





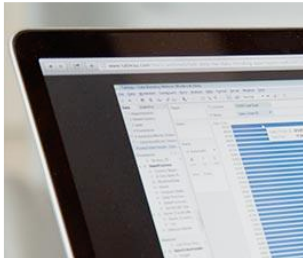


Tableau Payer Group Reporting Starter Kit

Starter Guide


Makana Health Plans

Group Reporting



[Home](#)
[Summary](#)
[Enrollment](#)
[Financials](#)
[Medical](#)
[Rx](#)
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Welcome to the Group Reporting portal for BR Electric

Access this portal regularly to obtain information on your health plan, including medical claims, prescription claims and member enrollment. Reporting is updated monthly with claims and enrollment information gathered by Makana Health Plans.

Table of Contents:

- Home (cover page)
- Summary
- Enrollment
- Financials
- Medical
- Prescriptions (Rx)
- Clinical (Diabetes Focus)
- Other Claim (Dental Focus)
- Glossary of Terms

User Instructions:

Use the interactive tabs at the top of the page to access Summary, Enrollment, Financials and other information. By clicking each tab, you will be taken to a dashboard featuring information specific to each topic.

A Glossary of Terms is available by clicking the information icon in the top right.

Group Reporting dashboards can be exported into a number of formats, including:

- PDF
- CSV
- PowerPoint

For assistance with Group Reporting, contact:
Phone: 888-555-6163
Email: groupreporting@payer.org

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Summary

Group reporting is a necessary function for every health payer or insurer. Reporting on plan enrollment, performance, utilization statistics, trends, costs incurred, cost drivers and additional data must be provided to employer customers and broker partners regularly, including monthly, quarterly and annual reports.

Payers produce and deliver group reporting through a wide variety of methods. These usually include either proprietary developed tools or vendor solutions. There is no one perfect solution for providing reporting to every payer customer and business segment. Reporting to internal stakeholders is also necessary.

To address this need and offer our customers a number of efficiencies, Tableau has developed a Group Reporting Starter Kit template for payer customers. This solution utilizes Tableau Desktop, Tableau Server or Tableau Online and can utilize Tableau Prep Builder.

This starter guide provides instructions for preparing and integrating data, recommended data elements, a data dictionary, an example Tableau workbook and more. The Group Reporting Starter Kit package contains everything you need to use Tableau to rapidly develop and deploy a group reporting solution to a subset or large block of your group business. The kit provides a template framework that payer customers can modify and customize as needed.

We hope you find value and operational efficiencies in evaluating or using the Group Reporting Starter Kit for your reporting needs.

Overview

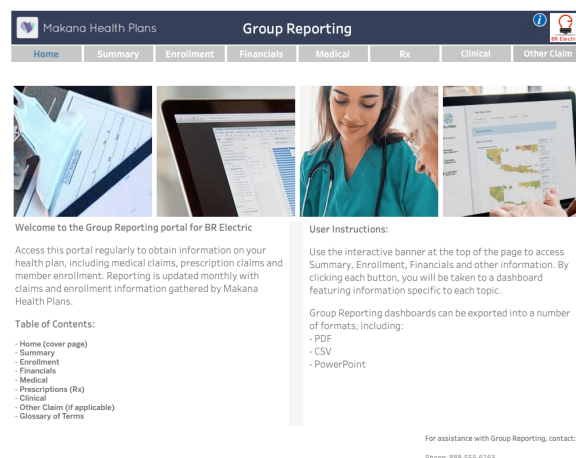
A Comprehensive Reporting Template

The Group Reporting Template workbook features a multi-dashboard approach which can be used as a replacement for standard health plan reports provided to employers and brokers.

The workbook is designed to be made available externally to Tableau payer customer end users. It can be deployed via Tableau Server or Tableau Online or as an embedded solution. As an aggregate group reporting tool, the Group Reporting workbook does not contain individual or member-level data (PHI).

The group reporting workbook template includes the following plan reporting interactive dashboards:

- Home
- Summary
- Enrollment
- Financials
- Medical
- Rx
- Clinical
- Other Claim



General Usability Tips

Use **Saved Views** to save your selections (filters, etc.) for repeat visits.

<https://onlinehelp.tableau.com/current/pro/desktop/en-us/customview.htm>

Subscribe to the Dashboard to view in Email

https://onlinehelp.tableau.com/current/pro/desktop/en-us/subscribe_user.htm

Use **Data-Driven Alerts** to be notified via Email when a given KPI crosses a threshold

https://onlinehelp.tableau.com/current/pro/desktop/en-us/data_alerts.htm

Download dashboard as Image, PDF or PPTX

<https://onlinehelp.tableau.com/current/pro/desktop/en-us/export.htm>

Comment on a dashboard to collaborate with other users

<https://onlinehelp.tableau.com/current/pro/desktop/en-us/comment.htm>

Deployment Instructions

Deploying the Group Reporting Starter Kit into production requires working knowledge of Tableau Desktop and Tableau Server. The starter kit is designed to be deployed by each customer. For additional help deploying this Starter Kit and additional services, please visit <https://www.tableau.com/services> or <https://www.tableau.com/partners/search>.

Familiarize Yourself with Starter Kit Materials

- **Group Reporting Starter Guide**
This is your guide to successfully deploying the Group Reporting Starter Kit into production.
- **Group Reporting Workbook Template.twbx**
This is the Tableau Packaged Workbook you can update, customize as needed and deploy. This workbook functions “out of the box” requiring only that you supply the necessary claims and eligibility/enrollment data.
- **Group Reporting Dataset.xlsx**
This Excel file serves as your data template to enable you to start quickly. The Excel file contains sample/demo data. This data is from a demonstration dataset with claims information gathered primarily from the New Hampshire Comprehensive Health Care Information System (NH CHIS). The data is comprised of five (5) primary sheets:
 - **Membership** – the enrollment and eligibility data provided includes standard data elements, including member ID, date of birth, age, location, relationship, plan ID and more.
 - **Medical Claims** – The example medical claims data provided include claim ID, diagnosis code, procedure code, cost components, date of service and paid date.
 - **Prescription Claims** – The prescription data example includes standard file elements, including claim ID, drug name, generic indicator, cost components, date of service and paid date.
 - **Dental Claims** – Sample dental claims are provided as an example of additional or ancillary health claims which can be included. The dental data elements include claim ID, CDT code, description of procedure, cost components and date of service and paid date.
- **Data Dictionary**
This data dictionary lists the necessary and suggested data elements for each reporting segment – membership eligibility, medical claims, prescription claims, ancillary/dental claims.
- **(Optional) Superstore_Hospital_HCAHPS_Data.xlsx**
This is a sample Data source to help demonstrate by example what a source system table may look like. This dataset includes one record per encounter in this example.

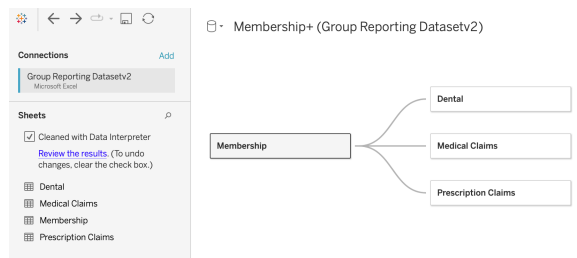
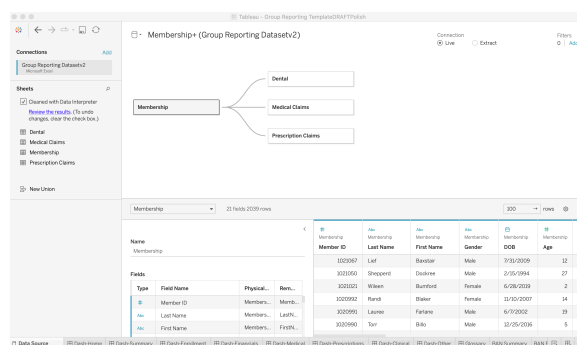
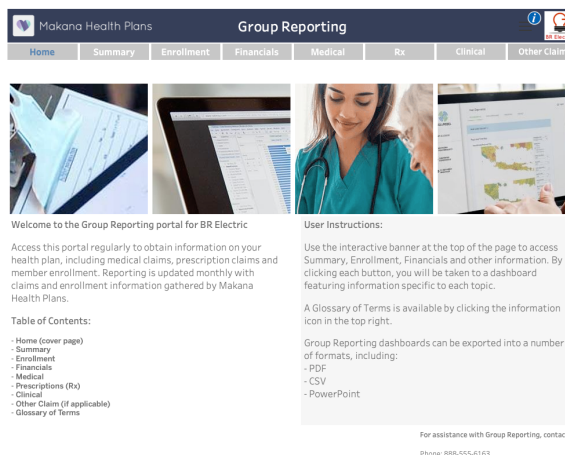
Getting Started

Setup – Prepare Your Data

1. Review this Starter Guide
2. Open the Data Dictionary PDF document
3. Open the Group Reporting Dataset Excel® spreadsheet. You will see four (4) tabs available:
 - a. Membership
 - b. Medical Claims
 - c. Prescription Claims
 - d. Dental
4. On the Membership tab you will see several columns listed with demo data in each.
5. Please refer to the Data Dictionary for a detailed listing of the columns presented in the Excel document on each tab. You will find tables for each of the tabs with key information for column/field; data type; required or not and description.
6. By clicking each of the tabs in the Group Reporting Dataset spreadsheet, you will see similar data structures. Note: the data supplied on each tab is comprised of demo (fake/non-real) data presenting a representation facsimile of actual data you will supply from your internal resources.
7. Be sure to save the Group Reporting Dataset spreadsheet to your local computer or network.
8. Each column/field in the spreadsheet can be changed to field names matching your internal naming conventions as you work with the data elements.
9. Please note: the column/field names used in the Group Reporting Dataset spreadsheet document are those used in the Group Reporting Template Tableau workbook. Updating these field names in the spreadsheet or in your internally supplied data will require updating of field names in the workbook.
10. Use the Group Reporting Dataset spreadsheet and Data Dictionary as a guide for developing your own dataset for integration into Tableau. The closer you can keep your dataset to the example supplied will result in your group reporting workbook closely resembling the template example provided.

Setup – Prepare Your Workbook

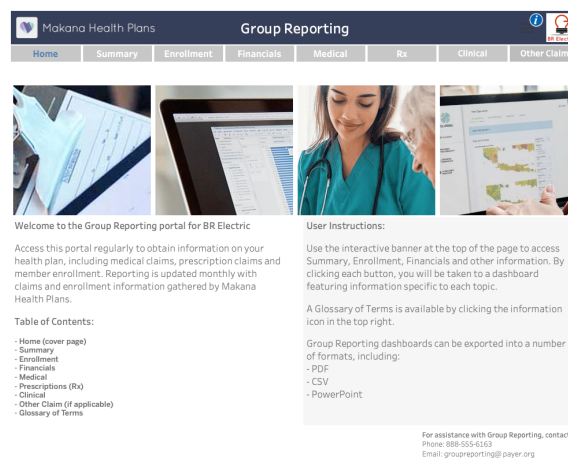
1. Open the Group Reporting Template.twbx Tableau packaged workbook.
2. Be sure to save the workbook to your local computer or network or publish the template workbook to your Tableau Server.
3. Click the Data Source tab. Review the Connection: Group Reporting Dataset and the Sheets listed below. The sheets are the tabs from the Group Reporting Dataset spreadsheet.
4. In the canvas area, the Group Reporting Dataset sheets have been combined using relationships with the Medical Claims, Prescription Claims and Dental Claims connected to Membership as the foundation.
5. The connecting element in the current relationships utilizes the Member ID field as the baseline and connects to the same field in the other three sheets. In your data, you will most likely utilize the MemberID or similar field to connect your chosen datasets.




Setup – Review the Workbook - Home

Note: each of the dashboards featured within the Group Reporting Template workbook can be customized to meet your group reporting needs.

1. With the Group Reporting Template workbook open, click the Dash-Home tab.
2. This homepage for the Group Reporting workbook provides a welcome and overview to reporting users. Instead of a printed report for the group with a cover page, the dashboard homepage provides a brandable, flexible initial welcome and introduction for your employer customers and broker partners.
3. For this workbook template, we are using Makana Health Plans as our example payer (Makana is a demo company used in many Tableau and Salesforce marketing materials and presentations). We are using BR Electric as a sample employer. You'll see logos for Makana and BR Electric in the top banner of the homepage.



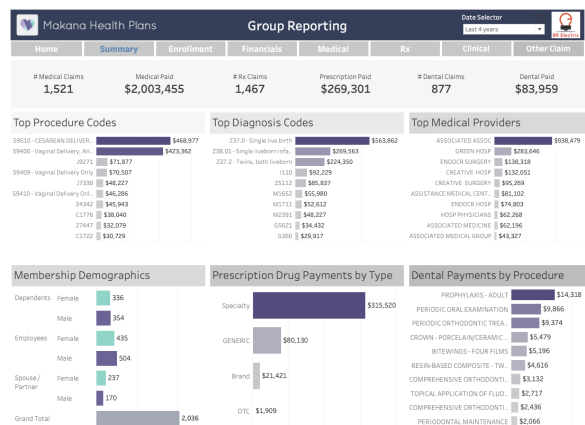
4. Below the top banner is series of Navigation Tabs or Buttons that provide access to the other dashboards included in the workbook. This banner and buttons presentation is at the top of each dashboard with the current dashboard in view highlighted by the name within the button in blue font color.
5. The information icon  top right beside the BR Electric logo on the Home dashboard reveals a Glossary of Terms used throughout the workbook. The Glossary of Terms is essentially the 9th dashboard in the workbook.

Setup – Review the Workbook - Dashboards

Each of the following dashboards in the Group Reporting Template workbook feature a specific health plan reporting segment. Each dashboard has a Date Selector at the top right beside the BR Electric logo. Below the navigation tabs, each dashboard features a series of KPIs (key performance indicators) related to the reporting segment. The examples featured in the template provide an initial view and a guide for your customization.

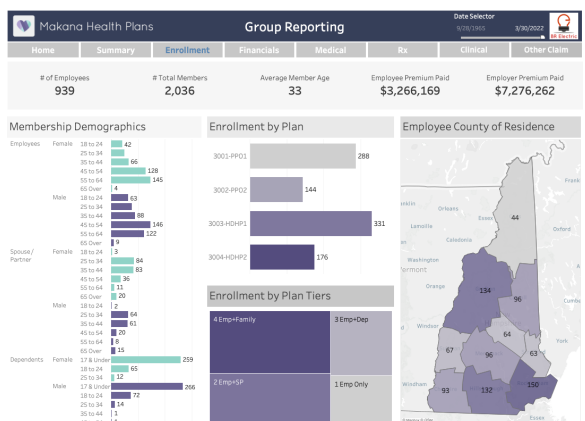
• Summary

- Health plan summary dashboard with overview information, trending, top procedures, diagnosis, providers
- Member demographics
- Prescription payments by type
- Dental payments by procedure



• Enrollment

- Overview of enrollment details, including number enrolled, age, type (employee, spouse, dependent) and location
- Member demographics by gender and age group
- Enrollment totals by plan & tiers
- Member place of residence by zip code (Note: the example dataset utilizes cities and counties within New Hampshire).

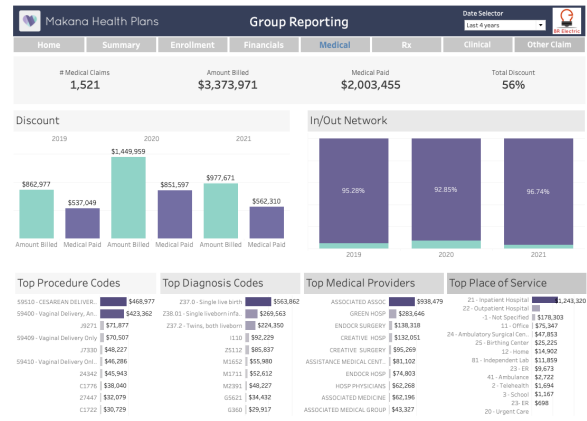


• Financials

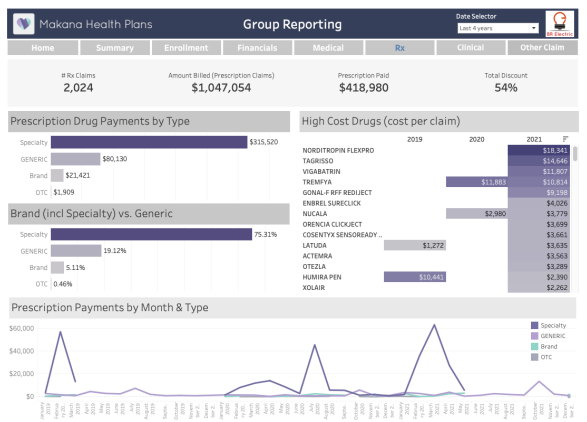
- Plan payments by type – medical, Rx (brand/generic), specialty Rx
- Cost share – copay, deductible, coinsurance
- Total plan payments by month



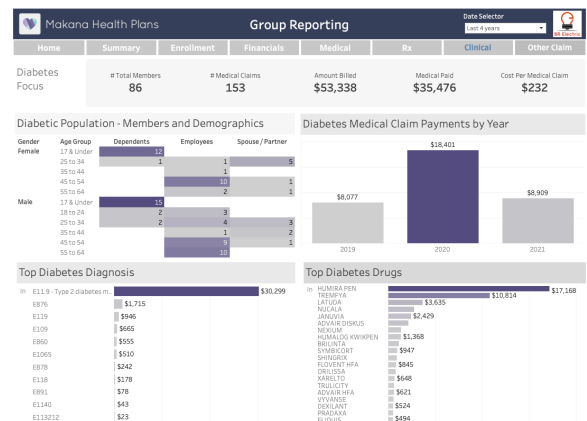
- **Medical**
 - Utilization driving medical costs
 - Medical discounts
 - In/Out of Network medical payments
 - Top procedure, diagnosis, providers and place of service



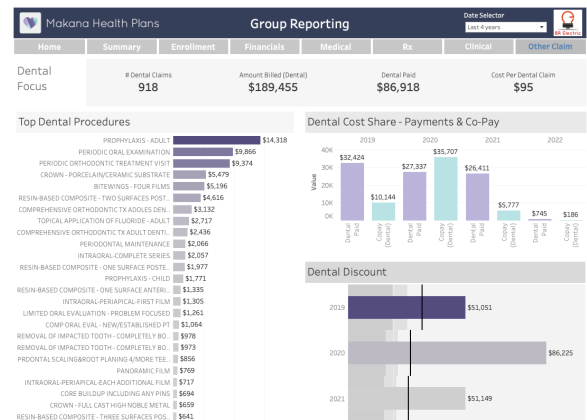
- **Prescriptions**
 - Number of Rx claims with payment
 - Drug payments by type
 - Brand (incl specialty) vs. generic
 - High cost drugs per year
 - Rx payments by month



- **Clinical (diabetes focus)**
 - Utilization and cost details on chronic conditions with focus on diabetes
 - Number, age group, gender and relationship of diabetic population
 - Diabetes medical payments by year
 - Diabetes diagnoses
 - Top diabetes-related drugs by payment



- **Other Claims (dental focus)**
 - Additional claims information for dental, vision, disability and others as applicable and available
 - Top dental procedures
 - Dental cost share – payment & co-pay
 - Dental discount by year



- **Glossary of Terms**
 - Listing of common terms utilized in group reporting
 - Standard terms and brief definitions
 - Customize this list with your preferred terms and content

Makana Health Plans Group Reporting							
Home	Summary	Enrollment	Financials	Medical	Rx	Clinical	Other Claim
Glossary of Terms							
<p>Admin Fees: Charge to an account for operational cost of doing business.</p> <p>Allowed: Amount eligible for payment by the plan.</p> <p>Average Age: The difference between the claimant's year of enrollment and year of birth. Calculated using the measure Average Age divided by the members.</p> <p>Billed: Amount submitted for payment by the provider.</p> <p>Brand Formulary: Brand name medications listed on the formulary.</p> <p>Brand Non-Formulary: Brand name medications not listed on the formulary.</p> <p>Claimants: Number of individual members submitting a claim.</p> <p>COB: Portion of amount considered eligible for payment that has been paid by another insurance company (Coordination of Benefits).</p> <p>Coinurance: Portion of covered amount member is responsible to pay.</p> <p>Co-payments: Flat rate that the member is responsible to pay for the claim.</p> <p>Coverage Tier: Eligibility tiers which stratify enrollment data based on the employee and others enrolled under the employee's coverage. Varying benefits can be assigned to tiers.</p> <p>DANCL: Indicates that the physician has specified 'do not substitute' on the prescription.</p> <p>Deductible: Portion of annual deductible amount member is responsible to pay applied to the claim.</p> <p>Dental Paid Claims: An amount paid to cover the Health Plan's liability for dental services provided to members for claims that have been processed and approved for payment.</p> <p>Discount: Amount of reduction from billed amount negotiated with the provider.</p> <p>Discount %: For medical claims, the discount percent is calculated as $\text{Discount} / \text{Covered}$.</p> <p>Drug Type: An indicator on each Rx claim that tells whether a prescription is single source brand, multi-source brand or generic item.</p> <p>Fees and Credits: Includes all account-specific member and account level fees. Can include:</p> <ul style="list-style-type: none"> Generic Drugs: A medication for which the patent has expired, allowing any manufacturer to produce and distribute the product under the chemical name. High Cost Claimant: Claimant with total paid amount over a specified threshold (e.g., \$30,000 or \$50,000) within the reporting period. Inpatient Cost: The cost of the drug minus any taxes or dispensing fees. In-Network Paid %: Percent of total paid expenses for in-network claims. It is calculated as $\text{In-Network Paid} / \text{Paid}$. International Classification of Diseases (ICD): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO). Medical Paid Claims: An amount paid to cover the Health Plan's liability for medical (healthcare) services provided to members for claims. <p>Medical/Pharmacy Loss Ratio: Calculated as the combined Medical and Pharmacy Paid Claims Amount divided by the total Billed Premium Amount for Medical and Pharmacy.</p> <p>Member Months: Count of months of eligibility for members.</p> <p>Network Indicator: An indicator that shows whether the claim was processed in-network (Preferred Provider Organization network) or out-of-network.</p> <p>Network Savings Discount: Discount that is applied when a member receives services from a contract provider.</p> <p>Out of Pocket: Total amount that is the responsibility of the claimant. It is calculated as $\text{Co-pay} + \text{Deductible} + \text{Coinurance}$.</p> <p>Outpatient Facility: Refers to facility Outpatient claims.</p> <p>Paid: Total amount paid by the plan, including access fees, adjustments, and surcharges.</p> <p>PMP: Per member per month.</p> <p>Pharmacy Discount %: For pharmacy claims, the discount percent is calculated as $\text{Discount} / (\text{Discount} + \text{Allowed})$.</p> <p>Pharmacy Paid Claims: An amount paid to cover the Health Plan's liability for pharmacy services provided to members for claims.</p> <p>Pharmacy Tier: An indicator on each Rx claim whether a prescription is generic, preferred brand, non-preferred brand, specialty, or other.</p> <p>Plan Eligibility: Eligibility derived directly from the plan's enrollment system. Excludes eligibility created during data processing for claims without matching records in the enrollment system.</p> <p>PMPA: Per member per month.</p> <p>Premium: An agreed upon fee paid to the Health Plan for coverage of medical and/or dental benefits for an established benefit period.</p> <p>Service Category: A classification based on claim type.</p> <p>Service Type: Classification based on principal diagnosis or ICD Procedure Code.</p> <p>Services: Number of admissions (inpatient facility), number of visits (outpatient facility), number of claim lines (professional), or number of scripts.</p> <p>Services/1000: Number of services per 1,000 members. It is calculated as: $\text{Services} / \text{Member Months} \times 1000 \times 12$.</p> <p>Single Source Brand: Brand name medications with no generic equivalent.</p> <p>Specialty Drugs: Medications with unique uses, require special dosing or administration, typically prescribed by a specialist and significantly more expensive than alternative drugs or therapies.</p> <p>Therapeutic Drug Class: Used to categorize or group prescription drugs considered similar by the disease they treat or by the effect.</p> <p>Total Paid: The total medical and pharmacy dollars paid to cover healthcare services provided to members for claims processed and approved for payment.</p>							

Setup – Review Hidden Worksheets

The Group Reporting Template workbook contains 25+ worksheets used to populate each dashboard. These worksheets will be hidden in the final published group reporting workbook. They have been left visible in the template workbook to allow you to review the worksheets along with dashboards.

1. Review the BAN KPI worksheets to see the fields utilized to populate the KPIs on each dashboard. BAN worksheets include:
 - a. BAN Summary
 - b. BAN Enroll
 - c. BAN Financial
 - d. BAN Medical
 - e. BAN Rx
 - f. BAN Discount
 - g. BAN Chronic
 - h. BAN Diabetes
 - i. BAN Dental
2. Membership worksheets include:
 - a. Residence
 - b. Plan Enroll
 - c. Age Bands
 - d. Demographics
3. Medical worksheets include:
 - a. Procedure Codes
 - b. Diagnosis Codes
 - c. Providers
 - d. Facility
 - e. Place
4. Financial worksheets include:
 - a. Network
 - b. Fin Payments
 - c. PMPM
 - d. Plan Payments
5. Prescription worksheets include:
 - a. Rx
 - b. Top Drugs
 - c. Brand/Generic
 - d. Specialty
6. Clinical worksheets include:
 - a. Diabetes
 - b. Clinical
7. Other Claims worksheets include:
 - a. Dental

Workbook Deployment Options

The Group Reporting Template workbook, once updated and customized by your team, can be deployed to employer customers and their brokers through a variety of means. You will choose from the standard Tableau deployment types:

- Tableau Server – On Premises: full control of hardware and software; data remains behind your firewall; a dedicated administrator will need to manage your server
- Tableau Server – Public Cloud: Full control of software; managed hardware. Flexibility to add hardware as needed; a dedicated admin will need to manage software
- Tableau Online: Fully hosted solution with all hardware and software upgrades; fast deployment; ease of access for external audiences; single site in a multi-tenant environment
- Embedded: workbook/dashboard delivered to users via an embedded (often portal) deployment

You will determine the license and level of access users require. License types include:

- Creator: for users who create content, including design, cleaning and curation of data sources
- Explorer: governed authoring and data exploration for users who do not need data transformation capabilities
- Viewer: users can view and interact with visualizations and dashboards; access to published content; subscribe to dashboards and receive data-driven alerts

Embedded Analytics

You may choose to embed the Group Reporting workbook using Tableau Server or Tableau Online. With embedded analytics, you can provide secure group reporting to those who need access with row-level security and user-filtering for each user's permissions.

Portal

Creating a portal for self-service group reporting access is a simple process that can be performed by your team, Tableau Professional Services or through one of our Tableau Partners. Your group reporting portal can be accessed via single sign on (SSO) and feature embedded analytics.

Note on Tableau Prep Builder

The Group Reporting Template workbook as it currently iterates does not require the use of Tableau Prep Builder. The standard enrollment and claims datasets required to populate and operate the workbook can easily be uploaded and combined utilizing Tableau Desktop.

We understand some customers will likely use Tableau Prep Builder to integrate and cleanse their datasets and combine with others. Some customers will likely use Tableau Prep to modify their dataset fields naming conventions to work with the Group Reporting workbook.

If we find that many customers are interested in utilizing Tableau Prep Builder to integrate data into the Group Reporting workbook, we will update this document and the Starter Kit downloadable folder with the steps required to perform this process.

Reference: Data Dictionary

The following Data Dictionary tables contain the file name, sheet name, Column/Field name, data type, whether required or not and brief field description. This information is provided in detail in the Group Reporting Data Dictionary document accompanying this Starter Guide.

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Purpose
GroupReportingDataset.xlsx	Membership	Member ID	Text	Yes	Member's unique ID number
GroupReportingDataset.xlsx	Membership	Last Name	Text	Yes	Member's last name
GroupReportingDataset.xlsx	Membership	First Name	Text	Yes	Member's first name
GroupReportingDataset.xlsx	Membership	Middle Initial	Text	No	Member's middle initial
GroupReportingDataset.xlsx	Membership	Gender	Text	Yes	Member's gender
GroupReportingDataset.xlsx	Membership	DOB	Text	Yes	Member's date of birth
GroupReportingDataset.xlsx	Membership	Age	Text	No	Member's age
GroupReportingDataset.xlsx	Membership	Age Group	Text	No	Member's age group cohort
GroupReportingDataset.xlsx	Membership	Address	Text	No	Member's residence street address
GroupReportingDataset.xlsx	Membership	City	Text	Yes	Member's city of residence
GroupReportingDataset.xlsx	Membership	State	Text	Yes	Member's state of residence
GroupReportingDataset.xlsx	Membership	Zip	Text	Yes	Member's residence zip code
GroupReportingDataset.xlsx	Membership	Relationship	Text	Yes	Member's relationship to subscriber (employee)
GroupReportingDataset.xlsx	Membership	EmpGroupID	Text	Yes	Member's employer group ID number
GroupReportingDataset.xlsx	Membership	Group Name	Text	Yes	Member's employer group name
GroupReportingDataset.xlsx	Membership	PlanID	Text	Yes	Member's medical plan ID number
GroupReportingDataset.xlsx	Membership	Enrolled	Numeric	Yes	Indicates whether member is enrolled or not
GroupReportingDataset.xlsx	Membership	Premium Member	Numeric	No	Monthly medical plan premium paid by member
GroupReportingDataset.xlsx	Membership	Premium Employer	Numeric	No	Monthly medical plan premium paid by employer
GroupReportingDataset.xlsx	Membership	Total Funding	Numeric	No	Total value of premiums and claims paid
GroupReportingDataset.xlsx	Membership	Member Months	Numeric	No	Number of months per year member is enrolled
GroupReportingDataset.xlsx	Membership	Hire Date	Date	No	Date subscriber hired
GroupReportingDataset.xlsx	Membership	Coverage Start	Date	No	First effective date of medical plan coverage for member
GroupReportingDataset.xlsx	Membership	Coverage End	Date	No	Last effective date of medical plan coverage for member
GroupReportingDataset.xlsx	Membership	Termination Date	Date	No	Medical plan termination date for member

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Purpose
GroupReportingDataset.xlsx	Dental Claims	MemberID	Text	Yes	Member's unique ID number
GroupReportingDataset.xlsx	Dental Claims	Last Name	Text	Yes	Member's last name
GroupReportingDataset.xlsx	Dental Claims	First Name	Text	Yes	Member's first name
GroupReportingDataset.xlsx	Dental Claims	Middle Initial	Text	No	Member's middle initial
GroupReportingDataset.xlsx	Dental Claims	Gender	Text	Yes	Member's gender
GroupReportingDataset.xlsx	Dental Claims	DOB	Text	Yes	Member's date of birth
GroupReportingDataset.xlsx	Dental Claims	Claim Serial Number	Text	Yes	Unique claim identifier assigned by payer adjudication system
GroupReportingDataset.xlsx	Dental Claims	CDT Code	Text	Yes	Common Dental Terminology Code for the dental procedure. CDT codes maintained by the American Dental Association.
GroupReportingDataset.xlsx	Dental Claims	Service Line Counter	Numeric	Yes	Increments of 1 for each claim line
GroupReportingDataset.xlsx	Dental Claims	Place of Service	Numeric	Yes	Standard numeric code indicating place service was performed
GroupReportingDataset.xlsx	Dental Claims	Provider Name	Text	Yes	Name of health provider who rendered services
GroupReportingDataset.xlsx	Dental Claims	Provider ID	Text	No	Provider's unique ID or Tax Identification Number (TIN)
GroupReportingDataset.xlsx	Dental Claims	Diagnosis	Text	Yes	ICD-10 diagnosis code when applicable
GroupReportingDataset.xlsx	Dental Claims	Payment	Numeric	Yes	Amount paid by the plan on behalf of member
GroupReportingDataset.xlsx	Dental Claims	Total Charge Amount	Numeric	No	Total charges as listed on bill or EOB
GroupReportingDataset.xlsx	Dental Claims	Allowed	Numeric	Yes	Charge amount allowed based on network and plan
GroupReportingDataset.xlsx	Dental Claims	Discount Amount	Numeric	No	Amount of network discount realized
GroupReportingDataset.xlsx	Dental Claims	Copayment	Numeric	No	Amount of member copayment paid for service
GroupReportingDataset.xlsx	Dental Claims	Coinsurance	Numeric	No	Amount or member coinsurance paid for service
GroupReportingDataset.xlsx	Dental Claims	Deductible	Numeric	No	Amount due from member applied to member deductible
GroupReportingDataset.xlsx	Dental Claims	Date of Service	Date	Yes	Date service performed

Security

This Starter kit can be secured via access controls or row level security principles.