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Overseas Student Health Cover (OSHC) Review

Final Report

Prepared for: Department of Health

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1 Background

1.1 Research background

Education in Australia is highly sought after by many international students, especially those aiming to study in the higher education and vocational education sectors. In 2017, some 800,000 international students were enrolled in Australian education programs (Studies in Australia 2021).

Overseas Student Health Cover (OSHC) is the health insurance program that covers international students throughout their studies in the country with studies, generally lasting two to four years. OSHC ensures that international students can access quality healthcare as needed during this time.

The requirements for OSHC, including coverage and benefits, are outlined in the Deed for the Provision of Overseas Student Health Cover (the Deed). The Deed is still enforced today but has seen little change to its contents since being instantiated in 2007.

The current Deed is set to expire in June 2022. Given the little change in substance over the past 15 years, the Department is exploring avenues of improvement for OSHC. To assist with this, the Department engaged Lonergan to conduct research amongst key stakeholders.

1.2 Initial research objectives

The initial research objectives below are as specified in the response to the RFP Lonergan provided which shaped this project. However, during the course of the study, the direction of the research changed and some of the original objectives were modified to better align the remainder of the project with issues identified from the primary research.

Areas that were modified are marked with a *, with more details in section 1.3.

Element 1 – Review the current market

Investigate the comprehensiveness and appropriateness of the current benefits payable and benefit limitations under OSHC

Scope of cover / benefits review:

- Does scope of cover / benefit levels still align with the adequate health insurance criteria?
- Are amendments or expansion of cover required?
- What might be required / changes to the benefit requirements
- Analysis of the prices for OSHC products*
- Can current prices sustainably subsidise proposed changes to the OSHC scope of cover and benefit levels? *
- From the research / review, advise the Department if the current Deed is still an effective, economical, and comprehensive mechanism for meeting the requirements of “adequate health insurance” outlined by Home Affairs
- Propose changes to the Deed, specifically to scope of cover and benefit levels

Element 2 – Develop a sample OSHC product *

- OSHC benefits payable by insurers (structured similarly to that of a complying health insurance product (CHIP), as per the Private Health Insurance Act 2007)
- For mandatory out of hospital services covered by OSHC that do not have a CHIP-equivalent, a recommendation will be made as to the most effective method of incorporating this into the sample product and the Deed

Element 3 – Engage with stakeholders throughout

- Engage with relevant stakeholders – e.g. international students, education / insurance agents, insurers
- Determine if the proposed changes to the Deed, specifically to scope of cover and benefit levels, is fit for purpose, addresses students' and dependents' health care needs, and improves their access to health services whilst in Australia
- Explore approach to product selection
- Product utility and comprehensiveness of cover / understanding product scope
- Service accessibility and experiences
- Interactions with providers
- Response to proposed changes
- Potential product changes / development
- Proposed process improvements, particularly health care provider / student interactions
- Identify areas of improvement for communication and engagement with international students
- Ease of product comparisons
- Marketing/purchasing process transparency
- Effectiveness and clarity of communications

1.3 Change in direction from original proposal

Some objectives that were detailed in the original proposal were modified in the course of the study.

The initial investigations into the size of the market, specifically claims data by medical category, were restricted by the incompleteness of the available insurer-supplied data. The incomplete nature of the data prevented the accurate reporting of the total market's composition and any trend analysis relating to claims. Without the ability to determine the type and origin of claims, it was not possible to analyse which categories were cost drivers for insurers or ascertain if certain characteristics were driving higher claiming patterns.

This had a knock-on effect in trying to analyse pricing, and the ability to create a sample OSHC product.

During the executive interviews, other issues surfaced that warranted more in-depth investigation and became a priority compared to some of the original objectives.

These included:

- A lack of transparency with admissions, treatment, and gazetted rates within public hospitals
- The proportion of benefits paid for pregnancy services relative to other services and flow on effect to premiums
- Students holding incorrect types of OSHC policy
- A lack of effective communication and monitoring for visa and OSHC compliance

1.4 Research methodologies

The research program set up by Lonergan covered several key components using a mixed methodology approach.

Figure 1: Research components

Task	Objective
Desk research	Collate data from insurance providers (demographics, claims data) to confirm the state of the sector. Review the current version of The Deed. Research OSHC offerings through insurer websites and insurer provided collateral.
Insurer executive interviews	Deep dive into sector issues. Explore views on the current OSHC product, highlight sector issues and concerns and generate ideas for improving the OSHC offer.
Education institutes executive interviews	Understand role in sign up and usage. Determine views on improving the products and better delivering to overseas student health needs.
Exploratory focus groups with overseas students (x4)	Explore current sign up and usage experiences. Understanding of the product and cost and value perceptions.
Online survey with overseas students	Quantify findings from qualitative work.
Summary focus groups with overseas students (x2)	Explore recommendations around improvements to emerge from qualitative work and quantified via online survey. Explore potential improvements around communicating OSHC products (via insurers) and providing service support.

1.4.1 Desk Research

As part of the review of the current state of the market, research was carried out based on information provided from the OSHC insurance providers. Each insurer was asked to provide two sets of data, one set detailing anonymous policyholder demographics and the other containing claims data. In addition, they were also requested to supply marketing materials for Lonergan to review.

The data requested by Lonergan specified the requirement for de-identified data, aggregated to the levels specified in the table below. This aggregation was proposed to assist with file sizes and to eliminate the need for handling personally identifiable information. Templates were supplied to the insurers by Lonergan to achieve consistency in data delivery, to ensure the correct data was received, and to facilitate data analysis.

While the marketing materials were received from all insurers, data was only received from four of the five insurers. On receipt of the claims data, it was noted that reporting capabilities of the insurers varied considerably. The classification of medical diagnosis or conditions was inconsistent between insurers, and approximately half of all claims data (by value) had no indication of the clinical category[1] the claim originated from.

Figure 2: Insurer Data Request

Information Requested	Details
Member/Policyholder data July 2018 – June 2021	Age of policy holder at commencement of cover Gender of policy holder Country of origin of policy holder No. of dependents covered by policy Date of policy issue Term of policy (in months) State where policy holder is expected to reside, where available

Claims data
July 2018 – June 2021
	Date of claim
	MBS Items(s), ACHI code*, ICD-10 code*
	$ size of claim
	$ benefit(s) paid by insurer
	Category of Health Care Provider
	Age of policyholder (at time of claim)
	Gender of policyholder
	Policy holder's country of origin
	Clinical Category**
	
	*Specified in initial data request
	** Specified in second data request

Marketing materials FY 2020/21	Any brochures or web pages targeting overseas students Examples of OSHC direct marketing campaigns Any digital marketing or social media pages Product comparison guides featuring OSHC products & prices PDS documents relating to OSHC

[1] Clinical categories as defined at:
https://www.privatehealth.gov.au/health_insurance/howitworks/clinical_categories.htm

A second request for claims data was made by Lonergan to obtain more clarification around the classification of medical categories, and while it did bring more clarity to the claims data where a clinical category was available, the lack of categorisation for half the records meant the data remained of limited use.

The lack of completeness of the data highlighted the issues surrounding the flow of information from health care providers to the insurers. In the executive interviews, the insurers expressed their frustrations around obtaining complete and consistent data relating to claims, especially from public hospitals and non-network out of hospital providers.

1.4.2 Insurer executive Interviews

Executive interviews were conducted with each of the OSHC insurance providers to establish their views on the issues faced in the current market, discuss their concerns, and suggestions for potential improvements to OSHC and the Deed.

The interviews were conducted between the 6th and 31st January 2022, and typically ran for 90 minutes.

1.4.3 Education Institute executive Interviews

Executive interviews were conducted with four of the largest educational institutes in Australia. The interviews discussed the roles that the education institutes play in disseminating OSHC information to overseas students, and their level of engagement with students and OSHC insurers in medical and health matters.

The representatives were also asked for their viewpoint on what they perceived were issues and barriers for overseas students who required access to medical health services. The interviews were conducted in December 2021 and January 2022, and typically ran for 90 minutes.

1.4.4 Exploratory Focus Groups

Four qualitative Focus Groups were conducted with students currently holding student visas subclass 500. Twenty students in total attended the four 90-minute Zoom Sessions. A wide mix of students were recruited to the sessions to reflect the range of overseas students studying in Australia. Whilst recruitment was open nationally, the majority of students were studying at universities in Sydney or Melbourne.

Focus Groups were conducted using a predetermined discussion guide which outlined topic areas and provided a structure for the open-ended discussion forum. The discussion guide is included in the appendices. All sessions were recorded and made available to the Department of Health for viewing within the privacy guidelines Lonergan adheres to.

Figure 3: Qualitative sample

Variable	
Country of origin	India, Malaysia, Iraq, Philippines, Indonesia, Egypt, Bangladesh, Columbia, Singapore, Sri Lanka, China, Iran, Argentina
Age and gender	Mix of males and females aged, 18-24, 25-39, and 40-45 years
Mix of institution (VIC, NSW, WA)	Monash, UTS, Western Sydney University, UNSW, Mercury College, Curtin (WA), Southern Cross Educational Institute
Length of study	Student courses ranged from one to four years, with varying periods of study onshore.
Claims	Most students had made at least one claim during their OSHC policy
Financial support	A small number of students in the focus groups were on full scholarships

1.4.5 Online Survey

The online survey data collection amongst overseas students was run between the 10th and 28th February 2022. Several channels were used to generate survey responses, including contacting insurer member lists through educational institutes and social media.

Over 2,800 potential respondents clicked through to take the online survey. 1,858 students completed the survey, with the remainder either screened out as non-eligible, excluded for failing to complete the survey in full, or removed for data quality reasons.

To qualify for the survey, respondents needed to meet the following criteria:

- Hold a valid OSHC policy
- Know who their OSHC insurance provider is
- Know the type of educational institute they are enrolled with

The data was weighted by age, gender, and country of origin. The population for the weighting was determined from the insurer supplied information on their active members as of 2021.

The data is not intended to be an accurate representation of each insurer's market share. The campaigns that were run by some insurers to promote the survey were heavily influential and created a disproportionate share towards the insurers that directly approached their members.

1.4.6 Summary Focus Groups

Two qualitative Focus Groups were convened with students currently holding student visas. Fourteen students in total attended the 90-minute Zoom Sessions. A mix of students were recruited to the sessions to reflect the range of overseas students studying in Australia. Whilst recruitment was open nationally, the majority of students were studying at universities in Sydney or Melbourne.

Focus Groups were conducted using a predetermined discussion guide. This discussion guide is included in the appendices. All sessions were recorded and made available to the Department of Health for viewing within the privacy guidelines Lonergan adheres to.

Figure 4: Qualitative sample

Variable	
Country of origin	China, Vietnam, India, Myanmar, Philippines, Hong Kong, Singapore, Burma, Russia
Age and gender	Mix of males and females aged 19-33 years
Mix of institution (VIC, NSW, WA)	Sydney University, UNSW, ANU, RMIT, Edith Cowan Uni
Length of study	Student courses ranged from one to six years, with varying periods of study onshore
Claims	Some of the students had made a claim during their OSHC policy

2 Market Data / Insurer Executive Interviews

The findings in this section are derived from the data supplied to Lonergan by some of the OSHC insurers, as outlined in section 1.4.1 and from the insurer executive interviews. Some of the statements put forward in this section rely on anecdotal information given by insurers which could not be verified by additional means.

2.1 Key findings we will use to explain some of the amendments to the Deed

- All insurers are fully supportive of OSHC and the Deed. It is seen as an essential product to help ensure the wellbeing of overseas students and prevent bad medical debt.
- The insurers are keen to assist the Department of Health in improving the product. However, in its current form, it is seen as increasingly unsustainable.
- Currently, the Deed's language is viewed as too vague, open to interpretation by insurers, and confusing for students and health care providers. The insurers require the language in the Deed to be simplified and clarified to eliminate any inconsistencies in interpretation of OSHC regulations.
- In addition to a well-defined basic level of OSHC cover, many insurers are keen to have more flexibility around extra services and levels of cover that they can offer to students. This would provide insurers with a supplementary revenue stream and give the students a scalable product to fit a wider range of needs.
- Pregnancy is the single largest category for benefits paid by insurers and is benefits paid for pregnancy are largely paid from family/couple policies. The high cost of these often leads to students with dependents taking out multiple singles polices. The insurers want more options in how they can cover pregnancy costs.
- Private health insurers have a negative view of the pricing approach of public hospitals because their gazetted pricing is volatile, unfair, and lacks transparency. Some insurers share concerns that public hospitals may take advantage of overseas students and their OSHC policies.
- Overseas students which have China as their country of origin make up the bulk of OSHC policy holders but are less likely to claim than students originating from most other countries. This gives rise to the concern that a drop in the proportion of Chinese students will lead to a higher proportion of claims per policyholder.
- Risk categorisations could be used to vary premiums based on age and state of residence within Australia, in line with domestic PHI products.
- The current limitations for pharmaceutical benefits are seen as too restrictive. A lack of access to medication through low levels of co-payment, or insufficient caps are seen as a barrier to effective treatment.
- Insurers and universities struggle to communicate effectively with students around key areas such as the best place to seek general medical help and the availability and importance of mental health assistance. This is due to student's low emotional involvement when purchasing OSHC, loss of contact between students and insurers when they arrive in country, and cultural barriers.
- A lack of transparency between insurers and the Department of Home Affairs prevents vital feedback of information on a variety of levels. Improving communications between the two parties could have a wide-ranging, positive effect on ensuring students have the correct OSHC insurance, more effective messaging between students and insurers, and enforced compliance with the terms of the student's visa.

- An absence of digital records, minimal treatment details from public health care providers, and a lack of transparency with public hospitals makes it hard to track and trend student treatment. Without complete and comparable data, the allocation of investment and resources can become problematical.

2.2 Simplification and clarification of The Deed's language

There is a universal need for simplification and clarification of The Deed's language.

2.2.1 Clarifying the scope of The Deed

For insurers, a lack of clarification of the scope of OSHC leaves The Deed open to interpretation in some areas, which can result in an uneven playing field, giving some insurers an advantage over others.

This is particularly relevant within scope of Pharmaceutical Benefit Scheme co-payments and range of medication available under OSHC and is covered in section 2.8.2 of this report.

2.2.2 Simplification of the Deed's language for insurer communications

The insurers and education institutes agreed that they share a variety of concerns when communicating with students. One of these is the complexity of the language used in communications between insurers and students. The preference for insurers is to use the same language as in The Deed. This should reduce any level of interpretation, and clearly outline the scope of cover available to overseas students.

Currently, the language is seen as complex and technical, and too much like a legal document. This creates issues when conveying the scope of cover to students in English and adds another level of complexity when translating into another language.

Figure 5: Deed language used in insurer communications

Example of The Deed's language being used in student communications	
The OSHC Deed	Allianz – Overseas Student Health Cover brochure
(c) public hospital – admitted patient in shared ward hospital accommodation, same day services, accident and emergency and outpatient medical and post-operative services – the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident;	Public hospital – admitted patient in shared ward hospital same day services, accommodation, accident and emergency, out patient medical and post-operative services The rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.

2.2.3 Simplification and clarification of the Deed's language for health care providers

Insurers perceive that many healthcare providers, especially admissions and administrative staff, lack knowledge of the levels of benefits and scope of cover that OSHC affords students.

A simplification of The Deed's language, in tandem with other recommendations in this report, would assist in raising comprehension levels for these staff. A lack of knowledge within the admissions and administrative staff can lead to students being faced with up-front costs.

2.2.4 Modification of language to assist with the transitioning to OVHC and PHI policies

Of secondary importance, but still raised by some insurers, is the potential for the Deed language to include more standardised terminologies as is used in domestic PHI and OVHC. This would facilitate the dovetailing of OSHC policies into the other forms of health cover in the event of the student transitioning from their student visa, onto a working or permanent visa status.

2.3 Basic cover with increased flexibility

Most insurers supported the idea of having an increased level of flexibility to offer services to students over and above the provisions of The Deed.

Different insurers recognise different areas where they would like to expand coverage or pay higher benefits with the opportunity to charge more for the higher levels of cover.

Currently, insurers can only establish a point of difference through the levels of customer service, relaxing of waiting periods, preventative, and early access programs, and occasionally through interpretation of The Deed.

2.3.1 Critical Incident Funds

As a way of providing additional support to students, some universities get access to a "Critical Incident Fund", set up by their preferred OSHC insurer. This fund is accessed by universities on a discretionary basis and is available to assist all overseas students at the university, not just the ones that are policyholders with the preferred insurer.

The fund is typically used by the universities to help students and their families in cases of severe or chronic health issues, and repatriation.

The use of the fund extends beyond health services, and, in an example case of the repatriation of a living student to their country of origin, could cover a range of support mechanisms, including but not limited to:

- Breaking a residential lease / rental bond
- Travel arrangements for the student's family to come to Australia
- Travel arrangements for the student, dependents, or medical professional escorts out of Australia. In the case of the medical escort, it would also cover return flights and overseas accommodation.

It is not unusual for insurers to provide Critical Incident Funds in excess of $100,000 per annum.

2.3.2 Areas of expansion

The insurers were not unanimous on which areas of the Deed should be expanded to cover for the basic level of OSHC.

Repatriation coverage was suggested by two of the insurers, with once insurer against that move.

The main area of agreement for expansion was within the scope of pharmaceutical medication, with a suggested increase in annual benefit caps. This is discussed further in Section 2.8

Data from the online student survey also shows a potential opportunity to expand cover into preventative dental services.

2.4 Pregnancy

Pregnancy is the single largest expense category for insurers and accounts for around 15% of claims by value[2]. The cost of pregnancy claims is covered predominantly by the higher price of a family or couple's policy, which can be up to eight times more expensive[3] than singles' cover.

For insurers, the loading of pregnancy costs into the price of family policies is not seen as an effective way to cover the benefits paid out. Insurers report that students see the price of family cover as too high, which in turn introduces complications as they try and find cheaper options for their OSHC.

Further compounding this issue is the price of maternity, neo natal and other pregnancy treatment and services in public hospitals.

The inefficient subsidisation of high costs, and the prevalence of pregnancy among overseas students means insurers are often left, in part, footing the bill for maternity treatment, thus affecting the profitability and sustainability of their OSHC books.

Insurers are seeking new ways of subsidising pregnancy more effectively and fairly.

2.4.1 Couples, families, and singles policies

The disparity in pricing can compel students with dependents to purchase multiple singles' policies. Results from the online survey data show 21% of overseas student with dependents have multiple singles policies. From the viewpoint of the insurer, this potentially invalidates the student's health cover and if the insurer was to cancel the policy on these grounds, and the student was unable to provide evidence of adequate health insurance, their visa could be cancelled. Even if the student's visa was not invalidated, an insurer could refuse to pay benefits on these singles cover policies, resulting in bad medical debt within the puclic health service.

One solution to help enforce the correct policy type for students would be to have better access to the students' visa status from the Department of Home Affairs. Insurers were unanimous in their view that a feedback loop with Home Affairs is required to allow them visibility of any dependents associated with the student, including the arrival of newborn children.

The insurers would also be able to notify Home Affairs about any students or dependents that are not adequately insured, triggering an investigation.

There is also evidence from the online survey data that the acquisition of the incorrect type of policy may be driven by agents and intermediaries.

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[2] Insurer supplied data, exact determination of pregnancy costs due to incompleteness of data provided
[3] The cost of OSHC differs depending on the type of cover required. The lowest cost of minimum cover is AUD$478 for 12 months of singles cover, $2,600 for 12 months of couples cover and $4,200 for 12 months of family cover (as of September 2021). https://www.studiesinaustralia.com/studying-in-australia/how-to-study-in-australia/student-visas/overseas-student-health-cover

2.4.2 Pregnancy programs and guidance into Private Health

Some insurers expressed a need for more flexibility to guide students that are starting a family, into the private health system, to help reduce exposure to the high fees that public hospitals charge.

While several insurers have maternity programs that intend to intercept and support pregnant students and their families through their journeys, they are not ubiquitous. Where these programs exist, they are designed to assign a GP, obstetrician, midwife, birthing hospital and neo-natal care through the insurers network.

Issues faced by these insurers are rooted in the communication of these services to students, and a lack of visibility of pregnant students who either present to a non-network GP or at a public hospital.

As such, there is a limit to how much assistance the Department of Health can provide insurers in this area, other than through the facilitation of communications between public health care providers and the insurers.

2.4.3 The case against pregnancy cover for students

When pressed about the option of offering 'Pregnancy Cover' as an additional level of cover to students who were thinking of starting a family, the insurers came up with several objections and stated it would be impractical.

If the pregnancy cover was an optional inclusion, then the only students that would consider taking it would be likely to have a child in the near future. This results in the cost of pregnancy being funded by only the students who are having a child, effectively charging them for the full cost of maternity treatment which would put policy prices out of reach for many of them.

If the price of cover is prohibitive, it will not stop students becoming pregnant, but could create bad debt when a student requires assistance and has no relevant OSHC cover.

The other concern for insurance companies is that 'Pregnancy Cover' could encourage an approach to purchasing the cover where students purchase a pregnancy policy with the intention of becoming pregnant after the waiting period, and then cancel their policy once their baby is born. This further restricts the revenue insurers can recuperate and will have the likely cumulative effect of prompting price increases in the future.

2.4.4 Risk equalisation as a funding method for pregnancy

The idea of risk equalisation was floated occasionally to help fund chronic disease and high-risk profiles but was a common suggestion for insurers as an option to spread the costs of pregnancy and maternity services.

The proposition was that a small percentage of all premiums would be diverted into an independent fund that would then be redistributed to the insurers based on the proportion of pregnancy related benefits paid. This also serves to smooth the expenses that can be incurred by individual insurers in the case of complex and problematic births that required extensive support.

2.4.5 Government subsidisation of pregnancy costs

It was widely recognised that overseas students are a significant contributor to national GDP. The government also has a vested interest in having well-educated overseas students settle in Australia, and that starting a family in Australia positively influences a student's decision to take up residence.

This led to discussions around procuring federal government support to help fund the cost of pregnancy for overseas students. The Departments of Health, Education and Home Affairs were all cited as branches that would have a vested interest in helping students start a family in Australia.

2.5 Public Hospitals

Insurers struggle to maintain effective communications and relationships with public hospitals. Insurers frequently mentioned a lack of transparency and questionable admissions processes as areas that gave rise to mistrust. Concerns and issues raised regarding hospital processes and admissions are generally regarding, but not limited to, public hospitals. This is due to the ability of most insurers to utilise contracting arrangements with private hospitals or private health care provider networks that streamlines the administrative process between the insurer and the private health facility. Insurers currently do not have the same arrangements with public hospitals.

2.5.1 Gazetted rates schedules

The gazetted prices for overseas students were a point of contention for all insurers. There was an overall feeling that while rates for students were set too high in relation to domestic residents/Medicare eligible patients, there was also no advanced notice given when prices were increased. Often, the first time an insurer received notification of an increase in the gazetted rates is when they receive an invoice from a hospital after a student has been discharged.

One of the complexities is that the states set their own rates independently, and in the case of Victoria, they are set at a hospital level, leading to variation of fees within the state.

The documentation on gazetted rates that is provided by each state is not easily comparable, adding further complications for insurers.

Lonergan proposes there should be a review of the coordination with regards to visibility of public hospital charges for OSHC policy holders. This should consider the fact that student visa holders/OSHC policy holders have different coverage and insurance arrangements to other non-Medicare patients (working visa holders, etc.) and this difference should be accommodated in future discussions.

2.5.2 Perceived unfair pricing for student treatments

Another key concern for insurers that is related to the gazetted rates was fairness of costs. Anecdotal cases were cited where insurers had been charged exorbitant prices for in hospital treatment. Lonergan reviewed the published gazetted rates for student visa holders, but could not accurately calculate a comparison between states due to the variations in definitions between each state's publication.

The insurers appreciate that gazetted rates cannot be controlled by the Department of Health, and that there are also issues in Victoria where the capping of rates is likely beyond the remit of State government too.

However, with high gazetted rates being singled out as one of the most detrimental contributors to the sustainability of OSHC, it is an issue that the insurers are looking towards the Department of Health for advice and assistance.

2.5.3 Admissions processes

The sudden increases in gazetted rates, and the perception of excessively high costs contribute to a level of uncertainty that is common between the insurers and public hospitals.

Insurers are of the opinion that admissions staff often lack knowledge around the scope and level of cover OSHC provides, this can lead to students being asked to pay a substantial upfront deposit to cover any potential treatment.

There are also concerns that, in some cases, students that present with OSHC are being treated or admitted to hospital without due consideration of the requirements of the student, nor the financial burden on the insurer.

This issue is further confounded when students present at hospital, as a first port of call, for non-emergency treatment. These students are often referred to a GP within the hospital, where they can be subject to further up-front fees, and long wait times.

To address these issues, Lonergan would suggest focussing in the following areas:

- Create more effective communications from insurers and the Department of Health to students around how the Australian health system works, and where to seek help.
- Training to increase the awareness and knowledge levels of the admissions and administration staff within public hospitals around the scope of OSHC.
- More transparency of overseas student admissions through the establishment of digital health records and a central reporting system.

2.5.4 Lack of transparency for admissions, costs, and treatment data

Tying into the recommendations in the previous sections, there is currently a lack of information that flows out of public hospitals in real time.

The lack of transparency around gazetted rate increases, student admissions, up-front payments being made, and treatments being scheduled or received has two main outcomes for the insurers.

It serves to undermine trust as the insurers do not have forewarning of the treatment that the student is going to receive. In the executive interviews, the insurers stated that often the first time they are informed of a student requiring major treatment was at the point they were invoiced by the hospital, and the student had already been discharged. While there is no expectation that the insurer would be involved in the recommendation medical treatment, the insurers felt that the lack of transparency left them at a disadvantage should they wish to challenge any of the charges from the hospital.

The second outcome relates to a lack of medical data derived from the public hospitals. In the insurer supplied claims data, a large proportion of public hospitals were not reporting detailed and consistent medical data back to the insurers. In many cases the data lacked any clinical or medical categorisation other than the monetary amount of the claim. Consequences in reporting meant it was difficult to analyse claims data based on standardised schedules such as the MBS, ICD-10, clinical categories, etc. This was

noted as a concern for the insurers in the interviews, and at odds with the reporting in domestic PHI claims. Without accurate data, it is hard to know exactly where the true costs of procedures are being incurred, preventing the efficient analysis of the marketplace, the identification of trends, and areas for investment.

2.5.5 Opportunities to reduce benefits paid

Two of the insurers suggested a more specific approach to reducing their financial exposure in public hospitals, while the other insurers took a more neutral standpoint.

The other approaches that were suggested were to consider the introduction of a student payable excess for in-hospital treatment, co-payment for some services, or a fixed cap on public hospital fees, but these were less likely to be widely supported and contrary to the intent of OSHC which is to reduce the financial risk/impact for the student.

2.6 Country of origin

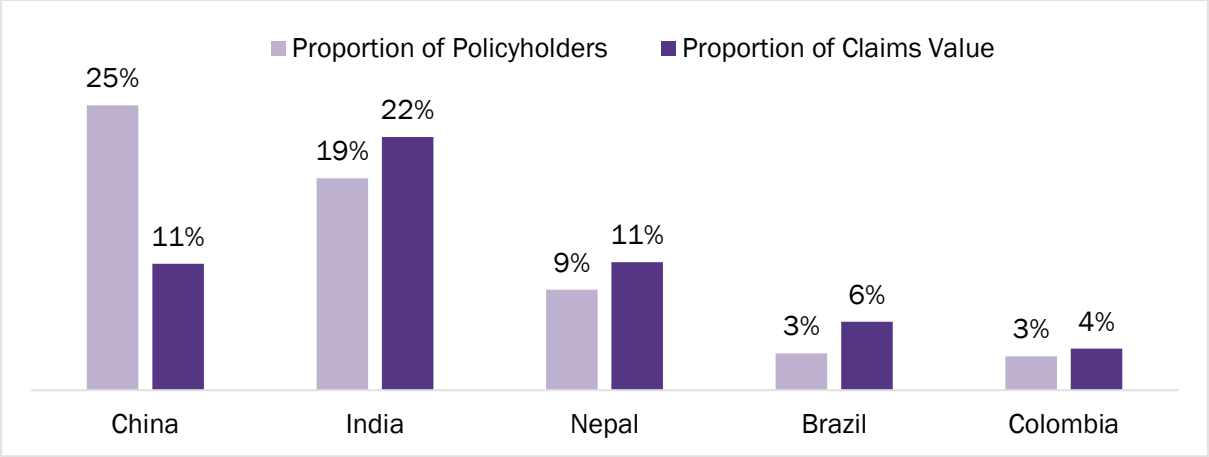
The country of origin mix for an insurer can have a direct effect on its profitability due to variations in benefit outlays, and some insurers suffer more than others due to their membership over or under-indexing with certain countries. It should be noted that insurers did not suggest the introduction of a risk rating based on the student's country of origin.

Insurers identified some countries as being a source of medical tourism, other countries are seen as high risk due to endemic illness in their region. However, our findings show that the situation is more complex.

2.6.1 Chinese students claim less

The claims data supplied by the insurers shows Chinese students only account for 11% of all claims made (by value), despite being the largest cohort of overseas students at 25%.

Figure 6: Proportion of claims vs proportion of overseas students, by student country of origin



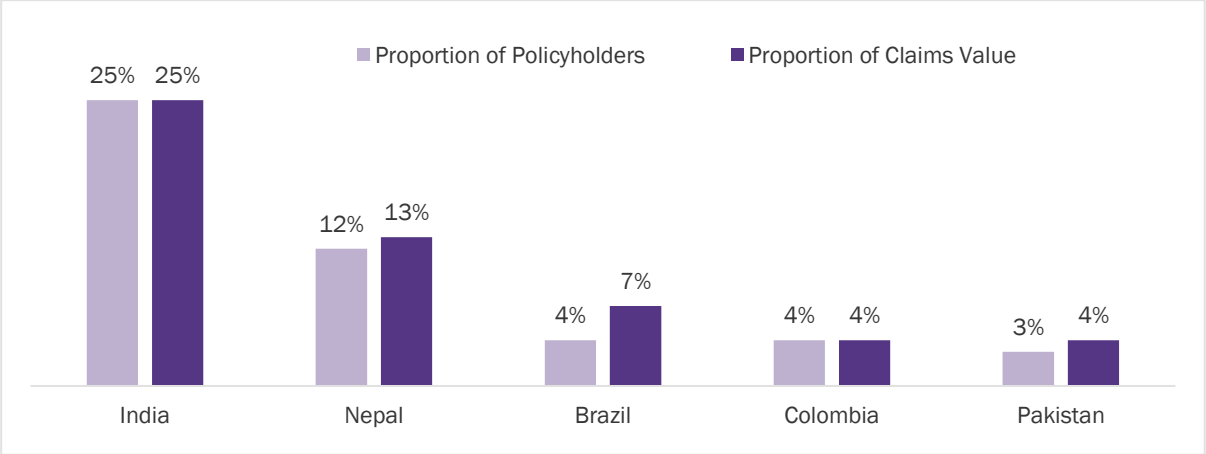
Insurer provided claims data, H2 2018- H1 2021. Data shown for policyholders and claims where country of origin information was supplied. Excludes Australian External Territories

Conversely, other students from other countries initially appear to over-index with the sum of their claims value compared to the proportion of their students.

2.6.2 Claims representation by country

Insurers that under-index with Chinese students see much higher average benefits paid per policy. This was sometimes viewed by insurers as an issue of medical tourism. However, removing the Chinese student data from the equation shows that most other countries have a similar level of claims per member. This demonstrates that China that is the outlier in the data, with an underrepresentation of claims.

Figure 7: Claims vs proportion of overseas students, by country of origin – Excluding China



Insurer provided claims data, H2 2018- H1 2021. Data shown for policyholders and claims where country of origin information was supplied. Excludes Australian External Territories and Peoples Republic of China

There are indications that individual insurers do see a higher levels of claims from specific countries, so while the subject is not necessarily widespread at a total market level, it can still be detrimental and a relevant concern.

Apart from Brazil, most of the highest risk countries contribute a small number of students. The following table shows the highest risk countries based off the ratio of the proportion of claims value to the proportion of policyholders.

Figure 8: High risk countries, proportion of claims vs proportion of overseas students

Students' Country of Origin	Share of Claims Value	Share of Policyholders	Claims to Policyholder Ratio
Mongolia	2%	1%	2.9
Saudi Arabia	2%	1%	2.6
Nigeria	1%	0%	2.5
Kenya	1%	1%	1.9
Bangladesh	2%	1%	1.7
Brazil	7%	4%	1.6

Insurer provided claims data, H2 2018- H1 2021. Data shown for policyholders and claims where country of origin information was supplied. Highest risk countries that account for at least 1% of claims value.

2.6.3 Impact of government diversification initiatives

Concerns were raised by the insurers in the executive interviews around the federal government's strategy for international education[4] which expressed a need to diversify the sourcing of overseas students, moving away from China and looking to other countries to attract students.

Concern was also expressed that countries in southern Africa were more likely to have endemic health issues; HIV was raised on multiple occasions. This brought into question the costs involved in providing medication for pre-existing conditions such as HIV, and whether current PBS limits would be suitable.

2.7 Risk categorisation

2.7.1 Age as a predictor of risk

The claims data showed a direct correlation between claims value and age group. Generally, students over 34 years of age claim more than double the value of claims for students under 20 years. Anecdotally, from insurer conversations, the older students were more likely to claim for pregnancy and chronic illness treatment.

Figure 9: Risk profiles, by age group

Age Group	Share of Claims Value	Share of Policyholders	Claims to Policyholder Ratio
<20 Years	11%	14%	0.8
20-24 Years	27%	40%	0.7
25-29 Years	32%	29%	1.1
30-34 Years	19%	12%	1.7
>34 Years	11%	6%	1.9

Insurer provided claims data, H2 2018- H1 2021. Excludes Australian External Territories

Risk categorisation by age group could be a valid way of recouping some high value claims, using a similar calculation to Lifetime Health Cover Loading on domestic PHI.

2.7.2 State of residence as a predictor of costs

The scaling of fees based on the student's state of residence in Australia was also proposed by some insurers as a potential way of recouping costs. This was based on the variation in gazetted rates between states, with QLD and WA being singled out as having far higher fees than the other states.

2.7.3 Pre-existing conditions (PEC)

All insurers were supportive of students with pre-existing conditions, and many thought the Deed could be expanded to better support pre-existing conditions by changing the cap on pharmaceutical medications. The current waiting period for PEC is 12 months, but the method of determining a PEC is subjective, and can give the insurer the option of offering assistance in some cases, even when a claim for a PEC falls within the waiting period.

[4] https://www.dese.gov.au/australian-strategy-international-education-2021-2030

The method for determining PEC was the same for all insurers and is seen as functioning adequately and fairly for most cases. Students who filed multiple claims in the first 12 months would have their claims referred to an independent adjudicator for assessment.

When prompted about other methods of assessing PECs, insurers typically pushed back against these ideas. Obtaining medical records from the student's country of origin was seen as something that would require extensive resources and would yield data that may be inconsistent with Australian standards or terminology or could be unreliable.

Medical examinations on arrival in Australia were seen as a more accurate way of assessing a PEC, but would be expensive, time consuming and of limited use.

A middle ground could exist for PEC medical examinations to be carried out on students from high-risk countries of origin. This approach would be similar to medicals that are carried out on working visa applicants from specific countries to test predominantly for tuberculosis.

2.8 Pharmaceutical Benefits

Pharmaceutical treatment is easy to access and ubiquitous throughout Australia, and often provides the first point of medical intervention for overseas students across a range of conditions. It is currently a concern for insurers, as a lack of early intervention by pharmaceutical medication can lead to more expensive treatment in the future. A lack of early intervention is more likely to lead to a poor outcome for the student for the same reasons.

It's also the view of the university representatives that repeat prescriptions can be cost prohibitive for students with the current cap level, leaving them with significant out of pocket expenses.

2.8.1 Increasing annual limits

The current pharmaceutical cap for OSHC students is set at $300. This is seen as far too low to cover ongoing medication, such as birth control pills and antidepressants. The insurers and universities are of the view that students should not have to choose between medications if they ca not afford to take medicine once they have reached their annual cap.

In the executive interviews, insurers said that the additional costs incurred by raising the pharmaceuticals cap would be covered by the decreased need for more intensive treatments in the future. This can be illustrated using the examples above, with full term pregnancies and mental health admissions both being high-cost categories of treatment.

2.8.2 Range of cover

Some confusion exists in the language of the deed that is specific to the range of cover specified in The Deed regarding pharmaceuticals. As mentioned in the earlier section relating to the clarification of the Deed's language, insurers are interpreting the scope of cover differently.

Figure 10: OSHC Deed language

OSHC Deed
The Insurer must pay benefits to an Overseas Student or a Dependent of the Overseas Student, upon acceptance by the Insurer that a valid OSHC claim has been made, for the following services and at a rate at least equivalent to the rates (if any) set out below: (f) benefits for expenses exceeding the equivalent of the current Pharmaceutical Benefits Scheme patient contribution for general beneficiaries, up to $50 per pharmaceutical item, prescribed and dispensed by a registered practitioner recognised by the health fund with a maximum benefit of $300 per calendar year per single membership and $600 per family membership

While some insurers cover items on pharmaceutical benefits register, others will extend the available medication to non-PBS items such as the HPV vaccine and chemotherapy drugs that are approved by the TGA. This level of interpretation creates advantages for some insurers and has the possibility to undermine the efficacy of the Deed as a prescriptive document.

Figure 11: Interpretation of Deed language

Variations in pharmaceuticals cover	
Bupa – OSHC Important Information Guide	Allianz – Overseas Student Health Cover brochure
.. items prescribed as an outpatient that are Australian Government's Pharmaceutical Benefit Scheme (PBS) Schedule listed or non-PBS listed and TGA approved, prescribed by a doctor or a specialist and not appearing on our exclusions list.	Prescription Medicines prescribed by your doctor. Excludes: medications, drugs or other treatments not prescribed by a doctor or not listed on the Pharmaceutical Benefits Scheme (PBS)

2.9 Insurer-based communications

While insurers put a substantial number of resources into communications targeted at students, there are many barriers that prevent effective messaging on essential topics.

2.9.1 Low involvement at time of purchase

It is perceived by insurers that for students looking to come to Australia, the acquisition of OSHC may be more of a mandatory requirement on the path to obtaining an overseas student visa than a separately considered purchase. This makes it difficult to intercept students at this initial touchpoint to discuss their level of cover and to explain the intricacies of the Australian health system.

Student feedback confirms that there is low engagement at the time of purchase, due to this being requirement of their visa process rather than a considered purchase. 33% of students pay for their OSHC policy through third party migration agents making direct contact with the insurer less likely at this point in the process.

2.9.2 Lack of awareness of Australian health services

Insurers also perceive students to have a low awareness and understanding of how health services operate in Australia, despite offering considerable information and support on their websites and through other forms of written communication.

Service usage and claims behaviour confirms some of the issues around understanding and suggests that students may not be using services to their best advantage.

A common example given in the executive interviews is where students might present at accident and emergency departments for non-urgent treatment. In many countries, a hospital would be the first port of call for any medical advice or treatment.

One option that was discussed was for an "induction" approach for students, where a short video, introducing OSHC and the Australian health system could be created for mandatory viewing.

Increased awareness of the Australian health services could see them seeking help through their universities, insurer preventative programs, telehealth services, pharmacies or GPs before considering a hospital visit.

This lack of understanding of how health services work was confirmed in student focus groups as well as in the online survey.

2.9.3 Loss of contact with students

Another issue faced by insurers is a loss of contact with students when they arrive in Australia. Invariably, when a student arrives in Australia they will have a new address, a new phone number, and will be given a .edu email address.

Unless the students re-register with the insurers after their arrival, a loss of contact can occur, preventing essential insurer-student conversations.

Opportunities exist for the Department of Home Affairs or Department of Education to assist with the continuity of contact with students.

2.9.4 The need for treatment as a driver of awareness

During the executive interviews, insurers and education providers shared the view that most overseas students have very limited knowledge of the scope of their OSHC policy and the Australian health system until the point they need to seek medical advice or treatment.

This was also supported by the results of the online survey that showed the length of time spent in Australia and the frequency of health care interactions both correlated to the students' awareness with their level of cover.

For reasons outlined above, the point at which a student needs to seek medical advice or assistance is less than ideal to start familiarising themselves with their cover.

2.9.5 Cultural barriers

While the effective communication to all overseas students has been highlighted as an area of concern, the universities and insurers are cognizant that there are also cultural and language barriers to overcome. In general, language does not present a large barrier, with all insurers offering multi-lingual explanations through their websites.

Cultural barriers can exist for mental and sexual health treatments and can inhibit the access of services. These cultural barriers can be in the form of stigma associated with treatment, or the fact that some treatments do not exist, or are not treated as medical conditions in their home country.

2.10 Communication with the Department of Home Affairs

A lack of effective communications with the Department of Home Affair was frequently noted as an issue that needed to be addressed for insurers. The view was universally held that better communication would benefit the insurers and the Department of Home Affairs, and there was a sense of frustration that this had remained a concern for many years.

Integration with the Visa Entitlement Verification Online system (VEVO) was seen as a crucial step that could facilitate communications and go a long way to solving the issues listed below.

2.10.1 Cancellation of policies

If an overseas student cancels their OSHC policy, there is no reporting mechanism, as per the requirement of the Deed, for the insurer to notify the Department of Home Affairs. This can lead to students cancelling an existing policy and potentially invalidating their student visa if they choose not to purchase another OSHC policy. Along with possible consequences of not having a valid health cover if they require medical treatment, there is also the negative financial risk for students and Australian health care services.

2.10.2 Impact on payment terms

Results from the online survey show that 29% of students would prefer annual payment schedules. While this is not the majority, it does indicate a desire for some students to move away from up-front payment of their OSHC.

However, annual payments can make it easier for a student to default on payments or cancel a policy. With reporting mechanism in place with the Department of Home Affairs, insurers are reluctant to offer flexibility of payments as it could result in an increase in cancellations and consequently, visa invalidations and bad debt.

2.10.3 Exposure to students' dependents

As noted in the online survey data, 21% of overseas students with dependents on their visa are taking out multiple singles policies rather than appropriate couples or family cover. Insurers also indicated incidents where students had given birth but had not registered their new baby on their OSHC policy, effectively leaving them without sufficient cover.

The insurers agree that access to the student's visa status via VEVO would allow them to correlate the information with their own databases, and ensure their members had the correct levels of OSHC cover and were not invalidating their visa status.

2.10.4 Maintenance of contact details

As already discussed in the section 2.9.3, insurers can easily lose contact with students when they arrive in Australia. The Department of Home Affairs can have a key role in sharing information with insurers to ensure the continuity of contact for the students, increasing effective communication, and resulting in a better outcome for the insurer and the student.

2.11 Digital records

A lack of usable data, and limited visibility of a student's health requirements and treatments is an impediment for insurers. Compulsory IHI registration is an area that could assist in tracking health requirements and treatments by establishing a digital record for student before they arrive in the country.

While it is acknowledged that OSHC is not Medicare, parallels were drawn with overseas temporary workers, who can be issued a Medicare card for limited or emergency treatment.

An OSHC version of a Medicare card could assist in raising awareness of OSHC and facilitating treatment while reducing out of pocket costs. All of which will improve outcomes for students and insurers. This type of card could be linked to the student's IHI, rather than being administered by Services Australia.

2.11.1 Automatic registration

Universities and insurers expressed frustration at a lack of compulsory digital records for students.

For students who were arriving with insufficient or un-recognised COVID vaccines, the universities said they spent a significant amount of time and resources getting students registered with an IHI before they could receive any inoculations. They did not see this as part of their remit and pondered that students should be automatically registered with an IHI or other medical identification when being issued their visa or OSHC.

2.11.2 Raising awareness and growing knowledge within health care providers

Having OSHC Medicare type card could also help with awareness and knowledge for health care providers. Especially for admissions and administration staff, where a lack of awareness has already been highlighted.

Hospital admissions are familiar with how they use a digital or physical Medicare card. If an OSHC Medicare card could be integrated into the admissions/administration process, there is less chance a student would be asked for upfront payment, as the level of health cover would be easier to determine.

2.11.3 Improving visibility and feedback

If an OSHC Medicare card had the ability to feed back information to insurers on admissions and treatments, it would create better visibility and monitoring of the student's medical journey and provide a more robust and consistent dataset for the insurer to use.

2.11.4 Future investment and resourcing

A robust dataset would assist insurers to be able to work with universities and third parties to develop services and programs that are better tailored to the overseas students' needs as well as analyse their own businesses more effectively.

3 Executive Interviews with Education Providers

3.1 The role of educational institutes

The representatives that were interviewed from educational institutes were sourced from a variety of roles. This was indicative of where the responsibilities for overseas students, health matters, and specifically OSHC sits within these institutes. The findings in the section often rely on anecdotal information from the educational institute representatives, and cannot be verified by additional sources.

Within the universities interviewed, there was no single position or team that held overall responsibility for student interaction with OSHC. The preferred insurance provider for the institution was often seen as the interface for overseas students and their health needs, even if that student held an OSHC policy with another provider.

Education providers' relationship with an overseas student's OSHC cover starts at their time of enrolment, with the universities taking on a duty of care to ensure that students have health cover, knowing they can be provided for, and that their student visa is valid.

The relationship outside of that initial point becomes more fluid. Some of the universities ran OSHC awareness assemblies as part of the orientation for new overseas students, and while they were considered mandatory, they were not always well attended. Most universities also ran preventative health information sessions specifically for overseas students, including sexual health and consent, and mental health programs.

However, all the universities interviewed believed the insurers should be ultimately responsible for the student's knowledge of which health services were covered under OSHC, and how they should be accessed. Some cited the legal implications that could surface if they were to incorrectly advise a student about their level of cover.

As a result, if a student needed non-emergency medical assistance, they were usually advised to talk to student services, the preferred OSHC provider (if they had a presence on campus), or directly with their own insurer.

An area that was highlighted as a potential opportunity for improvement was with the automatic registering of students with an IHI or digital health record. The university representatives shared a view that setting up a student with an IHI, especially when required for COVID vaccinations, was resource intensive, and they did not view it as their responsibility. They saw it more as a function of government, with the responsibility lying with either the Department of Health or Department of Home Affairs.

3.2 Mental Health

The university representatives were of the opinion that most overseas students are, in general, getting the medical help they need, when they need it. However, an area of increasing concern has been in mental health. The stress of moving country to study, often at a young age, can be substantial, but as COVID-19 lockdowns and infections became more widespread, the universities reported a large increase in the requirement for mental health solutions.

The type of treatments available to students had to evolve to suit an off-campus environment. The use of social media platforms, such as Discord, to create peer-run hubs where students could interact through

text and voice channels to discuss stress and depression have become common in the absence of traditional social interactions.

The lack of awareness of mental health cover was surfaced in the online survey, with just 38% of overseas students stated that they thought access to mental health services under their OSHC policy. This is an obvious barrier for students seeking help, but one that is at the forefront of the educators' and insurers' minds.

While universities are constantly revising and trying to improve mental health awareness and support for all students, they mentioned three other barriers that were more specific to overseas students seeking help in this area.

- Language – While overseas students are required to demonstrate a level of proficiency in written and oral English, many struggle with comprehension of the language. It was noted that both the universities and insurers put a great deal of effort into multi-language communications, that some students struggle to get the help they need through a lack of understanding. This can sometimes be due to a general misunderstanding of English, but also through the phraseology and descriptions used to define mental health in other countries.
- Cultural stigma – The education providers considered some countries to have a cultural stigmatism attached to mental health, and that it was often seen as a weakness of character, especially for males in some countries. However, the true impacts of cultural stigmatism may be overestimated by universities. Findings from the online survey showed that the expectation around the provision of mental health services ranked as one of the most suggested conditions, with 59% of overseas students stating it *should* be covered by OSHC.
- The results of the quantitative survey showed that only students of Chinese origin had a significantly lower than average expectation of mental health cover at 52% of students. This level of expectation is a good proxy for the importance students place on mental health as a component of their overall wellbeing.
- Medical stigma – The universities representatives also mentioned that they had a small number of cases where students were reluctant to seek mental health assistance from their OSHC insurer or from a medical professional for fear of having it put on their medical history or having an effect on their visa status. While it may not be a widely held concern, it should be an area of consideration when developing communication materials for overseas students.

4 Student Experience Focus Groups

4.1 Key findings

- Overseas students support the concept of paying for health cover whilst studying in Australia (and even support upfront payments).
- Purchasing an OSHC policy is integrated with their student visa process and is not a focus for students who 'tick off' the purchase as a means of getting their enrolment finalised.
- Students identify many positives with regards to accessing their OSHC policy and using health services in Australia.
- Despite positives, students are unsure about what is covered by their OSHC policies. Cover can seem arbitrary, making it difficult to understand and plan around. This causes concern and uncertainty and some bad experiences using services.
- One or two bad experiences can heighten feelings of concern and drive disappointment with their OSHC policy.
- Some students do perceive Medicare to offer a better level of cover than what is available through an OSHC. This is not necessarily based on a direct comparison of benefits but more a perception that Medicare is preferred and accepted by more healthcare providers.

4.1.1 Payment of health cover whilst studying in Australia

Overseas students support the concept of paying for health cover whilst studying in Australia (and even support upfront payments). Having an OSHC policy makes sense to overseas students who accept they cannot simply access health services in Australia through Medicare given they have not contributed to this national scheme.

The requirement to pay for cover upfront, whilst not prohibitive to the overseas students who attended the Focus Groups, was considered significant and may discourage others who do not have access to the funds required.

Many of the students who attended Focus Groups used family support and sometimes governmental support to fund initial costs of studying overseas, including money required to pay for health cover. As this was paid upfront, it reduced the burden of having to worry about this ongoing during their study.

However, an upfront payment means their policy and choices feel inflexible and once signed up, and paid for, students can perceive they are unable to change provider.

There was a mixed reaction to moving away from upfront payments to annual payments and distributing the payments throughout the course of their study. Whilst some students agreed annual payments would assist in managing their finances at the start of their course, others felt that this would put added pressure on them during their study (with work and income being unknown).

Annual payments might however create a more engaged relationship with the insurer (particularly around payment anniversaries). It might also provide a perception of more flexibility e.g. Can I / should I review what I am covered for annually?

Quantification of this variable indicated that 29% of students preferred annual payment schedules.

4.1.2 Level of involvement when purchasing OSHC

Most students used an agency/consultant to assist with their student visa application process and typically relied on agencies to provide details and make recommendations around health cover. Agents appear to offer limited choice and may only provide the student with one or two options. There is no restriction on students doing their own research or making choices outside of what is offered by migration agencies, however students often lack confidence to do their own research and may not know how to go about researching or evaluating options on their own. Some also have limited English skills at this point in the process.

Payment to insurers might be made via these agencies or alternatively, the purchase decision is made with the agency, but the payment is made directly to the insurer.

Most students are also in contact with their universities/institutes as part of their visa and enrolment process and may also seek information or guidance from these institutes about OSHC cover. The relationships universities have with insurers will often guide student choices, with students seeing these 'partnerships' as beneficial to them regarding on campus services and assistance with information and questions. However, these perceived 'partnerships' may also discourage students from looking at other options in the market.

Students who have been awarded scholarships often have administration taken care of as part of the scholarship and so are even more removed from the process around choice and payments.

Therefore, whilst students are aware they can 'choose' their insurance provider, the reality of the visa process means that most follow recommended choices and do little to review or evaluate choices on their own.

Choice of insurer

University relationships
'Medibank has some special offer with my university. So, it was best to go with them.'

Sign up process
'So, signing up with Medibank was pretty easy and straightforward. There's no hassle, but the only thing is like, like everyone mentioned I had to pay upfront even before I get my C E or even before I get my visa."

The issue of choice and engagement in the purchase process was explored in more detail in the Summary Focus Groups which looked into the student purchase journey in more detail, including payment and sign up; as well as explored the written communications and touchpoints students used in relation to purchasing and seeking to use their OSHC policies.

4.1.3 Satisfaction with OSHC and Australian health services

Whilst students may struggle to outline all the details of their OSHC policies/cover, most were broadly satisfied and raised many positives regarding the health services in Australia. This ranged from easy access to health care professionals, good on campus services, easy claiming options and many examples of no gap services. Some even talked about reasonable access to customer services through insurer channel or via campus services.

Positives identified by students include:

- HIGH QUALITY of health services in Australia.
- PROVIDER NETWORKS – Some students are aware of the provider networks offered by insurers through their website or via the insurers membership app, Most insurers provide information on services within the insurers' 'provider network' that OSHC policy holders can access without a 'gap payment' or 'out of pocket' expenses. This appears to be information more easily accessible in relation to GP services, and was particularly mentioned by Allianz members.
- CLAIMS – The claims experience can be mixed, but many recall claims being easily submitted via Apps or online claiming, with payments paid promptly. There were some instances where MBS item numbers were required by students as part of their claim submission and this information could be confusing or difficult to find.
- EXPERIENCES WITH COVID SERVICES – whilst again somewhat mixed, access to COVID services does appear to be improving with most believing it is relatively easy to access both PCR tests and vaccinations without too much of an issue.
- ON CAMPUS SUPPORT SERVICES and availability of information and advice on campus can be good, especially amongst the larger universities. This includes on campus medical services, programs, inductions regarding health services and even insurer staff, albeit part time. However, despite this, not all students are aware of or take advantage of services.

  It should be noted that access during lockdowns has become more difficult as students have not been on campus as much and some perceive services to have been reduced.
- REASONABLE CUSTOMER SERVICE – Where students have been in contact with insurers, they talk positively about the customer service experience. There are several easily accessible channels including apps, websites, and telephone services. The website is used for information gathering about services/locations/access/cover, with apps often used for similar as well as claiming (a few did report app issues/app not working).

  Telephone services are used for more complex questions and where students cannot find information online or via the app. Therefore, phone services are relied upon quite heavily, and although students report helpful and friendly services, they can wait a long time for calls to answered.

Positive experiences – quotes

Process improving – especially 'no gap'

'I think like when I first came here the first two years at that moment, in that time, even just going to see GP like a basic, like let's say blood test I need to pay upfront and then I need to make the claim through like Medibank. I could go to the Medibank store that they have in UNSW or I could do it online. And, and I think it's later this recent four years that you know, I do not need to pay up front they just basically I walk in, like I do all the task and I walk out, I don't need to pay anything and they just know what's

Helpful staff on campus

'Yeah, there is one staff usually, but I think there's a schedule. I'm not sure if it's like Monday, Tuesday or Friday. I live far from Monash so I usually call first if you know. They're very friendly. They also explain what you have to do if you ask them questions.'

New member is positive about the service so far

'I'm feeling quite confident and, if I call they're going to send the service to me. So, no I'm not really worried. No worries. When I was in Argentina I used to have another kind of health insurance and it more or less the same, how it works. You have to get used to the way you have to call things and how to ask for, for anything. I think it's more about time and learning that's it.'

Claiming – can be more difficult at times if MBS item numbers are involved

Needing MBS Item Numbers

'Making the claim online to try to get money back is a really complicated process. There's like some kind of code that I need to know that I don't know. And it, it just more, you know, it's much more trouble compared to if I don't have to pay anything. That's great. But yeah, the claim process itself is a bit like you need to actually put extra effort into trying to get that money back.'

4.1.4 Barriers to higher engagement

Issues with OSHC identified by students include:

- LACK OF CLARITY AROUND COVER or understanding of what is/is not covered by their OSHC policies. Even if a service is known to be 'covered' students are often unsure what percentage of the cost will they be required to pay or how to calculate this. Whilst some/all of this information may be available, students report a confusion around how to accurately predict costs. As a result, many worry about the implications of 'getting sick', and the extent of cover they have. Many also claim, at least on occasion, to have avoided tests/treatments/services 'just in case' they are cost prohibitive.
- NAVIGATING COSTS IN THE HEALTH SYSTEM IS COMPLICATED – students are not always sure how cost structures work, particularly the likelihood for out of pockets were they to use a health service. The differential pricing across many services can add to this confusion. Students blame the discrepancies in costs/benefits/out of pocket on their OSHC cover not realising this is how the sector works and that Australian resident also encounter these discrepancies. Australians residents may be better able to navigate choices within this due to better understanding the terminology around health services and how payment options work. Students who had been in Australia for longer and/or who had more experience using services and making claims under OSHC policies tended to express more confidence in understanding how to use and making choices with the Australian health system.
- DIFFICULTY IN IDENTIFYING A SPECIFIC MEDICAL PROVIDER or service that will be 'covered' by their OSHC policy with some students encountering health providers who 'do not recognise their OSHC policy' or 'do not accept' the insurer in their practice.
- GAPS IN BASIC COVER – Issues are not all about education and understanding. There are also clear gaps in the basic coverage offered by OSHC. In particular, students raised issues around pharmaceutical benefits, basic dental and optical services, and what's available for them to access regards mental health services.

These issues were examined in the online survey and confirmed in the following results:

- Basic dental services are often 'expected' to be covered (at least in part) by OSHC. These are regular services required and students are unsure why they are not included in a basic OSHC cover. It is not that there is a direct comparison being made with what is offered in their country of origin (as students come from countries with a wide range of private and public health systems) but more a question of consistency. OSHC is presented as basic health cover, which for many students would therefore encompass basic dental services, rather than exclude them. pharmaceuticals / cost of prescriptions are a source of further confusion for students again, with a sense of arbitrary rules. Students remain unsure how the PBS works or the relevance or role it plays in the cost of medications. Some do quote the $50 cap, while others are unaware of how the cover works or what is offered under OSHC policies. There is lack of clarity around the role of the GP and the pharmacist in educating students and/or offering them choices around medication.

- Mental health services are an area of increasing importance where awareness is lacking and preventing the uptake of services. Students shared examples of when they had attempted to access mental health services but were unsure which services were covered. One student had been able to access a mental health care plan, but others have no idea that this type of support is available. This leads to a lack of engagement with services, and students avoiding what they see as costly programs / consultations.

Issues – confusion over cover and costs

Confusion over cover (MBS codes)
'However other services only 30% will be refunded, other services, full refund. So I'm not sure how, how do they calculate that? I needed to call and ask whether this will be reimbursed like fully or not. And it's, it's a big hassle. I have to call and ask for the code and then ask how much this one is. So, yeah, the [MBS} codes for the services are not online or not available. I'm not sure, but I have to call the, the staff.'

Confusion over cover (pharmacy)
'For medications I, I don't have any idea whether this type of medication would be refunded or reimbursed...the chemist mentioned that I can try reimbursing, right? Yeah. Okay. I, I didn't do it.'

Difficult to navigate and predict costs
It will be like 50% will be covered or only 75% will be covered. So there's no assurance, to how much we always ask the words "how much" when we will go to the doctor, we'll go to for x-ray or blood test. There are parts ... there are some services, that are not included'

Issues – avoidance of services

Not using services for fear of costs

‘I think one thing that just from looking at the information that they have, one thing that I was kind of confused [about] is that it seems to me that they cover like surgery or like accidents, so to speak. But besides that like I I'm like kind of hesitate to go checking things. For example, I have a mole that I want to check but I don't know whether that's gonna cost me extra money. So I was kind of just like you know, it's not like I'm sick or something like super serious. So I'm trying like kind of delaying that and the same thing with the dentist as well. I kind of have a wisdom tooth there, but like it's not serious, not pain. It's not like I’m having pain or anything yet.’

Not using services for fear of costs

‘I'm not even sure if you know, hospitalization, how much is being covered. Because I haven't tried. One time I was really in the deep pain, like in my stomach and I was reluctant going to the hospital because what if I'll say something and if they'll say like, oh, you have to stay, get a room or something like that and I have to pay a lot, so yeah. That was my fear. So I said, okay. As long as I can still take this pain, I won't go to the hospital in the emergency because I'm not sure whether I'll pay or not.’

Concern around coverage and costs

‘But yeah, there's, there's uncertainty that I feel. What if we get hospitalized, will it be covered? So it's not really [good], we don't feel that much security...we always tell ourselves, oh, please don't get sick.’

Issues – gaps in coverage

Gaps in basic cover (mental health)

‘I think because if not for the pandemic, I mean, people won't be, you know, dealing with such issues, but [in the] pandemic it become worse and yeah, I think they have to look into that and change probably some of their policies to extend more help, provide more support to international students.’

Gaps in basic cover (pharmaceuticals)

‘But like in terms of like prescription medicine I think my GP say, oh, these things won't be covered. I guess I have to deal with it then. Cause like, you know, like what else can I do? Can I just not get medicine? So yeah.

Gaps in basic cover (mental health)

‘I kind of dig into the mental health, like element of it. Because during lockdown time, I sort of like [needed it]. I went to the free one that they have [at university] like a mental health clinic, but in order to get professionals, like psychology. I check on Medibank and they only cover $200 for a year, which I, I heard basically it would probably only cover like one session, which wouldn't be that much.’

Gaps in basic cover (mental health)

‘Uni has like a free like counselling service, but because it's free and there's like a lot like demand is a lot. So usually if I'm trying to arrange something, I'm waiting for a month. Maybe like after a month, I'm fine. You know? So but I think Medibank also, like I'm aware that Medibank have a 24, 7 help helpline for like overseas international students but I actually I never used that service. It's not really the full cover but a bit, you know, basic services.’

Gaps in basic cover (basic dental)

‘I'm suggesting that there should be, I mean, dental fee should be covered already with the payment and we didn't have to pay another cost for that, like additional I'm suggesting that it shouldn't be additional it should be part of the cover if possible.’

Gaps in basic cover (basic dental and optical)

‘For me there must, for example, in dental, it's not actually a dental package, but it must be a basic service in dental, for example, cleaning. I check out optical, for example about the lenses if it's beyond the normal or it's covered because our lens been upgraded every year or every two years, something like that. It's not really the full cover but a bit, you know, basic services.’

Gaps in basic cover (lens)

‘Yeah. I think the same thing with like lenses that they just, you, you know, oh, you, they won't cover anything. Like you can't use there. You can't use your health insurance there because you know, it's the basic plan that you have..’

Issues – navigating and understanding the system

Understanding (pharmaceuticals)

'I had pneumonia last year and there was a lot of ongoing medications that I had that I had to be going on, like antibiotics and painkillers and these things. And I paid for them at the pharmacy. But when I tried to raise a claim I can't remember what was the amount that was covered, but I remember that wasn't fully covered.'

Understanding (pharmaceuticals)

'So I remember Allianz, they had their, like one of the things that probably that I missed in the policy that they will cover for, for like a, for tablets that's, that's below the cost of $40, something like that. So I had to go back to my to my GP and ask him to write down a replacement for this antibiotic that, that has a lower cost. So it would be covered under my insurance policy.'

Issues with information and engagement with insurers

I think I can sum up saying that I won't mind paying the amount they ask for if I have more information and the process and every process within can be easier actually. I think they don't actually do a lot and you have to do it. I mean, you have to find everything by yourself. So I, I think they can improve in that they can give more support, more information, more like, you know, as I say, a guideline of what to do in some situations.'

Issues with information and engagement with insurers

But yeah, I'd like to have more knowledge and I'd like for them [to tell us that there are] more programs available where we sort of have information about emergency situations, hospitals, specialists, GPS, and not just like, you know, make this whole thing about when we come there, they just hand us out information and then we have to do the rest of the work. We sort of pay $3,000 for a whole service. And I'm hoping that they stay connected with us throughout those four years, if possible, like have a follow through and not just leave us so isolated or disconnected.'

Issues with understanding health provider payments

I had an iron infusion. And that was like around $300. And for that one, they just cover like around a hundred. They didn't cover all of it. And I had an issue that happened ...even though I send all of [the details] I always send the receipt on my claims and because I always pay, I mean, for the medicine, and then I made the claim and they paid it. But this time they paid it to the provider. So I still haven't got any refund and I still have to go to all of the chemists and all of the places that I bought everything and to ask and for a refund, because, I mean they didn't pay me direct directly. They paid the provider.'

4.1.5 Payment issues

Payment issues and lack of clarity around coverage

Examples of payment issues include:

- Instances where it had been very difficult to identify a service that was 'covered' by their OSHC policy with either no/little out of pocket expense, and therefore having to pay more for a service than expected or required.
- Instances where the cost of services were unknown or unclear, especially outside of standard GP visits.
- Instances where payments were required upfront, prior to services being delivered. This was most often noted with regards to A&E visits to public hospitals. The incident and issues may be blamed on the hospital rather than the insurer. (See below).
- As mentioned, there were also instances where services were not covered, particularly around pharmaceuticals, eye tests/lens and dental services.

Unfortunately, health care providers are not as educated with regards to OSHC policies and coverage as students would hope/like them to be. Health care providers do not always have the information students seek around policy coverage or payment gaps based on OSHC policies. Therefore despite students wanting to ask questions at the point of service delivery especially around costs / claims, health care providers may lack the knowledge to answer these questions and students are left with an information gap.

4.1.6 Pharmacies

Pharmacies can be another area where students seek help from providers around the costs and potential benefits offered by their OSHC policies, but again will often not have the knowledge or guidance that they are seeking at the point of service. According to students, pharmacists and/or pharmacy staff may not recognise or understand the details of an OSHC policy or how pharmaceutical benefits are offered under this type of policy.

4.1.7 Comparisons with Medicare

Some, albeit not all students, feel that Medicare is a superior option given to residents and question the discrepancies they see or perceive in the OSHC policy they are offered.

The perception can be that OSHC covers 'fewer services' and provides 'lower levels of financial support' to overseas students compared to what Australian's can access through Medicare. This perception can be emphasized by the constant request/question 'do you have a Medicare card?' followed by a seemingly different level of access to a service or a different cost associated with the service(s) they are using. Much of the perceived discrepancies may not exist but the perception might still exist.

Waiting and paying because no Medicare Card

Incident: Accident and Emergency

‘This is a not so good story. [Hospital] is just two streets from my, from our place. My wife had a, had a pain, a very strong pain in the middle of the night. So I had to take her and I was asleep when she was going through a lot, but she called me. Then I woke up. So she was in pain ahead of time a lot. So I quickly took her to the emergency room here in the hospital, the problem. All the heartbreaks and the headaches and the issues were, were not really with, with the insurance rather with the hospital. So you go there, oh you don't have Medicare. You need to pay by yourself. The receptionist said ‘Can you pay by yourself? And of course, whether I can, or I cannot, not paying is out of the question. So I paid. Then she said ‘Now you have to wait for four hours’. Can you imagine this? I mean it was my wife on here on the couch is screaming out of pain and, and I have to wait and you can't do anything. You just have to wait. Almost an hour later they admitted her but after you know, too much quarrelling and discussion. We took the receipt and I claimed it back later on, but that’s not the issue.

[At the time maybe thought it was because I didn’t have a Medicare card we might have waited longer]. Well, when you see your wife in pain right next to you screaming out of pain, you don’t think so much rationally. So I don't know how to answer this to be true. I was under a lot of stress and I didn’t see any other people to be in pain. I saw other people in waiting, but nobody was screaming. Nobody said I had pain. There was nothing going on. But I think that was the reason, but I, I don't know. You tell me how can a receptionist know right away that you need to wait for four hours right away.

Medicare

‘I'm sure we all had this this question, like when you walk into any medical institution, the first thing they ask you, do you have a Medicare? And when you say, no, you feel like you're not, you're not fitting in. You feel like you're wrong. Like the feeling itself. It's not a nice feeling. It's not a welcoming feeling. For student. So yeah. Okay. Make my Medicare yellow, green, or purple. I don't care, but just give me the same since I'm paying money for it, you know?.’

Knowledge of HCPs

I would say that I've been a bit disappointed with how they've sort of been disconnected with us. And I still have these confusions about between Medicare and overseas healthcare system. Because even when I was getting a PCR test done, I was asked information about Medicare. I sort of kind of denied, but then when I told them about my situation, they had to agree and they had to agree with my student status.’

5 Student Experience Online Survey

5.1 OSHC Insurer / Policy issuer

Due to the different types of campaigns that each OSHC insurer conducted to promote the survey, participation levels per insurer varied significantly. As such, the online survey data should not be used to represent insurer market share.

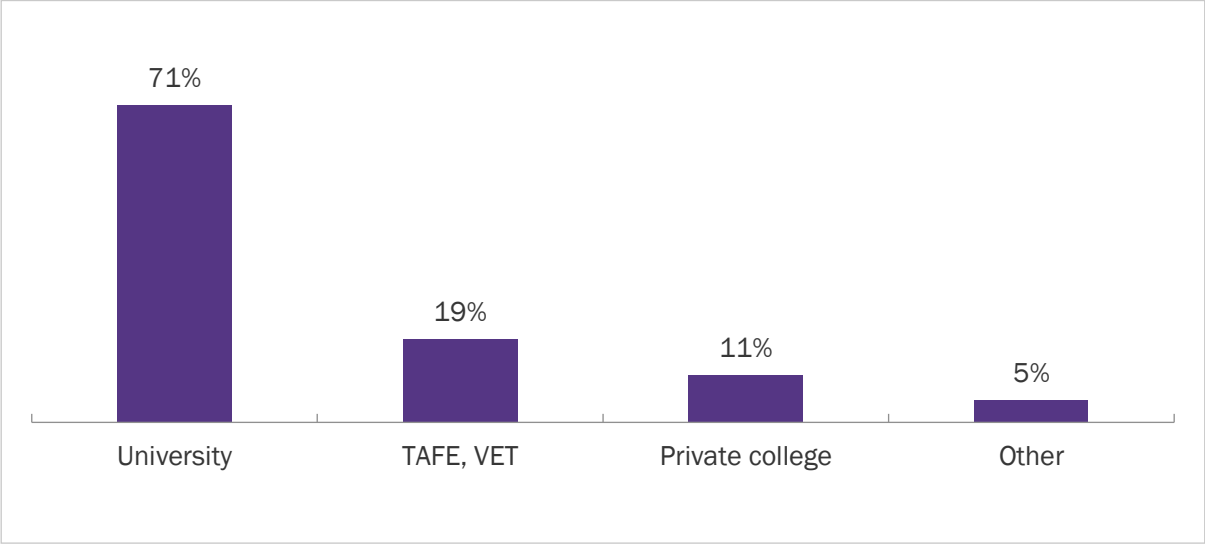
Figure 12: OSHC insurers

Insurer	Responses
Allianz & Peoplecare	66%
CBHS	22%
Medibank & AHM	6%
Bupa	3%
nib	2%

A1 Which health insurer is your Overseas Student Health Cover Insurance policy with?
Online Overseas Student Survey, February 2022
Base: Overseas student OSHC policy holders n=1858

5.2 Student profiling

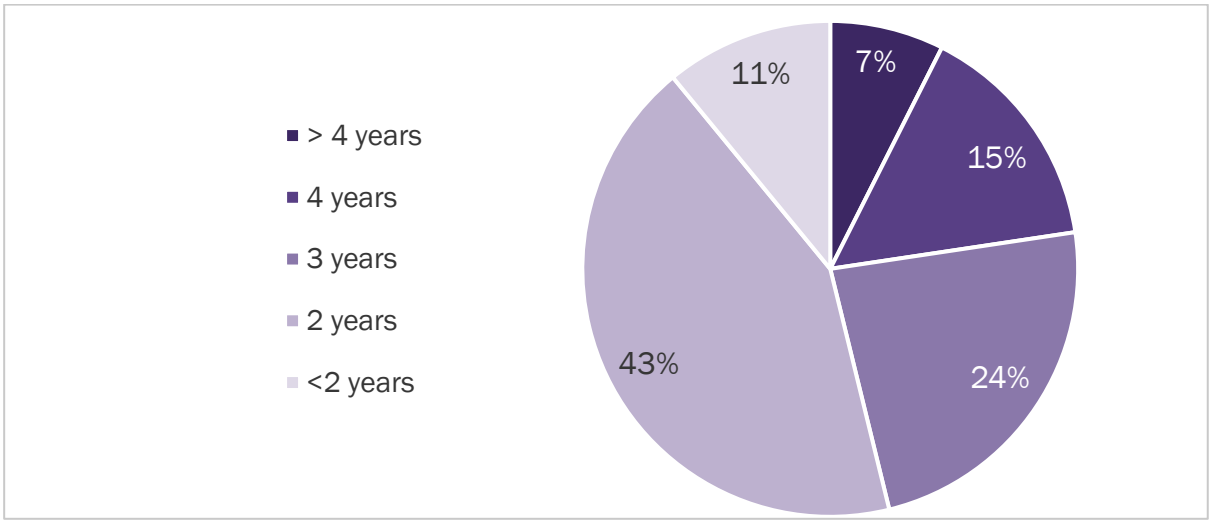
Figure 13: Enrolment status



B1 Where are you enrolled as a student in Australia?
Online Overseas Student Survey, February 2022
Base: Overseas student OSHC policy holders n=1858

71% of overseas students that completed the online survey were enrolled at an Australian university, with 19% in vocational training institutes.

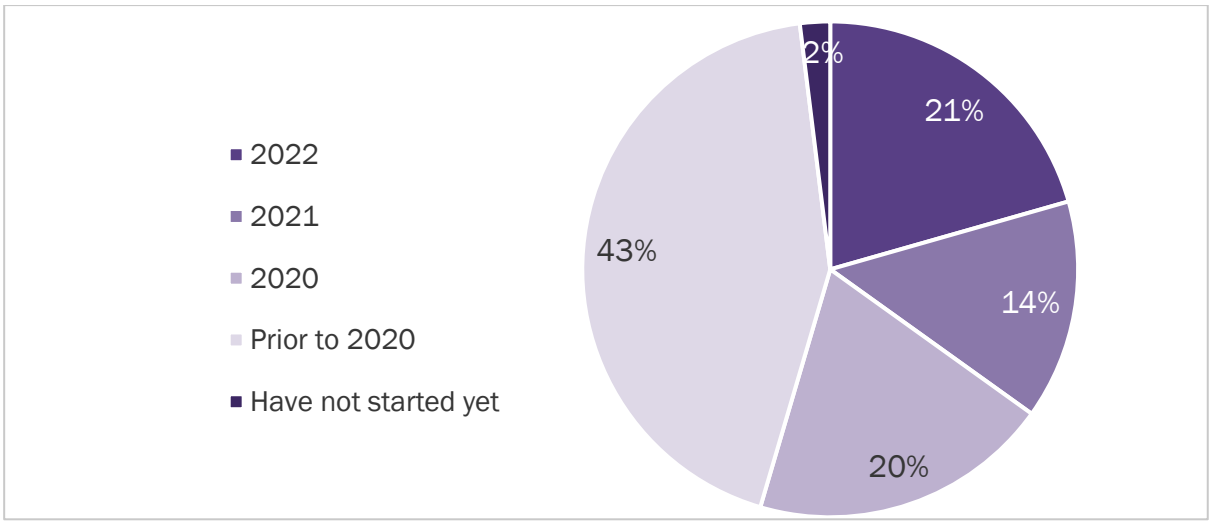
Figure 14: Length of enrolment



B2 And how many years are you enrolled for?
Online Overseas Student Survey, February 2022
Base: Overseas student OSHC policy holders n=1858

54% of students said they were enrolled for one or two years, 23% were enrolled for more than three years.

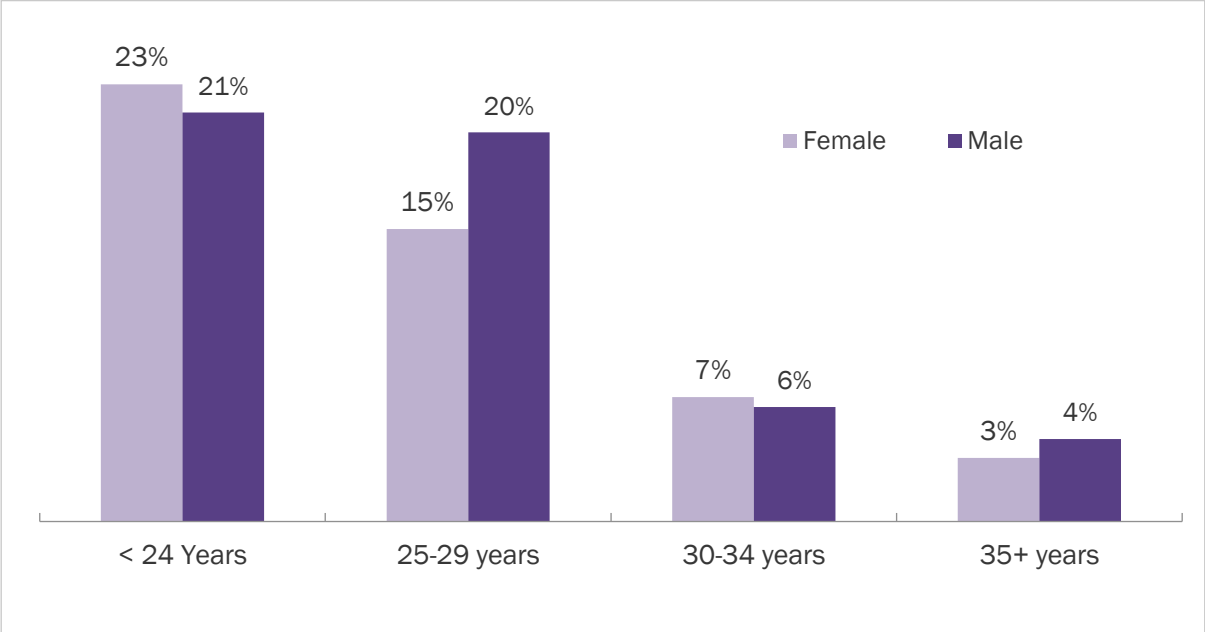
Figure 15: Commencement of course



S3 When did you start studying in Australia?
Online Overseas Student Survey, February 2022
Base: Overseas student OSHC policy holders n=1858

21% of the students that completed the online survey were only starting their studies at the start of 2022, with 43% starting at least 2 years ago.

Figure 16: Age and Gender



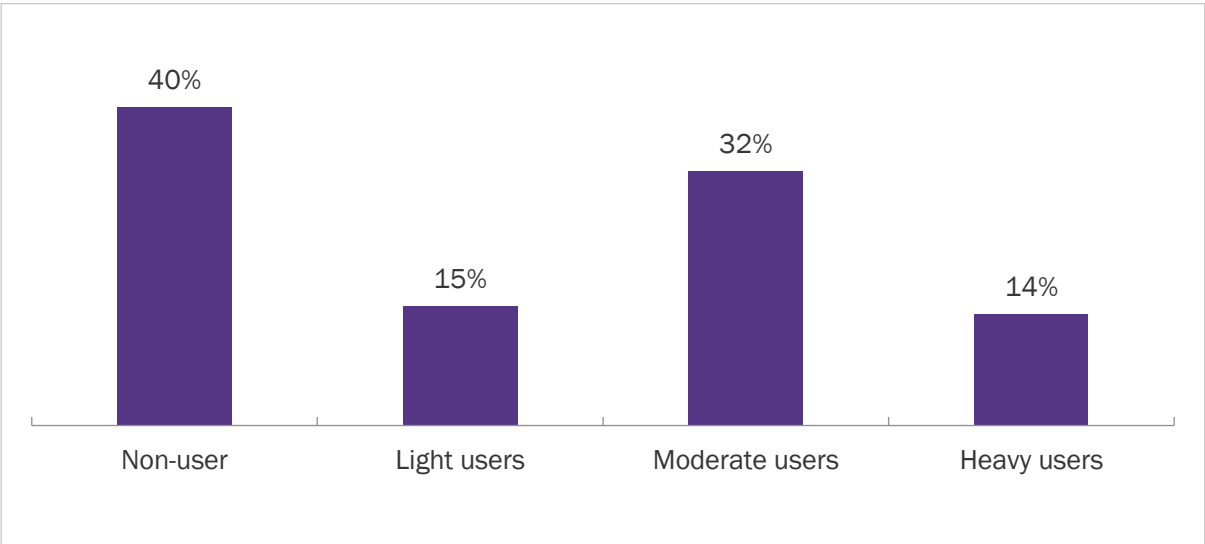
I1 What is your gender? I2 What is your age? (Non-binary 1% combined into male)
Online Overseas Student Survey, February 2022
Base: Overseas student OSHC policy holders n=1858

Male overseas students were more likely to be older than females. The average male overseas student age was 26.4 years, females averaged 25.8 years.

5.3 Segmentation

The students were segmented based on the frequency and variety of health services they have sought in the previous 12-month period using a latent class segmentation method.

Figure 17: Segmentation of students by usage of health services

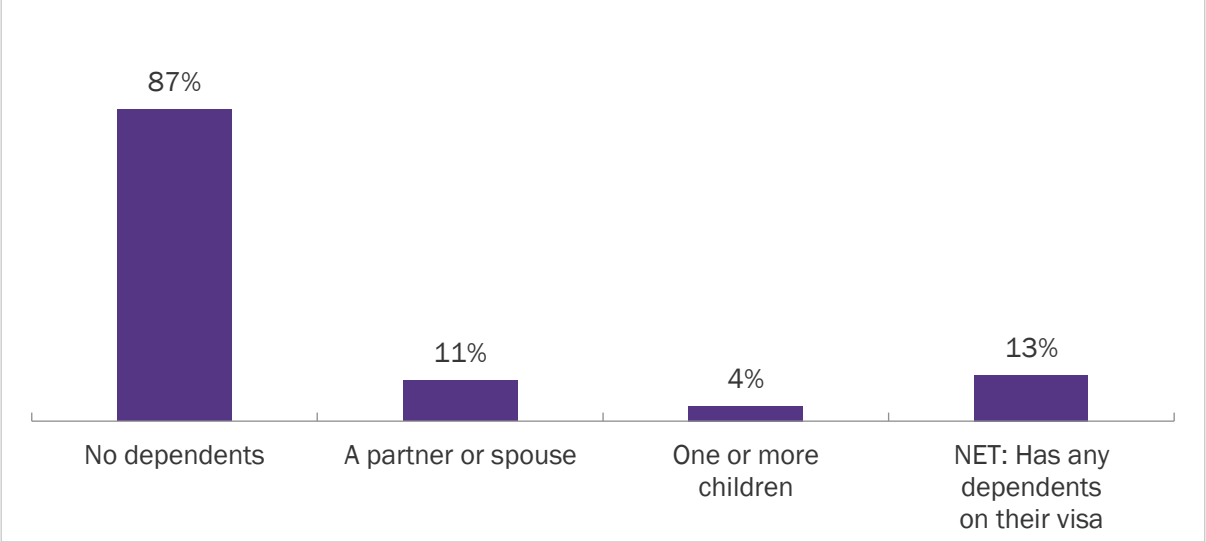


Latent class segmentation based off D1 In the past 12 months, how often have you accessed the following health or medical services in Australia?
Online Overseas Students Survey, February 2022
Base: OSHC policy holders n=1858

5.4 Student dependents and type of OSHC cover

The market is dominated by students without dependents on their visa. 11% have a spouse on their visa and 4% have one or more children on their visa. There is some overlap between those with one or more children and a spouse on their visa, resulting in 13% that have any dependents on their visa.

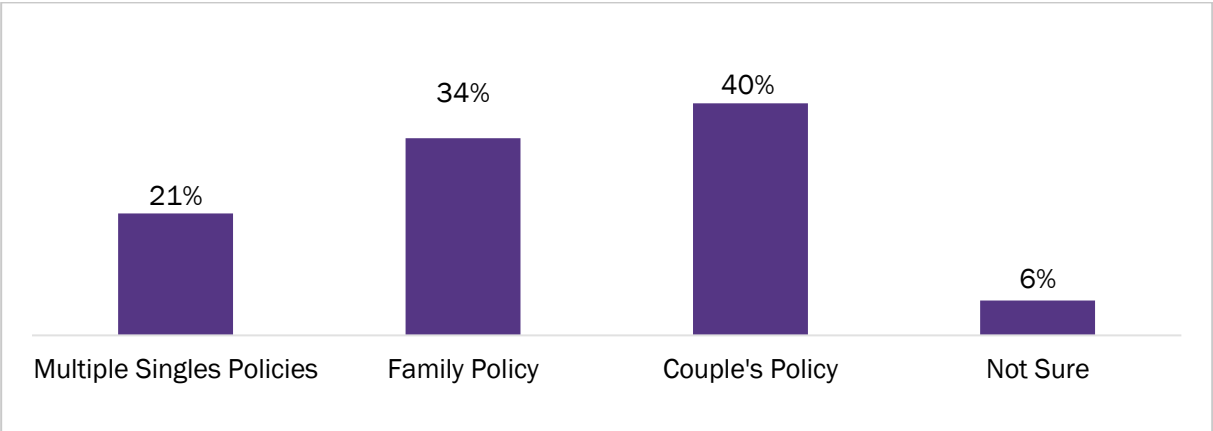
Figure 18: Student visa dependencies



S2 Do you have any dependents on your visa, such as a partner, spouse, or children? Multiple Response
Online Overseas Student Survey, February 2022
Base: Overseas student OSHC policy holders n=1858

Students who noted they had dependents on their visa were asked a follow up question to determine the type of OSHC cover they had taken out, which should reflect either a couples or a family policy. However, 21% of these students are accessing more than one singles policy rather than the more expensive Couples or Family options.

Figure 19: Policy type for students with dependents



A3 Which of these statements best describes the Overseas Student Health Cover insurance you all have?
Online Overseas Student Survey, February 2022
Base: Overseas student OSHC policy holders n=1858

The implications of a student having the incorrect insurance policy type range from the invalidation of health cover for them and their family, potentially resulting in bad medical debt, and the forfeiting of their student visa.

The data also indicates that the purchase of the incorrect policy type is not being driven by students seeking to save money by purchasing multiple singles policies.

Almost 3 in 5 students with dependents, that held multiple singles policies, acquired their OSHC policies through an agent or intermediary. As a comparison, less than 1 in 4 students with dependents and either a family or couples OSHC policy used an agent.

This indicates a focus on the purchasing the cheapest policy available with some direction from certain intermediaries rather than purchase of the appropriate policy as per the applicable insured group.

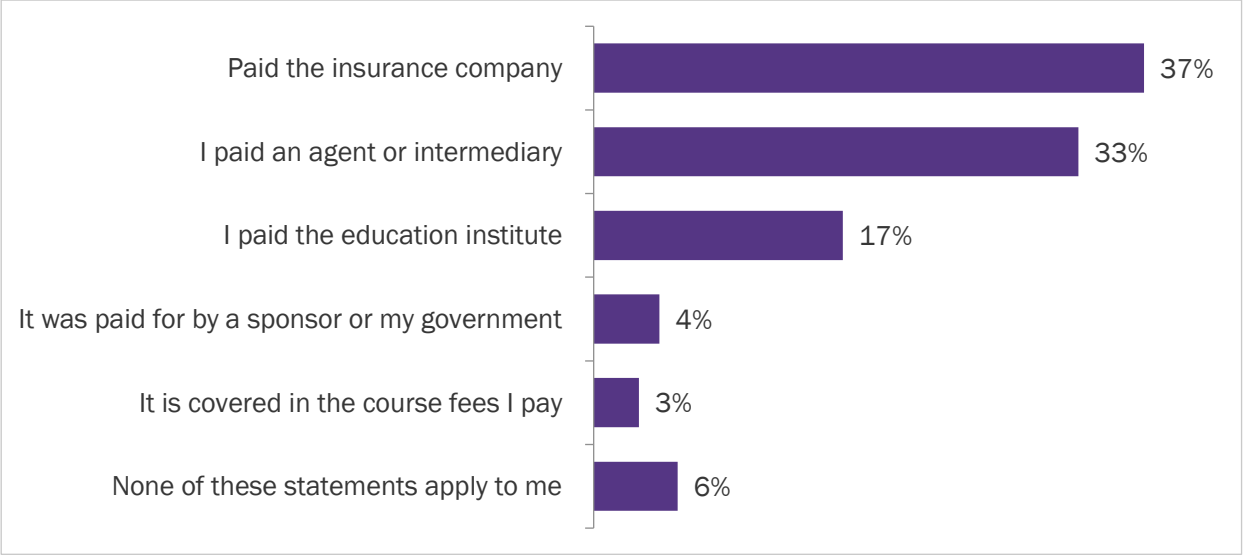
Figure 20: Students with dependents who acquired OSHC through an agent or intermediary

B5 Which one of these statements best describes how you paid/pay for your OSHC insurance policy?
Online Overseas Student Survey, February 2022
Base: Students with dependents on their visa and families/couples' policy (n=251),
Students with dependents on their visa and singles' policies (n=54)

5.5 OSHC policy payment

In terms of payment channels, most students (37%) paid the insurer directly for their OSHC policy, with 33% paying their agency and 17% paying the university.

Figure 21: Method of payment of OSHC

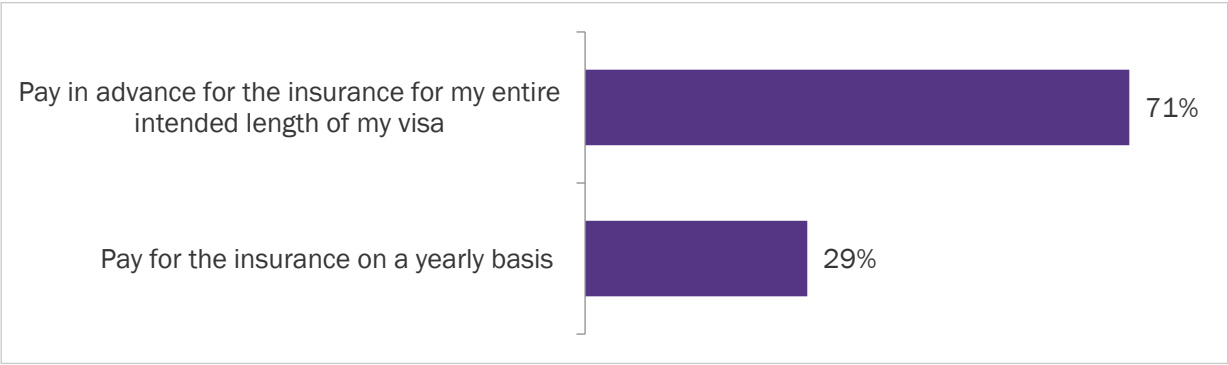


B5 Which one of these statements best describes how you paid/pay for your OSHC insurance policy?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

5.5.1 Upfront payment or yearly instalments

We know from the qualitative feedback that students can see the upfront cost of policies as a burden 'at the time' they are applying for their visa. However not all students expressed a desire to pay annually during their stay. Currently, insurers are hesitant to offer OSHC payments annually due to concerns that it may lead to defaulting of payments, and consequently, lapsed cover and invalidation of student visas.

Figure 22: Preferred method of payment of OSHC



B6 Which one of these would be your preferred way to pay for your OSHC insurance policy?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders, excluding those who are paid for by a sponsorship or government funded n=1,740

Among the 29% of those that would prefer a yearly payment plan, the vast majority would prefer set payment amounts rather than increasing premiums.

Figure 23: Preferred method of annual payment

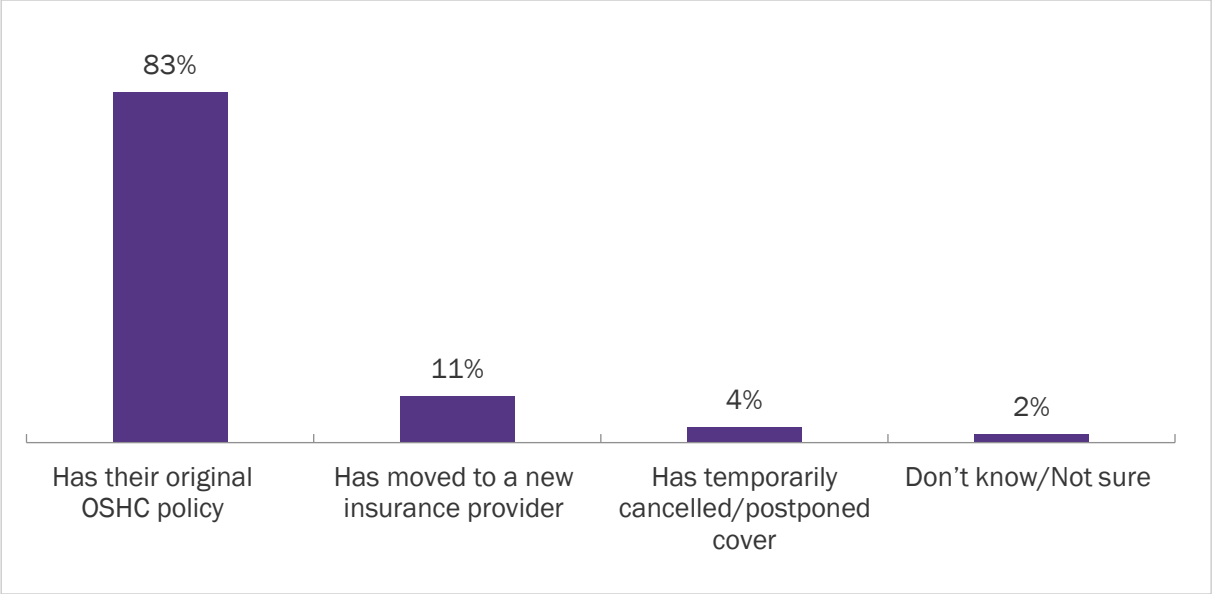
	Share of "prefer to pay yearly"
Start with smaller amounts, with the fee increasing each year	11%
Have the total divided evenly across each year, so the payments stay the same	89%

B7 Assuming the total cost was the same, what would be your preferred way of making yearly OSHC payments?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who prefer to pay on a yearly basis, n=542

5.6 OSHC Policy cancellation and renewal

Whilst there are very few legitimate reasons for cancelling or renewing policies, the data suggests 11% of students have switched insurer or cancelled their policy since they started studying in Australia.

Figure 24: Cancellation and renewal of OSHC policies



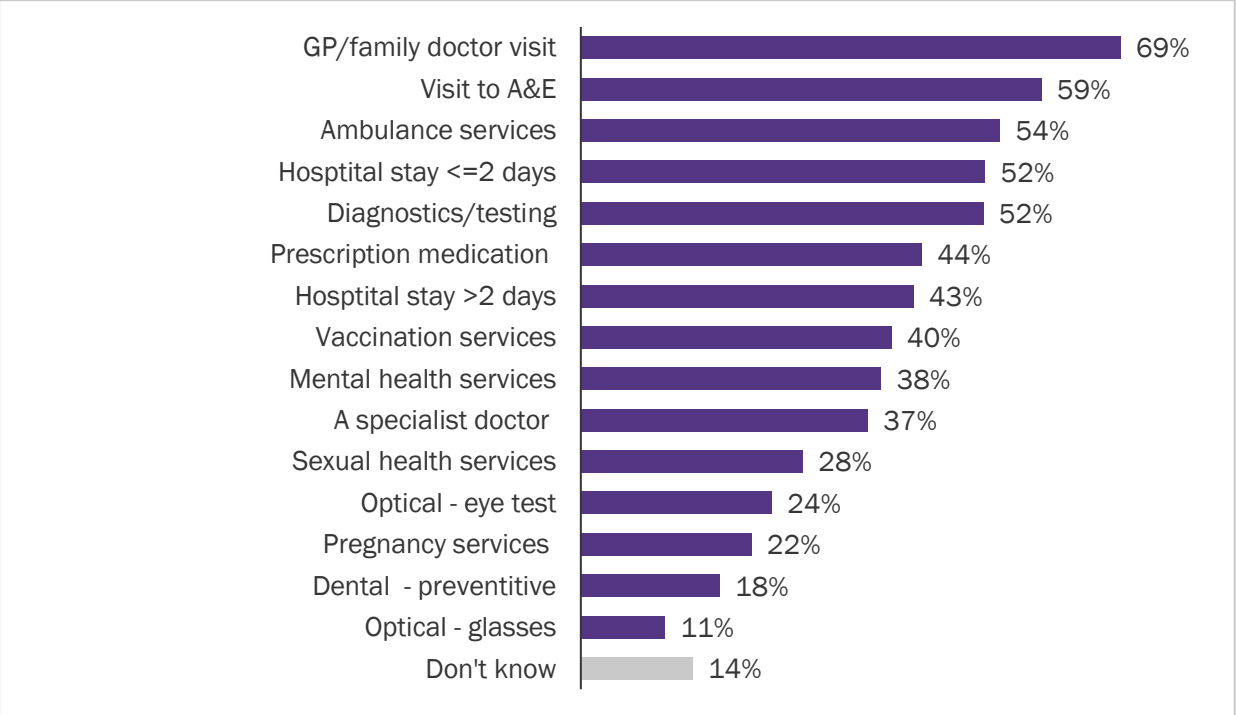
A2 Have you cancelled your OSHC policy or switched insurer at any time since you started studying in Australia?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

To further investigate these reasons, a follow up question was added to determine why the member had cancelled or switched their policy. This follow up question was added on 15 February 2022. The limited open-ended responses suggest that price (cheaper/better value), better benefits, and change in circumstance are the three most common reasons to cancel or switch provider.

5.7 Awareness of OSHC cover

There is a clear disconnect between the knowledge versus expectation of OSHC scope of cover. This initially highlights a lack of awareness of which categories of medical assistance are covered, but can also be used to highlight the areas that they attribute a level of importance to. If a student *expects* something to be covered under OSHC, we can infer that they recognise it to be a relatively important category that contributes to their health and wellbeing.

Figure 25: Awareness of health services covered by OSHC



C1 Which of the following health services do you think are covered, or partially covered, by your OSHC?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

14% of overseas students stated they did not know what was covered by their OSHC policy.

More than two-thirds of overseas students thought that their OSHC cover would fully or partially cover a visit to a doctor, while that is the highest scored component, it still means that 31% of students did not think they would be covered at all for GP services.

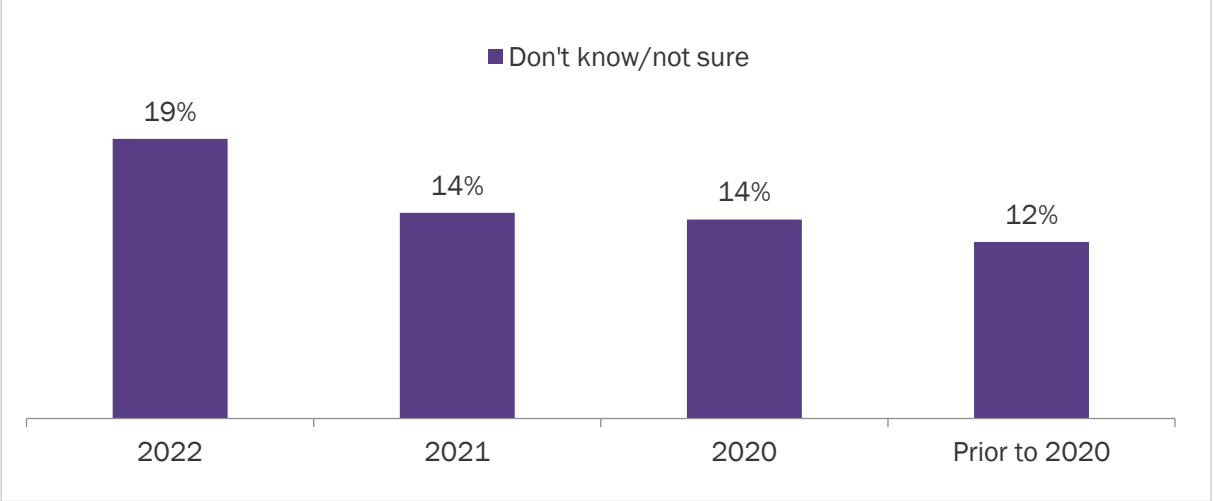
For all other categories, the awareness of cover dropped off, and likely became a major barrier to students who might need to seek medical assistance. This can become especially problematic when there is a low awareness around categories that assist with the early detection and management of medical conditions.

Only 52% of students thought OSHC covered them for diagnostic services, 44% for prescription medicine, 38% for mental health, and 28% for sexual health assistance. Without early diagnosis and management, the chances of having a poor outcome in these categories increases for both the student and the insurer if the medical condition is left undiagnosed.

More than three-quarters of overseas students correctly identified that optical and dental services were not covered by OSHC.

5.7.1 Changes in awareness over time and with usage

Figure 26: Awareness over time (Don't know/not sure what's covered)

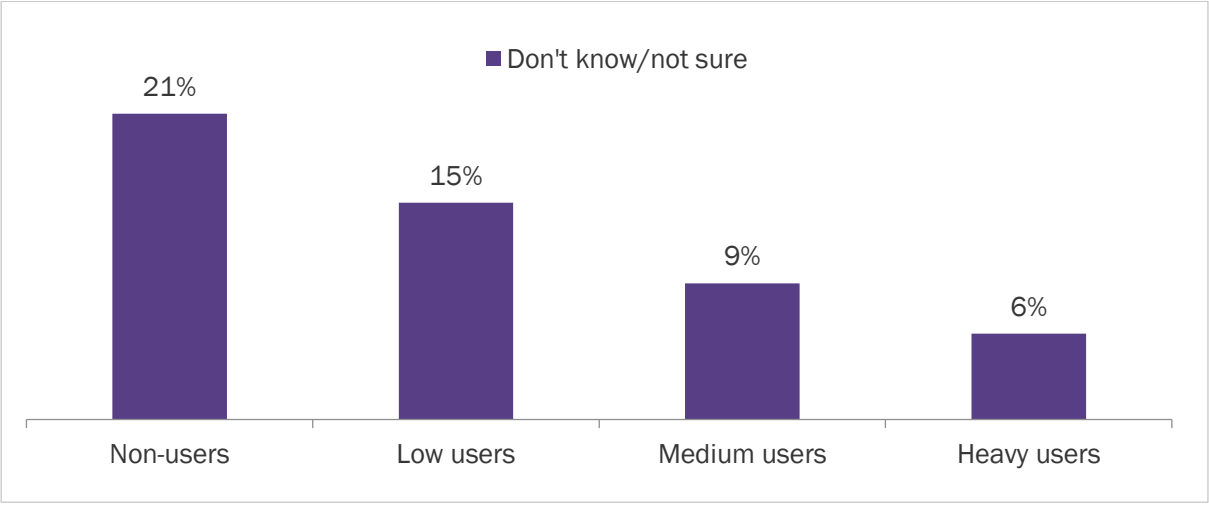


S3 When did you start studying in Australia? C1 Which of the following health services and conditions do you think are covered, or partially covered, by your OSHC insurance?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

The longer the students are in the country, the more familiar they become with OSHC's scope of cover. 19% of students who started their courses in 2022 said they did not know, or were unsure, of what was covered under their policy, despite it being a recent purchase. This decreases to 12% for students who have been studying for over two years. Qualitative feedback confirms the lack of knowledge about how health services work in Australia is mostly about students not knowing where obtain the information they are looking for. Students also admit to being confused by the jargon sometimes used in relation to health services and service payments.

There is further evidence that the initial communication around the OSHC scope of cover is lacking in efficacy, and awareness is instead driven by experience.

Figure 27: Awareness by use in the previous 12 months

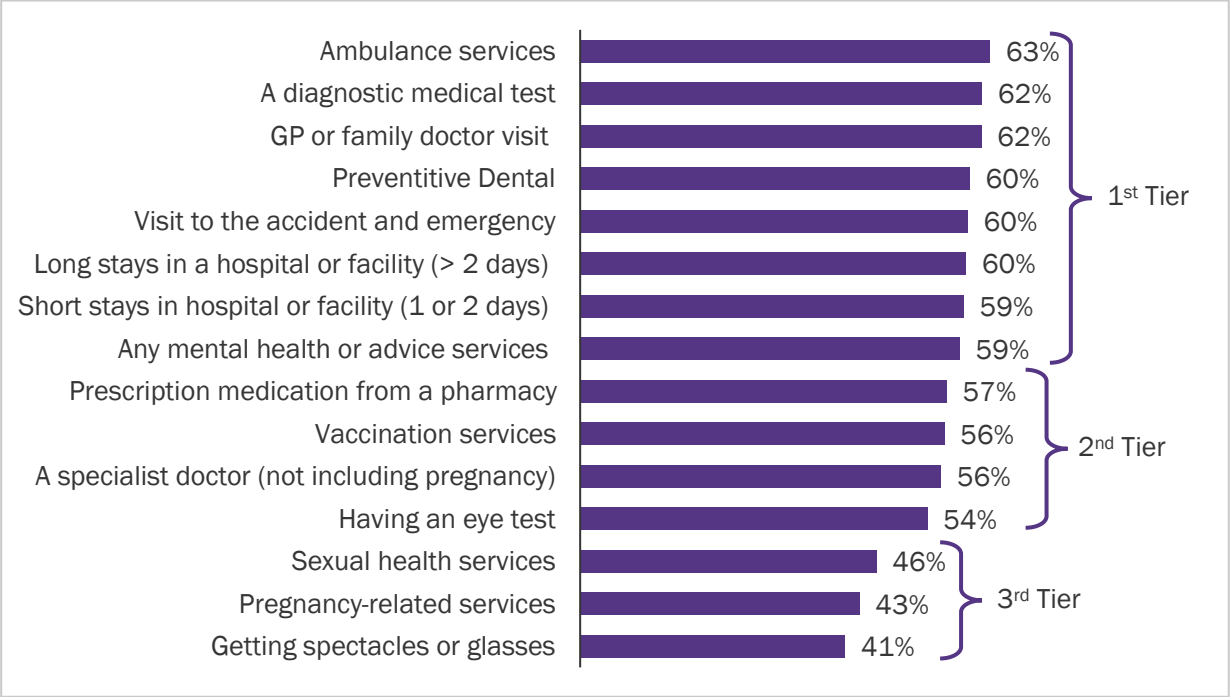


Usage segment by C1 Which of the following health services and conditions do you think are covered, or partially covered, by your OSHC insurance?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders, Non-users n=703, light users n=262, moderate users n=613, heavy users n=280

This is also evidential when looking at the level of interaction with health services in the previous 12 months. 21% of non-users do not know or are unsure about the scope of their cover, but the more frequently and broadly students interact with health services, the more they become aware of their level of cover.
There remains a need to efficiently communicate the level of cover to students before the point that they are requiring assistance.

5.8 Expectations of OSHC Cover

Figure 28: Expectations of OSHC cover



C2 Regardless of whether or not its covered/partially, which of the following should be covered by your OSHC policy?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

When it came to the types of assistance that *should* be available under OSHC, there was a higher expectation for the scope of cover compared to awareness of cover.

The various categories of health assistance fallout into three tiers. The top tier, separated by a 4% point spread, are where students are placing importance on the aspects they see as necessary to maintain their health and wellbeing.

There are two disconnects that are worth calling out in the top tier, preventative dental, and mental health. Preventative dental, with a high expectation of cover (60%) conveys a level of importance to students but is not currently covered by OSHC. This could provide an opportunity for the expansion of cover, either as a point of difference for insurers, or as a paid extra for students.

The high expectation of mental health cover (59%) is also indicative of the general importance placed of this type of cover for students, but the low levels of awareness are a clear indication that the messaging around the availability of this type of cover is not getting through to most of them.

A more effective communications channel is needed to ensure that that there is a higher level of awareness that mental health cover provided in this area for overseas students.

Students who thought metal health should be covered were also asked *which* services should be included under the scope of OSHC. Visits to a mental health councillors and professionals were seen as the most essential, closely followed by GP visits.

Figure 29: Types of mental health services that should be covered

Mental Health Services	
Visits to a mental health counsellor	82%
Visits to a psychiatrist or psychologist	81%
Visits to a GP to talk about mental health	77%
Anti-depressants or similar medication	70%
Mental health programs	67%
A stay in hospital or a facility	60%

C3 What type of mental health services should be covered by your OSHC policy?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who thought mental health should be covered (n=1128).

Looking again at the expectation of cover for other categories, prescription medication is a stand-out in the second tier. Less than half of overseas students thought prescription medicine was part or fully funded under their OSHC policy, and more than 2 in 5 said it should be covered. This is another area that requires elevated awareness, in addition to reviewing its capabilities to tailor to students need as detail in section 2.8.

5.9 Health services usage patterns

5.9.1 Usage of all services

The most utilised health service for overseas students is a visit to a GP, where 53% of students had seen a doctor in the 12 months prior to completing the survey. 35% accessed diagnostics or medical testing, with 32% acquired prescription medicine from a pharmacy. Only 13% of students accessed mental health services.

Insurance providers had expressed concerns that many students were over utilizing hospitals, visiting the accident and emergency department as a first port of call to seek medical assistance. While 8% of students visited A&E in the prior 12 months to taking the survey, the majority of those made only one visit.

Figure 30: Frequency of services used in the prior year

Frequency of services used in prior 12 months	Once in the last year	2-3 times in the last year	More than 3 times	Did not access in the last year
GP or family doctor visit	16%	19%	17%	47%
Vaccination services	12%	30%	6%	53%
A diagnostic medical test	18%	11%	6%	65%
Prescription medication from a pharmacy	12%	11%	10%	68%
A specialist doctor	10%	6%	2%	81%
Having an eye test	15%	2%	0%	83%
Preventative Dental	8%	5%	2%	85%
Getting spectacles or glasses	11%	2%	0%	87%
Any mental health or advice services	6%	3%	4%	87%
Visit to accident and emergency	6%	1%	0%	92%
Sexual health services	5%	2%	1%	92%
Short stays in hospital or facility (1-2 days)	6%	1%	0%	93%
Ambulance services	4%	1%	0%	95%
Pregnancy-related services	2%	1%	1%	96%
Long stays in a hospital or facility (>2 days)	2%	1%	0%	97%

D1 In the past 12 months, how often have you accessed the following health or medical services in Australia?
Online Overseas Students Survey, February 2022
Base: OSHC policy holders n=1858

5.9.2 Mental Health

One specific area of interest for the online survey was mental health. The low awareness of mental health being covered by OSHC (38%) and the higher proportion of students who think it should be covered (59%) illustrates there is a need for mental health services, but there is a lack of efficient communication around its availability. The 13% of students that utilised mental health services in the year prior to completing the survey, 6% accessed these services once, 3% 2-3 times and 4% more than three times over the course of the year.

Figure 31: Types of mental health services used

Mental Health Services	
Visits to a psychiatrist or psychologist	51%
Visits to a mental health counsellor	45%
Visits to a GP to talk about mental health	23%
Attended a mental health program	22%
Anti-depressants or similar medication	12%
A stay in hospital or a facility	5%
Other	3%

G1 What type of mental health services did you access?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who accessed mental health services (n=55)

Students who accessed mental health services predominately sought help from a mental health professional or counsellor, then a GP. This in line with the list of services that students though should be covered by OSHC.

Figure 32: Access points of mental health services used

Mental Health Service Access Points	First place mental health assistance sought	All places mental health assistance sought
Went to a GP	27%	46%
On campus medical centre or clinic	21%	42%
Student Services	18%	60%
Public Hospital	12%	21%
Telehealth services	8%	39%
My insurer's app or website	7%	30%
Called an ambulance	2%	10%
Private Hospital	2%	19%
A pharmacy or chemist	0%	21%
Other	3%	3%

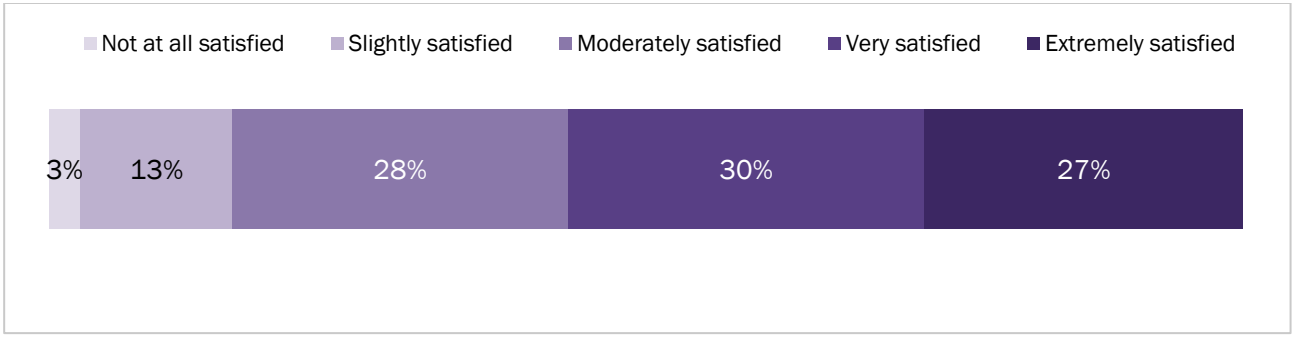
D3 On that most recent occasion, which of the following best describes the place where you first sought help? D4 did you also use any other facilities on this list?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who accessed mental health services (n=55)

While a GP may not be seen primary avenue for mental health assistance, it is the most common first port of call for students who are seeking treatment.

On campus services and student services are also an important place for students to start seeking mental health assistance and can provide an important touchpoint for those who have reservations about formalising their treatment by going to a health care professional or their insurer. Student services also play a part in the continuous support of students who are maintaining their mental health, even though they are unlikely to be a student's primary touchpoint. 60% of students stated that they have used student services at some point in their mental health journey.

Most students that access mental health services through their OSHC cover are likely to have a satisfactory outcome, 57% saying they were either very or extremely satisfied, and only 3% stating they were not at all satisfied.

Figure 33: Satisfaction with mental health services



G2 How satisfied were you with the mental health services level of cover under your OSHC insurance?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who accessed mental health services (n=55)

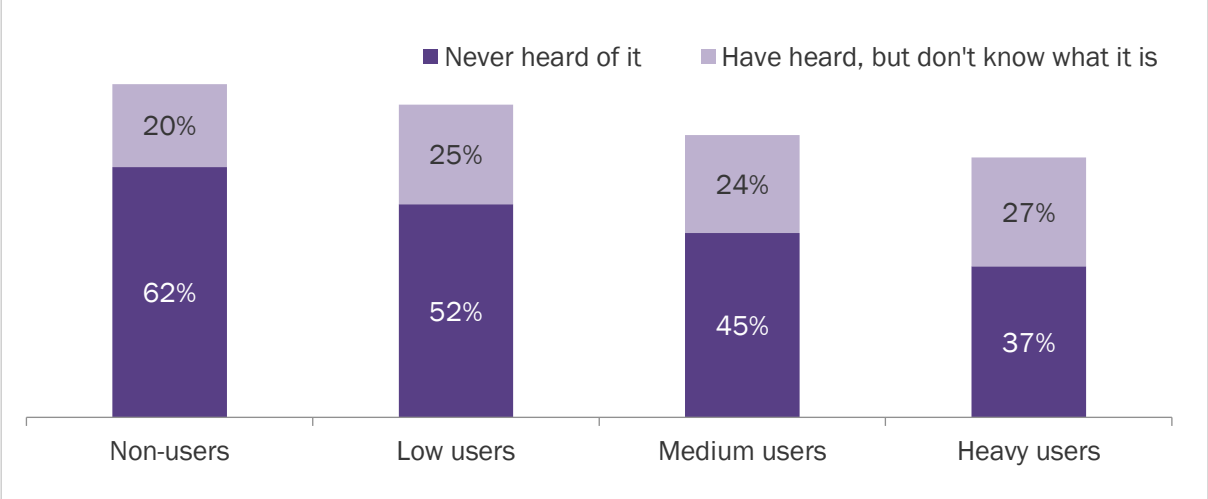
The key to increasing the uptake of mental services, and ensuring early, preventative treatment is to increase the awareness of the availability of the services, and the coverage afforded by OSHC.

5.9.3 Prescription Medication

Overseas students have a low awareness of how OSHC covers prescription medication, and an even lower awareness of pharmaceutical benefits. 56% of students do not realise that prescription medicine is covered by OSHC, and 52% say they have never heard of the Pharmaceutical Benefit Scheme.

Awareness of pharmaceutical benefits grows as students increase their interactions with all health services, but their comprehension of the service does not always follow. Increasing the awareness of prescription medication cover is essential to increase student utilisation and assist in the control of medical conditions. An understanding of pharmaceutical benefits may not be as crucial, but could be beneficial when explaining how the service works, and therefore, the benefits that students are entitled to.

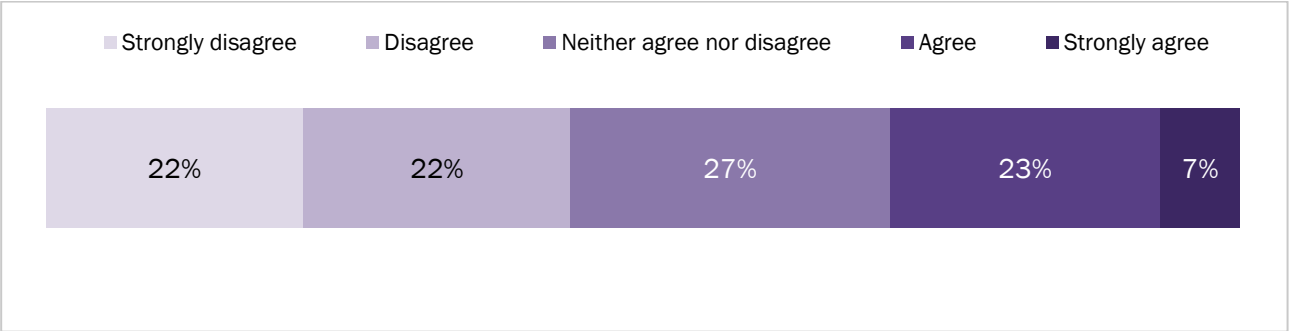
Figure 34: Awareness of pharmaceutical benefits scheme



C5 Here are some phrases and terms that are sometimes used by Australian health services. We'd like to know if you have heard of them or if you understand what they mean: Pharmaceutical Benefit Scheme (PBS)
Online Overseas Student Survey, February 2022
Base: OSHC policy holders, Non-users n=703, light users n=262, moderate users n=613, heavy users n=280

32% of overseas students accessed prescription medication in the 12 months prior to completing the survey. Students were more likely to express that they did not receive a suitable amount of financial support from OSHC to purchase prescription medication. 30% either agreed or strongly agreed that they received enough financial support, with 44% disagreeing or strongly disagreeing.

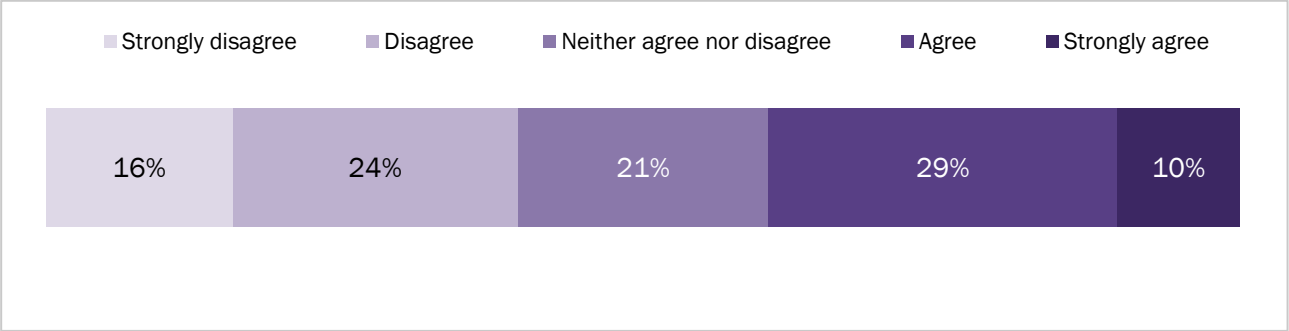
Figure 35:Agreement with "My OSHC gave me a suitable amount of financial support to purchase medication at the pharmacy"



F1 Agreement with PBS statements
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who accessed medication from a pharmacy (n=84)

15% of all overseas students said they did not seek prescription medication because they were concerned with the costs associated with obtaining it.

Figure 36: Agreement with "My OSHC covered the type of medication I needed at the pharmacy"



F1 Agreement with PBS statements
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who accessed medication from a pharmacy (n=84)

39% of students either agreed or strongly agreed that OSHC covered the type of pharmaceutical medication they required, with 40% saying the disagreed or strongly disagreed with the statement.

Unlike mental health services, there is a disconnect between what students need from pharmaceutical benefits, and what they are currently receiving. The chief concern for students requiring pharmaceutical medication is financial, with 44% disagreeing or strongly disagreeing that they get enough financial support. This data correlates with the concerns highlighted by the insurance providers, who stated that the current annual limit on PBS medicine of $300 was too low.

5.10 Instances of not seeking medical treatment

Figure 37: Haven't sought medical assistance due to concerns with cost

H0 Have you ever NOT sought medical assistance because you were concerned about the costs associated with the treatment or service?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

In addition to driving dissatisfaction, concerns around the cost of medical assistance can also cause students to defer seeking help. Half of all the overseas students said they had, at some point, not sought medical attention due to their concerns around the associated costs. The incidence of students not seeking help increased if the student had dependents on their visa.

Seeking preliminary consultations with a doctor and getting medical tests performed were the most likely services to be deferred due to costs. More education is required around the level of cover afforded by OSHC and could assist in allaying students' concerns around the potential financial burden.

Figure 38: Medical assistance not sought due to cost barriers

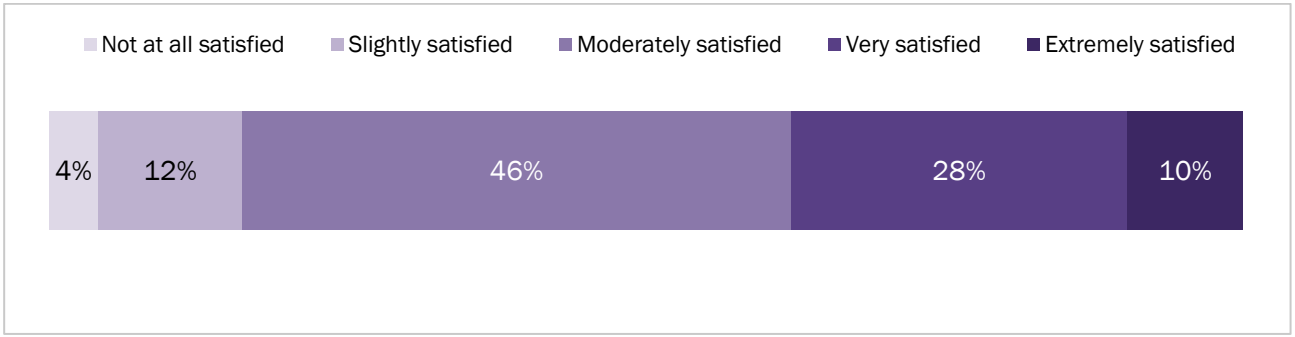
Medical Service	Share of students who saw cost as a barrier
Medical service or consultation with a doctor or specialist	56%
Medical test (blood test, x ray, mammograms etc.) (Not COVID)	39%
Prescription medication	30%
Mental health program	23%
COVID testing or vaccinations	18%
None of the above	16%

H1 Have you ever NOT sought medical assistance in any of these areas because of concern for the costs associated with treatment?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders who have not sought medical services due to concerns over costs n=965

5.11 Perceptions of OSHC

5.11.1 Overall Satisfaction

Figure 39: Overall satisfaction with OSHC



H2 Overall, how satisfied would you say you are with your Overseas Student Health Cover (OSHC)?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

Considering the low levels of awareness and underestimation of the scope of OSHC cover, satisfaction with the product is relatively high for an insurance product with 84% of students stating they were at least moderately satisfied with their policy.

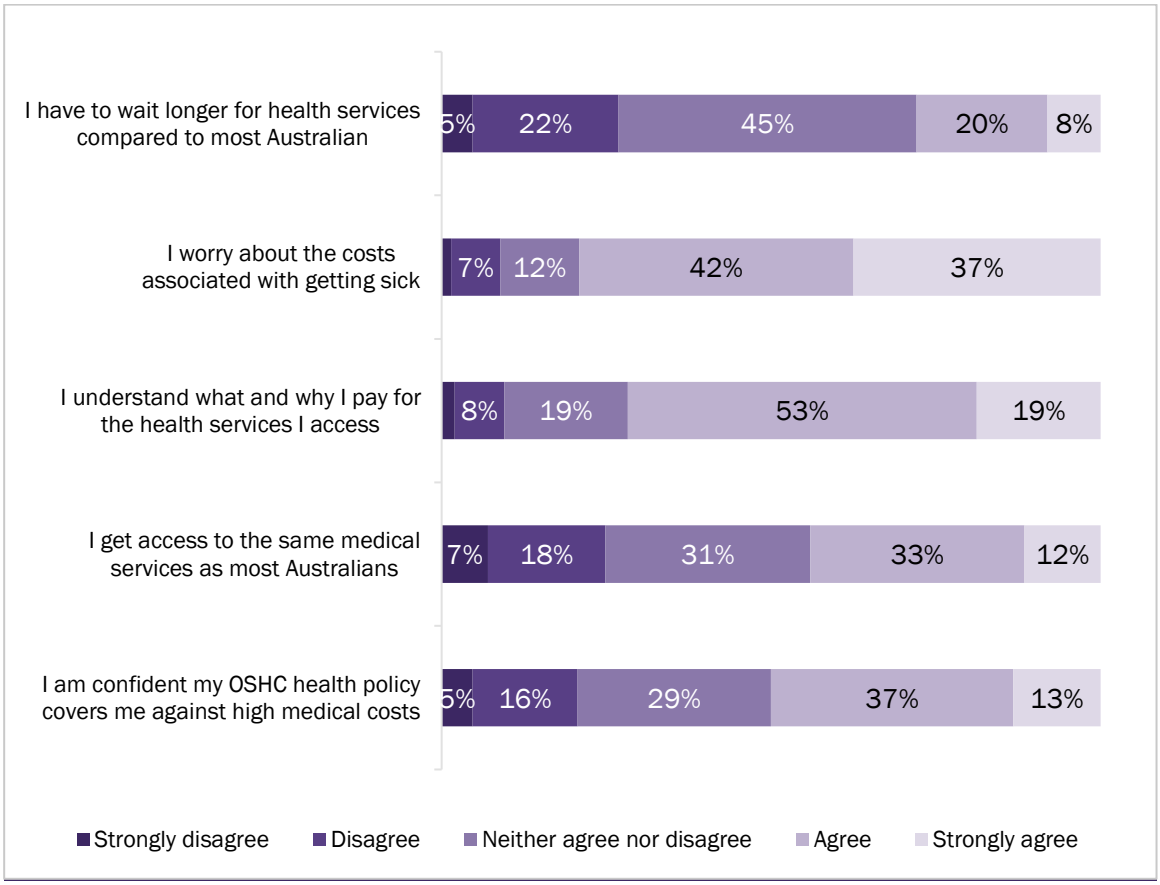
Dissatisfaction with OSHC is driven largely by a lack of confidence that OSHC would cover them for high medical costs, the perception that they do not have access to the same level of medical services as most Australians, and a lack of understanding of their financial responsibilities when accessing health services.

5.11.2 Attitudes and concerns

79% of students agree/strongly agree that they worry about the costs of getting sick, 21% disagree/strongly disagree that they are confident their OSHC covers them against high medical costs, and 25% disagree/strongly disagree that they get access to the same health services as most Australians.

An opportunity exists to reassure student that they do not need to worry about incurring large medical bills should they fall sick or require assistance, and that they do get a similar level of cover than most Australians.

Figure 40: Attitudes



C4 Thinking about health and medical services in Australia, to what extent do you agree or disagree with the statements below?
Online Overseas Student Survey, February 2022
Base: OSHC policy holders n=1858

6 Information touchpoints

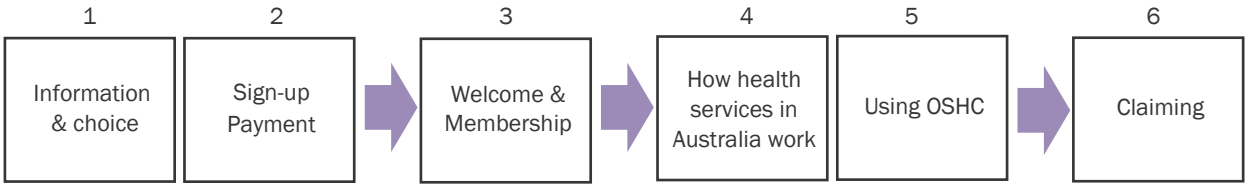
6.1 The customer journey

Whilst the initial exploratory focus groups and online survey with students focused on OSHC policy expectations and user experiences, it was clear that some of the issues students faced were due to third party buying experiences and a lack of understanding of how health services worked in Australia, particularly with regards to what they were covered for on their OSHC policies.

It was therefore decided to focus the final two focus groups on better understanding the student purchase journey, the sign-up process, and touchpoints for information. The aim being to uncover gaps in communication and determine how to best assist students in choosing and using their OSHC policies. As part of this, the research explored the role of insurers, education institutes, and government in the process.

The focus groups explored the customer journey from sign-up through to utilisation. The focus was on communication channels and information rather than service expectations or issues around coverage which had been covered in the exploratory focus groups and online survey.

The customer journey – from sign up to usage and claiming



A range of touchpoints were of specific interest in the focus group discussions as shown below. For each step, students were encouraged to discuss what communication they received and the role of key institutions and agencies in delivering information.

1. Migration Agent
2. Universities and/or education institutes
3. Australian Government
4. Insurance company
5. Health providers (GPs, pharmacists, specialists, other)

Students were also encouraged to talk about other resources or touchpoints they reached out to, and what role these other resources played. In particular, students referred to friends, student networks, as well as a range of social media channels. These resources filled information gaps and supported the information students accessed through more formal channels.

6.2 Step 1: Information and choice

KEY TOUCHPOINTS: Migration agent. Insurer websites (for minority). Education institute (minority).

The majority of students apply for student visas whilst outside of Australia using migration agencies or, less frequently through exchange programs at their universities in their country of origin. Students on scholarships are likely to receive much more assistance in relation to the purchase of an OSHC policy.

Migration agents are based locally with some larger agents having offices in Australia. The role of agents is to assist students in applying for their student visa including assisting with all the government paperwork and requirements. Students may or may not be fluent in English at this point, and agents are therefore important in providing an understanding of what the Australian Government requires.

Students first hear about the requirement for health cover as part of their visa application process. Students quickly learn that health cover is compulsory during the course of their study and is a requirement of the enrolment process for universities and other education institutes.

Most overseas students has a limited understanding of health cover or health insurance. Students are typically under 25 years and may have had no direct experience buying health insurance products themselves. Some are aware of 'health insurance' through parents or family policies, but this will depend on the type of health service offered in their home countries. Students come from countries with a range of differing health systems, some with public healthcare and some entirely private, so understanding of what might be required to get the best out of the Australian health service is low.

Despite their lack of understanding, students are not highly engaged in the purchase. Their visa application process is focused on enrolment information, accommodation requirements, and many other issues associated with relocating. Health cover is secondary, and students tend to approach the purchase as more of a 'tick the box' rather than a considered choice.

"Default" policies

When it comes to making a 'choice', most students choose the default cover offered by their universities (if there is one) and/or the product recommended by their agent.

Price tends to drive agent recommendations, with students reporting agents often nominate 'the cheapest option'. Many are unaware of the range of options available and do not seek to find out.

If students access information through universities, feedback suggests the focus is on the partner insurer for the campus, with students sometimes believing this is their only option.

Quotes

Agents focus on cost

I'm at University of New South Wales and my college preferred Medibank, but my consultancy told me to take Alliance, which was much cheaper than that, much cheaper than Medibank.

Agents focus on cost

ECU offered me Medicare (sic), but my agent suggested that I use Bupa since I have two dependents and it's much, much cheaper.

Lack of perceived choice

They told me the uni just has Medibank and they have a Medibank office inside the campus, so you can apply for the Medibank. And so at that time, I was still in Vietnam. So I don't have much information about who provides the insurance in Australia. And I was also not sure that I could apply to another provider or only just the Medibank. So I chose Medibank.

Lack of choice

I can say there is an information gap between the students and the policy. After I arrived in Australia I got to know this company but I still have not very much information about what kinds of services they have, what kind of health insurance they covered. Maybe if I knew earlier maybe I can have a choice, choose by myself, but that's all provided by our agent.

Students tended not to be given written information about OSHC (either what it is, or how it works) nor were they directed to any information online (government, insurer or other). There was very little verbal discussion at this point around what is or is not covered by an OSHC policy, although some students were aware that there were 'basic' policies and others which included more options.

Some students were directed to the insurer website however this was most often in relation to payment rather than about researching choices.

Some students recalled reading information on insurer websites about additional cover or 'extras' that could be added to their policy. However, without much understanding of how health services work in Australia it was difficult for most to justify adding 'extras' or 'extra services' to their policy.
It is also worth noting that some students lacked proficiency in English ready and comprehension at that point in time so independent research could be difficult.

LONERGAN.

Quotes

Lack of information

They only tell me that it's an insurance cover like basic information [needed for] the length of the time you're studying because [its] the policy of the Australian Government. So you need to buy it.

Lack of information

They told me that it's mandatory before I can lodge my visa, I should get O S H C. Then she just forwarded the email of Bupa, which what they. So no they didn't explain much about it, just a recommendation and that it's mandatory.

Students trust agent recommendations

They gave me the website I need to read before I make a decision. So I just scan through it. Honestly I have, I don't know which is good and which isn't. I have not done a lot of reading regarding it, so I just thought yeah, if the agency is recommending this, then it must be good. So just, I just trusted them.

Students trust agent recommendations

Actually it's a bit overwhelming, very different from my country so I'm reading through it. Some of the things I cannot really understand, it was a bit confusing,. I trusted my agency that they know my situation that I have a baby and then they must take that into consideration. I just go with it.

Students trust agent recommendations

My consultancy just told me to take the insurance and they informed me about how much money it is going to cost...like what is the price. Then they just asked for my details and they paid the fees and I got my certificate. I didn't get any information about the insurance. Like what it is.

Information from agents is limited

They said you need to have health insurance but I totally have no idea about what kind of insurance, what's the meaning of it, why that would be beneficial for me. But I just note it is something that you have ...without any detailed information.

Students accept limited information

In my case, I think the insurance and healthcare is not like really important in the whole process compared to the school decisions and my school life. So they just mentioned it but they didn't explain it or the options you can have.

Students are disengaged

I didn't even want to spare much time to figure it out, like what kind of options do I have. So yeah. Maybe it was my fault that I don't know anything about it [when it was purchased].

In summary

At this point in the purchase process, many students are disengaged with learning more about OSHC and their policy, regardless of the information that is sent to them.

6.3 Step 2: Sign up and payment

KEY TOUCHPOINTS: Migration agent. Insurer purchase channels.

Payment is either made through the agent, or the student is directed to pay the insurer through a link provided by the agent or by going to the website themselves and selecting a policy.

Paying the insurer directly tends to lead to better outcome for the student as they now have a direct connection with the insurer. This may or may not happen if the agent pays for the policy and with an intermediary involved, sometimes not all of the relevant information is correctly passed from the agent to the insurer. In two cases, students' contact details were not directly recorded on their policy correctly.

Students can also miss out on receiving information about their membership and details around how to access their membership card where the agents' details are recorded on the policy rather than their own.

Not having a physical address in Australia at the time of payment does mean that students are required to follow up their membership card when they arrive in the country.

There were some cases where the university received their card, and the student was able to collect it once they arrived. This would necessarily only happen if the student chose the default university policy.

Quotes

Agency payments

I just let him apply for the insurance for me. I don't even know which company I was in until I arrived in Australia.

Role for the university

I think for me it's definitely the university. Because we are in contact with the university the most. The migration agencies are there when we migrate and then that's about it. I didn't keep any contact I didn't have to.

Email contact point

But I don't remember if I received any email, maybe that's because my personal email is not a contact email account that the insurance company have.

6.4 Step 3: Welcome and membership

KEY TOUCHPOINTS: Selected insurer. Education institute (minority).

Once policies were paid for, most students received a welcome email and information about their policy. This information contains their membership number, details about their policy, and how their health cover works. It also provides information on how to contact their insurer and how to make a claim. Some also recalled being directed to download the insurers' app for other information about accessing services.

The biggest issue for many students is that they tend **not to read this information** in any detail, with some students admitting that they had not opened the email, despite noting that it had it arrived. Most intended to look at this only if or when they required access to medical health services or make a claim.

Other students, and it tended to be the minority, claimed not to have received any specific information beyond a confirmation of purchase which was provided as part of their enrolment details. These students tended to have paid through an intermediary rather than the insurer directly.

In one case, a student had received nothing beyond the policy confirmation from the agent (to be used for enrolment), and despite having paid two months ago had not had any direct contact with the insurer. He was unaware of what his responsibilities were in relation to seeking his membership details and membership card.

Quotes

May not read policy information
I did receive the documents about like the confirmation of the cover and it lists all the stuff that is covered, but you know, you don't really look at those documents at the time when you don't need it, like when you just receive it. So it's like when you need it, you're like, oh, where is it?

Student received nothing
So when we take a membership from Alliance or other insurance, the first thing we expect is a welcome kit, which says what's covered and what I am eligible for and where can I claim the money and the eligibility criteria but I didn't get anything. (Paid two months ago through an agent).

May not read policy information
I'm pretty sure I got some sort of email with everything just explaining what I can do with my cover. But as I said, at the time when you don't use it, you don't read it. And even if you do I struggled with English a lot, so I just left it there.

In summary

As noted previously, it is very important insurers and students are connected directly. Being aware of the university or education institute the student is enrolled in may assist in communication for insurers.

6.5 Step 4 and Step 5: How health services work and using OSHC

KEY TOUCHPOINTS: Selected insurer. Education institute. Informal channels (e.g. friends, social media).

When students arrive in Australia most know little about the product they have purchased, and little to nothing about how the health system works in Australia. Therefore, despite receiving information from insurers at sign up, most are not educated about what their policy covers or how to use it.

This is despite insurers providing Welcome emails and policy documentation, as well as a lot of information via their websites on using OSHC policies and encouraging students to download apps to find health providers and understand their preferred supplier networks.

Universities also appear to be proactive and have many resources available to assist students in better understanding their OSHC policies and how to use them. When prompted, some (but not all) students recall communication from the university about their health cover, especially for those using default policies. Some students talked about on campus information sessions, and the availability of an insurance representative at various times. However, as with the insurer information, either not all students recall the information sessions or are aware of what health services are offered on campus.

Overall, this lack of recall of information is likely to reflect the disengagement amongst students with regards to this product, until it is needed. Learning about their policies tends to happen when they experience a health event or require a health service.

Using services on campus is very straightforward, as campus health service staff understand and are familiar with OSHC policies. However, this is not always the case when students use off campus services, particularly those beyond a standard GP visit.

However, as found in the exploratory Focus Groups, navigating costs in the health system can be complicated outside of campus services. Students are not always sure about where and how to access information about how medical services are costed or how out of pockets work. The differential pricing across many services adds to this confusion. This can be further exacerbated where health care providers are not familiar with OSHC policies or what is and is not covered.

Again, as found in the in the exploratory Focus Groups, students are frequently asked if they have a Medicare card which can be confusing when they first arrive. Medibank and Medicare can also cause some confusion for students.

It is likely that the low usage level by some cultural groups can be attributed to a lack of understanding how their policies work rather than them not requiring medical services. Chinese students in particular can be confused by an OSHC policy covering GP visits. GPs are not part of the health service in China so the role of the GP can be misunderstood. Having ‘cover’ for regular health services can also confuse some students who see their policy as ‘insurance’ and associate it more with emergency usage and high-cost items such as hospitalisation and associated hospital services

Quotes

Different to how services work at home

I was also surprised that our health coverage can be used at the GP. In Singapore I have insurance, but it's the kind where the more you use it the premium that you pay the next year goes up.

Services on campus

I have been to the clinic on campus, in UNSW they are very friendly, and know how the insurance works. So they ask, do you have the card? And then I just show it to them. And they kind of like settle everything.

Quotes

Different to how services work at home

Before I came to Australia in China the concept of health insurance in my mind is not very common. I do know I have health insurance, but that it's for when accidents happen, then the health insurance will work. But this health insurance is more general, like when you go to hospital, when you buy some medicines or go to the general doctor, they'll also cover that too. So yeah, after I come here I know... every time you go to the GP, actually some of the services is covered as well. Not only when you have to call an ambulance.

Different to how services work at home

I do have health insurance in Hong Kong but what's different from the medical insurance there is if you just go to the doctor for maybe you catch a flu or whatever it will not be covered. But I think in here in Australia everything is covered. Yeah. So I think that's the difference.

Services on campus

I've never been to a GP outside of the campus. I like going to the one in school just because I think they're used to having a lot of students. Knowing how everything works from the insurance side.

Trial and error

I just got to know... like trial and error and sort of like learning how things work. I got to know about what is covered, what is not covered. Also I have an app and it's all written there, so that's pretty good. (Student been here for four years).

Information required

This system is actually quite new for me. So when I first came here, I like knew nothing. I did have go to the clinic in the university and for the like flu vaccination but I didn't know what to expect. I thought I had to pay for those things. I didn't know how this worked.

Information required

When I arrived here, I just have to figure it out by myself, they didn't offer me any welcome kit or anything. I just have to go on the website, do my sign up on my own and all of those things, order my membership card.

Provider network

There is something call 'BUPA friendly doctors. So I thought I wouldn't pay anything but we did. It was $40 each for our vaccination. Then I had to get the money back. So year, these are the things I am figuring out in Australia.

Information required

I'd just like to know how the payment system works. Like when I need to pay and how I can get my rebate.

In summary

Informing students about health services and how to use their OSHC policies is always going to be difficult given the high levels of disengagement by students until they need to use the services. It was clear that students do recall universities and insurers providing a significant amount of information through a range of channels. However, students admit that they are not accessing the information as readily as they might. Lonergan would conclude that this is predominately through student choice ("I'll read it when I need to"), however it may be that insurers and universities can also improve outcomes through more targeted communications. This was not explored through this research There is potentially a role for the Australian Government with regards to providing overseas students with basic information around how health services and the health system works in Australia, including key health terms and what these mean in relation to accessing services through an OSHC policy.

6.6 Step 6: Claiming

KEY TOUCHPOINTS: Selected insurer.

Claiming appears to be a relatively straightforward process in terms of the operational requirements for students. Most of the students who have used their policies have been able to make claims relatively easily.

As noted in previous sections, students can be surprised about what is and is not covered with some receiving less rebate than they expected or being unsure of what is and is not claimable. However, the survey results indicate that these misconceptions result from lack of understanding of complexities in the Australian health care system, billing and claiming practices, and their OSHC benefit entitlements rather than the mechanics around claiming per se.

In summary

The claiming process is easily understood by students once they use a particular health service. There is clear information available with regards to how to claim, and the processes appear to be straightforward, especially after students have used the process once or twice.

6.7 Individual Healthcare Identifiers (IHI)

In addition to discussing the OSHC policy, students were asked about Individual Healthcare Identifiers (IHI) and whether they had applied for this number, why and how well this process was understood.

Around half of the students had applied for an IHI which was mostly trigged by the need to get confirmation of their COVID vaccination status. Most were unaware of how else an IHI number might be used, although one student did talk about attaching their medical records via the IHI.

6.8 Information gaps and potential solutions

Overall, students are provided with a lot of information and resources once they are signed up for a policy and in contact with their insurer. Universities are proactive in providing students with information on

campus and offer students with many touchpoints including onsite health services covered by their OSHC policies. In larger educational institutes there is also an insurance agent available at least on a part time basis.

The biggest issue however is in relation to initial choices and sign-up, whilst students are still overseas. The current model allows migration agents to make recommendation to students without encouraging or ensuring the student has access and information around choice of insurer and/or policy type. There is no way to regulate what students are told by agents or what information is presented or made available.

Whilst there is Australian Government information available through Home Affairs, this is focused on visa eligibility and legal requirement and in reality is often not easily accessible to students – hence the use of an agent.

Role of Department of Health

A direct conversation between the Department of Health and students is relevant, especially at the beginning of the OSHC purchase cycle, where information and understanding is currently lacking around OSHC requirements. Regardless of what is currently available, international students included in this research sample were not aware of where to find Australian government information associated with OSHC.

The information would need to be appropriately simplified so students could access it directly to learn more about the OSHC product they were required to purchase and their options for doing so. A list and link to accredited insurers would provide choice for students should they want to make their own enquiries and/or review the credibility of the choice or choices they were offered by an intermediary.

R It would also be useful for an Australian government site to assist them in better understanding how an OSHC policy works, particularly if there are health services that are not covered in a basic policy. If dental and optical are to remain options only then this should be made clear so again students are able to make better choices.

A more detailed understanding of the way in which health services in Australia operate should also be available via the Department of Health, given this is not necessarily the responsibility or remit of an insurance provider. Key health terms which could help students better navigate health services could be explained, such as bulk billing, gap payments and the role key medical services. How OSHC differs from Medicare should also be explained to avoid potential confusion for international students. The role of an IHI could also be incorporated in key messages so international students presented with the option of recording their health record in Australia.

These are government messages, and whilst students may or may not access this level of detail early on in their purchase journey, using their OSHC policy most effectively may require this type of understanding.

Ideally, the Department of Health would provide a communication channel that enables and encourages international students to access information directly. This would be relevant to international students both prior to and post their arrival in Australia Universities could further support this access by providing a link students to this information in welcome packs and via university web sites and student portals.
Migration agents would also be able to link students into this information perhaps via an initial link on Home Affairs.

The style of information provided needs to reflect the needs of international students. The explainer page and video produced by the University of Sydney may prove a good starting point.

Whilst it was not mentioned specifically, the University of Sydney does appear to meet the objectives raised by students with regards to information about OSHC and the Australian health system. A cursory review by Lonergan uncovered this very informative webpage which provides students with policy/insurer choices (which would be good pre-purchase information for students), as well as provides an excellent explainer video about the health system in Australia, terminology used around health services and payments and options for using/choosing health services

https://www.sydney.edu.au/study/study-options/fees-and-loans/health-cover.html

Quotes

OSHC vs Medicare

Yeah, I think it would be pretty useful. What is the, like the difference between what we are gonna get for our overseas health cover and Medicare. Like what exactly is the cover we have and what do we have to pay out of pocket expenses for, what is the estimation of stuff like that. I think that would be pretty helpful information.

Videos explaining OSHC

Or even they [government] can make some videos to help articulate the insurance. Because even if I like interact with my migration agent what they explain is a very brief explanation. So if I can get some sort of explanation from the government, that would be better.

Credible insurers

Yes because international students don't know which company is good and which companies are bad there might be some companies like in India, we have few companies that cheat on students. So I think government's role in this is to ensure that they explain the a set of insurance companies students can use. Then we can actually make a better decision.

Credible insurers

Because health cover is a mandatory thing in the visa process. I think that the government should sufficiently explain it during the visa application process. We only get this information mainly from migration agent, which is it reliable compared to government. Like there's all sorts of migration agents. And like, even if they like if they like offer to help they might not be recommending a reliable medical insurance to students. Yeah. I think the government should play a role in and give the appropriate website links to direct then.

How the basic health system works

Yeah, I think Australian Government should have give me the information, it would be better. Based on my experience. I had no idea what bulk billing is and when they ask for like my Medicare card. Instead I have an insurance card. So I was like quite confused. I don't really understand about Medicare and also the private and the public hospital. If there's like information from the government regarding the difference between the healthcare system in Australia, it would be really great... especially at the beginning.

7 Review of the Issues Paper

7.1 Review the requirements for community rating for OSHC

The requirement for community rating was raised by most insurers. Specifically, there are major concerns around the subsidisation of pregnancy costs.

During the insurer executive interviews, most of the insurers stated that costs associated with pregnancy are offset by the higher price of couples and family OSHC policies, which are far more expensive than multiple singles policies. The online survey showed that some students with dependents do not have the correct policies, using multiple singles policies rather than the appropriate family/couples cover to avoid these costs. This behaviour is often driven by agents and intermediaries, raising another issue in that the student may not realise they have the wrong level of cover, leaving themselves open to medical debt, and invalidation of their visa.

The heavy loading of pregnancy costs into couples and family policies put a disproportionate burden on the students that should be taking out those policies and influences the behaviour of applying for multiple singles policies.

The option to have pregnancy cover as a paid add-on to an OSHC policy was rejected as an ineffective way to subsidise pregnancy costs. In the executive interviews, insurers stated that if pregnancy cover was an optional add-on to a OSHC policy, it would only be purchased by the students who were planning to have children in the immediate future. It would then follow that most of the students that took out the additional pregnancy cover would then have children and claim the related benefits.
This would concentrate almost all pregnancy costs onto the students who took out the additional maternity cover. With fewer students covering the total costs of pregnancy related health care and assistance, the price of the add-on pregnancy cover would be even higher than the current families or couples cover.

For this reason, Risk equalisation as a funding method for pregnancy is seen as the best solution to the issue of funding pregnancy fairly, helping to reduce the incidence of students holding the incorrect policy types.

While pregnancy was seen as a high priority category for the introduction of community rating, some of the insurers also suggested that it could be used for the funding of critical illnesses as well as costs associated with repatriation, removing the need for critical incident funds.

Theoretically, community rating could also be introduced for higher risk students based on age and state of residence within Australia, in line with domestic PHI products.

7.2 The requirement for OSHC insurers to provide a physical membership card

An increase in the use of phone-based digital wallets, and a decline in the use of cash, accelerated during the Covid pandemic and has impacted the need for physical cards and wallets in Australia. Physical cards are by no means redundant, but the specific requirement traditional cards and wallets, and the likelihood of them being carried is on the decline.[5]

With digital cards becoming more ubiquitous, a move towards this format of membership card becomes increasingly important. For the student, and for health care professionals, the most important source of information will be whatever the student has with them. As it becomes increasingly favourable to carry a digital card, then it follows that this technology can provide a viable alternative to physical cards.

App-based digital membership cards can also provide an additional touchpoint for communications around membership entitlements and the navigation of the Australian health service.

The issuing of a digital card, and the use of a mobile app, can also assist in the continuity of contact between members and insurers, which has been highlighted as an area where communications can currently break down.

7.3 Review the requirements of reporting fraudulent activity

Insurers were vocal about the need to address fraudulent activity around students with the incorrect type of visa, cancellation of OSHC policies without taking up a replacement, and students who cancel their OSHC policy and start a new one with a shorter tenure in order to secure a lower premium.

Effective communication with the Department of Home Affairs is seen as something that is necessary to control and report these occurrences, and currently lacking.

The view was universally held that better communication would benefit the insurers and the Department of Home Affairs, and there was a sense of frustration that this had been a concern for many years.

Integration with the Visa Entitlement Verification Online system (VEVO) was seen as a crucial step that could facilitate communications and go a long way to combating and reporting these issues.

7.4 Facilitate claiming between public health facilities and OSHC insurers

There were three clear opportunities identified for the improvement in communications and claims processes between public health services and insurers that would help to ensure higher levels of health and safety for overseas students.

Some students are having poor experiences at the admissions stage of a hospital visit and are sometimes charged an up-front fee. The causes of this are often due to admissions staff having low awareness or

[5] *Cash Demand During COVID 19* - https://www.rba.gov.au/publications/bulletin/2021/mar/cash-demand-during-covid-19.html, *Rising Digital Wallet Adoption* - https://rfi.global/rising-digital-wallet-adoption/#:~:text=Overall%2C%2037%25%20of%20Australians%20with,than%20doubled%20since%20March%202020, *The Digital Economy 2021* - https://www.auspaynet.com.au/sites/default/files/2021-09/DigitalEconomy2021.pdf

knowledge of the OSHC scope of cover. There is an opportunity remedy this situation through more effective communications with health care providers, providing training on OSHC, and the issuing of a digital membership card or equivalent Medicare type card that can be scanned by staff.

The second area of improvement is for the transparency of admissions and treatment of students. Currently, insurers are not notified when a student is admitted or treated in the public health system. There are cases where insurers would prefer to transfer a student from a public to private facility, and there was also a need to monitor the progress of students' care in cases where they were admitted to public hospitals or facilities. Insurers noted that often they would only be informed of a student requiring extensive treatment after they had already been discharged, removing the ability to monitor or move their patients.

Tying into the second point is the lack of use of standardised medical fee codes and schedules for the public health sector to the insurers. It was apparent in the insurer provided data that a large proportion of the claims received from the public sector had no discernible categorisation. Where it did exist, it was inconsistent. Without clear, concise, and consistent data, it is difficult to effectively analyse costs or query hospital invoices. In the domestic PHI market, reporting systems exist, such as ECLIPSE, that provide a level of consistency for the reporting of medical costs, however, these are not currently capable of handling the specific requirements for OSHC claims.

7.5 Supplementary program offerings

In addition to a well-defined basic level of OSHC cover, many insurers are keen to have more flexibility around extra services and levels of cover that they can offer to students. This would provide insurers with a supplementary revenue stream and give the students a scalable product to fit a wider range of needs.

Different insurers recognise different areas where they would like to expand coverage or pay higher benefits with the opportunity to charge more for the higher levels of cover. These commonly included areas currently covered by Critical Incident Funds such as repatriation and associated support services.

Currently, insurers can only establish a point of difference through the levels of customer service, relaxing of waiting periods, preventative, early access programs, and occasionally through interpretation of The Deed – as mentioned in section 2.2.1.

7.5.1 Dental as an area of expansion

Data from the online survey showed that there was a clear disconnect between the awareness of preventative dental services being covered, and the expectation that it *should* be covered. 18% of overseas students incorrectly thought that preventative dental treatment was covered by OSHC, but 60% thought that it should be covered.

This could provide an opportunity for insurers to expand OSHC cover, to create a point of difference, or to sell as an add-on to the core policy.

7.6 Clarify current benefit inclusions for out of hospital services

The online survey demonstrated that a large proportion of students have a low awareness of which health services are covered by their OSHC policy.

The root cause of the low awareness is a lack of interest in their level of cover which exists until they need to seek health care or even make a claim. Once a student starts seeking health assistance, their knowledge of the scope of cover increases.

The student's awareness of the scope of OSHC cover, and their likelihood to seek medical assistance, increases after their first year in Australia. As a result, the majority of first year students are largely unaware of the extent of their cover, especially for out of hospital services.

While students with low awareness are unlikely to put off seeking emergency assistance, they will be far less likely to engage with preventative programs that could prevent a health condition from escalating into a more serious and costly event.

There was a clear disconnect between the areas that the students assume *were* covered, and those that they'd *expect* to be covered.

In general, the expectation of cover was higher than what they thought was covered. Using Mental Health services as an example, only 38% of students thought that their OSHC were covered, but 59% thought that they *should* be covered.

The ramifications of this are two-fold. It shows that there is a reasonable understanding of the importance of mental health treatment as an essential part of their wellbeing. It also shows a lack of effective proactive communication to students on the scope of their cover.

From the review of insurer marketing collateral, and the executive interviews with insurers and educational stakeholders, it was apparent that there is a significant level of resources being invested in student communications on the scope and levels of benefits they can claim, and how the Australian health service may differ to the services they have access to in their home country. Cover and benefits levels are, overall, communicated clearly and concisely, and in a wide range of languages.

While the educational institutes have continual contact with the students throughout the time of their studies in Australia, the level of interest around OSHC policies is low, and some were concerned about the legality of offering health and insurance advice to students.

The insurers have a higher vested interest in keeping their members up to date with information around their levels of cover, however, they often come up against the same communication barriers as the educational institutes. Mainly that the students are not particularly interested in reading about their health cover.

This is further confounded for insurers as they can lose contact with their members once they arrive in Australia. Changes in email address, phone number and physical address can all happen in a short timeframe, with the impetus on the student to re-establish contact with the insurer.

As discussed in section 2.10 , having a communication channel between insurers and the Department of Home Affairs could help avoid any loss of contact between students and their insurer.

Prior to their arrival in Australia, there is also an opportunity to increase engagement with students around their awareness of OSHC.

Currently, students are unlikely to take an interest in OSHC when it is considered 'a tick in the box' that is a small part of the process involved in obtaining their student visa and is not top of mind when they are more likely to be focused on the mechanics of emigrating to a new country, and getting their educational requirements arranged.

Having a more integrated approach, in conjunction with the Department of Education or Home Affairs, may help elevate OSHC to be matter or more important consideration. A further step could be to introduce a compulsory comprehension test based on the extent of OSHC cover, and also provide information on how to seek medical assistance while living in Australia.

7.7 Increase the pharmaceutical benefits threshold

The current limitations of the pharmaceutical benefits threshold are seen as too restrictive. A lack of access to medication through low levels of co-payment, or insufficient caps are seen as a barrier to effective treatment.

Pharmaceutical treatment is easy to access and ubiquitous throughout Australia, and often provides the first point of medical intervention for overseas students across a range of conditions. It is currently a concern for insurers, as a lack of early intervention through the supply of pharmaceutical medication can lead to more expensive treatments being required in the future. A lack of early intervention is more likely to lead to a poor outcome for the student for the same reasons.

During the executive interviews, the university representatives were of the view that repeat prescriptions can be cost prohibitive for students with the current cap level, leaving them with significant out of pocket expenses.

The current pharmaceuticals benefit cap for OSHC students is set at $300 is seen as too low.

Insurers said that the additional costs incurred by raising pharmaceutical benefits cap would be covered by the decreased need for more intensive treatments in the future treatment.

7.8 Allow insurers to introduce regular premium payment options

Results from the online survey show that around 29% of students would prefer annual payment schedules. While this is not the majority, it does indicate a desire for some students to move away from up-front payment of their OSHC.

However, annual payments can make it easier for a student to default on payments or cancel a policy. With no feedback loop in place with the Department of Home Affairs, insurers are reluctant to offer flexibility of payments as it could result in an increase in cancellations and consequently, visa invalidations and bad debt.

8 Opportunities and Recommendations

8.1 Simplification and clarification of The Deed's language

Currently, The Deed's language is seen as overly complex and, in some cases, open to interpretation. This leads to confusion for students, especially for non-native English speakers, making them less likely to engage with the subject matter, and give rise to inconsistent interpretation for insurers.

Lonergan recommends increasing the clarification of The Deed, specifically around the range of pharmaceutical products covered by OSHC, to remove any level of misinterpretation.

The language of the deed is often used in insurer communications to students, but uses complex legal terminology. Navigating the complexities of a new heath service is already challenging and confusing for students and creates a barrier to engagement with their policy and health services. Simplifying the language can help with comprehension and awareness of the scope cover, which would primarily help students, and could also assist with the training of staff in the public health sector.

8.2 Areas of expansion

There is a student and insurer driven need to increase the annual limits on pharmaceutical medication. The current limit of $300 is seen as insufficient for most ongoing medication. Insufficient access to pharmaceutical medication through a lack of cover can lead to the development of more severe medical conditions, creating a poor outcome for the student, and a higher financial burden for the insurance providers.

In conjunction with a review of the clarification of the language used to define the range of cover of pharmaceutical medications, Lonergan also recommends a review of the range of types of medication covered. Medication that was mentioned for consideration for inclusion included the HPV vaccine and some chemotherapy drugs.

Preventative Dental was a category that was mentioned by students as an area that they would expect to see covered under their OSHC insurance, even though it was widely understood that the cover was not available on their policy. This creates an opportunity for the expansion of cover, either universally, as an option for insurers to create a point of difference, or as an add-on to the standard level of cover.

8.3 Review of pregnancy cover

The current method of funding the cost of pregnancy and maternity health care puts an excessive burden on a small number of students. The family and couple's policies carry all the financial burden of pregnancy costs, creating high premiums for students with dependents.

This can lead to families and couples taking out multiple singles policies to reduce their overall cost, invalidating their cover and their student visas, and potentially generating bad debt.

Community rating or government assistance should be evaluated as potential methods of part-funding pregnancy cover for overseas students, relieving the financial burden on couples and families.

8.4 Public health care sector

During the executive interviews, insurers stated that the communication between insurers and public hospitals is poor. The high gazetted rates that public hospitals charge overseas students are seen as exorbitant by insurance providers. They are also subject to change without any vehicle for the communication of updated prices.

There is an opportunity for the Department of Health to operate a centralised portal to allow the monitoring of gazetted rates from states and individual hospitals and provide updates to insurers in a timely fashion.

There is a lack of awareness and comprehension of OSHC with some health care providers, notably public hospital admissions staff. This can sometimes lead to students being charged up-front for treatments or being told they are not covered for some procedures. This creates a poor outcome for the affected students.

Lonergan recommends an increase in simplified communications to target public health care providers and staff to assist with increasing awareness and knowledge of OSHC.

There is also a requirement for the consistent and thorough reporting of costs and benefit claims data that originates in public hospitals and GPs. The cost of modifying existing reporting systems, such as ECLIPSE, could be extensive, but further cost-benefit analysis is recommended to create a solution that would increase transparency and aid with sector and medical category analysis.

8.5 Introducing risk rating for specific groups

While country of origin can have an impact on the cost size and frequency of claims made by students, insurer concerns that were raised in the executive interviews around medical tourism were mainly unfounded. That is not to say it does not happen, but it is not common across the total market, and is more likely to be insurer specific. There was also a reluctance from most insurers to establish a risk rating by country of origin for ethical reasons.

There was wide acceptance for the introduction of risk rating by student age and their state of residence in Australia. Age was seen as an accurate predictor of medical claim value, and the state of residence was a predictor of expense due to the inconsistent level of public hospital gazetted rates across the country.

Pre-existing conditions (PEC) were not seen as a factor that should be used for risk assessment. Understanding PECs was viewed as essential in being able to afford the correct medical treatment for overseas students.

The method of assessing PECs was considered as functional, but more could be done to help assess a student's condition prior to them starting their education placement. Insurers dismissed the idea of obtaining overseas medical records as too complex, and potentially unreliable, making it resource intensive and bearing questionable results. However, conducting a basic medical, similar to that given to overseas temporary workers, could be beneficial for incoming students.

8.6 Increasing the efficacy of communications

Communications around the scope of OSHC and the accessibility of health services in Australia are currently not effective. Insurers and education institutes pour a great deal of resources into trying to reach policy holders and students, but poor student awareness and comprehension of services demonstrates that their understanding is low when they arrive in Australia.

Their awareness and comprehension are instead driven by the usage of health services and the length of time they spend in the country. Their emotional involvement at the time of purchasing OSHC is low, with students more likely to be focussed on their educational enrolment and the logistics of relocating to a new country, often at a young age.

Opportunities exist to expand the number of touchpoints where students can access information, and modify the language used to increase engagement.

Agents and intermediaries are an important component in the student's path to purchase. A revision of the Department of Health communications to these agents is recommended, in conjunction with a review of The Deed's language.

There is also an opportunity for education institutes to take a more involved role in the continued communication to students, especially in their first year in the country. Educators have the advantage that they are more connected to the student that the insurers, who can lose contact with their policy holders when they arrive in Australia.

The Department of Health could also explore the possibility of establishing a portal for overseas students that compares OSHC insurers and policies in a neutral setting, with easy-to-understand language. Such sites already exist for domestic private health insurance.

As a stretch recommendation, it may be worth assessing the viability of establishing a proactive set of communications that are designed to educate students of the benefits of OSHC and the Australian health care system before they leave their home country. Suggestions were made around the creation of a short video or an induction-style test that could check student comprehension as part of their application for an OSHC policy.

Topics of conversation that are highlighted as areas that could be improved include:

- Increasing general awareness of the scope of cover with a focus on early detection of mental health conditions, availability of diagnostics, and pharmaceutical benefits.
- Using language specifically to communicate that OSHC is there to help prevent students from incurring high medical costs while they are in Australia.
- That their cover is on a par with the health care provided to most other Australians through Medicare.
- When discussing mental health, communicating that there is no stigma involved with treatment in Australia, and seeking help will not impact their visa or education status.

The Department of Home Affairs has a potential role to play in the maintenance of communications between students and insurers. While insurers can lose contact with students when they arrive in Australia, the Department of Home Affairs is more likely to maintain contact. This is one area where insurers could benefit from access to information from VEVO to help with keeping student information current.

Through the effective training of health care providers on the scope of OSHC, students should be able to rely on public health services to act as an additional touchpoint where they can receive accurate advice on how they are covered.

8.7 Role of Home Affairs

An increased level of interaction with the Department of Home Affairs, either directly with insurers, or via the Department of Health, could assist greatly with three concerns experienced by insurers. The review of communications with the Department of Home Affairs is seen as a high priority recommendation due to the implications around students having invalid, or no health cover.

- Maintenance of student details where contact is lost
- Visibility of the student's visa status, specifically the number and type of dependents, and any changes to family composition to ensure the correct policy type is in force.
- Notification of cancellation of policies and tenure of student courses. This would allow the identification of students that might cancel a policy, and either not take up a new policy, or try to swap to a new policy to avoid tenure loading.
- Cancellation of visas by Home Affairs if appropriate cover is not maintained.

8.8 OSHC Identification Card

Lonergan recommends further exploration into the possibility of a government issued card, similar to the blue Medicare card currently issued to temporary Overseas Workers.

The possession of this type of card could have tangible and psychological benefits.

- The ability to tie in with, and automatically register an IHI number, and create a digital medical record, reducing pressure on educational establishments, and creating an immediate and seamless integration into the health system.
- Assist with awareness and acceptance of OSHC cover for admissions staff at public hospitals.
- Maintenance of contact details between the Department of Health and Insurers.
- Promote the feeling of inclusion for students, having a Medicare card lets them feel they are treated equally, and have access to comparable treatment to most Australians.

9 Appendices

9.1 Online Survey Questionnaire

Notes:

Writing in ***black, italic*** (**bold** or unbold) is instructional text for the survey respondent

Writing in **purple,** (**bold** or unbold) is instructional text for the programmer and/or data analyst and will not be visible to survey respondent

Writing in **blue,** (**bold** or unbold) is instructional text for telephone interviewers / recruiters and will not be visible to survey respondent

Writing in grey is identifying text for analysis and will not be visible to survey respondent

Email Introduction Text for Insurer Survey Link

Answer some questions on your Overseas Student Health Cover and win $500!

The Department of Health has appointed Lonergan Research to find out what students think of their Overseas Student Health Cover, and understand how they interact with Australian health and medical services.

We'd love to hear about your opinions and experiences, and in return, you'll have a chance to win one of two $500 cash prizes!

Simply click on this link and complete the survey to be automatically entered into the draw.

For terms and conditions of the prize draw click here.

Please be assured of complete confidentiality. Lonergan Research is bound by the Research Society Code of Professional Behaviour and the Privacy Act.

Introduction Text for Survey Respondents

*Thank you for agreeing to participate in this survey. Please answer the following questions to see if you fall into the category of respondent we need to interview. You will need to provide a response for **EVERY** question to proceed with the interview.*

Please be assured of complete confidentiality. Lonergan Research is bound by the Research Society Code of Professional Behaviour and the Privacy Act.

*During the survey, please do not use your browser's **FORWARD** and **BACK** buttons. Instead, please always use the "Next" button below to move forward through the survey.*

SECTION S - SCREENER

ASK ALL				
S1	Do you hold a current Overseas Student Health Cover (OSHC) Insurance policy?			
	Please select one response only	**DO NOT RANDOMISE**	**SR**	
	Yes		01	
	No		02	**TERMINATE**
	Don't know/Not sure		03	**TERMINATE**
Notes:				

ASK ALL				
S2	Do you have any dependents on your visa, such as a partner, spouse or children?			
	Please select all that apply		**MR**	
	No, it's just me on my Student Visa		01	**EXCLUSIVE**
	Yes, I have a partner or spouse on my Student Visa		02	
	Yes, I have one or more children on my Student Visa		03	
	Don't know/Not sure		98	**TERMINATE**
Notes:				

ASK ALL				
S3	When did you start studying in Australia?			
	Please select one response only	**DO NOT RANDOMISE**	**SR**	
	Before 2017		01	
	2017		02	
	2018		03	
	2019		04	
	2020		05	
	2021		06	
	2022		07	
	I haven't started studying in Australia yet		98	
Notes:				

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SECTION A – POLICY

ASK ALL				
A1	Which health insurer is your Overseas Student Health Cover Insurance policy with?			
	Please select one response only	**RANDOMISE**	**SR**	
	BUPA		01	
	Medibank		02	
	Peoplecare		03	
	Allianz		04	
	NIB		05	
	CBHS		06	
	AHM		07	
	Don't know/Not sure		96	**TERMINATE**
	None of these insurers		99	**TERMINATE**
Notes:				

ASK ALL				
A2	Have you cancelled your Overseas Student Health Cover (OSHC) or switched who you are insured with at any time since you started studying in Australia?			
	Please select one response only	**RANDOMISE**	**SR**	
	No, I still have my original OSHC policy		01	
	Yes, I have cancelled my policy and moved to a new insurance provider		02	
	Yes, I have cancelled or postponed my insurance temporarily, but I am with the same insurance provider		03	
	Don't know/Not sure		99	
Notes:				

ASK IF S2 = 02 OR 03				
A3	You mentioned before that you have dependents on your Student Visa. Which of these statements best describes the Overseas Student Health Cover insurance you all have?			
	Please select one response only	**RANDOMISE**	**SR**	
	We have separate "Singles" policies		01	
	We have a "Couples" policy		02	
	We have a "Families" policy		03	
	Don't know/Not sure		99	
Notes:				

SECTION B - EDUCATION

ASK ALL				
B1	Where are you enrolled as a student in Australia?			
	Please select all that apply	**RANDOMISE 1 TO 10**	**MR**	
	At a university		01	
	At a Vocational Education and Training institute (VET, TAFE, etc.)		02	
	On an English language course (ELICOS)		03	
	At a high school		04	
	At a private or independent college		05	
	Other (Please Specify)		98	
	Don't know/Not sure		03	**TERMINATE**
Notes:				

ASK ALL				
B2	And how many years are you enrolled for?			
	Please select one response only	**DO NOT RANDOMISE**	**SR**	
	Less than one year		01	
	1 year		02	
	2 years		03	
	3 years		04	
	4 years		05	
	More than 4 years		06	
	Don't know/Not sure		99	
Notes:				

ASK ALL				
B5	Which one of these statements best describes how you paid/pay for your OSHC insurance policy?			
	Please select one response only	**RANDOMISE 1 TO 5**	**SR**	
	I paid the insurance company before coming to Australia		01	
	I paid the university or education institute I was enrolling with, and they arranged the insurance		03	
	I paid an agent or intermediary that organised my Student Visa who arranged the insurance		03	
	It was paid for by a sponsor or my government		04	
	It is covered in the course fees I pay each year or term		05	
	None of these statements apply to me		99	
Notes:				

ASK IF B5 ≠ 04				
B6	Which one of these would be <u>your preferred</u> way to pay for your OSHC insurance policy?			
	Please select one response only	**RANDOMISE**	**SR**	
	Pay in advance for the insurance for my entire intended length of stay in Australia		01	
	Pay for the insurance on a yearly basis		02	
Notes:				

ASK IF B6 = 02					
B7	Assuming the total cost of your OSHC was the same, which of the following would be your preferred way of making yearly payments?				
	Please select one response only		**RANDOMISE**	**SR**	
		Start with smaller amounts, with the fee increasing each year		02	
		Have the total divided evenly across each year, so the payments stay the same		03	
Notes:					

SECTION C – COMPREHENSION AND ATTITUDES

SHOW ALL			
	Thank you for your answers so far. We would like to understand what you think your Overseas Student Health Cover (OSHC) insurance helps to cover you for, and what you think should be covered.		
ASK ALL			
C1	Which of the following health services and conditions do you think are **covered, or partially covered**, by your OSHC-insurance?		
	Please select all that apply	**RANDOMISE ROWS, MR**	
	GP (general practitioner) or family doctor visit	01	
	A specialist doctor (not including pregnancy)	02	
	Any mental health or advice services	03	
	Ambulance services	04	
	A diagnostic medical test (blood test, x ray, ultrasound, mammogram)	05	
	Short stays in hospital or facility (1 or 2 days)	06	
	Pregnancy-related services (obstetrician, midwife, neo-natal, etc.)	07	
	Prescription medication from a pharmacy	08	
	Vaccination services	09	
	Sexual health services	10	
	Long stays in a hospital or facility (more than 2 days)	11	
	Visit to the accident and emergency department at a hospital	12	
	Dental check-ups, cleans, and other preventative dental work.	13	
	Having an eye test	14	
	Getting spectacles or glasses	15	
	Don't know/not sure	99	**EXCLUSIVE**
Notes:			

ASK ALL			
C2	Regardless of whether or not they are covered/partially covered, which of the following should be covered by your OSHC policy		
	Please select all that apply	**RANDOMISE ROWS, MR**	
	GP (general practitioner) or family doctor visit	01	
	A specialist doctor (not including pregnancy)	02	
	Any mental health or advice services	03	
	Ambulance services	04	
	A diagnostic medical test (blood test, x ray, ultrasound, mammogram)	05	
	Short stays in hospital or facility (1 or 2 days)	06	
	Pregnancy-related services (obstetrician, midwife, neo-natal, etc.)	07	
	Prescription medication from a pharmacy	08	
	Vaccination services	09	
	Sexual health services	10	
	Long stays in a hospital or facility (more than 2 days)	11	
	Visit to the accident and emergency department at a hospital	12	
	Dental check-ups, cleans, and other preventative dental work.	13	
	Having an eye test	14	
	Getting spectacles or glasses	15	
	Don't know/not sure	99	**EXCLUSIVE**
Notes:			

ASK IF C2=03 (Expect mental health services to be included)					
C3	What type of **mental health services** should covered by your OSHC policy?				
	Please select all that apply		**RANDOMISE**	**MR**	
		Visits to a mental health counsellor		01	
		Mental health programs			
		Visits to a psychiatrist or psychologist		02	
		Visits to a GP or family doctor to talk about mental health		03	
		Anti-depressants or similar medication		04	
		A stay in hospital or a facility to treat a mental health condition		05	
		Other (Please specify)		98	
Notes: No need for a 'none of these, as the respondent as already stated an expectation of cover'					

ASK ALL						
C4	Thinking about health and medical services in Australia, to what extent do you agree or disagree with the statements below?					
	Please select one response per statement	**RANDOMISE STATEMENTS**			**SR**	
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
_1	It is easy to access affordable health services in Australia	01	02	03	04	05
_2	I understand how health services are costed in Australia	01	02	03	04	05
_3	I understand what and why I pay for the health services I access	01	02	03	04	05
_4	I worry about the costs associated with getting sick	01	02	03	04	05
_5	I am confident my OSHC health policy covers me against high medical costs	01	02	03	04	05
_6	I get access to the same medical services as most Australians	01	02	03	04	05
_7	OSHC is good value for money	01	02	03	04	05
_8	I pay more for my health cover than most Australians	01	02	03	04	05
_9	I have to wait longer for health services compared to most Australian	01	02	03	04	05
_10	I understand the level of mental health support that is available to me under my OSHC policy	01	02	03	04	05
Notes:						

ASK ALL					
C5	Here are some phrases and terms that are sometimes used by Australian health services. We'd like to know if you have heard of them or if you understand what they mean				
	Please select one response per statement	**RANDOMISE ROWS, ONE RESPONSE PER ROW**			
		I have never heard this term or phrase	I have heard of it, but don't know what it is	Have heard of it, and have some understanding	I know what this term or phrase means
_1	Out of pocket	01	02	03	04
_2	Pharmaceutical Benefit Scheme (PBS)	01	02	03	04
_3	Medicare	01	02	03	04
_4	Bulk billing	01	02	03	04
_5	Preferred Provider Network	01	02	03	04
_6	Recovery Network	01	02	03	04
Notes:	'Recovery Network' is a fabricated term to help catch poor quality responses and maintain data quality				

SECTION D – USAGE AND CLAIMS

SHOW ALL	
	Now we'd like to ask you about your experiences with the Australian health medical services you have accessed while in the country. Please be assured that all information you supply will be anonymous and completely confidential

ASK ALL					
D1	In the past 12 months, how often have you accessed the following health or medical services in Australia?				
	Please select one response per statement	**DO NOT RANDOMISE, ONE RESPONSE PER ROW**			
		Did not access in the last year	Once in the last year	2-3 times in the last year	More than 3 times in the last year
_1	GP (general practitioner) or family doctor visit	01	02	03	04
_2	A specialist doctor (not including pregnancy)	01	02	03	04
_3	Any mental health or advice services	01	02	03	04
_4	Ambulance services	01	02	03	04
_5	A diagnostic medical test (blood test, x ray, ultrasound, mammogram)	01	02	03	04
_6	Short stays in hospital or facility (1 or 2 days)	01	02	03	04
_7	Pregnancy-related services (obstetrician, midwife, neo-natal, etc.)	01	02	03	04
_8	Prescription medication from a pharmacy	01	02	03	04
_9	Vaccination services	01	02	03	04
_10	Sexual health services	01	02	03	04
_11	Long stays in a hospital or facility (more than 2 days)	01	02	03	04
_12	Visit to the accident and emergency department at a hospital	01	02	03	04
_13	Dental check-ups, cleans, and other preventative dental work.	01	02	03	04
_14	Having an eye test	01	02	03	04
_15	Getting spectacles or glasses				
Notes: IF NONE OF (D1_1, D1_2, D1_3, D1_4, D1_5, D1_6, D1_7, D1_8, D1_10, D1_11, D1_12) > 01, GOTO SECTION H - CLOSING					

ONLY PIPE IN RESPONSES FROM D1 WHERE D1_ >01		
D2	Which of these was the most recent health or medical service that your accessed in Australia?	
	Please select one response only	**DO NOT RANDOMISE, SR**
	GP (general practitioner) or family doctor visit	01
	A specialist doctor (not including pregnancy)	02
	Any mental health or advice services	03
	Ambulance services	04
	A diagnostic medical test (blood test, x ray, ultrasound, mammogram)	05
	Short stays in hospital or facility (1 or 2 days)	06
	Pregnancy-related services (obstetrician, midwife, neo-natal, etc.)	07
	Prescription medication from a pharmacy	08
	Sexual health services	10
	Long stays in a hospital or facility (more than 2 days)	11
	Visit to the accident and emergency department at a hospital	12
Notes:		

SET QUOTAS FOR MONITORING BASED OFF D1 & D2

ASK ALL				
D3	On that most recent occasion, which of the following best describes the place where you first sought help?			
	Please select one response only		**DO NOT RANDOMISE**	**SR**
		Public Hospital (including accident and emergency)		01
		Private Hospital (including accident and emergency)		02
		Called an ambulance		03
		Went to a GP or family doctor		04
		On campus medical centre or clinic		05
		Student Services		06
		Telehealth services (for help on the phone or via video call)		07
		My insurer's app or website		08
		A pharmacy or chemist		09
		Other Please specify _____		98

ASK ALL - REMOVE REPSONSE FROM D3				
D4	And as part of seeking treatment for that occasion, did you also use any other facilities on this list?			
	Please select all that apply		**DO NOT RANDOMISE**	**MR**
		Public Hospital (including accident and emergency)		01
		Private Hospital (including accident and emergency)		02
		Called an ambulance		03
		Went to a GP or family doctor		04
		On campus medical centre or clinic		05
		Student Services		06
		Telehealth services (for help on the phone or via video call)		07
		My insurer's app or website		08
		A pharmacy or chemist		09
		Other Please specify _____		98

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ASK IF (D3=01 or 02) OR (D4 = 01 or 02)				
D5	Did you end up having to stay in hospital for more than one day?			
	Please select one response only	**RANDOMISE**	**SR**	
	Yes		01	
	No		02	

ASK ALL				
D6	Which of the following best describes how the was the service paid for?			
	Please select one response only	**RANDOMISE**	**SR**	
	I paid nothing at the time as the service was free/no charge		01	
	It was paid for by my insurer /the health provider sought payment from my insurer directly		02	
	I paid for the service at the time and claimed some/all of the money back from my insurer afterwards		03	
	I paid, but did not receive any payment back from my insurer because it was not covered by my OSHC policy/did not put in a claim		04	
Notes:				

ASK ALL. - ONLY SHOW D7_1 and D7_2 and D7_9 IF D6>02 (up front payment was made)						
D7	Still thinking about that last occasion, to what extent do you agree or disagree with the statements below?					
	Please select one response per statement	**RANDOMISE STATEMENTS**			**SR**	
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
_1	The payment I had to make seemed fair	01	02	03	04	05
_2	I knew I would have to pay some up-front fees	01	02	03	04	05
_3	I felt that accessing medical help or advice was easy	01	02	03	04	05
_4	I received the same level of medical attention or advice as most Australians	01	02	03	04	05
_5	I was worried that the health service I accessed might not be covered by my health insurance	01	02	03	04	05
_6	I was happy with the time it took for me to get treated or receive advice	01	02	03	04	05
_7	I was happy with the way I was treated by the health care professionals					
_8	I was happy with the medical service I received	01	02	03	04	05
_9	I was happy with the claim/benefits I received from my insurer	01	02	03	04	05
Notes:						

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SECTION E – A&E PRESENTATION

ASKED IF D2 =12 BUT CAN BE OPENED UP TO D1=12 IF QUOTAS ARE LOW

SHOW IF D2 =12	
	We'd like to ask you some more questions, specifically about when you last went to the Accident and Emergency department of a hospital

ASK IF D2 =12				
E1	Which of these statements was the closest to your outcome after you went to the Accident and Emergency department?			
	Please select one response only		RANDOMISE	SR
		I went home without being assessed or treated	01	
		I was assessed by a nurse, but went home before being treated by an emergency doctor	02	
		I was assessed and admitted for treatment, and released the same day (includes X-rays and other tests)	03	
		I was assessed and admitted for treatment, and ended up staying in hospital	04	
		I was assessed, then referred to a GP or family doctor	05	
		I was assessed, then referred to see a pharmacist or chemist	06	
		Something else happened when I went to Accident and Emergency (please specify)	98	

ASK IF E1 ≠ 03 OR 04 (non-emergency)				
E2	Was there a reason that you didn't seek assistance from any other health care sources before going to Accident and Emergency?			
	Please select one response only		RANDOMISE	MR
		I considered my situation to be an emergency at the time	01	
		I didn't think a GP or family doctor could help	02	
		I didn't think a pharmacist or chemist could help	03	
		I wasn't registered with a GP or family doctor at that time	04	
		I thought that going to the hospital was the correct thing to do	05	
		Another reason not listed here (please specify)	98	

SECTION F – PHARMACEUTICALS

ASKED IF D2 =08 BUT CAN BE OPENED UP TO D1=08 IF QUOTAS ARE LOW

SHOW IF D2 =08	
	We'd like to ask you some more questions, specifically about when you last went to a pharmacy or chemist.

ASKED IF D2 =08 BUT CAN BE OPENED UP TO D1=08 IF QUOTAS ARE LOW						
F1	Thinking about your most recent visit to the pharmacy, to what extent do you agree or disagree with the statements below?					
	Please select one response per statement	RANDOMISE STATEMENTS				SR
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
_1	My OSHC insurance gave me a suitable amount of financial support to purchase medication at the pharmacy	01	02	03	04	05
_2	My OSHC insurance covered the type of medication I needed at the pharmacy	01	02	03	04	05

SECTION G – MENTAL HEALTH

ASKED IF D2 =03 BUT CAN BE OPENED UP TO D1=03 IF QUOTAS ARE LOW

SHOW IF D2 =03				
	We'd like to ask you some more questions, specifically about when you last sought assistance with your mental health.			
ASK IF D2=03				
G1	What type of mental health services did you access?			
	Please select all that apply	**RANDOMISE**	**MR**	
	Visits to a mental health counsellor		01	
	Attended a mental health program			
	Visits to a psychiatrist or psychologist		02	
	Visits to a GP or family doctor to talk about mental health		03	
	Anti-depressants or similar medication		04	
	A stay in hospital or a facility to treat a mental health condition		05	
	Other (Please specify)		98	
Notes: No need for a 'none of these, as the respondent as already stated an expectation of cover'				

ASK IF D2=03				
G2	How satisfied were you with the mental health services level of cover under your OSHC insurance?			
Extremely satisfied	Very satisfied	Moderately satisfied	Slightly satisfied	Not at all satisfied
01	02	03	04	05
Notes:				

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SECTION H – CLOSING

ASK ALL			
Have you ever NOT sought medical assistance in any of these areas because you were concerned about the costs associated with the treatment?			
Please select one response only		**SR**	
	Yes	01	
	No	02	

ASK ALL					
H1	Have you ever NOT sought medical assistance in any of these areas because of concern for the costs associated with treatment?				
	Please select all that apply		**RANDOMISE**	**MR**	
		Medical test (blood test, x ray, mammograms etc.) (Not COVID)		01	
		Medical service or consultation with a doctor or specialist		02	
		Prescription medication		03	
		Mental health program		04	
		COVID Testing or vaccinations		05	
		None of the above		98	

H2	Overall, how satisfied would you say you are with your Overseas Student Health Cover (OSHC)?			
Extremely satisfied	Very satisfied	Moderately satisfied	Slightly satisfied	Not at all satisfied
01	02	03	04	05
Notes:				

SECTION I – DEMOGRAPHICS

ASK ALL				
I1	What is your gender?			
	Please select one response only	**DO NOT RANDOMISE**	**SR**	
		Male	01	
		Female	02	
		Non-binary	03	
		Other	04	

ASK ALL				
I2	How old are you?			
		NUMERIC VALUE		

ASK ALL				
I3	Where did you live before coming to Australia to study			
	Please select the country you lived in immediately before coming to Australia	**DO NOT RANDOMISE (Pull down list)**	**SR**	
	Other (Please Specify)		98	
	Argentina		01	
	Bangladesh		02	
	Bhutan		03	
	Brazil		04	
	Canada		05	
	Chile		06	
	China (PRC)		07	
	China, Hong Kong		08	
	Colombia		09	
	France		10	
	Germany		11	
	India		12	
	Indonesia		13	
	Iran		14	
	Italy		15	
	Japan		16	
	Kenya		17	
	Malaysia		18	
	Mongolia		19	
	Nepal		20	
	Nigeria		21	
	Pakistan		22	
	Philippines		23	
	Republic of Korea		24	
	Saudi Arabia		25	
	Singapore		26	
	Sri Lanka		27	
	Taiwan		28	
	Thailand		29	
	United Kingdom		30	
	United States		31	
	Vietnam		32	

ASK IF S3 = 98				
I3_A	Where do you currently live?			
		DO NOT RANDOMISE (Pull down list)	SR	
	Other (Please Specify)		98	
	Argentina		01	
	Bangladesh		02	
	Bhutan		03	
	Brazil		04	
	Canada		05	
	Chile		06	
	China (PRC)		07	
	China, Hong Kong		08	
	Colombia		09	
	France		10	
	Germany		11	
	India		12	
	Indonesia		13	
	Iran		14	
	Italy		15	
	Japan		16	
	Kenya		17	
	Malaysia		18	
	Mongolia		19	
	Nepal		20	
	Nigeria		21	
	Pakistan		22	
	Philippines		23	
	Republic of Korea		24	
	Saudi Arabia		25	
	Singapore		26	
	Sri Lanka		27	
	Taiwan		28	
	Thailand		29	
	United Kingdom		30	
	United States		31	
	Vietnam		32	

ASK ALL		
I4	To make sure we can get in contact with you if you win one of the $500 prizes, please enter your name, and either an email address or phone number below	
	OE	RESPONSE TO BE RECORDED IN A SEPARATE DATABASE TO THE SURVEY DATA

9.2 Insurer Executive Interview Discussion Guide

Clarification of scope of interview (5 mins)

We want to understand what is currently working and what isn't. The findings from this interview will be used as evidence in impact analysis carried out by Health.

While there has already been multiple consultations between Insurers, the Dept of Health and Lonergan, on a range of topics, this interview will mainly focus on the following areas:

- Scope of Cover
- Benefit levels
- Claims processes
- Communication with members (admission, billing and claiming processes)

There will also be time at the end of the interview to cover any other issues that fall outside of the above framework

Scope of Cover (20 mins)

Objective: Understand the insurer's willingness to expand the scope of cover and provide flexibility on product design for insurers

- What areas do you cover outside of the OSHC Deed?
- Promotion of preventative measures (identifying people at risk of psychological assistance, disease screening, programs etc.)
- Other Early interventions?
- Member programs? How are these programs, choices communicated to students/members?
- How are they supporting students to understand / access services?
- What's the uptake of services?
- Do members use the supplementary programs?
- Are they effective?
- How do you determine which of the additional services creates a sound value proposition?
- Do you already have plans to expand the scope of cover you offer?
- Are there any areas where you think cover is currently lacking that would increase the value of the product to policyholders?
- Pregnancy?
- Mental Health?
- General/major dental?
- What would be the impact of introducing reduced waiting periods for GP visits?
- What if it was 1-3 months?
- What happens to non-emergency cases in first 12 months?
- How do you determine pre-existing conditions?
- How does PEC determination affect different types of claims? (Standard health, mental health, emergency) (Clause 8 of the Deed.)
- Are the current PEC determinations effective?

Benefit Levels (10 mins)

- Objective: Get clarification around the insurer and student's financial liabilities when seeking treatment
- What flexibility do you want in terms of benefit levels?
- Specifically how do you structure benefit levels for in and out of hospital services?
- Do you know if this differs between insurers?
- is the current pharmaceutical threshold sufficient or is there room for improvement? (Deed Clause 7.1 (f))
- Where are you looking to reduce benefits paid?
- What are you doing to assist in remediating costs/benefits paid out?
- Directing students to out-of-hospital treatments (rather than in-hospital)
- Use of private vs. public services (dependent on contractual arrangements)

Claims processes (15 mins)

Objective: To understand the insurer's role in the student's journey from seeking help to making a claim

- At what point does the insurer get involved when a student needs to seek medical assistance?
- Is there a phone number or contact point the student can use with the insurer before they seek help?
- Does the insurer guide the student to go to a public or private hospital?
- For the student, what would be the advantages and disadvantages of going Private vs Public?
- Is the admissions process different?
- How would wait times differ?
- Typically, how would a student pay any costs/up front costs associated with their treatment?
- How would an overseas student's experience compare to a domestic student's (with Medicare)
- What are the differences for the insurer when a student presents at a Public versus a Private Hospital?
- Can you give me an overview of the public hospital experience for you and the student?
- How does the insurer interact with public hospitals?
- Is there a lack of visibility of overseas student processing at Public hospitals? (as opposed to using ECLIPSE in domestic processing)
- Minimised financial exposure in Private due to more services being classed as "out of pocket" (anaesthetist, physio etc.)?
- Overall, is it cheaper for the insurer to have the student present at a Private or Public hospital?
- How do you administrate and evaluate claims (including those from hospital admissions / emergency admissions).
- Is the OSHC process separate from CHIPs, or is it integrated?
- How are claims evaluated / processed by insurers, especially for treatment required during waiting periods?
- Do you use the clinical categories definitions and/or listed MBS item numbers, or broad terms to determine what items are cover? If not, what do you use?
- What is the process for challenging claims?

Communication of Processes (15 mins)

Objective: Better understand the communication mechanisms between insurers and students outside of a claim

- Once a student becomes a policyholder, how does the insurer communicate with them?
- Method of communication
- Timing/frequency of communications
- What are the topics that the insurers communicate to students?
- Breadth of cover/value for money proposition
- Assistance with comprehension through translation services
- Relevant cultural and Health Service differences compared to their country of origin
- Where to seek help (in/out of hospital, Private/Public)

Other Issues Faced by Insurers (5 mins)

- Are there any other issues that we haven't already discussed that you think would affect the sustainability of the OSHC product?
- *(The following is a list of issues I have already gleaned from conversations with insurers)*

- The following topics will be minimised as they have been determined to be out of scope
- Reduced influx of students due to COVID
- Increased claims due to COVID
- Medical Tourism/ lack of medicals for incoming students
- A lack of risk categorisation by country or demographics
- A shift away from focussing marketing to students in particular countries (eg. China) and towards other countries, some of which may be considered to have higher risk profiles
- Premature cancellation of policies,
- Fraudulent activity through uptake of incorrect policies (singles vs family policies)
- A lack of exposure VISA status/ no communication with Home Affairs (e.g. through VEVO System)
- Anything to do with transparency or alignment with current private health policies

Elaborate if raised

High charges from health care providers, with no ability for insurers to report them

9.3 Education Executive Interview Discussion Guide

Introduction (5 mins)

- Independence of research
- Confidentiality, recording is for analysis purposes
- Mobile phones on silent
- Explain objective
- The Department is currently investigating areas of improvement for the Overseas Student Health Cover (OSHC) program. OSHC is administered by the Department through the Deed for the Provision of Overseas Student Health Cover.
- Lonergan Research has been contracted to conduct stakeholder interviews and market research to understand the experience and perspectives of education providers on OSHC.

Background (15 mins)

- What's your role at the university?
- How does your role relate to OSHC?
- What roles, outside of OSHC, do you have at the university?
- Are you influential when it comes to selecting a preferred insurer?
- How often is the preferred insurer up for review?
- What does the university look for in a preferred insurer?
- What support do you get from the preferred insurer?
    - At what point do you first engage with overseas students?
    - How do you arrange to talk to the students?
- One-on-one appointments?
- Information sessions? Are these well attended?
- Email, or other comms?
    - When do you talk to them about OSHC?
    - How and where do those conversations happen? Probe for above scenarios.
    - How do you talk to the students about OSHC?
- How would you describe the depth of interaction you have with the students?
- What information do you give the students?
- Verbal advice or insurer provided collateral?
- Does the student get referred to websites/directly to the insurer/other intermediary?
- Do you always suggest a student goes with your preferred insurer, or do you advise on a case by case basis?
- What proportion of [University] overseas students end up signing up through you, and how many go direct or to another insurer?
- On a scale of 1-10, how would you rate the impact your advice has on which OSHC product a student will choose?
- Do you have many students also take up extras cover?
- What usually drives their choice when taking up extras cover?
- Extra security?
- Specific cover type?

Current Issue Identification (25 mins)

Institution and OSHC issues (10 mins)

- Can you give me a quick summary of what *you* think of OSHC?
- Looking for unprompted positives and negatives – Probe
- Sufficient coverage of health issues?
- A good safety net for students (and dependents)?

- Just another box to tick for enrolments?
- How easy is it to explain OSHC to new overseas students?
- How would you rate your understanding (out of 10) of OSHC?
- Are you equipped with the resources you need to explain OSHC to students?
- Where did you get your base knowledge of OHSC from?
- What resources do you use on an ongoing basis?
- Have you used https://www.health.gov.au/resources/collections/overseas-student-health-cover-oshc-resources? If so, is it easy to understand?

- Is there anything that you find difficult or frustrating with OSHC or the insurers you deal with?

What changes to OSHC could be beneficial for you and the other [university] staff? - Probe

Student and OSHC issues (15 mins)

- How do students view OSHC?
- Do they consider OSHC a good thing for them to have?
- Do they put time and consideration into selecting an OSHC policy?
- Is it seen as just another hurdle in their VISA approval?
- Is it a reluctant purchase?
- What do you see as the main issues facing students who are looking for a OSHC product?
- Affordability?
- Value for money?
- Comprehension around the complexity of OSHC, and the cover it provides? (rate out of 10)
- Comprehension due to language barriers?
- Insufficient coverage by category? (e.g. dental, optometry, etc.)
- Gap payments?
- Lack of payment plans?
- Administration issues when seeking medical assistance?
- Claims processing?
- What has been the impact of COVID on their attitude towards OSHC?
- Do you have any examples of where OSHC has become a major issue in the enrolment of an overseas student?
- What changes could be made to OSHC that would be beneficial to overseas students?

Student Interaction with Healthcare (10 mins)

What services does the university provide to students?

- How does this differ between OS and domestic students?
- What would an OS student need to do to access these services? (show Medicare card/OSHC membership details?)
- Do they need to pay any gap or up-front costs to access the services?
- Specifically, which of these provided services would you say are in most demand?
- Are there any services that you think there's a demand for, but aren't being catered for at the moment (sexual health, mental health, COVID etc.)?
- Are there any segments within the OS population that stand out as requiring more treatment, advice, or education than others?
- What role does the university play when an OS needs external health advice or treatment?
- How does the university facilitate claims processes, ongoing comprehension and clarification of cover, policy reviews?
- To what extent does the university help the student to transition to standard health cover if they become a permanent resident?

Thank you and close

9.4 Exploratory Focus Groups Discussion Guide

Introduction (5 mins)

- Independence of research
- Confidentiality, recording is for analysis purposes
- Zoom/Teams protocols – use of auto transcript
- Explain purpose of the research / we don't work for Dpt of Health or Insurer
- Please fully express your thoughts – about improving services / delivery
- Questions?

Student introductions (5-10 mins)

- Ask each student to introduce themselves
- Background on arrival in Australia and student visa process
- Where from – dependents with you / family intentions
- Do they have family/couples or multiple singles policies?
- How did they apply to Australia to study / agencies involved
- Ease difficulty of the process / why
- Level of confidence in managing the process / why
- Uni / tertiary institution attending
- Current issues / worries re visa/study/living in Australia – bridging visa
- Complexities due to COVID on Visa status

Purchasing' Health Cover (5-10 mins)

- Path to Purchase: Ask respondents
- How/when was health insurance first mentioned / by whom
- What is clear what was required / how were requirements communicated
- What was said specifically about – what/why/when/how it worked
- Was it clear/easy to understand / was there anything confusing about it
- What was said about different providers, if anything?
- Did they "choose" the cover? Did they 'choose' the provider? Were costs options available? Would they have liked an option to pay monthly (would they keep their policies active)
- Or did they institution / organisation make recommendations on these things (lack of choice?)
- Overall what information sources, resources were available/used?
- How did they feel about the process?
- Did you have any specific health needs you had concerns about and wanted specific cover for? (Was this discussed).

Knowledge of policy at Point of Purchase (5-10 mins)

- Explore knowledge of the OSHC when they purchased their policy
- How informed were they when the product/provider was selected?
- Knowledge of coverage, exclusions and benefits?
- What was 'best' about the cover you have vs. others?
- Where did they get their information from – uni, insurer, gov?
- Awareness in using the service, including seeking healthcare and making claims with the insurer?
- What information were they provided with from the insurer?
- Did you feel comfortable that they would be covered for their health needs in Australia.
- How or does this differ from what you have in your own country?

Using Services Claiming / Opportunities to Improve (45-60 mins)

Note:

SERVICE EXAMPLES (STIMULUS): As part of homework or alternatively during the group session student will document all instances of 'using' health services in Australia in the past two years. If part of the group process this will be provided as instruction on screen (with examples) to assist and students. This will be used as stimulus in the discussion.

FLOW OF DICUSSION: Whilst all areas will be covered, the flow of the discussion may vary dependent on experiences found within the specific group of respondents. The aim will be to elicit specific and detailed experiences whilst generating as much data and as many examples as possible from each focus group.

GAPS / OPPORTUNITIES: We have included discussion around gaps/opportunities (the future) alongside each area of discussion around what is happening currently. This will ensure a more focused thought process for students.

MARKETING MATERIALS FROM INSURERS: Examples will be used/shown on screen throughout as required to prompt discussion.

THIRD PARTY SCENAIOS (STIMULUS): Discussion points around some bigger issues to probe on. Mental Health, Pregnancy, etc. Used as needed

Health requirements:

- What sort of health services have you accessed in the past couple of years?
- What sort of health services have they used for these issues:
- Provider visits (GP)
- Specialists and allied health services
- Hospital visits (in stays)
- Hospital (A&E)
- COVID specific services
- Health programs used (including preventative programs offered by uni/other)
- Prescription medications purchased
- Other

Service provider interactions

- When did you go to....*
- What triggered the use of the service?
- What concerns/worries/barriers did you have prior to approaching the service (if any)
- How did you choose the service/provider? What resources did you use?
- Role of insurer in choices? Role of tertiary institution?
- Was this a suitable method? Why/why not?
- *Note: Will attempt to discuss: GP visits, hospital stays (probe on pregnancy services), A&E experiences, other health provider visits (probe on Mental Health services). Other key examples cited (if any).

Insurance coverage

- Are most of the services you access covered by your OSHC insurance?
- How do you know if a service is covered or not?
- Is it clear in your policy? Why do you say that?
- How do you access information about coverage out/where do you look? Who assists?
- In examples given, did you investigate coverage before, during or after visit/usage, or not at all? Why?
- How do you feel about the coverage offered / that you have access to?
- IMPROVEMENTS – How could coverage of insurance be better communicated to you? Role of insurers? Role of tertiary institutions/others? Are there clear gaps in coverage?

Costs of visit/services

- Did you think about cost of services before you went, or after the service was used?
- When/how were costs discussed with provider?
- Were you required to provide any upfront payment?
- Did they have to pay for the service themselves or was it billed directly?
- Did you know if the service was covered by insurance? If yes, how did you know/find out?
- Was it easy to determine if the service would be covered by insurance?
- What questions were you asked about your cover/insurance by the provider (if any)?
- Did the health provider understand the health cover you had?
- How did these interactions around cost/payment make you feel?
- IMPROVEMENTS – How could cost discussions and payments be better managed to meet your needs/provider a better experience? Do you need to be better informed? Do providers need to be better informed/what should they know? Do insurers need be more proactive – how/by what means?

Insurance Claims

- Did you make an insurance claim in relation to visits/usage of provider services?
- How was this claim submitted – was this easy/difficult? Why?
- Was the claim(s) you've made processed efficiently? Why/why not?
- Did you get a satisfactory outcome? Why/why not?
- Issues/concerns around the claims process?
- IMPROVEMENTS – Are there opportunities to improve how students on OHSC policies make claims? How could claiming requirements better meet your needs/address the issues you face? Gaps/opportunities.

Prescription medication

- Examples of purchasing prescription medication/pharmacy costs (one off vs. ongoing medications)
- Have the medications you purchased been covered by insurance? Or the PBS/Australian Government?
- Does this make sense? Are there any areas of confusion (what/why)?
- Do you feel informed enough about what happens and who pays what? Does it matter who pays?
- Do you ever moderate your consumption or purchase of medication based on these factors?
- GAPS/IMPROVEMENTS: Are there gaps or opportunities to improve how medication subsidies work, what is / isn't paid for or how it is paid? How could the process / coverage be improved by insurers?
- Tertiary institution / University based health programs
- Have they used any of the programs offered by their tertiary institution? What / when / why?
- What role do these programs play?
- Are they valuable – why / why not?
- How do they find out about them. Who runs them? Who funds them? Does it matter?
- GAPS/IMPROVEMENTS Are there gaps or opportunities to improve these types of on campus programs? How in which areas?
- 5.2 Unclaimed events/lack of intervention
- Have they experienced health episodes or health issues where they may have wanted or thought about intervention (from a provider) but did not pursue assistance – why did they not?

Final comments / summary (5 mins)

Ask respondents to think back through all the things that have been discussed today and provide a summary of what they believe the most important improvements to the OSHC insurance is, thinking about:

- Gaps and opportunities to improve-
- Coverage of conditions
- Monetary value of claims/support provided
- Claims processes
- Communication from insurers
- Provider understanding / behaviour / processes
- Pharmaceutical costs / processes
- Role of tertiary institutions / other bodies

9.5 Summary Focus Groups Discussion Guide

Introduction (5 mins)

- Independence of research
- Confidentiality, recording is for analysis purposes
- Zoom/Teams protocols – use of auto transcript
- Explain purpose of the research / we don't work for Dpt of Health or Insurer
- Please fully express your thoughts – about improving services / delivery
- Questions?

AIM of this is to understand is there information available an do you know where to get the information you need when you need it?

SHOW SCREEN ON CUSTOMER JOURNEY FROM INFORMATION/SIGN UP TO USAGE/CLAIMING.

Student introductions (5-10 mins)

Ask each student to introduce themselves

- Background on arrival in Australia and student visa process
- Where from – dependents with you / family intentions

Insurance

- Which insurer? Do they have family/couples or multiple singles policies?
- Did you purchase additional cover / extras? Why/why not?

Study visa

- How did they apply to Australia to study / agencies involved?
- Uni / tertiary institution attending
- Current issues / worries re visa/study/living in Australia – bridging visa
- Complexities due to COVID on visa status
- Ease difficulty of the process / why
- Level of confidence in managing the process / why

Path to Purchase - Health Cover (30 mins)

*This section is on purchasing your health cover - when you applied for your visa. I'm going to ask you in **detail** to recall the choices you had and what information you were given when, and by whom. What was good about the process, what was missing? What could have been improved now looking back.*

Initial information around requirements:

- How/when was health insurance first mentioned / by whom?
- What was said specifically about it – by whom, what did you understand the requirements were?
- What detail was provided to you by whom?
- Was it clear/easy to understand / was there anything confusing about it?

- **What was said around singles or couples/family cover (for those with dependents)?**
- Specifically how were requirements communicated – written, verbal, websites.
- Where did you first go for information?
  - Health website, Home Affairs website, agent, etc.?
  - If it was a website, was it a government one or just OSHC (non-gov webpage).
- Now looking back is there anything that could have been done to improve initial information?
- Which institution / group would you prefer to get information from? (See options provided ON SCREEN)

Insurers / choosing a policy

- What was said about different insurers, if anything? Who did you have this conversation with?
- What did you understand about the choices you have in terms of insurer? Different types of cover?
- Did you consider more than one insurer? Why/why not?

- Did your institution make recommendations on insures or have a 'relationship' which you went with?
- What written or digital information were you given access to/did you seek?
- What helped you most?
- **Did you know what your policy included at the time of purchase?**
- Did you look into it? If not, why not? What barriers are there to looking at different policies?
- Now looking back is there anything that could have been done to improve information around choice?
- Which institution / group would you prefer to get information from? (See options provided on screen)
- Is there a difference according to what type of information
  - Specific policy information
  - Health care networks
  - Medication
  - Complaints
  - Individual entitlements
  - Health care in Australia

Australian health services

- How much were you told about how health cover works in Australia? / How health services work?
- What were you told? By whom?
- Overall what information sources, resources were available/used?
- Was this enough information / was the information helpful? How?
- Who was most proactive in assisting you understand services – Gov, insurers, unis
- How was information about health services communicated to you? Written? Digital/websites? Campus?
- If there are any language/terminology barriers, was it easier for them to call their insurer or someone to explain this? Or does a website/readable information suffice?
- What information, if any, was not communicated clearly? Where there any gaps in the information?
- If there were gaps, how did they impact on the services you access/sought? If at all.
- What else would you have liked to have known more about?
- Now looking back is there anything that could have been done to improve information around services?
- Which institution / group would you prefer to get information from? (See options provided ON SCREEN)

Knowledge of policy at Point of Purchase

Explore knowledge of the OSHC when they purchased their policy

- How informed were you about the product you selected?
- Knowledge of coverage, exclusions and benefits?
- What was 'best' about the cover you have vs. others? (If anything).
- Did you feel comfortable that they would be covered for their health needs in Australia.? Why/why not?
- Where did they get their information from – agency, uni, insurer?
- How did they initially communicate with you – email, postal address (did this change in Australia)?
- Did they give an Australian address to their insurer? Was this where they were going to be staying?
- Specific channels used? How information was provided – welcome packs, PDS
- Did they receive a card from their insurer? How? When? (Was <4 weeks from arrival?)
- Now looking back is there anything that could have been done to improve information about policies?
- Which institution / group would you prefer to get information from? (See options provided ON SCREEN)

Using Services (20 mins)

This section is on the assistance you get when using your health cover. What information is provided to you to help you use services and how to get the best out of your cover. Again we are going to look at what is good/bad around the information and communication from health insurer and the health providers themselves. We'll also be thinking about the role of universities and government in this.

Service usage (This will be brief as it is known information)

- Knowledge around how to access and use health services?
- Accessing providers - what to use when? Where to find providers, etc.
  - Did you know you can access psychology or psychiatry consults if your GP gives you a referral?"
- What is difficult to understand about accessing health services?
- Knowledge of 'preferred provider networks'?
- What specific information resources are they given from their insurer?
- What channels are available to them – phone, email, Apps, etc.
- What is the role of **universities**, etc. in providing this information / assistance (if any)
- Is there anything that could improve access to information about how to use services?

Service providers knowledge of OSHC cover (more detail required)

- What experiences have you had specifically with health care providers regards OSHC
- Do providers generally know what OSHC cover is provided?
- Do they recognise the cards you show them from insurers? What's their reaction?
- Does this differ across providers:
  - GPs
  - Hospitals (if experienced)
  - Specialists
  - Diagnostic tests
  - Mental health care providers
  - Pharmacists
- Have you had any involvement with getting or discussing an Individual Healthcare Identifiers / IHI?
  - NOTE - IHI is a unique number that identifies you for health care purposes.
  - Have you applied /used? What was your experience.
- what structures/frameworks do you think would in having a better point of service experience
  - Should insurers/gov websites have a list of guiding questions to ask before they book with a provider?
  - Do you know where to look for a diagnostic/pathology/GP service that works with their insurer (has direct billing arrangements, cheaper, etc.)?
  - Are service providers good at explaining costs, upfront fees, gap payments etc.? Should they be?

Claiming (if time) (This will be brief as it is known information)

- Knowledge of how costs / benefits / reimbursements work? Choice of providers? Etc.
- Is claiming easy with your insurer – why / why not?
- What specific information resources are they given from their insurer?
- What channels are available to them – phone, email, Apps, etc.
- Is there anything that could improve access to information about how to claim on?

How could services be improved (15 mins)

In this section we will look at some potential improvements to OSHC. These are just ideas and initial thoughts that have been gathered through the research process.

Students will be shown a broad list of possible 'talking points' from which students will pick out top 3 to discuss as relevant. We will cover all of the points through the discussion (and many of these issues have been touched in previous discussion points above). ON SCREEN.

1. Improving communication around **mental health services**
2. Increasing funding around **prescription medication**
3. **Flexible payment** options (pay annually)
4. Better information provided on **how health services work** in Australia works (who should provide)
5. A government website on the medical rights of international students in Australia
6. Better **information what is covered** or easier ways to find out

More health services managed **on Campus** (even if provided by Insurers)