Healthcare Identifiers

**Implementation Conformance Statement Proforma and Instructions**

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* Removed references to ‘CCA’ and replaced with ‘HI Conformance’
* Changed the title from ‘Information Conformance Specification Proforma Instructions’ to ‘Implementation Conformance Specification Proforma Instructions’
* Included new Mandatory conformance requirement for UC.010 and UC.025
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# Introduction

These headings are for guidance only and some may not be relevant. For example, in many documents, the purpose, audience and scope can be combined under a single section ‘About this document’.

## Purpose

The purpose should include both the “**what”** and the “**why”**. The “why” is what you hope the document will achieve i.e. the desired outcome. It might be to inform a particular decision, persuade the audience of something or be used as a reference point for other artefacts.

ADHA (“the Agency”) in conjunction with industry including Services Australia – Medicare Australia, the Department of Health, the Medical Software Industry Association (MSIA), the Australian Information Industry Association (AIIA), the Aged Care IT Vendors Association (ACIVA), and state and territory health jurisdictions, has specified a set of conformance requirements for health software that uses Healthcare Identifiers (HI). This document is an Implementation Conformance Statement (ICS). A developer who wishes to claim that their software conforms to the requirements for using healthcare identifiers must complete this ICS to indicate which requirements are satisfied by their HI implementation.

## Intended audience

You should be very clear about your audience before drafting the document, since this directly affects the scope of the document and the way that it is written. The audience may include a primary audience (the most important readers who may make decisions based on the document) and a secondary audience who only need some of the content, or may read it for information only.

This document is intended:

* Developers of health software systems; and
* Agency conformance teams.

In this document, a ‘developer’ is any organisation that develops a health software system that manages and uses healthcare identifiers.

## Questions and feedback

No document covers everything, so you should state the boundaries of this document here. It is often helpful to clarify your scope by additionally stating what the document does not cover.

Any questions and feedback should be sent to help@digitalhealth.gov.au.

# HI Specifications

The ICS references the following HI business use cases [ADHA2014a]:

* UC.005, Search for patient health record;
* UC.010, Register patient;
* UC.011, Request verified IHI for newborn;
* UC.015, Update patient health record;
* UC.025, Bulk update of IHI details;
* UC.035, Merge patient health records;
* UC.045, Logon to software system;
* UC.080 - Maintain HPI-O details
* UC.130 - Validate HPI-I
* UC.131 - Validate HPI-I via the HI Service
* UC.150 - Register network HPI-O
* UC.240 - Search for HPI-Is in HI Service HPD
* UC.241 - Search for HPI-Os in HI Service HPD
* UC.305 - Validate HPI-O
* UC.306 – Get HPI-O status
* UC.320 – Request an electronic clinical document
* UC.325 – Receive an electronic clinical document
* UC.330 – Send an electronic clinical document

This document applies to conformance requirements specified in:

* Use of Healthcare Identifiers in Health Software Systems: Software Conformance Profile [ADHA2020b].

# Completing the ICS

This ICS is completed by developers of health software systems that use healthcare identifiers. It must be completed before a developer’s HI implementation is allowed to access the HI Service, as outlined in the Healthcare Identifiers Software - Conformance Assessment Scheme [ADHA2020a].

Specific HI requirements must also be met by any clinical information system before it is allowed to access the My Health Record System, as outlined in the conformance assessment scheme for clinical information systems accessing the My Health Record System [ADHA2012a].

Information about HI business use cases, HI Service web services and the conformance requirements supported by an HI implementation are recorded in the ICS and the ICS is then presented to the Agency for formal testing. The Agency will only test and report on those aspects of the HI implementation that are declared in the ICS.

After formal testing, the Agency will produce a test report for the developer. If the implementation passes all relevant tests, the developer can complete a ‘HI Declaration of Conformity’. The test report, the HI Declaration of Conformity and the ICS must be submitted to Services Australia, before a developer’s HI implementation is allowed to access the HI Service.

If retesting is required, an ICS may be amended, or a new ICS may be completed (if required) depending on the preferences of the developer and the Agency.

Instructions for the ICS may be deleted once the ICS has been completed.

The Implementation Conformance Statement identifies the following:

* The components, modules or adaptors that make up the implementation that an end user would use to interact with the HI Service. It is important to include all the components of your system to ensure that it is identified correctly for NOC and HI Conformance testing; and
* The contact details of the developer so that the Agency may contact the developer during and after the testing process.

[Section 5.1](#_Business_Use_Cases) specifies the HI business use cases that apply to the HI implementation. The business use cases supported by the HI implementation will influence the web services and software conformance requirements that the HI implementation will support.

[Section 5.2](#_Summary_of_Requirements) summarises the software conformance requirements. The Agency will test the conformance of the HI implementation against these requirements.

[Section 5.3](#_HI_Service_Web) indicates which, if any, HI Service web services are supported by the HI implementation.

[Section 6](#_Conformance_to_Individual) lists all HI software conformance requirements. This section need not be completed if only the first item in [section 5.2](#_Summary_of_Requirements) is selected.

[Section 7](#_Supporting_Information) contains supporting information to help the Agency assess the conformance of an HI implementation. Additional information may be attached.

# Healthcare Identifiers Implementation Conformance Statement

## HI Implementation

Please include all the components of your system to ensure that it is correctly identified for NOC and HI Conformance testing:

Clinical Information System (CIS) or Contracted Service Provider (CSP)?.........................................

Name of implementation, module or adapter: …………………………………………………… Version: …………

Name of implementation, module or adapter: …………………………………………………… Version: …………

Name of implementation, module or adapter: …………………………………………………… Version: …………

Name of implementation, module or adapter: …………………………………………………… Version: …………

Description of implementation(s): ………………………………………………………….…..........................…

## Developer

Name: ………………………………………………………….…………………………………….....…

Address: ………………………………………………………….……………………………………………

 ………………………………………………………….…….........................................

Telephone number: ( ) ……………………………………………………...............…….……

Facsimile number: ( ) ……………………………………...............…………………….……

E-mail address: ……………………………………...............…………………….……

Additional contact information: ………………………………………..………………….……

............................…………………………………………………….……..........................................

## ICS Contact

*The person who should be contacted about the Implementation Conformance Statement (ICS)*

Name: ……………………………………...............……………………..............……

Position: ……………………………………...............…………………….................…

Department: ……………………………………...............……………………..............……

Address: ……………………………………...............………………….............….……

Telephone number: ( ) ……………………………………...............…………………….……

Mobile number: ……………………………………...............…………………….……

Facsimile number: ( ) ……………………………………...............…………………….……

E-mail address: ……………………………………...............…………………….……

Date ICS submitted: ……………………………………...............…………………….……

Additional contact information: ………………………………………..………………….……

............................…………………………………………………….…….........................................

# Conformance to Requirements

## Business Use Cases

The HI implementation supports (tick all that apply):

|  |  |
| --- | --- |
|[ ]  *UC.005 - Search for a patient health record* |[ ]  *UC.150 − Register network HPI-O* |
|[ ]  *UC.010 - Register patient* |[ ]  *UC.240 − Search for HPI-Is in HI Service HPD* |
|[ ]  *UC.015 - Update patient health record* |[ ]  *UC.241 − Search for HPI-Os in HI Service HPD* |
|[ ]  *UC.025 - Bulk update of IHI details* |[ ]  *UC.305 – Validate HPI-O* |
|[ ]  *UC.035 - Merge patient health records* |[ ]  *UC.306 – Get HPI-O status* |
|[ ]  *UC.045 - Logon to software system* |[ ]  *UC.320 – Request an electronic clinical document* |
|[ ]  *UC.080 − Maintain HPI-O details* |[ ]  *UC.325 – Receive an electronic clinical document* |
|[ ]  *UC.130 – Validate HPI-I* |[ ]  *UC.330 – Send an electronic clinical document* |
|[ ]  *UC.131 – Search for HPI-Is in the HI Service* |  |  |

*Note: A HI implementation must support at least one of the following business use cases to obtain access to the HI Service: UC.010, UC.015, UC.025, UC.035, UC.080, UC.130, UC.131, UC.150, UC.240, UC.241, UC.305 or UC.306.*

## Summary of Requirements

The HI implementation conforms to (tick all that apply):

|  |
| --- |
| [ ]  All mandatory requirements of the selected business use cases in [section 6.1](#_Mandatory_Requirements) (complete [section 5.3](#_HI_Service_Web)). |
| [ ]  One or more conditional requirements of the selected business use cases in [section 6.2](#_Conditional_Requirements) (complete [section 5.3](#_HI_Service_Web) and [section 6](#_Conformance_to_Individual)). |
| [ ]  One or more recommended requirements of the selected business use cases in [section 6.3](#_Recommended_Requirements) (complete [section 5.3](#_HI_Service_Web) and [section 6](#_Conformance_to_Individual)). |
| [ ]  One or more HI requirements mandated for a clinical information system to access the My Health Record System (complete [section 6.4](#_HI_Requirements*_for)). |

## HI Service Web Services

The HI implementation supports (tick all that apply):

| TECH.SIS.HI (\*) | HI Service web service | Version  |  | Related business use case(s) |
| --- | --- | --- | --- | --- |
|  | No web services implemented |[ ]   |  |
| 5 | Update IHI via B2B | [ ]  v3.2.0 |  | UC.015, UC.035 |
| 6 | IHI Inquiry Search via B2B  | [ ]  v3.0 |  | UC.010, UC.015, UC.035 |
| 12 | Consumer Search IHI Batch Synchronous | [ ]  v3.0 |  | UC.010, UC.015, UC.025, UC.035 |
| 13 | Manage Provider or Administrative Individual Details | [ ]  v3.2.0 |  | N/A |
| 14 | Manage Provider Organisation Details | [ ]  v3.2.0 |  | N/A |
| 15 | Read Provider or Administrative Individual Details | [ ]  v3.2.0 |  | N/A |
| 16 | Read Provider Organisation Details | [ ]  v3.2.0 |  | N/A |
| 17 | Healthcare Provider Directory - Search for Individual Provider Directory Entry | [ ]  v3.2.0 |  | UC.130, UC.240 |
| 18 | Healthcare Provider Directory - Search for Organisation Provider Directory Entry | [ ]  v3.2.0 |  | UC.241, UC.305 |
| 19 | Healthcare Provider Directory - Manage Provider Directory Entry | [ ]  v3.2.0 |  | UC.080, UC.150 |
| 22 | Read Reference Data | [ ]  v3.2.0 |  | N/A |
| 24 | Notify of Duplicate IHI via B2B | [ ]  v3.2.0 |  | UC.010, UC.015, UC.035 |
| 25 | Notify of Replica IHI via B2B | [ ]  v3.2.0 |  | UC.010, UC.015, UC.035 |
| 30 | Consumer Search IHI Batch Asynchronous | [ ]  v3.0.0 |  | UC.010, UC.015, UC.025, UC.035 |
| 31 | Search for Provider Individual Details | [ ]  v5.0.0 |  | UC.131 |
| 32 | Search for Provider Organisation Details | [ ]  v5.0.0 |  | UC.306 |
| 33 | Search for Provider Individual Batch Async | [ ]  v5.0.0 |  | UC.131 |
| 34 | Search for Provider Organisation Batch Async | [ ]  v5.0.0 |  | UC.306 |

(\*) TECH.SIS.HI documents are HI Service System Interface Specifications published by Medicare Australia

# Conformance to Individual Requirements

## Mandatory Requirements

The HI implementation supports (tick all that apply):

| Mandatory requirement | Related business use case(s) | Self-assessment successful? | Comments |
| --- | --- | --- | --- |
| [ ]  5805 − Maximum name length | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  5808 − Capture and storage of date of birth | UC.005, UC.010,UC.015 |[ ]   |
| [ ]  5817 − Allow a patient record without an IHI | UC.010 |[ ]   |
| [ ]  5820 − Recording of IHI details upon IHI assignment and update | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  5839 − Alert raised when the same IHI is assigned to records of more than one patient | UC.010, UC.015,UC.025 |[ ]   |
| [ ]  5843 − Display of IHI Number Status and IHI Record Status | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  5847 − Capture of patient’s previous IHI details | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  5872 − Revalidation of individual IHIs | UC.015 |[ ]   |
| [ ]  5873 − Creation of error log for all errors | UC.010, UC.015,UC.025, UC.035,UC.080, UC.130,UC.131, UC.240,UC.241, UC.305,UC.306, UC.320,UC.325, UC.330 |[ ]   |
| [ ]  5875 − Assignment of IHIs | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  5906 − IHI assignment for merged patient health record in the local system | UC.035 |[ ]   |
| [ ]  6077 − Only one IHI shall be assigned to a patient’s record | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  6105 − Capability to request the revalidation of verified IHIs upon update of core demographic details in the local system | UC.015 |[ ]   |
| [ ]  8028 − Record audit trail of each healthcare identifier disclosed by the HI Service | UC.010, UC.015,UC.025, UC.035,UC.130, UC.131,UC.150, UC.240,UC.241, UC.305,UC.306  |[ ]   |
| [ ]  8526 - Mandatory search technique and search types | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  10041 – Search for an individual healthcare provider directory entry | UC.130, UC. 131,UC.320, UC.325,UC.330 |[ ]   |
| [ ]  10042 – Search for an organisation healthcare provider directory entry | UC.150, UC.305,UC.320, UC.325,UC.330 |[ ]   |
| [ ]  10613 - Inclusion of a healthcare identifier in an eHealth message/document with an unresolved exception or alert | UC.320, UC.330 |[ ]   |
| [ ]  10618 - Inclusion of patient’s demographic data in an eHealth message/document | UC.320, UC.330 |[ ]   |
| [ ]  16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.015, UC.025,UC.035, UC.320,UC.330 |[ ]   |
| [ ]  16814 – Rules for when the validation of an active and verified IHI returns the same IHI number but with an IHI record status of unverified | UC.015, UC.025,UC.035, UC.320,UC.330 |[ ]   |
| [ ]  16815 – Rules for when the validation of an active and verified IHI returns the same IHI number and same IHI record status but with a different IHI status | UC.015, UC.025,UC.035, UC.320,UC.330 |[ ]   |
| [ ]  16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.320, UC.330 |[ ]   |
| [ ]  16835 - Negative application-level acknowledgements or raise alert when receiving invalid eHealth message/document | UC.320, UC.325 | [ ]  |  |
| [ ]  17421 – Rules for when the validation of a deceased verified IHI returns the same IHI number and same IHI record status but with a different IHI status | UC.015, UC.025,UC.035, UC.320,UC.330 |[ ]   |
| [ ]  17571 - Validation of the recipient’s healthcare provider identifiers before inclusion in an eHealth message/document | UC.330 |[ ]   |
| [ ]  17573 - Validating senders Healthcare Provider Identifiers in an incoming eHealth message/document | UC.320, UC.325 |[ ]   |
| [ ]  17942 - Validation when incoming information matches a local patient record | UC.320, UC.325 |[ ]   |
| [ ]  17943 - Validation when incoming demographic data matches a local patient record and the local IHI is absent | UC.320, UC.325 |[ ]   |
| [ ]  17944 - When the incoming IHI/demographic data does not match any local patient record | UC.325 |[ ]   |
| [ ]  18884 - Validation of the authors healthcare provider identifiers before inclusion in a new eHealth message/document | UC.330 |[ ]   |
| [ ]  22000 - Validation of IHIs using updated identifiers | UC.015, UC.025 |[ ]   |
| [ ]  23502 – Raise an alert or warning when a Healthcare Provider identifier is found to be resolved or not active | UC.131 |[ ]   |
| [ ]  23503 – HPI-I name change | UC.131 |[ ]   |
| [ ]  23504 – Not active HPI-Os | UC.306 |[ ]   |
| [ ]  23543 – Validating HPI-Os | UC.306 |[ ]   |

## Conditional Requirements

The HI implementation supports (tick all that apply):

|  |  |
| --- | --- |
| Condition | Related conditional requirement |
| [ ]  Swiping of Medicare cards | 5807 |
| [ ]  Provisional IHIs\* | 5810, 5836, 5902, 5915, 16837, 16839, 16840 |
| [ ]  Non-support of provisional IHIs | 8218 |
| [ ]  Unverified IHIs\* | 5811, 5836, 5874, 5915, 6104, 16837, 16839, 16840 |
| [ ]  Non-support of unverified IHIs | 8219 |
| [ ]  Printing of verified IHIs | 5845 |
| [ ]  Printing of unverified IHIs | 5842, 5845 |
| [ ]  Manually entered/OCR input Healthcare Identifiers | 5801, 5819, 10038, 10040 |
| [ ]  Maintenance of locally stored HPI-I or HPI-O identifiers | 10044 |
| [ ]  Request/receiving electronic eHealth messages | 10809 |

\*Provisional and unverified IHIs are currently not released by the HI Service

The HI implementation supports (tick all that apply):

| Conditional requirement | Related business use case(s) | Self-assessment successful? | Comments |
| --- | --- | --- | --- |
| [ ]  5801 − Individual Healthcare Identifier (IHI) check digit verification upon manual or OCR input | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  5807 − Check digit validation of swiped Medicare cards or manually input Medicare card numbers | UC.005, UC.010,UC.015 |[ ]   |
| [ ]  5810 − Provisional IHI configuration options | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  5811 − Unverified IHIs configuration options | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  5819 − Validation of manually-entered IHIs | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  5836 − Prohibition of uncontrolled system-initiated creation of provisional and unverified IHIs | UC.010, UC.015 |[ ]   |
| [ ]  5842 − Printing of unverified IHIs | UC.010, UC.015 |[ ]   |
| [ ]  5845 − Format for printing an IHI | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  5874 − Transmission of demographic updates for unverified IHIs | UC.015, UC.035 |[ ]   |
| [ ]  5902 − Notification of resolved provisional IHI | UC.035 |[ ]   |
| [ ]  5915 − Capture of date of birth accuracy indicator | UC.010 |[ ]   |
| [ ]  6104 − Enforce search before creation of unverified IHIs | UC.010, UC.015 |[ ]   |
| [ ]  8218 − Non-support for provisional IHIs | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  8219 − Non-support for unverified IHIs | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  10038 – Validation of manually/OCR input HPI-I and HPI-Os | UC.080, UC.130,UC.131, UC.150,UC.305, UC.306 |[ ]   |
| [ ]  10040 – Validation of healthcare provider identifiers with the HI Service | UC.080, UC.130,UC.131, UC.150,UC.240, UC.241,UC.305, UC.306 |[ ]   |
| [ ]  10044 – Minimum healthcare provider individual identifier details | UC.130, UC.131 |[ ]   |
| [ ]  10809 - Matching IHI with local patient demographics | UC.320, UC.325 |[ ]   |
| [ ]  16837 – Actions for when validation of an unverified or provisional IHI returns a resolved information message and a different IHI | UC.015, UC.025,UC.035 |[ ]   |
| [ ]  16839 – Rules for when the validation of an active unverified or provisional IHI returns the same IHI number and same IHI record status but with a different IHI status | UC.015, UC.025,UC.035, UC.320,UC.330 |[ ]   |
| [ ]  16840 – Rules for when the validation of a deceased unverified or provisional IHI returns the same IHI number and same record status but with a different IHI status | UC.015, UC.025,UC.035, UC.320,UC.330 |[ ]   |

## Recommended Requirements

The HI implementation supports (tick all that apply):

|  Recommended requirement | Related business use case(s) | Self-assessment successful? | Comments  |
| --- | --- | --- | --- |
| [ ]  5802 − Manual entry of an IHI | UC.005, UC.010,UC.015, UC.035 |[ ]   |
| [ ]  5804 − Identification of a patient’s given and family name | UC.005, UC.010,UC.015 |[ ]   |
| [ ]  5809 − Capture and storage of one or more other name(s) for a patient | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  5812 − IHI number search | UC.010, UC.015 |[ ]   |
| [ ]  5813 − Medicare card search | UC.010, UC.015 |[ ]   |
| [ ]  5814 − DVA File number search | UC.010, UC.015 |[ ]   |
| [ ]  5815 − Address search | UC.010, UC.015 |[ ]   |
| [ ]  5818 − Resubmit search with modified search criteria | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  5824 − Retention of patient’s previous names | UC.015, UC.035 |[ ]   |
| [ ]  5830 − Storage of different types of identifiers | UC.010, UC.015,UC.035 |[ ]   |
| [ ]  5831 − Automated reading of Medicare cards and DVA cards | UC.005, UC.015 |[ ]   |
| [ ]  5832 − Background process IHI search | UC.010 |[ ]   |
| [ ]  5844 − IHI printed as barcode | UC.010, UC.015 |[ ]   |
| [ ]  5848 − Pre-populate first 6 digits of the healthcare identifier | UC.010, UC.015,UC.080, UC.130,UC.131, UC.150,UC.240, UC.241,UC.305, UC.306 |[ ]   |
| [ ]  5877 − Batch refresh | UC.025 |[ ]   |
| [ ]  5884 − Identification of operators in the local system | UC.045 |[ ]   |
| [ ]  5901 − Record potential duplicate IHIs | UC.035 |[ ]   |
| [ ]  5903 − Notification of date of death | UC.015 |[ ]   |
| [ ]  5917 − Record of operator | UC.010, UC.015,UC.025 |[ ]   |
| [ ]  8167 − Recording IHI source upon IHI assignment and update | UC.010, UC.015,UC.025, UC.035 |[ ]   |
| [ ]  10039 – Manual entry of healthcare provider identifiers | UC.130, UC.131,UC.305 |[ ]   |
| [ ]  10043 – Ability to disallow use of healthcare provider identifiers from a point in time | UC.080, UC.130,UC.131, UC.150 |[ ]   |
| [ ]  10089 – Support of searches for healthcare provider identifiers in the HI Service | UC.240, UC.241 |[ ]   |
| [ ]  16836 – Minimum healthcare provider organisation identifier details | UC.150 |[ ]   |
| [ ]  16838 – Rules for when the validation of an active, unverified or provisional IHI returns the same IHI number but with a different IHI record status | UC.015, UC.025,UC.035, UC.320,UC.330 |[ ]   |
| [ ]  17946 - Validating recipient’s Healthcare Provider Organisation information in an incoming eHealth message/document | UC.325 |[ ]   |
| [ ]  17947 - Ensuring the recipient’s HPI-I(s) is associated with the recipient’s HPI-O in an incoming eHealth message/document | UC.325 |[ ]   |
| [ ]  18885 - Inclusion of IHI status information in an eHealth message/document | UC.320, UC.330 |[ ]   |
| [ ]  18886 - Inclusion of healthcare identifiers date last validated information in an eHealth message/document | UC.320, UC.330 |[ ]   |

## HI Requirements\* for Accessing the My Health Record System

The HI implementation supports requirements for a clinical information system to access the My Health Record System (tick all that apply):

| HI requirement | Related business use case(s) | Self-assessment successful? | Comments  |
| --- | --- | --- | --- |
| [ ]  5872 − IHI Validation - Revalidation of individual IHIs | UC.015 |[ ]   |
| [ ]  5877 − IHI Validation - Batch refresh | UC.025 |[ ]   |
| [ ]  5812 − IHI Search - IHI Number search | UC.010, UC.015 |[ ]   |
| [ ]  5813 − IHI Search - Medicare card search | UC.010, UC.015 |[ ]   |
| [ ]  5814 − IHI Search - DVA File number search | UC.010, UC.015 |[ ]   |
| [ ]  5815 − Detailed IHI search (uses addresses) | UC.010, UC.015 |[ ]   |

\* The My Health Record Clinical Information System Conformance Assessment Scheme specifies that software connecting to the My Health Record system must conform to one or more of the above HI Conformance Requirements.

# Supporting Information

*Add supporting information that might assist the Agency to assess the conformity of an implementation. Additional information may be attached.*

Test specification version used for self-assessment …………………………………………………………….

Latest version of test specification published by the Agency …………………………………………………….

Other comments:

1. Acronyms

Avoid introducing unfamiliar acronyms or creating new acronyms unless there is a good reason for it (i.e. the full term is particularly long or cumbersome).

If the repeated use of acronyms is unavoidable, complete the table below with the acronyms used. Remember to spell out the term in full on the first mention in the document, followed by the acronym (in brackets). Use the acronym thereafter.

Use dictionary style capitalisation – in other words, only use initial capitals in the description if that’s how the entry should always appear. For example, GUI is graphical user interface, not Graphical User Interface).

|  |  |
| --- | --- |
| Acronym | Description |
| ACIVA | Aged Care IT Vendors Association |
| ADHA | Australian Digital Health Agency |
| AIIA | Australian Information Industry Association |
| B2B | Business to business |
| DVA | Department of Veterans Affairs |
| HI | Healthcare Identifier |
| HPD | Healthcare Provider Directory |
| HPI-I | Healthcare Provider Identifier - Individual |
| HPI-O | Healthcare Provider Identifier - Organisation |
| ICS | Implementation Conformance Statement |
| IHI | Individual Healthcare Identifier |
| MSIA | Medical Software Industry Association |
| NEHTA | National eHealth Transition Authority (now Australian Digital Health Agency) |
| NOC | Notice of Connection |
| OCR | Optical character recognition |
| PCEHR | Personally Controlled Electronic Health Record (now My Health Record) |
| UC | Use case |

Include a glossary to explain technical and unfamiliar words. Use dictionary style capitalisation (i.e. only use initial capitals if that’s how the entry should always appear). Select the completed table and use Word’s sort function on the table Layout tab to list the entries alphabetically.

Note that acronyms should be listed in the previous section.

1. References

If you cite any documents, please provide a full reference, with sufficient information for the reader to locate the cited documents. Ensure that all documents cited are externally available. Do not include documents in this section unless they have been cited in the body of the document.

This version of the Implementation Conformance Statement corresponds to the documents and versions listed here.

|  |  |  |
| --- | --- | --- |
| Reference | Name | Version Release Date |
| [ADHA2020a]  | Healthcare Identifiers Software – Conformance Assessment Scheme | version 4.0, November 2020 |
| [ADHA2012a]  | PCEHR Connecting Systems - Conformance Assessment Scheme | version 1.1July 2012 |
| [ADHA2020b]  | Use of Healthcare Identifiers in Health Software Systems: Software Conformance Profile | version 4.0, November 2020 |
| [ADHA2014a]  | Healthcare Identifiers - Business Use Cases | v3.0, February, 2014 |