Queensland Health Non-Admitted Patient Data Collection (QHNAPDC)

Validation Messages

2017 – 2018

QHNAPDC Validation Messages

Published by the State of Queensland (Queensland Health), August 2017

For more information contact:
Statistical Services Branch, Department of Health, GPO Box 48, Brisbane QLD 4001, email napmail@health.qld.gov.au, phone 3708 5662.

An electronic version of this document is available at
www.health.qld.gov.au/hsu/collections/qhnapdc

Contents

Document Information

Version: v1.0

Published by: Statistical Collections and Integration
Statistical Services Branch
Strategy, Policy and Planning Division
Department of Health
GPO Box 48
Brisbane Q 4001

Email: napmail@health.qld.gov.au

Approved by: Rod Leeuwendal
A/Director
Statistical Collections and Integration

Date: August 2017

Available From: http://qheps.health.qld.gov.au/SSB/datacollections.htm

Release History:

Date	Version	Pages	Details
June 2017	0.1	Numerous	First draft for 2017-18 QHNAPDC validation messages
July 2017	1.0	Numerous	Update of document for new reporting year 2017/18 Document re-formatted to align with current templates. Addition of the following validations for 2017/18 collection year: SVE010, FND012, FND028, FND029, PAT020, REQ007, REQ008, SVE021, SVE022, SVE023,

DUPLICATE VALIDATIONS

DUP001   This record is a duplicate of another record. Please supply only one unique service event record.

Error Type	FATAL
Resolution	Check the duplicate record and amend.
Comment	Only one unique service event should be supplied for any one patient on the same date and time.

This validation uses the following data items to match service events:

- Facility id
- Patient Id
- Patient name
- Patient DOB
- Patient address
- Service event date/time
- CCC
- Funding source
- Chargeable Status
- Provider identifier
- Service delivery mode
- Service provider
- Service delivery mode

Note: this validation has been temporarily disabled to address an issue with the validation code. Development work to correct this validation is currently underway.

SERVICE FUNDING VALIDATIONS

FND002   The principal funding source for the service event is missing or has an invalid code. Please provide a valid funding source for the service event.

Error Type	FATAL
Resolution	Check (principal) funding source and amend.
Comment	This field cannot be blank and must contain a valid funding source code.

If the funding source is not known, record '**99 - Not stated/Unknown**'.

See **Funding source** in the QHNAPDC Data Elements.

FND003

The chargeable status for this patient's service event is missing or has an invalid code. Please provide a valid chargeable status.

Error Type	FATAL
Resolution	Check chargeable status and amend.
Comment	This field cannot be blank and must contain a valid chargeable status.
	See **Service event chargeable status** in the QHNAPDC Data Elements.

FND004

The payment class code of the service event is invalid. Please provide a valid payment class.

Error Type	FATAL
Resolution	Check payment class and amend.
Comment	Must be a valid payment class code if this data element is supplied.
	See **Payment class** in the QHNAPDC Data Elements.

FND005

The Department of Veterans' Affairs file number for this patient is missing or invalid. Please provide a valid number.

Error Type	FATAL
Resolution	Check the Department of Veterans' Affairs file number and amend.
Comment	DVA file number must be provided if funding source code is '**07 – DVA**'.

FND006

The Department of Veterans' Affairs card type code for this patient is invalid. Please provide a valid card type.

Error Type	FATAL
Resolution	Check the Department of Veterans' Affairs card type and amend.
Comment	DVA card type must be supplied where DVA file number is reported.
	See **Department of Veterans' Affairs card type** in the QHNAPDC Data Elements.

FND007

Medicare number is invalid. Please provide a valid Medicare number.

Error Type	FATAL
Resolution	Check Medicare number and amend.
Comment	Medicare number must be supplied where Medicare eligibility is '**1 – Eligible**'.
	Must be 11 digits.

FND008

The Other Commonwealth program status code reported is invalid. Please provide a valid Commonwealth program status.

Error Type	WARNING
Resolution	Check the Other Commonwealth program status and amend.
Comment	If this field is reported, it must be a valid code. This field can be blank.

FND009
Commonwealth program or exemption type code reported is invalid. Please provide a valid code.

Error Type	WARNING
Resolution	Check Commonwealth program or exemption type and amend.
Comment	If this field is reported, it must be a valid code. This field can be blank.

FND010
Medicare Eligibility code is missing or is invalid. Please provide a valid Medicare Eligibility code.

Error Type	FATAL
Resolution	Check Medicare Eligibility code and amend as required.
Comment	This field cannot be blank.
	See **Medicare Eligibility** in the QHNAPDC Data Elements.

FND012
The funding source supplied is '10' (Other hospital or public authority (contracted care)) however, the purchaser identifier is blank or the same as the facility identifier. Please check funding source and purchaser identifier and amend as required.

Error Type	FATAL
Resolution	Check funding source and purchaser identifier and amend.
Comment	If this service event is delivered under a contracting arrangement the purchaser identifier should be supplied and should differ from the facility identifier.
	If this service event is not delivered under a contracting arrangement then the funding source should not be '10' (Other hospital or public authority (contracted care)).
	The following data items are used to identify service events that are 'delivered under a contracting arrangement.

- Funding Source: '10' ((Other hospital or public authority (contracted care))
- Purchaser identifier: Cannot be null and must differ from the (primary) facility id.

FND013
This service event has a funding source of Worker's Compensation. However, the patient is not between 15 and 70 years old. Please check age of patient and the funding source of the service event.

Error Type	WARNING
Resolution	Check funding source and date of birth and amend or confirm.
Comment	It is unusual for a patient to have a funding source of '**04 – Worker's compensation**' and not be aged between 15 and 70 years old.

FND014   The funding source for this patient's service event is | (|) however the payment class is | (|). Please check funding source and payment class.

Error Type	FATAL
Resolution	Check the funding source and payment class and amend.
Comment	Refer to mapping table listed below for valid funding source and payment class combinations.

Funding Source	Payment Class
01 - Health service budget (not covered elsewhere)	01 – Correctional Services 02 - Unsighted Medicare card 05 - Medicare
04 - Worker's compensation	14 - Workers compensation other, 15 - Workers compensation other ineligible, 16 - Workers compensation Qld, 17 - Workers compensation Qld ineligible
05 - Motor vehicle third party personal claim	06 - Motor vehicle other, 07 - Motor vehicle other ineligible, 08 - Motor vehicle Qld, 09 - Motor vehicle Qld ineligible,
06 - Other compensation (e.g. public liability, common law, medical negligence)	12 - Third party eligible, 13 - Third party ineligible
07 - Department of Veterans' Affairs	04 - Department of veterans affairs
08 - Department of Defence	03 - Department of defence
09 - Correctional facility	01 - Correctional services
11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)	11 - Reciprocal country
13 - Health service budget (no charge raised due to hospital decision)	01 – Correctional Services 02 - Unsighted Medicare card 05 – Medicare

FND015   The chargeable status for this patient's service event is 'Private-bulk billed'. However, the funding source of the service event is not 'Medicare Benefits Scheme'. Please check the chargeable status and the funding source of the service event.

Error Type	FATAL
Resolution	Check the chargeable status and funding source and amend.
Comment	Refer to mapping table below for valid chargeable status and funding source combinations.

Chargeable Status	Funding Source
02 - Private - bulk billed	14 - Medicare Benefits Scheme

FND016

The chargeable status for this patient's service event is 'Private - other'. However, the funding source is one of the 'Health service budget' funding sources. Please check the chargeable status and the funding source of the service event.

Error Type	FATAL
Resolution	Check the chargeable status and funding source and amend.
Comment	Refer to mapping table below for valid chargeable status and funding source combinations.

Chargeable Status	Funding Source
03 - Private - other	02 - Private health insurance
03 - Private - other	03 - Self-funded
03 - Private - other	04 - Worker's compensation
03 - Private - other	05 - Motor vehicle third party personal claim
03 - Private - other	06 - Other compensation (e.g. public liability, common law, medical negligence)
03 - Private - other	07 - Department of Veterans' Affairs
03 - Private - other	08 - Department of Defence
03 - Private - other	09 - Correctional facility
03 - Private - other	10 - Other hospital or public authority (contracted care)
03 - Private - other	12 - Other funding source
03 - Private - other	14 - Medicare Benefits Scheme
03 - Private - other	99 - Not stated/Unknown

FND017

The chargeable status for this patient's service event is 'Public'. However, the funding source is 'Medicare Benefits Scheme' or `Private Health Insurance'. Please check the chargeable status and the funding source of the service event.

Error Type	FATAL
Resolution	Check the chargeable status and funding source and amend.
Comment	Refer to mapping table below for valid chargeable status and funding source combinations.

Chargeable Status	Funding Source
01 - Public	01 - Health service budget (not covered elsewhere)
01 - Public	04 - Worker's compensation
01 - Public	05 - Motor vehicle third party personal claim
01 - Public	06 - Other compensation (e.g. public liability, common law, medical negligence)
01 - Public	07 - Department of Veterans' Affairs
01 - Public	08 - Department of Defence
01 - Public	09 - Correctional facility
01 - Public	10 - Other hospital or public authority (contracted care)
01 - Public	11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)
01 - Public	12 - Other funding source
01 - Public	13 - Health service budget (no charge raised due to hospital decision)
01 - Public	99 - Not stated/Unknown

FND019

The payment class for this service event is 'Not eligible'. However, a Medicare number has been provided for this service event. Please check the patient's Medicare eligibility and the payment class of the service event.

Error Type	FATAL
Resolution	Check the payment class and Medicare number and amend.
Comment	If Medicare details are supplied, the payment class reported should not be '**10 - Not eligible**'.

FND020

'Other Commonwealth program status' is reported for this service event, however there is no 'Commonwealth program or exemption type code' reported. Please check.

Error Type	WARNING
Resolution	Check Other Commonwealth program status and Commonwealth program or exemption type code and amend.

FND021

Commonwealth program or exemption type code is reported for this service event, however there is no 'Other Commonwealth program status' reported. Please check.

Error Type	WARNING
Resolution	Check the Commonwealth program or exemption type code and the Other Commonwealth program status and amend.
Comment	If the Commonwealth program or exemption type code is supplied for the service event, the Other Commonwealth program status must also be reported.

FND022

The patient's Medicare eligibility and country of birth could be in conflict. Please check the Medicare details and the country of birth of the service event.

Error Type	WARNING
Resolution	Check Medicare eligibility code and country of birth and amend as appropriate.
Comment	It is unusual that a patient born in Australia (or a country with a reciprocal Medicare agreement with Australia) would not be eligible for Medicare.

FND023

The code for the identifier of the purchaser of hospital care is invalid. Please provide a valid purchaser identifier.

Error Type	FATAL
Resolution	Check purchaser identifier and amend.
Comment	The purchaser identifier must be a valid [facility code](#) from the CRDS Facility data set.
	The reporting entity should record the facility code of the purchasing establishment.
	If the purchaser does not exist on CRDS, the following form must be completed and emailed to crds@health.qld.gov.au so that a code can be assigned. Link to [Purchaser and Provider Identifier Form](#)
	See Purchaser Identifier in section 2.5 of the QHNAPDC Data Elements.

FND024

The funding source code of the patient is unknown/not stated. Please review and update.

Error Type	WARNING
Resolution	Check the (principal) funding source and amend as appropriate.
Comment	Every effort should be made to determine (and record) a patient's funding source.

FND025

Department of Veterans' Affairs card type of 'Gold' has been received for this service event however, the funding source is not 07 (Department of Veterans' Affairs). Please check the funding source and Department of Veterans' Affairs details of this service event.

Error Type	FATAL
Resolution	Check the funding source and DVA card type and amend or confirm.
Comment	It is unusual that a service event for a patient with a DVA Gold card is not funded by DVA.

FND026

Department of Veterans' Affairs card type of 'White' has been received for this service event however, the funding source is not 07 (Department of Veterans' Affairs). Please check the funding source and Department of Veterans' Affairs details of this service event.

Error Type	WARNING
Resolution	Check the funding source, DVA card type, list of specified conditions that the DVA white card covers and amend or confirm.

FND027

Department of Veterans' Affairs card type of 'Orange' has been received however, the funding source is 07 (Department of Veterans' Affairs). Please check the funding source and Department of Veterans' Affairs details of this service event.

Error Type	WARNING
Resolution	Check the funding source and DVA card type and amend.
Comment	A DVA card type of 'Orange' is for pharmaceuticals only, and cannot be used for any medical or other health care treatment.

FND028

The contract indicator for this service event has an invalid code of |. Please provide a valid contract indicator for this service event.

Error Type	FATAL
Resolution	Check the contract indicator flag and amend.
Comment	The contract indicator flag should only be supplied if the service event is delivered or provided under a contracting arrangement.
	The contract indicator flag should be '1' (yes) or blank. For many reporting entities that are interfaced with SATr this data item is mapped from Y (yes) to a '1'.

FND029

The contract indicator and funding source combination indicates this service event is 'contracted out' activity. However, the provider identifier is blank or the same as the facility identifier. Please check the Contract indicator flag, funding source and provider identifier and amend as required.

Error Type	FATAL
Resolution	Check funding source, purchaser identifier and contract indicator flag and amend.
Comment	If this service event is 'contracted out' under a contracting arrangement the provider identifier should be supplied and should differ from the facility identifier.
	If this service event is not 'contracted out' under a contracting arrangement then the contractor indicator should be blank.
	The following data items are used to identify 'contracted out' activity

- Contract Indicator: '1' (yes)
- Funding Source: Not '10' ((Other hospital or public authority (contracted care))
- Provider indicator: Cannot be null and must differ from the (primary) facility id.

PATIENT VALIDATIONS

PAT001 The facility identifier for this patient's service event is missing or invalid. Please supply a valid facility identifier.

Error Type	FATAL
Resolution	Check the facility identifier and amend.
Comment	This field cannot be blank. Please supply a valid facility identifier from the Corporate Reference Data System (CRDS) Facility Data Set.

PAT002 The patient identifier is missing or invalid. Service event date is |, local clinic is |, date of birth is |, sex is |. Please supply a valid patient identifier.

Error Type	FATAL
Resolution	Check the patient identifier and amend as required.
Comment	All facilities must supply a unique patient identifier. Facilities that do not record a unique patient identification (or Unit Record - UR) number should implement a solution to do so for this data collection.
	If further details are required to identify the patient, please contact SSB.

PAT004 The patient's family name is missing. Please provide the patient's family name.

Error Type	FATAL
Resolution	Check the family name and amend.
Comment	This field cannot be blank.
	If the family name is not known or cannot be ascertained, record '**UNKNOWN**'.

PAT005 The code for the sex of the patient is missing or invalid. Please provide the code for the sex of the patient for this service event.

Error Type	FATAL
Resolution	Check the sex code and amend.
Comment	This field cannot be blank.
	If sex is not known or cannot be ascertained, record '**9 Not stated/inadequately described'**.

PAT006 The Indeterminate sex code is only valid for neonates born without a single gender. Please check sex of patient and date of birth for this service event.

Error Type	FATAL
Resolution	Check sex and date of birth and amend.
Comment	Code 3 Intersex or indeterminate, should be confirmed if reported for patients aged 90 days or greater.
	Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.
	See **Sex of patient** in the QHNAPDC Data Elements.

PAT007 The patient's date of birth is blank or not a valid date. Please provide a valid date of birth for this service event.

Error Type	FATAL
Resolution	Check date of birth and amend.
Comment	This field cannot be blank and must be a valid date.
	Date of birth cannot be after the service event date or prior to 1 January 1900.
	Every effort should be made to determine the patient's date of birth. If the source system is able to record an unknown date of birth, this should be supplied as 15061900.
	See **Patient date of birth** in the QHNAPDC Data Elements.

PAT008 The patient's age has been reported as more than 120 years. Please check the date of birth for this service event.

Error Type	FATAL
Resolution	Check date of birth and amend if required.
Comment	The patient's age is greater than 120 years at time of service event. It is unusual for a patient to be older than 120 years.
	If the patient is more than 120 years old, confirmation is required.

PAT009 The estimated date of birth indicator is invalid. Please provide a valid estimated date of birth indicator for this service event.

Error Type	WARNING
Resolution	If any component of the patient's date of birth is estimated this field should contain a '**1 – Yes**'. If the patient's date of birth is accurate this field should be left blank.
Comment	See **Estimated date of birth** indicator in section 2.2 of the QHNAPDC Data Elements.
	Check the estimated date of birth indicator.

PAT010 — The patient's country of birth is invalid or blank. Please provide a valid country of birth code for this service event.

Error Type	FATAL
Resolution	Check Country of birth and amend.
Comment	This field cannot be blank. Please supply a valid country of birth from the CRDS.
	If country of birth is not available, record as '0003 – Not stated'.
	See **Patient country of birth** in section 2.2 of the QHNAPDC Data Elements.

PAT011 — The patient's Indigenous status is missing or invalid. Please provide a valid Indigenous status for this service event.

Error Type	FATAL
Resolution	Check patient's indigenous status and amend as required.
Comment	This field cannot be blank.
	If the patient's indigenous status is unknown, record '9 – Not stated/unknown'.

PAT012 — The patient's address contains GPO, GPO Box, PO, PO Box or Box. Please provide the patient's home (Permanent) address for this service event; including suburb, postcode and state for this service event.

Error Type	WARNING
Resolution	Check patient's address and amend or confirm.
Comment	A patient's home (permanent) address should be provided. Every effort should be made during the course of the service event to determine (and record) a patient's locality details and the address should not contain the words GPO BOX, PO BOX.
	If this is the only valid address available, confirmation is required.

PAT013 — The patient's suburb is blank. Please provide a valid suburb for this service event.

Error Type	FATAL
Resolution	Check patient's suburb and amend.
Comment	This field cannot be blank.
	If the patient's suburb is unknown or 'no fixed address', record '**UNKNOWN**'.

PAT014 — The patient's postcode is blank. Please provide a valid postcode.

Error Type   FATAL

Resolution   Check patient's suburb and amend.

Comment   This field cannot be blank.

Supply a valid postcode from the CRDS locality data set which also includes the following supplementary postcode values:

9301 - Papua New Guinea	9799 - At sea
9302 - New Zealand	9989 - No fixed address
9399 - Overseas other (not PNG or NZ)	0989 - Not stated/unknown

PAT015 — The locality/postcode/state combination is not valid. The supplied address line 2 is | and the post code is |. Please check address and provide valid details.

Error Type   FATAL

Resolution   Check address, postcode and state and amend if required.

Comment   If the address details supplied are valid, confirmation is required.

PAT016 — The Source Application reported for the patient's service event is missing or invalid. Please provide a valid source application for this service event.

Error Type   FATAL

Resolution   Check source application and amend.

Comment   This field cannot be blank and must be a valid source system from the CRDS source system data set must be provided.

Alphanumeric characters are uppercase.

If the data was not collected from a single system record '**MANUAL'** in this data element.

For enterprise systems interfaced with SATr this data element is derived.

PAT018 — Patient is Indigenous but Country of Birth is not Australia. Please check the Indigenous Status and Country of Birth for this service event.

Error Type   WARNING

Resolution   Check Indigenous status and Country of birth and amend as required.

Comment   It is unusual for an Australian Aboriginal to be born outside Australia and for a Torres Strait Islander to be born outside Australia or Papua New Guinea.

PAT019

The code for the sex of the patient is unknown/not stated. Please review and confirm/update for this service event.

Error Type	WARNING
Resolution	Check patient's sex and amend or confirm.
Comment	The sex of the patient is recorded as '**9 – Unknown**'.
	Every effort should be made to determine the patient's sex.

PAT020

The patient's date of birth is after the date of the service event. Please amend.

Error Type	FATAL
Resolution	Check patient's date of birth and amend.
Comment	The patient's date of birth cannot be after the date of the service event. .

SERVICE REQUEST VALIDATIONS

REQ001

The date on which the service request (referral) was received by the reporting entity is missing or invalid. Please provide a valid date for this service event.

Error Type	FATAL
Resolution	Check service request date and amend.
Comment	This field cannot be blank and must be a valid date.
	Clinics for which patients can self-refer should evoke the self-referral indicator (for non-specialist clinic types) or record the date the patient first came into contact with the service or the same as the date of the service event.
	For reporting entities that use ESM an override is in place to exclude repeat service events. The continuation of this override will be reviewed on a periodical basis.

REQ002

The date on which the service request (referral) was received is after the date of the service event. Please check dates.

Error Type	WARNING
Resolution	Check service event date and service request received date and amend if required.
Comment	In most cases, a service request is received prior to a service event. There are some service events for which a service request can be received following the service event

REQ003

The source of the service request (referral) is missing or invalid. Please supply a valid service request source.

Error Type	FATAL
Resolution	Check source of the service request and amend as required.
Comment	This field cannot be blank and must be a valid service request source. If service request source is not known, record 99 - Not stated / inadequately described.
	Clinics for which patients are able to self-refer should evoke the self-referral indicator (for non-specialist clinic types) or record **'70 - Health care client – Self**' as the service request source.
	For reporting entities that use ESM an override is in place to exclude repeat service events. The continuation of this override will be reviewed on a periodical basis.

REQ005

The date on which the service request (referral) was received by the reporting entity is more than 10 years before the date of the service event. Please check dates.

Error Type	FATAL
Resolution	Check the service request received date and service event date.
Comment	The service request received date should not be greater than 10 years prior to the service event date.
	See **Service request source** in the QHNAPDC Data Elements.

REQ007

The self-referral indicator for this service event is invalid. Please provide a valid self-referral indicator or leave blank.

Error Type	FATAL
Resolution	Check the self-referral indicator flag.
Comment	The self-referral indicator should be '1' (yes) or blank. For many reporting entities that are interfaced with SATr this data item is mapped from Y (yes) to a '1'.
	The self-referral indicator is used to derive service request source and service request received date and should only be provided for non-specialist outpatient clinics.

REQ008

The self-referral indicator has been supplied for this service event however, the clinic is not a non-specialist outpatient type clinic. Please check the self-referral indicator and CCC for this service event.

Error Type	FATAL
Resolution	Check the self-referral indicator flag.
Comment	The self-referral indicator is used to derive service request source and service request received date and should only be provided for non-specialist outpatient clinics.

SERVICE EVENT VALIDATIONS

SVE001 — The Corporate Clinic Code (CCC) is invalid or missing. Please provide a valid CCC.

Error Type   FATAL

Resolution   Check the Corporate Clinic Code (CCC) and amend.

Comment   The CCC is a 3 digit code and must be a valid code from the CRDS CCC data set.

SVE003 — The service provider type of the service event is missing or invalid. Please provide a valid service provider type.

Error Type   FATAL

Resolution   Check the service provider type and amend as required.

Comment   The service provider type must be contained in the modified subset of the Human Resources Job Codes data set which is part of the CRDS.

See **Service provider** in the QHNAPDC Data Elements.

SVE004 — The care type of the service event is missing or is invalid. Please provide a valid care type.

Error Type   FATAL

Resolution   Check the care type and amend.

Comment   This field cannot be blank. If the service event does not meet the criteria for care types 1 through 5, record 8 - Other care.

See **Care type** in section 2.3 of the QHNAPDC Data Elements.

SVE005 — The service delivery setting of the service event is missing or invalid. Please provide a valid service delivery setting.

Error Type   FATAL

Resolution   Check service delivery setting and amend.

Comment   This field cannot be blank.

See **Service delivery setting** in the QHNAPDC Data Elements.

SVE006 — The service delivery mode of the service event is missing or invalid. Please provide a valid service delivery mode.

Error Type   FATAL

Resolution   Check service delivery mode and amend.

Comment   This field cannot be blank.

Since July 2016, the data domain of '**3 – Videoconference**' has been removed to enable the separation of the data domain into:

> 6 - Telehealth-provider and
> 7 - Telehealth-recipient

SVE007

The Tier 2 clinic class code provided does not match the code derived by the Statistical Services Branch. The source Tier 2 code is | and the derived Tier 2 code is |. Please check the Tier 2 code provided.

Error Type	WARNING
Resolution	Check tier 2 clinic class code and amend.
Comment	Check that the CCC and service provider supplied maps correctly to the Tier 2 code reported. Refer to Clinic Mappings.
	For reporting entities that use HBCIS this data item is derived in SATr.

SVE008

The group session indicator for the service event is missing or invalid. Please provide a valid group session indicator.

Error Type	FATAL
Resolution	Check group session indicator and amend.
Comment	This field cannot be blank.
	See **Group session indicator** in the QHNAPDC Data Elements.

SVE009

The date of the service event is missing or is not a valid date. Please provide a valid date.

Error Type	FATAL
Resolution	Check service event date and amend.
Comment	This field cannot be blank and must be a valid date which is within the values defined in the extract period beginning and extract period ending. ie the service event date must fall within the extract period.

SVE010

The multiple health care provider indicator for this service event is missing or invalid. Please provide a valid multiple health care provider indicator.

Error Type	FATAL
Resolution	Check the multiple health care provider identifier and amend.
Comment	This field cannot be blank and must be a valid code.
	See **multiple health care provider indicator** in the QHNAPDC Data Elements.

SVE011   The local clinic code for this service event is missing. Please provide a local clinic code.

Error Type	FATAL
Resolution	Check local clinic code and amend..
Comment	This field cannot be blank.
	See **Local Clinic Code** in section 2.3 of the QHNAPDC Data Elements.

SVE012   More than one service event record per patient per calendar month has been provided for the same home delivered procedure CCC. Only one service event record is to be provided regardless of the number of sessions.

Error Type	FATAL
Resolution	Check all service events with the same home delivered procedure corporate clinic code (CCC) within the reference month and only provide one single service event.
Comment	A single record for each reference month for any records with a 'home delivered procedure' Tier 2 code should be supplied.

SVE013   New or review flag of the service event is missing or has an invalid code. Please provide a valid New or review flag.

Error Type	FATAL
Resolution	Check new/review flag and amend as required.
Comment	See **New/review flag** in section 2.5 QHNAPDC Data Elements.

SVE014   The Provider Identifier is invalid. Please provide a valid Provider Identifier.

Error Type	FATAL
Resolution	Check provider identifier and amend.
Comment	Must be a valid facility identifier from the CRDS.
	The reporting entity should record the facility identifier of the providing establishment.
	If the purchaser or provider does not exist on CRDS, the following form must be completed and emailed to crds@health.qld.gov.au so that an identifier can be assigned to allow for reporting. Link to Purchaser and Provider Identifier Form
	See **Provider Identifier** in section 2.5 of the QHNAPDC Data Elements.

SVE015

A patient with the sex of 'male' has been reported as attending a clinic with a gynaecological CCC. Please check the sex of patient and CCC for this service event.

Error Type	WARNING
Resolution	Check sex and Corporate Clinic Code and amend.
Comment	If the sex and CCC are correct confirmation is required.

SVE018

This record has been flagged with a QHAPDC flag. This service event falls within an admitted episode of care. Please review date and time of service event and amend or confirm.

Error Type	WARNING
Resolution	Check date/time of this service event and amend or confirm.
Comment	Service events that are provided to patients during the time of their admitted episode of care are excluded from the QHNAPDC scope. The reporting entity should review the date and time of the service event.

SVE019

This record has been flagged with an EDIS flag. This service event falls within an emergency presentation. Please review date and time of service event and amend or confirm.

Error Type	WARNING
Resolution	Check date/time of this service event and amend or confirm.
Comment	Service events that fall within the patient's emergency presentation are excluded from the QHNAPDC scope. The reporting entity should review the date and time of the service event.

SVE020

Statistical Services Branch could not derive a Tier 2 from the reported CCC and service provider type combination. The CCC is | and the Service Provider is |. Please review and update.

Error Type	WARNING
Resolution	Check the Corporate Clinic Code (CCC) and Service Provider of this service event and amend or confirm.
Comment	The CCC and Service provider codes are used to derive a Tier 2 code. A valid list of CCC and Service provider combinations can be located in the QHNAPDC Business Rules document.

SVE021

This service event has a home delivered procedure CCC however, the service delivery mode not in person. Please check the CCC and service delivery mode for this service event and amend.

Error Type   WARNING

Resolution   Check the CCC and service delivery mode of this service event and amend or confirm.

Comment   It is unusual for a home delivered procedure to have a service delivery mode that is not 'in person'.

SVE022

This service event has been flagged with an IHPA reportable flag of 'no' as multiple service events have been supplied for the same patient, date, Tier 2 code and principle source of funding. Please check and amend if required.

Error Type   WARNING

Resolution   Check the date of the service event, the CCC, the service provider and funding source for this service event and amend or confirm.

Comment   When more than one service event exists for the same patient, same date, same tier 2 code and with the same funding source the first record will have the 'IHPA Reportable flag' set to 'Y' (yes) and any subsequent records will have the 'IHPA Reportable Flag' set to 'N' (no).

The CCC and Service provider codes are used to derive a Tier 2 code.

Refer to the QHNAPDC business rules document for further information in relation to business rules and derivations.

SVE023

The reporting facility identifier for this patient's service event has ab invalid code of |. Please check and provide a valid reporting facility identifier.

Error Type   WARNING

Resolution   Check the reporting facility identifier for this service event and amend or confirm.

Comment   Please supply a valid [facility identifier](#) from the Corporate Reference Data System (CRDS) Facility Data Set.

This data item should only be supplied by facilities that share the same HBCIS account with one or more other facilities, as data reported from the system via the EIS extract con only be under one 'primary' facility identifier. This data element will enable the activity to be correctly attributed to the facility reporting the activity.

The 'reporting facility identifier' data item is originally captured in the HBCIS APP module, clinic codes screen, field [funding facility].

Appendix A

Summary of QHNAPDC validations

Message Code	Error Type	Message Description
DUP001	FTL	This record is a duplicate of another record. Please supply only one unique service event record.
FND002	FTL	The principal funding source for the service event is missing or has an invalid code. Please provide a valid funding source for the service event.
FND003	FTL	The chargeable status for this patient's service event is missing or has an invalid code. Please provide valid chargeable status.
FND004	FTL	The payment class code of the service event is invalid. Please provide a valid payment class.
FND005	FTL	The Department of Veterans' Affairs file number for this patient is missing or invalid. Please provide a valid number.
FND006	FTL	The Department of Veterans' Affairs card type code for this patient is invalid. Please provide a valid card type.
FND007	FTL	Medicare number is invalid. Please provide a valid Medicare number.
FND008	WRN	The Other Commonwealth program status code reported is invalid. Please provide a valid Commonwealth program status.
FND009	WRN	Commonwealth program or exemption type code reported is invalid. Please provide a valid code.
FND010	FTL	Medicare Eligibility code is missing or is invalid. Please provide a valid Medicare Eligibility code.
FND012	FLT	The funding source supplied is '10' (Other hospital or public authority (contracted care)) however, the purchaser identifier is blank or the same as the facility identifier. Please check funding source and purchaser identifier and amend as required.
FND013	WRN	This service event has a funding source of Worker's Compensation. However, the patient is not between 15 and 70 years old. Please check age of patient and the funding source of the service event.
FND014	FTL	The funding source for this patient's service event is | (|). However the payment class is | (|). Please check funding source and payment class.
FND015	FTL	The chargeable status for this patient's service event is 'Private-bulk billed'. However, the funding source of the service event is not 'Medicare Benefits Scheme'. Please check the chargeable status and the funding source of the service event.
FND016	FTL	The chargeable status for this patient's service event is 'Private - other'. However, the funding source is one of the 'Health service budget' funding sources. Please check the chargeable status and the funding source of the service event.
FND017	FTL	The chargeable status for this patient's service event is 'Public'. However, the funding source is 'Medicare Benefits Scheme' or `Private Health Insurance'. Please check the chargeable status and the funding source of the service event.
FND019	FTL	The payment class for this service event is 'Not eligible'. However, a Medicare number has been provided for this service event. Please check the patient's Medicare eligibility and the payment class of the service event.
FND020	WRN	Other Commonwealth program status' is reported for this service event. However, there is no 'Commonwealth program or exemption type code' reported. Please check.
FND021	WRN	'Commonwealth program or exemption type code' is reported for this service event. However, there is no 'Other Commonwealth program status' reported. Please check.

FND022	WRN	The patient's Medicare eligibility and country of birth could be in conflict. Please check the Medicare details and the country of birth of the service event.
FND023	FTL	The purchaser identifier of this service event is invalid. Please provide a valid purchaser identifier code for this service event (if required).
FND024	WRN	The funding source code of the patient is unknown/not stated. Please review and update.
FND025	FTL	Department of Veterans' Affairs card type of 'Gold' has been received for this service event however, the funding source is not 07 (Department of Veterans' Affairs). Please check the funding source and Department of Veterans' Affairs details of this service event.
FND026	WRN	Department of Veterans' Affairs card type of 'White' has been received for this service event however, the funding source is not 07 (Department of Veterans' Affairs). Please check the funding source and Department of Veterans' Affairs details of this service event.
FND027	WRN	Department of Veterans' Affairs card type of 'Orange' has been received however, the funding source is 07 (Department of Veterans' Affairs). Please check the funding source and Department of Veterans' Affairs details of this service event.
FND028	FTL	The contract indicator for this service event has an invalid code of |. Please provide a valid contract indicator for this service event.
FND029	FTL	The contract indicator and funding source combination indicates this service event is 'contracted out' activity. However, the provider identifier is blank or the same as the facility identifier. Please check the Contract indicator flag, funding source and provider identifier and amend as required.
PAT001	FTL	The facility identifier for this patient's service event is missing or invalid. Please supply a valid facility identifier.
PAT002	FTL	The patient identifier is missing or invalid. Service event date is |, local clinic is |, date of birth is |, sex is |. Please supply a valid patient identifier.
PAT004	FTL	The patient's family name is missing. Please provide the patient's full name.
PAT005	FTL	The code for the sex of the patient is missing or invalid. Please provide the code for the sex of the patient for this service event.
PAT006	FTL	The Indeterminate sex code is only valid for neonates born without a single gender. Please check sex of patient and date of birth for this service event.
PAT007	FTL	The patient's date of birth is blank or not a valid date. Please provide a valid date of birth for this service event.
PAT008	FTL	The patient's age has been reported as more than 120 years. Please check the date of birth for this service event.
PAT009	WRN	The estimated date of birth indicator is invalid. Please provide a valid estimated date of birth indicator for this service event.
PAT010	FTL	The patient's country of birth is invalid or blank. Please provide a valid country of birth code for this service event.
PAT011	FTL	The patient's Indigenous status is missing or invalid. Please provide a valid Indigenous status for this service event.
PAT012	WRN	The patient's address contains GPO, GPO Box, PO, PO Box or Box. Please provide the patient's home (Permanent) address for this service event; including suburb, postcode and state for this service event.
PAT013	FTL	The patient's suburb is blank or unknown. Please provide a valid suburb for this service event.
PAT014	FTL	The patient's postcode is blank or unknown. Please provide a valid postcode.
PAT015	FTL	The locality/postcode combination is not valid. The supplied address line 2 is	and the post code is |. Please check address and provide valid details.
PAT016	FTL	The Source Application reported for the patient's service event is missing or invalid. Please provide a valid source application for this service event.
PAT018	WRN	Patient is Indigenous but Country of Birth is not Australia. Please check the Indigenous Status and Country of Birth for this service event.

PAT019	WRN	The code for the sex of the patient is unknown/not stated. Please review and confirm/update for this service event.
PAT020	FTL	The patient's date of birth is after the date of the service event. Please amend.
REQ001	FTL	The date on which the service request (referral) was received by the reporting entity is missing or invalid. Please provide a valid date for this service event.
REQ002	WRN	The date on which the service request (referral) was received by the reporting entity is after the date of the service event. Please check dates.
REQ003	FTL	The source of the service request (referral) by the reporting entity is missing or invalid. Please supply a valid service request source.
REQ005	FTL	The date on which the service request (referral) was received by the reporting entity is more than 10 years before the date of the service event. Please check dates.
REQ007	FTL	The self-referral indicator for this service event has an invalid code of |. Please provide a valid self-referral indicator or leave blank.
REQ008	FTL	The self-referral indicator has been supplied for this service event however, the clinic is not a non-specialist outpatient type clinic. Please check the self-referral indicator and CCC for this service event.
SVE001	FTL	The Corporate Clinic Code (CCC) is invalid or missing. Please provide a valid CCC.
SVE003	FTL	The service provider type of the service event is missing or invalid. Please provide a valid service provider type.
SVE004	FTL	The care type of the service event is missing or is invalid. Please provide a valid care type.
SVE005	FTL	The service delivery setting of the service event is missing or invalid. Please provide a valid service delivery setting.
SVE006	FTL	The service delivery mode of the service event is missing or invalid. Please provide a valid service delivery mode.
SVE007	WRN	The Tier 2 clinic class code provided does not match the code derived by the Statistical Services Branch. The source Tier 2 code is	and the derived Tier 2 code is |. Please check the Tier 2 code provided.
SVE008	FTL	The group session indicator for the service event is missing or invalid. Please provide a valid group session indicator.
SVE009	FTL	The date of the service event is missing or is not a valid date. Please provide a valid date.
SVE010	FTL	The multiple health care provider indicator for this service event is missing or invalid. Please provide a valid multiple health care provider indicator.
SVE011	FTL	The local clinic code for this service event is missing. Please provide a local clinic code.
SVE012	FTL	More than one service event record per patient per calendar month has been provided for the same home delivered procedure CCC. Only one service event record is to be provided regardless of the number of sessions.
SVE013	FTL	New or review flag of the service event is missing or has an invalid code. Please provide a valid new or review flag.
SVE014	FTL	The Provider Identifier is invalid. Please provide a valid Provider Identifier.
SVE015	WRN	A patient with the sex of 'male' has been reported as attending a clinic with a gynaecological CCC. Please check the sex of patient and CCC for this service event.
SVE018	WRN	This record has been flagged with a QHAPDC flag. This service event falls within an admitted episode of care. Please review date and time of service event and amend or confirm.
SVE019	WRN	This record has been flagged with a EDIS flag. This service event falls within an emergency presentation. Please review date and time of service event and amend or confirm.
SVE020	FTL	Statistical Services Branch could not derive a Tier 2 from the reported CCC and service provider type combination. The CCC is	and the Service Provider is |. Please review and update.

SVE021	WRN	This service event has a home delivered CCC of	(|) however, the service delivery mode is	(|). Please check the CCC and service delivery mode for this service event and amend.
SVE022	WRN	This service event has been flagged with an IHPA reportable flag of 'no' as multiple service events have been supplied for the same patient, date, Tier 2 code and principle source of funding. Please check and amend if required.
SVE023	WRN	The reporting facility identifier for this patient's service event has a invalid code of |. Please check and provide a valid reporting facility identifier.

Legend colour	Type of data item
	Service event funding details
	Patient details
	Service request details
	Service event details