

North Carolina State Health Plan
Attachment A-4: Claims Repricing File Layout
Data Period: Incurred and Paid January 2025 - December 2025

Field Name	Field Description	Notes
MEMBER_NUMBER	An identifier used to uniquely identify a member's enrollment.	
RLNSHP_TO_SUBSCRIBER	Member's relationship to a subscriber (Subscriber,Spouse,Dependent)	
MEMBER_GENDER	Gender of member (M,F)	
MEMBER_DATE_OF_BIRTH	Date of birth of member (YYYYMMDD)	
SUBSCRIBER_ZIP	Identifies the zip code for the employee for reporting purposes. This represents a HIPAA compliant code based on the external code source 51 - ZIP CODES (provided by US POSTAL)	
MEMBER_PLAN	Indicates the plan in which the member is enrolled (70/30,80/20,HDHP)	
MEMBER_GROUP	Indicates the group to which the member is associated with	
PROVIDER_NPI	Servicing Provider National Provider Identification number (NPI)	
PROVIDER_TIN	Billing provider Tax Identification number (TIN)	
PROVIDER_NAME	Servicing Provider Name	
PROVIDER_ADDRESS_1	Servicing Provider Address (where available)	
PROVIDER_ADDRESS_2	Continued Servicing Provider Address (where available)	
PROVIDER_CITY	Servicing Provider City	
PROVIDER_ZIPCODE	Servicing Provider Zip Code	
PROVIDER_STATE	The abbreviation of the state or providence that identifies the state or providence.	
PROVIDER_COUNTY	Servicing Provider County	
PROVIDER_REGION	North Carolina medical service region in which the servicing provider is located	
CLAIM_NUMBER	Identifier for the claim	
CLAIM_LINE_NUMBER	The number assigned to the claim line	
PRIMARY_DIAGNOSIS_CODE	ICD code used to denote the PRIMARY disease or condition being treated by the services rendered on the claim	
DIAGNOSIS_CODE_2	ICD code used to denote the SECONDARY disease or condition being treated by the services rendered on the claim	
DIAGNOSIS_CODE_3	ICD code used to denote the THIRD disease or condition being treated by the services rendered on the claim	
DIAGNOSIS_CODE_4	ICD code used to denote the FOURTH disease or condition being treated by the services rendered on the claim	
DIAGNOSIS_CODE_5	ICD code used to denote the FIFTH disease or condition being treated by the services rendered on the claim	
DRG_CODE	DRG (Diagnosis Related Group) code assigned to the claim by MS DRG Grouper software during the claims adjudication process.	
MDC_CODE	Major Diagnosis Category	
BILL_TYPE	UC92 Bill Type code	
PLACE_OF_SERVICE_CODE	Code used to designate where the services on a claim line were rendered.	
REVENUE_CODE	Code used to denote a health care service that a member receives from a facility	
PROCEDURE_CODE	Code used to denote a health care service that a member receives from a provider	
SERVICE_MODIFIER_CODE	Code used to further define or clarify the procedure code on the claim line	
ICD_PROCEDURE_CODE_1	ICD code used to denote a health care service that a member receives from an INSTITUTIONAL provider	
ICD_PROCEDURE_CODE_2	ICD code used to denote a health care service that a member receives from an INSTITUTIONAL provider	
ICD_PROCEDURE_CODE_3	ICD code used to denote a health care service that a member receives from an INSTITUTIONAL provider	
SERVICE_START_DATE	First date of service for the claim line (YYYYMMDD)	
SERVICE_END_DATE	Last date of service for the claim line (YYYYMMDD)	
DISCHARGE_STATUS_CODE	Code used to specify patient discharge status which may be reported on a UB92 claim form submitted by a facility or institution	
SERVICE_UNIT_COUNT	The number of service units on the claim line that have been approved for payment	
BILLED_AMOUNT	Total amount charged by the provider, less ineligible charges, rendered on the claim line	
SERVICE_CODE	Service Category Code	See definitions in "Service Codes" Tab
SG_ROWID	Unique record identifier	Must be returned with repriced file
NetStatus*	Network Status	L (Letter of Intent) N (Not Under Contract) Y (Under Contract)
ContAmt*	Network Contracted Amount	Repriced claim based on vendor contract
ContType*	Type of Network Contract	A (Ambulatory Payment Classification) B (Bundled Payment) C (Capitated) D (Discount off eligible charges) F (Fee Schedule) O (Other)
MedicareAmount*	Medicare amount	
MedicareFlag*	a Y/N flag indicating whether a Medicare amount was provided	Y (Medicare allowed amount provided) N (Medicare allowed amount not provided)

* To be populated by bidder

North Carolina State Health Plan**Attachment A-4: Claims Repricing File Layout****Service Category Codes**

These codes must be utilized for repricing summary exhibits.

Major Service Category	Detailed Service Category	Code
Hospital Inpatient	Medical	1
Hospital Inpatient	Surgery	2
Hospital Inpatient	Mental Health	3
Hospital Inpatient	Maternity	4
Hospital Inpatient	Neonate	5
Hospital Inpatient	SNF/Rehab	6
Hospital Outpatient	Emergency Room	7
Hospital Outpatient	Urgent Care	8
Hospital Outpatient	Surgery	9
Hospital Outpatient	Observation/Treatment Room	10
Hospital Outpatient	Preventive	11
Hospital Outpatient	Mental Health	12
Hospital Outpatient	Cardiovascular	13
Hospital Outpatient	Dialysis	14
Hospital Outpatient	GI Services	15
Hospital Outpatient	Radiology	16
Hospital Outpatient	Lab/Pathology	17
Hospital Outpatient	PT/OT/ST	18
Hospital Outpatient	Pharmacy	19
Hospital Outpatient	Other Services	20
Physician Services	Evaluation and Management	21
Physician Services	Preventive	22
Physician Services	Inpatient Visits	23
Physician Services	ER and OBS Visits	24
Physician Services	Anesthesia	25
Physician Services	Surgery	26
Physician Services	Medical Services	27
Physician Services	Maternity	28
Physician Services	Lab/Pathology	29
Physician Services	Radiology	30
Physician Services	Office Administered Drugs	31
Physician Services	Therapies	32
Physician Services	Allergy Services	33
Physician Services	Exams	34
Physician Services	Mental Health	35
Physician Services	Other Codes	36
Ancillary	Ambulance	37
Ancillary	DME/Prosthetics	38
Ancillary	Home Health/PDN/Hospice	39
Ancillary	Other Services	40

Proposal Number: 270-20260320TPAS

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Medicare Enrollment and Claims Summary

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Incurred Date	Enrollment	Charged Amount	Plan Paid
202501	25,981	\$ 83,046,485	\$ 1,950,052
202502	29,629	\$ 96,148,566	\$ 2,119,835
202503	30,624	\$ 104,181,477	\$ 2,248,103
202504	31,362	\$ 105,478,819	\$ 2,242,171
202505	31,652	\$ 106,584,697	\$ 2,334,685
202506	32,171	\$ 104,607,984	\$ 2,343,334
202507	33,020	\$ 113,153,038	\$ 2,466,170
202508	33,157	\$ 102,778,558	\$ 2,387,686
202509	33,459	\$ 101,427,515	\$ 2,317,771
202510	33,741	\$ 113,573,283	\$ 2,466,670
202511	33,909	\$ 80,004,680	\$ 1,970,128
202512	34,074	\$ 16,628,801	\$ 643,581
Total		\$ 1,127,613,903	\$ 25,490,185

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Incurred Date	Billed Amount	Records
202501	\$ 629,630,628	1,631,834
202502	\$ 608,161,024	1,526,983
202503	\$ 667,105,637	1,631,635
202504	\$ 674,816,135	1,649,142
202505	\$ 655,918,347	1,578,200
202506	\$ 695,682,158	1,649,704
202507	\$ 735,341,536	1,781,665
202508	\$ 653,162,984	1,617,417
202509	\$ 648,937,816	1,673,156
202510	\$ 707,945,091	1,803,447
202511	\$ 576,397,935	1,498,077
202512	\$ 416,866,557	1,224,304
Total	\$ 7,669,965,848	19,265,564