

National Healthcare Agreement: P25-Specialist services claimed through Medicare, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	392656
Registration status:	<ul style="list-style-type: none">• Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P25-Specialist services claimed through Medicare, 2010 Health , Superseded 08/06/2011
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Data quality

Quality statement summary:	<ul style="list-style-type: none">• This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).• This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).
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Institutional environment:	The Medicare Benefits Schedule (MBS) claims data are based on administrative by-product of Medicare Australia administering the Medicare fee-for-service payment systems.
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Medicare Australia collects the MBS data under the *Medicare Australia Act 1973*. The data are then regularly provided to the Department of Health and Ageing.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the Australian Institute of Health and Welfare (AIHW). The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Timeliness:	The indicator relates to all claims processed in the 2008–09 financial year.
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Accessibility:	Medicare claims statistics are available at: http://www.nhhrc.org.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1 https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml
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Interpretability:	Information is available for MBS claims data from: http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1
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Relevance: The measure relates to specific identified Medicare services. This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).

This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).

The analyses by state/territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, data does not necessarily reflect the location in which services were received.

Medical claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.

Accuracy: As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes are based on enrolment postcode of the patient.

This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

MBS data on Indigenous status are not published for this performance indicator. Indigenous identification is reported voluntarily by Indigenous Medicare enrollees and there is good evidence that the data significantly under-enumerates Indigenous persons.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are highly volatile (that is, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence: The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are consistent with service numbers published by Medicare.

Disaggregations by SEIFA and remoteness area are not publicly available elsewhere.

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: PI 25: Specialist services, 2011 QS](#)

- [Health](#), Superseded 04/12/2012