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

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

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| 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](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), 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](https://meteor-uat.aihw.gov.au/content/472038) |
| Value Domain: | [Tasmanian hospital patient funding source code XX[AAAAA]](https://meteor-uat.aihw.gov.au/content/417679) |

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| Value domain attributes | | |
| Representational attributes | | |
| Representation class: | Code | |
| Data type: | String | |
| Format: | XX[AAAAA] | |
| Maximum character length: | 7 | |
|  | **Value** | **Meaning** |
| Permissible values: | 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 |

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| 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. |



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| 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](https://meteor-uat.aihw.gov.au/content/743790)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Standard 18/05/2021  [Tasmanian Admitted Patient Data Set - 2016](https://meteor-uat.aihw.gov.au/content/662710)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 10/01/2018  ***Implementation start date:*** 01/07/2016 ***Implementation end date:*** 30/06/2017  [Tasmanian Admitted Patient Data Set - 2017](https://meteor-uat.aihw.gov.au/content/667734)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 10/01/2018  ***Implementation start date:*** 01/07/2017 ***Implementation end date:*** 30/06/2018  [Tasmanian Admitted Patient Data Set - 2018](https://meteor-uat.aihw.gov.au/content/689879)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 12/04/2019  ***Implementation start date:*** 01/07/2018 ***Implementation end date:*** 30/06/2019  [Tasmanian Admitted Patient Data Set - 2019](https://meteor-uat.aihw.gov.au/content/715026)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 17/06/2020  ***Implementation start date:*** 01/07/2019 ***Implementation end date:*** 30/06/2020  [Tasmanian Admitted Patient Data Set - 2020](https://meteor-uat.aihw.gov.au/content/729751)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Standard 10/07/2020  ***Implementation start date:*** 01/07/2020 ***Implementation end date:*** 30/06/2021  [Tasmanian Non-admitted Patient Data Set - 2016](https://meteor-uat.aihw.gov.au/content/662762)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 08/05/2020  ***Implementation start date:*** 01/07/2016 ***Implementation end date:*** 30/06/2017  [Tasmanian Non-admitted Patient Data Set - 2019](https://meteor-uat.aihw.gov.au/content/715269)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), 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](https://meteor-uat.aihw.gov.au/content/493686)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 09/12/2016  [Service Agreement - Department of Health and Human Services Tasmania: 2013, KPI??-Weighted separations, 2013](https://meteor-uat.aihw.gov.au/content/524546)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 09/12/2016  [Service Agreement - Department of Health and Human Services Tasmania: 2014, Weighted separations, 2014](https://meteor-uat.aihw.gov.au/content/581552)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 09/12/2016  [Service Agreement - Department of Health and Human Services Tasmania: 2016, ACT1, Admitted patient, Acute admitted raw separations, 2016](https://meteor-uat.aihw.gov.au/content/645616)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), 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](https://meteor-uat.aihw.gov.au/content/681660)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), 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](https://meteor-uat.aihw.gov.au/content/681660)  [Tasmanian Health](https://meteor-uat.aihw.gov.au/RegistrationAuthority/17), Superseded 28/03/2019 |