

Professional-coded Claims Data Request

Sympl Benefits is requesting professional claims (only) data for the purposes of evaluating optimal patient care: **primary care, specialist, lab and imaging** to present a savings / opportunity analysis.

Data Requirements

- ❖ Please provide professional-coded claims data for your most recent full plan year (e.g., claims with Service Dates between January 1, 2024, and December 31, 2024). **Two years of data is preferred (include prior plan year).**
- ❖ For confidential purposes, please ensure that any member information provided is de-identified blinded, or scrambled. **The file should not contain any PII/PHI.**
- ❖ Primary care claims should be provided at the claim line-level, meaning that for most claims, we will see a line per Rx fill. Each row of data in the file should represent one claim line (or Rx fill)
- ❖ Please be sure to include leading zeros for any data element where this may be applicable.
- ❖ Request/Send the data elements in the format specified in the table at the end of this document.

File Format and Data Transfer

- ❖ Send the **professional-coded claims file** as a .xlsx or .csv file.
- ❖ Send the **professional-coded claims file** via email. While the file should not contain any PII/PHI, for confidentiality purposes, we still recommend encrypting the file before sharing with us. Please include instructions for decryption. (PW, secure FTP, etc)
- ❖ If the file is too large to send via email, please contact help@symplbenefits.com. We are happy to create a secure file transfer protocol via MS Sharepoint.

Please reach out to help@symplbenefits.com if you have any questions or need any assistance with this data request.

Professional-Coded Claims Data Specifications

Column	Data Element	Data Type	Required	Description	Example
1	Blinded Member ID	Text	Required	Unique identifier for a member. This value should be consistent for every instance of the member in the data. This field should be blinded or scrambled and must not contain any PII/PHI	a23v4510
2	Member Relationship	Text	Required	Member's relationship to subscriber	Subscriber, Spouse, or Dependent
3	Member Gender	Text	Required	Member's gender (one character)	M, F, or U
4	Member Birth Year	Number	Required	Year the member was born	1987
5	Member Zip Code	Number	Required	5-digit zip code for member's home address. If we cannot get member zip, we would like to receive provider zip	48103
6	Member State	Text	Required	2-digit state code for member's home address	WI
7	Member Plan Identifier	Text	Required	Name of the plan on which the member is enrolled	HDHP w/ HSA, PPO Copay Plan, etc.
8	Medical Claim Type	Text	Required	Indicates the general service category for each claim	Professional ONLY
9	Medical Claim ID	Text	Required	Unique identifier for a claim. Should be consistent for all instances of the claim in the data. Please ensure this field does not contain any PII/PHI	C410g26c
10	Medical Claim Line	Number	Optional	Line number for an individual service that is part of a claim. <i>Note: While this field is not required, we must receive all claim lines that are part of a medical claim, even if they don't have an assigned line number</i>	1, 2, 3, 4, etc.
11	Service From Date	Date	Required	Date service started as YYYY-MM-DD	2023-06-01
12	Service To Date	Date	Required	Date service ended as YYYY-MM-DD <i>Note: In many cases, this value will be the same as the Service From Date</i>	2023-06-05
13	Place of Service Code	Number	Required	2-digit CMS Place of Service Code. See here	11
14	Revenue Code	Number	Required	4-digit UB-04 Revenue Code. See here <i>Note: Not every claim line will have a revenue code</i>	0360
15	CPT / HCPCS Code	Text	Required	5-character CPT (see here) or HCPCS Code (see here) <i>Note: Not every claim line will have a CPT or HCPCS Code</i>	99215
16	CPT / HCPCS Modifier	Text	Required	2-character modifier that further describes the CPT or HCPCS Code. See here	26
17	Units or Days	Number	Required	Number of units or days that were administered	NA
18	Plan Paid Amount	Currency	Required	Amount paid by the plan for the claim	\$75.00
19	Member Paid Amount	Currency	Required	Amount paid by the member for the claim	\$25.00

20	Allowed Amount	Currency	Required	Maximum amount a plan will pay for a covered healthcare service. May be referred to as “eligible expense,” “payment allowance,” or “negotiated rate.” This can also be calculated by adding the Plan Paid Amount and Member Paid Amount	\$100.00
21	Billed Amount	Currency	Required	Billed Charges for the service	\$200.00
21	Paid Date	Date	Optional	Date the claim was paid by the plan as YYYY-MM-DD	2023-07-01
22	Primary Diagnosis Code	Text	Required	Primary ICD-10 Diagnosis Code on the medical claim. See here	E089
23	MS-DRG Code	Number	Required	3-digit MS-DRG Code. See here	792
24	Provider Name	Text	Required	Name of the physician or facility who rendered the service	Dr. John Doe
25	Provider NPI	Number	Required	10-digit National Provider Identifier (NPI) for the provider rendering the service	1234567890
26	Provider TIN	Number	Required	9-digit Tax Identification Number (TIN) for the provider rendering the service	987654321
27	Provider Taxonomy Code	Text	Optional	10-digit Taxonomy Code for the provider rendering the service. See here	207Q00000X
28	Provider Zip Code	Number	Optional	5-digit practice location zip code (physical location where the service was rendered)	53207