

Memorandum of Understanding

between

The Ministry of Health

and

Accident Compensation Corporation

For

Provision of Updates to NHI Records in Support of
Accurate Client Information

Version 1.0

September 2015

Memorandum of Understanding

BETWEEN

The Ministry of Health

AND

Accident Compensation Corporation (ACC)

Together referred to as "the Parties".

Primary Contacts

Ministry of Health

Sally Luke
Manager, Identity Data Management
Information Group

9(2)(a)

ACC

Fiona Colman
ACC Principal Advisor (Privacy Officer)

9(2)(a)

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Background

- A The Ministry of Health is responsible for operating and maintaining a master identifier for people using health and disability support services in New Zealand. The National Health Index (NHI) is the system the Ministry uses to assign a unique number to each person and to hold demographic information associated with that unique number.
- B The Health Information Privacy Code 1994 places restrictions on the creation and use of unique identifiers such as the NHI number. Under Rule 12(3)(b) of the Health Information Privacy Code 1994, ACC is identified (in Schedule 2) as an organisation approved to assign an NHI number to a claimant record.
- C ACC creates a claim for every accident that a client lodges with ACC. This accident record is associated to a single client record. A client may have many accidents and it is important that ACC correctly records these against the same client record. If the client cannot be correctly identified during the lodgement of a new accident claim process, a new client instance will be created. This results in duplicate clients being created. It is estimated that 255,000 duplicate claims currently exist.
- D Having duplicate clients is problematic as client details may be updated on one of the client instances but not the other e.g. address. This creates a privacy risk to ACC where claim details may be incorrectly sent to an old address.
- E ACC also calculates some entitlements based on the total impairment to a client. Impairment details are held against each of the accident claims for a client. This creates a risk of incorrect entitlements being calculated if claims have been split between duplicate clients.
- F The ability to prevent duplicate clients being created relies on accurate client information being held. Currently many ACC client records do not hold an NHI number. This makes it difficult to definitively match a claim to an existing client leading to another instance of the client being created.
- G In addition to improving the accuracy of client details, the NHI is used as an identifier by ACC when communicating with medical providers seeking information to support the management of a claim. ACC often requires additional medical information to determine if a client's accident is covered by the ACC Act or to gather additional information to support payment for treatment requested. When requesting information, it is important that ACC provides correct information including, where possible, the NHI number.
- H The Ministry of Health maintains data quality in the NHI by performing maintenance on records when new information is received. This includes linking NHI records when they are found to relate to the same person, or unlinking them if new information confirms they are not the same person. Maintenance to an NHI record also occurs when an official date of death is supplied to the Ministry by the Department of Internal Affairs.

- I Under this Memorandum of Understanding, the Ministry of Health will provide ACC information relating to links, unlinks and dates of death applied to the NHI. This will enable maintenance to the corresponding claimant records in ACC's systems.
- J Having a verified NHI number and DOD (if it exists) will greatly improve the matching process when the accident claim is lodged with ACC. By verifying the NHI number against the Ministry of Health data set, ACC will be able to better analyse its existing client records to create a single view of a client and all their claims held by ACC to verify the entitlement or eligibility of any person to or for any payment or the amount of any payment to which any person is entitled or eligible.

AGREEMENT

1. Purpose

- 1.1 The purpose of this Memorandum is to enable ACC to verify the entitlement or eligibility of any person to or for any payment, or the amount of any payment to which any person is entitled or eligible by maintaining accurate claimant information through the receipt of maintenance files from the Ministry of Health pertaining to specific NHI records.
- 1.2 This will involve the disclosure of information relating to linked and unlinked NHI records, and confirmed dates of death.
- 1.3 Use and disclosure of personal information under this Memorandum is permitted under sections 279 and section 280 of the Accident Compensation Act 2001.
- 1.4 ACC is authorised to collect the NHI information for the purposes of enabling a comprehensive claims database to be maintained, and to provide appropriate rehabilitation and treatment.
- 1.5 Under section 280(3)(a) ACC may request from the Ministry of Health such biographical information as is sufficient to identify persons who are receiving, have received, or have applied to receive payment from ACC for the purposes of verifying the entitlement or eligibility of any person to or for any payment, or the amount of any payment to which any person is entitled or eligible .
- 1.6 This Memorandum outlines the terms and conditions upon which the Parties will exchange the information which the Ministry of Health is permitted to disclose.

2. Data to be provided

- 2.1 The data to be provided by the Ministry of Health under this Memorandum will include only NHI numbers on which there has been maintenance activity during the relevant period.
- 2.2 In total, the Ministry of Health will deliver four files regularly, specifically
- a) A daily file identifying the NHI numbers that have been linked

- b) A daily file identifying the NHI numbers that have been unlinked
- c) A monthly file identifying the NHI numbers that have had a Date of Death recorded
- d) A monthly file identifying NHI numbers that have had their Date of Death removed.

2.3 No identifier except for NHI number, date of birth and gender (and, where applicable, date of death) is included in the Ministry of Health maintenance files.

2.4 ACC will determine whether it holds a record that matches the NHI number provided by the Ministry of Health. If a match exists, the ACC record(s) will be marked for verification before ACC updates its matching record(s). ACC will delete any data provided by the Ministry of Health for which ACC does not find a match.

2.5 The Ministry of Health will not receive any data from ACC under this Memorandum.

3. Data Provision Method

3.1 These data files are currently distributed electronically to the District Health Boards through the Ministry's Secure File Transfer Protocol service. This service encrypts both the data and the transmission for optimal security, and complies with the requirements of the Health Information Standards Organisation (HISO). This is also the method that will be used to supply the files to ACC.

4. Data Supply, Retention, Preservation and Disposal Statement

4.1 The Ministry of Health will supply data in good faith and all reasonable efforts will be made to verify and validate the data provided. The Ministry of Health accepts no liability for the indirect, consequential, or incidental damages or losses arising from use of the data.

4.2 ACC will process files delivered for the purposes of this Memorandum on the day upon which they are delivered.

4.3 Directly after the processing of the Ministry of Health file, ACC must destroy any identifiable information that does not relate immediately to a Claimant Record identified by the NHI number of record for that claimant.

4.4 It is the responsibility of ACC to ensure that its computer systems are suitable to securely store any information supplied under this Memorandum, and that information not relating to ACC claimants for the purpose of this Memorandum is immediately and effectively destroyed.

4.5 Subject to the provisions of the Public Records Act 2005, ACC will ensure that all data received from the Ministry of Health under this Memorandum is permanently deleted as soon as it is no longer required for the purposes of this Memorandum.

5. Problem Resolution

- 5.1 All disputes and differences between the two parties in relation to the interpretation or performance of this memorandum shall be settled in the first instance by the Manager, Identity Data Management, Ministry of Health and the Principal Advisor (Privacy Officer) ACC.

6. Variation

- 6.1 This Memorandum can only be modified by a written agreement duly signed by persons authorised to sign agreements on behalf of the parties hereto.

7. Term

- 7.1 This Memorandum commences on the date it is signed by both Parties and continues in effect until terminated in accordance with clause 8.

8. Termination

- 8.1 This Memorandum may be terminated at any time by agreement in writing between the Parties.
- 8.2 Where there is a dispute and the clause 5 procedure has not produced an outcome satisfactory to both Parties, either Party may terminate this Memorandum by giving 30 days notice in writing to the other Party.
- 8.3 The obligations of this Memorandum concerning the security, use and destruction of information shall remain in force notwithstanding the suspension or termination of this Memorandum.

9. Security and Confidentiality

- 9.1 All information supplied by the Ministry of Health under this Memorandum is confidential information.
- 9.2 ACC will ensure that:
- a) All information received by ACC under this Memorandum is protected from unauthorised access, use and disclosure;
 - b) All information received by ACC under this Memorandum is stored on ACC's own securely managed computer systems with password and firewall protection with access allowed only to employees doing work directly relating to the purposes of verifying the entitlement or eligibility of any person to or for any payment, or the amount of any payment to which any person is entitled or eligible
 - c) All ACC employees must comply with the requirements for managing personal and health information under the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994.

9.3 ACC will notify the Manager, Identity Data Management, within 24 hours of discovering a breach of the security and confidentiality conditions in clause 9.2. A breach may result in termination of provision of data under this Memorandum.

10. External communications

10.1 The Parties are responsible for complying with their respective obligations under the Privacy Act 1993, Health Information Privacy Code 1994 and the Official Information Act 1982 and any other applicable legislation.

10.2 In the event that either Party receives a complaint or a request under either the Official Information Act 1982 or the Privacy Act 1993 for information relating to this Memorandum, the Party which received the request will consult with the other Party on the proposed response prior to making a decision on the request.

10.3 The Ministry of Health will refer any enquiries from the media relating to this Memorandum to ACC. ACC will consult the Ministry of Health on draft responses to any media enquiries relating to this Memorandum before the response is made.

11. Effect of the Memorandum of Understanding

11.1 This Memorandum confirms the relationship between the Parties is based on a spirit of goodwill and cooperation. The Parties will work together to achieve the purpose and terms of the Memorandum.

11.2 This Memorandum does not constitute or create any legally binding or enforceable obligations on the part of either Party.

12. Warranty of signatories

12.1 In signing this Memorandum, the signatories warrant that it

- a) has been checked and approved by the legal teams of their respective agencies; and
- b) complies with all relevant policies.

Signatories

Signed for and on behalf of the Ministry
of Health

Signed for and on behalf of ACC



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Graeme Osborne
Director, Information Group
National Health Board
Ministry of Health

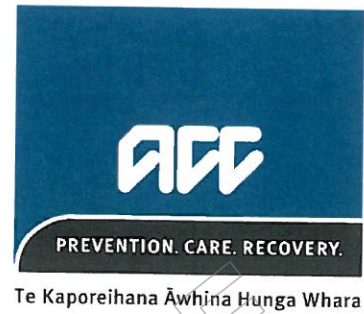
Date 29 / 9 / 2015



.....
Paul Jepson
Chief Information Officer
Accident Compensation Corporation
New Zealand

Date 30 / 09 / 2015

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MEMORANDUM OF UNDERSTANDING

between

The Ministry of Health

and

The Accident Compensation Corporation

**to promote and further information sharing to improve the design
and delivery of health services in New Zealand**

April 2017

MAIN BODY OF THE MEMORANDUM

PART 1 — INTRODUCTION

Parties

1. The parties to the memorandum of understanding (memorandum) are the Ministry of Health Manatū Hauora (MOH) and the Accident Compensation Corporation (ACC).

Interpretation

2. The following definitions apply to the memorandum:
 - 2.1. AC Act means the Accident Compensation Act 2001
 - 2.2. Any reference to legislation includes all amendments to that legislation and any regulations.
3. The memorandum will be read, in the context of the statutory responsibilities the parties have, based on the legislation governing the parties. The legislation governing the parties is outlined in clause 13 of this memorandum.

Purpose

4. The purpose of the memorandum is to promote and further information sharing between the parties to improve the design and delivery of health services in New Zealand.
5. This may include information sharing in accordance with legislation (such as sections 280 and 282 of the AC Act) and in support of government goals.
6. This is consistent with the purpose of the overarching Memorandum of Understanding between MOH and ACC dated July 2013, which is to build a constructive relationship that drives action on shared priorities to deliver improved outcomes for patients/clients.

Format

7. The main body of the memorandum sets out expectations and principles to guide cooperation between the parties.
8. Specific information sharing arrangements are provided for in the Schedules of the memorandum, as agreed by the parties. These schedules are listed in the appendix of schedules of the memorandum.

Status

9. The parties agree that this memorandum is not legally binding and does not create legal relations between the parties, but that the parties are committed to working together consistent with the purpose of this memorandum.

PART 2 — BACKGROUND

Government goals

10. This memorandum recognises the common role the parties have in contributing to the Government's goals, and that through forging a closer relationship in areas of common interest, the parties will be better positioned to achieve their objectives and outcomes which contribute to the Government's goals and improve health outcomes of the public.
11. This memorandum provides a basis for successful and enduring working relationships between the parties to ensure the best use of data held by the parties for planning, policy making, and to adequately inform the parties about common patients/clients.
12. The memorandum does not replace any existing joint processes or mechanisms MOH and ACC have for working together on areas of common interest (for example, in relation to funding hearing aids).

Legislation

13. The working relationship between the parties, and any outputs and outcomes of the memorandum, will be consistent and compliant with the legislation governing the parties, including:
 - 13.1. the Accident Compensation Act 2001;
 - 13.2. the Health Act 1956;
 - 13.3. New Zealand Public Health and Disability Act 2000;
 - 13.4. the Privacy Act 1993 and Health Information Privacy Code 1994;
 - 13.5. the Official Information Act 1982; and
 - 13.6. any other relevant legislation.

PART 3 — THE RELATIONSHIP

Roles and responsibilities

14. The roles of the parties are as follows:
 - 14.1. Role of Ministry of Health: The Ministry of Health is responsible for national collections and surveys of health and disability information. As a result, the Ministry holds information that can improve the health and social outcomes of New Zealanders by supporting decision-making in policy development, funding and at the point of care.
 - 14.2. Role of ACC: ACC is responsible for delivering injury prevention initiatives in coordination with other agencies, and provides no-fault personal injury cover for everyone in New Zealand. To support this, ACC requires information that helps inform strategic and operational planning, injury prevention initiatives and the management of injured persons to ensure the best possible outcomes.
15. The parties seek to work together to identify and implement information sharing arrangements with the desired outcome of improving the design and delivery of health services in New Zealand.
16. The responsibilities of the parties for the operation of information sharing arrangements will be set out in the relevant Schedule.

17. The parties affirm their intentions to:

- 17.1. work together in a spirit of respect, openness, cooperation, mutual trust, good communication, and effective delivery;
- 17.2. seek new opportunities for collaboration on areas of common interest;
- 17.3. endeavour to resolve as soon as reasonably practicable any issues relating to the performance of their roles and responsibilities.

18. In the development of appropriate business rules and protocols for information sharing, the parties will be guided by best practice principles, both national and international, including guidance from agencies such as the Privacy Commissioner, Government Chief Privacy Officer and Statistics NZ.

PART 4 — ADMINISTRATIVE MATTERS

Commencement date, variation, termination, and review

19. The memorandum, including the main body of the memorandum and the schedules of the memorandum, comes into effect on the day that the main body of the memorandum is signed by the persons authorised to do so on behalf of the parties.
20. The main body of the memorandum may be varied by the parties by mutual agreement in writing signed by the persons authorised to do so on behalf of the parties.
21. Schedules in the appendix of schedules of the memorandum may be added, deleted, or varied by the parties, by mutual agreement in writing, signed by the persons authorised to do so on behalf of the parties. Any new schedule added will come into effect on the date specified in the schedule.
22. The memorandum may be terminated with three months' notice in writing signed by persons authorised to do so on behalf of the parties.
23. This memorandum will be reviewed by the parties no less than once every three years.

Dispute resolution

24. The parties will negotiate in good faith to resolve disputes arising out of or relating to the memorandum. In the first instance the parties' employees will work together to identify the issues causing the disputes, and to identify what can be done to resolve the disputes.
25. Where the disputes cannot be resolved by the parties' employees, the disputes will be escalated to the parties' relevant senior management, who will be asked to make decisions which resolve the disputes. Where the disputes still cannot be resolved, the Chief Executive, ACC, and the Chief Executive, MOH, may be advised and asked to make decisions which resolve the disputes.

Intellectual property

26. Where any intellectual property rights exist in any information disclosed in accordance with the memorandum, the parties acknowledge that the existing intellectual property rights of each party and any third party will be unaffected by this memorandum.

Confidentiality and unauthorised disclosure

27. Each party will use its best endeavours to only disclose information which is supplied and received under this memorandum, in accordance with the terms of this memorandum or as required by law.
28. Each party will ensure that reasonable storage and security arrangements are established and maintained in relation to all information and knowledge imparted by each party under this memorandum.
29. Each party will ensure that its information is supplied and received only by its officers who are authorised to supply and/or receive that information.
30. Where either party suspects or becomes aware that the other party has disclosed information which breaches the terms of this memorandum, the first party will:
- 30.1. notify the second party immediately;
 - 30.2. investigate the disclosure or suspected disclosure in a manner satisfactory to the second party, which may include having an officer of the second party present during the investigation;
 - 30.3. keep the second party fully informed of the progress and outcome of the investigation.
31. This entire clause will survive expiry and termination of this memorandum.

Primary contacts

32. The relationship sponsors for the memorandum are:

Chief Operating Officer, ACC; and
Chief Client Officer, MOH.

33. The primary contacts for the main body of the memorandum are:

Manager, Policy, ACC; and
Group Manager, National Collections and Reporting - Client Insights and Analytics, MOH

Signatories

Signed for and on behalf of
The **Ministry of Health**
Manatū Hauora:



.....

Deb Struthers
Chief Client Officer
Ministry of Health
Manatū Hauora

Dated:

19 April 2017
.....

Signed for and on behalf of
The **Accident Compensation**
Corporation:



.....

Gaye Searancke
Chief Governance & Strategy Officer
The Accident Compensation
Corporation

Dated:

21 April 2017
.....

APPENDIX 1— SCHEDULES TO THE MAIN BODY OF THE MEMORANDUM

1. Schedule A - Provision by the Ministry of Health of National Minimum Dataset client level hospital discharge data to the Accident Compensation Corporation
2. Addendum 1 to Schedule A - Usage of National Minimum Dataset data as described in Schedule A for PHAS analysis purposes by the Accident Compensation Corporation in relation to services provided under the Public Health Acute Services Annual Service Agreement
3. Addendum 2 to Schedule A - Usage of National Minimum Dataset data as described in Schedule A for claims analysis purposes by the Accident Compensation Corporation

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SCHEDULE A

Provision by the Ministry of Health of National Minimum Dataset client level hospital discharge data to the Accident Compensation Corporation

Interpretation

1. In addition to definitions in the main body of the memorandum, the following definitions apply to this schedule:
 - 1.1. 'Code' means the Health Information Privacy Code 1994.
 - 1.2. 'data' means administrative data supplied by MOH to ACC
 - 1.3. 'NMDS' means National Minimum Dataset which is held by MOH, which is a national collection of public and private hospital discharge information, including coded clinical data for inpatients and day patients.

Context

2. ACC pays the Crown for acute care for its clients provided by District Health Boards (DHBs) including inpatient, outpatient and emergency department services.
3. ACC wishes to collect information from the Ministry of Health about clients treated in the public system due to an accident.
4. The purpose of collection is to use this information for specific purposes as outlined in in addenda to this schedule.
5. Addenda specifying the use of this information will be added as and when required by mutual agreement.
6. ACC wishes to collect information about individual clients, including information on:
 - 6.1. estimated costs
 - 6.2. types of injury
 - 6.3. injury causes
 - 6.4. diagnosis/diagnoses
 - 6.5. treatment provided
 - 6.6. inpatient admission date
 - 6.7. discharge date.
7. The purpose of this schedule is to specify access, security, use, disclosure and disposal of information, including:
 - 7.1. the content of the data to be provided
 - 7.2. the method of data protection
 - 7.3. how information will be protected
 - 7.4. how frequently information will be supplied
 - 7.5. information about the parties' contact personnel

7.6. how information will be used in order to identify information relating to ACC clients

7.7. when information will be destroyed.

Disclosure and collection of information under the Health Information Privacy Code 1994

8. MOH will disclose to ACC all data specified in Addendum 1 of this memorandum.
9. ACC and MOH consider the collection of the information is consistent with Rule 1 of the Code.
10. ACC and MOH consider that it is not necessary to collect the information directly from the individuals concerned because Rule 2(2)(g)(i) and (ii) of the Code applies.
11. MOH is able to disclose the data specified in Schedule A Part 3 under Rule 11(2)(c)(i) and (ii) of the Code.

Use of information

12. ACC considers that it is able to use the information obtained in connection with one purpose for another purpose because Rule 10(1)(e)(i) and (ii) of the Code applies.
13. The exchange and linkage of data under this memorandum will comply with the main body of the memorandum and this schedule of this memorandum.
14. ACC will perform the linking of the NMDS with ACC claims data by statistically identifying the relevant data by matching a number of variables to establish a high level of confidence:
 - 14.1. National Health Identifiers (NHI)
 - 14.2. ACC claim numbers, either as internal ACC claim numbers or the number of the ACC45 form associated with a particular claim held in both datasets
 - 14.3. date of hospital admission matched with the ACC accident date
 - 14.4. the names of the patient
 - 14.5. the patient's date of birth
 - 14.6. other demographic information that may further improve the level of confidence in the matching.
15. ACC will also identify any NMDS information that identified ACC as the payee and any cases where an accident has been identified based on accident diagnosis that is within ACC's scope of responsibility.
16. ACC will only retain the matched records as identified above for the purposes outlined.
17. Any records which are not identified will be deleted and will not be used for any other purpose.
18. The resulting matched dataset will be kept and maintained in an environment separate from the ACC's claims management system to ensure that this information is only

used for the purpose of aggregated analysis and is not used in the client claims management process or reported on at the client level.

19. The parties confirm that the linked MOH-ACC dataset (comprising ACC, NMDS and PHAS variables) will only be used as specified in separate addenda to this schedule.
20. Neither ACC or MOH will use the information disclosed and collected:
 - 20.1. to take adverse action against any individual
 - 20.2. to assess the entitlements of any client/patient
 - 20.3. to publish datasets in a form that could reasonably be expected to identify an individual
 - 20.4. for service quality or monitoring DHBs for any purpose except data quality improvement.

Audit provisions

21. MOH shall undertake a routine quality check on the Source Information before supplying the Source Information to ACC to ensure that the Source Information is accurate, up-to-date, complete and relevant.
22. MOH may undertake a quality check on the data linkage (Source Information to ACC information) to ensure the data sets are accurate, up-to-date, complete and relevant
23. The quality checks will include:
 - 23.1. manual sample checking of Source Information
 - 23.2. validating dates of all relevant information
 - 23.3. validating the quality of the rules applied to identify matching and accident related cases.

Content of data to be supplied

24. The content of the regular data sets MOH will supply to ACC is specified in this schedule.
25. Where MOH changes the data specification of these regular data sets, MOH will advise ACC about these data specification changes as soon as these data specification changes are decided, and where possible MOH will advise ACC about these data specification changes in advance before MOH supplies ACC with a regular data set including these data specification changes.

Content of metadata to be supplied

26. For the regular data set MOH supplies to ACC, MOH will also supply ACC with relevant metadata containing the following information:
 - 26.1. a summary description of the regular data set supplied
 - 26.2. the definitions for variables in the regular data set supplied
 - 26.3. data quality validation information for the supplied data and variables, as follows:¹
 - 26.3.1. the content, format, and timing of the data files provided to ACC will be in accordance with the memorandum

¹ The objective is that supplied data quality validation information is necessary and sufficient for data users to determine whether or not supplied data and variables are fit for data users' purposes.

- 26.3.2. ACC will be provided with complete and up-to-date metadata and classification files, including a list of changes made since previous supply. This includes formats of data, acceptable ranges, and missing/unknown values
 - 26.3.3. all mandatory fields will contain no blanks
 - 26.3.4. all leading and trailing blanks will be removed
 - 26.3.5. all variable names ('header records') will be listed in the first row of each dataset, and not truncated or split to occupy more than one row of each dataset
 - 26.3.6. missing values will be verified, and will either contain no characters at all (the values are null), or ACC will be notified of the characters used to identify missing values (values such as '.' or '-1')
 - 26.3.7. additional checks will be completed to verify that the variables fall into expected ranges and are consistent with published figures
 - 26.3.8. ACC will be made aware of the details of checks that would normally be carried out but have not been carried out, and/or any known errors or issues with the data quality of the data.
27. ACC acknowledges that this information is partially available in the publicly available NMDS Data Dictionary published on the MOH website and that ACC is informed of pending changes via the National Collections Annual Maintenance Project notifications.
 28. The parties can use audit as a supplement to their other data quality assurance processes. Audit can be used to address particular data quality issues that may arise occasionally or from time to time. Audits and audit processes will be agreed to by the parties by mutual agreement. Audits and audit processes will be conducted by the parties in partnership with one another.
 29. This metadata may be amended by MOH with the supply of each regular data set. Where a regular data set includes data specification changes, MOH will supply ACC a list of relevant metadata amendments which enable users to easily identify these data specification changes.
 30. MOH will endeavour to notify ACC of any events that may affect the content of the data.
 31. ACC will reasonably endeavour to communicate this metadata and these release notes to users of the data, including researchers who access the data and/or related information.

Data Specifications

32. The data specification for NMDS data is listed in Addendum 1

Method of data supply

33. MOH will supply regular data sets to ACC quarterly in a timely and appropriate manner. When determining the actual date of supply, the parties will be considerate of, and act in a manner consistent with, the parties' shared understanding that the supply of data is based on the particulars of each data specification for each data set being supplied.
34. The file format of data MOH supplies to ACC will be SAS datasets or as mutually agreed.
35. The preferred method of data supply will be via a secure FTP site provided by MOH, which provides secure access control and provides notification of delivery to the intended recipient.

Privacy, security, and confidentiality

36. The information supplied under this memorandum will only be used for internal statistical research purposes. It will not be published in a form that could reasonably be expected to identify the individual concerned.
37. The parties will ensure that:
 - 37.1. data and related information is protected from unauthorised access, use and/or disclosure; and
 - 37.2. data is stored on the parties' own securely managed computer systems, with password and firewall protection, and with access limited to the parties' personnel who are approved to work directly with the data; and
 - 37.3. all of the parties' personnel who are working with the data are aware of their responsibilities relevant to the memorandum, including the requirements noted in this schedule to protect the data and related information from unauthorised access, use and/or disclosure; and
 - 37.4. where there is an actual or suspected privacy, security, and confidentiality breach concerning the unauthorised access, use and/or disclosure of the data and/or related information:
 - 37.4.1. the parties will investigate, and immediately notify each other, of any actual or suspected unauthorised access, use and/or disclosure of the data and/or related information; and
 - 37.4.2. the parties will keep each other informed of progress, and provide each other reasonable assistance, relating to investigations of actual or suspected unauthorised access, use and/or disclosure of the data and/or related information; and
 - 37.4.3. where investigations confirm there is an actual privacy, security, and confidentiality breach, this schedule may be suspended by notice in writing by either of the parties, until the parties are satisfied the breach has been remedied.
38. ACC will undertake the data linkage, creation of unit record files, and securely store the data.
39. The parties agree to work collaboratively to develop a robust set of business rules and protocols enhancing the privacy of the linked record data, consistent with clause 18 of the main body of the memorandum.

Destruction of information

40. All source information supplied by a party to the other party will be destroyed after the purposes of this memorandum have been satisfied in the party's opinion, or when the information is no longer necessary for the purposes set out in this memorandum.

Contact personnel

41. The respective parties that are responsible for the provision of data under this Schedule are:

Ministry of Health:

Tracey Vandenberg

Group Manager, National Collections and Reporting, Client Insights & Analytics

9(2)(a)

ACC:

Zeeman van der Merwe

Manager, Information Strategy and Planning

9(2)(a)

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ATTACHMENT A1

NMDS datasets to be provided

The NMDS data is provided in 2 datasets: one with the admission/discharge information and one with the codes associated with a particular admission/discharge record. Additional tables are provided to map codes used in the admission/discharge datasets to provide full descriptions. Details on the actual data contents is described in the NMDS Data Dictionary that is available on the Ministry of Health website (moh.govt.nz).

DATASET	VARIABLE NAME	TYPE	LENGTH	DECIMAL	DESCRIPTION
NMDS Data Set	Admission/discharge information				
	Unit_of_measure	CHARACTER	15	2	Unit of Measure
	Volume	DOUBLE	15	2	Volume
	Price	DOUBLE	15	2	Price
	Revenue	DOUBLE	15	2	Revenue (Volume x Price)
	mast_nhi	CHARACTER	7	0	MAST_NHI
	nhi_dob	CHARACTER	10	0	DOB
	sur	CHARACTER	30	0	Surname
	first_name	CHARACTER	30	0	1st Name
	second_name	CHARACTER	30	0	2nd Name
	third_name	CHARACTER	30	0	3rd Name
	nhi_preferred	CHARACTER	1	0	Preferred NHI
	nhi_dom	CHARACTER	4	0	NHI-Domicile
	address1	CHARACTER	25	0	Address Line 1
	address2	CHARACTER	25	0	Address Line 2
	address3	CHARACTER	25	0	Address Line 3
	address4	CHARACTER	25	0	Address Line 4
address5	CHARACTER	25	0	Address Line 5	
alt_names1	CHARACTER	70	0	Alternate Names 1	
alt_names2	CHARACTER	70	0	Alternate Names 2	

alt_names3	CHARACTER	70	0	Alternate Names 3
nhi_sex	CHARACTER	1	0	Gender
event_id	DOUBLE	15	0	EVENT_ID
event_nhi	CHARACTER	7	0	EVENT_NHI
admission_source_code	CHARACTER	1	0	ADMISSION_SOURCE_CODE
admission_type	CHARACTER	2	0	ADMISSION_TYPE
dob	DATE	10	0	DOB
gender	CHARACTER	1	0	GENDER
domicile_code	CHARACTER	4	0	DOMICILE_CODE
DHBdom	CHARACTER	3	0	DHBDOM
event_type	CHARACTER	2	0	EVENT_TYPE
eventdate	DATE	10	0	Event End Date
evstdate	DATE	10	0	Event Start Date
local_id	CHARACTER	1	0	LOCAL_ID
event_leave_days	CHARACTER	3	0	EVENT_LEAVE_DAYS
agency	CHARACTER	4	0	AGENCY
facility	CHARACTER	4	0	FACILITY
hlthspe	CHARACTER	3	0	SPECIALITY
purchaser	CHARACTER	2	0	PURCHASER
acc_flag	CHARACTER	1	0	ACCIDENT_FLAG
acc_claim_number	CHARACTER	14	0	ACC_CLAIM_NUMBER (ACC45)
drg_current	CHARACTER	4	0	DRG_CURRENT
cost_weight	DOUBLE	15	0	COST_WEIGHT
cw_code	CHARACTER	2	0	CW_CODE
DRG_GROUPER_TYPE	CHARACTER	2	0	DRG_GROUPER_TYPE
PMS_UNIQUE	CHARACTER	14	0	PMS_UNIQUE
LENGTH_OF_STAY	CHARACTER	5	0	LENGTH_OF_STAY
PURCHASE_UNIT	CHARACTER	10	0	PURCHASE_UNIT
EXCLU_PURCHASE_UNIT	CHARACTER	10	0	EXCLU_PURCHASE_UNIT

CODES Data**Diagnosis and Treatment Codes**

event_id	DOUBLE	15	0	EVENT_ID
diag01	CHARACTER	5	0	Diagnosis Code 1
diag02	CHARACTER	5	0	Diagnosis Code 2
diag03	CHARACTER	5	0	Diagnosis Code 3
diag04	CHARACTER	5	0	Diagnosis Code 4
diag05	CHARACTER	5	0	Diagnosis Code 5
diag06	CHARACTER	5	0	Diagnosis Code 6
diag07	CHARACTER	5	0	Diagnosis Code 7
diag08	CHARACTER	5	0	Diagnosis Code 8
diag09	CHARACTER	5	0	Diagnosis Code 9
diag10	CHARACTER	5	0	Diagnosis Code 10
diag11	CHARACTER	5	0	Diagnosis Code 11
diag12	CHARACTER	5	0	Diagnosis Code 12
diag13	CHARACTER	5	0	Diagnosis Code 13
diag14	CHARACTER	5	0	Diagnosis Code 14
diag15	CHARACTER	5	0	Diagnosis Code 15
diag16	CHARACTER	5	0	Diagnosis Code 16
diag17	CHARACTER	5	0	Diagnosis Code 17
diag18	CHARACTER	5	0	Diagnosis Code 18
diag19	CHARACTER	5	0	Diagnosis Code 19
diag20	CHARACTER	5	0	Diagnosis Code 20
diag21	CHARACTER	5	0	Diagnosis Code 21
diag22	CHARACTER	5	0	Diagnosis Code 22
diag23	CHARACTER	5	0	Diagnosis Code 23
diag24	CHARACTER	5	0	Diagnosis Code 24
diag25	CHARACTER	5	0	Diagnosis Code 25
diag26	CHARACTER	5	0	Diagnosis Code 26
diag27	CHARACTER	5	0	Diagnosis Code 27

diag28	CHARACTER	5	0	Diagnosis Code 28
diag29	CHARACTER	5	0	Diagnosis Code 29
diag30	CHARACTER	5	0	Diagnosis Code 30
op01	CHARACTER	5	0	Operation/Treatment 1
op02	CHARACTER	5	0	Operation/Treatment 2
op03	CHARACTER	5	0	Operation/Treatment 3
op04	CHARACTER	5	0	Operation/Treatment 4
op05	CHARACTER	5	0	Operation/Treatment 5
op06	CHARACTER	5	0	Operation/Treatment 6
op07	CHARACTER	5	0	Operation/Treatment 7
op08	CHARACTER	5	0	Operation/Treatment 8
op09	CHARACTER	5	0	Operation/Treatment 9
op10	CHARACTER	5	0	Operation/Treatment 10
op11	CHARACTER	5	0	Operation/Treatment 11
op12	CHARACTER	5	0	Operation/Treatment 12
op13	CHARACTER	5	0	Operation/Treatment 13
op14	CHARACTER	5	0	Operation/Treatment 14
op15	CHARACTER	5	0	Operation/Treatment 15
op16	CHARACTER	5	0	Operation/Treatment 16
op17	CHARACTER	5	0	Operation/Treatment 17
op18	CHARACTER	5	0	Operation/Treatment 18
op19	CHARACTER	5	0	Operation/Treatment 19
op20	CHARACTER	5	0	Operation/Treatment 20
op21	CHARACTER	5	0	Operation/Treatment 21
op22	CHARACTER	5	0	Operation/Treatment 22
op23	CHARACTER	5	0	Operation/Treatment 23
op24	CHARACTER	5	0	Operation/Treatment 24
op25	CHARACTER	5	0	Operation/Treatment 25
op26	CHARACTER	5	0	Operation/Treatment 26

op27	CHARACTER	5	0	Operation/Treatment 27
op28	CHARACTER	5	0	Operation/Treatment 28
op29	CHARACTER	5	0	Operation/Treatment 29
op30	CHARACTER	5	0	Operation/Treatment 30
ecode01	CHARACTER	5	0	External Cause Code 1
ecode02	CHARACTER	5	0	External CauseCode 2
ecode03	CHARACTER	5	0	External CauseCode 3
ecode04	CHARACTER	5	0	External CauseCode 4
ecode05	CHARACTER	5	0	External CauseCode 5
ecode06	CHARACTER	5	0	External CauseCode 6
ecode07	CHARACTER	5	0	External Cause Code 7
ecode08	CHARACTER	5	0	External CauseCode 8
ecode09	CHARACTER	5	0	External CauseCode 9
ecode10	CHARACTER	5	0	External CauseCode 10
ecode11	CHARACTER	5	0	External CauseCode 11
ecode12	CHARACTER	5	0	External CauseCode 12
ecode13	CHARACTER	5	0	External CauseCode 13
ecode14	CHARACTER	5	0	External CauseCode 14
ecode15	CHARACTER	5	0	External CauseCode 15
ecode16	CHARACTER	5	0	External CauseCode 16
ecode17	CHARACTER	5	0	External CauseCode 17
ecode18	CHARACTER	5	0	External CauseCode 18
ecode19	CHARACTER	5	0	External CauseCode 19
ecode20	CHARACTER	5	0	External CauseCode 20
acdteflg01	CHARACTER	1	0	Accident/Injury Date Flag 01
acdteflg02	CHARACTER	1	0	Accident/Injury Date Flag 02
acdteflg03	CHARACTER	1	0	Accident/Injury Date Flag 03
acdteflg04	CHARACTER	1	0	Accident/Injury Date Flag 04
acdteflg05	CHARACTER	1	0	Accident/Injury Date Flag 05

acdteflg06	CHARACTER	1	0	Accident/Injury Date Flag 06
acdteflg07	CHARACTER	1	0	Accident/Injury Date Flag 07
acdteflg08	CHARACTER	1	0	Accident/Injury Date Flag 08
acdteflg09	CHARACTER	1	0	Accident/Injury Date Flag 09
acdteflg10	CHARACTER	1	0	Accident/Injury Date Flag 10
acdteflg11	CHARACTER	1	0	Accident/Injury Date Flag 11
acdteflg12	CHARACTER	1	0	Accident/Injury Date Flag 12
acdteflg13	CHARACTER	1	0	Accident/Injury Date Flag 13
acdteflg14	CHARACTER	1	0	Accident/Injury Date Flag 14
acdteflg15	CHARACTER	1	0	Accident/Injury Date Flag 15
acdteflg16	CHARACTER	1	0	Accident/Injury Date Flag 16
acdteflg17	CHARACTER	1	0	Accident/Injury Date Flag 17
acdteflg18	CHARACTER	1	0	Accident/Injury Date Flag 18
acdteflg19	CHARACTER	1	0	Accident/Injury Date Flag 19
acdteflg20	CHARACTER	1	0	Accident/Injury Date Flag 20
opdate01	DATE	10	0	Operation/Procedure Date 1
opdate02	DATE	10	0	Operation/Procedure Date 2
opdate03	DATE	10	0	Operation/Procedure Date 3
opdate04	DATE	10	0	Operation/Procedure Date 4
opdate05	DATE	10	0	Operation/Procedure Date 5
opdate06	DATE	10	0	Operation/Procedure Date 6
opdate07	DATE	10	0	Operation/Procedure Date 7
opdate08	DATE	10	0	Operation/Procedure Date 8
opdate09	DATE	10	0	Operation/Procedure Date 9
opdate10	DATE	10	0	Operation/Procedure Date 10
opdate11	DATE	10	0	Operation/Procedure Date 11
opdate12	DATE	10	0	Operation/Procedure Date 12
opdate13	DATE	10	0	Operation/Procedure Date 13
opdate14	DATE	10	0	Operation/Procedure Date 14

update15	DATE	10	0	Operation/Procedure Date 15
update16	DATE	10	0	Operation/Procedure Date 16
update17	DATE	10	0	Operation/Procedure Date 17
update18	DATE	10	0	Operation/Procedure Date 18
update19	DATE	10	0	Operation/Procedure Date 19
update20	DATE	10	0	Operation/Procedure Date 20
update21	DATE	10	0	Operation/Procedure Date 21
update22	DATE	10	0	Operation/Procedure Date 22
update23	DATE	10	0	Operation/Procedure Date 23
update24	DATE	10	0	Operation/Procedure Date 24
update25	DATE	10	0	Operation/Procedure Date 25
update26	DATE	10	0	Operation/Procedure Date 26
update27	DATE	10	0	Operation/Procedure Date 27
update28	DATE	10	0	Operation/Procedure Date 28
update29	DATE	10	0	Operation/Procedure Date 29
update30	DATE	10	0	Operation/Procedure Date 30
acdate01	DATE	10	0	Accident/Injury Date 1
acdate02	DATE	10	0	Accident/Injury Date 2
acdate03	DATE	10	0	Accident/Injury Date 3
acdate04	DATE	10	0	Accident/Injury Date 4
acdate05	DATE	10	0	Accident/Injury Date 5
acdate06	DATE	10	0	Accident/Injury Date 6
acdate07	DATE	10	0	Accident/Injury Date 7
acdate08	DATE	10	0	Accident/Injury Date 8
acdate09	DATE	10	0	Accident/Injury Date 9
acdate10	DATE	10	0	Accident/Injury Date 10
acdate11	DATE	10	0	Accident/Injury Date 11
acdate12	DATE	10	0	Accident/Injury Date 12
acdate13	DATE	10	0	Accident/Injury Date 13

acdate14	DATE	10	0	Accident/Injury Date 14
acdate15	DATE	10	0	Accident/Injury Date 15
acdate16	DATE	10	0	Accident/Injury Date 16
acdate17	DATE	10	0	Accident/Injury Date 17
acdate18	DATE	10	0	Accident/Injury Date 18
acdate19	DATE	10	0	Accident/Injury Date 19
acdate20	DATE	10	0	Accident/Injury Date 20
diag1001	CHARACTER	5	0	Diagnosis Code 1001
diag1002	CHARACTER	5	0	Diagnosis Code 1002
diag1003	CHARACTER	5	0	Diagnosis Code 1003
diag1004	CHARACTER	5	0	Diagnosis Code 1004
diag1005	CHARACTER	5	0	Diagnosis Code 1005
diag1006	CHARACTER	5	0	Diagnosis Code 1006
diag1007	CHARACTER	5	0	Diagnosis Code 1007
diag1008	CHARACTER	5	0	Diagnosis Code 1008
diag1009	CHARACTER	5	0	Diagnosis Code 1009
diag1010	CHARACTER	5	0	Diagnosis Code 1010
diag1011	CHARACTER	5	0	Diagnosis Code 1011
diag1012	CHARACTER	5	0	Diagnosis Code 1012
diag1013	CHARACTER	5	0	Diagnosis Code 1013
diag1014	CHARACTER	5	0	Diagnosis Code 1014
diag1015	CHARACTER	5	0	Diagnosis Code 1015
diag1016	CHARACTER	5	0	Diagnosis Code 1016
diag1017	CHARACTER	5	0	Diagnosis Code 1017
diag1018	CHARACTER	5	0	Diagnosis Code 1018
diag1019	CHARACTER	5	0	Diagnosis Code 1019
diag1020	CHARACTER	5	0	Diagnosis Code 1020
diag1021	CHARACTER	5	0	Diagnosis Code 1021
diag1022	CHARACTER	5	0	Diagnosis Code 1022

diag1023	CHARACTER	5	0	Diagnosis Code 1023
diag1024	CHARACTER	5	0	Diagnosis Code 1024
diag1025	CHARACTER	5	0	Diagnosis Code 1025
diag1026	CHARACTER	5	0	Diagnosis Code 1026
diag1027	CHARACTER	5	0	Diagnosis Code 1027
diag1028	CHARACTER	5	0	Diagnosis Code 1028
diag1029	CHARACTER	5	0	Diagnosis Code 1029
diag1030	CHARACTER	5	0	Diagnosis Code 1030
op1001	CHARACTER	8	0	Operation/Procedure Code 1001
op1002	CHARACTER	8	0	Operation/Procedure Code 1002
op1003	CHARACTER	8	0	Operation/Procedure Code 1003
op1004	CHARACTER	8	0	Operation/Procedure Code 1004
op1005	CHARACTER	8	0	Operation/Procedure Code 1005
op1006	CHARACTER	8	0	Operation/Procedure Code 1006
op1007	CHARACTER	8	0	Operation/Procedure Code 1007
op1008	CHARACTER	8	0	Operation/Procedure Code 1008
op1009	CHARACTER	8	0	Operation/Procedure Code 1009
op1010	CHARACTER	8	0	Operation/Procedure Code 1010
op1011	CHARACTER	8	0	Operation/Procedure Code 1011
op1012	CHARACTER	8	0	Operation/Procedure Code 1012
op1013	CHARACTER	8	0	Operation/Procedure Code 1013
op1014	CHARACTER	8	0	Operation/Procedure Code 1014
op1015	CHARACTER	8	0	Operation/Procedure Code 1015
op1016	CHARACTER	8	0	Operation/Procedure Code 1016
op1017	CHARACTER	8	0	Operation/Procedure Code 1017
op1018	CHARACTER	8	0	Operation/Procedure Code 1018
op1019	CHARACTER	8	0	Operation/Procedure Code 1019
op1020	CHARACTER	8	0	Operation/Procedure Code 1020
op1021	CHARACTER	8	0	Operation/Procedure Code 1021

op1022	CHARACTER	8	0	Operation/Procedure Code 1022
op1023	CHARACTER	8	0	Operation/Procedure Code 1023
op1024	CHARACTER	8	0	Operation/Procedure Code 1024
op1025	CHARACTER	8	0	Operation/Procedure Code 1025
op1026	CHARACTER	8	0	Operation/Procedure Code 1026
op1027	CHARACTER	8	0	Operation/Procedure Code 1027
op1028	CHARACTER	8	0	Operation/Procedure Code 1028
op1029	CHARACTER	8	0	Operation/Procedure Code 1029
op1030	CHARACTER	8	0	Operation/Procedure Code 1030
ecode1001	CHARACTER	5	0	External CauseCode 1001
ecode1002	CHARACTER	5	0	External Cause Code 1002
ecode1003	CHARACTER	5	0	External CauseCode 1003
ecode1004	CHARACTER	5	0	External CauseCode 1004
ecode1005	CHARACTER	5	0	External CauseCode 1005
ecode1006	CHARACTER	5	0	External CauseCode 1006
ecode1007	CHARACTER	5	0	External CauseCode 1007
ecode1008	CHARACTER	5	0	External CauseCode 1008
ecode1009	CHARACTER	5	0	External CauseCode 1009
ecode1010	CHARACTER	5	0	External CauseCode 1010
ecode1011	CHARACTER	5	0	External CauseCode 1011
ecode1012	CHARACTER	5	0	External CauseCode 1012
ecode1013	CHARACTER	5	0	External CauseCode 1013
ecode1014	CHARACTER	5	0	External CauseCode 1014
ecode1015	CHARACTER	5	0	External CauseCode 1015
ecode1016	CHARACTER	5	0	External CauseCode 1016
ecode1017	CHARACTER	5	0	External Cause Code 1017
ecode1018	CHARACTER	5	0	External CauseCode 1018
ecode1019	CHARACTER	5	0	External CauseCode 1019
ecode1020	CHARACTER	5	0	External CauseCode 1020

AGENCY Data

Lookup table with agency information

AGENCY	CHARACTER	64	0	AGENCY
AGENCY_NAME	CHARACTER	64	0	AGENCY_NAME

FACILITY Data

Lookup table with facility information

FACILITY	CHARACTER	64	0	FACILITY
FACILITY_NAME	CHARACTER	64	0	FACILITY_NAME

PURCHASE UNIT Data

Lookup table with purchasing unit information

PURCHASE_UNIT	CHARACTER	64	0	PURCHASE_UNIT
DESCRIPTION	CHARACTER	255	0	DESCRIPTION

PURCHASER Data

Lookup table with purchaser information

PURCHASER	CHARACTER	64	0	PURCHASER
DESCRIPTION	CHARACTER	128	0	DESCRIPTION

SPECIALTIES Data

Lookup table for specialties

HLTHSPEC	CHARACTER	64	0	HLTHSPEC
DESCRIPTION	CHARACTER	100	0	DESCRIPTION

ADDENDUM 1 TO SCHEDULE A

Usage of National Minimum Dataset data as described in Schedule A for PHAS analysis purposes by the Accident Compensation Corporation in relation to services provided under the Public Health Acute Services Annual Service Agreement

Interpretation

1. In addition to definitions in the main body of the memorandum, the following definitions apply to this schedule:

1.1. 'PHAS' means Public Health Acute Services purchased by ACC and provided by District Health Boards in accordance with an agreement between the Minister for ACC and the Minister of Health (the PHAS Annual Service Agreement).

Context

2. ACC pays the Crown for acute care for its clients provided by District Health Boards (DHBs) including inpatient, outpatient and emergency department services.
3. ACC wishes to use NMDS information from the Ministry of Health for the evaluation and planning of these services provided to ACC clients treated in the public system due to an accident.
4. The information will be used in accordance with the principles outlined in the memorandum and Schedule A.

Use of information

5. ACC considers that it is able to use the information obtained in connection with one purpose for another purpose because Rule 10(1)(e)(i) and (ii) of the Code applies.
6. ACC will use this information to analyse the various services provided by DHBs and to ACC clients and for planning purposes related to the PHAS agreement.
7. ACC will also use this information to support a joint initiative between ACC, MOH and the DHBs to improve data quality related to DHB data submissions to ACC.

Contact personnel

8. The respective parties that are responsible for the provision of data under this Schedule are:

Ministry of Health

Tracey Vandenberg

Group Manager, National Collections and Reporting, Client Insights & Analytics

9(2)(a)

ACC

Zeeman van der Merwe

Manager, Information Strategy and Planning

9(2)(a)

Signatories

Signed for and on behalf of
The **Ministry of Health**
Manatū Hauora:



Deb Struthers
Chief Client Officer
Ministry of Health
Manatū Hauora

Dated:

19 April 2017

Signed for and on behalf of
The **Accident Compensation**
Corporation:



Mark Dossor
Chief Financial Officer
The Accident Compensation
Corporation

Dated:

19 April 2017

ADDENDUM 2 TO SCHEDULE A

Usage of National Minimum Dataset data as described in Schedule A for claims analysis purposes by the Accident Compensation Corporation

Interpretation

1. In addition to definitions in the main body of the memorandum, the following definitions apply to this schedule:
 - 1.1. 'PHAS' means Public Health Acute Services purchased by ACC and provided by District Health Boards in accordance with an agreement between the Minister for ACC and the Minister of Health (the PHAS Annual Service Agreement).

Context

2. ACC pays the Crown for acute care for its clients provided by District Health Boards (DHBs) including inpatient, outpatient and emergency department services.
3. ACC has limited or no data about ACC clients who have been treated by the DHBs due to the bulk funding (PHAS) arrangement which does not require DHBs to bill ACC.
4. The NMDS dataset contains the information required to provide a detailed view of an ACC client treated by a DHB, such as diagnosis, treatment and length of stay.
5. ACC requires this information for purposes set out in paragraph 9.
6. The information will be used in accordance with the principles outlined in the memorandum and Schedule A.

Use of information

7. ACC considers that it is able to use the information obtained in connection with one purpose for another purpose because Rule 10(1)(e)(i) and (ii) of the Code applies.
8. ACC wishes to use NMDS information from the Ministry of Health to provide information related to ACC clients treated by DHBs which ACC does not have resulting in incomplete information about its clients.
9. ACC will use this information to better understand current and future service requirements, ACC scheme funding requirements, and for injury prevention planning, for example, health procurement and ACC staffing needs, and projections relating to the ACC scheme outstanding claims liability, levy rates, and government appropriations.
10. ACC will also use this information to support a joint initiative between ACC, MOH and the DHBs to improve data quality related to DHB data submissions to ACC.

Contact personnel

11. The respective parties that are responsible for the provision of data under this Schedule are:

Ministry of Health

Tracey Vandenberg

Group Manager, National Collections and Reporting, Client Insights & Analytics

9(2)(a)

ACC

Zeeman van der Merwe

Manager, Information Strategy and Planning

9(2)(a)

Signatories

Signed for and on behalf of
The **Ministry of Health**
Manatū Hauora:



Deb Struthers
Chief Client Officer
Ministry of Health
Manatū Hauora

Dated:

19/4/17

Signed for and on behalf of
The **Accident Compensation**
Corporation:



Herwig Raubal
Chief Risk & Actuarial Officer
The Accident Compensation
Corporation

Dated:

18/4/17

SCHEDULE A ADDENDUM 1

NMDS datasets to be provided

The NMDS data is provided in 2 datasets: one with the admission/discharge information and one with the codes associated with a particular admission/discharge record. Additional tables are provided to map codes used in the admission/discharge datasets to provide full descriptions. Details on the actual data contents is described in the NMDS Data Dictionary that is available on the Ministry of Health website (moh.govt.nz).

The file includes all Ministry/DHB funded/Accredited Employer hospital discharges (purchaser codes 20, 34, 35, 17) with a non-elective admission type (AA, AC, AP, RL) and supply the following fields:

Not that a limited number of diagnosis and procedures are included in this specification ie since up to 99 can be reported for each patient not all of them are included in this extract.

DATASET	VARIABLE NAME	TYPE	LENGTH	DECIMAL	DESCRIPTION
NMDS Data Set	Admission/discharge information	CHARACTER	15	2	Unit of Measure for this record
	Unit_of_measure	DOUBLE	15	2	Volume
	Volume	DOUBLE	15	2	Price
	Price	DOUBLE	15	2	Revenue (Volume x Price)
	Revenue	CHARACTER	7	0	MAST_NHI
	mast_nhi	CHARACTER	10	0	DOB from the NHI
	nhi_dob	Number	38	0	Age of the patient on admission
	Age at admission	Date		0	Date of death from the NHI
	dod	CHARACTER	30	0	Surname
	sur	CHARACTER	30	0	1st Name
	first_name	CHARACTER	30	0	2nd Name
	second_name	CHARACTER	30	0	3rd Name
	third_name	CHARACTER	30	0	

nhi_preferred	CHARACTER	1	0	Preferred NHI
nhi_dom	CHARACTER	4	0	NHI-Domicile
address1	CHARACTER	25	0	Address Line 1
address2	CHARACTER	25	0	Address Line 2
address3	CHARACTER	25	0	Address Line 3
address4	CHARACTER	25	0	Address Line 4
address5	CHARACTER	25	0	Address Line 5
alt_names1	CHARACTER	70	0	Alternate Names 1
alt_names2	CHARACTER	70	0	Alternate Names 2
alt_names3	CHARACTER	70	0	Alternate Names 3
Ethnicity 1	CHARACTER	2	0	First ethnicity reported
Ethnicity 2	CHARACTER	2	0	Second ethnicity reported
Ethnicity 3	CHARACTER	2	0	Third ethnicity reported
Prioritised ethnicity	CHARACTER	2	0	Prioritised ethnicity calculated
nhi_sex	CHARACTER	1	0	Gender from the NHI
event_id	DOUBLE	15	0	EVENT_ID
event_nhi	CHARACTER	7	0	EVENT_NHI
admission_source_code	CHARACTER	1	0	ADMISSION_SOURCE_CODE
admission_type	CHARACTER	2	0	ADMISSION_TYPE
dob	DATE	10	0	DOB
domicile_code	CHARACTER	4	0	DOMICILE_CODE
DHBdom	CHARACTER	3	0	DHB region of domicile code
event_type	CHARACTER	2	0	EVENT_TYPE
eventdate	DATE	10	0	Event End Date
evstartdate	DATE	10	0	Event Start Date
eventend	CHAR	3	0	Event end type code
local_id	CHARACTER	1	0	LOCAL_ID
event_leave_days	CHARACTER	3	0	EVENT_LEAVE_DAYS
Short stay ED flag	CHAR	1	0	Flag to identify ED admissions

OFFICIAL INFORMATION ACT

OFFICIAL INFORMATION ACT

ICU hours	NUMBER	5	0	Number of hours in ICU
NIV hours	NUMBER	5	0	Number of non-invasive ventilation hours
HMV hours	NUMBER	5	0	Number of hours of mechanical ventilation
agency	CHARACTER	4	0	AGENCY
Agency name	CHARACTER	64	0	Name of the agency
facility	CHARACTER	4	0	FACILITY
Facility name	CHARACTER	64	0	Name of the facility
hlthspec	CHARACTER	3	0	SPECIALITY on discharge
Facility type	Character	12	0	Type of facility
Facility transfer from	VARCHAR2	4	0	Which hospital was the patient in before this event
Facility transfer to	VARCHAR2	4	0	Which hospital did the patient go to after this event
PM unique ID	VARCHAR2	14	0	Hospitals ID for this event
Purchaser code	CHARACTER	2	0	Organisation or person who paid for this event
acc_flag	CHARACTER	1	0	ACCIDENT_FLAG
acc_claim_number	CHARACTER	14	0	ACC_CLAIM_NUMBER (ACC45)
drg_current	CHARACTER	4	0	DRG_CURRENT
cost_weight	DOUBLE	15	0	COST_WEIGHT
cw_code	CHARACTER	2	0	CW_CODE
DRG_GROUPER_TYPE	CHARACTER	2	0	DRG_GROUPER_TYPE
PMS_UNIQUE	CHARACTER	14	0	PMS_UNIQUE
LENGTH_OF_STAY	CHARACTER	5	0	LENGTH_OF_STAY
PURCHASE_UNIT	CHARACTER	10	0	PURCHASE_UNIT
EXCLU_PURCHASE_UNIT	CHARACTER	10	0	EXCLU_PURCHASE_UNIT
Diagnosis and Treatment Codes				
event_id	NUMBER	38	0	EVENT_ID

CODES Data

First 10 diagnoses codes (using ICD-10-AM 11 th edition)	VARCHAR2	8	0	Diagnosis Code 1-10
Diagnosis type for each	CHARACTER	5	0	Type of diagnosis 1-10
Diagnosis sequence for each	CHARACTER	5	0	Diagnosis sequence 1-10
Principal diagnosis description from the load file	CHARACTER	200	0	This is the reported description not the standard one
Condition onset flag	VARCHAR	1	0	Flag showing where condition began
First 10 procedure codes (using ICD-10-AM 11 th edition)	CHARACTER	9	0	Operation/Treatment 1-10
Diagnosis sequence number	VARCHAR2	2	0	Shows the order of the procedure codes reported
Procedure/rcode date	DATE		0	Shows the date that each Procedure occurred.
First 9 external cause Codes (using ICD-10-AM 11 th edition)	VARCHAR	9	0	External cause codes 1-9
Condition onset flag	VARCHAR	1	0	Flag showing where condition Began
Description of first external Cause code as reported	CHARACTER	200	0	External cause codes 1-9 This is the reported description Not the standard one.

AGENCY Data

Lookup table with agency information

AGENCY	CHARACTER	64	0	AGENCY
AGENCY_NAME	CHARACTER	64	0	AGENCY_NAME

FACILITY Data

Lookup table with facility information

FACILITY	CHARACTER	64	0	FACILITY
FACILITY_NAME	CHARACTER	64	0	FACILITY_NAME

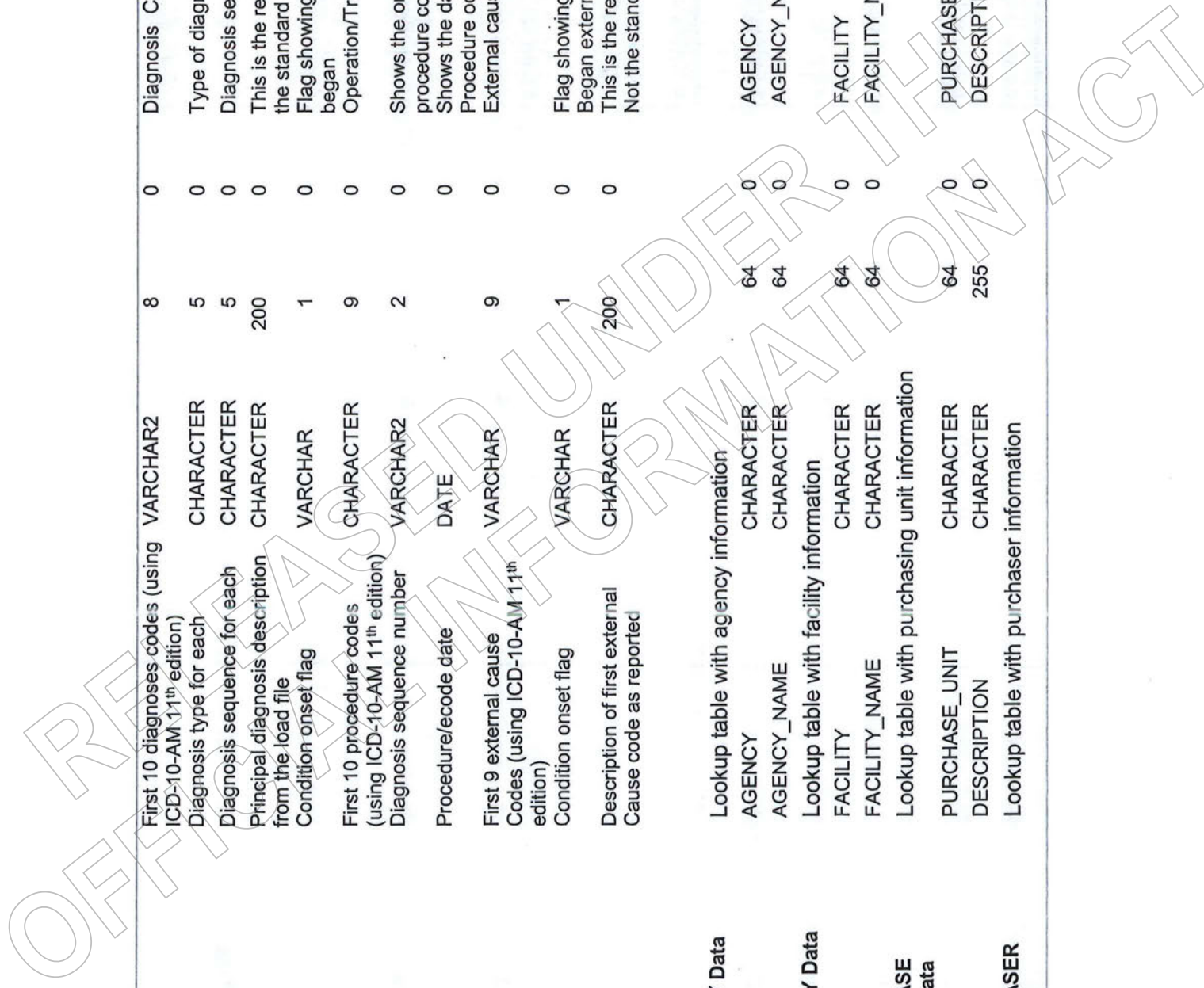
PURCHASE UNIT Data

Lookup table with purchasing unit information

PURCHASE_UNIT	CHARACTER	64	0	PURCHASE_UNIT
DESCRIPTION	CHARACTER	255	0	DESCRIPTION

PURCHASER Data

Lookup table with purchaser information




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PURCHASER DESCRIPTION	CHARACTER	64	0	PURCHASER DESCRIPTION
Lookup table for specialties	CHARACTER	128	0	
HLTHSPEC DESCRIPTION	CHARACTER	64	0	HLTHSPEC DESCRIPTION
	CHARACTER	100	0	

SPECIALTIES
Data

Signatories


Signed for and on behalf of
The Ministry of Health
Manatū Hauora: 

.....

Shayne Hunter
Deputy Director General
Data and Digital
Ministry of Health
Manatū Hauora

Dated: 23/1/2020

.....

Signed for and on behalf of
The Accident Compensation
Corporation: 

.....

Nikolas Cheals
Head of Procurement and
Properties
The Accident Compensation
Corporation

Dated: 3/2/20

.....

SCHEDULE A Addendum 3

Provision of National Non-Admitted Patient Collection data extract for the PHAS (Public Health Acute Levy) calculation,

to the Accident Compensation Corporation

Content of the data to be supplied

1. For the purposes of repeating the PHAS analysis, we will supply the following data SCHEDULE A, incorporating ADDENDUM 3 regularly – this is currently agreed to be every 6 months.
2. The following attachment lists the full content of the data to be supplied to ACC as specified in this addendum.
3. The data supplied is for 12 months of NNPAC data reported every 6 months. If ACC want to change the period (eg initially wanting a longer time period) this is also accommodated in the MOU.
4. The information will be used in accordance with the principles outlined in the memorandum and Schedule A.

Contact personnel

5. The respective parties that are responsible for the provision of data under this schedule are:

Ministry of Health

Tracey Vandenberg
Group Manager, National Collection and Reporting, Data and Digital

9(2)(a)

ACC

Zeeman van der Merwe
Information Consultant, Information Strategy & Planning

9(2)(a)

Signatories

Signed for and on behalf of
The Ministry of Health
Manatū Hauora:


.....

Shayne Hunter
Deputy Director General
Data and Digital
Ministry of Health
Manatū Hauora

Dated:

23/1/2020
.....

Signed for and on behalf of
The Accident Compensation
Corporation:


.....

Nikolas Cheals
Head of Procurement and
Properties
The Accident Compensation
Corporation

Dated:

3/2/20
.....

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ADDENDUM A3

Data will be provided for NNPAC events in the 2017/18 financial year that had a purchase unit code in the following list: ED00002, ED00002A, ED02001, ED02001A, ED03001, ED03001A, ED04001, ED04001A, ED05001, ED05001A, ED06001, ED06001A, ED08001; ie all ED attendances.

Dataset	Variable Name	Type	Length
NNPAC Data Set	Master NHI number	CHARACTER	7
	Event NHI number	CHARACTER	7
	ACC claim number	VARCHAR2	64
	First name (from the NHI)	VARCHAR2	20
	Second name (from the NHI)	VARCHAR2	20
	Third name (from the NHI)	VARCHAR2	20
	Family name (from the NHI)	VARCHAR2	20
	Accident flag	VARCHAR2	64
	Age at time of visit	NUMBER	38
	Agency code	VARCHAR2	64
	Attendance code	VARCHAR2	64
	Client system identifier	VARCHAR2	64
	Date of birth	DATE	
	Datetime of departure	DATE	
	Datetime of event end	DATE	
	Datetime of first contact	DATE	
	Datetime of presentation	DATE	
	Datetime of service	DATE	
	Domicile code	VARCHAR2	64
	Equivalent purchase unit	VARCHAR2	64
	Prioritised ethnic group	VARCHAR2	64
	Ethnicity code 1	VARCHAR2	64
	Ethnicity code 2	VARCHAR2	64
	Ethnicity code 3	VARCHAR2	64
	Event end type code	VARCHAR2	64
	Event type	VARCHAR2	64
	Facility code	VARCHAR2	64
	Funding agency code	VARCHAR2	64
	Gender	VARCHAR2	64
	Health specialty code	VARCHAR2	64
	IDF DHB code	NUMBER	38
	IDF DHB source	VARCHAR2	14
	NMDS unique identifier	VARCHAR2	64
	PMS unique identifier	VARCHAR2	64
	Purchaser code	VARCHAR2	64
	Sent domicile code	VARCHAR2	64
	Sent domicile rating	VARCHAR2	64
	Service type	VARCHAR2	64
	Triage level	NUMBER	38
	Volume	NUMBER	
	Alcohol involved flag	VARCHAR2	2
	IDF Unit of measure	VARCHAR2	64
	Purchase unit code	VARCHAR2	64
	Purchase unit description	VARCHAR2	255
	Unit of measure	VARCHAR2	64

SCHEDULE B ADDENDUM 1

Provision of an updated extract of National Minimum Dataset for The Study of Road Trauma Evidence and Data in New Zealand to the Accident Compensation Corporation

Content of the data to be supplied

1. For the purposes of repeating the SORTED study, we will provide an extract of NMDS data to ACC. This specification is for 2017/18 data but the intent is that it forms a template for all future versions of SORTED.
2. Schedule B Addendum 1 lists the full content of the NMDS data to be supplied to ACC as specified in this addendum.
3. Generally, this is planned to be an annual study where the analysis is led by ACC.
4. The information will be used in accordance with the principles outlined in the memorandum and Schedule B.

Contact personnel

5. The respective parties that are responsible for the provision of data under this schedule are:

Ministry of Health

Tracey Vandenberg
Group Manager, National Collection and Reporting, Data and Digital

9(2)(a)

ACC

Zeeman van der Merwe
Information Consultant, Information Strategy & Planning

9(2)(a)

Signatories

Signed for and on behalf of
The **Ministry of Health**
Manatū Hauora:


.....

Shayne Hunter
Deputy Director General
Data and Digital
Ministry of Health
Manatū Hauora

Dated:

23/1/2020
.....

Signed for and on behalf of
The **Accident Compensation**
Corporation:


.....

Nikolas Cheals
Head of Procurement and
Properties
The Accident Compensation
Corporation

Dated:

3/2/20
.....

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Addendum B1

The NMDS data is provided in 2 datasets: one with the admission/discharge information and one with the clinical codes associated with a particular admission/discharge record. Details on the actual data contents is described in the NMD Data Dictionary that is available on the Ministry of Health website (health.govt.nz).

The next cycle of the SORTED study will deal with 2017/18 data – this specification is intended to be generic for the all future years.

Data will be provided for events with a date of admission in the 2017/18 financial year, and where events have an external cause date in the 2017/18 financial year, where the external cause code is ICD-10-AM 11th edition, between V00 and V89.9 (road or train transport accidents), or was Y021, Y022, Y023, Y03, Y312, Y32, Y85, X812 or X82.

The facility information will be stripped from privately funded hospitalisations.

<i>Dataset</i>	<i>Variable Name</i>	<i>Type</i>	<i>Length</i>
<i>Admission/Discharge information</i>			
	Master NHI number	CHAR	7
	Event NHI number	CHAR	7
	Surname (from the NHI)	VARCHAR2	25
	First name (from the NHI)	VARCHAR2	20
	Second name (from the NHI)	VARCHAR2	20
	Third name (from the NHI)	VARCHAR2	20
	Alternate names 1 (from the NHI)	VARCHAR2	70
	Alternate names 2 (from the NHI)	VARCHAR2	70
	Alternate names 3 (from the NHI)	VARCHAR2	70
	Date of birth	DATE	
	Date of birth flag	CHAR	1
	Date of death	DATE	
	Age at admission	NUMBER	38
	Sex	CHAR	1
	Prioritised ethnicity	CHAR	2
	Ethnicity 1	CHAR	2
	Ethnicity 2	CHAR	2
	Ethnicity 3	CHAR	2
	Domicile code	CHAR	4
	DHB region of domicile	CHAR	3
	Event ID	NUMBER	38
	PMS unique ID	VARCHAR2	14
	ACC claim number	VARCHAR2	12
	Agency code	VARCHAR2	4
	Agency name	VARCHAR2	64
	Agency type	VARCHAR2	64
	Facility code	VARCHAR2	4
	Facility name	VARCHAR2	64
	Facility type	VARCHAR2	2
	Facility transfer to	VARCHAR2	4
	Facility transfer from	VARCHAR2	4
	Funding agency code	VARCHAR2	64

Accident flag	CHAR	1
Short Stay ED flag ⁱ	CHAR	1
Event type	VARCHAR2	2
Event local identifier	CHAR	1
Admission source	CHAR	1
Admission type	VARCHAR2	2
Event start date	DATE	
Event end date	DATE	
Event end type	VARCHAR2	2
Event leave days	VARCHAR2	3
Length of stay	VARCHAR2	5
Total ICU hours	NUMBER	5
HMV hours	VARCHAR2	5
NIV hours	NUMBER	5
Event cost ⁱⁱ		
Costweight	NUMBER	9,4
Costweight code	VARCHAR2	2
Health speciality code	VARCHAR2	3
Health speciality description	VARCHAR2	100
Purchaser code	VARCHAR2	2
Purchaser code description	VARCHAR2	128
Purchase unit	VARCHAR2	10
EXCLU purchase unit	VARCHAR2	10
PCCL	CHAR	1
AR-DRG current	VARCHAR2	4
AR-DRG grouper type	VARCHAR2	2
DRG grouper type	VARCHAR2	2
MDC code	VARCHAR2	2
MDC grouper type	CHAR	1

Diagnosis and Treatment Codes – first 10 diagnosis codes, first 10 procedures codes, first 9 external cause codes

Event ID	NUMBER	38
Diagnosis type	CHAR	1
Diagnosis sequence	NUMBER	5
Clinical code (ICD-10-AM 11 th edition)	VARCHAR2	8
Principal diagnosis description (from the load file not the standard description)	VARCHAR2	200
Procedure/External cause date	DATE	
Procedure/External cause date flag	CHAR	1
Condition onset flag	VARCHAR2	1
External Cause code	VARCHAR2	8

ⁱShort Stay ED

Short stay emergency department events (health speciality code in M05, M06, M07, M08 AND LOS<2 days).

ⁱⁱ Event cost

Derived from the costweight multiplied by the WIESNZ17 costweight multiplier
Medical/Surgical costweight multiplier in 2017/18 was \$4,921.16. For later discharge datasets the appropriate WIES cost multiplier will be used.

SCHEDULE B ADDENDUM 2

Provision of an updated time period of National Non-Admitted Patient Collection for The Study of Road Trauma Evidence and Data in New Zealand to the Accident Compensation Corporation

Content of the data to be supplied

1. This data extract is provided for the purposes of repeating the SORTED study.
2. Schedule B Addendum 2 To the MOU between the Ministry of Health and the Accident Compensation Corporation (ACC) lists the full content of NNPAAC data to be supplied to ACC.
3. The data supplied is specified for events in the 2017/18 financial year. It is intended that this specification is also used for future years.
4. This is planned to be an annual study where the analysis is led by ACC.
5. The information will be used in accordance with the principles outlined in the memorandum and Schedules B.

Contact personnel

6. The respective parties that are responsible for the provision of data under this schedule are:

Ministry of Health

Tracey Vandenberg
Group Manager, National Collection and Reporting, Data and Digital

9(2)(a)


ACC

Zeeman van der Merwe
Information Consultant, Information Strategy & Planning

9(2)(a)

Signatories

Signed for and on behalf of
The **Ministry of Health**
Manatū Hauora:

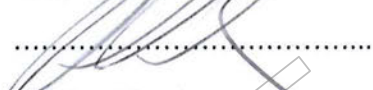
.....


Shayne Hunter
Deputy Director General
Data and Digital
Ministry of Health
Manatū Hauora

Dated:

.....
23/1/2020

Signed for and on behalf of
The **Accident Compensation**
Corporation:

.....


Nikolas Cheals
Head of Procurement and
Properties
The Accident Compensation
Corporation

Dated:

.....
3/2/20

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ADDENDUM B2

Data will be provided for NNPAC events in the 2017/18 financial year that had a purchase unit code in the following list: ED00002, ED00002A, ED02001, ED02001A, ED03001, ED03001A, ED04001, ED04001A, ED05001, ED05001A, ED06001, ED06001A, ED08001; ie all ED attendances. It is intended that this same specification will be used for future SORTED studies.

Dataset	Variable Name	Type	Length
NNPAC Data Set	Master NHI number	CHARACTER	7
	Event NHI number	CHARACTER	7
	ACC claim number	VARCHAR2	64
	First name (from the NHI)	VARCHAR2	20
	Second name (from the NHI)	VARCHAR2	20
	Third name (from the NHI)	VARCHAR2	20
	Family name (from the NHI)	VARCHAR2	20
	Accident flag	VARCHAR2	64
	Age at time of visit	NUMBER	38
	Agency code	VARCHAR2	64
	Attendance code	VARCHAR2	64
	Client system identifier	VARCHAR2	64
	Date of birth	DATE	
	Datetime of departure	DATE	
	Datetime of event end	DATE	
	Datetime of first contact	DATE	
	Datetime of presentation	DATE	
	Datetime of service	DATE	
	Domicile code	VARCHAR2	64
	Equivalent purchase unit	VARCHAR2	64
	Prioritised ethnic group	VARCHAR2	64
	Ethnicity code 1	VARCHAR2	64
	Ethnicity code 2	VARCHAR2	64
	Ethnicity code 3	VARCHAR2	64
	Event end type code	VARCHAR2	64
	Event type	VARCHAR2	64
	Facility code	VARCHAR2	64
	Funding agency code	VARCHAR2	64
	Gender	VARCHAR2	64
	Health specialty code	VARCHAR2	64
	IDF DHB code	NUMBER	38
	IDF DHB source	VARCHAR2	14
	NMDS unique identifier	VARCHAR2	64
	PMS unique identifier	VARCHAR2	64
	Purchaser code	VARCHAR2	64
	Sent domicile code	VARCHAR2	64
	Sent domicile rating	VARCHAR2	64
	Service type	VARCHAR2	64
	Triage level	NUMBER	38
	Volume	NUMBER	
	Alcohol involved flag	VARCHAR2	2
	IDF Unit of measure	VARCHAR2	64
	Purchase unit code	VARCHAR2	64
	Purchase unit description	VARCHAR2	255
	Unit of measure	VARCHAR2	64