

# Episode of care—Department of Veterans' Affairs funding indicator, yes/no code N

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# Episode of care—Department of Veterans' Affairs funding indicator, yes/no code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Department of Veterans' Affairs funding indicator
<b>METEOR identifier:</b>	644877
<b>Registration status:</b>	<a href="#">HealthI</a> , Standard 25/01/2018 <a href="#">Tasmanian Health</a> , Standard 27/05/2020
<b>Definition:</b>	An indicator of whether an eligible person's episode of care is funded by the Department of Veterans' Affairs (DVA), as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Episode of care—Department of Veterans' Affairs funding indicator</a>
<b>Value Domain:</b>	<a href="#">Yes/no code N</a>

## Value domain attributes

### Representational attributes

<b>Representation class:</b>	Code	
<b>Data type:</b>	Boolean	
<b>Format:</b>	N	
<b>Maximum character length:</b>	1	
	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Yes
	2	No

## Data element attributes

### Collection and usage attributes

<b>Guide for use:</b>	Refer to the <i>Veterans' Entitlements Act 1986</i> (Cwth) for details of eligible DVA beneficiaries.
<b>Collection methods:</b>	Whether or not charges for this episode of care are met by the DVA is routinely established as part of hospital admission processes.

## Comments:

Eligible veterans and war widows/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 DVA.

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.

To assist in analyses of utilisation and health care funding.

## Relational attributes

### Related metadata references:

Supersedes [Episode of care—funding eligibility indicator \(Department of Veterans' Affairs\), code N](#)

[Health!](#), Superseded 25/01/2018

[Independent Hospital Pricing Authority](#), Standard 01/11/2012

### Implementation in Data Set Specifications:

[Activity based funding: Emergency service care NBEDS 2018-19](#)

[Health!](#), Superseded 17/10/2018

**Implementation start date:** 01/07/2018

**Implementation end date:** 30/06/2019

[Activity based funding: Emergency service care NBEDS 2019-20](#)

[Health!](#), Superseded 18/12/2019

[test](#), Qualified 19/09/2023

**Implementation start date:** 01/07/2019

**Implementation end date:** 30/06/2020

[Allied health non-admitted patient emergency department NBPDS](#)

[Health!](#), Standard 12/12/2018

[Emergency department presentation related data elements \(TDLU\) cluster](#)

[Tasmanian Health](#), Standard 18/05/2021

[Emergency service care aggregate NBEDS 2022–23](#)

[Health!](#), Standard 20/10/2021

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

[Emergency service care NBEDS 2020-21](#)

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

**Implementation start date:** 01/07/2020

**Implementation end date:** 30/06/2021

[Emergency service care NBEDS 2021-22](#)

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

**Implementation start date:** 01/07/2021

**Implementation end date:** 30/06/2022

[Emergency service care NBEDS 2022–23](#)

[Health!](#), Standard 20/10/2021

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

[Non-admitted patient emergency department care NBEDS 2018-19](#)

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

**Implementation start date:** 01/07/2018

**Implementation end date:** 30/06/2019

[Non-admitted patient emergency department care NBEDS 2019–20](#)

[Health!](#), Retired 19/11/2019

**Implementation start date:** 01/07/2019

**Implementation end date:** 30/06/2020

[Non-admitted patient emergency department care NMDS 2018-19](#)

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

[test](#), Qualified 19/09/2023

**Implementation start date:** 01/07/2018

**Implementation end date:** 30/06/2019

[Non-admitted patient emergency department care NMDS 2019–20](#)

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

**Implementation start date:** 01/07/2019

**Implementation end date:** 30/06/2020

[Non-admitted patient emergency department care NMDS 2020–21](#)

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

**Implementation start date:** 01/07/2020

**Implementation end date:** 30/06/2021

[Non-admitted patient emergency department care NMDS 2021–22](#)

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

**Implementation start date:** 01/07/2021

**Implementation end date:** 30/06/2022

[Non-admitted patient emergency department care NMDS 2022–23](#)

[Health!](#), Standard 20/10/2021

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

[Tasmanian Demographics Data Set - 2020](#)

[Tasmanian Health](#), Standard 15/06/2020

**Implementation start date:** 01/07/2020

**Implementation end date:** 30/06/2021