



Administrator
National Health
Funding Pool

THREE YEAR DATA PLAN FILE SPECIFICATIONS FOR DATA SUBMISSION 2021-22

June 2021

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
CAMHS	Child and Adolescent Mental Health Services
CFO	Chief Financial Officer
Data Plan	Administrator's Three Year Data Plan 2021-22 to 2023-24
DRS	Data Request Specifications
DVA	Department of Veterans' Affairs
EDW	Enterprise Data Warehouse
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
NBEDS	National Best Endeavours Data Set
NHFB	National Health Funding Body
NHR	National Health Reform
NHR Act	National Health Reform Act 2011
NHR Agreement	National Health Reform Agreement
NMDS	National Minimum Data Set
Non-Admitted Patient	A patient using clinical services involving non-admitted patients at public hospitals
NWAU	National Weighted Activity Unit
PBS	Pharmaceutical Benefits Scheme
SMF	State Managed Fund
The Addendum	Addendum to the National Health Reform Agreement 2020-21 to 2024-25
The Payments System	National Health Funding Pool Payments System
The Pool	National Health Funding Pool

TABLE OF CONTENTS

Introduction	2
Provision of service Estimates.....	3
<i>File Specification</i>	<i>3</i>
<i>Initial Estimates</i>	<i>3</i>
<i>Adjustments to estimates</i>	<i>3</i>
<i>Service categories</i>	<i>4</i>
Reconciliation requirements	5
<i>File Specification</i>	<i>5</i>
Submission A (States and Territories).....	5
Submission B (States and Territories).....	12
MBS Claims File Submission from Department of Health.....	12
PBS Claims File Submission from Department of Health	12
Monthly reporting requirements	13
<i>Payments System File Specification.....</i>	<i>13</i>
Payments System Upload files.....	13
ATTACHMENTS	14
Appendix A: Bulk upload file Specifications.....	15

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 2021-22 to 2023-24 (Data Plan).

The Data Plan is the determination of the minimum level of data required from jurisdictions in order to calculate the Commonwealth's National Health Reform (NHR) funding to public hospital services, conduct reconciliation activities and report publicly on the NHR funding and payments.

Data requirements in regard to funding the National Partnership on COVID-19 Response (NPCR) are not addressed in this plan but are instead set out in the Administrator's National Partnership on COVID-19 Response: Guidance on Financial Arrangements.

This document applies only to data relating to the 2021-22 funding year and 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, 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.

The combined Administrator and NHFB Data Governance Policy is available from the website at www.publichospitalfunding.gov.au

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.

File Specification

The Attachment – *Service Estimates Provision Template* – is the template which outlines the required provision of service estimate elements.

States and territories are required to provide to the Administrator the National Weighted Activity Unit (NWAU) for each Local Hospital Network (LHN) and in aggregate, both by the relevant Activity Based Funding (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 A73, A74, A79, A88, B63 and B65 of the Addendum.

Initial Estimates

The initial estimates must be provided to the Administrator via the template included in the Attachment – *Service Estimates Provision Template* for:

- *estimated* aggregate service volumes by 31 March each year (A105 of the Addendum); and
- *confirmed* aggregate service volumes and estimated service volumes for each LHN by 31 May each year (A106 of the Addendum).

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*.

Service categories

ABF service category detail for estimates is based on the categories as advised by the Independent Hospital Pricing Authority (IHPA) and listed below.

- emergency department services;
- acute admitted services;
- admitted mental health services;
- sub-acute and non-acute admitted services; and
- non-admitted services.

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

- teaching, training and research;
- small regional and rural hospitals;
- non-admitted mental health;
- non-admitted child and adolescent mental health services (CAMHS);
- non-admitted home ventilation services;
- other non-admitted services (A17 services not subject to ABF);
- other public hospital programs; and
- CAR-T.

RECONCILIATION REQUIREMENTS

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 IHPA Secured Data Management System and Submission B is to be provided directly to Services Australia.

To give effect to the methodology being developed by the IHPA to achieve financial neutrality between public and private patients in public hospitals (A44), States and Territories will be required to submit private patient revenue actuals to the Administrator until such time as the as the quality and timeliness of the HCP collection is improved.

The Commonwealth Department of Health is required to provide Medical Benefits Schedule (MBS) services claims data and Pharmaceutical Benefits Scheme (PBS) services claims data to the Administrator, using the Department of Health’s Enterprise Data Warehouse (EDW).

File Specification

These file specifications are specific to the 2021-22 funding year. Requirements for 2022-23 and 2023-24 will be included in future updates to this document in conjunction with the Data Plan.

SUBMISSION A (STATES AND TERRITORIES)

The following eight files are provided as part of Submission A and should be read in conjunction with the IHPA Data Request Specifications (DRS)¹.

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 NHR Agreement and the Addendum. 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 activities.

¹ www.iHPA.gov.au

² As determined by IHPA as per clause A17 to A24 of the Addendum. The list of services the IHPA has determined to be eligible for Commonwealth funding at the LHN level are published in the *National Efficient Price Determination 2020-21* (A17 list).

Admitted Acute (Data Plan Appendix A: Table 1)

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

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 2021-22 (METeOR ID: 713850).

Mental Health (Data Plan Appendix A: Table 1)

The purpose of the Activity Based Funding: Mental health care National Best Endeavours Data Set (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 Mental health care NBEDS is mental health care provided by services that are in-scope public hospital services under the NHR Agreement. This includes care delivered by specialised mental health services, public hospitals, LHNs and non-government organisations 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 NHR Agreement 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 2021-22 (METeOR ID: 735108).

Emergency Department (Data Plan Appendix A: Table 1)

The scope of the Non-admitted patient emergency department care 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 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 NMDS.

Excluded from the scope of the Non-admitted patient emergency department care NMDS are:

- care provided to patients in General Practitioner (GP) 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 2021-22 (METeOR ID: 727360).

Emergency Services (Data Plan Appendix A: Table 1)

The scope of the Activity Based Funding: Emergency service care NBEDS is emergency services provided in ABF 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 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 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 DVA or compensable funding source are also included in the scope of the collection.

Excluded from the scope are:

- Care provided to patients in 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 2021-22 (METeOR ID: 727323)

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

The scope of the Non-admitted patient NBEDS is non-admitted patient service events involving non-admitted patients provided by:

- public hospitals
- LHNs
- other public hospital services that are managed by State or Territory health authorities and are included in the General list of in-scope public hospital services, which have been developed under the NHR Agreement.

This also includes all in scope services contracted by a public hospital, LHN or jurisdiction regardless of the physical location of the contracting public hospital, LHN 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 non-admitted patient 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, LHN or hospital, regardless of the source from which the entity derives these funds. In particular, DVA, 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, LHN or public hospital provides non-admitted services.

For further details, refer to the Non-admitted patient NBEDS 2021-22 (METeOR ID: 727331).

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

The scope of the Non-admitted patient care aggregate NBEDS is non-admitted patient service events involving non-admitted patients provided by:

- public hospitals
- LHNs
- 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 NHR Agreement.

This also includes all in scope services contracted by a public hospital, LHN or jurisdiction regardless of the physical location of the contracting public hospital, LHN 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 NMDSs 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, LHN or hospital, regardless of the source from which the entity derives these funds. In particular, DVA, 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, LHN or public hospital provides non-admitted services.

For further details, refer to the Non-admitted patient care aggregate NBEDS 2021-22 (METeOR ID: 727333).

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

The Admitted subacute and non-acute hospital care 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: 727327).

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.

SUBMISSION B (STATES AND TERRITORIES)

This data submission is used for the sole purpose of data de-identification by Services Australia (A106 of the Addendum).

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 Services Australia. All other data in the file are to be passed through by Services Australia and will not be validated.

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

MBS CLAIMS FILE SUBMISSION FROM DEPARTMENT OF HEALTH

The Commonwealth Department of Health is required to provide a MBS services claims file via the EDW as required for the fulfilment of A16 of the Addendum.

PBS CLAIMS FILE SUBMISSION FROM DEPARTMENT OF HEALTH

The Commonwealth Department of Health is required to provide a PBS services claims file via the EDW as required for the fulfilment of A16 of the Addendum.

MONTHLY REPORTING REQUIREMENTS

The Administrator is required to publicly issue monthly reports on NHR transactions, including payments made into and from the National Health Funding Pool (the Pool) and State Managed Funds (SMFs).

The National Health Funding Pool Payments System (the Payments System) is the core financial management information system for storing all Pool financial transactions.

Each State and Territory is required to enter transaction information for all relevant funding and payment transactions occurring during that month into the Payments System in accordance with the Payments System Policy.

One submission is required by the close of business on the 15th day of the following month. This submission must include an approved Payments System end of month workbook (approval by the State or Territory Chief Financial Officer or equivalent).

Payments System File Specification

PAYMENTS SYSTEM UPLOAD FILES

The Payments System supports both manual entry of transactional data as well as bulk uploads. The following transactions are available to State and Territory users for bulk upload:

- SDA (State Deposit Advice)
- EPI (Executable Payment Instruction)
- GLJ (General Ledger Journal – current year)
- PYGLJ (General Ledger Journal – prior year)³

File specifications are provided at *Appendix A: Bulk upload file specifications*.

³ Only available for specified periods as advised by the National Health Funding Body (NHFB).

ATTACHMENTS

The following excel files are attached to this document:

Service estimates:

Service Estimate Provision Template 2021-22

Reconciliation requirements:

File Specification for Submission B 2021-22

APPENDIX A: BULK UPLOAD FILE SPECIFICATIONS

TABLE 1 Executable Payment Instruction

Filename: EPI_<STATE>_<text>.csv (e.g. EPI_NSW_Aug20ABF.csv) max length = 40 characters

Format: Comma delimited (i.e. Microsoft Excel Comma Separated Values File)

Column	Field name/ header	Type	Format	Valid values
A	Payment date*	Date	DD/MM/YYYY	Date >= Current date
B	Payment ID*	Alphanumeric	Text	Limit 30 characters
C	Payee*	Numeric	N	Active creditor number
D	Fund source*	Numeric	N	Active fund source
E	Funded entity*	Numeric	N	Active funded entity
F	Funding type*	Numeric	N	Active natural account
G	Account type*	Numeric	N	Active account type (1----)
H	Amount*	Numeric	N.NN	Maximum 2 decimal places; no commas or currency symbols
I	Funding year*	Alphanumeric	XXXXYY	Active funding year
J	Reference	Alphanumeric	Text	Limit 40 characters

TABLE 2 State Deposit Advice

Filename: SDA_<STATE>_<text>.csv (e.g. SDA_NSW_Aug20ABF.csv) max length = 40 characters

Format: Comma delimited (i.e. Microsoft Excel Comma Separated Values File)

Column	Field name/ header	Type	Format	Valid values
A	Deposit date*	Date	DD/MM/YYYY	Date >= Current date
B	Funded entity*	Numeric	N	Active funded entity
C	Funding type*	Numeric	N	Active natural account
D	Account type*	Numeric	N	Active account type (Pool only, i.e. 1----)
E	Amount*	Numeric	N.NN	Maximum 2 decimal places; no commas or currency symbols
F	Funding year*	Alphanumeric	XXXXYY	Active funding year (XXXXYY where XXXX is a four digit year and YY is the subsequent 2 digit year)
G	Reference	Alphanumeric	Text	Limit 40 characters

TABLE 3 General Ledger Journal (GLJ and PYGLJ)

Filename (Current Period General Ledger Journal): GLJ_<STATE>_<text>.csv (e.g. GLJ_NSW_Aug20.csv) max length = 40 characters

Filename (Prior Year General Ledger Journal): PYGLJ_<STATE>_<text>.csv (e.g. PYGLJ_NSW_Aug19.csv) max length = 40 characters

Format: Comma delimited (i.e. Microsoft Excel Comma Separated Values File)

Column	Field name/ header	Type	Format	Valid values
A	Doc*	Numeric	N	Whole number (Note that sum of amount for each document number must balance to nil)
B	Period*	Numeric	N	Active posting period
C	Fund source*	Numeric	N	Active fund source
D	Funded entity*	Numeric	N	Active funded entity
E	Funding Type*	Numeric	N	Active natural account
F	Account type*	Numeric	N	Active account type
G	Amount*	Numeric	N.NN	Maximum 2 decimal places; no commas / symbols
H	Line narration 1*	Alphanumeric	Text	Limit 40 characters
I	Line narration 2	Alphanumeric	Text	Limit 40 characters
I	Funding year*	Alphanumeric	YYYY/YY	Active funding year (XXXXYY where XXXX is a four digit year and YY is the subsequent 2 digit year)
J	Reference	Alphanumeric	Text	Limit 40 characters