Independent Hospital Pricing Authority

Data Compliance Policy

June 2022

Data Compliance Policy – June 2022

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# Acronyms and abbreviations

|  |  |
| --- | --- |
| **ABF** | Activity based funding |
| **AHMAC** | Australian Health Ministers’ Advisory Council[[1]](#footnote-2) |
| **CEO** | Chief Executive Officer |
| **IHPA** | Independent Hospital Pricing Authority |
| **LHN** | Local hospital network |
| **NBEDS** | National Best Endeavours Data Set |
| **NEC** | National efficient cost |
| **NEP** | National efficient price |
| **NHCDC** | National Hospital Cost Data Collection |
| **NHRA** | National Health Reform Agreement |
| **NWAU** | National weighted activity unit |
| **SDMS** | Secure Data Management System |
| **The Act** | *National Health Reform Act 2011* |
| **The Addendum** | Addendum to the National Health Reform Agreement 2020–2025 |
| **The Administrator** | The Administrator of the National Health Funding Pool |
| **This Policy** | Data Compliance Policy |

# Introduction

## Context

The Independent Hospital Pricing Authority (IHPA) is an independent government agency provided for through the[National Health Reform Agreement](http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/national-agreement.pdf) (NHRA) and established under the [*National Health Reform Act 2011*](https://www.legislation.gov.au/Series/C2011A00009) (the Act). A major component of these reforms is the implementation of national activity based funding (ABF) for Australian public hospitals.

IHPA’s key functions include determining pricing for services funded on an activity basis, through the national efficient price (NEP), and determining the efficient cost for services which are block funded, through the national efficient cost (NEC).

In determining the NEP and NEC, IHPA must first specify the classifications, counting rules, data and coding standards as well as the methods and standards for costing data. As the provision of timely, accurate and reliable data is vital to IHPA in determining the NEP, IHPA annually prepares a rolling Three Year Data Plan*,* which sets out these requirements to the Commonwealth, states and the territories in accordance with clauses B66 to B81 of the Addendum to the National Health Reform Agreement 2020–2025 (the Addendum). This edition of the Data Compliance Policy is a supplement document to the IHPA Three Year Data Plan 2022–23 to 2024–25.

## Background

The functions of IHPA are specified in section 131 of the Act and include:

* determining the NEP for health care services provided by public hospitals where the services are funded on an activity basis
* determining the NEC for health care services provided by public hospitals where the services are block funded
* determining adjustments to the NEP to reflect legitimate and unavoidable variations in the costs of delivering health care services
* developing and specifying classification systems to be used to classify health care and other services provided by public hospitals for ABF purposes
* determining data requirements and standards to apply, for ABF purposes, in relation to data to be provided by jurisdictions, including:

1. data and coding standards to support uniform provision of data
2. requirements and standards relating to patient demographic characteristics and other information relevant to classifying, costing and paying for public hospital functions.

* except where otherwise agreed between the Commonwealth and a state or territory – to determine the public hospital functions that are to be funded in the state or territory by the Commonwealth.

## Purpose

The purpose of the *Data Compliance Policy* (this Policy) is to detail the process by which IHPA will publicly report on compliance by jurisdictions with the data requirements and data submission dates specified in the IHPA [Three Year Data Plan](https://www.ihpa.gov.au/publications/three-year-data-plan-2018-19-2020-21) 2022–23 to 2024–25. It does not capture the full data quality assurance process which is outlined in the IHPA [Data Quality Assurance Framework](https://www.ihpa.gov.au/publications/data-quality-assurance-framework-2012).

## Review

The Pricing Authority and Chief Executive Officer (CEO) of IHPA will review this Policy, including associated documentation, annually or as required.

This Policy was last reviewed in June 2022.

# What is the data compliance process?

For IHPA’s purposes, data compliance refers to the process of reporting on whether states, territories and the Commonwealth supplied the data requested by IHPA in order to meet its functions under the Addendum. As of 1 July 2018, states and territories are required to report hospital activity data on a quarterly ‘year to date’ basis to IHPA, while teaching, training and research and hospital cost data through the National Hospital Cost Data Collection (NHCDC) are reported on an annual basis. Sentinel events are reported every six months as part of the December and June submissions.

The general data compliance process and criteria are described in the IHPA Three Year Data Plan 2022–23 to 2024–25. The following section reflects the arrangements specified in the data plan.

In accordance with the Addendum, IHPA must report on the compliance of jurisdictions with these requirements. Jurisdictions will be judged to have complied with IHPA’s data requirements if they:

* have provided the data required as specified in the data request
* have provided the data in the timeframes requested.

If a jurisdiction does not meet both of these requirements for any given data submission, they will be regarded as being non-compliant. Where a jurisdiction is judged to be non-compliant, IHPA will provide that jurisdiction with an opportunity to communicate their circumstances. IHPA and the jurisdiction will then work together to improve that jurisdiction’s data submission over time.

A jurisdiction will be rated as non-compliant if they do not address issues raised by IHPA after being advised that they are non-compliant or if they refuse to provide data.

The data compliance status information will be published on the IHPA website on a quarterly basis.

## Who is responsible for the data compliance process?

The IHPA Director of Data Acquisition is responsible for assessment of compliance and the preparation of a data compliance report with accompanying documentation for the Chief Executive Officer (CEO) of IHPA and the Pricing Authority.

## Data submission timing

The data submission process for collection of data from the states, territories and the Commonwealth for the purposes of calculating the NEP or performing other functions of IHPA is articulated in Chapter 7 of the IHPA Three Year Data Plan 2022–23 to 2024–25.

The current data supply timeline has been reproduced below in Table 1, Table 2 and Table 3.

Table 1: Activity data submission timeline

| Financial year | Data reporting period | NBEDS published | Data request sent | Submission date |
| --- | --- | --- | --- | --- |
| 2022–2023 | Sep Quarter | 31 Dec 2021 | 18 Mar 2022 | 23 Dec 2022 |
| Dec Quarter | 31 Dec 2021 | 18 Mar 2022 | 31 Mar 2023 |
| Mar Quarter | 31 Dec 2021 | 18 Mar 2022 | 30 Jun 2023 |
| Jun Quarter | 31 Dec 2021 | 18 Mar 2022 | 29 Sep 2023 |
| 2023–2024 | Sep Quarter | 31 Dec 2022 | 17 Mar 2023 | 22 Dec 2023 |
| Dec Quarter | 31 Dec 2022 | 17 Mar 2023 | 29 Mar 2024 |
| Mar Quarter | 31 Dec 2022 | 17 Mar 2023 | 28 Jun 2024 |
| Jun Quarter | 31 Dec 2022 | 17 Mar 2023 | 30 Sep 2024 |
| 2024–2025 | Sep Quarter | 31 Dec 2023 | 22 Mar 2024 | 22 Dec 2024 |
| Dec Quarter | 31 Dec 2023 | 22 Mar 2024 | 29 Mar 2025 |
| Mar Quarter | 31 Dec 2023 | 22 Mar 2024 | 28 Jun 2025 |
| Jun Quarter | 31 Dec 2023 | 22 Mar 2024 | 30 Sep 2025 |

Table 2: National Hospital Cost Data Collection data submission timeline

| NHCDC Round | Data reporting period | Data request sent | Submission date |
| --- | --- | --- | --- |
| 26 | 2021–22 | 29 Jul 2022 | 28 Feb 2023 |
| 27 | 2022–23 | 31 Jul 2023 | 28 Feb 2024 |
| 28 | 2023–24 | 31 Jul 2024 | 28 Feb 2025 |

Table 3: Commonwealth data submission timeline

| Data category | Data reporting period | Data request sent | Submission date |
| --- | --- | --- | --- |
| Hospital Casemix Protocol | 2021–22 (Jun – Dec) | 30 Sep 2021 | 29 Apr 2022 |
| 2021–22 full year | 30 Sep 2021 | 31 Oct 2022 |
| 2022–23 (Jun – Dec) | 30 Sep 2022 | 28 Apr 2023 |
| 2022–23 full year | 30 Sep 2022 | 31 Oct 2023 |
| 2023–24 (Jun – Dec) | 30 Sep 2023 | 30 Apr 2024 |
| 2023–24 full year | 30 Sep 2023 | 31 Oct 2024 |
| Private Hospital Data Bureau | 2021–22 | 30 Sep 2021 | 31 Oct 2021 |
| 2022–23 | 30 Sep 2022 | 31 Oct 2022 |
| 2023–24 | 30 Sep 2023 | 31 Oct 2023 |
| Pharmaceutical Benefits Scheme | 2021–22 | 30 Jul 2022 | 29 Jul 2023 |
| 2022–23 | 30 Jul 2023 | 31 Jul 2024 |
| 2023–24 | 30 Jul 2024 | 31 Jul 2025 |

## Statement of Assurance

The Statement of Assurance is a requirement under clauses B82 and B83 of the Addendum.

As required under clause B82(b) of the Addendum, the Australian Health Ministers’ Advisory Council (AHMAC) have endorsed a process regarding the provision of a Statement of Assurance to the National Bodies.

The Statement of Assurance from states and territories (under clause B82) and the Commonwealth (under clause B83) is to include commentary on:

* Steps taken to promote completeness and accuracy of activity data (for example audit tools or programs, third-party reviews, stakeholder engagement strategies)
* Efforts applied to ensure the classification of activity was in accordance with the current year’s standards, data plans and determinations
* Variations in activity volumes and movements between activity based funding and block funding
* Explanations on any significant changes in activity and national weighted activity unit (NWAU) values from the prior financial year (as part of annual data submission)
* Other information that may be relevant to users of the data, as determined by the signing officer.

Given states and territories have differing levels of maturity of ABF processes, commentary may vary across each state and territory.

To fulfil requirements under clauses B82 and B83, the AHMAC endorsed process is set out below:

* A Statement of Assurance is provided with state and territory data submissions in March and September each year, and by the Commonwealth when submitting data under clauses A8 and A9 of the Addendum
* A letter from senior health department official (seniority is defined as IHPA Jurisdictional Advisory Committee member executive level or above, at the discretion of the department) is included with the Statement of Assurance, stating that the activity data is, to the best knowledge and belief of the official, complete, accurate and fit for purpose at the time of submission
* The Statement of Assurance is uploaded to the IHPA portal alongside the relevant data submission, and a copy provided to the Administrator
* A Statement of Assurance is also provided each time there is a resubmission of data, where resubmission means the subsequent submission of a file at the initiation of a state or territory
* When resubmitting data, the letter from the official includes the reason for resubmission of data
* Where states and territories submit NWAU values as well as raw data in their March and September submissions, a Statement of Assurance accompanies the submission of NWAU values
* The Statement of Assurance will not be published publicly.

## NHCDC Data Quality Statement

States and territories are required to provide a quality statement with their final NHCDC data submission for each financial year. The quality statement should outline conformance with the Australian Hospital Patient Costing Standards.

## Data compliance process

The IHPA Data Compliance Report details jurisdiction compliance with the data submission process. The data compliance process outlined below has been informed by and is consistent with the data supply and compliance processes articulated in the IHPA Three Year Data Plan 2022–23 to 2024–25.

Table 4: Data submission and compliance process

| No. | Activity | Description | Data compliance checks |
| --- | --- | --- | --- |
| 1. | Send data request | IHPA will send an email to each jurisdiction with the following instructions:   * the method of delivery * contact person at IHPA * a data request, which will include a spread sheet (or similar) that provides the format in which the data is to be supplied * the validation rules that IHPA will apply to ensure that the submitted data meets the specified requirements * summary of changes from previous versions of the data specification * the due date for submission. | IHPA provides data request in accordance with Three Year Data Plan 2022–23 to 2024–25. Delays in issue of data request may influence subsequent timing requirements for jurisdictions. |
| 2. | Validate data | Before submission of data, jurisdictions are able to validate data multiple times through IHPA’s online Secure Data Management System (SDMS). The data will be validated in accordance with the instructions specified in the data request specification. IHPA will ensure that the system is ready for the data validation four weeks before the submission due date. | Nil – this falls into broader data quality assurance processes. |
| 3. | Submit quality assured data to IHPA | Once jurisdictions are satisfied with the data quality based on the feedback generated by the online validation feature, data submitters can formally submit the data within the SDMS. A confirmation email will be issued by the system to acknowledge the submission.  The ABF submission must be accompanied by a Statement of Assurance pertaining to the quality of the data for the March and September submissions.  The NHCDC submission requires a signed statement which addresses data quality and the application of the Australian Hospital Patient Costing Standards. The signed statement should be provided to inform the creation of the final data set. | IHPA receives data and Statement of Assurance and records time of receipt.  The NHCDC data quality statement is published alongside the NHCDC Public Sector Report. |
| 4. | Review data | Based on the validation result, any data anomalies or errors identified by IHPA will be discussed with the relevant jurisdiction to determine how they will be addressed. As part of this process, jurisdictions will have an opportunity to identify the circumstances associated with any anomalies or errors identified. This will in turn assist IHPA to improve the data submission process over time. | Nil – this falls into broader data quality assurance processes.  If data submitted is subsequently determined to be incomplete or data contains significant issues which need to be addressed through resubmission, jurisdictions will be assessed as non-compliant. |
| 5. | Decision | If there are no errors or anomalies, the final datasets are created. Otherwise jurisdictions will be asked to make appropriate corrections and re-submit the data to IHPA. Where the issues cannot be corrected, jurisdictions will be required to advise IHPA that the data is to be used with known issues. | IHPA finalises data with quality statement. |
| 6. | Correct identified issues | Jurisdictions correct any errors or anomalies identified by IHPA and resubmit their data.  A Statement of Assurance is to be provided to IHPA and the Administrator each time there is a formal resubmission of ABF data during the March and September submission period, and include the reason for the resubmission of data.  A signed statement is also required to reconfirm the NHCDC data submission as final. | Nil – this falls into broader data quality assurance processes.  The NHCDC data quality statement is published alongside the NHCDC Public Sector Report. |
| 7. | Compliance evaluation | IHPA determine if the final jurisdiction submission complies with the data request and if the jurisdiction met timeframes. | IHPA confirms that requested data are provided in useable form, consistent with specifications, by the submission date. |
| 8. | Notice of compliance findings | IHPA will:   * advise jurisdictions of compliance evaluation * publish the data compliance report that summarises jurisdiction compliance. This will not include the Statement of Assurance. | Advice to jurisdiction and release of national summary finding (see Section 2.6 *Data compliance process findings*). |

## Data compliance process findings

IHPA will assess a jurisdiction as either compliant or non-compliant. The compliance test needs to be lenient to enable jurisdictions to implement and test new data collection and reporting systems. It is expected that the compliance checks will become more robust as the system matures. A summary of compliance assessment findings is provided at **Table 5**.

**Compliant –** IHPA will report a jurisdiction as compliantif:

The jurisdiction has provided data in the time required, has supplied data in conformance with data specifications, has supplied a complete data set, and submitted a Statement of Assurance pertaining to the quality of the data.

**Qualified compliant –** IHPA will report a jurisdiction as compliant but will issue a qualified compliance notice from the CEO of IHPA to the jurisdiction detailing areas of deficiency and necessary remediation if:

The jurisdiction has not provided data in the time required, has supplied data not conforming with data specifications and/or not submitted a Statement of Assurance pertaining to the quality of the data.

**Non-compliant –** IHPA will publicly report a jurisdiction as non-compliant if:

The jurisdiction has been provided notice by IHPA of a qualified compliance finding, in relation to the previous submission or the previous twelve months, and has not rectified the situation detailed in the compliance notice subsequently or agreed with IHPA on a process to rectify data supply issues in the subsequent data supply and/or does not submit a Statement of Assurance/NHCDC data quality statement.

Table 5: Summary of compliance assessment findings

| Quarterly assessment | Compliance finding | Public status report | Notice to state or territory |
| --- | --- | --- | --- |
| Jurisdiction provided data in the time required and in conformance with data specifications | Compliant | Compliant | Compliant |
| Jurisdiction provided data in the time required but not in conformance with data specifications, requiring a resubmission | Qualified compliant | Compliant | Qualified compliance notice *–* detailing compliance issues and advising of timeframe and process for addressing issues |
| Jurisdiction provided data after the submission date, but in conformance with data specifications | Qualified compliant | Compliant | Qualified compliance notice – detailing compliance issues and advising of timeframe and process for addressing issues |
| Jurisdiction provides incomplete data which requires a resubmission after the submission date. | Qualified compliant | Compliant | Qualified compliance notice – detailing compliance issues and advising of timeframe and process for addressing issues. |
| Jurisdiction has not addressed issues raised in Qualified compliance | Non-compliant | Non-compliant | Non-compliance notice *–* CEO of IHPA will advise the jurisdiction of data compliance deficiency and lack of necessary remediation. |
| Jurisdiction refuses to provide any data and withdraws from participation in ABF consultative processes | Non-compliant | Non-compliant | Non-compliance *notice* – CEO of IHPA will advise the jurisdiction of non-compliance with data obligations*.* |



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1. The Australian Health Minsters’ Advisory Council has been dissolved. The Health Chief Executives Forum has been established as its replacement, as the advisory and support body to the Council of Australian Governments Health Council. [↑](#footnote-ref-2)