Appendices – Funding rules

Overview of appendices

The appendices – funding rules specify the financial parameters, specifically the detailed pricing and prescribed budgetary targets, that funded organisations are expected to work to, and within, to achieve the outcomes expected by the Victorian Government.

Appendix 1: Pricing arrangements for Victoria's health system

Details pricing arrangements for funded organisations and all other outputs provided by the department.

Appendix 2: Funding and activity levels

Provides tables detailing the modelled budgets for 2019–20, as well as the activity tables that detail the 2019–20 targets for a range of programs across the health system.

Appendix 1: Pricing arrangements for Victoria's health system

Introduction to Appendix 1

Appendix 1 details the pricing arrangements for funding the broad range of services delivered in the Victorian health system. It details the prices organisations face and the rules about how these prices apply. The funding models vary across the activities depending on the nature of the service to be delivered.

A note on terminology

The term 'funded organisations' relates to all entities that receive departmental funding to deliver services. Aspects of these guidelines referring to funded organisations are applicable to all department-funded entities.

For the purposes of these guidelines, the term 'health services' relates to public health services, denominational hospitals, public hospitals and multipurpose services, as defined by the *Health Services Act 1988*, regarding services provided within a hospital or a hospital-equivalent setting. Aspects of these guidelines that refer specifically to 'health services' are only applicable to these entities.

The term 'community service organisations' refers to registered community health centres, local government authorities and non-government organisations that are not health services.

These guidelines are also relevant for Ambulance Victoria, Health Purchasing Victoria, Mildura Base Hospital and the Victorian Institute of Forensic Mental Health. The guidelines specify where aspects of the guidelines are relevant for these organisations.

1.1 Price tables

1.1.1 Acute and subacute

Table 1.1 to Table 1.5 provide prices for acute and subacute services.

Table 1.1: Acute admitted services 2019–20

Payment	All health services ($)	Metropolitan and regional ($)	Subregional and local ($)	Small rural ($)
Public WIES26	–	5,029	5,295	4,950
Private WIES26	–	3,650	3,839	–
Transport Accident Commission WIES26[1]	5,843	–	–	–
Department of Veterans' Affairs WIES26	5,162	–	–	–
Public Specialist Clinics WASE3[2]	283.88	–	–	–
Private Specialist Clinics WASE3[2]	227.10	–	–	–

Table 1.2: Subacute services 2019–20

Payment	All health services ($)	Metropolitan and regional ($)	Subregional and local ($)
Public Subacute WIES4	10,737	–	–
Private Subacute WIES4	9,985	–	–
Department of Veterans' Affairs Subacute WIES4	12,991	–	–
TCP bed places[3] (per diem rate)	157.16	–	–
TCP home places[3] (per diem rate)	57.63	–	–

Table 1.3: Non-admitted radiotherapy 2019–20

Payment	All health services ($)	Metropolitan and regional ($)	Subregional and local ($)
WAU	239.94	–	–
Department of Veterans' Affairs WAU	296.51	–	–
Shared care	1,707	–	–

[1] Prices are subject to confirmation of the final indexation rate provided by the Transport Accident Commission.

[2] Note that changes to Weighted Ambulatory Service Event prices will be implemented during 2019–20 to reflect continued development of the specialist clinics funding model, which continues to be shadowed in 2019–20. No impact to funding will arise from these changes.

[3] State component only.

Table 1.4: Total parental nutrition and home enteral nutrition 2019–20

Payment	All health services ($)	Metropolitan and regional ($)	Subregional and local ($)
Total parental nutrition (TPN)	7,930	–	–
Home enteral nutrition (HEN)	215.83	–	–

Table 1.5: Nationally funded centres program 2019–20

Payment[4]	Hosting health service ($)
Islet cell transplantation	200,697
Paediatric heart transplantation – no ventricular assist device	412,579
Paediatric heart transplantation – with ventricular assist device	956,477
Paediatric liver transplantation	336,929
Paediatric lung/heart-lung transplantation	294,172
Pancreas transplantation	185,216

1.1.2 Mental health services

Table 1.6: Mental health – funded units applicable to clinical bed-based services 2019–20 – admitted care

Service element	Funded unit	All health services ($)
Acute care – child/adolescent, adult, aged[5]	Available bed day	835.87
Acute care specialist[5]	Available bed day	835.87
Extended care – adult	Available bed day	580.45
Transition support unit	Available bed day	580.45

Table 1.7: Mental health – funded units applicable to clinical bed-based services 2019–20 – non-admitted care

Service element	Funded unit	All health services ($)
Community care unit	Available bed day	400.23
Adult PARC	Available bed day	516.17
Youth PARC	Available bed day	615.73
Aged persons nursing home supplement	Available bed day	102.68
Aged persons hostel supplement	Available bed day	91.16

Table 1.8: Mental health – funded units applicable to clinical bed-based services 2019–20 – clinical community care

Service element	Funded unit	All health services ($)
Ambulatory	Community service hour	408.62

[4] Prices are subject to approval by the Nationally Funded Centres Reference Group and the Australian Health Ministers' Advisory Council.

[5] Supplement grant provided to support the acute care unit price.

Table 1.9: Mental health community support services unit prices 2019–20 – community support services

Service element	Funded unit	All health services ($)
Individualised client support packages	Client support unit	99.87
Youth residential rehabilitation – 24-hour	Bed day	240.21
Youth residential rehabilitation – non-24-hour	Bed day	206.24
Continuity of support	Client support unit	99.87

Table 1.10: Mental health community support services unit prices 2019–20 – mutual support and self-help

Service element	Funded unit	All health services ($)
Standalone (high availability)	Weighted block grant	253,096
Standalone (high availability)	Weighted block grant	Variable
Individual support referral and advocacy	Contact hour	43.80
MSSH group support	Contact hour (group)	115.90
Group education and training	Contact hour (group)	394.95
Volunteer coordination	Hour	50.75

Table 1.11: Mental health community support services unit prices 2019–20 – planned respite

Service element	Funded unit	All health services ($)
In home	Client contact hour	39.57
Community	Client contact hour	39.57
Residential	Client contact hour	39.57

Table 1.12: Mental health community support services unit prices 2019–20 – supported accommodation

Service element	Funded unit	All health services ($)
24-hour on-site small facilities (0–11 beds)	Available bed day	165.82
24-hour on-site small facilities (> 11 beds)	Available bed day	58.04
Non-24-hour on-site small facilities (0–11 beds)	Available bed day	108.20
Non-24-hour on-site other facilities (> 11 beds)	Available bed day	108.20

Table 1.13 shows unit prices for drug services in 2019–20.

Table 1.13: Drug services – unit prices 2019–20

Service element	Funded unit	Metro unit price ($)	Rural unit price ($)
Drug treatment services – intake	Drug treatment activity unit	820.99	
Drug treatment services – assessment	Drug treatment activity unit	820.99	
Drug treatment services – care and recovery coordination	Drug treatment activity unit	820.99	
Drug treatment services – counselling	Drug treatment activity unit	820.99	
Drug treatment services – non-residential withdrawal	Drug treatment activity unit	820.99	

Service element	Funded unit	Metro unit price ($)	Rural unit price ($)
Drug treatment services – therapeutic day rehabilitation	Drug treatment activity unit	820.99	
Adult residential drug withdrawal	Drug treatment activity unit	820.99	
Adult residential rehabilitation	Drug treatment activity unit	820.99	
Youth residential drug withdrawal	Drug treatment activity unit	820.99	
Youth residential rehabilitation	Drug treatment activity unit	820.99	
Aboriginal residential rehabilitation	Drug treatment activity unit	820.99	
Youth alcohol and drug supported accommodation	Episodes of care	6,312	8,414
Aboriginal alcohol and drug worker	Episodes of care	2,124	
Youth outreach	Episodes of care	1,879	
Specialist pharmacotherapy program	Episodes of care	3,439	
Mobile overdose response	Episodes of care	7,416	
Rural withdrawal	Episodes of care	1,904	
Women's alcohol and drug supported accommodation	Episodes of care	6,312	
ACCO services – community model 1	Episodes of care	773.85	
ACCO services – community models 2 and 3	Episodes of care	2,391	
ACCO services – community alcohol and drug worker	Episodes of care	2,124	

1.1.3 Ambulance

Table 1.14 shows unit prices for ambulance services.

Table 1.14: Ambulance 2019–20

Program area	Service	Unit price ($)
Emergency road	Metro	1,265
Emergency road	Rural	1,866
Non-emergency road	Metro – stretcher	341
Non-emergency road	Metro – clinic car	112
Non-emergency road	Rural	577
Treatment without transport		546
Air	Fixed wing – variable component[6]	2,242
Air	Fixed wing – fixed component	3,033
Air	Rotary – variable component[6]	11,280
Air	Rotary – fixed component	26,852
Membership Subscription Scheme	Single	48.35
	Family	96.70

[6] General patients will continue to pay the variable component for rotary transport only.

1.1.4 Ageing, aged and home care

Table 1.15 shows estimated unit prices for ageing, aged and home care services.

Table 1.15: Ageing, aged and home care 2019–20[7]

Program area	Service	Funded unit	Estimated unit price ($)
Residential aged care[8] – public sector residential aged care supplements	Rural Small High Care Supplement 1–10 places	Bed day	10.80
	Rural Small High Care Supplement 11–20 places	Bed day	8.10
	Rural Small High Care Supplement 21–30 places	Bed day	6.76
	Low Care Supplement[9]	Bed day	6.190
	High Care Supplement	Bed day	66.80
	Public Sector Residential Aged Care Supplement[10]	Bed day	13.39
	Complex Care Supplement	Bed day	40.52
Aged support services[11]	Supporting accommodation for vulnerable Victorians – Cluster plans	Plans	7,187
	Supporting accommodation for vulnerable Victorians – Expenditure plans	Plans	13,580
HACC primary health, community care and support	HACC Access and Support	Hour	70.83
	HACC Allied Health	Hour	105.18
	HACC Assessment	Hour	96.40
	HACC Counselling	Hour	105.18
	HACC Delivered Meals	Meal	3.50
	HACC Dietetics	Hour	105.18
	HACC Domestic Assistance	Hour	48.59
	HACC Nursing	Hour	96.40
	HACC Nursing – RDNS Top up	Hour	15.54
	HACC Occupational Therapy	Hour	105.18
	HACC Personal Care	Hour	48.59
	HACC Personal Care – RDNS Top up	Hour	27.15
	HACC Physiotherapy	Hour	105.18
	HACC Planned Activity Group – Core	Per person	14.46
	HACC Planned Activity Group – High	Per person	20.21

[7] Where 'HACC' is referred to, the service relates to the Home and Community Care Program for Younger People (HACC-PYP).

[8] Annual funding is generally calculated as follows:

Number of operational places × 365.25 days per year × 99 per cent occupancy factor × relevant unit price. Places that are not operational (for a time-limited period or ongoing), or used for any other purpose, will not attract state government PSRACS supplements.

[9] This supplement was previously referred to as HSUA 1 EBA – hostel.

[10] This supplement offsets the Adjusted Subsidy Reduction applied by the Commonwealth. As the price is determined by the Commonwealth Department of Health for the 2019–20 financial year and the rate is likely to be confirmed in July 2019 this figure is indicative as it may vary. An indexation rate of 1.5 per cent has been estimated.

[11] Other aged support services are not funded by unit prices (PAV, VES, SHP, SCP).

Program area	Service	Funded unit	Estimated unit price ($)
	HACC Podiatry	Hour	105.18
	HACC Property Maintenance	Hour	50.38
	HACC Respite	Hour	48.59
	HACC Speech Therapy	Hour	105.18
	HACC Volunteer Coordination	Hour	41.08
	RDNS HACC Allied Health	Hour	77.17
	Commonwealth regional assessment services	Hour	92.01
HACC primary health, community care and support – ACCO Services[12]	HACC Access and Support	Hour	72.69
	HACC Allied Health	Hour	107.96
	HACC Occupational Therapy	Hour	107.96
	HACC Podiatry	Hour	107.96
	HACC Dietetics	Hour	107.96
	HACC Speech Therapy	Hour	107.96
	HACC Physiotherapy	Hour	107.96
	HACC Assessment	Hour	98.95
	HACC Delivered Meals	Meal	3.59
	HACC Domestic Assistance	Hour	49.85
	HACC Nursing	Hour	98.95
	HACC Personal Care	Hour	49.85
	HACC Planned Activity Group – Core	Hour	14.85
	HACC Planned Activity Group – High	Hour	20.74
	HACC Property Maintenance	Hour	51.70
	HACC Respite	Hour	49.85
	HACC Volunteer Coordination	Hour	42.16
	Commonwealth regional assessment services	Hour	92.47

Note:

All residential aged care unit prices assume a 1.5 per cent indexation rate.

[12] Where 'HACC' is referred to, the service relates to the Home and Community Care Program for Younger People (HACC-PYP).

1.1.5 Small rural health services – ageing, aged and home care

Table 1.16 shows estimated unit prices for small rural health services – ageing, aged and home care.

Table 1.16: Small rural health services – ageing, aged and home care 2019–20

Program area	Service	Funded unit	Estimated unit price ($)
Small rural health services – HACC Health Care and Support	HACC Access and Support	Hour	70.83
	HACC Allied Health	Hour	105.18
	HACC Allied Health – Occupational Therapy	Hour	105.18
	HACC Allied Health – Podiatry	Hour	105.18
	HACC Allied Health – Dietetics	Hour	105.18
	HACC Allied Health – Speech Therapy	Hour	105.18
	HACC Allied Health – Physiotherapy	Hour	105.18
	HACC Assessment	Hour	96.40
	HACC Counselling	Hour	105.18
	HACC Delivered Meals	Meal	3.50
	HACC Domestic Assistance	Hour	48.59
	HACC Nursing	Hour	96.40
	HACC Personal Care	Hour	48.59
	HACC Planned Activity Group – Core	Per person	14.46
	HACC Planned Activity Group – High	Per person	20.21
	HACC Property Maintenance	Hour	50.38
	HACC Respite	Hour	48.59
	HACC Volunteer Coordination	Hour	41.08
Small rural health services – Primary Health	Counselling/Casework	Hour	109.36
	Allied Health	Hour	109.36
	Nursing	Hour	96.64
Residential aged care[13] – public sector residential aged care supplements	Rural Small High Care Supplement 1–10 places	Bed day	10.80
	Rural Small High Care Supplement 11–20 places	Bed day	8.10
	Rural Small High Care Supplement 21–30 places	Bed day	6.76
	Low Care Supplement[14]	Bed day	6.19
	High Care Supplement	Bed day	66.80
	Public Sector Residential Aged Care Supplement[15]	Bed day	13.39
	Complex Care Supplement	Bed day	40.52

Note: All residential aged care unit prices assume a 1.5 per cent indexation rate.

[13] Annual funding is generally calculated as follows:

Number of operational places × 365.25 days per year × 99 per cent occupancy factor × relevant unit price. Places that are not operational (for a time-limited period or ongoing), or used for any other purpose, will not attract state government PSRACS supplements.

[14] This supplement was previously referred to as HSUA 1 EBA – hostel.

[15] This supplement offsets the Adjusted Subsidy Reduction applied by the Commonwealth. As the price is determined by the Commonwealth Department of Health for the 2019–20 financial year and the rate is likely to be confirmed in July 2019 this figure is indicative as it may vary. An indexation rate of 1.5 per cent has been estimated.

1.1.6 Primary, community and dental health output group

Table 1.17 shows estimated unit prices for primary community health care output.

Table 1.17: Primary community health care output 2019–20

Service	Service sub-section	Funded unit	Estimated unit price ($)
Family and Reproductive Rights Education Program	Direct care	Hours	109.36
Innovative Health Services for Homeless Youth	Counselling/casework	Hours	109.36
	Nursing	Hours	96.64
Family planning	Counselling/casework	Hours	109.36
	Nursing	Hours	96.64
Aboriginal services and support	Case coordination	Hours	109.36
Integrated chronic disease management	Allied health	Hours	109.36
	Nursing	Hours	96.64
Refugee and asylum seeker health	Allied health	Hours	109.36
	Nursing	Hours	96.64
Healthy Mothers, Healthy Babies	Allied health	Hours	109.36
	Nursing	Hours	96.64
Community health	Allied health	Hours	109.36
	Nursing	Hours	96.64
ACCO services	Counselling/casework	Hours	111.70
MDC community health nurses	Nursing	Hours	96.64
Community Asthma Program	Allied health	Hours	109.36

1.1.7 Training and development

Table 1.18 shows unit prices for training and development activities to all services.

Table 1.18: Training and development funding rates in 2019–20

Stream	Program	Rate per EFT ($)
Professional-entry student placements	Medical, nursing, allied health, (including allied health assistance and health information management)	Not calculated based on an EFT rate
Transition to practice	Allied health graduate – metro	9,469
	Allied health graduate – rural	11,134
	Pharmacy interns	31,681
	Medical radiation interns	30,239
	Medical biophysics placements	18,721
	Medical laboratory science placements	18721
	Medical graduate year 1 (PGY1)	37,803
	Medical graduate year 2 (PGY2)	41,351

Stream	Program	Rate per EFT ($)
	Nursing and midwifery	18,842
Postgraduate – medical specialist training	Victorian Medical Specialist Training Program	71,050
	Victorian Paediatric Training Program	96,425
	Basic physician training consortia	Not calculated based on an EFT rate
Postgraduate – nursing and midwifery	Nursing and midwifery postgraduates	18,842

1.2 Peer groups for WIES purposes

Table 1.19 shows peer groups for WIES purposes.

Table 1.19: Peer groups for WIES purposes

Health service	Peer group
Alfred Health	Metropolitan and regional
Austin Health	Metropolitan and regional
Barwon Health	Metropolitan and regional
Melbourne Health	Metropolitan and regional
Mercy Public Hospitals Inc.	Metropolitan and regional
Monash Health	Metropolitan and regional
Peter MacCallum Cancer Centre	Metropolitan and regional
St Vincent's Hospital (Melbourne) Limited	Metropolitan and regional
The Royal Children's Hospital	Metropolitan and regional
The Royal Victorian Eye and Ear Hospital	Metropolitan and regional
The Royal Women's Hospital	Metropolitan and regional
Ballarat Health Services	Metropolitan and regional
Bendigo Health Care Group	Metropolitan and regional
Eastern Health	Metropolitan and regional
Latrobe Regional Hospital	Metropolitan and regional
Northern Health	Metropolitan and regional
Peninsula Health	Metropolitan and regional
Western Health	Metropolitan and regional
Albury Wodonga Health	Metropolitan and regional
Goulburn Valley Health	Metropolitan and regional
Bairnsdale Regional Health Service	Subregional and local
Bass Coast Regional Health	Subregional and local
Benalla Health	Subregional and local
Castlemaine Health	Subregional and local
Central Gippsland Health Service	Subregional and local
Colac Area Health	Subregional and local
Djerriwarrh Health Services	Subregional and local
East Grampians Health Service	Subregional and local
Echuca Regional Health	Subregional and local
Gippsland Southern Health Service	Subregional and local
Kyabram and District Health Services	Subregional and local
Maryborough District Health Service	Subregional and local
Mildura Base Hospital	Subregional and local
Northeast Health Wangaratta	Subregional and local

Health service	Peer group
Portland District Health	Subregional and local
Stawell Regional Health	Subregional and local
South West Healthcare	Subregional and local
Swan Hill District Health	Subregional and local
West Gippsland Health Care Group	Subregional and local
Western District Health Service	Subregional and local
Wimmera Health Care Group	Subregional and local

1.3 Cost weight tables

1.3.1 WIES26 Victorian cost weights

Table 1.20 shows WIES26 cost weights for 2019–20.

Table 1.20: WIES26 cost weights 2019–20

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary - low	Boundary - high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
A13A	Ventilation ≥ 336 Hours, Major Complexity	4	D		36	81	53.2				3.0384	3.5830	1.0589	41.7049	0.3621	0.2897
A13B	Ventilation ≥ 336 Hours, Minor Complexity	4	D		21	47	30.8				1.3838	1.9662	1.1093	25.2618	0.3621	0.2897
A14A	Ventilation ≥ 96 Hours and < 336 Hours, Major Complexity	4	D		24	56	37.4				3.5083	3.9690	0.8830	25.1621	0.3621	0.2897
A14B	Ventilation ≥ 96 Hours and < 336 Hours, Intermediate Complexity	4	D		13	31	20.7				1.6101	2.1272	0.9547	14.5385	0.3621	0.2897
A14C	Ventilation ≥ 96 Hours and < 336 Hours, Minor Complexity	4	D		8	20	12.9				0.9856	1.5790	1.0384	9.8860	0.3621	0.2897
A15A	Tracheostomy, Major Complexity	D	D		22	51	30.3				4.6062	4.9016	0.5640	17.3093	0.3006	0.2405
A15B	Tracheostomy, Intermediate Complexity	D	D		12	27	18.4				4.2656	4.5849	0.5854	11.6097	0.2916	0.2333
A15C	Tracheostomy, Minor Complexity	D	D		8	20	12.8				3.0889	3.4345	0.6049	8.2735	0.3021	0.2416
A40Z	ECMO	4	D		16	37	23.5				4.6807	5.5840	1.6938	32.6842	0.3621	0.2897
B01Z	Ventricular Shunt Revision	D	D		1	15	3.8				1.7392	2.5262	0.0000	2.5262	0.2863	0.2291
B02A	Cranial Procedures, Major Complexity	D	D		6	55	19.3				2.8254	3.5151	1.1494	10.4115	0.3007	0.2406
B02B	Cranial Procedures, Intermediate Complexity	D	D		2	23	8.0				2.7540	3.5795	0.8255	5.2305	0.2888	0.2310
B02C	Cranial Procedures, Minor Complexity	D	D		1	15	5.1				2.3722	3.4216	0.0000	3.4216	0.2878	0.2302
B02Y	Endovascular Clot Retrieval	D	D		2	18	5.8				4.8590	5.7854	0.9264	7.6382	0.3621	0.2897
B03A	Spinal Procedures, Major Complexity	D	D		4	40	14.0				2.8906	3.4902	0.8994	7.0878	0.2397	0.1918

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
B03B	Spinal Procedures, Intermediate Complexity	D	D		2	21	6.7				2.4300	3.0290	0.5990	4.2271	0.2515	0.2012
B03C	Spinal Procedures, Minor Complexity	D	D		0	8	2.5				2.1324	2.1324	0.0000	2.1324	0.2726	0.2181
B04A	Extracranial Vascular Procedures, Major Complexity	D	D		4	37	14.2				1.7088	2.3488	0.9600	6.1889	0.2526	0.2021
B04B	Extracranial Vascular Procedures, Intermediate Complexity	D	D		2	20	7.6				1.6043	2.3120	0.7078	3.7275	0.2595	0.2076
B04C	Extracranial Vascular Procedures, Minor Complexity	D	D		1	11	3.5				1.6081	2.3128	0.0000	2.3128	0.2835	0.2268
B05Z	Carpal Tunnel Release	D	D		0	3	1.0				0.3810	0.3810	0.0000	0.3810	0.1024	0.0820
B06A	Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Major Complexity	D	D		3	31	11.8				1.3773	2.0560	0.9049	4.7705	0.2415	0.1932
B06B	Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Intermediate Complexity	D	D		1	15	3.9				1.5038	2.2322	0.0000	2.2322	0.2647	0.2118
B06C	Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Minor Complexity	D	D		0	6	1.6			Same day	0.5540	1.4034	0.0000	1.4034	0.2869	0.2295
B07A	Cranial or Peripheral Nerve and Other Nervous System Procedures, Major Complexity	D	D		2	24	8.4				1.4363	2.1269	0.6906	3.5081	0.2297	0.1838
B07B	Cranial or Peripheral Nerve and Other Nervous System Procedures, Minor Complexity	D	D		0	5	1.7			Same day	0.5705	1.1344	0.0000	1.1344	0.2655	0.2124
B40Z	Plasmapheresis W Neurological Disease, Same-day	D	D		0	3	1.0				0.1447	0.1447	0.0000	0.1447	0.1155	0.0924
B41A	Telemetric EEG Monitoring, Major Complexity	D	D		1	18	5.9				1.0534	2.1009	0.0000	2.1009	0.2847	0.2277
B41B	Telemetric EEG Monitoring, Minor Complexity	D	D		1	12	4.2				0.7211	1.4357	0.0000	1.4357	0.2710	0.2168

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
B42A	Nervous System Disorders W Ventilator Support, Major Complexity	D	D		4	43	13.7				0.7274	1.4274	1.0500	5.6273	0.3260	0.2608
B42B	Nervous System Disorders W Ventilator Support, Intermediate Complexity	D	D		2	21	7.7				0.9718	1.9260	0.9541	3.8342	0.3621	0.2897
B42C	Nervous System Disorders W Ventilator Support, Minor Complexity	D	D		1	9	2.9				1.1706	2.2982	0.0000	2.2982	0.3621	0.2897
B62Z	Apheresis	D	D		0	3	1.0				0.4111	0.4111	0.0000	0.4111	0.3249	0.2599
B63A	Dementia and Other Chronic Disturbances of Cerebral Function, Major Complexity	D	D		2	25	8.5				0.4866	0.9733	0.4866	1.9465	0.1837	0.1469
B63B	Dementia and Other Chronic Disturbances of Cerebral Function, Minor Complexity	D	D		1	17	5.3	S	0.2834	Same day	0.0865	1.2107	0.0000	1.2107	0.1819	0.1455
B64A	Delirium, Major Complexity	D	D		2	19	6.4				0.4126	0.8252	0.4126	1.6503	0.2068	0.1655
B64B	Delirium, Minor Complexity	D	D		1	9	2.6	S	0.3148		0.4046	0.8092	0.0000	0.8092	0.2512	0.2009
B65Z	Cerebral Palsy	D	D		0	3	1.0				0.3219	0.3219	0.0000	0.3219	0.2546	0.2037
B66A	Nervous System Neoplasms, Major Complexity	D	D		2	23	7.7				0.5760	1.1520	0.5760	2.3040	0.2384	0.1907
B66B	Nervous System Neoplasms, Minor Complexity	D	D		1	11	3.7	S	0.4201	Same day	0.3977	1.1966	0.0000	1.1966	0.2604	0.2083
B67A	Degenerative Nervous System Disorders, Major Complexity	D	D		3	28	10.1				0.4590	0.9180	0.6120	2.7540	0.2173	0.1738
B67B	Degenerative Nervous System Disorders, Intermediate Complexity	D	D		1	13	4.0			Same day	0.1718	1.2096	0.0000	1.2096	0.2400	0.1920
B67C	Degenerative Nervous System Disorders, Minor Complexity	D	D		0	3	1.0				0.1441	0.1441	0.0000	0.1441	0.1107	0.0886
B68A	Multiple Sclerosis and Cerebellar Ataxia, Major Complexity	D	D		1	15	4.8			Same day	0.1891	1.7181	0.0000	1.7181	0.2853	0.2282
B68B	Multiple Sclerosis and Cerebellar Ataxia, Minor Complexity	D	D		0	3	1.0				0.1371	0.1371	0.0000	0.1371	0.1073	0.0858
B69A	TIA and Precerebral Occlusion, Major Complexity	D	D		1	12	4.0				0.6342	1.2685	0.0000	1.2685	0.2569	0.2055

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
B69B	TIA and Precerebral Occlusion, Minor Complexity	D	D		0	6	1.9	S	0.3718	Same day	0.4475	0.7181	0.0000	0.7181	0.3078	0.2463
B70A	Stroke and Other Cerebrovascular Disorders, Major Complexity	D	D		4	38	12.7				0.4420	0.8840	0.6630	3.5359	0.2222	0.1778
B70B	Stroke and Other Cerebrovascular Disorders, Intermediate Complexity	D	D		2	18	6.6				0.4893	0.9786	0.4893	1.9573	0.2388	0.1911
B70C	Stroke and Other Cerebrovascular Disorders, Minor Complexity	D	D		1	10	3.2	S	0.3949	Same day	0.4139	1.0907	0.0000	1.0907	0.2689	0.2152
B70D	Stroke and Other Cerebrovascular Disorders, Transferred < 5 Days	D	D		0	8	2.6	S	0.5063		1.0467	1.0467	0.0000	1.0467	0.3231	0.2585
B71A	Cranial and Peripheral Nerve Disorders, Major Complexity	D	D		1	14	4.4	S	0.2984	Same day	0.1467	1.2322	0.0000	1.2322	0.2239	0.1791
B71B	Cranial and Peripheral Nerve Disorders, Minor Complexity	D	D		1	11	3.2	S	0.2565	Same day	0.0936	0.9752	0.0000	0.9752	0.2404	0.1923
B72A	Nervous System Infection Except Viral Meningitis, Major Complexity	D	D		3	34	11.4				0.5628	1.1255	0.7504	3.3766	0.2373	0.1898
B72B	Nervous System Infection Except Viral Meningitis, Minor Complexity	D	D		2	20	5.8			One day	0.2077	0.2077	0.7204	1.6485	0.2258	0.1806
B73A	Viral Meningitis, Major Complexity	D	D		1	16	5.1				0.6941	1.3882	0.0000	1.3882	0.2192	0.1754
B73B	Viral Meningitis, Minor Complexity	D	D		0	7	2.5	S	0.3246		0.9034	0.9034	0.0000	0.9034	0.2886	0.2308
B74A	Nontraumatic Stupor and Coma, Major Complexity	D	D		1	14	3.6				0.6153	1.2307	0.0000	1.2307	0.2756	0.2204
B74B	Nontraumatic Stupor and Coma, Minor Complexity	D	D		0	5	1.5	S	0.2724		0.5048	0.5048	0.0000	0.5048	0.2609	0.2087
B75Z	Febrile Convulsions	D	D		0	4	1.2	S	0.1399		0.4422	0.4422	0.0000	0.4422	0.2892	0.2314
B76A	Seizures, Major Complexity	D	D		1	13	3.8			Same day	0.3358	1.4712	0.0000	1.4712	0.3118	0.2494
B76B	Seizures, Minor Complexity	D	D		0	6	1.8	S	0.2402	Same day	0.3142	0.6830	0.0000	0.6830	0.3030	0.2424

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
B77A	Headaches, Major Complexity	D	D		1	10	3.0	S	0.3284	Same day	0.3190	0.9442	0.0000	0.9442	0.2483	0.1986
B77B	Headaches, Minor Complexity	D	D		0	6	1.9	S	0.2287	Same day	0.2772	0.6485	0.0000	0.6485	0.2694	0.2155
B78A	Intracranial Injuries, Major Complexity	D	D		2	24	8.5				0.6626	1.3253	0.6626	2.6506	0.2492	0.1993
B78B	Intracranial Injuries, Minor Complexity	D	D		1	10	3.2	S	0.3838		0.5379	1.0758	0.0000	1.0758	0.2652	0.2121
B78C	Intracranial Injuries, Transferred < 5 Days	D	D		0	7	2.3	S	0.4621		0.9228	0.9228	0.0000	0.9228	0.3227	0.2582
B79A	Skull Fractures, Major Complexity	D	D		1	13	4.5				0.7489	1.4978	0.0000	1.4978	0.2663	0.2130
B79B	Skull Fractures, Minor Complexity	D	D		0	6	1.9	S	0.3548		0.8012	0.8012	0.0000	0.8012	0.3374	0.2699
B80A	Other Head Injuries, Major Complexity	D	D		1	12	3.7	S	0.3912		0.5517	1.1033	0.0000	1.1033	0.2407	0.1925
B80B	Other Head Injuries, Minor Complexity	D	D		0	4	1.4	S	0.2288	Same day	0.3061	0.5713	0.0000	0.5713	0.3385	0.2708
B81A	Other Disorders of the Nervous System, Major Complexity	D	D		2	20	6.9				0.4574	0.9147	0.4574	1.8295	0.2119	0.1695
B81B	Other Disorders of the Nervous System, Minor Complexity	D	D		1	9	3.0	S	0.2976	Same day	0.3569	0.9305	0.0000	0.9305	0.2508	0.2006
B82A	Chronic and Unspec Para/Quadriplegia, Major Complexity	D	D		9	22	13.4				0.2074	0.4147	0.3686	3.7324	0.2796	0.2237
B82B	Chronic and Unspec Para/Quadriplegia, Intermediate Complexity	D	D		4	10	6.1				0.2239	0.4477	0.3358	1.7910	0.2947	0.2358
B82C	Chronic and Unspec Para/Quadriplegia, Minor Complexity	D	D		2	5	2.9				0.2419	0.4839	0.2419	0.9678	0.3337	0.2670
B83A	Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Major Complexity	D	D		12	28	19.8				0.2093	0.4187	0.3838	5.0243	0.2540	0.2032
B83B	Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Intermediate Complexity	D	D		4	10	6.8				0.2825	0.5650	0.4237	2.2599	0.3322	0.2657
B83C	Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Minor Complexity	D	D		2	5	3.0				0.3106	0.6213	0.3106	1.2425	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
C01A	Procedures for Penetrating Eye Injury, Major Complexity	D	D		0	8	2.6				1.7505	1.7505	0.0000	1.7505	0.3218	0.2574
C01B	Procedures for Penetrating Eye Injury, Minor Complexity	D	D		0	4	1.5				0.9978	0.9978	0.0000	0.9978	0.3090	0.2472
C02A	Enucleations and Orbital Procedures, Major Complexity	D	D		1	11	2.6				1.1143	1.6920	0.0000	1.6920	0.3075	0.2460
C02B	Enucleations and Orbital Procedures, Minor Complexity	D	D		0	4	1.3				0.9494	0.9494	0.0000	0.9494	0.3098	0.2478
C03A	Retinal Procedures, Major Complexity	D	D		0	3	1.1				0.7182	0.7182	0.0000	0.7182	0.2670	0.2136
C03B	Retinal Procedures, Minor Complexity	D	D		0	3	1.0				0.2126	0.2126	0.0000	0.2126	0.1085	0.0868
C04A	Major Corneal, Scleral and Conjunctival Procedures, Major Complexity	D	D		0	6	1.4				1.6339	1.6339	0.0000	1.6339	0.3621	0.2897
C04B	Major Corneal, Scleral and Conjunctival Procedures, Minor Complexity	D	D		0	3	1.1				1.4602	1.4602	0.0000	1.4602	0.3577	0.2862
C05Z	Dacryocystorhinostomy	D	D		0	3	1.0				0.8009	0.8009	0.0000	0.8009	0.2966	0.2373
C10Z	Strabismus Procedures	D	D		0	3	1.0				0.7484	0.7484	0.0000	0.7484	0.2605	0.2084
C11Z	Eyelid Procedures	D	D		0	4	1.4			Same day	0.5561	0.9085	0.0000	0.9085	0.2856	0.2285
C12A	Other Corneal, Scleral and Conjunctival Procedures, Major Complexity	D	D		1	9	2.7				0.8959	1.2325	0.0000	1.2325	0.1767	0.1414
C12B	Other Corneal, Scleral and Conjunctival Procedures, Minor Complexity	D	D		0	3	1.0				0.5089	0.5089	0.0000	0.5089	0.1593	0.1274
C13Z	Lacrimal Procedures	D	D		0	3	1.1				0.3993	0.3993	0.0000	0.3993	0.1372	0.1097
C14A	Other Eye Procedures, Major Complexity	D	D		0	6	1.8				0.5802	0.5802	0.0000	0.5802	0.1657	0.1326
C14B	Other Eye Procedures, Minor Complexity	D	D		0	3	1.0				0.3985	0.3985	0.0000	0.3985	0.1363	0.1091
C15Z	Glaucoma and Complex Cataract Procedures	D	D		0	3	1.0				0.6040	0.6040	0.0000	0.6040	0.1922	0.1538
C16Z	Lens Procedures	D	D		0	3	1.0			Same day	0.4731	0.7501	0.0000	0.7501	0.2936	0.2349

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
C60A	Acute and Major Eye Infections, Major Complexity	D	D		1	15	4.9				0.5109	1.0218	0.0000	1.0218	0.1665	0.1332
C60B	Acute and Major Eye Infections, Minor Complexity	D	D		1	11	3.4	S	0.2475	Same day	0.1002	0.8215	0.0000	0.8215	0.1935	0.1548
C61A	Neurological and Vascular Disorders of the Eye, Major Complexity	D	D		1	11	2.5	S	0.3342		0.3911	0.7822	0.0000	0.7822	0.2512	0.2010
C61B	Neurological and Vascular Disorders of the Eye, Minor Complexity	D	D		0	7	2.4	S	0.3049	Same day	0.1168	0.8317	0.0000	0.8317	0.2769	0.2215
C62A	Hyphaema and Medically Managed Trauma to the Eye, Major Complexity	D	D		1	10	3.4	S	0.2891		0.4453	0.8907	0.0000	0.8907	0.2121	0.1697
C62B	Hyphaema and Medically Managed Trauma to the Eye, Minor Complexity	D	D		0	5	1.6	S	0.2674		0.5753	0.5753	0.0000	0.5753	0.2931	0.2345
C63A	Other Disorders of the Eye, Major Complexity	D	D		1	13	4.1	S	0.275	Same day	0.3832	1.1222	0.0000	1.1222	0.2175	0.1740
C63B	Other Disorders of the Eye, Minor Complexity	D	D		0	6	1.9	S	0.231	Same day	0.1926	0.6155	0.0000	0.6155	0.2559	0.2047
D01Z	Cochlear Implant	D	D	Bilat	0	3	1.0				6.7569	6.7569	0.0000	6.7569	0.2769	0.2215
D02A	Head and Neck Procedures, Major Complexity	D	D		2	24	8.2				2.6056	3.2255	0.6199	4.4654	0.2116	0.1693
D02B	Head and Neck Procedures, Minor Complexity	D	D		0	5	1.7				1.4235	1.4235	0.0000	1.4235	0.3179	0.2543
D03A	Surgical Repair for Cleft Lip and Palate Disorders, Major Complexity	D	D		0	7	2.0				2.3391	2.3391	0.0000	2.3391	0.3621	0.2897
D03B	Surgical Repair for Cleft Lip and Palate Disorders, Minor Complexity	D	D		0	4	1.3				1.5966	1.5966	0.0000	1.5966	0.3450	0.2760
D04A	Maxillo Surgery, Major Complexity	D	D		0	5	1.8				1.9211	1.9211	0.0000	1.9211	0.3354	0.2683
D04B	Maxillo Surgery, Minor Complexity	D	D		0	4	1.4				1.1242	1.1242	0.0000	1.1242	0.2513	0.2010
D05Z	Parotid Gland Procedures	D	D		0	8	2.4				2.1098	2.1098	0.0000	2.1098	0.3082	0.2465
D06Z	Sinus and Complex Middle Ear Procedures	D	D		0	3	1.0				1.0665	1.0665	0.0000	1.0665	0.3590	0.2872

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D10Z	Nasal Procedures	D	D		0	3	1.0				0.8091	0.8091	0.0000	0.8091	0.2708	0.2166
D11Z	Tonsillectomy and Adenoidectomy	D	D		0	3	1.0				0.5658	0.5658	0.0000	0.5658	0.2142	0.1713
D12A	Other Ear, Nose, Mouth and Throat Procedures, Major Complexity	D	D		1	12	3.7			Same day	0.5779	2.1758	0.0000	2.1758	0.2856	0.2285
D12B	Other Ear, Nose, Mouth and Throat Procedures, Minor Complexity	D	D		0	4	1.4			Same day	0.4955	1.0145	0.0000	1.0145	0.2868	0.2294
D13Z	Myringotomy W Tube Insertion	D	D		0	3	1.0				0.3204	0.3204	0.0000	0.3204	0.0985	0.0788
D14A	Mouth and Salivary Gland Procedures, Major Complexity	D	D		0	5	1.6				0.9389	0.9389	0.0000	0.9389	0.2513	0.2010
D14B	Mouth and Salivary Gland Procedures, Minor Complexity	D	D		0	3	1.0				0.4490	0.4490	0.0000	0.4490	0.1402	0.1122
D15Z	Mastoid Procedures	D	D		0	3	1.1				1.7728	1.7728	0.0000	1.7728	0.3621	0.2897
D40Z	Dental Extractions and Restorations	D	D		0	3	1.0				0.6119	0.6119	0.0000	0.6119	0.2432	0.1945
D60A	Ear, Nose, Mouth and Throat Malignancy, Major Complexity	D	D		2	20	7.5				0.5695	1.1390	0.5695	2.2779	0.2443	0.1955
D60B	Ear, Nose, Mouth and Throat Malignancy, Minor Complexity	D	D		0	7	1.8			Same day	0.4763	0.7845	0.0000	0.7845	0.3396	0.2716
D61A	Dysequilibrium, Major Complexity	D	D		1	11	3.5	S	0.3523		0.4933	0.9867	0.0000	0.9867	0.2250	0.1800
D61B	Dysequilibrium, Minor Complexity	D	D		0	6	2.1	S	0.2512	Same day	0.2930	0.6387	0.0000	0.6387	0.2462	0.1969
D62A	Epistaxis, Major Complexity	D	D		1	11	3.0				0.4636	0.9272	0.0000	0.9272	0.2440	0.1952
D62B	Epistaxis, Minor Complexity	D	D		0	6	2.0	S	0.2303	Same day	0.2513	0.5637	0.0000	0.5637	0.2290	0.1832
D63A	Otitis Media and Upper Respiratory Infections, Major Complexity	D	D		0	8	2.8	S	0.2789	Same day	0.3315	0.8886	0.0000	0.8886	0.2510	0.2008
D63B	Otitis Media and Upper Respiratory Infections, Minor Complexity	D	D		0	4	1.5	S	0.2091	Same day	0.2417	0.4773	0.0000	0.4773	0.2568	0.2054
D64A	Laryngotracheitis and Epiglottitis, Major Complexity	D	D		0	6	2.0	S	0.164		0.9686	0.9686	0.0000	0.9686	0.3621	0.2897

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D64B	Laryngotracheitis and Epiglottitis, Minor Complexity	D	D		0	4	1.3	S	0.1384	Same day	0.2209	0.5475	0.0000	0.5475	0.3386	0.2709
D65A	Nasal Trauma and Deformity, Major Complexity	D	D		1	10	3.0	S	0.4404		0.5090	1.0180	0.0000	1.0180	0.2723	0.2178
D65B	Nasal Trauma and Deformity, Minor Complexity	D	D		0	4	1.4	S	0.2949	Same day	0.2894	0.6676	0.0000	0.6676	0.3621	0.2897
D66A	Other Ear, Nose, Mouth and Throat Disorders, Major Complexity	D	D		1	10	2.7	S	0.2958	Same day	0.3917	0.8702	0.0000	0.8702	0.2546	0.2037
D66B	Other Ear, Nose, Mouth and Throat Disorders, Minor Complexity	D	D		0	4	1.2	S	0.2181	Same day	0.3375	0.3185	0.0000	0.3185	0.2170	0.1736
D67A	Oral and Dental Disorders, Major Complexity	D	D		1	11	3.5	S	0.2813	Same day	0.3408	1.0398	0.0000	1.0398	0.2386	0.1909
D67B	Oral and Dental Disorders, Minor Complexity	D	D		0	5	1.7	S	0.2668	Same day	0.2348	0.6326	0.0000	0.6326	0.3045	0.2436
E01A	Major Chest Procedures, Major Complexity	D	D		5	50	16.9				1.9707	2.6192	1.0377	7.8075	0.2684	0.2147
E01B	Major Chest Procedures, Intermediate Complexity	D	D		3	27	9.5				1.7287	2.2898	0.7482	4.5343	0.2488	0.1991
E01C	Major Chest Procedures, Minor Complexity	D	D		1	17	6.1				2.0828	3.1619	0.0000	3.1619	0.2484	0.1987
E02A	Other Respiratory System GIs, Major Complexity	D	D		3	33	11.0				1.0874	1.6836	0.7949	4.0681	0.2272	0.1818
E02B	Other Respiratory System GIs, Intermediate Complexity	D	D		1	9	2.6			Same day	0.5255	1.6468	0.0000	1.6468	0.2867	0.2293
E02C	Other Respiratory System GIs, Minor Complexity	D	D		0	3	1.1			Same day	0.3444	0.7148	0.0000	0.7148	0.2764	0.2212
E03Z	Lung or Heart-Lung Transplant	4	D		10	99	27.9				4.0533	5.0579	1.8084	23.1418	0.3621	0.2897
E40A	Respiratory System Disorders W Ventilator Support, Major Complexity	D	D		4	39	13.1				0.7421	1.4540	1.0679	5.7254	0.3478	0.2783
E40B	Respiratory System Disorders W Ventilator Support, Minor Complexity	D	D		2	19	7.0				0.9862	1.8959	0.9097	3.7153	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
E41A	Respiratory System Disorders W Non-Invasive Ventilation, Major Complexity	D	1		3	33	11.3				0.7763	1.5276	1.0017	4.5325	0.3192	0.2554
E41B	Respiratory System Disorders W Non-Invasive Ventilation, Minor Complexity	D	1		1	18	6.0				1.1186	2.2331	0.0000	2.2331	0.2977	0.2381
E42A	Bronchoscopy, Major Complexity	D	D		3	35	12.1				0.7822	1.3737	0.7887	3.7396	0.2341	0.1873
E42B	Bronchoscopy, Intermediate Complexity	D	D		1	16	5.2			Same day	0.4638	2.0419	0.0000	2.0419	0.2639	0.2111
E42C	Bronchoscopy, Minor Complexity	D	D		0	9	2.3			Same day	0.4202	1.2320	0.0000	1.2320	0.2986	0.2389
E60A	Cystic Fibrosis, Major Complexity	D	D		3	36	13.2				0.6729	1.3458	0.8972	4.0375	0.2442	0.1954
E60B	Cystic Fibrosis, Minor Complexity	D	D		2	19	8.9				0.7209	1.4418	0.7209	2.8835	0.2588	0.2071
E61A	Pulmonary Embolism, Major Complexity	D	D		1	17	5.3				0.8223	1.6446	0.0000	1.6446	0.2492	0.1994
E61B	Pulmonary Embolism, Minor Complexity	D	D		0	8	2.5	S	0.4322		0.8224	0.8224	0.0000	0.8224	0.2662	0.2130
E62A	Respiratory Infections and Inflammations, Major Complexity	D	D		1	14	4.6				0.6553	1.3107	0.0000	1.3107	0.2297	0.1837
E62B	Respiratory Infections and Inflammations, Minor Complexity	D	D		1	10	3.5	S	0.2979	One day	0.4453	0.4453	0.0000	0.9121	0.2105	0.1684
E63A	Sleep Apnoea, Major Complexity	D	D		1	15	4.1			One day	0.2507	0.2507	0.0000	1.4304	0.2760	0.2208
E63B	Sleep Apnoea, Minor Complexity	D	D		0	7	4.1			One day	0.2348	0.2348	0.0000	0.4997	0.0985	0.0788
E64A	Pulmonary Oedema and Respiratory Failure, Major Complexity	D	D		1	16	5.0				0.9154	1.8309	0.0000	1.8309	0.2924	0.2339
E64B	Pulmonary Oedema and Respiratory Failure, Minor Complexity	D	D		0	4	1.3				0.5357	0.5357	0.0000	0.5357	0.3228	0.2582
E65A	Chronic Obstructive Airways Disease, Major Complexity	D	D		1	14	4.5				0.6479	1.2958	0.0000	1.2958	0.2280	0.1824
E65B	Chronic Obstructive Airways Disease, Minor Complexity	D	D		1	10	3.5	S	0.2798	One day	0.4057	0.4057	0.0000	0.9109	0.2089	0.1671

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
E66A	Major Chest Trauma, Major Complexity	D	D		2	24	8.7				0.6319	1.2638	0.6319	2.5276	0.2331	0.1865
E66B	Major Chest Trauma, Intermediate Complexity	D	D		1	10	3.8				0.6605	1.3210	0.0000	1.3210	0.2816	0.2253
E66C	Major Chest Trauma, Minor Complexity	D	D		0	7	2.2	S	0.4311		0.8423	0.8423	0.0000	0.8423	0.3090	0.2472
E67A	Respiratory Signs and Symptoms, Major Complexity	D	D		1	10	3.1	S	0.3047	Same day	0.4368	0.9286	0.0000	0.9286	0.2432	0.1946
E67B	Respiratory Signs and Symptoms, Minor Complexity	D	D		0	4	1.3	S	0.2243	Same day	0.3020	0.4330	0.0000	0.4330	0.2755	0.2204
E68A	Pneumothorax, Major Complexity	D	D		1	16	4.8				0.8284	1.6568	0.0000	1.6568	0.2773	0.2218
E68B	Pneumothorax, Minor Complexity	D	D		0	8	2.9	S	0.3604		0.9099	0.9099	0.0000	0.9099	0.2521	0.2017
E69A	Bronchitis and Asthma, Major Complexity	D	D		1	9	2.8				0.4931	0.9863	0.0000	0.9863	0.2797	0.2238
E69B	Bronchitis and Asthma, Minor Complexity	D	D		0	5	1.6	S	0.1922	Same day	0.2484	0.5445	0.0000	0.5445	0.2762	0.2210
E70A	Whooping Cough and Acute Bronchiolitis, Major Complexity	D	D		0	7	2.3				0.8699	0.8699	0.0000	0.8699	0.3003	0.2403
E70B	Whooping Cough and Acute Bronchiolitis, Minor Complexity	D	D		0	7	2.5	S	0.1756	One day	0.3562	0.3562	0.0000	0.8265	0.2611	0.2089
E71A	Respiratory Neoplasms, Major Complexity	D	D		2	22	7.6				0.5178	1.0356	0.5178	2.0713	0.2184	0.1747
E71B	Respiratory Neoplasms, Minor Complexity	D	D		1	11	3.2			Same day	0.2732	0.9612	0.0000	0.9612	0.2416	0.1933
E72Z	Respiratory Problems Arising from Neonatal Period	D	D		0	4	1.1				0.2322	0.2322	0.0000	0.2322	0.1639	0.1311
E73A	Pleural Effusion, Major Complexity	D	D		2	24	8.0				0.5603	1.1207	0.5603	2.2413	0.2241	0.1793
E73B	Pleural Effusion, Intermediate Complexity	D	D		1	14	5.1			One day	0.4103	0.4103	0.0000	1.4486	0.2267	0.1814
E73C	Pleural Effusion, Minor Complexity	D	D		0	8	2.5	S	0.2848	Same day	0.1786	0.8465	0.0000	0.8465	0.2675	0.2140
E74A	Interstitial Lung Disease, Major Complexity	D	D		1	16	5.1				0.7393	1.4787	0.0000	1.4787	0.2335	0.1868

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E74B	Interstitial Lung Disease, Minor Complexity	D	D		1	10	3.0			Same day	0.2174	0.9700	0.0000	0.9700	0.2561	0.2049
E75A	Other Respiratory System Disorders, Major Complexity	D	D		1	12	3.6	S	0.3236	Same day	0.2304	1.0339	0.0000	1.0339	0.2296	0.1837
E75B	Other Respiratory System Disorders, Minor Complexity	D	D		0	6	2.0	S	0.2528	Same day	0.2720	0.6621	0.0000	0.6621	0.2607	0.2085
E76Z	Respiratory Tuberculosis	D	D		2	18	7.6				0.5511	1.1022	0.5511	2.2045	0.2324	0.1859
E77A	Bronchiectasis, Major Complexity	D	D		2	23	8.6				0.5274	1.0549	0.5274	2.1097	0.1968	0.1575
E77B	Bronchiectasis, Minor Complexity	D	D		1	17	5.6	S	0.2503	Same day	0.1210	1.1839	0.0000	1.1839	0.1703	0.1362
F01A	Implantation and Replacement of AICD, Total System, Major Complexity	D	D		3	30	10.7				4.4156	5.2523	1.1156	8.5991	0.3270	0.2616
F01B	Implantation and Replacement of AICD, Total System, Minor Complexity	D	D		0	5	1.3				4.0241	4.0241	0.0000	4.0241	0.3621	0.2897
F02Z	Other AICD Procedures	D	D		0	8	1.9				2.0648	2.0648	0.0000	2.0648	0.3621	0.2897
F03A	Cardiac Valve Procedures W CPB Pump W Invasive Cardiac Investigation, Major Complexity	D	D		7	71	26.1				4.9357	5.6943	1.3005	14.7975	0.2852	0.2282
F03B	Cardiac Valve Procedures W CPB Pump W Invasive Cardiac Investigation, Minor Complexity	D	D		2	21	6.6				6.4712	7.2618	0.7906	8.8431	0.3346	0.2677
F04A	Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Major Complexity	D	D		6	56	20.6				4.8208	5.6595	1.3978	14.0462	0.3428	0.2742
F04B	Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Intermediate Complexity	D	D		2	26	9.0				4.5924	5.9540	1.3616	8.6773	0.3621	0.2897
F04C	Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Minor Complexity	D	D		1	17	6.1				4.9856	6.9933	0.0000	6.9933	0.3621	0.2897
F05A	Coronary Bypass W Invasive Cardiac Investigation, Major Complexity	D	D		5	50	17.8				2.9529	3.7733	1.3126	10.3365	0.3231	0.2585

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F05B	Coronary Bypass W Invasive Cardiac Investigation, Minor Complexity	D	D		4	38	13.0				2.6330	3.3718	1.1081	7.8044	0.3186	0.2549
F06A	Coronary Bypass W/O Invasive Cardiac Investigation, Major Complexity	D	D		5	46	15.7				3.0931	3.8847	1.2666	10.2178	0.3523	0.2818
F06B	Coronary Bypass W/O Invasive Cardiac Investigation, Intermediate Complexity	D	D		3	30	10.3				2.9543	3.8427	1.1845	7.3962	0.3612	0.2889
F06C	Coronary Bypass W/O Invasive Cardiac Investigation, Minor Complexity	D	D		2	24	7.8				3.0483	4.0703	1.0220	6.1142	0.3621	0.2897
F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump, Major Complexity	D	D		4	40	12.9				5.0043	6.1204	1.6741	12.8170	0.3621	0.2897
F07B	Other Cardiothoracic/Vascular Procedures W CPB Pump, Minor Complexity	D	D		2	20	6.7				3.5729	4.6762	1.1033	6.8829	0.3621	0.2897
F08A	Major Reconstructive Vascular Procedures W/O CPB Pump, Major Complexity	D	D	AAA	6	60	21.0				3.1960	3.8608	1.1081	10.5093	0.2654	0.2123
F08B	Major Reconstructive Vascular Procedures W/O CPB Pump, Intermediate Complexity	D	D	AAA	2	25	8.6				3.0302	3.8655	0.8353	5.5360	0.2716	0.2173
F08C	Major Reconstructive Vascular Procedures W/O CPB Pump, Minor Complexity	D	D	AAA	1	13	4.2				2.2686	3.0355	0.0000	3.0355	0.2576	0.2061
F09A	Other Cardiothoracic Procedures W/O CPB Pump, Major Complexity	D	D		4	37	10.0				1.7787	2.4033	0.9369	6.1509	0.3481	0.2785
F09B	Other Cardiothoracic Procedures W/O CPB Pump, Intermediate Complexity	D	D		1	16	5.5				1.9437	3.0451	0.0000	3.0451	0.2814	0.2251
F09C	Other Cardiothoracic Procedures W/O CPB Pump, Minor Complexity	D	D		0	5	1.6				2.0233	2.0233	0.0000	2.0233	0.3621	0.2897
F10A	Interventional Coronary Procedures, Admitted for AMI, Major Complexity	D	D		2	19	6.4				1.3051	2.0734	0.7683	3.6100	0.3339	0.2671
F10B	Interventional Coronary Procedures, Admitted for AMI, Minor Complexity	D	D		1	9	3.2				1.3346	2.1541	0.0000	2.1541	0.3621	0.2897
F11A	Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Major Complexity	D	D		10	95	33.4				2.0359	2.4896	0.8167	10.6562	0.1905	0.1524

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F11B	Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Minor Complexity	D	D		5	48	17.3				1.4363	1.8818	0.7128	5.4456	0.1799	0.1439
F12A	Implantation and Replacement of Pacemaker, Total System, Major Complexity	D	D		2	18	6.7				1.8263	2.5730	0.7467	4.0663	0.3099	0.2479
F12B	Implantation and Replacement of Pacemaker, Total System, Minor Complexity	D	D		0	6	2.0				1.9436	1.9436	0.0000	1.9436	0.3621	0.2897
F13A	Amputation, Upper Limb and Toe, for Circulatory Disorders, Major Complexity	D	D		5	52	17.4				1.1956	1.6446	0.7185	5.2372	0.1805	0.1444
F13B	Amputation, Upper Limb and Toe, for Circulatory Disorders, Minor Complexity	D	D		2	23	7.9				1.0849	1.5992	0.5143	2.6278	0.1830	0.1464
F14A	Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Major Complexity	D	D		3	36	11.8				1.5846	2.2760	0.9220	5.0420	0.2460	0.1968
F14B	Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Intermediate Complexity	D	D		1	10	3.0				1.3505	2.0392	0.0000	2.0392	0.3259	0.2607
F14C	Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Minor Complexity	D	D		0	4	1.3				1.1362	1.1362	0.0000	1.1362	0.3621	0.2897
F17A	Insertion and Replacement of Pacemaker Generator, Major Complexity	D	D		1	10	2.8				1.4866	2.1601	0.0000	2.1601	0.3323	0.2658
F17B	Insertion and Replacement of Pacemaker Generator, Minor Complexity	D	D		0	3	1.0				1.1046	1.1046	0.0000	1.1046	0.3338	0.2670
F18Z	Other Pacemaker Procedures	D	D		1	12	2.5				1.2927	2.0097	0.0000	2.0097	0.3621	0.2897
F19A	Trans-Vascular Percutaneous Cardiac Intervention, Major Complexity	D	D	ASD	1	13	3.5				1.7756	2.5590	0.0000	2.5590	0.3116	0.2493
F19B	Trans-Vascular Percutaneous Cardiac Intervention, Minor Complexity	D	D	ASD	0	4	1.1				1.8849	1.8849	0.0000	1.8849	0.3621	0.2897
F20Z	Vein Ligation and Stripping	D	D		0	3	1.0				0.7581	0.7581	0.0000	0.7581	0.2419	0.1935

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F21A	Other Circulatory System GIs, Major Complexity	D	D		6	55	21.1				0.8865	1.3755	0.8151	6.2663	0.1950	0.1560
F21B	Other Circulatory System GIs, Intermediate Complexity	D	D		2	27	9.3				0.8907	1.5024	0.6117	2.7258	0.1837	0.1470
F21C	Other Circulatory System GIs, Minor Complexity	D	D		0	7	2.1				1.2073	1.2073	0.0000	1.2073	0.2670	0.2136
F22Z	Insertion of Artificial Heart Device	4	D		51	116	72.8				29.9019	30.5368	1.2450	94.0305	0.3621	0.2897
F23Z	Heart Transplant	4	D		11	100	32.0				5.0344	5.9894	1.7363	25.0888	0.3621	0.2897
F24A	Interventional Coronary Procs, Not Adm for AMI, Major Complexity	D	D		2	18	6.2				1.2792	2.0230	0.7438	3.5105	0.3369	0.2695
F24B	Interventional Coronary Procs, Not Adm for AMI, Minor Complexity	D	D		0	4	1.3			Same day	1.3686	1.7304	0.0000	1.7304	0.3621	0.2897
F40A	Circulatory Disorders W Ventilator Support, Major Complexity	D	D		4	42	14.8				0.7763	1.5129	1.1049	5.9323	0.3180	0.2544
F40B	Circulatory Disorders W Ventilator Support, Minor Complexity	D	D		1	13	3.6				1.3018	2.5748	0.0000	2.5748	0.3621	0.2897
F41A	Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Proc, Major Complexity	D	D		1	18	5.9				1.2044	2.3287	0.0000	2.3287	0.3071	0.2457
F41B	Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Proc, Minor Complexity	D	D		0	8	2.7				1.3058	1.3058	0.0000	1.3058	0.3621	0.2897
F42A	Circulatory Disorders, Not Adm for AMI W Invasive Cardiac Inves Proc, Major Complexity	D	D		1	15	4.9			Same day	0.5335	1.9670	0.0000	1.9670	0.3051	0.2440
F42B	Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Proc, Minor Complexity	D	D		0	6	2.1			Same day	0.4781	1.0516	0.0000	1.0516	0.3621	0.2897
F43A	Circulatory Disorders W Non-Invasive Ventilation, Major Complexity	D	1		4	41	13.8				0.6610	1.2933	0.9485	5.0872	0.2941	0.2352
F43B	Circulatory Disorders W Non-Invasive Ventilation, Minor Complexity	D	1		2	23	8.1				0.7269	1.4421	0.7152	2.8724	0.2841	0.2273

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F60A	Circulatory Disorders, Adm for AMI W/O Invas Card Inves Proc	D	D		1	12	3.7				0.5720	1.1441	0.0000	1.1441	0.2480	0.1984
F60B	Circulatory Disorders, Adm for AMI W/O Invas Card Inves Proc, Transf < 5 Days	D	D		0	5	1.9	S	0.5078	Same day	0.7164	0.8629	0.0000	0.8629	0.3621	0.2897
F61A	Infective Endocarditis, Major Complexity	D	D		7	69	28.9				0.4380	0.8761	0.7509	6.1327	0.1696	0.1357
F61B	Infective Endocarditis, Intermediate Complexity	D	D		5	47	18.7				0.3971	0.7942	0.6354	3.9710	0.1698	0.1358
F61C	Infective Endocarditis, Minor Complexity	D	D		3	27	9.1				0.2552	0.5105	0.3403	1.5314	0.1347	0.1077
F62A	Heart Failure and Shock, Major Complexity	D	D		2	21	7.2				0.4506	0.9011	0.4506	1.8022	0.2001	0.1601
F62B	Heart Failure and Shock, Minor Complexity	D	D		1	12	4.1	S	0.2708	One day	0.4092	0.4092	0.0000	1.0194	0.1983	0.1586
F62C	Heart Failure and Shock, Transferred < 5 Days	D	D		0	9	2.9	S	0.2952	One day	0.4332	0.4332	0.0000	0.9303	0.2581	0.2065
F63A	Venous Thrombosis, Major Complexity	D	D		1	15	4.8	S	0.3783		0.5943	1.1887	0.0000	1.1887	0.1997	0.1598
F63B	Venous Thrombosis, Minor Complexity	D	D		1	10	2.8	S	0.2301		0.3163	0.6325	0.0000	0.6325	0.1818	0.1455
F64A	Skin Ulcers in Circulatory Disorders, Major Complexity	D	D		2	26	9.9				0.6038	1.2077	0.6038	2.4154	0.1959	0.1567
F64B	Skin Ulcers in Circulatory Disorders, Intermediate Complexity	D	D		1	16	5.3				0.5830	1.1659	0.0000	1.1659	0.1769	0.1415
F64C	Skin Ulcers in Circulatory Disorders, Minor Complexity	D	D		0	7	1.7	S	0.2335		0.3973	0.3973	0.0000	0.3973	0.1907	0.1526
F65A	Peripheral Vascular Disorders, Major Complexity	D	D		1	17	5.4			Same day	0.3791	1.5907	0.0000	1.5907	0.2349	0.1879
F65B	Peripheral Vascular Disorders, Minor Complexity	D	D		0	8	2.3	S	0.3199	Same day	0.2890	0.8008	0.0000	0.8008	0.2810	0.2248
F66A	Coronary Atherosclerosis, Major Complexity	D	D		1	14	4.0				0.5706	1.1412	0.0000	1.1412	0.2302	0.1841
F66B	Coronary Atherosclerosis, Minor Complexity	D	D		0	6	1.9	S	0.2629	Same day	0.2797	0.6185	0.0000	0.6185	0.2668	0.2135

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F67A	Hypertension, Major Complexity	D	D		1	13	3.5	S	0.288		0.6365	1.2730	0.0000	1.2730	0.2880	0.2304
F67B	Hypertension, Minor Complexity	D	D		0	6	1.8	S	0.2126	Same day	0.1931	0.4897	0.0000	0.4897	0.2152	0.1721
F68Z	Congenital Heart Disease	D	D		1	11	2.3			Same day	0.3594	1.1343	0.0000	1.1343	0.3621	0.2897
F69A	Valvular Disorders, Major Complexity	D	D		1	14	3.8				0.5637	1.1275	0.0000	1.1275	0.2393	0.1915
F69B	Valvular Disorders, Minor Complexity	D	D		1	10	3.1	S	0.2167	One day	0.3385	0.3385	0.0000	0.8817	0.2313	0.1850
F72A	Unstable Angina, Major Complexity	D	D		1	11	3.1	S	0.403		0.4711	0.9423	0.0000	0.9423	0.2424	0.1939
F72B	Unstable Angina, Minor Complexity	D	D		0	6	1.9	S	0.3062	Same day	0.3484	0.6462	0.0000	0.6462	0.2676	0.2141
F73A	Syncope and Collapse, Major Complexity	D	D		1	14	4.4			Same day	0.2997	1.2843	0.0000	1.2843	0.2326	0.1860
F73B	Syncope and Collapse, Minor Complexity	D	D		0	6	2.1	S	0.2502	Same day	0.4001	0.6862	0.0000	0.6862	0.2659	0.2127
F74A	Chest Pain, Major Complexity	D	D		0	7	2.2	S	0.3158		0.7228	0.7228	0.0000	0.7228	0.2585	0.2068
F74B	Chest Pain, Minor Complexity	D	D		0	4	1.3	S	0.2367		0.3956	0.3956	0.0000	0.3956	0.2489	0.1992
F75A	Other Circulatory Disorders, Major Complexity	D	D		3	28	9.4				0.4986	0.9971	0.6647	2.9913	0.2538	0.2030
F75B	Other Circulatory Disorders, Intermediate Complexity	D	D		1	15	4.8			One day	0.4856	0.4856	0.0000	1.5779	0.2607	0.2085
F75C	Other Circulatory Disorders, Minor Complexity	D	D		0	7	2.3	S	0.2685	Same day	0.3529	0.7664	0.0000	0.7664	0.2722	0.2178
F76A	Arrhythmia, Cardiac Arrest and Conduction Disorders, Major Complexity	D	D		1	12	3.9			Same day	0.3586	1.2337	0.0000	1.2337	0.2558	0.2046
F76B	Arrhythmia, Cardiac Arrest and Conduction Disorders, Minor Complexity	D	D		0	6	1.9	S	0.2505	Same day	0.2818	0.6768	0.0000	0.6768	0.2793	0.2234
G01A	Rectal Resection, Major Complexity	D	D		7	68	24.2				2.5150	3.0519	0.9204	9.4946	0.2178	0.1742
G01B	Rectal Resection, Intermediate Complexity	D	D		4	37	13.0				2.1947	2.7108	0.7741	5.8074	0.2230	0.1784

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G01C	Rectal Resection, Minor Complexity	D	D		2	21	7.3				2.0568	2.6397	0.5829	3.8056	0.2233	0.1786
G02A	Major Small and Large Bowel Procedures, Major Complexity	D	D		7	64	22.8				1.9872	2.5432	0.9532	9.2155	0.2386	0.1909
G02B	Major Small and Large Bowel Procedures, Intermediate Complexity	D	D		3	28	9.4				1.5789	2.0820	0.6707	4.0940	0.2245	0.1796
G02C	Major Small and Large Bowel Procedures, Minor Complexity	D	D		1	15	4.9				1.6670	2.4551	0.0000	2.4551	0.2267	0.1814
G03A	Stomach, Oesophageal and Duodenal Procedures, Major Complexity	D	D		5	53	18.1				3.0875	3.7812	1.1099	9.3305	0.2679	0.2143
G03B	Stomach, Oesophageal and Duodenal Procedures, Intermediate Complexity	D	D		2	22	6.8				1.9313	2.5745	0.6432	3.8608	0.2632	0.2105
G03C	Stomach, Oesophageal and Duodenal Procedures, Minor Complexity	D	D		0	8	2.6				1.6883	1.6883	0.0000	1.6883	0.2593	0.2074
G04A	Peritoneal Adhesiolysis, Major Complexity	D	D		3	35	12.2				1.6404	2.2944	0.8721	4.9106	0.2260	0.1808
G04B	Peritoneal Adhesiolysis, Intermediate Complexity	D	D		1	15	5.2				1.6065	2.4439	0.0000	2.4439	0.2268	0.1815
G04C	Peritoneal Adhesiolysis, Minor Complexity	D	D		0	7	2.3				1.4335	1.4335	0.0000	1.4335	0.2625	0.2100
G05A	Minor Small and Large Bowel Procedures, Major Complexity	D	D		3	31	10.3				1.2071	1.7093	0.6696	3.7181	0.2046	0.1637
G05B	Minor Small and Large Bowel Procedures, Minor Complexity	D	D		1	11	3.7				1.0756	1.6004	0.0000	1.6004	0.1970	0.1576
G06Z	Pyloromyotomy	D	D		1	11	3.4				1.1597	1.8876	0.0000	1.8876	0.2965	0.2372
G07A	Appendicectomy, Major Complexity	D	D		1	12	4.0				1.2105	1.8898	0.0000	1.8898	0.2394	0.1915
G07B	Appendicectomy, Minor Complexity	D	D		0	6	2.0				1.2178	1.2178	0.0000	1.2178	0.2786	0.2229
G10A	Hernia Procedures, Major Complexity	D	D		1	9	2.6				1.0716	1.5319	0.0000	1.5319	0.2493	0.1995
G10B	Hernia Procedures, Minor Complexity	D	D		0	3	1.1				0.8796	0.8796	0.0000	0.8796	0.2614	0.2091
G11A	Anal and Stomal Procedures, Major Complexity	D	D		1	12	3.4			Same day	0.5547	1.4193	0.0000	1.4193	0.2061	0.1649

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
G11B	Anal and Stomal Procedures, Minor Complexity	D	D		0	5	1.5			Same day	0.4192	0.7609	0.0000	0.7609	0.2171	0.1737
G12A	Other Digestive System GIs, Major Complexity	D	D		5	50	17.0				1.1050	1.6378	0.8525	5.9001	0.2200	0.1760
G12B	Other Digestive System GIs, Intermediate Complexity	D	D		2	21	7.4				0.9767	1.5649	0.5881	2.7411	0.2226	0.1781
G12C	Other Digestive System GIs, Minor Complexity	D	D		0	6	1.6				0.9859	0.9859	0.0000	0.9859	0.2421	0.1937
G46A	Complex Endoscopy, Major Complexity	D	D		2	18	6.1			Same day	0.4518	1.2345	0.4790	2.1924	0.2493	0.1994
G46B	Complex Endoscopy, Minor Complexity	D	D		0	5	1.6			Same day	0.4071	0.8141	0.0000	0.8141	0.2894	0.2315
G47A	Gastroscopy, Major Complexity	D	D		2	19	6.1			Same day	0.4892	1.0955	0.4566	2.0086	0.2405	0.1924
G47B	Gastroscopy, Intermediate Complexity	D	D		0	9	2.8			Same day	0.3470	1.0923	0.0000	1.0923	0.2612	0.2089
G47C	Gastroscopy, Minor Complexity	D	D		0	5	1.7			Same day	0.2748	0.7562	0.0000	0.7562	0.2712	0.2170
G48A	Colonoscopy, Major Complexity	D	D		1	16	5.3			Same day	0.3686	1.6209	0.0000	1.6209	0.2155	0.1724
G48B	Colonoscopy, Minor Complexity	D	D		0	5	1.6			Same day	0.3409	0.7185	0.0000	0.7185	0.2684	0.2147
G60A	Digestive Malignancy, Major Complexity	D	D		1	18	5.5			Same day	0.2832	1.4839	0.0000	1.4839	0.2147	0.1718
G60B	Digestive Malignancy, Minor Complexity	D	D		0	6	2.1			Same day	0.2132	0.5320	0.0000	0.5320	0.2048	0.1639
G61A	Gastrointestinal Haemorrhage, Major Complexity	D	D		1	11	3.4				0.5093	1.0185	0.0000	1.0185	0.2409	0.1927
G61B	Gastrointestinal Haemorrhage, Minor Complexity	D	D		0	9	2.9	S	0.2382	One day	0.3391	0.3391	0.0000	0.7472	0.2076	0.1661

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G64A	Inflammatory Bowel Disease, Major Complexity	D	D		1	13	4.2			Same day	0.1815	1.2737	0.0000	1.2737	0.2442	0.1954
G64B	Inflammatory Bowel Disease, Minor Complexity	D	D		0	7	2.4			Same day	0.1237	0.7920	0.0000	0.7920	0.2640	0.2112
G65A	Gastrointestinal Obstruction, Major Complexity	D	D		1	18	5.8			One day	0.5310	0.5310	0.0000	1.5824	0.2192	0.1754
G65B	Gastrointestinal Obstruction, Minor Complexity	D	D		1	9	3.2	S	0.3807	One day	0.4319	0.4319	0.0000	0.8507	0.2114	0.1692
G66A	Abdominal Pain and Mesenteric Adenitis, Major Complexity	D	D		0	8	2.4	S	0.2933	Same day	0.3130	0.7368	0.0000	0.7368	0.2456	0.1965
G66B	Abdominal Pain and Mesenteric Adenitis, Minor Complexity	D	D		0	5	1.6	S	0.2327	Same day	0.2705	0.5228	0.0000	0.5228	0.2633	0.2106
G67A	Oesophagitis and Gastroenteritis, Major Complexity	D	D		1	12	3.7	S	0.3106	Same day	0.2394	1.0549	0.0000	1.0549	0.2263	0.1810
G67B	Oesophagitis and Gastroenteritis, Minor Complexity	D	D		0	6	1.9	S	0.1985	Same day	0.2466	0.5901	0.0000	0.5901	0.2444	0.1955
G70A	Other Digestive System Disorders, Major Complexity	D	D		1	16	4.9			Same day	0.2696	1.3946	0.0000	1.3946	0.2267	0.1814
G70B	Other Digestive System Disorders, Intermediate Complexity	D	D		0	8	2.7	S	0.3356	Same day	0.2293	0.7712	0.0000	0.7712	0.2256	0.1805
G70C	Other Digestive System Disorders, Minor Complexity	D	D		0	6	1.8	S	0.2248	Same day	0.2575	0.5684	0.0000	0.5684	0.2525	0.2020
H01A	Pancreas, Liver and Shunt Procedures, Major Complexity	D	D		7	68	22.0				2.9768	3.5267	0.9427	10.1256	0.2447	0.1957
H01B	Pancreas, Liver and Shunt Procedures, Intermediate Complexity	D	D		2	22	7.9				2.4604	3.2246	0.7642	4.7530	0.2724	0.2179
H01C	Pancreas, Liver and Shunt Procedures, Minor Complexity	D	D		1	12	4.2			One day	0.9450	0.9450	0.0000	2.7470	0.2775	0.2220
H02A	Major Biliary Tract Procedures, Major Complexity	D	D		5	53	18.3				1.8216	2.3839	0.8997	6.8824	0.2156	0.1725

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H02B	Major Biliary Tract Procedures, Intermediate Complexity	D	D		2	23	8.6				1.3636	2.0162	0.6526	3.3215	0.2123	0.1698
H02C	Major Biliary Tract Procedures, Minor Complexity	D	D		1	9	2.3				0.8109	1.2003	0.0000	1.2003	0.2369	0.1895
H05A	Hepatobiliary Diagnostic Procedures, Major Complexity	D	D		3	36	13.8				1.6658	2.3786	0.9504	5.2296	0.2165	0.1732
H05B	Hepatobiliary Diagnostic Procedures, Intermediate Complexity	D	D		1	11	3.5				1.0223	1.5371	0.0000	1.5371	0.2056	0.1645
H05C	Hepatobiliary Diagnostic Procedures, Minor Complexity	D	D		0	4	1.1				0.5036	0.5036	0.0000	0.5036	0.1797	0.1437
H06A	Other Hepatobiliary and Pancreas GIs, Major Complexity	D	D		6	61	19.6				0.9641	1.4395	0.7924	6.1942	0.2038	0.1630
H06B	Other Hepatobiliary and Pancreas GIs, Intermediate Complexity	D	D		2	25	8.9				0.9705	1.5906	0.6201	2.8309	0.1962	0.1570
H06C	Other Hepatobiliary and Pancreas GIs, Minor Complexity	D	D		0	4	1.2				1.1329	1.1329	0.0000	1.1329	0.3621	0.2897
H07A	Open Cholecystectomy, Major Complexity	D	D		4	37	16.1				1.6938	2.2672	0.8601	5.7077	0.1993	0.1594
H07B	Open Cholecystectomy, Intermediate Complexity	D	D		2	21	8.5				1.6046	2.1810	0.5765	3.3340	0.1892	0.1514
H07C	Open Cholecystectomy, Minor Complexity	D	D		1	15	5.4				1.7555	2.6522	0.0000	2.6522	0.2320	0.1856
H08A	Laparoscopic Cholecystectomy, Major Complexity	D	D		1	15	4.9				1.5402	2.3679	0.0000	2.3679	0.2355	0.1884
H08B	Laparoscopic Cholecystectomy, Minor Complexity	D	D		0	6	1.8				1.3531	1.3531	0.0000	1.3531	0.2890	0.2312
H09Z	Liver Transplant	D	D		9	85	27.8				5.9945	7.1919	2.1286	26.3497	0.3621	0.2897
H60A	Cirrhosis and Alcoholic Hepatitis, Major Complexity	D	D		3	35	11.3				0.5678	1.1355	0.7570	3.4065	0.2415	0.1932
H60B	Cirrhosis and Alcoholic Hepatitis, Intermediate Complexity	D	D		1	16	5.3			One day	0.4183	0.4183	0.0000	1.5261	0.2292	0.1834

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H60C	Cirrhosis and Alcoholic Hepatitis, Minor Complexity	D	D		1	9	2.3			Same day	0.2354	0.7521	0.0000	0.7521	0.2561	0.2049
H61A	Malignancy of Hepatobiliary System and Pancreas, Major Complexity	D	D		2	25	8.4			One day	0.5606	0.5606	0.9436	2.4477	0.2320	0.1856
H61B	Malignancy of Hepatobiliary System and Pancreas, Minor Complexity	D	D		0	8	2.6			Same day	0.3700	0.7872	0.0000	0.7872	0.2466	0.1973
H62A	Disorders of Pancreas, Except Malignancy, Major Complexity	D	D		2	19	6.4				0.4929	0.9859	0.4929	1.9717	0.2466	0.1972
H62B	Disorders of Pancreas, Except Malignancy, Minor Complexity	D	D		0	8	2.7	S	0.3741	Same day	0.3374	0.7475	0.0000	0.7475	0.2224	0.1780
H63A	Other Disorders of Liver, Major Complexity	D	D		2	21	6.6			One day	0.4910	0.4910	0.8039	2.0987	0.2536	0.2029
H63B	Other Disorders of Liver, Intermediate Complexity	D	D		1	10	3.0			Same day	0.2780	0.9946	0.0000	0.9946	0.2667	0.2133
H63C	Other Disorders of Liver, Minor Complexity	D	D		0	6	1.7			Same day	0.2667	0.6344	0.0000	0.6344	0.3010	0.2408
H64A	Disorders of the Biliary Tract, Major Complexity	D	D		2	19	7.0				0.5579	1.1158	0.5579	2.2316	0.2546	0.2036
H64B	Disorders of the Biliary Tract, Intermediate Complexity	D	D		1	10	3.4			Same day	0.4021	1.0928	0.0000	1.0928	0.2547	0.2037
H64C	Disorders of the Biliary Tract, Minor Complexity	D	D		0	7	2.3	S	0.2596	Same day	0.3985	0.7197	0.0000	0.7197	0.2523	0.2018
H65A	Bleeding Oesophageal Varices, Major Complexity	D	D		3	27	9.5				0.6767	1.3534	0.9023	4.0603	0.3402	0.2721
H65B	Bleeding Oesophageal Varices, Intermediate Complexity	D	D		1	13	4.5				1.0674	2.1348	0.0000	2.1348	0.3621	0.2897
H65C	Bleeding Oesophageal Varices, Minor Complexity	D	D		0	5	2.0				0.8003	0.8003	0.0000	0.8003	0.3277	0.2621
I01A	Bilateral and Multiple Major Joint Procedures of Lower Limb, Major Complexity	D	D		6	56	15.5				3.3013	3.6523	0.5849	7.1619	0.1908	0.1526

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I01B	Bilateral and Multiple Major Joint Procedures of Lower Limb, Minor Complexity	D	D		1	15	5.6				3.8566	4.8433	0.0000	4.8433	0.2463	0.1970
I02A	Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Major Complexity	D	D		9	83	29.7				5.2672	5.7752	0.9031	13.9034	0.2153	0.1723
I02B	Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Intermediate Comp	D	D		4	43	15.2				2.9714	3.5565	0.8777	7.0671	0.2151	0.1721
I02C	Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Minor Complexity	D	D		3	27	9.2			One day	0.7716	0.7716	1.0856	4.0284	0.2028	0.1623
I03A	Hip Replacement for Trauma, Major Complexity	D	D		3	32	10.4				1.9317	2.4518	0.6934	4.5321	0.2102	0.1682
I03B	Hip Replacement for Trauma, Minor Complexity	D	D		2	19	6.5				1.7937	2.2869	0.4932	3.2733	0.2139	0.1712
I04A	Knee Replacement, Major Complexity	D	D		2	21	7.3				2.3868	2.9263	0.5394	4.0052	0.2080	0.1664
I04B	Knee Replacement, Minor Complexity	D	D		1	12	4.3				2.4584	3.1571	0.0000	3.1571	0.2290	0.1832
I05A	Other Joint Replacement, Major Complexity	D	D		2	21	6.4				3.0542	3.6066	0.5523	4.7113	0.2409	0.1927
I05B	Other Joint Replacement, Minor Complexity	D	D		0	7	2.5				3.3211	3.3211	0.0000	3.3211	0.3258	0.2606
I06Z	Spinal Fusion for Deformity	D	D		2	21	5.4				7.2181	8.1729	0.9548	10.0825	0.3621	0.2897
I07Z	Amputation	D	D		6	59	20.3				1.8127	2.2524	0.7329	6.6496	0.1818	0.1454
I08A	Other Hip and Femur Procedures, Major Complexity	D	D		4	39	12.6				1.8984	2.3977	0.7489	5.3931	0.2219	0.1776
I08B	Other Hip and Femur Procedures, Intermediate Complexity	D	D		2	21	7.5				1.6176	2.2137	0.5961	3.4059	0.2213	0.1771
I08C	Other Hip and Femur Procedures, Minor Complexity	D	D		1	14	4.8				1.5563	2.3262	0.0000	2.3262	0.2232	0.1786
I09A	Spinal Fusion, Major Complexity	D	D		6	55	18.3				4.1941	4.6999	0.8428	9.7570	0.2324	0.1859
I09B	Spinal Fusion, Intermediate Complexity	D	D		2	20	7.6				3.4835	4.1489	0.6654	5.4796	0.2451	0.1961
I09C	Spinal Fusion, Minor Complexity	D	D		1	11	3.8				2.7433	3.5038	0.0000	3.5038	0.2781	0.2225

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I10A	Other Back and Neck Procedures, Major Complexity	D	D		2	21	6.8				1.7108	2.2419	0.5311	3.3041	0.2198	0.1758
I10B	Other Back and Neck Procedures, Minor Complexity	D	D		0	8	2.5				1.9540	1.9540	0.0000	1.9540	0.2531	0.2025
I11Z	Limb Lengthening Procedures	D	D		0	8	3.3				4.3177	4.3177	0.0000	4.3177	0.3205	0.2564
I12A	Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Major Complexity	D	D		7	65	23.7				1.1158	1.4969	0.6534	6.0705	0.1575	0.1260
I12B	Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Intermediate Complexity	D	D		3	29	9.5				0.8519	1.2332	0.5084	2.7586	0.1680	0.1344
I12C	Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Minor Complexity	D	D		2	19	5.4			One day	0.6754	0.6754	0.5787	1.8329	0.1787	0.1429
I13A	Humerus, Tibia, Fibula and Ankle Procedures, Major Complexity	D	D		2	26	9.2				2.0619	2.7521	0.6902	4.1325	0.2091	0.1673
I13B	Humerus, Tibia, Fibula and Ankle Procedures, Intermediate Complexity	D	D		1	12	3.8				1.5673	2.2316	0.0000	2.2316	0.2477	0.1981
I13C	Humerus, Tibia, Fibula and Ankle Procedures, Minor Complexity	D	D		0	6	1.9				1.4702	1.4702	0.0000	1.4702	0.2917	0.2334
I15Z	Cranio-Facial Surgery	D	D		1	13	4.0				3.6062	4.7003	0.0000	4.7003	0.3621	0.2897
I16Z	Other Shoulder Procedures	D	D		0	3	1.1				1.3577	1.3577	0.0000	1.3577	0.3621	0.2897
I17A	Maxillo-Facial Surgery, Major Complexity	D	D		1	10	3.0				1.9276	2.6256	0.0000	2.6256	0.3243	0.2594
I17B	Maxillo-Facial Surgery, Minor Complexity	D	D		0	4	1.3				1.3062	1.3062	0.0000	1.3062	0.3349	0.2679
I18A	Other Knee Procedures, Major Complexity	D	D		1	9	2.7			Same day	0.6087	1.4714	0.0000	1.4714	0.2450	0.1960
I18B	Other Knee Procedures, Minor Complexity	D	D		0	4	1.2			Same day	0.5718	1.0089	0.0000	1.0089	0.3052	0.2442
I19A	Other Elbow and Forearm Procedures, Major Complexity	D	D		1	17	5.0				1.8429	2.7028	0.0000	2.7028	0.2400	0.1920
I19B	Other Elbow and Forearm Procedures, Minor Complexity	D	D		0	5	1.5				1.3686	1.3686	0.0000	1.3686	0.2941	0.2353

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
I20A	Other Foot Procedures, Major Complexity	D	D		1	12	3.5				1.5252	2.1099	0.0000	2.1099	0.2370	0.1896
I20B	Other Foot Procedures, Minor Complexity	D	D		0	4	1.3				1.1283	1.1283	0.0000	1.1283	0.2960	0.2368
I21A	Local Excision and Removal of Internal Fixation Devices of Hip and Femur, Major Complexity	D	D		0	6	1.4				1.0982	1.0982	0.0000	1.0982	0.2757	0.2206
I21B	Local Excision and Removal of Internal Fixation Devices of Hip and Femur, Minor Complexity	D	D		0	3	1.1				0.7722	0.7722	0.0000	0.7722	0.2274	0.1820
I23A	Local Excision and Removal of Internal Fixation Device, Except Hip and Femur, Major Complexity	D	D		0	6	1.6			Same day	0.5606	1.4252	0.0000	1.4252	0.3135	0.2508
I23B	Local Excision and Removal of Internal Fixation Device, Except Hip and Femur, Minor Complexity	D	D		0	3	1.1			Same day	0.4600	0.9113	0.0000	0.9113	0.2893	0.2314
I24A	Arthroscopy, Major Complexity	D	D		0	5	1.7				1.0961	1.0961	0.0000	1.0961	0.2540	0.2032
I24B	Arthroscopy, Minor Complexity	D	D		0	3	1.0				0.6374	0.6374	0.0000	0.6374	0.1984	0.1587
I25A	Bone and Joint Diagnostic Procedures Including Biopsy, Major Complexity	D	D		2	27	10.0				0.9869	1.7232	0.7363	3.1958	0.2058	0.1646
I25B	Bone and Joint Diagnostic Procedures Including Biopsy, Minor Complexity	D	D		0	5	1.3				0.6051	0.6051	0.0000	0.6051	0.2378	0.1903
I27A	Soft Tissue Procedures, Major Complexity	D	D		2	23	7.6				1.2834	1.8776	0.5942	3.0659	0.2192	0.1754
I27B	Soft Tissue Procedures, Minor Complexity	D	D		0	6	1.7			Same day	0.5326	1.1197	0.0000	1.1197	0.2654	0.2123
I28A	Other Musculoskeletal Procedures, Major Complexity	D	D		3	33	11.0				1.1949	1.7509	0.7414	3.9750	0.2118	0.1694
I28B	Other Musculoskeletal Procedures, Intermediate Complexity	D	D		0	7	2.0				1.4563	1.4563	0.0000	1.4563	0.2732	0.2185
I28C	Other Musculoskeletal Procedures, Minor Complexity	D	D		0	4	1.3				0.7372	0.7372	0.0000	0.7372	0.2124	0.1699
I29Z	Knee Reconstructions, and Revisions of Reconstructions	D	D		0	3	1.1				1.4731	1.4731	0.0000	1.4731	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
I30Z	Hand Procedures	D	D		0	5	1.5			Same day	0.5287	0.9933	0.0000	0.9933	0.2564	0.2051
I31A	Revision of Hip Replacement, Major Complexity	D	D		6	59	20.7				3.2014	3.6451	0.7395	8.0821	0.1803	0.1442
I31B	Revision of Hip Replacement, Intermediate Complexity	D	D		2	25	8.3				2.9883	3.6647	0.6765	5.0177	0.2293	0.1835
I31C	Revision of Hip Replacement, Minor Complexity	D	D		1	17	4.7				2.7749	3.5802	0.0000	3.5802	0.2376	0.1901
I32A	Revision of Knee Replacement, Major Complexity	D	D		5	53	17.8				3.0266	3.4835	0.7311	7.1389	0.1794	0.1435
I32B	Revision of Knee Replacement, Minor Complexity	D	D		2	22	6.2				3.1917	3.6579	0.4662	4.5903	0.2117	0.1694
I33A	Hip Replacement for Non-Trauma, Major Complexity	D	D		2	21	6.9				2.5630	3.1380	0.5750	4.2879	0.2322	0.1857
I33B	Hip Replacement for Non-Trauma, Minor Complexity	D	D		1	11	4.0				2.5124	3.2041	0.0000	3.2041	0.2409	0.1927
I60Z	Femoral Shaft Fractures	D	D		1	9	3.0				0.6369	1.2737	0.0000	1.2737	0.3397	0.2717
I61A	Distal Femoral Fractures, Major Complexity	D	D		3	33	10.3				0.3629	0.7257	0.4838	2.1772	0.1693	0.1355
I61B	Distal Femoral Fractures, Minor Complexity	D	D		0	8	2.1				0.5926	0.5926	0.0000	0.5926	0.2241	0.1793
I63A	Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Major Complexity	D	D		1	13	4.5	S	0.3977		0.6052	1.2105	0.0000	1.2105	0.2139	0.1711
I63B	Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Minor Complexity	D	D		0	6	1.7	S	0.3062		0.5789	0.5789	0.0000	0.5789	0.2688	0.2150
I64A	Osteomyelitis, Major Complexity	D	D		4	44	16.7				0.4194	0.8387	0.6290	3.3549	0.1607	0.1286
I64B	Osteomyelitis, Minor Complexity	D	D		3	29	9.0	S	0.2927	Same day	0.1717	0.5615	0.3743	1.6845	0.1502	0.1202
I65A	Musculoskeletal Malignant Neoplasms, Major Complexity	D	D		2	22	7.3				0.6352	1.2703	0.6352	2.5406	0.2788	0.2230
I65B	Musculoskeletal Malignant Neoplasms, Minor Complexity	D	D		1	12	3.6			Same day	0.4059	1.2818	0.0000	1.2818	0.2881	0.2305

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I66A	Inflammatory Musculoskeletal Disorders, Major Complexity	D	D		2	20	7.1			Same day	0.1817	1.0856	0.5428	2.1712	0.2442	0.1953
I66B	Inflammatory Musculoskeletal Disorders, Minor Complexity	D	D		0	9	2.9			Same day	0.1562	0.9517	0.0000	0.9517	0.2623	0.2099
I67A	Septic Arthritis, Major Complexity	D	D		4	40	15.3				0.3458	0.6917	0.5188	2.7668	0.1447	0.1158
I67B	Septic Arthritis, Minor Complexity	D	D		2	23	7.0	S	0.2946		0.3241	0.6481	0.3241	1.2962	0.1481	0.1185
I68A	Non-surgical Spinal Disorders, Major Complexity	D	D		1	17	5.5	S	0.4308	Same day	0.2954	1.4474	0.0000	1.4474	0.2119	0.1695
I68B	Non-surgical Spinal Disorders, Minor Complexity	D	D		0	8	2.7	S	0.2829	Same day	0.2550	0.7938	0.0000	0.7938	0.2350	0.1880
I69A	Bone Diseases and Arthropathies, Major Complexity	D	D		1	15	4.6			Same day	0.2057	1.2476	0.0000	1.2476	0.2190	0.1752
I69B	Bone Diseases and Arthropathies, Minor Complexity	D	D		0	9	2.9	S	0.2531	Same day	0.0963	0.7318	0.0000	0.7318	0.2026	0.1621
I71A	Other Musculotendinous Disorders, Major Complexity	D	D		1	15	4.9	S	0.2903	Same day	0.2136	1.2634	0.0000	1.2634	0.2075	0.1660
I71B	Other Musculotendinous Disorders, Minor Complexity	D	D		0	7	2.3	S	0.2387	Same day	0.2169	0.6624	0.0000	0.6624	0.2267	0.1814
I72A	Specific Musculotendinous Disorders, Major Complexity	D	D		2	18	6.2	S	0.3084		0.3647	0.7293	0.3647	1.4587	0.1876	0.1501
I72B	Specific Musculotendinous Disorders, Minor Complexity	D	D		0	9	2.8	S	0.2486	Same day	0.2124	0.6982	0.0000	0.6982	0.2012	0.1609
I73A	Aftercare of Musculoskeletal Implants or Prostheses, Major Complexity	D	D		4	38	14.6				0.3205	0.6410	0.4808	2.5640	0.1401	0.1121
I73B	Aftercare of Musculoskeletal Implants or Prostheses, Intermediate Complexity	D	D		1	17	3.2	S	0.2823	Same day	0.3359	0.7728	0.0000	0.7728	0.1905	0.1524
I73C	Aftercare of Musculoskeletal Implants or Prostheses, Minor Complexity	D	D		0	4	1.2			Same day	0.3737	0.5858	0.0000	0.5858	0.3621	0.2897
I74A	Injuries to Forearm, Wrist, Hand and Foot, Major Complexity	D	D		1	13	4.1	S	0.3582	Same day	0.3330	1.1736	0.0000	1.1736	0.2294	0.1835

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I74B	Injuries to Forearm, Wrist, Hand and Foot, Minor Complexity	D	D		0	4	1.3	S	0.2665	Same day	0.3302	0.5800	0.0000	0.5800	0.3577	0.2862
I75A	Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Major Complexity	D	D		2	21	7.3			Same day	0.2366	0.9255	0.4627	1.8510	0.2040	0.1632
I75B	Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Intermediate Complexity	D	D		0	8	2.5	S	0.3144	Same day	0.3295	0.7764	0.0000	0.7764	0.2485	0.1988
I75C	Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Minor Complexity	D	D		0	6	1.9	S	0.2378	Same day	0.2755	0.6430	0.0000	0.6430	0.2736	0.2189
I76A	Other Musculoskeletal Disorders, Major Complexity	D	D		1	17	5.3			Same day	0.3802	1.4868	0.0000	1.4868	0.2242	0.1793
I76B	Other Musculoskeletal Disorders, Minor Complexity	D	D		0	6	2.0	S	0.3014	Same day	0.3237	0.6996	0.0000	0.6996	0.2861	0.2289
I77A	Fractures of Pelvis, Major Complexity	D	D		2	19	6.5				0.4196	0.8392	0.4196	1.6784	0.2058	0.1646
I77B	Fractures of Pelvis, Minor Complexity	D	D		1	11	3.3	S	0.366		0.4528	0.9056	0.0000	0.9056	0.2164	0.1731
I78A	Fractures of Neck of Femur, Major Complexity	D	D		2	22	7.4				0.4447	0.8894	0.4447	1.7787	0.1924	0.1540
I78B	Fractures of Neck of Femur, Minor Complexity	D	D		1	12	3.6	S	0.3793		0.4340	0.8681	0.0000	0.8681	0.1945	0.1556
I79A	Pathological Fractures, Major Complexity	D	D		2	26	10.6				0.6545	1.3090	0.6545	2.6181	0.1984	0.1587
I79B	Pathological Fractures, Intermediate Complexity	D	D		2	18	6.5				0.4144	0.8287	0.4144	1.6574	0.2032	0.1626
I79C	Pathological Fractures, Minor Complexity	D	D		1	11	3.4	S	0.3656		0.4610	0.9219	0.0000	0.9219	0.2145	0.1716
I80Z	Femoral Fractures, Transferred to Acute Facility < 2 Days	D	D		0	3	1.0	S	0.3659		0.4593	0.4593	0.0000	0.4593	0.3621	0.2897
J01A	Microvas Tiss Transf for Skin, Subcut Tiss and Breast Disorders, Major Complexity	D	D		7	65	17.8				3.5521	3.8771	0.5570	7.7763	0.1793	0.1434
J01B	Microvas Tiss Transf for Skin, Subcut Tiss and Breast Disorders, Minor Complexity	D	D		2	23	8.2				3.7761	4.5818	0.8058	6.1934	0.2763	0.2210
J06A	Major Procedures for Breast Disorders, Major Complexity	D	D		2	25	7.8				1.4436	1.9501	0.5065	2.9630	0.1813	0.1450

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J06B	Major Procedures for Breast Disorders, Minor Complexity	D	D		1	13	4.0				1.3651	1.9583	0.0000	1.9583	0.2089	0.1671
J07Z	Minor Procedures for Breast Disorders	D	D		0	3	1.0				0.8543	0.8543	0.0000	0.8543	0.2995	0.2396
J08A	Other Skin Grafts and Debridement Procedures, Major Complexity	D	D		5	50	17.5			Same day	0.7221	1.6059	0.6522	4.8668	0.1632	0.1305
J08B	Other Skin Grafts and Debridement Procedures, Intermediate Complexity	D	D		1	12	3.3			Same day	0.5223	1.2126	0.0000	1.2126	0.1797	0.1437
J08C	Other Skin Grafts and Debridement Procedures, Minor Complexity	D	D		0	7	2.0			Same day	0.5090	1.0265	0.0000	1.0265	0.2136	0.1709
J09Z	Perianal and Pilonidal Procedures	D	D		0	7	1.3				0.6825	0.6825	0.0000	0.6825	0.1949	0.1559
J10A	Plastic GIs for Skin, Subcutaneous Tissue and Breast Disorders, Major Complexity	D	D		1	13	3.5			Same day	0.5551	1.5200	0.0000	1.5200	0.1855	0.1484
J10B	Plastic GIs for Skin, Subcutaneous Tissue and Breast Disorders, Minor Complexity	D	D		0	4	1.3			Same day	0.4832	1.0353	0.0000	1.0353	0.2751	0.2201
J11A	Other Skin, Subcutaneous Tissue and Breast Procedures, Major Complexity	D	D		1	12	2.9			Same day	0.5150	1.1475	0.0000	1.1475	0.1883	0.1507
J11B	Other Skin, Subcutaneous Tissue and Breast Procedures, Minor Complexity	D	D		0	5	1.3			Same day	0.3992	0.8452	0.0000	0.8452	0.2420	0.1936
J12A	Lower Limb Procedures W Ulcer or Cellulitis, Major Complexity	D	D		4	43	15.1				0.8518	1.3025	0.6761	4.0068	0.1674	0.1339
J12B	Lower Limb Procedures W Ulcer or Cellulitis, Minor Complexity	D	D		2	19	6.6				0.5608	0.9242	0.3634	1.6509	0.1538	0.1231
J13A	Lower Limb Procedures W/O Ulcer or Cellulitis, Major Complexity	D	D		2	19	7.2				0.9031	1.3085	0.4054	2.1192	0.1572	0.1258
J13B	Lower Limb Procedures W/O Ulcer or Cellulitis, Minor Complexity	D	D		1	15	5.1			One day	0.6008	0.6008	0.0000	1.5071	0.1507	0.1206
J14Z	Major Breast Reconstructions	D	D		2	26	9.4				2.8935	3.5993	0.7059	5.0111	0.2101	0.1681
J60A	Skin Ulcers, Major Complexity	D	D		3	30	9.3				0.3484	0.6968	0.4645	2.0904	0.1807	0.1446
J60B	Skin Ulcers, Intermediate Complexity	D	D		1	14	4.2	S	0.3		0.4358	0.8717	0.0000	0.8717	0.1672	0.1337

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J60C	Skin Ulcers, Minor Complexity	D	D		1	14	3.9	S	0.2044	Same day	0.1047	0.7565	0.0000	0.7565	0.1548	0.1238
J62A	Malignant Breast Disorders, Major Complexity	D	D		2	18	6.9				0.4832	0.9665	0.4832	1.9330	0.2242	0.1794
J62B	Malignant Breast Disorders, Minor Complexity	D	D		0	8	2.4				0.5187	0.5187	0.0000	0.5187	0.1704	0.1364
J63A	Non-Malignant Breast Disorders, Major Complexity	D	D		0	8	2.3	S	0.2508		0.6208	0.6208	0.0000	0.6208	0.2174	0.1739
J63B	Non-Malignant Breast Disorders, Minor Complexity	D	D		0	6	1.7	S	0.1764		0.5016	0.5016	0.0000	0.5016	0.2351	0.1881
J64A	Cellulitis, Major Complexity	D	D		1	15	4.5				0.5707	1.1414	0.0000	1.1414	0.2028	0.1622
J64B	Cellulitis, Minor Complexity	D	D		1	11	3.7	S	0.27	One day	0.4122	0.4122	0.0000	0.7589	0.1624	0.1299
J65A	Trauma to Skin, Subcutaneous Tissue and Breast, Major Complexity	D	D		1	13	4.1	S	0.3836	Same day	0.3831	1.1828	0.0000	1.1828	0.2296	0.1837
J65B	Trauma to Skin, Subcutaneous Tissue and Breast, Minor Complexity	D	D		0	5	1.5	S	0.2827	Same day	0.3767	0.6393	0.0000	0.6393	0.3301	0.2641
J67A	Minor Skin Disorders, Major Complexity	D	D		1	12	3.5	S	0.254	Same day	0.2793	0.9469	0.0000	0.9469	0.2188	0.1751
J67B	Minor Skin Disorders, Minor Complexity	D	D		0	7	1.9	S	0.1844	Same day	0.3042	0.6117	0.0000	0.6117	0.2573	0.2058
J68A	Major Skin Disorders, Major Complexity	D	D		1	15	4.6	S	0.2679	Same day	0.2762	1.2788	0.0000	1.2788	0.2204	0.1763
J68B	Major Skin Disorders, Minor Complexity	D	D		0	9	2.8	S	0.184	Same day	0.1362	0.7983	0.0000	0.7983	0.2243	0.1794
J69A	Skin Malignancy, Major Complexity	D	D		1	18	5.3				0.7844	1.5689	0.0000	1.5689	0.2356	0.1885
J69B	Skin Malignancy, Minor Complexity	D	D		1	10	3.2			Same day	0.2779	0.8861	0.0000	0.8861	0.2207	0.1765
K01A	GIs for Diabetic Complications, Major Complexity	D	D		10	92	31.2				1.3430	1.7338	0.7034	8.7682	0.1753	0.1403

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K01B	GIs for Diabetic Complications, Intermediate Complexity	D	D		5	46	15.9				0.7816	1.1367	0.5682	3.9776	0.1566	0.1252
K01C	GIs for Diabetic Complications, Minor Complexity	D	D		3	28	8.5			Same day	0.0494	0.9693	0.4548	2.3336	0.1679	0.1343
K02Z	Pituitary Procedures	D	D		2	20	6.6				1.7578	2.3087	0.5509	3.4104	0.2335	0.1868
K03Z	Adrenal Procedures	D	D		1	10	2.7				1.5410	2.1138	0.0000	2.1138	0.3003	0.2402
K05A	Parathyroid Procedures, Major Complexity	D	D		1	13	4.1				1.6583	2.4834	0.0000	2.4834	0.2822	0.2258
K05B	Parathyroid Procedures, Minor Complexity	D	D		0	4	1.3				1.2513	1.2513	0.0000	1.2513	0.3441	0.2753
K06A	Thyroid Procedures, Major Complexity	D	D		1	9	2.8				1.7686	2.4569	0.0000	2.4569	0.3483	0.2786
K06B	Thyroid Procedures, Minor Complexity	D	D		0	4	1.4				1.4817	1.4817	0.0000	1.4817	0.3621	0.2897
K08Z	Thyroglossal Procedures	D	D		0	4	1.3				1.1852	1.1852	0.0000	1.1852	0.3421	0.2736
K09A	Other Endocrine, Nutritional and Metabolic GIs, Major Complexity	D	D		5	50	16.7				1.0049	1.4884	0.7736	5.3566	0.2029	0.1623
K09B	Other Endocrine, Nutritional and Metabolic GIs, Minor Complexity	D	D		1	13	3.4				1.0112	1.6539	0.0000	1.6539	0.2623	0.2098
K10Z	Revisional and Open Bariatric Procedures	D	D		1	16	4.4				2.1651	3.0141	0.0000	3.0141	0.2731	0.2185
K11Z	Major Laparoscopic Bariatric Procedures	D	D		0	8	2.8				2.4454	2.4454	0.0000	2.4454	0.2813	0.2251
K12Z	Other Bariatric Procedures	D	D		0	3	1.1				1.6805	1.6805	0.0000	1.6805	0.2935	0.2348
K13Z	Plastic GIs for Endocrine, Nutritional and Metabolic Disorders	D	D		1	13	4.4				1.3944	2.0169	0.0000	2.0169	0.1979	0.1583
K40A	Endoscopic and Investigative Procedures for Metabolic Disorders, Major Complexity	D	D		2	24	8.1			Same day	0.4399	1.6112	0.6960	3.0033	0.2765	0.2212
K40B	Endoscopic and Investigative Procedures for Metabolic Disorders, Minor Complexity	D	D		0	3	1.0				0.3972	0.3972	0.0000	0.3972	0.1724	0.1379
K60A	Diabetes, Major Complexity	D	D		1	16	4.7			Same day	0.3690	1.7388	0.0000	1.7388	0.2966	0.2373
K60B	Diabetes, Minor Complexity	D	D		1	9	2.7	S	0.2686	Same day	0.1979	0.9440	0.0000	0.9440	0.2765	0.2212

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
K61A	Severe Nutritional Disturbance, Major Complexity	D	D		3	27	9.7				0.4333	0.8665	0.5777	2.5995	0.2154	0.1723
K61B	Severe Nutritional Disturbance, Minor Complexity	D	D		1	11	3.6				0.5014	1.0028	0.0000	1.0028	0.2260	0.1808
K62A	Miscellaneous Metabolic Disorders, Major Complexity	D	D		1	16	5.0				0.7885	1.5770	0.0000	1.5770	0.2543	0.2034
K62B	Miscellaneous Metabolic Disorders, Intermediate Complexity	D	D		0	8	2.6	S	0.2849	Same day	0.1950	0.8125	0.0000	0.8125	0.2523	0.2019
K62C	Miscellaneous Metabolic Disorders, Minor Complexity	D	D		0	7	2.1	S	0.2129	Same day	0.0687	0.6281	0.0000	0.6281	0.2397	0.1917
K63A	Inborn Errors of Metabolism, Major Complexity	D	D		1	11	2.7				0.5310	1.0619	0.0000	1.0619	0.3148	0.2518
K63B	Inborn Errors of Metabolism, Minor Complexity	D	D		0	3	1.0				0.2674	0.2674	0.0000	0.2674	0.2087	0.1670
K64A	Endocrine Disorders, Major Complexity	D	D		1	17	5.1			Same day	0.3467	1.7971	0.0000	1.7971	0.2827	0.2261
K64B	Endocrine Disorders, Minor Complexity	D	D		0	7	2.4	S	0.2461	Same day	0.1262	0.7699	0.0000	0.7699	0.2599	0.2080
L02A	Operative Insertion of Peritoneal Catheter for Dialysis, Major Complexity	D	D		3	29	10.2				0.9936	1.5393	0.7275	3.7218	0.2248	0.1799
L02B	Operative Insertion of Peritoneal Catheter for Dialysis, Minor Complexity	D	D		0	4	1.3				0.9174	0.9174	0.0000	0.9174	0.2888	0.2310
L03A	Kidney, Ureter and Major Bladder Procedures for Neoplasm, Major Complexity	D	D		4	40	13.4				2.5186	3.1626	0.9660	7.0267	0.2699	0.2159
L03B	Kidney, Ureter and Major Bladder Procedures for Neoplasm, Intermediate Comp	D	D		1	14	5.2				2.4392	3.5084	0.0000	3.5084	0.2855	0.2284
L03C	Kidney, Ureter and Major Bladder Procedures for Neoplasm, Minor Complexity	D	D		0	8	2.7				2.1552	2.1552	0.0000	2.1552	0.2896	0.2316

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
L04A	Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Major Complexity	D	D		3	34	11.9				1.4609	2.1522	0.9217	4.9171	0.2437	0.1950
L04B	Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Intermediate Complexity	D	D		1	11	3.2			Same day	0.7758	1.7911	0.0000	1.7911	0.2510	0.2008
L04C	Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Minor Complexity	D	D		0	5	1.5			Same day	0.6321	1.1862	0.0000	1.1862	0.3078	0.2462
L05A	Transurethral Prostatectomy for Urinary Disorder, Major Complexity	D	D		2	24	5.6				0.8773	1.2653	0.3880	2.0412	0.1946	0.1557
L05B	Transurethral Prostatectomy for Urinary Disorder, Minor Complexity	D	D		0	6	2.0				1.1165	1.1165	0.0000	1.1165	0.2377	0.1901
L06A	Minor Bladder Procedures, Major Complexity	D	D		4	39	12.8				1.3202	1.7771	0.6853	4.5181	0.1994	0.1595
L06B	Minor Bladder Procedures, Intermediate Complexity	D	D		1	11	3.2				0.9515	1.4436	0.0000	1.4436	0.2126	0.1700
L06C	Minor Bladder Procedures, Minor Complexity	D	D		0	5	1.5				0.8309	0.8309	0.0000	0.8309	0.2273	0.1818
L07A	Other Transurethral Procedures, Major Complexity	D	D		1	11	3.0				0.9942	1.5066	0.0000	1.5066	0.2386	0.1909
L07B	Other Transurethral Procedures, Minor Complexity	D	D		0	4	1.2				0.6902	0.6902	0.0000	0.6902	0.2222	0.1778
L08A	Urethral Procedures, Major Complexity	D	D		0	8	1.9				1.5085	1.5085	0.0000	1.5085	0.2929	0.2344
L08B	Urethral Procedures, Minor Complexity	D	D		0	4	1.3				0.8188	0.8188	0.0000	0.8188	0.2345	0.1876
L09A	Other Procedures for Kidney and Urinary Tract Disorders, Major Complexity	D	D		4	41	14.3				1.1194	1.6886	0.8538	5.1037	0.2222	0.1777
L09B	Other Procedures for Kidney and Urinary Tract Disorders, Intermediate Complexity	D	D		1	11	3.2				1.1114	1.6843	0.0000	1.6843	0.2504	0.2003
L09C	Other Procedures for Kidney and Urinary Tract Disorders, Minor Complexity	D	D		0	3	1.1				0.8735	0.8735	0.0000	0.8735	0.2469	0.1976

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
L10A	Kidney Transplant, Age ≤ 16 Years or Major Complexity	D	D		4	42	12.9				2.9329	4.0422	1.6640	10.6981	0.3621	0.2897
L10B	Kidney Transplant, Age ≥ 17 Years and Minor Complexity	D	D		2	26	8.8				2.7778	4.2488	1.4710	7.1908	0.3621	0.2897
L40Z	Ureteroscopy	D	D		0	3	1.1				0.6322	0.6322	0.0000	0.6322	0.2214	0.1771
L41Z	Cystourethroscopy for Urinary Disorder, Same-day	D	D		0	3	1.0				0.2120	0.2120	0.0000	0.2120	0.0931	0.0745
L42Z	ESW Lithotripsy	D	D		0	4	1.5			Same day	0.0000	0.6056	0.0000	0.6056	0.3272	0.2618
L60A	Kidney Failure, Major Complexity	D	D		3	29	10.1				0.5583	1.1166	0.7444	3.3498	0.2658	0.2126
L60B	Kidney Failure, Intermediate Complexity	D	D		1	14	4.7			One day	0.3843	0.3843	0.0000	1.4083	0.2380	0.1904
L60C	Kidney Failure, Minor Complexity	D	D		0	7	2.3	S	0.2964	Same day	0.4641	0.6894	0.0000	0.6894	0.2368	0.1895
L61Z	Haemodialysis	D	D		0	3	1.0				0.1055	0.1055	0.0000	0.1055	0.1055	0.0844
L62A	Kidney and Urinary Tract Neoplasms, Major Complexity	D	D		2	25	7.9				0.5682	1.1363	0.5682	2.2727	0.2309	0.1847
L62B	Kidney and Urinary Tract Neoplasms, Intermediate Complexity	D	D		1	10	3.3				0.5016	1.0031	0.0000	1.0031	0.2399	0.1920
L62C	Kidney and Urinary Tract Neoplasms, Minor Complexity	D	D		0	7	1.8			Same day	0.2807	0.7175	0.0000	0.7175	0.3170	0.2536
L63A	Kidney and Urinary Tract Infections, Major Complexity	D	D		1	14	4.3	S	0.3616		0.5674	1.1349	0.0000	1.1349	0.2100	0.1680
L63B	Kidney and Urinary Tract Infections, Minor Complexity	D	D		0	8	2.4	S	0.2551	Same day	0.2125	0.6971	0.0000	0.6971	0.2277	0.1822
L64A	Urinary Stones and Obstruction, Major Complexity	D	D		0	7	2.2	S	0.3497		0.8585	0.8585	0.0000	0.8585	0.3101	0.2480
L64B	Urinary Stones and Obstruction, Minor Complexity	D	D		0	4	1.5	S	0.272	Same day	0.2593	0.6056	0.0000	0.6056	0.3272	0.2618

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
L65A	Kidney and Urinary Tract Signs and Symptoms, Major Complexity	D	D		1	15	4.5				0.6057	1.2114	0.0000	1.2114	0.2166	0.1733
L65B	Kidney and Urinary Tract Signs and Symptoms, Minor Complexity	D	D		0	7	2.2	S	0.2317	Same day	0.2185	0.6269	0.0000	0.6269	0.2247	0.1798
L66Z	Urethral Stricture	D	D		0	4	1.2				0.5352	0.5352	0.0000	0.5352	0.3571	0.2857
L67A	Other Kidney and Urinary Tract Disorders, Major Complexity	D	D		1	15	4.3			Same day	0.2869	1.2749	0.0000	1.2749	0.2361	0.1889
L67B	Other Kidney and Urinary Tract Disorders, Intermediate Complexity	D	D		0	7	2.0	S	0.2088	Same day	0.1956	0.6677	0.0000	0.6677	0.2627	0.2102
L67C	Other Kidney and Urinary Tract Disorders, Minor Complexity	D	D		0	3	1.0				0.1338	0.1338	0.0000	0.1338	0.1057	0.0846
L68Z	Peritoneal Dialysis	I	I		0	3	1.0				0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
M01A	Major Male Pelvic Procedures, Major Complexity	D	D		1	15	4.9				2.6507	3.7613	0.0000	3.7613	0.3171	0.2537
M01B	Major Male Pelvic Procedures, Minor Complexity	D	D		0	7	2.4				2.9260	2.9260	0.0000	2.9260	0.3621	0.2897
M02A	Transurethral Prostatectomy for Reproductive System Disorder, Major Complexity	D	D		1	16	4.5				1.1627	1.8579	0.0000	1.8579	0.2159	0.1727
M02B	Transurethral Prostatectomy for Reproductive System Disorder, Minor Complexity	D	D		0	6	2.1				1.1035	1.1035	0.0000	1.1035	0.2301	0.1841
M03A	Penis Procedures, Major Complexity	D	D		0	8	1.6				1.2204	1.2204	0.0000	1.2204	0.2815	0.2252
M03B	Penis Procedures, Minor Complexity	D	D		0	3	1.0				0.6705	0.6705	0.0000	0.6705	0.1951	0.1561
M04Z	Testes Procedures	D	D		0	3	1.0				0.6431	0.6431	0.0000	0.6431	0.2018	0.1614
M05Z	Circumcision	D	D		0	3	1.0				0.5085	0.5085	0.0000	0.5085	0.1428	0.1142
M06A	Other Male Reproductive System GIs, Major Complexity	D	D		2	18	5.5			Same day	1.1394	2.7800	0.6257	4.0314	0.3621	0.2897
M06B	Other Male Reproductive System GIs, Minor Complexity	D	D		0	4	1.3			Same day	1.1394	4.0314	0.0000	4.0314	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
M40Z	Cystourethroscopy for Male Reproductive System Disorder, Same-day	D	D		0	3	1.0				0.2419	0.2419	0.0000	0.2419	0.0931	0.0745
M60A	Male Reproductive System Malignancy, Major Complexity	D	D		1	13	4.3				0.6500	1.3001	0.0000	1.3001	0.2428	0.1943
M60B	Male Reproductive System Malignancy, Minor Complexity	D	D		0	3	1.0				0.4128	0.4128	0.0000	0.4128	0.3229	0.2583
M61A	Benign Prostatic Hypertrophy, Major Complexity	D	D		1	14	3.4				0.5108	1.0217	0.0000	1.0217	0.2422	0.1937
M61B	Benign Prostatic Hypertrophy, Minor Complexity	D	D		0	3	1.1	S	0.2268		0.3892	0.3892	0.0000	0.3892	0.2831	0.2265
M62A	Male Reproductive System Inflammation, Major Complexity	D	D		1	16	4.1				0.5720	1.1440	0.0000	1.1440	0.2236	0.1789
M62B	Male Reproductive System Inflammation, Minor Complexity	D	D		0	7	2.2	S	0.2392	Same day	0.2835	0.6274	0.0000	0.6274	0.2285	0.1828
M63Z	Male Sterilisation Procedures	D	D		0	3	1.0				0.3697	0.3697	0.0000	0.3697	0.2957	0.2366
M64A	Other Male Reproductive System Disorders, Major Complexity	D	D		0	6	1.5				0.5820	0.5820	0.0000	0.5820	0.3115	0.2492
M64B	Other Male Reproductive System Disorders, Minor Complexity	D	D		0	3	1.0	S	0.2086		0.3936	0.3936	0.0000	0.3936	0.3027	0.2421
N01Z	Pelvic Evisceration and Radical Vulvectomy	D	D		1	18	5.0				1.8107	2.7980	0.0000	2.7980	0.2745	0.2196
N04A	Hysterectomy for Non-Malignancy, Major Complexity	D	D		1	11	3.7				1.6756	2.4855	0.0000	2.4855	0.3025	0.2420
N04B	Hysterectomy for Non-Malignancy, Minor Complexity	D	D		0	7	2.6				1.8886	1.8886	0.0000	1.8886	0.3183	0.2547
N05A	Oophorectomy and Complex Fallopian Tube Procedures for Non-Malignancy, Major Complexity	D	D		0	9	2.5				1.9304	1.9304	0.0000	1.9304	0.3397	0.2718
N05B	Oophorectomy and Complex Fallopian Tube Procedures for Non-Malignancy, Minor Complexity	D	D		0	4	1.4				1.2587	1.2587	0.0000	1.2587	0.3583	0.2866

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
N06A	Female Reproductive System Reconstructive Procedures, Major Complexity	D	D		1	9	3.2				1.3967	2.0585	0.0000	2.0585	0.2914	0.2331
N06B	Female Reproductive System Reconstructive Procedures, Minor Complexity	D	D		0	5	1.9				1.3050	1.3050	0.0000	1.3050	0.2884	0.2307
N07A	Other Uterus and Adnexa Procedures for Non-Malignancy, Major Complexity	D	D		0	5	1.6			Same day	0.7875	1.4404	0.0000	1.4404	0.3621	0.2897
N07B	Other Uterus and Adnexa Procedures for Non-Malignancy, Minor Complexity	D	D		0	3	1.0				0.4864	0.4864	0.0000	0.4864	0.1497	0.1198
N08Z	Endoscopic and Laparoscopic Procedures, Female Reproductive System	D	D		0	5	1.6			Same day	0.6691	1.1699	0.0000	1.1699	0.3027	0.2422
N09A	Other Vagina, Cervix and Vulva Procedures, Major Complexity	D	D		0	5	1.4				0.8489	0.8489	0.0000	0.8489	0.2505	0.2004
N09B	Other Vagina, Cervix and Vulva Procedures, Minor Complexity	D	D		0	3	1.0				0.4629	0.4629	0.0000	0.4629	0.1523	0.1218
N10Z	Diagnostic Curettage and Diagnostic Hysteroscopy	D	D		0	3	1.0				0.4035	0.4035	0.0000	0.4035	0.1210	0.0968
N11A	Other Female Reproductive System GIs, Major Complexity	D	D		1	13	3.1				1.2002	1.8430	0.0000	1.8430	0.2863	0.2291
N11B	Other Female Reproductive System GIs, Minor Complexity	D	D		0	3	1.0				0.4840	0.4840	0.0000	0.4840	0.3247	0.2597
N12A	Uterus and Adnexa Procedures for Malignancy, Major Complexity	D	D		2	22	7.5				1.7308	2.4477	0.7169	3.8814	0.2678	0.2143
N12B	Uterus and Adnexa Procedures for Malignancy, Intermediate Complexity	D	D		1	11	3.9				1.6789	2.5048	0.0000	2.5048	0.2995	0.2396
N12C	Uterus and Adnexa Procedures for Malignancy, Minor Complexity	D	D		0	7	2.5				1.9139	1.9139	0.0000	1.9139	0.3333	0.2666
N60A	Female Reproductive System Malignancy, Major Complexity	D	D		2	22	7.7				0.5203	1.0407	0.5203	2.0813	0.2158	0.1726
N60B	Female Reproductive System Malignancy, Minor Complexity	D	D		0	7	2.1				0.7189	0.7189	0.0000	0.7189	0.2779	0.2223

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
N61A	Female Reproductive System Infections, Major Complexity	D	D		1	10	3.2				0.5108	1.0215	0.0000	1.0215	0.2559	0.2047
N61B	Female Reproductive System Infections, Minor Complexity	D	D		0	8	2.8	S	0.2406	One day	0.3506	0.3506	0.0000	0.7720	0.2199	0.1760
N62A	Menstrual and Other Female Reproductive System Disorders, Major Complexity	D	D		1	9	2.6	S	0.2965	Same day	0.3554	0.7991	0.0000	0.7991	0.2492	0.1994
N62B	Menstrual and Other Female Reproductive System Disorders, Minor Complexity	D	D		0	4	1.5	S	0.2178	Same day	0.2546	0.4811	0.0000	0.4811	0.2648	0.2119
O01A	Caesarean Delivery, Major Complexity	D	D		1	18	5.6				1.5951	2.7626	0.0000	2.7626	0.2920	0.2336
O01B	Caesarean Delivery, Intermediate Complexity	D	D		1	12	4.0				1.2425	2.1143	0.0000	2.1143	0.3071	0.2457
O01C	Caesarean Delivery, Minor Complexity	D	D		1	9	3.1				1.0717	1.7848	0.0000	1.7848	0.3174	0.2539
O02A	Vaginal Delivery W GIs, Major Complexity	D	D		1	11	3.8				1.2304	2.1109	0.0000	2.1109	0.3207	0.2565
O02B	Vaginal Delivery W GIs, Minor Complexity	D	D		0	8	2.9				1.5889	1.5889	0.0000	1.5889	0.3621	0.2897
O03Z	Ectopic Pregnancy	D	D		0	5	1.6			Same day	0.2866	1.1116	0.0000	1.1116	0.3248	0.2598
O04A	Postpartum and Post Abortion W GIs, Major Complexity	D	D		1	14	3.4				1.0703	1.7888	0.0000	1.7888	0.2928	0.2342
O04B	Postpartum and Post Abortion W GIs, Minor Complexity	D	D		0	5	1.8			Same day	0.4536	0.9895	0.0000	0.9895	0.3015	0.2412
O05Z	Abortion W GIs	D	D		0	3	1.0				0.4808	0.4808	0.0000	0.4808	0.1372	0.1098
O60A	Vaginal Delivery, Major Complexity	D	D		1	10	3.5			One day	0.7572	0.7572	0.0000	1.5051	0.3411	0.2729
O60B	Vaginal Delivery, Intermediate Complexity	D	D		0	8	2.7			One day	0.6052	0.6052	0.0000	1.1343	0.3308	0.2647
O60C	Vaginal Delivery, Minor Complexity	D	D		0	7	2.4			One day	0.5043	0.5043	0.0000	0.9217	0.3096	0.2477
O61A	Postpartum and Post Abortion W/O GIs, Major Complexity	D	D		1	12	3.8			One day	0.4673	0.4673	0.0000	1.2169	0.2595	0.2076

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
O61B	Postpartum and Post Abortion W/O GIs, Minor Complexity	D	D		0	6	2.1	S	0.2138	Same day	0.2309	0.5431	0.0000	0.5431	0.2078	0.1662
O63A	Abortion W/O GIs, Major Complexity	D	D		0	4	1.5				0.7407	0.7407	0.0000	0.7407	0.3621	0.2897
O63B	Abortion W/O GIs, Minor Complexity	D	D		0	4	1.2	S	0.1954	Same day	0.2186	0.4609	0.0000	0.4609	0.2974	0.2379
O66A	Antenatal and Other Obstetric Admissions, Major Complexity	D	D		0	8	2.3			Same day	0.2266	0.7615	0.0000	0.7615	0.2658	0.2127
O66B	Antenatal and Other Obstetric Admissions, Intermediate Complexity	D	D		0	5	1.5	S	0.1873	Same day	0.1440	0.4533	0.0000	0.4533	0.2403	0.1922
O66C	Antenatal and Other Obstetric Admissions, Minor Complexity	D	D		0	4	1.2	S	0.1575	Same day	0.1753	0.3438	0.0000	0.3438	0.2210	0.1768
P01Z	Neonate W Sig GI/Vent ≥ 96 Hours, Died or Transfer to Acute Facility < 5 Days	I	I		1	10	2.8				2.2002	3.5859	0.0000	3.5859	0.3621	0.2897
P02Z	Cardiothoracic and Vascular Procedures for Neonates	I	I		17	38	26.1				8.3382	9.2971	1.8049	39.9809	0.3621	0.2897
P03A	Neonate, AdmWt 1000–1499g W Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		42	95	63.7				0.5732	1.0416	0.9145	39.4504	0.3621	0.2897
P03B	Neonate, AdmWt 1000–1499g W Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		22	51	37.2				0.4877	0.9599	0.9014	20.7906	0.3621	0.2897
P04A	Neonate, AdmWt 1500–1999g W Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		46	106	59.0				1.0642	1.5664	0.9825	46.7607	0.3621	0.2897
P04B	Neonate, AdmWt 1500–1999g W Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		16	38	24.6				0.5171	0.9653	0.8402	14.4089	0.3621	0.2897
P05A	Neonate, AdmWt 2000–2499g W Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		42	96	62.6				3.3058	3.8948	1.1499	52.1910	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
P05B	Neonate, AdmWt 2000–2499g W Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		12	28	17.2				0.7233	1.1461	0.7751	10.4479	0.3621	0.2897
P06A	Neonate, AdmWt ≥ 2500g W Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		24	56	35.1				2.7123	3.3884	1.2958	34.4886	0.3621	0.2897
P06B	Neonate, AdmWt ≥ 2500g W Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		3	34	11.4				1.6456	2.8921	1.6620	7.8782	0.3621	0.2897
P07Z	Neonate, AdmWt < 750g W Significant GIs	I	I		86	195	127.7				0.8961	1.3223	0.8425	73.7749	0.3621	0.2897
P08Z	Neonate, AdmWt 750–999g W Significant GIs	I	I		60	137	111.8				2.3683	3.0297	1.3008	81.0766	0.3621	0.2897
P60A	Neonate W/O Sig GI/Vent ≥ 96 Hours, Died/Transfer Acute Facility < 5 Days, Major Complexity	I	I		0	7	2.4				0.9597	0.9597	0.0000	0.9597	0.3621	0.2897
P60B	Neonate W/O Sig GI/Vent ≥ 96 Hours, Died/Transfer Acute Facility < 5 Days, Minor Complexity	I	I		0	6	2.0			Same day	0.2662	0.7584	0.0000	0.7584	0.3621	0.2897
P61Z	Neonate, AdmWt <750g W/O Significant GI procedure	I	I		57	130	98.4				0.5779	1.1558	1.1355	65.8791	0.3621	0.2897
P62A	Neonate, AdmWt 750–999g W/O Significant GIs, Major Complexity	I	I		45	101	70.3				0.4400	0.8801	0.8605	39.6036	0.3621	0.2897
P62B	Neonate, AdmWt 750–999g W/O Significant GIs, Minor Complexity	I	I		26	59	37.3				0.3415	0.6830	0.6568	17.7592	0.3621	0.2897
P63A	Neonate, AdmWt 1000–1249g W/O Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		19	44	29.6				0.3777	0.7554	0.7156	14.3521	0.3621	0.2897
P63B	Neonate, AdmWt 1000–1249g W/O Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		7	16	11.5				0.3628	0.7255	0.6219	5.0786	0.3621	0.2897
P64A	Neonate, AdmWt 1250–1499g W/O Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		18	42	29.6				0.3617	0.7234	0.6832	13.0208	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
P64B	Neonate, AdmWt 1250–1499g W/O Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		14	32	21.9				0.3204	0.6408	0.5950	8.9712	0.3621	0.2897
P65A	Neonate, AdmWt 1500–1999g W/O Significant GI/Vent ≥ 96 Hours, Extreme Complexity	I	I		17	39	27.2				0.2196	0.4391	0.4133	7.4647	0.2743	0.2194
P65B	Neonate, AdmWt 1500–1999g W/O Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		12	29	20.6				0.2259	0.4519	0.4142	5.4227	0.2630	0.2104
P65C	Neonate, AdmWt 1500–1999g W/O Significant GI/Vent ≥ 96 Hours, Intermediate Complexity	I	I		11	26	18.0				0.2070	0.4140	0.3763	4.5535	0.2527	0.2021
P65D	Neonate, AdmWt 1500–1999g W/O Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		9	20	14.4				0.2151	0.4302	0.3824	3.8720	0.2681	0.2145
P66A	Neonate, AdmWt 2000–2499g W/O Significant GI/Vent ≥ 96 Hours, Extreme Complexity	I	I		11	25	16.8				0.2230	0.4459	0.4054	4.9052	0.2339	0.1871
P66B	Neonate, AdmWt 2000–2499g W/O Significant GI/Vent ≥ 96 Hours, Major Complexity	I	I		8	19	12.7				0.2126	0.4253	0.3721	3.4023	0.2952	0.2361
P66C	Neonate, AdmWt 2000–2499g W/O Significant GI/Vent ≥ 96 Hours, Intermediate Complexity	I	I		5	13	8.4				0.2146	0.4293	0.3434	2.1464	0.2545	0.2036
P66D	Neonate, AdmWt 2000–2499g W/O Significant GI/Vent ≥ 96 Hours, Minor Complexity	I	I		1	16	4.9				0.5298	1.0595	0.0000	1.0595	0.2153	0.1723
P67A	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, < 37 Comp Weeks Gest, Extreme Complexity	I	I		4	41	14.2				0.5290	1.0581	0.7935	4.2322	0.2984	0.2387
P67B	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, < 37 Comp Weeks Gest, Major Complexity	I	I		3	28	9.7				0.4442	0.8884	0.5923	2.6651	0.3290	0.2632

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
P67C	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, < 37 Comp Weeks Gest, Intermediate Complexity	I	I		2	25	8.2				0.5032	1.0064	0.5032	2.0129	0.1970	0.1576
P67D	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, < 37 Comp Weeks Gest, Minor Complexity	I	I		1	18	5.8				0.6614	1.3228	0.0000	1.3228	0.1818	0.1454
P68A	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, ≥ 37 Comp Weeks Gest, Extreme Complexity	I	I		2	24	7.7				0.6129	1.2258	0.6129	2.4516	0.3191	0.2553
P68B	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, ≥ 37 Comp Weeks Gest, Major Complexity	I	I		1	13	4.4				0.6056	1.2113	0.0000	1.2113	0.3288	0.2631
P68C	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, ≥ 37 Comp Weeks Gest, Intermediate Complexity	I	I		1	11	3.8			One day	0.3550	0.3550	0.0000	1.0153	0.2117	0.1694
P68D	Neonate, AdmWt ≥ 2500g W/O Sig GI/Vent ≥ 96 Hours, ≥ 37 Comp Weeks Gest, Minor Complexity	I	I		1	10	3.3	S	0.1592	One day	0.3004	0.3004	0.0000	0.7674	0.1863	0.1490
Q01Z	Splenectomy	D	D		1	17	5.1				2.1404	3.2715	0.0000	3.2715	0.3076	0.2461
Q02A	Blood and Immune System Disorders W Other GIs, Major Complexity	D	D		3	28	9.3				1.0098	1.5815	0.7623	3.8684	0.2595	0.2076
Q02B	Blood and Immune System Disorders W Other GIs, Minor Complexity	D	D		0	7	2.2			Same day	0.4940	1.2445	0.0000	1.2445	0.2712	0.2170
Q60A	Reticuloendothelial and Immunity Disorders, Major Complexity	D	D		1	15	4.4			Same day	0.2551	1.4340	0.0000	1.4340	0.2588	0.2071
Q60B	Reticuloendothelial and Immunity Disorders, Minor Complexity	D	D		0	7	2.3			Same day	0.1051	0.7387	0.0000	0.7387	0.2621	0.2096
Q61A	Red Blood Cell Disorders, Major Complexity	D	D	Thal.	1	12	3.5			Same day	0.2940	1.1477	0.0000	1.1477	0.2604	0.2083
Q61B	Red Blood Cell Disorders, Intermediate Complexity	D	D	Thal.	0	5	1.7	S	0.2688	Same day	0.1324	0.5875	0.0000	0.5875	0.2826	0.2261

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
Q61C	Red Blood Cell Disorders, Minor Complexity	D	D	Thal.	0	3	1.0				0.0523	0.0523	0.0000	0.0523	0.0931	0.0745
Q62A	Coagulation Disorders, Major Complexity	D	D		1	16	4.8			Same day	0.2187	1.4278	0.0000	1.4278	0.2388	0.1910
Q62B	Coagulation Disorders, Minor Complexity	D	D		0	8	2.3	S	0.2113	Same day	0.1474	0.8069	0.0000	0.8069	0.2812	0.2249
R01A	Lymphoma and Leukaemia W Major GIs, Major Complexity	D	D		6	55	20.1				1.7477	2.3144	0.9446	7.9819	0.2369	0.1896
R01B	Lymphoma and Leukaemia W Major GIs, Minor Complexity	D	D		1	12	3.1				0.9703	1.5371	0.0000	1.5371	0.2589	0.2071
R02A	Other Neoplastic Disorders W Major GIs, Major Complexity	D	D		4	42	12.0				2.4671	2.9842	0.7756	6.0868	0.2420	0.1936
R02B	Other Neoplastic Disorders W Major GIs, Intermediate Complexity	D	D		2	23	7.4				1.8625	2.4135	0.5509	3.5154	0.2082	0.1666
R02C	Other Neoplastic Disorders W Major GIs, Minor Complexity	D	D		1	12	3.8				1.3117	1.8992	0.0000	1.8992	0.2191	0.1753
R03A	Lymphoma and Leukaemia W Other GIs, Major Complexity	D	D		10	95	40.1				1.3927	2.0313	1.1494	13.5258	0.2228	0.1783
R03B	Lymphoma and Leukaemia W Other GIs, Intermediate Complexity	D	D		4	37	15.4			One day	0.9255	0.9255	1.0850	5.2923	0.2256	0.1805
R03C	Lymphoma and Leukaemia W Other GIs, Minor Complexity	D	D		1	15	4.9			Same day	0.4881	2.1252	0.0000	2.1252	0.2486	0.1989
R04A	Other Neoplastic Disorders W Other GIs, Major Complexity	D	D		4	39	14.1			Same day	1.5333	2.0081	0.7102	4.8490	0.1883	0.1507
R04B	Other Neoplastic Disorders W Other GIs, Minor Complexity	D	D		1	12	2.9			Same day	0.9165	2.2103	0.0000	2.2103	0.3249	0.2599
R05A	Allogeneic Bone Marrow Transplant, Age ≤ 16 Years or Major Complexity	4	D		34	78	49.5				1.1767	1.6644	0.9466	33.8492	0.3621	0.2897
R05B	Allogeneic Bone Marrow Transplant, Age ≥ 17 Years and Minor Complexity	D	D		17	40	29.1				0.5767	1.0425	0.8768	15.9479	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
R06A	Autologous Bone Marrow Transplant, Major Complexity	D	D		14	34	21.5				0.3505	0.6546	0.5647	8.5608	0.2769	0.2215
R06B	Autologous Bone Marrow Transplant, Minor Complexity	D	D		10	24	17.2				0.5416	0.8774	0.6045	6.9222	0.2733	0.2186
R60A	Acute Leukaemia, Major Complexity	D	D		12	28	20.6			One day	0.5324	0.5324	0.6437	8.2574	0.3207	0.2566
R60B	Acute Leukaemia, Intermediate Complexity	D	D		2	19	6.1			Same day	0.2527	0.9825	0.4912	1.9649	0.2594	0.2076
R60C	Acute Leukaemia, Minor Complexity	D	D		1	15	5.4			Same day	0.1703	1.1065	0.0000	1.1065	0.1643	0.1314
R61A	Lymphoma and Non-Acute Leukaemia, Major Complexity	D	D		3	27	8.9			Same day	0.2858	0.9702	0.6468	2.9105	0.2622	0.2098
R61B	Lymphoma and Non-Acute Leukaemia, Intermediate Complexity	D	D		1	10	3.6			Same day	0.2314	1.3474	0.0000	1.3474	0.3014	0.2411
R61C	Lymphoma and Non-Acute Leukaemia, Minor Complexity	D	D		1	9	3.1			Same day	0.1507	0.9813	0.0000	0.9813	0.2541	0.2033
R62A	Other Neoplastic Disorders, Major Complexity	D	D		2	22	7.9				0.6430	1.2860	0.6430	2.5720	0.2605	0.2084
R62B	Other Neoplastic Disorders, Intermediate Complexity	D	D		1	11	3.6			Same day	0.4415	1.1887	0.0000	1.1887	0.2640	0.2112
R62C	Other Neoplastic Disorders, Minor Complexity	D	D		0	9	2.2			Same day	0.3642	0.6196	0.0000	0.6196	0.2233	0.1786
R63Z	Chemotherapy	D	D		0	3	1.0			Same day	0.1884	0.0000	0.0000	0.0000	0.0000	0.0000
R64Z	Radiotherapy	D	D		2	25	7.7			Same day	1.0913	1.5260	0.7630	3.0519	0.3151	0.2521
T01A	Infectious and Parasitic Diseases W GIs, Major Complexity	D	D		8	73	26.4				1.3959	1.8855	0.8570	8.7412	0.2077	0.1661
T01B	Infectious and Parasitic Diseases W GIs, Intermediate Complexity	D	D		4	37	12.8				0.9159	1.3455	0.6444	3.9233	0.1880	0.1504

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
T01C	Infectious and Parasitic Diseases W GIs, Minor Complexity	D	D		2	20	6.9				0.8172	1.2976	0.4804	2.2583	0.1950	0.1560
T40Z	Infectious and Parasitic Diseases W Ventilator Support	D	D		3	33	11.5				0.9262	1.8061	1.1732	5.3258	0.3621	0.2897
T60A	Septicaemia, Major Complexity	D	D		3	36	11.7				0.6271	1.2542	0.8361	3.7625	0.2583	0.2066
T60B	Septicaemia, Intermediate Complexity	D	D		2	19	6.3				0.4861	0.9721	0.4861	1.9443	0.2483	0.1986
T60C	Septicaemia, Minor Complexity	D	D		1	13	4.2			One day	0.4506	0.4506	0.0000	1.2528	0.2388	0.1910
T61A	Postoperative Infections, Major Complexity	D	D		2	20	6.4				0.3766	0.7532	0.3766	1.5063	0.1874	0.1499
T61B	Postoperative Infections, Minor Complexity	D	D		1	15	4.1	S	0.2508	One day	0.3310	0.3310	0.0000	0.8513	0.1675	0.1340
T62A	Fever of Unknown Origin, Major Complexity	D	D		1	15	4.6				0.7401	1.4802	0.0000	1.4802	0.2597	0.2077
T62B	Fever of Unknown Origin, Minor Complexity	D	D		1	9	3.1	S	0.1988	One day	0.4143	0.4143	0.0000	0.9283	0.2373	0.1899
T63A	Viral Illnesses, Major Complexity	D	D		1	13	3.7			Same day	0.1673	1.2214	0.0000	1.2214	0.2614	0.2091
T63B	Viral Illnesses, Minor Complexity	D	D		0	5	1.7	S	0.197	Same day	0.2203	0.5736	0.0000	0.5736	0.2744	0.2195
T64A	Other Infectious and Parasitic Diseases, Major Complexity	D	D		6	56	20.6				0.5056	1.0111	0.8426	6.0666	0.2361	0.1889
T64B	Other Infectious and Parasitic Diseases, Intermediate Complexity	D	D		2	25	7.7				0.5439	1.0879	0.5439	2.1757	0.2265	0.1812
T64C	Other Infectious and Parasitic Diseases, Minor Complexity	D	D		1	15	4.3	S	0.2831	Same day	0.2290	1.0521	0.0000	1.0521	0.1961	0.1569
U40A	Mental Health Treatment W ECT, Same-day, Major Complexity	D	D		0	3	1.0				0.1704	0.1704	0.0000	0.1704	0.1044	0.0835
U40B	Mental Health Treatment W ECT, Same-day, Minor Complexity	D	D		0	3	1.0				0.1405	0.1405	0.0000	0.1405	0.0931	0.0745
U60Z	Mental Health Treatment W/O ECT, Same-day	D	D		0	3	1.0	S	0.2235		0.2840	0.2840	0.0000	0.2840	0.2272	0.1818

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
U61A	Schizophrenia Disorders, Major Complexity	D	D		2	22	7.0				0.4699	0.9397	0.4699	1.8795	0.2160	0.1728
U61B	Schizophrenia Disorders, Minor Complexity	D	D		1	12	3.7	S	0.5115		0.3365	0.6731	0.0000	0.6731	0.1461	0.1169
U62A	Paranoia and Acute Psychotic Disorders, Major Complexity	D	D		3	28	8.4				0.4089	0.8178	0.5452	2.4535	0.2333	0.1867
U62B	Paranoia and Acute Psychotic Disorders, Minor Complexity	D	D		1	12	3.8	S	0.4792		0.4396	0.8791	0.0000	0.8791	0.1843	0.1474
U63A	Major Affective Disorders, Major Complexity	D	D		2	26	8.5				0.5594	1.1187	0.5594	2.2374	0.2116	0.1693
U63B	Major Affective Disorders, Minor Complexity	D	D		1	11	3.6	S	0.5161		0.3466	0.6931	0.0000	0.6931	0.1521	0.1217
U64A	Other Affective and Somatoform Disorders, Major Complexity	D	D		1	17	4.9				0.7381	1.4761	0.0000	1.4761	0.2395	0.1916
U64B	Other Affective and Somatoform Disorders, Minor Complexity	D	D		1	10	3.2	S	0.3851		0.3357	0.6714	0.0000	0.6714	0.1693	0.1354
U65A	Anxiety Disorders, Major Complexity	D	D		1	14	4.0				0.6214	1.2428	0.0000	1.2428	0.2488	0.1990
U65B	Anxiety Disorders, Minor Complexity	D	D		1	11	3.7	S	0.3188	One day	0.4234	0.4234	0.0000	1.0342	0.2232	0.1786
U66A	Eating and Obsessive-Compulsive Disorders, Major Complexity	D	D		5	45	15.8				0.4998	0.9996	0.7996	4.9978	0.2524	0.2019
U66B	Eating and Obsessive-Compulsive Disorders, Minor Complexity	D	D		3	29	11.0				0.6472	1.2945	0.8630	3.8834	0.2814	0.2251
U67A	Personality Disorders and Acute Reactions, Major Complexity	D	D		2	22	6.0				0.4333	0.8666	0.4333	1.7332	0.2318	0.1855
U67B	Personality Disorders and Acute Reactions, Minor Complexity	D	D		0	9	3.0	S	0.4074		0.6602	0.6602	0.0000	0.6602	0.1765	0.1412
U68A	Childhood Mental Disorders, Major Complexity	D	D		2	21	6.2				0.4508	0.9015	0.4508	1.8031	0.2327	0.1861
U68B	Childhood Mental Disorders, Minor Complexity	D	D		1	13	2.6				0.4928	0.9856	0.0000	0.9856	0.3061	0.2449
V60A	Alcohol Intoxication and Withdrawal, Major Complexity	D	D		1	12	3.9	S	0.3982		0.5726	1.1452	0.0000	1.1452	0.2362	0.1890

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
V60B	Alcohol Intoxication and Withdrawal, Minor Complexity	D	D		0	6	2.0	S	0.269		0.6083	0.6083	0.0000	0.6083	0.2415	0.1932
V61A	Drug Intoxication and Withdrawal, Major Complexity	D	D		1	11	3.5	S	0.3113		0.5715	1.1429	0.0000	1.1429	0.2598	0.2079
V61B	Drug Intoxication and Withdrawal, Minor Complexity	D	D		0	7	2.2	S	0.3112		0.6385	0.6385	0.0000	0.6385	0.2307	0.1845
V62A	Alcohol Use and Dependence, Major Complexity	D	D		1	17	6.0				0.7306	1.4612	0.0000	1.4612	0.1962	0.1570
V62B	Alcohol Use and Dependence, Minor Complexity	D	D		1	13	4.6	S	0.3408		0.5907	1.1814	0.0000	1.1814	0.2051	0.1641
V63Z	Opioid Use and Dependence	D	D		1	14	4.2	S	0.2792		0.4884	0.9768	0.0000	0.9768	0.1875	0.1500
V64A	Other Drug Use and Dependence, Major Complexity	D	D		1	16	4.8				0.5605	1.1210	0.0000	1.1210	0.1868	0.1495
V64B	Other Drug Use and Dependence, Minor Complexity	D	D		1	13	4.0	S	0.2958		0.4113	0.8226	0.0000	0.8226	0.1633	0.1306
W01A	Vent, Trac and Cran Procs for Multiple Significant Trauma, Major Complexity	4	D		20	47	30.3				4.7971	5.2962	0.9481	24.2584	0.3621	0.2897
W01B	Vent, Trac and Cran Procs for Multiple Significant Trauma, Intermediate Complexity	4	D		12	28	19.2				4.0075	4.5759	1.0421	17.0811	0.3621	0.2897
W01C	Vent, Trac and Cran Procs for Multiple Significant Trauma, Minor Complexity	D	D		6	14	10.0				2.8831	3.5516	1.1141	10.2364	0.3621	0.2897
W02A	Hip, Femur and Lower Limb Procedures for Multiple Sig Trauma, Major Complexity	D	D		4	43	13.8				4.2577	4.9247	1.0005	8.9265	0.2710	0.2168
W02B	Hip, Femur and Lower Limb Procedures for Multiple Sig Trauma, Minor Complexity	D	D		2	25	8.1				1.8635	2.5072	0.6437	3.7946	0.2238	0.1791
W03Z	Abdominal Procedures for Multiple Significant Trauma	D	D		3	30	9.5				1.9966	2.6823	0.9142	5.4250	0.3028	0.2422
W04A	Multiple Significant Trauma W Other GIs, Major Complexity	D	D		4	38	13.3				3.0943	3.8103	1.0740	8.1062	0.3004	0.2403

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
W04B	Multiple Significant Trauma W Other GIs, Minor Complexity	D	D		2	20	7.8				2.2130	2.8737	0.6606	4.1949	0.2378	0.1903
W60Z	Multiple Significant Trauma, Transferred to Acute Facility < 5 Days	D	D		0	6	2.2				1.8151	1.8151	0.0000	1.8151	0.3621	0.2897
W61A	Multiple Significant Trauma W/O GIs, Major Complexity	D	D		2	26	8.8				0.7926	1.5851	0.7926	3.1703	0.2880	0.2304
W61B	Multiple Significant Trauma W/O GIs, Minor Complexity	D	D		1	12	3.9				0.7880	1.5761	0.0000	1.5761	0.3197	0.2558
X02A	Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Major Complexity	D	D		1	16	6.0				1.9804	2.7368	0.0000	2.7368	0.1774	0.1419
X02B	Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Minor Complexity	D	D		0	4	1.3				0.8000	0.8000	0.0000	0.8000	0.2164	0.1731
X04A	Other Procedures for Injuries to Lower Limb, Major Complexity	D	D		2	25	6.7				1.1768	1.7037	0.5269	2.7575	0.2200	0.1760
X04B	Other Procedures for Injuries to Lower Limb, Minor Complexity	D	D		0	4	1.4				0.7620	0.7620	0.0000	0.7620	0.2252	0.1801
X05A	Other Procedures for Injuries to Hand, Major Complexity	D	D		0	7	1.9				1.0711	1.0711	0.0000	1.0711	0.2196	0.1757
X05B	Other Procedures for Injuries to Hand, Minor Complexity	D	D		0	3	1.1				0.5201	0.5201	0.0000	0.5201	0.1580	0.1264
X06A	Other Procedures for Other Injuries, Major Complexity	D	D		4	39	13.1				1.1578	1.5911	0.6499	4.1905	0.1847	0.1478
X06B	Other Procedures for Other Injuries, Intermediate Complexity	D	D		1	17	4.7			One day	0.7142	0.7142	0.0000	1.7329	0.1915	0.1532
X06C	Other Procedures for Other Injuries, Minor Complexity	D	D		0	4	1.3				0.6263	0.6263	0.0000	0.6263	0.1920	0.1536
X07A	Skin Grafts for Injuries Excluding Hand, Major Complexity	D	D		5	48	16.3				1.6921	2.0697	0.6041	5.0901	0.1623	0.1298
X07B	Skin Grafts for Injuries Excluding Hand, Intermediate Complexity	D	D		2	23	8.4				1.2009	1.6890	0.4881	2.6652	0.1632	0.1306

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
X07C	Skin Grafts for Injuries Excluding Hand, Minor Complexity	D	D		1	12	3.8				0.9123	1.3859	0.0000	1.3859	0.1766	0.1413
X40A	Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Major Complexity	D	D		2	24	7.6				1.0546	2.0683	1.0137	4.0958	0.3621	0.2897
X40B	Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Minor Complexity	D	D		1	13	3.9				1.1890	2.3707	0.0000	2.3707	0.3621	0.2897
X60A	Injuries, Major Complexity	D	D		1	13	3.9	S	0.3216	Same day	0.3481	1.0270	0.0000	1.0270	0.2105	0.1684
X60B	Injuries, Minor Complexity	D	D		0	5	1.6	S	0.2841	Same day	0.3309	0.6029	0.0000	0.6029	0.2981	0.2385
X61A	Allergic Reactions, Major Complexity	D	D		0	6	1.8	S	0.2288		0.8679	0.8679	0.0000	0.8679	0.3621	0.2897
X61B	Allergic Reactions, Minor Complexity	D	D		0	4	1.2	S	0.1718	Same day	0.2450	0.4823	0.0000	0.4823	0.3289	0.2631
X62A	Poisoning/Toxic Effects of Drugs and Other Substances, Major Complexity	D	D		1	13	4.1	S	0.4041	One day	0.7191	0.7191	0.0000	1.6866	0.3287	0.2629
X62B	Poisoning/Toxic Effects of Drugs and Other Substances, Minor Complexity	D	D		0	5	1.6	S	0.2597	Same day	0.3219	0.7215	0.0000	0.7215	0.3621	0.2897
X63A	Sequelae of Treatment, Major Complexity	D	D		1	16	4.3			Same day	0.2547	1.2688	0.0000	1.2688	0.2348	0.1879
X63B	Sequelae of Treatment, Minor Complexity	D	D		0	7	1.9	S	0.2302	Same day	0.2274	0.5384	0.0000	0.5384	0.2326	0.1861
X64A	Other Injuries, Poisonings and Toxic Effects, Major Complexity	D	D		1	14	4.1				0.6466	1.2932	0.0000	1.2932	0.2497	0.1997
X64B	Other Injuries, Poisonings and Toxic Effects, Intermediate Complexity	D	D		0	5	1.5	S	0.3544		0.5107	0.5107	0.0000	0.5107	0.2816	0.2253
X64C	Other Injuries, Poisonings and Toxic Effects, Minor Complexity	D	D		0	4	1.3	S	0.256	Same day	0.2536	0.4414	0.0000	0.4414	0.2782	0.2226
Y01Z	Vent ≥ 96 Hours or Trach for Burns or GIs for Severe Full Thickness Burns	4	D		33	76	42.0				10.7506	11.4033	1.2658	53.1733	0.3621	0.2897

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
Y02A	Skin Grafts for Other Burns, Major Complexity	D	D		7	66	23.9				1.9586	2.3672	0.7004	7.2700	0.1677	0.1342
Y02B	Skin Grafts for Other Burns, Intermediate Complexity	D	D		2	26	11.2				1.5834	2.3679	0.7845	3.9368	0.1955	0.1564
Y02C	Skin Grafts for Other Burns, Minor Complexity	D	D		1	12	2.4				0.8803	1.2300	0.0000	1.2300	0.2015	0.1612
Y03A	Other GIs for Other Burns, Major Complexity	D	D		3	30	9.4			One day	0.7660	0.7660	0.7024	2.8732	0.2473	0.1979
Y03B	Other GIs for Other Burns, Minor Complexity	D	D		1	17	4.9			One day	0.4936	0.4936	0.0000	1.5510	0.2072	0.1657
Y60Z	Burns, Transferred to Acute Facility < 5 Days	D	D		0	5	1.7	S	0.3413		0.7698	0.7698	0.0000	0.7698	0.3621	0.2897
Y61Z	Severe Burns	D	D		1	11	2.0				0.2866	0.5733	0.0000	0.5733	0.2909	0.2327
Y62A	Other Burns, Major Complexity	D	D		1	15	4.9			Same day	0.1965	1.3976	0.0000	1.3976	0.2859	0.2287
Y62B	Other Burns, Minor Complexity	D	D		1	11	2.6	S	0.2155	Same day	0.2444	0.6806	0.0000	0.6806	0.2623	0.2098
Z01A	Other Contacts W Health Services W GIs, Major Complexity	D	D		2	21	7.9			Same day	0.7147	1.8019	0.5203	2.8424	0.2650	0.2120
Z01B	Other Contacts W Health Services W GIs, Minor Complexity	D	D		0	4	1.2			Same day	0.4911	1.1107	0.0000	1.1107	0.3621	0.2897
Z40Z	Other Contacts W Health Services W Endoscopy	D	D		0	3	1.0				0.2592	0.2592	0.0000	0.2592	0.1051	0.0840
Z60A	Rehabilitation, Major Complexity	I	I		0	0	0.0				0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Z60B	Rehabilitation, Minor Complexity	I	I		0	0	0.0				0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Z61A	Signs and Symptoms, Major Complexity	D	D		2	19	6.0	S	0.3189	One day	0.4127	0.4127	0.5276	1.4679	0.1942	0.1554
Z61B	Signs and Symptoms, Minor Complexity	D	D		0	7	2.1	S	0.2436	Same day	0.1648	0.6480	0.0000	0.6480	0.2504	0.2004

Vic DRG 9.0	Description	Mech. vent co-payment	No invasive vent co-payment	Other co-payment	Boundary – low	Boundary – high	Avg inlier stay	Short stay DRG	Short stay weight	Same/ one-day DRG	Same-day weight	One-day weight	Multi-day low outlier per diem	Inlier weight	High outlier per diem	HITH outlier per diem
Z63A	Other Follow Up After Surgery or Medical Care, Major Complexity	D	D		2	18	5.9				0.3108	0.6215	0.3108	1.2430	0.2117	0.1693
Z63B	Other Follow Up After Surgery or Medical Care, Minor Complexity	D	D		1	16	4.7			One day	0.2032	0.2032	0.0000	0.8029	0.1716	0.1373
Z64A	Other Factors Influencing Health Status, Major Complexity	D	D		2	19	5.7	S	0.3863	Same day	0.2617	0.6784	0.3392	1.3567	0.1888	0.1511
Z64B	Other Factors Influencing Health Status, Minor Complexity	D	D		0	7	1.5	S	0.2647	Same day	0.2155	0.4418	0.0000	0.4418	0.2282	0.1826
Z65Z	Congenital Anomalies and Problems Arising from Neonatal Period	D	D		0	6	1.4				0.5433	0.5433	0.0000	0.5433	0.3143	0.2515
Z66Z	Sleep Disorders	D	D		0	3	1.0				0.2393	0.2393	0.0000	0.2393	0.1848	0.1479
801A	GIs Unrelated to Principal Diagnosis, Major Complexity	D	D		6	61	19.5				1.3553	1.8824	0.8785	7.1532	0.2276	0.1821
801B	GIs Unrelated to Principal Diagnosis, Intermediate Complexity	D	D		2	24	8.6				1.3547	2.0879	0.7332	3.5543	0.2384	0.1907
801C	GIs Unrelated to Principal Diagnosis, Minor Complexity	D	D		0	6	1.6				0.9783	0.9783	0.0000	0.9783	0.2393	0.1914
960Z	Ungroupable	I	I		0	0	0.0				0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
961Z	Unacceptable Principal Diagnosis	I	I		0	0	0.0				0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
963Z	Neonatal Diagnosis Not Consistent W Age/Weight	I	I		0	0	0.0				0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

1.3.2 Subacute WIES4 cost weights

Table 1.21 shows subacute WIES4 cost weights for 2019–20.

Notes:

i. Maintenance care and Department of Veterans' Affairs nursing home type patients will continue to be paid on a per diem basis in 2019–20.

ii. In 2019–20 a loading to SWIES will apply to level 5 statewide specialist spinal rehabilitation services.

Table 1.21: Subacute WIES4 cost weights 2019–20

Code	Class	Description	Per diem funded	Boundary-low	Boundary-high	Avg inlier stay	Per diem weight	Low outlier weight	Inlier weight	High outlier weight
4A21	AN-SNAP (Rehab)	Orthopaedic conditions, all other (including replacements), weighted FIM™ motor 68–91	0	4	12	8.15	–	0.1202	0.4809	0.0648
4A22	AN-SNAP (Rehab)	Orthopaedic conditions, all other (including replacements), weighted FIM™ motor 50–67	0	6	15	10.88	–	0.1076	0.6460	0.0629
4A23	AN-SNAP (Rehab)	Orthopaedic conditions, all other (including replacements), weighted FIM™ motor 19–49	0	12	20	16.33	–	0.0850	1.0207	0.0627
4A31	AN-SNAP (Rehab)	Cardiac, Pain syndromes, Pulmonary, weighted FIM™ motor 72–91	0	6	15	10.67	–	0.1076	0.6461	0.0660
4A32	AN-SNAP (Rehab)	Cardiac, Pain syndromes, Pulmonary, weighted FIM ™ motor 55–71	0	8	16	12.47	–	0.0883	0.7068	0.0589
4A33	AN-SNAP (Rehab)	Cardiac, Pain syndromes, Pulmonary, weighted FIM™ motor 34–54	0	11	20	15.95	–	0.0853	0.9383	0.0596
4A34	AN-SNAP (Rehab)	Cardiac, Pain syndromes, Pulmonary, weighted FIM™ motor 19–33	0	17	25	21.19	–	0.0755	1.2842	0.0600
4A91	AN-SNAP (Rehab)	All other impairments, weighted FIM™ motor 55–91	0	11	19	15.08	–	0.0778	0.8562	0.0624
4A92	AN-SNAP (Rehab)	All other impairments, weighted FIM™ motor 33–54	0	14	23	18.96	–	0.0863	1.2088	0.0635
4A93	AN-SNAP (Rehab)	All other impairments, weighted FIM™ motor 19–32	0	21	29	25.28	–	0.0686	1.4414	0.0700
4AA1	AN-SNAP (Rehab)	Stroke, weighted FIM™ motor 51–91, FIM™ cognition 29–35	0	8	16	12.23	–	0.0943	0.7545	0.0691

Code	Class	Description	Per diem funded	Boundary-low	Boundary-high	Avg inlier stay	Per diem weight	Low outlier weight	Inlier weight	High outlier weight
4AA2	AN-SNAP (Rehab)	Stroke, weighted FIM™ motor 51–91, FIM™ cognition 19–28	0	11	19	15.09	–	0.0995	1.0948	0.0693
4AA3	AN-SNAP (Rehab)	Stroke, weighted FIM™ motor 51–91, FIM™ cognition 5–18	0	17	25	21.09	–	0.1020	1.7346	0.0745
4AA4	AN-SNAP (Rehab)	Stroke, weighted FIM™ motor 36–50, Age ≥ 68	0	19	27	23.31	–	0.0861	1.6361	0.0661
4AA5	AN-SNAP (Rehab)	Stroke, weighted FIM™ motor 36–50, Age ≤ 67	0	22	31	26.83	–	0.0874	1.9231	0.0708
4AA6	AN-SNAP (Rehab)	Stroke, weighted FIM™ motor 19–35, Age ≥ 68	0	28	36	32.26	–	0.0782	2.1916	0.0641
4AA7	AN-SNAP (Rehab)	Stroke, weighted FIM™ motor 19–35, Age ≤ 67	0	36	45	40.72	–	0.0847	3.0508	0.0713
4AB1	AN-SNAP (Rehab)	Brain dysfunction, weighted FIM™ motor 71–91, FIM™ cognition 26–35	0	7	15	11.29	–	0.1193	0.8357	0.0802
4AB2	AN-SNAP (Rehab)	Brain dysfunction, weighted FIM™ motor 71–91, FIM™ cognition 5–25	0	18	26	22.39	–	0.1180	2.1246	0.0779
4AB3	AN-SNAP (Rehab)	Brain dysfunction, weighted FIM™ motor 41–70, FIM™ cognition 26–35	0	13	22	17.64	–	0.0886	1.1525	0.0704
4AB4	AN-SNAP (Rehab)	Brain dysfunction, weighted FIM™ motor 41–70, FIM™ cognition 17–25	0	16	24	20.01	–	0.1042	1.6672	0.0776
4AB5	AN-SNAP (Rehab)	Brain dysfunction, weighted FIM™ motor 41–70, FIM™ cognition 5–16	0	32	40	36.01	–	0.0746	2.3885	0.0742
4AB6	AN-SNAP (Rehab)	Brain dysfunction, weighted FIM™ motor 29–40	0	25	33	29.38	–	0.1071	2.6787	0.0748
4AB7	AN-SNAP (Rehab)	Brain dysfunction, weighted FIM™ motor 19–28	0	35	44	39.54	–	0.0850	2.9777	0.0716
4AC1	AN-SNAP (Rehab)	Neurological conditions, weighted FIM™ motor 62–91	0	8	16	12.39	–	0.1030	0.8243	0.0651
4AC2	AN-SNAP (Rehab)	Neurological conditions, weighted FIM™ motor 43–61	0	14	22	18.32	–	0.0803	1.1254	0.0637
4AC3	AN-SNAP (Rehab)	Neurological conditions, weighted FIM™ motor 19–42	0	22	31	26.78	–	0.0762	1.6781	0.0645
4AD1	AN-SNAP (Rehab)	Spinal cord dysfunction, Age ≥ 50, weighted FIM™ motor 42–91	0	17	25	21.40	–	0.0654	1.1122	0.0740
4AD2	AN-SNAP (Rehab)	Spinal cord dysfunction, Age ≥ 50, weighted FIM™ motor 19–41	0	30	39	34.64	–	0.0979	2.9393	0.0753

Code	Class	Description	Per diem funded	Boundary-low	Boundary-high	Avg inlier stay	Per diem weight	Low outlier weight	Inlier weight	High outlier weight
4AD3	AN-SNAP (Rehab)	Spinal cord dysfunction, Age ≤ 49, weighted FIM™ motor 34–91	0	19	27	23.48	–	0.0981	1.8655	0.0831
4AD4	AN-SNAP (Rehab)	Spinal cord dysfunction, Age ≤ 49, weighted FIM™ motor 19–33	0	77	85	81.08	–	0.1013	7.8043	0.0886
4AE1	AN-SNAP (Rehab)	Amputation of limb, Age ≥ 54, weighted FIM™ motor 68–91	0	7	16	11.75	–	0.1208	0.8461	0.0816
4AE2	AN-SNAP (Rehab)	Amputation of limb, Age ≥ 54, weighted FIM™ motor 31–67	0	19	28	23.78	–	0.0735	1.3973	0.0724
4AE3	AN-SNAP (Rehab)	Amputation of limb, Age ≥ 54, weighted FIM™ motor 19–30	0	19	27	23.19	–	0.0690	1.3115	0.0602
4AE4	AN-SNAP (Rehab)	Amputation of limb, Age ≤ 53, weighted FIM™ motor 19–91	0	16	24	20.44	–	0.0829	1.3276	0.0653
4AH1	AN-SNAP (Rehab)	Orthopaedic conditions, fractures, weighted FIM™ motor 49–91, FIM™ cognition 33–35	0	8	17	12.89	–	0.0919	0.7354	0.0614
4AH2	AN-SNAP (Rehab)	Orthopaedic conditions, fractures, weighted FIM™ motor 49–91, FIM™ cognition 5–32	0	11	20	15.94	–	0.0818	0.9002	0.0568
4AH3	AN-SNAP (Rehab)	Orthopaedic conditions, fractures, weighted FIM™ motor 38–48	0	15	23	19.24	–	0.0727	1.0907	0.0569
4AH4	AN-SNAP (Rehab)	Orthopaedic conditions, fractures, weighted FIM™ motor 19–37	0	19	28	23.57	–	0.0701	1.3334	0.0569
4AP1	AN-SNAP (Rehab)	Major Multiple Trauma, weighted FIM™ motor 19–91	0	20	28	24.34	–	0.0938	1.8760	0.0833
4AR1	AN-SNAP (Rehab)	Reconditioning, weighted FIM™ motor 67–91	0	6	14	10.50	–	0.1055	0.6330	0.0647
4AR2	AN-SNAP (Rehab)	Reconditioning, weighted FIM™ motor 50–66, FIM™ cognition 26–35	0	8	17	12.60	–	0.0941	0.7532	0.0620
4AR3	AN-SNAP (Rehab)	Reconditioning, weighted FIM™ motor 50–66, FIM™ cognition 5–25	0	10	19	14.58	–	0.0831	0.8319	0.0594
4AR4	AN-SNAP (Rehab)	Reconditioning, weighted FIM™ motor 34–49, FIM™ cognition 31–35	0	15	24	19.50	–	0.0667	1.0013	0.0652

Code	Class	Description	Per diem funded	Boundary-low	Boundary-high	Avg inlier stay	Per diem weight	Low outlier weight	Inlier weight	High outlier weight
4AR5	AN-SNAP (Rehab)	Reconditioning, weighted FIM™ motor 34–49, FIM™ cognition 5–30	0	14	22	18.47	–	0.0695	0.9732	0.0619
4AR6	AN-SNAP (Rehab)	Reconditioning, weighted FIM™ motor 19–33	0	19	28	23.88	–	0.0718	1.3653	0.0628
4AZ1	AN-SNAP (Rehab)	Weighted FIM™ motor score 13–18, Brain, Spine, MMT, Age ≥ 49	0	41	50	45.66	–	0.1130	4.6347	0.0824
4AZ2	AN-SNAP (Rehab)	Weighted FIM™ motor score 13–18, Brain, Spine, MMT, Age ≤ 48	0	41	50	45.87	–	0.1231	5.0479	0.0893
4AZ3	AN-SNAP (Rehab)	Weighted FIM™ motor score 13–18, All other impairments, Age ≥ 65	0	24	33	28.68	–	0.0810	1.9441	0.0643
4AZ4	AN-SNAP (Rehab)	Weighted FIM™ motor score 13–18, All other impairments, Age ≤ 64	0	31	40	35.70	–	0.0844	2.6164	0.0734
4F01	AN-SNAP (Rehab)	Rehabilitation, Age ≤ 3	0	9	17	13.46	–	0.3502	3.1524	0.1370
4F02	AN-SNAP (Rehab)	Rehabilitation, Age ≥ 4, Spinal cord dysfunction	0	16	25	20.59	–	0.1433	2.2930	0.1322
4F03	AN-SNAP (Rehab)	Rehabilitation, Age ≥ 4, Brain dysfunction	0	14	22	18.43	–	0.2076	2.9069	0.1347
4F04	AN-SNAP (Rehab)	Rehabilitation, Age ≥ 4, Neurological conditions	0	7	15	11.10	–	0.1901	1.3313	0.1285
4F05	AN-SNAP (Rehab)	Rehabilitation, Age ≥ 4, All other impairments	0	6	14	10.39	–	0.3011	1.8066	0.1397
4J01	AN-SNAP (Rehab)	Adult same-day rehabilitation	0	1	1	1.00	–	0.0396	0.0396	0.0396
4O01	AN-SNAP (Rehab)	Paediatric same-day rehabilitation	0	1	1	–	–	0.0396	0.0396	0.0396
4BD1	AN-SNAP (Pall Care)	Deteriorating phase, RUG-ADL 4–14	0	3	11	7.17	–	0.1499	0.4497	0.0775
4BD2	AN-SNAP (Pall Care)	Deteriorating phase, RUG-ADL 15–18, Age ≥ 75	0	1	8	4.42	–	0.2100	0.2100	0.0783
4BD3	AN-SNAP (Pall Care)	Deteriorating phase, RUG-ADL 15–18, Age 55–74	0	1	9	5.43	–	0.2489	0.2489	0.0838
4BD4	AN-SNAP (Pall Care)	Deteriorating phase, RUG-ADL 15–18, Age ≤ 54	0	2	11	6.69	–	0.3050	0.6101	0.0887
4BS1	AN-SNAP (Pall Care)	Stable phase, RUG-ADL 4–5	0	4	12	8.39	–	0.1304	0.5219	0.0825
4BS2	AN-SNAP (Pall Care)	Stable phase, RUG-ADL 6–16	0	4	12	8.02	–	0.1288	0.5154	0.0738
4BS3	AN-SNAP (Pall Care)	Stable phase, RUG-ADL 17–18	0	4	13	8.92	–	0.1517	0.6071	0.0760

Code	Class	Description	Per diem funded	Boundary-low	Boundary-high	Avg inlier stay	Per diem weight	Low outlier weight	Inlier weight	High outlier weight
4BT1	AN-SNAP (Pall Care)	Terminal phase	0	1	7	2.78	–	0.2269	0.2269	0.0980
4BU1	AN-SNAP (Pall Care)	Unstable phase, First phase in episode, RUG-ADL 4–13	0	1	9	4.77	–	0.1874	0.1874	0.0667
4BU2	AN-SNAP (Pall Care)	Unstable phase, First phase in episode, RUG-ADL 14–18	0	1	7	2.79	–	0.1256	0.1256	0.0626
4BU3	AN-SNAP (Pall Care)	Unstable phase, Not first phase in episode, RUG-ADL 4–5	0	1	7	2.87	–	0.1806	0.1806	0.0805
4BU4	AN-SNAP (Pall Care)	Unstable phase, Not first phase in episode, RUG-ADL 6–18	0	1	7	3.28	–	0.1646	0.1646	0.0776
4G01	AN-SNAP (Pall Care)	Palliative care, Not terminal phase, Age < 1 year	0	2	10	–	–	0.1288	0.5154	0.0738
4G02	AN-SNAP (Pall Care)	Palliative care, Stable phase, Age ≥ 1 year	0	2	10	–	–	0.1288	0.5154	0.0738
4G03	AN-SNAP (Pall Care)	Palliative care, Unstable or deteriorating phase, Age = 1 year	0	2	10	1.00	–	0.1806	0.1806	0.0805
4G04	AN-SNAP (Pall Care)	Palliative care, Terminal phase	0	2	10	–	–	0.2269	0.2269	0.0980
4K01	AN-SNAP (Pall Care)	Adult same-day palliative care	0	1	1	1.00	–	0.0423	0.0423	0.0423
4P01	AN-SNAP (Pall Care)	Paediatric same-day palliative care	0	1	1	–	–	0.0423	0.0423	0.0423
4CH1	AN-SNAP (GEM)	FIM™ motor 57–91 with delirium or dementia	0	16	25	20.91	–	0.0758	1.2143	0.0585
4CH2	AN-SNAP (GEM)	FIM™ motor 57–91 without delirium or dementia	0	10	19	14.53	–	0.0824	0.8241	0.0597
4CL1	AN-SNAP (GEM)	FIM™ motor 13–17 with delirium or dementia	0	23	32	27.68	–	0.0730	1.6801	0.0624
4CL2	AN-SNAP (GEM)	FIM™ motor 13–17 without delirium or dementia	0	19	28	23.74	–	0.0778	1.4786	0.0630
4CM1	AN-SNAP (GEM)	FIM™ motor 18–56 with delirium or dementia	0	20	28	24.33	–	0.0738	1.4779	0.0598
4CM2	AN-SNAP (GEM)	FIM™ motor 18–56 without delirium or dementia	0	15	24	19.90	–	0.0802	1.2033	0.0606
4L01	AN-SNAP (GEM)	Same-day GEM	0	1	1	1.00	–	0.0266	0.0266	0.0266
4DL1	AN-SNAP (Psychogeriatric)	Long-term care	0	0	0	0	0	0.0000	0.0000	0.0000

Code	Class	Description	Per diem funded	Boundary-low	Boundary-high	Avg inlier stay	Per diem weight	Low outlier weight	Inlier weight	High outlier weight
4DS1	AN-SNAP (Psychogeriatric)	HoNOS 65+ Overactive behaviour 3–4, LOS ≤ 91	0	0	0	0	0	0.0000	0.0000	0.0000
4DS2	AN-SNAP (Psychogeriatric)	HoNOS 65+ Overactive behaviour 1–2, HoNOS 65+ ADL 4, LOS ≤ 91	0	0	0	0	0	0.0000	0.0000	0.0000
4DS3	AN-SNAP (Psychogeriatric)	HoNOS 65+ Overactive behaviour 1–2, HoNOS 65+ ADL 0–3, LOS ≤ 91	0	0	0	0	0	0.0000	0.0000	0.0000
4DS4	AN-SNAP (Psychogeriatric)	HoNOS 65+ Overactive behaviour 0, HoNOS 65+ total 18–48, LOS ≤ 91	0	0	0	0	0	0.0000	0.0000	0.0000
4DS5	AN-SNAP (Psychogeriatric)	HoNOS 65+ Overactive behaviour 0, HoNOS 65+ total 0–17, LOS ≤ 91	0	0	0	0	0	0.0000	0.0000	0.0000
4M01	AN-SNAP (Psychogeriatric)	Same-day psychogeriatric care	0	0	0	0	0	0.0000	0.0000	0.0000
4EL1	AN-SNAP (Non-Acute)	Long-term care	1	0	0	0	0.0512	0.0000	0.0000	0.0000
4ES1	AN-SNAP (Non-Acute)	Age ≥ 60, RUG-ADL 4–11, LOS ≤ 91	1	0	0	0	0.0512	0.0000	0.0000	0.0000
4ES2	AN-SNAP (Non-Acute)	Age ≥ 60, RUG-ADL 12–15, LOS ≤ 91	1	0	0	0	0.0512	0.0000	0.0000	0.0000
4ES3	AN-SNAP (Non-Acute)	Age ≥ 60, RUG-ADL 16–18, LOS ≤ 91	1	0	0	0	0.0512	0.0000	0.0000	0.0000
4ES4	AN-SNAP (Non-Acute)	Age 18–59, LOS ≤ 91	1	0	0	0	0.0512	0.0000	0.0000	0.0000
4ES5	AN-SNAP (Non-Acute)	Age ≤ 17, LOS ≤ 91	1	0	0	0	0.0512	0.0000	0.0000	0.0000
499A	AN-SNAP (Rehab)	Adult overnight rehabilitation – ungroupable	0	0.00	0	0	0.0000	0.0000	0.0000	0.0000
499B	AN-SNAP (Pall Care)	Adult overnight palliative care – ungroupable	0	0.00	0	0	0.0000	0.0000	0.0000	0.0000
499C	AN-SNAP (GEM)	Overnight GEM – ungroupable	0	0.00	0	0	0.0000	0.0000	0.0000	0.0000
499D	AN-SNAP (Psychogeriatric)	Overnight psychogeriatric care – ungroupable	0	0.00	0	0	0.0000	0.0000	0.0000	0.0000

Code	Class	Description	Per diem funded	Boundary-low	Boundary-high	Avg inlier stay	Per diem weight	Low outlier weight	Inlier weight	High outlier weight
499E	AN-SNAP (Non-Acute)	Overnight non-acute care – ungroupable	0	0.00	0	0	0.0000	0.0000	0.0000	0.0000
499F	AN-SNAP (Rehab)	Paediatric overnight rehabilitation – ungroupable	0	0.00	0	0	0.0000	0.0000	0.0000	0.0000
499G	AN-SNAP (Pall Care)	Paediatric overnight palliative care – ungroupable	0	0.00	0	0	0.0000	0.0000	0.0000	0.0000

1.3.3 WASE cost weights

The Tier 2 non-admitted services classes as shown in Table 1.22 provide the relevant WASE3 cost weights for 2019–20. The table also shows the Tier 2 classes out of scope for WASE3 that are funded from other sources.

Note:

i. In relation to these services: all non-admitted patient sessions performed per month are to be bundled and counted as one non-admitted patient service event per patient per calendar month, regardless of the number of sessions.

Table 1.22: WASE3 cost weights 2019–20

Tier 2 code	Tier 2 class	VIC-Tier 2 group	Price weight
10.01	Hyperbaric Medicine	36	1.15
10.02	Interventional Imaging	36	1.15
10.03	Minor Surgical	37	0.60
10.04	Dental	36	1.15
10.05	Angioplasty/angiography	37	0.60
10.06	Endoscopy – Gastrointestinal	38	0.66
10.07	Endoscopy – Urological/Gynaecological	37	0.60
10.08	Endoscopy – Orthopaedic	37	0.60
10.09	Endoscopy – Respiratory/ENT	38	0.66
10.10	Renal Dialysis - Hospital Delivered	Out of scope	0.00
10.11	Chemotherapy Treatment	39	1.62
10.12	Radiation Oncology (Treatment)	Out of scope	0.00
10.13	Minor Medical	36	1.15
10.14	Endoscopy – Orthopaedic	37	0.60
10.15(i)	Renal Dialysis - Haemodialysis - Home Delivered	Out of scope	0.00
10.16(i)	Renal Dialysis - Peritoneal Dialysis - Home Delivered	Out of scope	0.00
10.17(i)	Total Parenteral Nutrition - Home Delivered	Out of scope	0.00
10.18(i)	Enteral Nutrition - Home Delivered	Out of scope	0.00
10.19(i)	Home Ventilation	Out of scope	0.00
10.20	Radiotherapy (simulation and planning)	Out of scope	0.00
20.01	Transplants	22	1.48
20.02	Anaesthetics	20	1.26
20.03	Pain Management	7	1.52
20.04	Developmental Disabilities	13	1.98
20.05	General Medicine	9	0.95
20.06	General Practice and Primary Care	Out of scope	0.00
20.07	General Surgery	21	0.70
20.08	Genetics	Out of scope	0.00
20.09	Geriatric Medicine	10	0.70
20.10	Haematology	11	0.88

Tier 2 code	Tier 2 class	VIC-Tier 2 group	Price weight
20.11	Paediatric Medicine	12	0.91
20.12	Paediatric Surgery	20	1.26
20.13	Palliative Care	9	0.95
20.14	Epilepsy	10	0.70
20.15	Neurology	9	0.95
20.16	Neurosurgery	20	1.26
20.17	Ophthalmology	23	0.64
20.18	Ear, Nose and Throat	21	0.70
20.19	Respiratory	5	0.95
20.20	Respiratory – Cystic Fibrosis	5	0.95
20.21	Anti-coagulant Screening and Management	10	0.70
20.22	Cardiology	14	0.83
20.23	Cardiothoracic	20	1.26
20.24	Vascular Surgery	21	0.70
20.25	Gastroenterology	5	0.95
20.26	Hepatobiliary	24	0.88
20.27	Craniofacial	21	0.70
20.28	Metabolic Bone	9	0.95
20.29	Orthopaedics	21	0.70
20.30	Rheumatology	15	0.97
20.31	Spinal	16	0.48
20.32	Breast	20	1.26
20.33	Dermatology	17	0.77
20.34	Endocrinology	10	0.70
20.35	Nephrology	18	0.97
20.36	Urology	25	0.85
20.37	Assisted Reproductive Technology	19	1.40
20.38	Gynaecology	21	0.70
20.39	Gynaecology Oncology	20	1.26
20.40	Obstetrics	1	0.63
20.41	Immunology	5	0.95
20.42	Medical Oncology (Consultation)	8	1.14
20.43	Radiation Oncology (Consultation)	Out of scope	0.00
20.44	Infectious Diseases	7	1.52
20.45	Psychiatry	7	1.52
20.46	Plastic and Reconstructive Surgery	26	0.54
20.47	Rehabilitation	6	0.51
20.48	Multidisciplinary Burns Clinic	10	0.70
20.49	Geriatric evaluation and management (GEM)	Out of scope	0.00

Tier 2 code	Tier 2 class	VIC-Tier 2 group	Price weight
20.50	Psychogeriatric	Out of scope	0.00
20.51	Sleep Disorders	6	0.51
20.52	Addiction Medicine	8	1.14
20.53	Obstetrics – Management of Complex Pregnancy	2	0.57
20.54	Maternal Fetal Medicine	3	0.70
20.55	Telehealth – Patient Location	10	0.70
20.56	Multidisciplinary case conference (MDCC) - patient not present	Out of scope	0.00
30.01	General Imaging	Out of scope	0.00
30.02	Medical Resonance Imaging (MRI)	Out of scope	0.00
30.03	Computerised Tomography (CT)	Out of scope	0.00
30.04	Nuclear Medicine	Out of scope	0.00
30.05	Pathology (Microbiology, Haematology, Biochemistry)	Out of scope	0.00
30.06	Positron Emission Tomography (PET)	Out of scope	0.00
30.07	Mammography Screening	Out of scope	0.00
30.08	Clinical Measurement	Out of scope	0.00
40.02	Aged Care Assessment	Out of scope	0.00
40.03	Aids and Appliances	35	0.37
40.04	Clinical Pharmacology	33	0.90
40.05	Hydrotherapy	35	0.37
40.06	Occupational Therapy	34	0.50
40.07	Pre-Admission and Pre-Anaesthesia	30	0.45
40.08	Primary Health Care	Out of scope	0.00
40.09	Physiotherapy	34	0.50
40.10	Sexual Health	28	0.82
40.11	Social Work	33	0.90
40.12	Rehabilitation	34	0.50
40.13	Wound Management	29	0.60
40.14	Neuropsychology	27	1.52
40.15	Optometry	34	0.50
40.16	Orthoptics	35	0.37
40.17	Audiology	33	0.90
40.18	Speech Pathology	34	0.50
40.21	Cardiac Rehabilitation	35	0.37
40.22	Stomal Therapy	28	0.82
40.23	Nutrition/Dietetics	34	0.50
40.24	Orthotics	33	0.90
40.25	Podiatry	34	0.50
40.27	Family Planning	Out of scope	0.00

Tier 2 code	Tier 2 class	VIC-Tier 2 group	Price weight
40.28	Midwifery	4	0.60
40.29	Psychology	33	0.90
40.30	Alcohol and Other Drugs	27	1.52
40.31	Burns	29	0.60
40.32	Continence	28	0.82
40.33	General Counselling	Out of scope	0.00
40.34	Specialist Mental Health	Out of scope	0.00
40.35	Palliative Care	Out of scope	0.00
40.36	Geriatric evaluation and management (GEM)	Out of scope	0.00
40.37	Psychogeriatric	Out of scope	0.00
40.38	Infectious Diseases	27	1.52
40.39	Neurology	28	0.82
40.40	Respiratory	27	1.52
40.41	Gastroenterology	29	0.60
40.42	Circulatory	30	0.45
40.43	Hepatobiliary	27	1.52
40.44	Orthopaedics	29	0.60
40.45	Dermatology	29	0.60
40.46	Endocrinology	31	0.49
40.47	Nephrology	30	0.45
40.48	Haematology and Immunology	27	1.52
40.49	Gynaecology	28	0.82
40.50	Urology	28	0.82
40.51	Breast	32	0.71
40.52	Oncology	28	0.82
40.53	General Medicine	30	0.45
40.54	General Surgery	30	0.45
40.55	Paediatrics	27	1.52
40.56	Falls prevention	Out of scope	0.00
40.57	Cognition and memory	Out of scope	0.00
40.58	Hospital avoidance programs	Out of scope	0.00
40.59	Post-acute care	Out of scope	0.00
40.60	Pulmonary Rehabilitation	35	0.37
40.61	Telehealth – Patient Location	35	0.37
40.62	Multidisciplinary case conference (MDCC) - patient not present	Out of scope	0.00

1.3.4 WASE review proportions

The following table applies to health services not reporting to VINAH. The statewide proportion of review service events will be applied instead of a health-specific factor. The statewide proportions are shown in Table 1.23.

Table 1.23: WASE Review proportion for non-VINAH reporting health services for 2019–20

Vic-Tier 2 group	Statewide review ratio
Vic-Tier 2 Group 1	0 per cent
Vic-Tier 2 Group 2	0 per cent
Vic-Tier 2 Group 3	0 per cent
Vic-Tier 2 Group 4	0 per cent
Vic-Tier 2 Group 5	74 per cent
Vic-Tier 2 Group 6	69 per cent
Vic-Tier 2 Group 7	64 per cent
Vic-Tier 2 Group 8	93 per cent
Vic-Tier 2 Group 9	74 per cent
Vic-Tier 2 Group 10	77 per cent
Vic-Tier 2 Group 11	86 per cent
Vic-Tier 2 Group 12	69 per cent
Vic-Tier 2 Group 13	78 per cent
Vic-Tier 2 Group 14	76 per cent
Vic-Tier 2 Group 15	84 per cent
Vic-Tier 2 Group 16	92 per cent
Vic-Tier 2 Group 17	79 per cent
Vic-Tier 2 Group 18	89 per cent
Vic-Tier 2 Group 19	68 per cent
Vic-Tier 2 Group 20	58 per cent
Vic-Tier 2 Group 21	73 per cent
Vic-Tier 2 Group 22	97 per cent
Vic-Tier 2 Group 23	85 per cent
Vic-Tier 2 Group 24	74 per cent
Vic-Tier 2 Group 25	73 per cent
Vic-Tier 2 Group 26	73 per cent
Vic-Tier 2 Group 27	58 per cent
Vic-Tier 2 Group 28	62 per cent
Vic-Tier 2 Group 29	39 per cent
Vic-Tier 2 Group 30	95 per cent
Vic-Tier 2 Group 31	87 per cent
Vic-Tier 2 Group 32	91 per cent
Vic-Tier 2 Group 33	85 per cent
Vic-Tier 2 Group 34	34 per cent

Vic-Tier 2 group	Statewide review ratio
Vic-Tier 2 Group 35	75 per cent
Vic-Tier 2 Group 36	80 per cent
Vic-Tier 2 Group 37	66 per cent
Vic-Tier 2 Group 38	44 per cent
Vic-Tier 2 Group 39	100 per cent

1.3.5 WASE multiple healthcare provider proportions

The following table applies to health services not reporting to VINAH. The statewide proportion of multiple healthcare provider service events will be applied instead of a health-specific factor. The statewide proportions are shown in Table 1.24.

Table 1.24: WASE multiple healthcare provider (MHCP) proportions for non-VINAH reporting services 2019–20

Vic-Tier 2 group	Statewide MHCP ratio
Vic-Tier 2 Group 1	0 per cent
Vic-Tier 2 Group 2	0 per cent
Vic-Tier 2 Group 3	0 per cent
Vic-Tier 2 Group 4	0 per cent
Vic-Tier 2 Group 5	0 per cent
Vic-Tier 2 Group 6	0 per cent
Vic-Tier 2 Group 7	0 per cent
Vic-Tier 2 Group 8	0 per cent
Vic-Tier 2 Group 9	1 per cent
Vic-Tier 2 Group 10	1 per cent
Vic-Tier 2 Group 11	0 per cent
Vic-Tier 2 Group 12	1 per cent
Vic-Tier 2 Group 13	0 per cent
Vic-Tier 2 Group 14	0 per cent
Vic-Tier 2 Group 15	0 per cent
Vic-Tier 2 Group 16	0 per cent
Vic-Tier 2 Group 17	0 per cent
Vic-Tier 2 Group 18	0 per cent
Vic-Tier 2 Group 19	0 per cent
Vic-Tier 2 Group 20	2 per cent
Vic-Tier 2 Group 21	0 per cent
Vic-Tier 2 Group 22	0 per cent
Vic-Tier 2 Group 23	0 per cent
Vic-Tier 2 Group 24	0 per cent
Vic-Tier 2 Group 25	0 per cent
Vic-Tier 2 Group 26	0 per cent
Vic-Tier 2 Group 27	0 per cent

Vic-Tier 2 group	Statewide MHCP ratio
Vic-Tier 2 Group 28	0 per cent
Vic-Tier 2 Group 29	0 per cent
Vic-Tier 2 Group 30	0 per cent
Vic-Tier 2 Group 31	0 per cent
Vic-Tier 2 Group 32	0 per cent
Vic-Tier 2 Group 33	0 per cent
Vic-Tier 2 Group 34	3 per cent
Vic-Tier 2 Group 35	0 per cent
Vic-Tier 2 Group 36	0 per cent
Vic-Tier 2 Group 37	0 per cent
Vic-Tier 2 Group 38	0 per cent
Vic-Tier 2 Group 39	0 per cent

1.3.6 Hospital-acquired complications

Table 1.25 shows funding adjustments for hospital-acquired complications.

Table 1.25: Funding adjustments for hospital-acquired complications

No.	Complication	Low (%)	Moderate (%)	High (%)
1.	Pressure injury	12.1	2.8	1.7
2.	Falls resulting in fracture or other intracranial injury	2.5	1.4	0.3
3.	Healthcare-associated infection	8.3	2.4	1.6
4.	Surgical complications requiring unplanned return to theatre	13.0	10.4	8.8
5.	Unplanned intensive care unit admission	Nil	Nil	Nil
6.	Respiratory complications	15.6	10.4	8.1
7.	Venous thromboembolism	11.0	7.9	6.7
8.	Renal failure	20.5	9.6	6.1
9.	Gastrointestinal bleeding	9.1	7.3	6.4
10.	Medication complications	8.7	4.8	2.8
11.	Delirium	9.1	6.8	5.4
12.	Persistent incontinence	3.4	2.6	2.0
13.	Malnutrition	6.5	5.5	4.6
14.	Cardiac complications	10.8	7.4	5.8
15.	Third- and fourth-degree perineal laceration during delivery	Nil	Nil	Nil
16.	Neonatal birth trauma	Nil	Nil	Nil

Notes:

No funding adjustment for 'Unplanned intensive care unit admission' (5) will be applied in 2019–20 because it cannot be identified in current datasets.

No funding adjustment for 'Third- and fourth-degree perineal laceration during delivery' (15) and 'Neonatal birth trauma' (16) will be applied in 2019–20 due to small patient cohorts or other issues that have prevented development of a robust risk-adjustment approach at this time.

The adjustments for hospital-acquired complications are available as an Excel spreadsheet on the Independent Hospital Pricing Authority's website <https://www.ihpa.gov.au/>.

1.4 Output and activity tables

A range of inpatient, residential and community-based clinical services are provided to people with a mental illness and their families so that those who experience mental health problems can access timely, high-quality care and support to recover and live successfully in the community (see Table 1.26).

Table 1.26: Mental health – outputs and activities: clinical care 2019–20

Activity no.	Activity name	Activity description
15005	Crisis Assessment and Treatment	A 24-hour, seven-day-a-week mobile crisis service that provides effective assessment and treatment throughout the community to individuals in crisis due to a mental illness. This includes assessing the most effective and least restrictive client service options and screening inpatient bed admissions.
15006	Community Care Units	Community care units are purpose-built units of up to 20 beds located in community settings with 24-hour staffing. They are designed for adults who require longer term support, on-site clinical services and individualised rehabilitation.
15007	Adult Continuing Care	A range of community-based services that provide assessment, treatment and additional continuing care and case management for adults with a mental illness.
15008	Adult Integrated Community Service	An integrated range of services that meet the client's treatment needs, ensuring efficient and effective community-based mental health services are provided.
15012	Acute Care – Adult	Acute inpatient units provide for the short-term assessment, treatment and management of mentally ill adults aged 15–65 years. The focus is on intervention designed to reduce symptoms and promote recovery from mental illness.
15014	Secure Extended Care – Adult	Long-term inpatient treatment and support for adults aged 15–65 years who have unremitting and severe symptoms, together with an associated significant disturbance in behaviour that inhibits the person's capacity to live in the community.
15019	Aged Persons Mental Health Community Teams	Mobile services that provide assessment, treatment, rehabilitation and case management for people with a mental illness primarily over 65 years of age.
15022	Acute Care – Aged	Inpatient units providing short-term assessment and treatment for older people aged 65 or older with acute symptoms of mental illness who cannot safely be cared for in the community.
15026	Child and Adolescent Assessment Treatment	A range of services including crisis assessment, case management, individual or group therapy, family therapy, parent support and medication-based treatments for children and adolescents experiencing significant psychological distress or mental illness. Services support a timely response to referrals, including crises, delivered on an outreach basis, where appropriate.
15028	Intensive Youth Support	Mobile intensive mental health case management and support to adolescents who display substantial and prolonged psychological disturbance and have complex needs that may include challenging, at-risk and suicidal behaviours, and who have been difficult to engage using less-intensive treatment approaches.
15030	Acute Care – Specialist Statewide	A range of specialist clinical inpatient mental health assessment, treatment or consultancy services that support specific and general target groups on a statewide, inter-regional or specific catchment area basis. The focus of these inpatient services is on clinical service provision to people with a mental illness.

Activity no.	Activity name	Activity description
15031	Acute Care – Child and Adolescent	Inpatient units provide short-term psychiatric assessment and treatment for children and adolescents with severe psychological disturbance who cannot be effectively assessed or treated in a less-restrictive community-based setting.
15032	Forensic Community Service	Provides community-based assessment and multidisciplinary treatment services to high-risk clients referred from a range of criminal justice agencies, mental health services and private practitioners. Also provides secondary consultations and specialist training to area mental health services.
15041	Acute Care – Forensic	Inpatient services for the assessment, diagnosis and treatment of the crisis and acute phases of mentally disturbed offenders referred by the courts, prison system, police and general mental health services.
15049	Aged Persons Mental Health Nursing Home Supplement	Community residential services for aged clients who cannot be managed in the general residential system due to their level of persistent cognitive, emotional or behavioural disturbances. Services include: long-term accommodation; ongoing assessment, treatment and care of residents; rehabilitation; and respite care.
15054	Training – Statewide	All activities associated with training and staff development.
15057	Prevention and Recovery Care	Prevention and recovery care subacute clinical bed-based treatment services option for people with a significant mental health problem requiring pre-crisis or post-acute treatment and support. Prevention and recovery care assists in averting acute inpatient admission and facilitates earlier discharge from inpatient units. It is not a substitute for inpatient admission.
15060	Homeless Outreach Psychiatric Services	Outreach services that provide assessment, treatment, rehabilitation and case management for homeless people with a mental illness. Also includes secondary consultation and support to the homelessness service sector.
15070	Academic Positions – Health Services	All activities associated with specified academic positions attached to tertiary institutions, regardless of the location of the position.
15071	Training – Graduate Year Training	Funding provided to health services to support nurses and allied health staff participating in specialist mental health graduate-year programs for training, supervision, backfill and subsidy to enable reduced clinical loads during orientation phase.
15200	Community Specialist Statewide Services	A range of specialist clinical community mental health assessment, treatment or consultancy services that support specific and general target groups on a statewide, inter-regional or specific catchment area basis. The focus of these community services is on a clinical service provision to people with a mental illness.
15203	Statewide Support – Clinical Services	A range of services including resourcing to the clinical mental health service system on a statewide, inter-regional or specific-purpose basis.
15250	Aged Persons Mental Health Hostel Supplement	Hostel-based community residential services for aged clients who cannot be managed in the general residential system due to their level of persistent cognitive, emotional or behavioural disturbances. Services include long-term accommodation, ongoing assessment, treatment and care of residents, low-level nursing home or hostel care, rehabilitation and respite care.
15251	Consultation and Liaison	Consultation liaison psychiatry is the diagnosis, treatment and prevention of psychiatric morbidity among physically ill patients who are patients of an acute general hospital. This activity includes providing psychiatric assessment, consultation, liaison and education services to non-psychiatric health professionals and their patients.

Activity no.	Activity name	Activity description
15262	Prevention and Promotion	The development and delivery of mental health promotion and the prevention of mental health problems and disorders.
15264	Consumer Participation	Participation of consumers, which may include employing consumer consultants to provide input into service planning, development and evaluation, establish consumer networks and become involved in consumer participation plans for area mental health services.
15265	Ethnic Consultants	Strategies that increase the accessibility of mental health services for people from culturally diverse backgrounds. This includes developing and implementing strategic plans for providing culturally sensitive services and for establishing and maintaining partnerships with ethnic community groups and bilingual health workers.
15267	Research and Evaluation	All activities associated with academic appointments, research and evaluation.
15272	Quality Incentive Strategy	Financial incentives for service quality in adult, aged persons and child and adolescent mental health services. The QIS includes measures of consumer and carer satisfaction, service responsiveness and timeliness of data reporting.
15274	Carer Support Program	Individualised support for carers of people with a mental illness to respond to, or prevent, a crisis. Includes carer consultation and a carer support program.
15275	Carer Support Program – Brokerage	The Mental Health Carer Support Fund Brokerage comprises discretionary funds accessed by carers of people with a mental illness receiving treatment from area mental health services and a selection of statewide specialist services. The funds meet some of the direct and indirect costs related to the caring role to promote and sustain a caring relationship.
15300	Conduct Disorder Program	Services that provide prevention programs for children and young people at risk and clinical services for those with established conduct disorder.
15320	Early Psychosis Program	Specialist treatment and improved continuity of care services for young people with an emerging disorder, particularly co-existing substance abuse problems.
15321	Koori Liaison Officers	All activities associated with the mental health Koori liaison positions.
15350	Community Specialist Statewide Services – Mother Baby	A range of specialist clinical community mental health assessment, treatment or consultancy services that support mother–baby groups (now known as Parent and Infant services) on a statewide, inter-regional or specific catchment area basis. The focus of these community services is on a clinical service provision to people with a mental illness.
15351	Community Specialist Statewide Services – Eating Disorders	A range of specialist clinical community mental health assessment, treatment or consultancy services that support eating disorder groups on a statewide, inter-regional or specific catchment area basis. The focus of these community services is on a clinical service provision to people with a mental illness.
15352	Aged Persons Intensive Community Treatment	Short-term assessment and treatment for people over 65 years of age with acute symptoms of a mental illness, delivered in community settings.
15353	Acute Care – Mother Baby (now known as Parent and Infant services)	A range of specialist clinical inpatient mental health assessment, treatment or consultancy services that support mother and baby groups on a statewide, inter-regional or specific catchment area basis. The focus of these inpatient services is on clinical service provision to people with a mental illness.

Activity no.	Activity name	Activity description
15354	Acute Care – Eating Disorders	A range of specialist clinical inpatient mental health assessment, treatment or consultancy services that support eating disorder groups on a statewide, inter-regional or specific catchment area basis. The focus of these inpatient services is on clinical service provision to people with a mental illness.
15355	Emergency Department Crisis Assessment	Extended-hours coverage in emergency departments for mobile crisis services that provide effective assessment and treatment throughout the community to people in crisis due to a mental illness.
15357	Community Specialist-Statewide Services – Non-Government	A range of specialist clinical community mental health assessment, treatment or consultancy services delivered by non-government organisations that support groups on a statewide, inter-regional or specific catchment area basis. The focus of these community services is clinical service provision to people with a mental illness.
15359	System Capacity Development – Non-Government	Block grants provided for a specified purpose or as a contribution towards a program that assists with developing system capacity. They exclude funding for clinical positions.
15361	Academic Positions – Other	All activities associated with specified academic positions attached to tertiary institutions, regardless of the location of the position.
15362	Workforce Support	Specialist clinical inpatient mental health assessment, short-term admission and treatment services that support neuropsychiatric disorders on a statewide, inter-regional or specific catchment area basis.
15366	Youth Suicide Prevention	Programs that aim to reduce suicide among young people. Programs that provide preventative support, activities and early intervention services to young people (aged 10–25 years), their family and friends and the broader community. Includes the Hospital Outreach Post-suicidal Engagement (HOPE) program.
15060	Mental Health and AOD Hubs	People presenting at emergency departments with acute mental health and alcohol and other drug (AOD) issues can be fast-tracked to specialist, dedicated care, providing them with the right support sooner and easing pressure on emergency departments.
38001	Family Violence Reform (Not Mental Health output)	Specialist family violence program to drive family violence service development, capacity building and sector collaboration. The program increases the capacity of mental health services and AOD agencies to recognise and respond appropriately to family violence at both the agency and individual practitioner levels.
15026	Child Clinical Specialist	Improve the leadership and responsiveness in engaging, assessing and treating children (aged 0–12 years) with behaviour disorders linked to mental illness, such as conduct disorder and precursors, depression and anxiety, and their families/caregivers.
15057	PARC Supplement	Improves the capacity of prevention and recovery care (PARC) units to accept patients being discharged from acute inpatient units by providing extra clinical input.
15054	Aboriginal Mental Health Traineeship Program	All activities associated with supporting full-time employment to 10 Aboriginal mental health traineeship positions who will undergo supervised workplace training and clinical placements over three years while concurrently completing the three-year full-time Bachelor of Health Science (Mental Health) degree at Charles Sturt University.
15300	Personality Disorder Specialist Program	Assessment, treatment and support for people with severe personality disorders who are at high risk of suicide, high-lethality self-harm or violent or aggressive behaviours.

Activity no.	Activity name	Activity description
15365	Perinatal Emotional Health Program	Improve early detection of antenatal and postnatal depression and provide better support and treatment for expectant and new mothers experiencing depression.
15371	Forensic Mental Health in Community Health	Delivery of community-based mental health services and supports to forensic clients with a moderate mental health condition referred by Corrections Victoria.

Table 1.27 shows outputs and activities for mental health community support services. MHCSS are a range of rehabilitation and support services provided to youth and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high-quality care and support to recover and reintegrate into the community.

Table 1.27: Mental health community support services 2019–20 – outputs and activities

Activity no.	Activity name	Activity description
15067	Planned Respite – In Home	In-home planned respite services assist in sustaining existing relationships between people with a mental illness and their carers by providing short-term respite at home.
15068	Planned Respite – Community	Community planned respite services assist in sustaining existing relationships between people with a mental illness and their carers by providing short-term respite in the community.
15069	Planned Respite – Residential	Residential planned respite services assist in sustaining existing relationships between people with a mental illness and their carers by providing short-term respite in a residential situation.
15074	Training – MHCSS	This includes all MHCSS activities associated with training and staff development of funded agency staff. It also includes training for participants of funded agencies and their carers. It does not include training provided as part of a mutual support and self-help (MSSH) service or as part of a community development function of any MHCSS-funded agency.
15075	MHCSS Carer Support	This includes those services and programs that have as their primary client the carer of a person with a mental illness, and that do not fit into the components of 'planned respite' or MSSH.
15076	MHCSS Centrally Funded Support	Funding provided by central office for MHCSS services on a specific-purpose grant.
15091	MSSH Statewide Specialist Availability Grant	Availability grants are only provided to statewide specialist MSSH organisations. This is a block grant that encompasses two of the five core MSSH activities: individual support, referral and advocacy; and information development and dissemination.
15092	MSSH Individual Support Referral and Advocacy	Direct contacts between the service provider and the client for information and advice, including referral and one-on-one support. Clients include those with a mental illness, their carers or friends and family members and health professionals.
15093	MSSH Information Development and Dissemination	Costs associated with developing primary reference material. This does not include disseminating existing materials developed by other organisations to clients in the course of normal business. It can include website development costs, writing and so on.
15094	MSSH Groups Support	Facilitated support groups conducted for clients with a mental illness, their carers or friends or family members.
15095	MSSH Groups Education and Training	This refers to groups conducted to provide training or information and education for members of the public or health professionals.
15096	MSSH Volunteer Coordination	Volunteer coordination refers to those activities associated with recruitment, training and education, support and management of volunteers.
15097	Supported Accommodation – 24-Hour Support Model	Staff provide on-site support 24 hours a day, seven days a week. This type of model is generally delivered in a larger facility. Under this model residents normally have their own bedroom but may share bathroom facilities and communal areas such as a lounge and kitchen.

Activity no.	Activity name	Activity description
15098	Supported Accommodation – Non-24-Hour Support	Support is provided either in a cluster environment on the same site or in units and houses located within close geographic proximity. Support is provided during standard work hours (9.00 am to 5.00 pm Monday to Friday) and after hours and weekend support or on call. Note: this activity is progressively transitioning to the National Disability Insurance Scheme.
15099	ACCO Services – Mental Health	Funding for those mental health services provided by Aboriginal community-controlled organisations.
15266	Statewide Support – MHCSS	The statewide funding stream supports the activities of peak organisations that provide advocacy and sector leadership and specialist organisations that provide a range of targeted mental health advocacy and social inclusion services.
15500	Individualised Client Support Packages	The range of non-bed-based supports a client receives based on their recovery plan. Note: this activity is progressively transitioning to the National Disability Insurance Scheme.
15501	Community Intake Assessment Function	Determines and prioritises client eligibility for MHCSS. Note: this activity will be affected by the transition of MHCSS services to the National Disability Insurance Scheme.
15503	Youth Residential Rehabilitation – 24 Hour	Youth residential rehabilitation provides transitional accommodation with rehabilitation support. Support is provided at the facility 24 hours a day, seven days a week.
15504	Youth Residential Rehabilitation – Non-24-Hour	Youth residential rehabilitation provides transitional accommodation with rehabilitation support. Support is provided at the facility on a non-24-hour basis.
15507	Continuity of Support	Continuity of support arrangements for current clients of MHCSS that are transitioning to the National Disability Insurance Scheme (NDIS) who are not eligible to become a NDIS participant because they do not meet the age and residency access requirements outlined in the *National Disability Insurance Act 2013*.

Table 1.28 shows outputs and activities for drug prevention and control. These encourage all Victorians to minimise the harmful effects of illicit and licit drugs, including alcohol, by providing a comprehensive range of strategies that focus on enhanced community and professional education, targeted prevention and early intervention, and the use of effective regulation.

Table 1.28: Drug services – outputs and activities: drug prevention and control 2019–20

Activity no.	Activity name	Activity description
34001	Family Counselling	A variety of supports for family members of people who use AOD, including information, advice, referral, brief interventions and single-session therapies, counselling, peer support and education programs. It aims to deliver additional capacity for family support in each catchment area that is responsive to local need and complements existing family support services so service providers, referrers and affected community members know what is available and how to access it.
34003	Poisons Information	Provides information and advice to the public on drugs and poisons, especially following exposure.
34004	Client Information and Support	Provides information, training, support, advice and referrals to equip people to manage and respond to harmful drug use.
34006	Targeted Interventions	Provides programs and services that prevent or reduce harms associated with alcohol and other drug use.
34020	Community Education	Provides different groups in the community with information about the impacts of substance use and, in the case of parents, resources to inform their children about substance use issues.

Activity no.	Activity name	Activity description
34021	Local Initiatives	Delivers programs, services and projects to support local stakeholders, business, residents and communities to reduce harms related to alcohol and other drug use or dependence.
34070	Needle and Syringe Program	Makes available sterile injecting equipment for injection drug users, promote safe disposal, promote safer injecting practices and provide information, education and referral.

Table 1.29 shows outputs and activities for drug treatment and rehabilitation. Drug services assist the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, by providing community-based services, non-residential and residential treatment services, education and training, and support services.

Table 1.29: Drug services – outputs and activities: drug treatment and rehabilitation 2019–20

Activity no.	Activity name	Activity description
34022	Capacity Building	To improve the ability of organisations to identify and respond to AOD support needs of specific cohorts of clients and their families.
34024	Education and Training	To provide information, training, consultancy, curriculum and training needs analysis for workers, including peer workers, in dealing with clients with alcohol and drug problems, and education to alcohol and drug treatment clients.
34025	Research, Service Development, Evaluation	To develop and enhance high-quality public health research into AOD issues, including targeted and general population surveys, risk and protective factors and effects of AOD use and evaluation of services. This activity supports the delivery of a range of initiatives to equip the specialist AOD sector to prevent the harmful uptake of AOD use, intervene earlier, deliver effective treatments and other holistic health interventions, and better understand the impact of AOD use across the community. This enables the application of research findings, which inform policy, planning and practice.
34040	Education (FOCiS)	To provide a drug education program for people requiring it as a condition of their sentence for possessing a small amount of illicit drugs. The aim is to increase the likelihood of the individual maintaining behaviour that reduces drug-related harm.
34041	Youth Day Program	To support young people who are currently involved in treatment with youth AOD treatment services and to complement these services to provide a pathway for the client following treatment.
34042	Community Offenders Advice and Treatment	To provide post-sentence assessments and treatment plans for offenders who have received a community-based disposition from the courts. To provide pre-sentence assessments (in exceptional circumstances) as ordered by the court and treatment plans for offenders whose offending is related to drug use. To provide pre-release assessment and treatment plans on release for prisoners on parole with an AOD treatment condition and offenders who have received a custody and community treatment order. To purchase appropriate treatment from AOD agencies for offenders who have received a community-based disposition with an AOD treatment condition.

Activity no.	Activity name	Activity description
34044	Ante and Post Natal Support	To provide inpatient, outpatient, distance case management and secondary consultation activities to minimise the harms of AOD use to mothers and their children.
34046	Youth Alcohol and Drug Supported Accommodation	To provide short-term accommodation support to those who require assistance in controlling their AOD use.
34047	Specialist Pharmacotherapy Program	To provide specialist assessment and treatment for people receiving methadone who have complex medical, psychiatric or psychosocial problems and to provide training and consultancy services for relevant health practitioners.
34048	Outdoor Therapy	To coordinate case-managed, therapeutic wilderness adventures for young people aged 12–21 years who have AOD issues and to facilitate wilderness adventure skills in the AOD sector.
34049	Koori Community Alcohol and Drug Worker	Aboriginal AOD diversion workers operate in mainstream AOD services located near Koori courts. Their role is to provide a link between the Koori court, the Aboriginal community and the AOD treatment service system, and to provide a service tailored to the needs of offenders appearing before the Koori court.
34050	Adult Residential Drug Withdrawal	To provide a high level of support to ensure a client satisfactorily and safely completes drug withdrawal treatment.
34053	Adult Residential Rehabilitation	To provide a residential treatment program for clients with serious and entrenched drug misuse to achieve significant reduction in drug-related harm.
34054	Peer Support	Peer support facilitates workers with lived experience of AOD use to provide information and support to other people with AOD use to improve their health, wellbeing and safety, and facilitate access to treatment and support services.
34056	Youth Residential Drug Withdrawal	To provide a short-term drug withdrawal, time out and intensive support residential service for young people aged 12–21 years in a physically and emotionally safe, drug-free environment within a multidisciplinary, psychosocial health framework.
34057	Pharmacotherapy Regional Outreach	To support and enhance the role of trained general practitioners and dispensers of drug substitute pharmacotherapies in encouraging, recruiting and retaining opiate-dependent people in drug substitution programs.
34061	Mobile Drug Safety	To provide education on drug safety to drug users and refer users for treatment and rehabilitation.
34062	Mobile Overdose Response	To provide counselling, information and support to non-fatal overdose clients and facilitate access to treatment and support services.
34064	Youth Home-based Withdrawal	To provide a safe and effective drug withdrawal in a home-based setting with medical, pharmacotherapy and supportive care.
34071	Youth Outreach	To make available sterile injecting equipment for injection drug users, promote safe disposal, promote safer injecting practices and to provide information, education and referral.
34074	Counselling Consultancy and Continuing Care	AOD youth consultants provide secondary consultation, support and advice to child protection clients and staff in out-of-home care residential facilities, adolescent community placement and secure welfare services.
34076	Statewide Support – Drug Treatment and Rehabilitation	A range of services, including resourcing to the drug treatment and rehabilitation service system on a statewide, inter-regional or specific-purpose basis.
34078	ACCO Services – Drug Services	Funding for those drugs services provided by Aboriginal community-controlled organisations.

Activity no.	Activity name	Activity description
34079	Koori Youth A and D Healing Service	To provide Aboriginal youth with a supportive environment to address their AOD issues through active participation in therapeutic and structured programs designed to assist them to develop living skills, and to strengthen their cultural identity and spiritual wellbeing.
34080	Youth Residential Rehabilitation	To provide a residential treatment program for young clients with serious and entrenched drug misuse by assisting changes in behaviour through a variety of counselling and therapeutic activities.
34081	Workforce Education and Training	To provide workforce development education, information, training and consultancy for workers dealing with clients with AOD problems, and to provide education to AOD treatment clients.
34084	Therapeutic Counselling	To deliver therapeutic interventions that assist young people and their parents/carer(s)/family to address difficulties associated with AOD use among young people. This supports young people to make positive choices about their AOD use and encourages stronger family relationships, promoting family function.
34200	Forensic Education and Training (Cannabis)	To provide education to clients issued with a cannabis caution, agency training, curriculum development and training needs analysis for workers.
34208	Forensic Consultancy and Continuing Care	To provide specific service system responses and initiatives to enhance the AOD sector's ability to provide enhanced responses to those presenting with highly complex needs including those referred Victoria's Fixated Threat Assessment Centre.
34210	Youth Justice	To deliver AOD programs to youth justice clients.
34211	Diversion Programs	Brokerage funds to purchase AOD therapeutic treatment for pre-arrest/pre-sentence diversion clients.
34212	COATS Post Sentence	Community Offenders Advice and Treatment Service brokerage funds to purchase AOD therapeutic treatment for post-sentence/post-prison clients.
34213	Justice Programs	To deliver criminogenic AOD programs to clients attending treatment via the justice system. Programs currently funded under this activity include targeted criminogenic interventions delivered in group settings.
34214	Severe Substance Dependence Treatment Withdrawal Services	Specified services provided under the *Severe Substance Dependence Treatment Act 2010* including coordination of client care, individual care planning and ensuring clients are linked into services in their local area that provide appropriate care and support.
34300	Care and Recovery Coordination	Facilitates seamless and integrated treatment pathways for complex clients and their families and improves access to other services and support systems in the community through a range of mechanisms including peer support options.
34301	Counselling	Counselling includes providing face-to-face, online or telephone treatment and support for individuals and families, including group counselling and day programs. Duration can range from a single session to extended periods of engagement.
34303	Non-Residential Withdrawal	Non-residential withdrawal services support people to safely achieve neuroadaptation reversal in conjunction with a medical practitioner. Includes clinical withdrawal assessment, withdrawal treatment and referral and information provision via home-based, outpatient, outreach or hospital-supported modalities.
34304	Catchment-Based Planning	Enables catchment-based AOD treatment providers to develop a common plan identifying service gaps and strategies to

Activity no.	Activity name	Activity description
		address these, improve cross-sector coordination and enable effective participation in service coordination and planning platforms.
34305	Therapeutic Day Rehabilitation	Non-residential rehabilitation programs for people recovering from AOD substance misuse. These programs are intensive, structured interventions to address the psychosocial causes for drug dependence through evidence-based treatment, with the aim of sustainable recovery. The program typically includes a mix of motivational enhancement, cognitive behavioural therapies and individual and group counselling, self-help and peer support, and supported reintegration into the community and the re-engagement with recreation and activities.
34306	Intake	The intake function delivers standardised good-practice triage to identify a person's need for, and prioritise their referral to, specialist AOD treatment and other services. This activity includes brief interventions and bridging support, where appropriate, up until the point of a client's assessment.
34307	Assessment	The assessment function delivers standardised, good-practice comprehensive assessment and treatment planning to identify and prioritise a person's treatment and referral needs. This activity includes brief interventions and bridging support, where appropriate.

Table 1.30 shows outputs and activities for small rural health services.

Table 1.30: Small rural health services – outputs and activities 2019–20

Output name	Activity no.	Activity name	Activity description
Acute health	35024	Small rural – flexible health service delivery	A range of health services provided to small rural communities.
	35025	Small rural – TAC – acute health	Transport Accident Commission-funded inpatient services.
	35026	Small rural – DVA – acute health	Department of Veterans' Affairs-funded inpatient services.
	35028	Small rural – acute health service system development and resourcing	Provides funds for workforce, community, service development and IT projects that support SRHSs.
	35051	Acute health – bush nursing hospitals	Provides funds to bush nursing hospitals to support a variety of purposes including inpatient services, 24-hour emergency stabilisation services, agency support and stabilisation grants.
	35052	Small rural – specified services	Provides funding for services and projects as specified in applicable grant descriptions and conditions of funding. Includes specific-purpose activities of both a one-off and recurrent nature.
	35023	Acute health – bush nursing centres	Provides funds to bush nursing centres to support clinical care, practical assistance, support, referral and advocacy with the goal of improving quality of life, social function and health.
Aged care	35010	Small rural – aged support services	A range of health promotion and community service activities that support older Victorians and their carers in small rural communities such as seniors health promotion, aged carer support and respite, dementia services and aged care community grants.
	35030	Small rural – HACC healthcare and support	A range of services to support frail older people and younger people with disabilities and their carers to remain at home.
	35011	Small rural – residential aged care	Care and support for people in small rural communities who are approved for care and accommodation in residential aged care facilities. This includes the state contribution towards matching the reduction in the recurrent funding paid by the Commonwealth to public sector residential aged care providers for the adjusted subsidy reduction for pre-1997 places.
	35042	Small rural – drugs services	Delivery of a range of health and aged care services as per an agreed service profile and business rules.
	35048	Small rural – primary health flexible services	Suitably qualified people assessing and providing direct care to individuals for therapeutic intervention, clinical care, practical assistance, support, referral and advocacy with the goal of improving quality of life, social function and health. Promoting health, independence and wellbeing to prevent illness, injury and disease through screening, risk assessment, immunisation, social marketing of health information, community action for social and environmental change, organisational development, workforce development and resources.

Table 1.31 shows outputs and activities for aged and home care.

Table 1.31: Aged and home care – outputs and activities 2019–20

Output name	Activity no.	Activity name	Activity description
Residential aged care	13031	Public sector residential aged care supplement	Funds designated places for: • adjusted subsidy reduction supplement – this is the state contribution towards equalising the recurrent funding paid by the Commonwealth as adjusted subsidy reduction places to public sector residential aged care operators • contribution to public sector wage adjustments.
	13059	Residential aged care complex supplement	Funds designated places to support services targeting people with particular complex conditions to provide a higher level of specialised care management.
	13107	Rural small high care supplement	Funds designated small-sized high-care public sector residential aged care services (up to 30 places) that are located in rural Victoria. There are three levels of supplement paid for services of various sizes: • services with one to 10 high-care places • services with 11–20 high-care places • services with 21–30 high-care places.
	13211	Aged annual provisions – minor works	This activity provides minor capital funds for funded organisations and includes vehicles, minor building modifications, repairs and furniture and equipment expenses.
	13301	Aged quality improvement	To support safety and through a range of activities including performance monitoring, workforce development, infrastructure development and social inclusion.
Home and Community Care Program for Younger People, primary health, community care and support	13015	Home and Community Care Linkages Packages	Individualised packages of care incorporating assessment, case management and funds to purchase services to HACC-PYP clients.
	13023	Home and Community Care Service Development Grant	One-off projects (up to six months' duration) to improve quality, effectiveness and efficiency of HACC-PYP services and service system. Service provision is not funded under this activity.
	13024	Home and Community Care Assessment	This activity is described in the *Framework for assessment in the HACC program* and requires the delivery of living-at-home assessments. Living-at-home assessments include home-based holistic assessment of need and service-specific assessments to younger people.
	13026	Home and Community Care Domestic Assistance	Assistance with housekeeping tasks such as cleaning, making beds, laundry, shopping, escorting and meal preparation, plus some cyclical tasks such as spring cleaning. Assistance is provided in a manner that promotes skills development, capacity building and independence to HACC-PYP clients.
	13027	Home and Community Care Respite	Support for the care relationship by providing carers of younger people with a disability with a break from their caring responsibilities. Respite can be provided in the care recipient's home or in the community.
	13038	Home and Community Care Service System Resourcing	Resources to assist the sector to better meet the needs of younger people in the HACC-PYP target group and assist clients to gain better access to services, including the SACS Award.

Output name	Activity no.	Activity name	Activity description
	13043	Home and Community Care Flexible Service Response	Funding to support innovative, developmental approaches to HACC-PYP service delivery that cannot be funded under the unit pricing structure.
	13056	Home and Community Care Planned Activity Group – Core	Planned program of activity to maintain a younger person's ability to live at home and in the community by maintaining daily living and social skills. The group may meet at a local venue or go on outings and is for younger clients in the HACC-PYP target group with core needs.
	13057	Home and Community Care Planned Activity Group – High	Planned program of activity to maintain a person's ability to live at home and in the community by maintaining daily living and social skills. The group may meet at a local venue or go on outings.
	13063	Home and Community Care Volunteer Coordination	Funding to coordinators to recruit, train and supervise volunteers and manage the volunteer services to HACC-PYP clients.
	13096	Home and Community Care Allied Health	Allied health services, including clinical assessment, treatment, therapy or professional advice, which may be provided in the home or at a centre.
	13097	Home and Community Care Delivered Meals	Subsidy for meals delivered to people in the HACC-PYP target group at home and or in a local venue.
	13099	Home and Community Care Property Maintenance	Assistance with home maintenance or modification, including maintenance and repair of the client's home, garden or yard to keep it in a safe and habitable condition, and home modification or minor renovations to the client's home to help them cope with a disabling condition.
	13130	Home and Community Care Volunteer Coordination – Other	Block funding to cover volunteer reimbursements and some program costs.
	13131	Royal District Nursing Service Home and Community Care Allied Health	Allied health services by the RDNS, including clinical assessment, treatment, therapy or professional advice that may be provided in the home or at a centre.
	13217	Home and Community Care Minor Capital	Minor capital funds to HACC-PYP funded organisations to maintain, refurbish or upgrade infrastructure to support HACC-PYP services.
	13223	Home and Community Care Nursing	Professional nursing care including direct clinical care, clinical assessment and the provision of education and information to younger people.
	13226	Home and Community Care Personal Care	Assistance with daily self-care tasks and other tasks provided in a way that promotes skills development, capacity building and independence.
	13227	Aboriginal Community-Controlled Organisations Services – Aged and Home Care	Funding for HACC-PYP services provided by Aboriginal community-controlled organisations.

Output name	Activity no.	Activity name	Activity description
	13229	Home and Community Care Access and Support	One-on-one support to HACC-PYP-eligible people with complex needs to access a wide range of services.
	13231	Sector Support and Development	Resources to assist the sector to better meet the needs of people and assist clients to gain better access to services.
Commonwealth Aged Care Assessment – Regional Assessment Service	13230	Regional Assessment Service	Assess care needs of frail older people and determine eligibility for the Commonwealth Home Support Programme.
Commonwealth Aged Care Assessment – Aged Care Assessment Service	13005	Aged Care Assessment Services Assessment	Assess care needs of frail older people and determine eligibility for services under the *Aged Care Act 1997*.
Aged Care Assessment Service	13004	Aged Care Assessment Service Project	Projects to improve the quality and efficiency of aged care assessment services.
Aged Care Assessment Service	13109	Aged Care Assessment Services Evaluation	Audit data integrity and conformance with My Aged Care systems and processes.
Aged support services	13155	Dementia Services	Funding to Dementia Australia (Victoria) for support, counselling, education and training, Dementia Awareness Week activities and dementia service hubs in regional centres.
	13019	Personal Alert Victoria	Daily monitoring and emergency response service for frail older people and people with a disability who have high ongoing health and support needs and mostly live alone.
	13053	Victorian Eyecare Service	Provides subsidised eyecare and visual aids to people experiencing disadvantage via metropolitan, outreach and rural services.
	13156	Seniors Health Promotion	Provides staff positions and support and capacity building to improve the health and wellbeing of older people, especially those who are disadvantaged or isolated.
	13035	Support for Carers	Services for carers including respite, information, advice, counselling and subsidised goods and equipment.
	13082	Low-cost Accommodation Support	Outreach programs for older and vulnerable Victorians with unmet complex needs who are homeless or living in insecure or low-cost accommodation. Programs link clients to relevant health, community care and welfare services to improve their health, social connectedness and stabilise their tenancies.
	13302	Supporting Accommodation for Vulnerable Victorians Initiative	This program ensures the availability of pension-level supported residential service beds for older and vulnerable Victorians who require supported accommodation.
	13303	Supporting Connections	This program provides service coordination, support and brokerage to residents of pension-level supported residential services.

Table 1.32 shows outputs and activities for public health.

Table 1.32: Public health – outputs and activities 2019–20

Output name	Activity no.	Activity name	Activity description
Health advancement	16035	Communication, information and advice	To communicate information, via one or more media, to members of the public or other specific external people and groups.
	16308	Injury prevention	To undertake the design, management and evaluation of projects aimed at fostering best practice in injury prevention program planning and delivery.
	16347	Obesity information provision	To provide obesity information and resources to the community and other stakeholders.
	16348	Children's obesity	To implement initiatives to increase healthy eating and physical activity among children.
	16349	Obesity – community projects	To implement obesity prevention place-based initiatives in a community and develop activities to increase healthy eating and physical activity.
	16449	Smoking information – advice and interventions	To provide smoking cessation advice/support and to educate the community and stakeholders about tobacco and smoking-related legislative requirements and to enforce the *Tobacco Act 1987*.
	16450	Diabetes prevention	To undertake primary and secondary prevention initiatives aimed at reducing the number of people in the Victorian community developing type 2 diabetes and cardiovascular disease.
	16452	Aboriginal health advancement	To undertake policy and program development and promote access to programs and services.
	16453	Aboriginal health worker support	To facilitate training and professional development opportunities for Aboriginal health workers employed by mainstream organisations.
	16454	Health promotion initiatives	To develop and support programs that prevent illness and promote wellbeing through using a mix of health promotion interventions and capacity-building strategies delivering place-based approaches in Victorian communities.
	16460	Targeted recruitment for screening programs	To undertake a range of activities aimed at improving participation of under-screened and never-screened people in screening programs.
	16461	ACCO services – public health	Funding for those public health services provided by Aboriginal community-controlled organisations.
	16462	Prevention system initiatives	To undertake initiatives aimed at improving prevention system and population health outcomes aligning with local planning mechanism.
	16518	Cancer and screening intelligence	To undertake research and analysis activities to inform policy, program development and future directions.
Health protection	16037	Immunisation education	To provide educational and promotional resources and programs for immunisation providers as well as parents, adolescents and older people.
	16038	Tuberculosis screening – management	To provide services and activities related to tuberculosis management.
	16042	Infectious disease investigation and response	To investigate sporadic cases or outbreaks of infectious disease and the institution of suitable control measures.

Output name	Activity no.	Activity name	Activity description
	16047	Food system quality improvement	To oversee the State Safe Food System through inter-sectoral linkages with an aim of continuous improvement in system operation through consultation and cooperation.
	16049	Cemetery sector governance	To undertake a range of projects relating to the governance of the cemetery sector.
	16084	Immunisation services	To provide subsidy payments to local governments for childhood immunisation (under six years old) plus associated activities.
	16102	Infectious disease surveillance	To collect, collate and report on data relating to notifiable infectious diseases, as required by legislation.
	16103	Food safety surveillance	To provide microbiological testing and analysis of food samples and surfaces in food premises.
	16119	School and adult immunisation services	To provide subsidy payments to local governments for immunisation service delivery in secondary schools and for adults.
	16163	Food safety education	To provide education to local government, public and food businesses on food safety.
	16206	Laboratory testing	To provide a range of laboratory tests for infectious diseases (including arbovirus where applicable), including reference functions, advice on microbiological issues and undertaking education and training in relation to laboratory services.
	16234	Public health legislative review	To review public health legislation.
	16360	Infectious disease education and advice	To provide education and awareness programs in the investigation and control of infectious diseases.
	16373	BBV and STI – clinical services	To provide diagnoses and the clinical management of clients in relation to blood-borne viruses (BBVs), sexually transmissible infections (STIs) and sexual health.
	16377	BBV and STI – surveillance	To collect, collate and report on data relating to notifiable BBVs/STIs.
	16381	Risk management and emergency response	To investigate, evaluate and respond to environmental health risks, emergencies or incidents, and to perform activities that help us to better respond to emergencies.
	16505	BBV and STI – training and development	To provide education and training to the BBV/STI sector, including volunteers and organisation staff, and coordination of information updates.
	16506	BBV and STI – research	To support commission or undertake research projects related to BBV/STIs in Victoria.
	16507	BBV and STI – laboratory services	To provide laboratory-testing services related to BBV/STIs in Victoria.
	16508	BBV and STI – health promotion	To provide for the delivery of BBV/STI health promotion/prevention services to the community or targeted population groups.
	16509	BBV and STI – community-based care and support	To provide the delivery of community-based care and support to clients, carers and significant others.
	16513	Screening and preventative messages	To undertake a range of activities within the community aimed at enabling people to make positive decisions about their health and wellbeing.

Output name	Activity no.	Activity name	Activity description
	16514	Screening service development	To undertake specific activities to improve service delivery, capacity and program effectiveness.
	16515	Education and training in screening programs	To undertake a range of education and training activities with program stakeholders to support and enhance the delivery of organised screening programs.
	16516	Screening counselling and support	To provide counselling, support and clinical care to individuals and families who have, or are at risk of, a disease or condition that has been identified through a screening program.
	16517	Cancer and screening registers	To maintain a register (as prescribed by legislation where applicable) to record data about cancers and screening results for Victorians.
	16519	Screening tests and assessments	To provide screening tests and assessments to the target population of an organised screening program.
	16521	Real-time prescription monitoring	To enable prescribers and pharmacists to access dispensing history of medications at the time of consultation.
Public health development	16020	Multisite research ethics review	To establish a centralised ethical review system to streamline regulatory processes.
	16034	Languages services	To provide funds for language services (interpreting and translating) to assist clients with no or low English language proficiency to access and receive quality services from funded organisations.
	16061	Strategy development and review	To develop, coordinate, evaluate and review statewide strategies addressing priority risk and protective factors.
	16069	Public and professional education and support	To undertake planning, development and project management of information provision, social marketing and community and professional education activities addressing priority risk and protective factors.
	16116	Partnership development	To encourage and participate in developing partnerships on public health priorities at the local, state and federal government levels.
	16203	Regulation of ART and associated legislation	To provide funding and support of legislation for assisted reproductive technology (ART).

Addendum 1.1: Calculating WIES26 for individual patients

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

- Determine if the episode is eligible for WIES funding (see Box 1.1).
- Calculate VIC-DRG9.0 by applying Victorian modifications to AR-DRG9.0 (see Box 1.2, Box 1.3 and Box 1.4).
- Calculate any WIES co-payments (see Box 1.5, Box 1.6, Box 1.7, Box 1.8, Box 1.9 and Box 1.10).
- Calculate the base WIES allocation using the VIC-DRG9.0, the patient's accommodation type and the patient's length of stay (LOS) adjusted for mechanical ventilation, non-invasive ventilation and high outlier days – this can be done using the appropriate weights from the WIES weights table (see Box 1.11, Box 1.12 and Box 1.13).
- Apply the Aboriginal and Torres Strait Islander loading if applicable (see Box 1.14).
- Add the base WIES payment, any co-payments and Aboriginal and Torres Strait Islander loading (see Box 1.15).

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

A1.1.1 WIES26 eligibility

The majority of patients in hospital will be allocated a WIES26 cost weight. However, as in previous years, 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.

WIES cost weights are sometimes allocated to some Victorian Admitted Episodes Dataset (VAED) patient episodes that are ineligible for casemix funding. WIES from these episodes will need to be excluded when comparing health service activity against targets during 2019–20.

Eligible patients are entitled to base WIES payments and may also be entitled to WIES co-payments. Base WIES payments are made according to the formula and are derived from the average costs for patients in each VIC-DRG9.0. WIES co-payments are made to cover the higher costs of care provided to some special types of patients.

Base WIES payments for 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 1.1: Episodes eligible for WIES26 funding

All episodes in the VAED with a care type of:

- 4 – Other care (Acute), including qualified newborns.

Except for:

- private hospital separations
- incomplete or uncoded episodes, or episodes coded to a problem VIC-DRG 9.0 (zero weight) including VIC-DRG 9.0 960Z (Ungroupable), 961Z (Unacceptable Principal Diagnosis) and 963Z (Neonatal Diagnosis Not Consistent W Age/Weight)
- episodes with an account class on separation of NT (Newborn – Unqualified, not birth episode), WC (Victorian WorkCover Authority), XX (Ineligible non-Australian residents – not exempted from fees), AS (Armed Services), CL (Common Law Recoveries), OO (Other compensable), SS (Seamen)
- episodes where the contract role is B (service provider hospital)
- episodes from hospitals not eligible for WIES funding
- episodes that have been coded as follows as this activity has been funded through specified grants:
  - include an electroconvulsive therapy code [1422400–1422406]
  - care type 4 (Acute)
  - separated from The Royal Melbourne Hospital (campus code 1334)
  - funding arrangement 2 (Hub and Spoke)
  - contract/spoke identifier in (0010, 0011, 0012)
- episodes with DRG L42Z unless the episode is reported by St Vincent's Health, Ballarat Health Services, Bendigo Health, Barwon Health, Goulburn Valley Health, The Royal Children's Hospital, Mildura Base Hospital, Western Health or Mercy Health (Werribee campus only).

While contracted patients are allocated a WIES score they are not eligible for WIES funding.

A1.1.2 Victorian AR-DRG modifications

In 2019–20 hospitals will assign diagnosis and procedure codes using the 11th edition of the ICD-10-AM/ACHI classifications. For funding purposes, these codes will be mapped back to 10th edition codes and then grouped to AR-DRG version 9.0 (AR-DRG9.0).

As in previous years, some Victorian-specific adjustments will be made to the original AR-DRG9.0 grouping to produce the Victorian modified VIC-DRG9.0. The calculation of WIES26 is based on VIC-DRG9.0 groupings. The VIC-DRG9.0 for Radiotherapy (R64Z) and Endovascular Clot Retrieval (B02Y) remain for WIES26 (Box 1.2 and Box 1.3). In addition, the following new VIC-DRG9.0 modification will be created under WIES26:

- The 31, 11th edition ICD-10-AM diagnosis codes listed in Box 1.4 will not be recognised as a complication and/or morbidity code for the purpose of grouping to VIC-DRG9.0.

Box 1.2: Radiotherapy

The Australian Coding Standard (ACS) 0229 Radiotherapy instructs coders to assign a code for the malignancy as the principal diagnosis in multi-day episodes for radiotherapy. This results in episodes grouping to a wide range of AR-DRG 9.0s. To maintain funding equity, a VIC-DRG 9.0 of R64Z Radiotherapy will be assigned for:

i. non-same-day non-surgical episodes that include a radiation oncology procedure from ACHI blocks [1786] to [1792], [1794] or [1795] for treatment of a neoplastic condition (at least one code from the ICD-10-AM range C00–D48), except for episodes with the following adjacent AR-DRG9.0s: A40, B82, B83, W60, and W61

ii. same-day episodes initially grouped to the adjacent AR-DRG9.0 R62 Other Neoplastic Disorders that have an ICD-10-AM 11th edition principal diagnosis code of Z51.0 (Radiotherapy session).

Box 1.3: Endovascular clot retrieval

Endovascular clot retrieval is a highly specialised procedure and requires a well-organised system to identify suitable candidates for therapy and to rapidly transport them to a capable centre. To support the provision of the service and ensure funding equity, a VIC-DRG9.0 of B02Y Endovascular Clot Retrieval will be assigned for episodes that:

i. originally group to the adjacent AR-DRG9.0 of B02 Cranial Procedures

AND

ii. include an 11th edition ICD-10-AM principal or secondary diagnosis code of I63.x, I64, I65.x or I66.x AND an ACHI 11th edition procedure code of 35414-00 Embolectomy or thrombectomy of intracranial artery.

Box 1.4: Adjustment to the AR-DRG9.0 episode clinical complexity model

Under the AR-DRG9.0 episode clinical complexity model, the 31 11th edition ICD-10-AM diagnosis codes listed below can affect the calculation of episode clinical complexity (DRG outcome) in particular adjacent DRGs. To maintain funding equity and stability, and to ensure greater alignment with the anticipated 2020–21 introduction of AR-DRG v10.0 where the same 31 diagnosis codes will also be excluded from the AR-DRG v10.0 episode clinical complexity model, these 31 ICD-10-AM diagnosis codes in the 11th edition, when not coded as the principal diagnosis code, will be ignored for the purpose of grouping to VIC-DRG9.0.

- E559 Vitamin D deficiency, unspecified
- E833 Disorders of phosphorus metabolism and phosphatases
- F172 Mental and behavioural disorders due to use of tobacco, dependence syndrome
- G470 Disorders of initiating and maintaining sleep [insomnias]
- G478 Other sleep disorders
- G479 Sleep disorder, unspecified
- H250 Senile incipient cataract
- K219 Gastro-oesophageal reflux disease without oesophagitis
- K30 Functional dyspepsia
- K5730 Diverticulosis of large intestine without perforation, abscess or mention of haemorrhage
- K590 Constipation
- K640 First degree haemorrhoids
- K649 Haemorrhoids, unspecified
- L22 Diaper [napkin] dermatitis
- L299 Pruritus, unspecified
- L304 Erythema intertrigo

- L539 Erythematous condition, unspecified
- L989 Disorder of skin and subcutaneous tissue, unspecified
- M2551 Pain in a joint, shoulder region
- M2555 Pain in a joint, pelvic region and thigh
- M2556 Pain in a joint, lower leg
- M542 Cervicalgia
- M5499 Unspecified dorsalgia, site unspecified
- M7962 Pain in limb, upper arm
- M7966 Pain in limb, lower leg
- M7986 Other specified soft tissue disorders, lower leg
- M8199 Unspecified osteoporosis, site unspecified
- O9901 Anaemia complicating pregnancy
- O992 Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium
- O994 Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium
- O998 Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium

A1.1.3 Co-payments

The six types of WIES25 co-payments used in 2018–19 will continue under WIES26 in 2019–20.

A1.1.3.1 Mechanical ventilation

Technical specifications for mechanical ventilation co-payments are provided in Box 1.5. To be eligible for a mechanical ventilation co-payment the patient must be admitted to specific health services (see Table 1.33), have had more than six hours of continuous mechanical ventilation and be allocated to a VIC-DRG9.0 that is eligible for a mechanical ventilation co-payment. Each VIC-DRG9.0 will fall into one of the following mechanical ventilation classes:

- eligible for daily co-payments of 0.7659 WIES (mv_elig = 'D' in the WIES26 weights table)
- eligible for daily co-payments at 0.7659 WIES for ventilated days in excess of four days (96 hours) mechanical ventilation (mv_elig = '4' in the WIES26 weights table)
- ineligible for co-payments (mv_elig = 'I' in the WIES26 weights table).

All patients who are eligible for a mechanical ventilation co-payment receive an additional one-off payment of 0.6980 WIES. This additional WIES payment is to provide health services with the capacity to run at lower levels of intensive care unit (ICU) occupancy so that ICU beds will be available for periods of peak demand. However, the additional co-payment is subject to health services staffing appropriate to the number of ICU beds.

Mechanical ventilation severity co-payment eligibility

Below is a list of hospitals that are eligible for attracting mechanical ventilation co-payments for ventilated patients in non-neonate eligible DRGs ('D', '4').

Only episodes with the campus codes listed in Table 1.33 may be eligible.

Table 1.33: Health service campus codes

Code	Name
1010	The Alfred
1021	Bendigo Health
1031,1032	Austin and Repatriation Medical Centre
1050	Box Hill Hospital
1071	Western District Health Service [Hamilton]
1121	Goulburn Valley [Shepparton]
1150	Wangaratta
1170	Monash Medical Centre [Clayton]
1180	Western Hospital
1191	The Royal Children's Hospital
1210	Maroondah Hospital
1230	The Royal Women's Hospital [Parkville]
1280	Northern Hospital
1320	Werribee Mercy Hospital
1334	The Royal Melbourne Hospital
1390	Sunshine Hospital
1450	St Vincent's Hospital
1550	Peter MacCallum Cancer Centre
1590	Angliss Hospital
2010	Ballarat Health Services
2050	Barwon Health [Geelong]
2060	Central Gippsland Health Service
2111	Dandenong Hospital
2160	South West Healthcare [Warrnambool]
2170	Wimmera Health Care Group [Horsham]
2220	Frankston Hospital
2320	New Mildura
2440	Latrobe Regional Hospital
3660	Casey Hospital
6200	Valley Private Hospital [Mulgrave]
6400	Knox Private Hospital [Wantirna]
6470	Freemasons Hospital [East Melbourne]
6490	Epworth Hospital [Richmond]
6511	Cabrini Malvern
6520	St John of God Health Care Ballarat
6550	St John of God Health Care Geelong
6620	St Vincent's Private Hospital [Fitzroy]
6770	Melbourne Private Hospital [Parkville]
6910	Warringal Private Hospital [Heidelberg]
7350	South Eastern Private Hospital [Noble Park]
8550	John Fawkner – Moreland Private Hospital
8890	Jessie McPherson Private Hospital [Clayton]

Box 1.5: 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 × 0.7659+ 0.6980
    go to Box 1.6
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 × 0.7659+ 0.6980
    go to Box 1.6
otherwise do
    adjmvday = 0
    mv_copay = 0
    go to Box 1.6
```

Base WIES payments for high outliers are reduced when a patient receives daily mechanical ventilation co-payments. To make this reduction, it is necessary to record the number of days the patient is receiving mechanical ventilation co-payments ('adjmvday' in the technical specifications).

A1.1.3.2 Non-invasive ventilation

Technical specifications for non-invasive ventilation co-payments are provided in Box 1.6. To be eligible for a non-invasive ventilation co-payment the patient must: have received a zero mechanical ventilation co-payment (Box 1.5), be admitted to specific health services (see Table 1.33), have had more than six hours of continuous non-invasive ventilation provided in an ICU and be allocated to a VIC-DRG9.0 that is eligible for a non-invasive ventilation co-payment. Each VIC-DRG9.0 will fall into one of the following non-invasive ventilation classes:

- eligible for daily co-payments of 0.7659 WIES (niv_elig = 'D' in the WIES26 weights table)
- eligible for daily co-payments at 0.7659 WIES for ventilated days in excess of one day (24 hours) non-invasive ventilation (niv_elig = '1' in the WIES26 weights table)
- ineligible for co-payments (niv_elig = 'I' in the WIES26 weights table).

Non-invasive ventilation severity co-payment eligibility

Table 1.33 (above) lists the hospitals that are eligible for attracting non-invasive ventilation co-payments for ventilated patients in non-neonate eligible DRGs ('D', '1'). Only episodes with the campus codes listed in Table 1.33 may be eligible.

Box 1.6: Calculating non-invasive ventilation co-payments

```
If mv_copay = 0 then
 Select niv_elig
 case 'D' then
      if (hours on non-invasive ventilation > 6) and (ICU hospital) then
           adjnivday = round ((hours non-invasive ventilation +12)/24)
      else
           adjnivday = 0
      niv_copay = adjnivday × 0.7659
      go to Box 1.7
 case '1' then
      if (hours on non-invasive ventilation > 24) and (ICU hospital) then
           adjnivday = round ((hours non-invasive ventilation +12)/24) – 1
      else
           adjnivday = 0
      niv_copay = adjnivday × 0.7659
      go to Box 1.7
 otherwise do
      adjnivday = 0
      niv_copay = 0
      go to Box 1.7
else
      adjnivday = 0
      niv_copay = 0
 go to Box 1.7
```

Base WIES payments for high outliers are reduced when a patient receives daily non-invasive ventilation co-payments. To make this reduction, it is necessary to record the number of days the patient is receiving non-invasive ventilation co-payments ('adjnivday' in the technical specifications).

A1.1.3.3 Thalassaemia

Thalassaemia 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-DRG9.0 (indicated with a 'Thal' in the 'Other Co-payment' column in the WIES26 weights table). The WIES26 thalassaemia co-payment is set at 0.1089 WIES per episode. Technical specifications are provided in Box 1.7.

Box 1.7: Calculating thalassaemia co-payments

```
If (copay = 'Thal') and record has an ICD-10-AM 11th edition diagnosis of D56.x or D57.2 then
      th_copay = 0.1089
else
      th_copay = 0
go to Box 1.8
```

A1.1.3.4 Abdominal aortic aneurysm stent

Abdominal aortic aneurysm (AAA) stent co-payments are made to patients undergoing an endoluminal repair of an aortic aneurysm as indicated by any ACHI 11th edition procedure code of 33116-00 and who are allocated to an eligible VIC-DRG9.0 (indicated with a 'AAA' in the 'Other Co-payments' column in the WIES26 weights table). The WIES26 AAA stent co-payment is set at 3.1421 WIES per episode. Technical specifications are provided in Box 1.8.

Box 1.8: Calculating abdominal aortic aneurysm stent co-payments

```
If (copay = 'AAA') and record has an ACHI 11th edition procedure of 33116-00 then
    AAA_copay = 3.1421
else
    AAA_copay = 0
go to Box 1.9
```

A1.1.3.5 Atrial septal defect closure device

Atrial septal defect (ASD) co-payments are made to patients receiving an atrial septal defect closure device as indicated by the presence of any ACHI 11th edition procedure code of 38742-00 and who are allocated to an eligible VIC-DRG9.0 (indicated with a 'ASD' in the 'Other Co-payments' column in the WIES26 weights table). The WIES26 ASD co-payment is set at 2.4713 WIES per episode. Technical specifications are provided in Box 1.9.

Box 1.9: Calculating atrial septal defect co-payments

```
If (copay = 'ASD') and record has an ACHI 11th edition procedure code of 38742-00 then
    ASD_copay = 2.4713
else
    ASD_copay = 0
go to Box 1.10
```

A1.1.3.6 Cochlear prosthetic device

Cochlear co-payments are made to patients receiving a bilateral cochlear implantation in the one (same) episode (indicated by the occurrence of ACHI 11th edition procedure code 41617-05 within the one episode) and who are allocated to an eligible VIC-DRG9.0 (indicated with a 'Bilat' in the 'Other Co-payments' column in the WIES26 weights table). The WIES26 cochlear co-payment is set at 5.0544 WIES per episode. Technical specifications are provided in Box 1.10.

Box 1.10: Calculating cochlear co-payments

```
If (copay = 'Bilat') and record has
    (Number of times the ACHI 11th edition procedure code 41617-05 is reported)
    less
    (Number of times the ACHI 11th edition procedure code 41617-06 is reported)
    = 1
then bilat_copay = 5.0544
else
    Bilat_copay = 0
go to Box 1.11
```

A1.1.4 Base WIES26

To calculate a patient's base WIES26 you need to determine:

- the patient's VIC-DRG9.0
- the patient's LOS
- the patient's LOS category (LOS_cat: 'S' or same-day, 'O' or one-day, 'M' or multi-day)
- the patient's accommodation type occupied during the first and second status segments of their admission (ACCTYPE1 and ACCTYPE2) and on separation (SEPACCOM) (refer to Box 1.13)
- the number of mechanical ventilation co-payment days ('adjmvday', refer to Box 1.5)
- the number of non-invasive ventilation co-payment days ('adjnivday', refer to Box 1.6)
- the patient's inlier equivalence ('I' or inlier, 'L' or low outlier, 'H' or high outlier).

The patient's LOS and LOS category are derived from the admission date, separation date and leave days. For payment purposes a maximum LOS of five years (1,825 days) is used. This ensures that WIES are not allocated to extreme stays that are likely to represent non-acute care. Technical specifications are provided in Box 1.11.

Box 1.11: Determining LOS category and maximum LOS

```
If admission date = separation date then same day = 'Y'
else same day = 'N'
If (same day = 'Y') then
        LOS_cat = 'S'
        go to Box 1.12
else if (same day = 'N') and (LOS =1) then
        LOS_cat = 'O'
        go to Box 1.12
else
        LOS = min (LOS,1825)
        LOS_cat = 'M'
    go to Box 1.12
```

The patient's inlier funding equivalence is determined by comparing the patient's LOS with the inlier boundaries for the VIC-DRG9.0 to which the patient is allocated. The low and high inlier boundaries are given in the WIES26 weights table. For the purpose of reporting, a patient is classified as an inlier based only on LOS. However, the high outlier per diems are adjusted for any mechanical ventilation and any

non-invasive ventilation co-payments. Consequently, some high outliers are paid at the inlier rate (where: [LOS – HB] < (adjmvday + adjnivday)).

A patient is funded as an inlier when their LOS 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 and any non-invasive ventilation co-payment days.

Patients with a LOS less than the low inlier boundary are funded as low outliers. Patients with a LOS greater than the sum of the high inlier boundary, mechanical ventilation and non-invasive ventilation co-payment days are funded as high outliers. Technical specifications are provided in Box 1.12.

Box 1.12: Calculating inlier funding equivalence

```
If LOS < lb, then
    Inlier = 'L'
    go to Box 1.13
else if LOS > (hb + adjmvday + adjnivday) then
    Inlier = 'H'
    go to Box 1.13
else
    Inlier = 'I'
    go to Box 1.13
```

Separate columns occur in the WIES26 weights table for:

- short-stay observation unit weights
- same-day weights
- one-day weights
- multi-day low outlier per diem weight
- multi-day inlier weights
- high outlier per diem weights
- high HITH per diem weights.

The base WIES cost weight for short-stay observation unit episodes (same-day, one-day and multi-day; inlier, low and high outlier) that group to short-stay designated DRGs (short_stay= 'S') can be read directly from the WIES26 weights table using the appropriate columns (short_stay and ss) and row (VIC-DRG9.0).

The base WIES cost weight for same-day episodes (inlier and low outlier), one-day episodes (inlier and low outliers), and multi-day inliers can be read directly from the WIES26 weights table using the appropriate column and row (VIC-DRG9.0). The base WIES cost weight for multi-day low outliers can be calculated by multiplying the low outlier per diem weight given in the WIES26 weights table by the patient's LOS less one day and adding the one-day weight.

The base WIES cost weight for high outliers is obtained by:

- calculating the number of high outlier days (high_days) by subtracting the high boundary and any mechanical ventilation co-payment days (adjmvday – see Box 1.5) and any non-invasive ventilation co-payment days (adjnivday – see Box 1.6) from the LOS
- calculating the number of high outlier days (high_days) that are paid at the discounted HITH rate (hith_days) (this is the minimum of either the number of HITH LOS or high outlier days)
- adding the multi-day inlier weight (md_in), the number of high outlier HITH days (hith_days) by the high HITH per diem weight (hith_pd) and the number of remaining high outlier days (high_days – hith_days) by the high outlier per diem weight (ho_pd).

Technical details are provided in Box 1.13.

Box 1.13: Calculating base WIES26

```
If short_stay = 'S' and ACCTYPE1 = 'S' and ACCTYPE2 = blank and SEPACCOM = 'S' then
    Base_WIES = ss
    go to Box 1.14
Else select inlier
    case 'L' do
        select LOS_cat
            case 'S' do
                base_WIES = sd
                go to Box 1.14
            case 'O' do
                base_WIES = od
                go to Box 1.14
            case 'M' do
                base_WIES = od + (LOS – 1) × lo_pd
                go to Box 1.14
    case 'I' do
        select LOS_cat
            case 'S' do
                base_WIES = sd
                go to Box 1.14
            case 'O' do
                base_WIES = od
                go to Box 1.14
            case 'M' do
                base_WIES = md_in
                go to Box 1.14
    case 'H' do
        if hithLOS = missing then hithLOS = 0
        high_days = max(0, LOS – hb – adjmvday – adjnivday)
        hith_days = min(high_days, hithLOS)
        base_WIES = md_in + (high_days – hith_days) × ho_pd + (hith_days × hith_pd)
    go to Box 1.14
```

A1.1.5 Aboriginal and Torres Strait Islander loading

A 30 per cent WIES loading is paid to health services for treating Aboriginal and Torres Strait Islander patients in recognition of their higher costs of care. Technical details are provided in Box 1.14.

Box 1.14: Applying the Aboriginal and Torres Strait Islander loading

```
If Indigenous status in (1,2,3) then do
    Aboriginal and Torres Strait Islander_WIES =
    0.3*(base_WIES + mv_copay+ niv_copay + th_copay + AAA_copay + ASD_copay + Bilat_copay)
else
    ATSI_WIES = 0
    go to Box 1.15
```

A1.1.6 Calculating WIES cost weight

The WIES cost weight is calculated by adding base WIES, co-payment WIES and Aboriginal and Torres Strait Islander WIES. Details are provided in Box 1.15

Box 1.15: Calculating WIES cost weight

```
WIES = base_WIES + mv_copay+ niv_copay + th_copay + AAA_copay + ASD_copay + Bilat_copay + ATSI
_WIES
```

Addendum 1.2: Definition of WIES26 variables

Definitions and descriptions of each variable within the WIES26 formulae are provided in Table 1.34.

Table 1.34: WIES26 variables

Variable	Label	Description
Victorian DRG 9.0	VICDRG9.0	AR-DRG9.0 with Victorian modifications.
Mechanical ventilation co-payment	mv_elig	This describes the way invasive mechanical ventilation severity co-payments are made for VIC-DRG9.0. Options are: • D: funded if more than six hours of ventilation is provided. Patients attract a one-off payment of 0.6980 WIES plus a daily rate of 0.7659 WIES for patients in hospitals with appropriate ICU facilities. • 4: funded for each day of mechanical ventilation after four days. Patients attract a one-off payment of 0.6980 WIES plus a daily rate of 0.7659 WIES for patients in hospitals with appropriate ICU facilities. • I: ineligible for mechanical ventilation co-payments.
Non-invasive ventilation co-payment	Niv_elig	This describes the way non-invasive ventilation severity co-payments are made for VIC-DRG9.0. Options are: • D: funded if more than six hours of non-invasive ventilation is provided. Patients attract a daily rate of 0.7659 WIES for patients in hospitals with appropriate ICU facilities. • 1: funded for each day of non-invasive ventilation after one day. Patients attract a daily rate of 0.7659 WIES for patients in hospitals with appropriate ICU facilities. • I: ineligible for non-invasive ventilation co-payments. (Note: Patients are first tested for eligibility to attract a mechanical ventilation co-payment; and patients can only attract a non-invasive ventilation co-payment if they receive a 0 (zero) mechanical ventilation co-payment).
Other co-payment	copay	Some groups of patients attract additional funds in recognition of their higher costs. Options are: • Thal: a co-payment of 0.1089 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.) • AAA: a co-payment of 3.1421 WIES for patients with the procedure code for the insertion of a stent for endovascular repair of aneurysm of the aorta (AAA stent). • ASD: a co-payment of 2.4713 for patients with a procedure code for using an ASD closure device. • Bilat: a co-payment of 5.0544 is made to patients with procedure codes for the bilateral implantation of cochlear prosthetic devices within the same (one) episode.
Inlier boundary – low	lb	The low LOS boundary for inliers. Patients with a LOS of less than the low boundary are classed as low outliers. For most VIC-DRG9.0s the low boundary has been set at a third of the estimated ALOS for the VIC-DRG9.0. Boundaries are truncated to the nearest whole number.
Inlier boundary – high	hb	The high LOS boundary for inliers. Patients with a LOS greater than the high boundary are classed as high outliers. For most VIC-DRG9.0s the high boundary has been set at three times the estimated ALOS for the VIC-DRG9.0. Boundaries are rounded to the nearest whole number.
Average inlier stay	I_alos	The ALOS (days) for inliers only (based on costed episodes and used to set the high-outlier per diem).

Variable	Label	Description
Short-stay unit DRG	short_stay	DRG designation for allocating the short-stay weight to patients admitted to and subsequently discharged from a short-stay observation unit. Options are: • S: Short-stay patients in this DRG are eligible for the short-stay weight that is based on the cost of short-stay patients only. • Blank: Short-stay patients in this DRG are not eligible for the short-stay weight (set to blank). Instead short-stay patients attract same-day, one-day or multi-day weights that include the costs of all patients (short-stay and non-short-stay patients).
Short-stay weight	ss	The short-stay weight is used to allocate WIES to patients admitted to and subsequently discharged from a short-stay observation unit, irrespective of LOS type (same-day, one-day or multi-day stay) and inlier status (inlier, low or high outlier). Short-stay observation unit patients are identified by: *ACCTYPE1='S' and ACCTYPE2=blank and SEPACCOM='S'* ***Designated short-stay VIC-DRG9.0s (marked as 'S')*** Short-stay weight is used to allocate WIES to short-stay patients and is based on the cost of short-stay patients. ***Non-designated short-stay unit VIC-DRG9.0s (blank value)*** Short-stay weight is blank (not used to allocate WIES to short-stay patients).
Same-day/one-day DRG		VIC-DRG9.0s marked as 'Same-day' have same-day weights based on the costs of same-day patients. VIC-DRG9.0s marked as 'One-day' have one-day and same-day weights based on the costs of patients with an LOS of one day. VIC-DRG9.0s with a blank value have same-day and one-day weights derived from the multi-day inlier weight. (Note: For short-stay designated VIC-DRG9.0s, short-stay patients are excluded from same-day, one-day and multi-day weights.)
Same-day weight	sd	The same-day weight is used to allocate WIES to patients admitted and separated on the same day. Depending on the VIC-DRG9.0, same-day patients may be either low outliers or inliers: ***Designated same-day VIC-DRG9.0s*** The same-day weight is based on the costs of same-day patients. ***Designated one-day VIC-DRG9.0s*** The same-day weight is based on the costs of patients with a LOS of one day. ***Non-designated VIC-DRG9.0s with a low boundary of zero days*** The same-day weight is set at the multi-day inlier weight. ***Non-designated VIC-DRG9.0s with a low boundary of one day*** The same-day weight is based on the average cost of multi-day inliers. For medical DRGs the weight is set at half of the multi-day inlier average cost. For non-medical DRGs the same-day weight is set at 100 per cent of theatre and prosthesis costs plus 50 per cent of the average for other costs. ***Non-designated VIC-DRG9.0s with a low boundary of two days or more (low outliers)*** The same-day weight is based on the average cost of multi-day inliers. For medical DRGs the same-day weight is set at half of the multi-day inlier average cost divided by the low boundary. For non-medical DRGs the same-day weight is set at 100 per cent of theatre and prosthesis costs plus 50 per cent of the average for other costs divided by the low boundary. (Note: For short-stay designated VIC-DRG9.0s, short-stay patients are excluded from same-day, one-day and multi-day weights.)
One-day weight	od	The one-day weight is used to allocate WIES to patients with an LOS of one-day that are admitted and separated on different days.

Variable	Label	Description
		Depending on the VIC-DRG9.0, one-day patients may be either low outliers or inliers: ***Designated same-day VIC-DRG9.0s*** 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 multi-day inlier weight. For low outliers in medical DRGs the one-day weight is based on the average cost of multi-day inliers divided by the low boundary. For low outliers in non-medical DRGs the one-day weight is based on 100 per cent of the average theatre and prosthesis costs plus the average of other costs divided by the low boundary. ***Designated one-day VIC-DRG9.0s*** The one-day weight is based on the costs of patients with a LOS of one day. ***Non-designated VIC-DRG9.0s with a low boundary of zero or one day*** The one-day weight is set at the multi-day inlier weight. ***Non-designated VIC-DRG9.0s with a low boundary of two days or more (low outliers)*** For medical DRGs the one-day weight is based on the average cost of multi-day inliers divided by the low boundary. For non-medical DRGs the one-day weight is based on 100 per cent of the average theatre and prosthesis cost plus the average of other costs divided by the low boundary. (Note: For short-stay designated VIC-DRG9.0s, short-stay patients are excluded from same-day, one-day and multi-day weights.)
Multi-day low outlier per diem	lo_pd	The low outlier multi-day per diem weight is used to allocate WIES to low outliers who have a LOS of at least two days. Not all VIC-DRG9.0s have low outliers. No weight is reported in these cases. For most VIC-DRG9.0s the low outlier weight is derived from the average cost of multi-day inliers (excluding costs associated with setting the one-day weight) divided by the low boundary. (Note: A minimum criterion applies.) The base WIES for low outliers is calculated by multiplying the low outlier per diem by the patient's LOS less one day and adding the one-day weight: Low outlier WIES = od + (LOS –1) × lo_pd
Inlier weight	md_in	The inlier multi-day weight is used to allocate WIES to inliers that have an LOS of at least two days. For designated VIC-DRG9.0s, short-stay and same-day/one-day patients are excluded when deriving the inlier multi-day weight.
High outlier per diem	ho_pd	The high outlier multi-day 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, non-invasive ventilation co-payment days and Hospital in the Home days. The high outlier multi-day per diem rate is based on the average cost of inliers (excluding all prosthesis and theatre costs for non-medical DRGs only) according to the following formula: ho_pd = high factor × (av. inlier cost less theatre and prosthesis costs for non-medical DRGs only) ÷ i_alos Where the high factor is set at 0.7 for surgical VIC-DRG9.0s and 0.8 for medical VIC-DRG9.0s to recognise that days at the end of a patient's stay are less resource intensive than days at the beginning of a patient's stay. Inlier ALOS (i_alos) is based on costed episodes. A number of variations exist on the general formula:

Variable	Label	Description
		1) The high factor is set at one or greater for some high-cost VICDRG9.0s. 2) Maximum and minimum criteria apply.
Hospital in the Home outlier per diem	hith_pd	The HITH high outlier multi-day per diem weight is used to allocate additional WIES for all days of stay in excess of the high boundary that can be attributed to HITH. These days can occur at any stage of the patient's treatment, including before the high boundary. For example, suppose a patient stayed seven days in hospital, followed by five days of HITH, but a complication occurred requiring another four days in hospital care and was subsequently allocated to a DRG with a high boundary of 10 days. The patient has a LOS of 16 days resulting in six high days, five of which will be paid at the HITH high outlier multi-day per diem rate and one of which will be paid at the high outlier per diem rate. The HITH high outlier multi-day per diem rate is based on 80 per cent of the high outlier per diem and subject to maximum and minimum criteria.

Addendum 1.3: Australian National Subacute and Non-acute Patient Classification technical specifications

A1.3.1 AN-SNAP version 4 classes

The admitted branch of AN-SNAP version 4 comprises 89 overnight admitted and five same-day classes for rehabilitation, geriatric evaluation and management, non-acute and palliative care. However, same-day classes will only be funded as admitted activity if the patient's separation mode falls into one of the following categories:

- death (code D)
- left against medical advice (code Z)
- separation and transfer to acute hospital/extended care (code T).

There is also an error class for each care type where episode type codes or age details are missing from the record. For the rehabilitation and palliative care types, a second error class is present to account for the adult and paediatric split.

Further information can be found on the AN-SNAP version 4 website <http://ahsri.uow.edu.au/aroc/an-snapv4/index.html>.

The weighting of each element of the FIM™ score for each impairment category is shown in Table 1.35.

Table 1.35: Impairment specific weightings for the FIM™ motor score

Impairment group	FIM™ eat1	FIM™ grm2	FIM™ bath3	FIM™ upp4	FIM™ low5	FIM™ toil6	FIM™ blad7	FIM™ bow8	FIM™ xfer9	FIM™ xftlt10	FIM™ tub11	FIM™ walk12	FIM™ stair13
Stroke	1.007	0.983	1.199	1.028	1.054	1.058	0.799	0.835	1.121	1.108	1.145	1.018	0.645
Brain Dysfunction	1.512	1.348	1.282	1.060	0.941	1.021	0.867	1.039	0.925	0.964	0.972	0.783	0.286
Neuro Conditions	1.143	1.239	1.225	0.817	0.935	1.082	0.671	0.787	1.132	1.175	1.278	0.897	0.619
Spinal Cord Dys	0.924	0.803	1.238	0.843	0.926	1.246	0.822	0.810	1.137	1.455	1.465	0.233	1.098
Amp of Limb	1.218	0.831	1.278	0.624	0.700	1.027	0.241	0.400	1.290	0.961	0.974	0.747	2.709
Arthritis	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Pain Syndromes	0.984	1.016	1.325	0.687	0.937	1.108	0.828	0.751	1.416	1.341	1.461	0.781	0.365
Ortho Cond – Fract	0.934	0.903	1.201	0.707	0.935	1.053	0.771	1.100	1.405	1.303	1.332	0.828	0.528
Ortho Cond – Repl	1.184	0.872	1.194	0.809	1.013	1.081	0.744	0.998	1.400	1.235	1.317	0.668	0.485
Ortho Cond – Other	1.184	0.872	1.194	0.809	1.013	1.081	0.744	0.998	1.400	1.235	1.317	0.668	0.485
Cardiac	0.984	1.016	1.325	0.687	0.937	1.108	0.828	0.751	1.416	1.341	1.461	0.781	0.365
Pulmonary	0.984	1.016	1.325	0.687	0.937	1.108	0.828	0.751	1.416	1.341	1.461	0.781	0.365
Burns	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Congen Deform	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Oth Disabling Imps	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
MMT	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Devel Disabs	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Reconditioning	1.077	0.938	1.181	0.717	0.887	1.084	0.795	0.924	1.282	1.307	1.330	0.930	0.548

Note: 1.FIM™ Eating, 2.FIM™ Grooming, 3.FIM™ Bathing, 4.FIM™ Upper body dressing, 5.FIM™ Lower body dressing, 6.FIM™ Toileting, 7.FIM™ Bladder management, 8.FIM™ Bowel management, 9. FIM™ Bed to chair transfer, 10.FIM™ Toilet transfer, 11.FIM™Shower transfer, 12.FIM™ Locomotion, 13.FIM™ Stairs.

A1.3.2 Grouping to AN-SNAP version 4

A1.3.2.1 Variables used in AN-SNAP version 4 classes

In the admitted branch, the variables used for grouping (not funding) are:

- care type – characteristics of the person and the goal of treatment
- function (motor and cognition) on admission – all care types
- phase (stage of illness) – palliative care
- impairment – rehabilitation
- delirium or dementia – geriatric evaluation and management (GEM)
- age – palliative care, rehabilitation, non-acute and to identify paediatric episode/phases
- length of stay (LOS) – psychogeriatric and non-acute
- same-day flag – to distinguish between same-day and overnight episodes/phases.

There are also two situations where required variables will not be available until the end of an episode:

- In the admitted GEM branch of the classification, diagnoses of delirium and dementia have been introduced as grouping variables. These diagnoses are coded after the episode has ended using the 10th edition of the *International statistical classification of diseases and related health problems*, 10th revision, Australian Modification (ICD-10-AM).
- The episode length of stay is required to assign an AN-SNAP class for non-acute and psychogeriatric episodes.

A1.3.2.2 Grouping process classes

The process of grouping records to AN-SNAP version 4 can be summarised as follows:

- Identify the record as admitted or non-admitted.
- Identify the care type based on the characteristics of the patient and the primary clinical purpose or treatment goal, rather than the specialisation of the treating physician or the type of facility in which the treatment is provided.
- For rehabilitation and palliative care, identify the record as adult or paediatric.
- Identify admitted records as overnight or same-day.
- Calculate total assessment scores where required, including the weighted FIM™ motor score for adult admitted rehabilitation.
- Group to AN-SNAP version 4 class.

A1.3.2.3 Grouping to admitted rehabilitation care classes

The variables used to define the rehabilitation classes include impairment, age, FIM™ cognition score and a weighted FIM™ motor score.

In AN-SNAP version 4 there are 59 classes for admitted rehabilitation care, specifically:

- 50 admitted adult overnight classes (Table 1.36)
- five admitted paediatric overnight classes (Table 1.37)
- two admitted same-day classes – one for adult and one for paediatric care
- two error classes – one for adult and one for paediatric care.

Table 1.36: Adult admitted rehabilitation care classes

Code	Description
4AZ1	Weighted FIM™ motor score 13–18, Brain, Spine, MMT, Age ≥ 49
4AZ2	Weighted FIM™ motor score 13–18, Brain, Spine, MMT, Age ≤ 48
4AZ3	Weighted FIM™ motor score 13–18, All other impairments, Age ≥ 65
4AZ4	Weighted FIM™ motor score 13–18, All other impairments, Age ≤ 64
4AA1	Stroke, weighted FIM™ motor score 51–91, FIM™ cognition 29–35
4AA2	Stroke, weighted FIM™ motor score 51–91, FIM™ cognition 19–28
4AA3	Stroke, weighted FIM™ motor score 51–91, FIM™ cognition 5–18
4AA4	Stroke, weighted FIM™ motor score 36–50, Age ≥ 68
4AA5	Stroke, weighted FIM™ motor score 36–50, Age ≤ 67
4AA6	Stroke, weighted FIM™ motor score 19–35, Age ≥ 68
4AA7	Stroke, weighted FIM™ motor score 19–35, Age ≤ 67
4AB1	Brain dysfunction, weighted FIM™ motor score 71–91, FIM™ cognition 26–35
4AB2	Brain dysfunction, weighted FIM™ motor score 71–91, FIM™ cognition 5–25
4AB3	Brain dysfunction, weighted FIM™ motor 41–70, FIM™ cognition 26–35
4AB4	Brain dysfunction, weighted FIM™ motor score 41–70, FIM™ cognition 17–25
4AB5	Brain dysfunction, weighted FIM™ motor score 41–70, FIM™ cognition 5–16
4AB6	Brain dysfunction, weighted FIM™ motor score 29–40
4AB7	Brain dysfunction, weighted FIM™ motor score 19–28
4AC1	Neurological conditions, weighted FIM™ motor score 62–91
4AC2	Neurological conditions, weighted FIM™ motor score 43–61
4AC3	Neurological conditions, weighted FIM™ motor score 19–42
4AD1	Spinal cord dysfunction, Age ≥ 50, weighted FIM™ motor score 42–91
4AD2	Spinal cord dysfunction, Age ≥ 50, weighted FIM™ motor score 19–41
4AD3	Spinal cord dysfunction, Age ≤ 49, weighted FIM™ motor score 34–91
4AD4	Spinal cord dysfunction, Age ≤ 49, weighted FIM™ motor score 19–33
4AE1	Amputation of limb, Age ≥ 54, weighted FIM™ motor score 68–91
4AE2	Amputation of limb, Age ≥ 54, weighted FIM™ motor score 31–67
4AE3	Amputation of limb, Age ≥ 54, weighted FIM™ motor score 19–30
4AE4	Amputation of limb, Age ≤ 53, weighted FIM™ motor score 19–91
4AH1	Orthopaedic conditions, fractures, weighted FIM™ motor score 49–91, FIM™ cognition 33–35
4AH2	Orthopaedic conditions, fractures, weighted FIM™ motor score 49–91, FIM™ cognition 5–32
4AH3	Orthopaedic conditions, fractures, weighted FIM™ motor score 38–48
4AH4	Orthopaedic conditions, fractures, weighted FIM™ motor score 19–37
4A21	Orthopaedic conditions, all other (including replacements), weighted FIM™ motor score 68–91
4A22	Orthopaedic conditions, all other (including replacements), weighted FIM™ motor score 50–67

Code	Description
4A23	Orthopaedic conditions, all other (including replacements), weighted FIM™ motor score 19–49
4A31	Cardiac, Pain syndromes, Pulmonary, weighted FIM™ motor score 72–91
4A32	Cardiac, Pain syndromes, Pulmonary, weighted FIM™ motor score 55–71
4A33	Cardiac, Pain syndromes, Pulmonary, weighted FIM™ motor score 34–54
4A34	Cardiac, Pain syndromes, Pulmonary, weighted FIM™ motor score 19–33
4AP1	Major Multiple Trauma, weighted FIM™ motor score 19–91
4AR1	Reconditioning, weighted FIM™ motor score 67–91
4AR2	Reconditioning, weighted FIM™ motor score 50–66, FIM™ cognition 26–35
4AR3	Reconditioning, weighted FIM™ motor score 50–66, FIM™ cognition 5–25
4AR4	Reconditioning, weighted FIM™ motor score 34–49, FIM™ cognition 31–35
4AR5	Reconditioning, weighted FIM™ motor score 34–49, FIM™ cognition 5–30
4AR6	Reconditioning, weighted FIM™ motor score 19–33
4A91	All other impairments, weighted FIM™ motor score 55–91
4A92	All other impairments, weighted FIM™ motor score 33–54
4A93	All other impairments, weighted FIM™ motor score 19–32
4J01	Adult same-day rehabilitation
499A	Adult overnight rehabilitation – ungroupable

Table 1.37: Paediatric admitted rehabilitation care classes

Code	Description
4F01	Rehabilitation, Age ≤ 3
4F02	Rehabilitation, Age ≥ 4, Spinal cord dysfunction
4F03	Rehabilitation, Age ≥ 4, Brain dysfunction
4F04	Rehabilitation, Age ≥ 4, Neurological conditions
4F05	Rehabilitation, Age ≥ 4, All other impairments
4O01	Paediatric same-day rehabilitation
499F	Paediatric overnight rehabilitation – ungroupable

The calculation of the AN-SNAP version 4 admitted rehabilitation class is as follows:

- Determine if record is an adult (adult ≥ 18 years) or paediatric (age ≤17 years).

For adults:

- Same-day records are split from the overnight records into a single class.
- For the overnight admitted episodes:
  - Determine the impairment group that is derived from the AROC Impairment Code.
  - Calculate a weighted FIM™ motor score by multiplying each FIM™ item score by the corresponding weight for the impairment group of the record.
  - Sum the weighted scores to create a weighted FIM™ motor score for each episode.
  - Sum the five FIM™ cognition scores.
  - Add the weighted FIM™ motor score with the sum of the FIM™ cognition score.
  - Overnight admitted episodes are spilt using the weighted FIM™ motor score into a lower function (FIM™ 13–18) and a higher function group (FIM™ ≥19).

- Episodes are further split by impairment group.
- All impairment groups except for MMT are then split using a combination of the weighted FIM™ motor score, the FIM™ cognition score and age to create the AN-SNAP version 4 classes.

For paediatric:

- Same-day records are split from the overnight records into a single class.
- For the overnight admitted episodes:
  - Episodes where the patient's age on admission is three or less are split into a single class.
  - Episodes where the patient's age is four years or more are then split into four groups of impairment categories.

A1.3.2.4 Grouping to admitted palliative care classes

Palliative care activity is different from the other subacute activity because there can be multiple phases within one episode. The different types of phases are used to derive an AN-SNAP version 4 class. This means that for an episode of care (between admission and separation) there may be multiple AN-SNAP version 4 classes, each with a different subacute WIES. Also, some classes may be repeated in the episode because palliative care phases are not sequential, and a patient may move back and forth between phases.

In addition to a palliative care phase, the total score on the Resource Utilisation Groups – Activities of Daily Living (RUG-ADL) tool, age and a derived variable, 'first phase in episode', which distinguishes a phase at the beginning of an episode from the subsequent phases of a palliative care episode are variables that are used to derive a palliative care class.

In AN-SNAP version 4 there are 20 classes for admitted palliative care:

- 12 admitted adult overnight classes (Table 1.38)
- four admitted paediatric overnight classes (Table 1.39)
- two admitted same-day classes – one for adult and one for paediatric care
- two error classes – one for adult and one for paediatric care.

Table 1.38: Admitted palliative care classes

Code	Description
4BS1	Stable phase, RUG-ADL 4–5
4BS2	Stable phase, RUG-ADL 6–16
4BS3	Stable phase, RUG-ADL 17–18
4BU1	Unstable phase, First phase in episode, RUG-ADL 4–13
4BU2	Unstable phase, First phase in episode, RUG-ADL 14–18
4BU3	Unstable phase, Not first phase in episode, RUG-ADL 4–5
4BU4	Unstable phase, Not first phase in episode, RUG-ADL 6–18
4BD1	Deteriorating phase, RUG-ADL 4–14
4BD2	Deteriorating phase, RUG-ADL 15–18, Age ≥ 75
4BD3	Deteriorating phase, RUG-ADL 15–18, Age 55–74
4BD4	Deteriorating phase, RUG-ADL 15–18, Age ≤ 54
4BT1	Terminal phase
4K01	Adult same-day palliative care
499B	Adult overnight palliative care – ungroupable

Table 1.39: Admitted paediatric palliative care classes

Code	Description
4G01	Palliative care, Not terminal phase, Age < 1 year
4G02	Palliative care, Stable phase, Age ≥ 1 year
4G03	Palliative care, Unstable or deteriorating phase, Age ≥ 1 year
4G04	Palliative care, Terminal phase
4P01	Paediatric same-day palliative care
499G	Paediatric overnight palliative care – ungroupable

The calculation of the AN-SNAP version 4 admitted palliative care class is as follows:

- Determine if record is an adult or paediatric.

For adults:

- Same-day records are split from the overnight records into a single class.
- For the overnight admitted episodes:
  - RUG-ADL item scores are added to create a RUG-ADL total score.
  - Split into four groups based on the palliative care phase.
  - For the stable phase, split using the RUG-ADL total score.
  - For the unstable phase, split based on whether the phase is the first phase of an episode, and then by the RUG-ADL total score.
  - For the deteriorating phase, split by the RUG-ADL total score and age (if RUG-ADL total score 15–18).

For paediatric classes:

- Same-day records are split from the overnight records into a single class.
- For the overnight admitted episodes:
  - RUG-ADL item scores are added to create a RUG-ADL total score.
  - Split into two groups based on the terminal phase or not terminal phase.
  - The 'Not terminal phase' group is split based on age. If age ≥ 1, then split based on the stable or unstable/deteriorating phase.

A1.3.2.5 Grouping to admitted geriatric evaluation and management classes

The variables used to define the admitted GEM classes are the FIM™ motor score (the sum of the first 13 items of the FIM™ tool) and 10th edition ICD-10-AM diagnosis (dementia and delirium).

In AN-SNAP version 4 there are eight classes for admitted GEM (Table 1.40):

- six admitted overnight classes
- one admitted same-day class
- one error class.

Table 1.40: Geriatric evaluation and management classes

Code	Description
4CH1	FIM™ motor 57–91 with delirium or dementia
4CH2	FIM™ motor 57–91 without delirium or dementia
4CM1	FIM™ motor 18–56 with delirium or dementia
4CM2	FIM™ motor 18–56 without delirium or dementia
4CL1	FIM™ motor 13–17 with delirium or dementia
4CL2	FIM™ motor 13–17 without delirium or dementia
4L01	Same-day GEM
499C	Overnight GEM – ungroupable

The calculation of the AN-SNAP version 4 admitted GEM class is as follows:

- Same-day records are split from the overnight records into a single class.
- For the overnight admitted episodes:
  - FIM™ item scores are added to create a FIM™ total score.
  - Split records by FIM™ total score.
  - Split records based whether or not any of the diagnoses recorded for the patient is delirium or dementia.

A1.3.2.6 Grouping to admitted non-acute care classes

The variables used to define the admitted non-acute classes are LOS, total RUG-ADL score and age. In AN-SNAP version 4 there are seven admitted non-acute care (formerly called 'maintenance') classes (Table 1.41).

Table 1.41: Non-acute classes

Code	Description
4ES1	Age ≥ 60, RUG-ADL 4–11, LOS ≤ 91
4ES2	Age ≥ 60, RUG-ADL 12–15, LOS ≤ 91
4ES3	Age ≥ 60, RUG-ADL 16–18, LOS ≤ 91
4ES4	Age 18–59, LOS ≤ 91
4ES5	Age ≤ 17, LOS ≤ 91
4EL1	Long-term care
499E	Overnight non-acute care – ungroupable

The calculation of the AN-SNAP version 4 admitted non-acute class is as follows:

- For the overnight admitted episodes:
  - Episodes are split into two groups based on LOS (≤ 91 or ≥ 92).
  - For episodes where LOS is ≤ 91, spilt by age.
  - RUG-ADL item scores are added to create a RUG-ADL total score.
  - Split 'Age ≥ 60' group by RUG-ADL total score.

A1.3.2.7 Grouping to error classes

If, at any step in the care type grouping process described above, a variable is missing or invalid, the episode/phase will be assigned to the error class for the relevant care type/treatment setting combination. It should be noted that some clinical tools include an option for 'not assessed'. If this score is used, the total cannot be calculated, and the record would be assigned to an error class.

Addendum 1.4: Calculating subacute WIES for individual patients

To calculate the subacute WIES funding allocated to a patient:

- Determine if the episode is eligible for subacute WIES funding (see Box 1.16).
- Calculate the base subacute WIES allocation using AN-SNAP version 4 and the patient's LOS adjusted for the high outlier days (see Box 1.16 to Box 1.22) – this can be done using the appropriate weights from the subacute WIES weights table (see Table 1.21).
- Apply the Aboriginal and Torres Strait Islander loading if applicable (see Box 1.24).
- Add the base subacute WIES payment and Aboriginal and Torres Strait Islander loading (see Box 1.24).

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

A1.4.1 Subacute WIES eligibility

The majority of admitted subacute patients in hospital will be allocated a subacute WIES cost weight; however, subacute WIES cannot be calculated for incomplete or uncoded episodes.

Subacute WIES cost weights are sometimes allocated to patient episodes that are ineligible for casemix funding. Subacute WIES from these episodes will need to be excluded when comparing health service activity against targets during 2019–20.

Eligible patients are entitled to base subacute WIES payments and may also be entitled to subacute WIES loadings. Base subacute WIES payments are made according to the formula derived from the average costs for patients in each AN-SNAP version 4 class. Subacute WIES loadings are made to cover the higher costs of care provided to certain types of patients.

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

Box 1.16: Episodes eligible for subacute WIES funding

All episodes in the VAED with a care type of:

- 6 – Designated Rehabilitation Program/Unit
- P – Designated Paediatric Rehabilitation Program/Unit
- 8 – Palliative Care Program
- 9 – Geriatric Evaluation and Management Program
- MC – Maintenance Care.

Except for:

- private hospital separations
- incomplete or uncoded episodes, or episodes coded to an ungroupable AN-SNAP V4.0 (zero weight) including AN-SNAP V4.0 499A (Adult Overnight Rehabilitation – Ungroupable), 499B (Adult Overnight Palliative Care – Ungroupable), 499C (Overnight GEM – Ungroupable), 499E (Overnight Non-acute Care – Ungroupable), 499F (Paediatric Overnight Rehabilitation – Ungroupable), 499G (Paediatric Overnight Palliative Care – Ungroupable)
- episodes with an account class on separation of W* (Victorian WorkCover Authority), T* (Transport Accident Commission), X* (Ineligible non-Australian residents – not exempted from fees), A* (Armed Services), C* (Common Law Recoveries), O* (Other compensable) or S* (Seamen)
- episodes where the contract role is B (service provider hospital)
- episodes from hospitals not eligible for subacute WIES funding
- same-day episodes with a separation mode G (Posthumous Organ Procurement), S (Statistical Separation), B (Separation and transfer to Transition Care bed-based program), A (Separation and transfer to mental health residential facility), N (Separation and transfer to aged care residential facility) and H (Separation to private residence/accommodation).

While contracted patients are allocated a subacute WIES score, they are not eligible for subacute WIES funding.

A1.4.2 Base subacute WIES

A1.4.2.1 Rehabilitation care and geriatric evaluation and management

To calculate a patient's base subacute WIES for rehabilitation (care type 6 and P) and geriatric evaluation and management care (care type 9), you need to determine the patient episode:

- AN-SNAP class
- length of stay (LOS)
- inlier equivalence ('I' or inlier, 'L' or low outlier, 'H' or high outlier).

The patient's LOS and LOS category are derived from the admission date, separation date and leave days. Technical specifications are provided in Box 1.17.

The patient's inlier funding equivalence is determined by comparing the patient's LOS with the inlier boundaries for the AN-SNAP version 4 class to which the patient is classified. The low and high inlier boundaries are given in the subacute WIES4 cost weights table.

A patient is funded as an inlier when their LOS is greater than or equal to the low inlier boundary and less than or equal to the high inlier boundary.

Patients with a LOS less than the low inlier boundary are funded as low outliers. Patients with a LOS greater than the high inlier boundary are funded as high outliers. Technical specifications are provided in Box 1.17.

Box 1.17: Calculating inlier funding equivalence

```
If LOS < lb then
    Inlier = 'L'
    go to Box 1.18
else if LOS > (hb) then
    Inlier = 'H'
    go to Box 1.18
else
    Inlier = 'I'
    go to Box 1.18
```

Separate columns occur in the subacute WIES cost weights table for:

- low outlier per diem weight
- inlier weights
- high outlier per diem weight.

The base subacute WIES cost weight for inliers can be read directly from the subacute WIES4 cost weights table using the appropriate column and row (AN-SNAP version 4).

The base subacute WIES4 cost weight for low outliers can be calculated by multiplying the low outlier per diem weight given in the subacute WIES4 cost weights table by the patient episode's LOS.

The base subacute WIES4 cost weight for high outliers is obtained by:

- calculating the number of high outlier days (high_days) by subtracting the high boundary from the LOS
- adding the inlier weight (in), and the number of high outlier days (high_days) by the high outlier per diem weight (ho_pd).

Technical details are provided in Box 1.18.

In 2019–20 a separate loading to SWIES for level 5 statewide specialist spinal rehabilitation services has been calculated by the department. This will be provided separately to these health services.

Box 1.18: Calculating base rehabilitation care and geriatric evaluation and management subacute WIES

```
Select inlier
    case 'L' do
        base_Subacute WIES = LOS × lo_pd
        go to Box 1.24
    case 'I' do
        base_Subacute WIES = in
        go to Box 1.24
    case 'H' do
        high_days = max(0, LOS – hb)
        base_Subacute WIES = in + (high_days × ho_pd)
        go to Box 1.24
```

A1.4.2.2 Non-acute care

To calculate a patient's base subacute WIES for non-acute care (care type MC), you need to determine the patient episode:

- LOS.

The patient's LOS is derived from the admission date, separation date and leave days. Technical specifications are provided in Box 1.19.

Box 1.19: Calculating the non-acute care base subacute WIES

base_Subacute WIES = LOS x pd
go to Box 1.24

A1.4.2.3 Department of Veterans' Affairs nursing home type

To calculate a patient's base subacute WIES for Department of Veterans' Affairs nursing home type care (care type NHT), you need to determine the patient episode:

- LOS.

The patient's LOS is derived from the admission date, separation date and leave days. Technical specifications are provided in Box 1.20.

Box 1.20: Calculating the Department of Veterans' Affairs nursing home type care base subacute WIES

base_Subacute WIES = LOS x pd
go to Box 1.24

A1.4.2.4 Palliative care

To calculate a patient's base subacute WIES4 for palliative care (care type 8) you need to determine the:

- subacute WIES for each phase of care using the LOS of each phase
- AN-SNAP class
- leave days for the whole episode
- inlier equivalence ('I' or inlier, 'L' or low outlier, 'H' or high outlier).

The patient's LOS and LOS category are derived from the admission date, separation date and leave days for each phase. Technical specifications are provided in Box 1.21 and Box 1.22.

The patient's inlier funding equivalence is determined by comparing the patient's LOS with the inlier boundaries for the AN-SNAP version 4 class to which the patient is classified. The low and high inlier boundaries are given in the subacute WIES4 cost weights table.

A patient is funded as an inlier when their LOS is greater than or equal to the low inlier boundary and less than or equal to the high inlier boundary.

Patients with a LOS less than the low inlier boundary are funded as low outliers. Patients with a LOS greater than the high inlier boundary are funded as high outliers. Technical specifications are provided in Box 1.21.

Box 1.21: Calculating base palliative care subacute WIES for each phase of care

```
If LOS < lb then
    Inlier = 'L'
    go to Box 1.22
else if LOS > (hb) then
    Inlier = 'H'
    go to Box 1.22
else
    Inlier = 'I'
    go to Box 1.22
```

Separate columns occur in the subacute WIES cost weights table for:

- low outlier per diem weight
- inlier weights
- high outlier per diem weight.

The base subacute WIES cost weight for inliers can be read directly from the subacute WIES4 cost weights table using the appropriate column and row (AN-SNAP V4). The base subacute WIES4 cost weight for low outliers can be calculated by multiplying the low outlier per diem weight given in the subacute WIES4 cost weights table by the patient episode's LOS.

The base subacute WIES4 cost weight for high outliers is obtained by:

- calculating the number of high outlier days (high_days) by subtracting the high boundary from the LOS
- adding the inlier weight (in), and the number of high outlier days (high_days) by the high outlier per diem weight (ho_pd).

Technical details are provided in Box 1.22.

Box 1.22: Calculating base palliative care subacute WIES for each phase of care

```
Select inlier
    case 'L' do
        base_Subacute WIES = LOS × lo_pd
        go to Box 1.23
    case 'I' do
        base_Subacute WIES = in
        go to Box 1.23
    case 'H' do
        high_days = max (0, LOS – hb)
        base_Subacute WIES = in + (high_days × ho_pd)
        go to Box 1.23
```

Box 1.23: Calculating base subacute WIES for each palliative care episode

If age ≤ 17 then:

base_Subacute WIES = sum (phase of care base_Subacute_WIES) – (leave days of episode X Paediatric Same-Day Palliative Care inlier weight (AN-SNAP Code 4P01))

go to Box 1.24

If age ≥ 18 then

base_Subacute WIES = sum (phase of care base_Subacute_WIES) – (leave days of episode X Adult Same-Day Palliative Care inlier weight (AN-SNAP Code 4K01))

go to Box 1.24

A1.4.3 Aboriginal and Torres Strait Islander loading

A 30 per cent subacute WIES loading is paid to health services for treating Aboriginal and Torres Strait Islander patients in recognition of their higher costs of care. Technical details are provided in Box 1.24.

Box 1.24: Applying the Aboriginal and Torres Strait Islander loading

If Indigenous status in (1,2,3) then do

Aboriginal and Torres Strait Islander_Subacute WIES =

0.3*(base_Subacute WIES)

else

Aboriginal and Torres Strait Islander_Subacute WIES = 0

go to Box 1.25

A1.4.4 Calculating subacute WIES cost weight

The subacute WIES cost weight is calculated by adding base subacute WIES and Aboriginal and Torres Strait Islander subacute WIES. Details are provided in Box 1.25.

Box 1.25: Calculating subacute WIES cost weight

Subacute WIES = base_Subacute WIES + Aboriginal and Torres Strait Islander_Subacute WIES

Addendum 1.5: Definition of subacute WIES variables

Definitions and descriptions of each variable within the subacute WIES formulae are provided in Table 1.42.

Table 1.42: Subacute WIES variables

Variable	Label	Description
AN-SNAP	AN-SNAP V4	Australian National Subacute and Non-Acute Patient Classification System Version 4.
Inlier boundary – low	lb	The low LOS boundary for inliers. Patients with a LOS of less than the low boundary are classed as low outliers. For most AN-SNAP V4s the low boundary has been set at –4 days of the ALOS for the AN-SNAP Version 4 Boundaries are truncated to the nearest whole number. This variable applies to rehabilitation, geriatric evaluation and management, and palliative care.
Inlier boundary – high	hb	The high LOS boundary for inliers. Patients with a LOS greater than the high boundary are classed as high outliers. For most AN-SNAP V4.0s the high boundary has been set at +4 days of the estimated ALOS for the AN-SNAP Version 4. Boundaries are rounded to the nearest whole number. This variable applies to rehabilitation, geriatric evaluation and management, and palliative care.
Average inlier stay	I_alos	The ALOS (days) for inliers only (based on costed episodes and used to set the high-outlier per diem). This variable applies to rehabilitation, geriatric evaluation and management, and palliative care.
Low outlier	lo_pd	The low outlier multi-day per diem weight is used to allocate subacute WIES to low outliers who have a LOS less than the low inlier boundary. For most AN-SNAP Version 4s the low outlier weight is derived from the average cost of multi-day inliers (excluding costs associated with setting the one-day weight) divided by the low boundary. (Note: A minimum criterion applies.) The base subacute WIES for low outliers is calculated by multiplying the low outlier per diem by the patient's LOS: Low outlier subacute WIES =LOS × lo_pd This variable applies to rehabilitation, geriatric evaluation and management, and palliative care.
Inlier weight	in	The inlier multi-day weight is used to allocate subacute WIES to inliers. This variable applies to rehabilitation, geriatric evaluation and management, and palliative care.
High outlier per diem	ho_pd	The high outlier multi-day per diem weight is used to allocate additional subacute WIES for all days of stay in excess of the high boundary. The high outlier multi-day per diem rate recognises that days at the end of a patient's stay are less resource intensive than days at the beginning of a patient's stay. This variable applies to rehabilitation, geriatric evaluation and management, and palliative care.
Bed day weight	pd	This bed day weight applies to non-acute care.

Addendum 1.6: Weighted ambulatory service events – technical specifications

A1.6.1 Introduction

The weighted ambulatory service event (WASE) funding model was introduced in 2017–18 to replace block grant funding for acute specialist clinics in Victoria. It is an activity-based funding model that:

- aligns Victorian specialist clinics funding with national funding models
- drives technical and allocative efficiency
- provides funding accountability and transparency
- encourages improved specialist clinics data reporting.

The WASE model is underpinned by concepts such as service events, the Tier 2 classification system, public and MBS-billed activity, new and review activity and single and multiple healthcare provider activity. The WASE model uses data from various systems to calculate WASE funding:

- The Non-Admitted Clinic Management System (NACMS) is used to classify activity.
- The Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) is used to calculate review and multiple healthcare provider service event proportions.
- The Agency Information Management System (AIMS) S10 form is used to obtain total service event counts.
- The Victorian Cost Data Collection (VCDC) data is used to calculate cost weights.

Victoria's casemix funding model allocates funding based on the numbers and types of patients treated and the average cost of treating patients. In practice, casemix funding requires classifying patients with similar clinical conditions and similar levels of resources used into diagnostic related groups or Tier 2 classes, counting the number of patients treated and costing them.

A1.6.2 Classification – Tier 2

The WASE model uses the Tier 2 non-admitted Services Classification to classify activity. The Tier 2 Non-admitted Services Classification is the national non-admitted classification system. It was developed by the Independent Hospital Pricing Authority (IHPA) and is used by the Commonwealth Government to calculate national funding contributions to Victorian non-admitted activity.

Tier 2 categorises a hospital's non-admitted services into classes that are generally based on the nature of the service provided and the type of clinician providing the service. The structure of the classification is first differentiated by the nature of the non-admitted service provided. The major categories are:

- procedures (10.01 to 10.20)
- medical consultation services (20.01 to 20.55)
- diagnostic services (30.01 to 30.08)
- allied health and/or clinical nurse specialist intervention services (40.02 to 40.61).

The next level of the classification is the type of clinician providing the service. This could be based on the specialty or profession of the clinician. For example, a clinic run by a cardiothoracic surgeon who sees patients before and after cardiac surgery is classified to the cardiothoracic (20.23) Tier 2 class. A clinic run by an obstetrician who sees women for consultations before they give birth is classified to the obstetrics (20.40) Tier 2 class. A clinic run by a physiotherapist who sees patients for consultations and treatments is classified to the physiotherapy (40.09) Tier 2 class.

There are also several classes for specialist clinics, which treat patients with specific conditions. For example, there is a class for specialist burns clinics (40.31), transplant clinics (20.01) and cystic fibrosis clinics (20.20).

Classification rules exist to guide the decision making regarding which Tier 2 class a clinic should be classified to. The IHPA has developed two reference documents to help with consistently allocating non-admitted services to a Tier 2 class. These documents are:

- *Tier 2 Non-Admitted Services Compendium*
- *Tier 2 Non-Admitted Services National Index*.

Further information about the Tier 2 classification system, including these documents, can be found at Tier 2 Non-Admitted Care Services Classification – IHPA website <https://www.ihpa.gov.au/what-we-do/tier-2-non-admitted-care-services-classification>.

Victoria groups each Tier 2 class funded by the WASE funding model into one of 39 Vic-Tier 2 (proportion) groups, based on costs reported by health services to the Victorian Cost Data Collection.

A1.6.3 Tier 2 classes in Victorian systems

All health services classified as an Activity Based Funded health service or Small Rural Health Service under the National Health Reform Agreement must register non-admitted clinics with the department. Clinics are registered in the Non Admitted Clinic Management System (NACMS). This can be done via the HealthCollect portal.

When hospitals register new MBS-billed clinics with the department, the remuneration model must be specified. This change was implemented in 2018 to the department's NACMS. Hospitals are required to review their registered clinics regularly and ensure the MBS remuneration model has been correctly identified for each registered clinic.

Further information about NACMS can be found in the NACMS manual, accessible at the Non Admitted Clinic Management System (NACMS) Manual 2018–19 webpage <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/nacms-manual-2018-19>.

All health services must identify and classify their non-admitted clinics providing acute clinical services to the most appropriate Tier 2 class. This process occurs when registering the clinic in NACMS, available on the HealthCollect portal, prior to submitting activity on the S10 form. S10 users can view registered non-admitted clinic details on HealthCollect or run reports to view registered clinics.

Service events are reported in the AIMS S10 against clinics that have been registered in NACMS.

Every VINAH acute non-admitted contact reported (that is, Program/Stream between 101 and 406) must include a Clinic Identifier. The Clinic Identifier must exactly match the code, which has been registered in NACMS. This is how the Tier 2 class is determined in VINAH. If the Clinic Identifier is not an exact match, the Tier 2 class cannot be determined.

A1.6.4 Counting

The WASE model is based on the national 'non-admitted patient service event' unit of count.

A non-admitted patient service event is defined as an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record. The interaction may be for assessment, examination, consultation, treatment and/or education.

The WASE model funds health services according to the aggregate number of service events reported to the AIMS S10: Acute Non-Admitted Clinic Activity form. Both group and individual service events reported to AIMS are included. Health services can access reports through the HealthCollect portal to see their AIMS reported service events. VINAH will only be used to calculate review proportions and multiple healthcare provider service event proportions.

Counting rules:

- Services provided to patients in the admitted or emergency department settings will not be counted as non-admitted patient service events.

- Only one non-admitted patient service event may be counted for a patient in a clinic on a given calendar day. It is irrelevant whether the patient was seen jointly or separately by multiple providers on a given calendar day, even in a clinic with multiple healthcare providers, only one service event will be counted.
- Non-admitted clinics where services are provided by multiple healthcare providers must not be registered as separate clinics to count increased non-admitted patient service events.
- If the service, or any part of the service, is funded through the MBS, the service event is counted as a 'private' service event.
- Diagnostic services (such as pathology and diagnostic imaging) are not counted as non-admitted service events and are considered an input or intermediate product to the specialist clinic appointment. These services must be linked to the related appointment in costing data submitted to the department.
- Non-admitted service events delivered via telehealth where two public hospital service non-admitted clinics are involved are counted twice. One service event is counted at the clinic where the patient attends and one service event is counted at the clinic providing the consultation.
- For multiple non-admitted patient service events to be counted on a given day, the patient will have attended separate clinics where they received a service that meets the definition of a non-admitted patent service event.
- Care provided to two or more patients by the same service provider(s) at the same time can also be referred to as a group session when the patients within the group receive the same service. One service event is recorded for each patient who attends a group session regardless of the number of healthcare providers present where the definition of a non-admitted patient service event is met.
- Patient education services can be reported where they meet the definition of a non-admitted patient service event. Staff education and training must not be reported as a non-admitted patient service event.

A1.6.4.1 Service events in the Agency Information Management System (AIMS)

AIMS service events from the AIMS S10 form are used to calculate the total count of service events for the WASE funding model.

AIMS reported acute non-admitted activity must be within the scope of a non-admitted public hospital service as determined annually by the IHPA. For 2019–20, the detailed definition of what falls within the scope of a non-admitted public hospital service is contained in the *Pricing framework for Australian public hospital services* <https://www.ihpa.gov.au/publications/pricing-framework-australian-public-hospital-services-2019-20>.

For more information about the AIMS data collection, see the *Agency Information Management System (AIMS) manual* <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/aims-manual-2018-19>.

Health services can access reports through the HealthCollect portal to see their AIMS-reported service events.

A1.6.4.2 Service events in the Victorian Integrated Non-Admitted Health (VINAH) minimum dataset

In the WASE model, VINAH is used to calculate review and multiple healthcare provider (MHCP) service event proportions for each Vic-Tier 2 group for each health service. Twenty-eight health services currently report specialist clinic data to VINAH. VINAH is also used to calculate the statewide proportions to apply to those services that do not report VINAH data.

The VINAH model consists of an episode of care around which referral and contact information is collected. A healthcare organisation receives a patient referral to their service. If the organisation accepts the referral, the patient is registered in the patient administration system and an episode of care begins.

During the episode, the organisation has various contacts with the patient during which services are delivered. At the end of, or during, the episode the patient may be referred to another service.

Contacts are reported to VINAH, and these have different counting rules from service events. The department derives service events based on the parameters outlined in the following paragraphs.

A contact is between a patient (or other relevant person) and a professional associated with a VINAH reporting program that results in a dated entry being made in the patient's health record.

A contact must meet all the following criteria:

- be clinically significant in nature
- be provided (or brokered) by an agency funded by a program area that requires reporting via the VINAH minimum dataset
- be for a patient who has provided consent (either implied or explicit)
- result in a dated entry in the clinical record of the patient (or a reference to a clinical record held by the brokered service).

VINAH consists of various linked data structures that reflect aspects of service delivery within a healthcare setting. This information is structured consistently and is periodically submitted to the department. The submission process builds in validation and reporting to make data quality an integral part of the data life cycle.

It is worth noting that not all health services that receive acute specialist clinics funding report to VINAH and other health services report significantly less activity to VINAH compared to their AIMS submission. Therefore, VINAH service event counts are not used to calculate a health service's total service event count. The department is working with health services to improve patient level activity data.

For all activity in-scope for WASE funding, the derivation of service events is the same. See Box 1.26 for inclusion criteria.

Box 1.26: VINAH contact inclusion criteria for the derivation of service events

For contacts to be included in service events, they must comply with all of the following criteria:

- The contact must be direct.
  Contact Session Type NOT EQUAL TO '3 – Indirect contact'
- The patient must be present at the contact.
  Contact Client Present Status IS EQUAL TO '10', '11', '12' or '13'.
- The contact must be delivered in person, via telephone, via teleconferencing, or via written means.
  Contact Delivery Mode IS NOT EQUAL TO '9 – Not applicable'
- The contact cannot occur in the emergency department.
  Contact Delivery Setting must NOT EQUAL 13 Hospital Setting – Emergency Department

Where a patient has multiple contacts in the same clinic on the same date, these contacts may be rolled up to be one service event. Box 1.27 illustrates the detailed criteria for deriving service events from contacts.

Box 1.27: Derivation of service events from VINAH contacts

Where contacts have the same value for all the following data elements, the contacts will be counted as one service event:

- Patient Identifier
- Organisation Identifier
- Referral Identifier
- Episode Campus Code
- Episode Identifier
- Episode Program/Stream
- Contact Account Class
- Contact Clinic Identifier
- Contact Date
- Contact Delivery Mode

Box 1.28: Mapping VINAH code values to national values

In Victoria, multiple permissible values for a VINAH data element may be required to be mapped to a single national value (specified in the Activity Based Funding: Non-admitted patient care Data Set Specification). When deriving service events, if contacts occurring on the same date are reported with different values for certain data elements (such as Contact Delivery Mode), those contacts will usually not be incorporated into one service event. For example, two contacts occur on the same date, one is reported as a 'face-to-face' contact the other is delivered via telephone. This would be considered two service events. However, some code values are sufficiently similar to 'roll up' and be considered as one code. For example, two contacts occur on the same date, one is reported with Contact Account Class 'PO-Private patient: Other payer', the other is reported with 'XX-Other non-compensable'. These would be considered one service event because the two codes indicate the patient is private.

Table 1.43 to Table 1.45 show mapping of VINAH code values to national values for Contact Account Class, Contact Indigenous Status and Contact Session Type.

Table 1.43: VINAH code values Contact Account Class

National permissible value	VINAH code	VINAH permissible value
01 Health service budget – not covered elsewhere	MP	Public eligible
	JP	Prisoner
02 Health service budget – reciprocal health care agreement	MA	Reciprocal health care arrangement
03 Health service budget – no charge raised	ME	Ineligible – hospital exempt
	MF	Ineligible – asylum seeker
04 Department of Veterans' Affairs	VX	Department of Veterans' Affairs
05 Department of Defence	AS	Armed Services
07 Medicare Benefits Scheme	QM	Private clinic: MBS funded
09 Private health insurance	PI	Private patient insured
10 Workers compensation	WC	WorkSafe Victoria
11 Motor vehicle third party	TA	Transport Accident Commission
	SS	Seamen

National permissible value	VINAH code	VINAH permissible value
12 Other compensation (public liability, common law, medical negligence)	OO	Other compensable
	CL	Common Law Recoveries
13 Self-funded	PS	Private patient: Self-funded
88 Other funding source	PO	Private patient: Other payer
	XX	Other non-compensable

Table 1.44: VINAH code values Contact Indigenous Status

National permissible value	VINAH code	VINAH permissible value
Not stated/inadequately described	8	Question unable to be answered
	9	Client refused to answer

Table 1.45: VINAH code values Contact Session Type

National permissible value	VINAH code	VINAH permissible value
Individual sessions	1	Individual
	4	Group – Individual program

For more information on the definition of service events, please see the factsheet: 'Definition of Service Events, derivation of Tier 2 categories and calculation of NWAU' <https://www2.health.vic.gov.au/about/publications/factsheets/definition-service-events-derivation-tier-2-categories-calculation-nwau-2015-16>.

A1.6.5 Exclusions

Most non-admitted acute patient service events reported to the AIMS S10 data collection will be allocated a WASE cost weight. However, a cost weight will not be allocated for Tier 2 clinics that are funded by another Victorian funding model. These Tier 2 classes out of scope for WASE funding are outlined in Table 1.46.

Table 1.46: Tier 2 groups excluded from WASE3

Tier 2 clinic	Description	Note/relevant funding model
10.10	Renal dialysis – hospital delivered	Weighted inlier equivalent separation
10.12	Radiation oncology (treatment)	Radiotherapy weighted activity unit
10.15	Renal dialysis – haemodialysis – home delivered	Home renal dialysis
10.16	Renal dialysis – peritoneal dialysis – home delivered	Home renal dialysis
10.17	Total parenteral nutrition – home delivered	Total parenteral nutrition (TPN)
10.18	Enteral nutrition – home delivered	Home enteral nutrition (HEN)
10.19	Home ventilation	Victorian Respiratory Support Service, Family Choice Program
10.20	Radiotherapy (simulation and planning)	Radiotherapy weighted activity unit
20.06	General practice and primary care	Commonwealth program
20.08	Genetics	Genetic clinical activity / genetic counselling and information / genetic testing / screening
20.43	Radiation oncology (consultation)	Radiotherapy weighted activity unit
20.49	Geriatric evaluation and management (GEM)	Subacute weighted inlier equivalent separation – GEM
20.50	Psychogeriatric	Non-admitted mental health
20.56	Multidisciplinary case conference (MDCC) – patient not present	Out of scope
30.01	General imaging	Out of scope
30.02	Medical resonance imaging (MRI)	Out of scope
30.03	Computerised tomography (CT)	Out of scope
30.04	Nuclear medicine	Out of scope
30.05	Pathology (microbiology, haematology, biochemistry)	Out of scope
30.06	Positron emission tomography (PET)	Out of scope
30.07	Mammography screening	Out of scope
30.08	Clinical measurement	Out of scope

Tier 2 clinic	Description	Note/relevant funding model
40.02	Aged care assessment	Commonwealth program
40.08	Primary health care	Commonwealth program
40.27	Family planning	Family planning
40.33	General counselling	Commonwealth program
40.34	Specialist mental health	Non-admitted mental health
40.35	Palliative care	Palliative care non-admitted / palliative care non-admitted non-government organisation
40.36	Geriatric evaluation and management (GEM)	Subacute weighted inlier equivalent separation – GEM
40.37	Psychogeriatric	Non-admitted mental health
40.56	Falls prevention	Health Independence Program
40.57	Cognition and memory	Health Independence Program
40.58	Hospital avoidance programs	Health Independence Program
40.59	Post-acute care	Health Independence Program
40.62	Multidisciplinary case conference (MDCC) – patient not present	Out of scope

A1.6.6 Public and MBS-billed non-admitted patients

In 2019–20, public and MBS-billed activity is included in the WASE funding model.

Public activity is reported as 'Public Service Events' in AIMS and activity with a Contact Account Class of 'MP – Public: Eligible' in VINAH.

MBS-billed activity is activity reported as 'MBS Service Events' in AIMS and activity with a Contact Account Class of 'QM – Private clinic: MBS funded' in VINAH.

While MBS-billed specialist clinic activity is reported nationally, it is out of scope for Commonwealth funding purposes under the National Health Reform Agreement.

Clinics operated by medical practitioners or other healthcare providers on a completely private basis, where the medical record is not held by the health service, should not be registered because these clinics will be ineligible for WASE funding.

A1.6.7 Cost weights

Each Tier 2 class included in the WASE funding model is allocated a cost weight. The cost weights have been calculated using the 2017–18 Victorian Cost Data Collection.

Prior to cost weight development, quality assurance checks of the cost data are undertaken to provide a level of understanding of the usefulness of the patient-level data for analysis, reporting and use in funding models. Records not meeting the criteria are flagged for health services to review and provide feedback on the validity of these records to determine the usability for the next phase(s) of the review. These checks are reviewed annually.

All public cost data reported for non-admitted was considered in scope for developing cost weights except costs:

- that did not pass validation and quality assurance processes
- of activity that are funded under other funding streams (for example, HEN)
- that cannot be mapped to a NACMS-registered specialist clinic
- applied to clinics with less than five costed contacts
- that are associated with s100 and PBS medicines.

To weight the reference average cost (denominator) according to the total population reported in the AIMS collection, service event counts reported in the VCDC for each health service are reconciled back to the AIMS S10 form (Specialist Clinics). Total costs of each health service's Tier 2 class are then adjusted for any reconciliation variance by multiplying the variance by the average total cost for each Tier 2 class. This provides an estimate of the total cost based on activity reported in AIMS.

The stability of each cost weight is measured against the previous year's average total cost for each Tier 2 class. Stability is defined as a less than a 5 per cent movement in average clinic costs between years. In comparison, IHPA's stability policy allows for a less than 20 per cent movement in average clinic cost between years.

For 2019–20, Tier 2 classes are grouped into Vic-Tier 2 groups for the purposes of developing the final cost weight and this may change year on year. This is to provide funding stability while the cost data collection matures.

A base cost weight is derived by dividing the average cost for each Vic-Tier 2 group by the average cost across all service events. Base cost weights are used to estimate the system cost and then a new cost weight is determined based on the estimated system average costs. In 2019–20 there are 39 different cost weights. In future years, as Victoria's non-admitted cost data matures, the department will consider increasing the number of different cost weights to improve the funding allocation of the model.

A1.6.8 WASE Variables

Table 1.47 outlines the Vic-Tier 2 groups and mapped Tier 2 class. The method of calculation for both review proportions and multiple healthcare provider proportions is detailed in the following sections.

Table 1.47: Definition of WASE variables

Variable	Description
Vic-Tier 2 Group 1	Refers to Tier 2 class 20.40
Vic-Tier 2 Group 2	Refers to Tier 2 class 20.53
Vic-Tier 2 Group 3	Refers to Tier 2 class 20.54
Vic-Tier 2 Group 4	Refers to Tier 2 class 40.28
Vic-Tier 2 Group 5	Refers to Tier 2 classes 20.19, 20.20, 20.52, 20.41
Vic-Tier 2 Group 6	Refers to Tier 2 classes 20.47, 20.51
Vic-Tier 2 Group 7	Refers to Tier 2 classes 20.03, 20.44, 20.45
Vic-Tier 2 Group 8	Refers to Tier 2 classes 20.42, 20.52
Vic-Tier 2 Group 9	Refers to Tier 2 classes 20.05, 20.13, 20.15, 20.28
Vic-Tier 2 Group 10	Refers to Tier 2 classes 20.09, 20.14, 20.21, 20.34, 20.48, 20.55
Vic-Tier 2 Group 11	Refers to Tier 2 class 20.10
Vic-Tier 2 Group 12	Refers to Tier 2 class 20.11
Vic-Tier 2 Group 13	Refers to Tier 2 class 20.04
Vic-Tier 2 Group 14	Refers to Tier 2 class 20.22
Vic-Tier 2 Group 15	Refers to Tier 2 class 20.03
Vic-Tier 2 Group 16	Refers to Tier 2 class 20.31
Vic-Tier 2 Group 17	Refers to Tier 2 class 20.33
Vic-Tier 2 Group 18	Refers to Tier 2 class 20.35
Vic-Tier 2 Group 19	Refers to Tier 2 class 20.37
Vic-Tier 2 Group 20	Refers to Tier 2 classes 20.02, 20.12, 20.16, 20.23, 20.32, 20.39

Variable	Description
Vic-Tier 2 Group 21	Refers to Tier 2 classes 20.07, 20.18, 20.24, 20.27, 20.29, 20.38
Vic-Tier 2 Group 22	Refers to Tier 2 class 20.01
Vic-Tier 2 Group 23	Refers to Tier 2 class 20.17
Vic-Tier 2 Group 24	Refers to Tier 2 class 20.26
Vic-Tier 2 Group 25	Refers to Tier 2 class 20.36
Vic-Tier 2 Group 26	Refers to Tier 2 class 20.46
Vic-Tier 2 Group 27	Refers to Tier 2 classes 40.14, 40.30, 40.38, 40.40, 40.43, 40.48, 40.55
Vic-Tier 2 Group 28	Refers to Tier 2 classes 40.10, 40.22, 40.32, 40.39, 40.49, 40.50, 40.52
Vic-Tier 2 Group 29	Refers to Tier 2 classes 40.13, 40.31, 40.41, 40.44, 40.45
Vic-Tier 2 Group 30	Refers to Tier 2 classes 40.07, 40.42, 40.47, 40.53, 40.54
Vic-Tier 2 Group 31	Refers to Tier 2 class 40.46
Vic-Tier 2 Group 32	Refers to Tier 2 class 40.51
Vic-Tier 2 Group 33	Refers to Tier 2 classes 40.04, 40.11, 40.17, 40.24, 40.29
Vic-Tier 2 Group 34	Refers to Tier 2 classes 40.06, 40.09, 40.12, 40.15, 40.18, 40.23, 40.25
Vic-Tier 2 Group 35	Refers to Tier 2 classes 40.03, 40.05, 40.16, 40.21, 40.60, 40.61
Vic-Tier 2 Group 36	Refers to Tier 2 classes 10.01, 10.02, 10.04, 10.13
Vic-Tier 2 Group 37	Refers to Tier 2 classes 10.03, 10.05, 10.07, 10.08, 10.14
Vic-Tier 2 Group 38	Refers to Tier 2 classes 10.06, 10.09
Vic-Tier 2 Group 39	Refers to Tier 2 class 10.11
71 – Follow up/ Monitoring/ Evaluation/Review	The data for this field is sourced from the VINAH minimum dataset. This code is reported if the appointment has the primary purpose of reviewing the patient following a previous outpatient appointment or treatment as an inpatient or day surgery patient. It includes: • post-operative review • routine review of chronic condition • monitoring results of interventions • evaluation of action plans • re-assessing client needs are being met.
72 – New patient consultation	The data for this field is sourced from the VINAH minimum dataset. This code is reported if the appointment is the clinician seeing a new patient for initial assessment or treatment.
Contact Professional Group	The data for this field is sourced from the VINAH minimum dataset. This code is reported for each professional group or profession(s) providing services for a contact.

A1.6.9 WASE adjustments

There are two adjustments in the WASE model:

- A 20 per cent discount for review activity. The discount is applied by calculating the proportion of VINAH service events that are review service events. This section outlines important information for defining and deriving 'new' and 'review' service events and calculating review proportions. How the discount is applied is demonstrated in section A1.6.9.8 'Calculating WASE for individual Tier 2 classes'.
- A 55 per cent loading for public multiple healthcare provider service events. The loading is applied by calculating the proportion of VINAH service events that have three or more healthcare providers present.

A1.6.9.1 Review ratio

The WASE funding model has a 20 per cent discount for review service events. The 20 per cent discount was chosen based on 2015 Specialist Clinics Advisory Committee feedback. The committee noted 20 per cent was a manageable discount that still sent an appropriate pricing signal. The price signal will encourage health services to treat more new patients, to reduce waiting lists and wait times, and to improve their reporting of the data field. Current cost and VINAH activity data are not sufficiently mature to calculate a more definitive discount rate.

The review proportion will be calculated using VINAH data. In 2019–20, health services will report New Public Service Events and Review Public Service Events in the AIMS S10 form to identify variance with the VINAH dataset.

To calculate the review discount, a proportion of review service events, using VINAH data, is calculated and applied to the number of service events reported in AIMS. The adjusted field, as outlined above, is used to count the number of new and review service events.

To calculate the review proportion, health services should first calculate, for the given time, their proportion of total service events (public and MBS-billed) categorised as 'review' (see 'New and review service events') for each Vic-Tier 2 group.

For VINAH reporting health services that have not reported to VINAH any new or review service events for a specific Vic-Tier2 group, a 100 per cent review discount will be applied to total service events instead of a health-specific factor.

For non-VINAH reporting health services, the statewide review proportions (Table 1.23 in Appendix 1, section 1.3.4) will be applied to total service events instead of a health-specific factor. Please refer to Table 1.48 in Appendix 1, section A1.6.15 for a list of health services that are required to report to the department via the VINAH minimum dataset.

A1.6.9.2 'New' and 'review'

The department defines a 'new' service event as a patient attending a clinic within a specific program/stream for the first time. A 'new' contact is the first contact of the referral to that program/stream (for example, 101 – General medicine). If a patient receives two referrals to a program/stream (say, Nutrition in allied health, and Physiotherapy in allied health) then that would be two 'new' appointments.

A patient can be referred to multiple clinics. If the clinics are in the same program/stream, the first service event within the program/stream would be classified as 'new' and any subsequent service events within the program/stream would be 'review'. If the clinics are in different programs/streams, then the first appointment within each separate program/stream would be considered new and any subsequent within each program/stream would be classified as 'review'. If a patient is referred to a clinic at another health service within the same program/stream, their appointment at the next health service would be considered 'new'.

A 'new' service event must meet this definition and be the first service event of the episode for that specialist clinics program/stream. Inversely, the first service event in an episode in a specialist clinic program/stream is only a 'new' service event if it meets the above definition.

A 'review' service event is where the primary purpose is to review the patient following a previous contact or treatment (where the patient attended), or an admission to the same health service for that program/stream. As described above, this only applies within a referral at a health service.

A1.6.9.3 Reporting 'new' and 'review'

A new or review contact is reported to the department through VINAH under 'Contact purpose'. Each contact from a specialist clinic should have a contact purpose of either:

- 71 – Follow up/Monitoring/Evaluation/Review
- 72 – New patient consultation.

Box 1.29 has some examples of new and review service events. These examples demonstrate possible patient pathways. While these pathways outline possibilities of whether a service event is counted as 'new', the service event must still meet the definition outlined above.

This field is at a contact level. For the WASE model, this needs to be attached to service events. How new and review is translated from contacts to service events is detailed in the following section.

Box 1.29: Examples of 'new' and 'review'

Example 1: Patient attends multiple clinics for the one condition

Health service 1: Referral → Orthopaedic surgery contact program/stream 311 → Orthopaedic applications (New) → Physiotherapy allied health contact program/stream 313 (New) → Plastic contact program/stream 206 (New) → Orthopaedic surgery contact program/stream 311 → Orthopaedic applications (Review)

Example 2: Patient attends a clinic for a second or subsequent time

Referral → Metabolic bone medical contact program/stream 310 (New) → Metabolic bone medical contact program/stream 310 (Review)

Example 3: Patient has a pre-op and post-op specialist clinic service event at the same clinic under the same referral

General surgery contact program/stream 201→ Referral → Pre-admission and pre-anaesthesia contact program/stream 209 (New) → Hospital admission for elective surgery → Post-op general surgery contact program/stream 201 (Review) → Allied health contact program/stream 313 (New)

Example 4: Patient has a post-op specialist clinic service event with no pre-op specialist clinic service event

Hospital admission for emergency surgery → General surgery contact program/stream 201 (New)

Example 5: Patient attends a clinic and sees multiple specialists

Referral → Brain injury rehabilitation service event and sees a rehabilitation physician, a clinical nurse specialist and a social worker program/stream 109 (New)

Example 6: Post inpatient/day surgery admission

Inpatient or day surgery admission → Clinic contact (Review)

A1.6.9.4 Adjusted contact purpose

The adjusted contact purpose is the field by which the department identifies new service events that have been adjusted to review service events where the reporting is inconsistent with the rules outlined above. In 2019–20, the adjusted contact purpose will be used to calculate the proportion of review service events. This is the same field that is used in the Specialist Clinics Activity and Wait Time Report and is derived from the data submitted in VINAH.

All acute specialist clinics occasions of service activity submitted in VINAH should have a contact purpose value of '71 – Follow up/ Monitoring/ Evaluation/ Review' or '72 – New patient consultation'. There can only be one new service event per program/stream in the one episode.

Where a health service has reported multiple new service events for the one program/stream in the one episode, subsequent service events are adjusted to be review service events. Only one new service event per patient per program/stream in the one episode can be reported.

For health services not reporting VINAH data, the statewide proportion of review service events will be used to calculate the review discount.

The count of 'new' contacts, and subsequently 'new' service events, are those that have an 'Adjusted contact purpose' of 'new' (see Box 1.30).

In the event of multiple 'new' contacts within a derived contact program/stream only the first contact in the episode where the patient attends, is counted as a new contact (see Box 1.30). Subsequent 'new' contacts in the same program/stream are adjusted to 'review'.

The count of 'review' contacts includes contacts that meet the requirements to be in scope and have a contact purpose code = '71 – Follow up/ Monitoring/ Evaluation/ Review' or have been reclassified from '72 – New patient consultation' as a result of the 'New' contact adjustments (see Box 1.30).

Box 1.30: 'New' contact adjustments

Rule 1: If the program/stream has more than one contact in the same episode with a contact purpose = '72 – New patient consultation', only the contact occurring first in the program/stream is counted as a 'new' contact and subsequent contacts are counted as 'reviews'.

Rule 2: If there is a contact in the program/stream with a contact purpose = '72 – New patient consultation' but there is a preceding contact with contact purpose code = '71' then all the contacts within the program/stream are counted as 'review'.

A1.6.9.5 'New' and 'review' service events

When contacts are rolled into service events, if one of the contacts has an adjusted contact purpose of 'new', the service event will be categorised as 'new'. If none of the contacts rolled into a service event have an adjusted contact purpose of 'new', the service event will be categorised as 'review'. Where there is a one-to-one relationship between a contact and a service event, the service event will be categorised according to the adjusted contact purpose.

A1.6.9.6 Multiple healthcare provider proportion

Multiple healthcare provider (MHCP) service events are predominantly delivered by MHCP provider specialist clinics. These occur where three or more healthcare providers deliver care either individually or jointly within a non-admitted patient service event. The healthcare providers may be of the same profession (medical, nursing or allied health). However, they must each have a different scope of practice so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event.

Under the counting rules, both nationally and for WASE, only one non-admitted patient service event may be counted for a patient at a specific clinic on a given day, irrespective of whether the patient was seen jointly or separately by multiple providers. Where a patient attends multiple clinics on the same day, each visit is counted as a separate service event, provided each service received meets the definition of a service event.

For patient-level information reported through VINAH, an MHCP service event is derived using the Contact Professional Group field. This data element allows repeat entries, so records with three or more distinct healthcare provider recorded are flagged as being an MHCP service event.

A loading of 55 per cent based on the percentage of public MHCP service events to total public service events as reported through VINAH will be applied to the AIMS service event count. For VINAH-reporting health services that have not reported to VINAH, any MHCP service events for a specific proportion group, a loading factor will not be applied to the total public service events. The MCHP loading does not apply to MBS-billed ('private') service events.

For non-VINAH-reporting agencies, a loading of 55 per cent will be based on a statewide percentage. The MHCP loading factor that applies to non-VINAH-reporting health services is listed in Table 1.24 in Appendix 1, section 1.3.5. Please refer to Table 1.48 in Appendix 1, section A1.6.15 for a list of health services that are required to report to the department via the VINAH minimum dataset.

A1.6.9.7 WASE price

For the 2019–20 WASE public price and WASE private price, please refer to the price tables in Appendix 1, section 1.1.

The discounted private price reflects the fact that MBS funding for MBS-funded specialist clinics do not cover the full cost. MBS billing is expected to the cover the cost of medical salaries and diagnostic costs. The WASE private price covers all other specialist clinics costs. This is intended to provide a neutral revenue choice between establishing a clinic as public or MBS-funded.

A1.6.9.8 Calculating WASE for individual Tier 2 classes

To calculate the WASE3 funding allocated to a patient:

- Determine if the service event is eligible for WASE funding (see Box 1.31).
- Calculate the base WASE (see Box 1.32).
- Calculate the review ratio for each Vic-Tier 2 (proportion) group (see Box 1.33).
- Calculate the MHCP loading for public service events (see Box 1.34).

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

A1.6.9.9 WASE eligibility

Metropolitan and regional health services and subregional and local health services that are eligible for WIES25 funding are eligible for funding under the acute non-admitted WASE funding model (WASE3). The funding model was introduced in 2017–18 to replace block grant funding for specialist clinics in Victoria.

Only public or MBS-billed (defined as the MBS activity submission in AIMS S10 – acute non-admitted services collection) service events are eligible for funding. Patients reported as Department of Veterans' Affairs (DVA) or 'Other' will not be eligible. Patients recorded as 'Other' include workers compensation, Transport Accident Commission, criminal injury and common law cases, members of the defence forces / seafarers, patients not eligible under Medicare and not exempt from fees or other patients who elect to self-fund. Some Tier 2 classes service events are also excluded from WASE funding because they are funded by another Victorian funding model but are still required to be reported nationally. Please refer to Table 1.46 in Appendix 1, section A1.6.5.

Box 1.31: Episodes eligible for WASE3

All service events reported to the AIMS S10: Acute Non-Admitted Clinic Activity collection except for:

- DVA service events
- other funded service events
- private hospitals
- small rural health services
- Tier 2 classes: 10.10, 10.12, 10.15, 10.16, 10.17, 10.18, 10.19, 10.20, 20.06, 20.08, 20.43, 20.49, 20.50, 20.56, 30.01, 30.02, 30.03, 30.04, 30.05, 30.06, 30.07, 30.08, 40.02, 40.08, 40.27, 40.33, 40.34, 40.35, 40.36, 40.37, 40.56, 40.57, 40.58, 40.59, 40.62.

A1.6.9.10 Base weighted ambulatory service event

To calculate a Tier 2 class' base WASE, you need to determine the:

- Tier 2 class cost weight
- number of service events that have occurred for each Tier 2 class separately for both public and MBS-billed service events.

The Tier 2 cost weight can be read directly from the WASE3 Tier 2 cost weights at Table 1.22 in Appendix 1, section 1.3.3.

Box 1.32: Calculating base WASE

```
Vic_Tier2_group_base_WASE = number of service events x Vic_Tier2 class weight
```

A1.6.10 Calculating the review ratio for each Vic-Tier 2 group

The review discount is health service specific, with a different discount for each of the Vic-Tier 2 groups of Tier 2 classes. There is no discount applied to Vic-Tier 2 Groups 1, 2, 3 and 4. For definitions of the WASE3 variables, refer to Table 1.47 in Appendix 1, section A1.6.8.

A 20 per cent discount is applied to all service events according to a health service's proportion of review service events based on the relevant Vic-Tier 2 group.

To calculate the review discount, you need to determine the:

- Tier 2 class
- number of 71 – Follow up/ Monitoring/ Evaluation/ Review contacts from VINAH by Tier 2 class
- number of 72 – New patient consultation

Box 1.33: Calculating the review ratio

```
where i represents the Vic-Tier2 Group
where R represents the number of 71 – Follow up/Monitoring/Evaluation/Review
where N represents the number of 72 – New patient consultation
if i = 1 to 4 then
do
i_review_adjustment = 1
end
else
if i = 5 to 39 then
do
i_review_adjustment = (Sum VINAH i_contacts (R)) ÷
   (Sum VINAH i_contacts(R) + Sum VINAH i_contacts (N))
end
```

For health services not reporting VINAH, the statewide proportion of review service events will be applied.

A1.6.11 Calculating the multiple healthcare provider service event ratio for each Vic-Tier 2 group

The MHCP service event ratio is health service specific, with a different loading for each of the Vic-Tier 2 groups of classes.

To calculate the multiple healthcare provider loading, you need to determine the:

- Tier 2 class
- number of unique Contact Professional Group codes from VINAH by Tier 2 class.

Box 1.34: Calculating the MHCP ratio for public service events

Where i represents the Vic-Tier 2 Group

if i = 1 to 39 then

do

i_MHCP_adjustment =

(i_group contacts (where Contact Professional Group =>3)) ÷

((i_group contacts(where Contact Professional Group=>3)) + (i_group contacts (where Contact Professional Group<3)))

end

For non-VINAH-reporting health services, the statewide proportion of multiple healthcare service events will be applied.

A1.6.12 Calculating the WASE

To calculate a Tier 2 class' WASE, you need to determine the:

- base WASE separately for both public service events and MBS-billed service events
- relevant review proportion
- relevant MHCP proportion for public service events.

Box 1.35: Calculating WASE

where i represents the Vic-Tier2 Group
where review_adjustment represents the review adjustment of the Vic-Tier2 Group (see Box 1.33)
where MHCP_adjustment represents the MHCP adjustment of the Vic-Tier 2 Group (see Box 1.34)
if i = 1 to 4 then
do
public_WASE = i_base_WASE + i_base_WASE x (1 – i_review_adjustment) x i_MHCP_adjustment x 55%
end
else
if i = 5 to 39 then
do
public_WASE = i_base_WASE x (i _review_adjustment x 80%) + i _base_WASE x (1 – i_ review_adjustment)
+ [i_base_WASE x i_ review_adjustment x 80% + i_base_WASE x (1 – i_ review_adjustment)]
x i_MHCP_adjustment x 55%
end
else
public_WASE = i_base_WASE
end

where i represents the Vic-Tier2 Group
where review_adjustment represents the review adjustment of the Vic-Tier2 Group (see Box 1.33)
if i = 1 to 4 then
do
mbs_WASE = i_base_WASE + i_base_WASE x (1 – i_review_adjustment)
end
else
if i = 5 to 39 then
do
mbs_WASE = i_base_WASE x (i _review_adjustment x 80%) + i _base_WASE x (1 – i_ review_adjustment)
end
else
mbs_WASE = i_base_WASE
end

WASE=public_WASE + mbs_WASE

A1.6.13 Calculating WASE revenue

To calculate WASE revenue, a health service should multiply the public WASE by the public price, and the MBS-billed WASE by the private price. This calculation is shown in Box 1.36. The public and private prices are shown in Appendix 1, section 1.1.

Box 1.36: Calculating WASE revenue

WASE_rev = public_WASE x Public_price + mbs_WASE x Private_price

A1.6.14 Calculating WASE target

Health services have been allocated a WASE target.

Targets have been calculated according to health services' 2018–19 funding and quarter 3 year-to-date public and MBS-billed weighted activity split. The funding lines included are the 'Acute Specialist Clinics – Non DVA' and 'VACS – Teaching' grant lines.

The target calculation is shown in Box 1.37. To calculate the target, divide total specialist clinics budget by the public price multiplied by the proportion of public WASE, and the private price multiplied by the proportion of MBS-billed WASE.

Box 1.37: Calculating WASE targets

Target = (Total specialist clinics budget) ÷
((public price x proportion of public WASE) + (private price x proportion of MBS-billed WASE))

Proportion of public activity = (Total public WASE) ÷
(Total public and MBS-billed WASE)

Proportion of MBS-billed activity = (Total MBS-billed WASE) ÷
(Total public and MBS-billed WASE)

Targets will be recalculated at the end of 2019–20 based on actual public and MBS-billed WASE split.

A1.6.15 Health Independence Program

The Health Independence Program (HIP) will continue to be shadowed through the WASE funding model in 2019–20; no targets will be set. Revised HIP specific cost weight segments will be used, and the assessment activity loading will be increased from 30% to 40%, based on revised data. Health services will continue to be provided with quarterly shadow reports during 2019–20.

Table 1.48: VINAH reporting health services

Health service	Programs reported
Albury Wodonga Health	OP, PAC, SACS, PC, HARP, TCP
Alfred Health	HARP, TCP, OP, SACS
Austin Health	PAC, SACS, OP, RIR, TCP, HARP, VRSS
Bairnsdale Regional Health Service	PAC, PC, OP, RIR, HARP, SACS
Ballarat Health Services	PAC, SACS, HBPCCT, HARP, OP, RIR, TCP
Ballarat Hospice Care Inc.	PC
Banksia Palliative Care Service Inc.	PC
Barwon Health	HARP, TCP, OP, PAC, RIR, PC, SACS
Bass Coast Regional Health	PAC, HARP, SACS, PC, RIR
Bellarine Community Health Inc	PC
Benalla Health	HARP, SACS, PAC, PC
Bendigo Health Care Group	OP, PAC, HARP, SACS, HBPCCT, RIR, PC, TCP
Calvary Health Care Bethlehem	SACS, PC
Castlemaine Health	HARP, SACS, PAC, PC
Central Gippsland Health Service	HARP, PC, SACS, OP, PAC, RIR
Colac Area Health	HARP, SACS, PAC, PC

Health service	Programs reported
Djerriwarrh Health Service	OP, SACS, PC
East Grampians Health Service	PC, HARP
Eastern Health	TCP, HARP, RIR, PAC, SACS, HBPCCT, OP
Eastern Palliative Care Association	PC
Echuca Regional Health	HARP, SACS, PC, PAC, RIR
Gippsland Lakes Community Health Inc.	PC
Goulburn Valley Health	PAC, RIR, HARP, SACS, OP, TCP
Goulburn Valley Hospice Care Service Inc.	PC
Hepburn Health Service	TCP
Inner South Community Health Service	PAC
Kyneton District Health Service	PC
Latrobe Community Health Service Inc.	PC
Latrobe Regional Hospital	RIR, TCP, HARP, SACS, OP, PAC
Lyndoch Living Inc	SACS
Maryborough District Health Service	HARP
Melbourne City Mission	PC
Melbourne Health	OP, PAC, SACS, RIR, HARP, TCP
Mercy Hospice Inc.	PC
Mercy Public Hospitals Inc.	HBPCCT, RIR, TCP, HARP, OP, SACS
Mildura Base Hospital	SACS, PAC, RIR, HARP, OP, TCP
Monash Health	HARP, RIR, PAC, TCP, SACS, OP
North Richmond Community Health Service	PAC
Northeast Health Wangaratta	HARP, RIR, PC, TCP, PAC, SACS, OP
Northern Health	HBPCCT, OP, PAC, SACS, HARP, RIR, TCP
NCN Health	PC, SACS
Palliative Care South East	PC
Peninsula Health	OP, HARP, SACS, PAC, RIR
Peninsula Home Hospice	PC
Peter MacCallum Cancer Centre	HBPCCT, OP
Portland District Health	PAC, SACS, PC, HARP, TCP
The Royal Children's Hospital	FCP, HARP, PAC, SACS, HBPCCT, OP
The Royal Victorian Eye and Ear Hospital	OP
The Royal Women's Hospital	OP
Seymour Health	HARP, PC, SACS, PAC
South West Healthcare	HARP, TCP, OP, PAC, RIR, PC, SACS
St Vincent's Health	HBPCCT, RIR, TCP, HARP, SACS, OP
Stawell Regional Health	SACS, PAC, HARP, TCP
Sunraysia Community Health Service	PC, HBPCCT
Swan Hill District Health	HARP, SACS, PAC, PC

Health service	Programs reported
West Gippsland Healthcare Group	PC, PAC, OP, RIR, HARP, SACS
Western District Health Service	HARP, TCP, PAC, PC, SACS
Western Health	HBPCCT, RIR, TCP, HARP, SACS, OP, PAC
Wimmera Health Care Group	OP, HARP, SACS, PAC, PC, RIR, TCP
Yarram and District Health Service	PC, SACS

Addendum 1.7: Calculating funding recall

A1.7.1 Calculating WIES26 funding recall

Funding adjustments are calculated as follows.

Step 1: Calculate the proportion of public and private activity.

Using actual activity figures, calculate the percentage of public and private activity for the service.

Step 2: Calculate revised activity targets.

Using the percentages obtained in step 1; recalculate the public and private targets for the service. The total activity target will remain the same, but the public and private target split may change.

Step 3: Calculate the public/private cash flow adjustment.

To calculate the dollar amount of the public/private cash flow adjustment:

- Subtract the initial activity target from the revised activity target.
- Multiply the difference between initial and revised activity targets by the relevant price to calculate the cash flow adjustment.

Step 4: Calculate the revised total funding for the health service.

- Multiply the revised activity targets from step 2 by the relevant public and private prices.
- Add the figures for targets together to get the revised target value.
- Multiply the actual activity figures by the relevant public and private prices.
- Add the figures for actuals together to get the actual value.

Step 5: Calculate the total performance percentage.

- Express the actual value as a percentage of the revised target value (calculated in step 4). This will show the extent to which the health service has performed above or below target.

Step 6: Calculate the relevant recall rate.

To calculate the dollar amount of the relevant recall rate:

- Determine the relevant rate applicable for the target value.
- Multiply the percentage of public activity by the relevant public rate.
- Multiply the percentage of private activity by the relevant private rate.
- Add the figures together to obtain the relevant recall rate.

Step 7: Calculate the throughput adjustment.

To calculate the dollar amount of the throughput recall/payment adjustment:

- Multiply the percentage falling within each bracket (in Chapter 1, section1.23.1 'Victorian funding recall policy') by the amount of revised target value (calculated in step 4).
- Multiply that amount by the relevant recall (calculated in step 6).
- Add the amounts for all brackets together to obtain the throughput adjustment.

Step 8: Calculate the total financial adjustment.

Add the public/private cash flow adjustment (step 3) to the throughput adjustment (step 7) to calculate the total financial adjustment for the health service.

A1.7.2 Calculating Transport Accident Commission/Department of Veterans' Affairs WIES26 funding recall

Funding adjustments are calculated as follows.

Step 1: Calculate the over or under activity.

Calculate the over or under activity by subtracting the total full-year target from total full-year activity.

A negative variance indicates that actual activity is less than the funded target (under performance), and a positive variance indicated activity is greater than funded performance (over activity).

Step 2: Calculate the amount of funding to be recalled or paid.

Calculate the amount of funding to be recalled (health service liability to department) or paid (department liability to health service) by multiplying the variance calculated in step 1 by the Transport Accident Commission/DVA WIES unit rate.

A1.7.3 Calculating National Bowel Cancer Screening Program colonoscopy WIES26 recall

Funding adjustments are calculated as follows.

Step 1: Calculate the proportion of public and private activity.

Using actual activity figures, calculate the percentage of public and private activity for the service.

Step 2: Calculate the revised activity targets.

Using the percentages obtained in step 1, recalculate the public and private targets for the service. The total activity target will remain the same, but the public and private target split may change.

Step 3: Calculate the public/private cash flow adjustment.

To calculate the dollar amount of the public/private cash flow adjustment:

- Subtract the initial activity target from the revised activity target.
- Multiply the difference between initial and revised activity targets by the relevant price to calculate the cash flow adjustment.

Step 4: Calculate the revised total funding for the health service.

- Multiply the revised activity targets from step 2 by the relevant public and private prices.
- Add the figures for targets together to get the revised target value.
- Multiply the actual activity figures by the relevant public and private prices.
- Add the figures for actuals together to get the actual value.

Step 5: Calculate the total performance percentage.

- Express the actual value as a percentage of the revised target value (calculated in step 4). This will show the extent to which the health service has performed above or below target.

Step 6: Calculate the relevant recall rate.

To calculate the dollar amount of the relevant recall rate:

- Determine the relevant rate applicable for the target value.
- Multiply the percentage of public activity by the relevant public rate.
- Multiply the percentage of private activity by the relevant private rate.
- Add the figures together to obtain the relevant recall rate.

Step 7: Calculate the throughput adjustment.

To calculate the dollar amount of the throughput recall/payment adjustment:

- Multiply the percentage falling within each bracket by the amount of revised target value (calculated in step 5).
- Multiply that amount by the relevant recall rate (calculated in step 7).
- Add the amounts for all brackets together to obtain the throughput adjustment.

A1.7.4 Calculating subacute WIES4 funding recall

Funding adjustments are calculated as follows.

Step 1: Consolidate (wrap) subacute WIES into public and private activity.

- Sum all target public activity for GEM, palliative care, rehabilitation and maintenance care types – this becomes the public wrap.
- Sum all target private activity for GEM, palliative care, rehabilitation and maintenance care types – this becomes the private wrap.
- Repeat the above steps for results, as submitted to the VAED, to derive the public and private wrap for actual results.

Step 2: Calculate the proportion of public and private activity.

Using actual public and private wrap activity figures, calculate the percentage of public and private activity for the service against public and private wrap targets.

Step 3: Calculate revised activity targets.

Using the percentages obtained in step 2, recalculate the public and private targets for the service at the wrap level. The total activity target will remain the same, but the public and private target split may change.

Step 4: Calculate the public/private cash flow adjustment.

To calculate the dollar amount of the public/private cash flow adjustment:

- Subtract the initial activity target from the revised activity target.
- Multiply the difference between initial and revised activity targets by the relevant price to calculate the cash flow adjustment.

Step 5: Calculate the revised total funding for the health service.

- Multiply the revised activity targets from step 3 by the relevant public and private prices.
- Add the figures for targets together to get the revised target value.
- Multiply the actual activity figures by the relevant public and private prices.
- Add the figures for actuals together to get the actual value.

Step 6: Calculate the total performance percentage.

- Express the actual value as a percentage of the revised target value (calculated in step 5). This will show the extent to which the health service has performed above or below target.

Step 7: Calculate the relevant recall rate.

To calculate the dollar amount of the relevant recall rate:

- Determine the relevant rate applicable for the target value.
- Multiply the percentage of public activity by the relevant public rate.

- Multiply the percentage of private activity by the relevant private rate.
- Add the figures together to obtain the relevant recall rate.

Step 8: Calculate the throughput adjustment.

To calculate the dollar amount of the throughput recall/payment adjustment:

- Multiply the percentage falling within each bracket by the amount of revised target value (calculated in step 5).
- Multiply that amount by the relevant recall rate (calculated in step 7).
- Add the amounts for all brackets together to obtain the throughput adjustment.

Step 9: Calculate the total financial adjustment.

Add the public/private cash flow adjustment (step 4) to the throughput adjustment (step 8) to calculate the total financial adjustment for the health service.

A1.7.5 Calculating DVA subacute WIES4 funding recall

Funding adjustments are calculated as follows.

Step 1: Calculate the over or under activity.

Calculate the over or under activity by subtracting the total full-year target from the total full-year activity.

A negative variance indicates that the actual activity is less than the funded target (under performance), and a positive variance indicates that the activity is greater than the funded performance (over activity).

Step 2: Calculate the amount of funding to be recalled or paid.

Calculate the amount of funding to be recalled (health service liability to the department) or paid (department liability to the health service) by multiplying the variance calculated in step 1 by the subacute DVA unit rate.

A1.7.6 Calculating home dialysis funding recall

Funding adjustments are calculated as follows.

Step 1: Calculate the average activity.

Calculate the average activity for the financial year by summing results for each month of the year together and dividing by 12 (12 months).

Step 2: Calculate the over or under activity.

Calculate the over or under activity by subtracting the health service target from the average activity (calculated in step 1).

A negative variance indicates that the average activity is less than the funded target (under performance), and a positive variance indicates that activity is greater than the funded performance (over activity).

Step 3: Calculate the amount of funding to be recalled or paid.

Calculate the amount of funding to be recalled (health service liability to the department) or paid (department liability to the health service) by multiplying the variance calculated in step 2 by the unit rate.

A1.7.7 Calculating total parental nutrition recall

Funding adjustments are calculated as follows.

Step 1: Calculate the average activity.

Calculate the average activity for the financial year by summing results for each month of the year together and dividing by 12 (12 months).

Step 2: Calculate the over or under activity.

Calculate the over or under activity by subtracting the health service target from the average activity (calculated in step 1).

A negative variance indicates that the average activity is less than the funded target (under performance), and a positive variance indicates that activity is greater than the funded performance (over activity).

Step 3: Calculate the amount of funding to be recalled or paid.

Calculate the amount of funding to be recalled (health service liability to the department) or paid (department liability to the health service) by multiplying the variance calculated in step 2 by the unit rate.

A1.7.8 Calculating home enteral nutrition recall

Funding adjustments are calculated as follows.

Step 1: Calculate the average activity.

Calculate the total activity for the financial year by summing results for each month of the year together and dividing by 12 (12 months).

Step 2: Calculate the over or under activity.

Calculate the over or under activity by subtracting the health service target from the average activity (calculated in step 1).

A negative variance indicates that the average activity is less than the funded target (under performance), and a positive variance indicates that activity is greater than the funded performance (over activity).

Step 3: Calculate the amount of funding to be recalled or paid.

Calculate the amount of funding to be recalled (health service liability to the department) or paid (department liability to the health service) by multiplying the variance calculated in step 2 by the unit rate.