IHACPA

Three Year Data Plan 2025–26 to 2027–28

June 2025

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Glossary

ABF	Activity based funding
ACFR	Aged Care Financial Report
AECC	Australian Emergency Care Classification
AIHW	Australian Institute of Health and Welfare
AMHCC	Australian Mental Health Care Classification
AN-ACC	Australian National Aged Care Classification
AN-SNAP	Australian National Subacute and Non-Acute Patient Classification
AR-DRG	Australian Refined Diagnosis Related Groups
ATTC	Australian Teaching and Training Classification
GPMS	Government Provider Management System
HCP	Home Care Packages
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
IHACPA	Independent Health and Aged Care Pricing Authority
IHI	Individual Healthcare Identifier
LHN	Local hospital network
MBS	Medicare Benefits Schedule
METEOR	Australian Institute of Health and Welfare's Metadata Online Registry
NBEDS	National Best Endeavours Data Set
NEC	National efficient cost
NEP	National efficient price
NHCDC	National Hospital Cost Data Collection
NHDISC	National Health Data and Information Standards Committee
NHIA	National Health Information Agreement
NHRA	National Health Reform Agreement
NMDS	National Minimum Data Set
PHDB	Private Hospital Data Bureau
Pricing Authority	The governing body of IHACPA established under the *National Health Reform Act 2011* (Cth)
QFR	Quarterly Financial Report
RAD	Refundable Accommodation Deposit

SDMS	Secure Data Management System
STRC	Short Term Restorative Care
The Administrator	Administrator of the National Health Funding Pool
The addendum	The Addendum to the National Health Reform Agreement 2020–26
The NHR Act	*National Health Reform Act 2011* (Cth)
The Royal Commission Response Act	*Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022* (Cth)
Tier 2	Tier 2 Non-Admitted Services Classification
UDG	Urgency Disposition Groups

1. Executive summary

1.1 Background

The Independent Health and Aged Care Pricing Authority (IHACPA) is an independent government agency established through the National Health Reform Agreement (NHRA) under the *National Health Reform Act 2011* (the NHR Act) to improve health outcomes for all Australians.

Its primary responsibilities are to enable the implementation of national activity based funding (ABF) of public hospital services through the annual determination of the national efficient price (NEP) and national efficient cost (NEC), and to provide pricing and costing advice on aged care to the Australian Government. IHACPA is also responsible for assessing applications from approved providers of residential aged care services seeking approval to charge refundable accommodation deposit (RAD) amounts that are above the maximum amount determined by the Australian Government Minister for Health and Ageing, and until the new *Aged Care Act 2024* commences on 1 November 2025, approved providers may seek approval to charge an increase to extra service fees at their service.

The NEP and NEC determinations play a crucial role in calculating the Commonwealth funding contribution to Australian public hospital services and offer a benchmark for the efficient cost of providing those services as outlined in the NHRA.

IHACPA's role in providing independent aged care pricing and costing advice contributes to ensuring that aged care funding is directly informed by the actual cost of delivering care and services.

1.2 Development of this Three Year Data Plan

The NHRA requires IHACPA to develop a rolling 3 year data plan each year to indicate its future data needs. The Addendum to the NHRA 2020–25 was extended for 12 months to enable the continued negotiation of the new Addendum to the NHRA. IHACPA has prepared this twelfth edition of the Three Year Data Plan to communicate its data needs for 2025–26 to 2027–28 to the Australian Government and state and territory governments in accordance with clauses B66–B83 of the Addendum to the NHRA 2020–26 (the addendum).

To determine the NEP and NEC for Australian public hospitals, IHACPA must specify the classifications, counting rules, data and coding standards as well as the methods and standards for the collection of costing data. This Three Year Data Plan sets out the requirements for the provision of timely, accurate and reliable data to fulfil IHACPA's function of determining the NEP and NEC for Australian public hospital services in Chapters 4–6.

To undertake its functions to provide aged care pricing and costing advice, IHACPA requires accurate classification and financial expenditure data regarding aged care facilities. Chapter 7 of this Three Year Data Plan sets out the classifications and data sets that will be used by IHACPA to prepare aged care pricing and costing advice. For this update to the Three Year Data Plan, IHACPA has worked collaboratively with the Administrator of the National Health Funding Pool as part of IHACPA's commitment to the principle of data rationalisation expressed in the addendum to support the concept of 'single provision, multiple use'.

IHACPA and the Administrator (collectively the national bodies) have collaborated on the standardisation of the documents and tables used to communicate each agency's data requirements for public hospital funding to enable simultaneous consideration by the Australian Government and all state and territory governments.

1.3 Purpose

The objectives of the Three Year Data Plan for 2025–26 to 2027–28 are to:

- communicate IHACPA's data requirements in relation to public hospital funding over the next 3 years to jurisdictions and other government agencies in accordance with clause B66 of the addendum
- describe the mechanisms and timelines IHACPA will use to collect data in relation to public hospital funding from the jurisdictions
- outline the classifications and data underpinning IHACPA's provision of aged care pricing and costing advice to the Australian Government.

To undertake its function of developing the NEP and NEC for Australian public hospital services, IHACPA requires accurate public hospital activity, cost and expenditure data from jurisdictions on a timely basis. Supply of the public hospital data outlined in this Three Year Data Plan is required under clause A8 of the addendum, with details of jurisdictional compliance to be reported on a quarterly basis in line with clause B81.

The public hospital data plans of the national bodies have been harmonised to provide a standard document structure and an appendix listing shared data collection.

IHACPA will also continue to make de-identified aggregate and patient-level public hospital data available to the Australian Government and state and territory governments consistent with clause B77 of the addendum and section 220 of the NHR Act.

To fulfil its aged care pricing and costing functions, IHACPA will utilise financial and care recipient level data sets currently compiled by the Australian Government Department of Health, Disability and Ageing. IHACPA has finalised the first data set containing costed information at a resident level. These data sets will be refined as additional data is collected in future.

2. Overview

2.1 Legislative basis

IHACPA's functions are governed by the NHR Act, the *Aged Care Act 1997*, the *Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022* (the Royal Commission Response Act), the *Aged Care Quality and Safety Commission Act 2018* (the Quality and Safety Commission Act) and, as of 1 November 2025, the *Aged Care Act 2024*.

2.1.1 Public hospitals

The functions of IHACPA pertaining to pricing and funding for public hospital services are specified in section 131 of the NHR 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
- developing and specifying classification systems for health care and other services provided by public hospitals
- determining adjustments to the NEP to reflect legitimate and unavoidable variations in the costs of delivering public hospital services
- determining data requirements and data standards to apply in relation to public hospital data to be provided by states and territories, including:
    - data and coding standards to support uniform provision of data; and
    - 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 – determining the public hospital functions that are to be funded in the state or territory by the Commonwealth.

Sections 226(1), 226(1A) and 226A of the NHR Act enable the Australian Government Minister for Health and Ageing to give directions to the Pricing Authority in relation to the performance of its functions and the exercise of its powers.

The addendum sets out the requirement for states and territories to submit a Statement of Assurance regarding data quality which is discussed in Section 6.4 of this Three Year Data Plan.

The addendum requires IHACPA to integrate safety and quality into the funding of public hospital services, through the incorporation of pricing and funding approaches for sentinel events, hospital acquired complications and avoidable hospital readmissions. The addendum also stipulates that IHACPA will work with the Australian Government and state and territory governments to explore and trial new and innovative approaches to public hospital funding and models of care to improve health outcomes.

2.1.2 Aged care

The role of IHACPA within the Australian aged care system is to provide advice on aged care pricing and costing matters to the Australian Government Minister for Health and Ageing, including:

- providing aged care pricing advice about methods for calculating amounts of subsidies and supplements to be paid for aged care services. This will involve advice on the costs of care and how changes in the costs of care may be considered in Australian Government funding decisions
- reviewing data, conducting studies and undertaking consultation for the purpose of providing aged care pricing and costing advice
- performing other functions relating to aged care (if any) specified in regulations
- undertaking other actions incidental or conducive to the performance of the above functions.

IHACPA also has responsibility for additional functions including:

- reviewing and approving applications to charge RADs higher than the maximum amount determined by the Australian Government Minister for Health and Ageing
- reviewing and approving applications to increase extra service fees (under the *Aged Care Act 1997*)
- reviewing RAD prices on the My Aged Care website
- performing such functions as conferred by the *Aged Care Act 1997*, the Royal Commission Response Act, or the *Aged Care Act 2024* following implementation on 1 November 2025.

The Australian Government may request that IHACPA considers and provides advice on other aged care matters, as appropriate.

2.2 National collections for public hospital data

IHACPA continues to work closely with the Australian Institute of Health and Welfare (AIHW) and the national data governance processes to ensure that IHACPA conforms with existing data development processes and structures to the fullest extent possible. IHACPA is a Registering Authority for the Metadata Online Registry (METEOR), Australia's repository for national metadata standards for health statistics and information. All specifications for IHACPA's data sets are stored in METEOR.

IHACPA has worked with the National Health Data and Information Standards Committee (NHDISC) to incorporate ABF specific data items into existing data set specifications (DSS) where possible.

A DSS is a range of metadata that is collected for a particular purpose. DSS are distributed into one of 3 categories:

- National Minimum Data Set (NMDS): This is a metadata set of health data which must be collected and reported across Australia.
- National Best Endeavours Data Set (NBEDS): This is a metadata set of health data which organisations and agencies do their best to collect.
- National Best Practice Data Set: This is a metadata set of health data that is recommended for collection by agencies and organisations.

IHACPA relies on data elements reported in both NMDS and NBEDS, to inform development of the national pricing model for Australian public hospital services.

To support the provision of quality data, IHACPA develops data request specifications for each financial year in consultation with its advisory committees and working groups. The ABF data request specifications can be found on the IHACPA website.

IHACPA will continue to align ABF reporting requirements with existing national data collections where possible.

IHACPA supports the 'single provision, multiple use' principle outlined in clause B67d of the addendum.

IHACPA is a signatory to the National Health Information Agreement (NHIA), which involves a commitment to cooperate with the Australian Government and state and territory governments on information management. The NHIA coordinates the development, collection and dissemination of health information in Australia, including the development, endorsement and maintenance of national data standards.

2.3 Consultation

As per clauses 131(1)(e) and 196(1)(a)(iii) of the NHR Act, IHACPA's role is to determine the data requirements and data standards to apply in relation to data to be provided by states and territories to facilitate the determination of the NEP and NEC, and to seek advice from IHACPA's advisory committees and working groups regarding those requirements and standards.

To ensure that states and territories are afforded sufficient opportunity to provide advice on the data requirements and data standards and that IHACPA's determinative functions are implemented efficiently, various advisory committees and working groups have been established, including but not limited to the:

- IHACPA Jurisdictional Advisory Committee
- IHACPA Technical Advisory Committee
- National Hospital Cost Data Collection Advisory Committee
- Clinical Advisory Committee
- classification specific working groups, and
- Aged Care Advisory Committee (as required).

IHACPA uses these advisory committees and working groups to:

- understand the impact on state and territory governments of collecting data required by IHACPA
- consult on timelines to incorporate standardised data collection methodologies
- encourage and facilitate processes that will ensure data accuracy
- review preliminary results and provide assistance in quality assurance
- encourage constructive feedback to facilitate the ongoing improvement of the collection and provision of the data required to support the objectives of the addendum, as required under clause 9e of the addendum.

3. Security and privacy

IHACPA is tasked with collecting, securing and using information in accordance with relevant legislation and national privacy principles, ethical guidelines and practices.

3.1 Privacy

The privacy of information is of paramount importance. IHACPA manages all information in accordance with the Australian Privacy Principles in the *Privacy Act 1988* and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*, the secrecy and patient confidentiality provisions in the NHR Act, and the protection of information provisions of the Aged Care Act as well as other statutory protections.

The NHR Act and the Aged Care Act provide protections for personal information and make provisions to ensure service recipient confidentiality.

All IHACPA staff are employed under the *Public Service Act 1999* and are subject to the Australian Public Service Code of Conduct.

3.2 Security

IHACPA is committed to the security of data submitted by the Australian Government, state and territory governments and aged care providers. Systems and processes used for collection, analysis, storage and reporting are designed to ensure security of information.

To manage its information security risks and responsibilities, IHACPA has an internal Protective Security Policy Framework modelled on the Australian Government's Protective Security Policy Framework. IHACPA's Protective Security Policy Framework consists of a range of policies that interact and complement each other to provide a comprehensive framework for the handling of information collected by IHACPA. The following policies are included in IHACPA's Protective Security Policy Framework and are reviewed regularly to ensure they remain current and comprehensive:

- Information Security Policy – Defines information assets security including asset control and management, incident, and risk management.
- IT Operations Security Policy – Defines systems, network and application security; cryptography, change and vulnerability management.
- Information Technology Best Practice Policy – Defines security control of human resources, physical and environmental and acceptable use.
- Data Management Policy – Defines data management of all data kept by IHACPA, including data retention and backup.
- Data Governance Policy – Defines the principles that describe the rules to control the integrity, security, quality, and usage of data during its lifecycle, and the roles and responsibilities of IHACPA staff, contractors, and consultants with internal and external parties in relation to data access, retrieval, storage, disposal, and archiving of data assets.

- Archiving (Secure Data Management System Data/Folder) Policy – Defines aims, objectives, governance and best practice in Secure Data Management System (SDMS) archival.
- Consultant Access to IHACPA Protected Data Policy – Describes how consultants can access IHACPA Protected Data.

As per sections 220 and 220A of the NHR Act, IHACPA may only disclose protected data, which includes health care pricing and costing information and protected aged care information, if the Chair of the Pricing Authority or an authorised delegate is satisfied that the information will enable or assist a relevant body or person to perform or exercise any of the functions or powers of the relevant body or person.

Requests for release of protected public hospital information to government agencies or research organisations are covered by IHACPA's Data Access and Release Policy, which enacts the relevant provisions with the NHR Act and the addendum.

3.3 Data management

IHACPA places extreme importance on the security and management of the data it collects to perform its functions under the NHR Act. A framework of data security policies, rules, and checklists to govern the use, protection and disclosure of data have been established so we can meet the obligations of the NHR Act.

IHACPA protected data is stored and managed on our SDMS. The SDMS is a cloud-based system designed to provide a convenient portal for state and territory governments and aged care providers to submit the complex data sets IHACPA require to undertake their national health and aged care pricing functions. It also provides the function of a Citrix desk top environment where extensive analysis is undertaken by IHACPA staff and approved third parties. The security of IHACPA data is one of our highest priorities, and as such this document explains how IHACPA defends against attempts at unauthorised access, theft and other intrusions and outlines other key components employed to protect the environment and the data stored within.

4. Compliance with the National Health Reform Agreement

Clause B67 of the addendum specifies the requirements of the Three Year Data Plan for the national bodies. IHACPA acknowledges and complies with these requirements, as outlined in **Table 1**.

Table 1. Compliance with the addendum clauses

Clause	Compliance principles	Compliance mechanisms
B67a	Seek to meet its data requirements through existing national data collections, where practical.	IHACPA has worked with the national data committees to align ABF reporting with existing NMDS and NBEDS for admitted patient care, subacute and non-acute care, emergency care, non-admitted care, mental health care and teaching, training and research.
B67b	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 its statutory functions.	All new data development work has been in collaboration with the national data governance processes and groups.
B67c	Allow for a reasonable, clearly defined timeframe to incorporate standardised data collection methods across all jurisdictions.	IHACPA will consult with its Jurisdictional Advisory Committee and the national data committees prior to introducing additional data elements into collections.
B67d	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.	IHACPA supports the concept of 'single provision, multiple use'. Wherever possible, IHACPA will apply the same validations as the AIHW and provide data to agencies under clause B77 of the addendum as requested.
B67e	Balance the national benefits of access to the requested data against the impact on jurisdictions providing that data.	IHACPA is mindful of the need to balance the benefits against the impact on jurisdictions and will continue to review this when developing the data request specifications each year.
B67f	Consult with the Australian Government and state and territory governments when determining its requirements.	IHACPA will consult with all key stakeholders through its relevant working groups, Technical Advisory Committee, Jurisdictional Advisory Committee and external national data committees prior to introducing additional data elements into collections.

5. Hospital data requirements

IHACPA requires accurate public hospital activity, cost and expenditure data from jurisdictions on a timely basis in order to perform its core determinative functions. Wherever possible, IHACPA uses pre-existing classifications and data set specifications.

5.1 Classifications

The classifications or lists that will be used to describe activity for the admitted care, subacute and non-acute care, emergency care, non-admitted care, mental health care, teaching, training and research and sentinel events service categories from 1 July 2025 are provided in **Table 2**.

Table 2. Activity based funding classifications and versions

Service category	Classification	Collection start date
Admitted acute	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions, the Australian Coding Standards Thirteenth Edition; in conjunction with Australian Refined Diagnosis Related Groups (AR-DRG) Version 11.0	1 July 2025
Subacute and non-acute	Australian National Subacute and Non-Acute Patient Classification (AN-SNAP) Version 5.0	1 July 2025
Emergency (Levels 3B – 6)	Australian Emergency Care Classification (AECC) Version 1.1, in conjunction with ICD-10-AM Principal Diagnosis Short List (EPD Short List) Thirteenth Edition	1 July 2025
Emergency (Levels 1 – 3A)	Urgency Disposition Groups (UDG) Version 1.3	1 July 2025
Non-admitted	Tier 2 Non-Admitted Services Classification (Tier 2) Version 9.1	1 July 2025
Mental health	Australian Mental Health Care Classification (AMHCC) Version 1.1	1 July 2025
Teaching, training and research[1]	Australian Teaching and Training Classification (ATTC) Version 1.0	1 July 2025
Sentinel events	Australian Sentinel Events List Version 2.0	1 July 2025

[1] As defined in the Metadata Online Registry, the metadata item for the public hospital service research activities cluster is conditional, meaning that the data elements in this cluster are only required to be reported for establishments able to collect data on research activities.

5.2 Data specifications

The NMDS and NBEDS that IHACPA will use from 1 July 2025 are divided into 2 sections, one each for activity data and cost data.

5.2.1 Activity data

IHACPA has developed a limited number of data set specifications for use under the ABF framework. Data set specifications that will be used to collect activity data is listed in **Table 3**.

Table 3. Data set specifications to be used in the ABF framework

Service category	Data set specifications	Start date
Admitted acute	Admitted patient care NMDS (APC NMDS) 2025–26 Admitted patient care NBEDS (APC NBEDS) 2025–26	1 July 2025
Admitted subacute and non-acute	Admitted subacute and non-acute hospital care NBEDS (ASNAHC NBEDS) 2025–26	1 July 2025
Emergency (Levels 3B and above)	Non-admitted patient emergency department care NMDS (NAPEDC NMDS) 2025–26	1 July 2025
Emergency (Levels 3A and below)	Emergency service care NBEDS (ESC NBEDS) 2025–26 Emergency service care aggregate NBEDS (ESCA NBEDS) 2025–26	1 July 2025
Non-admitted services	Non-admitted patient NBEDS (NAP NBEDS) 2025–26	1 July 2025
Mental health	Activity based funding: Mental health care NBEDS (ABF MHC NBEDS) 2025–26	1 July 2025
Teaching, training and research	Hospital teaching, training and research activities NBEDS (HTTRA NBEDS) 2025–26	1 July 2025
Alternative funding source	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA. Utilises standard rules for reporting and coding episodes	1 July 2025
Individual Healthcare Identifier (IHI)	Individual Healthcare Identifier NBEDS (IHI NBEDS) 2025–26	1 July 2025
Establishment identifiers/hospital names list	Supplementary file to identify hospitals eligible for activity based funding or block funded services under the NHRA.	1 July 2025

5.2.2 Cost data

IHACPA released Version 4.2 of the Australian Hospital Patient Costing Standards (AHPCS) in September 2023. The AHPCS provide direction for hospital patient costing to ensure hospital costs are allocated to hospital activity data in a consistent manner across jurisdictions.

5.2.3 Process for updating data set specifications

Data set specifications are updated to ensure that they continue to capture the data relevant to a particular service category for ABF purposes. Wherever possible, IHACPA uses established national data sets and governance structures. However, the final responsibility for making the change remains with IHACPA. Changes can vary in complexity and may subsequently require more time to update.

5.3 Local hospital networks/Public hospital establishments NMDS

The AIHW's National Public Hospital Establishments Database is compiled from data specified by state and territory health authorities. The database holds a collection of resources, expenditure and services data for all public and repatriation hospitals in Australia. The Local hospital networks/Public hospital establishments NMDS is one of the primary data sources available to IHACPA to determine the NEC for block funded services.

Table 4. Timeline for the AIHW Local hospital networks/Public hospital establishments data submission

Data reporting period	Date required
2024–25	30 Jun 2026
2025–26	30 Jun 2027
2026–27	30 Jun 2028

5.4 Australian Government pharmaceutical program payments

The addendum requires IHACPA to remove costs associated with programs that the Australian Government funds through other programs, including pharmaceutical program payments. IHACPA identifies and undertakes episode level matching for these payments using de-identified Medicare PIN data provided by Services Australia, patient-level Australian Government pharmaceutical program payments data provided by the Australian Government Department of Health, Disability and Ageing and the National Hospital Cost Data Collection (NHCDC) data. This data is required according to the timelines below.

Table 5. Timeline for Australian Government in-scope patient-level pharmaceutical program payments data submission

Data reporting period	Date required
2024–25	30 Jun 2026
2025–26	30 Jun 2027
2026–27	30 Jun 2028

5.5 Australian Government Medicare Benefits Schedule

Medicare Benefits Schedule (MBS) data supports IHACPA to model and evaluate the impact of new and innovative approaches to health care funding for improving the efficiency of services delivered by public hospitals and health care services. To undertake episode level matching between NHCDC data and MBS data, IHACPA uses the same linking method as for pharmaceutical program payments data.

Table 6. Timeline for Australian Government in-scope patient-level Medicare Benefits Schedule data submission

Data reporting period	Date required
2024–25	30 Jun 2026
2025–26	30 Jun 2027
2026–27	30 Jun 2028

5.6 Australian Government Medicare data ('Submission B' data file)

For adjusting costs associated with programs that are funded by the Australian Government separately, IHACPA requires access to de-identified Medicare PIN and associated information from Services Australia to link payments such as pharmaceutical program and MBS to NHCDC data. This enables better understanding of patient care delivered across care settings and supports IHACPA's work in facilitating trials of innovative funding models.

Table 7. Timeline for Australian Government Medicare data submission

Data reporting period	Date required
2024–25 (Jun – Dec)	30 Apr 2025
2024–25 full year	31 Oct 2025
2025–26 (Jun – Dec)	30 April 2026
2025–26 full year	31 Oct 2026
2026–27 (Jun – Dec)	30 Apr 2027
2026–27 full year	31 Oct 2027

5.7 Hospital Casemix Protocol and Private Hospital Data Bureau collection

The addendum includes clauses which have the intent to neutralise revenue at the hospital level for public and private patients. To implement these clauses IHACPA has developed a methodology which utilises Hospital Casemix Protocol data. Additional data on the actual state and territory payments to each local hospital network (LHN) for public and private patients will also be required to implement the private patient neutrality adjustment. As the quality and timeliness of the Hospital Casemix Protocol collection is improved, the requirement for actual payments to LHNs may no longer be required.

The Private Hospital Data Bureau (PHDB) data collection provides a national representation of all admitted episodes of care provided within private hospitals and day facilities, together with clinical, demographic and administrative information associated with these episodes, and associated charges raised by the hospital or day facility.

IHACPA uses the Hospital Casemix Protocol and PHDB collection provided by the Australian Government Department of Health, Disability and Ageing according to the timelines outlined below to:

- determine a correction factor for under-attribution of medical costs across all patients as costs associated with medical practitioners are applied equally across public and private patients
- identify payments made by insurers and the MBS for private patients in public hospitals
- quantify and analyse admitted activity undertaken in private hospitals and day facilities
- provide advice to the Australian Government Department of Health, Disability and Ageing to support the implementation of Prostheses List reforms
- address questions raised under provisions in the NHRA.

Table 8. Timeline for Australian Government Hospital Casemix Protocol and Private Hospital Data Bureau data submission

Data reporting period	Dat required
2024–25 (Jun – Dec)	30 Apr 2025
2024–25 full year	31 Oct 2025
2025–26 (Jun – Dec)	30 April 2026
2025–26 full year	31 Oct 2026
2026–27 (Jun – Dec)	30 Apr 2027
2026–27 full year	31 Oct 2027

5.8 Pricing for safety and quality

The addendum requires IHACPA to collaborate with the jurisdictions and the national bodies to determine how funding and pricing could be used to improve patient outcomes across 3 key areas:

- sentinel events
- hospital acquired complications
- avoidable hospital readmissions.

5.8.1 Sentinel events

Since 1 July 2017, an episode of care (across all care streams) where a sentinel event occurs is not funded in its entirety. This funding approach uses the Australian Sentinel Events List agreed to by Australian health ministers in 2002.

Under clause A166 of the addendum, states and territories agree to apply a digital flag to any episode that includes a sentinel event and report the information to IHACPA. The Australian Commission on Safety and Quality in Health Care maintains the data specifications for nationally consistent reporting of sentinel events.

Sentinel events data is submitted as year to date on a 6 monthly basis.

5.8.2 Hospital acquired complications

Implementation of the approach for hospital acquired complications does not require states and territories to submit additional data to IHACPA.

5.8.3 Avoidable hospital readmissions

Implementation of the approach for avoidable hospital readmissions requires a national unique patient identifier to be reported in national data set specifications.

5.9 Inclusion of unique patient identifiers in national data sets

The Individual Healthcare Identifier (IHI) is a unique patient identifier that was introduced to support the My Health Record system.

IHACPA consulted with jurisdictions on the inclusion of the IHI in national data sets used for ABF through NHDISC, the National Health Chief Information Officers Roundtable and public consultation processes. The IHI has been included in national data collections since 1 July 2022. Collection of the IHI enables IHACPA to accurately identify service delivery to patients across different care settings, financial years and hospitals.

Collection of the IHI facilitates improved reporting of patient care delivered across different care settings and is critical in supporting IHACPA's work in developing and trialling innovative funding models. The provision of the IHI is fundamental for the consideration and evaluation of trials of innovative funding models and models of care.

5.10 Ad-hoc data requests

IHACPA undertakes ad-hoc data collection and research to inform modelling, reconciliation and verification. All requests for additional data will be considered by IHACPA on a case-by-case basis, in consultation with jurisdictions through the Jurisdictional Advisory Committee and Technical Advisory Committee.

Ad-hoc data collections over the 2025–26 to 2027–28 period may relate to the following areas:

- exploration and trials of innovative funding models and models of care
- supporting reform to the Prostheses List to improve the affordability and value of private health insurance for Australians.

6. Hospital data collection schedule

6.1 Activity data collection

To align with IHACPA's commitment of delivering the annual NEP Determination in March for the upcoming financial year (for example, the NEP Determination 2026–27 will be published in March 2026), IHACPA collects data from jurisdictions according to the following principles:

- Data requests are sent to jurisdictions in March of each year, 3 months prior to the start of the next financial year.
- Activity data for service categories (with the exception of teaching, training and research) to be submitted to IHACPA quarterly on a year to date basis, hence the fourth quarter data submissions will include all activity data for that financial year).
- Sentinel events to be submitted to IHACPA biannually as part of the December and June data submissions.
- Activity data for teaching, training and research to be submitted to IHACPA on an annual basis.
- As required by the Administrator, data for each quarter is due to be submitted 11 weeks after the end of the quarter, on or before the 15th of the month.
- States and territories will be provided with a 2 week resubmission window following the final quarterly submission date. Any submission made during this period will be considered compliant under the IHACPA Data Compliance Policy and Administrator's Compliance Policy.
- IHACPA validates the submitted data within 2 weeks and provides feedback to jurisdictions who have 2 weeks to correct any identified issues and resubmit the data to IHACPA.
- States and territories will be provided with a 2 week resubmission window following the final quarterly submission dates. Any resubmission made during this period will be considered compliant.
- The acceptance of any further data resubmissions for the purposes of calculating funding entitlements are a matter for the Administrator.

6.1.1 Admitted patient care activity

- Admitted patient care activity data is reported once a separation has occurred.
- Due to 'coding lag' (elapsed time between the date of service provision and the diagnosis and intervention details being coded) previous quarter admitted acute activity data can be revised when the subsequent quarter is submitted.

6.1.2 Admitted subacute and non-acute care activity

- Admitted subacute and non-acute care activity is reported once a separation has occurred.

6.1.3 Emergency care activity

- Emergency care activity is reported once the emergency department or emergency service stay has been completed.
- Jurisdictions are invited to submit Emergency virtual care (EVC) activity once the service has been completed as part of the Emergency Virtual Care Activity Data Submission project. Activity data submission is on a best endeavours basis and there is no requirement for jurisdictions to submit data.

6.1.4 Non-admitted care activity

- Non-admitted care activity is reported once the service event has been completed.

6.1.5 Mental health care activity

- Mental health care activity will be either admitted, ambulatory or residential episodes.
- Admitted mental health care activity is reported once a separation has occurred.
- Ambulatory and residential mental health activity is reported each quarter it remains open.

6.1.6 Sentinel events

- A sentinel event is reported once a separation has occurred or service event has been completed.

6.1.7 Alternative funding source

- Any activity or program (for example, high cost, highly specialised therapy procedures) outside of standard ABF practice, will be identified through a supplementary file.

6.1.8 Individual Healthcare Identifier

- The IHI is reported against admitted acute, admitted subacute and non-acute, emergency, non-admitted and mental health episodes of care recorded in health metadata sets (for example, NMDS and NBEDS) provided by states and territories to IHACPA.
- An IHI is unique to a patient and does not change.
- An IHI is assigned automatically to individuals registered with Medicare Australia or enrolled in the Australian Government Department of Veterans' Affairs programs.

6.1.9 Establishment identifiers/hospital names list

IHACPA has developed a DRS for the collection of establishment identifiers and hospital names in consultation with its advisory committees and working groups. The DRS supports improved accuracy when developing the hospital lists underpinning the NEP and NEC Determinations.

The timelines for the submission of activity data between 2025–26 and 2027–28 are shown below.

Table 9. Activity data submission timeline

Financial year	Data reporting period	NBEDS published	Data request sent	Submission date
2025–26	Sep Quarter	31 Dec 2024	21 Mar 2025	15 Dec 2025
	Dec Quarter	31 Dec 2024	21 Mar 2025	15 Mar 2026
	Mar Quarter	31 Dec 2024	21 Mar 2025	15 Jun 2026
	Jun Quarter	31 Dec 2024	21 Mar 2025	15 Sep 2026
2026–27	Sep Quarter	31 Dec 2025	20 Mar 2026	15 Dec 2026
	Dec Quarter	31 Dec 2025	20 Mar 2026	15 Mar 2027
	Mar Quarter	31 Dec 2025	20 Mar 2026	15 Jun 2027
	Jun Quarter	31 Dec 2025	20 Mar 2026	15 Sep 2027
2027–28	Sep Quarter	31 Dec 2026	19 Mar 2027	15 Dec 2027
	Dec Quarter	31 Dec 2026	19 Mar 2027	15 Mar 2028
	Mar Quarter	31 Dec 2026	19 Mar 2027	15 Jun 2028
	Jun Quarter	31 Dec 2026	19 Mar 2027	15 Sep 2028

6.2 National Hospital Cost Data Collection

IHACPA uses NHCDC data collected 3 years earlier to calculate the NEP each year. For example, the NEP Determination 2026–27 will be calculated using cost data from the 2023–24 NHCDC. The timeframes for the submission of cost data are shown below.

Table 10. National Hospital Cost Data Collection data submission timeline

Data reporting period	Data request sent	Submission date	IHACPA review date	Latest resubmission date
2024–25	31 Jul 2025	27 Feb 2026	13 Mar 2026	31 Mar 2026
2025–26	31 Jul 2026	26 Feb 2027	12 Mar 2027	31 Mar 2027
2026–27	31 Jul 2027	28 Feb 2028	13 Mar 2028	31 Mar 2028

6.3 Reporting jurisdictions compliance with hospital data requirements

Jurisdictions are required to submit activity data to IHACPA on a quarterly basis with the exception of teaching, training and research data which is submitted on an annual basis. NHCDC data are also submitted annually, as is Pharmaceutical Benefits Scheme data from the Australian Government Department of Health, Disability and Ageing. IHACPA reports on jurisdiction compliance as per clause B81 of the addendum. The process for reporting compliance will be managed in accordance with IHACPA's Data Compliance Policy.

Jurisdictions will be judged to have complied with IHACPA's data requirements if they:

- have provided the data required as specified in the data request; and
- have provided the data in the timeframes requested.

In accordance with section 131 of the NHR Act and clause A46b of the addendum, jurisdictions are required to provide sufficient data for IHACPA to have confidence that the data reflects the actual cost of delivery of public hospital services in the jurisdiction from as wide a range of hospitals as practicable.

If a jurisdiction does not meet both of these requirements for any given quarterly period, they will be regarded as being non-compliant. This information will be published on the IHACPA website on a quarterly basis.

However, it is also important to note that where a jurisdiction is judged to be non-compliant, it will have an opportunity to communicate the circumstances to IHACPA. In this instance IHACPA will work with the jurisdiction to improve the data submission process over time.

Clause B82 of the addendum requires the Australian Government and state and territory governments to provide IHACPA with a Statement of Assurance certifying completeness and accuracy of data submissions or resubmission from a senior health department official biannually on the completeness and accuracy of its data submissions. IHACPA will provide these Statements of Assurance to the Administrator for reconciliation purposes.

The provision of the Statement of Assurance does not prevent a jurisdiction from resubmitting data to improve previous submissions, subject to the timing requirement in clause A78 of the addendum. Each approved submission or resubmission of data is accompanied by a Statement of Assurance.

7. Aged care data requirements

IHACPA requires accurate classification and financial expenditure data from aged care facilities and Support at Home services on a timely basis to provide advice on aged care pricing and costing to the Australian Government Minister for Health and Ageing.

7.1 Aged care financial reporting

The Department of Health, Disability and Ageing collects financial income and expenditure reporting through 2 existing reports. The Aged Care Financial Report (ACFR) which is reported on an annual basis, and the Quarterly Financial Report (QFR) which is reported quarterly. IHACPA uses the information from these reports to support the development of residential and Support at Home aged care pricing and costing advice and other functions conferred upon it by the *Aged Care Act 1997*, the NHR Act and, following implementation on 1 November 2025, the *Aged Care Act 2024*. The collection timelines for the ACFR and QFR are listed below in **Tables 11** and **12** respectively. Both the ACFR and the QFR are required to be submitted with an accompanying Data Quality Statement.

Table 11. Timeline for collection of Aged Care Financial Report data

Financial year	Date IHACPA to receive
2025–26	10 Jan 2027
2026–27	10 Jan 2028
2027–28	10 Jan 2029

Table 12. Timeline for collection of Quarterly Financial Report data

Financial year	Data reporting period	Date IHACPA to receive
2025–26	Sep Quarter	19 Dec 2025
	Dec Quarter	1 April 2026
	Mar Quarter	19 Jun 2026
	Jun Quarter	18 Sep 2026
2026–27	Sep Quarter	21 Dec 2026
	Dec Quarter	31 Mar 2027
	Mar Quarter	21 Jun 2027
	Jun Quarter	20 Sep 2027
2027–28	Sep Quarter	21 Dec 2027
	Dec Quarter	30 Mar 2028
	Mar Quarter	21 Jun 2028
	Jun Quarter	20 Sep 2028

7.2 Residential aged care

Operating under the NHR Act, the *Aged Care Act 1997*, the Aged Care (Transitional Provisions) Act and, following implementation on 1 November 2025, the *Aged Care Act 2024*, IHACPA is required to provide the Australia Government with advice on the following:

- a national price for residential aged care, based on funding the cost of care
- the gap between the cost of delivering required hotel services and related revenue received
- any recommended adjustments to the Australian National Aged Care Classification (AN-ACC) funding model, such as national weighted activity unit price weights, base care tariff categories and AN-ACC classes.

7.2.1 Data sources

In addition to ACFR and QFR data, IHACPA requires access to residential aged care provider and residential classification information for costing analysis and other functions conferred upon it by the *Aged Care Act 1997*, the amended NHR Act and, following implementation on 1 November 2025, the *Aged Care Act 2024*. This includes data sets provided to IHACPA from the Australian Government Department of Health, Disability and Ageing or collected by IHACPA from residential aged care services.

- AN-ACC resident level assessment data
- AN-ACC facility level data
- AN-ACC facility and resident level claims data
- Government Provider Management System (GPMS) service list
- Aged Care Provider Workforce Survey.

7.2.2 Data requirements from the Australian Government Department of Health, Disability and Ageing

IHACPA will utilise additional AN-ACC data to facilitate the annual cost collections. Resident level AN-ACC classification data is transferred monthly to IHACPA. The timeline for this data collection is outlined in **Table 13**.

Facility level AN-ACC information outlining facility characteristics and their base care tariff status and GPMS data is provided every 6 months. The timeline for this data collection is provided in **Table 14.**

AN-ACC claims data for both residential and facility level data outlines payments made in accordance with the AN-ACC classification and is collected by the Australian Government Department of Health, Disability and Ageing monthly and transferred to IHACPA every 6 months. The timeline for this data collection is provided in **Table 15.**

Table 13. AN-ACC Resident level data collection timeline

Financial year	Frequency	Start date
2025–26	Monthly	1 July 2025
2026–27	Monthly	1 July 2025
2027–28	Monthly	1 July 2025

Table 14. AN-ACC Facility level information data collection timeline

Financial year	Reporting period	Date IHACPA to receive
2025–26	Jul 2025 – Dec 2025	15 Jan 2026
	Jan 2026 – Jun 2026	15 Jul 2026
2026–27	Jul 2026 – Dec 2026	15 Jan 2027
	Jan 2027 – Jun 2027	15 Jul 2027
2027–28	Jul 2027 – Dec 2027	15 Jan 2028
	Jan 2028 – Jun 2028	15 Jul 2028

Table 15. AN-ACC Facility and resident claims information data collection timeline

Financial year	Reporting period	Date IHACPA to receive
2025–26	Jul 2025 – Dec 2025	15 Jan 2026
	Jan 2026 – Jun 2026	15 Jul 2026
2026–27	Jul 2026 – Dec 2026	15 Jan 2027
	Jan 2027 – Jun 2027	15 Jul 2027
2027–28	Jul 2027 – Dec 2027	15 Jan 2028
	Jan 2028 – Jun 2028	15 Jul 2028

7.2.3 IHACPA residential aged care cost collections

To support evidence-based pricing advice, IHACPA undertakes cost collections from residential aged care services. IHACPA completed its first Residential Aged Care Costing Study in 2023. This 30-day time and motion study was conducted across 118 participating sites between March and August 2023, and included the collection of cost, time, and activity data. IHACPA will work on refinements to the methodology in capturing costs within residential aged care facilities. IHACPA will complete annual cost collections within the residential aged care space to assist in providing contemporaneous pricing advice. The timeline for IHACPA's residential aged care cost collections is outlined in **Table 16**.

Table 16. Cost collection data specifications

Data set	Description	Date IHACPA to receive
Residential Aged Care Cost Collection	IHACPA will develop an annual data request specification (DRS) and methodologies to allocate expense data to residents at a facility level	Jul 2027
		Jul 2028
		Jul 2029

7.3 Support at Home program

7.3.1 Data requirements from the Australian Government Department of Health, Disability and Ageing

The Support at Home program is a new program that will consolidate the existing in-home aged care programs, including the Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme. IHACPA will provide pricing advice to inform Australian Government policy and funding decisions on the Support at Home program. The Support at Home program will be implemented from 1 November 2025.

The datasets that IHACPA will collect from the Australian Government Department of Health, Disability and Ageing and utilise to develop pricing advice for the Support at Home program include client and provider detail including claims and other financial reporting.

7.3.2 Support at Home cost collections

IHACPA collects additional data to supplement existing data collections completed by the Australian Government Department of Health, Disability and Ageing to enable allocations of cost at a service category level. The collection timelines are outlined in **Table 17**.

Table 17. Support at Home data collection timelines

Data set	Description	Reporting period	Date IHACPA to receive
Support at Home Cost Collection	IHACPA will develop an annual data request specification (DRS) to collect break down of expense data into service categories and activity of service categories. This will be completed at a provider level.	2025–26	Jun 2027
		2026–27	Jun 2028
		2027–28	Jun 2029
DHDA Support at Home program data	To inform the DRS template information regarding claims and clients across HCP and STRC programs and client, session and acquittal information for CHSP programs are required to inform IHACPA's Support at Home cost collection.	2025–26	Nov 2026
		2026–27	Nov 2027
		2027–28	Nov 2028

8. Data submission process

IHACPA has a detailed data submission process and collection schedule, which is essential to obtaining activity and cost data required to determine the NEP and NEC and to provide pricing and costing advice on aged care to the Australian Government. Submissions will be made through the SDMS.

8.1 Data submission process

The data submission process is described in **Table 18**.

Table 18. Data submission process description

No.	Activity	Description
1.	Send data request	IHACPA will send an email to each Australian Government or state or territory government with the following instructions: • method of delivery; • contact person at IHACPA; • data request, which will include a spreadsheet (or similar) that provides the format in which the data is to be supplied; • validation rules that IHACPA will apply to ensure that the submitted data meets the specified requirements; • summary of changes from previous versions of the data set specification; and • due date for submission.
2.	Validate data	Before submission of data, Australian Government and state and territory governments are able to validate data multiple times through the SDMS before submitting. The data will be validated in accordance with the instructions specified in the data request specification. IHACPA will ensure that the system is ready for the data validation 4 weeks before the submission due date.
3.	Submit quality assured data to IHACPA	Once Australian Government and state and territory governments are satisfied with the data quality based on the feedback generated by the online validation feature, data can be formally submitted within the SDMS. A confirmation email will be issued by the system following submission.
4.	Review data	Any data anomalies or errors identified by IHACPA will be discussed with the relevant Australian Government or state or territory government to determine how they will be addressed.
5.	Decision	If there are no errors or anomalies, the final data sets are created. Otherwise, Australian Government and state and territory governments will be asked to make appropriate corrections and re-submit the data to IHACPA. Where the issues cannot be corrected, Australian Government and state and territory governments will be asked to advise IHACPA that the data is to be used with known issues.

No.	Activity	Description
6.	Correct identified issues	Australian Government and state and territory governments correct any errors or anomalies identified by IHACPA and resubmit their data.

Appendix A – IHACPA and the Administrator

IHACPA has worked collaboratively with the Administrator in revising the IHACPA Three Year Data Plan as part of IHACPA's commitment to the principle of data rationalisation expressed in the addendum particularly the 'single provision, multiple use' concept.

The national bodies use cost and expenditure data through the same key collections – the NHCDC, the National Public Hospitals Establishments Database and the Public Hospitals Establishments Data Set Specification.

Table A1 details the activity data collections utilised by the national bodies.

Table A1. Comparative activity data collections utilised by the national bodies

	National agencies			Year of data collection					
	IHACPA		Administrator	2025–26		2026–27		2027–28	
Service category	ABF	Block-funded		Data spec	Classification	Data spec	Classification	Data spec	Classification
Admitted acute	✓	✓	✓	APC NMDS 2025–26 APC NBEDS 2025–26	ICD-10-AM/ACHI Thirteenth Edition and AR-DRG Version 11.0	APC NMDS 2026–27 APC NBEDS 2026–27	ICD-10-AM/ACHI Thirteenth Edition and AR-DRG Version 12.0	APC NMDS 2027–28 APC NBEDS 2027–28	ICD-10-AM/ACHI Thirteenth Edition and AR-DRG Version 12.0
			✓	Leave and Hospital in the Home (LHITH) NBEDS 2025–26		LHITH NBEDS 2026–27		LHITH NBEDS 2027–28	
Emergency (Levels 3B – 6)	✓	✓	✓	NAPEDC NMDS 2025–26	AECC Version 1.0 and EPD Short List Thirteenth Edition	NAPEDC NMDS 2026–27	AECC Version 1.1 and EPD Short List Thirteenth Edition	NAPEDC NMDS 2027–28	AECC Version 1.1 and EPD Short List Thirteenth Edition
Emergency (Levels 1 – 3A)	✓	✓	✓	ESC NBEDS / ESCA NBEDS 2025–26	UDG Version 1.3	ESC NBEDS / ESCA NBEDS 2026–27	UDG Version 1.3	ESC NBEDS / ESCA NBEDS 2027–28	UDG Version 1.3
Non-admitted services	✓		✓	NAP NBEDS 2025–26	Tier 2 Version 9.0	NAP NBEDS 2026–27	Tier 2 Version 9.0	NAP NBEDS 2027–28	Tier 2 Version 9.0

	National agencies			Year of data collection					
	IHACPA		Administrator	2025–26		2026–27		2027–28	
Service category	ABF	Block-funded		Data spec	Classification	Data spec	Classification	Data spec	Classification
Mental health	✓	✓	✓	ABF MHC NBEDS 2025–26	AMHCC Version 1.1	ABF MHC NBEDS 2026–27	AMHCC Version 1.1	ABF MHC NBEDS 2027–28	AMHCC Version 1.1
Admitted subacute and non-acute	✓	✓	✓	ASNAHC NBEDS 2025–26	AN-SNAP Version 5.0	ASNAHC NBEDS 2026–27	AN-SNAP Version 5.0	ASNAHC NBEDS 2027–28	AN-SNAP Version 5.0
Teaching, training and research		✓		HTTRA NBEDS 2025–26	ATTC Version 1.0	HTTRA NBEDS 2026–27	ATTC Version 1.0	HTTRA NBEDS 2027–28	ATTC Version 1.0
Alternative funding source	✓	✓	✓	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA.	N/A	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA.	N/A	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA.	N/A
Individual Healthcare Identifier (IHI)	✓	✓	✓	IHI NBEDS 2025–26	N/A	IHI NBEDS 2026–27	N/A	IHI NBEDS 2027–28	N/A
Emergency virtual care	✓	✓		Emergency virtual care (EVC) data request specifications (DRS) 2025–26	N/A	EVC DRS 2026–27	N/A	EVC DRS 2027–28	N/A

Table A2 details other data collections utilised by these 2 national agencies.

Table A2. Other data collections utilised by the national bodies

	National agencies			Year of data collection			Data source
	IHACPA		Administrator	2025–26	2026–27	2027–28	
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	Provided to IHACPA by the Australian Government Department of Health, Disability and Ageing
De-identified Medicare number and funding source information	✓	✓	✓	'Submission B' data file provided by the states and territories to Services Australia	'Submission B' data file provided by the states and territories to Services Australia	'Submission B' data file provided by the states and territories to Services Australia	Provided to IHACPA by Services Australia
Private Health Insurance payments for private patients in public hospitals	✓	✓	✓	Hospital Casemix Protocol Collection	Hospital Casemix Protocol Collection	Hospital Casemix Protocol Collection	Provided to IHACPA by the Australian Government Department of Health, Disability and Ageing
State and territory payments to LHNs for public and private patients			✓	State and territory payments to LHNs for public and private patients	State and territory payments to LHNs for public and private patients	State and territory payments to LHNs for public and private patients	Provided to the Administrator by the states and territories
Sentinel events	✓	✓	✓	Data file which identifies episodes with sentinel events to be provided by the states and territories using Australian Sentinel Events List Version 2.0	Data file which identifies episodes with sentinel events to be provided by the states and territories using Australian Sentinel Events List Version 2.0	Data file which identifies episodes with sentinel events to be provided by the states and territories using Australian Sentinel Events List Version 2.0	Provided to IHACPA by the states and territories
State and territory hospitals list	✓	✓	✓	N/A	Data file of state and territory establishment identifiers and hospital names	Data file of state and territory establishment identifiers and hospital names	Provided to IHACPA by states and territories based on data request specifications still to be developed

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