

**North Carolina State Health Plan**  
**Attachment A-12: Self-Funded Claims Projection**  
**Instructions**

This tab describes the process required to properly complete Attachment A-12

After repricing the detailed claims file, the proposer shall :

1. Summarize the allowed amounts by [In/Out of state] and by [Service Category Code]
2. Cut and paste summarized "Allowed" values into the "Allowed" column on the "Input" tab, being sure to match the current In/Out of state and Service Category Code order on the "Input" tab.  
You will be pasting over the duplicated billed charges that are currently in the "Allowed" column.
3. On the "In-State" and "Out-of-State" tabs, the Proposer can make additional adjustments to allowed amounts and utilization, using the darker blue "Utilization Adjustment\*" and "Allowed Adjustment\*" columns.  
For example, such adjustments may be made to indicate known contract improvements (supported by a signed Letter of Intent, or actual contract), or network changes and/or legislation that may impact utilization.  
For any adjustments made, the Proposer must note the methodology and reason for the adjustment in the appropriate notes section, located at the bottom of each tab.

Data Mapping

**In/Out of state:** If the provider region code is equal to "Out of State" then "Out-of-State", otherwise "In-State".  
**Service Category:** No mapping required; use the value as populated in the claims file.

**North Carolina State Health Plan**  
**Attachment A-12: Self-Funded Claims Projection**

<b>Proposer:</b>	Proposer Name
<b>Network:</b>	Network Name

In-State/Out-of-State	ServiceCategoryCode	# of Claims	# of Services	# of Days	Billed	Allowed
In-State	1	7,230	-	31,927	\$ 343,166,466	
In-State	10	20,746	-	-	\$ 18,968,216	
In-State	11	-	196,072	-	\$ 83,899,189	
In-State	12	-	24,402	-	\$ 24,599,552	
In-State	13	-	27,396	-	\$ 46,178,621	
In-State	14	-	30,654	-	\$ 186,497,745	
In-State	15	-	7,167	-	\$ 22,462,982	
In-State	16	-	181,230	-	\$ 348,522,284	
In-State	17	-	772,640	-	\$ 136,210,887	
In-State	18	-	109,044	-	\$ 30,736,626	
In-State	19	-	221,545	-	\$ 483,619,823	

Self-Funded Financial Projection

Proposer:

Network:

In-State/Out-of-State  
Average Participants

In-State  
528,882

Type of Service	Januray 1, 2021 Through December, 2021								Vendor Projection				
	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Calculated Discount %	Annual Admissions Per 1,000	Allowed Per Admission	Allowed PMPM	Utilization Adjustment*	Projected Utilization	Allowed Adjustment**	Projected Allowed Per Admission	Projected Allowed PMPM
Hospital Inpatient													
Medical	7,230	31,927	\$343,166,466	\$0	100%	13.7	\$0	\$0.00	1.00	13.7	1.00	\$0	\$0.00
Surgery	3,839	19,991	\$398,134,570	\$0	100%	7.3	\$0	\$0.00	1.00	7.3	1.00	\$0	\$0.00
Mental Health	2,474	11,868	\$35,492,643	\$0	100%	4.7	\$0	\$0.00	1.00	4.7	1.00	\$0	\$0.00
Maternity	7,176	16,409	\$126,003,801	\$0	100%	13.6	\$0	\$0.00	1.00	13.6	1.00	\$0	\$0.00
Neonate	1,969	8,917	\$41,733,240	\$0	100%	3.7	\$0	\$0.00	1.00	3.7	1.00	\$0	\$0.00
SNF/Rehab	528	6,914	\$19,621,684	\$0	100%	1.0	\$0	\$0.00	1.00	1.0	1.00	\$0	\$0.00
1. Total Hospital Inpatient	23,216	96,026	\$964,152,405	\$0	100%	43.9	\$0	\$0.00		43.9			\$0.00

Type of Service	Type	Units	Total Billed Charges	Total Allowed Charges	Calculated Discount %	Annual Claims Per 1,000	Allowed Per Claims	Allowed PMPM	Utilization Adjustment*	Projected Utilization	Allowed Adjustment**	Projected Allowed Per Claims	Projected Allowed PMPM
Hospital Outpatient													
Emergency Room	Claims	86,875	\$532,283,810	\$0	100%	164.3	\$0	\$0.00	1.00	164.3	1.00	\$0	\$0.00
Urgent Care	Claims	107,745	\$36,513,981	\$0	100%	203.7	\$0	\$0.00	1.00	203.7	1.00	\$0	\$0.00
Surgery	Claims	55,223	\$1,005,998,222	\$0	100%	104.4	\$0	\$0.00	1.00	104.4	1.00	\$0	\$0.00
Observation/Treatment Room	Claims	20,746	\$18,968,216	\$0	100%	39.2	\$0	\$0.00	1.00	39.2	1.00	\$0	\$0.00

# Self-Funded Financial Projection

Proposer:	
Network:	

In-State/Out-of-State	Out-of-State
Average Participants	11,159

Type of Service	January 1, 2021 Through December, 2021								Vendor Projection				
	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Calculated Discount %	Annual Admissions Per 1,000	Allowed Per Admission	Allowed PMPM	Utilization Adjustment*	Projected Utilization	Allowed Adjustment**	Projected Allowed Per Admission	Projected Allowed PMPM
<b>Hospital Inpatient</b>													
Medical	491	2,800	\$31,988,200	\$0	100%	44.0	\$0	\$0.00	1.00	44.0	1.00	\$0	\$0.00
Surgery	252	1,544	\$37,627,053	\$0	100%	22.6	\$0	\$0.00	1.00	22.6	1.00	\$0	\$0.00
Mental Health	1,297	5,918	\$24,407,957	\$0	100%	116.2	\$0	\$0.00	1.00	116.2	1.00	\$0	\$0.00
Maternity	143	401	\$2,940,695	\$0	100%	12.8	\$0	\$0.00	1.00	12.8	1.00	\$0	\$0.00
Neonate	40	122	\$584,531	\$0	100%	3.6	\$0	\$0.00	1.00	3.6	1.00	\$0	\$0.00
SNF/Rehab	160	2,284	\$4,991,202	\$0	100%	14.3	\$0	\$0.00	1.00	14.3	1.00	\$0	\$0.00
<b>1. Total Hospital Inpatient</b>	<b>2,383</b>	<b>13,069</b>	<b>\$102,539,638</b>	<b>\$0</b>	<b>100%</b>	<b>213.5</b>	<b>\$0</b>	<b>\$0.00</b>		<b>213.5</b>			<b>\$0.00</b>

Type of Service	Type	Units	Total Billed Charges	Total Allowed Charges	Calculated Discount %	Annual Claims Per 1,000	Allowed Per Claims	Allowed PMPM	Utilization Adjustment*	Projected Utilization	Allowed Adjustment**	Projected Allowed Per Claims	Projected Allowed PMPM
<b>Hospital Outpatient</b>													
Emergency Room	Claims	5,114	\$37,223,983	\$0	100%	458.3	\$0	\$0.00	1.00	458.3	1.00	\$0	\$0.00
Urgent Care	Claims	8,762	\$3,104,113	\$0	100%	785.2	\$0	\$0.00	1.00	785.2	1.00	\$0	\$0.00
Surgery	Claims	2,230	\$60,912,761	\$0	100%	199.8	\$0	\$0.00	1.00	199.8	1.00	\$0	\$0.00
Observation/Treatment Room	Claims	406	\$691,712	\$0	100%	36.4	\$0	\$0.00	1.00	36.4	1.00	\$0	\$0.00
Preventive	Services	5,870	\$3,059,971	\$0	100%	526.0	\$0	\$0.00	1.00	526.0	1.00	\$0	\$0.00
Mental Health	Services	8,305	\$18,658,216	\$0	100%	744.2	\$0	\$0.00	1.00	744.2	1.00	\$0	\$0.00
Cardiovascular	Services	1,275	\$2,051,689	\$0	100%	114.3	\$0	\$0.00	1.00	114.3	1.00	\$0	\$0.00
Dialysis	Services	5,604	\$37,627,311	\$0	100%	502.2	\$0	\$0.00	1.00	502.2	1.00	\$0	\$0.00
GI Services	Services	264	\$949,433	\$0	100%	23.7	\$0	\$0.00	1.00	23.7	1.00	\$0	\$0.00
Radiology	Services	6,833	\$16,993,014	\$0	100%	612.3	\$0	\$0.00	1.00	612.3	1.00	\$0	\$0.00
Lab/Pathology	Services	28,754	\$6,426,221	\$0	100%	2,576.7	\$0	\$0.00	1.00	2,576.7	1.00	\$0	\$0.00
PT/OT/ST	Services	6,920	\$1,962,323	\$0	100%	620.1	\$0	\$0.00	1.00	620.1	1.00	\$0	\$0.00
Pharmacy	Services	7,279	\$11,454,927	\$0	100%	652.3	\$0	\$0.00	1.00	652.3	1.00	\$0	\$0.00