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| Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) manual 2025-26Section 1 - Introduction |
| 20th edition, July 2025Version 1.0OFFICIAL |



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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

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# Foreword

The department maintains data around the provision of a range of non-admitted services in Victoria to:

* provide equitable funding to public hospitals
* support health services’ planning, policy formulation and epidemiological research.

This data must be consistent with Victoria’s reporting obligations under the 2020-25 National Health Reform Agreement (NHRA), Addendum to the National Health Reform Agreement 2020-25 and the Health Services Act 1988 (Vic). Under these agreements and Victorian legislation, the Secretary of the department must ensure the establishment of a comprehensive information system on the:

* causes, effects and nature of illness among Victorians
* determinants of good health and ill health
* utilisation of health services in Victoria.

To meet these obligations, all public hospitals providing non-admitted services in scope for the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) must report a minimum data set of patient-level data related to their activities. At the department, this demographic, administrative and clinical data are compiled into the VINAH MDS. Victorian hospitals submit data to the VINAH MDS as specified in Section 5 of this manual.

This manual together with subsequent HDSS bulletins forms the data submission specifications for 2024-25.

This manual is available on the HDSS website [Victorian Integrated Non-Admitted Health (VINAH) minimum data set](https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset>.

# VINAH MDS manual contents summary

The VINAH MDS manual is divided into ten sections. A detailed contents list is provided at the beginning of each section. A broad overview of each section is provided below.

**Section 1 Introduction**

Uses of the VINAH MDS, the submission data cycle, together with contact details, useful references and publications.

**Section 2 Concepts and derived items**

Definitions of concepts and derived items that contribute to the VINAH MDS.

**Section 3 Data definitions**

Presents the specifications of data items relating to individual non-admitted patient episodes of care. The data items are arranged in alphabetical order.

**Note:** This manual describes the data as it should be transmitted to the VINAH MDS. This may be important for third-party software users whose software interfaces with the VINAH MDS. The hospital’s system does not need to exactly replicate the VINAH MDS in all respects but must be capable of formatting the data as specified for meaning and format for transmission to the VINAH MDS.

**Section 4 Business rules**

Business rules that apply for reporting the VINAH MDS. Tabular business rules provide a quick reference to validations relating to multiple data items.

**Section 5 Compilation and submission**

Specifications for compiling a VINAH MDS transmission, including interfacing technical specifications, and the submission process. Incorporates subsections:

5a – Transmission and compliance.

5b – Transaction implementation guide.

5c – HL7 reference and implementation guide.

5d – HealthCollect portal manual submission process.

5e – Submission purge procedure.

**Section 7 Validation reports**

Description of the control reports returned to the sending user, including their contents, layout and use.

**Section 8 Validations**

Listing, in numerical order, of all the VINAH MDS validation messages with resolution for each.

**Section 9 Code list**

Contains a tabular list of all code sets, some of which are considered unwieldy for inclusion in the data definitions (Section 3). These lists are available only in electronic format on the HDSS website [Victorian Integrated Non-Admitted Health (VINAH) minimum data set](https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset>.

**Section 10 Testing**

The process of testing the submission of VINAH MDS data and issues to consider when changing software.

# Contacts

## VINAH MDS enquiries

For advice and assistance with enquiries regarding reported data items, receipt of data files for processing, data submission technicalities, location of output reports, late submission of VINAH MDS, or the content of this manual, email HDSS helpdesk <hdss.helpdesk@health.vic.gov.au> or visit the HDSS webpage at [Health data standards and systems](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>.

# Overview

## The VINAH MDS model

The VINAH MDS consists of various linked data structures which reflect various aspects of service delivery within a healthcare setting. This information is structured in a consistent manner and periodically submitted to the department. This information flows over time between the healthcare organisation and the department in a manner that makes data quality an integral part of the data lifecycle.

## High level logical structure

The VINAH MDS model consists of an episode of care around which referral and contact information is collected. The following diagram summarises the conceptual relationships.



## High level narrative

A healthcare organisation receives a patient referral to their service. The patient is registered in the health service’s patient administration system (PAS) and if the organisation accepts the referral, an episode of care begins. During the course of the episode, the organisation has various contacts with the patient during which services are delivered. At the end of the episode, the patient may be referred to another service. The generic process diagrams in Section 2 of this manual provides further diagrammatic information on the referral process.

# Data reporting cycle

## Data capture and information flow

### At the health service

The flow of information to the VINAH MDS begins at the health service when the patient is referred, and the patient registration information is entered into the health service’s PAS.

Currently each Victorian public health service selects its own PAS from commercial software suppliers. The health service is responsible for mapping or deriving (where necessary) the fields and codes used in their system to the fields and codes defined in the VINAH MDS.

The data should be checked and corrected by the health service before submission (usually a health service’s PAS has the ability to produce reports to facilitate this process).

All health services must upload the data in the specified format (HL7) to the HealthCollect portal (see Section 5).

A submission is received when an HL7 extract is uploaded to the Secure Data Exchange on the HealthCollect portal. At this point, an automated validation of data takes place. Upon completion of processing, the health service will receive either two or three files comprised of:

* txt file acknowledgement receipt
* xml file error report
* html file error report

Refer to section 5b of this manual for information around acceptance and/or rejection of data submitted or resubmitted.

A health service can update or delete information already held in the VINAH MDS database by generating and submitting a new HL7 message with an ‘update’ or ‘delete’ message of the relevant record. This new information, once accepted, overwrites the existing information held in the VINAH MDS database, noting that there may be a delay between when data is updated in the PAS and when data is submitted or resubmitted.

### At the department

There is no manual data entry of patient-level data by the department.

The department has made available a suite of data quality reports that health services can access through the HealthCollect portal, including:

* VINAH MDS reconciliation reports
* specialist clinics activity and wait time reports
* NWAU extracts and reports.

These are provided to health services, where appropriate, so that health services can undertake quality measures to ensure complete and accurate reporting of data.

To assist health services in meeting their obligations, the department provides documents such as the VINAH MDS manual and HDSS bulletins. The HDSS helpdesk also provides support to data providers and users.

## ****Data users****

Data users include various department units and regions, the Commonwealth, and others. As well as accessing VINAH MDS reports, users can also query the quality of the data. The department may then conduct activities to evaluate data quality, such as contacting health services for feedback, and/or may create new or update existing validations.

# Data submission timelines

## Reporting notes

**Submission date**

Health services are encouraged to submit data as often as desired, ensuring all client, referral, episode and contact details for the month are reported no later than 5pm on the tenth day of the following month.

**Clean date**

All errors are to be cleared by the fourteenth day of the following month, or the preceding working day if the fourteenth falls on a weekend or public holiday.

**End of financial year consolidation**

All errors for 2025-26 must be corrected and submitted before consolidation of the VINAH MDS database on the date advised in the Victorian Policy and funding guidelines.

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| --- | --- |
| Data requirement | Due date |
| Submission date for client, referral, episode and contact details for the month | Must be submitted before 5.00pm on the 10th day of the following month |
| Clean date for client, referral, episode and contact details for the month | Must be submitted before the file consolidation at 5.00pm on the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday |
| Corrections to data for 2025-26 | Must be corrected and submitted before final consolidation of the 2025-26 VINAH MDS database at 5.00pm on the date advised in the Policy and funding guidelines |

Health services may incur financial penalties for data submitted after the due date. Details of submission deadlines and applicable penalties are published in the Policy and funding guidelines.

If a hospital cannot meet the due dates a ‘Late Data Request Exemption Form’ (available on the HealthCollect portal) must be completed. More information on the compliance schedule and late data submissions are outlined in section 5 of this manual.

## VINAH MDS consolidation

Hospitals are expected to have finalised and submitted complete data for that financial year’s activity by the final consolidation date published in the [Policy and funding guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Once the consolidated record has been locked, the file is not amended or updated, thus maintaining the integrity of reports and datasets released for analysis.

Validations: E022 A new referral in (insert message) must be submitted before the consolidation date of the financial year in which the Referral In Received Date falls.

E022 An episode update for a closed episode must be submitted before the consolidation date of the financial year in which the Episode End Date falls.

E022 A contact related to a closed episode must be submitted before the consolidation date of the financial year in which the Episode End Date falls.

E022 A referral out related to a closed episode must be submitted before the consolidation date of the financial year in which the Episode End Date falls.

## VINAH MDS update cycle

Each year, the department calls for submissions for revisions to the VINAH MDS to take effect from the following 1 July. Revisions may be necessary to provide data for a change in funding mechanism, to monitor a new policy, to follow changes to the National Health Data Dictionary, or to meet national reporting obligations. Opportunities are taken wherever possible to simplify and streamline the dataset. At all times, the department attempts to keep changes to a minimum.

The proposals are outlined in a proposals document, which is circulated to hospitals, software suppliers and other stakeholders for feedback. All parties have the opportunity to submit comments and questions on the proposals. A specification for revisions document is prepared providing full details of the changes.

Health services are required to arrange with their software suppliers to revise their existing software so that it will be ready to use from 1 July. Health services may also need to revise patient record forms, internal processes and train staff in any hospital systems/software changes.

Each 1 July may also see the introduction of other revisions, such as:

* revisions to the code sets
* new data elements
* updated reference files, such as postcodes and localities.

# Data quality statement

This is a summary of what the department does to ensure consistent capturing and reporting of data quality across data sets and over time.

## **Accuracy**

The department publishes the VINAH MDS manual on the HDSS website to provide clarity on reporting requirements for health services and information for data users. There are lists of valid codes in the manual and reference files on the HDSS website.

Data submitted by health services is subject to a validation process, which checks for valid values and compliance with the VINAH MDS business rules.

The department performs monthly data quality checks for:

* valid value combination/s
* logical consistence.

Where anomalies are detected, health services are required to correct the data and resubmit to the department, noting that there may be a delay between when data is updated in hospital systems and when data is resubmitted.

## **Validity**

The VINAH MDS validation process provides reports for health services to verify data submitted and produces rejection validation messages for records containing invalid or inappropriate data so that health services can make appropriate corrections and resubmissions. Refer to section 5b of this manual for more information on batches, and record acceptance or rejections within a batch.

## **Completeness**

Health services are responsible for ensuring complete data is reported within the specified timelines. It is expected that health services reconcile data accepted into the VINAH MDS database with data held within their hospital system/s, noting that there may be a delay between when data is added/updated in the software and when data is submitted or resubmitted to the department.

The department monitors completeness through regular analyses of the VINAH MDS including sending out compliance emails to health services when a reporting deadline is missed, or records are outstanding.

## **Coherence**

Each year the department reviews the VINAH MDS to ensure the data collection:

* supports the department’s state and national reporting obligations
* assists planning and policy development
* reflects changes in hospital funding and service provision arrangements for the coming financial year
* incorporates appropriate feedback from data providers across collections
* definitions for common data items are consistent across data collections.

## **Interpretability**

The VINAH MDS manual provides definitions of concepts, data items, reporting guides and business rules relating to more than one data element.

Changes to the data collection during the year are published in HDSS bulletins.

The department provides data reporting advice and data reporting support to health services via the HDSS help desk.

## **Timeliness**

The VINAH MDS data is reckoned on a monthly basis.

Health services must make at least one submission following the reference month, ensuring all client, referral, episode and contact details for the month, are reported by the tenth day of the following month. However, to help meet reporting deadlines health services are encouraged to transmit data as often as desired and can submit multiple files throughout the reference month.

Data for the financial year must be completed by the consolidation date as advised in the Policy and funding guidelines.

## **Accessibility**

The department makes available a suite of reports that enables health services to verify that data submitted has been received and to facilitate addition or amendment of missing or incorrect information.

# Data extracts

## Manipulation of data extracts

The department does not approve manipulation of data extracts (for example using Microsoft Excel, Notepad, or any other data manipulation tool) leading to changes in data values before the data is processed via the HealthCollect portal.

It is expected that health services' contractual arrangements with software vendors, require vendors to provide software that allows health services to meet their statutory reporting requirements. When negotiating contracts with software vendors, health services are strongly advised to consider the impact of data quality and timeliness penalties that can apply, when the vendor fails to deliver software that meets the statutory reporting requirements.

The software provided must deliver an extract in the format documented in this manual. Software vendors and health services should work together to ensure that when ‘validations’ are triggered in a submission, the health service’s relevant operational database can correct the data, thus eliminating the need for secondary data manipulation.

Any ‘corrections’ made to the extract but not reflected in the health service’s operational database, may cause inconsistencies between data held by the department and data held by the health service, which will impact on data quality. An audit requirement exists that data received by the department is an accurate reflection of the health service’s medico-legal system of record.

### Responsibilities: health service

When faulty or inadequate reporting software prevents the health service meeting its reporting obligations, the health service should notify its software vendor immediately so the problem can be addressed as a high priority issue. The health service should also immediately notify the HDSS help desk in writing and describe:

* the exact problem, including the affected data fields
* the plan between the health service and software vendor, and the anticipated timeframe, for the resolution of the situation

If the problem is not resolved by the agreed timeframe, the health service must again contact the department and inform of progress.

The department monitors and records such incidences. Penalties due to lack of data quality or timeliness can apply if the health service does not comply with these provisions.

# History and development of the VINAH MDS

The department seeks to minimise the annual changes to the VINAH MDS whilst ensuring that the collection maintains its integrity and continues to provide value.

**2005-06 – VINAH v1**

The collection was first specified in 2005-06 with a scope limited to the Subacute Ambulatory Care Services program. The first implementation of a validation engine by the department commenced in January 2006.

**2006-07 – VINAH v2**

The scope of the data collection increases to include Hospital Admission Risk Program and Post Acute Care programs.

**2007-08 – VINAH v3**

The concepts of episode and case are revised, and contact-level reporting is introduced. This framework has remained largely unchanged to date. The Outpatients program is introduced to support a limited trial, and the Palliative Care program is also introduced.

**2008-09 – VINAH v4**

Specifications largely remain unchanged.

**2009-10 – VINAH v5**

A raft of additional programs are supported including Victorian Respiratory Support Service, Victorian HIV Service, Medi-Hotel and Family Choice Program.

**2010-11 – VINAH v6**

The addition of several new data elements to support the introduction of the Transition Care Program among other changes. The expansion of several sections of the manual to provide more guidance for vendors around implementation. Introduction of Hospital Based Palliative Care Consultancy Team and Residential In-Reach programs.

**2011-12 – VINAH v7**

The introduction of Specialist Clinics (Outpatients) program is required to report from 1 July 2011.

**2012-13 – VINAH v8**

The introduction of two new data elements for all programs, and two new data elements for the Specialist Clinics (Outpatients) program. Value domain and reporting guide modifications to fifteen data elements. Introduction of new validations, deletion of several validations and introduction of new business rules.

**2013-14 – VINAH v9**

Value domain and reporting guide modifications to seven data elements. Introduction of new validations.

**2014-15 – VINAH v10**

Value domain and reporting guide modifications to five data elements. Modification to seven business rules.

**2015-16 – VINAH v11**

The introduction of a new data element for the Specialist Clinics (Outpatients) program and several changes to code sets.

**2016-17 – VINAH v12**

The introduction of new data elements for Contact Medicare Suffix and Episode Advance Care Plan Alert. Removal of data elements Episode Assessment - FIM Score - Date/Time, Episode Assessment Score - FIM Score, Episode Advance Care Plan Documented Date and 16 data elements for the Transition Care Program. Several changes to existing code sets and validations.

**2017-18 – VINAH v13**

The introduction of two new data elements – Episode Special Purpose Flag and Referral End Reason. Several changes to code sets and business rules. New validations to support VINAH MDS consolidation.

**2018-19 – VINAH v14**

The introduction of two new programs; Home Enteral Nutrition and Total Parenteral Nutrition. Three new streams for Family Choice Program and one new stream for Subacute Ambulatory Care Services. Several changes to code sets and reporting guides.

**2019-20 – VINAH v15**

The introduction of four new data elements; Contact End Date/Time, Contact Campus Code, Episode Patient/Client Ready for Care Date and Referral in Outcome Date. One new stream Palliative Care Day Hospice for the Palliative Care program is introduced. Several changes to code sets, validations, and reporting guides. New validation to enforce use of current VINAH MDS version. Data elements Episode Assessment Barthel Index – Date/Time and Referral Out Place no longer reported.

**2020-21 – VINAH v15**

Amendment to the existing referral concept process and continuation of 2019-20 optional items. Added Episode Health Condition code 3000 COVID-19 Status.

**2021-22 – VINAH v16**

The introduction of new data elements; Referral End Date, Referral In Reason, Referral In First Triage Score and screening contacts. New program for Home Based Dialysis and Victorian Artificial Limb Program. Modifications to twelve data elements. Introduction of new edits and validations and disabling edit E375.

**2022-23 – VINAH v17**

Introduction of new Specialist Clinics (Outpatients) streams for Gender services and Genetics clinics, and new and renamed streams for the Complex Care program (formerly the Family Choice Program). New Contact Purposes for conservative management, a new Contact Delivery Mode for secure messaging and minor modifications to Episode Health Condition.

Confirmation of reporting requirements for home based services and updated Brokerage concept definition specifically relating to the Specialist Clinics (Outpatients) program.

**2023-24 – VINAH v18**

Introduction of new data elements Episode Patient/Client NDIS Participant Identifier and Patient/Client Gender. Revision of program/streams for the Victorian HIV and Sexual Health Services program (formerly Victorian HIV Services) and Palliative Care Consultancy (formerly Hospital Based Palliative Care Consultancy Team).

Updates to reporting of data elements Contact Delivery Setting, Contact Professional Group, Episode Health Condition and Referral In Clinical Urgency Category.

Addition of generic process diagrams for Community palliative care.

**2024-25 – VINAH v19**

Introduction of the Early Parenting Centres and Infusion Therapy programs and amendments to the Victorian Respiratory Support Service streams.

Introduction of new data element Episode Indigenous Status. Updates to data elements Contact Account Class, Contact Client Present Status, Contact Medicare Benefits Schedule Item Number and Patient/Client Sex at Birth (formerly Patient/Client Sex). Patient/Client Gender becomes mandatory.

Removal of the concept for Brokerage which is incorporated into the new Contracted Care concept.

**2025-26 – VINAH v20**

Updates to reporting of data elements Contact Purpose, Message Visit Indicator Code, Referral In Service Type, Referral Out Service type.

# Abbreviations

ABF Activity Based Funding

ABS Australian Bureau of Statistics

ACAS Aged Care Assessment Service

AHCA Australian Health Care Agreement

AIHW Australian Institute of Health and Welfare

AIMS Agency Information Management System

ASCII American Standard Code for Information Interchange

ATSI Aboriginal and Torres Strait Islander

AUSDHSV Department of Human Services Victoria

CCU Continuing Care Unit

Department Department of Health Victoria

DH Department of Health Victoria

DVA Department of Veterans' Affairs

DSU Data Services Unit

EPC Early Parenting Centres

FCP Complex Care (FCP)

HARP Hospital Admission Risk Program

HBD Home Based Dialysis

HBPCCT Palliative Care Consultancy

HDSS Health Data Standards and Systems

HEN Home Enteral Nutrition

HIP Health Independence Program

HITH Hospital in the Home

HL7 Health Level 7

ISO International Organisation for Standardisation

IT Infusion Therapy

MediHotel Medi-Hotel

NHDD National Health Data Dictionary

NHIA National Health Information Agreement

NMDS National Minimum Data Set

NWAU National Weighted Activity Unit

OP Specialist Clinics (Outpatients)

PAC Post Acute Care

PAS Patient Administration System

PC Palliative Care

RIR Residential In-Reach

SACS Subacute Ambulatory Care Services

SDE Secure Data Exchange

TAC Transport Accident Commission

TCP Transition Care Program

TPN Total Parenteral Nutrition

VALP Victorian Artificial Limb Program

VHS Victorian HIV and Sexual Health Services

VINAH MDS Victorian Integrated Non-Admitted Health Minimum Data Set

VRSS Victorian Respiratory Support Service

# Publications and useful links

## Classification of non-admitted care

Information about the classification of non-admitted care and the Tier 2 classification system is available at [Classification Non-Admitted Care](https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification) <https://www.ihacpa.gov.au/health-care/classification/non-admitted-care>.

## ****HDSS bulletin****

Published by the department, this bulletin provides advice on several data collections including the VINAH MDS. It is available at [HDSS Communications](https://www.health.vic.gov.au/data-reporting/communications) <https://www.health.vic.gov.au/data-reporting/communications>.

To subscribe, use the online form on the HDSS website.

## ****HealthCollect portal****

Submit VINAH MDS HL7 files, Late Data Exemption Request forms and view VINAH MDS reports on the [HealthCollect portal](https://www.healthcollect.vic.gov.au/) <https://www.healthcollect.vic.gov.au>.

## ****HealthCollect portal user request form****

Request new access, update existing access to the HealthCollect portal by completing the [HealthCollect portal user request form](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u) <https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u>.

## ****Health Records Act****

Information on privacy and confidentiality, access and regulations on disposal and retention of health records is available at [Health Records Act](https://www.health.vic.gov.au/about/legislation/health-records-act) <https://www.health.vic.gov.au/legislation/health-records-act>.

## ****Managing referrals to non-admitted specialist services in Victorian public health services****

Information on managing referrals to non-admitted specialist services in Victorian public health services is available at [Managing referrals to non-admitted specialist services in Victorian public health services](https://www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health)  <https://www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health>. This policy outlines the department's expectations regarding access to non-admitted specialist services.

## ****Medicare Australia****

Information about Medicare is available at [Medicare - Services Australia](https://www.servicesaustralia.gov.au/medicare) <https://www.servicesaustralia.gov.au/medicare>.

## ****National funding****

Information about national funding is available at [National Funding Model](https://www.health.vic.gov.au/data-reporting/national-funding-model-implementation-resources) <https://www.health.vic.gov.au/data-reporting/national-funding-model-implementation-resources>.

## ****Reference files****

Reference files of code sets, including postcodes and localities are available at [HDSS reference files](https://www.health.vic.gov.au/data-reporting/reference-files) <https://www.health.vic.gov.au/data-reporting/reference-files>. Updates to these reference files are notified in the HDSS Bulletin.

## ****Specialist clinics program****

Information relating to the specialist clinics program and non-admitted care is available at [Specialist clinics programs](https://www.health.vic.gov.au/patient-care/specialist-clinics-programs) <https://www.health.vic.gov.au/patient-care/specialist-clinics-programs> and [Non-admitted care](https://www.health.vic.gov.au/funding-performance-accountability/non-admitted) <https://www.health.vic.gov.au/funding-performance-accountability/non-admitted>.

## ****Victorian health policy and funding guidelines****

The department’s Policy and funding guidelines is published and available at [Policy and funding guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

## ****Victorian hospital and health services****

Information relating to Victoria’s hospital system including contact details for hospitals is available at [hospitals and health services](https://dhhsvicgovau.sharepoint.com/sites/DataCollections-GRP/Shared%20Documents/Manuals/Draft/VINAH/2024-25/hospitals%20and%20health%20services) <https://www.health.vic.gov.au/hospitals-health-services>.