

Health ID Card Sub Work Group (SWG)

WG/SWG Topic(s):	WEDI <i>Health Identification Card Implementation Guide</i>
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WG/SWG Scope of Work

What is in scope? Provide the topic and definition of the topic.

Original Scope Approved by WEDI Board in 2005. It Was Achieved November 2007:

Deliverable:	An implementation guide for health insurance of INCITS 284 similar to the NCPDP implementation guide of the same standard for drug plans.
What is an Implementation Guide?	An implementation guide applies a standard to a specific application. A standard frequently offers more options or capability than may be needed for the application. For example, the 837P implementation guide focuses the 837 claim standard to the needs of a health care professional. The NCPDP implementation guide focuses the health ID card standard to the needs of pharmacy. The implementation guide proposed here focuses the health ID card standard to the needs of health insurance.
Written by whom:	A sub-workgroup under SNIP Transactions, Code Sets, and Identifiers Workgroup.
Presentation to membership:	To be presented to WEDI SNIP conference. Also to be posted to WEDI SNIP web site.
Outreach for comment:	To ASC X12N, HL7, AMA, ADA, AHA, others
Public comment:	A 60-day period for comment and Public Hearing.
Approval process:	Approval by Transactions WG, SNIP Steering Committee, and WEDI Board of Directors

Continuing Scope 2009-and Later:
The scope of the 2009-2010 initiative is described below, including

1. Completion of supporting documentation, underlying standard, web site.
2. Education, awareness, outreach, marketing.
3. Cooperative initiatives with other organizations.

Identify any assumptions
What is out of scope?

WG/SWG Purpose

What is the primary goal?	For the entire health industry to adopt the WEDI Health Identification Card Implementation Standard.
What business problem will be minimized or resolved by this workgroup?	MGMA estimates potential savings for medical practices and hospitals at \$1 Billion per year. The estimate does not include the significant potential savings for health care payers and other entities. In addition, there are less measurable benefits such as provider, employer, and patient satisfaction. Most of the benefit derives from support for eligibility transactions and reduction in insurance claim

	identification errors.
Stakeholders	Health Care Providers, Health Plans, Employers, Consumers, Clearinghouses, Billing Services, and others involved in health care administrative transactions.
Describe the central problem this project will attempt to resolve. What are some of the symptoms of this problem? Are there any corollary problems?	Provide precise, accurate, and easy to communicate insurance identification in both machine-readable and human-readable form.
Are there other regulatory or contractual obligations that might affect how this project is implemented?	Some states have requirements for health insurance cards.
Objectives / Measures of Success / Deliverables <i>(template allows for 3 projects for a specific WG/SWG)</i>	
Project #1 Title:	
What outcomes do you expect to achieve? Will there be a phased in approach?	
What is the ideal outcome?	Every payer adopts the WEDI Guide, every provider implements machine-readable capability and integrates it into provider systems.
What is an acceptable outcome?	Progress toward the ideal outcome over time.
How would you define success for this workgroup?	Industry education, awareness, evidenced by increased adoption and use of the WEDI card.
What are the potential business impacts if the solution(s) is not implemented?	Non-standard cards, especially those lacking agreed upon identification of health care plans, will not achieve the benefit potential.
What are the current deliverables or outcomes that are expected and the completion dates for each deliverable?	<p>During 2009 and 2010:</p> <ul style="list-style-type: none"> ▪ Reactivate SWG and Major Stakeholders Panel ▪ Set up cooperative efforts with MGMA, HASC, CAQH/CORE, NCPDP, BCBSA, UHG, ▪ Develop template for state legislation and regulations where states want to mandate a standard card. ▪ Complete the WEDI web site for the card: <ul style="list-style-type: none"> ○ Instructions and specifications for legacy machine-readable formats ○ Ascertain availability of Qualifier Codes from the NCPDP website or duplicate the code list. ○ Add an FAQ page. ○ Add a page or include a news source about payers who have adopted the WEDI guide. ○ Write a paper for vendors on integrating the WEDI card into provider systems and into clearinghouse systems. ○ Programming instructions for machine-readable formats. ▪ Complete and obtain approval of revision to INCITS 284. ▪ Write a paper for vendors on integrating the WEDI card into provider systems and into clearinghouse systems. ▪ Audiocast in July on the WEDI Health Card ▪ Education Program for State Departments of Insurance, Government Health IT organizations, NCVHS ▪ Implement a marketing program to WEDI member plans and to other

	<p>plans</p> <ul style="list-style-type: none"> ▪ Meet with CMS for Medicare and Medicaid cards, especially if CMS moves all cards away from using Social Security Numbers.
How much time or resources need to be committed to complete deliverables?	Not estimated at present.
Environmental Factors / Support Needs	
Are there other individuals/entities/work groups that need to provide input?	See steps above about cooperative work, outreach, and marketing.
What tools does the workgroup need to acquire to ensure this project is successful?	
Do you need additional administrative support?	Assistance in arranging cooperative work, outreach, marketing, and legal.
Do you need additional project management support?	No.
Do you need additional communication support?	See
Additional Comments or Concerns	