



**Administrator**  
National Health  
Funding Pool

# Three Year Data Plan

## 2014-15 to 2016-17

14 March 2014

## Version control

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## Acronyms and abbreviations

Term	Description
ABF	Activity Based Funding
Administrator	Administrator of the National Health Funding Pool
COAG	Council of Australian Governments
CFO	Chief Financial Officer
DHS	Commonwealth Department of Human Services
DoH	Commonwealth Department of Health
DSS	Data set specification
EDW	Enterprise Data Warehouse
HSD	Highly Specialised Drugs (claiming program)
ICU	Intensive Care Unit
IHPA	Independent Hospital Pricing Authority
LHN	Local Hospital Network
MBS	Medical Benefits Schedule
NEC	National Efficient Cost
NEP	National Efficient Price
NHFB	National Health Funding Body
NHPA	National Health Performance Authority
NHRA	National Health Reform Agreement
NMDS	National minimum data sets
NWAU	National Weighted Activity Unit
PBS	Pharmaceutical Benefits Scheme
PIN	Personal Identification Number
Pool	National Health Funding Pool
SCoH	Standing Council on Health
SPP	Specific Purpose Payment
TTR	Teaching, Training and Research

# 1. Preface

This document comprises my second Three Year Data Plan, covering the years 2014-15 to 2016-17, as required under clause B88 of the National Health Reform Agreement (NHRA).

The Three Year Data Plan is my determination of the minimum level of data required from jurisdictions in order to calculate the Commonwealth's contribution to funding public hospital services, conduct reconciliation activities, and ensure national comparability.

Consistent with the principle of 'single-provision, multiple-use' in clause B86(d) of the NHRA, in determining my data requirements I have sought to utilise existing data collections where possible. Where this has not been the case, I have requested only the minimum data needed to enable me to undertake my role. Where practicable, I have also provided jurisdictions the option of giving me access to data being provided to other national bodies.

The objectives of the Three Year Data Plan are to:

- communicate my data requirements over the three years, 2014-15 to 2016-17, to jurisdictions in accordance with clause B85 of the NHRA
- describe the mechanisms, including timelines for submission of these data from jurisdictions
- advise how these data will be used by me in undertaking the duties required by the *National Health Reform Act 2011* and the NHRA.

The privacy, secrecy and security of all data provided by jurisdictions continue to be of particular importance to me. Systems and processes used for collection, storage and reporting have been designed to ensure security of information. Where data may be 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 this rolling update, the National Health Funding Body (NHFB) has (on my behalf) collaborated with IHPA and NHPA to allow standardisation of the plans used to communicate the data requirements of each agency, including documenting which data requests are common across all three agencies.

I will continue to liaise with jurisdictions to ensure that the processes surrounding the collection and use of data for the purposes of administering the National Health Funding Pool are as rigorous and transparent as possible. I would like to again extend my thanks to all jurisdictions for their involvement in the development of this plan and associated materials.

Additional information regarding the processes for which these data are requested is available from my website at [www.publichospitalfunding.gov.au](http://www.publichospitalfunding.gov.au).



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## 2. Overview

This data plan sets out the Administrator's rolling Three Year Data Plan, covering the period 2014-15 to 2016-17. In order to harmonise the data plans of the National Health Reform agencies, a standard document structure has been adopted.

The table below describes the document structure of this data plan.

*Table 1: Data Plan document structure*

Document Section	Content
<b>Section 3</b>	Describes the background to the development of this data plan, including the objectives of the plan and the consultation and development processes in place.
<b>Section 4</b>	Provides an overview of security and privacy requirements together with an outline of protections surrounding the data.
<b>Section 5</b>	Indicates how this data plan conforms to the compliance principles of the NHRA.
<b>Section 6</b>	Covers the specific data requirements of the Administrator. This section identifies the data sources and major data components to be used to support data analysis and reporting in the period covered by this data plan.
<b>Appendix A</b>	Describes changes in format and content between the Administrator's 2013-14 to 2015-16 Data Plan and this plan.
<b>Appendix B</b>	Details the common datasets utilised by the Administrator, IHPA and NHPA.
<b>Appendix C</b>	Provides a timeline of required data submissions.
<b>Appendix D</b>	Lists the data elements required by the Administrator for the purposes of reconciliation. These are a subset of the data supplied to IHPA.
<b>Appendix E</b>	Shows the alignment of the tables used in the Administrator's monthly reporting to section 240 of the <i>National Health Reform Act 2011</i> .
<b>Appendix F</b>	Describes data reporting requirements for 'Other hospital services'.

The Administrator will make all non-identifiable aggregated and patient level data collected under this Data Plan available to jurisdictions based on patients' place of residence, where such release is legally permitted.

## 2.1 Related documents

This plan is supported by a number of other policy and operational documents relating to the work of the Administrator, as depicted in the diagram below. These documents can be accessed from:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents).

Figure 1: Three Year Data Plan supporting documents

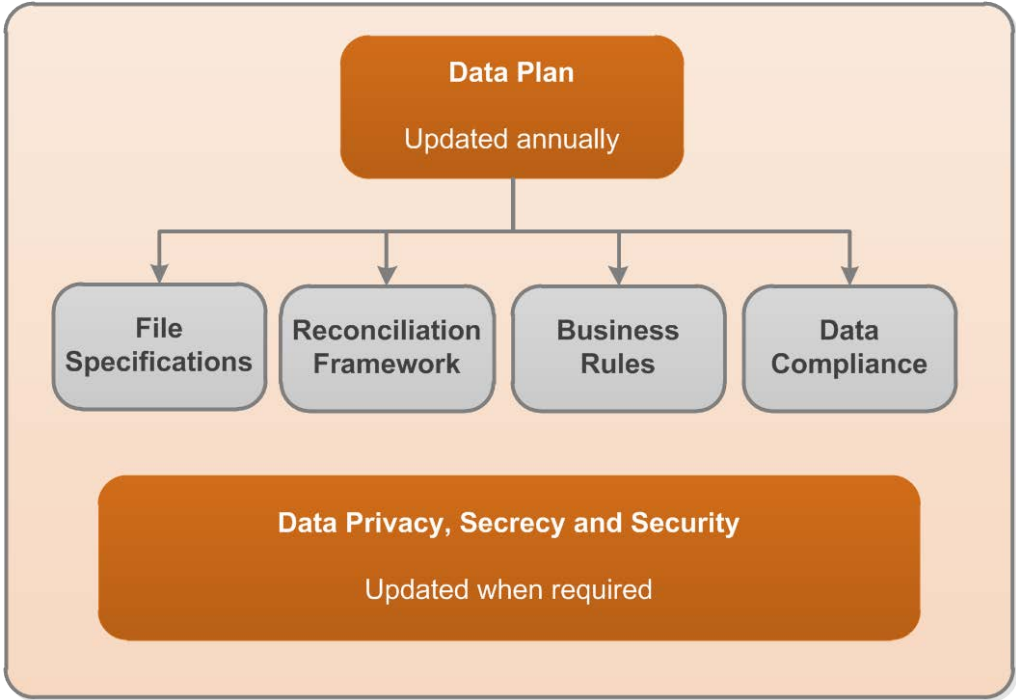


Table 2: Related documents

Document	Content
<b>File Specifications</b>	These spreadsheets provide detailed technical information for the submission of data to the Administrator, including data items, position and length.
<b>Reconciliation Framework</b>	Reconciliation and adjustment requirements and guidelines for those public hospital functions funded by the Commonwealth on an activity basis. Initial transfer of funds is based on estimated activity and is subsequently reconciled based on actual service delivery.
<b>Business Rules</b>	Rules for determining hospital services eligible for National Health Reform Commonwealth activity based funding
<b>Data Compliance</b>	Outlines the Administrator's policy on jurisdictional data compliance.
<b>Data Privacy, Secrecy and Security</b>	Documents the Administrator's data privacy, secrecy and security policies and protocols relating to the collection, use, storage, disclosure, and destruction of data used by the Administrator in undertaking his role.



## 3. Background

In August 2011, the Prime Minister and First Ministers signed the NHRA which sets out the architecture of National Health arrangements to deliver major structural reforms to establish the foundations of Australia's future health system. In particular, the NHRA provides for more sustainable funding arrangements for Australia's health system, drives improved efficiency, increases public information to enable comparison of health service performance, and ensures more transparent funding of public hospitals based on services delivered and the efficient cost of delivering those services.

### 3.1 Legislative basis

The role and functions of the Administrator are set out in the *National Health Reform Act 2011* (as amended by the *National Health Reform Amendment (Administrator and National Health Funding Body) Act 2012*) and associated state and territory health reform legislation.

### 3.2 Role of the Administrator

From 1 July 2012, the Administrator commenced making payments to LHNs for ABF services in accordance with the nationally consistent ABF framework for admitted services, emergency department services and non-admitted outpatient services (clause A32c, NHRA). This framework was extended to include sub-acute and non-acute admitted, admitted mental health and other non-admitted services from 1 July 2013 (clause A33c, NHRA). The Commonwealth will fund 45% of efficient growth of activity based services from 1 July 2014 increasing to 50% from 1 July 2017.

Both Commonwealth and state/territory payments are made prospectively, based on the estimated quantum of activity advised by states and territories and reflected in the Service Agreements negotiated between states and territories and their LHNs.

These prospective payments are followed by reconciliations of actual activity against estimated activity to ensure that all LHNs receive the correct Commonwealth contribution.

For Commonwealth ABF funding it is essential that the reconciliations be performed using patient level activity data. It is only at this level that it is possible to correctly calculate the relevant payment for each patient including private patient adjustments, loadings for Indigenous patients, remoteness, ICU hours, paediatric, specialist psychiatric and radiotherapy adjustments as specified by the IHPA Pricing Framework.

In addition, clauses A6 and A7 of the NHRA state that the Commonwealth will not fund patient services if the same service, or any part of the same service, is funded through MBS, PBS or any other Commonwealth program. This intent will be achieved by comparing state and territory patient level activity data with other Commonwealth health datasets using Medicare PINs (de-identified Medicare Numbers to be provided by the Commonwealth Department of Human Services - clause B94 of the NHRA). Where there is a match, these may be reviewed to determine whether they remain eligible for Commonwealth funding.

To undertake the reconciliation and matching functions for LHNs that receive Commonwealth ABF, the Administrator has developed a series of data set specifications covering each care type.

A data portal has been established for access by all jurisdictions. The portal accepts and verifies data submissions against the data specifications.

The Administrator will report on Commonwealth and state and territory funding under national health reform arrangements. The reporting of this information will contribute to transparency of hospital funding.

### 3.3 Ensuring transparency and accountability

Under the NHRA, states and territories have agreed to increased transparency in the Australian health care system.

Table 3: Administrator's information and reporting requirements

Information and reporting requirement	Frequency
<p><i>Calculation of Commonwealth contribution</i></p> <p>This will include the calculations that the Administrator has advised to the Commonwealth Treasurer based on state and territory, Commonwealth and IHPA advice. States and territories are supplied with a copy of the advice provided to the Commonwealth Treasurer.</p>	As required
<p><i>Basis for Commonwealth and State/Territory contribution</i></p> <p>As required by the <i>National Health Reform Act 2011</i> and the NHRA, the Administrator will report the:</p> <ul style="list-style-type: none"> <li>• basis on which Commonwealth and state and territory funding flows into the Pool and state managed funds</li> <li>• basis on which Pool and state managed fund payments have been made.</li> </ul>	Monthly
<p><i>Funding and payments</i></p> <p>As required by the <i>National Health Reform Act 2011</i> and the NHRA, the Administrator will report the:</p> <ul style="list-style-type: none"> <li>• funding received into the Pool from the Commonwealth and from states and territories</li> <li>• payments made from the Pool to LHNs, state managed funds or other organisations</li> <li>• payments made from state managed funds to LHNs and other organisations</li> <li>• payments made by the Commonwealth through the Pool to states and territories for the provision of Public Health services and top-up payments.</li> </ul>	Monthly
<p><i>Volume of Public Hospital Services</i></p> <p>As required by the <i>National Health Reform Act 2011</i> and the NHRA, the Administrator will report the:</p> <ul style="list-style-type: none"> <li>• volume of public hospital services funded to and provided by LHNs in accordance with the national system of ABF, including a running yearly total</li> <li>• delivery of other public hospital functions funded by the Pool and state managed fund, including a running yearly total.</li> </ul> <p>This will involve reporting the number of NWAU by service category and LHN and other public hospital services provided by each jurisdiction.</p>	Monthly
<p><i>Annual Report</i></p> <p>The Administrator will publish an Annual Report including legislated national health reform disclosures, comprising a combined Financial Statement for the National Health Funding Pool and a Financial Statement for each state and territory Pool account. The Annual Report is provided to state and territory Health Ministers for tabling in each respective Parliament. State Pool Accounts are audited by the respective state or territory Auditor-General.</p>	Annually
<p><i>Service Agreements</i></p> <p>States and territories are required to provide to the Administrator a copy of the Service Agreement with each LHN for each relevant financial year, once agreed.</p>	At least annually

Information and reporting requirement	Frequency
These Service Agreements are to be publicly released by states and territories within fourteen calendar days of finalisation.	
<p><i>Data Compliance Report</i></p> <p>The Administrator will publish details of jurisdictional data compliance against the requirements set out under this data plan.</p>	Quarterly

### 3.4 Consultation

The Administrator has established advisory committees to ensure that jurisdictions are consulted on a range of issues, including data collection requirements.

The Administrator's **Jurisdictional Advisory Committee (JAC)** is a committee of senior representatives of states and territories and relevant Commonwealth portfolio departments and agencies. The JAC considers strategic issues associated with those components of national health reform where the Administrator has responsibility.

The **Chief Financial Officer (CFO) Committee** considers material relating to service estimates and monthly reporting. Membership of the CFO Committee includes Chief Financial Officers and/or their representatives from each jurisdiction.

The **Reconciliation Advisory Group (RAG)** is a technical group established to support and inform the JAC. The RAG considers the hospital service reconciliation and data matching requirements outlined in the NHRA and enables technical collaboration between the relevant stakeholders. Membership includes representatives from each jurisdiction who have expertise in data and processes related to patient level activity data.

## 4. Security and Privacy

Under the NHRA the Administrator is tasked with collecting, securing and using information in accordance with relevant legislation and the Australian privacy principles, ethical guidelines and practices.

### 4.1 Data Privacy

The privacy of citizens' personal information is of paramount importance. Personal information will be treated in accordance with the Australian Privacy Principles specified in the *Privacy Act 1988* (as amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*), the secrecy and patient confidentiality provisions in the *National Health Reform Act 2011* and other statutory protections.

The *National Health Reform Act 2011* provides protections for personal information and makes provisions to ensure patient confidentiality.

Further, all staff of the NHFB are employed under the *Public Service Act 1999*, and are subject to the APS Code of Conduct. Any contractors or persons assisting the NHFB in its work are also required to adhere to all privacy policies and procedures.

Any collection of personal information will only be done for a specified purpose and will be undertaken in strict compliance with the Australian Privacy Principles.

The Administrator has developed protocols for the treatment of confidential and highly sensitive data that will ensure appropriate protection for patient, hospital, LHN and jurisdictional data received by the Administrator. These are documented in the Administrator's *Data privacy, secrecy and security policy* available from:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents).

### 4.2 Data security

The Administrator is committed to the security of patient level activity data submitted by jurisdictions. For the reconciliation process, the Administrator is using the Electronic Data Warehouse (EDW) managed by the Commonwealth Department of Health (DoH) which provides a secure facility for the submission, storage and dissemination of data. The EDW includes the following features:

- a secure online system for jurisdictions to submit data to the Administrator
- secure control management for the sharing of data between the Administrator and the organisations specified in the clause B97 of the NHRA
- a physically secure location with disaster recovery capabilities
- compliance with relevant Australian Government security policies, including the Australian Government Protective Security Policy Framework and the Australian Government Information Security Manual.

Additional information is available in the Administrator's *Data privacy, secrecy and security policy*, available from:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents).

## 5. Compliance

### 5.1 Administrator's compliance

Clause B86 of the NHRA specifies certain obligations of the national agencies in determining the requirements of their data plans. The table below demonstrates how this plan complies with each item.

Table 4 - NHRA clause B86 compliance matrix

Clause	Compliance principles		Compliance mechanisms
B86a	Seek to meet its data requirements through existing national data collections, where practical	→	NMDS and DSS data sets have been used where possible, and additional data items have been included only where necessary.
B86b	Conform with national data development principles and wherever practical use existing data development governance processes and structures, except where to do so would compromise the performance of its statutory functions	→	The following principles have been observed in determining the data requirements: <ul style="list-style-type: none"> <li>- using existing national data specifications and collections wherever possible using IHPA data validation rules</li> <li>- working with state and territory representatives where appropriate to develop specifications and collections that are consistent with national standards.</li> </ul>
B86c	Allow for a reasonable, clearly defined timeframe to incorporate standardised data collection methods across all jurisdictions	→	The Administrator consults with jurisdictions to ensure that timeframes are reasonable and clear within the requirements of making payments under the NHRA.
B86d	Support the concept of 'single provision, multiple use' of information to maximise efficiency of data provision and validation where practical, in accordance with privacy requirements	→	The EDW will be used to maximise the efficiency of data provision and validation and to encourage appropriate data sharing between National Health Reform bodies, in accordance with privacy requirements. The Administrator is continuing to work towards the full implementation of this objective.
B86e	Balance the national benefits of access to the requested data against the impact on jurisdictions providing that data	→	Jurisdictions have been and will continue to be consulted regarding the impact of proposed data collections, and every effort has been made to minimise unavoidable impacts within the requirements of making payments under the NHRA.
B86f	Consult with the Commonwealth and states and territories when determining its requirements.	→	The Administrator has established committees that include jurisdictional representation and conducted jurisdictional workshops and meetings to gain advice regarding the data requirements.

## 5.2 Jurisdictional compliance

Under clause B102 of the NHRA the Administrator is required to publish details of jurisdictional compliance with data requirements on a quarterly basis.

The Administrator's *Data Compliance Policy* outlines the Administrator's policy on jurisdictional data compliance, conveys his expectations and approach with regards to the data compliance process and details the process for public reporting on jurisdictional data compliance.

The *Data Compliance Policy* is available from:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents).

## 6. Data requirements

The Administrator requires three broad types of information to perform the functions set out in the *National Health Reform Act 2011* and the NHRA:

- Aggregated and LHN level service estimate data based on projected Service Agreements with LHNs: to calculate and provide a formal forecast of the Commonwealth funding contribution to the Commonwealth Treasurer (see 6.1 – Provision of service estimates).
- Disaggregated unit record level data: to perform reconciliations based on actual levels of activity (see 6.2 – Reconciliation requirements).
- Funding, payments and service volumes: to enable monthly reporting of relevant national health reform funding transactions (see 6.3 – Monthly Reporting requirements).

Further information on the purpose of data collection, data elements, submission and timing is outlined below.

Wherever possible, the Administrator has used pre-existing classifications and data specifications, with additional data items included only where they are required to meet the obligations set out in the *National Health Reform Act 2011* or the NHRA.

A timeline is provided at [Appendix C](#) identifying the timing for provision of data by jurisdictions across all three types of data.

### 6.1 Provision of service estimates

Section 238(1)(a) of the *National Health Reform Act 2011* requires the Administrator to calculate and advise the Commonwealth Treasurer of the amounts to be paid by the Commonwealth each financial year to each state and territory under the NHRA.

The provision of the data elements outlined in this subsection, along with IHPA's forecast of the NEC and the NEP and any backcasting multiplier/s required, will enable the Administrator to calculate and provide a formal forecast of the Commonwealth funding contribution to the Commonwealth Treasurer and each state and territory.

Estimates provided by jurisdictions to the Administrator for calculation of Commonwealth contributions must reflect how actual activity will be captured and reported by LHNs. This includes the use of patient level and aggregate data and the application of loadings, service events etc.

Complete and timely provision of the required information is imperative to enable calculation of the Commonwealth funding contribution to each state and territory prior to the commencement of the relevant financial year.

#### 6.1.1 Data processes/timelines

The NHRA requires states and territories to provide to the Administrator the following data elements for each financial year by the dates specified:

- Estimated aggregate service volumes by 31 March by service category (clause B73)
- Confirmed aggregate service volumes and estimated service volumes for each LHN by 31 May (clause B74).

Each required ABF NWAU component is to be provided to the Administrator in two parts:

- A six-monthly NWAU covering the period July to December of each funding year
- An annual NWAU.

The provision of NWAU on this basis is necessary to enable the Administrator to carry out the reconciliation process described in section 6.2 of this document.

## **Adjustments**

States and territories may amend service NWAU estimates. Clause B57 of the NHRA anticipates adjustments to Commonwealth national health reform funding due to changes in LHN service estimates as documented in Service Agreements.

Any adjustment to Commonwealth national health reform funding contributions resulting from a change will be calculated as if the factor giving rise to the change related to the entire financial year. The resultant funding adjustment will be spread evenly over the remaining months of the financial year (with any remainder from rounding applied to the last month). This ensures the adjustment is fully applied by the last monthly payment in the financial year.

The framework and mechanism for making adjustments is detailed in Administrator's *Determination 02: Adjustments to Commonwealth Funding under the National Health Reform Agreement*. This determination is available from:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents)

### **6.1.2 Data components**

#### **Activity based funding**

States and territories are required to provide to the Administrator aggregate estimated NWAU (i.e. at the state or territory level) and the estimated NWAU for each LHN, both by the relevant ABF service category detail for each relevant year.

Each year the Administrator will request ABF service category detail from states and territories on the basis of the categories as advised by IHPA. This may involve changes to the ABF classification system or costing methodologies.

Based on advice from IHPA in relation to the 2014-15 specifications, the relevant service categories for ABF are:

- acute admitted services
- emergency department services
- non-admitted services
- admitted mental health services
- sub-acute and non-acute admitted services.

#### **Block funding**

As per clauses A28 and A29 of the NHRA, IHPA will determine which hospital services are eligible for block funding based on interactions with states and territories. Using IHPA's NEC determination the Administrator will calculate the Commonwealth funding contribution for block funding (clause A30).

Based on advice from IHPA in relation to the 2014-15 specifications, the relevant service categories for block funding are:

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



## Service Agreements

Clause B75 of the NHRA requires states and territories to provide to the Administrator a copy of the Service Agreement with each LHN for each relevant financial year, once agreed. These Service Agreements are to be publicly released by states and territories within fourteen calendar days of finalisation (clause D9).

States and territories may amend Service Agreements with LHNs. The Administrator must be advised within 28 calendar days of any agreed variation and the new Service Agreement publicly released within fourteen calendar days of amendment (clauses B50, B51, B57 and D9).

The NHFB will reconcile the NWAU amounts outlined in Service Agreements for each LHN with the estimates advised by states and territories for Commonwealth payment purposes under clause B74.

### 6.1.3 Data specifications

Table 5: Service estimates requirements

Requirement	Source	Data	Purpose	Act section/ NHRA clause
Calculate and advise the Commonwealth Treasurer and states and territories of the amounts to be paid by the Commonwealth each financial year to each state and territory under the NHRA.	IHPA	NEP / NEC Determinations	The NEP will be the price used to determine the Commonwealth contribution for ABF.  The NEC and the list of block funded hospitals will be used to determine the amount of block funding by service category.	s238(1)(a) A29-A30
		Back-casting multipliers	Used to ensure that changes between years are correctly accounted for and that Commonwealth growth funding is not adversely impacted by changes in the national pricing model over consecutive years.	S238(1)(a) A40
	State / Territory	Estimated aggregate weighted service volumes	The estimated aggregate NWAU will be used to calculate the estimated aggregate funding (for ABF services) to be paid by the Commonwealth to each state and territory.	s238(1)(a) B73
		Confirmed aggregate weighted service volumes	The confirmed aggregate NWAU will be used to calculate the aggregate funding (for ABF services) required to be paid by the Commonwealth to each state and territory. This will be used to calculate the starting point for the twelve equal monthly payments.	s238(1)(a) B74
		Estimated service volumes by LHN	The estimated NWAU by LHN will be used to determine the amount of the Commonwealth	s238(1)(a) B74

Requirement	Source	Data	Purpose	Act section/ NHRA clause
			contribution to each LHN.	
		Service Agreement	The NHRA requires a copy of the Service Agreement to be provided to the Administrator once agreed between the state / territory and the LHN.	s238(1)(a) B75

#### 6.1.4 Data submission

Data submission is via an email to [nhfa.administrator@nhfa.gov.au](mailto:nhfa.administrator@nhfa.gov.au) from a Minister, a delegate of the Minister, a Secretary, Director-General, Chief Executive or equivalent.

## 6.2 Reconciliation requirements

Reconciliation relates to those public hospital functions funded by the Commonwealth on an activity basis (clauses B63 and B64, NHRA).

Commonwealth funding to the states and territories in support of ABF services will be based, in the first instance, on estimates of activity levels for the funding period (see section 6.1: Provision of service estimates).

Clauses B59 to B61 of the NHRA require actual activity data to be reconciled with estimated activity data on a six-monthly and annual basis, in arrears and by LHN for each state and territory, in order that Commonwealth payments can be adjusted to reflect the actual level of services provided.

The data elements outlined in this section, together with the estimated activity data provided by states and territories (used as the prospective basis for the Commonwealth contribution), will be used in the reconciliation process.

The Administrator will conform to national data development principles when specifying data requirements (clause B86 of the NHRA) and wherever practical will use existing data sets and structures, except where to do so would compromise the performance of the Administrator's statutory functions.

The Administrator supports the concept of 'single provision, multiple use' of information and has formed a working relationship with IHPA and NHPA to advance the cause of this concept. Activity data are sourced from IHPA data collections where practical. This process assists in the development of nationally consistent data collection and validation processes.

Additional information is available from the Administrator's *Reconciliation Framework*, available from:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents).

### 6.2.1 Data processes/timelines

The NHRA requires states and territories to provide to the Administrator the required data elements for each financial year by the following dates:

- Six-monthly period ending 31 December each year, by 31 March the following year (clause B60)
- Annual period ending 30 June each year, by 30 September that year (clause B61).

## 6.2.2 Data sources

States and territories are required to provide all relevant patient level activity data regarding actual services delivered for those public hospital functions funded by the Commonwealth on an activity basis.

Clause B94 of the NHRA requires states and territories to provide associated Medicare details to DHS to allow for de-identification of the patient level activity data. These de-identified data will then be provided to the Administrator.

The Commonwealth is required to provide de-identified patient level data on MBS claims, PBS items and data related to any other Commonwealth program considered relevant to clause A6 of the NHRA.

The Commonwealth, states and territories have primary responsibility for the integrity of the data provided (clause B95).

The required data elements are detailed in the Administrator's *File Specifications for Data Submission* documents, provided on the Administrator's website at:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents).

## 6.2.3 Data components

For privacy reasons, activity reconciliation will be undertaken by the NHFB using only de-identified data. This applies to the patient level activity data provided by states/territories and the MBS claims data and PBS claims data received from the Commonwealth.

States and territories must submit patient level activity data on hospital services provided in two separate submissions, submission A and submission B. Submission A and submission B relate to the same set of services delivered. Each record includes a common unique identifier (state record identifier), used to link the two datasets for data matching purposes.

**Submission A** includes patient level activity data. The data are validated by the AIHW and then used by the IHPA and the NHFB. Submission A does not include a Medicare number.

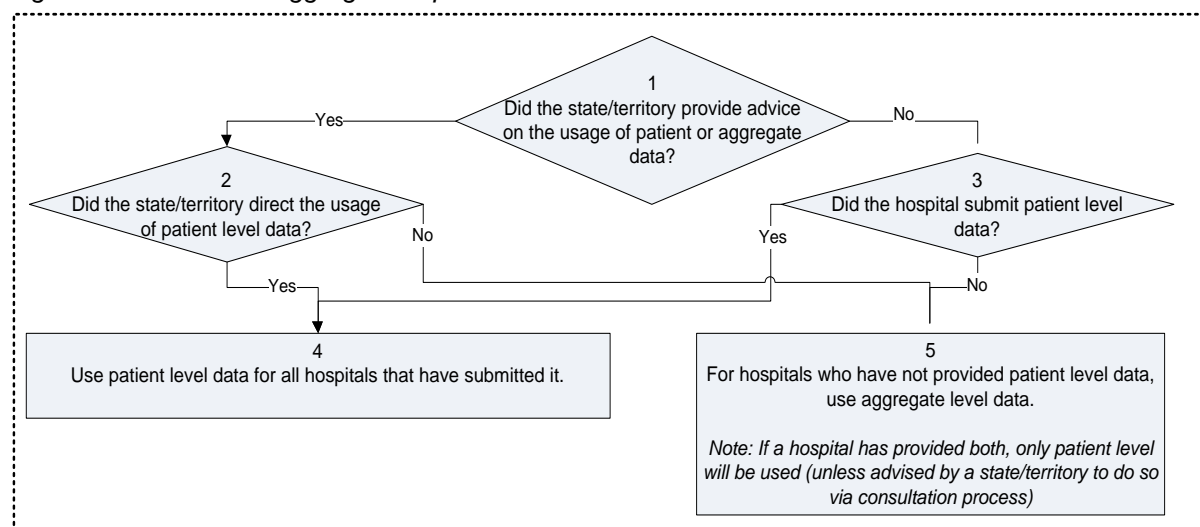
**Submission B** includes a Medicare number but is provided to DHS for the purpose of data de-identification. This means that the Medicare number is replaced with a unique PIN by DHS before being provided to the NHFB.

There may be a separate submission A and B for each service category, depending on IHPA's specification. A number of hospitals are currently included in both the patient level and aggregate level data collection for Emergency Department (ED) and Non-Admitted Patient (NAP) services.

Where states and territories have provided both aggregate and patient level data for relevant datasets, the Administrator will consult the relevant state/territory regarding the appropriate dataset to utilise. The Administrator will utilise the patient level data due to the greater level of detail contained in this dataset in comparison to the aggregate data, unless the relevant state/territory advises that the datasets cover a distinct scope of activities.

Where states and territories have not provided patient level data for relevant datasets, the aggregate level will be utilised.

Figure 2: Utilisation of aggregate or patient level data



### Submission A & B reference data

States and territories must submit a list of ABF hospitals including information about 19(2) exemption status, pharmaceutical reform agreement status, and HSD drugs claiming status.

### Commonwealth data

The Commonwealth must submit MBS and PBS claims data and associated reference data including a provider number list, a prescriber number list, and a pharmacy list.

#### 6.2.3.1 Data validation

##### State and territory data

###### Submission A

The NHFB on behalf of the Administrator has agreed validation rules with the AIHW and the IHPA and these rules have been documented and supplied to jurisdictions.

###### Submission B

DHS will perform two levels of validation. The first validation relates to the file format. The second validation relates to the Medicare number.

###### *File format validation*

DHS will check that the filename is in the correct format and the file records are of the correct length. If these are not valid, the file will be returned to the state or territory for resubmission.

###### *Medicare number validation*

Once a valid file format has been received, DHS will perform a 'check digit' validation of the Medicare number to ensure it is valid. If the Medicare number is valid, it will be replaced by a PIN and the record will be passed through to the EDW unchanged except for the Medicare PIN.

If the Medicare number is invalid, the Medicare number will be replaced with zeros and the record will also be passed through to the EDW unchanged apart from the zeros in the Medicare number field.

### Commonwealth data

In utilising MBS and PBS claims data provided by the Commonwealth, the Administrator acknowledges and accepts the arrangements that the Commonwealth DoH has made regarding receipt of MBS and PBS data from DHS, including associated data validation.

## 6.2.4 Data specifications

Table 6: Reconciliation data requirements

Requirement	Source	Data	Purpose	Act section/ NHRA clause
Conduct reconciliation to determine the actual volume for services provided by LHNs for Commonwealth payment purposes.	Cwth DoH	MBS claims data PBS claims data	To determine the level of eligible services that will attract a Commonwealth contribution.	s238(1)(a) A6-A7
		Provider number list: Provider number Not in a GP role (Yes/No)		S238(1)(a)
		Prescriber number list Prescriber number Provider number		S238(1)(a)
		Pharmacy list Pharmacy number Hospital based (Yes/No)		S238(1)(a)
	State / Territory	Patient level activity data/aggregate level data (where a state/territory is unable to provide patient level activity data)	To determine the actual level of eligible services that will attract Commonwealth contribution.	s238(1)(a) B63-B64
		List of ABF hospitals: Hospital ID Hospital name 19(2) status Pharmaceutical reform agreement (Yes/No) Approved for HSD drugs	To allow calculation of NWAU for each state and territory.	S238(1)(a)
	IHPA	NWAU calculator	The NWAU calculator will be used to determine the total estimated funding (for ABF services) to be provided to each state and territory.	s238(1)(a)

## 6.2.5 Data submission

### 6.2.5.1 State and territory data submissions

States and territories are required to submit patient level activity data in two separate submissions as outlined below. The two submissions must contain the specified data relating to the same services delivered and are to be linked by a common unique identifier (state record identifier).

## Submission A

- For this submission, states and territories may provide the Administrator with the services data already being submitted to IHPA via the EDW. The data are validated by the AIHW and then processed by IHPA before being used by the NHFB.
- States and territories that prefer to submit patient level activity data directly to the Administrator may do so through the Administrator's data submission portal. Any data provided via this means will be subject to the same data validation rules as data provided to IHPA for consistency purposes.

## Submission B

- This submission includes the Medicare number for each service contained within Submission A, which DHS will replace with a Medicare PIN.
- Until DHS has established a data submissions portal for these data, states and territories are to provide these data via encrypted file to DHS. The submission is to be provided by states and territories to DHS as a fixed-width text file.

### 6.2.5.2 Commonwealth data submission

The Commonwealth submission of de-identified patient level data for MBS claims and PBS items and any other Commonwealth program are to be provided via the EDW.

## 6.3 Monthly reporting requirements

Sections 238(1)(d) and 240 of the *National Health Reform Act 2011* require the Administrator to publicly issue monthly reports on national health reform funding transactions under the *National Health Reform Act 2011* and NHRA. These transactions include the payments made into and from the Pool and State Managed Funds and other matters on which the Administrator is required to report.

The provision of the data elements outlined in this section will allow the Administrator to meet the monthly reporting requirements of the Act. Complete and timely provision of data is required so that the Administrator's monthly reports are timely and relevant.

The monthly reports also help to deliver the transparency objectives of the NHRA, particularly clause B21:

*There will be complete transparency and line-of-sight of respective contributions into and out of state pool accounts to local hospital networks, discrete state managed funds, or to state or territory health departments. There is also to be complete transparency and line-of-sight of respective contributions out of state managed funds to local hospital networks.*

### 6.3.1 Data processes/timelines

To support the requirements of the Administrator's monthly reporting data collection, analysis and report generation cycle, the following timelines will apply for each month:

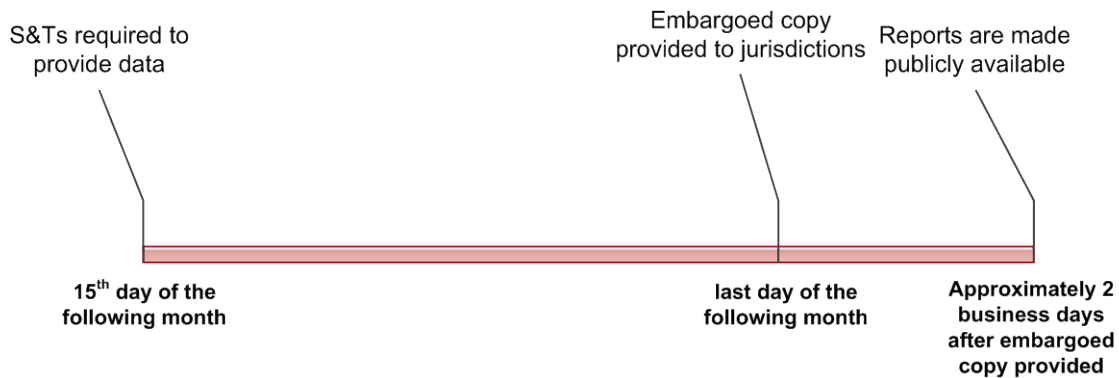
- by the 15th day of the following month - states and territories are required to provide the required information in the requested format.
- by the last day of the following month assuming all states and territories have complied with the above timeline, the Administrator will provide an embargoed copy of the monthly report to each jurisdiction.
- Approximately 2 business days following the provision of the embargoed monthly reports to states and territories, the Administrator will make the monthly reports publicly available. (A longer embargo period will be in place for June and for those months where

additional review periods are likely to be required, such as when template changes are made.)

The timelines identified above are contingent on queries on figures and data elements each month (if any) and the timely resolution of any issues.

Where the days identified above occur on a weekend, national public holiday or public holiday in Canberra in any given month, data collection or report generation is required by the next business day.

Figure 3: Monthly reporting timelines



### 6.3.1.1 Reporting approach

The payment arrangements for both the Commonwealth and state and territory are detailed in clauses B52 and B53 of the NHRA and in section 15(1) of the common provisions of the National Health arrangements jurisdictional legislation and as such the monthly reporting should reflect these arrangements. In addition, clause B56 of the NHRA states:

*States will direct the timing of Commonwealth payments from Pool accounts and State managed funds to Local Hospital Networks. However, States will not redirect Commonwealth payments:*

- a. between Local Hospital Networks*
- b. between funding streams (for example from ABF to block funding)*
- c. to adjust the payment calculations underpinning the Commonwealth's funding.*

### 6.3.2 Data sources

Monthly reporting data is to be supplied by states and territories.

#### Reconciliation to other sources

Some components of information provided by states and territories will be reconciled with existing information held by the Administrator and the NHFB, including:

- National Health Funding Administrator's Payments System
- Reserve Bank of Australia (RBA) bank account transactions and balances for the Pool

Information received and held by the Administrator from states and territories to calculate the Commonwealth contribution to each state and territory (identified in section 6.1: Provision of service estimates of this Data Plan).

The data provided by states and territories, along with existing data held by the Administrator and the NHFB will be used to compile the monthly reports for each state, territory and LHN. Reports are provided at a national, state or territory and LHN level.

Any subsequent queries will be discussed with states and territories individually by the NHFB.

### **6.3.3 Data components**

As outlined in the *National Health Reform Act 2011*, section 15(1) of the common provisions of the National Health arrangements jurisdictional legislation, and the NHRA (specifically clauses B26d, B27d and B65), the Administrator is required to collect data elements from states and territories to enable monthly reporting of the:

- funding received into the Pool from the Commonwealth and from states and territories
- basis on which Commonwealth and state and territory funding flows into the Pool and state and managed funds have been made
- payments made by the Commonwealth through the Pool to states and territories for the provision of Public Health services and top-up payments
- payments made from the Pool to LHNs, state managed funds or other organisations
- payments made from state managed funds to LHNs and other organisation
- basis on which the Pool and state managed fund payments have been made
- volume of public hospital services funded to and provided by LHNs in accordance with the national system of ABF, including a running yearly total
- delivery of other public hospital services funded by the Pool and state managed funds, including a running yearly total.

*Funding* happens when the Commonwealth or state or territory government pays national health reform funding into a Pool account or state managed fund.

*Payments* occur when the funding deposited into a Pool account or state managed fund is paid out of the Pool account by the Administrator, or is paid out of a state managed fund by the state or territory.

The national health reform funding and payment flows are outlined in Figure 4 over page.



Figure 4: National Health Reform funding and payments

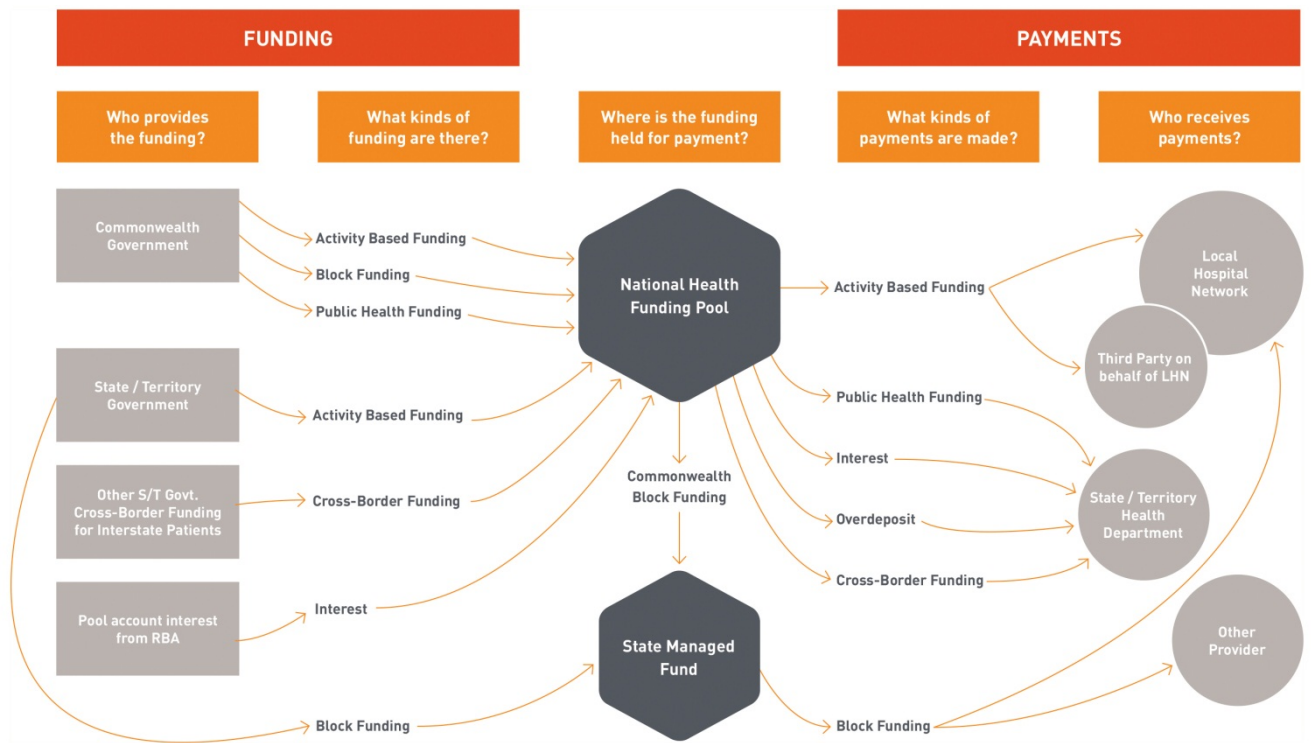


Table 7: Summary of the relevant transaction and information request types

	Funding Type	State Pool Account	State Managed Fund	State / Territory Health Departments
Funding (\$)	ABF funding	By service category and CW and S/T components for each LHN		
	Block funding	By service category and CW component	By service category and CW and S/T components	
	Other			By Public Health, over deposit, cross-border (S/T component), interest, and top-up funding guarantees
Payments (\$)	ABF payments	By service category and CW and S/T components for each LHN		
	Block payments		By service category and CW and S/T components for each LHN/other	
	Other			By Public Health, over deposit, cross-border (S/T component), interest and top-up funding guarantees
Services (NWAU)	ABF	By service category for each LHN		
Services (Other)	Other	By relevant category	By relevant category	

## Basis statements

States and territories are required to provide the basis on which they make payments to LHNs, as required by the common jurisdictional legislative provisions and the NHRA. This information is to be provided by states and territories in narrative form and is included in the state or territory monthly report.

## Funding and payments

States and territories provide data relating to funding into the Pool and state-managed funds by states and territories and payments made to LHNs, state managed funds or other organisations.

The majority of government funding to LHNs is not subject to GST. However in some cases hospital funding to non-government entities does attract GST. For example, denominational hospitals, privately and commercially owned health facilities or any other non-government third party provider of health services or related supplies. In these cases, states and territories must separately identify and advise the GST component.

## State and territory prices for ABF services

Clause A63 of the NHRA requires that state and territory prices set for ABF services form part of the basis on which state or territory funding is made to LHNs. Clause A66 requires states and territories to advise these prices to the Administrator (and IHPA).

The Administrator intends to report the state and territory prices set for ABF services by each state and territory from 2014-15.

## Service volumes

The monthly reports show both dollars and service volumes for ABF. ABF service volumes are expressed as NWAU.

## Other public hospital services

As required under section 240(1)(f) of the *National Health Reform Act 2011* and clauses B26d, B27d and B65 of the NHRA, the Administrator is required to report the number of other public hospital services and functions funded from each state pool account or state managed fund.

Unlike the unit of measurement for the national ABF system (NWAU), there is currently no nationally standardised measurement system for 'other public hospital services'. Consequently, states and territories are requested to provide detail to the Administrator on the application of national health reform funding outside of ABF, based on the locally accepted unit measurement classification (e.g. hours, events, clients, episodes etc.) and funding arrangements used in states and territories.

Further information on data reporting relating to 'other public hospital services' is provided at [Appendix F](#).

## 6.3.4 Data specifications

Table 8: Monthly Reporting requirements

Requirement	Source	Data	Purpose	Act section / NHRA clause
Report publicly and issue monthly reports on national health reform funding	State / Territory	Funding and Payments NWAU Funded Other public	The data are required from states and territories to enable the Administrator to publicly issue monthly reports on national health reform	s238(1)(d) (e)(f) s240 B26d, B27d,

Requirement	Source	Data	Purpose	Act section / NHRA clause
transactions required under the <i>National Health Reform Act 2011</i> and NHRA.		hospital services	transactions, including the payments made into and from the Pool and State Managed Funds, volume of public hospital services and basis for contributions.	B65

Data specification documents are provided on the Administrator's website at: [www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents)

### 6.3.5 Data submission

The required information is to be provided within the identified timeframe via an email to: [nhfa.administrator@nhfa.gov.au](mailto:nhfa.administrator@nhfa.gov.au)

## Appendix A: Changes in format and content

The below table describes changes in format and content between the Administrator's 2013-14 to 2015-16 plan and this 2014-15 to 2016-17 plan. The two key drivers for these changes were:

- Harmonisation and standardisation of the latest data plans for the three national health reform agencies was undertaken in order to make it easier for stakeholders who need to engage with more than one of these plans.
- The previous plan was published prior to the release of several foundation documents relating to the work of the Administrator and consequently included content on operational and policy issues that are beyond the scope of a data plan. These foundation documents are now able to be referenced in the Data Plan and this material has been removed.

*Table 1: changes in format and content between the Administrator's 2013-14 to 2015-16 plan and this 2014-15 to 2016-17 plan*

Change	Reason
Chapter 2 (Service estimates)→Section 6.1 Chapter 3 (Reconciliation)→Section 6.2 Chapter 4 (Monthly reporting)→Section 6.3 RENUMBERED	Harmonisation with IHPA and NHPA data plans
Privacy, Secrecy and Security UPDATED	Further material now available from the Administrator's <i>Data privacy, secrecy and security policy</i>
Service estimate requirements: adjustments REMOVED	Content now available from the Administrator's <i>Determination 02: Adjustments to Commonwealth funding under the Agreement</i>
Reconciliation requirements: - Establishing eligible services - NWAU calculation - Six monthly and annual reconciliation – considerations - Adjustment considerations - Backcasting REMOVED	Content now available from the Administrator's <i>Reconciliation Framework</i>
Monthly reporting requirements–legislative alignment MOVED	See Appendix E
Compliance SUMMARISED	Further material now available from the Administrator's <i>Data Compliance Policy</i> at <a href="http://www.publichospitalfunding.gov.au/publications/operational-documents">www.publichospitalfunding.gov.au/publications/operational-documents</a>
Cross-border data requirements REMOVED	From 2014-15 calculated as part of base ABF funding.
Other public hospital services EXPANDED	Further information is now available in Appendix F

## Appendix B: Data collections utilised by the Administrator, IHPA and NHPA

For this rolling update the NHFB, on behalf of the Administrator, has worked collaboratively with IHPA and NHPA in revising the Three Year Data Plan as part of a commitment to the principle of data rationalisation expressed in the NHRA, particularly the desire to implement the 'single provision, multiple use' concept. The table below demonstrates a coordinated approach to data collection.

All three agencies utilise cost and expenditure data through the same key collections: the National Hospital Cost Data Collection and the National Public Hospitals Establishments Database and for 2014-15, the Public Hospitals Establishments Data Set Specification.

Note: 'X' in version numbers indicates 'version not yet determined'

Table 1: Activity data collections utilised by the Administrator, IHPA and NHPA

Service category	National Agencies				Year of data collection					
	IHPA		Admini- strator	NHPA	2014-15		2015-16		2016-17	
	ABF	Block funded			Data spec	Classification	Data spec	Classification	Data spec	Classification
Admitted acute	✓	✓	✓	✓	APC NMDS 2014-15	ICD-10-AM 8 <sup>th</sup> ed. & AR-DRG v7.0	APC NMDS 2015-16	ICD-10-AM X <sup>th</sup> ed. & AR-DRG v7.0	APC NMDS 2016-17	ICD-10-AM X <sup>th</sup> ed. & AR-DRG v8.0
Emergency (ED Levels 3B – 6)	✓		✓	✓	NAPEDC NMDS 2014-15	URG v1.4	NAPEDC NMDS 2015-16	URG v2.0	NAPEDC NMDS 2016-17	URG v2.X
Emergency (ED Levels 1 – 3A)	✓	✓	✓	✓	ABF ES DSS 2014-15	UDG v1.3	ABF ES DSS 2015-16	UDG vX.0	ABF ES DSS 2016- 17	UDG vX.0
Non-admitted (Aggregate data)	✓	✓	✓	✓	NAPC Aggregate NMDS 2014- 15 NAPC Aggregate DSS 2014-15	Tier 2 Non- Admitted Services v3.0	NAPC Aggregate NMDS 2015-16 <sup>1</sup>	Tier 2 Non- Admitted Services vX.0	N/A	Australian Non- Admitted Care Classification

<sup>1</sup> AHMAC provided in principle approval at its March 2014 meeting

Service category	National Agencies				Year of data collection					
	IHPA		Admini strator	NHPA	2014-15		2015-16		2016-17	
	ABF	Block funded			Data spec	Classification	Data spec	Classification	Data spec	Classification
Non-admitted (Patient-level data)	✓		✓	✓	NAP DSS 2014-15	Tier 2 Non- Admitted Services v3.0	NAP NMDS 2015-16	Tier 2 Non- Admitted Services vX.0	NAP NMDS 2016-17	Australian Non- Admitted Care Classification
Mental health	✓	✓			N/A	N/A	ABF MH DSS 2015-16	TBC	ABF MH DSS 2016- 17	Australian Mental Health Care Classification
Admitted subacute & non-acute	✓	✓	✓	✓	ASNC DSS 2014-15	AN-SNAP v3.0	APC NMDS 2015-16 <sup>1</sup>	AN-SNAP V4.0	APC NMDS 2016-17	AN-SNAP VX.0
Teaching, training & research	✓				HTTA DSS 2014-15	N/A	HTTA DSS 2015-16	N/A	HTTA DSS 2016-17	N/A

Table 2: Dataset and classification names

Dataset Acronym	Dataset name
ABF ES DSS	Activity based funding Emergency Services dataset specification
ABF MH DSS	Activity based funding Mental Health dataset specification
AN-SNAP	Australian National Sub-Acute and Non-Acute Patient Classification
APC NMDS	Admitted Patient Care national minimum dataset
AR-DRG	Australian Refined Diagnosis Related Group (admitted patient classification system)
ASNC DSS	Admitted Sub-acute and Non-acute Hospital Care dataset specification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems (revision 10-Australian Modification)
HTTA DSS	Hospital Teaching, Training & Research dataset specification
NAPC Aggregate DSS	Non-admitted patient care aggregate dataset specification
NAPC Aggregate NMDS	Non-admitted patient care aggregate national minimum dataset
NAP DSS	Non-admitted patient dataset specification

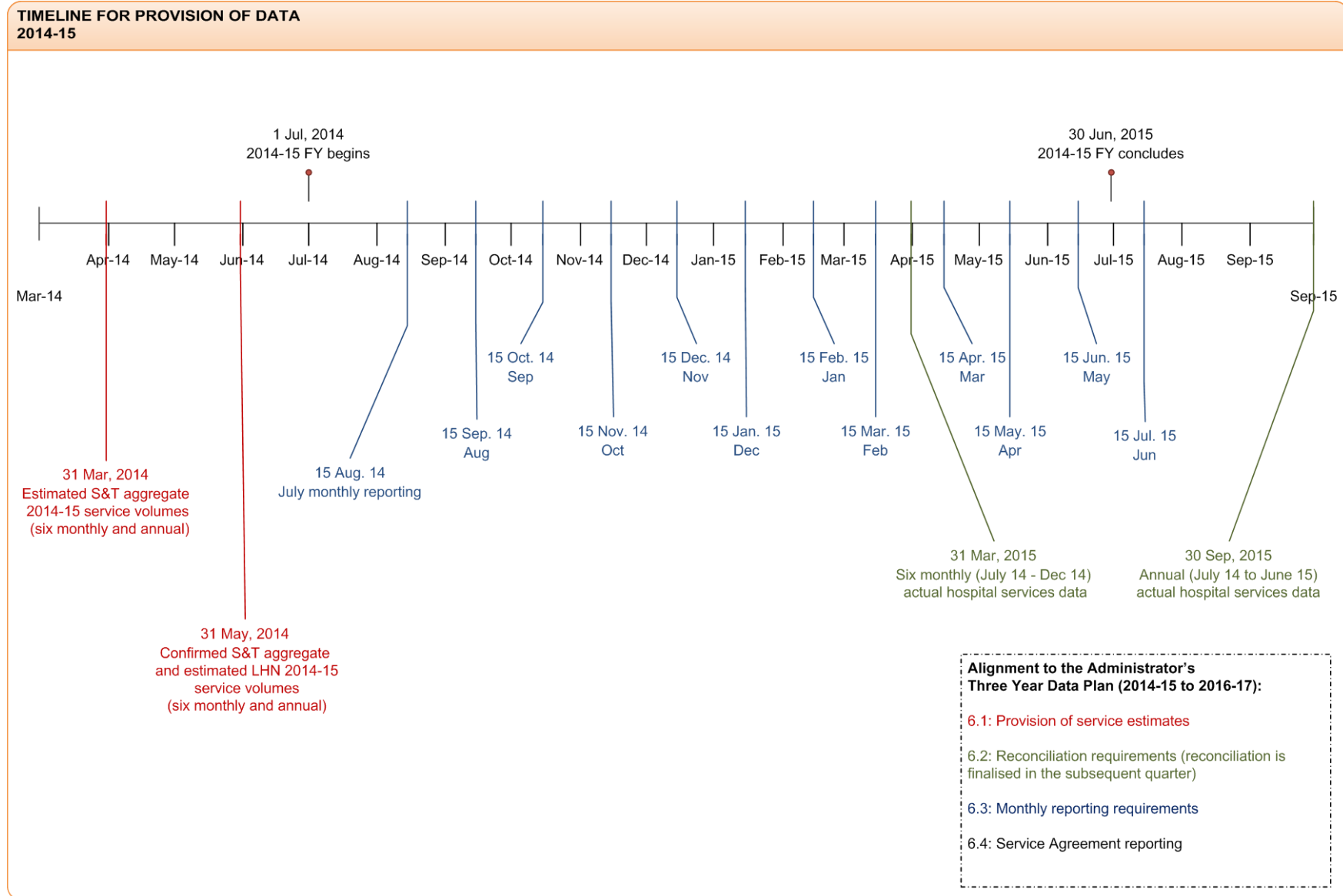
Dataset Acronym	Dataset name
NAPEDC NMDS	Non-admitted patient Emergency Department care national minimum dataset
UDG	Urgency disposition group. Classifies patients into groups based on disposition (admitted or discharged) and urgency.
URG	Urgency related group. Segments the UDG classification system using major diagnostic blocks.

The table below outlines how the Administrator will use each data collection as a component of the determination of the Commonwealth contribution to ABF funding. Each service in the collection is firstly confirmed as in scope for ABF funding as determined by the IHPA.

Table 3: Data Collection Usage

Data collection service category	Calculation of NWAU	Determination of eligibility for Commonwealth ABF funding
<b>Patient Level data</b> <ul style="list-style-type: none"> <li>Admitted acute</li> <li>Emergency Department (ED Levels 3B – 6)</li> <li>Admitted mental health</li> <li>Non-admitted</li> </ul>	<p>Details of each in scope service in this collection such as remoteness and indigenous status are used to calculate NWAU, including appropriate NWAU adjustments</p>	<p>Details of each in scope service in this collection such as sex, date of birth, admission and discharge dates inform the determination of eligibility for Commonwealth funding</p>
<b>Aggregate Data</b> <ul style="list-style-type: none"> <li>Emergency Services (ED Levels 1 – 3A)</li> <li>Non-admitted</li> </ul>	<p>The aggregate data in this collection only allows base NWAU to be calculated. The absence of patient level data means that NWAU adjustments using factors such as remoteness and indigenous status are not possible</p>	<p>The aggregate data in this collection does not permit matching of services at a patient level. All in scope services provided at aggregate level are determined as eligible for Commonwealth funding</p>

## Appendix C: Timeline for provision of data





## Appendix D: Reconciliation requirements–data elements

The following tables identify the data elements required to be submitted to the Administrator by the Commonwealth and states / territories as part of the reconciliation process.

### **Data elements to be provided by the Commonwealth DoH**

Tables 1 and 2 specify the data elements required from the Commonwealth DoH for MBS and PBS claims data respectively. The purpose of these data is also provided.

### **Data elements to be provided by states and territories**

Tables 3 to 9 specify the data elements required from states and territories for patient services data.

**Submission A** datasets are based on the IHPA collection.

**Submission B** dataset includes the Medicare number for each patient level service included in Submission A.

Detailed file specifications will be available from the Administrator's website at:

[www.publichospitalfunding.gov.au/publications/operational-documents](http://www.publichospitalfunding.gov.au/publications/operational-documents)

Table number	Table name	Provider
1	MBS claims file	DoH
2	PBS claims file	State / Territory
3	Submission A – Admitted Patients	State / Territory
4	Submission A – Emergency Department	State / Territory
5	Submission A – Emergency Services	State / Territory
6	Submission A – Non-admitted Aggregate Level	State / Territory
7	Submission A – Non-admitted Patient Level	State / Territory
8	Submission A – Sub-acute and Non-acute Admitted	State / Territory
9	Submission B	State / Territory

Table 1: MBS claims file

Description	Purpose
Servicing Provider Number	Required to identify if a service is provided by GP or specialist and refine the scope of records/claims required for matching.
Servicing Provider Practice Location	Refine the scope of records/claims required for matching.
Servicing Provider Postcode	Refine the scope of records/claims required for matching.
Servicing Provider State	Refine the scope of records/claims required for matching.
Date of Processing	Required to monitor lag of recording of services when compared to date of service
Patient's Personal Identification Number	Required as the primary key for matching.
Sex of the Patient	The sex of the patient in the MBS record will be compared to the sex of the patient in the activity data as an additional check.
Date of Birth	The date of birth in the MBS record will be compared to the date of birth in the activity data as an additional check.
Patient's Postcode from Enrolment file	The patient's postcode will be compared as an additional check. Mismatch may occur if MBS not updated.
Method of Payment	Refine the scope of records/claims required for matching.
Aggregate Item Number	This is the Medicare item number. It is required for identification of the service and refine the scope of records/claims required for matching.
Date of Service in days since 1/1/1976.	Required for primary match to hospital services.
Amount of benefit paid by the patient	Required to help quantify the value of any matched MBS items.
Referring Requesting Indicator	Refine the scope of records/claims required for matching.
Requesting/Referral Reason	Refine the scope of records/claims required for matching.
Requesting/Referring Provider Number	Refine the scope of records/claims required for matching. This field shows who ordered the item. If zero, then the item is self-referred. All GP services are self-referred.
REQREF Provider Practice Location	Refine the scope of records/claims required for matching.
Request or Referral Date in days since 1/1/1976	Required as an additional match to hospital services.
Hospital Indicator	Refine the scope of records/claims required for matching.

Description	Purpose
Approved Pathology Authority	Identifies the company associated with the pathology (public or private).
Type of Line	Refine the scope of records/claims required for matching.
Service Type	Refine the scope of records/claims required for matching.
Number of Services	Refine the scope of records/claims required for matching.
Medicare Benefits Schedule Category for the Item	Required to categorise the MBS schedule and refine eligible items.
Medicare Benefits Schedule Group for the Item	Required to categorise the MBS schedule and refine eligible items.
Medicare Benefits Schedule Sub Group for the Item	Required to categorise the MBS schedule and refine eligible items.
Enrol State	The enrolment state will be compared as an additional check. Mismatch may occur if MBS not updated.
Referring Provider's postcode	Refine the scope of records/claims required for matching.
Specimen Collection Points(SCP)	Refine the scope of records/claims required for matching.
Location Specific Practice Number. For specific Radiation Oncology and Diagnostic Imaging items	Refine the scope of records/claims required for matching.
Claim-id prefix	Refine the scope of records/claims required for matching.
Approved Collection Centre.	Refine the scope of records/claims required for matching.

Table 2: PBS claims file

Field Name	Description	Purpose
PHCY_ID	Supplying Pharmacy Id. This is the approval number of the pharmacy who claimed for the supply of the PBS item.	Required to identify Hospital or community pharmacy.
ITEM_CODE	Item Code. Each generic item available as a PBS benefit is allocated a code number, which appears in the Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioner published by the Department. (This is the code for the pharmaceutical benefit that was supplied and for which a benefit has been processed.) Also known as: PBS Item Number Supplied Item Number Item Code Drug Code .	Required to identify the drug dispensed.
PYMT_CAT	Payment Category Code. This code specifies the level of entitlement applying for the item being processed at the date of supply of this item. Patients can be charged different amounts for the same PBS item depending upon their current entitlement status. Used to calculate the benefit payable to the claimant. The payment category code and the type of supplier of the item (pharmacy, public hospital etc.) are used to determine the level of patient contribution. Also known in DHS as Entitlement Category Code.	Required to refine scope e.g. doctor's bag is not in scope.
PRESC_ID	Prescriber Id. This is the prescriber number of the provider who wrote the prescription, for which a PBS benefit was paid. The prescriber number is allocated to providers authorised to prescribe medication under the PBS scheme. These prescribers include medical practitioners, authorised dental practitioners and some public hospitals in states where special arrangements exist.	Required to match to MBS provider number list to check if the provider is a GP or not.
PRESC_DATE	Prescription Date. This is the date on which the prescription was written and signed for a PBS item.	Required for primary match to hospital services.
SUPP_DATE	Date of Supply This is the date on which the PBS item was supplied.	Required for an additional match to hospital services.
FORM_TYPE_CODE	This is a code indicating the form used when claiming the pharmaceutical benefit. Each form has a specific code. Alternative Names: Type of PBS Form, Script Type.	Required to refine scope of records.

Field Name	Description	Purpose
BENEFIT_AMT	This is the PBS benefit amount paid by the HIC for the individual item. It is the gross price less the calculated patient contribution at the time of supply.	Required to quantify the value of any matched PBS items.
PAT_ID	Patient Identification Number.	Required as the primary key for matching.
PAT_DOB	Patient Date of Birth.	The date of birth in the PBS record will be compared to the date of birth in the activity data as an additional check.
PAT_SEX	Patient Gender. The gender of the consumer as held in the entitlement tables at the time the PBS claim was archived.	The sex of the patient in the PBS record will be compared to the sex of the patient in the activity data as an additional check.
PAT_POSTCODE	Patient Postcode	Provides a further level of confidence in a match, based on matching postcode on both PBS and service data.
PHCY_STATE	Pharmacy State. Taken from the Claim Header 1A record.	Required to identify if this record is from a state with a pharmacy agreement.
EXTRACT_DATE	Taken from the File Header record. Date the claims details were extracted for payment processing. This is the field more commonly known as Date of Processing. Following the changes in May 2008, it is possible for a file from Medicare Australia to be split into multiple files due to having multiple Status 14 dates in the file. For files created as the result of a split, this field will contain the value from field RSTDH-STATUS-14-DATE from the Claim Header (1A) record, for those claims included in the file.	Required for monitoring the lag in processing claims to ensure no significant numbers of claims are missed from a period due to the lag.
PHCY_POSTCODE	Postcode of location of pharmacy. Taken from Claim Header 1A, CLM-Postcode field.	Required to help identify if this record is from a state with a pharmacy agreement.
DRUG_TYPE	Drug Type. Taken from PBS-DRUG-TYPE-CODE from the PBDS-PBS-DRUG file	Required to refine scope of records.

Field Name	Description	Purpose
HOSP_ID	Hospital Identifier. This is the unique provider number for the public hospital where the consumer, for whom the script was written, is a patient. Used to identify PBS items dispensed in public or private hospitals. Taken from Script/Detail 2A record.	Required to identify whether the drug was prescribed in hospital.
PATCAT_DERIVED	Patient Category Derived	Required to refine the scope of records.
MAJOR_POSTCODE	Provider Major Postcode. Taken from Major Postcode Lookup table in the Medicare Provider Classification sub system.	Required to identify where the doctor undertakes most services. Of additional relevance to matching.
MAJOR_SPECIALTY	Provider Major Specialty. Taken from Provider Major Specialty Lookup table in the Medicare Provider Classification sub system.	Required to identify if provider is a GP or not.
PHCY_APPR_TYPE	The pharmacy approval type of the claim. Taken from the Claim Header 1A record.	Required to identify the pharmacy type that dispensed the drug.
HOSP_ITEM	Hospital Supplied Item The pharmacy approval type of the claim. Taken from the Claim Header 1A record.	Required to assist in identifying the pharmacy that dispensed the drug.
PRESC_TYPE	Prescription Type. Indicates the Prescriber type of the prescription.	Required to identify the type of doctor who wrote the prescription.
STR_AUTH_CODE	Streamlined Authority Code supplied in prescription	Required to identify the condition that the drug is being prescribed for.

Table 3: Submission A – Admitted Patient

Data item	Purpose
State Record Identifier	This will be the primary key for linking the activity data to data in Submission B. It is essential for the data element to be populated and to be unique for this service for this reconciliation period.
Establishment Identifier	Required to aggregate data to LHN level.
Hospital geographical Indicator	Required to assign remoteness area classification if patient postcode is missing or invalid. This field will be checked against hospital reference data.
Sex	The sex of the patient in the MBS/PBS record will be compared to the sex of the patient in the activity data as an additional check.
Date of Birth	Required for paediatric loading. Also the date of birth in the MBS/PBS record will be compared to the date of birth in the activity data as an additional check.
Indigenous status	Required for indigenous loading.
Australian postcode	Required to determine remoteness.
Admitted patient election status	Required to refine the scope of services.
Medicare eligibility status	Required to assist in resolving any matching issues.
Funding source for hospital patient	Required to calculate NWAU and to determine eligibility for funding.
Care type	Required to determine eligibility for funding.
Number of qualified days for newborns	Required to calculate length of stay.
Total psychiatric care days	Required to calculate NWAU
Admission date	Required to calculate length of stay.
Separation date	Required to calculate length of stay.
Total number of leave days	Required to calculate length of stay.
Diagnosis Related Group	Required to calculate NWAU.
Major Diagnostic Category	Required to identify MDC 15 (newborns and other neonates) and MDC 19 & 20 (mental health)
Area of usual residence SA2	Required to determine remoteness.
Contracted hospital care establishment identifier	Required to assist in resolving any matching issues.
Number of days of hospital-in-	Required for data matching.

Data item	Purpose
the-home care	
Inter-hospital contracted patient status	Required for data matching.
Procedure Code Array	Required to calculate NWAU if the identifier signifying radiotherapy treatment/planning is not provided.
Diagnosis Array	Required for data matching.
Length of stay in intensive care unit	Required to calculate ICU loading.

*Table 4: Submission A – Emergency Department*

Data item	Purpose
State Record Identifier	This will be the primary key for linking the activity data to Submission B. It is essential for the data element to be populated and to be unique in the dataset.
Establishment Identifier	Required to allow aggregation of data to LHN level.
Sex	The sex of the patient in the MBS/PBS record will be compared to the sex of the patient in the activity data as an additional check.
Date of Birth	The date of birth in the MBS/PBS record will be compared to the date of birth in the activity data as an additional check.
Indigenous status	Required for indigenous loading.
Area of usual residence SA2	Required to determine cross-border activity.
Australian postcode	Required to determine cross-border activity.
Compensable status	Required to be able to exclude compensables from funding.
Department of Veterans' Affairs patient	Required to be able to exclude DVA from funding.
Date patient presents	Required as an additional date for matching to MBS and PBS.
Episode end status	Required to calculate NWAU if there is no URG.
Type of visit to Emergency Department	Required to calculate NWAU if there is no URG.
Triage category	Required to calculate NWAU if there is no URG.
Triage Date	Required as an additional date for matching to MBS and PBS.



Data item	Purpose
Service commencement date	Required as a primary date for matching to MBS and PBS.
Episode end date	Required as a primary date for matching to MBS and PBS. Aligns with Service Commencement Date.
Physical departure date	Required as an additional date for matching to MBS and PBS.
ED Principal diagnosis	Required for validation against URG.
Urgency related group	Required to calculate NWAU by URG.

Table 5: Submission A – Emergency Services

Data item	Purpose
Establishment Identifier	Required to aggregate data to LHN level.
Episode end status	
1 - Admitted to this hospital	Required to calculate NWAU.
2 - Departed without being admitted or referred to another hospital	Refine the scope of services for funding.
3 - Referred to another hospital for admission	Required to calculate NWAU.
4 - Did not wait	Required to calculate NWAU.
6 - Died in emergency service/urgent care centre	Required to calculate NWAU.
7 - Dead on arrival	Required to calculate NWAU.
9 - Not stated/inadequately described	Refine the scope of services for funding.
Episode end status - Admitted (Type of visit - Not equal to Return visit, planned)	
1 - Resuscitation	Required to calculate NWAU.
2 - Emergency	Required to calculate NWAU.
3 - Urgent	Required to calculate NWAU.
4 - Semi-urgent	Required to calculate NWAU.
5 - Non-urgent	Required to calculate NWAU.
9 - Triage category – not assigned	Refine the scope of services for funding.
Episode end status - Admitted (Type of visit – Return visit, planned)	
1 - Resuscitation	Required to calculate NWAU.
2 – Emergency	Required to calculate NWAU.
3 – Urgent	Required to calculate NWAU.
4 - Semi-urgent	Required to calculate NWAU.
5 - Non-urgent	Required to calculate NWAU.
9 - Triage category – not assigned	Refine the scope of services for funding.
Episode end status - Non-admitted (Type of visit - Not equal to Return visit, planned)	
1 – Resuscitation	Required to calculate NWAU.
2 – Emergency	Required to calculate NWAU.

Data item	Purpose
3 – Urgent	Required to calculate NWAU.
4 - Semi-urgent	Required to calculate NWAU.
5 - Non-urgent	Required to calculate NWAU.
9 - Triage category – not assigned	Refine the scope of services for funding.
Episode end status - Non-admitted (Type of visit – Return visit, planned)	
1 – Resuscitation	Required to calculate NWAU.
2 – Emergency	Required to calculate NWAU.
3 – Urgent	Required to calculate NWAU.
4 - Semi-urgent	Required to calculate NWAU.
5 - Non-urgent	Required to calculate NWAU.
9 - Triage category – not assigned	Refine the scope of services for funding.

*Table 6: Submission A – Non-admitted Aggregate Level*

Data item	Purpose
Establishment Identifier	Required to aggregate data to LHN level.
Outpatient clinic type Tier 2	Required to calculate NWAU by Tier 2 clinic type.
Funding source for hospital patient – MBS Funded Activity	
Total number of individual session service events	See Note 1.
Total number of group session service events	See Note 1.
Funding source for hospital patient – Department of Veterans’ Affairs	
Total number of individual session service events	See Note 1.
Total number of group session service events	See Note 1.
Funding source for hospital patient – Compensables	
Total number of individual session service events	See Note 1.
Total number of group session service events	See Note 1.
Funding source for hospital patient - Other	
Total number of individual session service events	Required to calculate NWAU

Data item	Purpose
Total number of group session service events	Required to calculate NWAU

<sup>1</sup> These data are not required to undertake the NWAU calculation, but to ensure that services in these categories are not included in the 'Funding source for hospital patient – Other' category.

*Table 7: Submission A – Non-admitted Patient Level*

Data item	Purpose
State Record Identifier	This will be the primary key for linking the activity data to data with Submission B. It is essential for the data element to be populated and to be unique in the dataset.
Establishment Identifier	Required to aggregate data to LHN level.
Sex	The sex of the patient in the MBS/PBS record will be compared to the sex of the patient in the activity data as an additional check.
Date of Birth	The date of birth in the MBS/PBS record will be compared to the date of birth in the activity data as an additional check.
Indigenous status	Required to calculate indigenous loading.
Area of usual residence SA2	Required to calculate cross border activity.
Funding source for hospital patient	Required to calculate NWAU and determine eligibility for funding.
Care type	Required to refine the scope of services.
Service delivery setting	Required to refine the scope of services.
Service delivery mode	Required to refine the scope of services.
Service request received	Required to refine the scope of services.
Service request source	Required to refine the scope of services.
Service date	Required for primary match to MBS/PBS record
Outpatient clinic type Tier 2	Required to establish eligibility for funding as per the IHPA NEP Determination.

*Table 8: Submission A – Sub-acute and Non-acute Admitted*

Collected as part of Submission A - Admitted Patient

Data item	Purpose
State Record Identifier	This will be the primary key for linking the activity data to data with Submission B. It is essential for the data element to be populated and to be unique for this service for this reconciliation period.
Establishment Identifier	Required to aggregate data to LHN level.
Hospital geographical Indicator	Required to assign remoteness area classification if patient postcode is missing or invalid. This field will be checked against hospital reference data.
Date of Birth	Required for paediatric loading. Also the date of birth in the MBS/PBS record will be compared to the date of birth in the activity data as an additional check.
Indigenous status	Required for indigenous loading.
Area of usual residence SA2	Required to calculate NWAU.
Funding source for hospital patient	Required to calculate NWAU.
Australian postcode	Required to determine remoteness.
Care type	Care type 1 and 7 are eligible (for care type 7 the Number of qualified days for newborns has to be greater than 0).
Number of qualified days for newborns	Required to calculate length of stay.
Admission date	Required to calculate length of stay.
Separation date	Required to calculate length of stay.
Total number of leave days	Required to calculate length of stay.

Collected as part of Submission A - Sub-acute and Non-acute Admitted

Data item	Purpose
AN-SNAP	Required to calculate NWAU.
Palliative phase of care start date	Required to calculate NWAU.
Palliative phase of care end date	Required to calculate NWAU.
Palliative care linking key	Required in order to link subacute and non-acute data with palliative care data.

Table 9: Submission B

Data item	Purpose
State Record Identifier	Required for matching with Submission A.
Full Medicare Number including sub-numerate as the last digit	Required for matching with services data.
Other Commonwealth program status	To derive eligible services.
Program or exemption type	To derive eligible services.
File Category	Required for matching with services data.
Establishment Identifier	Required for matching with services data.
Pass through data	Spare space for future use.

## Appendix E: Monthly reporting requirements—legislative alignment

The monthly reports are published on the National Health Reform Public Hospital Funding website ([www.publichospitalfunding.gov.au](http://www.publichospitalfunding.gov.au)).

The website also provides general information on national health reform arrangements, funding and payment flows, and the role and responsibilities of the Administrator.

The website and the information it contains enable:

- data and information about public health funding to be available and understandable by the general public
- citizens and organisations to access information on the national health reform funding mechanisms and arrangements.

The tables and statements in each monthly report and their alignment to section 240 of the *National Health Reform Act 2011* are outlined below.

*Table 1: Alignment of monthly report tables and statements to section 240 of the National Health Reform Act 2011*

Table/statement	Table/statement title	Alignment to section 240 of the Act
National table 1	National health reform funding and payments for each state and territory	(1) (a) to (d)
National table 2a	National health reform funding by funding source for each state and territory	(1) (a) and (b)
National table 2b	National health reform funding by funding source for each state and territory YTD	(1) (a) and (b)
National table 3a	National health reform funding by funding type for each state and territory	(1) (a) and (b)
National table 3b	National health reform funding by funding type for each state and territory YTD	(1) (a) and (b)
National table 4	Estimated monthly, year-to-date and annual NWAU by each state and territory	(1) (e)
State reports	Basis for national health reform payments (Commonwealth and state/territory).	(1) (a) to (d)
State table 1a	State Pool account transactions	(1) (a) to (c)
State table 1b	State Pool account transactions YTD	(1) (a) to (c)
State table 2a	State managed fund transactions	(1) (a), (c) and (d)
State table 2b	State managed fund transactions YTD	(1) (a), (c) and (d)
State table 3	National health reform funding and payments by service category	(1) (a) to (d)
State table 4a	National health reform payment contributions by local hospital network	(1) (c) and (d)
State table 4b	National health reform payment contributions by local hospital network YTD	(1) (c) and (d)

Table/statement	Table/statement title	Alignment to section 240 of the Act
State table 5	Estimated monthly, YTD and annual NWAU by LHN	(1) (e)
State table 6	Other public hospital and services and functions	(1) (f)
LHN table 1a	National health reform payments for each LHN	(1) (c) and (d) (Also aligned with LHN Service Agreements)
LHN table 1b	National health reform payments YTD for each LHN	(1) (c) and (d) (Also aligned with LHN Service Agreements)
LHN table 2	Estimated monthly, YTD and annual NWAU for each LHN	(1) (e)



## Appendix F: Other public hospital services

Section 240(1)(f) of the *National Health Reform Act 2011* and clauses B26d, B27d and B65 of the NHRA require the Administrator to report:

*The number of other public hospital services and functions funded from each State Pool Account or State Managed Fund (including a running financial year total).*

Unlike the unit of measurement for the national ABF system (NWAU), there is currently no nationally standardised measurement system for 'other public hospital services'.

States and territories are requested to provide detail on the application of national health reform funding outside the ABF arrangements, based on the locally accepted unit measurement classification and the funding arrangements used in that state or territory.

The table below provides examples of units of measurement that may be used by states and territories to satisfy the requirements of the legislation and NHRA. These are examples only and are by no means an exhaustive list of the units of measurement that may be reported. States and territories should report the unit or units of measurement that are used locally.

*Table 1: Examples of possible types of units of measurement for 'other public hospital services and functions funded'.*

Unit of measurement	Description
Cost weights e.g. Weighted Inlier Equivalent Separation (WIES)	A relative measure of resource use. e.g. WIES is a cost weight (W) that is adjusted for time spent in hospital (IES), and represents a relative measure of resource use for each episode of care in a Diagnostic Related Group (DRG).
Clinical service units or Non-clinical service units e.g. No. of transplants or No. of interpreter services	A measure of the number of service units (may be clinical or non-clinical) that are funded for the LHN. e.g. An LHN may be funded to undertake a number of transplants, elective surgeries or the like. Similarly, an LHN may be funded to provide interpreter services.
Contract related e.g. Signed service agreements	A measure of the number of contracts in place to deliver national health reform services. e.g. The number of signed service agreements with LHNs.
Capacity related e.g. No. of beds	A measure of the funding provided for national health reform services based on the capacity of an LHN or hospital. e.g. An LHN may receive national health reform funding based on the number and/or types of beds.
Input related e.g. Staffing profile	A measure of the funding provided based on inputs. e.g. An LHN may receive national health reform funding based on the staffing profile or similar.