



Outcomes of the hospital treatment certification and dual listed MBS items meeting on 15 September 2022

Key Points

- The Department's position on hospital treatment certification is **it is the clinical decision by the medical practitioner to treat the patient on an overnight basis** that determines whether a procedure meets the requirements of a MBS item as a Type A procedure, as set out in the [Private Health Insurance \(Benefit Requirements\) Rules 2011](#) (the Rules).
 - If it does, certification is **not** required, regardless of whether the MBS item is dual listed as also a Type B procedure.
- There was consensus that preferably, MBS items should only be in one classification, avoiding dual listing an item wherever possible.
- Claims for benefits are usually submitted to insurers electronically, potentially resulting in limited inclusion of relevant information provided on the reasons for Type C certification. This may necessitate manual follow up with the hospital, or medical practitioner, if further detail is desired.
- The Department **does not consider the time required to request and receive further information a satisfactory reason to deny payment of benefits, or unnecessarily delay payment**, as processes should already be in place to facilitate prompt engagement between relevant parties.
- There was consensus that a more regular review mechanism for MBS items classification would be helpful as some items have been on the list for some time.

Background

The purpose of the meeting was to:

- work towards establishing a common understanding of hospital certification requirements and processing, including guidance on legislative interpretation; and
- consider issues associated with dual listed MBS items, to see if there are any changes the Department could implement to address some of the issues that have been identified.

The Department circulated a background paper to participants prior to the meeting.

The Department highlighted key points from the paper on the way it sees dual listed items currently working, and some of the issues the sector have raised.

The Department sought both hospital and insurer perspectives on how certificates are currently processed, followed by discussion on specific issues to work through some potential resolutions.



Stakeholder Feedback to the Department

General comments

- Where a Type A procedure is not admitted for overnight hospitalisation, it should be paid at relevant banding for Type B procedures. If the procedure requires anaesthesia or sedation, it should be considered a Type B procedure, and should not be dual listed.
- Review the Rules to:
 - encourage the transfer of overnight procedures to day-only procedures. As they currently stand, they have not done good job at this, rather technology has promoted it.
 - simplify classifications – incorporate a clinician reviewing what is dual listed to obtain clarity on which classification the items should be included in.
- Single listing of items will provide greater clarity for all parties and reduce the administrative burden and potential for disputes over certification requirements.
- There is scope to reduce the number of dual listed items, particularly for those procedures where theatre time and anaesthesia, or sedation, is longer in duration.

Processes for certificates

- ECLIPSE includes a field (segment) for certification information when a certificate is submitted electronically.
 - it is not always possible to populate the segment accurately at a point in time due to potential changing patient status from one type to another eg. a planned Type B changes to Type C, eg. some dual listed items require an extended period of anaesthesia which requires an overnight hospitalisation after the procedure eg. Type B to Type A;
 - as the segment is free text and has character limits insurers may need to follow up with hospitals to request certificates or other documentation separately in order to validate information/completeness of information.
- If the certificate is manually signed by the practitioner, it is sent directly to insurer as a hard copy.
 - manual certificates are generally only requested if the electronic certificate is absent or was not appropriately completed.
- A PDF scanned copy of certificate could address issues around truncated data, character limits or incorrect data entered in ECLIPSE.
- A PDF attachment tool is being considered for the future, but no timeframe is available at this time.

Next steps

- The Department will publish its position on the Department of Health and Aged Care website and circulate this paper to the sector, for information, through its weekly email.
- The Department intends to release an exposure draft of the hospital treatment certification bill to facilitate further stakeholder consultations on certification more broadly, including, a discussion on the contents of the bill.
- The Department will consider options for clarifying the intention of the Rules and to support insurers paying Type B band 1-4 benefits for Type A and Type C when provided as day-only procedures.



Participants

[Department of Health and Aged Care](#)

Brian Kelleher, Assistant Secretary, Private Health Industry Branch

Alastair Wilson, Private Health Industry Branch

Phillip Bartlett, Private Health Industry Branch

Cathie Nicholls, Private Health Industry Branch

Stakeholders

[Sector Representatives/Peak Bodies](#)

Darren Hartney – Australian Health Services Alliance

Michele Vanest – Australian Health Services Alliance

Peter Jankowski – Australian Health Services Alliance

Dr Jui Tham – Australian Health Services Alliance

Lucy Cheetham – Australian Private Hospitals Association

Jane Griffiths – Day Hospitals Australia

Matt Harris – Members Health Fund Alliance

Hospitals

Cathy Ryan – Cabrini Health Group

Pamela Williams – Calvary Care

Caitlin O'Dea – Director Health Policy – Catholic Health Australia

Kandise Acres – Healthcare Private Hospitals Group

Kate Edwards-Coghill – Healthscope

Kirsten Beyer – Mater Health

Camilla Milazzo – Private Healthcare Australia

Dean Breckenridge – Ramsay Health

Mark Molloy – St John of God Health Care

Michelle Robinson – St John of God health Care

Angela Souter – St Vincent's Health Australia

Private Health Insurers

Fiona Langtry – Australian Unity

Wendy Elson – Bupa

Elise Kenworth – HBF

Helen Erikson – HCF

David Stone – Health Partners

Lorraine Holohan – Health Care Insurance

Tanya Cardilo – La Trobe Health



Nicole Warburton – Mildura Health Fund

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Kylie Fusco – Queensland Country Health

Dianne Bell – Teachers Union Health

Susan Hamilton – Teachers Health

Sujata Singh – Teachers Health

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