

From: Alison Verhoeven
To: [Community Affairs Committee \(SEN\)](#)
Subject: questions on notice: Private health insurance hearing follow-up
Date: Wednesday, 19 July 2017 10:22:48 AM
Attachments: [170317 AHHA Minister Hunt.pdf](#)
[ATT00001.htm](#)
[Old Govt PHI election form.pdf](#)
[ATT00002.htm](#)

Hello Michael

Thanks for your email re the Questions on Notice from the recent Senate Ctee hearing on health insurance. Following and attached are details I sent to Senator Siewert after the meeting.

Regards
Alison Verhoeven

Sent from my iPhone

Begin forwarded message:

From: "Alison Verhoeven"
To: "senator.siewert@aph.gov.au"
Cc: "Krister Partel"
Subject: **Private health insurance hearing follow-up**

Dear Senator Siewert

As discussed at yesterday's Senate Committee hearing on private health insurance, please find attached the data request we provided to Minister Hunt in March this year. We've been advised in the past month by the Department of Health that a response is forthcoming, though yet to receive anything further.

Re insurance policies which provide cover only for public hospital care ('junk policies'), following are product marketing examples:

<https://www.budgetdirect.com.au/private-health-insurance/hospital-cover/public.html>

<https://www.finder.com.au/public-hospital-cover>

Some insurers, eg CBHS, NIB, AHM, offer a product which covers public hospital care, plus very limited coverage in private hospitals (restricted generally to a list of agreed hospitals): see for example, <https://www.cbhs.com.au/Products/Health-Insurance/Hospital-Cover/Hospital-Cover-Basic>

Re patients electing to use private health insurance in public hospitals, I advised the Committee I would provide an example of a patient election form: please see the attached example from Queensland Health.

I would be happy to provide any additional information you might require.

Kind regards

Alison

Alison Verhoeven

Chief Executive Officer

Australian Healthcare & Hospitals Association

the voice of public healthcare

T: 02 6162 0780 | **F:** 02 6162 0779 |

Post: PO Box 78, Deakin West, ACT 2600

Location: Unit 8, 2 Phipps Close, Deakin, ACT

W: www.ahha.asn.au

Email Signature



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17 March 2017

The Hon Greg Hunt
Minister for Health
Parliament House
Canberra ACT 2600
Minister.Hunt@health.gov.au

Dear Minister Hunt

On behalf of the Australian Healthcare and Hospitals Association (AHHA), I wish to thank you for meeting with AHHA's National Board Chair and members of our National Secretariat on 14 March, and I wish to follow up on our discussion regarding private health insurance and private patients treated in public hospitals.

In order to help inform the current debate, we believe the following data is important to the health sector and kindly request your assistance to obtain it.

It would be helpful for the current debate to know:

- What proportion of the exclusionary policies are public hospital only policies, and the extent to which this has changed over time? Statistics published by the Australian Prudential Regulation Authority do not separately identify public hospital only insurance policies; however, data are published related to exclusionary (including public hospital only) policies and non-exclusionary hospital insurance policies.
- To what extent does the use of private insurance in public hospitals relate to exclusionary products?
- To what extent is private health insurance used in public hospitals where there are no private hospital services available but where private clinician services are available, such as regional and rural areas? AIHW data on income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital (METeOR identifier 364802) could be of use at hospital level.
- Complaints data from the states and territories regarding public hospital communications with patients about electing to be treated as a public or private patient.

We look forward to your response, and we look forward to working with you on this issue.

Yours sincerely,



Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association



Private or Public Election Your Choice (Your Election)

INFORMATION FOR PATIENTS: Please read this information carefully before you fill the form in.
If you need help, ask the hospital staff.

All admitted patients must complete the Patient Election Form. The form identifies the source of funding for your stay and enables you to choose to be treated as a private or a public patient.

If you're too sick to make a choice or sign the form at the time of your admission, then your representative can make the choice for you. A representative is someone who is authorised under *Powers of Attorney Act 1998* and/or the *Guardianship and Administrative Act 2000*, to make decisions and sign on your behalf. This could be a person who is 18 years or more and who is a close friend or relation of yours, and is not a paid carer for you.

A parent or guardian can also be the representative to make the choice and sign the form on behalf of a child who is not capable of understanding the form.

Please read the *Respecting Your Privacy – What happens to your personal information?* brochure before you provide information to us.

SECTION A – Identify who pays

Identifying the correct funding source for every hospital admission will contribute to the care provided and the facilities available for our community at our hospital.

Medicare card holder

If you have a current Medicare card, you are entitled to public hospital treatment.

If you are from a reciprocal health care agreement country see **Overseas visitor** over page.

Private hospital insurance

If you have private hospital insurance, you can choose to be treated as a private or a public patient (see **Section B** over page).

Department of Veterans' Affairs (DVA)

If you hold a Gold Repatriation Healthcare card, DVA will pay for treatment costs for all conditions.

If you have a White Repatriation Healthcare card, DVA will pay for conditions that the Department has accepted as service related. Ask the hospital staff to contact DVA if you are not sure what is covered.

DVA will only pay for a single room **if medically necessary**. If you are not sure about your Veterans' Affairs entitlements, you can choose to be treated as a public patient until you know your entitlements.

Australian Defence Force personnel

If you are a member of the Australian Defence Force and have a service number, you can choose to be treated as a private patient. The Australian Government Department of Defence will pay for the cost of shared room accommodation and, **if medically necessary**, single room accommodation.

Where you have a claim for compensation / litigation

You may be receiving hospital care and medical treatment for an injury, illness or disease for which you have received or may be entitled to receive compensation or other benefits. This could be from:

- An accident involving a motor vehicle
- A work related injury or illness
- A claim against someone who may have liability for your injury or illness.

You must tick what type of compensation your claim relates to so that Queensland Health can be paid for your hospital stay.

You can choose to be treated as a private or public patient. As a public patient if your claim is successful your treatment and associated costs will be covered under the claim. However, if you choose to be treated as a private patient you must have prior approval for that treatment from your insurer or you will be responsible for all hospital and treatment costs. Likewise as a private patient if your claim fails and you do not have private hospital insurance you will be liable for all associated costs of treatment.

- Please consider the consequences of choosing to be treated as a private patient **particularly if you do not have private hospital insurance**.

Interstate visitor

Queensland has cross border agreements with all States so that activity funding is correctly allocated. To assist please make sure you provide your permanent address (interstate) as well as your temporary address.

Overseas visitor

If you do not have a Medicare card, you must pay for any costs associated with your stay including all services and accommodation **at time of admission**. However, you may be allowed medically necessary treatment as a public patient if:

- Your home country has a Reciprocal Health Care Agreement with Australia, and,
- You have enrolled with Medicare Australia, and,
- Your visa does not have exclusions.

This does not include pre-arranged treatment, ongoing care for pre-existing conditions or the choice to be a private patient. In these cases, you must pay for any costs associated with your stay, including hospital accommodation.

Self funded / Other

'Self funded' means that you accept responsibility for all charges as a private patient or as a Medicare ineligible person.

'Other' means that your bills will be paid by an alternative funding source such as travel insurance.

- The hospital staff will advise you of the expected costs.
- You accept responsibility for all costs.
- You will have to pay the estimated cost of your stay before you are admitted.
- If your hospital stay costs less than estimated, you will be refunded the difference; if your hospital stay costs more, you will receive another bill for the extra amount.

SECTION B – Private or Public Election

You will be treated as a public patient until you make a valid election

Private or Public:

- You may be charged a co-payment fee if your total stay is longer than 35 days.
- You are charged for discharge requirements such as medications, equipment, wound care needs, etc.

Private patient

- **You can choose the medical specialist** (and their team to provide 24 hour coverage) providing the specialist has the right of private practice at the hospital and agrees to treat you.
- **You can request a single room.**
There are limited single rooms in our public hospitals and they are allocated on medical need basis. If you request and are given a single room, you will be treated as a private patient and charged accordingly.
- **Using your private hospital insurance.**
In certain circumstances, fees payable by your private hospital insurance for admitted patient care will be treated by Queensland Health as full payment. You may not be fully covered by your hospital insurance. You need to seek information concerning the current hospital and medical charges from your doctor and admissions staff.
- **If you don't have private hospital insurance,** or your hospital costs are not covered by the Department of Veterans' Affairs, Australian Defence Force or a compensation claim, and you choose to be admitted as a private patient, **you will have to pay the estimated cost of your stay before you are admitted.** If your hospital stay costs less than estimated, you will be refunded the difference; if your hospital stay costs more, you will receive another bill for the extra amount.

Change of valid election choice

Your election choice is made as soon as practical at time of admission. Your choice, from private to public, cannot be backdated and can only be changed in unforeseen circumstances such as:

- You are admitted for a particular procedure but have complications requiring additional procedures.
- Your hospital stay is longer than originally planned by the appropriate health care professional, or you may be transferred into a Transition Care Program.

- Your social conditions change while you are in hospital e.g. loss of job.

It will not normally be sufficient for you to change your status from private to public merely because you have inadequate hospital insurance.

Public patient

- **You will be treated by the doctors nominated by the hospital.**
- You will not be charged for hospital accommodation, medical and diagnostic services, prostheses, and other relevant services.
- You will be responsible for payment of fees for public hospital services if you do not qualify for Medicare.

Please note that you may change from public to private at any time during your admission.

Declaration

- If you don't make a choice, or until your choice is confirmed, you will be treated as a public patient.
- **Your consent to release relevant details** to the funding agency is necessary to enable your hospital expenses to be paid.

Thank you!

Thank you for taking the time to fill in the Patient Election Form accurately.

The information you provide will assist our hospital in being correctly paid for the cost of your treatment. In this way, our hospital can continue to provide excellent care and services for our community because every revenue dollar raised in our District, stays in our District.



Queensland Government

Patient Election Form

UNIT:

SINGLE MULTIPLE → Valid for up to 6 months for the same condition

Admission date: / /
(Multiple only) ends: / /

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

SECTION A: If you need help, ask staff.

Do you hold a **Medicare card**? No Yes } Card number:

Is it a **interim/reciprocal Medicare card**? No Yes } Expiry date: / / Ref no.

Do you have **private hospital insurance**? No Yes → Health fund:

Policy number:

Healthcare card: No.

Expiry date: / /

Pension card: No.

Expiry date: / /

Do you identify as **Aboriginal and/or Torres Strait Islander origin**? No Yes

Do you hold a **Department of Veterans' Affairs** card, and do you choose DVA to pay hospital expenses? No Yes

If yes, is it a: Gold Repatriation Card White Repatriation Card → Card number:

Are you a member of the **Australian Defence Force**? No Yes → Service number:

Is this hospital visit in relation to an injury arising out of a **motor vehicle accident**? No Yes

↳ If yes, were you on your way to or from work? No Yes

Is this hospital visit in relation to a **work related injury or illness**? No Yes

↳ If yes, do you have an existing claim for this? No Yes → Claim no:

Is this hospital visit in relation to a **personal injury claim** (i.e. litigation)? Unsure No Yes

↳ If yes, provide details:

Are you an **interstate** visitor? No Yes → Permanent residential postcode:

Are you an **overseas** visitor? No Yes → I normally live in (country):

Interpreter required? No Yes → Interpreter booking number:

If none of above apply: Self funded or Other → Details:

SECTION B: Please read the 'Private or Public Election – Your Choice (Your Election)' information for patients before completing this section.

I understand while I may be eligible for Medicare benefits or private hospital insurance, I have a choice to be a private or a public patient. I elect to be treated as a (tick your choice):

PRIVATE PATIENT (I will be advised by Queensland Health staff of costs, estimated at time of admission, payable by me for this admission)

→ I consent to Queensland Health contacting my health insurer to confirm eligibility for this admission: No Yes

→ I choose to be treated as a private patient by Dr:

→ I choose to have a single room (charges may apply) if one is available: No Yes

In certain circumstances, health fund payments may not fully cover my expenses, including where:

(a) I am accessing restricted or excluded services under my private hospital insurance;

(b) Certain excesses / co-payments are payable under my private hospital insurance;

(c) Additional charges may apply, for example prosthetics, high cost consumables, medical charges, fees.

PUBLIC PATIENT → I choose to be treated as a public patient and a suitable doctor will be nominated by the hospital.

→ I will not be charged for medical or hospital services unless I do not qualify for Medicare.

PRIVATE or PUBLIC → If my stay is greater than 35 days I may be charged a co-payment fee.

Declaration by: Patient Parent / Carer Other (relationship)

I, (name) of (address)

have read, understood and agreed to:

- the *Private or Public Election – Your Choice (Your Election)* and the information on this form and declare my election being fully informed and understanding the consequences including knowing that my status if private can only be changed in the event of unforeseen circumstances.
- the *Respecting Your Privacy* brochure and authorise the hospital to release a copy of this form to my health fund if I elect to be private.

I agree that other information in relation to billing or debt recovery for services received may be sought from, or disclosed to, the appropriate funding agency.

I am aware that failure to sign this form may result in refusal of my health fund or agency to provide benefits if I have elected to be private.

I have not been directed by a Queensland Health employee, officer, agent or contractor to a decision about my election status.

I understand that if I have a representative who has been appointed to make decisions or sign documents on my behalf that I need to inform the hospital.

Patient or Representative

Sign:

Date: / /

Queensland Health Staff Witness

Name & position:

Sign: Date: / /

QHPEE3 April 2011



SW204

PATIENT ELECTION FORM – MEDICAL RECORD COPY



Queensland Government

Patient Election Form

UNIT:

SINGLE MULTIPLE → Valid for up to 6 months for the same condition

Admission date: / /
(Multiple only) ends: / /

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

SECTION A: If you need help, ask staff.

Do you hold a **Medicare card**? No Yes } Card number:

Is it a **interim/reciprocal Medicare card**? No Yes } Expiry date: / / Ref no.

Do you have **private hospital insurance**? No Yes → Health fund:

Policy number:

Healthcare card: No. Expiry date: / /

Pension card: No. Expiry date: / /

Do you identify as **Aboriginal and/or Torres Strait Islander origin**? No Yes

Do you hold a **Department of Veterans' Affairs** card, and do you choose DVA to pay hospital expenses? No Yes

If yes, is it a: Gold Repatriation Card White Repatriation Card → Card number:

Are you a member of the **Australian Defence Force**? No Yes → Service number:

Is this hospital visit in relation to an injury arising out of a **motor vehicle accident**? No Yes

↳ If yes, were you on your way to or from work? No Yes

Is this hospital visit in relation to a **work related injury or illness**? No Yes

↳ If yes, do you have an existing claim for this? No Yes → Claim no:

Is this hospital visit in relation to a **personal injury claim** (i.e. litigation)? Unsure No Yes

↳ If yes, provide details:

Are you an **interstate** visitor? No Yes → Permanent residential postcode:

Are you an **overseas** visitor? No Yes → I normally live in (country):

Interpreter required? No Yes → Interpreter booking number:

If none of above apply: Self funded or Other → Details:

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→ I choose to be treated as a private patient by Dr:

→ I choose to have a single room (charges may apply) if one is available: No Yes

In certain circumstances, health fund payments may not fully cover my expenses, including where:

(a) I am accessing restricted or excluded services under my private hospital insurance;

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Sign:

Date: / /

Queensland Health Staff Witness

Name & position:

Sign: Date: / /



Queensland Government

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Admission date: / /
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Address:

Date of Birth:

Sex: M F I

SECTION A: If you need help, ask staff.

Do you hold a **Medicare card**? No Yes } Card number:
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 Do you have **private hospital insurance**? No Yes → Health fund:
 Policy number:
 Healthcare card: No. Expiry date: / /
 Pension card: No. Expiry date: / /
 Do you identify as **Aboriginal and/or Torres Strait Islander origin**? No Yes

Do you hold a **Department of Veterans' Affairs** card, and do you choose DVA to pay hospital expenses? No Yes
 If yes, is it a: Gold Repatriation Card White Repatriation Card → Card number:
 Are you a member of the **Australian Defence Force**? No Yes → Service number:

Is this hospital visit in relation to an injury arising out of a **motor vehicle accident**? No Yes
 ↳ If yes, were you on your way to or from work? No Yes
 Is this hospital visit in relation to a **work related injury or illness**? No Yes
 ↳ If yes, do you have an existing claim for this? No Yes → Claim no:
 Is this hospital visit in relation to a **personal injury claim** (i.e. litigation)? Unsure No Yes
 ↳ If yes, provide details:

Are you an **interstate** visitor? No Yes → Permanent residential postcode:
 Are you an **overseas** visitor? No Yes → I normally live in (country):
 Interpreter required? No Yes → Interpreter booking number:
 If none of above apply: Self funded or Other → Details:

SECTION B: Please read the 'Private or Public Election – Your Choice (Your Election)' information for patients before completing this section.

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 → I choose to be treated as a private patient by Dr:
 → I choose to have a single room (charges may apply) if one is available: No Yes
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Date: / /

Queensland Health Staff Witness

Name & position:

Sign: Date: / /



Queensland Government

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Admission date: / /
(Multiple only) ends: / /

(Affix patient identification label here)

URN:

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Given Names:

Address:

Date of Birth:

Sex: M F I

SECTION A: If you need help, ask staff.

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Is it a **interim/reciprocal Medicare card**? No Yes } Expiry date: / / Ref no.

Do you have **private hospital insurance**? No Yes → Health fund:

Policy number:

Healthcare card: No. Expiry date: / /

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Do you hold a **Department of Veterans' Affairs** card, and do you choose DVA to pay hospital expenses? No Yes

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Are you a member of the **Australian Defence Force**? No Yes → Service number:

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↳ If yes, were you on your way to or from work? No Yes

Is this hospital visit in relation to a **work related injury or illness**? No Yes

↳ If yes, do you have an existing claim for this? No Yes → Claim no:

Is this hospital visit in relation to a **personal injury claim** (i.e. litigation)? Unsure No Yes

↳ If yes, provide details:

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Are you an **overseas** visitor? No Yes → I normally live in (country):

Interpreter required? No Yes → Interpreter booking number:

If none of above apply: Self funded or Other → Details:

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→ I choose to have a single room (charges may apply) if one is available: No Yes

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Patient or Representative

Sign:

Date: / /

Queensland Health Staff Witness

Name & position:

Sign: Date: / /