Healthcare Identifiers

**Implementation Conformance Statement Proforma Instructions**

30 June 2021 v4.1

Approved for external use

Document ID: DH-3501:2021

WHEN UPDATING DOCUMENTS, TURN OFF TRACK CHANGES BEFORE UPDATING THE ABOVE FIELDS. If track changes is on, you may end up with duplicate fields that cannot easily be removed (above and in the headers/footers).

Document IDs are required for all documents published on the Specifications section of <https://developer.digitalhealth.gov.au>. You can request an identifier from the [Product Component Register](http://ptr.nehta.net.au/).

Type spaces in the Document ID fields above if the document does not require an identifier.

For an explanation of status fields visit <https://confluence.digitalhealth.gov.au/x/SQ8JB>.

**Australian Digital Health Agency** ABN 84 425 496 912, Level 25, 175 Liverpool Street, Sydney, NSW 2000  
Telephone 1300 901 001 or email [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au)  
[www.digitalhealth.gov.au](http://www.digitalhealth.gov.au/)

Acknowledgements

The Australian Digital Health Agency is jointly funded by the Australian Government and all state and territory governments.

Specific trademark attributions are required if this document contains LOINC, SNOMED or HL7 International trademarks.The trademark attribution is the last sentence in the full acknowledgement text below. If the document contains licensed material (such as that described in the full acknowledgement), keep the full acknowledgement below.

Delete acknowledgements and attributions that don’t apply. Unhighlight those that do apply.

Disclaimer

The Australian Digital Health Agency (“the Agency”) makes the information and other material (“Information”) in this document available in good faith but without any representation or warranty as to its accuracy or completeness. The Agency cannot accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use.

Document control

This document is maintained in electronic form and is uncontrolled in printed form. It is the responsibility of the user to verify that this copy is the latest revision.

Copyright © 2020 Australian Digital Health Agency

This document contains information which is protected by copyright. All Rights Reserved. No part of this work may be reproduced or used in any form or by any means – graphic, electronic, or mechanical, including photocopying, recording, taping, or information storage and retrieval systems – without the permission of the Australian Digital Health Agency. All copies of this document must include the copyright and other information contained on this page.

OFFICIAL

Document information

Key information

|  |  |
| --- | --- |
| Owner | Clinical and Digital Health Standards Governance Branch, Digital Strategy Division This is the approver |
|  |  |
| Contact for enquiries | Australian Digital Health Agency Help Centre  Phone [1300 901 001](tel:1300%20901%20001)  Email [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au) |

Product or document version history

The product version or document version should be included in the version field on the front cover. Delete heading and table if not required

|  |  |  |
| --- | --- | --- |
| Product or document version | Date | Release comments |
| 3.2 | 16 Oct 2014 | Released by NEHTA for use by test laboratories. |
| 4.0 | 03 Nov 2020 | The following changes have been made:   * Removed the references to NATA accredited software test laboratories * 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.015 and UC.025 |
| 4.1 | Feb 2021 | Changes made to align to updated CTS which has separated worksheets to allow for individual conformances required for ePrescribing and new requirement 022000. |

Table of contents

Click anywhere in the table of contents and press F9 to update the entire table.

[1 Introduction 5](#_Toc75784454)

[1.1 Purpose 5](#_Toc75784455)

[1.2 Intended audience 5](#_Toc75784456)

[1.3 Questions and feedback 5](#_Toc75784457)

[2 Completing the ICS 6](#_Toc75784458)

[2.1 Filling out the ICS 6](#_Toc75784459)

[3 Software Product and Contact Information 9](#_Toc75784460)

[3.1 HI Implementation 9](#_Toc75784461)

[3.2 ICS Contact 9](#_Toc75784462)

[3.3 Developer 10](#_Toc75784463)

[4 Current conformance details 11](#_Toc75784464)

[4.1 Current conformant version (in production) 11](#_Toc75784465)

[4.2 Current Business Use Cases 11](#_Toc75784466)

[4.3 Current HI Service Web Services 12](#_Toc75784467)

[5 HI Conformance testing for HI Service 14](#_Toc75784468)

[5.1 New or updated Business Use Cases 14](#_Toc75784469)

[5.2 Summary of New/Updated Requirements 15](#_Toc75784470)

[5.3 New/updated HI Service Web Services 15](#_Toc75784471)

[5.4 Conformance to Requirements 17](#_Toc75784472)

[5.4.1 Mandatory Requirements 17](#_Toc75784473)

[5.4.2 Conditional Requirements 23](#_Toc75784474)

[5.4.3 Recommended Requirements 28](#_Toc75784475)

[5.4.4 HI Requirements for Accessing the My Health Record System 32](#_Toc75784476)

[6 HI Conformance testing for Requirement 022000 - Validation of IHIs using updated identifiers 33](#_Toc75784477)

[6.1 Mandatory Requirements 33](#_Toc75784478)

[6.2 Conditional Requirements 34](#_Toc75784479)

[7 HI Conformance testing for Electronic Prescribing 35](#_Toc75784480)

[7.1 Conformance to requirements for Prescribing system (PRES) 35](#_Toc75784481)

[7.2 Conformance to requirements for Dispensing system (DISP) 44](#_Toc75784482)

[8 Supporting Information 48](#_Toc75784483)

[Appendix A HI Specifications 49](#_Toc75784484)

[Acronyms 50](#_Toc75784485)

[Glossary 51](#_Toc75784486)

[References 52](#_Toc75784487)

# 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.

The Australian Digital Health Agency (“the Agency”) (previously NEHTA) 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 for:

* 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](mailto:help@digitalhealth.gov.au).

# 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 Healthcare Identifiers (HI Service), as outlined in the “*Healthcare Identifiers Software - Conformance Assessment Scheme”* [Agency2020a].

The requirements for Clinical Information System (CIS) conformance assessment must be met by any clinical information system before it is allowed to access the My Health Record System, as outlined in the “*Clinical Information Systems Connecting to the PCEHR System Conformance Assessment Scheme*” [Agency2012a].

The specific process for assessing the conformance of clinical information system in Electronic Prescribing (ePrescribing) is outlined in the “*Electronic Prescribing Conformance Assessment Scheme”* [Agency2020a].

The clinical information system must meet the relevant HI Service requirements as outlined in the “*Electronic Prescribing Participating Software Conformance Profile”* [Agency2021a].

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

When conformance testing has completed, the Agency will produce a Test Summary Report (TSR) for the developer. If the implementation passes all relevant tests, the developer can complete a ‘HI Declaration of Conformity’. The Test Summary Report, the HI Declaration of Conformity and the ICS must be submitted to Services Australia before a developer’s clinical information system is allowed to access the production HI Service.

During conformance testing, if differences are observed between the ICS and the operation of the software in respect to indicated use case, requirements or web services, an ICS may be amended, or a new ICS may be completed (if required) depending on the preferences of the developer and the Agency.

## Filling out the ICS

The Implementation Conformance Statement is divided into different sections and the need to fill out a section is dependent on the context of the conformance being requested. Note: All the relevant subsections should be completed where applicable.

A list of all HI Service business use cases is provided in Appendix A.

**For new connections, the following sections apply:**

**Mandatory section:**

Healthcare Identifiers Implementation Conformance Statement (see section 3)

**Select the section(s) that are relevant to the scope (tick all that apply):**

HI Conformance testing for HI Service (see section 5)

HI Conformance testing for Electronic Prescribing (see section 7)

**Optional section:**

Supporting Information (see section 0)

**For current connections, the following sections apply:**

**Mandatory sections:**

Healthcare Identifiers Implementation Conformance Statement (see section 3)

Current conformance details (see section 4)

**Select the section(s) that are relevant to the scope (tick all that apply):**

HI Conformance testing for HI Service (see section 5)

HI Conformance testing for Requirement 022000 – Validation of IHIs using updated identifiers (see section 6)

HI Conformance testing for Electronic Prescribing (see section 7)

**Optional section:**

Supporting Information (see section 0)

**Notes for completing the form:**

Section 3: Software Product and Contact Information

*(Mandatory for current and new connections to the HI Service)*

This section is mandatory and is used to record implementation and contact information.

* The components 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 Healthcare Identifiers Notice of Connection (HI NOC) and HI Conformance testing; and
* ICS contact and software developer, that the Agency may contact during or after the testing process, if required.

Section 4: Current Conformance details

*(Applicable for current connections only)*

This section lists the software name and version, the HI business use cases and HI Service web services which had previously been approved for access to the HI Service.

Note: Please list all conformant HI Business cases and HI Service web services that have been implemented in the software product.

Please also indicate any implemented HI Business cases and HI service web services that the software product has previously implemented but currently inactive.

Section 5: HI Conformance testing for HI Service

*(Applicable for new and current connections that are declaring conformance to HI Service)*

This section is to be filled out where the implementation is new to the HI Service, or changes to the way an current implementation interacts with the HI Service (e.g. a new web service has been introduced or a web service currently connected has been removed).

Note: All the relevant subsections (5.4.1 to 5.4.4) should be completed where applicable.

Section 6: HI Conformance testing for Requirement 022000 – Revalidation of IHIs using updated Identifiers

*(Applicable for current connections that are declaring conformance to 022000 only)*

This section is to be filled out only if you are requesting conformance to requirement 022000. Regardless of whether your implementation currently conforms to this requirement or changes to the software were required, testing of this requirement is mandatory. The test cases cover requirement 022000, as well as a suite of targeted regression tests to assure that the related functionality still works as required.

Section 7: HI Conformance testing for Electronic Prescribing

*(Applicable for new and current connections that are declaring conformance to Electronic Prescribing)*

This section is to be filled out only if you are requesting conformance for Electronic Prescribing. It contains the relevant HI requirements for Electronic Prescribing implementations that are connecting to the HI Service.

Section 8: Supporting Information *(Optional)*

This section is optional and can be used to supply any supporting information to help the Agency assess the conformance of an HI implementation. Additional information may be attached.

# Software Product and Contact Information

## HI Implementation

Please include all the components of your system to ensure that it is correctly identified for HI Conformance testing ***(Note: software name and version should align with HI NOC):***

(\*) Name of implementation or module: ……………...……………….............. Version: …………

Name of implementation or module: …………………………………….............. Version: …………

Name of implementation or module: …………………………………….............. Version: …………

(\*) Is the Implementation a Clinical Information System (CIS)? Yes / No

(\*) Is the Implementation a Contracted Service Provider (CSP)? Yes / No

(\*) Has HI Service NOC been performed for this application? Yes/No

(\*) Conformance Test Specification (CTS) version use for self-assessment: …………………………………

(\*) Description of software product and implementation(s):

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

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

(\*) indicates mandatory information

## ICS Contact

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

(\*) Name: ……………………………………...............……………………..............……

(\*) Position: ……………………………………...............…………………….................…

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

(\*) Address: ……………………………………...............………………….............….……

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

(\*) Telephone number: ( ) ……………………………………...............………………

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

(\*) E-mail address: ……………………………………...............…………………….…….

(\*) Date ICS submitted: ……………………………………...............………………

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

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

(\*) indicates mandatory information

## Developer

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

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

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

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

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

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

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

# Current conformance details

This section is only required for current software systems that have previously gained HI Service conformance and received production access to connect with the HI Service.

## Current conformant version (in production)

Please indicate the name and version of your implementation that was last successfully assessed for HI Conformance as specified in the latest HI NOC:

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

## Current Business Use Cases

The current implementation supports the following use cases (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* |  |  |

## Current HI Service Web Services

The current implementation supports the following web services (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 |  | 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 | v5.1.0 |  | UC.131 |
| 34 | Search for Provider Organisation Batch Async | v5.1.0 |  | UC.306 |

# HI Conformance testing for HI Service

This section is required for declaring conformance for new or updated implementations, including new implementations to the HI Service, or changes to the way the current implementation interacts with the HI Service (e.g. a new web service has been introduced or a web service currently connected has been removed).

Refer to section 7 if software system declares conformance for Electronic Prescribing.

## New or updated Business Use Cases

The implementation supports the following use cases (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 via HPD* |
|  | *UC.035 - Merge patient health records* |  | *UC.306 – Get HPI-O status via the HI Service* |
|  | *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 via HPD* |  | *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 New/Updated Requirements

The implementation conforms to (tick all that apply):

|  |
| --- |
| All mandatory requirements of the selected business use cases in section 5.1 - complete section 5.4.1. |
| One or more conditional requirements of the selected business use cases in section 5.1 - complete section 5.4.2. |
| One or more recommended requirements of the selected business use cases in section 5.1 - complete section 5.4.3. |
| One or more HI requirements mandated for a clinical information system to access the My Health Record System - complete section 5.4.4. |

## New/updated HI Service Web Services

The implementation supports the following web services (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 |  | 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 | v5.1.0 |  | UC.131 |
| 34 | Search for Provider Organisation Batch Async | v5.1.0 |  | UC.306 |

Note: TECH.SIS.HI documents are HI Service System Interface Specifications published by Services Australia and available from the Health Systems Developer Portal ([https://healthsoftware.humanservices.gov.au/claiming/ext-vnd/healthcare\_identifiers#a4](https://healthsoftware.humanservices.gov.au/claiming/ext-vnd/healthcare_identifiers%23a4))

## Conformance to Requirements

### Mandatory Requirements

The implementation supports (tick all that apply):

| Mandatory requirement | Related business use case(s) | Self-assessment successful? | Related CTS worksheet(s) | Comments |
| --- | --- | --- | --- | --- |
| 5805 − Maximum name length | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 5808 − Capture and storage of date of birth | UC.005, UC.010, UC.015 |  | UC.005 UC.010 – Part A UC.015 – Part A |  |
| 5817 − Allow a patient record without an IHI | UC.010 |  | UC.010 – Part A |  |
| 5820 − Recording of IHI details upon IHI assignment and update | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part B UC.015 – Part B UC.025 – Part B UC.035 |  |
| 5839 − Alert raised when the same IHI is assigned to records of more than one patient | UC.010, UC.015, UC.025 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A |  |
| 5843 − Display of IHI Number Status and IHI Record Status | UC.010, UC.015, UC.035 |  | UC.010 – Part B UC.015 – Part B UC.035 |  |
| 5847 − Capture of patient’s previous IHI details | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 5872 − Revalidation of individual IHIs | UC.015 |  | UC.015 – Part B |  |
| 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 |  | UC.010 – Part C UC.015 – Part C UC.025 – Part B UC.035, UC.080 UC.130, UC.131 UC.240, UC.241 UC.305, UC.306 UC.320  UC.325 – Part A UC.330 – Part A |  |
| 5875 − Assignment of IHIs | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 5906 − IHI assignment for merged patient health record in the local system | UC.035 |  | UC.035 |  |
| 6077 − Only one IHI shall be assigned to a patient’s record | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 6105 − Capability to request the revalidation of verified IHIs upon update of core demographic details in the local system | UC.015 |  | UC.015 – Part A |  |
| 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 |  | UC.010 – Part C UC.015 – Part C UC.025 – Part B 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 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 10041 – Search for an individual healthcare provider directory entry | UC.130, UC.131, UC.320, UC.325, UC.330 |  | UC.130, UC.131 UC.320 UC.325 – Part A UC.330 – Part A |  |
| 10042 – Search for an organisation healthcare provider directory entry | UC.150, UC.305, UC.320, UC.325, UC.330 |  | UC.150, UC.305 UC.320 UC.325 – Part A UC.330 – Part A |  |
| 10618 - Inclusion of patient’s demographic data in an eHealth message/document | UC.320, UC.330 |  | UC.320 UC.330 – Part A |  |
| 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 |  | UC.015 – Part B UC.025 – Part B UC.035, UC.320 UC.330 – Part B |  |
| 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 |  | UC.015 – Part A UC.025 – Part A UC.035, UC.320 UC.330 – Part A |  |
| 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 |  | UC.015 – Part B UC.025 – Part B UC.035, UC.320 UC.330 – Part B |  |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.320, UC.330 |  | UC.320 UC.330 – Part B |  |
| 16835 - Negative application-level acknowledgements or raise alert when receiving invalid eHealth message/document | UC.320, UC.325 |  | UC.320  UC.325 – Part A |  |
| 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 |  | UC.015 – Part A UC.025 – Part A UC.035, UC.320 UC.330 – Part A |  |
| 17571 - Validation of the recipient’s healthcare provider identifiers before inclusion in an eHealth message/document | UC.330 |  | UC.330 – Part A |  |
| 17573 - Validating senders Healthcare Provider Identifiers in an incoming eHealth message/document | UC.320, UC.325 |  | UC.320  UC.325 – Part A |  |
| 18884 - Validation of the authors healthcare provider identifiers before inclusion in a new eHealth message/document | UC.330 |  | UC.330 – Part A |  |
| 21561 - Inclusion of a healthcare identifier in an eHealth message/document with an unresolved exception or alert | UC.320, UC.330 |  | UC.320 UC.330 – Part B |  |
| 22000 - Validation of IHIs using updated identifiers | UC.015, UC.025 |  | UC.015 – Part B UC.025 – Part B |  |
| 23502 – Raise an alert or warning when a Healthcare Provider identifier is found to be resolved or not active | UC.131 |  | UC.131 |  |
| 23503 – HPI-I name change | UC.131 |  | UC.131 |  |
| 23504 – Not active HPI-Os | UC.306 |  | UC.306 |  |
| 23543 – Validating HPI-Os | UC.306 |  | UC.306 |  |
| 23942 – Validation when incoming information matches a local patient record | UC.320, UC.325 |  | UC.320 UC.325 – Part B |  |
| 23943 – Validation when incoming demographic data matches a local patient record and the local IHI is absent | UC.320, UC.325 |  | UC.320 UC.325 – Part B |  |
| 23944 – When the incoming IHI/demographic data does not match any local patient record | UC.325 |  | UC.325 – Part B |  |

### Conditional Requirements

This section is only applicable if the software system has met the condition of any of the below requirements. When the condition is met, the relevant conditional requirement(s) are mandatory to the software system.

The implementation supports the following conditions (tick all that apply):

|  |  |
| --- | --- |
| Condition | Related conditional requirement(s) |
| Manual entry/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 |

Note: Provisional and unverified IHIs are currently not released by the HI Service.

The implementation supports the following conditional requirements (tick all that apply):

| Conditional requirement | Related business use case(s) | Self-assessment successful? | Related CTS worksheet(s) | Comments |
| --- | --- | --- | --- | --- |
| 5801 − Individual Healthcare Identifier (IHI) check digit verification upon manual or OCR input | UC.010, UC.015, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.035 |  |
| 5807 − Check digit validation of swiped Medicare cards or manually input Medicare card numbers | UC.005, UC.010, UC.015 |  | UC.005 UC.010 – Part A UC.015 – Part A |  |
| 5810 − Provisional IHI configuration options | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 5811 − Unverified IHIs configuration options | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 – Part C UC.015 – Part C |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 – Part C UC.015 – Part C |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 – Part C UC.015 – Part C |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015 |  | UC.010 – Part C UC.015 – Part C |  |
| 5819 − Validation of manually entered IHIs | UC.010, UC.015, UC.035 |  | UC.010 – Part A UC.015 – Part B UC.035 |  |
| 5836 − Prohibition of uncontrolled system-initiated creation of provisional and unverified IHIs | UC.010, UC.015 |  | UC.010 – Part A UC.015 – Part A |  |
| 5842 − Printing of unverified IHIs | UC.010, UC.015 |  | UC.010 – Part A UC.015 – Part A |  |
| 5845 − Format for printing an IHI | UC.010, UC.015, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.035 |  |
| 5874 − Transmission of demographic updates for unverified IHIs | UC.015, UC.035 |  | UC.015 – Part A UC.035 |  |
| 5902 − Notification of resolved provisional IHI | UC.035 |  | UC.035 |  |
| 5915 − Capture of date of birth accuracy indicator | UC.010 |  | UC.010 – Part A |  |
| 6104 − Enforce search before creation of unverified IHIs | UC.010, UC.015 |  | UC.010 – Part A UC.015 – Part A |  |
| 8218 − Non-support for provisional IHIs | UC.010, UC.015, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.035 |  |
| 8219 − Non-support for unverified IHIs | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A 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 |  | 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 |  | 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 |  | UC.130, UC.131 |  |
| 10809 - Matching IHI with local patient demographics | UC.320, UC.325 |  | UC.320 UC.325 – Part A |  |
| 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 |  | UC.015 – Part A UC.025 – Part A 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 |  | UC.015 – Part A UC.025 – Part A UC.035, UC.320 UC.330 – Part A |  |
| 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 |  | UC.015 – Part A UC.025 – Part A UC.035, UC.320 UC.330 – Part A |  |

### Recommended Requirements

The implementation supports the following recommended requirements (tick all that apply):

| Recommended requirement | Related business use case(s) | Self-assessment successful? | Related CTS worksheet(s) | Comments |
| --- | --- | --- | --- | --- |
| 5802 − Manual entry of an IHI | UC.005, UC.010, UC.015, UC.035 |  | UC.005 UC.010 – Part A UC.015 – Part A UC.035 |  |
| 5804 − Identification of a patient’s given and family name | UC.005, UC.010, UC.015 |  | UC.005 UC.010 – Part A UC.015 – Part A |  |
| 5809 − Capture and storage of one or more other name(s) for a patient | UC.010, UC.015, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.035 |  |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 – Part C UC.015 – Part C |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 – Part C UC.015 – Part C |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 – Part C UC.015 – Part C |  |
| 5815 − Address search | UC.010, UC.015 |  | UC.010 – Part A UC.015 – Part A |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015, UC.035 |  | UC.010 – Part C UC.015 – Part C UC.035 |  |
| 5824 − Retention of patient’s previous names | UC.015, UC.035 |  | UC.015 – Part A UC.035 |  |
| 5830 − Storage of different types of identifiers | UC.010, UC.015, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.035 |  |
| 5831 − Automated reading of Medicare cards and DVA cards | UC.005, UC.015 |  | UC.005 UC.015 – Part A |  |
| 5832 − Background process IHI search | UC.010 |  | UC.010 – Part A |  |
| 5844 − IHI printed as barcode | UC.010, UC.015 |  | UC.010 – Part A UC.015 – Part A |  |
| 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 |  | UC.010 – Part A UC.015 – Part A UC.080, UC.130 UC.131, UC.150 UC.240, UC.241 UC.305, UC.306 |  |
| 5877 − Batch refresh | UC.025 |  | UC.025 – Part A |  |
| 5884 − Identification of operators in the local system | UC.045 |  | UC.045 |  |
| 5901 − Record potential duplicate IHIs | UC.035 |  | UC.035 |  |
| 5903 − Notification of date of death | UC.015 |  | UC.015 – Part A |  |
| 5917 − Record of operator | UC.010, UC.015, UC.025 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A |  |
| 8167 − Recording IHI source upon IHI assignment and update | UC.010, UC.015, UC.025, UC.035 |  | UC.010 – Part A UC.015 – Part A UC.025 – Part A UC.035 |  |
| 10039 – Manual entry of healthcare provider identifiers | UC.130, UC.131, UC.305 |  | 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 |  | UC.080, UC.130 UC.131, UC.150 |  |
| 10089 – Support of searches for healthcare provider identifiers in the HI Service | UC.240, UC.241 |  | UC.240, UC.241 |  |
| 16810 - Ensuring the recipient’s HPI-I(s) is associated with the recipient’s HPI-O in an incoming eHealth message/document | UC.325 |  | UC.325 – Part A |  |
| 16836 – Minimum healthcare provider organisation identifier details | UC.150 |  | 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 |  | UC.015 – Part A UC.025 – Part A UC.035, UC.320 UC.330 – Part A |  |
| 18885 - Inclusion of IHI status information in an eHealth message/document | UC.320, UC.330 |  | UC.320 UC.330 – Part A |  |
| 18886 - Inclusion of healthcare identifiers date last validated information in an eHealth message/document | UC.320, UC.330 |  | UC.320 UC.330 – Part A |  |
| 23945 - Validating recipient’s Healthcare Provider Organisation information in an incoming eHealth message/document | UC.325 |  | UC.325 – Part A |  |

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

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

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

Note: 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.

# HI Conformance testing for Requirement 022000 - Validation of IHIs using updated identifiers

This section is only applicable for current software systems that are declaring conformance to the new requirement 022000 only. Along with testing of requirement 022000, as small set of additional test cases have been applied as a regression test to ensure that current patient registration and update functionality performs as expected, and have not been impacted by any changes that may have been made to the system.

## Mandatory Requirements

The implementation must conform to the following requirements:

| Mandatory requirement | Related business use case(s) | Self-assessment successful? | Related CTS worksheet(s) | Comments |
| --- | --- | --- | --- | --- |
| 5820 − Recording of IHI details upon IHI assignment and update | UC.010, UC.015, UC.025 |  | UC.010 – Part B UC.015 – Part B UC.025 – Part B |  |
| 5843 − Display of IHI Number Status and HI Record Status | UC.010, UC.015 |  | UC.010 – Part B UC.015 – Part B |  |
| 5872 − Revalidation of individual IHIs | UC.015 |  | UC.015 – Part B |  |
| 5873 − Creation of error log for all errors | UC.010, UC.015, UC.025 |  | UC.010 – Part C UC.015 – Part C UC.025 – Part B |  |
| 8028 − Record audit trail of each healthcare identifier disclosed by the HI Service | UC.010, UC.015, UC.025 |  | UC.010 – Part C UC.015 – Part C UC.025 – Part B |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.015, UC.025 |  | UC.015 – Part B UC.025 – Part B |  |
| 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.015 – Part B UC.025 – Part B |  |
| 22000 - Validation of IHIs using updated identifiers | UC.015, UC.025 |  | UC.015 – Part B UC.025 – Part B |  |

## Conditional Requirements

The implementation must conform to the following conditional requirement, where applicable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Conditional requirement | Related business use case(s) | Self-assessment successful? | Related CTS worksheet(s) | Comments |
| 5819 − Validation of manually entered IHIs | UC.015 |  | UC.015 – Part B |  |

# HI Conformance testing for Electronic Prescribing

This section is required only if the software system declares conformance to Electronic Prescribing for new or current connections.

Refer to section 5 if the software system declares conformance to the HI Service (i.e. non-Electronic Prescribing).

## Conformance to requirements for Prescribing system (PRES)

| Prescribing system | Priority | HI requirements | Related business use case(s) | Self-assessment successful? | Related CTS worksheet(s) | ePrescribing conformance requirements | Comments |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Open PDS | Mandatory | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.015 |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 21561 - Inclusion of a healthcare identifier in an eHealth message/document with an unresolved exception or alert | UC.330 |  | UC.330 - Part B | PRES-70a |  |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.330 |  | UC.330 - Part B | PRES-70a |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.330 |  | UC.330 - Part B | PRES-70a |  |
| 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.330 |  | UC.330 - Part B | PRES-70a |  |
| Conditional | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | PRES-70 | See section 5.4.2 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | PRES-70 | See section 5.4.2 for UC.015 |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.330 |  | UC.330 - Part B | PRES-73  (if accessing to ASLR) |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.330 |  | UC.330 - Part B | PRES-73  (if accessing to ASLR) |  |
| Direct PDS | Mandatory | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.015 |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| Conditional | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | PRES-70 | See section 5.4.2 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | PRES-70 | See section 5.4.2 for UC.015 |
| Recommended | 21561 - Inclusion of a healthcare identifier in an eHealth message/document with an unresolved exception or alert | UC.330 |  | UC.330 - Part B | PRES-71 |  |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.330 |  | UC.330 - Part B | PRES-71 |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.330 |  | UC.330 - Part B | PRES-71 |  |
| 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.330 |  | UC.330 - Part B | PRES-71 |  |
| Med charts Open PDS | Mandatory | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.015 |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 21561 - Inclusion of a healthcare identifier in an eHealth message/document with an unresolved exception or alert | UC.330 |  | UC.330 - Part B | PRES-70a |  |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.330 |  | UC.330 - Part B | PRES-70a |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.330 |  | UC.330 - Part B | PRES-70a |  |
| 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.330 |  | UC.330 - Part B | PRES-70a |  |
| Conditional | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | PRES-70 | See section 5.4.2 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | PRES-70 | See section 5.4.2 for UC.015 |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.330 |  | UC.330 - Part B | PRES-73  (if accessing to ASLR) |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.330 |  | UC.330 - Part B | PRES-73  (if accessing to ASLR) |  |
| Med Charts Direct PDS | Mandatory | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | PRES-70 | See section 5.4.1 for UC.015 |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | PRES-70 |  |
| Recommended | 21561 - Inclusion of a healthcare identifier in an eHealth message/document with an unresolved exception or alert | UC.330 |  | UC.330 - Part B | PRES-71 |  |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.330 |  | UC.330 - Part B | PRES-71 |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.330 |  | UC.330 - Part B | PRES-71 |  |
| 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.330 |  | UC.330 - Part B | PRES-71 |  |

## Conformance to requirements for Dispensing system (DISP)

| Dispensing system | Priority | HI requirements | Related business use case(s) | Self-assessment successful? | Related CTS worksheet(s) | ePrescribing conformance requirements | Comments |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Open PDS | Mandatory | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | DISP-70 | See section 5.4.1 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | DISP-70 | See section 5.4.1 for UC.015 |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | DISP-70 |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | DISP-70 |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | DISP-70 |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015 |  | UC.010 Part C UC.015 Part C | DISP-70 |  |
| 23942 – Validation when incoming information matches a local patient record | UC.325 |  | UC.325 Part B | DISP-70a |  |
| 23943 – Validation when incoming demographic data matches a local patient record and the local IHI is absent | UC.325 |  | UC.325 - Part B | DISP-70a |  |
| 23944 – When the incoming IHI/demographic data does not match any local patient record | UC.325 |  | UC.325 - Part B | DISP-70a |  |
| 16832 - Validation of an IHI before inclusion in a new eHealth message/document | UC.330 |  | UC.330 - Part B | DISP-73 |  |
| 16813 – Actions for when validation of a verified IHI returns a ‘resolved’ information message and a different IHI number | UC.330 |  | UC.330 - Part B | DISP-73 |  |
| Conditional | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | DISP-70 | See section 5.4.2 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | DISP-70 | See section 5.4.2 for UC.015 |
| Direct PDS | Mandatory | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | DISP-70 | See section 5.4.1 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | DISP-70 | See section 5.4.1 for UC.015 |
| 5812 − IHI number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | DISP-70 |  |
| 5813 − Medicare card search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | DISP-70 |  |
| 5814 − DVA File number search | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | DISP-70 |  |
| 5818 − Resubmit search with modified search criteria | UC.010, UC.015 |  | UC.010 - Part C UC.015 - Part C | DISP-70 |  |
| Conditional | UC.010 – Register patient  Note: Not required for current conformant systems | UC.010 |  | UC.010 - Parts A, B & C | DISP-70 | See section 5.4.2 for UC.010 |
| UC.015 – Update patient health record  Note: Not required for current conformant systems | UC.015 |  | UC.015 - Parts A, B & C | DISP-70 | See section 5.4.2 for UC.015 |
| Recommended | 23942 – Validation when incoming information matches a local patient record | UC.325 |  | UC.325 - Part B | DISP-71 |  |
| 23943 – Validation when incoming demographic data matches a local patient record and the local IHI is absent | UC.325 |  | UC.325 - Part B | DISP-71 |  |
| 23944 – When the incoming IHI/demographic data does not match any local patient record | UC.325 |  | UC.325 - Part B | DISP-71 |  |

# Supporting Information

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

Additional information:

1. HI Specifications

The ICS references the following HI business use cases [Agency2014a]:

* UC.005 - Search for patient health record
* UC.010 - Register patient
* 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 [Agency2020b].

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 |
| CIS | Clinical Information System |
| CSP | Contracted service provider |
| CTS | Conformance Test Specification |
| 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 |
| MHR | My Health Record |
| MSIA | Medical Software Industry Association |
| NATA | National Association of Testing Authorities |
| 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 |

1. Glossary

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.

|  |  |
| --- | --- |
| Term | Meaning |
| Clinical information system (CIS) | A system that deals with the collection, storage, retrieval, communication and optimal use of health-related data, information, and knowledge.  A clinical information system may provide access to information contained in an electronic health record, but it may also provide other functions such as workflow, order entry, and results reporting. |
| Contracted service provider (CSP) | A third-party organisation that supplies health software as a service to healthcare organisations. |
| Individual healthcare identifier (IHI) | A 16-digit unique number used to identify individuals who receive care in the Australian healthcare system. |
| Healthcare provider identifier - individual (HPI-I) | The healthcare provider identifier for individuals (HPI-I) is a 16-digit unique number used to identify providers who deliver healthcare in the Australian healthcare setting. |
| Healthcare provider identifier - organisation (HPI-O) | A unique 16-digit number used to identify organisations who deliver care in the Australian healthcare setting. |

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 |
| [Agency2020a] | Healthcare Identifiers Software – Conformance Assessment Scheme | version 4.0,  November 2020 |
| [Agency2020b] | Use of Healthcare Identifiers in Health Software Systems: Software Conformance Profile | version 4.0,  November 2020 |
| [Agency2020a] | Electronic Prescribing Conformance Assessment Scheme | V2.1,  April 2020 |
| [Agency2021a] | Electronic Prescribing Participating Software Conformance Profile | V3.0April2021 |
| [Agency2012a] | Clinical Information Systems Connecting to the PCEHR System Conformance Assessment Scheme | version 1.1 July 2012 |
| [Agency2014a] | Use of Healthcare Identifiers in Health Software Systems Business Use Cases | Version 3.1,  October 2014 |