

medical gap provider guide





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## HBF's Medical Gap arrangements

HBF's gap cover arrangements are designed to make life easier for you and your patients.

The arrangements allow you to decide the level of cover you want for your patients that are HBF members.

If you want to remove the gap for all your patients, then the Fully Covered option allows you to do that. On the other hand, you may prefer our Known Gap option which gives you the flexibility to opt in or out on a patient by patient basis.

The folder contains everything you need to participate in the new arrangements, including HBF's easy to use simplified billing system – Express Pay.

There are two types of arrangements.

1. HBF's gap cover arrangements are based on a schedule rather than billing patterns.
2. You have the choice of:

- a) Full Cover

Your fees will be fully covered for all in-hospital services provided to all HBF members if you choose to **always** charge fees up to 10% above the HBF Schedule.

- b) Opt In/Opt Out Known Gap Cover

HBF will pay a benefit equal to the HBF Schedule on **those occasions** that you charge fees up to 10% above the HBF Schedule. With this option your patient pays the difference between the HBF Schedule and your fees (up to 10% above the HBF Schedule).

## Who is eligible for HBF Medical Gap cover

Any HBF member with Hospital cover is eligible for medical gap cover provided they:

- Are up to date with their payments.
- Have served any necessary waiting periods.

## When Medical Gap benefits can be paid

HBF can only pay medical gap benefits if:

- The service is provided to an eligible HBF member admitted to a licensed hospital or day hospital facility.
- A Medicare Benefit Schedule (MBS) item number is applicable and Medicare pays a benefit.
- The service is not related to a Workers' Compensation or Third Party claim and is not eligible under any other compensation claim.
- The claim is lodged within two years after the date of service.

## **HBF's simplified billing system – Express Pay**

We understand that obtaining prompt payment for the services you provide is important. HBF's Express Pay is designed to make this process easier for you.

Express Pay is a simplified billing system that requires you to submit your HBF patients' accounts directly to HBF.

Using Express Pay will provide you with a number of advantages, including;

- Prompt payment.
- Improved cashflow.

Express Pay is easy to use – just follow these steps:

1. Collect the following information from your patients that are HBF-members:
  - a) HBF member number
  - b) Medicare number
  - c) Medicare card reference number
  - d) Medicare card expiry date
2. In addition to the above information, please ensure that your account includes the following details required by Medicare:
  - a) Patient's name and address.
  - b) Details of the in-patient service, including the date the service was provided and the corresponding MBS item number.
  - c) The fees charged for each MBS item number.
  - d) Whether the claim was eligible for compensation.
  - e) Referral details including the provider number and full name of the referring doctor.
  - f) Any other information relevant to assessment of the claim.
3. Forward your account to HBF. You can do this anytime within two years of the date of service. Accounts do not need to be batched and you can even send them individually if you wish.
4. HBF will process the account and forward it to Medicare.
5. HBF will arrange for the combined HBF and Medicare benefit to be paid directly to you by either Electronic Funds Transfer or cheque within approximately 15 days of receiving the claim.
6. A detailed statement will be forwarded to you for your records.
7. Claims in relation to services provided more than two years after the date of service should be forwarded to the member for processing by Medicare Australia.

### **Important:**

**Assessments of medical gap benefits are calculated based on Medicare assessment rules.**

**If you are not already registered and you would like to take advantage of our Express Pay billing method, please fill in the form enclosed in this folder and return it to HBF. Express pay is only available for opt in/out known gap and full cover providers.**

## **ECLIPSE**

If you would like to enquire about obtaining software for ECLIPSE, please contact Medicare Australia on 1800 700 199. Once the software has been installed and you have been registered with HBF you can use ECLIPSE straight away.

## **Limitations to HBF Medical Gap Cover**

Patients are often charged substantial "up-front" fees prior to surgery for certain Plastic and Reconstructive surgical procedures. For this reason, HBF will only pay benefits up to the MBS fee for these procedures.

It is important to us that our members are not disadvantaged in any way. All of our members have the right to submit a request in writing to the Medical Gap Administrator to have their situation reviewed.

To obtain a full list of these item numbers, please fax HBF on 9265 6282 and we will be happy to mail the list to you.

### **Podiatry Surgery**

HBF is unable to pay gap benefits for anaesthetic services provided for Podiatry surgery that is carried out by a Podiatrist because they are not covered by Medicare.

If you would like to discuss your gap cover options, please telephone our Provider Line on 1300 363 310 and select option three or fax us on 9265 6282.

## **How to contact HBF**

To find out if your patient is eligible for HBF medical gap cover, please telephone 1300 363 310 and select option one.

If you have an enquiry about Express Pay claiming, please telephone 9265 6110.

## MEDICAL GAP COVER CONDITIONS

The information contained within this folder forms part of the conditions of HBF's medical gap cover arrangements.

Under no circumstances are any of the conditions associated with HBF's medical gap cover arrangements to interfere with the clinical judgement of a medical practitioner or in any way affect the confidentiality between the patient and the medical practitioner.

**The medical practitioner must abide by all of the conditions provided by HBF to participate in HBF's medical gap cover arrangements.**

### Eligibility for medical gap cover

A HBF member is eligible for medical gap cover if:

- They have any level of Hospital Cover. (Note that HBF will always pay the 25% of MBS benefit.)
- They are up to date with their payments.
- Have served any necessary waiting periods.
- The service/treatment received is covered under their policy.

A medical practitioner can call 1300 363 310 to confirm that their patient is eligible for HBF medical gap cover.

### When Medical Gap benefits can be paid

HBF will pay medical gap benefits if:

- The service is provided to an eligible HBF member admitted to a licensed hospital or licensed day hospital facility.
- A Medicare Benefit Schedule (MBS) item number is applicable and Medicare pays a benefit.
- The service is not related to a Worker's Compensation or damages claim and is not eligible under any other compensation or pension scheme.
- Claims in relation to services more than two years after the date of service should be forwarded to the member for processing by Medicare Australia.

### Certain Plastic and Reconstructive Surgery Item Numbers

HBF will only pay benefits up to the MBS fee for certain Plastic and Reconstructive surgery items. To request a list of these item numbers, please fax HBF on (08) 9265 6282.

### Podiatry Surgery

HBF is unable to pay gap benefits for anaesthetic services provided for Podiatry surgery that is carried out by a Podiatrist because they are not covered by Medicare. A notional payment is considered under the member's ancillary cover for Podiatry Surgery.

### Payment of benefits

All accounts submitted to HBF for in-hospital services are to be defined according to the Medicare Benefit Schedule (MBS) item numbers. HBF will pay benefits in accordance with the status of the medical practitioner and the HBF schedule that may be amended from time to time. HBF applies the Medicare assessment rules to assess and calculate medical benefits.

Benefits for services not categorised as anaesthetic services in the MBS Schedule are payable at 10% above HBF's base schedule as per standard arrangements.

HBF agrees to accept assignments under subsection 20A(2A) of the Health Insurance Act 1973 of the Medicare benefits payable in respect of the professional in-hospital services provided to HBF members.

### Level of Cover

The medical practitioner is free to choose which option they wish to be covered under.

### Fully Covered Option

The medical practitioner agrees to charge fees up to the HBF schedule for all in-hospital services provided to HBF members.

The medical practitioner will not raise any other account associated with the in-hospital service, including an up-front payment or expect the member to pay an additional amount to the fee included on the account submitted to HBF.

HBF agrees to pay benefits equal to the medical practitioner fees, being up to 10% above the HBF schedule, for all in-hospital services provided by a Fully Covered medical practitioner to HBF members eligible for medical gap benefits.

The medical practitioner will provide 90 days notice of his/her intention to change status from Fully Covered to Opt In/Opt Out Known Gap.

The medical practitioner will continue to charge fees in accordance with the conditions for being Fully Covered until the 90-day notice period is served.

HBF will notify the medical practitioner if any fee is charged higher than 10% above the HBF schedule. A benefit of 10% above the HBF Schedule will be paid and the medical practitioner will be required to adjust the fee charged to meet the conditions of being Fully Covered.

### **Opt In/Opt Out Known Gap Option**

HBF agrees to pay benefits equal to the HBF schedule for in hospital services when the medical practitioner charges a total fee for the service up to 10% above the HBF schedule. The member will pay the gap between the total fee charged by the medical practitioner and the total combined Medicare and HBF benefits (up to 10% above HBF schedule).

The medical practitioner will make the actual patient charge known to the member before the commencement of the in-hospital treatment or where this is not possible as soon as after the service is provided as is practicable.

When the medical practitioner charges fees higher than 10% above the HBF schedule, Medicare will cover 75% and HBF will cover 25% of the MBS fee. The member will pay the difference between the fee charged by the medical practitioner and the total MBS fee.

### **Express Pay**

HBF will pay medical gap benefits for in-hospital services provided to eligible HBF members by medical practitioners registered as direct billing providers under HBF's simplified billing system (Express Pay) providing the account includes the following information:

- Patient's name and address
- HBF member number
- Medicare number
- Medicare card reference number
- Medicare expiry date
- Details of the service, including the date the service was provided and the corresponding MBS item number.
- The fees charged for each MBS item number.
- Confirmation that the member has been advised of any financial interests the medical practitioner may have in the particular products or services recommended.

- The member has been advised of the payment arrangements for the services on the account (if not fully covered).
- Whether the claim was eligible for compensation.
- Referral details, including the provider number and full name of the referring medical practitioner.
- Any other information relevant to assessment of the claim.
- Claims in relation to services more than two years after the date of service should be forwarded to the member for processing by Medicare Australia.

Medical practitioners registered as direct billing providers under Express Pay will forward accounts for in-hospital services provided to eligible HBF patients directly to HBF.

HBF will process the account and forward it to Medicare.

HBF will arrange for the combined HBF and Medicare benefit to be paid directly to the medical practitioner by either Electronic Funds Transfer or cheque within approximately 15 days of receiving the claim. HBF will forward a detailed statement to the medical practitioner for their records.

### **Information to members**

In response to enquiries from members eligible for medical gap cover, HBF will advise the level of medical gap cover of a medical practitioner and confirm this in writing. HBF provides lists of medical practitioners participating in HBF medical gap cover arrangements.

Any medical practitioner can advise HBF that they do not wish to be included on such a list by writing to the HBF Medical Gap Administrator.

HBF may change these conditions on giving not less than 90 days written notice to participating medical practitioners.

**Telephone Enquiries 133 423**

Mon to Fri: 8am to 6pm  
Saturday: 9am to 12pm

[www.hbf.com.au](http://www.hbf.com.au)

**Head Office**

125 Murray Street Perth  
GPO Box C101 Perth 6809

**Metropolitan Service Centres****Perth**

96 William Street

**Booragoon**

Garden City Shopping Centre\*

**Cannington**

Carousel Shopping Centre\*

**Fremantle**

82 High Street

**Hillarys**

Whitford City Shopping Centre

**Innaloo**

Innaloo Shopping Centre

**Joondalup**

115 Grand Boulevard

**Karrinyup**

Karrinyup Shopping Centre\*

**Mandurah**

32 Pinjarra Road

**Midland**

18/53 The Crescent

**Morley**

Galleria Shopping Centre\*

**Rockingham**

Rockingham City  
Shopping Centre

**Subiaco**

513 Hay Street

**Success**

Cockburn Gateway  
Shopping Centre

**HBF Service Centre Hours**

Mon to Fri: 9am to 5pm  
\*Saturday: 9am to 12.30pm

**Regional Service Centres****Albany**

21 Albany Highway

Telephone 9845 7000

**Bunbury**

12 Arthur Street

Telephone 9722 6300

**Busselton**

2/90-92 Queen Street

Telephone 9781 1800

**Geraldton**

Northgate Shopping Centre

Telephone 9920 8200