

Medical Gap Provider Guide



Contents

HBF's Medical Gap arrangements	3
Explanation of charging fees under these arrangements	4
Who is eligible for HBF Medical Gap cover?	6
When Medical Gap benefits can be paid	6
Limitations to HBF Medical Gap cover	7
Express Pay – HBF's simplified billing system	8
How to contact HBF	9
Information to members	9
Medical Gap cover conditions	9

HBF's Medical Gap arrangements

HBF's Medical Gap cover arrangements are designed to make life easier for you and your patients. They apply to services provided in a licensed private hospital or day hospital facility (Private Hospital) only.

The arrangements allow you to choose the level of cover you want for your HBF patients. HBF offers two types of arrangements – Fully Covered (Full Cover or Specialist Anaesthetist*) and Opt In/Opt Out Known Gap. Our Fully Covered arrangements allow your HBF patients to have no gap payments for your eligible Private Hospital services. On the other hand, you may prefer our Opt In/Opt Out Known Gap option which gives you flexibility around the fee charged to your HBF patients for your eligible Private Hospital services on a case by case basis.

This guide and the Medical Gap Arrangement application form contains everything you need to participate in the arrangements, including HBF's easy to use simplified billing system – Express Pay, and access to the HBF Schedule.

*Only applicable for practitioners registered as Specialist Anaesthetists by Medicare Australia.

Explanation of charging fees under these arrangements

You have the choice of:

a) Full Cover

For all eligible Private Hospital services you choose to charge all your HBF patients fees which do not exceed the fee specified in the HBF Full Cover/Specialist Anaesthetist Schedule, which will entitle eligible HBF members to receive a Medical Gap benefit (Benefit) which fully covers the difference between your fee and the Medicare Benefit Schedule (MBS) fee, and does not require them to make a gap payment.

Full Cover – example:

MBS fee – \$800

HBF Full Cover Schedule fee – \$1100

Your fee	\$1100	Equal to HBF Full Cover Schedule fee
MBS benefit	\$600	(75% of \$800 MBS fee)
HBF benefit	\$500	(\$200 ¹ + \$300 ²)
Total benefits	\$1100	(\$600 + \$500)
Member gap payment	\$0	Your fee did not exceed the HBF Full Cover Schedule fee

¹ 25% of MBS fee

² Difference between HBF Full Cover Schedule fee and MBS fee i.e. \$1100–\$800

When providing services under the fully covered options, the total fee for the service(s) includes all fees associated with or otherwise relevant to the service(s) such as administration or booking fees.



b) Opt In/Opt Out Known Gap cover

The Opt In/Opt Out Known Gap cover arrangement allows you flexibility to adjust the fee you charge for each individual patient.

i) Opt In

On a case by case basis you decide to Opt-In and elect to charge some of your HBF patients fees for Private Hospital services which do not exceed the fee specified in the HBF Full Cover Schedule. This will entitle HBF Members to receive a Benefit from HBF to cover the difference between the MBS fee and the fee specified in the HBF Known Gap Benefit Schedule and will require them to make a known gap payment (if any) to cover the balance of your fee.

Opt In example – Known Gap

MBS fee – \$800

HBF Known Gap Benefit Schedule fee – \$1000

HBF Full Cover Schedule fee – \$1100

Your fee	\$1100	Equal to HBF Full Cover Schedule fee
MBS benefit	\$600	(75% of \$800 MBS fee)
HBF benefit	\$400	(\$200 ¹ + \$200 ²)
Total benefits	\$1000	(\$600 + \$400)
Member gap payment	\$100	Your fee did not exceed the HBF Full Cover Schedule fee so the 'known gap' is the difference between your fee and the HBF Known Gap Benefit Schedule fee.

¹ 25% of MBS fee

² Difference between HBF Known Gap Benefit Schedule fee and MBS fee i.e. \$1000–\$800

Alternatively, for eligible Private Hospital services you can choose to charge your patient a fee which does not exceed the HBF Known Gap Benefit Schedule fee (i.e. in the example before you would charge \$1000) and HBF will pay the account in full. This means your patient will have no gap payment.

ii) Opt Out

On a case by case basis you may decide to Opt Out and elect to charge some of your HBF patients fees for Private Hospital services more than the fee specified in the HBF Full Cover Schedule. This will not entitle HBF Members to receive any Benefit from HBF to cover the difference between your fee and the MBS fee and will require them to make the full gap payment to cover the balance.

Assuming an MBS item number has been properly allocated HBF will always pay 25% of the MBS fee for eligible inpatient services.

Opt Out example

MBS fee – \$800

HBF Known Gap Benefit Schedule fee – \$1000

HBF Full Cover Schedule fee – \$1100

Your fee	\$1150	More than the HBF Full Cover Schedule fee
MBS benefit	\$600	(75% of \$800 MBS fee)
HBF benefit	\$200	(25% of MBS fee)
Total benefits	\$800	(\$600 + \$200)
Member gap payment	\$350	Your fee was more than the HBF Full Cover Schedule fee so the gap is the difference between your fee and MBS fee

As shown in the examples above choosing to Opt In can significantly reduce the gap payments for your HBF patients.

When providing services under the Opt In/Opt Out Known Gap option, the total fee for the service(s) includes all fees associated with or otherwise relevant to the service(s) such as administration or booking fees.

Who is eligible for HBF Medical Gap cover?

You are able to access the arrangements for any HBF member with HBF Hospital cover (including Overseas Visitors cover) provided:

- They are up to date with their premiums at the time of service/treatment.
- They have served any necessary waiting periods.
- The service/treatment received is covered under their policy.
- They are admitted to and the service/treatment is provided at a licensed private hospital or day hospital facility.

When Medical Gap benefits can be paid

HBF can only pay benefits if:

- The service is provided to an eligible HBF member (**HBF Member**) admitted to a licensed private hospital or day hospital facility.
- An MBS item number is properly allocated to the service, the MBS item number does not appear on the HBF Limited Surgical Items List (**HBF Limited Surgical Items List**), and Medicare Australia (**Medicare**) pays a benefit in respect of that MBS item number, or in the case of an HBF member with Overseas Visitor cover a benefit would have been payable if that member had been an Australian resident.
- The HBF member has not received (or established a right to receive) compensation or damages for treatment or services and is not otherwise entitled to benefits payable from any other source e.g. a Department of Veteran Affairs member.
- The claim is lodged within two years of the date of service.



Limitations to HBF Medical Gap cover

Item numbers on the HBF Limited Surgical Items List are excluded from the Arrangement. These item numbers have been found to include a high cosmetic component and are hence excluded. Benefits for anaesthetic services associated with item numbers on the HBF Limited Surgical Items List are also excluded from the Medical Gap cover Arrangement.

If your services include or is associated with an MBS item number on the HBF Limited Surgical Items List, you must contact HBF prior to providing the service to ascertain if any MBS benefits are payable.

To request the HBF Limited Surgical Items List (which may be amended from time to time at HBF's absolute discretion) please contact the Provider Support Team by phone on (08) 9265 6378 or by email to medicalgap@hbf.com.au.

Podiatric surgery

HBF is unable to pay benefits for anaesthetic services associated with podiatric surgery carried out by a podiatric surgeon as those services are not specified on the MBS Schedule.

Assessment of benefits

HBF applies the Medicare assessment rules to calculate benefits payable. For the avoidance of doubt, if Medicare reduces the benefit payable on a service specified in the MBS Schedule for any reason, then HBF will reduce the benefit payable under the HBF schedule (which may be amended from time to time at HBF's absolute discretion), and consequently the cover under the Arrangement, by the corresponding amount.

Accounts and billing requirements:

As a Medical Gap provider, you are not to bill the patient upfront. You are to submit fully unpaid accounts either directly to HBF or electronically via Eclipse.

Information required on accounts

- Your patient's full name and address.
- Your patient's HBF member number.
- Your patient's Medicare number and Medicare card reference number.
- Your patient's Medicare card expiry date.
- Details of the service(s), including the date the service(s) was provided, and the corresponding MBS item number(s).

- The total fees charged for each service provided.
- Confirmation that your patient has been advised of any financial interests the medical practitioner may have in the particular products or services recommended, or the facility where the service is provided.
- Confirmation that your patient has been advised of the payment arrangements (including the total fee and the member's actual out of pocket expense) for the services on the account.
- Confirmation your patient has not received (or established a right to receive) compensation or damages for treatment or services.
- Referral details, including the date of referral, provider number and full name of the referring medical practitioner.
- Any other information relevant to assessment of the claim.

When providing services as an HBF Medical Gap provider, the total fee for the service(s) (which for the avoidance of doubt includes all fees associated with or otherwise relevant to the service(s) such as administration or booking fees) must be included on the account submitted to HBF. You must not raise any other account associated (either directly or indirectly) with the service(s) or require the HBF Member to pay an additional amount to the fee included on the account submitted to HBF.

Express Pay – HBF’s simplified billing system

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

- Prompt payment
- Improved cash flow
- Dedicated Medical Claims Query helpline.

As an HBF Medical Gap provider, you will be registered as a direct billing provider under HBF’s simplified billing system (Express Pay). Alternatively you may submit claims electronically through ECLIPSE.

Express Pay is easy to use

All you need to do is forward all fully unpaid accounts for Private Hospital services provided to eligible HBF members directly to HBF.

Express Pay – Claim assessing process:

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 you by Electronic Funds Transfer within approximately 21 Business Days of receiving the claim.

HBF will forward a detailed statement to you for your records.

For claims submitted electronically via Eclipse, the Eclipse remittance advise (ERA) will match your Eclipse claim to the deposits made into your bank account allowing for automated reconciliation.

Claims submitted more than two years after the date of service must be forwarded to the HBF Member for processing by Medicare. The Medicare statement can then be forwarded to HBF by the member for consideration of payment of a benefit above the required 25% of MBS fee.

ECLIPSE

For more information on electronic claiming via ECLIPSE, please contact Medicare on 1800 700 199. Once the software has been installed and you have been registered with HBF you can use ECLIPSE straight away.

How to contact HBF

Member eligibility queries

To find out if your patient is eligible for HBF’s Medical Gap cover, please contact the Member Contact Centre by phone on 133 423 and follow the prompts.

Medical registration queries

For all queries relating to:

- Updating your contact or payment details
- Adding or ceasing provider numbers
- Making changes to your Medical Gap arrangement
- Requesting a copy of the HBF Schedule
- Requesting a copy of the HBF Limited Surgical Items List

Please contact the Provider Support Team by phone on 08 9265 6378, or by email to medicalgap@hbf.com.au.

Medical claims queries

For all queries relating to claims, such as:

- Following up on accounts that have been submitted
- Querying benefits that have been paid

Please contact the Medical Claims Team by phone on 133 423 and follow the prompts, or by email to expresspayqueries2@hbf.com.au.

Other medical queries

For all other queries or feedback on:

- The Medical Gap cover arrangement
- Suggestion for improvements
- Relationship building

Please contact the Provider Support Team by phone on 08 9265 6378 or by email to hospandmed@hbf.com.au.

Information to members

In response to enquiries from members eligible for Medical Gap cover, HBF will advise of the Medical Gap arrangements you operate under and any expected gap payments and confirm this in writing.

HBF provides a list of medical practitioners participating in HBF Medical Gap cover arrangements to members. In entering into these arrangements you consent to your name being published in that list.

Medical Gap cover conditions

The information contained within this guide forms part of the conditions of HBF’s Medical Gap cover arrangements and should be read in conjunction with the Medical Gap Arrangement application form.

Under no circumstances are any of the conditions associated with HBF’s Medical Gap cover arrangements to interfere with the clinical decision-making 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.

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



Go to hbf.com.au

Visit a branch

Mon to Fri: 9am to 5pm
Sat: 9am to 12.30pm*

Call us 133 423

Mon to Fri: 8am to 6pm
Sat: 8am to 1pm

Postal address

GPO Box C101 Perth 6839

Stay in touch

Find us at HBF Health



Metropolitan branches

Perth

96 William St

Belmont

Belmont Forum Shopping Centre

Booragoon*

Garden City Shopping Centre

Cannington*

Carousel Shopping Centre

Fremantle

Corner Market St and High St Mall

Hillarys

Whitford City Shopping Centre

Innaloo

Innaloo Shopping Centre

Joondalup*

Lakeside Joondalup Shopping City

Karrinyup*

Karrinyup Shopping Centre

Mandurah

32 Pinjarra Rd

Midland*

Midland Gate Shopping Centre

Morley*

Galleria Shopping Centre

Rockingham*

Rockingham Shopping Centre

Subiaco

513 Hay St

Success

Cockburn Gateway Shopping Centre

Regional branches

Albany

21 Albany Hwy
9845 7000

Bunbury

12 Arthur St
9722 6300

Busselton

2/90-92 Queen St
9781 1800

Geraldton

Northgate Shopping Centre
9920 8200

Ni hao!

We speak your language

If English is not your first language, our multilingual team is fluent in many languages including Mandarin, Cantonese and Hindi. Call us on 1300 735 137.



Even the healthiest bodies need looking after. HBF is the Official Health Partner of WA's favourite teams, the Fremantle Dockers and the West Coast Eagles.



HBF Health Limited ABN 11 126 884 786. The information in this brochure is correct at time of print. Minor changes may have occurred since that date. If major changes occur, the brochure will be replaced. Details of any minor changes can be obtained from HBF on request.

HI-395 17/06/14