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Healthcare Identifiers Service Conformance Profile

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Document version history

Version	Date	Release comments
1.0	11/3/2011	First release
2.0	22/10/2012	Consolidation of six amendments
3.0	24/02/2014	Added use cases UC.131 and UC.306. Added requirements 23502, 23503, 23504. Made some requirements generic.
3.1	31/10/2014	Added use case UC.011 Requirement 10613 is renumbered 21561 Requirement 17942 is renumbered 23942 Requirement 17943 is renumbered 23943 Requirement 17944 is renumbered 23944 Requirement 17946 is renumbered 23945 Requirement 17947 is renumbered 16810
4.0	30/10/2020	Clarified #23503. Added #22000
4.1	06/06/2024	Added section 2.7 Updated requirements 8028 and 5848 for general supporting organisations Editorial update on requirements 5819, 5820, 5884, 5917, 6077, 10039, 10089, 16813, 16814, 16815, 16832, 17421, 17573, 18885, 22000, 23503, 23942, 23943, 23944, 18886, 16838, 16839, 16840. Added CSP and GSO to glossary

Version	Date	Release comments
5.0	07/07/2025	Updated section 2.4, 2.5 Added UC.016 for updating patient details in the HI Service (TECH.SIS.HI.05) Use case UC.130 (Validate HPI-I) and UC.240 (Search for HPI-I in HI Service HPD) are removed and replaced with UC.245 (Search and validate HPI-I in the HI Service HPD). Added requirements 24000, 24005, 24010, 24015, 24020, 24025, 24030, 24035, 24040, 24045, 24055, 24060, 24065 Removed requirements 16835, 23543 Changed requirement priority 5802, 5812, 5813, 5814, 21560 Editorial update on the requirements 5801, 5807, 5815, 5818, 5819, 5820, 5839, 5843, 5845, 5847, 5872, 5873, 5874, 5875, 6077, 6105, 8028, 8526, 10039, 10040, 10041, 10042, 10044, 10089, 16813, 16814, 16815, 16835, 16836, 16839, 16840, 17421, 17571, 17573, 18884, 18885, 18886, 24015, 21554, 21555, 21556, 21560, 21558, 22000, 24562 Updated section 2.4 to include use case purpose, occasion of use and related web service
5.1	04/06/2026	Updated section 1.2 to include new entity types (HSPs and HAEs). Editorial update to use cases UC.131 and UC.245. Changed section 2.5 to provide more detail on IHI search type matching. Removed previous sections 2.6 (CSP) and 2.7 (GSO) and added a new section 2.6 (HI number statuses and responses). Removed requirements 5848, 8526 Added requirement 26000 Editorial update to requirements 5801, 5802, 5804, 5805, 5809, 5812, 5813, 5814, 5815, 5817, 5819, 5820, 5824, 5832, 5839, 5843, 5844, 5845, 5847, 5872, 5873, 5874, 5875, 5877, 5884, 5903, 5906, 6077, 6105, 8028, 8167, 8218, 8219, 10038, 10040, 10041, 10042, 10043, 10044, 10089, 10618, 10809, 16810, 16813, 16814, 16815, 16832, 16836, 16837, 16839, 16840, 17421, 17571, 17573, 18885, 18886, 21557, 21558, 21561, 22000, 23502, 23504, 23942, 23943, 23944, 23945, 24005, 24015, 24020, 24030, 24035, 24040, 24045, 24055, 24060, 24065, 24562 Glossary updates to: alert, contracted service provider, health administration entity, healthcare support service provider, organisation maintenance officer , registered portal operator, registered repository operator, responsible officer. Removal of outdated reference to HPD opt-in requirement for HPI-Os.

Contents

1 Introduction

1.1 Purpose

This document lists mandatory, conditional, and recommended software conformance requirements applicable to the implementation of the Healthcare Identifiers (HI) Service in software systems, via the business uses cases listed in Appendix A. These requirements are to be applied by the developers of such systems so healthcare identifiers are used in a manner that minimises risks to clinical safety, privacy, and information security, while maximising the benefits associated with their usage.

1.2 Intended audience

The intended audience includes:

- software developers
- public and private hospitals
- government health departments
- registered repository operators
- registered portal operators
- contracted service providers (CSPs) and subcontractors
- healthcare support service providers (HSPs)
- health administration entities (HAEs)
- healthcare organisations and providers
- any other entity permitted to handle healthcare identifiers.

1.3 Scope

This software conformance requirements specification has been developed to support the safe use of national healthcare identifiers in health software systems. The conformance requirements listed in this document apply to one or more business use cases, where each business use case describes a scenario in which healthcare identifiers are used.

Correct handling of national healthcare identifiers by health software systems will assist in the reduction of errors and increase efficiency in managing patient information, potentially leading to improvements in the quality of patient healthcare.

1.4 Background

The HI software conformance requirements were developed in a series of workshops with the healthcare identifiers working group, commencing in late 2010. This was initiated in response to the need to assure the clinically safe use of national healthcare identifiers.

The initial publication of this document was overseen by the eHealth Compliance, Conformance, and Accreditation (CCA) Governance Group, which was composed of representatives from the following bodies: Services Australia, the Department of Health, the Medical Software Industry Association (MSIA), Australian Information Industry Association (AIIA) and Aged Care IT Vendors Association (ACIVA), National Association of Testing Authorities (NATA), Australian Digital Health Agency (previously NEHTA), and Standards Australia.

1.5 Related documents

The following documents form the complete set of guidelines for the use of healthcare identifiers:

- *Healthcare Identifiers Service - Conformance Assessment Scheme* [ADHA2026a]
- *Healthcare Identifiers Service - Conformance Test Specification* [ADHA2026b]

2 Context

2.1 Healthcare identifier standards

Standards Australia has issued an Australian Standard (Standard) for Person and Provider Identification in Healthcare (AS 4846:2014). The Standard includes requirements that are not included in this HI software conformance requirements document. Developers of health software are encouraged to design their software to conform to the Standard as well as the software conformance requirements listed in this document. Developers should note that while conformance to the Standard is encouraged, it is the requirements in section 3 of this document that will be used when testing the conformance of health software.

It is acknowledged that software may not have transitioned to AS4846. Where a conformance requirement references AS4846, it is permissible to instead use AS5017:2002.

2.2 Requirements by business use case

This document contains conformance requirements for a set of business use cases. Please refer to section 2.4 for Healthcare Identifiers business use cases summary.

Each business use case (UC) is identified by the notation UC.nnn. Each business use case has conformance requirements, and each conformance requirement lists the business use case(s) to which it applies.

HI implementations must conform to all mandatory and any relevant conditional conformance requirements of the business use cases they support and not implement any prohibited capabilities for these business use cases. The developer of an HI implementation may select the business use cases applicable to their software and need not support all business use cases.

2.3 Conformance to the HI Service interface

An HI implementation may obtain access to the HI Service either:

- directly, through web services included in the HI Service interface; or
- indirectly, through third-party software or another health software system that accesses the HI Service.

If the HI implementation accesses the HI Service directly then it must conform to the system interface specifications for the HI Service. These specifications describe web services to access the HI Service and data exchanged between an HI implementation and the HI Service.

If the HI implementation does not access the HI Service directly, but does so indirectly via another software system, then the HI implementation does not need to conform to the web services but the developer may need to review the specifications to obtain information about the data associated with healthcare identifiers.

The system interface specifications for the HI Service may be obtained from the Services Australia website (Healthcare Identifier (HI) Service for software developers[1]). Note that an accepted Licence Agreement – *Use of the Healthcare Identifiers Licensed Material for Notice of Connection with Medicare Australia* – is required to gain access to the HI Licensed Material, which includes the system interface specifications.

Conformance requirements associated with HI Service web services relate to the versions in the table below.

TECH .SIS	Web Service	Supported Version	
		N	N-1
3	Update Provisional IHI via B2B	v3.0	n/a
5	Update IHI via B2B	v3.2.0	v3.0.2
6	IHI Inquiry –Search via B2B	v3.0	n/a
8	Resolve Provisional IHI – Merge record via B2B	v3.0	n/a
9	Resolve Provisional IHI – Create Unverified IHI via B2B	v3.0.2	n/a
10	Create Provisional IHI via B2B	v3.0	n/a
11	Create Unverified IHI via B2B	v3.0.2	n/a
12	Consumer Search IHI Batch Synchronous	v3.0	n/a
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	n/a
18	Healthcare Provider Directory - Search for Organisation Provider Directory Entry	v3.2.0	n/a
19	Healthcare Provider Directory - Manage Provider Directory Entry	v3.2.0	n/a
22	Read Reference Data	v3.2.0	n/a
24	Notify of Duplicate IHI via B2B	v3.2.0	n/a
25	Notify of Replica IHI via B2B	v3.2.0	n/a
26	Create Verified IHI for Newborns	v4.0	n/a
30	Consumer Search IHI Batch Asynchronous	v3.0	n/a
31	Search for Provider Individual Details	v5.0.0	n/a
32	Search for Provider Organisation Details	v5.0.0	n/a
33	Search for Provider Individual Batch Asynchronous	v5.1.0	n/a
34	Search for Provider Organisation Batch Asynchronous	v5.1.0	n/a

[1] https://www.servicesaustralia.gov.au/healthcare-identifiers-service-for-software-developers?context=20

2.4 Healthcare identifiers business use cases summary

Use case #	Use case name	Use case purpose	Occasion of use (examples)
UC.005	Search for a patient health record	To retrieve a patient health record from the local software system.	When searching for a patient record in the local system, usually when providing a service to a known healthcare recipient.
UC.010	Register patient	To create a new patient record in the local system.	When creating a new patient record in the local system, usually when providing a service to a healthcare recipient for the first time.
UC.011	Request verified IHI for newborn	To request the creation of a verified IHI for a newborn patient record.	A newborn delivered in a hospital setting requires a verified IHI to be created and associated to the patient record.
UC.015	Update patient health record in the local system	To ensure the patient record is consistent with the HI Service.	A patient record exists within the software system that has new information that needs to be applied.
UC.016	Update patient details in the HI Service	To update patient details in the HI Service. Note: Patient details include mobile number, email address, additional names or date of birth in the HI Service.	A local operator wants to add or update a patient's personal details in the HI Service.
UC.025	Bulk update of IHI details	To execute multiple simultaneous IHI searches in a batch format so local IHIs can be updated.	A healthcare facility wants to perform an initial load of their software system with details of all their patients' IHIs. A healthcare facility wants to update their software system with details of a selection of their patients' IHIs and IHI status details.
UC.035	Merge patient health records	To merge two local patient records into one record.	A healthcare facility identifies that two or more patient health records exist for the same patient.
UC.045	Logon to software system	Gaining access to a local system.	An employee accesses the CIS via routine log in mechanisms.
UC.080	Maintain HPI-O details	To amend the demographic and service details of an existing Seed and/or Network Healthcare Provider Organisation (HPI-O) within the HI Service.	An employee is required to amend the details of an existing Seed and/or Network HPI-O within the HI Service (i.e. remove, add to, or update). When updating an organisations HPI-O details in the HI Service.

Use case #	Use case name	Use case purpose	Occasion of use (examples)
UC.131	Search or validate HPI-I via the HI Service	To retrieve or validate a Healthcare Provider Identifier Individual (HPI-I) record from the HI Service instead of the Healthcare Providers Directory.	When needing to validate and trust an HPI-I for clinical document authoring or rendering purposes.
UC.150	Register network HPI-O	To register a new Network Healthcare Provider Identifier Organisation (HPI-O) within the HI Service.	When an organisation wishes to publicise their HPI-O in the Healthcare Provider Directory (HPD) so it can be discovered by other organisations.
UC.241	Search for HPI-Os in HI Service HPD	To retrieve a Healthcare Provider Organisation (HPI-O) record from the HI Service HPD.	A search is performed with a HPI-O number to obtain additional information about the Healthcare Provider Organisation.
UC.245	Search or validate HPI-I in the HI Service HPD	To validate or discover a HPI-I that is published in the HI Service HPD.	A local operator wants to conduct a search or validation of a HPI-I in the HI Service HPD.
UC.305	Validate HPI-O	To discover and validate the details of a Healthcare Provider Identifier Organisation (HPI-O) in the HI Service HPD.	An employee requires trust in a HPI-O, usually during clinical document authoring and receiving/rendering.
UC.306	Get HPI-O status	To understand the status of an HPI-O in the HI Service (not HPD)	An employee requires trust in a HPI-O, usually during clinical document authoring and receiving/rendering. When the HPI-O can't be discovered via the HI Service HPD.
UC.320	Request an electronic message/document	To request electronic clinical document from a Healthcare Shared Repository	Downloading documents from shared repositories that are not national infrastructure.
UC.325	Receive an electronic message/document	To receive patient health information from an CIS	Healthcare provider organisation receives an electronic health message/ document during a point-to-point information transfer such as: e-Referral; Specialist Letter; Discharge Summary; Event Summary; Shared Health Summary; and HL7 messages.
UC.330	Send an electronic message/document	To send a clinical document to another recipient or shared repository	A Healthcare Provider Organisation sends an electronic health message/ document during a point-to-point information transfer such as: e-Referral; Specialist Letter; Discharge Summary; Event Summary; Shared Health Summary; and HL7 messages.

Please see Appendix A for a list of business use cases and associated conformance requirements covered in this document.

2.5 Individual Healthcare Identifier (IHI) searches

2.5.1 IHI search types

Software is required to support the search for and validation[2] of IHIs via the following mandatory search methods:

1 IHI number validation – see requirement 5812

2 DVA file number search – see requirement 5814

3 Medicare card number search – see requirement 5813 and 24065

Mobile number (see requirement 24055), email address (see requirement 24060) and address (see requirement 5815) search types are optional.

For detailed information on search types, see the technical specifications:

TECH.SIS.HI.06 - IHI inquiry Search via B2B

TECH.SIS.HI.12 - Consumer Search IHI Batch Synchronous

TECH.SIS.HI.30 - Consumer Search IHI Batch Asynchronous.

Depending on the available identifiers, the success rate of IHI matches by identifier type is generally in this order:

1 IHI (use to validate an existing IHI)

2 DVA file number

3 Medicare card number with IRN

4 Medicare card number (without IRN)

If none of the above identifiers are available or none return an IHI match, searching using mobile number, email address or address may be successful.

2.5.2 Searching with only one name

If a patient has only one name, the software can indicate this through various means such as a flag, tick box, indicator, specific text or other means. Recording the surname in place of the given name or leaving the given name blank is not considered an acceptable method of recording the patient has only one name. Storing an easily distinguished text/phrase in place of the given name, for example “no given name” may be considered an acceptable method of indicating the patient has no given name.

The software will need to demonstrate during testing that a specified text/phrase stored as the given name will result in a one-name search against the HI Service being submitted.

When the patient has only one name and the software has the capability of indicating this fact, then the software needs to use an identifier search type, not an address search type. See requirement 24040.

[2] Refer to the Glossary for explanations of the terms *search* and *validate*.

2.5.3 Additional search considerations

More than one search can be performed for an IHI. For example, an IHI search using a DVA file number could be performed with one given name and, if this fails, the search can be repeated with a different given name.

If the health software automatically applies one search after another, then the search iteration shall not continue after a matching IHI has been found.

Searches may be performed using historical data (e.g. using a person's maiden name for the family name) subject to the condition that historical data shall be used only if the IHI searches using current data fail to find a matching IHI.

2.6 Healthcare identifier number statuses and responses

The HI Service returns either the actual status of the healthcare identifier number, or a message code containing text that indicates the status to be stored in the local system, as explained in the table below.

Status	Web service response	Notes
IHI number status		
Active	IHI number status value (ihiStatus): Active	Actual status can be used by the local system.
Deceased	IHI number status value (ihiStatus): Deceased	
Retired	Message Error code 01614 - with message text "(ERROR) This IHI record has a 'Retired' IHI status and can not be retrieved via this channel." or Message Informational code 02270[3] - with message text "(INFORMATION) The Healthcare Individual record contains a RETIRED IHI Status."	Message code can be used to add status to the local system.
Expired[4]	Message Error code 01613 - with message text "(ERROR) This IHI record has an 'Expired' IHI status and can not be retrieved via this channel."	
Resolved	Message Informational code 01611 - with message text "(INFORMATIONAL) This IHI record is a duplicate IHI record that has been resolved to IHI number <IHI Number>."	
HPI-I and HPI-O number status		
Active	Status value (status): A	Actual status can be used by the local system
Deactivated	Status value (status): D	
Retired	Status value (status): R	

[3] The RETIRED IHI information message (INFORMATION 02270) will be returned when the HI Service transitions to FHIR and existing error code (ERROR 01614) will be removed.

[4] Expired status is only applicable for provisional and unverified IHIs.

Status	Web service response	Notes
IHI number status		
Resolved	Message Informational code WSE0134 - with message text “This <Organisation/individual type> record is a duplicate <Organisation /individual type> record that has been resolved to <Organisation /individual type> number <Organisation /individual Number>.”	Message code can be used to add status to the local system

2.7 Generating and receiving electronic health messages

The HI software conformance scope includes requirements associated with the business use cases for sending an electronic message (UC.330), receiving an electronic message (UC.325) and requesting an electronic clinical document (from a repository) (UC.320).

The scope of these requirements is in the exchange of patient health information between third-party healthcare providers as well as repositories.

Conformance requirements for generating and receiving electronic health messages include those for validating Individual Healthcare Identifiers (IHIs), Healthcare Provider Identifiers – Individual (HPI-Is), and Healthcare Provider Identifiers – Organisation (HPIOs) via the HI Service B2B channel. Implementers should note that limitations of the HPI-O validation against the HI Service as described by Search for Provider Organisation Details [TECH.SIS.HI.32] and Search for Provider Organisation Batch Asynchronous [TECH.SIS.HI.34] make this method of HPI-O validation inappropriate to use in a messaging context. Some messaging conformance requirements in this document intentionally prohibit the use of these two web services in some circumstances for this reason.

The implementation of Search for Provider Individual Details [TECH.SIS.HI.31] and Search for Provider Individual Batch Asynchronous [TECH.SIS.HI.33], where an HPI-I may be validated against the HI Service rather than the HPD, also make Read Provider or Administrative Individual Details [TECH.SIS.HI.15] suitable for use in the messaging context, even though TECH.SIS.HI.15 may only be used by a responsible officer (RO) or an organisation maintenance officer (OMO). This is reflected in this document and in the test cases.

Adding a timestamp in the message/document along with the healthcare identifier – indicating the date and time the healthcare identifier was last validated – may also absolve the receiver from having to revalidate the healthcare identifier against the HI Service, on the basis that the sender’s validation of the healthcare identifier occurred within the previous 24-hour period.

References to HPI-Is or HPI-Os refer to those identifiers that relate to sending or receiving organisations and not to provider identifiers that are embedded in the clinical content of an electronic message/document – unless stated otherwise in the conformance requirements.

Software that receives an electronic message/document may create or update a patient record.

Requirements for UC.330, UC.325, and UC.320 are based on the assumption that the sending and receiving health software is connected to the HI Service. The requirements for the business use case of receiving an electronic message/document (UC.325) mandate that the successfully received electronic message/document is stored in a local system.

Health software storing patient records but not connected to the HI Service is encouraged to conform to the requirements for UC.330, UC.325, and UC.320 though this is not mandated. Health software not designed to store patient records has no need to connect to the HI Service and does not need to meet the requirements listed here.

The HI Service does not support point in time validation of HPI-Is and HPI-Os and hence validating those identifiers within documents may fail as the documents age. However, it would be reasonable and recommended for the same checks of identifiers to be applied as are specified here for sending and receiving systems. This would minimise message/document rejection.

2.8 Use of exceptions, alerts and warnings

Some software conformance requirements make references to exceptions, alerts, and/or warnings. These terms are defined in the Glossary. The requirements that refer to these types of notifications are listed below. These requirements might be mandatory, conditional, or recommended, and might be related to any of the HI use cases.

Alert

5839, 5875, 16832, 17571, 17573, 23943, 23944, 18884, 5801, 5807, 10038, 10040, 10809, 23945, 16810, 16813, 16814, 16837, 16840, 16838

Warning or Alert

16815, 16839, 17421, 23502, 23504

2.9 Use of unverified and provisional IHIs in messages/electronic documents

The HI Service webservices for unverified and provisional IHIs have not been used in the production environment and their utility is under review. Software should not implement these until this review is complete and this document is updated to reflect the outcomes of this review.

Many of the requirements in this document involve conditional processing of unverified and provisional IHIs, including for the messaging use cases UC.320 and UC.330. This is for the sake of completeness since they are currently part of the HI Service.

With particular regard to the use of provisional and unverified IHIs in messaging, the requirements herein should not be seen as a recommendation, or a requirement, for their use in this context, as there remain doubts over the effectiveness and safety of this practice.

3 Conformance requirements

This section lists mandatory, conditional and recommended software conformance requirements applicable to software implementing healthcare identifiers.

3.1 Mandatory requirements

This section lists the mandatory software conformance requirements associated with the use of healthcare identifiers.

Requirements listed as mandatory are mandatory within the context of the related business use cases. Health software that implements a business use case must conform to the mandatory requirements for that business use case.

005805	**Maximum name length** When interacting with the HI Service the software SHALL NOT send more than 40 characters for each name field (patient's family name, given name). The given and family names SHALL be stored in full in the software. If the HI Service returns a shortened patient name, then the local system SHALL ensure the shortened name does not replace the full-length patient name.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	The HI Service uses only the first 40 characters of a family name and any given name. Refer to Appendix B for the valid HI Service web services for this requirement.

005808	**Capture and storage of date of birth** The software SHALL allow for the capture and storage of a patient's full date of birth inclusive of day, month and four-digit year.
Priority	Mandatory
Applicable to	UC.005, UC.010, UC.011, UC.015, UC.016
Additional notes	Date of birth is a required IHI Search parameter as described in the HI Service system interface specifications IHI Inquiry Search via B2B [TECH.SIS.HI.06] and IHI Batch Searching via B2B [TECH.SIS.HI.12]. The full date of birth needs to be stored using the day, month and 4-digit year. The accuracy of the birth date may also be indicated (refer requirement #5915).

005812	**IHI number validation** The software SHALL be able to perform an IHI number validation on an IHI number.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025
Additional notes	The ability to validate an IHI number ensures the accuracy of the record. This is useful for patients who can provide an IHI (including individuals who are not eligible for Medicare or DVA). Refer to Appendix B for the valid HI Service web services for this requirement.

005813	**IHI search using Medicare card number** The software SHALL be able to conduct an IHI search by Medicare card number.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025
Additional notes	The Medicare card number is the most common identifier provided by patients. See requirement 24065. Refer to Appendix B for the valid HI Service web services for this requirement.

005814	**IHI search using DVA file number** The software SHALL be able to conduct an IHI search by DVA file number.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025
Additional notes	Where a patient has both a Medicare card number and a DVA file number, it is recommended to use the DVA file number first to search for an IHI. Refer to Appendix B for the valid HI Service web services for this requirement.

005817	**Allow a patient record without an IHI** The software SHALL allow the creation and storage of a patient record without an IHI, unless there is a legislative requirement to include an IHI.
Priority	Mandatory
Applicable to	UC.010, UC.011
Additional notes	Healthcare can be provided to a person even if no IHI is available.

005820	**Recording of IHI details upon IHI assignment and update** When assigning a new IHI or updating IHI details to a patient record, the software SHALL store the following: • the IHI number • the IHI number status (Active/Deceased/Retired/Expired/Resolved) • the date and time of the assignment/update (the assignment time SHALL be stored in hours and minutes unless the system is capable of more precision) • the IHI record status (Verified/Unverified/Provisional).
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	Knowledge of the IHI number status, IHI record status, and date of assignment/update is used in the ongoing maintenance of an IHI in a patient record. The software shall retain previously assigned IHIs, including their number status and record status, in the patient records for historical purposes (see requirement 5847). If you don't have an existing record for the patient, and you are not creating one, then this requirement does not apply. The date and time of the IHI assignment must be stored but does not need to be displayed on the user interface. Refer to section 2.6 for healthcare identifiers number status and responses.

005839	**Alert raised when the same IHI is assigned to more than one record** The software SHALL raise an alert whenever an IHI is assigned to a patient record and the same IHI has already been assigned to one or more other records of patients in the local system.
Priority	Mandatory
Applicable to	UC.010, UC.015, UC.016, UC.025
Additional notes	Creating an alert when the same IHI has been assigned to two or more patients in the local system allows the operator to resolve local record issues or to report the IHI to the HI Service as a potential replica. The HI Service may be notified of a potential replica by the Notify of Replica IHI by B2B web service Notify of Replica IHI via B2B [TECH.SIS.HI.25] or by contacting the HI Service operator. See requirement 5875 for the expected software behaviour when an alert is raised.

005843	**Display of IHI number, IHI number status and IHI record status** The software SHALL have the capability to display the IHI number assigned to a patient, the IHI number status and the IHI record status.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	Having the capability to display the IHI number status and record status together with the IHI will enable the operator to make informed decisions regarding the validity of the IHI and any need to revalidate it. Software may include patient records held in a patient administration system, administrative, clinical or master patient index systems used to store the IHI. Refer to section 2.6 for healthcare identifiers number status and responses.

005847	**Storage of a patient's previous IHI details** The software SHALL store previously assigned IHIs, including their number status (if known) and record status (if known), in the patient record for historical and audit purposes.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	Retaining previously used IHIs greatly assists with auditing, in ascertaining the identity of a patient and ensuring that the records maintained over time are assigned to the correct patient record. An IHI that is immediately validated against the HI Service and determined to be resolved or of a different record status in the HI Service is to be retained as a historical IHI. See the Glossary for information about how an IHI may become resolved. Patients may provide their IHI during registration activities (UC.010) and the software may show that the provided IHI is resolved. This resolved IHI is to be treated as a previously assigned IHI and treated according to this requirement. Refer to section 2.6 for healthcare identifiers number status and responses.

005872	**Revalidation of individual IHIs**
	The software SHALL allow for the revalidation of individual IHI numbers, using either the IHI Inquiry Search via B2B or the IHI Batch Searching via B2B web service described in the HI Service system interface specifications IHI Inquiry Search via B2B [TECH.SIS.HI.06] and IHI Batch Searching via B2B [TECH.SIS.HI.12] respectively, regardless of the IHI record status.
Priority	Mandatory
Applicable to	UC.015, UC.016
Additional notes	This requirement ensures that the most current IHI, IHI number status and IHI record status can be assigned to the patient's record in the software. The revalidation can be performed by operator request, scheduled on a periodic basis, or be triggered by a system event. An operator request may be performed by generating a message from an interactive system to the HI connected software. See requirement 5813, 5814, 24065 for more information on permissible search types.

005873	**Creation of error log for all errors**
	The software SHALL create an error log for all error messages received from the HI Service, including those that are resolved automatically. The log SHALL include the error date/time, in hours and minutes unless the system is capable of more precision, the error number, the error message and the message ID from the HI Service.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035, UC.080, UC.131, UC.241, UC.245, UC.305, UC.306, UC.320, UC.325, UC.330
Additional notes	If the software is unable to complete a transaction with the HI Service, then manual intervention may be required. By recording the error in a log, a local operator will be able to review the error and take appropriate action.

005875	**Assignment of IHIs** If an IHI is returned from the HI Service for a patient, the software SHALL have the capability to assign that IHI to the patient's record and raise an alert if the search criteria used matches another patient's demographic data from the same registration source. If an alert is raised, the system SHALL either discard the IHI or store it against the target patient record and flag the records as potentially conflicting.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	Storing an IHI with a patient record assists with the realisation of the clinical safety benefits of the HI Service. Enterprise Master Patient Indexes (EMPIs) such as those used by state and territory health jurisdictions are populated with multiple registration sources e.g. hospital patient administration systems. They contain multiple records from different registration sources that identify the same person. It is desirable that these multiple records from different sources that identify the same person contain the same IHI value. This contributes to the process of linking these records across sources to manage patient identification across institution boundaries. Requirement 5875 seeks to address the exposure of fragmented patient records due to duplicate registration records within a single registration source/institution. Requirement 5839 may apply if the operator determines that the patient records possessing the same IHI are for different patients. This requirement does not apply for record statuses that are not supported by the system.

005906	**IHI assignment for merged patient health record in the local system** When merging two patient records in the local system, the software SHALL use either the IHI Inquiry Search via B2B [TECH.SIS.HI.06] or the IHI Batch Searching via B2B [TECH.SIS.HI.12], to obtain the IHI, the IHI number status and IHI record status for the surviving or final merged patient record.
Priority	Mandatory
Applicable to	UC.035
Additional notes	The IHI Inquiry Search via B2B is to be performed even if the original patient records both possessed the same IHI. Using the HI Service to obtain the IHI ensures the most recent status information is obtained. See requirement 5813, 5814, 24065 for more information on permissible search types.

006077	**Only one IHI to be assigned to a patient record** The software SHALL ensure that only one IHI can be assigned as the current IHI in the local patient record.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	This requirement does not contradict requirement 5847 that requires retention of previously assigned IHIs. The IHI is the healthcare identifier that shall be used in the communication of a patient's health information to other healthcare providers. This presence of one only IHI in the patient record will assist the consistency and reliability in patient-related health communications and ensure common understanding between the two healthcare providers. Previous IHIs associated with a patient shall be stored by the software (see requirement 5847).

006105	**Capability to request the revalidation of verified IHIs upon update of demographic details in the local system** When demographic details associated with a verified IHI in a patient's record are updated, the software SHALL provide the operator with the capability to revalidate that IHI.
Priority	Mandatory
Applicable to	UC.015, UC.016
Additional notes	Care should be exercised before revalidating a verified IHI when a patient advises their healthcare provider of new or changed demographic details but has not yet advised the HI Service operator of the change. This is because revalidation using updated demographic details from the local record may result in no IHI being found by the HI Service. Demographic details consist of: • family name • sex • date of birth. Note that the HI Service does not record a history of changes made to a person's date of birth or sex. See requirements 5813, 5814, 24065 for more information on permissible search types.

008028	**Record audit trail of each healthcare identifier disclosed by the HI Service** The software SHALL have the ability to record an audit trail of all healthcare identifiers disclosed by the HI Service regardless of type. The audit trail SHALL be retrievable. The audit trail SHALL record at least the following items: • the healthcare identifier disclosed by the HI Service • any associated local record identifier(s) • identifying information of the operator or responsible officer, including their HPI-I if applicable and known, that initiated access to the HI Service • the healthcare identifier or registration number of the entity that invoked the request • the healthcare identifier of the organisation on whose behalf the request was made, if invoked by a CSP • the HI Service operation (web service name) that disclosed the healthcare identifier • system date and time (time in hours and minutes unless the system is capable of more precision) • the HI Service message ID reported by the HI Service • the batch ID (if applicable) • the version of the HI Service web service.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035, UC.131, UC.150, UC.241, UC.245, UC.305, UC.306
Additional notes	The capability to capture and report on activities (e.g. search / validate / update) against healthcare identifiers will assist in meeting the HI Regulations [HIREG2020]. The HI regulations specify that logs must be kept for 7 years starting on the day after the operator ceased to be authorised. In the case of a batch operation, the operator may be the name of the responsible officer. The healthcare identifier or registration number of the entity that invoked the request will have one of the following prefixes: • 800362 for an HPI-O • 800363 for a contracted service provider • 800364 for a healthcare support service provider (HSP), healthcare administration entity (HAE), registered repository operator or registered portal operator.

010041	**Search or validate an individual healthcare provider identifier** The software SHALL be capable of searching for or validating an HPI-I as described in the HI Service system interface specification, Healthcare Provider Directory - Search for Individual Provider Directory Entry [TECH.SIS.HI.17], Search for Provider Individual [TECH.SIS.HI.31] or Search Provider Individual Batch Asynchronous [TECH.SIS.HI.33].
Priority	Mandatory
Applicable to	UC.131, UC.245, UC.320, UC.325, UC.330
Additional notes	Conformance with this requirement helps provide assurance that the HPI-I is current, and the individual's demographic information is correct. Use Healthcare Provider Directory - Search for Individual Provider Directory Entry [TECH.SIS.HI.17] if satisfying UC.245. Use Search for Provider Individual [TECH.SIS.HI.31] or Search Provider Individual Batch Asynchronous [TECH.SIS.HI.33] if satisfying UC.131. The local system will need to conform to UC.245 and/or UC.131 in order to meet the validation expectations stated in this requirement.

010042	**Search for and validate an organisation healthcare provider identifier** The software SHALL be capable of searching for and validating HPI-Os via the web service described in the HI Service system interface specification, Healthcare Provider Directory - Search for Organisation Provider Directory Entry [TECH.SIS.HI.18], Search for Organisation Details [TECH.SIS.HI.32] or Search for Provider Organisation Batch Asynchronous [TECH.SIS.HI.34].
Priority	Mandatory
Applicable to	UC.241, UC.305, UC.306, UC.320, UC.325, UC.330
Additional notes	Conformance with this requirement helps provide assurance that the HPI-O is correctly associated with the organisation’s demographic information. Implementers should note that failure to retrieve a match via the B2B channel does not necessarily mean that the relevant healthcare provider identifier record does not exist in the HI Service for the provider organisation. . Only those healthcare provider identifiers which have an ‘active’ number status can be retrieved via the B2B channel. Use Healthcare Provider Directory – Search for Organisation Provider Directory Entry [TECH.SIS.HI.18] if satisfying UC.241 and UC.305. Use Search for Organisation Details [TECH.SIS.HI.32] and Search for Provider Organisation Batch Asynchronous [TECH.SIS.HI.34] if satisfying UC.306. The local system will need to conform to UC.305 and/or UC.306 in order to meet the validation expectations stated in this requirement.

010618	**Inclusion of patient's demographic data in an electronic message/document** The software SHALL include the patient's demographic data used to search / validate the IHI that is in the electronic message/document.
Priority	Mandatory
Applicable to	UC.320, UC.330
Additional notes	The inclusion of the patient's demographic data will provide a level of surety that the receiving software will be able to validate the IHI in the electronic message/document. The patient's preferred name(s) should be additionally provided within the electronic message/document where available/possible.

016813	**Actions for when validation of a verified IHI returns a 'resolved' information message and a different IHI number** When a verified IHI is validated and the HI Service returns a 'resolved' information message and a different IHI number, the software SHALL NOT store that new IHI unless it can also be validated with the existing patient demographics in the local system. If the new IHI cannot be validated with the local patient demographic data then an alert SHALL be raised so an operator can determine what action should be taken. The new IHI number, IHI status and IHI record status SHALL be stored in the patient record if the IHI number can be validated using local patient demographic data. The old IHI SHALL be moved to the patient record history with a resolved status regardless of the validity of the new IHI.
Priority	Mandatory
Applicable to	UC.015, UC.016, UC.025, UC.035, UC.320, UC.330
Additional notes	The HI Service may return a new IHI number in addition to a message stating that the previous IHI has been resolved. This will occur if the HI Service operator has determined that the patient record is a duplicate and has merged the two patient records When the software validates an IHI number and the HI Service returns a resolved information message, the software must generate an additional IHI search request. The initial request used the known IHI number (the trigger for this requirement) and the additional request will be generated using the returned IHI number obtained from the first response (the expected action for this requirement). The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement. Refer to section 2.6 for healthcare identifiers number status and responses.

016814	**Rules for when the validation of an active and verified IHI returns the same IHI number but with an IHI record status of unverified** When an active, verified IHI is validated and the HI Service returns the same IHI number but with a record status of unverified, the software SHALL raise an alert.
Priority	Mandatory
Applicable to	UC.015, UC.016, UC.025, UC.035, UC.320, UC.330
Additional notes	When an IHI is validated the HI Service would not be expected to return an IHI record status that is 'lower' than the locally stored record status. If this does occur an alert must be raised and the new record status may or may not be stored in the local patient record, depending on the design of the software or local policy. The alert requires operator intervention to confirm that the change is legitimate, most likely involving a query to the HI Service operator. The design of the HI Service prevents the return of a provisional IHI so the conformance requirement does not consider this possibility. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement.

016815	**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 number status** When an active and verified IHI is validated and the HI Service returns the same verified IHI number but with a different IHI status, the software SHALL either store the new IHI status in the patient record or raise a warning or alert according to the following statuses. **Status of the verified IHI returned from the HI Service** Active: No change Deceased: A warning MAY be raised Retired: The local status SHALL be updated and a warning SHALL be raised Expired: An alert SHALL be raised
Priority	Mandatory
Applicable to	UC.015, UC.016, UC.025, UC.035, UC.320, UC.330
Additional notes	When the HI Service returns a deceased status, the patient's death has not been confirmed by a registry of births, deaths and marriages. Depending on the software design or local policy, the locally stored status may change to deceased or remain active until the HI Service returns a retired status, which is confirmation the patient is deceased. The expired status should not occur for a verified IHI. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement. Refer to section 2.6 for healthcare identifiers number status and responses.

016832	**Validation of an IHI before inclusion in a new electronic message/document** An IHI SHALL be validated by using either the IHI Inquiry Search via B2B web service [TECH.SIS.HI.06] or IHI Batch Searching via B2B [TECH.SIS.HI.12] prior to inclusion in a new electronic message / document. If the IHI cannot be validated, then it SHALL NOT be included in the electronic message / document and an alert SHALL be raised. Validation SHALL have occurred within the previous 24 hours.
Priority	Mandatory
Applicable to	UC.320, UC.330
Additional notes	Validating an IHI immediately prior to (or within 24 hours of) its being sent to a recipient(s) ensures the IHI is valid for that patient at the time of sending. Successful IHI validation within the 24-hour period prior to generation of the message / document represents an acceptable approach in the inclusion of IHIs in electronic messages / documents. The 24-hour validity period is proposed as a balanced risk approach to revalidation of healthcare identifiers. Local policy may specify more frequent validation, such as at time of document transmission, regardless of when the IHI was last validated. A resolved IHI is not considered a valid IHI. The new IHI returned should be validated against the HI Service using local demographic data. If the new IHI can be validated it may be included in an electronic message/document. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement. See requirements 5813, 5814, 24065 for more information on permissible search types. Refer to section 2.6 for healthcare identifiers number status and responses.

017421	**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** When a deceased verified IHI is validated and the HI Service returns the same IHI number but with a different IHI status, the software SHALL perform the actions according to the following statuses. **Status of the verified IHI returned from the HI Service** Active: An alert SHALL be raised Deceased: No change Retired: The local status SHALL be updated and a warning SHALL be raised Expired: An alert SHALL be raised
Priority	Mandatory
Applicable to	UC.015, UC.016, UC.025, UC.035, UC.320, UC.330
Additional notes	When the HI Service returns a deceased status, the patient's death has not been confirmed by a registry of births, deaths and marriages. When the patient's death is confirmed, the IHI status is changed to retired. If the deceased status was created in error, the IHI status would change from deceased back to active. Local operator intervention is required to manage the status change in the local software, so an alert should be raised. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement. Refer to section 2.6 for healthcare identifiers number status and responses.

017571	**Validation of the recipient's healthcare provider identifiers before inclusion in an electronic message/document** Healthcare provider identifiers for individuals and organisations (i.e. HPI-Is and HPI-Os) of the healthcare provider receiving an electronic message / document SHALL be validated prior to inclusion in an electronic message / document. The validation SHALL be performed against: • the HI Service via Search for Provider Individual [TECH.SIS.HI.31] or Search Provider Individual Batch Asynchronous [TECH.SIS.HI.33]; or • the Healthcare Provider Directory (HPD) via Healthcare Provider Directory - Search for Individual Provider Directory Entry [TECH.SIS.HI.17] or Healthcare Provider Directory - Search for Organisation Provider Directory Entry [TECH.SIS.HI.18; or • a local copy of the identifiers if the identifier was previously validated within the last 24 hours. Validation SHALL be immediately prior to the electronic message / document being sent unless the identifier was validated within the last 24 hours. If an HPI-I or HPI-O cannot be validated, then it SHALL NOT be included in the electronic message / document and an alert SHALL be raised. Validation of the recipient's HPI-I only applies where the HPI-I is included in the message / document.
Priority	Mandatory
Applicable to	UC.330

Additional notes	Validating the recipient's HPI-Is and HPI-Os immediately prior to it being sent to a third-party healthcare provider ensures the identifiers are valid for that healthcare provider at the time of sending. Validation of the HPI-O with the organisational metadata provides a level of assurance that the destination of the message / document is correct. Validation of the HPI-I, when included, ensures that the receiving practitioner has been correctly identified and that they have an active HPI-I. Successful HI validation within the 24-hour period prior to generation of the message /document represents an acceptable approach to ensuring that only valid HIs are included in electronic messages/documents. Use of the web service described by Search for Provider Organisation Details [TECH.SIS.HI.32] and Search for Provider Organisation Batch Asynchronous [TECH.SIS.HI.34] is not permitted in this instance, as these web services cannot ascertain that the organisation details are correct for the HPI-O.

017573	**Validating sender's healthcare provider identifiers in an incoming electronic message / document** When receiving an electronic message / document, the software SHALL validate the incoming HPI-O / HPI-I of the sender against: • the HI Service via Search for Provider Individual [TECH.SIS.HI.31] or Search Provider Individual Batch Asynchronous [TECH.SIS.HI.33]; or • the Healthcare Provider Directory (HPD) via Healthcare Provider Directory - Search for Individual Provider Directory Entry [TECH.SIS.HI.17] or Healthcare Provider Directory - Search for Organisation Provider Directory Entry [TECH.SIS.HI.18]; or • a local copy of the identifier if the identifier was previously validated within the last 24 hours If an HPI-I or HPI-O cannot be validated, then the electronic message/document SHALL NOT be stored against any patient record, the HPI-Is SHALL NOT be stored outside the electronic message / document and an alert SHALL be raised for operator intervention.
Priority	Mandatory
Applicable to	UC.320, UC.325
Additional notes	Validating a sender's healthcare provider identifier provides assurance the document was authored and transmitted by a healthcare provider recognised by the HI Service. Use of the web service described by Search for Provider Organisation Details [TECH.SIS.HI.32] and Search for Provider Organisation Batch Asynchronous [TECH.SIS.HI.34] is not permitted in this context, as these web services cannot ascertain the organisation details are correct for the HPI-O.

018884	**Validation of the author's healthcare provider identifiers before inclusion in a new electronic message/document** The HPI-I and HPI-O of the author of the electronic message / document SHALL be validated prior to inclusion in an electronic message / document. The validation SHALL be performed against: • the HI Service; or • the Healthcare Provider Directory (HPD); or • a local copy of the identifiers if the identifier was validated within the last 24 hours. Validation SHALL occur immediately prior to the electronic message / document being sent, unless the identifier was validated within the last 24 hours. If an HPI-I or HPI-O cannot be validated, then it SHALL NOT be included in the electronic message / document and an alert SHALL be raised.
Priority	Mandatory
Applicable to	UC.330
Additional notes	Validating the author's HPI-Is and HPI-Os immediately prior to them being sent to a third-party healthcare provider ensures the identifiers are valid for the authoring healthcare provider at the time of transmission. Successful HI validation within the 24-hour period prior to generation of the message / document represents an acceptable approach to ensure that only valid healthcare identifiers are included in electronic messages/documents.

021554	**Providing birth plurality** When invoking the web service defined by Create Verified IHI for Newborns [TECH.SIS.HI.26] to create an IHI for a newborn, the software SHALL include a value for birth plurality according to the *HI Service system interface specification Common Field Processing Reference Document* [TECH.SIS.HI.02] and the birth plurality SHALL NOT be the value '9' for 'not stated'.
Priority	Mandatory
Applicable to	UC.011
Additional notes	Providing birth plurality helps avoid potential duplicate assignment of verified IHIs and assists in future duplicate IHI resolution processes. The web service permits the birth plurality to be stated as unknown. The use of the 'not stated' value is prohibited when invoking this B2B web service.

021555	**Providing birth order**
	When invoking the web service defined by Create Verified IHI for Newborns [TECH.SIS.HI.26] to create an IHI for a newborn, the software SHALL include a value for birth order according to the *HI Service system interface specification Common Field Processing Reference Document* [TECH.SIS.HI.02] and the birth order SHALL NOT be the value '9' for 'not stated'.
Priority	Mandatory
Applicable to	UC.011
Additional notes	Providing birth order helps avoid potential duplicate assignment of verified IHIs and assists in future duplicate IHI resolution processes. The web service permits the birth order to be stated as unknown. The use of this value is prohibited when invoking this B2B web service.

021556	**Providing date of birth accuracy indicator**
	When invoking the web service defined by Create Verified IHI for Newborns [TECH.SIS.HI.26] to create an IHI for a newborn, the software SHALL include a value for date of birth accuracy indicator according to the *HI Service system interface specifications Common Field Processing Reference Document* [TECH.SIS.HI.02] and the value SHALL be 'AAA'.
Priority	Mandatory
Applicable to	UC.011
Additional notes	The invocation of this web service should only apply in circumstances where a birth has happened in a hospital setting and as such the date of birth should be known to the healthcare professionals involved. If the date of birth is not known then an IHI should not be requested for the newborn.

021558	**Check for existing IHI in the local software**
	The software SHALL NOT invoke the web service defined in Create Verified IHI for Newborns [TECH.SIS.HI.26] to create an IHI for a newborn if the newborn already has an IHI recorded in the patient record.
Priority	Mandatory
Applicable to	UC.011
Additional notes	It is important that a verified IHI is not created for a newborn who already has an IHI. The HI Service will not create an IHI for a newborn older than 14 days, or where the details in the request are the same as an existing IHI record.

021560	**Recording unnamed newborns of a multiple birth** When invoking the web service defined by [TECH.SIS.HI.26] to create IHIs for newborns of a multiple birth that are not yet named, the software SHALL include the mother's given name plus a reference to the multiple birth in accordance with AS 4846. The birth order indicated in the name SHALL reflect the birth order provided in the invocation (e.g. twin 2 has birth order of 2 etc.) and the birth plurality reflects the multiple birth.
Priority	Mandatory
Applicable to	UC.011
Additional notes	The Australian Standard for Person and Provider Identification in Healthcare, AS 4846 recommends the use of terms 'twin 1 of'; 'twin 2 of'; 'trip 1 of'; 'trip 2 of' et al and this requirement enforces the use of this terminology.

021561	**Prohibited use of a healthcare identifier in an electronic message / document with an unresolved exception or alert** The software SHALL NOT include a healthcare identifier (IHI, HPI-O, HPI-I) in an electronic message / document if an unresolved exception or alert exists for that identifier in the local system.
Priority	Mandatory
Applicable to	UC.320, UC.330
Additional notes	If an exception or alert has been raised in relation to a healthcare identifier, then this indicates that an abnormal condition exists with the healthcare identifier. Therefore, it is potentially unsafe to use that healthcare identifier in communication with a third-party healthcare provider until the exception or alert has been resolved.

023502	**Raise an alert or warning when an HPI-I is found to be resolved or not active** When the software attempts to validate a healthcare provider individual identifier (HPI-I) via the HI Service, and the HI Service indicates the identifier is resolved or not active (e.g. retired, resolved, deactivated), the software SHALL perform the actions according to the following statuses. **Status of HPI-I** Active: No action Retired: Raise a warning Deactivated: Raise a warning Resolved: Alert or warning (see below) When a healthcare provider individual identifier is validated and the HI Service returns a 'resolved' message indicating the status and a different HPI-I, the software SHALL NOT store that new HPI-I unless it can also be validated with the existing HPI-I demographic data in the local system. If the new HPI-I cannot be validated with the local HPI-I demographic data, then an alert SHALL be raised so an operator can determine what action should be taken. The new HPI-I number and HPI-I status SHALL be stored in the healthcare provider record if the HPI-I can be validated using local healthcare provider demographic data.
Priority	Mandatory
Applicable to	UC.131
Additional notes	It is important the local operator is warned about the status of a healthcare identifiers that is not active when the identifier is retrieved. Refer to section 2.6 for healthcare identifiers number status and responses. The storage of healthcare identifiers in some scenarios is prohibited. See requirement 010040.

023504	**Not active HPI-Os** When the software attempts to validate a healthcare provider organisation identifier (HPI-O) via the HI Service, and the HI Service indicates the identifier is resolved or not active (e.g. retired, resolved, deactivated), the software SHALL perform the actions according to the following statuses. **Status of HPI-O** Active: No action Retired: Raise a warning Deactivated: Raise a warning Resolved: Raise a warning
Priority	Mandatory
Applicable to	UC.306
Additional notes	It is important the local operator is warned about the status of a healthcare identifier that is not active when the identifier is retrieved. Refer to section 2.6 for healthcare identifiers number status and responses. The storage of healthcare identifiers in some scenarios is prohibited. See requirement 010040.

023942	**Validation when incoming information matches a local patient record** When a matching local patient record has been found and the incoming IHI and demographic data match the IHI and demographic data in a local patient record, the local IHI SHALL be validated with the local demographic data against the HI Service, unless the IHI and demographic data in that local patient record has been validated against the HI Service within the last 24 hours. In situations where a time delay is expected between receipt of the electronic message / document and its processing, the IHI on the message SHALL be validated at the time of receipt. The message / document SHOULD be processed as soon as possible after receipt.
Priority	Mandatory
Applicable to	UC.320, UC.325
Additional notes	Non-urgent messages / documents that might be processed days or weeks after receipt (intake queues or waiting lists) require the IHI to be validated immediately upon receipt as a deferred validation of identifiers increases the risk of validating failing, once the time comes for the message to be processed. When incoming data matches the data in the local system, it doesn't matter which data set is used to validate the IHI, but it is important to ensure the information contained in the local system is accurate. When the incoming information does not match a patient record, then requirement 23944 applies. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement.

023943	**Validation when incoming demographic data matches a local patient record and the local IHI is absent** When a matching local patient record has been found and the incoming demographic data matches the demographic data in the local patient record and the IHI in the local patient record is absent, then the software SHALL try to obtain the IHI, using local patient demographics, from the HI Service and store it in the local patient record. The IHI number search SHALL be performed using IHI Inquiry Search via B2B [TECH.SIS.HI.06] or the IHI Batch Searching via B2B [TECH.SIS.HI.12] web services. If the IHI retrieved from the HI Service does not match the incoming IHI, the system SHALL raise an alert.
Priority	Mandatory
Applicable to	UC.320, UC.325
Additional notes	When incoming patient information matches the local patient record and the IHI in the local patient record is absent, then it is important to determine if the local patient record is correct. Alerting the local operator if the IHI from the HI Service does not match the incoming IHI provides an opportunity to ensure the local patient information is correct. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement.

23944	**Store incoming message / document against a local patient record** Before storing an incoming electronic message / document against a local patient record, the incoming IHI and demographic data SHALL be compared with the IHI and demographic data in the local patient record. If there is not an exact match, the software SHALL do all of the following: • the electronic message/document SHALL NOT be stored against the local patient record • an alert SHALL be raised • the software SHALL attempt to validate the IHI in the local patient record.
Priority	Mandatory
Applicable to	UC.325
Additional notes	When incoming patient information does not exactly match the local patient record, then it is important to determine if the local patient record is correct. Alerting the local operator provides an opportunity to ensure the local patient information is correct. A missing IHI in the local system is not considered a ‘mismatched’ IHI (see requirement 23943). Validating the incoming IHI as close as possible to the time of receipt offers the highest chance of success. The local system will need to conform to UC.010 and/or UC.015 to meet the validation expectations stated in this requirement.

022000	**Revalidate IHI using updated identifier** When the local patient record contains an IHI (of any status or record status) and any one of the following identifiers in the patient record is updated in the local system: • Medicare card number and/or IRN • DVA file number then the software SHALL automatically validate the IHI with the updated information
Priority	Mandatory
Applicable to	UC.015, UC.016, UC.025
Additional notes	When the above identifiers change, it is important to revalidate the IHI with the updated identifier. The software must include the updated identifier in the web service invocation to ensure the new identifier is correct for that patient record. The automatic validation may be triggered immediately, as part of scheduled validations, or in line with routine batch searches. The search result is to be treated as any other IHI validation attempt and all requirements related to UC.015 and UC.025 (as appropriate) apply, specifically (but not limited to) 5839, 5847, 16813, 16815. If multiple identifiers are updated in a single operation (e.g. the Medicare card number and DVA file number are both updated) then a single web service call is required. The identifier to include in the web service invocation needs to be according to the following priority depending on relevance: • DVA file number • Medicare card number and/or IRN See requirements 5813, 5814, 24065 for more information on permissible search types.

024015	**Validate IHI before updating patient details in the HI Service** The software SHALL validate the IHI before updating patient details in the HI Service.
Priority	Mandatory
Applicable to	UC.016
Additional notes	This requirement ensures that the IHI is valid for the patient before updating their details in the HI Service. Patient details include mobile number, email address, additional names or date of birth in the HI Service. The HI Service will reject attempts to change patient details for an IHI that is not active and verified.

024020	**Consent and privacy agreement** The software SHALL have a mechanism to record patient consent to update their details in the HI Service and the patient's acknowledgment of the privacy agreement. The software SHALL NOT update the patient details without the recorded consent and acknowledgement.
Priority	Mandatory
Applicable to	UC.016
Additional notes	This requirement encourages the healthcare provider to obtain patient consent and provide the privacy agreement in compliance with Australian Privacy Principles (APP) to the patient before collecting and updating additional patient information in the HI Service. Patient details include the mobile number, email address, additional names or date of birth in the HI Service.

024025	**Prohibit mobile number and email address update** The software SHALL NOT allow the local operator to update the HI Service with the mobile number or email address for children under 14 years of age.
Priority	Mandatory
Applicable to	UC.016
Additional notes	Some software may assign a parent's mobile number or email address to a child's local record. This requirement prevents the software from updating a child's IHI record with the parent's email address or mobile number. The software can use the date of birth of the patient in the local record to calculate their age and apply this requirement where appropriate.

024030	**Prohibit automatic update of patient details** The software SHALL NOT automatically update patient details in the HI Service without local operator intervention.
Priority	Mandatory
Applicable to	UC.016
Additional notes	This requirement ensures that the software does not automatically add or update patient details in the HI Service to avoid unintentional exposure of patient personal details to the HI Service.

024035	**Indicate use of patient details in local system** The software SHALL indicate the mobile number and email address recorded in the local record that will be used to update patient details in the HI Service.
Priority	Mandatory
Applicable to	UC.016
Additional Notes	A patient record may contain multiple mobile numbers and email addresses for different purposes, such as patient primary contact number as well as carer and next-of-kin mobile numbers. The local operator may not understand which of these are used for identification purposes in the HI Service. For example, a mobile number intended to support identity verification in the HI Service could be unintentionally updated.

024045	**Prohibit automatic IHI validation using mobile number and email address** The software SHALL NOT attempt to automatically validate the IHI on the patient record with the mobile number and email address when any one of the following attributes are provided (for the first time) or updated: • Mobile number • Email address
Priority	Mandatory
Applicable to	UC.015, UC.016, UC.025, UC.035
Additional notes	It can't be assumed that the patient has informed Medicare that their mobile number or email address has changed, so trying to revalidate the IHI under these circumstances may return a 'no match found' result. Software that does not conduct IHI search using mobile number or email address will automatically pass this requirement.

026000	**Prohibit basic search type** The software SHALL NOT use the basic search type for IHI search or validation.
Priority	Mandatory
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	A basic search includes family name, given name, date of birth and sex. This type of search is disabled in HI Service and will return an error. Refer to Appendix B for the valid HI Service web services or this requirement.

3.2 Conditional requirements

This section lists the conditional software conformance requirements associated with the use of healthcare identifiers.

Requirements listed as conditional are conditional within the context of the related business use cases. Support for conditional requirements associated with a business use case is mandatory, subject to the condition.

005801	**Individual Healthcare Identifier (IHI) check digit verification upon manual or OCR input** If the software supports the capture of IHIs via manual or OCR input, then the software SHALL ensure that whenever an IHI is captured using manual or OCR input: • all sixteen digits of the IHI are included, and • the identifier is stored as 16 continuous digits (no spaces), and • the identifier is validated using the Luhn check digit algorithm (see Appendix D). If the IHI does not include 16 continuous digits, or fails the Luhn check digit algorithm, the IHI SHALL NOT be stored and an alert SHALL be raised.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	Performing these checks on an IHI entered manually or by OCR will assist with ensuring the IHI has not been corrupted, modified or contain errors.

005807	**Check digit validation of swiped Medicare cards or manually input Medicare card numbers** If the software supports the swiping of Medicare cards or the manual entry of Medicare card numbers, the software SHALL record the Medicare card number only if it is validated using the check digit algorithm described in Appendix E, otherwise the operator will be alerted of the error.
Priority	Conditional
Applicable to	UC.005, UC.010, UC.011, UC.015, UC.016
Additional notes	Searching by Medicare card number is considered one of the most reliable means of finding a patient's IHI.

005819	**Validation of manually entered IHIs** If the software supports the manual or optical character recognition (OCR) input of IHIs, the software SHALL validate any IHI which is either manually input or input via OCR technology through a call to the HI Service using either: • IHI Inquiry Search via B2B web service [TECH.SIS.HI.06] or • IHI Batch Searching via B2B [TECH.SIS.HI.12]. The software SHALL validate the IHI immediately upon entry. If the IHI cannot be validated, then the software SHALL raise an alert and discard the IHI.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	Any IHI which is associated with a patient record through either manual or OCR input must first be validated with the HI Service. Until this has occurred, any manually / OCR input IHI should not be used in any internal or external communication about the patient's healthcare. See requirements 5813, 5814, 24065 for more information on permissible search types.

005845	**Format for printing an IHI** If the software prints an IHI, it SHALL print the 16-digit IHI in four groups of four digits separated by a space.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	Printing the 16-digit IHI string in an easy-to-read format reduces the risk of transcription errors. For example, 8003 6088 3365 9303.

005915	**Capture of date of birth accuracy indicator** If the software supports unverified or provisional IHIs, the software SHALL capture and store the date of birth accuracy indicator as detailed in HI Service system interface specification [TECH.SIS.HI.02].
Priority	Conditional
Applicable to	UC.010, UC.011
Additional notes	The software should allow for the capture and storage of a patient's date of birth accuracy indicator in a format which complies with HI Service system interface specification [TECH.SIS.HI.02]. The storing of date of birth accuracy indicators is a requirement to generate provisional or unverified IHIs.

010038	**Validation of manually or OCR-input HPI-Is or HPI-Os**
	If the software supports the manual or OCR input of healthcare provider identifiers (individual or organisation), the software SHALL ensure that:
	• all 16 digits are included
	• the identifier is stored as 16 continuous digits (no spaces)
	• the identifier is validated using the Luhn check digit algorithm
	• the sixth digit of the identifier equals the value below:
	  ○ 1 for HPI-I, or
	  ○ 2 for HPI-O.
	If the healthcare provider identifier fails any of the above checks, the software:
	• SHALL NOT store it in the local system and
	• SHALL alert the operator.

Priority	Conditional
Applicable to	UC.080, UC.131, UC.150, UC.245, UC.305, UC.306
Additional notes	This requirement mitigates the risk of transcription errors when obtaining HPI-Is and HPI-Os from channels other than B2B or an electronic message/CDA document containing these identifiers. Conformance with this requirement does not, however, provide any assurance that a correctly input healthcare provider identifier has been associated with the right healthcare provider individual or organisation in the local system. This can only be achieved by validating the healthcare provider identifier with the HI Service, as described in requirement 10040.

010040	**Validation of healthcare provider identifiers with the HI Service**
	If the software supports the manual or OCR input of individual or organisation healthcare provider identifiers, the software SHALL validate any manually or OCR input healthcare provider identifier using one or more of the following web services, before the identifier is stored or used in the local system. • The Search for Individual Provider Directory Entry web service, described in the HI Service system interface specification, Healthcare Provider Directory - Search for Individual Provider Directory Entry [TECH.SIS.HI.17] for HPI-Is or • The Search for Organisation Provider Directory Entry web service, described in the HI Service system interface specification, Healthcare Provider Directory - Search for Organisation Provider Directory Entry [TECH.SIS.HI.18] for HPI-Os or • The Search for Provider Individual Details web service described in the HI Service system interface specification, Search for Provider Individual [TECH.SIS.HI.31] for HPI-Is or • The Search for Provider Organisation Details web service described in the HI Service system interface specification, Read Provider Organisation Details [TECH.SIS.HI.16] or Search for Organisation Details [TECH.SIS.HI.32] for HPI-Os or • The Search for Provider Individual Batch Asynchronous web service described in the HI Service system interface specification, Search Provider Individual Batch Asynchronous [TECH.SIS.HI.33] for HPI-Is or • The Search for Provider Organisation Batch Asynchronous web service described in the HI Service system interface specification, Search for Provider Organisation Batch Asynchronous [TECH.SIS.HI.34] for HPI-Os. If the HI Service returns no match, or returns an error or informational message, the software: • SHALL raise an alert and • SHALL NOT store the identifier in the local system.
Priority	Conditional
Applicable to	UC.080, UC.131, UC.150, UC.241, UC.245, UC.305, UC.306
Additional notes	This requirement provides assurance that the healthcare identifier is associated with the organisation’s or individual’s demographic information. Use Healthcare Provider Directory – Manage Provider Directory Entry [TECH.SIS.HI.19]. when satisfying UC.080 and UC.150. Use Search for Provider Individual [TECH.SIS.HI.31] and Search Provider Individual Batch Asynchronous [TECH.SIS.HI.33] when satisfying UC.131. Use Healthcare Provider Directory - Search for Individual Provider Directory Entry [TECH.SIS.HI. 17] when satisfying UC.245. Use Healthcare Provider Directory - Search for Organisation Provider Directory Entry [TECH.SIS.HI.18] when satisfying UC.241 and 305. Use Search Organisation details [TECH.SIS.HI.32] and Search for Provider Organisation Batch Asynchronous [TECH.SIS.HI.34] when satisfying UC.306.

010044	**Minimum healthcare provider individual identifier details**
	If the software maintains a record for one or more local healthcare provider individuals in the local system, the software SHALL be able to capture and store all of the following HPI-I details, as a minimum, for each HPI-I record: • HPI-I number (16-digit number) • Healthcare Provider Individual's family name • Healthcare Provider Individual's given name (if available) • any local healthcare provider ID.
Priority	Conditional
Applicable to	UC.131, UC.245
Additional notes	This requirement will assist healthcare provider organisations in including the necessary individual healthcare provider details in any exchange of patient health information with external healthcare providers.

010809	**Matching IHI with local patient demographics**
	When the software automatically matches an incoming electronic message / document to a local patient record, the software SHALL use both the incoming IHI and the incoming patient demographic details to find a matching local patient record. If a matching patient record is not found, the software SHALL alert the operator.
Priority	Conditional
Applicable to	UC.320, UC.325
Additional notes	Matching the incoming IHI and incoming patient demographics together against local patient records assists in ensuring the incoming electronic message / document is associated with the correct local patient record. Alerting an operator of no match in the local system may result in the creation of a new patient record. Some systems may have a semi-automated process for a new patient record creation via the receipt of an incoming electronic message / document.

021562	**Printing of verified IHIs for newborns**
	If the software has printing capability, then the software SHALL print the IHI number, the IHI number status, the IHI record status, and the patient demographic information used to create the IHI at the time the verified IHI is created for a newborn.
Priority	Conditional
Applicable to	UC.011
Additional notes	Providing the IHI and associated identification information to the parent or guardian allows them to resolve the record of the IHI with the HI Service operator or to present IHI related documentation to other healthcare providers, particularly where the identifying information for the newborn can potentially change (e.g. the baby's name).

024562	**Recording of newborn not yet named**

	If the software stores or can determine a newborn has not yet been named when invoking the webservice Create Verified IHI for Newborns [TECH.SIS.HI.26] to create an IHI for a newborn that is not yet named, the software SHALL ensure the "conditionalUse" attribute is passed in the webservice message to the HI Service.
Priority	Conditional
Applicable to	UC.011
Additional notes	As the newborn does not yet have a name selected by the parents, the software needs to provide a temporary name to the HI Service. Where software and local process permits, the name should be stored in accordance with the Australian Standard for Health Care Client Identification AS5017/AS4846, that is, an unnamed newborn is to be registered using the mother's given name in conjunction with the prefix 'Baby of' with the mother's family name stored in the baby's family name. The "conditionalUse" attribute is used by the software to inform the HI Service that a temporary name has been provided. See the Name Conditional Use section of TECH.SIS.HI.02 for the correct usage of the "conditionalUse" attribute.

023503	**HPI-I name changed**
	If the software maintains a record for one or more local healthcare provider individuals and the name associated with an HPI-I is changed in the local system, then the software SHALL validate the HPI-I with the new demographic data. If the validation fails, then the software SHALL raise an alert against the HPI-I.
Priority	Conditional
Applicable to	UC.131
Additional notes	Some software does not allow the name associated with the HPI-I to be edited and therefore cannot be changed. This requirement enables gateway systems to pass-through HPI-Is without storing data locally.

005802	**Manual entry of an IHI**
	If the software permits the manual entry of a patient demographic record, the software SHALL permit the manual entry of an IHI.
Priority	Conditional
Applicable to	UC.005, UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	An IHI may be obtained from a patient, which will require the manual entry of the IHI into the software. This is of particular use for patients who are not eligible for Medicare or DVA. See also requirement 5819.

024005	**Mobile number and email address searches** If the software is capable of conducting an IHI search using the mobile number or email address, then the software SHALL be able to conduct a search by Medicare card number or DVA file number before trying to discover an IHI via a mobile number or email address.
Priority	Conditional
Applicable to	UC.010, UC.015, UC.016, UC.025, UC.035
Additional notes	This requirement ensures the software prioritises discovery of an IHI via Medicare card number or DVA file number. See section **Error! Reference source not found.** for guidance on search order.

024040	**One name search** If the software has the capability of indicating a patient has only one name, the software SHALL NOT use an address search type for that patient with only one name.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	One name searches have a higher risk of returning no match. Refer to Appendix B for the valid HI Service web services for this requirement.

024065	**Medicare Individual Reference Number (IRN)** If the software has not been formally assessed as conformant against a previous version of this conformance profile, then the software SHALL include the Medicare IRN when conducting a Medicare number search for an IHI (see requirement 5813).
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025
Additional notes	Enforcing the use of IRNs improves IHI match rates. Legacy systems that are already integrated with the HI Service will be required to include this requirement in their product roadmap. When the FHIR interface is introduced to the HI Service, the Medicare card IRN will become a mandatory data item for Medicare card searches.

008218	**Non-support for provisional IHIs** If the software does not support provisional IHIs then the software SHALL NOT store any IHI provided by the HI Service with a provisional record status. In addition, the software SHALL raise an alert if an IHI is received with a provisional record status.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035

008219	**Non-support for unverified IHIs** If the software does not support unverified IHIs, then the software SHALL NOT store any IHI provided by the HI Service with an unverified record status. In addition, the software SHALL raise an alert if an IHI is received with an unverified record status.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035

3.3 Recommended requirements

This section lists the recommended software conformance requirements associated with the use of healthcare identifiers.

Requirements listed as recommended are recommended within the context of the related business use cases. Health software that implements a business use case SHOULD conform to the recommended requirements for that business use case, even though conformance to these requirements is not mandated.

005804	**Identification of a patient's given name and family name** Where multiple names are recorded for a patient, the software SHOULD identify the patient's given name and their family name. The software SHOULD also indicate which name(s) are associated with the IHI by the HI Service.
Priority	Recommended
Applicable to	UC.005, UC.010, UC.011, UC.015, UC.016
Additional notes	Identification of the given name and family name is important as queries to the HI Service for an IHI should be made using the patient's given and family name. If the patient has a Medicare card, the name on the Medicare card should be used. Indicating which name(s) are associated with the IHI by the HI Service assists with revalidation of the IHI.

005809	**Capture and storage of one or more other name(s) for a patient** The software SHOULD allow for the capture and storage of one or more other names for a patient.
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	The ability of the software to store at least one other name for the patient, in addition to the given name and family name, is likely to increase the probability of successfully retrieving the patient's IHI from the HI Service. A patient's name does not mean a patient's previous name.

005815	**Address search** The software SHOULD be able to conduct an address search for an IHI.
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016
Additional notes	The IHI Inquiry Search via B2B and the IHI Batch Searching via B2B system interface specifications outline the available searches to retrieve an IHI. The ability to search by parameters other than the IHI number, Medicare card number and DVA file number provides additional flexibility in conducting IHI searches and increases the likelihood of locating a successful match. Refer to Appendix B for the valid HI Service web services for this requirement.

005818	**Resubmit search with modified search criteria** When the initial search for an IHI returns no match, the software SHOULD allow the resubmission of the search with amended details.
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	Software will be more successful in finding a matching record in the HI Service if a new search is submitted with amended patient details. Also see section 2.5. Refer to Appendix B for the valid HI Service web services for this requirement.

005824	**Retention of patient's previous names** The software SHOULD retain the patient's previous name(s) (family, given and other names) in the patient record history when a new name is recorded for the patient.
Priority	Recommended
Applicable to	UC.015, UC.016, UC.035
Additional notes	Retaining a patient's previous name assists healthcare providers to conduct successful IHI searches where the patient's name may have changed over time such as in cases of marriage, legal name changes or the patient presenting under other identities. A patient's previous name does not mean a patient's other name.

005830	**Storage of different types of identifiers** The software SHOULD be able to store identifiers of different types in a patient record. The usage of each identifier SHOULD be clear and unambiguous.
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.035
Additional notes	Patients may present to a healthcare provider using different identifiers such as an IHI, Medicare card numbers/IRNs, and DVA file numbers over time. The storage of these identifiers would greatly assist in ascertaining the identity of a patient. Systems may also need local and regional identifiers and though these are not used in the HI Service, they are required for local use and should be consistently maintained to support quality identification practices.

005831	**Automated reading of Medicare and DVA cards** The software SHOULD support the entry of a Medicare or DVA card via a card reader.
Priority	Recommended
Applicable to	UC.005, UC.015, UC.016
Additional notes	An automated card reader eliminates the need to manually enter card/token numbers, thereby reducing the likelihood of transcription errors and misidentification of healthcare recipients.

005832	**Background process IHI search** When invoking the HI Service B2B channel, the software SHOULD do so as a background process.
Priority	Recommended
Applicable to	UC.010, UC.011
Additional notes	Using background processes enables the software to be used by an operator while the software concurrently accesses the HI Service. This prevents delays in accessing the HI Service from affecting the delivery of healthcare. Refer to Appendix B for the valid web services for this requirement.

005844	**IHI printed as barcode** If an IHI is printed the software SHOULD print the IHI as a barcode using the international standard for barcode symbology [ISO24723]. The specific barcode symbology is yet to be defined.
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016
Additional notes	Entering an IHI by scanning a barcode is preferable to manually entering an IHI, as scanning reduces the risk of transcription errors.

005877	**Batch refresh** The software SHOULD allow a refresh of IHIs on a batch basis.
Priority	Recommended
Applicable to	UC.025
Additional notes	Refreshing IHIs on a batch basis is important for maintaining data quality as it retrieves the current IHI number status and IHI record status.

005884	**Identification of operators in the local system**
	The software SHOULD include the capability to record the operator's full name in the user account information.
Priority	Recommended
Applicable to	UC.045
Additional notes	Storing the full name of the operator assists a healthcare provider to comply with clause 12 of the HI Regulations [HIREG2020].

005901	**Record potential duplicate IHIs**
	The software SHOULD produce a record of potential duplicate IHIs.
Priority	Recommended
Applicable to	UC.035
Additional notes	The ability of the software to automatically generate records of potential duplicate IHIs would greatly assist in the prompt investigation and resolution of duplicates.

005903	**Notification of date of death**
	The software SHOULD use the B2B channel to notify the HI Service of the patient's date of death using one of the following web services: • Update IHI via B2B [TECH.SIS.HI.05] if the patient's record was associated with a verified or unverified IHI in the local system, or • Update Provisional IHI via B2B [TECH.SIS.HI.03] if the patient's record was associated with a provisional IHI in the local system.
Priority	Recommended
Applicable to	UC.016
Additional notes	Services Australia receives regular data feeds from the States' and Territories' registries of births, deaths and marriages after the facts of death have been established, which means the notification of death to Medicare Australia is not contingent on healthcare providers notifying the agency. A condition of the federal funding of private healthcare facilities is that they must advise Medicare Australia of their patients' date of death.

005917	**Record of operator**
	The software SHOULD keep a retrievable record of each operator who accessed a healthcare identifier from the HI Service, where the identifier may have been accessed from a B2B interface.
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025
Additional notes	The requirement assists healthcare providers in complying with clause 12 of the HI Regulations [HIREG2020]. The intent of this requirement is for the software to retain enough traceability information to enable the verification that only authorised employees access the HI Service. In the context of UC.011, accessing an IHI for a newborn involves the creation by the HI Service of an IHI upon request.

008167	**Recording IHI source upon IHI assignment and update**
	When an IHI is stored or updated, the software SHOULD record the source of the IHI as being one of: • HI Service B2B channel • electronic message • manual entry (including OCR)
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025
Additional notes	An IHI obtained directly from the HI Service is more likely to be trusted than an IHI received in an electronic message from another healthcare provider, which is more likely to be trusted than an IHI entered either manually or via OCR. Knowing the source of an IHI helps an operator make decisions about the need to validate the IHI. A batch assignment of IHIs is considered to use the B2B channel.

010039	**Manual entry of healthcare provider identifiers**
	The software SHOULD support the manual entry of all types of healthcare provider identifiers (HPI-Is, HPI-Os).
Priority	Recommended
Applicable to	UC.131, UC.305, UC.306, UC.241, UC.245
Additional notes	Automated input of healthcare identifiers in local systems is the preferred method. However, in the early stages of HI implementations, some HPI-Os and HPI-Is will be captured manually until developers transition to automated processes for all types of healthcare identifiers.

010043	**Ability to disallow use of healthcare provider identifiers from a point in time** If the software maintains a system record or system setting for the local HPI-O(s) and the links between the HPI-O(s) and the local HPI-I(s), the software SHOULD be able to disallow the use of relevant healthcare provider identifiers by the local system from a present or future point in time via: • One or many specific local HPI-Os and/or • One or many specific local HPI-Is and local HPI-O links. Retrospective references to healthcare provider identifiers which were valid at the time of their use by the local system SHOULD not be impeded by the fact that the HPI-O(s) and/or the HPI-O and HPI-I link(s) were subsequently disallowed from use.
Priority	Recommended
Applicable to	UC.080, UC.131, UC.150, UC.245
Additional notes	Local healthcare provider organisations designate those organisations that are responsible for the governance of the local system. Local healthcare provider organisations designate those healthcare provider individuals that provide healthcare on behalf of the local healthcare provider organisations. The business scenarios that may prompt the activation of the functionality described in this requirement include either: • a change in the organisational structure of a healthcare provider group of organisations due to merger and/or acquisition, demerger etc.; or • resignation or retirement of a local healthcare provider individual. This requirement assists healthcare provider organisations in ensuring that any digital health messages and/or clinical documents include only those identifiers that are valid and current when the messages/clinical documents are generated.

010089	**Support of searches for healthcare provider identifiers in the HI Service** If the software supports the search for individual and organisation provider directory entries via the B2B channel, the software SHOULD be able to: • display all the matches returned in the HI Service response; • enable the selection of a single HPI-I/HPI-O record by the operator when multiple matches have been returned in the HI Service response; and • resubmit the search with modified search criteria.
Priority	Recommended
Applicable to	UC.241, UC.245
Additional notes	Only those healthcare provider identifiers which have an ‘active’ number status can be retrieved via the B2B channel. A search for an HPI-I or HPI-O may return up to 50 matches. Refer to Appendix B for the valid HI Service web services for this requirement.

016810	**Ensure the recipient's HPI-I(s) is associated with their HPI-O in an incoming electronic message/document** When the recipient's HPI-I is provided within the electronic message/document, the software SHOULD ensure the recipient's HPI-I is associated with their HPI-O. If the recipient's HPI-I contained within the electronic message/document is not associated with the recipient's HPI-O then: • the electronic message/document SHOULD NOT be automatically stored against any patient record; • the HPI-I SHOULD NOT be stored outside of the electronic message/document; and • an alert SHOULD be raised for operator intervention.
Priority	Recommended
Applicable to	UC.325
Additional notes	Ensuring the electronic message/document has been sent to the correct recipient allows for the timely correction of misaddressed electronic message/documents. Operator intervention may be required to ascertain if the electronic message/document is meant for a specific clinician and should be referred onwards, or whether it is for a service and the clinician identified is not necessarily relevant even though supplied.

016836	**Minimum healthcare provider organisation identifier details** If the software maintains a record of the organisational hierarchy in the local system for one or more local seed and/or network healthcare provider organisations, the software SHOULD be able to capture and store the following minimum HPI-O details for each local healthcare provider organisation record: • HPI-O number (16-digit number); • healthcare provider organisation name associated with the HPI-O; and • an address.
Priority	Recommended
Applicable to	UC.150
Additional notes	Storing the HI Service field level identifiers, in addition to the minimum HPI-O details above, will assist in updating the HI Service HPI-O records in future. Refer to Manage Provider Organisation Details [TECH.SIS.14] and Read Provider Organisation Details [TECH.SIS.16] for further information. Consideration should be given to also storing a start date and end date on a per service basis to facilitate localised validation of local provider organisations.

018885	**Inclusion of IHI status information in an electronic message/document** The software SHOULD include the IHI Record Status and IHI Status in the electronic message/document wherever possible.
Priority	Recommended
Applicable to	UC.320, UC.330
Additional notes	The inclusion of the IHI status information defines the IHI for the recipient, as originally transmitted and understood by the sender, and improves understanding of the identifier between the message sender and receiver. This information may also be used as a check for the electronic message/document (e.g. requesting a prescription for a deceased person may highlight a problem), and to facilitate data quality management and improvement across healthcare organisations. Including this information also improves cross organisational understanding where one organisation isn't yet connected to the HI Service.

018886	**Inclusion of healthcare identifier date last validated information in an electronic message/document** The software SHOULD include the date and time when the healthcare identifier was last validated in the electronic message/document wherever possible.
Priority	Recommended
Applicable to	UC.320, UC.330
Additional notes	The inclusion of a date/time stamp for the most recent healthcare identifier validation provides predictability to the message receiver in terms of the sender's processes and rigour.

021557	**Searching for an IHI prior to creating an IHI** If the software can perform address searches, then prior to creating a verified IHI for a newborn via the B2B web service defined in Create Verified IHI for Newborns [TECH.SIS.HI.26], the software SHALL first perform a search of the HI Service for the newborn's verified IHI and prevent the invocation of the web service defined in [TECH.SIS.HI.26] for creating an IHI for a newborn if a verified IHI is found. The historical search option SHALL NOT be used.
Priority	Recommended
Applicable to	UC.011
Additional notes	To avoid potential duplicate IHIs being assigned to a newborn, it is important to search for an existing IHI prior to creating a new IHI, as errors in process or workflow may result in an IHI being assigned to a newborn unknowingly. The address search requires the newborn's family name, given name, date of birth, sex and address. See the technical specifications for more information. Refer to Appendix B for the valid HI Service web services for this requirement.

23945	**Validating recipient's HPI-O information in an incoming electronic message/document** When the recipient's HPI-O is provided within the electronic message/document the receiving software SHOULD ensure the electronic message/document contains an HPI-O that is relevant to the receiving organisation. If the recipient's HPI-O does not match the recipient HPI-O in the electronic message/document, then the electronic message/document SHOULD NOT be stored against any patient record, the HPI-O SHOULD NOT be stored outside of the electronic message/document and an alert SHOULD be raised for operator intervention.
Priority	Recommended
Applicable to	UC.325
Additional notes	Ensuring the electronic message/document has been sent to the correct recipient allows for timely correction of misaddressed electronic message/documents.

021559	**Recording of newborns not yet named** When invoking the web service defined by [TECH.SIS.HI.26] to create an IHI for newborns that are not yet named the software SHALL include the mother's given name in conjunction with the prefix 'Baby of' (e.g. 'Baby of Fiona') in the given name field in accordance to AS 5017 or AS 4846, subject to requirement 21560.
Priority	Recommended
Applicable to	UC.011

024000	**Notification for the change of individual's details** The software SHOULD send an electronic notification to the individual that their patient details have been updated in the HI Service. The notification message SHALL NOT contain the updated patient details in the notification.
Priority	Recommended
Applicable to	UC.016
Additional notes	Patients should be notified about changes to their details in the HI Service, so they can take action if the changes are unexpected. The electronic notification can be an email, SMS message or some other means of communication. It is reasonable for the software to raise a warning if electronic contact details are not known.

024010	**IHI visual validation indicator** The patient record SHOULD display a visual indicator that indicates: • There was an attempt to discover or validate the IHI and this was unsuccessful (i.e. 'no match found'), or • The IHI has been successfully discovered or validated.
Priority	Recommended
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	The visual indicator should be displayed on or close to the IHI and display enough information for the operator to understand the validation status of the IHI. For example, using colours and non-intrusive text is more useful than using colours alone.

024055	**Mobile number search** The software SHOULD be able to conduct a mobile number search using the mobile number stored in the local record.
Priority	Recommended
Applicable to	UC.010, UC.015, UC.016, UC.025, UC.035
Additional notes	The IHI Inquiry Search via B2B and the IHI Batch Searching via B2B system interface specifications outline the searches that can be conducted to retrieve an IHI. The ability to search by other parameters, in addition to the IHI number, Medicare card number and DVA file number, increases the likelihood of a successful match. Refer to Appendix B for the valid HI Service web services for this requirement.

024060	**Email address search** The software SHOULD be able to conduct an email address search using the email address stored in the local record.
Priority	Recommended
Applicable to	UC.010, UC.015, UC.016, UC.025, UC.035
Additional notes	The IHI Inquiry Search via B2B and the IHI Batch Searching via B2B system interface specifications outline the detailed search that can be conducted to retrieve an IHI. The ability to search by other parameters, in addition to the IHI number, Medicare card number and DVA file number increases the likelihood of a successful match. Refer to Appendix B for the valid HI Service web services for this requirement.

3.4 Unverified and Provisional IHIs

The HI Service does not provide Unverified or Provisional IHIs and their utility is under review. Software should not implement these until this review is complete and this document is updated to reflect the outcomes of this review.

005810	**Provisional IHI configuration options** If the software supports provisional IHIs, the software SHALL support the following configuration options to control the creation and usage of provisional IHIs within the local system: • Provisional IHIs are never created and are never associated with patient records. • Provisional IHIs are associated with patient records and may also be created at the discretion of an operator.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	The configuration options ensure the healthcare provider has control over the creation of provisional IHIs.

005811	**Unverified IHIs configuration options** If the software supports unverified IHIs, the software SHALL support the following configuration options to control the creation and usage of unverified IHIs within the local system: • Unverified IHIs are never created and are never associated with patient records. • Unverified IHIs are associated with patient records and may also be created at the discretion of an operator.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016, UC.025, UC.035
Additional notes	The configuration options ensure the healthcare provider has control over the creation of unverified IHIs.

005836	**Prohibition of uncontrolled system-initiated creation of provisional and unverified IHIs** If the software supports unverified or provisional IHIs, the software SHALL create a provisional or unverified IHI only at the request of the local operator. The software SHALL NOT support automatic creation of a provisional or unverified IHI.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016
Additional notes	Uncontrolled creation of unverified and provisional IHIs will erode the utility of provisional and unverified IHIs.

005842	**Printing of unverified IHIs**
	If the software supports unverified IHIs, when the unverified IHI is created, the software SHALL print the IHI number, the IHI number status, the IHI record status, and the patient demographic information used to create the IHI and supporting documentation.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016
Additional notes	Providing the unverified IHI and associated identification information to the patient allows them to resolve the record status of the IHI with the HI Service operator or to present IHI-related documentation to other healthcare providers.

005874	**Transmission of demographic updates for unverified IHIs**
	If the software supports unverified IHIs and the patient record is associated with an unverified IHI and the patient's demographic details are updated, the software SHALL have the ability to transmit the updated demographic details to the HI Service using the Update IHI via B2B web service [TECH.SIS.HI.05].
Priority	Conditional
Applicable to	UC.016
Additional notes	Healthcare providers may search for a patient's IHI using their demographic information, and so it is important to update the HI Service with any changes to this information to increase the likelihood of finding a match.

005902	**Notification of resolved provisional IHI**
	If the software supports provisional IHIs, it SHALL notify the HI Service of the resolution of a provisional IHI by doing one of the following: • For the resolution of a provisional IHI by creation of an unverified IHI, the software SHALL notify the HI Service via the B2B channel using the Resolve Provisional IHI - Create Unverified IHI via B2B web service [TECH.SIS.HI.09]. • For the resolution of a provisional IHI by merging with an existing verified or unverified IHI, the software SHALL notify the HI Service via the B2B channel using the Resolve Provisional IHI - Merge Records via B2B web service [TECH.SIS.HI.08].
Priority	Conditional
Applicable to	UC.035
Additional notes	Notifying the HI Service via the B2B channel is the most effective way of resolving a provisional IHI. The timely notification of resolved provisional IHIs also enhances data quality within the HI Service.

006104	**Enforce search before creation of unverified IHIs** If the software supports the creation of unverified IHIs, the software SHALL request the HI Service to create an unverified IHI for a patient only after performing an IHI search as outlined in section 2.5 and obtaining no match.
Priority	Conditional
Applicable to	UC.010, UC.011, UC.015, UC.016
Additional notes	The benefits of using healthcare identifiers are obtained through the use of patients' existing IHIs. The uncontrolled proliferation of unverified IHIs may undermine the realisation of the benefits derived from the usage of verified IHIs. The HI Service will prevent the creation of an unverified IHI if the unverified demographic details match a person whose demographic details are already stored in the HI Service. Refer to Appendix B for the valid HI Service web services for this requirement.

016837	**Actions for when validation of an unverified or provisional IHI returns a resolved information message and a different IHI** If the software stores unverified or provisional IHIs and an unverified or provisional IHI is validated and the HI Service returns a resolved message and a different IHI, the software SHALL NOT store that new IHI unless it can also be validated with the existing patient demographics in the local system. If the new IHI cannot be validated with the local patient demographic data, then an alert SHALL be raised so that an operator can determine what action should be taken. If the IHI number can be validated using local patient demographic data, then the new IHI number, IHI status and IHI record status SHALL be stored in the patient record. The old IHI SHALL be moved to the patient record history with a resolved status regardless of the validity of the new IHI.
Priority	Conditional
Applicable to	UC.015, UC.016, UC.025, UC.035
Additional notes	The HI Service will return a new IHI in addition to a message stating that the previous IHI has been resolved. This may occur if the HI Service operator has determined that the IHI is either a duplicate or replica. The new IHI will be returned with the patient demographic data used in the original IHI search and this may not reflect the data stored against the new IHI record. The return of a provisional IHI that differs from an original provisional IHI should never occur and would require resolution via the HI Service operator. The receipt of a new IHI triggers the HI software conformance requirements that apply to the inclusion of an IHI in a patient record. There remain unanswered questions about the application of provisional and unverified IHIs in messaging and documents. Messaging use cases have been excluded from this requirement accordingly.

016838	**Rules for when the validation of an active, unverified or provisional IHI returns the same IHI number but with a different IHI record status** If the software stores unverified or provisional IHIs and either an active unverified or provisional IHI is validated and the HI Service returns the same IHI number but with a different IHI record status, either the new IHI record status and IHI status SHOULD be stored in the patient record or an alert SHOULD be raised, according to the following statuses. **Record status of the original IHI is unverified** *Record status of the IHI returned from the HI Service:* Verified: The new record status SHALL be stored Unverified: No change Provisional: An alert SHALL be raised **Record status of the original IHI is provisional** *Record status of the IHI returned from the HI Service:* Verified: The new record status SHALL be stored Unverified: The new record status SHALL be stored Provisional: No change
Priority	Recommended
Applicable to	UC.015, UC.016, UC.025, UC.035, UC.320, UC.330
Additional notes	When an IHI is validated, the HI Service would not be expected to return a record status that is ‘lower’ than the locally stored record status. If this does occur, an alert is raised and the new record status may or may not be stored in the local patient record, depending on the design of the software or local policy. The alert requires operator intervention to confirm that the change is legitimate, most likely involving a query to the HI Service operator. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement.

016839	**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 number status** If the software stores unverified or provisional IHIs and either an active unverified or provisional IHI is validated and the HI Service returns the same IHI number but with a different IHI number status, the software SHALL either store the new status in the patient record or raise a warning or alert, according to the following statuses. **Original record status is unverified** *IHI number status returned from the HI Service:* Active: No change Deceased: A warning SHALL be raised Retired: The local status SHALL be updated and a warning SHALL be raised Expired: The new status SHALL be stored **Original record status is provisional** *IHI number status returned from the HI Service:* Active: No change Deceased: A warning SHALL be raised Retired: An alert SHALL be raised Expired: The new status SHALL be stored
Priority	Conditional
Applicable to	UC.015, UC.016, UC.025, UC.035, UC.320, UC.330
Additional notes	When the HI Service returns a deceased IHI status, the patient's death has not yet been confirmed by a registry of births, deaths and marriages. Depending on the local policy and software design, the locally stored status may change to deceased or remain active until the HI Service returns a retired status, which is confirmation the patient is deceased. A retired status should not occur for a provisional IHI and would require contacting the HI Service operator. A system retrieving an expired provisional IHI may immediately create a new IHI after storing the expired IHI status on the old IHI. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement. Refer to section 2.6 for healthcare identifiers number status and responses.

016840	**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 number status** If the software stores unverified or provisional IHIs and the validation of a deceased IHI returns the same IHI but with a different IHI number status, the software SHALL either store the new status in the patient record or an alert SHALL be raised, according to the following statuses. **Original status of deceased IHI is unverified** *IHI number status returned from the HI Service:* Active: An alert SHALL be raised Deceased: No change Retired: The new status SHALL be stored Expired: The new status SHALL be stored **Original record status is provisional** *IHI number status returned from the HI Service:* Active: An alert SHALL be raised Deceased: No change Retired: An alert SHALL be raised Expired: The new status SHALL be stored
Priority	Conditional
Applicable to	UC.015, UC.016, UC.025, UC.035, UC.320, UC.330
Additional notes	When the HI Service returns a deceased status, the patient's death has not yet been confirmed by a registry of births, deaths and marriages. When the patient's death is confirmed, the IHI status is changed to retired. If the deceased status was created in error, the IHI status would change from deceased back to active. Local operator intervention is required to manage the status change in the local software, so an alert should be raised. This alert should be regarded as serious and requiring attention in the short term. The local system will need to conform to UC.010 and/or UC.015 in order to meet the validation expectations stated in this requirement. Refer to section 2.6 for healthcare identifiers number status and responses.

Appendix A Business use cases and associated conformance requirements

The table below lists the healthcare identifiers business use cases covered by this document and the applicable mandatory, conditional, and recommended conformance requirements.

Support for conditional requirements is mandatory, subject to a stated condition.

Business Use Case No	Business Use Case Description	Mandatory Conformance Requirements	Conditional Conformance Requirements	Recommended Conformance Requirements
UC.005	Search for patient health record	5808	5802, 5807	5804, 5831
UC.010	Register patient	5805, 5808, 5812, 5813, 5814, 5817, 5820, 5839, 5843, 5847, 5873, 5875, 6077, 8028, 26000	5801, 5802, 5807, 5810, 5811, 5819, 5836, 5842, 5845, 5915, 6104, 8218, 8219, 24005, 24040, 24065	5804, 5809, 5815, 5818, 5830, 5832, 5844, 5917, 8167, 24010, 24055, 24060
UC.011	Request verified IHI for a newborn	5805, 5808, 5812, 5813, 5814, 5817, 5820, 5843, 5847, 5873, 5875, 6077, 8028, 21554, 21555, 21556, 21558, 21560, 26000	5801, 5802, 5807, 5810, 5811, 5819, 5836, 5842, 5845, 5915, 6104, 8218, 8219, 21562, 24040, 24562, 24065	5804, 5809, 5815, 5818, 5830, 5832, 5844, 5917, 8167, 21557, 21559, 24010
UC.015	Update patient health record in the local system	5805, 5808, 5812, 5813, 5814, 5820, 5839, 5843, 5847, 5872, 5873, 5875, 6077, 6105, 8028, 16813, 16814, 16815, 17421, 22000, 24045, 26000	5801, 5802, 5807, 5810, 5811, 5819, 5836, 5842, 5845, 6104, 8218, 8219, 16837, 16839, 16840, 24005, 24040, 24065	5804, 5809, 5815, 5818, 5824, 5830, 5831, 5844, 5917, 8167, 16838, 24010, 24055, 24060
UC.016	Update patient details in the HI Service	5805, 5808, 5812, 5813, 5814, 5820, 5839, 5843, 5847, 5872, 5873, 5875, 6077, 6105, 8028, 16813, 16814, 16815, 17421, 22000, 24015, 24020, 24025, 24030, 24035, 24045, 26000	5801, 5802, 5807, 5810, 5811, 5819, 5836, 5842, 5845, 5874, 6104, 8218, 8219, 16837, 16839, 16840, 24005, 24040, 24065	5804, 5809, 5815, 5818, 5824, 5830, 5831, 5844, 5903, 5917, 8167, 16838, 24000, 24010, 24055, 24060

Business Use Case No	Business Use Case Description	Mandatory Conformance Requirements	Conditional Conformance Requirements	Recommended Conformance Requirements
UC.025	Bulk update of IHI details	5805, 5812, 5813, 5814, 5820, 5839, 5847, 5873, 5875, 6077, 8028, 16813, 16814, 16815, 17421, 22000, 24045, 26000	5810, 5811, 8219, 16837, 16839, 16840, 24005, 24040, 24065	5877, 5917, 8167, 16838, 24010, 24055, 24060
UC.035	Merge patient health records	5805, 5820, 5843, 5847, 5873, 5875, 5906, 6077, 8028, 16813, 16814, 16815, 17421, 24045, 26000	5801, 5802, 5810, 5811, 5819, 5845, 5902, 8218, 8219, 16837, 16839, 16840, 24005, 24040	5809, 5818, 5824, 5830, 5901, 8167, 16838, 24010, 24055, 24060
UC.045	Logon to software system	None	None	5884
UC.080	Maintain HPI-O details	5873	10038, 10040	10043
UC.131	Search or validate HPI-I via the HI Service	5873, 8028, 10041, 23502	10038, 10040, 10044, 23503	10039, 10043
UC.150	Register Network HPI-O	8028	10038, 10040	10043, 16836
UC.241	Search for HPI-Os in HI Service HPD	5873, 8028, 10042	10040	10039, 10089
UC.245	Search or validate HPI-I in the HI Service HPD	5873, 8028, 10041	10038,10040, 10044	10039, 10043, 10089
UC.305	Validate HPI-O	5873, 8028, 10042	10038,10040	10039
UC.306	Get HPI-O status	5873, 8028, 23504, 10042	10038, 10040	10039
UC.320	Requesting an electronic clinical document	5873, 10041, 10042, 21561, 10618, 16813, 16814, 16815, 16832, 17421, 17573, 23942, 23943	10809, 16839, 16840	16838, 18885, 18886
UC.325	Receiving an electronic message	5873, 10041, 10042, 17573, 23942, 23943, 23944	10809	23945, 16810

Business Use Case No	Business Use Case Description	Mandatory Conformance Requirements	Conditional Conformance Requirements	Recommended Conformance Requirements
UC.330	Sending an electronic message	5873, 10041, 10042, 21561, 10618, 16813, 16814, 16815, 16832, 17421, 17571, 18884	16839, 16840	16838, 18885, 18886

Appendix B HI Service web services

The table below lists HI Service web services and the use cases the software must conform to before access to the respective web service is granted. Software needs to conform to one or more use cases for each target web service.

SIS	HI Service web service	Related business use case(s)
TECH.SIS.HI.05	Update IHI via B2B	UC.016
TECH.SIS.HI.06	IHI Inquiry Search via B2B	UC.010, UC.015, UC.035
TECH.SIS.HI.12	Consumer Search IHI Batch Synchronous	UC.010, UC.015, UC.025, UC.035
TECH.SIS.HI.13	Manage Provider or Administrative Individual Details	N/A
TECH.SIS.HI.14	Manage Provider Organisation Details	N/A
TECH.SIS.HI.15	Read Provider or Administrative Individual Details	N/A
TECH.SIS.HI.16	Read Provider Organisation Details	N/A
TECH.SIS.HI.17	Healthcare Provider Directory - Search for Individual Provider Directory Entry	UC.245
TECH.SIS.HI.18	Healthcare Provider Directory - Search for Organisation Provider Directory Entry	UC.241, UC.305
TECH.SIS.HI.19	Healthcare Provider Directory - Manage Provider Directory Entry	UC.080, UC.150
TECH.SIS.HI.22	Read Reference Data	N/A
TECH.SIS.HI.24	Notify of Duplicate IHI via B2B	UC.010, UC.015, UC.035
TECH.SIS.HI.25	Notify of Replica IHI via B2B	UC.010, UC.015, UC.035
TECH.SIS.HI.26	Create Verified IHI for Newborns	UC.011
TECH.SIS.HI.30	Consumer Search IHI Batch Asynchronous	UC.010, UC.015, UC.025, UC.035
TECH.SIS.HI.31	Search for Provider Individual	UC.131
TECH.SIS.HI.33	Search Provider Individual Batch Asynchronous	UC.131
TECH.SIS.HI.32	Search for Organisation Details	UC.306
TECH.SIS.HI.34	Search for Provider Organisation Batch Asynchronous	UC.306

The need to conform to the above use cases is in addition to any notice of connection tests required by the HI Service operator.

Appendix C Use case applications

The table below lists the HI Service use cases that have conformance requirements and the name of each use case.

Management of Individual Healthcare Identifiers (IHI)

UC.005 - Search for a patient health record

UC.010 - Register patient

UC.011 - Request verified IHI for newborn

UC.015 - Update patient health record in the local system

UC.016 - Update patient details in the HI Service

UC.025 - Bulk update of IHI details

UC.035 - Merge patient health records

UC.045 - Logon to software system

Management of Healthcare Provider Identifiers (HPI-I/HPI-O)

UC.080 - Maintain HPI-O details

UC.131 - Search or validate HPI-I via the HI Service

UC.150 - Register network HPI-O

UC.241 - Search for HPI-Os in HI Service HPD

UC.245 - Search or validate HPI-I in the HI Service HPD

UC.305 - Validate HPI-O

UC.306 - Get HPI-O status

Identifiers used in a point-to-point and point-to-share messaging context

UC.320 - Request an electronic message/document

UC.325 - Receive an electronic message/document

UC.330 - Send an electronic message/document

Appendix D Luhn check algorithm

The Luhn formula for computing modulus-10 “double-add-double” check digits is described in Annex B of the standard for identification card numbering system [ISO7812-1].

The check digit is calculated on all of the digits of the HI.

The following steps are involved in this calculation:

1 Double the value of alternate digits beginning with the first right-hand digit (low-order).

2 Add the individual digits comprising the products obtained in Step 1 to each of the unaffected digits in the original number.

3 Subtract the total obtained in Step 2 from the next higher number ending in 0 (this is the equivalent of calculating the “tens complement” of the low-order digit (unit digit) of the total). If the total obtained in Step 2 is a number ending in zero (30, 40, etc.), the check digit is 0.

EXAMPLE

Personal Identifier without check digit: 612345 123456789

Identifier:	6	1	2	3	4	5	1	2	3	4	5	6	7	8	9
Double alternate digits:	x2		x2		x2		x2		x2		x2		x2		x2
	12	1	4	3	8	5	2	2	6	4	10	6	14	8	18
Add individual digits:	1+2	+1	+4	+3	+8	+5	+2	+2	+6	+4	+1+0	+6	+1+4	+8	+1+8

Total = 67

Next higher number ending in 0 = 70

70 – 67 = 3

Check digit = 3

Personal Identifier with check digit: 612345 123456789 3

Appendix E Medicare card number check algorithm

E.1 Medicare card number format

The Medicare card number comprises:

- Eight digits;
- A check digit (one digit); and
- An issue number (one digit).

Note: the first digit of the Medicare card number should be in the range 2 to 6.

E.2 Medicare card number check digit calculation

1 Calculate the sum of: ((digit 1) + (digit 2 * 3) + (digit 3 * 7) + (digit 4 * 9) + (digit 5) + (digit 6 * 3) + (digit 7 * 7) + (digit 8 * 9)) where digit 1 is the highest place value digit of the Medicare card number and digit 8 is the lowest place value digit of the Medicare card number.

Example: for Medicare card number '2123 45670 1', digit 1 is 2 and digit 8 is 7.

2 Divide the calculated sum by 10.

3 The check digit is the remainder.

Example: For Medicare card number 2123 4567.

4 (2) + (1 * 3) + (2 * 7) + (3 * 9) + (4) + (5 * 3) + (6 * 7) + (7 * 9) = 170

5 Divide 170 by 10. The remainder is 0.

6 The check digit for this Medicare number is 0.

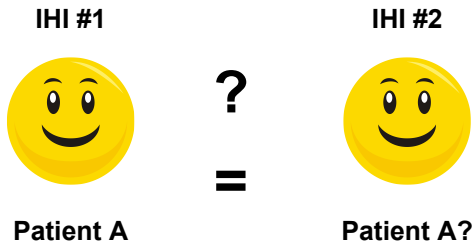
Acronyms

Acronym	Description
CSP	contracted service provider
FHIR	Fast Healthcare Interoperability Resources
HI	healthcare identifiers (meaning a national healthcare identifier of the HI Service)
IHI	Individual Healthcare Identifier (meaning national healthcare identifier of the HI Service)
IRN	Medicare Individual Reference Number
HAE	health administration entity
HPD	Healthcare Provider Directory
HPI	Healthcare Provider Identifier
HPI-I	Healthcare Provider Identifier - Individual
HPI-O	Healthcare Provider Identifier - Organisation
HSP	healthcare support service provider
HSP-O	Healthcare Support Service Provider - Organisation
ID	identity
NEHTA	National E-Health Transition Authority
OMO	organisation maintenance officer
RO	responsible officer

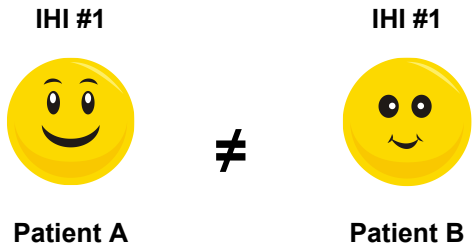
Glossary

For the purpose of this document, the following definitions apply.

Term	Meaning
active IHI number status	An IHI has an active status when it does not have a date of death on the record, the age is not greater than 130 years, and the number status is not expired, retired, resolved, or deceased.
alert	An electronic notification of an exception or event with immediate action required. An alert may be displayed on a user interface and/or communicated to a responsible party through other means (e.g. via a pager, email or mobile phone). An alert will persist until the underlying exception or event is addressed, or the operator explicitly cancels the alert. An unresolved alert persists until the initial error condition for that alert has been addressed. Acknowledging an alert is not resolving an alert. An action or event must take place to address the initial reason for the alert.
B2B	Business-to-business. B2B refers to the web services channel used by software to access the HI Service.
background process	Any technique that manages computer resources so that selected system activities are transparent and non-obtrusive to the local operator.
contracted service provider	An organisation engaged by a healthcare provider to deliver technology or health information management services that enable access to, or interaction with, the My Health Record system. They operate under contract and provide or manage the software used by healthcare organisations to connect with My Health Record
conformance requirements	Requirements, indicated by the word SHALL or SHALL NOT, which are mandatory for conformance with this specification, and recommendations, indicated by the word SHOULD or SHOULD NOT, which provide best practice solutions but are not mandatory.
deceased IHI number status	A deceased status is an indication that another healthcare provider has reason to believe the individual to whom an IHI is assigned has died. An IHI has a deceased status when there is a date of death present on the record, but it has not yet been matched with Fact of Death Data from Births, Deaths and Marriages Registries and age is not greater than 130 years.
Demographic details	Demographic details consist of family name, sex and date of birth.

Term	Meaning
duplicate IHI	When a patient record has been assigned two different IHIs, the IHIs are referred to as duplicates. This represents an error condition requiring active management. The diagram depicts potential duplicate IHIs.  This definition of 'duplicate IHI' is the same definition used by the HI Service. For the purpose of this document, a duplicate IHI is not a replica IHI.
exception	Any error or anomalous condition that occurs within a software system, or application. An exception alters the normal flow of a program. Exceptions shall be logged and may be categorised into severities. An exception is transactional in its nature and, hence, is always retained. An exception may however be resolved. Some exceptions may be configured to cause an alert or a warning to be raised. An unresolved exception persists until the initial error condition for that exception has been addressed. Acknowledging an exception is not resolving an exception. An action or event must take place to address the initial reason for the exception.
expired IHI number status	The expired status indicates when a record is no longer active. An IHI has an expired status where it is provisional and there has been no activity on the record for 90 days, or where it is unverified and has reached an age of 130 years. Refer to section 2.6 for healthcare identifiers number status and responses.
family name	The name an individual has in common with some other member(s) of their family, as distinguished from that individual's first given name. [AS4846]. Surname and last name are synonyms of family name. Health software systems may store the preferred family name and/or the registered/legal family name. If more than one family name is stored, the system will typically distinguish between the different family names through the use of alias names or name usage indicators.
given name	The identifying name within the family group or the name by which the person is uniquely socially identified. [AS4846]. First name, middle name, second name, and forename are synonyms of given name.
health administration entity	An entity that has been determined by the Minister to be a health administration entity under section 7B of the HI Act. These entities provide administrative support for health services and programs without delivering direct clinical care. They play a crucial role in supporting, improving, and facilitating healthcare through their administrative functions.

Term	Meaning
healthcare identifier	A unique identifier assigned to a healthcare provider (individual or organisation) or a healthcare recipient as defined in the Healthcare Identifiers Act [HIACT2025]. Note: this term is used generally in healthcare to refer to any healthcare identifier including local numbers, but in this document it is restricted to mean only the national healthcare identifiers provided by the HI Service.
healthcare support service provider	An organisation that provides health-related services, including supports for older Australians and people with disability, such as in-home care and personal care services. Eligible organisations can be assigned an HSP-O. They are not eligible for an HPI-O because they typically do not employ providers who are eligible for an HPI-I.
HI implementation	A health software system that manages and uses local copies of healthcare identifiers.
healthcare individual	An individual who is, or could be, the subject of care in the context of a healthcare event.
IHI number status	The IHI number status may be Active, Deceased, Retired, Expired, or Resolved. This attribute of the IHI is referred to as 'IHI status' in the system interface specifications published by the HI Service operator, Medicare Australia. Retired, Expired and Resolved status are indicated by coded response messages. Refer to section 2.6 for healthcare identifiers number status and responses.
IHI record status	The status of the record in the HI Service of an individual healthcare recipient. The IHI record status may be Provisional, Unverified, or Verified.
IEC	International Electrotechnical Commission.
IRN	Individual Reference Number. The number on the Medicare card located beside each person's name.
ISO	International Organisation for Standardization.
local healthcare provider individuals	Local healthcare provider individuals designate those healthcare provider individuals that provide healthcare on behalf of the local healthcare provider organisations.
local healthcare provider organisations	Local healthcare provider organisations designate those organisations that are responsible for the governance of the local system.
OCR	Optical character recognition; the mechanical or electronic translation of scanned images of handwritten, typewritten, or printed text into machine-encoded text.
organisation maintenance officer	A person who meets the definition of an organisation maintenance officer under the HI Act (sections 9A(8) for healthcare provider organisations and 9BA(3) for healthcare support service providers). An employee of the organisation or entity who is responsible for maintaining information that is held by the service operator about the organisation or entity and providing other information requested by the service operator.

Term	Meaning
patient record	An electronic record containing sufficient patient demographic information to identify a patient. There may be more than one patient record for the same patient. The Australian Standard for Person and Provider Identification in Healthcare [AS4846] provides guidance for achieving unique identification.
provisional IHI	When an IHI record is provisional, it means the identifier was created at a healthcare facility when the healthcare recipient was not able to be identified.
registered portal operator	A person/organisation that is the operator of an electronic interface that facilitates access to the My Health Record system; and is registered as a portal operator under section 49 of the My Health Records Act 2012.
registered repository operator	A repository operator is an organisation (Federal Government, State Government or private) that is authorised to supply information to My Health Record, A person that holds, or can hold, records of information included in My Health Record for the purposes of the My Health Record system; and is registered as a repository operator under section 49 of the My Health Records Act 2012.
replica IHI	One IHI assigned to two or more patient records in the health software system. This represents an error condition requiring active management. The diagram depicts potential replica IHIs.  This definition of 'replica IHI' is the same definition used by the HI Service. For the purpose of this document, a replica IHI is not a duplicate IHI.
resolved IHI number status	An IHI has a resolved status when it has been linked with another record as part of resolving a provisional record or resolving a duplicate record, or end dated as part of the replica resolution process. If an IHI number search returns a message indicating that the submitted IHI has been resolved, the replacement IHI assigned to the healthcare recipient by the HI Service operator will also be included in the response from the HI Service. The replacement IHI is the correct IHI for the HI implementation to use for the healthcare recipient and the IHI used in the IHI number search is to be recorded in the HI implementation as the healthcare recipient's previous IHI. Refer to section 2.6 for healthcare identifiers number status and responses.
responsible officer	A person who meets the definition of a responsible officer under the HI Act (sections 9A(7) for healthcare provider organisations and 9BA(2) for healthcare support service providers). A person who has authority to request the assignment or retirement of a healthcare identifier for the organisation or entity and nominating employees to be organisation maintenance officers.

Term	Meaning
retired IHI number status	An IHI has a retired status when there is a date of death present on the record and either it has been matched with Fact of Death Data from Births, Deaths and Marriages Registries and has had no activity for 90 days or has reached an age of 130 years (verified IHI records only). Refer to section 2.6 for healthcare identifiers number status and responses.
search	An action that attempts to discover a healthcare identifier in the HI Service.
SHALL	This word, or the term REQUIRED, means that the statement is an absolute requirement of the specification.
SHOULD	This word, or the term RECOMMENDED, means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.
third-party healthcare provider	A healthcare provider organisation that is outside the governance boundary of the first healthcare provider organisation. For example, a healthcare provider organisation that is not owned, managed, or governed by the primary provider organisation could be considered a third-party healthcare provider.
unverified IHI	When an IHI record is unverified it means the identifier was created by a healthcare organisation and the healthcare individual has not contacted Medicare Australia to verify the IHI by providing Evidence of Identity.
validate	An action that attempts to confirm a healthcare identifier is correct for a set of demographic data.
verified IHI	When an IHI record is verified, it means the person is a known customer of Medicare Australia or the Department of Veterans Affairs or has provided Evidence of Identity information that has been recorded in the HI Service to establish the identity of the healthcare individual.
warning	Electronic notification of an exception or event that may require user attention. A warning will typically be displayed on the user interface and acknowledged by the operator. The software system shall allow the user to cancel a warning.

References

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ADHA2026b	*Healthcare Identifiers Service - Conformance Test Specification, v5.1,* Australian Digital Health Agency, 2026
AS4846	*Person and provider identification in healthcare*, AS 4846—2014, Standards Australia, 2014
AS5017	*Health Care Client Identification*, AS 5017-2002, Standards Australia, 2002
HIACT2025	*Healthcare Identifiers Act 2010,* Federal Register of Legislation, Australian Government, 5 December 2025, https://www.legislation.gov.au/C2010A00072/latest/text
HIREG2020	*Healthcare Identifiers Regulations 2020*, Federal Register of Legislation, Australian Government, https://www.legislation.gov.au/F2020L01072/latest/text
ISO24723	*ISO/IEC 24723:2010 Information Technology – Automatic identification and data capture techniques – GS1 Composite bar code symbology specification*, International Organisation for Standardization, 2010
ISO7812-1	*ISO/IEC 7812-1 Identification cards – Identification of issuers – Part 1: numbering system*, International Organisation for Standardization, 2006
TECH.SIS.HI.01	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), B2B Common Functionality Document,* TECH.SIS.HI.01, Services Australia, October 2020
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TECH.SIS.HI.03	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS) Update Provisional IHI via B2B v4.0*, TECH.SIS.HI.03, Services Australia, April 2026
TECH.SIS.HI.05	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS) Update IHI via B2B V6*, TECH.SIS.HI.05, Services Australia, June 2024
TECH.SIS.HI.06	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS) IHI Inquiry Search via B2B V12*, TECH.SIS.HI.06, Services Australia, December 2025
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TECH.SIS.HI.09	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS) Resolve Provisional IHI – Create Unverified IHI via B2B v4.0*, TECH.SIS.HI.09, Services Australia, April 2026
TECH.SIS.HI.12	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS) IHI Batch Searching V12, TECH.SIS.HI.12*, Services Australia, December 2025

Reference	Description
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TECH.SIS.HI.14	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), Manage Provider Organisation Details*, TECH.SIS.HI.14, Services Australia, April 2026
TECH.SIS.HI.15	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), Read Provider or Administrative Individual Details, TECH.SIS.HI.15*, Services Australia, April 2026
TECH.SIS.HI.16	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), Read Provider Organisation Details, TECH.SIS.HI.16*, Services Australia, April 2026
TECH.SIS.HI.17	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), Healthcare Provider Directory - Search for Individual Provider Directory Entry, TECH.SIS.HI.17*, Services Australia, October 2020
TECH.SIS.HI.18	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), Healthcare Provider Directory - Search for Organisation Provider Directory Entry, TECH.SIS.HI.18*, Services Australia, October 2020
TECH.SIS.HI.19	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), Healthcare Provider Directory – Manage Provider Directory Entry, TECH.SIS.HI.19*, Services Australia, April 2026
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TECH.SIS.HI.33	*Healthcare Identifiers (HI) Service, System Interface Specification (SIS), Search for Provider Individual Batch Asynchronous, TECH.SIS.HI.33*, Services Australia, October 2020
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