Episode of care—principal source of funding, hospital code NN

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Funding source for hospital patient
METEOR identifier:	339080
Registration status:	Health, Superseded 11/04/2012
Definition:	The principal source of funds for an admitted patient episode or non-admitted patient service event, as represented by a code.
Context:	Admitted patient care. Hospital non-admitted patient care.
Data Element Concept:	Episode of care—principal source of funding
Value Domain:	Hospital patient funding source code NN

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	String	
Format:	NN	
Maximum character length:	2	
	Value	**Meaning**
Permissible values:	01	Australian Health Care Agreements
	02	Private health insurance
	03	Self-funded
	04	Worker's compensation
	05	Motor vehicle third party personal claim
	06	Other compensation (e.g. public liability, common law, medical negligence)
	07	Department of Veterans' Affairs
	08	Department of Defence
	09	Correctional facility
	10	Other hospital or public authority (contracted care)
	11	Reciprocal health care agreements (with other countries)
	12	Other
	13	No charge raised
Supplementary values:	99	Not known

Collection and usage attributes

Guide for use:	CODE 01 Australian Health Care Agreements Australian Health Care Agreements should be recorded as the funding source for

Medicare eligible admitted patients who elect to be treated as public patients and Medicare eligible emergency department patients and Medicare eligible patients presenting at a public hospital outpatient department for whom there is not a third party arrangement.

Includes: Public admitted patients in private hospitals funded by state or territory health authorities (at the state or regional level).

Excludes: Inter-hospital contracted patients and overseas visitors who are covered by Reciprocal health care agreements and elect to be treated as public admitted patients.

CODE 02 Private health insurance

Excludes: overseas visitors for whom travel insurance is the major funding source.

CODE 03 Self-funded

This code includes funded by the patient, by the patient's family or friends, or by other benefactors.

CODE 10 Other hospital or public authority

Includes: Patients receiving treatment under contracted care arrangements (Inter-hospital contracted patient).

CODE 11 Reciprocal health care agreements (with other countries)

Australia has Reciprocal Health Care Agreements with the United Kingdom, the Netherlands, Italy, Malta, Sweden, Finland, Norway, New Zealand and Ireland. The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient in any kind of hospital.

– The Agreements with Finland, Italy, Malta, the Netherlands, Norway, Sweden and the United Kingdom provide free care as a public patient in public hospitals, subsidised out-of-hospital medical treatment under Medicare, and subsidised medicines under the Pharmaceutical Benefits Scheme.

– The Agreements with New Zealand and Ireland provide free care as a public patient in public hospitals and subsidised medicines under the Pharmaceutical Benefits Scheme, but do not cover out-of-hospital medical treatment.

– Visitors from Italy and Malta are covered for a period of six months from the date of arrival in Australia only.

Excludes: Overseas visitors who elect to be treated as private patients.

CODE 12 Other funding source

Includes: Overseas visitors for whom travel insurance is the major funding source.

CODE 13 No charge

Includes: Admitted patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital or the state/territory. Also includes patients who receive private hospital services for whom no accommodation or facility charge is raised (for example, when the only charges are for medical services bulk-billed to Medicare), and patients for whom a charge is raised but is subsequently waived.

Excludes: Admitted public patients (Medicare eligible) whose funding source should be recorded as Australian Health Care Agreements or Reciprocal Health Care Agreements. Also excludes Medicare eligible non-admitted patients, presenting to a public hospital emergency department and Medicare eligible patients (for whom there is not a third party payment arrangement) presenting at a public hospital outpatient department, whose funding source should be recorded as Australian Health Care Agreements.

Also excludes patients presenting to an outpatient department who have chosen to be treated as a private patient and have been referred to a named medical specialist who is exercising a right of private practice. These patients are not considered to be patients of the hospital (see Guide for use).

Data element attributes

Collection and usage attributes

Guide for use:

If there is an expected funding source followed by a finalised actual funding source (for example, in relation to compensation claims), then the actual funding source known at the end of the reporting period should be recorded.

The expected funding source should be reported if the fee has not been paid but is not to be waived.

If a charge is raised for accommodation or facility fees for the episode/service event, the intent of this data element is to collect information on who is expected to pay, provided that the charge would cover most of the expenditure that would be estimated for the episode/service event. If the charge raised would cover less than half of the expenditure, then the funding source that represents the majority of the expenditure should be reported.

The major source of funding should be reported for nursing-home type patients.

Relational attributes

Related metadata references:

Supersedes Episode of care—expected principal source of funding, hospital code NN
Health, Superseded 29/11/2006

Has been superseded by Episode of care—source of funding, patient funding source code NN
Health, Superseded 07/03/2014

See also Non-admitted patient service event—principal source of funding
Health, Superseded 11/04/2012
Independent Hospital Pricing Authority, Standard 01/11/2012

See also Non-admitted patient service event—principal source of funding, code NN
Health, Superseded 11/04/2012
Independent Hospital Pricing Authority, Standard 01/11/2012

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS
Health, Superseded 01/09/2012

Acute coronary syndrome (clinical) DSS
Health, Superseded 02/05/2013

Acute coronary syndrome (clinical) NBPDS 2013-
Health, Standard 02/05/2013
Implementation start date: 01/07/2013

Admitted patient care NMDS 2007-08
Health, Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008

Admitted patient care NMDS 2008-09
Health, Superseded 04/02/2009
Implementation start date: 01/07/2008
Implementation end date: 30/06/2009

Admitted patient care NMDS 2009-10
Health, Superseded 22/12/2009
Implementation start date: 01/07/2009
Implementation end date: 30/06/2010

Admitted patient care NMDS 2010-11
Health, Superseded 18/01/2011
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011

Admitted patient care NMDS 2011-12
Health, Superseded 11/04/2012
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012

Admitted patient palliative care NMDS 2007-08
Health, Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008

Admitted patient palliative care NMDS 2008-09
Health, Superseded 04/02/2009
Implementation start date: 01/07/2008
Implementation end date: 30/06/2009

Admitted patient palliative care NMDS 2009-10
Health, Superseded 05/01/2010
Implementation start date: 01/07/2009
Implementation end date: 30/06/2010

Admitted patient palliative care NMDS 2010-11
Health, Superseded 21/12/2010
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011

Admitted patient palliative care NMDS 2011-12
Health, Superseded 07/03/2012
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012

Admitted patient palliative care NMDS 2012-13
Health, Superseded 02/05/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013

Admitted patient palliative care NMDS 2013-14
Health, Superseded 15/10/2014
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014