

16th HIPAA Summit

Cambridge, August 20, 2008

Part 1. Standard Health Identification Card &
Part 2. ISO Standard U.S. Healthcare Identifiers

Peter Barry peterbarry@aol.com

Health Plan LOGO & Name

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

Subscriber

SUSAN B JONES-SMITH

Subscriber ID

ABC 2468-97531

Group Plan (80840)

9210 567 898

Acme Transfer Corp Empl Benefits

To obtain WEDI Health Card Guide

To download a copy of the *WEDI Health Identification Card Implementation Guide*, go to:

www.wedi.org, click on “health ID Card”

Part 1: Purpose

Standard Health Identification Card

- ◆ Automated & Interoperable Health ID Cards for efficiency, accuracy, error elimination, convenience, and data coordination
- ◆ Standardize Present Practice
- ◆ Bring Uniformity to 100 million cards
 - Appearance
 - Information
 - Technology
- ◆ Card is an Access Key, not a data card

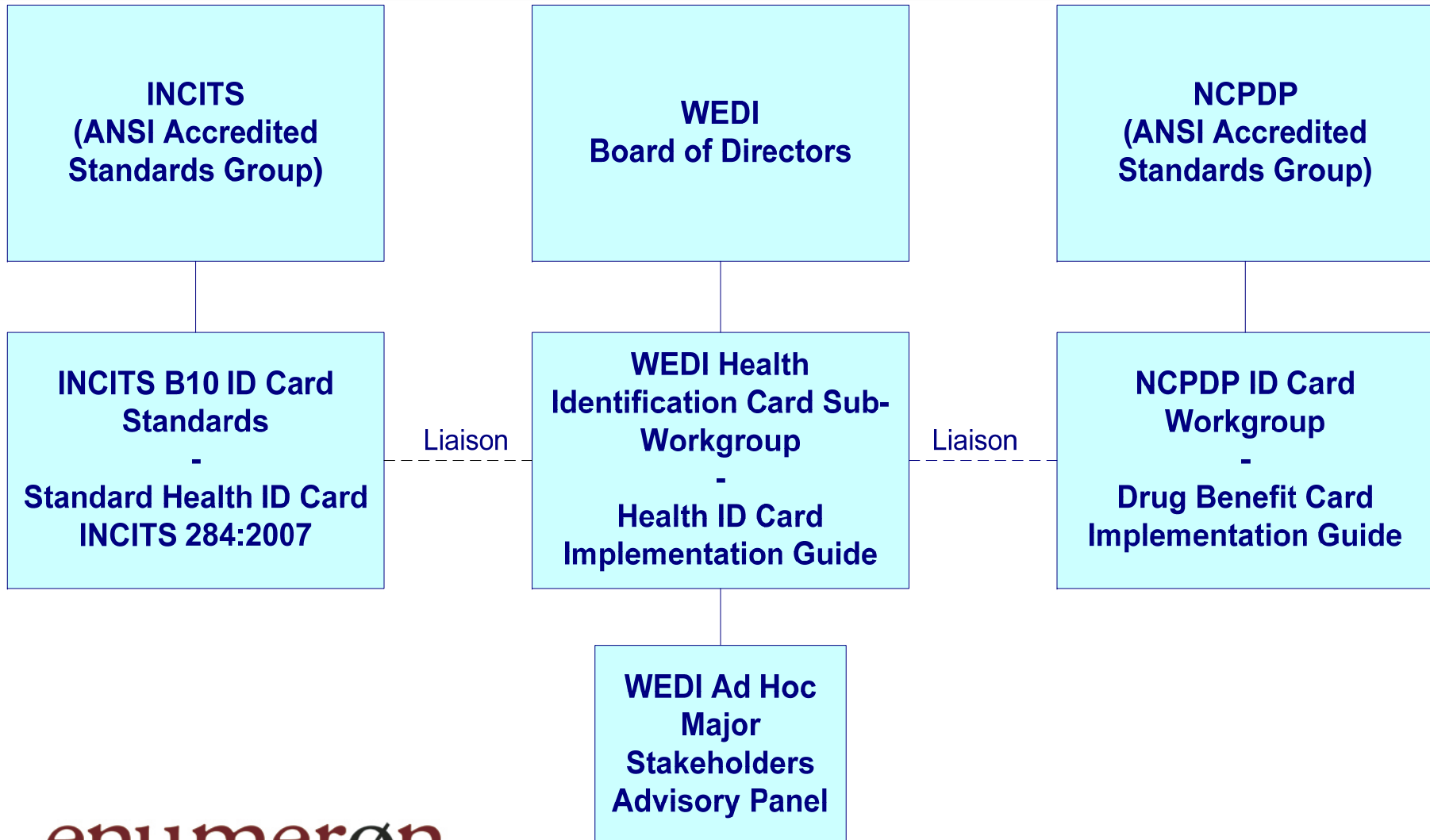
WEDI Implementation Guide Objectives

- ◆ Based on Underlying ANSI Standard:
 - ANSI INCITS 284-2008 (being revised)
- ◆ All cards to contain same information, labeled the same, placed in the same place
- ◆ Standard technology to support automation
- ◆ Identification only – no personal health data
- ◆ Multi-use – benefits, dependents, financial
- ◆ Voluntary
- ◆ Not a national health ID card

History of the Project

- ◆ ASC X12 1991, WEDI 1992, INCITS B10 1994
- ◆ INCITS 284:1997; Revision INCITS 284 in 2008
- ◆ *WEDI Implementation Guide* for Public Comment June 2006; Public Hearings July 2006 & Aug 2007
- ◆ 108 pages of public comments and responses.
- ◆ Created Major Stakeholder Panel Nov 2006
- ◆ Approved *WEDI Implementation Guide* Nov 2007
- ◆ *PlanID*: ISO Standard Health Plan Identifier 2007
- ◆ Current Effort is National Implementation

Who's Working On It?



WEDI Author Group

Allina, ASI, BCBS Michigan, Blue Cross Blue Shield Association, Express Scripts, Fiserv, Health Net, Healthcare IT Transition Group, HealthPartners, Health Plan of New York, Instamed, Institute for HIPAA/HIT Education & Research, Kansas Health Policy Authority, Markam, Medco, Mid-America Coalition on Health Care, Montefiore Medical Center, NCPDP, Natl Assoc of Healthcare Access Management, Peter T Barry Co., Pharmacy Industry Consultants, Southcoast Hospitals Group, Tampa General Hospital, TM Floyd & Company, Truman Medical Center, Univ of Arkansas for Medical Sciences.

Major Stakeholders Panel

American Dental Assoc, American Express, American Hospital Assoc, American Medical Assoc, Availity, BCBS of Kansas, BCBS of North Carolina, BCBS of South Carolina, BCBS Assoc, BCBS of Florida, BCBS of Mass, BCBS of Michigan, BCBS of Minn, CMS Medicare Part-D, CAQH & CORE, Discover Network, Enumeron, Exante Financial Services, Express Scripts, First Data Healthcare Corporation, Gardner Research, ASTM, Health Care Service Corp, Healthcare IT Transition Group, Humana, Ingenix / Claredi, Kaiser Permanente, Magellan Consulting, MasterCard Worldwide, McKesson, Medco, Medical Group Management Assoc, Mid-Amer Coalition on Health Care, National Assoc of Chain Drug Stores (NACDS), National Assoc of Healthcare Access Management, NCPDP, Univ Arkansas for Medical Sciences, Neal, Gerber & Eisenberg LLP, Office of the National Coordinator for Health Information Technology (ONCHIT), Personix / FISERV, Pharmacy Industry Consultants, PSC / DataLogic Scanning, Public Health Data Standards Consortium, Trihelix, Utah Health Information Network, Visa, Walgreen's

Approved by WEDI Board

Intermountain Health Care, BCBS of Minnesota, Cornichon Healthcare Solutions, Siemens/HDX, Montefiore Medical Center, American Dental Association, BCBS of South Carolina, Foresight Corporation, CMS, OR & SW WA Healthcare Security & Privacy Forum, American Hospital Association, BCBS Association, Mayo Clinic, Kaiser Permanente, PriceWaterhouseCoopers, IBM, California Regional Health Information Organization, Boundary Information Group, Payformance Corporation, BCBS of Arizona, McKesson, Medco, American Medical Association, NCPDP, WellPoint, Medical Group Management Association, Aetna, Health Level Seven, America's Health Insurance Plans

ANSI INCITS B10 Participants

Drexler Technology, AT&T/Bell Labs, Mag-Tek, Gemplus Card Intl, Canon U.S.A., Polaroid Corporation, Health Care Financing Administration (now CMS), Peter T. Barry Co, BCBS of Michigan, Metropolitan Life, First National Bank of Omaha, Banc One Services, Mutual of Omaha, The Bryn Mawr Hospital, PACS Systems, United Health Care

Explicit Outreach to:

U.S. Government (CMS Medicare and Medicaid, Department of Labor ERISA and Workers' Compensation, Alabama, Connecticut, Florida, and Maryland Medicaid State Agencies, Public Health Service, Social Security Administration, Department of Health and Human Services, DOD / CHAMPUS, Office of Insurance Programs, Department of Veterans Affairs, Office of Management and the Budget), U.S. Post Office workers' compensation systems project, ASTM, U.S. Senate, BCBS Assoc, Faulkner & Gray health automation conferences, Smart Card Forum, Card Tech / Secure Tech, COMNet, Medical Records Institute, Health Card Summit, Healthcare Informatics Telecon Network television series, Electronic Funds Transfer Assoc, National Assoc of Insurance Commissioners, ANSI USA Registration Committee for card issuer identifiers, AIM USA, National Health Identifier initiatives (NPI, PAYERID, NPlanID)

Explicit Outreach (Continued)

- ◆ Healthcare Informatics Standards Board (HISB), which includes ANSI ASC X12N, Health Level Seven, ASTM, NCPDP, American College of Radiology, Institute for Electrical and Electronic Engineers (IEEE-Medix)
- ◆ ANSI Information Systems Standards Board (ISSB).
- ◆ Health Industry Business Communications Council
- ◆ Department of Defense
- ◆ White House Task Force on Health
- ◆ State Initiatives: Texas, Utah, Kansas, Colorado

Explicit Outreach to HIPAA Administrative Simplification Coalition (HASC)

American Academy of Family Physicians, American College of Physicians Services, American College of Surgeons, American Health Information Management Association, American Medical Association, Blue Cross Blue Shield Association, Center for Medicare & Medicaid Services, Council for Affordable Quality Healthcare, Healthcare Billing & Management Association, Healthcare Financial Management Association, Humana, Medical Group Management Association, Microsoft Healthcare and Life Sciences, National Business Coalition on Health, UnitedHealth Group, Johns Hopkins Center for Innovation in Quality Patient Care, Peter T. Barry Company

Responses to Public Comment Draft

- ◆ Written Responses from: CMS, Availity, Delta Dental, BCBS Association, BCBS Plans in Arkansas, Arizona, Michigan, & Florida, NAHAM, AMA, Puerto Rico, GWI, States of Minnesota, Kansas, Utah, UHIN, University Health Care (Utah), First Data Corp, LabCorp, American Clinical Laboratory Association, MediMedia, Mid-America Coalition, Healthcare Administrative Simplification Coalition (HASC), Sierra Health Services, Stanly Regional Medical Center, Public Health Data Consortium, Medical Association Health Centers
- ◆ 2 Full Day Hearings July 2006, August 2007

The 4 Major Comments

1. Standardize health plan numbers to serve as card issuer ID.
2. Include combination health insurance and bank card specifications.
3. Standardize machine-readable technology.
4. Mandate only essential information; leave other information to card issuer discretion.

WEDI Guide Card Types:

1. Provider-issued card for repeated admission or treatment.
2. Health Benefit or Insurance ID card.
3. Health ID & Bank card.
4. Other Health ID card.
5. Card Assigning ISO U.S. Healthcare ID such as for Atypical Provider

1. Provider-Issued Card

Hospital LOGO & Name

Please arrive 15 minutes before your appointment

Patient

SUSAN B JONES-SMITH

Confidential Patient ID

808400 123456 789012

Provider (80840)

1234 567 893

DOB **11/14/1978**

Issued **05/14/06**

**Hospital-Issued Card with a
Standard Patient Record ID**

2. Health Benefit or Insurance Card

Health Plan LOGO & Name

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

Subscriber

SUSAN B JONES-SMITH

Subscriber ID

ABC 2468-97531

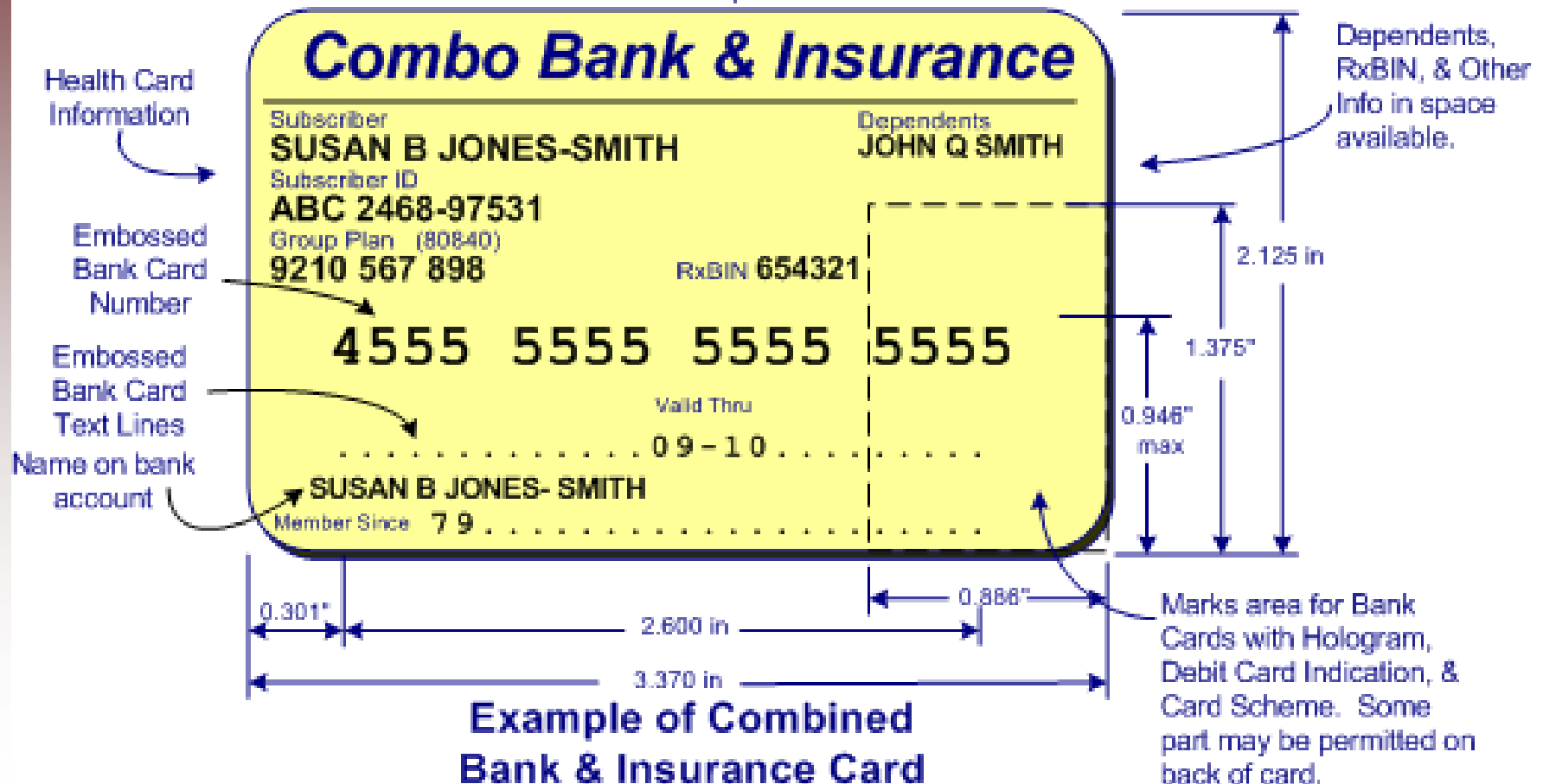
Group Plan (80840)

9210 567 898

Acme Transfer Corp Empl Benefits

3. Health Insurance & Bank Card:

Dimensions shown in inches are for illustration only. Refer to ISO Standards 7810 and 7811 for exact specifications in millimeters.



4. Other Health ID Cards:

RHIO Logo & Name

Confidential Patient ID

Patient

SUSAN B JONES-SMITH

Confidential Patient ID

808400 123456 789012

Issuer (80840)

9312 567 598

DOB **11/14/1978**

Issued **05/14/06**

Private patient record cards; examples: RHIOs, Blood Banks. Shows Standard Patient ID.

5. Card Assigning ISO U.S. Healthcare ID such as for Atypical Provider:

Logo of Plan Assigning APIs

Standard Atypical Provider ID

Use Your API Number on Healthcare Claims

Provider: **YELLOW CAB OF AUSTIN**

Your **API:** **9312 567 598**
(80840)

Issuer (80840) 9210 567 898

Issued **05/14/06**

**Card to Convey ISO Standard
U.S. Healthcare Identifier**

ID Card Theory 101

- ◆ All identification cards identify two things:
 1. The Authority or Sponsor responsible for issuance of the card.
 2. The person, family, record, account, or other object the card is identifying.
- ◆ Examples:
 - Social Security Card
 - Charge Card
 - Health Insurance Card—Now
 - Health Insurance Card—With Standard *PlanID*

Social Security Card

1. Authority or Sponsor identified by name, not ID
2. Person identified by ID and name.



Bank Card (Credit or Debit)

1. Authority or Sponsor identified by ID & Name
2. Account identified by ID and name.

Sixth-Ninth National Bank

422641 03448 0555C

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Health Insurance Card Without *PlanID*

1. Health plan name & logo. Lacks plan identifier.
2. Insured Person identified by name and ID

Health Plan or Payor
Logo

Network Name
Product or Plan Type Designation
(HMO, PPO, EPO, POS)
Website (if applicable)

All services are to be authorized by your primary care physician
(if applicable)

Patient Name
ID #: 0000000000

Co-Pays (if applicable)

Group Name and/or ID Number
Pharmacy Benefits Manager Name
(if applicable)
Effective or Issue Date: 0/00/00
(optional)

Co-Ins and Deductible
(optional)

Electronic Payor ID#
Provider Network Name
(if applicable)

Payor Phone #: 800-000-000
Local: 000-000-0000

Vision or Dental Benefits
(if applicable)

TPA Logo

Health Insurance Card with Standard *PlanID*

1. Card Issuer is Group health plan or Payer
2. Cardholder is Subscriber

Other information
is discretionary

*PlanID for
Group Health Plan*

Subscriber No

Logo

Group
(80840) **95345 67893**

ID ABC 2468-97531

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**The 2 Essential Identifiers
on a Health Insurance Card**

Design Principles

- ◆ Simplified Identification:
 1. Who issued the card
 2. Who or what is identified

Logo

Group
(80840) **95345 67893**

ID **ABC 2468-97531**

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Design Principles (Continued)

- ◆ Simplicity
- ◆ Maximize Issuer discretion
- ◆ Identification only
- ◆ Multiple benefits
- ◆ Bank card combinations
- ◆ Automation
- ◆ Interoperability

Choice between Two Technologies

Two Alternative Technologies; WEDI Allows Choice:

- Track 3 Magnetic Stripe only
- PDF417 Bar Code only
- Could mean provider must be able to read both.



Reader for Track
3 Magnetic Stripe



Reader for
PDF 417

Track 3 Magnetic Stripe

Some large plans are implementing magnetic stripe.
Many intend to combine with a bank card

- ISO Standard Magnetic stripe card requires plastic or Teslin
- Readers are cheap; Capacity is 82 characters.

Subscriber
SUSAN B JONES-SMITH
Subscriber ID
ABC 2468-97531
Group Health Plan (80840)
9210 567 898

Magnetic Stripe Tracks 1, 2, & 3.

Submit Claims to:
ABC Insurance Company
123 Main Street
Anytown, ST 12345

Important Numbers
Help Desk: (800) 555-1234
Eligibility: (800) 555-2345
Prior Auth: (800) 555-3456

PDF 417 2-Dimensional Bar Code

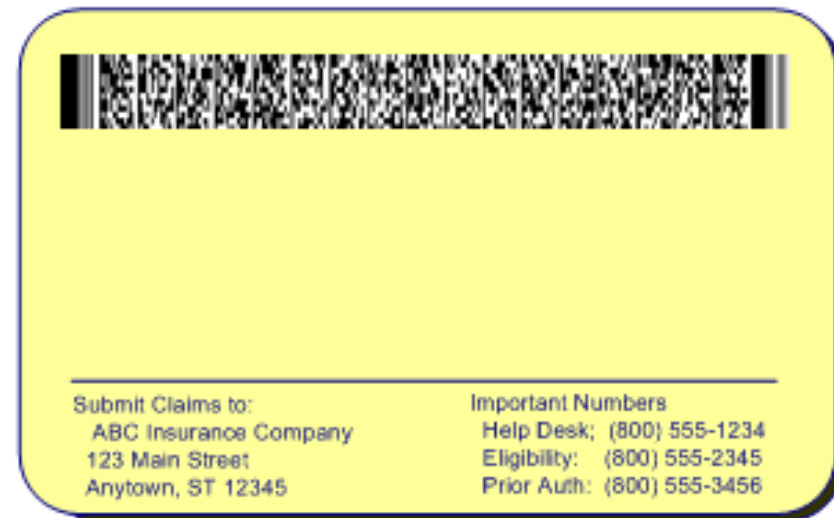
Large drug store chains and pharmacy benefit managers are implementing PDF417.

- Can be printed on any medium, photocopy is readable
- Cheap to produce; Readers more expensive
- Capacity: 200 to 800 characters; depends on space used

PDF417 Bar Code on Front of Card



PDF417 Bar Code on Back of Card



Or:

Technology Not Specified

- ◆ Other technologies we opted not to pursue
 - Data Matrix Bar Code 
 - RFID Tag
 - Smart Card Chip (contact or contactless)
 - Optical memory
- ◆ High Capacity Not Needed
 - Objective is not to use card for primary source data, so high-capacity technology is not required

Benefits of the Card to:

- ◆ Providers
- ◆ Health Plans & Administrators
- ◆ Patients and Consumers
- ◆ Employers
- ◆ Clearinghouses

Benefits of Card to Providers

1. Help to eliminate patient and insurance identification errors
2. Reduce costs and aggravation of rejected claims
3. Reduce lengthy admission processes
4. Smoother office procedures and patient satisfaction
5. Significant reduction in claim errors will enhance provider relations with plans
6. Eventually eliminate photocopying & filing paper
7. Enable immediate automatic transactions such as eligibility inquiries
8. The simplicity of only two identifiers aids both patient and provider to convey insurance benefit information or medical record identification quickly with complete accuracy.

Benefits to Health Plans & Admin

Insurance ID errors significantly increase processing costs, aggravate providers, and contribute to subscriber and employer dissatisfaction. The card reduces errors; so:

1. Error reduction improves subscriber and employer satisfaction,
2. Error reduction improves plan-provider relations.
3. Reduce cost to return and reconcile claims with errors
4. Reduces provider and plan costs for help desks
5. Multiple-benefit cards help plans & administrators offer greater range of service.
6. The universal health plan identifier helps improve COB.

Benefits for Patients & Consumers

1. Reduction in insurance identification errors significantly reduces the hassle factor and increases patient and subscriber satisfaction.
2. Satisfies consumers desire for simplicity
3. Enables subscriber to have only a single card for multiple benefits using only two identifiers
4. Patients can more easily and accurately convey essential identifiers to a provider over a telephone.
5. Permits combining an insurance card with a bank card.

Benefits for Employers

1. Reduction of patient and insurance identification errors increases employee satisfaction with the company's benefit plans and reduces cost of helping employees resolve insurance problems.
2. With a multiple-benefit card, employers are able more competitively to purchase multiple benefits using different administrators while enabling employee to carry only a single, simple card.

Benefits for Clearinghouses

1. The standard health plan identifier conveyed by the card assists all-plan routing without requiring translation of trading-partner specific identifiers.
2. Reduction of errors will reduce expense and increase client satisfaction.
3. Multi-benefit cards enable clearinghouses to support increased value to providers.

WEDI Card Implementation Strategy

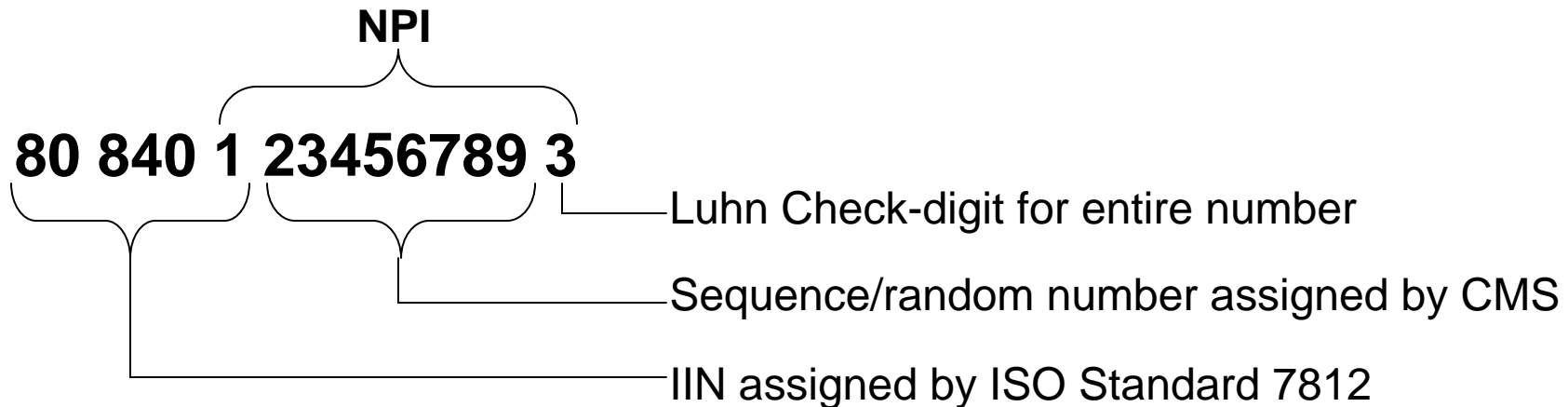
1. Approved by WEDI November 2007
2. Agreement and support from major stakeholders
3. Voluntary; so requires critical mass before providers will achieve ROI.
4. Health plans implement first, then providers
5. Large Plans are in process of implementing now
6. Outreach, education
7. Mandatory adoption being considered by states
8. Ability to obtain *PlanID* instantly—Fall 2008.

Part 2: ISO Standard U.S. Healthcare Identifiers

- ◆ ISO Standard 7812 specifies card issuer numbers. You know them as the first 6 digits on a charge card. Applies to all ISO cards.
- ◆ Numbers controlled by an ISO committee.
- ◆ ISO assigned 80840-0 thru 80840-9 to HCFA (now CMS) in 1996.
- ◆ 80 = Health applications
- ◆ 840 = United States

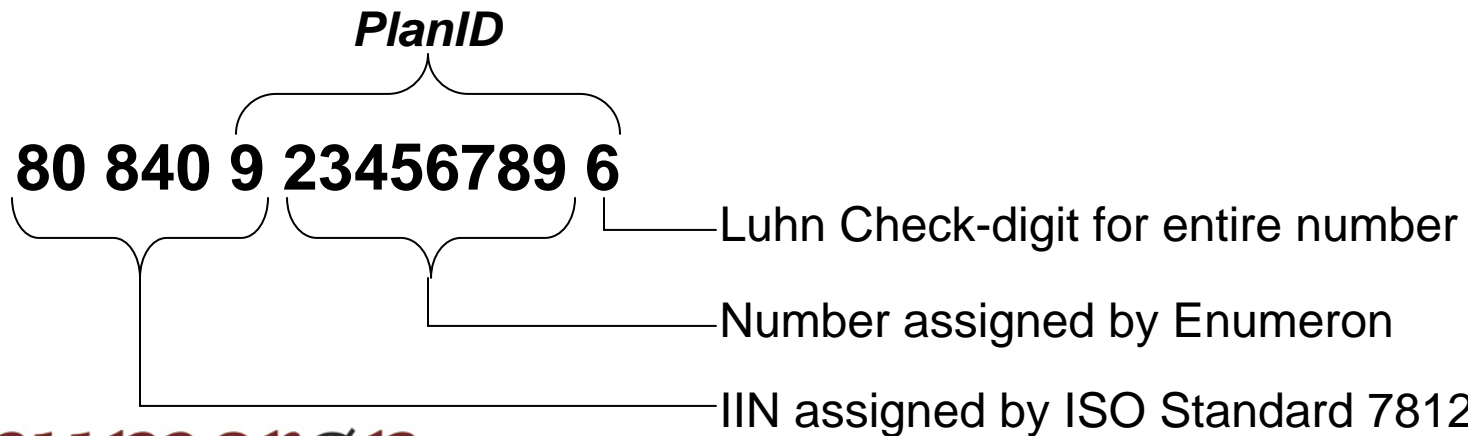
NPI is an ISO Standard U.S. Health Care Identifier

- ◆ NPI is ISO Standard U.S. Healthcare Identifier.
- ◆ 80840 prefix: 80 = health application, 840 = U.S.
- ◆ NPI structure is:



ISO Standard U.S. Healthcare Identifier for a Health Plan

- ◆ National Plan ID delayed. So CMS released the “9” row back to ISO in 2006 for private sector to solve.
- ◆ Not able to find non-profit organization to do it.
- ◆ So ISO assigned 80840-9 to Enumeron. The mission of Enumeron is to issue *PlanIDs* and Trading Partner IDs just like NPI but begin with “9”.



Standard Plan Identifier is *PlanID*

- ◆ Enumeron issued 1,200 identifiers so far
- ◆ On-Line Internet system for instant assignment expected in Fall 2008.
- ◆ HIPAA specified National Plan ID to include groups as well as payers.
- ◆ So a Health Plan may obtain from Enumeron:
 1. A single *PlanID* to identify payer or administrator; or
 2. Several *PlanIDs* to identify parts of payer / admin; or
 3. *PlanIDs* for self-funded groups it administers; enables multiple benefits on a single card; or
 4. *PlanIDs* for every group, including insured groups

Advantages of Using Standard Group Number

1. Don't have to add a payer identifier. No new field. Just standardize the group number already there.
2. Multi-benefit card. A single card may identify multiple benefits even if they are processed by different payers or administrators.
3. Simplicity Test: Only 2 identifiers needed from patient over the phone when making appointment.

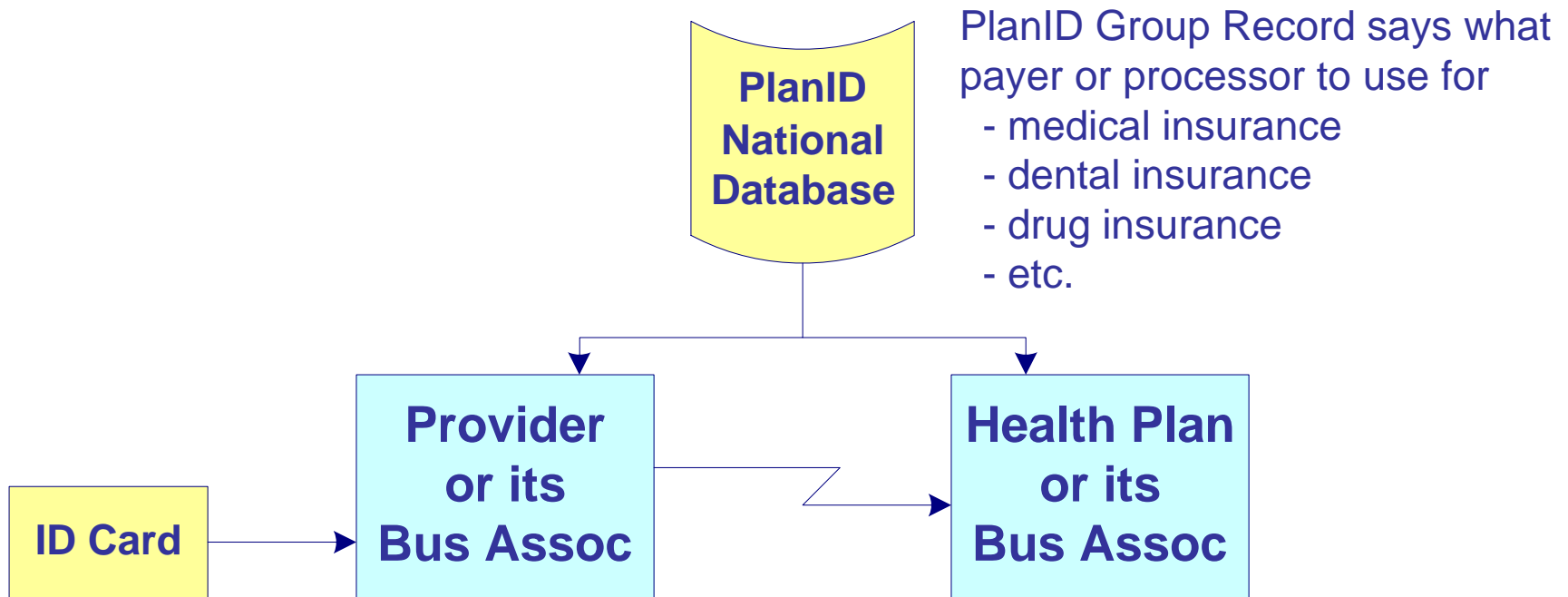
Group
(80840)

95345 67893

ID ABC 2468-97531

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How does it work?



- ◆ One card works for medical, dental, drug, other coverage.
- ◆ And you can combine a bank card with it.

enumeron

PlanID Directory Record of Group Health Plan to Support Multi-Benefit

- ◆ Group health plan record lists payers for:
 - Medical Insurance, send claim to....
 - Dental Insurance, send claim to...
 - Prescription Drug Insurance, send claim to...
- ◆ So you only need one card, not three
- ◆ So there are only 2 essential identifiers:
 1. Card Issuer Number: The Group Health Plan
 2. Cardholder: The subscriber, dependent, etc.
- ◆ Easy for the provider, easy for the patient.
- ◆ Automated, integrates into provider systems

Design Features for Standard Card Issuer No & Directory

- ◆ Identifiers are ISO Standard U.S. Healthcare Identifiers, same as NPI.
- ◆ Supports Home / Host
- ◆ Supports Provider Networks
- ◆ Instantly accessible via secure computer-to-computer Internet or replicated copies at large submitter or clearinghouse sites.
- ◆ Maintained by the entities that have the most interest in the directory's accuracy.

Trading Partner Identifier (*ediID*)

- ◆ Standard Identifier (*ediID*) is also available for clearinghouses, RHIOs, billing services, other.

Questions and Suggestions

Contact:

Peter Barry: peterbarry@aol.com

Logo

Group
(80840) **9234 567 893**
ID **ABC 2468-97531**
Sub **JOHN Q SMITH**
Dep02 **SUSAN B JONES-SMITH**
Grp **ABC 2468-97531**

RxBIN **564321**
RxPCN **ABC1234567**
RxGRP **ABC987654321**
RxCopay \$5/\$25/\$40

Medicare
Prescription Drug Coverage **X**
CMS S5555 XXXX

