

Sample Member ID Card

Sample Card-Content Standard Only

Recommendation:

The Member ID Card Workgroup has reviewed the current issues related to identification card development and maintenance. Principles of card acceptance:

1. Primary tool for identification of a health plan to the provider.
2. Provides information on health plan benefit coverage.
3. Provides identification characteristics of the member, although no guarantees.
4. Provides information about financial requirements like co-pays and deductibles.
5. Needs to be cost efficient for health plans to initiate and maintain.

CALINX created categories of agreement for each data element. All cards produced by health plans should include the items in the **essential category** on the list of recommended elements. The information identified on the **conditional category** is expected to be included on the card when the information is available in the health plan database. The information identified in the **discretionary category** can be included on the card at the discretion of the health plan as it relates to their provider networks.

The **Sample Card** reflects the content expectations of a health care card including the essential and conditional categories but not the format.

CALINX Minimum Standard Card-Network Plans*

Front Side

Essential and Conditional Data Elements

Health Card Holder Name	Health Card Issuer Name
Health Card Holder Identification #	Health Card Issuer Identifier
Employer Group Number	Primary Care Provider Name
Employer Benefit Plan Code	Primary Care Provider Phone Number
	Provider Organization Name

Co-pay RX: Y/N-Office Visit: \$XX-Emergency: \$ XX
Deductible: Y/N Behavior Health Coverage: XXX-XXX-XXXX
*Content standard only-format not included

Reverse Side

Essential and Conditional

INSTRUCTIONS FOR HOSPITAL ADMISSION: _____

INSTRUCTIONS FOR EMERGENCY SERVICES: Call 911 _____

INSTRUCTIONS FOR OUT OF AREA SERVICES: _____

GENERAL INSTRUCTIONS TO MEMBERS: _____

Health Card Issuer Phone Number

Provider Organization Phone Number (When no PCP # available)

Claims submission Name, Address, Phone Number