Episode of care—source of funding, Tasmanian code XX[AAAAA]

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Episode of care—source of funding, Tasmanian code XX[AAAAA]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Funding source for Tasmanian hospital patient, Administrative category (ADCAT)
METEOR identifier:	417677
Registration status:	Tasmanian Health, Standard 05/09/2016
Definition:	The source of funds for an admitted patient episode or non-admitted patient service event (exclude Tasmanian emergency department patients), as represented by a code.
Context:	Admitted patient care. Hospital non-admitted patient care (exclude Tasmanian emergency department patients).
Data Element Concept:	Episode of care—source of funding
Value Domain:	Tasmanian hospital patient funding source code XX[AAAAA]

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	XX[AAAAA]
Maximum character length:	7

Permissible values:

Value	Meaning
20	Organ procurement
AS	Armed services
ASX	Asylum seeker
BOARD	Boarder
CLW	Common law
CSAI	Contracted services in
CSAO	Outsourced contract services
DVA	Department of Veterans' Affairs
DVANHT	Department of Veterans' Affairs - nursing home type
HPH	Hobart Private patient
MBB	NO LONGER USED - Bulk billed (ORP patient)
MVA	Motor vehicle accident
NB	Newborn unqualified
ORP	ORP (inpatient)
OSS	Overseas - student
OSV	Overseas - Reciprocal HCA
OSVNO	Overseas - without Reciprocal HCA
PNH	Public - nursing home type

	PRIS	Prisoner
	PRIV	NO LONGER USED - Private patient
	PRIVHO	NO LONGER USED - Private - hospital in the home
	PRIVNH	Private - nursing home type
	PRIVO	Private - overnight
	PRIVSD	Private - same day
	PUB	Public
	PUBHOME	Public - hospital in the home
	RESI	Residential - aged care
	RESP	Residential - respite care
	SEA	Seamen
	SFO	Self funded - overnight
	SFSD	Self funded - same day
	TRANS	Transitional Care Program
	WC	Worker's compensation
	WCS	Worker's compensation - staff
Supplementary values:	NSP	Not specified
	UNK	Unknown

Collection and usage attributes

Guide for use:

CODE AS Armed services

Use for patients where the public hospital fees and charges associated with this episode of care are covered by the Defence Forces.

CODE ASX Asylum seeker

An asylum seeker is deemed to be any person who has a current request for protection that is being assessed by the Australian Government. These patients are Medicare ineligible through being non-resident of Australia and not covered by the Reciprocal Health Care Agreements Australia has with other countries. Other Agencies have agreed to fund the public hospital event (admitted or non-admitted). If they are successful they are offered protection and refugee status. This determination can take many years and during which time the applicant is classed as an asylum seeker.

CODE BOARD Boarder

Use for persons who are receiving food and/or accommodation at the hospital but for whom the hospital does not accept responsibility for treatment and/or care.

CODE CLW Common law

Used for all patients who are or may be legally entitled to claim damages under public liability or common law.

CODE CSAI Contracted services in

Use for patients who's care is provided by the public facility as a private facility does not have the necessary equipment or facilities for the patients care. The private facility has agreed to accept responsibility for the public hospital fees charges.

CODE CSAO Outsourced contract services

Use for patients who have elected to receive treatment as a public patient in a private facility because the procedure, treatment or services in not performed at the

public facility. These patients cannot be any other calssification other then Public.

CODE DVA Department of Veterans' Affairs

Use where the Department of Veterans' Affairs has agreed to accept responsibility for hospital fees and charges for the procedure, treatment or services being received.

CODE DVAHT Department of Veterans' Affairs - nursing home type

Use for nursing home type patients were the Department of Veterans' Affairs has agreed to accept responsibility for hospital fees and charges for the procedure, treatment or service.

CODE HPH Hobart Private patient

These patients are persons who's care is provided by the public facility but the Hobart Private Hospital has agreed to accept responsibility for the public fees and hospital charges.

CODE MBB Bulk billed (outside referred patient)

These patients are persons who are referred to a specialist medical practitioner or medical service from a General Practitioner for a non-admitted consultation or a procedure including radiology and pathology.

CODE MVA Motor vehicle accident

Use where the patient is or may be legally entitled to claim damages and hospital fees and charges against the Motor Accidents Insurance Board (MAIB).

CODE NB Newborn unqualified

Use if the unqualified newborn is nine days old or less and does not meet the criteria for being admitted under the care type Acute incl qual newborn.

A qualified newborn will usually take the Medicare eligibility status of the mother.

Stillborn babies are not admitted, but should be registered (providing this meets the Tasmanian Births, Deaths and Marriages Registration Act 1999).

CODE ORP Outside referred patient (inpatient)

Use for patients who are referred to a specialist medical practitioner by name from a General Practitioner for a non-admitted consultation or procedure. These patients are admitted on the hospital's Patient Administration System to ensure the recording of clinical data and classified ORP (Outside Patient Referred).

CODE OSS Overseas - student

Use for patients who are Medicare ineligible as they are non-resident of Australia and have Overseas Student Health Cover (OSHC). Hospital fees and charges are covered by the Patient and the OSHC health insurer

CODE OSV Overseas - Reciprocal Health Care Agreements (HCA)

Australia has Reciprocal Health Care Agreements with the United Kingdom, the Netherlands, Italy, Malta, Sweden, Finland, Norway, New Zealand and Ireland. Patients from these countries have the choice to receive free accommodation and treatment as public hospital services. The agreements do not cover treatment for persons that elect to be treated as a private patient.

- 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.
- All foreign students studying in Australia, with the exception from Norway and Sweden, are required to take out Overseas Student Health Cover (OSHC). Students from Norway and Sweden are not required to have OSHC provided they and their dependents hold appropriate health insurance from their own country.
- 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.
- Patients with retirement visas (class 410 visas) from RHCA countries are entitled to make a choice between whether they access RHCA for equivalent benefits and seek an exemption from the Medicare levy.

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

CODE OSVNO Overseas - without Reciprocal Health Care Agreements (HCA)

Use for patients who are Medicare ineligible as they are non-resident of Australia and do not come from a country that has Reciprocal Health Care Agreements (HCA) with Australia. It is the responsibility of the patients to ensure that they have health insurance cover or adequate money to cover the cost of there health care.

CODE PNH Public - nursing home type

These patients are persons who have elected to be receive treatment free of fees and charge but require nursing home care. These patients are required to pay a fee while admitted in a public hospital in the same way as residents in nursing homes do.

By definition, a NHTP is a patient who has been in hospital for a continuous period exceeding 35 days and does not have a current Acute Care Certificate issued by a medical officer.

CODE PRIS Prisoner

If a prisoner has a health issue that cannot be treated at the prison. The Prison Service, Department of Justice has agreed to accept responsibility for hospital fees and charges for the procedure, treatment or service.

CODE PRIVNH Private - nursing home type

On admission to hospital, a Medicare eligible patient must elect to be as either a public or private patients. These patients are persons who have elected to be receive treatment by a doctor of choice and that doctor is exercising their 'right of private practice' within a public hospital and any fees and charges (other than agreed gap payments) covered by their health insurer, but only require nursing home care. These patients are required to pay a fee while admitted in a public hospital in the same way as residents in nursing homes do. This charge is normally covered by the Health Insurer.

By definition, a NHTP is a patient who has been in hospital for a continuous period exceeding 35 days and does not have a current Acute Care Certificate issued by a medical officer.

CODE PRIVO Private - overnight

On admission to hospital, a Medicare eligible patient must elect to be as either a public or private patients. These patients are persons who have elected to receive treatment by a doctor of choice and that doctor is exercising their 'right of private practice' within a public hospital and any fees and charges (other than agreed gap payments) covered by their health insurer. An overnight stay patient is a patient who is admitted to and separated from the hospital on different dates.

CODE PRIVSD Private - same day

On admission to hospital, a Medicare eligible patient must elect to be as either a public or private patients. These patients are persons who have elected to receive treatment by a doctor of choice and that doctor is exercising their 'right of private practice' within a public hospital and any fees and charges (other than agreed gap payments) covered by their health insurer. An same day patient is a patient who is admitted to and separated from the hospital on the same dates.

CODE PUB Public

On admission to hospital, a Medicare eligible patient must elect to be as either a public or private patient.

A public patient is a patient who:

- Elects to be treated as a public patient, and so cannot choose the doctor who treats them, or
- Is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.

A public patient who is allocated single room accommodation due to clinical need is still a public patient

CODE PUBHOME Public - hospital in the home

A public hospital in the home patient is a patient who, elects to be treated as a public patient, and the provision of acute care is in the comfort of the person's own residence or other suitable environment.

CODE RESI Residential - aged care

Use for residential - aged care patients only.

CODE RESP Residential - respite care

Use for residential - respite care patients only.

CODE SEA Seamen

Use where the costs associated with this episode of care is covered by seaman insurance.

CODE SFO Self funded - overnight

Use where the costs associated with this overnight episode of care is to be covered by the patient themselves.

CODE SFSD Self funded - same day

Use where the costs associated with this same day episode of care is to be covered by the patient themselves.

CODE TRANS Transitional Care Program

Only to be used for patients who are participating in the Transitional Care Program.

CODE WC Worker's compensation

Use where the costs associated with this episode of care is covered by workers' compensation insurance.

CODE WCS Worker's compensation - staff

Use where the costs associated with this episode of care is covered by staff workers' compensation insurance.

CODE UNK Unknown

Not to be used.

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.

Collection methods:

This data element is generally called **Administrative category (ADCAT)** in the Tasmanian Patient Administration System and is collected multiple times in different Health Central modules. It is collected twice at the time of patient's admission and discharge in the Inpatient Episode module.

Comments:

The funding source at the time of discharge is used for admitted patient state and national reporting.

Relational attributes

Implementation in Data Set Specifications:

Admitted patient care admission related data elements (TDLU) cluster
Tasmanian Health, Superseded 10/11/2023

Admitted patient care admission related data elements (TDLU) cluster
Tasmanian Health, Standard 10/11/2023
Implementation start date: 01/07/2023
Implementation end date: 30/06/2025

Tasmanian Admitted Patient Data Set - 2016
Tasmanian Health, Superseded 10/01/2018
Implementation start date: 01/07/2016
Implementation end date: 30/06/2017

Tasmanian Admitted Patient Data Set - 2017
Tasmanian Health, Superseded 10/01/2018
Implementation start date: 01/07/2017
Implementation end date: 30/06/2018

Tasmanian Admitted Patient Data Set - 2018
Tasmanian Health, Superseded 12/04/2019
Implementation start date: 01/07/2018
Implementation end date: 30/06/2019

Tasmanian Admitted Patient Data Set - 2019
Tasmanian Health, Superseded 17/06/2020
Implementation start date: 01/07/2019
Implementation end date: 30/06/2020

Tasmanian Admitted Patient Data Set - 2020
Tasmanian Health, Superseded 22/11/2023
Implementation start date: 01/07/2020
Implementation end date: 30/06/2021

Tasmanian Admitted Patient Data Set - 2021
Tasmanian Health, Superseded 22/11/2023
Implementation start date: 01/07/2021
Implementation end date: 30/06/2022

Tasmanian Admitted Patient Data Set - 2022
Tasmanian Health, Superseded 22/11/2023
Implementation start date: 01/07/2022
Implementation end date: 30/06/2023

Tasmanian Admitted Patient Data Set - 2023
Tasmanian Health, Standard 22/11/2023
Implementation start date: 01/07/2023
Implementation end date: 30/06/2024

Tasmanian Non-admitted Patient Data Set - 2016
Tasmanian Health, Superseded 08/05/2020
Implementation start date: 01/07/2016
Implementation end date: 30/06/2017

Tasmanian Non-admitted Patient Data Set - 2019
Tasmanian Health, Superseded 08/05/2020
Implementation start date: 01/07/2019
Implementation end date: 30/06/2020

Implementation in Indicators:

Used as Numerator

Service Agreement - Department of Health and Human Services Tasmania: 2012, KPI11-Weighted separations, 2012
Tasmanian Health, Superseded 09/12/2016

Service Agreement - Department of Health and Human Services Tasmania: 2013, KPI??-Weighted separations, 2013
Tasmanian Health, Superseded 09/12/2016

Service Agreement - Department of Health and Human Services Tasmania: 2014, Weighted separations, 2014
Tasmanian Health, Superseded 09/12/2016

Service Agreement - Department of Health and Human Services Tasmania: 2016, ACT1, Admitted patient, Acute admitted raw separations, 2016
Tasmanian Health, Superseded 28/03/2019

Service Agreement - Department of Health and Human Services Tasmania: 2017, EF3 - 28 day readmission rate - all patients (excludes mental health patients), 2017
Tasmanian Health, Superseded 28/03/2019

Used as Denominator

Service Agreement - Department of Health and Human Services Tasmania: 2017, EF3 - 28 day readmission rate - all patients (excludes mental health patients), 2017
Tasmanian Health, Superseded 28/03/2019