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## NCR3581 – NCAMP 2013

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### High level business requirements

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## 1. Introduction

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### 1.1. Document purpose: Vehicle for discussion of NCAMP changes

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This document provides a vehicle for the discussion of the requests for changes to the National Collections and documents the requirements that are within the final scope of the 2013 National Collections Annual Maintenance Programme (NCAMP).

### 1.2. Project Background: National Collections Annual Maintenance

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NCAMP is run annually to perform maintenance on the Ministry's National Collections and to ensure it meets its on-going statutory obligations. The project delivers changes to the following systems:

- National Bookings Reporting System (NBRS)
- National Non-admitted Patient Collection (NNPAC)
- National Minimum Data Set (NMDS)
- Programme for the Integration of Mental Health Data (PRIMHD),

Some NCAMP changes require District Health Boards (DHBs) and those private hospitals reporting directly to the NMDS to initiate changes to their Patient Administration Systems (PAS) (sometimes also referred to as Patient Management Systems (PMSs)). The annual process for making these changes is outlined in the Operational Policy Framework (OPF) and a Memorandum of Understanding (MoU) with the District Health Boards.

### 1.3. NCAMP's Goals and Objectives

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- To improve data quality to enable DHBs to accurately report on the provision and funding of services or treatment, particularly in relation to inter-district flows.
- To ensure data quality and integrity is maintained to avoid substantial rework by both the Ministry and DHBs.
- To improve DHB's ability to provide timely, accurate and comparative information. This will assist them to complete functions and meet objectives set out in the New Zealand Public Health and Disability Act 2000.
- To enable the Ministry to meet its obligations of providing high quality data to the DHBs and other providers, particularly in relation to data processing and reporting, manual data entry, and application of data collection business rules.

## 2. Business Scope: Prioritised NCR requests for change

Ref #	Type	Section	Description	Change Notice
68	NMDS	4.1.1	2013 Annual WIESNZ and Cost Weight Changes.	
68A	NMDS	4.1.2	Upgrade Australian Refined Diagnosis Related Groups (AR-DRGs) to v6.0x.	
73	NMDS	4.1.3	Retire the intended day case event type (ID) for all event records with an event end date on or after 1 July 2013. The start and end dates that are reported in the event record will be used to determine if the event is a day case.	
112	NMDS	4.1.4	Retire NMDS validation rule for Condition Onset Flag.	
113	NMDS and NNPAC	4.1.5	Reactivate health specialty codes to identify two types of event records:  1. S11 for Intestinal Failure Specialist Service. 2. M24 for Paediatric Metabolic Service.  These health specialty codes had previously been retired.	
45	NNPAC	4.2.1	Clarify the National Collections reporting requirements for publicly funded outpatient or community events that have been devolved from a DHB to private hospitals or primary care providers. This will ensure events previously delivered in secondary care and now delivered in the community are reported to national collections and counted consistently (eg, District Nursing Services, Manukau and Botany Super Clinics, Integrated family healthcare centres).	
64	NMDS and NNPAC	4.2.2	Add a new health purchaser code to identify Ministry funded screening events in the national collections. Currently these include bowel screening pilot colonoscopies in NMDS and NNPAC.	
Advisory	Supplementary	4.3.1	Make the following changes to NMDS Business Rules:  <ul style="list-style-type: none"> <li>• Alter duplicate / overlap validation for same day events of different types at same facility</li> <li>• Make Condition Onset Flag optional for open IM events</li> </ul>	

			<ul style="list-style-type: none"> <li>Ensure no more than one birth event (BT) record is reported for an NHI.</li> </ul>	
Advisory	Supplementary	4.3.2	Continue Preparation for ICD-10-AM 8th Edition Upgrade.	N/A
Advisory	Supplementary	4.3.3	Continue NMDS File Loading Menu Application Repair.	N/A

### 3. Constraints

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#### 3.1. Assumptions

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- BA1. Maintenance items relating to the National Collections that do not impact DHBs processes or systems may potentially be delivered in maintenance releases during the year.
- BA2. Major increases in capability to the National Collections will be delivered through projects endorsed in the annual capital expenditure and are subject to business case approval.
- BA3. The Health Identity Project (HIP) development is outside the scope of the NCAMP 2013 project.

#### 3.2. Business Rules

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Where relevant the business rules will be listed individually with each request.

## 4. Business Requirements

### 4.1. NMDS Requirements

#### 4.1.1. Annual WIESNZ and Cost Weight Changes

<b>Reference #</b>	<b>68</b>
<b>Description</b>	<p>The 2013/14 New Zealand Casemix Framework for Publicly Funded Hospitals document (WIESNZ13 Final V1.1 –November 2012) is available on the NCAMP website <a href="http://www.health.govt.nz/ncamp">www.health.govt.nz/ncamp</a></p> <p>The following changes have been included:</p> <ul style="list-style-type: none"> <li>○ Five facilities have been retired from the casemix eligible facilities list as they provide no casemix-funded activity. The facilities are: 4212, 5814, 5818, 5819 and 5820</li> <li>○ Revised purchase unit mappings for Disability and Health of Older People</li> <li>○ The DRGs E40A <i>Respiratory System Diagnosis with Ventilator Support with Catastrophic CC</i> and E40B <i>Respiratory System Diagnosis with Ventilator Support W/O Catastrophic CC</i> did not have the correct MV designation. Their designation has been changed from 'D' to 'I' ineligible</li> <li>○ Adjusted the Radiotherapy exclusion rule to include new XPU assignment</li> <li>○ A new NZ-specific DRG has been developed for O66T <i>SFLP for Twin to Twin Transfusion Syndrome</i></li> <li>○ A new NZ-specific DRG has been developed for F03M <i>Transcatheter Pulmonary Valve Implant (Melody Valve)</i></li> <li>○ The cost weights apply to the DRG set AR-DRG v6.0x which reinstates 10 DRG complexity splits from AR-DRG v5.0. The 10 reinstated DRGs expanded the 10 DRGs in AR-DRG v6.0 to 20 in AR-DRG v6.0x for maternity, mental health and breast malignancies</li> <li>○ Revised Primary Maternity wording to allow for developments arising from the new Primary Maternity Service Specifications and revised Purchase Unit structure</li> <li>○ Guidance has been provided for the exceptionally rare cases where the LOS exceeds 365 days.</li> </ul>
<b>Requestor</b>	Technical Reference Group
<b>#</b>	<b>Requirements</b>
1	Detailed requirements are provided in the 2013/14 New Zealand Casemix Framework for Publicly Funded Hospitals document (WIESNZ13 Final V1.1 – November 2012).

#### 4.1.2. Australian Refined Diagnosis Related Group (AR-DRG) Upgrade

<b>Reference #</b>	<b>68A</b>
<b>Description</b>	<p>The Australian Refined Diagnosis Related Group (AR-DRG) software is a patient classification system which provides a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital.</p> <p>The National Minimum Data Set (NMDS) uses the AR-DRG software as part of the load process into the transactional system. The AR-DRG software creates and populates several fields from the NMDS load data for each record: the AR-DRG</p>

	<p>value, the Complication or Comorbidity Level (CCL) and the Patient Clinical Complexity Level (PCCL) value.</p> <p>Assigning an AR-DRG to a health event record is a method whereby episodes of care are categorised by both clinical homogeneity and similar hospital resource use. An AR-DRG is allocated to every record loaded into the National Minimum Data Set (NMDS). This allocation is based on several variables relating to that event including diagnosis and procedures that are reported using the clinical coding classification.</p> <p>The AR-DRG needs to be upgraded to v6.0x. This will take advantage of the updates in the newer version of the grouper so AR-DRGs are recorded more accurately.</p>
<b>Requestor</b>	Technical Reference Group
<b>#</b>	<b>Requirements</b>
1	<p>From 1 July 2013, the Ministry will implement the following changes for an event record with an event end date on and after 1 July 2013. (Event records submitted after 1 July 2013 but with an event end date that is prior to 1 July 2013 will be assigned the appropriate AR-DRG version):</p> <ul style="list-style-type: none"> <li>• Make changes to the NMDS system architecture, to support the new grouper (AR-DRG v6.0x), to enable it to run in our environments</li> <li>• The NMDS File Specification and Data Dictionaries will be updated to reflect the changes associated with the AR-DRG upgrade</li> <li>• Update the Health Statistics web pages in respect of references to ‘common code tables’ and ‘reference tables’ to reflect changes detailed</li> <li>• Various database tables will need to be updated to reflect the AR-DRG upgrade to v6.0x (these are detailed as follows, but not limited to):             <ul style="list-style-type: none"> <li>○ A new Cost Weight code will need to be created for AR-DRG v6.0x</li> <li>○ A new AR-DRG Grouper type code will need to be created for AR-DRG v6.0x (currently 6.0 for the AR-DRG v6.0)</li> <li>○ A new Major Diagnostic Category (MDC) type code will need be created for AR-DRG v6.0x (currently E for the AR-DRG v6.0).</li> </ul> </li> <li>• The AR-DRG code table will be updated to reflect the new codes created in the AR-DRG v6.0x grouper software</li> <li>• Full System, UAT and Compliance testing will take place to ensure the new DRG codes in the AR-DRG v6.0x are implemented and working correctly</li> <li>• The Costweight (.ndw) output file returned to the DHBs will contain updated information, including (but not limited to) the DRG grouper type, the Release number, the AR-DRG code, the NZ-DRG code, and the CCL (Complication/Co-morbidity level) as outputs from the implementation of the new AR-DRG</li> <li>• The new AR-DRG v6.0x values will be transferred into the NMDS warehouse and made available to users via Business Objects.</li> </ul> <p>AR-DRG v6.0x codes will only be attributable for events with an event end date on or after 1 July 2013 and should be recorded in the warehouse with the appropriate DRG Grouper Type Code (i.e. 6.0x), likewise AR-DRG codes for earlier dates will need to have the appropriate DRG version code allocated for the financial year to which the Event End Date applies.</p>

### 4.1.3. Retire Intended Day Case Event Type

<b>Reference #</b>	<b>73</b>										
<b>Description</b>	<p>For NMDS event records with an event end date on or after 1 July 2013, event type ID will not be a valid event type code. Inpatient events are currently submitted with an event type as follows:</p> <table border="1"> <thead> <tr> <th>event_type</th> <th>event_type_description</th> </tr> </thead> <tbody> <tr> <td>BT</td> <td>Birth event</td> </tr> <tr> <td>ID</td> <td>Intended day case</td> </tr> <tr> <td>IM</td> <td>Psychiatric inpatient event</td> </tr> <tr> <td>IP</td> <td>Non-psychiatric inpatient event</td> </tr> </tbody> </table> <p>The intended day case (ID) event type was introduced in the 1990s when AR-DRG v4.1 grouper logic did not use start and end dates to assign same day DRGs. Current AR-DRG logic determines same day cases by checking that event_start_date and event_end_date are the same.</p> <p>ID and IP event types are not reported consistently and the data can be derived from existing information.</p>	event_type	event_type_description	BT	Birth event	ID	Intended day case	IM	Psychiatric inpatient event	IP	Non-psychiatric inpatient event
event_type	event_type_description										
BT	Birth event										
ID	Intended day case										
IM	Psychiatric inpatient event										
IP	Non-psychiatric inpatient event										
<b>Requestor</b>	Angela Pidd										
<b>Business Unit</b>	NHB, National Collections and Reporting, Data Management Services										
<b>#</b>	<b>Requirements</b>										
1	The intended day case (ID) event type should be retired for event records with an event end date on or after 1 July 2013.										
2	Records with an event end date on or after 1 July 2013 that are reported with ID as the event type should be rejected with an error - event type code is not valid.										

### 4.1.4. Retire NMDS Validation Rule for Condition Onset Flag

<b>Reference #</b>	<b>112</b>
<b>Description</b>	<p>Condition Onset Flag (COF) reporting was implemented in the NMDS 1 July 2012.</p> <p>The valid values of COF are:</p> <ul style="list-style-type: none"> <li>1 = condition with onset during the episode of admitted patient care</li> <li>2 = condition not noted as arising during the episode of care/unknown</li> <li>9 = not reported (only for exempt facilities)</li> </ul> <p>The business rule implemented for NCAMP 2012 was to reject all event records reported with a COF value of 1 on a Type A diagnosis as a warning. This would allow the maternity and neonatal event records that were valid to be resubmitted with an A2 override.</p> <p>The effect of this validation means many DHBs reporting high volumes of maternity and neonatal event records are having these rejected. DHBs have raised concerns with Angela Pidd, Data Management Services and Tracy Thompson, Classification and Terminology about the volume of events being rejected and the</p>



	<p>increased work involved in re-submitting these event records. Some DHBs have indicated they may report inaccurately to stop these rejections occurring or alter reporting processes so their system ignores the rejection (set default COF values).</p> <p>It is proposed that the validation for Diagnosis Type = A AND condition onset value = 1 – Yes (True) reject with warning be retired.</p> <p>The Classification and Terminology team will implement regular monitoring of COF and report back to DHBs to ensure the principal diagnosis has the correct COF value of 2 for event records that are not neonatal or maternity.</p> <p>Retiring the validation will reduce the number of rejections returned to the DHBs and will eliminate the need for DHBs to re-submit each valid event record with A2 override.</p> <p>See Appendix B for before and after proposed process flow.</p>
<b>Requestor</b>	<p>Jenny Anthony, Canterbury DHB</p> <p>Mandy MacKay, Capital and Coast DHB</p> <p>Sharon Morse, Hutt Valley DHB</p>
<b>Business Unit</b>	DHBs
<b>#</b>	<b>Requirements</b>
1	Retire the validation for Diagnosis Type = A AND condition onset code = 1 – Yes (True) reject with warning.
2	Update the NMDS File Specification and Data Dictionary documentation.
3	The Classification and Terminology team will develop monitoring reports to ensure non maternity/neonatal event records are reported correctly.

#### 4.1.5. Reactivate Health Specialty Codes S11 for Intestinal Failure Specialist Service and M24 for Paediatric Metabolic Service

<b>Reference #</b>	113
<b>Description</b>	<p><b>Health Specialty Code S11 for Intestinal Failure Specialist Service</b> Auckland DHB would like to identify NMDS and NNAPC event records for patients treated by the Intestinal Failure Specialist Service. In order to do this they have requested reactivation of the retired Health Specialty Code (HSC) S11 <i>Allied Health / Community gastroenterological surgery</i>.</p> <p>Currently HSC S11 has a retired date of 30/06/2005.</p> <p>Guidelines for assigning this HSC for intestinal failure cases will be developed and published in the NMDS Data Dictionary. This does not impact on the purchase unit assignment for these event records.</p> <p><b>Health Specialty Code M24 for Paediatric Metabolic Service</b> Auckland DHB would like to identify NMDS and NNAPC event records for patients treated by the Paediatric Metabolic Service. They have requested reactivation of the retired HSC M24 <i>Specialist Paediatric Endocrinology and Diabetology</i>.</p> <p>Currently HSC M24 has a retired date of 30/06/2007.</p>

<b>Requestor</b>	Justine Tringham ADHB
<b>Business Unit</b>	DHB
<b>#</b>	<b>Requirements</b>
1	Reactivate the Health Speciality Code S11.
2	Develop guidelines for assigning S11 for intestinal failure cases.
3	Reactivate the Health Speciality Code M24.
4	Update code tables and NMDS and NNPAC Data Dictionary.
5	Populate the reactivated HSCs in Business Objects.

## 4.2. NNPAC Requirements

### 4.2.1. Clarifying Reporting Requirements for Hospital Services Delivered by Other Providers

<b>Reference #</b>	<b>45</b>
<b>Description</b>	<p>Many DHBs have sub-contracted services to Primary Health Organisations (PHOs), Integrated Family Health Centres (IFHCs) or General Practitioners (GPs) that were previously provided by a DHB Provider Arm / hospital. Examples of services that have been contracted out include Health of Older Peoples services, Community Nursing services, Avastin (eye) injections and the removal of some skin lesions.</p> <p>Each of these services use purchase unit codes (see Purchase Unit Data Dictionary Information) <a href="http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/463">http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/463</a> and the relevant overarching mandatory nationwide service specifications (published on the Nationwide Service Framework Library website <a href="http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/468">http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/468</a>).</p> <p>Some purchase units have mandatory reporting requirements to NNPAC. The Purchase Unit Change Notifications for reporting to National Collections are on the Purchase Unit Data Dictionary (PUDD) Information webpage and are updated with each new version of the PUDD.</p> <p>The reporting requirements for service providers are detailed in the above documents and the Service provider in conjunction with the contract holder (DHB) must comply with the requirements of reporting to the national data collections.</p> <p>When a service previously provided by a DHB provider arm is contracted to another health provider (that perhaps has never reported to the national collections before) there is confusion about the reporting requirements for that service. This change notice is to clarify the requirements.</p> <p>Both the DHBs and the Ministry need continuity of data in the national collections</p>

	<p>for services that DHBs fund. Even though the service is being provided by a different provider, the core set of data still needs to be reported into the national collections (NNPAC or NMDS).</p> <p>NNPAC and NMDS data is used for many purposes. When combined with the national cost data collection process it provides a comprehensive dataset to support the following:</p> <ol style="list-style-type: none"> <li>a. Updating Inter-district Flow (IDF) and reference prices</li> <li>b. Populating the National Event Level Cost Data Cube</li> <li>c. Service planning – analysis of activity, cost and revenue across DHBs, tertiary and secondary services, inpatient and outpatient activity under the work of the Long Term Sector Framework</li> <li>d. Development and maintenance of versions of New Zealand WIES (costweights)</li> <li>e. Rerunning of the Tertiary Adjuster Pool and National Paediatrics Adjuster</li> <li>f. IDF Pricing (casemix pricing and reviews of non-casemix purchase unit price relativities)</li> <li>g. Continuing reviews of priority areas in non-casemix pricing</li> <li>h. Supporting work on mental health and elective services</li> <li>i. Supplying data to the Hospital Quality and Productivity programme (HQ&amp;P) and the Health Round Table (HRT)</li> <li>j. Re-producing data for DHBs to allow DHBs and key groups to undertake further analysis, such as benchmarking and productivity work.</li> </ol> <p>When provision of health services is contracted to the primary health care sector, the requirements of the service specifications (and therefore the reporting requirements) do not change. Both the DHBs and the Ministry still need the minimum set of data reported to NNPAC and NMDS to be available in the data warehouse for the purposes listed above.</p> <p>The Operational Policy Framework (OPF) requires DHBs to ensure that the new service provider is contractually required to collect and report information to the national collections.</p>
<b>Requestor</b>	Angela Pidd, Jane Craven
<b>Business Unit</b>	NHB
<b>#</b>	<b>Requirements</b>
1	<p>Where DHBs contract another organisation to provide a publicly funded service the data collection and reporting requirements must be carried over to the new service provider's contract. It is the DHBs responsibility to ensure that the new provider reports to the national collections. The DHB will also ensure the correct purchase units are used and the provider adheres to the mandatory common counting standards and other documents in the nationwide service framework.</p> <p>The NNPAC and NMDS reporting requirements are specified in the file layout documentation on the Ministry's web site.</p>
2	<p>If the service provider does not currently report to the national collections the DHB should support them to ensure that the minimum data set is reported to NNPAC or NMDS for these services. Support is also available from National Collections and Reporting Group at the Ministry.</p>

## 4.2.2. Bowel Screening Pilot

Reference #	64
Description	<p>A bowel screening pilot began in Waitemata DHB in October 2011. The pilot will run for four years and will determine whether a bowel screening programme should be rolled out nationally. Participants are offered a colonoscopy if their screening test result indicates they need further investigation. Colonoscopies for the pilot are performed at the programme's dedicated endoscopy facility at Waitakere Hospital, which has capacity to deliver about 50 colonoscopies a week.</p> <p>These colonoscopies along with all other hospital event records are submitted to National Collections, either the National Minimum Data Set (NMDS) or the National Non-Admitted Patient Collection (NNPAC).</p> <p>The pilot is being funded nationally by the Ministry of Health and the colonoscopies provided as part of the pilot need to be distinguished from those provided and funded by Waitemata DHB as part of their medical and surgical services or purchased by the Ministry as part of Elective funding.</p> <p>It was proposed that the pilot colonoscopies be submitted under the purchaser code 34 <i>MoH funded</i>. Any colonoscopies delivered as part of medical and surgical services would be submitted with the purchaser code 35 <i>DHB funded</i>. Purchaser code 34 could then be excluded from monitoring reports by elective services. Event records for 2011/12 and 2012/13 have been reported in this way.</p> <p>Since targeted funding was introduced in 2004 some DHBs have reported some surgical activity against purchaser code 34 (approximately 500-1000 surgical discharges per annum since 2007). The code is used most commonly by the Mobile Surgical Services (MSS) provider, who also provides colonoscopy procedures. Electives have been including both purchaser 34 (Ministry) and 35 (DHB) in their monitoring reports to include all activity eligible for inclusion under the Electives and Ambulatory Initiatives.</p> <p>Excluding purchaser code 34 will:</p> <ul style="list-style-type: none"> <li>• Exclude eligible activity from DHB base volumes under the Initiatives</li> <li>• Result in Electives Initiative surgery volumes being different to the Electives Health target</li> <li>• Excluding colonoscopies provided for the Waitemata DHB population which have been assigned to purchaser code 34 will also exclude MSS provided surgery.</li> </ul> <p>It is proposed that a new purchaser code be created for screening pilots funded by the Ministry of Health.</p> <p>The new purchaser code will be 33 <i>MoH Screening Pilot</i>.</p> <p>Waitemata would be required to resubmit all pilot colonoscopy events since 2011 with the new purchaser code 33. They would submit new events from the Bowel Screening pilot with purchaser code 33. Electives would then include both purchaser code 34 (Ministry) and 35 (DHB) in monitoring reports but exclude the purchaser code 33.</p>
Requestor	Jane Potiki
Business Unit	NHB Electives Team
#	<b>Requirements</b>

1	Add purchaser code 33 to the code set of purchaser codes:										
	<table border="1"> <tr> <td>Purchaser Code</td> <td>33</td> </tr> <tr> <td>Purchaser Code Description</td> <td>MoH Screening Pilot</td> </tr> <tr> <td>Purchaser Address</td> <td>Wellington</td> </tr> <tr> <td>Purchaser Start Date</td> <td>1/10/2011</td> </tr> <tr> <td>Purchaser End Date</td> <td>Null</td> </tr> </table>	Purchaser Code	33	Purchaser Code Description	MoH Screening Pilot	Purchaser Address	Wellington	Purchaser Start Date	1/10/2011	Purchaser End Date	Null
Purchaser Code	33										
Purchaser Code Description	MoH Screening Pilot										
Purchaser Address	Wellington										
Purchaser Start Date	1/10/2011										
Purchaser End Date	Null										
2	Add the new code to the shared purchaser code table used by NBRS and NMDS loads.										
3	Add code to the table used by the NNPAC load.										
4	Add code to the shared code table used by NBRS and NMDS and NNPAC datamarts.										
5	Include purchaser code 33 in the publicly funded purchaser codes table.										
6	Events loaded with a purchaser code 33 will have the Private Flag set to N=No.										
7	Purchaser code 33 must be reported through the Business Objects Universe.										

### 4.3. Miscellaneous

#### 4.3.1. Update to NMDS Business Rules

Reference #	Supplementary 1 – Advisory Ministry Only
Description	<p>Alterations to business rules will be made to alleviate issues in submitting various events. This was considered urgent due to the number of events being rejected in error.</p> <p>The following Business Rules will be updated in November 2012.</p> <p>1. <u>Alter Duplicate / Overlap Validation for Same-day events of different types at the same facility.</u></p> <p>NCAMP 2011 implemented a new duplicate rule validation that is too prohibitive: that is, same-day events of different types at the same facility are not allowed. However, it is possible for patients to have two one-day events of different types at the same facility, and legitimate events have been rejected as an error ever since. The Ministry's solution is to alter the validation rule by incorporating the Event Local Identifier ('local ID') in this validation. The local ID is a value supplied by the DHBs to "distinguish two or more events of the same type occurring on the same day at the same facility" (from the file spec). The rule is for the first event to have a local ID of 9; the second event should have a local ID of 8; and so on. As part of altering the original validation rule events where the local IDs are different will "reject with a warning". Events where the local IDs are the same will continue to be "rejected as an error".</p> <p>2. <u>Make Condition Onset Flag optional for open Inpatient Mental Health (IM) events</u></p> <p>NCAMP 2012 introduced Condition Onset Flag (COF) values for all event records</p>

	<p>ending on or after 1 July 2012.</p> <p>Some DHBs submit provisional diagnosis data for open Mental Health Events ('IM events'). Historically there was a requirement to submit provisional diagnosis and legal status data for IM event records within 28 days of the admission to the NMDS. Therefore these event records are submitted without an event end date. Failing to submit a COF value with the provisional diagnosis causes these event records to reject.</p> <p>The Ministry's solution is to make the reporting of COF optional for these open IM event records, and to record a '9' (9 = not reported) as the COF value where the COF value is not supplied.</p> <p><b>3. <u>Ensure no more than one birth event (BT) record is reported for any one NHI</u></b></p> <p>Where a birth event (BT) record is submitted and an existing BT event record for that NHI already exists in the NMDS then the event record will be rejected.</p> <p>Error Message</p> <p>[NMDS3025E] Event cannot overlap existing event – There is already a birth event recorded for this NHI.</p>
<b>Requestor</b>	Ministry
<b>Business Unit</b>	NHB
<b>#</b>	<b>Requirements</b>
1	Implement new rules 21 November 2012.
2	Update NMDS File Specification document.

#### 4.3.2. Continue Preparation for ICD-10-AM 8th Edition Upgrade

<b>Reference #</b>	<b>Supplementary 2 – Advisory Ministry Only</b>
<b>Description</b>	Continue Preparation for ICD-10-AM 8th Edition Upgrade
<b>Requestor</b>	NCAMP 2014
<b>Business Unit</b>	
<b>#</b>	<b>Requirements</b>
1	Obtain National Casemix and Classification Centre Licence Agreement.
2	Complete code table analysis.
3	Develop clinical code table and backwards and forwards logical mapping tables.
4	Identify business requirements.
5	Continue System Impact Assessment (SIA)/Specifications.

#### 4.3.3. Continue NMDS File Loading Menu Application Repair

<b>Reference #</b>	<b>Supplementary 3 – Advisory Ministry Only</b>
<b>Description</b>	Continue NMDS File Loading Menu Application Repair
<b>Requestor</b>	NCAMP 2013
<b>Business Unit</b>	
<b>#</b>	<b>Requirements</b>

1	Identify detailed requirements for NMDS Load Menu.
2	Develop solution.
3	Implement fixes through test environments.
4	Develop documentation to support the repaired menus.
5	Migrate through to production.

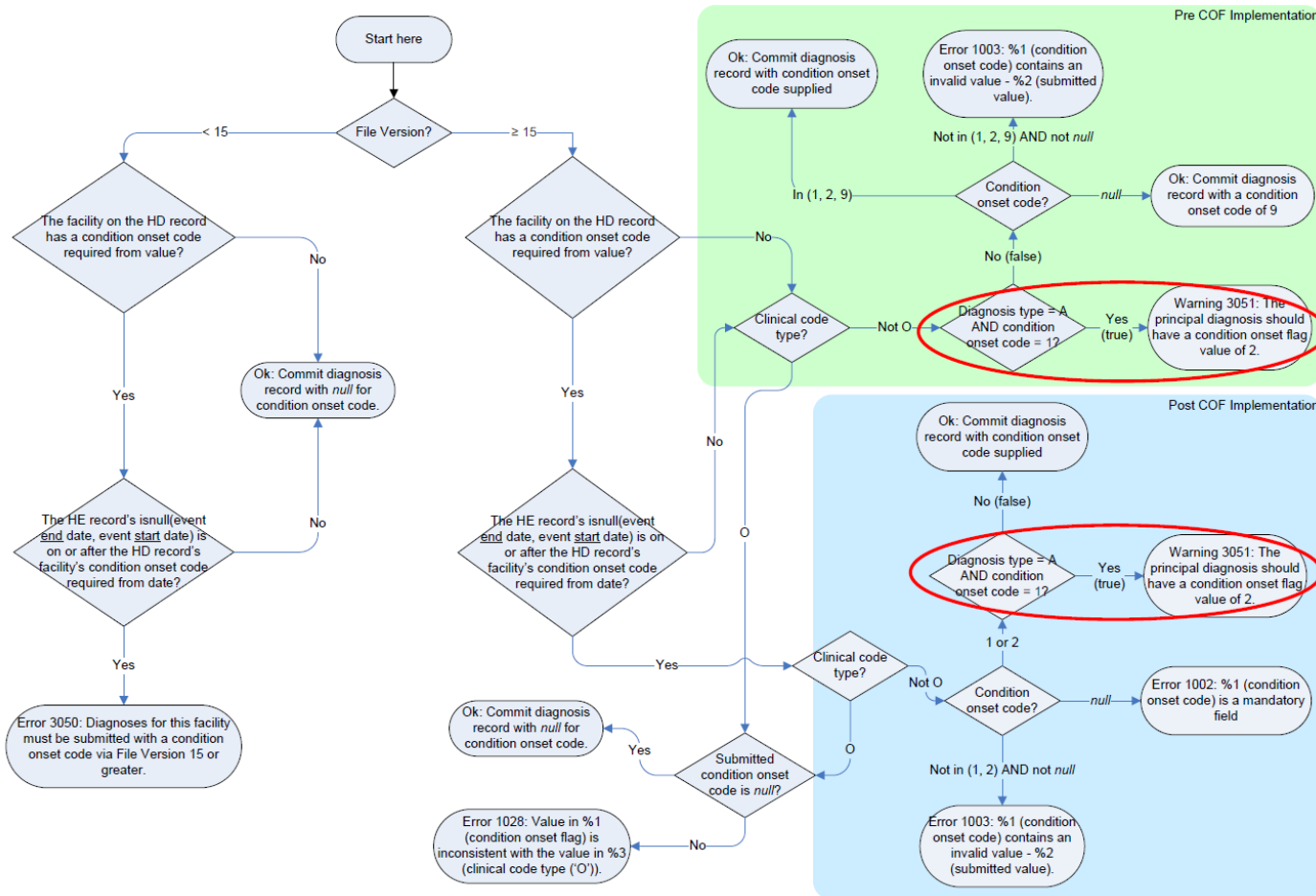
## Appendix A Definitions

Abbreviation	Definition
ADHB	Auckland District Health Board
AR-DRG	Australian Refined Diagnosis-Related Group
BT	Birth Event
CC	Complication and/or Comorbidity
CCL	Complication and Comorbidity Level
COF	Condition Onset Flag
DHB	District Health Board
DRG	Diagnosis Related Group
GP	General Practitioner
HIP	Health Identity Project
HQ&P	Hospital Quality and Productivity
HRT	Health Round Table
HSC	Health Speciality Code
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ID	Intended Day Case
IDF	Inter-District Flow
IFHCs	Integrated Family Health Centres
IM	Psychiatric Inpatient Event
IP	Non-psychiatric Inpatient Event
Local ID	Local Identifier
MDC	Major Diagnostic Category
MOH	Ministry of Health
MoU	Memorandum of Understanding
MSS	Mobile Surgical Services
MV	Mechanical Ventilation
NBRS	National Booking Reporting System
NCAMP	National Collections Annual Maintenance Programme
NCR	National Collections and Reporting
NHB	National Health Board
NHI	National Health Index



<b>Abbreviation</b>	<b>Definition</b>
NMDS	National Minimum Data Set
NNPAC	National Non-Admitted Patient Collection
NSF	Nationwide Service Framework
NZ	New Zealand
NZDRG	New Zealand Diagnosis Related Group
OPF	Operational Policy Framework
PAS	Patient Administration System
PCCL	Patient Clinical Complexity Level
PHOs	Primary Health Organisations
PMS	Patient Management System
PRIMHD	Programme for the Integration of Mental Health Data
PU	Purchase Unit
PUDD	Purchase Unit Data Dictionary
SFLP	Selective Fetoscopic Laser Photocoagulation
SIA	Systems Impact Assessment
UAT	User Acceptance Testing
WIES	Weighted Inlier Equivalent Separation
WIESNZ	Weighted Inlier Equivalent Separation New Zealand
W/O	With Out
XPU	Excluded Purchase Unit

## Appendix B Process flow for retiring NMDs validation if Primary Diagnoses (Type A) & COF=1



## Appendix C Document Control

### C.1 Document Details

<b>Project</b>	NCR3581 – NCAMP 2013
<b>Team</b>	Business Analysis, Solutions Delivery Group
<b>Document Title</b>	High level business requirements
<b>Path/Filename</b>	NCR Projects Filing\NCR 3581 NCAMP 2013\Product File\Analysis and Design\Business Requirements\01. High Level Business Requirements
<b>Author(s)</b>	Business Analysis
<b>Version</b>	1.0
<b>Status</b>	Final

### C.2 Version Control

Date	Version	Description of Changes	Author(s)
19/11/2012	1.0	Final	Daniel Thomson
19/11/2012	0.4.3	Tracked changes from further review by Angela Pidd, Tracy Thompson	
16/11/2012	0.4.2	Updated based on changes from Angela Pidd	Daniel Thomson
15/11/2012	0.4.1	Updated based on changes from Tracy Thompson	Daniel Thomson
14/11/2012	0.4	Added Supplementary Advisories 1 & 2 for coming NMDS release, #113. Sent for review by Tracy Thompson, Angela Pidd	Daniel Thomson
12/11/2012	0.3	Added wording for requirements for NCR request 45 from Angela Pidd	Daniel Thomson
6/11/2012	0.2	Revised based on feedback from meeting with Angela Pidd, Lee Gibson	Daniel Thomson

1/11/2012	0.1	Initial draft based on NCR requests for change	Daniel Thomson
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### C.3 Related Documents

Title	Version	Location
WIESNZ13 Final	V1.1	<a href="http://www.health.govt.nz/ncamp">www.health.govt.nz/ncamp</a>

### C.4 Document Contributors

Name	Position	Action
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