

CIN/NIC

NIPPIN

Generic Sync.

Service Catalogue

Index & Description of the Generic Sync. service
provided by NIPPIN

Atos

21/03/2013

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1 Revision table

Release No.	Date	Revision Description
1.0	21-12-2012	Draft
2.0	04-01-2013	GMD-CONSULT-CR -> GMD-NOTIFY-CR in 3.2
2.1	31-01-2013	Updated probative force information, in line with requirements of eH
2.2	21-03-2013	Added detailed info in flow Defined content of DMG service

2 Introduction

2.1 Audience

This document is intended for analysts, architect and developers of all client applications. It includes both Package Providers and Relaying Parties. See lexicon for definition of package providers and relaying parties.

Analysts can use the service index section of this document to see which services are available. Architects are most likely interested in the entire document, except for the exact message structure parts of the service index. The developers should be aware of the entire content.

2.2 Goal of the document

This document intends to describe the different sync. services of Nippin implemented using the Generic Sync. interface. It is more than just an index; it also provides information about the design of the service. This allows architects of client applications to align their own architecture.

2.3 Document License

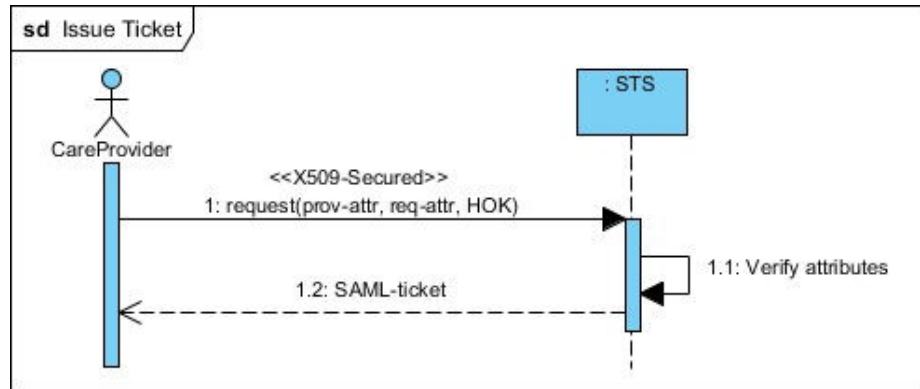
[[TODO]]

3 Generic Sync. flows

3.1 Overview

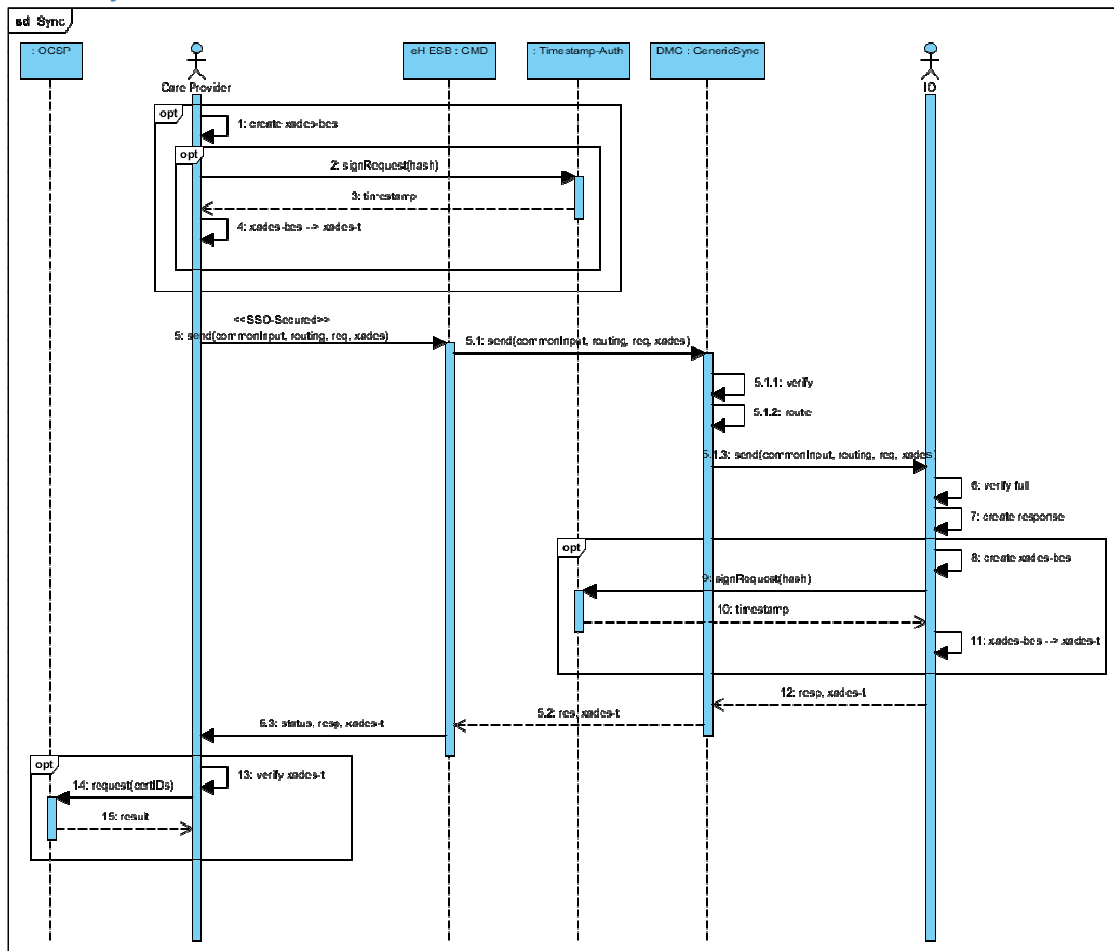
3.1.1 Pre-requisite

Sending and receiving messages are protected by the SSO mechanism of eHealth. This requires a SAML ticket that can be used for all added value services like MyCareNet. The detailed information about the SSO can be found with eHealth, but here is a short overview.



1. The Care Provider sends a request for a ticket to the STS of eHealth, see authentication catalogue for the required attributes.
 - 1.1. eHealth will verify the provided attributes and issue the requested attributes when the verification is successful.
 - 1.2. eHealth returns a SAML-ticket that must be used by the Care Provider in the next sections.

3.1.2 Sync call



1-4/ Some flows (messages) require the probative force on request. This probative force gives the possibility to the IO to prove that they received a specific message (request) from a specific Care Provider. The probative force is a Xades-bes or a Xades-T depending on the flow, currently only business cases only include Xades-BES. Refer to *Service_Catalogue_Commons.docx* for details about Xades.

5/ Providing the SAMLToken, the Care Provider calls the relevant operation of the relevant service on the ESB, e.g. DMG. Beside the security elements, the request is made of 4 elements (described further in this document):

- the `commonInput` which provides meta-information for tracing purpose
- the `routing` which provides necessary information to route the message to the correct IO
- the `request` itself
- the `xades`, optionally

5.1/ After validating the SAMLToken, the ESB forwards the request to the MyCareNet.

5.1.1/ MyCareNet validates if the request is technically correct, that is contains a XAdES if needed and also the structure of the XAdES. It does not validate if the signature or its certificates are valid.

5.1.2/ MyCareNet resolves the IO based on the routing information, this is called routing.

5.1.3/ MyCareNet forwards the request to the correct IO (or returns an error that the IO can't be found)

5.1.3.1/ The IO does a full validation of the request, including the signature and certificates of the XAdES.

5.1.3.2/ The IO process the business request and creates a business response

5.1.3.3-5.1.3.6/ For flows that require probative force, the IO will generate a XAdES-T (when needed with manifest) in the following way:

5.1.3.3/ The IO create a XAdES-BES

5.1.3.4/ The IO Request a timestamp with the TSA of eHealth

5.1.3.5/ eHealth returns the timestamp token

5.1.3.6/ The IO adds the timestamp token to the XAdES-BES making it a XAdES-T

5.1.3.7-6/ The response is returned to the care provider via the different systems.

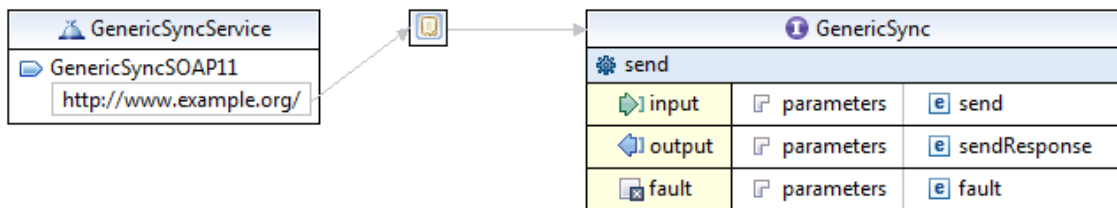
7-9/ When present (requested) the XAdES of the response must be verified by Care Provider. This probative force gives the possibility to the Care Provider to prove that he received a specific message (response) from a specific IO. It is also an important part of the proof he send a request.

3.1.3 Probative force

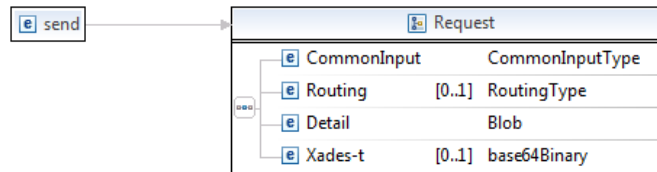
3.2 Base Principle

The Generic Sync. WebService follows the *base principle*, *service versioning* and *lifecycle*, *message traceability*, *interoperability* and *best practices* of NIP-PIN standards (see *Service_Catalogue_Commons.docx*).

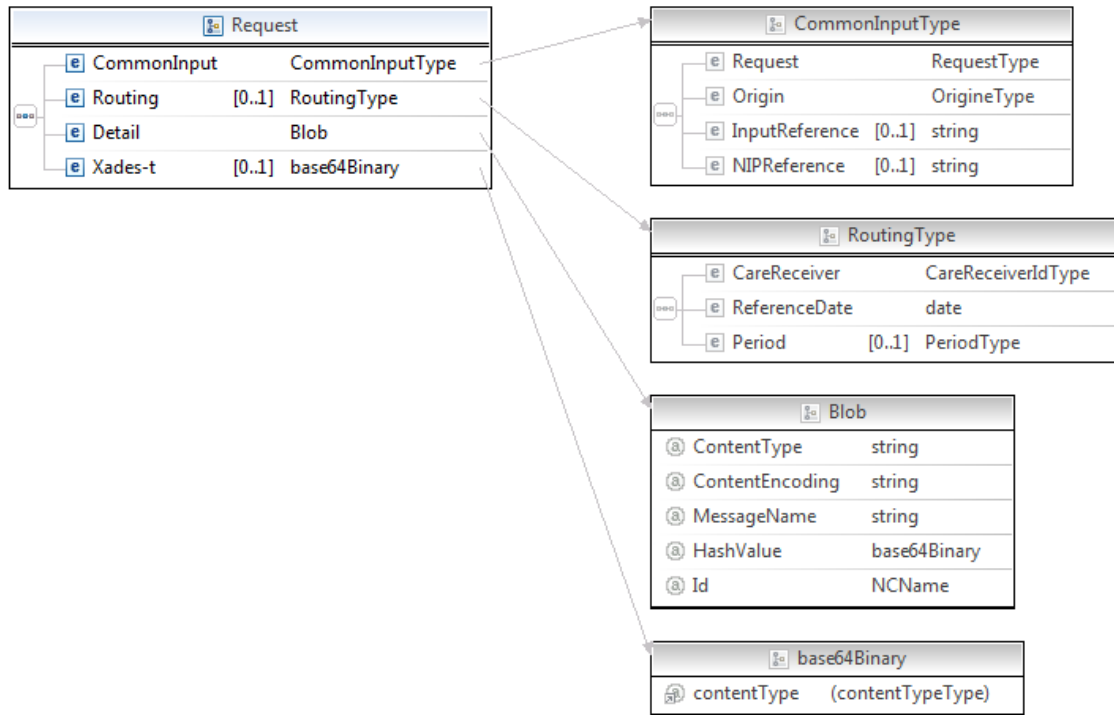
The service offers one single operation: send



3.2.1 Generic Sync Request



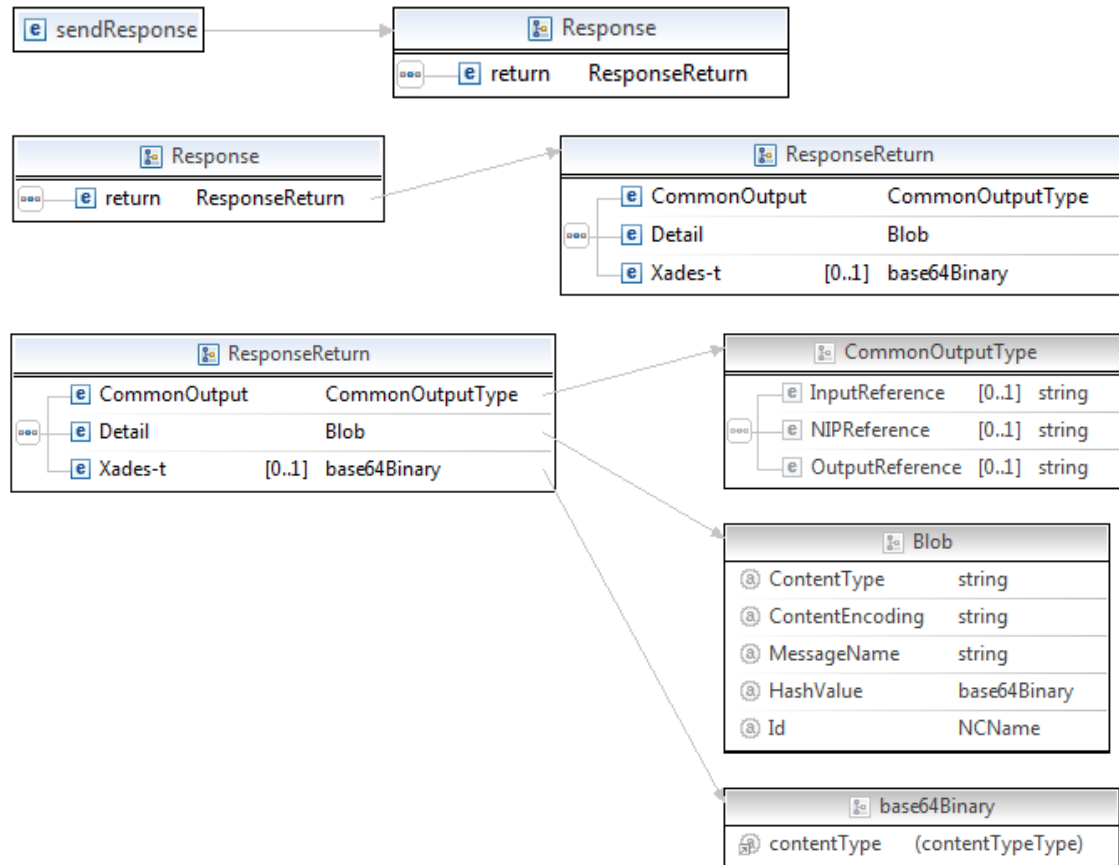
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The request is made of 4 elements:

- **CommonInput** : NIPPIN standard (see *Service_Catalogue_Commons.docx*)
- **Routing**: data requested by NIPPIN to be able to route the request to the correct IO (see *Service_Catalogue_Commons.docx*)
- **Detail**: the business data routed to IO (see *Service_Catalogue_Commons.docx*)
- **Xades-t**: when required (depends on each flow), the (request) probative force data see (see *Service_Catalogue_Commons.docx*)

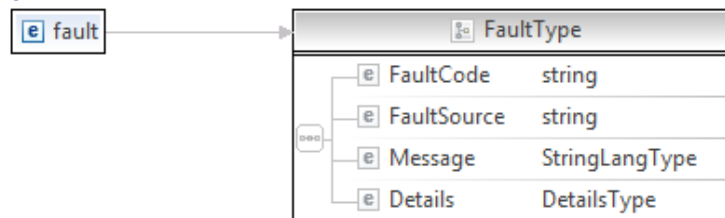
3.2.2 Generic Sync Response



The response is made of 3 elements:

- CommonOutput : NIPPIN standard (see *Service_Catalogue_Commons.docx*)
- Detail : the response given by the IO (see *Service_Catalogue_Commons.docx*)
- Xades-t : when required (depends on each flow), the (response) probative force data see (see *Service_Catalogue_Commons.docx*)

3.2.3 Generic Sync Errors



Fault follow NIPPIN standard (see *Service_Catalogue_Commons.docx*).

3.3 Generic Sync Interface Versions

3.3.1 Version 1

Status: maintained

Initial version.

4 DMG Sync flows

The NIP-PIN will only allow requests on DMG Sync. flow that come from (thru) eHealth ESB. NIP-PIN will have a single endpoint (=URL) which accepts both “DMG Consult” and a “DMG Notify” messages. This interface is exposed via the ESB via a single URL that has 2 distinct operations and provides the message names themselves.

There is no end-to-end encryption (ETEE) for DMG sync.: (kmehr) business content is provided in a base64-encoded blob.

4.1 DMG Sync. consult

4.1.1 Request values

Routing:required

Routing.Period element is not expected (and, if provided, not considered).

Detail.ContentType=text/xml

Detail.ContentEncoding=none

Detail.MessageName= GMD-CONSULT-CR

Content of Detail = A Message Service Protocol (v1) document as defined by the CIN/NIC

4.1.2 Response values

Detail.ContentType=text/xml

Detail.ContentEncoding=none

Detail.MessageName= GMD-CONSULT-CR

Content of Detail = A Message Service Protocol (v1) document as defined by the CIN/NIC

4.1.3 Probative force

For all messages:

- Request: no XAdES should be provided
- Response: no XAdES will be provided

4.1.4 Access rights

Sectors

The sectors who have access right are doctors, both generalists and specialists.

SSO-Ticket Requirements

Not additional required besides the once defined for the allowed sectors and mandatees.

Origin @ Common Input Requirements

No additional requirements besides the once defined for the allowed sectors and mandatees.

4.2 DMG Sync Notify

4.2.1 Request values

Routing: required

Routing.Period element is not expected (and, if provided, not considered).

Detail.ContentType=text/xml

Detail.ContentEncoding= none

Detail.MessageName= GMD-NOTIFY-CR

Content of Detail = A Message Service Protocol (v1) document as defined by the CIN/NIC

4.2.2 Response values

Detail.ContentType=text/xml

Detail.ContentEncoding= none

Detail.MessageName= GMD-NOTIFY-CR

Content of Detail = A Message Service Protocol (v1) document as defined by the CIN/NIC

4.2.3 Probative force

For all messages:

- Request: a XAdES-BES is required (no timestamp)
- Response: a XAdES-T with request reference in manifest is provided

4.2.4 Access rights

Sectors

The sectors who have access right are doctors, only generalists.

SSO-Ticket Requirements

Not additional required besides the once defined for the allowed sectors and mandatees.

Origin @ Common Input Requirements

No additional requirements besides the once defined for the allowed sectors and mandatees.

4.3 Versions

4.3.1 Version 1

Status: maintained

Supports both consult and notify in its initial version.