

Attachment A-6: Repricing Summary - Service Category
Instructions

This tab describes the process required to properly complete this attachment

After repricing the detailed claims file, the proposer shall :

- 1. Summarize the repiced data by [In/Out of state], [Provider County], and by [Service Category Code] (use logic provided in [Query] tab as guidance)
- 2. Copy and paste summarized data into the "Input" tab

The Query tab includes a Transact-SQL code that can be used as guideline to produce the data needed for the [Input] tab

Data Mapping

StateStatus: expected values **In-State and Out-of-State:** If the provider region code is equal to "OOS" then "Out-of-State", otherwise "In-State".
Provider_County: if the StateStatus, as mapped above, is "Out-of-State" then "Out-of-State", otherwise use as provided in the provider county column
Major/Detailed service categories can be pulled from attachemt A.3 based on SERVICE CODE
Service_Code: No mapping required; use the value as populated in the claims file
NetStatus: expected values are Y: In-Network L: Intent N: Out-of-Network
Allowed_Amount: this column must include the sum of allowed charges after all claim have been repriced

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Query Method

```
select cc.StateStatus,  
cc.Provider_County  
,cc.SERVICE_CODE  
, count(distinct cc.CLAIM_NUMBER) 'Claims', iif(cc.SERVICE_CODE in (1,2,3,4,5,32),'',sum(cc.[Services])) 'Services'  
, iif(cc.SERVICE_CODE in (1,2,3,4,5,32),sum(iif(cc.SERVICE_START_DATE=cc.SERVICE_END_DATE,1,datediff(day,cc.SERVICE_START_DATE,cc.SERVICE_END_DATE))),'' ) 'LOS'  
, sum(cc.ChargedAmount) 'ChargedAmount'  
from (  
select convert(int,SERVICE_CODE) SERVICE_CODE, iif(ext.provider_region_code = 'OOS','Out-of-State','In-State') 'StateStatus'  
, iif(ext.provider_region_code = 'OOS','Out-of-State',ext.provider_county) 'provider_county'  
, ext.CLAIM_NUMBER, Min(convert(date,ext.SERVICE_START_DATE)) SERVICE_START_DATE  
, Max(convert(date,ext.SERVICE_END_DATE)) SERVICE_END_DATE  
, sum(convert(float,ext.CHARGED_AMOUNT)) ChargedAmount  
, sum(convert(int,ext.SERVICE_UNIT_COUNT)) 'Services'  
from RFP_DATA_TABLE ext  
Group by convert(int,SERVICE_CODE),iif(ext.provider_region_code = 'OOS','Out-of-State','In-State') , ext.CLAIM_NUMBER  
, iif(ext.provider_region_code = 'OOS','Out-of-State',ext.provider_county)  
) cc  
group by cc.SERVICE_CODE, cc.Provider_County ,cc.StateStatus  
order by 1,2,3
```

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StateStatus	Provider_County	Major Service Category	Detailed Service Category	SERVICE_CODE	NetStatus	Claims	Services	LOS	ChargedAmount	AllowedAmount

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Key	Major Service Category	Detailed Service Category	Code
Hospital InpatientMedical	Hospital Inpatient	Medical	1
Hospital InpatientSurgery	Hospital Inpatient	Surgery	2
Hospital InpatientMental Health	Hospital Inpatient	Mental Health	3
Hospital InpatientMaternity	Hospital Inpatient	Maternity	4
Hospital InpatientNeonate	Hospital Inpatient	Neonate	5
Hospital InpatientSNF/Rehab	Hospital Inpatient	SNF/Rehab	6
Hospital OutpatientEmergency Room	Hospital Outpatient	Emergency Room	7
Hospital OutpatientUrgent Care	Hospital Outpatient	Urgent Care	8
Hospital OutpatientSurgery	Hospital Outpatient	Surgery	9
Hospital OutpatientObservation/Treatment Room	Hospital Outpatient	Observation/Treatment Room	10
Hospital OutpatientPreventive	Hospital Outpatient	Preventive	11
Hospital OutpatientMental Health	Hospital Outpatient	Mental Health	12
Hospital OutpatientCardiovascular	Hospital Outpatient	Cardiovascular	13
Hospital OutpatientDialysis	Hospital Outpatient	Dialysis	14
Hospital OutpatientGI Services	Hospital Outpatient	GI Services	15
Hospital OutpatientRadiology	Hospital Outpatient	Radiology	16
Hospital OutpatientLab/Pathology	Hospital Outpatient	Lab/Pathology	17
Hospital OutpatientPT/OT/ST	Hospital Outpatient	PT/OT/ST	18
Hospital OutpatientPharmacy	Hospital Outpatient	Pharmacy	19
Hospital OutpatientOther Services	Hospital Outpatient	Other Services	20
Physician ServicesEvaluation and Management	Physician Services	Evaluation and Management	21
Physician ServicesPreventive	Physician Services	Preventive	22
Physician ServicesInpatient Visits	Physician Services	Inpatient Visits	23
Physician ServicesER and OBS Visits	Physician Services	ER and OBS Visits	24
Physician ServicesAnesthesia	Physician Services	Anesthesia	25
Physician ServicesSurgery	Physician Services	Surgery	26
Physician ServicesMedical Services	Physician Services	Medical Services	27
Physician ServicesMaternity	Physician Services	Maternity	28
Physician ServicesLab/Pathology	Physician Services	Lab/Pathology	29
Physician ServicesRadiology	Physician Services	Radiology	30
Physician ServicesOffice Administered Drugs	Physician Services	Office Administered Drugs	31
Physician ServicesTherapies	Physician Services	Therapies	32
Physician ServicesAllergy Services	Physician Services	Allergy Services	33
Physician ServicesExams	Physician Services	Exams	34
Physician ServicesMental Health	Physician Services	Mental Health	35
Physician ServicesOther Codes	Physician Services	Other Codes	36
AncillaryAmbulance	Ancillary	Ambulance	37
AncillaryDME/Prosthetics	Ancillary	DME/Prosthetics	38
AncillaryHome Health/PDN/Hospice	Ancillary	Home Health/PDN/Hospice	39
AncillaryOther Services	Ancillary	Other Services	40

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Proposer:	
Network:	

In-State/Out-of-State	County	Major Service Category	Detailed Service Category	Code	# of Claims	# of Services	Total		Billed
							# of Admissions	# of Days	
In-State	ALAMANCE	Hospital Inpatient	Medical	1	-		-	-	-
In-State	ALAMANCE	Hospital Inpatient	Surgery	2	-		-	-	-
In-State	ALAMANCE	Hospital Inpatient	Mental Health	3	-		-	-	-
In-State	ALAMANCE	Hospital Inpatient	Maternity	4	-		-	-	-
In-State	ALAMANCE	Hospital Inpatient	Neonate	5	-		-	-	-
In-State	ALAMANCE	Hospital Inpatient	SNF/Rehab	6	-	-			-
In-State	ALAMANCE	Hospital Outpatient	Emergency Room	7	-	-			-
In-State	ALAMANCE	Hospital Outpatient	Urgent Care	8	-	-			-
In-State	ALAMANCE	Hospital Outpatient	Surgery	9	-	-			-
In-State	ALAMANCE	Hospital Outpatient	Observation/Treatment Room	10	-	-			-

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Tab #	County	In-State/Out-of-State	Billed Amount					Check
			In-Network	Intent	Out-of-Network	Total		
1	Alamance	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
2	Alexander	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
3	Alleghany	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
4	Anson	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
5	Ashe	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
6	Avery	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
7	Beaufort	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
8	Bertie	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
9	Bladen	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	
10	Brunswick	In-State	\$ -	\$ -	\$ -	\$ -	\$ -	

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 Attachment A-6: Repricing Summary - Service Category
 In-State & Out-of-State

Type of Service	In-Network					
	Total # of Claims	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Effective Discount
Hospital Inpatient						
Medical	0	0	0	\$0	\$0	
Surgery	0	0	0	\$0	\$0	
Mental Health	0	0	0	\$0	\$0	
Maternity	0	0	0	\$0	\$0	
Neonate	0	0	0	\$0	\$0	
SNF/Rehab	0	0	0	\$0	\$0	
1. Total Hospital Inpatient	0	0	0	\$0	\$0	

Intent					
Total # of Claims	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Effective Discount
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	

Type of Service	In-Network					
	Total # of Claims	Total # of Services		Total Billed Charges	Total Allowed Charges	Effective Discount
Hospital Outpatient						
Anesthesia	0	0		\$0	\$0	
MHSA	0	0		\$0	\$0	
PT/OT/ST	0	0		\$0	\$0	

Intent					
Total # of Claims	Total # of Services		Total Billed Charges	Total Allowed Charges	Effective Discount
0	0		\$0	\$0	
0	0		\$0	\$0	
0	0		\$0	\$0	

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 In-State

Type of Service	In-Network					Effective Discount
	Total # of Claims	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	
Hospital Inpatient						
Medical	0	0	0	\$0	\$0	
Surgery	0	0	0	\$0	\$0	
Mental Health	0	0	0	\$0	\$0	
Maternity	0	0	0	\$0	\$0	
Neonate	0	0	0	\$0	\$0	
Medical	0	0	0	\$0	\$0	
1. Total Hospital Inpatient	0	0	0	\$0	\$0	

Intent					
Total # of Claims	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Effective Discount
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	

Type of Service	In-Network					Effective Discount
	Total # of Claims	Total # of Services		Total Billed Charges	Total Allowed Charges	
Hospital Outpatient						
Emergency Room	0	0		\$0	\$0	
Urgent Care	0	0		\$0	\$0	
Surgery	0	0		\$0	\$0	

Intent					
Total # of Claims	Total # of Services		Total Billed Charges	Total Allowed Charges	Effective Discount
0	0		\$0	\$0	
0	0		\$0	\$0	
0	0		\$0	\$0	

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 Attachment A-6: Repricing Summary - Service Category
 Out-of-State

Type of Service	In-Network					Effective Discount
	Total # of Claims	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	
Hospital Inpatient						
Medical	0	0	0	\$0	\$0	
Surgery	0	0	0	\$0	\$0	
Mental Health	0	0	0	\$0	\$0	
Maternity	0	0	0	\$0	\$0	
Neonate	0	0	0	\$0	\$0	
Medical	0	0	0	\$0	\$0	
1. Total Hospital Inpatient	0	0	0	\$0	\$0	

Intent					
Total # of Claims	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Effective Discount
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	
0	0	0	\$0	\$0	

Type of Service	In-Network					Effective Discount
	Total # of Claims	Total # of Services		Total Billed Charges	Total Allowed Charges	
Hospital Outpatient						
Emergency Room	0	0		\$0	\$0	
Urgent Care	0	0		\$0	\$0	
Surgery	0	0		\$0	\$0	
Observation/Treatment Room	0	0		\$0	\$0	

Intent					
Total # of Claims	Total # of Services		Total Billed Charges	Total Allowed Charges	Effective Discount
0	0		\$0	\$0	
0	0		\$0	\$0	
0	0		\$0	\$0	
0	0		\$0	\$0	

SAMPLE

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 Attachment A-6: Repricing Summary - Service Category
 Summary by Major Service Category

TOTAL

Type of Service	In-Network						Intent			
	Total # of Claims	Total # of Admissions or Services	Total # of Days	Total Billed Charges	Total Allowed Charges	Effective Discount	Total # of Claims	Total # of Admissions or Services	Total # of Days	Total Billed Charges
1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0
2. Total Hospital Outpatient	0	0		\$0	\$0		0	0		\$0
3. TOTAL HOSPITAL				\$0	\$0					\$0
4. Total Physician Services	0	0		\$0	\$0		0	0		\$0
5. Total Ancillary	0	0		\$0	\$0		0	0		\$0
6. Total				\$0	\$0					\$0

IN-STATE

Type of Service	In-Network						Intent			
	Total # of Claims	Total # of Admissions or Services	Total # of Days	Total Billed Charges	Total Allowed Charges	Effective Discount	Total # of Claims	Total # of Admissions or Services	Total # of Days	Total Billed Charges
1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0
2. Total Hospital Outpatient	0	0		\$0	\$0		0	0		\$0
3. TOTAL HOSPITAL				\$0	\$0					\$0
4. Total Physician Services	0	0		\$0	\$0		0	0		\$0

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 Attachment A-6: Repricing Summary - Service Category
 Summary by County

County	Type of Service	In-Network						Intent				
		Total # of Claims	Total # of Admissions or Services	Total # of Days	Total Billed Charges	Total Allowed Charges	Effective Discount	Total # of Claims	Total # of Admissions or Services	Total # of Days	Total Billed Charges	Total Allowed Charges
Alamance	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Alexander	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Alleghany	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Anson	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Ashe	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Avery	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Beaufort	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Bertie	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Bladen	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Brunswick	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Buncombe	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Burke	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Cabarrus	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Caldwell	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Camden	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Carteret	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Caswell	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Catawba	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Chatham	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Cherokee	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Chowan	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Clay	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0
Cleveland	1. Total Hospital Inpatient	0	0	0	\$0	\$0		0	0	0	\$0	\$0