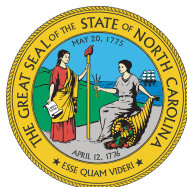


NC Medicaid 2026

Standard Plan Performance Comparison Tool Technical Guide

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

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Acronym List

NCDHHS – Department of Health and Human Services

CY – Calendar Year

SD – Standard Deviation

HEDIS – Healthcare Effectiveness Data and Information Set

CAHPS – Consumer Assessment of Healthcare Providers and Systems

PPC – Prenatal and Postpartum Care

CHL – Chlamydia Screening

CCS – Cervical Cancer Screening

W30 – Well-child Visits Within the first 30 Months of Life

WCV – Child and Adolescent Well-Care Visits

CIS – Childhood Immunization Status

IMA – Immunization for Adolescents

FUH – Follow-up after Hospitalization for Mental Illness,

COB – Concurrent Use of Prescription Opioids and Benzodiazepines

Project Overview

NC Medicaid has developed a Standard Plan Performance Comparison Tool to evaluate the performance of the four NC Medicaid Standard Plans serving the Medicaid population. This tool is intended to support Medicaid Beneficiaries in selecting a plan that aligns with their care needs and preferences, by providing information on how the Standard Plans performed across a variety of domains in a simple, easy-to-digest way.

These domains include Getting Care, Care Experience, Experience with Providers, Reproductive and Sexual Health, Children's Health and Mental and Behavioral Health. Each domain consists of several survey and quality measures that provide a comprehensive picture of performance within each domain.

Each Standard Plan's performance is indicated via gradient boxes on a scale from 1 to 5. These gradient boxes indicate the degree to which the Standard Plan performed above, at or below the Standard Plan average for each domain and measure.

The tool includes Standard Plan-calculated measurement year¹ (MY) 2024 Healthcare Effectiveness Data and Information Set (HEDIS) and calendar year (CY) 2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS) data for the four NC Medicaid Managed Care Standard Plans².

Please note: This guide is intended to transparently share in full detail the methodological and statistical approaches used to develop the Standard Plan Performance Comparison Tool. The tool itself is intended solely for Standard Plan Member use while this technical guide was developed for all interested parties, primarily technical and policy audiences.

Sources of Measure Specifications

The HEDIS MY 2024 Specifications for Survey Measures, Volume 3 was used to collect and report on the CAHPS measures. CAHPS measures included global ratings (ratings on member experience on a scale of 1 to 10), individual question items (responses based on a single question) and composite measures (groups of related questions that are combined to form a composite).

The HEDIS MY 2024 Technical Specifications for Health Plans, Volume 2 was used to calculate the HEDIS measures.

These HEDIS and CAHPS measures were selected to compare across Standard Plans as they both provide beneficiary-level health information that is important to consider when choosing a health plan. CAHPS offers insights into patient experiences with health care and their providers. HEDIS provides standardized clinical and process-based performance data.

¹ NCQA HEDIS defines measurement year as the calendar year (January 1 – December 31) during which healthcare services are delivered to members and for which performance is evaluated. Please note that specific HEDIS® measures may define different timeframes within the Measurement Year. For example, childhood immunizations must be completed on or before the child's second birthday, not by yearend.

² Data in the 2026 Standard Plan Performance Comparison Tool are based on five distinct standard plan's data. However, due to the merger between WellCare of North Carolina and Carolina Complete Health which occurred on April 1, 2026, their findings were combined for reporting in this tool.

Reporting Measures and Categories

The reporting categories and descriptions of the measures they contain are as follows:

- Overall Rating: Includes the total rating of each Standard Plan within each domain that encompasses the complete performance of each Standard Plan for the entire domain.
- Getting Care: Includes adult and child CAHPS composite measures on consumer perceptions regarding the ease of obtaining needed care, how quickly they received that care and how well their personal doctor coordinated care with other providers.
- Care Experience: Includes adult and child CAHPS global ratings and composite measures on consumer perceptions of the overall rating of the Standard Plan, their overall health care and the Standard Plan's customer service.
- Experience with Providers: Includes adult and child CAHPS composite measures on consumer responses about how well their doctors communicate with them and overall ratings of their personal doctors and specialists seen most often.
- Reproductive and Sexual Health: Includes measures that assess appropriate utilization of services, such as prenatal and postpartum care, chlamydia screening and cervical cancer screening.
- Children's Health: Includes measures on how often preventive services and appropriate treatment are provided to children (well-child visits, childhood and adolescent vaccinations).
- Mental and Behavioral Health: Includes measures about mental and behavioral health care members received from providers.

MEASURES USED IN ANALYSIS

Measures were chosen for the Standard Plan Performance Comparison Tool based on several factors, including whether the measures would be useful to Medicaid beneficiaries when choosing a health plan. NC Medicaid also considered data availability, accuracy and completeness when deciding on measures to be included in the tool. The measures used in this tool come from nationally recognized and standardized stewards. Table 1 lists 34 measures, including 20 CAHPS and 14 HEDIS. *Getting Care, Care Experience, Experiences with Providers and Mental and Behavioral Health* categories provide combined question wording for both the Adult and Child versions of the CAHPS survey.

Table 1. 2025 Standard Plan Comparisons Reporting Categories and Measures

Getting Care†
Getting Needed Care (CAHPS Composite)
In the last 6 months, how often was it easy to get the care, tests or treatment you/your child needed?
In the last 6 months, how often did you/your child get an appointment with a specialist as soon as you/your child needed?
Getting Care Quickly (CAHPS Composite)
In the last 6 months, when you/your child needed care right away, how often did you or your child 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 as soon as you/your child needed?

Coordination of Care (CAHPS Individual Item)

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

Care Experiencet

Rating of Health Plan

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/your child's health plan?

Rating of All Health Care

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/your child's health care in the last 6 months?

Customer Service (CAHPS Composite)

In the last 6 months, how often did your/your child's health plan's Member Services give you the information you or help you needed?

In the last 6 months, how often did your/your child's health plan's Member Services staff treat you with courtesy and respect?

Experience with Providerst

How Well Doctors Communicate (CAHPS Composite)

In the last 6 months, how often did your/your child's primary care provider explain things in a way that was easy to understand?

In the last 6 months, how often did your/your child's primary care provider listen carefully to you?

In the last 6 months, how often did your/your child's primary care provider show respect for what you had to say?

In the last 6 months, how often did your/your child's primary care provider spend enough time with you?

Rating of Primary Care Provider

Using any number from 0 to 10, where 0 is the worst possible primary care provider and 10 is the best primary care provider possible, what number would you use to rate your/your child's primary care provider?

Rating of Specialist Seen Most Often

We want to know your rating of the specialist you/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?

Reproductive and Sexual Health*

Timeliness of Prenatal Care (PPC)

Sub-measure of the quality measure Prenatal and Postpartum care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Postpartum Care (PPC)

Sub-measure of the quality measure Prenatal and Postpartum care. The percentage of deliveries that had a postpartum visit between 7 and 84 days after delivery.

Chlamydia Screening – Total (CHL)

The percentage of members ages 16 through 24 who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Cervical Cancer Screening (CCS)

The percentage of members ages 21 through 64 who were recommended for routine cervical care screening and were screened for cervical cancer.

Children's Health*

Well-child Visits, First 15 Months (W30)

Sub-measure of the quality measure Well-Child Visits in the First 30 Months of Life. The percentage of members who had the following number of well-child visits with a primary care provider during the last 15 months. Children who turned 15 months during the measurement year and had six or more well-child visits.

Well-child Visits, 15 to 30 Months (W30)

Sub-measure of the quality measure Well-child Visits in the First 30 Months of Life. The percentage of members who had the following number of well-child visits with a primary care provider during the last 15 months. Children who turned 30 months during the measurement year and had two or more well-child visits.

Child and Adolescent Well-care Visits (WCV)

The percentage of members ages 3 through 21 who had at least one comprehensive well-care visit with a primary care provider or an obstetrician/gynecologist practitioner during the measurement year.

Childhood Immunization Status, Combination 10 (CIS)

The percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two combination rates.

Immunizations for Adolescents, Combination 2 (IMA)

The percentage of adolescents age 13 who had one dose of meningococcal conjugate vaccine; had one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine; and completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and a combination rate (Combination 2: Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

Mental and Behavioral Health†**

Mental Health Care Coordination† (Supplemental Item)

In the last 6 months, has your/your child's doctor asked about your/your child's mental health?

Appointment for Counseling or Mental Health Treatment† (Supplemental Item)

In the last 6 months, how often were you/your child able to get an appointment for counseling or mental health treatment for any of these reasons as soon as you/your child needed it?

Follow-up After Hospitalization for Mental Illness, within 7 days* (FUH 7-Day)

Sub-measure of the quality measure Follow-Up After Hospitalization for Mental Illness. The percentages of discharges for members ages 6 and older who were hospitalized for a mental illness and had a mental health follow-up service within 7 days of discharge

Follow-up After Hospitalization for Mental Illness, within 30 days* (FUH 30-Day)

Sub-measure of the quality measure Follow-Up After Hospitalization for Mental Illness. The percentage of discharges for members ages 6 and older who were hospitalized for a mental illness and had a mental health follow-up service within 30 days of discharge.

Concurrent Use of Prescription Opioids and Benzodiazepines* (COB)†

The percentage of individuals ages 18 and older with concurrent use of prescription opioids and benzodiazepines during the measurement year.‡

† indicates all measures in this category are from the CAHPS Survey. The most recent NC Medicaid CAHPS Survey Report can be found on the NC Medicaid Quality Management and Improvement website: <https://medicaid.ncdhhs.gov/reports/quality-management-and-improvement>

* indicates all measures in this category are Standard Plan calculated HEDIS measures. To access the NC Medicaid Technical Specifications for each available Measurement Year, go to the NC Medicaid Quality Management and Improvement website: <https://medicaid.ncdhhs.gov/reports/quality-management-and-improvement>

** indicates measures in this category are from both the CAHPS Survey and Standard Plan calculated HEDIS measures.

† indicates measure name and corresponding definition are adjusted in the Tool to align with plain language standards.

‡ a lower rate for this measure indicates better performance.

COMPARING PLAN PERFORMANCE

Rates from the HEDIS measures and CAHPS measures for each Standard Plan were utilized to compare plan performance. The average of all the Standard Plans was calculated for each measure within each domain. The standard deviation (SD) of the Standard Plan average was calculated, and the SD range (i.e., greater than one standard deviation above the average and greater than one SD below the average) was calculated as well.

1. CAHPS rates were calculated using the CAHPS respondent-level data files. CAHPS question items were either on a scale of 0 to 10, on a four-point scale (Never, Sometimes, Usually, Always), or a Yes/No scale. Positive responses were used (i.e., “8/9/10” on 10-point scale questions, “usually/always” on four-point scale questions, or “Yes” on Yes/No questions) to calculate measure rates.
2. MY2024 HEDIS quality measure rates were calculated by the Department using Standard Plan-reported data. This data comes from a member-level report that the Standard Plans share with the department for each measurement year containing results for each quality measure.
3. The Standard Plan average was calculated by combining the ratings of each Standard Plan for each measure within the domain and dividing by the total number of Standard Plans. Table 2 provides an example of how the Standard Plan average, highlighted in orange, was calculated for the *Getting Needed Care* measure within the *Getting Care* domain.

Table 2. SP Average Calculations

EXAMPLE USES MOCK DATA – FOR ILLUSTRATION PURPOSES ONLY

Measure	Population	Plan 1	Plan 2	Plan 3	Plan 4	SP Average
Getting Needed Care	Child	80.52%	86.50%	83.20%	89.38%	(80.52+ 86.50+ 83.20+ 89.38)/4 = 84.89%
	Adult	81.98%	81.20%	77.18%	83.45%	(81.98+ 81.20+ 77.18+ 83.45)/4 = 80.95%

- 3a. An **overall score** was calculated for each Standard Plan across all measures within the domain. Table 3 uses the *Getting Care* domain as an example for overall score calculations. *Overall Getting Care* was calculated for each Standard Plan by combining the Child and Adult *Getting Needed Care*, *Getting Care Quickly* and *Coordination of Care* measure ratings, respectively, and dividing that number by three (the total number of measures within the domain). The rows that display the Overall Score (Adult Only in purple, Child Only in blue) show the calculation done to create the overall score for the *Getting Care* domain.

Table 3. Calculating Overall Scores for *Getting Care* Domain

EXAMPLE USING MOCK DATA – FOR ILLUSTRATION PURPOSES ONLY

Measure	Population	Plan 1	Plan 2	Plan 3	Plan 4
Getting Needed Care	Child	80.52%	86.50%	83.20%	89.38%
	Adult	81.98%	81.20%	77.18%	83.45%
Getting Care Quickly	Child	84.68%	88.58%	89.14%	90.22%
	Adult	80.40%	79.40%	78.94%	82.00%
Coordination of Care	Child	87.90%	88.01%	88.60%	85.30%
	Adult	82.63%	84.40%	83.71%	90.42%
Overall Getting Care	Adult Only	(81.98+ 80.40+ 82.63)/3	81.67%	79.94%	85.29%
Overall Getting Care	Child Only	(80.52+ 84.68+ 87.90)/3	87.70%	86.98%	88.30%

4. **Standard Deviation** was calculated to determine star ratings for the Standard Plans. Table 4 provides an example of how the standard deviation for the domain *Children's Health* was calculated. The SD for measures was calculated as follows:

$$\sigma = \sqrt{\frac{\sum_{i=1}^n (\chi_i - \mu)^2}{n}}$$

Where:

σ Standard Deviation

Σ Summation

i Data value

χ_i Measure rating

μ The average rating across all plans

n The number of responses

Table 4. Calculating Standard Deviation for *Children's Health* Domain
EXAMPLE USING MOCK DATA – FOR ILLUSTRATION PURPOSES ONLY

Measure	Plan 1	Plan 2	Plan 3	Plan 4	Standard Deviation
Well-child Visits, First 15 Months	65.30%	78.21%	68.79%	73.82%	5.66%
Well-child Visits, 15 to 30 Months	80.20%	59.92%	72.55%	78.85%	9.26%
Child and Adolescent Well-Care Visits	52.71%	64.03%	35.44%	42.09%	12.52%

5. Table 5 provides an example of how **SD ranges** (greater than 1.96 SD *above* the average, between 1.01 and 1.95 SD *above* the average, within +1 and -1 SD of the average, between -1.01 and -1.95 *below* the average, and greater than -1.96 SD *below* the average) were calculated. The Standard Plan average was both subtracted from the SD and the *Standard* Plan average was added to the SD to determine the SD range of values. These results provided the values to compare the Standard Plan results around the Standard Plan average. The measure *Well-child Visits, First 15 Months*, highlighted in orange, presents the calculations done. These thresholds were selected to represent meaningful variation while maintaining statistical sensitivity.

The SD range expanded in 2026 to less than/greater than (-/+) 1.96 SD to provide more granularity, thus improving our ability to detect and highlight meaningful statistical differences between plans' performances on the measures. This change allowed for a five-point scale to compare plan performances against each other, which provides users with more information and accounts for nuance in the differences observed. Further, while all thresholds showcase practical significance for the comparisons made, the new high- and low-end thresholds (i.e., +/- 1.96 SD) indicate where differences are considered statistically significant.

Please note, the table omits Standard Plan ratings of the measures for brevity.

Table 5. Calculating Standard Deviation Ranges for *Children's Health* Domain
EXAMPLE USING MOCK DATA – FOR ILLUSTRATION PURPOSES ONLY

Measure	Standard Deviation	Standard Plan Average	Less than -1.96 SD Below SP Average	Between -1.01 and -1.95 SD	1 SD Below SP Average (-1 SD)	1 SD Above SP Average (+1 SD)	Between +1.01 and +1.95 SD	Greater than +1.96 SD Above SD Average
Well-child Visits, First 15 Months	5.66%	71.53%	(Anything lower than -1.01 to -1.95 SD Below SP Average column)	65.88% to 60.42%	71.53% - 5.66% = 65.87%	71.53% + 5.66% = 77.19%	77.20% to 82.62%	(Anything lower than +1.01 to +1.95 SD Below SP Average column)
Well-child Visits, 15-30 Months	9.26%	72.88%	At or below 54.73%	61.14% to 54.72%	61.13%	80.10%	80.11% to 91.02%	At or below 61.12%

6. Each Standard Plan's performance was **assigned a five-point gradient scale** based on how they compare to the standard deviation values (described in step #5 in Table 5). A five-level rating scale was developed to provide consumers with an easy-to-read "picture" of performance across Standard Plans and presents data in a manner that emphasizes meaningful differences between Standard Plans. The Standard Plan Performance Comparison Tool uses gradient boxes to display results for each plan and displays plan performance as shown in Table 5.

Table 6. SP Comparisons – Performance Ratings

Rating	Plan Performance Compared to Standard Plan Average	
	Well Below Average Performance	The plan's performance was greater than 1.96 SD below the Standard Plan average.
	Below Average Performance	The plan's performance was between one SD and 1.96 SD below the Standard Plan average.
	Average Performance	The plan's performance was within one SD from the Standard Plan average.
	Above Average Performance	The plan's performance was between one SD and 1.96 SD above the Standard Plan average.
	Well Above Average Performance	The plan's performance was greater than 1.96 SD above the Standard Plan average.

WELLCARE AND CAROLINA COMPLETE HEALTH MERGER CALCULATIONS

On April 1, 2026, WellCare of North Carolina and Carolina Complete Health merged into one Standard Plan under the name Carolina Complete Health. To align with planned merger quality measurement and benchmarking, WellCare's and Carolina Complete Health's MY2024 HEDIS and CAHPS measures were combined and recalculated for the purposes of developing this 2026 Tool. Numerators and denominators for each measure for both plans were combined to demonstrate one unified score for the merged Carolina Complete Health plan.

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Appendix: Full Standard Deviation Calculations, by Measure and by Plan

Table A-1. Getting Care Category Calculations: CY2025 CAHPS Measures

Measure	Population	Ameri-Health Caritas	Carolina Complete Health Merged	Healthy Blue	United Healthcare Community Plan	SD	Standard Plan average	Less than -1.96 SD	Between -1.01 and -1.95 SD	Between -1 SD and +1 SD	Between +1.01 and +1.95 SD	Greater than +1.96 SD	Variance
Getting Needed Care	Adult	84.69%	82.73%	81.59%	77.73%	2.93%	81.69%	75.94%	78.74%-75.95%	78.75%-84.62%	84.63%-87.42%	87.43%	0.0859103%
	Child	82.91%	87.15%	85.91%	83.07%	2.11%	84.76%	80.63%	82.64%-80.64%	82.65%-86.87%	86.88%-88.88%	88.89%	0.0443773%
Getting Care Quickly	Adult	88.90%	83.16%	79.07%	84.84%	4.07%	83.99%	76.01%	79.91%-76.02%	79.92%-88.06%	88.07%-97.96%	91.97%	0.1657529%
	Child	85.87%	85.93%	89.83%	87.07%	1.85%	87.18%	83.54%	85.31%-83.55%	85.32%-89.03%	89.04%-90.80%	90.81%	0.0343770%
Coordination of Care	Adult	85.44%	87.02%	88.77%	81.76%	2.99%	85.75%	79.89%	82.75%-79.90%	82.76%-88.73%	88.74%-91.59%	91.60%	0.0891649%
	Child	87.50%	84.62%	84.25%	84.13%	1.60%	85.13%	81.99%	83.52%-82.00%	83.53%-86.72%	86.73%-88.25%	88.26%	0.0255043%
Overall Getting Care	Adult Only	86.34%	84.30%	83.14%	81.44%	2.06%	83.81%	79.77%	81.74%-79.78%	81.75%-85.86%	85.87%-87.83%	87.84%	0.0423667%
Overall Getting Care	Child Only	85.43%	85.90%	86.66%	84.76%	0.80%	85.69%	84.12%	84.88%-84.13%	84.89%-86.49%	86.50%-87.24%	87.25%	0.0063916%

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Table A-2. Care Experience Category Calculations: CY2025 CAHPS Measures

Measure	Population	Ameri-Health Caritas	Carolina Complete Health Merged	Healthy Blue	United Healthcare Community Plan	SD	Standard Plan average	Less than -1.96 SD	Between -1.01 and -1.95 SD	Between -1 SD and +1 SD	Between +1.01 and +1.95 SD	Greater than +1.96 SD	Variance
Rating of Health Plan	Adult	74.81%	77.25%	80.88%	78.08%	2.50%	77.76%	72.85%	75.24%-72.86%	75.25%-80.26%	80.27%-82.65%	82.66%	0.0626643%
	Child	87.50%	87.69%	88.84%	85.54%	1.37%	87.39%	84.71%	86.01%-84.72%	86.02%-88.76%	88.77%-90.07%	90.08%	0.0187569%
Rating of All Health Care	Adult	80.23%	81.65%	76.11%	72.95%	3.96%	77.74%	69.97%	73.76%-69.98%	73.77%-81.70%	81.71%-85.49%	85.50%	0.1569637%
	Child	86.61%	89.00%	87.46%	86.72%	1.10%	87.45%	85.29%	86.34%-85.30%	86.35%-88.55%	88.56%-89.62%	89.61%	0.0121369%
Customer Service	Adult	87.88%	90.97%	91.33%	89.29%	1.60%	89.87%	86.74%	88.26%-86.75%	88.27%-91.46%	91.47%-92.98%	92.99%	0.0254602%
	Child	84.75%	89.64%	91.18%	87.47%	2.79%	88.26%	82.79%	85.46%-82.80%	85.47%-91.05%	91.06%-93.72%	93.73%	0.0779167%
Overall Care Experience	Adult Only	80.97%	83.29%	82.77%	80.11%	1.50%	81.79%	78.85%	80.28%-78.86%	80.29%-83.28%	83.29%-84.71%	84.72%	0.0223503%
Overall Care Experience	Child Only	86.29%	88.78%	89.16%	86.58%	1.48%	87.70%	84.81%	86.22%-84.82%	86.23%-89.18%	89.19%-90.58%	90.59%	0.0217777%

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Table A-3. Experience with Providers Category Calculations: CY2025 CAHPS Measures

Measure	Population	Ameri-Health Caritas	Carolina Complete Health Merged	Healthy Blue	United Healthcare Community Plan	SD	Standard Plan average	Less than -1.96 SD	Between -1.01 and -1.95 SD	Between -1 SD and +1 SD	Between +1.01 and +1.95 SD	Greater than +1.96 SD	Variance
How Well Doctors Communicate	Adult	95.53%	93.92%	94.68%	90.80%	2.06%	93.73%	89.69%	91.66%-89.70%	91.67%-95.80%	95.81%-97.77%	97.78%	0.0425449%
	Child	95.13%	94.49%	96.50%	95.55%	0.89%	95.53%	93.78%	94.62%-93.78%	94.63%-96.42%	96.43%-97.27%	97.28%	0.0079802%
Rating of Personal Doctor	Adult	84.36%	87.10%	82.83%	80.49%	2.77%	83.70%	78.26%	80.91%-78.27%	80.92%-86.47%	86.48%-89.12%	89.13%	0.0768550%
	Child	91.80%	91.33%	93.61%	92.95%	1.04%	92.42%	90.38%	91.37%-90.39%	91.38%-93.47%	93.48%-94.46%	94.47%	0.0108983%
Rating of Specialist Seen Most Often	Adult	83.14%	85.32%	85.96%	81.08%	2.22%	83.88%	79.52%	81.64%-79.53%	81.65%-86.10%	86.11%-88.22%	88.23%	0.0492917%
	Child	89.33%	89.30%	86.92%	82.98%	2.99%	87.13%	81.27%	84.13%-81.28%	84.14%-90.12%	90.13%-92.98%	92.99%	0.0893849%
Overall Experience with Doctors	Adult Only	87.68%	88.78%	87.82%	84.12%	2.05%	87.10%	83.09%	85.04%-83.10%	85.05%-89.15%	89.16%-91.10%	91.11%	0.0418587%
Overall Experience with Doctors	Child Only	92.09%	91.71%	92.34%	90.64%	0.75%	91.69%	90.23%	90.93%-90.24%	90.94%-92.44%	92.45%-93.15%	93.16%	0.0056174%

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Table A-4. Reproductive and Sexual Health Category Calculations: MY2024 HEDIS Measures

Measure	Ameri-Health Caritas	Carolina Complete Health Merged	Healthy Blue	United Healthcare Community Plan	SD	Standard Plan average	Less than -1.96 SD	Between -1.01 and -1.95 SD	Between -1 SD and +1 SD	Between +1.01 and +1.95 SD	Greater than +1.96 SD	Variance
Timeliness of Prenatal Care	68.19%	61.66%	57.49%	56.78%	5.24%	61.03%	50.77%	55.78%-50.78%	55.79%-66.27%	66.28%-71.28%	71.29%	0.2741887%
Postpartum Care	75.44%	72.62%	69.71%	72.58%	2.34%	72.59%	68.00%	70.24%-68.01%	70.25%-74.93%	74.94%-77.16%	77.17%	0.0547262%
Chlamydia Screening	62.99%	65.11%	60.32%	63.24%	1.97%	62.92%	59.05%	60.93%-59.06%	60.94%-64.89%	64.90%-66.77%	66.78%	0.0388777%
Cervical Cancer Screening	49.60%	48.91%	46.77%	48.18%	1.21%	48.27%	45.99%	47.14%-46.00%	47.15%-49.58%	49.59%-50.73%	50.74%	0.0146683%
Overall Reproductive & Sexual Health	64.06%	62.08%	58.57%	62.45%	2.31%	61.79%	57.26%	59.47%-57.27%	59.48%-64.10%	64.11%-66.30%	66.31%	0.0533091%

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Table A-5. Children's Health Category Calculations: MY2024 HEDIS Measures

Measure	Ameri-Health Caritas	Carolina Complete Health Merged	Healthy Blue	United Healthcare Community Plan	SD	Standard Plan average	Less than -1.96 SD	Between -1.01 and -1.95 SD	Between -1 SD and +1 SD	Between +1.01 and +1.95 SD	Greater than +1.96 SD	Variance
Well-Child Visits, First 15 Months	68.28%	68.80%	68.84%	66.35%	1.17%	68.07%	65.77%	66.88%-65.78%	66.89%-69.24%	69.25%-70.36%	70.37%	0.0137609%
Well-Child Visits, 15-30 Months	72.75%	73.67%	74.08%	71.75%	1.04%	73.06%	71.03%	72.02%-71.04%	72.03%-74.10%	74.11%-75.08%	75.09%	0.0107489%
Well-Child Visits Ages 3-21	55.10%	56.61%	57.28%	55.10%	1.10%	56.02%	53.87%	54.91%-53.88%	54.92%-57.12%	57.13%-58.17%	58.18%	0.0120949%
Childhood Vaccinations	24.68%	26.22%	23.19%	23.47%	1.38%	24.39%	21.68%	23.00%-21.69%	23.01%-25.77%	25.78%-27.09%	27.10%	0.0190647%
Adolescent Vaccinations	29.92%	32.82%	32.54%	30.11%	1.54%	31.35%	28.32%	29.79%-28.33%	29.80%-32.89%	32.90%-34.37%	34.38%	0.0238649%
Overall Children's Health	62.68%	64.53%	63.98%	61.70%	1.28%	63.22%	60.71%	61.93%-60.72%	61.94%-64.50%	64.51%-65.72%	65.73%	0.0163734%

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Table A-6. Mental & Behavioral Health Category Calculations: CY2025 CAHPS and MY2024 HEDIS Measures

Measure	Population	Ameri-Health Caritas	Carolina Complete Health Merged	Healthy Blue	United Healthcare Community Plan	SD	Standard Plan average	Less than -1.96 SD	Between -1.01 and -1.95 SD	Between -1 SD and +1 SD	Between +1.01 and +1.95 SD	Greater than +1.96 SD	Variance
Mental Health Care Coordination	Adult	50.65%	49.69%	51.66%	48.87%	1.21%	50.22%	47.85%	47.86%-49.00%	49.01%-51.42%	51.43%-52.57%	52.58%	0.0145396%
	Child	38.52%	39.77%	43.79%	35.31%	3.51%	39.35%	32.47%	32.48%-35.83%	35.84%-42.85%	42.86%-46.21%	46.22%	0.1230016%
Appointment for Counseling or Mental Health Treatment	Adult	42.93%	41.10%	48.50%	45.40%	3.21%	44.48%	38.20%	38.21%-41.27%	41.28%-47.69%	47.70%-50.76%	50.77%	0.1027789%
	Child	27.14%	33.46%	41.13%	27.66%	6.52%	32.35%	19.57%	19.58%-25.82%	25.83%-38.87%	38.89%-45.11%	45.12%	0.4248689%
Follow-up after Hospitalization for Mental Illness, 7-Day		27.48%	26.38%	34.43%	26.85%	3.79%	28.79%	21.36%	21.37%-24.98%	24.99%-32.58%	32.59%-36.20%	36.21%	0.1436577%
Follow-up after Hospitalization for Mental Illness, 30-Day		48.04%	48.21%	53.93%	48.10%	2.91%	49.57%	43.87%	43.88%-46.65%	46.66%-52.48%	52.49%-55.26%	55.27%	0.0845367%
Concurrent Use of Prescription Opioids and Benzodiazepines (Lower is better)		11.13%	9.78%	12.75%	11.85%	1.25%	11.38%	8.92%	8.93%-10.11%	10.12%-12.63%	12.64%-13.83%	13.84%	0.0157343%
Overall Behavioral & Mental Health (No COB)		39.13%	39.77%	45.57%	38.70%	3.22%	40.79%	34.49%	34.50%-37.57%	37.58%-44.01%	44.02%-47.08%	47.09%	0.1033749%
Overall Behavioral & Mental Health (With Inverse COB)		46.23%	46.81%	51.53%	45.76%	2.67%	47.58%	42.36%	42.37%-44.91%	44.92%-50.25%	50.26%-52.80%	52.81%	0.0711009%

