

St.LukesHealth Medical Gap Cover

Terms & Conditions

ST.LUKESHEALTH MEDICAL GAP COVER PROVIDER INFORMATION

St.LukesHealth Medical Gap Cover is designed to provide medical practitioners with the option to eliminate or reduce the medical gap for eligible St.LukesHealth members requiring hospital inpatient services. This is done through the payment of an additional benefit over and above the Medicare Benefits Schedule (MBS) fee for those members who receive in-hospital treatment from a participating practitioner.

St.LukesHealth Medical Gap Cover advantages – medical practitioners

- Your patient will receive a higher benefit for the services provided by you;
- The St.LukesHealth Medical Gap Cover Schedule of Fees is reviewed and indexed from time to time;
- The claiming process is streamlined, therefore improving your accounts administration and cash flow while providing greater convenience for patients;
- Online claiming of Medicare and Fund benefit is available through Electronic Claim Lodgement and Information Processing Environment (ECLIPSE)
- Quicker processing time means faster payment of accounts;
- The incidence of bad debts and the expense involved in collecting those debts can be reduced;
- Visibility for members of your participation through our customer service listing.

St.LukesHealth Medical Gap Cover advantages – St.LukesHealth members

- Financial certainty of 'no' or 'known' medical gap for inpatient services;
- Patients continue to have their choice of medical practitioner;
- Simplified billing process - no need for patients to claim through several sources;
- Improved value perception of private healthcare, further supporting the private system.

Patient Relationship

St.LukesHealth acknowledges that it is for each medical practitioner to exercise their own clinical judgement at all times in relation to the provision of services to eligible St.LukesHealth members. St.LukesHealth further acknowledges that it will not interfere in the autonomous relationship between the medical practitioner and their patient.

No Gap Services

To ensure your patient is fully covered for the service they are receiving, your fee charged should not exceed the St.LukesHealth Medical Gap Cover Schedule Fee. Our schedule of fees is available at www.stlukes.com.au.

Known Gap Services

If you wish to charge a 'known' gap to eligible St.LukesHealth members, St.LukesHealth Medical Gap Cover benefit will only apply if the known gap for each service is less than or equal to the maximum out of pocket listed on the St.LukesHealth Medical Gap Cover Schedule of Fees.

Eligible St.LukesHealth members using a 'known gap' participating provider will have a maximum out-of-pocket contribution of 10 per cent of the St.LukesHealth Medical Gap Cover Schedule Fee per service rendered by that provider. The patient should be direct billed for the 10 per cent 'known gap' amount after the service has been rendered. The patient should also be informed that the 'known gap' amount is not claimable from any other source.

The fee shown on the account sent to St.LukesHealth **MUST** be the full fee and should include any known gap charged to the patient. Informed financial consent must be obtained from the patient where a known gap is charged.

St.LukesHealth Medical Gap Cover Benefit

The St.LukesHealth Medical Gap Cover benefit is identified and defended by the MBS item number. The benefits payable for an eligible service will be in accordance with the St.LukesHealth Medical Gap Cover Schedule of Fees and assessing rules applying to Medicare rebates will also apply to benefits paid under St.LukesHealth Medical Gap Cover.

The benefit is inclusive of the Medicare rebate, the 25 per cent medical gap benefit and the additional St.LukesHealth Medical Gap Cover benefit. The schedule of fees is updated from time to time and the most up to date schedule of fees is available at www.stlukesh.com.au.

Informed Financial Consent

Informed financial consent should be obtained prior to treatment or, in the case of emergency treatment, as soon after treatment as practical. You **MUST** not charge any fee to your patient such as a 'booking fee' or 'hospital facility fee' or similar. The Department of Health in consultation with the AMA and other relevant industry bodies has developed an Estimate of Medical Fees form, which has been designed to assist you to provide written informed financial consent. Episodes where a St.LukesHealth member has been charged a 'booking fee' or 'hospital facility fee' or similar will be forwarded to the most appropriate governing body for review and investigation.

Member Eligibility

St.LukesHealth members covered on a hospital product who have served the required waiting periods are eligible for St.LukesHealth Medical Gap Cover and:

- Is admitted as an inpatient
- is a financial member of St.LukesHealth and holds an appropriate level of health insurance cover;
- is not subject to a waiting period;
- is registered for and entitled to receive Medicare rebates for the services performed;
- is a 'patient' as defined in Section 3(1) of the Health Insurance Act 1973; and

Who during an episode of hospital care, received services:

- which are not eligible for compensation, damages or any other indemnification;

- which do not relate to a pre-existing condition where such services are provided within the first 12 months of starting a membership with a registered private health insurer;
- which are not excluded from attracting a Medicare rebate, such as cosmetic surgery.

Where the member's level of hospital cover carries an excess, this excess does not apply to the St.LukesHealth Medical Gap Cover benefit.

You should confirm with the patient that they are eligible for private health insurance and obtain both their Medicare number and their St.LukesHealth membership number.

CLAIMING

St.LukesHealth Medical Gap Cover provides a simplified billing option where accounts are submitted directly to the Fund either electronically or by mail for the payment of Medicare and Fund benefit. The claiming procedure is summarised below. Submission of a claim for St.LukesHealth Medical Gap benefit will be taken of acceptance of these terms and conditions.

Batch Summaries

If a provider has completed our provider registration form, their accounts no longer have to be submitted via a batch summary, although this option is still available.

Submission of claims will be acceptance that services were provided by the practitioner listed whilst the member was admitted as a private inpatient and in accordance with these terms and conditions.

Billing via ECLIPSE - preferred

Most practice billing software allows for medical billing via ECLIPSE. This method of submitting an account provides for a seamless and significantly more efficient process, resulting in medical practitioners receiving payment sooner.

- Confirm that the patient is a member of St.LukesHealth and holds private hospital cover.
- Obtain the patient's St.LukesHealth membership number, Medicare number and Medicare card reference number.
- Obtain informed financial consent in writing from the patient if a patient contribution or known gap is being charged and provide financial disclosure to the member.

- Ensure your fee charged is within the allowable limits of St.LukesHealth Medical Gap Cover.
- Submit your accounts electronically through your practice management software using the ECLIPSE functionality.

Online claiming using ECLIPSE

As an alternative to issuing paper based accounts, you can also claim electronically through your practice management software by using the ECLIPSE functionality. ECLIPSE stands for Electronic Claim Lodgement and Information Processing Service Environment.

You may already use online claiming to lodge claims directly to Medicare. ECLIPSE is an extension of Medicare Australia's online claiming system that incorporates direct communication and claiming for providers with Medicare and private health insurers, all in the one transaction. If you wish to connect to ECLIPSE you should contact your software vendor to ask whether they currently offer ECLIPSE functionality. You can obtain more information about ECLIPSE from the following sources:

- call Medicare Australia's eBusiness Service Centre on 1800 700 199
 - email co.eclipse@medicareaustralia.gov.au
- www.medicareaustralia.gov.au/onlineclaiming

Claiming via Email

- Confirm that the patient is a member of St.LukesHealth and holds private hospital cover.
- Obtain the patient's St.LukesHealth membership number, Medicare number and Medicare card reference number.
- Obtain informed financial consent in writing from the patient if a patient contribution or known gap is being charged and provide financial disclosure to the member.
- Ensure your fee charged is within the allowable limits of St.LukesHealth Medical Gap Cover.
- Submit your account via email to general@stlukes.com.au with GAP Billing in the subject line.

Claiming via Mail

- Confirm that the patient is a member of St.LukesHealth and holds private hospital cover.
- Obtain the patient's St.LukesHealth membership number, Medicare number and Medicare card reference number.
- Obtain informed financial consent in writing from the patient if a patient contribution or known gap is being charged and provide financial disclosure to the member.
- Ensure your fee charged is within the allowable limits of St.LukesHealth Medical Gap Cover.

POSTAL ADDRESS

St.LukesHealth
Att: GAP Team
PO Box 915
Launceston TAS 7250

PAYMENT

Payments can be made by Electronic Funds Transfer (EFT) direct to your nominated bank account usually within 21 calendar days of receipt of the patient's claim, providing Medicare payment has been received by the Fund.

If bank account details are not provided payment will be made by cheque. St.LukesHealth will forward payment for each account as soon as assessment is complete regardless of the processing status of other accounts submitted.

Statement of Benefit

A Statement of Benefit will be posted to you at the time payment is made by EFT (in the case of a cheque payment, the statement will accompany the cheque). Please allow three working days for receipt of the statement after payment by EFT. The Statement of Benefit will detail payments and rejections together with assessment/rejection explanations. A Statement of Benefit will also be sent to the patient detailing the benefit payment and any known gap that applies.

CUSTOMER SERVICE LISTING

St.LukesHealth has a customer service listing of all participating providers. This listing allows St.LukesHealth members to identify a provider who has participated in St.LukesHealth Medical Gap Cover within the previous two years. Unless identified through the Opt Out form, available from www.stlukes.com.au, submission of our provider registration form or submission of a claim will be taken as agreement to participate in this customer service listing. The listing is maintained by a third party on behalf of St.LukesHealth and no personal information including bank account details is provided to this third party. For further information, please visit <http://www.stlukes.com.au/Medicalproviders.aspx>.

Members who contact St.LukesHealth customer care staff will be informed:

- Of the medical providers who have indicated their intention to use the St.LukesHealth Medical Gap Cover arrangement as a 'no gap' or 'known gap' participating provider, participating in our customer service listing.
- That there will be no patient contribution for members who use a 'no gap' participating provider. That there will be a maximum patient contribution per service provided to members who use a 'known gap' participating provider and that the medical provider should obtain informed financial consent from the member prior to treatment or in the case of an emergency, as soon after treatment as practical. St.LukesHealth Customer Care team will not make recommendations to members regarding their choice of medical practitioner.

AUDIT AND COMPLIANCE

St.LukesHealth may choose to undertake an audit of claiming to ensure that these terms and conditions are adhered to. Participation in the St.LukesHealth Medical Gap Cover program is accepted as agreement from the provider to an audit if required. Where it is identified that an overpayment or incorrect benefit has occurred, a refund will be requested by St.LukesHealth.

If misuse is identified, this may result in the provider being delisted from participating in the program.

DISPUTE RESOLUTION

St.LukesHealth and the provider will make reasonable efforts to resolve any dispute raised within a 30 day period without the involvement of a third party.

ENQUIRY SUPPORT

For more information call 1300 651 988. When making an enquiry please request one of the following services:

- Member eligibility check: You will be required to identify your practice and we will also request the patient's name and date of birth.
- Claim enquiry: You will be required to identify your practice and we will also request the patient's name and date of birth. Details of the patient account may also be requested.
- St.LukesHealth Medical Gap Cover arrangement enquiry: You will be transferred to the appropriate person dependent on the nature of your enquiry.