

Health Identification Card Standard Version 1.2

UHIN Health Identification Card Standard is compatible with national implementation guides for health identification cards.

Purpose

The *Health Identification Card Standard* has been created to standardize the patient health identification card information. This identification card addresses the human-readable appearance and machine-readable information used by the healthcare industry to obtain eligibility and/or benefit information.

The Health Identification Card provides *identification information only*. It does not convey diagnostic, prescriptive, medical encounter, bio-security, non-identifying demographic or other data about the cardholder.

Applicability

Payers (issuers), Subscribers and Providers of healthcare doing business in the state of Utah.

Basic Concepts

- A card issuer issues a health identification card to a cardholder(s).
- The cardholder(s) shares their health identification card for identification purposes with appropriate card users.
- Example usage of a health identification card in a provider office:
 - Patient presents health identification card to provider. A health identification card is the means by which a patient conveys insurance identification to the provider.
 - Once the provider has obtained the insurance identification, the provider is in position to generate standard transactions such as eligibility inquiry, pre-certification, claims, and claims attachments.

Transactions such as the eligibility inquiry may be automatically generated if the health identification card has machine readable information that is captured by the provider system which is programmed to create a 270 transaction.

The use of a health identification card for creating an automated eligibility request is expected to: reduce phone calls to the payer and encourage adoption of the 271 Eligibility Inquiry Response transaction.

Detail

See Sections 1 through 4 and Appendices A through D for detailed information.

This standard adopts the most current, approved version of the WEDI Health Identification Card Implementation Guide. The Guide can be obtained at the following website:

<http://www.wedi.org/snip/public/articles/details~74.shtml>

The symbology technology to be used in this standard is the PDF417. Inclusion of the Data Matrix or other symbology technology is optional.

Basic Definitions

- **Card Issuer/Payer** - Organization that issues health identification cards. In this document we are referring to the payer.
- **Cardholder/Subscriber** - Individual, family, or organization to which a health identification card is issued to.
- **Health Identification Card** - Card used to identify the card issuer and the cardholder to facilitate health care transactions and to provide input data for such transactions.
- **State Regulated** – refers to those payers that are under the auspice of the Utah State Department of Insurance.

Implementation Issues

- **Card Issuer:**
 - Issuers will need to modify their printed health identification card to align with this Standard.
 - Current card production vendors can produce the health identification cards.
 - Payers will need to determine a roll out printing and distribution plan for the standardized cards
 - Payers need to be able to have the ability to accept a 270 and respond with a robust 271 transaction. See Eligibility Inquiry and Response Standard.
- **Card User:**
 - The provider community will need to be educated on how to read the information provided on the Health Identification card
 - Providers will need to know how the information contained on the card can be used to create electronic transactions.
 - Providers will need to obtain and install hardware that can read and process the card technology (see Section 3) on the health identification ID card in order to automate electronic transactions.
 - Providers will need to update their software or purchase software that will interface with the hardware to read the information on the card and create standard electronic transactions (e.g. 270).
 - It is recommended that providers develop the ability to generate a 270 (Eligibility Request) transaction automatically and to receive the 271 (Eligibility Response) from the information source.

Recommendations:

The Health Identification Card Standard addresses payer identification cards (medical), in the future there may be other identification card(s) (i.e. RHIO, providers, pharmacy, combination cards, etc) which will be addressed when the need is identified. Pharmacy and/or combination (medical/pharmacy) health identification card guidance has been included in Appendix A for those trading partners who wish to issue these kinds of cards.

Payers are strongly encouraged to develop a fast batch eligibility transaction in order to support the use of the eligibility transaction.

History: (MM/DD/YY)

	Original	A* 1	A 2	A3	A 4
ORIGINATION DATE	10/25/2006	01/28/10	05/19/11		
APPROVAL DATE	05/02/2008	02/03/10	05/30/2012		
EFFECTIVE DATE	06/02/2008	03/03/10	06/30/2012		

* A = Amendment

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Section 1 – Health Identification Card Elements¹

(Please reference Appendix B for basic definitions)

Information Element	Standard Label	Usage	Location
Card issuer name	N/A	Mandatory	Front (Top left)
Card issuer logo	N/A	Optional	Front (Top next to card issuer name)
Plan Name	N/A	Mandatory	Front
Plan Regulated by State	“State Regulated”	Mandatory	Front/Back
Network Affiliation	N/A	Required when contracted	Front/Back
Network logo	N/A	Required when contracted	Front (next to the network name).
Employer Name	N/A	Required when contracted	Front
Employer Logo	N/A	Required when contracted	Front (next to the employer name)
Administrative Services Only (ASO) or Third Party administrator (TPA) Name	N/A	Required when contracted	Either Side – Recommend to place on the back side
Administrative Services Only (ASO) or Third Party administrator (TPA) Logo	N/A	Required when contracted	Either Side (next to the ASO or TPA)
Card issuer identifier	“Issuer (80840)”	Reserved for Future Use	Front Side
Cardholder ID	“ID”	Mandatory	Front
Cardholder first name, middle initial, cardholder last name	A suitable label identifying this value or left blank	Mandatory (Name) Optional (Label)	Front
Dependents	N/A	Optional	Front
Medical Co-Pay	“Office Co-Pay”	Mandatory	Front
Specialty Co-Pay	“Specialty Co-Pay”	Mandatory	Front
Yearly Deductible	“Deductible”	Mandatory	Front
Claims submission name(s) and address(es)	A suitable label identifying this value	Mandatory	Back
Telephone number(s) and name(s)	A suitable label identifying this value (e.g. pharmacy, claims, member services, behavior health)	Mandatory	Back
Web address	A suitable label identifying this value or left blank	Optional	Back
Disclaimer/Notes	N/A	Optional	Back
PDF417	N/A	Optional	Back

¹ Most of the information used within section 1 is based upon the WEDI Health Identification Card Implementation Guide v1.0

Section 2 –Essential Information and Design Common to the Health Identification Card²

2.1 Conventions

- **Placement of variable information elements** - Printed, variable information elements are located on the front side of the health identification card. The back side of the health identification card generally contains constant information. However, except for essential information or where explicitly stated otherwise, the card issuer has discretion.
- **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 as long as there is clear association.
- **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.
- **Character set** - Except where otherwise specified, information elements are alphanumeric. See UHIN Individual Name Standard.
- **Date Format** – If used (optional) machine-readable dates are all ccyyymmdd.
- **Physical characteristics** - Refer to section 3.
- **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 or in electronic transactions. They are not significant; for example, identifiers “123-456” and “123456” are the same. Computer applications should remove spaces and hyphens before processing .
- **Card Size** - Card size is approximately 2.125 inches by 3.375 inches; however, exact dimensions are specified in the ISO 7812 identification card standards included by reference in the specifications for machine-readable technologies.
- **Font Size** - Font size of eight (8) points or greater must be used when printing mandatory data elements on the ID card. There is not a specific font style, however the font should clearly differentiate letters vs. numbers (e.g., alpha “O” vs. numeric “0” and alpha “I” vs. numeric “1”). The mandatory data elements should be printed in uppercase font and non-italic style.

2.2 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 Appendix B.
- **Dependent Names.** Refer to Appendix B 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

² Most of the information used within section 2 is based upon the WEDI Health Identification Card Implementation Guide v1.0

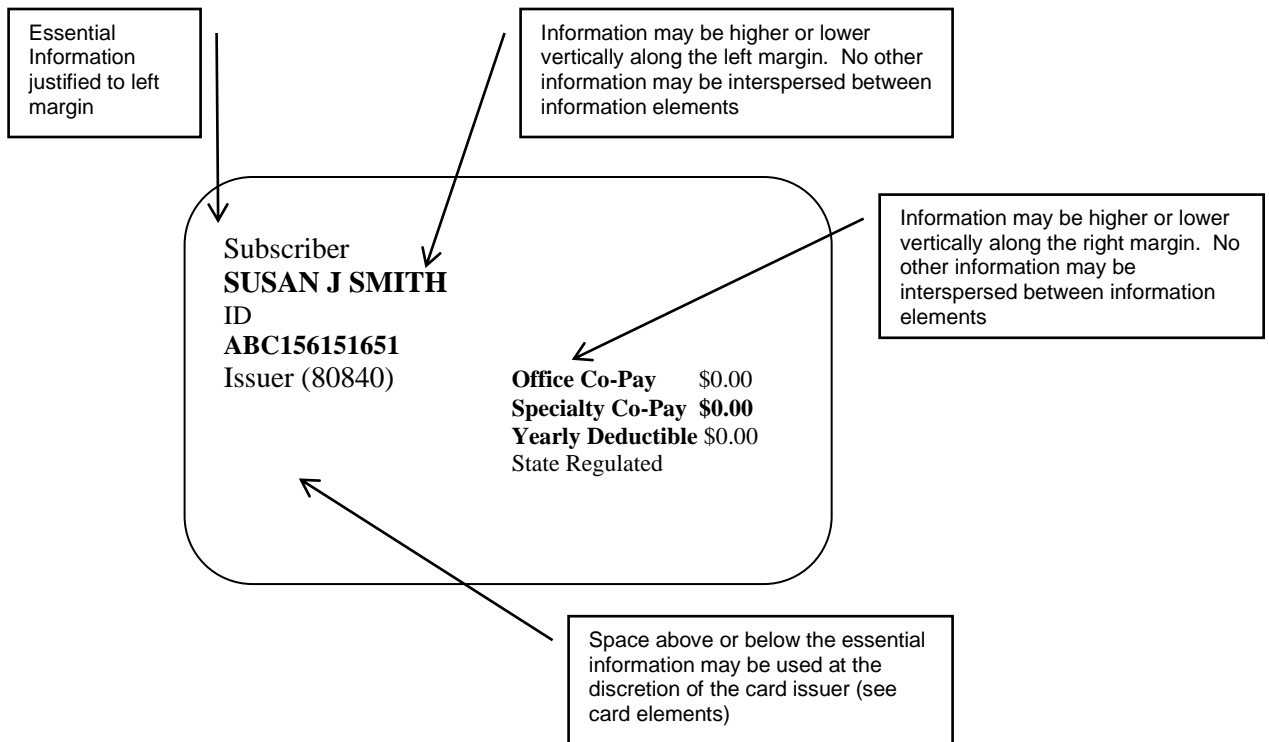
- **Truncation.** If full name is too long for space available, this implementation guide recommends the following sequence to reduce the length of the name until it fits. This sequence retains the suffix, at least one initial for the given or middle name, whichever appears most important, and as much 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.
- **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.
- **Check digit:** The check digit is the last digit of the identifier and is calculated on the full card issuer identifier, including the implicit “80840” prefix, as described in Attachment B.
- **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 the 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 when National Health Plan Identifier is implemented.

2.3 Placement of Essential Information

The information elements called Essential Information shall be located on front of the card, with no other information elements interspersed between them.

1. Cardholder Name
2. Cardholder Identifier
3. Card Issuer Identifier
4. Office Co-Pay
5. Specialty Co-Pay
6. Yearly Deductible
7. State Regulated

Figure 1 – Placement of Essential Information



Section 3 – Data Structure for Machine-Readable Information³

3.1 – Standard Data Structure

Data	Max Length		Format	Required	Repeat
Start Sentinel	1	Fixed	%	Required	
Format Code	2	Fixed	“WH”	Required	
Card Issuer Identifier	10	Fixed	Numeric	Optional (required when the health plan ID is mandatory)	
Cardholder ID Number	20	Variable	Alphanumeric	Required	
Field Separator	1	Fixed	^	Required	
Cardholder Name	36	Variable	Alphanumeric Composite	Required	
Discretionary Data Loop:				Optional	0-72
Field Separator	1	Fixed	^	Situational	
Qualifier Code	2	Fixed	Alphanumeric	Situational	
Qualified Data	30	Variable	Alphanumeric	Situational	
End Sentinel	1	Fixed	?	Required	
Longitudinal Redundancy Check	1	Fixed	Any 7-bit combination	Required	

- **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 and (ii) permits the standard format to be changed, if necessary, in the future.
- **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.
- **Date format.** Use ccyyymmdd for all dates, without spaces, slashes, or hyphens.
- **Card issuer identifier,** 10-digit ISO Standard U.S. Healthcare Identifier without “80840” prefix. Refer to Appendix B.
- **Cardholder identifier.** Assigned by card issuer. Maximum length of 20 and may not include spaces, hyphens, or other special characters.

³ Most of the information used within section 3 is based upon the WEDI Health Identification Card Implementation Guide v1.1

- **Cardholder name.** Name corresponding to cardholder identifier.

Includes hyphen or apostrophe when significant as in “JONES-SMITH” or “O’NEILL”. The machine-readable cardholder name may not include accented characters 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”.

3.2 Discretionary data loop

The discretionary data loop is included for the date of birth of the cardholder. An entry, in the discretionary additional data loop consists of three elements: a field separator, a qualifier code, and qualified data.

Qualifier Code	Occurs	Description
Cardholder DOB		
DB	0-1	Date of birth of cardholder. Format ccyyymmdd

3.3 Example of Machine-Readable Data

This example illustrates how data should be represented in the standard machine-readable data structure.

Example:

Card Issuer (Left blank because it is optional)

Cardholder ID XJBH3AB572

Cardholder Name JOHN Q PUBLIC

Date of Birth (Left blank because it is optional)

Start Codes		Data Common to All Cards				Discretionary Loop				
Start	Format Code	Card Issuer	Cardholder ID		Cardholder Name		Qual Code	DOB	End	LRC
%	WH		XJBH3AB572	^	Public/John/Q	^			?	X

Number of characters:

Req	Req	Optional	Required		Required		Discretionary Loop (Optional)		Req	Req	
fixed	fixed	fixed	Variable	F	variable	F	fixed	variable	F	F	
1	2	10	10	1	13	1	0	0	1	1	
									Total Characters		40

1) Number of characters.

Number of characters in example as shown	40
Number of characters if name were 26 characters:	56
Space Remaining 82-62	26

3.4 Health Identification Card to X12 270 Healthcare Eligibility Benefit Inquiry Mapping

Please see Appendix C.


Section 4 – Sample Health Identification Cards

Health Identification Card (Medical Only) Sample Card

Front Side

<u>ABC HEALTH PLAN</u>		
XYZ NETWORK		
Employer	Medical Co-Pay	\$0.00
	Specialty Co-Pay	\$0.00
Subscriber	Yearly Deductible	\$0.00
SUSAN J SMITH	Sate Regulated	
ID		
ABC156151651		
Issuer (80840)		

Back Side with PDF417 Barcode

THIS CARD DOES NOT GUARANTEE COVERAGE	
	
www.abchealthplan.com	
Paper Claims to:	Important Numbers:
ABC Health Plan	Help Desk (800)-958-1200
123 Main 454 East	Prior Auth (800)-958-1300
SLC, UT 84104	Pharmacy (800)-958-1400



Health Identification Card (Medical Only) Sample Card with dependents

Front Side

<u>ABC HEALTH PLAN</u>	
XYZ NETWORK	Dependents
Employer	02 John Smith 03 Ann Smith
Subscriber	
SUSAN J SMITH	Office Co-Pay \$10.00
ID	Specialty Co-Pay \$0.00
ABC156151651	Deductible \$0.00
Issuer (80840)	State Regulated

Back Side with PDF417 and Data Matrix

THIS CARD DOES NOT GUARANTEE COVERAGE

www.abchealthplan.com

Paper Claims to:	Important Numbers:
ABC Health Plan	Help Desk (800)-958-1200
123 Main 454 East	Prior Auth (800)-958-1300
SLC, UT 84104	Pharmacy (800)-958-1400

Appendix A –Pharmacy and/or Combination Identification Card Guidance

Pharmacy and/or Combination ID cards are currently outside the scope of this UHIN Health Identification Card Standard.

To assist trading partners who choose to use a pharmacy and/or combination (e.g. medical and pharmacy) ID card, trading partners are encouraged to use the NCPDP⁴ Health Care Identification Card (Pharmacy and/or Combination ID Card) Implementation Guide version 2.0 for additional guidance. The NCPDP Health Care Identification Card is an existing implementation guide used within the pharmacy industry:

- Combination ID Cards.
- Sample Pharmacy and/or Combination ID Cards.
- Non-Mandatory and Excluded Data Elements.

⁴ National Council for Prescription Drug Programs www.ncdp.org

Appendix B – Basic Health Identification Card Definitions

- **Administrative Services Only (ASO) or Third Party Administrator (TPA) Name** - A contracted entity who handles claims processing and/or administration.
- **Alphanumeric** - Uppercase letters from A to Z, numeric characters, space(s) and special characters.
- **Back Side of the Card** - The card face opposite from the front of the card.
- **Card issuer identifier** – The card issuer identifier is an *ISO Standard U.S. Healthcare Identifier* assigned by an enumerator authorized under ISO/IEC Standard 7812⁵. It is anticipated that the standard card issuer identifier will ultimately be the National Health Plan ID, until that time other ISO/IEC Standard 7812 identifiers may be used.

The full card issuer identifier includes an implicit “80840” prefix.

80840 NNNN NNN NNC, where:

80840 = preprinted ISO prefix: “80” = health application, “840” = United States

NNNN NNN NNC = *PlanID*, Standard Health Plan Identifier, or
= other, e.g. Standard Trading Partner Identifier

C = check digit

- **Card Issuer Name** – The authorized entity issuing the card.
- **Cardholder ID** – The policy holder number issued by the plan.
- **Cardholder Name** – The policy holder’s name or dependent.
- **Dependents** – An individual covered under the policy holder’s plan.
- **Employer Name** – Sponsor of the benefit plan
- **Front Side of Card** - Face of the card carrying visual information containing the card issuer and cardholder identifiers.
- **Human-readable** – The alphanumeric information contained on the Health Identification card.
- **Machine-readable** – The PDF417 information contained on the Health Identification card.
- **Network Affiliation** – The contract network (e.g. physician, facility)
- **Numeric** - Digits 0 to 9.
- **Plan Name** – The brand name under which benefits are administered.
- **Special Characters** - Special characters are defined as: ! “ ^ & * () - = + { } [] ‘ < > , . ? / .
A special character is removed from this category when it is used as a delimiter.

⁵ 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.

Appendix C –Health Identification Card to X12 270 Healthcare Eligibility Benefit Inquiry Mapping

This mapping document may be used by providers to assist with the development of the X12 270 Healthcare Eligibility Benefit Inquiry based on the machine-readable information contained on the PDF417 bar code.

UHN Health Identification Information Element	X12 270 Segment ID	X12 Field Qualifier	X12 270 Field
Issuer ID (80840)	Loop 2100A NM1 Information Source Name	Loop 2100A NM108 ="XV"- HCFA National Plan ID (<i>when it becomes available</i>)	Loop 2100A NM109
Cardholder ID	Loop 2100C NM1-Subscriber Name	NM108="MI"- Member Identification Number	Loop 2100C or 2100D- NM109
Cardholder Name	Loop 2100C NM1-Subscriber Name	No Qualifier Applies	Loop 2100C or 2100D- NM 104= First Name Loop 2100C or 2100D NM105 = Middle Initial Loop 2100C or 2100D NM 103 = Last Name