

Going to Hospital Member Guide

August 2024

About this guide

Navigating the hospital experience can be stressful and complicated, particularly when your first concern will be your health. Latrobe Health are committed to empowering you to make informed decisions regarding your healthcare and helping you navigate what can be a tricky and emotionally (and financially) taxing period. This is a helpful step-by-step guide that will help you reduce your out-of-pocket costs and understand your Latrobe Health cover when you need it the most.

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Call Us - 1300 362 144

Like most of us, unless you talk about health insurance every day, you won't confidently be armed with how best to tackle the process while also prioritising your health. While we can't give you medical advice, we can help you with the costs, access to recovery services after your admission and by making sure you get the most out of your cover, without any of the nasty surprises.

Before your hospital admission, give us a call. We'll have a chat about your cover, what to plan for and what to ask when faced with a potential hospital admission.

Your cover

The first thing we'll do is check your cover and confirm exactly what you are and are not covered for. During our chat, we'll:

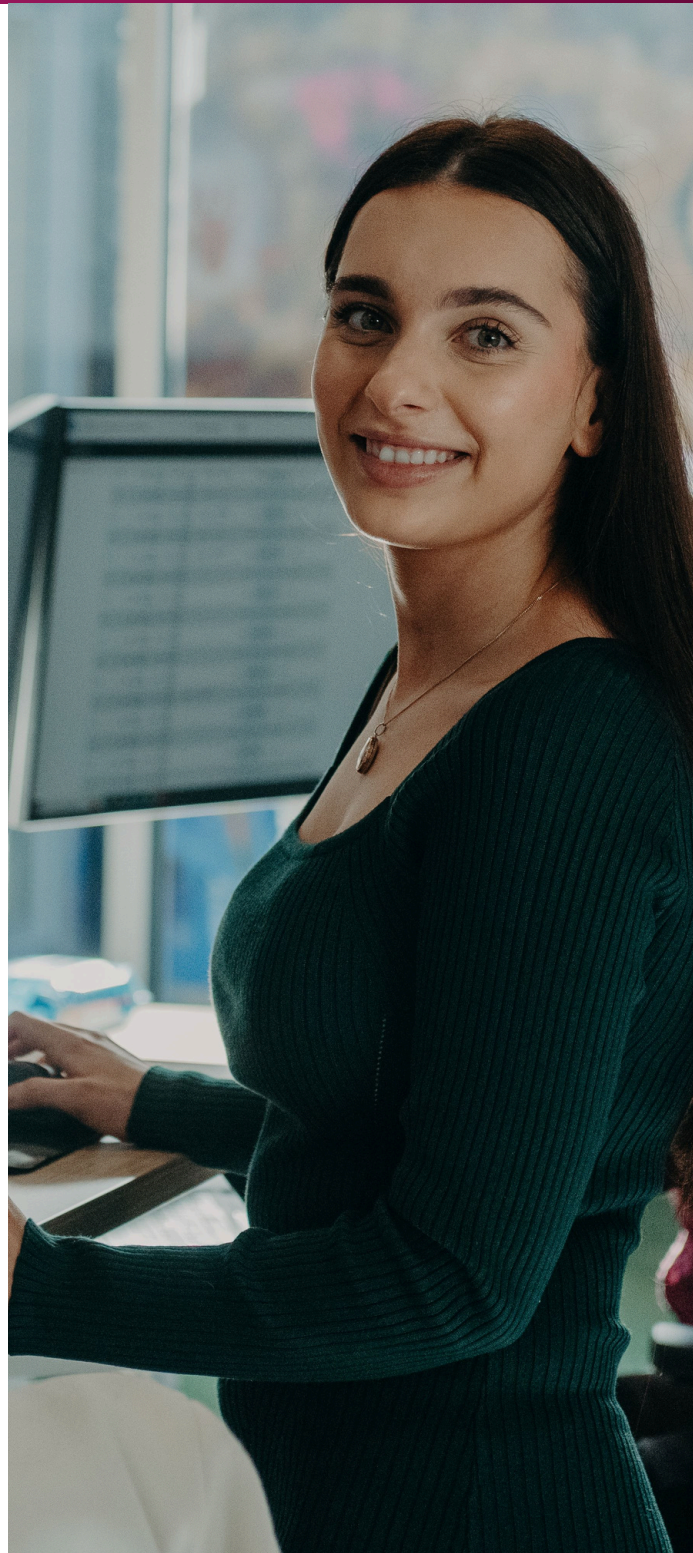
- Ask you for the details of your admission if you know them already - admission date, hospital, item numbers etc.
- Confirm you have served all of your waiting periods. or discuss your options.
- Confirm the hospital you are going to is a 'participating' hospital - see our list [here](#).
- Check your policy to ensure you are covered for what you need.
- Make sure your premiums are up to date so you won't encounter any complications or confusion on the day of the admission.
- Check your contact details and ensure your personal details match with what's on your Medicare card.
- Offer for you to nominate a third-party authority to be placed on your membership in case you want someone to speak to us on your behalf while you are in hospital or in recovery - link to form

What to plan for

The second thing we'll talk about, is what you should plan for and expect, particularly financially. This includes:

- 'The Gap' and other possible out of pocket expenses.
- Your hospital excess or co-payment.
- How to claim after your admission.
- What does your recovery look like and how can your extras assist you.

Don't worry, we will break this down a little bit more over the coming pages.



What to ask

7 Questions you ask your specialist before going to hospital.

1

Can you provide me a written estimate of costs including a breakdown of any expected out of pocket costs?

This is known as Informed Financial Consent (IFC) - see more detail on page 7.

2

What other healthcare professionals (anaesthetist, assistant surgeon etc.) will be involved in my procedure and what are their costs?

It's important that you are aware of all costs so you can plan and budget accordingly.

3

What is the Medicare Benefit Schedule (MBS) item number(s) for the admission?

The MBS is a list of the medical services with corresponding item numbers for which the Australian Government will pay a Medicare rebate. To be eligible for benefit, the procedure(s) that you are having must have a recognised MBS item number. See [Medical Costs Finder](#) for an indication.

4

Which hospital will I be treated in? How long is the estimated stay?

A 'Participating Private Hospital' is a private hospital with which Latrobe Health has negotiated a provider agreement with. For more information, refer to the [Understand the costs, Fact sheet](#).

5

Will there be additional costs for radiology, pathology, or prostheses?

For more information on prostheses and other potential out of pocket costs, see page 7.

6

Are you able to send the account directly to Latrobe Health?

Depending on how you are invoiced, we may be able to help you out even more by reducing some of your medical 'gap' costs. For more information on JustASK, refer to the [Understand the Costs, Fact sheet](#).

7

What will my recovery look like, and will I require rehabilitation?

Recovery is an important part of your hospital procedure. It's essential to understand how you can best get back into your daily routine and if your current level of cover can help you.



Did you know?

A specialist referral is often made by your GP without any idea of how long you are going to have to wait to see that specialist, especially if your condition is not urgent.

If you would like to do some research or talk to family and friends before you decide on the specialist, you can ask your GP for an open referral.

Not only does this allow you to research and find someone that you feel will best suit your needs, but it also means that you may not be stuck waiting for an appointment.

Tip: Even if your referral is addressed to a particular specialist, you can use it to make an appointment with any doctor with the same speciality.

What is covered? *and what's not*

Get a handle on the MBS

The Medicare Benefit Schedule (MBS) is a list of the medical services and associated schedule fees that the Australian Government pays a rebate towards to assist in covering the medical costs of approved services.

When it comes to a private hospital admission and for those with private health insurance, 100% of the Medicare Schedule Fee is paid as follows:

- 75% by Medicare
- 25% by your health insurer

In digestible terms, the MBS is a 'Recommended Retail Price' for any procedure that is approved by Medicare. It's important to understand however, often the MBS does not cover the full cost of medical services and the difference between what is charged by your specialist (if any) and the scheduled fee is commonly known as 'the gap'.

For information on how Latrobe Health can help you cover some of your medical 'gap' costs, see JustASK on 'Understand the Costs - Fact Sheet'



What is covered? *and what's not...continued.*

What's covered

- Hospital stay (i.e. your bed and a private room, if available)
- Operating theatre fees
- Critical care and labour ward fees if required.
- Meals provided to you in hospital
- Medical costs - for more information see 'Understand the Costs - Fact Sheet'
- Prosthesis costs - for more information see page 6.
- Pharmaceuticals related to and provided during your admission. For any prescribed medications post admission check your Extras cover for potential benefits.
- Other services relevant to your treatment and provided during your admission such as physiotherapy or occupational therapy,
- Dressings, sutures, needles and other disposable items.
- Supported discharge for the cost of providing services to support members to be discharged from hospital to home as a replacement for inpatient bed days.



What's not

- TV hire, phone calls, newspapers, magazines, and other such incidentals
- Respite care
- Take home items like crutches and drugs - some benefit may be payable under your Extras cover.
- Experimental treatments or procedures not covered by Medicare and without a medical item number.
- Private hospital emergency fees
- Donated blood, blood products, blood collection and storage
- Ongoing outpatient services performed by a doctor or specialist.
- Theatre or specialist fees for procedures performed by a Podiatric Surgeon (these services are not eligible for a rebate through Medicare).
- If you stay in hospital longer than 35 days, and your doctor has not certified that you need ongoing hospital treatment.
- Services covered by another source such as travel insurance or workers compensation.
- Booking fees

IFC & OOPs

First things first, let's understand what exactly Informed Financial Consent (IFC) is and what potential Out Of Pocket Expenses (OOPs) you may encounter so you can budget for your upcoming procedure and if possible reduce some of those unnecessary costs.

Broadly, private patient hospital admissions can be broken down into three costs;

Hospital Costs associated to attending or staying in hospital including bed fees, theatre fees.

Medical Costs associated with performing the actual procedure you are requiring, and

Prostheses Costs relating to prosthesis, if any are required.

Before receiving treatment, you're entitled to know how much each surgeon or specialist will charge by requesting IFC or an 'Estimate of Medical Fees'.

In simple terms, this is an estimate of costs or a 'quote' from your treating surgeon and any other medical specialist involved which provides a breakdown of;

- relevant item numbers and their associated scheduled fee as set by Medicare,
- benefits payable by Latrobe Health Services and Medicare, and
- potential out of pocket expenses that you may incur for your medical procedure or required prosthetics.

Am I Getting a Prosthesis?

There are more than 11,000 products listed on the Prostheses List, including:

- hip, knee or other joint replacement devices
- cardiac implantable electronic devices, like pacemakers
- vascular and cardiac stents
- human tissue items like vascular grafts, corneas and heart valves
- insulin infusion pumps
- cardiac ablation catheters and remote monitoring systems plus much more

This list publishes the schedule fee for each Medicare approved prostheses eligible for benefit. If the schedule fee is less than the cost of the prosthesis, an OOP may occur for the difference.

ESTIMATE OF MEDICAL FEES

PATIENT'S DETAILS

Family Name	Given Names		
Address	State	Postcode	Suburb/City
Hospital	Health Fund	Admission Date	

PROPOSED PROCEDURE DETAILS these columns are optional

MBS Item No	Description	Fee	Medicare benefit (please confirm)	Health fund benefit (please confirm)	Estimated patient gap

OTHER SERVICES There may be a need for other services to be provided for this procedure including:

Type of Service	Estimate of Fee or Charge	Medicare Benefit (please confirm)	Health Fund Benefit (please confirm)	Patient Gap	Contact for fee information (if known)
Anaesthetist	<input type="checkbox"/>				
Assistant Surgeon	<input type="checkbox"/>				
Pathology	<input type="checkbox"/>				
Radiology	<input type="checkbox"/>				

PROSTHETICS Prosthetics (implanted medical devices used in surgery) required for this treatment? YES NO

Device description	Reference Number	Full Charge	Health Fund Benefit (please confirm)	Patient has amount to pay?	
				YES*	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

NOTE * If there is a patient amount to pay, ask your doctor for the reasons this prosthesis was chosen. Any financial interests this practice has in products or services recommended or to be given to you have been disclosed and explained. Yes Not applicable

DECLARATION BY PATIENT OR GUARDIAN:

I understand that this is an estimate only and may be subject to variation. I acknowledge that it is my responsibility to confirm with my health insurance fund the level of cover that I have and any amount that it will be my responsibility to pay. I further acknowledge that I have been informed of the possible cost of any prosthetic device that may be required for the procedure. I have been advised that other health professionals may be involved in my treatment and I understand that this estimate does not include their fees or charges unless specifically stated otherwise.

Patient or Guardian's signature _____ Date _____
Guardian's full name _____

The average benefit Latrobe Health paid for surgical prostheses when required is \$2,811.47

Pre-hospital Checklist

- ✓ Ask specialist for treatment item numbers
- ✓ Call Latrobe Health to confirm cover for treatment on my policy and to go through an admission check confirm premiums are up to date.
- ✓ Confirm the hospital I am going to is a Latrobe Health 'participating hospital'
- ✓ Discuss potential out-of-pocket expenses and obtained Informed Financial Consent from all of my treating practitioners.
- ✓ Discussed JustASK! and request to be invoiced directly to Latrobe Health
- ✓ Budget to pay excess to hospital on the day of admission or day of booking
- ✓ Prepare for procedure - make arrangements for pets and childcare, organise a lift to and from the hospital, understand and follow pre-surgery instructions
- ✓ Complete pre-admission paperwork. This can generally be completed online or in hard copy and must be received by the hospital no later than 48 hours before your admission.
- ✓ Checked with your surgeon what to expect post-surgery and understand recovery requirements.
- ✓ Be familiar with what to expect in terms of bills and claiming



Claiming

You won't always receive a bill after going to hospital. If your procedure was included on your cover, you went to a 'Participating Hospital' and your doctors charged the schedule fee or no more above the schedule fee than what our JustASK! benefit covers you for, you may have nothing extra to pay.

If you do receive a bill, it's likely to be from one of two sources:

- The hospital (for your excess)
- The specialist or anaesthetist

1 Simplified Billing

When you are admitted to hospital you will be charged separately for medical fees by your doctor, medical specialist, surgeon, anaesthetist, radiologist or pathologist. Simplified Billing is when your medical providers send their invoices directly to Latrobe Health.

If your medical providers send their invoices directly to us, we will claim the Medicare portion on your behalf and forward our portion directly to the provider for you. This means you will only be responsible for paying any out-of-pocket costs.

2 Patient Claim

If you are billed directly by your provider, there are two options to submit your claim;

myGov

If you have not already registered for your myGov account, go to my.gov.au or download the app. You will need to link your Medicare account and follow the prompts to make an online claim.

If the claim is approved by Medicare, you will be notified via your myGov inbox, with a statement of benefits (SOB) within 7 to 10 days.

Download your SOB and proceed to upload it to Latrobe Health via our mobile app or Online Member Services.

If your medical account is still outstanding, Medicare will pay their portion directly to the provider and Latrobe Health will pay our portion to the bank details we have on file. It's important to ensure that your bank details are up to date on your membership. Once we have provided you your benefits, you will need to forward any to the provider to ensure your account is paid in full.

If you've already paid the account, we will pay our benefit directly to your nominated bank account.

Medicare

This will require you to go directly through Medicare to receive your statement of benefit (SOB) as opposed to linking your myGov account to Medicare.

Refer to the above steps for what to do once you have received your SOB.

Recovery & Review

When you are ready to be discharged, the hospital staff will discuss what requirements you will need at home to help with your recovery. If your recovery includes ongoing rehabilitation, physiotherapy and follow-up appointments, your extras cover will come in handy.

Extras / Ancillary Cover

Depending on your cover, Latrobe Health offers benefit towards (but not limited to);

- Physiotherapy
- Health Appliances (such as crutches, wheelchairs and braces)
- Pharmacy
- Psychology
- Speech and Occupational Therapy
- Nurse to home visits
- Telehealth appointments with select

If additional in-hospital rehabilitation or palliative care is required, it's important that you take the time to understand how your hospital cover can assist you too moving forwards.

If you are feeling up to it and want to discuss your cover in more detail, give us call and speak with one of our friendly team members.

Post-Op Questions

Before leaving hospital, you should ask your specialist the following questions:

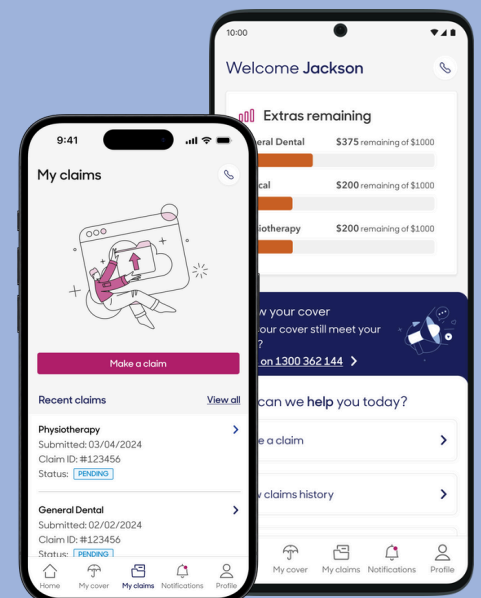
- What pharmaceuticals will I need during my recovery and do I need additional scripts?
- How long should my recovery take before can I expect to resume day-to-day activities?
- What are my at-home rehabilitation options?
- When is my follow-up appointment?
- What complications or side effects might arise and what should I do if these happen?
- Will I need assistance at home, and how can this be organised?
- Do I qualify for a support discharge program or other assistance and benefits if required?



Latrobe Health Mobile App

The Latrobe Health app is a quick and easy way to manage your health cover! You can:

- Submit and track claims with ease
- Track your claims
- View benefit limits and cover details
- Stay on top of payments, and
- Keep your information up-to-date.



Supported Discharge Program

When no alternate plans have already been arranged, Latrobe Health has a well-established Supported Discharge Program (SDP) designed to provide short term assistance and support while you recuperate from your recent trip to hospital.

How am I covered?

It is important to understand that SDPs are not an entitlement of cover and are only considered when no in-patient rehabilitation or outpatient physio (at the hospital) have been planned.

Each situation is considered according to circumstances and in consultation with yourself, the referring health service provider and the medical practitioner involved.

While our Supported Discharge Program can be tailored to meet your needs, it primarily focuses on:

- Home based nursing care, and
- Home based Rehabilitation / Home based respite care

You can discuss your options prior to discharge with the 'Discharge Co-ordinator' at the hospital or for more information prior to your admission call us or email sdp@lhs.com.au.



Use our Webchat!

If you don't like talking on the phone, try our webchat!

You can quickly connect to one of our experts and get the help you need.

Just click on the web chat button at the bottom right of our website and you'll be connected to one of our friendly team straight away.

**It's available 9am to 4:30pm
Monday to Friday local time.**

