IHACPA

Three Year Data Plan 2026–27 to 2028–29

July 2026

Acknowledgement of Country

We acknowledge the Traditional Owners and Custodians of Country throughout Australia, and recognise their continuing connection to land, sky, waters and culture. We pay our respects to them, and to Elders both past and present.

Artwork by Chern'ee Sutton

IHACPA Three Year Data Plan 2026–27 to 2028–29 — July 2026

Table of contents

Acronyms and abbreviations

ABF	Activity based funding
ACFR	Aged Care Financial Report
AECC	Australian Emergency Care Classification
AIHW	Australian Institute of Health and Welfare
AMHCC	Australian Mental Health Care Classification
AN-ACC	Australian National Aged Care Classification
AN-SNAP	Australian National Subacute and Non-Acute Patient Classification
AR-DRG	Australian Refined Diagnosis Related Groups
ATTC	Australian Teaching and Training Classification
GPMS	Government Provider Management System
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
IHACPA	Independent Health and Aged Care Pricing Authority
IHI	Individual Healthcare Identifier
LHN	Local hospital network
MBS	Medicare Benefits Schedule
METEOR	Australian Institute of Health and Welfare's Metadata Online Registry
NBEDS	National Best Endeavours Data Set
NEC	National efficient cost
NEP	National efficient price
NHCDC	National Hospital Cost Data Collection
NHDISC	National Health Data and Information Standards Committee
NHIA	National Health Information Agreement
NHRA	National Health Reform Agreement

NMDS	National Minimum Data Set
PHDB	Private Hospital Data Bureau
QFR	Quarterly Financial Report
RAD	Refundable Accommodation Deposit
SDMS	Secure Data Management System
The Administrator	Administrator of the National Health Funding Pool
The addendum	The Addendum to the National Health Reform Agreement 2026–31
The Aged Care Act	*Aged Care Act 2024* (Cth)
The Commission	Australian Commission on Safety and Quality in Health Care
The NHR Act	*National Health Reform Act 2011* (Cth)
Tier 2	Tier 2 Non-Admitted Services Classification
UDG	Urgency Disposition Groups

1. Executive summary

1.1 Background

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

Its primary responsibilities are to enable the implementation of national activity based funding (ABF) of public hospital services through the annual determination of the national efficient price (NEP) and national efficient cost (NEC), and to provide pricing and costing advice on aged care to the Australian Government. IHACPA is also responsible for assessing applications from registered providers of residential care homes seeking approval to charge refundable accommodation deposit (RAD) amounts that are above the maximum amount, or the equivalent daily accommodation payment (DAP), as prescribed by the Aged Care Rules 2025.

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

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

1.2 Development of this Three Year Data Plan

The NHRA requires IHACPA to develop a rolling 3 year data plan each year to indicate its future data needs. IHACPA has prepared this thirteenth edition of the Three Year Data Plan to communicate its data needs for 2026–27 to 2028–29 to the Australian Government and state and territory governments in accordance with clauses I76–I94 of the Addendum to the NHRA 2026–31 (the addendum).

The addendum includes significant reforms to be implemented over the life of the addendum however, no changes are required to the data requirements outlined in this Three Year Data Plan. Future impacts will be considered through subsequent data plans.

This Three Year Data Plan specifies the classifications, counting rules and data required as well as the methods and standards for the collection of public hospital activity and costing data, and the classification and financial expenditure data regarding aged care facilities required by IHACPA to undertake its legislated functions.

For this update to the Three Year Data Plan, IHACPA has worked collaboratively with the Administrator of the National Health Funding Pool (the Administrator) as part of IHACPA's commitment to the principle of data rationalisation expressed in the addendum to support the concept of 'single provision, multiple use'.

1.3 Purpose

The objectives of the Three Year Data Plan for 2026–27 to 2028–29 are to:

- communicate IHACPA's data requirements in relation to public hospital funding over the next 3 years to the Australian Government, state and territory governments and other government agencies in accordance with clause I78 of the addendum
- describe the mechanisms and timelines IHACPA will use to collect data in relation to public hospital funding from the Australian Government and state and territory governments
- outline the classifications and data underpinning IHACPA's provision of aged care pricing and costing advice to the Australian Government.

To undertake its legislated functions, IHACPA requires accurate public hospital activity, cost and expenditure data, and financial and care recipient level data sets and data collected through its costing studies and cost collections on a timely basis.

Supply of the public hospital data outlined in this Three Year Data Plan is required under clause A222 of the addendum, with details of the Australian Government and state and territory government compliance to be reported on a quarterly basis in line with clause I84.

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

2. Overview

2.1 Legislative basis

The Independent Health and Aged Care Pricing Authority's (IHACPA) functions are governed by the *National Health Reform Act 2011* (the NHR Act) and the *Aged Care Act 2024* (the Aged Care Act).

2.1.1 Public hospitals

The functions of IHACPA pertaining to pricing and funding for public hospital services are specified in section 131 of the NHR Act and include:

- determining the NEP for health care services provided by public hospitals where the services are funded on an activity basis
- determining the NEC for health care services provided by public hospitals where the services are block funded
- developing and specifying classification systems for health care and other services provided by public hospitals
- determining adjustments to the NEP to reflect legitimate and unavoidable variations in the costs of delivering public hospital services
- determining data requirements and data standards to apply in relation to public hospital data to be provided by states and territories, including:
  - data and coding standards to support uniform provision of data; and
  - requirements and standards relating to patient demographic characteristics and other information relevant to classifying, costing and paying for public hospital functions
- providing confidential advice to the Commonwealth, states and territories in relation to the future costs of providing health care services
- except where otherwise agreed between the Commonwealth and a state or territory – determining the public hospital functions that are to be funded in the state or territory by the Commonwealth.

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

The Addendum to the National Health Reform Agreement (NHRA) 2026–31 (the addendum) sets out the requirement for states and territories to submit a Statement of Assurance regarding data quality which is discussed in Section 6.3 of this Three Year Data Plan.

2.1.2 Aged care

The role of IHACPA within the Australian aged care system is to provide advice on aged care pricing and costing matters to the Australian Government Minister for Health and Ageing as specified in section 131A of the NHR Act, including:

- providing aged care pricing advice about methods for calculating amounts of subsidies and supplements to be paid for aged care services

- reviewing data, conducting studies and undertaking consultation for the purpose of providing aged care pricing and costing advice
- performing other functions relating to aged care (if any) specified in regulations
- undertaking other actions incidental or conducive to the performance of the above functions.

IHACPA also has responsibility for additional functions including:

- reviewing and approving applications to charge refundable accommodation deposits (RADs) higher than the maximum amount, or the equivalent daily accommodation payment (DAP), as prescribed by the Aged Care Rules 2025 and specified in section 290 of the Aged Care Act.
- performing such functions as conferred by the Aged Care Act.

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

2.2 National collections for public hospital data

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

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

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

- National Minimum Data Set (NMDS): This is a minimum set of data elements agreed for mandatory collection and reporting at a national level.
- National Best Endeavours Data Set (NBEDS): This is a metadata set that is not mandated for collection, but where there is a commitment to provide data nationally on a best endeavours basis.
- National Best Practice Data Set: This is a metadata set that is not mandated for collection, but which is recommended as best practice.

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

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

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

IHACPA supports the 'single provision, multiple use' principle outlined in clause I79e of the addendum.

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

2.3 Consultation

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

To ensure that states and territories are afforded sufficient opportunity to provide advice on the data requirements and data standards and that IHACPA's determinative functions are implemented efficiently, various advisory committees and working groups have been established.

IHACPA uses these advisory committees and working groups to:

- understand the impact on state and territory governments of collecting data required by IHACPA
- consult on timelines to incorporate standardised data collection methodologies
- encourage and facilitate processes that will ensure data accuracy
- review preliminary results and provide assistance in quality assurance
- encourage constructive feedback to facilitate the ongoing improvement of the collection and provision of the data required to support the objectives of the addendum, as required under clause 23f of the addendum.

3. Privacy and security

The Independent Health and Aged Care Pricing Authority (IHACPA) is tasked with collecting, securing and using information in accordance with relevant legislation and national privacy principles, ethical guidelines and practices.

3.1 Privacy

The privacy of information is of paramount importance. IHACPA manages all information in accordance with the Australian Privacy Principles in the *Privacy Act 1988* and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*, the secrecy and patient confidentiality provisions in the *National Health Reform Act 2011* (the NHR Act), and the secrecy of information provisions in the *Aged Care Act 2024* (the Aged Care Act), as well as other statutory protections.

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

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

3.2 Security

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

The protected information, described in this Three Year Data Plan, and collected by IHACPA is stored securely on the Secure Data Management System (SDMS).

The SDMS is a cloud-based system designed to provide a convenient portal for state and territory governments and aged care providers to submit the complex data sets IHACPA requires to undertake our national health and aged care pricing functions. It also provides the function of a Citrix desk top environment where extensive analysis is undertaken by IHACPA staff and approved third parties.

IHACPA's comprehensive approach to data and information protection is outlined in IHACPA's Understanding how we protect IHACPA Data framework, which is available on request. IHACPA's approach is informed by the:

- Department of Home Affairs' Protective Security Policy Framework (PSPF)
- IHACPA Data Governance Policy
- Australian Signals Directorate
  - Information Security Manual (ISM)
  - Strategies to Mitigate Cyber Security Incidents (Essential 8)
  - Cyber Security Centre (ACSC) for vulnerability management
- international standard for information security (ISO27001)
- recommendations from IHACPA's internal audit reports.

3.3 Disclosure

IHACPA only discloses protected information to external agencies or individuals as permitted under legislation, contract consent and policy. IHACPA does not copy or record protected information other than for the purpose of carrying out its functions.

IHACPA only uses protected information for the purposes for which the protected information is provided, unless agreed otherwise.

4. Compliance with the National Health Reform Agreement

Clause I79 of the Addendum to the National Health Reform Agreement 2026–31 (the addendum) specifies the requirements of the Three Year Data Plan for the Independent Health and Aged Care Pricing Authority (IHACPA) and the Administrator of the National Health Funding Pool, collectively the national bodies. IHACPA acknowledges and complies with these requirements, as outlined in **Table 1**.

Table 1. Compliance with the addendum clauses

Clause	Compliance principles	Compliance mechanisms
I79a	Seek to meet its data requirements through existing national data collections, where practical.	IHACPA has worked with the national data committees to align ABF reporting with existing NMDS and NBEDS for admitted patient care, subacute and non-acute care, emergency care, non-admitted care, mental health care and teaching, training and research.
I79b	Conform with national data development principles and wherever practical use existing data development governance processes and structures, except where to do so would compromise the performance of its statutory functions.	All new data development work has been in collaboration with the national data governance processes and groups.
I79c	Allow for a reasonable, clearly defined timeframe to incorporate standardised data collection methods across all Australian Government and state and territory governments.	IHACPA will consult with its Jurisdictional Advisory Committee and the national data committees prior to introducing additional data elements into collections.
I79d	Ensure its data requirements will enable data reporting of a sufficient volume and quality, in order to undertake its legislated functions, and those outlined in this addendum	IHACPA will work with the Australian Government and state and territory governments to determine data requirements that support improvements to the volume and quality of data reporting under this addendum.
I79e	Support the concept of ‘single provision, multiple use’ of information to maximise efficiency of data provision and validation where practical, in accordance with privacy requirements.	IHACPA supports the concept of ‘single provision, multiple use’. Wherever possible, IHACPA will apply the same validations as the AIHW and provide data to agencies under clause I89 of the addendum as requested.

Clause	Compliance principles	Compliance mechanisms
I79f	Balance the national benefits of access to the requested data against the impact on Australian Government and state and territory governments providing that data.	IHACPA is mindful of the need to balance the benefits against the impact on the Australian Government and state and territory governments and will continue to review this when developing the data request specifications each year.
I79g	Consult with the Australian Government and state and territory governments when determining its requirements.	IHACPA will consult with all key stakeholders through its relevant working groups, Technical Advisory Committee, Jurisdictional Advisory Committee and external national data committees prior to introducing additional data elements into collections.

5. Hospital data requirements

The Independent Health and Aged Care Pricing Authority (IHACPA) requires accurate public hospital activity, cost and expenditure data from jurisdictions on a timely basis in order to perform its core determinative functions. Wherever possible, IHACPA uses pre-existing classifications and data set specifications.

5.1 Classifications

The classifications or lists that will be used to describe activity for the admitted care, subacute and non-acute care, emergency care, non-admitted care, mental health care, teaching, training and research and sentinel events service categories from 1 July 2026 are provided in **Table 2**.

Table 2. Activity based funding classifications and versions

Service category	Classification	Collection start date
Admitted acute	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions, the Australian Coding Standards Thirteenth Edition; in conjunction with Australian Refined Diagnosis Related Groups (AR-DRG) Version 12.0	1 July 2026
Subacute and non- acute	Australian National Subacute and Non-Acute Patient Classification (AN-SNAP) Version 5.0	1 July 2026
Emergency (Levels 3B – 6)	Australian Emergency Care Classification (AECC) Version 1.1, in conjunction with Emergency Care ICD-10-AM Thirteenth Edition Principal Diagnosis Short List (EPD Short List)	1 July 2026
Emergency (Levels 1 – 3A)	AECC Version 1.1, in conjunction with EPD Shortlist (patient-level data) Urgency Disposition Groups (UDG) Version 1.3 (aggregate data)	1 July 2026
Non-admitted	Tier 2 Non-Admitted Services Classification (Tier 2) Version 10.0	1 July 2026
Mental health	Australian Mental Health Care Classification (AMHCC) Version 1.1	1 July 2026
Teaching, training and research[1]	Australian Teaching and Training Classification (ATTC) Version 1.0	1 July 2026
Sentinel events	Australian Sentinel Events List Version 2.0	1 July 2026

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

5.2 Data specifications

The National Minimum Data Set (NMDS) and National Best Endeavours Data Set (NBEDS) that IHACPA will use from 1 July 2026 are divided into 2 sections, one each for activity data and cost data.

5.2.1 Activity data

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

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

Service category	Data specifications	Start date
Admitted acute	Admitted patient care NMDS (APC NMDS) 2026–27 Admitted patient care NBEDS (APC NBEDS) 2026–27	1 July 2026
Admitted subacute and non-acute	Admitted subacute and non-acute hospital care NBEDS (ASNAHC NBEDS) 2026–27	1 July 2026
Emergency (Levels 3B and above)	Non-admitted patient emergency department care NMDS (NAPEDC NMDS) 2026–27 Emergency virtual care (EVC) data request specifications (DRS) 2026–27	1 July 2026
Emergency (Levels 3A and below)	Emergency service care NBEDS (ESC NBEDS) 2026–27 Emergency service care aggregate NBEDS (ESCA NBEDS) 2026–27 EVC DRS 2026–27	1 July 2026
Non-admitted services	Non-admitted patient NBEDS (NAP NBEDS) 2026–27	1 July 2026
Mental health	Activity based funding: Mental health care NBEDS (ABF MHC NBEDS) 2026–27	1 July 2026
Teaching, training and research	Hospital teaching, training and research activities NBEDS (HTTRA NBEDS) 2026–27	1 July 2026
Alternative funding source	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA. Utilises standard rules for reporting and coding episodes	1 July 2026
Individual Healthcare Identifier (IHI)	Individual Healthcare Identifier NBEDS (IHI NBEDS) 2026–27	1 July 2026
Establishment identifiers/hospital names list	Supplementary file to identify hospitals eligible for activity based funding or block funded services under the NHRA.	1 July 2026

All care activity data is reported following a separation or the conclusion of the service episode. Information on specific reporting requirements for individual service categories is listed below:

- Mental health care activity will be either admitted, ambulatory or residential episodes. Ambulatory and residential mental health care activity is reported each quarter it remains open as well as at separation.
- Due to 'coding lag' (elapsed time between the date of service provision and the diagnosis and intervention details being coded) or other IT changes which result in administrative data being updated from the previous quarter, admitted acute, admitted subacute and non-acute and mental health care activity data can be revised when the subsequent quarter is submitted.
- The IHI is reported against admitted acute, admitted subacute and non-acute, emergency, non-admitted and mental health episodes of care recorded in health metadata sets that are provided to IHACPA by states and territories. IHI data is collected on a best endeavours basis.

5.2.2 Cost data

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

5.2.3 Process for updating data set specifications

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

5.3 Local hospital networks/Public hospital establishments NMDS

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

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

Data reporting period	Date required
2025–26	30 June 2027
2026–27	30 June 2028
2027–28	30 June 2029

5.4 Australian Government pharmaceutical program payments

The Addendum to the National Health Reform Agreement 2026–31 (the addendum) requires IHACPA to remove costs associated with programs that the Australian Government funds through other programs, including pharmaceutical program payments. IHACPA identifies and undertakes episode level matching for these payments using de-identified Medicare PIN data provided by Services Australia, patient-level Australian Government pharmaceutical program payments data provided by the Australian Government Department of Health, Disability and Ageing and the National Hospital Cost Data Collection (NHCDC) data. This data is required according to the timelines in **Table 5**.

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

Data reporting period	Date required
2025–26	30 June 2027
2026–27	30 June 2028
2027–28	30 June 2029

5.5 Australian Government Medicare Benefits Schedule

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

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

Data reporting period	Date required
2025–26	30 June 2027
2026–27	30 June 2028
2027–28	30 June 2029

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

For adjusting costs associated with programs that are funded by the Australian Government separately, IHACPA requires access to de-identified Medicare PIN and associated information from Services Australia to link payments such as pharmaceutical program and MBS to NHCDC data.

This enables better understanding of patient care delivered across care settings and supports IHACPA's work in facilitating trials of innovative funding models.

Table 7. Timeline for Australian Government Medicare data submission

Data reporting period	Date required
2025–26 (June – December)	30 April 2026
2025–26 full year	31 October 2026
2026–27 (June – December)	30 April 2027
2026–27 full year	31 October 2027
2027–28 (June – December)	30 April 2028
2027–28 full year	31 October 2028

5.7 Hospital Casemix Protocol and Private Hospital Data Bureau collection

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

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

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

- determine a correction factor for under-attribution of medical costs across all patients as costs associated with medical practitioners are applied equally across public and private patients
- identify payments made by insurers and the MBS for private patients in public hospitals
- quantify and analyse admitted activity undertaken in private hospitals and day facilities

- provide advice to the Australian Government Department of Health, Disability and Ageing to support the implementation of Prescribed List reforms
- address questions raised under provisions in the NHRA.

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

Data reporting period	Data required
2025–26 (June – December)	30 April 2026
2025–26 full year	31 October 2026
2026–27 (June – December)	30 April 2027
2026–27 full year	31 October 2027
2027–28 (June – December)	30 April 2028
2027–28 full year	31 October 2028

5.8 Pricing for safety and quality

The addendum requires IHACPA to collaborate with the jurisdictions, the Administrator of the National Health Funding Pool (the Administrator) and the Australian Commission on Safety and Quality in Health Care (the Commission) to determine how funding and pricing could be used to improve patient outcomes across 3 key areas:

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

5.8.1 Sentinel events

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

Under clause A92 of the addendum, states and territories agree to apply a digital flag to any episode that includes a sentinel event and report the information to IHACPA. The Commission maintains the data specifications for nationally consistent reporting of sentinel events.

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

5.8.2 Hospital acquired complications

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

5.8.3 Avoidable hospital readmissions

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

5.9 Economic and financial information

IHACPA collects economic and financial information related to Australian public hospital services from the states and territories. Collection of this data during the 2026–27 to 2028–29 period may be used in the assessment of the following:

- additional block funded expenditure information provided by states and territories during the development of the national efficient cost (NEC) determination and supplementary block funding advice to the Administrator.
- annual state funding contributions from states and territories.

5.10 Local hospital network (LHN) service agreements

Clause E7 of the addendum requires that the level of ABF and block funding to be provided to LHNs is included in LHN service agreements. Clause E8 requires that these are publicly released by states and territories within 14 calendar days of finalisation or amendment and made available through relevant national bodies.

IHACPA requires publicly available LHN service agreements as evidence for all block-funded expenditure amounts proposed for inclusion in the NEC determination and supplementary block funding advice to the Administrator. Service agreements should provide information on in-scope block-funded expenditure by block-funded service category to support this. Similar documentation may be accepted in exceptional circumstances, if agreed by IHACPA.

5.11 Ad-hoc data requests

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

Ad-hoc data collections over the 2026–27 to 2028–29 period may relate to the following areas:

- exploration and trials of alternative funding models and models of care and value based care approaches
- supporting Service Model Reform Funding projects (as requested)
- supporting reform to the Prescribed List to improve the affordability and value of private health insurance for Australians.

6. Hospital data collection schedule

6.1 Activity data collection

To align with the Independent Health and Aged Care Pricing Authority's (IHACPA) commitment of delivering the annual National Efficient Price (NEP) Determination in March for the upcoming financial year (for example, the NEP Determination 2027–28 will be published in March 2027), IHACPA collects data from jurisdictions according to the following principles:

- data requests are sent to states and territories in March of each year, 3 months prior to the start of the next financial year.
- activity data for service categories (with the exception of teaching, training and research) to be submitted to IHACPA quarterly on a year to date basis, hence the fourth quarter data submissions will include all activity data for that financial year).
- sentinel events to be submitted to IHACPA biannually as part of the December and June data submissions.
- activity data for teaching, training and research is to be submitted to IHACPA on an annual basis.
- as required by the Administrator of the National Health Funding Pool (the Administrator), data for each quarter is due to be submitted 11 weeks after the end of the quarter, on or before the 15th of the month. The current due dates are listed in **Table 9**.
- states and territories will be provided with a 2-week resubmission window following the final quarterly submission date. Any submission made during this period will be considered compliant under the IHACPA Data Compliance Policy and the Administrator's Compliance Policy.
- following the conclusion of the submission period, IHACPA validates the submitted data within 2 weeks and provides feedback to states and territories who have a further 2 weeks to correct any identified issues and resubmit the data to IHACPA.
- the acceptance of any further data resubmissions for the purposes of calculating funding entitlements are a matter for the Administrator.

The timelines for the submission of activity data between 2026–27 and 2028–29 are shown in **Table 9**.

Table 9. Activity data submission timeline

Financial year	Data reporting period	NBEDS published	Data request sent	Submission date	Latest resubmission date
2026–27	September Quarter	31 December 2025	20 March 2026	15 December 2026	15 January 2027
	December Quarter	31 December 2025	20 March 2026	15 Mach 2027	31 March 2027
	March Quarter	31 December 2025	20 March 2026	15 June 2027	30 June 2027
	June Quarter	31 December 2025	20 March 2026	15 September 2027	30 September 2027
2027–28	September Quarter	31 December 2026	19 March 2027	15 December 2027	14 January 2028
	December Quarter	31 December 2026	19 March 2027	15 March 2028	31 March 2028
	March Quarter	31 December 2026	19 March 2027	15 June 2028	30 June 2028
	June Quarter	31 December 2026	19 March 2027	15 September 2028	30 September 2028
2028–29	September Quarter	31 December 2026	24 March 2028	15 December 2028	12 January 2029
	December Quarter	31 December 2026	24 March 2028	15 March 2029	31 March 2029
	March Quarter	31 December 2026	24 March 2028	15 June 2029	30 June 2029
	June Quarter	31 December 2026	24 March 2028	15 September 2029	30 September 2029

6.2 National Hospital Cost Data Collection

IHACPA uses National Hospital Cost Data Collection (NHCDC) data collected 3 years earlier to calculate the NEP each year.

Table 10. National Hospital Cost Data Collection data submission timeline

Data reporting period	Data request sent	Submission date	IHACPA review date	Latest resubmission date
2025–26	31 July 2026	26 February 2027	12 March 2027	31 March 2027
2026–27	30 July 2027	28 February 2028	13 March 2028	31 March 2028
2027–28	31 July 2028	28 February 2029	12 March 2029	30 March 2029

6.3 Reporting jurisdictional compliance with hospital data requirements

Jurisdictions are required to submit activity data to IHACPA on a quarterly basis with the exception of teaching, training and research data which is submitted on an annual basis. NHCDC data are also submitted annually, as is Pharmaceutical Benefits Scheme data from the Australian Government Department of Health, Disability and Ageing. IHACPA reports on jurisdiction compliance as per clause I84 of the Addendum to the National Health Reform Agreement 2026–31 (the addendum). The process for reporting compliance will be managed in accordance with IHACPA's Data Compliance Policy.

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

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

In accordance with section 131 of the *National Health Reform Act 2011* (the NHR Act) and to enable IHACPA to meet the requirements of clause A59c of the addendum, jurisdictions are required to provide sufficient data for IHACPA to have confidence that the data reflects the actual cost of delivery of public hospital services in the jurisdiction from as wide a range of hospitals as practicable.

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

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

Clauses I93 and I94 of the addendum require the Australian Government and state and territory governments to provide the national bodies with a Statement of Assurance certifying completeness and accuracy of data submissions or resubmission from a senior health department official biannually on the completeness and accuracy of its data submissions. IHACPA will provide relevant Statements of Assurance to the Administrator for reconciliation purposes.

The provision of the Statement of Assurance does not prevent a jurisdiction from resubmitting data to improve previous submissions. Each approved submission or resubmission of data is accompanied by a Statement of Assurance.

IHACPA's commitment to secure and ethical data handling is further supported by IHACPA's Data Quality Framework, which outlines best practice principles including version control, documentation, peer review, reproducibility, and secure data handling. These principles underpin IHACPA's internal processes and contribute to the robustness of its data governance model.

7. Aged care data requirements

The Independent Health and Aged Care Pricing Authority (IHACPA) requires accurate activity, cost, classification and financial expenditure data from residential care homes and Support at Home services on a timely basis to provide advice on aged care pricing and costing to the Australian Government Minister for Health and Ageing.

7.1 Aged care financial reporting

The Department of Health, Disability and Ageing collects financial income and expenditure reporting through the Aged Care Financial Report (ACFR), which is reported on an annual basis, and the Quarterly Financial Report (QFR), which is reported quarterly.

IHACPA uses the information from these reports to support the development of residential and Support at Home aged care pricing and costing advice and other functions conferred upon it by the *Aged Care Act 2024* (the Aged Care Act) and the *National Health Reform Act 2011* (the NHR Act). The collection timelines for the ACFR and QFR are listed in **Tables 11** and **12** respectively.

Both the ACFR and QFR are required to be submitted with an accompanying Data Quality Statement.

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

Financial year	Date IHACPA to receive
2026–27	31 January 2028
2027–28	31 January 2029
2028–29	31 January 2030

Table 12. Timeline for collection of Quarterly Financial Report data

Financial year	Data reporting period	Date IHACPA to receive
2026–27	September Quarter	21 December 2026
	December Quarter	31 March 2027
	March Quarter	21 June 2027
	June Quarter	20 September 2027
2027–28	September Quarter	21 December 2027
	December Quarter	30 March 2028
	March Quarter	21 June 2028
	June Quarter	20 September 2028
2028–29	September Quarter	22 December 2028
	December Quarter	30 March 2029
	March Quarter	22 June 2029
	June Quarter	21 September 2029

7.2 Residential aged care

Operating under the Aged Care Act and the NHR Act, IHACPA is required to provide the Australian Government with advice on the following:

- the recommended Australian National Aged Care Classification (AN-ACC) price
- recommended price weights for each AN-ACC class, respite class and base care tariff category
- advice on the estimated gap between the costs of delivering hotel services and specific types of revenue received by residential care homes.

7.2.1 Data sources

In addition to ACFR and QFR data, IHACPA requires access to registered provider and resident classification information for costing analysis and other functions conferred upon it by the Aged Care Act and the NHR Act. This includes data sets provided to IHACPA from the Australian Government Department of Health, Disability and Ageing or collected by IHACPA from residential care homes.

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

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

IHACPA will utilise additional AN-ACC data to facilitate the annual cost collections. Resident level AN-ACC data is transferred monthly to IHACPA. Data collection timelines are outlined in **Table 13**.

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

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

Table 13. AN-ACC resident level data collection timeline

Financial year	Frequency	Start date
2026–27	Monthly	1 July 2025
2027–28	Monthly	1 July 2025
2028–29	Monthly	1 July 2026

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

Financial year	Reporting period	Date IHACPA to receive
2026–27	July 2026 – December 2026	15 January 2027
	January 2027 – June 2027	15 July 2027
2027–28	July 2027 – December 2027	15 January 2028
	January 2028 – June 2028	15 July 2028
2028–29	July 2028 – December 2028	15 January 2029
	January 2029 – June 2029	15 July 2029

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

Financial year	Reporting period	Date IHACPA to receive
2026–27	July 2026 – December 2026	15 January 2027
	January 2027 – June 2027	15 July 2027
2027–28	July 2027 – December 2027	15 January 2028
	January 2028 – June 2028	15 July 2028
2028–29	July 2028 – December 2028	15 January 2029
	January 2029 – June 2029	15 July 2029

7.2.3 IHACPA residential aged care cost collections

To support evidence-based pricing advice, IHACPA undertakes annual cost collections from residential care homes to assist in providing contemporaneous pricing advice. The timeline for IHACPA's residential aged care cost collections is outlined in **Table 16**.

Table 16. Cost collection data specifications

Data set	Description	Date IHACPA to receive
Residential Aged Care Cost Collection	IHACPA will develop an annual data request specification (DRS) and methodologies to allocate expense data to residents at a facility level	July 2028
		July 2029
		July 2030

7.3 Support at Home

IHACPA is required to provide the Australian Government with annual pricing and costing advice to inform funding decisions for the Support at Home program.

This advice includes unit prices for each service on the Support at Home service list and, for each service, unit prices differentiated by time and day of delivery. IHACPA may also provide advice on any recommended pricing adjustments for services provided in rural and remote areas or for accessible, culturally safe, culturally appropriate, trauma-aware and healing-informed funded aged care services, included in section 25 (4) of the Aged Care Act.

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

The Support at Home program will consolidate the existing in-home aged care programs, including the Home Care Packages (HCP) Program, the Short-Term Restorative Care (STRC) Programme and the Commonwealth Home Support Programme (CHSP). The Support at Home program commenced on 1 November 2025 with the transition of the HCP and STRC programs to Support at Home. The CHSP will transition to the Support at Home program no earlier than 1 July 2027.

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

7.3.2 Support at Home cost collections

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

Table 17. Support at Home data collection timelines

Data set	Description	Reporting period	Date IHACPA to receive
Support at Home Cost Collection	IHACPA will develop an annual data request specification (DRS) to collect break down of expense data into service categories and activity of service categories. This will be completed at a provider level.	2026–27	June 2028
		2027–28	June 2029
		2028–29	June 2030
DHDA Support at Home program data	To inform the DRS template information regarding claims and participants across HCP and STRC programs and participant, session and acquittal information for CHSP programs are required to inform IHACPA's Support at Home cost collection.	2026–27	November 2027
		2027–28	November 2028
		2028–29	November 2029

8. Data submission process

The Independent Health and Aged Care Pricing Authority (IHACPA) has a detailed data submission process and collection schedule, which is essential to obtaining activity and cost data required to determine the national efficient price (NEP) and national efficient cost (NEC) and to provide pricing and costing advice on aged care to the Australian Government. Submissions will be made through the Secure Data Management System (SDMS).

8.1 Data submission process

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

Table 18. Data submission process description

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

Appendix A – IHACPA and the Administrator

The Independent Health and Aged Care Pricing Authority (IHACPA) has worked collaboratively with the Administrator of the National Health Funding Pool (the Administrator) in revising the IHACPA Three Year Data Plan as part of IHACPA's commitment to the principle of data rationalisation expressed in the addendum particularly the 'single provision, multiple use' concept.

IHACPA and the Administrator use cost and expenditure data through the same key collections – the National Hospital Cost Data Collection, the National Public Hospitals Establishments Database and the Public Hospitals Establishments Data Set Specification.

Table A1 details the activity data collections and **Table A2** details other data collections utilised by the national bodies.

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

	National agencies			Year of data collection					
	IHACPA		Administrator	2026–27		2027–28		2028–29	
Service category	ABF	Block-funded		Data specification	Classification	Data specification	Classification	Data specification	Classification
Admitted acute	✓	✓	✓	APC NMDS 2026–27 APC NBEDS 2026–27	ICD-10-AM/ ACHI Thirteenth Edition and AR-DRG Version 12.0	APC NMDS 2027–28 APC NBEDS 2027–28	ICD-10-AM/ ACHI Thirteenth Edition and AR-DRG Version 12.0	APC NMDS 2028–29 APC NBEDS 2028–29	ICD-10-AM/ ACHI Fourteenth Edition and AR-DRG Version 12.0
			✓	Leave and Hospital in the Home (LHITH) NBEDS 2026–27		LHITH NBEDS 2027–28		LHITH NBEDS 2028–29	
Emergency (Levels 3B – 6)	✓	✓	✓	NAPEDC NMDS 2026–27	AECC Version 1.1 and EPD Short List (ICD-10-AM Thirteenth Edition)	NAPEDC NMDS 2027–28	AECC Version 1.1 and EPD Short List (ICD-10-AM Thirteenth Edition)	NAPEDC NMDS 2028–29	AECC Version 1.1 and EPD Short List Fourteenth Edition

	National agencies			Year of data collection					
	IHACPA		Administrator	2026–27		2027–28		2028–29	
Service category	ABF	Block-funded		Data specification	Classification	Data specification	Classification	Data specification	Classification
Emergency (Levels 1 – 3A)	✓	✓	✓	ESC NBEDS/ ESCA NBEDS 2026–27	AECC Version 1.1 and EPD Short List (ICD-10-AM Thirteenth Edition) UDG Version 1.3	ESC NBEDS/ ESCA NBEDS 2027–28	AECC Version 1.1 and EPD Short List (ICD-10-AM Thirteenth Edition) UDG Version 1.3	ESC NBEDS/ ESCA NBEDS 2028–29	AECC Version 1.1 and EPD Short List (ICD-10-AM Fourteenth Edition) UDG Version 1.3
Non-admitted services	✓		✓	NAP NBEDS 2026–27	Tier 2 Version 10.0	NAP NBEDS 2027–28	Tier 2 Version 10.0	NAP NBEDS 2028–29	Tier 2 Version 10.0
Mental health	✓	✓	✓	ABF MHC NBEDS 2026–27	AMHCC Version 1.1	ABF MHC NBEDS 2027–28	AMHCC Version 1.1	ABF MHC NBEDS 2028–29	AMHCC Version 1.1
Admitted subacute and non-acute	✓	✓	✓	ASNAHC NBEDS 2026–27	AN-SNAP Version 5.0	ASNAHC NBEDS 2027–28	AN-SNAP Version 5.0	ASNAHC NBEDS 2028–29	AN-SNAP Version 5.0
Teaching, training and research		✓		HTTRA NBEDS 2026–27	ATTC Version 1.0	HTTRA NBEDS 2027–28	ATTC Version 1.0	HTTRA NBEDS 2028–29	ATTC Version 1.0
Alternative funding source	✓	✓	✓	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA.	N/A	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA.	N/A	Supplementary file to identify activity in the ABF data sets eligible for alternative funding arrangement under the NHRA.	N/A
Individual Healthcare Identifier (IHI)	✓	✓	✓	IHI NBEDS 2026–27	N/A	IHI NBEDS 2027–28	N/A	IHI NBEDS 2028–29	N/A
Emergency virtual care (EVC)	✓	✓		Emergency virtual care (EVC) data request specifications (DRS) 2026–27	N/A	EVC DRS 2027–28	N/A	EVC DRS 2028–29	N/A

Table A2. Other data collections utilised by the national bodies

	National agencies			Year of data collection			
	IHACPA		Administrator	2026–27	2027–28	2028–29	
Category	ABF	Block-funded		Data collection	Data collection	Data collection	Data source
In-scope pharmaceutical program payments	✓	✓	✓	Commonwealth in-scope patient- level pharmaceutical program payments data	Commonwealth in-scope patient- level pharmaceutical program payments data	Commonwealth in-scope patient- level pharmaceutical program payments data	Provided to IHACPA by the Australian Government Department of Health, Disability and Ageing
De-identified Medicare number and funding source information	✓	✓	✓	'Submission B' data file provided by the states and territories to Services Australia	'Submission B' data file provided by the states and territories to Services Australia	'Submission B' data file provided by the states and territories to Services Australia	Provided to IHACPA by Services Australia
Private Health Insurance payments for private patients in public hospitals	✓	✓	✓	Hospital Casemix Protocol Collection	Hospital Casemix Protocol Collection	Hospital Casemix Protocol Collection	Provided to IHACPA by the Australian Government Department of Health, Disability and Ageing
State and territory payments to LHNs for public and private patients			✓	State and territory payments to LHNs for public and private patients	State and territory payments to LHNs for public and private patients	State and territory payments to LHNs for public and private patients	Provided to the Administrator by the states and territories
Sentinel events	✓	✓	✓	Data file which identifies episodes with sentinel events to be provided by the states and territories using Australian Sentinel Events List Version 2.0	Data file which identifies episodes with sentinel events to be provided by the states and territories using Australian Sentinel Events List Version 2.0	Data file which identifies episodes with sentinel events to be provided by the states and territories using Australian Sentinel Events List Version 2.0	Provided to IHACPA by the states and territories
State and territory hospitals list	✓	✓	✓	N/A	Data file of state and territory establishment identifiers and hospital names	Data file of state and territory establishment identifiers and hospital names	Provided to IHACPA by states and territories based on data request specifications still to be developed
Local hospital networks/Public hospital establishments (LHN/PHE) data set		✓		LHN/PHE NMDS 2025–26	LHN/PHE NMDS 2026–27	LHN/PHE NMDS 2028–29	Provided to IHACPA by the AIHW

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