

# **2022 Adult and Child Medicaid CAHPS<sup>®</sup> Aggregate Report**

*North Carolina Department of Health and  
Human Services Division of Health Benefits*

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## Abbreviations

The following is a list of abbreviations and acronyms used throughout this report.

- **AHRQ**—Agency for Healthcare Research and Quality
- **CAHPS**<sup>®</sup>—Consumer Assessment of Healthcare Providers and Systems<sup>1</sup>
- **CATI**—Computer Assisted Telephone Interviewing
- **CCC**—Children with Chronic Conditions
- **CMS**—Centers for Medicare & Medicaid Services
- **COVID-19**—Coronavirus Disease 2019
- **DHB**—Division of Health Benefits
- **EBCI**—Eastern Band of Cherokee Indians
- **EQRO**—External Quality Review Organization
- **FCC**—Family-Centered Care
- **HEDIS**<sup>®</sup>—Healthcare Effectiveness Data and Information Set<sup>2</sup>
- **HIE**—Health Information Exchange
- **HSAG**—Health Services Advisory Group, Inc.
- **I/DD**—Intellectual/Developmental Disabilities
- **NC**—North Carolina
- **NCOA**—National Change of Address
- **NCQA**—National Committee for Quality Assurance
- **PHP**—Prepaid health plan
- **RTI**—Research Triangle Institute
- **SP**—Standard Plan

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

## 1. Executive Summary

### Overview

The North Carolina (NC) Department of Health and Human Services Division of Health Benefits (DHB) contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Surveys annually. The CAHPS questionnaires were developed under cooperative agreements among the Agency for Healthcare Research and Quality (AHRQ), Harvard Medical School, RAND Corporation, and the Research Triangle Institute (RTI) and are used as a national standard for assessing members' health care experience. The goals of the CAHPS surveys are to provide performance feedback that is actionable and will aid in improving overall care.

### Survey Instruments

The standardized survey instruments selected included:

- CAHPS 5.1 Adult Medicaid Health Plan Survey with the supplemental Healthcare Effectiveness Data and Information Set (HEDIS) items (Please see Appendix B for a copy of the survey instrument.)
- CAHPS 5.1 Child Medicaid Health Plan Survey with the supplemental HEDIS items and children with chronic conditions (CCC) measurement set (Please see Appendix B for a copy of the survey instrument.)

The adult survey included 40 core questions with 10 supplemental questions added by DHB, and the child survey included 76 core questions with three supplemental questions added by DHB. The survey includes a set of measures that can be classified as: 1) global ratings (ratings of member experience on a scale of 0 to 10), 2) composite measures (groups of related questions that are combined to form a composite), and 3) individual measures (based on a single question).

### Survey Administration

Adult members and parents or caretakers of child members completed the surveys from June 7 to October 11, 2022. Respondents provided feedback on their/their child's experiences with care and services over the prior six months. The survey administration process allowed two methods by which the surveys could be completed. The first phase, or mail phase, consisted of surveys being mailed to sampled members. All non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of attempting up to four telephone calls via Computer Assisted Telephone Interviewing (CATI) of sampled members who had not mailed in a completed survey.

## Survey Populations

HSAG administered the surveys to members in the five prepaid health plans (PHPs) (see Table 1-1). PHPs offer integrated physical health, pharmacy, care coordination, and basic behavioral health services.<sup>3</sup>

**Table 1-1—Participating PHPs**

Name	Abbreviation
<b>AmeriHealth Caritas North Carolina, Inc.</b>	AmeriHealth
<b>Carolina Complete Health, Inc.</b>	Carolina Complete
<b>Healthy Blue of North Carolina</b>	Healthy Blue
<b>UnitedHealthcare of North Carolina, Inc.</b>	UnitedHealthcare
<b>WellCare of North Carolina, Inc.</b>	WellCare

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

- Individuals enrolled in a PHP receiving behavioral health services (i.e., Standard Plan [SP] Behavioral Health population)
- American Indian or Alaskan Native individuals who were enrolled in the Eastern Band of Cherokee Indians (EBCI) Tribal Option<sup>4</sup>
- Members receiving health care through Medicaid Direct (formally known as fee-for-service)
- Current Medicaid Direct enrollees who would qualify for Tailored Plans (Tailored Plan Eligible) who have mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorders<sup>5</sup>

HSAG grouped respondents to create aggregate results for comparative purposes:

- **NC Medicaid Program**—Combined results of all five PHPs, EBCI Tribal Option, and Medicaid Direct
- **NC PHP Aggregate**—Combined results of all five PHPs

<sup>3</sup> Fact Sheet. Standard Plans and Behavioral Health I/DD Tailored Plans. <https://medicaid.ncdhhs.gov/media/10434/download?attachment>. Accessed on: July 3, 2023.

<sup>4</sup> The tribal option manages beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties.

<sup>5</sup> Tailored Plans, once implemented, will offer integrated physical health, pharmacy, care coordination, and behavioral health services for members who may have significant mental health needs, I/DD, traumatic brain injuries, or severe substance use disorders.

Results were used to assess the experience of care for three populations:

- **Adult members**—a general sample of adults from the entire eligible population. For detailed results, please refer to Section 3, beginning on page 29.
- **General child members**—a general sample of children from the entire eligible population. For detailed results, please refer to Section 4, beginning on page 87.
- **Children with chronic conditions members (CCC members)**—children whose parents/caretakers reported their child needed or used specific services (e.g., specialty therapy, mental health counseling, prescription medicines) or had limitations in the ability to do what other children of the same age do. For detailed results, please refer to Section 5, beginning on page 126.

Table 1-2 provides an overview of the general population sample sizes and response rates for each program-specific population.

**Table 1-2—Program-Specific Populations Sample Sizes and Response Rates**

Program-Specific Populations	Population	Total Number of People Sampled (i.e., General Samples)	Response Rates and Number of Respondents (N)
<b>AmeriHealth</b>	Adult General Sample	1,350	5.82% (78)
	General Child Sample	1,650	6.51% (107)
	CCC Population	NA	NA (81)
<b>Carolina Complete</b>	Adult General Sample	1,350	6.65% (89)
	General Child Sample	1,650	8.04% (132)
	CCC Population	NA	NA (94)
<b>Healthy Blue</b>	Adult General Sample	1,350	7.58% (102)
	General Child Sample	1,650	9.43% (155)
	CCC Population	NA	NA (150)
<b>UnitedHealthcare</b>	Adult General Sample	1,350	8.58% (115)
	General Child Sample	1,650	8.40% (138)
	CCC Population	NA	NA (83)
<b>WellCare</b>	Adult General Sample	1,350	7.37% (99)
	General Child Sample	1,650	6.64% (109)
	CCC Population	NA	NA (106)
<b>SP Behavioral Health</b>	Adult General Sample	1,755	8.08% (141)
	General Child Sample	1,650	11.08% (182)
	CCC Population	NA	NA (234)
<b>EBCI Tribal Option</b>	Adult General Sample	1,322	8.65% (114)
	General Child Sample	945	8.99% (85)
	CCC Population	NA	NA (40)

Program-Specific Populations	Population	Total Number of People Sampled (i.e., General Samples)	Response Rates and Number of Respondents (N)
<b>Medicaid Direct</b>	Adult General Sample	1,350	10.82% (141)
	General Child Sample	1,650	13.17% (215)
	CCC Population	NA	NA (381)
<b>Tailored Plan Eligible</b>	Adult General Sample	1,350	11.30% (150)
	General Child Sample	1,650	11.13% (182)
	CCC Population	NA	NA (307)

*NA Indicates the sample size and response rates are not available for the CCC population since this population is identified from responses to the survey instrument.  
The CCC Population respondents (N) include members from the general child sample and CCC oversample.  
Black and Hispanic oversamples are not included in the sample sizes and total respondents in this table.*

## Performance Highlights

HSAG calculated positive ratings for each measure. The positive scores represent the percentage of respondents with positive survey responses (i.e., rate their experience of care higher). The positive ratings include respondents who:

- Provided a rating of 8, 9, or 10 on the global ratings.
- Usually or always received and/or had access to the care and services they/their child needed.
- Reported their child’s doctor/provider knew their child and coordinated care for their child’s chronic conditions.

These positive ratings are used to compare results to NCQA national percentiles, to the NC Medicaid Program and NC PHP Aggregate, and by race and ethnicity.

## Aggregate Comparisons

HSAG compared the individual PHPs’ and populations’ positive ratings to the overall NC Medicaid Program and NC PHP Aggregate to determine if the populations’ results were significantly different from the NC Medicaid Program and/or NC PHP Aggregate. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 24.

### NC Medicaid Comparisons

Table 1-3 provides a summary of the significant differences for Medicaid Direct and the Tailored Plan Eligible population when compared to the overall NC Medicaid Program.

**Table 1-3—Medicaid Direct and Tailored Plan Eligible Positive Rating Results Compared to NC Medicaid Program Results: Significant Differences (2022)**

Measures	Medicaid Direct	Tailored Plan Eligible
<b>Adult Population</b>	<b>Sample Size: 1,350 Respondents: 141</b>	<b>Sample Size: 1,350 Respondents: 150</b>
<i>Rating of Personal Doctor</i>	88.8% ↑	78.4% ↓
<i>Flu Vaccination Received</i>	58.2% ↑ <sup>+</sup>	34.5% ↓
<b>General Child Population</b>	<b>Sample Size: 1,650 Respondents: 215</b>	<b>Sample Size: 1,650 Respondents: 182</b>
<i>Rating of All Health Care</i>	∅	81.3% ↓
<i>Getting Needed Care</i>	91.4% ↑	∅
<b>CCC Population</b>	<b>Sample Size: NA Respondents: 381</b>	<b>Sample Size: NA Respondents: 307</b>
<i>Rating of All Health Care</i>	∅	77.6% ↓
<i>Getting Needed Care</i>	∅	∅
<i>How Well Doctors Communicate</i>	∅	91.9% ↓
<i>Access to Specialized Services</i>	66.0% ↓	∅
<p><sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  ∅ Indicates the score is not significantly higher or lower than the NC Medicaid Program.  ↑ Indicates the score is significantly higher than the NC Medicaid Program.  ↓ Indicates the score is significantly lower than the NC Medicaid Program.  NA Indicates the sample size is not applicable for the CCC population since this population is identified from responses to the survey instrument.</p>		

**NC PHP Aggregate Comparisons**

Table 1-4 provides a summary of the significant differences for Medicaid Direct and the Tailored Plan Eligible population when compared to the NC PHP Aggregate.

**Table 1-4—Medicaid Direct and Tailored Plan Eligible Positive Rating Results Compared to NC PHP Aggregate Results: Significant Differences (2022)**

Measures	Medicaid Direct	Tailored Plan Eligible
<b>Adult Population</b>	<b>Sample Size: 1,350 Respondents: 141</b>	<b>Sample Size: 1,350 Respondents: 150</b>
<i>Rating of Personal Doctor</i>	∅	∅ <sup>+</sup>
<i>Customer Service</i>	∅ <sup>+</sup>	∅ <sup>+</sup>
<i>Flu Vaccination Received</i>	58.2% ↑ <sup>+</sup>	∅ <sup>+</sup>
<b>General Child Population</b>	<b>Sample Size: 1,650 Respondents: 215</b>	<b>Sample Size: 1,650 Respondents: 182</b>
<i>Rating of All Health Care</i>	∅	81.3% ↓
<i>Getting Needed Care</i>	91.4% ↑	∅ <sup>+</sup>
<i>How Well Doctors Communicate</i>	96.7% ↑	∅ <sup>+</sup>
<i>Customer Service</i>	∅ <sup>+</sup>	∅ <sup>+</sup>
<i>Coordination of Care</i>	91.2% ↑	∅ <sup>+</sup>
<b>CCC Population</b>	<b>Sample Size: NA Respondents: 381</b>	<b>Sample Size: NA Respondents: 307</b>
<i>Rating of Health Plan</i>	∅	75.3% ↓
<i>Rating of All Health Care</i>	∅	77.6% ↓
<i>Rating of Personal Doctor</i>	∅	85.6% ↓
<i>Getting Needed Care</i>	∅	∅ <sup>+</sup>
<i>Getting Care Quickly</i>	93.3% ↑	∅ <sup>+</sup>
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  ∅ Indicates the score is not significantly higher or lower than the NC PHP Aggregate.  ↑ Indicates the score is significantly higher than the NC PHP Aggregate.  ↓ Indicates the score is significantly lower than the NC PHP Aggregate.  NA Indicates the sample size is not applicable for the CCC population since this population is identified from responses to the survey instrument.</p>		

### National Percentile Comparisons

NC Medicaid and NC PHP Aggregate positive ratings were compared to the National Committee for Quality Assurance’s (NCQA’s) 2022 Quality Compass® Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fall within.<sup>6,7</sup> Depending on how the scores compared to the NCQA national percentiles, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater than or equal to the national 90th percentile.

Table 1-5 provides the star ratings for each measure for the NC Medicaid and NC PHP Aggregate when the positive ratings were compared to NCQA national percentiles. Please note this table primarily serves the purpose of comparing NC Medicaid’s performance to the national percentiles – no statistically significant differences are reported in this table. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 25. For detailed results regarding these comparisons, please refer to sections 3, 4, and 5 beginning on pages 59, 109, and 156 for the adult, general child, and CCC populations, respectively.

**Table 1-5—NC Medicaid and NC PHP Aggregate Star Ratings  
When Positive Ratings Results Were Compared to NCQA National Percentiles (2022)**

Measures	NC Medicaid Program Compared to NCQA National Percentiles			NC PHP Aggregate Compared to NCQA National Percentiles		
	Adult	General Child	CCC	Adult	General Child	CCC
<b>Global Ratings</b>						
<i>Rating of Health Plan</i>	★★ 76.3%	★ 83.5%	★ 80.3%	★ 73.2%	★★ 84.1%	★★ 82.6%
<i>Rating of All Health Care</i>	★★ 74.3%	★★★★ 89.0%	★★★★★ 88.2%	★★★★ 77.0%	★★★★ 88.8%	★★★★★ 88.8%
<i>Rating of Personal Doctor</i>	★★★★★ 87.2%	★★ 89.4%	★★★★ 90.1%	★★★★ 84.5%	★★ 89.2%	★★★★ 90.7%
<i>Rating of Specialist Seen Most Often</i>	★★★★★ 86.4%	★★★★★ 88.9%	★★★★ 88.1%	★★★★ 83.8%	★★★★★ 88.9%	★★★★ 87.1%

<sup>6</sup> Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).  
<sup>7</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022. Quality Compass® 2022 data are used with the permission of NCQA. Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

Measures	NC Medicaid Program Compared to NCQA National Percentiles			NC PHP Aggregate Compared to NCQA National Percentiles		
	Adult	General Child	CCC	Adult	General Child	CCC
<b>Composite Measures</b>						
<i>Getting Needed Care</i>	★★★★ 83.9%	★★ 83.6%	★★ 86.5%	★★ 81.2%	★★ 82.8%	★★ 86.4%
<i>Getting Care Quickly</i>	★★★★★ 85.0%	★★ 85.6%	★★ 90.7%	★★★★ 82.7%	★★ 85.1%	★★ 88.9%
<i>How Well Doctors Communicate</i>	★★★★ 93.5%	★ 92.2%	★★★★ 95.4%	★★★★ 93.5%	★ 91.7%	★★ 94.2%
<i>Customer Service</i>	★★★★ 90.3%	★ 82.5%	NA 86.7%	★★ 87.3%	★ 82.0%	NA 86.2%
<b>Individual Item Measures</b>						
<i>Coordination of Care</i>	★★★★★ 88.2%	★★ 83.0%	★ 81.5%	★★★★ 85.5%	★★ 82.2%	★ 80.6%
<i>Flu Vaccination Received</i>	★★★★★ 50.1%	NA	NA	★★ 36.5%	NA	NA
<b>Effectiveness of Care Measures</b>						
<i>Advising Smokers and Tobacco Users to Quit</i>	★★★★★ 82.1%	NA	NA	★★★★★ 82.5%	NA	NA
<i>Discussing Cessation Medications</i>	★★★★ 56.1%	NA	NA	★★★ 54.9%	NA	NA
<i>Discussing Cessation Strategies</i>	★★★★ 52.5%	NA	NA	★★★ 46.9%	NA	NA
<b>CCC Composite Measures and Items</b>						
<i>Access to Specialized Services</i>	NA	NA	★ 69.6%	NA	NA	★★★★ 73.1%
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	NA	★ 90.8%	NA	NA	★ 90.1%
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	NA	★ 74.7%	NA	NA	★ 74.3%
<i>FCC: Getting Needed Information</i>	NA	NA	★★★ 93.1%	NA	NA	★★★ 92.8%

Measures	NC Medicaid Program Compared to NCQA National Percentiles			NC PHP Aggregate Compared to NCQA National Percentiles		
	Adult	General Child	CCC	Adult	General Child	CCC
<i>Access to Prescription Medicines</i>	NA	NA	★★★ 91.5%	NA	NA	★★★★ 93.0%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
NA indicates the measure is not applicable for the population or the NCQA National Percentiles are not available.  
Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 23.*

Overall, compared to NCQA national percentiles, adult members reported higher levels of experience across a majority of the areas compared to general child members. Compared to the NCQA national percentiles, parents/caretakers of general child members and adult members reported high levels of experience for *Rating of Specialist Seen Most Often*.

Compared to the NCQA national percentiles, adult members and parents/caretakers of general child and CCC members reported low levels of experience in the following areas:

- *Rating of Health Plan*
- *Getting Needed Care*
- *Customer Service*

### **Race and Ethnicity Comparisons**

HSAG evaluated the positive ratings to determine if there were significant differences by self-identified race and ethnicity. Race is categorized as White, Black, Multi-Racial, and Other. For this analysis, the Other category includes: Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. The positive ratings for Black, Multi-Racial, and Other respondents were compared to the positive ratings of White respondents. Ethnicity is categorized as Hispanic and Non-Hispanic. The positive ratings for Hispanics and Non-Hispanics were compared to each other. Table 1-6 provides a summary of the race and ethnicity comparisons for the NC Medicaid Program. Overall, there were few significant differences in positive ratings by race when compared to White respondents. Hispanic respondents reported significantly more positive ratings of their health plan and all health care when compared to Non-Hispanic respondents; however, Hispanic respondent ratings for access measures such as getting needed care and preventive care were significantly worse than those of Non-Hispanic respondents.

For more detailed information regarding the methodology used for the race and ethnicity comparisons, please refer to the Reader’s Guide beginning on page 26. For detailed results regarding these comparisons, please refer to sections 3, 4, and 5 beginning on pages 61, 111, and 158 for the adult, general child, and CCC populations, respectively.

**Table 1-6—Race and Ethnicity Comparisons  
NC Medicaid Program Results: Significant Differences (2022)**

Measures	Race				Ethnicity	
	White	Multi-Racial	Black	Other	Hispanic	Non-Hispanic
	Race Compared to White					
<b>Adult Population Sample Size: 22,127</b>	<b>Respondents: 389</b>	<b>Respondents: 92</b>	<b>Respondents: 420</b>	<b>Respondents: 224</b>	<b>Respondents: 295</b>	<b>Respondents: 830</b>
<i>Rating of Health Plan</i>	77.3%	59.8% ↓ <sup>+</sup>	∅	∅	79.6% ↑	73.7% ↓
<i>Rating of All Health Care</i>	78.3%	∅ <sup>+</sup>	∅	∅	84.5% ↑	74.5% ↓
<i>Rating of Personal Doctor</i>	88.6%	71.2% ↓ <sup>+</sup>	∅	80.3% ↓	∅	∅
<i>Getting Needed Care</i>	83.0%	∅ <sup>+</sup>	∅	∅	74.7% ↓	83.8% ↑
<i>Flu Vaccination Received</i>	40.9%	∅ <sup>+</sup>	∅	∅	33.9% ↓	41.2% ↑
<i>Advising Smokers and Tobacco Users to Quit</i>	82.8% <sup>+</sup>	∅ <sup>+</sup>	∅ <sup>+</sup>	∅ <sup>+</sup>	S	83.8% ↑
<i>Discussing Cessation Medications</i>	54.1% <sup>+</sup>	∅ <sup>+</sup>	68.0% ↑ <sup>+</sup>	∅ <sup>+</sup>	S	59.4% ↑
<i>Discussing Cessation Strategies</i>	44.9% <sup>+</sup>	∅ <sup>+</sup>	63.9% ↑ <sup>+</sup>	∅ <sup>+</sup>	S	51.7% ↑
<b>General Child Population Sample Size: 38,465</b>	<b>Respondents: 537</b>	<b>Respondents: 138</b>	<b>Respondents: 366</b>	<b>Respondents: 332</b>	<b>Respondents: 665</b>	<b>Respondents: 839</b>
<i>Rating of Health Plan</i>	87.0%	∅	78.8% ↓	∅	90.3% ↑	79.9% ↓
<i>Rating of Specialist Seen Most Often</i>	87.1%	97.6% ↑ <sup>+</sup>	∅ <sup>+</sup>	∅ <sup>+</sup>	∅	∅
<i>Getting Needed Care</i>	88.4%	∅ <sup>+</sup>	∅	80.5% ↓	81.5% ↓	89.4% ↑
<i>Getting Care Quickly</i>	91.2%	∅ <sup>+</sup>	∅	83.7% ↓	83.4% ↓	90.1% ↑
<i>How Well Doctors Communicate</i>	94.3%	∅ <sup>+</sup>	∅	∅	90.2% ↓	94.8% ↑
<b>CCC Population Sample Size: NA</b>	<b>Respondents: 494</b>	<b>Respondents: 108</b>	<b>Respondents: 269</b>	<b>Respondents: 139</b>	<b>Respondents: 212</b>	<b>Respondents: 828</b>
<i>Rating of Health Plan</i>	81.0%	∅	∅	∅	87.8% ↑	78.8% ↓
<i>Rating of All Health Care</i>	90.6%	∅ <sup>+</sup>	84.3% ↓	∅	93.0% ↑	87.3% ↓
<i>Getting Care Quickly</i>	92.5%	∅ <sup>+</sup>	∅ <sup>+</sup>	∅	86.0% ↓	92.2% ↑
<i>How Well Doctors Communicate</i>	96.1%	∅ <sup>+</sup>	∅	∅	92.2% ↓	95.9% ↑
<i>Customer Service</i>	84.3% <sup>+</sup>	95.2% ↑ <sup>+</sup>	∅ <sup>+</sup>	∅ <sup>+</sup>	∅ <sup>+</sup>	∅
<i>Coordination of Care for Children with Chronic Conditions</i>	74.3%	∅ <sup>+</sup>	∅ <sup>+</sup>	∅ <sup>+</sup>	81.3% ↑ <sup>+</sup>	74.1% ↓

Measures	Race				Ethnicity	
	White	Multi-Racial	Black	Other	Hispanic	Non-Hispanic
FCC: Getting Needed Information	92.2%	97.8% ↑ <sup>+</sup>	∅	∅	∅	∅

*S* Indicates results have been suppressed as results had fewer than 11 responses.  
*+* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
*∅* Indicates the score is not significantly higher or lower than the NC Medicaid Program.  
 For Race:  
 ↑ Indicates the demographic category score is significantly higher than the score of White.  
 ↓ Indicates the demographic category score is significantly lower than the score of White.  
 For Ethnicity:  
 ↑ Indicates the demographic category score is significantly higher than the other ethnicity category.  
 ↓ Indicates the demographic category score is significantly lower than the other ethnicity category.  
 NA Indicates the sample size is not applicable for the CCC population since this population is identified from responses to the survey instrument.

### Supplemental Items

DHB added questions about telehealth to the adult survey. For adult members, 22 percent of respondents (154 out of 706 respondents) who received services were offered telehealth services. Overall, adult respondents reported an 85 percent (99 out of 116 respondents) positive rating of their telehealth care. Members classified as Other race were significantly less likely to have been offered a telehealth appointment. A majority of respondents using telehealth (over 65 percent [63 out of 96 respondents]) did not have technical issues. For those respondents that used telehealth, the most common issue was their phone.

DHB added COVID-19 vaccination supplemental questions to the adult and child surveys. Approximately 70 percent (496 out of 714 respondents) of adult respondents reported receiving the COVID-19 vaccine at any time. For adults, respondents classified as Other race or Hispanic ethnicity reported significantly *higher* vaccination rates than Whites and Non-Hispanics, respectively. Forty-three percent (395 out of 918 respondents) of parents/caretakers of general child members reported their child receiving the COVID-19 vaccine at any time. For general child members, parents/caretakers of members classified as Black reported significantly *higher* vaccination rates than Whites. The most common reasons for not receiving the vaccine for both adults and children were concerns with long-term side effects and the vaccine being developed too quickly.

### Conclusions

Overall, adult respondents’ positive experiences with their health plan, personal doctor, health plan’s customer service, and getting care quickly have consistently increased from 2019 to 2022 for the NC Medicaid Program. Parents’/caretakers’ of general child members positive experiences with their child’s overall health care consistently increased from 2018 to 2022, and their experiences with their child’s personal doctor, receiving needed care for their child, and receiving care quickly for their child consistently decreased from 2019 to 2022 for the NC Medicaid Program. Parents’/caretakers’ of CCC

members positive experiences for getting needed information for their child consistently increased from 2018 to 2022, and their experiences for accessing specialized services and prescription medications for their child consistently decreased from 2018 to 2022 for the NC Medicaid Program. Medicaid Direct respondents reported significantly more positive experience with care when compared to the NC PHP aggregate and NC Medicaid Program.

NC Medicaid has a vested interest in the experience of health care received by beneficiaries who have behavioral health needs. In particular, NC Medicaid was interested in learning about the differences in experience of care received between beneficiaries with significant behavioral health needs who are eligible for Tailored Plans versus those with less severe behavioral health needs receiving care through SPs. In examining the SP Behavioral Health population, those members in a SP (i.e., PHP) receiving some behavioral health services did not report significant differences in experiences with care when compared to the NC PHP Aggregate and NC Medicaid Program. However, those who are Tailored Plan Eligible (i.e., have more severe behavioral health conditions), reported significantly poorer experiences with care. In particular for the children with chronic conditions population, parents or caretakers of children who are Tailored Plan Eligible reported significantly *lower* positive ratings on the *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor* measures. Given that this is a vulnerable population reporting low ratings on domains associated with poor outcomes, the experience of care for these members should be monitored closely as they are transitioned into a new delivery system under the Tailored Plans.

The evaluation of the positive ratings for Hispanic respondents versus Non-Hispanic respondents suggests that some disparities exist in member-reported experiences with care across the major CAHPS survey measures. In evaluating the ethnicity findings, Hispanic members reported significantly *lower* positive ratings for a majority of the measures across both the adult and child populations. DHB should consider efforts to engage Hispanic members to determine barriers to care or opportunities for improvement that may result in increased satisfaction with their health experience. When evaluating the CAHPS results by race, there were no consistent patterns of differences across the race categories.

When compared to NCQA national percentiles, the NC Medicaid Program and NC PHP Aggregate scored fairly well across the measure domains for the adult populations; however, both the NC Medicaid Program and NC PHP Aggregate scored poorly across the measure domains for the general child and CCC populations. The *Rating of Health Plan* and *Getting Needed Care* measures were the lowest performing measures.

## 2. Reader’s Guide

This section provides a comprehensive overview of the survey administration protocol and analytic methodology.

### Survey Administration

#### Survey Overview

The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care and are the most recent version of the CAHPS survey. Based on this version, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.<sup>8</sup>

#### CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 13 measures. DHB added 10 supplemental questions to the adult survey. The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures. DHB added three supplemental questions to the child survey. Table 2-1 lists the measures included in the survey.

**Table 2-1—CAHPS Measures**

Global Ratings	Composite Measures	Individual Item Measures	Effectiveness of Care Measures (Adult Population Only)	CCC Measures (CCC Population Only)
<i>Rating of Health Plan</i>	<i>Getting Needed Care</i>	<i>Coordination of Care</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Access to Specialized Services</i>
<i>Rating of All Health Care</i>	<i>Getting Care Quickly</i>	<i>Flu Vaccination Received (Adult Population Only)</i>	<i>Discussing Cessation Medications</i>	<i>Family-Center Care (FCC): Personal Doctor Who Knows Child</i>
<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>		<i>Discussing Cessation Strategies</i>	<i>Coordination of Care for Children with Chronic Conditions</i>
<i>Rating of Specialist Seen Most Often</i>	<i>Customer Service</i>			<i>Access to Prescription Medicines</i>
				<i>FCC: Getting Needed Information</i>

<sup>8</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Table 2-2 presents the question language and response options for each measure for the adult survey and the supplemental items.

**Table 2-2—Question Language and Response Options: Adult Survey**

Question Language	Response Options
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	
28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale
<i>Rating of All Health Care</i>	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>	
18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>	
22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
<i>Getting Care Quickly</i>	
4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?	Never, Sometimes, Usually, Always
<i>How Well Doctors Communicate</i>	
12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always

Question Language	Response Options
<b>Customer Service</b>	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<b>Individual Item Measures</b>	
<b>Coordination of Care</b>	
17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always
<b>Flu Vaccination Received</b>	
31. Have you had either a flu shot or flu spray in the nose since July 1, 2021?	Yes, No <sup>9</sup>
<b>Effectiveness of Care Measures</b>	
<b>Advising Smokers and Tobacco Users to Quit</b>	
33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
<b>Discussing Cessation Medications</b>	
34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
<b>Discussing Cessation Strategies</b>	
35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always
<b>Supplemental Questions</b>	
9a. In the last 6 months, were you offered a telehealth appointment instead of an in-person appointment?	Yes, No
9b. In the last 6 months, how often did you choose to use telehealth for your health care when it was offered by a doctor or other health provider?	Never, Sometimes, Usually, Always
9c. What technical problems did you have?	There were no technical problems, I had trouble with my computer, I had trouble with my phone, My doctor or other health provider had trouble with their computer, My doctor or other health provider had trouble

<sup>9</sup> Responses of Don't know were excluded from the analysis.

Question Language	Response Options
	with their phone connection, Some other problem
9d. In the last 6 months, how often did your doctor or other health provider answer your questions during the telehealth visit?	Never, Sometimes, Usually, Always
9e. In the last 6 months, at the end of your telehealth visit, how often did you feel comfortable that you knew what to do to take care of your health?	Never, Sometimes, Usually, Always
9f. In the last 6 months, after your telehealth visit, did you schedule a follow-up, in-person visit with the same doctor or other health provider because you needed additional care for the same condition that could not be provided over the computer or phone?	Yes, No
9g. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your telehealth care in the last 6 months?	0–10 Scale
9h. In the last 6 months, did your doctor or other health provider talk to you about getting a COVID-19 vaccine?	Yes, No <sup>10</sup>
9i. Have you received at least one dose of the COVID-19 vaccine?	Yes, No
9j. Why haven't you received a COVID-19 vaccine? Check all that apply.	<p>I have a health condition that prevents me from getting the vaccine, I'm worried the vaccine was developed too quickly, I'm worried about possible long-term side effects of the vaccine, I'm pregnant or want to get pregnant and I don't know if it's safe, It doesn't seem worth it since vaccinated people are still getting COVID-19, I don't trust the public health agencies that recommend getting a COVID-19 vaccine, Information about the vaccine and COVID-19 in the media make it difficult to know what is true or false.</p>

<sup>10</sup> Responses of “I did not see my doctor or other health provider in the last 6 months” were excluded from the analysis.

Table 2-3 presents the question language and response options for each measure for the child survey with the HEDIS supplemental item set and CCC measurement set and the supplemental items.

**Table 2-3—Question Language and Response Options: Child Survey**

Question Language	Response Options
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	
49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale
<i>Rating of All Health Care</i>	
9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>	
36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>	
43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	
10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
<i>Getting Care Quickly</i>	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
<i>How Well Doctors Communicate</i>	
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always

Question Language	Response Options
<b>Customer Service</b>	
45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<b>Individual Item Measure</b>	
<b>Coordination of Care</b>	
35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always
<b>CCC Measures</b>	
<b>Access to Specialized Services</b>	
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
<b>FCC: Personal Doctor Who Knows Child</b>	
33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes, No
38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes, No
39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?	Yes, No
<b>Coordination of Care for Children with Chronic Conditions</b>	
13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	Yes, No
24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes, No
<b>Access to Prescription Medicines</b>	
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
<b>FCC: Getting Needed Information</b>	
8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Never, Sometimes, Usually, Always
<b>Supplemental Questions</b>	
13a. In the last 6 months, did your child's doctor or other health provider talk to you about getting your child a COVID-19 vaccine?	Yes, No, My child did not see their doctor or other health provider in the last 6 months.

Question Language	Response Options
13b. Has your child received at least one dose of the COVID-19 vaccine?	Yes, No
13c. Why hasn't your child received a COVID-19 vaccine? Check all that apply.	<p>My child cannot get the vaccine because of their age or health condition(s), I'm worried the vaccine was developed too quickly, I'm worried about possible long-term side effects of the vaccine, I don't trust the public health agencies that recommend getting the vaccine, Information about the vaccine and COVID-19 in the media make it difficult to know what is true or false, I don't think my child needs the vaccine since they already had COVID-19, I'm not worried about my child getting COVID-19, People I trust recommend my child doesn't get the vaccine, I don't have time off work to get my child vaccinated, I don't have a way to get my child to a vaccine clinic, Other reason</p>

## Sampling Procedures

DHB provided HSAG a list of eligible members for the sampling frame. DHB worked with NC HealthConnex, NC's health information exchange (HIE), to obtain up-to-date contact information. HSAG reviewed the file records to check for any apparent problems, such as missing address elements. HSAG sampled members who met the following criteria:

- Adults were 18 years of age or older as of December 31, 2021.
- Children were 17 years of age or younger as of December 31, 2021.
- Were currently enrolled in Medicaid.
- Were continuously enrolled during the measurement period (July 1, 2021, to December 31, 2021) with no more than one gap in enrollment of up to 45 days.

A total of 22,127 adult members were selected, and a total of 38,465 child members were selected for the samples. HSAG selected a sample of up to 1,350 eligible adult members for each PHP and population, with the exception of 1,755 eligible adult members in the SP Behavioral Health sample. For children, HSAG first selected a sample of up to 1,650 child members for the general child sample for each PHP and population, which represents the general population of children. A sample of 1,840 child members who were more likely to have a chronic condition were then selected for the CCC supplemental sample for each PHP and population. A targeted oversample of 800 Black and 800 Hispanic members for the PHPs' and Tailored Plan Eligible population's samples was drawn for both the adult and child populations. Data from these oversamples are only included in the race and ethnicity comparisons analysis.

Table 2-4 provides an overview of the weighting, samples, and populations used for reporting NC Medicaid results.

**Table 2-4—Weighting, Samples, and Populations Used for Reporting NC Medicaid Results**

Reporting	Weighting	General Sample	Hispanic & Black Oversamples	Populations Included
NC Medicaid <b>Weighted</b> Averages in Aggregate Comparisons in Aggregate Report	Weighted	Includes all general samples (i.e., no oversamples included)	Not included	PHPs, EBCI Tribal Option, Medicaid Direct
NC Medicaid <b>Unweighted</b> Race/Ethnicity Comparisons in Aggregate Report <i>Uses self-reported race/ethnicity information</i>	Unweighted	Includes all general samples	Includes Hispanic & Black oversamples	PHPs, EBCI Tribal Option, Medicaid Direct

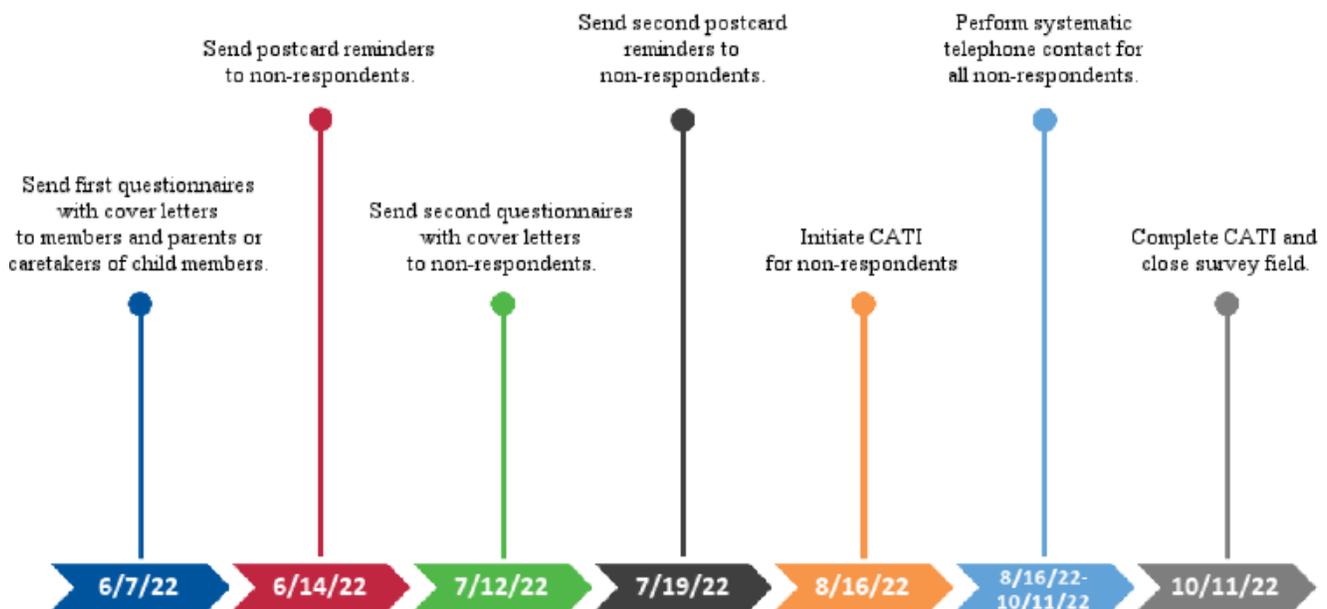
## Survey Protocol

The survey process included two phases. In the first phase, sampled members received a survey via mail. Where possible, addresses were updated by passing the addresses through the United States Postal Service's National Change of Address (NCOA) system. All sampled members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

The second phase, or telephone phase, consisted of CATI of members who did not mail in a completed survey. If a member mailed in a partially complete survey, the member received a follow-up call to try to complete the survey. Up to four CATI calls to each non-respondent were attempted.

Figure 2-1 shows the mixed-mode survey administration timeline. Across all samples, the average response rate for the 2022 NC CAHPS survey was 8.73 percent.

**Figure 2-1—Mixed-Mode Methodology Survey Timeline**



## Survey Administration Outcomes and Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.<sup>11</sup> An adult survey was coded as “completed” if at least three of the following questions were answered within the survey: questions 3, 10, 19, 23, and 28.<sup>12</sup> A child survey was coded as “completed” if at least three of the following questions were answered within the survey: questions 3, 25, 40, 44, and 49.<sup>13</sup> The questions for a completed survey represent the first question in each section of the CAHPS survey (except for the “About You” section) and the Rating of Health Plan question.<sup>14</sup> Eligible members include the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: were deceased, were invalid (did not meet criteria described on page 20), were mentally or physically incapacitated (adult population only), or had a language barrier.

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

## Methodology

This section provides an overview of the analyses performed. In compliance with the Centers for Medicare & Medicaid Services (CMS) requirements, a minimum of 11 respondents in a cell is required for the results to be reported. Cells with fewer than 11 responses are suppressed.

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<sup>11</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

<sup>12</sup> Adult Survey Questions—Question 3: “In the last 6 months, did you have an illness, injury, or condition that needed care right away?”; Question 10: “A personal doctor is the one you would talk to if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?”; Question 19: “Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?”; Question 23: “In the last 6 months, did you get information or help from your health plan’s customer service?”; and Question 28: “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?”.

<sup>13</sup> Child Survey Questions—Question 3: “In the last 6 months, did your child have an illness, injury, or condition that needed care right away?”; Question 25: “A personal doctor is the one your child would talk to if he or she needs a checkup, has a health problem, or get sick or hurt. Does your child have a personal doctor?”; Question 40: “Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?”; Question 44: “In the last 6 months, did you get information or help from your child’s health plan’s customer service?”; and Question 49: “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?”.

<sup>14</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

## Scoring Calculations

HSAG calculated scores for each measure following NCQA HEDIS Specifications for Survey Measures.<sup>15,16</sup>

### Global Ratings, Composite Measures, and Individual Item Measures

HSAG calculated positive ratings for each measure.<sup>17</sup> The positive ratings represent the percentage of respondents with positive survey responses (i.e., rate their experience of care higher). A positive rating was defined as follows:

- “8”, “9”, or “10” on a scale of 0-10 for the global ratings;
- “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; *Coordination of Care* individual item measure; *Access to Specialized Services* CCC composite measure; and *Access to Prescription Medicines* and *FCC: Getting Needed Information* CCC individual items;
- “Yes” for the *Flu Vaccination Received* individual item; and *FCC: Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions* CCC composite measures.

For the global ratings and individual items, positive ratings were defined as the proportion of positive responses. For the composite measures, separate positive ratings were calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure. For additional details, please refer to the *NCQA HEDIS Measurement Year 2021 Volume 3: Specifications for Survey Measures*.

### Effectiveness of Care Measures: Medical Assistance with Smoking and Tobacco Use Cessation

HSAG calculated three scores that assess the provision of medical assistance with smoking and tobacco use cessation for the adult population:

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

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<sup>15</sup> Ibid.

<sup>16</sup> NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable survey result; however, in order to maximize the number of reportable measures, HSAG uses CMS' suppression rules and presents results with fewer than 100 responses.

<sup>17</sup> Positive ratings are calculated by using the AHRQ “Top-Box Score” methodology. Please refer to *HEDIS® Measurement Year 2021 Volume 3: Specifications for Survey Measures* or AHRQ's website (<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/helpful-resources/analysis/preparing-data-for-analysis.pdf>) where this methodology is described.

These measures are limited to members who self-reported they are smokers or tobacco users. These scores assess the percentage of smokers and tobacco users that indicated they “Sometimes,” “Usually,” or “Always” were advised to quit, were recommended cessation medications, or were provided cessation methods or strategies. The scores presented deviate from NCQA’s methodology of calculating a rolling average using the current and prior years’ results, since only the current year’s results were available for the populations surveyed.

### Weighting

HSAG used the eligible population files to determine the eligible population size for each PHP, EBCI Tribal Option, and Medicaid Direct. A general sample probability weight was calculated for each general sample/population respondent using the formulas below.

$$GP_r = \frac{GSS_p}{EP_p}$$

$$w_{gsr} = \frac{1}{GP_r}$$

Where:

- $GP_r$  = probability for respondent  $r$  from the general PHP sample/population
- $GSS_p$  = general sample size for PHP/population  $p$
- $EP_p$  = eligible population size for PHP/population  $p$
- $w_{gsr}$  = weight for general sample respondent/population  $r$

These weights were used to calculate the following weighted aggregate results:

- **NC Medicaid Program**—Combined results for all five PHPs, EBCI Tribal Option, and Medicaid Direct
- **NC PHP Aggregate**—Combined results for all five PHPs

Results for the adult and child populations were weighted separately.

### Aggregate Comparisons

Population-specific results were compared to the NC Medicaid Program and NC PHP Aggregate. Two types of hypothesis tests were applied to the results. First, a global  $F$  test was calculated to determine whether the difference between the comparison populations’ ratings was statistically significant. The  $F$  statistic was determined using the formula below:

$$F = (1/(P - 1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

If the  $F$  test demonstrated differences (i.e.,  $p$  value  $< 0.05$ ), then a  $t$  test was performed. The  $t$  test determined whether each population's rating was statistically significantly different from the NC Medicaid Program and/or NC PHP Aggregate. The equation for the differences is as follows:

$$\Delta_p = \hat{\mu}_p - (1/P) \sum_{p'} \hat{\mu}_{p'} = ((P-1)/P) \hat{\mu}_p - \sum_{p'}^* (1/P) \hat{\mu}_{p'}$$

This analytic approach follows AHRQ's recommended methodology for identifying statistically significant performance differences. All statistically significant differences throughout this report are referred to as "significant differences."

### National Average Comparisons

HSAG calculated 95 percent confidence intervals for each population's score and compared these intervals to the NCQA Medicaid national averages:

- If the Medicaid national average was below the lower bound of the population's 95 percent confidence interval, the population's score was determined to be significantly *higher* than the Medicaid national average.
- If the Medicaid national average was above the upper bound of the population's 95 percent confidence interval, the population's score was determined to be significantly *lower* than the Medicaid national average.
- If the Medicaid national average encompassed the population's 95 percent confidence interval, then the population's score was not significantly different from the Medicaid national average.

### National Percentile Comparisons

Positive ratings were compared to NCQA's Quality Compass Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fell within.<sup>18</sup> Using the percentile distributions shown in Table 2-5, a star rating was assigned from one (★) to five (★★★★★) stars, where one star is below the national 25th percentile and five stars is greater than or equal to the national 90th percentile.

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<sup>18</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

**Table 2-5—NCQA National Percentile Distributions Used to Assign Star Ratings**

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

### Race and Ethnicity Comparisons

Using results from the general samples and the Black and Hispanic oversamples where applicable, scores were stratified by race and ethnicity. Stratification was based on responses to the race and ethnicity questions (Question 40 and Question 39 in the adult survey and Question 72 and Question 71 in the child survey). Race was categorized as White, Black, Multi-Racial, and Other using the self-identified results from the race questions. For this analysis, the Other category includes: Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. The positive ratings for Black, Multi-Racial, and Other respondents were compared to the positive ratings of White respondents. Ethnicity was categorized as Hispanic and Non-Hispanic using the self-identified results from the ethnicity questions. The positive ratings for Hispanic respondents and Non-Hispanic respondents were compared to each other. Please reference the Aggregate Comparisons subsection for the tests of significance methodology.

### Limitations and Cautions

The findings presented in this report are subject to limitations in the survey design, analysis, and interpretation. DHB should consider the limitations and cautions listed below when interpreting or generalizing the findings.

### Baseline Results

The 2022 CAHPS results are the first time that the PHPs and the targeted populations were evaluated independently. The 2022 results presented in this report represent a baseline assessment of members' experiences specific to the PHPs and targeted populations.

## Causal Inferences

Although this report examines whether respondents report differences with various aspects of their or their child's health care, these differences may not be completely attributable to the PHPs or programs.

## National Data Comparisons

NCQA Quality Compass data for the Medicaid population were used for comparative purposes. The NCQA 2022 Quality Compass data used for comparison include managed care plan Medicaid CAHPS data from 14 states for the adult population, 15 states for the general child population, and five states for the CCC population.<sup>19</sup> The states and plans that submitted data to NCQA Quality Compass may not be comparable to the plans and populations evaluated for the NC CAHPS survey. In addition, data were collected for the national CAHPS benchmarks from January to May 2022, while the survey administration for the NC CAHPS survey was from June to October 2022. Differences in the populations included in the Quality Compass benchmarks and the survey administration timeline may impact comparability. Caution should be exercised when interpreting the results of the comparisons analysis.

## Pre-PHP Implementation Data

The trend figures include data for 2018, 2019, and 2021, where applicable, for the NC Medicaid populations. The data are provided for informational purposes only to provide insight into potential changes in member experience following the PHPs' implementation. While these populations are not directly comparable to the populations surveyed in historical years (e.g., different sampling approaches), the data provide insight into potential changes in member experience following the PHP implementation.

## Disadvantages of Positive Rating Scoring

The positive rating score only looks at the percentage of positive results and does not use all the response options in calculating the results, which can lead to a less accurate measure of experience (e.g., does one plan have a higher percentage of members that can never get the care they needed compared to other plans).<sup>20</sup>

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<sup>19</sup> Medicaid health plans from the following states are reporting to NCQA: Arizona, California, Florida, Illinois, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, and Wisconsin.

<sup>20</sup> Robert Wood Foundation. *How to Report Results of the CAHPS Clinician & Group Survey*. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>. Accessed on July 3, 2023.

## **Supplemental Items**

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

## **Survey Bias**

### **Non-Response Bias**

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by PHP/population. In addition, caution should be exercised when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program. For further details, please refer to the Survey Respondent to Eligible Population Demographic Data Comparisons in Appendix A on page 191. The incompleteness and inaccuracy of the contact information for sampled members may have resulted in lower-than-expected response rates. About 13 percent of sampled members had undeliverable mail, and over 11 percent of sample members had invalid telephone information. The inability to contact members could also result in non-response bias (e.g., a certain segment of the population may be more likely to have missing mail/phone information than other segments). DHB should consider that potential non-response bias may exist when interpreting CAHPS results.

### **Social Desirability Bias**

Social desirability bias is a form of survey response bias that occurs when respondents answer more favorably to a question based on what they consider to be acceptable (e.g., receiving flu or COVID-19 vaccination, not smoking or using tobacco). Surveys completed via telephone are more prone to this type of bias.

### 3. Adult Results

HSAG surveyed a total of 12,527 adult members, and a total of 1,029 adult surveys were completed. The overall adult response rate was 8.3 percent.<sup>21</sup>

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

- Significantly *fewer* NC Medicaid Program respondents were 18 to 44 years of age or Black.
- Significantly *more* NC Medicaid Program respondents were 55 to 64 years of age, or American Indian or Alaskan Native.<sup>22</sup>

DHB should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population being evaluated. For additional details on the demographic information please see Appendix A. Supplemental Information.

The 2022 report does not contain PHP and EBCI Tribal Option-specific results as the majority of results contain fewer than 100 responses and may not accurately represent experiences of the health plans.

#### Survey Respondents

Table 3-1 shows the total number of members sampled, the number of eligible members, the number of respondents (i.e., completed surveys), and the response rate for the adult population. Numbers in Table 3-1 are reflective of all samples (i.e., general sample and the Black and Hispanic race/ethnicity oversamples).

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<sup>21</sup> The response rate and completion number do not include the Black or Hispanic targeted oversamples.

<sup>22</sup> This is expected given that a separate sample for the EBCI Tribal Option was selected.

**Table 3-1—Adult Survey: Survey Administration Outcomes and Response Rates (2022)**

	Total Sample	Eligible Sample	Total General Adult Respondents	Total Respondents	Response Rate
<b>Total</b>	<b>22,127</b>	<b>21,962</b>	<b>1,029</b>	<b>1,657</b>	<b>7.54%</b>
<b>NC Medicaid Program</b>	<b>17,422</b>	<b>17,300</b>	<b>738</b>	<b>1,199</b>	<b>6.93%</b>
<b>NC PHP Aggregate</b>	<b>14,750</b>	<b>14,679</b>	<b>483</b>	<b>944</b>	<b>6.43%</b>
AmeriHealth	2,950	2,933	78	154	5.25%
Carolina Complete	2,950	2,928	89	172	5.87%
Healthy Blue	2,950	2,943	102	204	6.93%
UnitedHealthcare	2,950	2,936	115	216	7.36%
WellCare	2,950	2,939	99	198	6.74%
SP Behavioral Health	1,755	1,746	141	141	8.08%
EBCI Tribal Option	1,322	1,318	114	114	8.65%
Medicaid Direct	1,350	1,303	141	141	10.82%
Tailored Plan Eligible	2,950	2,916	150	317	10.87%

Table 3-2 shows the distribution of telephone non-response outcomes for the adult population. DHB worked with NC HealthConnex, NC’s HIE, to obtain up-to-date contact information. HSAG reviewed the file records to check for any apparent problems, such as missing address elements. In 2021, there was a total of 1,684 (0.84 percent) phone numbers that were missing after completing Telematch for phone updates, compared to only 83 (0.38 percent) missing/invalid phone numbers in 2022. After using the HIE to obtain up-to-date contact information, there were still 2,850 (12.88 percent) records that had a wrong or bad phone number, and the overall response rate decreased from 12.15 percent in 2021 to 7.54 percent in 2022.

**Table 3-2—Adult Survey: Telephone Non-Response Outcomes (2022)**

	Missing/Invalid Number	Wrong Number	Bad Number	No Answer	Refusal
<b>Total</b>	<b>83</b>	<b>273</b>	<b>2,577</b>	<b>16,845</b>	<b>396</b>
<b>NC Medicaid Program</b>	<b>83</b>	<b>199</b>	<b>1,970</b>	<b>13,455</b>	<b>297</b>
<b>NC PHP Aggregate</b>	<b>0</b>	<b>165</b>	<b>1,629</b>	<b>11,608</b>	<b>252</b>
AmeriHealth	0	32	350	2,339	45
Carolina Complete	0	36	312	2,351	47
Healthy Blue	0	31	318	2,317	54

	Missing/Invalid Number	Wrong Number	Bad Number	No Answer	Refusal
UnitedHealthcare	0	33	318	2,287	62
WellCare	0	33	331	2,314	44
SP Behavioral Health	0	S	213	1,328	36
EBCI Tribal Option	83	S	196	893	17
Medicaid Direct	0	26	145	954	28
Tailored Plan Eligible	0	56	394	2,062	63

*S* Indicates results have been suppressed as results had fewer than 11 responses.

*Wrong number* encompasses the total number of cases where the phone number no longer belongs to the sampled member.

*Bad number* encompasses the total number of cases where the phone number was non-working on dialing.

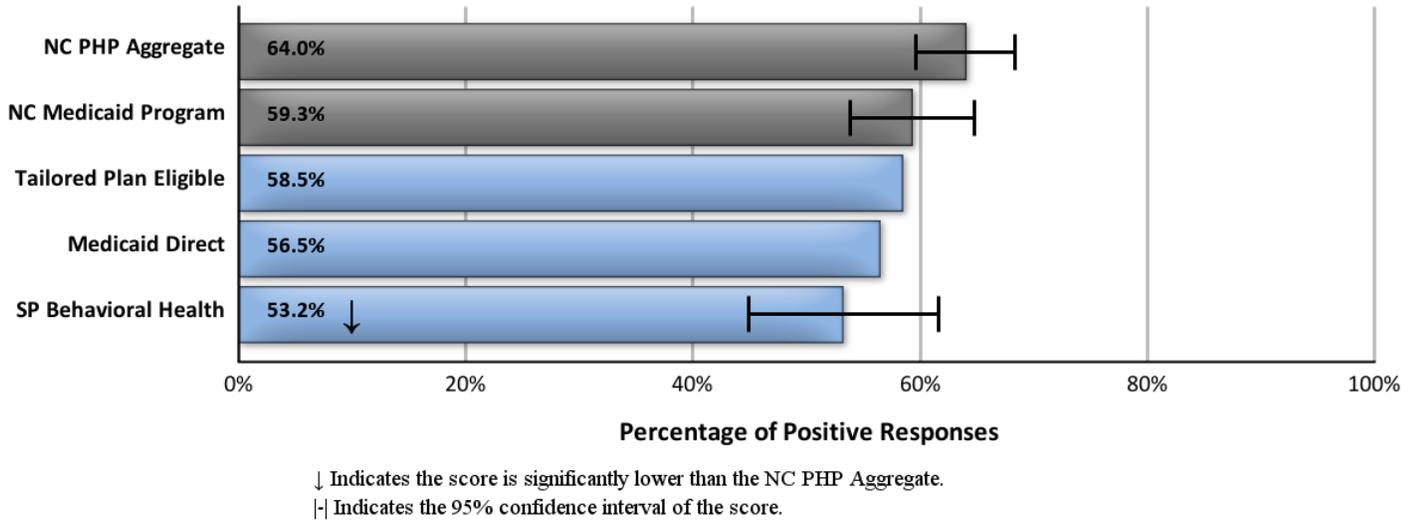
## Adult Members: General Health Status and Mental or Emotional Health Status

Figure 3-1 and Figure 3-2 present the adult respondent self-reported characteristics for general health status and mental or emotional health status. The percentage of population-specific respondents who reported their general and mental or emotional health status as Excellent, Very Good, or Good was compared to the NC Medicaid Program and NC PHP Aggregate. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>23</sup>

SP Behavioral Health respondents reported significantly *lower* ratings of their general health compared to the NC PHP Aggregate.

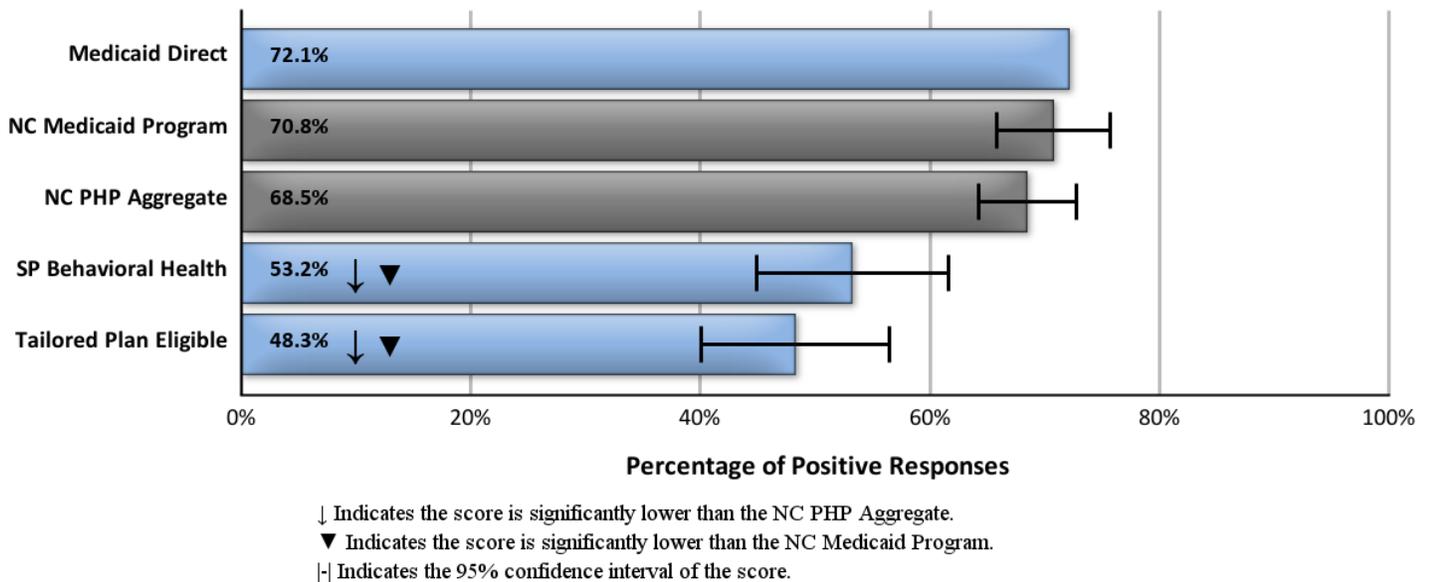
<sup>23</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

**Figure 3-1—Percentage of 2022 Adult Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons**



SP Behavioral Health and Tailored Plan Eligible respondents reported significantly *lower* ratings of their mental or emotional health compared to the NC Medicaid Program and NC PHP Aggregate.

**Figure 3-2—Percentage of 2022 Adult Respondents Who Rate Their Mental or Emotional Health as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons**



## Aggregate Comparisons

For the Aggregate Comparisons analysis, positive ratings were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>24</sup> For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 14. For more detailed information regarding the measure calculations for the measures, please refer to the Reader's Guide beginning on page 23.

The NC Medicaid Program and NC PHP Aggregate results were weighted based on the eligible populations included in each. HSAG compared the population-specific results to the NC Medicaid Program and NC PHP Aggregate to determine if the results were significantly different. In addition, HSAG compared the results to NCQA's Medicaid national averages. NCQA Quality Compass data for the Medicaid population were used for comparative purposes.<sup>25</sup> In some instances, the scores presented for two populations were similar, but one was significantly different from the NC Medicaid Program, NC PHP Aggregate, or NCQA Medicaid national average and the other was not. In these instances, it was the difference in the number of respondents between the two that explains why one achieved significance and the other did not. It is more likely that a significant result will be found with a larger number of respondents. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>26</sup>

For each measure, HSAG included a pre-PHP implementation trend chart that displays the 2018, 2019, 2021, and 2022 measure results for the NC Medicaid Program. CAHPS was not fielded in 2020 due to the public health emergency.

CAHPS scores with fewer than 100 responses are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 24.

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<sup>24</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

<sup>25</sup> Medicaid health plans from the following states are reporting to NCQA for the adult population: Arizona, California, Florida, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, New Jersey, Pennsylvania, Texas, Virginia, Washington, and Wisconsin.

<sup>26</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

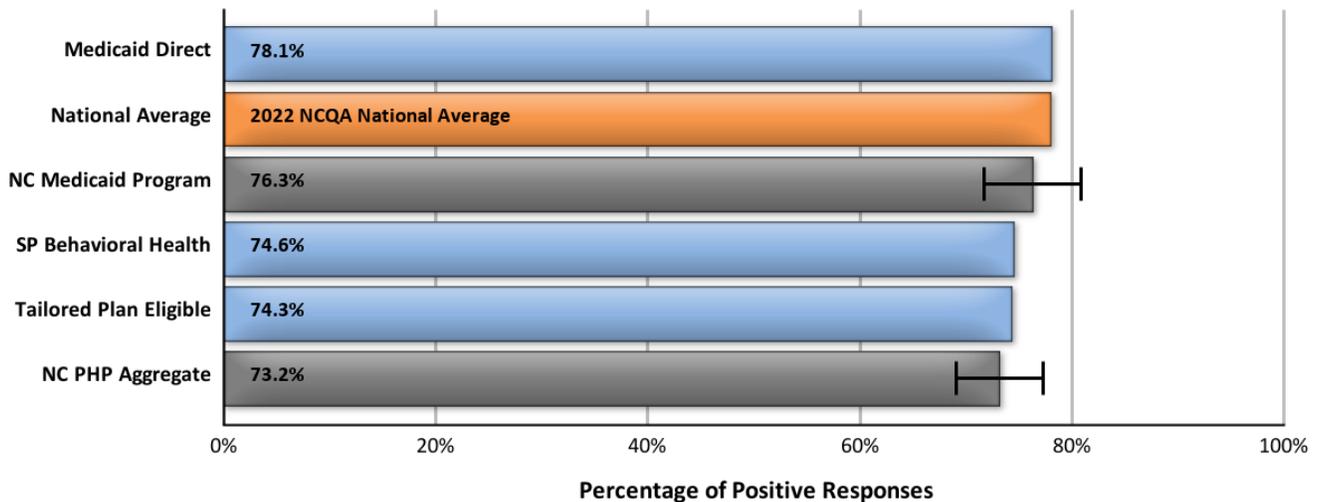
## Global Ratings

### Rating of Health Plan

Respondents were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-3 shows the *Rating of Health Plan* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-3—Percentage of 2022 Adult Respondents Who Rate Their Health Plan Positively by Program-Specific Populations, with National and Aggregate Comparisons**

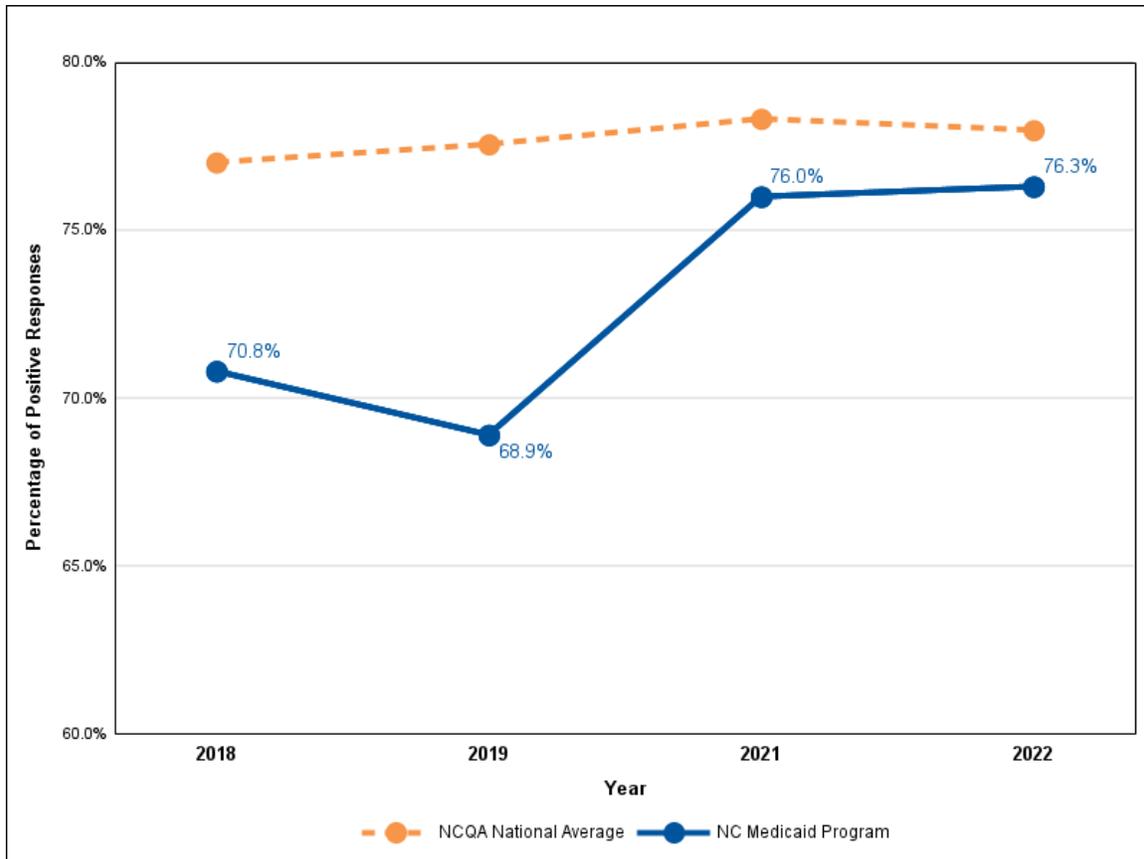


|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 3-4 shows the *Rating of Health Plan* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-4—Percentage of Adult Respondents Who Rate Their Health Plan Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**

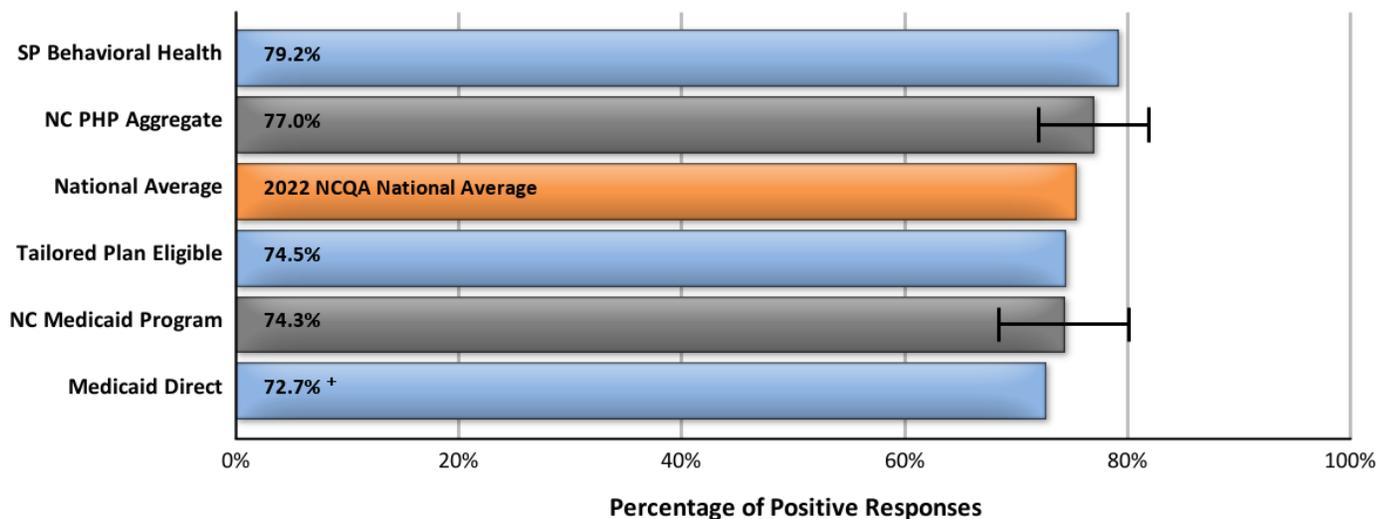


### Rating of All Health Care

Respondents were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-5 shows the *Rating of All Health Care* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-5—Percentage of 2022 Adult Respondents Who Rate All Their Health Care Positively by Program-Specific Populations, with National and Aggregate Comparisons**



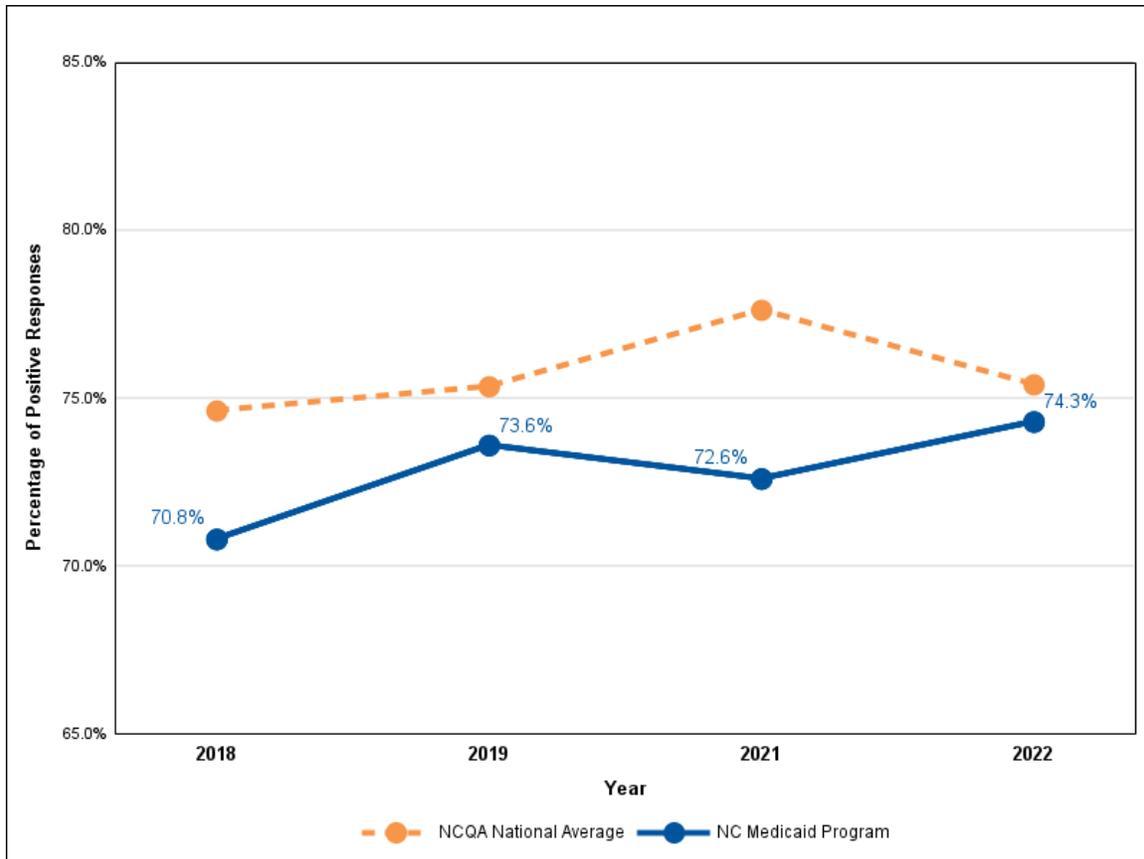
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-6 shows the *Rating of All Health Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-6—Percentage of Adult Respondents Who Rate All Their Health Care Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**

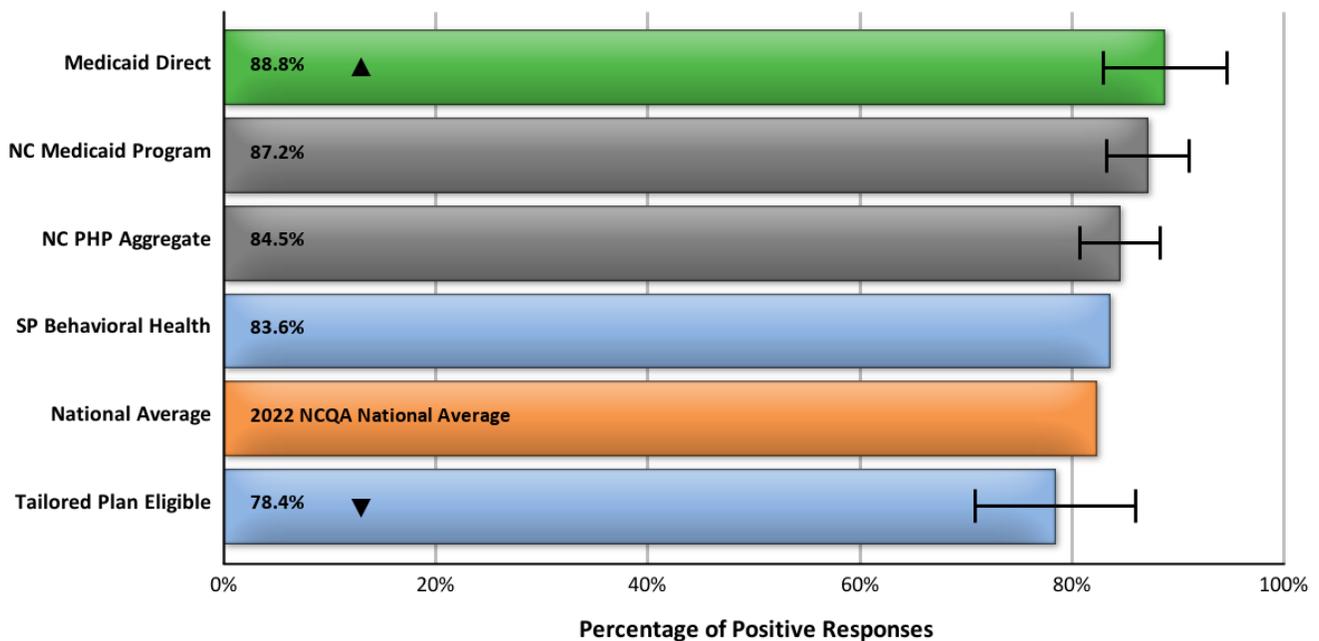


### Rating of Personal Doctor

Respondents were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-7 shows the *Rating of Personal Doctor* positive rating results for each population, with national and aggregate comparisons. The Tailored Plan Eligible rate was significantly *lower* than the NC Medicaid Program. The Medicaid Direct rate was significantly *higher* than the national average and the NC Medicaid Program.

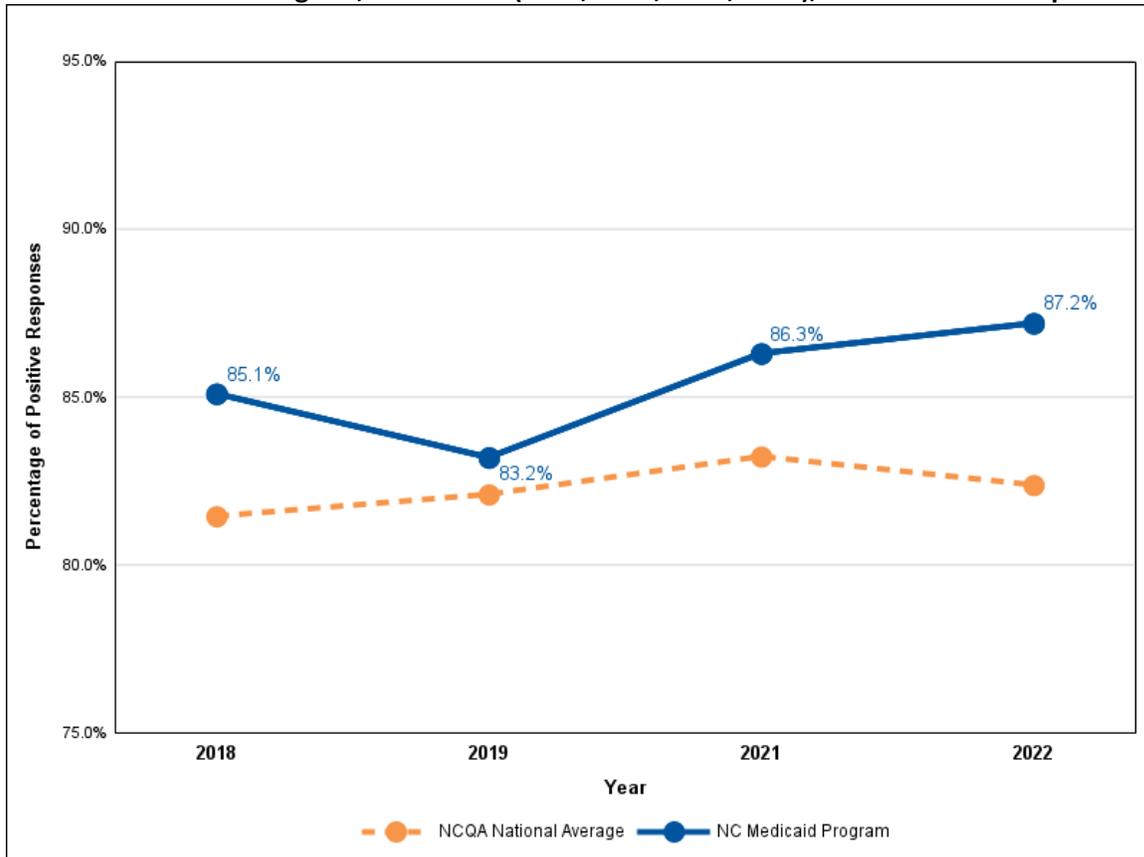
**Figure 3-7—Percentage of 2022 Adult Respondents Who Rate Their Personal Doctor Positively by Program-Specific Populations, with National and Aggregate Comparisons**



▲ Indicates the score is significantly higher than the NC Medicaid Program.  
▼ Indicates the score is significantly lower than the NC Medicaid Program.  
|-| Indicates the 95% confidence interval of the score.  
Green bar indicates the score is significantly higher than the NCQA national average.  
Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 3-8 shows the *Rating of Personal Doctor* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-8—Percentage of Adult Respondents Who Rate Their Personal Doctor Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**

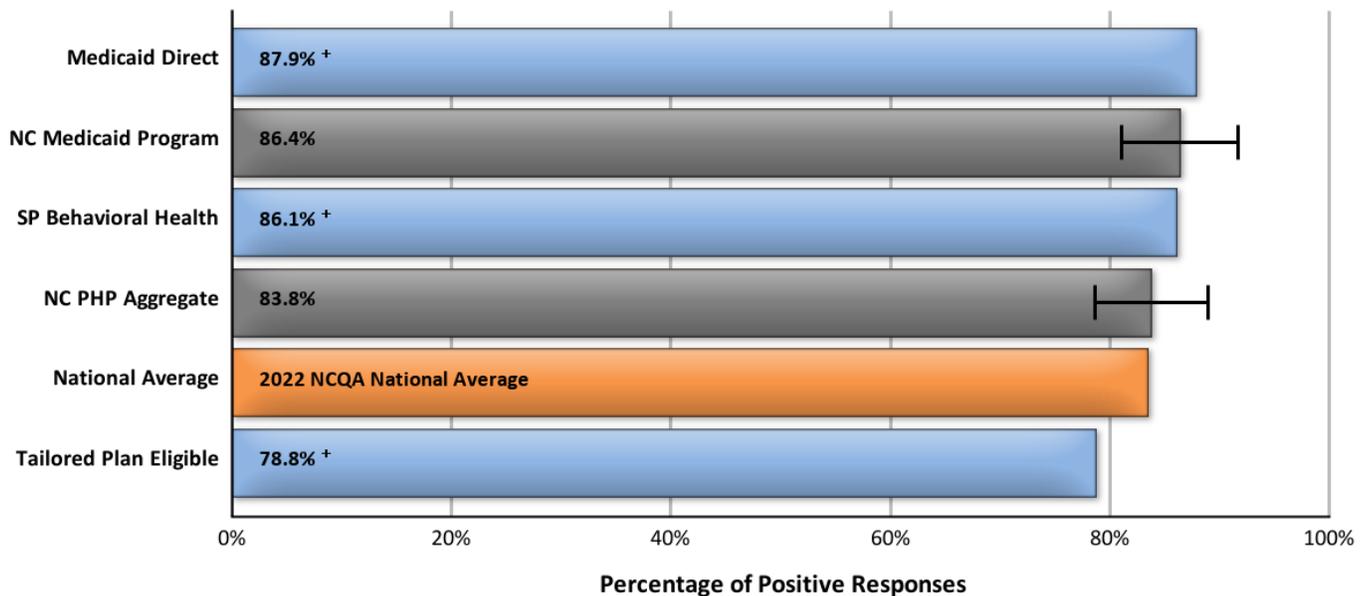


### Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist they saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 3-9 shows the *Rating of Specialist Seen Most Often* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-9—Percentage of 2022 Adult Respondents Who Rate the Specialist Seen Most Often Positively by Program-Specific Populations, with National and Aggregate Comparisons**



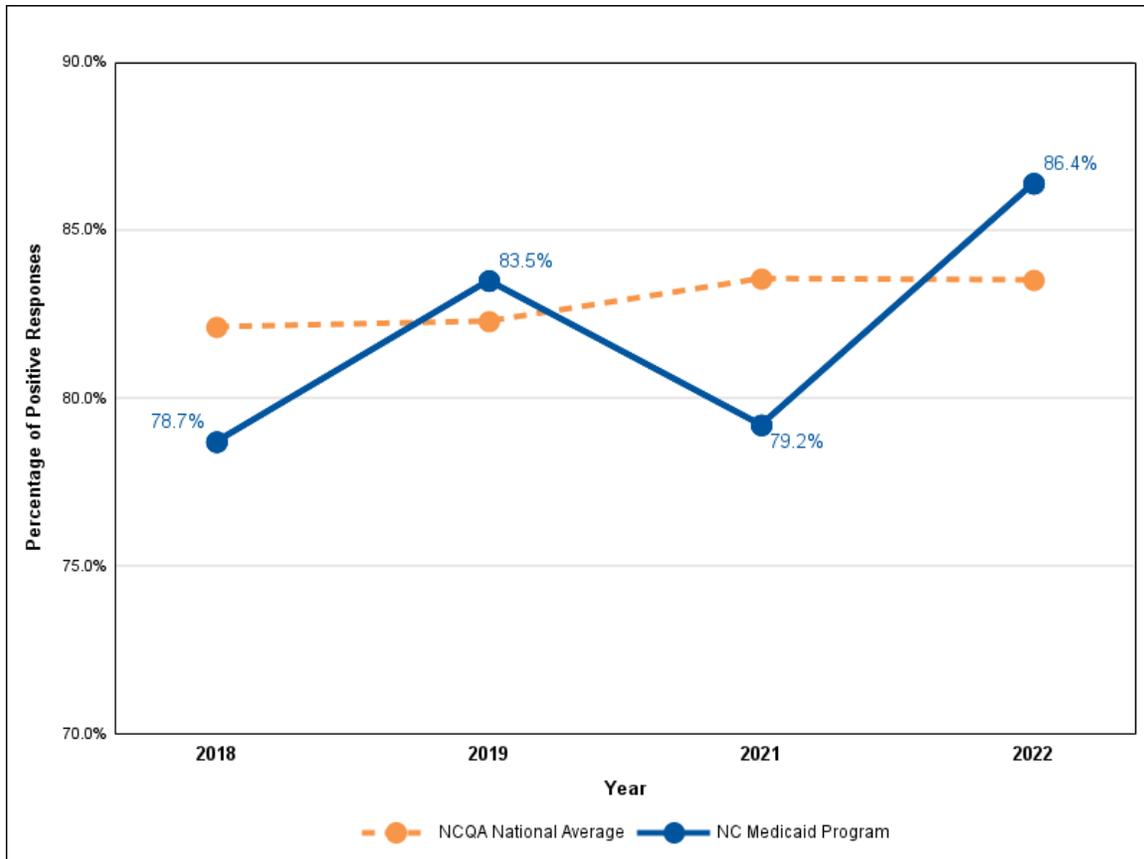
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-10 shows the *Rating of Specialist Seen Most Often* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-10—Percentage of Adult Respondents Who Rate the Specialist They Saw Seen Most Often Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



## Composite Measures

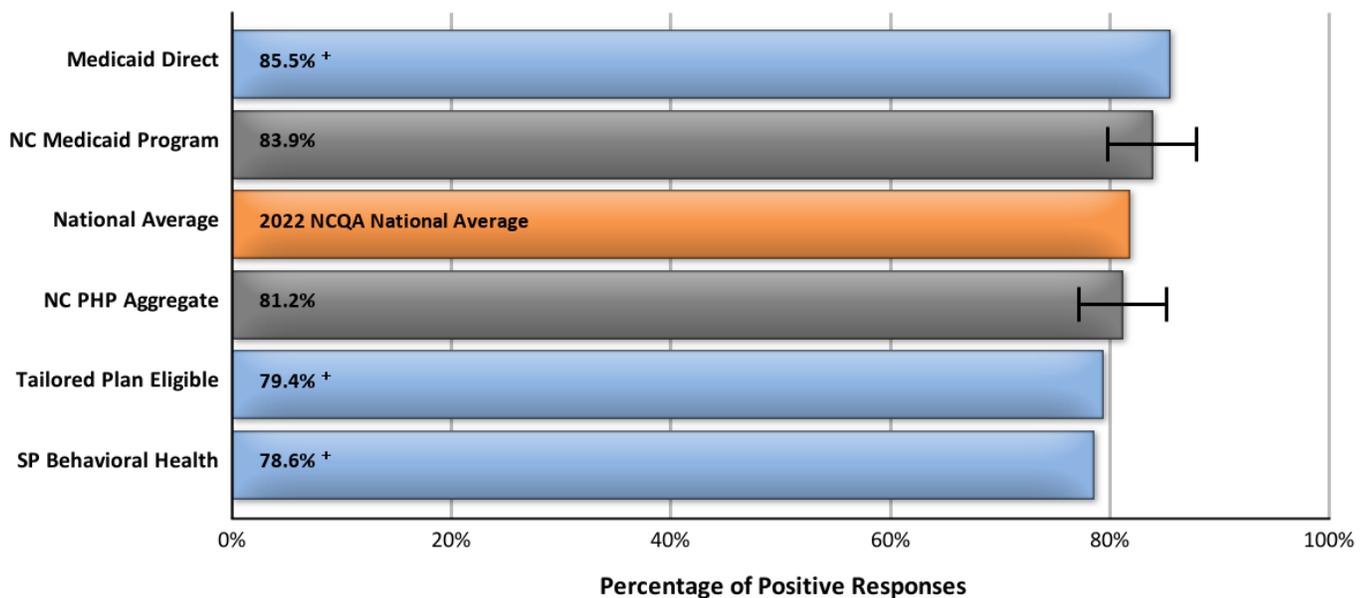
### Getting Needed Care

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get needed care:

- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Responses of usually and always are considered positive ratings. Figure 3-11 shows the *Getting Needed Care* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-11—Percentage of 2022 Adult Respondents Who Usually or Always Got Care They Needed by Program-Specific Populations, with National and Aggregate Comparisons**



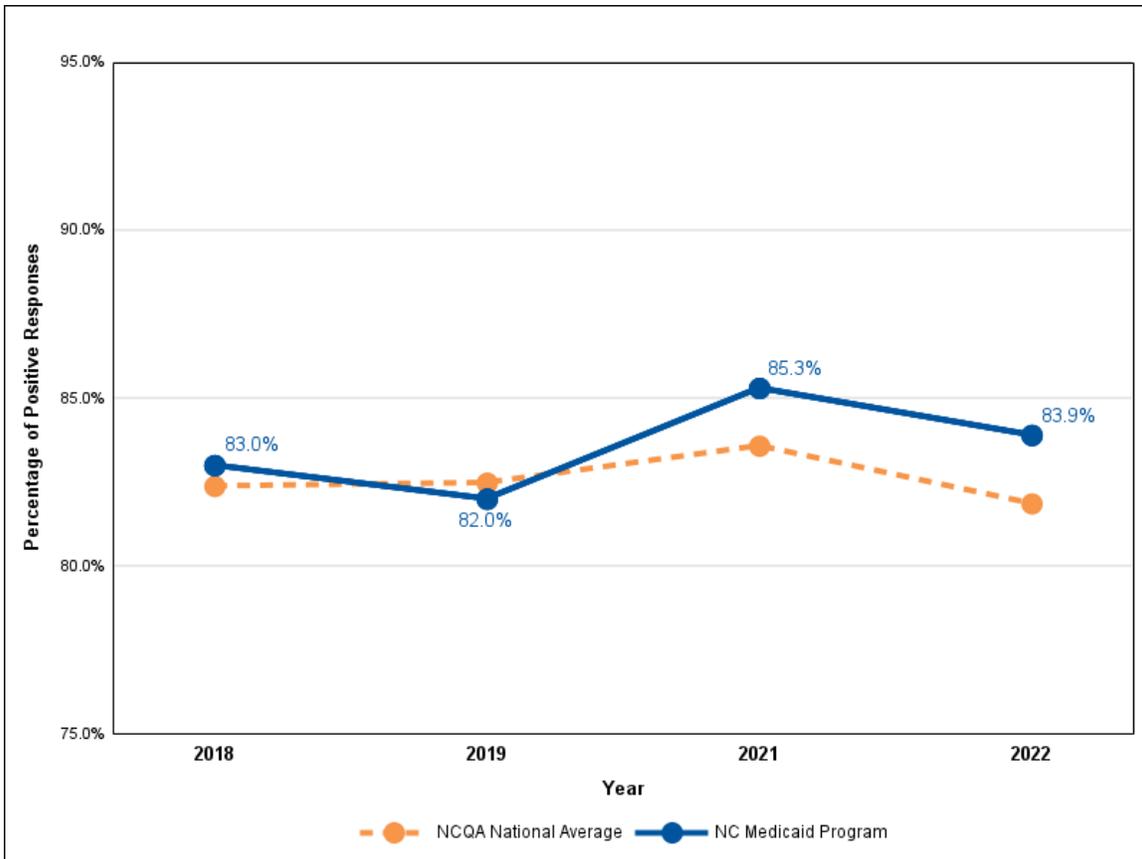
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-12 shows the *Getting Needed Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-12—Percentage of Adult Respondents Who Usually or Always Got Care They Needed for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



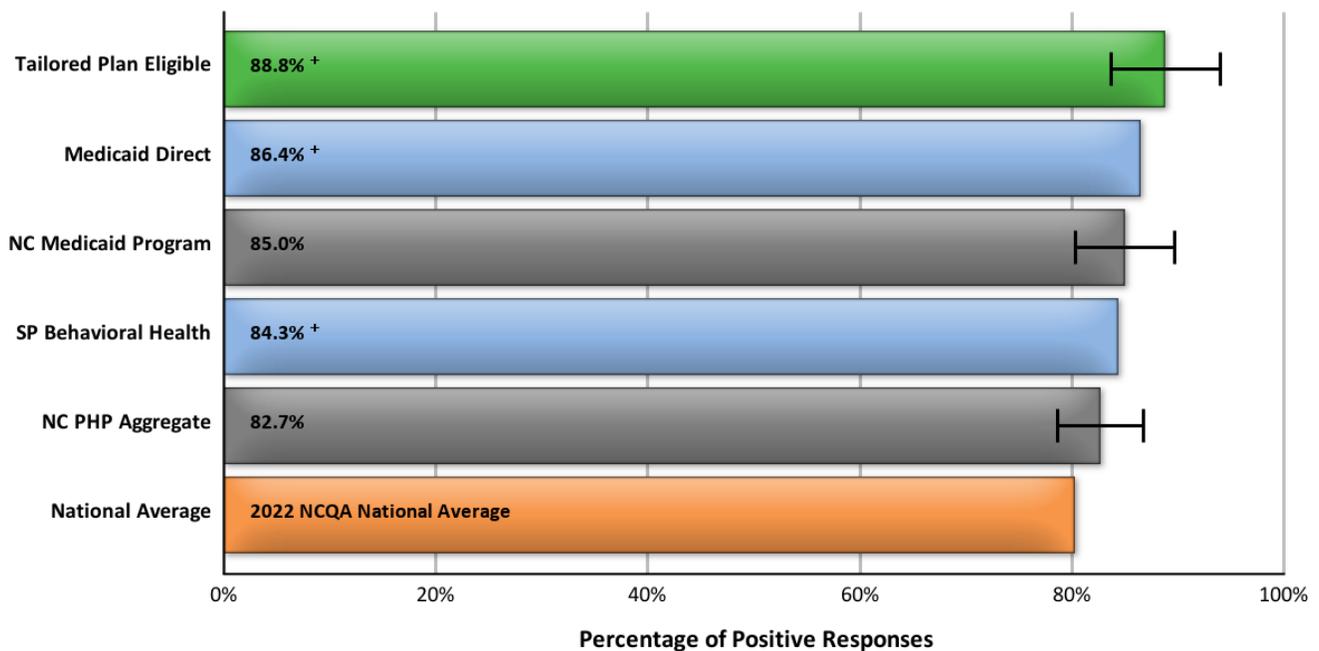
### Getting Care Quickly

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get care quickly:

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?

Responses of usually and always are considered positive ratings. Figure 3-13 shows the *Getting Care Quickly* positive rating results for each population, with national and aggregate comparisons. The Tailored Plan Eligible rate was significantly *higher* than the national average. None of the population-specific rates were significantly different than the NC Medicaid Program or NC PHP Aggregate.

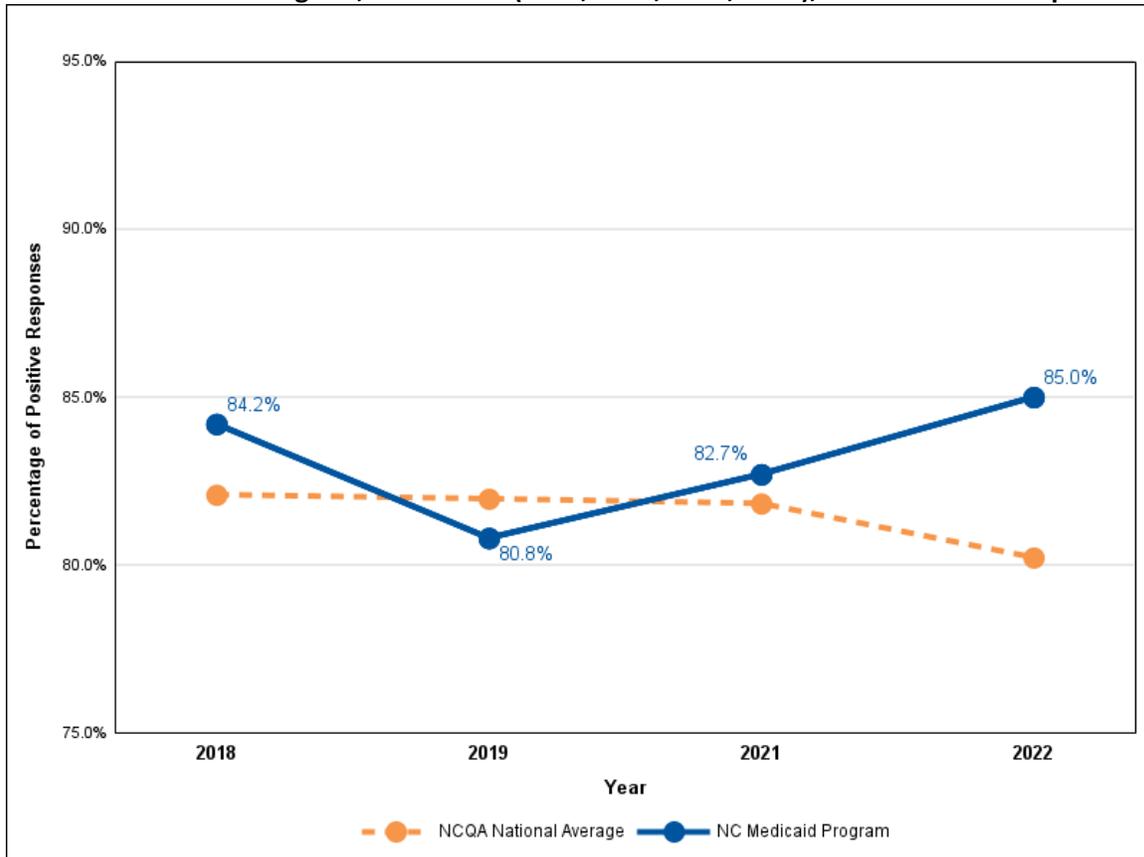
**Figure 3-13—Percentage of 2022 Adult Respondents Who Usually or Always Got Care Quickly by Program-Specific Populations, with National and Aggregate Comparisons**



-| Indicates the 95% confidence interval of the score.  
 Green bar indicates the score is significantly higher than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-14 shows the *Getting Care Quickly* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-14—Percentage of Adult Respondents Who Usually or Always Got Care Quickly for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



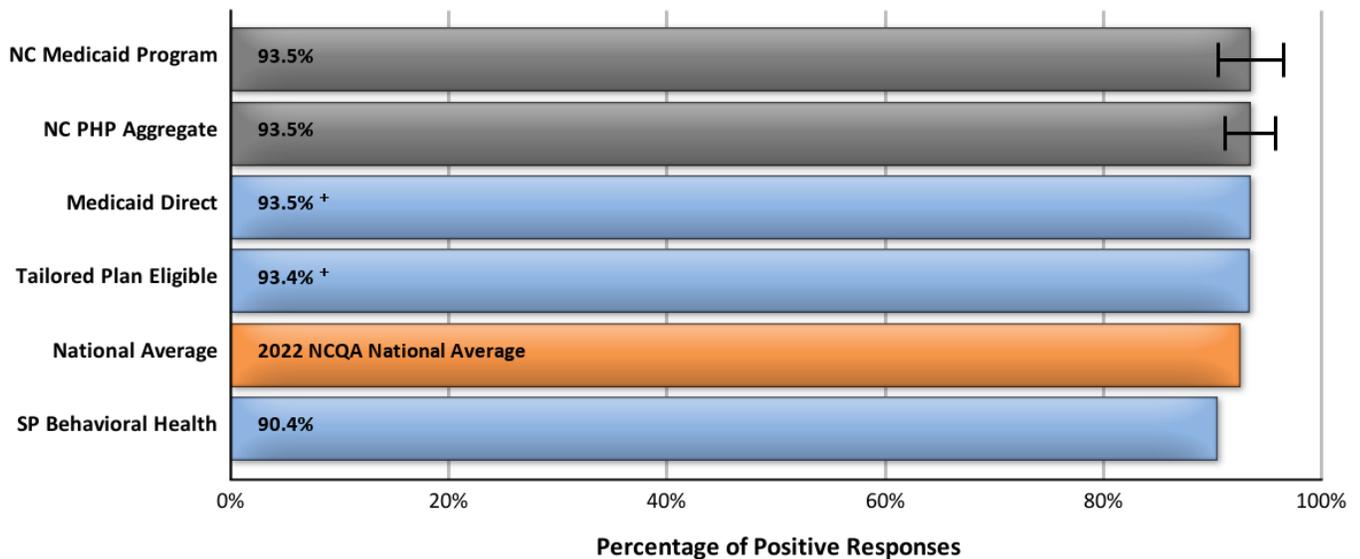
### How Well Doctors Communicate

Four questions were asked to assess how often (never, sometimes, usually, or always) the respondent’s personal doctor communicated well with them:

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did your personal doctor spend enough time with you?

Responses of usually and always are considered positive ratings. Figure 3-15 shows the *How Well Doctors Communicate* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

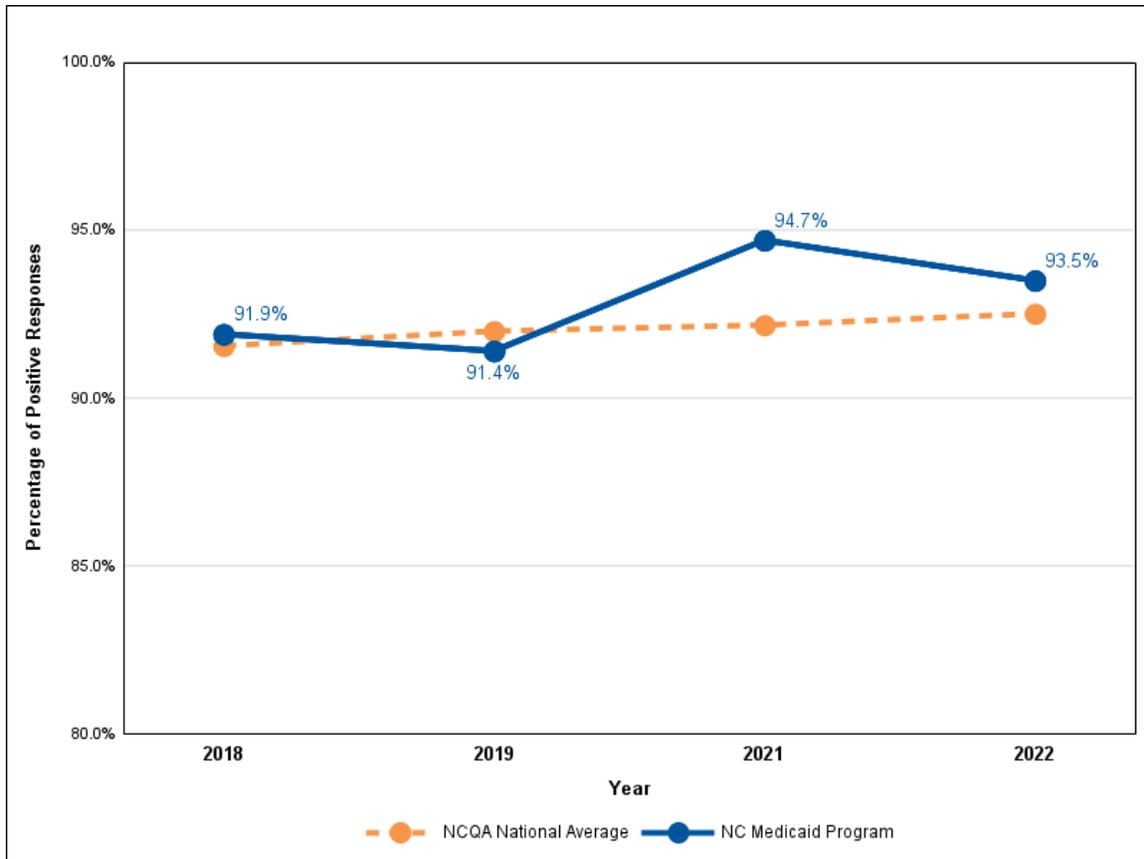
**Figure 3-15—Percentage of 2022 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them by Program-Specific Populations, with National and Aggregate Comparisons**



|—| Indicates the 95% confidence interval of the score.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-16 shows the *How Well Doctors Communicate* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-16—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



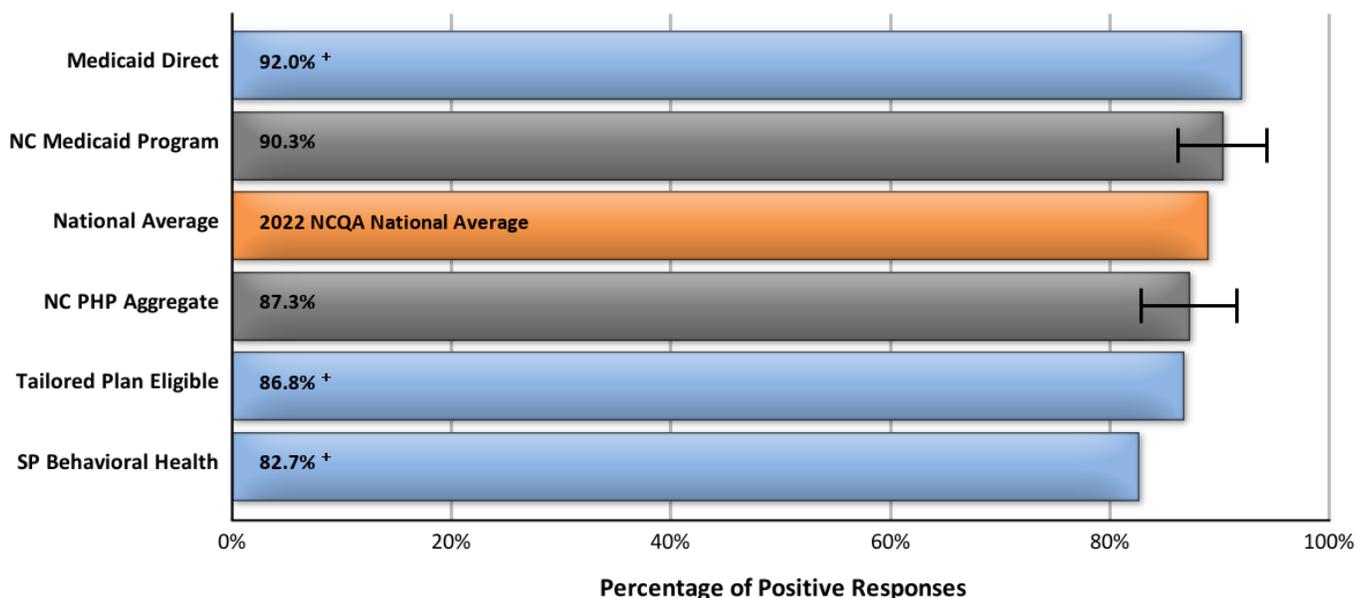
### Customer Service

Two questions were asked to assess how often (never, sometimes, usually, or always) respondents had a positive experience with their health plan’s customer service:

- In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
- In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

Responses of usually and always are considered positive ratings. Figure 3-17 shows the *Customer Service* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-17—Percentage of 2022 Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service by Program-Specific Populations, with National and Aggregate Comparisons**



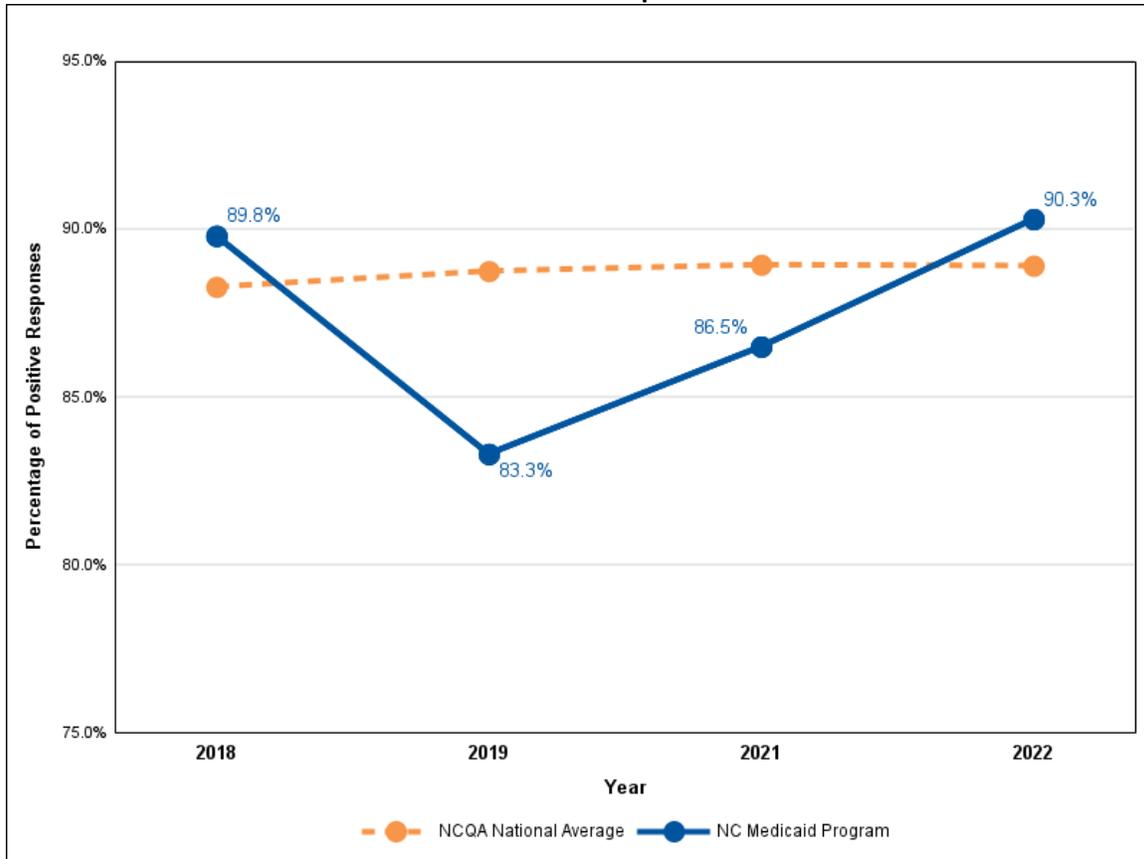
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-18 shows the *Customer Service* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-18—Percentage of Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



## Individual Item Measures

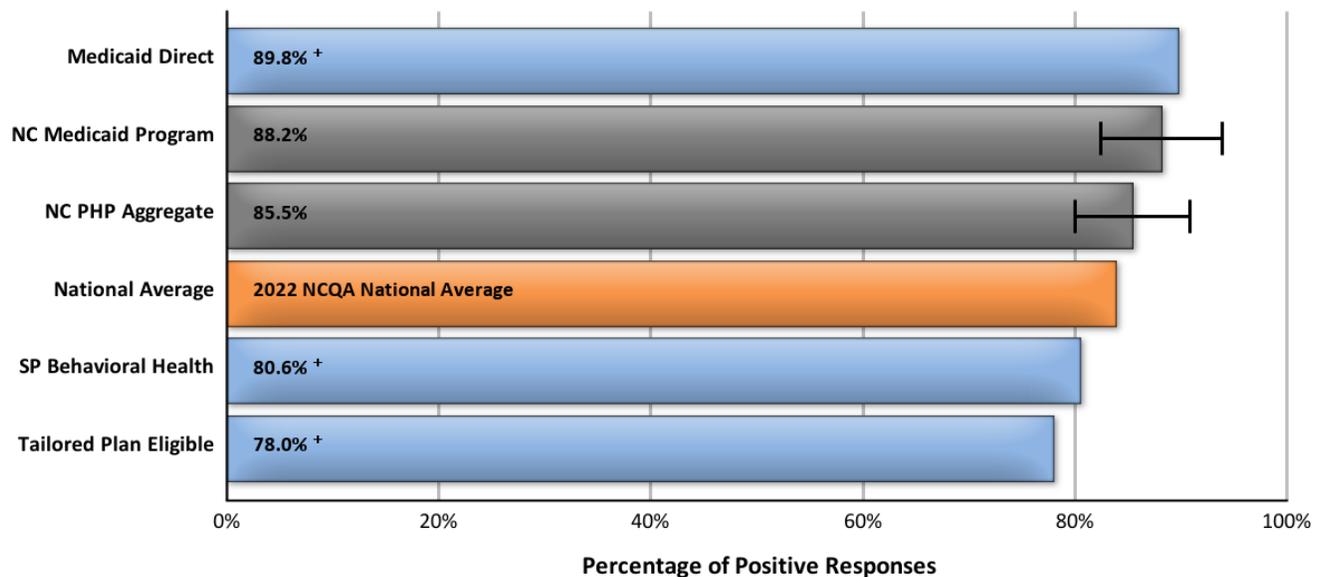
### Coordination of Care

One question was asked to assess how often (never, sometimes, usually, or always) the respondent’s personal doctor seemed informed and up-to-date:

- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

Responses of usually and always are considered positive ratings. Figure 3-19 shows the *Coordination of Care* positive ratings results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-19—Percentage of 2022 Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers by Program-Specific Populations, with National and Aggregate Comparisons**



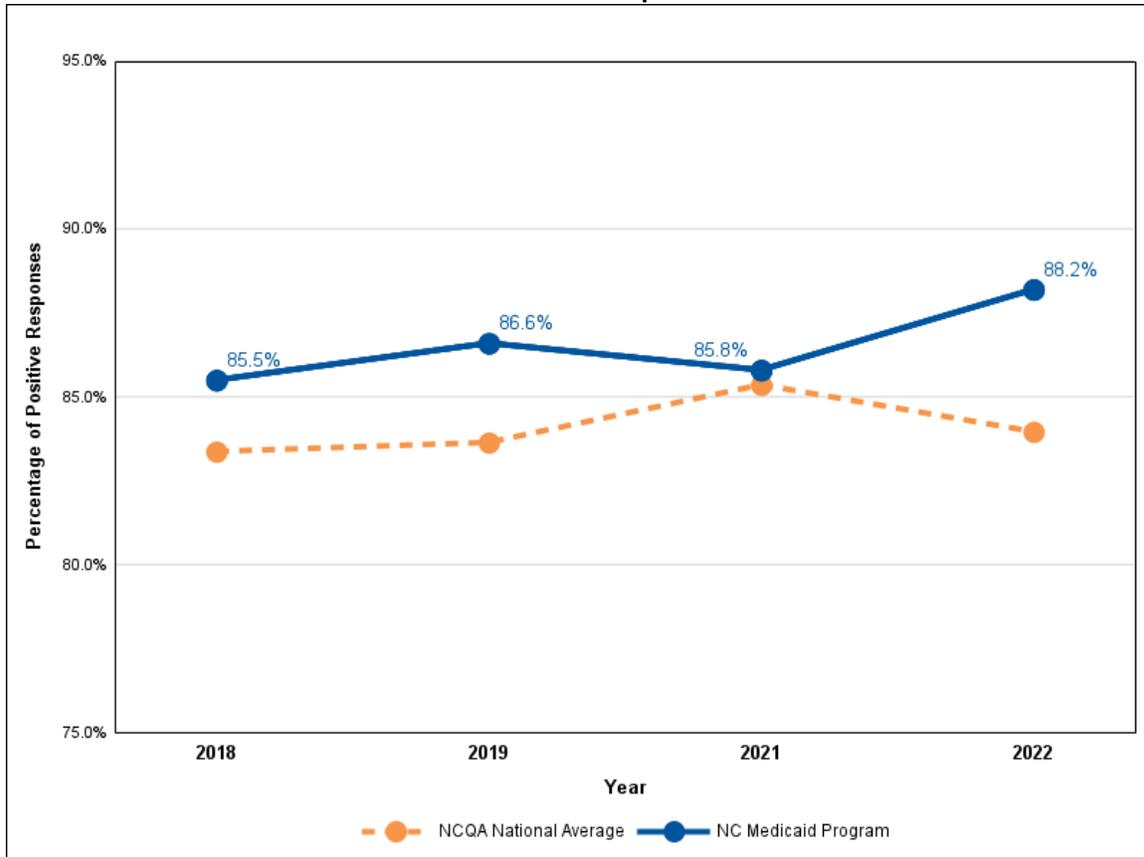
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-20 shows the *Coordination of Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-20—Percentage of Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



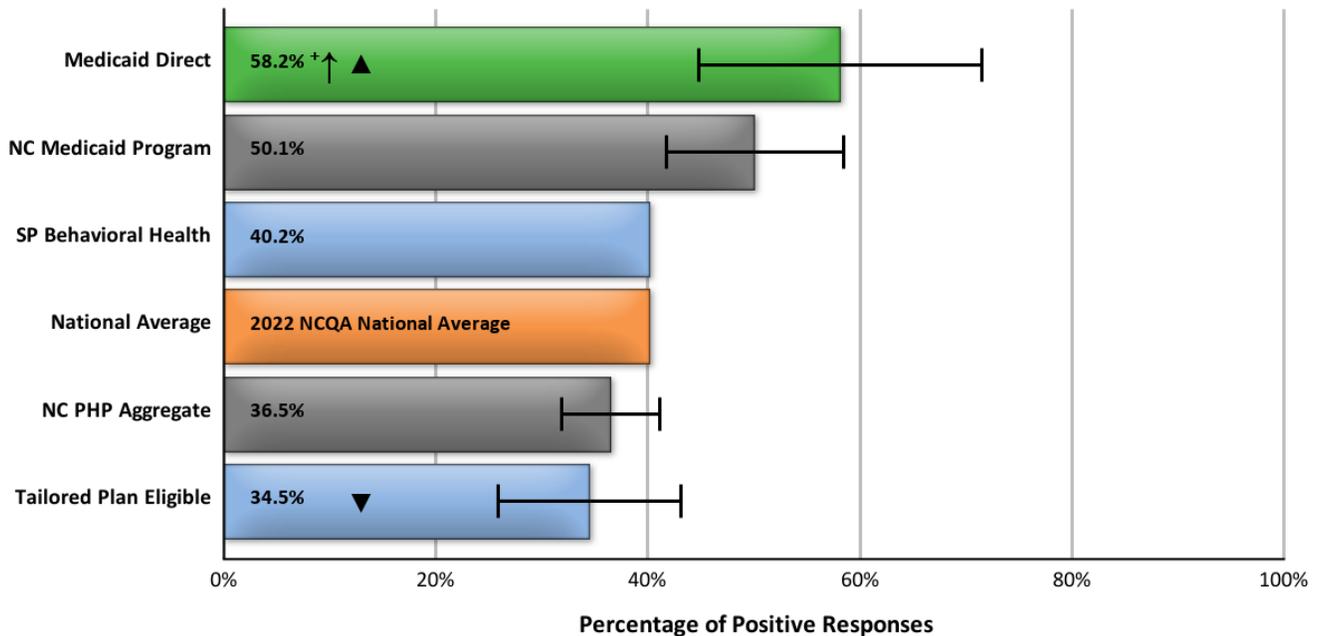
### Flu Vaccination Received

One question was asked to assess if the respondents received their flu vaccine since July 1, 2021:

- Have you had either a flu shot or flu spray in the nose since July 1, 2021?

Figure 3-21 shows the percentage of respondents who received a flu vaccination for each population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average, NC Medicaid Program, and NC PHP Aggregate. The Tailored Plan Eligible rate was significantly *lower* than the NC Medicaid Program.

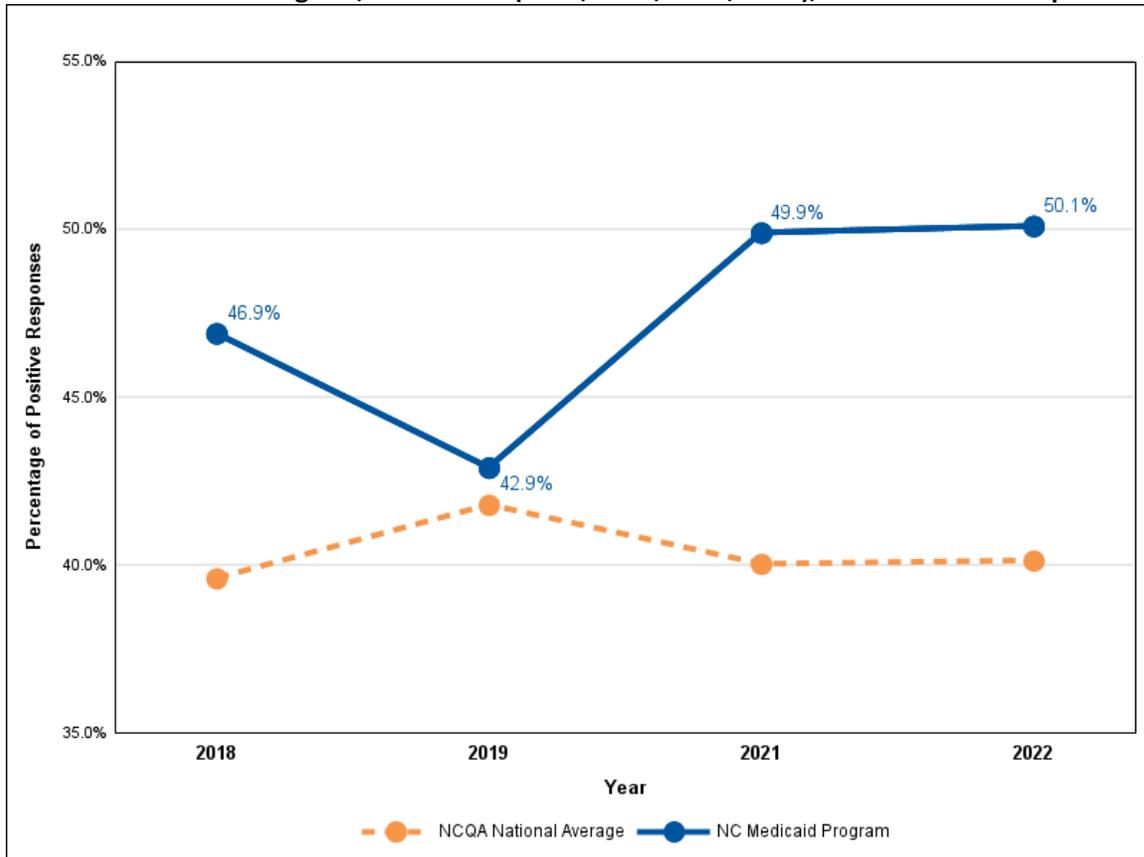
**Figure 3-21—Percentage of 2022 Adult Respondents Who Received Their Flu Vaccination by Program-Specific Populations, with National and Aggregate Comparisons**



↑ Indicates the score is significantly higher than the NC PHP Aggregate.  
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.  
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.  
 |—| Indicates the 95% confidence interval of the score.  
 Green bar indicates the score is significantly higher than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-22 shows the *Flu Vaccination Received* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-22—Percentage of Adult Respondents Who Received Their Flu Vaccination for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



## Effectiveness of Care Measures

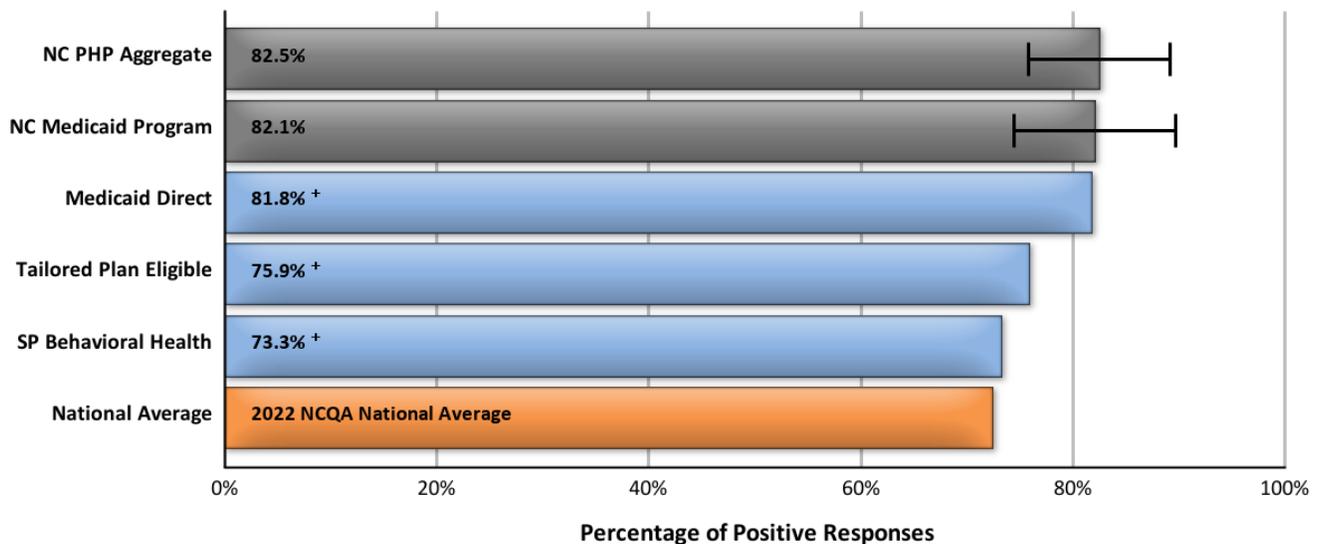
### Advising Smokers and Tobacco Users to Quit

One question was asked to self-identified smokers and/or tobacco users to assess how often they were advised to quit smoking or using tobacco:

- In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Figure 3-23 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-23—Percentage of 2022 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit by Program-Specific Populations, with National and Aggregate Comparisons**



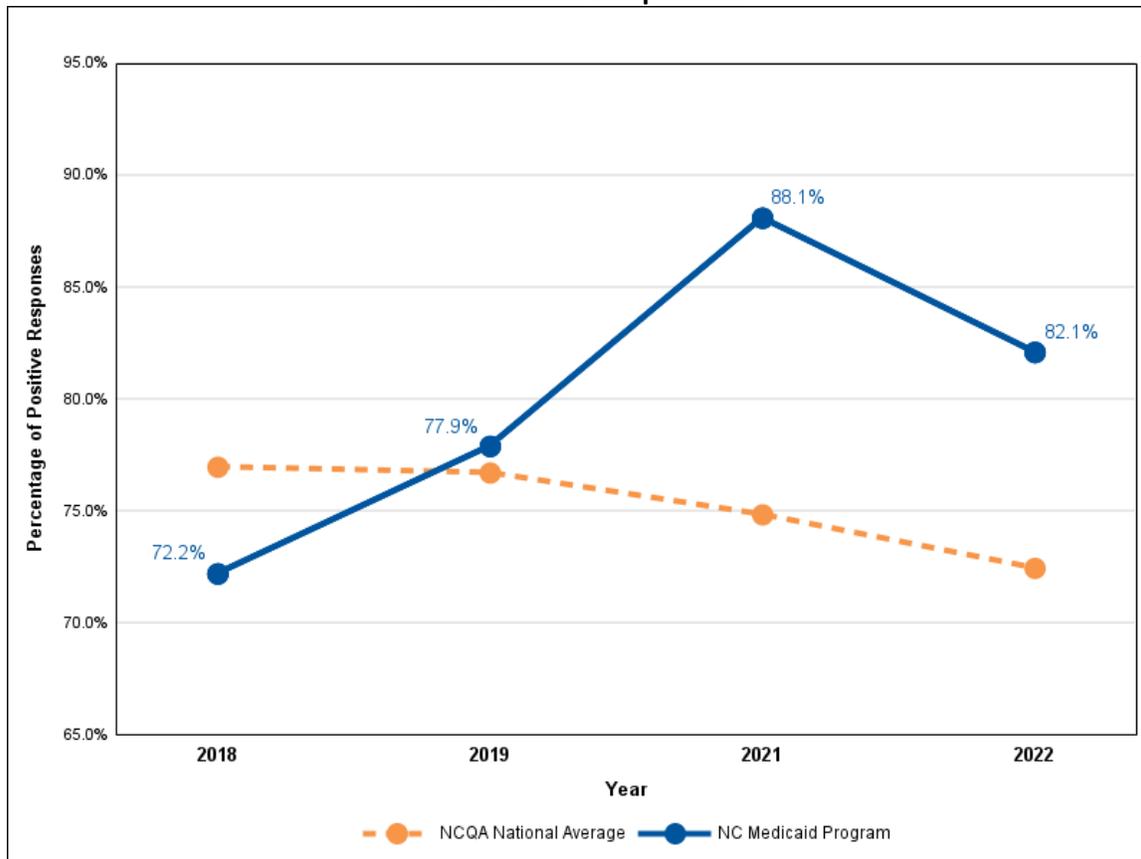
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

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

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



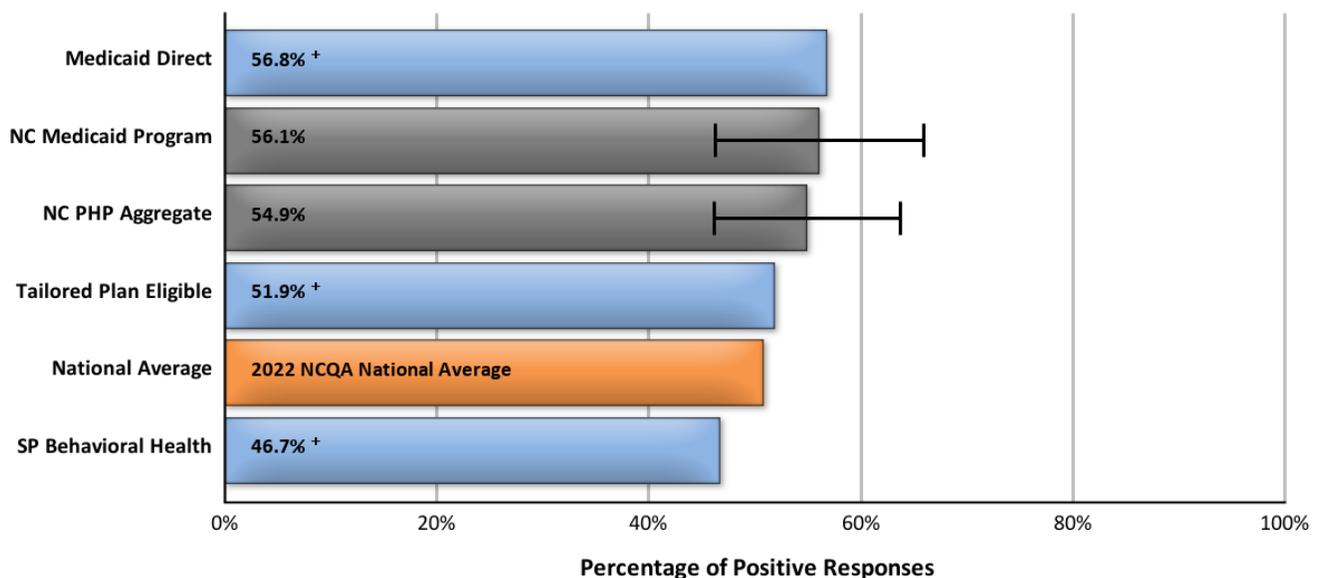
### Discussing Cessation Medications

One question was asked to self-identified smokers and/or tobacco users to assess how often medication was recommended or discussed by a doctor or health provider to assist with quitting smoking or using tobacco:

- In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

Figure 3-25 shows the *Discussing Cessation Medications* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 3-25—Percentage of 2022 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications by Program-Specific Populations, with National and Aggregate Comparisons**



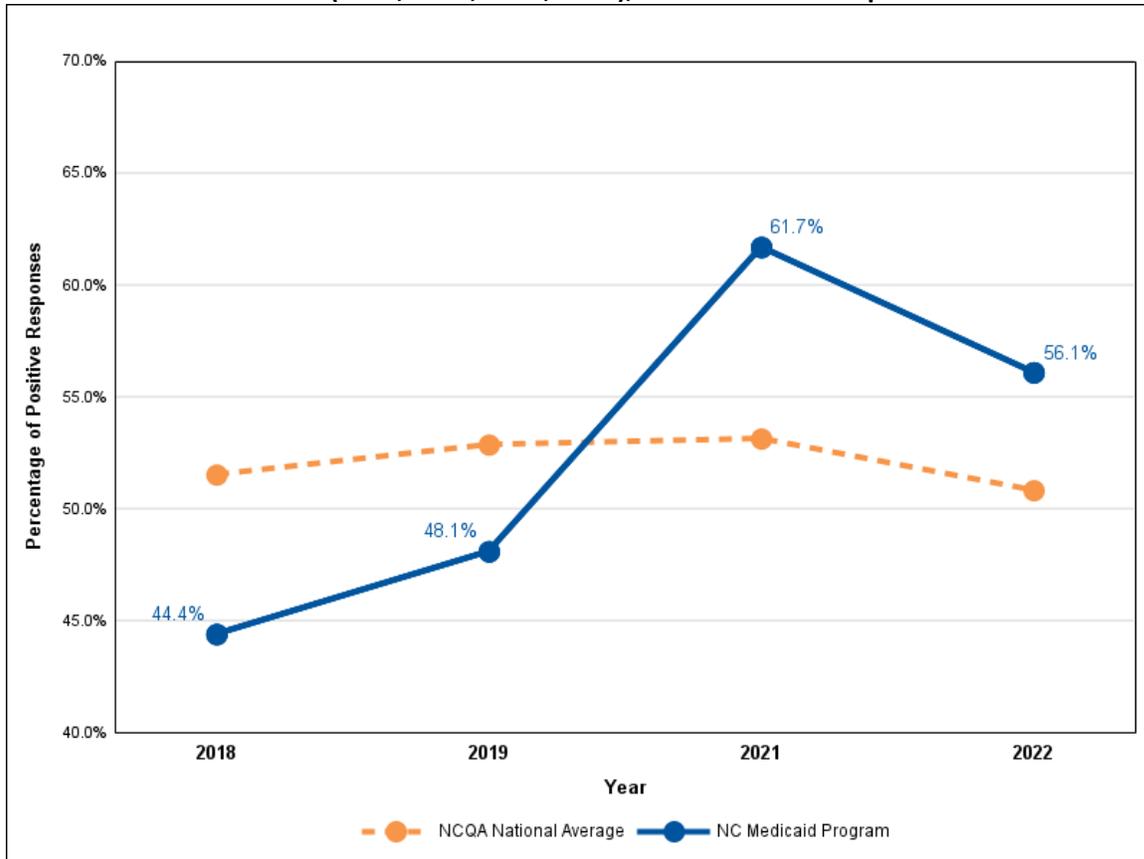
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

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

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



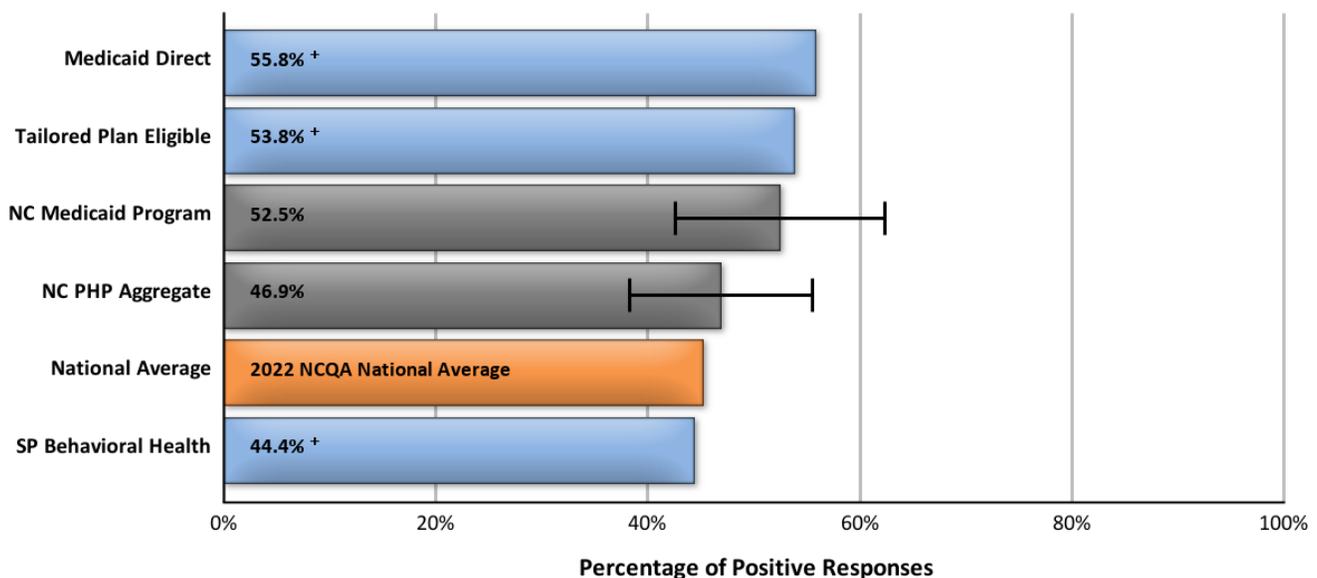
### Discussing Cessation Strategies

One question was asked to self-identified smokers and/or tobacco users to assess how often doctors or health providers discussed or provided methods and strategies other than medication to assist with quitting smoking or using tobacco:

- In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

Figure 3-27 shows the *Discussing Cessation Strategies* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

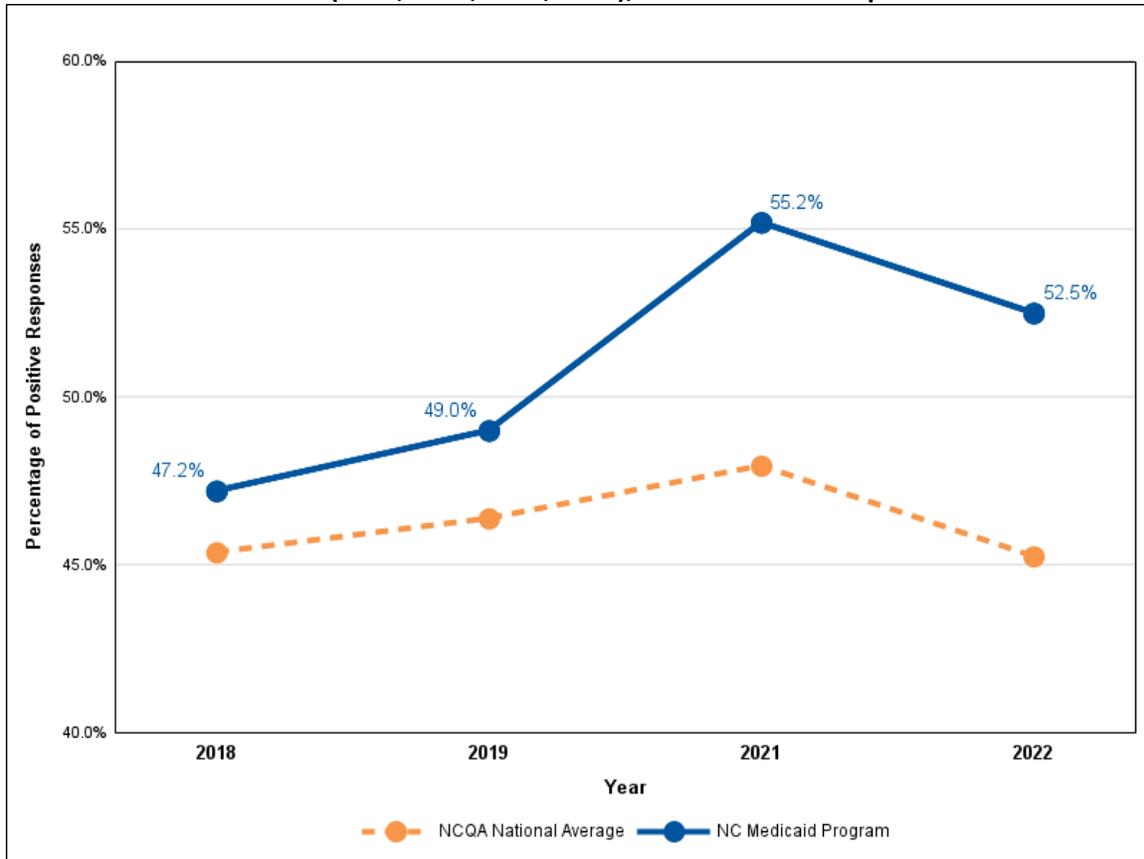
**Figure 3-27—Percentage of 2022 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies by Program-Specific Populations, with National and Aggregate Comparisons**



|—| Indicates the 95% confidence interval of the score.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-28 shows the *Discussing Cessation Strategies* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 3-28—Percentage of Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



## National Percentile Comparisons

NC Medicaid Program, NC PHP Aggregate, and population-specific positive ratings were compared to NCQA’s 2022 Quality Compass Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fell within. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 25. Table 3-3 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the global ratings.

**Table 3-3—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Global Ratings (2022)**

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
NC Medicaid Program	★★ 76.3%	★★ 74.3%	★★★★ 87.2%	★★★★ 86.4%
NC PHP Aggregate	★ 73.2%	★★★ 77.0%	★★★ 84.5%	★★★ 83.8%
SP Behavioral Health	★ 74.6%	★★★★ 79.2%	★★★ 83.6%	★★★★+ 86.1%
Medicaid Direct	★★ 78.1%	★+ 72.7%	★★★★★ 88.8%	★★★★+ 87.9%
Tailored Plan Eligible	★ 74.3%	★★ 74.5%	★ 78.4%	★+ 78.8%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader's Guide beginning on page 23.*

Table 3-4 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the composite measures.

**Table 3-4—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Composite Measures (2022)**

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
NC Medicaid Program	★★★ 83.9%	★★★★ 85.0%	★★★ 93.5%	★★★ 90.3%
NC PHP Aggregate	★★ 81.2%	★★★ 82.7%	★★★ 93.5%	★★ 87.3%
SP Behavioral Health	★+ 78.6%	★★★★+ 84.3%	★ 90.4%	★+ 82.7%
Medicaid Direct	★★★★+ 85.5%	★★★★+ 86.4%	★★★★+ 93.5%	★★★★+ 92.0%
Tailored Plan Eligible	★★+ 79.4%	★★★★★+ 88.8%	★★★+ 93.4%	★★+ 86.8%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader's Guide beginning on page 23.*

Table 3-5 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for the individual items and Effectiveness of Care measures.

**Table 3-5—Adult Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Individual Items and Effectiveness of Care Measures (2022)**

	<i>Coordination of Care</i>	<i>Flu Vaccination Received</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Discussing Cessation Medications</i>	<i>Discussing Cessation Strategies</i>
NC Medicaid Program	★★★★ 88.2%	★★★★ 50.1%	★★★★★ 82.1%	★★★★ 56.1%	★★★★ 52.5%
NC PHP Aggregate	★★★ 85.5%	★★ 36.5%	★★★★★ 82.5%	★★★ 54.9%	★★★ 46.9%
SP Behavioral Health	★+ 80.6%	★★ 40.2%	★★★+ 73.3%	★★+ 46.7%	★★+ 44.4%
Medicaid Direct	★★★★★+ 89.8%	★★★★★+ 58.2%	★★★★★+ 81.8%	★★★★+ 56.8%	★★★★★+ 55.8%
Tailored Plan Eligible	★+ 78.0%	★ 34.5%	★★★+ 75.9%	★★★+ 51.9%	★★★★★+ 53.8%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
 ★★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 23.*

## Race and Ethnicity Comparisons

HSAG stratified the NC Medicaid Program positive ratings by self-identified race and ethnicity. Race is categorized as White (593), Black (584), Multi-Racial (120), and Other (268). For this analysis, the Other category includes: Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. The positive ratings for Black, Multi-Racial, and Other respondents were compared to the positive ratings of White respondents. Ethnicity is categorized as Hispanic (371) and Non-Hispanic (1,187). The positive ratings for Hispanics and Non-Hispanics were compared to each other. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 26.

Figure 3-29 through Figure 3-43 show the race and ethnicity stratifications and comparisons. Ninety-five percent confidence interval error bars were added to the results. Of note, overlapping confidence intervals does not indicate the results are not significantly different.<sup>27</sup>

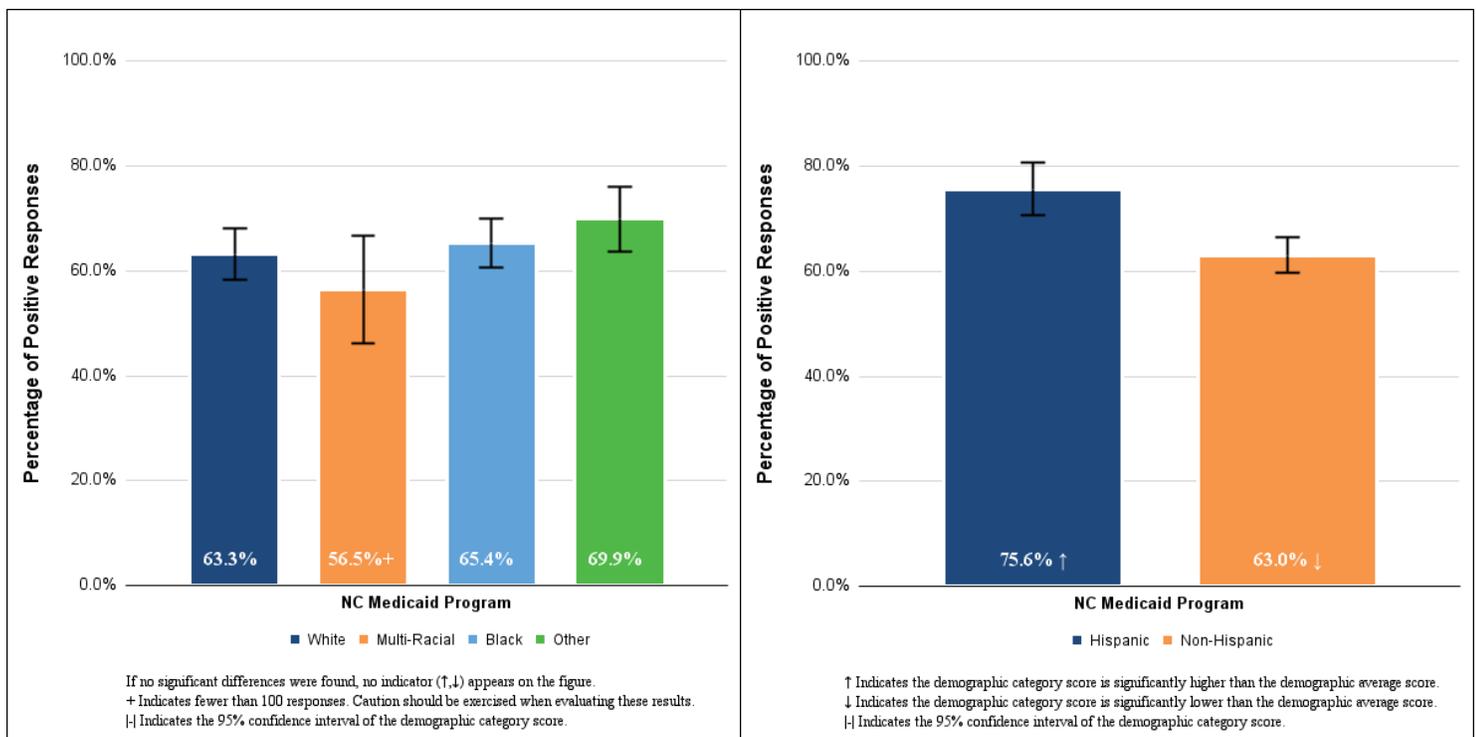
<sup>27</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

## Overall Health Demographics

### General Health Status

Figure 3-29 positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic respondents reported their general health status as Excellent, Very Good, or Good when compared to Non-Hispanic respondents for the NC Medicaid Program.

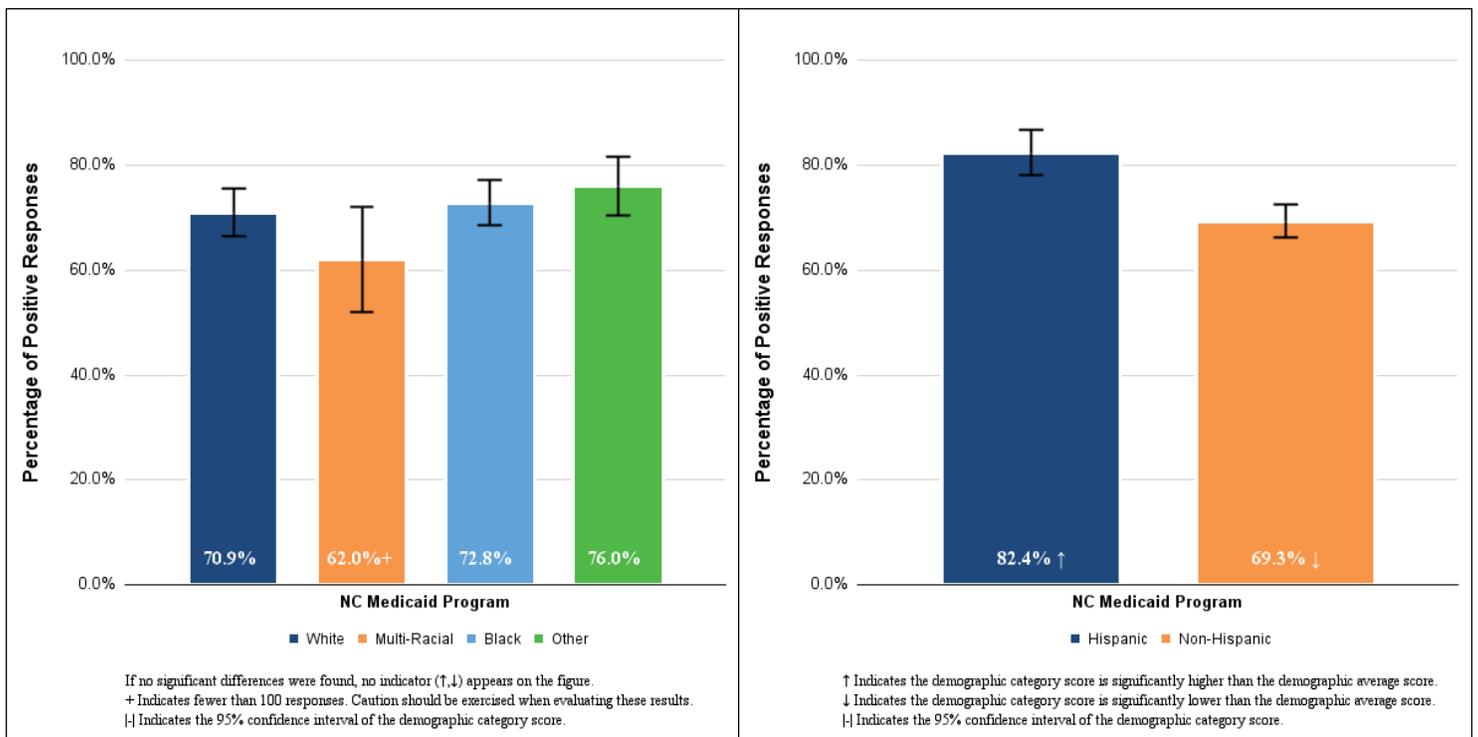
**Figure 3-29—Percentage of 2022 Adult Respondents Who Rate Their General Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity**



### Mental or Emotional Health Status

Figure 3-30 shows the *Mental or Emotional Health Status* positive rating results of adult respondents for NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to Non-Hispanic respondents the NC Medicaid Program.

**Figure 3-30—Percentage of 2022 Adult Respondents Who Rate Their Mental or Emotional Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity**

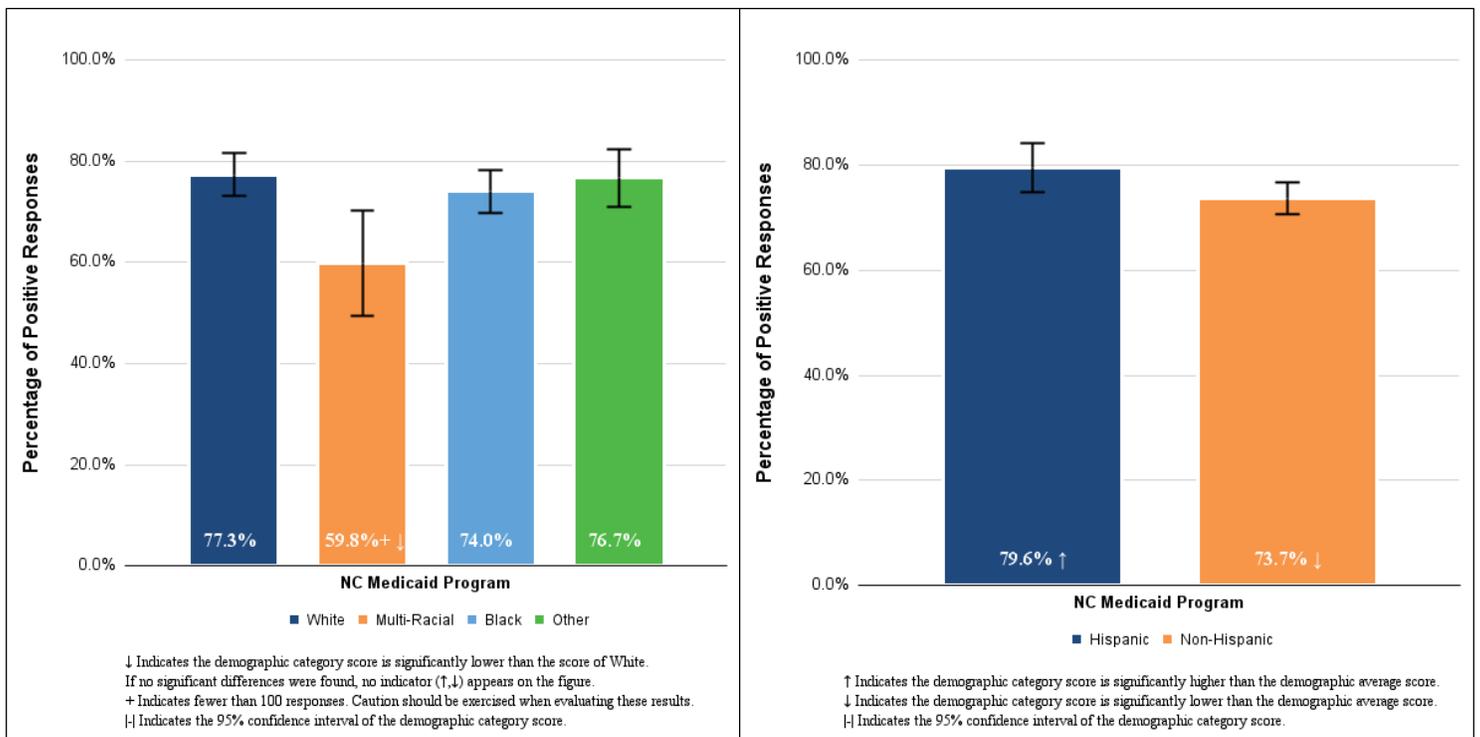


## Global Ratings

### Rating of Health Plan

Figure 3-31 shows the *Rating of Health Plan* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Multi-Racial respondents reported a positive rating for their health plan for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic respondents reported a positive rating for their health plan when compared to Non-Hispanic respondents for the NC Medicaid Program.

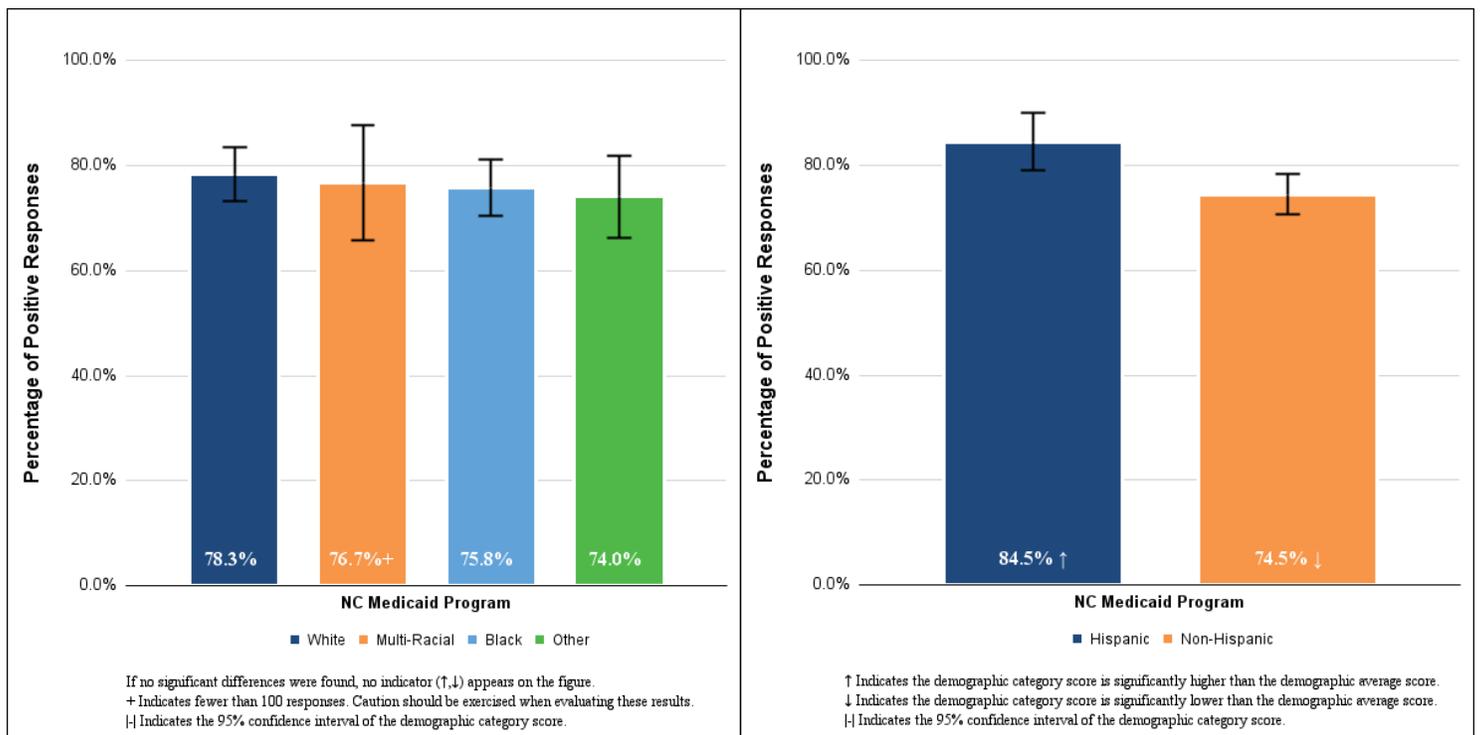
**Figure 3-31—Percentage of 2022 Adult Respondents Who Rate Their Health Plan Positively for NC Medicaid Program, by Race and Ethnicity**



### Rating of All Health Care

Figure 3-32 shows the *Rating of All Health Care* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic respondents reported a positive rating for their overall health care when compared to Non-Hispanic respondents for the NC Medicaid Program.

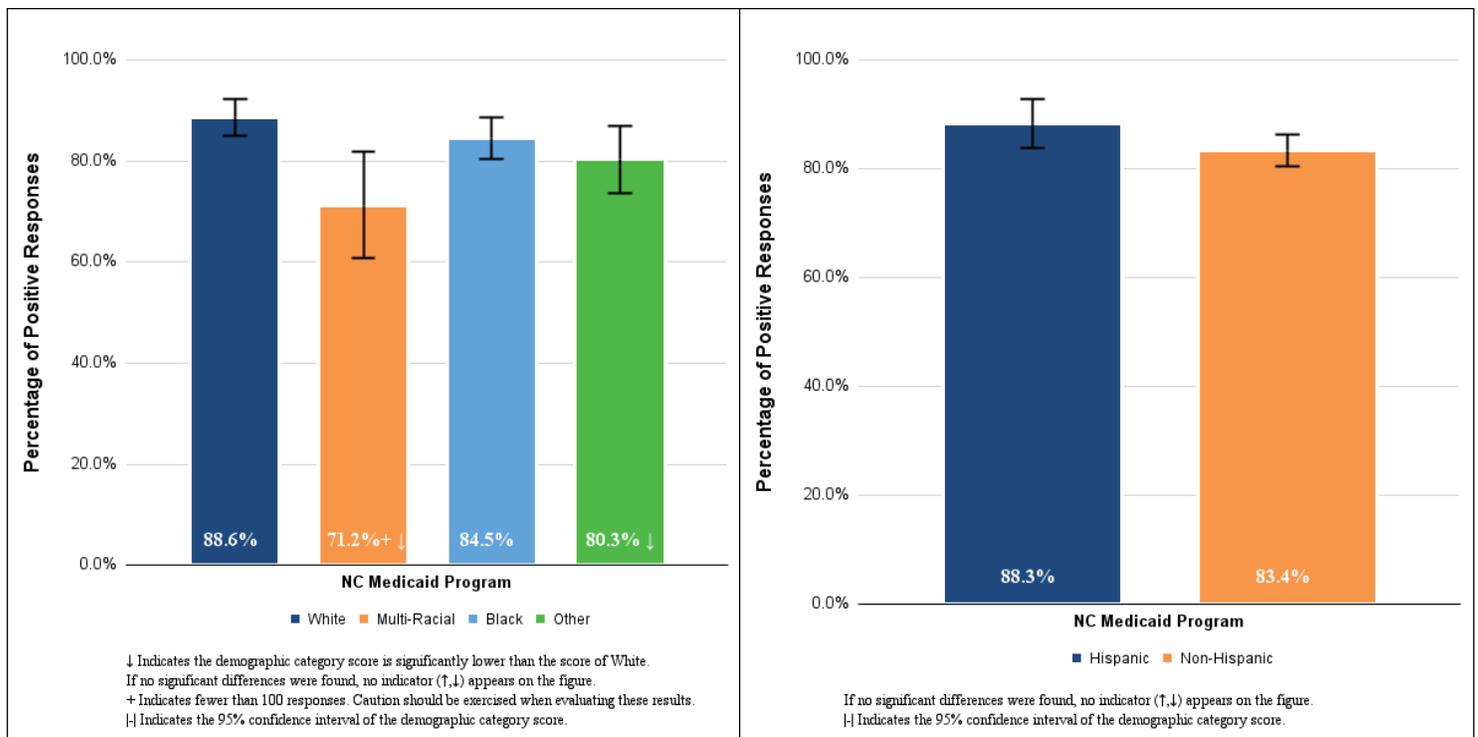
**Figure 3-32—Percentage of 2022 Adult Respondents Who Rate Their Health Care Positively for NC Medicaid Program, by Race and Ethnicity**



### Rating of Personal Doctor

Figure 3-33 shows the *Rating of Personal Doctor* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Multi-Racial and Other race respondents reported a positive rating for their personal doctor for the NC Medicaid Program when compared to White respondents. There were no significant differences identified by ethnicity for Hispanic or Non-Hispanic respondents when compared to the demographic average for the NC Medicaid Program.

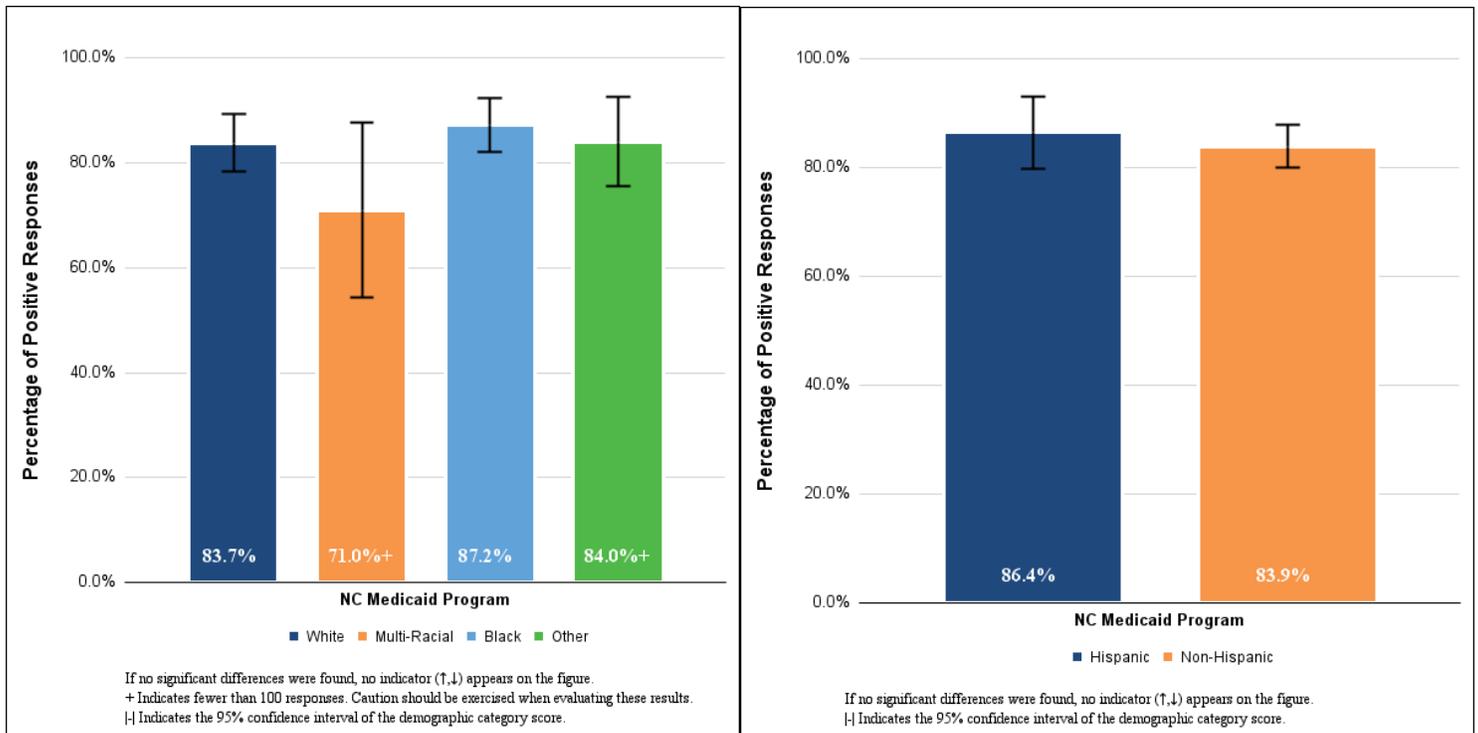
**Figure 3-33—Percentage of 2022 Adult Respondents Who Rate Their Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity**



### Rating of Specialist Seen Most Often

Figure 3-34 shows the *Rating of Specialist Seen Most Often* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. For those respondents who rated the specialist they saw most often positively, there were no significant differences identified by race or ethnicity.

**Figure 3-34—Percentage of 2022 Adult Respondents Who Rate the Specialist Seen Most Often Positively for NC Medicaid Program, by Race and Ethnicity**

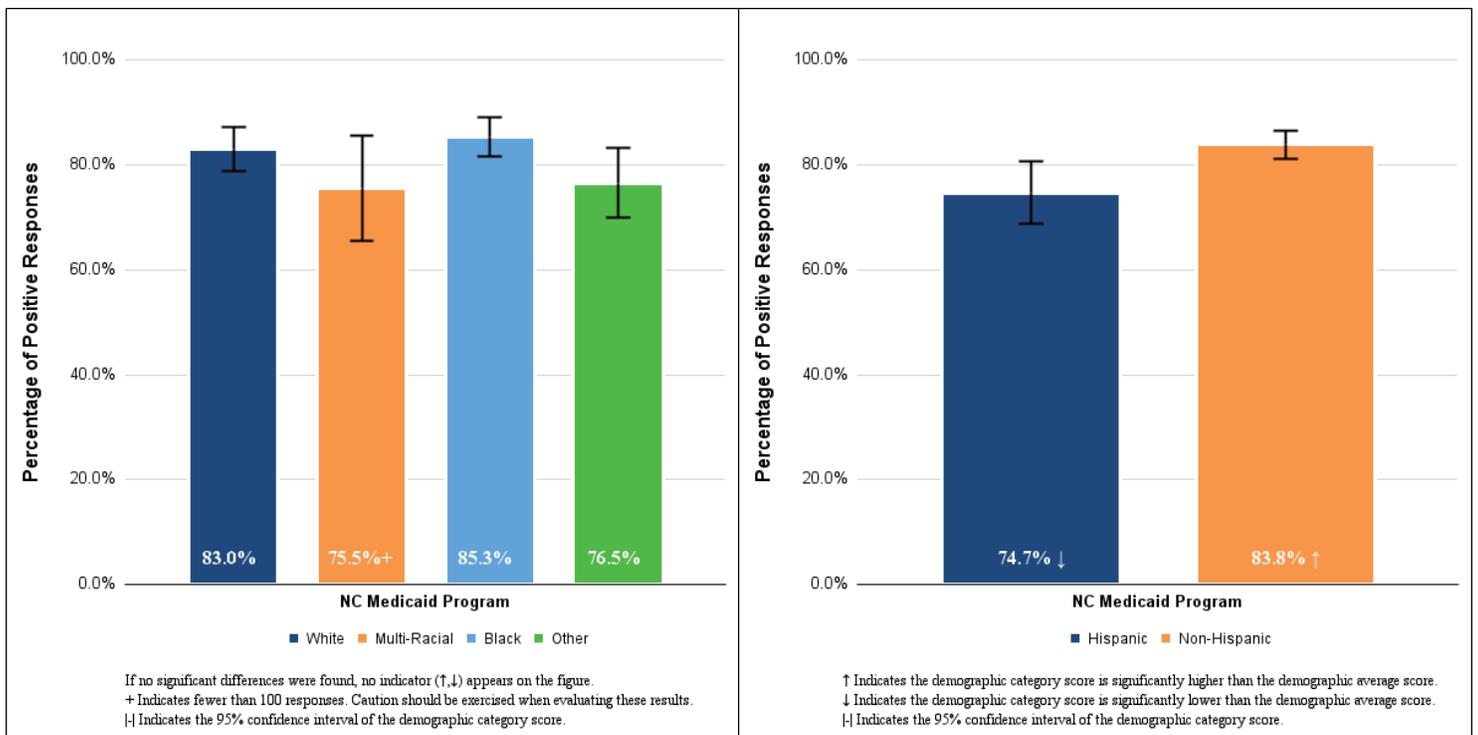


## Composite Measures

### Getting Needed Care

Figure 3-35 shows the *Getting Needed Care* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic respondents reported usually or always getting the care they needed when compared to Hispanic respondents for the NC Medicaid Program.

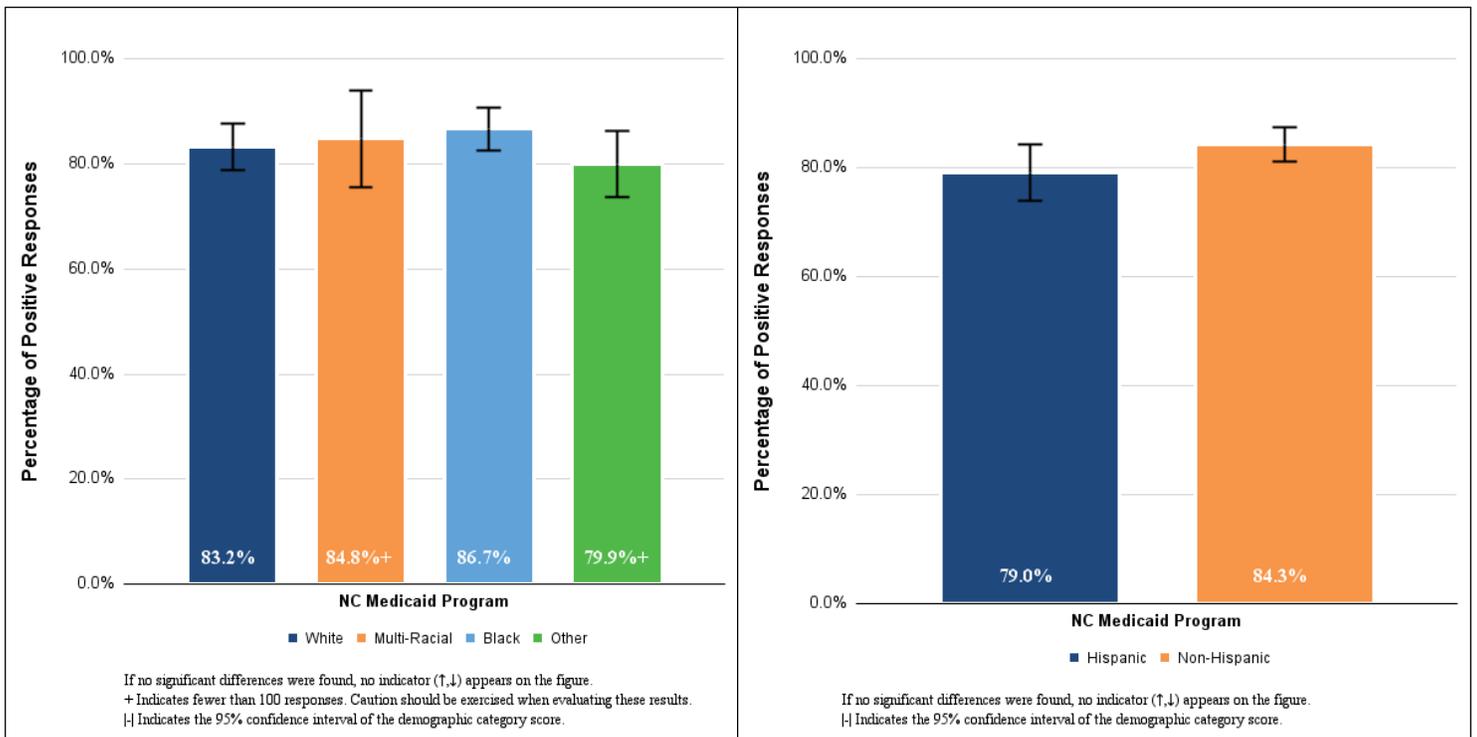
**Figure 3-35—Percentage of 2022 Adult Respondents Who Usually or Always Got Care They Needed for NC Medicaid Program, by Race and Ethnicity**



### Getting Care Quickly

Figure 3-36 shows the *Getting Care Quickly* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. For those respondents who usually or always got care quickly, there were no significant differences identified by race or ethnicity.

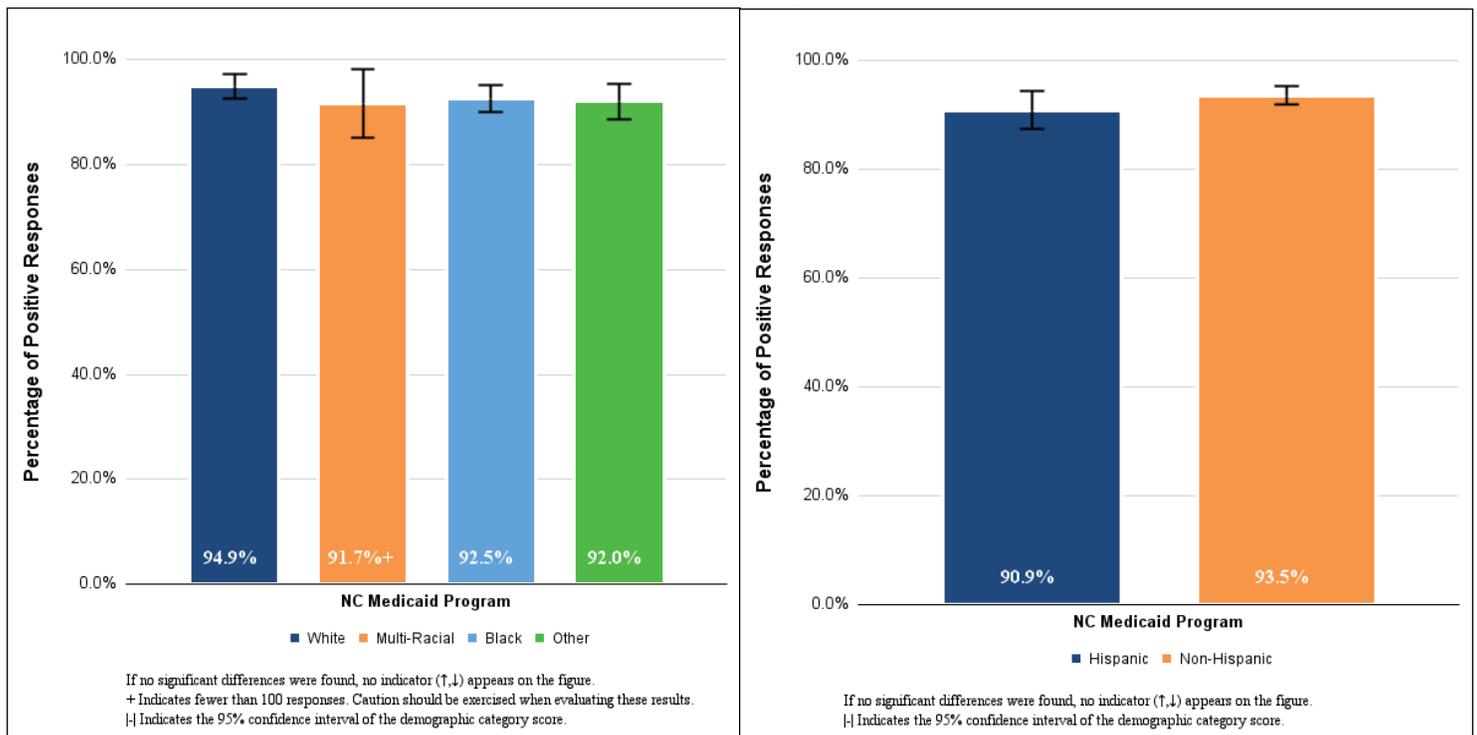
**Figure 3-36—Percentage of 2022 Adult Respondents Who Usually or Always Got Care Quickly for NC Medicaid Program, by Race and Ethnicity**



### How Well Doctors Communicate

Figure 3-37 shows the *How Well Doctors Communicate* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. For those respondents whose personal doctor usually or always communicated well with them, there were no significant differences identified by race or ethnicity.

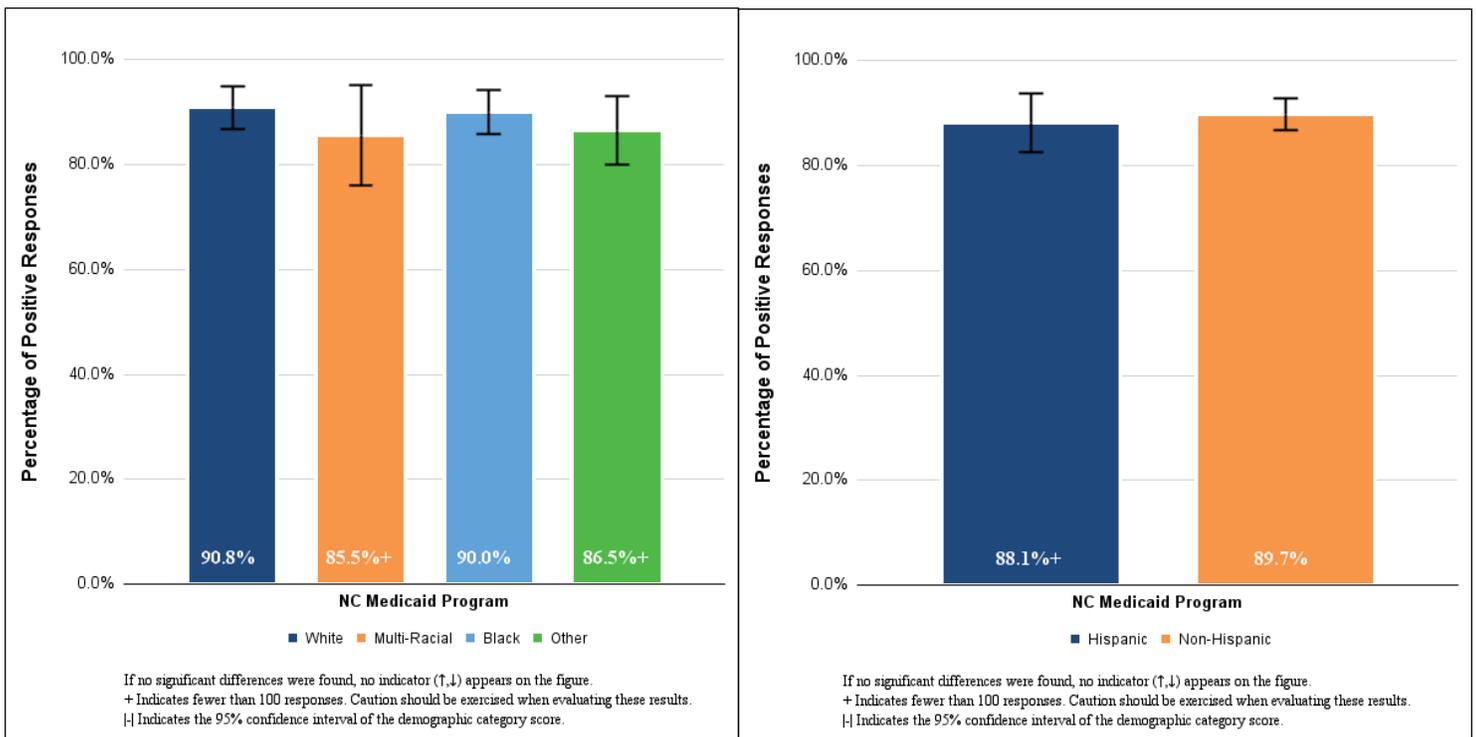
**Figure 3-37—Percentage of 2022 Adult Respondents Whose Personal Doctor Usually or Always Communicated Well with Them for NC Medicaid Program, by Race and Ethnicity**



### Customer Service

Figure 3-38 shows the *Customer Service* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. For those respondents who usually or always had a positive experience with their health plan’s customer service, there were no significant differences identified by race or ethnicity.

**Figure 3-38—Percentage of 2022 Adult Respondents Who Usually or Always Had a Positive Experience with Their Health Plan’s Customer Service for NC Medicaid Program, by Race and Ethnicity**

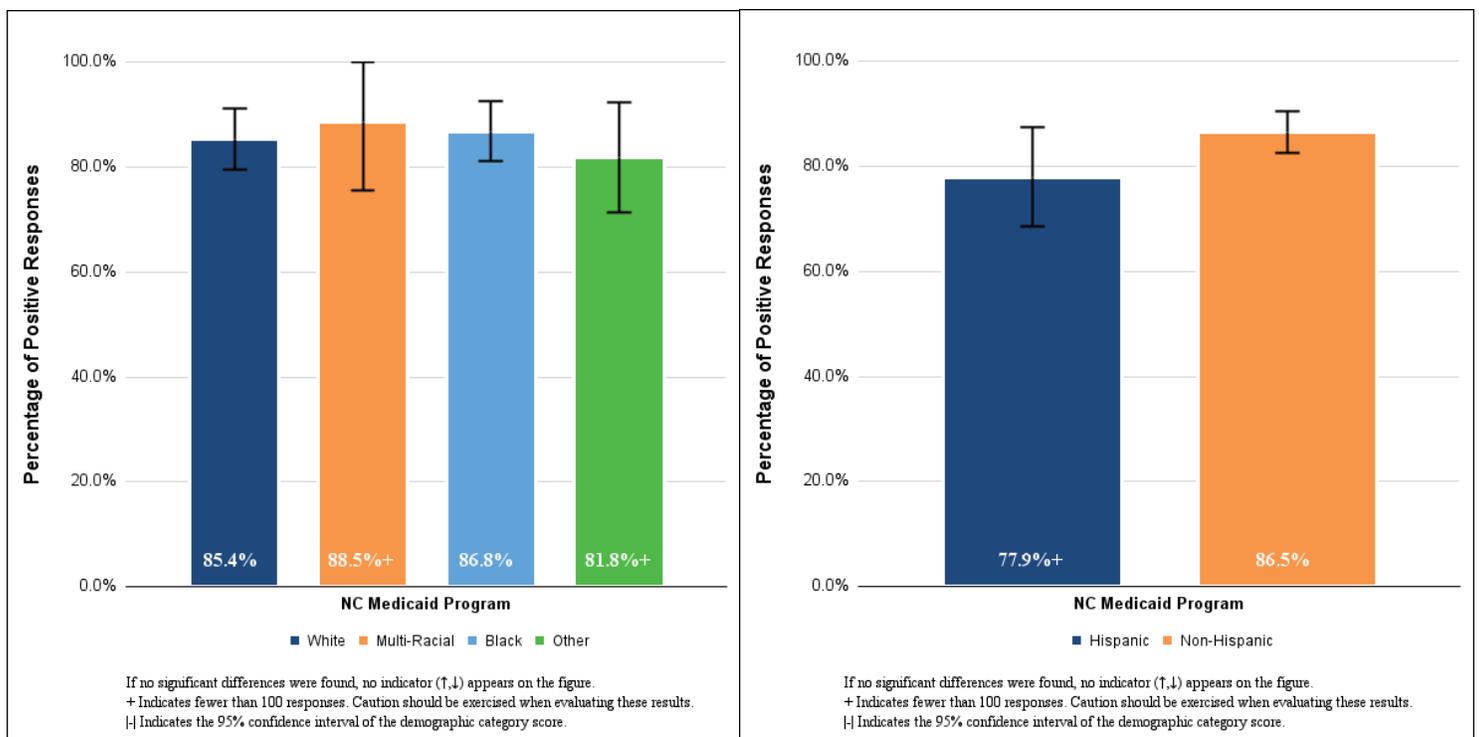


### Individual Item Measures

#### Coordination of Care

Figure 3-39 shows the *Coordination of Care* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. For those respondents whose personal doctor usually or always coordinated care with other providers, there were no significant differences identified by race or ethnicity.

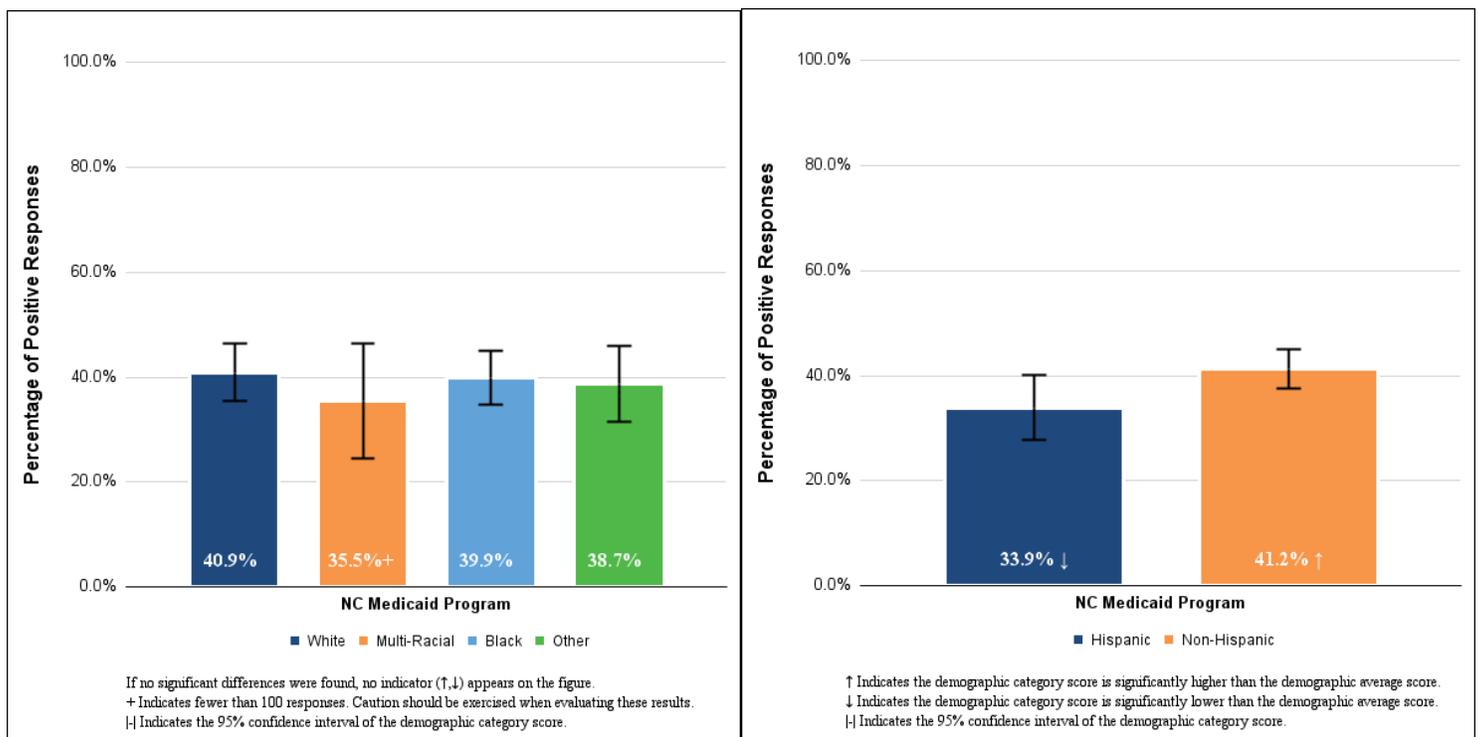
**Figure 3-39—Percentage of 2022 Adult Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers for NC Medicaid Program, by Race and Ethnicity**



### Flu Vaccination Received

Figure 3-40 shows the percentage of adult respondents for the NC Medicaid Program who received a flu vaccination by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic respondents reported receiving their flu vaccination when compared to Hispanic respondents for the NC Medicaid Program.

**Figure 3-40—Percentage of 2022 Adult Respondents Who Received Their Flu Vaccination for NC Medicaid Program, by Race and Ethnicity**

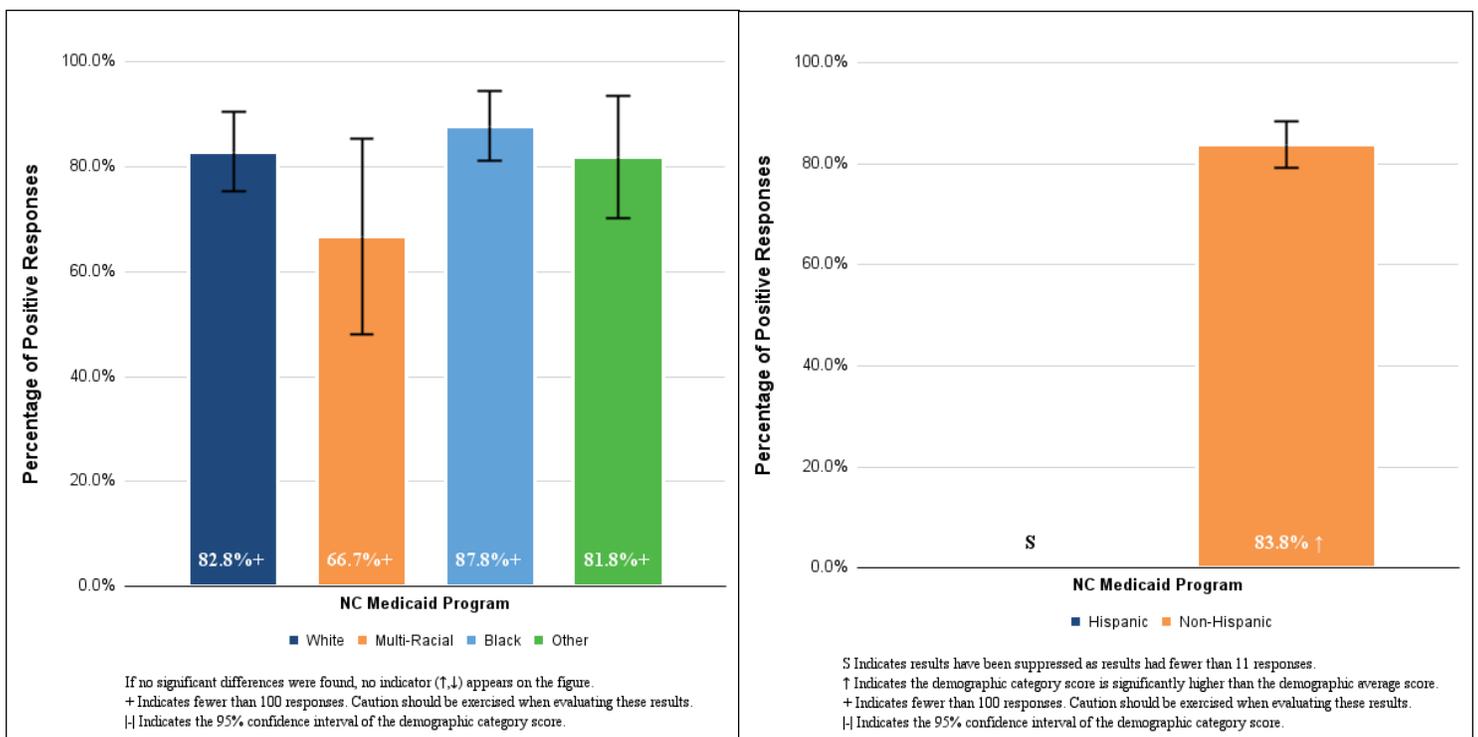


## Effectiveness of Care Measures

### Advising Smokers and Tobacco Users to Quit

Figure 3-41 shows the *Advising Smokers and Tobacco Users to Quit* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic respondents reported sometimes, usually, or always being advised to quit smoking and using tobacco when compared to Hispanic respondents for the NC Medicaid Program. Hispanic results were suppressed due to having less than 11 responses.

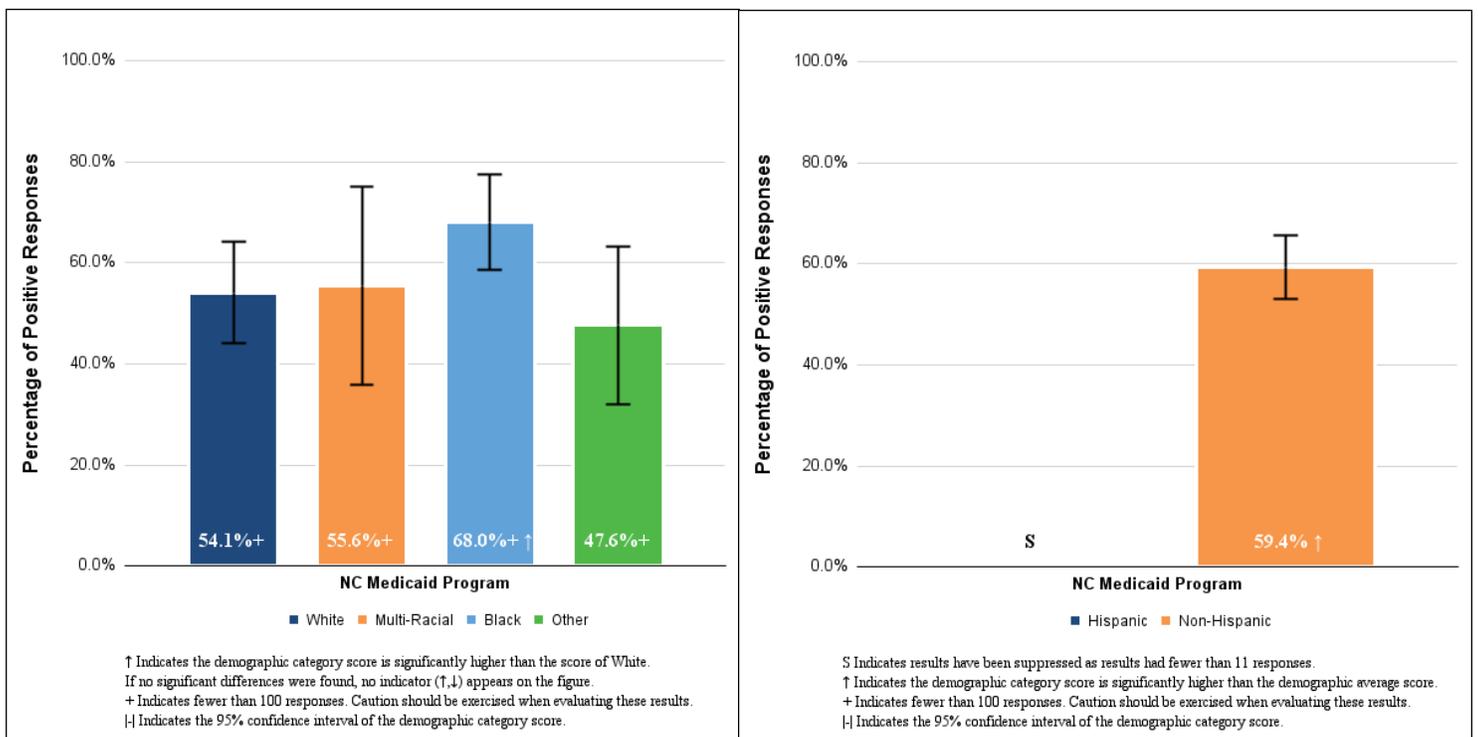
**Figure 3-41—Percentage of 2022 Adult Respondent Smokers and Tobacco Users Who Were Sometimes, Usually, or Always Advised to Quit for NC Medicaid Program, by Race and Ethnicity**



### Discussing Cessation Medications

Figure 3-42 shows the *Discussing Cessation Medications* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Black respondents reported their provider sometimes, usually, or always discussed cessation medications for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic respondents reported their provider sometimes, usually, or always discussed cessation medications when compared to Hispanic respondents for the NC Medicaid Program. Hispanic results were suppressed due to having less than 11 responses.

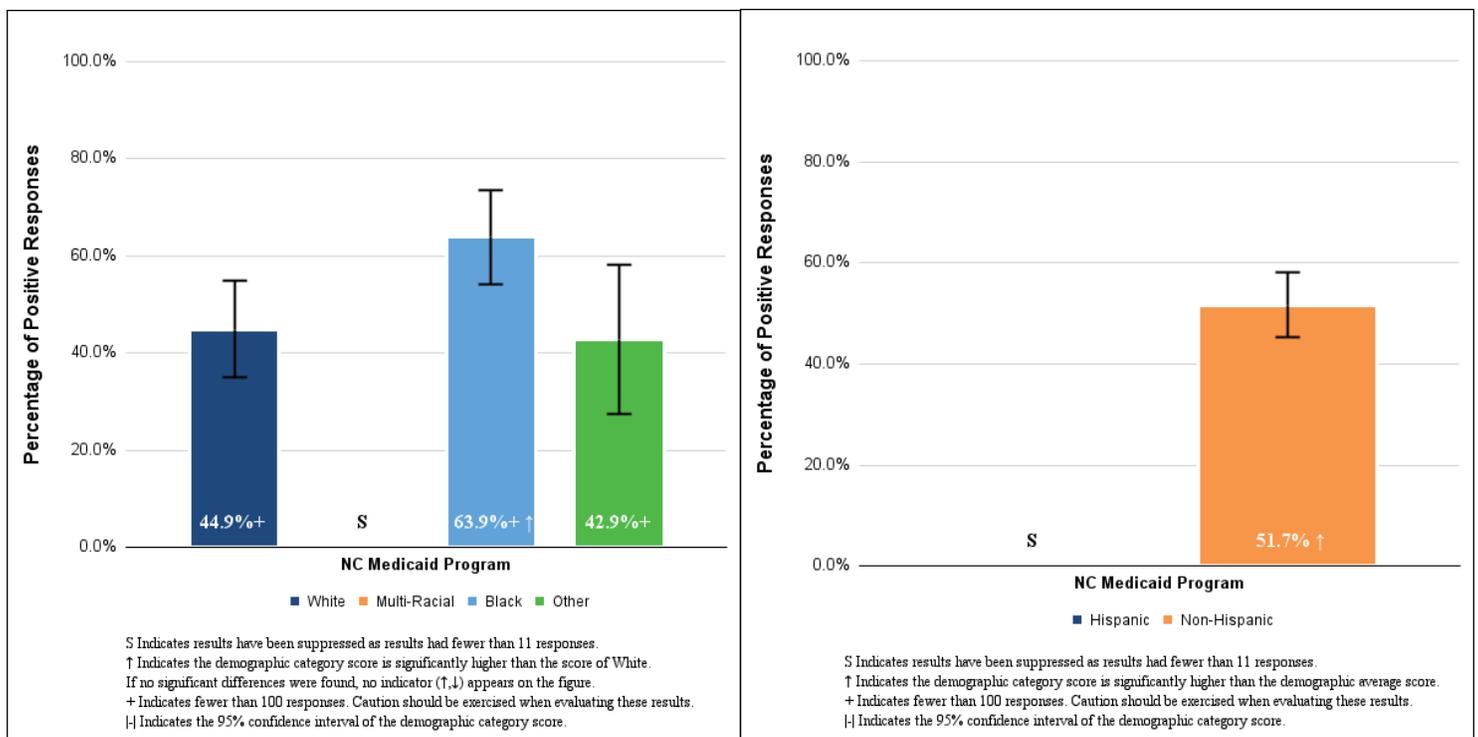
**Figure 3-42—Percentage of 2022 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications for NC Medicaid Program, by Race and Ethnicity**



### Discussing Cessation Strategies

Figure 3-43 shows the *Discussing Cessation Strategies* positive rating results of adult respondents for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Black respondents reported their provider sometimes, usually, or always discussed cessation strategies for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic respondents reported their provider sometimes, usually, or always discussed cessation strategies when compared to Hispanic respondents for the NC Medicaid Program. Multi-Racial and Hispanic results were suppressed due to having less than 11 responses.

**Figure 3-43—Percentage of 2022 Adult Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies for NC Medicaid Program, by Race and Ethnicity**



## Supplemental Items

### Telehealth

DHB added seven questions regarding telehealth services. Figure 3-44 through Figure 3-51 provide the results for six of the telehealth supplemental questions for the NC Medicaid Program. Figure 3-44 presents the percentage of respondents who reported they were offered a telehealth appointment instead of an in-person appointment. The majority of respondents reported not being offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program.

**Figure 3-44—Percentage of 2022 Adult Respondents Offered Telehealth Instead of In-Person Appointment for NC Medicaid Program**

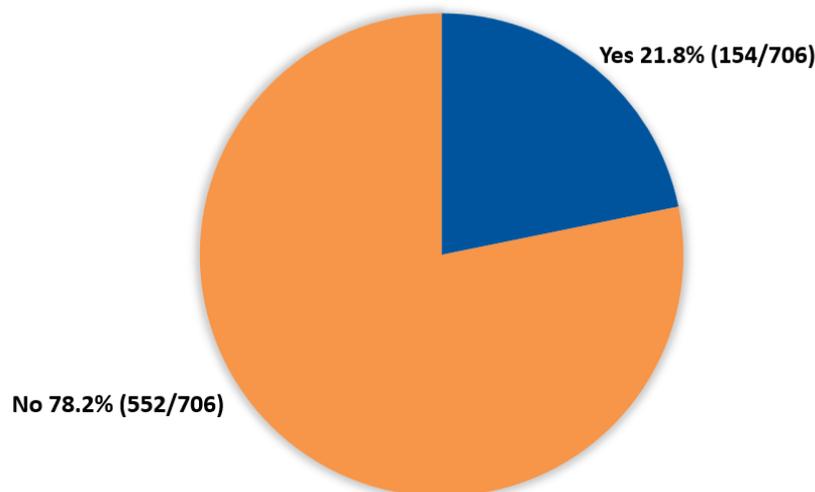


Figure 3-45 presents the percentage of respondents who reported they were offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Other race respondents reported being offered a telehealth appointment instead of an in-person appointment for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic respondents reported being offered a telehealth appointment instead of an in-person appointment compared to Hispanic respondents for the NC Medicaid Program.

**Figure 3-45—Percentage of 2022 Adult Respondents Offered Telehealth Instead of In-Person Appointment for NC Medicaid Program, by Race and Ethnicity**

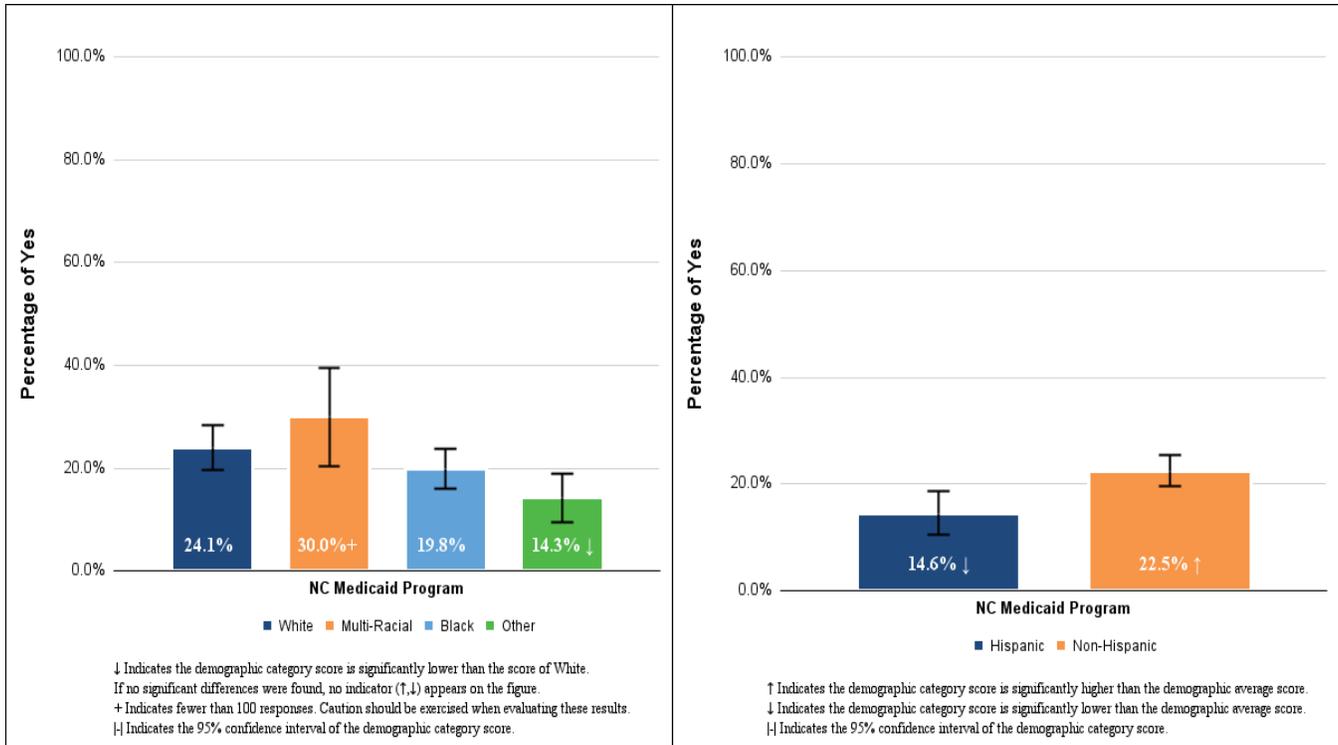
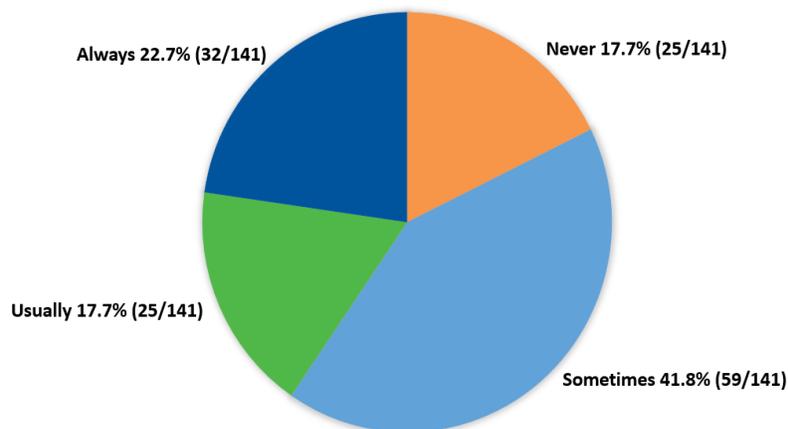


Figure 3-46 presents the percentage of respondents who were offered a telehealth appointment instead of an in-person appointment and whether they always, usually, sometimes, or never chose a telehealth appointment for the NC Medicaid Program. The majority of respondents reported choosing a telehealth appointment sometimes for the NC Medicaid Program. For those respondents who chose a telehealth appointment at least once, there were no significant differences identified by race or ethnicity.

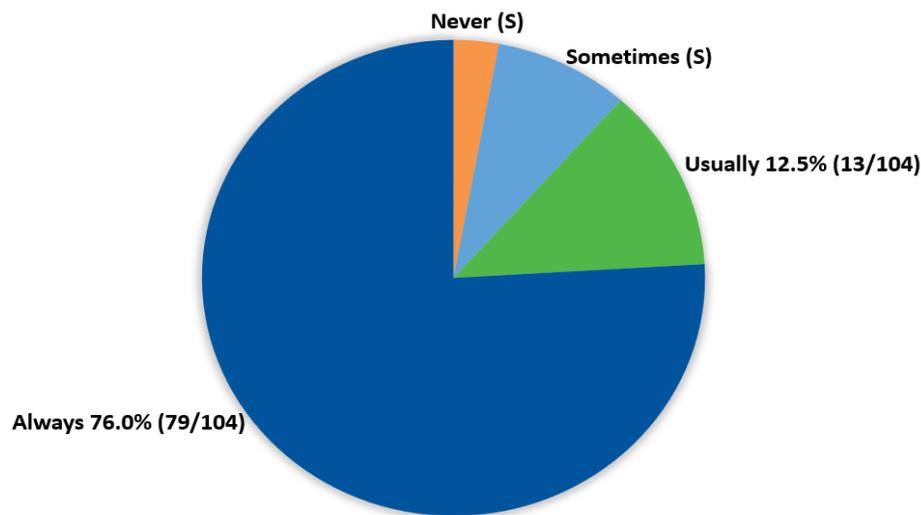
**Figure 3-46—Among 2022 Adult Respondents Who Were Offered Telehealth Appointment, How Often Chose Telehealth Appointment for NC Medicaid Program**



Results presented are based on respondents that answered “Yes” to being offered a telehealth appointment. Percentages may not total 100% due to rounding.

Figure 3-47 presents how often respondents who chose a telehealth appointment had their questions answered during their telehealth visit for the NC Medicaid Program. The majority of these respondents reported always having their questions answered during their telehealth visit for the NC Medicaid Program. For those respondents who chose a telehealth appointment and usually or always had their questions answered during their telehealth visit, there were no significant differences identified by race or ethnicity.

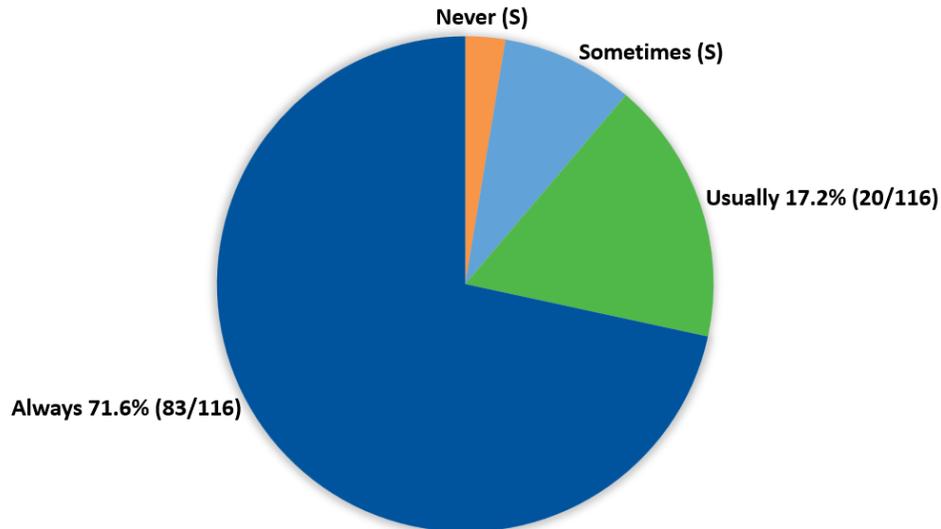
**Figure 3-47—Among 2022 Adult Respondents Who Chose a Telehealth Appointment, How Often Questions Were Answered During Telehealth Visit for NC Medicaid Program**



*Results presented are based on respondents that answered “Sometimes,” “Usually,” or “Always” to choosing a telehealth appointment when offered. S Indicates results have been suppressed as results had fewer than 11 responses.*

Figure 3-48 presents how often respondents who chose a telehealth appointment felt comfortable about how to take care of their health at the end of the telehealth visit for the NC Medicaid Program. The majority of these respondents reported always feeling comfortable about how to take care of their health at the end of the telehealth visit for the NC Medicaid Program. For those respondents who usually or always felt comfortable about how to take care of their health at the end of the telehealth visit, there were no significant differences identified by race or ethnicity.

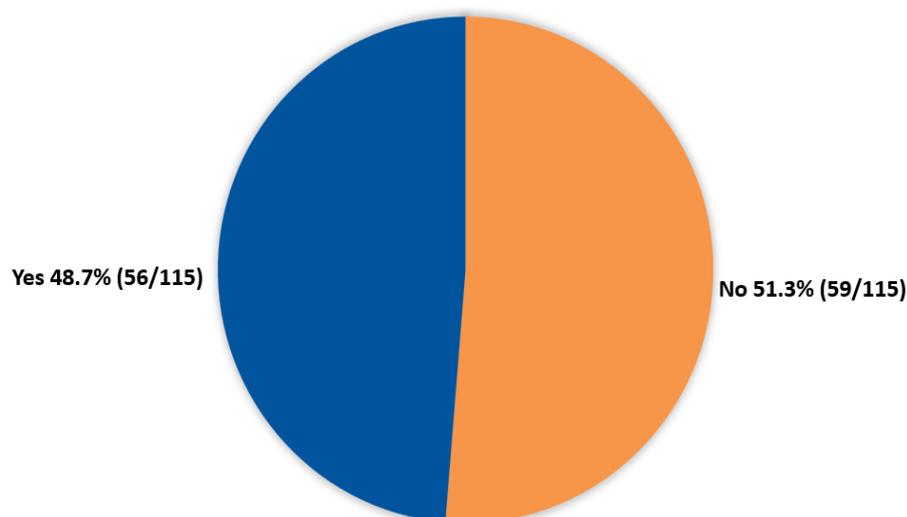
**Figure 3-48—Among 2022 Adult Respondents Who Chose a Telehealth Appointment, How Often Member Felt Comfortable About How to Take Care of Health at End of Telehealth Visit for NC Medicaid Program**



Results presented are based on respondents that answered “Sometimes,” “Usually,” or “Always” to choosing a telehealth appointment when offered. S Indicates results have been suppressed as results had fewer than 11 responses.

Figure 3-49 presents the percentage of respondents who chose a telehealth appointment and scheduled a follow-up, in-person visit because care could not be provided over the computer/phone for the NC Medicaid Program. Just over half of these respondents reported not scheduling a follow-up, in-person visit because care could not be provided over the computer/phone for the NC Medicaid Program.

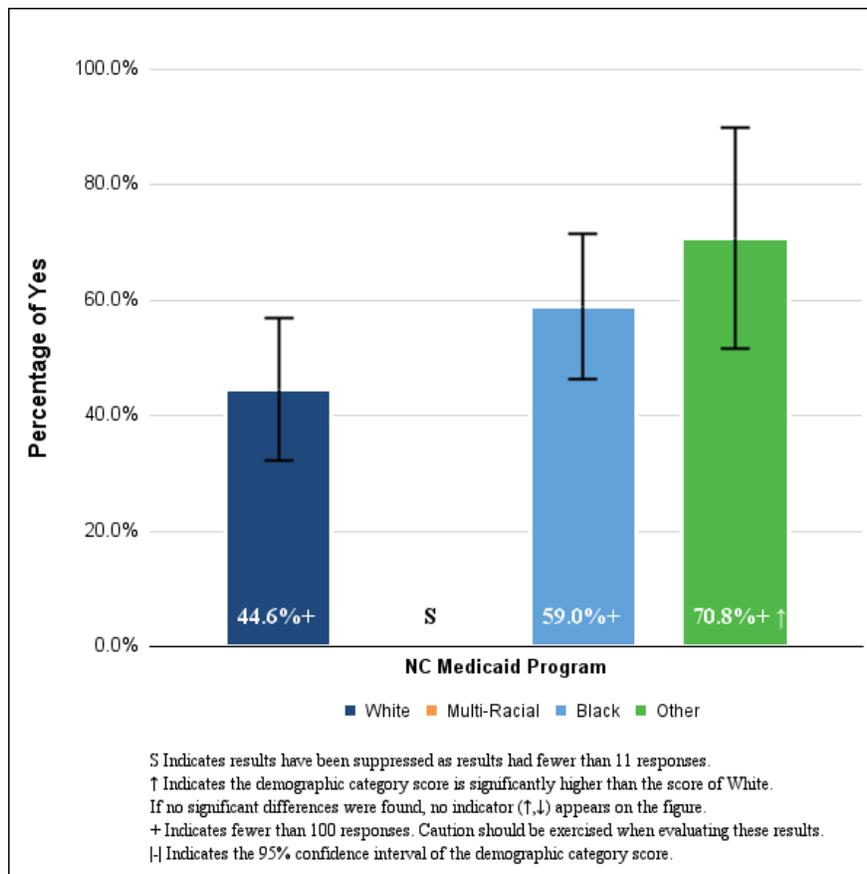
**Figure 3-49—Among 2022 Adult Respondents Who Chose a Telehealth Appointment, Percentage Who Scheduled a Follow-up, In-person Visit Because Care Could Not Be Provided Over Computer/Phone for NC Medicaid Program**



Results presented are based on respondents that answered “Sometimes,” “Usually,” or “Always” to choosing a telehealth appointment when offered.

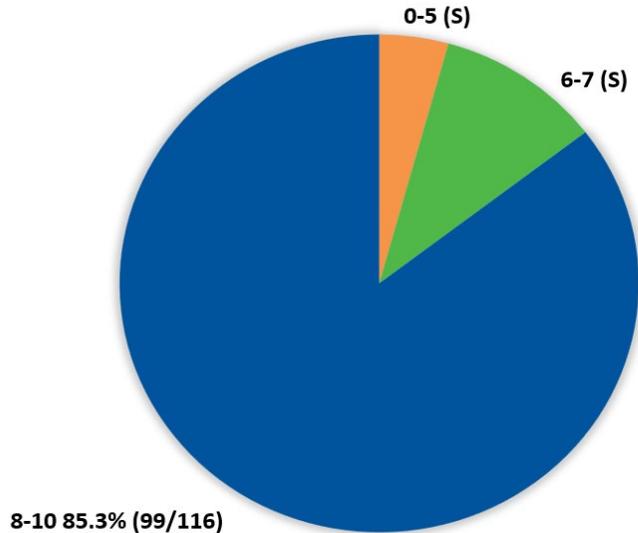
Figure 3-50 presents the percentage of respondents who chose a telehealth appointment and scheduled a follow-up, in-person visit because care could not be provided over the computer/phone for the NC Medicaid Program by race. A significantly *higher* percentage of Other race respondents who chose a telehealth appointment, scheduled a follow-up, in-person visit because care could not be provided over the computer/phone for the NC Medicaid Program when compared to White respondents. Multi-Racial results were suppressed due to having less than 11 responses. There were no significant differences identified by ethnicity for Hispanic or Non-Hispanic respondents when compared to the demographic average for the NC Medicaid Program.

**Figure 3-50—Among 2022 Adult Respondents Who Chose a Telehealth Appointment, Percentage of Members Who Scheduled a Follow-up, In-person Visit Because Care Could Not Be Provided Over Computer/Phone for NC Medicaid Program, by Race**



Respondents were asked to rate their telehealth care on a scale of 0 to 10, with 0 being the “worst telehealth care possible” and 10 being the “best telehealth care possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings. Figure 3-51 presents the percentage of respondents who chose a telehealth appointment and rated their telehealth care 0 to 10 for the NC Medicaid Program. The majority of these respondents who chose a telehealth appointment rated their telehealth care an 8, 9, or 10 for the NC Medicaid Program. For those respondents who rated their telehealth care an 8, 9, or 10, there were no significant differences identified by race or ethnicity.

**Figure 3-51—Among 2022 Adult Respondents Who Chose a Telehealth Appointment, Percentage of Members Who Rated Their Telehealth Care a 0 to 10 for NC Medicaid Program (0 Worst—10 Best)**



Results presented are based on respondents that answered “Sometimes,” “Usually,” or “Always” to choosing a telehealth appointment when offered. S Indicates results have been suppressed as results had fewer than 11 responses.

Table 3-6 presents the percentage of respondents who chose a telehealth appointment and reported technical problems when using telehealth for the NC Medicaid Program. The majority of respondents did not experience any technical issue. The most commonly reported technical issue was the respondent having trouble with their phone.

**Table 3-6—Among 2022 Adult Respondents Who Chose a Telehealth Appointment, Percentage of Respondents Who Reported Technical Problems When Using Telehealth for NC Medicaid Program**

Responses (Respondents may have selected more than one answer)	% (N/D)
No technical issues	65.6% (63/96)
Member had trouble with computer	S
Member had trouble with phone	16.7% (16/96)
Doctor/Provider had trouble with computer	11.5% (11/96)
Doctor/Provider had trouble with phone	S
Other problem	S

S Indicates results have been suppressed as results had fewer than 11 responses.  
 Results presented are based on respondents that answered “Sometimes,” “Usually,” or “Always” to choosing a telehealth appointment when offered.  
 Respondents may choose more than one response to this question; therefore, percentages will not total 100%.  
 (N/D) Indicates numerator and denominator.

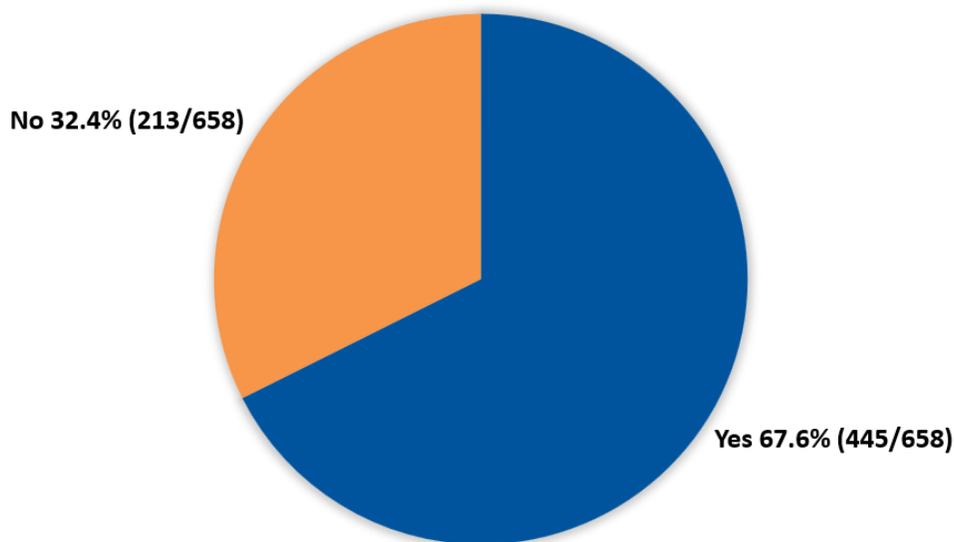
### Coronavirus Disease 2019 (COVID-19) Vaccine

DHB added three supplemental questions regarding the COVID-19 vaccine.

Figure 3-52 through Figure 3-55 provide the results for the questions that asked if providers discussed getting the COVID-19 vaccine and if members received the COVID-19 vaccine, respectively, for the NC Medicaid Program.

Figure 3-52 presents the percentage of respondents who reported their provider discussed getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program. The majority of the respondents reported their provider did discuss getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program.

**Figure 3-52—Percentage of 2022 Adult Respondents Who Reported Their Provider Discussed Getting a COVID-19 Vaccine in the Last 6 Months for NC Medicaid Program**



*Respondents who answered “I did not see my doctor or other health provider in the last 6 months” were excluded from the analysis.*

Figure 3-53 presents the percentage of respondents who reported their provider discussed getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program by ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic respondents reported their provider discussed getting the COVID-19 vaccine in the last 6 months when compared to Hispanic respondents for the NC Medicaid Program.

**Figure 3-53—Percentage of 2022 Adult Respondents Who Reported Their Provider Discussed Getting a COVID-19 Vaccine in the Last 6 Months for NC Medicaid Program, by Ethnicity**

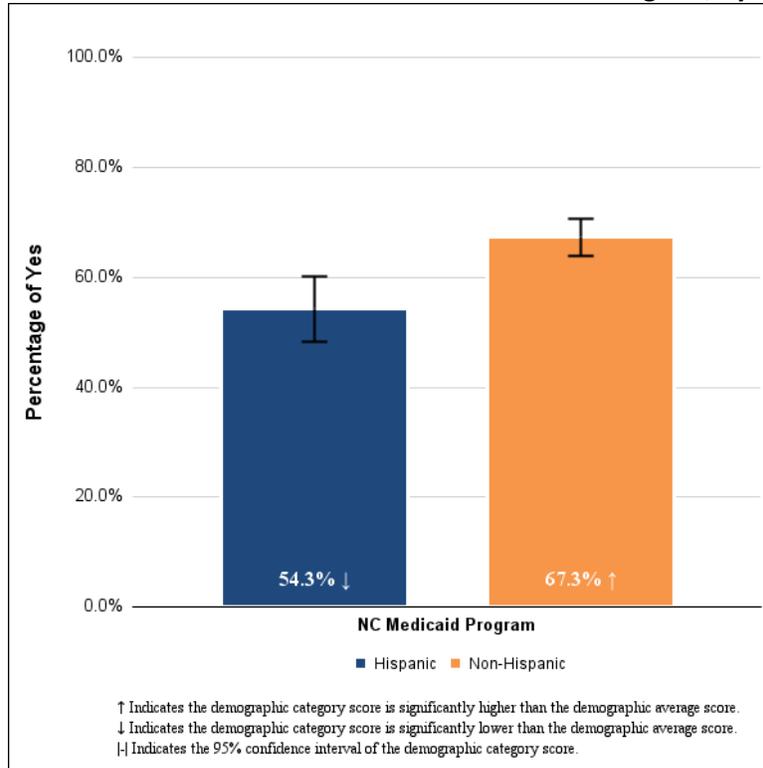


Figure 3-54 presents the percentage of respondents who received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program. The majority of respondents reported they received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program.

**Figure 3-54—Percentage of 2022 Adult Respondents Who Received At Least One Dose of the COVID-19 Vaccine At Any Time for NC Medicaid Program**

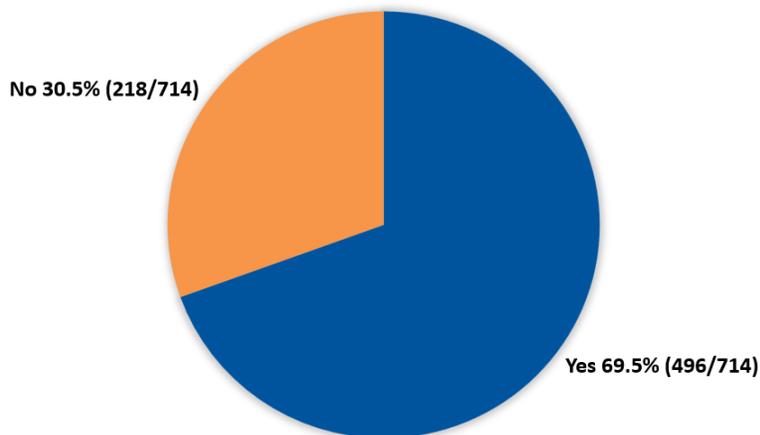


Figure 3-55 presents the percentage of respondents who received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Other race respondents received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic respondents received at least one dose of the COVID-19 vaccine at any time when compared to Non-Hispanic respondents for the NC Medicaid Program.

**Figure 3-55—Percentage of 2022 Adult Respondents Who Received At Least One Dose of the COVID-19 Vaccine At Any Time for NC Medicaid Program, by Race and Ethnicity**

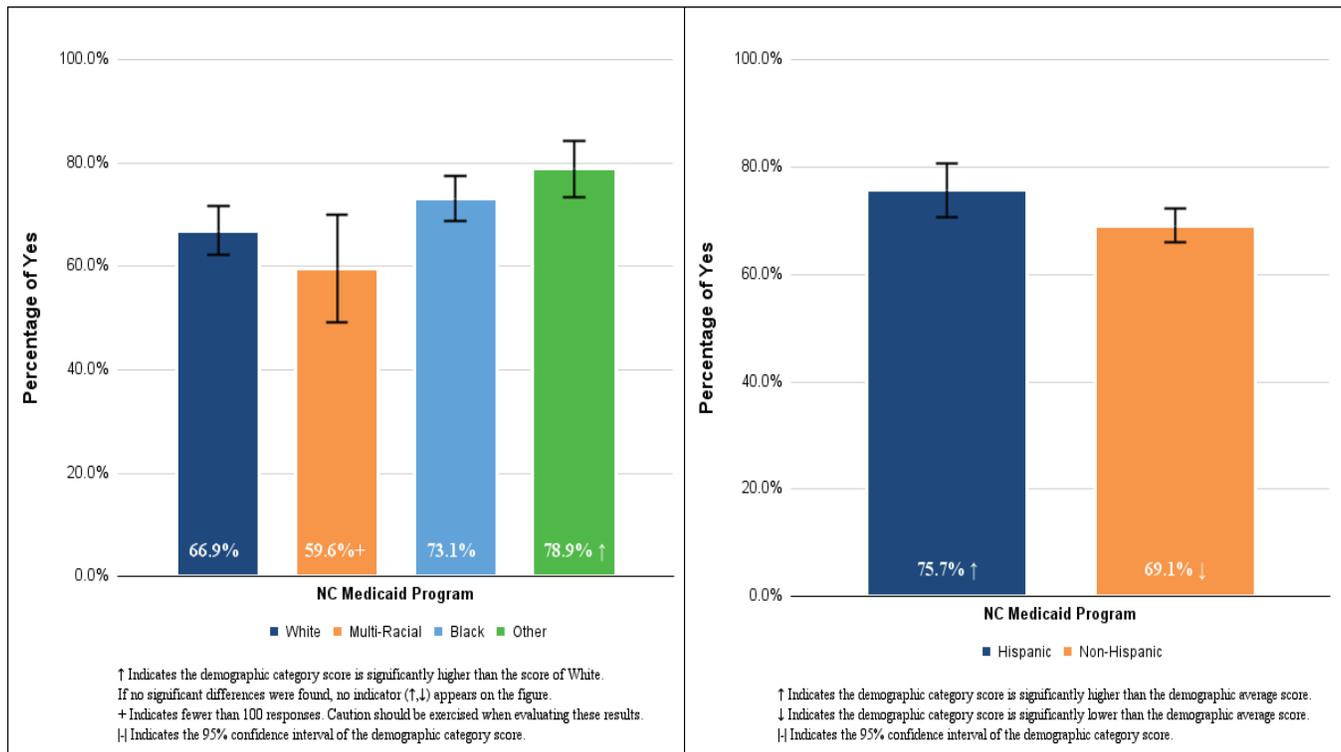


Table 3-7 provides the reasons members reported they did not receive the COVID-19 vaccine for the NC Medicaid Program. The top three most common reasons members reported they did not receive the COVID-19 vaccine were due to members’ perceptions/beliefs of the COVID-19 vaccine including: long-term side effects, the vaccine was developed too quickly, and it was not worth getting the vaccine since people are still getting COVID-19. The top three least common reasons members reported they did not receive the COVID-19 vaccine were due to barriers including: not having time off work, not having a way to get to a vaccine clinic, and being pregnant or wanting to get pregnant.

**Table 3-7—Among 2022 Adult Respondents Who Reported They Did Not Receive a COVID-19 At Any Time, Percentage of Respondents’ Reasons for Not Receiving COVID-19 Vaccine for NC Medicaid Program**

Responses (Respondents may have selected more than one answer)	% (N/D)
Age or Health Condition	12.6% (25/199)
Vaccine Developed Too Quickly	53.3% (106/199)
Long-Term Side Effects	59.8% (119/199)
Pregnant or Want to Get Pregnant	6.5% (13/199)
Not Worth It Since People Are Still Getting COVID-19	52.8% (105/199)
Don’t Trust Public Health Agencies	26.1% (52/199)
Information in the Media is Difficult to Understand	44.7% (89/199)
Already Had COVID-19	19.1% (38/199)
People I Trust Recommend I Do Not Get It	19.6% (39/199)
Don’t Have Time Off Work	S
Don’t Have Way to Get to Vaccine Clinic	6.5% (13/199)
Other Reason	29.6% (59/199)
<p><i>S</i> Indicates results have been suppressed as results had fewer than 11 responses.            Results presented are based on respondents that answered “No” to having received a COVID-19 vaccine.            Respondents may choose more than one response to this question; therefore, percentages will not total 100%.            (N/D) Indicates numerator and denominator.</p>	

## 4. General Child Results

HSAG surveyed a total of 14,145 parents or caretakers of members for the general child sample, and a total of 1,305 general child surveys were completed. The overall general child response rate was 9.3 percent. The response rate and completion number do not include the CCC supplemental, Black, or Hispanic targeted oversamples.

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

- Significantly *fewer* NC Medicaid program parents or caretakers responded for children who were 0 to 7 years of age or Black.
- Significantly *more* NC Medicaid Program parents or caretakers responded for children who were 13 to 17 years of age, General race<sup>28</sup>, or American Indian or Alaskan Native.<sup>29</sup>

DHB should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population being evaluated. For additional details on the demographic information please see Appendix A. Supplemental Information.

The 2022 report does not contain PHP and EBCI Tribal Option-specific results as the majority of results contain fewer than 100 responses and may not accurately represent experiences of the health plans.

### Survey Respondents

Table 4-1 shows the total number of members sampled, the number of eligible members, the number of respondents (i.e., completed surveys), and the response rate for the child population. Numbers in Table 4-1 are reflective of all samples (i.e., general sample, CCC supplemental sample, and the Black and Hispanic race/ethnicity oversamples).

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<sup>28</sup> General was the race identified by DHB in the sample frame file.

<sup>29</sup> This is expected given that a separate sample for the EBCI Tribal Option was selected.

**Table 4-1—Child Survey: Survey Administration Outcomes and Response Rates (2022)**

	Total Sample	Eligible Sample	Total General Child Respondents	Total Respondents	Response Rate
<b>Total</b>	<b>38,465</b>	<b>38,297</b>	<b>1,305</b>	<b>3,602</b>	<b>9.41%</b>
<b>NC Medicaid Program</b>	<b>29,885</b>	<b>29,763</b>	<b>941</b>	<b>2,703</b>	<b>9.08%</b>
<b>NC PHP Aggregate</b>	<b>25,450</b>	<b>25,348</b>	<b>641</b>	<b>2,067</b>	<b>8.15%</b>
AmeriHealth	5,090	5,073	107	375	7.39%
Carolina Complete	5,090	5,067	132	411	8.11%
Healthy Blue	5,090	5,077	155	503	9.91%
UnitedHealthcare	5,090	5,062	138	400	7.90%
WellCare	5,090	5,069	109	378	7.46%
SP Behavioral Health	3,490	3,472	182	360	10.37%
EBCI Tribal Option	945	945	85	85	8.99%
Medicaid Direct	3,490	3,470	215	551	15.88%
Tailored Plan Eligible	5,090	5,062	182	539	10.65%

DHB worked with NC HealthConnex, NC’s HIE, to obtain up-to-date contact information. HSAG reviewed the file records to check for any apparent problems, such as missing address elements. In 2021, there was a total of 1,781 (29.77 percent) phone numbers that were missing after completing Telematch for phone updates, compared to only 59 (0.15 percent) missing/invalid phone numbers in 2022. After using the HIE to obtain up-to-date contact information, there were still 3,939 (10.24 percent) records that had a wrong or bad phone number, and the overall response rate increased from 7.85 percent in 2021 to 9.41 percent in 2022.

Table 4-2 shows the distribution of telephone non-response outcomes for the child population.

**Table 4-2—Child Survey: Telephone Non-Response Outcomes (2022)**

	Missing/Invalid Number	Wrong Number	Bad Number	No Answer	Refusal
<b>Total</b>	<b>59</b>	<b>235</b>	<b>3,704</b>	<b>29,734</b>	<b>668</b>
<b>NC Medicaid Program</b>	<b>59</b>	<b>181</b>	<b>2,865</b>	<b>23,240</b>	<b>501</b>
<b>NC PHP Aggregate</b>	<b>0</b>	<b>147</b>	<b>2,547</b>	<b>19,983</b>	<b>412</b>
AmeriHealth	0	30	540	4,004	87
Carolina Complete	0	19	519	3,992	85

	Missing/Invalid Number	Wrong Number	Bad Number	No Answer	Refusal
Healthy Blue	0	22	476	3,967	71
UnitedHealthcare	0	41	487	4,011	86
WellCare	0	35	525	4,009	83
SP Behavioral Health	0	23	329	2,666	68
EBCI Tribal Option	S	S	86	694	11
Medicaid Direct	S	S	232	2,563	78
Tailored Plan Eligible	0	31	510	3,828	99

*S* Indicates results have been suppressed as results had fewer than 11 responses.  
*Wrong number* encompasses the total number of cases where the phone number no longer belongs to the sampled member.  
*Bad number* encompasses the total number of cases where the phone number was non-working on dialing.

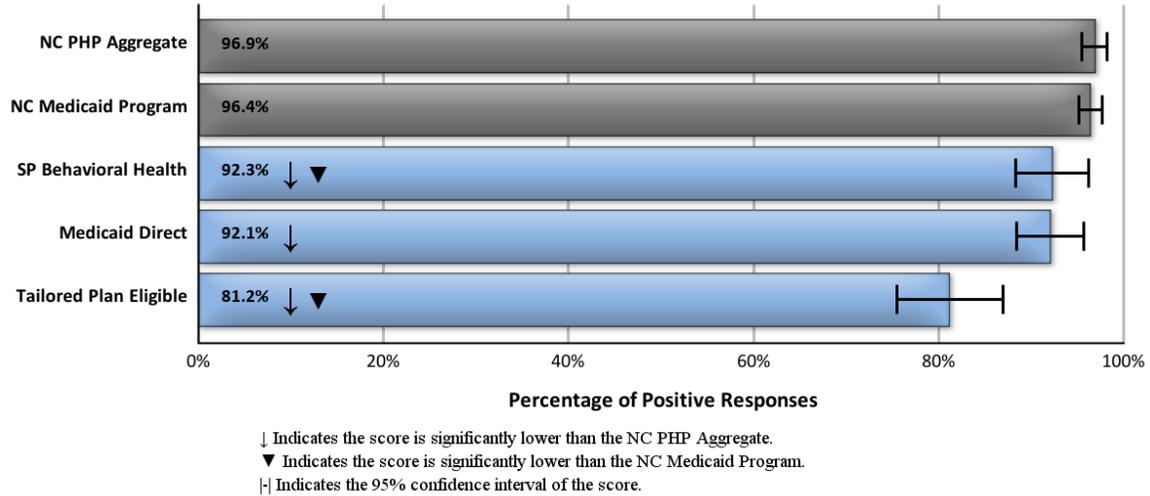
## General Child Members: General Health Status and Mental or Emotional Health Status

Figure 4-1 and Figure 4-2 present the characteristics of child members reported by their parents/ caretakers who completed a survey on their behalf for general health status and mental or emotional health status. The percentage of population-specific respondents who reported their child’s general and mental or emotional health status as Excellent, Very Good, or Good was compared to the NC Medicaid Program and NC PHP Aggregate. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>30</sup>

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

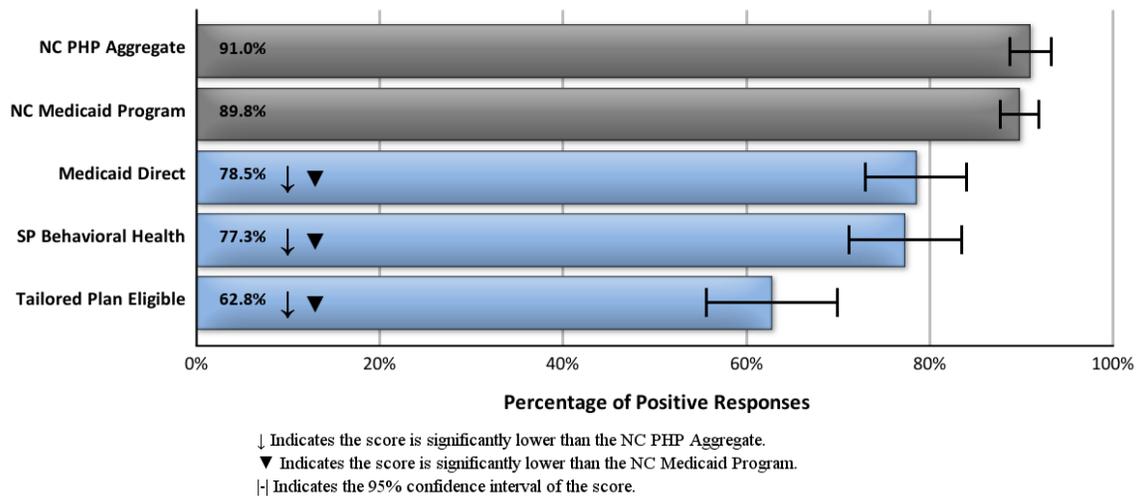
<sup>30</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

**Figure 4-1—Percentage of 2022 General Child Respondents Who Rate Their Child’s General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons**



Medicaid Direct, SP Behavioral Health, and Tailored Plan Eligible respondents reported significantly *lower* ratings of their child’s mental or emotional health compared to the NC Medicaid Program and NC PHP Aggregate.

**Figure 4-2—Percentage of 2022 General Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons**



## Aggregate Comparisons

For the Aggregate Comparisons analysis, scores were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>31</sup> For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 14. For more detailed information regarding the measure calculations for the measures, please refer to the Reader's Guide beginning on page 23.

The NC Medicaid Program and NC PHP Aggregate results were weighted based on the eligible populations included in each. HSAG compared the population-specific results to the NC Medicaid Program and NC PHP Aggregate to determine if the results were significantly different. In addition, HSAG compared the results to NCQA's Medicaid national averages. NCQA Quality Compass data for the Medicaid population were used for comparative purposes.<sup>32</sup> In some instances, the scores presented for two populations were similar, but one was significantly different from the NC Medicaid Program, NC PHP Aggregate, or NCQA Medicaid national average and the other was not. In these instances, it was the difference in the number of respondents between the two that explains why one achieved significance and the other did not. It is more likely that a significant result will be found with a larger number of respondents. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>33</sup>

For each measure, HSAG included a pre-PHP implementation trend chart that displays the 2018, 2019, 2021, and 2022 measure results for the NC Medicaid Program. CAHPS was not fielded in 2020 due to the public health emergency.

CAHPS scores with fewer than 100 responses are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 24.

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<sup>31</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

<sup>32</sup> Medicaid health plans from the following states are reporting to NCQA for the general child population: California, Florida, Illinois, Kentucky, Louisiana, Maryland, Michigan, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, and Wisconsin.

<sup>33</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

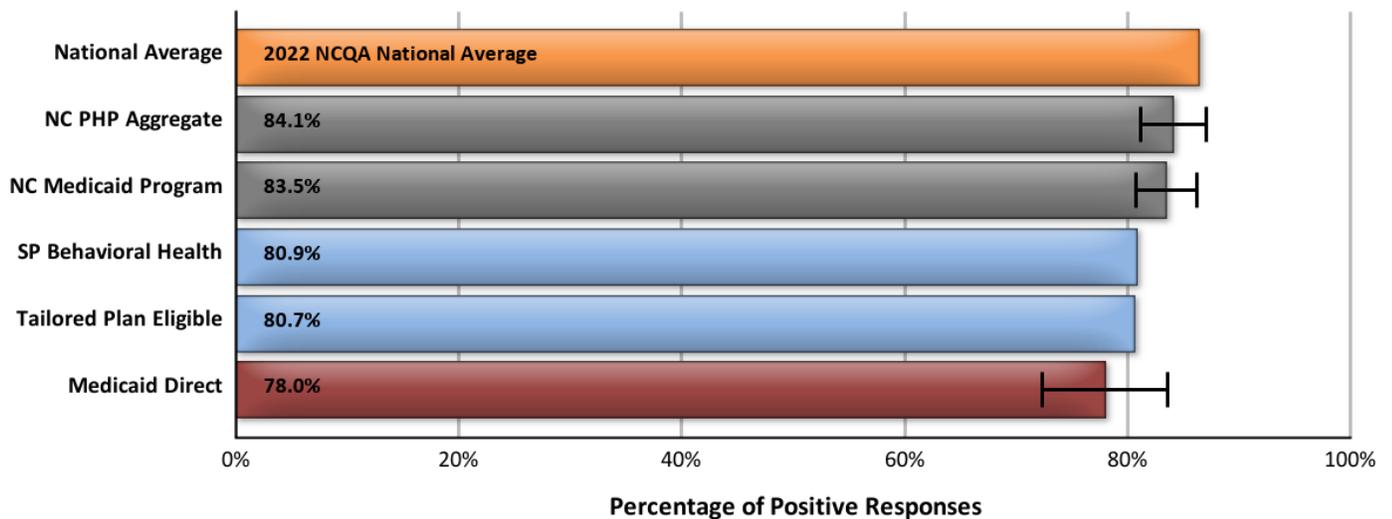
## Global Ratings

### Rating of Health Plan

Respondents were asked to rate their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-3 shows the *Rating of Health Plan* positive rating results for each population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *lower* than the national average. None of the population-specific rates were significantly different than the NC Medicaid Program or NC PHP Aggregate.

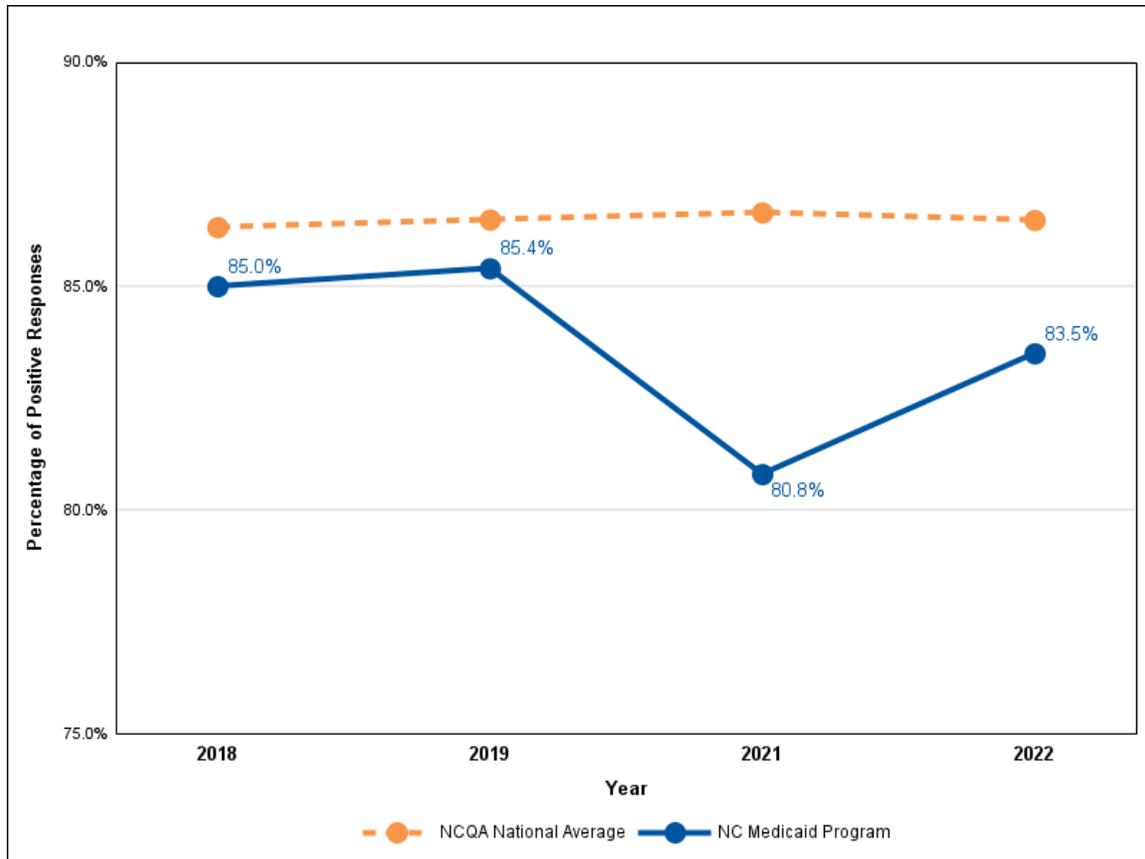
**Figure 4-3—Percentage of 2022 General Child Respondents Who Rate Their Child’s Health Plan Positively, by Program-Specific Populations, with National and Aggregate Comparisons**



|-| Indicates the 95% confidence interval of the score.  
 Red bar indicates the score is significantly lower than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 4-4 shows the *Rating of Health Plan* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-4—Percentage of General Child Respondents Who Rate Their Child’s Health Plan Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**

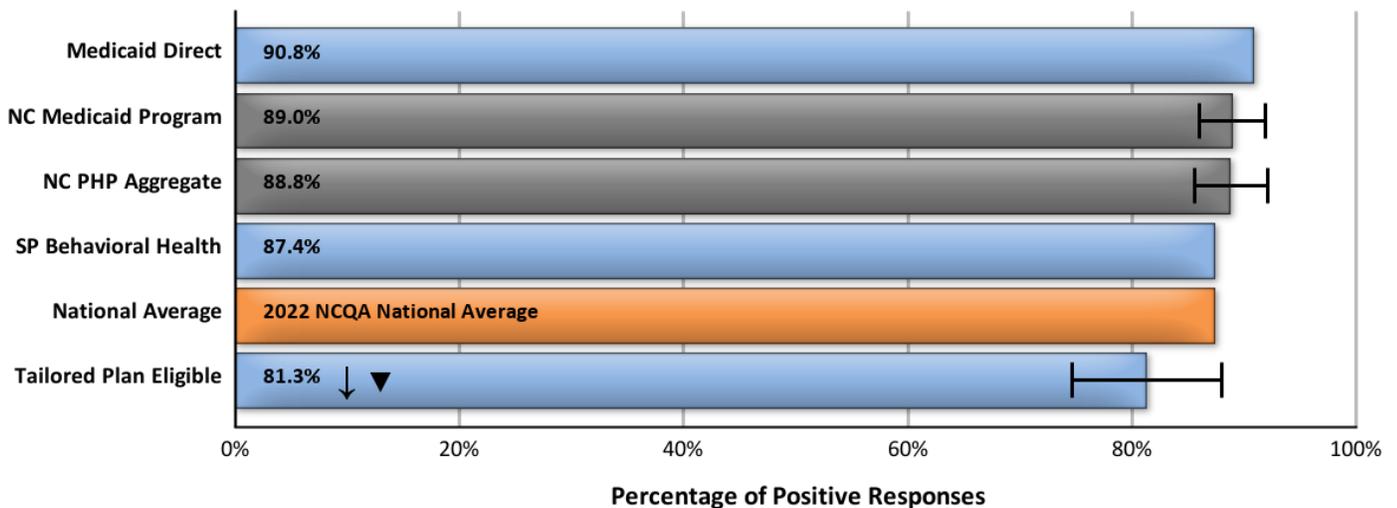


### Rating of All Health Care

Respondents were asked to rate all their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-5 shows the *Rating of All Health Care* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average. The Tailored Plan Eligible rate was significantly *lower* than the NC Medicaid Program and NC PHP Aggregate.

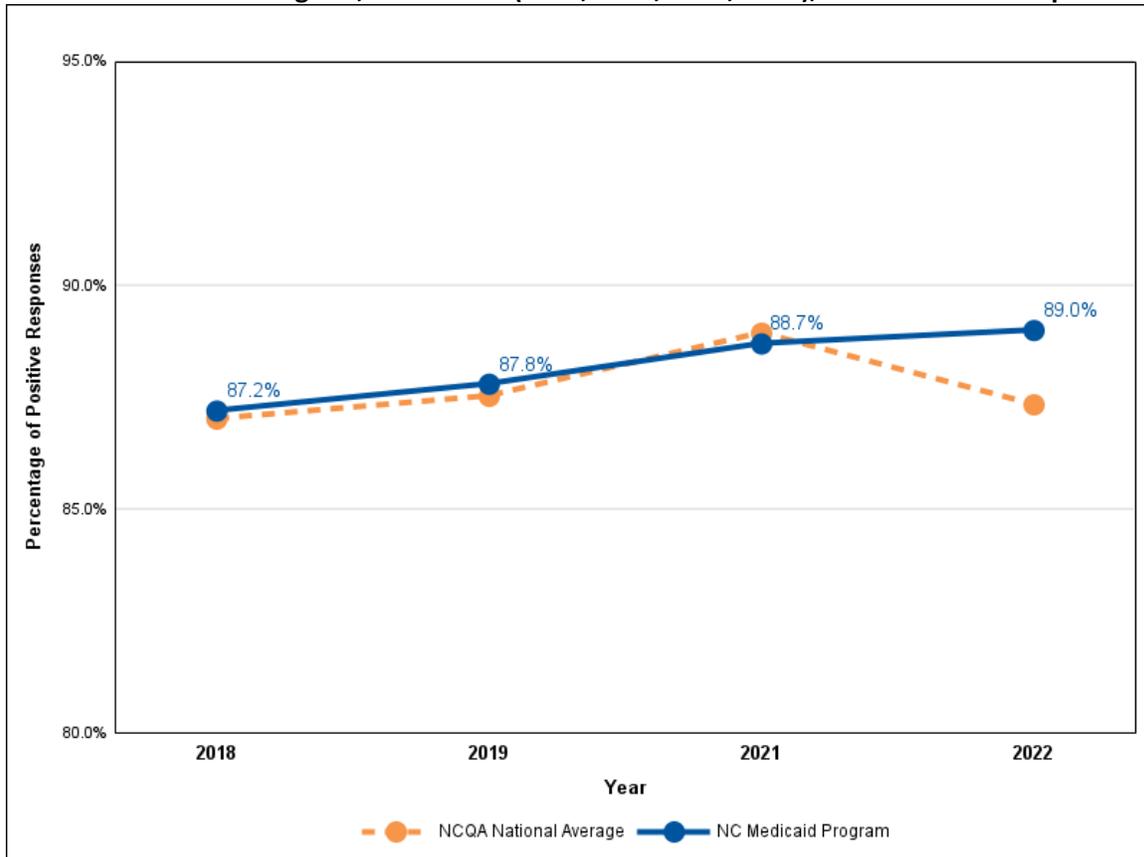
**Figure 4-5—Percentage of 2022 General Child Respondents Who Rate All Their Child’s Health Care Positively by Program-Specific Populations, with National and Aggregate Comparisons**



↓ Indicates the score is significantly lower than the NC PHP Aggregate.  
 ▼ Indicates the score is significantly lower than the NC Medicaid Program.  
 |-| Indicates the 95% confidence interval of the score.  
 Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 4-6 shows the *Rating of All Health Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-6—Percentage of General Child Respondents Who Rate All Their Child’s Health Care Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**

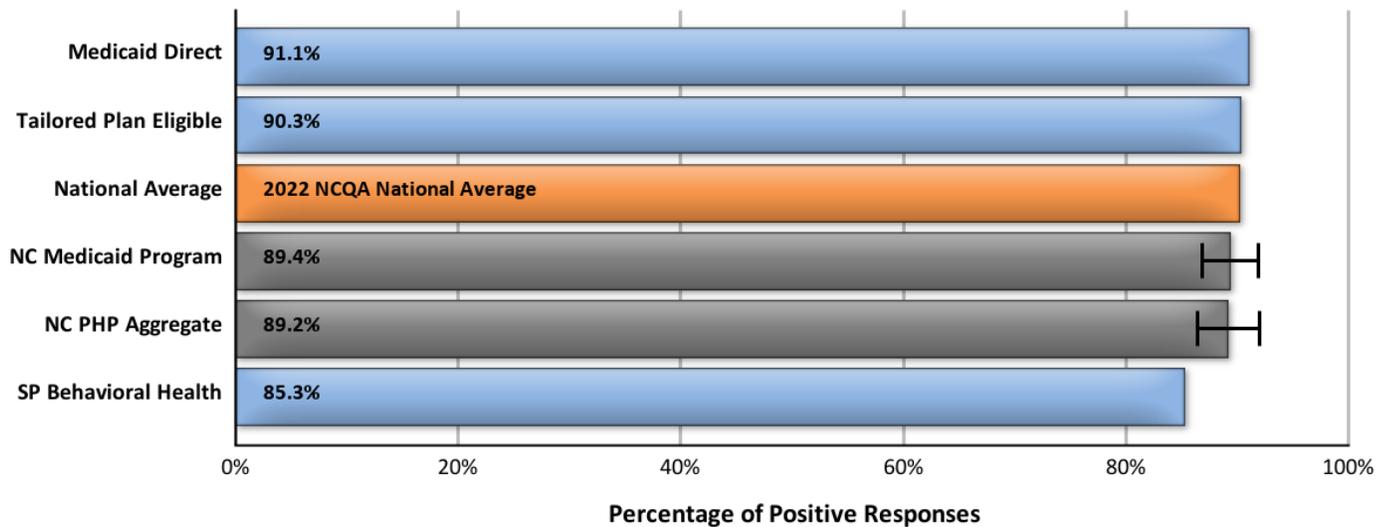


### Rating of Personal Doctor

Respondents were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-7 shows the *Rating of Personal Doctor* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 4-7—Percentage of 2022 General Child Respondents Who Rate Their Child’s Personal Doctor Positively by Program-Specific Populations, with National and Aggregate Comparisons**

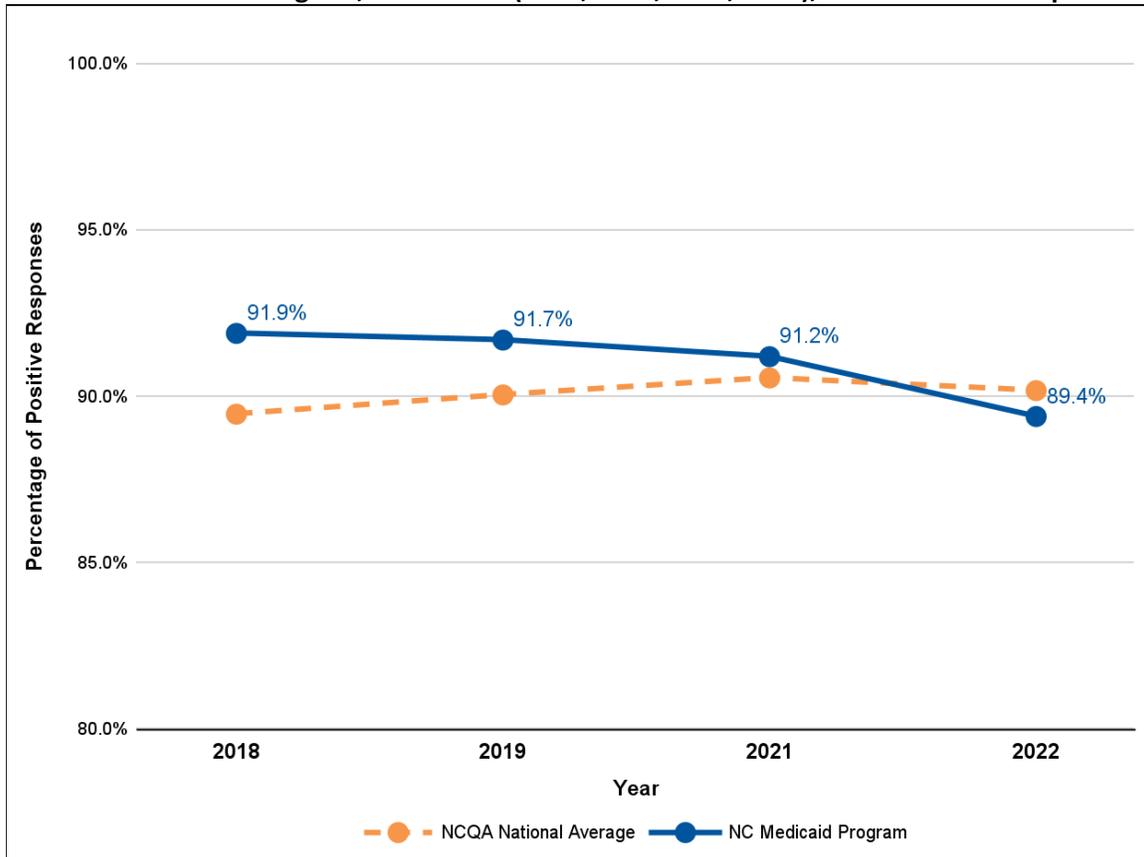


|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 4-8 shows the *Rating of Personal Doctor* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-8—Percentage of General Child Respondents Who Rate Their Child’s Personal Doctor Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**

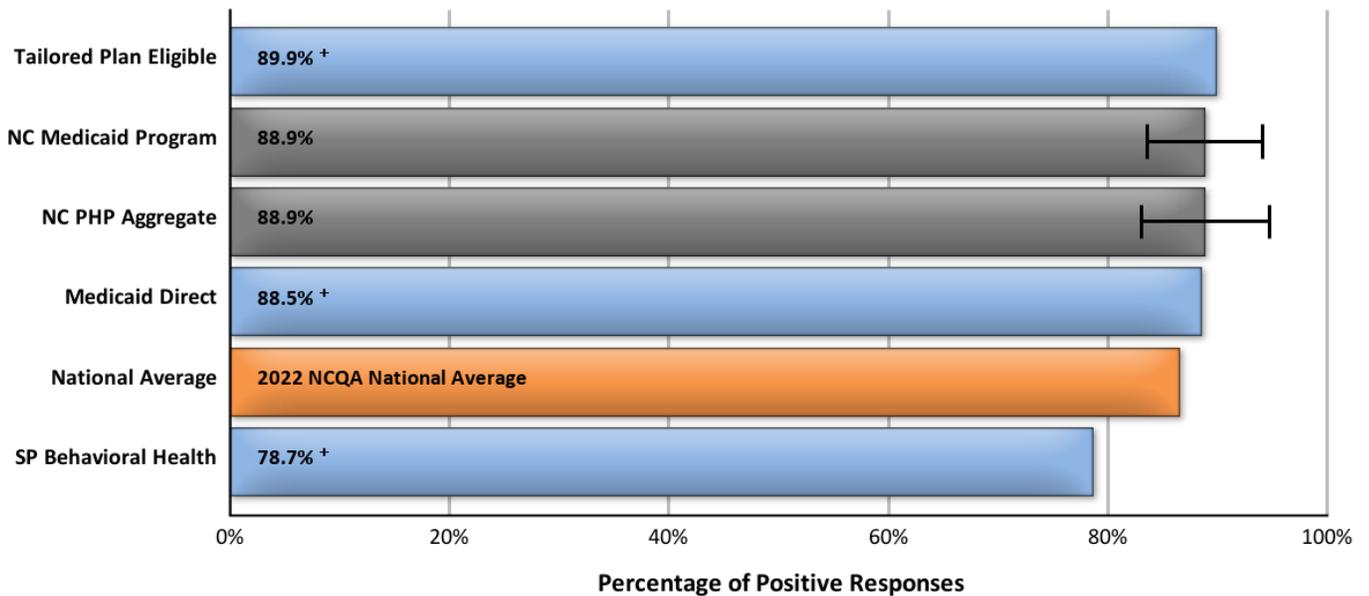


### Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 4-9 shows the *Rating of Specialist Seen Most Often* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 4-9—Percentage of 2022 General Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively by Program-Specific Populations, with National and Aggregate Comparisons**



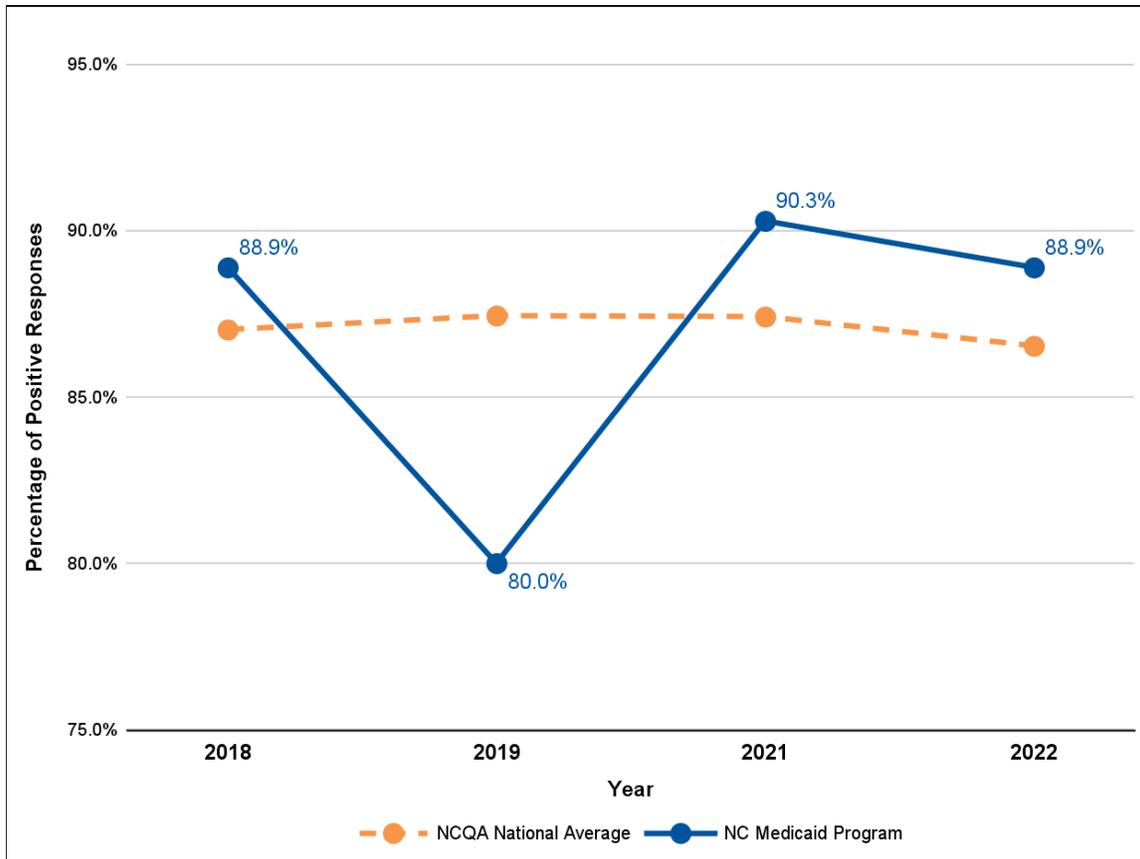
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 4-10 shows the *Rating of Specialist Seen Most Often* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-10—Percentage of General Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



## Composite Measures

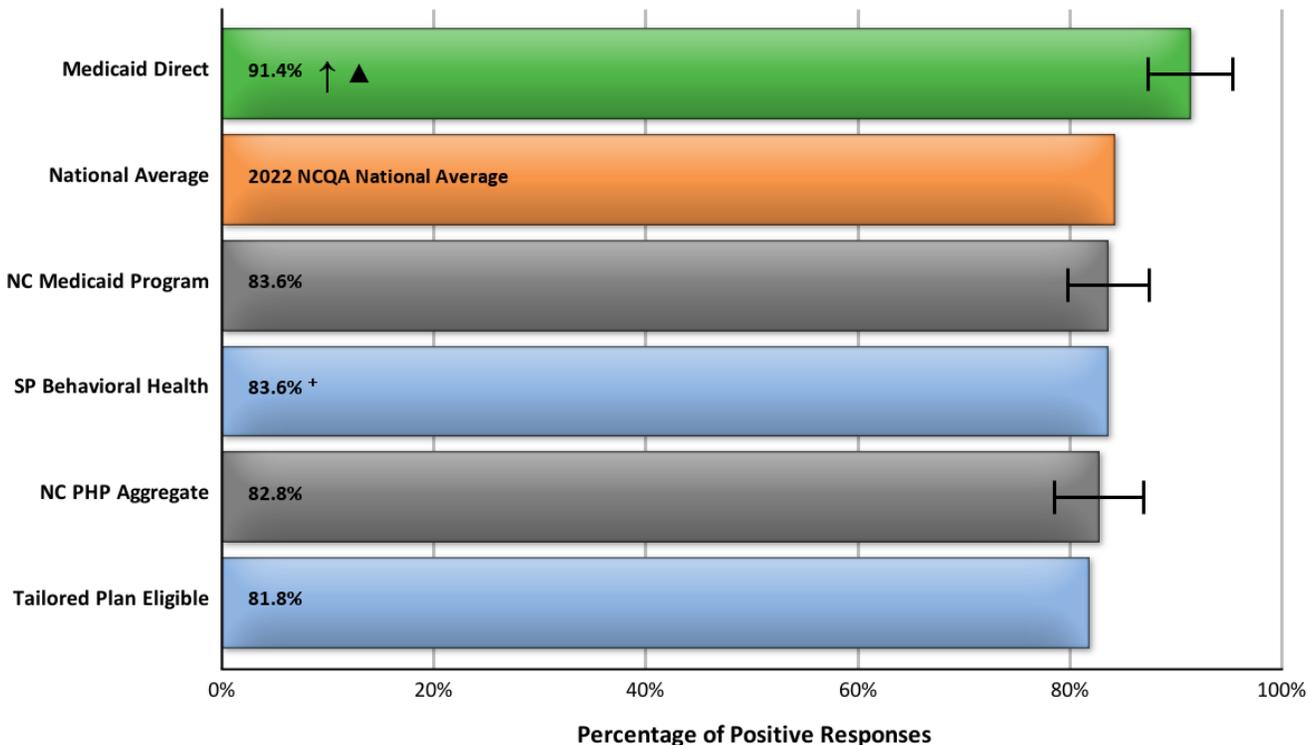
### Getting Needed Care

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get needed care for their child:

- In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Responses of usually and always are considered positive ratings. Figure 4-11 shows the *Getting Needed Care* positive rating results for each population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average, NC Medicaid Program, and NC PHP Aggregate.

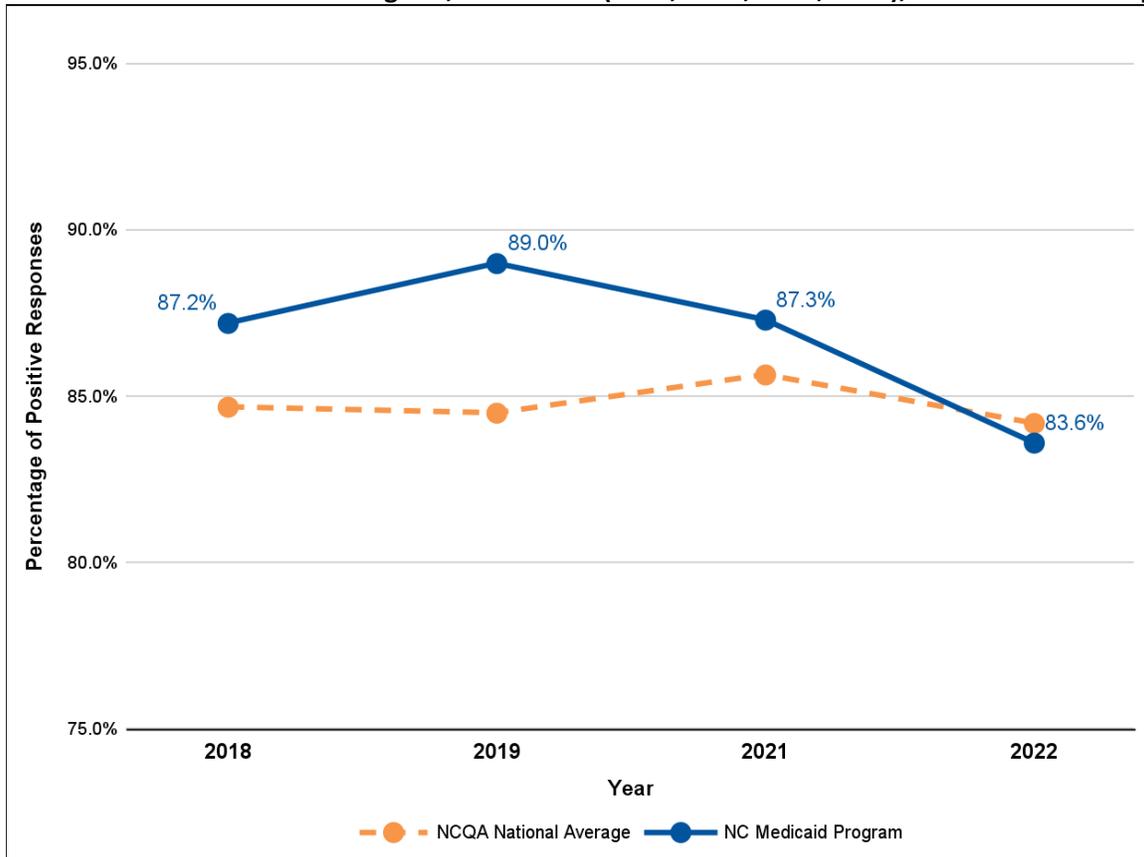
**Figure 4-11—Percentage of 2022 General Child Respondents Who Usually or Always Got Care They Needed for Their Child by Program-Specific Populations, with National and Aggregate Comparisons**



↑ Indicates the score is significantly higher than the NC PHP Aggregate.  
 ▲ Indicates the score is significantly higher than the NC Medicaid Program.  
 |-| Indicates the 95% confidence interval of the score.  
 Green bar indicates the score is significantly higher than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 4-12 shows the *Getting Needed Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-12—Percentage of General Child Respondents Who Usually or Always Got Care They Needed for Their Child for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



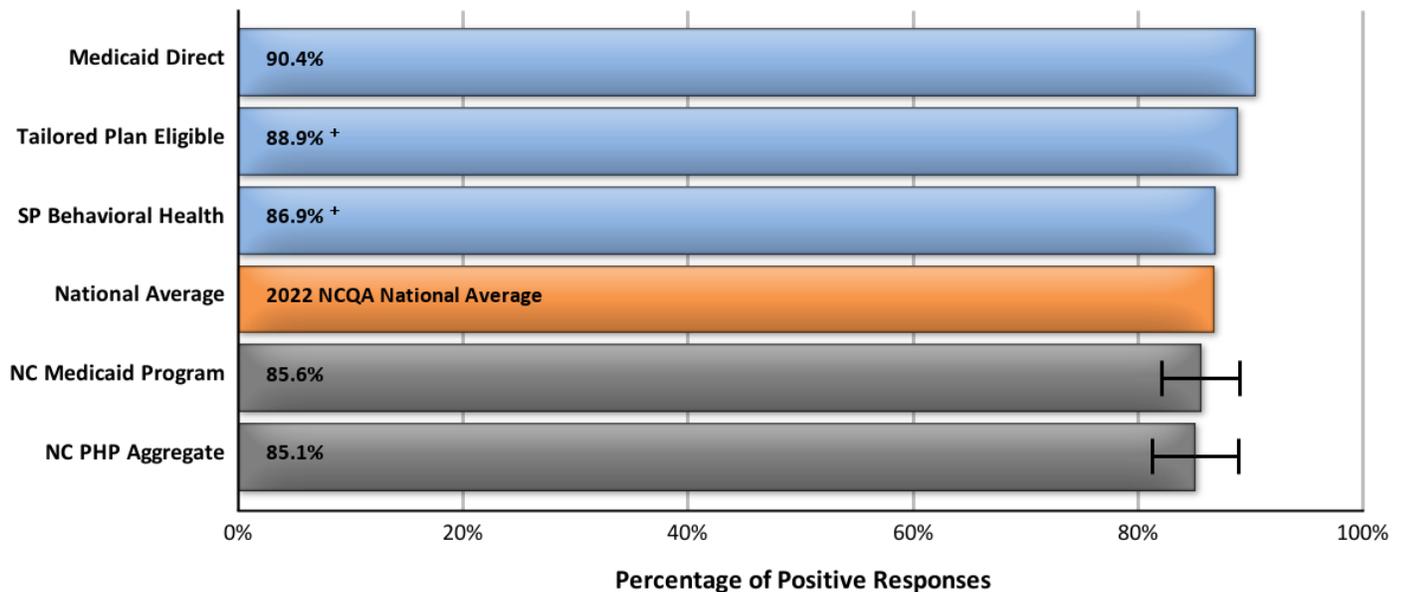
### Getting Care Quickly

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get care quickly for their child:

- In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?

Responses of usually and always are considered positive ratings. Figure 4-13 shows the *Getting Care Quickly* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 4-13—Percentage of 2022 General Child Respondents Who Usually or Always Got Care Quickly for Their Child by Program-Specific Populations, with National and Aggregate Comparisons**



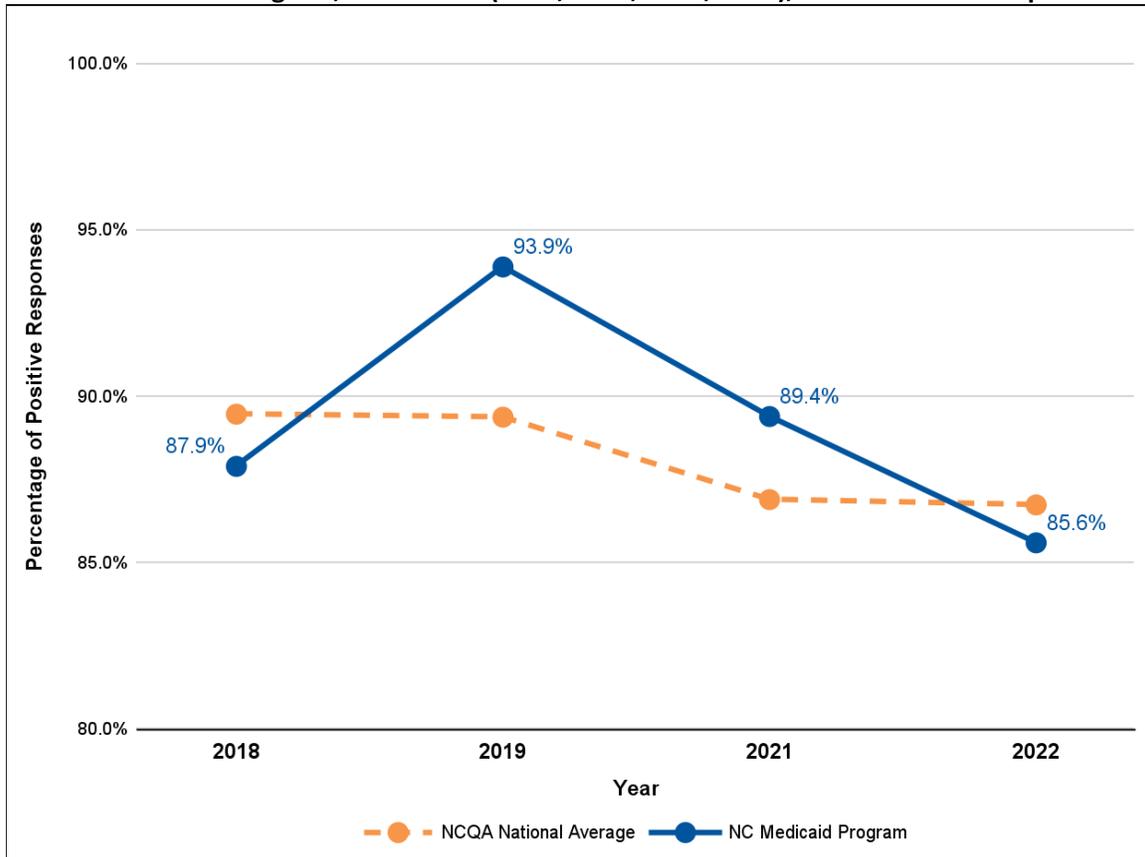
[-] Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 4-14 shows the *Getting Care Quickly* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-14—Percentage of General Child Respondents Who Usually or Always Got Care Quickly for Their Child for NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



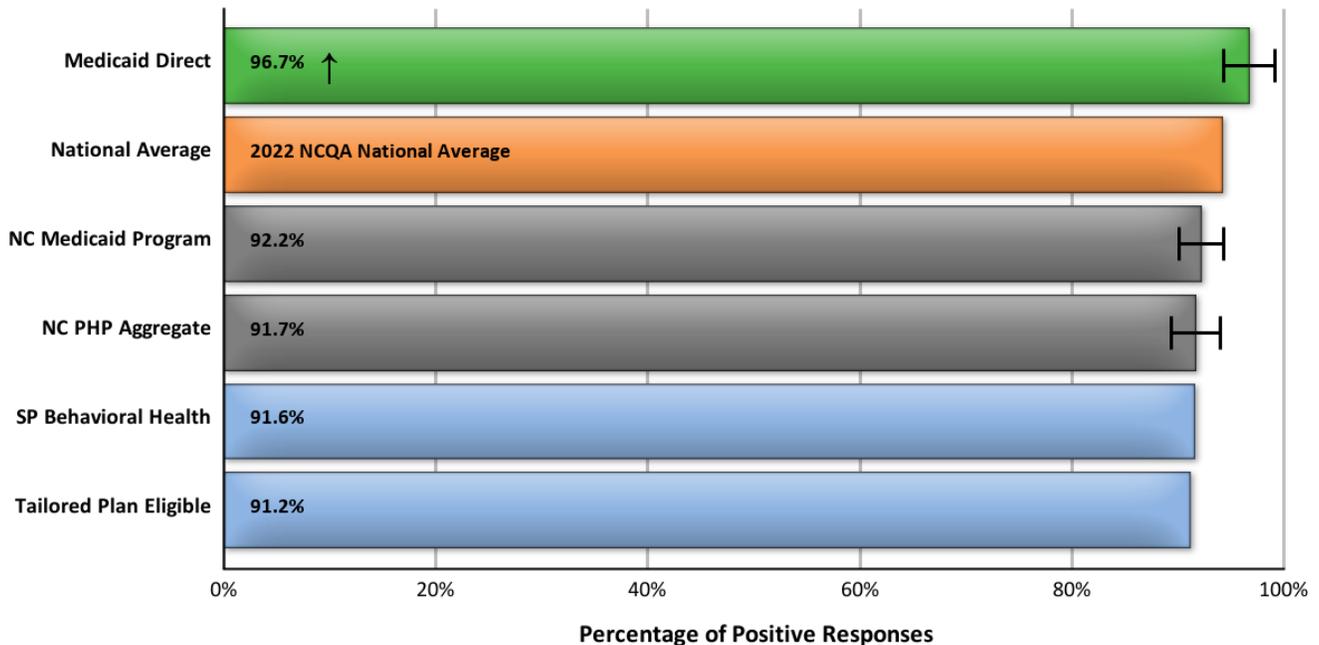
### How Well Doctors Communicate

Four questions were asked to assess how often (never, sometimes, usually, or always) the child’s personal doctor communicated well with the respondent:

- In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?
- In the last 6 months, how often did your child’s personal doctor listen carefully to you?
- In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
- In the last 6 months, how often did your child’s personal doctor spend enough time with your child?

Responses of usually and always are considered positive ratings. Figure 4-15 shows the *How Well Doctors Communicate* positive rating results for each population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average and NC PHP Aggregate. None of the population-specific rates were significantly different than the NC Medicaid Program.

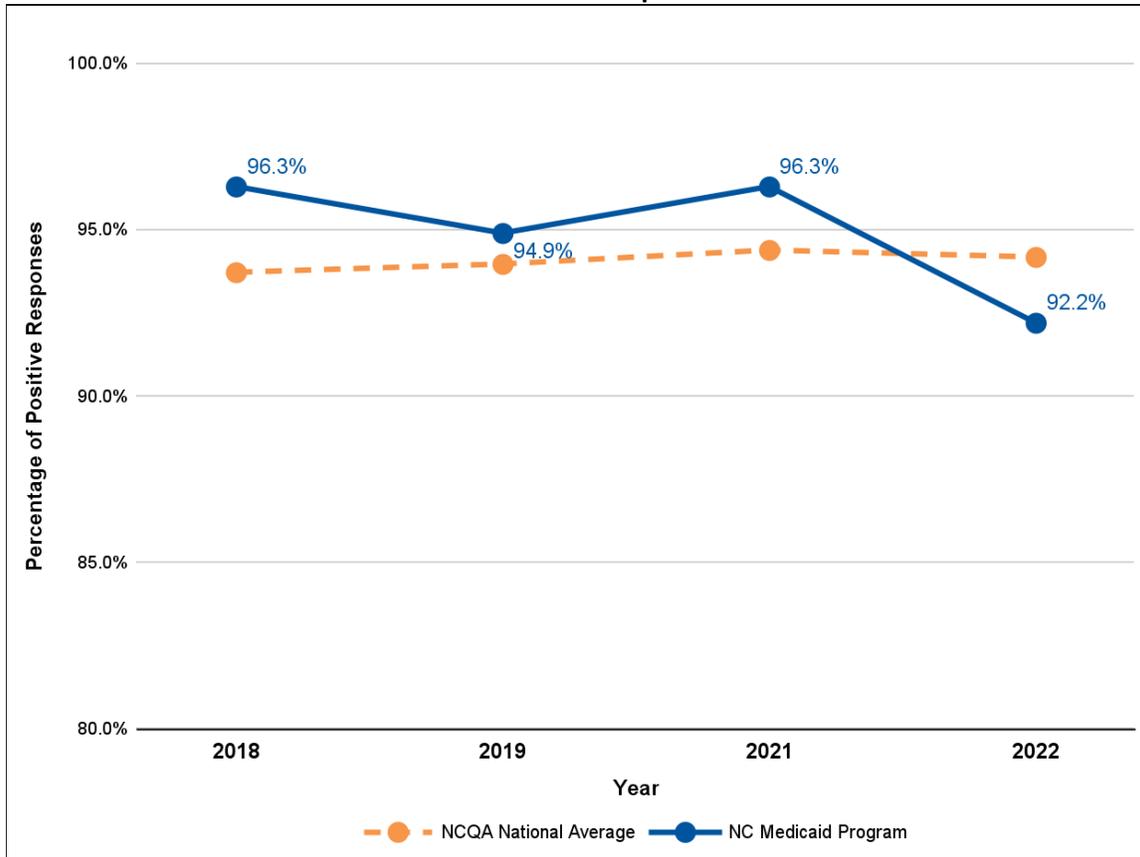
**Figure 4-15—Percentage of 2022 General Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well With Them by Program-Specific Populations, with National and Aggregate Comparisons**



↑ Indicates the score is significantly higher than the NC PHP Aggregate.  
 ┌─┐ Indicates the 95% confidence interval of the score.  
 Green bar indicates the score is significantly higher than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 4-16 shows the *How Well Doctors Communicate* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-16—Percentage of General Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well With Them for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



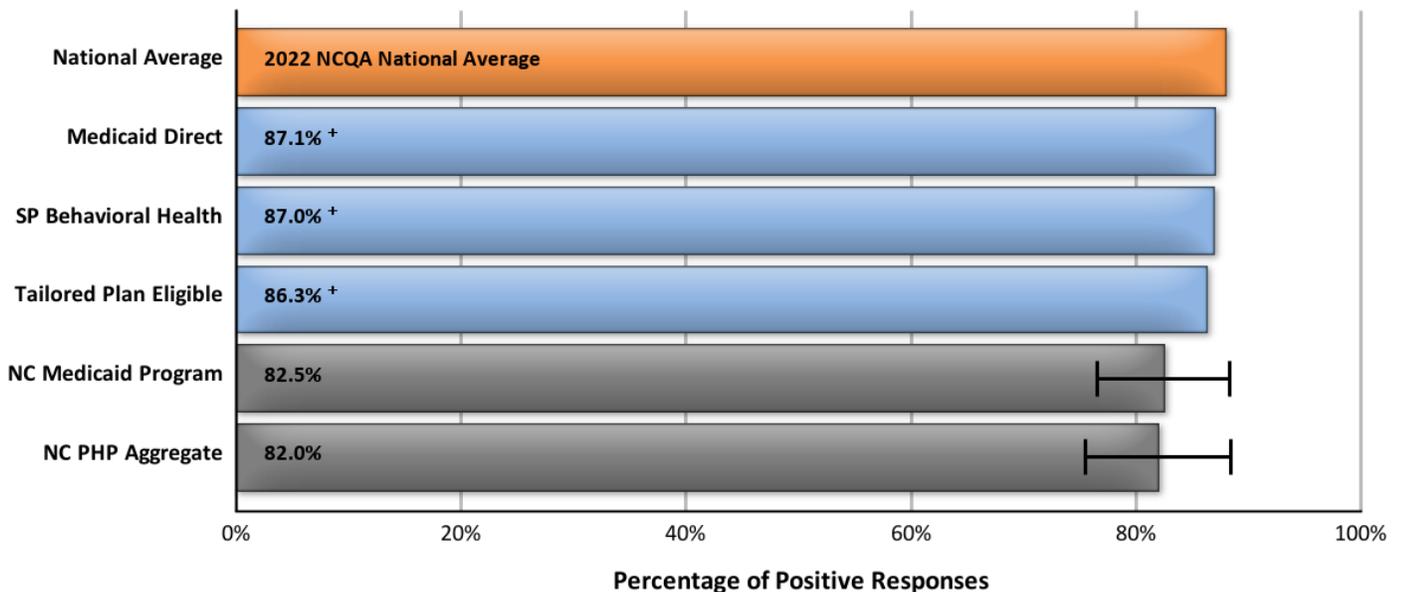
### Customer Service

Two questions were asked to assess how often (never, sometimes, usually, or always) respondents had a positive experience with their child’s health plan’s customer service:

- In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?
- In the last 6 months, how often did customer service staff at your child’s health plan treat you with courtesy and respect?

Responses of usually and always are considered positive ratings. Figure 4-17 shows the *Customer Service* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

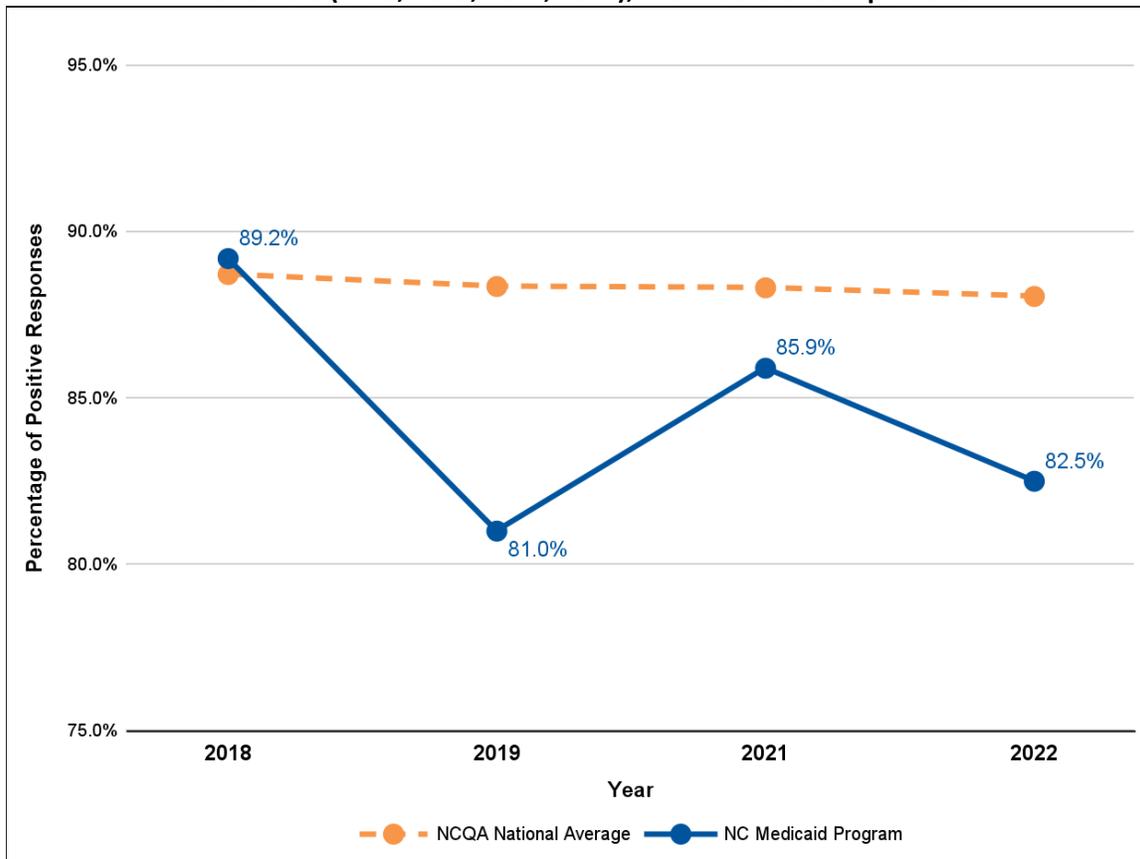
**Figure 4-17—Percentage of 2022 General Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service by Program-Specific Populations, with National and Aggregate Comparisons**



-| Indicates the 95% confidence interval of the score.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 4-18 shows the *Customer Service* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-18—Percentage of General Child Respondents Who Usually or Always Had a Positive Experience with Their Child’s Health Plan’s Customer Service for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



## Individual Item Measure

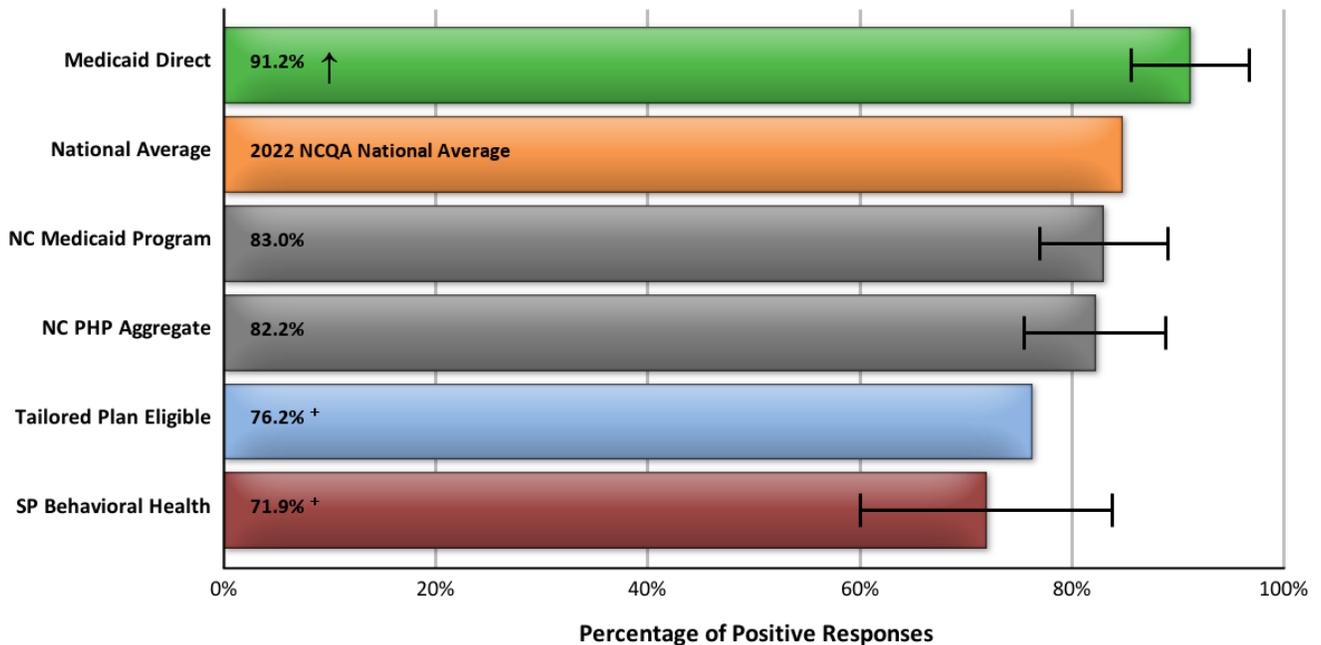
### Coordination of Care

One question was asked to assess how often (never, sometimes, usually, or always) the child’s personal doctor seemed informed and up-to-date:

- In the last 6 months, how often did your child’s personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

Responses of usually and always are considered positive ratings. Figure 4-19 shows the *Coordination of Care* positive rating results for each population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average and NC PHP Aggregate. The SP Behavioral Health rate was significantly *lower* than the national average.

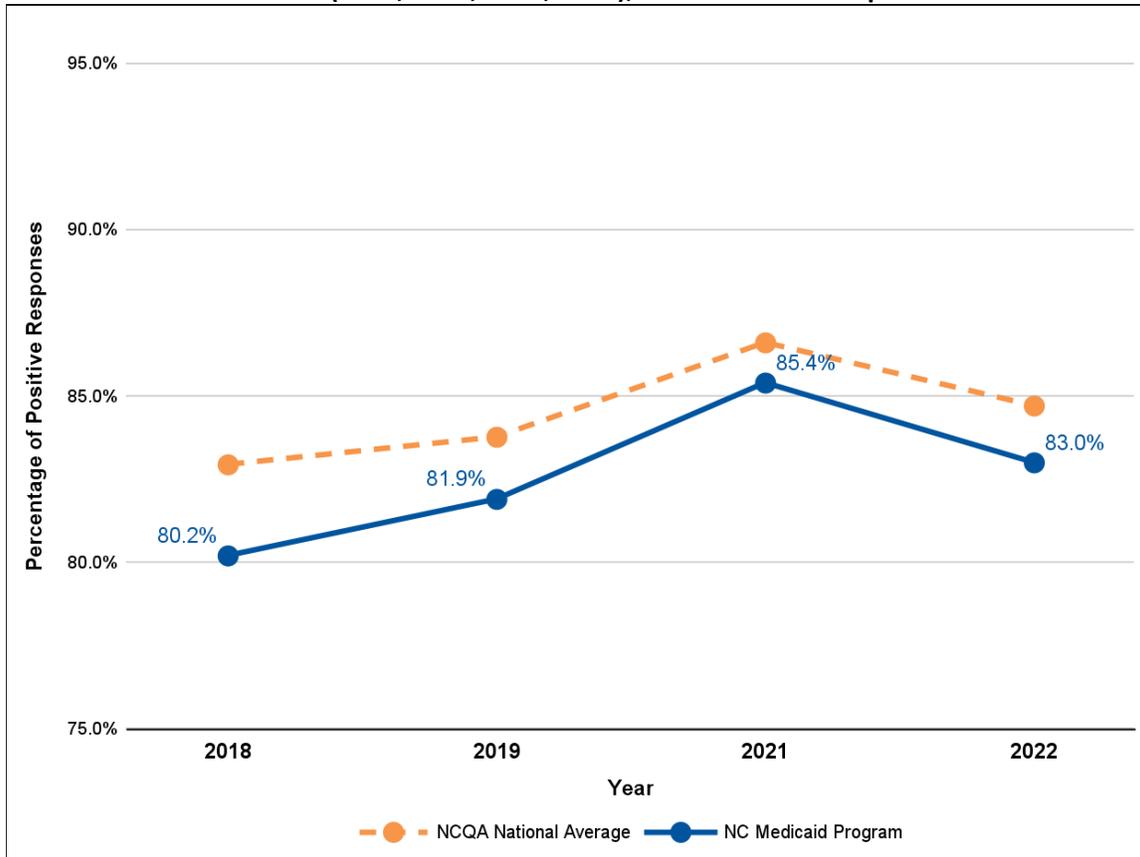
**Figure 4-19—Percentage of 2022 Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers by Program-Specific Populations, with National and Aggregate Comparisons**



↑ Indicates the score is significantly higher than the NC PHP Aggregate.  
 |-| Indicates the 95% confidence interval of the score.  
 Green bar indicates the score is significantly higher than the NCQA national average.  
 Red bar indicates the score is significantly lower than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 4-20 shows the *Coordination of Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018, 2019, and 2021) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 4-20—Percentage of General Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for the NC Medicaid Program, Trend Data (2018, 2019, 2021, 2022), with National Comparisons**



## National Percentile Comparisons

NC Medicaid Program, NC PHP Aggregate, and population-specific positive ratings were compared to NCQA’s 2022 Quality Compass Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fell within. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 25. Table 4-3 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the global ratings.

**Table 4-3—General Child Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Global Ratings (2022)**

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
NC Medicaid Program	★ 83.5%	★★★★ 89.0%	★★ 89.4%	★★★★★ 88.9%
NC PHP Aggregate	★★ 84.1%	★★★★ 88.8%	★★ 89.2%	★★★★★ 88.9%
SP Behavioral Health	★ 80.9%	★★ 87.4%	★ 85.3%	★+ 78.7%
Medicaid Direct	★ 78.0%	★★★★★ 90.8%	★★★ 91.1%	★★★★★+ 88.5%
Tailored Plan Eligible	★ 80.7%	★ 81.3%	★★ 90.3%	★★★★★+ 89.9%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
 ★★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 23.*

Table 4-4 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the composite and individual item measures.

**Table 4-4—General Child Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Composite and Individual Item Measures (2022)**

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
NC Medicaid Program	★★ 83.6%	★★ 85.6%	★ 92.2%	★ 82.5%	★★ 83.0%
NC PHP Aggregate	★★ 82.8%	★★ 85.1%	★ 91.7%	★ 82.0%	★★ 82.2%
SP Behavioral Health	★★+ 83.6%	★★+ 86.9%	★ 91.6%	★★+ 87.0%	★+ 71.9%
Medicaid Direct	★★★★★ 91.4%	★★★★★ 90.4%	★★★★★ 96.7%	★★+ 87.1%	★★★★★ 91.2%
Tailored Plan Eligible	★★ 81.8%	★★★★+ 88.9%	★ 91.2%	★★+ 86.3%	★+ 76.2%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
 ★★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 23.*

## Race and Ethnicity Comparisons

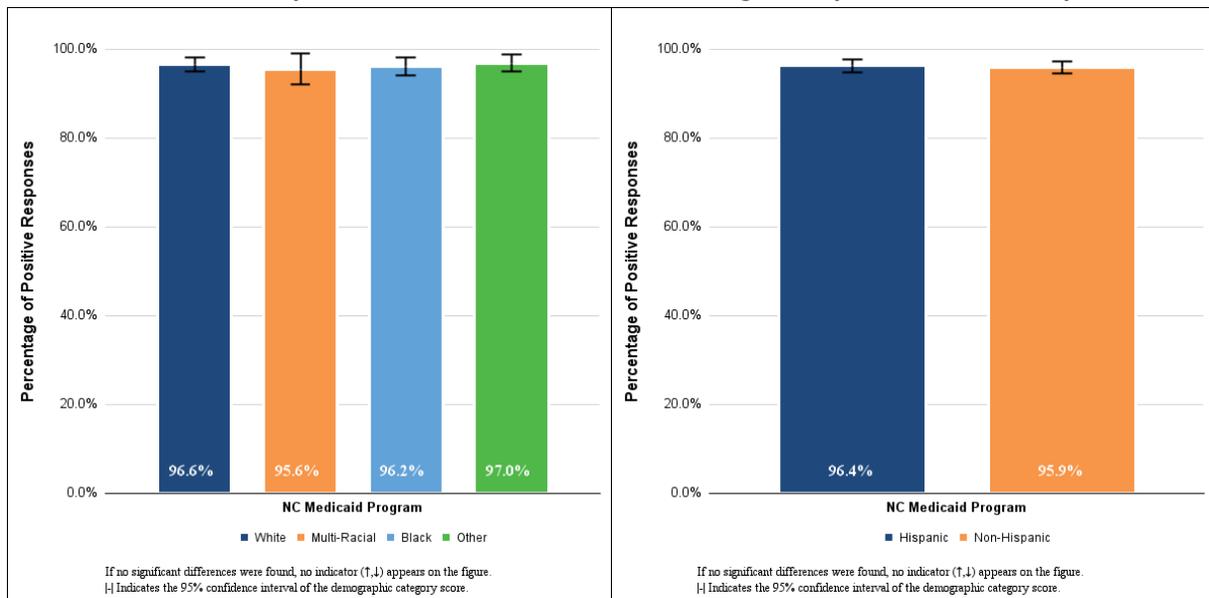
HSAG stratified the NC Medicaid Program results by the race and ethnicity identified by the parent/caretaker for their child. Race is categorized as White (764), Black (499), Multi-Racial (182), and Other (415). For this analysis, the Other category includes: Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. The positive ratings for Black, Multi-Racial, and Other respondents were compared to the positive ratings of White respondents. Ethnicity is categorized as Hispanic (847) and Non-Hispanic (1,173). The positive ratings for Hispanic respondents and Non-Hispanic respondents were compared to each other. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 26. Figure 4-21 through Figure 4-31 show the race and ethnicity stratifications and comparisons. Ninety-five percent confidence interval error bars were added to the results. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>34</sup>

### Overall Health Demographics

#### General Health Status

Figure 4-21 shows the *General Health Status* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those general child parent/caretaker respondents who reported their child’s general health status as Excellent, Very Good, or Good, there were no significant differences identified by race or ethnicity.

**Figure 4-21—Percentage of 2022 General Child Respondents Who Rate Their Child’s General Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity**

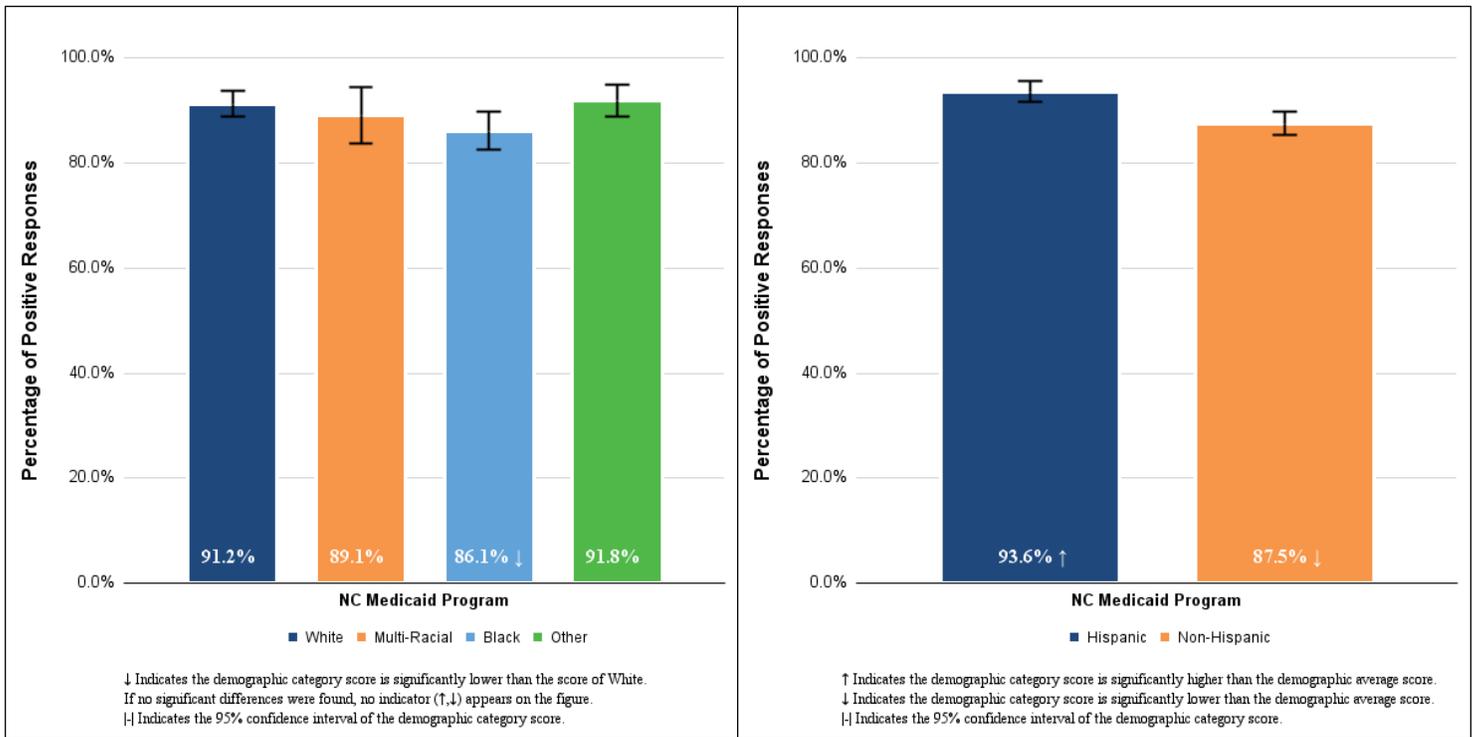


<sup>34</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

### Mental or Emotional Health Status

Figure 4-22 shows the *Mental or Emotional Health Status* positive rating results of child members reported by their parents/caretakers for NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Black general child parent/caretaker respondents reported their child’s mental or emotional health status as Excellent, Very Good, or Good for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic general child parent/caretaker respondents reported their child’s mental or emotional health status as Excellent, Very Good, or Good when compared to Non-Hispanic respondents for the NC Medicaid Program.

**Figure 4-22—Percentage of 2022 General Child Respondents Who Rate Their Child’s Mental or Emotional Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity**

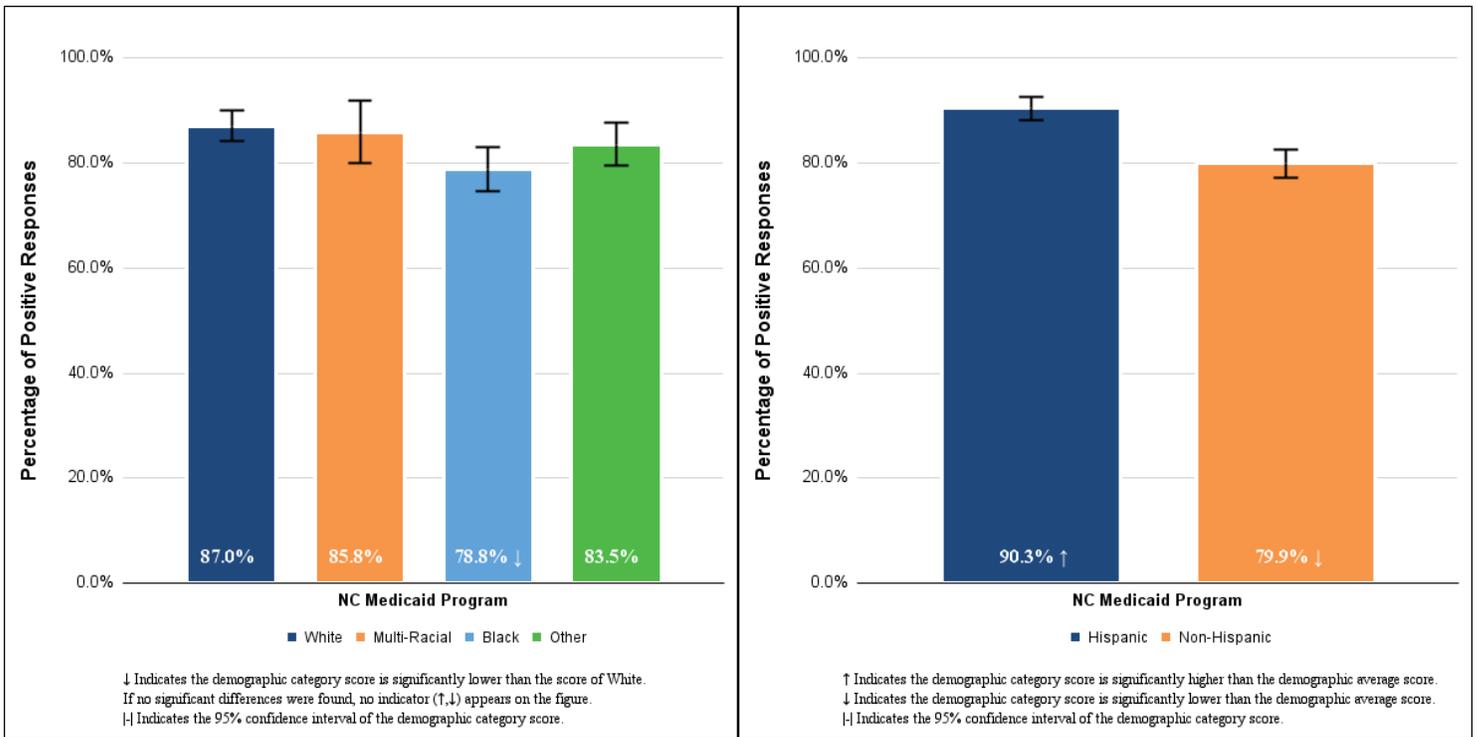


## Global Ratings

### Rating of Health Plan

Figure 4-23 shows the *Rating of Health Plan* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Black general child parent/caretaker respondents reported a positive rating for their child’s health plan for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic general child parent/caretaker respondents reported a positive rating for their child’s health plan when compared to Non-Hispanic respondents for the NC Medicaid Program.

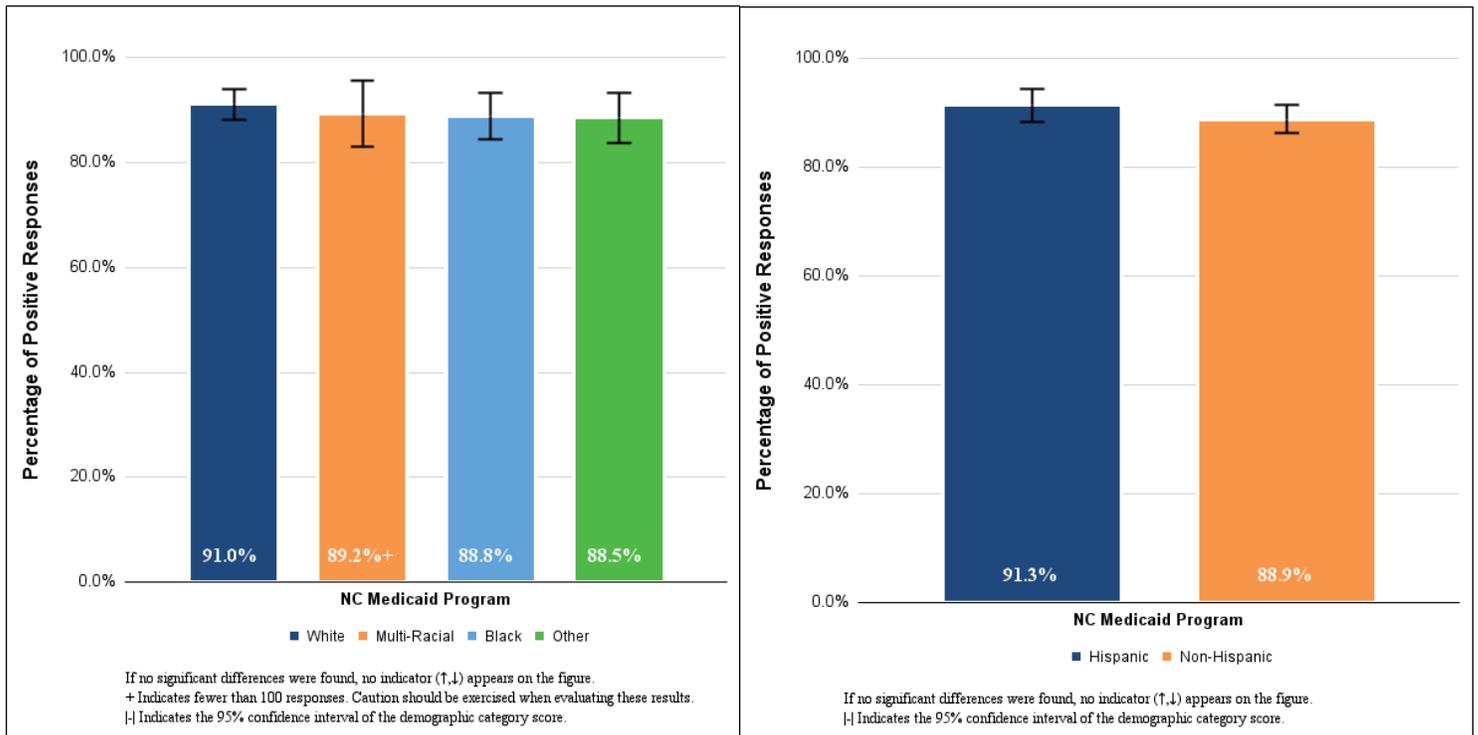
**Figure 4-23—Percentage of 2022 General Child Respondents Who Rate Their Child’s Health Plan Positively for NC Medicaid Program, by Race and Ethnicity**



**Rating of All Health Care**

Figure 4-24 shows the *Rating of All Health Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those general child parent/caretaker respondents who rated all their child’s health care positively, there were no significant differences identified by race or ethnicity.

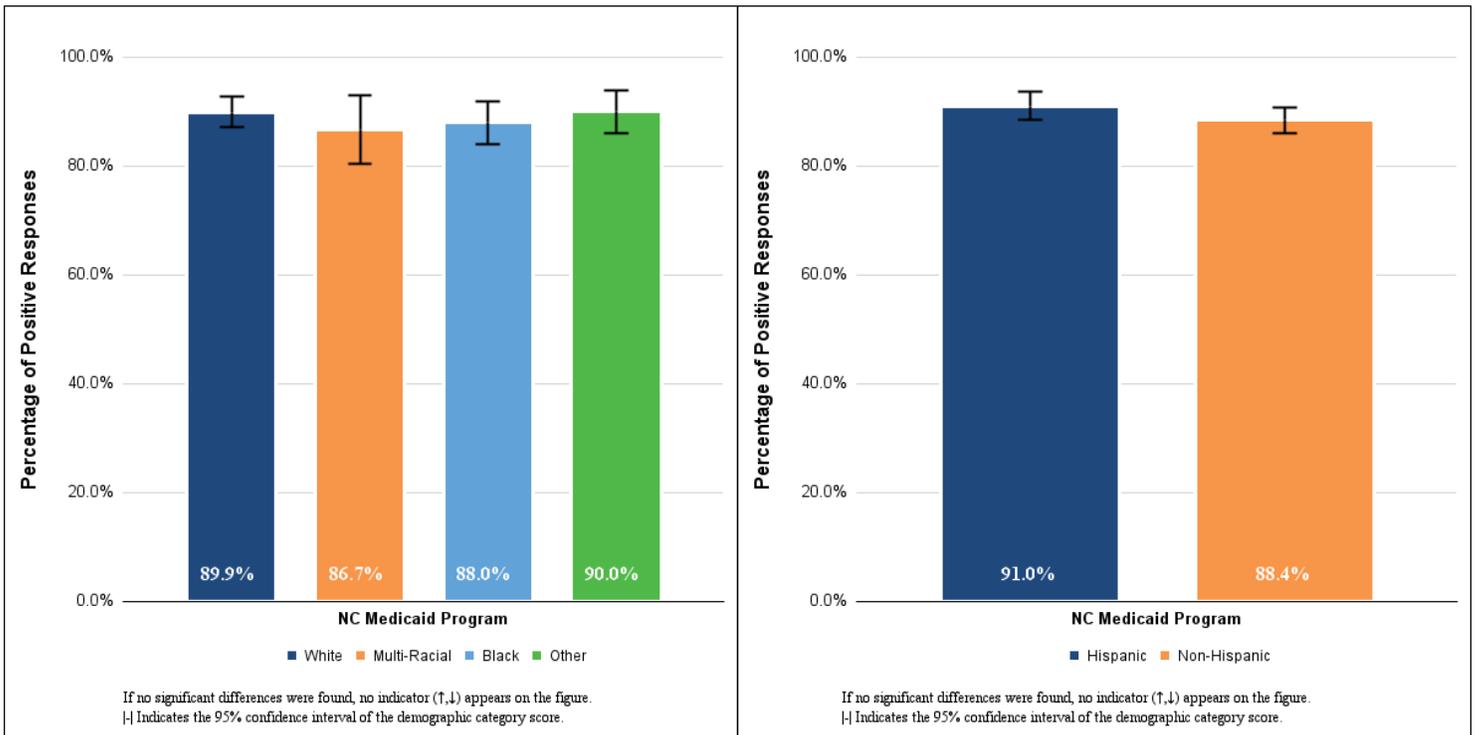
**Figure 4-24—Percentage of 2022 General Child Respondents Who Rate All Their Child’s Health Care Positively for NC Medicaid Program, by Race and Ethnicity**



**Rating of Personal Doctor**

Figure 4-25 shows the *Rating of Personal Doctor* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those general child parent/caretaker respondents who rated their child’s personal doctor positively, there were no significant differences identified by race or ethnicity.

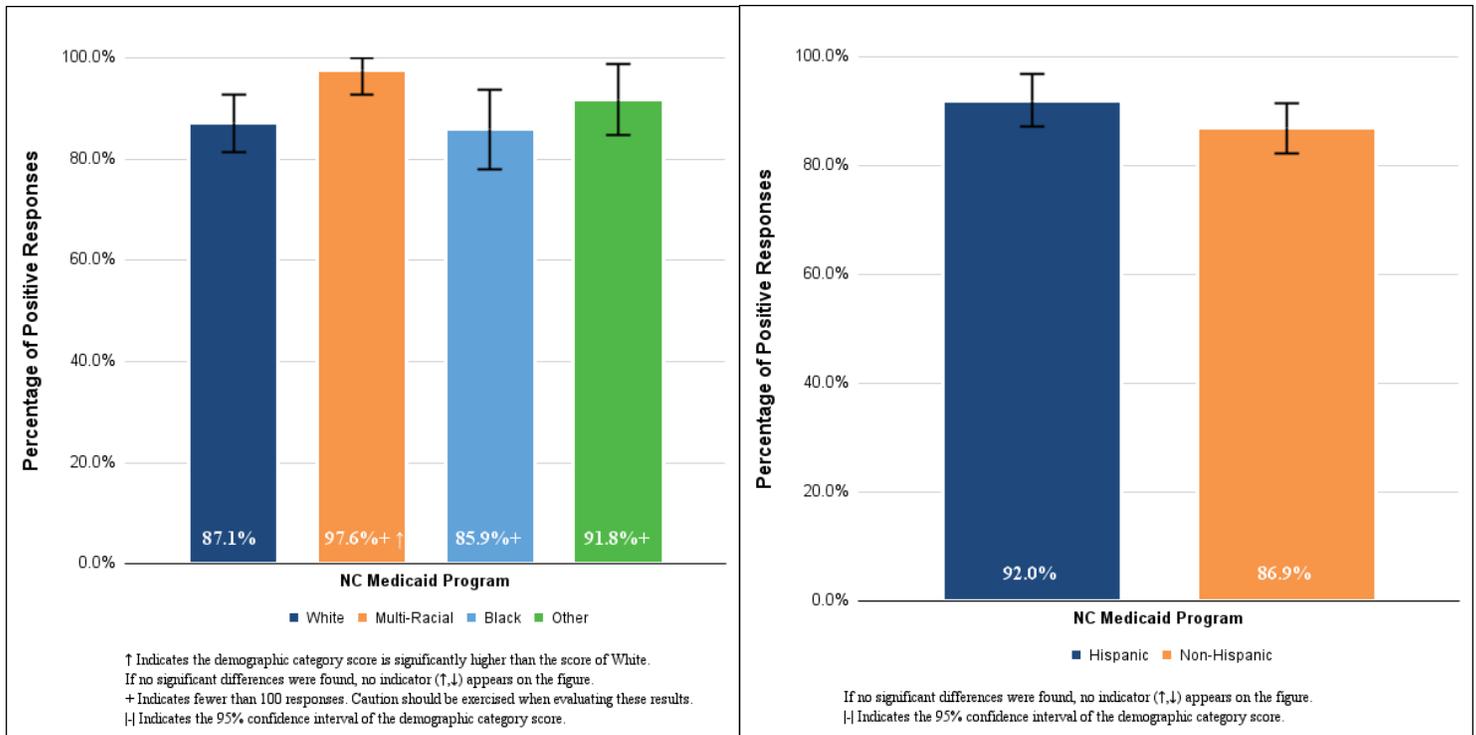
**Figure 4-25—Percentage of 2022 General Child Respondents Who Rate Their Child’s Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity**



### Rating of Specialist Seen Most Often

Figure 4-26 shows the *Rating of Specialist Seen Most Often* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Multi-Racial general child parent/caretaker respondents reported a positive rating for the specialist their child saw most often for the NC Medicaid Program when compared to White respondents. There were no significant differences identified by ethnicity for Hispanic or Non-Hispanic general child parent/caretaker respondents when compared to the demographic average for the NC Medicaid Program.

**Figure 4-26—Percentage of 2022 General Child Respondents Who Rate the Specialist Their Child Saw Most Often Positively for NC Medicaid Program, by Race and Ethnicity**

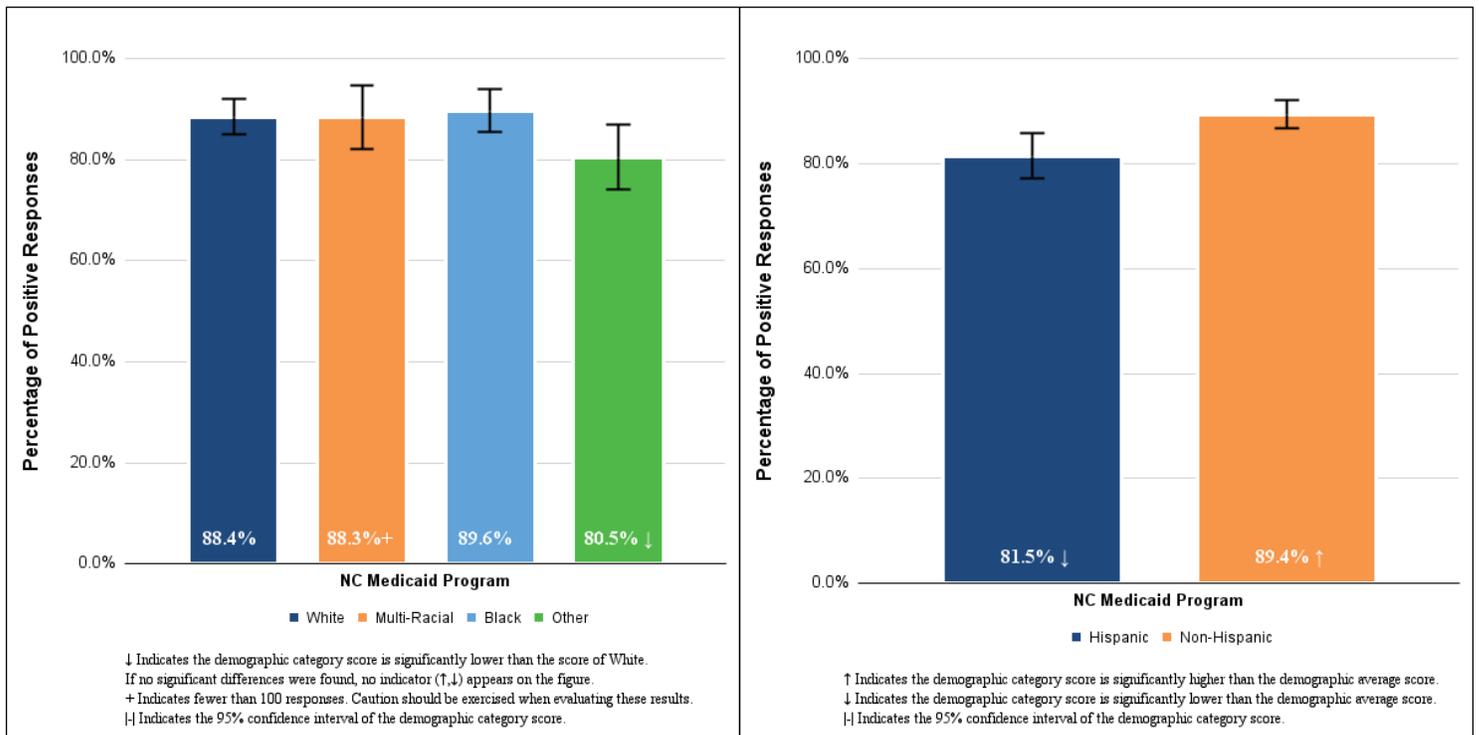


## Composite Measures

### Getting Needed Care

Figure 4-27 shows the *Getting Needed Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Other race general child parent/caretaker respondents reported usually or always getting the care they needed for their child when compared to White respondents. A significantly *higher* percentage of Non-Hispanic general child parent/caretaker respondents reported usually or always getting the care they needed for their child when compared to Hispanic respondents for the NC Medicaid Program.

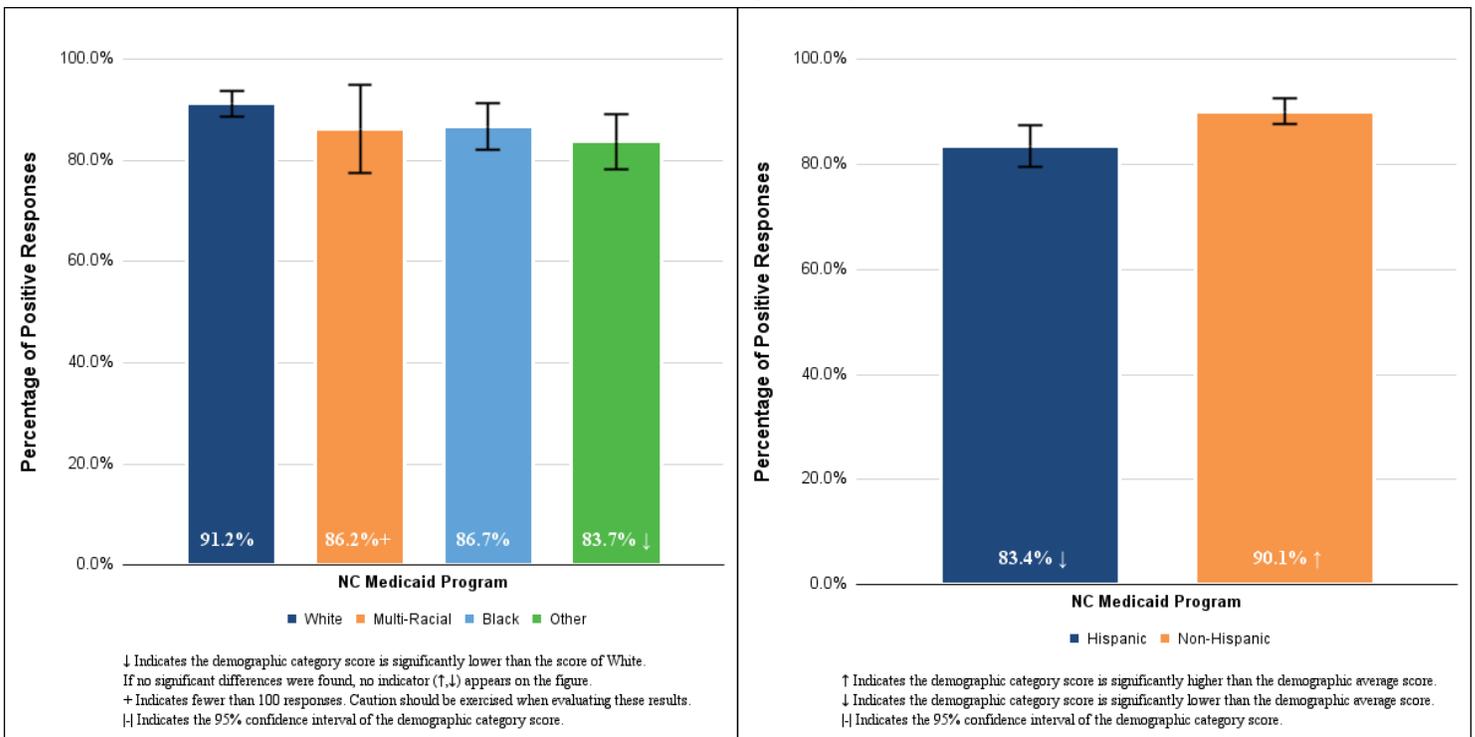
**Figure 4-27—Percentage of 2022 General Child Respondents Who Usually or Always Got Care They Needed for Their Child for NC Medicaid Program, by Race and Ethnicity**



### Getting Care Quickly

Figure 4-28 shows the *Getting Care Quickly* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Other race general child parent/caretaker respondents reported their child usually or always got care quickly when compared to White respondents. A significantly *higher* percentage of Non-Hispanic general child parent/caretaker respondents reported their child usually or always got care quickly when compared to Hispanic respondents for the NC Medicaid Program.

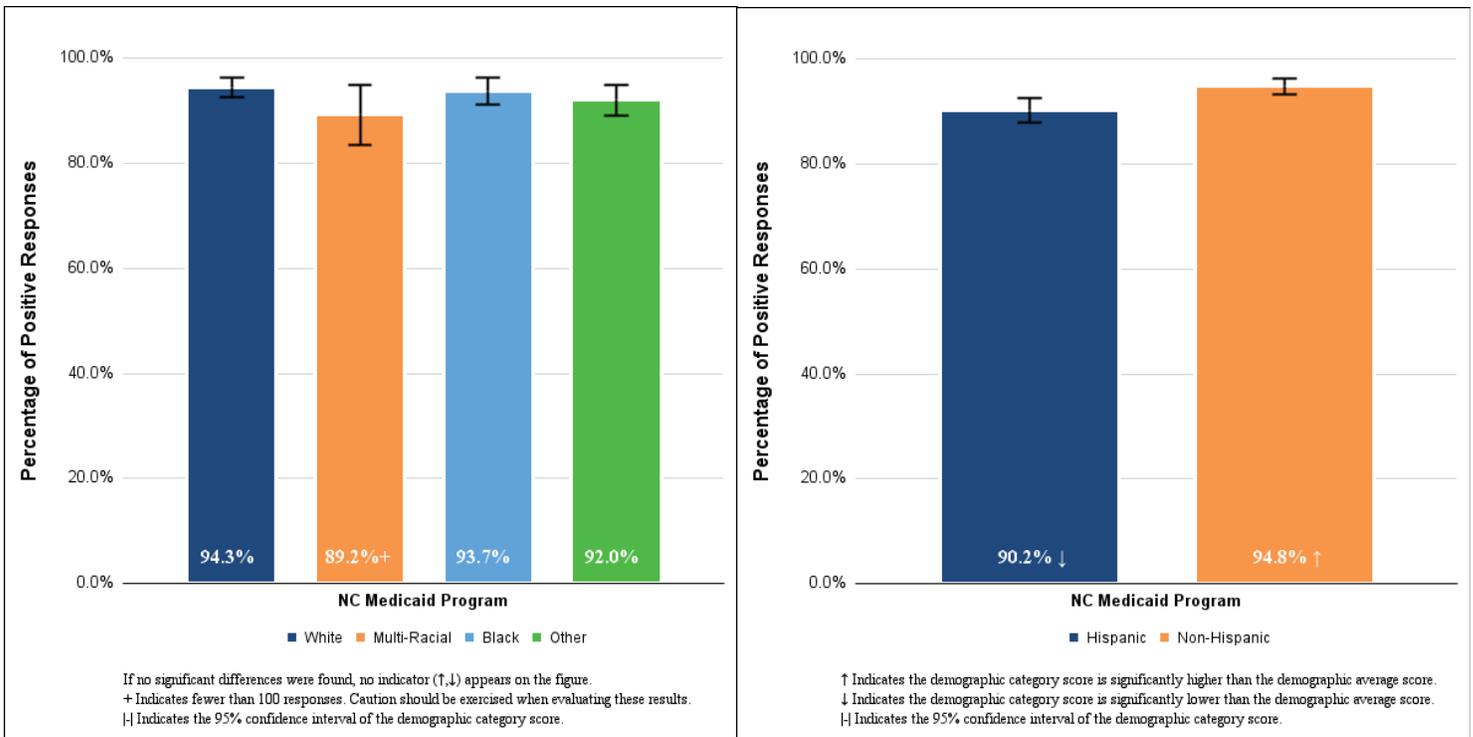
**Figure 4-28—Percentage of 2022 General Child Respondents Who Usually or Always Got Care Quickly for Their Child for NC Medicaid Program, by Race and Ethnicity**



### How Well Doctors Communicate

Figure 4-29 shows the *How Well Doctors Communicate* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic general child parent/caretaker respondents reported their child’s personal doctor usually or always communicated well when compared to Hispanic respondents for the NC Medicaid Program.

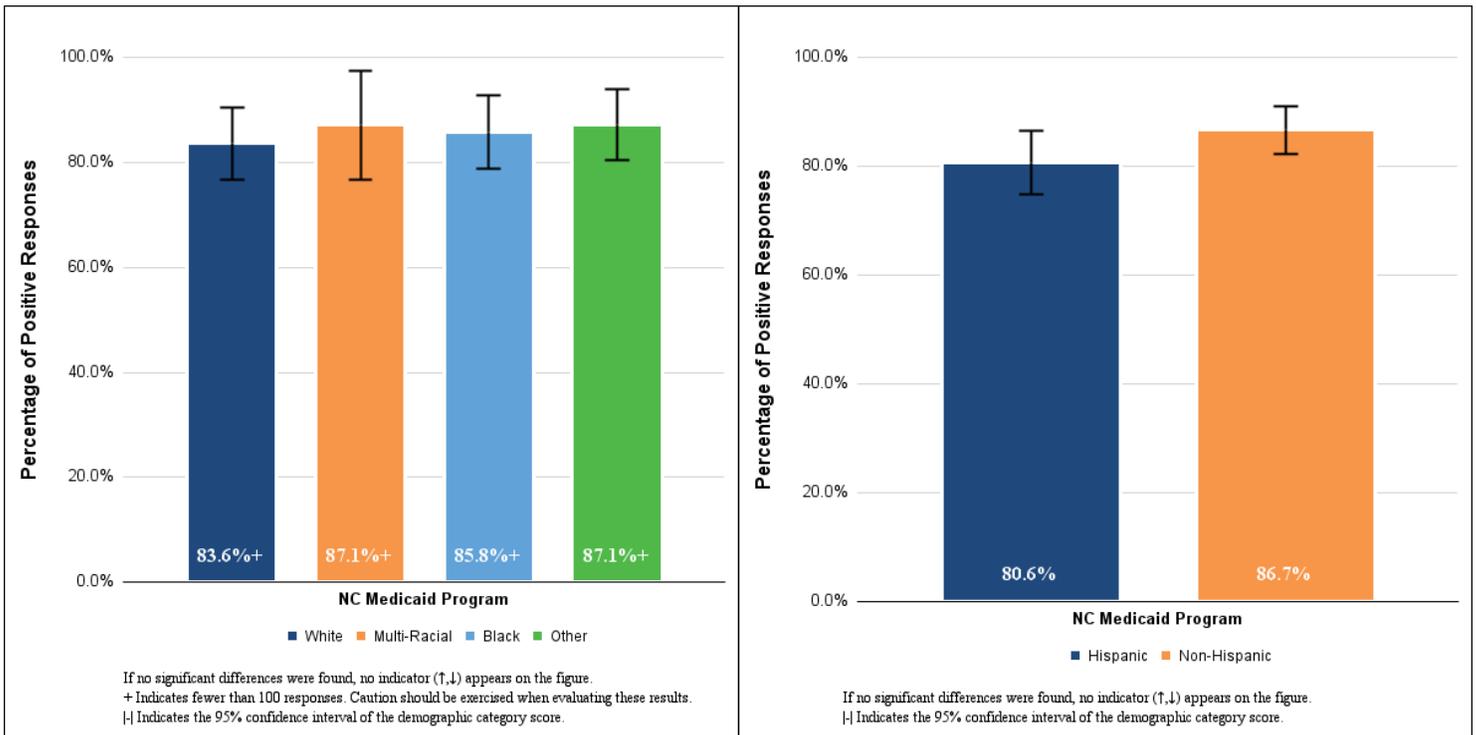
**Figure 4-29—Percentage of 2022 General Child Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them for NC Medicaid Program, by Race and Ethnicity**



**Customer Service**

Figure 4-30 shows the *Customer Service* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those general child parent/caretaker respondents who usually or always had a positive experience with their child’s health plan’s customer service, there were no significant differences identified by race or ethnicity.

**Figure 4-30—Percentage of 2022 General Child Respondents Who Usually or Always Had a Positive Experience With Their Child’s Health Plan’s Customer Service for NC Medicaid Program, by Race and Ethnicity**

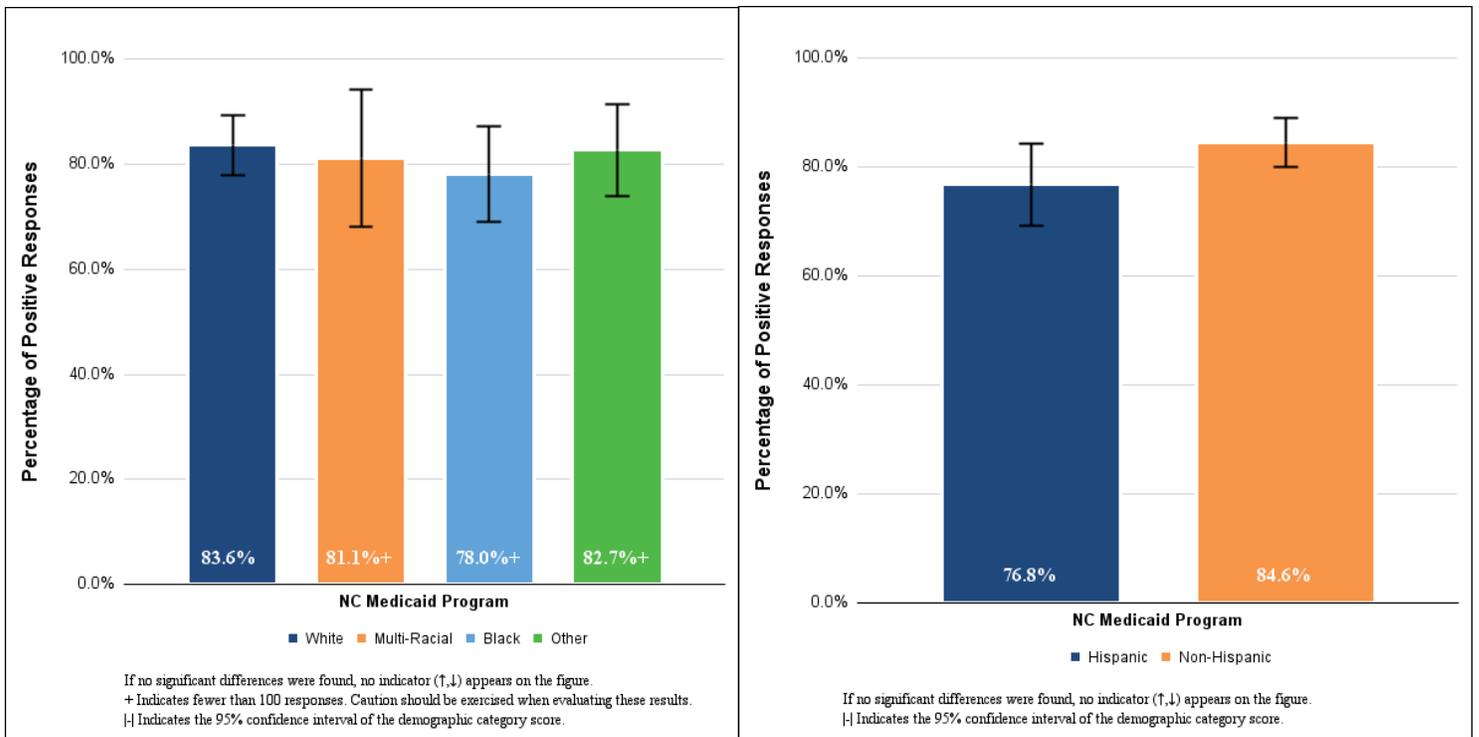


**Individual Item Measure**

**Coordination of Care**

Figure 4-31 shows the *Coordination of Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those general child parent/caretaker respondents who reported their child’s personal doctor usually or always coordinated their child’s care with other providers, there were no significant differences identified by race or ethnicity.

**Figure 4-31—Percentage of 2022 General Child Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for NC Medicaid Program, by Race and Ethnicity**



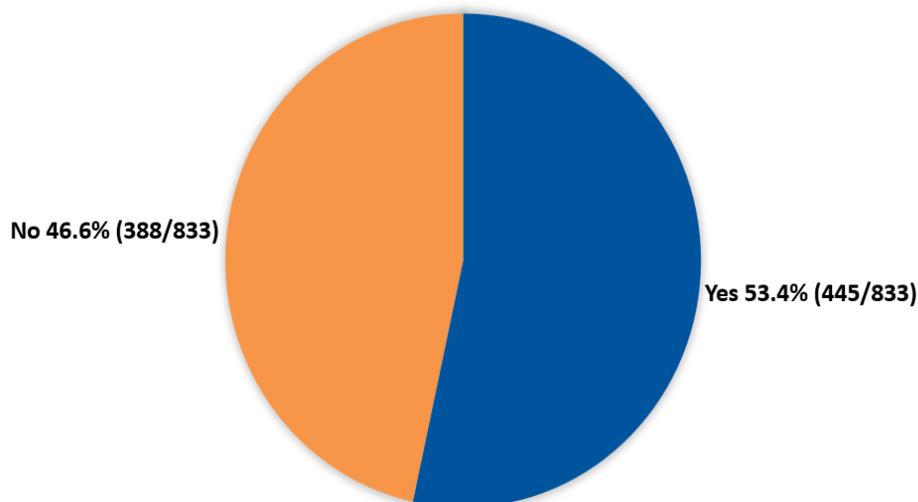
## Supplemental Items

DHB added three supplemental questions regarding the COVID-19 vaccine.

Figure 4-32 through Figure 4-35 provide the results for the questions that asked if the child’s provider discussed getting the COVID-19 vaccine and if child members received the COVID-19 vaccine, respectively, for the NC Medicaid Program.

Figure 4-32 presents the percentage of general child parent/caretaker respondents who reported their child’s provider discussed their child getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program. The majority of the general child parent/caretaker respondents reported their child’s provider did discuss their child getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program.

**Figure 4-32—Percentage of 2022 General Child Respondents Who Reported Their Child’s Provider Discussed Their Child Getting a COVID-19 Vaccine in the Last 6 Months for NC Medicaid Program**



*Respondents who answered “My child did not see their doctor or other health provider in the last 6 months” were excluded from the analysis.*

Figure 4-33 presents the percentage of general child parent/caretaker respondents who reported their child’s provider discussed their child getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program by ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic general child parent/caretaker respondents reported their child’s provider discussed their child getting the COVID-19 vaccine in the last 6 months when compared to Hispanic respondents for the NC Medicaid Program.

**Figure 4-33—Percentage of 2022 General Child Respondents Who Reported Their Child’s Provider Discussed Their Child Getting a COVID-19 Vaccine in the Last 6 Months for NC Medicaid Program, by Ethnicity**

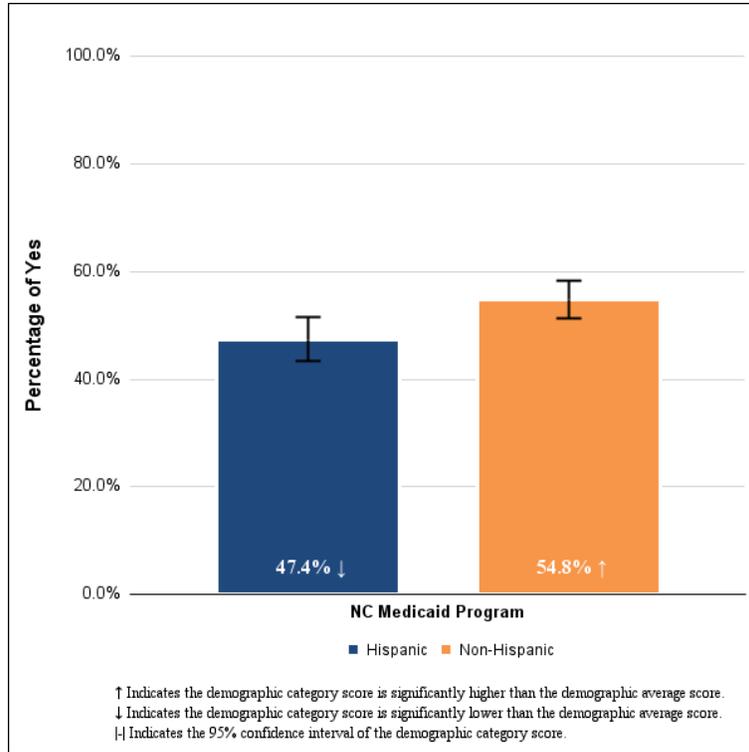


Figure 4-34 presents the percentage of general child parent/caretaker respondents who reported their child received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program. The majority of general child parent/caretaker respondents reported their child did not receive at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program.

**Figure 4-34—Percentage of 2022 General Child Respondents Who Reported Their Child Received At Least One Dose of the COVID-19 Vaccine At Any Time for NC Medicaid Program**

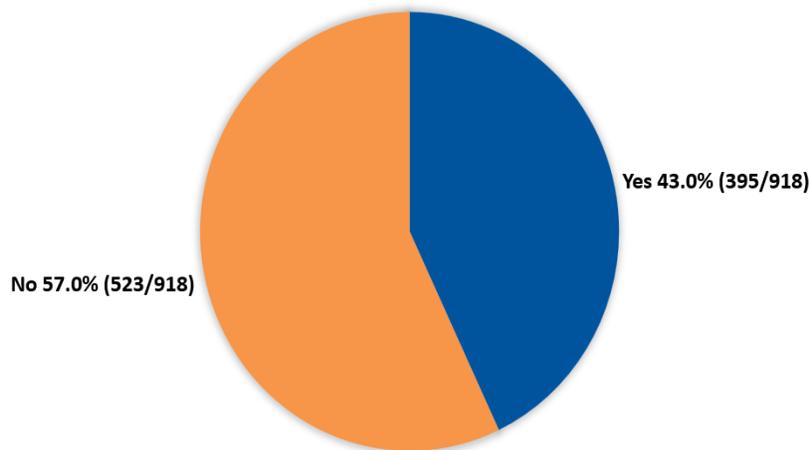


Figure 4-35 presents the percentage of general child parent/caretaker respondents who reported their child received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program by race. A significantly *higher* percentage of Black general child parent/caretaker respondents reported their child received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program when compared to White respondents. There were no significant differences identified by ethnicity for Hispanic or Non-Hispanic general child parent/caretaker respondents when compared to the demographic average for the NC Medicaid Program.

**Figure 4-35—Percentage of 2022 General Child Respondents Who Reported Their Child Received At Least One Dose of COVID-19 Vaccine at Any Time for NC Medicaid Program, by Race**

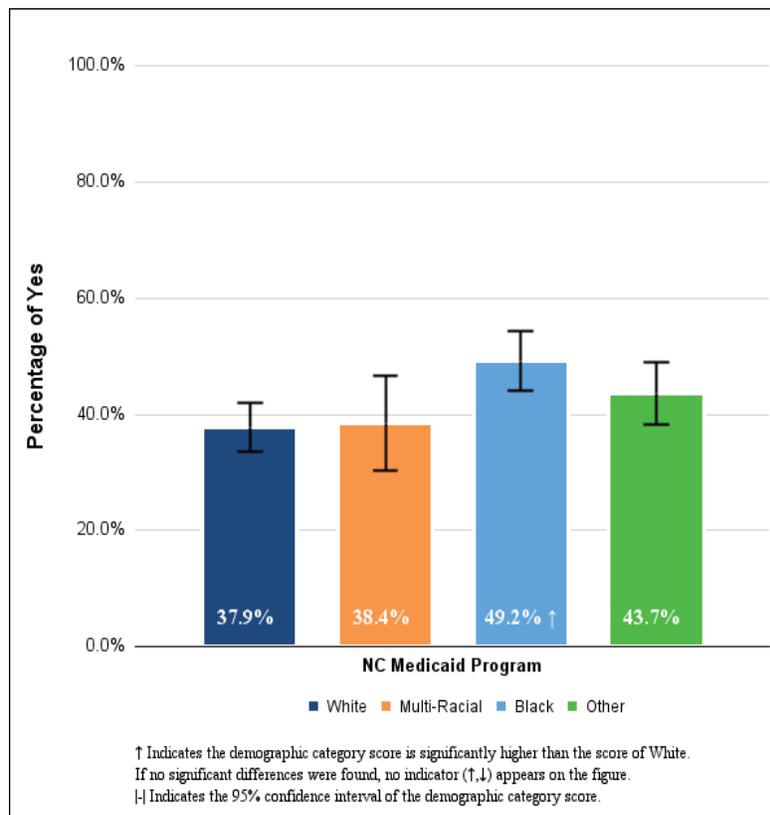


Table 4-5 provides the reasons general child parent/caretaker respondents reported their child did not receive the COVID-19 vaccine for the NC Medicaid Program. The top three most common reasons general child parent/caretaker respondents reported their child did not receive the COVID-19 vaccine were due to the parents’/caretakers’ perceptions/beliefs of the COVID-19 vaccine including: long-term side effects, the vaccine was developed too quickly, and information in the media was difficult to understand. The top three least common reasons general child parents/caretakers reported their child did not receive the COVID-19 vaccine were due to barriers to receiving the COVID-19 vaccine including: not having time off work and not having a way to get to a vaccine clinic.

**Table 4-5—Among 2022 General Child Respondents Who Reported Their Child Did Not Receive a COVID-19 Vaccine At Any Time, Percentage of Respondents’ Reasons for Their Child Not Receiving the COVID-19 Vaccine for NC Medicaid Program**

Responses (Respondents may have selected more than one answer)	% (N/D)
Age or Health Condition	21.7% (108/497)
Vaccine Developed Too Quickly	44.9% (223/497)
Long-Term Side Effects	59.8% (297/497)
Don’t Trust Public Health Agencies	22.1% (110/497)
Information in the Media is Difficult to Understand	38.8% (193/497)
Already Had COVID-19	19.1% (95/497)
Not Worried About My Child Getting COVID-19	15.7% (78/497)
People I Trust Recommend My Child Doesn’t Get It	13.5% (67/497)
Don’t Have Time Off Work	6.6% (33/497)
Don’t Have Way to Get to Vaccine Clinic	9.7% (48/497)
Other Reason	29.8% (148/497)
<i>Results presented are based on respondents that answered “No” to their child having received a COVID-19 vaccine. Respondents may choose more than one response to this question; therefore, percentages will not total 100%. (N/D) Indicates numerator and denominator.</i>	

## 5. CCC Results

### Chronic Conditions Classification

A series of CCC screener questions included in the survey were used to identify children with chronic conditions. This series contains five sets of survey questions that focus on specific health care needs and conditions. Child members with affirmative responses to all the questions in at least one of the following five categories were considered to have a chronic condition:

- Child needed or used prescription medicine.
- Child needed or used more medical care, mental health services, or educational services than other children of the same age need or use.
- Child had limitations in the ability to do what other children of the same age do.
- Child needed or used special therapy.
- Child needed or used mental health treatment or therapy.

Survey responses for child members in both the general child and CCC supplemental samples were analyzed to determine which child members had chronic conditions. Therefore, the general child sample included children with and without chronic conditions based on responses to the survey questions.

The 2022 report does not contain PHP and EBCI Tribal Option-specific results as the majority of results contain fewer than 100 responses and may not accurately represent experiences of the health plans.

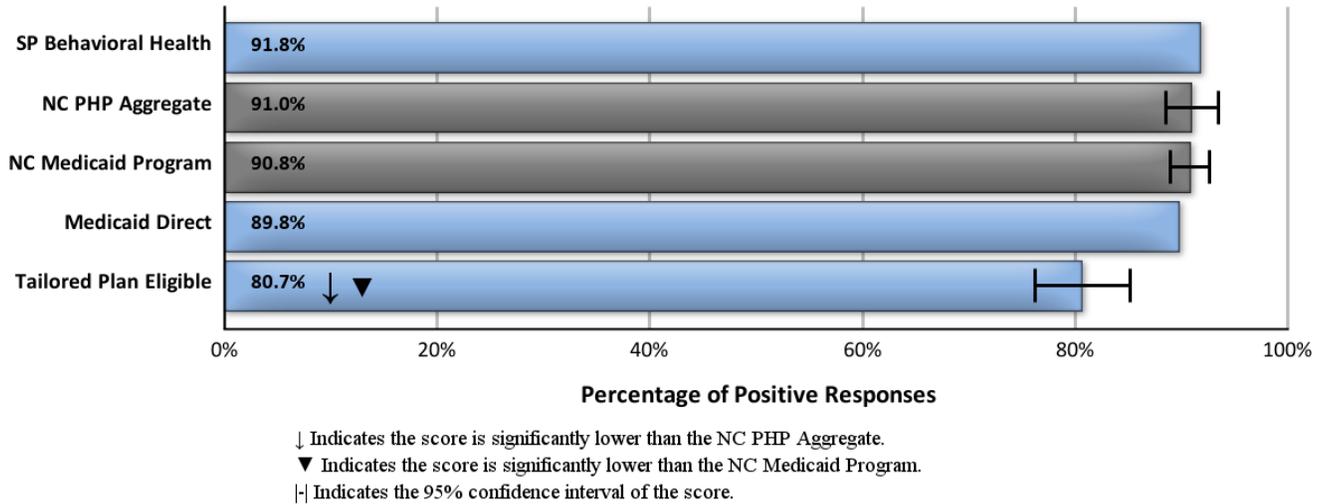
### CCC Members: General Health Status and Mental or Emotional Health Status

Figure 5-1 and Figure 5-2 present the characteristics of CCC members reported by their parents/caretakers who completed a survey on their behalf for general health status and mental or emotional health status. The percentage of population-specific respondents who reported their child's general and mental or emotional health status as Excellent, Very Good, or Good was compared to the NC Medicaid Program and NC PHP Aggregate. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>35</sup>

<sup>35</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

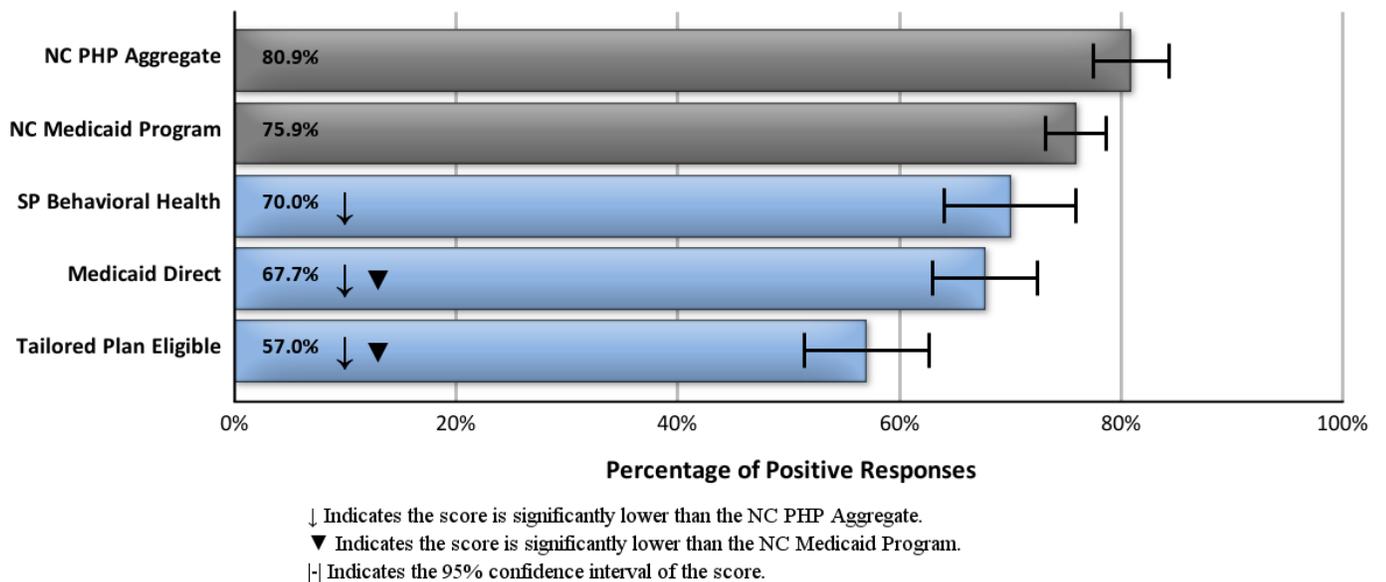
Tailored Plan Eligible respondents reported significantly *lower* ratings of their child’s general health compared to the NC Medicaid Program and NC PHP Aggregate.

**Figure 5-1—Percentage of 2022 CCC Respondents Who Rate Their Child’s General Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons**



Medicaid Direct and Tailored Plan Eligible respondents reported significantly *lower* ratings of their child’s mental or emotional health compared to the NC Medicaid Program. SP Behavioral Health, Medicaid Direct, and Tailored Plan Eligible respondents reported significantly *lower* ratings of their child’s mental or emotional health compared to the NC PHP Aggregate.

**Figure 5-2—Percentage of 2022 CCC Respondents Who Rate Their Child’s Mental or Emotional Health Status as Either Excellent, Very Good, or Good, by Program-Specific Populations, with Aggregate Comparisons**



## Aggregate Comparisons

For the Aggregate Comparisons analysis, scores were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>36</sup> For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 14. For more detailed information regarding the measure calculations for the measures, please refer to the Reader's Guide beginning on page 23.

HSAG compared the population-specific results to the NC Medicaid Program and NC PHP Aggregate to determine if the results were significantly different. In addition, HSAG compared the results to NCQA's Medicaid national averages. NCQA Quality Compass data for the Medicaid population were used for comparative purposes.<sup>37</sup> In some instances, the scores presented for two populations were similar, but one was significantly different from the NC Medicaid Program, NC PHP Aggregate, or NCQA Medicaid national average and the other was not. In these instances, it was the difference in the number of respondents between the two that explains why one achieved significance and the other did not. It is more likely that a significant result will be found with a larger number of respondents. Ninety-five percent confidence interval error bars were added to the NC Medicaid Program and NC PHP Aggregate results, as well as any populations with statistically significant differences. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>38</sup>

For each measure, HSAG included a pre-PHP implementation trend chart that displays the 2018, 2019, and 2022 measure results for the NC Medicaid Program. CAHPS was not fielded in 2020 due to the public health emergency. The CCC population was not assessed in 2021; therefore, these results are not included in the trend charts.

CAHPS scores with fewer than 100 responses are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For more detailed information regarding these comparisons, please refer to the Reader's Guide beginning on page 24.

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<sup>36</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

<sup>37</sup> Medicaid health plans from the following states are reporting to NCQA for the CCC population: Florida, Louisiana, Maryland, Ohio, and Washington.

<sup>38</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

## Global Ratings

### Rating of Health Plan

Respondents were asked to rate their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 5-3 shows the *Rating of Health Plan* positive rating results for each population, with national and aggregate comparisons. The following rates were significantly *lower* than the national average: Medicaid Direct and Tailored Plan Eligible. In addition, the Tailored Plan Eligible rate was significantly *lower* than the NC PHP Aggregate. None of the population-specific rates were significantly different than the NC Medicaid Program. Compared to the CCC population, the general child population’s NC Medicaid Program rate (83.5 percent) was *higher*.

**Figure 5-3—Percentage of 2022 CCC Population Respondents Who Rate Their Child’s Health Plan Positively, by Program-Specific Populations, with National and Aggregate Comparisons**

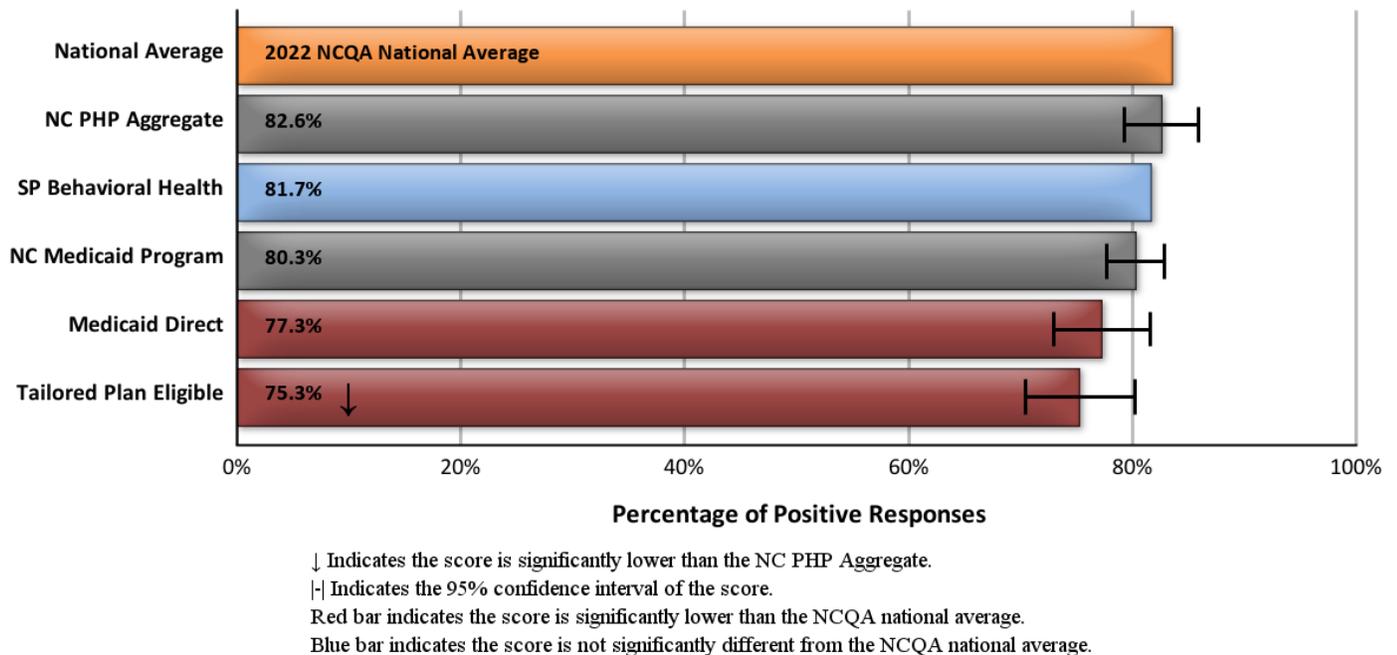
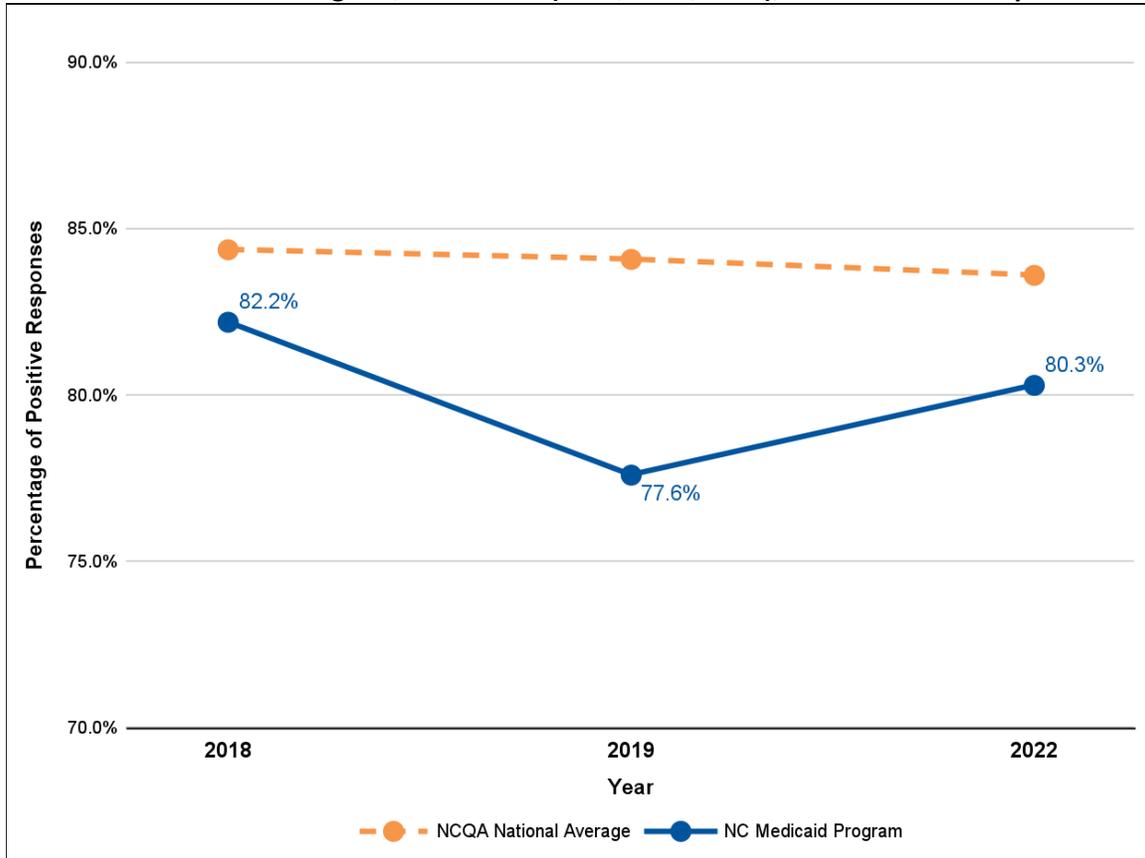


Figure 5-4 shows the *Rating of Health Plan* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-4—Percentage of CCC Population Respondents Who Rate Their Child’s Health Plan Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



### Rating of All Health Care

Respondents were asked to rate all their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 5-5 shows the *Rating of All Health Care* positive rating results for each population, with national and aggregate comparisons. The Tailored Plan Eligible rate was significantly *lower* than the national average, NC Medicaid Program, and NC PHP Aggregate. Compared to the CCC population, the general child population’s NC Medicaid Program rate (89.0 percent) was *higher*.

**Figure 5-5—Percentage of 2022 CCC Population Respondents Who Rate All Their Child’s Health Care Positively by Program-Specific Populations, with National and Aggregate Comparisons**

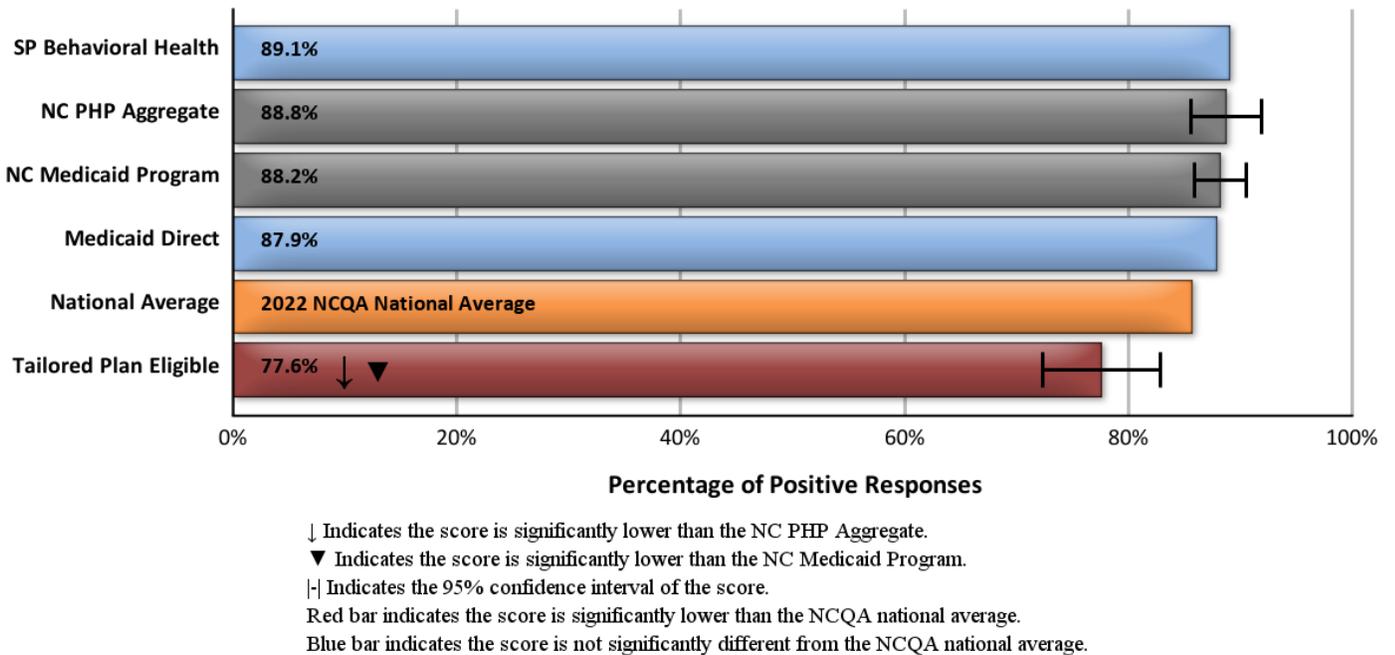
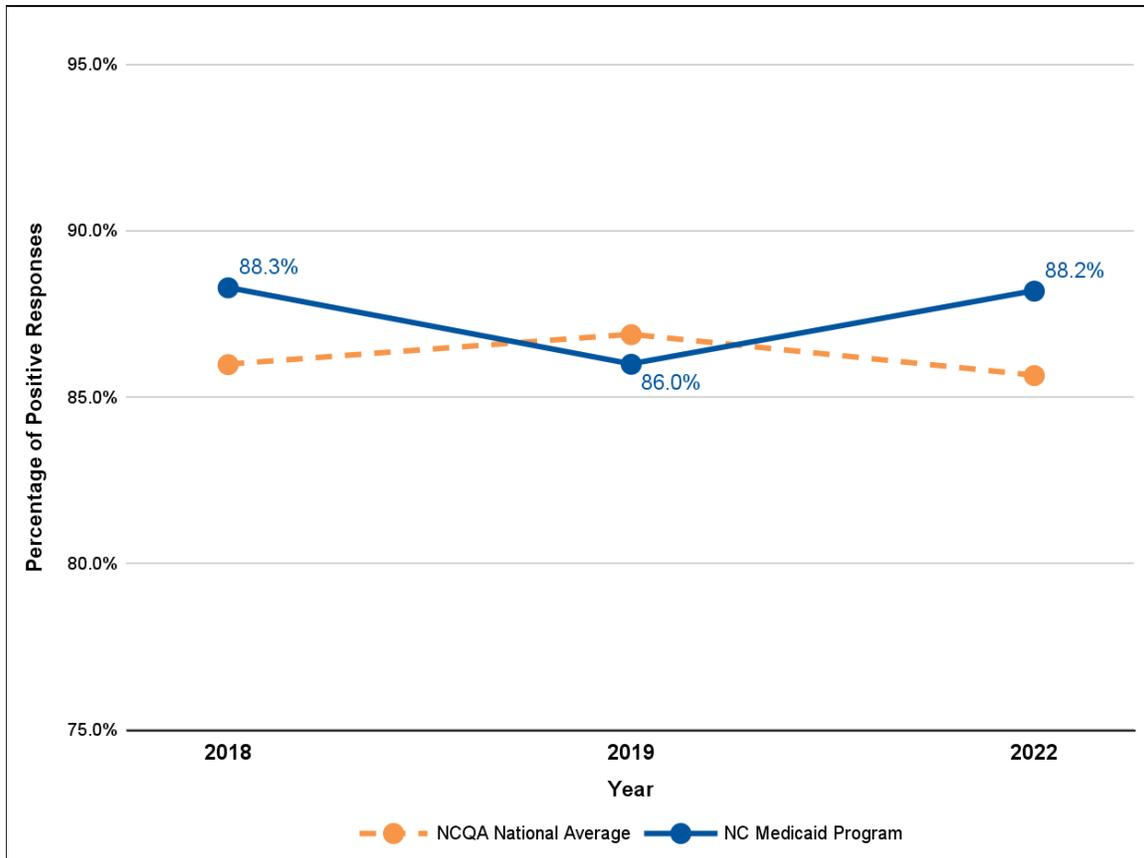


Figure 5-6 shows the *Rating of All Health Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-6—Percentage of CCC Population Respondents Who Rate All Their Child’s Health Care Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**

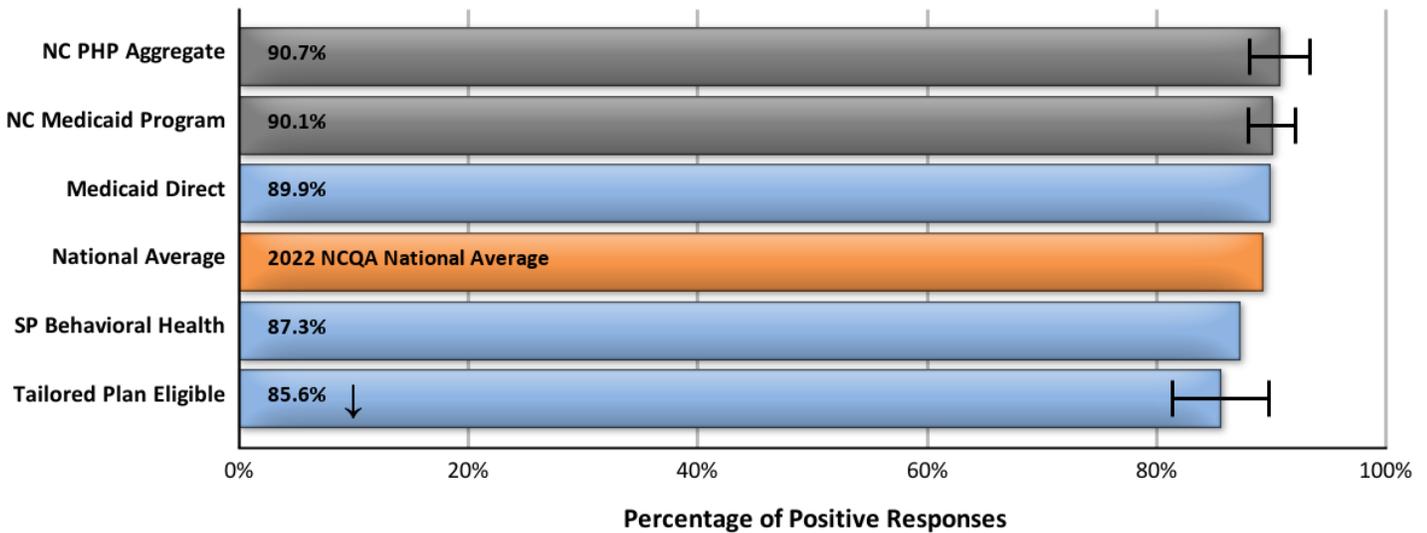


### Rating of Personal Doctor

Respondents were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 5-7 shows the *Rating of Personal Doctor* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average or NC Medicaid Program. The Tailored Plan Eligible rate was significantly *lower* than the NC PHP Aggregate. Compared to the CCC population, the general child population’s NC Medicaid Program rate (89.4 percent) was *lower*.

**Figure 5-7—Percentage of 2022 CCC Population Respondents Who Rate Their Child’s Personal Doctor Positively by Program-Specific Populations, with National and Aggregate Comparisons**



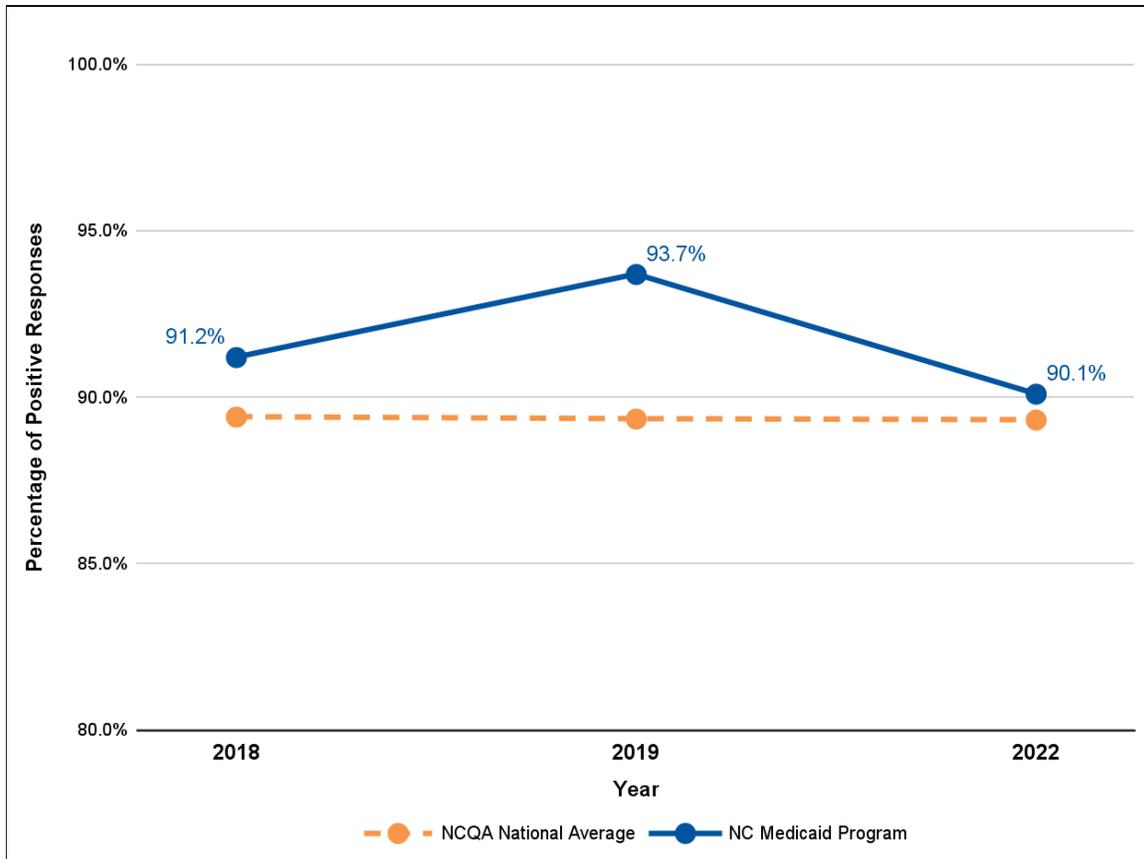
↓ Indicates the score is significantly lower than the NC PHP Aggregate.

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

Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-8 shows the *Rating of Personal Doctor* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-8—Percentage of CCC Population Respondents Who Rate Their Child’s Personal Doctor Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**

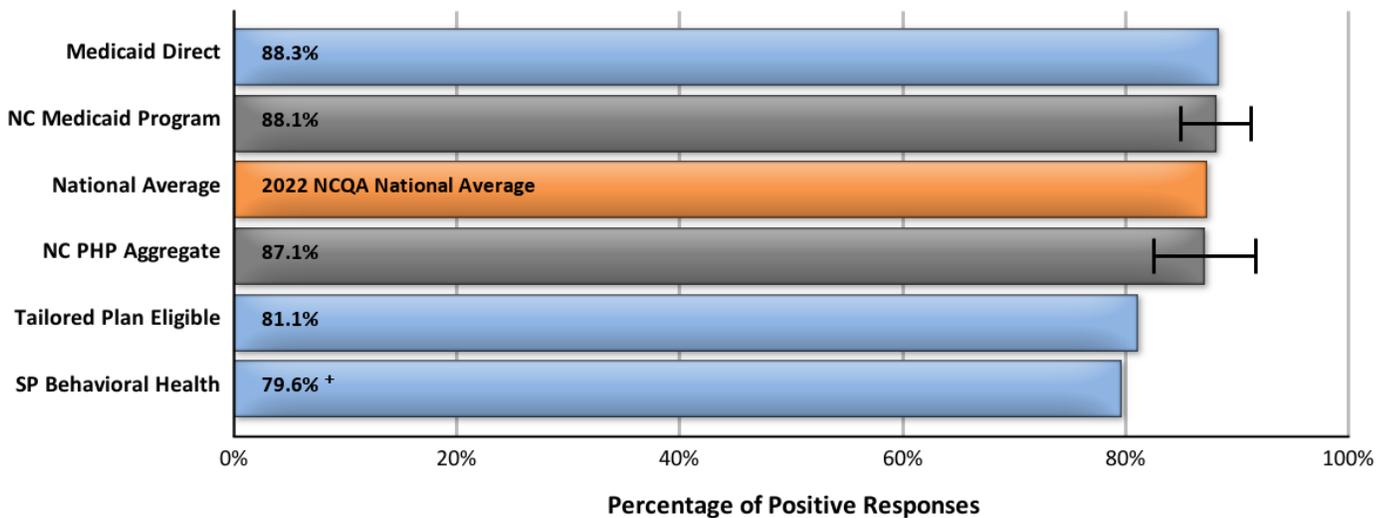


### Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Ratings scoring an 8, 9, or 10 are considered positive ratings.

Figure 5-9 shows the *Rating of Specialist Seen Most Often* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate. Compared to the CCC population, the general child population’s NC Medicaid Program rate (88.9 percent) was *higher*.

**Figure 5-9—Percentage of 2022 CCC Population Respondents Who Rate the Specialist Their Child Saw Most Often Positively by Program-Specific Populations, with National and Aggregate Comparisons**



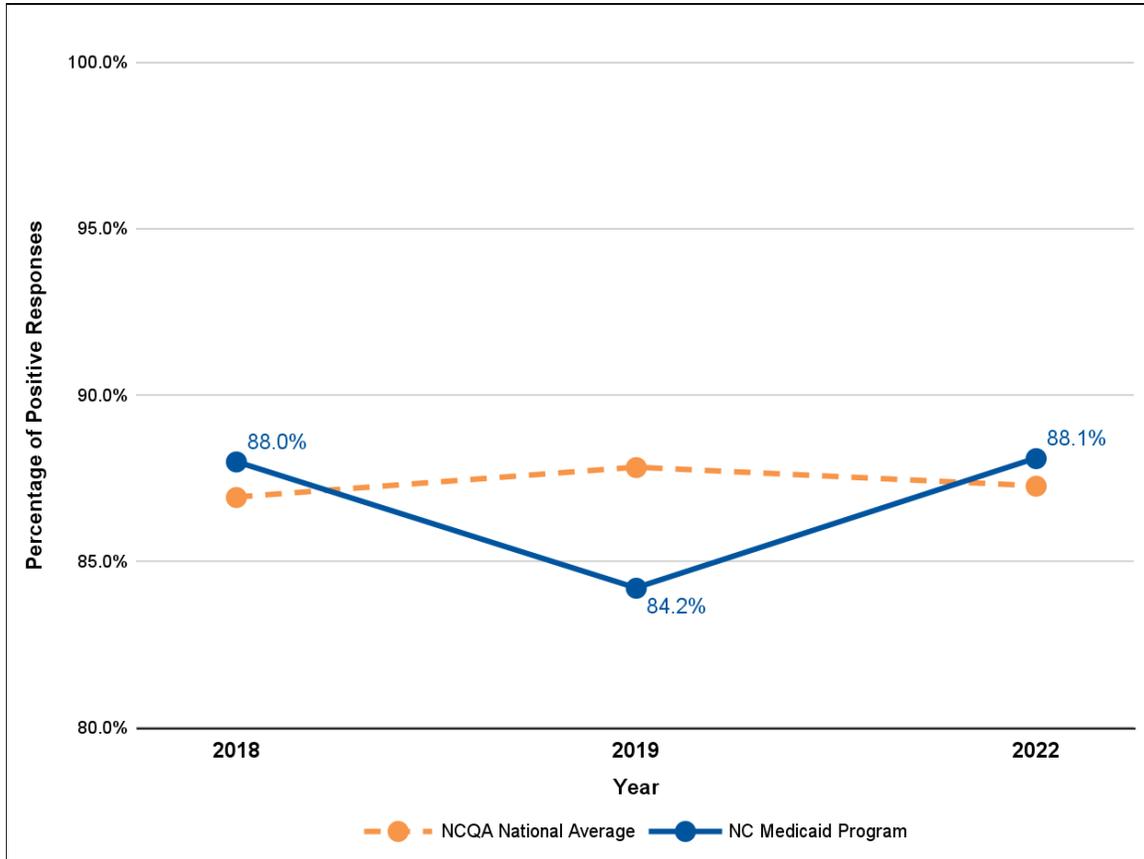
|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 5-10 shows the *Rating of Specialist Seen Most Often* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-10—Percentage of CCC Population Respondents Who Rate the Specialist Their Child Saw Most Often Positively for the NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



## Composite Measures

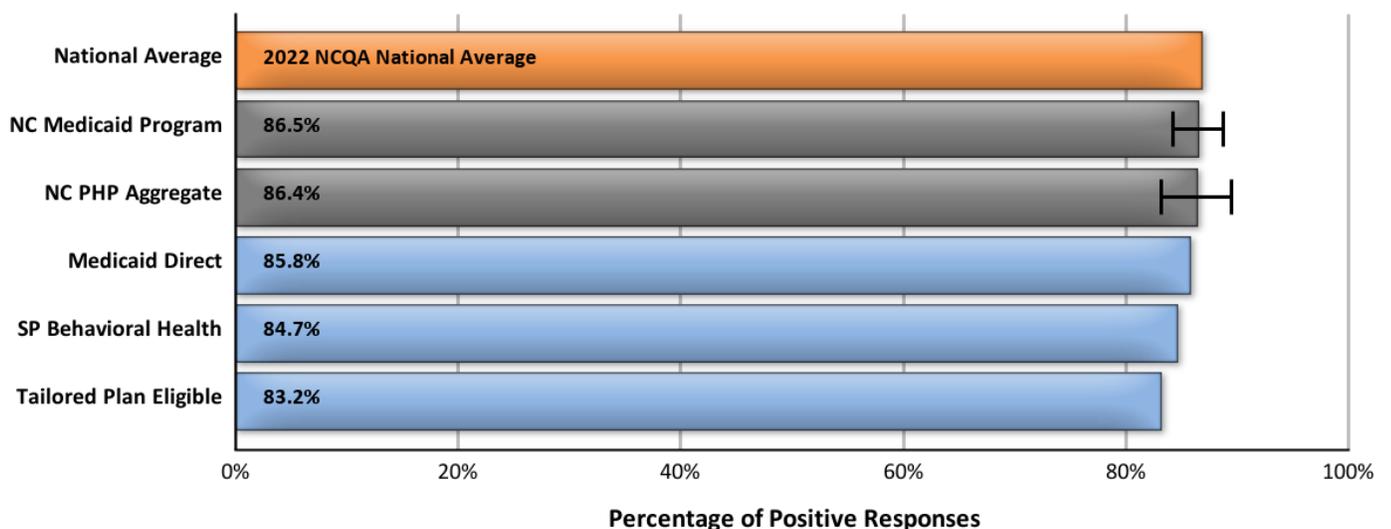
### Getting Needed Care

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get needed care for their child:

- In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Responses of usually and always are considered positive ratings. Figure 5-11 shows the *Getting Needed Care* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate. The general child population’s NC Medicaid Program rate (83.6 percent) was *lower* compared to the CCC population.

**Figure 5-11—Percentage of 2022 CCC Population Respondents Who Usually or Always Got Care They Needed for Their Child by Program-Specific Populations, with National and Aggregate Comparisons**

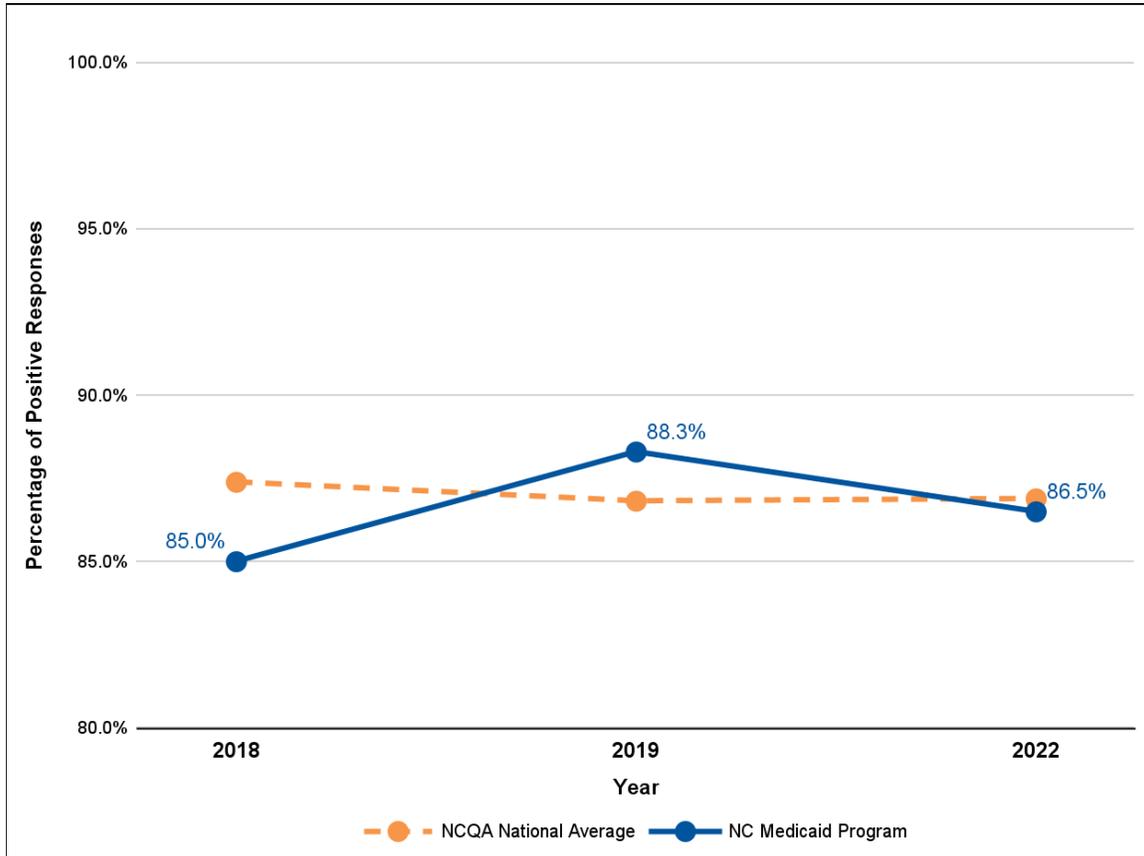


|-| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-12 shows the *Getting Needed Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-12—Percentage of CCC Population Respondents Who Usually or Always Got Care They Needed for Their Child for the NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



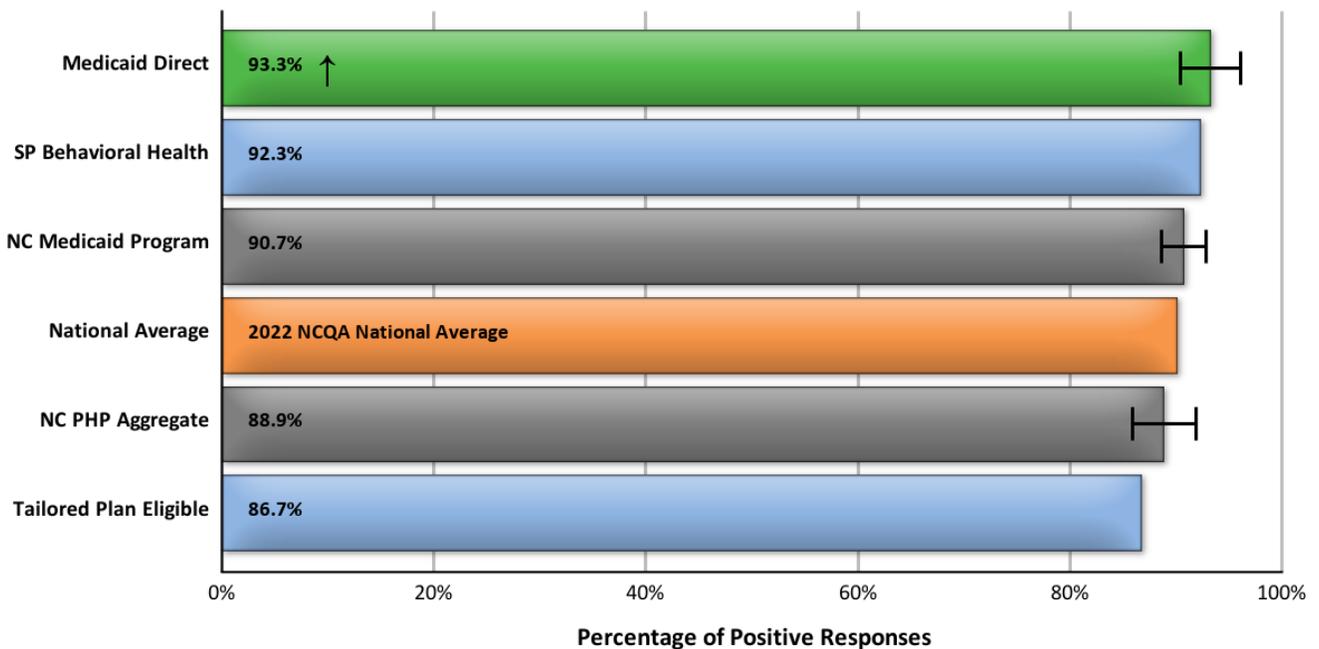
### Getting Care Quickly

Two questions were asked to assess how often (never, sometimes, usually, or always) it was easy to get care quickly for their child:

- In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?

Responses of usually and always are considered positive ratings. Figure 5-13 shows the *Getting Care Quickly* positive rating results for each population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average and NC PHP Aggregate. Compared to the CCC population, the general child population’s NC Medicaid Program rate (85.6 percent) was *lower*.

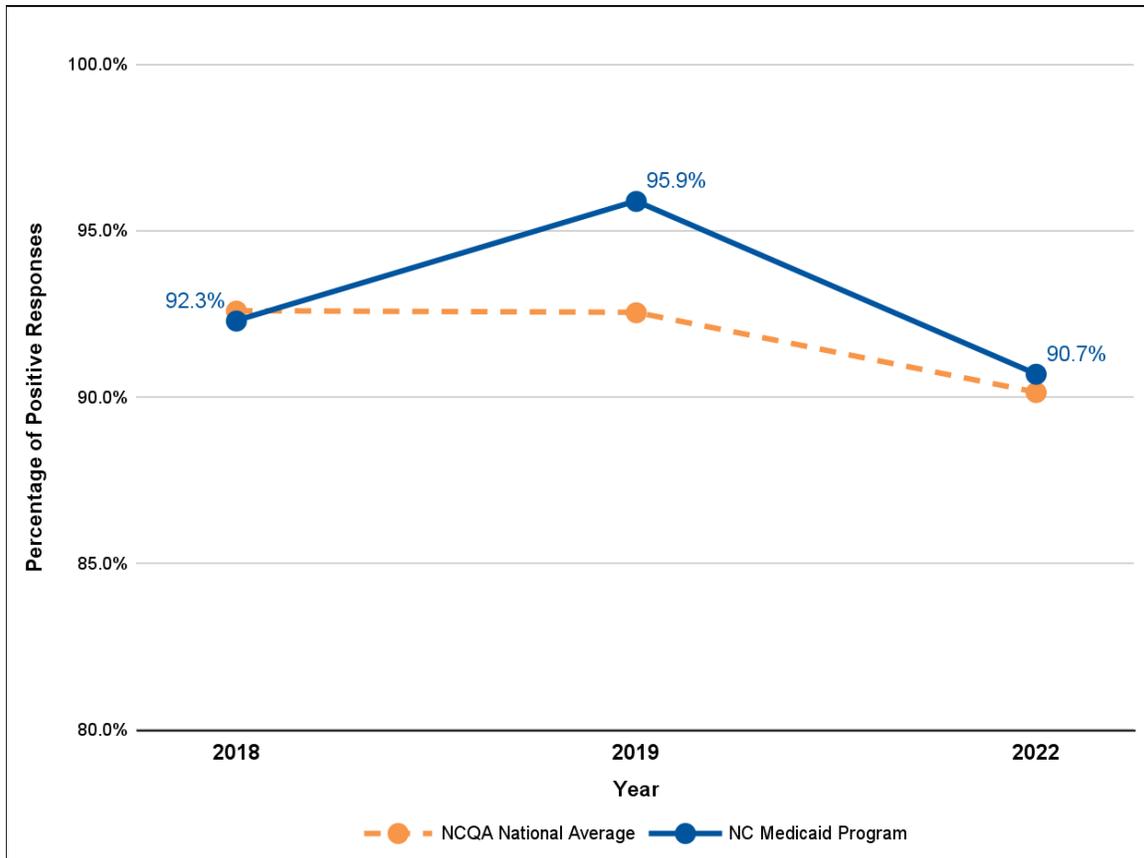
**Figure 5-13—Percentage of 2022 CCC Population Respondents Who Usually or Always Got Care Quickly for Their Child by Program-Specific Populations, with National and Aggregate Comparisons**



↑ Indicates the score is significantly higher than the NC PHP Aggregate.  
 |-| Indicates the 95% confidence interval of the score.  
 Green bar indicates the score is significantly higher than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-14 shows the *Getting Care Quickly* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-14—Percentage of CCC Population Respondents Who Usually or Always Got Care Quickly for Their Child for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



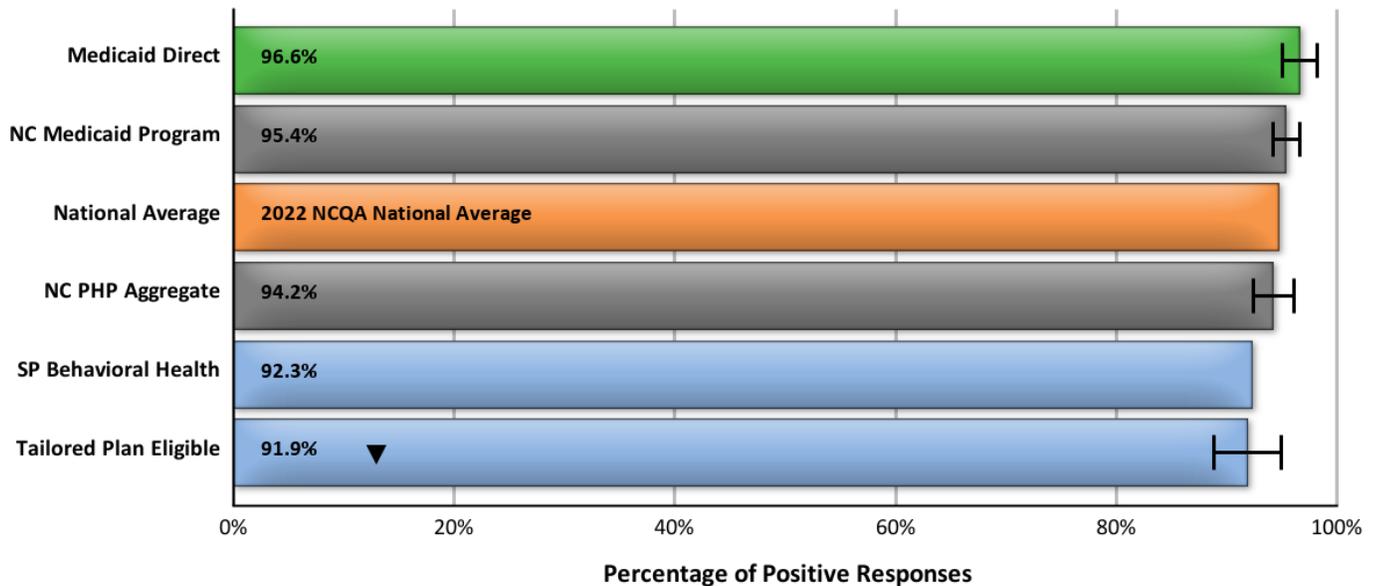
### How Well Doctors Communicate

Four questions were asked to assess how often (never, sometimes, usually, or always) the child’s personal doctor communicated well with the respondent:

- In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?
- In the last 6 months, how often did your child’s personal doctor listen carefully to you?
- In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
- In the last 6 months, how often did your child’s personal doctor spend enough time with your child?

Responses of usually and always are considered positive ratings. Figure 5-15 shows the *How Well Doctors Communicate* positive rating results for each population, with national and aggregate comparisons. The Medicaid Direct rate was significantly *higher* than the national average. The Tailored Plan Eligible rate was significantly *lower* than the NC Medicaid Program. Compared to the CCC population, the general child population’s NC Medicaid Program rate (92.2 percent) was *lower*.

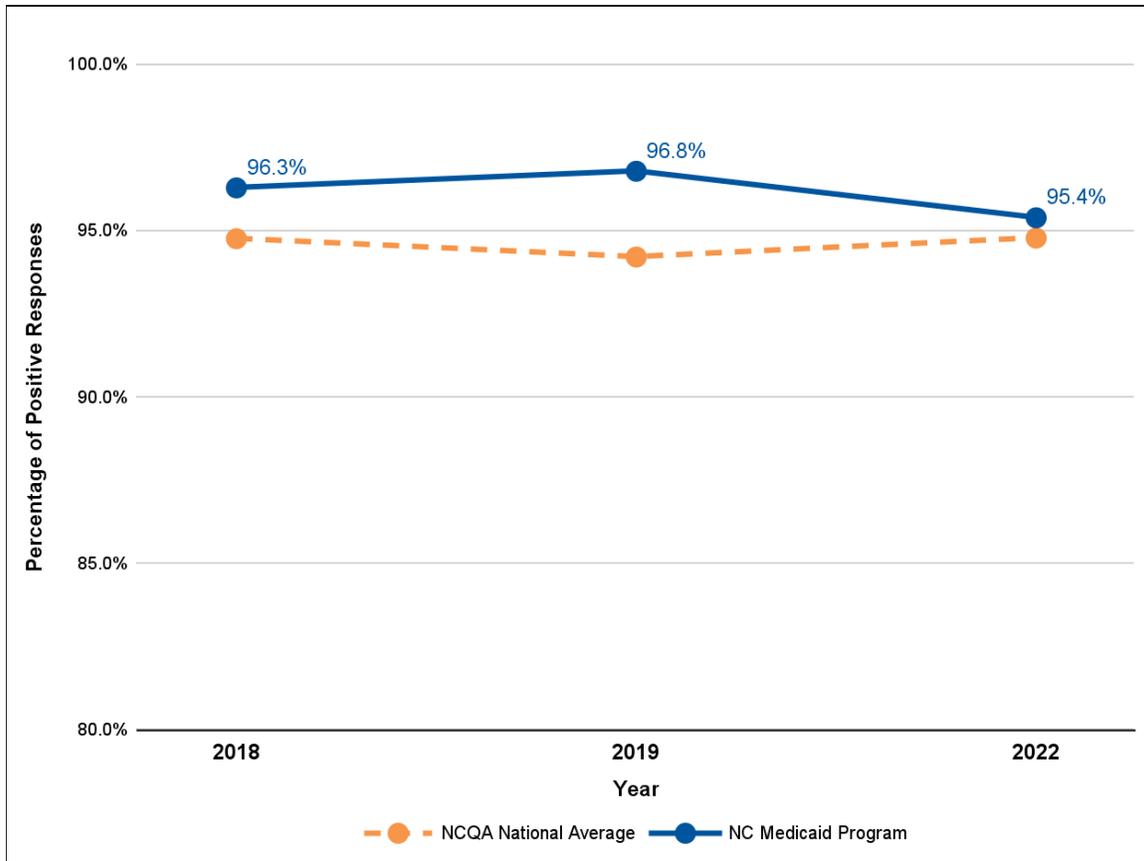
**Figure 5-15—Percentage of 2022 CCC Population Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them by Program-Specific Populations, with National and Aggregate Comparisons**



▼ Indicates the score is significantly lower than the NC Medicaid Program.  
 |—| Indicates the 95% confidence interval of the score.  
 Green bar indicates the score is significantly higher than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-16 shows the *How Well Doctors Communicate* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-16—Percentage of CCC Population Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them for the NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



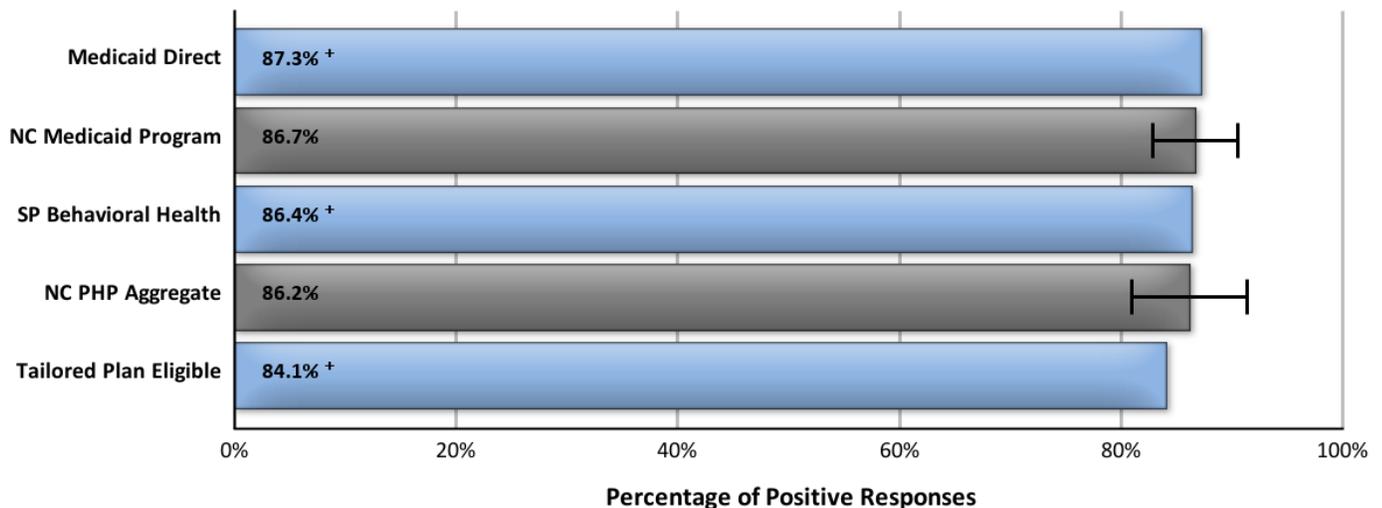
### Customer Service

Two questions were asked to assess how often (never, sometimes, usually, or always) respondents had a positive experience with their child’s health plan’s customer service:

- In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?
- In the last 6 months, how often did customer service staff at your child’s health plan treat you with courtesy and respect?

Responses of usually and always are considered positive ratings. Figure 5-17 shows the *Customer Service* positive rating results for each population, with aggregate comparisons. None of the population-specific rates were significantly different than the NC Medicaid Program or NC PHP Aggregate. A national average was not available for this measure. Compared to the CCC population, the general child population’s NC Medicaid Program rate (82.5 percent) was *lower*.

**Figure 5-17—Percentage of 2022 CCC Population Respondents Who Usually or Always Had a Positive Experience with Their Child’s Health Plan’s Customer Service by Program-Specific Populations, with Aggregate Comparisons**

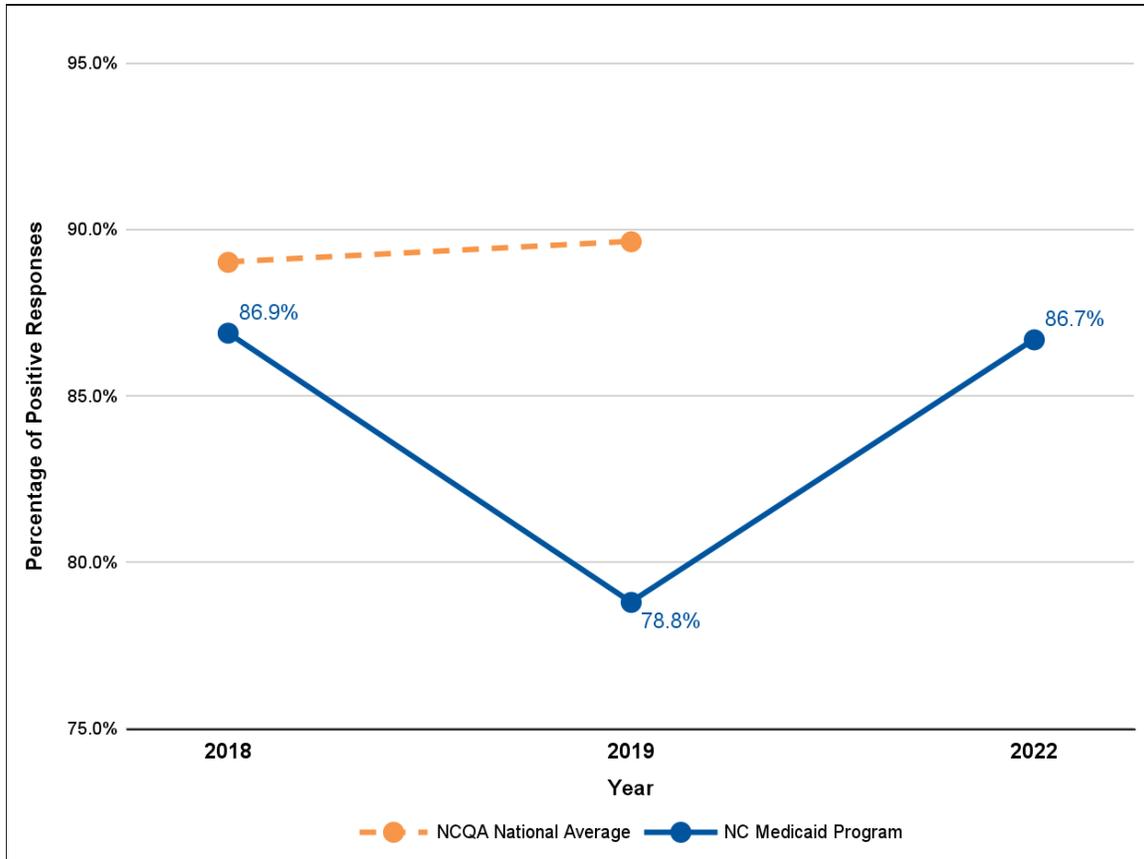


|—| Indicates the 95% confidence interval of the score.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 5-18 shows the *Customer Service* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-18—Percentage of CCC Population Respondents Who Usually or Always Had a Positive Experience with Their Child’s Health Plan’s Customer Service for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



## Individual Item Measure

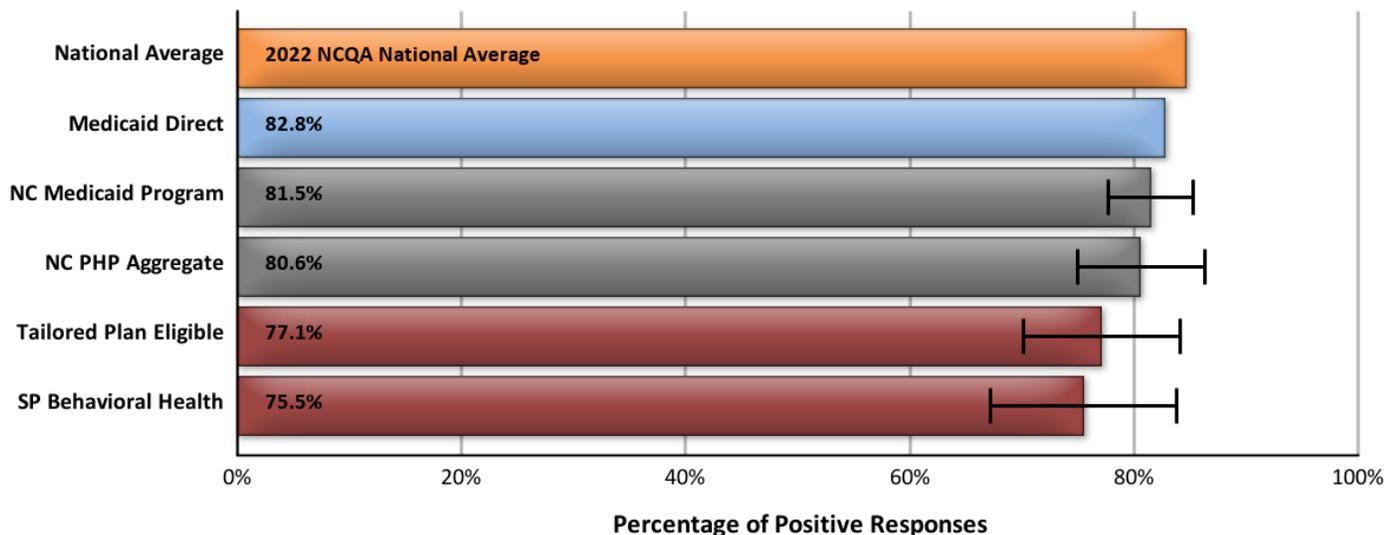
### Coordination of Care

One question was asked to assess how often (never, sometimes, usually, or always) the child’s personal doctor seemed informed and up-to-date:

- In the last 6 months, how often did your child’s personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

Responses of usually and always are considered positive ratings. Figure 5-19 shows the *Coordination of Care* positive rating results for each population, with national and aggregate comparisons. The following rates were significantly *lower* than the national average: Tailored Plan Eligible and SP Behavioral Health. None of the population-specific rates were significantly different than the NC Medicaid Program or NC PHP Aggregate. Compared to the CCC population, the general child population’s NC Medicaid Program rate (83.0 percent) was *higher*.

**Figure 5-19—Percentage of 2022 CCC Population Respondents Who Whose Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers by Program-Specific Populations, with National and Aggregate Comparisons**



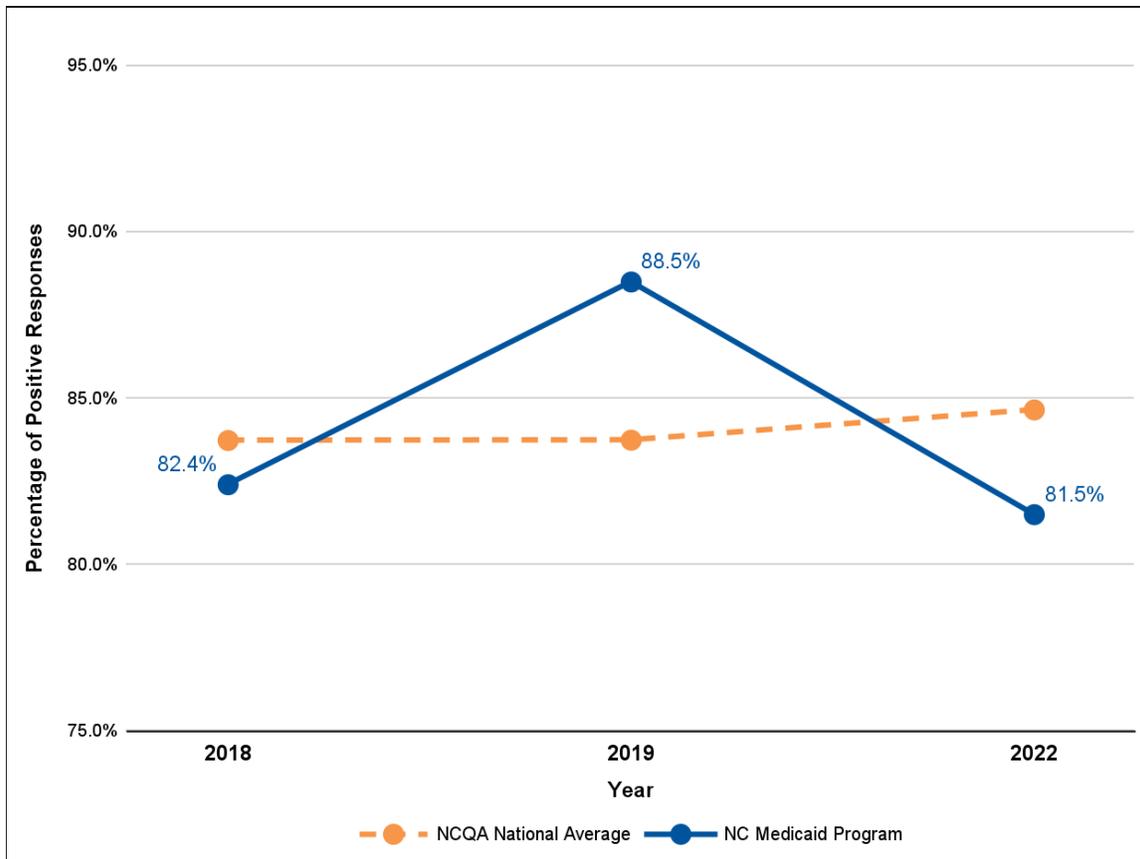
|—| Indicates the 95% confidence interval of the score.

Red bar indicates the score is significantly lower than the NCQA national average.

Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-20 shows the *Coordination of Care* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-20—Percentage of CCC Population Respondents Whose Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



## CCC Measures

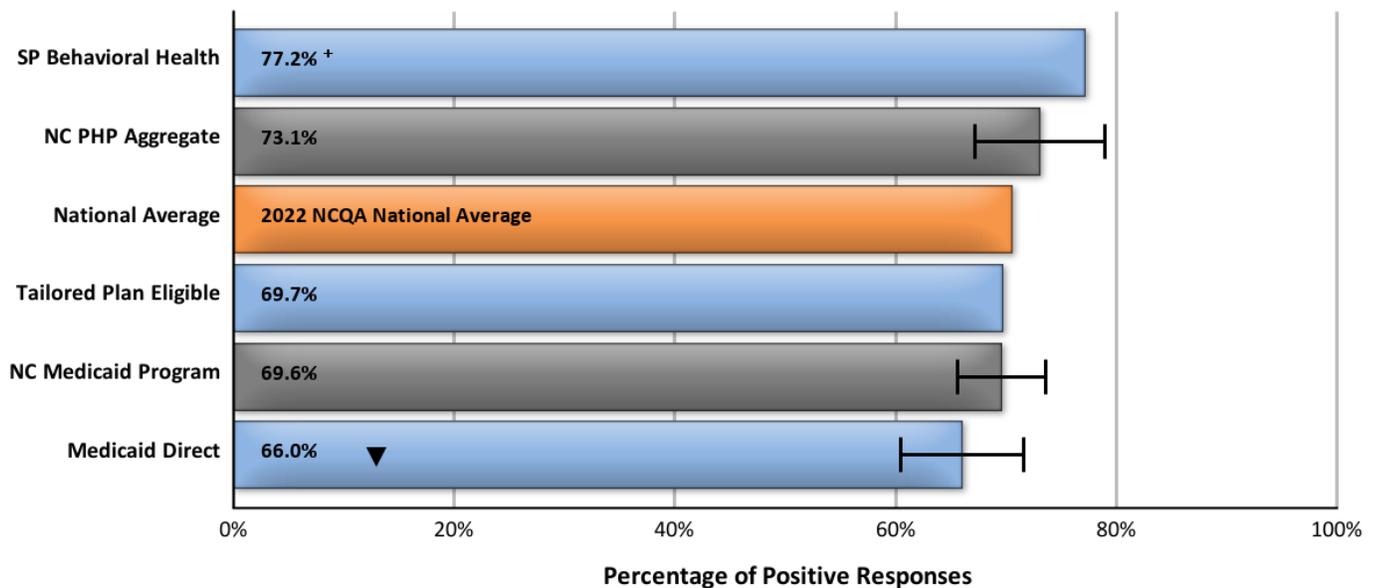
### Access to Specialized Services

Three questions were asked to assess how often (never, sometimes, usually, or always) it was easy for respondents to access specialized services for their child:

- In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
- In the last 6 months, how often was it easy to get this therapy for your child?
- In the last 6 months, how often was it easy to get this treatment or counseling for your child?

Responses of usually and always are considered positive ratings. Figure 5-21 shows the *Access to Specialized Services* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average or NC PHP Aggregate. The Medicaid Direct rate was significantly *lower* than the NC Medicaid Program.

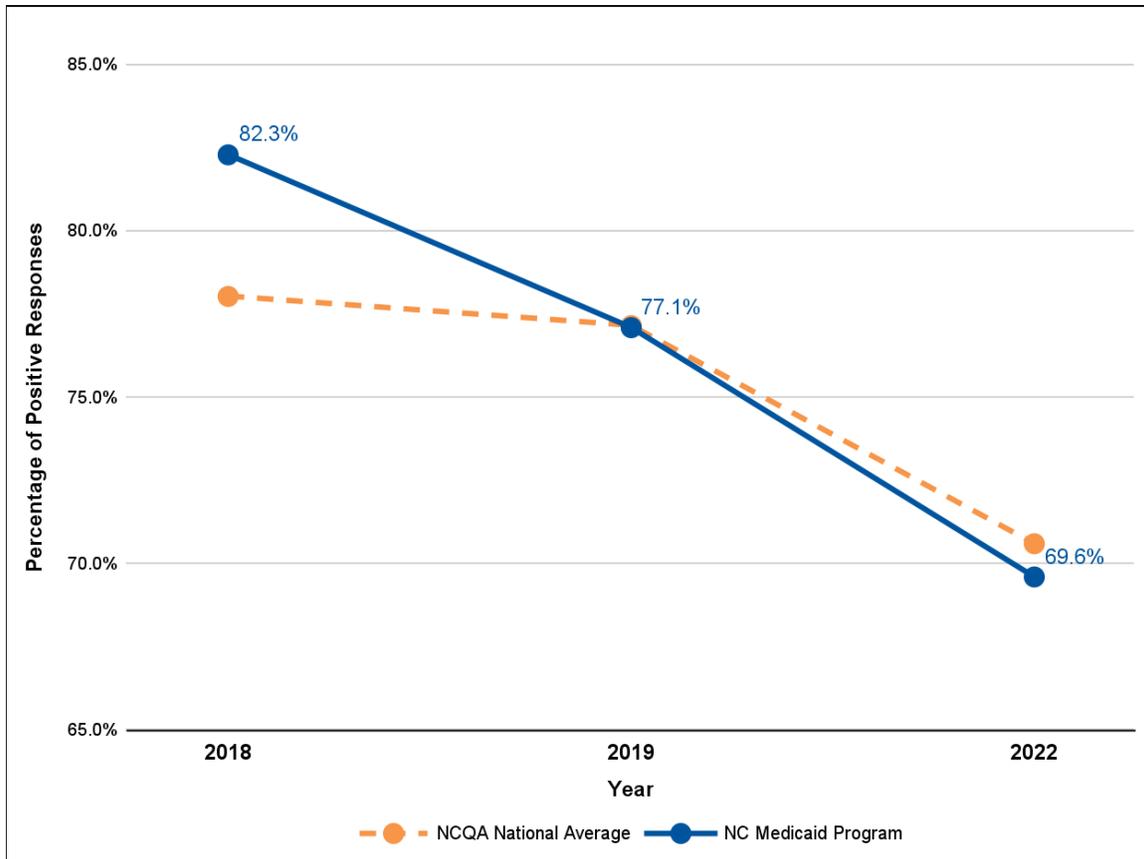
**Figure 5-21—Percentage of 2022 CCC Population Respondents Who Usually or Always Had Access to Specialized Services for Their Child by Program-Specific Populations, with National and Aggregate Comparisons**



▼ Indicates the score is significantly lower than the NC Medicaid Program.  
 |-| Indicates the 95% confidence interval of the score.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 5-22 shows the *Access to Specialized Services* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-22—Percentage of CCC Population Respondents Who Usually or Always Had Access to Specialized Services for Their Child for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



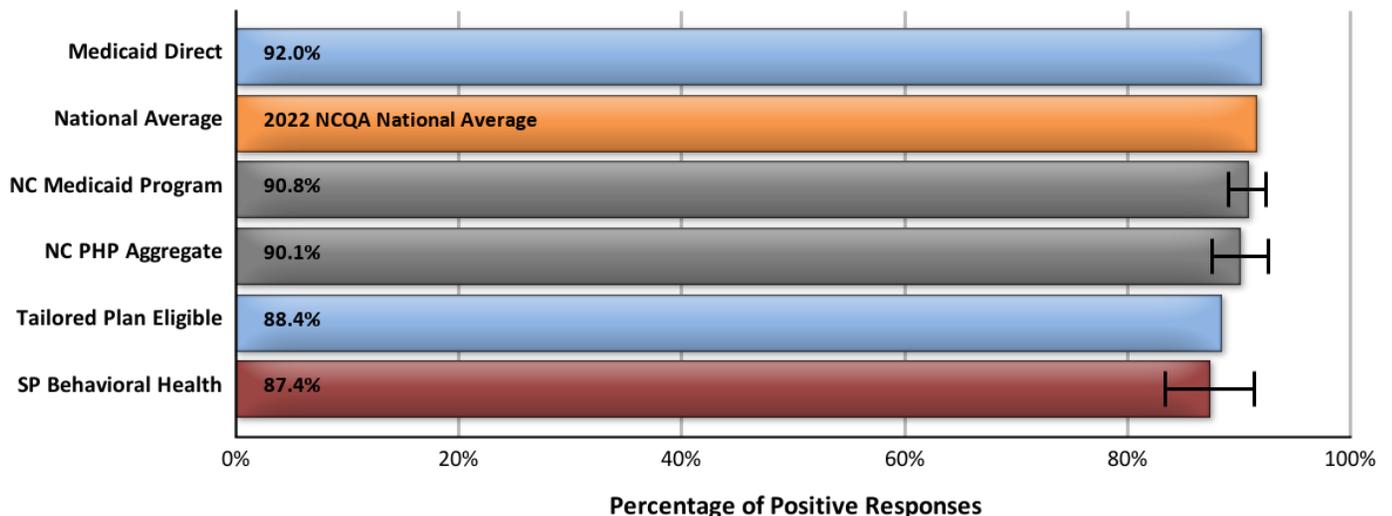
### FCC: Personal Doctor Who Knows Child

Three questions were asked to assess if the respondent’s child’s personal doctor knew their child (yes or no):

- In the last 6 months, did your child’s personal doctor talk with you about how your child is feeling, growing, or behaving?
- Does your child’s personal doctor understand how these medical, behavioral, or other health conditions affect your child’s day-to-day life?
- Does your child’s personal doctor understand how your child’s medical, behavioral, or other health conditions affect your family’s day-to-day life?

Responses of yes are considered positive ratings. Figure 5-23 shows the percentage of CCC parents/ caretakers whose child’s personal doctor knew their child for each population, with national and aggregate comparisons. The SP Behavioral Health rate was significantly *lower* than the national average. None of the population-specific rates were significantly different than the NC Medicaid Program or NC PHP Aggregate.

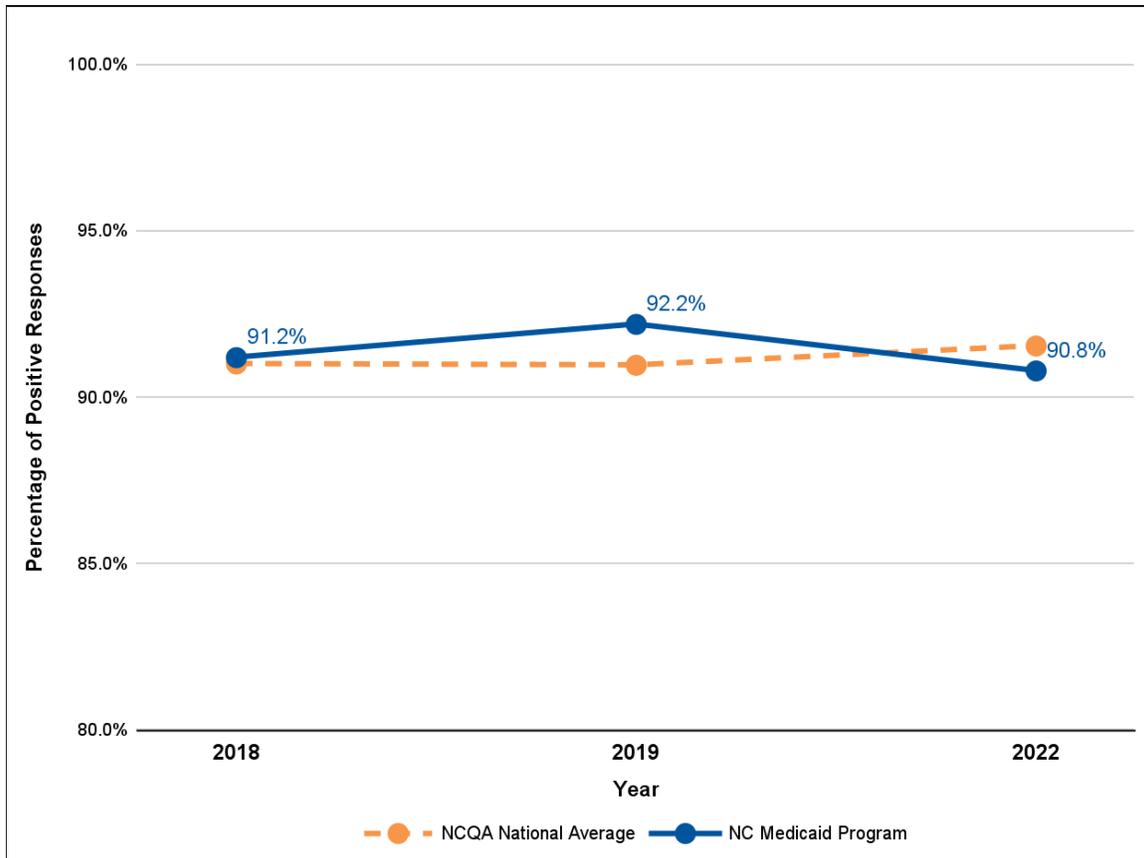
**Figure 5-23—Percentage of 2022 CCC Population Respondents Whose Child’s Personal Doctor Knows Their Child by Program-Specific Populations, with National and Aggregate Comparisons**



|-| Indicates the 95% confidence interval of the score.  
 Red bar indicates the score is significantly lower than the NCQA national average.  
 Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-24 shows the *FCC: Personal Doctor Who Knows Child* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-24—Percentage of CCC Population Respondents Whose Child’s Personal Doctor Knows Their Child for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



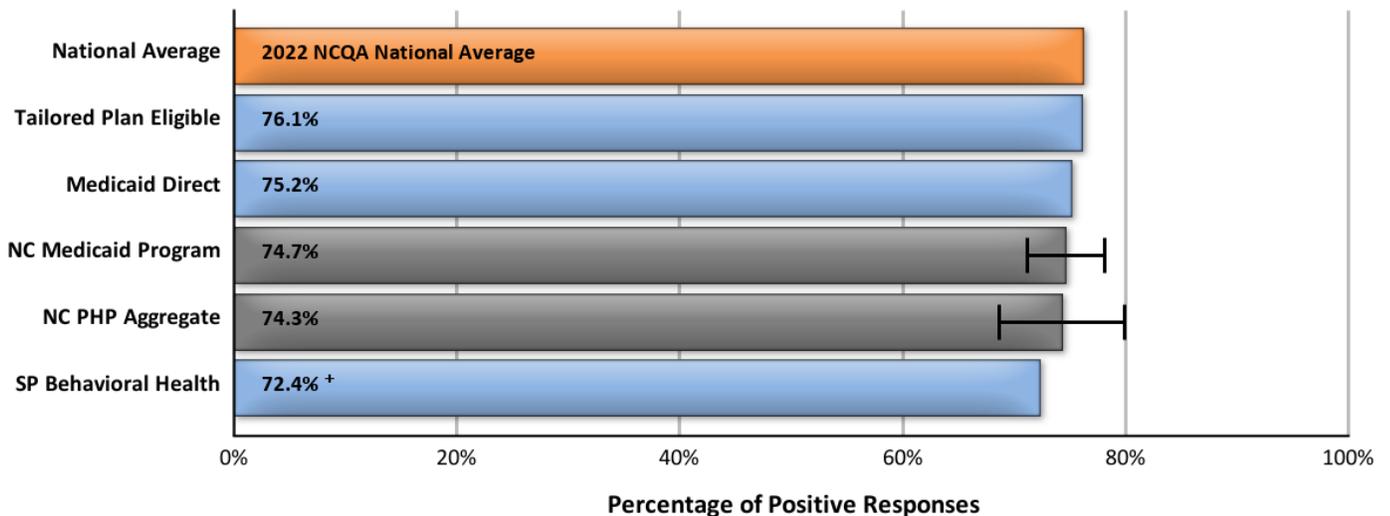
### Coordination of Care for Children with Chronic Conditions

Two questions were asked to assess if the respondent’s child had coordinated care (yes or no):

- In the last 6 months, did you get the help you needed from your child’s doctors or other health providers in contacting your child’s school or daycare?
- In the last 6 months, did anyone from your child’s health plan, doctor’s office, or clinic help coordinate your child’s care among these different providers or services?

Responses of yes are considered positive ratings. Figure 5-25 shows the percentage of CCC parents/ caretakers whose child received coordinated care for their chronic conditions for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

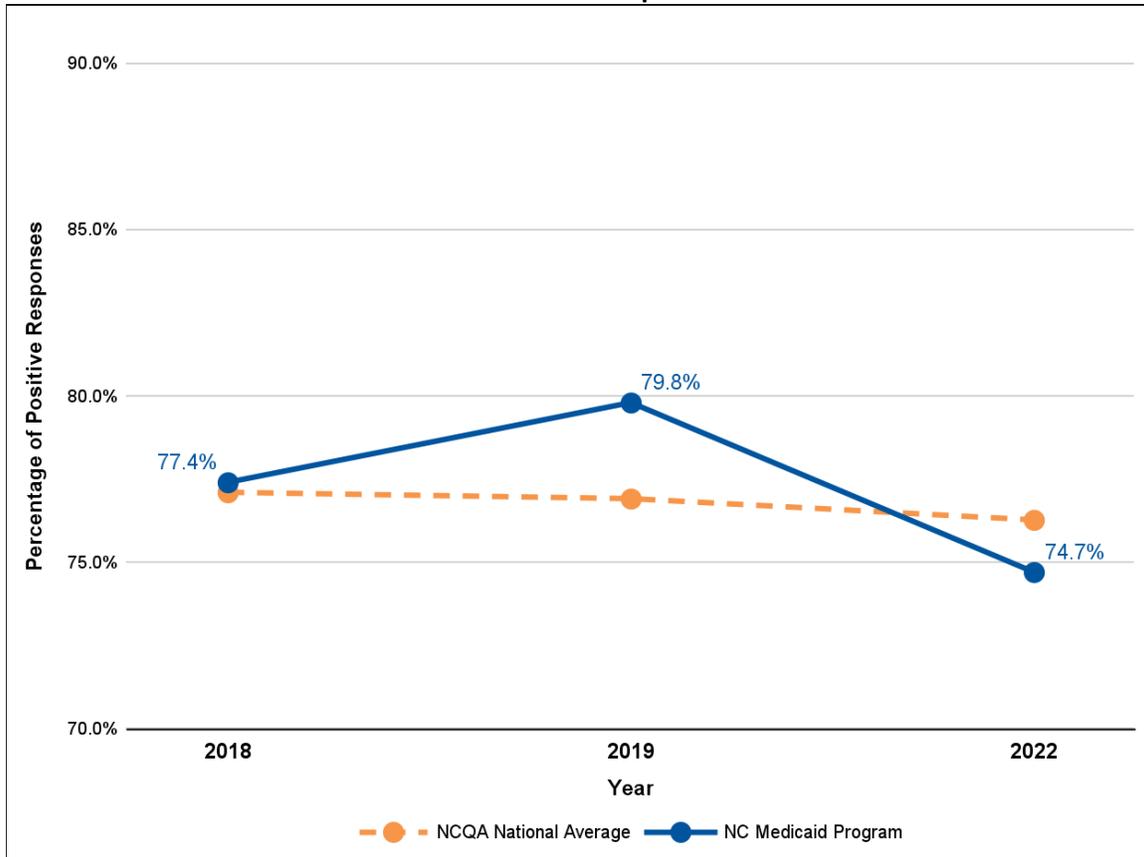
**Figure 5-25—Percentage of 2022 CCC Population Respondents Whose Personal Doctor Coordinated Their Child’s Care for Their Chronic Conditions by Program-Specific Populations, with National and Aggregate Comparisons**



-| Indicates the 95% confidence interval of the score.  
 Blue bar indicates the score is not significantly different from the NCQA national average.  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 5-26 shows the *Coordination of Care for Children with Chronic Conditions* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-26—Percentage of CCC Population Respondents Whose Personal Doctor Coordinated Their Child’s Care for Their Chronic Conditions for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



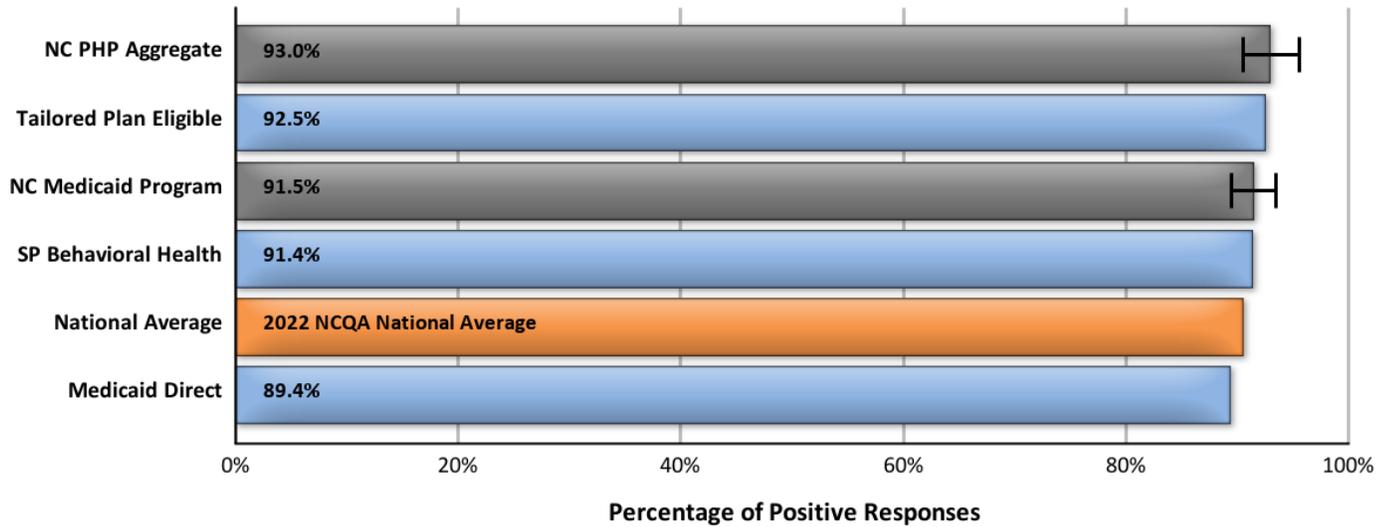
### Access to Prescription Medications

One question was asked to assess how often (never, sometimes, usually, or always) it was easy for the respondent to get prescription medicine for their child:

- In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

Responses of usually and always are considered positive ratings. Figure 5-27 shows the *Access to Prescription Medications* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

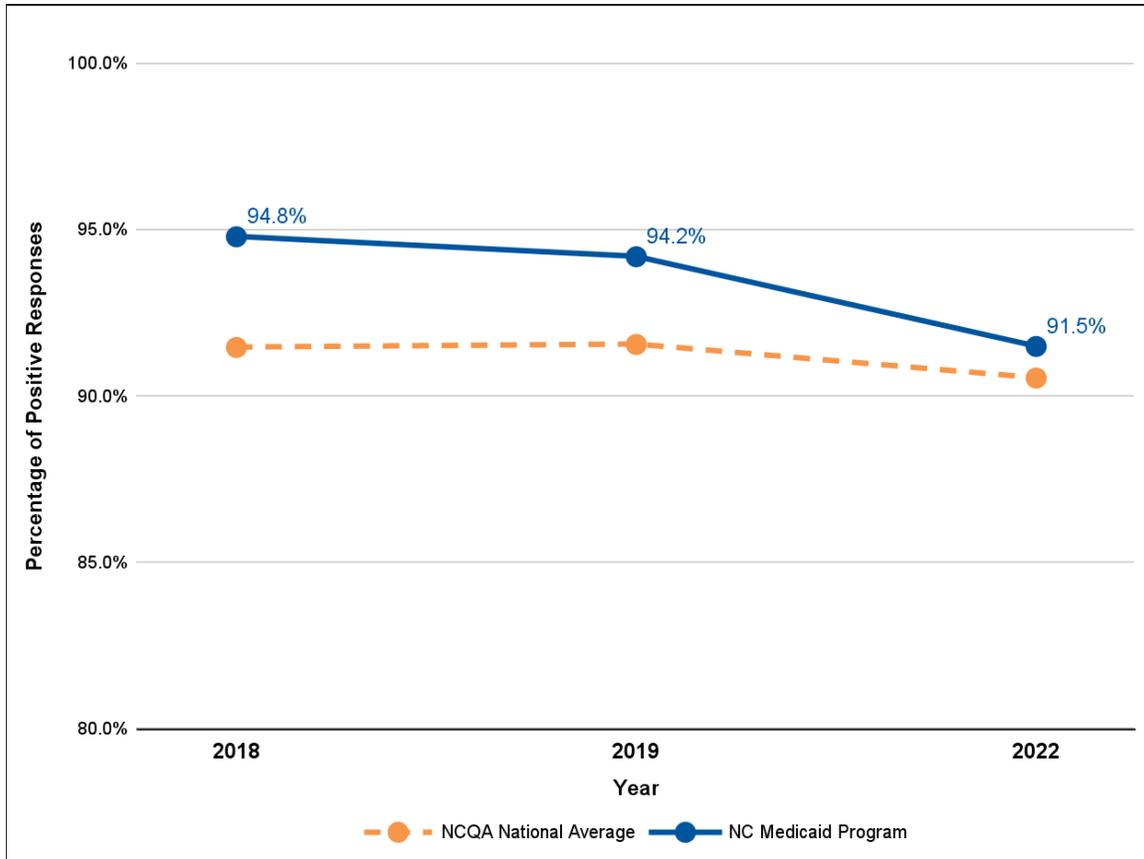
**Figure 5-27—Percentage of 2022 CCC Population Respondents Who Usually or Always Had Access to Prescription Medications for Their Child by Program-Specific Populations, with National and Aggregate Comparisons**



|—| Indicates the 95% confidence interval of the score.  
 Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-28 shows the *Access to Prescription Medications* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-28—Percentage of CCC Population Respondents Who Usually or Always Had Access to Prescription Medications for Their Child for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



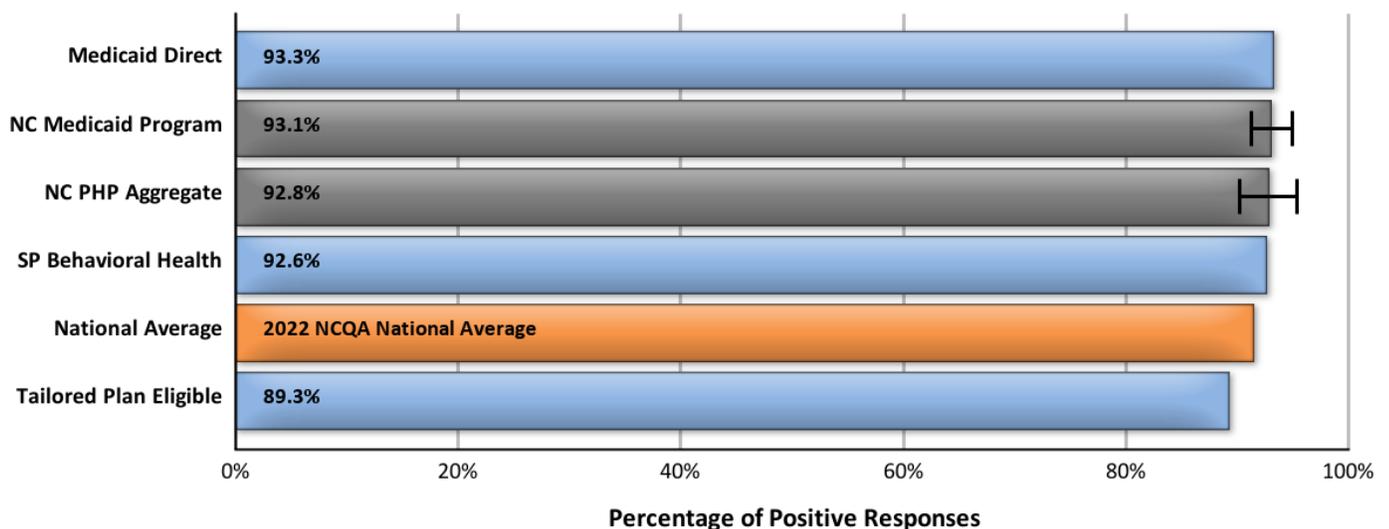
### FCC: Getting Needed Information

One question was asked to assess how often (never, sometimes, usually, or always) the child’s personal doctor or health provider answered the respondent’s questions:

- In the last 6 months, how often did you have your questions answered by your child’s doctors or other health providers?

Responses of usually and always are considered positive ratings. Figure 5-29 shows the *FCC: Getting Needed Information* positive rating results for each population, with national and aggregate comparisons. None of the population-specific rates were significantly different than the national average, NC Medicaid Program, or NC PHP Aggregate.

**Figure 5-29—Percentage of 2022 CCC Population Respondents Who Usually or Always Received the Information They Needed from Their Child’s Doctor/Health Provider by Program-Specific Populations, with National and Aggregate Comparisons**

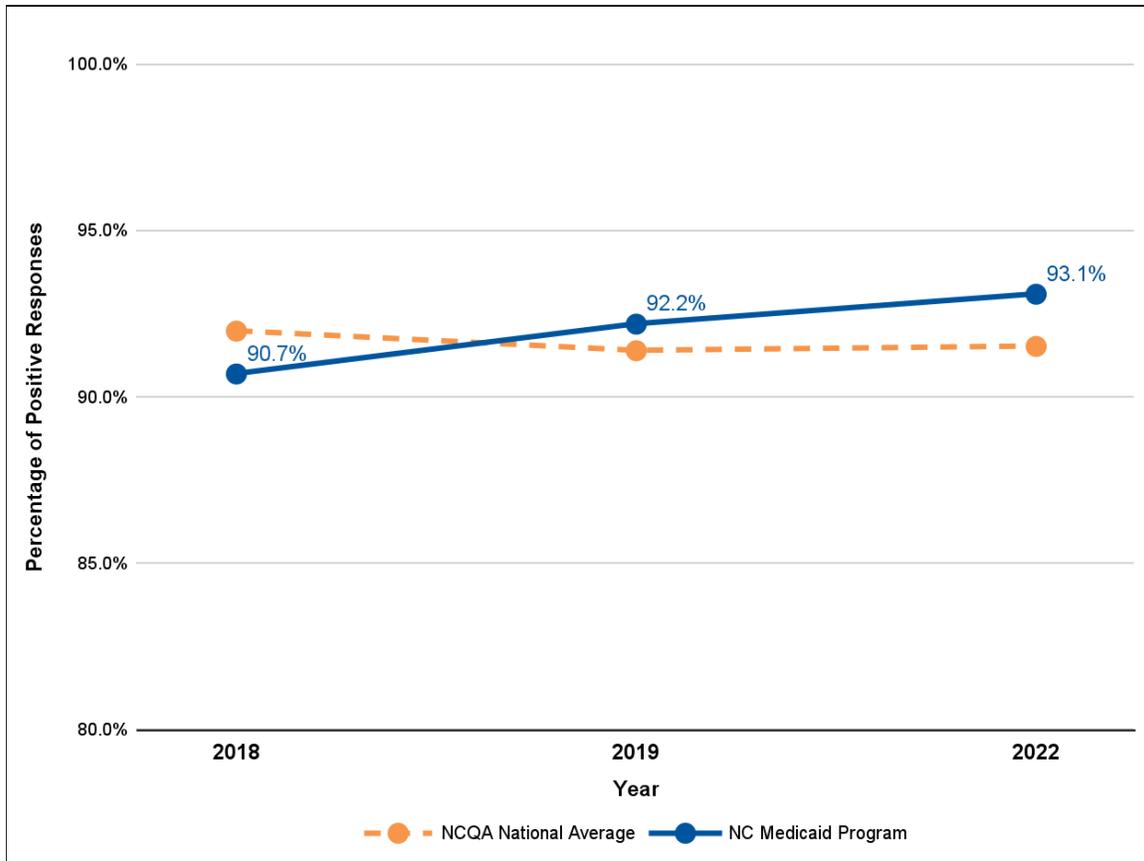


|—| Indicates the 95% confidence interval of the score.

Blue bar indicates the score is not significantly different from the NCQA national average.

Figure 5-30 shows the *FCC: Getting Needed Information* trend data for the NC Medicaid Program for the pre-PHP implementation (i.e., 2018 and 2019) and post-PHP implementation (i.e., 2022) time periods, with national comparisons.

**Figure 5-30—Percentage of CCC Population Respondents Who Usually or Always Received the Information They Needed from Their Child’s Doctor/Health Provider for NC Medicaid Program, Trend Data (2018, 2019, 2022), with National Comparisons**



## National Percentile Comparisons

NC Medicaid Program, NC PHP Aggregate, and population-specific positive ratings were compared to NCQA’s 2022 Quality Compass Benchmark and Compare Quality Data to determine which NCQA national percentile range the scores fell within. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 25. Table 5-1 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the global ratings.

**Table 5-1—CCC Population Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Global Ratings (2022)**

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
NC Medicaid Program	★ 80.3%	★★★★★ 88.2%	★★★ 90.1%	★★★ 88.1%
NC PHP Aggregate	★★ 82.6%	★★★★★ 88.8%	★★★ 90.7%	★★★ 87.1%
SP Behavioral Health	★★ 81.7%	★★★★★ 89.1%	★ 87.3%	★+ 79.6%
Medicaid Direct	★ 77.3%	★★★ 87.9%	★★★ 89.9%	★★★ 88.3%
Tailored Plan Eligible	★ 75.3%	★ 77.6%	★ 85.6%	★ 81.1%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
 ★★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader's Guide beginning on page 23.*

Table 5-2 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles for each of the composite and individual item measures.

**Table 5-2—CCC Population Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: Composite and Individual Item Measures (2022)**

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
NC Medicaid Program	★★ 86.5%	★★ 90.7%	★★★★ 95.4%	NA 86.7%	★ 81.5%
NC PHP Aggregate	★★ 86.4%	★★ 88.9%	★★ 94.2%	NA 86.2%	★ 80.6%
SP Behavioral Health	★★ 84.7%	★★★ 92.3%	★ 92.3%	NA 86.4%+	★ 75.5%
Medicaid Direct	★★ 85.8%	★★★★★ 93.3%	★★★★★ 96.6%	NA 87.3%+	★ 82.8%
Tailored Plan Eligible	★ 83.2%	★ 86.7%	★ 91.9%	NA 84.1%+	★ 77.1%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
 ★★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 NA Indicates the NCQA National Percentiles are not available.  
 Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader's Guide beginning on page 23.*

Table 5-3 shows the positive ratings and star ratings based on a comparison to NCQA national percentiles on the CCC measures.

**Table 5-3—CCC Population Respondent Percentage of Positive Ratings and Star Ratings When Compared to NCQA National Percentiles, by Program-Specific Populations: CCC Measures (2022)**

	<i>Access to Specialized Services</i>	<i>FCC: Personal Doctor Who Knows Child</i>	<i>Coordination of Care for Children with Chronic Conditions</i>	<i>FCC: Getting Needed Information</i>	<i>Access to Prescription Medicines</i>
NC Medicaid Program	★ 69.6%	★ 90.8%	★ 74.7%	★★★ 93.1%	★★★ 91.5%
NC PHP Aggregate	★★★★ 73.1%	★ 90.1%	★ 74.3%	★★★ 92.8%	★★★★ 93.0%
SP Behavioral Health	★★★★★ <sup>+</sup> 77.2%	★ 87.4%	★ <sup>+</sup> 72.4%	★★★ 92.6%	★★★ 91.4%
Medicaid Direct	★ 66.0%	★★★ 92.0%	★★ 75.2%	★★★ 93.3%	★★ 89.4%
Tailored Plan Eligible	★ 69.7%	★ 88.4%	★★ 76.1%	★ 89.3%	★★★ 92.5%

*Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above  
 ★★★★ 75th-89th Percentiles ★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile  
 + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 Results based on fewer than 11 responses were suppressed and noted with an “S.”  
 Positive rating is equivalent to the top-box score used by other states that contribute to national data. For further details, please refer to the Methodology Section within the Reader’s Guide beginning on page 23.*

## Race and Ethnicity Comparisons

HSAG stratified the NC Medicaid Program results by the race and ethnicity identified by the parent/caretaker for their child. Race is categorized as White (819), Black (432), Multi-Racial (171), and Other (219). For this analysis, the Other category includes: Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. The positive ratings for Black, Multi-Racial, and Other respondents were compared to the positive ratings of White respondents. Ethnicity is categorized as Hispanic (388) and Non-Hispanic (1,313). The positive ratings for Hispanic respondents and Non-Hispanic respondents were compared to each other. For more detailed information regarding these comparisons, please refer to the Reader’s Guide beginning on page 26.

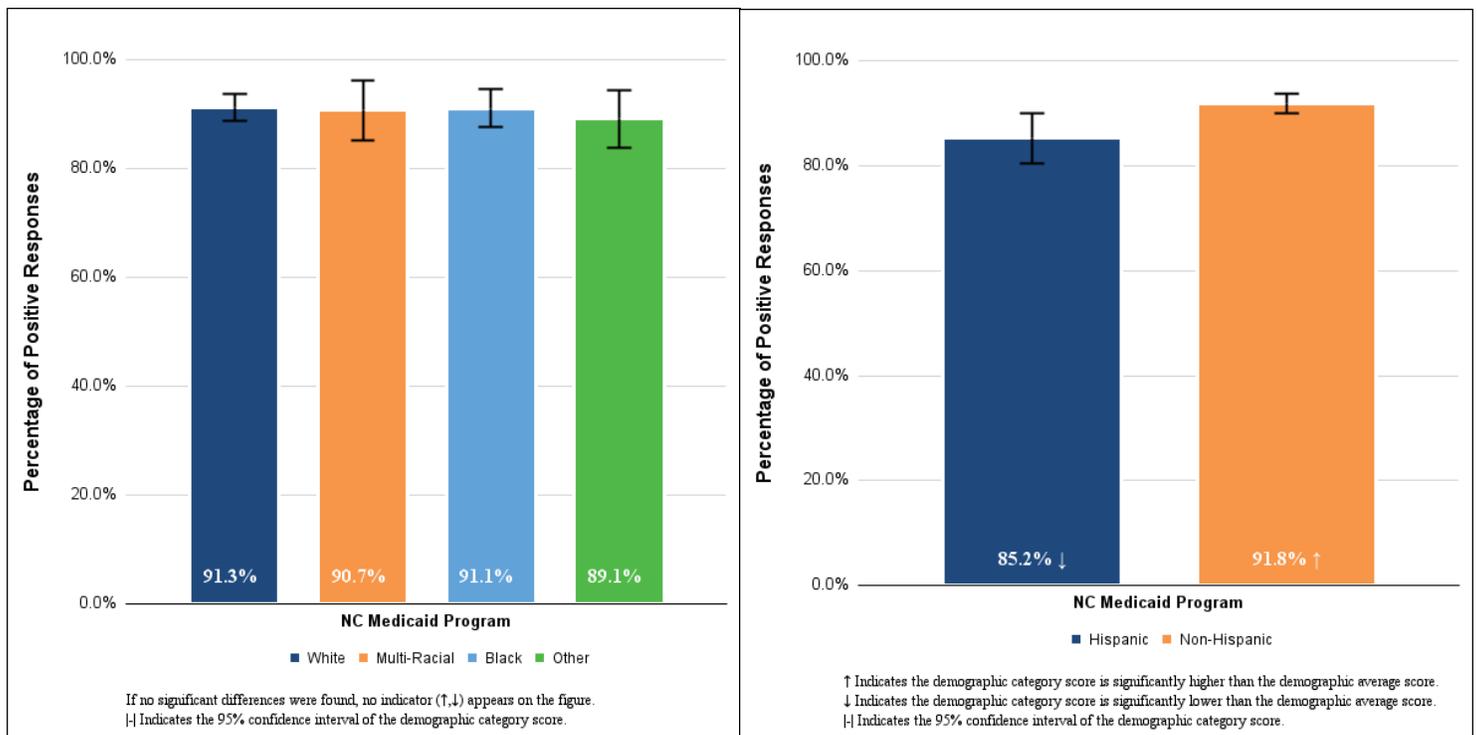
Figure 5-31 through Figure 5-46 show the race and ethnicity stratifications and comparisons. Ninety-five percent confidence interval error bars were added to the results. Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different.<sup>39</sup>

## Overall Health Demographics

### General Health Status

Figure 5-31 shows the *General Health Status* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic CCC parent/caretaker respondents reported their child’s general health status as Excellent, Very Good, or Good when compared to Hispanic respondents for the NC Medicaid Program.

**Figure 5-31—Percentage of 2022 CCC Respondents Who Rate Their Child’s General Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity**

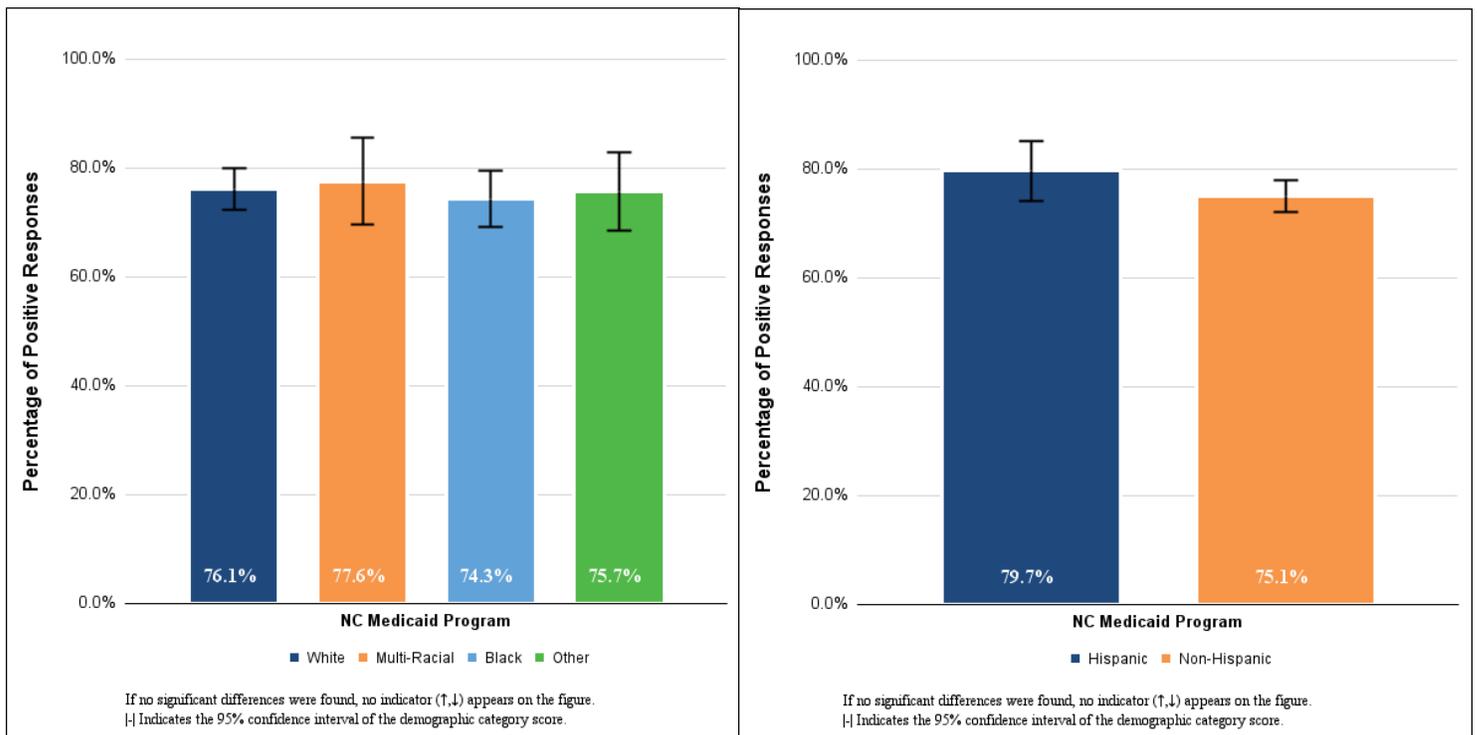


<sup>39</sup> Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: [https://cscu.cornell.edu/wp-content/uploads/73\\_ci.pdf](https://cscu.cornell.edu/wp-content/uploads/73_ci.pdf). Accessed on July 3, 2023.

### Mental or Emotional Health Status

Figure 5-32 shows the *Mental or Emotional Health Status* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents who reported their child’s mental or emotional health status as Excellent, Very Good, or Good, there were no significant differences identified by race or ethnicity.

**Figure 5-32—Percentage of 2022 CCC Respondents Who Rate Their Child’s Mental or Emotional Health Status as Excellent, Very Good, or Good for NC Medicaid Program, by Race and Ethnicity**

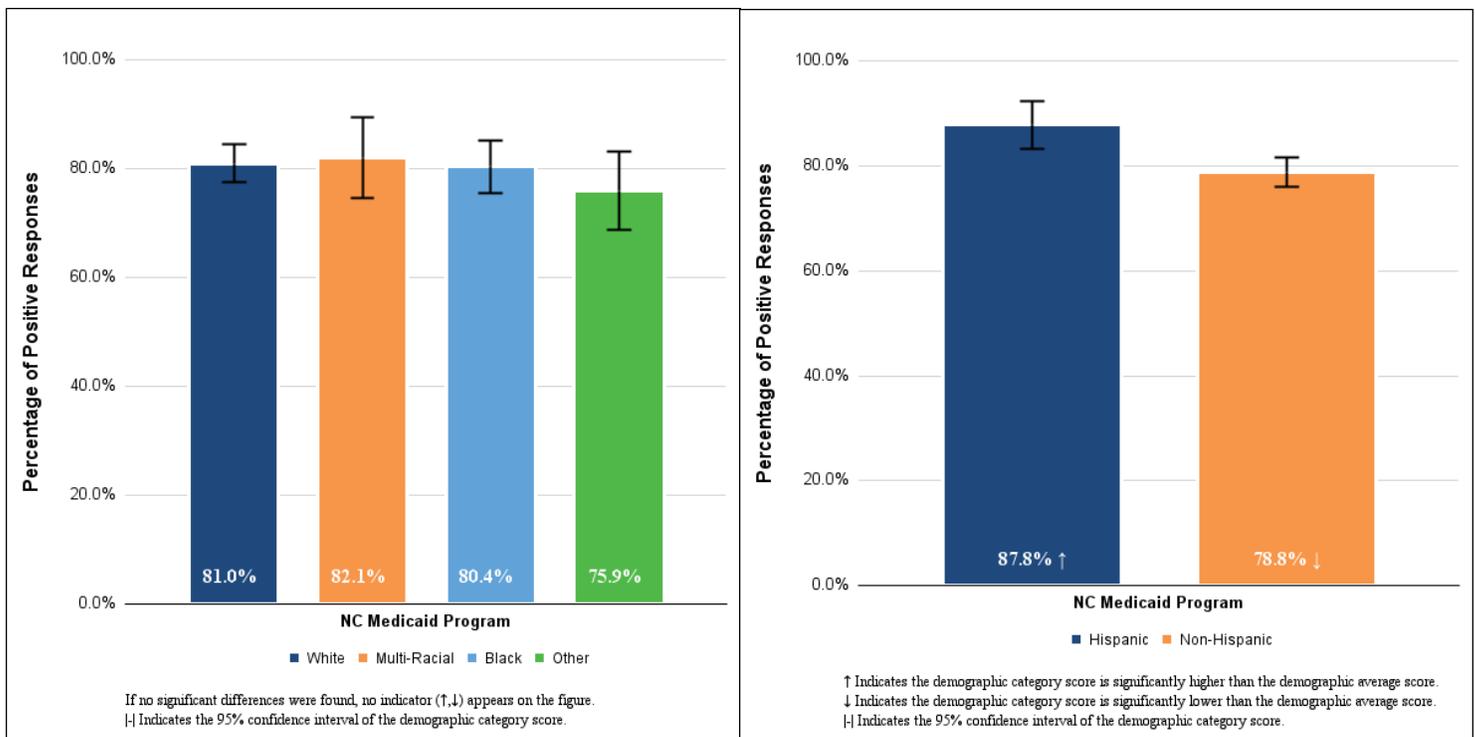


## Global Ratings

### Rating of Health Plan

Figure 5-33 shows the *Rating of Health Plan* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic CCC parent/caretaker respondents reported a positive rating for their child’s health plan when compared to Non-Hispanic respondents for the NC Medicaid Program.

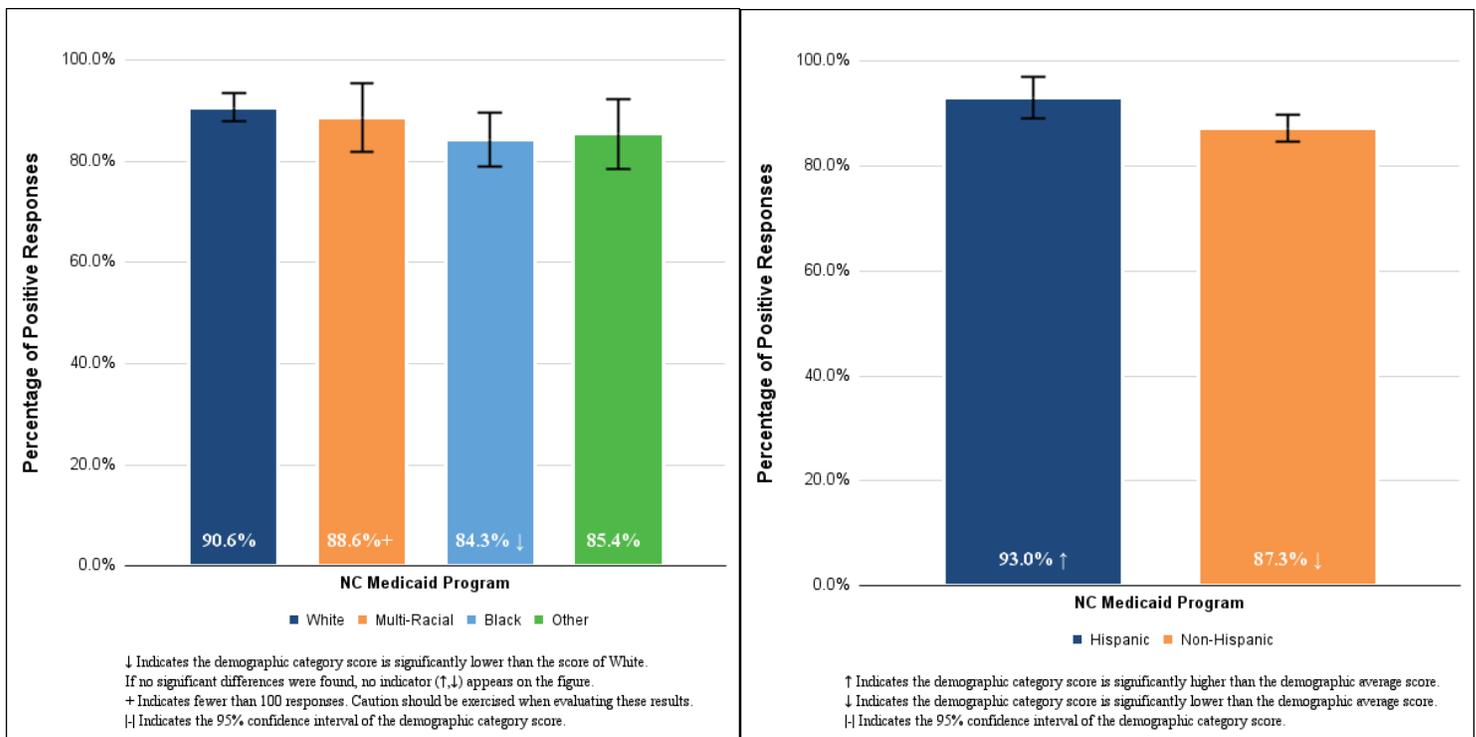
**Figure 5-33—Percentage of 2022 CCC Population Respondents Who Rate Their Child’s Health Plan Positively for NC Medicaid Program, by Race and Ethnicity**



### Rating of All Health Care

Figure 5-34 shows the *Rating of All Health Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *lower* percentage of Black CCC parent/caretaker respondents reported a positive rating for their child’s overall health care for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic CCC parent/caretaker respondents reported a positive rating for their child’s overall health care when compared to Non-Hispanic respondents for the NC Medicaid Program.

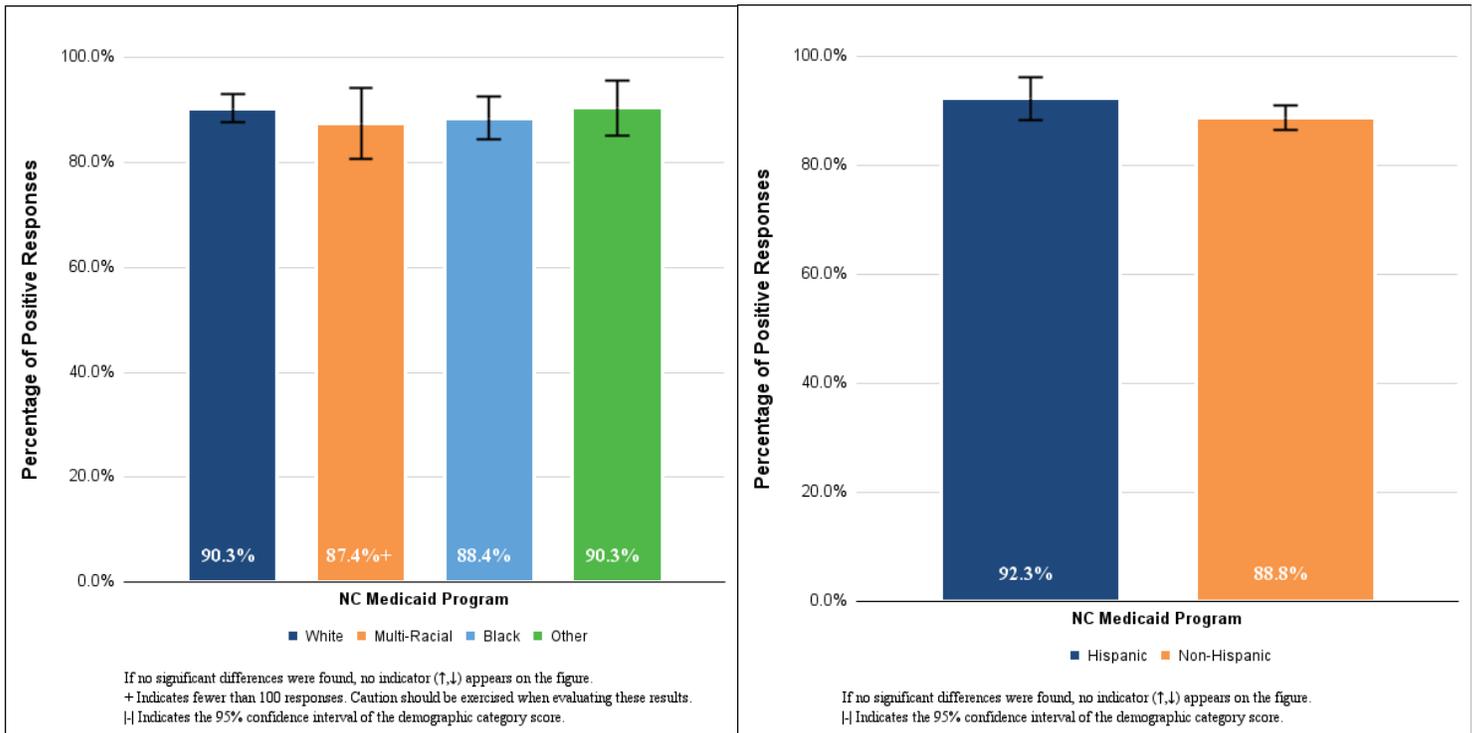
**Figure 5-34—Percentage of 2022 CCC Population Respondents Who Rate All Their Child’s Health Care Positively for NC Medicaid Program, by Race and Ethnicity**



### Rating of Personal Doctor

Figure 5-35 shows the *Rating of Personal Doctor* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents who rated their child’s personal doctor positively, there were no significant differences identified by race or ethnicity.

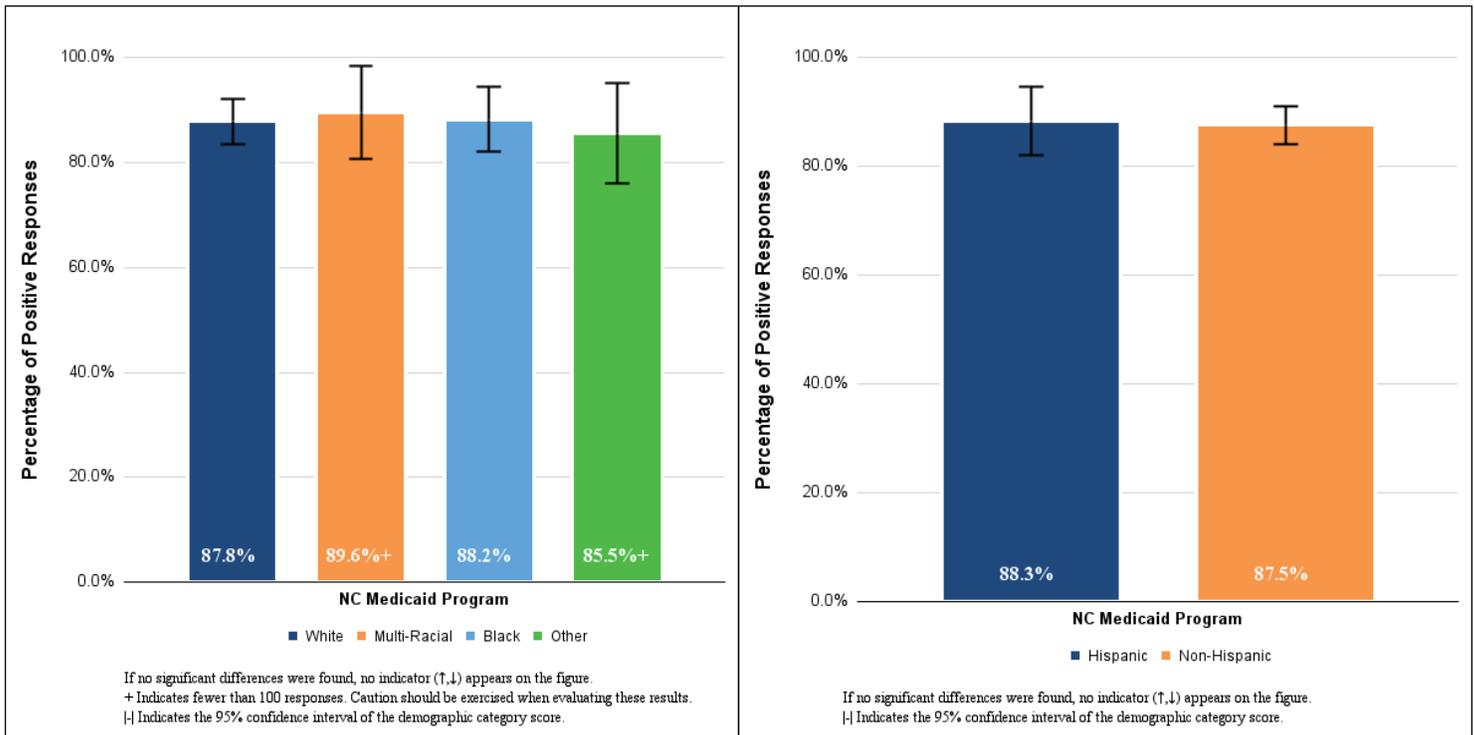
**Figure 5-35—Percentage of 2022 CCC Population Respondents Who Rate Their Child’s Personal Doctor Positively for NC Medicaid Program, by Race and Ethnicity**



### Rating of Specialist Seen Most Often

Figure 5-36 shows the *Rating of Specialist Seen Most Often* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents who rated the specialist their child saw most often positively, there were no significant differences identified by race or ethnicity.

**Figure 5-36—Percentage of 2022 CCC Population Respondents Who Rate the Specialist Their Child Saw Most Often Positively for NC Medicaid Program, by Race and Ethnicity**

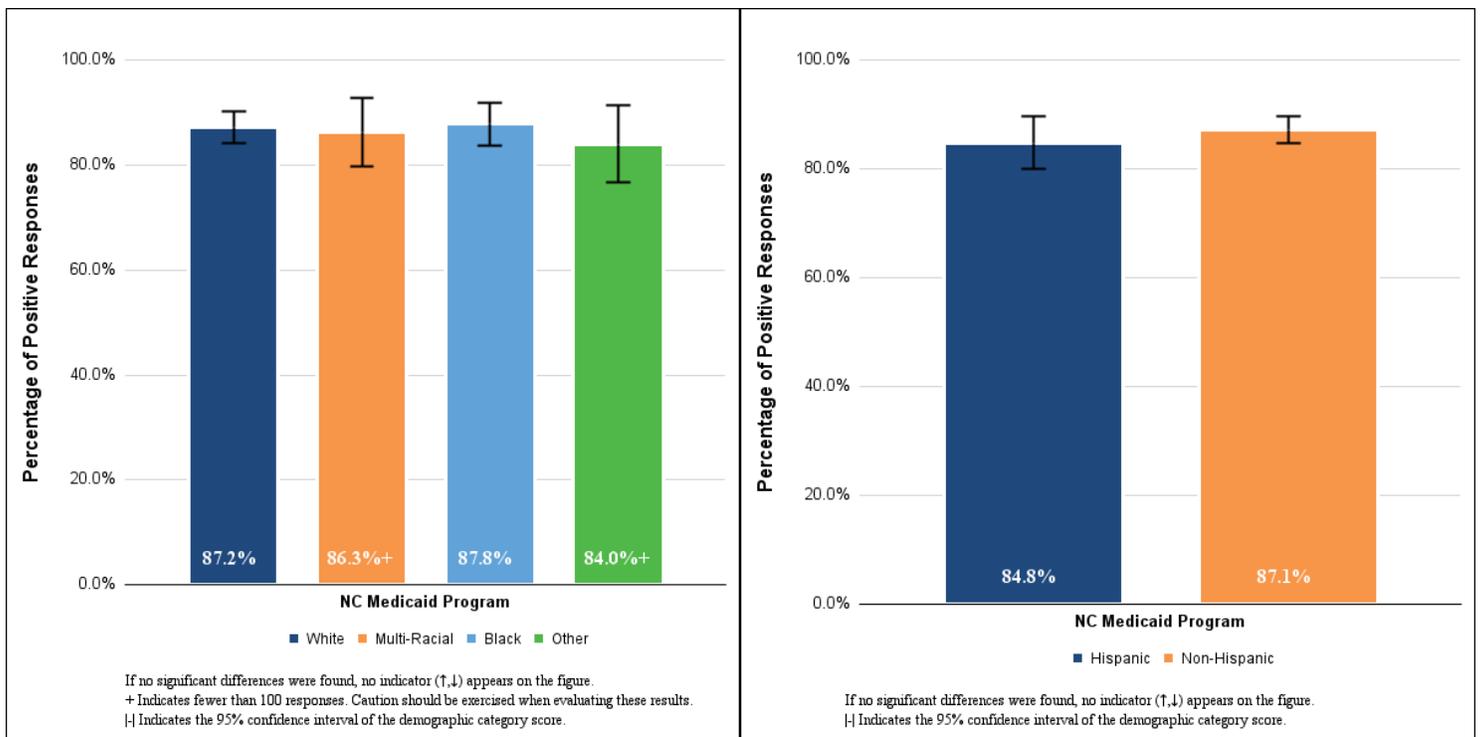


## Composite Measures

### Getting Needed Care

Figure 5-37 shows the *Getting Needed Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents who reported usually or always getting the care they needed for their child, there were no significant differences identified by race or ethnicity.

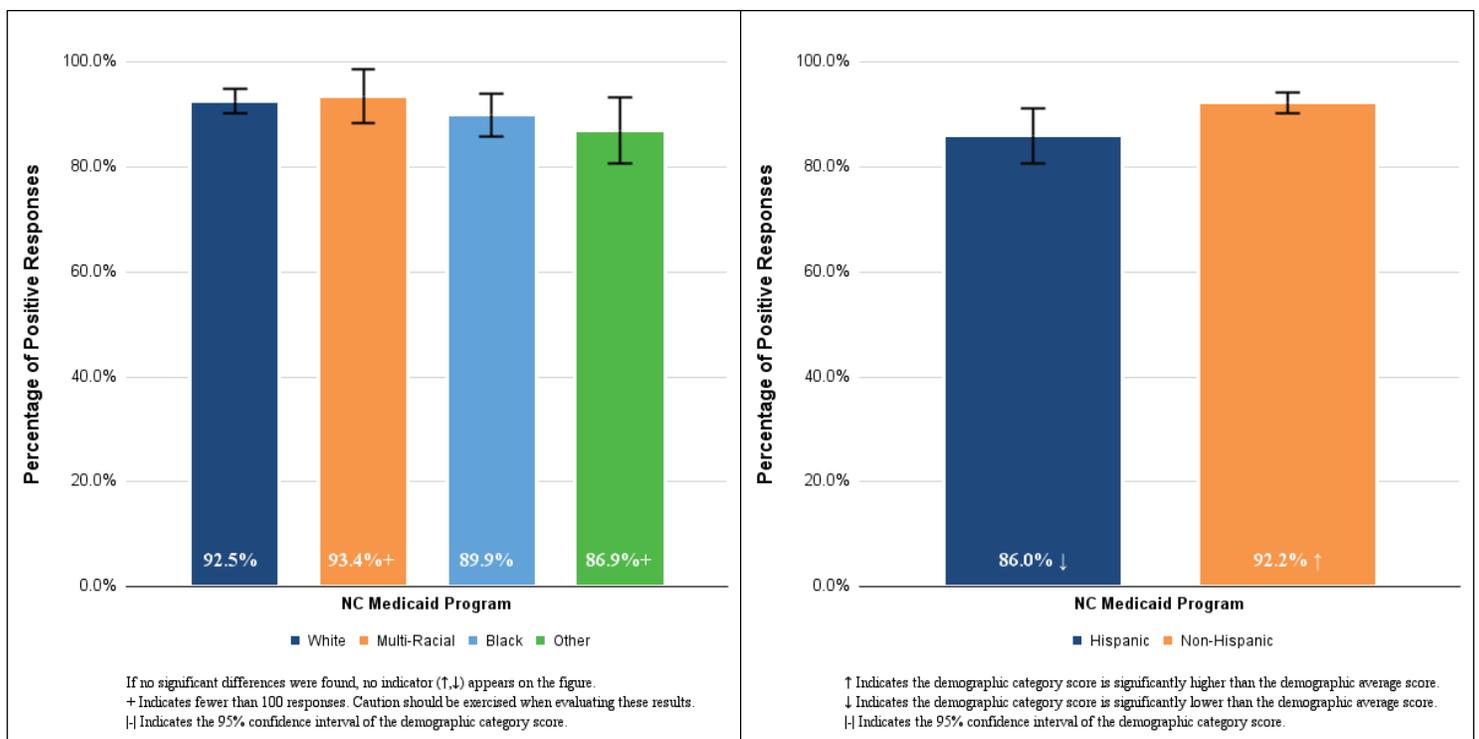
**Figure 5-37—Percentage of 2022 CCC Population Respondents Who Usually or Always Got Care They Needed for Their Child for NC Medicaid Program, by Race and Ethnicity**



### Getting Care Quickly

Figure 5-38 shows the *Getting Care Quickly* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic CCC parent/caretaker respondents reported their child usually or always got care quickly when compared to Hispanic respondents for the NC Medicaid Program.

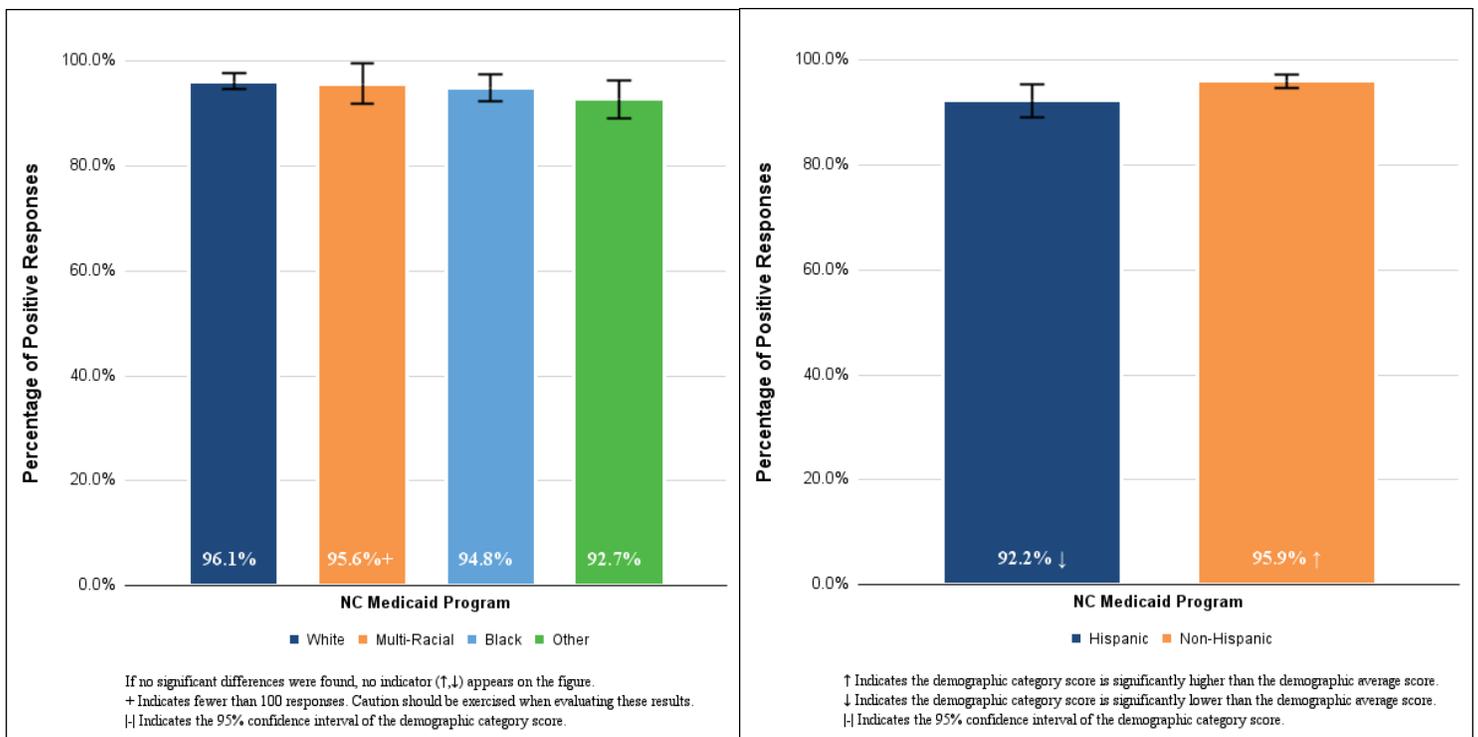
**Figure 5-38—Percentage of 2022 CCC Population Respondents Who Usually or Always Got Care Quickly for Their Child for NC Medicaid Program, by Race and Ethnicity**



### How Well Doctors Communicate

Figure 5-39 shows the *How Well Doctors Communicate* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Non-Hispanic CCC parent/caretaker respondents reported their child’s personal doctor usually or always communicated well when compared to Hispanic respondents for the NC Medicaid Program.

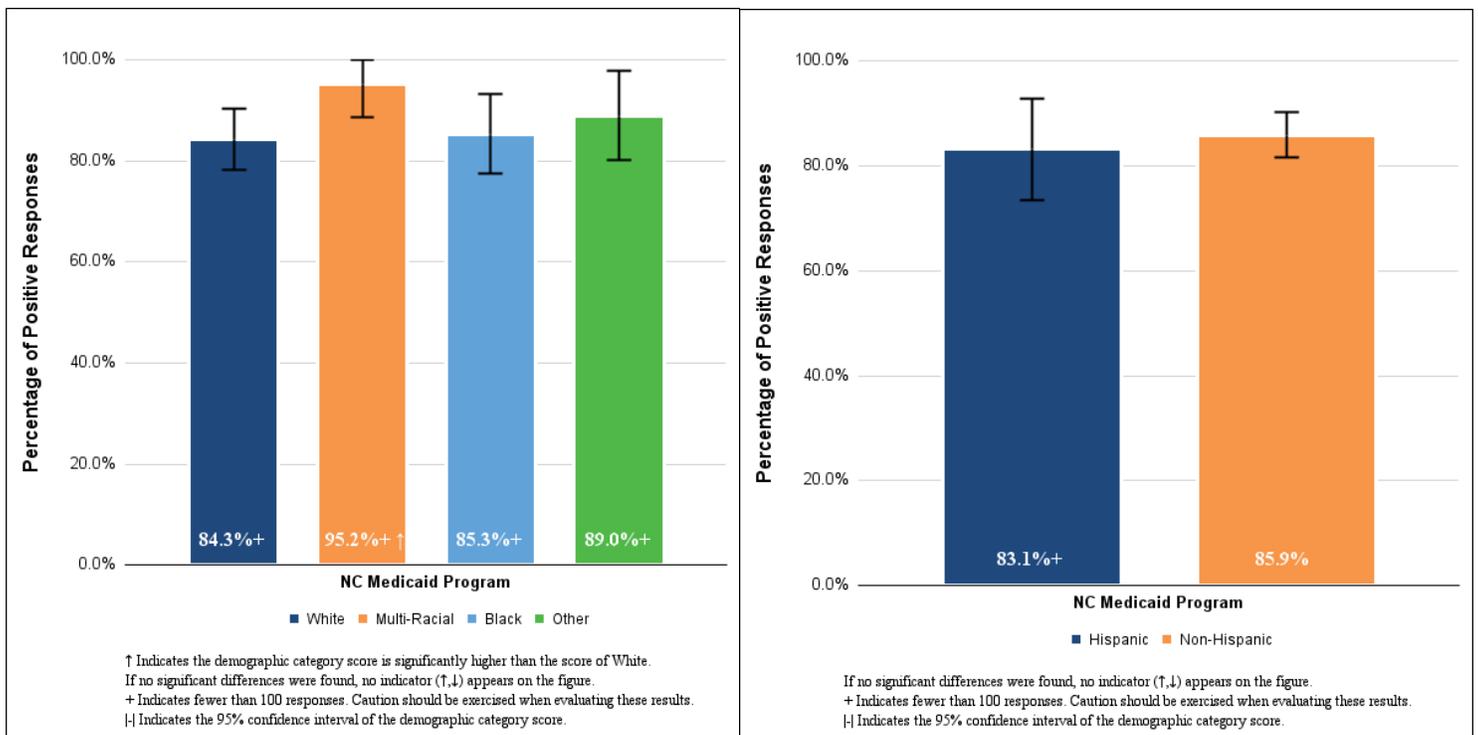
**Figure 5-39—Percentage of 2022 CCC Population Respondents Whose Child’s Personal Doctor Usually or Always Communicated Well with Them for NC Medicaid Program, by Race and Ethnicity**



### Customer Service

Figure 5-40 shows the *Customer Service* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Multi-Racial CCC parent/caretaker respondents reported usually or always having a positive experience with their child’s health plan’s customer service for the NC Medicaid Program when compared to White respondents. There were no significant differences identified by ethnicity for Hispanic or Non-Hispanic CCC parent/caretaker respondents when compared to the demographic average for the NC Medicaid Program.

**Figure 5-40—Percentage of 2022 CCC Population Respondents Who Usually or Always Had a Positive Experience with Their Child’s Health Plan’s Customer Service for NC Medicaid Program, by Race and Ethnicity**

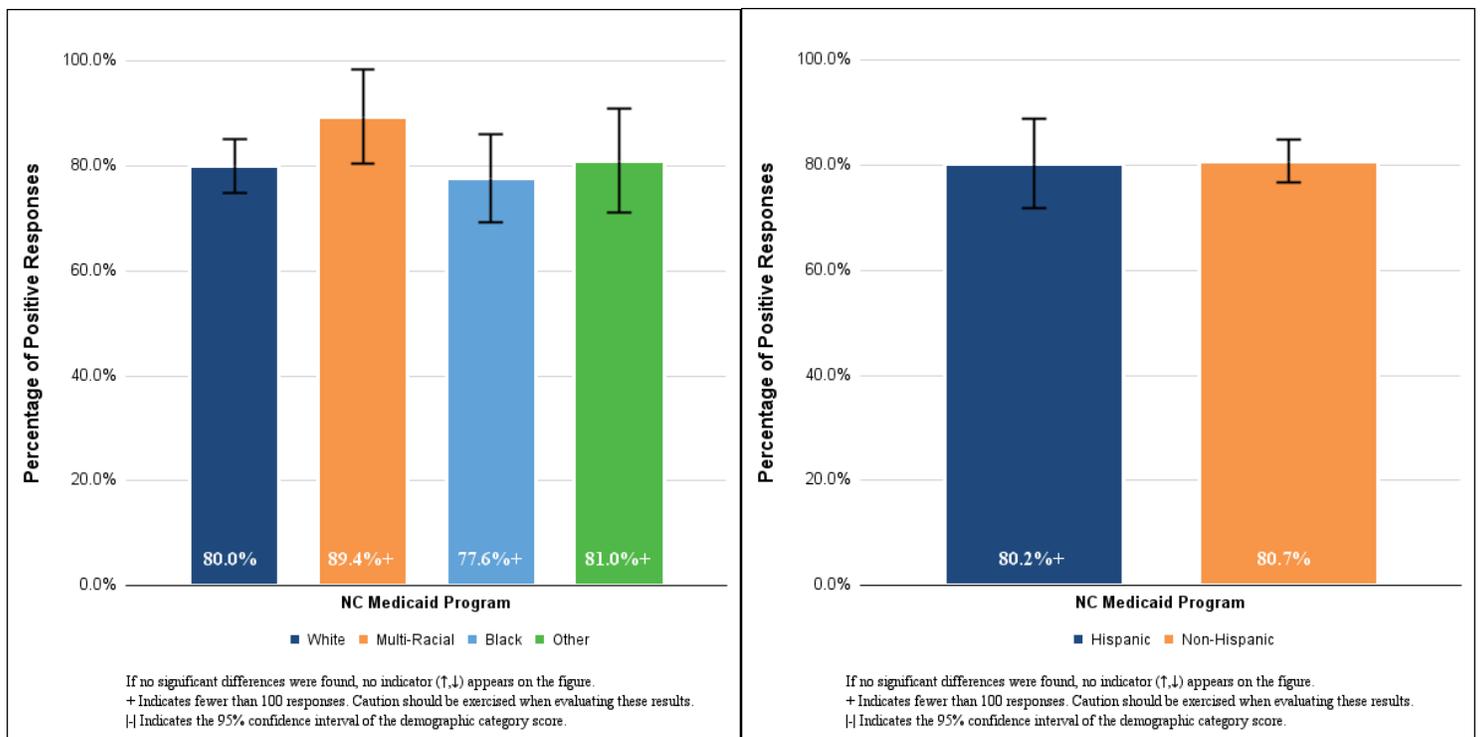


### Individual Item Measure

#### Coordination of Care

Figure 5-41 shows the *Coordination of Care* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents who reported their child’s personal doctor usually or always coordinated their child’s care with other providers, there were no significant differences identified by race or ethnicity.

**Figure 5-41—Percentage of 2022 CCC Population Respondents Who Reported Their Child’s Personal Doctor Usually or Always Coordinated Their Child’s Care with Other Providers for NC Medicaid Program, by Race and Ethnicity**

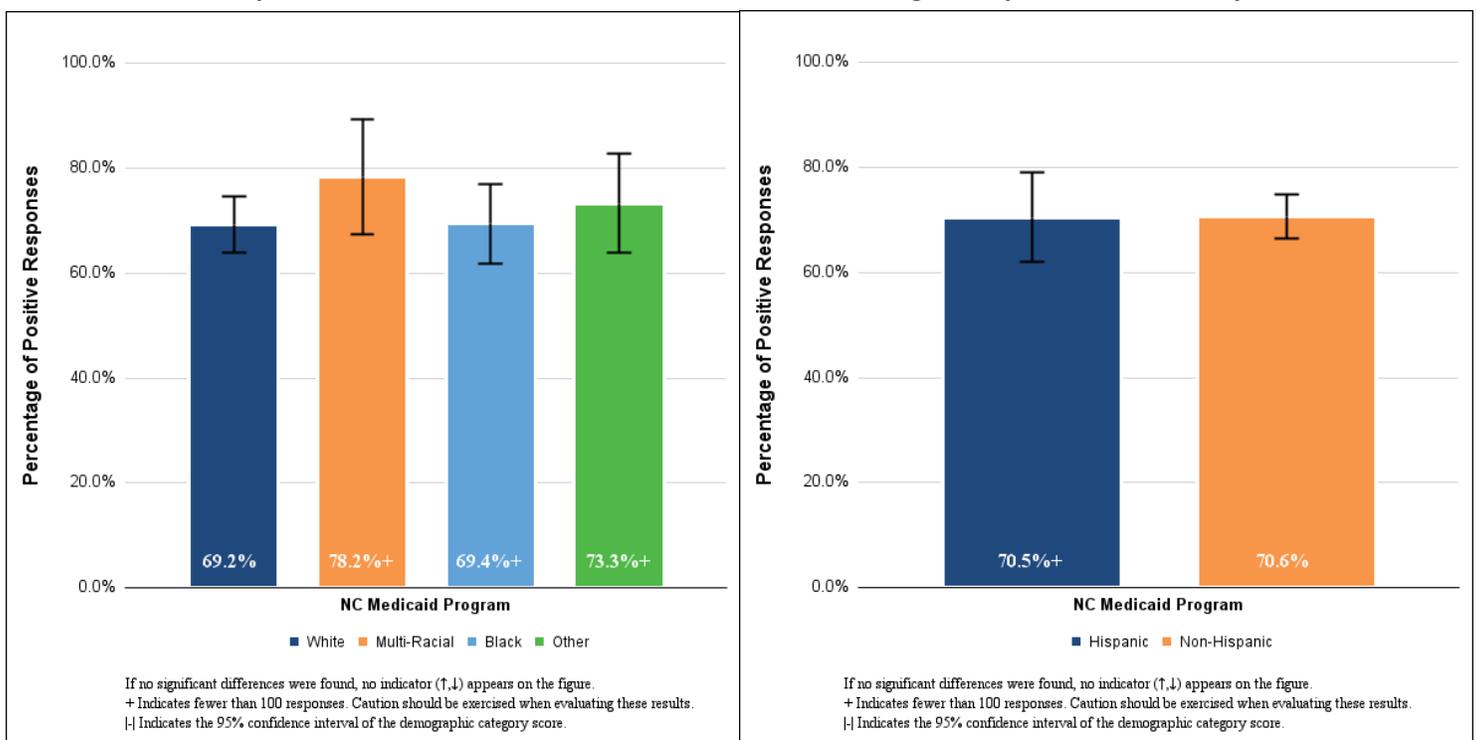


### CCC Measures

#### Access to Specialized Services

Figure 5-42 shows the *Access to Specialized Services* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents who reported usually or always having access to specialized services for their child, there were no significant differences identified by race or ethnicity.

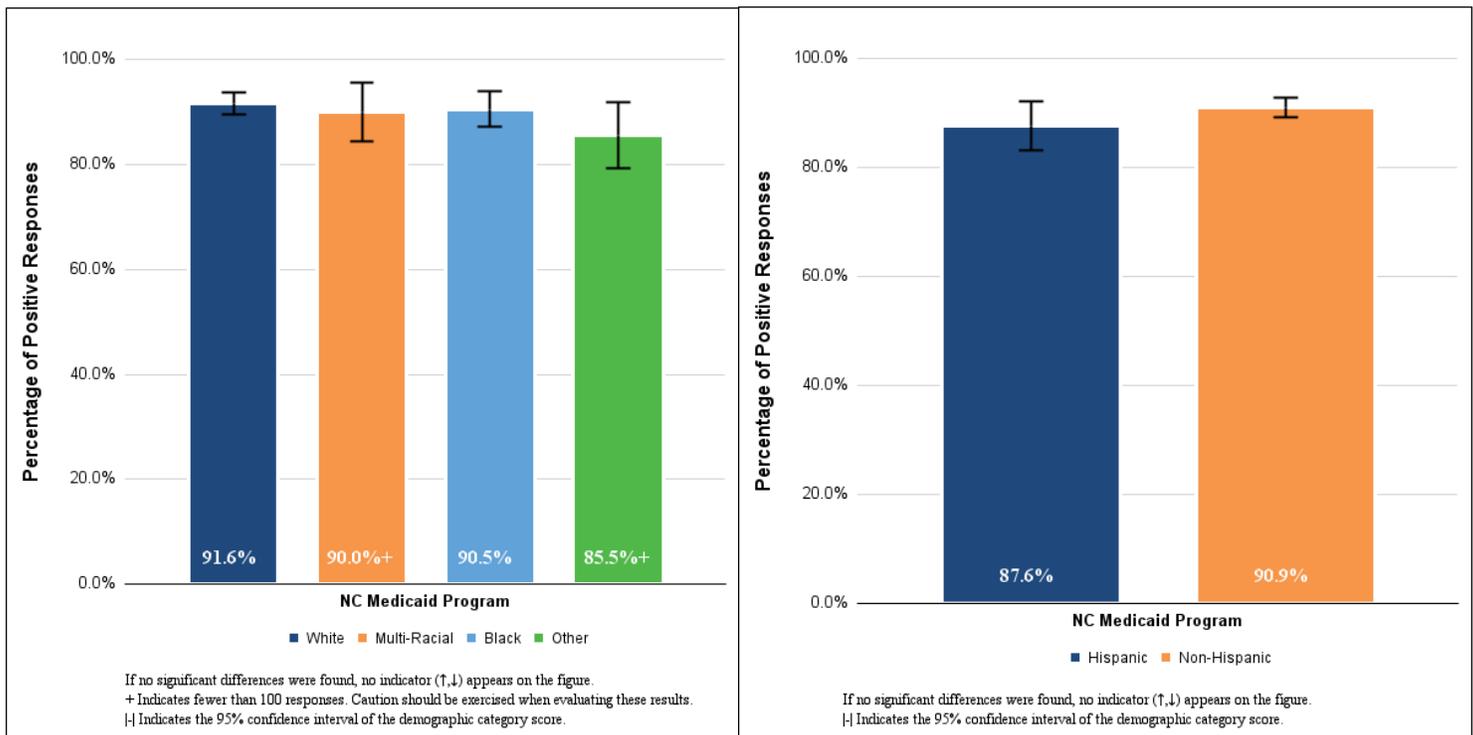
**Figure 5-42—Percentage of 2022 CCC Population Respondents Who Usually or Always Had Access to Specialized Services for Their Child for NC Medicaid Program, by Race and Ethnicity**



### FCC: Personal Doctor Who Knows Child

Figure 5-43 shows the percentage of child members reported by their parents/caretakers whose personal doctor knows their child for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents whose child’s doctor knows their child, there were no significant differences identified by race or ethnicity.

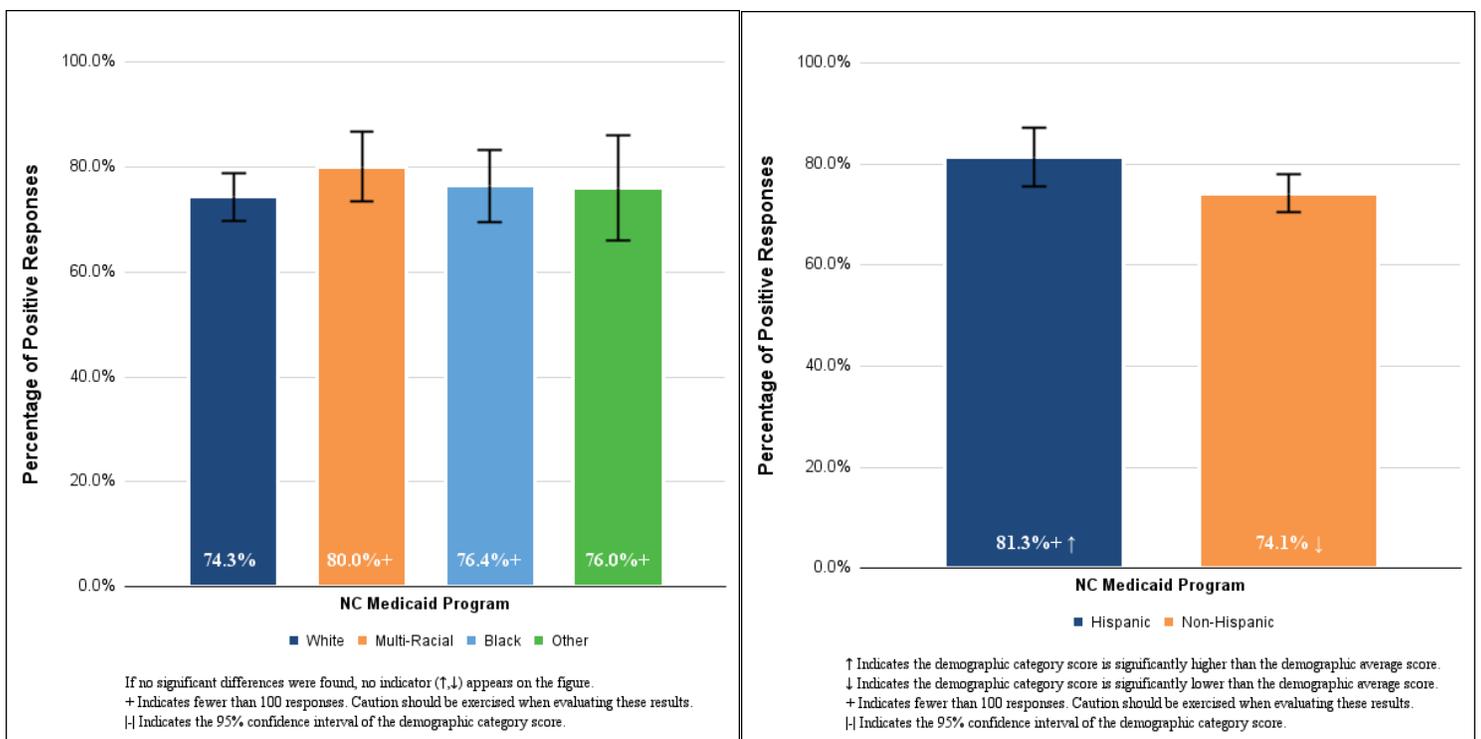
**Figure 5-43—Percentage of 2022 CCC Population Respondents Whose Child’s Personal Doctor Knows Their Child for NC Medicaid Program, by Race and Ethnicity**



### Coordination of Care for Children with Chronic Conditions

Figure 5-44 shows the percentage of child members reported by their parents/caretakers who received coordinated care for their chronic conditions for the NC Medicaid Program by race and ethnicity. There were no significant differences identified by race for the NC Medicaid Program when compared to White respondents. A significantly *higher* percentage of Hispanic CCC parent/caretaker respondents reported their child’s personal doctor coordinated their child’s care for their chronic conditions when compared to Non-Hispanic respondents for the NC Medicaid Program.

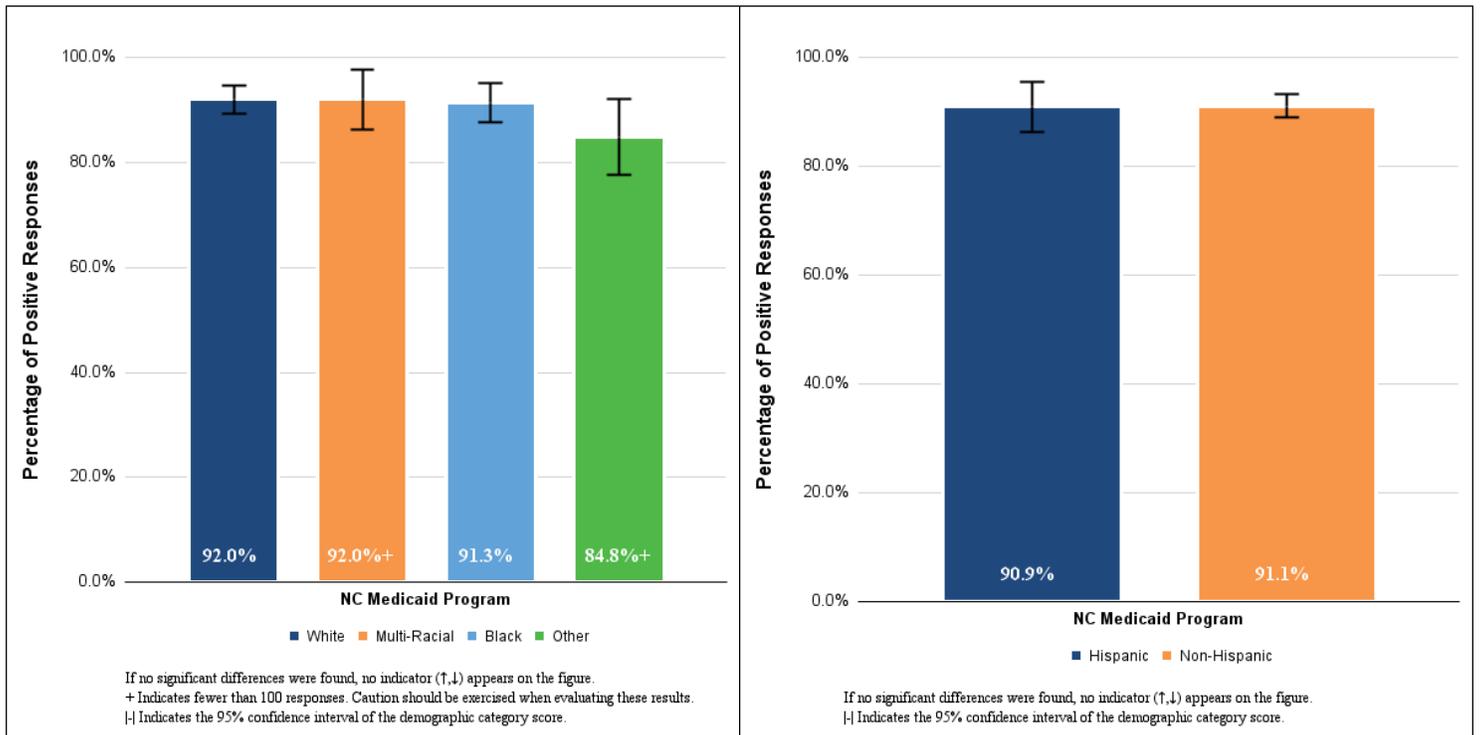
**Figure 5-44—Percentage of 2022 CCC Population Respondents Who Reported Their Child’s Personal Doctor Coordinated Their Child’s Care for Their Chronic Conditions for NC Medicaid Program, by Race and Ethnicity**



### Access to Prescription Medications

Figure 5-45 shows the *Access to Prescription Medications* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. For those CCC parent/caretaker respondents who reported usually or always having access to prescription medications for their child, there were no significant differences identified by race or ethnicity.

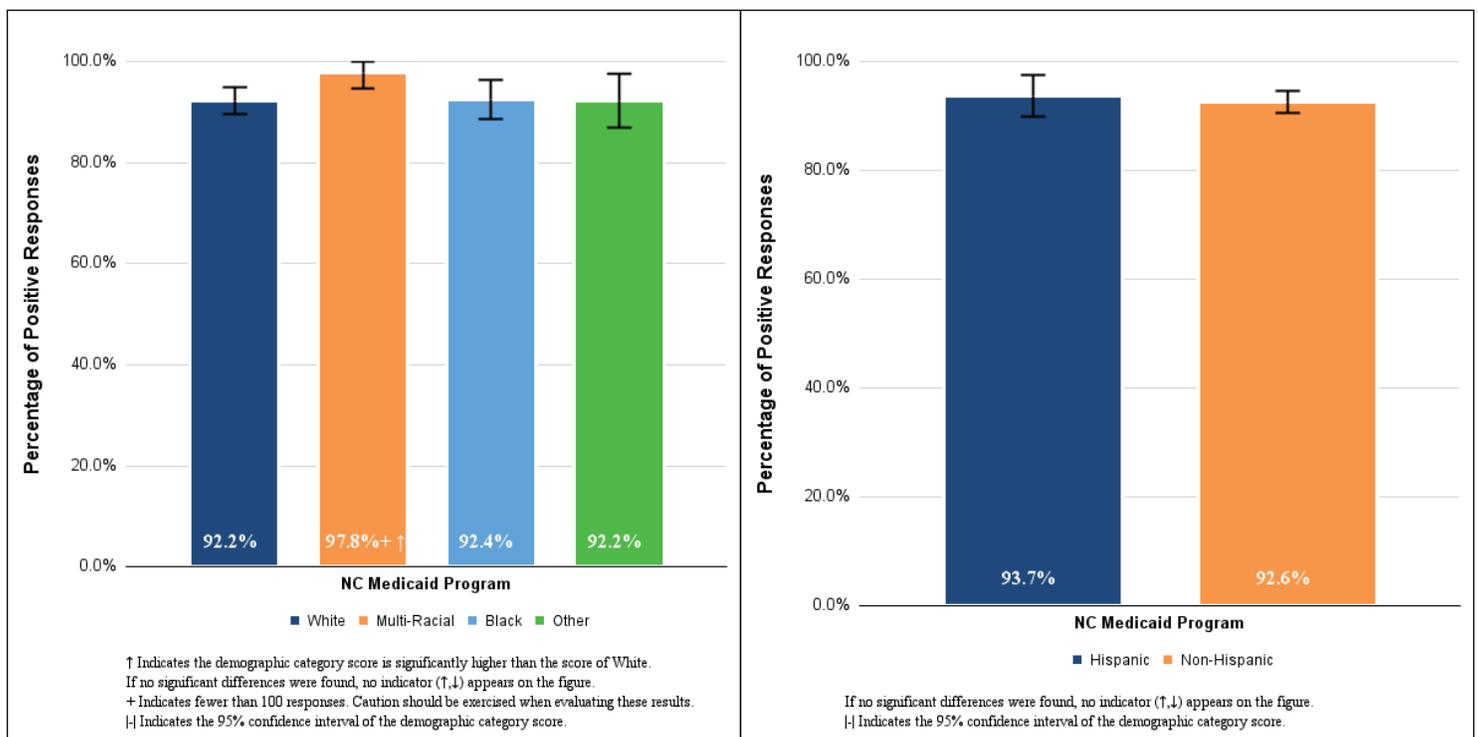
**Figure 5-45—Percentage of 2022 CCC Population Respondents Who Usually or Always Had Access to Prescription Medications for Their Child for NC Medicaid Program, by Race and Ethnicity**



### FCC: Getting Needed Information

Figure 5-46 shows the *FCC: Getting Needed Information* positive rating results of child members reported by their parents/caretakers for the NC Medicaid Program by race and ethnicity. A significantly *higher* percentage of Multi-Racial CCC parent/caretaker respondents reported usually or always receiving the information they needed from their child’s doctor/health provider when compared to White respondents. There were no significant differences identified by ethnicity for Hispanic or Non-Hispanic CCC parent/caretaker respondents when compared to the demographic average for the NC Medicaid Program.

**Figure 5-46—Percentage of 2022 CCC Population Respondents Who Usually or Always Received the Information They Needed from Their Child’s Doctor/Health Provider for NC Medicaid Program, by Race and Ethnicity**

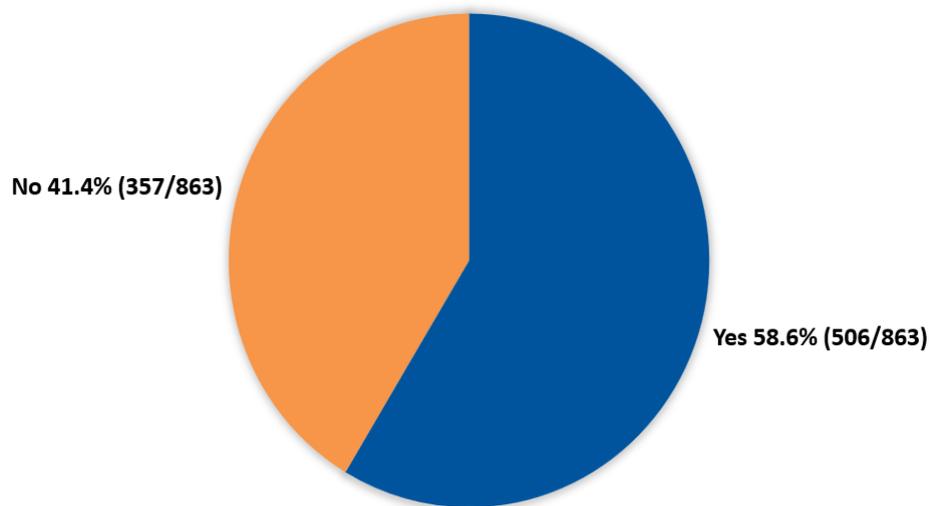


### Supplemental Items

DHB added three supplemental questions regarding the COVID-19 vaccine. Figure 5-47 through Figure 5-49 provide the results for the questions that asked if the child’s providers discussed getting the COVID-19 vaccine and if child members received the COVID-19 vaccine, respectively, for the NC Medicaid Program.

Figure 5-47 presents the percentage of CCC parent/caretaker respondents who reported their child’s provider discussed their child getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program. The majority of the CCC parent/caretaker respondents reported their child’s provider did discuss their child getting the COVID-19 vaccine in the last 6 months for the NC Medicaid Program. For those CCC parent/caretaker respondents who reported their child’s provider discussed getting the COVID-19 vaccine in the last 6 months, there were no significant differences identified by race or ethnicity.

**Figure 5-47—Percentage of 2022 CCC Population Respondents Who Reported Their Child’s Provider Discussed Their Child Getting a COVID-19 Vaccine in the Last 6 Months for NC Medicaid Program**



*Respondents who answered “My child did not see their doctor or other health provider in the last 6 months” were excluded from the analysis.*

Figure 5-48 presents the percentage of CCC parent/caretaker respondents who reported their child received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program. Just over half of the respondents reported their child received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program.

**Figure 5-48—Percentage of 2022 CCC Population Respondents Who Reported Their Child Received At Least One Dose of the COVID-19 Vaccine at Any Time for NC Medicaid Program**

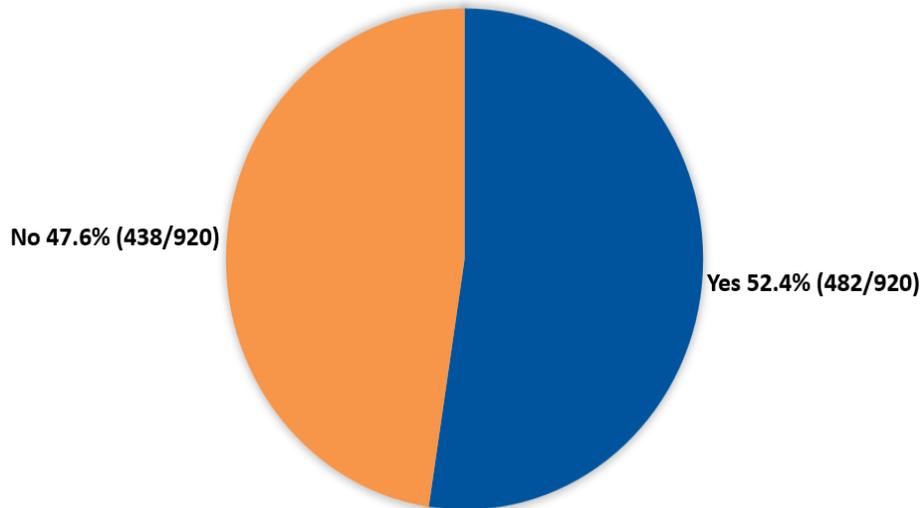
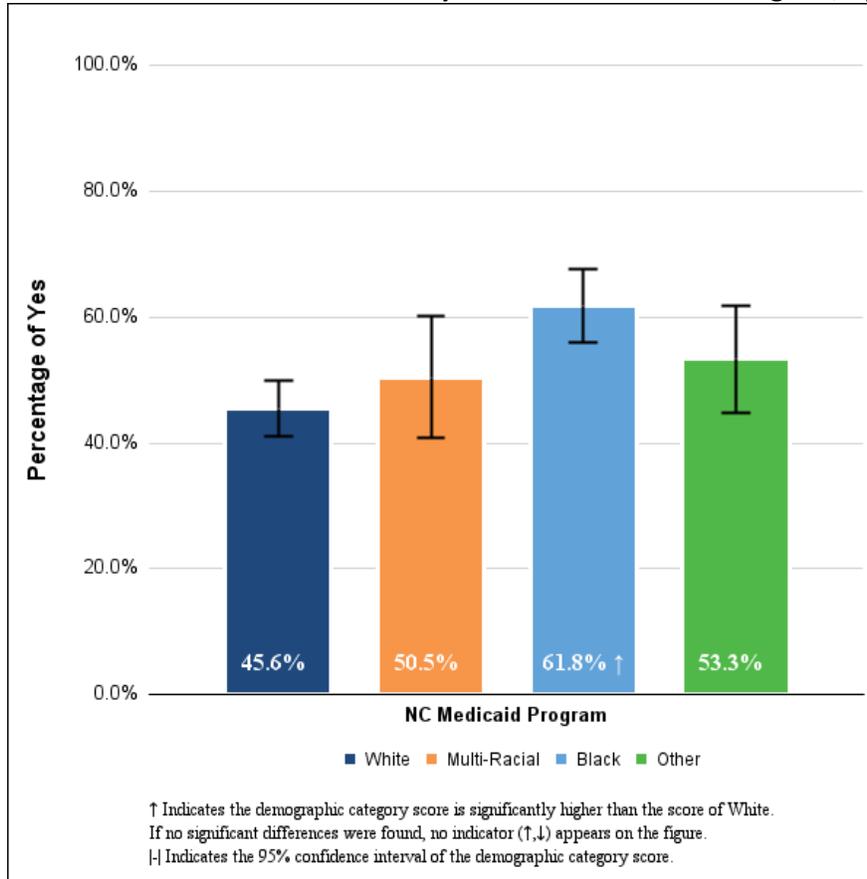


Figure 5-49 presents the percentage of CCC parent/caretaker respondents who reported their child received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program by race. A significantly *higher* percentage of Black CCC parent/caretaker respondents reported their child received at least one dose of the COVID-19 vaccine at any time for the NC Medicaid Program when compared to White respondents. There were no significant differences identified by ethnicity for Hispanic or Non-Hispanic CCC parent/caretaker respondents when compared to the demographic average for the NC Medicaid Program.

**Figure 5-49—Percentage of 2022 CCC Population Respondents Who Reported Their Child Received At Least One Dose of the COVID-19 Vaccine at Any Time for NC Medicaid Program, by Race**



For CCC members who had not received the COVID-19 vaccine, parents/caretakers were asked for reasons their child had not received the COVID-19 vaccine. Table 5-4 provides the reasons CCC parent/caretaker respondents reported their child did not receive the COVID-19 vaccine for the NC Medicaid Program. The top three most common reasons CCC parent/caretaker respondents reported their child did not receive the COVID-19 vaccine were due to the parents’/caretakers’ perceptions/beliefs of the COVID-19 vaccine including: long-term side effects, the vaccine was developed too quickly, and information in the media was difficult to understand. The top three least common reasons CCC parents/caretakers reported their child did not receive the COVID-19 vaccine were due to barriers and parent/caretakers’ perceptions/beliefs including: not having time off of work, not having a way to get to a vaccine clinic, and the parent/caretaker trusted people who recommended their child not get the vaccine.

**Table 5-4—Among 2022 CCC Population Respondents Who Reported Their Child Did Not Receive a COVID-19 Vaccine at Any Time, Percentage of Respondents’ Reason for Their Child Not Receiving COVID-19 Vaccine for NC Medicaid Program**

Responses (Respondents may have selected more than one answer)	% (N/D)
Age or Health Condition	21.7% (92/424)
Vaccine Developed Too Quickly	41.5% (176/424)
Long-Term Side Effects	54.5% (231/424)
Don’t Trust Public Health Agencies	21.2% (90/424)
Information in the Media is Difficult to Understand	38.4% (163/424)
Already Had COVID-19	17.9% (76/424)
Not Worried About My Child Getting COVID-19	13.4% (57/424)
People I Trust Recommend My Child Doesn’t Get It	12.7% (54/424)
Don’t Have Time Off Work	3.8% (16/424)
Don’t Have Way to Get to Vaccine Clinic	4.2% (18/424)
Other Reason	34.0% (144/424)
<p><i>Results presented are based on respondents that answered “No” to their child receiving a COVID-19 vaccine. Respondents may choose more than one response to this question; therefore, percentages will not total 100%. (N/D) Indicates numerator and denominator.</i></p>	

## Appendix A. Supplemental Information

### Demographics

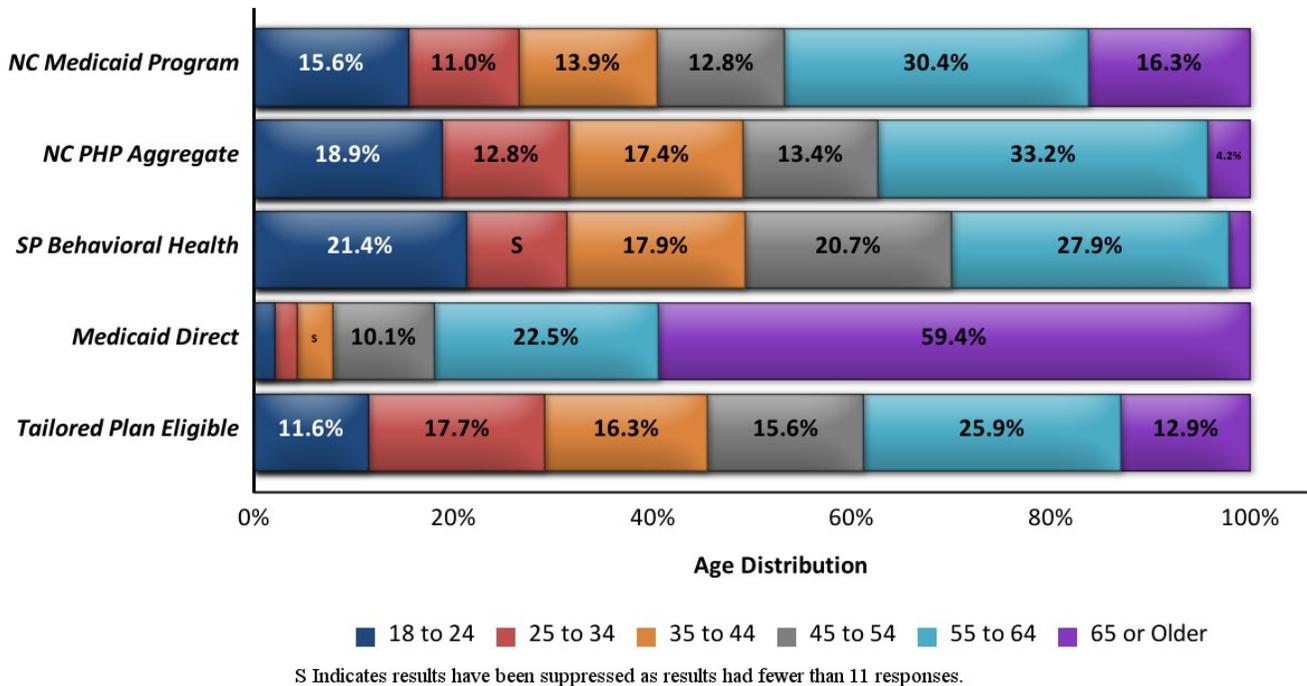
The demographics include the *self-reported* demographic information reported by respondents in the CAHPS surveys.

#### Adult Demographics

Figure A-1 through Figure A-5 present the adult respondent self-reported demographic characteristics (i.e., demographic information reported on the survey) for age, gender, education level, race, and ethnicity.

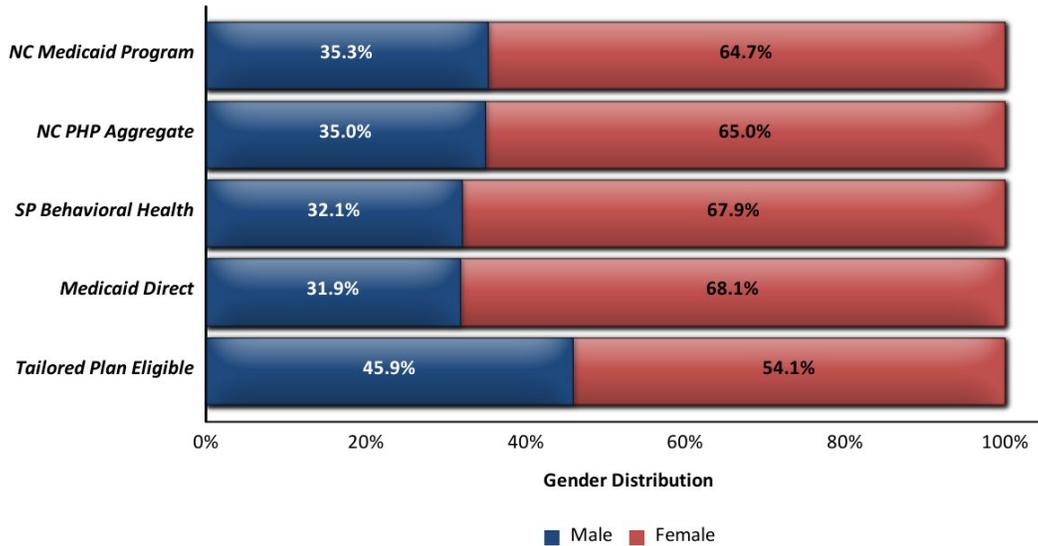
Overall, the majority of adult respondents were over the age of 45 years old. The most common age category was 55 to 64 years old across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations, except for Medicaid Direct.

**Figure A-1—Percentage of 2022 Adult Respondents’ Who Reported Their Age, with Aggregate Comparisons**



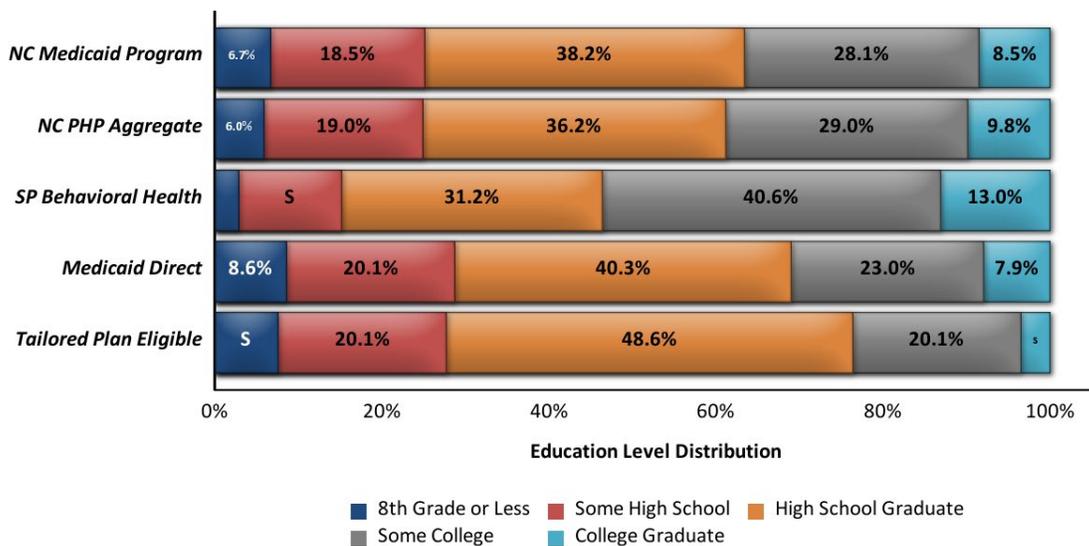
Overall, the majority of adult respondents were female across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-2—Percentage of 2022 Adult Respondents’ Who Reported Their Gender, with Aggregate Comparisons**



Overall, the most common education level reported by adult respondents was high school graduate across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations, except for SP Behavioral Health.

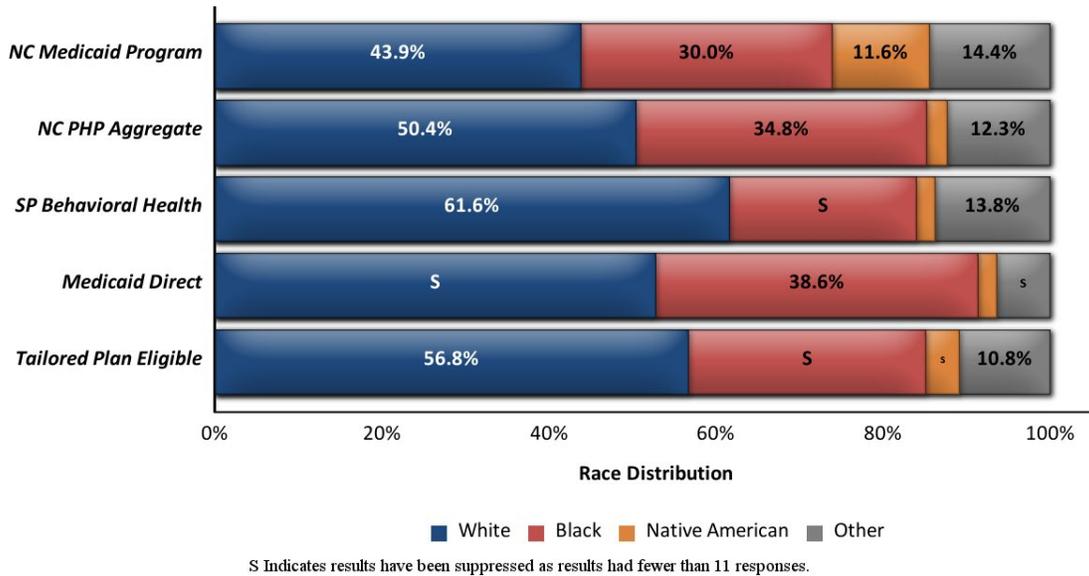
**Figure A-3—Percentage of 2022 Adult Respondents’ Who Reported Their Education Level, with Aggregate Comparisons**



S Indicates results have been suppressed as results had fewer than 11 responses.

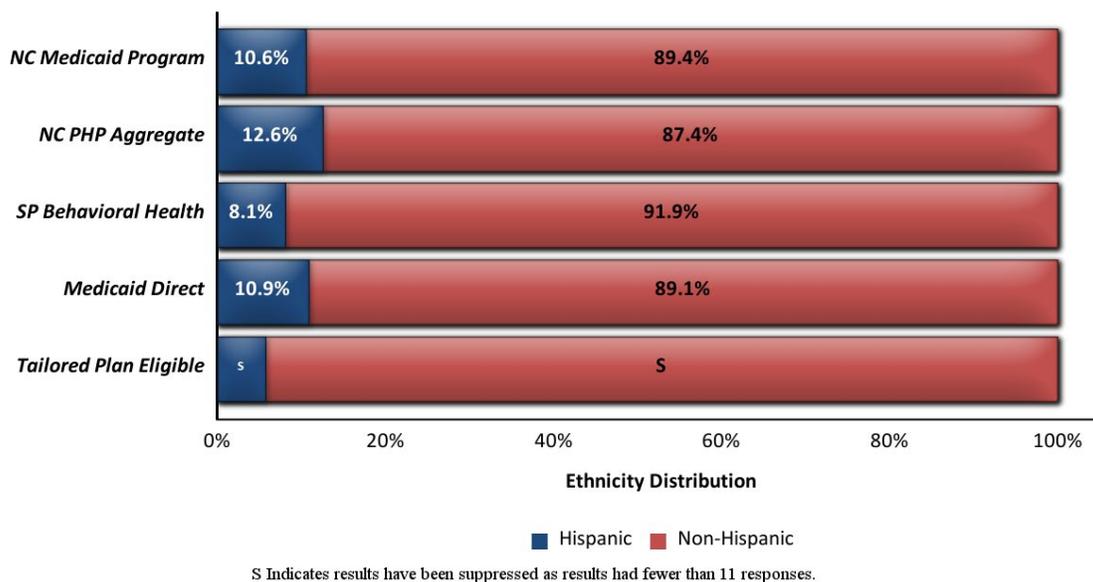
Overall, the plurality of adult respondents was White across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-4—Percentage of 2022 Adult Respondents’ Who Reported Their Race, with Aggregate Comparisons**



Overall, the majority of adult respondents were Non-Hispanic across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-5—Percentage of 2022 Adult Respondents’ Who Reported Their Ethnicity, with Aggregate Comparisons**



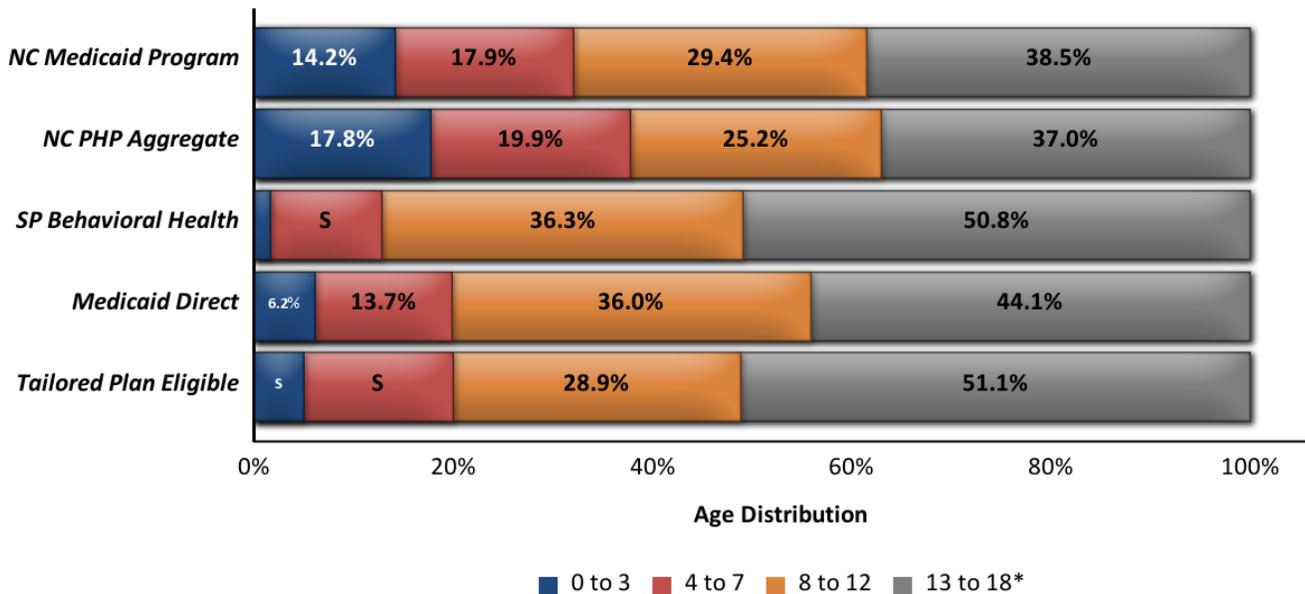
## General Child Demographics

### Child Member Demographics

Figure A-6 through Figure A-9 present the demographic characteristics of child members reported by their parents/caretakers who completed a survey (i.e., demographic information reported on the survey) for age, gender, race, and ethnicity.

Overall, the plurality of general child members was 8 years of age or older. The most common age category was 13 to 18 years old across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-6—Percentage of 2022 General Child Respondents Who Reported Their Child’s Age, with Aggregate Comparisons**

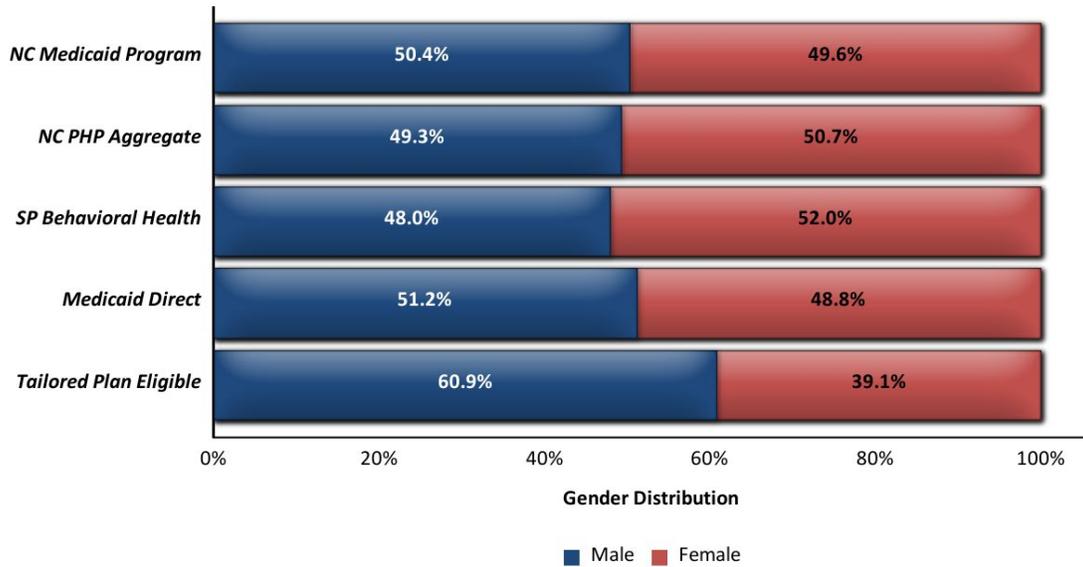


S Indicates results have been suppressed as results had fewer than 11 responses.

\*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2021. Some children eligible for the CAHPS Survey turned 18 between January 1, 2022 and the time of survey administration.

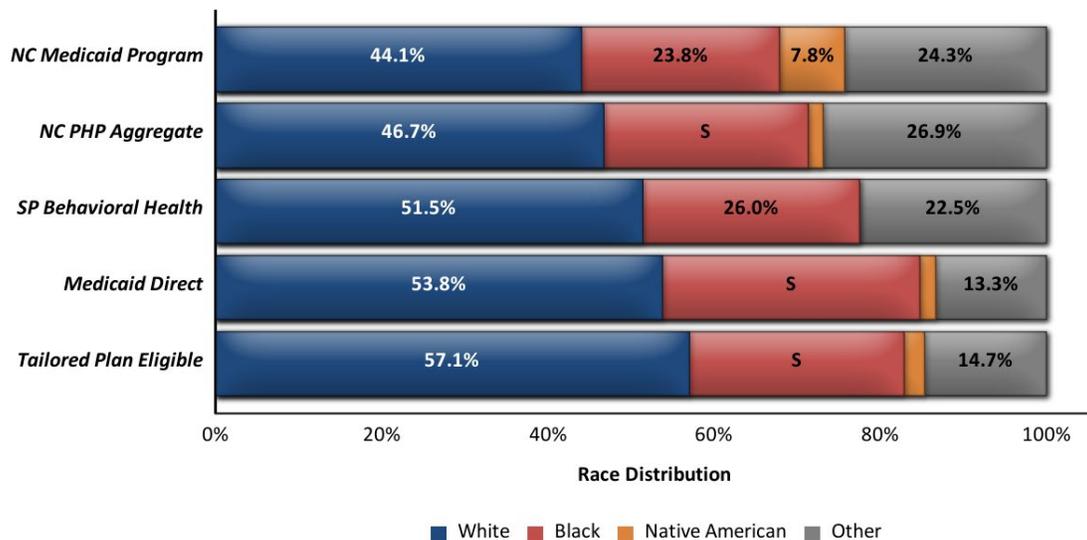
Overall, general child members had about an even distribution of gender across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations, except for Tailored Plan Eligible.

**Figure A-7—Percentage of 2022 General Child Respondents Who Reported Their Child’s Gender, with Aggregate Comparisons**



Overall, the plurality of child members was mostly White across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

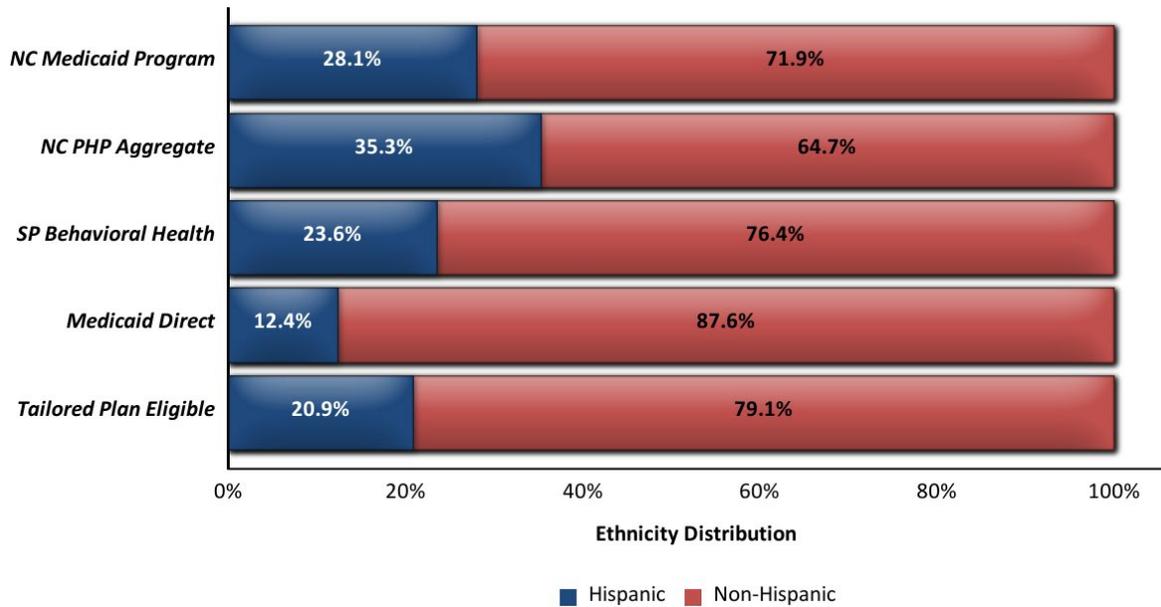
**Figure A-8—Percentage of 2022 General Child Respondents Who Reported Their Child’s Race, with Aggregate Comparisons**



S Indicates results have been suppressed as results had fewer than 11 responses.

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

**Figure A-9—Percentage of 2022 General Child Respondents Who Reported Their Child’s Ethnicity, with Aggregate Comparisons**

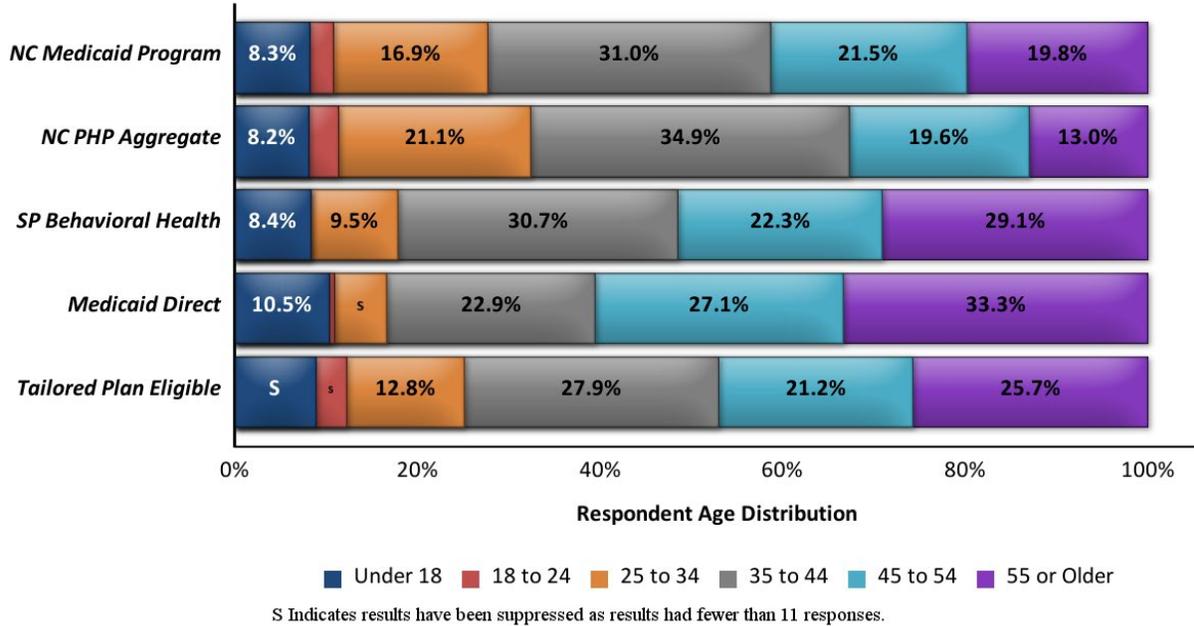


### Child Respondent Demographics

Figure A-10 through Figure A-13 present the self-reported demographic characteristics (i.e., demographic information reported on the survey) of the parents/caretakers who completed a survey on behalf of child members for age, gender, education level, and relationship to child.

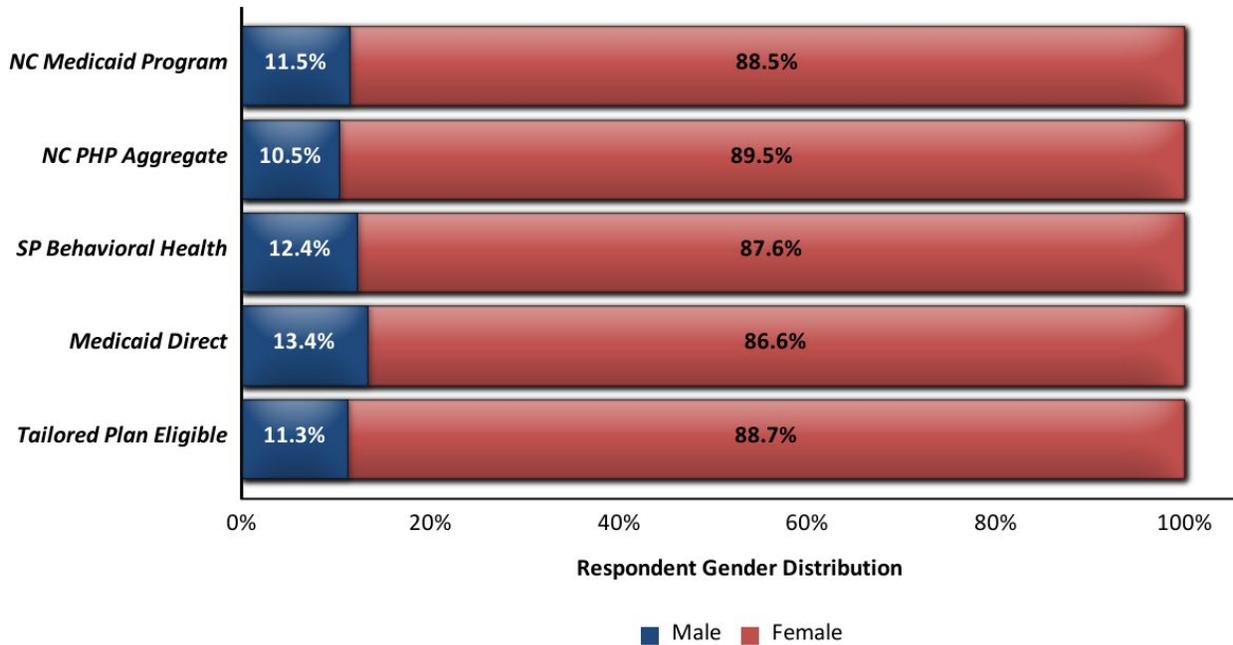
Overall, the majority of general child parent/caretaker respondents were 35 years of age or older. The most common age category was 35 to 44 years old across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations, except for Medicaid Direct.

**Figure A-10—Percentage of 2022 General Child Respondents Who Reported Their Age, with Aggregate Comparisons**



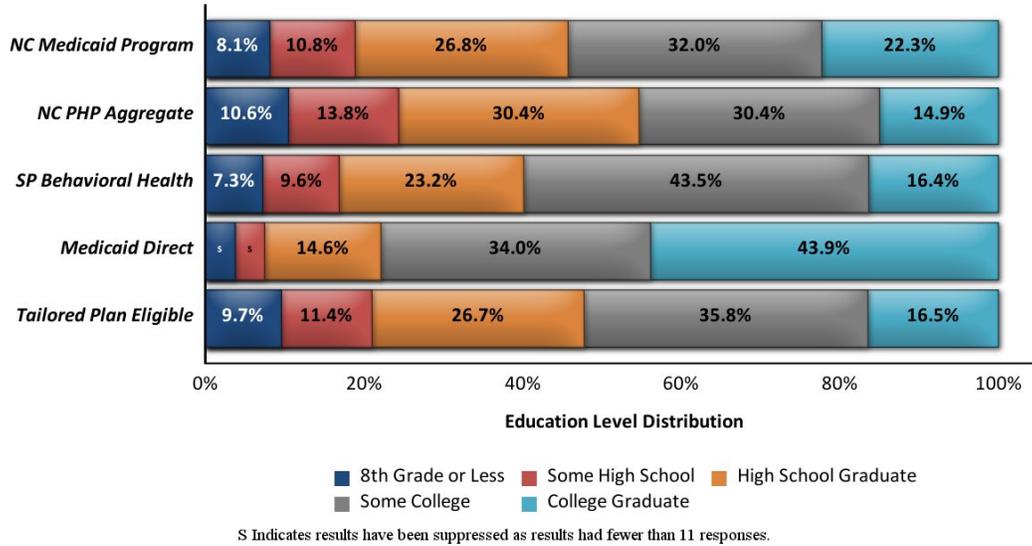
Overall, the majority of general child parent/caretaker respondents were mostly female across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-11—Percentage of 2022 General Child Respondents Who Reported Their Gender, with Aggregate Comparisons**



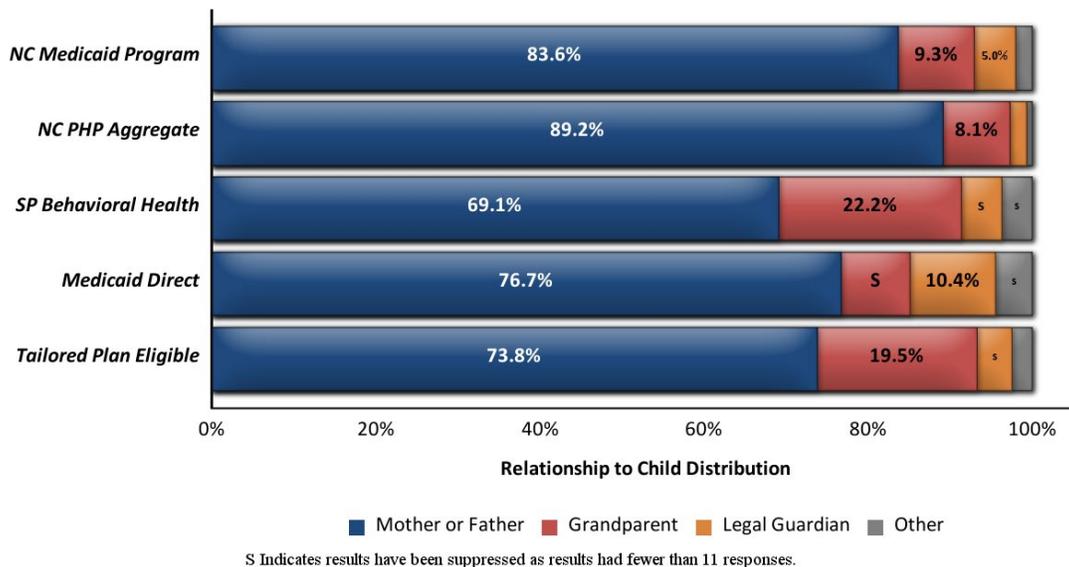
Overall, the most common education level reported by general child parent/caretaker respondents was some college across the NC Medicaid Program and all program-specific populations, except for Medicaid Direct and the NC PHP Aggregate, where there was an equal distribution for high school graduate and some college.

**Figure A-12—Percentage of 2022 General Child Respondents Who Reported Their Education Level, with Aggregate Comparisons**



Overall, the majority of general child parent/caretaker respondents were the mother or father of the child across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-13—Percentage of 2022 General Child Respondents Who Reported Their Relationship to Child, with Aggregate Comparisons**



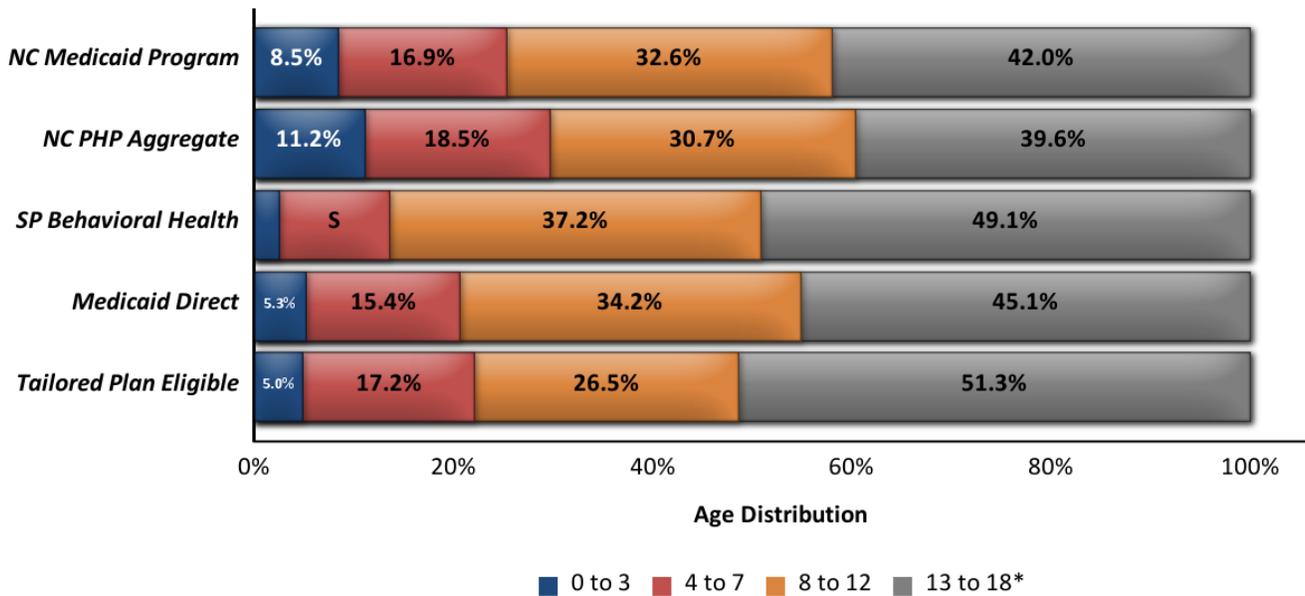
## CCC Demographics

### CCC Member Demographics

Figure A-14 through Figure A-17 present the demographic characteristics of CCC members reported by their parents/caretakers who completed a survey (i.e., demographic information reported on the survey) for age, gender, race, and ethnicity.

Overall, the plurality of CCC members was 13 years of age or older. The most common age category was 13 to 18 years old across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-14—Percentage of 2022 CCC Respondents Who Reported Their Child’s Age, with Aggregate Comparisons**

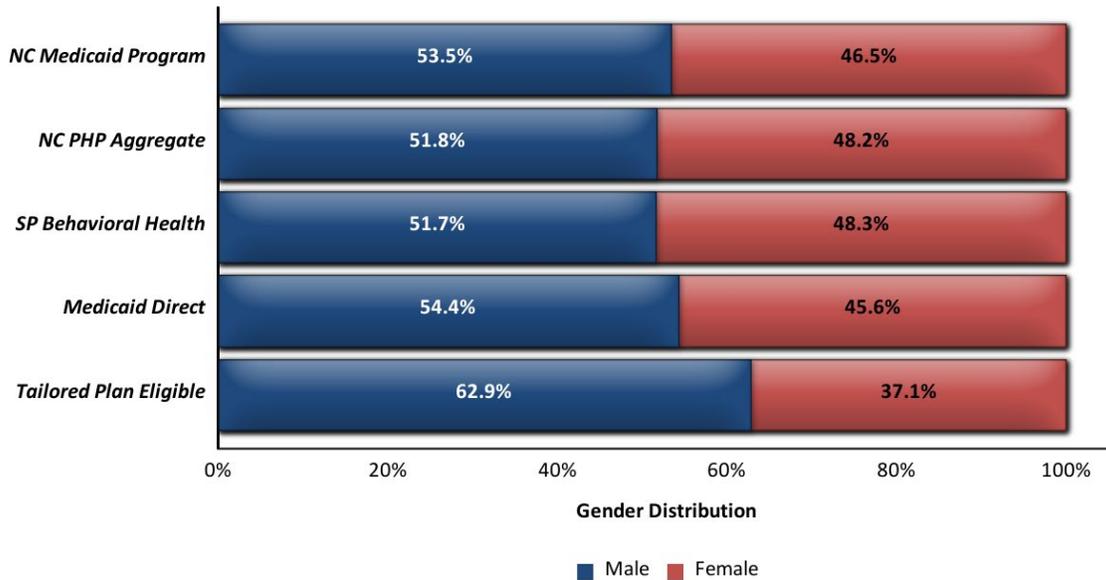


S Indicates results have been suppressed as results had fewer than 11 responses.

\*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2021. Some children eligible for the CAHPS Survey turned 18 between January 1, 2022 and the time of survey administration.

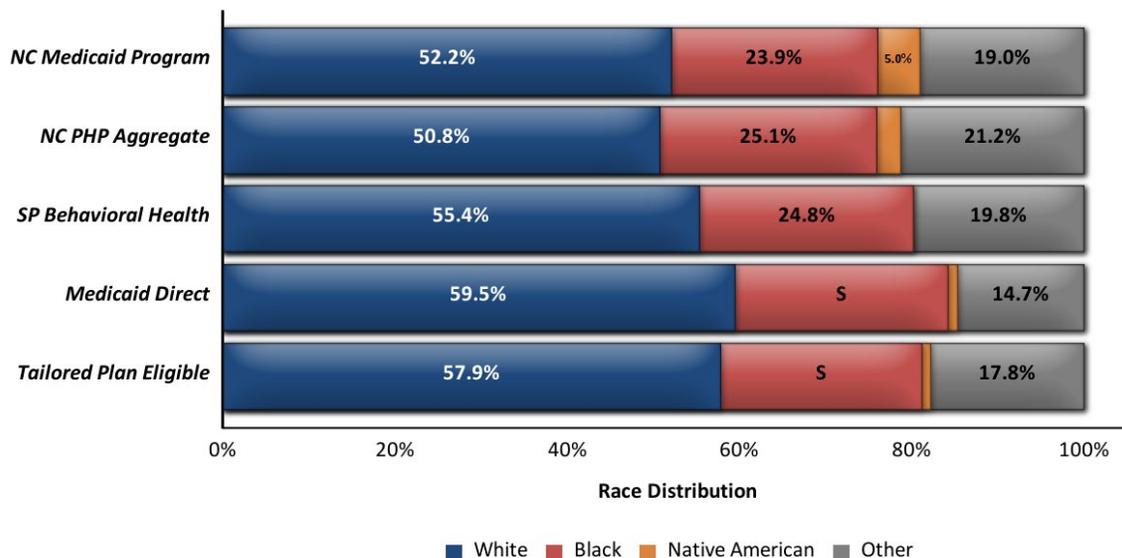
Overall, the plurality of CCC members were male across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-15—Percentage of 2022 CCC Respondents Who Reported Their Child’s Gender, with Aggregate Comparisons**



Overall, the plurality of CCC members were mostly White across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

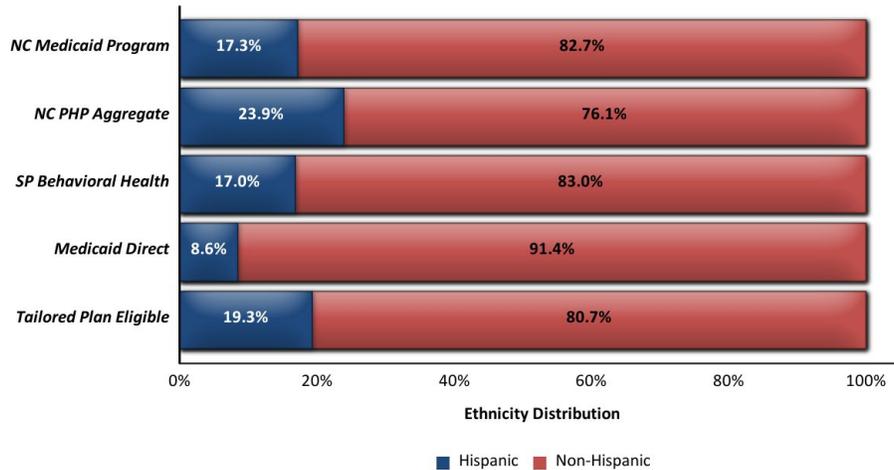
**Figure A-16—Percentage of 2022 CCC Respondents Who Reported Their Child’s Race, with Aggregate Comparisons**



S Indicates results have been suppressed as results had fewer than 11 responses.

Overall, the majority of CCC members were Non-Hispanic across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-17—Percentage of 2022 CCC Respondents Who Reported Their Child’s Ethnicity, with Aggregate Comparisons**

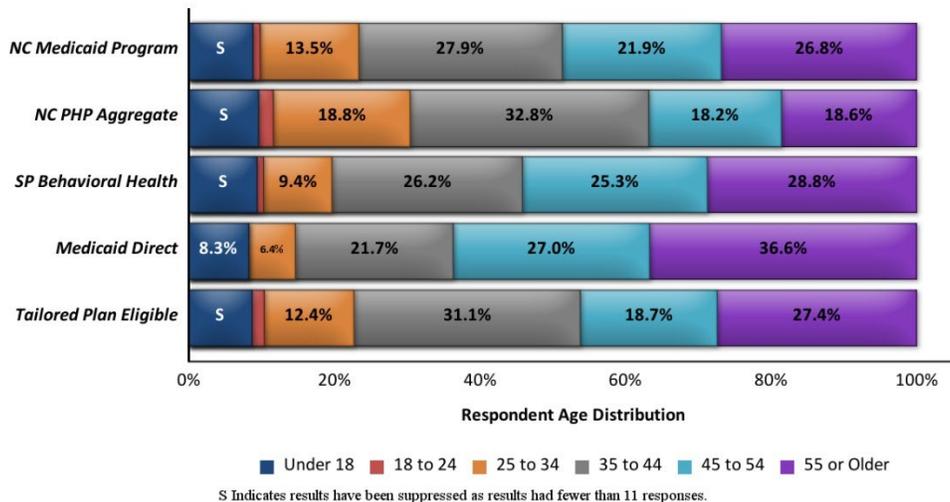


### CCC Respondent Demographics

Figure A-18 through Figure A-21 present the self-reported demographic characteristics (i.e., demographic information reported on the survey) of parents/caretakers who completed a survey on behalf of CCC members for age, gender, education level, and relationship to child.

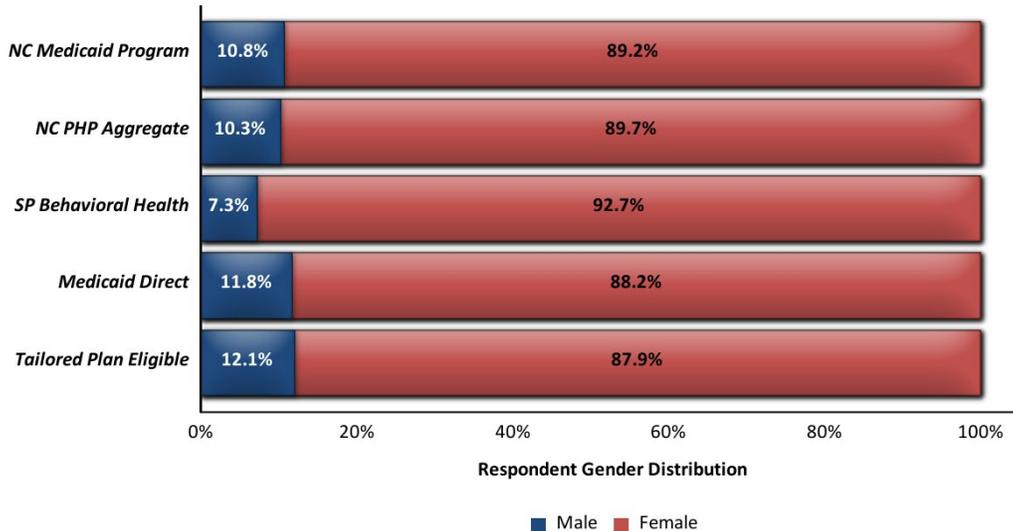
Overall, the majority of CCC member parent/caretaker respondents were 35 years of age or older across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-18—Percentage of 2022 CCC Respondents Who Reported Their Age, with Aggregate Comparisons**



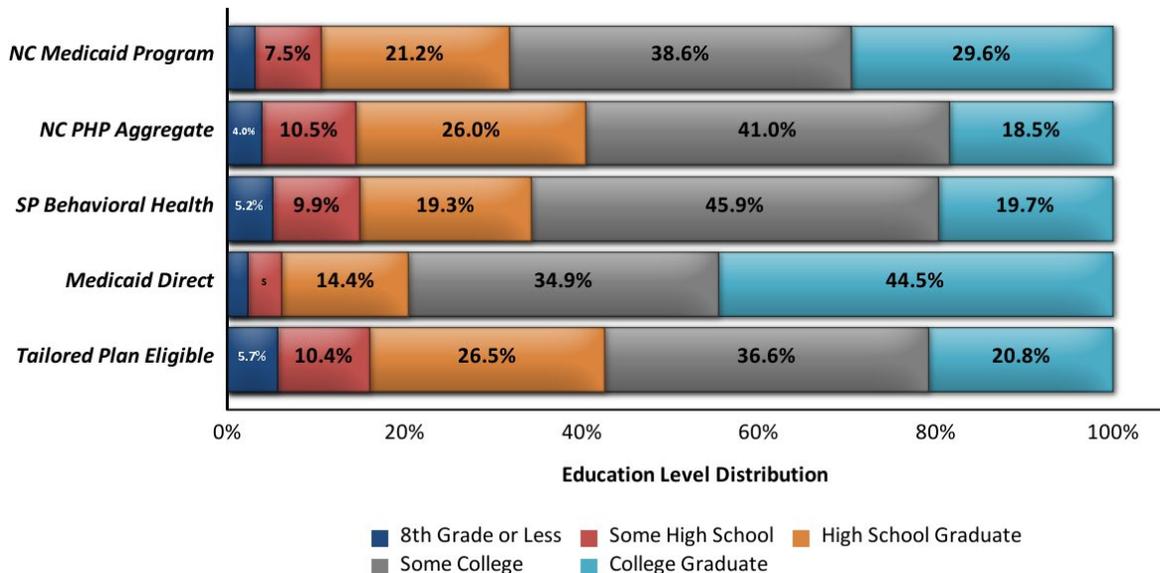
Overall, the majority of CCC member parent/caretaker respondents were female across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-19—Percentage of 2022 CCC Respondents Who Reported Their Gender, with Aggregate Comparisons**



Overall, the most common education level reported by CCC parent/caretaker respondents was some college across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations, except for Medicaid Direct.

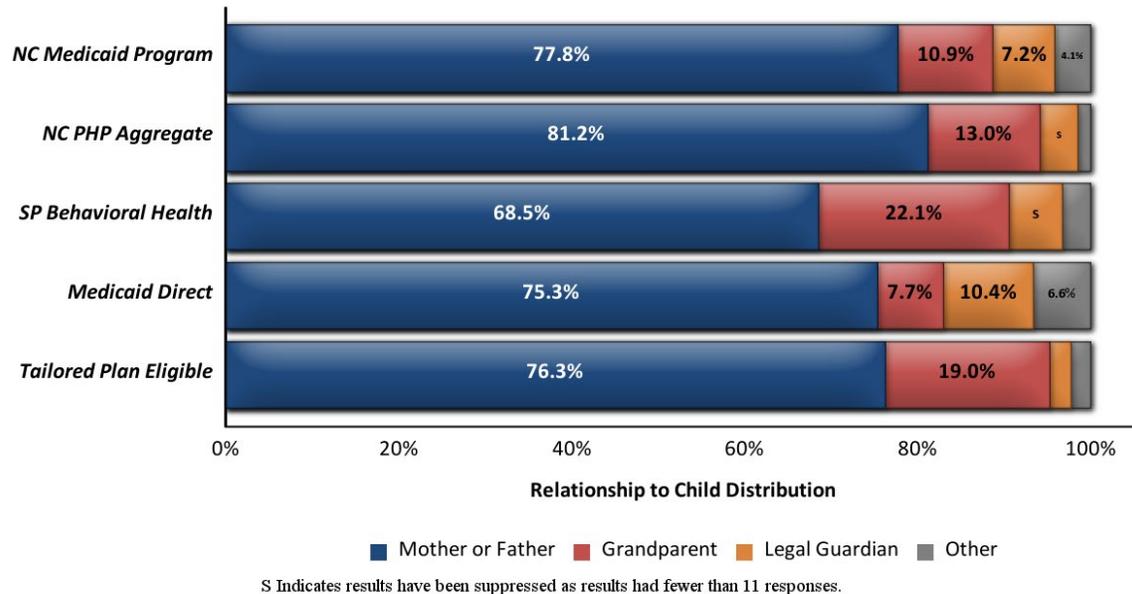
**Figure A-20—Percentage of 2022 CCC Respondents Who Reported Their Education Level, with Aggregate Comparisons**



s Indicates results have been suppressed as results had fewer than 11 responses.

Overall, the majority of CCC parent/caretaker respondents were the mother or father of the child across the NC Medicaid Program, NC PHP Aggregate, and all program-specific populations.

**Figure A-21—Percentage of 2022 CCC Respondents Who Reported Their Relationship to Child, with Aggregate Comparisons**



## Survey Respondent to Eligible Population Demographic Data Comparisons

HSAG used the sample frame (i.e., eligible population) data, which was pulled from Medicaid enrollment data, to compare the demographic characteristics of those who responded to the survey (i.e., survey respondents) to the total eligible population.<sup>40</sup> The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity.<sup>41</sup> HSAG performed a *t* test to determine whether the demographic characteristics of survey respondents were significantly different from the demographic characteristics of all members in the eligible population. A difference was considered significant if the two-sided *p* value of the *t* test was less than 0.05. If the respondent population differs significantly from the actual population, then caution should be exercised when extrapolating the survey results to the entire population.

Please note that variables from the eligible population file were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

<sup>40</sup> Respondents from the Black and Hispanic oversamples were not used for this analysis.

<sup>41</sup> The General race category was provided by DHB in the sample frame file.

### Adult Results

Table A-1 through Table A-4 present the results of the comparisons of the demographic characteristics of the survey respondents to the eligible population, using the Medicaid enrollment data, for the adult population.

**Table A-1—Survey Respondent to Eligible Population Demographic Comparisons  
Using Medicaid Enrollment Data: Adult Member—Age (2022)**

		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
NC Medicaid Program	R	16.3%↓	11.8%↓	13.1%↓	14.2%	29.9%↑	14.6%
	EP	21.2%	20.7%	18.2%	12.2%	13.0%	14.6%
NC PHP Aggregate	R	19.7%↓	14.1%↓	15.9%↓	14.5%↑	33.1%↑	2.7%↑
	EP	35.7%	26.1%	20.3%	8.9%	8.3%	0.8%
SP Behavioral Health	R	22.7%↓	10.6%↓	17.7%	21.3%↑	27.7%↑	0.0%
	EP	31.2%	25.0%	23.1%	11.3%	9.3%	0.2%
Medicaid Direct	R	S	S	S	10.6%	23.4%↑	57.4%↑
	EP	12.6%	17.5%	17.0%	14.2%	15.8%	22.9%
Tailored Plan Eligible	R	12.7%	18.0%	16.0%↓	15.3%	26.7%↑	11.3%
	EP	17.0%	22.0%	22.2%	15.2%	16.2%	7.3%

An “S” indicates results have been suppressed as results had fewer than 11 responses.  
 An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.  
 Green shading and an ↑ indicates the respondent percentage is significantly higher than the eligible population percentage.  
 Red shading and a ↓ indicates the respondent percentage is significantly lower than the eligible population percentage.  
 Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.

**Table A-2—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Gender (2022)**

		Male	Female
NC Medicaid Program	R	34.6%	65.4%
	EP	34.0%	66.0%
NC PHP Aggregate	R	34.0%↑	66.0%↓
	EP	27.8%	72.2%
SP Behavioral Health	R	30.5%↑	69.5%↓
	EP	21.3%	78.7%
Medicaid Direct	R	31.9%	68.1%
	EP	37.7%	62.3%
Tailored Plan Eligible	R	46.7%	53.3%
	EP	41.3%	58.7%
<p>An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.            Green shading and an ↑ indicates the respondent percentage is significantly higher than the eligible population percentage.            Red shading and an ↓ indicates the respondent percentage is significantly lower than the eligible population percentage.            Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

**Table A-3—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Race (2022)**

		General	Black	American Indian and Alaska Native	Latinx
NC Medicaid Program	R	45.7%	31.3%↓	15.6%↑	7.5%
	EP	48.5%	41.9%	1.9%	7.6%
NC PHP Aggregate	R	52.0%↑	36.4%↓	2.3%	9.3%
	EP	44.6%	42.6%	1.7%	11.2%
SP Behavioral Health	R	S	24.1%↓	S	S
	EP	54.9%	36.4%	1.8%	7.0%
Medicaid Direct	R	53.2%	39.0%	S	S
	EP	50.9%	41.6%	1.9%	5.5%
Tailored Plan Eligible	R	S	30.7%↓	S	S
	EP	52.2%	42.5%	2.2%	3.1%
<p>An “S” indicates results have been suppressed as results had fewer than 11 responses.            An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.            Green shading and an ↑ indicates the respondent percentage is significantly higher than the eligible population percentage.            Red shading and an ↓ indicates the respondent percentage is significantly lower than the eligible population percentage.            Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>					

**Table A-4—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data: Adult Member—Ethnicity (2022)**

		Hispanic	Non-Hispanic
NC Medicaid Program	R	7.5%	92.5%
	EP	7.6%	92.4%
NC PHP Aggregate	R	9.3%	90.7%
	EP	11.2%	88.8%
SP Behavioral Health	R	S	S
	EP	7.0%	93.0%
Medicaid Direct	R	S	S
	EP	5.5%	94.5%
Tailored Plan Eligible	R	S	S
	EP	3.1%	96.9%

*An “S” indicates results have been suppressed as results had fewer than 11 responses.  
 An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.  
 Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.*

### General Child Results

Table A-5 through Table A-8 present the results of the comparisons of the demographic characteristics of the survey respondents to the eligible population, using the Medicaid enrollment data, for the general child population.

**Table A-5—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data: General Child Member—Age (2022)**

		0 to 3	4 to 7	8 to 12	13 to 17
NC Medicaid Program	R	17.3%↓	18.9%↓	28.6%	35.2%↑
	EP	21.6%	24.4%	27.1%	26.8%
NC PHP Aggregate	R	21.8%	20.1%↓	24.6%	33.4%↑
	EP	23.1%	25.0%	26.7%	25.2%
SP Behavioral Health	R	0.0%	11.5%	40.1%	48.4%
	EP	0.1%	15.2%	39.7%	45.0%
Medicaid Direct	R	6.5%	15.3%	35.8%	42.3%
	EP	8.2%	18.9%	31.3%	41.6%
Tailored Plan Eligible	R	6.0%	14.3%	30.2%	49.5%
	EP	5.3%	19.0%	31.0%	44.7%

*An “S” indicates results have been suppressed as results had fewer than 11 responses.  
 An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.  
 Green shading and an ↑ indicates the respondent percentage is significantly higher than the eligible population percentage.  
 Red shading and an ↓ indicates the respondent percentage is significantly lower than the eligible population percentage.  
 Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.*

**Table A-6—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data: General Child Member—Gender (2022)**

		Male	Female
NC Medicaid Program	R	50.3%	49.7%
	EP	51.1%	48.9%
NC PHP Aggregate	R	49.5%	50.5%
	EP	50.2%	49.8%
SP Behavioral Health	R	47.3%	52.7%
	EP	49.2%	50.8%
Medicaid Direct	R	50.2%↓	49.8%↑
	EP	59.5%	40.5%
Tailored Plan Eligible	R	62.1%	37.9%
	EP	64.6%	35.4%
<p>An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.            Green shading and an ↑ indicates the respondent percentage is significantly higher than the eligible population percentage.            Red shading and an ↓ indicates the respondent percentage is significantly lower than the eligible population percentage.            Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

**Table A-7—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data: General Child Member—Race (2022)**

		General	Black	American Indian and Alaska Native	Latinx
NC Medicaid Program	R	42.8%↑	23.9%↓	9.5%↑	23.8%
	EP	39.6%	36.3%	1.6%	22.6%
NC PHP Aggregate	R	42.1%	S	S	32.4%↑
	EP	38.4%	36.6%	1.3%	23.6%
SP Behavioral Health	R	54.9%	26.9%	0.0%	18.1%
	EP	48.3%	33.0%	1.1%	17.5%
Medicaid Direct	R	59.1%↑	33.0%	S	S
	EP	51.6%	33.7%	1.8%	12.9%
Tailored Plan Eligible	R	50.5%	27.5%↓	S	S
	EP	47.0%	36.5%	1.3%	15.1%
<p>An “S” indicates results have been suppressed as results had fewer than 11 responses.            An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.            Green shading and an ↑ indicates the respondent percentage is significantly higher than the eligible population percentage.            Red shading and an ↓ indicates the respondent percentage is significantly lower than the eligible population percentage.            Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>					

**Table A-8—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data: General Child Member—Ethnicity (2022)**

		Hispanic	Non-Hispanic
NC Medicaid Program	R	23.8%	76.2%
	EP	22.6%	77.4%
NC PHP Aggregate	R	32.4%↑	67.6%↓
	EP	23.6%	76.4%
SP Behavioral Health	R	18.1%	81.9%
	EP	17.5%	82.5%
Medicaid Direct	R	6.0%↓	94.0%↑
	EP	12.9%	87.1%
Tailored Plan Eligible	R	19.8%	80.2%
	EP	15.1%	84.9%
<p>An “S” indicates results have been suppressed as results had fewer than 11 responses.            An “R” indicates respondent percentage, and an “EP” indicates eligible population percentage.            Green shading and an ↑ indicates the respondent percentage is significantly higher than the eligible population percentage.            Red shading and a ↓ indicates the respondent percentage is significantly lower than the eligible population percentage.            Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</p>			

## Appendix B. Survey Instruments

The survey instruments selected were the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set and the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the survey instruments.



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-842-1627.

**SURVEY INSTRUCTIONS**

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark ●

Incorrect Marks 



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your health plan? (Please print)

\_\_\_\_\_





## TELEHEALTH VISITS

These questions ask about the care you got other than in person. These health care visits could be conducted using video by computer or mobile phone (e.g., Zoom, Facetime, Doxy.me), or a scheduled phone call with sound only (i.e., no video).

9a. In the last 6 months, were you offered a telehealth appointment instead of an in-person appointment?

- Yes
- No → *Go to Question 9h*

9b. In the last 6 months, how often did you choose to use telehealth for your health care when it was offered by a doctor or other health provider?

- Never → *Go to Question 9h*
- Sometimes
- Usually
- Always

9c. What technical problems did you have? Check all that apply.

- There were no technical problems
- I had trouble with my computer
- I had trouble with my phone
- My doctor or other health provider had trouble with their computer
- My doctor or other health provider had trouble with their phone connection
- Some other problem

9d. In the last 6 months, how often did your doctor or other health provider answer your questions during the telehealth visit?

- Never
- Sometimes
- Usually
- Always
- I did not have any questions that I needed answered

9e. In the last 6 months, at the end of your telehealth visit, how often did you feel comfortable that you knew what to do to take care of your health?

- Never
- Sometimes
- Usually
- Always

9f. In the last 6 months, after your telehealth visit, did you schedule a follow-up, in-person visit with the same doctor or other health provider because you needed additional care for the same condition that could not be provided over the computer or phone?

- Yes
- No

9g. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your telehealth care in the last 6 months?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Telehealth Care       |                       |                       |                       |                       | Telehealth Care       |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

## COVID-19 VACCINATION

These questions ask about getting a COVID-19 vaccine.

9h. In the last 6 months, did your doctor or other health provider talk to you about getting a COVID-19 vaccine?

- Yes
- No
- I did not see my doctor or other health provider in the last 6 months

9i. Have you received at least one dose of the COVID-19 vaccine?

- Yes → **Go to Question 10**
- No

9j. Why haven't you received a COVID-19 vaccine? Check all that apply.

- I have a health condition that prevents me from getting the vaccine.
- I'm worried the vaccine was developed too quickly.
- I'm worried about possible long-term side effects of the vaccine.
- I'm pregnant or want to get pregnant and I don't know if it's safe.
- It doesn't seem worth it since vaccinated people are still getting COVID-19.
- I don't trust the public health agencies that recommend getting a COVID-19 vaccine.
- Information about the vaccine and COVID-19 in the media make it difficult to know what is true or false.
- I don't need it because I already had COVID-19.
- People I trust recommend I don't get it.
- I don't have time off work to get vaccinated.
- I don't have a way to get to a vaccine clinic.
- Other reason.

### YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → **Go to Question 19**

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- None → **Go to Question 18**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always



16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
- No → *Go to Question 18*

17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Personal Doctor       |                       |                       |                       |                       | Personal Doctor       |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

## GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- Yes
- No → *Go to Question 23*

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

21. How many specialists have you talked to in the last 6 months?

- None → *Go to Question 23*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 1 2 3 4 5 6 7 8 9 10

Worst Specialist Possible Best Specialist Possible

26. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → *Go to Question 28*

27. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

0 1 2 3 4 5 6 7 8 9 10

Worst Health Plan Possible Best Health Plan Possible

**YOUR HEALTH PLAN**

The next questions ask about your experience with your health plan.

23. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
- No → *Go to Question 26*

24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

**ABOUT YOU**

29. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

30. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor



31. Have you had either a flu shot or flu spray in the nose since July 1, 2021?

- Yes
- No
- Don't know

32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 36**
- Don't know → **Go to Question 36**

33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

36. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

37. Are you male or female?

- Male
- Female

38. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

39. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino



◆ **40. What is your race? Mark one or more.**

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

**Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.**

**When you are done, please use the enclosed prepaid envelope to mail the survey to:**

**DataStat,  
3975 Research Park Drive,  
Ann Arbor, MI 48108**





Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-842-1627.

**SURVEY INSTRUCTIONS**

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes ➔ *Go to Question 1*  
 No

↓ **START HERE** ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?

Yes ➔ *Go to Question 3*  
 No

2. What is the name of your child's health plan? (Please print)

\_\_\_\_\_



**YOUR CHILD'S HEALTH CARE  
IN THE LAST 6 MONTHS**

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

- None → *Go to Question 11*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Health Care           |                       |                       |                       |                       | Health Care           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never
- Sometimes
- Usually
- Always

11. Is your child now enrolled in any kind of school or daycare?

- Yes
- No → *Go to Question 13a*

12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- Yes
- No → *Go to Question 13a*



13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- Yes
- No

### COVID-19 VACCINATION

These questions ask about getting a COVID-19 vaccine for your child.

13a. In the last 6 months, did your child's doctor or other health provider talk to you about getting your child a COVID-19 vaccine?

- Yes
- No
- My child did not see their doctor or other health provider in the last 6 months

13b. Has your child received at least one dose of the COVID-19 vaccine?

- Yes → *Go to Question 14*
- No

13c. Why hasn't your child received a COVID-19 vaccine? Check all that apply.

- My child cannot get the vaccine because of their age or health condition(s).
- I'm worried the vaccine was developed too quickly.
- I'm worried about possible long-term side effects of the vaccine.
- I don't trust the public health agencies that recommend getting the vaccine.
- Information about the vaccine and COVID-19 in the media make it difficult to know what is true or false.
- I don't think my child needs the vaccine since they already had COVID-19.
- I'm not worried about my child getting COVID-19.
- People I trust recommend my child doesn't get the vaccine.
- I don't have time off work to get my child vaccinated.
- I don't have a way to get my child to a vaccine clinic.
- Other reason.

### SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
- No → *Go to Question 17*

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
- Sometimes
- Usually
- Always

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- Yes
- No

17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → *Go to Question 20*

18. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- Yes
- No



20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

- Yes
- No → **Go to Question 23**

21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- Never
- Sometimes
- Usually
- Always

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- Yes
- No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → **Go to Question 25**

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

### YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → **Go to Question 40**

26. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

- None → **Go to Question 36**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

30. Is your child able to talk with doctors about his or her health care?

- Yes
- No → **Go to Question 32**

31. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always



32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes
- No

34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes
- No → *Go to Question 36*

35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Personal Doctor       |                       |                       |                       |                       | Personal Doctor       |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

- Yes
- No → *Go to Question 40*

38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

- Yes
- No

39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

- Yes
- No

**GETTING HEALTH CARE FROM SPECIALISTS**

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when he or she stayed overnight in a hospital.

40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- Yes
- No → *Go to Question 44*

41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

42. How many specialists has your child talked to in the last 6 months?

- None → *Go to Question 44*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists





**ABOUT YOUR CHILD AND YOU**

53. In general, how would you rate your child's overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

54. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- Yes
- No → *Go to Question 58*

56. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 58*

57. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- Yes
- No → *Go to Question 61*

59. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 61*

60. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes
- No → *Go to Question 64*

62. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 64*

63. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

64. Does your child need or get special therapy such as physical, occupational, or speech therapy?

- Yes
- No → *Go to Question 67*

65. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 67*

66. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

- Yes
- No → *Go to Question 69*



68. Has this problem lasted or is it expected to last for at least 12 months?

- Yes
- No

69. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

70. Is your child male or female?

- Male
- Female

71. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

72. What is your child's race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

73. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

74. Are you male or female?

- Male
- Female

75. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

76. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

**DataStat,  
3975 Research Park Drive,  
Ann Arbor, MI 48108**

