

Person—eligibility status, Medicare code N

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Person—eligibility status, Medicare code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Medicare eligibility status
METEOR identifier:	481841
Registration status:	Health , Standard 08/02/2012 Tasmanian Health , Standard 27/06/2017
Definition:	An indicator of a person's eligibility for Medicare at the time of the episode of care, as specified under the <i>Health Insurance Act 1973 (Cwlth)</i> , as represented by a code.
Context:	Admitted patient care: To facilitate analyses of hospital utilisation and policy relating to health care financing.
Data Element Concept:	Person—eligibility status
Value Domain:	Medicare eligibility status code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Eligible
	2	Not eligible
Supplementary values:	9	Not stated/unknown

Data element attributes

Collection and usage attributes

Guide for use:

Eligible persons are

- Permanent residents of Australia
- Persons who have an application for permanent residence (not an aged parent visa), and have either:
 - a spouse, parent or child who is an Australian citizen or permanent resident, OR
 - authority from Department of Immigration and Multicultural and Indigenous Affairs to work
- Foreign spouses of Australian residents:
 - must have an application for permanent residence, as above
- Asylum seekers who have been issued with valid temporary visas. The list of visas is subject to changes which may be applied by the Australian Government Department of Immigration and Border Protection.
- American Fulbright scholars studying in Australia (but not their dependents)
- Diplomats and their dependants from reciprocal health countries (excluding New Zealand and Norway) have full access to Medicare without the restrictions for American Fulbright scholars.

Reciprocal health care agreements

Residents of countries with whom Australia has Reciprocal health care agreements are also eligible under certain circumstances. Australia has Reciprocal Health Care Agreements with Republic of Ireland, Italy, Finland, Malta, the Netherlands, New Zealand, Norway, Sweden and the United Kingdom. These Agreements give visitors from these countries access to Medicare and the Pharmaceutical Benefits Scheme for the treatment of an illness or injury which occurs during their stay, and which requires treatment before returning home (that is, these Agreements cover immediately necessary medical treatment, elective treatment is not covered). 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.

Eligible patients may elect to be treated as either a public or a private patient.

A newborn will usually take the Medicare eligibility status of the mother. However, the eligibility status of the father will be applied to the newborn if the baby is not eligible solely by virtue of the eligibility status of the mother.

For example, if the mother of a newborn is an ineligible person but the father is eligible for Medicare, then the newborn will be eligible for Medicare.

Not eligible/ineligible: means any person who is not Medicare eligible. Ineligible patients may not elect to be treated as a public patient.

Prisoners are ineligible for Medicare, under Section 19 (2) of the *Health Insurance Act 1973 (Cwth)*.

Collection methods:

In practice, the primary method for ascertaining Medicare eligibility status is undertaken by the healthcare organisation sighting the patient's Medicare card.

Relational attributes

**Related metadata
references:**

Supersedes [Person—eligibility status, Medicare code N Health](#), Superseded 08/02/2012

**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

[Admitted patient care admission related data elements \(TDLU\) cluster \(Private Hospitals\)](#)

[Tasmanian Health](#), Standard 20/11/2023

Implementation start date: 01/07/2023

Implementation end date: 30/06/2025

[Admitted patient care NMDS 2012-13](#)

[Health](#), Superseded 02/05/2013

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

[Admitted patient care NMDS 2013-14](#)

[Health](#), Superseded 11/04/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

[Admitted patient care NMDS 2014-15](#)

[Health](#), Superseded 13/11/2014

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

[Admitted patient care NMDS 2015-16](#)

[Health](#), Superseded 10/11/2015

Implementation start date: 01/07/2015

Implementation end date: 30/06/2016

[Admitted patient care NMDS 2016-17](#)

[Health](#), Superseded 05/10/2016

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

[Admitted patient care NMDS 2017-18](#)

[Health](#), Superseded 25/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

[Admitted patient care NMDS 2018-19](#)

[Health](#), Superseded 12/12/2018

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

[Admitted patient care NMDS 2019-20](#)

[Health](#), Superseded 18/12/2019

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Admitted patient care NMDS 2020-21](#)

[Health](#), Superseded 05/02/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

[Admitted patient care NMDS 2021-22](#)

[Health](#), Superseded 20/10/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

[Admitted patient care NMDS 2022-23](#)

[Health](#), Superseded 20/12/2022

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

[Admitted patient care NMDS 2023-24](#)

[Health](#), Superseded 06/12/2023

Implementation start date: 01/07/2023

Implementation end date: 30/06/2024

[Admitted patient care NMDS 2024–25](#)

[Health](#), Standard 06/12/2023

Implementation start date: 01/07/2024

Implementation end date: 30/06/2025

[Tasmanian Demographics Data Set - 2017](#)

[Tasmanian Health](#), Superseded 10/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

[Tasmanian Demographics Data Set - 2018](#)

[Tasmanian Health](#), Superseded 05/04/2019

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

[Tasmanian Demographics Data Set - 2019](#)

[Tasmanian Health](#), Superseded 17/06/2020

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Tasmanian Demographics Data Set - 2020](#)

[Tasmanian Health](#), Superseded 22/11/2023

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

[Tasmanian Demographics Data Set - 2021](#)

[Tasmanian Health](#), Superseded 22/11/2023

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

[Tasmanian Demographics Data Set - 2022](#)

[Tasmanian Health](#), Superseded 22/11/2023

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

[Tasmanian Demographics Data Set - 2023](#)

[Tasmanian Health](#), Standard 22/11/2023

Implementation start date: 01/07/2023

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