



Administrator
National Health
Funding Pool

Three Year Data Plan: 2014-15 to 2016-17

File Specification for Data Submission

17 April 2014

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Acronyms, abbreviations and terms

The following acronyms, abbreviations and terms are used throughout this document.

Term	Meaning
ABF	Activity Based Funding
Administrator	Administrator of the National Health Funding Pool
Admitted Patient	A patient who has been admitted to hospital and stays overnight or for an indeterminate time
AIHW	Australian Institute of Health and Welfare
AN-SNAP	Australian National Subacute and Non-Acute Patient
DHS	Commonwealth Department of Human Services
DoH	Commonwealth Department of Health
DRG	Diagnosis Related Group
ED	Emergency Department
EDW	Enterprise Data Warehouse
ES	Emergency Services
IHPA	Independent Hospital Pricing Authority
LHN	Local Hospital Network
MBS	Medical Benefits Schedule
METeOR	Metadata registry used by AIHW and based on the 2003 version of the ISO/IEC 11179 Information technology - Metadata registries standard
NEC	National Efficient Cost
NEP	National Efficient Price
NHDD	National Health Data Dictionary
NHFB	National Health Funding Body
NHFP	National Health Funding Pool
NHRA	National Health Reform Agreement
NMDS	National Minimum Data Sets
Non-Admitted Patient	A patient using clinical services involving non-admitted patients at public hospitals
NWAU	National Weighted Activity Unit
PBS	Pharmaceutical Benefits Scheme
PIN	Personal Identification Number
Pool	National Health Funding Pool
Triage	Prioritisation of patients based on severity of patient conditions
UDG	Urgency Diagnostic Group
URG	Urgency Related Group

1. Introduction

This document sets out the technical details of the data to be provided to the Administrator by jurisdictions in accordance with the Administrator's *Three Year Data Plan 2014-15 to 2016-17* (Data Plan).

The Data Plan covers the data required by the Administrator in order to:

- Calculate and advise the Commonwealth Treasurer of the Commonwealth funding contribution (Section 6.1 – Provision of service estimates).
- Perform detailed reconciliations based on actual levels of activity, including cross border flows (Section 6.2 – Reconciliation requirements).
- Report monthly national health reform funding transactions (Section 6.3 – Monthly reporting requirements).

This document provides the detailed technical requirements of the data outlined in Sections 6.1, 6.2 and 6.3 of the Data Plan. The file specification document applies only to data relating to the 2014-15 funding year. File specifications for 2015-16 and 2016-17 will be provided in updates to this document. This document should be read in conjunction with the Data Plan and all other supporting documents of the Data Plan. The document may be updated from time to time as a result of new editions of the Data Plan, or to reflect any changes in data submission methodologies.

The privacy, secrecy and security of all data provided by jurisdictions are particularly important. Systems and processes used for collection, storage and reporting have been designed to ensure security of information. Where data are considered 'personal information' within the meaning of the *Privacy Act 1988 (as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012)*, additional measures have been adopted to ensure that its collection and use are in accordance with the Australian Privacy Principles in that Act and with the secrecy and patient confidentiality provisions in the *National Health Reform Act 2011* and other statutory protections. For more information on the Administrator's privacy, secrecy and security arrangements, refer to the *Administrator of the National Health Funding Pool: Data privacy, secrecy and security policy*.

2. Provision of service estimates

To calculate and advise the Commonwealth Treasurer of the amounts to be paid by the Commonwealth to each state and territory each financial year, the Administrator requires information from states and territories relating to service estimates.

2.1 File Specification

Attachment 1 is the template which outlines the required provision of service estimate elements.

States and territories are required to provide to the Administrator the NWAU for each LHN and in aggregate, both by the relevant ABF service category for each financial year.

Each component is required to be provided in two parts, a six-monthly NWAU covering the period July to December and an annual NWAU. The provision of estimates on this basis is necessary to calculate the Commonwealth funding contribution and carry out the reconciliation process required by Clauses B59 to B64.

2.2 Initial Estimates

The initial estimates must be provided to the Administrator via the template included in Attachment 1 for:

- *estimated* aggregate service volumes by 31 March each year (clause B73); and
- *confirmed* aggregate service volumes and estimated service volumes for each local hospital network (LHN) by 31 May each year (clause B74).

2.3 Adjustments to estimates

States and territories are able to revise the estimates provided to the Administrator, if revised estimates are in accordance with revised Service Agreements.

Any revised estimates must be provided to the Administrator via the template included in Attachment 1.

2.4 Service categories

ABF service category detail for estimates is based on the categories as advised by IHPA and listed below.

- acute admitted
- admitted mental health
- sub-acute (admitted)
- emergency department
- non-admitted

Block funded service categories are also determined by IHPA and are listed below.

- small rural hospitals
- teaching, training and research
- non-admitted mental health
- other non-admitted services

3. Reconciliation requirements

As outlined in the Data Plan, the Administrator requires states and territories to submit hospital activity data. In most cases these are patient level activity data, however aggregate level data are accepted where patient level data does not capture all the relevant services provided by LHNs.

States and territories are required to submit patient level hospital services data in two separate submissions – submission A and submission B. The data in the two submissions must cover the same scope of services delivered and are to include and be linked by a common unique identifier (called a ‘state record identifier’). Submission A is to be provided directly to the Administrator or via the Independent Hospital Pricing Authority (IHPA) portal in the EDW and submission B is to be provided directly to the Commonwealth Department of Human Services (DHS).

The Commonwealth Department of Health (DoH) is required to provide MBS services claims data and PBS services claims data to the Administrator, using the EDW.

3.1 File Specification

3.1.1 Submission A (states and territories)

The following six files are provided as part of *Submission A*. These files are specific to the 2014-15 funding year. The files for 2015-16 and 2016-17 will be included in updates to this document, in conjunction with the Data Plan.

The following file specifications should be read in conjunction with the IHPA data request specifications (DRS) for the relevant data elements requested by the Administrator.

Only the data elements used by the Administrator are listed in these file specifications. Where the Administrator requires a data element that is derived by utilising other data elements not listed in these specifications, the data are provided by IHPA (e.g. diagnosis related group). These derived data elements are identified in the attachments.

The description of the scope for each data set used by the Administrator is the same as the description used by the IHPA in order to ensure consistency of approach and to align with the concept of ‘single provision, multiple use’ as outlined in the NHRA. Whilst the scope of the data to be captured and reported in the data sets is the same, only the ‘in-scope services’¹ relating to eligible ABF hospitals will be used by the Administrator to undertake reconciliation.

Admitted Patients (Data Plan Appendix D: Table 3)

The scope of this data file covers episodes of care for public admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

For further details, refer to the NMDS for:

- Admitted Patient Care 2014-15 (METeOR ID: 535047)

¹ As determined by IHPA as per clause A10 to A17 of the NHRA

- Admitted Patient Mental Health Care 2014-15 (METeOR ID: 553164)
- Admitted Patient Palliative Care 2014-15 (METeOR ID: 553212).

Refer to *File Specification for Submission A: Admitted Patient Care* for further detail on the precise format of this data file.

Emergency Department (Data Plan Appendix D: Table 4)

The scope of this data file covers patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- Purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- Ability to provide resuscitation, stabilisation and initial management of all emergencies
- Availability of medical staff in the hospital 24 hours a day
- Designated emergency department nursing staff and nursing unit manager 24 hours per day seven days per week and a designated nursing unit manager.

Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being triaged and then advised of alternative treatment options are in scope.

The scope includes only physical presentations to emergency departments. Advice provided by telephone or video-conferencing is not in scope.

For further details, refer to the NMDS for: Non-admitted patient emergency department care 2014-15 (METeOR ID: 509116).

Refer to *File Specification for Submission A: Emergency Department* for further detail on the precise format of this data file.

Emergency Services (Data Plan Appendix D: Table 5)

The scope of this data file covers patients registered for care in emergency departments in public hospitals where the emergency department does not meet the following criteria:

- Purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- Ability to provide resuscitation, stabilisation and initial management of all emergencies
- Availability of medical staff in the hospital 24 hours a day
- Designated emergency department nursing staff and nursing unit manager 24 hours per day seven days per week and a designated nursing unit manager.

Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being triaged and then advised of alternative treatment options are in scope.

The scope includes only physical presentations to emergency services. Advice provided by telephone or videoconferencing is not in scope.

For further details, refer to the Activity based funding: Emergency service care DSS 2014-2015 (METeOR ID: 564550).

Refer to *File Specification for Submission A: Emergency Service* for further detail on the precise format of this data file.

Non-admitted care patient level (Data Plan Appendix D: Table 7)

The scope of this data file covers non-admitted patient service events involving non-admitted patients in activity based funded hospitals. This includes all arrangements made to deliver non-admitted patient service events to non-admitted patients:

- Irrespective of location (includes on-campus and off-campus)
- Whose treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included and
- Regardless of setting or mode.

Excluded from scope are all services covered by:

- The admitted patient care NMDS
- The admitted patient mental health care NMDS
- The non-admitted patient emergency department care NMDS, for example, all non-admitted services provided to admitted patients are excluded
- Service events which deliver non-clinical care, for example, activities such as home cleaning, meals on wheels or home maintenance.

In-scope block funded community based mental health services should be reported against 40.34 Specialist mental health service for 2014-15. This includes mental health services where the usual provider is a medical professional.

For further details, refer to the Non-admitted patient DSS 2014-15 (METeOR ID: 548176).

Refer to *File Specification for Submission A: Non-admitted care patient level* for further detail on the precise format of this data file.

Non-admitted care aggregate level (Data Plan Appendix D: Table 6)

The scope of this data file is the same as the scope of the non-admitted patient data file, except it is at an aggregate level.

The scope is non-admitted patient service events involving non-admitted patients in activity based funded hospitals. This includes all arrangements made to deliver non-admitted patient service events to non-admitted patients:

- Irrespective of location (includes on-campus and off-campus)
- Whose treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included and
- Regardless of setting or mode.

Excluded from scope are all services covered by:

- The admitted patient care NMDS
- The admitted patient mental health care NMDS
- The non-admitted patient emergency department care NMDS, for example, all non-admitted services provided to admitted patients are excluded
- Service events which deliver non-clinical care, for example, activities such as home cleaning, meals on wheels or home maintenance.

In-scope block funded community based mental health services should be reported against 40.34 Specialist mental health service for 2014-15. This includes mental health services where the usual provider is a medical professional.

For further details, refer to the NMDS and DSS for: Non-Admitted Patient Hospital Care Aggregate 2014-15 (METeOR ID: 547686) and Non-admitted patient Local Hospital Network care aggregate DSS 2014-15 (METeOR ID: 557824)

Refer to *File Specification for Submission A: Non-admitted care aggregate level* for further detail on the precise format of this data file.

Sub-acute and Non-acute (admitted) (Data Plan Appendix D: Table 8)

This data file must be appended to the admitted data file.

The scope of this data file is:

- Same day and overnight admitted sub-acute and non-acute care episodes in activity based public hospitals
- Admitted public patients provided on a contracted basis by private hospitals and
- Admitted sub-acute patients treated in the hospital-in-the-home.

For further details, refer to the Admitted sub-acute and non-acute hospital care DSS 2014-15 (METeOR ID: 556874).

Refer to *File Specification for Submission A: Sub-acute and non acute* for further detail on the precise format of this data file.

3.1.2 Submission B (states and territories)

This data submission is used for the sole purpose of data de-identification by DHS (clause B94 of NHRA).

The input file from states and territories is to include the Medicare number for each patient level service contained within submission A along with a unique state record identifier for each record. It is only the Medicare number in the file that is validated by DHS. All other data in the file are to be passed through by DHS and will not be validated.

Refer to *File Specification for Submission B* for further detail on the precise format of this data file.

3.1.3 MBS Claims File Submission from DoH

DoH is required to provide a Medical Benefits Schedule (MBS) services claims file to the EDW as required for the fulfilment of clause A6 of the NHRA.

Refer to *File specification for MBS and PBS Claims: MBS* for further detail on the precise format of this data file.

3.1.4 PBS Claims File Submission from DoH

DoH is required to provide a Pharmaceutical Benefits Scheme (PBS) services claims file to the EDW as required for the fulfilment of clause A6 of the NHRA.

Refer to *File specification for MBS and PBS Claims: PBS* for further detail on the precise format of this data file.

4. Monthly reporting requirements

The Administrator is required to publicly issue monthly reports on national health reform transactions, including payments made into and from the Pool and State Managed Funds.

4.1 File Specification

The monthly data submission for each state and territory is to include a record for each funding or payment occurring during that month and is also to include activity data (NWAU in relation to ABF or state and territory specific activity in relation to 'other public hospital functions') for that month.

4.1.1 Data block

The Administrator is transitioning to a 'data block' style Excel file for the collection of data required for the generation of monthly reports. This arrangement enables a more streamlined and automated process to be utilised for data provision from states and territories and in the generation of the reports themselves. It will also enable states and territories to view how their reports will look prior to submitting the data to the Administrator.

The detail for the file to be provided using this arrangement is provided in *File Specification for Data Submission Monthly Reporting: Data block template*.

The Administrator will work with states and territories to transition to the new data provision mechanism. States and territories can continue to use the existing monthly reporting template process (detailed below in 'Transition monthly reporting') until they are ready to transition to the new 'data block' submission arrangement.

It is important to note that the data required for the purposes of monthly reporting are the same for both arrangements and will result in the production of the same monthly reports.

The *File Specification for Data Submission Monthly Reporting: Data block template* details the information required to be submitted by states and territories (when using the data block arrangement) to the Administrator to satisfy monthly reporting requirements, including a description of each data element and the related business rules.

4.1.2 Transitional monthly reporting

Until the 'data block' arrangements are implemented, states and territories are required to provide monthly report information in the existing monthly report template.

Note that the existing template has been updated to incorporate changes relevant to the 2014-15 financial year from the 2013-14 version. The main changes relate to the inclusion of fields for Specific Purpose Payment (SPP) guarantee and State-specific guarantee. This updated template is provided in *File Specification for Data Submission Monthly Reporting: Transitional template*.

It is important to note that the data outlined in this template are the same as those required in the 'data block' and will result in the production of the same monthly reports.

5. Attachments

The following excel files are attached to this document:

Provision of service estimates:

Service Estimate Provision Template

Reconciliation requirements:

File Specification for Submission A

File Specification for Submission B

File Specification for Data Submission MBS and PBS claims

Monthly reporting requirements:

File Specification for Data Submission Monthly Reporting