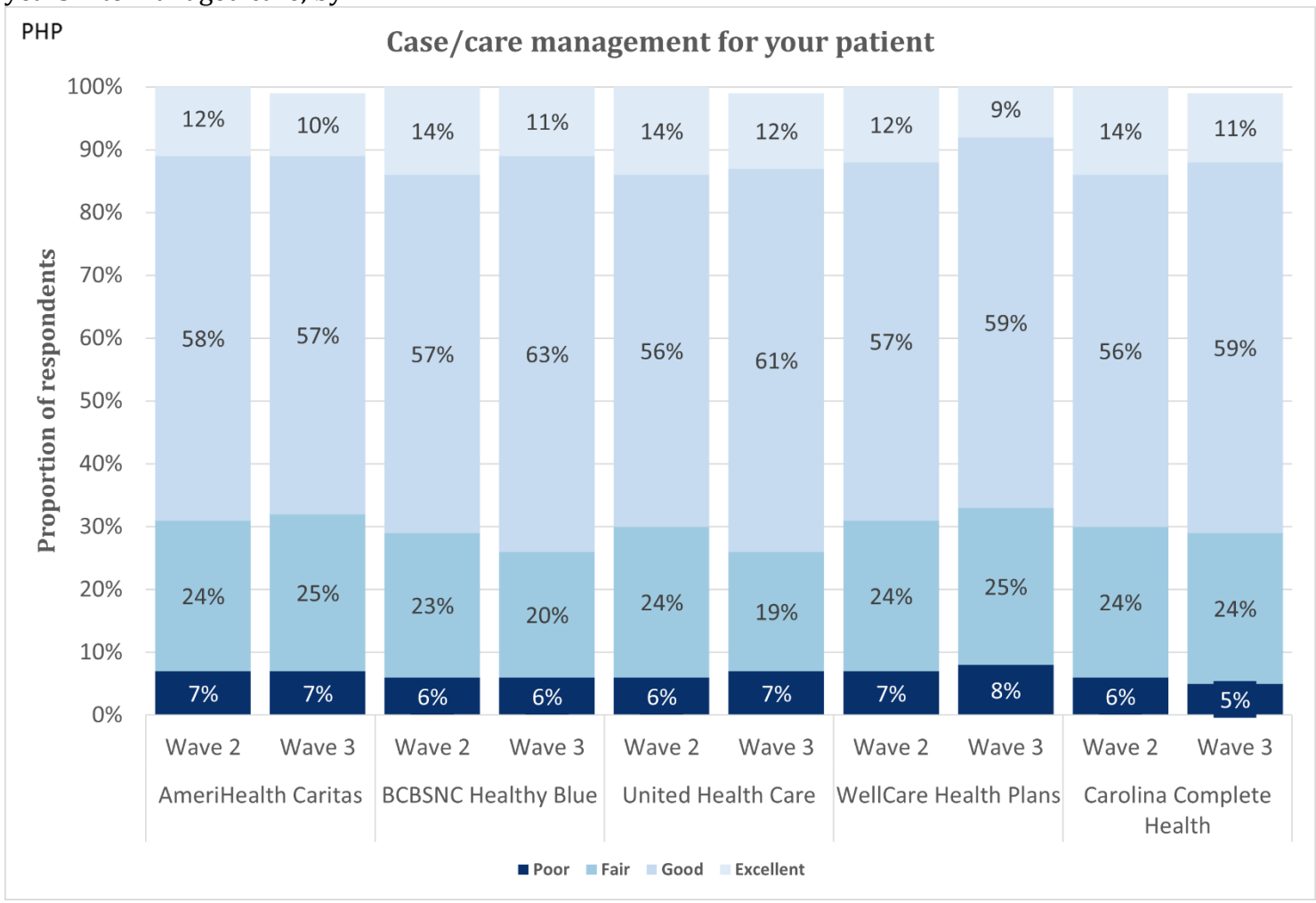
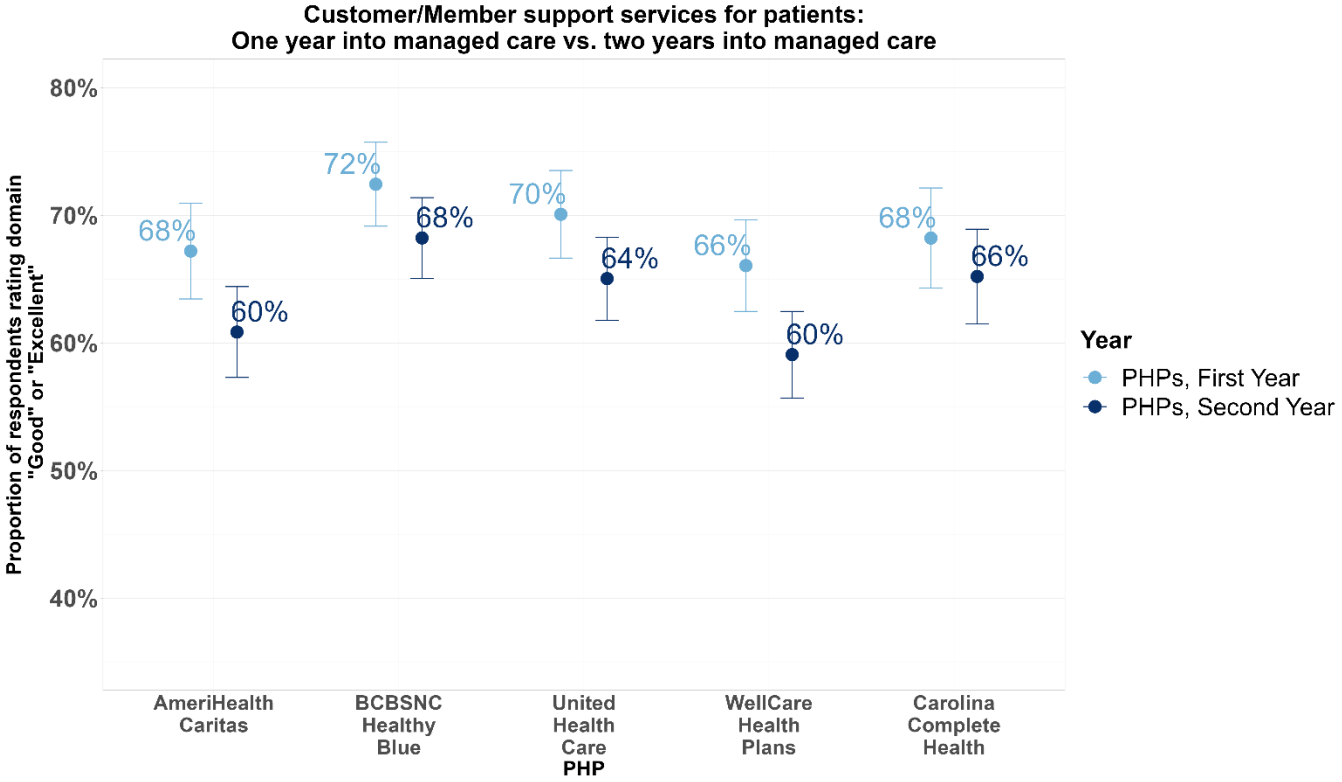


Table 17. Experience of provider organizations with customer/member support services for their patients, ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Customer/member support services for patients*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.72 (0.03)	2.61 (0.03)
BCBSNC Healthy Blue	2.82 (0.03)	2.72 (0.03)
United Health Care	2.75 (0.03)	2.67 (0.03)
WellCare Health Plans	2.69 (0.03)	2.56 (0.03)
Carolina Complete Health	2.74 (0.03)	2.68 (0.03)

Notes: This question was not asked in 2021 Baseline Survey.

Figure 13. Experience of provider organizations with customer/member support services for their patients, with 95% CI



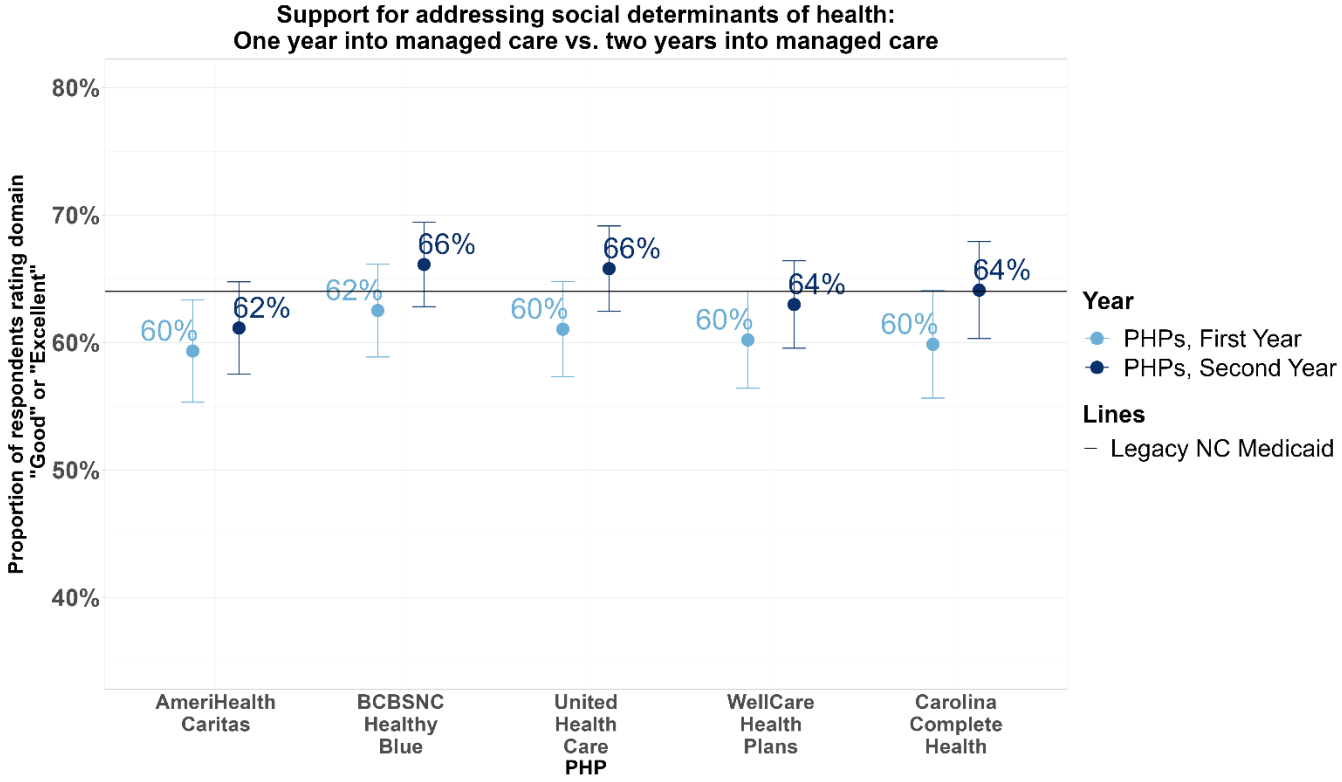
Notes: Not asked in Baseline Survey.

Table 18. Experience of provider organizations with support for addressing social determinants of health (food, education, housing, access to care, etc.), ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Support for addressing social determinants of health (food, education, housing, access to care, etc.)*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.61 (0.03)	2.58 (0.03)
BCBSNC Healthy Blue	2.67 (0.03)	2.66 (0.03)
United Health Care	2.64 (0.03)	2.66 (0.03)
WellCare Health Plans	2.60 (0.03)	2.60 (0.03)
Carolina Complete Health	2.61 (0.03)	2.63 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.68 (0.04) .

Figure 14. Experience of provider organizations with support for addressing social determinants of health (food, education, housing, access to care, etc.), with 95% CI



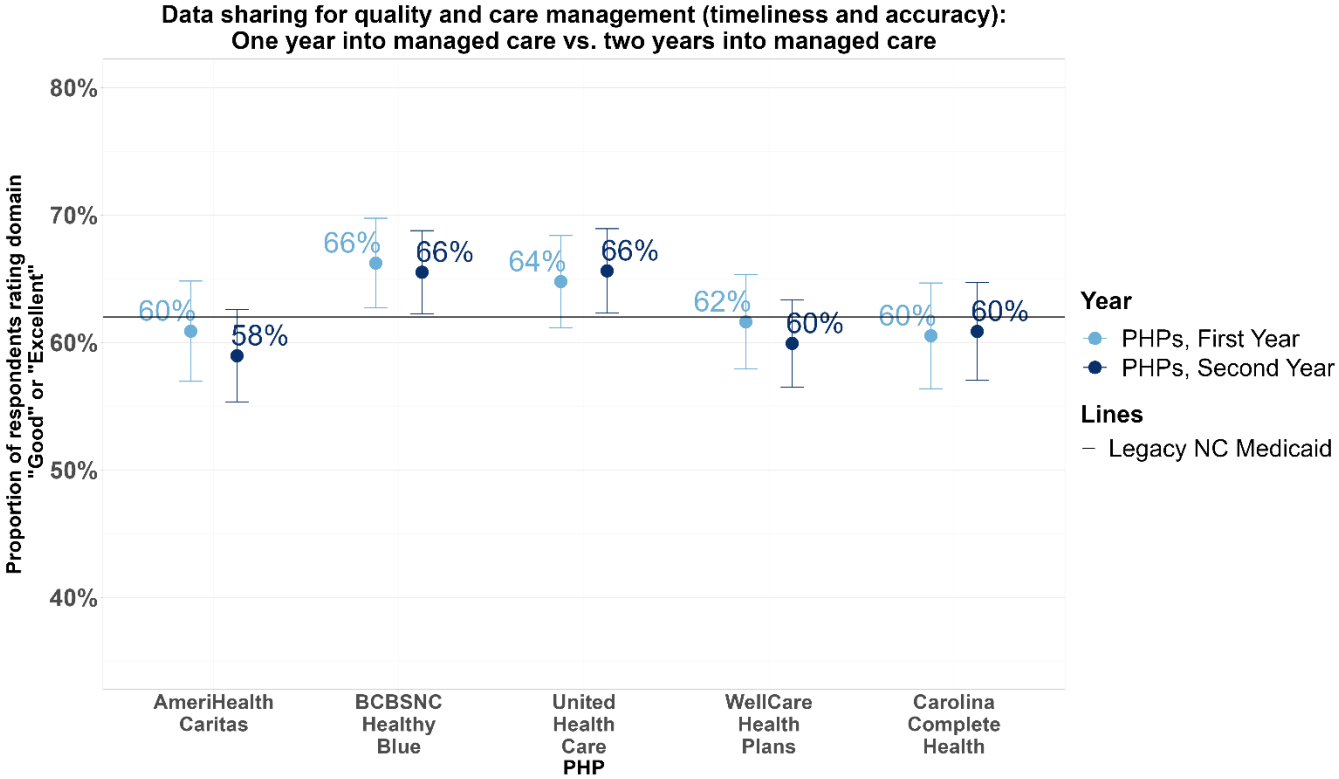
Legacy NC Medicaid 95% CI of respondents rating domain "Good" or "Excellent" : (60%-67%).

Table 19. Experience of provider organizations with data sharing for quality and care management (timeliness and accuracy), ranges from 1 (poor) to 4 (excellent)

Based on your practice's/health system's experience with PHPs, how would you describe your overall experience for the following factors for each of the PHPs you are contracting with? *Data sharing for quality and care management (timeliness and accuracy)*		
PHP	**2022 Mean (SE)**	**2023 Mean (SE)**
AmeriHealth Caritas North Carolina	2.57 (0.03)	2.55 (0.03)
BCBSNC Healthy Blue	2.69 (0.03)	2.67 (0.03)
United Health Care	2.68 (0.03)	2.67 (0.03)
WellCare Health Plans	2.57 (0.03)	2.58 (0.03)
Carolina Complete Health	2.60 (0.03)	2.60 (0.03)

Notes: Legacy NC Medicaid mean (standard error) : 2.62 (0.04) .

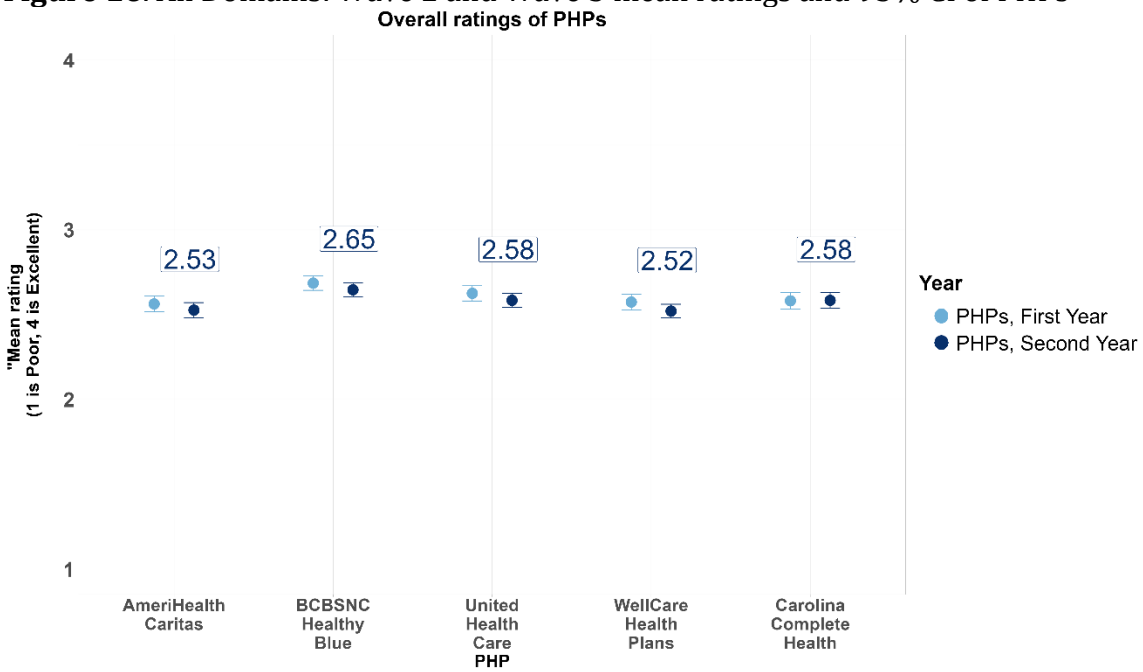
Figure 15. Experience of provider organizations with data sharing for quality and care management (timeliness and accuracy), with 95% CI



Legacy NC Medicaid proportion (95% CI) of respondents rating domain "Good" or "Excellent" : 62% (58%-66%).

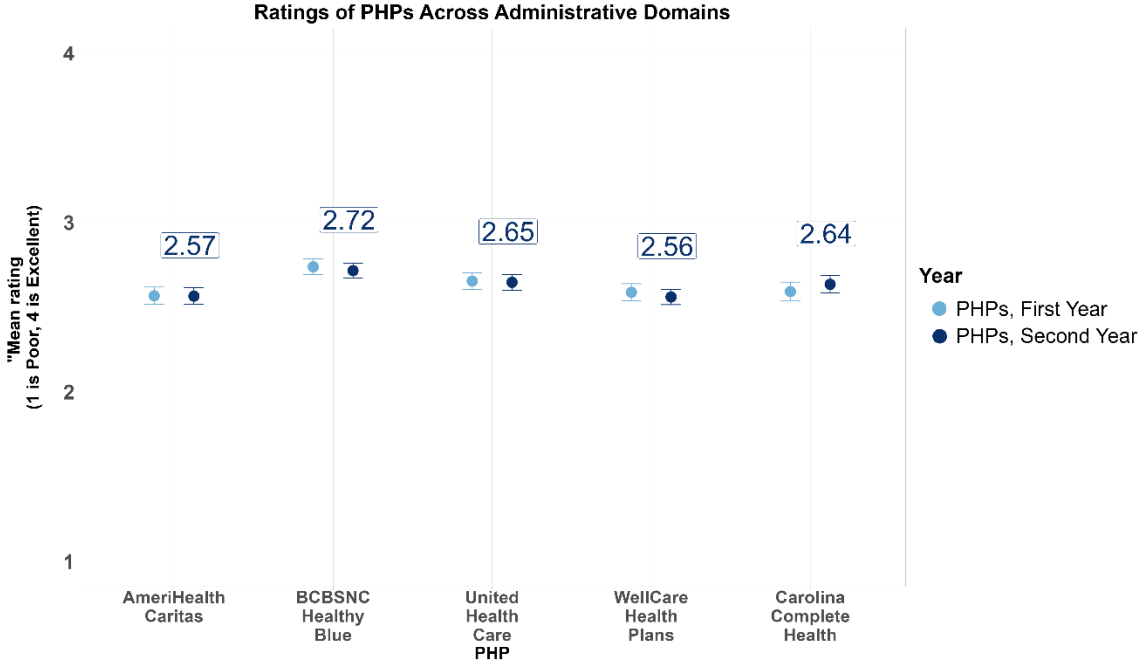
The ratings scale in this section ranges from 1 (poor) to 4 (excellent).

Figure 16. All Domains: Wave 2 and Wave 3 mean ratings and 95% CI of PHPs



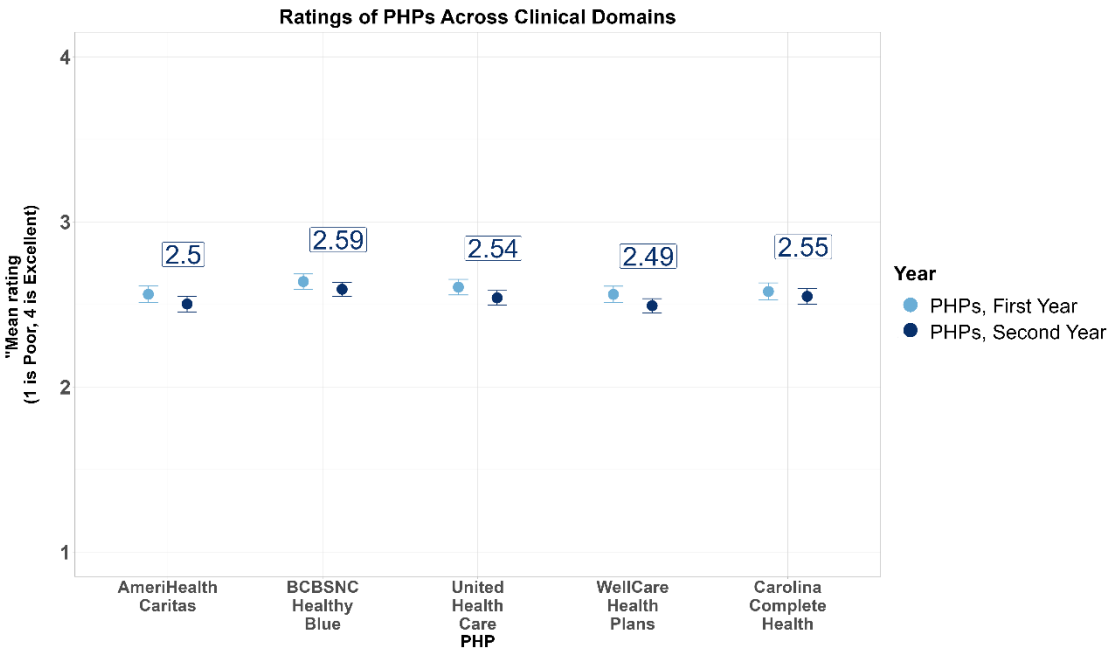
Note: Data label reports Wave 3 mean

Figure 17. Administrative Domains: Wave 2 and Wave 3 mean ratings and 95% CI of PHPs



Note: Data label reports Wave 3 mean

Figure 18. Clinical Domains: Wave 2 and Wave 3 mean ratings and 95% CI of PHPs



Note: Data label reports Wave 3 mean

Experience: First Year of PHPs (Wave 2) vs Second Year of PHPs (Wave 3)

Figure 19a. Experience with administrative domains, Wave 2 vs. Wave 3

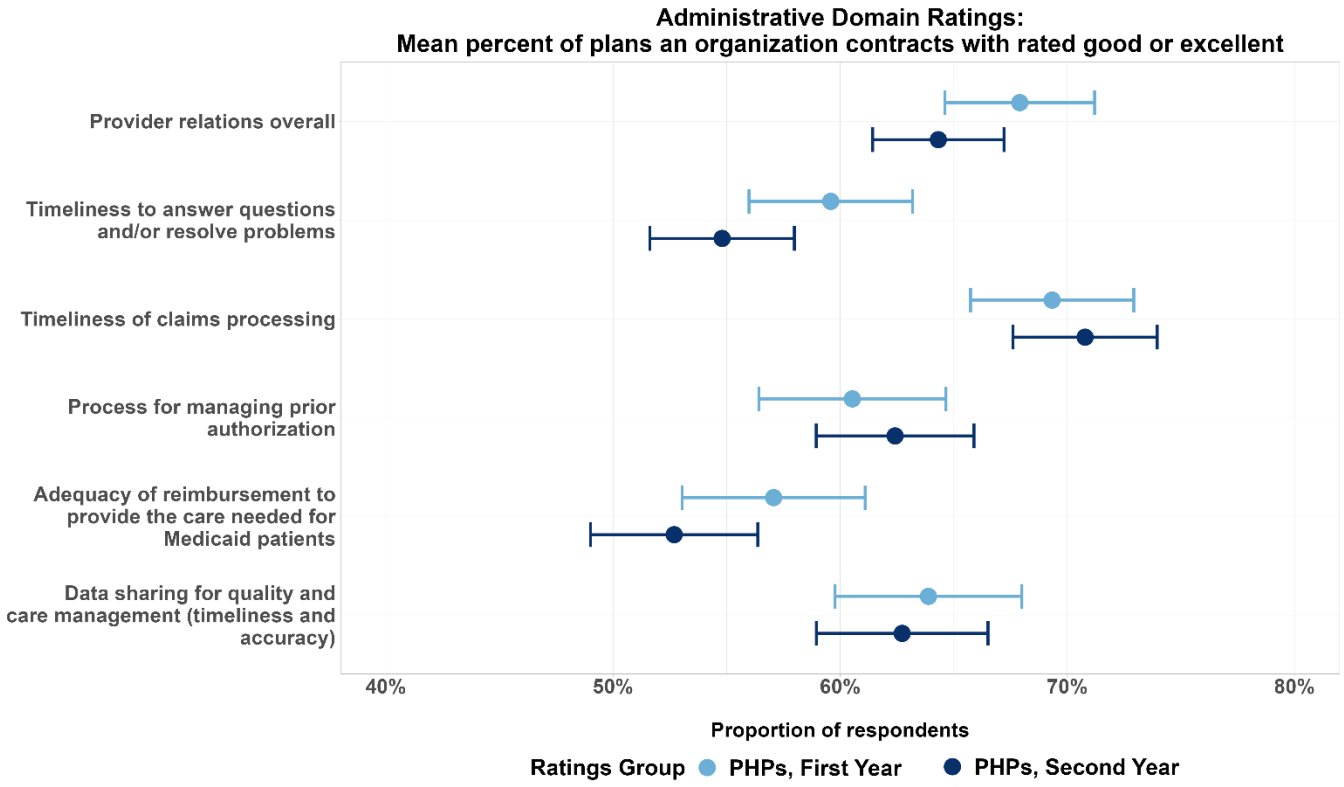
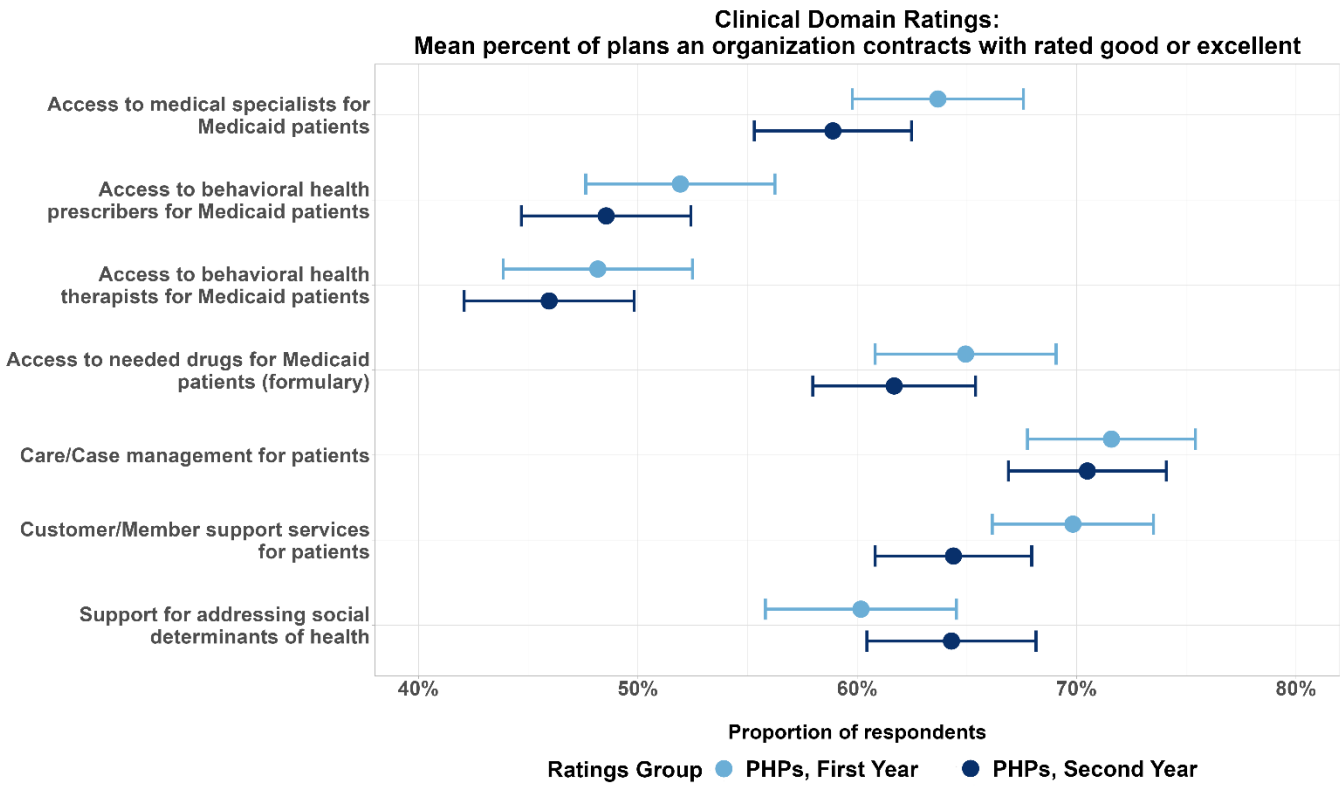


Figure 19b. Experience with clinical domains, Wave 2 vs. Wave 3

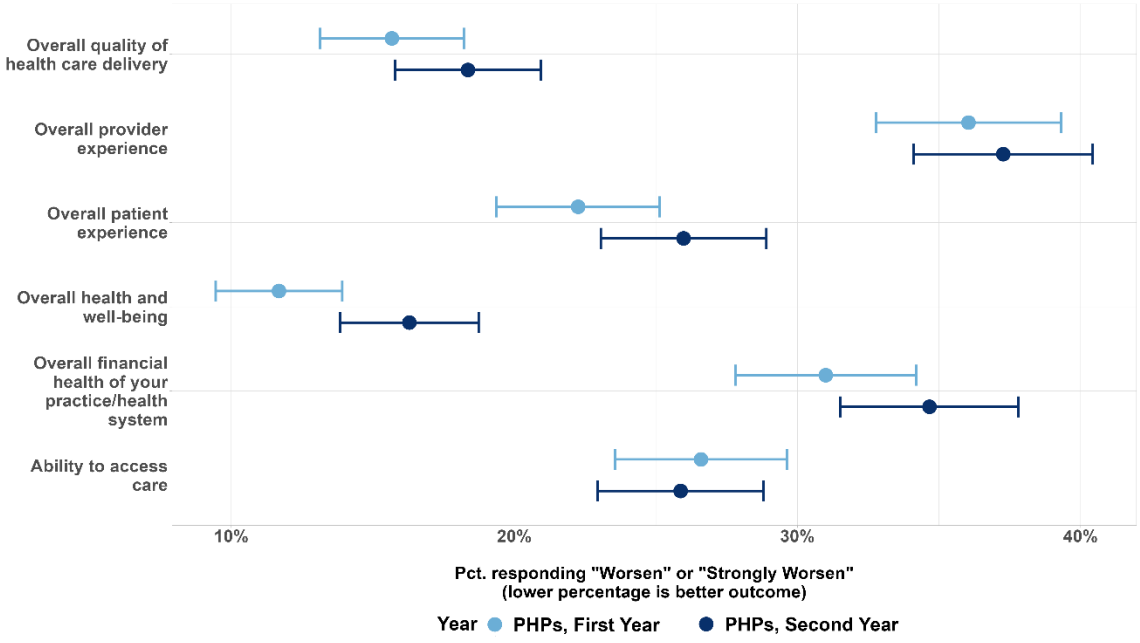


Perceptions of Overall Medicaid Transition to PHPs

Table 20. Provider organizations' feelings on how PHPs have affected various aspects of health care delivery in North Carolina.

Item	Strongly Improve N (%)	Improve N (%)	No Change N (%)	Worsen N (%)	Strongly Worsen N (%)
Overall health and well-being	13 (3.8%)	84 (24.5%)	189 (55.3%)	43 (12.6%)	13 (3.8%)
Overall quality of health care delivery	11 (3.1%)	80 (23.3%)	189 (55.0%)	43 (12.6%)	20 (6.0%)
Overall patient experience	13 (3.7%)	81 (23.6%)	159 (46.5%)	69 (20.0%)	21 (6.2%)
Overall financial health of your medical group or practice	9 (2.6%)	69 (20.1%)	144 (42.2%)	79 (23.3%)	40 (11.9%)
Overall provider experience	11 (3.2%)	62 (18.0%)	141 (41.2%)	86 (25.2%)	43 (12.5%)
Ability to access care	12 (3.4%)	74 (21.5%)	168 (49.0%)	60 (17.6%)	29 (8.6%)

Figure 20. Proportion of respondents' ratings that PHPs have worsened or strongly worsened various aspects of health care delivery in North Carolina , First Year of PHPs (Wave 2) vs Second Year of PHPs (Wave 3)



When asked how their provider organization feels PHPs have affected per capita total cost of care to the state Medicaid program, organizations reported as follows:

- 39 (11.4 %) Increase substantially
- 85 (25.1 %) Increase slightly
- 159 (46.9 %) No change
- 43 (12.6 %) Decrease slightly
- 14 (4.1 %) Decrease substantially

Provider Organizations' Approach to Behavioral Health and Tailored Plans

When asked whether their provider organization had embedded or co-located behavioral health professionals in its primary care office(s), organizations reported as follows:

- 63 (19.0 %) Yes, in all offices
- 19 (5.7 %) Yes, in some offices
- 251 (75.0 %) No

Write-in responses: Please select all the reasons that your practice/health system does not have embedded or co-located behavioral health professionals in its primary care office(s): - Other (please specify)

Themes write-in responses (from most common to least common)

- Have preferred referral locations/relationships
- Solo practice that does not have space, funding, or need to house embedded behavioral health services
- Shortage of behavioral health professionals (e.g., especially behavioral health providers who want this type of job) and trouble retaining qualified staff
- Unsure about this option
- Cost/administrative burden
- Not interested in this option
- Planning on doing this with more space or new practice which is still growing
- Low reimbursement
- Not enough patient volume to trigger need for integrated behavioral health

When asked whether their provider organization used the Collaborative Care Model (CCM) in their primary care office(s) (and were provided a definition of the CCM), organizations reported as follows:

- 45 (13.5 %) I don't know what the Collaborative Care Model is
- 52 (15.7 %) Yes, in all offices
- 11 (3.4 %) Yes, in some offices
- 224 (67.4 %) No

Table 21. Provider organizations' reasons for not having an embedded or co-located behavioral health professional or not using the Collaborative Care Model in its primary care office(s)

Item	Not enough space in the office(s) N (%)	Unable to sustain a position with current reimbursement N (%)	Not enough demand among our patients N (%)	Administrative processes are too burdensome N (%)	We do not have access to a psychiatrist to support collaborative care N (%)
If your provider organization does not have an embedded or co-located behavioral health professional, please select all reasons why your organization does not (N eligible = 270)	117 (43.3%)	116 (42.8%)	69 (25.4%)	74 (27.4%)	N/A
If your provider organization does not use the Collaborative Care Model in its primary care office(s), please select all reasons why your organization does not use it (N eligible = 224)	85 (37.8%)	87 (38.7%)	55 (24.6%)	69 (30.7%)	93 (41.6%)

Table 22. Provider organizations' responses when asked whether their provider organization was planning to contract with Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plans (starting in October 2023):

North Carolina will launch Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plans in October 2023. Is your health care organization planning to contract with Tailored Plans?		
Response	**2022 N (%)**	**2023 N (%)**
Yes	116 (29.9%)	211 (61.6%)
No	74 (18.9%)	46 (13.4%)
I don't know about Tailored Plans	199 (51.3%)	86 (25%)

Notes: At the time this survey was written and administered, Tailored Plans were expected to launch in October 2023. In July 2023, following the administration of the survey, Tailored Plan launch was delayed to a date still to be determined.

Write-in responses: Please select all reasons why your practice/health system does not use the Collaborative Care Model in its primary care office(s): - Other (please specify)

Themes write-in responses (from most common to least common)

- Have preferred referral locations/relationships
- Not sure what a Collaborative Care Model is
- In the process of getting this started
- Shortage of behavioral health professionals
- Cost/administrative burden
- Solo/small practice that is unable to support it
- Unable to determine patient eligibility
    - Quote: “The panel is very skewed, it is impossible to identify patients that would be eligible for services due to the "rules" of the panel. One more way Medicaid is using providers.”

STRATIFIED EXPERIENCE OF PROVIDER ORGANIZATIONS

This section presents several stratifications of the provider satisfaction domains that are presented across all participating organizations in the previous section. Primarily, there are three stratifications: (1) Small provider organizations (1-2 providers) versus medium-sized provider organizations (3-9 providers) versus large provider organizations (10+ providers), (2) Provider organizations with rural practice sites versus those with no rural practice sites, and (3) Provider organizations that provide Ob/Gyn care versus those who only provide primary care. The domains presented in the previous section are grouped into two categories, administrative domains and clinical domains.

Stratified Experience Ratings: Size of Provider Organization

Table 23. Mean ratings of PHPs across all domains, stratified by provider organization size

Overall ratings for PHPs stratified by size			
PHP	**Small Provider Organizations (n = 136) Mean (SE)**	**Medium Provider Organizations (n = 140) Mean (SE)**	**Large Provider Organizations (n = 70) Mean (SE)**
AmeriHealth Caritas North Carolina	2.53 (0.04)	2.60 (0.04)	2.36 (0.05)
BCBSNC Healthy Blue	2.69 (0.03)	2.72 (0.03)	2.41 (0.05)
United Health Care	2.67 (0.03)	2.60 (0.03)	2.39 (0.05)
WellCare Health Plans	2.59 (0.03)	2.56 (0.03)	2.31 (0.04)
Carolina Complete Health	2.61 (0.04)	2.66 (0.04)	2.40 (0.05)

Notes: Small =1-2 providers, medium 3-9, large >=10.

Figure 21. Mean ratings of PHPs across all domains, stratified by provider organization size

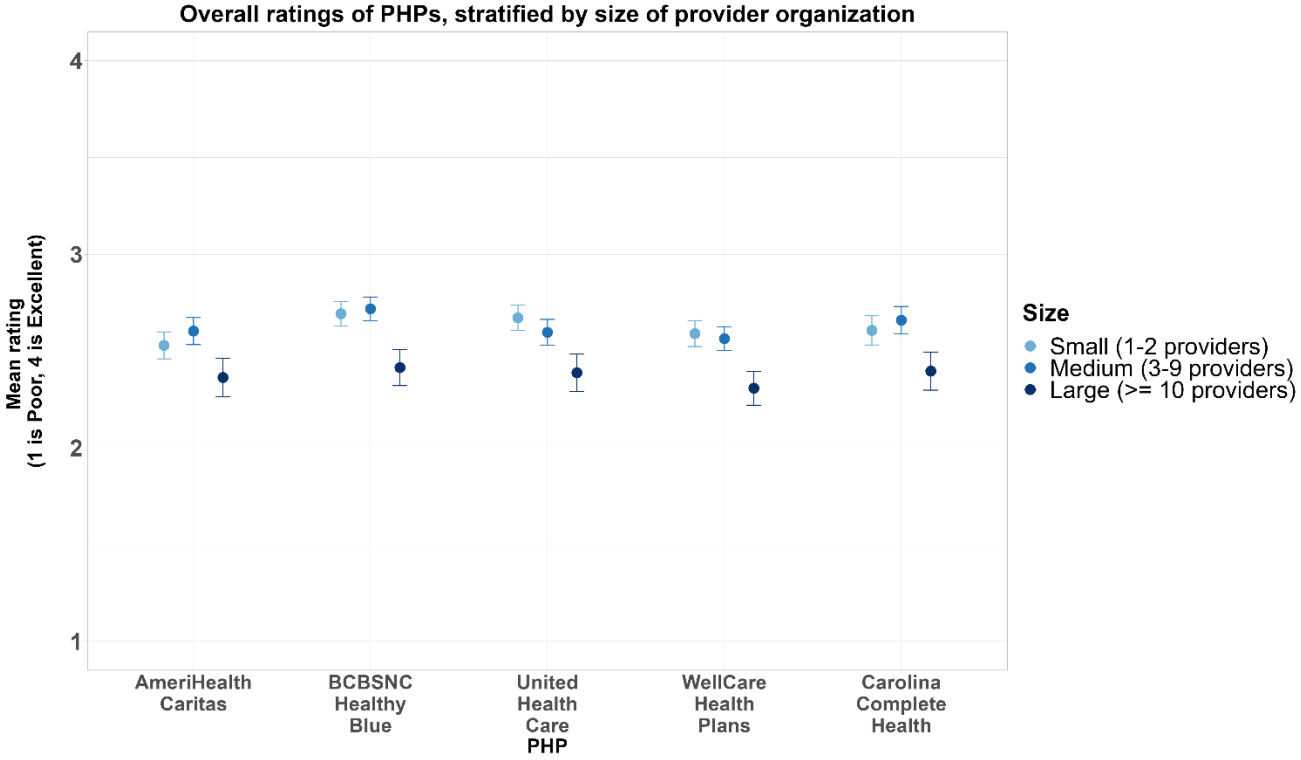


Table 24. Mean ratings of PHPs across administrative domains, stratified by provider organization size

Administrative ratings for PHPs stratified by size			
PHP	**Small Provider Organizations (n = 136) Mean (SE)**	**Medium Provider Organizations (n = 140) Mean (SE)**	**Large Provider Organizations (n = 70) Mean (SE)**
AmeriHealth Caritas North Carolina	2.60 (0.04)	2.67 (0.04)	2.28 (0.05)
BCBSNC Healthy Blue	2.80 (0.04)	2.81 (0.03)	2.37 (0.05)
United Health Care	2.74 (0.04)	2.68 (0.04)	2.38 (0.05)
WellCare Health Plans	2.68 (0.04)	2.62 (0.03)	2.22 (0.05)
Carolina Complete Health	2.69 (0.04)	2.74 (0.04)	2.33 (0.06)

Notes: Small =1-2 providers, medium 3-9, large >=10.

Figure 22. Mean ratings of PHPs across administrative domains, stratified by provider organization size

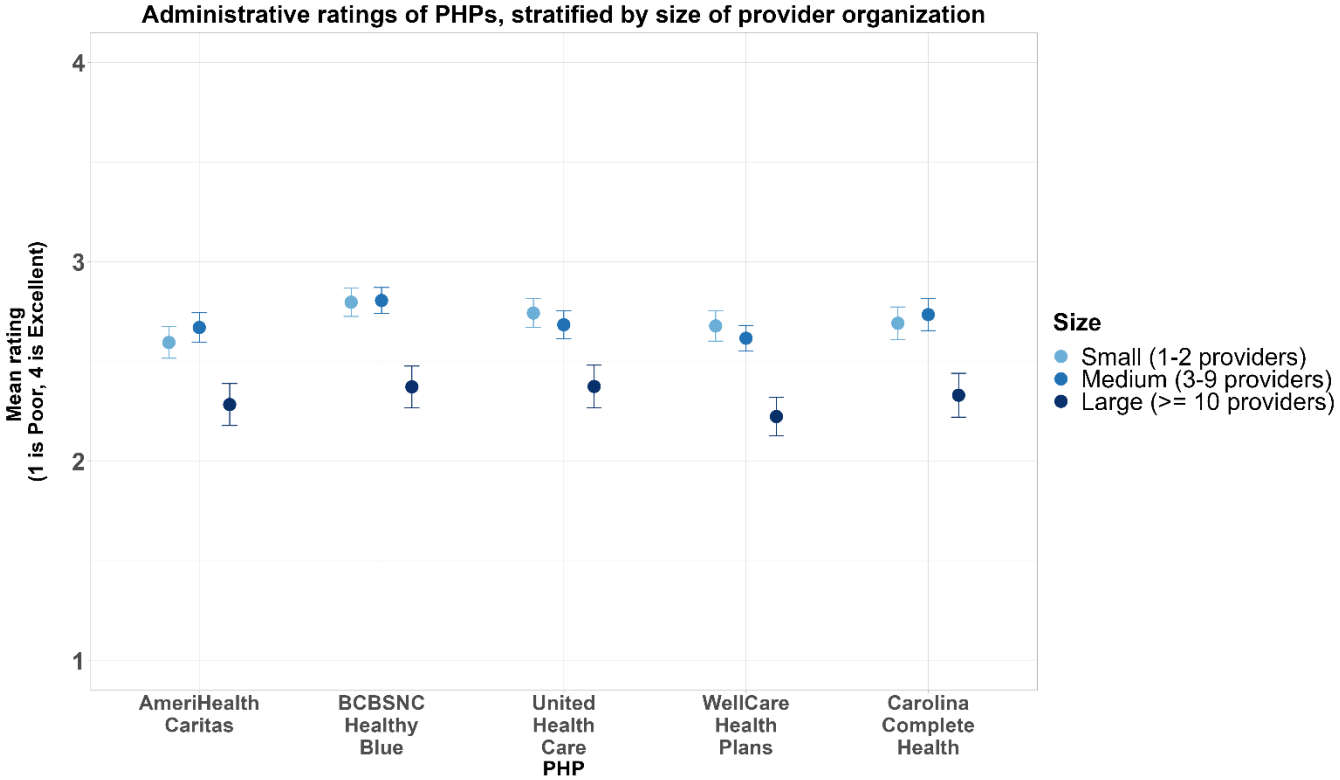
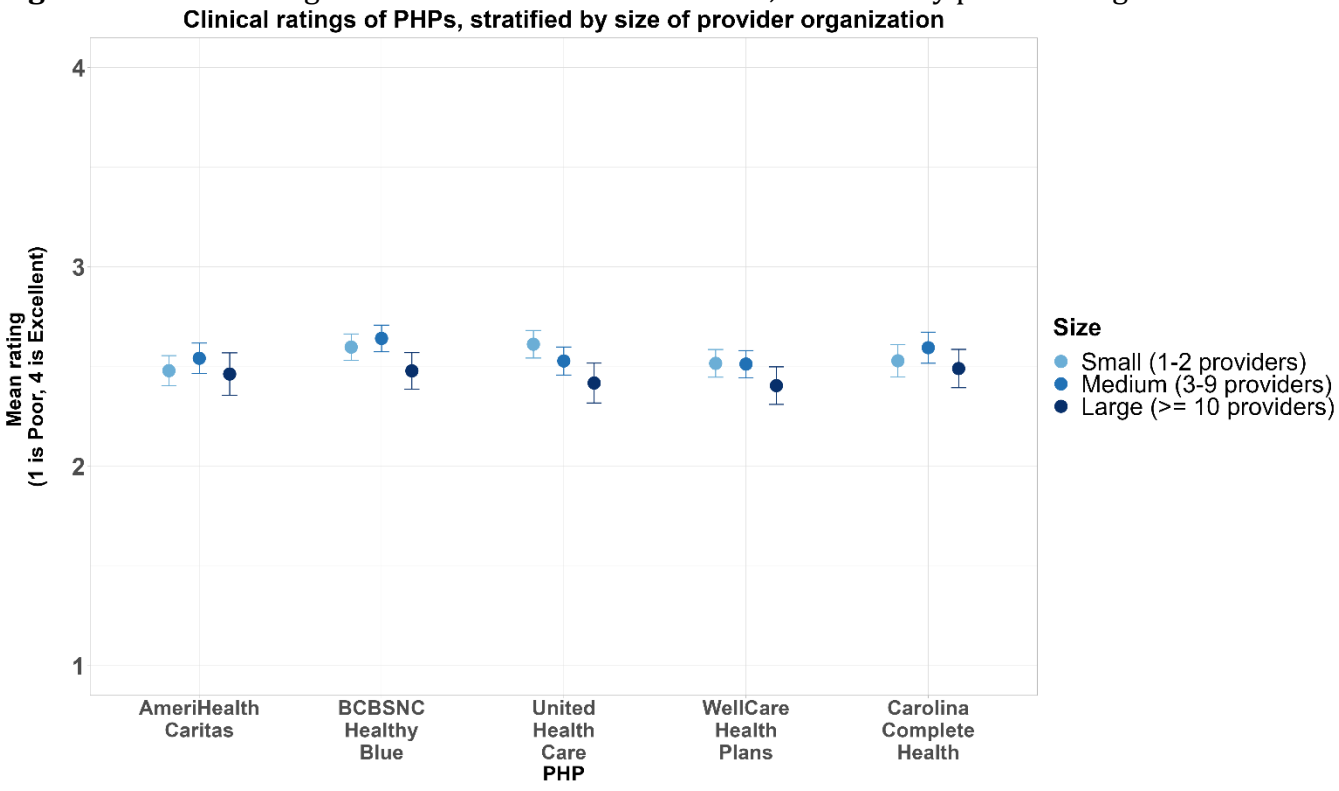


Table 25. Mean ratings of PHPs across clinical domains, stratified by provider organization size

Clinical ratings for PHPs stratified by size			
PHP	**Small Provider Organizations (n = 136) Mean (SE)**	**Medium Provider Organizations (n = 140) Mean (SE)**	**Large Provider Organizations (n = 70) Mean (SE)**
AmeriHealth Caritas North Carolina	2.48 (0.04)	2.54 (0.04)	2.46 (0.05)
BCBSNC Healthy Blue	2.60 (0.03)	2.64 (0.03)	2.48 (0.05)
United Health Care	2.61 (0.04)	2.53 (0.04)	2.42 (0.05)
WellCare Health Plans	2.40 (0.04)	2.51 (0.03)	2.52 (0.05)
Carolina Complete Health	2.53 (0.04)	2.60 (0.04)	2.49 (0.05)

Notes: Small =1-2 providers, medium 3-9, large >=10.

Figure 23. Mean ratings of PHPs across clinical domains, stratified by provider organization size



Stratified Experience Ratings: Provider organizations with a rural practice site vs. provider organizations without a rural practice site

Table 26. Mean ratings of PHPs across all domains, stratified by rurality of provider organization

Overall ratings for PHPs stratified by rurality		
PHP	**Has rural practice site (n = 194) Mean (SE)**	**Does not have rural practice site (n = 152) Mean (SE)**
AmeriHealth Caritas North Carolina	2.50 (0.03)	2.56 (0.03)
BCBSNC Healthy Blue	2.66 (0.03)	2.63 (0.03)
United Health Care	2.60 (0.03)	2.57 (0.03)
WellCare Health Plans	2.51 (0.03)	2.54 (0.03)
Carolina Complete Health	2.59 (0.03)	2.58 (0.03)

Figure 24. Mean ratings of PHPs across all domains with 95% confidence intervals, stratified by rurality of provider organization

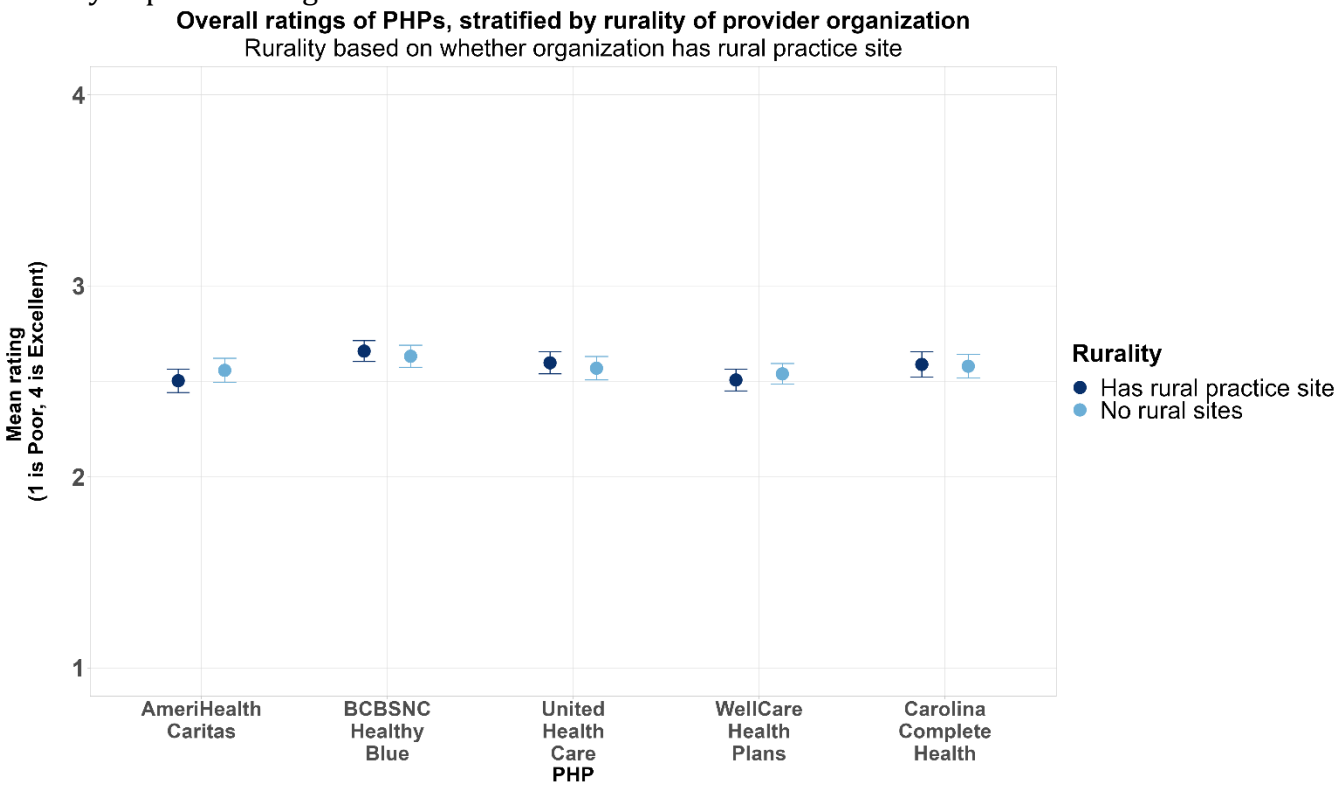


Table 27. Mean ratings of PHPs across administrative domains, stratified by rurality of provider organization

Administrative ratings for PHPs stratified by rurality		
PHP	**Has rural practice site (n = 194) Mean (SE)**	**Does not have rural practice site (n = 152) Mean (SE)**
AmeriHealth Caritas North Carolina	2.52 (0.03)	2.62 (0.04)
BCBSNC Healthy Blue	2.72 (0.03)	2.71 (0.03)
United Health Care	2.63 (0.03)	2.67 (0.03)
WellCare Health Plans	2.54 (0.03)	2.59 (0.03)
Carolina Complete Health	2.64 (0.04)	2.63 (0.04)

Figure 25. Mean ratings of PHPs across administrative domains with 95% confidence intervals, stratified by rurality of provider organization

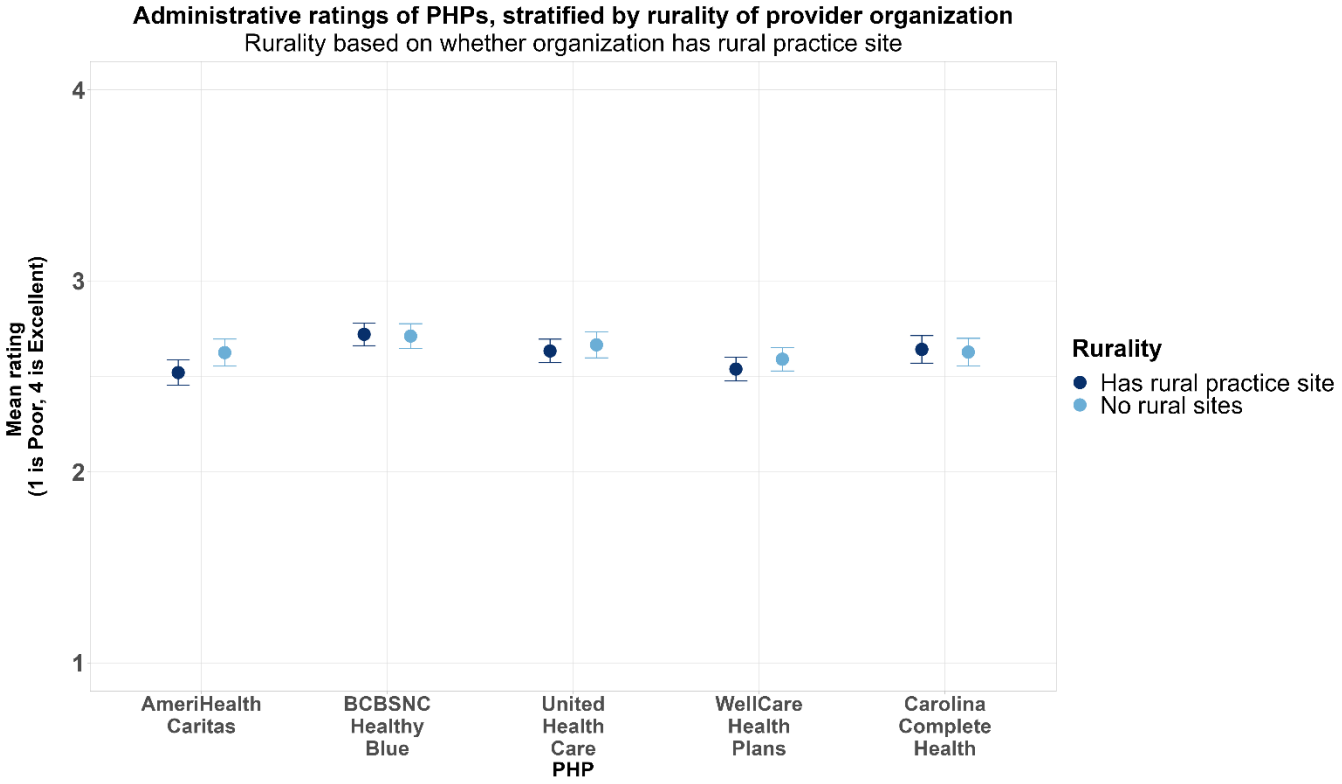
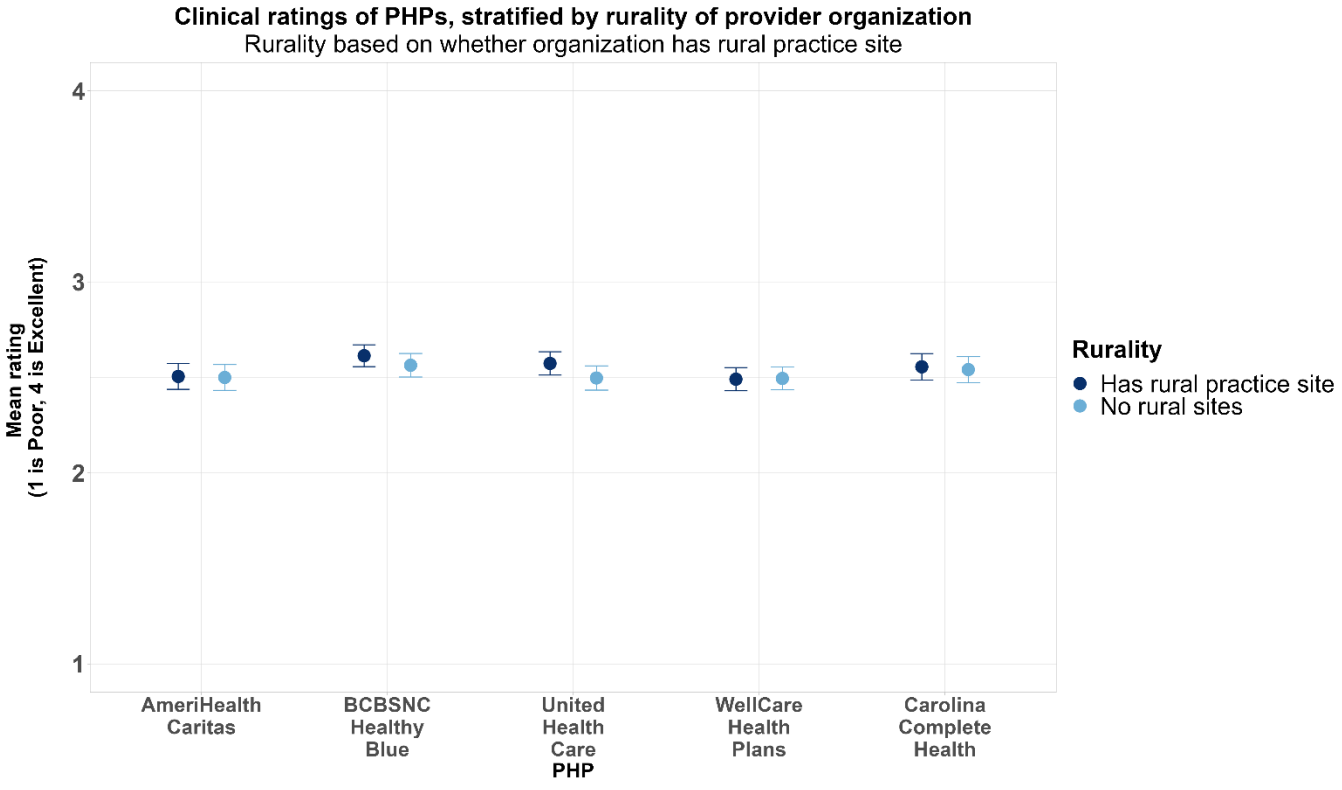


Table 28. Mean ratings of PHPs across clinical domains, stratified by rurality of provider organization

Clinical ratings for PHPs stratified by rurality		
PHP	**Has rural practice site (n = 194) Mean (SE)**	**Does not have rural practice site (n = 152) Mean (SE)**
AmeriHealth Caritas North Carolina	2.50 (0.03)	2.50 (0.03)
BCBSNC Healthy Blue	2.61 (0.03)	2.56 (0.03)
United Health Care	2.57 (0.03)	2.49 (0.03)
WellCare Health Plans	2.49 (0.03)	2.49 (0.03)
Carolina Complete Health	2.56 (0.04)	2.54 (0.03)

Figure 26: Mean ratings of PHPs across clinical domains with 95% confidence intervals, stratified by rurality of provider organization



Stratified Experience Ratings: Provider organizations that provide Ob/Gyn care versus those who provide only primary care

Table 29. Mean ratings of PHPs across all domains, stratified by whether the organization provides Ob/Gyn care

Overall ratings for PHPs stratified by provision of Ob/Gyn care		
PHP	**Provides Ob/Gyn care (n = 56) Mean (SE)**	**Does not provide Ob/Gyn care (n = 290) Mean (SE)**
AmeriHealth Caritas North Carolina	2.32 (0.05)	2.57 (0.02)
BCBSNC Healthy Blue	2.37 (0.05)	2.70 (0.02)
United Health Care	2.38 (0.06)	2.62 (0.02)
WellCare Health Plans	2.27 (0.05)	2.57 (0.02)
Carolina Complete Health	2.32 (0.05)	2.64 (0.03)

Figure 27. Mean ratings of PHPs across all domains with 95% confidence intervals, stratified by whether the provider organization provides Ob/Gyn care

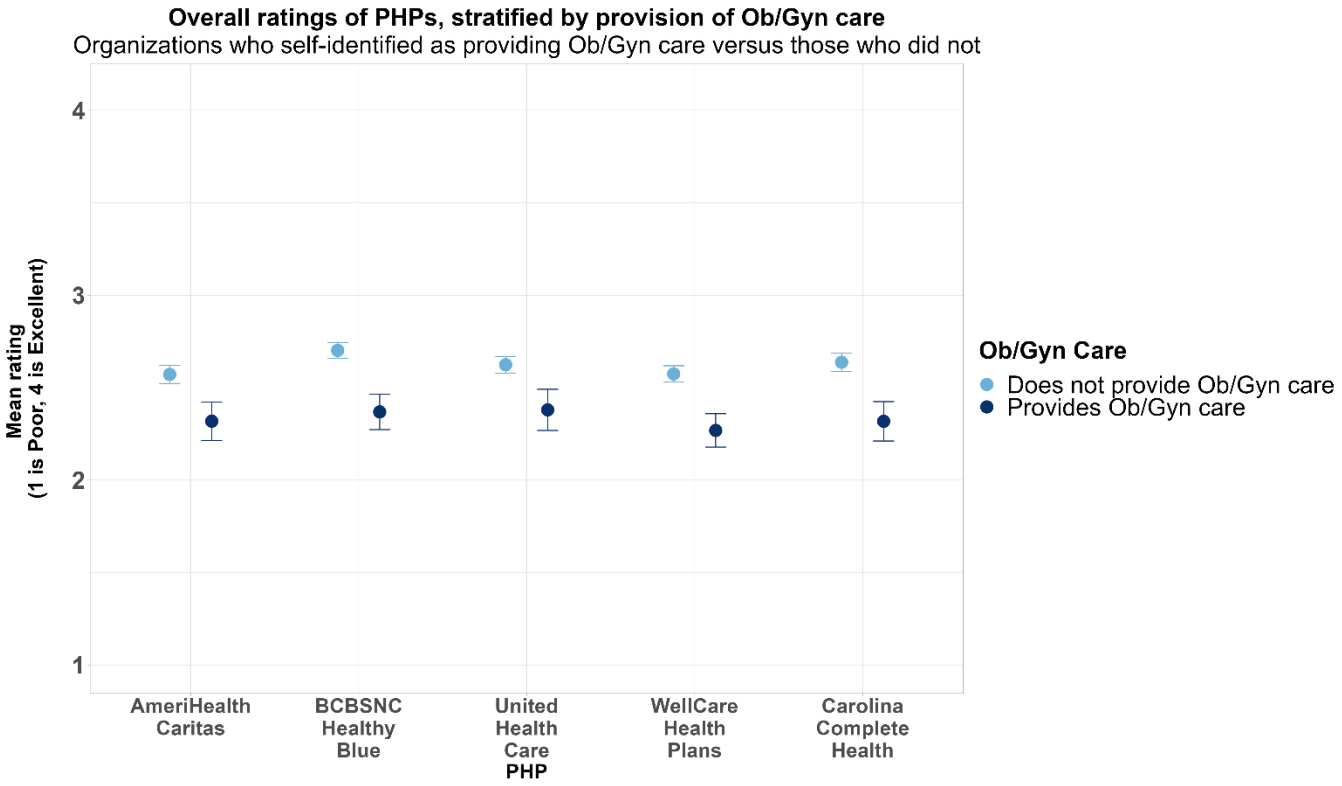


Figure 28. Mean ratings of PHPs by provider organizations that provides Ob/Gyn care across all domains with 95% confidence intervals, stratified by provider organization size (n=56)

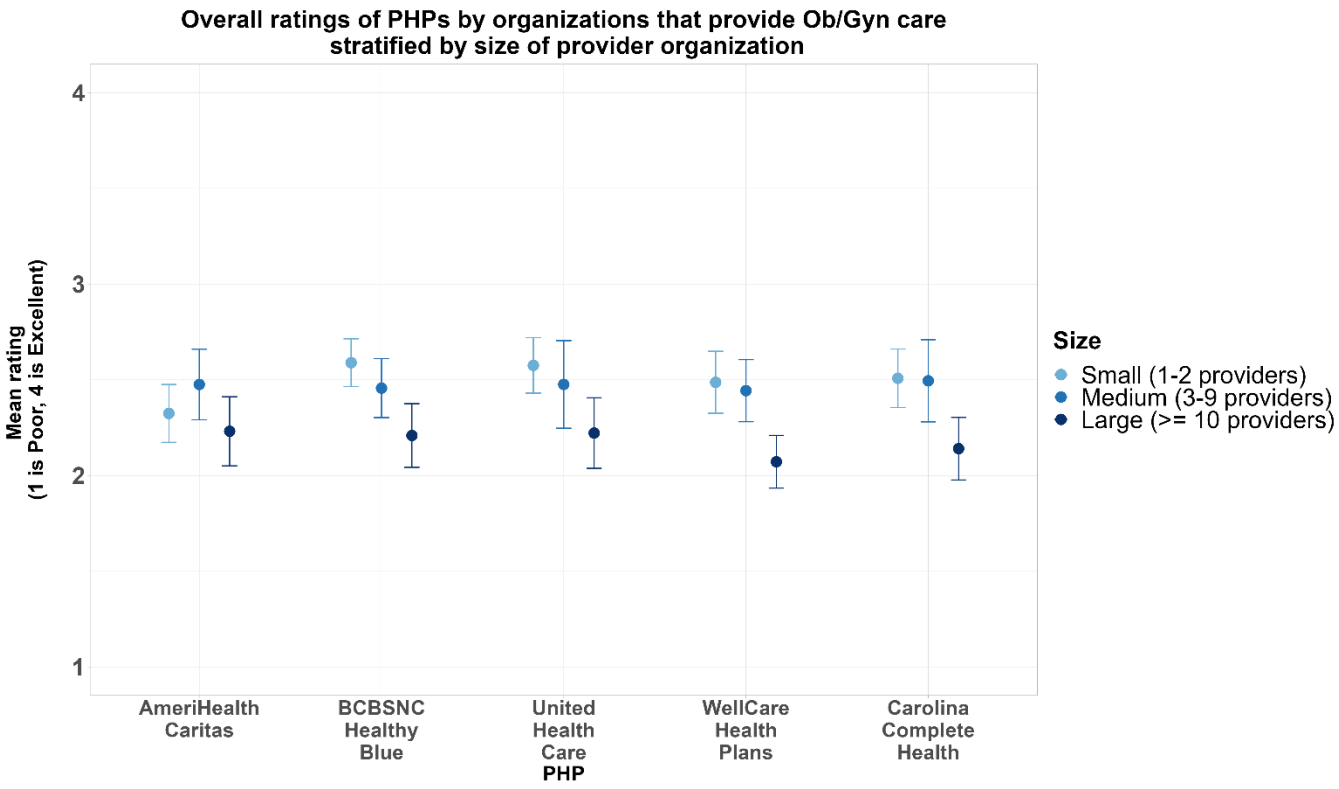


Table 30. Mean ratings of PHPs across administrative domains, stratified by whether the organization provides Ob/Gyn care

Administrative ratings for PHPs stratified by provision of Ob/Gyn care		
PHP	**Provides Ob/Gyn care (n = 56) Mean (SE)**	**Does not provide Ob/Gyn care (n = 290) Mean (SE)**
AmeriHealth Caritas North Carolina	2.25 (0.06)	2.63 (0.03)
BCBSNC Healthy Blue	2.28 (0.05)	2.80 (0.02)
United Health Care	2.36 (0.06)	2.70 (0.03)
WellCare Health Plans	2.14 (0.05)	2.65 (0.02)
Carolina Complete Health	2.24 (0.07)	2.71 (0.03)

Figure 29. Mean ratings of PHPs across administrative domains with 95% confidence intervals, stratified by whether the provider organization provides Ob/Gyn care

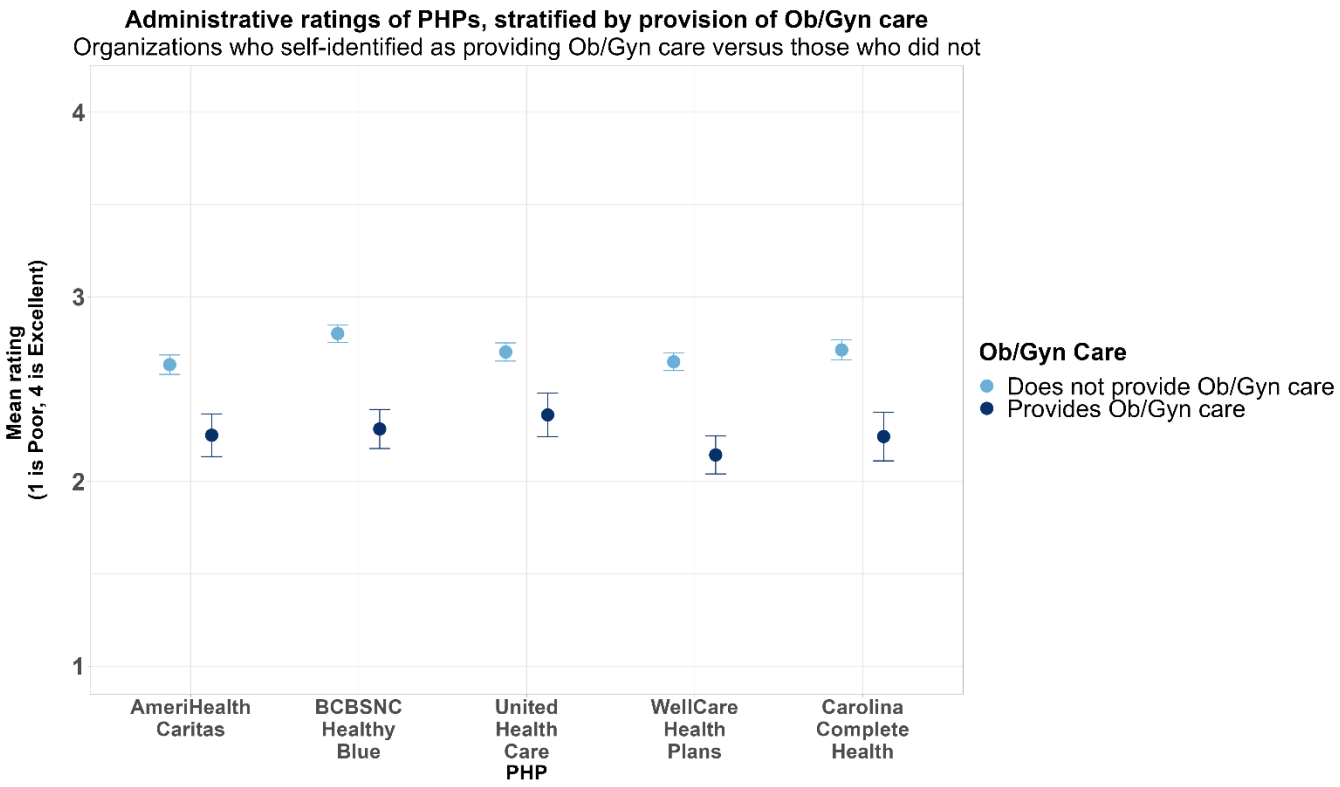


Figure 30. Mean ratings of PHPs by provider organizations that provides Ob/Gyn care across administrative domains with 95% confidence intervals, stratified by provider organization size (n=56)

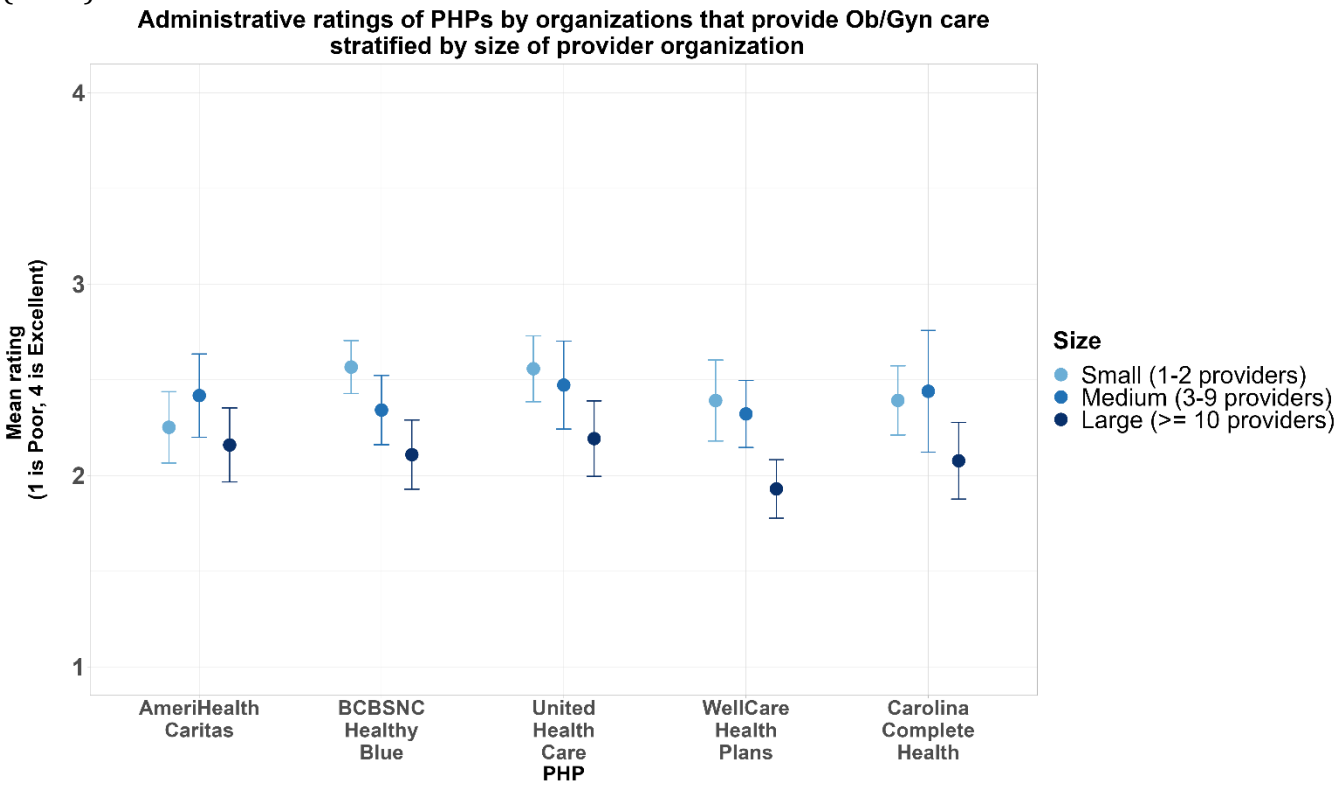


Table 31. Mean ratings of PHPs across clinical domains, stratified by whether the organization provides Ob/Gyn care

Clinical ratings for PHPs stratified by provision of Ob/Gyn care		
PHP	**Provides Ob/Gyn care (n = 56) Mean (SE)**	**Does not provide Ob/Gyn care (n = 290) Mean (SE)**
AmeriHealth Caritas North Carolina	2.41 (0.06)	2.52 (0.03)
BCBSNC Healthy Blue	2.47 (0.05)	2.62 (0.02)
United Health Care	2.45 (0.06)	2.56 (0.02)
WellCare Health Plans	2.39 (0.05)	2.51 (0.02)
Carolina Complete Health	2.44 (0.05)	2.57 (0.03)

Figure 31. Mean ratings of PHPs across clinical domains with 95% confidence intervals, stratified by whether the provider organization provides Ob/Gyn care

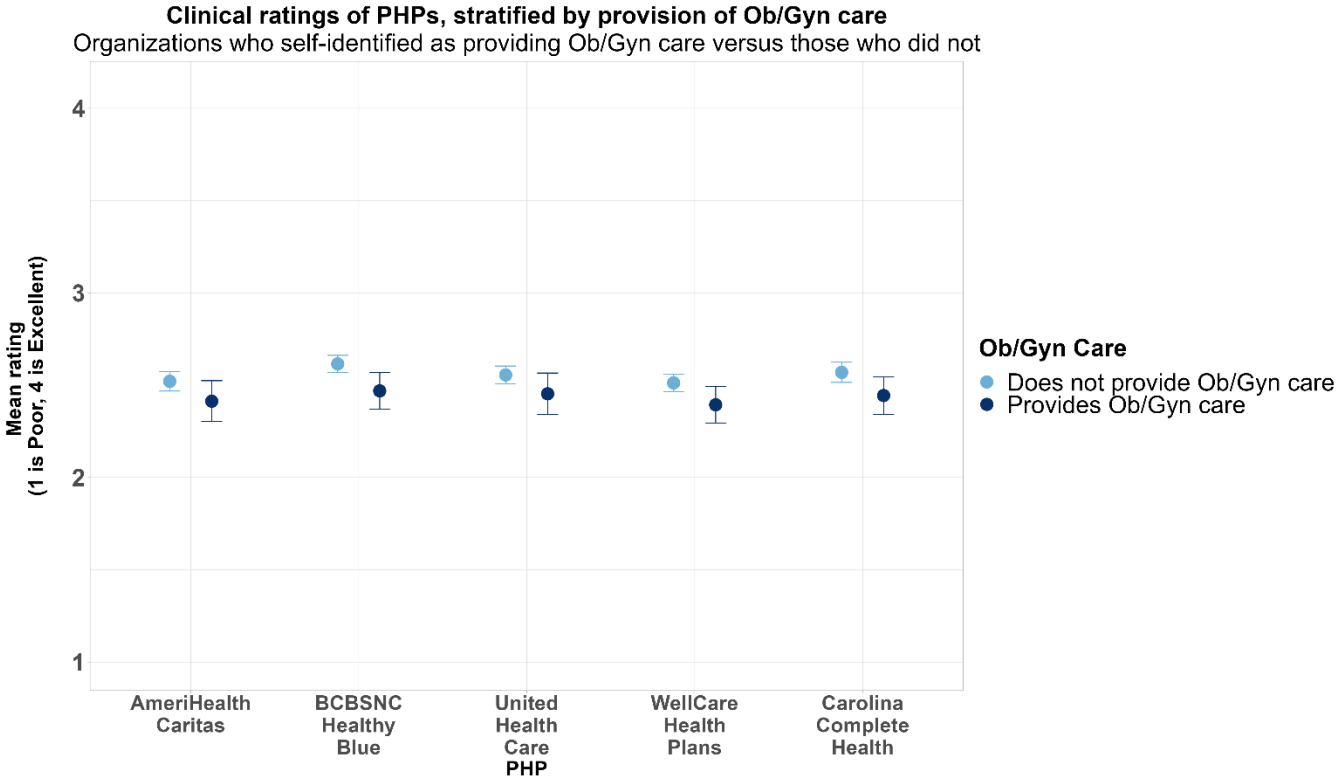
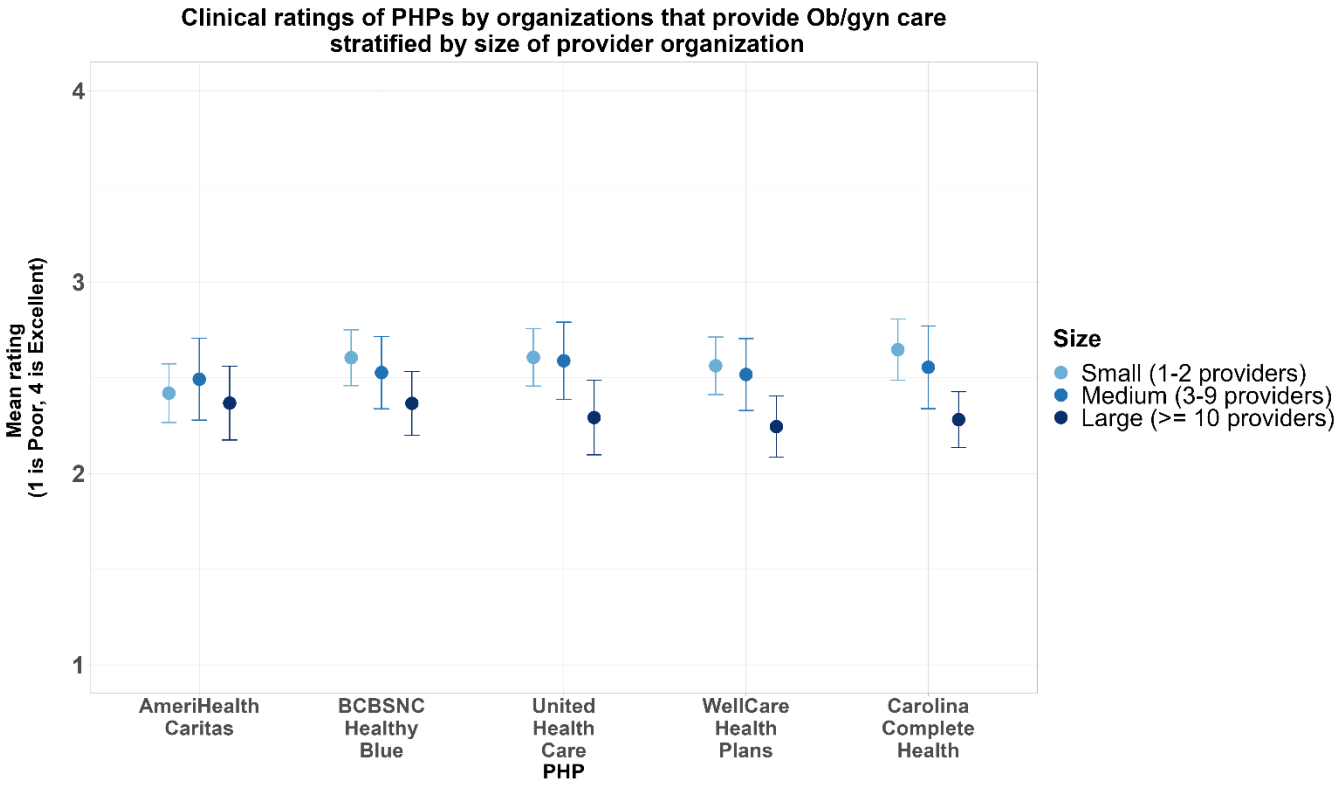


Figure 32. Mean ratings of PHPs by provider organizations that provides Ob/Gyn care across clinical domains with 95% confidence intervals, stratified by provider organization size (n=56)



Major Themes of Open-ended Comments: Experiences Working with Prepaid Health Plans

Question wording: *Below, please provide any comments or additional areas that are important about your experience with the Prepaid Health Plans. It is helpful if you mention specific PHPs. Your responses are anonymous to the state and the health plans.*

- **Patient Attribution.** Many provider organizations report incorrect patient attribution and the process to correct attribution lists is difficult and an administrative burden. Some organizations have expressed that they want the ability to correct attribution themselves, instead of going through the PHPs. Ultimately, issues with attribution are impacting providers' ability to process claims and to report on required quality measures.
- **Claims denials and processes for resolution.** Many provider organizations report overall dissatisfaction with the claims process. A commonly reported issue is resolving denied claims. Existing issues with timeliness resolving problems with PHPs is making it difficult to reprocess claims.
  - **Quote:** "We have had a terrible time with denials with all plans except for [PHP name redacted]. We are trying to assist us and other practices in coming up with a spreadsheet showing if you have a certain denial, this is how you have to fix it. It shouldn't be this difficult to get paid for patient care. Additionally, we should not be held to a 180 day window for payment, yet the PHPs have a year to "take back" payments."
- **Administrative burden of dealing with many PHPs.** Provider organizations cited issues with different billing processes, incentive programs, and quality measures across PHPs.

Other open-ended comments

Question wording: *OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how North Carolina providers are experiencing the shift to Medicaid managed care, along with any anticipated or encountered issues in the transformation.*

Additional themes in write-in responses

- **Frustration and administrative burden.** Many provider organizations who responded expressed general dissatisfaction with the PHPs and cited issues with delinquent claims processing, taxonomy challenges, inaccurate rates/unsatisfactory payment, incorrect attribution lists, and responsiveness to requests. Many organizations commented on the increase of administrative burden and stress on their staff.
    - **Burden on small practices**. A few provider organizations disclose major financial burden as they do not have many commercial patients to offset increased staffing costs, lower reimbursement rates, and delayed claim payments.
- **Advancing to next steps.** The program is continuing to advance to next steps without resolving issues with the pre-existing infrastructure (e.g., the move to tailored plans is a cited example). Some providers express concern about the administrative burden that tailored plans will add to their practice.
    - Quote: "The Tailored Plans are going to add more issues to the Managed Medicaid program. The LMEs are not operationally designed or experienced in the whole body. Adding additional protocols and policy from additional LMEs to the cluster created by the existing PHPs is going to have consequences that will require health systems to terminate contracts."
- **Rough transition.** Providers miss the prior Legacy Medicaid system and prefer it over working with multiple PHPs.
- **Patient care.** Ultimately, many organizations expressed concerns about the impact of the transition on patients' ability to access needed care.

DISCUSSION

This report presents provider experience at the end of the second year of Medicaid Managed Care in NC. The results of the Wave 3 survey demonstrate overall worsening of provider experience and less provider confidence that Medicaid Managed Care will improve care and reduce costs. When compared with the legacy Medicaid program, the PHPs are performing worse in most clinical and administrative domains. The notable exception is that access to behavioral health therapists and prescribers is better with PHPs. Unfortunately, there was some worsening of behavioral health access from Wave 2 to Wave 3, but the PHPs are still rated better than legacy Medicaid in this domain**.**

When comparing provider experience with PHPs in aggregate in Wave 3 versus Wave 2, it is apparent that the following areas are worsening: timeliness to answer questions or resolve problems, and customer support for patients. There are no areas that show consistent improvement in aggregate. Despite this, over 90% of respondents do not anticipate dropping any standard plan PHP contracts in the coming year.

Looking at some of the details for individual plans was found to be important. For example, although care/case management overall is about the same in Wave 2 and Wave 3, that is a result of some PHPs showing substantial improvement in care/case management while others showed worsening (**Figure 11**). For ease of interpretation, results were summarized for individual plans in **Table E1**. To be categorized as worsening or improving, the PHP had to demonstrate substantial difference from Wave 2 on a given domain. The confidence intervals are larger for individual plans than aggregate, so small but important differences could be deemed as "marginal". Unfortunately, we are seeing many more areas where plans see substantial worsening than where we see substantial improvement.

Similar to the report for Wave 2 survey, differences are greater across than between plans. This suggests that most improvement efforts should focus on all plans and may be a chance for the state to facilitate collaborative quality improvements or state policies. For example, the state may require more timely responses to practice concerns from the plans and/or require additional efforts to improve access to behavioral health services.

In summary, this report shows an overall slight worsening of provider experience working with PHPs. There are a couple of small bright spots where individual plans have made positive progress. Combining the quantitative results and the qualitative comments from practices, it appears the inefficiencies created by transition to managed care are translating to practices. Since payment is not improving, practices are bearing higher administrative burden/cost to care for patients with Medicaid in NC. Efforts to reduce the practice burden will be important to preserve access and quality.

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