

Monthly Activity Collection (MAC) Data Collection Guidelines and Business Rules

2021/2022

Statistical Services Branch



Monthly Activity Collection Data Collection Guidelines and Business Rules 2021/2022

Published by the State of Queensland (Queensland Health), July 2021



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An electronic version of this document is available at <http://qheps.health.qld.gov.au/hsu/datacollections.htm>

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1. Introduction to the Monthly Activity Collection

Overview

The Monthly Activity Collection (MAC) collects aggregate (or summary) level data on **admitted** and **non-admitted patient activity** and **bed availability**. These data are submitted monthly to the Department of Health by the in-scope 'reporting entities'¹ of the different levels of Queensland's public hospital system. Data are submitted by each reporting entity to the Statistical Collections and Integration Unit (SCIU), Statistical Services Branch (SSB) of the Department of Health (DoH) where it is prepared for reporting purposes.

Uses of MAC data

Monthly Activity Collection data are a source for mandated reporting requirements for the Commonwealth and State governments, as well as for the reporting requirements of the DoH and local management purposes.

Some examples include:

- Costing, financial and resource management purposes at state and local level
- Non-admitted patient service event data are used for healthcare purchasing and Activity Based Funding (ABF) purposes including informing the service agreements between Hospital and Health Services (HHS) and DoH and subsequent monitoring and analysis.
- Non-admitted patient service event data are used by Revenue Strategy and Support Unit, Finance Branch to assist with the reconciliation of compensable activity and to support Departmental arrangements with third party payers.
- Non-admitted patient service event data are reported to the Australian Institute of Health and Welfare (AIHW) for statistical reporting purposes.
- Non-admitted patient service event data are reported to the Independent Hospital Pricing Authority (IHPA) for funding purposes.
- Bed availability data are provided to the State and Commonwealth Governments.
- Monthly Activity Collection data are routinely published on the Queensland Health internet and intranet sites as well as in Australian Government publications such as *Report on Government Services (ROGS)*, *Australian Hospital Statistics* and the *My Hospitals* website.

Reporting mandates

The MAC data are the source for mandated Commonwealth and State government reporting requirements.

Commonwealth Government Reporting Requirements

Department of Health (Commonwealth)

Under the National Healthcare Agreement, the Queensland Department of Health (DoH) is required to supply the Commonwealth's Department of Health (CDoH) with hospital activity data on Queensland's public health system.

Australian Institute of Health and Welfare (AIHW)

As a signatory to the National Health Information Agreement, DoH is required to provide hospital activity data to the AIHW according to agreed National Minimum Data Sets (NMDSs).

¹ The term 'reporting entity' used in this manual refers to one of the three hierarchical levels for reporting monthly activity data i.e. either the hospital, the HHS or the State. The term 'reporting entities' used in this manual refer collectively to the three hierarchical levels for monthly activity reporting being the hospital, the HHS and the State.

To comply with these reporting obligations, service event data reported to the MAC are used to meet the [Non-admitted patient care aggregate NBEDS 2021-22](#) (NAPCA NBEDS).

Independent Hospital Pricing Authority (IHPA)

In addition to the above reporting requirements for the CDoH and the AIHW, DoH must provide non-admitted patient service event activity to IHPA² at both the aggregate-level and the patient-level.

Aggregate-level data is provided according to the NAPCA NBEDS and patient-level data is provided according to the [Non-admitted patient NBEDS](#) (NAP NBEDS).

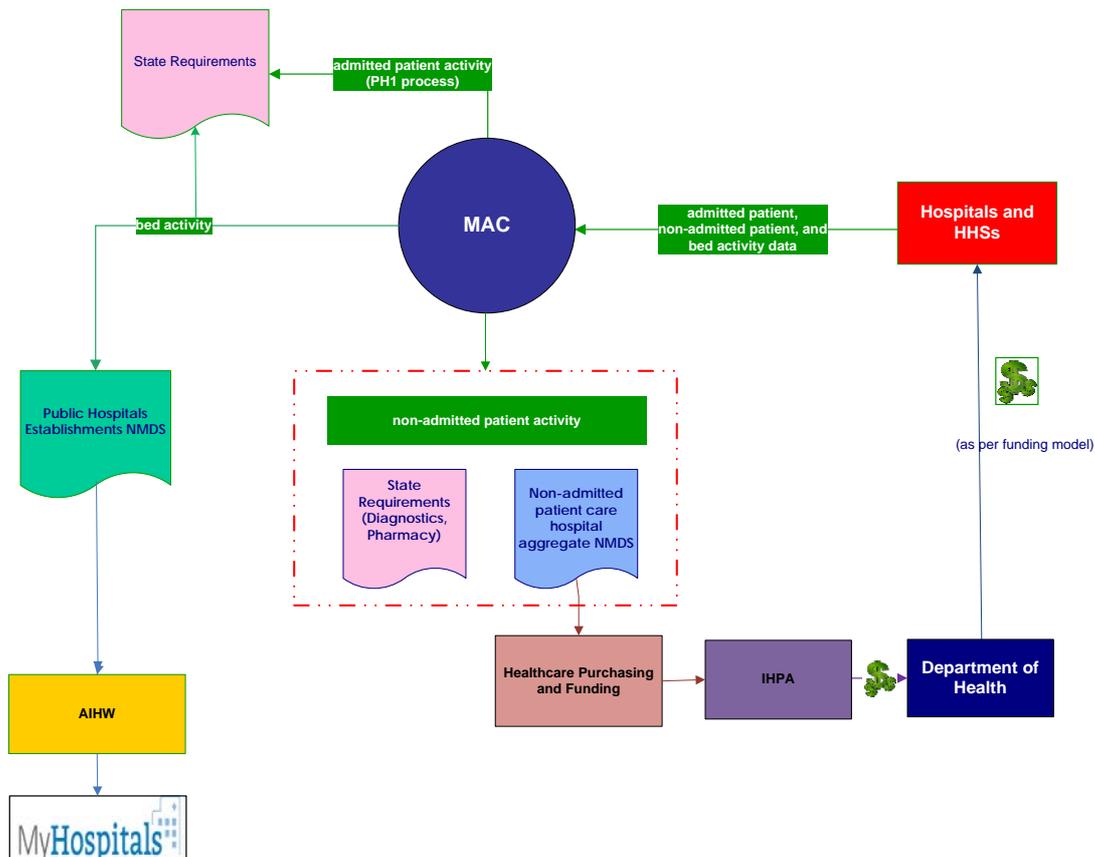
Both data set specifications collect data at the three different levels of the public hospital system being the hospital, the HHS and the State. From 01 July 2019, the [NAPCA NBEDS](#) superseded the *Non-admitted patient care hospital aggregate NMDS*, the *Activity based funding: Non-admitted patient care aggregate NBEDS* and the *Non-admitted patient care Local Hospital Network aggregate NBEDS*.

Prior to 1 July 2014, only non-admitted patient service activity that was delivered by public hospitals was reported in the MAC. However, from this date the scope of non-admitted patient service events reported in the MAC was to service events delivered by the three levels of the health system - the hospital, the HHS and those that are managed by the State such as the Surgery Connect programme.

The NAPC LHN NBEDS enabled the reporting of data at the HHS and Jurisdictional Health Authority (State) levels.

With the transition to patient-level reporting, and the ongoing mandated aggregate reporting requirement, patient-level data will be aggregated to meet the NAPCA NBEDS requirement.

Reporting Mandate Process



² The IHPA has been established under the National Health Reform Agreement (NHRA) and has a pivotal role in the administration of Activity Based Funding (ABF). The IHPA also has other key responsibilities as outlined in the NHRA, such as setting the national efficient price for public hospital services and the efficient cost of block funding services in regional hospitals.

Transition from aggregate level reporting to patient-level reporting (non-admitted patient service event reporting)

Non-admitted patient service events (previously known as occasions of service) have been reported at the aggregate-level to the Monthly Activity Collection (MAC) for many years.

Queensland Health has been in the process of transitioning the reporting of non-admitted service event activity data from the aggregate-level to the patient-level for several years. In 2020-2021, over 70% of reporting entities (facilities) were reporting patient-level service event data to the Queensland Health Non-admitted Patient Data Collection (QHNAPDC) and no longer reporting at the aggregate-level to the MAC. Their patient-level activity was used to derive actual performance and also aggregated to meet the aggregate statistical reporting requirements of the Department.

For those facilities which were still reporting at the aggregate-level to the MAC, the Director-General advised in that aggregate data submissions would no longer be accepted from 1 July 2021. This direction aligned to the Independent Hospital Pricing Authority (IHPA) advice that they would only accept patient-level data for funding purposes from this date. It was recognised that there could be some services for which patient-level data may not be available by this date; and it may be possible that the National Health Funding Body (NHFB) may accept aggregate non-admitted data submissions for a limited number of isolated services or small facilities. HHSs were invited to advise the Healthcare Purchasing and Funding Branch of these services for consideration by the Administrator.

The provision of aggregate non-admitted patient data for these services is an interim arrangement only until patient-level data can be provided within the earliest possible timeframe.

To enable this limited aggregate-level reporting for the HHS nominated services, as well as for the continued reporting of Diagnostic, Pharmacy, Offender Health and Surgery Connect activity data, the MAC will continue in a greatly reduced capacity.

The current suite of eight MAC forms used to report aggregate service event activity by facilities will be retired and replaced with two new forms:

1. a facility specific form (individualised to each facility with the requested services)
2. **Other Services** form (all facilities)

This form is required to be completed by all public hospital facilities and HHSs and contains the clinic types of Diagnostics, Pharmacy and Offender Health. The Statistical Services Branch is working with the data custodians of these services to obtain patient-level data and it is anticipated that once the data are available and valid, that this form may also be retired in the future.

Please refer to [Required Forms by Facility](#) to identify the reporting entities required to report to the MAC and the specific forms required.

2. Reporting to MAC

MAC Forms

Data is reported to SCIU each month by completing relevant MAC form templates (Microsoft Excel spreadsheets). See [MAC Online section](#) for more information on the data submission process.

Once the MAC form is populated with the monthly activity data, it can then be uploaded to the MAC Online application where the data are validated (refer to the [MAC Online User Guides](#) and submitted to SCIU.

New/updated versions of MAC forms

Generally, each financial year, MAC reporting requirements may change. Changes can be due to the mandated reporting requirements of the Commonwealth Government, however, can also be requested by the State and business areas of the Department of Health. Reporting entities are notified as early as possible prior to the new financial year of the updated requirements through communication to HHSs, forums, this manual, supporting annual change information sessions and the IHPA website.

Whilst changes to the MAC forms for service event reporting will no longer be applied, changes will be applied to the other MAC forms.

The MAC form templates must not be altered in any way as they will not upload to MAC Online and therefore data will not be submitted to SSB.

Type of Activity to be reported by Reporting Entity

The type of activity and the unit of activity required to be reported by the type of reporting entity on which MAC form is listed in the table on the following page.

Note: Please refer to [Required Forms by Facility](#) to identify the reporting entities required to report to the MAC and the specific forms required.

Non-admitted outpatient service event forms

Type of Reporting Entity:

- Hospital – public acute³⁴
- HHS⁵
- State⁶ - Surgery Connect; Community Services Funding Branch; any other State requirements e.g. Contract Facility Id: 95000 Qld Private Health Facility Funding Agreement (COVID-19)
- public nursing homes, hostels and independent living units (residential care)

Unit of Activity:

- service event
- Primary and Community Health (PCH) service events (HHSs only)
- (refer to [Scope Statement](#))

Type of Activity:

one-to-one service events for consultation clinic types by medical officer and other health professional provider types.

group session service events (patients) and numbers of group sessions by clinic type by medical officer and other health professional provider types and

group session multiple health care provider service events for an agreed list of specific clinic types by medical officer and other health professional provider types and

one-to-one service events for consultation and some procedure clinic types by medical officer and other health professional provider types which are provided by or received by telehealth and

multiple health care provider service events for an agreed list of specific clinic types by medical officer and other health professional provider types which are provided by or received by telehealth and

group session service events (patients) and numbers of group sessions by clinic type by medical officer and other health professional provider types and

group session multiple health care provider service events for an agreed list of specific clinic types by medical officer and other health professional provider types which are provided by or received by telehealth and

one-to-one service events to be [excluded from IHPA reporting](#) by clinic type by medical officer and other health professional provider types.

Reporting Form:

AGGREGATE
([AGG***](#))

***customised forms for certain reporting entities

³ Includes declared public hospitals as well as private hospitals that provide public health services under contractual arrangements with Department of Health.

⁴ Limited service event reporting due to patient-level only service event reporting. See section *Transition from aggregate level reporting to patient-level reporting (non-admitted patient service event reporting)* above

⁵ See footnote 5 above.

⁶ See footnote 5 above. Surgery Connect is only State service reporting at the aggregate level for 2021-2022.

one-to-one service events for diagnostic clinic types and occasions of service for Pharmacy and one to one Primary and Community Health Service Events by medical officer and other health professional provider types (HHS reporting only) and one-to-one service events to be excluded from IHPA reporting by clinic type by medical officer and other health professional provider types.	Reporting Form:	OTHER SERVICES (AGGOSV)
one-to-one service events for consultation clinic types by medical officer and other health professional provider types. one-to-one service events to be excluded from IHPA reporting by clinic type by medical officer and other health professional provider types.	Reporting Form:	SURGERY CONNECT (AGGSRGC)
Type of Reporting Entity:		
- Hospital – public acute		
Unit of Activity:		
- service event		
Type of Activity:		
pathology service events (Mater only).	Reporting Form:	PATHOLOGY (MTACPATH2)
Non-admitted (emergency service) patient activity forms		
Type of Reporting Entity:		
- public acute hospitals which do not use the Emergency Department Information System (EDIS)		
Unit of Activity:		
- Emergency service stay		
Type of Activity:		
emergency service stays (non EDIS sites) by 'Type of Visit' and 'Episode End Status/Triage category#'.	Reporting Form:	EMERGENCY SERVICES (MACONES)

Admitted patient, residential care and bed availability activity forms

Type of Reporting Entity:

- public acute hospitals
- public psychiatric hospitals

Unit of Activity:

- Separations

Type of Activity:

patient admissions, separations, and classification changes.

Reporting Form:

ADMITTED PATIENT ACTIVITY
([MTHACPH1](#))

Unit of Activity:

- Beds
- Bed Alternatives

Type of Activity:

the number of available beds and available bed alternatives, including those contracted, and those in residential care facilities used for admitted patients.

Reporting Form:

BED
([BED](#))

Type of Reporting Entity:

- Residential Mental Health Care Facilities

Unit of Activity:

- Separations

Type of Activity:

consumer admissions**, separations***, and classification changes.

**admissions – whilst consumers are not 'admitted' to the facility, the term 'admissions' in relation to residential mental health care should be interpreted as 'commencement of care'.
***separations - whilst consumers are not 'separated' from the facility, the term 'separations' in relation to residential mental health care should be interpreted as 'cessation of care'.

Reporting Form:

RESIDENTIAL MENTAL HEALTH CARE
([MTHACPH2](#))

Unit of Activity:

- Beds

Type of Activity:

the number of available beds for residential mental health care consumers.	Reporting Form:	MENTAL HEALTH BEDS (MHBED)
Type of Reporting Entity:		
- Residential care facilities (including nursing homes, hostels, and independent living units)		
Unit of Activity:		
- Accommodated / No Longer Accommodated - Beds		
Type of Activity:		
accommodated residents, residents no longer accommodated, non-admitted patient service events, allocation of places by bed funding type, by type of program, and number of residential beds used for admitted patients	Reporting Form:	RESIDENTIAL CARE (MTHACRC)
Type of Reporting Entity:		
- Multi Purpose Health Services		
Unit of Activity:		
- Accommodated / No Longer Accommodated - Beds		
Type of Activity:		
accommodated residents, residents no longer accommodated and bed availability.	Reporting Form:	MULTI-PURPOSE HEALTH SERVICE (MTHACMP1)

Reporting requirements of 'previously declared' public health facilities

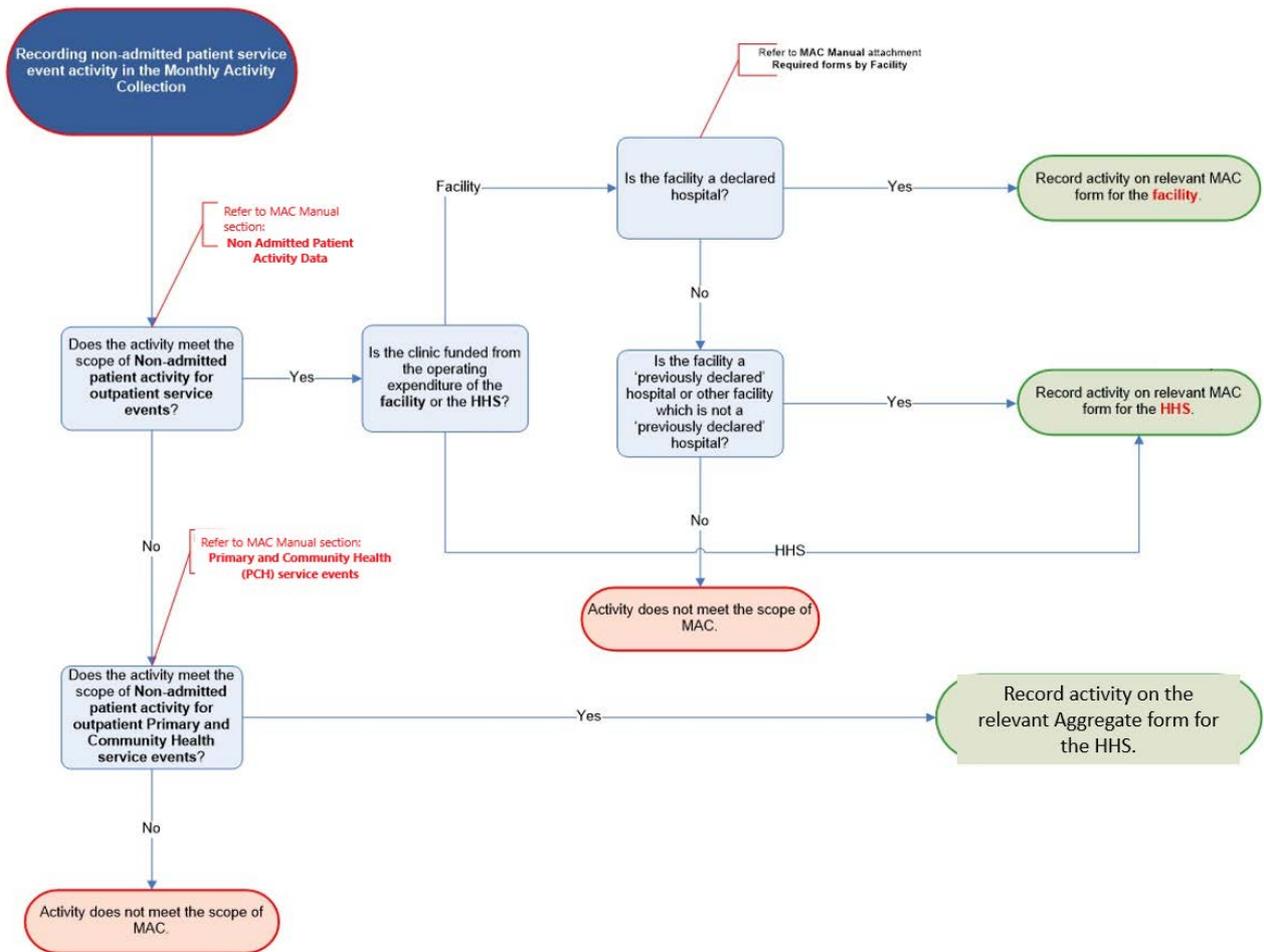
Previously declared public hospitals are not required to submit the following activity:

- summary level admitted patient activity (PH1 form (MTHACPH1))
- available beds and available bed alternatives (BED form (BA))
- MACONES forms

The following activity must be reported at the HHS level where indicated in the [Required Forms by Facility](#) list:

- non-admitted patient activity (outpatient service events), Diagnostics and Procedures, Groups, Telehealth and Pathology;
- emergency service episodes

Reporting Decision Tree (outpatient service events)



3. Non-Admitted Patient Activity Data

Scope Statement

Non-admitted patient activity to be reported to the MAC includes:

- outpatient service events⁷ (OSEs) provided by clinics deemed as 'in-scope' for reporting as determined by the IHPA's General list of in-scope public hospital services. Whilst the 'General list' does not include Tier 2 clinic classes of 'General Practice and Primary Care' (20.06), 'Aged Care Assessment' (40.02), 'Family Planning' (40.27), 'General Counselling' (40.33), and 'Primary Health Care' (40.08) as in-scope public hospital services, these clinic types must be reported.

Classification of clinic services will be to the appropriate Corporate Clinic Code (CCC)/Tier 2 clinic class for reporting at the jurisdictional health authority (Queensland Health), Hospital and Health Service (Local Hospital Network (LHN)) and hospital levels.

- Primary and Community Health service events⁸ (PCHSEs) provided by Primary and Community Health Services clinics that are not able to be classified to a CCC/Tier 2 clinic class and for which funding corresponds with cost centres designated as 'Non-ABF Service Categories' in the general ledger 'Funding Split Hierarchy'. Classification of these clinic services will be to a service type identified in the [Service type classifications and counting rules for reporting at the HHS level](#) and may include activity for services that are outsourced. This activity does not fit the criteria prescribed in *General list of in-scope public hospital services* i.e. considered ABF in-scope services, as these would be able to be reported against the appropriate Tier 2 clinic classification.
- occasions of service provided by pharmacy

Further, this activity must:

- be activity that is funded by the jurisdictional health authority (Queensland Health), Hospital and Health Service, or hospital and inclusive of contracted activity
- be irrespective of location (includes on-campus and off-campus), and
- be included regardless of setting or mode

Excludes:

- services provided from grants issued by the Commonwealth
- services that are the policy and funding responsibility of another state government department or the Commonwealth are not in-scope for this collection, as activity would be reported elsewhere. Similarly, mental health and oral health service activity is reported via service specific information systems such as Consumer Integrated Mental Health Application (CIMHA) and Information System Oral Health (ISOH) and should therefore not be reported to the MAC
- services provided by email
- services provided to patients in the admitted, emergency department or emergency service care settings.

⁷ Outpatient service events must meet the definition of a service event being *an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record* Australian Government, Australian Institute of Health and Welfare. National Health Data Dictionary. <<https://meteor.aihw.gov.au/content/index.phtml/itemId/652089>> Retrieved 12/04/2021

⁸ A PCHSE is defined as an interaction between a client and one or more healthcare provider(s) containing therapeutic/clinical content, resulting in a dated entry in the patient's medical record, file or other client service record and occurring in a community setting, or under the auspices of a community health service.

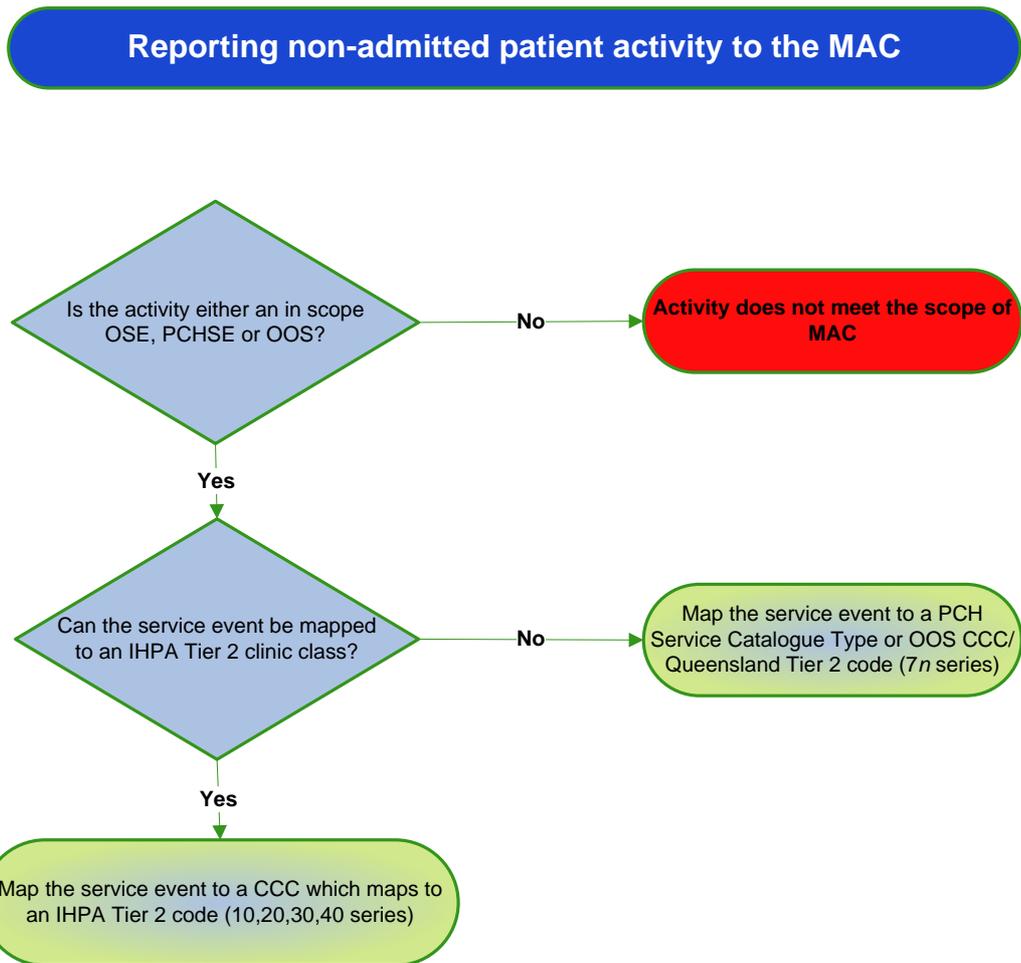
The OSE activity that is to be reported to the MAC is *'the total number of individual session non-admitted service events provided by an establishment'*⁹ and *'the total number of group session non-admitted service events provided by an establishment'*¹⁰.

The PCHSE activity that is to be reported to the MAC for non-admitted patients is *'the total number of 'PCHSEs' provided to non-admitted patients in the reference period, for each of the Primary and Community Health service types'*.

⁹ Australian Government, Australian Institute of Health and Welfare. National Health Data Dictionary. <<http://meteor.aihw.gov.au/content/index.phtml/itemId/679562>> Retrieved 12/04/2021

¹⁰ Australian Government, Australian Institute of Health and Welfare. National Health Data Dictionary. <<http://meteor.aihw.gov.au/content/index.phtml/itemId/679572>> Retrieved 12/04/2021

Scope of MAC reporting diagram



MAC vs QHNAPDC Scope

MAC vs QHNAPDC Scope			
	Source of Funds	Report in MAC?	Report in QHNAPDC?
	Queensland Health (HHS Service Agreement)	Yes	Yes
	Queensland Health (Other Source)	Yes	Yes
	Commonwealth Grants Direct	No	Yes

Counting rules

Australian Institute of Health and Welfare (AIHW)

Service event data that are reported nationally to the AIHW must be reported in accordance with the [NAPCA NBEDS](#).

The counting rules of this dataset state:

- **All** non-admitted services that meet the criteria of a non-admitted patient service event should be counted and be counted only once regardless of the number of health care providers present.
- Patients can be counted as having multiple non-admitted patient service events in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.

It should be noted that this has always been the level of reporting to MAC to meet the requirements of this dataset.

Independent Hospital Pricing Authority (IHPA)

Service event data that are reported nationally to the IHPA must also be reported in accordance in with the [NAPCA NBEDS](#) as well as the business rules prescribed in the [IHPA Tier 2 Non-Admitted Services Compendium 2021-22](#).

The general counting rules of the Compendium state that for ABF reporting purposes:

- Regardless of the number of health care providers involved, a non-admitted patient service event must be counted once only.
- **Only one** non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.

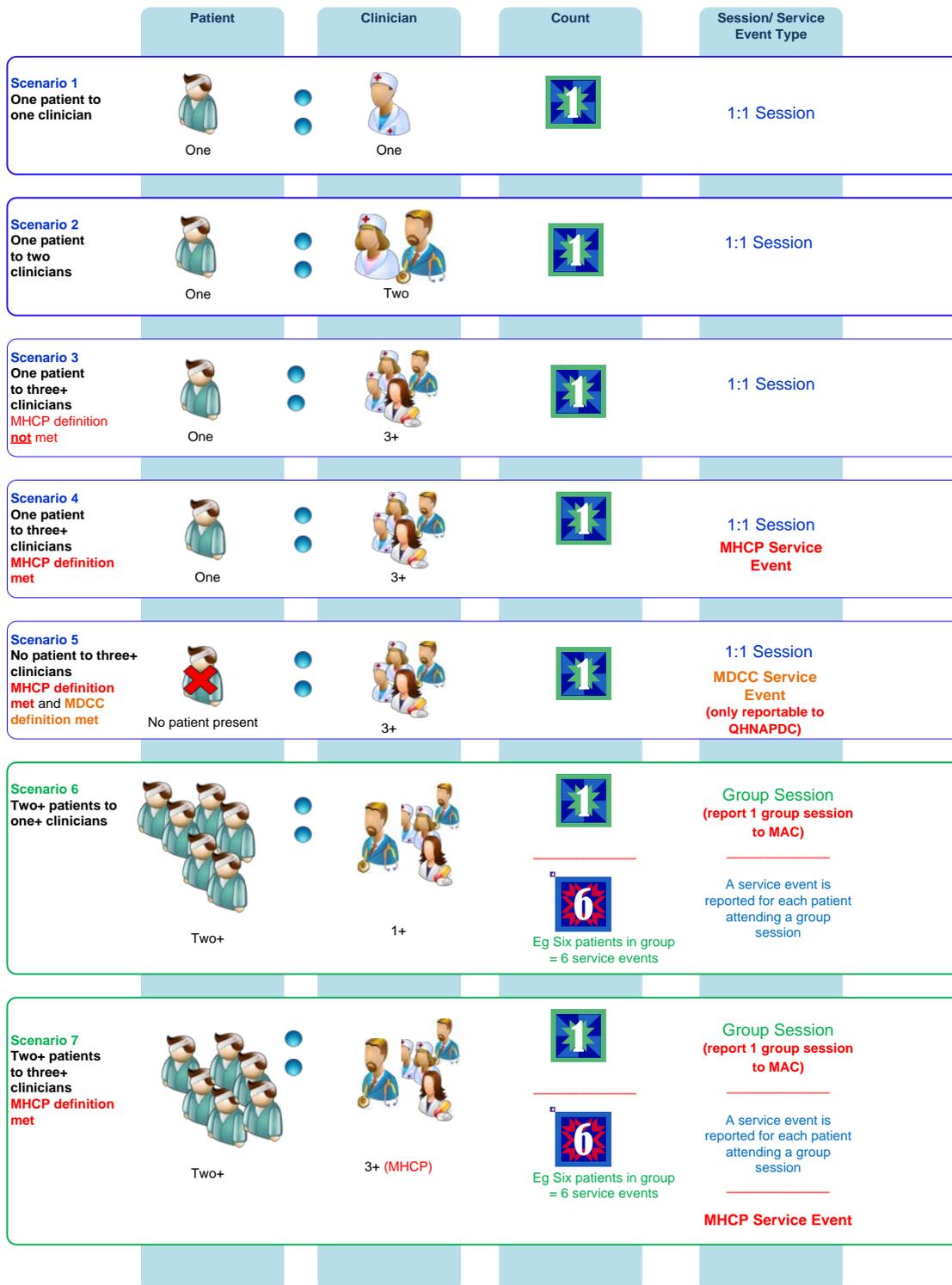
This is referred to as the IHPA bundling rule where multiple public service events for the same patient, same day, same Tier 2 are only reported as one service event to the IHPA.

For the MAC data to be the single source for multiple reporting needs, and be compliant with both the mandated requirements of the [NAPCA NBEDS](#) and IHPA's counting rules, the Healthcare Purchasing and Funding Branch (HPFB) requested that HHSs also identify the number of 'public' service events to be excluded (from the total number reported) on the AGGOSV, AGGSRGC and AGG*** (customised reporting entity) forms.

Refer to [Business Rules #1 and #2](#) for further clarification.

Counting Rules – Diagram

Counting Rules Diagram Non-admitted patient service events



Primary and Community Health (PCH) service events

Service type classifications and counting rules

PCHSEs are classified according to the following service types:

<i>Primary and Community Health Service Catalogue for MAC Reporting</i>		
Service Type	Definition	Service
Care Co-ordination	Community services that involve coordination of other services to achieve the optimal outcomes for a non-admitted client (where the PCHSE definition is met).	Community Hospital Interface Program (CHIP) or similar community based co-ordination services if not for an ABF service. If CHIP is used for hospital avoidance this should be reported in the valid Tier 2 clinic code 40.58 Hospital Avoidance Programs. Liaison services including indigenous liaison officers
Child and Youth	Community services provided principally for an infant, child or a young person under 18 years of age. Whilst the service may be provided to a parent or guardian, the focus is on supporting the health or development of the child or young person. Includes child protection services. Excludes oral health and community mental health services because activity for these services is collected in other systems (e.g. CIMHA).	Community Clinic Services Child/Infant development assessment and treatment Hearing Screening Child Protection Services Parenting support programs School based health nurses
Chronic Disease	Community services provided to identify and manage an illness or medical condition that lasts over a long period (e.g. more than 12 months) and sometimes causes a long-term change in the body.	Type 2 diabetes services, pulmonary services, cardiac services, renal services
Communicable Diseases	Community based surveillance and treatment of communicable and infectious diseases, including immunisations. Excludes sexually transmitted diseases (see Sexual Health) and Staff vaccinations.	Includes immunisations relevant for this service as well as activity pertaining to general communicable or infectious disease prevention, detection and response.

Primary and Community Health Service Catalogue for MAC Reporting

Service Type	Definition	Service
Community Palliative Care	Community palliative care services provided in the community or a patient's home. Includes care services purchased through non-government providers and equipment hire.	Includes heart failure.
Community Rehabilitation	Community based rehabilitation services for children and/or adults provided in a community setting (i.e. patient's home or community centre), usually, but not always, following a hospital event. Includes care services purchased through non-government providers and equipment hire.	Cardiac Rehabilitation Pulmonary Rehabilitation Acquired Brain Injury Rehabilitation Spinal Injury Rehabilitation
Maternal Health	Community based pre-natal and post-natal services provided to women/parents.	Antenatal and Postnatal Care (including postnatal contact/visits delivered under specific initiatives and government commitments). Excludes parenting support programs (see Child and Youth community health service type).
Offender Health Services	Health services provided to offenders/prisoners under the supervision of Queensland Corrective Services.	All community health services provided to offenders/prisoners fall into this category. Activity recorded could pertain to a range of service types across the community health service catalogue, but the client/patient is an offender/prisoner.
Primary Health Care	GP type services provided in the community, including services to Medicare ineligible clients. (Includes services provided to indigenous persons/communities).	Refugee Health Primary Care Clinics (out of scope Tier 2 clinics)
Sexual Health	Services provided in the community to provide testing, support, education and advice for sexual health including transmission of sexually transmitted diseases and management and referral for sexual assault.	Sexual Assault Services Complex STIs Post Exposure Prophylaxis for HIV Testing, referral and counselling for sexual health

Primary and Community Health Service Catalogue for MAC Reporting

Service Type	Definition	Service
Women's and Men's Health	Community health services targeted to women or men for specific gender related health issues.	Family Planning
		<p>Advice concerning breast health, gynaecological care, female genital mutilation and gynaecological oncology. Specific services may include early pregnancy clinic, fertility and reproductive endocrinology, urogynaecology sexual health and menopausal health. Excludes diagnostic screening.</p> <p>Advice concerning vasectomy, male infertility, penile and testicular problems, sexual function and dysfunction, sexual health and the prostate. Excludes diagnostic screening.</p>

The counting rules for PCHSEs are as follows:

- 'client' is defined as the principal individual to whom therapeutic/clinical content is directed by a healthcare provider(s). Where carers and/or family members are also present during the interaction, only one PCHSE per client may be counted.
- one PCHSE is recorded for each interaction with a client, regardless of the number of healthcare providers present. Note: The reporting of multiple health care provider type activity is not required for PCHSE activity.
- services delivered via telehealth or telephone are included if they meet the definition of a PCHSE. Telehealth PCHSEs are reported by both the provider and receiver.
- one PCHSE is recorded for each client who attends a group session, regardless of the number of healthcare providers present. There is no requirement to separate these session types nor report the number of group sessions. For example, if five clients attended a group session, this would be reported as five PCHSEs.

Classifications

Service event classification

Corporate Clinic Codes (CCCs)

Corporate Clinic Codes are the most granular level of classification of non-admitted patient service event activity. They have been created over the years by Queensland Health to record outpatient service event activity according to the clinical services provided. Corporate Clinic Codes map to MAC clinic types which then map to an IHPA Tier 2 clinic classification.

MAC Clinic Types

Monthly Activity Collection Clinic Types have been created over the years by Queensland Health to enable the reporting from CCC to earlier national reporting requirements before the introduction of IHPA Tier 2 clinic classifications. There is not a one to one mapping between CCC and MAC clinic types – rather one or more CCCs can map to a MAC Clinic Type. Monthly Activity Collection Clinic Types map to the IHPA Tier 2 clinic classifications.

Tier 2 clinic classifications

The [Tier 2 Non-Admitted Services Definitions Manual](#) (Tier 2 Manual) defines the clinic classifications (classes) required for reporting non-admitted services.

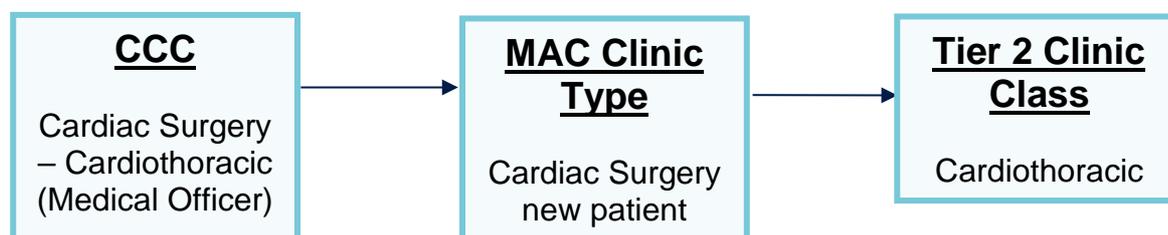
In addition, IHPA has published the following two documents and recommends that these along with the Tier 2 Manual and the data set specifications are used collectively.

The [IHPA Tier 2 Non-Admitted Services Compendium 2021-22](#) (Tier 2 Compendium) – this document provides details on the counting and classification rules associated with the Tier 2 non-admitted services classification as well as business rules and scenarios to assist users to consistently classify activity, and

[Tier 2 Non-admitted services national index](#) (Tier 2 Index) - this index assists users of the Tier 2 classification allocate local clinics to a Tier 2 class in a consistent manner.

Note: IHPA publications must be referenced in conjunction with the Department of Health's HPFB resources and this manual, as in some cases local reporting rules and requirements take precedence over these national guidelines. Please contact the HPFB, Healthcare Purchasing and System Performance Division for further assistance.

Example:



Clinic Mapping Table

The [mapping table](#) provides mappings between Corporate Clinic Codes MAC Clinic Types, and IHPA's Tier 2 Clinic Classes for statistical reporting purposes.

Monthly and quarterly reporting timeframes for the MAC

All final (approved) versions of MAC reports must be submitted to SCIU by the 14th day¹¹ following the reference month (e.g. for the reference month of September, MAC reports must be submitted by 14th of October).

As this information is used to determine funding and purchasing allocations, data are considered finalised on a quarterly basis, by the submission date following the reporting quarter.

The Department of Health must provide non-admitted (aggregate-level) data to the IHPA as mandated in IHPA's [Three Year Data Plan 2021-22 to 2023-24](#). For 2021-22, this data is required to be reported on a quarterly basis in a submission containing data for each of the quarters elapsed in the year.

Where data submissions are not completed or not approved by HHS CEOs by the required due date, reporting entities will receive a reminder email from MASMAIL@health.qld.gov.au.

Updates to finalised quarterly MAC data

In previous years, any updates to 'finalised' quarterly MAC data required the HHS CE to provide a request in writing to Healthcare Purchasing and Funding Branch (HPFB). Once approved, SSB would then unlock the specific form and period to be updated by the HHS.

From 2019-20, HPFB has advised that a request from the HHS CE is no longer required for unlocking of MAC forms for HHS update.

Forms will be still be locked down each quarter by SSB, and requests for periods to be unlocked should be sent to MASMail@health.qld.gov.au stating the period and form types.

Refer to the table below for the quarterly reporting schedule:

Reporting Quarter	Period	Due Date	Finalisation Date
September	July	14 August	14 November
	August	14 September	
	September	14 October	
December	October	14 November	14 February
	November	14 December	
	December	14 January	
March	January	14 February	14 May
	February	14 March	
	March	14 April	
June	April	14 May	14 August <i>*final submission due 1 September 2022</i>
	May	14 June	
	June	14 July	

¹¹ Preliminary PH1 and PH2 (where relevant) reports are due on the 4th day of each month following the reference month. For most hospitals using HBCIS, these forms are generated and sent automatically using the 'Report Monitor' functionality. A final version is required on the 14th which should contain any amendments to the preliminary version.

Availability of MAC data in Decision Support System (DSS)

Monthly Activity Collection forms submitted with non-admitted activity must have an 'Approved' status for the purposes of providing activity data for Weighted Activity Unit (WAU) reporting in DSS¹².

An 'approved' status is provided by a HHS CEO (or their nominated delegate) 'sign-off' in the MAC Online application. If MAC forms do not have an 'approved' status (prior to SSB's scheduled weekend processing), activity will not be reported.

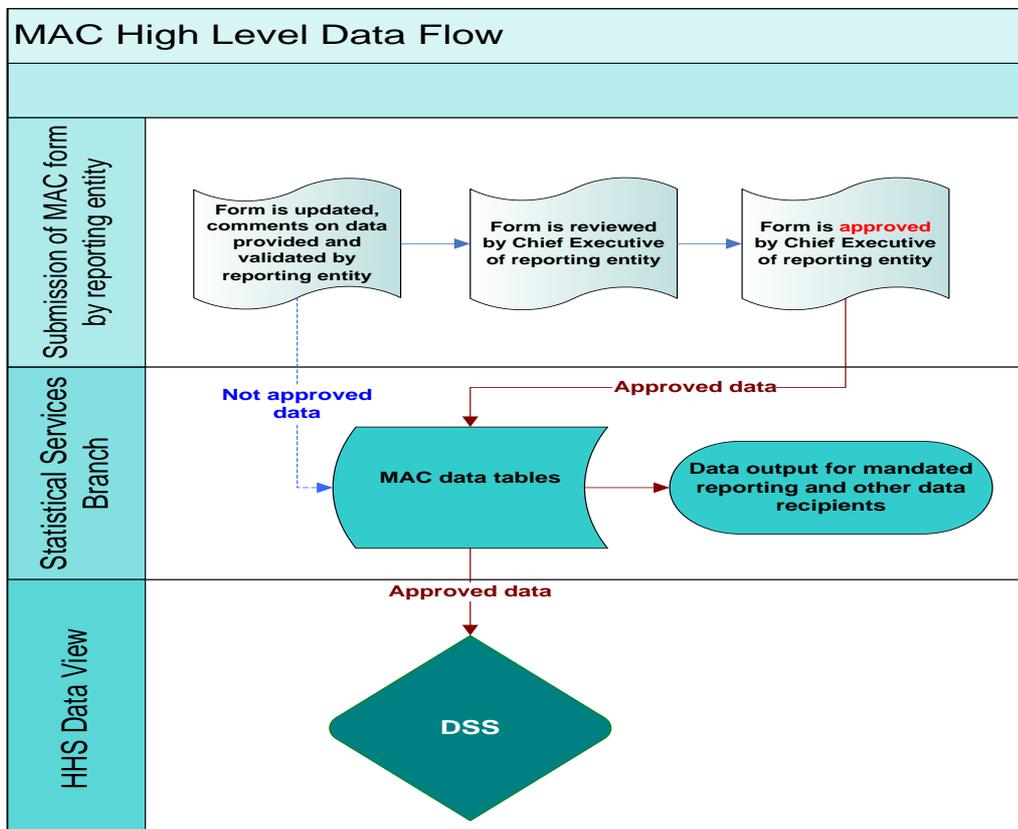
This includes data in forms that may have been previously approved but then updated after the monthly deadline. If prior month forms require updating, it is recommended that sites ensure approvals can be processed within the week (and the form/s are returned to a status of 'approved') prior to the weekend processing cut off. **If forms remain in status of 'draft', 'validated' or 'submitted' at the end of the week no data will appear in DSS for that month until the next weekend processing occurs.** To support the management of MAC form status, HHSs are able check the status of the MAC forms in DSS in the 'MAC Forms' folder. This report is updated in line with the SSB's weekend processing of data, otherwise for real-time status of forms, registered MAC Online users can continue to monitor them in the MAC Online application.

Chief Executive Officer, HHS approval

As MAC data are used to substantiate funding and purchasing allocations, Chief Executive Officers (or their delegates) must approve the MAC Aggregate forms as well as the Emergency Service and Bed forms.

Refer to the [MAC Online User Guides](#) to set-up the HHS CEO user access level to enable the Chief Executive (CEO) to approve the abovementioned MAC reports.

MAC form workflow



¹² As per the Memorandum to HHS CEs dated 13th March 2013 from Executive Director, Healthcare Purchasing, Funding and Performance Management Branch.

For a more detailed flow of MAC forms and processing statuses please refer to the [MAC Online User Guides](#).

NIL activity report

Reporting entities that record no activity during the month are still required to submit the required MAC forms. The cells in which activity is recorded on the form must be left blank. Refer to the [MAC Online User Guides](#) for information on the supply of 'Nil Data'.

Provision of estimates

Estimated data should only be provided when significant events such as major computer system failure, industrial action, and natural disasters prevent the availability of data. Any data that is an estimate must be denoted as such in the submitted data (using MAC Online global comments section – see [MAC Online User Guides](#)) and updated with actual data by the date the next reference month is due.

MAC Online

MAC Online is a web-based application developed by SSB, to enable a reporting entity to report monthly activity data on the required MAC form template, validate data entered and then upload the template to SSB.

Data validation

The MAC Online application validates each line of reported patient activity on the MAC forms. Validation exceptions are raised when the reported activity for the reference month is compared to the previous month and fails predetermined acceptance criteria (e.g.: variance percentage is high, same value both periods, null values etc).

Reporting entities must respond to validation exceptions with relevant and meaningful comments which detail the reason/s for the validation exception.

Comments provided in all MAC forms are retained within SSB databases and are utilised to respond to queries raised by various business areas in the Department of Health, the Minister and senior executive and the Commonwealth Government. Therefore, it is very important that the comments provided clearly state the reasons for the variations.

The SCIU undertake a data quality process to ensure comments provided are relevant and sufficient. In the cases where comments provided do not clearly state the reasons for the variations, reporting entities will be requested to update the comment entered.

Reporting entities may also be contacted by SSB seeking additional information on data anomalies that appear following time series trend analysis or any other official enquiry where additional information is required.

Refer to the [MAC Online User Guides](#) for information on this application.

4. Appendix

MAC Business Rules

Business Rule #1

Rule No.	1	Rule Type	Exclusion of service events – IHPA Counting Rule
Rule Name	IHPA Service Event Bundling – Principal Funding source – public		
Business Rule	Identification of public service events for same patient, same day, same Tier 2 clinic class which are subsequent to the first service event. These counts are to be excluded from reporting to the IHPA.		
Data item	Funding Source	Applicable Values in Data Domain	<p>01 Health service budget (not covered elsewhere)</p> <p>11 Health service budget (due to eligibility for Reciprocal Health Care Agreement)</p> <p>13 Health service budget (no charge raised due to hospital decision)</p> <p>14 Medicare Benefits Scheme plus a Commonwealth Exemption type:</p> <ul style="list-style-type: none"> • 1 COAG S19(2) Exemptions Initiative • 2 Rural & Remote Medical Benefits Scheme (RRMBS) exemption
Overarching Process			
<p>All service events that are within the scope of the MAC must be reported on the relevant MAC aggregate forms in order to meet State and the national reporting requirements of the AIHW.</p> <p>Total counts of service events that meet the business rule for IHPA exclusion are to be identified and reported on aggregate forms in the IHPA Exclusions fields. These counts will be subtracted from the total number of service events reported on the aggregate forms to meet the national reporting requirements of the IHPA (as per bundling rules specified in the IHPA Compendium).</p> <p>To report activity:</p> <ol style="list-style-type: none"> 1) Complete MAC aggregate forms ensuring all service events in scope are reported. 2) From these reported service events, identify those which have the same: <ol style="list-style-type: none"> a) facility identifier b) patient identifier c) service event date d) Tier 2 code 			

e) funding source of 'Public' i.e. IN ('01', '11', '13' and/ or '14' (MBS with a Commonwealth exemption type of 1 or 2). (see Note 1 below)

3) of these identified service events, report those which are subsequent to the first service event in the IHPA Exclusion fields. The first service event should not be reported for exclusion.

Note:

1) Where there is more than one service event identified using the criteria 2a) to d) and only one of those service events has a public funding source (01,11,13,14 (MBS with a Commonwealth exemption type of 1 or 2) and the other identified records have funding sources other than those listed in e), then none of these service events should be excluded.

QHNAPDC records have ranking applied to identify which of the multiple public records will be reported to IHPA based on service delivery mode being the first ranking criteria. Refer to the [QHNAPDC Business Rules](#) for more information.

Business Rule #2

Rule No.	2	Rule Type	Exclusion - IHPA Counting Rule
Rule Name	IHPA Diagnostic Bundling - Principal Funding Source - public		
Business Rule	Identification of public service events for same patient, same day, same Tier 2 clinic class which are subsequent to the first service event. These counts are to be excluded from reporting to the IHPA.		
Data item	Funding Source	Applicable Values in Data Domain	01 Health service budget (not covered elsewhere) 11 Health service budget (due to eligibility for Reciprocal Health Care Agreement) 13 Health service budget (no charge raised due to hospital decision)
Overarching Process			
Public service events that meet this business rule must be identified for exclusion from reporting to the IHPA.			

Business Rule #3

Rule No.	3	Rule Type	Exclusion - Patient admitted at time of service event
Rule Name	Patient admitted at time of a reported service event		
Business Rule	If the date/time of a service event is between the start and end date/time (inclusive) for the same patient's admitted episode of care, the service event cannot be reported to MAC.		
Data item	N/A	Applicable Values in Data Domain	N/A
Overarching Process			
Service events that meet this business rule must not be reported to the MAC.			

Business Rule #4

Rule No.	4	Rule Type	Exclusion - Emergency Department/Service Patient
Rule Name	Patients who are attending Emergency Department/ Service at the time of the reported service event		
Business Rule	If the date/time of a service event is between the start and end date/time (inclusive) for the same patient's emergency department/service attendance, the service event cannot be reported to MAC. See rule 7b)).		
Data item	N/A	Applicable Values in Data Domain	N/A
Overarching Process			
Service events that meet this business rule must not be reported to the MAC.			

Business Rule #5

Rule No.	5	Rule Type	Exclusion - Service Events delivered by Email
Rule Name	Exclude service events with a service delivery mode of email.		
Business Rule	A service event provided by email is excluded from reporting to MAC.		
Data item	Service delivery mode	Applicable Values in Data Domain	4 Electronic mail
Overarching Process			
Service events that meet this business rule must not be reported to the MAC.			

Business Rule #6

Rule No.	6	Rule Type	Exclusion - Multidisciplinary Case Conferences (MDCC)
Rule Name	Exclude service events which meet the MDCC definition.		
Business Rule	A service event provided where the patient is not present and meets the definition of an MDCC is excluded from reporting to MAC.		
Data item	N/A	Applicable Values in Data Domain	N/A
Overarching Process			
Service events that meet this business rule must not be reported to the MAC. MDCCs are only reportable to the QHNAPDC. QHNAPDC MDCC service events will be aggregated for national reporting.			

5. Abbreviations

The following terms and abbreviations are used throughout this document.

Abbreviation	Description
ABF	Activity Based Funding
AIHW	Australian Institute of Health and Welfare
CE	Chief Executive
CDoH	Commonwealth Department of Health
CIMHA	Consumer Integrated Mental Health Application
COAG	Council of Australian Governments
DoH	Department of Health
EDIS	Emergency Department Information System
HBCIS	Hospital Based Corporate Information System
HHS	Hospital and Health Service
HPFB	Healthcare Purchasing and Funding Branch
IHPA	Independent Hospital Pricing Authority
ISOH	Information System Oral Health
MAC	Monthly Activity Collection
MBS	Medicare Benefits Schedule
MPHS	Multi Purpose Health Service
NAP	Non-admitted Patient
NBEDS	National Best Endeavours Data Set
NH	Nursing Home
NHT	Nursing Home Type
NMDS	National Minimum Data Set
OSE	Outpatient Service Event
PCH	Primary and Community Health
PCHSE	Primary and Community Health service event
PHE NMDS	Public Hospitals Establishments NMDS
QHAPDC	Queensland Hospital Admitted Patient Data Collection
QHNAPDC	Queensland Health Non-admitted Patient Data Collection
RC	Residential Care
RMHC	Residential Mental Health Care
RRMBS	Rural and Remote Medicare Benefits Schedule
SCIU	Statistical Collections and Integration Unit
SE	Service Event
SSB	Statistical Services Branch