



Healthcare Identifiers Service Glossary of Terms & Definitions

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Glossary of Terms & Definitions

The following glossary is provided to assist readers in understanding the terms that are used throughout HI Service documents including the NEHTA Contract. Although several of the terms are common language, it is important to understand their meaning within the specific context of the HI Service.

Term	Definition
ABN	Australian Business Number
Accepted	Accepted in accordance with clause 7, as relevant, and Accept and Acceptance have corresponding meanings.
Accepted Incident	Means an Incident whose ownership has been accepted by the assigned Resolver Group.
Acceptable Service Level(s)	Means the level of performance with respect to each Service Level that is acceptable to NEHTA's business operations as specified in Schedule 4 (Statement of Performance).
Acceptance Criteria	Means the Acceptance Criteria referred to in Schedule 16 (Transition Plan).
Access Token	Includes secure tokens and other devices such as smartcards used to identify users and to authorise their access to HI Service.
ACN	See Australian Company Number
Accurate	In November, 2008 COAG agreed: "to Individual Health Identifiers (IHIs) being allocated for the purposes of accurately and uniquely identifying individuals to enable accurate communication, noting that an identifier will not need to be declared to obtain a health service either because it is not provided by an individual, sought by the provider, or is otherwise unavailable."
Active	A status used to describe IHI, HPI-I and HPI-O records in the UHI Services.
Active Medicare Enrolments	Individuals who are eligible for Medicare benefits and enrolled in CDMS.
Activates (Activation)	Means the process of consenting to participate in HI Service and authorising the collection, use and propagation of the IHI or HPI through the HI Service by a known Healthcare Individual, Healthcare Provider or Healthcare Provider Organisation.

Additional HI Service	Has the meaning given to that term by clause 22 of the Contract.
Ad Hoc Services	Means the Service Request Response Services described in Section 3.7 of Schedule 3 (Statement of Work).
AIX	Advanced Interactive eXecutive is an IBM operating system based on UNIX.
Alerts	Warnings or information messages pushed or pulled by UHI Service Participants as required.
ALGA	Means the Australian Local Government Association
Allocation	The process of issuing National (Unique?) Healthcare Identifiers to participating Healthcare Individuals, Healthcare Provider Individuals and Healthcare Provider Organisations.
Alternate Name	The preferred name of a Healthcare Individual; a name by which an Individual is known within a particular community.
Analysis and Design	Means the Analysis and Design stage or the Concept and Definition Stage of the UHI Project described in the Transition Plan.
ANAO	See Australian National Audit Office
Annual Review	Has the meaning given to that term by clause 8.1.1 of the Contract.
Anonymous healthcare	<p>Anonymous healthcare is supported by Government policy and in March, 2009 AHMC issued a communiqué indicating:</p> <ul style="list-style-type: none"> • that the implementation of the IHI would be supported by strong and effective legislative framework including governance arrangements and privacy safeguards. • that it is essential that privacy arrangements appropriately meet community expectations and balance the need to protect the privacy of personal information with healthcare benefits. • that an IHI will not need to be declared for an individual to receive healthcare. <p>The Healthcare Individual will not be required to supply his/her Medicare card or their verified IHI or any form of identity to receive a health service. A Healthcare Individual seeking health services anonymously will be informed of the consequences of anonymous healthcare provision.</p>
Applications	Means the Applications, Data and Infrastructure Management Services described in section 3.10 of Schedule 3 (Statement of Work).
Approval and	Means the Approval and Validation Stage of the UHI Project

Validation	described in section 3.2 of Schedule 1 - Implementation Plan.
ARAS	See Audit and Risk Assurance Branch
AS4590	The Australian Standard for the Interchange of Client Information.
AS4846	The Australian Standard for Healthcare Provider Identification.
AS5017	The Australian Standard for Healthcare Client Identification.
ASIC	See Australian Securities and Investments Commission
AS/NZS 17799:2006	The Australian and New Zealand Standards for Information Security Management.
AS/NZS 27001:2006	The Australian and New Zealand Standards for Information Security Management.
AS/NZS 4360:2004	The Australian and New Zealand Standards for Risk Management.
Assigned Incident	Means an Incident that has been assigned to a Resolver Group for investigation and diagnosis for recovery (i.e. restoration), resolution and closure.
Asynchronous response	Message response that operates independently of other events or processes.
Asynchronous Transfer Mode (ATM)	A dedicated connection switching technology.
Attribute	Refers to a property or characteristic of the Healthcare Individual, Healthcare Provider or Healthcare Provider Organisation that can change over time (e.g. surname).
Audit and Risk Assurance Branch (ARAS)	Means Medicare Australia Audit and Risk Assurance Branch which provides comprehensive value added internal audit, risk management and fraud control services.
Audit Log	A history of all transactions in connection with a single IHI, HPI-I or HPI-O; a subset of the System Log. Policy governing access privileges governs which transactions logged in the System Log will be displayed in the form of an Audit Log to an authorised individual or entity.
Audit Services	Means the Audit Services described in 3.12 of Schedule 3

	(Statement of Work).
Australian Business Number (ABN)	Means the eleven digit unique identifier number issued by the Australian Taxation Office to Australian business entities for use when dealing with the Australian Taxation Office and other government departments and agencies.
Australian Company Number (ACN)	Means the nine digit unique identifier number issued by the Australian Securities and Investments Commission (ASIC) to every Australian company registered under the Corporations Act 2001 (Cth).
Australian Geocoded National Address File	The system that handles the creation and maintenance of a single authoritative Geocoded database of reference in Australia for street address data. (Australia Post System).
Australian Government e-Authentication Framework (AGAF)	A publication from the AGIMO which provides guidelines to the Australian Government on best practice electronic authentication.
Australian Government Information and Communications Technology Security Manual (ACSI 33)	A document prepared by the Defence Signals Directorate that provides policies and guidelines for the protection of Information Communication Technology systems of the Australian Government.
Australian Health Ministers' Advisory Council (AHMAC)	The Council providing effective and efficient support to AHMC (see definition below), through advising on strategic health issues, and operating as a national forum for planning, information sharing and innovation. AHMAC membership comprises the Head (plus one other senior officer) of each of the Australian Government, State and Territory and New Zealand Health Authorities, and the Australian Government Department of Veterans' Affairs. ¹
Australian Health Ministers' Conference (AHMC)	A forum for Australian Government, State and Territory Governments and the Government of New Zealand to promote and discuss health policy issues. AHMC is comprised of all Australian Government, State, Territory and New Zealand Ministers with direct responsibility for health matters, including the Australian Government Minister for Veterans' Affairs are Members of AHMC ² .
Australian Health Practitioner Regulation Agency (AHPRA)	AHPRA is the national agency responsible for the management of healthcare practitioner registration and accreditation by setting standards, codes and guidelines for this purpose.

¹ This definition has been adapted from that contained on AHMAC's website, at <http://www.ahmac.gov.au/site/home.aspx>

² This definition has been adapted from that contained on AHMC's website, at <http://www.ahmac.gov.au/site/home.aspx>.

Australian National Audit Office (ANAO)	Is the Commonwealth agency providing a full range of audit services to the Parliament and Commonwealth public sector agencies and statutory bodies.
Australian Pharmacy Registering Authority	Refers to the statutory body which is the regulating body controlling the practice of the profession and registration of pharmacists and pharmacies. Each Australian State or Territory has their own Australian Pharmacy Registering Authority.
Australian Securities and Investments Commission (ASIC)	Is the independent Australian government body which enforces and regulates company and financial services laws to protect consumers, investors and creditors.
Authorised & Accredited	To become an active participant of the HI Service and organisation must meet specified criteria.
Authorised Representative	See definition provided in Schedule 2 (Detailed Business Requirements) at Section 2.1.3.2.
Authentication	The process of identifying a person and authenticating that the person is who they claim to be. This may be undertaken using a token, login, or other mechanism to validate access to the HI Service.
Available	Means that the HI Service or any of its components is fully functional within the Medicare Australia domain and End Users of the HI Service have access to the functionality for which they are authorised.
Backup and Recovery Services	Means the Backup and Recovery Services described in section 5.4 of Schedule 2 (HI Service).
Baseline Fees	Means the Fees allocated by Medicare Australia for a particular Service that cover the Baseline Volume for that Service.
Baseline Volume	Means the estimated or starting number of Units that are included in the Baseline Fees.
BAU	See Business as Usual
BCP	See Business Continuity Plan
Births, Deaths and Marriages (BDM)	Refers to the government agency in each State or Territory responsible for the registration of the Births, Deaths and Marriages in that State or Territory.
Births, Deaths and Marriages Registry (BDM-R)	Refers to a registry of births, deaths and marriages and official changes of name and sex.

Branch Manager, UHI	Means the person who, under the general direction of the Chief Executive Officer, Medicare Australia, occupies the designated position within Medicare Australia.
Build and Testing (Build and Functional Testing)	Means the Build and Testing Stage or the Build and Functional Testing Stage of the UHI Project described in section 3.2 of Schedule 1 - Implementation Plan.
Business as Usual (BAU)	Means managed as a program within Medicare Australia.
Business Continuity Plan (BCP)	Means the Plan that will identify the command structures to be put in place in the event of business disruption event, the physical infrastructure that will be required to enable recovery of business functionality, the essential personnel required to provide critical business processes and any manual workarounds that may be required to support these business processes. The BCP will also outline the agreed Service Level for the recovery of the HI System and HI System performance for the duration of a declared disaster which will then be reflected in the agreed Statement of Performance.
Business Continuity Planning	Means the HI Service Business Continuity Planning service described in section 5.4 of Schedule 2 (HI Service).
Business Day	Means any day other than a Saturday, Sunday or public holiday (including public service holidays) throughout Australia, promulgated in the Commonwealth of Australia Gazette.
Business Hours	Means 8.30 AM to 6:00 PM in any Australian time zone on a Business Day.
Business Intelligence (BI)	Refers to collecting, integrating and analysing business information for the purpose of business decision making.
Business Requirements	Means the requirements as set out in Schedule 2 (Detailed Business Requirements) and entitled 'Detailed Business Requirements' of the Unique Healthcare Identification Services Contract and as updated during the HI Service Operations Contract.
Business Requirements Specifications (Detailed Business Requirements Specifications)	Means the Business Requirements Specifications described in section 3.3 of Schedule 1 Implementation Plan.

Business Rules	Means Deliverables containing the Business Rules for design of the HI Service. The Business Rules will provide the parameters and outcomes required in the HI System.
Business Service Level	Means a Service Level that NEHTA wishes to designate as a Business Service Level in accordance with the provisions set out in Schedule 4 (Statement of Performance).
Business to Business (B2B)	A term used to describe electronic transactions between businesses.
Business to Business Partnership	B2B stands for "business-to-business," as in businesses doing business with other businesses and hence a partnership. The term is most commonly used in connection with e-commerce.
Call Centre	Means the Medicare Australia telephony centre(s) used to receive and handle calls to Medicare Australia relating to the HI Service.
Consumer Directory Maintenance System (CDMS)	Medicare Australia's Consumer Directory Maintenance System is the secure data base that the HI Service will leverage to universally allocate IHIs.
Census data	Means Australian Bureau of Statistics Census Data
CEO	Chief Executive Officer of Medicare Australia
CEO Representatives	Means those persons who have the delegation to act in the place of the Chief Executive Officer, Medicare Australia.
Certificate	Means an electronic document signed by a Certification Authority which identifies either a Key Holder and / or the business entity that he / she represents or a device or application owned, operated or controlled by the business entity and binds the Key Holder to a Key Pair.
Certificate Applicant	Means a person who has applied to become a Key Holder, prior to the time at which Keys and Certificates are issued to and accepted by that person.
Certificate Revocation List (CRL)	A list of PKI certificates that have been revoked, that is, they are invalid.
Certification	Means a process that is applied to Trusted Data Sources or vendor solutions and software to confirm compliance and conformance with the HI Service.
Certification	Refers to the trusted source for identity credentials and is an

Authority	authority trusted to allocate a Distinguished Name to a Certificate Applicant and attest to the correctness of information concerning that user by signing the Digital Certificate for that Applicant.
Change Control	Means the change management process as described in Schedule 7 - Change Control.
Change Control Procedure (Change Control process)	Means the change control procedure set out in section 5 of Schedule 7 - Change Control.
Change Management (change management)	See Change Control.
Change Management Activities	Means the change control activities set out in the Change Control Procedure.
Change Management and Training Services	Means the Change Management and Training Services described in section 3.8 of Schedule 3 (Statement of Work).
Change Management Services	Means the Change Management Services described in section 3.8 of Schedule 3 (Statement of Work).
Change Register	Means the Change Register referred to in Schedule 7 - Change Control.
Change Request	Means a request to change the Contract in accordance with Schedule 7 - Change Control.
Change Request Form	Means a document used for Additional HI Service or changes to the Contract as described in Attachment A of Schedule 7 - Change Management.
Check digit	Means a form of integrity check of the identifier's number. It consists of a single digit computed from the other digits of the number.
CIO	Chief Information Officer is a common job title for the executive officer responsible for enterprise information technology and computer systems within an organisation.
CMC	See Corporate Management Committee
COBOL	COBOL is an early high-level computer programming language for

	business applications, still widely in use.
Council of Australian Governments (COAG)	The peak intergovernmental forum in Australia. COAG comprises of the Prime Minister, the State Premiers, the Chief Ministers of the Australian Capital Territory and the Northern Territory, and the President of the Australian Local Government Association.
Commencement Date	Means the date defined as the Commencement Date in clause 3.1 of the Contract.
Commencement of Operations	Means the date at which the Operational Phase commences.
Commercial Off The Shelf (COTS)	Software and hardware products designed and sold commercially as opposed to those designed and built internally for an organisation's use.
Communication Services	Means the Communication Services described in Section 3.8 of Schedule 3 (Statement of Work).
Communications Development Services	Means the Communications Development Services described in section 3.7 of Schedule 3 (Statement of Work).
Community	Means a collection of entities (e.g. individuals, organisations, information systems, resources, or various combination of these), established to meet UHI objectives. The role of a community specifies part of the community's structure and behaviour and can be filled by various entities. Entities have their own life cycle, independent of the community's life cycle and they can fill the roles of a community, subject to the role-filling (or assignment) policies.
Community Model	Means a model that expresses, in a national context, the relationship between the participants in the Unique Healthcare Identifiers community. Understanding the community is a key concept for supporting interoperable outcomes.
Community Participant	Grouping of UHI business entities that can perform or request for various UHI Services on behalf of Health Community. These may include HPI-I, OMR, OLR, HPI-O, Medicare Service Officer, TDS Representative and Certificate Authority and Registered Authority.
Computer Digital Identification	Means the digital identification allocated to an organisation's computer system to enable electronic communication between organisations' computer systems. An organisation may have multiple computer digital identification recorded, but generally a networked organisational structure will reference the same (or limited) digital identification record.
Confidential Information	Means information that:

	<p>(a) is by its nature confidential;</p> <p>(b) is designated by a Party as confidential or is described in Schedule 11 (Disclosure and Use of Information); or</p> <p>(c) a Party knows or ought to know is confidential, but does not include information which is or becomes public knowledge other than by breach of the Contract or any other confidentiality obligation.</p>
Configuration Management	Means a discipline, normally supported by software tools, which give management precise control over its assets (e.g. the products of a project), covering planning, identification, control, status accounting and verification of the products.
Conflict of Interest	Means, in relation to the Parties or their Personnel, any circumstances that: <p>(a) are a conflict;</p> <p>(b) are a known risk of conflict; or</p> <p>(c) may be perceived by others to be a conflict, between the interests of the Parties (or between the duties of the Parties or their Personnel and their duties to another person) in relation to the provision of the HI Service, whether through corporate, professional or personal relationships or otherwise.</p>
Consumer	A consumer of healthcare services generally; an individual (non-provider) consumer of the HI Services. Also refer to 'Healthcare Individual'
Consumer Directory Maintenance System (CDMS)	Means Medicare Australia's Consumer Directory Maintenance System that is the interface to the Consumer Directory Repository.
Consumer Online Information (COIN)	COIN is Medicare Australia's online consumer oriented browser channel through which business services are available.
Contract	Means the contract between the Parties for the provision of HI Service.
Contract Management Plan	Means the Contract Governance Plan set out in Schedule 6 (Contract Management Plan).
Contract Management and	Means the Contract Management and Contract Service Variation

Contract Service Variations	Services described in section 2.4 of Schedule 2 (HI Service).
Contract Material	Means all Material: <ul style="list-style-type: none"> (d) owned or created by Medicare Australia and used for the HI Service (including the HI Data); (e) brought into existence by Medicare Australia for the purpose of developing the HI System or performing the HI Service; or (f) incorporated in, supplied or required to be supplied along with that Material or copied or derived from that Material. <p>that is not NEHTA Material.</p>
Contract Year	Means each 12 month period from the Commencement Date or part thereof during the Term.
Corporate Management Committee (CMC)	Means the primary management committee within Medicare Australia which provides strategic advice to the Chief Executive Officer of Medicare Australia (CEO).
Corporate Performance Management Services	Means the Corporate Performance Management Services described in section 3.3 of Schedule 3 (Statement of Work).
Corporate Performance Reporting Services	Means the Corporate Performance Reporting Services described in section 3.3 of Schedule 3 (Statement of Work).
Cost Driver	The main explanatory factor of cost variability for each Service.
Council of Australian Governments (COAG)	The peak intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association (ALGA).
Critical Service Level	A Service Level for which there is an Acceptable Service Level Default that will in the opinion of NEHTA, have a material negative impact on NEHTA's business as specified in Schedule 4 (Statement of Performance).
CSO	See Customer Service Officer
Custom Reports	Custom Reports can be broadly described as ad-hoc on-line reports that consist of customisable report fields, dynamic and rich content such as tables and charts displaying data trends and patterns. Custom Reports will allow users to drill-down to allow progression from data comprising of totals to the detailed

	transactions.
Customer	Either a Primary User or a Secondary User of the UHI Service.
Customer Management and Support Services	Means the Customer Management and Support Services described in Section 3.4 of Schedule 3 (Statement of Work).
Customer Service Officer (CSO)	Medicare Australia's Customer Service Officer.
Data Cleansing	The act of detecting and correcting or removing inaccurate records from a record set. In a HI Services context, the cleansing of CDMS data for use in the HI Services.
Data Dimension Characteristic	A parameter or measurement required to define the completeness, validity, consistency, timeliness and accuracy of data.
Data Management Services	The Data Management Services described in section 4.4 of Schedule 2 (HI Service).
Data Matching	Means the ability to compare data from different sources for the same information item in order to improve data quality and accuracy.
Data Propagation Model	These logical models depict how HI data will be distributed and synchronised from central master data repositories to the distributed data repositories maintained across the health sector.
Data Quality	Data quality refers to the level of reliability, completeness and effectiveness of stored data (i.e. data warehouse). Quality data is data that fits for use for intended purpose.
Data Quality Dimension and Characteristic	A parameter or measurement required to define various aspects of data quality, e.g. the completeness, validity, consistency, timeliness and accuracy of data.
Data Quality Framework	Means the outline of a structured process for combining analysis of program business processes, the associated information technology application(s) and program business practices to identify opportunities that will achieve the continuous improvement of business practices and data integrity within the HI Service. The DQ Framework Includes the fundamentals of data quality such as data quality dimensions, as well as providing solutions for governance of data quality.
Data Quality Maturity Model	Means the structured collection of elements that describe the characteristics of an effective process for improvement of the

	state of completeness, validity, consistency, timeliness and accuracy of data.
Data Quality Reporting Dashboard	Reports generated concerning data quality of the UHI Services using Reporting Dashboard technology which provides visual display of data quality.
Data Quality Strategy	Means a long term plan of action designed to achieve maximum quality of data within the HI System. It outlines the challenges and benefits of data quality and sets direction (a framework and a framework implementation roadmap) to address the challenges and achieve the benefits.
Data Repository	In UHI Services context, the Consumer Directory Repository (CDR) is the data repository that will store UHI Services data.
Data Source	Means a supplier of information to the HI Service who may also be a <u>Trusted Data Source</u> or a <u>Reference Data Source</u> .
Data Source and Supplier Management and Support Services	Means the Data Source and Supplier Management and Support Services described in section 3.5 of Schedule 3 (Statement of Work).
Data Source Establishment Services	Means the Data Source Establishment Services described in section 3.5 of Schedule 3 (Statement of Work).
Data Source Management Services	Means the Data Source Management Services described in section 3.5 of Schedule 3 (Statement of Work).
Data Source Renewal Services	Means the Data Source Renewal Services described in section 3.5 of Schedule 3 (Statement of Work).
Data Source Support Services	Means the Data Source and Supplier Management and Support Services described in section 5.1 of Schedule 2 (HI Service).
Date of birth	The recorded date of birth of an individual, as confirmed by supporting documentation or estimated by a Provider Individual.
Date of Completion	Means 30 June 2010 the date of completion of the Unique Healthcare Identification Services Contract between NEHTA and the Commonwealth of Australia as represented by the CEO of Medicare Australia dated 10 December 2007.
Date of death	The recorded date of death as provided to the UHI Services by FODD as well as family members, practice managers with or without a death certificate.

Deceased	In relation to UHI Services, a status applied to a UHI record after notification that a person has deceased.
De-identified	Means provision of information in such a form that prevents the ability to determine the identity of an individual(s).
De-identified Data	Provision of information in a format that prevents the ability to determine the identity of an individual or organisation.
Deliverable	Means the items to be developed or used for the HI Service by Medicare Australia, as set out in the Transition Plan.
Delivery Point Identifier (DPID)	A DPID (Delivery Point Identifier) is an unique eight-digit number which has been randomly allocated to each address maintained in Australia Post's National Address File.
Demographic record	Means the complete details of the IHI record. Data held in a Demographic Record is used to assist in the search for an IHI Record. Search criteria may use some or all selected demographic data to return the IHI Record (Subject to any special conditions defined).
Department of Health and Ageing (DoHA)	Means the Australian Government Department of Health and Ageing
Department of Human Services (DHS)	Means the Australian Government Department of Human Services.
Department of Veterans' Affairs (DVA)	A Department of the Australian Government responsible for carrying out Government policy and implementing programs to fulfil Australia's obligations to war veterans and their dependants. ³
Detailed Business Requirements Specifications	see Business Requirements Specifications
Detailed Design Specification	Means the design for the HI System to be provided by Medicare Australia in accordance with clause 6.1 of the Contract.
Detailed Test Plan	The purpose of the Detailed Test Plan is as an extension to the Project Test Strategy. The Detailed Test Plan describes the plan, roles and responsibilities, schedule, and risks for the relevant testing stages

³ This definition is adapted from information contained on the Department of Veterans' Affairs website, at <http://www.dva.gov.au>

	â€ Functional, SIT, UAT, Performance and Vendor Testing.
DHS	See Department of Human Services
Digital Certificate	Refers to the means of proving an individual's identity in electronic transactions. It binds a unique cryptographic Public Key to an owner. This key can then be used for a number of security operations which require a provable identity as their basis.
Digital Identity	Means the electronic representation of a Healthcare Individual's, Provider's or Organisation's actual identity that includes a unique healthcare identifier, associated identifying attributes, permissions, and a supporting token or login (token or login being credentials)
Dimension Characteristic	Means the Data Quality Dimension Characteristics as listed in the Data Quality Table provided in Schedule 4 (Statement of Performance).
Direction Setting Services	Means the Direction Setting Services described in section 3.3 of Schedule 3 (Statement of Work).
Directory Service	<p>The HI Service will make available a 'white pages' directory to healthcare providers eligible and authorised to participate. The purpose is to provide efficient, effective and secure communications between healthcare provider services. It will provide limited information such as:</p> <ul style="list-style-type: none"> • name • gender • provider speciality • HPI-I number • registration status (i.e. active or inactive) • business contact details (business name, address, telephone, fax, email) <p>[NOTE: The information to be displayed in the provider directory has not yet been finally determined.]</p> <p>It is not a public directory and will not provide information relating to the services provided by healthcare providers.</p>
Disaster Recovery Plan	Means the Plan that details the organisational procedures to be used to recover Medicare Australia's production processing that supports the HI Service systems following the declaration of a disaster that has made the Medicare Australia Data Centre inoperable.
Disaster Recovery Planning	Means the HI Service Disaster Recovery Planning services described in section 5.4 of Schedule 2 (HI Service).
Disaster Recovery Testing	Means tests designed to measure and improve the availability of services, as defined by the service continuity plan, in the event that a disaster was declared. Testing of the application to ensure

	the actions to be taken to recover Medicare Australia's production processing to the Deakin Data Centre following a disaster at Tuggeranong Data Centre.
Disengagement Plan	Means the Plan, as described in Annex A of Schedule 15 - Transition Plan, that sets out the tasks to be performed by Medicare Australia if Medicare Australia is no longer able to provide the HI Service. The Plan will be developed in accordance with clause 38.2 of the Contract.
Distinguished Name	Means the unique identifier assigned to each Key Holder by the Certification Authority.
Distributed Architecture	Refers to the paradigm for organising and utilising distributed computing capabilities that may be under the control of different ownership domains. It provides a uniform means to offer, discover, interact with and use computing capabilities to produce desired effects consistent with measurable preconditions and expectations.
DMZ	In computer network terminology, A DeMilitarised Zone is a network zone that separates the internal network from the external network, primarily for security-related purposes.
Document	Includes any paper, disc, tape or other article or any other material from which information can be reproduced with or without the aid of any other article or device and Documentation has a corresponding meaning.
DoHA	See Department of Health and Ageing
Duplicate Identifier	An IHI in relation to an individual, where another IHI exists in relation to the same person; an HPI-I in relation to a provider individual, where another HPI-I exists in relation to the same person; an HPI-O in relation to a provider organisation, where another HPI-O exists in relation to the same entity.
DVA data	Means demographic data belonging to individuals holding DVA entitlement.
e-Health	See Electronic Health
EA	See Enterprise Architecture
ECLIPSE	ECLIPSE provides an online claiming capability from Practices and Hospitals to Health Funds and Medicare Australia systems via Medicare Australia's Hub.
EDW	Means the Medicare Australia Enterprise Data Warehouse holding HI Data used for reporting purposes.

eForm	See Electronic Form.
Electronic Form	Means an electronic web based replacement for a paper form.
EHR	See Electronic Health Record
Electronic Health (e-Health)	Means the process of using ICT (Information & Communication Technology) to enable better healthcare outcomes.
eLearning	Online training modules.
Electronic Data Interchange (EDI)	A computer-to-computer exchange of business information that requires no human interaction to reformat data at either end.
Electronic Health	The process of using ICT (information and communication technology) to enable better healthcare outcomes.
Electronic Health Record (EHR)	Means a repository of information regarding the health status of a subject of care, in a form able to be processed electronically.
ELS	See Endpoint Location Services
Employee	Means a person who has entered onto or works in accordance with a contract of service, whether by way of manual labour, clerical work or otherwise and whether such contract is express or implied, oral or in writing.
End of Analysis and Design Stage Report	Means the End Stage Report for the Analysis and Design stage of the UHI Project.
End of Approval and Validation Stage Report	Means the End Stage Report for the Approval and Validation stage of the UHI Project.
End of Build and Functional Testing Stage Report	Means the End Stage Report for the Build and Functional Testing stage of the UHI Project.
End of Implementation and Transition Stage Report	Means the End Stage Report for the Implementation and Transition stage of the UHI Project.
End of Stage Report (End Stage Report)	Means the report, as described in the Transition Plan, used to provide evidence to advise the UHI Project Steering Committee of the completion of a project delivery stage. The report identifies what was achieved and what was not achieved for the given stage, and may provide recommendations and advice on the commencement of the next stage.

End User	Means any person authorised to access the HI Service.
Enrolment	Means the process whereby a Healthcare Individual who wishes to participate in the HI Service and who was not previously allocated an IHI, consents have his / her IHI issued and activated. This can occur at the time of a Healthcare Event or at a Medicare Australia Office.
Enterprise Architecture (EA)	Means Medicare Australia Enterprise Architecture which will facilitate the adoption of a Service Oriented Architecture.
Enterprise Data Warehouse	Medicare Australia's authoritative source of reporting data, derived from various Medicare Australia operational systems such as Medicare and the Pharmaceutical Benefits Scheme (PBS). By centralising this data Medicare Australia is able to deliver consistent reporting with quality, under a governance model that implements Australian Government and Medicare Australia security and privacy standards.
Enterprise Service Bus (ESB)	A middleware architecture or infrastructure that enables message routing and integration across an enterprise IT network.
EOI	See Evidence of Identity
Equipment	Means an item of physical equipment that is included in the HI System.
eReference Portlet	Medicare Australia provides reference information services to staff through the eReference Portlet, which is a browser-based interface accessible by staff through the Service Officer Portal.
Escalation Table	Means the table set out in Section 4 of Schedule 4 (Statement of Performance).
Evidence of Identity (EOI)	A set of identity documents which prove an individual is who they claim to be. The HI Service will be leveraging Medicare Australia's current evidence of identity requirements, including the list of primary and secondary documentation accepted.
Exception Report	The description of the exception situation, its impact, options, recommendation and impact of the recommendation to the Project Board. This report is prepared by the relevant manager to inform the next higher level of management of the situation.
Excused Performance Problem	A problem resulting in Medicare Australia's inability to meet either an Acceptable Service Level or a Minimum Service Level, which is

	<p>caused directly by:</p> <ul style="list-style-type: none"> (a) a Force Majeure Event; or (b) NEHTA (including NEHTA's non compliance with its obligations); or <p>the performance or non-performance by Medicare Australia's third party vendors and suppliers, including a dependency by Medicare Australia on such third party vendors and suppliers to achieve the Service Levels, except where root cause analysis demonstrates that Medicare Australia failed to perform its management responsibilities or the Service Level failure was primarily due to the non or unsatisfactory performance of Medicare Australia.</p>
Explanatory Statement	Is the document that explains the background and purpose and provides a clause by clause analysis of the Direction.
Exposed web services	A standardised way of integrating applications using open standards (XML, SOAP etc) over the internet backbone. Medicare will expose specific UHI services via web services to allow external software packages to integrate these services.
External Stakeholder and Communications Strategy	A plan to deliver and maintain relationships required to ensure the business objectives and activities of the UHI Project are achieved and realised as described in the Transition Plan.
Extract	The process of extracting data from an external source and transforming it into the business format before loading it to the business database.
Fact Of Death Data	<p>Fact of Death Data (FODD) is a process that matches Fact of Death records from State registrars of births, deaths and marriages with Consumer Directory records. Where a match is made, the consumer record is updated with the date of death. FODD processing includes the following options:</p> <ul style="list-style-type: none"> • Match a FODD record with a specific consumer record so the date of death is updated for that consumer • Mark a FODD record as unable to be matched to a consumer record
Federated Access Framework	A specification or architecture that enables user credentials from different systems to be trusted and shared to enable users to access resources provided by different systems, organisations or institutions.

Federation	A special kind of community in which two or more roles are filled by different domain communities.
Fees	The fees described in Schedule 5 (Pricing),, which are payable by NEHTA to Medicare Australia in accordance with clause 17 of the Contract.
Field of Practice	The Healthcare Provider Individual or Healthcare Provider Organisation's registered healthcare areas of clinical focus and expertise. Also see Qualification.
FTE	Full Time Equivalent.
Function	A set of logical and common business functions used to group data quality dimensions and UHI business processes.
Gatekeeper	The Commonwealth strategy for the use of PKI and a key enabler for the delivery of the Commonwealth Government's online agenda.
Gatekeeper-accredited (Gatekeeper accreditation)	Means formal recognition of a PKI service provider granted by the Gatekeeper Competent Authority against the Gatekeeper Certification Authority Accreditation criteria or the Registration Authority Accreditation criteria, as applicable.
Geocode	A Geospatial Entity Object Code (Geocode) provides the exact location, including, but not limited to, a range of geospatial attributes such as latitude, longitude, date, local time and registry numbers.
Geocoded National Address File	Means the system that handles the creation and maintenance of a single authoritative geocoded database of reference in Australia for street address data.
Geographic Location	Grouping of UHI Business Entities by their primary registered address. For business reports, this is broadly defined as State/Territory or health catchment areas within the context of the UHI services, as defined by the parameters set by the Australian Standard Geographical classification.
G-NAF (Australian Geographic National Address File)	The system that handles the creation and maintenance of a single authoritative Geo-coded database of reference in Australia for street address data. (Australia Post System)
Governance Entity	Is the entity with the overarching responsibility for the strategic direction and policies of the HI Service. The entity that will have the mandate to make decisions in respect of the operation of the HI Service.
Guardian	A person who has the legal authority to care for the interests of another person, usually because that other person is a child or

	lacks the capacity to manage his or her own affairs - for example the parent of a minor (whether natural/adoptive/foster) or a legal guardian appointed by a court or tribunal.
HB 174:2003	A standard for Information Security Management in the Health Sector.
HB 231:2004	A standard for Information Security Risk Management.
Health and Hygiene Service Levels	Means a Service Level if for which the Service Level is missed, will in the opinion of NEHTA, have a negative impact on the relationship between Medicare Australia and NEHTA.
Health care (or Healthcare)	Means care, treatment, advice or service provided for the physical or mental health of an individual.
Health Check	See Project Health Check
Healthcare Administrator	Means support and administrative personnel of a Healthcare Provider Organisation who works with Healthcare Provider Individuals. In the context of Unique Healthcare Identifiers, a key function of the administrators is 'patient records management'.
Healthcare Event	Means the instance of providing Healthcare to an individual.
Healthcare Identifiers Service (HI Service)	<p>Previously referred to as the UHI Service, however all recent Government documentation (AHMAC 'Healthcare identifiers & privacy: Discussion paper on proposals for legislative support', July 2009) makes reference to the HI Service.</p> <p>The HI Service will assign, issue and maintain identifiers to individuals, healthcare provider individuals and healthcare organisations.</p>
Healthcare Identifiers Service Operator	<p>Medicare Australia will be the initial HI Service Operator.</p> <p>Medicare Australia is a statutory agency and the functions that it will undertake as the initial service operator will be set out in legislation. Medicare Australia will provide the trusted initial dataset⁴ for individual identifiers. Other elements of existing Medicare Australia infrastructure are being incorporated into the design of the HI Service, including information policies and customer services, such as shop front and online services. For these reasons, it is proposed that Medicare Australia will be the initial operator of the HI Service. These arrangements are expected to be in place for the first two years of the service operations.</p>

⁴ Trusted initial dataset refers to the personal information needed to uniquely identify an individual, which has been verified by an accepted evidence of identity process. Medicare Australia's Consumer Directory Management Service contains personal information about individuals that has been obtained directly from individuals and supported by documentation such as passports to provide a level of certainty about the quality and accuracy of that information.

	<p>NB: Many members of the veteran community receive all their healthcare through the Department of Veterans' Affairs (DVA), not through the Medicare system. As a consequence, they are registered with DVA rather than Medicare Australia and will not be part of the initial dataset used to establish individual healthcare identifiers. NEHTA has commenced working with DVA to determine the specific policy, legislative and implementation issues associated with assigning individual healthcare identifiers to those individuals registered only with DVA.</p>
Healthcare Identifier Data	<p>Refers to the store of Healthcare Individual, Healthcare Provider and Healthcare Provider Organisation information that is the foundation of the HI Service.</p> <p>HI Data does not include de-identified data or reporting information that is not personal information. Access to this information is subject to restrictions that apply to Medicare Australia.</p>
Health information	<p>Information that is associated with an individual's health or is collected to provide a health service.</p>
Health Information System	<p>Means the repository of information regarding the health of a subject of care in computer processable form, stored and transmitted securely, and accessible by multiple authorised users. It has a commonly agreed logical information model which is independent of EHR systems. Its primary purpose is the support of continuing, efficient and quality integrated health care and it contains information which is retrospective, concurrent and prospective.</p>
Healthcare Individual	<p>Refers to an individual who seeks or consumes health care services. It is this individual that an Individual Health Identifier (IHI) uniquely relates to. Any usage of an IHI will be directly connected to a Healthcare event related to this individual. Examples of healthcare individuals:</p> <ul style="list-style-type: none"> • Australian Citizen • Immigrant resident of Australia • Visitor to Australia encountering Healthcare services. <p>Also refer to 'Consumer'</p>
Healthcare Individual	<p>Means the individual who is the subject of care. It is this individual that an Individual health identifier uniquely relates to.</p>
Healthcare Organisation	<p>An Organisation deemed to be eligible to participate in the UHI Services by the Governing Authority.</p>
Healthcare	<p>Medicare Australia's application that allows healthcare</p>

Professional Online Service	professionals to access services via a browser based authentication process.
Healthcare Professional Portal	Outdated term - please refer to HPOS - Healthcare Professional Online Service.
Healthcare Provider	The Healthcare Provider Individual and/or a Healthcare Provider Organisation.
Healthcare Provider Agent (Provider Agent)	Means employment agents that secure work for the Providers, and typically deploy those Providers to Healthcare organisations (e.g. nursing agencies). They may be given the "self maintenance role" of a Healthcare Provider Organisation. They will have different access rights from the Healthcare Administrators.
Healthcare Provider Identifier (HPI)	Refers to the generic term to describe two unique Identifiers: Healthcare Provider Individual Identifier (HPI-I) and the Healthcare Provider Organisation Identifier (HPI-O).
Healthcare Provider Identifier - Individual (HPI-I)	The national healthcare identifier assigned to an individual healthcare provider to identify the individual providers involved in delivering healthcare services.
Healthcare Provider Identifier - Individual Record	A record of provider information associated with the HPI-I that is used only in the context of healthcare, and whose scope is defined in relation to the need to provide healthcare.
Healthcare Provider Identifier - Organisation (HPI-O)	The national healthcare identifier assigned to a healthcare provider organisation to identify the organisations involved in delivering healthcare services.
Healthcare Provider Identifier - Organisation Record	A record of provider organisation information associated with the HPI-O that is used only in the context of healthcare, and whose scope is defined in relation to the need to provide healthcare.
Healthcare Provider Individual	An individual who is actively engaged in the provision of healthcare, and has been accredited by a national body to do so (if his or her profession is managed by a national body for registration).
Healthcare Provider Organisation (Provider Organisation)	Means an organisation directly involved in the provision of health services to healthcare individuals.
Healthcare Provider Organisation Legal Representative	Means the role which has the authority over an organisation's relationship with the HI Service.

Healthcare Provider Organisation Maintenance Role	Means the authorised representative of a Healthcare Provider Organisation, with responsibility to maintain the accuracy and completeness of the HPI-O Record.
Healthcare Provider Public Register	A publicly accessible list of all healthcare providers registered and accredited to practise by the Australian Health Practitioner Regulation Agency (APHRA). The Public Register will list healthcare providers' names, business addresses, specialisations and qualifications. It is anticipated that the Public Register will be formally defined when enabling legislation for the AHPRA has been introduced.
Health e-Signature Authority (HeSA)	A registration authority established by Medicare Australia to distribute and record digital keys and certificates for use in the Australian healthcare sector.
Health Information	Information about an individual's health, use of health services, or other personal information collected from an individual when delivering a health service.
Health Information System	Means the repository of information regarding the health of a subject of care in computer processable form, stored and transmitted securely, and accessible by multiple authorised users. It has a commonly agreed logical information model which is independent of EHR systems. Its primary purpose is the support of continuing, efficient and quality integrated health care and it contains information which is retrospective, concurrent and prospective.
Health Jurisdictions	State and Territory Health Departments.
Health Level 7 (HL7)	HL7 provides (global) standards for the exchange, management and integration of data that supports clinical patient care and the management, delivery and evaluation of healthcare services. Specifically, it creates flexible, cost effective approaches, standards, guidelines, methodologies which enable healthcare information system interoperability and sharing of electronic health records.
HIA	Means the Health Insurance Act 1973 (Cth).
HI Data	Means the store of Healthcare Individual, Healthcare Provider and Healthcare Provider Organisation information that is the foundation of the HI Service. It includes de-identified data and reporting information that is not personal information. See also UHI Data
HI Data (MA)	Means the data used by the HI Service and created and stored by Medicare Australia for use other than by the HI Service, including CDMS and PDS.

HI Data (NEHTA)	Means the data used exclusively by the HI Service
HI Service	Means the services to be performed by Medicare Australia as set out in the Contract and includes all the Services described in Schedule 2 (HI Service).
HI Service Delivery Services	Means the HI Service Delivery Services described in section 3.2 of Schedule 2 (HI Service).
HI Service Desk Services	Means the HI Service Desk Services described in section 6.1 of Schedule 2 (HI Service).
HI Services Steward	Means the Contract manager for: NEHTA for the HI Service
HI System (System)	Means the combination of Data, Deliverables (Equipment and Software including Third Party Software) which are developed, modified or used for the Contract.
HI User	An individual appointed by a Healthcare Organisation to support the day to day functional requirements of the HI Service. HI Users from clinical Healthcare Provider Organisations will have access to IHI data, and will be able to conduct processes in relation to IHI records on behalf of the Healthcare Organisation at which they are employed.
HIA	Means the Health Insurance Act 1973 (Cth).
HL7	HL7 provides (global) standards for the exchange, management and integration of data that supports clinical patient care and the management, delivery and evaluation of healthcare services. Specifically, it creates flexible, cost effective approaches, standards, guidelines, methodologies which enable healthcare information system interoperability and sharing of electronic health records.
HPI-I	Refers to the unique Identifier that is assigned to a Healthcare Provider Individual. The unique Identifier is a number. See also Healthcare Provider Individual
HPI-I Record	Means a record of provider information associated with the HPI-I that is used only in the context of healthcare and whose scope is defined in relation to the need to provide healthcare. It is comprised of three sub-categories of record: summary, identification and demographic.
HPI-O	Means the unique Identifier that is assigned to a Healthcare Provider Organisation. The unique Identifier is a number.
HPI-O Maintenance Role Also referred to as Organisation	The Healthcare Provider Organisation Maintenance Role will have the capability to configure, modify and update certain attributes of the HPI-O Record that are controllable by the HPI-O.

Maintenance Role	The Healthcare Provider Maintenance Role will have the capability to establish professional relationships between HPI-O and provider individuals that have a HPI-I.
HPI-O record	Means a record of provider organisation information associated with the HPI-O that is used only in the context of healthcare and whose scope is defined in relation to the need to provide healthcare.
Hyper Text Transfer Protocol (HTTP)	A communications protocol used to send and receive internet pages (HTML files) which allows for the downloading of files by internet browsers.
IBM Resource Access Control Facility (IBM RACF)	An IBM software product that as a security system to control and audit access.
ICON	Intra Governmental Communications Network is a communications system providing dedicated point-to-point links for Australian Government agencies in Canberra through the use of an underground system of fibre optic cables and conduits.
ICT	Means Information and Communications Technology.
Identification	Means the process of using or applying a Healthcare Individual's, Healthcare Provider's or Healthcare Provider Organisation's digital identity to establish their physical identity.
Identification and Notification Strategy	Means the agreed Strategy on notification of individuals and providers regarding their participation in the HI Service as described in Annex A of Schedule 1 - Implementation Plan.
Identification record	Means the part of the IHI record, which is displayed as a result of a second level search (subject to any special conditions defined).
Identifier	Means any attribute that helps identify an individual, provider or organisation.
Identity Management	Means the set of processes and the supporting infrastructure for the creation, maintenance and use of digital identity.
Identity Management and Authentication and Support Services	Means the Identity Management and Authentication and Support Services described in Section 3.6 of Schedule 3 (Statement of Work).
Identity Management Provider	Means a service that generates authentication and access control assertions that vouch for a Healthcare Provider, Healthcare Provider Organisation or Healthcare Individual identity.
Individual	The national healthcare identifier assigned to a healthcare

Healthcare Identifier (IHI)	individual that will enable unique and consistent identification of health care consumers in Australia.
IHI Record	Means a record of personal information associated with the IHI that is used only in the context of healthcare and whose scope is defined in relation to the need to provide healthcare. It is comprised of three sub-categories of record: summary, identification and demographic.
IHI with no EOI	Means an IHI created without the evidence of identity process being conducted. There are restrictions on the use of an IHI with no EOI. An IHI with no EOI needs to be registered to convert to an IHI or to be linked to an existing IHI.
IHI Propagation Model	<p>Means the methods available to provide certified healthcare providers and provider organisations updates of personal information for healthcare individuals for whom they have an IHI number. The propagation models are:</p> <ul style="list-style-type: none"> (c) On-Demand: The Healthcare Providers / Provider Organisations request the current data from the HI Service when required. (d) Batch on Demand: enables the Healthcare Organisation and Healthcare Provider PAS to request the HI Service to provide a list of all the IHI's that have been updated since a specified time period, for their updating purposes. (e) Alerting: The HI Service will alert Healthcare Providers of certain situations when they occur. <p>Request Changes: The Healthcare Provider requests a list of changes to IHI and then does an On-Demand update to apply changes for an IHI that is relevant to the Healthcare Provider.</p>
Implementation	Means a realisation of a technical specification or algorithm as a program, software component, or other computer system as required for the functioning of the UHI Service.
Implementation and Transition	Means the Implementation and Transition stage or the Implementation Stage of the UHI Project described section 3.2 of Schedule 1 - Implementation Plan.
Implementation Date	Means the date of implementation of the Operational Phase, as determined in accordance with clause 3.4.2 of the Contract.
Incident	Means any event which is not part of the standard operation of the UHI service and which causes or may cause, an interruption to, or a reduction in the quality the service.
Incident	Means the Incident Management Services described in section 6.1

Management	of Schedule 2 (HI Service).
Incident Manager	Means the role Responsible for the design, performance, quality and improvements to the incident management process. It is the interface to related process' e.g. problem management.
Incident Resolution Time	Means the time from which an Incident is identified by or notified to the Call centre or Service Desk until the incident is Resolved or a Work Around is put in place.
Incident Resolver Group	Means a group of individuals responsible for providing a solution to an Incident .
Individual Electronic Health Records	An electronic health record for individuals which may in future leverage the UHI Services.
Individual Healthcare Identifier (IHI)	Means the unique healthcare identifier for individuals within the healthcare system. The unique identifier is a number.
Individual Reference Number	Each individual enrolled on a Medicare card is allocated an Individual Reference Number (IRN) from 1 to 9. By combining the card number with the person's own number on the card, each person on the card can be uniquely identified.
Information Architecture	Means the practice of structuring information (knowledge or data) for a purpose.
Information Model	Means an abstract but formal representation of entities including their properties, relationships and the operations that can be performed on them.
Information Privacy Legislation (privacy)	Refers to the overarching legal framework for the protection of personal and health information in Australia. It may prohibit or facilitate information flows and is intended to provide individuals with some control over the way in which their information is collected and handled to ensure that organisations collect and handle information responsibly and to encourage the free flow of data.
Information Privacy Principles (IPP)	Means the Information Privacy Principles as defined in the Commonwealth Privacy Act 1988 (Cth).
Information Technology Infrastructure Library (ITIL)	A set of concepts, techniques and practices for IT infrastructure and operations management.
Infosec -Registered Assessor Program	A program from the Defence Signals Directorate which endorses and registers IT security assessors to the PROTECTED Australian

(I-RAP)	Government classification level.
Initial Data Load	Means the initial population of the UHI database with data extracted from Medicare Australia data holdings.
Initial Data Source	Means the definition provided in section 2.1.5 of Business Requirements . A source of data that will only be used for the initial population of the UHI database. An Initial Data Source will not be the ongoing Trusted Data Source for the currency of the UHI data. This initial sourcing will be a bulk allocation model to initiate the UHI Services. The Medicare Australia CDMS will be leveraged for the IHI Records and the PDS will be leveraged for the HPI Records.
Initial IHI Bulk Allocation	The UHI Services will perform an initial bulk IHI allocation that will entail allocating every active Medicare enrolment (including temporary/interim card holders and Reciprocal Health Care Card) an identifier.
Input Tax Credit	Has the meaning given by section 195-1 of the GST Act.
Insolvency Event	<p>In respect of a Party, means the occurrence of:</p> <ul style="list-style-type: none"> (g) a meeting of that Party's creditors being held or called; (h) the appointment of a liquidator, provisional liquidator or administrator to that Party; (i) the appointment of a controller (as defined in section 9 of the Corporations Act 2001 (Cth)) or analogous person appointed to that Party or any of its property; (j) that Party failing to comply, under paragraph 459F(1) of the Corporations Act 2001 (Cth), with a statutory demand; (k) that Party being unable to pay its debts as they fall due or otherwise becoming insolvent; (l) that Party ceasing to exist, for whatever reason, or otherwise becoming incapable of managing its own affairs for any reason; (m) that Party taking any step that could result in that Party becoming insolvent under administration (as defined in section 9 of the Corporations Act 2001 (Cth)); (n) any action being commenced to bankrupt or wind-up the affairs of that Party; or

	that Party entering into a compromise or arrangement with, or assignment for the benefit of, any of its members or creditors, or any analogous event.
Integration	Means the connection and interaction between hardware, software and users.
Intellectual Property (IP)	Means any copyright, trade mark, trade secret, service mark, design, drawing, patent, know-how, secret process, circuit layouts and other similar proprietary rights and the rights to the registration of those rights.
Interface	Means the physical mechanism by which independent applications communicate.
Interface Requirement Specification	Means specifications describing the interfaces used to access the HI Service via electronic means.
Interoperability	Means the ability of a system or process to use information and / or functionality of another system or process by adhering to common standards.
IP	See Intellectual Property
IP Developed Under the Contract	Means Intellectual Property developed in the course of activities of the UHI Project of the Unique Healthcare Identification Services Contract and as updated during the HI Service Operations Contract.
IP Register	Is the log of Intellectual Property used by Medicare Australia in connection with the performance of HI Service.
IPP	See Information Privacy Principles
Issuer Identification Number	Means the number assigned by the International Standards Organisation To a provider of a unique identification service.
Issue Log	Is the log that contains all Project Issues including Requests for Change raised during the project. Project Issues are allocated a unique number and are filed in the Issue Log under the appropriate status. (Also see Project Issue).
Issue Resolution Services	Means the Issue Resolution Services described in section 3.1 of Schedule 3 (Statement of Work).
ITIL Service Management	Means the Information Technology Infrastructure Library (ITIL)

Framework	framework of better practice approaches intended to facilitate the delivery of high quality information technology services.
ITOP	Means Medicare Australia's Information Technology Operations and Projects Division.
ITOP Service Request processing level	Means the Medicare Australia ITOP service request response time.
ITOP UHI Service Management Procedures Manual	Means the plan used to identify and articulate the broad scope of ICT Service Management activities required to support the ongoing operations the UHI Service within Medicare Australia. The ITOP UHI Service Management Procedures Manual is aligned to the ITIL Service Management Framework and details the processes utilised to deliver the ICT components of the services detailed in Schedule 2 (HI Service).
ITSD	Means Medicare Australia's Information Technology Service Division.
ITSD Service Request processing level	Means the Medicare Australia ITSD service request response time.
Java 2 Enterprise Edition (J2EE)	A framework providing architecture standards to maintain consistency in business architecture between organisations using Java. Java is a type of script/code usually used for internet applications.
Jurisdiction	A group of Healthcare Provider Organisations, which operate under the authority of a State or Territory Department of Health
Key	Means the sequence of symbols that controls the operation of a cryptographic transformation (eg. encipherment, decipherment, cryptographic check function computation, signature generation, or signature verification).
Key Holder	Means an individual who holds and uses Keys and Certificates on behalf of an Organisation, or in his / her own right in the case of Individual Certificates.
Key Pair	Means a pair of asymmetric cryptographic Keys (e.g. one decrypts messages which have been encrypted using the other) consisting of a Public Key and a Private Key.
Knowledge Management	Means the process which ensures reliable and secure information/data is available to improve the quality of decisions

	throughout the service lifecycle.
Known Error Database	Means the primary output of problem management which provides the service desk with an authoritative source of information for incident recovery and resolution.
Lightweight Directory Access Protocol (LDAP)	LDAP is an internet application protocol for accessing directory services. Programs such as email applications use LDAP to look up information from a server. Information can include encryption certificates, information about people, printers, and other services.
Local Area Network (LAN)	A network which spans only a small, local area as opposed to a wide area network (WAN).
Location Specific Practice Number	Medicare Australia Data Source which may be used as a source for the establishment of HPI-O and as such will be an initial data source.
Loss	<p>Means:</p> <ul style="list-style-type: none"> (f) all losses, liabilities, damages, fines, costs, interest, fees and expenses, including: <ul style="list-style-type: none"> (i) legal costs and expenses on a solicitor / own client basis, disbursements, costs of investigation, litigation, settlement, judgment interest and penalties; (ii) the value of internal management and staff time assessed according to overhead costs with no profit margin, even if the affected Personnel would not have been engaged in profitable work; (iii) the cost of taking reasonable, preventative, protective remedial or mitigatory action; and (iv) the cost of obtaining any replacement services to rectify, remedy, or mitigate the damage caused by the relevant event; and <p>any amount paid by NEHTA for any breach of the privacy of an individual, being a reasonable amount as compensation for loss or damage for which Medicare Australia would have been liable under the Privacy Act 1988 (Cth) if such a breach had been that</p>

	of Medicare Australia.
Maintenance and Enhancement Services	Means the Maintenance and Enhancement Services described in section 5.5 of Schedule 2 (HI Service).
Maintenance Window	Means the time for scheduled maintenance as specified in section 2.6.1 of Schedule 4 (Statement of Performance).
Major Review	Has the meaning given to that term by clause 8.1.2of the Contract.
Major Strategy Delivery (Notification Strategy and Test Strategy)	Means the Major Strategy Delivery (Notification Strategy and Test Strategy) described in section 3.3 of Schedule 1 - Implementation Plan.
Major Subcontractor	Means a person or organisation that has been subcontracted to perform a part of the Contract that has significant relevance. See also Subcontractor
Manufacture Agreement Services	Means the Manufacture Agreement Services described in section 3.6 of Schedule 3 (Statement of Work).
Marketing, Change Management and Training Services	Means the Marketing, Change Management and Training Services described in section 3.3 of Schedule 3 - HI Service Statement of Work.
Masked (Masking)	Means a method of hiding the name of an Individual or Provider, on the Individual's or Provider's request. Masked names will not be seen by any Healthcare Provider or Healthcare Provider Organisation.
Material	Includes documents, equipment, software, goods, computer file, design, know-how, information and data stored by any means.
Material Error	Means an error within a Performance Report which would cause Medicare Australia's performance to be significantly overstated.
Measured Service Level	Means a Service Level that is measured and reported for each Reporting Period.
Medical Practitioner	Has the meaning given by subsection 3(1) of the Health Insurance Act 1973 (Cth).
Medicare Australia Business	Means management of Service Requests by Medicare Australia's business and policy areas.

Management	
Medicare Australia Project Management Framework	Means the project management framework to be used by Medicare Australia in managing the project delivery of the UHI Project.
Medicare Australia Provider Directory System (PDS)	Means the system that records information about providers whose services directly or indirectly generate a claim for Medicare benefits. It holds the information concerning the identity of the provider, eligibility under Medicare arrangements and information necessary for the processing and payment of Medicare claims.
Medicare Australia Service Channels	A collective term used to describe Medicare Australia offices, contact with Medicare Australia through telephone enquiries, facsimile and all other modes of communication, with the exception of Online Services.
Medicare Australia Service Officer (MSO)	A Medicare Australia staff member. This term also applies to staff working both at the State Office and National Office level.
Memorandum of Understanding	An MoU is a document evidencing the understanding between parties as to their rights and obligations. A MoU is not a legally binding agreement.
Message transmission Optimisation mechanism (MTOM)	MTOM is a specification for sending binary data to and from web services. It addresses the issue of sending attachments with web services.
Metadata directory/repository	A record of the structure and format of data recorded within an organisation such that a consistent format may be used for internal and external operations with the organisation.
Milestone (milestone)	Means the milestones as described in section 3.3 of Schedule 15 (Transition Plan).
Milestone Payment in advance	Means the Milestone Payments set out in the Transition Milestone Payment Table in section 3.1.1 of Schedule 5 (Pricing)
Minimum Service Level	Means the level of performance at or below which NEHTA's business will experience significant adverse impact as specified in Schedule 4 (Statement of Performance).
Minor	For UHI Services purposes, a person under the age of 14 years.
Monthly Status Report	Means the report supplied each 30 days by Medicare Australia to NEHTA detailing the financial and non-financial metrics used to quantify objectives to reflect strategic performance.

Moral Rights	Has the meaning given in the Copyright Act 1968 (Cth).
Multiple HPI-O Records	Two or more HPI-O records which, while containing similar or identical attributes, are not duplicate records and which relate to two or more separate Healthcare Provider Organisations.
NADIS	Name and Address matching software provided by Mastersoft that uses addresses provided by Australia Post.
NASH	The National Authentication Service for Health (NASH) project being delivered through NEHTA will deliver the first nationwide secure and authenticated service for healthcare organisations and personnel to exchange e-health information.
National E-Health Information Principal Committee (NEHIPC)	The Committee assigned with the responsibility to advise AHMAC on e-health and information strategies and to facilitate collaboration between the Commonwealth, States and Territories to implement these strategies ⁵ .
National E-Health Transition Authority Pty Ltd (NEHTA)	The organisation established by the Australian, State and Territory governments to develop better ways of electronically collecting and securely exchanging health information.
National Privacy Principles (NPP)	Means the National Privacy Principles defined in the Privacy Act 1988 (Cth).
NEHTA Provided Material (NEHTA Material)	Means any Material provided by, or on behalf of, NEHTA to Medicare Australia for the purposes of the Contract and set out in Schedule 8 (NEHTA Provided Material), or which is copied or derived from Material so provided.
National Registration and Accreditation Implementation Project (NRAIP)	A COAG approved project to establish the national professional registration and accreditation scheme for health practitioners (refer to Australian Health Practitioner Regulation Agency), which will allow doctors, nurses and other health professionals to practice across State and Territory borders.
National Registration & Accreditation Scheme (NRAS)	<p>NRAS is the working group established to progress the national approach to registration and accreditation for health practitioners. This group closely with NEHTA to design the interface between AHPRA and the HI Service.</p> <p>This group are responsible to the NRAIP. A new national scheme for the registration and accreditation of health practitioners is being implemented by 1 July 2010. The health professions to be covered by the new scheme from 1 July 2010 are: Chiropractic Optometry</p>

⁵ This definition is adapted from that contained at AHMAC's website, at <http://www.ahmac.gov.au/site/membership.aspx>.

	<p>Podiatry Dental Osteopathy Psychology Medical Pharmacy Nursing and Midwifery Physiotherapy Other professions may be added to the scheme over time.</p>	Care
Networked Organisation	<p>A part of a seed organisation, which exists beneath the seed in the organisational hierarchy. A networked organisation may include a location, a clinic or any other logical representation required to support the seed organisation in the delivery of health services or health related services.</p> <p>Sub-network organisations may also be established where the Networked Organisation has further sub-groups responsible to it.</p>	
Non-Australian Resident	<p>Person/s residing temporarily in Australia without Australian citizenship or permanent residency status.</p>	
Notice of Integration (NOI)	<p>Medicare Australia's NOI indicates that a software vendor's product that integrates with Medicare Australia services is ready for production. The NOI is issued to the software vendor upon successful completion of integration testing.</p>	
Notification	<p>Means the process of informing a Healthcare Individual or Healthcare Provider of the allocation of a IHI or HPI-I and the uses and disclosure of the IHI or HPI-I record that may occur and processes for consenting to participate (or not) in the HI Service i.e. Activation and Registration.</p>	
Notification Strategy	<p>Means the agreed strategy on notification of individuals and providers regarding participation in the UHI Service.</p>	
NPP	<p>See National Privacy Principles</p>	
ODMS	<p>Means the Organisation Directory Management System.</p>	
Office of the Privacy Commissioner	<p>The Office of the Privacy Commissioner is an agency in the Commonwealth which has responsibilities under the federal Privacy Act 1988. The OPC will be consulted in the development of the UHI Services concerning privacy issues.</p>	
Official Information	<p>Means any information developed, received or collected by or on behalf of the Commonwealth, whether through Medicare Australia or any other agency, or any other Medicare Australia contracted service provider.</p>	

Online Services	Medicare Australia's web-based system which enables users to view, update and request access to Medicare Australia program information. Online Services will be expanded for the purposes of the HI Service. OLS is a for Consumer use and is the web based interface system which allows individuals to access and update selected information on them held by Medicare Australia. HPOS is for Provider use and is a web portal which allows Healthcare Provider individuals to access and update selected information on them held by Medicare Australia.
Online Services for Consumers	Means the web based interface system which allows individuals to access and update selected information on them held by Medicare Australia.
Online Services for Providers	Means a web portal which allows Healthcare Provider Individuals to access and update selected information on them held by Medicare Australia.
Operational Phase	Means the Operational Phase or period described in Schedule 15 (Transition Plan).
Operations Management Plan	Means the Operations Management Plan to be developed by Medicare Australia in accordance with section 2.6 of Schedule 1 - Implementation Plan.
Operations Management Services	Means the Operations Management Services described in Section 3.3 of Schedule 3 (Statement of Work).
Organisation Data Maintenance System	In the context of the UHI Services, proposed system for the capture of HPI-O information.
Organisation Maintenance Role (OMR)	The Organisation Maintenance Role acts as the authorised representative of a Healthcare Provider Organisation, with responsibility to maintain the accuracy and completeness of the HPI-O Record. These responsibilities include the capability to configure, modify and update certain attributes of the HPI-O record, and to establish professional relationships between the HPI-O record and the record/s of Healthcare Provider Individual/s. Both Seed and Networked Organisations may have Organisation Maintenance Roles; however an Organisational Maintenance role may only manage those organisations under his or her network hierarchy.
Organisation Public Officer (OPO)	Organisation Public Officers are required to nominate at least one individual to perform the Organisation Maintenance Role for the Healthcare Provider Organisation. They may nominate themselves

	<p>in this role. Examples include (but are not limited to):</p> <ul style="list-style-type: none"> • General Manager • Practice Principal Provider • Solicitor • Business Owner
Organisation Type	Means the type of organisation providing healthcare services, e.g. general hospital, pathology lab, etc. The term may be used to delimit the Fields of Practice that the Healthcare Provider Organisation can provide. It is also to be used to limit what other types of Networked Organisations can be associated with a Seed Organisation.
Party	Means either or both NEHTA and Medicare Australia as the context requires.
PAS	See Patient Administration System
Pass-through Expenses	Means costs incurred by Medicare Australia and paid by NEHTA on presentation to NEHTA of the relevant tax invoice. Pass-through expenses do not attract any markup, overhead or administration fee or additional cost allocated by Medicare Australia.
Patient Administration System (PAS)	Means a system used by Healthcare Providers to support scheduling, financial and clinical management within Healthcare Provider. Organisation.
Patient Management System	A computerised system used to support all functions associated with the administration and management of patients and clients. Used by hospitals and community health service to assist in correctly identifying individuals and managing their health records.
Performance Management and Review Services	Means the Performance Management and Review Services described in section 3.1 of Schedule 3 (Statement of Work).
Performance Management Services	Means the Performance Management Services described in section 3.1 of Schedule 3 (Statement of Work).
PDS	See Provider Directory System and Medicare Australia Provider Directory System
Peer Review and Assessment	Means the Peer Review and Assessment described in Schedule 15 (Transition Plan).

Performance Report	Means any report relating to the Service Levels set out (or referred to) in Schedule 4 (Statement of Performance).
Performance Testing	Involves the testing of the application, how it performs under load and what impact it has upon components that share common resources.
Personal Information	Has the meaning given by subsection 6(1) of the Privacy Act 1988 (Cth).
Personnel	Means a Party's officers, employees, agents, subcontractors and their Personnel.
Pharmaceutical Benefits Scheme (PBS)	The PBS is a scheme set up under the National Health Act. Within Medicare Australia it is a system administered according to the Business Partnership Agreement with the Department of Health and Ageing (DoHA). Through the Pharmaceutical Benefits Scheme the Australian Government makes a range of necessary prescription medicines available at affordable prices to all Australian residents and those overseas visitors eligible under reciprocal Healthcare Agreements by paying part of the cost of the medicine to pharmacies.
Physical Credential	Means a token or login used for electronic communication (including access and use of the UHI Service), that vouches for the Healthcare Individuals', Healthcare Providers' or Healthcare Provider Organisations' physical identity. Note: This is not to be confused with the credentials individuals have gained to allow them to perform their professional duties.
PIA	See Privacy Impact Assessment
Planning and Commercial Services	Means the Planning and Commercial Services described in section 3.1 of Schedule 3 (Statement of Work).
Planning and Design Services	Means the Planning and Design Services described in section 3.10 of Schedule 3 (Statement of Work).
Planning Services	Means the Planning Services described in section 3.3 of Schedule 3 (Statement of Work).
Public Key Infrastructure (PKI)	An electronic trust framework adopted by the Australian Government to provide authentication and confidentiality for online transactions through the use of digital 'keys' and 'certificates'.
PMBOK	See Project Management Institute Body of Knowledge

Policy	Means, subject to applicable legislation, the policies required to effectively govern and manage the implementation, operations and use of the HI Service. Specifically, Policy refers to statement of principle, procedures, processes, tools, protocols or documents that must be complied with and adhered to in the operation and management of the HI Service.
Policy and Legislation Services	Means the Policy and Legislation Services described in section 2.3 of Schedule 2 (HI Service).
Policy and Strategy Development Services	Means the Policy and Strategy Development Services described in section 3.2 of Schedule 3 (Statement of Work).
Post Implementation report	Means, in the context of Business Continuity, a report that details the availability of services and resulting recommendations to the service continuity plan, in the event that such a plan was enacted.
Post Project Review	Means one or more reviews held after project closure to determine if the expected benefits have been obtained – also known as post-implementation review. Where a project is part of a programme, one review may be to assess the whole programme benefits.
Postal Address File	<p>The Postal Address File (PAF) is one of the most comprehensive address reference databases in Australia. The PAF is an extract from Australia Post's core addressing database, and has been developed for the purpose of supporting Post's mail processing and delivery operations through AMAS-approved barcoding and address matching software.</p> <p>What does the PAF contain?</p> <p>The PAF contains Australian addresses in a correct address format, along with their corresponding DPIDs (Delivery Point Identifiers). Each DPID is a randomly generated, unique 8-digit number, which is associated with an address.</p>
Power of Attorney	A document by which one person authorises another person (called the "attorney") to act for him/her in a specific manner in designated transactions.
Practice Managers	A manager who takes care of specific tasks such as staff management, pay issues, outstanding accounts, record maintenance etc relating to a general practice or a healthcare organisation (HPI-O).
Preferred Names	An additional or preferred name for an IHI Participant, recorded in the UHI Services.

Pricing Schedule	Means the Pricing Schedule set out in Schedule 5 - Pricing.
Pricing Table	Means the Pricing Tables in section 4 of Schedule 5- Pricing.
'Primary' Healthcare Provider Organisation	In the context of two or more Seed or Networked Organisations which are to be merged: the acquiring Organisation or the Organisation absorbing the other entity or entities; the Organisation whose record is to be maintained.
'Primary' Public Officer	The first registered Public Officer of a Healthcare Provider Organisation. The individual with primary responsibility for managing the participation/no-participation of a Healthcare provider organisation within the context of the HI Service. A primary public officer can delegate to a secondary public officer to act on her/his behalf where s/he may be absent from the Healthcare Provider Organisation for a substantial period of time.
Primary Use	Means use of UHI Data which is directly related to the primary purpose of the collection of that data, being accurate identification of Healthcare Individuals or Healthcare Provider Individuals or Healthcare Provider Organisations across all healthcare settings.
Primary User	Means an authorised person, being a Healthcare Provider Individual, a Healthcare Administrator, a Healthcare Individual or an Authorised Representative, engaged in Primary Use of UHI Data.
Primary User Support Services	Means the Primary User Support Services described in section 3.4 of Schedule 3 (Statement of Work).
PRINCE2	Is a process-based approach for project management providing an easily tailored and scaleable method for the management of all types of projects.
Privacy Blueprint	Means NEHTA UHI Privacy Blueprint on UHI Program which outlines privacy issues raised by development of national healthcare identification infrastructure.
Privacy Framework	Means, subject to applicable legislation, the combination of legal and policy obligations and protocols that will apply to the UHI Service, including models for consent and access.
Privacy Impact Assessment (PIA)	Is an assessment tool that describes the personal information flows in a project, and analyses the possible privacy impacts that those flows, and the project as a whole, may have on the privacy of individuals.
Private Automatic Branch Exchange	A telephone service, with its own exchange to link phones, that is limited to an organisation or building.

Problem	Means an unknown underlying cause of one or more
Incidents.	An error condition resulting in a loss, or potential loss, of the availability or performance of configuration items and / or its supporting environment.
Problem Management	Means the Problem Management Services described in section 6.1 of Schedule 2 (HI Service).
Problem Manager	Means the role that manages the process to ensure the prevention of incidents and minimize the impact of incidents that cannot be prevented.
Problem Owner	Means the technical specialists assigned by the problem manager to work on specific problems.
Professional Body	See Registration Body
Program Management	Means, as described in the Contract Management Plan, the oversight of the UHI Project.
Project Closure Report	Means 'Development Phase Project Closure Report' referred to in Table 2 of Schedule 15 (Transition Plan).
Project Health Check (Health Check)	Means the Project Health checks to be conducted by NEHTA and / or Project independent personnel in accordance with section 7.2 of Schedule 1 - Implementation Plan.
Project Issue	Means a term used to cover any concern, query, Request for Change, suggestion or Off-Specification raised during the project. They can be about anything to do with the project.
Project Management	Means the planning, monitoring and control of all aspects of the project and the motivation of all those involved in it to achieve the project objectives on time and to the specified cost, quality and performance.
Project Management Institute Body of Knowledge (PMBOK)	Is a globally recognised standard for managing projects.
Project Management Plan	Means the Plan to be submitted by Medicare Australia to NEHTA as described and in accordance with Annex A of Schedule 1 - Implementation Plan.
Project Manager	Means the person given the authority and responsibility to manage the project on a day-to-day basis to deliver the required products within the constraints agreed with the Project Board.

Project Planning	Means the Project planning activities described in section 3.2 of Schedule 1 - Implementation Plan.
Project Schedule	Means the Schedule prepared as a Work Breakdown Structure (WBS) using Microsoft Project as described in Annex A of Schedule 1 - Implementation Plan. The WBS is used to determine the overall project duration and when activities and events are planned to happen. This includes identification of activities and their logical dependencies, and estimation of activity durations, taking into account requirements and availability of resources.
Project Services	Means the Project Services described in section 6.4 of Schedule 2 (HI Service).
Project Sponsor	Means the persons possessing the Project Sponsor role described in Section 3 of Schedule 6 (Contract Management Plan).
Project Status Report	Means a progress report for the UHI Project to be provided by Medicare Australia to the UHI Project Steering Committee in accordance with the Contract Management Plan.
Project Test Strategy	The key project planning and strategy document for defining the testing activities for the UHI Project.
Proof of Identity	(See Evidence of Identity) means the process of supplying Evidence of Identity.
Proof of Identity (POI) Online Services for Consumers	Documentation that provides evidence sufficient to meet set standards to confirm an individual's identity.
Propagation	Means distribution of the Unique Health Identifier through health information systems.
Protective Security Manual (PSM)	Means the publication of the Commonwealth Attorney-General's Department that sets out the policies, practices and procedures that provide a protective security environment for Government resources.
Provider	See Healthcare Provider
Provider Agent	See Healthcare Provider Agent
Provider Directory (Directory)	Means a provider domain, read only listing of UHI sourced provider information used for facilitating healthcare. It is a 'white pages' of Healthcare Providers, Healthcare Provider Organisations and provider relationships on a voluntary basis. It does not list Healthcare Individuals and is not available to them.
Provider Directory	The Medicare Australia system that records information about healthcare providers whose services directly or indirectly generate

Service (PDS)	a claim for Medicare benefits or other program benefits. It holds the information concerning the identity of the provider, eligibility under Medicare arrangements, and the information necessary for the processing and payment of Medicare claims.
Provider Directory System (PDS)	Means the Medicare Australia Provider Directory System; the system that records information about providers whose services directly or indirectly generate a claim for Medicare benefits. It holds the information concerning the identity of the provider, eligibility under Medicare arrangements, and information necessary for the processing and payment of Medicare claims.
Provider Individual	See Healthcare Provider Individual
Provider Information	Means the information relating to a provider or provider's organisation and other non-clinical information that is relevant to positive identification and used only in the context of healthcare, consistent where possible and appropriate with relevant Australian or International standards.
Provider Organisation	See Healthcare Provider Organisation
Provider Portal Online Services for Consumers	The web channel that Medicare Australia provides to healthcare providers so that the providers can access Medicare Australia's services online.
Provider Type	Means the type of Healthcare Provider based on professional criteria, e.g. doctor, nurse, etc.
Provision of Development and Test Environment	Means the Provision of Development and Test Environment Services described in section 3.8 of Schedule 2 (HI Service).
Provisional IHI	Refers to an IHI allocated at a healthcare event without a registration process having been completed or where an individual cannot be identified due to being unconscious or in an incapacitated state. New born babies will be the largest group of individuals requiring a Provisional IHI. There are restrictions on how a Provisional IHI can be used. The Provisional IHI needs to be Registered to convert to an IHI.
Provisional IHI – Retired	The status to which a Provisional IHI record will default, if the record remains inactive for a period of ninety (90) days.
Provisional Record	Means the information held by the HI Service for an individual which contains unverified personal information.
Provisioning Services	See UHI Identity Provisioning Services

Pseudonym	Means the use of an alternative name instead of the real name in order to mask the identity of an individual.
Pseudonymised IHI	<p>Pseudonymous healthcare is supported by Government policy and in March, 2009 AHMC issued a communiqué indicating:</p> <ul style="list-style-type: none"> • that the implementation of the IHI would be supported by strong and effective legislative framework including governance arrangements and privacy safeguards. • that it is essential that privacy arrangements appropriately meet community expectations and balance the need to protect the privacy of personal information with healthcare benefits. • that an IHI will not need to be declared for an individual to receive healthcare. <p>Pseudonymisation is a mechanism whereby a verified IHI record containing pseudonymised data will be linked to an existing IHI record, containing the Healthcare Individual's real identity. The pseudonymisation feature aligns with ISO Standard ISO/TS 25237-2008.</p> <p>A healthcare consumer will be provided with an alternative name, date of birth and address when s/he applies for a pseudonymised IHI. This will ensure that their personal information held within the HI Service is concealed from other users. Pseudonymisation is not intended to be a generally available option.</p> <p>A pseudonymised IHI will be linked to the healthcare individuals verified IHI via a unique key that will have secure access controls to prevent any visible linkage. A healthcare individual with a pseudonymised IHI will be provided with a token to allow her/him to use it in the same way as s/he would a verified IHI token.</p> <p>At any time a pseudonymised IHI is no longer required the healthcare consumer can attend a Medicare Office to have the log written to the verified IHI and the pseudonymised IHI deactivated.</p>
PSM	See Protective Security Manual
Public Health Bodies	Means the entities that are responsible for public health services and research. They might request information from the HI Service for secondary purposes and will be subject to a specific legal and policy framework.
Public Officer	The authorised representative of a Healthcare Provider Organisation. The Public Officer possesses authority over an organisation's participation status, and its relationships with other organisations and healthcare provider individuals within the HI

	Service.
Qualification	Means formal educational qualifications attained by the Healthcare Provider Individual (e.g. university degree). A Healthcare Provider Individual can have multiple qualifications. Also see Field of Practice.
Quality and Assurance Services	Means the Quality and Assurance Services described in Section 3.12 of Schedule 3 (Statement of Work).
Quality and Compliance Services	Means the Quality and Compliance Services described in Section 3.12 of Schedule 3 (Statement of Work).
Quality Management	Means the procedures, techniques and tools, as described in Schedule 6 - Contract Management Plan, used to ensure that the HI Service meets or exceeds pre-specified standards throughout its lifecycle.
RDS	See Reference Data Source
Reference Data Source	A secondary source of information used to cross check the accuracy of data for fields such as address, birth, death. Reference Data Sources will include: <ul style="list-style-type: none"> • Australia Post • GNAF(see definition above); and • Births Deaths and Marriages Registries
Registration	Means the process whereby a Healthcare Individual who was allocated a Provisional IHI or had an IHI with no EOI created consents (or not) to formally participate in the UHI Service.
Registration Board/Body	In an HI Service context, a Registration Board means an entity established by legislation and which is usually independent with statutory powers. It is anticipated that these entities will become Trusted Data Sources for the HI Service for the updating of provider individual data, and will also have responsibility to ensure the accuracy and reliability of data provided.
Reinstate IHI	The process of re-establishing an individual's record in the UHI Services after they have been removed from the UHI Services by error (i.e. mistakenly retired). A Reinstated record will return to its previous status and have all history and links automatically re-established.
Relationship (Certificate) Model Online Services for Consumers	This is Medicare Australia's design, based on digital certificates, for the relationship between a healthcare provider or healthcare organisation and with Medicare Australia.
Release of Information	Medicare Australia is bound by strict legislation including specific provisions under the Health Insurance Act 1973 (HIA), the National Health Act 1953 (NHA), and the Privacy Act 1988 to

	safeguard information it holds from unauthorised access, use and disclosure. For UHI Services purposes, the Medicare Australia policies and guidelines will govern ROI.
Replica Identifier	The same identifier mistakenly assigned to two or more Healthcare Individuals, Healthcare Providers or Healthcare Provider Organisations. This may occur when two or more Healthcare Individuals or Healthcare Providers have similar attributes and have not been identified as different entities or were mistakenly linked during the duplicate resolution process.
Replica	Data means the same identifier mistakenly assigned to two or more Healthcare Individuals or Healthcare Providers who may have similar attributes and were not identified as different entities.
Reporting Period	Means the period specified in the "Reporting Period" row of each of the Service Level tables in section 4 of Schedule 4 (Statement of Performance).
Request for Proposal Services	Means the Request for Proposal (RFP) Services described in section 6.3 of Schedule 2 (HI Service).
Research Bodies	Means the entities that conduct health and medical research in order to improve health outcomes. They will be Secondary Users of the HI Service and will operate under a specific legal and policy framework.
Resource Strategy	Means the strategy as described in Annex A of Schedule 1 - Implementation Plan used to outline the resource requirements for the UHI Project including identifying the management processes adopted.
Resolved	In the case of an Incident , means the HI System is available for use by any End-User who was impacted by the Incident , as outlined in the Severity Level Table and, in the case of a Problem, means the underlying cause of an Incident is rectified or a Work Around is put in place such that further Incidents will not be caused by the same Problem.
Resource Strategy	Means the strategy as described in Schedule 15 (Transition Plan) used to outline the resource requirements for the UHI Project including identifying the management processes adopted.
Retired IHI	The status that an IHI assumes after it has been in a deceased status for 90 days, with no logged activity.
Retired HPI-I	The status that an HPI-I assumes after it has been in a 'deceased' status for three months, with no logged activity.
Retired Identifier	Means an identifier attached to a record belonging to an individual where the individual has been identified with a date of death in

	the HI Service, or attached to a record for an organisation which has ceased to operate.
Retirement	The withdrawal of a unique identifier that will no longer be used in the UHI Services.
Risk Management Plan	Means the structured process that allows individual risk events and overall Project risk to be understood and managed proactively, optimising Medicare Australia's ability to achieve its UHI-related business or project objectives as described in Schedule 15 (Transition Plan).
Risk Management Services	Means the Risk Management Services described in Section 3.12 of Schedule 3 (Statement of Work).
Risks Log	Contains all information about the risks, their analysis, countermeasures and status. Also known as Risk Register.
Role	Means an expected function that an individual, healthcare provider, healthcare organisation or authorised UHI User performs. The role has associated permissions, obligations and prohibitions in accordance with the legal and policy framework.
SAN	A storage area network is a high speed cluster of data storage devices and associated data servers; part of an overall network.
SAS Online Services for Consumers	SAS is a programming language and suite of business intelligence software products from SAS Institute.
Scheduled Hours	Means the scheduled hours as designated for each Service Level and excludes Scheduled Maintenance.
Scheduled Maintenance	Means maintenance activities relating to system, software or infrastructure which are planned in advance.
Score Card	Means the Score Card referred to in Section 2 of Schedule 4 (Statement of Performance).
Score Card Report	Means the report specified in Section 2.2 of Schedule 4 (Statement of Performance).
Secondary Healthcare Provider Organisation	In the context of two or more Seed or Networked Organisations which are to be merged: the Organisation which is to be acquired or absorbed by the 'Primary' Healthcare Provider Organisation; the Organisation whose record is to be deactivated.
Secondary / Linked Identifier	Means an identifier which was created in the existence of the primary identifier due to various reasons (e.g. poor search practices, lack of data about an individual).
Secondary Support	Means the Secondary Support User Services described in Section

User Services	3.4 of Schedule 3 (Statement of Work).
Secondary Use	Means use of UHI Data which is authorised by Medicare Australia and NEHTA but which is not reasonably within the scope of the Primary Use.
Secondary User	Means a person or an approved representative of an organisation authorised by Medicare Australia and NEHTA to be engaged in Secondary Use of UHI Data.
Secure / Multipurpose Internet Mail Extensions	Multipurpose Internet Mail Extensions (MIME) is a standard format for transferring emails across the internet such that emails can be sent and received in a universal format for all types of mail servers. The secure version of this adds the ability to sign and encrypt emails.
Secure Socket Layer	An encryption protocol that allows for secure communication via the internet.
Security Assertion Mark-up Language	A standard for exchanging data relating to access authorisation between service providers and users.
Security Assessment	Means an assessment of the security mechanisms implemented by Medicare Australia used to secure the HI System.
Security Environment Evaluation and Maintenance Services	Means the Security Environment Evaluation and Maintenance Services described in Section 3.11 of Schedule 3 (Statement of Work).
Security Governance Services	Means the Security Governance Services described in Section 3.11 of Schedule 3 (Statement of Work).
Security Management Services	Means the Security Management Services described in Section 3.11 of Schedule 3 (Statement of Work).
Security Program Implementation Services	Means the Security Program Implementation Services described in Section 3.11 of Schedule 3 (Statement of Work).
Security Risk Profile Services	Means the Security Risk Profile Services described in Section 3.11 of Schedule 3 (Statement of Work).
Security Testing	Testing of the application to ensure the security solution meets both functional and data protection requirements as per TRA, ASCI33 and the Privacy Act.
Seed Organisation	A senior healthcare provider organisation at the top of an

	organisational hierarchy or structure. A Seed Organisation is a separate legal entity that will participate in the HI Service. A Seed Organisation can establish multiple relationships with Networked Organisations.
SEHR	See Shared Electronic Health Record
Service	A service included in the HI Service.
Service Change Control	The Service Change Control Services described in section 6.2 of Schedule 2 (HI Service).
Service Desk and Customer Relations	The Medicare Australia Service Desk and Customer Relations areas.
Service Level	The minimum performance standards specified in section 4 of Schedule 3 (HI Service Levels) and includes Acceptable Service Levels, Minimum Service Levels and Target Service Levels.
Service Level Performance and Management Services	The Service Level Performance and Management Services described in Section 3.9 of Schedule 3 (Statement of Work).
Service Level Reports	The meaning given to it in Schedule 4 (Statement of Performance) and includes Acceptable Service Levels, Minimum Service Levels and Target Service Levels.
Service Measurement and Reporting Services	The Service Measurement and Reporting Services described in section 3.4 of Schedule 2 (HI Service).
Service Measurement Reports	That set of reports listed in Schedule 4 (Statement of Performance) Appendix A of the Unique healthcare Identification Services Contract, and as later modified under this contract.
Service Officer Portal Online Services for Consumers	This is the integrated, browser-based application that Medicare Australia Service Officers use to access business applications, content and knowledge services and other IT applications.
Service Operator	Means Medicare Australia as provided in section 2.1.1.2 of the Business Requirements . As such, Medicare Australia is engaged by the Governance Authority to develop, implement and carry out the ongoing operation and maintenance of the UHI Services.
Service Oriented	A computer system architectural style to facilitate the transfer of

Architecture	data when creating and using business processes.
Service Request (SR)	A request for information, advice, documentation or for a defined administration function (i.e.: add / modify /delete, administer file space / groups etc). Service requests are based on policy (scoped) and are funded and repeatable BAU activity.
Service Request Response Services	The Service Request Response Services described in Section 3.7 of Schedule 3 (Statement of Work).
Severity Level Table	The table set out in section 5 of Schedule 4 (Statement of Performance).
Shared Electronic Health Record (SEHR)	Is a repository of information regarding the health status of a Healthcare Individual in computer processable form, stored and transmitted securely, and accessible by multiple authorised users. It has a standardised or commonly agreed logical information model, which is independent of EHR systems. Its primary purpose is the support of continuing, efficient and quality integrated healthcare and it contains information which is retrospective, concurrent, and prospective.
Simple Object Access Protocol (SOAP) Online Services for Consumers	A communication protocol for transferring information over computer networks.
Single Sign On	Means a method of access control that enables a user to authenticate once and gain access to the resources of multiple software systems.
SNA Network Interconnection	SNA Network Interconnection is typically used to connect mainframes (eg cross agency).
Software	Means computer programs or software (including without limitation, utilities, embedded software, system software and application software) together with all relevant user or supporting documentation and includes NEHTA Material that is software. Software includes Third Party Software.
Solution (Software) Architecture Document	Means the Software Architecture Document that provides a comprehensive architectural overview of the HI System as described in Annex A of Schedule 1 - Implementation Plan.
Soundex	Means a phonetic algorithm for indexing names by their sound when pronounced in English. The basic aim is for names with the same pronunciation to be encoded to the same string so that

	matching can occur despite minor differences in spelling.
SOP	See Statement of Performance
SOW	See Statement of Work
Soundex	Means a phonetic algorithm for indexing names by their sound when pronounced in English. The basic aim is for names with the same pronunciation to be encoded to the same string so that matching can occur despite minor differences in spelling.
Specified Personnel	Means those personnel referred to in clause 21 of the Contract.
SR	See Service Request
Stage	Means the section of the project that the Project Manager is managing on behalf of the Project Board at any one time, at the end of which the Project Board wishes to review progress to date, the state of the Project Plan, Business Case and risks, and the next Stage plan in order to decide whether to continue with the project.
Stakeholders	Means entities that are affected by, involved in or concerned with the development of the HI System and the implementation of the UHI Service.
Standard Reports	Standard Reports may be broadly described as reports that are based on a set of pre-defined report fields (i.e., reporting period, format and delivery) and static content that are created on scheduled basis.
Statement of Performance (SOP)	Means the Statement of Performance set out in Schedule 4 (Statement of Performance).
Statement of Work (SOW)	Means the description of the HI Service as contained at Schedule 3 (Statement of Work) of the Contract.
Status	A status allocated to an IHI, HPI-I or HPI-O eg: Deceased, Retired, Verified, Unverified etc Should the following terms and statuses be included? Verified, Blocking (out of scope), Provisional, Deactivate, Expire, mail outs, Pseudonyms, Reactivate, Resolve, Replica, Suspend, Inactive, Link DeLink etc
Strategy	Means a high level course of action to achieve a specific goal or outcome.
Strategy Alignment Services	Means the Strategy Alignment Services described in section 2.2 of Schedule 2 (HI Service).
Strategy and Policy	Means the Strategy and Policy Services described in Section 3.2 of

Services	Schedule 3 (Statement of Work).
Strategy Review Services	Means the Strategy Review Services described in Section 3.2 of Schedule 3 (Statement of Work).
Subcontractor	Means a person to whom a person has subcontracted the performance of any part of the Contract and Subcontract has a corresponding meaning. See also Major Subcontractor
Summary record	The part of the IHI record, which is displayed as a result of a first level search. (Subject to any special conditions defined).
Supplier Establishment Services	Means the Supplier Establishment Services described in Section 3.5 of Schedule 3 (Statement of Work).
Supplier Management Services	Means the Supplier Management Services described in Section 3.5 of Schedule 3 (Statement of Work).
Supplier Renewal Services	Means the Supplier Renewal Services described in Section 3.5 of Schedule 3 (Statement of Work).
Synchronous Response Online Services for Consumers	Message response that is dependent on another event or process.
System (HI System)	The combination of Data, Deliverables (Equipment and Software including Third Party Software) which are developed, modified or used for the Contract.
System Log	The chronological record of activities in connection with an IHI, HPI-I or HPI-O record within the HI Service system. The system log will enable the reconstruction, reviewing, and examination of the sequence of activities in relation to every event or transaction that has occurred on the record.
System Procurement	Means the System Procurement, Build and Configuration Services described in Section 3.10 of Schedule 3 (Statement of Work).
Targeted Broadcast	A method of sending messages, which only contains the IHI and the Alert Types, to Healthcare Provider Organisations who have an organisational digital identity and who have elected to receive messages on IHI data updates.
Target Service Level	The desired level of performance for a Service Level, as set out in section 4 of Schedule 3 (HI Service Levels).
Tax Invoices	Has the meaning given by section 177-15 of the GST Act.

TDS	See Trusted Data Source
Technical Support Services	Means the Technical Support Services described in Section 3.10 of Schedule 4 (Statement of Work).
Term	Means the term of the Contract determined in accordance with clause 3 of the Contract.
Test Cases	Test Cases document the steps, pre-conditions, data requirements, expected results required to test each of the Cases identified within the Test Plan. The Test Cases are included as part of the Test Plan document.
Test Data	A sample of production data is loaded into the relevant testing environment. Testers select the specific customer data from the available sample.
Test Design Phase	Provides for the definition of: <ul style="list-style-type: none"> • Detailed test planning • Test conditions • Test cases • Test facility and environmental requirements • Functional cross-referencing to previously defined test conditions and • Determination of whether testing can be automated.
Test Execution Phase	Provides for: <ul style="list-style-type: none"> • Dynamic test execution, test log update; and • Status monitoring (status monitoring is to happen daily and reported weekly to the project)
Test Plan	Means the Test Plan which defines in detail the specific controls activities and roles and responsibilities for the defined test stage (e.g user acceptance testing performance and stress testing).
Test Planning Phase	Provides for the: <ul style="list-style-type: none"> • Analysis of and reference to business requirements, rules, design and programming specifications in project phase documentation; • Analysis of the business processes and • Definition of test conditions, test objectives and high-level

	test strategy.
Test Readiness Review (TRR)	Means the Test Readiness Review (TRR) that is conducted to verify that all User Acceptance Testing (UAT) entry conditions, criteria and deliverables for the HI System have been achieved, prior to the commencement of the UAT activity. The TRR shall provide confidence that the subsequent UAT activity can be completed satisfactorily.
Tests (Testing)	Means the tests described as such in Schedule 15 (Transition Plan).
Test Scheduling Phase	Provides for the: <ul style="list-style-type: none"> • Building of test execution schedule and • Final preparation of test environment and data.
Test (Testing) Strategy	Means the management plan of all testing activities for the HI System as described in Schedule 15 (Transition Plan).
Test Summary Reports	At completion of a Testing phase a Test Summary Report will be created. This report shall include results of all tests and all test problem reports.
Third Party Integration Support Services	Means the Third Party Integration Support Services described in Section 3.10 of Schedule 3 (Statement of Work).
Third Party Interest	Any legal or equitable right, interest, power or remedy (inchoate or otherwise) in favour of any other person other than the Parties in connection with the Contract, including, without limitation, any right of possession, receivership, control or power of sale, and any mortgage, charge, security or other interest.
Third Party Software	Means software licensed from a third party which is used for the HI Service.
Third Party Testing environment	Means the physical infrastructure and systems established by Medicare Australia to support the testing activities of external parties seeking to test their ability to integrate and communicate with the UHI Service.
Tiered Authorisation Solution	An IT-based access control (authorisation) capability which is able to implement a hierarchical structure of roles and access control rules.
Tivoli Access Manager	An IBM product which provides the ability to manage the authorisation of access to computer networks for purposes such as e-business.

Token	Tokens are a form of identification for Healthcare individuals. These include but are not limited to Medicare Card and UHI card.
Token Management and Support Services	Means the Token Management and Support Services described in Section 3.6 of Schedule 3 (Statement of Work).
Token Stock Management Services	Means the Token Stock Management Services described in Section 3.6 of Schedule 3 (Statement of Work).
Token User Management Services	Means the Token User Management Services described in Section 3.6 of Schedule 3 (Statement of Work).
Tolerance	Means the permissible deviation above and below a plan's estimate of time and cost without escalating the deviation to the next level of management. Separate tolerance figures should be given for time and cost. There may also be tolerance levels for quality, scope, benefit and risk. Tolerance is applied at project, stage and team levels.
Training Delivery and Evaluation Report	Means a report developed by Medicare Australia describing the outcomes and effectiveness of training activities conducted by Medicare Australia for its staff on the HI System.
Training Plan	Means the plan as described in Schedule 3 (Transition Plan) used to identify and articulate the broad scope of training activities required to support the implementation of the HI Service within Medicare Australia.
Training Services	Means the Training Services described in Section 3.8 of Schedule 3 (Statement of Work).
Trait	A characteristic belonging to a Healthcare Individual or Healthcare Provider that can be used for the purposes of identification that will not normally change over time (e.g. Date of Birth).
Transition and Environment Change Deployment Services	Means the Transition and Environment Change Deployment Services described in Section 3.10 of Schedule 3 (Statement of Work).
Transition Fee	The Transition Fee described in Section 3.1 of Schedule 5 (Pricing)
Transition Operational Fees	Has the meaning assigned to it in Section 3.1 of Schedule 5 (Pricing)
Transition Period	Means the period commencing on the Commencement Date and ending on the Implementation Date.

Transition Plan	Means the plan set out in Schedule 15 (Transition Plan).
Transition Project	Has the meaning given to that term in Schedule 15 (Transition Plan).
Transition to Operational Phase Plan	Means the plan referred to in clause 3.4.3 of the Contract.
Transmission Control Protocol/Internet Protocol	Is the communication protocol stack on which internet and most other commercial computer networks communicate.
TRR	See Test Readiness Review
Trusted Data Source	For HI Service purposes, a specific type of data source external to Medicare Australia which is used to update information within the HI Service. Trusted Data Sources will be authoritative sources, and the data they supply must meet formatting standards and have the highest standards of quality and accuracy.
Trusted Information	Means the recognised authoritative record of the Healthcare Individual, Healthcare Provider and Healthcare Provider Organisation information.
UAT	See User Acceptance Testing
UHI	See Unique Healthcare Identifier
UHI Authentication Services	Means the UHI Authentication (Authentication) services described in Section 3.6 of Schedule 3 (Statement of Work).
UHI Business Process	Includes the UHI/s lifecycle of creation, expiry, retirement and various aspects of usage flowing through these lifecycle events.
UHI CDQI action plan	Means the Medicare Australia Continuous Data Quality Improvement Program action plan developed in support of the UHI Data.
UHI Collaborative Working Group	Means the UHI Collaborative Working Group described in Schedule 6 (Contract Management Plan).
UHI Data	Means the store of Healthcare Individual, Healthcare Provider and Healthcare Provider Organisation information that is the foundation of the HI Service. UHI Data does not include de-identified data or reporting information that is not personal information. Access to this information is subject to restrictions that apply to Medicare Australia. See also HI Data, HI Data (MA) and HI Data (NEHTA).

UHI Data Steward	The Service Operator role responsible for the quality of information within the HI Service, who defines Data Quality standards and goals and is accountable for the Data Quality performance.
UHI Healthcare Services Provider	A Healthcare Service Provider Individual or UHI user.
UHI Identity Credentials Creation	Means the UHI Identity Credential Creation (Creation) services described in Section 3.6 of Schedule 3 (Statement of Work).
UHI Identity Management Lifecycle	Means the UHI Identity Management activities described in Section 3.6 of Schedule 3 (Statement of Work).
UHI Identity Management Maintenance	Means the UHI Identity Management Maintenance (Maintenance) services described in Section 3.6 of Schedule 3 (Statement of Work).
UHI Identity Provisioning Services (Provisioning Services)	Means the UHI Identity Provisioning Services or Provisioning Services described in Section 3.6 of Schedule 3 (Statement of Work).
UHI Organisation	A UHI Organisation covers Seed and Networked Organisations
UHI Participant	Means any individual or organisation participating in the HI Service.
UHI Project (UHI Program)	<p>Means the program for the development, implementation and operation of the HI System for:</p> <ul style="list-style-type: none"> (g) the assignment of UHIs to Healthcare Individuals and Healthcare Providers and Healthcare Provider Organisations; and (h) the exchange of information for healthcare purposes using UHIs to: <ul style="list-style-type: none"> (i) identify Healthcare Individuals, Healthcare Providers and Healthcare Provider Organisations; and (ii) link Healthcare Individuals, Healthcare Providers and Healthcare Provider Organisations with information. <p>that is being provided by Medicare Australia to NEHTA under Unique healthcare Identification Services Contract as set out in Medicare Australia (Functions of Chief Executive Officer) Amendment Direction 2007 (No.2) (the Ministerial Direction).</p>

UHI Project Manager	The person who is the Medicare Australia project leader for HI Service development and has primary responsibility for delivery of the outcomes.
UHI Project Steering Committee (UHI Steering Committee)	Means the Committee established to guide and monitor the implementation of the UHI Project, which has membership from Medicare Australia and NEHTA as described in Attachment A of Schedule 6 - Contract Management Plan. The Committee provides a collaborative approach to the management of the UHI Project.
UHI Records	Means the records relating to individuals, providers and organisations held in the database underpinning the operation of the HI Service.
UHI Service Delivery Services	Means the UHI Service Delivery Services described in Section 3.9 of Schedule 3 (Statement of Work).
UHI Service Infrastructure Operation Services	Means the UHI Service Infrastructure Operation Services described in Section 3.10 of Schedule 3 (Statement of Work).
UHI Services	The Unique Healthcare Identifier (UHI) Services program that covers core program elements; Individual Healthcare Identifier (IHI); Healthcare Provider Identifier - Individual (HPI-I); and Healthcare Provider Identifier - Organisation (HPI-O). Means the services to be performed by Medicare Australia as set out in the Contract and includes all the Services described in Schedule 3 (Statement of Work).
UHI Services Helpdesk	The UHI Services Helpdesk will assist individuals, providers and/or organisations by answering questions relating to the UHI Services.
UHI Services IT Representative	The IT Representative will be a UHI Services IT Representative (MCA employee). This is the person in Medicare Australia that a TDS contact would liaise with regarding communication between the TDS and the UHI Services. Change Request 10 refers to this person as the Data Source Contact.
UHI Services Participant/s	Any Medicare Australia Service Officer, Healthcare Provider Individual, or UHI User.
UHI Services Support Services	Means the UHI Support Services described in Section 3.9 of Schedule 3 (Statement of Work).
UHI Steering Committee	See UHI Project Steering Committee
UHI System (System)	Means the combination of UHI Data, Deliverables (Equipment and Software including Third Party Software) which are developed, modified or used for the Contract.

UHI User	A member of a Healthcare Provider Organisation that uses the UHI Services however the UHI Services does not identify them as an OMR, Public Officer or HPI-I. Examples include: practice receptionist, ward clerk, nurse, and practice manager.
UI	The web pages, screens or other interfaces that a user uses to communicate with an IT system.
Uniform Resource Locator	The unique address of a file or resource that is available on the Internet.
Unique Healthcare Identifier (UHI)	Means the generic term used to describe the superset of unique healthcare identifiers which includes the IHI, HPI-I and HPI-O.
Unique Healthcare Identifier Record	The generic term used to describe a record of either individual, provider or organisation information that is used only in the context of the UHI Service.
Unit	Means the lowest level of divisibility of a Cost Driver and therefore the smallest amount at which the Fee associated with the Cost Driver can vary by (e.g. FTE, Hour, Call, Data Source).
Unit Rate	Means the Fee payable for a single Unit of any Service.
Unit Testing	Testing of changes made to the code for the development relating to the UHI Services. A test designed to demonstrate that the program logic of a given unit or component performs according to the program specifications or to the clients and users reasonable expectations.
Unverified IHI	An IHI record created, where the identity of the relevant individual has not been verified through production of evidence of identity. An unverified IHI may also be created for the purposes of anonymous healthcare.
Unverified Record	An IHI record created without the evidence of identity process being conducted.
Usability and Accessibility Testing	Testing of the web interface and presentation layer of the system, based on the visual and interactive actions of the users, rather than the functional requirements of the system. Usability and accessibility testing will be developed in a two phase process. It requires testing the interaction of the web interface and the presentation layer of the screens against individuals. This testing is conducted purely on the visual and interactive actions of the users, rather than the functional requirements of the system.
User Acceptance Testing (UAT)	Means acceptance testing involving running a suite of tests on the completed HI System as described in Section 9.2 of Schedule 1 -

	Implementation Plan.
User Acceptance Testing Report	The UAT Report that is used to outline the outcome of UAT activities as described in Schedule 15 (Transition Plan). The report will detail the readiness of the HI System.
User Monitoring and Management Services	Means the User Monitoring and Management Services described in Section 3.4 of Schedule 3 (Statement of Work).
Vendor Testing	Testing of the application in conjunction with a Software Vendor to ensure the correct integration of UHI/s online functionality within the Vendors software environment.
Verified IHI	An IHI and associated record in connection with an individual whose identity has been confirmed.
Verified Record	An IHI record for an individual whose identity has been verified through the evidence of identity process.
Virtual Private Network	A VPN is a private network dedicated to a specific purpose that exists within another network.
Volume	The number of Units of any Cost Driver.
WBS	Means a project Work Breakdown Structure – see also Project Schedule
Web Browser	A software program that allows users to access and interact with the internet.
Web Portal	A site that provides access to the internet.
Web Service Channel	Means the Medicare Australia electronic integration channel implemented using the web services technology.
Web Service interfaces	A communication layer that enables invocation of a web service, commonly using an XML-based input and output message buffer.
Web Services	Software systems designed to facilitate the communication between computers over a network such as the internet.
Web Services Addressing	A mechanism that allows for information transferred across the internet to contain the address details for the destination within the header of the information.
Web Services Description Language	An XML based language that is used to describe web services.
Web Services	A communications protocol that provides the ability to add

Security	security to web services.
White Pages	A directory listing all registered UHI Services Healthcare providers and organisations. The purpose of the White Pages is to assist providers find contact details of other health professionals e.g. for the purposes of providing referrals.
Wide Area Network	A computer network spanning a broad area, as opposed to a local area network (LAN).
Work Around	Means a temporary fix to restore functional HI Service at the same or a reduced capacity.
Work Program Development Services	Means the Work Program Development Services described in Section 3.2 of Schedule 3 (Statement of Work).
X509 Certificate	X509 is a standard for PKI that assumes a strict hierarchy for certificate authorities
XML-binary Optimised Packaging	Is a recommended convention for efficient packaging together text based and binary data within XML tags.
XML Extensible Mark-up Language	A language that is used for the representation of data on a web page, as opposed to HTML, which is used to specify how a documents data is viewed on a web page.