NC Medicaid Managed Care Qualitative Evaluation 2024: Beneficiary Perspectives

Medicaid Managed Care Launch Year 3

Rebecca A. Smith, PhD; Monisa Aijaz, MD, MPH; Kara Giannone, MPH; Christopher M. Shea, PhD; Valerie A. Lewis, PhD

KEY FINDINGS

This brief presents findings from interviews conducted in 2024 with NC Medicaid beneficiaries about their experiences with health plans and providers under Medicaid Managed Care. The main findings are as follows:

- Beneficiaries **spoke positively** about specific aspects of NC Medicaid Managed Care, particularly regarding their access to health care coverage, their ability to see their primary care provider, and the affordability of care.
- Beneficiaries described challenges in accessing and **understanding plan information during enrollment**, as many were unaware of the options or process to choose a Standard Plan. Once enrolled in a plan, beneficiaries struggled to find, understand, or use information they received. When needing help, beneficiaries often **encountered difficulties in knowing who to contact**, identifying the appropriate source of information, or receiving correct and updated information.
- Beneficiaries shared their appreciation for the care they received from their primary care providers. They benefited from having a **long-term, established relationship** with a provider who supported them with their medical and social needs.
- Beneficiaries expressed concerns with the **access to and quality of care with specialists** based on their Medicaid status. They perceived that specialists were reluctant to accept Medicaid patients and that wait times for appointments were considerably longer compared to patients not enrolled in Medicaid. Their perceptions and experiences with the **quality of care contributed to some beneficiaries refraining from seeking out care altogether**.

BACKGROUND AND PURPOSE

The purpose of this study was to improve understanding of NC Medicaid beneficiaries' perspectives and experiences with their health plans and health care providers, as well as their access to and utilization of health care services under Medicaid Managed Care. Through interviews with beneficiaries, we heard in their own words about features of Medicaid that were working well and those that were challenging for them. Interviews also provided information about how beneficiaries navigated the broader health care and social care landscape, within the context of their own medical and personal needs. Insights gained through these interviews complement findings from quantitative research on Medicaid policy and Medicaid beneficiaries. Findings from these interviews provide useful information to inform ongoing evaluative efforts of NC Medicaid that are beneficiary-centered, as well as policies designed to enhance access to high-quality care and achieve the intended outcomes of Medicaid.

RESEARCH APPROACH

Overview of NC Medicaid Transformation

On July 1, 2021, the North Carolina Medicaid program transitioned from NC Medicaid Fee for Service to NC Medicaid Managed Care under the Section 1115 demonstration waiver. Medicaid services are administered and reimbursed by private health plans that contract with the state (Standard Plans). On July 1, 2024, NC Medicaid launched the Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans (Tailored Plans) for beneficiaries with enhanced needs related to severe mental illness, substance use disorder (SUD), intellectual/developmental disabilities (I/DD), or traumatic brain injury (TBI). On December 1, 2023, NC Medicaid

expanded its eligibility criteria, providing coverage to an additional 589,000 individuals to bring the total to more than 3 million beneficiaries enrolled in NC Medicaid as of December 2024.[1]

Data Collection and Analysis

We conducted outreach for interviews with NC Medicaid beneficiaries through provider practices, community-based organizations, and public libraries across North Carolina. We purposely sampled adult beneficiaries from different regions of North Carolina with diverse demographic characteristics, including age, sex, and race, to reflect the overall composition of NC Medicaid beneficiaries. We prioritized our outreach to beneficiaries enrolled in Standard Plans, but we also included beneficiaries enrolled in Tailored Plans and Medicaid Direct to broaden our understanding of beneficiaries' experiences across all the health plans.
Beneficiaries were eligible to participate if they were at least 18 years old, enrolled in NC Medicaid, and spoke English. The interviews were conducted over the phone and lasted an average of 40 to 45 minutes.

Our sample included 35 NC Medicaid beneficiaries, with interviews conducted between May and September 2024 (See Table 1). On average, beneficiaries had been enrolled in NC Medicaid for 3.5 years. One-third of the beneficiaries (n=13) reported being uninsured prior to their Medicaid enrollment, and more than half of the beneficiaries (n=21) were part of the NC Medicaid expansion population.

Interviews were professionally transcribed, and then the transcripts were coded and analyzed for themes. Although we interviewed a wide range of Medicaid beneficiaries, the experiences of this sample may not be representative of the experiences of every NC Medicaid beneficiary. Additionally, some demographic groups, such as men and those identifying as Hispanic, are underrepresented among the beneficiaries in our sample. Therefore, the findings of this study should be interpreted within this context.

Table 1. Beneficiary Respondent Overview

Participant Characteristics	Total (n=35)
Plan Type	
Standard Plan	28 (80.0%)
Tailored Plan	6 (17.1%%)
Medicaid Direct	1 (2.86%)
Auto-Enrolled in a Plan	
Yes	32 (91.4%)
No	3 (8.6%)
NC Medicaid Regions	
Region 1	6 (17.1%)
Region 2	2 (5.7%)
Region 3	6 (17.1%)
Region 4	8 (22.9%)
Region 5	10 (28.6%)
Region 6	3 (8.6%)
Medicaid Expansion Population	
Yes	21 (60.0%)
No	14 (40.0%)
Sex	
Female	27 (77.1%)
Male	8 (22.9%)
Age	
19 to 33 years	10 (28.6%)
34 to 49 years	14 (40%)
50 to 64 years	11 (31.4%
Race	
White/Caucasian	19 (54.3%)
Black/African American	9 (25.7%)
Multi Race	3 (8.6%)
American Indian or Alaskan Native	2 (5.7%)
Asian	2 (5.7%)
Ethnicity	
Non-Hispanic or Latin American	33 (94.3%)
Hispanic or Latin American	2 (5.7%)

FINDINGS

Beneficiaries described their life and health situations, such as caregiving for young children or elderly family members, or experiencing chronic health conditions. More than half of the beneficiaries also described experiencing recent major life changes, such as job loss or divorce, transitioning out of incarceration, or completing intensive outpatient SUD treatment. Below, we organize key findings in four areas related to beneficiary experiences with NC Medicaid and considerations for continued beneficiary support:

- Plan Options for Standard Plans
- Quality of Plan Information
- Beneficiaries' Relationships with Primary Care Providers
- Beneficiaries' Experiences with Specialists.

[1] https://medicaid.ncdhhs.gov/reports/nc-medicaid-enrollment-reports

Plan Options for Standard Plans

The majority of beneficiaries on a Standard Plan were auto-enrolled into one of the five plan options (n=25; 89%). Most of these beneficiaries were unaware they could choose a Standard Plan if they wanted to or understood the process and timeframe for doing so.

Although some beneficiaries knew about the Standard Plan options during enrollment, others were not aware they could choose a plan.

Beneficiaries who were auto-enrolled into a Standard Plan typically received their auto-enrollment notifications via texts, letters, or calls within two weeks after their NC Medicaid application was approved. However, beneficiary awareness of Standard Plan options during enrollment varied, as half of the auto-enrolled beneficiaries knew about the Standard Plan options, and the other half were unaware they could choose a Standard Plan or did not understand how to select one.

Beneficiaries had better awareness of plan options if they received assistance from their caseworkers at their county Department of Social Services (DSS) or enrollment brokers during the Medicaid application submission. Beneficiaries with prior Medicaid or private insurance showed greater awareness than uninsured individuals, likely due to their experiences with health insurance. A few of these beneficiaries changed their plans during enrollment or re-certification.

Most beneficiaries stayed with the Standard Plan they were auto-enrolled in. Some beneficiaries who were unaware of their options called their plan's Member Services to learn about the service coverage or confirm that their established PCP accepted it. Others kept their Standard Plan without investigating further due to their attention on other priorities, such as family caregiving responsibilities, job loss, or transitioning out of incarceration or a SUD rehabilitation facility. Beneficiaries expressed that they could not devote extra time and effort to learn about their options or navigate the process of switching plans. A few beneficiaries who were aware of the options at the time of enrollment also expressed frustration because they did not get the plan they had chosen * or they were not given time to make a selection.

"I would change if I had a better opinion about a different insurance, but I don't know. I'm being set to settle for [health plan] because I have no other options in front of me. Or I haven't been informed of the different options."
- Medicaid Beneficiary on a Standard Plan

These findings suggest that NC Medicaid could continue to evaluate the content and dissemination of information provided to beneficiaries about Standard Plan options and the process for plan selection. Assessing the current strategies used to promote plan options and selection may involve evaluation of the information provided by enrollment brokers, the resources available on the NC Medicaid website, and the written materials distributed directly to beneficiaries. A systematic and user-centered review of this information may focus on the clarity and accessibility of the information about Standard Plan options, the process for selection, and how to assist beneficiaries if they decide to choose a plan. Improvements to information about Standard Plan options may improve beneficiary awareness and understanding of their options and assist them in selecting a plan that best fits their needs.

Quality of Plan Information

Beneficiaries received information from their plans that explained coverage of health services, added benefits, in-network providers, and more. Beneficiaries did not always find these materials to be accessible, clear, or up-to-date. Also, there were instances when beneficiaries struggled to find the assistance they needed for understanding and using the information.

Beneficiaries often struggled with the clarity of plan information after plan enrollment.

All beneficiaries received member welcome packets, insurance cards, and member handbooks shortly after enrolling in a plan.[2] Some found the written information in these materials to be a helpful starting point; however,

[2] The term "plan" describes the shared perspectives of beneficiaries enrolled in both Standard Plans and BH/IDD Tailored Plans.

many felt overwhelmed by the initial amount of information they received and found it difficult to identify what was relevant or useful to them. Beneficiaries often struggled to find the specific information in the written materials, the plan's website, or the mobile applications, such as in-network provider lists for primary care providers (PCP) and specialists, co-pay amounts for health care services and prescription medications, and the added benefits (non-medical benefits and services). As one beneficiary described: "Not everybody is a darn sleuth when it comes to digging for information."

Beneficiaries also struggled to understand and use the information, describing the wording in the materials as "hard to understand" and "confusing." This was especially true for beneficiaries who were experiencing significant personal or professional transitions or changes in their lives, which required their time and attention, and were unable to devote significant time and effort to try to understand the plan materials. Beneficiaries with behavioral health or SUD diagnoses also found the written material difficult to comprehend, as many of these beneficiaries were interested in specific information related to their ongoing health needs while simultaneously spending considerable time managing their health conditions.

"To understand all the mumbo jumbo that they were—it was really—they could have broken it down a little bit easier for somebody like me. But it [member handbook] was very complicated. Some of the stuff was— I didn't understand."
- Medicaid Beneficiary on a Standard Plan

NC Medicaid could continue to assess how plan information is disseminated through written materials and verbal communication. NC Medicaid may consider conducting a systematic evaluation of materials by beneficiary advisory groups, such as the NC Medicaid Beneficiary Advisory Council, to incorporate their feedback on how information is presented, such as the clarity of the language and the frequency of distribution. Other strategies to support beneficiaries may include delivering plan information to beneficiaries in multiple phases after their Medicaid application is approved, as well as proactively reaching out to beneficiaries to answer any questions they may have with their coverage and direct them to relevant information.

Beneficiaries found information about in-network providers and non-medical benefits to be inaccurate.

Beneficiaries were especially interested in understanding the providers who were accepting their plan (in-network providers). However, beneficiaries consistently shared their concerns about accessing provider lists on NC Medicaid and plan websites that were outdated or inaccurate. A few beneficiaries described that the plan member services did not have accurate information when they called to ask about the in-network providers. They described frustration in finding in-network providers, particularly for specialists and, in a few cases, primary care providers (PCPs), from provider lists. Often, the providers listed as in-network from their plan were not taking new patients, did not accept a specific health plan, or did not accept Medicaid. Beneficiaries would only find out when they called to schedule an appointment and then need to spend additional time and effort searching for available providers. Similarly, several beneficiaries found that non-medical benefits were no longer offered when they tried to use them, such as gym memberships and food boxes.

The challenges beneficiaries face in accessing plan information underscore the necessity for updated, accurate information specifically tailored to their communication needs. Ensuring that information related to in-network providers and added benefits are updated and consistent across various sources, such as the NC Medicaid website, the health plan websites, mobile applications, and member services, can support beneficiaries in accessing this information.

Beneficiaries often needed assistance for clarifying or providing information, and sometimes they struggled to receive the support they needed.

Some beneficiaries who needed help understanding their plan coverage and added services reported contacting different sources, including their local DSS, Medicaid Member Services, their health plan's Member Services or care managers, or case workers from a rehabilitation facility. Beneficiaries, especially those with behavioral health conditions who sometimes needed additional support, found DSS caseworkers and plan care managers helpful, noting it was "easier to talk to someone" directly, particularly with those they had an existing relationship with and had "known for a long time." Some beneficiaries were unsure of the best way to contact their plan or

struggled to get timely responses. They reported being confused about whom to reach out to for assistance, particularly those who had recently enrolled in Medicaid and received information from various sources. For example, with respect to contacting the health plan directly, one beneficiary simply said, "I didn't know that was an option."

Many beneficiaries described having positive experiences when interacting with their health plan for support, such as receiving assistance after contacting them to understand changes in transitioning from a Standard Plan to a Tailored Plan or to enroll in the added services. A few beneficiaries stated that their plan's Member Services proactively outreached to them to explain coverage and benefits, which the beneficiaries found extremely helpful for explaining the information. However, in other cases, beneficiaries still had questions after contacting their plan, especially when the information they received was unclear or inaccurate, leading them to contact Member Services several times to try to resolve the issue. For instance, they were assigned the wrong PCP, had an outdated provider list, or received different information about coverage and added services depending on whom they spoke with at their plan.

> **"I had just called to find out how to sign up for it or if I had to sign up automatically. [Member Services] was very helpful in telling me how to do it, and I signed up."**
> - Medicaid Beneficiary on a Standard Plan

NC Medicaid could continue to evaluate the purpose of each source of information and assistance available for beneficiaries to ensure the accuracy and consistency of information across sources. Strategies to support beneficiaries with their questions may include active outreach by plans via phone calls, emails, or information sessions with beneficiaries shortly after enrollment, and periodically thereafter.

Beneficiaries' Relationships with Primary Care Providers

Nearly half of the beneficiaries in our sample had an established PCP at the time of enrollment into a health plan. The other half selected or were assigned a new PCP because they either did not have one before enrolling in Medicaid (n=9), moved (n=4), prior PCP was not a good fit (n=3), or the prior PCP did not accept Medicaid (n=1). Beneficiaries found it easy to access their PCPs and valued their relationship with them.

Beneficiaries valued their relationship with their PCP.

Beneficiaries regarded their PCPs as critical touchpoints for helping them address their health needs and navigate the health care system. When beneficiaries needed to see their PCP, they liked that they could easily schedule an appointment and did not need to wait long for an available appointment. They expressed a preference for seeing their PCP whenever possible and only used the emergency room or urgent care when they had a critical issue or were unable to see their PCP due to limited availability for same-day or after-hours appointments. Several beneficiaries also shared that the $4 copay for PCP visits and prescription medications allowed them to see their PCP for preventative services and treatment when needed without facing a significant financial burden.

Eighty percent of beneficiaries (n=28) had visited their PCP at least once since enrolling in a plan, and they appreciated having their established or newly assigned PCP as the focal point for their health care. The ways beneficiaries described the relationship with their PCP varied by the length of time they had been their patient. Beneficiaries with a newer PCP shared that it was important they felt welcomed and respected. Beneficiaries with long-standing PCPs also shared these sentiments, as well as indicating that they could trust their PCPs to provide high-quality care based on strong relationships.

> **"I trust them with my health care for the last couple of years. So, I want to stay with somebody who I'm comfortable with, and I feel like is helping me make the right decisions that are best for me as well."**
> - Medicaid Beneficiary on a Standard Plan

Regardless of the length of the relationship with a PCP, beneficiaries viewed clear communication as an integral aspect of a strong relationship with their PCP. Beneficiaries liked that during encounters with their PCP and office staff, they "felt heard" and "not rushed" when asking questions and sharing their concerns. Beneficiaries appreciated when PCPs explained the information in a clear and understandable manner while providing opportunities to ask questions about their health and care.

NC Medicaid could continue to support PCPs by adequately financing reimbursement models to support their Medicaid patient panels and providing financial incentives for timely access to appointments and after-hours availability for beneficiaries. This could reduce the use of the emergency room and urgent care for non-critical issues. Developing education or training programs for PCPs to help them build rapport with beneficiaries and foster a meaningful patient-provider relationship is important for care continuity and beneficiaries' use of preventive services.

Beneficiaries benefited from a long-standing relationship with their PCP.

Almost half of the beneficiaries had an established PCP prior to enrollment in a health plan (n=17). Beneficiaries noted that it was important for them to continue with the same PCP after enrolling in a health plan, as many had a long-standing relationship lasting for multiple years with their PCP. These beneficiaries appreciated that their PCP knew their medical and personal history and had been a reliable and helpful presence in their lives for years. They felt that their PCP's familiarity with their individual situation enabled them to provide care that met their needs. Several beneficiaries shared how their PCP had supported them during a difficult or transitional time in their lives, such as experiencing SUD, homelessness, or a serious medical diagnosis. Others described receiving care from their PCPs when they were uninsured or unable to afford health care, and their PCP helped connect them to resources or helped them apply for Medicaid.

> **"She's [PCP] been like a voice for me when I wasn't able to be a voice, as far as my health care."**
> - Medicaid Beneficiary on a Standard Plan

Beneficiaries with a long-standing PCP were more likely to report being screened by their PCP for health-related social needs and receive support. They were also more likely to report that their PCP provided additional care coordination, such as confirming if another provider accepted their health plan before making a referral or calling to follow up with a beneficiary after a visit to urgent care or ER. As one beneficiary shared: "The referral that the doctor's office put in made sure that the provider would take what I needed and what I had, and helped me set the appointment. I didn't have to worry about that."

When beneficiaries had a good rapport with their PCP, could ask questions and share concerns, and trusted their decisions, they were more likely to continue seeing the same PCP. Conversely, when they felt rushed, their concerns were dismissed, or they were not involved in care decisions, they felt disrespected and chose to switch PCPs or hesitated to seek further care.

NC Medicaid could continue to foster patient-provider relationships with beneficiaries by encouraging and supporting PCPs to actively facilitate connections to resources for health and health-related social needs, as well as care coordination through performance incentives. Strengthening these relationships may be crucial for helping beneficiaries feel comfortable sharing personal and sensitive information about their health-related social needs with PCPs, ultimately resulting in high-quality, patient-centered care.

Beneficiaries' Experiences with Specialists and Other Health Care Providers

Thirty beneficiaries in our sample (86%) reported that they had seen a specialist since enrolling in NC Medicaid, such as ophthalmologists, neurologists, dermatologists, obstetricians, therapists, and dentists. Some beneficiaries also shared experiences at their pharmacies for prescription medications. Beneficiaries indicated that their experiences when seeking care from providers who were not their PCPs was often more difficult, due to how they were treated and the challenges in access. In both cases, beneficiaries attributed these negative experiences to their Medicaid status.

Beneficiaries felt treated differently by specialists and other health care providers than by their PCPs.

Beneficiaries described instances when providers spoke rudely to them, were unwilling to investigate their concerns, or "looked down" on them for using Medicaid. In some instances, beneficiaries shared the general perception that recipients of Medicaid and other social services were treated differently, whether it was by society, their community, or health care providers. Beneficiaries who had a negative experience with a provider, mostly specialty or dental care, usually attributed their treatment by providers or clinic staff to their Medicaid

status. This sentiment was shared among beneficiaries, regardless of whether they were part of the expansion population or had been enrolled in Medicaid prior to the expansion.

> **"The quality of care I've experienced so far and the people reluctant to take a Medicaid patient has led me to believe that has become a deterrent to me to kind of use it**.
> - Medicaid Beneficiary on a Standard Plan

For some beneficiaries, a stigmatizing event they experienced when seeking care was related to a single experience, while for others, it was an impression based on interactions with multiple providers. Those negative experiences deterred beneficiaries from seeking out further care, limiting or discontinuing their use of care by specialists, and feeling that they were receiving substandard care due to their Medicaid status. They limited their utilization of health care, or did not follow up on referrals, and relied on urgent care for non-critical needs. This was particularly true for those with a negative perception of the quality of care under the health plan or who had negative experiences with specialists.

Several beneficiaries anticipated that the care quality from these providers would be lower than their previous experiences as non-Medicaid patients. They refrained from seeking care, such as not following up on referrals, due to concerns that they would be treated as "an afterthought" and that facilities and equipment would be outdated or not "top-quality."

Beneficiaries identified challenges in accessing specialists for care.

Beneficiaries felt that some providers, especially specialists, were reluctant to serve Medicaid patients. They felt that they had to travel farther distances to see a specialist or had longer wait times for appointments than non-Medicaid patients, whom they believed were given preferential treatment. Beneficiaries who were part of the expansion population were more likely to attribute the lack of providers and longer wait times for an appointment to their Medicaid status than beneficiaries who had been enrolled in Medicaid prior to expansion.

> **"Some health care providers obviously will not take Medicaid, which, to me, is incredibly problematic [...] Medicaid recipients are not treated with the same concern and regard as non-Medicaid recipients."**
> - Medicaid Beneficiary on a Tailored Plan

To support beneficiaries, NC Medicaid could continue to expand its provider networks, particularly for specialists. This could be accomplished by offering competitive reimbursement rates and payment models that promote specialist participation in the Medicaid program. Additionally, providing incentives to specialists tied to quality and patient satisfaction metrics has the potential to improve care standards and lessen perceptions of beneficiaries feeling de-prioritized or excluded because of their Medicaid status.

FUTURE CONSIDERATIONS TO SUPPORT BENEFICIARIES

Based on our findings, we summarize the considerations we have proposed for NC Medicaid to continue supporting NC Medicaid beneficiaries with using their health plan's information effectively and accessing primary and specialist care to meet their health care and health-related social needs (See Table 2).

To further strengthen the patient-provider relationship and leverage it to enhance interactions between plans and beneficiaries, NC Medicaid could continue to support PCPs by improving primary care reimbursement and incentives for increasing access and care coordination, offering training programs to help build rapport with beneficiaries, and providing incentives to assist beneficiaries in navigating plans. Additionally, NC Medicaid could enhance beneficiary support by expanding specialist networks and providing competitive reimbursement and incentives tied to quality and patient satisfaction, aiming to reduce negative perceptions among beneficiaries regarding their Medicaid status. Furthermore, NC Medicaid could continue to reassess beneficiary-facing information for clarity, accuracy, and dissemination methods by using user-centered approaches such as reviews by beneficiary advisory committees.

Table 2. Continued Support for Beneficiaries

Topic	Goals for Beneficiaries	Considerations for Action
Standard Plan Options	Beneficiaries can actively choose a plan and receive assistance to understand plan information.	Highlight the available assistance for beneficiaries who wish to choose a plan or have questions about coverage and use of health and added services.
		Provide appropriate sources beneficiaries can reach out to for assistance and clarify the purpose of each source of help or information.
Quality of Plan Information	Beneficiaries have a clear understanding of plan information and know where to access assistance.	Employ a systematic, user-centered evaluation of materials intended for beneficiaries through collaboration with member committees, such as NC Medicaid Beneficiary Advisory Council.
		Align information across various sources to ensure cohesive and consistent messages for beneficiaries and update frequently.
Beneficiary Relationships with PCPs	Beneficiaries feel respected and trust their PCP to provide appropriate care and want to continue the relationship.	Encourage PCPs to foster open and transparent communication to establish positive rapport and build a strong relationship with beneficiaries.
		Offer additional education and support for providers to enhance understanding of beneficiary life circumstances and their medical and social needs.
		Provide additional incentive to PCPs to serve as a liaison between plans and beneficiaries.
Beneficiary Experiences with Specialists	Beneficiaries feel that they can access and receive quality care from specialists that is equivalent to non-Medicaid beneficiaries.	Increase efforts to expand provider networks, especially for specialists.
		Provide additional incentives for providers based on quality and patient satisfaction of care.

CONCLUSION

This brief provides insight into the experiences of NC Medicaid beneficiaries with their plans and providers under Medicaid Managed Care. We found that beneficiaries spoke positively about many aspects of Medicaid, especially with the ability to have health care coverage, accessing a PCP, and the affordability of care. Beneficiaries struggled with several areas related to awareness of Standard Plan options, the accuracy and clarity of plan information, not feeling respected by providers, or feeling that they had less access to specialists as compared to non-Medicaid beneficiaries. Future evaluation efforts could assess specific strategies used to address the areas that beneficiaries identified as concerns.

To learn more about the multi-year NC Medicaid 1115 Waiver Evaluation, visit https://www.shepscenter.unc.edu/

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