



Administrator
National Health
Funding Pool

Data Compliance Policy

2023-24

FEBRUARY 2023

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Introduction

Data compliance policy background

This document comprises the Administrator's policy on jurisdictional compliance with data provision as required in the *Administrator's Three Year Data Plan 2023-24 to 2025-26* (Data Plan). The objectives of the Data Compliance Policy 2023-24 are to:

- Support the obligations and responsibilities of the Administrator as per the:
 - *National Health Reform Act 2011* (NHR Act)
 - *National Health Reform Agreement* (NHR Agreement)
 - *Addendum to the National Health Reform Agreement 2020-21 to 2024-25* (the Addendum)
- Support the Data Plan by outlining the Administrator's reporting on jurisdictional data compliance
- Ensure timely and accurate provision of data from the Commonwealth and the States and Territories (hereafter, States).

The Data Compliance Policy and associated Data Compliance Report are subject to change and may be updated and reissued by the Administrator at any point. All changes will be communicated with all stakeholders ahead of implementation.

The privacy, confidentiality and security of all data provided by jurisdictions continue to be of prime importance. All data requested are either not identified, or are de-identified. As long as these data remain unidentified, they are not deemed to be 'personal information' within the meaning of the *Privacy Act 1988*. To cover the possibility that data may become identifiable, additional measures have been adopted by the National Health Funding Body (NHFB) to ensure that their collection and use are in accordance with the Australian Privacy Principles and with the secrecy and patient confidentiality provisions in other statutory protections. Systems and processes used for collection, storage and reporting have been designed to ensure security of information in line with the Commonwealth's Protective Security Policy Framework.

Data Cycle

Data Plan

B66

B67

B70

B71

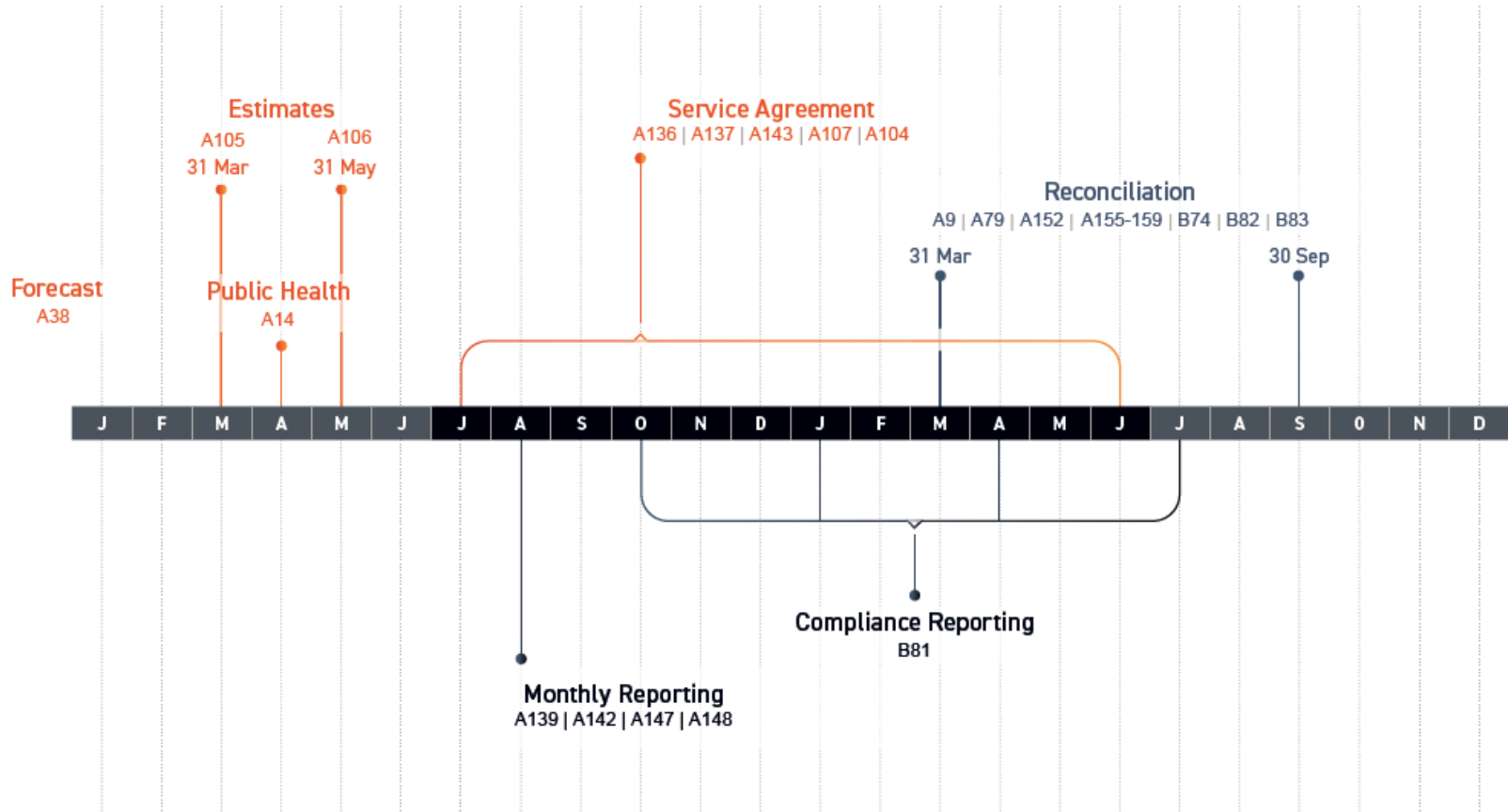
B72

B76

A154

Note

All clauses are from the Addendum to the National Health Reform Agreement 2020-21 to 2024-25 (the Addendum).



Data requirements

The Administrator requires several types of information to perform the functions set out in the NHR Act, NHR Agreement, and the Addendum:

- ABF service category activity annual estimates and Block service category annual estimates (NHR in-scope activity) for each State and at an LHN level in accordance with Service Agreements with LHNs. The data is required in order to calculate and provide a formal forecast of the Commonwealth funding contribution to the Commonwealth Treasurer, and as an input to monthly and annual reports.
- ABF service category activity annual estimates and Block service category annual estimates for out-of-scope activity funded by States through the Pool and/or State Managed Fund. This data is to be provided for each State and at an LHN level in accordance with Service Agreements with LHNs. This data is required as an input to monthly and annual reports, in accordance with the reporting obligations of the Administrator under the National Health Reform Act 2011 s240 (1)(f).
- Signed Service Agreements with LHNs, including for virtual notional and contracted services, are required to be provided to the Administrator via email nhfa.administrator@nhra.gov.au. Updated estimate submissions must be accompanied by updated signed Service Agreements for each LHN (including virtual, notional and contracted services).
- Disaggregated unit level activity data from States. This data is required in order to perform reconciliation based on actual levels of activity and is required on a quarterly basis. Activity data provided biannually and annually is to be accompanied by a Statement of Assurance from a senior health department official on the completeness and accuracy of approved data submissions provided under clauses A66, B76, B77 and B82 of the Addendum.
- Private patient revenue data. The Addendum includes clauses which have the intent to neutralise revenue at the hospital level for public and private patients. To implement these clauses IHACPA is developing a methodology which utilises Hospital Casemix Protocol (HCP) data and Private Hospital Data Bureau (PHDB) data. Additional data on the actual State payments to each LHN for public and private patients will also be required. Until such time as the quality and timeliness of the HCP collection is improved, States will be required to submit private patient revenue actuals.
- Commonwealth data relating to MBS and PBS services accompanied by a Statement of Assurance biannually and annually from the Department of Health and Aged Care's Chief Data Steward on the completeness and accuracy of the data.
- Funding, payments and service volumes. This data is required to enable monthly reporting of relevant NHR funding transactions. Further information on the purpose of data collection, data elements, submission and timing is outlined below.

Table 1 Jurisdictional data provision and reporting requirements

Requirement	Clause^	Description
Estimated in-scope weighted service volumes by State and service category	A105	This is required in order to calculate and provide a formal forecast of the Commonwealth funding contribution to the Commonwealth Treasurer and is required by 31 March in the preceding financial year.
Estimated weighted in-scope service volumes by LHN and service category	A106	This is required in order to calculate and provide a formal forecast of the Commonwealth funding contribution to the Commonwealth Treasurer and is required by 31 May in the preceding financial year.
Public Health amounts	A14	This is required to maintain the Commonwealth’s commitment to public health growing by the former National Healthcare Special Purpose Payment (SPP) growth factor.
LHN Service Agreements	A107	States will provide signed Service Agreements for each LHN to the Administrator once agreed and will include at a minimum:
	E7	<ul style="list-style-type: none"> ▪ the number of in-scope services at the service category level to be provided by the LHN (E7a) ▪ the mix of services at the service category level to be provided by the LHN (E7a) ▪ the level of funding on in-scope services to be provided to the LHN through ABF, reported on the basis of the national efficient price (E7c); and ▪ the level of funding to be provided to the LHN through block funding (E7c).
	A90	States will determine the amount they pay for public hospital services and functions and the mix of those services and functions, and will meet the balance of the cost of delivering public hospital services and functions over and above the Commonwealth contribution.
	A92	State funding paid on an activity basis to Local Hospital Networks will be based for each service category on: <ul style="list-style-type: none"> ▪ the price set by that State (which will be reported in Service Agreements); and ▪ the volume of weighted services as set out in Service Agreements.
	A136	States and LHNs can amend Service Agreements in order to adjust service volumes or pricing during the year and will notify the Administrator within 28 calendar days of variations to Service Agreements.
	A137 A143	States can cause Commonwealth payments to be modified by changing relevant Service Agreements and notifying the Administrator in accordance with clause A137 (within 28 days). To assist States in improving their performance in meeting the Service Agreement reporting requirements of the Addendum, a suggested template for inclusion in 2023-24 Service Agreements is provided at <i>Attachment A</i> .

Requirement	Clause^	Description
Estimated out-of-scope weighted service volumes funded through the Pool or State Managed Fund	A92 A95 A147	States are required to submit ABF service category activity annual estimates and Block service category annual estimates for out-of-scope activity funded through the Pool and/or State Managed Fund. The data is required as an input to monthly (and annual reports), in accordance with the reporting obligations of the Administrator under the National Health Reform Agreement (s241f).
Quarterly activity data submission	B72 B81	Submission of activity data on a quarterly basis is required to assist with streamlining and completing the Six-month and Annual Reconciliations in a timely manner. States must submit a list of hospitals including information about ABF funding status, <i>Health Insurance Act 1973</i> 19(2) exemption status, pharmaceutical reform agreement status, and Highly Specialised Therapies (HST) claiming status. This list is required annually with the Q1 submission.
Submission A	A66 A79	Gross volume and patient identified hospital activity data regarding actual services delivered, to be provided within at least 3 months of the end of each reconciliation period.
Publication of data submission and re-submission dates	A152 B81	The Administrator is required to provide a data compliance report detailing the dates on which jurisdictions provided data under A79, A105 and A106; dates on which resubmissions were made and dates on which reconciliation was completed.
Statement of Assurance	B82 B83	States will provide the IHACPA with a Statement of Assurance from a senior health department official on the completeness and accuracy of all approved data submissions and resubmissions. A Statement of Assurance is not required for the first quarter and third quarter period submission of activity data. The Statement of Assurance should include commentary on: <ul style="list-style-type: none"> ▪ Steps taken to promote completeness and accuracy of activity data (e.g. audit tools or programs, third-party reviews, stakeholder engagement strategies) ▪ Efforts applied to ensure the classification of activity was in accordance with the current year's standards, data plans and determinations ▪ Variations in activity volumes and movements between ABF and Block funding ▪ Explanations on any significant changes in activity and NWAU from the prior financial year (as part of annual data submission) The Commonwealth will provide the Administrator with a Statement of Assurance on the completeness and accuracy of data submissions relevant to the MBS and PBS (A9, A8).

Requirement	Clause^	Description
Submission B	B74	Patient's Medicare number for each service in Submission A (replaced with a Medicare PIN by the Services Australia). This submission also includes a state record identifier to enable linking to Submission A.
Sentinel Events	A166	States will provide the IHACPA with a separate file with the details of any episode that includes a sentinel event. This submission also includes a state record identifier and establishment identifier to enable linking to Submission A (A66).
Hospital Acquired Complication (HAC)	A167-168	The Parties will continue to develop, in consultation with the ACSQHC, IHACPA and the Administrator, a comprehensive pricing and funding model, and confirm the suitability of the complications on the HAC List in a pricing and funding model by using specified criteria.
Avoidable Hospital Readmissions	A171	The Parties agree that the IHACPA will consult with and have regard to the advice of the ACSQHC and Parties on the pricing model for Avoidable Hospital Readmissions.
Private Patient Revenue data	B72, B73	The Addendum includes clauses which have the intent to create financial neutrality as between private and public patients in public hospitals. To implement these clauses IHACPA is developing a methodology which utilises Hospital Casemix Protocol (HCP) data. Until such time as the quality and timeliness of the HCP collection is improved, States will be required to submit private patient revenue actuals, subject to finalisation and agreement on the methodology to be employed.
Highly Specialised Therapies (HST) cost data	B72, B73, C11	The Addendum includes clauses relating to funding for Highly Specialised Therapies. To enable the Administrator to undertake reconciliation of Commonwealth funding relating to HSTs, States are required to submit data on HST costs following the completion of the relevant financial year.
MBS and PBS data	A9	Patient de-identified data for MBS claims, Pharmaceutical Benefits Scheme (PBS) claims and any other Commonwealth program. This can be linked to hospital activity data provided by States using the Medicare PIN.

Requirement	Clause^	Description
Monthly report data	A147	The Administrator will publish a monthly report detailing at the LHN level the: <ul style="list-style-type: none"> ▪ basis for the amount of Commonwealth funding into the Pool accounts; ▪ basis for the amount of State and Territory funding into the Pool and the State Managed Fund (SMF); and
	A148	<ul style="list-style-type: none"> ▪ number of public hospital services funded and provided as a running yearly total as per the national system of ABF. ▪ States will provide data to the Administrator on the provision of public hospital services by LHNs and ensure the flow of Commonwealth and State funds into and out of SMFs is accurately recorded in the Payments System.
Data Conditional Payment	A156-159	The Administrator is responsible for applying the Data Conditional Payment, a temporary adjustment to Commonwealth NHR funding (deferral of funding) resulting from late submission of the required data for Annual Reconciliation (clauses A156 to A159). If an amount is deferred, the Administrator will advise the affected jurisdiction.

^Note: All clauses are from the Addendum to the *National Health Reform Agreement 2020-21 to 2024-25* (the Addendum).

Assessment of compliance

Jurisdictions are assessed as having complied with the Administrator’s data requirements if they have provided the data:

- As specified in the Data Plan and File Specification for Data Submission; and
- Within the timeframes set out in the NHR Act, NHR Agreement, the Addendum and Data Plan.

Table 2 Data compliance and measurement

Requirement	Measurement	Due Date	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
Service Agreements and Data Provision						
LHN Service Agreements 2023-24 provided to the Administrator	Number of agreements submitted	Once agreed	✓	✓	✓	✓
LHN Service Agreements include number of services at the service category level to be provided by the LHN	Meets minimum requirements Yes or No	Once agreed	✓	✓	✓	✓
LHN Service Agreements include mix of in-scope services at the service category level to be provided by the LHN	Meets minimum requirements Yes or No	Once agreed	✓	✓	✓	✓
LHN Service Agreements include mix of out-of-scope services at the service category level to be provided by the LHN	Meets minimum requirements Yes or No	Once agreed	✓	✓	✓	✓
LHN Service Agreements include the level of ABF to be provided to the LHN reported on the basis of the national efficient price	Meets minimum requirements Yes or No	Once agreed	✓	✓	✓	✓
LHN Service Agreements include the price set by the State (i.e. State Price) for each service category	Meets minimum requirements Yes or No	Once agreed	✓	✓	✓	✓
LHN Service Agreements include the level of Block Funding to be provided to the LHN	Meets minimum requirements Yes or No	Once agreed	✓	✓	✓	✓

Requirement	Measurement	Due Date	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
Update to estimated LHN NWAU 2023-24	Date Submitted or No Update	Not applicable	✓	✓	✓	✓
LHN Service Agreements and estimated LHN NWAU 2023-24 aligned	Number of agreements aligned	Not applicable	✓	✓	✓	✓
Out-of-scope services funded through the Pool or State Managed Fund	Submitted Not Submitted	Not applicable	✓	✓	✓	✓
Estimated State and Territory NWAU by service category 2024-25	Submitted (if so, when) or Not Submitted	31 Mar 24			✓	
Estimated LHN NWAU by service category 2024-25	Submitted (if so, when) or Not Submitted	31 May 24				✓
Public Health amounts	Submitted Not Submitted	Not applicable	✓	✓	✓	✓
Reconciliation Requirements						
Submission A	Submitted (if so, when) or <u>Not Submitted</u>	31 Dec 23 (First-quarter)		✓		
		31 Mar 24 (Six-month)			✓	
		30 Jun 24 (Third-quarter)				✓
		30 Sep 24 (Annual)	✓			

Requirement	Measurement	Due Date	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
Submission B	Submitted (if so, when) or <u>Not Submitted</u>	31 Mar 24 (Six-month)			✓	
		30 Sep 24 (Annual)	✓			
Private Patient Revenue data	Submitted (if so, when) or <u>Not Submitted</u>	31 Mar 24 (Six-month)			✓	
		30 Sep 24 (Annual)	✓			
HST cost data	Submitted (if so, when) or <u>Not Submitted</u>	30 Sep 24 (Annual)	✓			
MBS and PBS data	Submitted (if so, when) or Not Submitted	31 Mar 24 (Six-month)			✓	
		30 Sep 24 (Annual)	✓			
Statement of Assurance	Submitted (if so, when) or Not Submitted	31 Mar 24 (Six-month)			✓	
		30 Sep 24 (Annual)	✓			
Data Conditional Payment	Not applied or Applied (if so, when)	Date applied	✓	✓	✓	✓
Sentinel Events	Submitted (if so, when) or Not Submitted	31 Mar 24 (Six-month)			✓	
		30 Sep 24 (Annual)	✓			

Requirement	Measurement	Due Date	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
Monthly Reports						
Monthly Report Data	Submitted (if so, when)	15th of the next month	✓	✓	✓	✓

Virtual, notional and contracted services

Local Hospital Networks

Background

The Addendum permits States and Territories to enter into agreements or contracts with private or not-for-profit providers for the provision of public hospital services (clauses A180 to A185) and for these services to be eligible for a Commonwealth funding contribution.

Service Agreements

For any notional, virtual or contracted services, the State will provide information on forecast and actual contracted activity to the Administrator, and this will include the same type, level and specificity of data on the contracted activity as required of other LHNs under the Addendum (A183) but does not require any of the governance information that appears in the Service Agreement of other LHNs.

The service estimates will be used to calculate the Commonwealth contribution to ABF for the virtual, notional or contacted services LHN in the same manner as other LHNs.

This information may take the form of a copy of the contract between the State or Territory and the service provider forming the virtual, notional or contracted services LHN, or appropriate extracts thereof. The contract should include required service levels and other relevant information for service providers. If these contracts are varied or amended during the course of the year (clauses A136, A137 and A143), a copy of the amended contract (or relevant extracts thereof) must be provided to the Administrator for payment purposes.

Data compliance report timing

If a jurisdiction has not submitted the required data (*Table 2: Data compliance and measurement*), the Administrator, through the National Health Funding Body (NHFB), will engage with the jurisdiction to support compliance with the Data Plan and Data Compliance Policy.

If a jurisdiction has not submitted the required data and the matter has not been resolved through bilateral discussions, the Administrator will issue a compliance warning to the relevant jurisdiction. The compliance warning will advise that if the required data is not received, the jurisdiction will be recorded as non-compliant in the Data Compliance Report.

Jurisdictions will be provided with an embargoed Data Compliance Report for review prior to the report being published on www.publichospitalfunding.gov.au. Jurisdictions will have four business days to review and provide comment prior to publication. Any changes requested by jurisdictions are subject to further consideration by the Administrator and may not be incorporated into the published report.

Table 3 Data Compliance reporting timeline

Timeline	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
NHFB reviews data submissions	15 - 20 Oct	15 - 20 Jan	15 - 20 Apr	15 - 20 Jun
NHFB engages with jurisdictions				
Embargoed Report sent to jurisdictions~	1 Nov	1 Feb	1 May	1 Aug
Report Published – five business days following Embargoed Report	5 Nov	5 Feb	5 May	5 Aug

~Note: Next business day if this date falls on a weekend or public holiday.

Attachment A: National Health Reform Funding table

To assist States and Territories in improving their performance in meeting the Service Agreement reporting requirements of the Addendum, a suggested NHR funding table template for inclusion to all 2023-24 Service Agreements (including virtual, notional and contracted services LHNs) is provided below.

National Health Reform Funding table (template)

Funding Type	No. of In-scope services (NWAU)	No. of Out-of-scope services (NWAU)	ABF NEP (\$)	State Price (\$)	Cwlth Funding for In-scope services (\$)
ABF Allocation					
Emergency Department	xxx	xxx	xxx	xxx	xxx
Acute Admitted	xxx	xxx	xxx	xxx	xxx
Admitted Mental Health	xxx	xxx	xxx	xxx	xxx
Sub-Acute	xxx	xxx	xxx	xxx	xxx
Non-Admitted	xxx	xxx	xxx	xxx	xxx
Total ABF Allocation	XXX	XXX			XXX
Block Allocation					
Teaching, Training and Research					xxx
Small Rural Public Hospitals					xxx
Non-Admitted Mental Health					xxx
Non-Admitted CAMHS					xxx
Non-Admitted Home Ventilation					xxx
Other Non-Admitted Services					xxx
Highly Specialised Therapies					xxx
Total Block Allocation					xxx
Grand Total Funding Allocation					xxx