



June 25, 2021

VIA ELECTRONIC MAIL

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: ID Card Requirements in No Surprises Act

Dear Secretary Becerra,

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit American National Standards Institute (ANSI) Accredited Standards Developer (ASD) consisting of more than 1,700 members who represent drug manufacturers, chain and independent pharmacies, drug wholesalers, insurers, mail order prescription drug companies, claims processors, pharmacy benefit managers, physician services organizations, prescription drug providers, software vendors, telecommunication vendors, service organizations, government agencies and other parties interested in electronic standardization within the pharmacy services sector of the health care industry. NCPDP provides a forum wherein our diverse membership can develop business solutions, including ANSI-accredited standards and guidance for promoting information exchanges related to medications, supplies and services within the healthcare system.

The No Surprises Act was enacted in 2020 as part of the Consolidated Appropriations Act of 2021. Section 107, Transparency Regarding In-Network and Out-of-Network deductibles and Out-of-Pocket Limitations, requires health plans or health insurance plans to include, in clear writing, the following information on any physical or electronic identification (ID) cards issued to plan participants:

1. Any deductible applicable to such plan or coverage.
2. Any out-of-pocket maximum limitations applicable to such plan or coverage.
3. A telephone number and Internet website address through which such individual may seek consumer assistance information, such as information related to hospitals and urgent care facilities that have in effect a contractual relationship with such plan or coverage for furnishing items and services under such plan or coverage.

While NCPDP is supportive of the intentions of the No Surprises Act and strongly supports efforts to improve the safety and delivery of health care services, NCPDP would like to make you aware of significant challenges faced by our industry in complying with the requirements in Section 107 of the Act. With the information below, NCPDP will make the case to remove the requirements for printing the deductible and maximum out-of-pocket (MOOP) amounts on the ID cards due to:

- Physical space limitations on physical ID cards
- The relevance of including this information to patients and/or to health care providers
- The timing, disruption, increased costs and inefficiencies of including this information on physical ID cards



As a brief background of NCPDP's work in standardizing health benefit ID cards, NCPDP published its first version of the NCPDP *Health Care Identification Card – Pharmacy and/or Combination ID Card* in June 1998. There have been seventeen revised versions published since. NCPDP's implementation guide is based on the ANSI InterNational Committee for Information Technology Standards (INCITS) 284 standard, *Identification Card - Health Care Identification Cards*. NCPDP's ID card implementation guide has been named, or its requirements have been referenced, in enacted legislation in more than thirty states. NCPDP has also collaborated with the Workgroup for Electronic Data Interchange (WEDI) in the publishing of WEDI's *Health Identification Card Implementation Guide*, first published in November 2007.

Current Health ID Card Practices

Currently, the national standard for physical health ID cards is a credit card-sized card as defined by the ANSI INCITS 284 standard. Additionally, there is a national standard for essential information on an ID card and a standard for the placement of that essential information.

To ensure readability of printed values on ID cards, both the NCPDP and WEDI ID card implementation guides require a minimum 8-point font size.

Family ID Cards

The NCPDP and WEDI ID card implementation guides allow for family ID cards and combination medical/pharmacy ID cards. For many years, card issuers have printed family ID cards listing multiple family members on the same ID card to reduce the administrative and operational costs associated with printing and distributing ID cards, as well as a convenience for cardholders.

Combination Pharmacy and Medical Cards

Similarly, many card issuers print combination ID cards with both medical and pharmacy coverage information to reduce the costs of printing and distributing ID cards, as well as a convenience for cardholders. Group numbers and member IDs are often identical between medical and pharmacy benefit plans and therefore information for both benefits can often be printed on the same ID card.

Additionally, more than one telephone number may be printed on the back of ID cards. This is particularly true for combination medical and pharmacy ID cards when pharmacy benefits are managed independently by a prescription benefit management (PBM) company.

The following are examples of ID cards as displayed in NCPDP's *Health Care Identification Card – Pharmacy and/or Combination ID Card Implementation Guide, version 5.0*. As can be seen, there is little physical space for additional information.



Example Family Pharmacy ID Cards

	Plan Identif
RxBIN 99999999	SFX Dependents
RxPCN ABC1234567	02 JANE HENDERSON
RxGrp ABC123456789	03 JOHN PUBLIC JR
Issuer (80840) 9151014609	04 SANDRA PUBLIC
ID 123456789 SFX 01	05 THOMAS HENDERSON
Name JOHN Q PUBLIC	06 LISA PUBLIC
	07 FRANK PUBLIC
Issued 10/30/21	

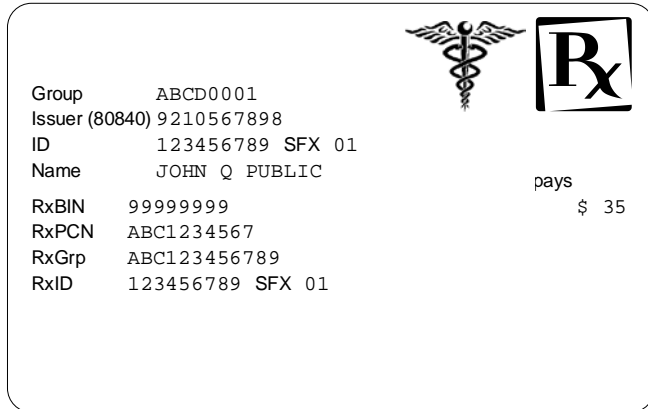
	Plan Name Identifying
RxBIN 99999999	SFX Dependents
RxPCN ABC1234567	02 JANE HENDERSON
RxGrp ABC123456789	03 JOHN PUBLIC JR
Issuer (80840) 9151014609	04 SANDRA PUBLIC
ID 123456789 SFX 01	05 THOMAS HENDERSON
Name JOHN Q PUBLIC	06 LISA PUBLIC
	07 FRANK PUBLIC

Example Combination Medical & Pharmacy ID Card

MedicareRx Prescription Drug Coverage CMS S5555 XXXX	



Example Family Combination Medical & Pharmacy ID Card



Significant Challenges Related to the Act’s Requirements

Physical Space Limitations

The requirements of the Act to include deductible amounts and MOOP amounts present challenges for card issuers if they are to continue printing family ID cards or combination ID cards. The physical space available on the ID card is very limited, as demonstrated above. NCPDP’s ID card implementation guide requires key information on the front of ID cards to indicate the payer/coverage provider (including card issuer name or logo, card issuer identifier), to identify the patient (cardholder ID, cardholder name) and information for electronically routing the claim to the correct processor/payer (BIN/IIN number, processor control number (if applicable) and group number (if applicable)).

Deductible and MOOP amounts are often defined by health plans

- At both an individual level and an aggregate family level and
• Are commonly specified for in-network providers versus out-of-network providers.

Therefore, there could be up to eight different amounts and their corresponding labels to display on ID cards. If the annual deductible and MOOP amounts are different for pharmacy benefits and medical benefits, up to sixteen amounts could be printed on each ID card.

Examples showing how eight amounts might be represented on an ID card using a minimal amount of space are displayed immediately below. The difference in the examples are the abbreviations of labels for in-network (INN) and out-of-network (OON) and with the first amount representing individual amounts, followed by family amounts.

IN-NETWORK OUT-OF-NETWORK
DED: 2500/5000 5000/10000
MOOP: 2500/5000 4000/8000

INN OON
DED: 2500/5000 5000/10000
MOOP: 3000/6000 4000/8000



While space limitations of physical ID cards do not support printing these amounts, the Secretary may reasonably consider such requirements on electronic health ID cards. The space restrictions that apply to physical ID cards are not as significant for electronic health ID cards (e.g., ID cards represented via smart phones). Annual deductible amounts and MOOP amounts can be more easily represented on electronic ID cards through smartphone application links.

Relevance of including this information to patients and/or to health care providers

The printing of annual total deductible and MOOP amounts does not identify patients' progression through the accumulated stages, or the current accrued amounts used to determine patients' financial responsibility at the time of service. Similar to the industry's earlier evaluation and rejection of a requirement to print copayment information on ID cards, NCPDP members argue there is little value in printing annual deductible and MOOP amounts on ID cards since this information does not identify patients' current status in meeting these annual amounts.

Early in the development of the NCPDP ID card implementation guide, stakeholders overwhelmingly agreed that copayments on pharmacy plans change frequently and are often complex with different copayments based on formulary tiers, days supply of medications, combinations of copayments and coinsurance, penalty copayments for lack of generic substitution, pharmacy choice/preferred network, etc. There was consensus that, because of this variability, pharmacy copayments should, in fact, not be included on ID cards since doing so would cause confusion for the patients and could often be misleading and meaningless to providers viewing ID cards.

While printing annual deductible limits and MOOP amounts on ID cards may provide some convenience to cardholders, this information is readily available from alternative sources including:

- plan documents which are mailed to plan participants as part of welcome packets,
- employer or health plan websites, or
- health plan customer service phone numbers printed on ID cards.

A recent survey found that 85% of all U.S. adults own a smartphone as of February 2021.¹ Therefore, most U.S. adults have access to employer and health plan websites. Although most card issuers already print website addresses on ID cards today, the Act's requirement to include a website on ID cards will provide cardholders a resource to access this information. Those who do not have internet access can determine their deductible and MOOP amounts by calling (often toll free) the appropriate phone number printed on their ID cards.

ID cards are used as an information resource for both cardholders and healthcare providers. ID cards have never been intended to include comprehensive benefit information. Rather, ID cards, like financial credit cards, include information that:

- identifies individuals,
- aids in electronically routing transactions,
- provides relevant phone numbers or websites for obtaining more information, and
- provides select other pieces of information (disclaimers, addresses, etc.).

¹ S. O'Dea, 'Smartphone ownership in the U.S. 2011-2021', *Statista*, May 12, 2021, <https://www.statista.com/statistics/219865/percentage-of-us-adults-who-own-a-smartphone> (June 2, 2021).



There is a strong argument that deductible and MOOP amounts are supplementary data elements that are both unnecessary and provide little value when printed on ID cards.

Timing of implementing No Surprises Act ID card changes

NCPDP informally polled its membership at its recent May 2021 workgroup meeting and card issuers expressed great concern with meeting the January 2022 compliance deadline. Meeting this deadline will be difficult given the proposed rules for the Act have not yet been published.

Clarification is also needed on whether all patients must receive new replacement ID cards with the additional information prior to the initial implementation date or whether the new cards can be phased in during the normal course of business as coverage changes are implemented.

Furthermore, many card issuers begin printing ID cards for new health plans and for existing plans with benefit changes requiring the reprinting of ID cards by October of each year. To meet this printing deadline, card issuers need to be ready to produce new cards in September, causing significant concern related to card issuers' ability to print and distribute new ID cards in time to meet the Act's requirements.

Increased Administrative Costs

Printing new ID cards with deductible and MOOP amounts will require software changes and coordination for both health plans and card printing vendors. The requirement to print annual deductible and MOOP amounts on physical ID cards – preventing the use of family and combination cards - will significantly increase the cost of providing ID cards to patients and may result in those costs being passed on to health plans or cardholders.

Requiring deductible and MOOP amounts, which often change with each benefit year, will necessitate the reprinting of ID cards more frequently.

Additional materials and increased shipping and handling costs associated with individual ID card printing may also be a factor resulting in increased costs to health plans or members/cardholders.



NCPDP's Request

NCPDP respectfully requests:

1. The requirement to print annual deductible amounts and MOOP amounts on physical ID cards be eliminated for the reasons described above.
2. The Secretary clarify that one or more phones numbers, as appropriate, may be printed on physical ID cards as the Act may be interpreted by some to require just one phone number on ID cards. As described above, more than one phone number may be necessary to direct cardholders to appropriate call centers.

Thank you for your time and consideration of the concerns and requests presented here. Please contact NCPDP for further discussion, clarification or questions.

Sincerely,

A handwritten signature in black ink that reads "Lee Ann C. Stember". The signature is written in a cursive, flowing style.

Lee Ann C. Stember
President & CEO
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For direct inquiries or questions related to this letter, please contact:

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