

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

November 1, 2022

SENT VIA ELECTRONIC MAIL

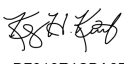
Mr. Mark Trogdon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogdon:

NC General Statute §108A-70.43, requires the Department of Health and Human Services, NC Medicaid, to submit to the Joint Legislative Oversight Committee on Medicaid, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division, an annual report for the prior fiscal year containing information on the timeliness of Medicaid eligibility determinations. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

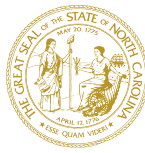
Should you have any questions regarding this report, please contact John Furnari, Program/Policy Analyst, at John.Furnari@dhhs.nc.gov.

Sincerely,

DocuSigned by:

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Kody H. Kinsley
Secretary

cc: Mark Collins Joyce Jones Lisa Wilks Jessica Meed
Theresa Matula Katherine Restrepo Amy Jo Johnson Luke MacDonald
Nathan Babcock Francisco Celis Villagrana

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STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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SECRETARY

November 1, 2022

SENT VIA ELECTRONIC MAIL

The Honorable Jim Burgin, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 620, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

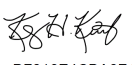
The Honorable Larry Potts, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B1, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

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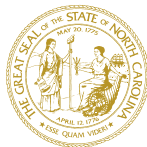
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STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
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KODY H. KINSLEY
SECRETARY

November 1, 2022

SENT VIA ELECTRONIC MAIL

The Honorable Jim Perry, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 311, Legislative Office Building
Raleigh, NC 27603

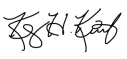
The Honorable Donny Lambeth, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

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Medicaid Eligibility Determination Timeliness

**NC General Statute §108A-70.43, as amended by
Session Law 2017-57, Section 11H.21**



Report to the

**Joint Legislative Oversight Committee on
Medicaid and NC Health Choice**

and

**Joint Legislative Oversight Committee on
Health and Human Services**

and

Fiscal Research Division

By

NC Department of Health and Human Services

November 1, 2022

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I. Introduction

Session Law 2017-57, Section 11H.21. (see *Appendix A*), requires the Department of Health and Human Services (DHHS) report on Medicaid eligibility determination timeliness by county Department of Social Services (DSS) offices to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division by November 1 of each year for the prior fiscal year.

Federal regulations (see *Appendix B*) establish standards for eligibility determination timeliness, the maximum period of time in which applicants are entitled to a determination of eligibility for Medicaid. Under these regulations, applicants who apply for Medicaid based on a disability (known as Medicaid Aid to the Disabled or MAD applicants) must receive a determination within **90 calendar days** of the date of application. All other applicants must receive a determination within **45 calendar days** of the date of application. In North Carolina, eligibility determinations are conducted at each of the 100 county DSS offices.

In April 2016, the North Carolina General Assembly's (NCGA) Program Evaluation Division (PED) released a report stating that in SFYs 2014 and 2015 there was a decline in the timeliness of NC Medicaid eligibility determinations due to challenges related to the North Carolina Families Accessing Services through Technology (NC FAST) system and the implementation of the Affordable Care Act. In January 2017, the Office of the State Auditor (OSA) released a report entitled "North Carolina Medicaid Program Recipient Eligibility Determination," which addressed the accuracy of Medicaid eligibility determinations in a sample of 10 counties. The report included a timeliness component, which revealed a timeliness error rate range from 0.8% to 26% for applications.

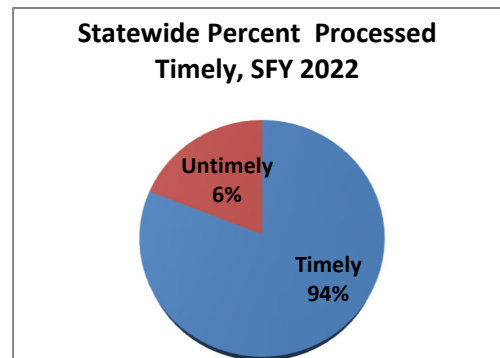
To address timeliness concerns, the NCGA passed legislation (see *Appendix C*) providing DHHS greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility determinations. DHHS noted measurable improvement in county timeliness in SFY 2016, further improvement continued through SFY 2020 and the counties are now in a steady pattern.

II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2022 based on data from NC FAST.

(1) Annual Statewide Percentage of Applications Processed in Timely Manner

The annual statewide percentage of Medicaid applications processed in a timely manner (PPT) was 94%. This is a slight difference from SFY 2020 and SFY 2021 both were 95%.



The percentage of Medicaid applications processed timely in SFY 2019 was 94% and SFY 2018 was 93%.

(2) Statewide Monthly Average Number of Days to Process Applications

The statewide percent of applications processed on time (PPT) averaged 94% overall at the end of the fiscal year, with some fluctuations in the monthly total PPT figures.

The statewide monthly average number of days to process all Medicaid applications ranged from 27 to 35 days, with an annual average of 30 days. The data has been sub-divided by Medicaid Aid for Disabled applicants (MAD) and Other Medicaid (Other) applications below:

- The statewide monthly average number of days to process MAD applications ranged from 51 to 99 days, with an annual average of 60 days.
- The Other applications ranged from 21-29 days, with an annual average of 24 days.

Statewide Processing Time, SFY 2022						
MONTH-YEAR	MAD APT	MAD PPT	OTHER APT	OTHER PPT	TOTAL APT	TOTAL PPT
Jul-21	51	96	22	96	27	96
Aug-21	51	95	22	96	27	96
Sep-21	52	95	24	96	28	96
Oct-21	55	95	23	95	29	95
Nov-21	99	94	21	96	33	95
Dec-21	54	94	24	95	27	95
Jan-22	58	92	28	92	31	92
Feb-22	63	93	25	93	32	93
Mar-22	62	94	23	94	30	94
Apr-22	60	92	26	92	31	92
May-22	60	92	29	88	35	89
Jun-22	58	92	26	92	32	92
SFY2022 Average	60	94	24	94	30	94

Legend

MAD – Medicaid Aid to the Disabled applicants
 Other – All other applicants
 PPT – Percent Processed Timely
 APT – Average Processing Time (Days)

(3) Annual Percentage of Applications Processed on Time by County

The annual percentage of applications processed on time by county DSS offices ranged from 79-99%. This is a decline from SFY 2021, when the annual percentage of applications processed on time by county DSS offices ranged from 88-99%. In total, 94 counties met the overall timeliness standards for SFY 2022. For a complete list of percentages by county for SFY 2022 please see the **Appendix D** column titled Total-PPT (Percent Processed Timely), highlighted in yellow.

(4) Average Number of Days per Month to Process Applications by County

The average number of days per month to process applications by county ranged from 15 to 55 days. This overall average shows a slight improvement from the past few SFYs. For a complete list of averages by county by month please see **Appendix E**.

(5) and (6) Number of Months Each County Met/Failed Timely Processing Standards

Ninety-four counties met the timeliness processing standards for 8 or more months. Timeliness for SFY 2022 dipped from previous years. This year, 53 counties met the timely processing standards every month, down from 68 in SFY 2021. For a complete list by county please see the **Appendix D** columns titled Months Standard Passed/Failed, highlighted in green and red.

(7) Corrective Actions

NC General Statute §108A-70.41 (see **Appendix C**), directed DHHS directed to enter into a joint corrective action plan with county DSS offices that fail to meet certain thresholds for timeliness. Per Session Law 2016-94, Section 12H.17(f), this section became effective January 1, 2017.

Since July 2017, DHHS has produced monthly report cards to provide the Average Processing Time (APT) and Percent Processed Timely (PPT) by county for MAD and Other applications, which includes all applications subject to the 45-day processing time. DHHS developed an initial version of the report card in January, but counties identified concerns with the methodology for calculating certain metrics in the report card. DHHS worked with a group of 12 counties identified by the North Carolina Association of County Directors of Social Services (NCACDSS) to identify issues and validate the results.

DHHS now uses the report cards to monitor county compliance each month and determine those counties that need a corrective action plan or other assistance and support. Corrective action plans are required for any county that fails to meet standards for 3 consecutive months or for any 5 months out of a period of 12 consecutive months. The DHB Operational Support Team (OST) monitors county performance and provides technical assistance for eligibility and business process issues through on-site visits and other methods.

To provide support and during the joint corrective action plan with the county DSS, the DHB OST:

- Sets an initial meeting with the county DSS Director, their designees and appropriate state staff to draft a plan together;
- Schedules necessary training; and
- Schedules follow up sessions as needed to ensure plan is on schedule.

In SFY 2022, 1 county DSS office required a joint corrective action plan and other support because it failed to meet certain timeliness and accuracy thresholds. Five additional counties were provided a timeliness waiver due to the COVID-19 Public Health Emergency (PHE).

(8) DHHS Assistance to County DSS Offices

DHHS is committed to assisting county DSS offices in meeting the processing standards for Medicaid applications. Current efforts to provide support and technical assistance include:

- Collaboration between DHHS and DSS County directors, including:
 - Monthly NCACDSS (North Carolina Association of County Directors of Social Services) committee meetings and executive leadership meetings;
 - The annual Social Services Institute, including DHHS delivering workshops related to eligibility policy and NC FAST (cancelled previous 2 years due to the PHE; re-instated August 2022);
 - Quarterly regional director meetings, as requested; and
 - Specialized workgroups that include County Directors (through NCACDSS).
- Deployment of the DHB Operational Support Team (OST) to provide eligibility policy and technical support to the counties, including:
 - Virtual visits to provide consultation and monitoring of performance reports;
 - Review of county processes and workflows;
 - Answering specific eligibility policy questions from counties;
 - Webinars and policy training;
 - Lean events for business process improvement, as requested by counties; and
 - Identification of specific OST representatives to support Medicaid program issues, including application timeliness.
- Provision of an Eligibility and Case Maintenance system for all Public Assistance programs, including Medicaid, through NC FAST, including:
 - Regular communication regarding the functionality and processes available through the NC FAST system;
 - Training on system performance and navigation through virtual classroom and courses available on a learning gateway;
 - Basic navigation training, including competency scoring to inform local management for use in staff development;
 - Regular updates on collaboration with county directors and other DHHS leadership staff;
 - A helpdesk to report and resolve issues with NC FAST performance or functionality;
 - A helpdesk for Medicaid applications approaching the due date; and
 - A mechanism to elicit county feedback to aid in prioritization of issue resolution and functionality deployment.

III. Conclusion

DHHS employs staff and processes at various levels to provide technical and policy support as county departments of social services work to meet state and federal application processing standards. Primary support and tracking mechanisms include OST on-site and off-site technical and policy support, DHHS monitoring of monthly report cards, DHHS collaboration with NCACDSS, proficiency training and testing modules at NC FAST, and a streamlined Help Desk process. The PHE has presented many challenges for the county departments of social services. Challenges include staffing deficiencies, supply shortages, and staff illness. The Centers for Medicaid and Medicare has provided ongoing guidance and flexibilities throughout the PHE to help states through this time of unprecedented challenges. DHHS will continue to provide the guidance and support necessary to assist the county departments of social services in their efforts to successfully meet timeliness standards on a continuous basis.

IV. Appendices

Appendix A: Session Law 2017-57, SECTION 11H.21.

SECTION 11H.21. Part 10 of Article 2 of Chapter 108A of the General Statutes is amended by adding a new section to read:

"§ 108A-70.43. Reporting.

No later than November 1 of each year, the Department of Health and Human Services, Division of Medical Assistance (DHHS), shall submit a report for the prior fiscal year to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division containing the following information:

- (1) The annual statewide percentage of Medicaid applications processed in a timely manner for the fiscal year.
- (2) The statewide average number of days to process Medicaid applications for each month in the fiscal year.
- (3) The annual percentage of Medicaid applications processed in a timely manner by each county department of social services for the fiscal year.
- (4) The average number of days to process Medicaid applications for each month for each county department of social services.
- (5) The number of months during the fiscal year that each county department of social services met the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (6) The number of months during the fiscal year that each county department of social services failed to meet the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (7) A description of all corrective action activities conducted by DHHS and county departments of social services in accordance with G.S. 108A-70.36.
- (8) A description of how the Department plans to assist county departments of social services in meeting timely processing standards for Medicaid applications, for every county in which the performance metrics for processing Medicaid applications in a timely manner do not show significant improvement compared to the previous fiscal year."

Appendix B: 42 CFR § 435.912 Timely Determination of Eligibility.

- (a) For purposes of this section—
 - (1) “Timeliness standards” refer to the maximum period of time in which every applicant is entitled to a determination of eligibility, subject to the exceptions in paragraph (e) of this section.
 - (2) “Performance standards” are overall standards for determining eligibility in an efficient and timely manner across a pool of applicants, and include standards for accuracy and consumer satisfaction, but do not include standards for an individual applicant's determination of eligibility.
- (b) Consistent with guidance issued by the Secretary, the agency must establish in its State plan timeliness and performance standards for, promptly and without undue delay—
 - (1) Determining eligibility for Medicaid for individuals who submit applications to the single State agency or its designee.
 - (2) Determining potential eligibility for, and transferring individuals' electronic accounts to, other insurance affordability programs pursuant to §435.1200(e) of this part.
 - (3) Determining eligibility for Medicaid for individuals whose accounts are transferred from other insurance affordability programs, including at initial application as well as at a regularly scheduled renewal or due to a change in circumstances.
- (c)
 - (1) The timeliness and performance standards adopted by the agency under paragraph (b) of this section must cover the period from the date of application or transfer from another insurance affordability program to the date the agency notifies the applicant of its decision or the date the agency transfers the individual to another insurance affordability program in accordance with §435.1200(e) of this part, and must comply with the requirements of paragraph (c)(2) of this section, subject to additional guidance issued by the Secretary to promote accountability and consistency of high quality consumer experience among States and between insurance affordability programs.
 - (2) Timeliness and performance standards included in the State plan must account for—
 - (i) The capabilities and cost of generally available systems and technologies;
 - (ii) The general availability of electronic data matching and ease of connections to electronic sources of authoritative information to determine and verify eligibility;
 - (iii) The demonstrated performance and timeliness experience of State Medicaid, CHIP and other insurance affordability programs, as reflected in data reported to the Secretary or otherwise available; and
 - (iv) The needs of applicants, including applicant preferences for mode of application (such as through an internet Web site, telephone, mail, in-person, or other commonly available electronic means), as well as the relative complexity of adjudicating the eligibility determination based on household, income or other relevant information.
 - (3) Except as provided in paragraph (e) of this section, the determination of eligibility for any applicant may not exceed—
 - (i) Ninety days for applicants who apply for Medicaid on the basis of disability; and
 - (ii) Forty-five days for all other applicants.
- (d) The agency must inform applicants of the timeliness standards adopted in accordance with this section.
- (e) The agency must determine eligibility within the standards except in unusual circumstances, for example—
 - (1) When the agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
 - (2) When there is an administrative or other emergency beyond the agency's control.
- (f) The agency must document the reasons for delay in the applicant's case record.
- (g) The agency must not use the time standards—
 - (1) As a waiting period before determining eligibility; or

- (2) As a reason for denying eligibility (because it has not determined eligibility within the time standards).

Appendix C: N.C.G.S. Chapter 108A, Article 2, Part 10

Chapter 108A. Social Services. Article 2. Programs of Public Assistance Part 10. Medicaid Eligibility Decision Processing Timeliness.

§ 108A-70.36. Applicability.

If a federally recognized Native American tribe within the State has assumed responsibility for the Medicaid program pursuant to G.S. 108A-25(e), then this Part applies to the tribe in the same manner as it applies to county departments of social services. (2016-94, s. 12H.17(b).)

§ 108A-70.37. Timely decision standards.

The county department of social services shall render a decision on an individual's application for Medicaid within 45 calendar days from the date of application, except for applications in which a disability determination has already been made or is needed. For those applications, the county department of social services shall render a decision on an individual's eligibility within 90 calendar days from the date of application. (2016-94, s. 12H.17(b).)

§ 108A-70.38. Timely processing standards.

(a) The Department shall require counties to comply with timely processing standards. The timely processing standards are the average processing time standards and the percentage processed timely standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40. The Department shall monitor county department of social services' compliance with these standards in accordance with this Part.

(b) For purposes of this Part, processing time is the number of days between the date of application and the date of disposition of the application, except in cases where an eligibility determination is dependent upon receipt of information related to one or more of the following:

- (1) Medical expenses sufficient to meet a deductible.
- (2) The applicant's need for institutionalization.
- (3) The applicant's plan of care for the home- and community-based waivers.
- (4) The disability decision made by the Disability Determination Services Section of the Division of Vocational Rehabilitation of the Department.
- (5) Medical records needed to determine emergency dates for nonqualified aliens.
- (6) The applicant's application or other information from the federally facilitated marketplace.
- (7) The applicant's application or other information in connection with an application for a Low-Income Subsidy for Medicare prescription drug coverage.

In these cases, processing time shall exclude the number of days between the date when the county determines all eligibility criteria other than the criteria in subdivisions (1) through (7) of this subsection and the date when the county receives the information related to the criteria in subdivisions (1) through (7) of this subsection.

(c) Processing times for the following types of cases shall be excluded from the calculation of the average processing time and percent processed timely:

- (1) Newborns who are automatically enrolled based on their mother's eligibility.
- (2) Applications for individuals who are presumptively eligible for Medicaid.
- (3) Active cases in which an individual who is eligible for one program is transferred to another program, regardless of whether the transfer occurs between allowable or nonallowable program categories.
- (4) Cases in which an individual transfer from an open case to another case, including establishing a new administrative case for the individual.
- (5) Actions to post eligibility to a terminated or denied case within one year of the termination or denial.
- (6) Cases that are reopened because they were terminated in error or because reopening of the terminated case is allowed by policy.
- (7) Cases in which the eligibility decision was appealed, and the decision was reversed or remanded.

(d) The Department may, in its discretion, exclude days, other than those required by subsection (b) of this section, from the calculation of processing time under this section if the Department determines that the delay was caused by circumstances outside the control of county departments of social services. The Department also may, in its discretion, exclude types of cases, other than those described in subsection (c) of this section, from the calculation of processing time. When the Department exercises its discretion pursuant to this subsection, the Department's determination regarding circumstances outside the control of county departments of social services and the Department's decision to exclude types of cases shall be applied uniformly to all county departments of social services. (2016-94, s. 12H.17(b).)

§ 108A-70.39. Average processing time standards.

(a) Average processing time is calculated by finding the processing time for each case that received a disposition during a given month and finding the average of those processing times.

(b) The standard for average processing time is 90 days for cases in which the individual has applied for the Medicaid Aid to the Disabled category (M-AD) and 45 days for all other cases. (2016-94, s. 12H.17(b).)

§ 108A-70.40. Percentage processed timely standards.

(a) Percentage processed timely is the percentage of cases that received a timely disposition in a given month. The percentage processed timely is calculated by expressing the number of cases during a given month with a processing time equal to or less than the standard set in G.S. 108A-70.37 as a percentage of the total cases receiving a disposition during that month. When the deadline for meeting the timely decision standard in G.S. 108A-70.37 falls on a weekend or holiday, an application that receives a disposition on the first workday following the deadline shall be considered timely for purposes of calculating the percentage processed timely.

(b) The Department is authorized to adopt rules to establish a percentage standard for each county department of social services that will be the percentage processed timely standard for that county department of social services. Until the Department adopts rules establishing percentage standards for each county, the percentage processed timely standards are those established in 10A NCAC 23C .0203 as of April 2016. (2016-94, s. 12H.17(b).)

§ 108A-70.41. Corrective action.

(a) If for any three consecutive months or for any five months out of a period of 12 consecutive months a county department of social services fails to meet either the average processing time standard or the percentage processed timely standard or both standards, the Department and the county department of social services shall enter into a joint corrective action plan to improve the timely processing of applications.

(b) A joint corrective action plan entered into pursuant to this section shall specifically identify the following components:

- (1) The duration of the joint corrective action plan, not to exceed 12 months. If a county department of social services shows measurable progress in meeting the performance requirements in the joint corrective action plan, then the duration of the joint corrective action plan may be extended by six months, but in no case shall a joint corrective action plan exceed 18 months.
- (2) A plan for improving timely processing of applications that specifically describes the actions to be taken by the county department of social services and the Department.
- (3) The performance requirements for the county department of social services that constitute successful completion of the joint corrective action plan.
- (4) Acknowledgement that failure to successfully complete the joint corrective action plan will result in temporary assumption of Medicaid eligibility administration by the Department, in accordance with G.S. 108A-70.42. (2016-94, s. 12H.17(b).)

§ 108A-70.42. Temporary assumption of Medicaid eligibility administration.

(a) If a county department of social services fails to successfully complete its joint corrective action plan, the Department shall give the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) at least 90 days' notice that the Department intends to temporarily assume Medicaid eligibility administration, in accordance with subsection (b) of this section. The notice shall include the following information:

- (1) The date on which the Department intends to temporarily assume administration of Medicaid eligibility decisions.
- (2) The performance requirements in the joint corrective action plan that the county department of social services failed to meet.
- (3) Notice of the county department of social services' right to appeal the decision to the Office of Administrative Hearings, pursuant to Article 3 of Chapter 150B of the General Statutes.

(b) Notwithstanding any provision of law to the contrary, if a county department of social services fails to successfully complete its joint corrective action plan, the Department shall temporarily assume Medicaid eligibility administration for the county upon giving notice as required by subsection (a) of this section. During a period of temporary assumption of Medicaid eligibility administration, the following shall occur:

- (1) The Department shall administer the Medicaid eligibility function in the county. Administration by the Department may include direct operation by the Department, including supervision of county Medicaid eligibility workers, or contracts for operation to the extent permitted by federal law and regulations.
- (2) The county department of social services is divested of Medicaid administration authority.
- (3) The Department shall direct and oversee the expenditure of all funding for the administration of Medicaid eligibility in the county.
- (4) The county shall continue to pay the nonfederal share of the cost of Medicaid eligibility administration and shall not withdraw funds previously obligated or appropriated for Medicaid eligibility administration.
- (5) The county shall pay the nonfederal share of additional costs incurred to ensure compliance with the timely processing standards required by this Part.
- (6) The Department shall work with the county department of social services to develop a plan for the county department of social services to resume Medicaid eligibility administration and perform Medicaid eligibility determinations in a timely manner.
- (7) The Department shall inform the county board of commissioners, the county manager, the county director of social services, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) of key activities and any ongoing concerns during the temporary assumption of Medicaid eligibility administration.

(c) Upon the Department's determination that Medicaid eligibility determinations can be performed in a timely manner based on the standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40 by the county department of social services, the Department shall notify the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) that temporary assumption of Medicaid eligibility administration will be terminated and the effective date of termination. Upon termination, the county department of social services resumes its full authority to administer Medicaid eligibility determinations. (2016-94, s. 12H.17(b).)

Appendix D: Annual Timely Processing by County

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2022								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL -PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Alamance	85	57	94	21	93	26	4	8
Alexander	94	46	97	19	96	25	11	1
Alleghany	94	55	95	24	95	29	11	1
Anson	95	62	94	28	94	37	10	2
Ashe	98	57	97	26	97	32	12	0
Avery	92	47	93	27	93	30	10	2
Beaufort	96	55	94	25	95	31	11	1
Bertie	94	60	95	32	95	36	11	1
Bladen	95	41	94	19	94	24	12	0
Brunswick	97	60	97	25	97	31	12	0
Buncombe	97	53	96	23	96	28	12	0
Burke	97	50	95	25	96	29	12	0
Cabarrus	98	48	96	23	96	28	12	0
Caldwell	96	50	96	25	96	30	11	1
Camden	90	69	91	26	91	31	7	5
Carteret	97	57	97	21	97	27	12	0
Caswell	98	46	99	18	99	22	12	0
Catawba	97	49	97	24	97	27	12	0
Chatham	94	49	94	24	94	28	12	0
Cherokee	96	45	98	15	98	19	12	0
Chowan	91	59	92	29	92	34	7	5
Clay	100	18	98	18	98	17	12	0
Cleveland	97	58	98	19	98	26	11	1
Columbus	96	55	98	17	97	26	11	1
Craven	98	47	95	17	95	22	12	0
Cumberland	92	67	94	21	94	28	10	2
Currituck	100	57	97	27	97	31	12	0
Dare	98	59	97	30	97	36	12	0
Davidson	96	44	96	17	96	21	12	0
Davie	92	54	95	18	95	23	10	2
Duplin	96	57	92	30	93	34	9	3
Durham	97	59	96	30	96	34	11	1
Edgecombe	95	51	95	31	95	34	11	1
Forsyth	94	55	96	15	96	21	12	0
Franklin	97	48	96	22	96	26	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2022								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL -PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Gaston	97	64	98	23	98	28	12	0
Gates	95	48	96	24	96	27	12	0
Graham	97	51	96	24	96	30	12	0
Granville	94	56	96	30	96	35	11	1
Greene	94	34	97	14	97	18	11	1
Guilford	94	64	96	21	96	28	12	0
Halifax	92	61	94	28	94	35	10	2
Harnett	98	47	98	18	98	22	12	0
Haywood	95	58	93	23	94	29	10	2
Henderson	96	50	96	20	96	25	10	2
Hertford	90	50	91	27	91	31	9	3
Hoke	97	52	97	14	97	20	12	0
Hyde	91	36	88	28	89	30	8	4
Iredell	92	55	95	23	94	27	10	2
Jackson	98	48	98	17	98	23	12	0
Johnston	95	56	97	29	97	33	11	1
Jones	97	29	91	27	92	28	10	2
Lee	94	62	96	23	95	31	12	0
Lenoir	96	43	96	17	96	21	12	0
Lincoln	98	54	97	25	97	32	12	0
Macon	96	51	95	23	95	28	11	1
Madison	97	49	97	26	97	30	12	0
Martin	94	55	93	27	93	32	12	0
McDowell	99	37	98	15	98	20	12	0
Mecklenburg	75	78	79	38	79	42	3	9
Mitchell	99	36	98	21	98	24	12	0
Montgomery	96	55	97	23	97	30	12	0
Moore	98	54	96	23	96	29	12	0
Nash	94	61	96	25	96	30	11	1
New Hanover	99	38	99	15	99	18	12	0
Northampton	94	70	93	33	93	40	11	1
Onslow	96	48	96	31	96	34	10	2
Orange	98	63	98	24	98	30	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2022								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL -PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Pamlico	96	72	95	27	95	33	10	2
Pasquotank	95	55	97	24	97	29	12	0
Pender	94	61	92	32	92	37	12	0
Perquimans	98	54	96	28	96	32	12	0
Person	95	59	94	29	94	35	11	1
Pitt	91	67	92	30	92	36	7	5
Polk	93	50	93	20	93	24	9	3
Randolph	98	52	97	20	97	25	12	0
Richmond	83	74	87	26	87	35	3	9
Robeson	94	55	95	28	95	32	11	1
Rockingham	97	66	97	22	97	31	12	0
Rowan	93	60	93	25	93	32	9	3
Rutherford	98	49	96	23	96	28	12	0
Sampson	99	42	98	17	98	22	12	0
Scotland	96	45	97	19	97	24	12	0
Stanly	97	43	91	32	92	34	11	1
Stokes	99	43	99	21	99	25	12	0
Surry	97	48	97	24	97	27	12	0
Swain	91	67	95	25	94	35	10	2
Transylvania	99	47	96	20	97	24	12	0
Tyrrell	100	66	97	32	98	39	11	1
Union	95	50	94	23	94	27	12	0
Vance	97	53	96	23	97	31	12	0
Wake	95	107	96	20	95	30	11	1
Warren	92	56	93	24	93	32	10	2
Washington	98	37	94	21	95	23	11	1
Watauga	93	66	96	24	95	31	11	1
Wayne	93	64	96	19	96	27	12	0
Wilkes	99	49	98	25	98	29	12	0
Wilson	97	42	97	21	97	24	12	0
Yadkin	93	65	90	32	91	38	11	1
Yancey	98	47	96	20	96	25	12	0

Legend

MAD – Medicaid Aid to the Disabled applicants

Other – All other applicants

PPT – Percent Processed Timely

APT – Average Processing Time (Days)

Appendix E: Average Time to Process Applications by County by Month

Average Processing Time (Days), SFY 2022												
COUNTY	Jul-22	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Alamance	23	27	27	28	24	25	26	29	29	20	24	26
Alexander	23	29	31	25	27	22	27	28	19	17	25	24
Alleghany	31	27	27	23	19	25	32	32	37	31	32	38
Anson	28	33	38	34	31	42	39	49	35	42	48	38
Ashe	30	32	34	32	32	29	39	34	31	32	29	30
Avery	42	27	37	27	21	20	32	28	29	34	21	34
Beaufort	34	34	34	30	29	29	35	33	32	22	29	32
Bertie	43	39	40	40	33	30	41	36	35	36	34	30
Bladen	25	18	28	26	18	18	16	28	22	29	32	28
Brunswick	30	29	30	30	27	27	33	34	34	31	32	29
Buncombe	26	25	27	28	26	24	31	33	29	27	30	31
Burke	29	30	32	32	26	29	32	28	30	25	29	33
Cabarrus	25	24	29	27	25	26	28	29	31	28	28	29
Caldwell	23	23	27	26	27	30	36	35	30	32	33	33
Camden	36	25	39	28	35	34	32	25	29	27	29	27
Carteret	28	27	26	36	26	24	24	29	24	23	26	26
Caswell	19	22	23	27	18	21	26	22	17	20	25	26
Catawba	26	25	27	26	25	28	33	29	28	25	26	27
Chatham	27	28	28	26	25	24	25	41	27	27	30	31
Cherokee	19	16	16	21	15	17	23	24	20	18	23	22
Chowan	31	39	30	40	27	30	38	44	38	36	36	30
Clay	18	22	28	19	13	12	22	14	10	15	21	14
Cleveland	22	25	28	26	24	25	30	30	28	26	28	28
Columbus	26	28	28	25	27	23	29	28	24	22	27	28
Craven	18	19	21	22	22	20	27	22	23	21	21	22
Cumberland	24	23	28	32	25	23	27	35	27	26	40	40
Currituck	27	31	35	30	24	30	33	27	36	36	38	26
Dare	35	35	40	38	28	32	33	40	42	35	39	39
Davidson	21	20	21	22	20	16	21	20	22	21	26	23
Davie	26	25	24	25	18	23	29	27	21	21	21	22
Duplin	36	35	36	33	38	35	37	32	34	29	32	35
Durham	34	34	35	33	33	33	34	32	33	33	36	39
Edgecombe	39	33	36	33	32	40	33	34	33	30	33	31
Forsyth	19	18	20	21	20	18	22	23	23	21	27	24
Franklin	29	24	24	23	23	24	28	29	27	24	29	28

Average Processing Time (Days), SFY 2022												
COUNTY	Jul-22	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Gaston	32	31	30	27	25	26	31	31	27	27	29	28
Gates	23	25	24	23	21	24	33	28	26	32	34	24
Graham	29	33	27	35	34	32	40	24	26	30	19	22
Granville	31	31	37	31	31	27	36	39	35	37	35	47
Greene	16	17	17	19	14	15	16	15	18	20	22	20
Guilford	28	26	25	27	25	25	29	29	26	27	32	31
Halifax	30	33	35	38	31	33	35	37	41	36	37	36
Harnett	19	21	21	21	20	24	25	29	23	23	21	21
Haywood	31	30	29	32	24	24	30	31	28	26	33	30
Henderson	21	23	23	28	23	27	28	26	23	24	22	22
Hertford	35	26	33	27	21	30	35	24	37	41	32	33
Hoke	17	24	17	16	22	19	21	18	21	18	21	22
Hyde	22	22	33	39	37	25	35	29	40	24	15	15
Iredell	22	25	28	29	25	22	28	27	26	29	33	32
Jackson	27	21	27	22	18	23	20	25	28	22	27	19
Johnston	30	29	34	35	32	30	36	38	37	35	31	31
Jones	24	29	26	28	27	26	33	24	25	26	32	29
Lee	34	32	30	34	29	30	33	33	29	29	31	23
Lenoir	16	19	22	21	19	19	26	21	20	23	22	22
Lincoln	31	29	30	34	33	39	34	33	33	28	27	28
Macon	31	26	33	26	23	23	27	25	31	23	31	29
Madison	34	29	26	35	25	26	33	32	29	33	33	34
Martin	29	34	35	25	41	25	31	32	33	42	31	35
McDowell	17	20	16	18	18	17	22	23	24	17	17	26
Mecklenburg	29	28	29	36	35	48	50	44	40	54	60	43
Mitchell	24	16	30	21	17	28	27	17	25	29	25	32
Montgomery	24	35	29	31	25	33	33	37	31	29	33	27
Moore	25	26	29	27	24	24	32	30	29	31	31	31
Nash	31	28	26	29	28	27	37	29	29	32	35	32
New Hanover	15	17	19	19	17	17	23	23	19	16	19	18
Northampton	37	37	40	43	38	46	38	39	39	39	45	38
Onslow	28	28	28	28	27	31	31	36	36	52	30	53
Orange	28	28	33	34	26	28	30	37	33	28	33	28

Average Processing Time (Days), SFY 2022												
COUNTY	Jul-22	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Pamlico	36	36	25	35	25	35	37	33	31	38	31	32
Pasquotank	31	27	32	30	31	28	30	30	27	29	27	26
Pender	32	37	32	37	37	35	38	42	37	39	37	36
Perquimans	39	38	33	37	30	23	38	20	34	33	30	21
Person	26	27	28	29	31	34	38	41	32	46	38	37
Pitt	37	32	39	38	36	36	36	34	35	32	37	37
Polk	23	24	35	22	23	18	26	26	20	25	22	30
Randolph	26	25	26	26	24	25	26	26	23	24	23	24
Richmond	34	32	34	32	31	36	34	40	36	36	41	32
Robeson	26	25	30	30	28	35	37	34	32	32	34	38
Rockingham	27	27	32	30	28	28	34	33	30	30	36	35
Rowan	30	29	33	35	31	29	33	34	31	27	31	33
Rutherford	26	32	25	30	26	26	28	27	26	29	29	34
Sampson	19	20	21	21	23	21	24	21	24	20	20	25
Scotland	23	22	27	24	22	23	25	27	25	18	25	26
Stanly	34	31	32	36	35	35	39	30	32	37	35	29
Stokes	30	26	30	29	25	20	25	24	23	27	23	22
Surry	27	27	28	44	24	24	27	28	24	22	29	30
Swain	37	37	40	39	32	36	34	29	24	35	39	29
Transylvania	21	22	27	28	19	25	21	26	27	24	29	25
Tyrrell	55	28	44	37	39	36	34	41	44	47	33	51
Union	25	25	26	25	25	26	26	28	26	23	26	31
Vance	27	25	29	25	28	28	35	34	36	33	34	36
Wake	26	27	23	21	81	21	24	25	29	24	25	24
Warren	27	44	35	39	34	30	33	26	24	24	24	34
Washington	16	20	18	23	26	23	26	26	29	25	21	27
Watauga	23	29	32	35	26	25	31	34	40	35	38	28
Wayne	21	26	26	29	26	28	27	25	24	28	31	30
Wilkes	24	31	31	29	27	25	32	30	25	26	32	30
Wilson	19	23	26	20	17	22	25	25	24	28	31	30
Yadkin	42	35	39	38	33	37	39	37	45	34	40	32
Yancey	22	20	41	24	21	19	27	22	19	25	40	26

