

Schedule of documents – Freedom of information request no. 3/2025

Document no.	Date	Size	Description	Decision on access	Relevant section (exemption / edit)
1.	December 2024	97pages	A fresh approach to NDIS pricing: Exploring opportunities for pricing reform, Final report	Access refused	s 34(1)(a), 47C
2.	12 December 2024	1 page	A fresh approach to NDIS pricing, Summary Placemat	Access refused	s 34(2), 47C
3.	December 2024	9 pages	A fresh approach to NDIS pricing – Exploring opportunities for pricing reform – A snapshot of what we’ve heard	Access refused	s 47C
4.	8 November 2024	69 pages	Taylor Fry – Opportunities for IHACPA Draft	Access refused	s 47C
5.	4 January 2025	67 pages	Heartward Thematic Summary and Analysis - NDIS Pricing Reform - Input from Stakeholder Engagement - Final Report	Access refused	s 47C
6.	January 2025	49 pages	Venator - Report on the Review of the NDIA Pricing and Costing Functions	Access refused	s 47C
7.	Undated	3 pages	Attachment - PowerPoint – Impacts of reforms to NDIS pricing	Partial access granted	s 47C
8.	4 October 2024	29 pages	NDIS PowerPoint - Introduction to Annual Pricing Review	Access granted	
9.	7 February 2024	23 pages	NDIS PowerPoint - Annual Pricing Review	Access granted	
10.	7 December 2023	4 pages	Executive brief – Independent Review into the National Disability Insurance Scheme	Partial access granted	s 22(1)

Document no.	Date	Size	Description	Decision on access	Relevant section (exemption / edit)
11.	15, 16, 23, 27, 28 August 2024	8 pages	Emails between IHACPA, NDIA and DSS titled: NDIS Pricing reform Project – NDIA Data Request	Partial access granted	s 22(1)
12.	18, 20, 23, & 30 September 2024	3 pages	Emails between IHACPA and DSS cc. NDIA titled: data sharing – couple of questions	Partial access granted	s 42(1), 22(1),
12A	30 September 2024	2 pages	Attachment to 14. IHACPA Metadata	Access granted	
13.	24 & 25 September 2024	2 pages	Email between IHACPA, NDIA and DSS titled: Request for NDIS data	Partial access granted	s 22(1)
14.	30 October 2024	1 page	Email between IHACPA and NDIA titled: RE: Clarification question	Partial access granted	s 22(1)
14A	30 October 2024	2 pages	Attachment - IHACPA Data Request NDIA October 2024 - 2023-24 Participant Information, Provider Information and Payment Information	Access granted	
15.	30 October 2024	1 page	Email between IHACPA and NDIA titled: RE: Clarification question	Partial access granted	s 22(1)
16.	30 October 2024	2 pages	Email between IHACPA and NDIA titled: RE: Clarification question	Partial access granted	s 22(1)
17.	30 October 2024	2 pages	Email between IHACPA and NDIA titled: Protected agency information	Partial access granted	s 22(1)
18.	31 October 2024	4 pages	Correspondence titled: Request for release of de-identified data from National Disability Insurance Authority to the Independent Health and Aged Care Pricing Authority from IHACPA to NDIA	Partial access granted	s 22(1)

Document no.	Date	Size	Description	Decision on access	Relevant section (exemption / edit)
18A	No date	2 pages	Attachment - IHACPA Data Request NDIA October 2024 - 2023-24 Participant Information, Provider Information and Payment Information	Not applicable. (See above at 14A)	
19.	1 November 2024	2 pages	Email from IHACPA to NDIA titled Request for NDIS data	Partial access granted	22(1)
19A	31 October 2024	4 pages	Attachment - Correspondence titled Request for release of de-identified data from National Disability Insurance Authority to the Independent Health and Aged Care Pricing Authority from IHACPA to NDIA	Not applicable. (See above at 18)	
19B	No date	2 pages	Attachment - IHACPA Data Request NDIA October 2024 - 2023-24 Participant Information, Provider Information and Payment Information	Not applicable. (See above at 14A)	
19C	20 June 2024	2 pages	Attachment - Signed letter to Minister Shorten	Access granted	
19D	27 June 2024	2 pages	Attachment - Letter from Minister Shorten	Access granted	

Impacts of NDIS Pricing Reform on Stakeholders



Independent Health and Aged Care Pricing Authority (IHACPA)

This document has been released under
the Freedom of Information Act 1982 by
the Independent Health and Aged Care Pricing Authority

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the Freedom of Information Act 1982 by
the Independent Health and Aged Care Pricing Authority



Introduction to Annual Pricing Review

This document has been released under
the Freedom of Information Act 1992 by
the Independent Health and Aged Care Pricing Authority

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APR Overview

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What is the Annual Pricing Review

APR Purpose and Role

- The APR ensures pricing supports participant access to supports, sustainable market growth, and provider financial viability.
- It uses evidence-based approach, balancing price caps to sustain the provider market and limit NDIS cost growth to 8.
- Price limits are regularly adjusted based on wage increases and market feedback, reflecting service costs while promoting long-term market health.

Key Considerations in the APR

- **Continuity of access:** pricing ensures uninterrupted, high-quality support for participants, especially those with complex needs.
- **Sustainable market growth:** Aligns price limits with policy objectives to foster innovation and expansion in the provider market.
- **Provider viability:** Ensures price limits reflect true service delivery costs, promoting a competitive and diverse market.

APR Scope and Focus Areas

- The Terms of Reference (ToR) define the APR's scope, approved by the NDIA board and open to public consultation.
- It reviews both price-related and policy aspects, focussing on key areas like DSW supports, therapy, and support coordination.

The APR uses diverse data

The Agency use a variety of data sources to inform the APRs decision making.

These include:

- **Wage data:** information on minimum wage changes from the Fair Work Commission, particularly focussing on the Social, Community, Home Care, and Disability Services (SCHADS) Award.
- **Market/Participant Data:** Analysis of supply and demand trends within the disability services market to ensure that pricing reflects current market conditions.
- **Cost inputs:** Data on operational costs for service providers, including wages, superannuation, corporate overheads, and other expenses.
- **Feedback from stakeholders:** insights gathered through consultation with participants, providers, advocacy groups, and unions to capture real-world experiences and concerns about pricing.
- **Economic indicators:** Broader economic factors such as inflation and cost-of-living changes are also considered to adjust price limits.

APR Conceptual Framework

Consultation

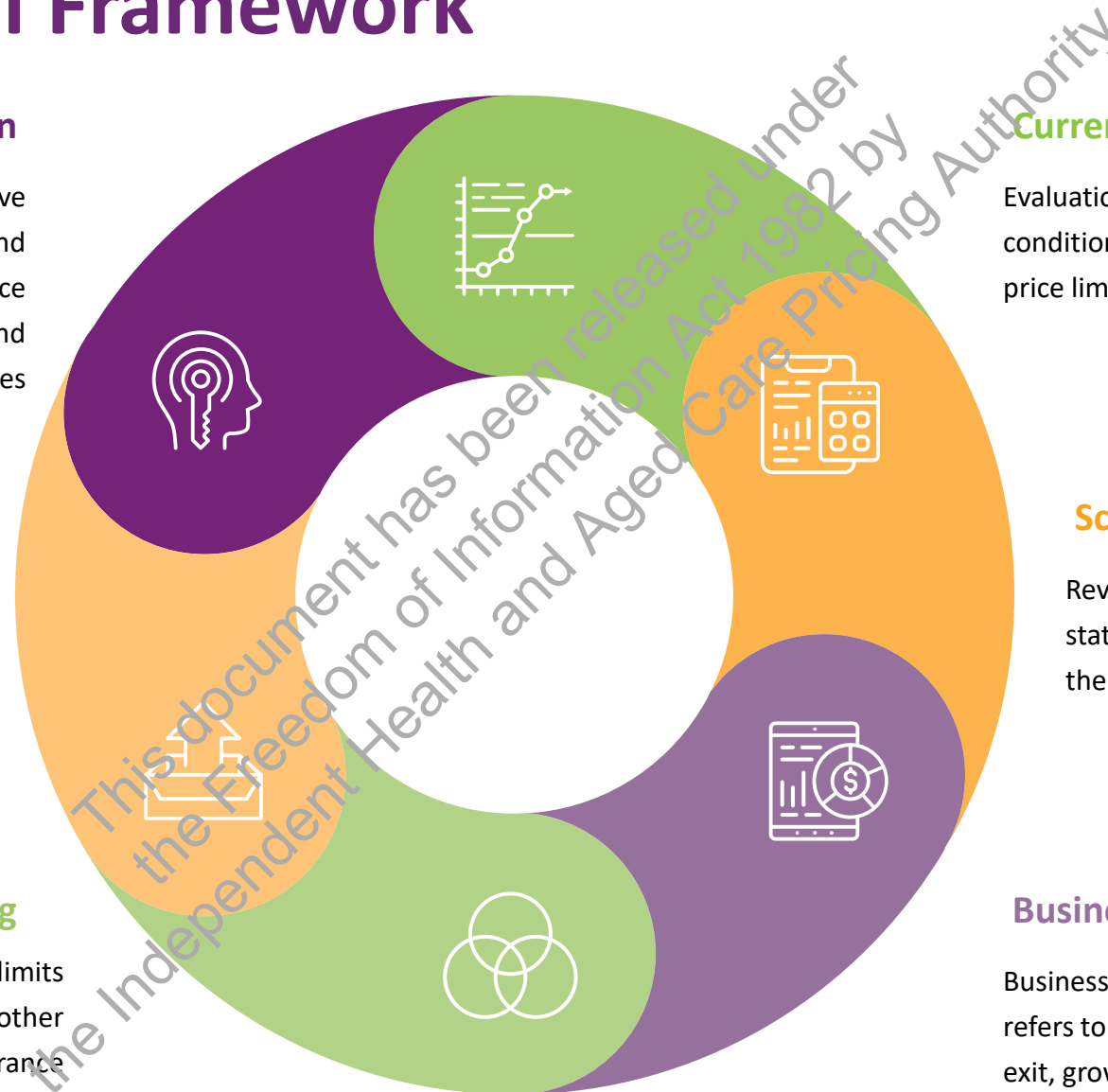
The APR engaged in comprehensive consultation with both internal and external stakeholders, including service providers, participants, peak bodies, and other government agencies

Peer review

Engaged in a peer review process with Pricing Arrangements Reference Group (PARG) and the Interdepartmental Committee (IDC)

Benchmarking

Benchmarked NDIS therapy price limits against private billing rates and other comparable government insurance schemes .



Current economic conditions

Evaluation of current economic conditions and how they impact on NDIS price limits

Scheme statistics

Reviewed the Agencies internal Scheme statistics to assess the current state of the NDIS markets

Business dynamism

Business dynamism across NDIS markets refers to the rate at which providers enter, exit, grow, or adjust their services – it is one of many indicators of market health

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There is significant diversity in the DSW provider market

DSW markets are diverse ...

The Disability Support Worker (DSW) market encompasses several distinct sub-markets, each catering to specific types of supports and services within the NDIS.

Key markets include:

- Daily Personal Activities
- Assistance with Social and Community Participation
- Supported Independent Living
- Short-term Accommodation
- Group and Centre-Based Activities
- High-Intensity Daily Personal Activities
- Activity-Based Transport
- Capacity Building Supports
- Employment Supports



... as are the providers that deliver these supports

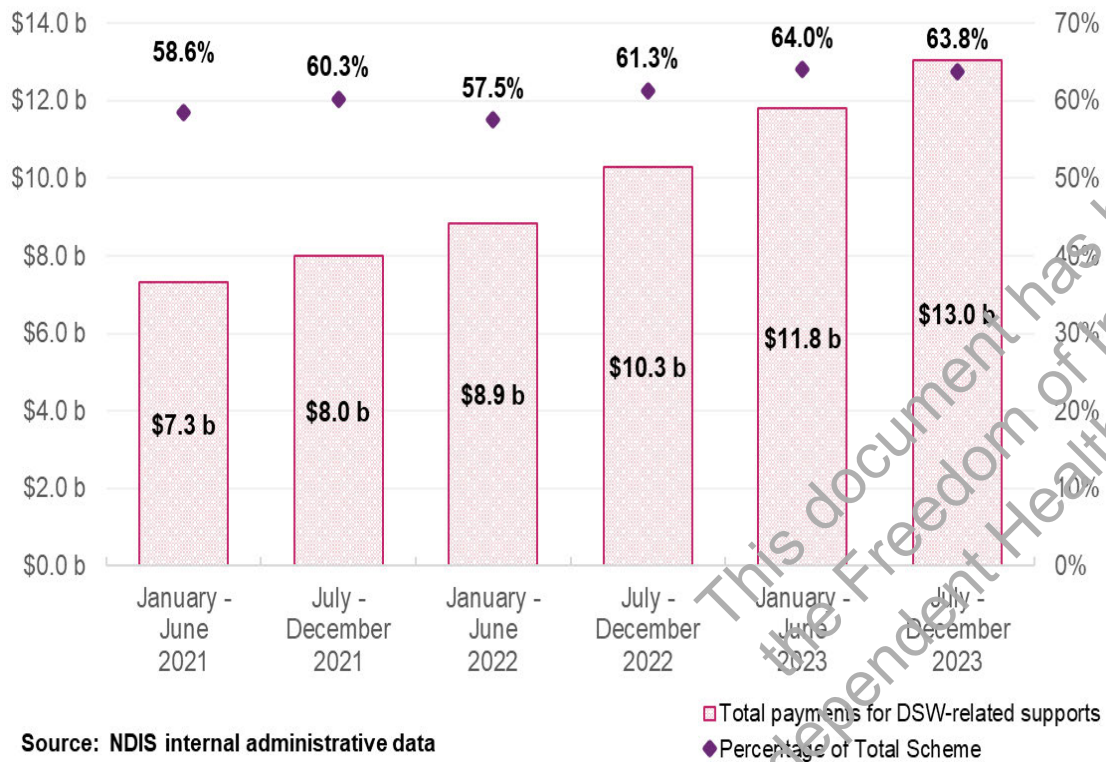
Providers that deliver DSW-related supports are diverse, catering to different needs and levels of care.

The types of providers that deliver these supports include:

- Registered providers
- Unregistered providers
- Specialist providers
- Non-profit and charitable organisations
- Sole traders and microbusiness
- Specialised transport providers
- Platform providers (HireUp & Mable)

DSW Market Overview

NDIS Expenditure on DSW-related Supports since January 2021 Relative to Total NDIS Expenditure



Top 10 largest DSW-related supports

Support Delivered	Total payments (\$ million)	Number of Participants	Number of Providers
Assistance in Supported Independent Living Standard	\$3,861	33,198	4,559
Assistance With Self-Care Activities Standard	\$2,740	123,248	73,555
Access Community Social and Recreational Activities Standard	\$2,239	179,356	77,568
Access Community Social and Rec Activities Standard – TTP	\$761	68,867	4,585
Short Term Accommodation (STA) And Assistance	\$537	37,365	14,438
Assistance in Supported Independent Living High Intensity	\$509	4,918	1,122
Assistance With Self-Care Activities Standard – TTP	\$496	29,660	3,935
Group Activities Standard – TTP	\$370	35,066	1,653
Assistance With Self-Care Activities High Intensity	\$294	6,092	4,692

DSW Market Overview

DSW-Related Supports Scheme Statistics – All Providers

Statistics	July – December 2022	July – December 2023	Percentage Change
Number of NDIS participants	253,558	283,406	+12%
Number of active providers	101,459	122,857	+21%
Amount claimed by active providers of DSW-related supports (\$ billion)	\$10.3	\$13.0	+27%
Average amount claimed by all active providers of DSW-related supports	\$101,324	\$106,180	+5%

DSW-Related Supports Scheme Statistics – Registered Providers

Statistics	July – December 2022	July – December 2023	Percentage Change
Number of active registered providers of DSW-related supports	9,286	8,697	-6%
Amount claimed by registered providers of DSW-related supports (\$ billion)	\$7.9	\$9.4	+19%
Average amount claimed by registered providers of DSW-related supports (\$ million)	\$0.9	\$1.1	+27%

DSW-Related Supports Scheme Statistics – Unregistered Providers

Statistics	July – December 2022	July – December 2023	Percentage Change
Number of active unregistered providers of DSW-related supports	92,490	114,777	+24%
Amount claimed by unregistered providers of DSW-related supports (\$ billion)	\$2.3	\$3.6	+54%
Average amount claimed by unregistered providers of DSW-related supports	\$25,340	\$31,348	+24%

DSW Cost Model

01 SCHADS Award

The cost model is based on permanent worker costs. Linked to the SCHADS Award levels; 2.3, 2.4/3, 3.2, and 4.4

02 Direct on-costs

Includes superannuation, annual leave, personal leave including domestic and family violence, long service, and allowances

03 Operational Overheads

Covers supervision, quality and safeguarding, training, and workforce rostering, alongside provisions for utilisation, and mix of permanent vs casual staff

04 Corporate Overheads

Accounts for essential business functions such as accounting, HR, IT, legal, and marketing.

05 Margin

Represents the return that the provider makes because of the provision of working capital to the business



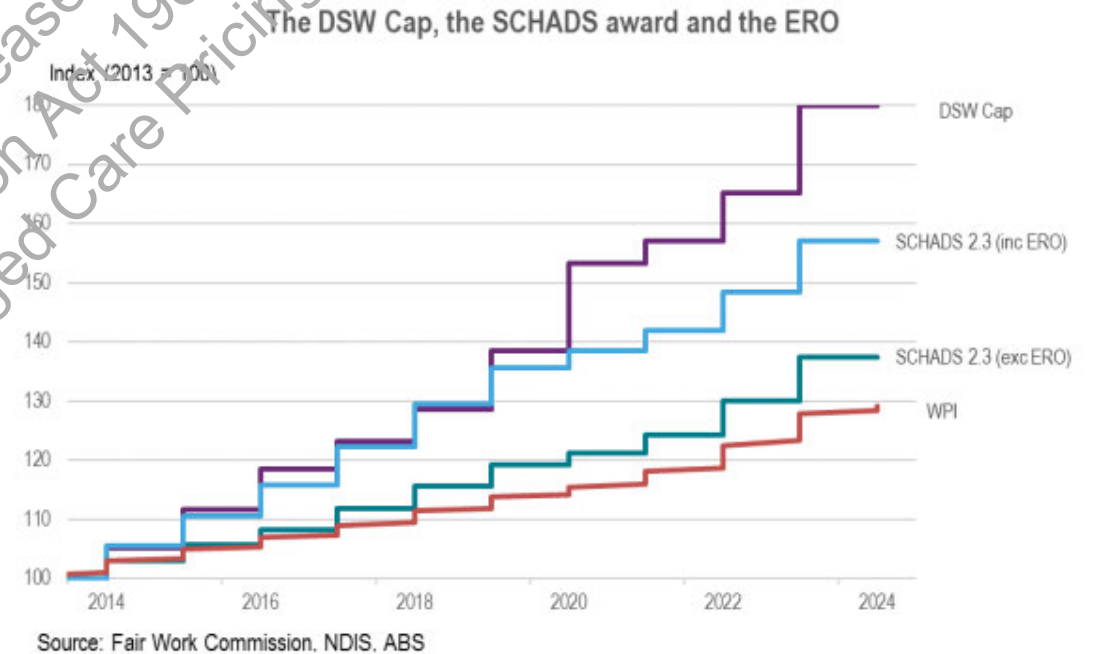
Wage Growth

Wage growth:

- Approximately 300,000 DSW were employed in 2023, compared to around 195,000 Aged Care worker (2020) and 216,000 child service worker (2021)
- DSW wages, primarily determined by the SCHADS Award, have seen consistent growth. The base wage for DSWs at level 2.3 is currently \$1,300.6 p/week, which is higher than comparable sectors.

Impact of the Equal Remuneration Order

- The ERO issued by the FWC in 2012, significantly increased wage rates in the care sector, addressing historic gender-based disparities.
- As a result, SCHADS Award wages are now approximately 23% higher, than they would have been without the ERO.
- These ERO-driven increase are fully phased in, with future growth expected to moderate to broader minimum wage decisions.



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The therapy market is made up of multiple sub-markets

Capacity Building

The therapy market can be broken down into several key sub-markets, each focussed on a specific type of therapeutic service aimed at improving participant health and independence.

These sub-markets include:

1. Physiotherapists
2. Occupational Therapists
3. Speech Pathologists
4. Psychologists
5. Exercise Physiologists
6. Art and Music Therapists
7. Dietitians



Early Childhood

The EC market focusses on providing tailored early intervention supports to young children with developmental delays or disabilities. This market is segmented into several sub-markets that cater to the different therapeutic and developmental needs

These sub-markets include:

1. Early Childhood Intervention Professionals
2. Speech Pathologists for Early Childhood
3. Occupational Therapists
4. Physiotherapists
5. Early Childhood Education Professionals

Behaviour Support

Behaviour support includes a range of supports designed to help participants address behaviours of concern. These supports are delivered through specialist behaviour support intervention support and behaviour management plans, requiring highly qualified professionals.

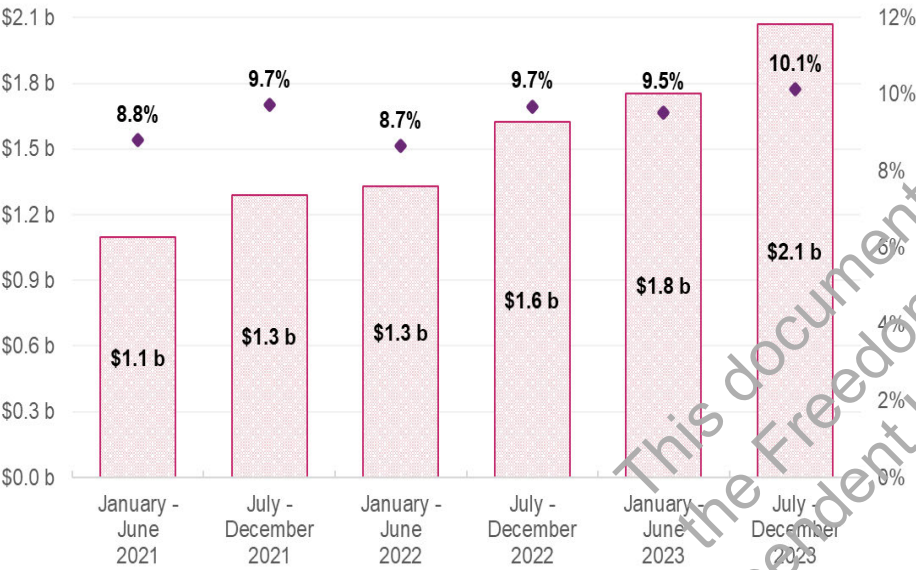
These sub-markets include:

1. Psychologists
2. Occupational Therapists
3. Speech Pathologists
4. Social Workers
5. Specialist Behaviour Support Practitioners

Therapy markets share common goals of capacity building, different policy objectives require nuanced pricing strategies to incentivise practitioners to innovate and deliver tailored supports.

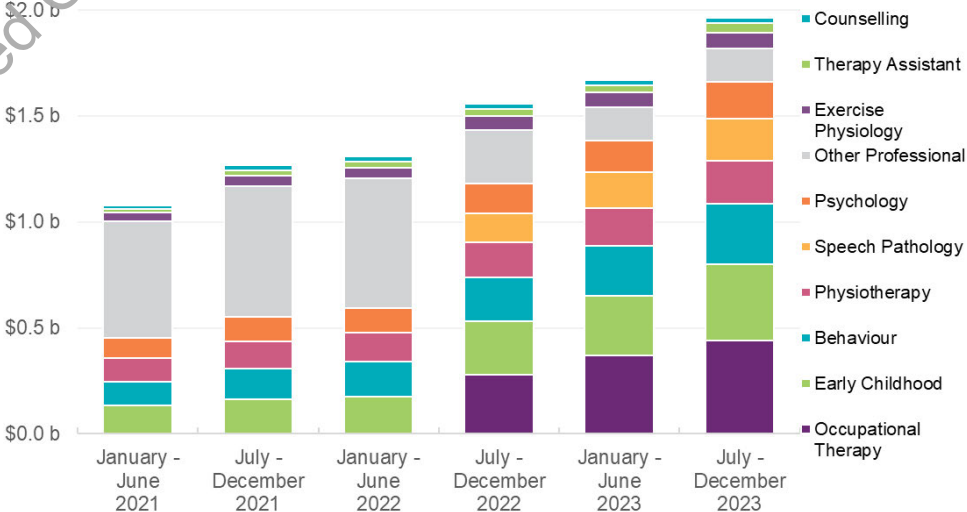
Therapy Market Overview

NDIS Expenditure on Therapy Supports Since January 2021 Relative to Total NDIS Expenditure



Source: NDIS internal administrative data Total payments for therapy Percentage of Total Scheme

Largest Ten Therapy Types Based on Total NDIS Payments, January 2021 to December 2023



Source: NDIS internal administrative data

Therapy Market Overview

Therapy supports Scheme Statistics – All Providers

Statistics	July – December 2022	July – December 2023	Percentage Change
Total number of NDIS participants	325,319	379,296	+17%
Total number of active providers	46,326	52,736	+14%
Total amount claimed by active providers of Therapy supports	\$1.6 billion	\$2.1 billion	+28%
Average amount claimed by all active providers of Therapy supports	\$35,028	\$39,257	+12%

Therapy Supports Scheme Statistics – Registered Providers

Statistics	July – December 2022	July – December 2023	Percentage Change
Number of active registered providers of Therapy supports	8,778	7,392	-16%
Total amount claimed by registered providers of Therapy supports	\$1.2 billion	\$1.3 billion	+15%
Average amount claimed by registered providers of Therapy supports	\$132,541	\$180,913	+36%

Therapy Supports Scheme Statistics – Unregistered Providers

Statistics	July – December 2022	July – December 2023	Percentage Change
Number of active unregistered providers of Therapy supports	38,206	45,961	+20%
Total amount claimed by unregistered providers of Therapy supports	\$0.4 billion	\$0.7 billion	+60%
Average amount claimed by unregistered providers of Therapy supports	\$11,764	\$15,651	+33%

Allied Health Workforce Growth and Future Outlook

- Therapist Workforce Growth:** There are approximately 170,000 registered therapists in Australia. From 2018 to 2022, professions like Psychologists (+24.2%) and Physiotherapists (+25.9%) saw significant growth.
- Workforce Shortages:** Many allied health occupations, including physiotherapists, occupational therapist, and speech pathologists, are experiencing critical shortages, with high vacancy rates.
- Future Growth Projections:** Employment in the therapy sector is expected to grow by 17.2% by 2028, with Audiologists, Speech Pathologists, Physiotherapist, and Psychologists leading the growth.

Employment Numbers and Projected Employment Growth for Therapy Sector

Occupation Code	Occupation	Employment Level – May 2023 ('000)	Projected employment level – May 2028 ('000)	Projected employment growth – five years to May 2028	Projected employment growth – five years to May 2028 (%)
2527	Audiologists and Speech Pathologists/Therapists	15,100	17,600	2,500	16.6%
2522	Complementary Health Therapists	8,400	9,800	1,400	17.0%
2721	Counsellors	29,700	34,200	4,500	15.1%
2511	Nutrition Professionals	8,200	9,500	1,200	15.1%
2524	Occupational Therapists	26,000	30,400	4,400	16.9%
2525	Physiotherapists	37,300	43,900	6,500	17.5%
2526	Podiatrists	5,900	7,000	1,000	17.6%
2723	Psychologists	41,800	48,600	6,800	16.3%

Source: Job and Skills Australia³³

Therapy Pricing is Competitive and Responsive to Market Dynamics

Benchmarking is detailed ...

Therapy pricing is reviewed annually and benchmarked.

- Price limits for therapy supports are assessed against private billing rates across Australia.
- Price limits are also benchmarked against comparable government schemes (DVA, SIRA, and TAC).
- For 2023-24, a sample of 1,791 observations was compiled from provider websites, including various therapist types such as psychologists, clinical psychologists, and art/music therapists.

and enables robust decision making...

Key findings:

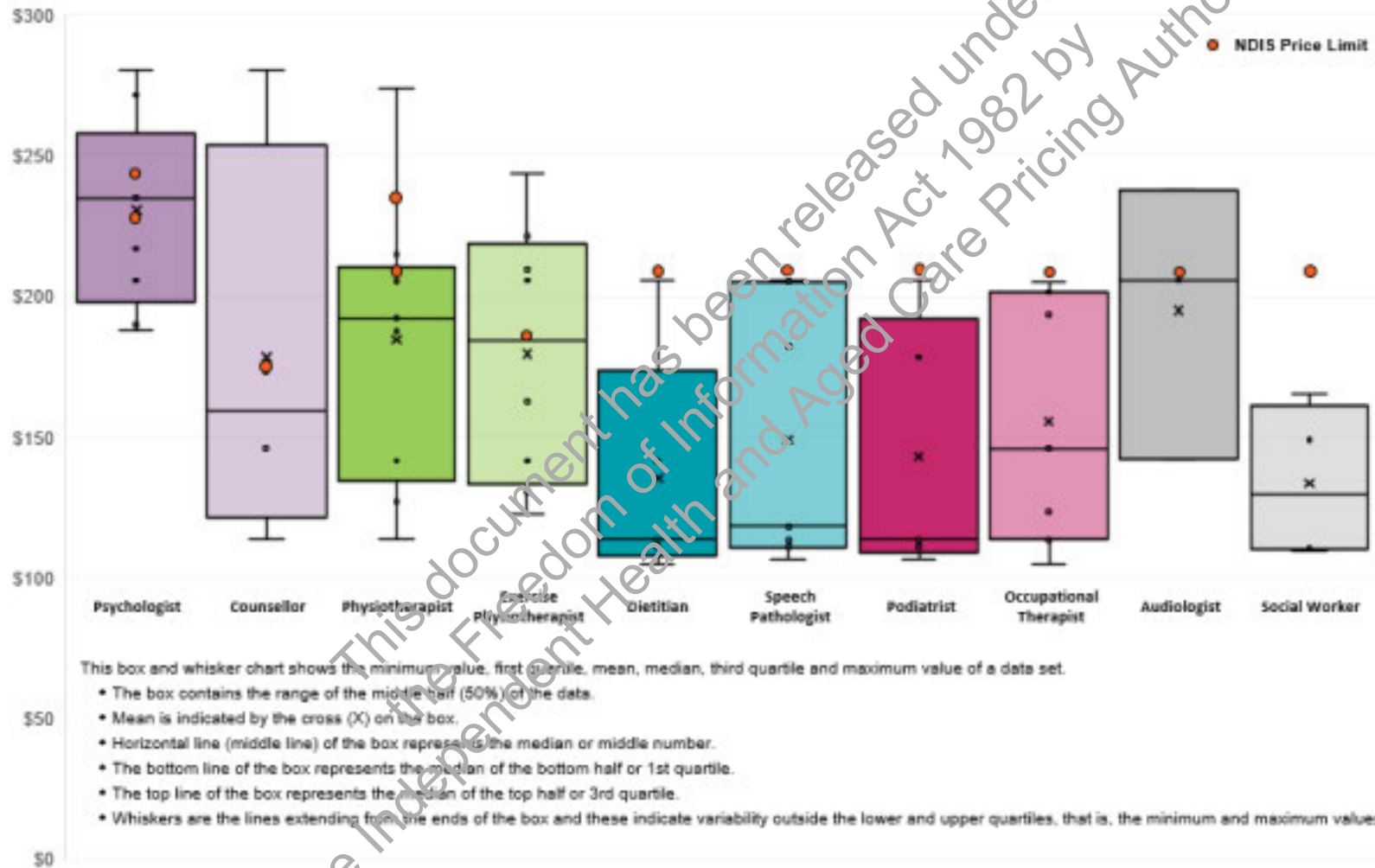
- The mean and median billing rates for most therapists generally align with NDIS price limits.
- In some cases (e.g., psychologists), the private billing rates exceeded the NDIS price limits, particularly at the upper end (75th percentile), indicating the need for potential adjustments.
- Comparisons to other government schemes showed that most therapies, NDIS price limits are within the range of what other schemes are paying.

Which leads to responsive adjustments

Increased price limit for psychology:

- The analysis showed that psychologists often had billing rates above the price limit.
- Because of this the APRs recommendation was to increase the price limit by and 80/20 split between ABS Wage Price Index, WPI, and CPI (price limits increased by 4%)
- The increase affected several line items:
 - 'Assessment, Recommendation or Training – Psychologist)
 - 'Early Childhood Supports – Psychologist'
 - 'Specialist Behaviour Intervention Supports'

Comparison of NDIS price limits to other schemes



Source: NDIS calculations of comparable prices of other government funding schemes

Summary statistics of private billing rate sample, by therapy type.

Type of Therapy	Count	Mean	Standard Deviation	Min	25 th percentile	Median	75 th percentile	Max	NDIS price limit
Art Therapy	26	\$154.5	\$30.6	\$100.0	\$135.0	\$147.5	\$178.8	\$216.0	\$193.99
Audiology	86	\$194.5	\$21.7	\$156.7	\$180.0	\$190.0	\$210.0	\$240.0	\$193.99
Counselling	161	\$153.1	\$41.2	\$85.0	\$120.0	\$150.0	\$179.5	\$305.5	\$156.16
Dietetics	165	\$175.3	\$51.2	\$92.5	\$132.0	\$170.0	\$200.0	\$320.0	\$193.99
Exercise Physiology	115	\$154.1	\$39.2	\$93.3	\$120.0	\$159.0	\$180.0	\$265.3	\$166.99
Music Therapy	39	\$166.0	\$36.7	\$90.4	\$120.0	\$180.8	\$194.0	\$233.3	\$193.99
Occupational Therapy	128	\$181.0	\$38.4	\$93.3	\$150.0	\$194.0	\$194.0	\$291.0	\$193.99
Physiotherapy	364	\$202.7	\$50.2	\$90.0	\$165.0	\$200.0	\$240.0	\$324.0	\$193.99*/ \$224.62**
Podiatry	86	\$157.9	\$46.8	\$90.0	\$120.0	\$150.0	\$180.0	\$315.0	\$193.99
Psychology	281	\$228.6	\$45.7	\$120.0	\$196.5	\$228.0	\$254.2	\$380.0	\$214.41*/ \$234.83**
Psychology - Clinical	179	\$260.3	\$39.6	\$165.3	\$230.0	\$255.0	\$284.4	\$396.0	\$214.41*/ \$234.83**
Social Worker	47	\$134.8	\$48.0	\$90.0	\$160.0	\$180.0	\$218.2	\$270.0	\$193.99
Speech Pathology	113	\$192.7	\$65.6	\$95.0	\$163.3	\$193.3	\$194.0	\$380.0	\$193.99
Total	1,791	\$195.6	\$56.0	\$85.0	\$158.0	\$194.0	\$230.0	\$396.0	Varies

Note: * VIC, NSW, QLD, ACT. ** WA, SA, TAS, NT

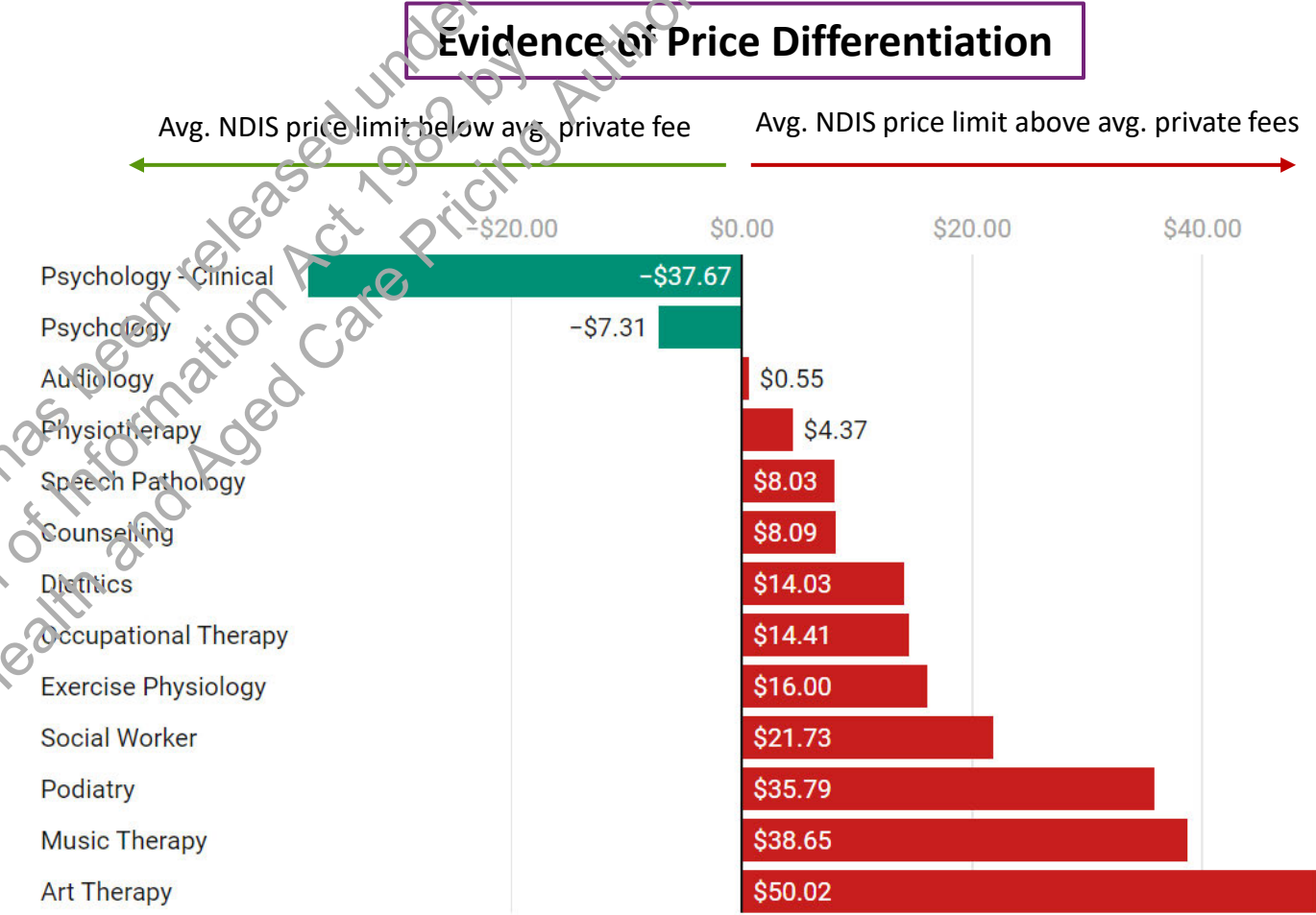
Private fee analysis suggests there is a systemic difference between what private clients and NDIS participants pay for therapy services

Issue ➔ Instead of charging NDIS participants on par with their private clients, most providers charge participants at the NDIS price limit.

- The private fee analysis, part of the Annual NDIS Price Review, used a sample of 1,790 private fees across various therapy providers.
- Results show a **significant difference between the average private billing fees and the NDIS price limit** (used for comparative purposes).
- Of those therapies that had a fee gap, the average gap was \$19/hour. The largest difference is in Art Therapy (\$50) and Music Therapy (\$38).



*It is possible to source the average price paid by NDIS participants for each therapy type with further data extraction and analysis of NDIS payment data



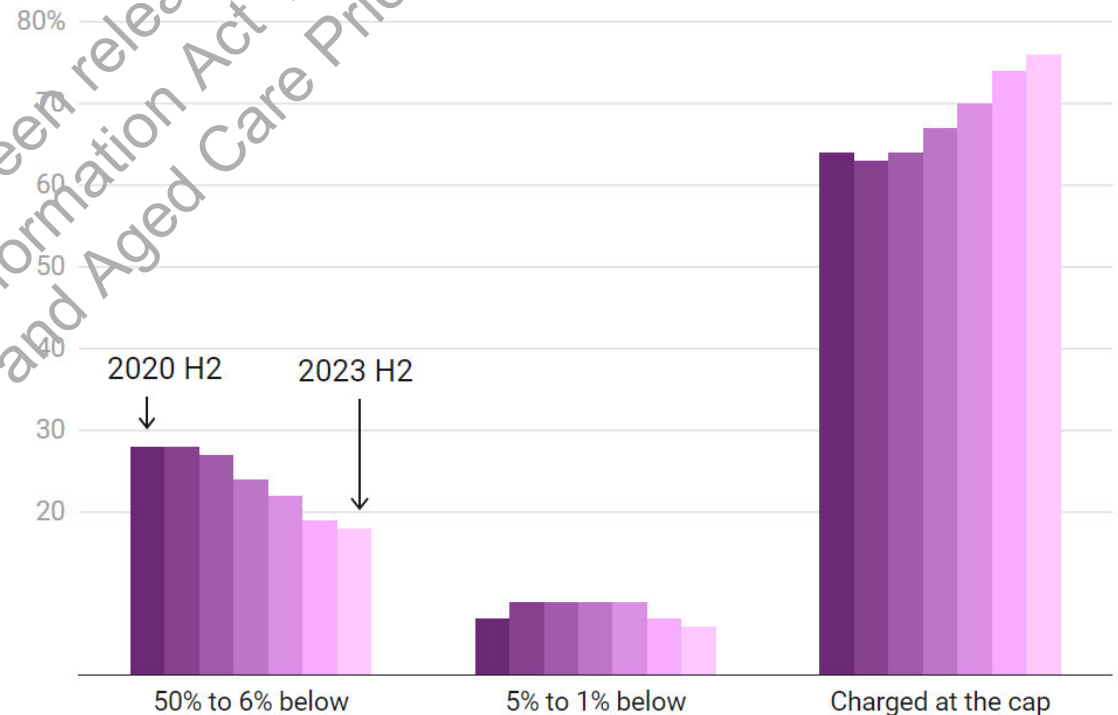
The private fees were obtained with a sample of 1,790 private rates. Given the majority of NDIS payments are at or very close to the price cap, the NDIS Cap is used as a proxy for the NDIS rate.

Private fees are not typically published, and NDIS participant charges track very close to the price limit

- Approximately 28% of provider websites sampled had published private fees, limiting the sampling that could be done.
- Of those providers that *did* publish private fees, only 10% published the fee charged to NDIS participants.
- In most cases, providers' price charged to NDIS participants was the NDIS price limit. *'We charge at the NDIS price guide'* was a common provider statement.
- Separate internal NDIA analysis of NDIS payments data shows a rising share of providers charging at the NDIS price limit for therapy supports (see chart).

Price cap analysis shows most providers charge at the price cap (i.e. provide no discount)

Proportion of Therapy payments to unregistered providers



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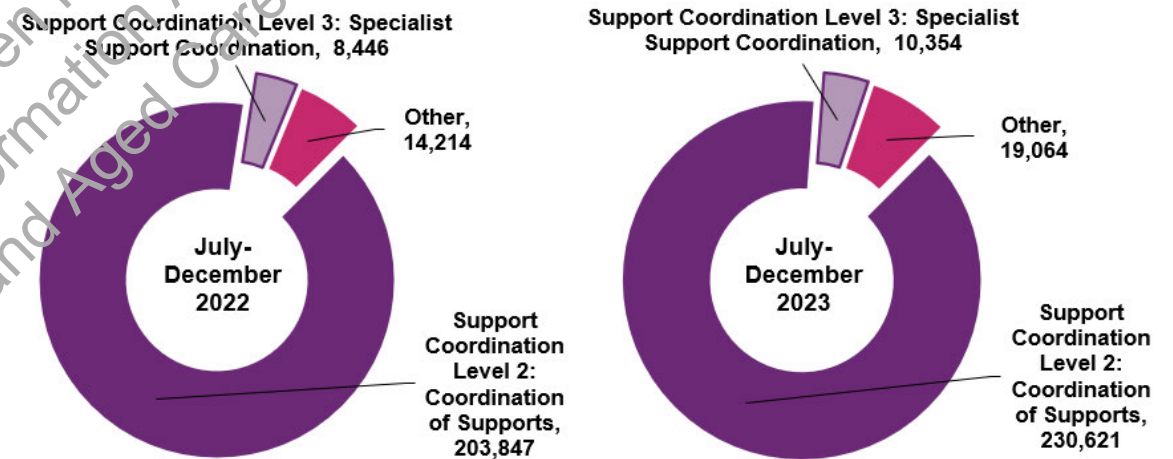
04

Intermediaries Market Overview

Support Coordination Market Overview

- **Varied disabilities:** participants have diverse disabilities (intellectual, psychosocial, physical, sensory), each requiring different levels of support.
- **Complexity of needs:** some have simple needs, while others require intensive coordination due to multiple, overlapping services.
- **Independence levels:** participants range from highly independent, needing minimal assistance, to those requiring full management of services.
- **Different life stages:** support coordination spans all ages, from early intervention for children to older participants.

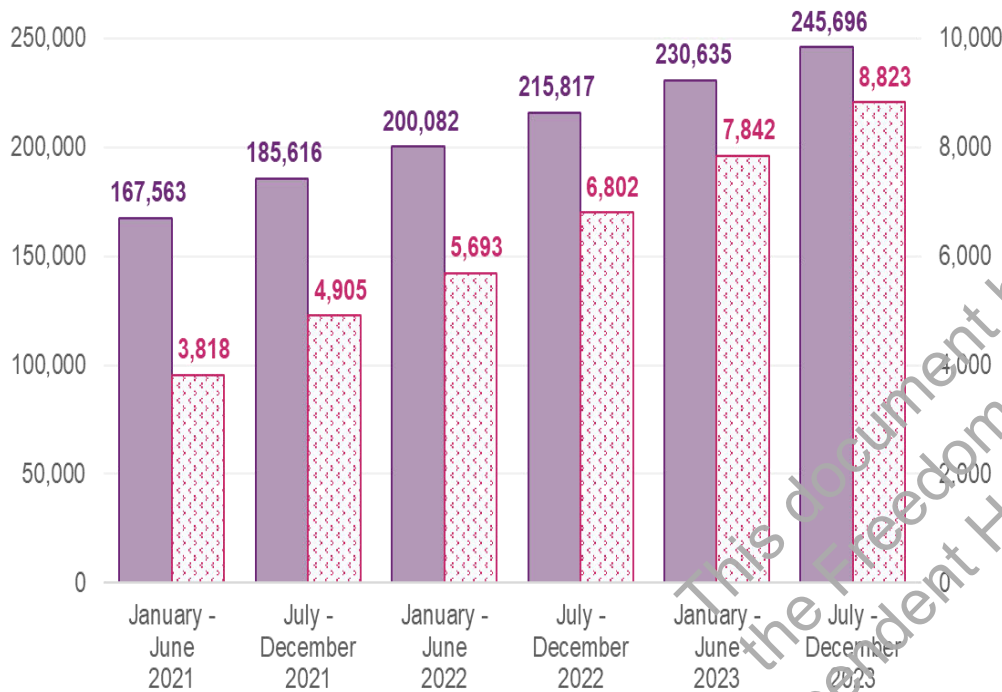
Participants Using Different Levels of Support Coordination Supports



Source: NDIS internal administrative data

Support Coordination Market Overview

Number of Participants and Providers Claiming Support Coordination Supports, January 2021 to December 2023

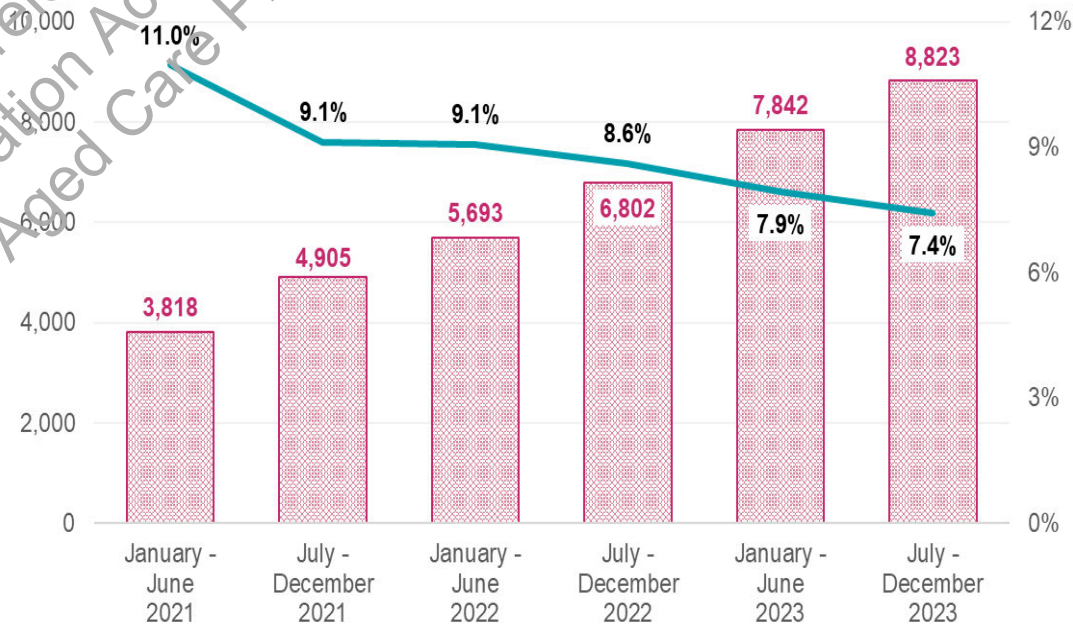


Source: NDIS internal administrative data

■ Number of Participants ■ Number of Providers



Changes in Top Ten Provider Market Share Compared to Growth in Support Coordination Providers, January 2021 to December 2023



Source: NDIS internal administrative data

■ Provider Count — Top 10 Market Share (%)

Support Coordination Market Overview

Registered Providers by Remoteness for Support Coordination Supports

Remoteness	January – June 2021	July – December 2021	January – June 2022	July – December 2022	January – June 2023	July – December 2023
Non- remote	2,444	2,787	3,026	3,294	3,469	3,647
Remote	280	299	299	308	324	362
Very remote	168	182	175	187	199	212
Total for registered	2,467	2,810	3,044	3,332	3,502	3,686

Unregistered Providers by Remoteness for Support Coordination Supports

Remoteness	January – June 2021	July – December 2021	January – June 2022	July – December 2022	January – June 2023	July – December 2023
Non- remote	1,437	2,147	2,712	3,472	4,366	5,242
Remote	36	71	85	121	160	197
Very remote	23	35	47	69	80	98
Total for unregistered	1,455	2,174	2,739	3,518	4,420	5,300

Source: NDIS internal administrative data

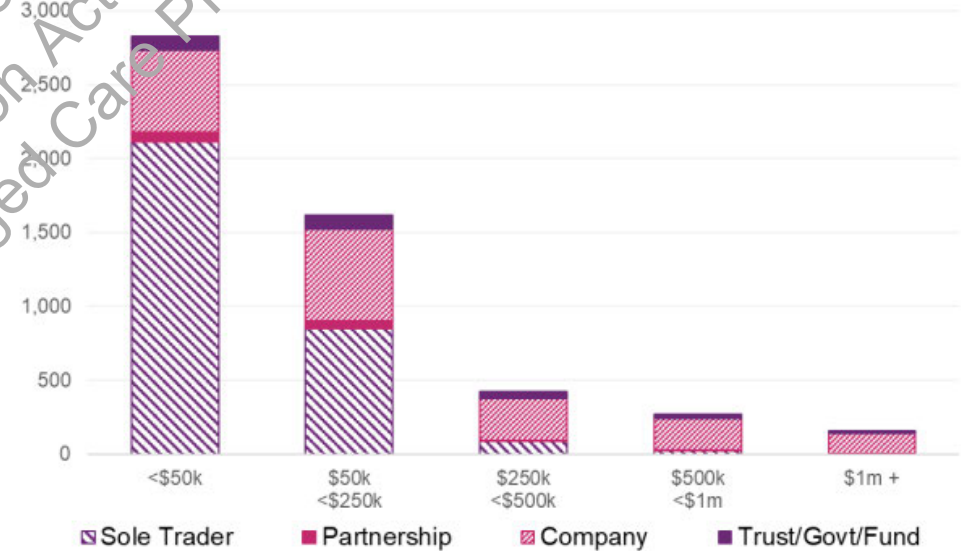
Support Coordination Market Overview

Registered Providers of Support Coordination Supports by Entity Type and Total Payments



Source: NDIS internal administrative data

Unregistered Providers of Support Coordination Supports by Entity Type and Total Payments

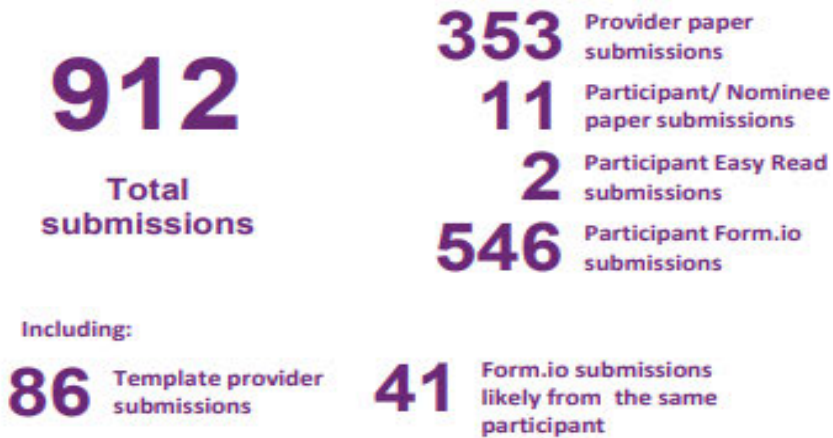


Source: NDIS internal administrative data

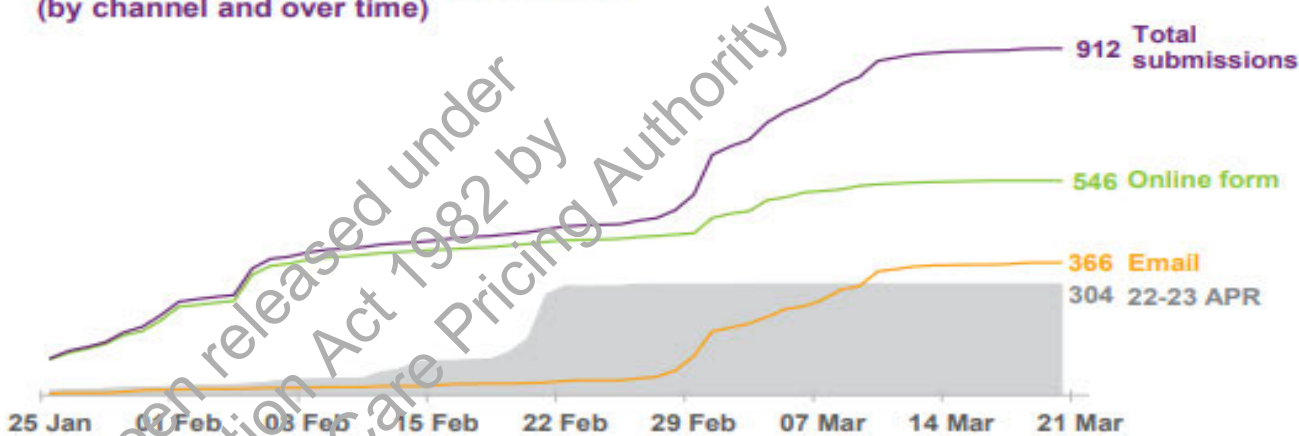
Appendix

2023-24 Annual Pricing Review:
Overview of submissions

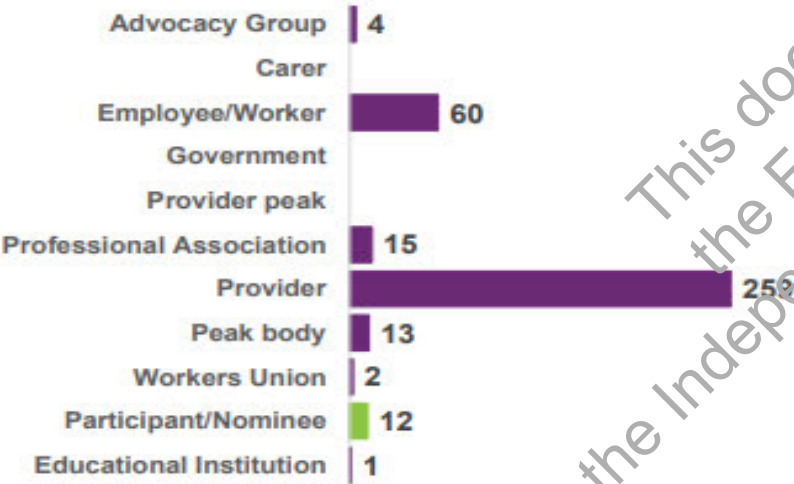
Report Date: 20/03/2024
Email inbox data current to 20/03/24 @ 12:00PM
Form.io data current to 18/03/24 @ 9:00AM



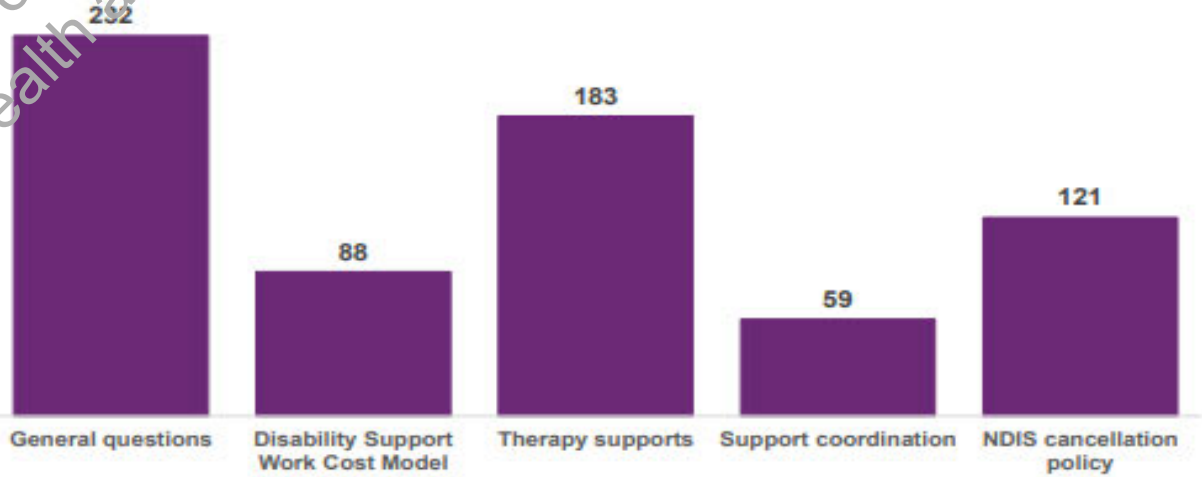
NUMBERS OF SUBMISSIONS RECEIVED
(by channel and over time)



RESPONSES BY STAKEHOLDER TYPE
(excluding Form.io submissions)



CONTENT COVERED IN SUBMISSIONS*
(excludes Form.io submissions)



*Participant submissions via Form.io reported on in a separate dashboard

Current price limits for therapy (allied health)

	NSW, VIC, QLD, ACT	WA, TAS, SA, NT	All States & Territories	
	Metro (MMM 1-5)	Remote	Very Remote	
Audiology	\$193.99	193.99	\$271.59	\$290.99
Counselling	\$156.16	156.16	\$218.62	\$234.24
Art Therapy	\$193.99	193.99	\$271.59	\$290.99
Music Therapy	\$193.99	193.99	\$271.59	\$290.99
Occupational Therapy	\$193.99	193.99	\$271.59	\$290.99
Podiatry	\$193.99	193.99	\$271.59	\$290.99
Social Worker	\$193.99	193.99	\$271.59	\$290.99
Speech Pathology	\$193.99	193.99	\$271.59	\$290.99
Psychology	\$222.9	244.22	\$341.91	\$366.33
Psychology - Clinical	\$222.9	244.22	\$341.91	\$366.33
Physiotherapy	\$193.99	224.62	\$314.47	\$336.93
Dietetics	\$193.99	193.99	\$271.59	\$290.99



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Annual Pricing Review

[ndis.gov.au](https://www.ndis.gov.au)

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Overview



As market steward, the NDIA has a role in creating an efficient marketplace:

- Empowering people supported by the NDIS to exercise choice and control
- Maintaining and expanding the supply of high-quality disability supports
- Driving efficiency and innovation in the market for those supports

As part of its administration of the Scheme and its role as market steward, the NDIA regulates the commercial relationships between providers and participants, including through price caps and pricing arrangements.

The price caps and pricing arrangements apply to all supports purchased by Agency-managed and plan-managed participants.

They do not apply to self-managed participants.

The importance of the Annual Pricing Reviews



The current Pricing Arrangements and Price Limits are set in accordance with the NDIS Pricing Strategy 2019.

The Pricing Arrangements and Price Limits aim to maintain and increase market supply, and help markets grow to a more mature state in the future.

The NDIA continually monitors and reviews its price control framework and other market settings to determine whether they are still appropriate and reflect the current market conditions.

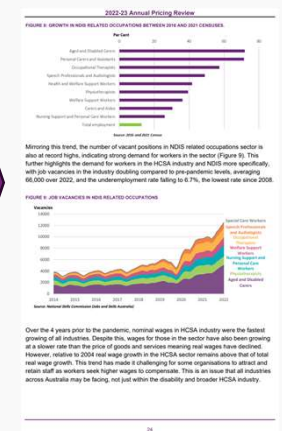
Annual Pricing Reviews (APRs) are an important part of the monitoring and review process, and serve to determine if any changes are required to the current NDIS pricing arrangements to ensure they:

- Provide value for money for participants
- Deliver fair and consistent participant outcomes
- Support sustainable NDIS market growth
- Promote the delivery of high-quality innovative supports

APRs are conducted annually.

Extract of last year's APR outcomes paper:

[Annual pricing review | NDIS](#)



The scope of the APR

An APR requires extensive planning, active risk and issue management and an agile approach, given market influences and the everchanging landscape.

The Terms of Reference (ToR) set the scope of each APR. The ToR are approved by the NDIA Board and are made public during the consultation process.

In framing ToR for an APR, the NDIA considers the objectives and principles set out in the *NDIS Act 2013*, and the current market landscape.

Traditionally, APR's have focused on the following topics:

- Disability Support Worker related supports
- Therapy Supports
- Support Coordination
- Plan Management Supports

APRs also often include additional topic area(s) of focus beyond the above. For instance, the 2023-24 APR will be reviewing the NDIS short notice cancellation policy.

Current Strategic Landscape



NDIS Review

The final report of the Review, outlined 26 key recommendations and 139 supporting actions:

- Developing a unified system of support for people with disabilities.
- Centring the NDIS experience on the whole of person and their support needs, with a significant expansion of services outside of the NDIS for children and adolescents.
- Actively involving the government in stewardship of NDIS markets to make them more efficient and effective.
- Improving service quality and ensuring appropriate, risk-based proportionate regulation.

Royal Commission

The Australian Government's response to the findings of the Disability Royal Commission encompasses a broad and collaborative approach, aimed at fostering an environment that is safer and more inclusive for individuals with disabilities.

Key aspects of the government's approach include:

- Establishing the Commonwealth Disability Royal Commission Response Taskforce: this body, led by the Department of Social Services, collaborates with various government departments, agencies and the disability community.
- Collaboration with State and Territory Officials: The Taskforce collaborates on recommendations involving joint responsibilities, ensuring a nationally coordinated effort that includes all levels of government and the community.
- Legislative and Policy Changes: The government is committed to making legislative and policy changes in response to the Commission's findings, ensuring better protection and support for people with disabilities.
- Monitoring and Reporting on Implementation: The Taskforce is expected to operate until at least June 2025, supporting the government's response and establishment of arrangements to monitor and report on the implementation of the Royal Commission's recommendations.

2023 – 24 APR Terms of Reference (ToR)



This year's APR:

- **Tailored Scope:** Focuses on pricing within the existing framework, with broader structural reforms considered for future implementation.
- **Immediate Improvements:** The disability support landscape is ever-changing. The Annual Pricing Review's focused scope allows it to adapt to and address these evolving needs and trends. Prioritises implementing immediate, impactful improvements while maintaining service continuity.
- **Participant Service Assurance:** Ensures continuous supply of services and access for participants within the existing framework.

2023- 24 APR ToR

1. **Disability Support Workers:** The APR will review the pricing arrangement and price limits that apply to supports delivered by disability support workers (DSW).
2. **Therapy Supports:** Pricing arrangements for therapy supports will be reviewed to ensure that participants receive value for money while providers strive to improve the quality of service and increase efficiency.
3. **Support Coordination:** The APR will examine pricing in relation to support coordination to promote service quality and value for money. The focus will be on participants' experiences when utilizing support coordinators to oversee their supports.
4. **NDIS Cancellation Policy:** The APR will analyse the impact of changes in the NDIS Cancellation policy, which shifted from two days to seven days in line with the Social Community Home Care and Disability Services (SCHADS) Award. This analysis will consider its impact on participants' choice and control.

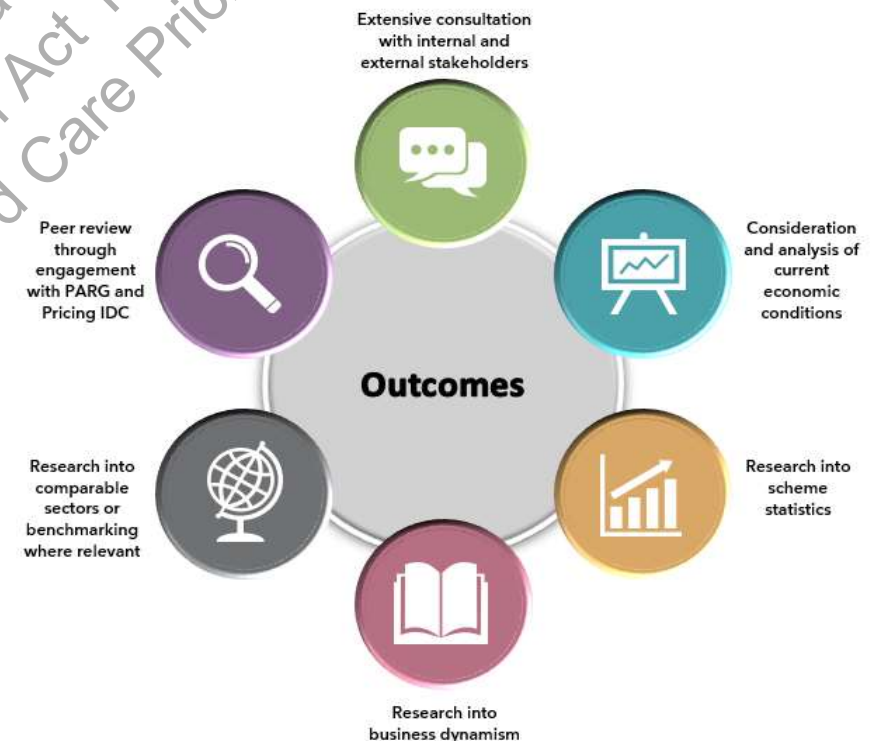
The 2023-24 APR ToR were published on 25th January 2024: [PB Annual Pricing Review 2023-24 Terms of Reference-1 0 \(4\).pdf](#)

APR decision making framework

On approval of the ToR, a research plan is formalised – refer Appendix A.

Research into the following areas provides the quantitative and qualitative evidence to inform the APR decisions:

- The current **Australian economic climate** including the health, aged care and disability sectors. Detailed labour force and wage data for NDIS occupations and industries, and for comparable occupations and industries.
- **Extensive consultations** with a range of internal and external stakeholders through the Public Consultation, Pricing Arrangement Reference Group, Pricing Interdepartmental Committee as well as other government engagements.
- **Research and analysis** on the issues such as the impact from the global pandemic, the *Social, Community, Home care And Disability Services (SCHADS) Award* changes, the *Aged Care Award* reforms and the newly introduced family and domestic violence leave.
- **Scheme statistics** for each of the topic in scope (Disability Support Worker (DSW) related supports, therapy supports, support coordination supports and short-notice cancellation policy). The statistics include the movements in terms of participant numbers and payments made.
- Analysing **business dynamism** of topics in scope, examining the number of provider entrants and exits as well as the general market dynamics.
- Additional **pricing benchmarking analysis** for therapy in terms of comparison to other government insurance and funding schemes and private market billing rates.



Disability Support Worker Cost Model



Overview of the Cost Model

- The NDIS Disability Support Worker (DSW) Cost Model (Cost Model) is used to establish **fair price limits for supports delivered by DSWs**, which typically includes a range of personal care, community access, daily living assistance, as well as Supported Independent Living.
- The parameters of the Cost Model is based on the **Financial Benchmarking Survey 2021** – the survey captured detailed responses on staffing numbers, costs and profits of support providers.
- The Cost Model estimates the efficient costs of providing supports by considering **base salary, direct on-costs, operational overheads, corporate overheads, margin and a temporary loading**.
- The DSW Cost model focusses on understanding and leveraging all costs associated with providing direct supports to ensure pricing is reflective of actual expenses.

APR consultation



In addition to the research plan, the NDIA consults with the market.

Consultations involve advocacy groups, carers, employees, state and territory governments, participants/representatives, professional bodies, providers, provider peak bodies, researchers as well as workers' unions, through:

- The publication of a Consultation Paper and the careful analysis of submissions received.
- Consultations with other government insurance and funding schemes. (Appendix B)
- Consultations with the Department of Veterans' Affairs and the Chief Allied Health Officer

During the APR consultation period, consultations are formalised via the release of consultation paper(s) containing specific questions. These have structured response timeframes and formats.

The NDIA also consider feedback throughout the year via emails to the agency, complaints, letters to the minister, and through engagement with a range of policy areas. These out of APR cycle touchpoints are considered to inform the formation of the APR.

Recommendations and Implementation:

Based on comprehensive analysis, the APR culminates in specific recommendations regarding pricing arrangements and price limits for various supports under the NDIS.



Ongoing Monitoring and Review:

The APR process is not static; it involves continuous monitoring of the market and economic conditions to ensure the recommendations remain relevant and effective.

External Engagements

A range of committees are also engaged to provide insight and expert advice throughout the APR - from the release of the consultation papers and framing of the research plan, through to the formation of APR recommendations.

They include:

Pricing Arrangements Reference Group (PARG)

The work of the APR is overseen by the NDIA's Pricing Arrangement Reference Group (PARG).

The PARG provides advice, through the Chief Executive Officer of the NDIA, to the NDIA Board on price control arrangements for the NDIS.

This is to ensure price regulation activities and decisions are coordinated to support the best possible outcomes for NDIS participants during the transition to a competitive marketplace.

The [PARG's Terms of Reference \(DOCX 53KB\)](#) outlines the PARG's role and how transparency is supported in pricing policy.

Pricing Interdepartmental Committee (IDC)

The Pricing Interdepartmental Committee was established in November 2022 to discuss strategic matters related to pricing in the NDIS and its wider implications within the current economic environment. This forum allows the NDIA to proactively work with key Australian Public Service stakeholders with broader Government considerations to NDIS pricing-related matters.

The committee consists of representatives from Department of Social Services, Department of Finance, NDIS Quality and Safeguards Commission (NDIS Commission) and the Commonwealth Treasury.

Challenges



Though the NDIA conducts public consultations and extensive research in formulating the recommendations each year. These are some of the challenges we face each year:

1. **The absence of reliable cost data** – no mandatory financial reporting. Limited data received often of low quality and not easily compared/analysed in the context of the wider market.
2. Reliance on **administrative data** – incomplete picture of the pulse of the market.
3. **Conflicting evidence** - Anecdotal evidence from the sector (providers and peak bodies) as well as from participants is fundamentally qualitative, opinion based, and at times contradicts quantitative insights.
4. Pricing, specifically price increases has become a proxy for the remediation of a range of issues.
5. **Intense public pressure** – We are constantly criticised and faced intense public scrutiny.

Remediating these challenges would require a considered approach, with appropriate consideration of the cost and incentive to comply.

Key Milestones



Due Date	Activity
24 October 2023	Board meeting – approval of the Terms of Reference
January 2024	Release of 2023-24 APR Terms of Reference and Consultation Paper
Sunday 3 March 2024	Closing date for submissions to the 2023-24 APR Provider public consultation
Sunday 17 March 2024	Closing date for submissions to the 2023-24 APR Participant public consultation
31 March 2024	Consultation outcomes, research phase outcomes
April 2024	PARG, IDC and SLT - Annual Pricing Review (APR) 2023-24 – status and recommendation updates
May 2024	Board meeting – Final APR recommendations outcomes paper
June 2024	Fair Work Commission Annual Minimum Wage Decision
June 2024	Final report of the 2023-24 APR Release the 2024-25 NDIS Pricing Arrangements and Price Limits Release the 2024-25 price limits (after the Fair Work Commission's Annual Minimum Wage Decision expected in early to mid-June 2024)
1 July 2024	Implementation of the 2024-25 pricing arrangements
Mid July 2024	Indexation of all plans, with an effective date of 1 July 2024

Appendix – A

The research plan

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Research Areas

Domestic economic conditions including

- Australian economic growth
- Inflation and confidence of businesses and consumers
- Labour market conditions such as unemployment, participation rates and migration
- Growth in the health sector, comparison with the growth in NDIS to highlight how the Scheme's growth has outpaced the rest of the health sector

Research Areas

Disability Support Worker related supports

- Scheme statistics
- Ability Roundtable and StewartBrown financial benchmarking surveys
- Superannuation rate increase
- Monitoring the impact of Aged Care Award Change
- Minimum wage decision by Fair Work Commission (FWC)
- Research into employment, job vacancy, wage of the disability and health sector
- Impact of COVID, SCHADS award changes, and quality, safeguarding and compliance costs
- Labour market: Unemployment and participation rates (national and the cohort with disability)
- Growth in the health sector, comparison with the growth in NDIS to highlight how the Scheme's growth has outpaced the rest of the health sector
- Business dynamism – provider claiming activity and possible reasons for providers inactivity

Research Areas

Therapy supports

- NDIS expenditure on therapy, proportion of Scheme spend, number of participants
- NDIS market share compared to other funding sources
- Employment statistics – trend analysis of number of registered therapists over the years
- Business dynamism
- Analysis of other commonwealth and state schemes prices
- Private billing rates and regression

Research Areas

Therapy supports

- Data needs to be sourced from various external organisations including:
 - Australian Health Practitioners Registration Agency (AHPRA)
 - Jobs and Skills Australia (formerly known as National Skills Commission)
 - Commonwealth and state schemes
 - Medicare Benefit Scheme (MBS), Department of Veterans' Affairs
 - Australian Prudential Regulation Authority's (APRA) for Private Health Insurance data
 - Hundreds of websites to scrape the data for private billing analysis
 - Ability Roundtable survey

Research Areas

Support coordination supports

- Scheme statistics
- Business dynamism



Source: NDIS internal administrative data

Appendix – B
Consultation with
other government
insurance and
funding schemes

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Consultation with other government insurance and funding schemes



The NDIA engages with the following other government insurance and funding schemes annually, and uses their inputs to update the analysis done in each APR. This is not a static list, nor is the contribution (response) from any of the below mandated:

- | | |
|---|--|
| <ul style="list-style-type: none">• Catastrophic Injuries Support (CIS) Scheme,• ComCare,• Department of Veterans' Affairs (DVA),• Home and Community Care Program for Younger People (HACC-PYP)• Lifetime Support Scheme (LSS),• Lifetime Care and Support Scheme (LTCSS),• Motor Accidents Insurance Board (MAIB),• Medicare Benefit Scheme (MBS), | <ul style="list-style-type: none">• National Injury Insurance Scheme Queensland (NIISQ),• Return To Work SA (RTWSA),• State Insurance Regulatory Authority (SIRA),• Victorian Transport Accident Commission (TAC),• Victims of Crime Assistance Tribunal (VOCAT),• WorkCover QLD,• WorkSafe VIC, and• WorkCover WA. |
|---|--|

Appendix – C

DSW Cost Model


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2023-24 DSW Cost Model



Parameters	Standard Supports - Cost Model Assumption	Standard Supports - Amount	High Intensity Supports - Cost Model Assumption	High Intensity Supports - Amount	DSW3-based Supports - Cost Model Assumption	DSW3-based Supports - Amount	DSW4-based Supports - Cost Model Assumption	DSW-4 based Supports - Amount
Base Salary costs: including shift loadings. Note that in the Cost Model, costs are based on permanent worker costs, starting at DSW 1 of the <i>Social, Community, and Home Care Award 2010</i> (SCHADS Industry Award)	SCHADS 2.3	\$34.22	SCHADS 2.4/3.1	\$35.57	SCHADS 3.2	\$37.03	SCHADS 4.4	\$44.68
Direct On-costs: which covers those costs of employment associated with Superannuation entitlements, Annual Leave entitlements, Personal Leave entitlements, Long Service Leave entitlements and Employee Allowances.	36.30%	\$12.42	36.30%	\$12.91	36.30%	\$13.44	36.30%	\$16.22
Operational Overheads: which covers those costs that are in the operational control of the provider and include workers compensation costs, utilisation costs (billable versus unbillable hours), supervision costs (including quality and safeguarding costs) and workforce rostering and balance measures such as the share of the workforce that is permanent or casual, and the extent to which overtime is used by the business.	21.65%	\$10.10	26.65%	\$12.92	28.15%	\$14.21	39.90%	\$24.30
Corporate Overheads: which covers those costs incurred to run the administrative side of a business. These costs include the accounting, human resources, legal, marketing, and information technology functions	12.00%	\$6.81	12.00%	\$7.37	12.00%	\$7.76	12.00%	\$10.22
Margin: which represents the return that the provider makes because of the provision of working capital to the business.	2.00%	\$1.27	2.00%	\$1.38	2.00%	\$1.45	2.00%	\$1.91
Temporary Loading: which recognises the variable costs of COVID and of adjusting to the new provisions in the SCHADS Industry Award that were come into effect on 1 July 2023. These costs are being closely monitored by the NDIA.	1.00%	\$0.65	1.00%	\$0.70	1.00%	\$0.74	1.00%	\$0.97
Price Limit		\$65.47		\$70.85		\$74.63		\$98.30

National Disability Insurance Agency

 1800 800 110

 ndis.gov.au

 enquiries@ndis.gov.au

 Find us on Facebook/NDISAus


 Follow us on Twitter @NDIS

For people with hearing or speech loss

 TTY: 1800 555 677

 Voice Relay: 1800 555 727

For people who need help with English

 TIS: 131 450



Executive brief – 7 December 2023

Independent Review into the National Disability Insurance Scheme

Overview

The *Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme – Final Report* (the Final Report) was released on 7 December 2024.

One of the Panel's visions is "A new pricing and payments approach is needed to improve incentives for providers to deliver quality supports to participants". If accepted by the Australian Government, actions 9.5, 11.1, 11.3 and 23.2 of the Final Report would have a direct impact on the Independent Health and Aged Care Pricing Authority (IHACPA) by expanding its remit to:

- provide advice on Specialist Disability Accommodation¹ (SDA) pricing (9.5)
- administer a new NDIS pricing and payments framework developed by the Department of Social Services (DSS) (11.1)
- provide advice on NDIS pricing (11.3)
- contribute to the establishment of an NDIS Evidence committee, led by DSS (23.2).

The Final Report sets out an NDIS market stewardship function for all relevant Australian Government agencies (Figure 11 on page 132 and at [Attachment A](#)). IHACPA's recommended function in this context would be to advise on the maximum amounts providers can be paid for delivering supports.

The full Government response to the Review will be released in 2024.

Issues

Overall, the goal of a new pricing and payments approach is to increase transparency in setting price caps that better reflect the market price and differences in costs, and shift away from fee-for-service models to other payment models that focus providers on outcomes rather than outputs. The recommendations that have a direct impact on IHACPA are outlined below.

Recommendation	Actions
9. Deliver a diverse and innovative range of inclusive housing and living supports	9.5* The Australian Government should transition responsibility for advising on Specialist Disability Accommodation (SDA) pricing to IHACPA and introduce more flexibility to the way prices are set.

¹ SDA's are defined as housing with specialised design features available to participants with extreme functional impairment and/or with very high support needs. SDA funding can be included in a participant's plan and is paid directly to SDA providers to cover building and maintenance costs.

11. Reform pricing and payments frameworks to improve incentives for providers to deliver quality supports to participants	11.1* DSS should develop a new NDIS pricing and payments framework to be administered by the National Disability Insurance Agency (NDIA) and IHACPA, including better ways to pay providers to promote the delivery of efficient and quality supports and continuity of supply.
	11.3* The Australian Government should transition responsibility for advising on NDIS pricing to IHACPA to strengthen transparency, predictability and alignment.
23. Measure what matters, build an evidence base of what works, and create a learning system	23.2* DSS, in consultation with the NDIA, the new National Disability Supports Quality and Safeguards Commission and IHACPA, should establish and manage an NDIS Evidence Committee to provide guidance on reasonable and necessary disability supports.

*Requires legislative change

Further detail about the specific recommendations is provided in the sections below.

A unified system of support for people with disability

Recommendation 9.5 – IHACPA providing pricing advice on Specialist Disability Accommodation

- This includes providing advice on pricing and costing matters for SDA to strengthen transparency and independence in the pricing of SDA and align with the recommended pricing arrangements for other NDIS supports (see action 11.3).
- IHACPA should promote investment in the right types of dwellings in the right location.
- The SDA pricing framework should be revised to allow flexibility for IHACPA to price certain dwellings above the price cap by exception. Relevant exceptions could include dwellings in higher cost locations to maintain a participant's connection to their community, or to allow for multi-category needs.

Markets and support systems that empower people with disability

Recommendation 11.1: IHACPA administering a new NDIS pricing and payments framework developed by DSS

- The new framework should enable price caps to reflect the market price for delivering supports, including for participants with more complex needs, in different regions, in group-based settings, costs associated with training, workers compensation, liability insurances and other indirect labour costs.
- The implementation of the framework should be data-driven with strengthened requirements for providers, with appropriate exemptions for smaller and enrolled only providers, to disclose relevant financial information and the prices they charge.
- The framework should also enable payment approaches that strengthen incentives for providers to deliver 'value-based' supports that help participants to achieve outcomes.
- As part of the new framework, fully self-managed participants or their nominees who are capable of and choose to manage their own funding should not be subject to price caps.

Executive brief

- IHACPA should develop updated payment approaches and advise on price caps for psychosocial disability-specific supports (under Action 7.4 The new National Disability Supports Quality and Safeguards Commission should require providers delivering psychosocial supports to be registered, including demonstrating compliance with a new support-specific Practice Standard).

There was a strong focus on issues with the current 'fee-for-service' model and the need to reduce incentives for overservicing. The vision included support for providers to be paid in different ways to reflect the types of supports provided. Using a mix of payment approaches would better reward providers for helping participants to achieve their goals and to be more connected to community.

Recommendation 11.3 - IHACPA providing NDIS pricing advice

The Final Report recommends the transition of responsibility for advising on pricing to IHACPA to ensure pricing is transparent, better balances cost considerations with quality and outcomes, and ensure governments use their buying power in the market.

- Current issue identified was price caps are both blunt and opaque and providers often charge participants at the maximum price, with participants reporting difficulty in identifying services below the maximum.
- IHACPA should use a data-driven approach and consult with DSS, the NDIA, the new National Disability Supports Quality and Safeguards Commission (National Disability Supports Commission) and the broader sector when advising the Australian Government on prices.
 - The process for setting price caps should be clear, transparent and be based on the market price for delivering supports, including any costs associated with regulation (see Recommendation 17), with robust information on the cost and amount participants are being charged.
 - Prices should be differentiated to recognise complexity of participants' lived experiences, the differences in the costs for delivering supports to participants with more complex needs and in different regions and in group-based settings and should cover the cost of having suitable qualified, skilled and supervised workers in the services that support them.
 - IHACPA should be responsible for advising on suitable indicators of the market price and price caps for relevant NDIS supports.
- As understanding of how to measure outcomes for participants increases over time, governments should carefully explore how prices could better reward providers to support participants' independence and connection to community.

Stewardship of the unified ecosystem

Recommendation 23.2 – IHACPA contributing to establishing an inter-agency NDIS Evidence Committee

The Evidence Committee should:

- evaluate and recommend evidence based therapies that warrant NDIS support in the budget setting process or funding as foundational supports with regard to benefits, quality, safety, and cost effectiveness.
- advise agencies and governments on other evidence related dimensions of NDIS operations.
- address gaps in scientific and economic insight by assessing and determining the efficacy and cost-benefit of supports for NDIS funding. Practice Standards for

Executive brief

providers would ensure they deliver supports that are safe and evidence-informed, supported by regulatory oversight by the new National Disability Supports Quality and Safeguards Commission.

The Evidence Committee's annual work plan will be approved by Disability Reform Ministerial Council. While Evidence Committee deliberations on the merits of supports will be independent and transparent, any recommendations concerning the eligibility of supports for NDIS funding will require final approval by relevant decision-makers.

Other actions relevant to IHACPA

- Action 11.4 - The Australian Government should review and refine the pricing and payments framework once underpinning reforms have been implemented.
 - Should consider the suitability of the framework based on changes in the NDIS market that result from implementing reforms and evaluate the outcomes and functioning of the self-managed market, with improved data and market visibility through fully electronic payments.
- Action 21.4 - The Australian Government should clarify roles of relevant agencies for administration market stewardship, pricing, policy, regulation, commissioning and legislation (*note this action has been identified as requiring legislative change*).
 - This includes IHACPA and should focus on driving improvements in efficiency, effectiveness and outcomes in areas such as quality and safeguarding, research and innovation, market stewardship and assessment of function and support needs.

Attachment

- A. Figure 11 - Recommended NDIS market stewardship functions for Australian Government agencies

Contact

Name: s 22(1)

Phone: s 22(1)

Email: s22(1)

Figure 11

Recommended NDIS market stewardship functions for Australian Government agencies

Stewards the market by Setting market policy	Department of Social Services <ul style="list-style-type: none"> • Oversees changes to primary legislation and the broad policy of the scheme • Coordinates actions across Australian Government and state and territory government agencies to steward the NDIS market • Works with government agencies to coordinate workforce planning and development across the care and support sector 			
	Service delivery	Quality and safeguards	Pricing and payments	Scheme integrity
Stewards the market by providing information and guidance operationalising policy through systems and processes taking action or intervening where the market is not functioning well, or as intended	NDIA <ul style="list-style-type: none"> • Informs and educates about the scheme and market (including information to support participant decision-making). • Shares public data and intelligence to the market (including on opportunities and gaps in the market). • Enable connections between participants and providers (e.g. through matching tools). • Sets access and funding approaches for NDIS supports to ensure access to effective, quality supports. • Works across government to leverage buying power for better access to supports. • Builds partnerships with community to design and roll out service delivery approaches (including alternative commissioning). • Coordinates actions to ensure continuity of access to critical supports where markets fail. 	National Disability Supports Quality and Safeguards Commission <ul style="list-style-type: none"> • Controls market entry and sets requirements such as provider registration and enrolment, worker screening (with states and territories), behaviour support and restrictive practices (with states and territories). • Informs and educates providers and workers (e.g. about their regulatory obligations) and participants (e.g. their rights and how to raise issues). • Identifies, investigates and responds to complaints, incidents and issues of non-compliance and takes corrective action (e.g. conditions, enforceable undertakings, bans, penalties). • Drives quality through capacity-building of providers, outreach, performance measurement (e.g. communities of practice, good practice guidance). • Works with other regulators and law enforcement to ensure safety and improve market quality. • Supports actions to ensure continuity of access to critical supports where markets fail. 	IHACPA advises on the maximum amounts providers can be paid for delivering supports NDIA <ul style="list-style-type: none"> • Oversees enabling payment infrastructure. • Administers payment system (including multiple payment channels), price cap and claiming 'rules'. 	NDIA and National Disability Supports Quality and Safeguards Commission <i>Shared responsibility</i> <ul style="list-style-type: none"> • Refines risk management strategies on an ongoing basis. • Sets and refines risk treatments and controls to prevent, detect and respond to non-compliance, fraud and sharp practice (e.g. identity verification, payment controls). • Enforces compliance with scheme integrity 'rules'.
Monitors the market (by gathering and sharing data and intelligence) to inform market actions and interventions	<ul style="list-style-type: none"> • Monitors market demand and supply using participant data, payment data and local intelligence (including navigators). 	<ul style="list-style-type: none"> • Proactively monitors and responds to risks and emerging changes in the market through provider reporting, complaints and other regulatory intelligence 	<ul style="list-style-type: none"> • Monitors and enforces pricing and payment 'rules'. • Monitors market responses to price settings. • Assists providers with information to compare and benchmark their performance. 	<ul style="list-style-type: none"> • Monitors payments, transactions and other intelligence to detect non-compliance, fraud and sharp practice.

From: s22(1) <s22(1)>
Sent: Wednesday, 28 August 2024 11:34 AM
To: s22(1)
Cc: s22(1); s22(1); s22(1); s22(1); NDIS Performance and Analytics
Subject: RE: NDIS Pricing Reform Project - NDIA Data Request [SEC=OFFICIAL]

Hi s22(1)

I hope you're doing well!

Please see the below the 'on-disclosure clause' from the DSS-NDIA Data Sharing Agreement, as requested.

7. On-disclosure of data

7.1 Advice from the Department or NDIA to Ministers in the Social Services portfolio on matters relevant to the respective agency's functions are exempt from the on-disclosure requirements below if the data is not personally identifiable.

On-disclosure of NDIS data by the Department

7.2 The Department agrees that it will not publish or on-disclose any NDIS data unless on-disclosure is required by the Department to meet its portfolio functions.

7.3 The NDIS authorises the Department to on-disclose information within the Authorised Dataset to third parties at the aggregate or unit level. The Department will notify NDIA of on-disclosure to third parties.

7.4 NDIS data held by the Department and not in an Authorised Dataset will not be on-disclosed without consideration by the DSS/NDIA Data Working Group.

Release of the Department's data by NDIA

7.5 The NDIA agrees that it will not publish or release any results or analysis obtained from the Department's data, unless release of the Department's data is required by NDIA to meet its agency functions.

7.6 Where the NDIA requires release of the Department's data the NDIA will notify the Department about the release.

I was unsure if this addresses the second part of your question about any restrictions around the 'on-disclosure'. Please reach out should you have any questions or concerns or if you wish to discuss further.

Kind regards,

s22(1)
s22(1)
NDIS Analysis & Data Governance Hub

NDIS Finance & Performance Branch
Department of Social Services

E: s22(1) M: s22(1)

[National Relay Service](#)

- IHACPA would prefer data at as granular level as possible.
- How does the IHACPA collect, store, and use data?
 - See attached SDMS Security Compliance document, which provides an overview of how we protect IHACPA data. Also included is an IT and Data Governance map which outlines the relevant policy documents and their purpose. If you would like any further information on these documents, we are very happy to schedule a time with the appropriate IHACPA staff.
- Is the data requested already publicly available on our website [Explore data | NDIS](#)?
No, this information isn't publicly available.
- Is there a need to share personally identifiable and sensitive data (e.g., name, DOB, primary disability, address), and can this data be masked?
 - IHACPA **does not** require fields that directly identify a participant such as name or address.
 - IHACPA **does** require variables that may indirectly identify a participant such as date of birth, primary disability and postcode/area – these are needed for identification of particular cohorts, variation and potential risk adjustment/stratification.
- Is this request for a single defined data transfer, or do you anticipate repeated ad hoc requests or a need for ongoing access?
 - IHACPA will endeavour to request all data upfront but may need to come back with additional requests as we explore the data.
- If an MoU is required what would be the necessary duration?
 - Suggest 2-3 years.

DSS are working with IHACPA in the transfer of available data, and we were hoping to discuss with NDIA the barriers associated with the provision of the remaining support package information. Please let me know when suits and I will schedule a suitable time for everyone.

Have a lovely weekend.

Regards

s22(1)

s22(1)

s22(1) Governance, Legislation and Research

NDIS Pricing Reform Project

Independent Health and Aged Care Pricing Authority

M: s22(1) | E: s22(1)

Location: Sirius Building, 23 Furzer Street, Phillip ACT 2906

GPO Box 9848, Canberra ACT 2601, Australia



From: s22(1) <s22(1)>

Sent: Friday, August 16, 2024 2:42 PM

To: s22(1) <s22(1)>

Cc: s22(1) <s22(1)>; s22(1) <s22(1)>; s22(1) <s22(1)>;

s22(1) <s22(1)>; s22(1) <s22(1)>; s22(1) <s22(1)>

<s22(1)>; s22(1) <s22(1)>

Subject: RE: NDIS Pricing Reform Project - NDIA Data Request [SEC=OFFICIAL]

Hi s22(1)

I have discussed with our Data Services area and we are happy for you guys to share your NDIA data with IHACPA, as consistent with the on-disclosure clause outlined in the MoU. I understand that that's the bulk of the data request.

We are checking on the feasibility re Financial Benchmarking Survey and TSP. That maybe something we discuss in the meeting next week.

Have a nice weekend.

Best regards

s22(1)
s22(1), Pricing and Market Stewardship
s22(1) | s22(1)

From: s22(1) >
Sent: Friday, August 16, 2024 2:37 PM
To: s22(1) <s22(1)>
Cc: s22(1) s22(1); s22(1) <s22(1)> s22(1)
Subject: RE: NDIS Pricing Reform Project - NDIA Data Request [SEC=OFFICIAL]

Hi s22(1),

Happy Friday!

I have spoken with our analytics team and they have made a preliminary assessment in terms of a response to IHACPA's request. Key additions are in red

In summary we have access to a lot of what they are asking.

Is there anyway we can get email approval to send the below elements IHAPCA while the more formal arrangements between NDIA and IHACPA are sorted?

Feel free to give me a buzz if easier.

This looks like a raw data transfer request. Our team is analytical (i.e. data consumers) and s22(1)'s team manages NDIS data governance for DSS. However, given DSS receives most of these datasets directly from NDIA. These datasets are ready to go so should be quick to just send, NDIA can also add the other gaps in data if they so wish.

If we get an email from NDIA stating we can share our data sets with IHACPA our data governance team can send the two files across. But noting, we would use a secured file transfer (i.e. kiteworks) and send as SAS files.

If DSS already have access to this data, it would be appreciated if it could be shared with IHACPA as agreed by NDIA in our last meeting

NDIA Data

1. Participant Data:

Payments dataset DSS receives this data monthly, FY2023-24 is very large (approx. 30 GB)	Participant dataset DSS receives this data monthly	Participant assessment dataset DSS receives part of this data monthly
<ul style="list-style-type: none">Participant ID, Plan numberAmount paid	<ul style="list-style-type: none">Participant IDSIL and SDA Indicators	<ul style="list-style-type: none">Participant IDAssessment tool name (No), code

<ul style="list-style-type: none"> • Payment date (“RBA sent date”) • Unit of measure • Total units of support provided (e.g. number of hours of therapy provided) • Support item ID, support class (core/capacity/capital), support category (e.g. daily activities) • Support start/end date • Payment SIL/SDA indicator, if available • Provider ID and Trading Name • Plan management status – self managed, plan managed, agency managed 	<ul style="list-style-type: none"> • Demographics: Age, Gender, First Nations status, CALD, remoteness indicator, state • First plan approval date, exit date • Disability group 	<ul style="list-style-type: none"> • (No) and severity score (Yes) • Disability group at assessment date (Yes) • Typical support package details – amount, responses to underlying questions used to build the TSP if possible DSS doesn't get this level of information
---	---	---

2. Plan/budget information for participants, including calculation of hours by types of service requested/used to calculate the budget. DSS does not receive. This should be part of the assessment dataset request above
3. Financial benchmarking survey data (per results published at [Financial benchmarking | NDIS](#)). DSS does not receive. This was managed by pricing area within NDIA.
4. Data re cost per hour or per individual service offered, such as: This should be all answered in payment dataset requested above
5.
 - Instances of service
 - Participants by category.

Kind regards

s22(1)

From: s22(1) <s22(1)>
Sent: Thursday, August 15, 2024 5:43 PM
To: s22(1) <s22(1)>; s22(1) <s22(1)>
Cc: s22(1) <s22(1)>; s22(1) <s22(1)>; s22(1) <s22(1)>
<s22(1)>; s22(1) <s22(1)>; s22(1) <s22(1)>
<s22(1)>; s22(1) <s22(1)>; s22(1) <s22(1)>
s22(1) <s22(1)>
Subject: RE: NDIS Pricing Reform Project - NDIA Data Request [SEC=OFFICIAL]

Hi s22(1)

Thanks for reaching out. I know that we have an on-going data sharing agreement with DSS but I'm not sure what those are exactly. s22(1) Would this be something you can look into in the first instance?

Having said that, I have also asked my team to look into setting up an arrangement for data sharing with you all. I suspect it will take time to set up the MoU etc. It might be faster if the existing MoU between NDIA/DSS allows DSS to share those info with you.

Without knowing what DSS has and what DSS can and can't share, to progress setting up a sharing arrangement we have been asked to find out:

- I understand the urgency of the project but the data sharing process is one with quite a few processes to get through. I'm attaching an internal check list of tasks we need to complete before we can share data with you.

Best regards

From: s22(1) <s22(1)>
Sent: Thursday, August 15, 2024 4:23 PM
To: s22(1) <s22(1)>
Cc: s22(1) s22(1); s22(1) <s22(1)>; s22(1) s22(1)
 s22(1) >; s22(1) <s22(1)>; s22(1) s22(1) >;
 s22(1) s22(1) >
Subject: NDIS Pricing Reform Project - NDIA Data Request [SEC=OFFICIAL]

Thank you for your ongoing commitment to work collaboratively as we develop our work to inform opportunities for NDIS pricing reform.

If DSS already have access to this data, it would be appreciated if it could be shared with IHACPA as agreed by NDIA in our last meeting.

1. Participant Data:

6

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> - Payment SIL/SDA indicator, if available - Provider ID and Trading Name - Plan management status – self managed, plan managed, agency managed | | |
|--|--|--|

2. Plan/budget information for participants, including calculation of hours by types of service requested/used to calculate the budget.
3. Financial benchmarking survey data (per results published at [Financial benchmarking | NDIS](#)).
4. Data re cost per hour or per individual service offered, such as:
 - o Instances of service
 - o Participants by category.

As you are aware, timeframes for our work are tight. If you could please review and **provide the above requested information by COB 30 August 2024**, it would be most appreciated.

If you have any questions or concerns, please contact s22(1) via s22(1)

Regards
s22(1)

s22(1)
s22(1) Governance, Legislation and Research
NDIS Pricing Reform Project
Independent Health and Aged Care Pricing Authority

M: s22(1) | E: s22(1)
Location: Sirius Building, 23 Furzer Street, Phillip ACT 2906
GPO Box 9848, Canberra ACT 2601, Australia



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From: s22(1) <s22(1)>
Sent: Monday, 30 September 2024 2:04 PM
To: s22(1) ; s22(1)
Cc: s22(1) ; s22(1) ; s22(1) ; s22(1) ; s22(1) ; s22(1) ;
NDIS Performance and Analytics
Subject: Re: data sharing - couple of questions [SEC=OFFICIAL]
Attachments: IHACPA Metadata.xlsx

Hi s22(1),

Attached is the metadata of the proposed dataset for your review. This metadata is based on the original proposed dataset from DSS.
Please note that given the deidentification requirement for this is data and no existing data sharing agreement in place, DSS feel the actual data should be sent by NDIA.

Please let me know if you have any questions.

Kind regards

s22(1)

From: s22(1)
Sent: Monday, September 23, 2024 7:22 AM
To: s22(1) ; s22(1)
Cc: s22(1) ; s22(1) ; s22(1)
Subject: RE: data sharing - couple of questions [SEC=OFFICIAL]
Good morning s22(1)

Thank you for the email and I hope you had a nice weekend. I understand the complexity of deidentifying the data.

I have another question and apologies if this is information that has already been provided – could you send to me a full list of fields (with metadata) that you understand that DSS could be sharing with IHACPA? I would like to review this list and consider only requesting fields which are deidentified in the first instance. IHACPA could also progress the masking of identifiers with NDIA over coming weeks.
Happy to discuss if you'd like to let me know when was a good time to call.

Regards

s22(1)

s22(1)

s22(1)

Independent Health and Aged Care Pricing Authority

M s22(1) P s22(1) E s22(1)

Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000

PO Box 483, Darlinghurst, NSW 1300



I respect and acknowledge the Traditional Owners of the many countries throughout Australia and recognise their continuing connection to land, sky, waters and culture. I pay my respect to Elders today and those who walk in spirit.

From: s22(1)
Sent: Friday, September 20, 2024 4:04 PM

To: s22(1)
Cc: s22(1) ; s22(1) ; s22(1)
Subject: RE: data sharing - couple of questions [SEC=OFFICIAL]
Hi s22(1)

No worries and enjoy your couple of weeks off.

Update so far:

- The data initially requested and we proposed to transfer on behalf of NDIA is raw and identifiable.
 - It includes Participant's IDs, (particularly the payments data) Plan IDs, NDIS Provider IDs and ABNs.

In terms of the potential to deidentify this data, I understand its possible but would require significant time and resource allocation.

- Additionally, de-identifying NDIS Authorised Datasets, would incur significant risks should a data breach occur and the level of de-identification be insufficient.

With that being the case, if de-identification is required we suggest that NDIA de-identifies their datasets and would be best placed to do the transfer to IHACPA.

Happy to chat quickly now or can speak with s22(1) and s22(1) over the coming weeks.

Kind regards

s22(1)

From: s22(1) s22(1) >

Sent: Friday, September 20, 2024 12:31 PM

To: s22(1) s22(1)

Cc: s22(1) <s22(1)>; s22(1) <s22(1)>

Subject: RE: data sharing - couple of questions [SEC=OFFICIAL]

Hi s22(1)

Just FYI I'm on leave for a couple of weeks from Monday.

If you could respond to s22(1) and s22(1) (copied) in my absence, it would be greatly appreciated.

Regards,

s22(1)

s22(1)

s22(1), Analytics

Independent Health and Aged Care Pricing Authority



From: s22(1) <s22(1)>

Sent: Wednesday, September 18, 2024 2:56 PM

To: s22(1) <s22(1)>

Subject: RE: data sharing - couple of questions [SEC=OFFICIAL]

Hi s22(1)

Thanks for this. I am just checking with the data teams and will come back asap.

Kind regards

s22(1)

From: s22(1) <s22(1)>

Sent: Wednesday, September 18, 2024 9:56 AM

To: s22(1) <s22(1)>

Subject: data sharing - couple of questions [SEC=OFFICIAL]

Hi s22(1),

s42(1)

I'm assuming that the data being shared will contain linking keys that allow linkage/matching between the different datasets.

To this end, are you or one of your team able to let me know whether the datasets (in their current state) contain participant/provider IDs that would potentially be able to identify a provider/patient? Or if there are

linking keys that would not allow potential identification of a participant/provider if a data breach was to occur?

An analogy in the hospital space would be a patient's Medicare number (identifiable) vs a linking key (not identifiable) that would allow linkage across PBS, MBS and hospital data.

Let me know if this is unclear in any way and I'll try to clarify.

s42(1)

Regards,

s22(1)

s22(1)

s22(1) Analytics

Independent Health and Aged Care Pricing Authority



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Dataset Name **Payments_IHACPA**

Data date	Jun-24
Variables	17

Purpose of dataset	Data at the participant support line item and provider registration group level on the history of payments made for the supports received to the providers claiming, including payment amount, payment dates, support dates, providers. Data includes all paid and cleared payments defined by those RBA cleared in the 2023-2024 Financial Year (inclusive).
---------------------------	---

Variable index	Variable title	Variable Type	Variable length	Variable Description
1	PrsnWithDsbtltyId	Character	10	Unique identifier for a participant, generated by NDIA business system, who received paid support
2	PlanNmbr	Character	50	Identification number for plan
3	SuppltemNmbr	Character	60	Identification number of the Support Item type
4	SuppClass	Character	50	Support class type for the payment provided
5	PymtRqstSuppCatNm	Character	240	Support category for the payment
6	SuppltemDesc	Character	255	Description of the Support Item type
7	PymtRqstSuppltemQty	Numeric	8	Number of units included in the payment request
8	SuppStrtDtAdj	Date	8	Start date of the paid support
9	SuppEndDtAdj	Date	8	End date of the paid support
10	PymtAmt	Numeric	8	Amount of the recorded payment
11	PymtSts	Character	20	Status of the payment
12	RBAPymtClrDt	Date	8	Date the payment claim was cleared
13	PrvdrLegalNm	Character	255	Legal name of the provider in the recorded payment
14	PrvdrABN	Character	11	ABN of the provider in the recorded payment
15	RgstrtnGrpNm	Character	255	Registration group for the provider in the recorded payment
16	PmtRqstPrvdrABN	Character	11	Provider Australian Business Number associated with the payment request provider
17	MgtTypDesc	Character	50	Type of service booking. Possible values: Plan = Plan Managed Agreement Agency = Standard Service Booking Self = Self Managed Agreement

Dataset Name	Participant_IHACPA
---------------------	---------------------------

Data date	Jun-24
Variables	17

Purpose of dataset	Data at the participant level on age, gender, primary disability types, impairment, ethnicity, and residential information. Data includes participants with an approved plan as at 30 June 2024.
---------------------------	--

Variable index	Variable title	Variable Type	Variable length	Variable Description
1	PrsnWithDsbtyld	Character	10	Unique identifier for a participant, generated by NDIA business system
2	RdsInStateCd	Character	20	State in which the participant resides
3	RdsInMMMCd	Character	20	Meshblock code
4	Age	Numeric	8	Age of the participant
5	NDIAAgeBnd	Character	200	The age band of the participant
6	GndrTyp	Character	50	Stated gender of the participant. Possible values are: 1 - Female 2 - Male 3 - Unknown 4 - Non-Binary 5 - Not Derived 6 - Other 7 - Prefer not to answer
7	ATSISts	Character	10	Aboriginal and Torres Strait Islander status of the participant
8	caldsts	Character	10	Cultural and Linguistic Diversity status of the participant
9	NDISDsbtyGrpNm	Character	30	Primary disability of the participant
10	SVRTYSCR	Character	2	The participants normalised severity score for their latest plan
11	ActvPrtcptlnd	Numeric	8	Indicates whether the participant is currently active (access met and has not exited the scheme)
12	FncntlCpctyAsmntToolNm	Character	70	Functional capacity assessment tool name used to determine participants normalised severity score for their latest plan
13	FncntlCpctyAsmntToolCd	Character	10	Functional capacity assessment tool code used to determine participants normalised severity score for their latest plan
14	LtstPlanSILnd	Numeric	8	Indicates whether the latest plan has Supported Independent Living
15	PlanInclSDAInd	Numeric	3	Indicates whether the plan has Specialist Disability Accommodation
16	First_Plan_Date	Date	8	Indicates the first date of very first plan - scheme start date
17	Last_Plan_Date	Date	8	Indicates the latest date for plan expiry

From: s22(1) <s22(1)>
Sent: Wednesday, 25 September 2024 9:47 AM
To: s22(1); s22(1); s22(1); s22(1)
Cc: s22(1); s22(1); s22(1); s22(1); s22(1); s22(1);
s22(1); s22(1)
Subject: Re: Request for NDIS data [SEC=OFFICIAL]

Hi s22(1)

In addition, s22(1) asked if we could send the list of fields (with metadata) that DSS could be sharing with IHACPA. The analytics team are working on this and should be able to provide something by the end of the week.

I hope this is still beneficial.

Kind regards

s22(1)

From: s22(1)
Sent: Tuesday, September 24, 2024 10:52 AM
To: s22(1); s22(1)
Cc: s22(1); s22(1); s22(1); s22(1); s22(1)
Subject: Request for NDIS data [SEC=OFFICIAL]
Hi s22(1) and s22(1)

Hope you are both well.

Following the data discussions in our regular catch-up last week, I have been advised that the data being transferred over to IHACPA will need to be de-identified to ensure it can be accepted (ie stripping out participant ID from the data set). As you are aware, we have been keen to obtain this data for several weeks and are trying to navigate the most appropriate mechanism.

DSS have now advised that given the information needs to be de-identified, it would need to be sourced directly from the NDIA. A copy of the information we are seeking is below. In addition, our s22(1) has asked if you can please advise what are the field names (with meta data) that will facilitate the information in the table being shared with IHACPA. This is to ensure we are only collecting data we need.

NDIA Data

1. Participant Data:

Payments dataset	Participant dataset	Participant assessment dataset
<ul style="list-style-type: none">Amount paidPayment date ("RBA sent date")Unit of measureTotal units of support provided (e.g. number of hours of therapy provided)Support item ID, support class (core/capacity/capital), support category (e.g. daily activities)	<ul style="list-style-type: none">SIL and SDA IndicatorsDemographics: Age, Gender, First Nations status, CALD, remoteness indicator, stateFirst plan approval date, exit dateDisability group	<ul style="list-style-type: none">Assessment tool name, code and severity scoreDisability group at assessment dateTypical support package details – amount, responses to underlying questions used to build the TSP if possible

<ul style="list-style-type: none"> • Support start/end date • Payment SIL/SDA indicator, if available • Provider non identifying identifier • Plan management status – self managed, plan managed, agency managed 		
---	--	--

2. Plan/budget information for participants, including calculation of hours by types of service requested/used to calculate the budget.
3. Financial benchmarking survey data (per results published at [Financial benchmarking | NDIS](#)).
4. Data re cost per hour or per individual service offered, such as:
 - Instances of service
 - Participants by category.

Given the urgency for IHACPA to accept this data, could you please advise the timeframe in undertaking the above?
 s22(1), s22(1) will also give you a call to discuss.

We look forward to hearing from you.

Kind regards

s22(1)

s22(1)

Independent Health and Aged Care Pricing Authority

T s22(1) E s22(1) W ihacpa.gov.au

Level 14, Scarborough House, Woden ACT 2606 (Canberra Office)

Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000

PO Box 483, Darlinghurst, NSW 1300



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From: s22(1)
Sent: Wednesday, 30 October 2024 8:36 AM
To: s22(1)
Subject: Clarification question [SEC=OFFICIAL]
Attachments: IHACPA Data Request NDIA October 2024.xlsx

Good morning s22(1)
Hope you are well.

Could you please confirm that the data that NDIA are preparing for IHACPA (as described in the attached excel document does not contain Agency protected information?

Thank you
s22(1)

s22(1)
s22(1)
Independent Health and Aged Care Pricing Authority

M s22(1) **P** s22(1) **E** s22(1)
Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000
PO Box 483, Darlinghurst, NSW 1300



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Dataset Name Payments IHACPA

Data date Jun-24
Variables 17

Purpose of dataset Data at the participant support line item and provider registration group level on the history of payments made for the supports received to the providers claiming, including payment amount, payment dates, support dates, providers. Data includes all paid and cleared payments defined by those RBA cleared in the 2023-2024 Financial Year (inclusive).

Variable index	Variable title	Variable Type	Variable length	Variable Description	IHACPA Data Requirements
1	PrsnWithDsblyId	Character	10	Unique identifier for a participant, generated by NDIA business system, who received paid support	Deidentified
2	PlanNmbr	Character	50	Identification number for plan	Deidentified
3	SuppltemNmbr	Character	60	Identification number of the Support Item type	Required
4	SuppClass	Character	50	Support class type for the payment provided	Required
5	PymtRqstSuppCatNm	Character	240	Support category for the payment	Required
6	SuppltemDesc	Character	255	Description of the Support Item type	Required
7	PymtRqstSuppltemQty	Numeric	8	Number of units included in the payment request	Required
8	SuppStrtDtAdj	Date	8	Start date of the paid support	Required
9	SuppEndDtAdj	Date	8	End date of the paid support	Required
10	PymtAmt	Numeric	8	Amount of the recorded payment	Required
11	PymtSts	Character	20	Status of the payment	Required
12	RBAPymtSentDt	Date	8	The date the payment transaction file was sent to the Reserve Bank of Australia	Required
13	PrvdrLegalNm	Character	255	Legal name of the provider in the recorded payment	Not required
14	PrvdrABN	Character	11	ABN of the provider in the recorded payment	Deidentified
15	RgstrtnGrpNm	Character	255	Registration group for the provider in the recorded payment	Required
16	PmtRqstPrvdrABN	Character	11	Provider Australian Business Number associated with the payment request provider	Deidentified
17	MgtTypDesc	Character	50	Type of service booking. Possible values: Plan = Plan Managed Agreement Agency = Standard Service Booking Self = Self Managed Agreement	Required

Dataset Name	Participant_IHACPA
Data date	Jun-24
Variables	17

Purpose of dataset	Data at the participant level on age, gender, primary disability types, impairment, ethnicity, and residential information. Data includes participants with an approved plan as at 30 June 2024.
--------------------	--

Variable index	Variable title	Variable Type	Variable length	Variable Description	IHACPA Data Requirements
1	PrsnWithDsbltyId	Character	10	Unique identifier for a participant, generated by NDIA business system	Deidentified
2	RsdslnStateCd	Character	20	State in which the participant resides	Required
3	RsdslnMMMCd	Character	20	Meshblock code	Required
4	Age	Numeric	8	Age of the participant	Required
5	NDIAAgeBnd	Character	200	The age band of the participant	Required
6	GndrTyp	Character	50	Stated gender of the participant. Possible values are: 1 - Female 2 - Male 3 - Unknown 4 - Non-binary 5 - Not Defined 6 - Other 7 - Prefer not to answer	Required
7	ATSISIs	Character	10	Aboriginal and Torres Strait Islander status of the participant	Required
8	caldsts	Character	10	Cultural and Linguistic Diversity status of the participant	Required
9	NDISDsbltyGrpNm	Character	30	Primary disability of the participant	Required
10	SVRTYSCR	Character	2	The participants normalised severity score for their latest plan	Required
11	ActvPrtpntInd	Numeric	8	Indicates whether the participant is currently active (access met and has not exited the scheme)	Required
12	FncnlCpctyAsmntToolNm	Character	70	Functional capacity assessment tool name used to determine participants normalised severity score for their latest plan	Required
13	FncnlCpctyAsmntToolCd	Character	10	Functional capacity assessment tool code used to determine participants normalised severity score for their latest plan	Required
14	LtstPlanSILInd	Numeric	8	Indicates whether the latest plan has Supported Independent Living	Required
15	PlanInclSDAInd	Numeric	3	Indicates whether the plan has Specialist Disability Accommodation	Required
16	First_Plan_Date	Date	8	Indicates the first date of very first plan - scheme start date	Required
17	Last_Plan_Date	Date	8	Indicates the latest date for plan expiry	Required

From: s22(1)
Sent: Wednesday, 30 October 2024 8:54 AM
To: s22(1)
Subject: RE: Clarification question [SEC=OFFICIAL]

Good morning s22(1)

Hope you are well. Slight change in this email as I am would like to be specific about 'protected agency information'.

Could you please confirm that the data that NDIA are preparing for IHACPA (as described in the attached excel document does not contain protected agency information?

Thank you

s22(1)

s22(1)

s22(1)

Independent Health and Aged Care Pricing Authority

M s22(1) **P** s22(1) **E** s22(1)

Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000
PO Box 483, Darlinghurst, NSW 1300



I respect and acknowledge the Traditional Owners of the many countries throughout Australia and recognise their continuing connection to land, sky, waters and culture. I pay my respect to Elders today and those who walk in spirit.

From: s22(1)
Sent: Wednesday, 30 October 2024 12:23 PM
To: s22(1)
Subject: RE: Clarification question [SEC=OFFICIAL]

Hi s22(1)
Yes s22(1) can see the participant file in Sterling. – are you able to confirm about whether the file contains any protected agency information?

Thank you
s22(1)

s22(1)
Independent Health and Aged Care Pricing Authority
M s22(1) **P** s22(1) **E** s22(1)
Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000
PO Box 483, Darlinghurst, NSW 1300



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From: s22(1)
Sent: Wednesday, 30 October 2024 11:27 AM
To: s22(1)
Subject: RE: Clarification question [SEC=OFFICIAL]

Hi again,

Would you be able to check if the participant data has come through?

The payments data got a send fail due to size so we are splitting into multiple files at the moment to send through today.

Regards,
s22(1)

From: s22(1) s22(1) >
Sent: Wednesday, 30 October 2024 8:54 AM
To: s22(1) <s22(1)>
Subject: RE: Clarification question [SEC=OFFICIAL]

Good morning s22(1)
Hope you are well. Slight change in this email as I am would like to be specific about 'protected agency information'.

Could you please confirm that the data that NDIA are preparing for IHACPA (as described in the attached excel document does not contain protected agency information?

Thank you
s22(1)

s22(1)
s22(1)

Independent Health and Aged Care Pricing Authority

M s22(1) **P** s22(1) **E** s22(1)

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From: s22(1)
Sent: Wednesday, 30 October 2024 2:57 PM
To: s22(1)
Subject: FW: Protected agency information [SEC=OFFICIAL]

See confirmation below
Thank you

s22(1)
s22(1)
Independent Health and Aged Care Pricing Authority
M s22(1) P s22(1) E s22(1)
Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000
PO Box 483, Darlinghurst, NSW 1300



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From: s22(1)
Sent: Wednesday, 30 October 2024 2:10 PM
To: s22(1) ; s22(1)
Subject: RE: Protected agency information [SEC=OFFICIAL]

Hi s22(1)

I can confirm that there is no protected agency information contained in the transferred data.

Masking was completed using the SHIA-2 has function as discussed.

Kind Regards,
s22(1)

From: s22(1) <s22(1)>
Sent: Wednesday, 30 October 2024 1:58 PM
To: s22(1) <s22(1)>; s22(1) s22(1)
Subject: Protected agency information [SEC=OFFICIAL]

Good afternoon s22(1) and s22(1)

Thank you so much for your assistance in preparing data to be shared with IHACPA – now that the data preparation and QA has been undertaken, I am looking for some confirmation that there is no protected agency information within the data files being shared.

My assumption is that as there was extensive deidentification and masking of identifiers and the additional checks you have undertaken have ensured that the information being shared does not contain any identify information.

I would like this confirmation prior to IHACPA downloading the data from Sterling.
Thank you

s22(1)

s22(1)

Independent Health and Aged Care Pricing Authority

Ms22(1) **P**s22(1) **E**s22(1)

Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000
PO Box 483, Darlinghurst, NSW 1300



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IHACPA

Ref: D24-23081

s 22(1)
[redacted], Economics and Pricing
Pricing & Market Stewardship Division
National Disability Insurance Authority
s22(1)

Dear s 22(1)

Request for release of de-identified data from National Disability Insurance Authority to the Independent Health and Aged Care Pricing Authority

I am writing to request the National Disability Insurance Authority (NDIA) release de-identified data to the Independent Health and Aged Care Pricing Authority for the purpose of undertaking National Disability Insurance Scheme (NDIS) pricing policy scoping work and other preparatory work to inform future price setting arrangements for the NDIS.

Our agencies are working closely to progress the Australian Government 2024-25 Budget announcement to undertake initial work to reform NDIS pricing arrangements. On 20 June 2024, the Minister of Health and Aged care requested IHACPA come back to the Government to inform consideration of NDIS pricing reform, including pricing model considerations and early advice on price harmonisation, among other preparatory work.

IHACPA has specified the data collected by the NDIA that would benefit this work at Attachment A. IHACPA propose the use and disclosure of the data be governed by the Conditions of Release at Attachment B.

IHACPA has requested de-identified data such that it is not 'about a person'. I understand that NDIA officials have confirmed that the data is not protected agency information as defined in section 9 of the *National Disability Insurance Scheme Act 2013* (NDIS Act). NDIA official have also confirmed that the data will not be captured by the secrecy provisions that apply to protected agency information under the NDIS Act. This has been included in the Conditions of Release.

IHPACA will consider the Conditions of Release at Attachment B to be agreed by NDIA on transfer of the data, unless advised otherwise. These Conditions of Release will continue until either party provides notice to vary or terminate the arrangement. Notices should be addressed to the Professor Michael Pervan, Chief Executive Officer, IHACPA and sent via email to secretariat@ihacpa.gov.au (and cc s22(1)).

If you have any queries regarding this matter, please contact s22(1) via email on s22(1) or by phone on s 22(1)

Yours sincerely

Professor Michael Pervan
Chief Executive Officer
Independent Health and Aged Care Pricing Authority

31 October 2024

Independent Health and Aged Care Pricing Authority

Eora Nation, Level 12, 1 Oxford Street Sydney NSW 2000 | PO Box 483 Darlinghurst NSW 1300
P +61 2 8215 1100 | ABN: 27 598 959 960

Attachment A: De-identified data request

Attachment B: Conditions of release

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Attachment A

De-identified data request:

2023-24 Participant Information, Provider Information and Payment Information

Attachment B

Conditions of release

1. NDIA will only provide IHACPA with de-identified data as specified in the data request, which is not protected agency information as defined in section 9 of the *National Disability Insurance Scheme Act 2013* (NDIS Act). The data will not be captured by the secrecy provisions that apply to protected agency information under the NDIS Act.
2. IHAPCA will only use the data for the purpose of undertaking NDIS pricing policy scoping work and other preparatory work to inform future price setting arrangements for the NDIS. Changes to this purpose must be agreed in writing.
3. Access to the data is limited to the IHACPA officials only, which may include persons engaged as consultants.
4. IHACPA officials are only to be granted access to the data on a needs basis, that is, access to each data file must be specifically needed for operational purposes in accordance with the duties required to be performed by the IHACPA official.
5. IHACPA officials are only to be granted a level of access to those data commensurate with their role and level of responsibility.
6. IHACPA is not permitted to on-share the data to any other organisation without the prior written authorisation of the NDIA.
7. IHACPA will not use the data, including aggregated outputs from data analysis, for any analytical data requests from external non-government researchers or data requestors.
8. Any aggregated outputs or analysis in any form intended for publication, including any reports intended for release to any other party, must contain suppressed or aggregated data, such that small cells with counts between 1 and 4 are not released (that is, the IHACPA can publish cells with 0 (zero) or greater than or equal to 5), unless the exact data is already in the public domain.
9. Any aggregated outputs or analysis in any form intended for publication, including any reports intended for release to any other party, that contain data analysis at the national level, must abide by reporting unit rules, such that data are suppressed where:
 - there are fewer than three reporting units, or
 - there are three or more reporting units and one contributed more than 85% of the total activity, or

- there are three or more reporting units and two contributed more than 90% of the total activity.
10. IHACPA can only publish aggregated output from data analysis at the national level, including any reports intended for release to any other party, without requiring prior written approval from the custodian.
 11. Analysis produced from the data that shows provider specific data or contains statements about specific providers, cannot be published in any form (including publication, lecture, conference presentation, conference poster or any other work derived from the data), without prior written permission of the data custodian.
 12. IHACPA will report any use, access, or supply of the data outside of these conditions to the NDIA as soon as possible.

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From: FOI_IHACPA
Sent: Monday, 30 June 2025 2:41 PM
To: FOI_IHACPA
Subject: FW: Request for NDIS data [SEC=OFFICIAL]
Attachments: Signed letter to Minister Shorten - MS24-000693.pdf; MC24-007374 - Letter from Minister Shorten.pdf; IHACPA NDIA data share correspondence October 2024 301024.pdf; IHACPA Data Request NDIA October 2024.xlsx

From: s22(1)
Sent: Friday, 1 November 2024 9:13 AM
To: s22(1) <s22(1)>
Cc: s22(1) <s22(1)>; s22(1) <s22(1)>; s22(1) <s22(1)>
<s22(1)>
Subject: Request for NDIS data [SEC=OFFICIAL]

Hi s22(1)

Thank you for speaking with me late yesterday afternoon. Based on our discussions, I understand that NDIA has withdrawn the data, pending seeking approval through the NDIA Board. As requested, please find below and attached information regarding our data request – in particular you also asked for information on what IHACPA would use this data for:

- IHACPA are needing to access the NDIS data that the two agencies were putting together to inform our work as requested by government. A letter from our CEO outlining the use of this data is attached.
- As you are aware, IHACPA has been asked to return to government in 2025 after undertaking initial work on looking at opportunities to reform NDIS pricing. This includes looking at early insights into price harmonisation across the care and support sector and the development of a pricing and payments framework with DSS. The data we are seeking from the NDIA (excel spreadsheet attached) includes payment and participant data in a non-identified format and will be important for IHACPA to be able to prepare this preparatory work for government.
- The need for data to inform our work was further articulated in Minister Butler's letter to Minister Shorten (attached) which asked that IHACPA receive full cooperation and access to any information we required from the NDIA to enable us to analyse and distil relevant information and progress our tasks quickly. Minister Shorten's response to Minister Butler (attached) advised that this would be raised with the NDIA CEO to ensure IHACPA have full access to the NDIA information required.

As you are aware our two agencies have been working together to progress this work over the past few months, which recognised the importance of NDIS data for our analysis. Noting this, can you please advise of next steps from your end and what the expected timeframes would be?

Kind regards

s22(1)

s22(1)

Independent Health and Aged Care Pricing Authority

T s22(1) E s22(1) W ihacpa.gov.au
Level 14, Scarborough House, Woden ACT 2606 (Canberra Office)

Eora Nation, Level 12, 1 Oxford Street, Sydney NSW 2000
PO Box 483, Darlinghurst, NSW 1300



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The Hon Mark Butler MP
Minister for Health and Aged Care

Ref No: MS24-000693

The Hon Bill Shorten MP
Minister for the National Disability Insurance Scheme
Minister for Government Services
Parliament House
CANBERRA ACT 2600
Minister.Shorten@dss.gov.au

Dear Minister 

I am writing regarding progression of the Australian Government's 2024-25 Budget announcement of \$5.3 million for the Independent Health and Aged Care Pricing Authority (IHACPA) to work with the Department of Social Services (DSS) and the National Disability Insurance Agency (NDIA) to undertake initial work to reform National Disability Insurance Scheme (NDIS) pricing arrangements, including reviewing existing pricing approaches and developing a pricing data strategy.

The Government's agreement for IHACPA to commence preparatory work to inform consideration in early 2025 of future NDIS price setting arrangements, includes:

- a) developing a Pricing Data Strategy informed by a data discovery project examining NDIS data collections
- b) reviewing the existing National Disability Insurance Agency (NDIA) functions relevant to NDIS pricing and costing
- c) designing and consulting to provide input to the NDIS Pricing and Payments Framework (led by the DSS)
- d) pricing model considerations informed by public consultation
- e) early advice on price harmonisation opportunities
- f) a proposal to transfer responsibility for advising on NDIS pricing from the NDIA to IHACPA, with options for the NDIS pricing cycle to conclude by October each year consistent with aged care pricing.

IHACPA has a tight timeframe to report back to Government. Given this, it is important that they are provided with full cooperation and access to any information they require from the NDIA that has been agreed with the Minister for NIDS to enable them to analyse and distil relevant information and progress their tasks quickly. IHACPA intends to engage consultancy assistance to undertake some of the required work. In the spirit of collaboration, IHACPA will shortly share with the NDIA the proposed terms of reference for the data strategy and pricing review work.

I consider it critical that IHACPA, the NDIA and DSS establish robust governance arrangements to support this work and have appropriate arrangements in place for ongoing engagement to ensure activities are coordinated and issues are appropriately managed. I seek your support for the implementation of such arrangements.

One option to ensure appropriate coordination and oversight could be the establishment of a NDIS Pricing Policy Executive Board (at the Chief Executive Officer/Deputy Secretary level) to oversee and advise us on progress.

I look forward to working with you on reform of NDIS pricing arrangements.

Yours sincerely



Mark Butler

20/06 / 2024

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The Hon Bill Shorten MP

**Minister for the National Disability Insurance Scheme
Minister for Government Services**

Ref: MC24-007374

The Hon Mark Butler MP
Minister for Health and Aged Care
PO Box 6022
Parliament House
CANBERRA ACT 2600
Mark.Butler.MP@aph.gov.au

Mark

Dear Minister,

Thank you for your letter dated 20 June 2024, concerning the 2024-25 Budget announcement for the Independent Health and Aged Care Pricing Authority (IHACPA) to work with the Department of Social Services and the National Disability Insurance Agency (NDIA) to undertake initial work to reform National Disability Insurance Scheme (NDIS) pricing arrangements.

I appreciate that we are bringing IHACPA's expertise and experience to this critical role that will provide us with advice to strengthen transparency, predictability and alignment of NDIS pricing (NDIS Review Recommendation 11.3) and their contribution to the development and consultation of a NDIS pricing and payments framework (Recommendation 11.1) and the establishment of the NDIS Evidence Committee (Recommendation 22.3).

I agree that it will be important for our entities to work collaboratively to support the delivery of these measures. I support the establishment of strong governance arrangements. Your letter has been circulated to the relevant officers in both the Department and the NDIA. I will also specifically raise with Ms Rebecca Falkingham, Chief Executive Officer of the NDIA, your point about ensuring IHACPA have full access to the NDIA information they require.

I look forward to continuing to work closely with you as we receive updates from IHACPA and the other agencies on their work over the next year.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Bill Shorten". The signature is fluid and cursive, with the first name "Bill" and the last name "Shorten" clearly distinguishable.

Bill Shorten MP

27/6/2024

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