

# 17<sup>th</sup> National HIPAA Summit

Washington D.C. September 16, 2009

1. Standard Health Insurance Card
2. ISO Standard U.S. Health Plan Identifier (*PlanID*)

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*CoChair WEDI Health Identification Card Workgroup*

*Chair INCITS B10 Health Identification Card Workgroup*

# WEDI Standard Health 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**

Health Plan (80840)

**9210 567 898**

**Example Health Insurance Card with  
Essential Information**

# WEDI Card Gains Acceptance; e.g.

- Adopted by United Health Group,
  - 25 Million UHG Standard Mag Stripe Cards in 2009
- Adopted by Humana
  - Began Issuing Standard Mag Stripe Cards in 2009
- Adopted by Blue Cross Blue Shield Association for Blue Plans Issuing Machine-Readable Cards.
- Texas & Colorado Laws Mandate Standard Cards; both recommend implementation of WEDI Standard Health Insurance Card.

# Essential Information is 2 Things:

1. Who Issued the Card? Identifier & Name
2. Who does the Card Identify? ID & Name

Charge Card Example = Bank + Account

***Sixth-Ninth National Bank***

**422641 03448 0555C**

**SAMUEL P JOHNSON JR**

# Example of an Old Health Card

1. Insured Person is identified by name and ID
  2. But there is No Health Plan Identifier, just its name
- So all cards are different, complicated, have to photocopy

| Health Plan or Payor<br>Logo  | Network Name<br>Product or Plan Type Designation<br>(HMO, PPO, EPO, POS)<br>Website (if applicable) |
|---|---|
| All services are to be authorized by your primary care physician<br>(if applicable) |   |
| Patient Name  | Co-Pays (if applicable)   |
| ID #: 0000000000  | Co-Ins and Deductible<br>(optional)   |
| Group Name and/or ID Number   | Electronic Payor ID#  |
| Pharmacy Benefits Manager Name<br>(if applicable)                                   | Provider Network Name<br>(if applicable)  |
| Effective or Issue Date: 0/00/00<br>(optional)                                      | Vision or Dental Benefits<br>(if applicable)  |
| Payor Phone #: 800-000-000  | TPA Logo  |
| Local: 000-000-0000   |   |

# WEDI Standard Health Insurance Card

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

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

Subscriber

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Health Plan (80840)

**9210 567 898**

**Example Health Insurance Card with  
Essential Information**

# WEDI Standard with More Information

## ***Health & Drug Card Logo***

All Inpatient admissions must be pre-certified. See benefit booklet for other requirements.

Subscriber

**SUSAN B JONES-SMITH**

Subscriber ID

**ABC 2468-97531**

Health Plan (80840)

**9210 765 898**

Dependents

02 **JOHN Q SMITH**

06 **AMY SMITH**

12 **JOHN SMITH JR**

15 **TIM H MASON**

**RxBIN 654321**

**RxPCN XYZ1234567**

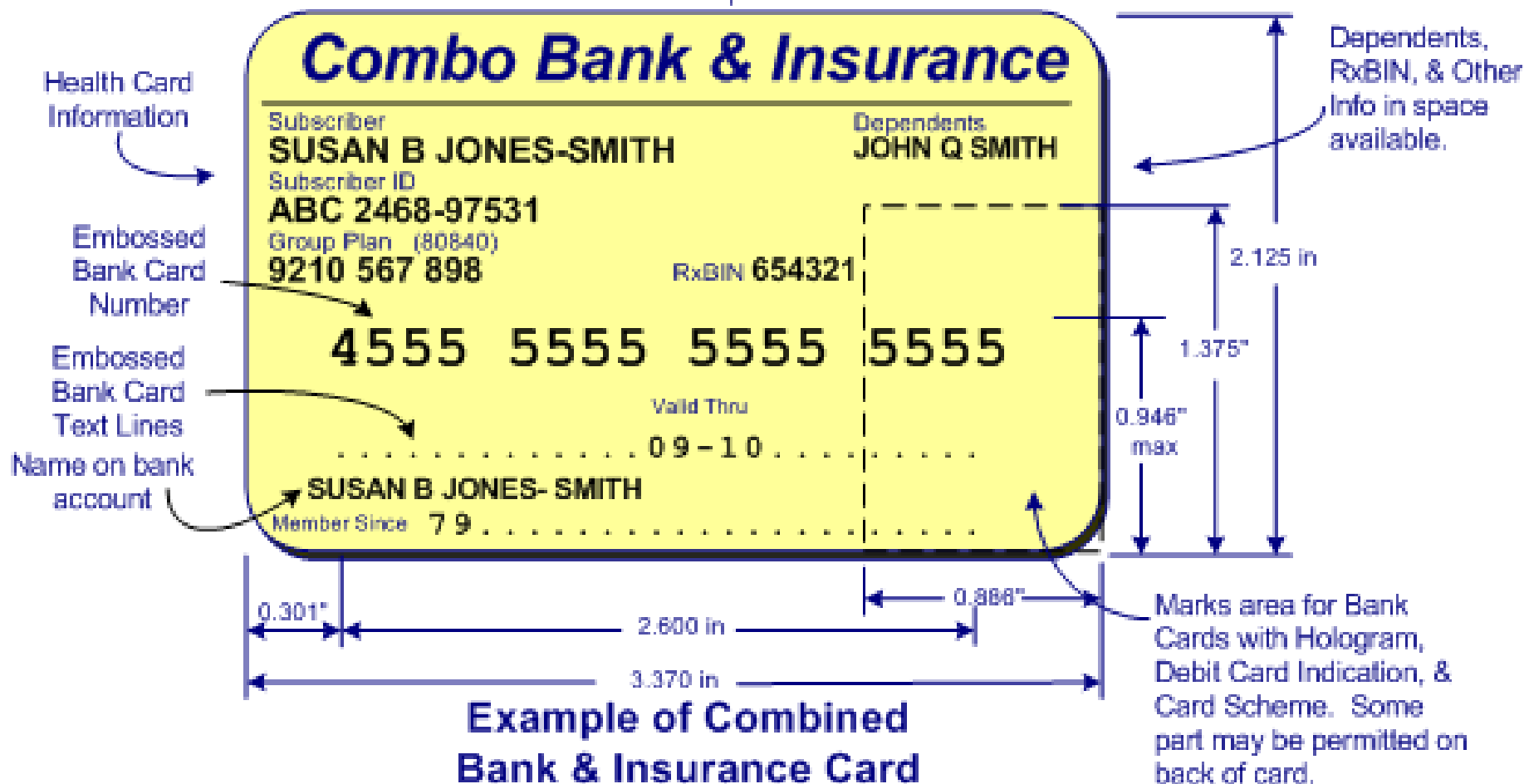
**RxGRP XYZ987654321**

**RxID WXY1578951**

**Example of Combined Medical and Pharmacy Card  
with Dependents Listed**

# Health Insurance & Bank Card:

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





# WEDI Standard Card Design Principles

- Based on ANSI Standard INCITS 284 rev Dec 2009
- Maximum Issuer Discretion, Require Minimum
- Requires ISO Standard U.S. Health Plan Identifier
- All cards to contain same Essential Information, called the same, placed in the same place.
- Standard technology for automation everywhere
- Identification only – no personal health data
- Multi-use – benefits, dependents, financial
- Voluntary (however, some states may mandate)
- Not a national health ID card

# WEDI Card Options

- Choice Between Two Technologies:
  - Track 3 Magnetic Stripe (health plans prefer); or/and
  - PDF-417 bar code (pharmacy plans prefer)
  - (Other technology may be on same card in addition).
- The WEDI guide requires only the most essential information. Any other info is discretionary.
- The WEDI guide has only the minimum necessary requirements for placement of printed information, fonts, colors, branding concerns, and other information.

# Benefits of WEDI Card to Health Care Providers

1. Medical Group Management Association (MGMA) launched project SwipeIT in 2009
2. Project SwipeIT estimates potential benefits theoretically possible for Medical Practices and Hospitals—if WEDI Standard Health Insurance Card and CORE III rules were universally implemented, including full integration into provider systems—at up to **\$2.2 Billion** per year, every year. (refer to [www.SwipeIT.org](http://www.SwipeIT.org))

# Benefits to Health Plans & Administrators

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 ISO 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.

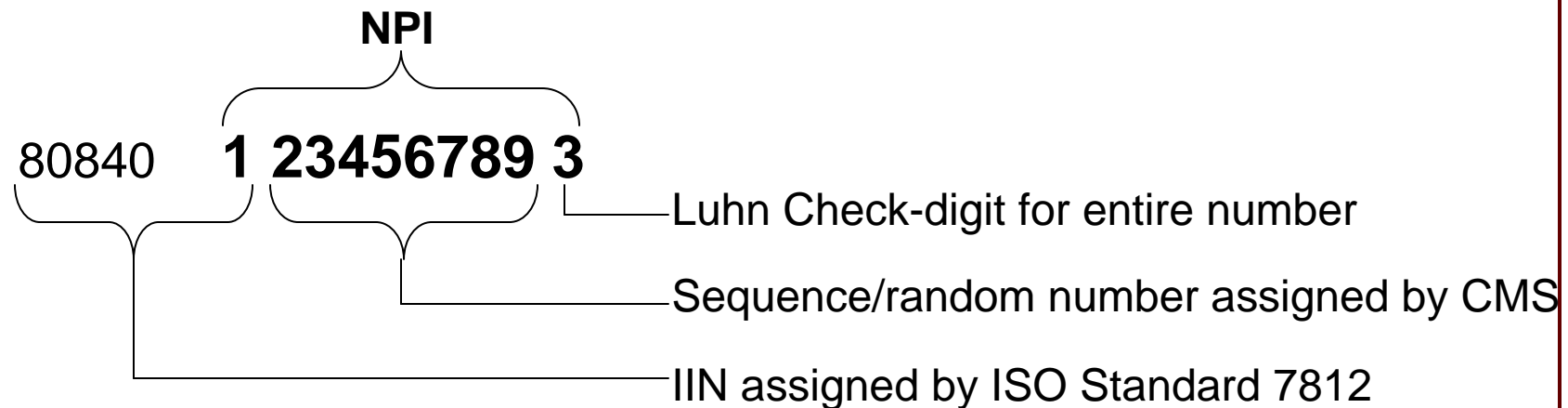
# ISO Standard U.S. Healthcare Identifiers

- ISO Standard 7812 specifies card issuer numbers. You know them as the first 6 digits on a bank 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



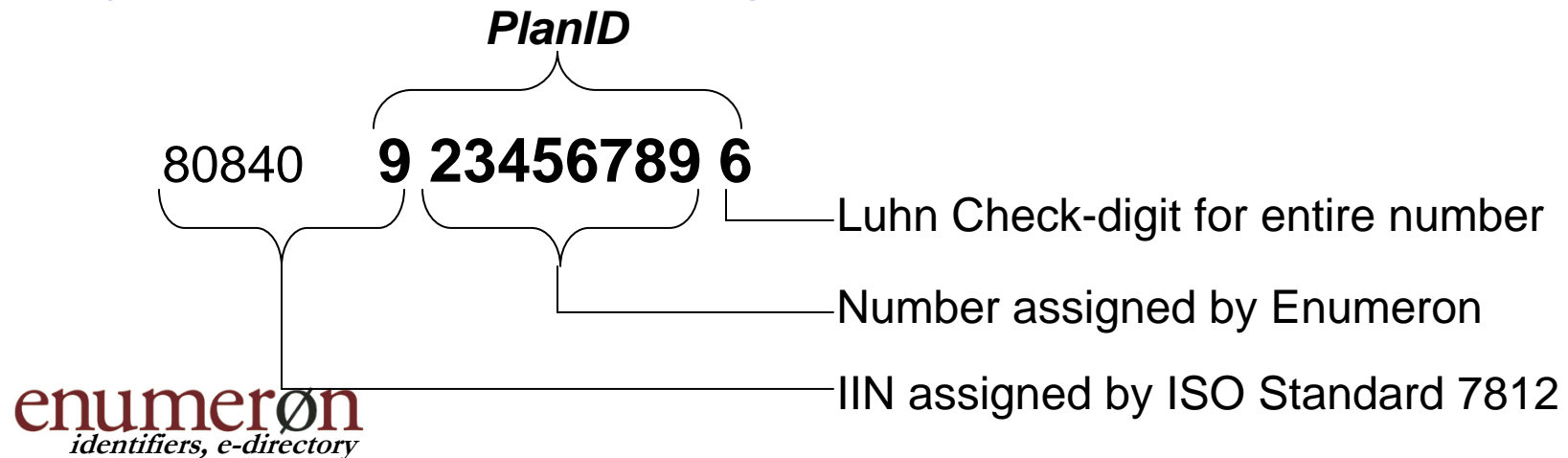
# NPI is ISO Standard U.S. Healthcare ID

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



# ISO Standard *PlanID*

- The HIPAA National Plan ID is delayed. So in 2006 CMS released the “9” row back to ISO 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 to begin with “9”.



# Standard Plan Identifier is *PlanID*

- Enumeron has issued 1,200 identifiers so far
- On-Line Internet system for instant assignment expected in 2009.
- 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

# Questions?

Contact: Peter Barry

[peterbarry@aol.com](mailto:peterbarry@aol.com)

**(414) 732-5000**

*WEDI Health Identification Card  
implementation Guide* is available at no cost at:  
[www.wedi.org](http://www.wedi.org).

(On WEDI home page, click “Initiatives”, then Health ID Card)

# Addendum

## Who Participated for How Long?

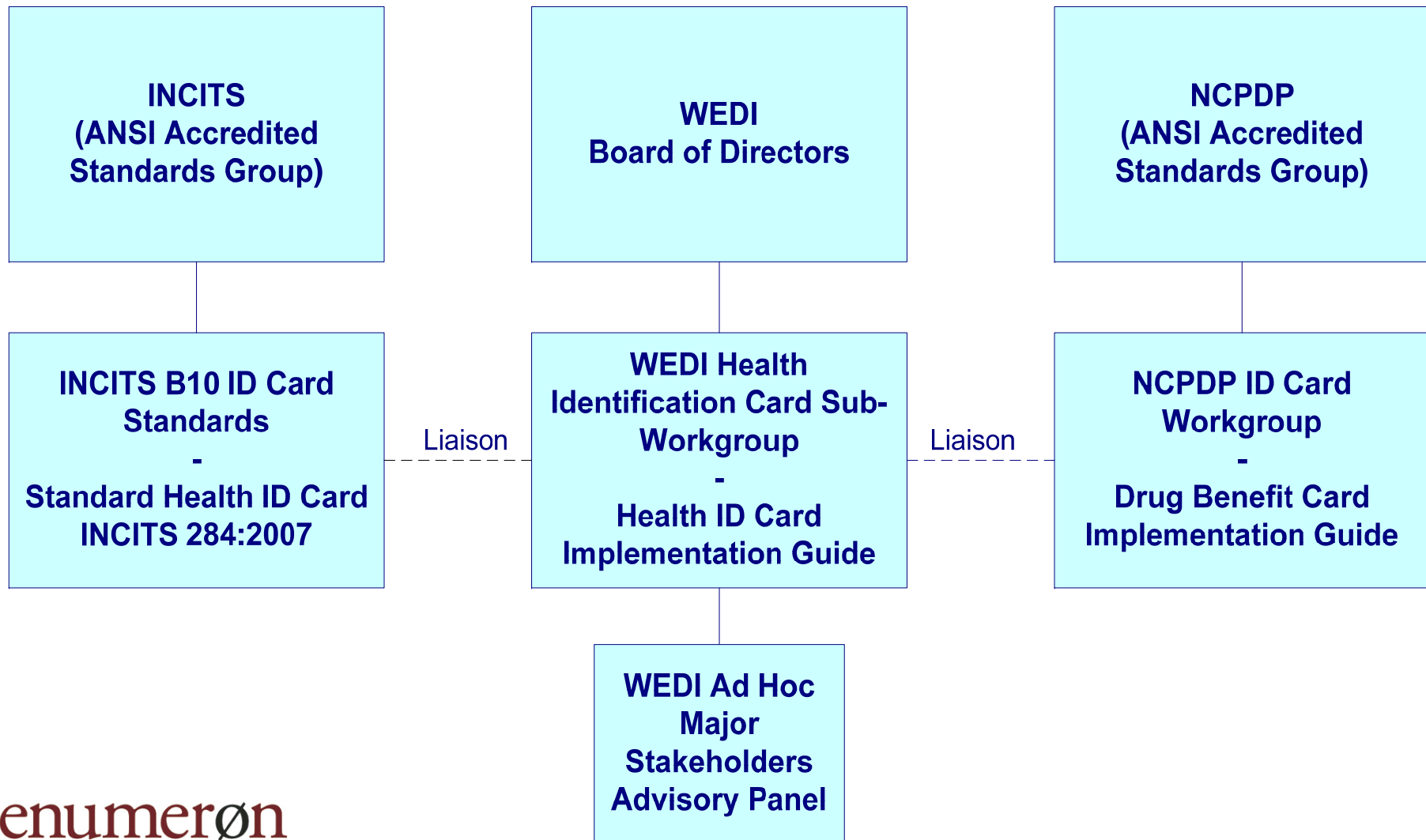
The following slides are not a continuation of today's presentation but rather offer additional information about the extensive participation and outreach that led to industry acceptance of the WEDI standard card. The salient points:

1. The card initiative was completely open for participation and involved very large numbers of organizations and people. There was active participation, free exchange, notice, public hearings, written public comments, and positive response to comments including improvement in drafts of the guide.
2. The initiative evolved over many years.

# 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 included 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 Drafts

- 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 on a universal health plan identifier 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.