



**Administrator**  
National Health  
Funding Pool

# Three Year Data Plan

## 2015-16 to 2017-18

29 June 2015

## Version control

1.0	29 June 2015	Final

© Commonwealth of Australia 2015

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the *Copyright Act 1968* or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Administrator of the National Health Funding Pool to do so.

Contents

- 1. PREFACE ..... 1
- 2. OVERVIEW..... 2
  - 2.1 Related documents ..... 3
- 3. BACKGROUND ..... 4
  - 3.1 Legislative basis ..... 4
  - 3.2 Role of the Administrator..... 4
  - 3.3 Ensuring transparency and accountability..... 4
  - 3.4 Consultation ..... 6
- 4. SECURITY AND PRIVACY..... 7
  - 4.1 Data Privacy ..... 7
  - 4.2 Data security ..... 7
- 5. COMPLIANCE ..... 8
  - 5.1 Administrator’s compliance ..... 8
  - 5.2 Jurisdictional compliance ..... 9
- 6. DATA REQUIREMENTS..... 10
  - 6.1 Provision of service estimates..... 10
    - 6.1.1 Data processes/timelines ..... 11
    - 6.1.2 Data components ..... 11
    - 6.1.3 Data specifications ..... 12
    - 6.1.4 Data submission..... 13
  - 6.2 Reconciliation requirements..... 13
    - 6.2.1 Data processes/timelines ..... 14
    - 6.2.2 Data sources ..... 14
    - 6.2.3 Data components ..... 14
    - 6.2.4 Data specifications ..... 16
    - 6.2.5 Data submission..... 17
  - 6.3 Monthly reporting requirements..... 18
    - 6.3.1 Data processes/timelines ..... 18
    - 6.3.2 Data sources ..... 19
    - 6.3.3 Data components ..... 20
    - 6.3.4 Data specifications ..... 22
    - 6.3.5 Data submission..... 22

APPENDICES

Appendix A: Data collections utilised by the Administrator, IHPA and NHPA .....23

Appendix B: Timeline for data provision.....27

Appendix C: Reconciliation requirements–data elements.....28

Appendix D: Monthly reporting requirements–legislative alignment.....41

Appendix E: Other public hospital services .....43

## Acronyms and abbreviations

Term	Description
ABF	Activity Based Funding
Administrator	Administrator of the National Health Funding Pool
CFO	Chief Financial Officer
CHC	COAG Health Council
COAG	Council of Australian Governments
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
NMDS	National minimum data sets
NWAU	National Weighted Activity Unit
PBS	Pharmaceutical Benefits Scheme
PIN	Personal Identification Number
Pool	National Health Funding Pool
SPP	Specific Purpose Payment
The Agreement	National Health Reform Agreement
TTR	Teaching, Training and Research

# 1. Preface

This document comprises my third Three Year Data Plan, covering the years 2015-16 to 2017-18, as required under clause B88 of the National Health Reform Agreement (the Agreement).

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 Agreement, in determining my data requirements I have sought to utilise existing data collections where possible. Where this has not been possible, 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 already being provided to other national bodies.

The objectives of the Three Year Data Plan are to:

- communicate my data requirements over the three years, 2015-16 to 2017-18, in accordance with clause B85 of the Agreement
- describe the mechanisms and 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 Agreement.

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*, 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 again this year (on my behalf) collaborated with IHPA and NHPA to allow standardisation of the plans used to communicate the data requirements of each agency.

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).

The Commonwealth government has flagged its intention to create a new health productivity and performance commission by merging several existing bodies including the Administrator and the NHFB. I have prepared this Data Plan on the basis that the data supply requirements specified in it should be regarded as remaining in place irrespective of this merger or its timing.



RJ Sendt  
Administrator  
National Health Funding Pool

## 2. Overview

This data plan sets out the Administrator's rolling Three Year Data Plan, covering the period 2015-16 to 2017-18.

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 Agreement.
<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>	Outlines the common datasets utilised by the Administrator, IHPA and NHPA.
<b>Appendix B</b>	Provides a timeline of required data submissions.
<b>Appendix C</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 D</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 E</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

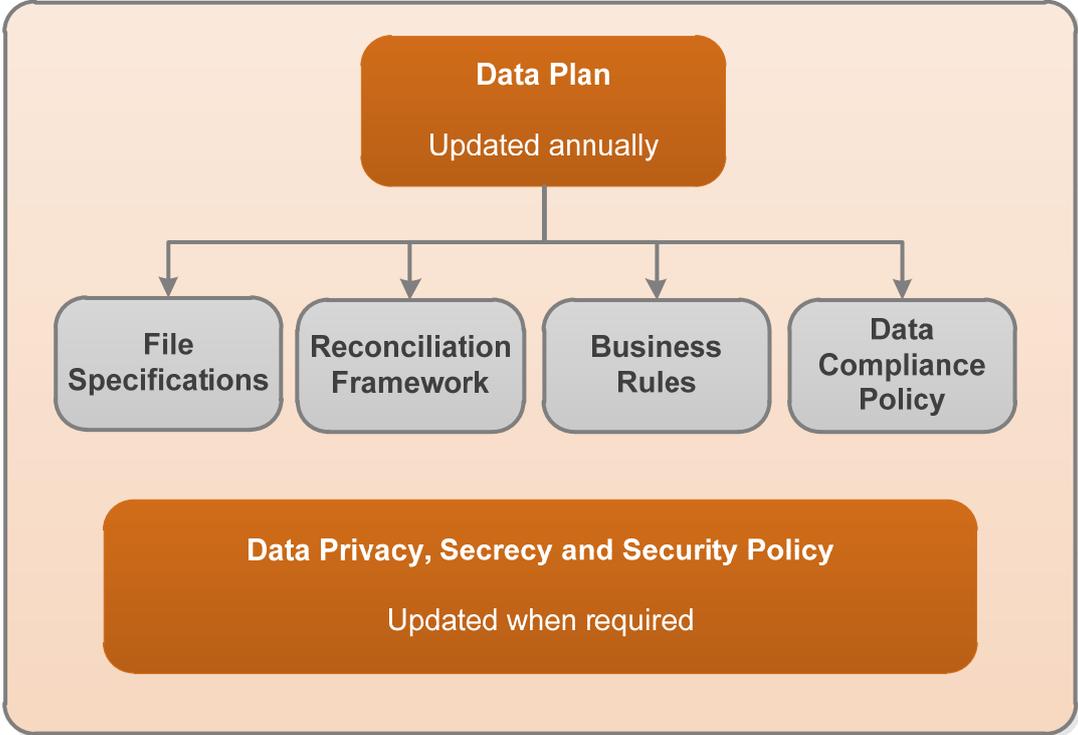


Table 2: Related documents

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 Policy</b>	Outlines the Administrator's policy on jurisdictional data compliance.
<b>Data Privacy, Secrecy and Security Policy</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**

The Agreement put in place 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* 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, the Agreement). 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, the Agreement).

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 the reconciliation of actual activity to estimated activity.

For Commonwealth ABF funding it is essential that reconciliation 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 Agreement 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. Consequently, state and territory patient level activity data is compared to other Commonwealth health datasets. Matches are 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 for each service category.

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

The Administrator reports on Commonwealth and state and territory funding under national health reform arrangements. This reporting contributes to transparency of hospital funding.

### **3.3 Ensuring transparency and accountability**

As part of the Agreement, all parties 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>The Administrator reports 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>The Administrator reports 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>The Administrator reports 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 includes 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 publishes an Annual Report that includes 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 Auditor-General of the respective state or territory.</p> <p>The Administrator's Annual Reports are available from:  <a href="http://www.publichospitalfunding.gov.au/publications/annual-reports">http://www.publichospitalfunding.gov.au/publications/annual-reports</a></p>	Annually

Information and reporting requirement	Frequency
<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> <p>These Service Agreements are to be publicly released by states and territories within fourteen calendar days of finalisation.</p>	At least annually
<p><i>Data Compliance Report</i></p> <p>The Administrator publishes details of jurisdictional data compliance against the requirements set out in 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 from states and territories and relevant Commonwealth 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/Reconciliation Advisory (CFO/RAG) Committee** considers:

- i. material relating to service estimates and monthly reporting
- ii. material relating to hospital service reconciliation and data matching requirements as outlined in the Agreement.

Membership of the CFO Committee includes Chief Financial Officers and/or their representatives from each jurisdiction and representatives from each jurisdiction who have expertise in data and processes related to patient level activity data.

## 4. Security and Privacy

Under the Agreement 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 is treated in accordance with the Australian Privacy Principles specified in the *Privacy Act 1988*, 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. In addition, 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 undertaken 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 utilises 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 Agreement
- 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 Agreement sets out the specific obligations of the national health reform agencies in determining the requirements of their data plans. The table below demonstrates how this plan complies with each requirement.

Table 4 - Agreement clause B86 compliance matrix

Clause	Compliance principles		Compliance mechanisms
B86a	Seek to meet 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 statutory functions	→	<ul style="list-style-type: none"> <li>- Use of existing national data specifications and collections wherever possible using IHPA data validation rules</li> <li>- Collaboration with state and territory representatives 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, clear and aligned with the requirements of the Agreement.
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 is used to maximise the efficiency of data provision and validation and to encourage appropriate data sharing between National Health Reform bodies, where possible, given the privacy and secrecy legislation in place.
B86e	Balance the national benefits of access to the requested data against the impact on jurisdictions providing that data	→	Jurisdictions will continue to be consulted regarding the impact of proposed data collections.
B86f	Consult with the Commonwealth and states and territories when determining its requirements.	→	<p>The Administrator has:</p> <ul style="list-style-type: none"> <li>- established advisory committees that include jurisdictional representation.</li> <li>- conducted jurisdictional workshops and meetings to seek advice with regard to data requirements.</li> </ul>

## **5.2 Jurisdictional compliance**

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

The Administrator's *Data Compliance Policy* sets out the Administrator's policy on jurisdictional data compliance and details the process for public reporting on jurisdictional data compliance.

The Administrator's *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 several types of information to perform the functions set out in the *National Health Reform Act 2011* and the Agreement:

- Service category activity estimates for each State and territory and at an LHN level based on projected Service Agreements with LHNs. These data are required in order 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 level activity data from states and territories. These data are required in order to perform reconciliation based on actual levels of activity (see 6.2 – Reconciliation requirements).
- Commonwealth data relating to MBS and PBS services
- Commonwealth advice of the annual amounts that would have been paid had the former National Healthcare Specific Purpose Payment (SPP) continued.
- Funding, payments and service volumes. These data are required in order 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 uses pre-existing classifications and data specifications, with additional data items included only where they are required to meet his obligations as set out in the *National Health Reform Act 2011* and the Agreement.

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

The Administrator may need to request the supply of additional ad hoc data if external policy decisions (e.g. hospitals moving from block to ABF, changed treatment of very long stay patients) are implemented during the period of this data plan.

### 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.

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, 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 the format of the actual activity that 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.

Activity based funding is calculated by the Administrator on a service category basis (as per clauses A34, A35 and A38). The service categories are as per IHPA's Pricing Frameworks and National Efficient Price Determinations.

This information is necessary to enable the Administrator to forecast the Commonwealth funding contributions to each state and territory by service category as required by clause A36.

Complete and timely provision of the required information is important 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 Agreement requires each state and territory to provide the Administrator with the following data elements for each financial year:

- estimated service volumes for the state or territory by service category by 31 March (clause B73)
- confirmed service volumes for the state or territory by service category for each LHN by 31 May (clause B74).

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

- 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 and adjustment process (clauses B59 to B61).

### Adjustments

States and territories may amend service NWAU estimates. Clause B57 of the Agreement 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 that the adjustment is fully applied by the final monthly payment of the 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 the Administrator with estimated NWAU at the state or territory level and the estimated NWAU for each LHN, by the relevant ABF service category detail for each relevant year.

Each year the Administrator requests ABF service category detail from states and territories on the basis of the categories advised by IHPA.

IHPA has advised that the service categories for ABF in 2015-16 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 Agreement, IHPA will determine which hospital services are eligible for block funding based on interactions with states and territories. The Administrator calculates the Commonwealth funding contribution for block funding using IHPA's NEC determination (clause A30).

IHPA has advised that the service categories for block funding in 2015-16 are:

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

## Service Agreements

Clause B75 of the Agreement requires states and territories to provide to the Administrator a copy of the Service Agreement with each LHN for each 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. 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/ Agreement 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 Agreement.	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 weighted service volumes (by service category)	The estimated 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

Requirement	Source	Data	Purpose	Act section/ Agreement clause
		Confirmed weighted service volumes (by service category by LHN)	The confirmed NWAU will be used to calculate the 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 contribution to each LHN.	s238(1)(a) B74
		Service Agreement	The Agreement 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 of the Agreement).

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 Agreement 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 for Commonwealth payments to 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 aligns to national data development principles when specifying data requirements (clause B86 of the Agreement) and wherever practical will use existing data sets and structures, except where doing so would compromise the performance of the Administrator's statutory functions.

The Administrator supports the concept of 'single provision, multiple use' of information and works collaboratively with IHPA and NHPA to advance the implementation of this principle. Activity data are sourced from IHPA data collections where practical. This 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 Agreement requires states and territories to provide the Administrator with 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 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 Agreement 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 Department of Health 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 Agreement.

The Commonwealth Treasury is required to advise the amounts that would have been paid to states and territories if the former National Healthcare SPP had continued. This is required to enable the calculation of funding guarantees (clauses A67-A79).<sup>1</sup>

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

The data elements required 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. These 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 and 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

---

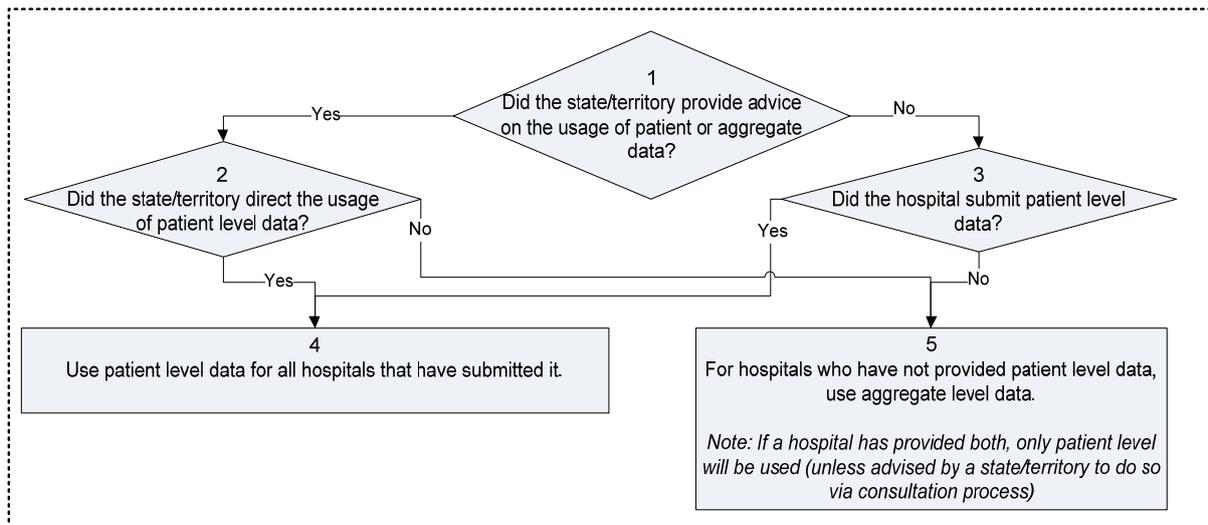
<sup>1</sup> The Commonwealth announced as part of the 2014-15 Budget that it would not make the guarantee payments under the Agreement. However the *National Health Reform Act 2011* (section 238) requires the Administrator to calculate and advise the Treasurer the amounts required to be paid by the Commonwealth under the Agreement. The decision of the Commonwealth not to pay a component of those amounts does not change the Administrator's legislative obligations to calculate and advise all payment components.

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 otherwise.

Where states and territories have not provided patient level data, the aggregate level data 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 MBS & PBS data

The Commonwealth Department of Health must provide MBS and PBS claims data and associated reference data including a provider number list, a prescriber number list, and a pharmacy list.

### Commonwealth SPP information

The Commonwealth Treasury must provide, in relation to each financial year, information to enable the Administrator to undertake the calculation of the Commonwealth payment for each payment component, ie Public Health, Activity Based Funding, Block Funding, and Funding guarantees:

- SPP amount that would otherwise have been paid to each state and territory;
- Public health funding amount for each state and territory; and
- Population estimates (number of persons) by state and territory.

These data are to be provided to the NHFB using agreed safe hands protocols.

### 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. These rules are detailed in the technical specifications which support this plan, available from <http://www.publichospitalfunding.gov.au/publications/data-plans>.

##### 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 apart from 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 DHS, 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.

In utilising information provided by the Commonwealth Treasury, the Administrator recognises the special sensitivity of this information and will ensure appropriate secrecy arrangements are maintained in its handling.

### 6.2.4 Data specifications

*Table 6: Reconciliation data requirements*

Requirement	Source	Data	Purpose	Act section/ Agreement clause
Conduct reconciliation to determine the actual volume for services provided by LHNs for Commonwealth payment purposes.	Cwlth 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)

Requirement	Source	Data	Purpose	Act section/ Agreement clause
		Pharmacy list Pharmacy number Hospital based (Yes/No)		S238(1)(a)
	Cwth Treasury	SPP amount that would otherwise have been paid to each state and territory	To calculate the Commonwealth funding contribution as set out in the Agreement.	A67-A79
		Public health funding amount for each state and territory		
		Population estimates (number of persons) by state		
	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	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.

**Note that Submission B data are not to be supplied directly to the NHFB.**

### 6.2.5.2 Commonwealth data submission

The Commonwealth Department of Health submission of de-identified patient level data for MBS and PBS and any other Commonwealth program is to be provided via the EDW. The Commonwealth Treasury submission of National Healthcare SPP and population parameters are to be provided directly to the Administrator.

## 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. These transactions include the payments made into and from the Pool and State Managed Funds.

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 assist in delivering the transparency objectives of the Agreement, 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 apply for each month:

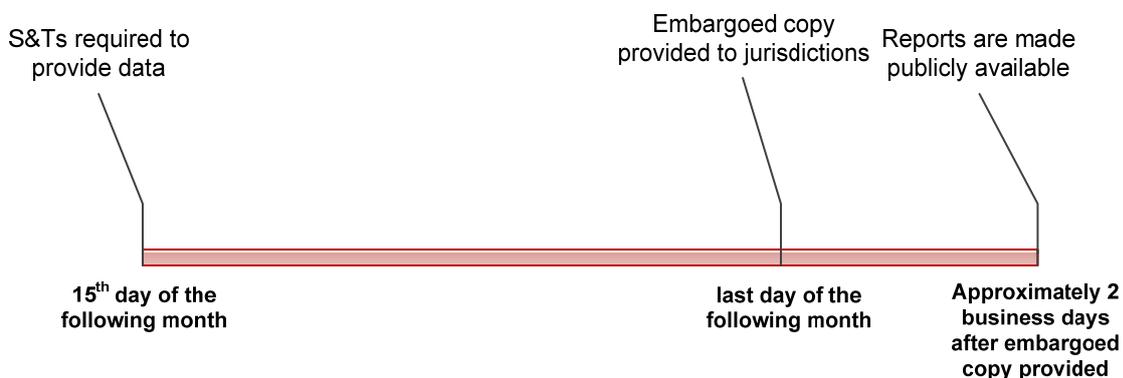
- by the 15th day of the following month - states and territories are required to provide the required information in the requested format.
- by the last day of the following month assuming all states and territories have complied with the above timeline, the Administrator will provide an embargoed copy 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 state and territory responses to 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 set out in clauses B52 and B53 of the Agreement and in section 15(1) of the common provisions of the national health reform jurisdictional legislation. Monthly reporting reflects these arrangements. In addition, clause B56 of the Agreement 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:*

- between Local Hospital Networks*
- between funding streams (for example from ABF to block funding)*
- 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:

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

Information is received from states and territories and held by the Administrator in order 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 Agreement (specifically clauses B26d, B27d and B65), the Administrator is required to collect data elements from states and territories in order 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.

Table 7: Summary of 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 must provide narrative explaining the basis on which they make payments to LHNs. This information is included in the state or territory monthly report.

### Funding and payments

States and territories provide data relating to:

- funding received 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 other non-government third party providers of health services or related supplies. In these cases, states and territories must separately identify the GST component.

### State and territory prices for ABF services

Clause A63 of the Agreement 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).

## 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 Agreement, 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 should 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 the funding arrangements used in each state/territory.

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

### 6.3.4 Data specifications

Table 8: Monthly Reporting requirements

Requirement	Source	Data	Purpose	Act section / Agreement clause
Report publicly and issue monthly reports on national health reform funding transactions required under the <i>National Health Reform Act 2011</i> and the Agreement.	State / Territory	Funding and Payments NWAU Funded Other public hospital services	The data are required from states and territories to enable the Administrator to publicly issue monthly reports on national health reform transactions, including the payments made into and from the Pool and State Managed Funds, volume of public hospital services and basis for contributions.	s238(1)(d) (e)(f) s240 B26d, B27d, 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

Data are to be provided via an email to:

[nhfa.administrator@nhfa.gov.au](mailto:nhfa.administrator@nhfa.gov.au)

## Appendix A: 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 Agreement, particularly in progressing the principle of 'single provision, multiple use'. 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 2015-16, the Public Hospitals Establishments Data Set Specification.

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

Service category	National Agencies				Year of data collection					
	IHPA		NHFP Administrator	NHPA	2015-16		2016-17		2017-18	
	ABF	Block-funded			Data spec	Classification	Data spec	Classification	Data spec	Classification
Admitted acute	✓	✓	✓	✓	APC NMDS 2015-16	ICD-10-AM 9 <sup>th</sup> ed. & AR-DRG v7.0	APC NMDS 2016-17	ICD-10-AM 9 <sup>th</sup> ed. & AR-DRG v8.0	APC NMDS 2017-18	ICD-10-AM 10 <sup>th</sup> ed. & AR-DRG v8.0
Emergency (ED Levels 3B – 6)	✓		✓	✓	NAPEDC NMDS 2015-16	URG v1.4	NAPEDC NMDS 2016-17	URG v1.4	NAPEDC NMDS 2017-18	Australian Emergency Care Classification
Emergency (ED Levels 1 – 3A)	✓	✓	✓	✓	ABF ES DSS 2015-16	UDG v1.3	ABF ES DSS 2016-17	UDG v1.3	ABF ES DSS 2017-18	Australian Emergency Care Classification

Service category	National Agencies				Year of data collection					
	IHPA		NHFP Administrator	NHPA	2015-16		2016-17		2017-18	
	ABF	Block-funded			Data spec	Classification	Data spec	Classification	Data spec	Classification
Non-admitted (Aggregate data)	✓	✓	✓	✓	NAPC Aggregate NMDS 2015- 16  NAPC Aggregate DSS 2015-16	Tier 2 Non- Admitted Services v4.0	NAPC Aggregate NMDS 2016-17	Tier 2 Non- Admitted Services v5.0	N/A	Tier 2 Non- Admitted Services v6.0
Non-admitted (Patient level data)	✓		✓	✓	NAP DSS 2015-16	Tier 2 Non- Admitted Services v4.0	NAP NMDS 2016-17	Tier 2 Non- Admitted Services v5.0	NAP NMDS 2017-18	Tier 2 Non- Admitted Services v6.0
Mental health	✓	✓			ABF MHC DSS 2015-16	N/A	ABF MHC DSS 2016- 17	Australian Mental Health Care Classificati on	ABF MHC DSS 2017-18	Australian Mental Health Care Classificatio n
Admitted subacute & non-acute	✓	✓	✓	✓	Admitted Subacute and Non-Acute Hospital Care DSS 2015-16	AN-SNAP v3.0	APC NMDS 2016-17	AN-SNAP V4.0	APC NMDS 2017-18	AN-SNAP V5.0
Teaching, training & research	✓				HTTRA DSS 2015-16	N/A	HTTRA DSS 2016- 17	N/A	HTTRA DSS 2017-18	N/A

Table 2: Other data collections utilised by IHPA, NHPA and the Administrator

	National Agencies				Year of data collection		
	IHPA		NHFP Administrator	NHPA	2015-16	2016-17	2017-18
Category	ABF	Block-funded			Data collection	Data collection	Data collection
In-scope pharmaceutical program payments	✓		✓		Commonwealth in-scope patient level pharmaceutical program payments data	Commonwealth in-scope patient level pharmaceutical program payments data	Commonwealth in-scope patient level pharmaceutical program payments data

Table 3: Dataset and classification names

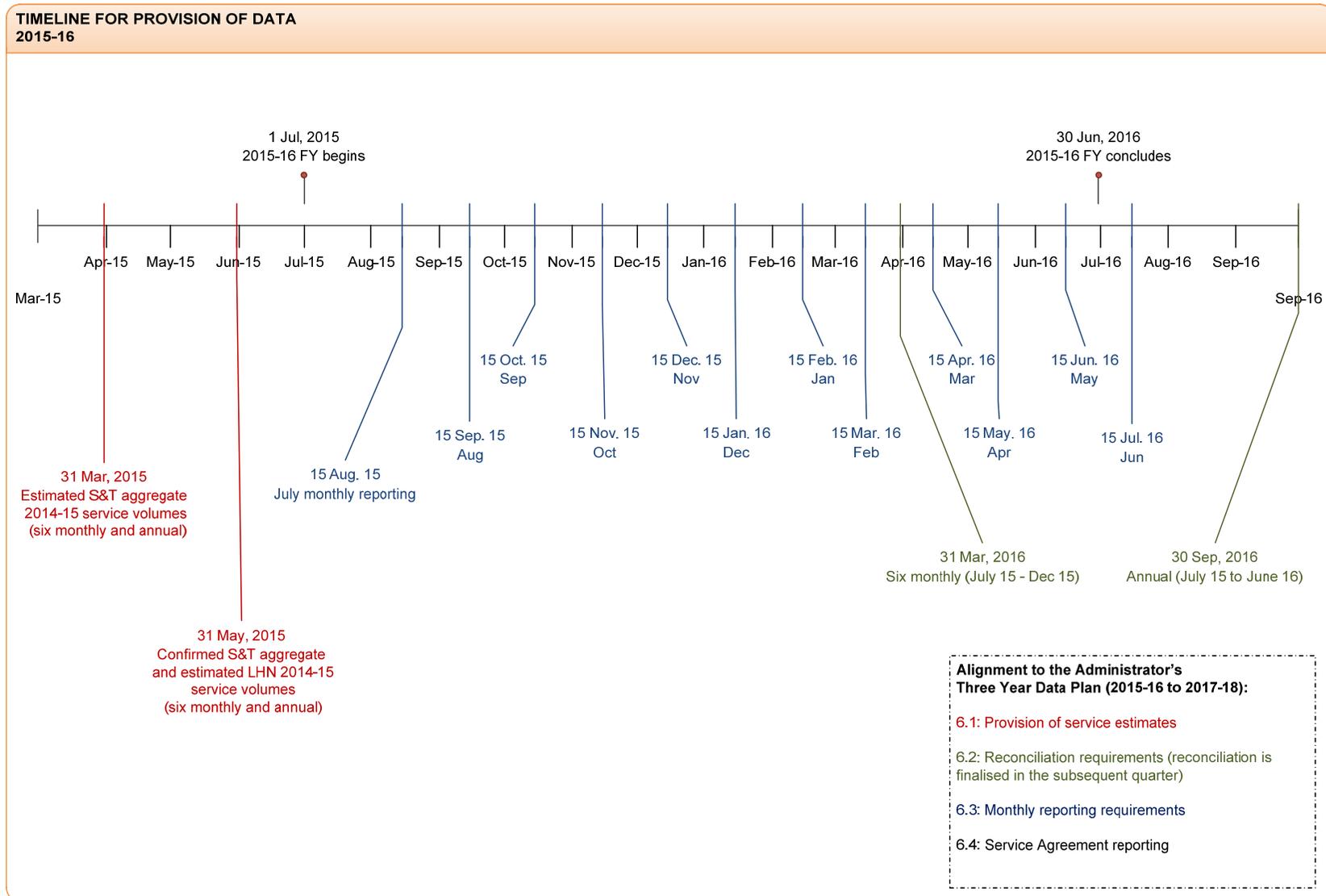
Dataset Acronym	Dataset name
ABF ES DSS	Activity based funding Emergency Services dataset specification
ABF MH DSS	Activity based funding Mental Health dataset specification
AN-SNAP	Australian National Sub-Acute and Non-Acute Patient Classification
APC NMDS	Admitted Patient Care national minimum dataset
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
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 4: Data Collection Usage*

Data collection service category	Calculation of NWAU	Determination of eligibility for Commonwealth ABF funding
<p><b>Patient Level data</b></p> <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>
<p><b>Aggregate Data</b></p> <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 allows only 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 B: Timeline for data provision



## Appendix C: 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	DoH
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.
Approved Pathology Authority	Identifies the company associated with the pathology (public or

Description	Purpose
	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 claim 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-the-home care	Required for data matching.

Data item	Purpose
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.
Service commencement date	Required as a primary date for matching to MBS and PBS.

Data item	Purpose
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.

Data item	Purpose
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.
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.

Data item	Purpose
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
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 D: 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 E: 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.