



Administrator
National Health
Funding Pool

Three Year Data Plan: 2020-21 to 2022-23

June 2020

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Acronyms, abbreviations and terms

| Term | Meaning |
|----------------------|---|
| ABF | Activity Based Funding |
| Administrator | Administrator of the National Health Funding Pool |
| CAMHS | Child and Adolescent Mental Health Services |
| COAG | Council of Australian Governments |
| Data Plan | Three Year Data Plan |
| DHS | Commonwealth Department of Human Services |
| DoH | Commonwealth Department of Health |
| DRG | Diagnostic Related Group |
| DSS | Data Set Specification |
| EDW | Enterprise Data Warehouse |
| Funding Pool | National Health Funding Pool |
| GST | Goods and Services Tax |
| HSD | Highly Specialised Drugs (claiming program) |
| ICU | Intensive Care Unit |
| IHPA | Independent Hospital Pricing Authority |
| JAC | Jurisdictional Advisory Committee |
| LHN | Local Hospital Network |
| MBS | Medical Benefits Schedule |
| NEC | National Efficient Cost |
| NEP | National Efficient Price |
| NHFB | National Health Funding Body |
| NHFP Payments System | National Health Funding Pool Payments System |
| NHR | National Health Reform |
| NMDS | National Minimum Data Sets |
| NWAU | National Weighted Activity Unit |
| PBS | Pharmaceutical Benefits Scheme |
| PHF | Public Health Funding |
| PIN | Personal Identification Number |

| | |
|---------------|---|
| RBA | Reserve Bank of Australia |
| The Act | National Health Reform Act 2011 |
| The Addendum | Addendum to the National Health Reform Agreement: Revised Public Hospital Arrangements |
| The Agreement | National Health Reform Agreement |
| WIES | Weighted Inlier Equivalent Separation |

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1. Preface

This document comprises the Administrator's rolling Three Year Data Plan (Data Plan), covering the years 2020-21 to 2022-23, as required by the National Health Reform Agreement (the Agreement). For this rolling update, the National Health Funding Body (NHFB) has again collaborated with the Independent Hospital Pricing Authority (IHPA) to standardise the plans and data requirements of each agency.

The objectives of the Data Plan are to:

- communicate data requirements over the three years, 2020-21 to 2022-23, in accordance with clause B88 of the Agreement;
- describe the mechanisms and timelines for submission of these data from Commonwealth, States and Territories (jurisdictions); and
- advise how these data will be used by the Administrator in undertaking the duties required by the *National Health Reform Act 2011* (the Act), the Agreement, and the Addendum to the Agreement: Revised Public Hospital Arrangements (the Addendum).

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.

The privacy, secrecy and security of all data provided by jurisdictions continue to be of particular importance. Systems and processes used for collection, storage and reporting have been designed to ensure security of information. Where data may be considered 'personal information' within the meaning of the *Privacy Act 1988*, additional measures have been adopted to ensure that its collection and use are in accordance with the Australian Privacy Principles in the *Privacy Act 1988* and with the secrecy and patient confidentiality provisions in the Act and other statutory protections.

I will continue to liaise with jurisdictions to ensure that the processes surrounding the collection and use of data for the purposes of administering the National Health Funding Pool (Funding Pool) are as rigorous and transparent as possible. I would like to again extend my thanks to all jurisdictions for their involvement in the development of this plan and associated materials.

Additional information regarding the processes for which these data are requested is available from the website at www.publichospitalfunding.gov.au. I encourage you to review this information as you consider the Data Plan.

Mr Michael Lambert
Administrator
National Health Funding Pool

2. Overview

This Data Plan sets out the Administrator's rolling Three Year Data Plan, covering the period 2020-21 to 2022-23. The Data Plan has been harmonised with the IHPA's Data Plan to provide a standard document structure and appendix listing.

The supply of the data outlined in this Data Plan is required under clauses A8, B72 and B85 of the Agreement, with details of the Commonwealth and State and Territory compliance to be reported on a quarterly basis in line with clause B102.

The Administrator will make all non-identifiable aggregated and patient level data collected under the Data Plan available to jurisdictions based on patients' place of residence, where such release is legally permitted.

The Data Plan is comprised of six sections and four appendices as set out in Table 1.

Table 1 Data Plan document structure

| Document Section | Content |
|------------------|--|
| Section 3 | Describes the background to the development of the Data Plan, including the objectives of the plan and the consultation and development processes in place. |
| Section 4 | Provides an overview of privacy and security requirements together with an outline of protections surrounding the data. |
| Section 5 | Indicates how the Data Plan conforms to the compliance principles of the Agreement. |
| Section 6 | Covers the specific data requirements of the Administrator. This section identifies the data sources and major data components to be used to support data analysis and reporting in the period covered by the Data Plan. |
| Appendix A | Outlines the common data sets utilised by the Administrator and the IHPA. |
| Appendix B | Provides a timeline of required data submissions. |
| Appendix C | Lists the data sets required by the Administrator for the purposes of reconciliation. This is the same data as supplied to the IHPA. |
| Appendix D | Describes data reporting requirements for 'Other public hospital services'. |

2.1. Related documents

This Data Plan is supported by a number of other policy and operational documents relating to the work of the Administrator, as depicted in the diagram below. These documents can be accessed from:

www.publichospitalfunding.gov.au/publications

Figure 1 Three Year Data Plan supporting documents

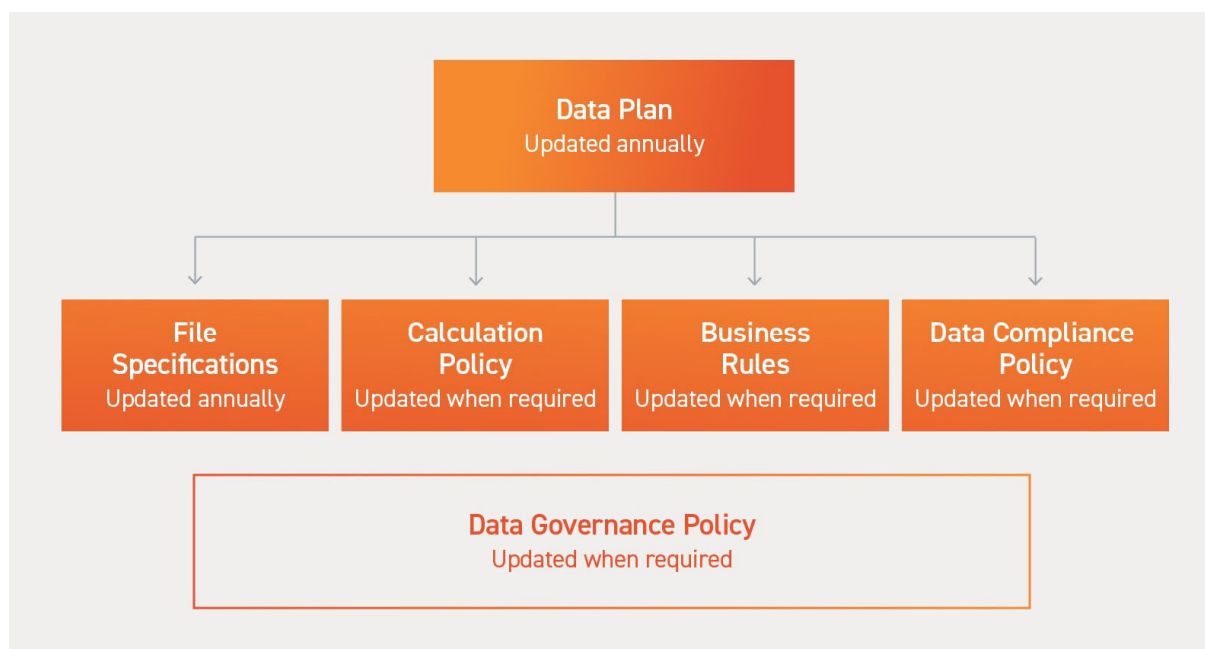


Table 2 Related documents

| Document | Content |
|---|--|
| File Specifications | These spreadsheets provide detailed technical information for the submission of data to the Administrator, including data items, position and length. |
| Calculation of Commonwealth National Health Reform Funding Policy | Explains the approach and method used by the Administrator to calculate the Commonwealth NHR funding to the States and Territories. |
| Business Rules – Data Matching | Rules for determining hospital services eligible for Commonwealth NHR activity based funding. |
| Data Compliance Policy | Outlines the Administrator's policy on jurisdictional data compliance. |
| Data Governance Policy | Documents the Administrator's and NHFB data collection and the purpose for collecting it, the data governance principles and legislative requirements, how and by what means can information be accessed and data security arrangements. |

3. Background

The Agreement put in place arrangements for Commonwealth payments for Public Health and the transparent funding of public hospitals based on services delivered and the efficient cost of delivering those services.

3.1. Legislative basis

The role and functions of the Administrator are set out in the Act and associated State and Territory health reform legislation¹.

3.2. Role of the Administrator

The Administrator is required to:

- Calculate and advise the Commonwealth Treasurer of the Commonwealth contribution to public hospital funding in each State and Territory (s238 of the Act).
- Oversee the payment of Commonwealth hospital funding into State Pool Accounts (s238 of the Act).
- Make payments from each State Pool Account, in accordance with the directions of the State or Territory concerned (common provisions of the Funding Pool legislation in each State and Territory).
- Monitor State and Territory payments into each State and Territory Pool Account (common provisions of the Funding Pool legislation in each State and Territory).
- Reconcile estimated and actual hospital services and adjust Commonwealth payments to hospitals (s238 of the Act).
- Undertake funding integrity analysis to identify and report on public hospital services that received both Commonwealth NHR funding and funding through other Commonwealth programs (clause A6 of the Agreement).
- Report publicly on the NHR funding and payments (s240 of the Act).

From 1 July 2012, the Administrator commenced making payments to Local Hospital Networks (LHNs) for Activity Based Funding (ABF) services in accordance with the nationally consistent ABF framework for admitted services, emergency department services and non-admitted patient services (clause A32c of the Agreement). This framework was extended to include sub-acute admitted and admitted mental health services from 1 July 2013 (clause A33c of the Agreement). From 1 July 2014, the Commonwealth NHR funding for each ABF service category and each State and Territory was calculated as the sum of the previous year amount plus 45 per cent of the efficient growth (measured as change in

¹ A list of the State and Territory legislation containing the common provisions can be found on pages 1-2 of the Administrator National Health Funding Pool Annual Report 2018-19 located at www.publichospitalfunding.gov.au/publications

volume and change in price) (clause A34 of the Agreement). From 1 July 2017, the Addendum introduced Funding Cap of 6.5 per cent to the Commonwealth NHR funding (clause I10 of the Addendum) and reforms to integrate safety and quality into the pricing and funding of Public Hospital Services (Safety and Quality Adjustments) (clause I60 of the Addendum).

Block funding is provided to States and Territories where the requirements of ABF are not able to be satisfied.

The following categories of services were Block funded in 2019-20 and will continue to be Block funded in 2020-2021:

- teaching, training and research
- small rural hospitals
- non-admitted mental health services
- non-admitted Child and Adolescent Mental Health Services (CAMHS)
- non-admitted home ventilation services
- other non-admitted services²
- other public hospital programs.

Both Commonwealth and State and Territory ABF payments are made prospectively, based on the estimated quantum of activity advised by States and Territories and reflected in the Service Agreements negotiated between States and Territories and their LHNs.

These prospective payments are followed by the reconciliation of actual activity to estimated activity. The hospital activity data is provided at patient and aggregate level. For the most accurate calculation of the Commonwealth ABF contribution, it is essential that reconciliation be performed using patient level activity data. It is only at this level that it is possible to apply payment adjustments such as private patient adjustments, loadings for Indigenous patients, remoteness, intensive care unit (ICU) hours, paediatric, specialist psychiatric and radiotherapy and dialysis adjustments as specified by the IHPA Pricing Framework.

In addition to the reconciliation requirements, clauses A6 and A7 of the Agreement details that the Commonwealth will not fund patient services if the same service, or any part of the same service, is funded through Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) or any other Commonwealth program. Consequently, State and Territory patient level hospital activity data is compared to other Commonwealth health data sets. Hospital services that have received Commonwealth NHR funding and are identified as having received funding through MBS or PBS are reviewed to determine whether they remain eligible for Commonwealth funding.

To undertake the reconciliation and matching functions for LHNs that receive Commonwealth NHR funding, the Administrator utilises the IHPA's data specification structure and only details the individual metadata for the Administrator unique Submission B data elements.

² Under Clause 17 of the Agreement, the IHPA has determined a list of services (the 'A17 List') which IHPA is satisfied were provided by a particular hospital in 2010. These services are eligible for Commonwealth funding at the Local Hospital Network indicated in the List at Appendix A of the *National Efficient Price Determination 2018-19*.

The hospital activity data is provided through a data portal. The portal accepts and verifies data submissions against the requested data specifications.

The role of the Administrator is to publicly report on Commonwealth and State and Territory funding under the NHR arrangements. This is done through monthly and annual reporting, contributing to the transparency of public hospital funding.

3.3. Ensuring transparency and accountability

As part of the Agreement, all parties have agreed to increased transparency in the Australian health care system. The Administrator is required by Division 2 – Financial management and reporting of the Act and B65-B68 of the Agreement to undertake a range of public reporting. The reporting requirements are summarised in Table 3.

In addition to the regulated reporting the Administrator can, under s245 of the Act, provide information generally to a jurisdictional Minister in relation to any information requested by that Minister and information in accordance with any direction given by the Council of Australian Governments (COAG).³

³ This may incorporate cost-related analytics as part of the Administrator's funding integrity analysis, as per the AHMAC (26 May 2016) and NHIPPC (28 April 2016) decision that 'the NHFB may utilise the linked MBS, PBS and Hospital data for their own costing purposes, within their current remit and can answer specific cost-related policy questions.'

Table 3 Administrator's information and reporting requirements

| Information and reporting requirement | Frequency |
|--|-------------------|
| Calculation of Commonwealth contribution This will include the outcomes of the calculations that the Administrator has advised to the Commonwealth Treasurer based on Commonwealth, State and Territory and the IHPA's advice. States and Territories are supplied with a copy of the advice provided to the Commonwealth Treasurer. | As required |
| Basis for Commonwealth and State/Territory contribution The Administrator reports the: <ul style="list-style-type: none"> • basis on which Commonwealth and State and Territory funding flows into the Funding Pool and State Managed Funds; and • basis on which Funding Pool and State Managed Fund payments have been made. | Monthly |
| Funding and payments The Administrator reports the: <ul style="list-style-type: none"> • funding received into the Funding Pool from the Commonwealth; • funding received into the Funding Pool and State Managed Fund from the relevant State or Territory; • payments made from the Funding Pool to LHNs, a State Managed Fund or other organisations; • payments made from each State Managed Fund to LHNs and other organisations; and • payments made by the Commonwealth through the Funding Pool to States and Territories for the provision of public health services. | Monthly |
| Volume of Public Hospital Services The Administrator reports the: <ul style="list-style-type: none"> • volume of public hospital services funded to and provided by LHNs in accordance with the national system of ABF, including a running yearly total; and • delivery of other public hospital functions funded by the Funding Pool and State Managed Fund, including a running yearly total. This includes reporting the number of National Weighted Activity Unit (NWAU) by service category and LHN and other public hospital services provided by States and Territories. | Monthly |
| Annual Report The Administrator publishes an Annual Report that includes legislated NHR disclosures, comprising a combined Financial Statement for the National Health Funding Pool and a Financial Statement for each State and Territory Pool Account. The Annual Report is provided to State and Territory Health Ministers for tabling in each respective Parliament. State Pool Accounts are audited by the Auditor-General of the respective State or Territory. The Administrator's Annual Reports are available from: www.publichospitalfunding.gov.au/publications | Annually |
| Service Agreements States and Territories are required to provide to the Administrator a copy of the Service Agreement with each LHN for each relevant financial year, once agreed. These Service Agreements are to be publicly released by States and Territories within fourteen calendar days of finalisation. | At least annually |
| Data Compliance Report The Administrator publishes details of jurisdictional data compliance against the requirements set out in the Data Plan. | Quarterly |

3.4. Consultation

The Administrator has established advisory committees to ensure that jurisdictions are consulted on a range of issues, including data collection requirements.

The Administrator's Jurisdictional Advisory Committee (JAC) is a committee of senior representatives from States and Territories and relevant Commonwealth departments and agencies. The JAC considers strategic issues associated with those components of national health reform where the Administrator has responsibility.

The Administrator also establishes time limited working groups, such as the Payments System Project Working Group, to consider technical issues associated with the implementation of the Agreement and Addendum arrangements. The working groups will be established on an as-needs basis with the assistance of members of the Administrator's JAC.

4. Privacy and security

Under the Agreement, the Administrator is tasked with collecting, securing and using information in accordance with relevant legislation and the Australian Privacy Principles, ethical guidelines and practices.

4.1. Data privacy

The privacy of citizens' personal information is of paramount importance. Personal information is treated in accordance with the Australian Privacy Principles specified in the *Privacy Act 1988* and *Privacy Amendment (Enhancing Privacy Protection) Act 2012*, the secrecy and patient confidentiality provisions in the Act and other statutory protections.

The Act provides protections for personal information and makes provisions to ensure patient confidentiality. In addition, all staff of the NHFB are employed under the *Public Service Act 1999*, and are subject to the APS Code of Conduct. Any contractors or persons assisting the NHFB in its work are also required to adhere to all privacy policies and procedures.

Any collection of personal information will only be undertaken for a specified purpose and will be undertaken in strict compliance with the Australian Privacy Principles.

The Administrator has developed protocols for the treatment of confidential and highly sensitive data that will ensure appropriate protection for patient, hospital, LHN and jurisdictional data received by the Administrator. These are documented in the Administrator's Data Governance Policy available from:

www.publichospitalfunding.gov.au/publications

4.2. Data security

The Administrator is committed to the security of patient level activity data submitted by jurisdictions. For the reconciliation process, the Administrator utilises the Enterprise Data Warehouse (EDW) managed by the Commonwealth Department of Health (DoH) which provides a secure facility for the submission, storage and dissemination of data. The EDW includes the following features:

- a secure online system for jurisdictions to submit data to the Administrator.
- secure control management for the sharing of data between the Administrator and the organisations specified in the clause B97 of the Agreement.
- a physically secure location with disaster recovery capabilities.
- compliance with relevant Australian Government security policies, including the Australian Government Protective Security Policy Framework and the Australian Government Information Security Manual.

Additional information is available in the Administrator's *Data Governance Policy*, available from:

www.publichospitalfunding.gov.au/publications

5. Compliance

5.1. Administrator's compliance

Clause B86 of the Agreement sets out the specific obligations of the NHR agencies in determining the requirements of their data plans. The table below demonstrates how this plan complies with each requirement.

Table 4 Agreement clause B86 compliance matrix

| Clause | Compliance principles | | Compliance mechanisms |
|--------|---|---|---|
| B86a | Seek to meet data requirements through existing national data collections, where practical | ➡ | National Minimum Data Set (NMDS) and Data Set Specifications (DSS) have been used where possible, and additional data items have been included only where necessary. |
| B86b | Conform with national data development principles and wherever practical use existing data development governance processes and structures, except where to do so would compromise the performance of statutory functions | ➡ | <ul style="list-style-type: none"> Use of existing national data specifications and collections wherever possible using the IHPA's data validation rules. Collaboration with State and Territory representatives to develop specifications and collections that are consistent with national standards. |
| B86c | Allow for a reasonable, clearly defined timeframe to incorporate standardised data collection methods across all jurisdictions | ➡ | The Administrator consults with jurisdictions to ensure that timeframes are reasonable, clear and aligned with the requirements of the Agreement. |
| B86d | Support the concept of 'single provision, multiple use' of information to maximise efficiency of data provision and validation where practical, in accordance with privacy requirements | ➡ | The EDW is used to maximise the efficiency of data provision and validation and to encourage appropriate data sharing between NHR bodies, where possible, given the privacy and secrecy legislation in place. |
| B86e | Balance the national benefits of access to the requested data against the impact on jurisdictions providing that data | ➡ | Jurisdictions will continue to be consulted regarding the impact of proposed data collections. |
| B86f | Consult with the Commonwealth and States and Territories when determining its requirements. | ➡ | <p>The Administrator has:</p> <ul style="list-style-type: none"> Established advisory committees that include jurisdictional representation. Conducted jurisdictional workshops and meetings to seek advice with regard to data requirements. |

5.2. Jurisdictional compliance

Under clause B102 of the Agreement the Administrator is required to publish details of jurisdictional compliance with data requirements on a quarterly basis.

The Administrator's *Data Compliance Policy* sets out the Administrator's policy on jurisdictional data compliance and details the process for public reporting on jurisdictional data compliance.

The Administrator's *Data Compliance Policy* is available from:

www.publichospitalfunding.gov.au/publications

6. Data requirements

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

- Service category activity estimates for each State and Territory and at an LHN level in accordance with Service Agreements with LHNs. These data are required in order to calculate and provide a formal forecast of the Commonwealth funding contribution to the Commonwealth Treasurer (see 6.1 – Service estimates).
- Disaggregated unit level activity data from States and Territories. These data are required in order to perform reconciliation based on actual levels of activity (see 6.2 – Reconciliation requirements). This data is required on a quarterly basis. Activity data provided biannually and annually is to be accompanied by a Statement of Assurance from a senior health department official on the completeness and accuracy of approved data submissions provided under clauses B63, B95 and B97 of the Agreement and I29 of the Addendum.
- Commonwealth data relating to MBS and PBS services accompanied by a Statement of Assurance biannually and annually from a senior health department official on the completeness and accuracy of the data.
- Funding, payments and service volumes. These data are required in order to enable monthly reporting of relevant NHR funding transactions (see 6.3 – Monthly Reporting requirements).

Further information on the purpose of data collection, data elements, submission and timing is outlined below.

Wherever possible, the Administrator uses existing classifications and data specifications, with additional data items included only where they are required to meet the obligations set out in the Act and the Agreement.

A timeline is provided at Appendix B identifying the timing for provision of data by jurisdictions across all three types of data (service estimates data, annual reconciliation data and monthly reporting data).

Ad hoc data request

The Administrator may need to request the supply of additional ad hoc data if external policy decisions (e.g. hospitals moving from Block to ABF, changed treatment of very long stay patients, introduction for pricing for safety and quality) are implemented after this Data Plan is approved or during the period of this Data Plan.

6.1. Service estimates

States and Territories are required to provide the Administrator with estimates of expected activity expressed as NWAUs, a measure of health service activity expressed as a common unit, against which the National Efficient Price (NEP) is paid.

The NWAU estimates, along with the IHPA's NEP and the National Efficient Cost (NEC) Determinations and any back-casting multiplier/s, enable the Administrator to calculate and advise the Commonwealth Treasurer and States and Territories of the amounts to be paid by the Commonwealth each financial year to States and Territories and LHNs, and comply with section 238(1)(a) of the Act.

Estimates provided by States and Territories to the Administrator for calculation of Commonwealth contributions must be provided on a service category basis (the service categories are as per the IHPA's Pricing Frameworks and NEP Determination), and reflect the format of the actual activity that will be captured and reported by LHNs. This includes the use of patient level and aggregate data and the application of loadings, new counting methodologies etc.

Estimates can be provided both prior to and during the relevant financial year, in the form of formal estimates (clause B73 and B74 of the Agreement) and non-binding estimates (clause I11 of the Addendum).

Formal estimates must be provided in line with part 6.1.1 below and will affect the Commonwealth payments to LHNs.

Non-binding estimates do not require States and Territories to vary the Service Agreements with their LHNs and will not affect the Commonwealth payments to LHNs. The provision of non-binding estimates is to improve the accuracy of NWAU estimates and may assist in the construction of confidential budget planning advice for Commonwealth and State and Territory governments.

The timely provision of complete information is important to enable calculation of the Commonwealth NHR funding contribution to each State and Territory prior to the commencement of the relevant financial year.

6.1.1. Data processes/timelines

The Agreement requires States and Territories to provide the Administrator with the following formal estimates for each financial year:

- estimated service volumes for the State or Territory by service category by 31 March (clause B73)
- confirmed service volumes for the State or Territory by service category for each LHN by 31 May (clause B74).

The formal estimated NWAU are to be provided to the Administrator as an annual NWAU submission. The provision of NWAU on this basis is necessary to enable the Administrator to carry out the reconciliation and adjustment process (clauses B59 to B61).

Adjustments to formal estimates

States and Territories may amend service NWAU estimates. Clause B57 of the Agreement anticipates adjustments to Commonwealth NHR funding due to changes in LHN service estimates as documented in Service Agreements.

Any adjustment to Commonwealth NHR funding contributions resulting from a change will be calculated as if the factor giving rise to the change related to the entire financial year. The resultant funding adjustment will be spread evenly over the remaining months of the financial year (with any remainder from rounding applied to the last month). This ensures that the adjustment is fully applied by the final monthly payment of the year.

The framework and mechanism for making adjustments is detailed in the Administrator's *Calculation of Commonwealth National Health Reform Funding* policy document. This document is available at:

www.publichospitalfunding.gov.au/publications

6.1.2. Data components

Activity based funding

States and Territories are required to provide the Administrator with estimated NWAU at the State or Territory level and the estimated NWAU for each LHN, by the relevant ABF service category detail for each relevant year. The ABF service categories are on the basis of the categories advised by the IHPA.

The IHPA has advised that the service categories for ABF in 2020-21 are:

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

Block funding

As per clauses A28 and A29 of the Agreement, the IHPA will determine which hospital services are eligible for Block funding based on interactions with States and Territories. The Administrator calculates the Commonwealth funding contribution for Block funding using the IHPA's NEC determination (clause A30).

The IHPA has advised that the service categories for Block funding in 2020-21 are:

- teaching, training and research;
- small rural hospitals;
- non-admitted mental health services;
- non-admitted CAMHS;
- non-admitted home ventilation services;
- other non-admitted services⁴; and
- other non-admitted public hospital programs.

Public Health Funding (PHF)

PHF is paid by the Commonwealth into the Funding Pool, and from there to State and Territory health departments for the purposes of population health activities. Clause A45 of the Agreement provides full discretion to States and Territories over the application of Public Health funding to the outcomes set out in the Agreement.

Public health funding is calculated by the Commonwealth Treasury and includes amounts for national public health, youth health services and essential vaccines.

Service Agreements

Clause B75 of the Agreement requires States and Territories to provide to the Administrator a copy of the Service Agreement with each LHN for each financial year, once agreed. These Service Agreements are to be publicly released by States and Territories within 14 calendar days of finalisation (clause D9).

States and Territories may amend Service Agreements. The Administrator must be advised within 28 calendar days of any agreed variation and the new Service Agreement publicly released within fourteen calendar days of amendment (clauses B50, B51, B57 and D9).

The NHFB will reconcile the NWAU amounts outlined in Service Agreements for each LHN with the estimates advised by States and Territories for Commonwealth payment purposes under clause B74.

⁴ Under clause 17 of the Agreement, the IHPA has determined a list of services (the 'A17 List') which the IHPA is satisfied were provided by a particular hospital in 2010. These services are eligible for Commonwealth funding at the Local Hospital Network indicated in the List at Appendix A of the *National Efficient Price Determination 2019-20*.

6.1.3. Data specifications

The service estimates requirements are set out below in Table 5.

Table 5 Service estimates requirements

| Requirement | Source | Data | Purpose | Act section/ Agreement clause |
|---|-------------------|---|---|----------------------------------|
| Calculate and advise the Commonwealth Treasurer and States and Territories of the amounts to be paid by the Commonwealth each financial year to each State and Territory under the Agreement. | IHPA | NEP / NEC Determinations | The NEP will be the price used to determine the Commonwealth contribution for ABF. The NEC and the list of Block funded hospitals will be used to determine the amount of Block funding by service category. | s238(1)(a) A29-A30 |
| | | Back-casting multipliers | Used to ensure that changes between years are correctly accounted for and that Commonwealth growth funding is not adversely impacted by changes in the national pricing model over consecutive years. | S238(1)(a) A40 |
| | State / Territory | Estimated weighted service volumes (by service category) | The estimated NWAU will be used to calculate the estimated aggregate funding (for ABF services) to be paid by the Commonwealth to each State and Territory. | s238(1)(a) B73 |
| | | Confirmed weighted service volumes (by service category by LHN) | The confirmed NWAU will be used to calculate the funding (for ABF services) required to be paid by the Commonwealth to each State and Territory. This will be used to calculate the starting point for the twelve equal monthly payments. | s238(1)(a) B74 |
| | | Service Agreement | The Agreement requires a copy of each Service Agreement to be provided to the Administrator once agreed between the State or Territory and the LHN, as well as a copy of any adjusted Service Agreement that will result in the variation of Commonwealth payments. | s238(1)(a) B75 |
| | | | | |

6.1.4. Service estimates data submission

The submission of service estimates is via an email to nhfa.administrator@nhfa.gov.au from a Minister, a delegate of the Minister, a Secretary, Director-General, Chief Executive or equivalent.

6.2. Reconciliation requirements

Reconciliation relates to those public hospital functions funded by the Commonwealth on an activity basis (clause B64 of the Agreement). From 1 July 2017, reconciliation will include Safety and Quality Adjustments for ABF and Block funded hospitals due to the introduction of safety and quality measures into the pricing and funding of public hospital services.

Commonwealth funding to the States and Territories in support of ABF services will be based, in the first instance, on estimates of activity levels for the funding period (see 6.1 – Service estimates).

Clauses B59-B61 of the Agreement require actual activity data to be reconciled with estimated activity data on a six-monthly and annual basis, in arrears and by LHN for each State and Territory, in order for Commonwealth payments to be adjusted to reflect the actual level of services provided.

To assist with streamlining and completing the six-month and annual reconciliations in a timelier manner, submission of activity data on a quarterly basis is required. The quarterly activity data submissions will streamline the NWAU calculation processes, enable earlier identification of any issues and importantly, timelier consultation with jurisdictions.

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

The data elements outlined in this section, together with the estimated activity data provided by States and Territories (used as the prospective basis for the Commonwealth contribution), will be used in the reconciliation process.

The data requirements align to the national data development principles (clause B86 of the Agreement) and wherever practical uses existing data sets and structures, except where doing so would compromise the performance of the Administrator's statutory functions.

The Administrator supports the concept of 'single provision, multiple use' of information and works collaboratively with the IHPA to advance the implementation of this principle. Activity data are sourced from the IHPA's data collections where practical. This assists in the development of nationally consistent data collection and validation processes.

The Commonwealth, States and Territories have primary responsibility for the integrity of the data provided (clause B95).

6.2.1. Data processes/timelines

States and Territories are required to provide the Administrator with the required activity data elements on a quarterly basis each financial year by the following dates to enable the Administrator in meeting the requirements of the Agreement:

- First-quarter period ending 30 September each year by 31 December that year;
- Six-month period ending 31 December each year, by 31 March the following year;
- Third-quarter year-to-date period ending 31 March each year, by 30 June that year; and
- Annual period ending 30 June each year, by 30 September that year (with one month for resubmissions by 31 October).

The provision of the Submission B data component including the Medicare card numbers (refer section 6.2.2 for further details) is only required to be submitted biannually for the six-month and annual periods. The data elements required are detailed in the Administrator's *File Specifications for Data Submission* documents, provided on the Administrator's website at:

www.publichospitalfunding.gov.au/publications

6.2.2. Data components

States and Territories

States and Territories are required to provide patient level activity data regarding actual services delivered for public hospital functions funded by the Commonwealth.

For privacy reasons, activity reconciliation will be undertaken by the NHFB using only de-identified data. This applies to the patient level activity data provided by States and Territories and the MBS claims data and PBS claims data received from the Commonwealth.

States and Territories must submit patient level activity data on hospital services provided in two separate submissions, Submission A and Submission B:

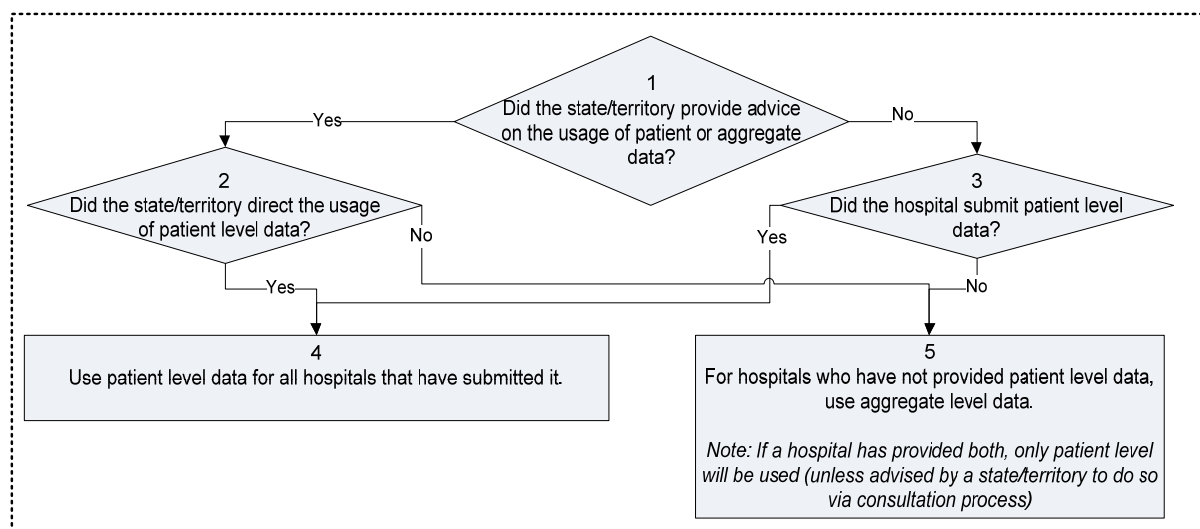
- **Submission A** includes patient level activity data. The patient level activity data is to include details (data flag) to enable identification of services that will be subject to the Safety and Quality Adjustments. From 1 July 2017, an episode of care where a sentinel event occurs will not be funded. As sentinel events are not currently reported in national data sets, States and Territories will be required to submit an additional data file identifying those episodes in which a sentinel event occurred (see Appendix C, Table 2). The implementation of the preventable hospital acquired complications and avoidable hospital readmissions, does not require States and Territories to submit separate data at this stage.
- **Submission B** includes a Medicare card number for the purpose of data de-identification. Each record in Submission B includes a common unique identifier (state or territory record identifier), used to link to Submission A data sets.

States and Territories may provide separate submissions for each service category, depending on the IHPA's specification. Where patient level data reporting is not possible or not complete, an aggregate level data is provided by the State or Territory.

If States and Territories provide both aggregate and patient level data for relevant data sets, the Administrator will consult with the State or Territory regarding the appropriate dataset to utilise. The Administrator will utilise the patient level data due to the greater level of detail contained in this dataset in comparison to the aggregate data, unless advised otherwise. States and Territories should progress the use of patient level data for Commonwealth funding purposes where appropriate to do so.

Figure 2 demonstrates the process for utilising patient or aggregate level data.

Figure 2 Utilisation of aggregate or patient level data



If there are significant changes to costing or classification methodologies in the next financial year (refer Appendix A), States and Territories may be required to provide additional data (shadow reporting) to ensure the Commonwealth NHR funding is calculated on an appropriate basis.

Reference data

States and Territories must submit a list of ABF hospitals including information about *Health Insurance Act 1973* 19(2) exemption status, pharmaceutical reform agreement status, and Highly Specialised Drugs (HSD) claiming status.

Statement of Assurance

Consistent with clause I40 of the Addendum, States and Territories will provide the IHPA with a Statement of Assurance from a senior health department official on the completeness and accuracy of approved data submissions provided under clauses B63, B95 and B97 of the Agreement. The Statement of Assurance is required biannually for the six-month and annual period.

Commonwealth Department of Health (DoH)

The DoH is required to provide de-identified patient level data on MBS claims, PBS items and data related to any other Commonwealth program considered relevant to clause A6 and A8 of the Agreement. The data is to be accompanied by:

- The relevant Public Interest Certificates;
- reference data such as a provider number list, a prescriber number list, and a pharmacy list; and
- Statement of Assurance on completeness and accuracy of data submitted by the relevant data custodian(s) (clause I41 of the Addendum).

In utilising MBS and PBS claims data provided by the Commonwealth Department of Human Services (DHS), the Administrator acknowledges and accepts the arrangements that the DoH has made regarding receipt of MBS and PBS data from DHS, including associated data validation.

Commonwealth Treasury

The Commonwealth Treasury is required to advise the amounts to be paid to States and Territories relating to national public health, youth health services and essential vaccines.

6.2.3. Data specifications

Set out below in Table 6 are the reconciliation data requirements.

Table 6 Reconciliation data requirements

| Requirement | Source | Data | Purpose | Act section/ Agreement clause |
|--|-------------------|--|--|----------------------------------|
| Conduct reconciliation to determine the actual volume for services provided by LHNs for Commonwealth payment purposes. | CwltH DoH | MBS claims data | To determine the level of eligible services that will attract a Commonwealth contribution. | s238(1)(a) |
| | | PBS claims data | | A6-A7 |
| | | Other Commonwealth programs | | |
| | | Provider number list: | | S238(1)(a) |
| | | Provider number | | |
| | | Not in a GP role (Yes/No) | | |
| | | Prescriber number list | | S238(1)(a) |
| | CwltH Treasury | Prescriber number | To calculate the Commonwealth funding contribution to public health activities. | |
| | | Provider number | | |
| | | Pharmacy list | | S238(1)(a) |
| | State / Territory | Pharmacy number | To determine the actual level of eligible services that will attract Commonwealth contribution. | |
| | | Provider number | | |
| | State / Territory | Pharmacy number | To allow calculation of NWAU for each State and Territory. | S238(1)(a) |
| | | Hospital based (Yes/No) | | |
| | | Public Health funding amount for each State and Territory | | A43-A46 |
| | | Patient level activity data/aggregate level data (where a State or Territory is unable to provide patient level activity data) | | s238(1)(a) B63-B64 |
| | IHPA | List of ABF hospitals: | Used to determine the total estimated funding (for ABF services) to be provided to each State and Territory. | |
| | | Hospital ID | | |
| | | Hospital name | | |
| | | 19(2) status | | |
| | | Pharmaceutical reform agreement (Yes/No) | | |
| | | Approved for HSD drugs | | |

6.2.4. Hospital activity data submission

State and Territory data submissions

States and Territories are required to submit patient level activity data in two separate submissions. The two submissions must contain specified data relating to the same services delivered and are to be linked by a state or territory record identifier.

Submission A

- The data is submitted via the IHPA Data Submission Portal, validated using the IHPA data validation rules and grouped by the IHPA before being provided to the NHFB. The validation rules applied to the data are detailed in the technical specifications which support this Data Plan, and are available from the Administrator's website.
- States and Territories that prefer to submit data directly to the Administrator/NHFB may do so through the Administrator's data submission portal (being the NHFB Dropbox). Any data provided via this means will be subject to the same data validation rules as data provided to the IHPA, for consistency purposes.

Submission B

- States and Territories are to provide Submission B data via encrypted file via the DHS [Submission B Dropbox](#). The submission is to be provided by States and Territories to DHS as a fixed-width text file with the appropriate file naming conventions. The data specifications and file titling requirements are explained in the *File Specification for Submission B 2020-21* document located at: www.publichospitalfunding.gov.au/publications.
- DHS performs two levels of validation: the file format (check if the filename is in the correct format and the file records are of the correct length) and the validity of the Medicare card number. The valid Medicare card numbers are replaced with unique Medicare Personal Identification Number (PIN) before being provided to the NHFB.
- **Note: Submission B data are not to be supplied directly to the NHFB.**

Reference data and separate data submissions

Reference data and separate data submissions may be provided to the Administrator via an email to nhfa.administrator@nhfa.gov.au or through the [NHFB Dropbox](#).

Commonwealth data submission

The DoH submission of de-identified patient level data for MBS and PBS and any other Commonwealth program is to be provided via the EDW.

The Commonwealth Treasury submission of public health amounts are to be provided directly to the Administrator via an email to nhfa.administrator@nhfa.gov.au or through the [NHFB Dropbox](#).

6.2.5. Cross-border data sharing

Cross-border funding occurs when a resident of one State or Territory receives hospital treatment in another State or Territory. The 'resident' State or Territory compensates the treating or 'provider' State or Territory for its share of the cost of that service.

This is known as cross-border payment. The Commonwealth funding contribution to the cost of these services is made directly to the 'provider' State or Territory.

Clause A88 of the Agreement details that the treatment of cross-border hospital activities will be governed by the following principles:

- the State or Territory where a patient would normally reside should meet the cost of services (agreed bilaterally and exclusive of the Commonwealth contribution) where its resident receives hospital treatment in another jurisdiction;
- payment flows (both Commonwealth and State or Territory) associated with cross-border services should be administratively simple, and where possible consistent with the broader arrangements of the Agreement;
- the cross-border payment arrangements should not result in any adverse GST distribution effects;
- States and Territories recognise their commitment under the Medicare principles which require medical treatment to be prioritised on the basis of clinical need;
- both States and Territories should have the opportunity to engage in the setting of cross-border activity estimates and variations, in the context that this would not involve shifting of risk; and
- there should be transparency of cross-border flows.

Given the need for transparency of cross-border flows the Administrator as part of the annual reconciliation process will release actual cross-border patient level data to States and Territories, including the calculated NWAU. Each State and Territory will receive a cross-border dataset that will include information for all patients reported to be residents of that State or Territory and received public hospital service in another State or Territory. This will include the patient level data submitted by States and Territories for ABF and Block funded hospital services.

The cross-border reconciliation process has been incorporated into the Administrator's *Calculation of National Health Reform Funding* policy.

6.3. Monthly reporting requirements

Sections 238(1)(d) and 240 of the Act require the Administrator to publicly issue monthly reports on the NHR funding transactions. These transactions include the payments made into and from the Funding Pool and State Managed Funds, volume of public hospital services (including other public hospital services) and basis for contributions.

The provision of transactional data and other data elements outlined in this section will allow the Administrator to meet the monthly reporting requirements of the Act and clauses B26d, B27d and B65 of the Agreement. Complete and timely provision of data is required so that the Administrator's monthly reports are timely and relevant.

The monthly reports also assist in delivering the transparency objectives of the Agreement, particularly clause B21:

There will be complete transparency and line-of-sight of respective contributions into and out of Pool accounts to Local Hospital Networks, discrete State Managed Funds, or to State or Territory health departments in relation to public health funding and any top-up funding, and of the basis on which the contributions are calculated. There will also be complete transparency and line-of-sight of respective contributions out of State Managed Funds to Local Hospital Networks.

All NHR transactions are recorded via the National Health Funding Pool (NHFP) Payments System. This system is managed and administered by the NHFB, and is used by the NHFB and States and Territories personnel to process relevant deposits, payments, and transactions through the Funding Pool in accordance with the requirements in the Act and the Agreement.

6.3.1. Data processes/timelines

To support the requirements of the Administrator's monthly reporting data collection, analysis and report generation cycle, the following timelines apply for each month:

- by the 15th day of the following month - States and Territories are required to have completed transaction processing in the NHFP Payments System to reflect all movements of funds in accordance with the Agreement.
- by the 15th day of the following month – States and Territories are required to provide service volume information (current period and year-to-date) for ABF (expressed as NWAU) in the requested format.
- by the last day of the following month, assuming that all States and Territories have complied with the information requirements and timelines above, the Administrator will make the monthly reports publicly available.

The timelines identified above are contingent on State and Territory responses to queries on figures and data elements each month (if any) and the timely resolution of any issues.

Where the days identified above occur on a weekend, national public holiday or public holiday in Canberra in any given month, transactional information, data collection or report generation is required by the next business day.

Funding and payment transactional data are to be entered in the NHFP Payments System.

Service volume information and any other Monthly reports data are to be provided via an email to NHFB.Finance@nhfb.gov.au

Reporting approach

The payment arrangements for both the Commonwealth and State and Territory are set out in clauses B52 and B53 of the Agreement and the provisions of the NHR jurisdictional legislation. Monthly reporting reflects these arrangements. In addition, clause B56 of the Agreement details:

States will direct the timing of Commonwealth payments from Pool accounts and State Managed Funds to Local Hospital Networks. However, States will not redirect Commonwealth payments:

- a. between Local Hospital Networks;*
- b. between funding streams (for example from ABF to Block funding); or*
- c. to adjust the payment calculations underpinning the Commonwealth's funding.*

6.3.2. Data sources

Monthly reporting data (excluding ABF service volumes – NWAU) will be sourced from the NHFP Payments System which will be reconciled by the NHFB on a monthly basis to the Reserve Bank of Australia (RBA) bank account transactions and balances for the Funding Pool.

The data provided by States and Territories, along with existing data held by the Administrator and the NHFB will be used to compile the monthly reports for each State, Territory and LHN. Reports are provided at a national, State or Territory and LHN level.

Any subsequent queries will be discussed by the NHFB with each State or Territory individually.

6.3.3. Data requirements

As outlined in the Act, the provisions of the NHR jurisdictional legislation, and the Agreement (specifically clauses B26d, B27d and B65), the Administrator is required to collect data from States and Territories in order to enable monthly reporting of the:

- funding received into the Funding Pool from the Commonwealth and from States and Territories
- basis on which Commonwealth and State and Territory funding flows into the Funding Pool and State Managed Funds have been made
- payments made by the Commonwealth through the Funding Pool to States and Territories for the provision of Public Health services and top-up payments
- payments made from the Funding Pool to LHNs, State Managed Funds or other organisations
- payments made from State Managed Funds to LHNs and other organisation
- basis on which the Funding Pool and State Managed Fund payments have been made
- volume of public hospital services funded to and provided by LHNs in accordance with the national system of ABF, including a running yearly total
- delivery of other public hospital services funded by the Funding Pool and State Managed Funds, including a running yearly total.

Funding happens when the Commonwealth or State or Territory government pays NHR funding into a Pool account or State Managed Fund.

Payments occur when the funding deposited into a Pool account or State Managed Fund is paid out of the Pool account by the Administrator, or is paid out of a State Managed Fund by the State or Territory.

Table 7 Summary of transaction and information required

| Transaction Types – Receipts | | |
|---|------------------------|--|
| Transaction Type | Who is responsible | Information required |
| Commonwealth Contribution – ABF | NHFB | Funds Source (C), Funded Entity (LHNs), summary level funding type (ABF), Funding Year, Account Type = Pool (10000) |
| Commonwealth Contribution – ABF | States and Territories | Breakdown of ABF receipts for each LHN by ABF funding type (e.g. Acute Admitted), Funding Year; Account Type = Pool (10000) |
| Commonwealth Contribution – PHF and Block | NHFB | Funds Source (C), Funded Entity (State Pool), breakdown by Funding Type (e.g. small rural hospitals), Funding Year; Account Type = Pool (10000) |
| State Contribution – ABF | States and Territories | Funds Source (J), Funded Entity (LHNs), breakdown of ABF receipts for each LHN by ABF funding type (e.g. Acute Admitted), Funding Year; Account Type = Pool (10000) |
| Interest Receipts | States and Territories | Funds Source (O), Funded Entity (State), Funding Type (Interest receipt), Funding Year; Account Type = Pool (10000) |
| Cross-border receipts (for transfer to other State / Territory) | States and Territories | Funds Source (J), Funded Entity (Cross-border), Funding Type (Cross-border contribution), Funding Year; Account Type = Pool (10000) |
| Cross-border receipt from other State/Territory | NHFB | System generated |
| Block funding to SMF | States and Territories | Journal receipt of cash to bank, revenue recognition Revenue coded to Funds Source (C and J), Funded Entity (SMF), detailed funding type (e.g. small rural hospitals), Funding Year; Account Type = SMF (20000) |

| Transaction Types – Payments | | |
|--|------------------------|--|
| Transaction Type | Who is responsible | Information required |
| Commonwealth Contribution – ABF | States and Territories | Funds Source (C and J), Funded Entity (LHNs), breakdown by Funding Type (e.g. Acute Admitted), Funding Year, Account Type = Pool (10000) |
| Public Hospital Funding to Health Department | States and Territories | Funds Source (C), Funded Entity (State), breakdown by Funding Type (e.g. small rural hospitals), Funding Year; Account Type = Pool (10000) |
| Commonwealth Block to SMF | States and Territories | Funds Source (C), Funded Entity (State Managed Fund), breakdown by Funding Type (e.g. small rural hospitals), Funding Year; Account Type = Pool (10000) |
| Interest to Health Department | States and Territories | Funds Source (O), Funded Entity (State), Funding Type (Interest payment), Funding Year; Account Type = Pool (10000) |
| Over-deposit to Health Department | States and Territories | Funds Source (J), Funded Entity (State), Funding Type (Over-deposit), Funding Year; Account Type = Pool (10000) |
| Cross-border transfer to other State / Territory | States and Territories | Funds Source (J), Funded Entity (Cross-border), Funding Type (Cross-border transfer), Funding Year; Account Type = Pool (10000) |
| Cross-border from other State / Territory to Health Department | States and Territories | Funds Source (S), Funded Entity (State), Funding Type (Cross-border payment), Funding Year; Account Type = Pool (10000) |
| Block funding from SMF to LHNs / other | States and Territories | Journal payment of cash from bank, expense recognition Expense coded to Funds Source (C and J), Funded Entity (SMF), detailed funding type (e.g. small rural hospitals), Funding Year; Account Type = SMF (20000) |

GST

The majority of government funding to LHNs is not subject to GST. However in some cases hospital funding to non-government entities does attract GST. For example, denominational hospitals, privately and commercially owned health facilities or other non-government third party providers of health services or related supplies. In these cases, States and Territories must separately identify the GST component.

Basis statements

States and Territories must provide a narrative explaining the basis on which they make payments to LHNs. This information is included in the State or Territory monthly report.

State and Territory prices for ABF services

Clause A63 of the Agreement requires that State and Territory prices set for ABF services form part of the basis on which State or Territory funding is made to LHNs. Clause A66 requires States and Territories to advise these prices to the Administrator (and the IHPA).

Service volumes

The monthly reports show both dollars and service volumes for ABF. ABF service volumes are expressed as NWAU.

Other public hospital services

As required under section 240(1)(f) of the Act and clauses B26d, B27d and B65 of the Agreement, the Administrator is required to report the number of 'other public hospital' services and functions funded from each state pool account or State Managed Fund.

Unlike the unit of measurement for the national ABF system (NWAU), there is currently no nationally standardised measurement system for 'other public hospital services'.

Consequently, States and Territories should provide detail to the Administrator on the application of NHR funding outside of ABF, based on the locally accepted unit measurement classification (e.g. hours, events, clients, episodes etc.) and the funding arrangements used in each State/Territory.

Further information on data reporting relating to 'other public hospital' services is provided at Appendix D.

Data specification documents are provided on the Administrator's website at:

www.publichospitalfunding.gov.au/publications

Appendix A

Data collections utilised by the Administrator and the IHPA

For this rolling update the NHFB, on behalf of the Administrator, has worked collaboratively with the IHPA in revising the Data Plan as part of a commitment to the principle of data rationalisation expressed in the Agreement, particularly in progressing the principle of 'single provision, multiple use'. The table below demonstrates a coordinated approach to data collection.

The IHPA and NHFB utilise cost and expenditure data through the same key collections: the National Hospital Cost Data Collection and the National Public Hospitals Establishments Database and the Public Hospitals Establishments Data Set Specification.

Table 1 Comparative Activity data collections utilised by the Administrator and the IHPA

| Service category | National Agencies | | | Year of data collection | | | | | |
|---------------------------------|-------------------|--------------|-----------------------|-------------------------|---|----------------------------|--|----------------------------|---|
| | IHPA | | NHFP Administrator | 2020-21 | | 2021-22 | | 2022-23 | |
| | ABF | Block funded | | Data spec | Classification | Data spec | Classification | Data spec | Classification |
| Admitted acute | ✓ | ✓ | ✓ | APC NMDS 2020-21 | ICD-10-AM Eleventh ed. & AR-DRG v10.0 | APC NMDS 2021-22 | ICD-10-AM Twelfth ed. & AR-DRG v10.0 | APC NMDS 2022-23 | ICD-10-AM Twelfth ed. & AR-DRG v11.0 |
| Emergency (ED Levels 3B – 6) | ✓ | ✓ | ✓ | NAPEDC NMDS 2020-21 | Australian Emergency Care Classification v1.0 | NAPEDC NMDS 2021- 22 | Australian Emergency Care Classification v1.0 | NAPEDC NMDS 2022- 23 | Australian Emergency Care Classification v1.0 |
| Emergency (ED Levels 1 – 3A) | ✓ | ✓ | ✓ | ESC NBEDS 2020-21 | UDG v1.3 | ESC NBEDS 2021-22 | UDG v1.3 | ESC NBEDS 2022-23 | UDG v1.3 |

| | National Agencies | | | Year of data collection | | | | | |
|--------------------------------------|-------------------|--------------|-----------------------|---|--|---|---|--|---|
| | IHPA | | NHFP Administrator | 2020-21 | | 2021-22 | | 2022-23 | |
| Service category | ABF | Block funded | | Data spec | Classification | Data spec | Classification | Data spec | Classification |
| Non-admitted (Aggregate data) | ✓ | ✓ | ✓ | NAPC ANBEDS 2020-21 | Tier 2 Non-Admitted Services v5.0 | N/A | N/A | N/A | N/A |
| Non-admitted (Patient level data) | ✓ | | ✓ | NAP NBEDS 2020-21 | Tier 2 Non-Admitted Services v5.0 | NAP NMDS 2021-22 | Tier 2 Non-Admitted Services v5.0 | NAP NMDS 2022-23 | Tier 2 Non-Admitted Services v5.0 |
| Mental health* | ✓ | ✓ | ✓ | ABF MHC NBEDS 2020-21 | Australian Mental Health Care Classification v1.0 | ABF MHC NBEDS 2021-22 | Australian Mental Health Care Classification v1.0 | ABF MHC NBEDS 2022-23 | Australian Mental Health Care Classification v1.0 |
| Admitted subacute & non-acute | ✓ | ✓ | ✓ | ASNHC NBEDS 2020-21 | AN-SNAP v4.0 | ASNHC NBEDS 2021-22 | AN-SNAP v4.0 | ASNHC NBEDS 2022-23 | AN-SNAP v5.0 |
| Teaching, training & research* | ✓ | | | HTTRA NBEDS 2020- 21 | Australian Teaching and Training Classification v1.0 | HTTRA NBEDS 2021- 22 | Australian Teaching and Training Classification v1.0 | HTTRA NBEDS 2022-23 | Australia Teaching and Training Classification v1.0 |
| Sentinel events | ✓ | ✓ | ✓ | Data file which identifies episodes with sentinel events to be provided by jurisdictions | Australian sentinel events list v2.0 | Data file which identifies episodes with sentinel events to be provided by jurisdictions | Australian sentinel events list v2.0 | Data file which identifies episodes with sentinel events to be provided by jurisdictions | Australian sentinel events list v2.0 |

* The Administrator's required data collections have been harmonised with the IHPA Three Year Data Plan 2020-21 to 2022-23 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.

Table 2 Other data collections utilised by the IHPA and the Administrator

| | National Agencies | | | Year of data collection | | |
|--|-------------------|--------------|--------------------|--|--|--|
| | IHPA | | NHFP Administrator | 2020-21 | 2021-22 | 2022-23 |
| Category | ABF | Block funded | | Data collection | Data collection | Data collection |
| In-scope pharmaceutical program payments | ✓ | ✓ | ✓ | Commonwealth in-scope patient level pharmaceutical program payments data | Commonwealth in-scope patient level pharmaceutical program payments data | Commonwealth in-scope patient level pharmaceutical program payments data |
| De-identified Medicare number and funding source information | ✓ | ✓ | ✓ | 'Submission B' data file provided by jurisdictions to the Department of Human Services | 'Submission B' data file provided by jurisdictions to the Department of Human Services | 'Submission B' data file provided by jurisdictions to the Department of Human Services |

Table 3 Dataset and classification names

| Dataset Acronym | Dataset name |
|-------------------------------|--|
| ABF ESC NBEDS | Activity Based Funding Emergency Service Care National Best Endeavours Data Set |
| ABF MHC NBEDS | Activity Based Funding Mental Health Care National Best Endeavours Data Set |
| AN-SNAP | Australian National Sub-Acute and Non-Acute Patient Classification |
| APC NMDS | Admitted Patient Care National Minimum Dataset |
| AR-DRG | Australian Refined Diagnosis Related Group (Admitted patient classification system) |
| ASNHC NBEDS | Admitted Sub-acute and Non-acute Hospital Care National Best Endeavours Data Set |
| ICD-10-AM | International Statistical Classification of Diseases and Related Health Problems (revision 10-Australian Modification) |
| HTTRA NBEDS | Hospital Teaching, Training & Research National Best Endeavours Data Set |
| NAPC Aggregate NMDS and NBEDS | Non-admitted Patient care Aggregate National Minimum Dataset and National Best Endeavours Data Set |
| NAP NBEDS | Non-admitted Patient National Best Endeavours Data Set |
| NAP NMDS | Non-admitted Patient National Minimum Dataset |
| NAPEDC NMDS | Non-admitted Patient Emergency Department Care National Minimum Dataset |
| UDG | Urgency Disposition Group. Classifies patients into groups based on disposition (admitted or discharged) and urgency. |
| URG | Urgency Related Group. Segments the UDG classification system using major diagnostic blocks. |

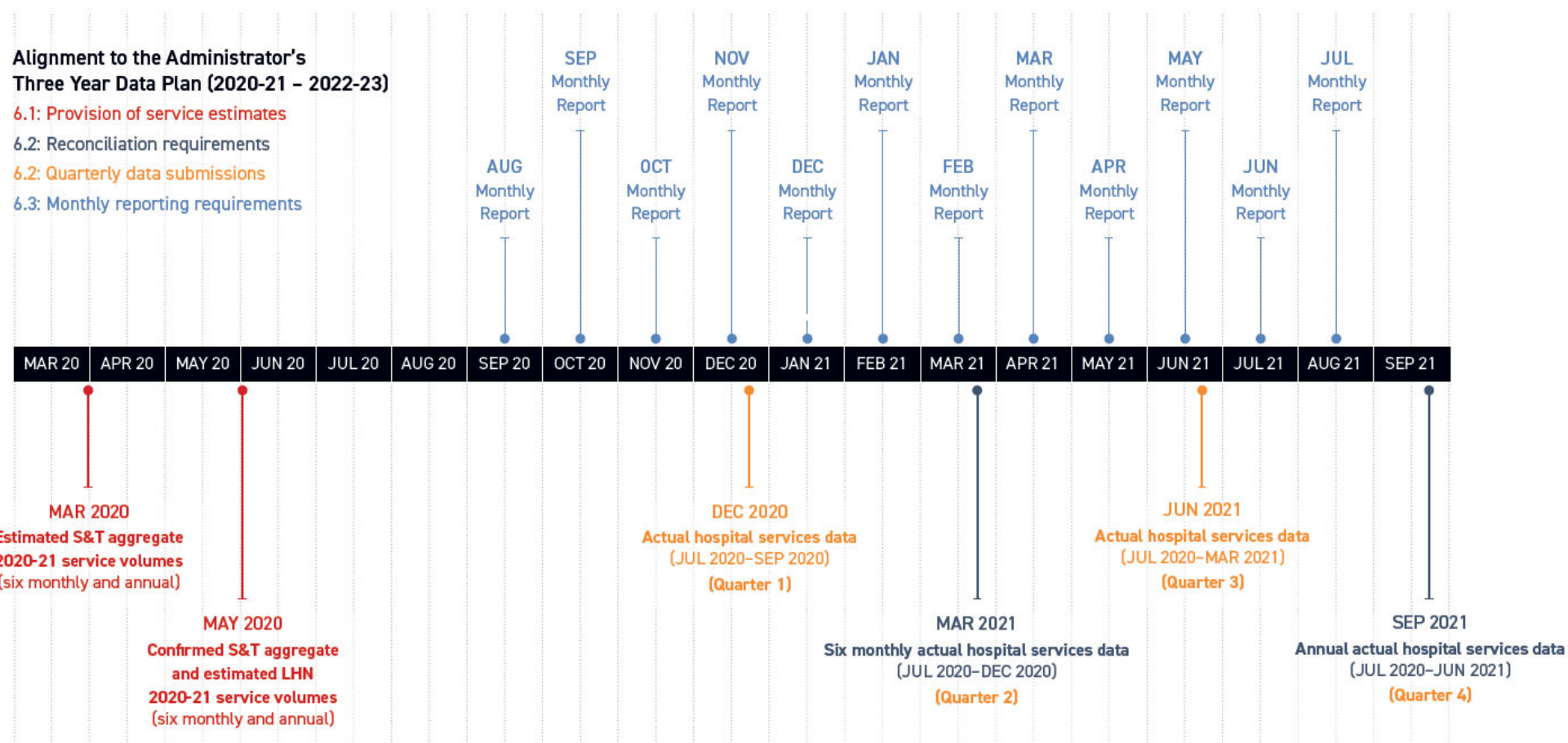
The table below outlines how the Administrator will use each data collection as a component of the determination of the Commonwealth contribution to ABF funding. Each service in the collection is firstly confirmed as in scope for ABF funding as determined by the IHPA.

Table 4 Data Collection Usage

| Data collection service category | Calculation of NWAU | Determination of eligibility for Commonwealth ABF funding |
|---|---|---|
| Patient Level data <ul style="list-style-type: none"> Admitted acute Admitted mental health Admitted sub-acute and non-acute Emergency Department (ED Levels 3B – 6) Non-admitted | <p>Details of each in scope service in this collection such as remoteness and Indigenous status are used to calculate NWAU, including appropriate NWAU adjustments</p> <p>Details of each in scope service in this collection for cross-border patients are used to calculate cross-border NWAU</p> | <p>Details of each in scope service in this collection such as sex, date of birth, admission and discharge dates inform the determination of eligibility for Commonwealth funding</p> |
| Aggregate Data <ul style="list-style-type: none"> Emergency Services (ED Levels 1 – 3A) Non-admitted | <p>The aggregate data in this collection allows only base NWAU to be calculated. The absence of patient level data means that NWAU adjustments using factors such as remoteness and Indigenous status are not possible</p> | <p>The aggregate data in this collection does not permit matching of services at a patient level. All in scope services provided at aggregate level are determined as eligible for Commonwealth funding</p> |

Appendix B

Timeline for data provision



Appendix C

Reconciliation data requirements

The following tables identify the data required to be submitted to the Administrator by the States/Territories and Commonwealth as part of the reconciliation process.

Submission A

Submission A includes patient and aggregate level hospital activity data provided by state and territories (as per Appendix A) and MBS and PBS and associated reference files provided by the Commonwealth.

Submission B

Submission B provides the Administrator the Medicare card number and funding source information that aligns with the State and Territory hospital activity file data (Submission A). Submission B is provided directly to the DHS by States and Territories. The DHS replace the Medicare number with a unique Medicare PIN, and then provide the Submission B data to the Administrator. This process is managed in accordance with the Administrator's *Data Governance Policy*.

Submission B is unique to the Administrator's Data Plan, and enables a deterministic link using the Medicare PIN between the hospital activity file and the MBS and PBS data respectively.

Table 1 Submission B

| Data item | Purpose |
|---|---|
| State Record Identifier | Required for matching with Submission A. |
| Full Medicare Number including sub-numerate as the last digit | Required for matching with services data. |
| Other Commonwealth program status | To derive eligible services. |
| Program or exemption type | Required to derive eligible services. |
| File Category | Required for matching with services data. |
| Establishment Identifier | Required for matching with services data. |
| Pass through data | Spare space for future use. |

Sentinel Events

The Sentinel Events data file is an additional data file identifying those episodes in which a sentinel event occurred for the purpose of pricing for safety and quality. As sentinel events were not reported in national data sets until 1 July 2017, States and Territories are required to submit a separate data file with actual hospital services data. From 1 July 2017, episodes of care (across all care streams) where a sentinel event occurs will not be funded in its entirety. This funding approach will use the national core set of eight sentinel events agreed to by Australian Health Ministers in 2002, which identifies the following events:

- Procedures involving the wrong patient or body part resulting in death or major permanent loss of function;
- Suicide of a patient in an inpatient unit;
- Retained instruments or other material after surgery requiring re-operation or further surgical procedure;
- Intravascular gas embolism resulting in death or neurological damage;
- Haemolytic blood transfusion reaction resulting from ABO incompatibility;
- Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs;
- Maternal death associated with pregnancy, birth and the puerperium; and
- Infant discharged to the wrong family.

Table 2 Sentinel Events

| Data item | Purpose |
|--------------------------|---|
| State or territory | Required for matching with Submission A. |
| State Record Identifier | Required for matching with Submission A. |
| File Category | Required for matching with services data. |
| Establishment Identifier | Required for matching with services data. |
| Date of Birth | Required for matching with services data. |
| Sentinel Event Code | Required for matching with services data. |

The Australian Commission on Safety and Quality in Health Care is developing a data set specification for nationally consistent reporting of sentinel events in future years.

Appendix D

Other public hospital services

Section 240(1)(f) of the Act and clauses B26d, B27d and B65 of the Agreement require the Administrator to report:

The number of other public hospital services and functions funded from each State Pool Account or State Managed Fund (including a running financial year total).

Unlike the unit of measurement for the national ABF system (NWAU), there is currently no nationally standardised measurement system for 'other public hospital services'.

States and Territories are requested to provide detail on the application of NHR funding outside the ABF arrangements, based on the locally accepted unit measurement classification and the funding arrangements used in that State or Territory.

The table below provides examples of units of measurement that may be used by States and Territories to satisfy the requirements of the legislation and the Agreement. These are examples only and are by no means an exhaustive list of the units of measurement that may be reported. States and Territories should report the unit or units of measurement that are used locally.

Table 1 Examples of possible types of units of measurement for 'other public hospital services and functions funded'.

| Unit of measurement | Description |
|--|---|
| Cost weights e.g. Weighted Inlier Equivalent Separation (WIES) | A relative measure of resource use. e.g. WIES is a cost weight (W) that is adjusted for time spent in hospital (IES), and represents a relative measure of resource use for each episode of care in a Diagnostic Related Group (DRG). |
| Clinical service units or Non-clinical service units e.g. No. of transplants or No. of interpreter services | A measure of the number of service units (may be clinical or non-clinical) that are funded for the LHN. e.g. A LHN may be funded to undertake a number of transplants, elective surgeries or the like. Similarly, a LHN may be funded to provide interpreter services. |
| Contract related e.g. Signed service agreements | A measure of the number of contracts in place to deliver NHR services. e.g. The number of signed service agreements with LHNs. |

| Unit of measurement | Description |
|---|---|
| Capacity related e.g. Number of beds | <p>A measure of the funding provided for NHR services based on the capacity of a LHN or hospital.</p> <p>e.g. A LHN may receive NHR funding based on the number and/or types of beds.</p> |
| Input related e.g. Staffing profile | <p>A measure of the funding provided based on inputs.</p> <p>e.g. A LHN may receive NHR funding based on the staffing profile or similar.</p> |

Appendix E

Clause alignment between 2017-20 and 2020-25

Addendum

| 2017-20 ADDENDUM | | 2020-25 ADDENDUM | |
|------------------|---|------------------|--|
| I10 | Growth in annual Commonwealth funding for national Public Hospital Services, will not exceed 6.5 per cent a year (the National Funding Cap) while this Part is operational. Details on the operation of the National Funding Cap are outlined below. | A5 | Growth in the Commonwealth's total annual funding contribution to health services nationally under this Addendum as outlined at clauses A6 and A7 will not exceed 6.5 per cent a year (the national funding cap). Details on the operation of the national funding cap are outlined in clauses A56 to A58. |
| I11 | Parties agree to improve the accuracy of NWAU estimates by allowing States to provide non-binding advice to the Commonwealth and the Administrator on expected services to be delivered, without the need to vary Service Agreements. The provision of this advice will not affect Commonwealth payments or cash flows to LHNs. | A104 | Parties agree to improve the accuracy of NWAU estimates by allowing States to provide non-binding advice to the Commonwealth and the Administrator on expected services to be delivered, without the need to vary Service Agreements. The provision of this advice will not affect Commonwealth payments or cash flows to Local Hospital Networks (LHNs). |
| I29 | A notice for the purpose of Clause I28 must be issued in writing by a senior officer of the relevant health department and provide full particulars of the nature and extent of the issue and the likely impact on the State's Commonwealth Funding Entitlement. A Statement of Assurance must accompany any further submission of data by a State to remedy an identified issue. | A78(b) | Notification of fraud or other illegal or dishonest activity for the purpose of clause A78(a) must be issued in writing by a senior officer of the relevant health department and provide full particulars of the nature and extent of the issue and the likely impact on the Commonwealth funding. A Statement of Assurance must accompany any further submission of data by a State to remedy an identified issue. |
| I40 | From 1 July 2017, States will provide the IHPA with a Statement of Assurance from a senior health department official on the completeness and accuracy of approved data submissions provided under clauses B63, B95 and B97 of the Agreement. a. Consistent with Clause B97, the IHPA will provide statements of assurance to the Administrator. b. Jurisdictions will work with the national bodies to determine the manner and form of the Statement of Assurance, for approval by the Australian Health Ministers' Advisory Council (AHMAC). | B82 | States will provide the IHPA with a Statement of Assurance from a senior health department official on the completeness and accuracy of approved data submissions provided under clauses A66, A79, B76 and B77 of this Addendum: a. consistent with clause B77, the IHPA will provide statements of assurance to the Administrator; b. jurisdictions will use the Statement of Assurance template agreed by AHMAC; and |

| 2017-20 ADDENDUM | | 2020-25 ADDENDUM | |
|------------------|---|------------------|--|
| | c. The provision of the Statement of Assurance does not prevent a State from resubmitting data to improve previous submissions, subject to the timing requirement in Clause I28. Each approved submission or resubmission of data will be accompanied by a Statement of Assurance. | | c. the provision of the Statement of Assurance does not prevent a State from resubmitting data to improve previous submissions, subject to the requirements in clause A78. Each approved submission or resubmission of data will be accompanied by a Statement of Assurance. |
| I41 | Data provided to the Administrator under clauses A6 and A8 by the Commonwealth will also require a statement of assurance on completeness and accuracy of data submitted by the relevant data custodian(s). | B83 | Data provided to the Administrator by the Commonwealth under clauses A8 and A9 will also require a statement of assurance on completeness and accuracy of data submitted by the relevant Divisional Data Steward. |
| I60 | The Parties agree to develop reforms to integrate safety and quality into the pricing and funding of Public Hospital Services in a way that: a. Improves patient outcomes; b. Provides an incentive in the system to provide the right care, in the right place, at the right time; c. Decreases avoidable demand for public hospital services; and d. Signals to the health system the need to reduce instances of preventable poor quality patient care, while supporting improvements in data quality and information available to inform clinicians' practice | A162 | The Parties agree to continue reforms integrating safety and quality into the pricing and funding of Public Hospital Services in a way that: a. Improves patient outcomes; b. Provides an incentive in the system to provide the right care, in the right place, at the right time; c. Decreases avoidable demand for public hospital services; and d. Signals to the health system the need to reduce instances of preventable poor quality patient care, while supporting improvements in data quality and information available to inform clinicians' practice. |



Administrator
National Health
Funding Pool

Three Year Data Plan: 2020-21 to 2022-23

File Specification for Data Submission
June 2020

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 |
| DHS | Commonwealth Department of Human Services |
| DoH | Commonwealth Department of Health |
| 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 |
| NHFP Payments System | National Health Funding Pool Payments System |
| 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 |
| The Agreement | National Health Reform Agreement |

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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 2020-21 to 2022-23* (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 – 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 2020-21 funding year. File specifications for 2021-22 and 2022-23 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 2020-21* - 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 clauses B59 to B64 of the Agreement.

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 of the Agreement); and
- *confirmed* aggregate service volumes and estimated service volumes for each local hospital network (LHN) by 31 May each year (clause B74 of the Agreement).

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 2020-21*.

2.4. 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 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 activity based funding);
- other public hospital programs; and
- CAR-T.

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 Services Australia (Previously Commonwealth Department of Human Services).

The Commonwealth Department of Health (DoH) is required to provide Medical Benefits Schedule (MBS) services claims data and Pharmaceutical Benefits Scheme (PBS) services claims data to the Administrator, using the Enterprise Data Warehouse (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 2020-21 funding year. The files for 2021-22 and 2022-23 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 Agreement. 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.

¹ <https://www.ihoa.gov.au/what-we-do/data-collection/data-specifications/abf-data-request-specifications-2020-21>

² As determined by IHPA as per clause A17 to A24 of the Agreement

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 2020-21 (METeOR ID: 713850).

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 Agreement. 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 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 2020-21 (METeOR ID: 715671).

³ The Administrator's required data collections have been harmonised with the IHPA Three Year Data Plan 2020-21 to 2022-23 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 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 2020–21 (METeOR ID: 713860).

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 2020-21 (METeOR ID: 715348)

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 Agreement.

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 2020-21 (METeOR ID: 713856).

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 Agreement.

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 2020-21 (METeOR ID: 714044).

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: 713854).

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 Services Australia (clause B74 of the Agreement).

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 2020-21* 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 A9 of the Agreement.

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 A9 of the Agreement.

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 National Health Funding Pool and State Managed Funds.

The National Health Funding Pool Payments System (NHFP Payments System) is the core financial management information system, which went live in October 2019. All financial transactions are stored in the NHFP Payments System and month-end procedures are undertaken to obtain comfort over period balances prior to publishing.

The monthly data submission for each State and Territory is to include a record for each funding or payment transaction 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.

One submission is required by the COB on the 15th calendar day of each month:

1. Approved Payments System end of month workbook

4.1. File Specification

4.1.1. Financial Transactions

The Payments System end of month workbook is provided to States and Territories to obtain evidence of sign-off of financial information within the NHFP Payments System in a given month. Sign off is to be provided by both the preparing officer and approving officer within each State and Territory by COB on the 15th calendar day of each month.

To support the requirements of the Administrator's monthly reporting data collection, analysis and report generation cycle, valid transaction types must be finalised and signed off as part of the month-end process, see **Appendix A: National Health Funding Pool Funding Flows and Funding Types**.

5. Attachments

The following excel files are attached to this document:

Service estimates:

Service Estimate Provision Template 2020-21

Reconciliation requirements:

File Specification for Submission B 2020-21

Appendix A: National Health Funding Pool Funding Flows and Funding Types

Figure 1: National Health Funding Pool funding flows of valid transaction types

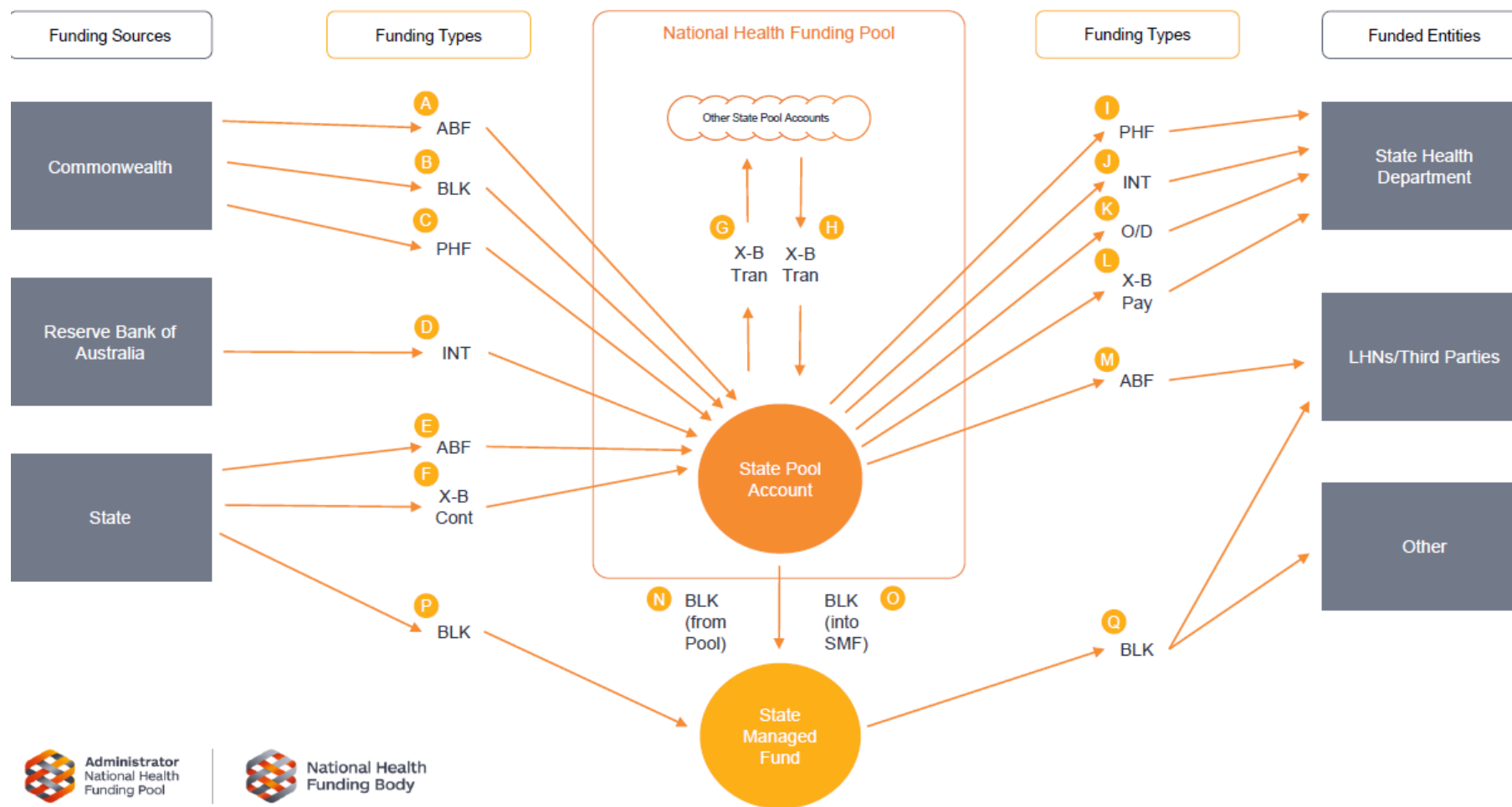


Table 1: National Health Funding Pool valid transaction description and details

| Ref | Description | Entered By | Role | Transaction Type | Sub Ledger | Debtor | Creditor | Sign | Funds Source | Funded Entity | Funding Type | Account Type | Funding Year | Comments |
|-----|--|------------|------|------------------|------------|-----------|----------------------|------|--------------|-----------------------|---|--------------|--------------|--|
| A | C'wealth ABF into Pool | NHFB | AR | CCS | RX | 100000000 | ... | ... | C | X— (LHNs) | 41000 (Service categories not specified) | 100ZZ | 20XX/YY | Breakdown by service category to be provided via GLJ by jurisdiction |
| B | C'wealth BLK into Pool | NHFB | AR | CCS | RX | 100000000 | ... | ... | C | X000 | 42— (Service categories specified) | 100ZZ | 20XX/YY | |
| C | C'wealth PHF into Pool | NHFB | AR | CCS | RX | 100000000 | ... | ... | C | X000 | 43— (Service categories specified) | 100ZZ | 20XX/YY | |
| D | Interest into Pool | State | AR | SDA | RX | 100000000 | ... | ... | O | X000 | 45005 | 100ZZ | 20XX/YY | |
| E | State ABF into Pool | State | AR | SDA | RX | 10000000X | ... | ... | J | X— (State or LHNs) | 41— (Service categories specified/not specified) | 100ZZ | 20XX/YY | If service categories/LHNs not specified, breakdown must be provided via GLJ |
| F | X-B Contribution into Pool | State | AR | SDA | RX | 10000000X | ... | ... | J | X000 | 44005 | 100ZZ | 20XX/YY | |
| G | X-B Transfer to other State Pool Account | State | AP | EPI | PX | ... | 1— (Pool Account) | ... | J | X9Y0 | 64010 | 100ZZ | 20XX/YY | |
| H | X-B Transfer from other State Pool Account | Automated | AR | Automated | RX | 10000000Y | ... | ... | S | X9Y0 | 44010 | 100ZZ | 20XX/YY | |
| I | PHF to Health Department | State | AP | EPI | PX | ... | 1— (Health Dept.) | ... | C | X000 | 63— (Service categories specified) | 100ZZ | 20XX/YY | |
| J | Interest to Health Department | State | AP | EPI | PX | ... | 1— (Health Dept.) | ... | O | X000 | 65005 | 100ZZ | 20XX/YY | |
| K | Over-deposit to Health Department | State | AP | EPI | PX | ... | 1— (Health Dept.) | ... | J | X000 | 66005 | 100ZZ | 20XX/YY | |
| L | X-B Payment to Health Department | State | AP | EPI | PX | ... | 1— (Health Dept.) | ... | S | X000 | 64005 | 100ZZ | 20XX/YY | |

Table 1: National Health Funding Pool valid transaction description and details (continued)

| Ref | Description | Entered By | Role | Transaction Type | Sub Ledger | Debtor | Creditor | Sign | Funds Source | Funded Entity | Funding Type | Account Type | Funding Year | Comments |
|-----|---------------------------|------------|------|------------------|------------|--------|---|----------|--------------|------------------------------|--|----------------|--------------|---|
| M | ABF to LHNs/Third Parties | State | AP | EPI | PX | ... | 1--- (LHNs/ 3 rd Parties) | ... | C/J | X--- (LHNs) | 61--- (Service categories specified/not specified) | 100ZZ | 20XX/YY | If service categories not specified, breakdown must be provided via GLJ |
| N | C'wealth BLK from Pool | State | AP | EPI | PX | ... | 1--- (SMF) | ... | C | X001 | 62--- (Service categories specified) | 100ZZ | 20XX/YY | |
| O | C'wealth BLK into SMF | State | GL | GLJ | ... | ... | ... | DR CR | C C | X001 X001 | 11045 42--- Service categories specified | 200ZZ 200ZZ | 20XX/YY | |
| P | State BLK into SMF | State | GL | GLJ | ... | ... | ... | DR CR | J J | X001 X001 | 11045 42--- (Service categories specified) | 200ZZ 200ZZ | 20XX/YY | |
| Q | BLK to LHNs/Other | State | GL | GLJ | ... | ... | ... | DR CR | C/J C/J | X--- (LHNs/Other) X001 | 62--- (Service categories specified) 11045 | 200ZZ 200ZZ | 20XX/YY | |

Notes:

| State # | State | Abbr. | Description | Transaction Type | Description |
|---------|------------------------------|-------|------------------------|------------------|-----------------------------------|
| 1 | Australian Capital Territory | ABF | Activity Based Funding | CCS | Commonwealth Contribution Summary |
| 2 | New South Wales | BLK | Block Funding | SDA | State Deposit Advice |
| 3 | Victoria | INT | Interest | EPI | Executable Payment Instruction |
| 4 | Queensland | O/D | Over-deposit | GLJ | General Ledger Journal |
| 5 | South Australia | PHF | Public Health Funding | | |
| 6 | Western Australia | X-B | Cross Border | | |
| 7 | Tasmania | | | | |
| 8 | Northern Territory | | | | |

X = My State; Y = Other State

ZZ indicates the agreement. eg. 00 = NHRA 05 = COVID19 response



Service Estimate Provision Template

State/Territory: (insert)
Financial Year: 2020-21
Provided under clause: Clause A105 (31 March estimates)
Approved by and position: (insert)
Date provided to the Administrator: (insert)

The *National Health Reform Agreement* requires states and territories to provide to the Administrator estimated aggregate service volumes by 31 March each year (clause A105).

Activity based funding growth is calculated by service category as per clauses A34, A35 and A36. The service categories listed are as per the Independent Hospital Pricing Authority's 2020-21 Pricing Framework and National Efficient Price Determination.

This information will enable the Administrator to provide the formal forecast of Commonwealth funding contributions to each state and territory required by clause A38.

| State and territory aggregate | ANNUAL NWAU ESTIMATE | | | | | Annual NWAU estimate Total |
|--------------------------------------|-------------------------|------------------------|----------------------|-----------|--------------|----------------------------|
| | Acute admitted services | Admitted mental health | Sub-acute (admitted) | Emergency | Non-admitted | |
| State/Territory aggregate NWAU Total | | | | | | |



The *National Health Reform Agreement* requires states and territories to provide to the Administrator confirmed aggregate service volumes and estimated service volumes for each local hospital network (LHN) by 31 May each year (clause A106).

Activity based funding growth is calculated by service category as per clauses A34, A35 and A36. The service categories listed are as per the Independent Hospital Pricing Authority's 2020-21 Pricing Framework and National Efficient Price Determination.

This information will enable the Administrator to provide the formal forecast of Commonwealth funding contributions to each state and territory required by clause A38.

The provision of estimates on an annual basis is necessary to enable the Administrator to carry out the reconciliation process required by clauses A63 to A88.

2 of 3



Administrator
National Health
Funding Pool

Substitute Information

(to be used solely for the purpose of calculating 2020-21
growth funding)

State/Territory: (insert)
Financial Year: 2020-21
Approved by and position: (insert)
Date provided to the Administrator: (insert)



Administrator National Health Funding Pool

Administrator of the National Health Funding Pool: Three Year Data Plan 2020-21 to 2022-23

File Specification for Data Submissions

Submission B

NOTE: SUBMISSION B IS TO BE SUPPLIED TO SERVICES AUSTRALIA, NOT TO THE NHFB

File Naming Instructions

The Title of the .txt Submission_B file should be in the format: **NHFA_<State>_<File-Category>_<The-Year-The-Data-Relates-To>_<Month-of-Supply>.txt**

For Example:

NHFA_ACT_FL1_2021_Mar
NHFA_ACT_FL2_2021_Mar
NHFA_ACT_FL3_2021_Mar
NHFA_SA_FL1_2021_Sep
NHFA_SA_FL2_2021_Sep
NHFA_SA_FL3_2021_Sep
NHFA_NSW_FL1_2021_Sep

| Column No | Data item | Position | Type & size | Notes | Services Australia Validations required | Purpose |
|-----------|--|----------|-------------|---|---|---|
| 1 | State Record Identifier METeOR: 459234 | 1-80 | X(80) | Mandatory for jurisdictions to supply. Unique record identifier. Must be unique across all patient service records for a state or territory. Used to link Medicare PIN with service record. | Passed through by Services Australia with no validation. | Required for matching with services data. |
| 2 | Full Medicare Number including sub-numerate as the last digit | 81-91 | N(11) | Mandatory - to be provided by jurisdictions where available. If not available, set to zero Full Medicare number for an individual (family number plus person number). | If present, must pass check digit validation, and must be present on Services Australia database. | Required for matching with services data. |

| Column No | Data item | Position | Type & size | Notes | Services Australia Validations required | Purpose |
|-----------|--|----------|-------------|--|--|---|
| 3 | Other Commonwealth program status | 92-92 | N(1) | <p>Optional for 2019-20 - to be provided by jurisdictions where available. If not available or not provided, set to "3"</p> <p>1 - This service or part of this service is funded through other C'w programs 2 - This service or part of this service is NOT funded through other C'w programs 3 - Not specified</p> | Passed through by Services Australia with no validation. | To derive eligible services. |
| 4 | Program or exemption type | 93-93 | N(1) | <p>Optional for 2019-20 - to be provided by jurisdictions where available. If not available or not provided, set to "5"</p> <p>1 - No relevant C'w program or exemption applies to this service 2 - A S19(2) exemption applies to this service 3 - This service is associated with an NPA 4 - This service is associated with another C'w program 5 - Not specified</p> <p>Mandatory for jurisdictions to supply.</p> | Passed through by Services Australia with no validation. | To derive eligible services. |
| 5 | File Category | 94-94 | N(1) | <p>1 - Admitted patient data 2 - Non-admitted patient level data 3 - Emergency Department patient data</p> | Passed through by Services Australia with no validation. | Required for matching with services data. |
| 6 | Establishment Identifier METeOR: 269973 | 95-103 | A(9) | <p>Mandatory for jurisdictions to supply.</p> <p>Use NHDD/METeOR definition. Concatenation of: A(1): Australian state/territory identifier (METeOR 269941) 1 - New South Wales 2 - Victoria 3 - Queensland 4 - South Australia 5 - Western Australia 6 - Tasmania 7 - Northern Territory 8 - Australian Capital Territory 9 - Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)</p> <p>A(1): establishment sector (METeOR 269977) 1 - public 2 - private</p> <p>A(2): region code (METeOR 269940) Values as specified by individual state/territory (Note region must be left-justified and zero filled.)</p> <p>A(5): establishment number (METeOR 269975) (Note establishment number must be left-justified and zero filled)</p> | Passed through by Services Australia with no validation. | Required for matching with services data. |
| 7 | Pass through data | 104-121 | X(18) | This field is extra data to be passed through - not currently used. | Passed through by Services Australia with no validation. | Spare space for future use |