Weighted Ambulatory Service Event model – Technical specifications

Department of Health and Human Services

Contents

VICTORIA State Government | Health and Human Services

Key Terms

Key term	Definition
Adjusted contact purpose	The department adjusts the contact purpose reported by health services from 'New' to 'Review' where there is more than one 'New' contact for the same program/stream within an episode.
Agency Information Management System (AIMS)	The Agency Information Management System is an on-line entry system and reporting facility primarily used by the Department of Health and Human Services to collect summary level statistical and financial information from Victorian hospitals.
Cost weight	A cost weight is a weight for an activity unit calculated using cost data.
Independent Hospital Pricing Authority (IHPA)	The Independent Hospital Pricing Authority is an independent government agency established under Commonwealth legislation and is charged with determining the National Efficient Price and National Efficient Cost for public hospital services, allowing for the national introduction of Activity Based Funding.
MBS-billed service event	Refers to activity reported to the AIMS S10 form as 'MBS Service events' or to VINAH as Account Class of 'QM – Private clinic: MBS funded'. Does not include clinics operated by medical practitioners or other healthcare providers on a completely private basis where the medical record is not held by the health service.
Multiple Health Care Provider (MHCP) service event	Refers to a non-admitted patient service event in which three or more health care providers deliver care either individually or jointly. The health care providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event.
'New'	The department defines a 'New' service event as a clinician seeing a new patient for initial assessment or treatment. A patient should have only one 'new' contact per episode per program/stream.
Non-Admitted Classification Management System	The Non-Admitted Classification Management System is used by health services to register and classify acute non-admitted clinics for activity-based funding purposes.

'Review'	The department defines a 'Review' service event as a clinician seeing a patient for the purpose of review, following a previous non-admitted service event, or post discharge as an admitted patient
Service event	A non-admitted patient service event is defined as an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic or clinical content and result in a dated entry in the patient's medical record.
Tier 2	The Tier 2 Non-admitted Service Classification is the national non-admitted classification system.
Victorian Cost Data Collection (VCDC)	The Victorian Cost Data Collection is a dataset reflecting costs and mix of resources used to deliver patient care. Patient level cost information is collected by the Department of Health and Human Services via an annual submission.
Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)	The Victorian Integrated Non-Admitted Health Minimum Dataset is the Department of Health and Human Services' non-admitted hospital patient level dataset.
Victorian Integrated Non-Admitted Health (VINAH) reporting health service	This refers to any health service required to submit data to the department via the VINAH Minimum Dataset for the specialist clinics (OP) program. Please refer to Appendix D for a list of VINAH reporting health services and reportable programs.
Weighted Ambulatory Service Event (WASE)	A Weighted Ambulatory Service Event is a weighted measure of acute non-admitted activity. Activity is weighted according to cost weights and a health service's review proportions.

Introduction

The purpose of this document is to describe the technical specifications of the Weighted Ambulatory Service Event (WASE) funding model. The Weighted Ambulatory Service Event (WASE) funding model was introduced in 2017-18, to replace block grant funding for acute specialist clinics in Victoria. It is an activity-based funding model that:

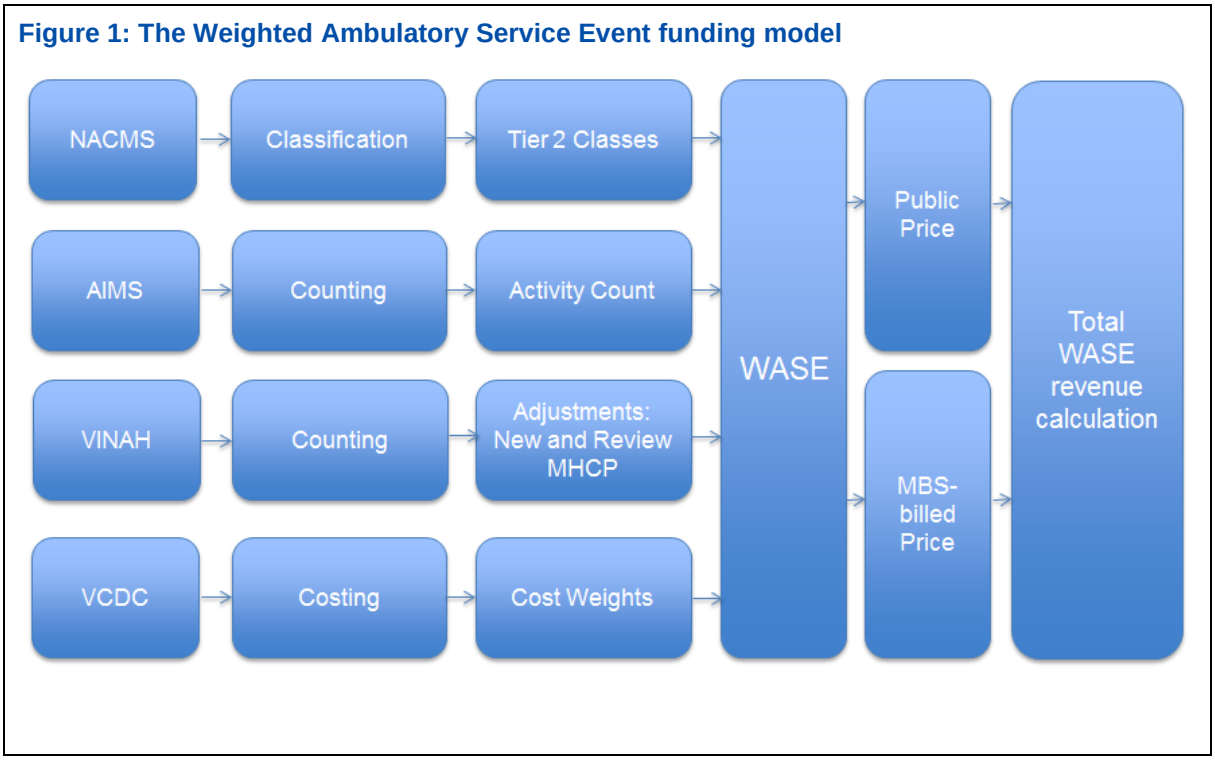
- aligns the funding for Victorian specialist clinics with national funding models
- drives technical and allocative efficiency
- provides funding accountability and transparency for specialist clinics services; and
- encourages improved specialist clinics data reporting

The WASE model is underpinned by concepts such as service events, the Tier 2 classification system, public and MBS-billed activity, new and review activity and single and multiple healthcare provider activity.

As shown in Figure 1, the WASE model uses data from various systems to calculate WASE funding:

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

Figure 1: The Weighted Ambulatory Service Event funding model



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

Classification

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

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

For further information about the Tier 2 classification system and its use within Victorian systems, please refer to the *Weighted Ambulatory Service Events Definitions Manual (Victoria).*

Counting

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

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

The WASE model funds health services according to the aggregate number of service events reported to the AIMS S10: Acute Non-Admitted Clinic Activity form. Both group and individual service events reported to AIMS are included. Health services can access reports through the HealthCollect portal to see their AIMS reported service events.

VINAH will only be used to calculate review proportions and multiple healthcare provider service event proportions.

For further information on counting rules please refer to the *Weighted Ambulatory Service Events Definitions Manual (Victoria)*.

Public and MBS-billed patients

In 2018-19, public and MBS-billed activity is included in the WASE funding model.

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

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

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

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

Exclusions

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

Deriving service events from the VINAH dataset

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

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

Service events are not reported directly to VINAH. Contacts are reported to VINAH and these have different counting rules. The department derives service events based on the parameters outlined in the following paragraphs.

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

A contact must meet all the following criteria:

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

VINAH consists of various linked data structures which reflect aspects of service delivery within a health care setting. This information is structured in a consistent manner and periodically submitted to the department. The submission process builds in validation and reporting to make data quality an integral part of the data lifecycle.

The WASE model uses the VINAH dataset to calculate review proportions and multiple healthcare provider service event proportions for each proportion group for each health service. Twenty-eight health services currently report specialist clinic data to VINAH. VINAH data is also used to calculate the statewide review proportions to apply to those services that do not report VINAH data.

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

For all activity in-scope of WASE funding, the derivation of service events is the same. See Box 1 for inclusion criteria. Box 1: VINAH contact inclusion criteria for the derivation of service events

For contacts to be included in Service Events, they must comply with all the following criteria:

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

Where a patient has multiple contacts in the same clinic on the same date, these contacts may be rolled up to be one service event. Box 2 illustrates the detailed criteria for deriving service events from contacts.

Box 2: Derivation of service events from VINAH contacts

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

- Patient Identifier
- Organisation Identifier
- Episode Campus Code
- Episode Identifier
- Episode Program/Stream
- Contact Account Class (See Box 2.1)
- Contact Clinic Identifier
- Contact Date
- Contact Delivery Mode

Box 2.1: Mapping VINAH code values to national values

In Victoria, multiple permissible values for a VINAH data element may be required to be mapped to a single national value (specified in the Activity Based Funding: Non-admitted patient care Data Set Specification). When deriving service events, if contacts occurring on the same date are reported with different values for certain data elements (such as Contact Delivery Mode), those contacts will usually not be incorporated into one service event.

For example, two contacts occur on the same date, one is reported as a 'face-to-face' contact and the other is delivered via telephone. This would be considered as two service events. However, some code values are sufficiently similar to be 'rolled up' and be considered as one code. For example, two contacts occur on the same date, one is reported with Contact Account Class 'PO-Private patient: Other payer', the other is reported with 'XX-Other non-compensable'. These would be considered as one service event because the two codes indicate the patient is private.

Table 2.1.1 to Table 2.1.3 show the mapping of VINAH code values to national values for Contact Account Class, Contact Indigenous Status and Contact Session Type.

Table 2.1.1 Contact Account Class

National permissible value	VINAH code	VINAH permissible value
01 Health service budget – not covered elsewhere	MP	Public eligible
	JP	Prisoner

02 Health service budget – reciprocal health care agreement	MA	Reciprocal health care arrangement
03 Health service budget – no charge raised	ME	Ineligible-hospital exempt
	MF	Ineligible-asylum seeker
04 Department of Veterans' Affairs	VX	Department of Veterans 'Affairs
05 Department of Defence	AS	Armed Services
07 Medicare Benefits Scheme	QM	Private clinic: MBS funded
09 Private health insurance	PI	Private patient insured
10 Worker's compensation	WC	WorkSafe Victoria
11 Motor vehicle third party	TA	Transport Accident Commission
12 Other compensation (public liability, common law, medical negligence)	SS	Seamen
	OO	Other compensable
	CL	Common Law Recoveries
13 Self-funded	PS	Private patient: self-funded
88 Other funding source	PO	Private patient: Other payer
	XX	Other non-compensable

Table 2.1.2: Contact Indigenous Status

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

Table 2.1.3: Contact Session Type

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

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

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Cost Weights

Each Tier 2 class included in the WASE funding model is allocated a cost weight. The cost weights have been calculated using the 2016-17 Victorian Cost Data Collection.

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

All public cost data reported for acute non-admitted activity was considered in scope for the development of cost weights except costs:

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

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

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

For 2018-19, Tier 2 classes are grouped into proportion groups for the purposes of developing the final cost weight and this may change year on year. This is to provide funding stability while the cost data collection matures.

A base cost weight is derived by dividing the average cost for each proportion group by the average cost across all service events. Base cost weights are then rebased using 2017-18 cost weights. In 2018-19 there are thirteen different cost weights. In future years, as Victoria's non-admitted cost data matures, the department will consider increasing the number of different cost weights to improve the funding allocation of the model.

WASE Variables

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

Table 1: Definition of WASE variables

Variable	Description
Proportion Group 1	Refers to Tier 2 classes 20.03, 20.04, 20.05, 20.09, 20.13, 20.28, 20.35, 20.37, 20.41, 20.42, 20.44, 20.45, 20.47, 20.52
Proportion Group 2	Refers to Tier 2 classes 20.10, 20.11, 20.14, 20.15,20.19, 20.20, 20.21, 20.22, 20.25, 20.30, 20.31, 20.33, 20.34, 20.48, 20.51, 20.55
Proportion Group 3	Refers to Tier 2 classes 20.01, 20.02, 20.16, 20.23, 20.24, 20.26, 20.32, 20.39
Proportion Group 4	Refers to Tier 2 classes 20.17
Proportion Group 5	Refers to Tier 2 classes 20.46
Proportion Group 6	Refers to Tier 2 classes 20.07, 20.12, 20.18, 20.27, 20.29, 20.36, 20.38
Proportion Group 7	Refers to Tier 2 classes 40.07, 40.10, 40.22, 40.30, 40.31, 40.32, 40.38, 40.39, 40.40, 40.43, 40.49, 40.52, 40.55
Proportion Group 8	Refers to Tier 2 classes 40.13, 40.41, 40.26, 40.42, 40.44, 40.45, 40.46, 40.47, 40.48, 40.50, 40.51, 40.53, 40.54
Proportion Group 9	Refers to Tier 2 classes 40.04, 40.11, 40.12, 40.14, 40.17, 40.18, 40.24, 40.29
Proportion Group 10	Refers to Tier 2 classes 40.03, 40.05, 40.06, 40.09, 40.15, 40.16, 40.21, 40.23, 40.25, 40.60, 40.61
Proportion Group 11	Refers to Tier 2 classes 10.01, 10.02, 10.03, 10.04, 10.05, 10.06, 10.07, 10.08, 10.09, 10.13, 10.14
Proportion Group 12	Refers to Tier 2 classes 10.11
71-Follow up/ Monitoring/ Evaluation/Review	The data for this field is sourced from the Victorian Integrated Non-Admitted Health (VINAH) minimum dataset. This code is reported if the appointment has the primary purpose of reviewing the patient following a previous outpatient appointment or treatment as an inpatient or day surgery patient. It includes: • Post-operative review • Routine review of chronic condition • Monitoring results of interventions • Evaluation of action plans • Re-assessing client needs are being met
72-New patient consultation	The data for this field is sourced from the Victorian Integrated Non-Admitted Health (VINAH) minimum dataset. This code is reported if the appointment is the clinician seeing a new patient for initial assessment or treatment.

Variable	Description
Contact Professional Group	The data for this field is sourced from the Victorian Integrated Non-Admitted Health (VINAH) minimum dataset. This code is reported for each professional group or profession(s) providing services for a contact.

WASE Adjustments

There are two adjustments in the WASE model:

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

Review proportion

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

The review proportion will be calculated using VINAH data. In 2018-19, health services will report New Public Service Events and Review Public Service Events in the AIMS S10 form to identify variance with the VINAH dataset.

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

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

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

For non-VINAH reporting health services, the following statewide review proportions (Table 2) will be applied to total service events instead of a health-specific factor. Please refer to Appendix D for a list of health services that are required to report to the department via the VINAH Minimum Dataset.

Table 2: WASE2 Review discount factor for non-VINAH reporting services 2018-19

New review proportion class	Statewide
Exclusion	100 per cent
No review adjustment	Zero per cent
Proportion group 1	85 per cent
Proportion group 2	78 per cent
Proportion group 3	64 per cent
Proportion group 4	82 per cent
Proportion group 5	71 per cent
Proportion group 6	71 per cent
Proportion group 7	73 per cent
Proportion group 8	84 per cent
Proportion group 9	74 per cent
Proportion group 10	76 per cent
Proportion group 11	73 per cent
Proportion group 12	100 per cent

'New' and 'Review'

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

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

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

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

Reporting ‘New’ and ‘Review’

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

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

Box 3 has some examples of new and review service events. These examples demonstrate possible patient pathways. While these pathways outline possibilities of whether a service event is counted as ‘new’, the service event must still meet the definition outlined above.

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

Box 3: Examples of how to report contact purpose for service events

- Example 1: Patient attends multiple clinics for the one condition

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

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

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

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

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

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

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

- Example 5: Patient attends a clinic and sees multiple specialists

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

- Example 6: Post inpatient/day surgery admission

Inpatient or day surgery admission →clinic contact (Review)

Adjusted contact purpose

The adjusted contact purpose is the field by which the department identifies new service events that have been adjusted to review service events where the reporting is inconsistent with the rules outlined above. In 2018-19, the adjusted contact purpose will be used to calculate the proportion of review service events. This is the same field that is used in the Specialist Clinics Activity and Wait Time Report and is derived from the data submitted in VINAH.

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

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

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

The count of 'new' contacts, and subsequently 'new' service events, are those that have an 'Adjusted Contact Purpose' of 'new' (see Box 4).

In the event of multiple 'new' contacts within a derived contact program/stream only the first contact in the episode where the patient attends, is counted as a new contact (see Box 4). Subsequent 'new' contacts in the same program/stream are adjusted to 'review'.

The count of 'review' contacts includes contacts that meet the requirements to be in scope and have a Contact Purpose code = '71 – Follow up/ Monitoring/ Evaluation/Review' or have been reclassified from '72 – New patient consultation' as a result of the 'New' Contact adjustments (see Box 4).

Box 4: 'New' Contact Adjustments

- Rule 1: If the program/stream has more than one contact in the same episode with a Contact Purpose = '72 – New patient consultation', only the contact occurring first in the program/stream is counted as a 'new' contact and subsequent contacts are counted as 'reviews'.
- Rule 2: If there is a contact in the program/stream with a Contact Purpose = '72 – New patient consultation' but there is a preceding contact with Contact Purpose code = '71' then all the contacts within the program/stream are counted as 'review'.

'New' and 'Review' service events

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

Multiple healthcare provider service events

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

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

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

A loading of 55 per cent based on the percentage of MHCP service events to total service events as reported through VINAH, will be applied to the AIMS service event count. For VINAH reporting health services who have not reported to VINAH, any MHCP service events for a specific proportion group, a loading factor will not be applied to the total service events.

For non-VINAH reporting agencies, a loading of 55 per cent will be based on a statewide percentage The following MHCP loading factor applies to non-VINAH reporting health services. Please refer to Appendix D for a list of health services that are required to report to the department via the VINAH Minimum Dataset.

Table 3: WASE2 MHCP loading factor for non-VINAH reporting services 2018-19

New review proportion class	Statewide
Exclusion	Zero per cent
No review adjustment	2 per cent
Proportion group 1	3 per cent
Proportion group 2	4 per cent
Proportion group 3	19 per cent
Proportion group 4	1 per cent
Proportion group 5	12 per cent
Proportion group 6	9 per cent
Proportion group 7	2 per cent
Proportion group 8	10 per cent

Table 3: WASE2 MHCP loading factor for non-VINAH reporting services 2018-19

New review proportion class	Statewide
Proportion group 9	Zero per cent
Proportion group 10	1 per cent
Proportion group 11	10 per cent
Proportion group 12	Zero per cent

WASE Price

As the 2018-19 WASE funding model pays for public and MBS-billed activity, the model has a public price and a price for MBS-billed activity. These are shown in Table 4. The price for MBS funded activity is a 20 per cent discount on the public price. The public price was set at $280 to align with the national price for non-admitted activity.

The discounted MBS-billed price reflects the fact that MBS funding for MBS funded specialist clinics do not cover the full cost. The price paid for MBS-billed activity through the WASE model is to cover the non-medical costs of the activity. The medical costs are covered through MBS funding. This is intended to provide a neutral revenue choice between setting up a clinic as public or MBS funded.

Table 4: WASE prices

Payment	All health services $
Public Specialist Clinics WASE2	280
MBS-billed Specialist Clinics WASE2	224

Calculating WASE for individual Tier 2 classes

To calculate the Weighted Ambulatory Service Event (WASE2) funding allocated to a patient:

- Determine if the service event is eligible for WASE funding (see Box 5)
- Calculate the base WASE weight (see Box 6)
- Calculate the review ratio for each proportion group (see Box 7)
- Calculate the multiple healthcare provider loading (see Box 8)

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

WASE eligibility

Metropolitan and regional health services and subregional and local health services that are eligible for Weighted Inlier Equivalent Separation (WIES25) funding are eligible for funding under the acute non-admitted WASE funding model (WASE2). The funding model was introduced in 2017-18, to replace block grant funding for specialist clinics in Victoria.

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

Box 5: Episodes eligible for WASE2 funding

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

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

Base Weighted Ambulatory Service Event

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

- Tier 2 class cost weight; and
- Number of service events that have occurred for each Tier 2 class.

The Tier 2 cost weight can be read directly from the Weighted Ambulatory Service Event (WASE2) Tier 2 cost weights (refer to Appendix C).

Box 6: Calculating base WASE

Tier 2 group_base_WASE = number of service events x Tier 2 class weight

Refer Box 7

Calculating the review ratio for each proportion group

The review discount is health service specific, with a different discount for each of the proportion groups of Tier 2 classes. There is no discount applied to Tier 2 classes 20.40, 20.53, 20.54 and 40.28.

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

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

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

Box 7: Calculating new review ratio for each cluster

Select review category

case 'Proportion Group 1' do

Proportion Group 1_review_adjustment = Sum VINAH Proportion Group 1 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 1 Tier 2 contacts (71-Follow up/Monitoring/ Evaluation/Review + 72-New patient consultation)

go to Box 8

case 'Proportion Group 2' do

Proportion Group 2_review_adjustment = Sum VINAH Proportion Group 2 Tier 2 contacts (71-Follow up/ Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 2 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case 'Proportion Group 3' do

Proportion Group 3_review_adjustment = Sum VINAH Proportion Group 3 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 3 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case ‘Proportion Group 4’ do

Proportion Group 4_review_adjustment = Sum VINAH Proportion Group 4 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 4 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case ‘Proportion Group 5’ do

Proportion Group 5_review_adjustment = Sum VINAH Proportion Group 5 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 5 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case ‘Proportion Group 6’ do

Proportion Group 6_review_adjustment = Sum VINAH Proportion Group 6 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 6 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case ‘Proportion Group 7’ do

Proportion Group 7_review_adjustment = Sum VINAH Proportion Group 7 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 7 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case ‘Proportion Group 8’ do

Proportion Group 8_review_adjustment = Sum VINAH Proportion Group 8 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 8 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case ‘Proportion Group 9’ do

Proportion Group 9_review_adjustment = Sum VINAH Proportion Group 9 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 9 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case ‘Proportion Group 10’ do

Proportion Group 10_review_adjustment = Sum VINAH Proportion Group 10 Tier 2 contacts (71-

Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 10 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case 'Proportion Group 11' do

Proportion Group 11_review_adjustment = Sum VINAH Proportion Group 11 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 11 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

case 'Proportion Group 12' do

Proportion Group 12_review_adjustment = Sum VINAH Proportion Group 12 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review)/Sum VINAH Proportion Group 12 Tier 2 contacts (71-Follow up/Monitoring/Evaluation/Review + 72-New patient consultation)

go to Box 8

else

Review_adjustment = 1

go to Box 8

For health services not reporting VINAH, the statewide proportion of review service events will be applied. The statewide proportions are shown Table 2: WASE2 Review discount factor for non-VINAH reporting services 2018-19.

Calculating the multiple healthcare provider service event ratio for each proportion group

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

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

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

Box 8: Calculating multiple healthcare service event ratio for each cluster

Select MHCP category

case 'Proportion Group 0' do

Proportion Group 0_MHCP_adjustment = Sum VINAH Proportion Group 0 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 0 Tier 2 contacts (Contact

Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 1’ do

Proportion Group 1_MHCP_adjustment = Sum VINAH Proportion Group 1 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 1 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 2’ do

Proportion Group 2_MHCP_adjustment = Sum VINAH Proportion Group 2 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 2 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 3’ do

Proportion Group 3_MHCP_adjustment = Sum VINAH Proportion Group 3 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 3 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 4’ do

Proportion Group 4_MHCP_adjustment = Sum VINAH Proportion Group 4 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 4 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 5’ do

Proportion Group 5_MHCP_adjustment = Sum VINAH Proportion Group5 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 5 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 6’ do

Proportion Group 6_MHCP_adjustment = Sum VINAH Proportion Group 6 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 6 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 7’ do

Proportion Group7_MHCP_adjustment = Sum VINAH Proportion Group 7 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 7 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 8’ do

Proportion Group 8_MHCP_adjustment = Sum VINAH Proportion Group 8 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 8 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 9’ do

Proportion Group 9_MHCP_adjustment = Sum VINAH Proportion Group 9 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 9 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 10’ do

Proportion Group 10_MHCP_adjustment = Sum VINAH Proportion Group 10 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 10 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 11’ do

Proportion Group 11_MHCP_adjustment = Sum VINAH Proportion Group 11 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 11 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

case ‘Proportion Group 12’ do

Proportion Group 12_MHCP_adjustment = Sum VINAH Proportion Group 12 Tier 2 contacts (Contact Professional Group>=3)/Sum VINAH Proportion Group 12 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

else

MHCP_adjustment = Sum VINAH Proportion Group 0 Tier 2 contacts (Contact Professional

Group>=3)/Sum VINAH Proportion Group 0 Tier 2 contacts (Contact Professional Group<3 + Contact Professional Group>=3)

go to Box 9

For non VINAH reporting health services, the statewide proportion of multiple healthcare service events will be applied. The statewide proportions are shown in Table 3: WASE2 MHCP discount factor for non-VINAH reporting services 2018-19.

Calculating the WASE

To calculate a Tier 2 class' Weighted Ambulatory Service Event, you need to determine the:

- base WASE;
- the relevant review proportion; and
- the relevant multiple healthcare provider service event proportion

Box 9: Calculating WASE cost weight for a Tier 2 class

Select proportion group

case 'Proportion Group 0' do

WASE = Tier 2 group_base_WASE + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 1_review_adjustment)*Proportion group 1 MHCP_adjustment x 55%

case 'Proportion Group 1' do

WASE = Tier 2 group_base_WASE x Proportion Group 1_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 1_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 1_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 1_review_adjustment)]*Proportion group 1 MHCP_adjustment x 55%

case 'Proportion Group 2' do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 2_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 2_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 2_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 2_review_adjustment)]*Proportion group 2 MHCP_adjustment x 55%

case 'Proportion Group 3' do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 3_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 3_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 3_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 3_review_adjustment)]*Proportion group 3 MHCP_adjustment x 55%

case 'Proportion Group 4' do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 4_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 4_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 4_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1- Proportion Group 4_review_adjustment)]*Proportion group 4 MHCP_adjustment x 55%

case 'Proportion Group 5' do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 5_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 5_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 5_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 5_review_adjustment)]*Proportion group 5 MHCP_adjustment x 55%

case ‘Proportion Group 6’ do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 6_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 6_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 6_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 6_review_adjustment)]*Proportion group 6 MHCP_adjustment x 55%

case ‘Proportion Group 7’ do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 7_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 7_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 7_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 7_review_adjustment)]*Proportion group 7 MHCP_adjustment x 55%

case ‘Proportion Group 8’ do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 8_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 8_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 8_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 8_review_adjustment)]*Proportion group 8 MHCP_adjustment x 55%

case ‘Proportion Group 9’ do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 9_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 9_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 9_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 9_review_adjustment)]*Proportion group 9 MHCP_adjustment x 55%

case ‘Proportion Group 10’ do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 10_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 10_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 10_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 10_review_adjustment)]*Proportion group 10 MHCP_adjustment x 55%

case ‘Proportion Group 11’ do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group

11_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 11_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 11_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 11_review_adjustment)]*Proportion group 11 MHCP_adjustment x 55%

case 'Proportion Group 12' do

WASE = Tier 2 group_base_Weighted ambulatory service event x Proportion Group 12_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 12_review_adjustment) + [Tier 2 group_base_WASE x Proportion Group 12_review_adjustment x 80% + Tier 2 group_base_Weighted ambulatory service event x (1-Proportion Group 12_review_adjustment)]*Proportion group 12 MHCP_adjustment x 55%

else

WASE = Tier 2 group_base_WASE

Calculating WASE revenue

To calculate WASE revenue, a health service should multiply the public WASE by the public price, and the MBS-billed WASE by the MBS-billed price. This calculation is shown in Box 10. The public and MBS-billed prices are shown in Table 4.

Box 10: Calculating WASE revenue

WASE_rev = WASE_public x Public_price + WASE_MBS-billed x MBS-billed_price

Calculating WASE target

Health services have been allocated a WASE target.

Targets have been calculated according to health services' 2017-18 funding and quarter three year-to-date public and MBS-billed weighted activity split. The funding lines included are the 'Acute Specialist Clinics - Non DVA' and 'VACS - Teaching' grant lines.

The target calculation is shown in Box 11. To calculate the target, divide total specialist clinics budget by the public price multiplied by the proportion of public WASE, and the MBS-billed price multiplied by the proportion of MBS-billed WASE.

Box 11: Calculating WASE targets

$$\text{Target} = \frac{\text{Total specialist clinics budget}}{(\text{public price} \times \text{proportion of public WASE}) + (\text{MBS-billed price} \times \text{proportion of MBS-billed WASE})}$$

$$\text{Proportion of public activity} = \frac{\text{Total public WASE}}{\text{Total public and MBS-billed WASE}}$$

$$\text{Proportion of MBS-billed activity} = \frac{\text{Total MBS-billed WASE}}{\text{Total public and MBS-billed WASE}}$$

The targets published in the 2017-18 Policy and Funding Guidelines were calculated based on quarter three year to date public and MBS-billed WASE. Targets will be recalculated at the end of 2018-19 based on actual public and MBS-billed WASE.

WASE funding recall

There are no WASE funding recalls applicable to health services in 2018-19.

However, the process for funding adjustments is calculated as follows.

Step 1: Calculate the proportion of public and MBS-billed activity.

Using actual weighted activity figures, calculate the percentage of public and MBS-billed activity for the service.

Step 2: Calculate revised activity targets.

Using the percentages obtained in Step 1, recalculate the public and MBS-billed targets for the service. The total budget will remain the same, but the public and MBS-billed target may change based on the revised split.

Step 3: Calculate the total performance percentage.

Express the actual value as a percentage of the revised target value (calculated in Step 2). This will show the extent to which the health service has performed above or below target.

Step 4: Calculate the relevant recall rate.

To calculate the dollar amount of the relevant recall rate:

- Determine the relevant rate applicable for the target value (in Chapter 2, section 2.18.1 'Victorian funding recall policy').
- Multiply the percentage of public activity by the relevant public rate.
- Multiply the percentage of MBS-billed activity by the relevant MBS-billed rate.
- Add the figures together to obtain the relevant recall rate.

Step 5: Calculate the throughput adjustment.

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

- Multiply the percentage falling within each bracket (in Chapter 2, section 2.18.1 'Victorian funding recall policy') by the amount of revised target value (calculated in Step 2).
- Multiply that amount by the relevant recall (calculated in Step 4).
- Add the amounts for all brackets together to obtain the throughput adjustment.

Appendix A: Tier 2 groups excluded from WASE2 funding model

Tier 2 Clinic v4.1	Description	Note/relevant funding model
10.10	Renal Dialysis – Hospital Delivered	Weighted Inlier Equivalent Separation
10.12	Radiation Oncology (Treatment)	Radiotherapy Weighted Activity Unit
10.15	Renal Dialysis – Haemodialysis – Home Delivered	Home renal dialysis
10.16	Renal Dialysis – Peritoneal Dialysis – Home Delivered	Home renal dialysis
10.17	Total Parenteral Nutrition – Home Delivered	Total Parenteral Nutrition (TPN)
10.18	Enteral Nutrition – Home Delivered	Home Enteral Nutrition (HEN)
10.19	Home Ventilation	Victorian Respiratory Support Service, Family Choice Program
10.20	Radiotherapy (simulation and planning)	Radiotherapy Weighted Activity Unit
20.06	General Practice and Primary Care	Commonwealth program
20.08	Genetics	Genetic Clinical Activity/Genetic Counselling and Information/Genetic Testing/Screening
20.43	Radiation Oncology (Consultation)	Radiotherapy Weighted Activity Unit
20.49	Geriatric evaluation and management (GEM)	Out of scope
20.50	Psychogeriatric	Non-admitted mental health
20.56	Multidisciplinary case conference (MDCC) – patient not present	Out of scope
30.01	General Imaging	Out of scope
30.02	Medical Resonance Imaging (MRI)	Out of scope
30.03	Computerised Tomography (CT)	Out of scope
30.04	Nuclear Medicine	Out of scope
30.05	Pathology (Microbiology, Haematology, Biochemistry)	Out of scope
30.06	Positron Emission Tomography (PET)	Out of scope
30.07	Mammography Screening	Out of scope
30.08	Clinical Measurement	Out of scope
40.02	Aged Care Assessment	Commonwealth program
40.08	Primary Health Care	Commonwealth program
40.27	Family Planning	Family Planning
40.33	General Counselling	Commonwealth program

Tier 2 Clinic v4.1	Description	Note/relevant funding model
40.34	Specialist Mental Health	Non-admitted mental health
40.36	Geriatric evaluation and management (GEM)	Out of scope
40.37	Psychogeriatric	Non-admitted mental health
40.56	Falls prevention	Health Independence Program
40.57	Cognition and memory	Health Independence Program
40.58	Hospital avoidance programs	Health Independence Program
40.59	Post-acute care	Health Independence Program
40.62	Multidisciplinary case conference (MDCC) – patient not present	Out of scope

Appendix B: Example of counting New & Review Consultations

This example is based on reporting period: 01/07/2018 – 30/09/2018

Patient ID	Program/Stream	Referral in Service Type	Contact Client Present Status	Contact Purpose	Adjusted Contact Purpose	Contact Date	Number of New Contacts	Number of Review Contacts	Comments
000001	Gastroenterology	GP	Attended	72	N	12/07/2015	1	1	
000001	Gastroenterology	GP	Attended	71	R	17/08/2015			
000003	Gastroenterology	Other hospital department/staff (this hospital/campus)	Did not attend	72	N	1/08/2015	0	0	Patient did not attend
000004	Obstetrics	Specialist	Attended	71	R	08/07/2015	0	2	A contact following a review contact will be treated as 'review'.
000004	Obstetrics	Specialist	Attended	72	R	15/07/2015			
000005	Gastroenterology	Other hospital department/staff (this hospital/campus)	Attended	72	N	1/08/2015	1	0	
000006	Cardiology	Specialist	Did not attend	71	R	03/08/2015	0	1	The first appointment is not counted as the patient did not attend. The second appointment is adjusted to Review as it follows a Review appointment.
000006	Cardiology	Specialist	Attended	72	R	06/09/2015			
000008	Obstetrics	Specialist	Did not attend	72	N	08/07/2015	1	0	Patient did not attend first New appointment. Second appointment counted as New.
000008	Obstetrics	Specialist	Attended	72	N	15/07/2015			

Appendix C: WASE2 Tier 2 cost weights

Tier 2 Clinic v4.1	Description	Weight	New/review proportion class
10.01	Hyperbaric medicine	1.01	Proportion group 11
10.02	Interventional imaging	1.01	Proportion group 11
10.03	Minor surgical	1.01	Proportion group 11
10.04	Dental	1.01	Proportion group 11
10.05	Angioplasty/angiography	1.01	Proportion group 11
10.06	Endoscopy – gastrointestinal	1.01	Proportion group 11
10.07	Endoscopy – urological/gynaecological	1.01	Proportion group 11
10.08	Endoscopy – orthopaedic	1.01	Proportion group 11
10.09	Endoscopy – respiratory/ear, nose and throat (ENT)	1.01	Proportion group 11
10.10	Renal dialysis – hospital delivered	Out of scope	Exclusion
10.11	Chemotherapy treatment	2.25	Proportion group 12
10.12	Radiation therapy – treatment	Out of scope	Exclusion
10.13	Minor medical procedures	1.01	Proportion group 11
10.14	Pain management interventions	1.01	Proportion group 11
10.15(i)	Renal dialysis – haemodialysis – home delivered	Out of scope	Exclusion
10.16(i)	Renal dialysis – peritoneal dialysis – home delivered	Out of scope	Exclusion
10.17(i)	Total parenteral nutrition – home delivered	Out of scope	Exclusion
10.18(i)	Enteral nutrition – home delivered	Out of scope	Exclusion
10.19(i)	Ventilation – home delivered	Out of scope	Exclusion
10.20	Radiation therapy – simulation and planning	Out of scope	Exclusion
20.01	Transplants	1.09	Proportion group 3
20.02	Anaesthetics	1.09	Proportion group 3
20.03	Pain management	1.32	Proportion group 1
20.04	Developmental disabilities	1.32	Proportion group 1
20.05	General medicine	1.32	Proportion group 1

Appendix C: WASE2 Tier 2 cost weights

Tier 2 Clinic v4.1	Description	Weight	New/review proportion class
20.06	General practice and primary care	Out of scope	Exclusion
20.07	General surgery	0.52	Proportion group 6
20.08	Genetics	Out of scope	Exclusion
20.09	Geriatric medicine	1.32	Proportion group 1
20.10	Haematology	0.68	Proportion group 2
20.11	Paediatric medicine	0.68	Proportion group 2
20.12	Paediatric surgery	0.52	Proportion group 6
20.13	Palliative care	1.32	Proportion group 1
20.14	Epilepsy	0.68	Proportion group 2
20.15	Neurology	0.68	Proportion group 2
20.16	Neurosurgery	1.09	Proportion group 3
20.17	Ophthalmology	0.68	Proportion group 4
20.18	Ear, nose and throat (ENT)	0.52	Proportion group 6
20.19	Respiratory	0.68	Proportion group 2
20.20	Respiratory – cystic fibrosis	0.68	Proportion group 2
20.21	Anti-coagulant screening and management	0.68	Proportion group 2
20.22	Cardiology	0.68	Proportion group 2
20.23	Cardiothoracic	1.09	Proportion group 3
20.24	Vascular surgery	1.09	Proportion group 3
20.25	Gastroenterology	0.68	Proportion group 2
20.26	Hepatobiliary	1.09	Proportion group 3
20.27	Craniofacial	0.52	Proportion group 6
20.28	Metabolic bone	1.32	Proportion group 1
20.29	Orthopaedics	0.52	Proportion group 6
20.30	Rheumatology	0.68	Proportion group 2
20.31	Spinal	0.68	Proportion group 2

Appendix C: WASE2 Tier 2 cost weights

Tier 2 Clinic v4.1	Description	Weight	New/review proportion class
20.32	Breast	1.09	Proportion group 3
20.33	Dermatology	0.68	Proportion group 2
20.34	Endocrinology	0.68	Proportion group 2
20.35	Nephrology	1.32	Proportion group 1
20.36	Urology	0.52	Proportion group 6
20.37	Assisted reproductive technology	1.32	Proportion group 1
20.38	Gynaecology	0.52	Proportion group 6
20.39	Gynaecological oncology	1.09	Proportion group 3
20.40	Obstetrics – management of pregnancy without complications	0.54	No review adjustment
20.41	Immunology	1.32	Proportion group 1
20.42	Medical oncology – consultation	1.32	Proportion group 1
20.43	Radiation therapy – consultation	Out of scope	Exclusion
20.44	Infectious diseases	1.32	Proportion group 1
20.45	Psychiatry	1.32	Proportion group 1
20.46	Plastic and reconstructive surgery	0.49	Proportion group 5
20.47	Rehabilitation	1.32	Proportion group 1
20.48	Multidisciplinary burns clinic	0.68	Proportion group 2
20.49	Geriatric evaluation and management (GEM)	Out of scope	Exclusion
20.50	Psychogeriatric	Out of scope	Exclusion
20.51	Sleep disorders	0.68	Proportion group 2
20.52	Addiction medicine	1.32	Proportion group 1
20.53	Obstetrics – management of complex pregnancy	0.54	No review adjustment
20.54	Maternal fetal medicine	0.54	No review adjustment
20.55	Telehealth – patient location	0.68	Proportion group 2
20.56	Multidisciplinary case conference (MDCC) – patient not present	Out of scope	Exclusion

Appendix C: WASE2 Tier 2 cost weights

Tier 2 Clinic v4.1	Description	Weight	New/review proportion class
30.01	General imaging	Out of scope	Exclusion
30.02	Magnetic resonance imaging (MRI)	Out of scope	Exclusion
30.03	Computerised tomography (CT)	Out of scope	Exclusion
30.04	Nuclear medicine	Out of scope	Exclusion
30.05	Pathology (microbiology, haematology, biochemistry)	Out of scope	Exclusion
30.06	Positron emission tomography (PET)	Out of scope	Exclusion
30.07	Mammography screening	Out of scope	Exclusion
30.08	Clinical measurement	Out of scope	Exclusion
40.02	Aged care assessment	Out of scope	Exclusion
40.03	Aids and appliances	0.31	Proportion group 10
40.04	Clinical pharmacy	0.79	Proportion group 9
40.05	Hydrotherapy	0.31	Proportion group 10
40.06	Occupational therapy	0.31	Proportion group 10
40.07	Pre-admission and pre-anaesthesia	0.92	Proportion group 7
40.08	Primary health care	Out of scope	Exclusion
40.09	Physiotherapy	0.31	Proportion group 10
40.10	Sexual health	0.92	Proportion group 7
40.11	Social work	0.79	Proportion group 9
40.12	Rehabilitation	0.79	Proportion group 9
40.13	Wound management	0.41	Proportion group 8
40.14	Neuropsychology	0.79	Proportion group 9
40.15	Optometry	0.31	Proportion group 10
40.16	Orthoptics	0.31	Proportion group 10
40.17	Audiology	0.79	Proportion group 9
40.18	Speech pathology	0.79	Proportion group 9
40.21	Cardiac rehabilitation	0.31	Proportion group 10

Appendix C: WASE2 Tier 2 cost weights

Tier 2 Clinic v4.1	Description	Weight	New/review proportion class
40.22	Stomal therapy	0.92	Proportion group 7
40.23	Nutrition/dietetics	0.31	Proportion group 10
40.24	Orthotics	0.79	Proportion group 9
40.25	Podiatry	0.31	Proportion group 10
40.26	Diabetes	0.41	Proportion group 8
40.27	Family planning	Out of scope	Exclusion
40.28	Midwifery and maternity	0.54	No review adjustment
40.29	Psychology	0.79	Proportion group 9
40.30	Alcohol and other drugs	0.92	Proportion group 7
40.31	Burns	0.92	Proportion group 7
40.32	Continence	0.92	Proportion group 7
40.33	General counselling	Out of scope	Exclusion
40.34	Specialist mental health	Out of scope	Exclusion
40.35	Palliative care	Out of scope	Exclusion
40.36	Geriatric evaluation and management (GEM)	Out of scope	Exclusion
40.37	Psychogeriatric	Out of scope	Exclusion
40.38	Infectious diseases	0.92	Proportion group 7
40.39	Neurology	0.92	Proportion group 7
40.40	Respiratory	0.92	Proportion group 7
40.41	Gastroenterology	0.41	Proportion group 8
40.42	Circulatory	0.41	Proportion group 8
40.43	Hepatobiliary	0.92	Proportion group 7
40.44	Orthopaedics	0.41	Proportion group 8
40.45	Dermatology	0.41	Proportion group 8
40.46	Endocrinology	0.41	Proportion group 8
40.47	Nephrology	0.41	Proportion group 8

Appendix C: WASE2 Tier 2 cost weights

Tier 2 Clinic v4.1	Description	Weight	New/review proportion class
40.48	Haematology and immunology	0.41	Proportion group 8
40.49	Gynaecology	0.92	Proportion group 7
40.50	Urology	0.41	Proportion group 8
40.51	Breast	0.41	Proportion group 8
40.52	Oncology	0.92	Proportion group 7
40.53	General medicine	0.41	Proportion group 8
40.54	General surgery	0.41	Proportion group 8
40.55	Paediatrics	0.92	Proportion group 7
40.56	Falls prevention	Out of scope	Exclusion
40.57	Cognition and memory	Out of scope	Exclusion
40.58	Hospital avoidance programs	Out of scope	Exclusion
40.59	Post-acute care	Out of scope	Exclusion
40.60	Pulmonary rehabilitation	0.31	Proportion group 10
40.61	Telehealth – patient location	0.31	Proportion group 10
40.62	Multidisciplinary case conference (MDCC) - patient not pre	Out of scope	Exclusion

Appendix D: VINAH reporting Health Services

Health Service	Programs reported
Albury Wodonga Health	OP, PAC, SACS, PC, HARP, TCP
Alfred Health	HARP, TCP, OP, SACS
Austin Health	PAC, SACS, OP, RIR, TCP, HARP, VRSS
Bairnsdale Regional Health Service	PAC, PC, OP, RIR, HARP, SACS
Ballarat Health	PAC, SACS, HBPCCT, HARP, OP, RIR, TCP
Ballarat Hospice Care Inc.	PC
Banksia Palliative Care Service Inc.	PC
Barwon Health	HARP, TCP, OP, PAC, RIR, PC, SACS
Bass Coast Regional Health	PAC, HARP, SACS, PC, RIR
Bellarine Community Health Inc	PC
Benalla Health	HARP, SACS, PAC, PC
Bendigo Health Care Group	OP, PAC, HARP, SACS, HBPCCT, RIR, PC, TCP
Calvary Health Care Bethlehem	SACS, PC
Castlemaine Health	HARP, SACS, PAC, PC
Central Gippsland Health Service	HARP, PC, SACS, OP, PAC, RIR
Cobram District Health	SACS
Colac Area Health	HARP, SACS, PAC, PC
Djerriwarrh Health Service	OP, SACS, PC
East Grampians Health Service	PC, HARP
Eastern Health	TCP, HARP, RIR, PAC, SACS, HBPCCT, OP
Eastern Palliative Care Association	PC
Echuca Regional Health	HARP, SACS, PC, PAC, RIR
Gippsland Lakes Community Health Inc.	PC
Goulburn Valley Health	PAC, RIR, HARP, SACS, OP, TCP
Goulburn Valley Hospice Care Service Inc.	PC
Hepburn Health Service	TCP
Inner South Community Health Service	PAC
Kyneton District Health Service	PC
Latrobe Community Health Service Inc.	PC
Latrobe Regional Hospital	RIR, TCP, HARP, SACS, OP, PAC
Lyndoch Living Inc	SACS
Maryborough District Health Service	HARP
Melbourne City Mission	PC

Health Service	Programs reported
Melbourne Health	OP, PAC, SACS, RIR, HARP, TCP
Mercy Hospice Inc.	PC
Mercy Public Hospitals Inc.	HBPCCT, RIR, TCP, HARP, OP, SACS
Mildura Base Hospital	SACS, PAC, RIR, HARP, OP, TCP
Monash Health	HARP, RIR, PAC, TCP, SACS, OP
North Richmond Community Health Service	PAC
Northeast Health Wangaratta	HARP, RIR, PC, TCP, PAC, SACS, OP
Northern Health	HBPCCT, OP, PAC, SACS, HARP, RIR, TCP
Numurkah District Health Service	PC
Palliative Care South East	PC
Peninsula Health	OP, HARP, SACS, PAC, RIR
Peninsula Home Hospice	PC
Peter MacCallum Cancer Centre	HBPCCT, OP
Portland District Health	PAC, SACS, PC, HARP, TCP
Royal Children's Hospital	FCP, HARP, PAC, SACS, HBPCCT, OP
Royal Victorian Eye and Ear Hospital	OP
Royal Women's Hospital	OP
Seymour Health	HARP, PC, SACS, PAC
South West Healthcare	HARP, TCP, OP, PAC, RIR, PC, SACS
St Vincent's Health	HBPCCT, RIR, TCP, HARP, SACS, OP
Stawell Regional Health	SACS, PAC, HARP, TCP
Sunraysia Community Health Service	PC, HBPCCT
Swan Hill District Health	HARP, SACS, PAC, PC
West Gippsland Healthcare Group	PC, PAC, OP, RIR, HARP, SACS
Western District Health Service	HARP, TCP, PAC, PC, SACS
Western Health	HBPCCT, RIR, TCP, HARP, SACS, OP, PAC
Wimmera Health Care Group	OP, HARP, SACS, PAC, PC, RIR, TCP
Yarram and District Health Service	PC, SACS