



# Data Dictionary: Group Reporting Starter Kit

**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
- Clinical
- Other Claims (if applicable)
- Glossary of Terms

**User Instructions:**

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

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.

V1 March 2022 – Compatible with Tableau Version 2020.4 or greater.

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# Summary

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

Data is the key to group reporting. This data dictionary provides an overview and details for the data elements listed in the Group Reporting Data Excel spreadsheet included in the Group Reporting Starter Kit. This data dictionary provides information on the following datasets:

- **Membership Enrollment** (eligibility)
- **Medical Claims**
- **Prescription Claims**
- **Ancillary Claims** (dental provided as example)

Each dataset in this data dictionary includes the following:

- **Column/Field name** – industry standard naming convention for data element
- **Data Type** – whether the field is text, numeric, other
- **Required** – whether the field is required or not to produce workbook content
- **Description** – brief detailing of the data element's use or purpose

***Note:** the data elements listed in the accompanying spreadsheet and below are utilized to produce the example results presented in the accompanying Tableau Group Reporting Template workbook. We understand that every customer is different and each will choose to use different field names and nomenclature from those provided. The tools included in this starter kit are flexible templates that allow each Tableau customer to modify and adjust the dataset and workbooks to meet their needs.*

# Data Dictionary

## A Comprehensive Reporting Template

The data elements and types listed on the following pages provide an overview and guide for populating and using the accompanying Tableau Group Reporting Template workbook. Your data elements to populate each dataset below will likely differ and utilize different naming conventions.

## Membership Enrollment (Eligibility)

### Membership Enrollment (Eligibility)

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Description
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

<b>File</b>	<b>Sheet/Tab (if .XLSX)</b>	<b>Column / Field</b>	<b>Data type</b>	<b>Required</b>	<b>Description</b>
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

## Medical Claims

### Data Dictionary – Medical Claims

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Description
GroupReportingDataset.xlsx	Medical Claims	MemberID	Text	Yes	Member's unique ID number
GroupReportingDataset.xlsx	Medical Claims	Claim ID	Text	Yes	Unique claim identifier assigned by payer adjudication system
GroupReportingDataset.xlsx	Medical Claims	ICD10 Diagnosis Code	Text	Yes	Coded description of primary medical diagnosis
GroupReportingDataset.xlsx	Medical Claims	CPT Procedure Code	Text	Yes	CPT-4 coded description of primary medical procedure performed
GroupReportingDataset.xlsx	Medical Claims	Place of Service	Numeric	Yes	Standard numeric code indicating place service was performed
GroupReportingDataset.xlsx	Medical Claims	In Network	Text	Yes	Network indicator code
GroupReportingDataset.xlsx	Medical Claims	Amount Billed	Numeric	Yes	Charge amount allowed based on network and plan
GroupReportingDataset.xlsx	Medical Claims	Amount Paid	Numeric	Yes	Amount paid by the plan on behalf of member
GroupReportingDataset.xlsx	Medical Claims	Deductible	Numeric	No	Amount due from member applied to member deductible
GroupReportingDataset.xlsx	Medical Claims	Coinsurance	Numeric	No	Amount or member coinsurance paid for service
GroupReportingDataset.xlsx	Medical Claims	Copayment	Numeric	No	Amount of member copayment paid for service
GroupReportingDataset.xlsx	Medical Claims	Provider Name	Text	Yes	Name of health provider who rendered services
GroupReportingDataset.xlsx	Medical Claims	Provider Name	Text	Yes	Name of health provider who rendered services
GroupReportingDataset.xlsx	Medical Claims	Service State	Text	Yes	State in which services were rendered
GroupReportingDataset.xlsx	Medical Claims	Date of Service	Date	Yes	Date service performed
GroupReportingDataset.xlsx	Medical Claims	Paid Date	Date	Yes	Date payment by the plan was issued to provider

## Prescription Claims

### Data Dictionary – Prescription Claims

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Description
GroupReportingDataset.xlsx	Prescription Claims	MemberID	Text	Yes	Member's unique ID number
GroupReportingDataset.xlsx	Prescription Claims	Claim ID	Text	Yes	Unique claim identifier assigned by payer adjudication system
GroupReportingDataset.xlsx	Prescription Claims	Drug Name	Text	Yes	Label name for drug (NDC)
GroupReportingDataset.xlsx	Prescription Claims	Generic Indicator	Text	No	Indicates whether drug is generic or not
GroupReportingDataset.xlsx	Prescription Claims	NDC	Text	No	National Drug Code
GroupReportingDataset.xlsx	Prescription Claims	Amount Billed	Numeric	Yes	Charge amount allowed based on network and plan
GroupReportingDataset.xlsx	Prescription Claims	Amount Paid	Numeric	Yes	Amount paid by the plan on behalf of member
GroupReportingDataset.xlsx	Prescription Claims	Copayment	Numeric	No	Amount of member copayment paid for service
GroupReportingDataset.xlsx	Prescription Claims	Quantity	Numeric	Yes	Quantity of units filled
GroupReportingDataset.xlsx	Prescription Claims	Days Supply	Numeric	Yes	Number of days supply
GroupReportingDataset.xlsx	Prescription Claims	Refills	Numeric	Yes	Number of refills allowed under prescription
GroupReportingDataset.xlsx	Prescription Claims	Specialty Drug	Text	No	Drug prescriptions with specialty designation
GroupReportingDataset.xlsx	Prescription Claims	Date of Service	Date	Yes	Date service performed
GroupReportingDataset.xlsx	Prescription Claims	Paid Date	Date	Yes	Date payment by the plan was issued to provider
GroupReportingDataset.xlsx	Prescription Claims	Last Name	Text	Yes	Member's last name
GroupReportingDataset.xlsx	Prescription Claims	First Name	Text	Yes	Member's first name
GroupReportingDataset.xlsx	Prescription Claims	Middle Initial	Text	No	Member's middle initial
GroupReportingDataset.xlsx	Prescription Claims	Gender	Text	Yes	Member's gender
GroupReportingDataset.xlsx	Prescription Claims	DOB	Text	Yes	Member's date of birth
GroupReportingDataset.xlsx	Prescription Claims	Fill Date	Date	Yes	Date service performed/ prescription filled
GroupReportingDataset.xlsx	Prescription Claims	NDC Code	Text	No	National Drug Code
GroupReportingDataset.xlsx	Prescription Claims	Therapeutic Class	Text	No	Drug classification
GroupReportingDataset.xlsx	Prescription Claims	Therapeutic Category	Text	No	Drug category
GroupReportingDataset.xlsx	Prescription Claims	Specialty Drug Name	Text	No	Drug prescriptions with specialty designation
GroupReportingDataset.xlsx	Prescription Claims	Specialty Therapeutic Class	Text	No	Drug classifications with specialty designation
GroupReportingDataset.xlsx	Prescription Claims	OTC Indicator	Text	No	Field identifying whether drug is OTC
GroupReportingDataset.xlsx	Prescription Claims	DEA Schedule	Numeric	No	Code indicating DEA schedule for drug
GroupReportingDataset.xlsx	Prescription Claims	Diagnosis Code	Text	No	ICD-10 code for prescription
GroupReportingDataset.xlsx	Prescription Claims	DAW	Numeric	No	Numeric code for Dispense as Written indicator
GroupReportingDataset.xlsx	Prescription Claims	Pharmacy Provider Name	Text	No	Name of pharmacy or drug provider filling prescription

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Description
GroupReportingDataset.xlsx	Prescription Claims	Pharmacy Provider ID	Text	No	ID or NPI of pharmacy or drug provider filling prescription
GroupReportingDataset.xlsx	Prescription Claims	Prescribing Provider Name	Text	No	Name of provider issuing prescription
GroupReportingDataset.xlsx	Prescription Claims	Prescribing Provider ID	Text	No	ID or NPI of provider issuing prescription
GroupReportingDataset.xlsx	Prescription Claims	Formulary Code	Numeric	No	Code indicating whether drug is in formulary

## Ancillary Data

### Data Dictionary – Ancillary Data

#### Dental Claims

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Description
GroupReportingDataset.xlsx	Dental Claims	MemberID	Text	Yes	Member's unique ID number
GroupReportingDataset.xlsx	Dental Claims	Claim ID	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	Procedure Description	Text	No	Brief description of procedure
GroupReportingDataset.xlsx	Dental Claims	Amount Billed	Numeric	No	Total charges as listed on bill or EOB
GroupReportingDataset.xlsx	Dental Claims	Amount Paid	Numeric	Yes	Amount paid by the plan on behalf of member
GroupReportingDataset.xlsx	Dental Claims	Copayment	Numeric	No	Amount of member copayment paid for service
GroupReportingDataset.xlsx	Dental Claims	Date of Service	Date	Yes	Date service performed
GroupReportingDataset.xlsx	Dental Claims	Paid Date	Date	Yes	Date payment by the plan was issued to provider
GroupReportingDataset.xlsx	Dental Claims	Last Name	Text	No	Member's last name
GroupReportingDataset.xlsx	Dental Claims	First Name	Text	No	Member's first name
GroupReportingDataset.xlsx	Dental Claims	Middle Initial	Text	No	Member's middle initial
GroupReportingDataset.xlsx	Dental Claims	Gender	Text	No	Member's gender
GroupReportingDataset.xlsx	Dental Claims	DOB	Text	No	Member's date of birth
GroupReportingDataset.xlsx	Dental Claims	Service Line Counter	Numeric	No	Increments of 1 for each claim line
GroupReportingDataset.xlsx	Dental Claims	Place of Service	Numeric	No	Standard numeric code indicating place service was performed

File	Sheet/Tab (if .XLSX)	Column / Field	Data type	Required	Description
GroupReportingDataset.xlsx	Dental Claims	Provider Name	Text	No	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	No	ICD-10 diagnosis code when applicable
GroupReportingDataset.xlsx	Dental Claims	Allowed	Numeric	No	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	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

Vision Claims (optional)

Disability Claims (optional)

Biometrics (optional)