National Collections Annual Maintenance Project 2025

Sector Consultation Business Requirements NCAMP 2025

Version	1.0
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Owner	Health New Zealand – Te Whatu Ora
Status	Final

1 Table of Contents

2 Introduction

This document provides a vehicle for the discussion of the requests for changes to the National Collections and documents the requirements for the 2025 National Collections Annual Maintenance Project (NCAMP).

All feedback is welcomed and should be directed to ncamp@tewhatuora.govt.nz

2.1 Project Background: National Collections Annual Maintenance

NCAMP is run annually to perform maintenance on the Health New Zealand - Te Whatu Ora National Collections and to ensure it meets its ongoing statutory obligations. The project will deliver changes to the following National Collections/Systems:

- National Minimum Data Set (NMDS)

- National Non-admitted Patient Collection (NNPAC)

Some NCAMP changes require Districts, Non-Governmental Organisations (NGOs) and private hospitals reporting directly to National Collections to implement changes to their Patient Administration Systems (PAS) or Patient Management Systems (PMS).

2.2 NCAMP Goals and Objectives

- To improve data quality to enable National Collections and Districts to accurately report on the provision and funding of services or treatment.

- To ensure data quality and integrity is maintained to avoid substantial rework by National Collections, Districts and NGOs.

- To improve National Collections and Districts ability to provide timely, accurate and comparative information. This will assist them to complete functions and meet objectives set out in the Pae Ora (Healthy Futures) Act 2022.

- To enable National Collections to meet its obligations of providing high quality data to the Districts, NGOs and other providers, particularly in relation to data processing and reporting, manual data entry, and application of data collection business rules.

3 Background

3.1 Assumptions

BA1.   Maintenance items relating to the National Collections that do not impact Districts or NGO processes or systems may potentially be delivered in maintenance releases during the year.

BA2.   Major increases in capability to the National Collections will be delivered through projects endorsed in the annual expenditure and are subject to business case approval.

3.2 Business Rules

Where relevant, for clarity or additional detail, the business rules will be listed individually with each change. Further detail may be provided in the sector notifications. All rules and requirements etc. are

based on the National Collections and systems and care should be taken when analysing these taking into account local systems configuration.

3.3   Relevant Dates

- The cut-off date for requests for NCAMP 2025 was 31 August 2024
- The proposed scope for NCAMP 2025 was finalised on 26 September 2024
- Formal change notices will be issued in December after sector feedback is considered.

4 National Minimum Dataset (NMDS)

4.1 Annual WIESNZ and Cost Weight Changes for 2025/26

The New Zealand Casemix Framework for Publicly Funded Hospitals (WIESNZ) is a mandatory update for NCAMP each year. The requirements for the Weighted Inlier Equivalent Separation (WIESNZ) and cost weight changes are sourced from the national Cost Weights Working Group as part of the annual National Costing Collection Pricing Programme (NCCPP). WIESNZ is the methodology used to calculate the cost weight value for each inpatient event based on the assigned AR-DRG and New Zealand costs, and the assignment of purchase units.

The 2025/26 New Zealand Casemix Framework for Publicly Funded Hospitals (WIESNZ25) document is expected to be available on the NCAMP website in December 2024.

4.2 AR-DRG Upgrade from v10.0 to v11.0

The Australian Refined Diagnosis Related Groups (AR-DRG) is a patient classification system that provides a clinically meaningful way of relating the types of patients treated in a hospital to the resources required by the hospital.

The National Minimum Dataset (NMDS) uses AR-DRG grouping software as part of the load process into the transactional system. The AR-DRG software creates and populates several fields from the NMDS load data for each event record. Assigning a DRG to an event record is a method whereby episodes of care are categorised by both clinical homogeneity and similar hospital resource use. A DRG is allocated to every event record loaded into the NMDS. This allocation is based on several variables relating to the event including diagnoses and procedures that are reported using the clinical coding classification ICD-10-AM/ACHI/ACS.

In financial years 2023/24 and 2024/25, events coded in ICD-10-AM/ACHI Twelfth Edition had their codes back-mapped to ICD-10-AM/ACHI Eleventh Edition which are used to derive AR-DRG v10.0. With the implementation of AR-DRG v11.0 on 1 July 2025 back-mapping will no longer be required for grouping event records coded in ICD-10-AM/ACHI/ACS Twelfth Edition.

5 National Non-Admitted Patient Collection (NNPAC)

5.1 Patients attending the Emergency Department who are redirected to community care – with or without vouchers for low acuity patients

Description	NNPAC ED patients who are redirected to another health provider – with or without vouchers for low acuity patients
	Background Currently some Districts redirect ED patients who are triaged with a low acuity to another service, most often to an Urgent Care Clinic. In some cases patients are provided vouchers to attend another health provider at no cost to them. **Issue** Currently there is no clear mechanism to record and report these attendances to NNPAC and Rapid. This data is reported differently by different hospitals. Some facilities exclude these events from national reporting, and some include these as Did not wait (DNW) or Attended (ATT) with different event end types. **Proposal** The addition of a new NNPAC attendance code – Redirected (RED) in the Attendance type. Create a new event end type code for these patients – EC – "ED Patient redirected to community care"
#	
BR1.	Add new attendance code "RED" in the Attendance type field
BR2.	Update NNPAC file specification section 8.1.2 Event record table – Attendance Code field - Add RED to attendance code options
BR3.	Update NNPAC file specification section 8.1.2 Event record table – Field volume – RED events to be reported with Zero as the volume
BR4.	Add new RED attendance code for Error code NAP 5004 - Attendance code (%1) not one of the allowed values (i.e. ATT, DNA, DNW, RED).
BR5.	Add rule that if RED is reported, the event end type code must be EC – ED patient redirected to community care
BR6.	Add new event end type code EC – patient redirected to community care
BR7.	Update the common code table list for the new event end type code and publish

6 Advisories

6.1 National Health Index (NHI)

6.1.1 Advisory Change to National Health Index (NHI) Numbering System

Health NZ will introduce a new National Health Index (NHI) format on 1 July 2026. All systems and devices that use the NHI will need to support both the current and the new NHI format by this date. The original change date of 1 October 2025 has been extended to give suppliers more time. There will be no further extensions.

About the NHI
The NHI is crucial for linking patient health information in New Zealand. Created at birth or during the first interaction of an individual with health services, it includes a unique identifier and demographic information.

Current and new formats
• Current Format: AAANNNC (3 alpha, 3 numeric, 1 numeric check digit) - covers 9 million unique identifiers.
• New Format: AAANNAX (3 alpha, 2 numeric, 1 alpha, 1 alpha check digit) - expands to 33 million unique identifiers.

Both formats will co-exist.

Action required
Health IT suppliers must ensure systems support both formats by 30 June 2026.

Next steps
1. Self-compliance testing: Ensure your systems are ready for the change. [Click here for self-assessment]
2. Update compliance status: Update your compliance status, request support, and provide feedback. [Click here to update your status]

Additional support
For more information, please view the information on the HNZ website:
•   NHI Overview
•   NHI Format Change
•   HISO Standard Compliance

Email: Integration@tewhatuora.govt.nz

6.1.2 Advisory Ethnicity Protocols

Provided below is information regarding updates to the Ethnicity Protocols and reporting. The expectation is that District hospitals are currently recording ethnicity at level 4 ethnicities.

Details of the Proposed Change
NHI FHIR (Fast Healthcare Interoperability Resources) services are now available in production. Hospitals are expected to transition to NHI FHIR (or SOAP) services to update NHI ethnicity at level 4. Please contact ws_integration@health.govt.nz or refer to https://marketplace.hira.health.nz/apis/national-health-index/ for further information.

As an initial step, hospitals may choose to update and store level 4 ethnicities at a local system level. Once hospitals have transitioned to the new NHI services and are updating ethnicity at level 4 there will no longer be a requirement to report ethnicity in any load file to National Collections.

The HISO 10001:2017 Ethnicity Data Protocols define appropriate processes for confirmation or correction of ethnicity where existing data is held for a respondent and an appropriate frequency for collecting ethnicity data.

The protocols support a transition from the previous minimum requirements of recording up to three ethnicities at level 2 classification to recording up to six ethnicities at level 4 classification. This reflects the requirement for information systems to capture the greater population diversity and improved granularity of information to plan, fund and monitor health services. These changes represent a significant move forward in terms of ethnicity data collection and will make a valuable contribution for health. https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols.

User Interfaces should align closely with this example based on the census on-line collection method. http://refraction.nz/eths

7   Appendix A – Definitions

Abbreviation	Definition
API	Application Programme Interface
AR-DRG	Australian Refined Diagnosis Related Groups
CTC	Computerised Tomography Colonography
DRG	Diagnosis Related Groups
ED	Emergency Department
FHIR	Fast Healthcare Interoperability Resources
HISO	Health Information Standards Organisation
HL7	Health Level 7
ID	Identifier
MOH	Ministry of Health
NCAMP	National Collections Annual Maintenance Project
NCCPP	National Costing Collection Pricing Programme
NGO	Non-Government Organisation
NHI	National Health Index
NMDS	National Minimum Data Set
NNPAC	National Non-Admitted Patient Collection
NZ	New Zealand
PAS	Patient Administration System
PMS	Patient Management System
PRIMHD	Programme for the Integration of Mental Health Data
PUC	Purchase Unit Code
SNOMED-CT	Systematized Nomenclature of Medicine – Clinical Terms
SOAP	Simple Object Access Protocol
WIES	Weighted Inlier Equivalent Separation
WIESNZ	Weighted Inlier Equivalent Separation New Zealand

8   Appendix B – Document Control

Document Details

Project	National Collections Annual Maintenance Project 2025
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