

Section C – Supplementary Information

Current Cost Weights - Inpatients

This information is available in *Section C-Supplementary Information* in Excel spreadsheet format at

<http://www.dhs.vic.gov.au/ahs/pfg2000-01>

Current Cost Weights—Victorian Ambulatory Classification & Funding System (VACS)

VACS: 2000–01 Cost Weights

VACS Code	Description	Weight
101	General Medicine	1.104
102	Allergy	1.420
103	Cardiology	1.774
104	Diabetes	0.792
105	Endocrinology	1.307
106	Gastroenterology	1.155
107	Haematology	1.582
108	Nephrology	1.872
109	Neurology	1.273
110	Oncology	1.750
111	Respiratory	1.346
112	Rheumatology	1.122
113	Dermatology	1.087
114	Infectious Diseases	2.044
115	Developmental Neurological Disability	2.095
201	General Surgery	0.986
202	Cardiothoracic	1.906
203	Neurosurgery	0.930
204	Ophthalmology	0.634
205	Ear, Nose and Throat	0.747
206	Plastic Surgery	0.746
207	Urology	0.987
208	Vascular	1.129
209	Pre-admission	1.546
301	Dental	1.013
310	Orthopaedics	1.047
311	Orthopaedic applications	0.522
350	Psychiatry and Behavioural Disorders	1.275
401	Family Planning	1.221
402	Obstetrics	0.936
403	Gynaecology	1.099
404	Reproductive Medicine	1.151
405	Dysplasia and Colposcopy	0.867
501	Paediatric Surgical	1.312
502	Paediatric Medical	1.454
550	Emergency Medicine	n/a
601	Audiology	n/a
602	Nutrition	n/a
603	Optometry	n/a
604	Occupational Therapy	n/a
605	Physiotherapy	n/a
606	Podiatry	n/a
607	Speech Pathology	n/a
608	Social Work	n/a
609	Other Allied Health Services	n/a

Notes:

1. The 2000–01 cost weights have been set on the basis of a “three year rolling average cost” based on the past three cost weight study results.
2. Weights are not detailed for VACS 550 - 609 as these categories are funded as fixed grants.

Current Cost Weights—VicRehab

VicRehab Units: 2000–01 Rehabilitation Weights

CRAFT Categories	Inlier Boundaries		Average Length of Stay	Same Day Weight	Short Stay Weight	Low Outlier per Diem	Inlier Weight	High Outlier per Diem
	Low (days)	High (days)						
Short Stay (overnight)	1	3	2.02	n.a.	0.0957	n.a.	n.a.	n.a.
Stroke/Neuro LB	36	44	40.37	0.0356	0.0957	0.0509	1.7822	0.0410
Stroke/Neuro HB	18	27	22.66	0.0289	0.0957	0.0413	0.7027	0.0288
Ortho Fracture LB	29	37	33.07	0.0327	0.0957	0.0467	1.0734	0.0348
Ortho Fracture HB	19	27	23.13	0.0298	0.0957	0.0425	0.6803	0.0297
Ortho Replace Hip/Knee LB	18	27	22.57	0.0271	0.0957	0.0387	0.6574	0.0282
Ortho Replace Hip/Knee MB	13	21	17.35	0.0312	0.0957	0.0445	0.4454	0.0275
Ortho Replace Hip/Knee HB	10	19	14.67	0.0315	0.0957	0.0451	0.4055	0.0273
Other Ortho LB	28	37	32.93	0.0312	0.0957	0.0446	1.1145	0.0336
Other Ortho HB	19	28	23.94	0.0260	0.0957	0.0372	0.7065	0.0269
Cardio/Pulmonary	17	25	21.49	0.0386	0.0957	0.0552	1.0482	0.0402
Other LB	23	32	27.64	0.0394	0.0957	0.0562	1.2370	0.0417
Other HB	16	25	20.55	0.0424	0.0957	0.0606	0.7274	0.0396

Calculation of WIES

AN-DRG Modifications

In 2000-2001 hospitals will assign diagnoses and procedures codes using the 2nd edition of the ICD-10-AM classification. For funding purposes these codes need to be mapped to their 1st edition ICD-10-AM equivalents for grouping in AR-DRG Version 4.1. This mapping will be contained in the 2000-2001 Library File which will be made available to software suppliers and posted on the Department's website.

As in previous years a number of adjustments are to be made to the original AR-DRG4 (version 4.1) grouping by utilising the VIC-DRG4 field, prior to the calculation of WIES8. Some of the AN-DRG3 adjustments applied in WIES7 (Cerebral Infarction, Neonates, Transvascular Percutaneous Cardiac Intervention (Stents) and Chemotherapy) are no longer required as the modification has been included within AR-DRG4. VIC-DRG4s are still required for Peritoneal Dialysis, Radiotherapy and Bone Marrow Transplants.

In addition the Department will release instructions for additional mapping of ICD-10-AM 2nd edition codes to provide for appropriate allocation of VIC-DRG4 codes where anomalies have been identified in Version 4.1 software.

Unlike the ICD-10-AM to ICD-9-CM mapping required under WIES6 and WIES7 the Department does not envisage that the ICD-10-AM to ICD-10-AM mapping for WIES8 will result in any systematic bias in either the allocation of WIES8 or achievement of WIES8 targets. Consequently no separate WIES mapping adjustment factor will be applied to WIES8.

Adjustment for Peritoneal Dialysis

In recognition of cost differences between peritoneal and haemodialysis, episodes with a principal diagnosis of peritoneal dialysis (ICD-10-AM code Z49.2) are to be assigned a VIC-DRG4 of L61Y.

Radiotherapy

Victorian Coding Standard 0229 states that non-same day patients receiving radiotherapy should have the malignant condition sequenced first, followed by the radiotherapy code (ICD-10-AM code Z51.0) in contrast to same day radiotherapy admissions where Z51.0 will be the principal diagnosis followed by the malignancy code.

However, because these patient episodes would group to AR-DRG4s related to the malignancy which are generally of lower weight than radiotherapy AR-DRG4s, equity has been maintained by re-grouping non-same day medical episodes that include a radiotherapy diagnosis code as if the radiotherapy code was the principal diagnosis.

Bone Marrow Transplants

In recognition of cost differences between allogenic and autologous bone marrow transplants, AR-DRG4 A04Z is split into VIC-DRG4 A04A and VIC-DRG4 A04B. Any cases grouped to AR-DRG4 A04Z with ICD-10-AM 2nd edition procedure codes of 13706-00, 13706-06, 13706-09 or 13706-10 are allocated to VIC-DRG4 A04A (allogenic bone marrows). All other cases originally grouped into AR-DRG4 A04Z are allocated to VIC-DRG4 A04B.

NB. 13706-00 and 13706-09 map to the ICD-10-AM 1st edition procedure code 13706-00 and 13706-06 and 13706-10 map to the ICD-10-AM 1st edition procedure code 13706-06.

Identified Grouper Anomalies

The Department is aware of anomalies in Version 4.1 software (which the Commonwealth Department will rectify in the development of Version 4.2). Accordingly the Department will release instructions for additional mapping of ICD-10-AM 2nd edition codes (over and above the mapping in the ICD-10-AM 2nd edition Library File) to be applied to data collected during 2000-2001. This mapping will provide for appropriate allocation of VIC-DRG4 codes. These instructions will be published separately, both in a special coding newsletter and through the Department's website.

Calculation of WIES8

The WIES8 weights table and specification follow the WIES7 format but have been further simplified by removing the distinction between total, fixed and variable weights. All WIES calculations for 2000-2001 will be based upon “total” WIES weights.

Boundaries—Low Outliers, Inliers and High Outliers

Payment for VIC-DRG4s is primarily based on length of stay. In most cases (there are exceptions) the average length of stay is divided by three to get the low boundary point and multiplied by three to get the high boundary point. Cases within this range ($ALOS \div 3, ALOS \times 3$) are called inliers, cases below the low boundary point are called low outliers and cases above the high boundary point are called high outliers. For example, if the average length of stay was 6 days, the inlier range would be from 2 days to 18 days. Cases less than 2 days would be low outliers and those greater than 18 days high outliers.

Weights

The weights are based on costs derived from the Victorian Cost Weights Study. A series of modifications are made to adjust for technical difficulties in the costing process and to ensure WIES equivalence over time. This is outlined in Chapter 12.

Definition of Variables

Definitions and descriptions of each variable within the WIES8 weights table are given below.

Variable (Column Heading)	Label	Description
Victorian DRG	VIC-DRG4	Victorian modification to AR-DRG4.1.
Same day medical target	Sdmt	VIC-DRG4s marked with a “Y” are classed as same day medical target VIC-DRG4s. VIC-DRG4s marked with “N” are not classed as same day medical target VIC-DRG4s. WIES for same day patients allocated to same day medical target VIC-DRG4s are calculated normally but the total WIES associated with same day patients in these VIC-DRG4s cannot exceed specified levels (usually 6.5% of total WIES). Excess same day medical target WIES are not funded.
Mechanical ventilation	Mv_elig	This describes the way mechanical ventilation severity co-payments are made for the VIC-DRG4. Options are :- D: funded provided at least six hours of ventilation is provided. Patients attract a daily rate of 0.7729 WIES E: patients with a reported ICD-10-AM procedure code of 13382-02 are funded an additional 3.1323 WIES 4: funded for each day of mechanical ventilation after 4 days. Patients attract a daily rate of 0.7729 WIES. I: ineligible for mechanical ventilation co-payments
Other co-payments	Copay	Some groups of patients attract additional funds in recognition of their higher costs. Options are:- Thal: a co-payment of 0.2648 WIES is made to patients with a reported ICD-10-AM thalassaemia diagnosis code of D56.x or D57.2 (Note: These do not have to be principal diagnoses)

Variable (Column Heading)	Label	Description
Low inlier boundary	Lb	The low length of stay boundary for inliers. Patients with a length of stay of less than the low boundary are classed as low outliers. For most VIC-DRG4s the low boundary has been set at a third of the estimated average length of stay for the VIC-DRG4. Boundaries are truncated to the whole number.
High inlier boundary	Hb	The high length of stay boundary for inliers. Patients with a length of stay greater than the high boundary are classed as high outliers. For most VIC-DRG4s the high boundary has been set at three times the estimated average length of stay for the VIC-DRG4. Boundaries are rounded to the nearest whole number.
Inlier average length of stay	i_alos	The average length of stay (days) for inliers.
VIC-DRG4 designation	Sd_od	Flag for designated sameday (S) or one day (O) VIC-DRG4s
Same day weight	Sd	The same day weight is used to allocate WIES to episodes where patients are admitted and separated on the same day. Depending upon the VIC-DRG4, same day patients may be either low outliers or inliers:- <u>Designated Same day VIC-DRG4s</u> The same day weight is based on the costs of same day patients. <u>Non-Same Day VIC-DRG4s with a low boundary of zero days</u> The same day weight is set at the multiday inlier weight. <u>Non-Same Day VIC-DRG4s with a low boundary of 1 day</u> The same day weight is set at half the multiday inlier weight <u>Non-Same Day VIC-DRG4s with a low boundary of 2 days or more (low outliers)</u> The same day weight is set at half of the multiday inlier weight divided by the low boundary ($0.5 \times md_in \div lb$)
One day weight	Od	The one day weight is used to allocate WIES to episodes where patients have a length of stay of one but who were not separated on the same day as they were admitted. Depending upon the VIC-DRG4, one day patients may be either low outliers or inliers:- <u>Designated Same day VIC-DRG4s</u> The one day weight is based on the costs of all inliers excluding same day patients. If the patient is an inlier they attract the full multiday inlier weight. If the patient is a low outlier they attract the low outlier per diem weight. <u>Designated One day VIC-DRG4s</u> The one day weight is based on the costs of patients with a length of stay of one day. <u>Non-Same/One Day VIC-DRG4s with a low boundary of 1 day or less</u> The one day weight is set at the multiday inlier weight. <u>Non-Same/One Day VIC-DRG4s with a low boundary of 2 day or more (low outliers)</u> The one day weight is set at the low outlier per diem weight.
Low outlier multiday per diem weight	Lo_pd	The low outlier multiday per diem weight is used to allocate WIES to low outliers who have a length of stay of at least two days. Not all VIC-DRG4s have low outliers. No weight is reported in these cases. For most VIC-DRG4s the weight is derived as: $md_in \div lb$ The WIES value is calculated by multiplying the low outlier multiday per diem weight by the patient's length of stay.
Inlier multiday weight	md_in	The inlier multiday weight is used to allocate WIES to inliers who have a length of stay of at least two days. For designated VIC-DRG4s, same day/one day patients are excluded when deriving the inlier multiday weight.

Variable (Column Heading)	Label	Description
high outlier multiday per diem	ho_pd	<p>The high outlier multiday per diem weight is used to allocate additional WIES for all days of stay in excess of the high boundary after adjusting for any mechanical ventilation co-payment days. In general this is derived from:</p> $\text{high factor} \times \text{md_in} \div \text{i_alos}$ <p>where the high factor is set at 0.7 for surgical VIC-DRG4s and 0.8 for medical VIC-DRG4s to recognise that the days at the end of a patients stay are less resource intensive than days at the beginning of a patients stay.</p> <p>A number of variations exist on the general formula:-</p> <ol style="list-style-type: none"> 1) The high factor is set at one or greater for some high cost VIC-DRG4s (Chapter 12). 2) Theatre and prostheses costs are excluded from the calculation of the weight for some VIC-DRG4s with high costs in these areas (Chapter 12). 3) Maximum and minimum criteria apply (Chapter 12).

Calculating WIES8

To calculate the WIES allocated to a patient you need to:-

- Determine if the episode is eligible for WIES allocation (see box 1).
- Calculate any WIES co-payment (see box 2a, 2b)
- Calculate the base WIES allocation using the VIC-DRG4 and the patient's length of stay adjusted for mechanical ventilation per diem. This can be done using the appropriate weights from the WIES8 weights table.
- Apply the Aboriginal and Torres Strait Loading if applicable (see box 4).
- Add the base WIES payment, any co-payments and ATSI loading (see box 5).

The steps are described in detail below with technical specifications provided in the boxes.

1. Scope

The majority of patients in hospitals will be eligible for WIES funding and be allocated a WIES8 score. During 1999-2000 WIES7 scores were only allocated to patients who were considered eligible for WIES funding. This change from previous years was made so that the number of WIES allocated would more closely relate to the WIES counted against hospital targets. However, during 1999-2000 a number of hospitals and other users requested that WIES scores be subsequently provided for some acute patients who were excluded from the hospitals target. For example, WIES were requested for contracted patients to assist with inter-hospital contracting. Consequently, WIES8 scores may be allocated to some patients who are ineligible for casemix funding. WIES8 from these patients will need to be excluded when comparing hospital activity against targets during 2000-2001.

As in previous years WIES scores were not allocated to some groups of patients. For example, WIES cannot be calculated for incomplete or uncoded episodes. Further, WIES is not necessarily an appropriate measure of resource use for many non-acute patients.

Eligible patients might be entitled to different types of WIES payments including base WIES payments and WIES co-payments. Base WIES payments are made according to the formula which models the average costs for patients in each VIC-DRG4. WIES co-payments are made to cover the higher costs of care provided to some special types of patients.

Base WIES payments to long-stay patients can be affected by co-payments, so it is advisable to determine if a patient is eligible for WIES co-payments first.

Box 1: Episodes eligible for WIES funding

All episodes are eligible for WIES allocation except for:

Episodes with the following care types:

1	NHT/Non-acute
2,6,7	Designated Rehabilitation Program/Unit (Levels 1 and 2)
9	Designated Geriatric Evaluation and Management Program
5	Designated Psychiatric Unit or Psychogeriatric Program
3	Family choice: Awake attendant care

Incomplete or uncoded episodes, or episodes coded to a problem VIC-DRG4 (zero weight) including VIC-DRG4s 960Z, 961Z, 962Z, and 963Z.

Episodes with a program funding source other than Acute Health Services.

While episodes where the contract role is B and some episodes in non-casemix funded hospitals are allocated a WIES score they are not eligible for WIES funding.

2. Co-payments

For 2000-2001 there are two types of co-payments: mechanical ventilation and thalassaemia. Technical specifications for mechanical ventilation co-payments are given in box 2a and technical specifications for thalassaemia co-payments are given in box 2b.

To be eligible for a mechanical ventilation co-payment the patient must have had at least six hours of continuous mechanical ventilation and have been allocated to a VIC-DRG4 that is eligible for a mechanical ventilation co-payment. VIC-DRG4s are classed as either:

- Eligible for daily co-payments of 0.7729 WIES (mv_elig = "D" in the WIES8 weights table);
- Eligible for an episode WIES co-payment 3.1323 when the ICD-10-AM procedure code 13882-02 is present (mv_elig = "E" in the WIES8 weights table);
- Eligible for daily co-payments at 0.7729 WIES for ventilated days in excess of four days (96 hours) mechanical ventilation (mv_elig = "4" in the WIES8 weights table); or
- Ineligible for co-payments (mv_elig = "I" in the WIES8 weights table).

Mechanical ventilation co-payments are only made to patients admitted to specific hospitals (see Related Definitions).

Box 2a: Calculating Mechanical Ventilation Co-payments

```
Select mv_elig
  case "D" then
    if (hours on mechanical ventilation > 6) and ICU hospital then
      Adjmvday = round((hours mechanical ventilation + 12)/24)
    else
      adjmvday = 0
    mv_copay = adjmvday × 0.7729
    go to box 2b

  case "E" then
    adjmvday = 0
    If any procedure of 13882-02 and in NICU hospital
      mv_copay = 3.1323
    else
      mv_copay = 0
    go to box 2b

  case "4" then
    if (hours on mechanical ventilation > 96) and (ICU hospital) then
      adjmvday = round((hours mechanical ventilation + 12)/24) - 4
    else
      adjmvday = 0
    mv_copay = adjmvday × 0.7729
    go to box 2b

  otherwise do
    adjmvday = 0
    mv_copay = 0
    go to box 2b
```

Base WIES payments for high outliers are reduced when a patient receives daily mechanical ventilation co-payments. To make this reduction you will need to remember the number of days receiving mechanical ventilation co-payments ("adjmvday" in the technical specifications).

Thalessaemia co-payments are made to patients with **any** ICD-10-AM diagnosis code of D56.x or D57.2 who are allocated to an eligible VIC-DRG4 (indicated with a "Thal." in the "Other Co-payments" column in the WIES8 weights table). For 2000-2001 the thalessaemia co-payment is set at 0.2648 WIES per episode. Technical specifications are provided in box 2b.

Box 2b: Calculate Thalessaemia Co-payment

```
If ( copay = "Thal") and record has an ICD-10-AM diagnosis of D56.x or D57.2 then
  th_copay = 0.2648
else
  th_copay = 0;
go to box 3a
```

The hip revision copayment introduced in 1999-2000 is no longer required as hip revisions are separately identified under version 4.1 (I03A,I03B).

3. Base WIES

To calculate a patient's base WIES you need to determine:

- The patient's VIC-DRG4.
- The patient's length of stay (LOS).
- The patient's length of stay category (LOS_cat: "S" or same day, "O" or one day, "M" or multiday).
- The number of mechanical ventilation co-payment days ("adjmvd" see box 2a).
- The patient's inlier status ("I" or inlier, "L" or low outlier, "H" or high outlier).

The patient's length of stay and length of stay category are derived from the admission date, separation date and leave days. For payment purposes a maximum length of stay of five years (1825 days) is used. This ensures that WIES are not allocated to extreme stays that are likely to represent non-acute care. Technical specifications are given in Box 3a.

Box 3a: Determining Length of Stay Category and Maximum Length of Stay

```
Sameday='Y' if admission date = separation date
```

```
Else sameday='N'
```

```
If (sameday = 'Y') then
```

```
    LOS_cat = "S"
```

```
    go to step 3b
```

```
else if (sameday = 'N') and (LOS = 1) then
```

```
    LOS_cat = "O"
```

```
    go to step 3b
```

```
else
```

```
    LOS = min(LOS,1825)
```

```
    LOS_cat = "M"
```

```
    go to box 3b
```

The patient's inlier status is determined by comparing the patient's length of stay with the inlier boundaries for the VIC-DRG4 to which the patient is allocated. The low inlier and the high inlier boundaries are given in the WIES8 weights table.

A patient is classified as an inlier when their length of stay is greater than or equal to the low inlier boundary and less than or equal to the sum of the high inlier boundary plus any mechanical ventilation co-payment days.

Patients with a length of stay less than the low inlier boundary are classified as low outliers.

Patients with a length of stay greater than the sum of the high inlier boundary and mechanical ventilation co-payment days are classified as high outliers. Technical specifications are given in box 3b.

Box 3b: Calculate Inlier Status

```
If LOS < LB then
  Inlier = "L"
  go to box 3c
else if LOS > (HB + adjmvdlay) then
  Inlier = "H"
  go to box 3c
else
  Inlier = "I"
  go to box 3c
```

Separate columns occur in the WIES8 weights table for episodes which are

- same day
- one day
- multiday low outliers
- multiday inliers
- high outliers.

The base WIES score for sameday episodes (inlier and low outlier), one day episodes (inlier and low outliers), and multiday inliers can be read directly from the WIES8 weights table using the appropriate column and row (VIC-DRG4). The base WIES score for multiday low outliers can be calculated by multiplying the per diem weight given in the WIES8 weights table by the patient's length of stay. The base WIES score for high outliers is obtained by multiplying the number of high outlier days by the high outlier per diem weight (from the WIES8 weights table and adding the multiday inlier weight (from table)). Technical details are provided in box 3c.

Box 3c: Calculate Base WIES

```
Select Inlier
  case "L" do
    select LOS_cat
      case "S" do
        base_WIES = sd
        IES = base_WIES ÷ md_in
        go to box 4
      case "O" do
        base_WIES = od
        IES = base_WIES ÷ md_in
        go to box 4
      case "M" do
        base_WIES = LOS × lo_pd
        IES = base_WIES ÷ md_in
        go to box 4
  case "I" do
    IES=1
    select LOS_cat
      case "S" do
        base_WIES = sd
        go to box 4
      case "O" do
```

```

        base_WIES = od
        go to box 4
    case "M" do
        base_WIES = md_in
        go to box 4
case "H" do
    high_days = max(0, LOS - hb - adjmvdlay)
    base_WIES = Md_in_ + high_days × ho_pd
    IES = base_WIES ÷ Md_in_
    go to box 4

```

High outlier days are days stayed in excess of the high outlier boundary minus any mechanical co-payment ventilation days (“adjmvdlay” - see box 2a).

Inlier Equivalent Separations (IES) can be calculated by dividing the base WIES by the multiday inlier weight.

Aboriginal and Torres Strait Islander Loading

A 10% WIES premium is paid to hospitals for treating Aboriginal and Torres Strait Islanders in recognition of their poorer health status and associated higher costs of care. Technical details are given in box 4.

Box 4: Applying the Aboriginal and Torres Strait Islander Loading

```

If indigenous status in (5,6,7) then do
    ATSI_WIES = 0.1 × (base_WIES + mv_copay + th_copay)
else
    ATSI_WIES = 0
go to box 5

```

The WIES score is calculated by adding base WIES, co-payment WIES and ATSI WIES. Details are provided in box 5.

Box 5: Calculating WIES Score

```

WIES8 = base_WIES + mv_copay + th_copay + ATSI_WIES

```

IES8 & Related Items Report—Line Item Definitions

- 1.1 Separations with Care Type (care) = '1'.
- 1.2 Separations with Care Type (care) = '2'.
- 1.3 Separations with Care Type (care) = '6'.
- 1.4 Separations with Care Type (care) = '7'.
- 1.5 Separations with Care Type (care) = '9'.
- 1.6 Separations with Care Type (care) = '5'.
- 1.7 Separations with Care Type (care) = '4'.
- 1.8 Separations with Care Type (care) = '8'.
- 1.9 Separations with Care Type (care) = '0'.
- 1.10 Separations with Care Type (care) = 'U'.
- 1.11 Total separations (= sum of items 1.1 to 1.10; no other Care Type allowed).
- 2.1 Bed days (LOS) of separations with Care Type (care) = '1'.
- 2.2 Bed days (LOS) of separations with Care Type (care) = '2'.
- 2.3 Bed days (LOS) of separations with Care Type (care) = '6'.
- 2.4 Bed days (LOS) of separations with Care Type (care) = '7'.
- 2.5 Bed days (LOS) of separations with Care Type (care) = '9'.
- 2.6 Bed days (LOS) of separations with Care Type (care) = '5'.
- 2.7 Bed days (LOS) of separations with Care Type (care) = '4'.
- 2.8 Bed days (LOS) of separations with Care Type (care) = '8'.
- 2.9 Bed days (LOS) of separations with Care Type (care) = '0'.
- 2.10 Bed days (LOS) of separations with Care Type (care) = 'U'.
- 2.11 Bed days (LOS) of Total separations (= sum of items 2.1 to 2.10, no other Care Type allowed).
- 3.1 Separations with {no VIC-DRG4 or VIC-DRG4 960Z, VIC-DRG4 961Z, VIC-DRG4 962Z or VIC-DRG4 963Z} and {Care Type (care) = '2', '6', '7', '9' or '5'}.
- 3.2 Separations with {no VIC-DRG4} and {Care Type (care) = '4', '8', '0' or 'U'}.
- 3.3 Separations with {VIC-DRG4 960Z, VIC-DRG4 961Z, VIC-DRG4 962Z or VIC-DRG4 963Z} and {Care Type (care) = '4', '8', '0' or 'U'}.
- 3.4 = sum of 3.2 and 3.3.
- 4.1 Separations with {contract type='1' and contract role='B'} and {Care Type (care) = '4', '8', '0' or 'U'}.
- 4.2 Separations with {contract type not = '1' and contract role='B'} and {Care Type (care) = '4', '8', '0' or 'U'}.
- 4.3 = sum of 4.1 and 4.2.

The following Sections 5, 6, 7, 8 and 9 are based on Coded (WIES8) Funded Separations which are separations with {Care Type (care) = '4', '8', '0' or 'U'} and {Program Funding Source='6'}, and with {VIC-DRG4 assigned} and not {VIC-DRG4 960Z, VIC-DRG4 961Z, VIC-DRG4 962Z or VIC-DRG4 963Z} and not {Contract Role='B'}.

Mechanical ventilation severity (both per diem and per case) and thalassaemia co-payments and ATSI loadings are to be included in the WIES8 calculations wherever WIES8 is reported. That is, WIES8 is the WIES score as defined in Box 5 of the WIES8 specification.

- 5.1 Total Separations.
- 5.2 Total Bed days (LOS).
- 5.3 Separations that are low outliers (inlier status='L' as defined in Box 3b).
- 5.4 Total bed days (LOS) of low outliers.
- 5.5 IES8 of low outliers.
- 5.6 WIES8 of low outliers.
- 5.7 Separations that are high outliers (inlier status='H' as defined in Box 3b).
- 5.8 Total bed days (LOS) of high outliers.
- 5.9 Bed days, after adjustment for mechanical ventilation co-payment days, in excess of the High Boundary Point = sum of (LOS - High Boundary Point - adjmvdav) for each high outlier.
- 5.10 IES8 of high outliers.
- 5.11 WIES8 of high outliers.
- 5.12 Excess WIES8 of high outliers (base WIES excluding inlier component) =sum of (base WIES - md_in).
- 5.13 Inlier Separations (inlier status='I' as defined in Box 3b)
- 5.14 Total bed days (LOS) of Inlier Separations.
- 5.15 WIES8 of inliers.
- 5.16 Total IES8 = sum of item 5.5, item 5.10, and item 5.13.
- 5.17 Total WIES8 = sum of item 5.6, item 5.11, and item 5.15.
- 5.18 Same day Medical Target Separations = Coded Funded Separations that are same day episodes (admission date = separation date) identified as contributing to the Same day Medical Target.
- 5.19 WIES8 of Same day Medical Target Separations.
- 5.20 Sum of Hospital in the Home (HITH) Separations = separations with Accommodation Type = '4' in any status segment (Acctype1 - Acctype7).
- 5.21 HITH Bed days (LOS) of HITH separations = sum of LOS in HITH segments (ie segments with accommodation type = '4', LOS in non-HITH segments excluded).
- 5.22 Number of separations that have a thalassaemia co-payment (th_copay>0) as defined in Box 2b.
- 5.23 Number of ATSI separations (abor in '5','6',or '7').
- 5.24 WIES8 for ATSI separations.

- 5.25 Adjusted days of mechanical ventilation as defined in Box 2a.
- 5.26 Number of separations that have a neonate mechanical ventilation co-payment (where mv_elig='E' and mv_copay>0) as defined in Box 2a.
- 6.1 = 5.1 for public separations (Account class on separation (sepacnt) starts with 'M').
- 6.2 = 5.16 for public separations (Account class on separation (sepacnt) starts with 'M').
- 6.3 = 5.17 for public separations (Account class on separation (sepacnt) starts with 'M').
- 6.4 = 5.18 for public separations (Account class on separations (sepacnt) starts with 'M').
- 6.5 = 5.19 for public separations (Account class on separations (sepacnt) starts with 'M').
- 6.6 = 5.20 for public separations (Account class on separations (sepacnt) starts with 'M').
- 6.7 = 5.21 for public separations (Account class on separations (sepacnt) starts with 'M').
- 6.8 = 5.22 for public separations (Account class on separation (sepacnt) starts with 'M').
- 6.9 = 5.23 for public separations (Account class on separation (sepacnt) starts with 'M').
- 6.10 = 5.24 for public separations (Account class on separation (sepacnt) starts with 'M').
- 7.1 = 5.1 for (Department of Veteran's Affairs) DVA separations (Account class on separation (sepacnt) starts with 'V').
- 7.2 = 5.16 for DVA separations (Account class on separation (sepacnt) starts with 'V').
- 7.3 = 5.17 for DVA separations (Account class on separation (sepacnt) starts with 'V').
- 7.4 = 5.18 for DVA separations (Account class on separation (sepacnt) starts with 'V').
- 7.5 = 5.19 for DVA separations (Account class on separation (sepacnt) starts with 'V').
- 8.1 Non-same day Emergency Separations = Coded Funded Separations that are not same day episodes (admission date does not equal separation date) and are not unqualified newborns (care type does not equal 'U') and {Admission Type (admtpe) equals 'R', 'I', or 'O'}.
- 8.2 WIES8 of Non-same day Emergency Separations.
- 9.1 Non-same day Elective Separations = Coded Funded Separations that are not same day episodes (admission date does not equal separation date) and are not unqualified newborns (care type does not equal 'U') and {Admission Type (admtpe) does not equal 'R', or 'I', or 'O', or 'Y' or 'M' or 'S' }.
- 9.2 WIES8 of Non-same day Elective Separations.

Notes on Precision:

Data should be shown rounded to the number of decimal places indicated in the total column of the attached draft IES8 report.

Full precision should be maintained prior to printing; eg item 5.18 which is defined as the sum of 5.7, 5.12, 5.16 is to be calculated by summing components at full precision, not by summing components that have been rounded.

IES 8 and Related Items Report

This information is available in *Section C-Supplementary Information* in Excel spreadsheet format at

<http://www.dhs.vic.gov.au/ahs/pfg2000-01>

Mechanical Ventilation Severity Co-payment Eligibility

Eligible Hospitals - Mechanical Ventilation Severity Co-payment (per diem)

Only episodes with the following campus codes may be eligible:

1010	Alfred
1031, 1032	Austin & Repatriation Medical Centre
1050	Box Hill
2110	Dandenong
1210	Maroondah
1170	Monash Medical Centre - Clayton
2220	Frankston
1280	Northern
1191	Royal Children's
1331	Royal Melbourne
1450	St Vincents
1180	Western
2010	Ballarat
1020	Bendigo
2060	Central Wellington
2050	Barwon Health - Geelong
1121	Goulburn Valley - Shepparton
2440	New Latrobe Regional
4110	Mildura
1150	Wangaratta
2160	Warrnambool Base
1071	Western District - Hamilton
2170	Wimmera Health Care Group - Horsham

Eligible Hospitals - Mechanical Ventilation Severity Co-payment (per case)

Only episodes with the following hospital codes may be eligible:

1160	Mercy - East Melbourne
1170	Monash Medical Centre - Clayton
1191	Royal Children's
1230	Royal Women's

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