



NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Health Benefits

Healthy Opportunities Pilot

Standard Plan Value-Based Payment Guide

Revision History				
Date	Version	Description	Updates	Author
9.7.2023	1.0	Created combined "HOP Standard Plan VBP Guide" for all HOP VBP periods	<ul style="list-style-type: none"> • Combined HOP Standard Plan VBP Periods 1 and 2 Guides with new HOP Standard Plan VBP Period 3 Guide • Combined Statewide Standard Plan and CCH HOP VBP Guides • Updated "Pilot-participating local care management entities" to "Designated Pilot Care Management Entities" to align with contract language 	HOP Team
10.25.2023	1.1	Incorporated CMS and Standard Plan feedback	<ul style="list-style-type: none"> • For VBP Period 3: <ul style="list-style-type: none"> ○ Added CMS-approved start date ○ Set Performance Target 1 to be measured for 3 non-consecutive months, rather than 6 consecutive months ○ Adjusted the performance target funding split between SPs and Delegated Pilot Care Management Entities 	HOP Team
1.16.2024	1.2	Update based on new VBP Period 3 start date	VBP year 3	HOP Team
3.5.2024	1.3	Finalized Updates	VBP year 3	HOP Team

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Standard Plan Pilot Value-Based Payment Period 1 (June 1, 2021 to June 30, 2022)

Pilot VBP Period 1 Incentive Payments for Standard Plans

Table 1: Pilot VBP Period 1 Standard Plan Incentive Payment Milestones					
#	Milestone	Milestone Deadline¹	Invoice Submission Deadline²	Deadline Rationale	Milestone Criteria / Documentation
1	PHPs have an executed contract with all Network Leads operating in its region.	11/22/21	1/31/22	PHPs shall execute contracts with all Network Leads operating in its region.	PHP to email PDF copies of its executed contracts with Network Leads to the Department at Medicaid.HealthyOpportunities@dhhs.nc.gov . Department will use execution date on the PHP-NL contracts to determine whether milestone was achieved.
2	Successful completion of DHB Readiness Review to implement Pilots.	5/13/22	5/20/2022	To ensure PHPs meet readiness review criteria for Pilot Service Delivery launch.	PHPs must complete both Onsite and Desktop review process.
3	Meet DHB Pilot-related systems integration and end-to-end testing standards related to Pilot eligibility, service authorization,	3/14/22	5/20/2022	To ensure that PHP technology systems are ready for Pilot launch on March 15, 2022.	PHP must meet all end-to-end Entry and Exit Criteria included in the Healthy Opportunities Pilot End to End Test Plan for each testing cycle, as verified by the End-to-End Testing Team.

¹ Final Milestone Deadlines are up to the discretion of the State. Standard Plans will be informed of any changes in writing.

² Once a milestone is achieved, the Standard Plan is responsible for completing and submitting a HO Pilot PHP Invoice (template provided) via email to Medicaid.HealthyOpportunities@dhhs.nc.gov requesting payment. Invoices must be submitted within one month following the quarter in which the milestone was achieved.

	referral, invoice, and payment.				
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Table 2: Pilot VBP Period 1 Milestones and Payment Amounts for Statewide Standard Plans and Carolina Complete Health (CCH) ³			
#	Milestone	% Weight	Total Amount
1	Execute contracts with all Network Leads that are operating in a PHP's region	30%	\$30,000
2	Successful completion of DHB Readiness Review to implement the Pilots	35%	\$35,000
3	Meet DHB Pilot-related systems integration and end-to-end testing standards related to invoice payments (e.g. accept/pay invoices etc.)	35%	\$35,000
Total Available per Standard Plan			\$100,000

³ Final Milestone award amounts are up to the discretion of the State.

Standard Plan Pilot Value-Based Payment Period 2 (July 1, 2022 – June 30, 2023)

The Department will make incentive payments to Standard Plans for meeting service delivery performance, operational performance and financial management milestones. **Distribution of these value-based payments (VBP)⁴ is contingent upon all Pilot entities across all Pilot regions collectively meeting a minimum overall Pilot enrollment of 8,100 by March 31, 2023. In the event that this Pilot enrollment threshold is not met, the Department has discretion to pause or withhold distribution of VBP payments to all Pilot entities.**

Assuming Pilot entities collectively meet the minimum overall Pilot enrollment of 8,100, Standard Plans will be responsible for calculating performance measures using the Healthy Opportunities Pilot (HOP) Value-Based Payment (VBP) Technical Specifications Manual⁵ and a standard template provided by the Department. The Department will validate and inform the Standard Plans if they have achieved the milestones. Upon receiving notification from the Department that Standard Plans have met the milestones, Standard Plans will submit an invoice to the Department for payment in a format to be determined by the Department. Measurement of milestones and distribution of earned VBP incentive payments will occur after the end of the VBP Period 2 (June 30, 2023).

In addition, Standard Plans are required to share earned incentive payments with high-performing Designated Pilot Care Management Entities (Designated Pilot CMEs), i.e. Tier 3 AMHs/CINs contracted to provide Pilot care management that contribute to meeting specific milestones (see funding splits between Standard Plans and Designated Pilot CMEs in **Table 5** and **Table 7**). The funding splits outlined in **Table 5** and **Table 7** dictate the minimum amount Standard Plans must share with Designated Pilot CMEs. The Department recommends Standard Plans distribute earned incentive payments evenly among all eligible⁶ Designated Pilot CMEs. Standard Plans may request modifications to the recommended distribution approach for the Department's consideration. To do so, Standard Plans must submit a proposed approach to the Department by Friday, January 13, 2023 for the Department's review and approval.

Lastly, the Department will require Standard Plans to provide an interim report to the Department through the midpoint of VBP Period 2 on February 1, 2023 so that Standard Plans can track their progress towards achieving milestones.

⁴ Value-based payment is a payment methodology linking payments to Standard Plans, Network Leads, Human Service Organizations, and Pilot-participating care management entities to performance and value.

⁵ The HOP VBP Technical Specifications Manual describes the timeline for evaluation, stakeholder responsibilities, and technical specifications for performance measures related to VBP Period 2 for the Healthy Opportunities Pilots.

⁶ Eligible Designated CMEs include those that have been contracted with a Standard Plan to provide Pilot care management for at minimum six months in Service Delivery Year 2 (July 1, 2022 – June 30, 2023).

Pilot VBP Period 2 Incentive Payments for Standard Plans

Table 3: Pilot VBP Period 2 Standard Plan Incentive Payment Milestones

#	Milestone	Measurement Period ⁷	Measurement Approach
1	<p>Meet or exceed a Pilot enrollment⁸ target, as set by the Department for each statewide Standard Plan (SP)⁹:</p> <p>AmeriHealth: 1,560 WellCare: 1,840 United: 1,920 Healthy Blue: 2,270 Carolina Complete Health: 590</p> <p><i>The Department set specific Pilot enrollment targets for each SP and their contracted, Pilot-participating local care management entities based on each SP's expected share of the Department's lower bound total Pilot enrollment estimate across the three Pilot regions by June 30, 2023.</i></p>	Measure once on 6/30/23	<p>To incentivize Standard Plans and Pilot-participating local care management entities to enroll the minimum number of qualifying members in the Pilot needed for Pilot evaluation.</p> <p>Standard Plans will be responsible for calculating this performance measure using the Department provided HOP VBP Technical Specifications Manual and template. The Department will validate if this milestone is met by Standard Plans and their Designated Pilot CMEs. If the milestone is met, Standard Plans will be informed by the Department and instructed to submit an invoice.</p>
2	75% of HSO invoices are reviewed and paid within 45 calendar days of Standard Plan receipt.	Measure once on 6/30/23	<p>To incentivize Standard Plans to pay HSOs more quickly than the Department's standardized timeframe of 60 calendar days.</p> <p>Standard Plans will be responsible for calculating this performance measure using the Department provided HOP VBP Technical Specifications Manual and template. The Department will validate if this milestone is met by Standard Plans and their Designated Pilot CMEs. If the milestone is met, Standard Plans will be informed by the Department and instructed to submit an invoice.</p>

⁷ Final measurement period is up to the discretion of the State. Standard Plans will be informed of any changes in writing.

⁸ A member is considered enrolled in the Pilot as long as they have at least one Pilot service authorized.

⁹ Enrollment target for CCH calculated separately.

Table 4: Pilot VBP Period 2 Milestones and Payment Amounts for Statewide Standard Plans ¹⁰			
#	Milestone	% Weight	Total Amount
1	Meet or exceed a Pilot enrollment target, as set by the Department for each Standard Plan.	75%	\$130,781
2	75% of HSO invoices are reviewed and paid within 45 calendar days of Standard Plan receipt.	25%	\$43,594
		Total Available Per Statewide Standard Plan	\$174,375

Table 5: Pilot VBP Period 2 Milestones Funding Split Between Statewide Standard Plans and Designated Pilot CMEs ¹⁰							
#	Milestone	Standard Plan Portion	Designated Pilot CME Portion ¹⁰	Standard Plan Amount	Designated Pilot CME Amount ¹⁰	Total Amount	
1	Meet or exceed a Pilot enrollment target, as set by the Department for each Standard Plan.	30%	70%	\$39,234	\$91,547	\$130,781	
2	75% of HSO invoices are reviewed and paid within 45 calendar days of Standard Plan receipt.	100%	0%	\$43,594	\$0	\$43,594	
				Total Available Per Statewide Standard Plan & Designated Pilot CMEs	\$82,828	\$91,547	\$174,375

¹⁰ Final milestone award amounts are up to the discretion of the State.

Table 6: Pilot VBP Period 2 Milestones and Payment Amounts for CCH ¹⁰			
#	Milestone	% Weight	Total Amount
1	Meet or exceed a Pilot enrollment target of 590 Pilot enrollees, as set by the Department.	75%	\$39,375
2	75% of HSO invoices are reviewed and paid within 45 calendar days of Standard Plan receipt.	25%	\$13,125
		Total Available for CCH	\$52,500

Table 7: Pilot VBP Period 2 Milestones Funding Split Between CCH & Designated Pilot CMEs ¹¹							
#	Milestone	CCH Portion	Designated Pilot CME Portion ¹¹	CCH Amount	Designated Pilot CME Amount ¹²	Total Amount	
1	Meet or exceed a Pilot enrollment target of 590 Pilot enrollees, as set by the Department.	30%	70%	\$11,813	\$27,563	\$39,375	
2	75% of HSO invoices are reviewed and paid within 45 calendar days of Standard Plan receipt.	100%	0%	\$13,125	\$0	\$13,125	
				Total Available for CCH & Designated Pilot CMEs	\$24,938	\$27,563	\$52,500

Standard Plan Pilot Value-Based Payment Period 3 (April 1, 2024 – October 31, 2024)

The Department will provide Standard Plans with formal written notice of CMS approval, the start date of the VBP Period 3 performance period, the withhold performance target(s), and the date that the Department will begin withholding funds. Within 15 calendar days of receipt of notice from the Department, the Standard Plans must notify its Tier 3 AMH and CIN Delegated Pilot Care Management Entities (Delegated Pilot CMEs) of the start date of the VBP Period 3 performance period, the withhold performance target(s), and the date that the Department will begin withholding funds.

The Department will also communicate in writing to Standard Plans the incentive payment performance targets, the final measurement period for VBP Period 3 performance targets, and the healthcare quality measures that the Department will collect. Within 15 calendar days of receipt of written communication from the Department, the Standard Plan must communicate to its Delegated Pilot CMEs in writing of the applicable withhold(s), incentive payment performance targets, the applicable performance period, the percentage of the monthly payment being withheld, the effective date in which the Contractor will begin withholding funds, and the healthcare quality measures that the Department will collect.

Incentive Payments

The Department will make incentive payments to Standard Plans for meeting performance targets that align with and further the state's overarching priorities for the Pilot program based on Pilot learnings and implementation to date, including promoting Pilot enrollment, increasing referrals to Pilot services within underutilized Pilot domains, and supporting overall Pilot evaluation, as outlined in **Table 8**.

The Department will be responsible for calculating performance targets as described in the Healthy Opportunities Pilot (HOP) Value-Based Payment (VBP) Technical Specifications Manual.¹¹ The Department will validate and inform the Standard Plans in writing if they, in partnership with their Designated Pilot CMEs, have achieved the performance targets. Within sixty (60) calendar days of receiving notification from the Department that Standard Plans and their Designated Pilot CMEs have met the performance targets, Standard Plans will submit an invoice to the Department for payment using the Department's standardized HOP Invoice form. Measurement of performance targets and distribution of earned incentive payments will occur after October 31, 2024, when the VBP Period 3 measurement period ends.

In addition, Standard Plans are required to share earned incentive payments with Designated Pilot CMEs, including Tier 3 AMHs/CINs and Local Health Departments, that contribute to meeting specific performance targets (see funding split between Standard Plans and Designated Pilot CMEs in **Table 10** and **Table 12**). The funding split outlined in **Table 10** and **Table 12** dictates the minimum amount Standard Plans must share

¹¹ The HOP VBP Technical Specifications Manual describes the timeline for evaluation, stakeholder responsibilities, and technical specifications for performance targets related to the Healthy Opportunities Pilot.

with Designated Pilot CMEs. The Department recommends Standard Plans distribute earned incentive payments evenly among all eligible¹² Designated Pilot CMEs or based on actual Pilot enrollment. Standard Plans may request modifications to the recommended distribution approach for the Department’s consideration. To request these modifications, Standard Plans must submit a proposed approach and rationale to Medicaid.HealthyOpportunities@dhhs.nc.gov by Friday, May 1, 2024 for the Department’s review and approval. At the midpoint of the VBP Period 3 measurement period, the Department will provide Standard Plans an update on their progress towards meeting the VBP targets.

Withholds¹³

In addition to incentive payments, the state will apply withholds to Standard Plans and Tier 3 AMH and CIN Designated Pilot CMEs tied to meeting minimum performance targets related to the percentage of Pilot enrollees that received a service to address an unmet resource need, as outlined in **Table 13**. Designated Pilot CMEs that are Local Health Departments are not subject to withholds. The state will withhold 1% of Standard Plan administrative payments and 1% of Pilot care management payments to Tier 3 AMH/CIN Designated Pilot CMEs tied to this withhold performance target. If the overall percentage of Pilot enrollees that received at least one Pilot service to address an unmet resource need shows an increase of at least 5% in the VBP Period 3 measurement period as compared to the baseline period, the state will pay out the amount withheld to Standard Plans and Tier 3 AMH/CIN Designated Pilot CMEs. Standard Plans can reference the HOP VBP Technical Specifications Manual for the detailed withhold performance target measurement approach. At the midpoint of the VBP Period 3 measurement period, the Department will provide Standard Plans an update on their progress towards the withhold performance target.

Baseline Healthcare Quality Measure Data Collection

As part of VBP Period 3, the state will collect quality measures to generate baseline data on select healthcare quality measures for the Pilot regions. Selected quality measures include those that the state is currently collecting as part of the broader managed care program. Selected measures align with Pilot eligibility criteria and may be impacted by the Pilot program. The state defines these measures in **Table 14**. Baseline data for all measures will be collected for the 2022 calendar year due to the annual collection of these data measures (e.g., Healthcare Effectiveness Data and Information Set [HEDIS]). The state will share baseline findings with all Pilot entities and with CMS prior to the end of the VBP Period 3. For VBP Period 3, there will be no targets or value-based payments tied to the baseline measures and health plans do not need to report anything additional to the Department for the calculation of these baseline measures. However, the state will continue to collect data on these measures annually and [measures may be tied to VBP targets and payments in the future.](#)

The Department will update and redistribute the Healthy Opportunities Pilot Value-Based Payment Technical Specifications Manual with distribution of this updated milestone guide.

¹² Eligible Designated Pilot CMEs include those that have been contracted with a Standard Plan to provide Pilot care management for at minimum six months during VBP Period 3.

¹³ HOP withholds are not considered withhold arrangements within the meaning of 42 C.F.R. § 438.6. The Department has developed separate withholds for the broader managed care program with the goals of improving quality measure performance, promoting health equity, and improving data quality and completeness. For more information, please see the NC Medicaid Withhold Program Guidance.

Pilot VBP Period 3 Incentive Payments and Withhold for Standard Plans

Table 8: Pilot VBP Period 3 Standard Plan Incentive Payment Performance Targets			
#	Performance Target	Measurement Period ¹⁴	Measurement Rationale ¹⁵
1	<p>Meet or exceed a total Pilot enrollment¹⁶ target for the performance period, as set by the Department for each Standard Plan for at least 3 months (months do not have to be consecutive) during VBP Period 3:</p> <p>AmeriHealth: 1,560 WellCare: 1,840 United: 1,920 Healthy Blue: 2,270 Carolina Complete Health: 590</p>	4/1/2024– 10/31/2024	To incentivize Standard Plans and Designated Pilot CMEs to enroll and maintain the minimum number of qualifying members in the Pilot needed for Pilot evaluation.
2	20% increase in service referrals generated and sent within non-food domains from a baseline period of 4/1/2023 – 10/31/2023.	4/1/2024 – 10/31/2024	To incentivize Standard Plans and Designated Pilot CMEs to increase referrals to Pilot services within underutilized Pilot domains.
3	90% of Pilot enrollees are re-assessed for their ongoing Pilot eligibility and service needs within 6 months of Pilot enrollment.	4/1/2024 – 10/31/2024	To incentivize Standard Plans and Designated Pilot CMEs to conduct Pilot enrollee re-assessments in a timely manner and to support Pilot evaluation.

¹⁴ Final measurement period will also be communicated in writing to Standard Plans.

¹⁵ For details on the measurement approach, see the Healthy Opportunities Pilot Technical Specifications Manual.

¹⁶ A member is considered enrolled in the Pilot if they have at least one Pilot service authorized.

Table 9: Pilot VBP Period 3 Performance Targets and Payment Amounts for Statewide Standard Plans¹⁷

#	Performance Target	% Weight	Total Amount
1	Meet or exceed a total Pilot enrollment target for the performance period, as set by the Department for at least 3 months (months do not have to be consecutive) during VBP Period 3.	40%	\$55,800
2	20% increase in service referrals generated and sent within non-food domains from a baseline period of 4/1/2023-10/31/2023.	25%	\$34,875
3	90% of Pilot enrollees are re-assessed for their ongoing Pilot eligibility and service needs within 6 months of Pilot enrollment.	35%	\$48,825
		Total Available Per Statewide Standard Plan	\$139,500

Table 10: Pilot VBP Period 3 Performance Target Funding Split Between Statewide Standard Plans and Designated Pilot CMEs¹⁸

#	Performance Target	Standard Plan Portion	Designated Pilot CME Portion ¹⁹	Standard Plan Amount	Designated Pilot CME Amount ²⁰	Total Amount
1	Meet or exceed a total Pilot enrollment target for the performance period, as set by the Department for at least 3 months (months do not have to be consecutive) during VBP Period 3.	40%	60%	\$22,320	\$33,480	\$55,800

¹⁷ Final performance target award amounts are up to the discretion of the State. Standard Plans will be informed of any changes in writing.

¹⁸ Minimum funding split between Standard Plan and Designated Pilot Care Management Entities is up to the discretion of the State. Standard Plans will be informed of any changes in writing.

Table 10: Pilot VBP Period 3 Performance Target Funding Split Between Statewide Standard Plans and Designated Pilot CMEs ¹⁸						
#	Performance Target	Standard Plan Portion	Designated Pilot CME Portion ¹⁹	Standard Plan Amount	Designated Pilot CME Amount ²⁰	Total Amount
2	20% increase in service referrals generated and sent within non-food domains from a baseline period of 4/1/2023-10/31/2023.	40%	60%	\$13,950	\$20,925	\$34,875
3	90% of Pilot enrollees are re-assessed for their ongoing Pilot eligibility and services need within 6 months of Pilot enrollment.	40%	60%	\$19,530	\$29,295	\$48,825
Total Available Per Statewide Standard Plan & Designated Pilot CMEs				\$55,800	\$83,700	\$139,500

Table 11: Pilot VBP Period 3 Performance Target and Payment Amounts for CCH			
#	Performance Target	% Weight	Total Amount
1	Meet or exceed a total Pilot enrollment target for the performance period, as set by the Department, for at least 3 months (months do not have to be consecutive) during VBP Period 3.	40%	\$16,800
2	20% increase in service referrals generated and sent within non-food domains from a baseline period of 4/1/2023-10/31/2023.	25%	\$10,500
3	90% of Pilot enrollees are re-assessed for their ongoing Pilot eligibility and service needs within 6 months of Pilot enrollment.	35%	\$14,700
Total Available for CCH			\$42,000

Table 12: Pilot VBP Period 3 Performance Target Funding Split Between CCH & Designated Pilot CMEs						
#	Performance Target	CCH Portion	Designated Pilot CMEsPortion ²⁰	CCH Amount	Designated Pilot CMEsAmount ²¹	Total Amount
1	Meet or exceed a total Pilot enrollment target for the performance period, as set by the Department, for at least 3 months (months do not have to be consecutive) during VBP Period 3.	40%	60%	\$6,720	\$10,080	\$16,800
2	20% increase in service referrals generated and sent within non-food domains from a baseline period of 7/1/2022 – 6/30/2023.	40%	60%	\$4,200	\$6,300	\$10,500
3	90% of Pilot enrollees are re-assessed for their ongoing Pilot eligibility and service needs within 6 months of Pilot enrollment.	40%	60%	\$5,880	\$8,820	\$14,700
Total Available for CCH & Designated Pilot CMEs				\$16,800	\$25,200	\$42,000

Table 13: Pilot VBP Period 3 Standard Plan Withhold

Performance Target	Measurement Period²¹	Measurement Approach²²
Increase by 5% the overall percentage of Pilot enrollees that received at least one Pilot service to address an unmet resource need from a baseline period of 4/1/2023 – 10/31/2023.	4/1/2024 – 10/31/2024	<p>To incentivize Standard Plans and Designated Pilot CMEs to address enrollees’ unmet health-related resource needs.</p> <p>The Department will determine if this withhold performance target is met by Standard Plans and their Designated Pilot CMEs as Standard Plans do not have access to the necessary data to calculate this measure. If the withhold performance target is met, the Department will distribute retained payments to Standard Plans and their Designated Pilot CMEs as outlined in the Department-Standard Plan contract.</p>

Table 14: Pilot VBP Period 3 Baseline Healthcare Quality Measures²³²⁴

#	Measure	Baseline Period of Performance	Data Source
1	<p><u>Child and Adolescent Well-Care Visits:</u> The percentage of Pilot enrollees 3–21 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) or an obstetrician/gynecologist (OB/GYN) practitioner during the measurement year.</p>	1/1/2022 – 12/31/2022	NCQA
2	<p><u>Asthma Medication Ratio Ages 5 to 18 years:</u> The percentage of Pilot enrollees 5–18 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>	1/1/2022 – 12/31/2022	NCQA

²¹ Final measurement period will also be communicated in writing to Standard Plans.

²² For more details on the measurement approach, see the Healthy Opportunities Pilot Technical Specifications Manual.

²³ Technical Specifications for Healthcare Quality Measures are located within the Medicaid Managed Care Quality Measurement Technical Specifications Manual: <https://medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-technical-specifications-manual>

²⁴ Baseline Healthcare Quality Measures will be shared with all Pilot entities prior to the end of the VBP Period 3.

3	<u>Rate of Screening for Unmet Resource Needs:</u> The percentage of enrollees who received a screening for unmet health-related resource needs. Two rates are reported: <ul style="list-style-type: none"> • Successful screening within 90 days of enrollment • Successful screening within the calendar year 	1/1/2022 – 12/31/2022	Quarterly report submitted by Standard Plans
4	<u>Ambulatory Care: Emergency Department Visits:</u> Rate of emergency department (ED) visits per 1,000 beneficiary months among Pilot members.	1/1/2022 – 12/31/2022	NCQA