ACTIVITY ANALYSIS REPORT FIELD DESCRIPTIONS

Field	Description
Header Information	
Report BRM30	A Health Net-assigned number for the Activity Analysis Report
Report Title	The name of the report
Date	The day/month/year that the report was system generated
Page Number	The page number of the report
Provider ID	Three- or Four-digit number Health Net assigns to each PPG
Provider Name	Name of the PPG
Provider Address	Address of the provider.
Provider Phone Number	Phone Number of the provider.
Report Information	
Member Name	First, last and middle initial of the member
Member Sex Code	A single-digit code indicating the gender of the subscriber: - M= male - F= female
Member ID	Reports for commercial providers will have subscriber's ID/Ref ID number as shown on the Health Net ID card (usually the subscriber's Social Security number) Reports for medi-cal providers will have CIN Number(subscriber's client identification number)replaced for subscriber's ID/Ref ID
HIC Code ID #	The identification number assigned to the member by the Centers for Medicare and Medicaid Services (CMS)
Group ID #	A six-position code assigned to each employer group
Plan Code	A three-character code that identifies the medical plan of the employer group assigned by Health Net
Sat Prvd	The physician, satellite or provider ID of the member driven by the report (for example, site, hospital or consolidated)
Phy	The physician ID # of the member assigned by Health Net
Member risk	A single digit code for the member's risk status for Part A, Medicaid, member status, working aged, Medicaid Add-on, Disabled, Default Risk Factor & Dialysis Indicator (refer to Member Status Table below for values)
PIP / DCG Code	A two character code for PIP / DCG Code. It stands for principal inpatient diagnostic cost groups
SCC Code	State county code
Product code	A 3 or 4 position code that identifies the product type. Example, MDE, MLA, MCR, SDE, INDV
Age	The member's age at the end of the reporting month
Date of Birth	The member's date of birth
Dialysis Indicator	A one-position flag which indicate if member has dialysis
Member Eff Date / Can Date	The date the member became effective or canceled in this product
Activity	A two-positon code which indicates type of activity. Examples AC or RC or CA or PI or DI.
CIN#	A 9 character number for Cin Number
Aid code	A two-position code(either two numbers or a number and a

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	letter), which assist providers in identifying the types of services for which Medi-Cal recipients are eligible.
Aid category	A 3-position code which identifies the Aid category code of a member.
Project code	A 3-position code which identifies the project code of a member.
Medicare part A flag	A one-position flag which indicate if member has Part A coverage(Hospital insurance)
Medicare part B flag	A one-position flag which indicate if member has Part B coverage(Medical insurance)
Medicare part D flag	A one-position flag which indicate if member has Part D coverage(outpatient Prescription Drug insurance)
Contract Type	A single-digit code indicating the member sex • M= male • F= female
Aid category Description	A 15 position description that identifies the aid category in which the member belongs.
Change Description	Describes the type of change that was made
Change Effective Date	The date capitation is being adjusted
Address	The member's home address, home telephone number, and work telephone numbers. This information is given when the change type is Add Contract, Add Member, Transfer In, Reinstate Contract, or Reinstate Member
PR TY	A single-letter code that identifies the product type of the member's employer group: • M = Standard HMO • N = POS HMO
Provider ID	The name of the PPG and the three- or four-digit number Health Net assigns to each PPG
Totals	
Adds	A summary count of member adds, reinstates and transfers-in processed in this period
Cancels	A summary count of member cancels and transfers-out processed in this period
Other Changes	The summary count of miscellaneous member transactions processed in this period
Net membership changes	A summary count of member adds minus member cancels transactions processed in this period

Member Status Table	
Field Name	**Values**
Medicare Part A Status	Y = Part A N = Part A Equivalent
Medicaid Status	Y = Yes N = No
Member Status	0 = Standard 1 = ESRD 2 = Hospice

	3 = Institutionalized
Working Aged	Y = Yes N = No
Medicaid Add-on	Y = Yes N = No
Disabled	Y = Yes N = No
Default Risk Factor	Y = Yes N = No
Dialysis Indicator	Y = Yes N = No