



Private Healthcare Australia
Better Cover. Better Access. Better Care.

Health Fund Transfer Certificate Process Flows

Version 1.7 Final

Health Fund Transfer Certificate Process Flows

REVISION HISTORY

Date	Version	Author	Reason
DD/MM/YY	X.Y	Firstname Lastname	What was changed
30/05/2016	DRAFT 0.1	Lynda Smith	First draft
03/08/2016	DRAFT 0.2	Rebecca Lush	Updated in preparation for August 2016 Working Party
15/08/2016	DRAFT 0.3	Anton Rast	Updated the scenarios to show in table format
17/08/2016	DRAFT 0.4	Rebecca Lush	Updated with PVT scenarios
17/08/2016	DRAFT 0.5	Anton Rast	Draft for Business Meeting
18/08/2106	DRAFT 0.6	Rebecca Lush	Business Meeting Updates
22/08/2016	DRAFT 0.7	Rebecca Lush	Added Cancellation Process and further updates from business meeting
08/09/2016	DRAFT 0.12	Rebecca Lush	Further updates
10/7/2016	DRAFT 0.13	Rebecca Lush	Updates and formatting
24/11/2016	DRAFT 0.14	Rebecca Lush	Update to Transfer Certificate Details, formatting
19/01/2017	DRAFT 0.15	Rebecca Lush	Updates based on outcomes from December 2016 working party.
20/02/2017	DRAFT 0.16	Rebecca Lush	Update to Transfer Certificate Details, formatting
19/04/2017	DRAFT 0.17	Rebecca Lush	Added TRR, Transactional costings, updated XML examples, data dictionaries and minor aesthetic changes.
19/05/2017	Final 1.0	Rebecca Lush	Minor Amendments and update to final version
09/04/2018	DRAFT 1.1	Rebecca Lush	Updated with working group outcomes from Nov 2017 to March 2018
30/05/2018	Final 1.1	Rebecca Lush	Final version released incorporate all feedback and decisions made to date as a result of working group outcomes.
09/11/2018	Final 1.2	Rebecca Lush	<p>Add new HealthLink PHA CertTransfer Document</p> <p>Add new schema version 1.3</p> <p>Diagrams in section 6 updated to reference version 1.3</p> <p>Filename convention to include details must be in UPPERCASE and examples changed to reference version 1.3.</p> <p>Section 5 Data Validation – added clarification that the order is required as per the XSD.</p> <p>Updated response code 9668 to reference person instead of membership.</p> <p>Added Response code 3012 for a TCD to cater for Ambulance Only.</p> <p>Updated acknowledgment example to reference version 1.3 and remove pre-pended HealthLink ID.</p> <p>Added the revised versions of the Data Dictionaries (TCR, PVT and TCD only).</p> <p>Added to the Appendix D – Transfer Certificate Working Group Agreements. Added more information to number 1 and 5; added numbers 15 and 16.</p> <p>Appendix E has had the process flow updated and new sections added to include a checklist, testcase examples</p>

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			and email templates to assist with communication for implementation.
14/01/2019	Final 1.3	Rebecca Lush	<p>Updated References with new schema versions.</p> <p>Updated Section 4 Transfer Certificate Business rules with the changes as part of the Transfer Certificate Approved form announced 9 January 2019.</p> <p>Added Transfer Certificate Approved form PDF example for version 1.3</p> <p>Filename convention examples changed to reference TCD version 1.4.</p> <p>Section 6 Transfer Certificate Process and Version Control: new paragraph added with TCD version rules for 1.3 and 1.4.</p> <p>Diagrams in section 6.1 updated to reference TCD version 1.4</p> <p>Diagrams in sections 6.2, 6.3 and 6.4 were incorrect and have been corrected.</p> <p>Section 11.1 Business Rules for TCD added rules for TCD v1.3 and v1.4</p> <p>Section 11.7 TCD Person Structure added Age-based Discount</p> <p>Section 11.8 TCD example updated to version 1.4 and included age-based discount Section 11.9 added TCD v1.4 Data Dictionary.</p>
25/11/2019	Final 1.4	Rebecca Lush	<p>Diagrams in sections 6.1, 6.2, 6.3 and 6.4 have been updated to remove pre-April 2019 and PVT response ack updated.</p> <p>Replaced PHA representative Kristy Domitrovic with Julian Lim</p> <p>Added workflow for password requests and resets</p> <p>Added Appendix F for industry reference lists</p> <p>Added information on Waiting Periods</p> <p>Remove reference to TCD version 1.3</p> <p>Added four working group agreements/rulings to Appendix D (17-21).</p> <p>Updated SIS code section to include PHIS code</p> <p>Added new version of TCD data dictionary</p>
08/09/2020	Final 1.5	Rebecca Lush	<p>Update HealthLink Security FAQs</p> <p>Update Appendix D – Transfer Certificate Working Group Agreements number 8 to clarify that this advice came directly from the Department of Health.</p>
17/11/2020	Final 1.6	Rebecca Lush	<p>Update HealthLink Security section to include the availability of the Security Assessment.</p>
16/07/2021	Final 1.7	Rebecca Lush	<p>Add contact details for HealthLink to obtain Security Assessment.</p> <p>Updated 11.1 with Claims History General Treatment current period and previous period information.</p> <p>Updated monthly invoicing to annual invoicing.</p>

Table 1 Revision History

WORKING PARTY

Health Fund Transfer Certificate Process Flows

The following list contains the names of industry representatives who facilitated the Health Fund Technical Transfer Certificate Working Group. Please reference this group for the following;

- Issues with this documentation
- Assistance with Transfer Certificate questions or queries
- New Response Code Requests
- Feedback and suggestions regarding the Health Fund processing requirements

Organisation	Name	Email
BUPA Aust (HBA & MCL)	Lynda Smith	lynda.smith@bupa.com.au
HAMBS	Rebecca Lush	Rebecca.Lush@hams.com.au
PHA		admin@pha.org.au

Table 2 Working Party Facilitators

DISTRIBUTION

Members of the Transfer Certificate Working Group

REFERENCES




Document name	Location (Path)
HealthLink Installation guide and software requirements	 HealthLink Installation Guide H  PHA CertTransfer Config 1.4.pdf
HealthLink Registration Process	 healthlink pha certificate transfer cl
XML TC Schemas v1.3 Final 20180718; and XML TC Schemas effective 1 April 2019	Contact Rebecca.lush@hams.com.au to obtain the schemas.
XML Examples	Contact Rebecca.lush@hams.com.au to obtain the examples.

Table 3 References

GLOSSARY

Term	Description
CAE	Certified Age of Entry
CHIP	Complying Health Insurance Product as defined in the Private Health Insurance Act (2007)
DMZ	Demilitarised Zone
DOB	Date of Birth
DPT	Date Paid To
ECLIPSE	Electronic Claim Lodgement and Information Processing Service Environment
ID	Identification
LHC	Lifetime Health Cover
Lifecycle	This is the end-to-end state of a transfer certificate from the initial request to the point where the request is completely fulfilled.
MB	Megabyte
New Health Fund	The Health Fund whom the insured person(s) are joining.
Old Health Fund	The Health Fund whom the insured person(s) are leaving.
PDF	Portable Document Format
PHA	Private Healthcare Australia
PHI	Private Health Insurance
PKI	Public Key Infrastructure
PVT	Person Verification Transfer Certificate
SIS	Standard Information Statements (Federal Government requirement providing an overview of cover and waiting periods)
SPE	Savings Provision Entitlement
TC	Transfer Certificate. Transfer Certificate is used exclusively throughout this document, however within the industry this is sometimes referred to as "Clearance Certificate".
TCC	Transfer Certificate Cancellation

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Term	Description
TCD	Transfer Certificate Details
TCR	Transfer Certificate Request
TCS	Transfer Certificate Cancellation Response
UPI	Unique Person Identifier
XML	Extensive Mark-up Language (defines a set of rules for encoding documents)

Table 4 Glossary of terms

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1 Document Purpose

The purpose of this document is to describe the overall system for the industry-wide Transfer Certificate automated solution, including operational scenarios, high level architecture, business rules and technical requirements. This document is intended to be used as a basis of understanding for the development and usage of the solution.

2 Audience

This document is intended for a variety of stakeholders including business and technical staff, ranging from Business Managers to Health Fund operators, Solution Architects and Developers. The audience can use this document to gain a detailed understanding of:

- the processes and scenarios,
- the business rules,
- the data elements, and
- Industry agreed standards.

Specifically, this document will ensure a common understanding of industry agreed processes, rules and specifications for requesting a transfer certificate and the corresponding responses.

3 Executive Summary

Transfer Certificates (TCs) are used to exchange portability information between Health Funds when an insured person(s) decides to move their health insurance cover from one Health Fund to another Health Fund. Health Insurance is policy (i.e. membership) based, and a policy can have one or many individuals. As such, TCs can be for a single individual or a number of individuals, as in the case of a family who is covered under the same policy.

The contents of a TC and the time limits that apply at each stage in the processing of the certificate are set out in the Private Health Insurance Act (2007) and its Complying Product Rules. The legislation requires that a Health Fund must generate a TC for the departing individual(s) when they transfer their health insurance cover to another Health Fund. The TC contains important information that enables the New Health Fund to set up the policy cover and include specific entitlements that are provided for under legislation. These include the following aspects of a health insurance policy: type of cover, level of cover, join date, cancellation date, Lifetime Health Cover (LHC) Loading, Certified Age of Entry (CAE), Days of Absence plus an accumulative of year to date General Treatment benefits.

The Old Health Fund is required to provide the outgoing person with a TC, and the person must then provide their certificate to the New Health Fund. However, in practical terms this is not how TCs are being provided to the New Health Fund. Typically, people switch Health Funds without notifying their Old Health Fund, which puts the responsibility on the New Health Fund. The New Health Fund must obtain consent from the person to make a formal request to the Old Health Fund to obtain a TC on their behalf.

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With regards to the current state of sending and receiving Transfer Certificate information, typically these are transmitted either using paper (standard mail) or electronically (typically as a PDF, sent via email).

This process has been problematic for Health Funds, and as such, a solution to support exchanging of Transfer Certificates in a secure and efficient manner between Health Funds has been designed.

The solution will support the TC process so that the TC supplied to the New Health Fund occurs within the maximum timeframes allowed in accordance with the Private Health Insurance Complying Product Rules.

Max. time permitted	Processing stage for receipt of a Transfer Certificate (TC)
7 days	A New Health Fund has commenced cover of a transferring member, and if after 7 days the New Health Fund has not received the TC from the transferring member,
14 days	The New Health Fund must formally request the TC from the Old Health Fund within 14 days of acknowledging that they have not been provided a TC by the new member,
14 days	Once the Old Health Fund has received a formal request from a New Health Fund for a TC, the Old Health Fund must provide the New Health Fund with the TC within 14 days if the membership's DPT at the Old Health Fund is equal to or greater than the start date at the New Health Fund.

Table 5 Summary of the processing timelines as per legislation*

*35 days is the maximum time allowable for the TC process to complete.

The main outcomes to be realised upon successful implementation of the automated Transfer Certificate solution are:

- To enable the New Health Fund to request a transfer certificate from the Old Health Fund for either one or multiple persons in a single request.
- For the requesting Health Fund (New Health Fund) to obtain immediate feedback from the Old Health Fund, confirming that they have received the request and know of the person(s) requested.
- To obtain transfer certificate information within 14 days of making a request.
- To reduce the manual handling of Transfer Certificate information by both the New Health Fund and the Old Health Fund.
- To improve the data quality received on a Transfer Certificate to enable better product matching whilst facilitating automated straight-through processing.
- Automated tracking of Transfer Certificate requests and responses to assist with ombudsman's complaints.
- To improve experience for end consumers when transferring between Health Funds.

4 Transfer Certificate Business Rules

The current rules applied to the production of the Transfer Certificate are outlined below.

There have not been any changes made to these current rules and definitions in the automated solution.

4.1 General

1. All dates on the form are inclusive i.e. there are no overlapping dates
2. The General Treatment history should include six-month retrospective history from the end date of cover.
3. To comply with the Private Health Insurance Act 2007, the rules (Complying Product Rules) state that for section 99-1 (Transfer Certificates) the following periods of issue of the Transfer Certificates are set:
 - To issue directly to the insured person – 14 days
 - To issue to the new insurer – 14 days
 - For the old insurer to issue to the new insurer on request – 14 days

4.2 Policy

1. Display only persons requested as at the policy cease date.
2. # = Unique patient identifier or dependant number
3. Name = Full names i.e. first name, initial and surname to be displayed.
4. Relationship = Contributor, partner, dependants etc
5. Sex = Male or Female
6. DOB = date of birth
7. Joined = date the person joined your fund
8. End = cease date (of the person in the membership)

4.3 Lifetime Health Cover

1. Lifetime Health Cover information should only be displayed for any person over the age of 30
2. CAE = age at which the person joined Private Hospital Cover for the first time. If the person joined under the age of 30 then this will be 30.
3. Total Absent Days = days without hospital cover since they received their initial CAE. The absent days displayed should only be calculated up to the Hospital End Date NOT the cease date if hospital cover did not = the cease date.
NOTE: It is the joining funds responsibility to calculate the absent days from the Date of last hospital cover.
4. Hospital End Date = Last day of Hospital Cover.
5. Paid Hospital Days = days counted are only required once a LHC loading % is greater than 0%. If the LHC loading is re-calculated due to non-permitted days without hospital cover then this value resets to zero and the accumulation of the 10-year period starts again from the date the recalculated loading was applied. If the LHC percentage loading gets

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reset to zero, then there is no need to accumulate paid hospital cover hence this field should be left blank.

NOTE: Periods of suspension or day of absence do not count towards paid days of hospital cover.

6. LHC % override = A LHC % loading must cease to be applied on the day of the last day of the 10-year period of continuous complying hospital treatment cover (PHI Act Chapter 2, Division 34-10). The default setting is "N". This field shall change to "Y" if the LHC loading is > 0% and the accumulated number of paid hospital days since a LHC Loading was applied = 3652 days.

NOTE: When this field is set to Y it overrides the normal LHC calculation process by setting the LHC percentage to zero. This field will be changed from Y to N (where the normal LHC calculations are re-applied) when the LHC recipient has 1 day of absence after the 10 year reset and that person has used or exceeded their permitted days of absence i.e. has total absent days over 1094.

7. % Loading = the additional % being charged due to LHC. Note where a person has a CAE of 30 and absent days = 1295 (> than 1094) then this would be displayed as CAE = 30, absent days = 1295, % loading = 2%. The % loading is only used as a reference it should not be input into the receiving funds system. The receiving funds system should calculate the % from the CAE, absent days, Hospital End Date and LHC % override.

4.4 Age-based Discount

1. Age-based discount information should only be displayed for any adult person on the policy.
2. Certified Discount Age = The person's age at the 'Discount Assessment Date' as defined in the *Private Health Insurance (Complying Product) Rules 2015*. The values in this field are within the range 18-29, inclusive. This will be Blank if the person is not receiving an age-based discount.
3. % Discount = the % discount being applied due to age-based discounts. This will be zero (0) if there is no age-based discount to apply.
4. Hospital End Date = Last day of Hospital Cover

NOTE: It is the joining Health Fund's responsibility to calculate whether the person is eligible for an age-based discount under the *Private Health Insurance (Complying Product) Rules 2015* and Health Fund's rules.

4.5 Rebate

The example certificate depicts the following situation; Mary was on this membership. Mary was aged 66. She left the membership in 01/01/2010, hence she is not part of the certificate information.

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1. Only show the current rebate SPE entitlement (if one exists).
2. If no SPE exists display SPE = NO (do not display any other information i.e. rate fund ID policy number, from date).
3. The SPE must be displayed for each person on the clearance certificate.
4. SPE Code relates to level of rebate: 65 = 65 – 69yo, 70 = 70yo+.
5. From date = original date the SPE commenced (No TO date required as the certificate only displays it if current).
6. Fund = original fund id (3-character rebate id) where the SPE was inherited from.
7. Policy number = membership number the SPE was inherited from.
8. Rate = SPE entitlement rate applicable.

NOTE: An SPE entitlement will be granted to all persons 18 years or over who are not full-time students on the cessation of the entitling member. This means for full membership cancellation where an age rebate for 65 – 69yo or 70yo+ exists all persons 18 years and over will get an SPE = YES. The From date will equal the cessation date, the fund will equal your 3-character rebate id and the policy number will equal the membership number.

4.6 Cover History

1. Display cover history for a minimum of 5 years from the cancellation date of the person or from join date if member with your fund less than 5 years.
2. From = commencement date of the product
3. To = end date of the product
4. Product name = Full product name, including the hospital Tier
5. Scale = Membership type i.e. Family, Single etc.
6. Product Type = Hospital, General Treatment, Both, General Treatment & Ambulance or Ambulance Only
7. Suspension periods to be included in cover history.

4.7 Product Description

1. A product description of up to 2000 characters is to be displayed for all products within the last 12 months.
2. Descriptions to include; Hospital Excess or product co-payments if any. Exclusions, Benefit limitations, Excess bonuses, loyalty schemes, restrictions, age-based discount etc.

Note: The Product description should include the hospital tier and any additional clinical categories incorporated in the product if the product is a hospital PLUS category.

4.8 Claim History – Last Period of Hospitalisation

1. Hospitalisation is displayed per person
2. Last period of Hospitalisation only to display if within last 12 months

3. From date = Admission date
4. To date = discharge date
5. Hospital Wait Exemption = date hospital wait exemption used. The 'Hospital Wait Exemption Used' date field should only be populated for a person where an override of the cover upgrade standard waiting periods were used in accordance with the Mental Health Reform 2018. Leave blank for all other persons

4.9 Claims History – General Treatment

1. Benefits are displayed per person
2. Benefits are only displayed if any have been claimed in the limit year, (except orthodontic which is 5 yr) i.e. calendar, financial or membership year
3. From date = limit cycle commencement date
4. To date = cease date.

4.10 Disclaimer

All Health Funds are required to update their product names to comply with the new legislated Product Tier requirements from 1 April 2019. Given the product name displays in the cover history section of the certificate, and existing product names will be updated, the historical cover history may display the revised Product name.

Health Funds MUST add a disclaimer to the end of the certificate if the cover history is impacted. This will allow the NEW Health Fund to know when the cover history has changed and record the correct portability.

Example disclaimer:

Please note that product names may have been changed to align with new legislative requirements from 1 April 2019. Product names reflected in the cover history may have been impacted by this change.

4.11 Transfer Certificate PDF Example

4.11.1 Transfer Certificate v 1.2 Approved Form effective 1 April 2018



Transfer-certificate-
example-effective-1-

4.11.2 Transfer Certificate v 1.3 Approved Form effective 1 April 2019



Transfer certificate
example Version 1.3

5 System Overview

For the automated Transfer Certificate solution, a third-party off the shelf solution has been chosen to facilitate secure message transmission between Health Funds. The chosen system is “HealthLink Messaging System” which is responsible for encryption, decryption and transmission of the messages used throughout the lifecycle of a Transfer Certificate. As at July 2016, Proof of Concept testing has been successfully performed on the HealthLink client software, establishing end-to-end connectivity between two Health Funds.

This document contains the technical information required for Health Funds and/or software vendors to develop and implement their solution utilising the HealthLink client in order to produce and consume Transfer Certificate requests and responses electronically, therefore achieving the intended benefits outlined above. This includes information for a Health Fund to register their details with HealthLink as a client.

The usage of HealthLink within the Transfer Certificate solution is intended as the current option with what is available today. Ideally the future direction would be to move the solution away from the HealthLink client and onto the existing ECLIPSE backbone and infrastructure. However, any more details than that are out of scope for this document.

5.1 High-Level System Design

As mentioned in the overview, HealthLink Messaging System has been chosen as the mechanism by which the Transfer Certificate request and response messages will be securely wrapped and transmitted between Health Funds. These messages are structured as Extensible Markup Language (XML) messages, details of which are discussed later in this document. The secure transmission of the XML messages is facilitated by the HealthLink Client installed within each Health Fund’s system.

This solution will see full automation of the Transfer Certificate process. It will utilise the connectivity provided by the HealthLink software and development will be required to generate and receive a transfer certificate request via XML; automate person matching and send a person verification response via XML; with the Transfer Certificate details contained within XML. The Transfer Certificate Details XML messages in this solution will contain, at a minimum, the same data that exists within a PDF Transfer Certificate. These XML messages will be produced and consumed by the Health Funds systems, once such a capability is developed by each Health Fund, in accordance with the specifications within this document.

The following will be supported in this solution:

- Transfer Certificate Request (TCR) in XML (sending of and receiving)
- Transfer Certificate Cancellation (TCC) in XML (sending of and receiving)
- Transfer Certificate Cancellation Response (TCS) in XML (sending of and receiving)
- Person Verification Transfer Certificate (PVT) response in XML (sending of and receiving)
- Transfer Certificate Details (TCD) response in XML (sending of and receiving)

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- Transfer Retained Response (TRR) in XML (sending of and receiving)

The capability of the HealthLink client is synonymous with a file drop and retrieval system in that outgoing messages are placed into an outbound folder which is polled by the HealthLink client and subsequently encrypted and sent to the receiving Health Fund. At this point, the received message is placed in a nominated inbound folder. The production of outbound messages and the consumption of inbound messages represents the scope of development required by Health Funds and/or software vendors. The following diagram is a simplistic representation of the high level system architecture.

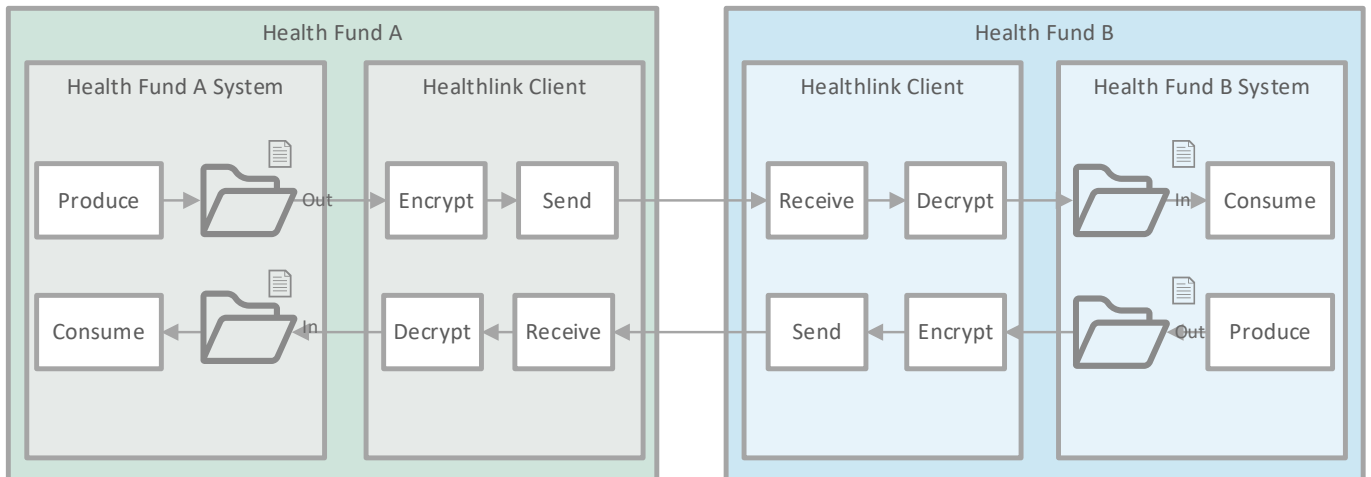


Figure 1 High Level system architecture

The New Health Fund will produce a Transfer Certificate Request message and place it in their “Outbound” folder. The Old Health Fund will receive this message in their “Inbound” folder. The Old Health Fund will then produce the corresponding Person Verification message and place it in their “Outbound” folder. The New Health Fund will receive this message in their “Inbound” folder.

For a request where the person was successfully verified, the Old Health Fund will then produce the corresponding Transfer Certificate Details message and place it in their “Outbound” folder. The New Health Fund will receive this message in their “Inbound” folder. The end-to-end workflows are discussed in more detail in the following section “Operational Workflow”.

5.2 Transactional System Design

A more detailed view of the overall Transfer Certificate solution system design is as follows:

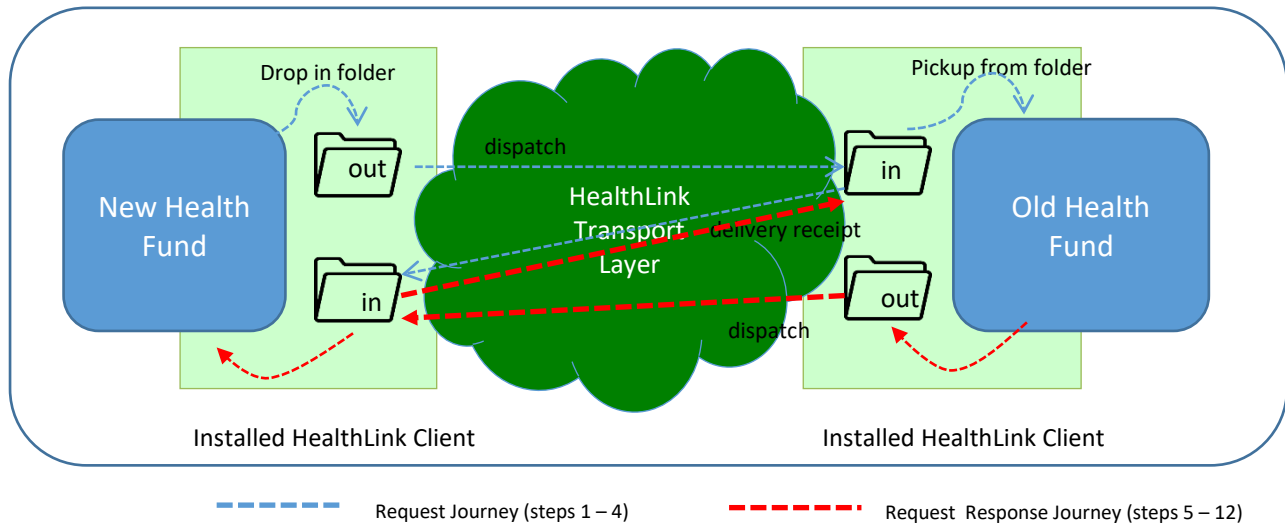


Figure 2 Transfer Certificate System Design

The steps for the standard end to end Transfer Certificate process where a person is successfully verified* are:

1. The New Health Fund places the Transfer Certificate request into their “Outbound” HealthLink client folder.
2. HealthLink client encrypts the data and delivers to the location associated with the HealthLink identifier in the filename (the Old Health Fund).
3. A delivery acknowledgement message will be received by the sending Health Fund’s HealthLink client.
4. The receiving Health Fund collects the Transfer Certificate request message from their HealthLink client’s “Inbound” folder to process the request.
5. The receiving Health Fund (Old Health Fund) places the person verification response into their HealthLink client’s “Outbound” folder.
6. The Old Health Fund’s HealthLink client encrypts the data and delivers to the originating location (New Health Fund).
7. A delivery acknowledgement message will be received by the sending Health Fund’s HealthLink client.
8. The originating Health Fund (New Health Fund) collects the person verification response to the request from their HealthLink client folder to consume in their system.
9. The Old Health Fund places the Transfer Certificate Details response message into their “Outbound” HealthLink client folder.
10. The Old Health Fund’s HealthLink client encrypts the data and delivers to the originating location (New Health Fund).
11. A delivery acknowledgement message will be received by the sending Health Fund’s HealthLink client.

- The originating Health Fund collects the person Transfer Certificate Details response to the request from their HealthLink client folder to consume in their system.

*This process excludes an Interim certificate

5.3 System Design Details/Definitions

Description	Detail/Definition
Sending and Receiving Locations	<p>A Health Fund will need to obtain a HealthLink identifier from Health Direct Australia by completing the registration process. This will be used to verify who is registered to use the system and where messages need to be sent. The three-character industry Health Fund code forms part of the HealthLink identifier. The HealthLink identifier is eight characters in length and will comprise the following:</p> <p>Health Fund code – The three-character industry Health Fund code for the location that can send and receive HealthLink message</p> <p>T – The ‘T’ represents Transfer Certificate</p> <p>System Type – A four-character value that represents the system the message is to be sent to. This will be either TEST or PROD.</p> <p>Example HealthLink identifiers are below:</p> <p>ABCTTEST</p> <p>ABCTPROD</p> <p>The filename is pended with this identifier in order for the HealthLink client to know where the message is to be sent.</p>
Filename Convention	<p>The filename for the messages sent by a Health Fund (i.e. excluding acknowledgements) will comprise the following:</p> <p>HealthLink identifier (Test or Production) – This is the HealthLink identifier for the Health Fund and system that the message will be sent to. This must be in UPPERCASE.</p> <p>Content Type – The type of message (TCR, TCC, PVT, TCS, TRR, or TCD). This must be in UPPERCASE</p> <p>Transaction ID – This is a unique identifier that is allocated by the initiating Health Fund. The transaction ID will be consistent throughout the entire lifecycle of the Transfer Certificate process. The required format is as follows:</p> <p>The first 8 characters will be the ECLIPSE location ID of the Health Fund that requested the transfer certificate followed by 16 alpha numeric characters i.e. 24 characters in total.</p>

Health Fund Transfer Certificate Process Flows

Description	Detail/Definition
	<p>Version – The version of the message in the format Vnn.n, e.g. V013.</p> <p>Message number – <i>Conditional</i>. If the message is a Transfer Certificate Details (TCD) message, then the filename will need to be appended with the number of the message. This is a one-digit number and can be 1 or 2. This will allow for an interim certificate to be submitted.</p> <p>Example for a TCR request: DEFTTEST_TCR_ABC123452ffd2435d8abf9e0_V01.3.</p> <p>Example for a TCD response: ABCTTEST_TCD_ABC123452ffd2435d8abf9e0_V01.4_1</p>
Message Acknowledgements	An acknowledgement message will be received when the request or the request response has been delivered to the HealthLink client at the other end. It does not mean the Health Fund has consumed the message however it does mean the message has been received by them and is ready to be consumed.
Store and forward	<p>The store and forward facility is available in two locations.</p> <ol style="list-style-type: none"> 1. If the receiving Health Funds system is unavailable, the HealthLink client at the receiving Health Fund will store the message until their system is available. 2. If the HealthLink client at the receiving Health Fund is unavailable due to an internet issue, then the sending HealthLink client will store the message until the receiving Health Funds HealthLink client is available. 3. Once the service is restored all stored messages will be forwarded. 4. Message acknowledgements can be used to determine where the message is.
Error handling	<p>A Health Fund’s system must monitor the HealthLink folder to;</p> <ol style="list-style-type: none"> 1. Ensure the message was able to be sent i.e. no validation issues, and 2. To determine whether a message has been sent and received by the intended party. <p>If there are XML validation issues, this will need to be addressed manually with the respective Health Fund i.e. outside of the automated process.</p>
Message size	There is a limit on the message size that will be supported. There is a maximum of 5 MB per message (before compression). If a message is sent with a size greater than this, it will be rejected by the HealthLink client.
Data Security	The solution must meet legislative requirements for data security pertaining to personal health information.

Description	Detail/Definition
Transactional Volumes	The solution must be capable of processing volumes ranging from a minimum of 23k to in excess of 94k per quarter.

Table 6 System Design Details/Definitions

5.4 Message Acknowledgements

An acknowledgement message will be used to track the receipt of messages by the intended recipient. It is a transport level acknowledgement.

An acknowledgement will be received when a response message has been delivered to the intended HealthLink client.

It does not mean the Health Fund has consumed the message however it does mean the message has been received correctly by the recipient HealthLink client and is ready to be consumed.

The acknowledgement message is simple in structure containing plain text and has the file type of '.ack'. It will contain the HealthLink identifier of the Health Fund system that the acknowledgement has come from and the filename of the initiating message without the address (identifier) component. Refer to Appendix A for an example of the HealthLink acknowledgement and the specification.

The HealthLink software will monitor a Health Fund's ability to receive messages. Message transmissions will occur as follows should issues be detected;

1. If the receiving Health Fund's system is unavailable, the HealthLink client at the receiving Health Fund will store the message until their system is available.
2. If the HealthLink client at the receiving Health Fund is unavailable due to an internet issue, then the sending HealthLink client will store the message until the receiving Health Fund's HealthLink client is available. Note: The Health Fund sending the message will not be notified that the receiving HealthLink Client is unavailable. The sending Health Fund will need to monitor acknowledgments i.e. absence of to identify if there are any potential issues.

Once the service is restored all stored messages will be forwarded. Message acknowledgements must be used to determine where the message is and when the message was sent for the purposes of monitoring the 14-day compliance rule.

5.5 Health Fund Registration

Prior to using the Transfer Certificate Solution, Health Funds must register with HealthLink. Refer to **REFERENCES** 'Health Link Registration Process' for a copy of the registration form.

The information required to register includes:

- All Health Fund trading names (as known by the members).
- There may be multiple Health Fund brands and/or trading names linked to one Health Fund. All brands are required to be listed.

Health Fund Transfer Certificate Process Flows

- Health Fund Location ID and all Health Fund three-character Brand IDs

These should be consistent with the Health Fund Brand IDs and Location IDs that are used for ECLIPSE transacting.

- Health Fund contact details

When the registration is complete you will receive your eight-character HealthLink identifier and a once off password.

A Health Fund must also sign an agreement with Private Healthcare Australia (PHA), so they can manage the transactional invoicing for the solution. Please email admin@pha.org.au for further information on the agreement.

A Health Fund Transfer Certificate solution register is available on the Private Healthcare Australia (PHA) website. This will enable a Health Fund to identify what solution other Health Funds have implemented, and as such determine how the Transfer Certificate Request will need to be sent to the Old Health Fund.

This will include the following information:

- Health Fund Name and three-character code for sending and receiving HealthLink responses
- Health Fund Name(s) and three-character code(s) that a HealthLink location can receive requests for.

For example:

The HealthLink Health Fund name of 'BUP' Bupa can receive requests for the following;

BUP	Bupa
MBF	Medical Benefits Fund
HBA	Hospital Benefits Assoc
MCL	Mutual Community
etc	

- The solution supported by the Health Fund's Test System
- The solution version supported by the Health Fund's Production System

Note: When a Health Fund implements the solution, it is their responsibility to contact PHA directly to update the register. The PHA will then distribute a communication to all Health Funds advising the Health Fund has gone live in Production.

5.6 Transactional Costings

All Test Transactions are FREE. These are all transactions that are sent from your Test HealthLink account to another Test HealthLink account.

Once you are in Production there will be a charge incurred for each transaction sent. There will not be a separate charge for the Acknowledgement sent by the HealthLink client; this is included in the

transaction fee. The cost allocated per message is based on the total number of transactions that have been sent in the period of a month across the Private Health industry.

The costings are based on a User Shares model, where HealthLink has signed an agreement with PHA and as such PHA will be invoiced by HealthLink and then PHA is responsible for invoicing Health Funds for their transaction usage. Health Funds will be invoiced annually by PHA. Under this model all Health Funds will benefit from the total Private Health industry volumes for each month. For non-member PHA Health Funds there will be an additional annual fee in order to support the annual invoicing.

5.7 Audit and Reconciliation

The Transfer Certificate Solution is a network and mechanism for serving transactions to Health Funds. From a Health Fund perspective, the real version of the truth is what is contained within the Health Fund's backend processing systems. The Health Funds must be responsible for building the logging and audit facilities to maintain that integrity.

It is suggested that all transactions are logged within a Health Fund's system along with;

- The date and time of receipt into the Health Fund's system from the Transfer Certificate Solution
- The date, time and actual response sent from the Health Fund's system to the Transfer Certificate Solution

Simple auditing data will be available from the HealthLink software as follows;

- Transmission date and time of messages
- Message receipt date and time

5.8 Access Control

Not all Health Funds will have the ability to process Transfer Certificates via the new solution at the same time hence a Health Fund must provision for this when building the new Transfer Certificate solution as a Health Fund could be dealing with two systems in parallel. There is still a legislative requirement that Transfer Certificates must be provided to all Health Funds within 14 days, after the request has been received, whether the new Transfer Certificate solution is used or not.

A Health Fund system should provide the functionality to:

- Report on all requests from Health Fund's via the new transfer certificate solution, and
- Report on all Transfer Certificate requests from Health Funds not on the new solution (as per the existing process prior to the new solution development).

5.9 Testing

It is expected that a Health Fund (or their vendor) will test the end to end TC process using this solution with another Health Fund/Vendor prior to implementing the solution into Production.

This will ensure that data integrity and compliance to the message structure is confirmed before initiating transactions in Production systems.

Given that Health Funds have varying testing capabilities it is the expectation that a Health Fund/Vendor will co-ordinate testing directly with another Health Fund/Vendor. This will ensure the receiving Health Fund can prepare their Test system and co-ordinate resources in order to test requests and responses.

Refer to Appendix E – Transfer Certificate Solution Implementation and Operationalisation Process, Checklist and Email Templates for further information on testing.

5.10 Security

All transmissions sent via the common Transfer Certificate solution will be Public Key Infrastructure (PKI) secured. All Health Funds will be allocated a PKI certificate when they register to obtain a licenced copy of the HealthLink software.

The HealthLink service enables users to know the following;

- who sent the message (authentication)
- the message content has not been altered between sending and receiving (integrity)
- the sender cannot dispute they created and sent the message (non-repudiation)
- only the entity the message is directed to can open it (confidentiality).

The PKI Certificate is used to encrypt information being transmitted between the Sending and Receiving Health Funds. The HealthLink software will encrypt the data before forwarding to the receiving Health Fund. The secure transmission will then be decrypted by the receiving Health Fund, where the signature will be verified using PKI and the request either approved or rejected for processing in accordance with the content of the message received.

5.11 Network Location

The network location of the transmitting software is an issue best considered by the network professionals familiar with the exact configuration of your site. Experience indicates that the transmitting software is likely to be located within your Intranet, or more usually in a security Zone dedicated to e-business applications. The transmitting software should be located two firewalls back from the Internet or one firewall back from the Demilitarised Zone (DMZ).

5.12 Timings

The Transfer Certificate member and person verification process occurs in an asynchronous manner; however, Health Funds should aim to perform these checks in near real-time where

possible. That is, receiving the request for a Transfer Certificate from the HealthLink folder and processing the outgoing person verification response back to the HealthLink folder in a synchronous manner. This means that the requesting Health Fund system should receive a response shortly after initiating the request (ideally, within minutes).

5.13 Implementation and Operationalisation

To implement and operationalise the automated Transfer Certificate Solution there needs to be co-ordination between the Health Fund, HealthLink and PHA. In addition, there will need to be testing with another Health Fund before implementing in Production systems. Please refer to Appendix E – Transfer Certificate Solution Implementation and Operationalisation Process for further information.

5.14 Data Format

The data format of each element within a transaction type can be found in the Data Dictionary for that transaction type.

Key to format – must be a valid value in accordance with the format;

- (N) Numeric
- (A) Alpha
- (A/N) Alpha and Numeric
- (D) Date
- (DTS) Date and timestamp (DTS is only used for transmission information)
- (Boolean) True or False

Data Element obligations are defined as the following:

M = Mandatory. Data element must be present

C = Conditional. If specified data conditions are met, then element is considered mandatory. If the conditions are not met for a parent element, then all child elements are not required irrespective of their obligations.

O = Optional. If data is available, it should be supplied.

UTF-8 is the character encoding to use for the creation of the XML document.

In addition, special or illegal characters must be converted using the appropriate entity reference. At a minimum these include the following characters:

<	less than
>	greater than
&	ampersand

'	apostrophe
"	quotation mark

Where a Conditional or Optional Data element does not have a value then it should NOT be supplied in the XML i.e. empty tags should not be transmitted.

5.15 Data Validation

It is an expectation that all outgoing transaction messages will be validated against the appropriate XML schema by the sending Health Fund's system. Given that the HealthLink client is merely a transport mechanism it will not validate the transactional message structure and data within; as such each Health Fund system must have their own internal validation prior to sending the transaction.

Note that each XML schema has the <sequence> element at various levels indicating the order required. The sequencing of the elements within the message must be in accordance with the appropriate XML schema.

6 Transfer Certificate Process and Version Control

The Transfer Certificate lifecycle consists of six main processes, each with its own corresponding message as follows:

- A Transfer Certificate Request (TCR);
- Person Verification (PVT);
- Transfer Certificate Cancellation (TCC);
- Transfer Certificate Cancellation Response (TCS);
- Transfer Certificate Details (TCD); and
- Transfer Retained Response (TRR)

Given that Health Funds will be at different stages of implementation with regards to the automated solution versus the Health Fund's current process, the following rules will apply:

- The Health Fund initiating the Transfer Certificate Request will send the request via the automated solution if the old Health Fund's system supports this solution, OR via the current process if they do not.
- The receiving Health Fund will send the response back in the version they support (i.e. automated versus the current process).
- All Health Funds must support both the automated solution and the current process.

In the automated solution, the TCD go live version is v1.4. As a result of the introduction of age-based discounts effective 1 April 2019 in line with the Private Health Insurance reforms, TCD version 1.4 was released. TCD version 1.4 is effective from 1 April 2019, which means all TCDs sent from 1 April 2019 onwards must be in version 1.4.

6.1 Transfer Certificate Process

The following process outlines the end to end process flow for a Transfer Certificate Request (where the person(s) have been successfully verified at the Old Health Fund). It also includes the corresponding filename for each message.



Figure 3 End to End Process Flow Request after 1 April 2019

6.2 Transfer Certificate Cancellation Process

The following process outlines the end to end process flow for a Transfer Certificate Request Cancellation (where the person(s) have been successfully verified at the Old Health Fund). It also includes the corresponding filename for each message.

Note: A TCC can only be sent if a final TCD has NOT been received from the Old Health Fund.

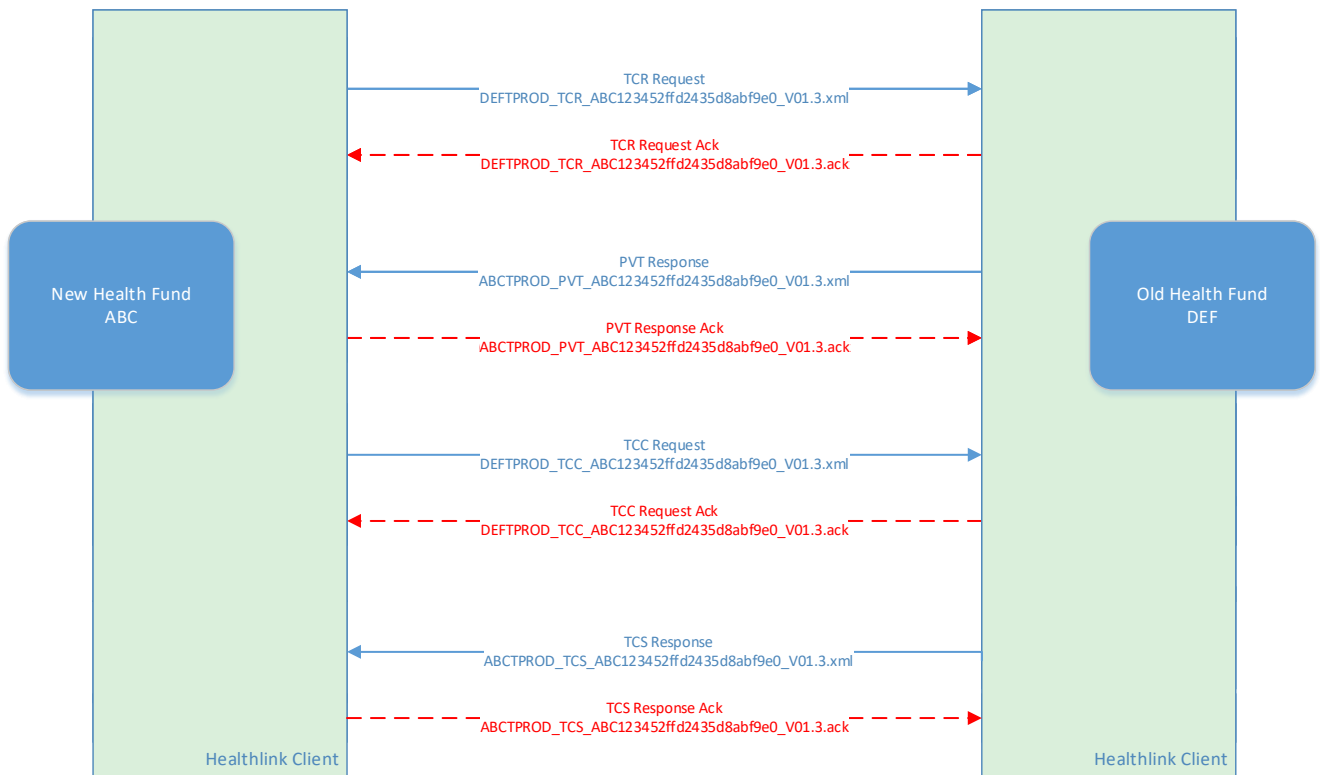


Figure 4 End to End Process Flow Cancellation Request

6.3 Transfer Certificate Process with an Interim Response

The following process outlines the end to end process flow for a Transfer Certificate Request (where the person(s) have been successfully verified at the Old Health Fund) where the Old Health Fund has sent an Interim response. It also includes the corresponding filename for each message.

Note: In this process there will be two TCD responses, one for the interim certificate and one for the final transfer certificate.

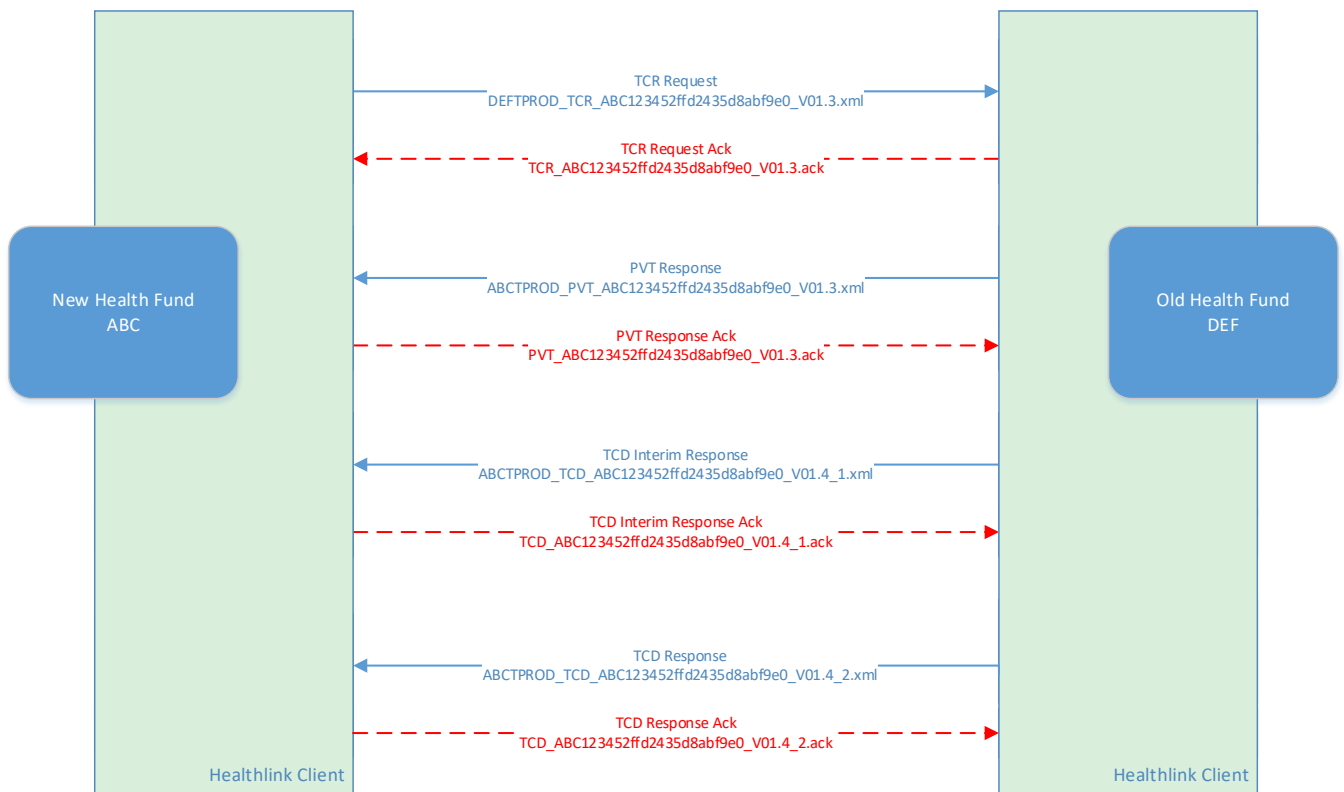


Figure 5 End to End Process Flow – Interim Response

6.4 Transfer Certificate Process with a Retained Response

The following process outlines the end to end process flow for a Transfer Certificate Request (where the person(s) have been successfully verified at the Old Health Fund) where the Old Health Fund has successfully retained the person(s) and sent a retained response. It also includes the corresponding filename for each message.



Figure 6 End to End Process Flow – Retained Response

7 Transfer Certificate Request (TCR)

7.1 Overview

A Transfer Certificate Request provides two main functions;

1. To verify that the information obtained by the New Health Fund regarding the Old Health Fund is accurate; and
2. To ensure the person(s) or membership being cancelled is known by that Health Fund.

A Transfer Certificate request will be initiated by the New Health Fund, that is, the Health Fund the person is joining. A Transfer Certificate request can consist of;

- Multiple persons belonging to the same membership at the Old Health Fund (for example, a couple or family policy); or
- A single person belonging to a membership at the Old Health Fund.

It is expected that there will be one Transfer Certificate Request per Old Health Fund membership. In the instance where there are multiple persons on the same Old Health Fund membership only one Transfer Certificate request will be sent to the Old Health Fund.

7.2 Variations

The process flow of a Transfer Certificate request and verification will vary depending on the **type** of request as depicted in the Scenarios section.

7.3 Business Rules

The following Transfer Certificate Request business rules will be enforced and underpin the logic of the overall system:

- A Transfer Certificate request is used to obtain transfer information and advise the Old Health Fund that a person/membership has transferred to the New Health Fund effective from a set date and that they have appropriate authority to obtain the transfer information and cancel the cover requested (which may be General Treatment, Hospital, Ambulance or a combination of the three) at the Old Health Fund.
- It is the responsibility of the New Health Fund to supply enough data to the Old Health Fund to enable the Old Health Fund to identify and terminate the person, the cover type requested and/or membership.
- The Membership number for the Old Health Fund is **mandatory**. This will aid straight through processing and ensure mature, sophisticated and reliable person matching logic to be developed by the Old Health Fund, significantly contributing to the overall value proposition of the Transfer Certificate solution.
- A Transfer Certificate request can be made for either a current person / membership (which the Old Health Fund will need to cancel) or a terminated person/membership (one already cancelled by the person).

Health Fund Transfer Certificate Process Flows

- The NEW Health Fund can only request Transfer Certificate information for the product the member has joined them with; this is in accordance with the legislation. The OLD Health Fund will cancel whatever the NEW Health Fund has asked for, unless they are able to retain the person.

For example, if the NEW Health Fund requests a Transfer Certificate for both General Treatment and Hospital, then the OLD Health Fund will cancel both i.e. the full policy.

If the NEW Health Fund requests a Transfer Certificate for Hospital and the OLD Health Fund has the person on a combined product, then the OLD Health Fund will only cancel the Hospital component of the product. In this example, if a person would like their entire cover cancelled at the OLD Health Fund, then they will need to contact the OLD Health Fund directly or the OLD Health Fund can ask this information when they contact the member as part of the retention process.

It has been confirmed that this is part of the current legislation. In particular:

99-1 Transfer certificates

Certificate for the insured person

(1) A private health insurer (the old insurer) must, if a person ceases to be insured under a *complying health insurance policy of the insurer and does not become insured under another policy of the insurer, give the person a certificate under this subsection:

(a) in the *approved form; and

(b) within the period set out in the Private Health Insurance (Complying Product) Rules

It has been clarified that where it states the cease part of the policy in the legislation, this means the NEW Health Fund can only request for the part of the policy that is to be cancelled i.e. only the component of cover that the person is transferring to them.

Health Fund Transfer Certificate Process Flows

7.4 Scenarios

This section describes the obligation of a New Health Fund in regard to the number of Transfer Certificate Requests they are required to send based on variable scenarios such as the number of person(s) transferring and the number of Old Health Funds said person(s) are transferring from.

Consistent across any of the scenarios covered, are the following key rules of the Transfer Certificate solution:

- One Transfer Certificate Request is sent for each Old Health Fund unique membership number;
- If the Old Health Fund manages to retain the person(s), the Old Health Fund need only send completed Transfer Certificate Details (TCD) when the person(s) are not retained. When the person(s) is retained, the Old Health Fund must notify the New Health Fund via a response code that the person is retained within the Transfer Certificate Details (TCD) response.

Scenario ID	Description				New Health Fund
	New Health Fund Scenario Description	Cover Type at New Health Fund (Hospital, General Treatment, Ambulance Only or Both)	#Person(s)	#Old Health Fund(s)	#Request(s)
1	Single person with Hospital and General Treatment cover	Both	1	1 Old Health Fund	1 Request
2	Single person with split Hospital and General Treatment cover across two Old Health Funds	Both	1	2 Old Health Funds Hospital Cover at one Old Health Fund General Treatment at a different Old Health Fund	2 Requests One for Hospital Cover Old Health Fund (A) One for General Treatment Cover Old Health Fund (B)
3	Single person with split Hospital and General Treatment cover across one Old Health Fund	Both	1	1 Old Health Fund Hospital and General Treatment Cover at one Old Health Fund	2 Requests One for Hospital Cover policy

Health Fund Transfer Certificate Process Flows

Scenario ID	Description				New Health Fund
	New Health Fund Scenario Description	Cover Type at New Health Fund (Hospital, General Treatment, Ambulance Only or Both)	#Person(s)	#Old Health Fund(s)	#Request(s)
				however split across two separate policies.	One for General Treatment Cover policy
4	Two Persons on the Same Membership at the Old Health Fund	Both	2	1 Old Health Fund Hospital and General Treatment Cover at one Old Health Fund	1 Request Both persons are on the same membership at the Old Health Fund
5	Two Persons on two different Memberships at the Old Health Fund	Both	2	1 Old Health Fund Hospital and General Treatment Cover at one Old Health Fund	2 Requests One for person 1 at the Old Health Fund One for person 2 at the Old Health Fund
6	Two Persons; Each from a Different Old Health Fund	Both	2	2 Old Health Funds Hospital and General Treatment Cover at one Old Health Fund (B); another Hospital and General Treatment Cover at Old Health Fund (C)	2 Requests One for person at Old Health Fund (B) One for person at Old Health Fund I
7	Four Persons for Old Health Fund (E.g. Family Policy)	Both	4	1 Old Health Fund	1 Request

Health Fund Transfer Certificate Process Flows

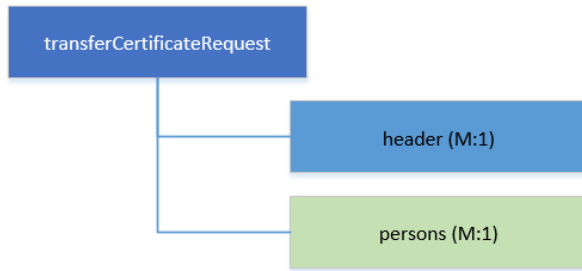
Scenario ID	Description				New Health Fund
	New Health Fund Scenario Description	Cover Type at New Health Fund (Hospital, General Treatment, Ambulance Only or Both)	#Person(s)	#Old Health Fund(s)	#Request(s)
8	Four Persons from Old Health Fund; Three on One Policy, One on a Different Policy	Both	4	1 Old Health Fund	2 Requests One for three people on the one policy One for person four on a different policy
9	Four Persons; Three from one Old Health Fund; One from a Different Old Health Fund	Both	4	2 Old Health Funds	2 Requests One for three people from Old Health Fund (B) One for person four from Old Health Fund I
10	New Hospital and General Treatment membership for 4 persons. 2 persons are transferring from the Old Health Fund (B) and are on the same policy, whilst 1 person is transferring from the Old Health Fund (B) but are on a different policy. The 4 th person is transferring from another Old Health Fund (C).	Both	4	2 Old Health Funds	3 Requests One for the Old Health Fund (B) for 2 persons One for the Old Health Fund (B) for 1 person One for the Old Health Fund I for 1 person

Health Fund Transfer Certificate Process Flows

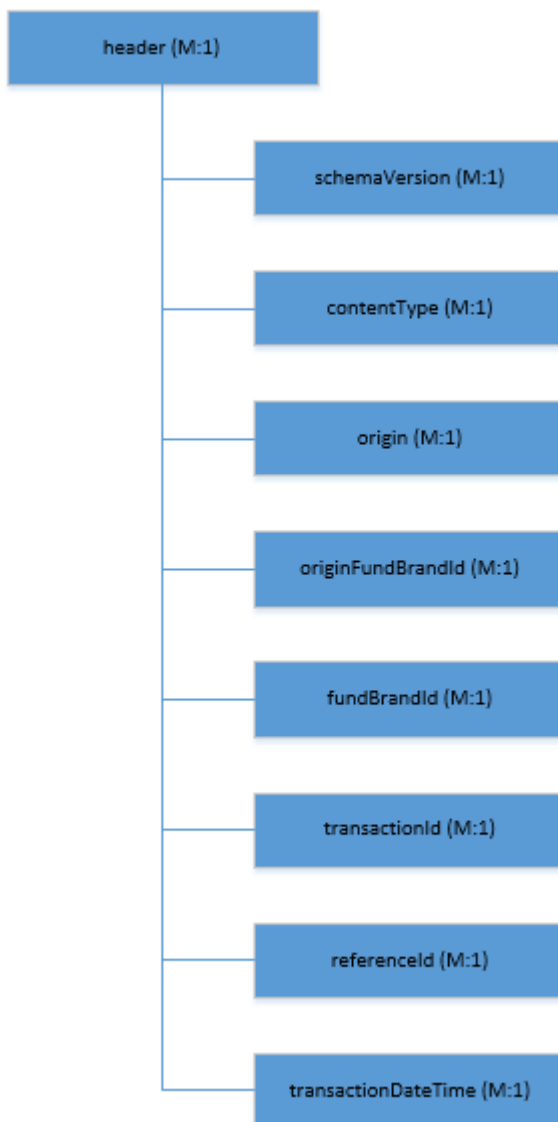
Scenario ID	Description				New Health Fund
	New Health Fund Scenario Description	Cover Type at New Health Fund (Hospital, General Treatment, Ambulance Only or Both)	#Person(s)	#Old Health Fund(s)	#Request(s)
11	<p>Multiple Persons from Various Old Health Funds</p> <p>The New Health Fund has a new Hospital and General Treatment membership for 4 persons. 2 persons are transferring from the Old Health Fund (B) and are on the same policy, whilst 1 person is transferring from the Old Health Fund (C) whilst the 4th person is transferring from the Old Health Fund (D).</p>	Both	4	<p>3 Old Health Funds</p> <p>Two persons coming from Old Health Fund (B); one each coming from Old Health Funds (C) and (D)</p>	<p>3 Requests</p> <p>One for two people coming from Old Health Fund (B)</p> <p>One for person three coming from Old Health Fund I</p> <p>One for person 4 from Old Health Fund (D)</p>
12	Single Person with Ambulance Only Cover	Ambulance Only	1	1 Old Health Fund	1 Request

Table 7 Transfer Certificate Request Scenarios

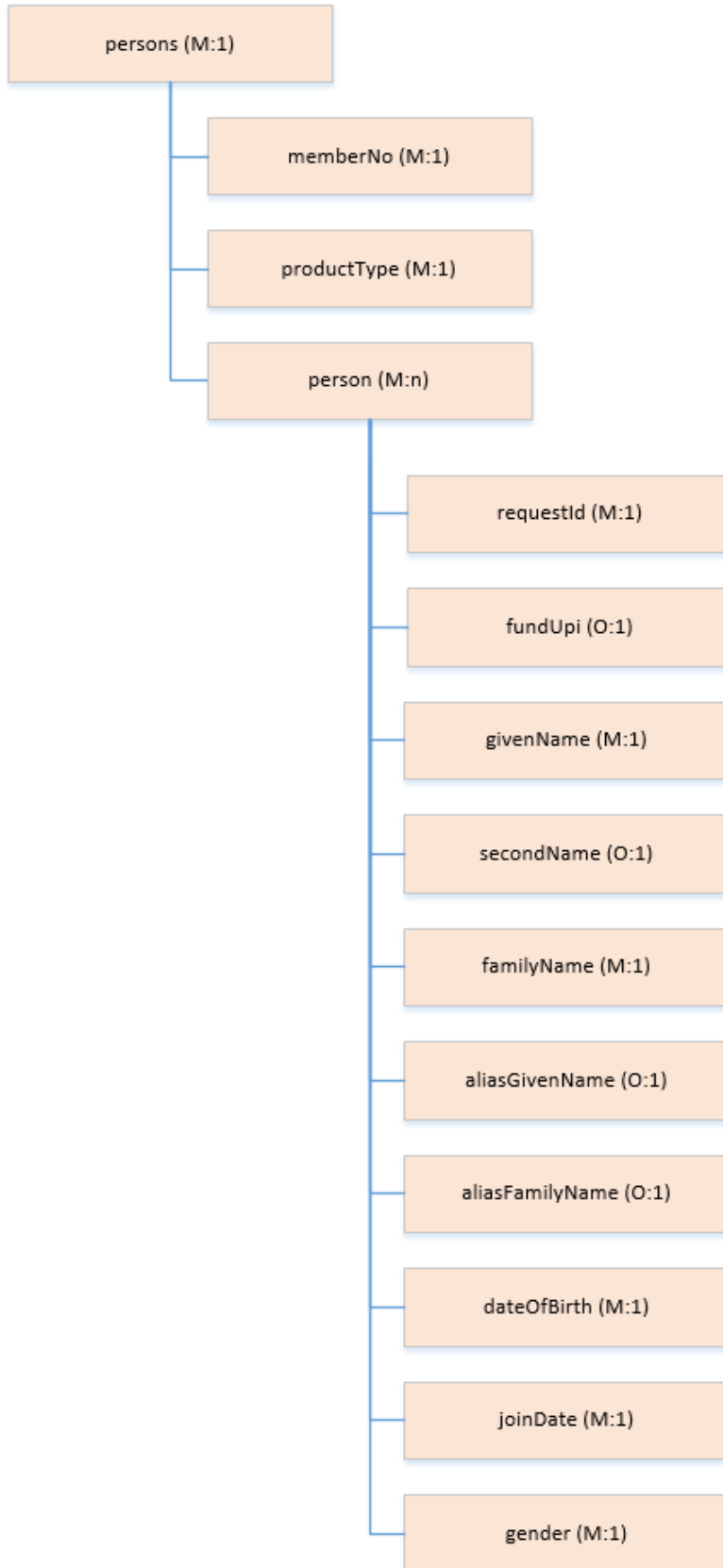
7.5 TCR Structure



7.6 TCR Header Structure



7.7 TCR Persons Structure



7.8 TCR XML Example

```
<?xml version="1.0" encoding="utf-8"?>
<transferCertificateRequest xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns="http://privatehealthcareaustralia.org.au/schema/transfercertificate">
  <header>
    <schemaVersion>1.3</schemaVersion>
    <contentType>TCR</contentType>
    <origin>ABC12345</origin>
    <originFundBrandId>ABC</originFundBrandId>
    <fundBrandId>DEF</fundBrandId>
    <transactionId>ABC123452ffd2435d8abf9e0</transactionId>
    <referenceId>123450000000234567898765</referenceId>
    <transactionDateTime>2016-06-06T09:30:10-06:00 </transactionDateTime>
  </header>
  <persons>
    <memberNo>123456789</memberNo>
    <productType>Both</productType>
    <person>
      <requestId>1</requestId>
      <fundUpi>01</fundUpi>
      <givenName>John</givenName>
      <secondName>Alan</secondName>
      <familyName>Fundmember</familyName>
      <dateOfBirth>1950-05-22</dateOfBirth>
      <joinedDate>2016-06-05</joinedDate>
      <gender>1</gender>
    </person>
    <person>
      <requestId>2</requestId>
      <givenName>Jill</givenName>
      <familyName>Fundmember</familyName>
      <aliasGivenName>Jill</aliasGivenName>
      <aliasFamilyName>Fundmember</aliasFamilyName>
      <dateOfBirth>1952-06-05</dateOfBirth>
      <joinedDate>2016-06-05</joinedDate>
      <gender>2</gender>
    </person>
    <person>
      <requestId>3</requestId>
      <givenName>Little</givenName>
      <secondName>Johnny</secondName>
      <familyName>Fundmember</familyName>
      <dateOfBirth>2000-06-05</dateOfBirth>
      <joinedDate>2016-06-05</joinedDate>
      <gender>1</gender>
    </person>
    <person>
      <requestId>4</requestId>
      <givenName>Mary</givenName>
      <familyName>Fundmember</familyName>
      <dateOfBirth>1991-06-01</dateOfBirth>
      <joinedDate>2016-06-05</joinedDate>
      <gender>2</gender>
    </person>
  </persons>
</transferCertificateRequest>
```

7.9 TCR Data Dictionary



TCR Data Dictionary
v 1.3 20180718.pdf

7.10 Transfer Certificate Request Special Processing Notes

- The header details are case sensitive.
- The header identifies who is the originator of the transfer certificate request by the 3-character Health Fund Code in `originFundBrandId` and the OLD Fund the person(s) belonged to i.e. which Health Fund the Transfer Request is for by the 3-character Health Fund Code in `fundBrandId`.
- The transaction ID is the unique identifier for the request which consists of the first 8 characters of the ECLIPSE location ID for the Health Fund requesting the Transfer Certificate followed by 16 alpha numeric characters i.e. 24 characters in total. This MUST be a unique number that is assigned by the submitting location i.e. New Health Fund. The transaction id will be used to track all subsequent messages through to completion of the interaction.
- A duplicate transaction is one that has the same type and transaction id as another transaction. The type can be identified using either the root element of the XML or the content type within the XML. The only exception to this is when both an interim and final transfer certificate is sent by the Old Health Fund. In order to differentiate between the two different transactions, the filename can be used and/or the response code (for an interim certificate the response code is 3002). It will be up to each Health Fund to monitor duplicate transactions. A duplicate transaction could be created by a Health Fund picking up data from the HealthLink folder twice or the sending Health Fund not incrementing the transaction id correctly. If you receive a duplicate transaction, you will need to investigate the cause before determining the appropriate response to take to maintain integrity in your system.

8 Person/Membership Verification Response (PVT)

8.1 Overview

A Person Verification is a high-level membership and person data-check only. Health Funds will not return corrected data, but they will advise whether they;

- Have identified the membership number the Transfer Certificate Request is for;
- Have identified the persons the Transfer Certificate Request is for; and
- Will provide Transfer Certificate details within 14 days from the receipt of the request for the persons identified

Any Transfer Certificate request that doesn't receive a positive Person Verification i.e. the membership/person(s) cannot be identified will need to be retransmitted by the New Health Fund in a separate request to either another Health Fund or to the same Health Fund with corrected data that will enable successful identification of the membership/person(s).

The Old Health Fund system will check the membership and person details received in a request against their membership/person data as at the day the transmission is received and respond to the New Health Fund to indicate whether the person is known to the Health Fund. An appropriate response code will be provided to advise the outcome of a match or potential areas where data doesn't match.

It is the responsibility of each Health Fund to determine which of the Health Fund related data fields they will utilise and in which combination to provide the Person Verification.

If the Old Health Fund sends back a Person Verification of 'Rejected', the onus is on the New Health Fund to correct the data before sending another Transfer Certificate Request.

8.2 Person/Membership Verification Matching Criteria

The following member matching criteria was agreed at an industry level to use the criteria for the Transfer Certificate Membership/Person Verification:

- Membership Number
- Product Type
- Unique Person identifier (dependant or suffix number, Optional)
- Person's Given name
- Person's Family Name
- Person's Date of Birth
- Person's Gender (optional)

Note: Except for Product type, the above matching criteria is also used for ECLIPSE patient verification.

Health Funds can use a combination of any of the above to uniquely identify a person however the following three points shall be achieved for the person verification to be considered successful:

Health Fund Transfer Certificate Process Flows

1. The supplied member number must be a valid member number.
2. The uniquely matched membership can be current or cancelled as at the date of enquiry.
3. The membership must have at least one product component that matches the requesting Health Funds Product type information over the duration of the membership with your Health Fund i.e. hospital cover, general treatment or both. This is to allow for requesting transfer certificates for persons whose cover was cancelled in the past, or if their hospital cover was cancelled in the past. If the membership/person has never had that cover type, then the person verification will not be successful.

The table below specifies the process order and, the various data match combinations to provide a successful patient match.

Request Data Element	1	2	3	4	5	6	7	8
Member Number	Y	Y	Y	Y	Y	Y	Y	Y
Product Type	Y	Y	Y	Y	Y	Y	Y	Y
Person's Family Name			Y		Y	Y	Y	
Person's Given Name	Y	Y	Y	Y			Y	
Person's Date of Birth	Y	Y	Y		Y			Y
Person's Gender		Y		Y		Y		Y
Unique Person Identifier (UPI)				Y	Y	Y	Y	Y
Accept once a unique patient match is found	😊	😊	😊	😊	😊	😊	😊	😊

Table 8 Person Verification Data Match Criteria

Note:

Green indicates valid matches without UPI.

Yellow indicates valid matches with the Old Health Fund UPI acting as advanced matching criteria.

Where a match is being performed on the Person's Given Name, it has been agreed to perform the match on the given name string encountered (delineated by a space). This will alleviate the problem where some Health Funds may store both the Given Name and the Second Name in the Given Name field.

We must also cater for persons with only one name. Where a person is only known by one name then that name will appear in the person's family name and the person's given name will display 'Onlyname'.

1. This validation relates specifically to those persons that wish to be known by only one name. These persons can be identified in the TCR via the use of data elements Person Family Name and Person Given Name as follows:

If Person Given Name OR Person Alias Given Name = "Onlyname", the person is considered matched if either of the following is true:

The Person Family Name OR Person Family Name Alias = Surname

The Person Family Name OR Person Family Name Alias = Given Name

The person name is NOT matched if:

The Person Given Name = Onlyname

The Person Family Name OR Person Family Name Alias NOT = Surname and NOT = Given Name.

2. The Person Given Name is a mandatory data element. Person Given Name Alias is an optional field, and may be used, if supplied as follows:
If Person Given Name = Given Name, consider the Person Given Name matched.
Otherwise, if the Person Given Name Alias = Given Name, consider the Person Given Name matched.
If either of the conditions above cannot be met, the Person Given Name must be considered unmatched.
3. The Person Family Name is a mandatory data element. Person Family Name Alias is an optional field, and may be used, if supplied as follows:
If Person Family Name = Surname, consider the Person Family Name matched.
Otherwise, if the Person Family Name Alias = Surname, consider the Person Family Name matched.
If either of the conditions above cannot be met, the Person Family Name must be considered unmatched.

8.3 Person/membership Verification Special Processing Notes

- There is a hierarchical order for processing which will drive responses;
 1. Check membership number, if incorrect no further checks are done; if correct then
 2. Check cover type details, if incorrect no further checks are done; if correct then
 3. Check person details, if incorrect no further check is done.
- Requests and the Person verification responses are not synchronous transactions however it is expected that Health Fund systems will be built to return a person verification response in near real time. This expectation has been set by the industry working group.

Health Fund Transfer Certificate Process Flows

- The person's UPI for the Old Health Fund is optional data however, if obtained by the New Health Fund it should be encouraged to supply it within the Transfer Certificate request to assist with the matching process. The value '00' is a valid Unique Person Identifier (UPI). Note that, for some Health Funds, UPIs are card-specific – i.e.: a person may have different UPIs on separate cards for the same membership.
- The Join date will not be used during the person matching process.
- 9668 response code indicates that the membership or person has never held any cover with the OLD Health Fund that matches what has been requested.
- When a person is cancelled from their Join Date i.e. they did not have any cover at the OLD Health Fund, when a TCR is received by the OLD Health Fund, then a PVT is sent with the response code 9668 Cover for the person does not match – Old Fund membership or person has never held a cover type that matches what has been requested.
- When checking the person information and the person details do not match, the response code 9689 will ONLY be returned when one of the data elements does not match, along with the name of the element of the person details that didn't match. For example, 9689 no person DOB match
- The following are example scenarios that demonstrate the usage of the response code 9689.









The OLD Health Fund membership has four persons listed in the left-hand column. The top row contains the person details submitted in a TCR.

TCR	Milly Green 05/07/2006 F	Jack Brown 01/12/2003 M	Mack Brown 15/02/2016 M	Jack Brown 15/02/2016 M
OLD Health Fund				
Jack Brown 31/12/2003 M	9667	9689 No person DOB match	9667 (Given & DOB don't match)	9689 No person DOB match
Lilly Brown 05/07/2006 F	9667 (Family & Given don't match)	9667 (Given, DOB & Gender don't match)	9667 (Given, DOB & Gender don't match)	9667 (Given, DOB & Gender don't match)
Jack Brown 15/02/2016 M	9667	9689 No person DOB match	9689 No person <Given> match	Matched
Zack Brown 15/02/2016 M	9667	9667 (Given & DOB don't match)	9689 No person Given match	9689 No person Given match
PVT Outcome	9667	9689 No person DOB match	9689 No person Given Name match	0000 Person known at Health Fund

8.4 Scenarios

Scenario ID	Scenario Description	Cover Type	#Person (s)	Old Health Fund Matching Data			Old Health Fund	
				Membership No	Cover Type	Person Details	Response Code	Response Text
1	New Health Fund requests a single person on Hospital Cover from the Old Health Fund. Membership, Cover Type and Person Details are all Matched by the Old Health Fund.	Hospital	1	✔	✔	✔	0000	Person known at Health Fund
2	New Health Fund requests a single person on Hospital Cover from the Old Health Fund. Membership number is not matched by the Old Health Fund.	Hospital	1	✘	Not checked	Not checked	9663	Membership number not recognised by Health Fund
3	New Health Fund requests a single person on Hospital Cover from the Old Health Fund. Membership number is matched; however, Person Details are not matched by the Old Health Fund.	Hospital	1	✔	✔	✘	9667 OR 9689	Person not recognised on the membership; OR No person GivenName*, FamilyName*, DOB* OR Gender* match




Health Fund Transfer Certificate Process Flows

Scenario ID	Scenario Description	Cover Type	#Person (s)	Old Health Fund Matching Data			Old Health Fund	
				Membership No	Cover Type	Person Details	Response Code	Response Text
4	New Health Fund requests a single person on Hospital Cover from the Old Health Fund. Membership number is matched; however, Cover Type is not matched by the Old Health Fund.	Hospital	1			Not checked	9668	Cover for the person does not match
5	New Health Fund requests a single person on combined Hospital and General Treatment (Both) Cover from the Old Health Fund. Membership number is matched; however, Cover Type is partially matched by the Old Health Fund as the Old Health Fund only has that person on General Treatment cover.	Both	1				0000	Person known at Health Fund
6	New Health Fund requests a single person on Hospital Cover from the Old Health Fund. Membership number is matched; however, Cover Type is partially matched by the Old Health Fund as the Old Health Fund has that person on	Hospital	1				0000	Person known at Health Fund

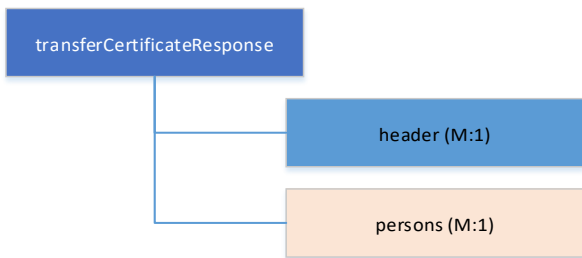
Health Fund Transfer Certificate Process Flows

Scenario ID	Scenario Description	Cover Type	#Person (s)	Old Health Fund Matching Data			Old Health Fund	
				Membership No	Cover Type	Person Details	Response Code	Response Text
	combined Hospital and General Treatment (Both) Cover.							
7	New Health Fund requests two persons on combined Hospital and General Treatment (Both) Cover from the Old Health Fund. Membership number, Cover Type and all Person Details are matched.	Both	2	✔	✔	✔	0000 for each person	Person known at Health Fund
8	New Health Fund requests two persons on combined Hospital and General Treatment (Both) Cover from the Old Health Fund. Membership number and Cover Type match. However, Person Details only matched for one of the two people.	Both	2	✔	✔	✔ ✘	✔ 0000 for matched person 9667 OR 9689 for unmatched person	Person known at Health Fund Person not recognised on the membership; OR No person GivenName*, FamilyName*, DOB* OR Gender* match (Only one * data element will be output in the response text.)

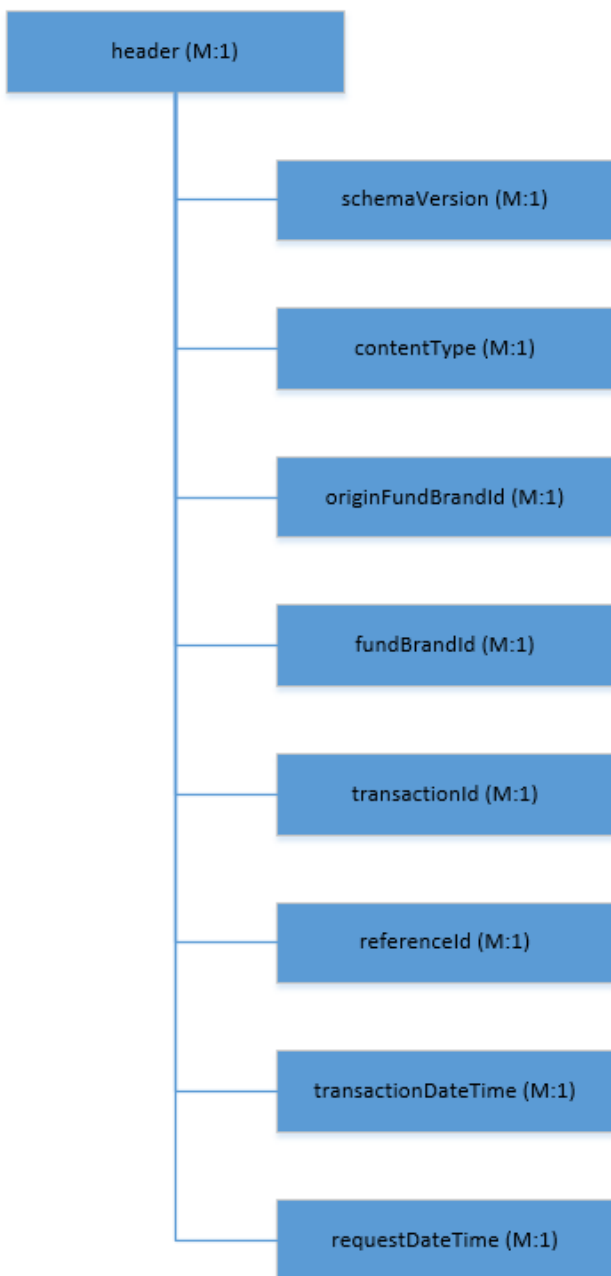
Health Fund Transfer Certificate Process Flows

Scenario ID	Scenario Description	Cover Type	#Person (s)	Old Health Fund Matching Data			Old Health Fund	
				Membership No	Cover Type	Person Details	Response Code	Response Text
9	New Health Fund requests two persons on combined Hospital and General Treatment (Both) Cover from the Old Health Fund. Membership number does not match at the Old Health Fund.	Both	2		Not checked for each person	Not checked for each person	9663 for each person	Membership number not recognised by Health Fund
10	New Health Fund requests two persons on Hospital Cover from the Old Health Fund. Membership number matches however the Cover Type does not match at the Old Health Fund, as the Old Health Fund only has the membership number as having General Treatment Cover.	Hospital	2			Not checked for each person	9668 for each person	Cover for the person does not match

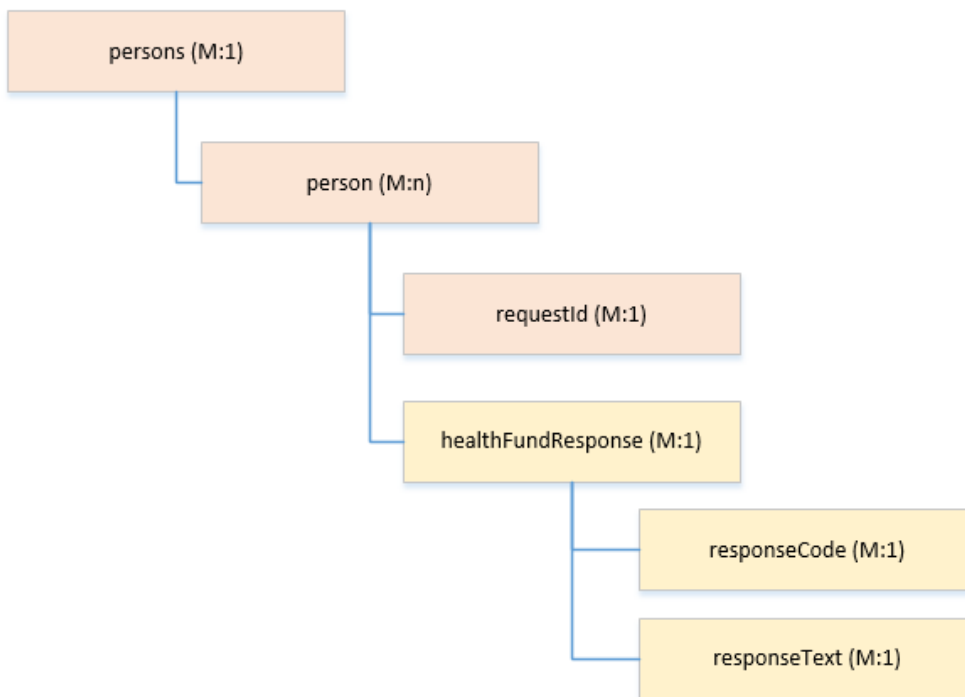
8.5 PVT Structure



8.6 PVT Header Structure



8.7 PVT Persons Structure



8.8 PVT XML Example

```
<?xml version="1.0" encoding="utf-8"?>
<personVerificationTransferCertificate
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns="http://privatehealthcareaustralia.org.au/schema/transfercertificate">
<header>
  <schemaVersion>1.3</schemaVersion>
  <contentType>PVT</contentType>
  <originFundBrandId>ABC</originFundBrandId>
  <fundBrandId>DEF</fundBrandId>
  <transactionId>ABC123452ffd2435d8abf9e0</transactionId>
  <referenceId>123450000000234567898766</referenceId>
  <transactionDateTime>2017-02-14T09:30:10-06:00</transactionDateTime>
  <requestDateTime>2017-02-12T09:45:10-06:00</requestDateTime>
</header>
<persons>
  <person>
    <requestId>1</requestId>
    <healthFundResponse>
      <responseCode>0000</responseCode>
      <responseText>Person known at fund</responseText>
    </healthFundResponse>
  </person>
  <person>
    <requestId>2</requestId>
    <healthFundResponse>
      <responseCode>0000</responseCode>
      <responseText>Person known at fund</responseText>
    </healthFundResponse>
  </person>
  <person>
    <requestId>3</requestId>
    <healthFundResponse>
```

Health Fund Transfer Certificate Process Flows

```
        <responseCode>0000</responseCode>
        <responseText>Person known at fund</responseText>
    </healthFundResponse>
</person>
<person>
    <requestId>4</requestId>
    <healthFundResponse>
        <responseCode>9667</responseCode>
        <responseText>Person not recognised on the membership</responseText>
    </healthFundResponse>
</person>
</persons>
</personVerificationTransferCertificate>
```

8.9 PVT Data Dictionary



PVT Data Dictionary
v 1.3 20180718.pdf

9 Transfer Certificate Cancellation (TCC)

The message structure will allow for the New Health Fund to cancel a Transfer Certificate Request (TCR) if the New Health Fund has requested a Transfer Certificate from the Old Health Fund and is still waiting on the Transfer Certificate Details (TCD) message. This will enable the New Health Fund to cancel the request if it is no longer required. This could be for a number of reasons such as, the person no longer wants to take out Health insurance with the New Health Fund, or the New Health Fund realises that the request details were incorrect etc.

A Transfer Certificate Cancellation may only be submitted for requests where the Transfer Certificate Detail (TCD) response has not been received, and where one or more persons have been successfully verified by the Old Health Fund.

If the Transfer Certificate Details Response has been received or all persons have not been verified by the Old Health Fund, then a cancellation request cannot be submitted.

A Transfer Certificate Request cannot be cancelled for an individual person where multiple individuals are on the request. The request must be cancelled in its entirety, i.e. for all persons in the request.

The Old Health Fund cannot initiate the cancellation of a Transfer Certificate Request.

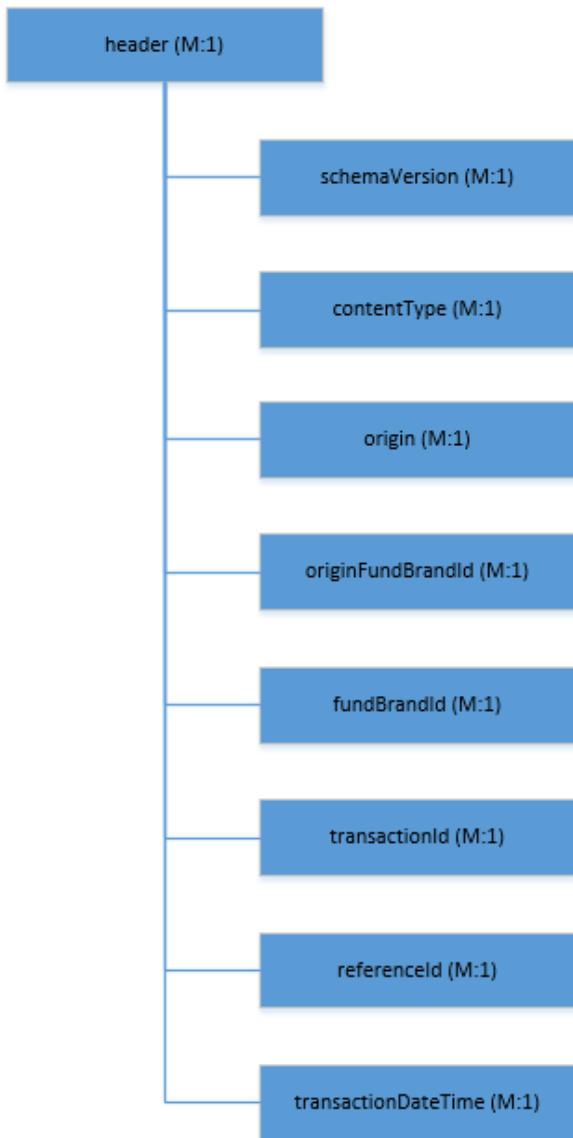
When a Cancellation Request is made, then the NEW Health Fund MUST provide:

- The Original Transaction ID of the Transfer Certificate Request that requires cancelling.

9.1 TCC Structure



9.2 TCC Header Structure



9.3 TCC XML Example

```
<?xml version="1.0" encoding="utf-8"?>
<transferCertificateCancellation xmlns:xsi="http://www.w3.org/2001/XMLSchema-
instance"
xmlns="http://privatehealthcareaustralia.org.au/schema/transfercertificate">
<header>
  <schemaVersion>1.3</schemaVersion>
  <contentType>TCC</contentType>
  <origin>ABC12345</origin>
  <originFundBrandId>ABC</originFundBrandId>
  <fundBrandId>DEF</fundBrandId>
  <transactionId>ABC123452ffd2435d8abf9e0</transactionId>
  <referenceId>12345000000234567898765</referenceId>
  <transactionDateTime>2016-06-06T09:30:10-06:00 </transactionDateTime>
</header>
</transferCertificateCancellation>
```

9.4 TCC Data Dictionary



TCC Data Dictionary
v 1.3.pdf

10 Transfer Certificate Cancellation Response (TCS)

When the OLD Health Fund receives a Transfer Certificate Cancellation Request (TCC) then:

- The Transfer Certificate Request will be cancelled by the Old Health Fund i.e. no complete Transfer Certificate Details response will be sent, and the person’s membership will not be cancelled, or their cover changed.
- The Old Health Fund will send a Transfer Certificate Cancellation Response (TCS) with the response code 3001 – Transfer Certificate Details cancelled.

If the Old Health Fund has no record of the original Transfer Certificate Request Transaction ID i.e. the original Transaction ID cannot be located by the receiving Health Fund, then the Old Health Fund will reject the cancellation and send the response code 3008. The cancellation will need to be re-sent with the correct Transaction ID if it was sent with the incorrect Transaction ID in the first instance.

While a Health Fund should not receive a TCC after a Final TCD has been sent, a response code of 3006 can be used to alert the NEW Health Fund that the cancellation cannot be accepted due to a timing issue with the TCD i.e. the TCC was received after the TCD was already sent to the NEW Health Fund.

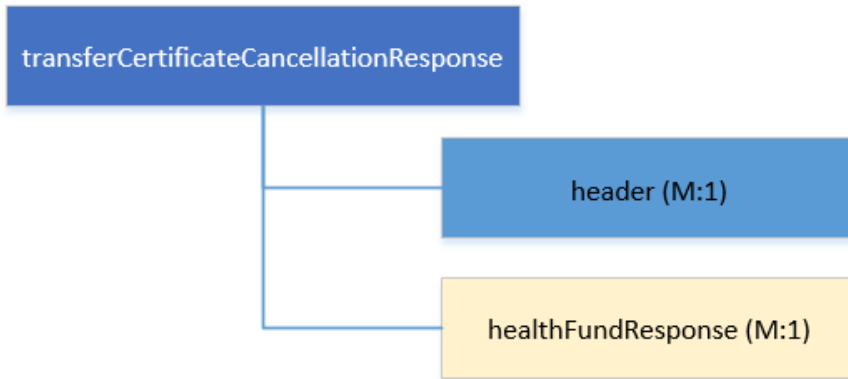
10.1 TCS Response Codes

There are six response codes specific to a TCS response.

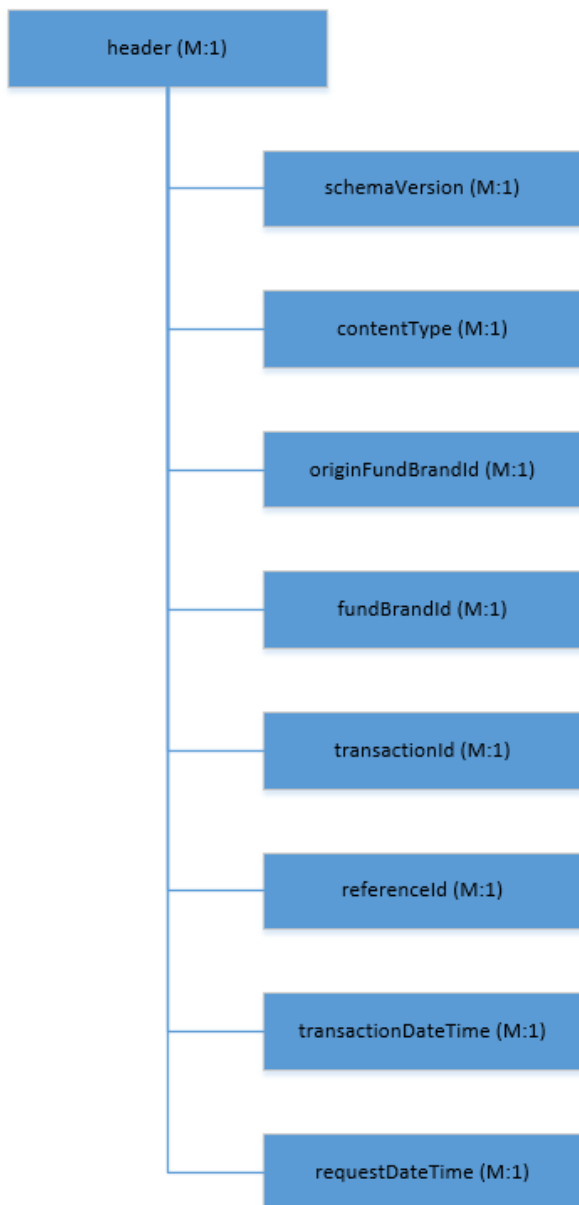
Response Code	Description
3001	Transfer Certificate Details cancelled
3004	TCC Rejected as PVT rejected
3005	TCC Rejected as TRR Sent
3006	TCC Rejected as Final TCD sent
3007	Invalid xml
3008	Transaction ID not found

Table 9 TCS Response Codes

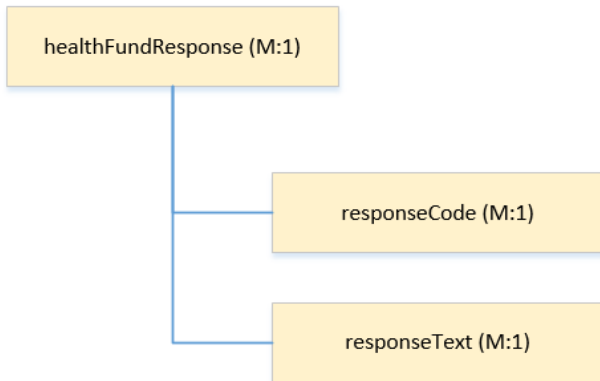
10.2 TCS Structure



10.3 TCS Header Structure



10.4 TCS Response



10.5 TCS XML Example

```
<?xml version="1.0" encoding="utf-8"?>
<transferCertificateCancellationResponse
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns="http://privatehealthcareaustralia.org.au/schema/transfercertificate">
<header>
  <schemaVersion>1.3</schemaVersion>
  <contentType>TCS</contentType>
  <originFundBrandId>ABC</originFundBrandId>
  <fundBrandId>DEF</fundBrandId>
  <transactionId>ABC123452ffd2435d8abf9e0</transactionId>
  <referenceId>123450000000234567898765</referenceId>
  <transactionDateTime>2016-06-06T09:30:10-06:00 </transactionDateTime>
  <requestDateTime>2016-06-05T09:45:10-06:00</requestDateTime>
</header>
<healthFundResponse>
  <responseCode>3001</responseCode>
  <responseText>Transfer Certificate Details cancelled</responseText>
</healthFundResponse>
</transferCertificateCancellationResponse>
```

10.6 TCS Response Data Dictionary



TCS Data Dictionary
v 1.3.pdf

11 Transfer Certificate Details (TCD)

11.1 Business Rules

- The Transfer Certificate Detail message (TCD) cannot be generated where a TCR request has not been received. If a member asks for a Transfer Certificate to be sent to a Health Fund, it will be sent outside this system using existing manual processes.
- A Transfer Certificate Detail (TCD) cannot be sent for a person where you have not performed a PVT, or the outcome of the PVT is not 0000.
- The Old Health Fund will always acknowledge receipt of a request from the New Health Fund with the outcome of the person matching on that request. That is, whether the person is identified, or the person is NOT identified. The 14-day count will commence from the time the Old Health Fund has acknowledged acceptance of the Transfer Certificate request for all persons it has matched i.e. a successful PVT for the respective person.
- There will be a one-for-one match in that one Transfer Certificate request will receive one Person Verification Response and one Transfer Certificate Details (TCD) response unless the TCD was an interim certificate (response code 3002). If an interim certificate is supplied the first time, a second TCD will be sent when the person or membership is cancelled.

A TRR response will be returned to the New Health Fund if a person is retained, within 14 days of sending a successful PVT for a Transfer Certificate Request. A response code 3003 will indicate that the person(s) has been retained.

- Interim Transfer Certificates are sent when the membership/person is still current with the OLD Health Fund and the paid-to-date on the membership is LESS than the join date at the NEW Health Fund. In the instance where an interim Transfer Certificate is sent, a Final Transfer Certificate must be sent as soon as the membership is paid up to date i.e. when the final payment is received, and the membership can be cancelled, OR the OLD Health Fund determines the membership can be cancelled. The issuing of a Final Transfer Certificate must not exceed 60 days from when the interim Transfer Certificate was sent. The 60-day count will commence from the receipt of the Interim Transfer Certificate by the NEW Health Fund. It is expected that the NEW Health Fund can follow up with the OLD Health Fund if they have not received a Final Transfer Certificate after 60 days.
- Final Transfer Certificates are sent when either;
 - 1) The membership/person is already cancelled, and the termination date is LESS than or equal to the NEW Health Fund join date, OR
 - 2) The membership/person termination date is equal to the NEW Health Fund join date.

It is the OLD Health Fund's responsibility to ensure that the End Date in the Final Transfer Certificate is NOT greater than the join date at the NEW Health Fund.

Should a NEW Health Fund identify this situation then, the NEW Health Fund **MUST** contact the OLD Health Fund to advise them they have a problem. The only way to rectify this situation will be that;

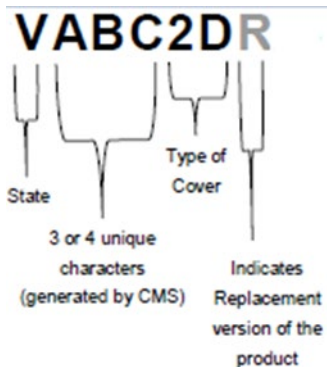
- 1) The NEW Health Fund sends a NEW Transfer Certificate Request; OR

Health Fund Transfer Certificate Process Flows

- 2) The NEW Health Fund to obtain a new Transfer Certificate outside of the automated solution.
- All dates in a TCD are inclusive i.e. no overlapping dates.
 - All existing business rules pertaining to the information captured on the manual / paper Transfer Certificates will not change in this solution. Refer to the Transfer Certificate Business Rules section for the current business rules.
 - When a membership/person is terminated from the OLD Health Fund from their Join Date after an Accepted PVT has been sent then when the person is terminated and a TCD sent, the TCD is issued with a response code 3009 – No cover at Health Fund. The TCD output will be as follows:
 1. The Cover History – To Date will not need to be supplied.
 2. The Cover History – Product Name element will display Terminated.
 3. Product Description details will not need to be supplied.
 4. The Persons – Join Date will not need to be supplied.
 5. The Persons – End Date will not need to be supplied.
 - The Health Fund business rules drive whether a dependant can be cancelled or not. Dependants can be registered on two Health Insurance policies at once if a TCR is received for dependants and those dependants cannot be cancelled due to specific Health Fund rules. It is a requirement under legislation for a Transfer Certificate to be supplied to the NEW Health Fund.

The dependant person's 'end date' will be supplied if the dependant has been cancelled. If the dependant has not been cancelled, then the dependant person's 'end date' will NOT be supplied. This will enable the system to be flexible to meet a Health Funds business rules and their compliance obligations under legislation whilst not impacting consumer choice.
 - The product code naming conventions are defined by privatehealth.gov.au. The product code is a unique code that can be used to retrieve the Standard Information Statement (SIS) or the Private Health Information Statement (PHIS).

The full filename for the product code includes the three-character Fund code and the Table code in addition to the SIS/PHIS Code, however for the purpose of product matching only the SIS/PHIS Code is required to be supplied in the transfer certificate information. Currently* this is a 6-8 character code that consists of the following:



Health Fund Transfer Certificate Process Flows

State	<p>A single character denoting the state or territory the product is available in, possible values as follows:</p> <p>A – All states</p> <p>D – Northern Territory (Darwin)</p> <p>N – New South Wales (includes ACT)</p> <p>Q – Queensland</p> <p>S – South Australia</p> <p>T – Tasmania</p> <p>V – Victoria</p> <p>W – Western Australia</p>
Unique Code	<p>Unique code generated by CMS which is 3 or 4 characters and guaranteed to be unique within a Fund, assigned sequentially in the range 'AAA' to 'ZZZZ'. A 4-character code will only be assigned when a Fund has created sufficient unique products to require it i.e. more than 17576. 4-character codes will commence from 'BAAA' and permit a Fund to create up to 456976 unique product codes.</p>
Type of Cover	<p>The number of adults and dependants covered by the policy, as follows:</p> <p>0D dependants only</p> <p>10 1 adult, no dependants</p> <p>1D 1 adult with dependants</p> <p>1Y 1 adult with any dependants (incl. Young adult dependants)</p> <p>20 2 adults, no dependants</p> <p>2D 2 adult with dependants</p> <p>2Y 2 adult with any dependants</p> <p>3D 3 or more adults with dependants</p>
Replacement product indicator	<p>A temporary suffix present only on Replacement products that are not yet available for purchase. This is no longer used.</p>

Health Fund Transfer Certificate Process Flows

*Note that this is the current format. The previous format does have slightly different values but can still be supported in this solution.

- Health Funds will output the Waiting Period value in the Product Description section of the TCD in one of two ways:
 1. An indication of whether the product has waiting periods or not.
In most instances the waiting periods value will be True as most Health Fund products have waiting periods.**OR**
 2. An indication if the membership still has waiting periods to serve on that product.

- Claims History General Treatment current period and previous period information:
The 6 month periods are always 01/01/ccyy – 30/06/ccyy and 01/07/ccyy – 31/12/ccyy

The current period is determined by which period the termination date falls in.

The previous period is determined by the 6 months before the current period.

Example 1: Termination date = 1st of May 2020

Termination date falls in period 01/01/2020 – 30/06/2020 this becomes the current period.

This means the previous 6 month period is 01/07/2019 – 31/12/2019.

Example 2: Termination date = 02nd Oct 2020

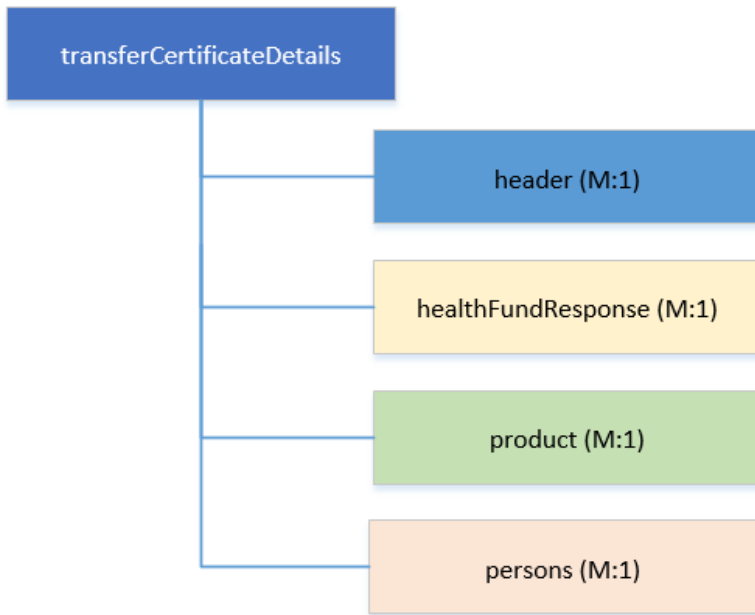
Termination date falls in period 01/07/2020 – 31/12/2020 this becomes the current period.

This means the previous 6 month period is 01/01/2020 – 30/06/2020.

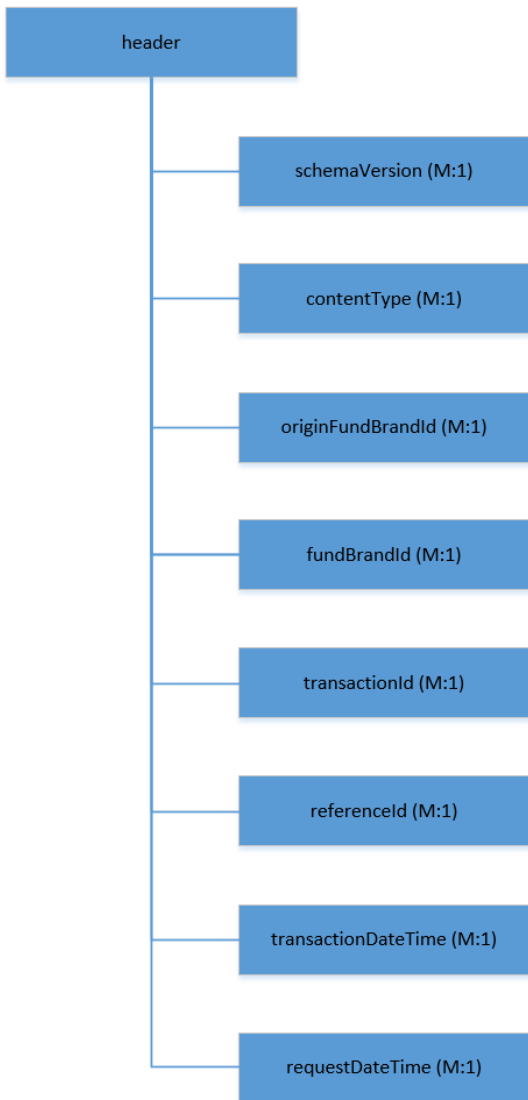
A Health Fund can then determine how they use the data according to their benefit period i.e., calendar year, or financial year.

In the case of example 1 for a Health Fund with calendar year benefits they would use the current period benefits in 2020. For a Health Fund with financial year benefits they would use both the current and previous year benefits for the 2019/2020 period.

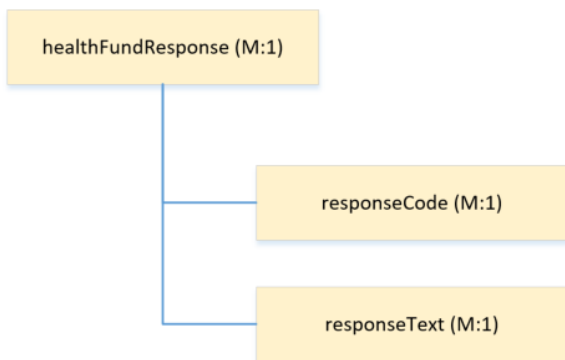
11.2 TCD Structure



11.3 TCD Header Structure



11.4 TCD Response Structure



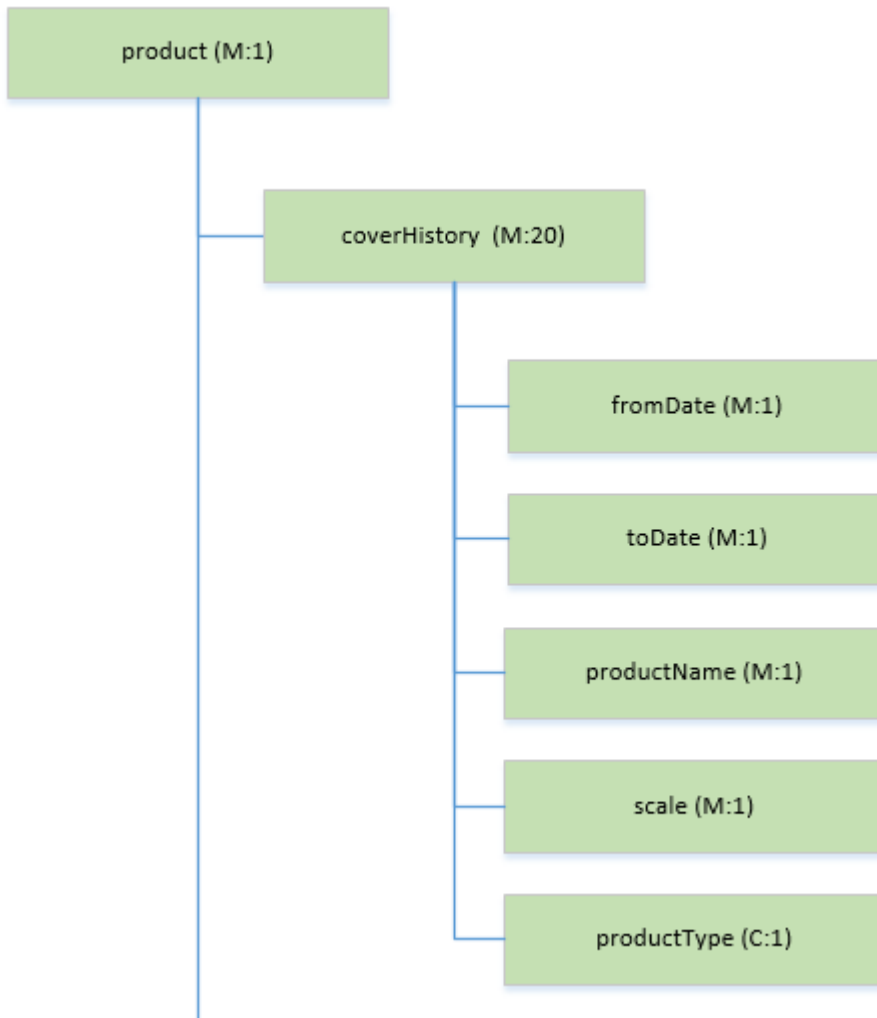
11.5 TCD Response Codes

There are two response codes specific to a TCD response.

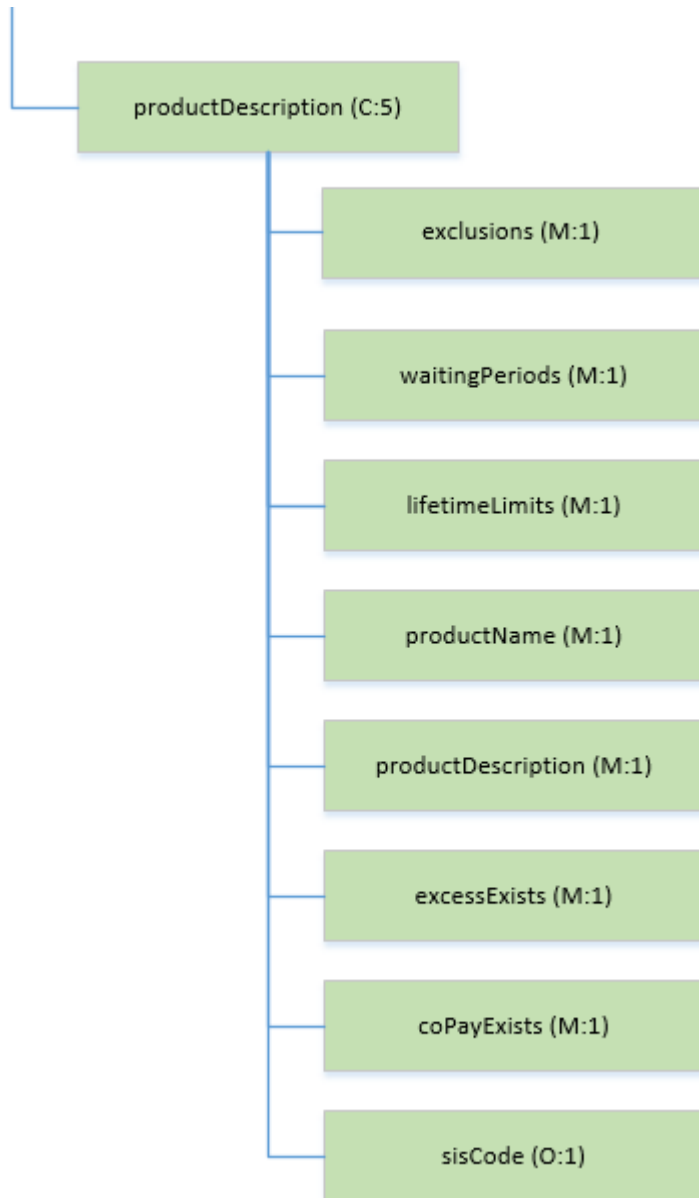
Response Code	Description
3000	Transfer Certificate Details provided
3002	Interim Certificate issued
3009	No Cover at Health Fund
3010	TCD for Hospital Only
3011	TCD for General Treatment Only
3012	TCD for Ambulance Only

Table 10 TCD Response Codes

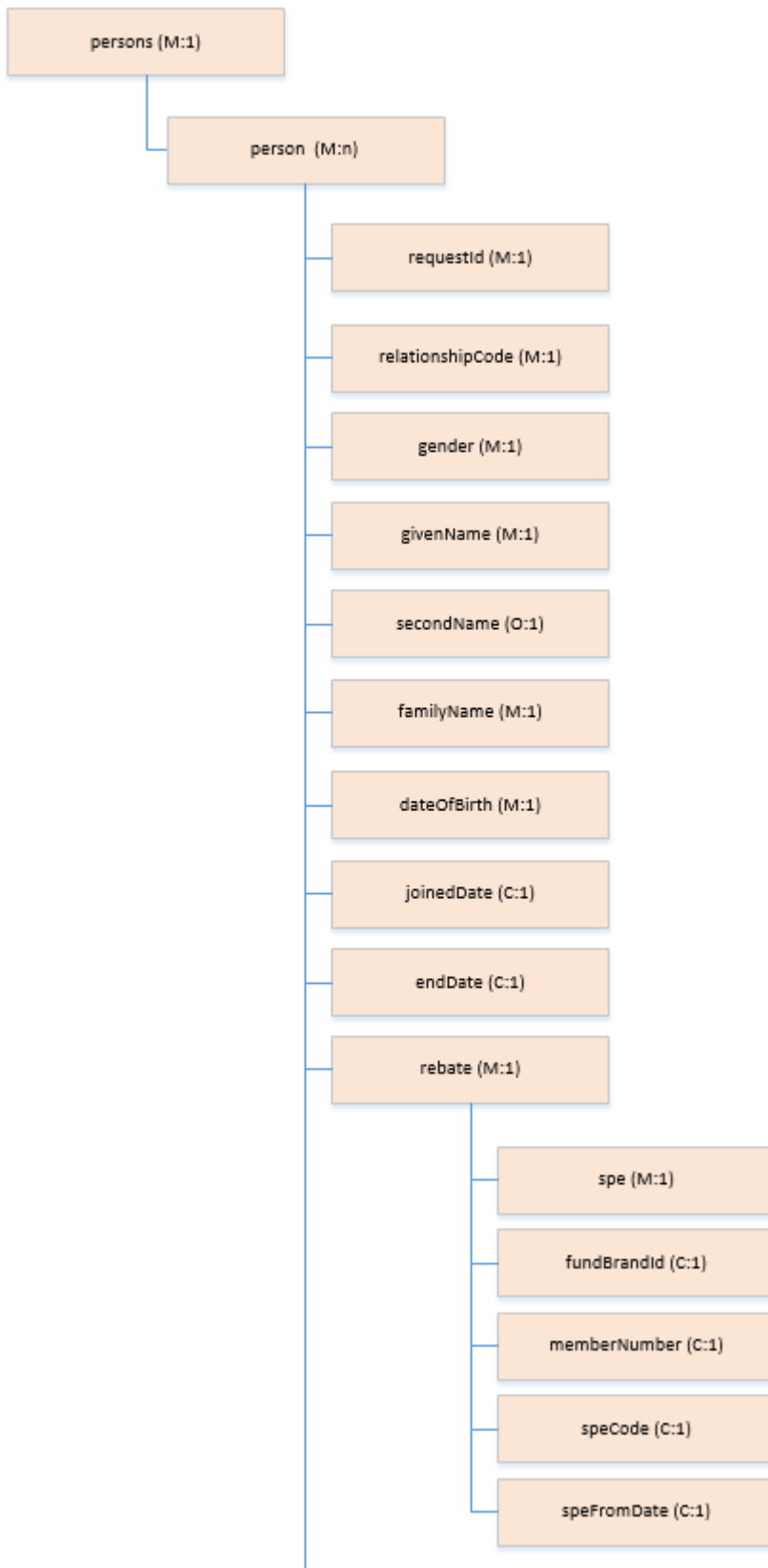
11.6 TCD Product Structure



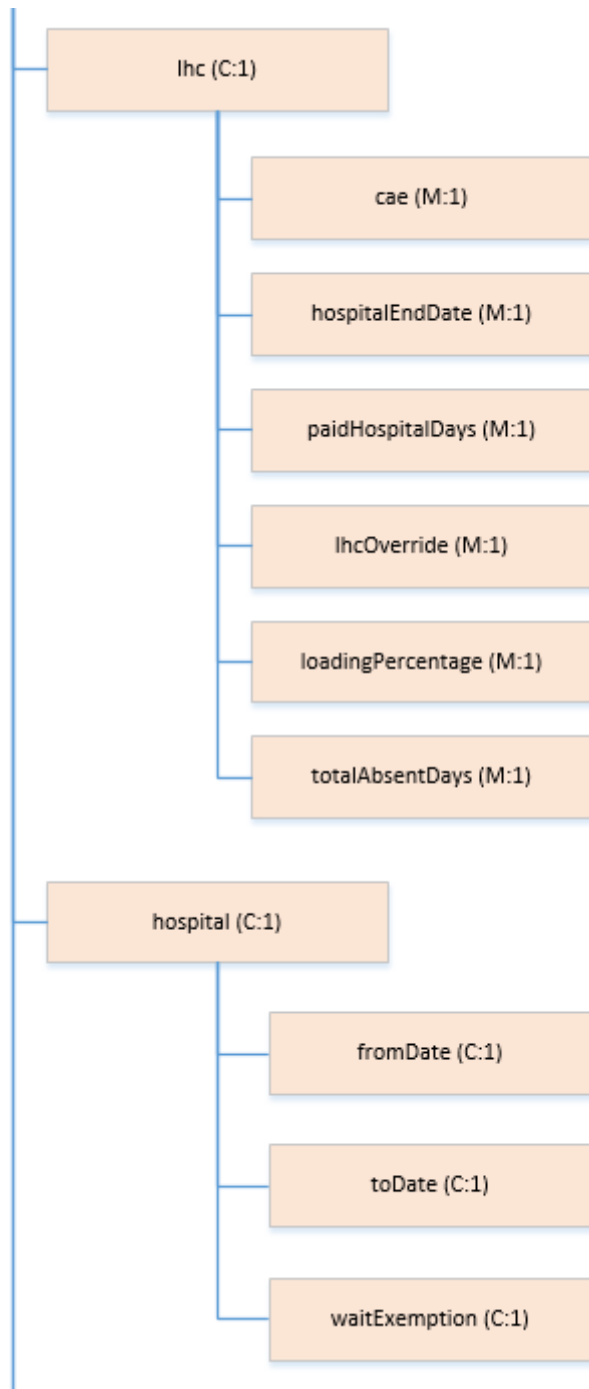
Health Fund Transfer Certificate Process Flows



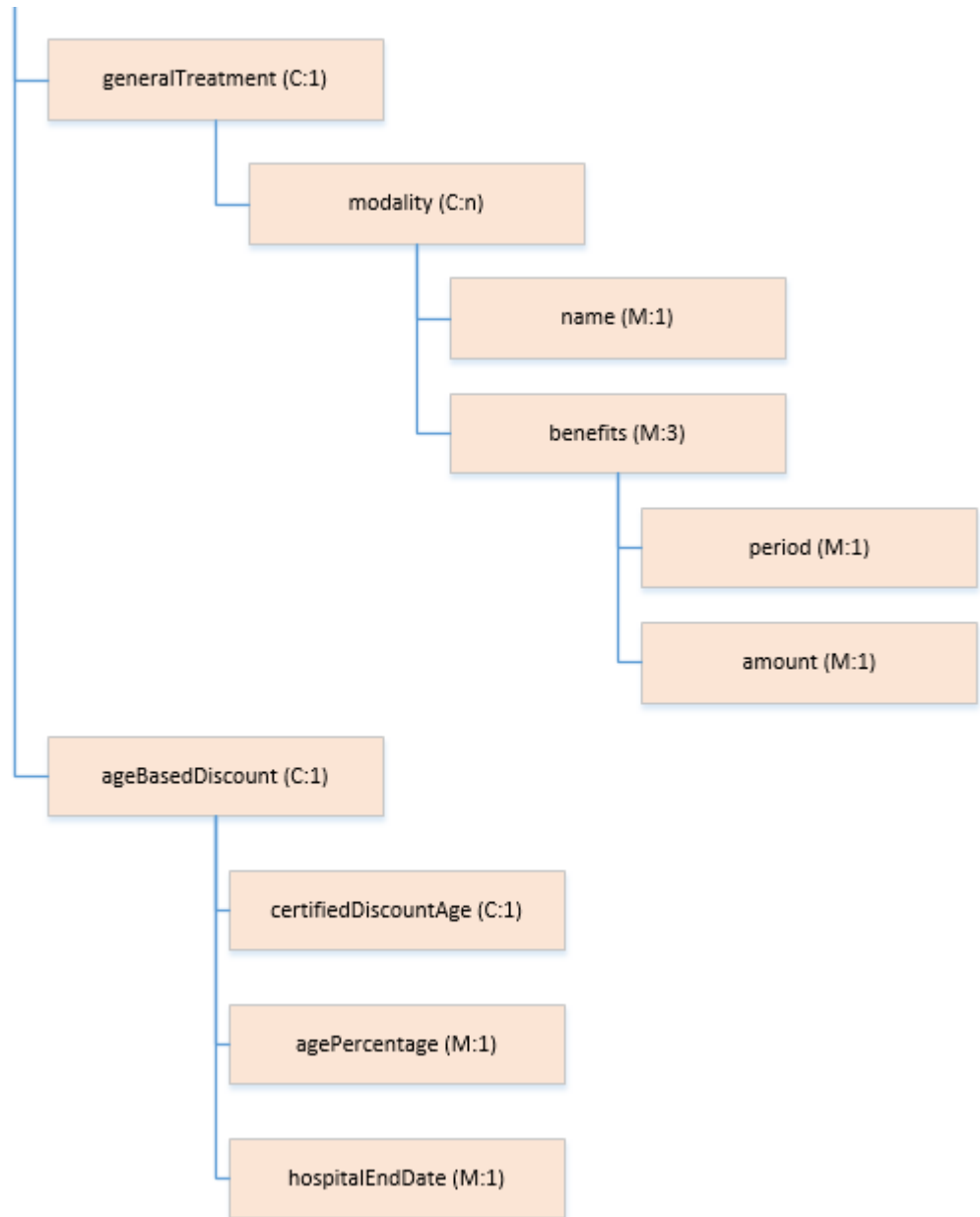
11.7 TCD Persons Structure



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11.8 TCD XML Example

```
<?xml version="1.0" encoding="utf-8"?>
<transferCertificateDetails xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns="http://privatehealthcareaustralia.org.au/schema/transfercertificate">
<header>
  <schemaVersion>1.4</schemaVersion>
  <contentType>TCD</contentType>
  <originFundBrandId>ABC</originFundBrandId>
  <fundBrandId>DEF</fundBrandId>
  <transactionId>ABC123452ffd2435d8abf9e0</transactionId>
  <referenceId>123450000000234567898765</referenceId>
  <transactionDateTime>2016-06-06T09:30:10-06:00</transactionDateTime>
  <requestDateTime>2016-06-05T09:30:10-06:00</requestDateTime>
</header>
<healthFundResponse>
  <responseCode>3000</responseCode>
  <responseText>Transfer Certificate Details provided</responseText>
</healthFundResponse>
<product>
  <coverHistory>
    <fromDate>2015-02-15</fromDate>
    <toDate>2016-12-31</toDate>
    <productName>Top Hospital</productName>
    <scale>Single Family</scale>
    <productType>Hospital</productType>
  </coverHistory>
  <productDescription>
    <exclusions>>false</exclusions>
    <waitingPeriods>>false</waitingPeriods>
    <lifetimeLimits>>false</lifetimeLimits>
    <productName>Top Hospital</productName>
    <productDescription>Top Hospital cover with no
excess</productDescription>
    <excessExists>>false</excessExists>
    <coPayExists>>false</coPayExists>
    <sisCode>VABC2DR</sisCode>
  </productDescription>
</product>
<persons>
  <person>
    <requestId>1</requestId>
    <relationshipCode>Self</relationshipCode>
    <gender>1</gender>
    <givenName>John</givenName>
    <secondName>Jim</secondName>
    <familyName>Fundmember</familyName>
    <dateOfBirth>1960-01-01</dateOfBirth>
    <joinedDate>1999-06-05</joinedDate>
    <endDate>2010-06-05</endDate>
    <rebate>
      <spe>>true</spe>
      <fundBrandId>ABC</fundBrandId>
      <memberNumber>123456789</memberNumber>
      <speCode>65</speCode>
      <speFromDate>2010-01-01</speFromDate>
    </rebate>
    <lhc>
      <cae>30</cae>
      <hospitalEndDate>2010-06-05</hospitalEndDate>
      <paidHospitalDays>200</paidHospitalDays>
    </lhc>
  </person>
</persons>
</transferCertificateDetails>
```

Health Fund Transfer Certificate Process Flows

```
<lhcOverride>>false</lhcOverride>
<loadingPercentage>2</loadingPercentage>
<totalAbsentDays>0</totalAbsentDays>
</lhc>
<hospital>
  <fromDate>2010-03-01</fromDate>
  <toDate>2010-03-10</toDate>
</hospital>
<generalTreatment>
  <modality>
    <name>Acupuncture</name>
    <benefits>
      <period>Previous 6 months</period>
      <amount>40</amount>
    </benefits>
  </modality>
  <modality>
    <name>Chiropractic and Osteopathy</name>
    <benefits>
      <period>Previous 6 months</period>
      <amount>100</amount>
    </benefits>
    <benefits>
      <period>Current 6 months</period>
      <amount>25</amount>
    </benefits>
  </modality>
  <modality>
    <name>Major Dental</name>
    <benefits>
      <period>Previous 6 months</period>
      <amount>1125</amount>
    </benefits>
  </modality>
  <modality>
    <name>General Dental</name>
    <benefits>
      <period>Previous 6 months</period>
      <amount>75</amount>
    </benefits>
    <benefits>
      <period>Current 6 months</period>
      <amount>23</amount>
    </benefits>
  </modality>
  <modality>
    <name>Health Management</name>
    <benefits>
      <period>Previous 6 months</period>
      <amount>150</amount>
    </benefits>
  </modality>
  <modality>
    <name>Hearing Aids</name>
    <benefits>
      <period>Current 6 months</period>
    </benefits>
  </modality>
</generalTreatment>
</generalTreatment>
```

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```
        <amount>1050</amount>
      </benefits>
    </modality>
  <modality>
    <name>Optical</name>
    <benefits>
      <period>Previous 6 months</period>
      <amount>375</amount>

    </benefits>
  </modality>
  <modality>
    <name>Orthodontic</name>
    <benefits>
      <period>Lifetime</period>
      <amount>2500</amount>

    </benefits>
  </modality>
  <modality>
    <name>Physiotherapy</name>
    <benefits>
      <period>Previous 6 months</period>
      <amount>15</amount>

    </benefits>
  <benefits>
    <period>Current 6 months</period>
    <amount>30</amount>
  </benefits>
</modality>
</generalTreatment>
<ageBasedDiscount>
  <agePercentage>0</agePercentage>
  <hospitalEndDate>2010-06-05</hospitalEndDate>
</ageBasedDiscount>
</person>
</persons>
</transferCertificateDetails>
```

11.9 TCD Data Dictionary



TCD Data Dictionary
v1.4 Final 20191125.

12 Transfer Retained Response (TRR)

The message structure will allow for the scenario where the Old Health Fund retains the person(s). This will enable the Old Health Fund to notify the New Health Fund that they have successfully retained the person(s) and as such the Transfer Certificate Details will not be sent.

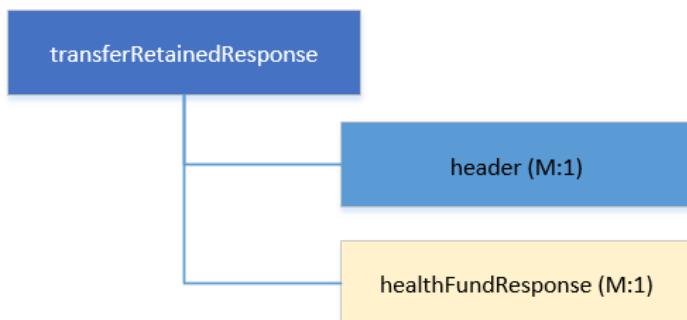
A Transfer Retained Response may only be submitted for requests where the final Transfer Certificate Details (TCD) response has not been sent to the New Health Fund (i.e. it can still be sent if the Old Health Fund has sent interim certificate details).

If the final Transfer Certificate Details Response has been sent, then a retained response cannot be submitted.

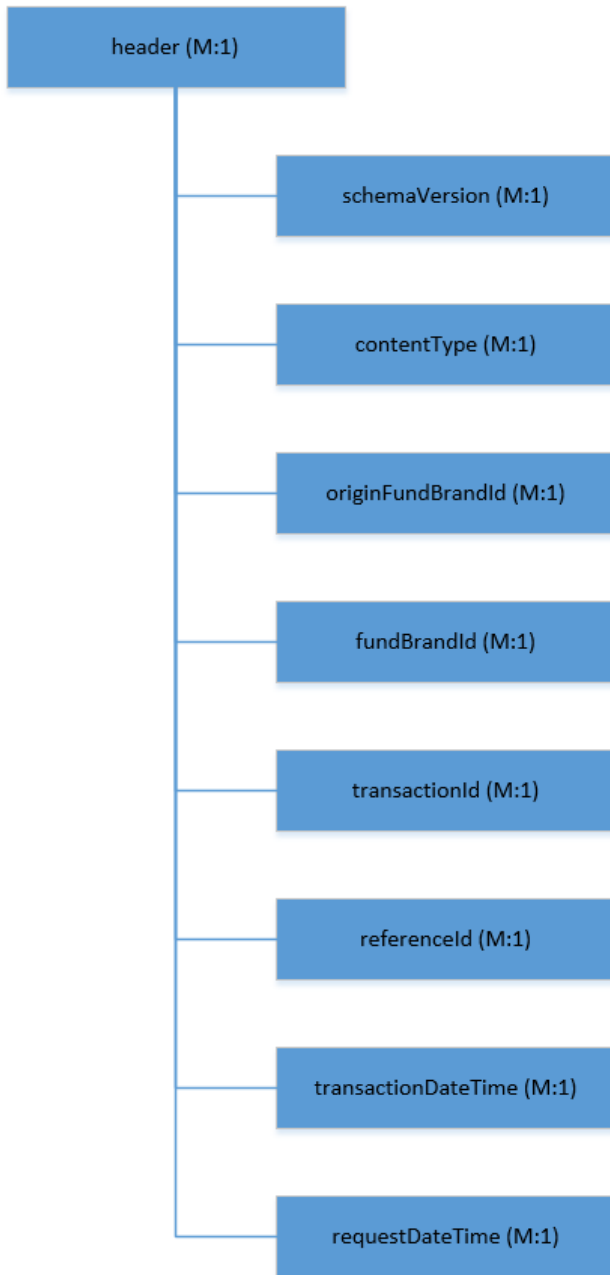
A Transfer Retained Response cannot be sent for an individual person (if the original transfer certificate request had more than one person that was successfully verified). The response implies all persons have been retained, i.e. all persons in the original request.

If retention of a single person is required on a multiple person TCR the OLD Health Fund must request the New Health Fund to cancel the original TCR outside of the automated solution request. The NEW Health Fund must then send a new TCR for the persons NOT retained.

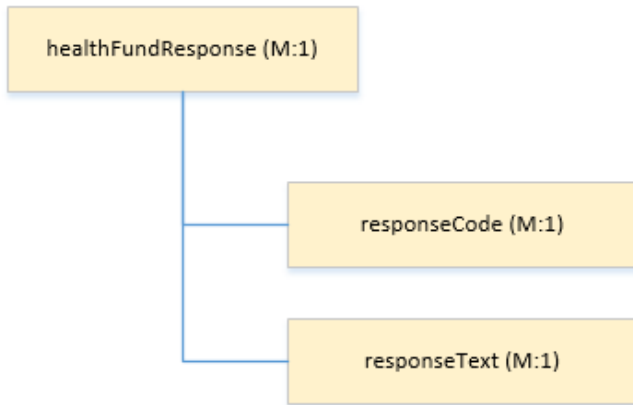
12.1 TRR Structure



12.2 TRR Header Structure



12.3 TRR Response Structure



There is one response code specific to a TRR response.

Response Code	Description
3003	Person(s) retained

12.4 TRR XML Example

```
<?xml version="1.0" encoding="utf-8"?>
<transferRetainedResponse xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
  xmlns="http://privatehealthcareaustralia.org.au/schema/transfercertificate">
  <header>
    <schemaVersion>1.3</schemaVersion>
    <contentType>TRR</contentType>
    <originFundBrandId>ABC</originFundBrandId>
    <fundBrandId>DEF</fundBrandId>
    <transactionId>ABC123452ffd2435d8abf9e0</transactionId>
    <referenceId>123450000000234567898765</referenceId>
    <transactionDateTime>2016-06-06T09:30:10-06:00</transactionDateTime>
    <requestDateTime>2016-06-05T09:30:10-06:00</requestDateTime>
  </header>
  <healthFundResponse>
    <responseCode>3003</responseCode>
    <responseText>Person(s) retained</responseText>
  </healthFundResponse>
</transferRetainedResponse>
```

12.5 TRR Data Dictionary



TRR Data Dictionary
v 1.3.pdf

13 Appendix A – HealthLink Acknowledgements

The acknowledgement message consists of two records separated by a carriage return (0x0A) character. The description is as follows:

Record Identifier	Record Name
MSG_HDR	Message Header
MSG_ACK	Message Acknowledgement

A record is composed of multiple fields. The fields are of variable length and delimited by a vertical bar character (“|”).

The MSG_HDR record will have the following contents:

Field Name	Value
Record Identifier	MSG_HDR
The original sender who is the recipient of the acknowledgement.	The senders 8 character HealthLink ID.
Message Type	CERTTRAN_ACK
Message Version	001
Sending facility	The senders 8 character HealthLink ID.
Receiving facility	The recipients 8 character HealthLink ID.
Date/time of message	YYYYMMDDHHMMSS

The MSG_ACK record will have the following contents:

Field Name	Value
Record Identifier	MSG_ACK
Acknowledgement code	AA = Application Accept (positive ack) AR = Application Reject (negative ack)
The original filename being acknowledged.	The full filename including the extension
Error Text	The error text will be supplied when applicable.

The name of the acknowledgement file will be the recipient HealthLink ID followed by the name of the data file, but with an ‘ack’ extension.

The following is an example of an acknowledgment file:

```
MSG_HDR|abcttest|CERTTRAN_ACK|001|de78rganizbcttest|20180606172504
MSG_ACK|AA| DEFTTEST_TCR_ABC123452ffd2435d8abf9e0_V01.3.xml
```

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In the above example, DEFTTEST is the identifier of the Health Fund HealthLink client that the acknowledgment came from.

The value “DEFTTEST_TCR_ABC123452ffd2435d8abf9e0_V01.3.xml” is the original filename that was sent to the Health Fund DEFTTEST.

The filename for this example would be
DEFTTEST_TCR_ABC123452ffd2435d8abf9e0_V01.3.ack.

A negative acknowledgment is sent with an acknowledgment code of AR in the message and the relevant error text will be supplied. Some examples of when a negative acknowledgement can occur are:

1. The file is sent to an unknown or unregistered account i.e. an invalid HealthLink account.
2. There is a problem with the digital signature.
3. The file is corrupted or there is only a partial write.
4. There is a file system permission issue which results in the file not able to be written.

14 Appendix B – Transfer Certificate Response Codes and Conditions

Code	Text	Condition	Reject or Accept	What does it mean
0000	Person known at Fund	PVT	Accepted	TCD will be sent in 14 days
9663	Membership number not recognised by Health Fund	PVT	Rejected	Check membership number and the Health Fund the TCR was sent to
9667	Person not recognised on the membership	PVT	Rejected	Multiple errors exist with the person details. Contact the member to check whether the name is spelt differently at the old fund. If names are spelt differently at the old fund data can be put into the alias fields
9668	Cover for the person does not match	PVT	Rejected	Old Fund membership or person has never held a cover type that matches what has been requested
9689	No person GivenName*, FamilyName*, DOB* or Gender* match	PVT	Rejected	The text will advise which data element did not match in the instance where there is only one data element that did not match. Only one * data element will be output in the response text.
3000	Transfer Certificate Details provided	TCD	Accepted	Portability details attached
3001	Transfer Certificate Details cancelled	TCS	Accepted	No transfer certificate will be sent. Request to cancel the Transfer Certificate has been received by the Old Health Fund. The Old Health Fund will not cancel the membership/person and will not issue a transfer certificate.
3002	Interim Certificate issued	TCD	Accepted	An Interim Certificate can be issued when the member is not paid up to the date the new cover starts. A final transfer certificate will be issued when the membership is paid up to date and/or the OLD Health Fund determines the membership can be cancelled.

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3003	Person(s) retained	TRR	Rejected	The Old Health Fund has retained the customer
3004	TCC Rejected as PVT rejected	TCS	Rejected	This response code will be sent in a TCS response when a TCC is received for a TCR transaction where every person in the PVT is rejected. Please note a TCC should only be sent after a successful PVT is received. The new code is for exception handling purposes.
3005	TCC Rejected as TRR Sent	TCS	Rejected	This response code will be sent in a TCS response when a TCC is received after a TRR has been sent. Note: This could occur due to a timing issues with sending and receiving of messages.
3006	TCC Rejected as Final TCD sent	TCS	Rejected	This response code will be sent in a TCS response when a TCC is received after the final TCD has been sent. Note: This could occur due to a timing issues with sending and receiving of messages.
3007	Invalid xml	PVT or TCS	Rejected	This response code will be sent in a response where the XML received is invalid. For example, a mandatory field is not supplied, or the XML cannot be read.
3008	Transaction ID not found	TCS	Rejected	This response code will be sent in a TCC response where the receiving Health Fund cannot identify the Transaction ID.
3009	No Cover at Health Fund	TCD	Accepted	The person has held no active period of cover at the OLD Health Fund i.e. the person has terminated from their Join Date
3010	TCD for Hospital Only	TCD	Accepted	This response code will be sent in a TCD response when there has been a partial retention and the person(s) will be retaining General Treatment cover with the OLD Health Fund.

Health Fund Transfer Certificate Process Flows

3011	TCD for General Treatment Only	TCD	Accepted	This response code will be sent in a TCD response when there has been a partial retention and the person(s) will be retaining Hospital Treatment cover with the OLD Health Fund.
3012	TCD for Ambulance Only	TCD	Accepted	This response code will be sent in a TCD response when there has been a partial retention and the person(s) will be retaining General Treatment cover with the OLD Health Fund.

Table 11 Transfer Certificate Response Codes

15 Appendix C – HealthLink Information and FAQs

15.1 HealthLink Messaging System Client

HealthLink SIX is a secure messaging system that provides real time and store-and-forward Electronic Data Interchange (EDI) in a context specifically tailored to the requirements of Health providers. HealthLink SIX communicates using the internet using permanent and broadband Internet access technologies. The client uses the same port that is used by web browsers when browsing secure web sites (SSL port, 443), to mitigate potential problems negotiating client firewalls and proxy servers.

To customers, HealthLink SIX takes the form of a client application, which makes a secure connection to the HealthLink Electronic Data Interchange (EDI) servers, downloads messages addressed to the customer's EDI account, and uploads messages to be sent to other customers' EDI accounts. The client application is usually set up to make scheduled connections or to run in the background - in many cases it is unseen; for example, when running as an NT Service.

15.2 Data Sovereignty Statement

The HealthLink network is accessed by senders and recipients via an HMS Client. The HMS Client is a Java program managed by HealthLink that integrates with an EMR system. It is installed on machines inside sender and receiver networks and uses a PKI infrastructure to encrypt and decrypt medical messages.

PKI infrastructure includes both public and private digital keys. The private keys are only available on the HMS Client and hence to the sending and receiving EMR. HealthLink does not have a copy of this private key data. All messages are signed by the public digital key of the sender and encrypted by the public digital key of the recipient. Messages encrypted in this way can only be decrypted by the recipient. The message is uploaded by the sender's HMS Client to

Health Fund Transfer Certificate Process Flows

a queue located on a server in a data centre in Sydney, Australia. The recipients HMS Client pulls this message down and decrypts it using the private key.

While the addressing information is in New Zealand, the messages themselves never leave Australia and cannot be accessed by anyone other than the message recipient. HealthLink have no access to the decryption keys, and once the message is delivered no data is kept on HealthLink servers. Any undelivered messages are automatically deleted after 12 months. HealthLink have visibility of addressing metadata (at an organizational level), but cannot view the message or patient information

15.3 Solution Elements

URL and port	IP address	Used for	Traffic	Location
https://connections.hms.au1www1.healthlink.net Port 443	103.244.212.25	Establishing connections	HTTP and SSL	New Zealand
smqp://edi.hms.au1www1.healthlink.net Port 443[Note 1]	103.244.215.10	Message exchange	MQ and SSL	Australia
https://quantum.au1www1.healthlink.net Port 443	103.244.215.20	Forms exchange	HTTP and SSL	Australia
https://quantum.hms.au1www1.healthlink.net Port 443	103.244.215.12	HealthLink SMD Agent	HTTP and SSL	Australia
https://updates.hms.au1www1.healthlink.net Port 443	61.88.236.221	HMS Client update	HTTP and SSL	New Zealand
http://ca.healthlink.net/ Port 80[Note 2]	202.175.133.215	CRL and CA details for certificates	HTTP	New Zealand

[Note 1] Although the SMQP interactions are running over port 443 (the default HTTPS port), they are NOT HTTP traffic and therefore packet inspection may raise this as suspicious activity. The use

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of Port 443 in this case was to enable simpler firewall rules for users who may not have an IT technician on site (such as many general practices)

[Note 2] As part of the encryption and signing using digital certificates, the HMS Client needs to check the validity of the certificates. This is done via CRL checking and looking at the CA. Most HMS Client services use a HealthLink certificate at this address.

15.4 HMS Client Security FAQ

Topic	Description	Technical Reference
<p>Information Security:</p> <p>Content (payload)</p> <p>How is information secured to ensure that only the intended recipient can use the information when sent from one secure environment (Clinical System) through the HealthLink network to another secure environment (Clinical System)</p>	<p>PKI infrastructure is used to encrypt message payload using recipient's public key</p>	<p>Certificate Management</p> <ul style="list-style-type: none"> - Public and Private Encryption and Signing key pairs. X.509, SHA256WITHRSA - Trust Chain SHA2 - 5 Year Expiry <p>Planned Enhancements in 2020 Q4</p> <ul style="list-style-type: none"> - Reduce expiry period to 2 Years - Increase to SHA512WITHRSA - Increase Root RSA 4096
<p>Information Security:</p> <p>Identity theft</p> <p>How is identity information authenticated to ensure that the information or services cannot be compromised?</p>	<p>PKI infrastructure is used to sign messages with the sender's private key issued to their registered identifier.</p>	<p>As above.</p> <p>Ongoing work with PMS / EMR vendors to promote accurate delivery and safe message handling procedures.</p>

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<p>Network Security:</p> <p>Secure Connections</p> <p>How is information secure from interception when sending across a public network?</p>	<p>Transport security protocols</p> <p>All interactions over the public network are secured using TLS protocols and ciphers.</p>	<p>Current version HealthLink (6.7.3)</p> <ul style="list-style-type: none"> - TLS 1.2 enabled <p>Planned 2021 Roadmap</p> <ul style="list-style-type: none"> - Server disable TLS 1.0 and SSL3.0 support.
<p>Network Security:</p> <p>Unsecure connections</p> <p>How is information secure from interception when the service interfaces have not implemented Transport layer protocols?</p>	<p>Virtual Private Network</p> <p>All service interfaces that cannot be delivered over TLS secure connection will be secured using VPN tunnels.</p>	
<p>HealthLink Software:</p> <p>Security vulnerabilities</p> <p>How does the HealthLink software mitigate security vulnerabilities and risks?</p>	<p>Safeguarded environment policy: HMS Client must be installed in a safeguarded environment. Refer to our Service Terms and License Agreement.</p> <p>Continued technology component upgrades to reduce exposure to known security vulnerabilities.</p> <p>Public awareness campaign with customers and regulators to promote safe information handling practices.</p>	<p>HealthLink client version 6.7.3</p> <ul style="list-style-type: none"> - JAVA 8 bundled <p>Healthlink client version 6.7.4 (MAC only)</p> <p>OWASP security updates</p>
<p>HealthLink Software:</p> <p>Maintenance</p> <p>How is the HealthLink Client software updated and how often?</p>	<p>The HMS client software is updated automatically (silent) or by agreement manually for either;</p> <ul style="list-style-type: none"> - Service configuration or message definition patches - Software patches (HMS client code changes not in 	<p>HMS Client software is continuously verified with integration testing with all Clinical System partners and the corresponding supported operating systems. The results of these tests determine a maintenance release schedule.</p>

	<p>the current release resolving site issues.</p> <p>General release updates representing new features or architectural change.</p>	<p>2019 Release 6.7.3</p> <ul style="list-style-type: none"> - Improved upgrade processes for faster patch and upgrade release cycle - Windows OS 2016 - Java 8 bundled <p>2020 Release 6.7.4</p> <ul style="list-style-type: none"> - MAC OS Sierra support <p>Product Roadmap 2020 Q4</p> <p>Windows and MAC version 6.7.6</p> <ul style="list-style-type: none"> - Windows OS 2019 - MAC OS Catalina Support - OWASP security updates <p>AU RSD 2.4 Simplified Ref message definition</p>
--	---	---

15.5 HealthLink Product Security Risk Assessment

The HealthLink Product Security Risk Assessment covers the following areas:

- Security Documentation
- Security Certifications
- Physical and Environment Security
- Operational Security
- Network Security
- Information systems acquisition, development, and maintenance
- Compliance
- IT and Infrastructure Related

Health Funds that require the completion of an internal Security Risk Assessment will be provided the assessment when the Health Fund signs the HealthLink agreement to implement and use the solution. The Security Risk Assessment can also be requested as required directly from HealthLink. For the HealthLink security assessment contact details please email Julian julian.lim@pha.org.au.

15.6 HealthLink Transfer Certificate Project

The following is a summary of how the HealthLink Transfer Certificate solution works:

- HMS client installed at each Health Fund
- The HMS client is configured with a custom message type (CERTRAN) as per configuration document
- The Health Fund System will drop requests and certificates in the xml format as specified by the project documentation into the outgoing CERTRAN directory
 - C:\hlink\other_out\certran
- The xml file will contain the recipient fund address in the first 8 characters of the filename
- Once downloaded and decrypted at the recipient end
 - The xml file will be available in the incoming c:\hlink\other_in\certran directory for process by the fund system
 - The HMS client will acknowledge receipt and successful decryption of the payload and return an acknowledgement to the sending fund HMS client.

The HMS Transfer Certificate solution is different from HMS BAU in the following ways:

- HealthLink are only providing the end to end payload transport
 - All project specifications and file formats are the responsibility of the PHA Certificate Transfer project team
- No format validation is being performed by HealthLink
 - HealthLink simply wrap and send to queue, and receive and unwrap from queue
- Acknowledgement is being undertaken at a transport layer only.
 - Tracking and alerts undertaken within the Health Fund systems

15.7 HealthLink Password requests and resets

When setting up the HealthLink client you are given an initial password. The first password you receive is a one-time password, that must be activated within 7 days. The 7 days refers to the number of days you have to activate the password before it expires. As long as it is activated within 7 days, then the password is set and you will not need to have it re-activated.

The process to organise the requesting of new passwords or resetting of a password (if you did not activate the initial password within the 7 day timeframe) is handled directly by the HealthLink registrations team. If you need to request or reset a password, send an email to: request@healthlink.net and erin.elliott@healthlink.net, and include your HealthLink ID that the password request or reset is for.

16 Appendix D – Transfer Certificate Working Group Agreements

The below is a table of the agreements that have been made by the Transfer Certificate Working Group for this solution.

No.	Description	Agreed solution
1.	Member Number	<p>The Member number is Mandatory for the automated solution.</p> <p>If a NEW Health Fund does not have a membership number, they can request the OLD Health Fund to supply the membership number via the Transfer Certificate Information Request template.</p> <p>Note: The NEW Health Fund must have made every effort to get the membership number before the above process is invoked. The OLD Health Fund must also prioritise these manual requests to ensure the integrity of the automated solution can be maintained.</p>
2.	How do we handle the certificates when we implement the automated solution?	Anything that starts manually must be finished manually. This is the same for the automated solution; if it starts in the automated solution it finishes in the automated solution.
3.	Acceptance of TCR and processing of PVT	PVT processed in near real-time
4.	Cancelling a TCR	A TCC can only be sent prior to receipt of a final TCD. A TCC applies to all persons on the original TCR.
5.	Retaining a membership	TRR can only be sent if all persons on the original TCR are retained.

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		If retention of a single person is required on a multiple person TCR the OLD Health Fund must request the New Health Fund to cancel the original TCR and send a new TCR for those persons NOT retained.
6.	SIS code	This has been added to the message structure, however it is an optional field for Phase 1. It can be used if the Health Fund system can supply it.
7.	Non-mandatory fields and empty tags	Not to transmit or accept empty xml tags i.e. where there is no data supplied.
8.	When should a TCD be sent if the 14 th day is a non-business day	Confirmation from the Department of Health in November 2017 that if the 14 days for issuing a transfer certificate expires on a Saturday, Sunday or public holiday, then the transfer certificate can be issued on the next working day i.e. the TCD can be sent on the next business day.
9.	Terminology output ceased vs terminated	Terminated should be output i.e. replace the word ceased.
10	Unidentified transaction code	3008 response code to be used where a TCR cannot be found for a TCC.
11.	Membership not paid up to the new join date	A TCD must be sent within 14 days. If the membership cannot be cancelled because of outstanding monies, then an interim certificate MUST be sent.
12.	Billing arrangements	Health Funds will share the strength of the industry to obtain the best transactional rates.
13.	Transfer Certificate Requests	All persons to be cancelled on one membership are to be sent in one request.
14.	Supply of dependant information	The information pertaining to a dependant muse be supplied. This has been confirmed with the Ombudsman. The OLD Health Fund may or may not

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		<p>terminate the dependant(s) based on their own business rules.</p>
15.	Last period of hospitalisation	<p>The automated solution will support what each Health Fund is currently reporting for the period of hospitalisation, whether that is the last period of hospitalisation irrespective of the period or only that which occurred in the 12 months prior to termination.</p> <p>Reporting the last period of hospitalisation irrespective of the period, is in accordance with the current business rules that underpin the Transfer Certificate. Given that the majority of Health Funds would prefer to only report on the last period of hospitalisation within the 12 months of the termination date, it is proposed that a change to the business rules be incorporated into the next major change to the Transfer Certificate solution.</p> <p>It is recommended that the group work towards updating their systems to support this rule when next making Transfer Certificate changes.</p>
16.	Urgent requests for a Transfer Certificate when a person is going into hospital	<p>Should an urgent transfer certificate be required for a person who has transferred Health Funds then please advise the OLD Health Fund via the Transfer Certificate Information Request template to accelerate the 14 day period.</p>
17.	Product Description Waiting Periods	<p>Health Funds will output the Waiting Period value in two different ways. The Transfer Certificate template approved by the Department of Health does not provide any guidance nor definition of the Waiting Periods value in the Product Description.</p> <p>All agreed that Health Funds systems will continue to output the Waiting Periods value as they do in the manual solution.</p>

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18.	Customer requesting the NEW Health Fund to cancel the entire policy at the OLD Health Fund	In the scenario where the customer wants the NEW Health Fund to cancel the entire policy for a combined cover at the OLD Health Fund, but they are only joining the NEW Health Fund for part of the cover, e.g. General Treatment the NEW Health Fund cannot cancel the policy. They are not able to do this on behalf of the customer. This is based on advice from the Ombudsman. Health Funds should keep this in mind with the cancellation wording during the onboarding process.
19.	Product names and allocated tiers where the product has additional categories other than the nominated tier	<p>Clarification was sought from the Department of Health and the following advice was provided:</p> <p>According to the legislation, if a product has more clinical categories than the minimum for its tier (i.e. adding an additional category to a bronze product) it is voluntary for a health insurer to refer to that product as a 'plus' product in the product name. The legislation uses the word <i>may</i> and not <i>must</i> with regards to referring to the product as a plus product.</p>
20.	Clarification to the "refund of premiums" and the "backdating of cancellation requests" under PHI portability rules	<p>During the 30-day 'cooling off' period, a PHI consumer may be able to get a refund for any premium that they have already paid should they decide to cancel their recent insurance plan change, as long as they have not made any claims. The Private Health Insurance Code of Conduct protects this right.</p> <p>Extract from Part E, Section 5 (also see page 6 of the PHI Code of Conduct)</p> <p>5. "COOLING OFF" PERIOD</p> <p><i>We will allow any consumer who has not yet made a claim, to cancel their private health insurance policy and receive a full refund of any premiums paid within a period of 30 days from the commencement date of their policy.</i></p> <p>Also see Q E23 in the PHI Code of Conduct Self Audit guide which talks about a "publicised policy" but most</p>

Health Fund Transfer Certificate Process Flows

		<p>health fund rules would include a similar statement to Part E, Section 5.</p> <p>The Private Health Insurance Code of Conduct are standards of practice and service which protects private health insurance consumers by providing clear information and transparency in their relationship with health funds. While PHIO may use the Code as a general guide, they look at complaints individually and examine each matter on its own merits. As per the PHI Code of Conduct and industry norms, PHIO expects cancellation backdates up to 30 days to be processed, but PHIO also notes there can be scope for further backdates depending on circumstances. Generally, they expect insurers to be reasonably flexible and process longer backdates in cases where it is reasonable.</p> <p>Health Funds who are a signatory and participants to the PHI Code of Conduct in general have adopted the 30-day "cooling off" (grace/review period) standard in the framing and governance of their product disclosure documents and fund rules (terms and conditions) when it comes to the "refund of premiums".</p> <p>If adopted, the 30-day cooling off period in terms of a "full refund of premiums" will be clearly stipulated in the health fund's rules. The PHI Code of Conduct independent auditors have been insistent in health fund audits that funds include in their welcome letter/upgrade letter to members, a reference to the cooling off period and its terms.</p> <p>There is no reference to cooling off periods in the PHI Act. However, it is uncertain of what the tests would be under the Australian Consumer Law and the Competition and Consumer Act, or for any special reason or circumstance, these could be triggered.</p> <p>All health funds who are signatories to the PHI Code of Conduct must adhere to the Code but beyond that, it is up to the individual funds to make the call on a case by case basis based on the individual member's</p>
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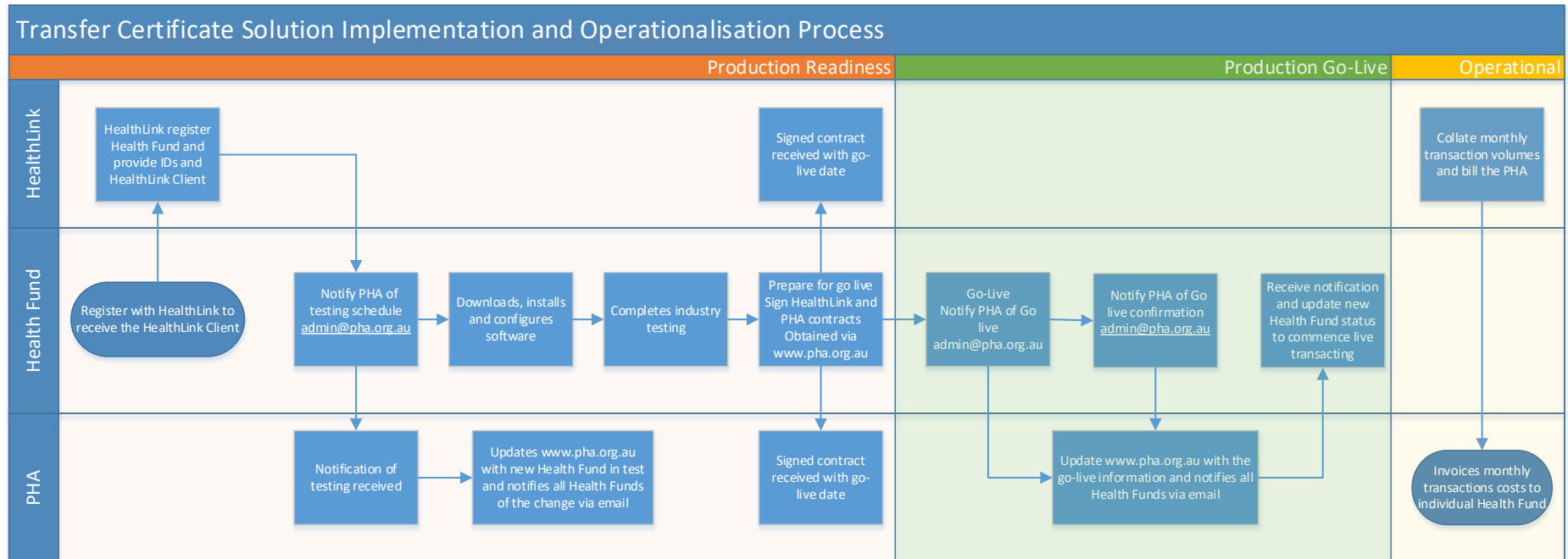
		<p>circumstances and any further obligations under the Australian Consumer Law and the Competition and Consumer Act.</p> <p>Therefore, all health funds should always additionally obtain their own legal advice to ensure compliance with the Australian Consumer Law and the Competition and Consumer Act.</p>
21.	Suspension periods and the Act	<p>The following excerpt has been taken from section 7 in the Private Health Insurance (Lifetime Health Cover) Rules 2017:</p> <p>7. Permitted days—suspended hospital cover</p> <p>1) <i>For paragraph 34-20 (1) (a) of the Act, if the rules of a private health insurer provide for suspension of hospital cover for a policy holder, suspension may be granted by the insurer concerned on the request of the policy holder.</i></p> <p>2) <i>If an adult obtains hospital cover from a private health insurer (the new private health insurer) at a time when the person has suspended hospital cover granted by another private health insurer, the new private health insurer must recognise, for the purposes of the Act, that the person has existing hospital cover.</i></p> <p>3) <i>Subrule (2) does not apply to hospital cover that has been suspended for a continuous period of more than 2 years.</i></p> <ul style="list-style-type: none"> • Health Funds must recognise a suspension from another Health Fund if it is less than 2 years • Must abide up to two years, then anything above 2 years is at the Health Funds discretion <p>Based on the above rules if a person transfers to another Health Fund when suspended, then the NEW Health Fund must recognise the suspension as permitted days in accordance with the legislation. It is</p>

Health Fund Transfer Certificate Process Flows

		<p>not classed as absent days until the period is greater than two years.</p> <p>In order to do this, the suspension period should be on the Transfer Certificate.</p>
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17 Appendix E –Implementation Process, Checklist, Testcases and Email Templates

17.1 Transfer Certificate Solution Implementation and Operationalisation Process



17.2 Transfer Certificate Checklist

Testing

1. Is your Health Fund registered with HealthLink?
 - Refer to the Health Fund Registration section of this document for further information.
2. Do you have a Test HealthLink Client ID, for example ABCTTEST?
 - Contact HealthLink
3. Have you identified and agreed a testing partner?
 - Refer to the PHA website to identify which Health Funds are testing.
 - Contact the Health Fund(s) and ask whether you can test with them.
4. Have you advised PHA of your intention to commence Fund to Fund testing?
 - Email the PHA.
 - Refer to the Testing Email Template section of this document for the information to provide and the email notification list.

Go-Live

1. Have you advised PHA of your go-live date?
 - One weeks' notice to the industry is required.
 - Email the PHA.
 - Refer to the Go Live Email Template section of this document for the information to provide and the email notification list.
2. Have you signed the HealthLink contract?
 - Refer to the Health Fund Registration section of this document for further information.
3. Have you signed the PHA contract?
 - Refer to the Health Fund Registration section of this document for further information.

Post Go-Live

1. Have you sent the PHA the confirmation that you are now in Production?
 - Email the PHA.
 - Refer to the Go Live Confirmation Email Template section of this document for the information to provide and the email notification list.

17.3 Minimum Testcases Recommended Prior to Implementation

The following simple set of testcases should be conducted with another Health Fund before you implement into production to ensure everything is working as expected.

Health Fund Transfer Certificate Process Flows

No.	Health Fund 1 HealthLinkId = xxxTTEST Health Fund Code = xxx	Health Fund 2 HealthLinkId = xxxTTEST Health Fund Code = xxx	Result
1	<p>Send TCR</p> <p>MemberNo: <Health Fund 2 membership Number></p> <p>ProductType: Both</p> <p>Person 1:</p> <p>First Name: Jane</p> <p>Last Name: Citizen</p> <p>DOB: 15/05/1987</p> <p>Gender: F</p> <p>Person 2:</p> <p>First Name: John</p> <p>Last Name: Citizen</p> <p>DOB: 15/08/1987</p> <p>Gender: M</p> <p>Person 3:</p> <p>First Name: Child</p> <p>Last Name: Citizen</p> <p>DOB: 21/07/2010</p> <p>Gender: F</p>	<p>Existing Health Fund test membership:</p> <p>Member No: <Membership Number></p> <p>Product Type: Both</p> <p>Person 1:</p> <p>First Name: Jane</p> <p>Last Name: Citizen</p> <p>DOB: 15/05/1987</p> <p>Gender: F</p> <p>Person 2:</p> <p>First Name: John</p> <p>Last Name: Citizen</p> <p>DOB: 15/08/1987</p> <p>Gender: M</p> <p>Person 3:</p> <p>First Name: Child</p> <p>Last Name: Citizen</p> <p>DOB: 21/07/2010</p> <p>Gender: F</p>	<p>Successful PVT & TRR</p> <p>Health Fund 1 should receive a HealthLink Acknowledgement when TCR is sent</p> <p>Health Fund 2 should send back a successful PVT 0000</p> <p>Health Fund 2 should receive a Healthlink acknowledgement when PVT is sent</p> <p>Extension to test</p> <p>Health Fund 2 to send TRR after successful PVT</p> <p>Health Fund 2 receives a Healthlink acknowledgement</p> <p>Health Fund 1 receives TRR</p>

Health Fund Transfer Certificate Process Flows

No.	Health Fund 1 HealthLinkId = xxxTTEST Health Fund Code = xxx	Health Fund 2 HealthLinkId = xxxTTEST Health Fund Code = xxx	Result
2	<p>Send TCR to</p> <p>MemberNo: <Health Fund 2 membership Number></p> <p>ProductType: Both</p> <p>Person 1:</p> <p>First Name: Alan</p> <p>Last Name: Adams</p> <p>DOB: 02/11/1957</p> <p>Gender: M</p> <p>Person 2:</p> <p>First Name: Jessica</p> <p>Last Name: Adams</p> <p>DOB: 16/10/1967</p> <p>Gender: F</p> <p>Person 3:</p> <p>First Name: Max</p> <p>Last Name: Adams</p> <p>DOB: 17/10/1998</p> <p>Gender: M</p>	<p>Health Fund 2 to add the following membership details:</p> <p>Member No: <membership Number></p> <p>Product Type: Both</p> <p>Person 1:</p> <p>First Name: Alan</p> <p>Last Name: Adams</p> <p>DOB: 02/11/1957</p> <p>Gender: M</p> <p>Person 2:</p> <p>First Name: Jessica</p> <p>Last Name: Adams</p> <p>DOB: 16/10/1967</p> <p>Gender: F</p> <p>Person 3:</p> <p>First Name: Max</p> <p>Last Name: Adams</p> <p>DOB: 17/10/2000</p> <p>Gender: M</p>	<p>Partially successful PVT and TCC/TCS</p> <p>Health Fund 1 sends TCR and received a Healthlink acknowledgement</p> <p>Health Fund 2 receives TCR and sends PVT with</p> <p>person 1 0000</p> <p>person 2 0000</p> <p>Person 3 9689</p> <p>9689 - No DOB Match for person 3 because the DOB for person 3 is 17/10/1998 at Health Fund 1 and 17/10/2000 at Health Fund 2.</p> <p>Health Fund 2 receives Healthlink acknowledgement when PVT sent</p> <p>Extension of test</p> <p>Health Fund 1 sends Cancellation after successfully PVT and receives Healthlink acknowledgement</p> <p>Health Fund 2 sends TCS 0000 and receives Healthlink acknowledgement</p>

Health Fund Transfer Certificate Process Flows

No.	Health Fund 1 HealthLinkId = xxxTTEST Health Fund Code = xxx	Health Fund 2 HealthLinkId = xxxTTEST Health Fund Code = xxx	Result
3	<p>Send TCR to</p> <p>MemberNo: <Health Fund 2 Membership Number></p> <p>ProductType: General Treatment</p> <p>Person 1:</p> <p>First Name: Tiffani</p> <p>Last Name: Allan</p> <p>DOB: 04/10/1955</p> <p>Gender: F</p>	<p>Health Fund 2 to add the following membership details:</p> <p>Member No: <Membership Number></p> <p>Product Type: General Treatment</p> <p>Person 1:</p> <p>First Name: Tiff</p> <p>Last Name: Allan</p> <p>DOB: 04/10/1955</p> <p>Gender: F</p>	<p>Failed PVT</p> <p>Health Fund 1 sends TCR and receives Healthlink acknowledgement</p> <p>Health Fund 2 sends PVT</p> <p>Person 1 9689</p> <p>9689 - No Given Name match because the person's given name is Tiffani at Health Fund 1 and Tiff at Health Fund 2.</p> <p>This is a membership we can use for future testing, sending through an alias given name in a subsequent request to get a match.</p>
4	<p>Send TCR to</p> <p>MemberNo: <Health Fund 2 Membership Id></p> <p>ProductType: General Treatment</p> <p>Person 1:</p> <p>First Name: Jessica</p> <p>Last Name: Brown</p> <p>DOB: 05/01/1965</p> <p>Gender: F</p>	<p>Health Fund 2 to add the following membership details:</p> <p>Member No: anything other than what we'll provide <Membership Number></p> <p>Product Type: General Treatment</p> <p>Person 1:</p> <p>First Name: Jessica</p> <p>Last Name: Brown</p> <p>DOB: 05/01/1965</p> <p>Gender: F</p>	<p>Failed PVT</p> <p>Health Fund 1 sends TCR and receives Healthlink acknowledgement</p> <p>Health Fund 2 sends PVT 9663</p> <p>9663 – Membership number not recognised by Health Fund</p>

Health Fund Transfer Certificate Process Flows

No.	Health Fund 1 HealthLinkId = xxxTTEST Health Fund Code = xxx	Health Fund 2 HealthLinkId = xxxTTEST Health Fund Code = xxx	Result
5	<p>Send TCR</p> <p>MemberNo: <Health Fund 2 membership Number></p> <p>ProductType: Both</p> <p>Person 1:</p> <p>First Name: Jane</p> <p>Last Name: Citizen</p> <p>DOB: 15/05/1987</p> <p>Gender: F</p>	<p>Existing Health Fund test membership:</p> <p>Member No: <Membership Number></p> <p>Product Type: Both</p> <p>Person 1:</p> <p>First Name: Jane</p> <p>Last Name: Citizen</p> <p>DOB: 15/05/1987</p> <p>Gender: F</p>	<p>Successful PVT & TCD (TCC and TCS)</p> <p>Health Fund 1 should receive a HealthLink Acknowledgement when TCR is sent</p> <p>Health Fund 2 should send back a successful PVT 0000</p> <p>Health Fund 2 should receive a Healthlink acknowledgement when PVT is sent</p> <p>Health Fund 2 should send back a TCD</p> <p>Health Fund 2 should receive a Healthlink acknowledgement when TCD is sent</p> <p>Health Fund 1 receives TCD</p> <p>Extension to test</p> <p>Health Fund 1 to send TCC after successful PVT</p> <p>Health Fund 1 receives a Healthlink acknowledgement</p> <p>Health Fund 2 receives TCC</p> <p>Health Fund 2 sends back a TCS</p> <p>Health Fund 2 receives a Healthlink acknowledgement</p> <p>Health Fund 1 receives TCS</p>

17.4 Testing Email Template

This email template can be used to advise the PHA that your Health Fund is ready to commence testing.

Please send the email to:

julian.lim@pha.org.au; Lynda.Smith@bupa.com.au; Rebecca.Lush@hambbs.com.au

Email Subject: Transfer Certificate Automation Testing Notification for <Name of Health Fund>

Email Content:

This is to advise <Name of Health Fund> is ready to commence testing the Transfer Certificate Automated solution. Could you please notify all Health Funds.

Testing due to Commence on: <date>

Health Fund Name: <Health Fund Name>

Health Fund Location ID: <example ABC00001>

HealthLink Test ID: <example ABCTTEST>

Health Fund ID: <three-character Fund ID e.g. ABC>

Vendor Name: <name of software vendor>

Solution Version: <example 1.3, TCD 1.4>

Anticipated Go Live Date: <date>

Should any Health Fund wish to test with us, please contact <Name of contact> on <Phone No> or via email at <email address> to arrange testing.

17.5 Go Live Email Template

This email template can be used to advise the PHA that your Health Fund is ready to Go Live.

Please send the email to:

julian.lim@pha.org.au; Lynda.Smith@bupa.com.au; Rebecca.Lush@hams.com.au

Email Subject: Transfer Certificate Automation Go Live Notification for <Name of Health Fund>

Email Content:

This is to advise <Name of Health Fund> is ready to Go Live on the Transfer Certificate Automated solution. Could you please notify all Health Funds.

Health Fund Name: <Health Fund Name>

Health Fund Location ID: <example ABC00001>

HealthLink Production ID: <example ABCTPROD>

Health Fund ID: <three-character Fund ID e.g. ABC>

Associated Brand IDs: <three-character Fund IDs for each Brand e.g. DEF>

Solution Version: <example 1.3, TCD 1.4>

Go Live Date: <date. Note date should be one week prior to go live date>

An email will be sent once Go Live has been confirmed a success.

Should you experience any transmission issues with <Name of Health Fund> after the above date, please contact <Name of contact> on <Phone No> or via email at <email address>.

17.6 Go Live Confirmation Email Template

This email template can be used to advise the PHA to confirm that your Health Fund Go Live was successful.

Please send the email to:

julian.lim@pha.org.au; Lynda.Smith@bupa.com.au; Rebecca.Lush@hambis.com.au

Email Subject: <Name of Health Fund> is live with Transfer Certificate Automation

Email Content:

This is to advise <Name of Health Fund> is now Live with the Transfer Certificate Automated solution following a successful implementation. Could you please notify all Health Funds.

Health Fund Name: <Health Fund Name>

Health Fund Location ID: <example ABC00001>

HealthLink Production ID: <example ABCTPROD>

Health Fund ID: <three-character Fund ID e.g. ABC>

Associated Brand IDs: <three-character Fund IDs for each Brand e.g. DEF>

Solution Version: <example 1.3, TCD 1.4>

We will monitor the service closely for a period to ensure everything is working as expected.

Should you experience any transmission issues with <Name of Health Fund> after the above date, please contact <Name of contact> on <Phone No> or via email at <email address>.

18 Appendix F – Industry Reference Lists

18.1 Transfer Certificate Details – Scale values in cover history

The *Scale* data element within the cover history segment of the Transfer Certificate Details contains the scale of the membership from the PREVIOUS (OLD) Health Fund, for example, Family or single. It is a free text field and the value will be that as supplied by the PREVIOUS (OLD) Health Fund. The following is an industry consolidated list of values that may be supplied in this field across Health Funds.

Scale Values		
Couple	Family Plus	Single Parent Only Cover
Dependant	Kids only	Single Parent Plus
EFC*	One adult with kids	SolPar
Extended Family	One person	SPF**
Extended Single Parent	Single	Two adults
Family	Single Parent	Two adults with kids
Family - Extended	Single Parent - Extended	

*Extended Family Cover

**Single Parent Family

18.2 Transfer Certificate Details – Relationship Code values in person details

The *Relationship Code* data element within the person segment of the Transfer Certificate Details contains the relationship for the person on the membership from the PREVIOUS (OLD) Health Fund. It is a free text field and the value will be that as supplied by the PREVIOUS (OLD) Health Fund. The following is an industry consolidated list of values that may be supplied in this field across Health Funds.

Health Fund Transfer Certificate Process Flows

Relationship Code Values			
Adult Dependant	Former Partner	Main Member	Spouse
baby	Foster child	Member	Step Child
Child	Foster Child (Court Appt)	Nephew	Step Daughter
Child under 23	Foster Daughter	Niece	Step Son
Child/Grandchild	Foster Son	Other	Stepdaughter
Daughter	Grand Child	Other (adult) dependant	Stepson
Defacto	Grandchild	Partner	Student
Ex Partner	Granddaughter	Policy Holder	Unborn Baby
Ex Spouse	Grandson	Policyholder	Unborn Child
Exchange Student	Guardian Child	Son	Uninsured
Exchange Students			