

National Healthcare Agreement: P29-Private sector mental health services, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	392816
Registration status:	<ul style="list-style-type: none">• Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P29-Private sector mental health services, 2010 Health , Superseded 08/06/2011
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Data quality

Quality statement summary:	<ul style="list-style-type: none">• The numerator data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to patients and has accurate data on the number of services provided.• Medical claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.
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Institutional environment:	Medicare Australia collects the Medical Benefits Schedule (MBS) data under the <i>Medicare Australia Act 1973</i> . These data are then regularly provided to the Department of Health and Ageing (DoHA). The MBS claims data are an administrative by-product of Medicare Australia administering the Medicare fee-for-service payment systems.
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The numerator for this indicator was prepared by DoHA and quality assessed by the Australian Institute of Health and Welfare (AIHW). The AIHW prepared the denominator and calculated the indicator based on numerator supplied. DoHA 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

Disaggregation by SEIFA is not publicly available elsewhere.

The AIHW produces the annual series *Mental health services in Australia* (available in hard copy or electronically on the AIHW website).

Interpretability: Information is available for MBS claims data from:

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1>

Relevance: The measure relates to mental health specific Medicare services for which claims data are available.

Analyses by state/territory, remoteness and SEIFA of residence 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, these data do not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved location during the reference period are allocated to the postcode of their address at date of last service received.

MBS 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.

The MBS items used to construct this indicator include services that may be rendered in a hospital setting.

MBS data on Indigenous status are not published for this performance indicator. Indigenous identification is reported voluntarily by Indigenous Medicare enrolees 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 likely to be highly volatile (for example, 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 used in this indicator are routinely published in *Mental health services in Australia*. However, in that publication, rates may be calculated using different Estimated Resident Populations (ERPs) rather than the June 2008 ERPs that are used for this indicator. Consequently, there may be some differences in the calculated rates.

Additionally, all psychologist items have been reported under the general heading of Psychologist services in *Mental health services in Australia* whereas this indicator reports Clinical psychologists separately and all other psychologist items are reported as Other allied health.

Relational attributes

Related metadata references:

Has been superseded by [National Healthcare Agreement: PI 29: Private sector mental health services, 2011 QS](#)

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