



Administrator
National Health
Funding Pool

Public hospital funding

Annual Report 2024-25 – Maintenance of Effort

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1 Overview

The Administrator's Annual Report on Maintenance of Effort

Parties to the *Addendum to the National Health Reform Agreement 2020-2025* (the Addendum) agreed, at a minimum, to maintain levels of funding for public hospital services through the National Health Funding Pool (the Pool) for 2020-21 to 2024-25 at not less than the level of funding for 2018-19, while having regard to new, appropriate models of care that may change the setting in which care is delivered (A102), hereafter referred to as Maintenance of Effort.

The assessment of Maintenance of Effort applies to both the Commonwealth and States and Territories (hereafter referred to as States). The assessment focuses on in-scope public hospital services under the National Health Reform Agreement (NHR Agreement). Out-of-scope activity is defined as non-hospital services or those public hospital services with a funding source other than the NHR Agreement.

This work has identified some inconsistencies in the level of in-scope and out-of-scope funding transacted through the Pool as well as funding and activity information published in Local Hospital Network (LHN) Service Agreements.

In accordance with the Administrator's Three-Year Data Plan and Data Compliance Policy, from 1 July 2022, States are required to identify both in-scope and out-of-scope activity in their LHN Service Agreements. In addition, a new fund account has been established (from 1 July 2022) in the Payments System to identify all payments for out-of-scope activity.

Given certain data limitations, the assessment of Maintenance of Effort in this report has been based on in-scope Activity Based Funding (ABF) only. Further work will be undertaken to incorporate in-scope Block funding into future iterations of this report.

To provide a meaningful Annual Report on Maintenance of Effort, the Administrator will continue to work with all Parties to the Addendum towards achieving consistency and transparency in the reporting of public hospital funding (A103).

2 Outcome

The Administrator's Annual Report 2024-25 on Maintenance of Effort has been assessed using the following two approaches:

1. **'Funding Contribution'** – based on ABF payments made through the Pool, assess funding contributions in 2024-25 compared to 2018-19.
2. **'Funding Entitlement'** – based on the National Efficient Price (NEP) and reconciled in-scope public hospital services delivered, the State funding entitlement is calculated as total funding (i.e. total in-scope activity multiplied by the NEP) less the Commonwealth funding entitlement.

A more detailed explanation of these two approaches is set out in Section 6. The second approach was derived owing to historical inconsistencies across States in relation to ABF payments made through the Pool.

On balance, when comparing 2024-25 funding levels to the 2018-19 baseline:

- The Commonwealth maintained its level of funding in total and in respect to payments to all States
- All States have maintained their levels of funding on the basis of the information and advice provided.

A summary of the results by each State is provided in [Attachment A](#).

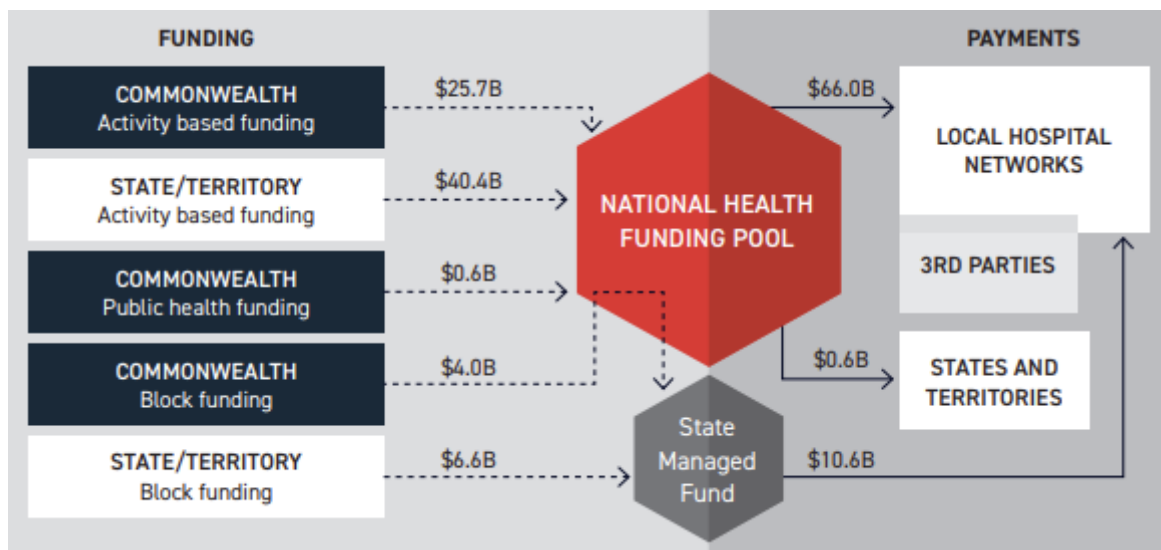
3 The National Health Funding Pool

The Pool was established to receive all Commonwealth (ABF and Block) and State (ABF only) public hospital funding.

The Pool comprises of a Reserve Bank of Australia (RBA) account for each State, with each State also having established a State Managed Fund (SMF) to manage Block funding.

The Pool and SMF provide a line-of-sight mechanism to trace each jurisdiction’s funding contribution to LHNs and third parties. The balance is paid to States (including public health, cross border, interest and over deposits). **Figure 1** highlights the source, types and amount of funding and payments that flowed through the Pool and SMFs in 2024-25.

FIGURE 1: 2024-25 Public hospital funding and payment flows



NHR Agreement funding occurs when the Commonwealth or State pay into a State Pool account or SMF for in-scope activities. NHR Agreement payments occur when the funding is paid out of the State Pool account by the Administrator or is paid out of the SMF by the State.

All in-scope ABF is required to be transacted through the Pool (on a cash basis), to fund public hospital services in accordance with LHN Service Agreements and is reported at www.publichospitalfunding.gov.au.

In addition, out-of-scope funding can be transacted through the Pool but needs to be separately identifiable. As highlighted in the overview, a new fund account was established from 1 July 2022 to enable States to separately identify out-of-scope funding transacted through the Pool.

3.1 Activity Based Funding transacted through the Pool

In this context it should be noted that State payments through the Pool do not appear to be undertaken on a consistent basis across States. There are two key issues impacting on consistency of payments through the Pool:

1. Not all in-scope State ABF payments are transacted through the Pool, despite the requirement in the NHR Agreement for this to occur
2. Some out-of-scope ABF payments are being transacted through the Pool, which is not an issue in itself, and prior to 2022-23 were not identified as such and hence could not be distinguished from in-scope ABF payments.

The Addendum requires, as a minimum, all in-scope State ABF contributions to flow directly through Pool (A139). As highlighted above, out-of-scope funding can be transacted through the Pool but needs to be clearly identified.

The National Health Funding Body (NHFB) has been working with the States to review public hospital funding transacted through the Pool in comparison to in-scope activity published in their respective LHN Service Agreements.

In accordance with the Administrator's Three-Year Data Plan and Data Compliance Policy, from 1 July 2022 States are required to identify both in-scope and out-of-scope activity in their LHN Service Agreements.

3.2 Block funding transacted through State Managed Funds

Block funding transacted through State Managed Funds has been excluded from the 2024-25 Maintenance of Effort assessment. This is because State Block funding contributions are not transacted through the Pool. In addition, it is not currently possible to clearly delineate between in-scope and out-of-scope Block funding contributions. Once these requirements are met it will be possible to incorporate Block funding into the assessment. The exclusion of Block funding from the assessment is unlikely to materially impact the achievement of Maintenance of Effort.

4 Additional Activity Based Funding

Financial assistance to States for the additional costs incurred in responding to COVID-19.

4.1 National Partnership on COVID-19 Response

The NPCR was agreed to and signed by COAG on Friday, 13 March 2020. The NPCR was subsequently amended and agreed to in April 2020 to include a provision for Private Hospital Financial Viability Payments. A third update to the NPCR was made in April 2021 to support the COVID-19 vaccine rollout and assist residential aged care providers prevent, prepare for and respond to outbreaks of COVID-19. The NPCR ceased on 31 December 2022.

Since March 2020, \$14.264 billion in Commonwealth COVID-19 funding has been paid to States:

- \$3.985 billion in Hospital Service Payments (HSP) for COVID-19 related hospital activities
- \$8.770 billion in State Public Health Payments (SPHP) for public health activities associated with addressing the pandemic and controlling the spread of COVID-19
- \$1.508 billion in Private Hospital Financial Viability Payments (FVP) to enable private hospitals to retain capacity and support States in responding to COVID-19.

Noting that reconciled in-scope public hospital services included COVID-19 related activity, and that HSP funding contributions were transacted through the Pool, HSP activity has been included as part of the historical assessment of Maintenance of Effort.

Commonwealth and State SPHP and Commonwealth FVP funding contributions are excluded from the historical assessment of Maintenance of Effort as these payments related to the broader COVID-19 public health response (i.e. not directly related to in-scope hospital activities).

5 Service agreements

Service Agreements support transparency of public hospital funding and services.

Service Agreements between the States and Local Health Networks (LHN) support transparency of public hospital funding and services and are provided to the Administrator (once agreed). Service Agreements are to include, at a minimum (E7):

- a) the number and broad mix of services to be provided by the LHN, to inform the community of the expected outputs from the LHN and allow the Administrator to calculate the Commonwealth's funding contribution
- b) the quality and service standards that apply to services delivered by the LHN, including the Performance and Accountability Framework
- c) the level of funding to be provided to the LHN under the Service Agreement, through ABF and Block funding
- d) the teaching, training and research functions to be undertaken at the LHN level.

To improve transparency and national comparability, States will provide to the Administrator and the Independent Health and Aged Care Pricing Authority (A95):

- a) the price per weighted service they determine
- b) the volume of weighted services as set out by the national ABF classification scheme
- c) any variations to service loadings from the national ABF classification scheme.

It is not clear or consistent across historical LHN Service Agreements, whether out-of-scope activity is included or excluded. It is also unclear whether, and to what degree, out-of-scope funding is transacted through the Pool or SMF.

As highlighted, from 1 July 2022, States are now required to identify both in-scope and out-of-scope activity in their LHN Service Agreements.

5.1 Service Agreement Review

The Administrator and NHFB have been working closely with States and Territories to achieve greater transparency and consistency of public reporting, including through Service Agreements.

In 2023, the NHFB undertook a review of Service Agreement arrangements to evaluate the suitability of the current arrangements and provide potential options for the reform of Service Agreement content and governance, where appropriate.

The findings from the review were tabled in a discussion paper at the November 2023 Administrator's Jurisdictional Advisory Committee (JAC), with feedback sought from JAC members by 31 January 2024.

Key recommendations from the review reiterate known implications regarding the availability and accuracy of information within Service Agreements on the assessment of Maintenance of Effort. These include the:

- Requirement for States to formalise their State Price by publishing it within their Service Agreements
- Clear identification of in and out-of-scope activity and funding published within Service Agreements
- Transaction of all out-of-scope State funding contributions using the out-of-scope fund account in the Payments System

To assist States with meeting the reporting requirements for Service Agreements, including in and out-of-scope services and funding, a proposed activity and funding template has been included as an attachment to the Administrator's *Three Year Data Plan 2024-25 to 2026-27*.

Improvements have been observed with the reporting of the number and mix of in-scope services at the service category level provided by the LHN in Service Agreements. Some States have reported out-of-scope activity and out-of-scope funding in Service Agreements. These States capture also out-of-scope State funding contributions using the out-of-scope fund account in the National Health Funding Pool Payments System.

The NHFB and Administrator continue to meet with States to understand and improve the alignment of Service Agreements with estimated activity and funding to ensure the consistency and transparency of public hospital funding and services.

6 Assessment of Maintenance of Effort

The Administrator's Annual Report 2024-25 on Maintenance of Effort has been assessed against each of the two approaches explained below.

6.1 Funding Contribution approach

The funding contribution approach is calculated on the basis of actual ABF payments made through the Pool and has been applied to assess the funding contributions in 2024-25 compared to 2018-19.

This approach is appropriate for assessing Commonwealth funding levels given that Commonwealth calculations are based on in-scope activities and all payments are transacted through the Pool. However, this approach does not necessarily provide a correct measure of State funding levels for in-scope activities for the following reasons:

- Some States do not transact all ABF contributions for in-scope activity through the Pool.
- Some States do not identify funding for out-of-scope activity transacted through the Pool.

Work has continued over the last four years to support States in identifying circumstances where payments for in-scope activity have not been transacted through the Pool.

Out-of-scope

Out-of-scope activity is defined as non-hospital services or those public hospital services with a funding source other than the NHR Agreement. There are multiple funding sources for out-of-scope activity including the States (e.g. budget measures, correctional facilities), Commonwealth (e.g. Department of Veteran Affairs, Medical Benefits Schedule) and other third-party revenue (e.g. Workers Compensation, Motor Vehicle Third Party Personal Claim).

There is no impediment to funding contributions for out-of-scope activity being transacted through the Pool but there is a need to identify these payments so these can be distinguished from in-scope activity. As highlighted, from 1 July 2022 a new fund account was established in the Payments System to support the identification of payments for out-of-scope activity. Some States do transact ABF contributions for out-of-scope activity through the Pool but are not identified as such.

- In 2022-23, \$383m was transacted through the Pool using the new out-of-scope fund account in the Payments System by QLD.
- In 2023-24, \$759m was transacted through the Pool using the out-of-scope fund account in the Payments System, with QLD transacting \$683m and ACT transacting \$76m.
- In 2024-25, \$848m was transacted through the Pool using the out-of-scope fund account in the Payments System, with QLD transacting \$780m and ACT transacting \$68m.

Work will continue with the States to identify where out-of-scope funding is being transacted through the Pool as in-scope funding and transferring it to the fund account to improve the consistency and transparency of public hospital funding.

It should also be noted that Commonwealth NPCR funding for Victoria was previously transacted through the Pool as a Victorian State contribution and has been excluded from the State contribution figures for the purpose of assessing Maintenance of Effort.

6.2 Funding Entitlement approach

To mitigate some of the issues highlighted in the Funding Contribution approach an alternative approach to calculating funding levels for in-scope activity was derived. The Funding Entitlement approach is based on using the NEP and actual in-scope public hospital services delivered in order to assess the relative funding entitlements of the Commonwealth and States in 2024-25 compared to 2018-19.

The 'Funding Entitlement' approach is based on the following calculations:

- **Step 1** - Calculate the total funding envelope by multiplying actual in-scope activity by the NEP
- **Step 2** - Deduct the Commonwealth funding entitlement to derive the equivalent State funding entitlement. The Commonwealth funding entitlement is as advised by the Administrator and determined by the Commonwealth Treasurer.

The Administrator based the calculation on the Independent Health and Aged Care Pricing Authority's (IHACPA) NEP to create a consistent and comparable result between States, as well as between Commonwealth and State funding.

Following the Annual Reconciliation, it will be necessary to check with States to determine if there was any additional in-scope funding provided to LHNs which was not transacted through the Pool. The Funding Entitlement approach focusses on actual services delivered, rather than estimated activity.

The results for each of the two approaches is provided in [Attachment A](#).

7 Next steps

Whilst the Commonwealth and States have maintained levels of funding for public hospital services in 2024-25, at not less than the level of funding for 2018-19, there is further work to do to achieve improved consistency and transparency through:

- ensuring accuracy and completeness of Service Agreements, including clear identification of in-scope and out-of-scope activity (A92)
- ensuring the alignment of LHN Service Agreements and estimated activity and funding (A137, A143, E7(c) and E7 (d))
- understanding the use of and accuracy of State price and funding published in Service Agreements (A95)
- ensuring all State ABF contributions for in-scope activity are being transacted through the Pool (A139)
- identifying funding for out-of-scope activity transacted through the Pool (A139)
- working with the Australian Institute of Health and Welfare (AIHW) and the Commonwealth and States to improve public hospital expenditure reporting for out-of-scope activity including third party revenue (A103).

Once the above matters have been addressed, reliance can be placed on the Funding Contribution approach. Block funding can also be included in future assessments.

New South Wales

Administrator's Annual 2024-25 – Maintenance of Effort

NSW	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	2,757,690	\$5,012	\$13,821,542,165	\$5,520,003,975	\$8,301,538,190	\$5,965,002,135	-\$2,336,536,055
2019-20	2,637,444	\$5,134	\$13,540,635,069	\$5,820,939,360	\$7,719,695,709	\$6,369,916,090	-\$1,349,779,619
2020-21	2,882,442	\$5,320	\$15,334,588,797	\$6,119,379,226	\$9,215,209,571	\$7,181,923,276	-\$2,033,286,295
2021-22	2,768,866	\$5,597	\$15,767,107,378 ⁴	\$6,359,549,723	\$9,407,557,654	\$7,185,150,214	-\$2,222,407,441
2022-23	2,862,760	\$5,797	\$16,595,418,818	\$6,634,863,147	\$9,960,555,671	\$8,107,218,214	-\$1,853,337,458
2023-24	2,925,548	\$6,032	\$17,646,905,536	\$7,098,085,947	\$10,548,819,589	\$8,427,270,069	-\$2,121,549,520
2024-25	3,085,445	\$6,465	\$19,947,401,925	\$7,601,708,187	\$12,345,693,738	\$9,704,994,491	-\$2,640,699,247

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 *NSW State Pool Account Statement of Receipts and Payments*

⁴ Includes \$270m of centrally managed leave provisions not transacted through the Pool

Victoria

Administrator's Annual 2024-25 – Maintenance of Effort

Vic	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	2,075,011	\$5,012	\$10,399,957,145	\$4,387,938,343	\$6,012,018,801	\$5,395,004,998	-\$617,013,803
2019-20	2,004,185	\$5,134	\$10,289,483,639	\$4,673,040,993	\$5,616,442,646	\$5,723,297,899	\$106,855,253
2020-21	2,040,822	\$5,320	\$10,857,170,865	\$4,844,188,302	\$6,012,982,562	\$5,628,003,237	-\$384,979,325
2021-22	2,054,401	\$5,597	\$11,498,483,629	\$4,934,004,854	\$6,564,478,775	\$6,520,996,051 ⁴	-\$43,482,724
2022-23	2,273,279	\$5,797	\$13,178,199,016	\$5,453,447,626	\$7,724,751,390	\$7,440,821,884 ⁵	-\$283,929,506
2023-24	2,421,300	\$6,032	\$14,605,281,600	\$5,787,404,506	\$8,817,877,094	\$7,846,239,875	-\$971,637,220
2024-25	2,566,518	\$6,465	\$16,592,538,870	\$6,205,442,330	\$10,387,096,540	\$10,555,834,338	\$168,737,798

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 *Vic State Pool Account Statement of Receipts and Payments* (excluding GST)

⁴ \$957 million in Commonwealth NPCR funding was transacted through the Pool as a State contribution in 2021-22 and has been excluded from the State funding contribution assessment

⁵ \$640 million in Commonwealth NPCR funding was transacted through the Pool as a State contribution in 2022-23 and has been excluded from the State funding contribution assessment

Queensland

Administrator's Annual 2024-25 – Maintenance of Effort

Qld	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	1,898,179	\$5,012	\$9,513,673,108	\$4,103,993,497	\$5,409,679,611	\$5,506,218,989	\$96,539,378
2019-20	1,908,098	\$5,134	\$9,796,176,264	\$4,363,492,111	\$5,432,684,153	\$6,280,893,401	\$848,209,248
2020-21	2,027,370	\$5,320	\$10,785,606,282	\$4,700,859,686	\$6,084,746,596	\$6,416,918,383	\$332,171,787
2021-22	2,039,247	\$5,597	\$11,413,665,814	\$4,971,859,572	\$6,441,806,243	\$6,730,161,088	\$288,354,845
2022-23	2,201,488	\$5,797	\$12,762,024,900	\$5,470,678,552	\$7,291,346,348	\$7,243,195,050	-\$48,151,298
2023-24	2,311,924	\$6,032	\$13,945,525,568	\$5,818,758,268	\$8,126,767,300	\$8,278,954,527	\$152,187,227
2024-25	2,446,368	\$6,465	\$15,815,769,120	\$6,221,735,077	\$9,594,034,043	\$9,187,864,547	-\$406,169,496

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 *Qld State Pool Account Statement of Receipts and Payments* (excluding GST)

Western Australia

Administrator's Annual 2024-25 – Maintenance of Effort

WA	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	907,509	\$5,012	\$4,548,433,067	\$1,951,703,421	\$2,596,729,646	\$2,751,183,743	\$154,454,097
2019-20	884,146	\$5,134	\$4,539,207,686	\$1,990,955,355	\$2,548,252,330	\$3,112,949,180	\$564,696,850
2020-21	970,402	\$5,320	\$5,162,539,623	\$2,198,097,775	\$2,964,441,848	\$3,390,287,382	\$425,845,534
2021-22	951,485	\$5,597	\$5,325,459,506	\$2,221,625,990	\$3,103,833,515	\$3,624,976,521	\$521,143,006
2022-23	991,428	\$5,797	\$5,747,305,744	\$2,404,140,922	\$3,343,164,822	\$3,945,598,703	\$602,433,881
2023-24	1,041,084	\$6,032	\$6,279,818,688	\$2,561,770,303	\$3,718,048,385	\$3,978,012,418	\$259,964,033
2024-25	1,138,162	\$6,465	\$7,358,217,330	\$2,721,322,683	\$4,636,894,647	\$4,601,015,180	-\$35,879,468

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 *WA State Pool Account Statement of Receipts and Payments*

South Australia

Administrator's Annual 2024-25 – Maintenance of Effort

SA	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	623,233	\$5,012	\$3,123,641,761	\$1,190,215,826	\$1,933,425,935	\$1,969,558,067	\$36,132,132
2019-20	607,713	\$5,134	\$3,119,998,961	\$1,228,340,972	\$1,891,657,989	\$1,859,102,223	-\$32,555,766
2020-21	637,767	\$5,320	\$3,392,919,278	\$1,321,193,117	\$2,071,726,161	\$2,001,900,939	-\$69,825,222
2021-22	654,377	\$5,597	\$3,662,549,934	\$1,408,295,838	\$2,254,254,096	\$2,170,725,151	-\$83,528,944
2022-23	686,937	\$5,797	\$3,982,172,849	\$1,548,687,543	\$2,433,485,306	\$2,413,357,423	-\$20,127,883
2023-24	717,799	\$6,032	\$4,329,763,568	\$1,653,766,139	\$2,675,997,429	\$2,660,823,792	-\$15,173,637
2024-25	780,798	\$6,465	\$5,047,859,070	\$1,768,160,813	\$3,279,698,257	\$3,087,374,769	-\$192,323,488

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 SA State Pool Account Statement of Receipts and Payments

Tasmania

Administrator's Annual 2024-25 – Maintenance of Effort

Tas	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	166,486	\$5,012	\$834,426,561	\$359,817,154	\$474,609,407	\$419,587,557	-\$55,021,850
2019-20	157,477	\$5,134	\$808,485,466	\$366,896,855	\$441,588,611	\$460,205,829	\$18,617,218
2020-21	173,243	\$5,320	\$921,650,737	\$391,992,434	\$529,658,303	\$519,902,009	-\$9,756,294
2021-22	186,461	\$5,597	\$1,043,619,800	\$437,454,739	\$606,165,061	\$651,735,961	\$45,570,900
2022-23	195,713	\$5,797	\$1,134,545,818	\$478,051,177	\$656,494,641	\$804,865,247	\$148,370,605
2023-24	207,517	\$6,032	\$1,251,742,544	\$499,675,449	\$752,067,095	\$973,490,000	\$221,422,905
2024-25	228,009	\$6,465	\$1,474,078,185	\$523,723,244	\$950,354,941	\$1,089,056,000	\$138,701,059

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 *Tas State Pool Account Statement of Receipts and Payments*

Australian Capital Territory

Administrator's Annual 2024-25 – Maintenance of Effort

ACT	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	168,377	\$5,012	\$843,903,645	\$366,379,227	\$477,524,418	\$656,497,994	\$178,973,576
2019-20	167,382	\$5,134	\$859,338,042	\$384,795,990	\$474,542,052	\$796,914,539	\$322,372,486
2020-21	178,264	\$5,320	\$948,364,563	\$406,108,045	\$542,256,519	\$824,665,816	\$282,409,298
2021-22	170,661	\$5,597	\$955,187,608	\$423,660,085	\$531,527,523	\$908,340,533	\$376,813,010
2022-23	180,158	\$5,797	\$1,044,375,750	\$436,276,900	\$608,098,850	\$915,322,330	\$307,223,480
2023-24	200,633	\$6,032	\$1,210,218,256	\$465,292,061	\$744,926,195	\$950,713,425	\$205,787,230
2024-25	215,836	\$6,465	\$1,395,379,740	\$494,205,726	\$901,174,014	\$1,218,105,884	\$316,931,870

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 ACT State Pool Account Statement of Receipts and Payments

Northern Territory

Administrator's Annual 2024-25 – Maintenance of Effort

NT	NWAU In-scope activity ¹	National Efficient Price	Total Funding (Price x NWAU)	Commonwealth Funding entitlement (ABF only) ²	State Funding entitlement (ABF only)	State Funding contribution (through the Pool) ³	State Funding (variance)
2018-19	165,276	\$5,012	\$828,361,590	\$255,659,367	\$572,702,223	\$294,319,008	-\$278,383,215
2019-20	172,744	\$5,134	\$886,867,437	\$277,685,879	\$609,181,558	\$560,031,581	-\$49,149,977
2020-21	180,242	\$5,320	\$958,889,360	\$302,414,526	\$656,474,834	\$656,756,789	\$281,955
2021-22	170,739	\$5,597	\$955,625,842	\$320,358,298	\$635,267,544	\$705,063,471	\$69,795,927
2022-23	183,882	\$5,797	\$1,065,962,336	\$348,862,320	\$717,100,016	\$736,525,840	\$19,425,824
2023-24	185,807	\$6,032	\$1,120,787,824	\$369,550,338	\$751,237,486	\$745,405,402	-\$5,832,084
2024-25	187,429	\$6,465	\$1,211,728,485	\$391,153,000	\$820,575,485⁴	\$720,163,190	-\$100,412,295

¹ Final reconciled NWAUs

² Federal Financial Relations (National Health Reform Payments) Determination

³ National Health Funding Pool Annual Report 2024-25 *NT State Pool Account Statement of Receipts and Payments*

⁴ State Funding includes services received free of charge relating to centralised corporate services, repairs and maintenance, and capital program delivery services