

Acute Health Services

Form S9: Victorian Ambulatory Classification
System—Non-Admitted Patients

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Reporting Requirements

Form S9 is used for reporting data as part of the Victorian Ambulatory Classification System (VACS) for non-admitted patients funded by Acute Health Services and has been designed in conjunction with the Victorian Ambulatory Classification System Advisory Committee.

Form S9 will be completed by hospitals who have had their clinics assigned by the VACS Clinical Panel and approved by the Department of Human Services.

Only non-admitted patient encounters provided to public patients and eligible veterans and war widow(er)s are to be reported on Form 111/S9. Services provided to compensable non-admitted patients (that is, TAC, Workcover, Armed Services, etc.) and those attracting Medicare benefits *must not* be included on the S9 form.

Return of Forms

Hospitals are to send data to the Department via the AIMS OnLine Entry System *within seven working days* following the end of the month. A tick in the *Completed* field indicates to the department that the form is complete with all validation rules satisfied and appropriate approvals for release obtained.

Printouts of the original signed forms must be retained by the hospital and be available to officers of the Department upon request.

Correction of Forms

Where an error is detected for any data item previously submitted to the Department, then a correction must be submitted. A correction can be made at any time during the reporting period.

Definitions

The definition of *public patient* and *non-admitted patient* to be used for completing this form are the standard definitions printed in the *Definitions* section of this manual.

Victorian Ambulatory Classification System (VACS)

The Victorian Ambulatory Classification System identifies hospital specific clinics, which are assigned to one of 47 VACS categories. Prior to submitting data on the S9 form, hospitals must first have identified and classified all their non-admitted patient services to the VACS clinical categories.

In the case of a new clinic commencing during the year or changes to existing clinics, assignment to a VACS category will be made by the hospital. The hospital will be required to advise the Department of any changes occurring during the year on the Notification of Clinic Changes Form. An annual review by the Clinical Panel will assess for approval the assignment of all new and reviewed clinics for inclusion in VACS.

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Encounters

Encounters are the basis for activity reporting. Encounters refer to a visit to one of the 47 VACS clinics. For funding, resource weights have been developed that incorporate encounters based not only on the clinic visit but associated ancillary services provided to a patient over a defined period. The period over which bundling occurs is a 'window' of thirty (30) days either side of the visit. Activity reported on the S9 should be unweighted actual encounters.

For this reason, radiology, pathology, pharmacy and other diagnostic tests and investigations are not reported on this form as funding is subsumed within the weights. However, reporting on these areas must still continue on the AIMS S2 Form.

Allied Health Services

Until improved specification of allied health services are developed and for funding purposes, these services *must* continue to be reported on the AIMS Form 111/S2 as well as the allied health breakdown provided on the S9 Form.

Group sessions are to be reported according to the standard definition. Each group session is to be counted *once only*, irrespective of the number of patients/clients in the group or the number of staff providing services. Note: Department of Veterans' Affairs patients attending group sessions do not need to be reported.

Specified Grants

Activity associated with any clinics, which have been approved for specified grants, should not be counted on the S9 form.

Contact for Further Information

For further information on definitions or completion of form, please contact your Regional Office.