health

Victorian Cost Data Collection 2011-12

File Specification

For Reporting of 2010-11 Cost Data

Version 3.5

Revision History

Date	Version	Author	Change reference
30/03/2011	1.0	Julie Brophy	Initial Draft
15/07/2011	2.0	Julie Brophy	Updated to include dhKey
22/7/2011	3.0	Julie Brophy	Updated for publication – Appendices removed from main body of document
29/07/2011	3.1	Julie Brophy	eKey maximum length 30 (was 20)
8/8/2011	3.2	Julie Brophy	DateTime changed to Date
18/8/2011	3.3	Julie Brophy	DateTime and Date removed as valid XML data types – fields changed to string. Zipped file submissions allowed.
31/8/2011	3.4	Julie Brophy	DateTime and Date reinstated. OrgID changed to = Campus
8/9/2011		Julie Brophy	Updates to conditional fields.
19/09/2011	3.5	Funding Systems Development	

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1. Introduction

1.1 Background

The Victorian Cost Data Collection (VCDC) is essential to the development of activity based funding models for patient level funding. The data is also used to meet the Commonwealth's reporting requirements, cost data analyses, inform policy decisions and for research purposes.

1. 2 Purpose

The purpose of this file specification is to detail the requirements for patient episode cost data transmission between health services and the Department of Health for the VCDC.

This document is designed to:

- detail the data structure
- provide rules and standards for each data element
- identify the location of related reference files and code lists
- provide information of the data submission process

1. 3 References

This document refers to several sources of information and data code sets.

Victorian Health Data Standards and Systems
http://www.health.vic.gov.au/hdss/

- XSD schema
- Victorian Cost Data Collection Business Rules for Reporting 2010-11 Cost Data
- Mapping of Cost Centres to Cost Areas and Account Codes to Cost Types table
- Code sets
- Australian Hospital Patient Costing Standards

XML Schema data types
http://www.w3.org/TR/xmlschema-2/

- Standard XML data types

Victorian Integrated Non-admitted Health Minimum Dataset (VINAH)
http://www.health.vic.gov.au/hdss/vinah/2010-11/manual/index.htm

- Value sources relating to non-admitted data elements

Australian Institute of Health and Welfare Metadata Online Registry
http://meteor.aihw.gov.au/content/index.phtml/itemId/181162

- Medicare number

2. Data definitions

The XSD schema (http://www.health.vic.gov.au/hdss/) defines the XML file structure for the VCDC submission. It is recommended that the XSD schema is viewed in conjunction with the following data definitions.

2.1 Entity Definition Format

Each entity will be described as a collection of properties or data elements. A property can be described by one or several attributes. References to a property in an XML file must be done with the property identifier (ID); this is a shortened description of the property name. For example pStart is the ID for periodStartDate.

Property attribute	Definition
Definition	A brief description of the property and the data that it represents.
Data Type	The data type of the property, e.g. money, datetime, character, string or token. A list of allowable data types is given in Section 2.2.
Validation Rules	This section lists any rules that the property must satisfy in order to be considered valid for submission. This can include but is not limited to: • whether the property is mandatory , conditionally mandatory or optional • the format and length of a property • the property value range • whether the property is constrained by other properties (e.g. an episode's end datetime must be greater than the episode start datetime).
Value Source	For properties that represent common entities used by the department appropriate references to allowable values will be provided (e.g. campus code). If the property represents a value that is specific to the VCDC the allowable values will be listed.
Guidance	Any specific guidance on how to derive the value for the property. For example episodeStartDateTime for an admitted episode will be the admission datetime.

2.2 Data Types

The properties are based on standard xml schema data types (see: http://www.w3.org/TR/2004/REC-xmlschema-2-20041028/) and non-standard data types (e.g. date and datetime). The standard xml schema data types are frequently representations of, or based on, international (ISO) standards. Additionally the Episode and EpisodeCost entities are themselves XML complex types. A complete XML schema is provided on the HDSS web site at http://www.health.vic.gov.au/hdss/.

Each data type has the following restrictions that can be applied:

Property attribute	Definition
Length	The exact number of characters the string must contain
minLength	The minimum number of characters that the string may contain
maxLength	The maximum number of characters that the string may contain
Pattern	A regular expression that constrains the string
Enumeration	A set of allowable values that the string may take
Whitespace	Constraint on the way white space in a value is handled

2.2.1 String

The String data type is used to contain character descriptions, names or alpha numeric codes.

Schema:

<xs:attribute name="episodeName" type="xs:string" />

Example:

<episode episodeName="test episode">another string value</episode>

2.2.2 Token

The Token data type is derived from String.

Token must not contain carriage returns, tabs, line feeds, leading or trailing spaces and have no internal sequences of two or more spaces.

Token is used for alphanumeric values that represent identifiers, such as UR Number.

2.2.3 DateTime

The DateTime data type is specified as ddMMMyyyy:hh:mm.

For example 09JUL2011:03:59.

dd is a two digit numeral representing the day (i.e. 09 in the example provided).

MMM is a three uppercase alphabetic character value representing the first three characters of a calendar month (i.e. July is JUL in the example provided).

yyyy is a four digit numeral representing the year value, including century (i.e. 2011 in the example provided).

hh is a two digit numeral representing the hour in 24 hour format (i.e. 03 in the example provided).

mm is a two digit numeral representing the minute (i.e. 59 in the example provided).

All parts of a DateTime field should have leading zeros where required.

All DateTime fields are assumed to be in local time (Victorian time).

Midnight is expressed as 00:00.

Time values should range between 00:00 and 23:59.

If time cannot be specified to hours or minutes then these values should be zero.

Schema:

<xs:attribute name="eStart" type="xs:dateTime" use="required" />

Example:

<episode eStart="09JUL2011:03:59" />

2.2.4 Date

Refer to the date part of the DateTime data type.

Schema:

<xs:attribute name="dob" type="xs:date" use="required" />

Example:

<episode dob="09JUL1954" />

2.2.5 Decimal

The Decimal data type has the following restrictions that may be applied:

Property attribute	Definition
totalDigits	The maximum number of digits a decimal value may contain.
fractionDigits	The maximum number of digits a decimal value may contain to the right of the decimal point. E.g. fractionDigits of 4 can either be represented as 25, 25.0, 25.00, 25.000 or 25.0000.

Where a particular entity's property or attribute requires these type constraints they will be specified.

2.2.6 Integer

The Integer data type is derived from the decimal data type, with the fraction digits constraint fixed at zero. Integers are whole numbers.

2.2. 7 Money

The Money data type is derived from the Decimal type, with the following restrictions:

- totalDigits is 19 (including fractionDigits)
- fractionDigits is 4

The restrictions define the Money data type to have a maximum length of 19 digits with a maximum of 4 decimal places. Examples of acceptable values are 999999999999999.9999 and 9999.99.

The Money data type values may not contain the currency symbol ($), commas or any formatting other than a decimal point.

```
<xs:simpleType name="money">
        <xs:restriction base="xs:decimal">
                <xs:totalDigits value="19"/>
                <xs:fractionDigits value="4"/>
        </xs:restriction>
</xs:simpleType>
```

Schema:

<xs:attribute name="iCost" type="money" />

Example:

<iCost cost="12345.6700"/>

2.2.8 Simple and Complex XML Types

Simple and complex XML data types that represent the actual entities and properties are defined in the relevant sections which follow. Where possible the built in types from the w3.org schema are used.

2.3 Entities to be reported

<> message

@ pStart	date
@ pEnd	date
@ fYear	token
@ orgId	token

<episodes>

<>Episode

@ eKey	token
@ dhKey	token
@ ur	token
@ campus	token
@ encounter	token
@ eStart	dateTime
@ eEnd	dateTime
@ program	token
@ stream	token
@ clinic	token
@ fund	token
@ mediNo	token
@ opMode	integer
@ opType	integer
@ sex	integer
@ dob	date
@ atsi	token
@ pCode	token

<episode costs>

<>episodeCost

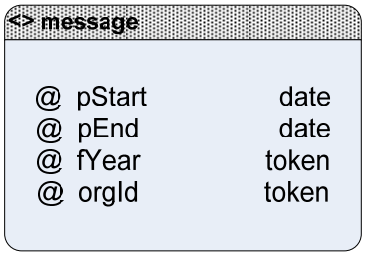
@ area	token
@ description	string
@ account	string
@ dCost	money
@ iCost	money
@ location	token
@ sDate	date

There are three entities to be reported by health services to the VCDC. These are:

Property attribute	Definition
Message	This is a header used to describe an XML file. The Message entity contains a collection of Episode entities.
Episode	Each time a patient is discharged from hospital or presents for treatment on an ambulatory basis, it is counted as an episode of care. All episodes are to be reported to the VCDC including, but not restricted to, the following episode types: • Admitted – Episodes relating to separations reported to the Victorian Admitted Episodes Dataset (VAED) • Non-Admitted - Encounters for non-admitted episodes that are reportable to the Agency Information Management Systems (AIMS) or the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH), including specialist clinics (public and CMBS billed) which are scheduled for submission from 1 July 2011. • Emergency - Presentations reported in the Victorian Emergency Minimum Dataset (VEMD). • Unlinked diagnostic and/or therapeutic services – Episodes reporting the costs of services that cannot be linked to another episode type (i.e. pathology, diagnostic imaging, pharmacy, etc.). • Radiotherapy – Presentations relating to radiotherapy treatment and consultations. • Research – Episodes reporting research related costs. • Teaching and Training – Episodes reporting teaching and training related costs. • Organ Procurement – Episodes reporting the cost of procedures required to procure organs after death of a patient. • Boarders – Episodes reporting costs of providing services to boarders staying in a health service. • Community Health – Episodes reporting community health services provided by a health service. • Mental Health – Episodes relating to mental health that is not classifiable under other programs.
Episode Cost	Each episode will have a set of associated costs including cost areas providing a patient service (e.g. a ward or service area such as diagnostic imaging) and cost types (e.g. salary and wages or medical supplies). These costs are defined as either a direct cost for providing the service to the patient (e.g. hours of nursing care) or an indirect cost (e.g. payroll processing). A location where the service is ordered is also included to allow aggregation of costs.

2.4 Message wrapper

A header (message wrapper) is used to describe the Episode entities that are contained in an XML file. The descriptions in the header provide metadata for the episodes in a file.



ID	Property	Definition
pStart	periodStartDate	Start date of a batch of episodes contained within a file.
pEnd	periodEndDate	End date of this batch of episodes contained within a file.
fYear	fiscalYear	The financial year in which episodes and costs within a file are associated with.
orgId	reportingOrganisationId	The organisation that is submitting data to the VCDC

Example:

```
<message xmlns="urn://www.health.vic.gov/vcdc/2011/03/v0.6"
pStart="01JUL2010"  pEnd="30JUN2011" fYear="2010-11" orgId="1230">
        <episodes>
                ...
        </episodeCosts>
</message>
```

pStart - periodStartDate

Attribute	Value
Definition	The date of the earliest episodeEndDateTime within the XML file
Data Type	String
Validation Rules	• Mandatory • Must be in the format *ddMMMyyyy* • Must be >= the first day of the reportable fiscal year • pStart <= eEnd <= pEnd
Value Source	None supported
Value Range	Nil
Guidance	If multiple files are submitted for the same submission, the periodStartDate of one file should not overlap with the periodStartDate and periodEndDate of another file.

pEnd - periodEndDate

Attribute	Value
Definition	The date of the latest episodeEndDateTime within the XML file
Data Type	String
Validation Rules	• Mandatory • Must be in the format *ddMMMyyyy* • Must be <= the last day of the reportable fiscal year • pStart <= eEnd <= pEnd
Value Source	None supported
Value Range	Nil
Guidance	If multiple files are submitted for the same submission, the periodEndDate of one file should not overlap with the periodStartDate and periodEndDate of another file.

fYear - fiscalYear

Attribute	Value
Definition	The financial year for the reportable cost data period
Data Type	String
Validation Rules	• Mandatory • Must be in the format *yyyy-yy* • Must be a valid fiscal year • Is validated by the regular expression ^\d{4}-\d{2}
Value Source	
Value Range	The fiscal year of the cost data submission
Guidance	This is the fiscal year for which the episodes in the file occurred. Each submission file must only contain episodes relevant to a single fiscal year.

orgId - reportingOrganisationId

Attribute	Value
Definition	The organisation for which the data is being reported.
Data Type	Token
Validation Rules	• Mandatory • Numeric - maximum 4 characters in length
Value Source	Victorian Health Data Standards and Systems http://www.health.vic.gov.au/hdss/reffiles/2010-11/hct_2011.xls where 'Public Hospital Indicator' field is equal to '1'
Value Range	
Guidance	Where a file contains multiple campuses of a health service, any campus code which is a member of the reporting health service can be used in the message wrapper.

2.5 Episode entity

Each time a patient is discharged from a hospital during the year, or presents on an ambulatory basis for treatment or consultation, it is counted as an episode of care.

One or more episode(s) must be contained within one <episodes> entity.

For example, the following describes an <episodes> entity contain three episodes.

```
<episodes>
        <episode ... />
        <episode ... />
        <episode ... />
</episodes>
```

2.6 Episode properties

The following properties can be contained within an episode.

<>Episode	
@ eKey	token
@ dhKey	token
@ ur	token
@ campus	token
@ encounter	token
@ eStart	dateTime
@ eEnd	dateTime
@ program	token
@ stream	token
@ clinic	token
@ fund	token
@ mediNo	token
@ opMode	integer
@ opType	integer
@ sex	integer
@ dob	date
@ atsi	token
@ pCode	token

ID	Property	Definition
eKey	episodeKey	Hospital episode number that is generated from the costing system.
dhKey	dhUniqueKey	Unique episode key on a Victorian Department of Health activity data set.
ur	patientClientKey	Hospital patient unit record number.
campus	episodeOrganisationId	Hospital campus identifier.
eStart	episodeStartDateTime	The date and time on which the episode is opened.
eEnd	episodeEndDateTime	The date and time on which the episode is closed.
program	episodeProgram	Identifies the broad area of service for which the episode created.
dob	birthDate	Patient date of birth.
atsi	indigenousStatus	A value which indicated whether a person identifies as being of Aboriginal or Torres Strait Islander origin.
pCode	postcode	The Australian numeric descriptor for the postcode of the locality in which the person resides (not postal address).
encounter	encounterId	Hospital generated encounter number that links related cost episodes.
clinic	clinicCode	A health service defined and department approved specialist outpatient clinic identifier. This property should also be used by health services to identify non-admitted services that do not have an appropriate VINAH code.
fund	fundingSourceType	The agency/individual chargeable for the episode.
mediNo	medicareNumber	A person identifier, allocated by Medicare Australia to persons eligible under the Medicare scheme.
stream	episodeProgramStream	Identifies the funding stream for VINAH reportable episodes.
opMode	contactDeliveryMode	The mode of provision of the service during the non-admitted service contact.
opType	contactSessionType	The type of session that was provided to the patient during the non-admitted service contact.
sex	Sex	Patient gender.

Example:

```
<episodes>
   <episode
     eKey="000145489"
     dhKey="001454896"
     ur="1567812"
     campus="1230"
     eStart="01FEB2011:07:16"
     eEnd="04FEB2011:11:52"
     program="A"
     dob="22JUL1978"
     atsi="2"
     pCode="3051">
          …
     <episodeCosts>
          ….
  </episodeCost>
</episode>
```

eKey – episodeKey

Attribute	Value
Definition	Hospital episode key that is generated from the costing system
Data Type	Token
Validation Rules	• Mandatory • Alphanumeric • maxLength = 30 characters
Value Source	Nil
Value Range	Nil
Guidance	A patient costing system unique identifier specific to an episode of care.

dhKey - dhUniqueKey

Attribute	Value
Definition	Unique key on a Victorian Department of Health data set.
Data Type	Token
Validation Rules	• Conditionally Mandatory – must be reported for admitted and emergency, non-admitted and radiotherapy episodes (episodeProgram = A, E, N and R) where activity has been reported to the department for the fiscal year. • Alphanumeric • maxLength = 20 characters
Value Source	Nil
Value Range	Nil
Guidance	A hospital derived unique identifier specific to an episode of care that is submitted to a departmental activity data collection (VAED, VEMD, VRMDS or VINAH). The VCDC dhKey must match the key of the submitted activity episode. For VINAH reportable episodes, the dhKey must match data element *Contact Identifier*. For reportable radiotherapy treatment episodes, the dhKey must match VRMDS Course ID. Exceptions are made for unlinked and unallocated records. For unlinked records, 'UNLINKED' must be populated for this field. For unallocated records, 'UNALLOCATED' must be populated for this field. In the event where unlinked and unallocated records cannot be differentiated, 'UNLINKED' should be populated.

ur – patientClientKey

Attribute	Value
Definition	Hospital patient unit record (UR) number
Data Type	Token
Validation Rules	• Mandatory • Alphanumeric • maxLength = 10 characters
Value Source	Nil
Value Range	Nil
Guidance	A hospital generated patient identifier that is unique within a health service (i.e. patient record number/unit record number). UR numbers uniquely identify a patient at a health service or campus. The VCDC UR number must match the hospital UR number of the submitted activity record (VAED, VEMD, VRMDS or VINAH).

campus – episodeOrganisationId

Attribute	Value
Definition	Hospital campus identifier
Data Type	Token
Validation Rules	• Mandatory • Numeric • maxLength = 4 characters
Value Source	Victorian Health Data Standards and Systems (HDSS) http://www.health.vic.gov.au/hdss/reffiles/2010-11/hct_2011.xls where 'Public Hospital Indicator' field is equal to '1'
Value Range	
Guidance	The VCDC campus code must match the campus code of the submitted activity record (VAED, VEMD, VRMDS or VINAH).

encounter – encounterId

Attribute	Value
Definition	Hospital encounter identifier
Data Type	Token
Validation Rules	• Conditionally Mandatory – must be reported for Programs E (for admitted Emergency records), R (Radiotherapy) and B (Boarders) and unqualified babies. • Alphanumeric • maxLength = 20 characters
Value Source	Nil
Value Range	Nil
Guidance	A unique hospital encounter identifier that links VCDC episodes from different programs (e.g. emergency to admitted). For Emergency episodes (Episode Program = E), where the patient is subsequently admitted, this will be the admitted episode number (eKey) of the VCDC admitted episode. For unqualified babies (Episode Program = A, Care Type = U) this will be the mother's admitted VCDC episode number (eKey). For boarders (Episode Program = B) this will be the eKey of the VCDC admitted episode to which the boarder is associated (e.g. the mother's eKey). For Radiotherapy episodes (Episode Program = R) this will be the VCDC admitted episode associated with the radiotherapy treatment.

eStart – episodeStartDateTime

Attribute	Value
Definition	Date and time on which the episode is opened.
Data Type	String
Validation Rules	• Mandatory • Format *ddMMMyyyy:hh:mm* • Must be a valid date • Must be <= eEnd (episodeEndDateTime) • Must be <= pEnd (period End Date)
Value Source	Nil
Value Range	Must occur on or before 30 June of fYear (fiscalYear)
Guidance	For admitted episodes this is the admission date and time on which a patient commences an episode of care. For a statistical admission (i.e. care type change), the automatic date and time generated from the costing system should be used. For emergency episodes this is the date and time the patient was first registered by a clerical officer (arrival date/time) or triaged (doctor/nurse ED triage date/time) in the Emergency Department. For non-admitted episodes this is the date and time of the contact (VINAH data element *Contact Date/Time*).

eEnd – episodeEndDateTime

Attribute	Value
Definition	Date and time the episode is closed.
Data Type	String
Validation Rules	• Mandatory • Format *ddMMMyyyy:hh:mm* • Must be >= eStart (episodeStartDateTime) • Must be > = pStart (periodStartDateTime) • Must be <= pEnd (periodEndDate)
Value Source	Nil
Value Range	Must occur on or before 30 June of fYear (fiscalYear)
Guidance	For admitted episodes this is the separation date and time. For emergency episodes this is the date and time the patient physically leaves the Emergency Department. In the event where a patient is presented to an Emergency Department and is subsequently admitted, the episodeStartDateTime and episodeEndDateTime of the emergency and admitted episodes may overlap. For non-admitted episodes this is the date and time at which the contact ends.

program – episodeProgram

Attribute	Value
Definition	The broad area of service in which the episode occurred.
Data Type	Token
Validation Rules	• Mandatory • Alphanumeric • maxLength = 2 characters • Must be contained within the specified reference table
Value Range	Value: Description A: Admitted B: Boarder C: Community Health E: Emergency N: Non-admitted M: Mental Health (not classified under other program streams). O: Organ Procurement R: Radiotherapy
Guidance	Refer Australian Hospital Patient Costing Standards V2.0 *SCP 1.003* – Scope of Hospital Activity for NHCDC reportable values.

stream – episodeProgramStream

Attribute	Value
Definition	The episode program stream for which a non-admitted patient's episode is created.
Data Type	Token
Validation Rules	• Conditionally Mandatory – must be reported for VINAH reportable episodes • Numeric • maxLength = 4 characters • Must be contained within the specified reference table or use a default value of '9999' where an appropriate VINAH code in unable to be applied.
Value Source	Victorian Integrated Non-admitted Health Minimum Dataset (VINAH) http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/vinah7_sect3.pdf Data Element *Episode Program/Stream.* Table Identifier HL70069 with the addition of code '9999' where an appropriate VINAH code in unable to be applied.
Value Range	As per value source or use default code '9999' where an appropriate VINAH code is unable to be applied.
Guidance	Must be populated for non-admitted activity reported under VINAH.

clinic – clinicCode

Attribute	Value
Definition	Health service clinic identifier.
Data Type	String
Validation Rules	• Conditionally Mandatory - must be reported for episodeProgramStream in the range 101-611 (specialist outpatient clinics) • Alphanumeric • maxLength = 25 characters
Value Source	
Value Range	Nil
Guidance	For episodeProgramStream values in the range 101-611, this is the hospital generated VACS clinic identifier for specialist and allied health clinics as documented on health services' approved VACS Schedule. In the event where '9999' is populated for episodeProgramStream, it is strongly recommended that a clinic description meaningful to the health service be entered in this field for reconciliation purposes. In the event where it is known that costs belong to a broad non-admitted area but it is not known which specific VINAH episodeProgramStream it belongs to, the descriptions 'SACS',' HARP',' VHS',' VDPC',' HBPCCT' should be entered into this field accordingly (refer to value source).

fund - fundingSourceType

Attribute	Value
Definition	The agency/individual chargeable for the episode.
Data Type	Token
Validation Rules	• Conditionally Mandatory- must be reported for episodeProgramStream values in the range of 101-611 (specialist outpatient clinics)
Value Source	Victorian Integrated Non-admitted Health Minimum Dataset (VINAH) http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/vinah7_sect3.pdf Data Element *Contact Account Class*. Table Identifier HL70064.
Value Range	As per value source
Guidance	

mediNo – medicareNumber

Attribute	Value
Definition	A person identifier, allocated by Medicare Australia to persons eligible under the Medicare scheme that appear on a Medicare card.
Data Type	Token
Validation Rules	• Optional • Alphanumeric • maxLength = 11 characters
Value Source	METeOR ID 270101 http://meteor.aihw.gov.au/content/index.phtml/itemId/181162
Value Range	Nil
Guidance	Nil

opMode – contactDeliveryMode

Attribute	Value
Definition	The mode of provision of the service during a non-admitted contact.
Data Type	Integer
Validation Rules	• Conditionally Mandatory - must be reported for episodeProgramStream values in the range 101-611 (specialist outpatient clinics). • Numeric • Length = 1 character
Value Source	Victorian Integrated Non-admitted Health Minimum Dataset (VINAH) http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/vinah7_sect3.pdf Data Element *Contact Delivery Mode*. Table Identifier HL70406.
Value Range	As per value source
Guidance	

opType -contactSessionType

Attribute	Value
Definition	The type of session in which the contact was provided to the patient.
Data Type	Integer
Validation Rules	• Conditionally Mandatory - must be reported for episodeProgramStream values in the range 101-611 (specialist outpatient clinics). • Numeric • Length =1 character
Value Source	Victorian Integrated Non-admitted Health Minimum Dataset (VINAH) http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/vinah7_sect3.pdf Data Element *Contact Session Type*. Table Identifier 990024
Value Range	As per value source
Guidance	

sex – Gender

Attribute	Value
Definition	Sex of the patient
Data Type	Integer
Validation Rules	• Conditionally Mandatory - must be reported for episodeProgramStream values in the range 101-611 (specialist outpatient clinics) • Numeric • Length = 1
Value Source	Victorian Integrated Non-admitted Health Minimum Dataset (VINAH) http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/vinah7_sect3.pdf Data Element *Patient/Client Sex*. Table Identifier HL70001 with the addition of code '9' where the sex of a patient is unknown or cannot be provided.
Value Range	As per value source, however, if sex cannot be provided or is unknown, use '9'
Guidance	

dob – DateOfBirth

Attribute	Value
Definition	Date of birth of the patient
Data Type	String
Validation Rules	• Conditionally Mandatory - must be reported for episodeProgramStream values in the range 101-611 (specialist outpatient clinics) • Must be in the format *ddMMMyyyy* • A default value of '99ZZZ9999' must be used where dob cannot be collected.
Value Source	Nil
Value Range	Nil
Guidance	Nil

atsi – indigenousStatus

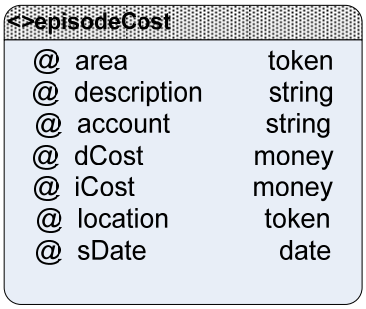
Attribute	Value
Definition	A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin
Data Type	Token
Validation Rules	• Conditionally Mandatory - must be reported for episodeProgramStream values in the range 101-611 (specialist outpatient clinics) • Alphanumeric • maxLength = 4 characters
Value Source	Victorian Integrated Non-admitted Health Minimum Dataset (VINAH) http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/vinah7_sect3.pdf Data Element *Contact Indigenous Status*. Table Identifier HL70005.
Value Range	As per value source
Guidance	

pCode – postCode

Attribute	Value
Definition	The postcode of the locality in which the person resides (not postal address)
Data Type	Token
Validation Rules	• Conditional - must be reported for episodeProgramStream values in the range 101-611 (specialist outpatient clinics) • Is validated by the regular expression ^\d{4}
Value Source	Victorian Integrated Non-admitted Health Minimum Dataset (VINAH) http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/vinah7_sect3.pdf Data element *Patient/Client Usual Residential Postcode*. Table identifier 990025
Value Range	As per value source
Guidance	Follow the link under the Data Element *Patient/Client Usual Resident Postcode* (table identifier 9900025) in the VINAH manual.

2.7 Episode Cost Entity

An episode will have a set of costs associated with it, which can be attributed as a direct cost for the care of the patient (e.g. imaging) and an indirect cost (e.g. overhead cost for payroll).



A cost entity is composed of the following properties:

ID	Property	Definition
area	dhCostArea	Cost area code identifying the final (direct) cost area from the costing system.
description	dhCostAreaDescription	Text description of cost area as specified by health service.
account	dhAccountType	Code identifying the type of account items reported.
dCost	directCost	A monetary value of the cost that can be attributed to the direct care of a patient.
iCost	indirectCost	A monetary value of the cost that cannot be directly attributed to the care of a patient, e.g. an overhead.
location	serviceLocationId	The location in which a service is ordered (i.e. for diagnostic services) or delivered (i.e. for minutes of time in theatre or a ward).
sDate	serviceDate	The date on which the service was provided.

Example:

```
<episodeCosts>
    <episodeCost
      area="A8050"
      description="Prostheses"
      account="Hotel"
      dCost="0.0000"
      iCost="0.5462"
      location="107"
      sDate="01FEB2011" />
```

area – dhCostArea

Attribute	Value
Definition	A cost area code that identifies the final cost area providing the service to the patient.
Data Type	Token
Validation Rules	• Mandatory • Must commence with an alphabetic character followed by 4 integers (e.g. A8050) • Is validated by the regular expression ^[a-zA-Z]{1}\d{4}
Value Source	Victorian Health Data Standards and Systems (HDSS) http://www.health.vic.gov.au/hdss/ *Mapping of Cost Centres to Cost Areas and Account Codes to Cost Types* tables
Value Range	As per value source
Guidance	A cost area is defined as an accounting entity within the hospital costing system where expenditure incurred in providing particular services is allocated. A cost for each service is then derived and allocated to appropriate episodes. The *Mapping of Cost Centres to Cost Areas* table provide a mapping of the costing system's cost area codes system (based on the Alpha and Numeric identifier from the Common Chart Of Accounts) to the: • Australian Hospital Patient Costing Standards' Cost Area Codes • Clinical Costing Standards of Australia's Cost Groups

Description - dhCostAreaDescription

Attribute	Value
Definition	A text description of the cost area as specified by health service.
Data Type	String
Validation Rules	• Optional • maxLength = 255 characters
Value Source	Nil
Value Range	Nil
Guidance	A description of the cost area that provides an indication of the type of services(s) provided by the cost area e.g. maternity ward, respiratory clinic, microbiology, MRI, etc.

account – dhAccountType

Attribute	Value
Definition	Account type code that identifies the type of expenditure incurred.
Data Type	Token
Validation Rules	• Mandatory • Token
Value Source	Victorian Health Data Standards and Systems (HDSS) http://www.health.vic.gov.au/hdss/ *Mapping of Cost Centres to Cost Areas and Account Codes to Cost Types* tables Item *DH Account Type*
Value Range	As per value source
Guidance	An account type is a group of general ledger expenditure account codes defined by an input type that group resources being used by a cost centre. The *Mapping of Account Codes to Cost Types* table provide a mapping of the costing system's account codes system to the: • Australian Hospital Patient Costing Standards' Line Items • Clinical Costing Standards of Australia's Account Types.

dCost – directCost

Attribute	Value
Definition	A monetary value of the direct cost of providing care and services to a patient.
Data Type	Money
Validation Rules	• Mandatory • Must be > = 0 • If the record contains no direct cost then dCost must = 0 and iCost > 0
Value Source	Nil
Value Range	Greater than or equal to zero.
Guidance	The cost of patient service provision derived from a hospital's expenditure where the cost can be directly attributed to a patient. These costs are passed directly to cost areas from the general ledger. Cost records should not be reported if direct and indirect costs are zero.

iCost –indirectCost

Attribute	Value
Definition	A monetary value of the indirect cost of providing care and services to a patient
Data Type	Money
Validation Rules	• Mandatory • Must be > = 0 • If the record contains no indirect cost then iCost must = 0 and dCost >0
Value Source	Nil
Value Range	Greater than or equal to zero.
Guidance	Hospital expenditure that cannot be directly attributed to a patient cost area from the general ledger (e.g. an overhead). It will usually involve a service provided by non-patient related areas in a health service (e.g. Finance and Human Resources). Cost records should not be reported if direct and indirect costs are zero.

location – serviceLocationId

Attribute	Value
Definition	The location in which a service is ordered, prescribed or delivered
Data Type	Token
Validation Rules	• Mandatory • Numeric • maxLength = 3
Value Range	

Level Value 1	Level Value 2	Description
100		Inpatient
	101	Ward
	102	Intensive Care Unit (ICU)
	103	Coronary Care Unit (CCU)
	104	High Dependency Unit (HDU)
	105	Neonatal Intensive Care Unit (NICU)
	106	Special Care Nursery (SCN)
	107	Operating Room (OR)
	108	Specialist Procedure Suite (SPS)
	109	Hospital In the Home (HITH)
200		Emergency Department
300		Non-Admitted
	301	Specialist Consultation Suite
	302	Other Procedure Suite
	303	Private Practice
	304	Radiotherapy Service
	305	Post Natal Domiciliary Nursing Service
	306	Other Domiciliary Nursing Service
	307	Medihotel
400		Community Health

Guidance	Level 2 values provide an additional level of detail compared to level 1 values. At a minimum, a level 1 value must be reported. Where a level 2 value is known, it can be used to replace a level 1 value. Refer Australian Hospital Patient costing Standards *V2.0 COST 5A.001* – Point of Referral.

sDate – serviceDate

Attribute	Value
Definition	Date a service is provided to a patient.
Data Type	String
Validation Rules	• Mandatory • Must be in the format *ddMMMyyyy*
Value Source	Nil
Value Range	Nil
Guidance	For admitted episodes, the service date must be provided when the location changes. For non-admitted specialist clinic consultations, the service date of ancillary services must be provided for all cost records and should be within 30 days before or after the episodeStartDateTime of the consultation.

3. File Implementation

3.1 Overview

This section specifies how to format XML files for electronic submission to the department. This section also outlines the testing and checks that health services and vendors must perform to meet VCDC reporting requirements.

3.2 File Naming Convention

The file must be named in the format: VCDC_CCCC_YYYYMMDD_nn.xml

VCDC	Data collection identifier – all filenames will begin with 'VCDC'
CCCC	Valid reportingOrganisationKey.
YYYYMMDD	The year (YYYY), month (MM) and day (DD) on which the file is submitted. The month and day portion of the date must always contain two digits. Leading zeros must be used where required. For example 1 January 2011 must be represented as 20110101.
nn	The submission sequence number. If multiple files are submitted on the same day this value will increment for each subsequent file. For example the first file will have a sequence number of 01 and the second file will have a sequence number of 02.
Xml	The file extension must be ".xml"

Example:

The first XML file that reportingOrganisationId '1010' submit on 12 February 2012 must have a filename of VCDC_1010_20120212_01.xml.

Filenames must be unique.

A filename must never be reused once the file has been successfully submitted to the department. This is true even when the file contained errors, was inaccurate, corrupt or empty.

A regular expression for checking file name validity is given by:

^VCDC_([1-9]{1})(\d{3})_([2-9]\d{3}((0[1-9]|1[012])(0[1-9]|1\d|2[0-8])|(0[13456789]|1[012])(29|30)|(0[13578]|1[02])31)|(([2-9]\d)(0[48]|[2468][048]|[13579][26])|(([2468][048]|[3579][26])00))0229)_(\d{2})[.]xml$

3.3 Message Encoding

XML message files must be encoded as 7 bit ASCII files.

3.4 XML File Structure

The XML file structure must be valid according to the schema (http://www.health.vic.gov.au/hdss/). An explanation and definition of each property is given in Section 2.

3.5 Batches and Transactions

An XML file must be atomic and isolated. Each file must contain cost data for the episodes in its entirety. Where multiple files are submitted for the one submission, the period start date and period end date of one file must not overlap with that of another file. The sequence number must also be incremented each time a file is submitted for a submission consisting of multiple files.

3. 6 Reference Data

Where possible, existing department code sets have been used for the VCDC data elements. VCDC specific code sets have been documented under the *Value Range* section of each property where required. A collation of all value code sets used for the VCDC has been created (http://www.health.vic.gov.au/hdss/).

4. File Submission

4.1 Secure File Submission

File submission is via the department's Secure Data Exchange (SDE) or an equivalent portal. The department will provide usernames and passwords for file submissions. It is recommended that health services keep a copy of any submitted files for auditing purposes. Files can be zipped, but must not be password protected.

4.2 Submission Frequency

Data should be submitted for a complete fiscal year unless otherwise agreed in writing with the department. The minimum submission is one annual file including all episodes in the fiscal period. A submission may be segmented into multiple files (Section 3.5).

4.3 Data validation

The initial validations that will be performed on a submitted file will be the file format, structure and value ranges. Where an error occurs on the file, health services and/or vendors will be notified of the error type and the episode and file to which the error is related to. Submissions containing errors must be resubmitted. The department will work with health services to resolve errors as quickly as possible.

Logic checks will be performed on a complete submission once the file format, structure and value ranges are validated to be correct.

4. 4 Resubmitting

A resubmission must include all records for the fiscal year. Resubmitted files replace previously submitted files. The filename is used to identify which file(s) need to be replaced.