

Fact Sheet

Readers Guide: NC Medicaid Quality Fact Sheets

Introduction

North Carolina (NC) Medicaid provides physical and behavioral health services to nearly 2.9 million North Carolinians. In an effort to increase equitable, integrated, 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 of 2021. This new model allows Medicaid members to choose their health plan and receive care from a plan's network of doctors. While most members receive care under this new model, members with significant behavioral health needs remain in Medicaid Direct and receive Tailored Care Management.

WHAT ARE THE QUALITY FACT SHEETS?

The NC Medicaid Quality Fact Sheets are a series of fact sheets that detail NC Medicaid's performance in key areas. 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

- One of the most widely used patient survey tools in the nation
- Developed by AHRQ, Harvard Medical School, RAND Corporation, and the Research Triangle Institute (RTI)

[NCQA](#): The National Committee for Quality Assurance

[HEDIS](#): The Healthcare Effectiveness Data and Information Set

- One of the most widely used healthcare improvement tools with over 90 measures across 6 domains of care
- Produced by NCQA

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 and 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 members, 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 2023, the most recent survey results available are from the 2022 CAHPS survey as noted in the fact sheets.
 - CAHPS surveys compare responses to 3 comparator groups: the Prepaid Health Plan (PHP) Aggregate (combines results of all five PHPs), NC Medicaid Program (combines



results of all five PHPs, the Eastern Band of Cherokee Indians Tribal Option, and Medicaid Direct), and the NCQA National Average.

ADDITIONAL RESOURCES

[NC Medicaid's Quality Measurement Technical Specifications](#)

[2022 Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Survey Report](#)

[2020-2021 NC Medicaid Annual Technical Report](#)

[2022 Medicaid Provider Experience Survey](#)

[Click here](#) to learn more about NC Medicaid's quality and survey strategy, and view the most recent quality and survey results/reports!

