THE CEO'S CLAIMS DATA CHEAT SHEET

How to look at your health plan's claims file — and what it will show you

You fund the plan. You signed the fiduciary attestation. Under ERISA and the Consolidated Appropriations Act of 2021, the claims data is yours by law — gag clauses that block your access are prohibited, and recent fiduciary lawsuits (Johnson & Johnson, Wells Fargo) are built on one theory: **you could have looked, and you didn't.** This sheet is how you look.

STEP 1 — Request the file (these exact fields)

Ask your TPA or carrier for a claims extract, de-identified is fine, containing:

- **Claim form type** — professional (CMS-1500) vs. facility (UB-04). This one field exposes double billing.
- **CPT/HCPCS code and revenue code** — what was done, and what the facility called it.
- **Place of service (POS) code** — where it supposedly happened.
- **Billed charge, allowed amount, plan paid, member paid** — all four, per line.
- **Provider name, NPI, and tax ID** — so you can see which health system owns which "office."
- **Date of service and (masked) member ID** — so you can match the two halves of a split bill.

If the answer is "we can't release that," you have a gag-clause problem — and you attested to CMS that you don't have one.

STEP 2 — Five sorts that tell you almost everything

1. **Sort by member + date of service.** One office visit producing TWO claims — a professional claim and a facility claim, same day, same place — is provider-based billing. The doctor's visit now comes with a building fee.
2. **Filter CPT 99202–99215 where POS = 19 or 22.** These are routine office visits coded as hospital outpatient. Every hit is a visit that was, or soon will be, billed with a facility fee.
3. **Filter for code G0463 and revenue codes 0510–0519 / 0760–0761.** That IS the facility fee. Count them. Total them. This is the number nobody has shown you.
4. **Divide allowed amount by the Medicare rate for the same code.** That multiple — 200%? 400%? 900%? — is the single best measure of what your "discount" is actually worth.
5. **Sort by plan paid, descending. Read the top 20 claims.** A handful of claims typically drive half your spend. You should be able to say what each of the top 20 was and why it cost what it did.

STEP 3 — The pocket benchmarks (what Medicare pays, 2026 national approx.)

Service	Physician fee	Hospital facility fee	Medicare all-in
Office visit (99213) — physician office	~$92	none	**~$92**
Same visit — hospital-owned clinic (99213 + G0463)	~$92	~$52–129	**~$145–220**
ER visit, level 5 (99285)	~$162	~$630	**~$790**
MRI, lumbar spine (72148)	incl.	~$260	**~$260**
Colonoscopy w/ polyp removal (45385)	~$265	~$1,550	**~$1,815**
Cataract surgery (66984)	~$535	~$2,270	**~$2,805**
Outpatient knee replacement (27447)	~$1,150	~$12,700	**~$13,850**

National averages before locality adjustment; verify exact figures at the CMS fee schedule lookup. The point isn't the pennies — it's the multiple. If your plan paid $6,500 for a $1,815 colonoscopy episode, that's 358% of Medicare, and someone agreed to it on your behalf.

STEP 4 — Five questions your broker and TPA should answer on the spot

6. What percentage of our office visits carry a facility fee, and what did those fees total last year?
7. What multiple of Medicare are we paying, overall and at each health system?
8. Can I have my complete claims file — with revenue codes and place of service — by Friday?

9. What are you paid, in total — direct and indirect — for this plan? (Then check it against the Schedule A and C of your own Form 5500.)
10. What in our plan document or network contract requires us to pay a facility charge on a routine office visit?

Hesitation on any of these is itself an answer.

WHY THIS IS YOUR JOB

If your company self-funds its health plan, plan assets are being spent under your fiduciary duty — the same duty of prudence you'd apply to the 401(k). You don't need to become a claims analyst. You need one afternoon, one spreadsheet, and the five sorts above. What you find funds the follow-up conversation. What you don't look for funds someone else.
