

Independent Hospital Pricing Authority

# Shadow Pricing Guidelines

September 2021



IHPA

## Shadow Pricing Guidelines – Version 1.0 September 2021

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# Acronyms and abbreviations

<b>ABF</b>	Activity based funding
<b>CHC</b>	Council of Australian Governments Health Council <sup>1</sup>
<b>IHPA</b>	Independent Hospital Pricing Authority
<b>JAC</b>	Jurisdictional Advisory Committee
<b>NEC</b>	National efficient cost
<b>NEP</b>	National efficient price
<b>NHRA</b>	National Health Reform Agreement
<b>TAC</b>	Technical Advisory Committee
<b>The Addendum</b>	Addendum to the National Health Reform Agreement 2020–25
<b>The Administrator</b>	Administrator of the National Health Funding Pool

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<sup>1</sup> The Council of Australian Governments has been dissolved. The Health Ministers' Meetings, comprised of all Australian health ministers, has been established as its replacement to consider matters previously brought to CHC, including matters relating to the national bodies.

# Definitions

<b>Activity based funding</b>	<p>Refers to a system for funding public hospital services provided to individual patients using national classifications, cost weights and nationally efficient prices developed by IHPA, as outlined in the Addendum to the National Health Reform Agreement 2020–25.</p> <p>An activity based funding activity may take the form of a separation, presentation or service event.</p>
<b>Classification</b>	<p>Classifications are comprised of codes that provide clinically meaningful ways of creating a link between patients, their treatments and the costs and resources associated with providing these treatments. This allows hospital and health service provider output to be measured, which is valuable for informing policy decisions, benchmarking and funding of high quality and efficient health care services.</p>
<b>Costing methodology</b>	<p>Costing methodologies are ways to identify and allocate costs. Hospital patient costing focuses on the cost and mix of resources, including services or products, used to deliver patient care, in order to understand the total costs involved in treating a patient. Costing is used to inform the development of classification systems and provides valuable information for pricing purposes.</p>
<b>Costing study</b>	<p>IHPA undertakes costing studies in areas where it has identified opportunities for improving the national pricing model or improving the understanding of costs of services. These areas include developing new classifications, major revisions to existing classifications and changes to costing methodologies.</p>
<b>National pricing model</b>	<p>The pricing model is produced annually by IHPA and defines the national efficient price, price weights and adjustments based on cost and activity data from three years prior. For more detail, refer to the link below to the National Pricing Model Technical Specifications.</p> <p><a href="https://www.ihoa.gov.au/what-we-do/pricing/national-pricing-model-technical-specifications">https://www.ihoa.gov.au/what-we-do/pricing/national-pricing-model-technical-specifications</a></p>
<b>Pricing Authority</b>	<p>The governing body of IHPA established under the <i>National Health Reform Act 2011</i> (Cwlth).</p>
<b>Shadow pricing</b>	<p>Shadow pricing is undertaken by IHPA when developing new classifications or implementing significant changes to existing classifications. IHPA undertakes shadow pricing with the publication of shadow price weights to ensure robust data collection and reporting to accurately model the financial and counting impact of changes on the national funding model and minimise the risk of incurring undesirable and inadvertent consequences.</p>

# 1. Introduction

## 1.1 Overview

The National Health Reform Agreement (NHRA), signed by all Australian governments in August 2011, specifies that the Independent Hospital Pricing Authority (IHPA) is to develop, refine and maintain systems as necessary to determine the national efficient price (NEP) and national efficient cost (NEC), including classifications, costing methodologies and data collections.

The Addendum to the NHRA 2020–25 (the Addendum), signed in May 2020, further defines IHPA's role in public hospital funding arrangements, in particular, the use of transitional arrangements, such as shadow pricing and costing studies, when developing new activity based funding (ABF) classification systems or costing methodologies.

IHPA has developed guidelines on the principles, timeframes and evaluation methods associated with transitional arrangements for new or changed ABF classification systems.

## 1.2 Provisions under the Addendum

The Addendum outlines provisions relating to the consultation processes IHPA is required to undertake with all nine jurisdictions for proposed changes to the national funding model, with specific reference to processes for changes to classification systems and costing methodologies.

Clause A42 of the Addendum requires IHPA to use transitional arrangements when developing new ABF classification systems or costing methodologies, including shadow pricing classification system changes and pricing based on a costing study, for two years or a period agreed with the Commonwealth and a majority of states and territories to ensure robust data collection and reporting to accurately model the financial and counting impact of changes on the national funding model.

Full extracts from the Addendum are provided at [Appendix A](#).

## 1.3 Purpose

The purpose of the Shadow Pricing Guidelines is to provide guidance for the use of shadow pricing in the development and implementation of changes to classification systems. The Shadow Pricing Guidelines establishes guiding principles for commencing shadow pricing, reporting requirements during the shadow pricing period and criteria for progression to pricing.

The Shadow Pricing Guidelines are to be applied in conjunction with the [Alterations to the National Pricing Model Framework](#), which outlines the principles and consultative processes associated with changes that materially impact the application of the national funding model, including timeframes for shadow pricing and the circumstances and exceptions where shadow pricing is required.

## 1.4 Review

The Pricing Authority and Chief Executive Officer of IHPA will review the Shadow Pricing Guidelines, including associated documentation, annually or as required.

## 2. Assessing readiness for shadow pricing

### 2.1 Overview

Clause A42 of the Addendum requires IHPA to use transitional arrangements when developing new ABF classification systems or costing methodologies, including shadow pricing classification system changes, for two years or a period agreed with the Commonwealth and a majority of states and territories.

As outlined in the [Alterations to the National Pricing Model Framework](#), IHPA will undertake shadow pricing for the introduction of new classifications and major structural changes to existing classifications.

IHPA undertakes shadow pricing under these circumstances to ensure robust data collection and reporting to accurately model the financial and counting impact of changes on the national funding model and minimise the risk of incurring undesirable and inadvertent consequences.

### 2.2 Principles for commencing shadow pricing

The Addendum does not contain any stipulations requiring the agreement of jurisdictions to commence shadow pricing, however IHPA will assess readiness for shadow pricing of a new classification or a major structural change to an existing classification in consultation with jurisdictions and other relevant stakeholders.

The following set of measures have been developed to guide the assessment of readiness for shadow pricing for a new or changed classification.

- The classification and pricing model have been developed in consultation with IHPA's Clinical Advisory Committee, Jurisdictional Advisory Committee (JAC), Technical Advisory Committee (TAC) and classification development working groups.
- The new classification or change to existing classification implements data elements that are currently captured or able to be captured in national data sets (National Minimum Data Set or National Best Endeavours Data Set) to enable pricing and funding reconciliation.
- The shadow pricing model is based on cost and activity data from an adequate number and range of establishments to provide appropriate coverage of the patient service category and be adequately representative of jurisdiction costs and activities.
- The available cost and activity data provides adequate coverage of all classification end-classes and there are clear and meaningful strategies to account for gaps in data.
- The shadow pricing model appropriately accounts for outliers and variation in the underlying data to facilitate pricing model and year-on-year stability.
- The shadow pricing model appropriately accounts for risk and unavoidable variations in cost, with consideration given to clinical significance, statistical performance and model complexity.
- In progression to shadow pricing, IHPA will make every effort to minimise undue administrative, financial or operational burden on jurisdictions (such as dual data collection).

In addition to assessment against the above measures for readiness for shadow pricing, IHPA will develop and provide states and territories with national weighted activity unit (NWAU) calculators for shadow price weights. States and territories will be able to monitor the impacts of shadow price weights on local systems, to feed back to IHPA during the shadow period.

This will facilitate consideration of potential medium and long term impacts on the national pricing model and assist in ensuring that the shadow pricing model is fit-for-purpose.

## 2.3 Consultation process

IHPA will consult with jurisdictions through JAC and TAC in assessing readiness for shadow pricing. Proposals to commence shadow pricing will be tabled through JAC and TAC, where IHPA will provide the jurisdictional representatives with updates on classification development, updates on shadow pricing model development, relevant reports and analysis, and IHPA's rationale to shadow price.

Following consultation through JAC and TAC, the feedback from jurisdictions, any additional analysis and the proposal to shadow price will be provided to the Pricing Authority for consideration. Where the proposal is not supported by jurisdictional representatives through JAC, however is approved by the Pricing Authority for progression to shadow pricing, IHPA will provide the Pricing Authority's rationale to JAC Members.

## 2.4 Timeframes

As outlined in the [Alterations to the National Pricing Model Framework](#), the starting point for the two-year shadow period will be the commencement of the financial year immediately following the Pricing Authority's decision to conduct the shadow pricing project or any other date agreed between IHPA, the Commonwealth and a majority of states and territories.

In alignment with the annual NEP and NEC development cycle, IHPA will communicate its intent to shadow price to broader stakeholders through its annual Consultation Paper on the Pricing Framework for Australian Public Hospital Services and communicate decisions on shadow pricing through the Pricing Framework for Australian Public Hospital Services.

The timeframe around assessing readiness for shadow pricing is outlined in **Table 1**.

**Table 1. Timeframes for proposal, consultation and commencement of shadow pricing**

Process	Process details	Timeframe
Public consultation on IHPA's intent to shadow price	30-day public consultation period through the Consultation Paper on the Pricing Framework for Australian Public Hospital Services	June to July of the current year
Assessment of readiness for shadow pricing	Incorporation of stakeholder feedback and additional consultation where required	July to October of the current year
Proposal for shadow pricing tabled at JAC and TAC	14-day JAC and TAC consultation period	No later than 31 October of the current year
Pricing Authority approval	Incorporates feedback from JAC and TAC	November of the current year



Process	Process details	Timeframe
Notification to health ministers of intent to progress to shadow pricing	45-day ministerial consultation period through the draft NEP Determination, which will contain a shadow pricing section where detail is provided on the classification being shadow priced	December of the current year
Broader stakeholder notification of progression to shadow pricing	Stakeholder notification of final decisions around shadow pricing through publication of the Pricing Framework for Australian Public Hospital Services	December of the current year
Commencement of shadow pricing	Final shadow pricing model refinements	From 1 July of the following year

The publication of the annual NEP Determination will include shadow price weights and NWAU calculators for new or updated classifications that have been shadow priced. Groupers for new or updated classifications that have been shadow priced will also be made available to jurisdictions upon request. Where feasible, the calculations for shadow priced classifications will be incorporated into the [IHPA data submission portal](#).

Where the implementation of groupers for shadow pricing new or updated classifications represents an undue administrative burden on jurisdictions, IHPA will support jurisdictional evaluation of the shadow pricing period through the provision of impact analysis through JAC and TAC. This may include analysis of the impact of potential NEP adjustments and the impact on other streams, and assessment of the shadow pricing model against the existing pricing model.

Further information on the NEP Determination, shadow price weights and NWAU calculators can be found on the [IHPA website](#).

## 3. Progression to pricing

IHPA will prepare a Statement of Impact to outline its intent to progress to pricing, as required under the Addendum, where the full two-year shadow pricing period has been undertaken or where IHPA is proposing a reduced shadow pricing period.

As per clause A42 of the Addendum, reducing the two-year shadow pricing period requires the support of the Commonwealth and a majority of states and territories. Proposals for reductions to the two-year shadow pricing period will be discussed by jurisdictional representatives at JAC and TAC meetings, then provided to all health ministers for a 45-day consultation period through the Statement of Impact.

There may also be circumstances where an extension to the prescribed two-year shadow pricing period is required. This may occur where the data collection is determined, through discussion with JAC and TAC, to be insufficiently mature or the data quality too variable across the two-year shadow pricing period to progress to pricing. The two-year shadow pricing period may also be extended where requested by the Commonwealth and all states and territories.

# Appendix A: Extracts from the Addendum

A37	All parties will participate in the development of parameters of the national funding model each year, through the IHPA process outlined in clauses B21 to B40, including efficient price, classifications and cost weights. This process will rely on transparent sharing of analysis, commissioned costing data, and shadow pricing and reporting (where appropriate) to support robust decision making.
A42	<p>The IHPA will use transitional arrangements when developing new ABF classification systems or costing methodologies, including shadow pricing classification system changes and pricing based on a costing study, for two years or a period agreed with the Commonwealth and a majority of States to ensure robust data collection and reporting to accurately model the financial and counting impact of changes on the National Funding Model.</p> <ol style="list-style-type: none"> <li>a. Where a jurisdiction participates fully in the shadow pricing, including the provision of the best available data over the shadow period to support the implementation of the new ABF classification systems or costing methodologies, the Parties agree there will be no retrospective adjustments to the National Funding Model, excluding adjustments to Commonwealth contributions as a result of service volume reconciliations as set out in clauses A63, A65 and A73.</li> <li>b. Business rules will be developed by the national bodies in consultation with Parties, addressing significance of changes, process and consultation around retrospective adjustments where appropriate. <ol style="list-style-type: none"> <li>i. If the national bodies consider there is a potential need for a retrospective adjustment to the national funding model, national bodies will communicate, consult and collaborate with Parties. The national bodies will hold a consultation period of 45 days to allow Parties an opportunity to provide submissions on the matter.</li> <li>ii. Within 45 days following the jurisdiction 45-day consultation period, national bodies will prepare a report to the CHC, advising them of the national bodies' decision and the nature and circumstances of the recommended adjustment to the national funding model.</li> <li>iii. Once the report is provided to the CHC, the national bodies will incorporate the decision regarding the retrospective adjustment into the national funding model and provide parties with an updated report on funding entitlements from the national model.</li> <li>iv. When providing payment advice to the Commonwealth Treasurer following the six-month or annual reconciliation, the Administrator will include a section that notes any matters or concerns raised by State Ministers in the 45-day consultation period in the formation of that advice.</li> </ol> </li> </ol>

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