

PHI Data Specifications 2024/25

Changes effective for data with separation month from July 2024 onwards

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Version: 1.0
Date Updated: Thursday, June 13, 2024
Content Owner: Department of Health and Aged Care

1. Implementation

For PHDB (hospital to department), HCP (hospital to insurer), and HCP1 (insurer to department), these proposed changes to data specifications are designed to apply to hospital separation data with separation month from July 2024 onwards, i.e. data relating to the 2024-25 financial year and following years.

Changes in this summary document are correspondingly indicated **IN RED** in the associated data specification spreadsheets for each collection (PHDB, HCP or HCP1).

2. Hospital-In-The-Home Care

Data items: Hospital-in-the-home care commencement date, Hospital-in-the-home care completed date, Number of days of hospital-in-the-home care

Datasets: HCP, HCP1, PHDB

Changes:

New error code EE0062.2 rejects record if Hospital-in-the-home care Completed Date is in format DDMMYYYY and Hospital-in-the-home care Commencement Date is blank or not in format DDMMYYYY.

New error code EE0063.2 rejects record if Hospital-in-the-home care Commencement Date is in format DDMMYYYY and Hospital-in-the-home care Completed Date is blank or not in format DDMMYYYY.

New collection level edit code EE214 rejects record if Number of days of hospital-in-the-home care is not greater than 0 and (Hospital-in-the-home care Commencement Date is in format DDMMYYYY or Hospital-in-the-home care Completed Date is in format DDMMYYYY)

New collection level edit code EE215 rejects record if Number of days of hospital-in-the-home care is greater than 0 and (Hospital-in-the-home care Commencement Date is not in format DDMMYYYY or Hospital-in-the-home care Completed Date is not in format DDMMYYYY)

Reason: To improve data quality

HCP – Episode – revised fields (same changes required for HCP1 & PHDB)

No	Data Item	Obligation	Position Start	Position End	Type & size	Format	Coding description	Edit Rules	Error code/s
62	Hospital-in-the-home care Commencement Date	M	1238	1245	A(8)	DDMMYYYY	Date on which an admitted patient commences an episode of hospital-in-the-home care services. Conditional item if HITH charges (item 54) > 0. Blank fill if not applicable.	<p>Reject record if Hospital-In-The-Home Charges (item 54) is populated and item is blank or not in format DDMMYYYY.</p> <p>Reject record if commencement date > HITH completed date.</p> <p>Reject record if Hospital-in-the-home care Completed Date (item 63) is in format DDMMYYYY and item is blank or not in format DDMMYYYY.</p>	<p>EE062.0</p> <p>EE062.1</p> <p>EE062.2</p>

63	Hospital-in-the-home care Completed Date	M	1246	1253	A(8)	DDMMYYYY	Date on which an admitted patient completes an episode of hospital-in-the-home care services. Conditional item if HITH charges (item 54) > 0. Blank fill if not applicable.	<p>Reject record if Hospital-In-The-Home Charges (item 54) is populated and item is blank or not in format DDMMYYYYY.</p> <p>Reject record if completed date < HITH commencement date.</p> <p>Reject record if Hospital-in-the-home care Commencement Date (item 62) is in format DDMMYYYYY and item is blank or not in format DDMMYYYYY.</p>	<p>EE063.0</p> <p>EE063.1</p> <p>EE063.2</p>
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HCP – Collection Level Edit Rules – new edit rules (same changes required for HCP1 & PHDB)

EDIT RULES	ERROR CODE/S
Reject record if 'Number of days of hospital-in-the-home care' (item 35) is not greater than 0 and ['Hospital-in-the-home care Commencement Date' (item 62) is in format DDMMYYYYY or 'Hospital-in-the-home care Completed Date' (item 63) is in format DDMMYYYYY]	EE214
Reject record if 'Number of days of hospital-in-the-home care' (item 35) is greater than 0 and ['Hospital-in-the-home care Commencement Date' (item 62) is not in format DDMMYYYYY or 'Hospital-in-the-home care Completed Date' (item 63) is not in format DDMMYYYYY]	EE215

3. Hospital Contract Status

Data item: Hospital Contract Status

Datasets: HCP1, HCP2

Changes:

Hospital Contract Status is now specific to the episode.

Category N (a hospital with which the Insurer does not have contract) now has the additional qualification that the hospital is not paid under a 2nd Tier benefit arrangement. This is also explained in EXPLANATORY NOTES.

Categories are re-ordered for logical flow.

Category B (a hospital is paid under a “Bulk payment” arrangement) is deleted.

Edit rule EW005.1 in the HCP1 is corrected.

The same edit rule as EW005.1 is introduced to the HCP2.

Reasons:

The current Hospital Contract Status data item refers to the broad existence or non-existence of a contract between a hospital and insurer. Some contracts exclude certain services, and the hospital would receive a default benefit for this service, despite the existence of a contract. This change would allow for more reliable analyses on the separations where a default benefit is paid, including volume, types of services and out-of-pocket costs paid.

There is some ambiguity in the values within the existing Hospital Contract Status data item. Under the 2023-24 data specifications, hospitals that do not have a contract with an insurer and are second-tier funded could fall under “a hospital with which the insurer does not have a contract” as well as “a private hospital is paid under second-tier default benefit arrangement”.

Enquiries with insurers have found that category B has been used for episodes that could have alternatively used category Y (a hospital with which an insurer has a contract) and furthermore these records reported the benefits paid for each individual separation.

Edit rule EW005.1 should have been ‘Identify’ when it was introduced in 2023-24 and has in fact has been implemented as ‘identify’ since 1 July 2023.

The same edit rule as EW005.1 should have been introduced to the HCP2 in 2023-24.

HCP1 – Episode – revised field (similar change required for HCP2)

No	Data Item	Obligation	Position Start	Position End	Type & size	Format	Coding description	Edit Rules	Error code/s
5	Hospital contract status	MAA	44	44	A(1)	Left justify	The payment arrangement the insurer has with the hospital for the episode (on admission if the payment arrangement changed during the episode). Y = a hospital with which an Insurer has a contract T = a hospital is paid under a 2nd Tier benefit arrangement N = a hospital with which the Insurer does not have a contract, and the hospital is not paid under a 2nd Tier benefit arrangement T = a hospital is paid under 2nd Tier benefit arrangement B = a hospital is paid under a "Bulk payment" arrangement	Reject record if not (Y or N or T or B). RejectIdentify record if T or Y and Hospital type equals 1 or 4.	EE005 EW005.1

HCP1 – EXPLANATORY NOTES – revised field (same change required for HCP2)

Hospital contract status - When a separation occurs at a hospital that does not have a contract in place with the patient’s insurer, and second-tier benefits were paid, this separation’s hospital contract status should be reported as T (a hospital is paid under 2nd Tier benefit arrangement). However, for separations where a hospital that does not have a contract in place with the patient’s insurer and the hospital was not second-tier eligible, the separation’s hospital contract status should be reported as N (a hospital with which the Insurer does not have a contract).

4. Care Type

Data item: Care Type

Datasets: HCP, HCP1, PHDB

Change: New error code EE020.1 rejects record if care type is category 7 (newborn care) and Number of Qualified Days for Newborns is not greater than zero

Reason: To improve data quality

HCP – Episode – revised field (same change required for HCP1 and PHDB)

No	Data Item	Obligation	Position Start	Position End	Type & size	Format	Coding description	Edit Rules	Error code/s
20	Care Type	M	143	145	N(3)	Left justify and follow with blank space(s)	The overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (care other than admitted care), as represented by a code. <u>Admitted care</u> 1 Acute care 2 Rehabilitation care 3 Palliative care 4 Geriatric evaluation and management 5 Psychogeriatric care 6 Maintenance care 7 Newborn care 11 Mental health care 88 Other admitted patient care <u>Care other than admitted care</u> 9 Organ procurement—posthumous 10 Hospital boarder	Reject record if not (1, 2, 3, 4, 5, 6, 7, 9, 10, 11 or 88) (Reject record if not in correct format: must be left justified and followed by blank(s)) Reject record if 7 and Number of Qualified Days for Newborns (item 61) is not >0000	EE020 EE020.1

5. Admission Date & Time/Separation Date & Time in Day Facilities

Data items: Admission Date, Admission Time, Separation Date, Separation Time

Datasets: HCP, HCP1, PHDB

Change:

New collection level edit code identifies record if separation date and time are more than 24 hours after admission and time – and hospital type is private day facility or public day facility

Reason: To improve data quality

HCP – Collection Level Edit Rules – revised Edit Rule (similar change required for HCP1 and PHDB)

	EDIT RULES	ERROR CODE/S
	<p>Identify record if Separation date and time (Items 10 & 31) are more than 24 hours after Admission and time (Items 9 & 17) (and hospital type is private day facility or public day facility)</p>	EW212

6.Total Leave Days

Data item: Total Leave Days

Datasets: HCP, HCP1, PHDB

Change: New collection level edit code rejects record if total leave days exceeds derived length of stay

Reason: To improve data quality

HCP – Collection Level Edit Rules – revised Edit Rule (similar change required for HCP1 and PHDB)

	EDIT RULES	ERROR CODE/S
	Reject record if Total Leave Days are more than Length Of Stay (LOS)	EE213

7.Sex

Data Item: Sex

Datasets: GTD, HCP, HCP1, HCP2, PHDB

Change: Move to new METeOR ([741686](#)) item with corresponding revised coding description.

Reason: To be consistent with Admitted Patient Care National Minimum Data Set (NMDS)

HCP – Collection Level Edit Rules – revised Edit Rule (similar change required for GTD, HCP1, HCP2 and PHDB)

No	Data Item	METeOR identifier	Position Start	Position End	Type & size	Coding description	Edit Rules	Error code/s
8	Sex	635126 741686	94	94	N(1)	<p>The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code.</p> <p>Sex is understood in relation to sex characteristics, such as chromosomes, hormones and reproductive organs.</p> <p>Sex is often used interchangeably with gender, however they are distinct concepts and it is important to differentiate between them.</p> <p>1 = Male 2 = Female 3 = Other 9 = Not stated / inadequately described</p>	Reject record if not (1, 2, 3 or 9)	EE008

8. Other changes

- EXPLANATORY NOTES for HCP, HCP1 and PHDB have an additional sentence to emphasize that these data collections do not include services for non-admitted care or outpatients.

Scope of Data Collection (HCP)

The Hospital Casemix Protocol specifies the financial, clinical and demographic data that hospitals must provide private health insurers and private health insurers must provide the Department, in respect of each episode of admitted hospital treatment for which a benefit has been paid. **It should not include services for non-admitted care or outpatients.**

- The number of service events in the GTD FILE HEADER is increased from six to seven digits because the number of service events in some submissions can exceed six digits.

GTD – Input File Format – revised field

#	Item	Quantity	Type & size	Format	Values/description	Edit Rules	Error code/s
1	FILE HEADER	one per physical file of data	A(6)		Valid value 'GTDATA'		
2			A(6)	YYYYMM	YEAR-MONTH (last month of the claims processing month reported)	Reject file if not in format YYYYMM Reject file if does not match the month year specified in the physical file name.	HE02.0 HE02.1
3			N(67)		Number of service events in this file	If present, reject file if not numeric.	HE03

- References in the GTD, HCP and HCP1 to the Australian Schedule of Dental Services and Glossary are updated from the twelfth to the thirteenth edition.