NHFP Administrator Determination 03: Provision of actual 2012-13 hospital services data for reconciliation with estimated data

Date of issue: 27 February 2013

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1. Purpose

1.1 This Determination sets out requirements for the provision of:

- actual 2012-13 patient level and identified activity data by states and territories, and
- Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and other Commonwealth programs data by the Commonwealth Department of Health and Ageing (DoHA).

1.2 These data will enable the Administrator to calculate Commonwealth contributions based on actual services delivered by Local Hospital Networks (LHNs), as specified in the *National Health Reform Act 2011* (section 238(1)(a)), associated state and territory legislation and the National Health Reform Agreement (the Agreement) (specifically clauses B59 to B64).

1.3 As per clause B71 of the Agreement, in advance of the first rolling three year data plan the Administrator is to determine the minimum level of data required to conduct reconciliation activities. This Determination details the 2012-13 data requirements for reconciliation.

2. Application

2.1 This Determination applies to all states and territories and to the Commonwealth (DoHA).

3. Operative Date

3.1 This Determination is operative from the date of issue and relates to the 2012-13 period only, as per clause B71.

4. Context

4.1 The Agreement states that actual activity data are to be reconciled with estimated data on a six monthly and annual basis (clauses B59 to B61), in arrears and by LHN for each state and territory, for Commonwealth payment purposes.

4.2 The reconciliation is in relation to those public hospital functions funded by the Commonwealth on an activity basis (clauses B63 and B64), i.e. admitted, non-admitted and emergency department.

4.3 This Determination relates to a year within the Transition from the National Healthcare Specific Purpose Payment period where the Commonwealth will provide funding equivalent to the amount that would otherwise have been payable to states and territories (clause A32 for 2012-13).

4.4 As per clause B87, the privacy and security of all actual patient services data received by the Commonwealth, states and territories will be paramount with all necessary standards observed by the Administrator.

5. Data Requirements

5.1 States and territories are required to provide patient identified data regarding 2012-13 actual hospital services delivered for those public hospital functions funded by the Commonwealth on an activity basis. Appendix A details the required data elements and data specifications to be provided by states and territories.

5.2 DoHA is required to provide the following:

- MBS services claims data,
- PBS services claims data, and
- Data (including data specifications) related to any other Commonwealth program which DoHA considers relevant to clause A6 of the Agreement.

Appendix B details the data elements to be provided by DoHA.

5.3 The mechanisms for data submission are outlined in section 6 below.

5.4 Services data are to be provided on the basis of actual activity only, with the Commonwealth, states and territories having primary responsibility for the integrity of the data provided (clause B95).

6. Data Submission

6.1 Overview

6.1.1 States and territories must submit patient identified hospital services data in two separate submissions as detailed below. The two submissions must contain the specified data relating to the same services delivered and are to include and be linked by a common unique identifier (state record identifier).

6.1.2 The DoHA must submit the required data as outlined in section 5.2 above, to the Administrator's Enterprise Data Warehouse (EDW), following all data provision and privacy requirements.

6.1.3 The timeline for data provision by states, territories and DoHA is as below:

- six month period ending 31 December 2012, by 31 March 2013 (clause B60), and
- annual period ending 30 June 2013, by 30 September 2013 (clause B61).

6.1.4 Appendix C contains the timeline for 2012-13 data submission for states and territories (submissions A and B outlined below).

6.2 Submission A

6.2.1 This submission is to be provided to the Administrator and will be stored in a secure workspace in the Administrator's EDW.

6.2.2 For convenience, states and territories may request that the Administrator utilise the services data already being submitted quarterly to the Independent Hospital Pricing Authority (IHPA).

6.2.3 States and territories that do not provide activity data to IHPA or would like to resubmit patient services data should submit relevant activity data through the Administrator's data submission portal. The portal will direct the data to the Administrator's workspace within the EDW. Further communication will be provided to states and territories in regards to this data upload mechanism. Any data provided via this means will be subject to the same data validation rules as data provided to IHPA for consistency purposes.

6.2.4 Activity-based datasets relevant to this submission include admitted, emergency department, and non-admitted patient services, emergency services and non-admitted aggregate services.

6.3 Submission B

6.3.1 This submission is to be provided to the Commonwealth Department of Human Services (DHS).

6.3.2 The submission will include the Medicare number for each patient level service contained within submission A, which DHS will replace with a Medicare PIN. These de-identified Medicare data will be provided by DHS to the Administrator's EDW. For further information relating to de-identification see section 7 below.

6.3.3 This submission is to be provided by states and territories to DHS as a fixed width text file. Details of the data submission mechanism to DHS will be provided in a separate communication to states and territories.

6.3.4 States and territories should seek to align data in submissions A and B. Data from submissions A and B will be linked using the state record identifier. This state record identifier should be unique for the particular file being submitted and also unique across all submissions for a particular hospital service for a particular reconciliation period.

6.3.5 Activity-based datasets relevant to this submission include admitted, emergency department, and non-admitted patient services.

7. Determining in scope services

7.1 Data De-Identification

7.1.1 Submission B will be provided to DHS for the sole purpose of data de-identification (clause B94). The data de-identification process involves replacing the Medicare number with a unique Medicare PIN. DHS has a proprietary database which stores the unique PIN for each Medicare number which it issues. Access to the relationship between a Medicare number and its associated Medicare PIN is highly controlled and secure to ensure the identity of the patient is protected.

7.1.2 Medicare number data provided by states and territories will not be stored by DHS beyond the end of the reconciliation process.

7.1.3 Under the Agreement (clause B63), states and territories are to provide patient identified data for reconciliation purposes. It is recognised that some jurisdictions may have difficulties in recording and providing Medicare numbers that will allow the matching process to occur under clause A6 for 2012-13. However, it is important that Medicare data are provided to the maximum extent possible to allow robust and equitable matching processes to be developed for future use, and equally for state and territory awareness and indication of the data matching outcomes.

7.2 Data Matching

7.2.1 As prescribed in clause A6 of the Agreement, patient identified data on MBS, PBS and other Commonwealth programs will be compared to patient identified data provided by states and territories, based on Medicare PINs (de-identified Medicare numbers). Where there is a match, these services will be reviewed to determine whether they remain in scope for Commonwealth activity based funding.

7.2.2 Clause A7 of the Agreement identifies exceptions to the principle outlined in clause A6. Section 19(2) *Health Insurance Act 1973* exemptions as per clause A7a of the Agreement is identified in Appendix D.

7.2.3 Any service that has been matched will be reviewed by using relevant elements (for example date of birth and gender) contained within both the patient services data (see Appendix A) and MBS, PBS and other Commonwealth programs data (see Appendix B). Identified matches will then be communicated to states and territories for their review.

7.2.4 Only services that remain in-scope following the data matching process will be used as the basis for the National Weighted Activity Unit (NWAU) calculations for National Health Reform activity based funding.

8. NWAU calculation and reconciliation

8.1 De-identified patient records that are considered in-scope will be used to calculate the NWAU using the IHPA NWAU calculation formula as published on the IHPA website[1].

8.2 NWAU will be calculated for all in-scope activity based funded services and aggregated to LHN and jurisdictional level.

8.3 Cross-border NWAU for each jurisdiction will be calculated based on in-scope services and communicated to states and territories accordingly.

8.4 For the six-monthly reconciliation, the calculated actual NWAU for each LHN will be reconciled against the six month NWAU estimate for each LHN. The six month NWAU estimate will be calculated as 50 per cent of the latest annual NWAU estimate provided to the Administrator prior to 31 December 2012. However jurisdictions may nominate a different six month estimate for a LHN for reconciliation purposes, provided it is consistent with the LHN Service Agreement in force at 31 December 2012. Any such six month estimates must be submitted to the Administrator prior to 31 March 2013. For the annual reconciliation, the calculated actual NWAU for each LHN will be reconciled against its annual NWAU as per the latest Service Agreement.

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[1] http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/National-Weighted-Activity-Unit-%28NWAU%29-calculators

9. Adjustments to Commonwealth Contributions

9.1 Clauses B60 and B61 of the Agreement require Commonwealth contributions to LHNs to be adjusted in arrears, based on actual volume of services.

9.2 Due to the fixed funding pool in 2012-13 (clause A32), the quantum of Commonwealth funding will not be adjusted at the aggregate state or territory level as a result of the reconciliation process (except for cross border services at an aggregate state and territory level). However the reconciliation process based on actual activity will determine the adjusted Commonwealth contribution at the LHN level.

9.3 To calculate the value of any LHN level adjustments, the actual NWAU will be compared to the NWAU estimate for the relevant period and any differences will be calculated. Any retrospective variations to Commonwealth contributions as a result of the comparison will be subject to consideration by the Administrator. If adjustments are to be effected, they will be spread equally across monthly payments for a subsequent quarter (clause B62).

9.4 Cross border adjustments to Commonwealth contributions may also be made by the Administrator, based on the difference between:

i. NWAU cross-border estimates (based on the Administrator's 'lower of the two estimates' principle), and

ii. Actual cross border NWAU (based on actual activity).

9.5 Any variations to Commonwealth contributions as a result of the cross border reconciliation process will be spread equally across monthly payments for a subsequent quarter.

9.6 Other adjustments to Commonwealth contributions, as outlined in Determination 02: *"Adjustments to Commonwealth Funding under the National Health Reform Agreement"* and allowed for under the Agreement, may also be applied at the same time as the adjustment for the actual NWAU calculation.

10. Communication with jurisdictions

10.1 Communication will occur with states and territories throughout the reconciliation process, particularly during the submission windows.

10.2 States and territories will be advised of any data queries at submission and reconciliation stages, with a time limited opportunity to address these (see Appendix C).

10.3 States and territories will be provided with the details of the outcomes of the reconciliation and adjustment exercises.

10.4 Under clause B97(f) of the Agreement, jurisdictions will be able to access all de-identified data for the purposes of policy analysis and planning.

11. Appendices

Appendix A: Details of data elements to be provided by states and territories.

Appendix B: Details of data elements to be provided by DoHA.

Appendix C: Timeline for state and territory 2012-13 data submission.

Appendix D: Section 19(2) *Health Insurance Act 1973* exemptions.

Appendix E: Relevant extracts from the *National Health Reform Act 2011* and the National Health Reform Agreement.

Appendix A: Details of data elements to be provided by states and territories

The following information provides a summary of the data elements required from states and territories for patient services data, which includes admitted services, emergency department, and non-admitted patient level. Where patient level data are not available, aggregate data are required (i.e. emergency services and non-admitted aggregate).

The dataset is based on the IHPA collection, with the data elements required by the Administrator specifically identified. There are a small number of additional data elements, also identified.

Dataset Specification documents:

- Attachment 1: Submission A - Admitted Patient ABF
- Attachment 2: Submission A – Emergency Department
- Attachment 3: Submission A – Emergency Services
- Attachment 4: Submission A – Non-admitted Patient Level
- Attachment 5: Submission A – Non-admitted Aggregate Level
- Attachment 6: Submission B – File Specification

Data elements:

- **Item No –** Sequence of item numbers based on the corresponding IHPA dataset, in turn based on the National Minimum Data Set.
- **Data item –** outlines the specific data element required and the relating METeOR (Australian Institute of Health and Welfare's Metadata online registry) identifier.
- **Position** – documents the start and finish column positions of the data item in the file.
- **Type & size –** Outlines the type and size of the required element, which could be 'A' – alphanumeric (combination of alphabetic and numeric characters) or 'N' – numeric.
- **No of elements –** This is only in relation to the admitted services dataset. It outlines, for those data items that repeat, the number of times the data item repeats.
- **Valid values / notes –** Identifies the valid values that can be used in each relevant element.
- **Required (by the Administrator) –** Based on the complete IHPA dataset, items marked 'Yes' are required by the Administrator for reconciliation purposes. These items are shaded green to visually stand out. Items marked 'No' are not required by the Administrator for reconciliation purposes. These items remain as white elements. Items shaded dark green represent new data elements that are required by the Administrator but are not currently included in the IHPA dataset.
- **Purpose –** Outlines the purpose or reasoning for the requirement of the element. Purposes include NWAU calculation, deriving in-scope services, linking patient activity data to MBS/PBS data, and data validation of matched records.
- **Comments –** Identifies further information in relation to each element.

Shading:

These elements align to the ‘required’ data element referred to previously.

- **Green -** Rows shaded green are required by the Administrator for reconciliation purposes.
- **Dark green -** The single row shaded dark green within the Non-admitted patient level dataset is required by the Administrator for reconciliation purposes. This element is new and currently not included in IHPA’s dataset.
- **White** - Rows not shaded will not be used by the Administrator

Appendix B: Details of data elements to be provided by DoHA

The following information provides a summary of the data elements required from DoHA for MBS and PBS claims data.

The data specifications include the full list of MBS and PBS data elements, with the data elements required by the Administrator specifically identified.

Dataset Specification documents:

- Attachment 7: MBS Claims File Requirements
- Attachment 8: PBS Claims File Requirements

Data elements:

- **Sequence number –** Sequence of data items in the order they appear in the file.
- **Description –** outlines a description of the specific data item.
- **Business rules –** Identifies the valid values that can be used in each relevant element.
- **Position –**This element is only within the MBS dataset and outlines the start column position of the data item in the file.
- **Data type –** Outlines the type of the required element, which could be alphanumeric, alphabetic or numeric.
- **Length –** Outlines the length (size) of the required element.
- **Format –** Outlines the format of the required element for example CCYYDDD for a Julian Date.
- **Required by the Administrator –** Items marked 'Yes' are required by the Administrator for reconciliation purposes. These items are also coloured green to visually stand out. Items marked 'No' are not required by the Administrator for reconciliation purposes. These items remain as white elements.
- **Purpose –** Outlines the purpose or reasoning for the requirement of the element. Possible options could be for deriving in-scope services, linking MBS/PBS data to patient activity data, and data validation.
- **Comment -** Identifies further information in relation to each element.

Shading:

These elements align to the 'required' data element referred to above.

- **Green –** Rows shaded green are required by the Administrator for reconciliation purposes.
- **White -** Rows not shaded are not required by the Administrator.

Appendix C: Timeline for state and territory 2012-13 data submission

The following outlines the intent and operation of data submissions relating to the 2012-13 year. Six-monthly reconciliation dates are used as an example in the narrative, with annual submissions having the same intent and operation. Dates for the six-monthly and annual submission windows are outlined in the timetable. The timelines are subject to alteration by the Administrator.

Further specific details on the data submission arrangements and protocols will be provided separately.

<u>**Submission A**</u>

First submission window 11 March to 31 March 2013
A submission from states and territories is mandatory in this window and is intended to contain the bulk of a state or territory's hospital services for the categories being submitted.

Second submission window 2 April to 19 April 2013
This submission is optional. It is intended to contain a second instalment of a state or territory's hospital services for the categories being submitted. Submissions may contain corrected data and also late data where coding had not been completed in time for the first submission. It is encouraged that resubmission occurs to resolve any respective queries.

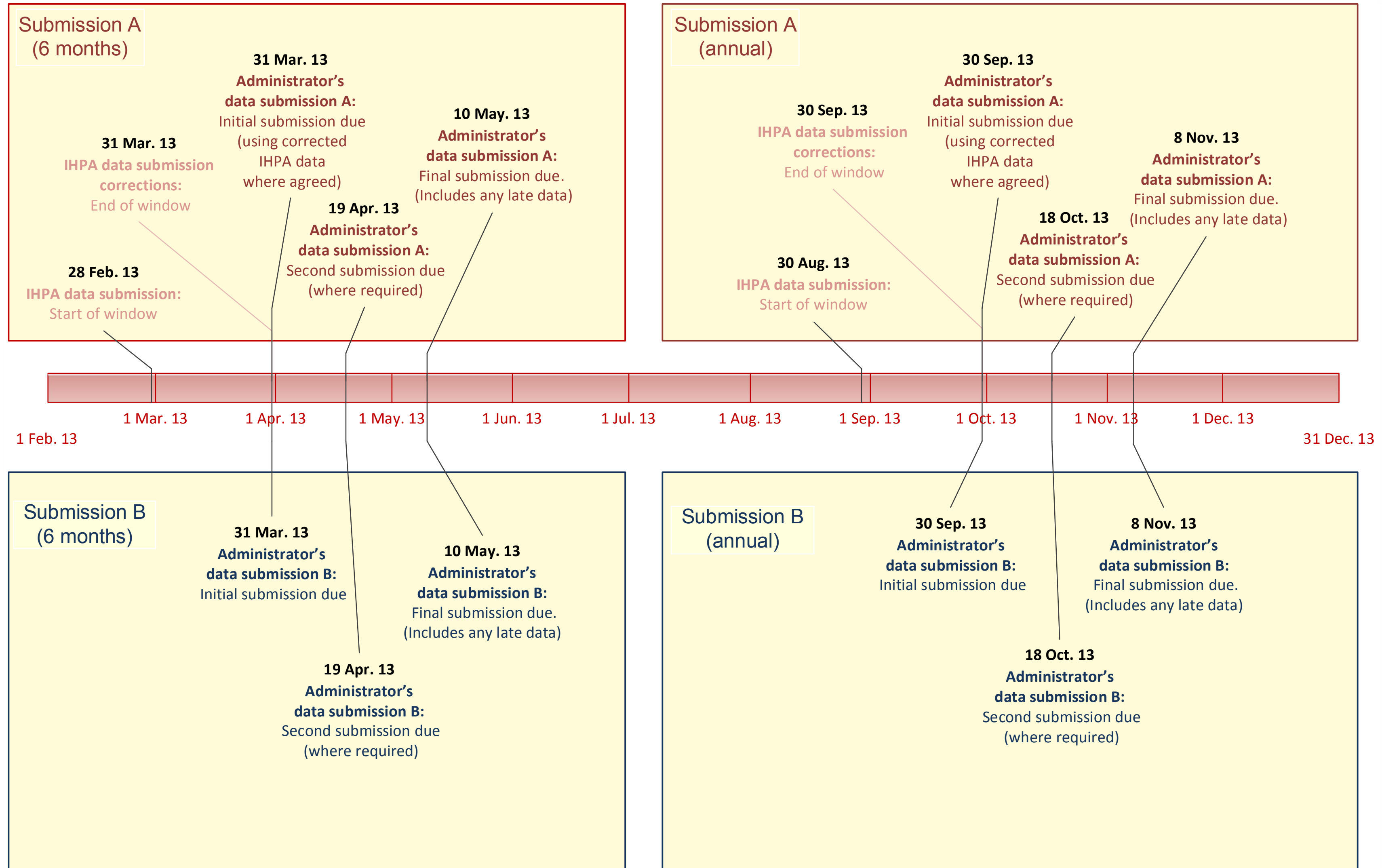
Final submission window 22 April to 10 May 2013
This submission is optional. It is intended to contain the final instalment of a state or territory's hospital services for the current reconciliation period in the categories being submitted. Submissions will contain corrected data and also late data where coding had not been completed in time for earlier submissions. It is encouraged that resubmission occurs to resolve any respective queries. Note that 10 May 2013 represents a 'hard cut-off' for data provision for this reconciliation period with no further data accepted after this date, except in exceptional circumstances at the discretion of the Administrator.

<u>**Submission B**</u>

First submission window 11 March to 31 March 2013
This submission is intended to contain the bulk of a state or territory's Medicare numbers for the categories being submitted. The data will contain the elements as specified in Appendix A.

Second submission window 2 April to 19 April 2013
This submission is optional. It is intended to contain a second instalment of a state or territory's Medicare numbers for the categories being submitted. Submissions may contain corrected data and also late data where coding had not been completed in time for the first submission. It is encouraged that resubmission occurs to resolve any respective queries. The data will contain the elements as specified in Appendix A.

Final submission window 22 April to 10 May 2013
This submission is optional. It is intended to contain the final instalment of a state or territory's Medicare numbers for the categories being submitted. Submissions will contain corrected data and also late data where coding had not been completed in time for earlier submissions. It is encouraged that resubmission occurs to resolve any respective queries. Note that 10 May 2013 represents a 'hard cut-off' for data provision for this reconciliation period with no further data accepted after this date, except in exceptional circumstances at the discretion of the Administrator.


Administrator's Determination 03: Timeline for state and territory 2012-13 data submission
Submission A (6 months)
31 Mar. 13 Administrator's data submission A: Initial submission due (using corrected IHPA data where agreed)
31 Mar. 13 IHPA data submission corrections: End of window
10 May. 13 Administrator's data submission A: Final submission due. (Includes any late data)
19 Apr. 13 Administrator's data submission A: Second submission due (where required)
28 Feb. 13 IHPA data submission: Start of window
Submission A (annual)
30 Sep. 13 Administrator's data submission A: Initial submission due (using corrected IHPA data where agreed)
30 Sep. 13 IHPA data submission corrections: End of window
8 Nov. 13 Administrator's data submission A: Final submission due. (Includes any late data)
18 Oct. 13 Administrator's data submission A: Second submission due (where required)
30 Aug. 13 IHPA data submission: Start of window
1 Feb. 13
1 Mar. 13
1 Apr. 13
1 May. 13
1 Jun. 13
1 Jul. 13
1 Aug. 13
1 Sep. 13
1 Oct. 13
1 Nov. 13
1 Dec. 13
31 Dec. 13
Submission B (6 months)
31 Mar. 13 Administrator's data submission B: Initial submission due
10 May. 13 Administrator's data submission B: Final submission due. (Includes any late data)
19 Apr. 13 Administrator's data submission B: Second submission due (where required)
Submission B (annual)
30 Sep. 13 Administrator's data submission B: Initial submission due
8 Nov. 13 Administrator's data submission B: Final submission due. (Includes any late data)
18 Oct. 13 Administrator's data submission B: Second submission due (where required)
Note: Dates for annual submissions to be confirmed

Appendix D: Section 19(2) *Health Insurance Act 1973* exemptions

Active section 19(2) *Health Insurance Act 1973* directions as of January 2013 are outlined below.

#	Title	Date of signing	End date
1	SA – Parks, Port Adelaide, Women's Health, Second Story Health Services	26 Jun 2009	30 Jun 2013
2	TAS – Clarence, Risdonvale, Flinders Island Health Services	26 Jun 2009	30 Jun 2013
3	QLD – Inala Health General Practice	26 Jun 2009	30 Jun 2013
4	Royal Flying Doctor Service – Rural Women's General Practice Service	1 Mar 2011	30 Jun 2014
5	OATSIH[2] QLD State Government	13 Jun 2011	30 Jun 2014
6	OATSIH NT State Government	13 Jun 2011	30 Jun 2014
7	Aboriginal Community Controlled Health Services	19 Sep 2011	30 Jun 2014
8	Nurse Practitioner – Aged Care Models of Practice Program	1 Sep 2011	30 Jun 2014
9	Diabetes Care Project	19 Dec 2011	30 Jun 2014
10	COAG Better Access to Primary Care WA	16 Feb 2012	30 Jun 2015
11	COAG Better Access to Primary Care NT	8 Mar 2012	30 Jun 2015
12	COAG Better Access to Primary Care NSW	6 Jun 2012	30 Jun 2015
13	COAG Better Access to Primary Care QLD	16 Jul 2012	30 Jun 2015

[2] Office for Aboriginal and Torres Strait Islander Health

Appendix E: Relevant extracts from the *National Health Reform Act 2011* and the National Health Reform Agreement

National Health Reform Act 2011

238 Functions of Administrator

(1) The Administrator is:

(a) to calculate and advise the Treasurer of the Commonwealth of the amounts required to be paid by the Commonwealth into each State Pool Account of the National Health Funding Pool under the National Health Reform Agreement **(including advice on any reconciliation of those amounts based on subsequent actual service delivery)** [emphasis added].

National Health Reform Agreement - 2011

Commonwealth Funding

A6. The Commonwealth will also continue to support private health services through the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS) and Private Health Insurance Rebate. Subject to any exceptions specifically made in this Agreement or through variation to this Agreement, the Commonwealth will not fund patient services through this Agreement if the same service, or any part of the same service, is funded through any of these benefit programs or any other Commonwealth program.

A7. The parties agree that the following Commonwealth benefits constitute exceptions to the principle outlined at clause A6:

a. MBS payments covered by a determination made by the Commonwealth Health Minister, or a delegate of the Minister, under s19(2) of the *Health Insurance Act 1973*;

b. MBS payments relating to services provided to eligible admitted private patients in public hospitals;

c. PBS benefits dispensed under Pharmaceutical Reform Arrangements agreed between the Commonwealth and the relevant State; and

d. the default bed day rate (or equivalent payment) supported through the private health insurance rebate.

Transition from the National Healthcare SPP (2012-13 and 2013-14)

A32. For 2012-13, the Commonwealth will provide funding equivalent to the amount that would otherwise have been payable through the National Healthcare SPP. This amount will be divided into the following funding streams:

c. the residual amount will be divided between the following interim ABF service categories based on State advice:

i. acute admitted public patients;

ii. eligible private patients;

iii. emergency department services; and

iv. eligible non-admitted patient services.

1. The amounts referred to in clause A32(c) will be divided by the total volume of weighted services for the relevant ABF service category specified in the Service

Agreements within each State multiplied by the national efficient price to derive the provisional Commonwealth percentage funding contribution rate for each ABF service category in 2012-13. The final Commonwealth percentage funding contribution rate will be recalculated once actual service volumes are known.

Adjustment to the Commonwealth's contribution to Local Hospital Networks Funding

B59. There will be two levels of adjustments to the Commonwealth's funding contribution to Local Hospital Networks:

a. a six-monthly adjustment, and

b. an annual adjustment.

B60. The six-monthly adjustment will be conducted in arrears and will arise from the reconciliation conducted to determine the actual volume for services provided by the Local Hospital Networks for Commonwealth payment purposes. Any State may request that the Commonwealth conduct this reconciliation more frequently. Having regard to technological and operational improvements, States will consider moving to more frequent reconciliation and adjustment arrangements.

B61. The annual adjustment will be conducted in arrears once actual volumes have been validated by the service volume reconciliations to ensure the Commonwealth meets its agreed contribution to the funding of efficient growth and to effect any payment arising from the funding guarantee, as detailed in clauses A67-A79.

B62. Any variation to Commonwealth payments arising from the adjustments will be spread equally across payments for a subsequent quarter.

B63. States will provide to the Administrator, within at least three months (with a preference to reducing the period over time) of the end of each reconciliation period, gross volume and patient identified data regarding actual services delivered for those public hospital functions funded by the Commonwealth on an activity basis to enable reconciliations to be undertaken in accordance with clause B60. Variations for the service volume reconciliation will include, but not be limited to, the reconciliation of general transcription errors, including the incorrect coding of services provided and duplicate entries, and the exclusion of services paid for by the Commonwealth via other funding streams, the exclusion of services for which data has not been provided, and the exclusion of services with incomplete data.

Notification of the Data Requirements of the Administrator

B71. By January 2012, or as soon as possible thereafter, in advance of the data plans detailed in clause B85, the Administrator will determine the minimum level of data required to calculate the Commonwealth's contribution of the national efficient price, conduct reconciliation activities and ensure national comparability. From 2013-14 onwards, the data plan developed by the Administrator will determine the minimum level of data required.

Data Provision

B86. In determining data requirements, each body must:

a. seek to meet its data requirements through existing national data collections, where practical;

b. 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;

c. allow for a reasonable, clearly defined, timeframe to incorporate standardised data collection methods across all jurisdictions;

d. 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;

e. balance the national benefits of access to the requested data against the impact on jurisdictions providing that data; and

f. consult with the Commonwealth and States when determining its requirements.

B87. Privacy of individual healthcare users is paramount and will be protected at all times. The agencies referred to in clause B97 will collect, secure and use information in accordance with relevant legislation and National Privacy Principles, ethical guidelines and practices in order to protect the privacy of individuals. To give effect to this commitment, the Commonwealth will consult with relevant privacy stakeholders on Commonwealth-related data aspects of this Agreement.

B94. Where patient identified data is required, States will provide that data with patients identified by a Medicare Card Number to the Commonwealth Department of Human Services. The Department of Human Services will then de-identify that data and provide it to the relevant national body. Where patient identified data is required it will be subject to existing Commonwealth statutory protections of individuals' privacy.

B95. The Commonwealth and the States will take responsibility for the data integrity within their systems and agree to establish appropriate independent oversight mechanisms for data integrity, to provide certainty to the Australian public about the actual performance of hospitals and other parts of the health system.

B97. As set out in clause B86(d), data provided to the national bodies may be shared between agencies as set out by the following principles:

a. agencies created by this Agreement will be able to access data to allow them to meet their functions as set out by this Agreement;

b. the Australian Bureau of Statistics will be able to access relevant data required to meet its legislative and contractual reporting requirements;

c. the Australian Institute of Health and Welfare (AIHW) will be able to access relevant data to allow the AIHW to meet its statutory and contractual reporting requirements;

d. the COAG Reform Council will be able to access relevant data required to meet its obligations as agreed through the IGA FFR;

e. the Commonwealth Department of Human Services will be able to access data to perform its role of de-identifying patient level data to allow the NHPA and the Administrator to perform their functions; and

f. the Commonwealth Department of Health and Ageing, the Commonwealth Department of Veterans' Affairs, the Commonwealth Treasury, State health departments and State treasuries will be able to access all de-identified data for the purposes of policy analysis and planning.