



Administrator
National Health
Funding Pool

DATA COMPLIANCE POLICY 2021-22

June 2021

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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 2021-22 to 2023-24* (Data Plan). The objectives of the Data Compliance Policy 2021-22 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); and
 - *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; and
- Ensure timely and accurate provision of data from the Commonwealth and the States and Territories.

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 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

NATIONAL HEALTH FUNDING BODY

Data cycle

Data Plan

B66

B67

B70

B71

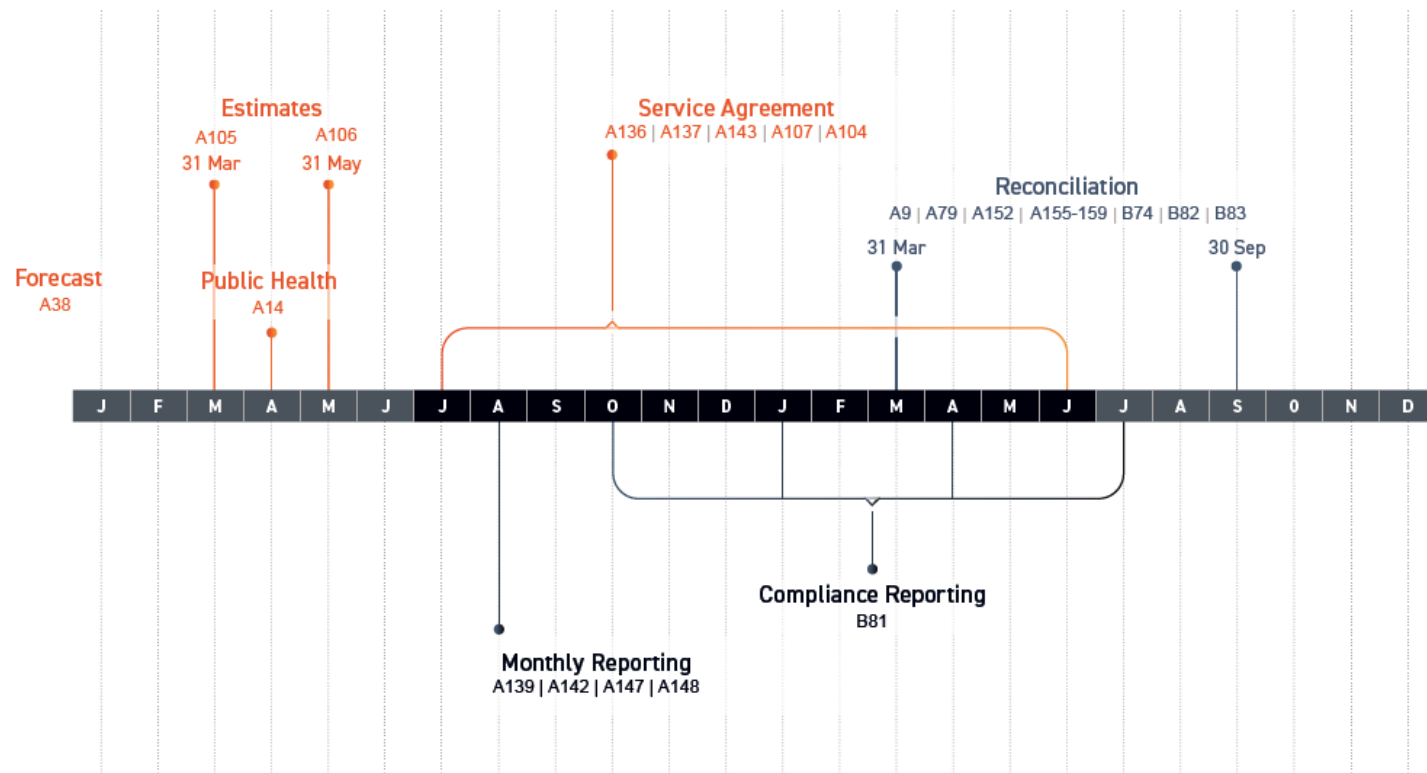
B72

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:

- Service category activity estimates for each State and Territory and Local Hospital Network (LHN) level based on signed Service Agreements with LHNs. This is required in order to calculate and provide a formal forecast of the Commonwealth funding contribution to the Commonwealth Treasurer.
- 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 and Territories. This data is required in order to perform six and twelve month reconciliation based on actual levels of activity and must be accompanied by a Statement of Assurance from a senior health department official.
- Commonwealth data relating to Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) services accompanied by a Statement of Assurance from a senior health department official on the completeness and accuracy of the data.
- Funding, payments and service volumes. This data is required in order to enable monthly reporting of National Health Reform funding, payments and service volume.

Table 1 Jurisdictional data provision and reporting requirements

Requirement	Clause [^]	Description
Estimated weighted service volumes by State or Territory 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 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	Jurisdictions 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 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 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).
		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 in 2021-22 Service Agreements is provided at <i>Attachment A</i> .
	A136	States and Territories 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 and Territories can cause Commonwealth payments to be modified by changing relevant Service Agreements and notifying the Administrator in accordance with clause A137 (within 28 days).

Requirement	Clause^	Description
Quarterly activity data submission	B81 A72	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.
Submission A	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	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 and Territories will provide the IHPA with a Statement of Assurance from a senior health department official on the completeness and accuracy of all approved data submissions and resubmissions. 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). A Statement of Assurance is not required for the first quarter and third quarter period submission of activity data.
Submission B	B74	Patient's Medicare number for each service in Submission A (replaced with a Medicare PIN by the Commonwealth Department of Human Services). This submission also includes a state record identifier to enable linking to Submission A.
Sentinel Events	A166	States and Territories will provide the IHPA with a separate file with the details of any episode that includes a sentinel event. This submission also includes a state record identifier to enable linking to Submission A (A66).
HAC	A167-168	The Parties will continue to develop, in consultation with the ACSQHC, IHPA 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 IHPA will consult with and have regard to the advice of the ACSQHC and Parties in the development of a pricing model for Avoidable Hospital Readmissions, for implementation by 1 July 2021, following approval from the CHC.

Requirement	Clause^	Description
Private Patient Revenue data	B73	The Addendum includes clauses which have the intent to neutralise revenue at the hospital level for public and private patients. To implement these clauses IHPA 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 and Territories will be required to submit private patient revenue actuals, subject to finalisation and agreement on the methodology to be employed.
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 and Territories using the Medicare PIN.
Monthly report data	A147 A148	<p>The Administrator will publish a monthly report detailing at the LHN level the:</p> <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 ▪ number of public hospital services funded and provided as a running yearly total as per the national system of ABF. <p>States and Territories will provide data to the Administrator on the provision of public hospital services by LHNs and ensure the flow of Commonwealth and State and Territory funds into and out of SMFs is accurately and completely recorded in the Payments System.</p>
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 2021-22 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 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 level of Block Funding to be provided to the LHN	Meets minimum requirements Yes or No	Once agreed	✓	✓	✓	✓

Table 2 Data compliance and measurement (continued)

Requirement	Measurement	Due Date	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
Service Agreements and Data Provision (continued)						
Update to estimated LHN NWAU 2021-22	Date Submitted or No Update	Not applicable	✓	✓	✓	✓
LHN Service Agreements and estimated LHN NWAU 2021-22 aligned	Number of agreements aligned	Not applicable	✓	✓	✓	✓
Estimated State and Territory NWAU by service category 2022-23	Submitted (if so, when) or Not Submitted	31 Mar 22			✓	
Estimated LHN NWAU by service category 2022-23	Submitted (if so, when) or Not Submitted	31 May 22				✓
Public Health amounts	Submitted Not Submitted	Not applicable	✓	✓	✓	✓

Table 2 Data compliance and measurement (continued)

Requirement	Measurement	Due Date	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
Reconciliation Requirements						
Submission A	Submitted (if so, when) or <u>Not Submitted</u>	31 Dec 21 (First-quarter)		✓		
		31 Mar 22 (Six-month)			✓	
		30 Jun 22 (Third-quarter)				✓
		30 Sep 22 (Annual)	✓			
Submission B	Submitted (if so, when) or <u>Not Submitted</u>	31 Mar 22 (Six-month)			✓	
		30 Sep 22 (Annual)	✓			
Private Patient Revenue data	Submitted (if so, when) or <u>Not Submitted</u>	31 Mar 22 (Six-month)			✓	
		30 Sep 22 (Annual)	✓			

Table 2 Data compliance and measurement (continued)

Requirement	Measurement	Due Date	Sep Quarter	Dec Quarter	Mar Quarter	Jun Quarter
Reconciliation Requirements (continued)						
MBS and PBS data	Submitted (if so, when) or <u>Not Submitted</u>	31 Mar 22 (Six-month)			✓	
		30 Sep 22 (Annual)	✓			
Statement of Assurance	Submitted or Not Submitted	With each submission*	✓		✓	
Data Conditional Payment	Not applied or Applied (if so, when)	Date applied	✓	✓	✓	✓
Sentinel Events	Submitted (if so, when) or Not Submitted	31 Mar 22 (Six-month)			✓	
		30 Sep 22 (Annual)	✓			
Monthly Reports						
Monthly Report Data	Submitted (if so, when)	15th of the next month	✓	✓	✓	✓

* A Statement of Assurance is not required for the first quarter and third quarter period submission of activity data.

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 contracted 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				
NHFB engages with jurisdictions	15 - 20 Oct	15 - 20 Jan	15 - 20 Apr	15 - 20 Jun
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 2021-22 Service Agreements (including virtual, notional and contracted services LHNs) is provided below.

Please note National Weighted Activity Units (NWAU) and the National Efficient Price (NEP) are recognised national units of measure and are the basis for calculating the Commonwealth's funding contribution for each State and Territory (noting the Commonwealth pays 45% of any increase in activity or price).

Further detail on the calculation of the Commonwealth's contribution is provided in the Administrator's *Calculation of National Health Reform Funding 2020-21 to 2024-25*.

National Health Reform Funding table (template)

Funding type	Number of services (NWAU)	ABF NEP (\$)	Commonwealth Funding (\$)
ABF Allocation			
Emergency Department	xxx	xxx	xxx
Acute Admitted	xxx	xxx	xxx
Admitted Mental Health	xxx	xxx	xxx
Sub-Acute	xxx	xxx	xxx
Non-Admitted	xxx	xxx	xxx
Total ABF Allocation	xxx		xxx
Block Allocation			
Teaching, Training and Research			xxx
Small and Rural Hospitals			xxx
Non-Admitted Mental Health			xxx
Non-Admitted CAMHS			xxx
Non-Admitted Home Ventilation			xxx
Other Non-Admitted Services			xxx
Other Public Hospital Programs			xxx
Highly Specialised Therapies			xxx
Total Block Allocation			xxx
Grand Total Funding Allocation			xxx