



IHACPA

Data Access and Release Policy

August 2025

Data Access and Release Policy – Version 8.0 August 2025

© Independent Health and Aged Care Pricing Authority 2025

This publication is available for your use under a Creative Commons Attribution 4.0 International licence, with the exception of the Independent Health and Aged Care Pricing Authority logo, photographs, images, signatures and where otherwise stated. The full licence terms are available from the Creative Commons website.



Use of Independent Health and Aged Care Pricing Authority material under a Creative Commons Attribution 4.0 International licence requires you to attribute the work (but not in any way that suggests that the Independent Health and Aged Care Pricing Authority endorses you or your use of the work).

Independent Health and Aged Care Pricing Authority material used 'as supplied'.

Provided you have not modified or transformed Independent Health and Aged Care Pricing Authority material in any way including, for example, by changing Independent Health and Aged Care Pricing Authority text – then the Independent Health and Aged Care Pricing Authority prefers the following attribution:

Source: The Independent Health and Aged Care Pricing Authority

Table of contents

Table of contents	3
Acronyms and abbreviations	4
Definitions	5
1. Executive summary	6
2. Types of data release	8
3. Principles for data access and release	11
4. Data access and release process	13
5. Inadvertent release of data	19
Appendix A: Data held by IHACPA	20

Acronyms and abbreviations

ABF	Activity based funding
AIHW	Australian Institute of Health and Welfare
CEO	Chief Executive Officer
FOI Act	<i>Freedom of Information Act 1982</i> (Cth)
HCEF	Health Chief Executives Forum ¹
HMM	Health Ministers' Meetings ²
IHACPA	Independent Health and Aged Care Pricing Authority
IPS	Information Publication Scheme
NHCDC	National Hospital Cost Data Collection
NMDS	National Minimum Data Set
NBEDS	National Best Endeavours Data Set
The addendum	Addendum to the National Health Reform Agreement 2020–26 ³
The NHR Act	<i>National Health Reform Act 2011</i> (Cth)
This policy	Data Access and Release Policy
SDMS	Secure Data Management System

¹ The Health Chief Executives Forum has been established as the advisory and support body to the Health Ministers' Meetings, and serves as the replacement for the Australian Health Ministers' Advisory Council.

² The Health Ministers' Meetings, comprised of all Australian health ministers, has been established to consider matters previously brought to the Council of Australian Governments Health Council, including matters relating to the national bodies. The Health Ministers' Meetings serves as the replacement for the Council of Australian Governments Health Council.

³ The Addendum to the National Health Reform Agreement (NHRA) 2020–25 was extended for 12 months to enable the continued negotiation of the next Addendum to the NHRA.

Definitions

Aggregate data	Summary data held by the Independent Health and Aged Care Pricing Authority (IHACPA) or on IHACPA's behalf that does not contain information which may enable the identification of an individual or an organisation.
Aggregation	The combination of related categories, usually within a common branch of a hierarchy, to provide information at a broader level at which detailed observations are taken.
Data	Representation of facts, concepts or instructions ⁴ .
Data set	Any organised collection of data.
Metadata	Information about how data is defined, structured and represented. It can provide meaning and context to data by describing how data is captured and the business rules for collecting data. It can also assist in the interpretation of data ⁴ .
Pricing Authority	The governing body of IHACPA established under the <i>National Health Reform Act 2011</i> (Cth) (NHR Act).
Protected data	<p>Data obtained for the purpose of sections 131 and 131A of the NHR Act and clause B24 of the Addendum to the National Health Reform Agreement 2020–26 (the addendum).</p> <p>Includes all unit record data and protected aggregate data.</p>
Protected aggregate data	Aggregate data that has been masked to prevent identification of an individual or organisation. This must be made on a case-by-case basis by reviewing the data to determine what information or conclusions the reader may draw from that data.
Protected Pricing Authority information	<p>As defined in section 5 of the NHR Act, information that:</p> <ul style="list-style-type: none">• was obtained by a person in the person's capacity as an official of the Pricing Authority; and• relates to the affairs of a person other than an official of the Pricing Authority; but• does not include protected information (within the meaning of the <i>Aged Care Act 1997</i> or, from 1 November 2025, the <i>Aged Care Act 2024</i>) that is not aged care information.
Unit record data	<p>Data held by IHACPA or on IHACPA's behalf, which refers to a single event associated with an individual or an organisation (such as an episode of care, a phase of care or a service event).</p> <p>Unit record data may enable the identification of an individual or an organisation.</p>

⁴ Australian Institute of Health and Welfare. Metadata Online Registry - About metadata. Available at: <http://meteor.aihw.gov.au/content/index.phtml/itemId/268284>.

1. Executive summary

1.1 Background

The *National Health Reform Act 2011* (Cth) (the NHR Act) and the Addendum to the National Health Reform Agreement 2020–26 (the addendum) require the Independent Health and Aged Care Pricing Authority (IHACPA) to publicly report on its activities and disclose information in certain circumstances.

IHACPA is also bound by other legislative requirements including the *Freedom of Information Act 1982* (Cth) (the FOI Act), the *Privacy Act 1988* (Cth) (the Privacy Act) and the Information Publication Scheme (the IPS), which provide a legislative framework for disclosure of government information to the public.

IHACPA recognises that access to high quality, nationally consistent health and aged care data is essential to inform the development of policies for improving health outcomes for all Australians.

Pursuant to its functions outlined in the NHR Act, IHACPA collects hospital data that contains demographic information, clinical information, the nature of care provided and costs, and accesses facility financial and care recipient level aged care data sets. All data collected by IHACPA is subject to secrecy provisions contained in the NHR Act which relate to protected Pricing Authority information.

1.2 Purpose

The purpose of the Data Access and Release Policy (this policy) is to outline the principles and processes adopted by IHACPA in the discretionary access and release of data collected under the NHR Act and the addendum by:

- using a consistent approach in releasing data
- complying with the legislative requirements, in particular Part 4.14 of the NHR Act, the Australian Privacy Principles contained within the Privacy Act (where applicable) and the *Healthcare Identifiers Act 2010*
- assessing risks associated with the release of data based on a set of principles.

IHACPA is committed to transparency and open access to data, consistent with the objectives of the NHR Act, FOI Act, Privacy Act and IPS. However, this is subject to IHACPA's obligation to respect and maintain confidential, commercially valuable and personal information.

This policy provides guidance as to how IHACPA will determine whether to release data. This policy does not address data requests where IHACPA is required by law to release data, though it refers to the circumstances where disclosures may occur and relevant IHACPA procedures.

1.3 Review

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

This policy was last reviewed in August 2025.

2. Types of data release

This policy is concerned with the release of data to researchers and to certain specified bodies, agencies or persons only. As outlined in section 214 of the NHR Act, IHACPA may disclose protected Pricing Authority information for purposes relating to the performance of its functions. This would typically occur where IHACPA engages a contractor or consultant. Management of information releases to contractors or consultants providing services in performance of IHACPA's functions is underpinned by the secrecy provisions of Part 4.14 of the NHR Act and outlined in the IHACPA [Privacy Policy](#), available on the IHACPA website, and other internal policies.

An overview of the types of public hospital data held by IHACPA and the aged care data collections currently accessed by IHACPA is provided at **Appendix A**. IHACPA is in the process of creating new aged care data sets containing costed information at a care recipient level. These data sets have not yet been developed, however may be incorporated within this policy in future.

Data relating to applications regarding refundable accommodation deposits and extra service fees for residential aged care, which is classified as protected information under the *Aged Care Act 1997*⁵, is not in-scope for this policy.

A significant amount of information held by IHACPA, including information regarding its functions, is already available to the public or is regularly released either voluntarily or due to public reporting obligations. **Appendix B** includes a list of IHACPA publications and publicly available information, as required by law.

The release of data by IHACPA is subject to other IHACPA policies and processes such as the IHACPA Freedom of Information Policy.

2.1 Release of data to different parties

The FOI Act, the Australian Privacy Principles contained within the Privacy Act, and the IPS provide a legislative framework for disclosure of government information to the public. For information on the requirements placed on agencies such as IHACPA covered by the FOI Act, refer to the IPS.

2.2 Release of data to conduct research

Section 221 of the NHR Act states that protected Pricing Authority information relating to public hospitals may be released to an agency, body or person if the Chair of the Pricing Authority is satisfied that this information will assist an agency, body or person to conduct research. The Chair of the Pricing Authority may delegate this power to the CEO of IHACPA under section 221(2) of the NHR Act.

⁵ With the implementation of the *Aged Care Act 2024* from 1 November 2025, IHACPA will no longer have responsibility to approve or reject extra services fees owing to the implementation of the Higher Everyday Living Fee (HELF).

Section 221 of the NHR Act prohibits the disclosure of health care pricing and costing information that is collected under clause 131(1A) of the NHR Act or aged care information to researchers under any circumstances.

In line with the addendum, IHACPA understands a researcher to be a person or organisation that can demonstrate they are undertaking research to improve Australian health policy. The Chair of the Pricing Authority or the CEO of IHACPA will also adhere to the principles detailed in Chapter 3 of this policy to determine if a data release for public hospital data is fit for research purposes.

IHACPA will not release public hospital data to third parties if:

- it may risk patient confidentiality
- the data is commercial-in-confidence; or
- the data may lead to concerns of health care professional confidentiality.

IHACPA collects Individual Healthcare Identifier (IHI) data under the *Healthcare Identifiers Act 2010* for the purposes of identifying service delivery to consumers across different care settings, financial years and hospitals with a view to improving consumer reporting and supporting our work in developing, trialling and evaluating innovative funding models. IHACPA will not disclose IHI data obtained under the *Healthcare Identifiers Act 2010* to any requestor.

IHACPA will consider requests for public hospital data from researchers located outside of Australia on a case-by-case basis.

2.3 Release of data to certain bodies, agencies or persons

Sections 218, 220 and 220A of the NHR Act and clause B77 of the addendum set out principles under which data collected by IHACPA may be shared with other National Health Reform Agreement agencies and other Australian Government and state and territory government departments and agencies.

Under section 220 of the NHR Act, IHACPA's public hospital data can be released to enable or assist any of the following agencies, bodies or persons to perform or exercise any of the functions or powers of the agency, body or person, subject to the conditions in section 220 of the NHR Act:

- the Australian Commission on Safety and Quality in Health Care
- the Administrator of the National Health Funding Pool
- the National Health Funding Body
- the Health Ministers; Meetings
- the Health Chief Executives Forum
- the Australian Institute of Health and Welfare⁶
- the Australian Statistician
- a state or territory government body that has functions relating to health care

⁶ The National Health Performance Agency has been dissolved, with its activities and functions transferred to the Australian Institute of Health and Welfare.

- an agency, body or person specified in a legislative instrument made by the Minister with the agreement of National Federation Reform Council⁷.

Section 220A states that IHACPA may only release health care pricing and costing information that is collected under clause 131(1A) of the NHR Act or aged care information to the following agencies, bodies or persons to perform or exercise any of the functions of that agency, body or person:

- the Australian Institute of Health and Welfare
- the Australian Statistician.

The Chair of the Pricing Authority may delegate any or all of their functions and powers to the CEO of IHACPA (section 224, NHR Act). Since 2013, the CEO of IHACPA has power of delegation for data releases to the above specified agencies, bodies or persons.

All data releases made in accordance with this policy are regularly reviewed by the Pricing Authority.

⁷ The Council of Australian Governments has been dissolved. [The National Federation Reform Council](#), led by National Cabinet, has been established as its replacement to consider matters previously brought to the Council of Australian Governments.

3. Principles for data access and release

Where IHACPA receives a request for data, IHACPA will consider the following principles in determining if the data can be released. All principles outlined in **Table 1** must be satisfied for data to be released.

Table 1. Data access and release principles and mechanisms

Data access and release principles	Data release mechanism
1. Fit for purpose	<p>This refers to the closeness of correspondence between the characteristics of the data requested and its intended purpose. A poor fit means that the data is unlikely to serve the intended purpose of those requesting the data. IHACPA will evaluate information supplied by the applicant in the Data Request Form to determine if the data request aligns with the intended use of information. This includes requirements specific to the use of generative artificial intelligence (AI), as outlined in the Data Request Form, and alignment with IHACPA's AI Transparency Statement.</p> <p>Where required, IHACPA will provide appropriate caveats around data to enable users to reach an informed view about the limitations of any data provided.</p> <p>IHACPA will ensure that any caveats or limitations on the data that have been identified by the data custodian/s (the states and territories) will be provided together with the data.</p>
2. Compliant with legislation	<p>The data release must comply with all relevant legislation dealing with privacy, secrecy, consent, commercial-in-confidence arrangements and access to freedom of information. Relevant legislation includes, but is not limited to the:</p> <ul style="list-style-type: none"> • <i>Public Governance and Performance Accountability Act 2013</i> (Cth) • <i>National Health Reform Act 2011</i> (Cth) • <i>Aged Care Act 1997</i> (Cth) • <i>Privacy Act 1988</i> (Cth) • <i>Freedom of Information Act 1982</i> (Cth) • <i>Public Service Act 1999</i> (Cth) • <i>Archives Act 1983</i> (Cth) • <i>Electronic Transactions Act 1999</i> (Cth) • <i>Evidence Act 1995</i> (Cth) • <i>Crimes Act 1914</i> (Cth) • <i>Ombudsman Act 1976</i> (Cth) • <i>Healthcare Identifiers Act 2010</i> (Cth).

Data access and release principles	Data release mechanism
	<p>Any information provided to IHACPA under a confidentiality agreement will be treated as confidential and not released on a discretionary basis.</p> <p>In general terms, IHACPA is obliged to ensure the data being released is:</p> <ul style="list-style-type: none"> • accurate • used only for the purpose for which it was collected unless provided for by law • not disclosed unless provided for by law and meets the principles outlined in this table • in accordance with legislative requirements and is done in a way that ensures privacy and protects patient confidentiality. <p>IHACPA also elects to comply with state and territory data and information protection legislation (where applicable).</p>
3. Suitable quality for use	<p>In assessing the suitability of data quality for use, the following will be considered:</p> <ul style="list-style-type: none"> • accuracy and reliability • agreed definitions, methodologies, measurement techniques and reporting formats • limitations of the data, including suitable caveats, are clarified • reports and releases are accompanied by metadata.
4. Suitable for release	<p>Under this policy, data will be withheld from release in additional circumstances, including:</p> <ul style="list-style-type: none"> • commercial-in-confidence – contains information that is commercial-in-confidence or otherwise commercially sensitive • patient or care recipient confidentiality concerns – data that, if released, may be in breach of patient or care recipient confidentiality. Section 279(2) of the NHR Act states that IHACPA must not publish or disseminate information that is likely to enable the identification of a particular patient or care recipient • health or aged care professional confidentiality concerns – data that, if released, may impact on confidential issues related to health or aged care professionals.
5. Resource availability	<p>The <i>Public Governance and Performance Act 2013</i> (Cth) requires IHACPA be governed in a way that promotes the proper use of public resources and achievement of IHACPA's functions.</p> <p>There are various tests that will be applied to guide decisions on whether to commit resources. These may include assessment of the following:</p> <ul style="list-style-type: none"> • public benefits exceed IHACPA resource costs • ability to meet the request in the timeframes stated • reasonableness of the requests on IHACPA resources given other priorities • consequences of not providing the data.

4. Data access and release process

IHACPA has a systematic process to manage access and release of data. The following sections outline the processes and procedures for requesting data, considering requests and releasing data.

4.1 Before requesting data

IHACPA recommends that those seeking access to IHACPA's protected information review the National Benchmarking Portal (NBP) or the publicly available information listed in Table 4 prior to submitting a data request.

The NBP is a secure website-based application that provides access to compare insights from the cost and activity data from public hospitals across the country. Using data collected in the National Hospital Cost Data Collection, the NBP allows users to compare cost and activity data at jurisdiction, local hospital network and hospital level, as well as cost at the cost bucket and classification level. The NBP includes publicly available insights from data collected between 2017–18 and 2021–22, with newer data being incorporated in the NBP as it becomes available. The NBP has 3 areas of focus:

- Cost per National Weighted Activity Unit (NWAU)
- Hospital Acquired Complications (HACs)
- Avoidable Hospital Readmissions (AHRs)

Researchers can also contact the Australian Institute of Health and Welfare (the AIHW) to determine whether the information they seek is already publicly available.

The AIHW collects data on a wide range of health and welfare topics, including expenditure, hospitals, disease, injury, mental health, ageing, and the needs of Aboriginal and Torres Strait Islander people, and produces a range of reports, bulletins, and data products that are publicly available on their [website](#). Data held by the AIHW that is not publicly available can be requested through the AIHW's data on request service.

4.2 Submitting a data request

Requests for data access and release should be addressed in writing to the CEO of IHACPA using the 'Data Request Form', which can be found on the IHACPA website.

As a guide, the following matters need to be included in the written request:

- aim/s
- critical dates, including for data analysis and publication of any planned deliverables
- data services sought (for example, data extraction)
- specific data variables required

- detailed explanation of why the specific data variables are required and how they will be used in any analysis
- data collection involved (for example, time period, costing data, activity data)
- period the data is required for
- requestor contact details
- details of all parties who are requesting access to the data
- details of ethics approvals for the project
- any other information that may support the application.

4.3 Consideration of data requests

IHACPA will consider the principles outlined in Chapter 3 of this policy when determining whether the data will be released.

IHACPA may request an applicant review their request for data if it does not fully comply with the data access and release principles.

IHACPA will only consider requests for health care pricing and costing information that is collected under clause 131(1A) of the NHR Act or aged care information submitted by the AIHW or the Australian Statistician.

Consultation with jurisdictions regarding requests for public hospital data

IHACPA will inform jurisdictions in writing of a request for data access and release via its Jurisdictional Advisory Committee, and provide a 14-day consultation period for jurisdictions to comment on a proposed data release.

As part of the consultation, IHACPA will advise jurisdictions of the requested data specifications, the source of the data request, relevant parties who will have access to the data and the type of ethical approval obtained (if applicable). This information will be accompanied by a copy of the completed 'Data Request Form'. Jurisdictions will also be advised of any data manipulation IHACPA has undertaken or plans to undertake prior to release (for example, masking of small cell areas).

IHACPA will liaise with jurisdictions and the applicant should any issues be raised during the consultation process. Following consultation, IHACPA may seek additional information from the applicant, establish further access requirements or prevent data access.

All jurisdictions will be advised of IHACPA's decision via updates through Jurisdictional Advisory Committee meetings. Some occasions may warrant IHACPA outlining the decision directly to a jurisdiction in writing.

4.4 Amending a data request

IHACPA may make changes to an original request for data to protect patient confidentiality. Changes may include de-identification of data and masking of small cell areas. IHACPA will advise applicants of any changes to original requests.

De-identification of data

IHACPA will amend certain fields to minimise the risk of re-identification of patients, including but not limited to replacing date of birth with age at date of admission; replacing date of separation with month of separation; and substituting postcode with the Australian Statistical Geography Standard region unless requestors demonstrate a strong requirement for the inclusion of these fields. IHACPA will amend additional fields where the requested data set has many variables that, in combination, may re-identify patients.

Small cell area

Data will not be released if there is a threat to privacy and confidentiality or if the data is of doubtful quality.

It is impracticable to have a fixed rule as minimum cell size is a function of the sensitivity and quality of data. However, IHACPA will refer to the AIHW policies in regard to minimum cell size. A range of methods may be used to assist in determining minimum cell size to ensure the lowest possible disclosure risk, including⁸:

- cell zeroing
- cell suppression
- collapsing cells
- recoding variables
- rounding
- data swapping
- controlled tabular adjustment.

It should be noted that all jurisdictions are bound by their own data release policies and privacy legislation, which may place additional requirements on small cell identification.

4.5 Ethics approvals for data requests

It is at the discretion of IHACPA to determine whether a request for data should be accompanied by clearance from an approved human research ethics committee. Where required, ethics approval must also be compliant with the relevant Australian Government, state or territory legislative requirements.

IHACPA will notify applicants without ethics approval if it will need to be obtained. This can occur any time prior to the release of data. A copy of the ethics approval will be provided to Jurisdictional Advisory Committee members as part of the consultation process outlined in section 4.2.

Further details and advice about what constitutes research that requires ethical review is available from the [National Health and Medical Research Council](#).

⁸ National Health Information Standards and Statistics Committee. Guidelines for the Disclosure of Secondary Use Health Information for Statistical Reporting, Research and Analysis (2017). Available at: <https://www.aihw.gov.au/getmedia/d15f8bf7-f29f-406a-a27d-41f483b17ff1/Guidelines-Use-and-disclosure-of-secondary-health-information-endorsed-15-June-2017.pdf.aspx>.

4.6 Requirements prior to data being released to conduct research

All researchers who will have access to data will be required to:

- Sign a Deed of Confidentiality agreeing to any caveats and limitations on use of any information provided for the purposes of research.
- Acknowledge that IHACPA takes no responsibility for the accuracy and completeness of the data, and the outcomes related to its use.
- Agree to treat the source data and any information provided by IHACPA as confidential and use it for the approved research only.
- Must not, without the prior consent of IHACPA, disclose any source data or information provided by IHACPA to a third party, noting that before giving such consent, IHACPA will consider advice from the data custodian.
- Only use the data for the purposes of research and not for any other purpose unless otherwise approved by IHACPA and in line with the requirements of this policy.
- Agree to make no attempt to link the data with any other data source/s that may result in patient re-identification.
- Comply with the conditions of use in respect of the data provided and note that the conditions of use will continue indefinitely.
- Adhere to any other conditions which IHACPA deems fit.

In most instances, IHACPA will supply data through the Secure Data Management System (SDMS). To access data through the SDMS, researchers will also be required to:

- Provide a copy of a National Police Check that is less than 6-months old as per IHACPA's Information Security Policy.
- Undergo IHACPA Security Training, which includes an overview on IHACPA's Data Breach Response Plan.
- Complete an SDMS user access form.

4.7 Assessment of risks associated with release of data to conduct research

IHACPA will assess the application based on the requirements of this policy, complete a risk assessment and make recommendations for consideration by the CEO of IHACPA.

The risk assessment for each request includes a Privacy Threshold Assessment to determine whether a Privacy Impact Assessment is required and considers risks to IHACPA's reputation, risks to data and information governance and any risks associated with the requestor. The process utilises the below risk matrix.

Risk Assessment Matrix		Likelihood			
		Rare	Unlikely	Likely	Almost Certain
Consequence	Severe	Medium	High	Extreme	Extreme
	Major	Medium	High	High	Extreme
	Moderate	Low	Medium	High	High
	Minor	Low	Low	Medium	Medium

4.8 Data access model

IHACPA facilitates access to IHACPA data via the SDMS, which is a secure, purpose built cloud based platform that does not allow for the direct download of data. IHACPA data remains solely within the SDMS environment until there is authorisation to extract data. Access to the SDMS is provided via Citrix using a secure logon and multi-factor authentication (MFA) and the requesting party's own hardware.

Within the SDMS, each third party has a specified file space where they can only access data as specified in their data request form.

Alternatives to this approach to data access require justification and a risk assessment. These requests must be approved by the CEO of IHACPA or the Chair of the Pricing Authority in writing.

4.9 Data storage and transfer rules

Following consultation with jurisdictions, IHACPA will grant access to data through the SDMS. The permissions and security profiles configured within the environment provide additional restrictions on the storage and transfer of data. As such, the transfer of any data to and from the SDMS requires approval from IHACPA.

4.10 Extraction of data analysis results

Following the release of data to an agency or individual, IHACPA will consider requests to extract the results of any data analysis conducted within the SDMS. This process requires the agency or individual to submit a SDMS File Extraction Declaration detailing the files for extraction. IHACPA will review the files to ensure that no IHACPA source data, such as jurisdictional data or data sets, is included and make recommendations for consideration by the CEO of IHACPA. If approved, the agency or individual may upload analysis results files to the fileshare function within the SDMS for manual review and release by IHACPA.

4.11 Requests to publish materials derived from analysing IHACPA data

Publishing materials derived from IHACPA data, including materials derived from jurisdictional data, requires approval from the CEO of IHACPA. Any key deliverables or work products that are a result of the research conducted using IHACPA data must be provided to IHACPA for consideration at

least 3 months prior to them being made publicly available. IHACPA will consult with jurisdictions regarding any intended publication of research that has included jurisdictional data.

4.12 End of data access

IHACPA will ensure that access to the SDMS by third parties is terminated at the end of the access period.

4.13 Requests for extended access to data

Where the CEO of IHACPA or the Chair of the Pricing Authority has approved access to data, the third party may access this data over a period of up to 24 months. Where the third party requires access to the data for a longer period than 24 months, a request should be made to IHACPA for an extension, specifying the length of the extension and why it is required.

The CEO of IHACPA will consult with all jurisdictions in writing on the request for extended access to the data and determine whether extended access is approved. Extended access may be temporarily approved by IHACPA while this consultation process occurs.

4.14 Complaint process

Should a third party want to raise a complaint about IHACPA's decision to release or extract data, the following process should be followed:

- Requesting party to raise the complaint in writing to the attention of the CEO of IHACPA.
- IHACPA will acknowledge the complaint in writing.
- IHACPA will investigate the complaint and aim to resolve factual issues and consider options for resolution.

Any systemic issues that arise as a result of the complaint or enquiry will be considered by IHACPA.

5. Inadvertent release of data

IHACPA's [Privacy Policy](#), which is underpinned by the *Privacy Act 1988* (the Privacy Act), outlines its approach for handling data breaches.

In the event of an inadvertent release of protected Pricing Authority information, IHACPA will adhere to the response procedures outlined in the [Notifiable Data Breaches](#) (NDB) scheme in Part IIIC of the Privacy Act.

IHACPA has developed an internal Data Breach Response Plan which outlines IHACPA's procedures for managing data breaches in accordance with the NDB.

Appendix A: Data held by IHACPA

Public hospital data collections held by IHACPA

Detailed in **Table 2** is a list of public hospital data collections held by IHACPA.

Table 2. List of public hospital data collections held by IHACPA

Data held by IHACPA ⁹	Specifications
Hospital cost data	The National Hospital Cost Data Collection (NHCDC) specifications for 2023–24 are available here . Applicants can also consider the Australian Hospital Patient Costing Standards (which outlines how hospital products should be costed).
Admitted patient activity	The Admitted patient care National Minimum Data Set (NMDS) and Admitted patient care National Best Endeavours Data Set (NBEDS) for acute patients and subacute patients, with additional data items in the Admitted sub-acute and non-acute hospital care NBEDS .
Emergency patient activity	The Non-admitted patient emergency department care NMDS for emergency department patients and Emergency service care NBEDS and Emergency service care aggregate NBEDS for emergency service patients.
Non-admitted patient activity	The Non-admitted patient NBEDS for non-admitted patients and the Non-admitted patient care aggregate NBEDS for aggregate data on non-admitted services ¹⁰ .
Mental health patient activity	The Activity based funding: Mental health care NBEDS .
Teaching and training activity	The Hospital teaching, training and research activities NBEDS . Note that research activities were added to this Data Set Specification in 2015–16.
Sentinel events data	Data on sentinel events, funded by states and territories, that are associated with Australian public hospitals.

⁹ Coronavirus disease 2019 (COVID-19) data is no longer collected separately. Information on where to find COVID-19 data within existing data sets can be found in the [Data request specifications](#) on IHACPA's website.

¹⁰ Non-admitted patient care aggregate NBEDS data is no longer collected. This data was collected up until 2020–21.

Data held by IHACPA ⁹	Specifications
Individual Healthcare Identifier data¹¹	The Individual Healthcare Identifier NBEDS .
Public hospital establishments data	The Local hospital networks/Public hospital establishments NMDS .
Pharmaceutical Benefits Scheme data	De-identified patient-level pharmaceutical program payments data provided by the Department of Health and Aged Care.
Medicare PIN data	De-identified data provided by Services Australia.
Commonwealth Medicare Benefits Schedule (MBS) data	MBS claims data provided by the Department of Health and Aged Care.
Private Hospital Data Bureau collection	De-identified data on all separations in private hospitals and day facilities provided by the Department of Health and Aged Care.
Hospital Casemix Protocol data	De-identified patient-level data on each episode of admitted hospital treatment for which health insurers have paid a benefit, provided by the Department of Health and Aged Care.
State and territory hospitals list	State and territory establishment identifiers and hospital names.
Emergency virtual care	Data on emergency virtual care activity that are associated with Australian public hospitals.

Aged care data sets accessed by IHACPA

IHACPA utilises facility financial and care recipient level aged care data sets provided by the Department of Health and Aged Care, as outlined in **Table 3**. IHACPA is in the process of creating new data sets containing costed information at a care recipient level. These data sets have not yet been developed and will be added to this policy in the future.

IHACPA may only release data from these data sets to the Australian Institute of Health and Welfare or the Australian Statistician.

¹¹ IHACPA will not disclose IHI data obtained under the *Healthcare Identifiers Act 2010* to any requestor.

Table 3. List of aged care data sets which will be accessed by IHACPA

Data set	Data set specifications
AN-ACC Resident Level	Australian National Aged Care Classification (AN-ACC) care recipient level assessment and end classes
AN-ACC Facility Level	AN-ACC facility level information, characteristics and base care tariff status
Quarterly Financial Report	Quarterly Financial Report of service level financial, labour and nutrition information
Aged Care Financial Report	Aged Care Financial Report of service level financial expenditure information

Appendix B: IHACPA publications and publicly available information

IHACPA publications and publicly available information are outlined in **Table 4**.

Table 4. IHACPA external publications and publicly available information

Publications and publicly available information
<ul style="list-style-type: none">• National Efficient Price Determination• National Efficient Cost Determination• National Pricing Model Technical Specifications• National weighted activity unit calculators• Pricing Framework for Australian Public Hospital Services• Pricing Framework for Australian Residential Aged Care Services• IHACPA Work Program and Corporate Plan• IHACPA Three Year Data Plan• Data Request Specifications• NHCDC Public Sector Report and Appendix Tables• NHCDC Private Sector Report and Appendix Tables• IHACPA Annual Report• Data Compliance Policy• Data Compliance Reports• Indexed List of Agency Files (Harradine report)• Contracts on Austender and published in accordance with Senate Order on Departmental and Agency Contracts (Murray Motion)• Australian admitted acute, subacute and non-acute, emergency, non-admitted and mental health care and teaching and training classifications and supporting user documentation• Reports on classification development and costing studies.



Independent Health and Aged Care Pricing Authority

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

Phone 02 8215 1100

Email enquiries.ihacpa@ihacpa.gov.au

www.ihacpa.gov.au

