



Administrator
National Health
Funding Pool

Three Year Data Plan: 2019-20 to 2021-22

File Specification for Data Submission

May 2019

Acronyms, abbreviations and terms

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
DoH	Commonwealth Department of Health
DRG	Diagnosis Related Group
ED	Emergency Department
EDW	Enterprise Data Warehouse
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
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

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1. Introduction

This 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 2019-20 to 2021-22* (Data Plan).

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

- Calculate and advise the Commonwealth Treasurer of the Commonwealth National Health Reform (NHR) funding contribution (Section 6.1 – Provision of service estimates).
- Perform detailed reconciliations based on actual levels of activity, including cross border flows (Section 6.2 – Reconciliation requirements).
- Report monthly national health reform funding transactions (Section 6.3 – Monthly reporting requirements).

This document provides the detailed technical requirements of the data outlined in Sections 6.1, 6.2 and 6.3 of the Data Plan. The file specification document applies only to data relating to the 2019-20 funding year. File specifications for 2020-21 and 2021-22 will be provided in updates to this document.

The File Specifications for Data Submission should be read in conjunction with the Data Plan and all other supporting documents of the Data Plan. This 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 (as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012)*, additional measures have been adopted to ensure that its collection and use are in accordance with the Australian Privacy Principles in that Act and with the secrecy and patient confidentiality provisions in the *National Health Reform Act 2011* and other statutory protections.

For more information on the information collected by the Administrator, the purpose of the collection, its use, storage, disclosure and disposal, refer to the *Administrator's Data Governance Policy*.

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

The Attachment - *Service Estimates Provision Template 2019-20* - is the template which outlines the required provision of 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 as an annual NWAU. The provision of estimates on this basis is necessary to calculate the Commonwealth NHR funding contribution and carry out the reconciliation process required by Clauses B59 to B64.

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, if revised estimates are in accordance with revised Service Agreements.

Any revised estimates must be provided to the Administrator via the template included in the Attachment - *Service Estimates Provision Template 2019-20*.

2.4. Service categories

ABF service category detail for estimates is based on the categories as advised by IHPA and listed below.

- acute admitted
- admitted mental health
- sub-acute (admitted)
- emergency department
- non-admitted

Block funded service categories are also determined by IHPA and are listed below.

- small rural hospitals
- teaching, training and research
- non-admitted mental health (excluding CAMHS)
- non-admitted CAMHS
- non-admitted Home Ventilation
- other non-admitted services (A17 services not subject to activity based funding)
- other public hospital programs.

3. Reconciliation requirements

As outlined in the Data Plan, the Administrator requires states and territories to submit hospital activity data. In most cases these are patient level activity data, however aggregate level data are accepted where patient level data does not capture all the relevant services provided by LHNs.

States and territories are required to submit patient level hospital services data in two separate submissions – submission A and submission B. The data in the two submissions must cover the same scope of 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 directly to the Administrator or via the Independent Hospital Pricing Authority (IHPA) Secured Data Management System and submission B is to be provided directly to the Commonwealth Department of Human Services (DHS).

The Commonwealth Department of Health (DoH) is required to provide MBS services claims data and PBS services claims data to the Administrator, using the EDW.

3.1. File Specification

3.1.1. Submission A (states and territories)

The following eight files are provided as part of Submission A. These files are specific to the 2019-20 funding year. The files for 2020-21 and 2021-22 will be included in updates to this document, in conjunction with the Data Plan.

The following file specifications should be read in conjunction with the IHPA data request specifications (DRS)¹ for the data requested by the Administrator.

The description of the scope for each data set used by the Administrator is the same as the description used by the IHPA in order to ensure consistency of approach and to align with the concept of ‘single provision, multiple use’ as outlined in the NHRA. Whilst the scope of the data to be captured and reported in the data sets is the same, only the ‘in-scope services’² relating to eligible ABF hospitals will be used by the Administrator to undertake reconciliation.

Admitted Acute (Data Plan Appendix A: Table 1)

The purpose of the Admitted patient care National Minimum Data Set (APC NMDS) is to collect information about care provided to admitted patients in Australian hospitals.

¹ <https://www.ihoa.gov.au/what-we-do/data-collection/data-specifications/abf-data-request-specifications-2019-20>

² As determined by IHPA as per clause A10 to A17 of the NHRA

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 Admitted Patient Care NMDS 2019-20 (METeOR ID: 699728).

Mental Health³ (Data Plan Appendix A: Table 1)

The purpose of the Activity based funding: Mental health care National Best Endeavours Data Set (ABF MHC NBEDS) is to collect information about patients receiving mental health care, funded by states and territories, that is associated with Australian public hospitals.

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

This includes services provided as assessment only activities.

The scope of the ABF MHC NBEDS is mental health care provided by services that are in-scope public hospital services under the National Health Reform Agreement 2011. This includes care delivered by specialised mental health services, public hospitals, Local Hospital Networks and non-government organisations (NGOs) managed or funded by state or territory health authorities.

Mental health care provided by services which are not in-scope public hospital services under the National Health Reform Agreement 2011 can also be reported.

Mental health care services that are considered in-scope may take place in admitted, ambulatory, emergency department or residential settings.

For further details, refer to the Mental Health Care NBEDS 2019-20 (METeOR ID: 699151).

³ The Administrator's required data collections have been harmonised with the IHPA Three Year Data Plan 2019-20 to 2021-22 to standardise the data requirements. The submission of this dataset will not form part of the Administrator's Data Compliance Reports for the purpose of the Data Conditional Payment.

Emergency Department (Data Plan Appendix A: Table 1)

The scope of the Non-admitted patient emergency department care National Minimum Data Set (NAPEDC NMDS) is 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; and
- designated emergency department nursing staff 24 hours a day, 7 days a week, and a designated emergency department nursing unit manager.

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 registered to receive care and then advised of alternative treatment options are in scope.

The Administrator's required data collections have been harmonised with the IHPA Three Year Data Plan 2019-20 to 2021-22 to standardise the data requirements. The submission of this dataset will not form part of the Administrator's Data Compliance Reports for the purpose of the Data Conditional Payment.

The scope includes only physical presentations to emergency departments. Advice provided by telephone or videoconferencing is not in scope, although it is recognised that advice received by telehealth may form part of the care provided to patients physically receiving care in the emergency department.

The care provided to patients in emergency departments is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency departments may subsequently become admitted (including admission in the emergency department, admission to another hospital ward, including a short stay unit, or admission to hospital-in-the-home). All patients remain in-scope for this collection until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this NMDS and the Admitted patient care National Minimum Data Set (APC NMDS).

Excluded from the scope of the NAP EDC NMDS are:

- care provided to patients in General Practitioner co-located units. However, patient presentations to emergency departments that result in a referral to a GP co-located unit after registration, but before commencement of clinical care, are in scope.

For further details, refer to the Non-admitted patient emergency department care NMDS 2019–20 (METeOR ID: 699738).

Emergency Services (Data Plan Appendix A: Table 1)

The scope of the Activity based funding: Emergency service care National Best Endeavours Data Set (NBEDS) is emergency services provided in activity based funded hospitals which do not meet all of the following criteria:

- Purposely designated 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 available in the hospital 24 hours a day.
- Designated emergency department nursing staff 24 hours a day, 7 days a week, and a designated emergency department nursing unit manager.

The care provided to patients in emergency services is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency services may subsequently become admitted. All patients remain in-scope for this collection until they are recorded as having physically departed the emergency service, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this NBEDS and the Admitted patient care National Minimum Data Set (APC NMDS).

The scope also includes services where patients did not wait to be attended by a health care professional and those dead on arrival. Patients with Department of Veterans' Affairs or compensable funding source are also included in the scope of the collection.

Excluded from the scope are:

- Care provided to patients in General Practitioner (GP) co-located units. However, patient presentations that result in a referral to a GP co-located unit after registration, but before commencement of clinical care, are in scope.

For further details, refer to the Activity based funding: Emergency service care NBEDS 2019-20 (METeOR ID: 705939)

Non-admitted care patient level (Data Plan Appendix A: Table 1)

The scope of the Non-admitted patient National Best Endeavours Data Set (NBEDS) is non-admitted patient service events involving non-admitted patients provided by:

- public hospitals
- Local Hospital Networks
- other public hospital services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement 2011.

This also includes all in scope services contracted by a public hospital, Local Hospital Network or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network or jurisdiction, or the location where the services are delivered. The NBEDS is intended to capture instances of service provision from the point of view of the patient.

The scope of the NBEDS includes:

All arrangements made to deliver non-admitted patient service events (not covered by the national minimum data sets listed below) to non-admitted patients:

- irrespective of location (includes on-campus and off-campus),
- whose treatment has been funded through the jurisdictional health authority, Local Hospital Network or hospital, regardless of the source from which the entity derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included; and
- regardless of setting or mode.

Excluded from the scope of the NBEDS are all services covered by:

- the Admitted patient care NMDS;
- the Non-admitted patient emergency department care NMDS, e.g. all non-admitted services provided to admitted patients or emergency department patients;
- the Community mental health care NMDS; and
- service events which deliver non-clinical care, e.g. activities such as home cleaning, meals on wheels or home maintenance.

For the purpose of this NBEDS, a non-admitted service is a specialty unit or organisational arrangement under which a jurisdictional health authority, Local Hospital Network or public hospital provides non-admitted services.

Local Hospital Networks are defined as those entities recognised as such by the relevant state or territory health authority.

For further details, refer to the Non-admitted patient NBEDS 2019-20 (METeOR ID: 699590).

Non-admitted care aggregate level (Data Plan Appendix A: Table 1)

The scope of the Non-admitted patient care aggregate National Best Endeavours Data Set (NBEDS) is non- admitted patient service events involving non-admitted patients provided by:

- public hospitals
- Local Hospital Networks
- other public hospital services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement 2011.

This also includes all in scope services contracted by a public hospital, Local Hospital Network or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network or jurisdiction, or the location where the services are delivered. The NBEDS is intended to capture instances of service provision from the point of view of the patient.

The scope of the NBEDS includes:

All arrangements made to deliver non-admitted patient service events (not covered by the national minimum data sets listed below) to non-admitted patients:

- irrespective of location (includes on-campus and off-campus),
- whose treatment has been funded through the jurisdictional health authority, Local Hospital Network or hospital, regardless of the source from which the entity derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included; and
- regardless of setting or mode.

Excluded from the scope of the NBEDS are all services covered by:

- the Admitted patient care NMDS;
- the Non-admitted patient emergency department care NMDS, e.g. all non-admitted services provided to admitted patients or emergency department patients;
- the Community mental health care NMDS; and

- service events which deliver non-clinical care, e.g. activities such as home cleaning, meals on wheels or home maintenance.

For the purpose of this NBEDS, a non-admitted service is a specialty unit or organisational arrangement under which a jurisdictional health authority, Local Hospital Network or public hospital provides non-admitted services.

Local Hospital Networks are defined as those entities recognised as such by the relevant state or territory health authority.

For further details, refer to the Non-admitted patient care aggregate NBEDS 2019-20 (METeOR ID: 699627).

Sub-acute and Non-acute (admitted) (Data Plan Appendix A: Table 1)

The Admitted subacute and non-acute hospital care National Best Endeavours Data Set (NBEDS) aims to ensure national consistency in relation to defining and collecting information about care provided to subacute and non-acute admitted public and private patients in activity based funded public hospitals.

Subacute care in this NBEDS is identified as admitted episodes in rehabilitation care, palliative care, geriatric evaluation and management care and psychogeriatric care, whereas maintenance care is identified as non-acute care.

The scope of the NBEDS is:

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

Excluded from the scope are:

- Hospitals operated by the Australian Defence Force, correctional authorities and Australia's external territories.

For further details, refer to the Admitted subacute and non-acute hospital care NBEDS 2019-20 (METeOR ID: 699414).

Sentinel Events (Data Plan Appendix A: Table 2)

The scope of this data file is episodes with Sentinel Events. The scope is admitted and non-admitted patient service events involving a Sentinel Event in activity based funded and block funded hospitals.

The input file from states and territories is to include the Sentinel Event Code for each patient level service with a Sentinel Event contained within Submission A along with a unique state record identifier for each record.

3.1.2. Submission B (states and territories)

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

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.

Refer to *File Specification for Submission B 2019-20* for further detail on the precise format of this data file.

3.1.3. MBS Claims File Submission from DoH

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

3.1.4. PBS Claims File Submission from DoH

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

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 include a record for each funding or payment 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.

4.1.1. Data block

The Administrator is transitioning to 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 *File Specification for Data Submission Monthly Reporting 2019-20: Data block template*.

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.

The *File Specification for Data Submission Monthly Reporting: Data block template* details the information required to be submitted by states and territories (when using the data block arrangement) to the Administrator to satisfy monthly reporting requirements, including a description of each data element and the related business rules.

4.1.2. Transitional monthly reporting

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

The detail for the file to be provided using this arrangement is provided in *File Specification for Data Submission Monthly Reporting 2019-20: Transitional template*.

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.

5. Attachments

The following excel files are attached to this document:

Provision of service estimates:

Service Estimate Provision Template 2019-20

Reconciliation requirements:

File Specification for Submission B 2019-20

Monthly reporting requirements:

File Specification for Data Submission Monthly Reporting 2019-20