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**Overview and Analysis of the  
Proposed  
WEDI Health Identification Card  
Implementation Guide  
June 3, 2006, Draft**

Presented by:

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- Co-Chair WEDI Transactions Workgroup
- Liaison to INCITS B10 Standard Health Care Identification Card (INCITS 284:2006)
- Former outside consultant to HCFA on National Identifiers

# Card Issuer on a Card



# Background of ID Card Project

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- ◆ Began in X12 and WEDI 1991 & 1992
- ◆ Shifted to ASC INCITS B10 in 1994
- ◆ ISO delegate USA/RC appointed HCFA to administer health card issuer numbers 1996 ANSI Approved INCITS 284:1997
- ◆ NCPDP adopted standard in 1998, asked for PDF417 technology.
- ◆ Revision begun 2004; approval 2006
- ◆ WEDI Implementation Guide 2005-2006
- ◆ Outreach to health organizations, government, and conferences.

# Major Issues Identified by Comments

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1. Need cost and benefit research analysis.
2. Need to support multifunctional business processes.
3. Need unique identifier for health plans (This problem is solved).
4. Need to select a single technology. The guide specified PDF417 bar code; others want magnetic stripe.
5. Want combined health and financial card.
6. Should card require only identification information but permit other information at issuer's discretion?

# Design Principles for Card Standard

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- ◆ **Simplicity.** Mandate only essential ID info.
- ◆ **Process Neutrality.** Card should meet stakeholder needs. It should not restrict conduct of business processes.
- ◆ **Financial Card.** Permit but not require combination of health and financial cards.
- ◆ **Voluntary**
- ◆ **Work in progress.** Nothing in draft is cast in concrete until final agreement.

# 1.1 Purpose of Implementation Guide

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- ◆ Purpose: Standardize machine-readable card to enable automatic access to insurance and patient records.
- ◆ Card is an automatic key to records.
- ◆ Standardize present practice, bring uniformity to information, appearance, and technology to 100 million cards now in use.
- ◆ This is an implementation guide for the American National Standard Health Care Identification Card, INCITS 284.

## 1.2 Scope is Identification

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- ◆ Scope of this guide is identification information only. The card is the access key for electronic inquiries & transactions.
- ◆ Commenters want to combine a health card with a financial card.
- ◆ It does not specify diagnostic, prescriptive, medical encounter, bio-security, non-identifying demographic, family history, blood type, or any other data about cardholder.



## 1.2 What's Needed for Identification?

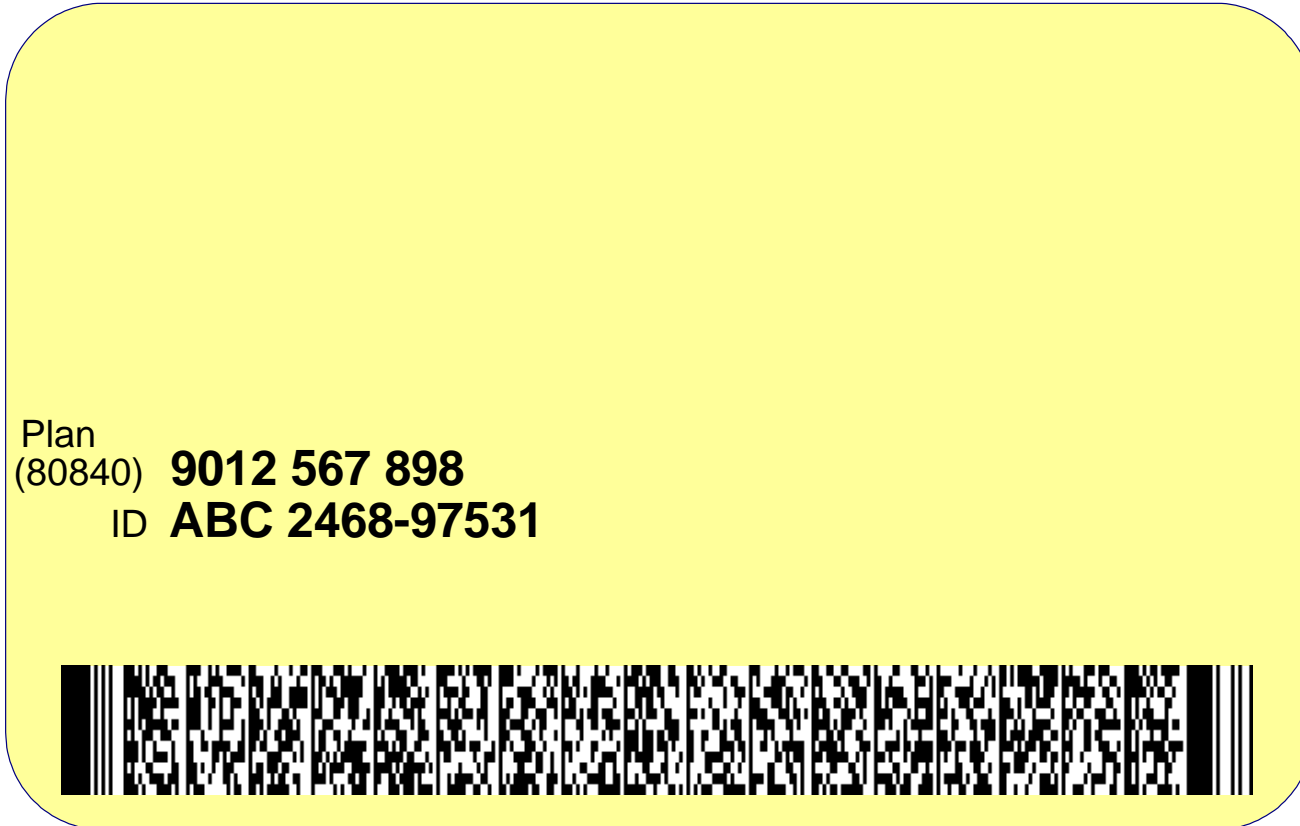
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At the most basic, only 2 things are needed for an ID card:

- ◆ Card issuer number—who issued the card?
- ◆ Cardholder number—who is the card identifying?

## 1.2 The Basic Minimum

Basic: (1) Need Card Issuer and (2) Cardholder ID



# 1.2 The Enhanced Basic Minimum

- Some plans need group number to identify.
- It seems like a good idea to the person's name on card.
- Patients and Providers want the Plan's name or logo.

## ***Plan LOGO & Name***

Grp **18187-8180**  
ACME TRANSFER CORP  
Plan  
(80840) **9012 567 898**  
ID **ABC 2468-97531**  
Sub **JOHN Q SMITH**  
Dep02 **SUSAN B JONES-SMITH**



Why do we want any more information? Transition!

## 1.3 Cards Issued by:

	<b>Provider Issued</b>	<b>Plan Issued</b>
Card Issuer Number	NPI	Plan Identifier (problem here)
Cardholder Identifier	Provider Assigned Typically, Medical Record Number.	Payer Assigned to identify subscriber or dependent
Cardholder Name	Patient Name	Subscriber and/or Dependent Name
Typical Purpose:	Outpatient / Clinic Readmission Card	Health Insurance Card

[1] See 3.3 for description of the "80840" prefix also required by the card issuer identifier.

## 1.4 Benefits

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- ◆ **For Providers**: Eliminate patient and insurance identification errors, reduce costs & aggravation of rejected claims, reduce lengthy admission process, eliminate photocopying, filing, manual key entry, increase patient satisfaction, facilitate automatic eligibility inquiries.
- ◆ **For Payers**: Eliminate identification errors, improve subscriber satisfaction, improve employer satisfaction, reduce cost of claim errors, reduce cost of help desks for providers and subscribers, improve provider relations.

## 1.4 Benefits (continued)

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- ◆ **For Patients**. Elimination of patient and insurance identification errors reduces hassle factor, increases satisfaction.
- ◆ **For Employers**: Increase employee satisfaction with the company's benefit plans and reduce cost of helping employees resolve insurance problems.
- ◆ **For Clearinghouses**: The universal plan identifier conveyed by the card assists all-payer routing & COB without translation of trading-partner specific identifiers.

# 1.5 Implementation Strategy

## So What's Holding It Up?

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- ◆ **Question:** If there are so many benefits from a machine readable card, why aren't all health cards machine-readable?
- ◆ **Answer:** Machine readability is worthless if the computer cannot tell what payer issued the card, and we don't have a comprehensive payer number yet.
- ◆ **Example:** Jim Schuping paying a restaurant bill without a card issuer number.

# 1.5 Implementation Strategy

## 3.3 We Need Payer Number

- ◆ Identifiers on ISO card issuer standard with 80840 prefix. **Assures uniqueness.**
- ◆ 80840 is for all health card applications in the United States. **ISO approved CMS in 1996.**
- ◆ 10-Digit number after 80840:
  - National Provider Identifier (begins with “1” or “2”)
  - Health Plan Identifier (begins with “9x”)
  - Other health care participants needing IDs (e.g. atypical providers, clearinghouses, repricers, RHIOs, data banks, blood banks, others) (“9x”)
- ◆ CMS kept 808401-808408. CMS released 808409; ISO assigned 808409 to Enumeron.



# Card Issuer on a Card



## 1.5 Economic Strategy

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- ◆ Plans and other card issuers to adopt standard right way for cards they are re-issuing anyway.
- ◆ When enough cards are machine-readable, providers will find good ROI to integrate card with their systems.

## Other key points

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- 1.6 This implementation guide is voluntary.
- 1.7 This is not a national personal ID card.  
It just standardizes present practice. ID has meaning only in context of card issuer number.
- 1.10 There is an implementation guide for drug plans written by NCPDP.

## 3.0 Human-Readable Information

Information Element	Standard Label	Mandatory or Situational*	**Location
Card issuer name or logo	None required	<b>Mandatory</b>	Front Side
Card issuer identifier	"Issuer (80840)" "Hospital (80840)" or "Plan (80840)"	<b>Mandatory</b>	Front Side
Cardholder identifier	"ID" or "RxID"	<b>Mandatory</b>	Front Side
Cardholder identification name	Blank, "Name", "Subscriber", "Sub", "Member", "Patient", or "Pat"	<b>Mandatory</b>	Front Side

## 3.0 Human-Readable Information

Information Element	Standard Label	Mandatory or Situational*	**Location
Dependent name (c.f. 3.6.1)	"Dependent" "Dep", or "DepXX" (c.f. 3.6.1 and 6.5)	Situational	Front Side below card- holder name
Policy Number, Group Number, or Account (such as provider billing number)	"Group", "Grp", "Policy", "Pol", "Account", "Acct"	Situational, <b>Required</b> when requisite for identification	Front Side
Date of birth	"DOB"	Situational	Front Side
Card issue date	"Issued"	Situational	Front Side
Card expiration date	"Valid Thru"	Situational	Front Side

## 3.0 Human-Readable Information

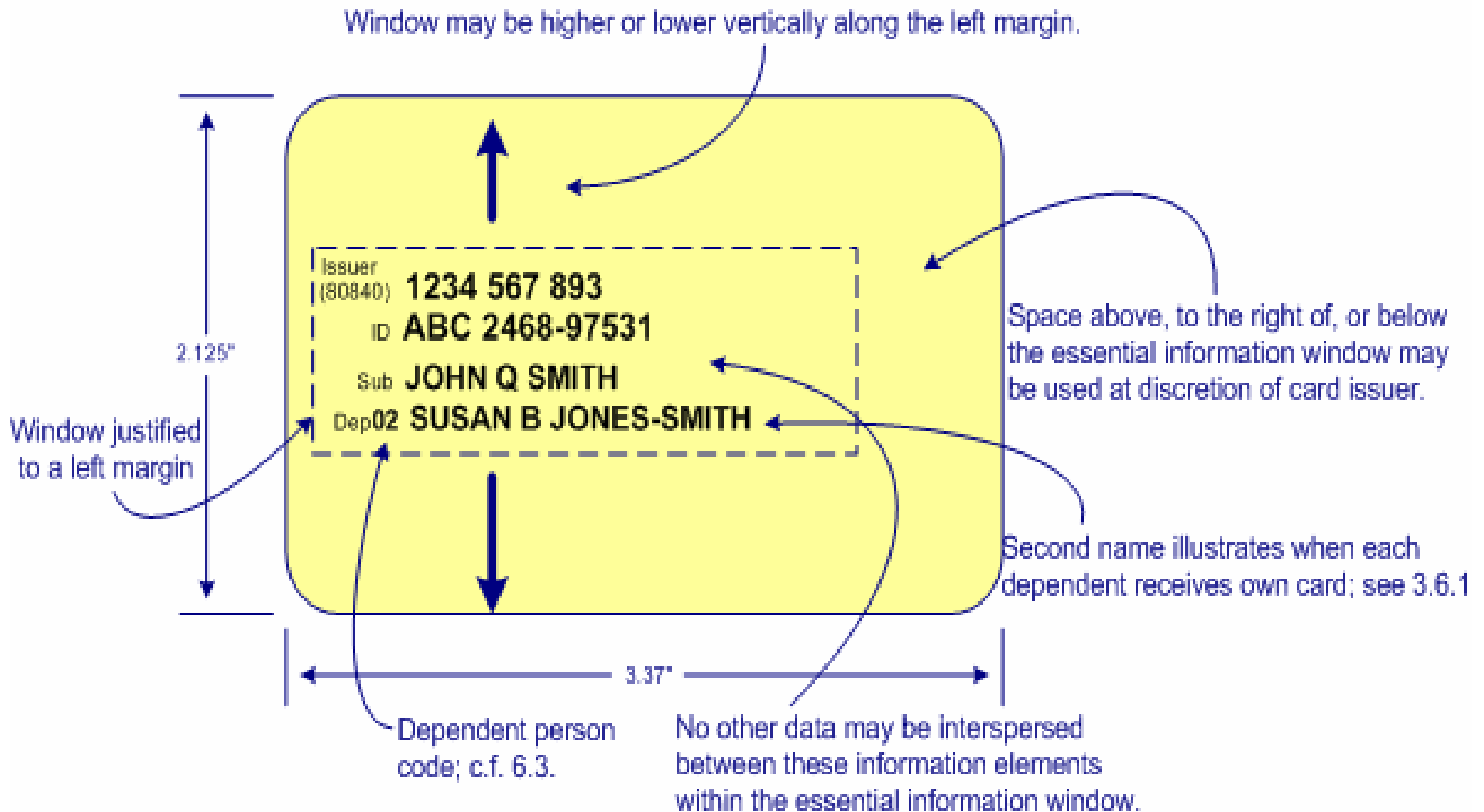
Information Element	Standard Label	Mandatory or Situational*	**Location
Name(s) and address(es) such as claims submission address	A suitable label	<b>Mandatory</b>	Back Side
Telephone number(s) and name(s)	A suitable label	<b>Mandatory</b>	Back Side
Any other data	None required	Situational	Either Side

# 3.1 Format Conventions

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- ◆ **Variable Information:** Variable or personalized data will be on the front of the card and constant information on the back.
- ◆ **Standard Labels:** Standard labels are required with corresponding information.
- ◆ **Language/Character Set:** Labels and pre-printed information shall be in English, and information elements alphanumeric.
- ◆ **Date Format:** Human-readable dates shall be mm/dd/yy, mm/yy, mm/dd/ccyy, or mm/ccyy. Date of birth should use 4-digit year.

## 3.2 Essential Information Window Illustration





## 3.5 Cardholder Name

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- ◆ Shall correspond with the cardholder ID.
- ◆ Must fit on a single line.
- ◆ Punctuation, such as a period or comma, is discouraged.
- ◆ Sequence: given (first) name and initial, surname, and name suffix, separated by spaces.

Example:        JOHN Q SMITH JR

## 3.6 Cards with Names of Dependants

- ◆ When each has a separate card, the dependents full name should appear immediately below the cardholder name:

Sub            JOHN Q SMITH JR  
DepXX        SUSAN B JONES-SMITH

- ◆ When all dependents are listed (usually drug cards) their names may be listed in columns to the right or below the cardholder name (often just first names are listed):

Sub            JOHN Q SMITH JR  
Dep            02 SUSAN        03 AMY        04 MIKE  
                 05 NIKOLAI    06 TIM        07 JUDY

# Other Key Points

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- ◆ **3.7 - Accented characters** are only permitted for human-readable names only.
- ◆ **3.8 – Policy, Group, or Account numbers** are mandatory when necessary for identification, transaction routing, or claims processing.
- ◆ **3.9 – Claim submission name, address, and telephone numbers** shown as the lowermost elements on the back of the card.
- ◆ **3.10 – Card issue date** is suggested to quickly identify the most current card.

## 3.11 General Information

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The remaining card space may be used at the discretion of the issuer for information such as:

- ◆ Co-payments and deductibles
- ◆ Product or plan type
- ◆ PPO or other network name or logo
- ◆ Third-party administrator name or logo
- ◆ Instructions for out of area benefits

## 4.0 Combined Benefits Health ID Cards

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- ❖ Consumers and Health Plans often desire a single card that combine multiple benefits
- ❖ Examples of combined benefits might include:
  - ❖ Medical
  - ❖ Dental
  - ❖ Drug
  - ❖ Vision
- ❖ Financial card for settlement of patient balance.

## 4.2 Exception for Combining Drug Benefits with Other Coverage

RxBIN **654321**

RxPCN **ABC1234567**

RxGRP **ABC987654321**

RxID **ABC 2468-97531**

RxCopay \$5/\$25/\$40

Issuer  
(80840) **1234 567 893**

ID **ABC 2468-97531**

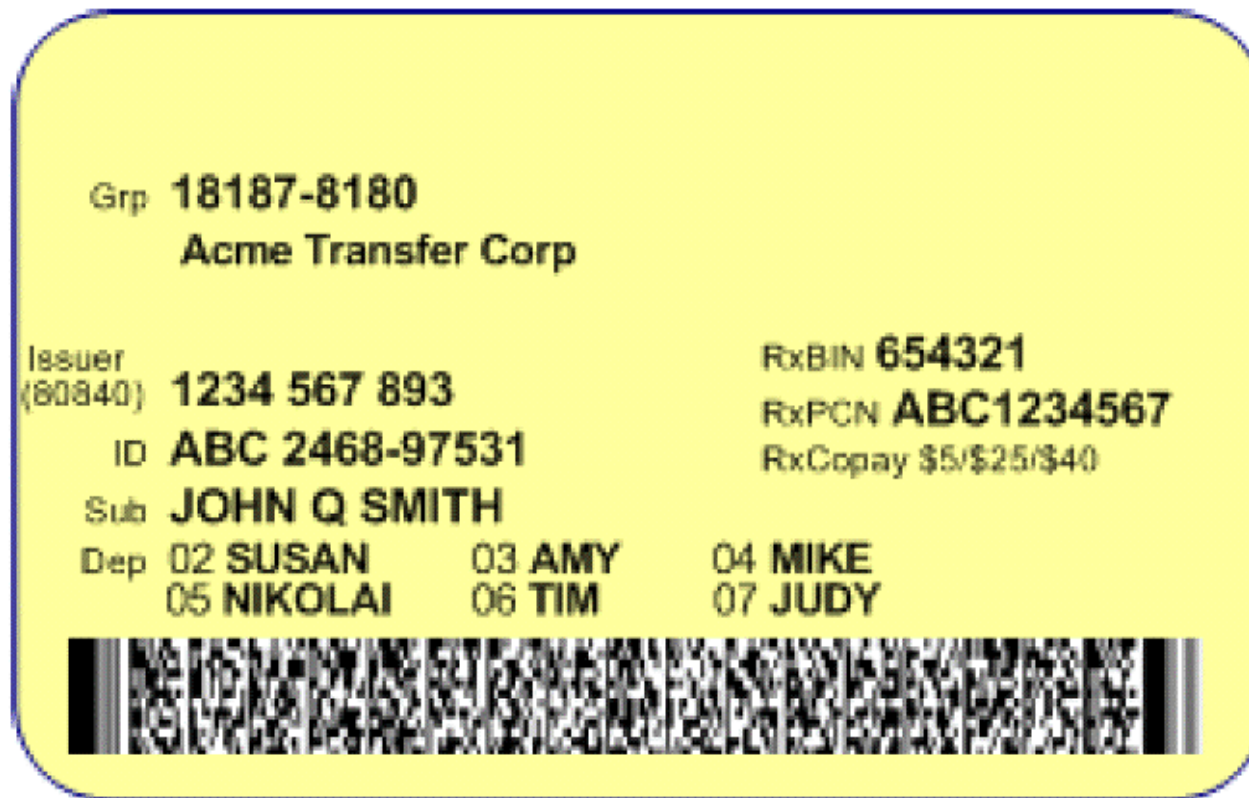
Sub **JOHN Q SMITH**

Grp **18187-8180**

**Medicare<sup>R</sup>**  
Prescription Drug Coverage **X**

**CMS S5555 XXXX**

## 4.2 Exception for Combining Drug Benefits with Other Coverage



**Illustration When Identifiers are Identical  
(Also illustrates Dependents List and PDF417 on Front of Card)**

## **5.0 Usage Examples Health ID Cards**

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**5.1 Usage of a Health ID Card Issued by a Health Care Provider**

**5.2 Usage of a Health ID Card Issued by a Health Plan**



# 5.1 Usage of a Health ID Card Issued by a Health Care Provider

**Hospital LOGO & Name**

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Please arrive 15 minutes before your appointment

Issuer  
{80840} 1234 567 893  
ID ABC 2468-97531  
Patient SUSAN B JONES-SMITH      DOB 11/14/1978  
Issued 05/14/06



What to do in an emergency: Instructions .....

.....

.....

.....

This card is property of .....

.....

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Hospital Name	Important Numbers
123 Main Street	Admissions: (800) 555-1234
Anytown, ST 12345	Outpatient: (800) 555-2345
	Billing: (800) 555-3456

# 5.2 Usage of a Health ID Card Issued by a Health Plan or Payer

**Plan LOGO & Name**

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All inpatient admission must be precertified. See benefit booklet for other requirements.

Grp **18187-8180**  
**ACME TRANSFER CORP**

RxBIN **654321**  
RxCopay \$5/\$25/\$40

Issuer (808440) **9012 567 898**  
ID **ABC 2468-97531**

Sub **JOHN Q SMITH** Issued **05/14/06**  
Dep02 **SUSAN B JONES-SMITH** DOB02 **11/14/1978**



**What to do in an emergency: Instructions** .....

.....

.....

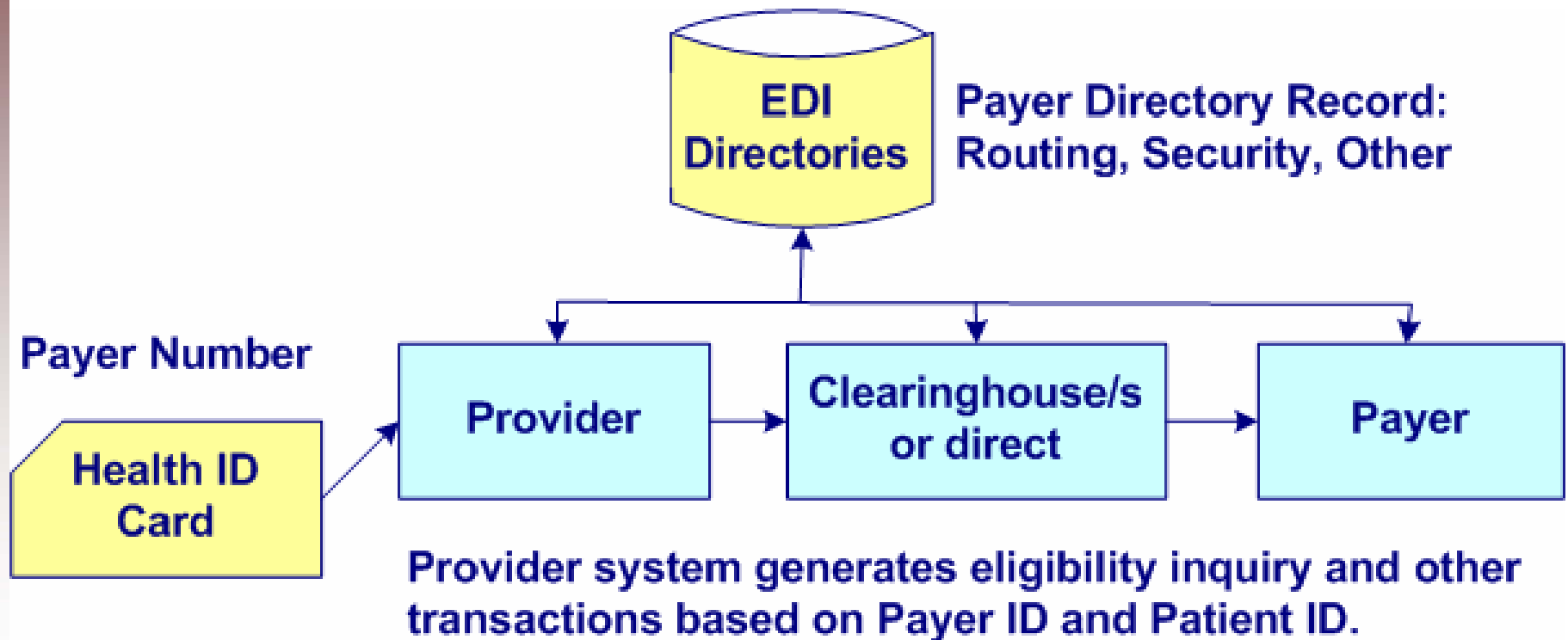
**This card is property of** .....

.....

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<b>Submit Claims to:</b>	<b>Important Numbers</b>
ABC Insurance Company	Help Desk: (800) 555-1234
123 Main Street	Eligibility: (800) 555-2345
Anytown, ST 12345	Prior Auth: (800) 555-3456
	Pharmacies call (800) 555-1212

# Card Used in Systems



## 6.1 Conformance

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- ◆ PDF417 is a 2-dimensional bar code
- ◆ PDF417 required, other technologies optional
- ◆ Must conform to:
  - INCITS 284:2006 *Health Care ID Cards*
  - *Uniform symbology specification—PDF417*
  - ISO/IEC 15438, *Bar code symbology specifications PDF417.*

## 6.2 Card Characteristics

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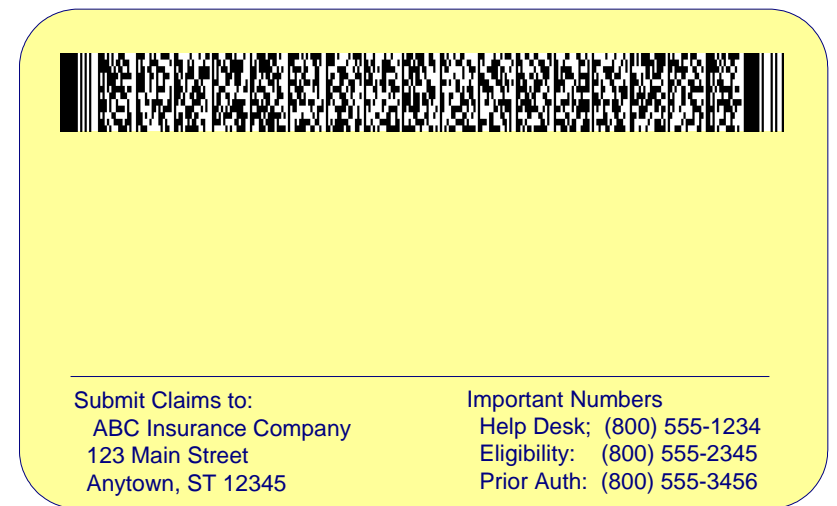
- ◆ Acceptable Media:
  - Plastic card (like used for charge card)
  - Thin plastic card
  - Paper
- ◆ Same size as charge card 2-1/8 x 3-3/8 inches

## 6.2 Example of PDF417

- ◆ PDF417 image may be anywhere on front or back; so it will not interfere with any other technology.



Or:



## 6.3 Mandatory Machine-Readable Information

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- ◆ Card issuer identifier (mandatory); full identifier, must include the 80840 prefix
- ◆ Cardholder identifier (mandatory)
- ◆ Card purpose code: medical/surgical insurance, drug, vision, dental, hospital readmission card (mandatory)

Formats are normalized: no spaces, hyphens, special characters.

Dates are ccyymmdd, no extra characters

## 6.4 Situational Data (limited by capacity of PDF417)

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- ◆ Name, DOB, Gender of cardholder and dependent/s.
- ◆ Account or Group Number
- ◆ Address of cardholder
- ◆ Drug benefit group, BIN, processor control number, cardholder ID if different
- ◆ Dates Issued, Expires, Benefits Effective
- ◆ Primary Care Physician



# **B.1 Possible Technologies**

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## **Technologies Now in the Underlying Standard**

- ◆ PDF417 2-dimensional bar code
- ◆ Magnetic stripe Tracks 1 & 2
- ◆ Magnetic Stripe Tracks 1, 2, & 3
- ◆ Integrated circuit with or without contacts
- ◆ Optical memory

## **Technologies that Could be Added to Standard**

- ◆ Radio Frequency ID Tags (RFID)
- ◆ High Capacity Magnetic Stripe (1,000 characters)

## B.2 Magnetic Stripe Lacks Capacity

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- ◆ Typical number of characters needed (Dependent Card) = 193 alphanumeric characters.  
(140 alphanumeric, 53 numeric or special)
- ◆ PDF417 capacity = 210, more if more space used
- ◆ Magnetic Stripe:
  - Track 1 capacity = 79 alphanumeric
  - Track 2 capacity = 40 numeric only
  - Track 3 capacity = 79 alphanumeric

## B.2 What is Impact if we use Mag Stripe Anyway?

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- ◆ Would need to reduce encoded data
- ◆ Would need to shorten name (truncate?)
- ◆ Probably can not have two names
- ◆ NCPDP would not support; need more space.
- ◆ Probably Medicare Parts A & B not support.
- ◆ Incompatible with Medicaid mag stripe
- ◆ Incompatible with financial card
- ◆ Need special equipment for low volume
- ◆ Lose other uses (self-print, atypical provider ID, other)

# Selection Principles

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- ◆ **B.3** There should be a single, primary technology. (Other technologies are optional)
- ◆ **B.4** The technology should be standard across regions and health care segments.
- ◆ **B.5** The technology should be low cost.
- ◆ **B.6** Not abruptly disrupt prior investment:
  - Medicaid & other plans can continue using magnetic stripe during transition.
  - Software adjustment to allow transition of Federal employee plans PDF417 over time.

## **B.7 There is No Significant Prior Industry-wide Investment to Build On**

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- ◆ Insignificant technology in cards now.
- ◆ Most cards carry no technology.
- ◆ Pharmacy industry adopted PDF417.
- ◆ Mag stripe readers in provider offices not configured for health cards and are still needed for financial transactions.
- ◆ No magnetic stripe Track 3 readers installed.
- ◆ Bar code readers in provider offices installed in last 6 years compatible with PDF417.
- ◆ Most of card production software still applicable.
- ◆ Card usage software will be new in any case.

## B.8 PDF417 Meets Requirements

Can use thin-plastic, standard plastic, or paper?	Yes
Can be printed with ordinary laser printer	Yes
Can be printed in same step as printing mailing or carrying document	Yes
Can be produced in real-time in issuer's office?	Yes
Standard adopted by organizations?	NCPDP, Part-D, State legislation
Well accepted, effective, inexpensive to use?	Yes
Cost to produce	Low
Data capacity is adequate?	Yes
Can support combined medical and drug card?	Yes
Can support combined health & financial card?	Yes
Can support additional technologies for other uses?	Yes

## B.8 PDF417 Meets Requirements

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- ◆ PDF417 fully meets needs of all health ID card applications: hospital issued, plan issued, RHIO issued, other.
- ◆ Already adopted for pharmacy (NCPDP)
- ◆ Practical at lowest volume to highest volume.
- ◆ Compatible with bar code in provider locations now
- ◆ Compatible with financial combination cards.
- ◆ Consequently, PDF417 was selected.

## B.0 Summary

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- ◆ Magnetic stripe lacks sufficient capacity.
- ◆ High capacity technologies not cost justified.
- ◆ RFID tags pose serious privacy & implementation risks.
- ◆ PDF417 meets the requirements.
- ◆ Need single technology, same everywhere.
- ◆ There is no installed base to serve as a foundation for installing a standard.
- ◆ Allows transition from existing technologies.



# Next Steps: 3 Parallel Steps

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1. WEDI Workgroup to address all the comments.
2. INCITS B10 to hold back pending revision to underlying standard until issues resolved.
3. Major Stakeholder Negotiation. Advisory to WEDI Workgroup.

# Major Issues Identified by Comments

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1. Need cost and benefit research analysis.
2. Support multifunctional business processes.
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