
Admitted patient election status

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000415 Version number: 1

Data element type: DATA ELEMENT

Definition: Accommodation chargeable status elected by patient on admission.

Context: Admitted patient care:

Relational and representational attributes

Datatype: Numeric Field size: Min. 1 Max. 1 Layout: N

Data domain:
1 Public
2 Private

Guide for use: To be collected at time of separation.

At the time of, or as soon as practicable after admission to a public hospital, the patient must elect in writing to be treated as either

- a public patient; or
- a private patient in single accommodation; or
- a private patient in shared accommodation.

This item is independent of patient's hospital insurance status. Private includes private-single and private-shared.

- 1 Public patient: a person, eligible for Medicare, who, on admission to a recognised hospital or soon after:
 - receives a public hospital service free of charge; or
 - elects to be a public patient; or
 - whose treatment is contracted to a private hospital.
- 2 Private patient: a person who, on admission to a recognised hospital or soon after:
 - elects to be a private patient treated by a medical practitioner of his or her choice; or
 - elects to occupy a bed in a single room (where such an election is made, the patient is responsible for meeting certain hospital charges as well as the professional charges raised by any treating medical or dental practitioner); or
 - a person, eligible for Medicare, who chooses to be admitted to a private hospital (where such a choice is made, the patient is responsible for meeting all hospital charges as well as the professional charges raised by any treating medical or dental practitioner).

Please see the various Commonwealth/State Health Care Agreements for definitions of patient(s) and patient services.

Related data: supersedes Patient accommodation eligibility status, version 2

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care

from 1/07/2000 to

Compensable status

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000026 Version number: 3

Data element type: DATA ELEMENT

Definition: A compensable patient is an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.

A compensable patient is a person who:

- is entitled to claim damages under Motor Vehicle Third Party insurance or
- is entitled to claim damages under worker's compensation; or
- has an entitlement to claim under public liability or common law damages

Context: To assist in analyses of utilisation and health care funding.

Relational and representational attributes

Datatype: Numeric Field size: Min. 1 Max. 1 Layout: N

Data domain:

1	Compensable
2	Non-compensable
9	Not stated/not known

Guide for use: This definition excludes eligible beneficiaries (Department of Veterans' Affairs), Defence Force personnel and persons covered by the Motor Accident Compensation Scheme, Northern Territory.

DVA beneficiaries are defined in "Department of Veterans' Affairs patient" data element.

Related data: supersedes previous data element Compensable status, version 2

Administrative attributes

Source organisation: National Health Data Committee

Comments: In Version 9 of the Dictionary, the data elements 'Admitted patient election status', 'Medicare eligibility status', 'Compensable status' and 'Department of Veterans' Affairs patient' were collected in the Admitted patient care NMDS in order to determine from where funding for a patient was obtained.

In Version 10, the data elements 'Compensable status' and 'Department of Veterans' Affairs patient' are replaced in the NMDS from 01/07/2001 with the data element 'Funding source for hospital patient'.

Department of Veterans' Affairs patient

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000421 Version number: 1

Data element type: DATA ELEMENT

Definition: An eligible person whose charges for this hospital admission are met by the Department of Veterans' Affairs.

Context: Health services: To assist in analyses of utilisation and health care funding.

Relational and representational attributes

Datatype: Numeric Field size: Min. 1 Max. 1 Layout: N

Data domain:
1 Yes
2 No

Guide for use: Refer to the Veterans' Entitlements Act 1986 for details of eligible Department of Veterans' Affairs beneficiaries.

Related data: relates to Department of Veterans Affairs File Number, version 1

Administrative attributes

Source organisation: National Health Data Committee

Comments: In Version 9 of the Dictionary, the data elements 'Admitted patient election status', 'Medicare eligibility status', 'Compensable status' and 'Department of Veterans' Affairs patient' were collected in the Admitted patient care NMDS in order to determine from where funding for a patient was obtained.

In Version 10, the data elements 'Compensable status' and 'Department of Veterans' Affairs patient' are replaced in the NMDS from 01/07/2001 with the data element 'Funding source for hospital patient'.

Eligible veterans and war widow/widowers can receive free treatment at any public hospital, former Repatriation Hospitals (RHs) or a Veteran Partnering (VP) contracted private hospital as a private patient in a shared ward, with the doctor of their choice. Admission to a public hospital does not require prior approval from the Department of Veterans' Affairs.

When treatment cannot be provided within a reasonable time in the public health system at a former RH or a private VP hospital, there is a system of contracted non-VP private hospitals which will provide care.

Admission to a contracted private hospital requires prior financial authorisation from DVA. Approval may be given to attend a non-contracted private hospital when the service is not available at a public or contracted non-VP private hospital.

In an emergency a Repatriation patient can be admitted to the nearest hospital, public or private, without reference to DVA.

If an eligible veteran or war widow/widower chooses to be treated under Veterans' Affairs arrangements, which includes obtaining prior approval for non-VP private hospital care, DVA will meet the full cost of their treatment.

Funding source for hospital patient

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000632 Version number: 1

Data element type: DATA ELEMENT

Definition: Expected principal source of funds for an admitted patient episode or non-admitted patient service event.

Context: All admitted patient care
Hospital non-admitted patient care

Relational and representational attributes

Datatype: Numeric Field size: Min. 2 Max. 2 Layout NN

Data domain:

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
99	Not known

Guide for use: The major funding source should be recorded if there is more than one source of funding. The final payment class recorded by the hospital should be used.

Australian Health Care Agreements (category 1) should be recorded as the funding source for admitted patients who elect to be treated as public patients. However, overseas visitors who are covered by a reciprocal health care agreement and elect to be treated as public patients (as detailed at <http://www.health.gov.au/haf/docs/visthlth/2000hlth.htm#rhca>) should be recorded as Reciprocal health care agreement (category 11).

Self-funded (category 3) includes funded by the patient, by the patient's family or friends, or by other benefactors.

Department of Veterans' Affairs (category 7) should be used for Department of Veterans' Affairs patients (as defined in the data element 'Department of Veterans' Affairs patient').

Compensable patients should be recorded as Worker's compensation (category 4), Motor vehicle third party personal claim (category 5) or Other compensation (category 6), as appropriate.

Overseas visitors for whom travel insurance is the major funding source should be recorded as Other (category 12).

Related data: relates to the data element concept Admitted patient, version 3
relates to the data element concept Non-admitted patient service event, version 1
relates to the data element Admitted patient election status, version 1

Administrative attributes

National minimum data sets:

Admitted patient care	from 1 July 2001 to
Admitted patient mental health care	from 1 July 2001 to
Admitted patient palliative care	from 1 July 2001 to

Hospital insurance status

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000075 Version number: 3

Data element type: DATA ELEMENT

Definition: Hospital insurance under one of the following categories:
Registered insurance – hospital insurance with a health insurance fund registered under the *National Health Act 1953* (C'wlth);
General insurance – hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insurance.
No hospital insurance or benefits coverage under the above.

Context: To assist in analysis of utilisation and health care financing

Relational and representational attributes

Datatype: Numeric Field size: Min. 1 Max. 1 Layout: N

Data domain:

1	Hospital insurance
2	No hospital insurance
9	Unknown

Guide for use: Persons covered by insurance for benefits of ancillary services only are included in 2. no hospital insurance.
The 'unknown' category should not be used in primary collections but can be used to record unknown insurance status in databases.
This item is to determine whether the patient has hospital insurance, not their method of payment for the episode of care.

Related data: supersedes previous data element Insurance status, version 2

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care from 1/07/2000 to

Comments: Insurance status was reviewed and modified to reflect changes to new private health insurance arrangements under the Health Legislation (Private Health Insurance Reform) Amendment Act 1995.
Employee health benefits schemes became illegal with the implementation of Schedule 2 of the private health insurance reforms, effective on 1 October 1995.
Under Schedule 4 of the private health insurance reforms, on 1 July 1997, the definition of the 'basic private table' or 'basic table', and 'supplementary hospital table' and any references to these definitions was omitted from the National Health Act 1953. All hospital tables offered by registered private health insurers since 29 May 1995 have been referred to as 'Applicable Benefits Arrangements' and marketed under the insurer's own product name.

Medicare eligibility status

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000414 Version number: 1

Data element type: DATA ELEMENT

Definition: The patient's eligibility for Medicare as specified under the Commonwealth Health Insurance Act 1973.

Context: Admitted patient care: to facilitate analyses of hospital utilisation and policy relating to health care financing.

Relational and representational attributes

Datatype: Numeric Field size: Min. 1 Max. 1 Layout: N

Data domain:

1	Eligible
2	Not eligible
9	Not stated/unknown

Guide for use: An eligible person includes a person who resides in Australia and is one of the following:

- an Australian citizen;
- a permanent resident;
- a New Zealand citizen;
- a temporary resident who has applied for permanent residency and who has either an authority to work in Australia or an immediate family member who is an Australian citizen or permanent resident;
- a person, or class of persons, who has been declared eligible for Medicare for the purposes of the Health Insurance Act 1973.
- Other persons, as temporary residents, who are fully eligible for Medicare include:
 - a person who is a head or member of a diplomatic mission or consular post or is a member of such a person's family, where there is a Reciprocal Health Care Agreement in place between Australia and the country they represent (currently United Kingdom, Republic of Ireland, the Netherlands, Malta, Italy, Sweden and Finland) – with the exception of New Zealand diplomats.

Other persons, as visitors or temporary residents, who are eligible for Medicare, in certain circumstances, include:

persons who are visiting Australia and are eligible persons because there is a Reciprocal Health Care Agreement in place between Australia and their usual country of residence (currently United Kingdom, Republic of Ireland, the Netherlands, Malta (eligibility limited to 6 months), Italy (eligibility limited to 6 months), Sweden, Finland and New Zealand [it should be noted that the RHCA with New Zealand and the Republic of Ireland limits the access to medical services for their residents to that of public patients in public hospitals] – with the exception of New Zealand diplomats.]

With respect to hospital services, persons covered by an RHCA (except RHCA diplomats as they have full Medicare eligibility) are eligible only as public patients in a public hospital and are ineligible persons if they are admitted as a private patient in either a public or a private hospital.

Guide for use
(continued):

It should also be noted that some patients can be both an 'eligible person' and either personally or a third party liable for the payment of charges for hospital services received; for example:

- prisoners
- patients with Defence Force personnel entitlements
- compensable patients
- Department of Veterans' Affairs beneficiaries
- Nursing Home Type Patients

Newborn babies take the eligibility status of the mother.

Administrative attributes

National minimum data sets:

Admitted patient care

from 1/07/2000 to