



# update

## Private health under fire

**Sheila Hood**  
General Manager, HBF Health

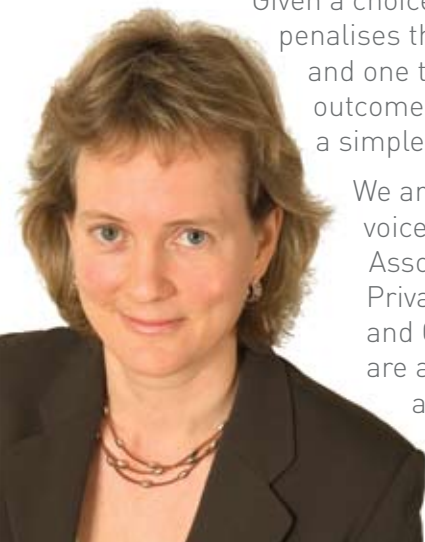
The proposed change to the Federal Government 30% Rebate on private health insurance represents a serious threat to Australia's private health industry. If passed, we estimate approximately 170,000 HBF members will experience either a cut in their rebate or the loss of their rebate altogether.

The Australian Health Insurance Association, which represents 95% of Australia's health funds, calculates that the change would prompt approximately 240,000 Australians to drop their hospital cover, while another 728,000 would downgrade their cover.

HBF has taken a lead role in speaking out against the proposed change, including sending an open letter to the Prime Minister. While HBF has no political allegiances, we have voiced our support for an alternative revenue raising measure proposed by the Leader of the Opposition – raising the tax on tobacco.

Given a choice between a measure that penalises the private health sector and one that leads to better health outcomes, we believe the choice is a simple one.

We are certainly not a lone voice. The Australian Medical Association, Australian Private Hospitals Association and Catholic Health Australia are among those who have also voiced their strong opposition to means-testing the 30% Rebate.



### Private health insurance takes the wait from our public system.

The Private Health Insurance Rebate helps keep more than 11 million Australians in private health cover, taking the weight – and the wait – from the public health system. The Federal Government plans to means-test the rebate. This will put private health cover out of reach for many Australians, placing pressure on our public health system and premiums. The 30% Rebate keeps our system healthy. Let's keep it. A message from the Australian Health Insurance Association – protecting the interests of Australians with private health insurance.

Australian Health Insurance Association



FINANCED BY THE MEDICAL ASSOCIATION AND THE AUSTRALIAN HEALTH INSURANCE ASSOCIATION, 1 KING STREET, SYDNEY, NSW

Full page advertisement placed in all national papers by the Australian Health Insurance Association defending the rebate.

The change would affect our whole industry, proving detrimental to both our members and providers in the private health sector, and ultimately placing more pressure on WA's overburdened public health system.

As the debate takes place in Parliament, HBF will continue to speak out. I strongly urge you, as providers, to make your views on this critical issue known to your patients, staff and local Member of Parliament.

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## HBF trial seeks to improve heart health

As part of our Broader Health Strategy, HBF is exploring new ways to keep its members fit, healthy and out of hospital.

It's no secret that people who have experienced coronary heart disease are at higher risk of future cardiovascular disease, so we're introducing the HBF Cardiac Rehabilitation Program.

Over the next 12 months, we will evaluate two models of cardiac rehabilitation, both designed to assist with recovery and reduce the risk of future cardiac events.

**1. The COACH Program** (Coaching patients On Achieving Cardiovascular Health) is a motivational program where participants are assigned a personal coach who is a qualified dietitian, to provide one-on-one advice by telephone.

The advice will be tailored to meet the member's particular needs, but could include education about risk factors, exercise, nutritional tips and mentoring to help quit smoking. The focus of the program is to help members take ownership of their condition and encourage permanent changes in lifestyle.

**2. The Western Australian Cardiac Rehabilitation Service** (WACRS) program requires members to get active. Members must attend a gym, where they will receive fitness instruction and undergo a low intensity exercise program. They will also receive education about risk factors such as diet.

Suitable candidates will be identified via HBF data and Hospital Liaison Officers, who will work closely with hospital staff on the selection process.

We will notify and doctors if any of their patients enroll in the program and GPs, specialists and nurses are welcome to bring the program to their patients' attention if they feel participation may be beneficial.



Results will be evaluated after 12 months based on members' feedback along with the measurable medical impact of the programs - whether they have, in fact, reduced clinical risk factors for chronic heart disease. Longer term, the programs will be judged on their success in supporting HBF members to regain their health.

Naturally, we'd appreciate your support in raising awareness of the program as we trial this preventative approach to managing chronic heart disease. As always, we welcome your feedback.

**HBF's Broader Health Opportunities Manager, Paul Hersey, can be contacted on 9265 6548.**

In the 2007/08 financial year, HBF received claims for more than 4,700 episodes of cardiothoracic procedures and paid almost \$52million in cardiothoracic benefits to members.

## Perth Clinic's innovative approach to mental health

HBF has thrown its support behind a 'world first' trial by Perth Clinic and the University of Western Australia to improve outcomes for mental health patients.

After identifying a need to more closely monitor patients, Perth Clinic developed the Wellbeing Thermometer - an interactive tool that helps track patients' progress during treatment.

A trial of the Wellbeing Thermometer has already been conducted for out-patients and HBF's support is enabling Perth Clinic to expand the pilot to in-patients.

Using touch screen computers positioned throughout the hospital, patients answer a series of questions about their mental wellbeing on a daily basis. The real-time data allows medical staff to instantly detect patients' 'temperatures' as they move between 'ranges'.

Perth Clinic CEO, Moira Munro, said the systematic approach helped staff more accurately identify individuals who were not progressing as they should.

"Improved patient monitoring helps staff build a complete picture and means we can adjust treatment to assist in a patient's recovery," she said.

"It can be likened to a plane coming in to land. It signals if a patient is off course and the early warning helps us work with patients to get them back on track."

Perth Clinic's contribution to mental health has already received international acclaim and the West Australian provider has received three 'Outstanding Achievement' and twelve 'Extensive Achievement' ratings this year, from the Australian Council on Healthcare Standards.

## Electronic claiming for medical providers now live

HBF is celebrating another milestone with the successful introduction of ECLIPSE.

ECLIPSE in-patient medical e-claiming became available to medical providers in April, enabling HBF claims to be processed in 10 business days or less.

Being 30 per cent quicker than ExpressPay, ECLIPSE improves provider cash flows and some providers are reporting turnaround times as low as two days.

If you already use Medicare Online it's simple to 'switch on' patient e-claiming using ECLIPSE. To arrange this, please contact your software vendor or call 1800 700 199 to speak to a Medicare Business Development Officer. If you experience any problems when using e-claiming, please refer to your ECLIPSE information pack for assistance.

## Not yet with ECLIPSE?

Medical providers who have not yet registered as an ECLIPSE provider for HBF benefits can call us on 9265 6378 to start accessing the benefits.

There are no transaction costs associated with using ECLIPSE and providers who perform Medicare transmissions using ECLIPSE may be eligible for an incentive payment of 18 cents per completed transaction. This is available under the Transitional Support Package until December 2009 and can be arranged by contacting Medicare on 1800 700 199.

**If you need further support, contact Medicare's Online Technical Support Help Desk on 1300 550 115, or send an email to [onlineclaiming@medicareaustralia.gov.au](mailto:onlineclaiming@medicareaustralia.gov.au).**

# update

## DRG hospital funding model launched

The new hospital funding model based on Diagnosis Related Groups became effective on 1 July 2009.

A number of private hospitals have already transitioned to DRGs and we are working to ensure all other applicable hospitals transition as soon as possible.

A lot of work went into preparing for the introduction of DRGs and we sincerely thank all of you who worked so hard to ensure its successful implementation.

Even though DRGs are now in place, any hospital quotes provided to HBF members prior to the change will be honoured for services delivered after DRGs came into effect.

**If members have any questions or concerns about the new method of funding, please advise them to call us on 133 423.**

**Please note, medical providers currently billing using existing Medicare Benefit Scheme (MBS) item codes will not have to make any changes to their billing procedures as a result of DRGs.**

## HBF news:

### Clarification on billing non-MBS dental and podiatry item numbers

In our March edition of Update we advised that benefits paid towards procedures without MBS item numbers would cease. Please note that this excludes oral and podiatry surgery carried out in hospital under ancillary item numbers. Existing HBF benefits will continue to be paid for these procedures even though they do not have MBS item numbers.

### Second Day Hospital CEO function held

HBF hosted another successful gathering of Day Hospital CEOs at the end of March. The meeting provided an opportunity for HBF to present the results of the latest hospital provider survey and to provide an update on the change of theatre bands from the WA model to the National model.

### PHIO's State of the Health Funds report

HBF once again fared well in the latest annual Private Health Insurance Ombudsman's 'State of the Health Funds Report' which compares health funds in Australia. The 2008 report (published in March 2009), found that HBF has more private hospital agreements in WA than any other health fund. HBF was recognised for covering an average of 92.7% of hospital charges – more than all other major health funds in WA and for attracting the lowest number of complaints per member among the major funds nationally.

## Directory of HBF Contacts:

Medical gap queries	1300 363 310	Medical provider claims queries	9265 6110
Hospital queries	1300 363 310	Medical provider registration	9265 6378
Email	askhealth@hbf.com.au		

The above telephone numbers are for provider use only. Please direct all member enquiries to **13 34 23**.

## Change of provider details

Please be sure to contact us in the event that any provider details change (provider name, address, registered providers operating at a practice). Claims cannot be processed if incorrect provider or Medicare details are presented on an account.

Current and past copies of our newsletters can be viewed online.

If you'd like more information about any of the items contained in our newsletters, or if you'd like additional hard copies, please contact us. We also welcome your feedback about the content of our newsletters.