

NHID-Clinical

A Voluntary Open Proposal for Agent Identity in Payer-Provider Voice Calls

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Status: Public Reference Model

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Public Brief: The Impersonation Latency

When an AI agent calls a payer's prior authorization or benefits verification line, the receiving party often lacks reliable, consistent disclosure regarding whether the caller is human-operated or system-operated.

This uncertainty causes repeated clarifications, call transfers, manual fallback routing, and often 10+ repeat calls for a single routine task.

This impersonation latency is not theoretical. It is burning minutes per call across thousands of daily interactions in production payer environments today.

Focus Area: This proposal provides a standardized, voluntary blueprint to establish clear expectations around identity disclosure at the initiation of machine-to-human B2B voice interactions.

Proposed Core Behaviors

NHID-Clinical proposes a small, standardized set of machine-readable behaviors for voice agents:

- **Early disclosure:** The agent states its non-human identity at the beginning of the interaction and before substantive workflow execution.
- **Consistent trace logs:** Every call produces a JSON event trace (deterministic under identical input conditions).
- **Opt-out support:** The agent can pause or transfer if the receiving system requests human-only interaction.
- **No deception:** The agent never claims to be human.

An Important Distinction

NHID-Clinical does not verify caller identity or agent authenticity. It only standardizes observable disclosure and trace behaviors. These behaviors are documented with RFC 2119 keywords (MUST, SHOULD, MAY) in the full v1.3 specification, but they are not legally binding — purely a voluntary public operational reference model.

Available Resources & Tooling

The following resources are currently available on nhid-clinical.org to support adoption:

- A working **JSON event schema** for call traces.
- A **deterministic policy engine** that produces stable trace output under identical input conditions (modulo timestamps and non-deterministic IDs).
- An **18-test conformance suite** (machine-readable) and a pytest failure injection harness.
- **10 canonical trace files** demonstrating real-world scenarios (eligibility check, prior auth, claims status).

Note on Scope: There are no certification claims, no HIPAA compliance claims, and no regulatory authority claims associated with this reference model.

The Payer Value Proposition

A regional payer that encourages its provider-facing vendors to adopt NHID-Clinical gains machine-auditable proof of how each voice agent handles identity disclosure — without writing custom contract language or building internal validation tooling from scratch.

- **Reduces audit friction:** Trace logs can be reviewed by your compliance team or fed into anomaly detection baselines.
- **Enables vendor transparency:** Require NHID-Clinical conformance as a lightweight RFP clause, not a heavy, expensive certification.
- **Supports asset inventorying:** Your operations and security teams can treat NHID-Clinical traces as an observable signal alongside API keys and service accounts.

Tactical Guidance for Payers

To leverage this proposal, payers can take the following immediate steps:

1. Read this operational brief.
2. Ask your voice AI vendors (e.g., prior auth automation, benefits verification tools) whether they can produce NHID-Clinical-compatible traces in a sandbox.
3. Run the conformance test suite against their output (the test harness is ready to use on the Developers page).
4. Optionally add voluntary conformance to your vendor onboarding checklist — not as a pass/fail hurdle, but as a transparency preference.

You do not need to become a certification body, and you do not need intensive legal sign-off. This is a practical coordination tool, not a compliance mandate.

Governance & Disclaimers

This document is an operational reference model and is bound by the following explicit limitations:

- This is not an official standard (neither ANSI, ISO, nor HL7).

- It is not a certification — no one is certified, and no seal is offered.
 - It is strictly voluntary — there is no legal obligation or regulatory authority.
 - It does not provide inherent HIPAA compliance, security guarantees, or liability protection.
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Access full technical artifacts at: nhid-clinical.org/developers
Feedback & Issues: [GitHub Issues](https://github.com/nhid-clinical) or contact@nhid-clinical.org