

## Transfer Certificate Request (TCR) - Data Dictionary v1.3

Root Element: transferCertificateRequest

Segment Name: header

Data Element	Obligation	Format	Size	Repetition	Description	Conditions
Segment	Mandatory			1	The header segment contains the type of message, the Health Fund information (both the OLD and NEW Health Fund) and transactional information.	
schemaVersion	Mandatory	N	4	1	The schema version is a two-level number (##.#) that will be used to denote the version of the XML Schema used to validate the XML file, for example 1.0.	
contentType	Mandatory	A	3	1	The type of transaction. <b>TCR</b> = Transfer Certificate Request	
origin	Mandatory	A/N	8	1	The origin location ID (HealthCare Location Identifier) of the Health Fund initiating the transfer certificate request i.e. the NEW Health Fund. The Location ID is a unique code allocated to the client system by the software vendor that identifies the site. For example, ABC12345.	
originFundBrandId	Mandatory	A	3	1	Three character industry Health Fund code of the NEW Health Fund i.e. the Health Fund initiating the request.	
fundBrandId	Mandatory	A	3	1	Three character industry Health Fund code of the PREVIOUS (OLD) Health Fund i.e. the Health Fund you are requesting the transfer certificate from.	
transactionId	Mandatory	A/N	24	1	This is a unique identifier that is allocated by the initiating Health Fund (NEW Health Fund). The transactionId will be consistent throughout the entire lifecycle of the Transfer Certificate process.  The transactionId must be in the following format: The ECLIPSE location ID (8 characters) followed by 16 alpha numeric characters. For example, ABC123452ffd2435d8abf9e0.  This <b>MUST</b> be a unique number per submitting location and allocated by the Health Fund system.	
referenceId	Mandatory	A/N	24	1	The referenceId is an additional identifier that the initiating Health Fund will add to the transaction. This could be a membership number or any identifier that helps the initiating Health Fund (NEW Health Fund) associate the transaction when it comes back to them.	Minimum length is 1.
transactionDateTime	Mandatory	Date and Time - offset		1	Date time stamp of the transaction message was created in the format YYYY-MM-DD Thh:mm:ss – offset . For example 2016-05-30T09:30:10-06:00	

**Segment Name: persons**

Data Element	Obligation	Format	Size	Repetition	Description	Conditions
Segment	Mandatory			1	The persons segment contains the OLD Health Fund membership details, the type of product the person(s) is joining the New Health Fund for and person details.	
memberNo	Mandatory	A/N	19	1	The membership number for the previous (OLD) Health Fund.	
productType	Mandatory	A	31	1	This is the Product Type of the membership the person(s) is joining the New Health Fund for.  Valid values are: <b>Hospital</b> <b>General Treatment</b> <b>Both</b> <b>Ambulance Only</b> <b>General Treatment and Ambulance</b>	
person	Mandatory			n	Refer to Segment Name: person	

**Segment Name: person**

Data Element	Obligation	Format	Size	Repetition	Description	Conditions
Segment	Mandatory			n	The person segment contains the information for each individual person.	Must be a minimum of 1 person segment within the TCR.
requestId	Mandatory	N	2	1	The sequence ID of the person requested.	Allocation of the person request ID must always be sequential within the TCR. Minimum value is 1, maximum value is 99.
fundUpi	Optional	N	2	1	This is the number as it appears for the person on the membership card for the previous (OLD) Health Fund, and in conjunction with the membership number may be used to uniquely identify a person, e.g. 1, 2 etc. '00 is valid'. Leading zero padding is allowed.	Minimum value is 0, maximum value is 99.
givenName	Mandatory	A	40	1	The person's full given name. Put "ONLYNAME" if the person has only one name (no family name)	Minimum length is 2.
secondName	Optional	A	40	1	The person's full second name. Blank if no Second Name	Minimum length is 1.
familyName	Mandatory	A	40	1	The person's full family name OR name if the person only has one name	Minimum length is 2.
aliasGivenName	Optional	A	40	1	Blank if no given name alias	Minimum length is 2.
aliasFamilyName	Optional	A	40	1	Blank if no family name alias (can also be used for Maiden names)	Minimum length is 2.
dateOfBirth	Mandatory	Date	10	1	The person's date of birth. In the format YYYY-MM-DD, for example 1950-11-19	
joinedDate	Mandatory	Date	10	1	This is the date the person is joining the New Health Fund. In the format YYYY-MM-DD, for example 2016-11-19	
gender	Mandatory	N	1	1	Valid Values are: <b>1</b> = Male <b>2</b> = Female <b>3</b> = Indeterminate <b>9</b> = Not Supplied	