Anthem Digital Data Sandbox Public Dictionary

Version 2.0

Table of Contents

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The Anthem Data Sandbox is a secure and governed environment in which certified de-identified health data is provisioned to vetted users. The data, which has been stripped of direct identifiers, is made available for projects that seek innovative solutions to the complex issues of healthcare to benefit Anthem and its consumers. The Data Sandbox features state-of-the-art data science tools, scalable compute power and the ability to validate your algorithms on demand with real health data* and publicly accessible databases.

This dictionary has been created to provide an overview of the data contained in the Data Sandbox.
All data has been certified de-identified and some tokenization has been applied to further protect Anthem data.

*no identifiable Anthem member data is used in the Sandbox

Data Sandbox High-Level Table Description & Important Fields:

Membership

Table Name	Description
Member	MEMBER is a person who obtains coverage or health service products from the payer organization through another person (e.g., subscriber) and who is identified by their relationship with that subscriber
Restated Membership Monthly Count	Membership Monthly Count is used for reporting and also for displaying member exposure for a month.
Member Provider Attribution	Member Provider Attribution identifies if the Member is participating in a particular program. This information is used to improve the Member's quality of care.
Member Product Enrollment Chart of Account	Member Product Enrollment Chart of Account identifies an association between general ledger chart of account and member product enrollment.

Important Fields in the Membership Domain

Field	Description
Health Card Identifier	HEALTH CARD IDENTIFIER is the identifier used for a particular Member on his/ her Health Card.
Member Key	MEMBER KEY is a unique identifier that has been assigned to represent a person who obtains coverage or health service products from the payer organization through another person (e.g., subscriber) and who is identified by their relationship with that subscriber.
Gender Code	GENDER CODE is a code which defines the gender / sex of an individual.
Birth Date	BIRTH DATE is the date the Member was born, and a shift has been applied to protect member data privacy.
Member Original Effective Date	MEMBER ORIGINAL EFFECTIVE DATE is the date a member first enrolled for coverage with a plan.
Member Product Enrollment Effective Date	MEMBER PRODUCT ENROLLMENT EFFECTIVE DATE is the date the Member and Product combination coverage became effective, as recorded in the source system data.
Zip Code	ZIP CODE is a code that denotes a geographic postal delivery area. Only 2 digits are provided for member data privacy.
Benefit Package ID	BENEFIT PACKAGE IDENTIFIER is the Plan identifier for the specific benefit package.
Employment Status Code	EMPLOYMENT STATUS CODE values define the employment status of the member.
Renewal Date	RENEWAL DATE is the date on which the group/subgroup benefits renew, usually annually.
Prescription Filled Date	PRESCRIPTION FILLED DATE is the date the prescription was filled by the provider.

Claims

Table Name	Description
Dental Claim Line	Dental Claim Line represents a specific service or charge in which a Member receives a service or supplies or incurs a related charge from a Provider, that is classified as Dental Line of Business
Vision Claim Line	Vision Claim Line represents a specific service or charge in which a Member receives a service or supplies or incurs a related charge from a Provider, that is classified as Vision Line of Business
Medical Claims Extract	Medical Claims extract represents medical claim header or document level information
Pharmacy Claims Extract	Pharmacy Claims extract represents pharmacy claim header or document level information

Important Fields in the Claims Domain

Field	Description
Claim Adjustment Key	CLAIM ADJUSTMENT KEY is a surrogate identifier, which uniquely identifies a Claim record.
Claim Number	CLAIM NUMBER is a unique number assigned to a claim, which is assigned internally by WellPoint systems. Often referred to as the Document Control Number or 'DCN'
Claim Received Date	CLAIM RECEIVED DATE is the date the claim was received through Electronic Data Interchange or the date the claim was manually received through a Post Office Box or Lockbox.
Adjudication Date	ADJUDICATION DATE is the date the claim was processed to final resolution.
Admit Date	ADMIT DATE is the date the member was admitted to an inpatient facility.
Discharge Date	DISCHARGE DATE is the date the member was released from an inpatient facility.
Product Identifier	PRODUCT IDENTIFIER uniquely identifies an offering provided by WellPoint to any interested Party.
Billed Service Unit Count	BILLED SERVICE UNIT COUNT is the amount of a particular type of service, supply, or medication received by a member, that was billed by a provider

Network Identifier	NETWORK IDENTIFIER is an assigned key which represents the system assigned identifier, which uniquely identifies a NETWORK record.
Benefit Payment Status Code	BENEFIT PAYMENT STATUS CODE is a code which indicates the in network or out of network payment status of the claim. This reflects how the claim was paid, not the status of the provider. For example: Y - In Network The benefit payment status code is in network. N - Out Of Network - The benefit payment status code is out of network. O - Non Network Other - The benefit payment status code is in network.
Diagnosis Code	DIAGNOSIS CODE represents an International Classification of Diseases (ICD) Diagnosis Code identifying a condition being treated.
National Provider Identifier	NATIONAL PROVIDER IDENTIFIER is a unique identifier number assigned to providers of Medicare health care services - individuals, organizations and groups. This includes physicians, nurses, nurse practitioners, dentists, pharmacists, etc.
International Classification of Diseases Procedure Code	INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) PROCEDURE CODE represents the International Classification of Disease Procedure Codes, which are only associated with Facility Claims.
International Classification of Diseases Diagnosis Code	DIAGNOSIS CODE represents an International Classification of Diseases (ICD) Diagnosis Code identifying a condition being treated.
National Drug Code	NATIONAL DRUG CODE (NDC) represents a national classification system for identifying drugs, it is an 11-digit code similar to the Universal Product Code (UPC) used for identifying many commercial products
Health Service Code	Health care service codes represent Healthcare Common Procedure Coding System which includes both the American Medical Association's Current Procedural Terminology (CPT) Level I codes and Level II codes which can include non-physician services not covered by Level I codes (HCPCS), Health Insurance Prospective Payment System (HIPPS) and Homegrown (HGxxx) codes
Billed Charge Amount	BILLED CHARGE AMOUNT is the amount submitted by the provider for reimbursement of health care services. This amount may also include non-covered services.
Prescription Number	PRESCRIPTION NUMBER is a unique identifier assigned by the Provider Pharmacy to identify a prescription.
Provider Specialty Code	SPECIALTY CODE is a code which represents a particular area of medical training or certification associated with a provider.
Revenue Code	REVENUE CODE is a code which defines a type of health care service or supply that can be associated with a Facility Claim.

Clinical

Table Name	Description
Allergy	Allergy contains all forms of Allergies. Included are medication, environmental, etc. allergy types
Allergy Reaction	Allergy Reaction contains all forms of Allergy reactions.
Caregiver	Caregiver contains information about the person providing care to the Member. Usually a Physician or Physician Care Extender (Nurse Practitioner NP, or Physician Assistant PA).
Encounter	ENCOUNTER is similar to an Episode of Care, may contain several dates of service, but grouped as one encounter or event. May also store parts of an ADT message
Lab Observation	Lab Observation contains the individual lab results, including bundled tests (WBC, A1C, Ketones, etc.)
Lab Report	Lab Report used to group labs together that are ordered as a group, such as a Complete Blood Count (CBC) (includes individual lab results for WBC, RBC, Hematocrit, Hemoglobin, etc.)
Lab Report Caregiver	Lab Report Caregiver documents the lab report information which was sent to the caregiver
Lab Report Specimen	Lab Report Specimen contains the information from the written report which reflects details of the collection of a specimen
Medication Administration	Medication Administration contains predominately Clinical data around the administration or given of medication. May be more focused from an inpatient setting.
Medication Profile	Medication Profile contains clinical medication history
Observation	Observation contains biometric values, smoking history/cessation, etc..
Order	Order contains medication orders
Order Modifier	Order Modifier contains a modification or change to the order itself. For example, a change in dosage or frequency
Patient	Patient contains demographic information about a given patient and whether that information is shareable or sensitive.
Problem	Problem contains the diagnostic coding related to the translation of written descriptions of diseases, illnesses and injuries into codes from a particular classification.

Problem Property	Problem Property contains a complete list of the diagnosis' properties.
Procedure	Procedure contains the information around a medical procedure performed upon a patient
Report	Report is a table-based report displaying information based on observations, operative reports, progress notes etc.
Term	Term contains each sending source's unique library of codes (terms).
Term Map	Term Map identifies the sending source data value and the translated value if required. Example: Source M, translated to Male