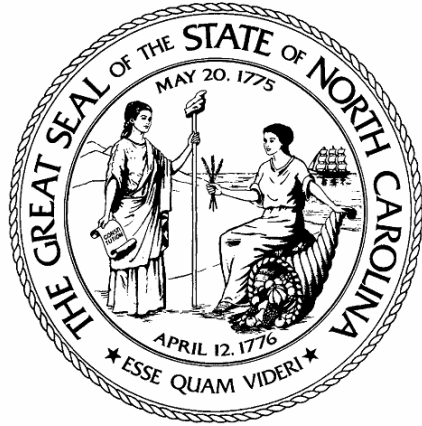


Medicaid Eligibility Determination Timeliness

**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

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

Fiscal Research Division

By

NC Department of Health and Human Services

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I. Introduction

Session Law 2017-57, Section 11H.21. (see *Appendix A*), amended NCGS 108A-70.43 to require the Department of Health and Human Services (DHHS) to report on Medicaid eligibility determination timeliness by county Department of Social Services (DSSs) 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 (NCFAST) 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.

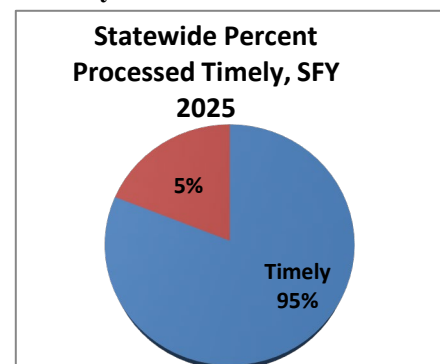
II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2025 based on data from NCFAST.

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

The annual statewide percentage of Medicaid applications processed in a timely manner (PPT) was 95%. This is an increase from SFY 2024 (91%) and SFY 2023 (93%). The

Medicaid Eligibility Determination Timeliness
Report for Fiscal Year 2025



percentage of Medicaid applications processed timely in SFY 2022 was 94% and SFY 2021 was 95%.

This increase seen in SFY 2025 marks a return to pre-Public Health Emergency (PHE) levels of application processing timeliness. The slight decreases in timeliness over the past few years can be attributed to staff turnover in the local county DSSs, coupled with an increase in NC Medicaid enrollment that began with the COVID-19 PHE and the start of Medicaid expansion (MXP) on December 1, 2023. The influx of new applications received during SFY 2024 was unprecedented due to the launch of MXP coinciding with the Open Enrollment (OE) period and placed additional strain on the counties.

Improvements in straight-through processing (STP) automation, policy flexibilities, and funding from the General Assembly to hire additional staff, provided much needed processing support for counties, enabling them to return to and stay at ‘normal’ application volumes after Medicaid expansion. With these supports, counties were able to maintain consistent and timely application processing throughout SFY 2025.

- While NC Medicaid is still receiving more applications monthly than it did prior to MXP launch, the state did not see the same influx in application volumes during the past OE period (Nov 2024 – Jan 2025) as it did the prior year.
- NC became a Federal Facilitated Marketplace Determination (FFM-D) state in February 2024 for 12 months. Fortunately, the General Assembly has twice taken action to extend the end date, currently set for June 30, 2028. FFM-D automation was particularly impactful during the OE period, processing thousands of applications without any caseworker intervention. With the upcoming One Big Beautiful Bill Act (HR1) changes for Medicaid, the permanency of FFM-D in NC will be even more crucial as community engagement/work requirements for beneficiaries and recertifications move to 6-month certification periods once again strain staff and their ability to maintain timely processing.
- The overall county DSS staffing situation is still challenging but has been improving. As of July 2025, the vacancy rate for full-time Medicaid staff is 11% vs 16% in January 2024.

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

The statewide percentage of applications processed on time (percent processed timely, or PPT) averaged 95% 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 23 to 30 days, with an annual average of 26 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 53 to 60 days, with an annual average of 56 days.
- The Other applications ranged from 21 to 28 days, with an annual average of 24 days.

Statewide Processing Time, SFY 2025						
Date	MAD APT	MAD PPT	OTHER - APT	OTHER - PPT	TOTAL APT	TOTAL - PPT
7/1/2024	58	94	24	94	26	94
8/1/2024	54	95	22	95	25	95
9/1/2024	56	95	24	95	27	95
10/1/2024	56	94	23	94	25	95
11/1/2024	53	95	21	96	23	96
12/1/2024	58	95	24	96	26	96
1/1/2025	54	95	26	94	28	95
2/1/2025	60	93	28	92	30	92
3/1/2025	59	94	25	93	27	93
4/1/2025	59	94	23	95	26	95
5/1/2025	56	96	23	95	25	96
6/1/2025	54	96	23	95	26	95
SFY2025 Average	56	95	24	95	26	95

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 92-96%. This is an increase from SFY 2024, when the annual percentage of applications processed on time by county DSS offices ranged from 82-95%. In total, 86 counties met the overall timeliness standards for SFY 2025. For a complete list of percentages by county for SFY 2025 please see the *Appendix D* column titled Total-PPT (Percent Processed Timely), highlighted in orange.

(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 6 to 114 days. This overall average shows a slight improvement at the lower end yet an increase in the upper end of the average days 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

Eighty-six counties met the timeliness processing standards for 8 or more months. Timeliness for SFY 2025 increased from previous years. This year, 34 counties met the timely processing standards every month, up from 32 in SFY 2024. For a complete list by county please see the *Appendix D* columns titled Months Standard Passed/Failed, highlighted in green and orange.

As discussed in subsection (1) of this section, the increase is attributed to STP automation, additional funding from the General Assembly that was used to hire more staff, and policy flexibilities.

(7) Corrective Actions

NC General Statute §108A-70.41 (see *Appendix C*), directed DHHS 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 produces 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. The methodology for calculating the metrics reported in the monthly report cards was developed with a group of 12 counties identified by the North Carolina Association of County Directors of Social Services (NCACDSS).

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 NC Medicaid (Division of Health Benefits, 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 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 2025, there were no county DSS offices that required a joint corrective action plan and other support because it failed to meet certain timeliness and accuracy thresholds. Thirty-three counties were provided with a timeliness waiver based on individual county timeliness and accuracy thresholds. In September and October of 2024, the Department issued a blanket waiver that covered all the counties impacted by Hurricane Helene.

(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 2020 and 2021 due to the PHE; re-instated August 2022. The 2025 SSI was held August 6 – August 8, 2025).
 - Quarterly regional director meetings, as requested; and
 - Specialized workgroups that include County Directors (through NCACDSS).
- Deployment of the DHB OST to provide eligibility policy and technical support to the counties, including:
 - On-site, quarterly visits to provide consultation and monitoring of performance reports;
 - Review of county processes and workflows;
 - Answering specific eligibility policy questions from counties;
 - Monthly webinars and policy training;
 - Quarterly Regional Supervisor meetings to provide updates and 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 to county departments of social services work as they 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, a streamlined Help Desk process, funding to increase staff and equipment, and implementation of NC FAST changes that increase the number of applications being dispositioned with straight through processing.

North Carolina also became an FFM-D state in February 2024 which enables the marketplace to make eligibility determinations with no caseworker “touch.” This change is critical to aiding county workforce challenges and assisting with timely redeterminations and should be made permanent. North Carolina currently has the authority to be an FFM-D state until June 30, 2028. The PHE, continuous coverage unwinding (CCU), and launch of Medicaid expansion increased workload pressure on county departments of social services. Challenges include staffing deficiencies and supply shortages, all while navigating an exponential increase in Medicaid applications. Improvements in STP automation, policy flexibilities, and funding from the General Assembly to hire additional staff, provided much needed processing support for counties, enabling them to return to and stay at ‘normal’ application volumes after Medicaid expansion. 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 non-qualified 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 2025								
County	MAD PPT	MAD APT	OTHER - PPT	OTHER - APT	TOTAL PPT	TOTAL - APT	Months Passed	Months Failed
Alamance	98	46	91	30	92	32	9	3
Alexander	97	49	97	21	97	24	12	0
Alleghany	90	60	94	24	94	28	9	3
Anson	99	52	96	22	97	27	12	0
Ashe	98	44	97	34	98	35	12	0
Avery	99	56	95	26	96	29	11	1
Beaufort	98	55	96	22	97	26	11	1
Bertie	97	56	96	29	96	32	11	1
Bladen	90	63	93	23	93	30	10	2
Brunswick	97	57	89	30	90	33	9	3
Buncombe	95	55	92	26	93	29	10	2
Burke	97	70	96	21	96	29	11	1
Cabarrus	98	50	92	24	93	27	9	3
Caldwell	95	58	85	31	87	35	6	6
Camden	97	55	97	25	97	30	11	1
Carteret	99	57	98	25	98	29	12	0
Caswell	98	53	99	19	98	23	11	1
Catawba	98	49	94	23	94	26	11	1
Chatham	92	56	93	27	93	30	10	2
Cherokee	97	46	97	17	97	21	12	0
Chowan	93	49	95	27	95	31	11	1
Clay	100	18	97	23	97	23	11	1
Cleveland	98	58	97	23	97	28	12	0
Columbus	98	49	98	17	98	21	12	0
Craven	95	48	91	22	92	25	10	2
Cumberland	91	61	95	25	94	30	6	6
Currituck	98	81	93	32	94	38	11	1
Dare	95	62	94	26	94	32	10	2
Davidson	93	58	91	24	91	28	5	7
Davie	90	62	95	23	94	27	9	3
Duplin	97	50	94	27	95	31	11	1
Durham	93	63	92	27	92	30	10	2
Edgecombe	93	51	95	26	94	30	10	2
Forsyth	93	55	84	29	86	33	7	5
Franklin	95	56	96	21	96	24	12	0
Gaston	97	61	98	26	98	31	12	0
Gates	95	58	95	29	95	33	9	3
Graham	99	39	98	22	98	26	12	0

Granville	98	56	94	36	95	40	12	0
Greene	95	49	96	21	96	25	12	0
Guilford	91	59	93	23	93	28	7	5
Halifax	96	68	97	33	97	39	11	1
Harnett	97	43	96	18	96	21	11	1
Haywood	95	56	88	29	89	33	7	5
Henderson	99	41	97	23	97	25	12	0
Hertford	98	31	89	22	90	22	11	1
Hoke	95	60	95	26	96	29	12	0
Hyde	100	36	99	18	99	21	12	0
Iredell	96	66	94	25	95	30	12	0
Jackson	94	39	95	16	95	19	12	0
Johnston	98	52	97	28	97	31	12	0
Jones	99	43	97	19	97	22	12	0
Lee	90	61	95	25	94	30	10	2
Lenoir	95	51	95	24	95	27	9	3
Lincoln	97	55	97	27	97	32	12	0
Macon	97	49	96	27	97	29	12	0
Madison	97	55	95	23	95	27	12	0
Martin	96	54	92	28	93	31	11	1
McDowell	92	51	93	19	94	23	10	2
Mecklenburg	74	71	79	35	78	38	0	12
Mitchell	97	37	98	25	98	27	11	1
Montgomery	97	56	98	22	98	28	12	0
Moore	97	56	96	25	96	29	12	0
Nash	93	59	91	36	91	39	6	6
New Hanover	100	48	99	14	99	18	12	0
Northampton	98	76	97	32	97	39	11	1
Onslow	96	57	93	26	94	30	11	1
Orange	98	59	98	23	98	28	12	0
Pamlico	95	73	87	30	88	36	6	6
Pasquotank	96	61	96	24	96	29	11	1
Pender	92	67	89	34	89	37	8	4
Perquimans	97	65	93	30	94	36	11	1
Person	90	56	92	28	92	32	9	3
Pitt	88	87	78	45	79	50	4	8
Polk	91	63	91	23	91	27	9	3
Randolph	97	52	97	20	97	24	12	0
Richmond	97	64	81	35	84	39	6	6
Robeson	92	48	94	25	94	28	9	3
Rockingham	92	75	95	26	95	32	10	2
Rowan	91	64	92	28	92	33	9	3
Rutherford	96	59	95	26	95	31	12	0
Sampson	95	58	97	22	97	27	12	0
Scotland	98	55	94	31	94	33	9	3
Stanly	94	48	96	25	96	28	11	1
Stokes	100	38	99	19	99	22	12	0
Surry	99	41	97	19	97	21	12	0
Swain	95	49	96	25	96	28	10	2

Transylvania	99	44	97	20	97	23	12	0
Tyrrell	97	51	98	31	98	37	11	1
Union	69	75	82	28	82	31	1	11
Vance	95	48	95	24	95	27	11	1
Wake	91	70	85	28	86	32	6	6
Warren	95	64	96	27	96	33	11	1
Washington	90	64	96	24	96	28	9	3
Watauga	95	63	94	31	94	35	10	2
Wayne	76	81	90	26	88	36	2	10
Wilkes	98	40	97	27	98	28	12	0
Wilson	98	41	97	27	98	29	12	0
Yadkin	93	64	95	28	95	33	10	2
Yancey	97	48	98	20	97	23	11	1

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

Average Processing Time (Days), SFY 2025												
COUNTY	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Alamance	25	26	25	21	19	26	29	29	25	24	25	29
Alexander	23	25	27	20	17	19	22	20	22	18	17	17
Alleghany	27	15	42	21	32	35	34	28	30	27	26	37
Anson	29	23	23	26	22	28	25	28	21	27	22	22
Ashe	31	34	34	36	27	31	37	38	34	32	34	27
Avery	20	22	27	25	6	13	15	21	12	19	28	25
Beaufort	20	18	23	19	21	20	25	27	26	20	22	23
Bertie	22	21	26	28	33	38	23	20	30	30	25	25
Bladen	21	27	26	22	20	20	23	28	23	26	26	24
Brunswick	33	31	38	34	31	36	37	34	33	32	32	28
Buncombe	26	21	24	27	18	20	25	29	25	22	21	22
Burke	21	24	22	20	15	18	20	22	20	21	20	22
Cabarrus	22	22	26	23	20	24	26	27	23	23	21	20
Caldwell	25	20	23	21	19	21	21	24	18	22	18	20
Camden	29	42	15	20	13	20	28	33	23	30	34	21
Carteret	33	28	27	23	22	21	26	29	22	21	24	24
Caswell	19	15	17	18	21	20	19	27	20	20	16	19
Catawba	25	23	26	26	22	25	26	27	23	23	22	22
Chatham	32	27	29	21	23	29	34	34	36	30	29	29
Cherokee	18	18	21	20	15	18	21	22	19	15	13	23
Chowan	32	32	35	31	30	32	34	36	31	32	24	30
Clay	28	26	25	27	33	28	29	28	20	22	18	18
Cleveland	25	24	28	27	21	30	27	29	30	28	24	24
Columbus	18	17	22	21	15	19	20	19	23	21	23	19
Craven	25	26	27	24	21	22	24	26	25	22	24	25
Cumberland	23	21	23	22	21	24	23	25	21	19	19	20
Currituck	36	32	36	34	24	27	24	34	29	36	27	27
Dare	28	28	31	27	18	25	29	28	25	28	24	24
Davidson	19	19	20	17	13	19	20	25	21	20	19	21
Davie	20	27	24	28	22	21	27	28	28	21	26	23
Duplin	31	32	30	30	33	31	35	38	34	36	37	32
Durham	25	23	23	18	20	28	29	29	26	25	22	24
Edgecombe	27	25	27	29	24	30	26	27	27	24	23	28
Forsyth	30	27	30	25	22	28	28	30	28	27	27	28
Franklin	22	15	20	17	14	19	22	24	21	23	20	24

Average Processing Time (Days), SFY 2025

COUNTY	Jul-24	Aug-24	Sept-24	Oct - 24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Gaston	29	27	28	27	25	32	33	33	33	30	26	27
Gates	33	34	31	27	24	33	36	29	35	24	35	35
Graham	21	23	32	27	15	21	29	26	26	29	28	31
Granville	35	35	38	35	27	33	37	35	32	29	30	30
Greene	27	24	27	21	29	26	26	30	29	21	31	27
Guilford	25	23	24	24	32	28	28	33	31	26	24	26
Halifax	29	33	36	33	35	36	39	41	42	34	35	33
Harnett	15	16	19	16	15	19	19	22	20	19	19	21
Haywood	29	29	27	46	20	28	29	32	32	34	46	39
Henderson	19	18	21	22	13	15	17	19	18	17	17	21
Hertford	16	15	19	17	15	21	24	17	16	34	20	16
Hoke	24	29	28	26	25	30	27	27	30	25	28	30
Hyde	22	23	23	11	18	29	33	24	24	21	24	18
Iredell	22	21	23	20	16	21	23	27	23	51	22	22
Jackson	16	15	22	17	17	19	16	17	17	18	21	21
Johnston	30	26	27	28	25	32	30	33	31	28	25	23
Jones	16	16	14	14	16	20	15	19	52	16	23	26
Lee	30	28	29	28	24	29	32	32	30	27	28	25
Lenoir	26	31	26	21	29	28	25	28	28	26	29	29
Lincoln	29	26	31	26	27	30	28	28	27	29	38	27
Macon	24	22	34	28	25	30	30	30	33	24	30	25
Madison	21	15	20	25	12	17	17	20	20	17	23	22
Martin	32	29	35	28	27	31	34	32	28	28	27	24
McDowell	25	26	24	27	16	15	19	23	24	16	20	21
Mecklenburg	25	24	26	23	20	24	27	28	28	28	27	29
Mitchell	28	25	33	35	21	32	23	23	18	21	17	14
Montgomery	26	22	31	20	22	21	25	27	20	24	22	28
Moore	26	27	28	26	22	26	30	33	35	32	29	27
Nash	30	26	25	25	27	31	34	28	28	27	29	27
New Hanover	20	18	20	17	16	21	25	27	22	22	18	20
Northampton	33	37	33	33	27	37	35	38	39	34	32	33
Onslow	27	28	26	26	23	26	29	30	28	26	25	26
Orange	30	29	30	28	26	27	31	32	30	27	28	28

Average Processing Time (Days), SFY 2025

COUNTY	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Pamlico	21	34	23	19	20	21	27	24	21	29	26	16
Pasquotank	24	24	32	25	23	25	32	33	25	26	27	31
Pender	40	35	41	40	29	33	36	45	38	35	33	33
Perquimans	31	26	39	32	40	38	37	40	41	36	36	25
Person	22	18	25	24	22	29	27	27	28	26	22	24
Pitt	49	34	38	39	38	33	36	35	38	32	31	33
Polk	16	23	15	22	13	17	18	17	16	22	23	28
Randolph	22	20	23	23	20	24	25	25	23	23	23	23
Richmond	34	37	39	37	37	36	39	36	35	34	29	32
Robeson	28	26	27	26	25	26	30	24	22	22	23	24
Rockingham	30	26	26	29	20	25	25	29	21	26	20	23
Rowan	32	35	37	35	31	34	37	39	38	38	39	37
Rutherford	27	26	27	24	21	22	23	21	23	22	22	17
Sampson	22	22	20	19	16	19	17	19	21	19	18	17
Scotland	26	23	23	19	22	25	25	23	26	22	20	24
Stanly	45	22	25	26	28	27	30	31	30	27	26	25
STATEWIDE	26	25	27	25	23	26	28	30	27	26	25	26
Stokes	29	26	29	23	21	23	23	27	29	25	19	17
Surry	15	15	17	16	14	15	18	17	15	16	17	16
Swain	36	27	28	66	29	29	26	17	21	17	24	27
Transylvania	20	18	14	14	15	17	24	23	22	19	22	25
Tyrrell	29	28	25	24	34	38	29	18	32	18	26	24
Union	19	18	18	17	18	25	32	41	36	33	21	19
Vance	23	21	27	26	27	25	31	32	20	22	28	28
Wake	28	27	29	28	23	29	31	35	29	28	27	28
Warren	32	26	33	63	22	29	34	34	30	26	23	19
Washington	21	22	20	18	23	34	26	35	19	30	29	27
Watauga	25	27	28	38	26	34	37	39	35	34	33	35
Wayne	26	26	26	26	25	32	30	29	27	25	23	27
Wilkes	24	23	27	25	114	25	26	28	21	22	24	21
Wilson	26	28	26	26	21	23	23	23	18	13	17	18
Yadkin	33	28	36	38	24	24	30	32	34	33	27	29