

Section C – Supplementary Information

Current Cost Weights—Admitted Patients

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

VACS: 2002–2003 Cost Weights

VACS Code	Description	Weight
101	General Medicine	1.104
102	Allergy	1.495
103	Cardiology	1.739
104	Diabetes	0.962
105	Endocrinology	1.240
106	Gastroenterology	1.181
107	Haematology	1.361
108	Nephrology	1.678
109	Neurology	1.430
110	Oncology	1.539
111	Respiratory	1.725
112	Rheumatology	1.146
113	Dermatology	1.162
114	Infectious Diseases	2.039
115	Developmental Neurological Disability	1.871
201	General Surgery	1.062
202	Cardiothoracic	1.792
203	Neurosurgery	1.043
204	Ophthalmology	0.771
205	Ear, Nose and Throat	0.881
206	Plastic Surgery	0.760
207	Urology	0.939
208	Vascular	1.127
209	Pre-admission	1.709
301	Dental	0.981
310	Orthopaedics	1.020
311	Orthopaedic applications	0.461
350	Psychiatry and Behavioural Disorders	1.799
401	Family Planning	1.116
402	Obstetrics	0.850
403	Gynaecology	1.060
404	Reproductive Medicine	0.862
405	Dysplasia and Colposcopy	0.958
501	Paediatric Surgical	1.342
502	Paediatric Medical	1.331
550	Emergency Medicine	n/a
601	Audiology	n/a
602	Nutrition	n/a
603	Optometry	n/a
604	Occupational Therapy	n/a
605	Physiotherapy	n/a
606	Podiatry	n/a
607	Speech Pathology	n/a
608	Social Work	n/a
609	Other Allied Health Services	n/a
610	Cardiac Rehabilitation	n/a
611	Hydrotherapy	n/a

Notes:

1. The 2002–2003 cost weights have been set on the basis of a “four year rolling average cost” based on the past four cost weight study results.

2. Weights are not detailed for VACS 550 - 609 as these categories are funded as fixed grants.

Current Cost Weights—VicRehab

VicRehab Units: 2002–2003 Rehabilitation Weights

CRAFT Categories	Inlier Boundaries		DHS Average Length of Stay	Same Day Weight	Short Stay Weight	Low Outlier per Diem	Inlier Weight	High Outlier per Diem
	Low (days)	High (days)						
Short Stay (overnight)	1	3	1.98	0.0000	0.1185	0.0000	0.0000	0.0000
Stroke/Neuro LB	38	46	42.37	0.0327	0.1185	0.0468	1.7770	0.0381
Stroke/Neuro HB	19	28	23.50	0.0244	0.1185	0.0349	0.8016	0.0259
Ortho Fracture LB	27	35	31.39	0.0323	0.1185	0.0433	1.2569	0.0342
Ortho Fracture HB	18	26	22.06	0.0330	0.1185	0.0471	0.7542	0.0331
Ortho Replace Hip/Knee LB	20	29	24.54	0.0365	0.1185	0.0458	0.7328	0.0326
Ortho Replace Hip/Knee MB	12	20	16.34	0.0404	0.1185	0.0577	0.5773	0.0358
Ortho Replace Hip/Knee HB	9	18	13.81	0.0440	0.1185	0.0628	0.5028	0.0360
Other Ortho LB	27	35	31.21	0.0319	0.1185	0.0430	1.2042	0.0331
Other Ortho HB	17	26	21.54	0.0255	0.1185	0.0365	0.8027	0.0272
Cardio/Pulmonary	18	27	22.64	0.0394	0.1185	0.0628	0.8786	0.0432
Other LB	23	31	27.26	0.0360	0.1185	0.0514	1.0799	0.0379
Other HB	15	24	19.93	0.0407	0.1185	0.0582	0.6983	0.0391

Calculation of WIES

AR-DRG Modifications

In 2002-2003, hospitals will assign diagnoses and procedure codes using the 3rd edition of the ICD-10-AM classification. For funding purposes, these codes will be mapped back to second edition codes and then grouped using AR-DRG Version 4.2.

As in previous years, some adjustments are to be made to the original AR-DRG4 (Version 4.2) grouping utilising the VIC-DRG4 field, prior to the calculation of WIES10. The AR-DRG Version 4.2 adjustments that applied in WIES9 will continue to apply in WIES10. Where possible, modifications have been made as co-payments within the funding formula rather than changes to the DRG classification system.

The VIC-DRG4s for WIES9 for Peritoneal dialysis, Radiotherapy, Bone Marrow Transplants and Admission weight remain for WIES10.

Peritoneal Dialysis

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

Radiotherapy

Victorian Coding Standard 0229 states that non-same day patients receiving radiotherapy should have the malignant condition sequenced first, followed by the radiotherapy code (ICD-10-AM code Z51.0). Same day radiotherapy admissions, which follow the Australian Coding Standard, have Z51.0 assigned as the principal diagnosis followed by the malignancy code.

To maintain funding equity, a VIC-DRG4 of R64Z *Radiotherapy* will be assigned for non-same day non-surgical episodes that include a radiotherapy diagnosis code (grouped as if the radiotherapy code is the principal diagnosis).

Bone Marrow Transplants

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

Admission Weight

In AR-DRG Version 4.2, admission weight must be between 400 and 9999 grams otherwise the episode will be assigned to AR-DRG 960Z Ungroupable. The Department has been notified of live births where the baby weighs significantly less than 400 grams.

Episodes with an admission weight between 125 and 399 grams are assigned an admission weight of 400 grams for grouping to an appropriate VIC-DRG4.

Nasopharyngeal Intubation

For 2000-2001, new 2nd edition procedure codes were introduced for nasopharyngeal intubation (90179-02 *Nasopharyngeal intubation* and 90179-05 *Management of nasopharyngeal intubation*).

In AR-DRG Version 4.2, these codes are valid only for MDC 22 Burns. These codes will be mapped to 92035-00 *Other intubation of respiratory tract*, so that episodes with either of these codes will group to an appropriate VIC-DRG4.

Arteriovenous Fistula

In AR-DRG Version 4.1, procedure codes for surgical formation of arteriovenous fistula of lower limb (34509-00) and upper limb (34509-01), were not included in the lists of procedures relevant to MDC 11 *Diseases and disorders of kidney and urinary tract*. AR-DRG Version 4.2 has amended the allocation of procedure code 34509-01 *arteriovenous anastomosis of upper limb* but has not been amended for procedure code 34509-00 *arteriovenous formation of lower limb*.

The procedure code for formation of arteriovenous fistula in lower limb (34509-00) will be mapped to 34509-01 *arteriovenous anastomosis of upper limb*, for grouping to an appropriate VIC-DRG4.

Calculation of WIES10

The WIES10 weights table and specification follow the WIES9 format.

Boundaries—Low Outliers, Inliers and High Outliers

Payment for VIC-DRG4s is primarily based on length of stay. In most cases (there are exceptions) the average length of stay is divided by three to get the low boundary point and multiplied by three to get the high boundary point. Cases within this range ($ALOS \div 3, ALOS \times 3$) are called inliers, cases below the low boundary point are called low outliers and cases above the high boundary point are called high outliers. For example, if the average length of stay was 6 days, the inlier range would be from 2 days to 18 days. Cases less than 2 days would be low outliers and those greater than 18 days high outliers. Boundary points have been set at the 2001-2002 level.

Weights

The weights are based on costs derived from the Victorian Cost Weights Study. A series of modifications are made to adjust for technical difficulties in the costing process and to ensure WIES equivalence over time. This is outlined in Chapter 4.

Definition of Variables

Definitions and descriptions of each variable within the WIES10 weights table are given below.

Variable (Column Heading)	Label	Description
Victorian DRG	VIC-DRG4	Victorian modification to AR-DRG4.2.
Same day medical target	Sdmt	VIC-DRG4s marked with a "Y" are classed as same day medical target VIC-DRG4s. VIC-DRG4s marked with "N" are not classed as same day medical target VIC-DRG4s. WIES for same day patients allocated to same day medical target VIC-DRG4s are calculated normally but the total WIES associated with same day patients in these VIC-DRG4s cannot exceed specified levels (usually 6.5% of total WIES). Excess same day medical target WIES are not funded.
Mechanical ventilation	Mv_elig	This describes the way mechanical ventilation severity co-payments are made for the VIC-DRG4. Options are :- D: funded provided more than six hours of ventilation is provided. Patients attract a one off payment of 0.6980 WIES plus a daily rate of 0.7729 WIES for patients in hospitals with appropriate ICU facilities. N: funded provided at more than six hours of ventilation is provided. Patients attract a one off payment of 0.6980 WIES plus a daily rate of 0.7729 WIES for patients in hospitals with appropriate Neonate ICU facilities. 4: funded for each day of mechanical ventilation after 4 days. Patients attract a one off payment of 0.6980 WIES plus a daily rate of 0.7729 WIES for patients in hospitals with appropriate ICU facilities. I: ineligible for mechanical ventilation co-payments

Variable (Column Heading)	Label	Description
Other co-payments	Copay	Some groups of patients attract additional funds in recognition of their higher costs. Options are:- Thal: a co-payment of 0.2648 WIES is made to patients with a reported ICD-10-AM thalassaemia diagnosis code of D56.x or D57.2 (Note: These do not have to be principal diagnoses) AAA: a copayment 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 copayment of 2.4713 for patients with a procedure code for the use of an atrial septal defect (ASD) closure device. Colono: a copayment of 0.1765 WIES for gastroscopy patients also undergoing a colonoscopy.
Low inlier boundary	Lb	The low length of stay boundary for inliers. Patients with a length of stay of less than the low boundary are classed as low outliers. For most VIC-DRG4s the low boundary has been set at a third of the estimated average length of stay for the VIC-DRG4. Boundaries are truncated to the whole number.
High inlier boundary	Hb	The high length of stay boundary for inliers. Patients with a length of stay greater than the high boundary are classed as high outliers. For most VIC-DRG4s the high boundary has been set at three times the estimated average length of stay for the VIC-DRG4. Boundaries are rounded to the nearest whole number.
Inlier average length of stay	i_alos	The average length of stay (days) for inliers.
VIC-DRG4 designation	Sd_od	Flag for designated sameday (S) or one day (O) VIC-DRG4s
Same day weight	Sd	The same day weight is used to allocate WIES to episodes where patients are admitted and separated on the same day. Depending upon the VIC-DRG4, same day patients may be either low outliers or inliers:- <u>Designated Same day VIC-DRG4s</u> The same day weight is based on the costs of same day patients. <u>Non-Same Day VIC-DRG4s with a low boundary of zero days</u> The same day weight is set at the multiday inlier weight. <u>Non-Same Day VIC-DRG4s with a low boundary of 1 day</u> The same day weight is set at half the multiday inlier weight <u>Non-Same Day VIC-DRG4s with a low boundary of 2 days or more (low outliers)</u> The same day weight is set at half of the multiday inlier weight divided by the low boundary ($0.5 \times \text{md_in} \div \text{lb}$)
One day weight	Od	The one day weight is used to allocate WIES to episodes where patients have a length of stay of one but who were not separated on the same day as they were admitted. Depending upon the VIC-DRG4, one day patients may be either low outliers or inliers:- <u>Designated Same day VIC-DRG4s</u> The one day weight is based on the costs of all inliers excluding same day patients. If the patient is an inlier they attract the full multiday inlier weight. If the patient is a low outlier they attract the low outlier per diem weight. <u>Designated One day VIC-DRG4s</u> The one day weight is based on the costs of patients with a length of stay of one day. <u>Non-Same/One Day VIC-DRG4s with a low boundary of 1 day or less</u> The one day weight is set at the multiday inlier weight. <u>Non-Same/One Day VIC-DRG4s with a low boundary of 2 day or more (low outliers)</u> The one day weight is set at the low outlier per diem weight.

Variable (Column Heading)	Label	Description
Low outlier multiday per diem weight	Lo_pd	The low outlier multiday per diem weight is used to allocate WIES to low outliers who have a length of stay of at least two days. Not all VIC-DRG4s have low outliers. No weight is reported in these cases. For most VIC-DRG4s the weight is derived as: $md_in \div lb$ The WIES value is calculated by multiplying the low outlier multiday per diem weight by the patient's length of stay.
Inlier multiday weight	md_in	The inlier multiday weight is used to allocate WIES to inliers who have a length of stay of at least two days. For designated VIC-DRG4s, same day/one day patients are excluded when deriving the inlier multiday weight.
High outlier multiday per diem	ho_pd	The high outlier multiday per diem weight is used to allocate additional WIES for all days of stay in excess of the high boundary after adjusting for any mechanical ventilation co-payment days. In general this is derived from: $\text{high factor} \times md_in \div i_alos$ where the high factor is set at 0.7 for surgical VIC-DRG4s and 0.8 for medical VIC-DRG4s to recognise that the days at the end of a patients stay are less resource intensive than days at the beginning of a patients stay. A number of variations exist on the general formula:- 1) The high factor is set at one or greater for some high cost VIC-DRG4s (Chapter 16). 2) Theatre and prostheses costs are excluded from the calculation of the weight for some VIC-DRG4s with high costs in these areas (Chapter 16). 3) Maximum and minimum criteria apply (Chapter 16).

Calculating WIES10

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

- Determine if the episode is eligible for WIES funding (see box 1).
- Calculate any WIES co-payment (see box 2a, 2b, 2c, 2d, 2e)
- Calculate the base WIES allocation using the VIC-DRG4 and the patient's length of stay adjusted for mechanical ventilation per diem. This can be done using the appropriate weights from the WIES weights table (see box 3a, 3b, 3c).
- Apply the Aboriginal and Torres Strait Loading if applicable (see box 4).
- Add the base WIES payment, any co-payments and ATSI loading (see box 5).

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

1. Scope

The majority of patients in hospital will be allocated a WIES10 score, 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.

WIES10 scores may be allocated to some patients who are ineligible for casemix funding. WIES10 from these patients will need to be excluded when comparing hospital activity against targets during 2002-2003.

Eligible patients might be entitled to different types of WIES payments including base WIES payments and WIES co-payments. Base WIES payments are made according to the formula

which models the average costs for patients in each VIC-DRG4. WIES co-payments are made to cover the higher costs of care provided to some special types of patients.

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

Box 1: Episodes eligible for WIES funding

All episodes are eligible for WIES funding except for:

Episodes with the following care types:

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

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

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

Episodes with an account class on separation of Newborn (Unqualified, Not birth episode)

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

2. Co-payments

For 2002-2003 there are five types of co-payments: mechanical ventilation and thalassaemia. Technical specifications for mechanical ventilation co-payments are given in box 2a and technical specifications for thalassaemia co-payments are given in box 2b.

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

Eligible for daily co-payments of 0.7729 WIES (mv_elig = "D", or mv_elig = "N", in the WIES10 weights table);

Eligible for daily co-payments at 0.7729 WIES for ventilated days in excess of four days (96 hours) mechanical ventilation (mv_elig = "4" in the WIES10 weights table); or

Ineligible for co-payments (mv_elig = "I" in the WIES10 weights table).

All patients who are eligible for a mechanical ventilation copayment receive an additional one off payment of 0.6980 WIES. This payment was introduced for WIES9 subsequent to the publication of the 2001-2002 policy and funding guidelines and shall continue in 2002-2003. This additional WIES payment is to provide hospitals with the capacity to run at lower levels of ICU occupancy so that ICU beds will be available for periods of peak demand. However, the additional copayment is subject to hospitals staffing appropriate numbers of ICU beds.

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

Box 2a: Calculating Mechanical Ventilation Co-payments

```
Select mv_elig
  case "D" then
    if (hours on mechanical ventilation > 6) and ICU hospital then
      Adjmvday = round((hours mechanical ventilation + 12)/24)
    else
      adjmvday = 0
    mv_copay = adjmvday × 0.7729 + 0.6980
    go to box 2b

  case "N" then
    if (hours on mechanical ventilation > 6) and NICU hospital then
      Adjmvday = round((hours mechanical ventilation + 12)/24)
    else
      adjmvday = 0
    mv_copay = adjmvday × 0.7729 + 0.6980
    go to box 2b

  case "4" then
    if (hours on mechanical ventilation > 96) and (ICU hospital) then
      adjmvday = round((hours mechanical ventilation + 12)/24) - 4
    else
      adjmvday = 0
    mv_copay = adjmvday × 0.7729 + 0.6980
    go to box 2b
  otherwise do
    adjmvday = 0
    mv_copay = 0
    go to box 2b
```

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

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-DRG4 (indicated with a “Thal.” in the “Other Co-payments” column in the WIES10 weights table). For 2002-2003 the thalassaemia co-payment is set at 0.2648 WIES per episode. Technical specifications are provided in box 2b.

Box 2b: Calculate Thalassaemia Co-payment

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

AAA stent co-payments are made to patients undergoing an endoluminal repair of an aortic aneurysm as indicated by **any** ICD-10-AM procedure code of 33116.00 and who are allocated to an eligible VIC-DRG4 (indicated with a “AAA” in the “Other Co-payments” column in the WIES10 weights table). For 2002-2003 the AAA stent co-payment is set at 3.1421 WIES per episode. Technical specifications are provided in box 2c.

Box 2c: Calculate AAA stent Co-payment

```
If ( copay = "AAA") and record has an ICD-10-AM procedure of 33116.00 then
    AAA_copay = 3.1421
else
    AAA_copay = 0;
go to box 2d
```

ASD co-payments are made to patients receiving an atrial septal defect closure device as indicated by the presence of **any** ICD-10-AM procedure code of 38742.00 and who are allocated to an eligible VIC-DRG4 (indicated with a "ASD" in the "Other Co-payments" column in the WIES10 weights table). For 2002-2003 the ASD co-payment is set at 2.4713 WIES per episode. Technical specifications are provided in box 2d.

Box 2d: Calculate ASD Co-payment

```
If ( copay = "ASD") and record has an ICD-10-AM procedure code of 38742.00 then
    ASD_copay = 2.4713
else
    ASD_copay = 0;
go to box 2e
```

Under DRG logic patients are classified according to the most significant procedure they receive. However, it is becoming routine practice for in some instances for patients to undergo both a gastroscopy and an endoscopy during the same session in theatre. Such patients typically group to gastroscopy DRGs. However, for uncomplicated gastroscopy DRGs, undertaking an additional colonoscopy represents a significant additional cost. As a consequence such patients will receive a WIES copayment in 2002-2003.

Colonoscopy co-payments are made to patients with **any** ICD-10-AM procedure code listed in ARDRG4.2 grouper tables 43.1 or 44.1 and who are allocated to an eligible VIC-DRG4 (indicated with a "Colono" in the "Other Co-payments" column in the WIES10 weights table). For 2002-2003 the colonoscopy co-payment is set at 0.1765 WIES per episode. Technical specifications are provided in box 2e.

Box 2e: Calculate Colonoscopy Co-payment

```
If ( copay = "Colono") and record has an ICD-10-AM procedure in either table G43.1 or G44.1 of the ARDRG 4.2 grouper
definition manual ie 30479.01, 30479.02, 90308.00, 90312.01, 32084.00, 32084.01, 32087.00,32090.00, 32090.01,
32093.00, 32094.00

    Colono_copay = 0.1765

else
    Colono_copay = 0

go to Box 2a
```

3. Base WIES

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

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

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

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

```
Sameday='Y' if admission date = separation date  
Else sameday='N'
```

```
If (sameday = 'Y') then  
    LOS_cat = "S"  
    go to step 3b  
else if (sameday = 'N') and (LOS =1) then  
    LOS_cat = "O"  
    go to step 3b  
else  
    LOS = min(LOS,1825)  
    LOS_cat = "M"  
    go to box 3b
```

The patient's inlier funding equivalence is determined by comparing the patient's length of stay with the inlier boundaries for the VIC-DRG4 to which the patient is allocated. The low inlier and the high inlier boundaries are given in the WIES10 weights table. For purposes of reporting a patient is classified as an inlier based only upon length of stay. However, the high outlier per diems are adjusted for any mechanical ventilation co-payments. Consequently, some high outliers are paid at the inlier rate (where: $LOS - HB < adjmvd$).

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

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

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

Box 3b: Calculate Inlier Funding Equivalence

```

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

```

Separate columns occur in the WIES10 weights table for episodes which are:

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

The base WIES score for sameday episodes (inlier and low outlier), one day episodes (inlier and low outliers), and multiday inliers can be read directly from the WIES10 weights table using the appropriate column and row (VIC-DRG4). The base WIES score for multiday low outliers can be calculated by multiplying the per diem weight given in the WIES10 weights table by the patient's length of stay. The base WIES score for high outliers is obtained by multiplying the number of high outlier days by the high outlier per diem weight (from the WIES10 weights table and adding the multiday inlier weight (from table)). Technical details are provided in box 3c.

Box 3c: Calculate Base WIES

```

Select Inlier
  case "L" do
    select LOS_cat
      case "S" do
        base_WIES = sd
        IES = base_WIES ÷ md_in
        go to box 4
      case "O" do
        base_WIES = od
        IES = base_WIES ÷ md_in
        go to box 4
      case "M" do
        base_WIES = LOS × lo_pd
        IES = base_WIES ÷ md_in
        go to box 4
  case "I" do
    IES=1
    select LOS_cat
      case "S" do
        base_WIES = sd
        go to box 4
      case "O" do
        base_WIES = od
        go to box 4
      case "M" do
        base_WIES = md_in
        go to box 4
  case "H" do
    high_days = max(0, LOS - hb - adjmvdlay)
    base_WIES = Md_in_ + high_days × ho_pd
    IES = base_WIES ÷ Md_in
go to box 4

```

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

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

Aboriginal and Torres Strait Islander Loading

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

Box 4: Applying the Aboriginal and Torres Strait Islander Loading

If indigenous status in (5,6,7) then do

$$\text{ATSI_WIES} = 0.1 \times (\text{base_WIES} + \text{mv_copay} + \text{th_copay} + \text{AAA_copay} + \text{ASD_copay} + \text{Colonocopy})$$

else

$$\text{ATSI_WIES} = 0$$

go to box 5

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

Box 5: Calculating WIES Score

$$\text{WIES10} = \text{base_WIES} + \text{mv_copay} + \text{th_copay} + \text{AAA_copay} + \text{ASD_copay} + \text{Colonocopy} + \text{ATSI_WIES}$$

Mechanical Ventilation Severity Co-payment Eligibility

Hospitals eligible for mechanical ventilation co-payments for ventilated patients in non-neonate eligible DRGs ('D', '4').

Only episodes with the following campus codes may be eligible:

1010	Alfred
1031, 1032	Austin & Repatriation Medical Centre
1050	Box Hill
2111	Dandenong
1210	Maroondah
1170	Monash Medical Centre [Clayton]
2220	Frankston
1280	Northern
1191	Royal Children's
1331	Royal Melbourne
1450	St Vincents
1180	Western
2010	Ballarat
1020	Bendigo
2060	Central Gippsland Health Service
2050	Barwon Health [Geelong]
1121	Goulburn Valley [Shepparton]
2440	Latrobe Regional
2320	New Mildura
1150	Wangaratta
2160	South West Healthcare [Warrnambool]
1071	Western District Health Service [Hamilton]
2170	Wimmera Health Care Group [Horsham]
1390	Sunshine

Hospitals eligible for mechanical ventilation co-payments for ventilated patients in eligible neonate DRG's ('N').

Only episodes with the following hospital codes may be eligible:

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

Calculation of Rehabilitation Weighted Units (CRAFT)

VicRehab: Weighted Units Specification

Calculation of Rehabilitation Weighted Units

The following describes the steps involved in calculating the rehabilitation weight score for patients:

- 1) Allocate the patient to a CRAFT category
- 2) Determine the patient's length of stay (LOS)
- 3) Determine whether the patient is a low outlier, inlier or high outlier and look up the appropriate weights in the Rehabilitation weights table in *Section C*. It may be necessary to multiply a daily weight by the number of days.

1. Allocating the patient to a CRAFT Category

CRAFT categories are based upon the patient's clinical program and in some cases admission Barthel score. Technical instructions are given in Box 1.

Box 1	
Clinical Sub Program	
10, 31 to 39	Admission Barthel < 60 CRAFT category = Stroke/Neuro Low Barthel
	Admission Barthel ≥ 60 CRAFT category = Stroke/Neuro High Barthel
81 to 84	Admission Barthel < 60 CRAFT category = Ortho Fracture Low Barthel
	Admission Barthel ≥ 60 CRAFT category = Ortho Fracture High Barthel
85, 86	Admission Barthel < 60 CRAFT category = Ortho Replace Hip/Knee Low Barthel
	Admission Barthel > 59 and < 80 CRAFT category = Ortho Replace Hip/Knee Medium Barthel
	Admission Barthel ≥ 80 CRAFT category = Ortho Replace Hip/Knee High Barthel
89	Admission Barthel < 60 CRAFT category = Other Ortho Low Barthel
	Admission Barthel ≥ 60 CRAFT category = Other Ortho High Barthel
90, 101, 109	CRAFT category = Cardio/Pulmonary
61 to 69, 71 to 79, 120, 132-133, 140, 150	Admission Barthel < 60 CRAFT category = Other Rehabilitation Low Barthel
	Admission Barthel ≥ 60 CRAFT category = Other Rehabilitation High Barthel

2. Determining length of stay

Use the LOS field as reported to the VAED.

3. Calculating the Stay Status and appropriate weights score

A patient is a sameday if admitted and separated on the sameday. Samedays patients are identified within the VAED by 'Y' in the sameday field.

A patient is a short stay if the stay is overnight and 1 to 3 days. Low outlier patients are those where the length of stay is 4 days or more and less than the low boundary.

A patient is an inlier if their stay is equal to or more than the inlier low boundary and less than or equal to the inlier high boundary. A high outlier patient is one whose stay is longer than the inlier high boundary.

Refer to *VicRehab Units: 2002–2003 Rehabilitation Weights in Section C* for appropriate weight. Details for calculating the stay status and calculating the rehabilitation score for each status are given in Box 2. These scores can then be added to give the total number of Rehabilitation Weighted Units for the Hospital. Refer to *Rehabilitation Weighted Units Specification* for descriptions of the variables in Box 2. Use Box 2 to calculate the rehabilitation score.

Box 2

Calculating stay status and appropriate Rehabilitation Weighted Unit score

LOS = 1 and Sameday = 'Y'
Stay Status = **Sameday**
Rehabilitation score = **SD**

LOS = 1 and Sameday = 'N'
Stay Status = **Short Stay**
Rehabilitation score = **SS**

LOS = 2 or LOS = 3
Stay Status = **Short Stay**
Rehabilitation score = **SS**

LOS = ≥ 4 and LOS < LIB
Stay Status = **LOW OUTLIER**
Rehabilitation score = **LO_PD x LOS**

LOS \geq LIB and LOS \leq HIB
Stay Status = **INLIER**
Rehabilitation score = **MD_IN**

LOS > HIB
Stay Status = **HIGH OUTLIER**
Rehabilitation score = **MD_IN + ((LOS - HIB) x HO_PD)**

Rehabilitation Weighted Units Specification and Technical Definitions

Variables in columns shown within the table *VicRehab Units: 2002–2003 Rehabilitation Weights in Section C* are outlined and described below. Each column in the weights table has been given a label below to assist in calculating the Rehabilitation Score, e.g. SD = Sameday Weight.

Definition of CRAFT Categories

CRAFT	Short Stay /Overnight (1 - 3 days) Stroke/Neurological LB < 60 Stroke/Neurological HB ≥ 60 Orthopaedic Fracture LB < 60 Orthopaedic Fracture HB ≥ 60 Orthopaedic Replace Hip/Knee LB < 60 Orthopaedic Replace Hip/Knee MB 60 - 79 Orthopaedic Replace Hip/Knee HB ≥ 80 Other Orthopaedic LB < 60 Other Orthopaedic HB ≥ 60 Cardio/Pulmonary Other Rehabilitation LB < 60 Other Rehabilitation HB ≥ 60	<p>For 2002–2003, twelve of the sixteen CRAFT categories will be used to fund Level 2 rehabilitation units with twenty beds or more. A separate category is provided for short stay patients (overnight stays of 1 to 3 days). Separate weights are provided for these thirteen funding categories. (See Section C).</p> <p>LB means a low admission Barthel score of up to 59. HB means a high admission Barthel score of 60 or over (or for Orthopaedic Replace Hip/Knee, 80 or more). MB means a medium admission Barthel score of 60 to 79.</p>
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Technical Definition of Variables (See VicRehab Units: 2002–2003 Rehabilitation Weights in Section C). Weights (referred to in Box 2) are derived from the average cost of episodes in the 2002 Victorian Cost Weights Study.

Low Inlier Boundary	Inlier Boundaries Low LIB	The low length of stay boundary for inliers. Patients with a length of stay of more than 3 days and less than the low boundary are classed as low outliers. The low boundary point is set at the Average Length Of Stay for the category less 4 days. Boundaries are truncated to the nearest whole number. The estimated average length of stay is calculated from the calendar year 2001 VAED data.
High Inlier Boundary	Inlier Boundaries High HIB	The high length of stay boundary for inliers. Patients with a length of stay greater than the high boundary are classed as high outliers. The high boundary point is set at the Average Length Of Stay for the category plus 4 days. Boundaries are rounded to the nearest whole number. The estimated average length of stay is calculated from the calendar year 2001 VAED data.
Same day	Same Day Weight SD	<p>The Rehabilitation Weighted Unit allocated to patients who are admitted and separated on the same day. The weight is derived as:</p> $0.7 * \text{Inlier Weight} \div \text{Low Inlier Boundary}$ <p>The factor of 0.7 is in recognition that sameday stays do not incur overnight resource costs.</p>
Short Stay	Short Stay Weight SS	The Rehabilitation Weighted Unit allocated to patient overnight stays from 1 to 3 days.
Multi-day per diem low outlier weight	Low Outlier Per Diem LO_PD	<p>The per diem Rehabilitation Weighted Unit value allocated to patients who have a length of stay of at least four days and less than the low boundary. The weight is derived as:</p> $\text{Inlier Weight} \div \text{Low Boundary}$ <p>The total Rehabilitation Weighted Unit value is calculated by multiplying the low outlier multi-day weight by the patient's length of</p>

		stay.
Multi day Inlier weight	Inlier weight MD_IN	Inliers are patients whose length of stay falls on or between the low and high boundary. This weight is calculated based on the weights derived from the average cost of inliers in the CRAFT category as reported in the 2001 Victorian Cost Weights Study.
Multi-day per diem high outlier weight	High Outlier Per Diem HO_PD	<p>The per diem Rehabilitation Weighted Unit value allocated to patients whose length of stay is in excess of the high boundary. This is derived from:</p> $0.9 * \text{Inlier Weight} \div \text{average length of stay}$ <p>The factor of 0.9 is in recognition that the days at the end of a patients stay are less resource intensive than days at the beginning of a patients stay.</p> <p>The total Rehabilitation Weighted Unit value for high outliers is calculated by multiplying the high outlier multi-day weight by the number of days the patient stays beyond the high boundary and adding to the inlier weight:</p> $\text{Inlier weight} + (\text{LOS} - \text{high boundary}) * \text{high outlier per diem}$

HOSPITAL ACTIVITY & WIES REPORT

Purpose, Content, and Frequency:

Victorian Public Hospitals for several years have received a paper-based monthly IES & Related Items Report from Allegiance Systems. This report provided hospitals with a financial year-to-date summary by month of their throughput including separations, patient days, Inlier Equivalent Separations (IES) and Weighted Inlier Equivalent Separations (WIES). During 2001-2002, the Department also made this report available electronically.

Following feedback from several hospitals and the Victorian Advisory Committee on Casemix Data Integrity (VACCDI), this report has been redeveloped and expanded for 2002-2003 to more closely reflect the reporting standards and requirements currently in use (for example, consistent definitions with other reports, data presented according to modelled budget patient types). Also it will enable hospitals to accurately monitor and reconcile actual throughput (including the addition of several sections to represent the 'full picture' such as the addition of 'Sameday' activity to complement the 'Non-sameday' activity).

This report will be available monthly from the Department shortly after the VAED consolidation on the 17th of each month. For hospitals with more than one campus, reports will be made available at both the 'site' and 'hospital' level.

Line Item Definitions

Separation Details

- 1.1 Separations with Care Type (care) = '0'.
- 1.2 Separations with Care Type (care) = '1'.
- 1.3 Separations with Care Type (care) = '2'.
- 1.4 Separations with Care Type (care) = '3'.
- 1.5 Separations with Care Type (care) = '4'.
- 1.6 Separations with Care Type (care) = '5'.
- 1.7 Separations with Care Type (care) = '6'.
- 1.8 Separations with Care Type (care) = '7'.
- 1.9 Separations with Care Type (care) = '8'.
- 1.10 Separations with Care Type (care) = '9'.
- 1.11 Separations with Care Type (care) = 'E'.
- 1.12 Separations with Care Type (care) = 'F'.
- 1.13 Separations with Care Type (care) = 'U'.
- 1.14 Total separations (= sum of items 1.1 to 1.13).

Patient Day (LOS) Details

- 2.1 Patient Days (LOS) of Separations with Care Type (care) = '0'.
- 2.2 Patient Days (LOS) of Separations with Care Type (care) = '1'.
- 2.3 Patient Days (LOS) of Separations with Care Type (care) = '2'.
- 2.4 Patient Days (LOS) of Separations with Care Type (care) = '3'.
- 2.5 Patient Days (LOS) of Separations with Care Type (care) = '4'.
- 2.6 Patient Days (LOS) of Separations with Care Type (care) = '5'.
- 2.7 Patient Days (LOS) of Separations with Care Type (care) = '6'.
- 2.8 Patient Days (LOS) of Separations with Care Type (care) = '7'.
- 2.9 Patient Days (LOS) of Separations with Care Type (care) = '8'.
- 2.10 Patient Days (LOS) of Separations with Care Type (care) = '9'.
- 2.11 Patient Days (LOS) of Separations with Care Type (care) = 'E'.
- 2.12 Patient Days (LOS) of Separations with Care Type (care) = 'F'.
- 2.13 Patient Days (LOS) of Separations with Care Type (care) = 'U'.
- 2.14 Total Patient Days (LOS) (= sum of items 2.1 to 2.13).

The following Sections 3, 4, 5, 6, 7, 8, 9, and 10 are based on separations eligible for WIES10 funding as described in Box 1. That is, separations with {Care Type (care) in ('4', '8', '0','U')} and {Program Funding Source='6'}, and with {VIC-DRG4 assigned} and not {VIC-DRG4 960Z, VIC-DRG4 961Z, VIC-DRG4 962Z or VIC-DRG4 963Z} and not {Contract Role='B'}.

All co-payments/loadings (Mechanical ventilation, thalassaemia, AAA, ASD, Colonoscopy and ATSI) are to be included in the WIES10 calculations wherever WIES10 is reported. That is, WIES10 is the WIES score as defined in Box 5 of the WIES10 specification.

WIES Fundable Separations

- 3.1 Total Separations.
- 3.2 Total WIES10.

WIES Co-Payments/Loadings

- 3.3 ATSI loading component only (as defined in Box 4).
- 3.4 Mechanical Ventilation Severity co-payment component only (as defined in Box 2a).
- 3.5 Thalassaemia co-payment component only (as defined in Box 2b).
- 3.6 AAA co-payment component only (as defined in Box 2c).
- 3.7 ASD co-payment component only (as defined in Box 2d).
- 3.8 Colonoscopy co-payment component only (as defined in Box 2e).
- 3.9 Total co-payments (= sum of items 3.3 to 3.9).

Inlier Funding Equivalence

- 3.10 Low outlier separations (Inlier = 'L' as defined in Box 3b).
- 3.11 WIES10 of low outliers.
- 3.12 Inlier Separations (Inlier = 'I' as defined in Box 3b).
- 3.13 WIES10 of inliers.
- 3.14 High outlier separations (Inlier = 'H' as defined in Box 3b).
- 3.15 WIES10 of high outliers.

Other

- 3.16 Sum of Hospital in the Home (HITH) Separations = separations with Accommodation Type = '4' in any status segment (Acctype1 - Acctype7).
- 3.17 HITH Patient Days (LOS) of HITH separations = sum of LOS in HITH segments (ie segments with accommodation type = '4', LOS in non-HITH segments excluded).
- 3.18 Same day Medical Target Separations = WIES Fundable separations that are same day episodes (admission date = separation date) identified as contributing to the Same day Medical Target.
- 3.19 WIES10 of Same day Medical Target Separations.
- 3.20 Number of ATSI separations (Indigenous status in '5', '6', or '7').

Public WIES Fundable Separations

- 4.1 = 3.1 for public separations (Account class on separation (sepacnt) starts with 'M').
- 4.2 = 3.2 for public separations (Account class on separation (sepacnt) starts with 'M').
- 4.3 = 3.16 for public separations (Account class on separations (sepacnt) starts with 'M').
- 4.4 = 3.17 for public separations (Account class on separations (sepacnt) starts with 'M').
- 4.5 = 3.18 for public separations (Account class on separation (sepacnt) starts with 'M').
- 4.6 = 3.19 for public separations (Account class on separations (sepacnt) starts with 'M').

Private WIES Fundable Separations

- 5.1 = 3.1 for private separations (Account class on separation (sepacnt) starts with 'P').
- 5.2 = 3.2 for private separations (Account class on separation (sepacnt) starts with 'P').
- 5.3 = 3.16 for private separations (Account class on separations (sepacnt) starts with 'P').
- 5.4 = 3.17 for private separations (Account class on separations (sepacnt) starts with 'P').
- 5.5 = 3.18 for private separations (Account class on separation (sepacnt) starts with 'P').
- 5.6 = 3.19 for private separations (Account class on separations (sepacnt) starts with 'P').

DVA WIES Fundable Separations

- 6.1 = 3.1 for DVA separations (Account class on separation (sepacnt) starts with 'V').
- 6.2 = 3.2 for DVA separations (Account class on separation (sepacnt) starts with 'V').

TAC WIES Fundable Separations

- 7.1 = 3.1 for TAC separations (Account class on separation (sepacnt) starts with 'T').
- 7.2 = 3.2 for TAC separations (Account class on separation (sepacnt) starts with 'T').

Other WIES Fundable Separations

- 8.1 = 3.1 for remaining separations (Account class on separation (sepacnt) does not start with 'M', 'P', 'V' or 'T').
- 8.2 = 3.2 for remaining separations (Account class on separation (sepacnt) does not start with 'M', 'P', 'V' or 'T').

Sameday WIES Fundable Separations

- 9.1 Same day (admission date equals separation date) Emergency Separations {Admission Type (admttype) equals 'R', 'I' or 'O'}.
- 9.2 WIES10 of Same day Emergency Separations.
- 9.3 Same day (admission date equals separation date) Elective Separations {Admission Type (admttype) does not equal 'R', 'I', 'O', 'Y', 'M' or 'S'}.
- 9.4 WIES10 of Same day Elective Separations.
- 9.5 Same day (admission date equals separation date) Other Separations {Admission Type

(admtypes) equals 'Y', 'M' or 'S'.

- 9.6 WIES10 of Same day Other Separations.
- 9.7 Total Same day Separations.
- 9.8 Total WIES10 of Same day Separations.

Non-Sameday WIES Fundable Separations

- 10.1 Non-Same day (admission date does not equal separation date) Emergency Separations {Admission Type (admtypes) equals 'R', 'T' or 'O'}.
- 10.2 WIES10 of Non-Same day Emergency Separations.
- 10.3 Non-Same day (admission date does not equal separation date) Elective Separations {Admission Type (admtypes) does not equal 'R', 'T', 'O', 'Y', 'M' or 'S'}.
- 10.4 WIES10 of Non-Same day Elective Separations.
- 10.5 Non-Same day (admission date does not equal separation date) Other Separations {Admission Type (admtypes) equals 'Y', 'M' or 'S'}.
- 10.6 WIES10 of Non-Same day Other Separations.
- 10.7 Total Non-Same day Separations.
- 10.8 Total WIES10 of Non-Same day Separations.

Non-WIES Fundable (Excluded) Separations

- 11.1 Separations with {no VIC-DRG4} and {Care Type (care) in ('4', '8', '0', 'U')}.
- 11.2 Separations with {VIC-DRG4 960Z, VIC-DRG4 961Z, VIC-DRG4 962Z or VIC-DRG4 963Z} and {Care Type (care) in ('4', '8', '0', 'U')}.
- 11.3 Separations with {contract type='1' and contract role='B'} and {Care Type (care) in ('4', '8', '0', 'U')}.
- 11.4 Separations with {contract type not = '1' and contract role='B'} and {Care Type (care) in ('4', '8', '0', 'U')}.
- 11.5 Separations with PFS not equal to '6' and {Care Type (care) in ('4', '8', '0', 'U')}.
- 11.6 Non-WIES Fundable (Excluded) Separations - Total (= sum of items 11.1 to 11.5).

Notes on Precision:

Data should be shown rounded to the number of decimal places indicated in the total column of the sample Hospital Activity & WIES report.

Full precision should be maintained prior to printing; eg item 3.9, which is defined as the sum of 3.3, 3.4, 3.5, 3.6, 3.7, and 3.8, is to be calculated by summing components at full precision, not by summing components that have been rounded.

CRAFT Funded Hospitals Rehabilitation Report

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