



**Administrator**  
National Health  
Funding Pool

**Administrator of the National Health  
Funding Pool: Three Year Data Plan  
2013-14 to 2015-16**

**File Specification  
for Data Submissions**

22 July 2013



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# Acronyms, abbreviations and terms

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

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

# 1. Introduction

This file specification document sets out the technical details of the data to be provided to the Administrator by jurisdictions in accordance with the Administrator's *Three Year Data Plan 2013-14 to 2015-16* (Data Plan).

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

- Calculate and advise the Commonwealth Treasurer of the Commonwealth funding contribution (Chapter 2 - Provision of service estimates).
- Perform detailed reconciliations based on actual levels of activity, including cross border flows (Chapter 3 – Reconciliation requirements).
- Report monthly national health reform funding transactions (Chapter 4 – Monthly reporting requirements).

This file specification document provides the detailed technical requirements of the data outlined in Chapters 2, 3 and 4 of the Data Plan. The file specification document should be read in conjunction with the Data Plan and all other supporting documents of the Data Plan. The document may be updated from time to time as a result of new editions of the Data Plan, or to reflect any changes in data submission methodologies.

The privacy, secrecy and security of all data provided by jurisdictions are particularly important. Systems and processes used for collection, storage and reporting have been designed to ensure security of information. Where data are considered 'personal information' within the meaning of the *Privacy Act 1988*, additional measures have been adopted to ensure that its collection and use are in accordance with the Information Privacy Principles in that Act and with the secrecy and patient confidentiality provisions in the *National Health Reform Act 2011* and other statutory protections.

## 2. Provision of service estimates

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

### 2.1 File Specification

Attachment 1 is the service estimate provision template which outlines and assists in the collation and provision of the required service estimate elements.

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

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

To calculate the Commonwealth cross-border funding flows, states and territories are required to provide estimates of cross-border activity with each other relevant state and territory on a gross NWAU basis (i.e. inflows from and outflows to).

### 2.2 Initial Estimates

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

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

### 2.3 Adjustments to estimates

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

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

As per section 2.5.1 of the Data Plan, during 2013-14 it is requested that adjustments are provided quarterly to minimise the flow-on impact on other states and territories as a result of the fixed funding Pool.

## 3. Reconciliation requirements

As outlined in the Data Plan, the Administrator requires states and territories to submit patient identified hospital activity data. The Administrator has also requested that the Commonwealth submit patient de-identified data for Medicare Benefits Schedule (MBS) claims and Pharmaceutical Benefits Scheme (PBS) claims.

States and territories are requested to submit patient identified hospital services data in two separate submissions – submission A and submission B. The two submissions must contain specified data relating to the same services delivered and are to include and be linked by a common unique identifier (called a ‘state record identifier’). Submission A is to be provided via the Administrator’s portal in the NHR EDW and submission B is to be provided directly to the Commonwealth Department of Human Services (DHS).

The Commonwealth Department of Health and Ageing (DoHA) is required to provide MBS services claims data and PBS services claims data using the Administrator’s portal in the NHR EDW.

### 3.1 File Specification

#### 3.1.1 Submission A (states and territories)

The following six files are provided as part of *Submission A*. These files are specific to the 2013-14 funding year. The files for 2014-15 and 2015-16 will be included in updates to this document, in conjunction with the Data Plan.

#### Admitted Patients

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

For further details, refer to the NMDS for:

- Admitted Patient Care 2013-14 (METeOR ID: 491555),
- Admitted Patient Mental Health Care 2013-14 (METeOR ID: 504646), and
- Admitted Patient Palliative Care 2013-14 (METeOR ID: 504641).

Refer to *Attachment 2 – Submission A – Admitted patients ABF 2013-14* for further detail on the precise format of this data file.

## Emergency Department

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

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

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

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

For further details, refer to the NMDS for non-admitted patient emergency department care 2013-14 (METeOR ID: 509116).

Refer to *Attachment 3 – Submission A – Emergency Department 2013-14* for further detail on the precise format of this data file.

## Emergency Services

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

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

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

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

For further details, refer to the activity based funding emergency service care DSS 2013-2014 (METeOR ID: 497529).

Refer to *Attachment 4 – Submission A – Emergency Services 2013-14* for further detail on the precise format of this data file.

## Non-admitted Aggregate Level

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

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

- Irrespective of location (includes on-campus and off-campus)
- Whose treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds.

Excluded from scope are all services covered by:

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

For further details, refer to the non-admitted patient DSS 2013-14 (METeOR ID: 509071).

Refer to *Attachment 5 – Submission A – Non-admitted Aggregate Level 2013-14* for further detail on the precise format of this data file.

## Non-admitted Patient Level

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

- Irrespective of location (includes on-campus and off-campus)
- Whose treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds

Excluded from scope are all services covered by:

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

For further details, refer to the non-admitted patient DSS 2013-14 (METeOR ID: 509071).

Refer to *Attachment 6 – Submission A – Non-admitted Patient Level 2013-14* for further detail on the precise format of this data file.

## Sub-acute and Non-acute Admitted

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

The scope of this data file is:

- Same day and overnight sub-acute and non-acute care episodes in designated sub-acute and non-acute care units, programs or hospitals
- Admitted public patients provided on a contracted basis by private hospitals in designated sub-acute and non-acute care units, programs or hospitals
- Admitted patients in rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric and maintenance care designated programs treated in hospital-in-the-home.

Excluded from the scope are sub-acute and non-acute episodes in non-designated units, programs or hospitals.

For further details, refer to the activity based funding admitted sub-acute and non-acute hospital care DSS 2013-2014 (METeOR ID: 496358).

Refer to *Attachment 7 – Submission A – Sub-acute and Non-acute ABF 2013-14* for further detail on the precise format of this data file.

### 3.1.2 Submission B (states and territories and DHS)

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

#### Input file from states and territories

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

#### Output file from DHS

To de-identify the Medicare number, DHS will replace all valid Medicare numbers with a Medicare PIN in an output file to be sent through to the Administrator's EDW. If a Medicare number is invalid, the Medicare number will be replaced with a zero. The output file will also have an extra data item in each record providing a reason code for any invalid Medicare numbers. The reason code indicates whether the Medicare number is missing or invalid. All other data in the output file remain unchanged from the original submission file.

#### Response file from DHS

Each state and territory will receive a response file from DHS. The response file will contain the Medicare numbers as each state and territory provided them, and an extra data item in each record that has an invalid Medicare number, providing a reason code as to why it is invalid. All other data in the response file remain unchanged from the original submission file.

Refer to the following attachments for further detail on the precise formats of each data file.

- Attachment 8 – Submission B – File Specification
- Attachment 9 – DHS Output File
- Attachment 10 – DHS Jurisdiction Response File

### **3.1.3 MBS Claims File Submission from DoHA**

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

Refer to *Attachment 11 – MBS Claims File Requirements* for further detail on the precise format of this data file.

### **3.1.4 PBS Claims File Submission from DoHA**

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

Refer to *Attachment 12 – PBS Claims File Requirements* for further detail on the precise format of this data file.

## 4. Monthly reporting requirements

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

### 4.1 File Specification

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

#### Data block

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

The detail for the file to be provided using this arrangement is provided in Attachments 13 and 14.

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

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

Each transaction record will contain values for the following data items as appropriate for the transaction:

Item no	Item name
1	Record number
2	Reporting period
3	State
4	Transaction type
5	Transaction source
Item no	Item name
6	Transaction target
7	Type of funding
8	Local Hospital Network
9	Other State
10	Third party
11	Service category
12	Amount including GST
13	GST
14	Estimated NWAU delivered/funded in current month
15	Other services
16	State Price
17	Basis description

Attachment 13 details the information required to be submitted by states and territories to the Administrator to satisfy monthly reporting requirements, including a description of each data element and the related business rules.

Attachment 14 provides coding lists for:

- State/Territory
- Third Party
- Local Hospital Network

### **Transitional monthly reporting**

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

Note that the existing template has been updated to incorporate changes relevant to the 2013-14 financial year from the version issued with *Determination 01: Provision of Monthly Data by States and Territories as the Basis of Monthly Payments*. The main changes are the inclusion of fields relating to state and territory cross-border transactions, and updated service categories to reflect the *2013-14 IHPA Pricing Framework*. This updated template is provided in Attachment 15.

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

# Attachments

The following files are attached to this document:

## **Provision of service estimates:**

*Attachment 1 – Service Estimate Provision Template*

## **Reconciliation requirements:**

*Attachment 2 – Submission A – Admitted patient ABF 2013-14*

*Attachment 3 – Submission A – Emergency Department 2013-14*

*Attachment 4 – Submission A – Emergency Services 2013-14*

*Attachment 5 – Submission A – Non-admitted Aggregate Level 2013-14*

*Attachment 6 – Submission A – Non-admitted Patient Level 2013-14*

*Attachment 7 – Submission A – Sub-acute and Non-acute Admitted 2013-14*

*Attachment 8 – Submission B – File Specification*

*Attachment 9 – DHS Output File (provided to the Administrator)*

*Attachment 10 – DHS Jurisdiction Response File*

*Attachment 11 – MBS Claims File*

*Attachment 12 – PBS Claims File*

## **Monthly reporting requirements:**

### Data block arrangement:

*Attachment 13 – Monthly Reporting Data Element Descriptions*

*Attachment 14 – Monthly Reporting Code Lists*

### Transitional monthly reporting:

*Attachment 15 – Monthly Reporting Transition Template (updated from the version issued with Determination 01: Provision of Monthly Data by States and Territories as the Basis of Monthly Payments)*