Data asset annotations This file specifies annotation information for each data asset in the HealthcareAnalysis project. This includes:

• the primary key for each data asset

• the governance term for each data asset

• the data class for each column in the data asset

Governance term: Allergy

data-asset-annotations.md

**ALLERGIES** 

• the business term for each column in the data asset

Primary key: None

Data class

Column Start Date

Date Stop

UUID Patient

Code

UUID Encounter Description

Allergy code Text

Allergy Description Governance term: Careplan

Data class

UUID

Date

Date

UUID

UUID

Text

Text

Careplan code

Condition code

**Business term** 

Allergy Start Date

Allergy Stop Date

Patient ID

Encounter ID

Allergy Code

**Business term** 

Careplan Start Date

Careplan Stop Date

Careplan ID

Patient ID

**Encounter ID** 

Careplan Code

**Condition Code** 

**Business term** 

**Condition Start Date** 

**Condition Stop Date** 

Patient ID

Data class

UUID

UUID

UUID

UUID

UUID

Text

Quantity

Quantity

Quantity

Text

Data class

Data class

Medication code

Timestamp

Timestamp

UUID

UUID

UUID

Text

Quantity

Quantity

Numeric

Quantity

Text

Data class

Observation code

Data class

Organization Name

**US Street Name** 

**US Phone Number** 

UUID

Date

Date of Birth

Driver's License

Passport

Honorific

First Name

Last Name

Name Suffix

Last Name

Race

Gender

**US Street Name** 

US State Name

**US** County

Latitude

Longitude

Quantity

Quantity

Data class

Organization Name

**US Street Name** 

**US State Code** 

US Zip Code

Quantity

Quantity

Quantity

Numeric

Numeric

Numeric

Numeric

Numeric

Numeric

Numeric

Numeric

Numeric

Quantity

Numeric

Data class

Timestamp

**US Phone Number** 

UUID

City

US Zip Code

Text

City

Legal Marital/Civil Status.

Ethnicity (hispanic/non-hispanic)

Quantity

Numeric

Timestamp

UUID

UUID

Text

Condition code

Timestamp

UUID

UUID

Condition code

**Encounter class** 

Encounter code

Timestamp

Timestamp

Encounter ID

**Condition Code** 

**Condition Description** 

**Business term** 

**Encounter Start Date** 

**Encounter Stop Date** 

**Encounter ID** 

Patient ID

Provider ID

Payer ID

Organization ID

**Encounter Class** 

**Encounter Code** 

**Condition Code** 

**Business term** 

**Immunization Date** 

Immunization Code

Immunization Description

Immunization Base Cost

**Business term** 

**Medication Start Date** 

Medication Stop Date

Patient ID

Payer ID

**Encounter ID** 

Medication Code

**Medication Description** 

**Medication Base Cost** 

Medication Dispenses

**Medication Total Cost** 

**Condition Description** 

**Condition Code** 

**Business term** 

**Observation Date** 

**Observation Code** 

**Observation Value** 

**Observation Units** 

**Observation Description** 

Observation Value Type

**Business term** 

Organization ID

Organization Name

**Organization City** 

Organization State

Organization Latitude

Organization Longitude

Organization Revenue

Organization Utilization

Data class

**US Social Security Number** 

Organization Phone Number

**Business term** 

Patient ID

Patient SSN

Patient Birth Date

Patient Death Date

Patient Passport

Patient First Name

Patient Last Name

Patient Maiden Name

Patient Marital Status

Patient Prefix

Patient Suffix

Patient Race

Patient Ethnicity

Patient Gender

Patient Birthplace

Patient Address

Patient City

Patient State

Patient County

Patient Latitude

Patient Longitude

**Business term** 

Payer ID

Payer Name

Payer City

Payer State

Payer Zip

Payer Phone

Payer Revenue

Payer Amount Covered

Payer Amount Uncovered

Payer Covered Encounters

**Payer Uncovered Encounters** 

Payer Covered Medications

Payer Covered Procedures

Payer Uncovered Procedures

Payer Covered Immunizations

Payer Unique Customers

Payer Member Months

**Business term** 

Procedure Date

Payer QOLS Avg

Payer Uncovered Immunizations

Payer Uncovered Medications

Payer Address

Patient Healthcare Expenses

Patient Healthcare Coverage

Patient Zip

Patient Driver's License

Organization Zip

Organization Address

Patient ID

Encounter ID

Medication Payer Coverage

Patient ID

Encounter ID

**Condition Description** 

**Encounter Description** 

Base Encounter Cost

**Encounter Total Claim Cost** 

**Encounter Payer Coverage** 

**Careplan Description** 

**Condition Description** 

Primary key: ID Column ID

**CAREPLANS** 

Start Stop Patient Encounter

Code Description

ReasonCode ReasonDescription

**CONDITIONS** Governance term: Condition Primary key: None Column Data class

Start

Stop Date Patient UUID UUID Encounter Code Condition code

Description

Primary key: ID

ID

Start

Stop

Payer

Code

Description

Base\_Encounter\_Cost

Total\_Claim\_Cost

Payer\_Coverage

ReasonDescription

ReasonCode

**ENCOUNTERS** 

Governance term: Encounter

Column

Date

Text

Patient Organization Provider

EncounterClass

**IMMUNIZATIONS** Governance term: Immunization

Primary key: None

Column

Date

Patient

Encounter

Code Immunization code Description Text Base Cost Quantity **MEDICATIONS** 

Primary key: None

Start

Stop

Patient

Payer

Encounter

Column

Governance term: Medication

Code Description Base\_Cost

Payer\_Coverage

Dispenses

**Total Cost** 

Reason Code

**Reason Description** 

**OBSERVATIONS** Governance term: Observation

Primary key: None

Column

Date

Patient

Code

Encounter

Description

Primary key: ID

Column

ID

Name

City

Phone

Revenue

Utilization

**PATIENTS** 

Primary key: ID

Birthdate

Prefix

Suffix

Marital

Race

Ethnicity

Gender

Birthplace

Address

City

State

County

**PAYERS** 

Primary key: ID

ID

Name

City

Zip

Phone

Address

Zip

First Name

Last Name

Maiden Name

ID

Governance term: Patient

Column

Address

Text Value Code Units Indicator Type **ORGANIZATIONS** 

Governance term: Organization

UUID

City

US State Code State Zip US Zip Code Latitude Lat Longitude Lon

Deathdate SSN Driver's License Passport

Lat Lon Healthcare\_Expenses

Healthcare\_Coverage

Governance term: Payer

Column

Amount\_Uncovered Revenue Covered\_Encounters Uncovered\_Encounters

Amount\_Covered

State\_Headquartered

Column Date Patient Encounter Code

Governance term: Provider Primary key: ID Column UUID ID

Covered\_Medications Uncovered\_Medications Covered\_Procedures Uncovered\_Procedures Covered\_Immunizations

Uncovered\_Immunizations

Unique\_Customers

Member\_Months

**PROCEDURES** 

Governance term: Procedure

QOLS\_AVG

Primary key: None

Latitude Longitude Utilization

Lon

Provider State Provider Zip Provider Longitude Numeric **Provider Utilization** 

Data class **Business term** Provider ID Organization ID Provider Name Provider Gender **Provider Specialty** Provider Address **Provider City** 

Provider Latitude

Patient ID UUID UUID Encounter ID Procedure code Procedure Code Description Procedure Description Text Procedure Base Cost Quantity Procedure Base Cost Procedure Reason Code Condition code **Condition Code Procedure Reason Description** Text **Condition Description PROVIDERS** UUID Person Name Gender Provider specialty **US Street Name** City

US State Code US Zip Code

Organization Name Gender Specialty Address City State Zip Lat