

**North Carolina State Health Plan**  
**ATTACHMENT A-9: Other Provider Payments**

Vendor:	
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### Important Information

***Vendors must identify all payments that will be made to providers above and beyond typical claims payments.***

***These payments include both performance or incentive based payments and non-performance or non-incentive based payments.***

**Examples include, but are not limited to, capitations, pay-for-performance, other value-based contracting, etc.**

**\* PSPM in columns F & H are based on ALL employees/subscribers and not just a subset of the total (e.g., attributed members)**

Other Provider Payments - Contracting Information									
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Provider Name	Are these included in your response to the Claims Repricing in Attachment A-3? (Yes/No)	Indicate the type of financial arrangement (e.g., capitation, P4P, risk-sharing, etc.)	Provide the specifics of the objective/goal/target of this arrangement	Describe the financial arrangement, including the basis (e.g., % of savings, PSPM, PMPM, etc.)	Estimated Cost - PSPM *	Estimated Total Aggregate Payment	Maximum Fee Guarantee PSPM *	Maximum Total Aggregate Payment	Confirm this will be identified separately on monthly invoices.	Confirm whether the Plan is able to opt-out from this arrangement and/or carve-out from the TPA contract	Additional Comments
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Provide the specifics of the arrangement, including the basis (e.g., % of savings, PSPM, PMPM, etc.)	Estimated Cost - PSPM *	Estimated Total Aggregate Payment	Maximum Fee Guarantee PSPM *	Maximum Total Aggregate Payment
SAMPLE				