

BACKGROUND

The overall purpose of the CALINX Member ID Card Agreement is to define standards for the member identification card for size and data content to increase consistency of information for providers and health plan members. The long-term goal is adoption of the electronic health care card with an electronic strip to be used as a key to access health plan eligibility databases once a health care infrastructure is available (ANSI NCTIS 284). Current enterprise systems like Kaiser and MediCal operate such systems in California.

CONTENT

The content includes health plan identification, card holder identification, co-pay information and provider identification.

FREQUENCY

- The identification card will be produced and sent to a new subscriber/member no more than 5 working days after the subscriber/member's name is added to the health plan eligibility file and patient benefit choices have been validated, unless effective date is more than 15 days.
- For open enrollment or if a subscriber/member's validation has been completed early, the card should not be sent out sooner than 15 days prior to the effective date of coverage.
 - January effective open enrollment of any year, the card may be sent 20 days prior to effective date of coverage due to holiday schedules and increased changes for large year-end open enrollment period.
- A new card should be generated when there is a change in data elements that affect the delivery of service or validation of member. (e.g., co-pay changes, primary care provider changes, subscriber changes of dependent).

An Implementation Plan for issuing cards under the CALINX agreement for health plans is expected the end of the first quarter of 2000 beginning with new enrollees and renewals.

ACCURACY AND COMPLETENESS

- Currently no central computerized identification infrastructure is available; therefore, network health plans must provide detailed information on the physical card for the health care providers to obtain sufficient data to request verification of eligibility.
- The physical card standard should be a two-sided card the size of a standard credit card that can be copied and fit in wallet.

MEMBER ID CARD RULES OF EXCHANGE (cont.)

- The content of the card is based on the eligibility file and benefit agreement of the health plan and should be 98% accurate.
- No standard format is adopted at this time.

APPROPRIATE USE

The health plan provides the member identification card directly to the subscriber or employer.