

What services are provided through private health insurance

Private health insurers pay for services provided by private hospitals. The amount of any 'out of pocket' expenses you have to pay will be dependent upon a number of factors including the level of cover you have with your private health insurer.

Another important thing is whether your private health insurer has a contract to provide services with the particular private hospital of choice for you and your treating private psychiatrist. In the circumstances that you are fully covered under your hospital product and your private health insurer has a contract with the private hospital of choice then any 'out of pocket' expenses will be limited to those you chose as part of your private health insurance product.

Private health insurers must pay a minimum benefit for your hospitalisation even if you are not fully covered for mental health services or if you are covered but there is no contract between your insurer and the hospital of choice, but this may be at a very low rate. If this is the case, your 'out of pocket' expenses may be very high.

You should always contact your private health insurer, or have someone contact on your behalf, to confirm the level of cover that you have before you go to hospital, including if there is a Hospital-in-the-Home service available (see Hospital-in-the-Home below) and if you are covered for this service.

The services for which private health insurers can now pay has expanded due to changes in 2007 to federal legislation. These changes included the introduction of 'broader health cover' which means that people no longer need to be an 'admitted' patient of a private hospital to receive care. This can sound confusing but simply, it means that people with private health insurance are now able to access a larger range of services, which will continue to develop over time. These services could be provided in a setting other than the hospital, such as in your home. The hospital or another approved service provider would be responsible for overseeing or organising this care.

What can we access now?

Acute inpatient services

All private hospitals with mental health beds offer a range of treatment and care in an inpatient setting. If your psychiatrist believes you need to be in hospital, he/she will arrange with the private hospital for you to be admitted.

If your psychiatrist does not have an agreement with that private hospital you will be referred to a psychiatrist at that facility. The process may be different if you are admitted through a public hospital emergency department.

Day Patient Programs

Private hospitals offer a range of programs for you to attend whilst you are at home. You can generally attend as a day patient on a half day or full day basis, depending on the programs best suited to your requirements.

If you are still having trouble coping with life after you have had some time in hospital, you could ask your private psychiatrist if he/she could refer you to the following:

Hospital-in-the-Home (may also be referred to as "Outreach Services")

This is a service that some private hospitals offer people who have been in their hospital as inpatients. Private health insurers pay benefits for these services where the hospital and private health insurer have agreed to cover these services. In addition, a person with health insurance will need to have the appropriate cover. You should check with your hospital and health insurer if these services are available. It is not compulsory for insurers to offer cover for Hospital-in-the-Home services.

The outreach service needs a referral from a psychiatrist. The private hospital will have a trained health clinician who will visit you in your home to assess your health and see how you are going with things like managing your medications, managing your home, cooking, shopping and managing your finances. They can come weekly, fortnightly or monthly depending on the psychiatrist's instructions. If you are not coping very well, they can come more frequently. If you are becoming unwell, they can come more often and if they think you need to go to hospital they can contact the psychiatrist.

Case Management

Some private health insurers offer their members telephone-based case management services. These services are staffed by qualified mental health clinicians who call you regularly to talk about things like managing your medications, recognising early warning signs, goals to strive for, who to contact if you feel you are becoming unwell and also offer you a 24 hour 7 day a week point of contact. If you give permission, they will involve your psychiatrist in the service. It is always important to do this, as your psychiatrist needs to know who you are talking to and what information you are receiving. The private health insurers pay for these services so there will be no additional cost to you.

If you have any concerns regarding your private health insurance cover, always check with your private health insurer before you access any services. If your current health insurance cover does not meet your needs, you may wish to find either a more appropriate private insurance product with the same private insurer, or with a different private insurer. However, before changing cover and/or private insurer, you should check carefully the entitlements of your current and prospective private insurance to be aware of any entitlements loss, co-payments or waiting periods etc.

If you have any problems, enquiries or complaints regarding your private health insurer, private hospital or medical practitioner about a private health insurance arrangement, you can contact the independent service of the:

Private Health Insurance Ombudsman
Complaints Hotline: 1800 640695
(Free call anywhere in Australia)

Or write to Level 7, 362 Kent Street, Sydney NSW 2000
Telephone: (02) 8235 8777
Email: info@phio.org.au

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SECRETARIAT

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