WEDI Strategic National Implementation Process (SNIP)
SNIP Transactions Workgroup
Health ID Card Subworkgroup

Approved
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Health Identification Card Implementation Guide

This implementation guide specifies WEDI Health Identification Card Implementation of the American National Standard, *Identification Cards—Health Care Identification Cards*, INCITS 284 as revised. INCITS is accredited by ANSI. This Guide specifies uniform information, appearance, and technology.

~ Version 1.1 with Errata ~
~ April 28, 2011 ~

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Status of this Implementation Guide

The WEDI Board of Directors approved Version 1.0 of this implementation guide November 15, 2007. Version 1.0 was written by the WEDI Health ID Card Subworkgroup with significant direction from the ad hoc Health Identification Card Major Stakeholders Panel established by WEDI to address technology, bank-card, and other issues raised about the 2006 draft. The primary changes in Version 1.1, prepared by the WEDI Health ID Card Subworkgroup, are specifications and illustrations where ID suffixes are used to identify subscriber and dependents uniquely as clarified in 5010 Implementation Guides. See Attachment D for list of all changes.

Additional Information

Please refer to Attachment A and the WEDI web site for current and additional information and for means to communicate with WEDI about this document or to propose enhancement to it.

Cooperation with Other Organizations

WEDI's policy respecting electronic transactions and prescription drug information in this implementation guide is to promote workgroup participation by WEDI members from ASC X12 and from the prescription drug industry. WEDI will consult with ASC X12 and NCPDP whenever a revision is requested to insure their requirements are met and included this guide and in all future versions of the guide.

Errata

§6.2 and §6.3.2 of this Version 1.1, dated April 28, 2011, correct a qualifier code to be "SD" (instead of "S1") for dependent suffixes to the cardholder base ID in machine-readable data.

Disclaimer

While all information in this document is believed to be correct at the time of writing, this document does not purport to provide legal advice. If you require legal advice, you should consult with an attorney. The information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendations by the Workgroup for Electronic Data Interchange. The listing of an organization does not imply any sort of endorsement and the Workgroup for Electronic Data Interchange takes no responsibility for the products, tools, and Internet sites listed.

The existence of a link or organizational reference in any of the following materials should not be assumed as an endorsement by the Workgroup for Electronic Data Interchange (WEDI) or any of the individual workgroups or Subworkgroups of the Strategic National Implementation Process (SNIP).

This document contains a number of quotations or paraphrases from the underlying standard, INCITS 284, which is copyright by the Information Technology Industry Council (ITI). INCITS 284:2011 is currently in publication process to reflect requirements in this and the NCPDP implementation guides.

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Health Identification Card Implementation Guide

1.0 PURPOSE, SCOPE, IMPLEMENTATION STRATEGY, GENERAL INFORMATION

1.1 Purpose of This Implementation Guide

The intent of this implementation guide is to enable automated and interoperable identification using standardized machine-readable health identification cards. The guide standardizes present practice and brings uniformity of information, appearance, and technology to the over 100 million cards now issued by health care providers, health plans, government programs, and others.

A card serves as an ***access key*** to obtain information and initiate transactions. It is used by a consumer to convey identification to providers or others. A card may convey patient identifiers to providers. It may convey insurance identifiers for multiple benefits involving different administrators on a single card. It may combine banking and health insurance identification.

1.2 The Underlying ANSI Standard

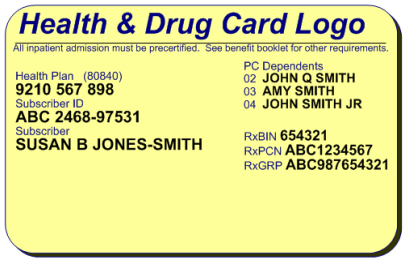
This implementation guide[1] specifies the WEDI Health Identification Card implementation of the American National Standard, *Identification Cards—Health Care Identification Cards*, INCITS 284 as revised[2]. INCITS is accredited by ANSI. The standard is an application of International card standards (ISO Standards) to health care applications in the United States.

1.3 Scope of This Implementation Guide Is Identification

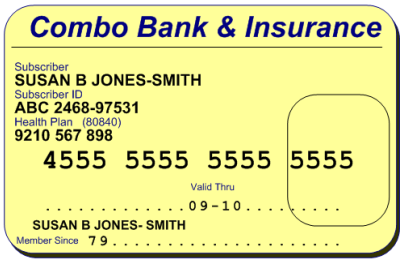
The scope of this Implementation Guide is to convey ***identification***. It is an access key for obtaining information and enabling transactions. For example, although the card may facilitate access to a medical record, the guide does not specify the data content from that record. It does not specify diagnostic, prescriptive, encounter, bio-security, non-identifying demographic, or other data about the cardholder. It specifies identifiers, and it permits other information.

1.4 Types of Health Identification Cards (Examples only, not specifications)

Example of Provider-Issued Repeat Admission Card



Example of Health & Drug Multi-Benefit Card



Example of Combined Bank & Insurance Card

Examples in this guide are illustrations only. Placement of information is flexible within limits described in this guide. Refer to 3.6 and 4.1.

[1] Definition: an *Implementation Guide* applies a standard to specific uses. A standard frequently offers more capability than may be needed for the use. This Implementation Guide focuses on the health ID card standard to meet the needs of health care providers and health plans or payers for identification. For example, a hospital may issue a card to identify a recurring patient. A plan may issue a card to identify an insurance plan and subscriber. A Health Information Exchange Organization may issue a card to identify a patient's consolidated medical records.

[2] Revision of INCITS 284:2011 is currently in publication process. This guide is premised on that revision.

This implementation guide specifies different types of health ID cards, including the following:

Type of Card		Essential[3] Required Information		
		Card Issuer ID*	Cardholder ID	Cardholder Name
1.4.1	Provider-issued card for repeated admission or treatment.	Standard National Provider Identifier (NPI)*. Refer to 3.4.	Patient or Medical Record ID.	Name of Patient.
1.4.2	Health Benefit or Insurance ID card.	Standard *PlanID** described in 3.4.	Subscriber ID or Member ID assigned by plan.	Name of Subscriber or Member; see 3.2.
1.4.3	Health ID & Bank card.	Bank card with health ID card information added.		
1.4.4	Other Health ID card.	Standard Trading[4] Partner ID described in 3.4.	ID for person, record, or other object, assigned by issuer.	Name of cardholder, that is, person, record, or other object being identified.
1.4.5	Card Assigning ISO U.S. Healthcare ID such as for Atypical Provider	Standard ID for entity that is card issuer	Standard ID for cardholder such as an Atypical Provider	Name of cardholder such as an Atypical Provider

* This implementation guide specifies card issuer numbers to be ISO Standard U.S. Health Care Identifiers issued under authority of ISO Standard 7812. For example, the National Provider Identifier (NPI) is such a number. Refer to 3.4 for more complete description.

Illustrations are examples only. Illustrations in this implementation guide are examples of compliant cards. The guide's requirements allow significant variation from these examples.

1.4.1 Provider-issued card for repeated admission or treatment (Refer to 3.0 and 8.0)

A typical provider-issued card is for identification of the patient who is admitted or treated repeatedly such as for rehabilitation or other treatment. On readmission, the patient presents the card so that completely accurate identification on the card allows the patient and provider to identify the patient's medical records and to avoid a full admission process.

Essential information consists of (1) Patient Name, (2) Patient or Medical Record ID (either proprietary or standard), and (3) National Provider Identifier (NPI). Refer to 3.0 and 8.0.

Hospital-Issued Card with a Proprietary Patient Record ID

Hospital-Issued Card with a Standard Patient Record ID

[3] *Essential Information* is a defined term meaning Cardholder Name, Cardholder ID, and Card Issuer ID. Refer to 2.0.

[4] A standard Trading Partner ID is an ISO Standard U.S. Healthcare Identifier for a clearinghouse, billing service, provider network, Health Information Exchange Organization, public health reporting agency, or other entity that is not identified with an NPI or *PlanID*. Some health plans, while identified by *PlanID*, also use a Trading Partner ID to identify an EDI portal.

1.4.2 Health Benefit or Insurance Card (Refer to 3.0 and 4.0)

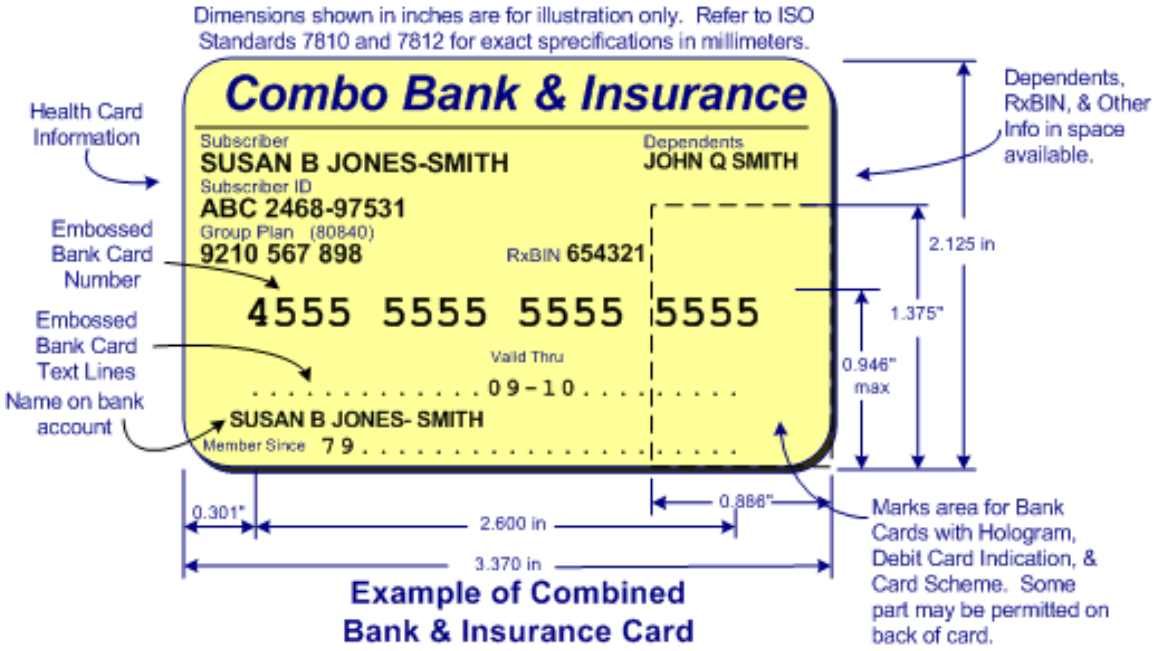
A health plan issues a health benefit ID card to a subscriber or a member, who presents the card to a health care provider to convey with accuracy and clarity the benefit identifying information that the provider needs in order to conduct transactions such as eligibility inquiry and claim submission. Refer to 3.0 and 4.0 for further detail.

Essential information consists of (1) Subscriber or Member Name, (2) Subscriber or Member ID, and (3) Standard Health Plan ID. Refer to 3.6 for placement options for essential information. The examples also illustrate some discretionary data elements in addition to the essential information.

Example Showing Name First (See 3.6) Example Showing Card Issuer First

1.4.3 Optional Health ID Card and Bank Card Combo (Refer to 3.0, 4.0, and 7.0)

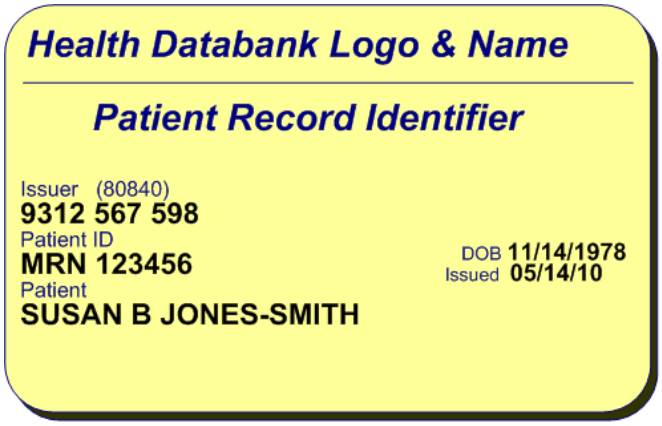
This implementation guide permits, but does not require, a health identification card to be added on the same card to a standard credit or debit card. Essential information consists of standard bank card information plus health ID card information. The following is illustrative only. Refer to 3.0, 4.0, and 7.0 for detail.



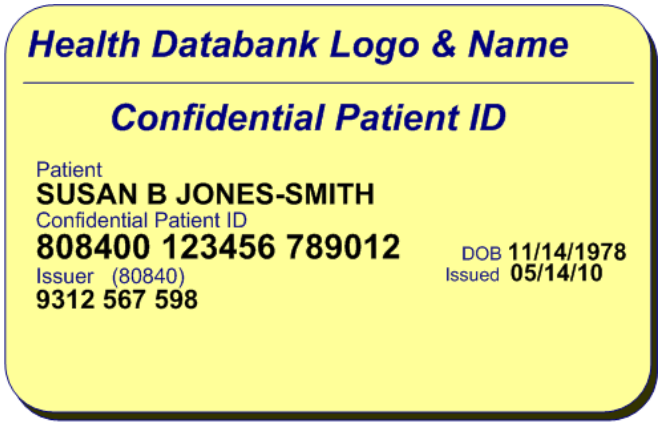
Example of Combined Bank & Insurance Card

1.4.4 Other Health ID Cards (Refer to 3.0 and 9.0)

Entities other than health care providers or health plans may issue health ID cards. For example, a Health Information Exchange Organization may issue an ID card for access and maintenance of a patient's consolidated medical records. Other examples include cards issued by health data banks, blood banks, American Red Cross, social services, and others. Essential information consists of (1) Patient Name, (2) Either proprietary or standard confidential patient record ID, (3) Standard card issuer ID such as a Health Information Exchange Organization. The following is an example. Refer to 3.0 and 9.0 for detail.



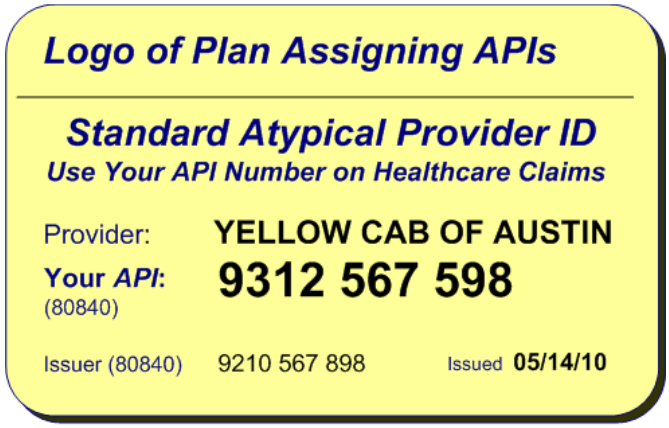
Other Entity-Issued Card with a Proprietary Patient Record ID



Other Entity-Issued Card with a Standard Patient Record ID

1.4.5 Standard Health ID Card to Assign Standard Identifiers (Refer to 10.0)

When an ISO Standard U.S. Healthcare Identifier is issued to an entity, the most convenient means to convey this identifier may be an identification card. The following is an example in which a health plan arranges for a standard Atypical Provider Identifier (*API*) to be assigned to an Atypical Provider and a card to convey the *API* to that provider. Essential information consists of (1) Standard Card Issuer identifier of the entity arranging the assignment (e.g. the Medicaid state plan), (2) Standard ID being assigned to the Entity, and (3) the Entity Name. The card issuer is a health plan, provider, or other trading partner authorized to arrange assignment of standard IDs to Atypical Providers, bill reviewers, or others. Refer to 10.0.



Card to Convey ISO Standard U.S. Healthcare Identifier

1.5 Essential Information Common to All ID Cards

Every ID card of any kind must convey two essential identifications:

1) ***Card Issuer***. Identifies the authority or sponsor who is responsible for issuance of the card; in card language, this is called the ***card issuer***. What is new for health cards, other than a BIN number identifying the benefit manager on drug benefit cards, is identifying the card issuer with a *standard ID* rather than text. This is the most important new element for standardization of a health ID card. Machine-readability requires it.

2) ***Cardholder***. Identifies the person, family, record, bank account, or other object being identified; in card language, the object being identified is called the ***cardholder***. The cardholder is identified with two data elements:

   I. ***Cardholder ID***. An identifier for the cardholder. This ID has meaning within the context of the card issuer.

   II. ***Cardholder Name***. The name for the cardholder. Must correspond to the Cardholder ID; both ID and Name must identify the same person or object.

Three examples showing card issuer and cardholder:

a) ***Social Security Card***. A Social Security Card identifies the Social Security Administration with text and the person with an ID. But because SSN is so ubiquitous, a card issuer *identifier* for the Social Security Administration is not included nor warranted.

b) ***Bank Card***. A bank card identifies both the bank and the account at the bank. The first six digits of the card number identify the bank using an ID assigned internationally under ISO Standard 7812, the same standard used for NPI and *PlanID*. Processing of bank cards is easily automated because the bank is identified by this ISO standard identifier.

c) ***Health Identification Card***. Until now, health ID cards, other than drug benefit cards, identify the card issuer only with text, not with an identifier. As a result, processing of a health benefit ID card has required a person in the provider's office to interpret the card, look up the health plan, and enter a code into the provider's systems in order to instruct the provider's systems who is the health plan and where to send transactions.

   In this guide the Health Identification Card introduces a standard card issuer identifier, such as a NPI, *PlanID*, or trading partner identifier, which is assigned for U.S. health applications under authority of ISO Standard 7812.

1.6 Economic Benefits from a Machine-Readable Card with Standard Card Issuer ID

This section describes qualitative benefits that may be expected from machine-readable health identification cards as standardized in this implementation guide.

1) ***For providers***. Machine-readable health identification cards (1) help to eliminate patient and insurance benefit identification errors, (2) reduce costs and aggravation of rejected claims, (3) reduce lengthy admission processes, and (4) contribute to smoother office procedures and patient satisfaction. (5) Significant reduction in claim errors will enhance provider relations with plans. (6) The costs of traditional photocopying the front and back of cards, manual lookup and key entry of card information, and filing paper copies can be eliminated over time. (7) When integrated with enhanced provider systems, machine-readable identification cards will facilitate immediate automatic transactions such as eligibility inquiries. (8) Even in phone conversations, the simplicity of needing only two identifiers aids both patient and provider to convey insurance benefit information or medical record identification quickly with complete accuracy.

2) ***For health plans and administrators***. Patient and insurance benefit identification errors significantly increase processing and service costs for plans; they aggravate providers; and they contribute to member dissatisfaction. Elimination of patient identification errors will benefit health plans to: (1) improve subscriber or member satisfaction, (2) improve employer and plan sponsor satisfaction, (3) reduce cost to return and subsequently reconcile claims with errors, (4) reduce significantly the cost of both provider and member help desks and administrative record searches, and (5) improve plan-provider relations. (6) In addition, the universal health plan identifier conveyed by the card is one ingredient for improved coordination of benefits. (7) With multiple-benefit cards, administrators and medium sized payers are able more easily to provide a convenient range of benefit plans to meet the needs of employers.

3) ***For patients or consumers***. (1) Elimination of patient and insurance identification errors significantly reduces the hassle factor and increases patient and subscriber satisfaction. (2) Consumers desire simplicity, and they want a single card for multiple benefits and functions. This implementation guide, using only two identifiers, enables multiple benefits on a single card. (3) Patients can more easily and accurately read the essential identifiers from a card to a provider over a telephone. (4) It also permits an option to combine an insurance card with a bank card on the same card.

4) ***For employers***. (1) Employers desire to improve employer-employee satisfaction and reduce costs. Elimination of patient and insurance identification errors increases employee satisfaction with the company's benefit plans and reduces cost of helping employees resolve insurance benefit problems. (2) With a multiple-benefit card, employers are able more competitively to purchase multiple benefits using different administrators while presenting to an employee only a single, simple card.

5) ***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.

1.7 Economic Strategy to Achieve Industry Implementation

In order for full value to be realized from cards specified in this implementation guide, three investments must be made:

1) ***For Card Issuers*** the investment is adoption of this implementation guide for cards when reissued, especially including the standard card issuer ID and machine-readable technology. A card issuer may need to issue standard cards in anticipation of future return. For a card issuer, the incremental investment at the time it is issuing cards anyway is only a marginal cost.

2) ***For Card Users*** the investment is primarily in the systems capability to process automatically the two identifiers on a standard card; so it is reasonable for a provider or other card user to desire a significant percentage of cards to be standard before justifying the investment. There are various potential levels of system capability that a provider may elect to install; for example:

   - The user may elect to defer any changes and operate the same as presently.
   - The user may use the two identifiers to populate Direct Data Entry screens.
   - The user's system may accept and store the two identifiers for transactions.
   - The user's system may machine-read the card information.
   - The user's system may automatically generate standard transactions, such as eligibility inquiries and claims based on the two identifiers, which might be machine-read or entered manually (such as when received over the phone).

   For a card user such as a provider, the investment in system enhancement may be significant such that, to be justified, there must be reasonably high frequency of use although a plan or other entity may elect to fund some of the user's investment.

3) ***For Clearinghouses*** the investment is to use standard card issuer IDs and direct transactions to multiple payers and administrators.

When the card issuer is a provider, then the provider controls the environment for use of the cards and would determine ROI based on its own operations.

When the card issuer is a health plan or administrator, then:

- ***Before providers implement machine-readability and integrate the card into their systems***, providers and plan may obtain a good portion of the error reduction potential, realize more error-free telephone communication of identifiers between a consumer and provider, and be able to combine multiple benefits on a single card.
- ***After providers implement machine-readability and integrate the card into their systems***, the full return can be realized by plans, providers, employers, clearinghouses, and consumers described in 1.6.
- ***The key to success*** is therefore for health plans, as cards are reissued, to adopt this implementation guide now—especially including the standard card issuer ID and machine-readability—to help build a large industry population of standard, machine-readable cards. Providers will enhance their systems to obtain the returns from card standardization as the population of standard cards increases.

1.8 Other Principles of this Implementation Guide

1) Simplicity and Permitting Maximum Card Issuer Discretion

The design philosophy of this implementation guide and the underlying standard is that only the most essential information and format should be required. It should require the least information necessary. In general, additional information is discretionary unless explicitly disallowed or discouraged. The simplicity design principle maximizes flexibility by maximizing card issuer options. The design philosophy's central premise is that a card issuer desires the best value for its card, and after meeting requirements, will effectively balance objectives of usefulness, simplicity, card life, and other factors. This guide encourages card issuers to accept the simplicity principle.

Important to simplicity for consumers, providers, plans, and other card users is uniformity and placement of information. For example, the two essential identifiers—card issuer & cardholder ID—should be adjacent to each other in a predicable location as, for example, bank cards always place these two identifiers in the same location.

Test of Simplicity. The simplicity test is the ease by which a consumer, coached by a provider over a telephone, is able easily and accurately to read the card's printed information and convey the two essential identifiers and name to the provider.

2) Process Neutrality

The card should meet stakeholders' needs. It should be neutral to the conduct of business. For example, it should permit but not require multi-functional cards. It should permit host and home plan structures, geographical or regional plan structures, provider networks, and any other such arrangement. It should support different types of benefit plans such as medical, dental, drug, vision, supplemental; and it should permit but not require combinations of benefit plans. It should have flexibility to permit new business structures and processes in the future, including potential financial transactions.

Its processes should be open, and supporting directories should be publicly accessible to responsible participants in healthcare electronic commerce.

3) Card Must be Effective for all User Environments

The card must work in all user environments regardless whether or not the user has system capability for machine readability.

4) This Implementation Guide and the Underlying Standard are Voluntary

The potential benefits to the health care industry—to patients, health care providers, and health plans—are very significant, especially from multiple functions, uniformity, efficiency, automation, and error elimination; however, implementation of this guide is currently voluntary.[5]

[5] The authors recognize that many states require the NCPDP Implementation Guide, which includes INCITS 284 by reference, for prescription drug plan insurance or benefit cards; that Medicare Part-D guidelines are based on the NCPDP and WEDI implementation guides; and that 2010 Federal legislation permits standardization of health insurance and benefit cards. So it may happen that, while this guide is currently voluntary, it might become mandatory in the future.

5) Conformance

A health identification card is in conformance with this Implementation Guide if it meets all requirements specified directly or by reference contained in this Implementation Guide and the underlying standard, INCITS 284 as revised. See 1.2. To this end, this implementation guide is designed to permit maximum user discretion within minimum requirements. Cards not conforming to all requirements are not in conformance.

6) This Card is not a National Personal Identification Card

This is not a national ID card. The individual, family, medical record, or other ID number on the card continues to be the same identifier that card issuers now put on their cards. Cardholder ID has meaning only in context with the card issuer identifier. This implementation guide does not require a national individual identifier.

7) Limitations Imposed by this Implementation Guide

The design philosophy in this implementation guide is to simplify; so this implementation guide requires a card to have only a single set of identifiers—one card issuer identifier, one cardholder identifier, name, and suffixes when used. With two exceptions described below, when a single card combines benefits, each benefit must employ the same set of identifiers (refer to Section 5.0 for exception for combined medical and drug benefit cards).

If the sets of identifiers for multiple benefits on a card cannot be the same for all benefits, this Implementation Guide requires the health plan to issue separate cards for each benefit plan, and it further recommends benefit plans explore means to employ only a single set of identifiers. This may be accomplished through coordination among the benefit plans to use the same identifiers, or through an electronic cross-walk or directory (refer to 3.4 and 4.4). Use of a single set of identifiers for a multi-benefit card conforms to the simplicity design principle that is central to the objectives of this guide.

However, there are two exceptions to the simplicity principle. A card may have additional identifiers in the following circumstances:

1. When a drug benefit card is combined on a single card with another benefit plan. Refer to Section 5.0 for specifications to align this guide with the NCPDP implementation guide.

2. When a commercial plan is combined on a single card with a Medicare plan, which employs a Medicare-assigned subscriber number for each member.

8) Requirement for Machine-readability

This implementation guide requires that a card include machine-readable technology, either 3-track magnetic stripe and/or PDF417 2-dimensional bar code, specified in 12.0 and 13.0. Provided the card conforms to this requirement for either 3-track magnetic stripe or PDF417, it may also include other technology, such as the integrated circuit (contact and contactless) and optical memory that are specified in INCITS 284. If additional data is encoded, such as data for patient authentication, then supplemental standards should be written using INCITS 284 as the identification foundation.

9) Information and technology not Addressed in this Implementation Guide

In general, information and technology not addressed in this guide is additional to what is required and is at the discretion of the card issuer.

10) Font and Font Size

This implementation guide does not specify fonts or font sizes. It leaves these questions to the card issuer's discretion. However, there may be other requirements the card issuer must consider. For example, the guidelines from Medicare Part-D, state regulations, bank card standards and schemes, and other requirements may specify fonts and font sizes.

11) Patient Authentication

This implementation guide does not specify any special features for patient authentication other than an optional portrait (refer to 11.0). See also "1.8(8)" above.

12) Information Sources Listed in Attachment A

Refer to Attachment A for sources of the INCITS 284 standard, other implementation guides, legacy formats, code values, and card issuer identifiers.

2.0 DEFINITIONS

- ***health care identification card*:** card used to identify the card issuer and cardholder to serve as an ***access key*** for obtaining information and initiating transactions.
- ***essential information***: Essential Information is a term used in this implementation guide to mean the variable information of (1) cardholder name, (2) cardholder identifier, and (3) standard card issuer identifier.
- ***card issuer*:** authority or sponsor responsible for issuance of the card. Card issuers may include health care providers, health plans, Medicare, Medicaid state agencies, Medicaid HMOs, and other government agencies, health insurance companies, third-party administrators, self-administered plans, purchasing cooperatives, employers with multiple-payer plans, RHIOs, ISO authorized standard identifier enumerators, others.
- ***cardholder ID and name*:** individual, family, organization, record, account, or other object that the health identification card is identifying. The cardholder ID and cardholder name shall correspond. If a cardholder ID identifies, say, the subscriber, the cardholder name shall be the name of the subscriber; if the ID identifies a dependent, the cardholder name is the dependent. See 4.2 for cards issued to dependents.
- ***numeric*:** Digits 0 to 9.
- ***special characters***: ! " & ' ( ) * + , - . : =

  The characters % ^ ? and / are used as delimiters; consequently, they are not permitted as special characters; however, / is permitted in a URL address in the discretionary loop.
- ***alphanumeric***: Uppercase letters from A to Z, numeric characters, space, and special characters. Accented characters are permitted in printed names only and are not valid for machine-readable data; see 3.5.
- ***front side of card:*** Face of the card carrying printed information containing the card issuer and cardholder identifiers.
- ***back side of card:*** The opposite face from the front.
- ***constant and variable information***: Constant information printed on a card is information that generally does not change from one card to another, for example, phone numbers, instructions, labels. Variable information—sometimes called *personalized* information—is information that varies from one card to the next, for example, identifiers and names.
- ***information element***: a data element of variable information.
- ***required, situational, discretionary, and recommended information***. ***Required*** means that in order to conform to this implementation guide, the information shall be included. ***Situational*** means the information is required if the situation pertains, but it is discretionary otherwise. ***Discretionary*** means the information may or may not be included at the card issuer's discretion. ***Recommended*** means the information is discretionary but inclusion is recommended to achieve the card's objectives.
- ***suffix:*** 1 to 3 characters appended to the base cardholder ID to identify the subscriber or dependent uniquely. See 4.3(e) and 5.3(1) for description.
- ***person code***: 1 to 3 characters in a separate field to identify subscriber or dependent uniquely on pharmacy transactions. See 5.3(1) for description.

3.0 ESSENTIAL INFORMATION and DESIGN COMMON TO ALL CARD TYPES

3.1 Conventions

1) Placement of variable information elements

Printed, variable information elements are normally located on the front side of the card. The back side generally contains constant information. However, except for essential information or where explicitly stated otherwise, the card issuer has discretion.

2) Labels

Labels are required when specified for the corresponding information element. Labels are generally smaller or less bold than information elements. Labels may be above or to the left of their corresponding information element so long as there is clear association.

3) Language

Labels and pre-printed information shall be in English. Redundant labels or other information may be repeated in another language in addition to English.

4) Character set

Except where otherwise specified, information elements are alphanumeric. See 3.5 for description of accented characters in printed names.

5) Date Format

Printed dates shall be mm/dd/yy, mm/yy, mm/dd/ccyy, or mm/ccyy. Date of birth should use 4-digit year. Machine-readable dates are all ccyymmdd.

6) Physical characteristics

Track 3 Magnetic stripe and PDF417 bar code technologies specify physical card characteristics by reference. Refer to 6.0, 12.0, and 13.0.

7) Embedded spaces in identifiers

It is good practice for printed identifiers, such as the card issuer identifier or the cardholder ID, to include embedded spaces or hyphens to assist readability; however, spaces or hyphens are not included in machine-readable identifiers on the card. While electronic transactions may permit embedded spaces or hyphens in identifiers, they are not significant; for example, identifiers “123-456”, “123 456”, and “123456” are the same. Computer applications should remove spaces and hyphens before processing .

8) Card Size

Card size is approximately 2.125 inches by 3.370 inches; however, exact dimensions are specified in millimeters in INCITS 284 as revised, which includes ISO and other card standards by reference such as especially ISO 7810 and 7811.

3.2 Cardholder Name

- ***ID & Name are the Same Person***. By definition, the cardholder name shall correspond with the cardholder identifier. The cardholder name and identifier shall identify the same person or other object. The two being the same is a defining attribute of the term, *cardholder*. See 2.0 *Definitions*.

- ***Dependent Names***. Refer to 4.2, 4.3, and 5.3 for description of dependent names.

- ***Format***. The printed cardholder name shall fit on a single line; otherwise, length of printed name is not specified. In printed form, it shall be formatted in sequence of: given name, initial, surname, and suffix, separated by spaces. A hyphen or apostrophe may be significant in a name; so they may be included in both printed and machine-readable forms. Punctuation, such as a period or comma, is discouraged. For example:

  JOHN Q SMITH JR
  D MICHAEL JONES
  JANE E MILLER-SMITH

- ***Truncation***. If full name is too long for space available, this implementation guide recommends the following sequence to reduce the length of the name until it fits. This sequence retains the suffix, at least one initial for the given or middle name, whichever appears most important, and as much of the surname as space permits.

  - If the given name is more than an initial, truncate the middle name from the right as needed but leave at least the middle initial. Then if the name still exceeds the space, truncate the given name from the right as needed but leave at least its initial. If the name still exceeds the space, eliminate the middle initial.
  - If the given name began as only an initial, truncate the middle name from the right as needed but leave at least the middle initial. If the name still exceeds the space, eliminate the given name initial.
  - If both the given and middle names began as initials or empty, eliminate the middle initial.
  - If the name still exceeds the space, truncate the surname from the right as needed until the name fits.

- ***Recommend Printed & Machine-Readable Names be the Same***. In order to reduce a source of confusion, this implementation guide recommends that where practical the printed and machine-readable cardholder names be the same. Exceptions include: (1) there may be less space available for a machine-readable name than a printed name or vice versa; (2) accented characters are not permitted in machine-readable names (see 3.5); and (3) when combining a health card with a bank card, there may be two different names (see 7.3).

- ***Acceptability of Name on Transactions***. If components of a name must be truncated, this implementation guide recommends the card issuer accept either the name or truncated name on all transactions, including standard, paper, and DDE transactions.

3.3 Cardholder Identifier ("ID")

- ***Defined by card issuer***. The cardholder identifier is assigned by the card issuer.

- ***Character set***. The cardholder identifier may contain alphanumeric characters; however, this guide recommends avoidance of such numbers that, when handwritten, may be confused with alphabetic characters such as letters O and I. Spaces, hyphens, and special characters may be printed for easier readability, but they shall not be significant for identification, are not to be included in machine-readable technology, and are ignored. However, if cardholder ID is an ASTM International Standard Patient Identifier, a period is permitted and significant.

3.4 Card Issuer Identifier

The card issuer identifier is an *ISO Standard U.S. Healthcare Identifier* assigned by an enumerator authorized under ISO/IEC Standard 7812[6]. The card issuer identifier is of the health care provider, health plan, government program, or other authority or sponsor responsible for issuance of the card.

The *full* card issuer identifier is 15 digits including an implicit 5-digit "80840" prefix.

80840 **NNNN NNN NNC**, where:

80840	= preprinted ISO prefix: "80" = health application, "840" = United States
NNNN NNN NNC	= NPI, 10-digit National Provider Identifier, or
	= *PlanID*, 10-digit Standard Health Plan Identifier, or
	= 10-digit National Health Plan Identifier
	= other, 10-digit Standard Trading Partner Identifier
C	= check digit, refer to Attachment B

Choice of Card Issuer Identifier. Card issuers should use that standard card issuer identifier which best fits the business use of the card and conforms to applicable requirements. The card issuer should choose the NPI, *PlanID*, or standard trading partner identifier that in its judgment has the most appropriate level of granularity for the usage of the card. For example:

- A hospital organization may have many NPIs. It should choose for each card the NPI it determines is the most appropriate for the intended use of the card. The cardholder ID—patient or medical record number—must have meaning within context of that NPI.

- A payer or benefit administrator has considerable choice about which *PlanID* to use:

  a. It may choose to use only a single *PlanID* for all its cards such that the *PlanID* identifies the payer or administrator.

  b. It may choose to employ multiple *PlanIDs* to identify different combinations of payers and administrators on multi-benefit cards.

[6] ISO / IEC 7812 *Identification cards—Identification of issuers*, Part 1: *Number system*, §4.2.3; and Part 2: *Application and registration procedures*. Adopted by INCITS (InterNational Committee for Information Technology Standards) as an American National Standard; date of ANSI Approval March 27, 2001.

c. It may choose to enumerate at a group health plan level, in that way eliminating any need for a proprietary group number on the card while also supporting multiple payers and administrators on multi-benefit cards.

Directory. Options "b" and "c" above would be best supported by development of public access to multi-benefit directory information in the database for *PlanID*. Refer to 4.4.

Spaces and hyphens: Spaces shown are helpful for readability, but spaces or hyphens shall not be significant ID characters. For example, "1234 567 893" is same as "1234567893".

Standard Label for Card Issuer Identifier. The label shall include the "80840" ISO prefix as part of requirements in ISO card standards. Use standard label as follows:

Type of Card Issuer	Standard Label
Health Plan, Payer, or Administrator	"Health Plan (80840)" or "Plan (80840)"
Health Care Provider	"Health Care Provider (80840)", or "Provider (80840)"
Other entity (not plan or provider)	"Issuer (80840)"

3.5 Accented Characters Permitted in Printed Name only

Certain languages use diacritic characters which can have a mark placed over, under, or through a character, usually to indicate a change in phonetic value. These characters are referred to here as accented characters.

When accented characters are used in a person's name, they have significance to the individual. However, a computer will not treat these characters as equal to their base character. For example, "Ã" would not be the same as "A" to a computer.

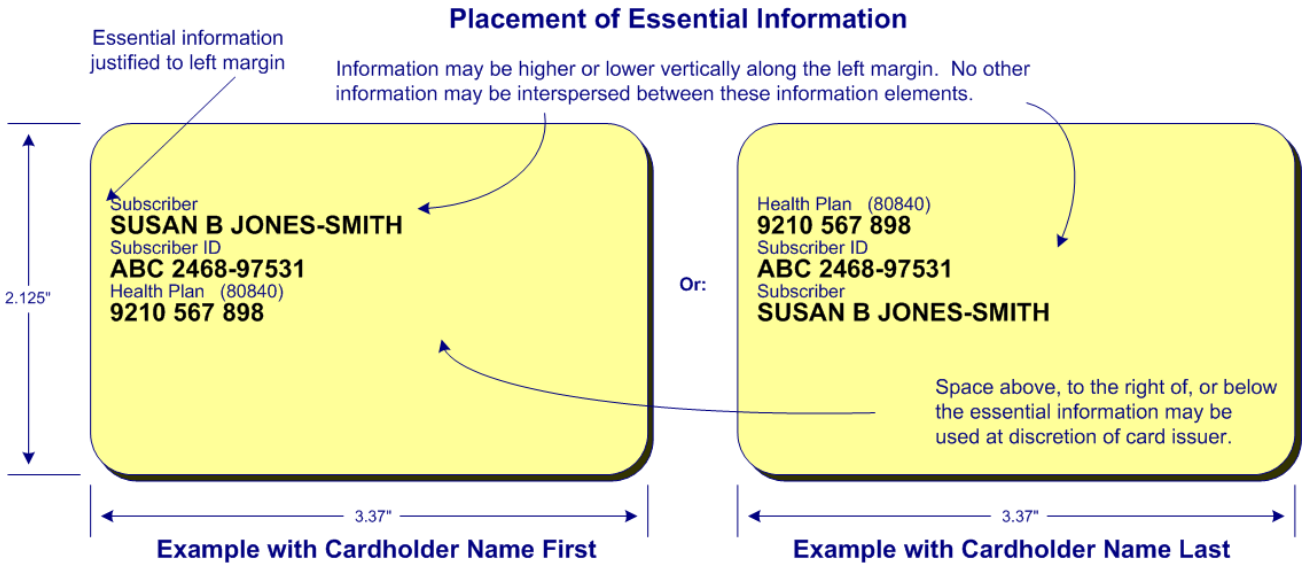
Therefore, accented characters are permitted for printed names only. Machine-readable data should never contain accented characters, and the card issuer should substitute any accented character with its base equivalent in machine-readable data.

The originator and receiver of any transaction that carries the patient's name should take steps to ensure that accented characters are not present within the transaction. This guideline applies to both machine-read names and manually entered names.

3.6 Placement of Essential Information

The three information elements called Essential Information shall be located on successive lines together on the left front of the card, with no other information elements interspersed between them, in the sequence of either:

1. Cardholder Name	or:	1. Card Issuer Identifier
2. Cardholder Identifier		2. Cardholder Identifier
3. Card Issuer Identifier		3. Cardholder Name



- ***Change from prior standard***. Prior versions of the underlying standard required the card issuer identifier to be listed first and the cardholder name last. This implementation guide and the underlying standard (INCITS 284) that is under revision will permit the card issuer to elect either sequence defined in this Section. Refer to footnote 2 at 1.2.
- ***Group health plan***. In the above example the card issuer elected to enumerate the standard card issuer identifier to be the group health plan. Refer to 3.4.
- ***Dependent names***. Refer to 4.2, 4.3, and 5.3 for placement of dependent names.
- ***When Bank Card Account and Subscriber are the same***. Refer to 7.3 for placement of bank card and health cardholder names when they are the same.

4.0 HEALTH INSURANCE OR BENEFIT IDENTIFICATION CARD

Section 4.0 describes health insurance or benefit cards. Section 5.0 describes a combination of health insurance and drug insurance on a single card. The following table lists illustrations[7] of health insurance cards and combined health and drug insurance cards in these two sections:

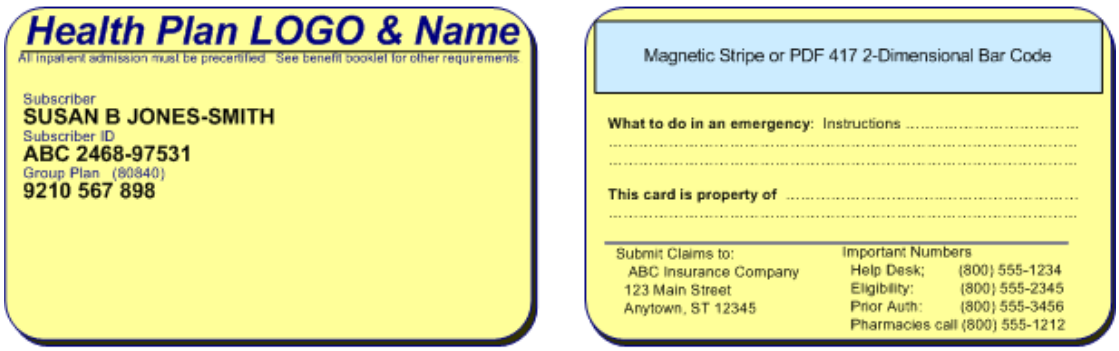
Figure	Section	Form of Insurance Card
A	4.1	Individual Coverage or Family card without dependents or discretionary "*Family*" Label
G	5.0	Individual Coverage Combined Supplemental & Medicare Part-D
		Family Coverage
B	4.2	Dependent with own card and own unique ID
C	4.3(c)	Family card subscriber but not dependents, shows discretionary *"Family"* Label
D	4.3(c)	Family card listing subscriber & dependents without unique dependent IDs
E	4.3(h)	Family card listing subscriber & dependents with unique suffixes, label above
F	4.3(h)	Family card listing subscriber & dependents with unique suffixes, ID label to left
H	5.0	Family combined health & drug card listing dependents with suffixes
I	5.3(1)	Family combined card with neither suffixes nor person codes.
J	5.3(2)	Family combined card with suffixes for subscriber and dependents
K	5.3(3)	Family combined card with person codes for subscriber and dependents

4.1 Printed Information on a Health Insurance or Benefit ID Card

Requirements for printed information. Printed information on a health insurance or benefit ID card shall conform to requirements in this guide, especially to the General Design and Essential Information described in 3.0 and to the information required in this section. In addition, an insurance or benefit ID card may include other situational and discretionary information described in this section.

Recommendations for printed information. The information labeled as recommended in this section reflects provider office procedures, and it results from consensus of provider and plan stakeholders[8]. Automated processing of card information may reduce the need for some of the information described in this section, but it may be important during an indefinite transition.

Example of Health Insurance Card for Individual or Family (without "Family" Label)



Example Front Side of Card Example Back Side of Card

Figure A

[7] All illustrations are compliant with this implementation guide, but they are not exhaustive of possible examples.

[8] This section benefits significantly from the Mid-America Coalition on Health Care (MACHC) *Patient/Member Identification Card Best Practice Guidelines*, © MACHC 2004. *Guidelines* participants included Blue Cross and Blue Shield of Kansas City, Cigna, Community Health Plan, Coventry Health Care of Kansas, Family Health Partners, First Guard, Humana, United HealthCare of the Midwest, Discover Vision Centers, Heartland Hematology-Oncology Associates, Medical Plaza Consultants, North Kansas City Hospital, Women's Health Network, J2H2 Consultants, Kansas Office of Health Planning and Finance, Marsh USA, Osco Drug.

1) General Recommendations

- A provider should be able to photocopy a card clearly; for example, the color of the card should not copy as a dark background obscuring information.
- Logos and printed material should not obscure printed information elements.
- The card should be as simple as practical by avoiding unnecessary information.
- The card should be durable.
- In general, printed information elements and labels—that is, personalized or variable information with labels—are printed on the front side of the card while instructions, contact information, and other relatively constant information are printed on the back side of the card. Brand information, such as the card issuer logo, is on the front side. However, the card issuer has discretion except where the guide is explicit.
- Refer to 3.6 for sequence and placement alternatives for *essential information*.

2) Required, Situational, and Discretionary Printed Information

Information Element	Label*	Requirement	Location
Machine-readable strip or image	na	Required	§12.0, 13.0
Card issuer name or logo; additional information at issuer discretion	As needed	Required	Front Side
Card issuer identifier; *PlanID* (c.f. 3.4)	Standard label required; see 3.4	Required	Front Side
Cardholder identifier, a unique identifier assigned by the card issuer to identify the insured, subscriber, or member; also a dependent who has his or her own unique cardholder identifier. (c.f. 3.3)	Label required, such as: “Subscriber ID” “Member ID” "ID"	Required	Front Side
Cardholder name shall identify the same person as the cardholder identifier. Cardholder is the insured, subscriber, member; cardholder may be a dependent who has his or her own unique cardholder identifier. (c.f. 3.2 and 4.2(1)).	Label such as: “Subscriber” or “Member” Label is Discretionary	Required	Front Side
Dependent name when dependent is not cardholder. (c.f. 4.2(2))	Label to indicate dependent/s is required if dependent name is printed on the card	Discretionary except required if card is for sole use by a dependent who is not cardholder	Front Side
Employer or Group Health Plan name	As needed	Recommended	Front Side
Proprietary Policy Number, Group Number, or Account. (c.f. 4.3)	Label required if data present	Situational, Required when differs from card issuer ID and payer needs it	Front Side
Type, purpose, and supplemental benefits; for example, HMO, POS, EPO, PPO, and Drug, Vision, Dental.	As needed	Required but may be implicit from plan or network logos	Front Side
Medicare Part-D Logo, CMS contract number, Pharmacy Benefit Package	As specified by Medicare Part-D	Situational, Required if Medicare Part-D	Front Side

Information Element	Label*	Requirement	Location
number			
Name(s) and address(es) such as claims submission address.	As needed	At Least One Address Required	Recommend Back Side
Contact telephone number(s) for benefit elibibility inquiry, patient assistance, claim inquiry, pre-cert.	As needed	At Least One Telephone Number Required	Recommend Back Side
Web site for further information	As needed	Recommended	Either Side
Primary care physician (PCP) name	As needed	Recommended when applicable	Either Side
Primary care physician phone number	As needed	Recommended if PCP included	Either Side
Administrative Services Only (ASO) or Third party administrator (TPA) name or logo.	As needed	Recommended when applicable	Either Side
Provider network name or logo	As needed	Recommended when applicable	Front Side
Annual deductible amount	As needed	Discretionary	Front Side
Co-payment actual dollar amounts: • PCP & specialist office visits • Emergency & urgent care	As needed	Discretionary	Front Side
Co-insurance amount or percentage; explain applicability	As needed	Discretionary	Front Side
Date of birth of cardholder or date of birth of dependent if card issued to dependent	Indication whether cardholder or dependent	Recommended	Front Side
Date card issued	"Card Issued" or "Issued"	Recommended	Front Side
Date card expires	"Card Expires"	Discretionary	Front Side
Date benefits effective	"Benefits Effective"	Discretionary	Front Side
Instructions and contact number for patients with questions.	As needed	Recommended	Back Side
Instructions and contact number for providers with questions.	As needed	Recommended	Back Side
Instructions for hospital admission, prior authorization, pre-certification.	As needed	Recommended	Back Side
Instructions for emergency and urgent care benefits, approval, claim.	As needed	Recommended	Back Side
Instructions for approval of out-of-network benefits and claims	As needed	Recommended	Back Side
Instructions for behavioral health network benefits, approval, claim submission.	As needed	Recommended when applicable	Back Side
Laboratory vendor name or logo and contact information if exclusive	As needed	Recommended when applicable	Back Side
Any other data is permitted	As needed	Discretionary	Either Side

*** "*As needed*" means a label is needed as judged appropriate by the card issuer to clarify consumer and provider understanding.**

3) Notes on Selected Data Elements

- ***Card issuer identifier***. The label shall include the "80840" ISO prefix to meet requirements in ISO card standards. See 4.1(4) for standard label.
- ***Cardholder***. The cardholder is the insured, subscriber, or member; or it may be a dependent who has his or her own unique cardholder identifier. The Cardholder Name and Cardholder ID shall identify the same person. See 2.0, 3.2, and 3.3. An ASTM International standard patient ID is not used on health insurance or benefit ID cards.
- ***Proprietary Policy or Group Number***. A proprietary Policy, Group, or Account number means the identifier assigned by the benefit plan for the group, plan, policy, contract, certificate, or account, depending on the nomenclature and numbering scheme used by the plan.. The plan may also elect to identify a group with an ISO standard U.S. healthcare identifier and also to use it as the card issuer identifier; see 3.4.
    - ***Proprietary Group Number not needed when card issuer identifier is standard group number***. When the card issuer identifier is the standard identifier for the policy or group health plan, as described in 3.4, then this information element is redundant and excluded.
    - ***Otherwise***, when the card issuer identifier is not the policy or group but the payer or administrator needs the policy or group for identification or claims process, this information element is required. For example, some payers and administrators still require the group number in order to identify the subscriber, in which case, by not enumerating the group as the ISO standard the card issuer identifier, providers are required to obtain three instead of two identifiers from the health benefit ID card.[9] Enumerating the group as the ISO standard card issuer identifier would eliminate the extra required data element, eliminate a consequent source of errors, and enable multiple benefits. Refer to 4.4 below.

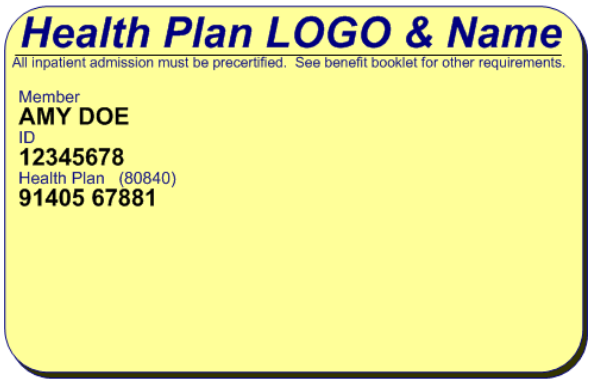
4) Labels

Certain information elements require labels as described in the table above. Labels are recommended for other information elements when useful for clarity. Labels, including abbreviations when necessary, should use commonly accepted terminology and be readily understandable by users.

[9] When the card issuer identifies the group, there are 2 key identifiers: (1) card issuer and (2) cardholder ID. But when a separate group number is required, the provider must use 3 identifiers: (1) card issuer, (2) cardholder ID, and (3) group.

4.2 Dependent has His or Her Own Card

When the dependent is the cardholder—that is, when the cardholder ID is unique[10] to the dependent, and the cardholder name is the dependent's name—then from the provider's perspective, the card is the same as though the dependent were the subscriber.



Dependent Has Her Own Card with Her Own Unique ID

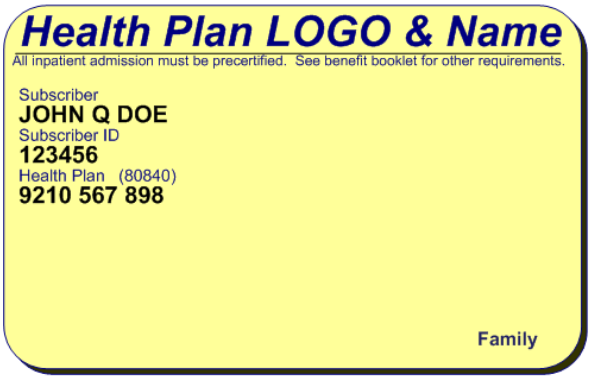
Figure B

4.3 Family Cards

a. It is discretionary whether to list dependents individually on a family card.

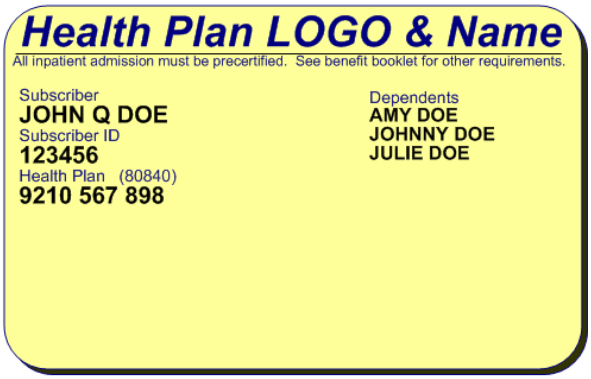
b. This guide recommends, but does not require, that when a family card does not list dependents, it show "*Family*" or other suitable label on the front of the card as illustrated in Figure C.

c. When dependents' names are printed on a family card, there must not be confusion with cardholder name. Otherwise, arrangement and placement of dependent names are discretionary.



Listing Dependents is Discretionary. This card does not show dependents.

Figure C



This card lists dependents by name but without suffix IDs or person codes.

Figure D

d. In the above examples (Figures C & D), in accordance with the Accredited Standards Committee (ASC) X12's Health Care Eligibility/Benefit Inquiry 270

[10] A dependent's ID may be unique by reason of a unique suffix to the policy's subscriber base ID or by being entirely independent of the subscriber's ID.

Technical Report Type 3 (TR3), version 005010 (hereinafter referred to as the X12 270 Eligibility Inquiry), the provider will encode an X12 270 Eligibility Inquiry for patient Amy Doe, as follows:

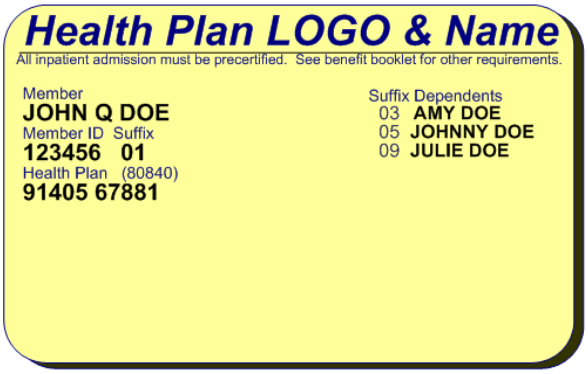
Subscriber ID:	123456	
Subscriber Name:	JOHN Q DOE	
Patient ID:	123456	
Patient Name:	AMY DOE	(obtained from patient, not necessarily the ID card)
Patient Gender:	Female	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1965	(obtained from patient, not necessarily the ID card)

e. ***Suffixes***. The subscriber and dependents may be uniquely identified using a 1 to 3-character suffix appended to a base subscriber ID.

f. If the card uses a subscriber suffix and lists dependents, the dependents are required to have suffixes as well.

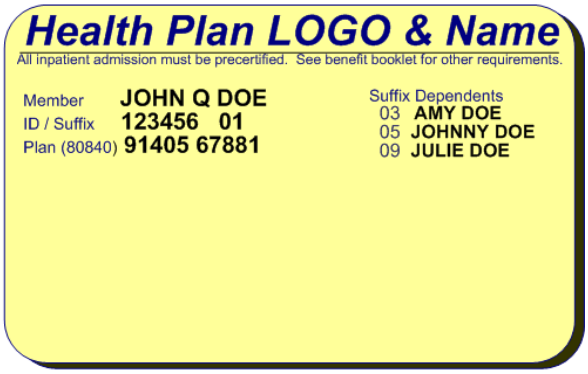
g. The subscriber's suffix is printed to the right of the base subscriber ID with one or more spaces in between. Dependent suffixes precede each dependent's name.

h. Subscriber suffix shall be labeled with "Suffix" or "SFX" above the suffix or in the label for the subscriber as illustrated in Figures E & F:



Example Label Above Subscriber Suffix

Figure E



Example Suffix Label to Left

Figure F

i. ***Subscriber as Patient***. In the above examples (Figures E & F), the provider will encode an X12 270 Eligibility Inquiry when the subscriber is the patient as follows:

Subscriber ID:	12345601	
Subscriber Name:	JOHN Q DOE	
Patient ID:	12345601	
Patient Name:	JOHN Q DOE	
Patient Gender:	Male	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1945	(obtained from patient, not necessarily the ID card)

j. ***Dependent as Patient***. The Dependent suffix label is "Suffix" or "SFX" above the suffix as illustrated in Figures E and F. Because the dependent, Amy Doe, can be uniquely identified by appending the dependent's suffix to the cardholder ID base, in accordance with X12 270 Eligibility Inquiry TR3, the provider will encode an X12 270 Eligibility Inquiry for the dependent as though the dependent were the subscriber:

Subscriber ID:	12345603	(Amy is uniquely identified, so is the subscriber.)
Subscriber Name:	AMY DOE	
Patient ID:	12345603	
Patient ID:	12345603	(concatenation of subscriber base ID + Amy's suffix.)
Patient Name:	AMY DOE	
Patient Gender:	Female	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1965	(obtained from patient, not necessarily the ID card)

k. ***Suffixes on Multiple Benefit Cards***

- If a multiple benefit card uses suffixes, they apply to all benefits on the card. For pharmacy transactions, please see 5.3
- If a multiple benefit card does not use suffixes, there may still be person codes for pharmacy transactions. Please refer to 5.3.

4.4 Multiple Benefits on a Single Health Insurance or Benefit ID Card

This implementation guide permits only a single set of essential information—one card issuer and one cardholder ID and name—on a single card, although there are two exceptions described in 1.8(7). With limitation to a single set of essential information, the processing alternatives for supporting multiple benefits that involve multiple payers and administrators are:

1. All transactions must go to a single destination (the plan or its business associate, from which they would be re-directed), or
2. The destination of transactions for different benefits must be obtained from an industry-supported and publicly accessible cross walk directory for use by the systems of providers, clearinghouses, and others (Refer also to 3.4), or
3. If not one of the first two methods, the plan must issue a separate card for each benefit.

For example, if an eligibility inquiry or claim is for one benefit, the cross walk directory would supply the information for the sender or the sender's business associate to direct the transaction to the insurer or administrator for that benefit; if for a second benefit, the directory would supply information to direct it to the second insurer or administrator.

While this implementation guide encourages a single card with multiple benefits; it continues to permit multiple cards for multiple benefits.

4.5 Data in an X12 5010 270 Eligibility Inquiry Transaction, Primary Search Option

The following logic describes how information from the insurance card would be used in an X12 270 Eligibility Inquiry Transaction using the Primary Search Option:

1. If card shows Group Number (indicates it may be required for unique identification), then
   a. Set REF Subscriber Additional Identification in loop 2100C = Group Number
2. If Patient is the Cardholder
   a. Set Member ID in loop 2100C = Cardholder ID
   b. Set Subscriber Name in loop 2100C = Cardholder Name
   c. Set Subscriber Date of Birth in loop 2100C = Patient's (Subscriber's) DOB.
3. Else, if Patient is not the Cardholder,
   a. If Patient is Listed on the Card as a Dependent,
      i. If the Dependent has a suffix,
         1. Set Member ID in loop 2100C = Base of Cardholder ID + Dependent Suffix
         2. Set Subscriber Name in loop 2100C = Patient's (Dependent's) Name
         3. Set Subscriber Date of Birth in loop 2100C = Patient's (Dependent's) DOB.
      ii. Else, if the Dependent does not have a suffix,
         1. Set Member ID in loop 2100C = Cardholder ID
         2. Set Dependent Name in loop 2100D = Patient's (Dependent's) Name
         3. Set Dependent Date of Birth in loop 2100D = Patient's (Dependent's) DOB.
   b. Else, if Patient is not Listed on the Card as a Dependent,
         1. Set Member ID in loop 2100C = Cardholder ID
         2. Set Dependent Name in loop 2100D = Patient's (Dependent's) Name
         3. Set Dependent Date of Birth in loop 2100D = Patient's (Dependent's) DOB.

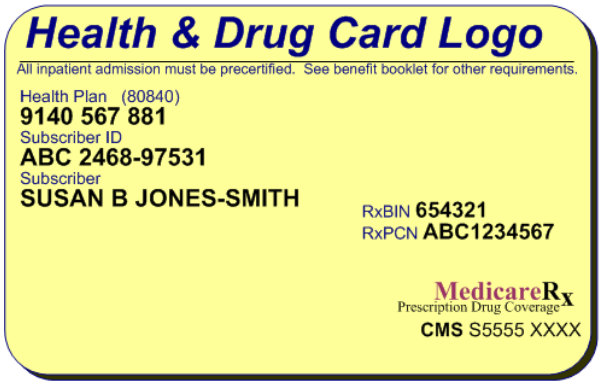
Notes on the Logic Above

- The logic above does not consider Person Codes, even if present on the card, because person codes are entered in pharmacy transactions only, not in ASC X12 transactions. See 5.3(3).
- If a card has suffixes, these are always appended to the cardholder base ID to form an ID unique to the patient on ASC X12 transactions according to the logic above. If the plan does not want suffixes to be used, they should not be included on the card.
- Suffixes apply to all benefits on a card. If the card combines health and drug benefits on a single card and includes suffixes, the applicable suffix is appended to the cardholder base ID on both ASC X12 and Pharmacy transactions.

5.0 COMBINED PRESCRIPTION DRUG WITH OTHER BENEFIT ID CARD

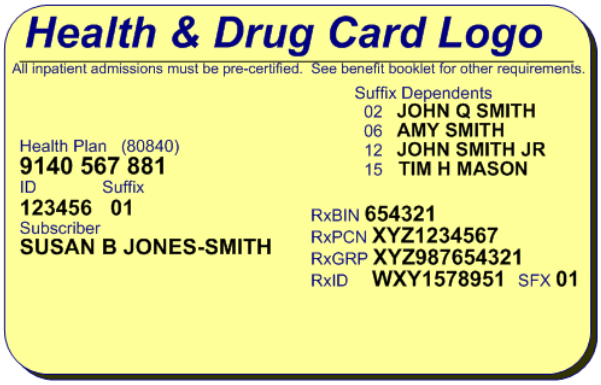
This implementation guide permits an option for a prescription drug benefit card to be combined with another health ID card. The specifications in this section are limited to when the prescription benefit is combined with other benefits on the same card. For cards with only prescription drug benefit information, please refer to the implementation guide of The National Council for Prescription Drug Programs (NCPDP) in Attachment A(2).

Note on Illustrations. While illustrations in this guide are compliant with the guide, they are not exhaustive of the possibilities. For example, while there are requirements for sequence and placement of essential information (See 3.6), the arrangement and location of other information is largely at the discretion of the card issuer (See 3.1(1) and 4.1).



Example of Combined Medical and Medicare Part-D

Figure G



Example of Combined Medical and Pharmacy Card with Suffixes used for both medical & pharmacy transactions

Figure H

5.1 Exception to Single Set of Identifiers

As described in 1.8(7), this implementation guide permits only a single set of essential identifiers on a card. However, on a combined health and drug card, in order to accommodate the current highly automated requirements of the pharmacy industry, this implementation guide requires addition of drug benefit identifiers as needed to process pharmacy transactions.

5.2 Prescription drug plan information on a combined drug and health ID card

- The essential medical benefit information is placed as described in 3.6. The reason for this is to ensure standard location of information on combined medical and drug cards.
- Drug benefit identifiers—such as RxBIN, RxPCN, RxGroup, RxID—may be printed above, below, or to the right of medical benefit essential information and shall be grouped together.
- Pharmacy benefit essential information shall be printed in sequence of, and using the labels of, RxBIN, RxPCN, RxGrp, and RxID with no other intervening information.
- RxBIN is always required. RxPCN is required when needed by the drug plan. RxGrp is required when needed by the drug plan even if it is the same as the medical group number because its presence instructs the pharmacy that the drug plan needs it. RxID is required only when different from the medical plan cardholder ID.
- If available space on the ID card compromises the inclusion of the pharmacy prescription drug benefit information, this implementation guide recommends that the health plan consider issuing separate cards for medical and drug benefits rather than combining them.

5.3 Combined Prescription Drug Card with or without Suffixes or Person Codes

Contrasting Suffix with Person Code:

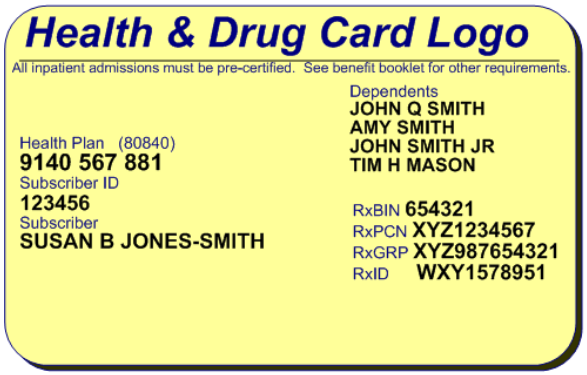
- ***Suffix***. Subscriber and dependent suffixes, when appended to the subscriber base ID, identify the subscriber and each dependent uniquely. If a card has suffixes, they apply to all benefits for which the card is applicable. On a combined card, suffixes used for health insurance must be the same as suffixes used for drug insurance. See *4.3 Family Cards*. See also 3.1(7) regarding spaces and hyphens in identifiers.
- ***Person Code.*** In contrast, a person code is a separate 1 to 3-character alphanumeric data element used only in pharmacy transactions. The subscriber ID and the person code are both entered in separate fields on a pharmacy claim. Together they uniquely identify the subscriber or dependent. Like Health Plans, Pharmacy plans are beginning transition to use of suffixes, as clarified in ASC X12 Version 5010, instead of person codes, so health and drug plans would then employ the same method to identify individuals.

What a Pharmacy Should Look For:

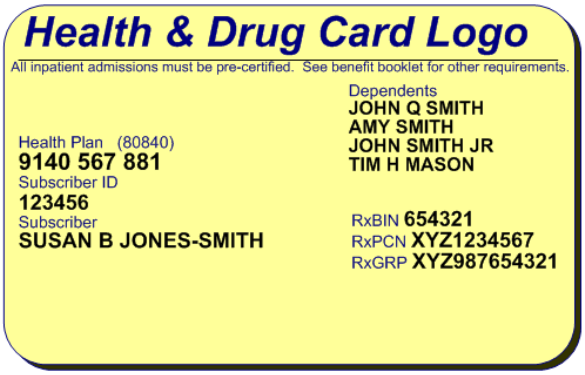
Paragraph	Figure	What the Pharmacy Should Look For
1	I	**Combined Card has neither Suffixes nor Person Codes**. • There is no label indicating suffix or person code on the card. • There is no person code to the left of Cardholder Name.
2	J	**Combined Card has Suffixes.** • The cardholder ID has a label for suffix • If dependent list exists, it has a label for suffix
3	K	**Combined Card has Person Codes**. (Person Codes apply only to pharmacy transactions.) • There is a person code to left of Cardholder Name. A label for this person code is optional. • If dependent list exists, it has a label for person code.
4	Invalid	**Combined Card with Both Suffixes and Person Codes is Invalid**.

1) Combined Card With Neither Suffixes nor Person Codes

A combined health insurance and pharmacy card is not required to have either suffixes or person codes. It depends on whether the payer needs them for adjudication. For example, the following card has neither suffixes nor person codes:



Combined Card using Neither Suffix nor Person Code
When RxID is Present

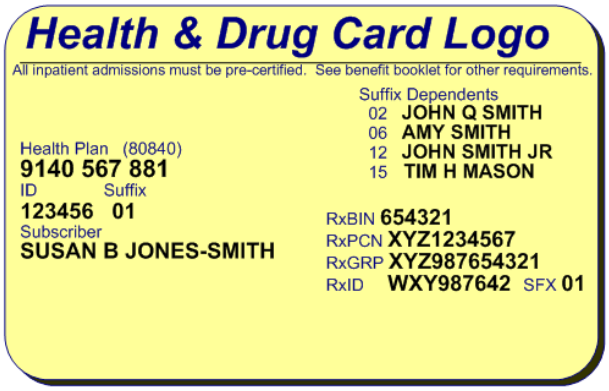


Combined Card using Neither Suffix nor Person Code
When RxID is Not Present

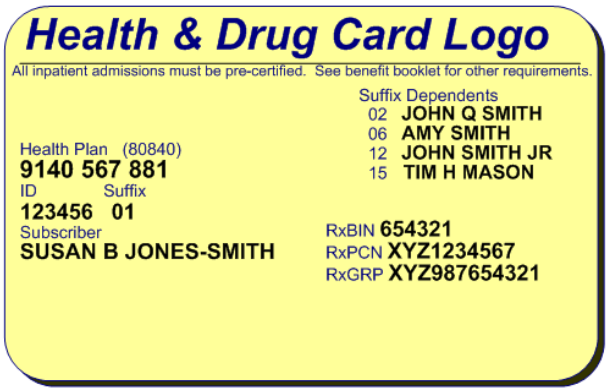
Figure I

2) Combined Health & Drug Insurance Card with Suffixes

A combined health insurance and pharmacy card may use subscriber and dependent suffixes to identify the subscriber and dependent uniquely. The suffix label instructs the provider that suffixes apply.



Combined Card Using Suffixes, applies to both Medical & Pharamacy. Suffix must be repeated when RxID is present



Combined Card Using Suffixes, applies to both Medical & Pharamacy. RxID is not present, so is same as cardholder ID.

Figure J

- To the medical plan in the example above (Figure J), Amy Smith's ID is Amy's suffix (06) appended to the cardholder's base ID (123456). The following represents how a provider would encode the X12 270 Eligibility Inquiry:

Subscriber ID:	12345606	
Subscriber Name:	AMY SMITH	
Patient Name:	AMY SMITH	
Patient Gender:	Female	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1995	(obtained from patient, not necessarily the ID card)

- To the pharmacy plan in these two examples, a person code is not used.[11] Pharmacy transactions would be encoded as follows:

  - In the first example, in which RxID is present, the patient ID is RxID base + the dependent's suffix:

Patient ID:	WXY98764206	
Patient Name:	AMY SMITH	
Person Code	(Not used because Patient is uniquely identified by the suffix.)	
Patient Gender:	Female	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1995	(obtained from patient, not necessarily the ID card)

  - In the second example there is no RxID; so patient ID is cardholder ID base + Amy's suffix:

Patient ID:	12345606	
Patient Name:	AMY SMITH	
Person Code	(Not used because Patient is uniquely identified by the suffix.)	
Patient Gender:	Female	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1995	(obtained from patient, not necessarily the ID card)

[11] Note to vendors. The pharmacy might enter a person code (equal to the suffix) anyway; so it would be advisable for systems to accommodate this possibility.

3) Combined Health & Drug Insurance Card with Person Codes

In the following examples, the drug plan requires submission of person codes for adjudication, so the person codes are included on the card as follows:

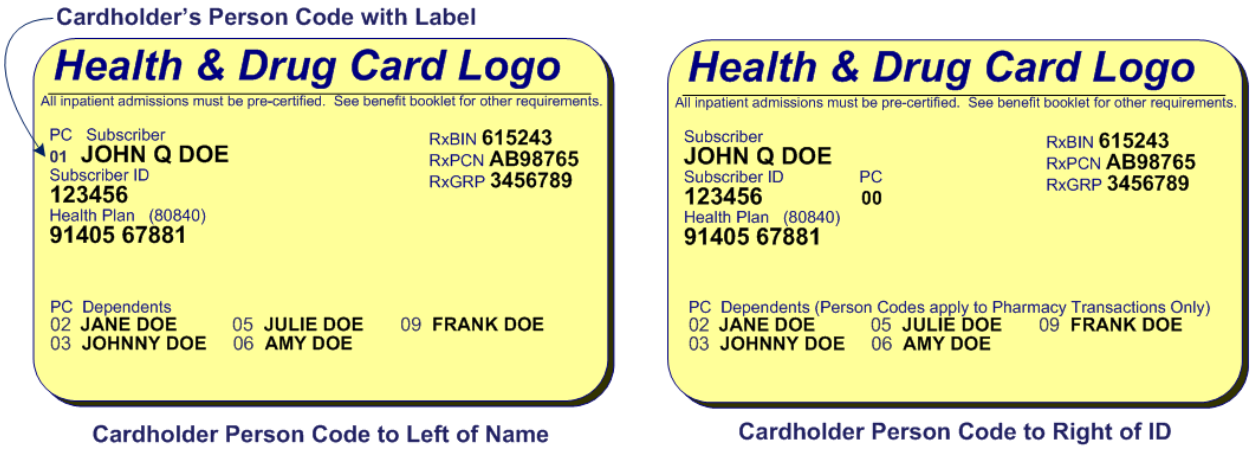


Figure K

- There are two options for placement of the cardholder's person code: (1) To the left of cardholder name;[12] label is optional but recommended; or (2) Sufficiently to the right of cardholder ID that is will not appear to be part of ID; label of "PC" is required.
- The dependent person codes are placed to the left of each dependent name and a required label of "PC" informs providers that the printed person codes are not suffixes.
- This guide recommends a label that person codes are only for pharmacy transactions.
- In Figure K the patient, Jane Doe, is identified on transactions as follows:
    - To the medical plan, person codes are not used:

Subscriber ID:	123456	
Subscriber Name:	JOHN Q DOE	
Patient Name:	JANE DOE	
Patient Gender:	Female	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1965	(obtained from patient, not necessarily the ID card)

    - To the pharmacy plan in this example, the person code of the dependent, Jane, is 02. Pharmacy transactions for Jane would be encoded:

Patient ID:	123456	
Person Code:	02	
Patient Name:	JANE DOE	
Patient Gender:	Female	(obtained from patient, not necessarily the ID card)
Patient DOB:	12/14/1965	(obtained from patient, not necessarily the ID card)

4) Combined Card with Both Suffixes and Person Codes is Invalid

Due to the complexity and likely confusion surrounding a combined health and drug ID card that would present both suffixes and person codes, this guide does not support such an ID card. Card issuers who need both suffixes and person codes are strongly encouraged to produce separate benefit cards.

[12] Placement to left of cardholder name is a technical deviation from INCITS 284, which will be revised to accommodate

6.0 DATA STRUCTURE FOR MACHINE-READABLE INFORMATION

This section describes the standard machine-readable data structure common to all cards specified in this implementation guide. Legacy formats are supported temporarily to facilitate transition of existing machine-readable cards to this standard over reasonable time; refer to 6.5.

6.1 Standard Data Structure

Data	Max Length		Format	Required?	Repeat
Start Sentinel	1	Fixed	%[13]	Required	
Format Code	2	Fixed	"WH"	Required	
Card Issuer Identifier	10	Fixed	Numeric	Required	
Cardholder ID Number	20 (32 if ASTM Stnd)	Variable	Alphanumeric	Required	
Field Separator	1	Fixed	^	Required	
Cardholder Name	36	Variable	A/N composite	Required	
Discretionary Data Loop:				Situational	0 to 99[14]
Field Separator	1	Fixed	^		
Qualifier Code	2	Fixed	Alphanumeric		
Qualified Data	30	Variable	Alphanumeric		
End Sentinel	1	Fixed	?	Required	
Longitudinal Redundancy Check, magnetic stripe only	1	Fixed	Any 7-bit combination	Required on magnetic stripe track 3	

- ***Format code***. This 2-character code indicates the structure of machine-readable data on the card. The same standard format is used regardless of technology. Advantages of this code include: (i) computer is able to determine the card is a health ID card, (ii) permits accommodation of temporary legacy formats, and (iii) permits the standard format to be changed, if necessary, in the future. Refer to Attachment A for legacy format references.
- ***Variable Data Element Length and Delimiters***. Variable data elements are left justified and not padded with extra spaces to the right. The card issuer shall ensure that no data element contains the field separator character ("^") or End Sentinel ("?").
- ***Total Length***. Total number of characters depends on field length, presence of the discretionary data loop, and technical factors. Refer to 6.4(3) for effect of error detection on length, and 12.0 and 13.0 for specific technology.
- ***Date format***. Use ccyymmdd format for all dates, without spaces, slashes, or hyphens.
- ***Card issuer identifier***, 10-digit ISO Standard U.S. Healthcare Identifier without "80840" prefix. Refer to 3.4.
- ***Cardholder identifier***. Assigned by card issuer. The cardholder identifier includes entire cardholder identifier, including Suffix if applicable, but not Person Code. Unlike Suffix, Person Code is not part of cardholder ID and is therefore not appended to the base cardholder ID in the machine-readable data. Maximum length of 20 and may not include spaces, hyphens, or other special characters; however, length can be 32 and period is significant if it is an ASTM Patient Identifier (which is not used on benefit cards). (c.f. 3.3).
- ***Cardholder name***. Name corresponding to cardholder identifier. Refer also to 3.2.
    - Includes hyphen or apostrophe when significant as in "JONES-SMITH" or "O'NEILL".

[13] For Track 3 Magnetic Stripe, many card reader software drivers change the % start sentinel to # in the data sent to the application. See 12.4.
[14] The number of iterations is limited by the capacity of the machine-readable technology.

- The machine-readable cardholder name may not include accented characters (Refer to 3.5). Accented characters shall be replaced by their base character values.
- Cardholder name uses composite name format consisting of Surname "/" Given Name "/" Middle Name "/" Suffix, in which "/" is delimiter between components of the name. For example, "JOHN Q PUBLIC JR" is "PUBLIC/JOHN/Q/JR".
- Use surname when a person has only a single name.
- No component may contain the delimiter, "/". A double middle name is 1 component.
- Remove leading and trailing spaces from all components.
- Empty fields are null. For example, "JOHN PUBLIC JR" is "PUBLIC/JOHN//JR".
- Do not end with delimiters. For example, "JOHN PUBLIC" (no middle name, no suffix) is "PUBLIC/JOHN".

6.2 Discretionary data loop

The discretionary data loop is included only when one or more information elements that may be carried in the loop are needed. Each entry, if any, in the discretionary data loop consists of three elements: a field separator, a qualifier code, and qualified data.

The Health Care ID Card Qualifier Code List is an external code list subject to change. Refer to **Attachment A** for how to obtain current list. As of the date of publication of this Implementation Guide, **relevant** code values are **listed below**; however, values may be added at any time. Any one qualifier code value may occur in the discretionary loop only once. The field separator, "^", must precede each qualifier code. There is no field separator between a qualifier code and its corresponding value; for example, to specify a male cardholder, use "^GC1" in the discretionary loop.

Qualifier code	Occurs	Description
Cardholder and Dependent Name, DOB, Gender		
PD, P1-P9	0-1	Person Code; c.f. 6.3.
SX, SD	0-1	Suffix in Cardholder ID, 1, 2, or 3 uppercase alphanumeric with no special characters. c.f. 6.3.2
N1-N9	0-1	Dependent Name, composite name format same as cardholder
DB, D1-D9	0-1	Date of birth of cardholder or dependent. Format ccyymmdd
GC, G1-G9	0-1	Gender code of cardholder or dependent: "1" = male; "2" = female
FM	0-1	Indicator that the card is a Family Card. c.f. 4.3. FM is not required, even on family cards, and is redundant if data includes dependents.
Additional Cardholder Identification		
GR	0-1	Proprietary Account or Group number, when necessary for identification and differs from card issuer ID. See also "RG" code.
A1	0-1	Address line 1
A2	0-1	Address line 2
CY	0-1	City
ST	0-1	State
ZP	0-1	Zipcode, 5 or 9 digits; no hyphens or spaces
Data for Drug Benefits (Refer to 5.1 for Prescription Drug Benefit Card Exception)		
RG	0-1	Proprietary drug group number; included if card combines medical and drug coverage and this ID differs from the card issuer ID and from Group Number ("GR") above. If "GR" is for the medical plan, but is null for the drug plan, include "RG" followed by null data value.
BN	0-1	Drug benefit manager identification number (RxBIN).
PC	0-1	Drug benefit processor control number. (RxPCN)
RI	0-1	Drug benefit cardholder ID; included if card combines medical and drug coverage and this ID differs from the "Cardholder Identification

Qualifier code	Occurs	Description
		Number" in the 4.1 table above.
Dates DI	0-1	Date Card Issued. Format ccyymmdd. Used for card version.
DX	0-1	Date Card expires. Format ccyymmdd.
DE	0-1	Date benefits became effective. Format ccyymmdd.
Other Data		
PP	0-1	Individual NPI of primary care physician
PN	0-1	Name of primary care physician, composite name format.
WB	0-1	Web site URL (/ is permitted)
CP	0-1	Card Purpose Code. Refer to 6.7.

6.3 Person Code and Suffixes

This section describes inclusion of dependent information and person codes or suffixes in machine-readable data. Refer to 4.3 for suffix description on health insurance or benefit cards, and to 5.3 for suffixes and person codes on combined health and drug cards.

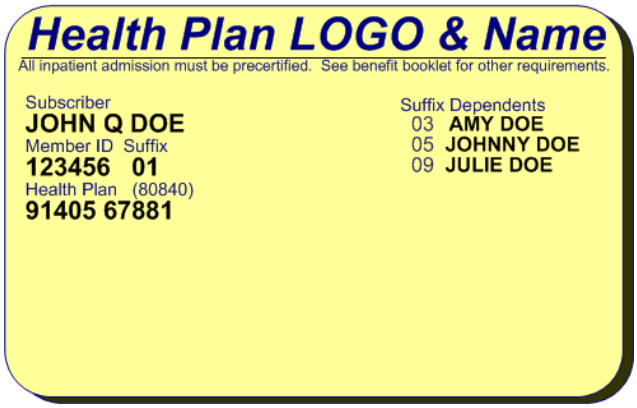
6.3.1 Dependent Information and Person Code

The discretionary data loop permits names and other information for the subscriber and up to 9 dependents, limited by capacity of the machine-readable technology.

- Dependent names are composite fields following the same format and truncation logic as for cardholder name. Refer to 3.2 and 6.1.
- Qualifier codes for dependents are linked by a number from 1 to 9. Use multiple cards if more than 9 dependents. For example, Person Code (P1-P9), the Date of Birth (D1-D9), Gender (G1-G9), and dependent name (N1-N9). DB and GC are date of birth and gender for the subscriber. Refer to 6.2.
- Qualifier data for codes P1 to P9 are person codes used in pharmacy transactions. For example, say the person code for a dependent is "22", then the dependent might be described by, say, P5, N5, D5, and G5, where P5 = 22; that is, where person code = 22.
- PD is not required if the plan does not require a person code to identify the subscriber in pharmacy transactions, and P1 to P9 are not required if not used to identify dependents in pharmacy transactions or if their values are obtained from suffixes.

6.3.2 Suffix Numbers for Subscriber and Dependents

The discretionary data loop provides the means to specify subscriber and dependent suffixes to a base subscriber or member ID. Consider the following card:



- The discretionary loop to provide the suffixes for the above example is as follows:

Discretionary loop data listing suffix values & length.

^	SX	01	^	SD	030509

- To specify suffixes, the SX entry is required; it supplies the value and the length (1-3 char) of the subscriber's suffix.
- The dependent suffixes begin with SD and are listed in sequence as shown, with the same length as the subscriber suffix. A dependent's suffix replaces the subscriber suffix to form the dependent's unique identifier. Although generally numeric, a suffix may be uppercase alphanumeric with no special characters. Leading zeros in suffix values are significant. If SD is included, SX is required.
- When SX is used, PD & P1-P9 take corresponding values from SX & SD so they are unnecessary and are not included in the loop. That is, when a card combines health insurance and drug insurance, the person codes have the same value as the suffixes.

6.4 Example of Machine-Readable Data

This example illustrates how data should be represented in the standard machine-readable data structure. This example uses Track 3 magnetic stripe and includes a single iteration of the discretionary data loop in order to include the cardholder's date of birth. Example:

Card Issuer	9210567898 (example enumerates at group health plan level)
Cardholder ID	XJBH3AB572
Cardholder Name	JOHN Q PUBLIC
Date of Birth	05/17/1958
Technology	Track 3 Magnetic Stripe, which has capacity of 82 characters

Start Codes		Data Common to All Cards					Discretionary Loop			
Start	Format Code	Card Issuer	Cardholder ID		Cardholder Name		Qual Code	DOB	End	LRC[15]
%	WH	9210567898	XJBH3AB572	^	PUBLIC/JOHN/Q	^	DB	19580517	?	x
Number of characters:										
Req fixed	Req fixed	Required fixed	Required variable	f	Required variable	f	Discretionary fixed	Discretionary variable	Req fix	Req fix
1	2	10	10	1	13	1	2	8	1	1
								Total Characters		50

1) ***Number of characters***.

Number of characters in example as shown:	**50**
Number of characters if name were, say, 26 characters:	**63**
Space Remaining on Track 3 of magnetic stripe in this example, 82-63 =	**19**

Other card issuers may require more space for cardholder ID and may not need date of birth but may need other discretionary data. Each issuer should design (1) using this standard data structure and (2) within capacity of the technology.

2) ***Group number***. In the above example, the standard card issuer identifier is the group health plan[16] rather than the payer. In this way, a single card, having only two identifiers, can support multiple benefits even though each benefit may use

[15] The example shows a longitudinal redundancy check (LRC) character needed for magnetic stripe; however, an LRC is not needed in PDF417.
[16] Note it is also possible to put a proprietary group number in the discretionary data loop.

different payers and administrators. The information to do this would be in a public directory. For example, the directory would say, send medical benefit transactions to one administrator but send dental benefit transactions to another. Refer to 4.5.

3) ***Error Detection***. If the card uses Track 3 magnetic stripe, a Longitudinal Redundancy Check (LRC) character will be added. Track 3 has capacity for 82 characters including the LRC after the end sentinel. A magnetic stripe card reader checks the LRC to ensure accuracy but does not send the LRC along with the data. LRC calculation is specified in ISO/IEC 7811-6. Refer also to underlying standard, INCITS 284.

   If the card uses PDF417 bar code, LRC is not included because PDF417 inherently includes its own error detection codes.

6.5 Legacy Formats

1) Legacy Formats Accommodated.

Some health card issuers have Track 3 magnetic stripe or PDF417 bar code health identification cards already in circulation, but they use a data structure that is different from the standard described in 6.1. Typically these cards use a format code, which differs from the "WH" format code specified in this guide, and that format code enables continued use of these cards during transition to the standard structure in 6.1 over an indefinite time period. In some cases a legacy format lacking a format code may be registered provided that it is possible for a computer to determine the format.

2) Registering Existing Legacy Formats.

Refer to Attachment A for how to obtain a programmer's guide for deciphering, not only the standard format in this guide, but registered legacy formats as well. The same source will accept registration of additional *existing* formats.

6.6 Accommodating Future Needs with Qualifier Codes

1) Format Code Unlikely to Change.

The Format code is intended to accommodate legacy formats. Conceivably—but only if genuinely necessary—a new standard format could provide needed future changes in the standard[17]. But the legacy format provision is not intended to accommodate *new* nonstandard formats because new formats are unnecessary and every format code increases programming in provider systems; so such new formats are not permitted. Therefore, it is possible such a new format code might not be accepted within the legacy provision.

[17] Format codes are durable; for example, the bank card format code for Track 1 has not changed in a half century.

2) New Qualifier Codes.

The data structure described here is flexible and able to support any ID card purpose, and new qualifier codes for new data fields may be added as needed. Refer to Attachment A on maintenance and copies of the qualifier code list.

6.7 Card Purpose Code

Certain types of health identification cards require a code to enable a computer to determine the type of card based on machine-read information. This code is not required for a health insurance or benefit ID card. Values in the qualified data element are:

Type of Card	Qualifier Code	Qualified Data Value
Provider-issued card for repeated admission or treatment.	Not used	
Health Benefit or Insurance ID card.	Not used	
Health ID & Bank card.	Not used	
Other Health ID card Identifying Medical Records	CP	1
Card Assigning ISO Stnd U.S. Healthcare ID such as for Atypical Provider	CP	2

7.0 OPTION TO COMBINE A HEALTH ID CARD WITH A BANK CARD[18]

This implementation guide permits, but does not require, a health identification card to be combined on the same card with a standard credit card or debit card.

Health cards issued with financial institutions are often consumer multi-purpose cards used to make payments to providers from special accounts such as health savings accounts, flexible health spending accounts, commuter cards related to health benefits, and others.

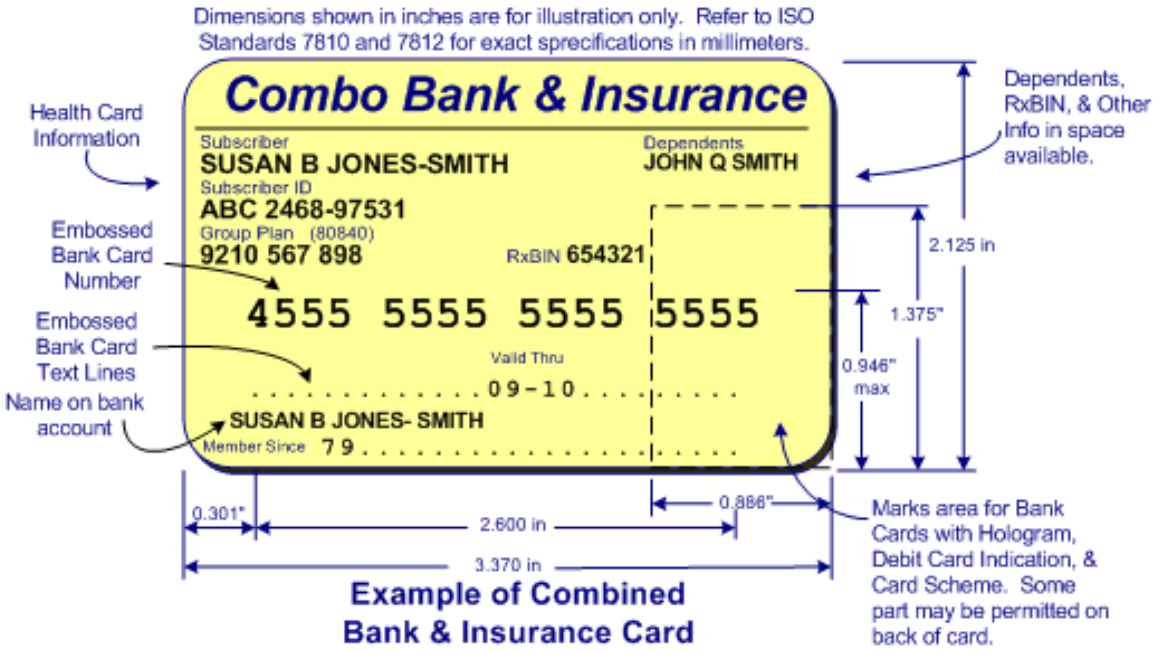
7.1 Design Approach

Bank cards conform to ISO standards accepted worldwide, and in many respects bank card standards are more restrictive than this implementation guide and its underlying standard, INCITS 284. In addition, bank cards have well established business and legal requirements. For these reasons, the approach to combining a bank and health card is as follows:

- ***Bank card***. First, start with conformity to bank card standards, Payment Card Industry (PCI) standards, and card scheme rules for printed information. Use Tracks 1 and 2 magnetic stripe for machine-readable information.
- ***Health card***. Then add health identification card information such that the printed information is printed in space that is discretionary for bank cards and record machine-readable information as described in 6.0, 12.0 for Track 3 magnetic stripe, and 13.0 for PDF417.

7.2 Printed Information on a Combined Bank and Health Card

After all requirements for bank card printed information are met, health information can be positioned on the card in remaining space. The following is illustrative only.



[18] This implementation guide uses the term, *bank card*, to include standard credit and debit cards issued by financial institutions. Included are Visa, MasterCard, American Express, Discover, and other standard cards.

- The dimensions and fonts above are shown only to assist understanding. A card issuer should conform to precise bank card requirements for bank card information, then conform to this implementation guide and its underlying standard for health identification card information.

- After meeting bank card requirements on the front of the card, most of the remaining space available for health information is located in roughly the upper half. Space and regulatory requirements may be limiting factors. On the back of the card, bank-card information may be required and remaining space is available for a health card.

- The health card information illustrated above consists of the essential health identification information plus the name of the group, which is discretionary. The standard card issuer number shown in the illustration identifies the group health plan.

- The bank card number and 4-line text[19] are usually embossed. Some newer cards for electronic transactions only are not embossed.

- In most cases, the 4-line text on a bank card is not fully used. Some of this space may be usable for health card information. Typical bank card use of the 4 lines includes bank cardholder name, bank cardholder membership date (e.g. “Member since 00/00”), expiration date, cardholder company name or corporate account name, trade name of a non-member such as co-brand or affinity partner, and indicators of account classification, type, and service description such as VIP status.

7.3 Recommend that Both Subscriber Name and Bank Account Name be Printed

The subscriber name of the health card is essential information. It may be the same or different from the bank account name. For consistency and ease of use, this implementation guide recommends that the subscriber name be printed with health information and the bank account name be printed with the bank card information, even if the two names are the same.

7.4 Machine-Readable Information on a Combined Bank and Health Card

Encoding of machine-readable information for a combined bank and health ID card is as follows:

- Bank card information is encoded in Tracks 1 and 2 magnetic stripe. Refer to bank card standards, Payment Card Industry standards, and card scheme rules for data content and format.

- Health ID card information described in 6.0 may be encoded on a combined bank and health ID card in either or both:
  - Track 3 of the magnetic stripe as described in 12.0; and/or
  - PDF417 bar code as described in 13.0 and subject to bank card requirements.

Bank card payment facilitating information is prohibited in Track 3 or PDF417.

[19] Although the ISO standard describes 4 lines of embossed text below the bank card number, bank cards generally do not emboss the first such line and instead use that space for other information such as non-embossed dates and codes.

8.0 PROVIDER-ISSUED CARD FOR REPEAT ADMISSION OR TREATMENT

A provider may issue a patient a card identifying the patient or the patient's records. Typical uses of this card include: (1) rapid identification for readmission or repeated treatment, (2) patient record ID to enable consolidation of medical records at the provider or health databank.

8.1 Printed Information

Printed information shall conform to the General Design and Essential Information described in 3.0. Inclusion of other information is discretionary. Examples:

Hospital-Issued Card with a Proprietary Patient Record ID

Hospital-Issued Card with a Standard Patient Record ID

1) ***Proprietary Patient ID*** assigned by the hospital or provider.

2) ***ISO Standard U.S. Healthcare Confidential Patient Identifier***. The hospital or other provider may have arranged for the patient to be assigned a standard, portable, and confidential patient identifier to assist consolidation of patient records across multiple providers and time periods, subject to patient authorization. There is also an ASTM standard for patient identifiers.

3) ***Labels***. Essential information elements require labels. Labels are recommended for other information elements when useful for clarity. Labels should use commonly accepted terminology and be readily understandable by users.

   Standard label for card issuer identifier. Refer to 3.4 for standard card issuer label.

8.2 Machine-Readable Information.

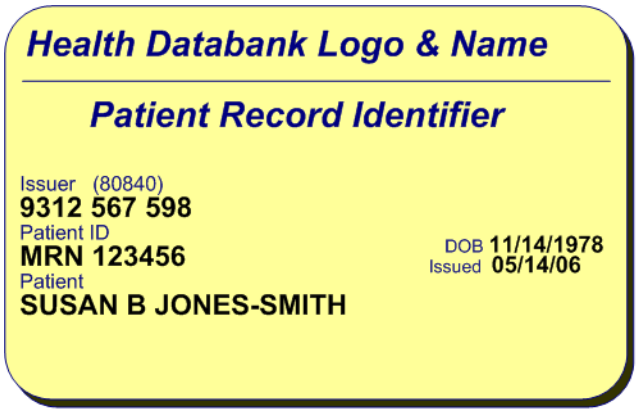
The card shall carry, in either Track 3 magnetic stripe or PDF417 bar code, the required machine-readable information specified in 6.0 and such situational and discretionary machine-readable information specified in 6.0 as the card issuer deems useful for the card's purposes.

9.0 HEALTH IDENTIFICATION CARD ISSUED BY OTHER ENTITY

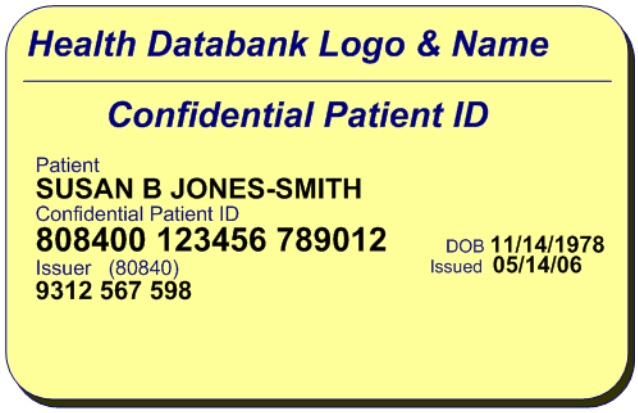
Any other entity may issue a health identification card. A typical use of this card would be patient record identification to enable consolidation of medical records.

9.1 Printed Information

Printed information shall conform to the General Design and Essential Information described in 3.0. The card issuer may include such other information as it deems useful for the card's purposes.



Other Entity-Issued Card with a Proprietary Patient Record ID



Other Entity-Issued Card with a Standard Patient Record ID

- ***Card Issuer Identifier***. The card issuer identifier shall be a standard identifier as specified in 3.4. The example is a trading partner standard identifier for the Health Information Exchange Organization that issued the card.

- ***Standard card issuer label***. The card issuer label shall include the "80840" ISO prefix as part of requirements in ISO card standards. Refer to 3.4 for standard label.

- ***Patient ID***. The above examples illustrate two types of patient ID:

  1) ***Proprietary Patient ID*** assigned by card issuer.

  2) ***ISO Standard U.S. Healthcare Confidential Patient Identifier***. The card issuer may have arranged for the patient to be assigned this portable patient identifier. It may be useful for consolidation of patient records across multiple providers and time periods subject to patient authorization. There is also an ASTM standard for patient identifiers.

9.2 Machine-Readable Information.

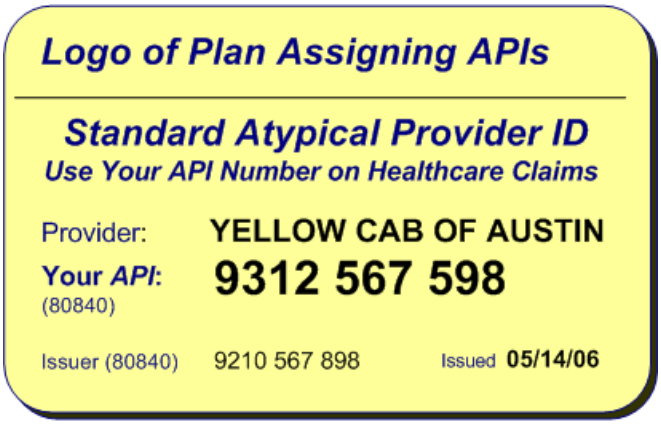
The card shall carry, in either Track 3 magnetic stripe or PDF417 bar code, the required machine-readable information specified in 6.0 and such situational and discretionary machine-readable information specified in 6.0 as the card issuer deems useful for the card's purposes.

10.0 HEALTH ID CARD TO ASSIGN STANDARD IDENTIFIERS

A health identification card is frequently the most convenient means to convey assignment of a standard health identifier. The following is an example of assignment of an Atypical Provider Identifier (*API*) to an Atypical Provider.

10.1 Printed Information

Printed information shall conform to the General Design and Essential Information described in 3.0. The card issuer may include such other information as it deems useful for the card's purposes.



Card to Convey ISO Standard
U.S. Healthcare Identifier

- ***Card Issuer Identifier***. The card issuer identifier shall be a standard identifier as specified in 3.4. The example above shows a standard card issuer identifier for the health plan that arranged for assignment of the *API*.

- ***Cardholder Identifier***. The above example illustrates assignment of a standard Atypical Provider Identifier (*API*) to a provider of services who is not a health care provider and is therefore ineligible for a National Provider Identifier (NPI). The *API* is an ISO standard U.S. healthcare identifier.

10.2 Machine-Readable Information.

The card shall carry, in either Track 3 magnetic stripe or PDF417 bar code, the required machine-readable information specified in 6.0 and such situational and discretionary machine-readable information specified in 6.0 as the card issuer deems useful for the card's purposes.

11.0 PORTRAIT

This Implementation Guide permits, but does not require, inclusion of a portrait in conformance with the underlying standard, INCITS 284. The portrait of the cardholder shall be of photographic quality in color or black and white. Refer to INCITS 284 for portrait specifications. An issuer is cautioned that some states may have privacy restrictions on inclusion of a portrait.

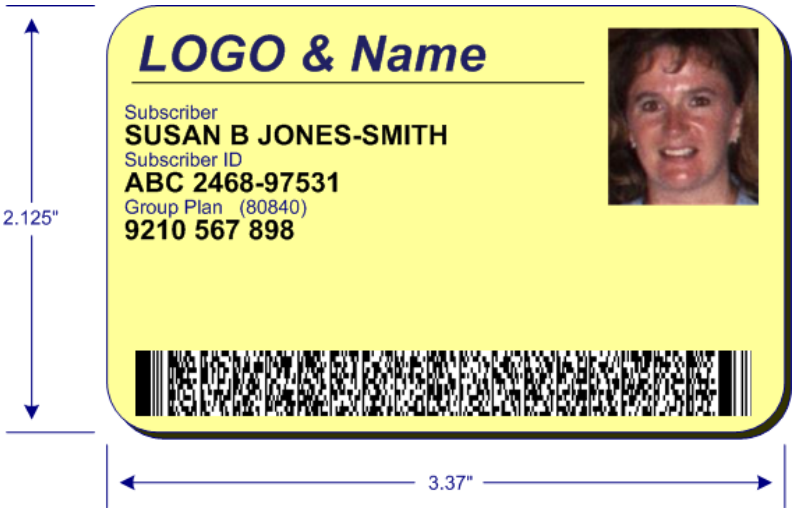


Illustration with portrait

12.0 MAGNETIC STRIPE TRACK 3

This implementation guide requires either Track 3 Magnetic Stripe and/or PDF417 bar code.

12.1 Conformance

If Track 3 of Magnetic Stripe is elected, this implementation Guide requires conformance with:

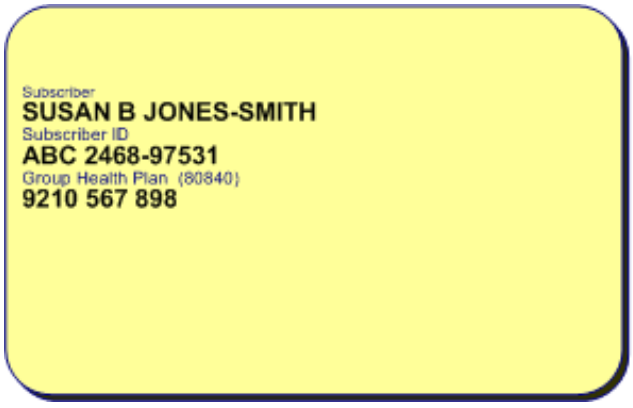
- American National Standard INCITS 284 as revised: *Identification Cards—Health Care Identification Cards*. INCITS 284 includes ISO and other card standards by reference such as especially ISO 7810 and 7811 and the AAMVA 2005 specifications for Track 3. Refer to 1.2.

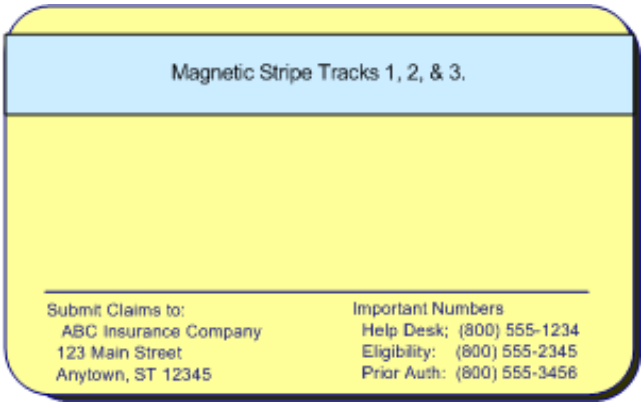
12.2 Track 3 Magnetic Stripe

- This implementation guide specifies data content for only Track 3 of Magnetic Stripe. It does not specify content for Tracks 1 and 2. Tracks 1 and 2 may be used for bank card information as described in Section 7.0, or may be used for other purposes. For example, some states currently employ Tracks 1 and 2 for welfare benefit programs including Medicaid, and after using Track 3 for health benefits, they may elect to continue to use Tracks 1 and 2 for the other welfare purposes.
- Encoded data in Track 3 shall be only as specified in Section 6.0. Note an LRC error detection character will be included within the character count of 82 maximum. An LRC immediately follows the end sentinel of each Track. A magnetic stripe card reader checks the LRC to ensure accuracy but does not send the LRC along with the data. Refer to 6.1, 6.4. LRC calculation is specified in ISO/IEC 7811-6. Refer to underlying standard, INCITS 284.

12.3 Card Characteristics

- The physical characteristics of the card shall conform to ISO/IEC 7810 (like a charge card) or to ISO/IEC 15457-1 (thin flexible card).
- The Magnetic Stripe is located on the upper backside of the card in accordance with ISO standards referenced in INCITS 284.





12.4 Start Sentinel Character sent to Application for Track 3 Magnetic Stripe[20]

The start sentinel that is physically on the card is "%" for Track 3, and the LRC is the last character on the track. When a card reader reads the card, it checks the LRC. In the data stream sent to the application, the card reader may change the Track 3 start sentinel from "%" to "#", to indicate to the application the start of Track 3, and it removes the LRC.

The start and end sentinels that are physically encoded on the card for all three tracks are:

Track	Start Sentinel	End Sentinel
Track 1 (7-bit alphanumeric)	%	?
Track 2 (5-bit numeric)	;	?
Track 3 (7-bit alphanumeric)	% [21]	?

Physical View: The following illustrates physical encoding of the magnetic stripe for Track 3 in which Tracks 1 and 2 are null:

Track 1 (7-bit alphanumeric)	%?x
Track 2 (5-bit numeric)	;?x
Track 3 (7-bit alphanumeric)	%WH9210567898XJBH3AB572^PUBLIC/JOHN/Q^DB19580517?x

[where x is the LRC for each track]

Application View: The card reader software driver converts the data to 8-bit ASCII and sends it to the application as a single character stream. and it may change the Track 3 start sentinel from "%" to "#":

Track 1 (8-bit ASCII)	%?
Track 2 (8-bit ASCII)	;?
Track 3 (8-bit ASCII)	#WH9210567898XJBH3AB572^PUBLIC/JOHN/Q^DB19580517?

[20] See also footnote to 4.1.
[21] It is this start sentinel that the card reader may change from "%" to "#" in data sent to the application.

13.0 USS PDF417 2-DIMENSIONAL BAR CODE

This implementation guide requires either Track 3 Magnetic Stripe and/or PDF417 bar code.

13.1 Conformance

If PDF417 is elected, this Implementation Guide requires conformance with:

- American National Standard INCITS 284 as revised: *Identification Cards—Health Care Identification Cards.* Refer to 1.2.
- *Uniform Symbology Specification—PDF417* (USS PDF417). This document may be ordered from AIM International at www.aimglobal.org.
- ISO/IEC 15438, *Information technology—Automatic identification and data capture techniques—Bar code symbology specifications PDF417.*

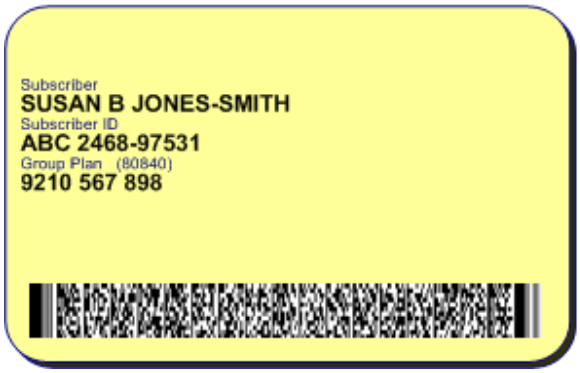
13.2 PDF417 Bar Code

- Encoding data in PDF417 bar code shall only be as specified in Section 6.0. Error correction coding is included within the technology; however, there are different levels of error correction. The INCITS 284 standard requires a minimum error level of 4.

13.3 Card Characteristics

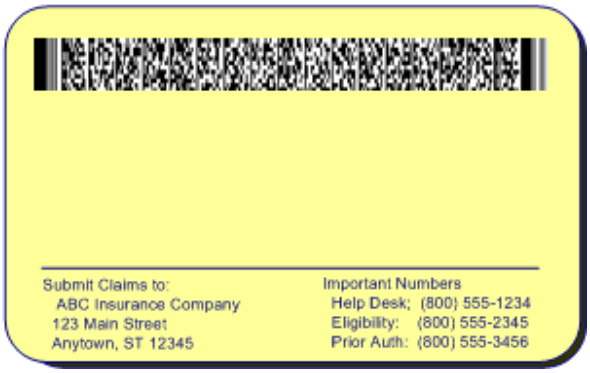
- This Implementation Guide recommends the physical characteristics of the card conform to ISO/IEC 7810 (like a charge card) or to ISO/IEC 15457-1 (thin flexible card). However, a card using PDF417 bar code may be printed on paper card stock, such that after normal folding, if any, there is a front side and a back side to the card as defined in the standard.
- The PDF417 image shall conform to the specifications in ISO/IEC 15438.
- The PDF417 image may be located anywhere on either front or back side of the card.

PDF417 Bar Code on Front of Card



Or:

PDF417 Bar Code on Back of Card



14.0 CONTRIBUTORS AND MAJOR STAKEHOLDER PANEL

14.1 ***Disclaimer***. Participation in either the Contributors group to write or revise the implementation guide, or in the Major Stakeholders Panel, does not imply endorsement by the individuals or organizations.

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*** Co-chairs of WEDI Health ID Card Implementation Guide Group; Marty Jensen 2005-2008.**

[22] "O" = member of original group, "R" = member of revision group, "B" = member of both original and revision group.

In addition, the authors wish to credit many other individuals who worked to create the underlying standard in 1992-97, especially Tom Keane of Blue Cross and Blue Shield of Florida, Joel Ackerman, the members of ASC INCITS B10, and Harvey Rosenfeld of ANSI.

14.3 Major Stakeholders Panel of 2006 and 2007

The authors wish to credit the following individuals and organizations who contributed generously of their time and perspective as members of a special ad hoc panel of major stakeholders established to address data content, technology, financial card combination, and usage. Participation on the panel does not constitute endorsement of this guide.

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American Express	Sarah E. Harrison
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Trihelix	Chip Walters
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Visa	Stacy Pourfallah
Walgreen's	Perry Don
Workgroup for Electronic Data Interchange (WEDI)	Jim Schuping

Attachment A

Where to Obtain: INCITS 284 Standard, Implementation Guides, Legacy Machine-Readable Formats, Code Values, and Card Issuer Identifiers

1) American National Standard INCITS 284

To implement the specifications in this paper, a card issuer will need both this Implementation Guide and a copy of the underlying standard, INCITS 284 as revised[23], which may be obtained from the American National Standards Institute, Inc. 25 West 43rd Street, New York, NY 10036, or on-line through www.ansi.org.

The underlying standard invokes a number of ISO standards by reference. A card issuer may wish to obtain copies of these from ANSI as well; however, typically, a card issuer may choose to rely on its card supplier to ensure compliance with these technical standards.

2) Other Implementation Guides for the Standard

The National Council for Prescription Drug Programs (NCPDP) publishes an Implementation Guide that applies the underlying standard to Pharmacy ID Cards. A copy may be obtained from NCPDP, 9240 East Raintree Drive, Scottsdale, AZ 85260, or on-line at www.ncpdp.org.

In 2006, Medicare adopted the NCPDP Implementation Guide for Medicare Part-D drug program, and Medicare worked with the author group of this implementation guide to ensure compatible combination of medical and Part-D drug benefit ID cards.

3) Legacy Machine-Readable Formats

- To obtain specifications for legacy machine-readable data formats, go to www.wedi.org.
- To register specifications for existing legacy machine-readable data formats, go to www.wedi.org.

4) Code Values (Refer to 6.2)

- To obtain the most recent version of the qualifier code list or the card purpose code list, go to resources page at www.ncpdp.org and view public documents for Pharmacy Identification Card.
- For instructions on the process for additions to the code list, please refer to the Data Element Request Form (DERF) process at www.ncpdp.org.

5) Standard Card Issuer Identifier

- For information on standard card issuer identifiers and authorized access to the associated e-directory (c.f. 3.4), go to www.wedi.org.

[23] However, the currently available version is old, INCITS 284-1997. This implementation guide is premised on a new revision to be approved and publicly available in final form after its expected publication date in December 2010.

Attachment B
Verification Algorithm for Card Issuer Identifier Check Digit

Check Digit Formula (Luhn Formula with '80840' Prefix Adjustment)

A check digit[24] is a variable such that when the ISO (Luhn) algorithm is applied to the identifier (including the implicit 80840 ISO prefix) the resulting calculation is evenly divisible by the Modulus, in this case, 10. The algorithm to test validity of the identifier is:

- For the example, let the Card Issuer Number = **91405 67881**.
- Start with the rightmost character of the identifier. Call that character, Position "1", and number the position of the digits before it "2", then "3", and so forth going left.
- Double each even position. If the result is more than 10, add the result's digits together. For example, Position "4" below = 7, double 7 = 14, add 1+4 = 5. Use 5 in the sum.
- Sum all odd positions and all the converted even positions.
- Add 24 to the sum in order to account for the implicit 80840 ISO prefix.
- If the sum is divisible by 10, the check digit is valid.

10-Digit *ISO Standard U.S. Healthcare* Identifier										
Pos10	Pos9	Pos8	Pos7	Pos6	Pos5	Pos5	Pos3	Pos2	Pos1	
9	1	4	0	5	6	7	8	8	1	
x2		x2		x2		x2		x2		
18	1	8	0	10	6	14	8	16	1	
1+8	1	8	0	1+0	6	1+4	8	1+6	1	
+9	+1	+8	+0	+1	+6	+5	+8	+7	+1	=46
Add 24 to account for the implicit 80840 ISO prefix										+24
										=70
70 is divisible by 10; therefore, the identifier is valid.										

Verification of Identifier **91405 67881**

[24] It is usually thought that the check digit is the rightmost digit of an identifier and this guide uses the rightmost digit convention. However, any digit may serve as the variable that ensures validity with the Luhn algorithm.

Attachment C
List of Acronyms

Acronym	Description
ANS	American National Standard, such as INCITS 284. An American National Standard is developed by a standards setting organization accredited by ANSI. It is then published by ANSI and generally may be obtained at www.ansi.org.
ANSI	American National Standards Institute. Accrediting organization for standard setting organizations in the United States. www.ansi.org.
API	Standard identifier for Atypical Providers. *API* is a 10-digit ISO Standard U.S. Healthcare Identifier authorized under ISO 7812. www.wedi.org.
ASTM	ASTM International, formerly known as American Society for Testing and Materials, is an accredited standards setting organization formed over a century ago. The patient identification standard referred to in this implementation guide is under the jurisdiction of ASTM Committee *E31 Healthcare Informatics* and Subcommittee *E31.28 Electronic Health Records*. www.astm.org.
ediID	Standard identifier for healthcare trading partners and portals. *ediID* is a 10-digit ISO Standard U.S. Healthcare Identifier under ISO 7812. www.wedi.org.
e-Directory	Electronic directory of *PlanID* and *ediID* identifiers.
HPID	Unique Health Plan Identifier when adopted as a national standard by the Dept. of Health and Human Services pursuant to the HIPAA Statute of 1996. HPID is the acronym being used by CMS as of approval date of this guide.
IEC	IEC, the International Electrotechnical Commission. www.iec.ch.
INCITS	InterNational Committee for Information Technology Standards. Technical committee B10 Identification Cards and Related Devices developed the American National Standard for health identification cards, INCITS 284:2011, which underlies this implementation guide. www.incits.org.
ISO	International Organization for Standardization. www.iso.org.
NCPDP	The National Council for Prescription Drug Programs, Inc. (NCPDP) is a not-for-profit ANSI-Accredited Standards Development Organization consisting of over 1,500 members representing virtually every sector of the pharmacy services industry. NCPDP publishes an implementation guide for drug benefit ID cards. Section 6.0 of this WEDI implementation guide describes how to combine medical and drug benefits in one card. www.ncpdp.org.
NPI	National Health Care Provider Identifier. NPI is a 10-digit ISO Standard U.S. Healthcare Identifier authorized under ISO 7812 and administered by the Centers for Medicare and Medicaid. www.hhs.gov.
Part-D	Medicare Part-D program for prescription drug benefits.
PlanID	Standard identifier for healthcare payers and plans, including group health plans. *PlanID* is a 10-digit ISO Standard U.S. Healthcare Identifier authorized under ISO 7812. www.wedi.org.
ROI	Return on Investment.

Attachment D
Revisions in Version 1.1 versus 1.0

This attachment lists he changes from Version 1.0 to Version 1.1.

1. Policy Statement

The following addition was made stating a WEDI Policy of Cooperation and Consultation with X12 and NCPDP on the guide, especially regarding future changes.

REF	Description of Change
Page 2	Added statement of cooperation and consultation with X12 and NCPDP.

2. The Major Change to the Guide was Unique Identification of Dependents Individually

The principal reason for revision to the WEDI guide was to specify how a card should provide unique identification of cardholder and dependents without violating the principle that an identification card should have only a single set of identifiers. The new specifications provide for two methods:

- Use of a suffix after the cardholder's base ID.
- Use of a person code as a separate data element for pharmacy transactions.

The following table lists the location of changes to implement these specifications:

REF	Description of Change
2.0	Added definitions of "suffix" and "person code". These definitions are further clarified with illustrations in sections 4.0 and 5.0.
4.3	Created separate sub-section for specifications of Family Cards (i.e. cards applying benefits to more than one person). Described options for listing dependents and ascribing suffixes to the cardholder and dependents. Described how information is employed on an ASC X12 standard transaction.
4.5	New sub-section to describe logic on how information from the card is used to populate and ASC X12 standard transaction using primary search option, including all valid possibilities of subscriber, patient, dependent, and group number.
5.3	New "*Contrasting Suffix with Person Code*" and "*What a Pharmacy Should Look For*"
5.3(2)	New "*Combined Health & Drug Insurance Card with Suffixes*"
5.3(3)	New "*Combined Health & Drug Insurance Card with Person Codes*"
5.3(4)	New "*Combined Card with Both Suffixes and Person Codes is Invalid*"
6.1	Defines cardholder ID as including suffix but not person code.
6.2 table	Added qualifier codes for suffixes. Added optional qualifier code for "family card".
6.3	Added machine-readable data specification for suffixes and person codes.

3. Other Changes Having Substance

The following table lists other substantive changes made to the guide. In general, these changes are minor.

REF	Description of Change
Page 2	Describe the principal reason for revision was to specify unique identification of dependents as major reason for revision. Copyright to include 2011.
3.1(7)	Clarified language on embedded hyphens and spaces in identifiers and corrected previous version's statement that would exclude spaces and hyphens in electronic transactions; in fact, they may be included in electronic transactions but are still not significant. The underlying standard INCITS 284 is correct.
3.4 Labels	Labels for card issuer number refined.

6.1 footnote	Identifies quirk of some magnetic stripe reader software regarding Track 3 Start Sentinel and refers reader to Section 12.4 for detail.
12.4	New sub-section to explain how some magnetic stripe card reader applications will change the Track 3 start sentinel from "%" to "#". Reference to footnote at 4.1.
14.1	Change heading of "Author Group" to "Contributors" and added individuals and organization who participated in revision to the guide.
Attachment C	Added "*HPID*" to List of Acronyms. HPID is the acronym currently used by CMS for the National Health Plan Identifier.

4. Edits for Clarification but with No Change in Substance

The following table lists edits which clarify and other changes having little or no change in substance.

REF	Description of Change
Cover	Change to version 1.1, current date, copyright to include 2011. Added "This Guide specifies uniform information, appearance, and technology" to subhead.
Page 3	Align table of contents to revised document.
Throughout	Sequence of three sections was changed: New 4.0 was 5.0, new 5.0 was 6.0, and new 6.0 was 4.0. References therefore were also changed throughout the guide.
Throughout	Most illustrations have be updated throughout the guide for more current dates and to align with any associated edits in the text.
Throughout	RHIO changed to Health Information Exchange Organization throughout the guide.
1.1	Added "machine-readable" to first sentence.
1.2 footnote	Change status of INCITS 284:2011.
1.8(4) footnote	Clarification of "voluntary" and reference to Federal Legislation in 2010.
1.8(7)	Clarified that suffixes are included explicitly in the simplification goal.
1.8(8)	At request of smart card interests, machine-readability requirement explicitly states that integrated circuit and optical memory technologies, which are included in underlying INCITS 284 standard, may be included on the card so long as either 3-track magnetic stripe or PDF417 is included. No change in substance.
1.8(10) & (11)	Moved from the FAQ Attachment to here. No change in substance.
2.4 Directory	Language is more clearly subjunctive. No change in substance.
3.4	Included 10-digit National Health Plan Identifier explicitly as valid card issuer number. It was previously included in generic terms. No change in substance.
4.0	Added table of illustrations that are contained in Sections 4.0 and 5.0.
4.0 footnote	Added explicit statement that illustrations are not exhaustive.
4.1(2)	Clarified who can be valid cardholders. No change in substance.
4.1(3)	Clarified language stating that cardholder Name and ID must identify the same person.
4.2	Clarified and illustrated when dependent is the cardholder. Figure B.
4.3(a)	Clarified "arrangement and" to placement of dependent names.
5.0	Added explanatory note that illustrations are compliant but not exhaustive of possibilities.
6.2	Added explicit language about field separator. No change in substance. Specification already in 6.1 Standard Data Structure.
6.4	Clarified that Track 3 Magnetic Stripe data capacity is 82 characters. Added statement is redundant but helpful. No change in substance.
14.2	Changed "Author Group" to "Contributors" and added persons who contributed to this revised version of the guide. Added indication whether person contributed to original version, the revised version, or both. In some cases data from original version is updated. Note purpose of listing contributors and the major stakeholder panel, including both name and organization, is to demonstrate diverse and open participation.
Attachment B	Clarified the verification algorithm for check digit. No change in substance.
Attachment C	Improved definition of HPID in list of acronyms.

