Fact Sheet
Reader's Guide: NC Medicaid Quality Fact Sheets

Introduction

North Carolina Medicaid provides physical and behavioral health services to over three million North Carolinians. In an effort to increase equitable, integrated and patient-centered care, NC Medicaid transitioned a majority of its members from a traditional fee-for-service model to NC Medicaid Managed Care in July 2021. This model allows Medicaid beneficiaries to choose their health plan and receive care from a plan's network of doctors.

WHAT ARE THE QUALITY FACT SHEETS?

The NC Medicaid Quality Fact Sheets are a series of fact sheets, published on the NC Medicaid Quality Management and Improvement webpage, that detail NC Medicaid's performance in key areas of health care delivery that aim to improve health outcomes. This document is designed to help readers familiarize themselves with the layout of the fact sheets, as well as gain a better understanding of survey and quality measures and the data sources being used. Additionally, the fact sheets allow readers to familiarize themselves with NC Medicaid initiatives and programs pertaining to each topic.

WHAT IS THE PURPOSE OF THE QUALITY FACT SHEETS?

NC Medicaid leads many activities to survey, evaluate and improve upon its performance. While this work fuels internal projects across the organization, NC Medicaid is also committed to transparently communicating its performance to members, the public, community partners and other stakeholders. **These fact sheets distill information for public use, allowing readers to understand NC Medicaid's performance across select domains and provide insight into initiatives aimed at improving NC Medicaid**. The goal of this specific document is to provide readers with a better understanding of where these quality and survey findings come from and how to interpret them.

WHAT IS THE FORMAT OF THESE FACT SHEETS?

All fact sheets follow the same general format:

1. Introduction

2. Information, data and summaries on NC Medicaid's findings

3. Proposed or current plans/initiatives for improvement

4. Additional resources and information about the specific quality and survey measures that are used in each fact sheet

*Additional clarifying information and helpful resources are provided in fact sheet footnotes

HELPFUL DEFINITIONS

AHRQ: Agency for Healthcare Research and Quality

CAHPS: Consumer Assessment of Healthcare Providers and Systems®

- CAHPS is a registered trademark of AHRQ and was developed by AHRQ, Harvard Medical School, RAND Corporation and the Research Triangle Institute (RTI)
- One of the most widely used patient survey tools in the nation

NCQA: The National Committee for Quality Assurance

HEDIS: The Healthcare Effectiveness Data and Information Set

- Produced by NCQA
- One of the most widely used healthcare improvement tools with over 90 measures across six domains of care

WHAT MEASURES ARE USED IN THESE FACT SHEETS?

Quality and survey measures are calculated to evaluate the effectiveness of Medicaid's programs, policies and services.

- **Quality measures** evaluate Medicaid members' access to quality and effective healthcare services. NC Medicaid uses a combination of quality measures created and endorsed by external measure stewards (such as the Centers for Medicare & Medicaid Services or NCQA) as well as internal measures specific to the NC Medicaid population (developed by NC Medicaid). Check out NC Medicaid's Quality Measurement Technical Specifications Manual for more information!
    - This set of fact sheets contains quality measures from multiple measure sets.
- **Survey measures**, developed by NC Medicaid and external partners (NCQA, AHRQ, etc.), are a method of evaluating health programs, outcomes and systems directly from Medicaid

beneficiaries, providers and other partners. It is important to note that survey measures are also a form of quality measurement, but are uniquely derived from surveys and are thus termed survey measures.

- The most common survey measures present in the fact sheets are those taken from the CAHPS surveys. As of July 2026, the most recent survey results available are from the 2025 CAHPS Survey as noted in the fact sheets.
- CAHPS surveys compare responses to three comparator groups: the NC Medicaid Program Aggregate (combines results of all nine Prepaid Health Plans [Standard and Tailored Plans], the Eastern Band of Cherokee Indians Tribal Option, and NC Medicaid Direct), the Standard Plan Aggregate (combines results of all five Standard Plans), and the Tailored Plan Aggregate (combines results of all four Tailored Plans). The NC CAHPS results are also compared to the NCQA National Average.

ADDITIONAL RESOURCES

NC Medicaid Quality Measurement Technical Specifications

2025 CAHPS Survey Report

2025 Medicaid Provider Experience Survey

Visit the NC Medicaid Quality Management and Improvement website to learn more about NC Medicaid's quality and survey strategy, and view the most recent quality and survey results/reports!