

# MEMBER ID CARD

**Health Care Identification Card:** A card used to identify the card issuer and the card holder to facilitate health care transactions and to provide data for such transactions. The electronic national standard currently being developed is the ANSI – NITCS 284. The CALINX agreements are based on needs of the provider community to have information about insurance coverage. The goal is to have an electronic method to access health plan eligibility databases and not rely on information printed on cards.

Item #	Data Element	Definition	ANSI NITCS-284 Category	CALINX Agreement*	Comments
1	Health Card Issuer Name and Logo	Name and logo of the health card issuer sponsoring the coverage.(midw)	Mandatory Front Side	Essential	Space must be provided for trademark or tag line. Trademark generally on the front of the card, tag line on the back.
2	Health Card Issuer Identifier	The card issuer identifier shall have zero field length until the card issuer has been assigned an authorized identifier (process pending). The machine-readable form of the identifier shall not contain spaces or special characters. The first five digits, '80840', must be included to indicate the number is a health application in the US. (284)	Mandatory Front Side	Conditional	The card issuer identifier is mandatory for cards issued after one year of the adoption by the USA Registration Committee of a national process for the registration of unique health card issuer identifiers in the US. This information element is not to be used until the issuer of the card has been assigned and authorized identifier.
3	Health Card Issuer Phone #	The primary phone number to access member services. (midw)	Mandatory Back Side	Essential	

**\*CALINX – Business Agreement Definitions**

**Essential** – All data elements must be included.

**Conditional** – If these data elements are available or applicable to the health plan, required to be included.

**Discretionary** – These data elements, if available, can be included at the discretion of the health plan.

UHC – United HealthCare’s Managed Care Resource Book

Midw – Member Identification Card Workgroup

ANSI 284 – Electronic Health Care Card Standard

X12 - ANSI – Insurance Standard Definition

ANSI NCITS 284 – 1997 – The list of information items are applicable to human-readable information for machine-readable electronic application. *Version: January 2000*

# Member ID Card Data Guidelines

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4	Health Card Holder Name	<p>A specific card is issued for each individual HMO member.</p> <p>The identification name may be a maximum of 27 characters. It must be formatted in sequence of:</p> <p>The identification name may be a maximum of 27 characters. It must be formatted in sequence of:</p> <p style="padding-left: 40px;">Given name and initials Surname Name suffix</p> <p>Punctuation such as period or comma, in general, is not used. (284)</p>	Mandatory Front Side	Essential	<p>The goal is that an individual member name would appear on all product lines requiring Primary Care Provider selection.</p> <p>CALINX Member ID Workgroup recommend 35 characters to accommodate hyphenated and long names.</p>
5	Health Card Holder Identification Number	<p>Subscriber, member or dependent's unique identification number assigned by the payer. (X12)</p> <p>The identification number is defined by the card issuer. It may include alpha characters.</p>	Mandatory Front Side	Essential	
6	Instructions for Hospital Admission	<p>Instructions to members about procedures for admission to hospitals including the phone number to call and time period designated for required notification. (midw)</p>		Essential	
7	Instructions Emergency (Hosp.)	<p>Instructions to members for emergency services including phone number to call and time period designated for required notification. (midw)</p>		Essential	
8	Effective/Issue Date	<p>Defined date a covered person becomes eligible for benefits under an existing contract. (UHC)</p>		Discretionary	

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9	Employer Group Name	Name of employer group who purchases medical coverage on behalf of its employees. (UHC)		Discretionary	
10	Employer Group Code #	Identification number or code assigned by the carrier to identify the group under which the individual is covered. (X12)	Optional	Conditional	
11	Employer Benefit Plan Code	Code defined by the health plan indicating the type of benefit coverage selected by an employer. (midw)		Conditional	
12	Subscriber/Member Date of Birth	Date of Birth of subscriber, member or dependent. (X2)	Optional	Discretionary	
13	Subscriber/Member Gender	Code indicating gender of subscriber, member or dependent. (X12)		Discretionary	
14	Primary Care Provider Name	The first and last name of the Primary Care Physician assigned to a subscriber, member or dependent. (UHC )		Conditional	
15	Physician ID Number	Number assigned by the payer, regulatory authority or other authorized agency to identify a physician. (X12)		Discretionary	
16	PCP Phone Number	Phone number, including area code, of primary care provider of the enrollee.		Conditional	If the PCP number is available the Provider Organization phone number is not necessary.
17	Provider Organization Name	Name of the physician organization providing care to member, subscriber or dependent. (X12)		Conditional	If provider organization has been delegated the utilization functions this data element is <b>ESSENTIAL</b> .
18	Provider Organization Address	Address of physician organization corresponding to organization name. (midw)		Discretionary	
19	Provider Organization ID #	Unique identification number assigned to medical group or IPA by the payers. (midw)		Discretionary	
20	Provider Organization Phone #	Telephone number, including area code, for the medical group assigned to the subscriber/member.(X12)			

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21	Co-pay Pharmaceutical	Charge to member for drugs prescribed by a provider. (UCH)		Conditional	Provide coverage indicator, not actual dollar value.
22	Co-pay Office Visit	Charge to member for visit to physician office. (UHC)		Conditional	Provide actual dollar value.
23	Co-pay Emergency	Charge to member for visit to emergency department of hospital (UHC)		Conditional	Provide actual dollar value.
24	Co-pay Hospital	Charge to member for admission to hospital. (UHC)		Discretionary	Provide either coverage indicator, or actual dollar value.
25	Deductible	An indicator for the deductible a covered person must pay each year from his/her own pocket before the plan will make payment for eligible benefits. (UHC)		Conditional	Provide coverage indicator. A health plan may provide dollar value at their discretion.
26	Instructions to Members	General directions to members for use of covered benefits and access to specific resources. (midw)		Conditional	
27	Instructions Out of Geographic Service Area or Network	Instructions for obtaining approval for using services outside the geographic area or network. (midw)		Conditional	
28	Hours	The hours the health plan is accessible by phone for business questions. (midw)		Discretionary	
29	Claims Submission Name, Address, Phone number(s)	Information labeled appropriately for submission of claims, customer service, eligibility, utilization review and/or correspondence. (ANSI 284)	Mandatory Back Side	Essential	
30	Optional/Supplemental Benefits	A code or description of optional services that a health plan may cover or provide in addition to its basic health services. (UHC)		Discretionary	
31	Behavior Health Coverage & Phone #	The mental health and/or chemical dependency disorder benefit is carved-out to a separate entity whose phone number including area code provides access to the carrier. (midw)		Conditional	When carve-out Behavior Health Coverage is a benefit the phone number will be used as the indicator of that coverage and appear on the front of the card.

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