

Clinical Definition	Description	Feedback summary	Department's response
Kidney, bladder and male reproductive conditions and services (dialysis is listed separately under dialysis for chronic kidney disease)	Admission for investigation and/or treatment of the kidney, bladder, prostate and other male reproductive organs. For example: cystoscopy, removal of kidney stones, other kidney conditions including cancer, treatment of incontinence, prostate surgery, circumcision and male sterilisation. MBS Item Numbers¹: 11830-11833; 11900-11921; 12524-12527; 30321-30324; 30373; 30490; 30628-30635; 30640-30644; 30649-30666; 35687-35691; 36663-37053; 37200-37245; 37300-37444; 37601-37623; 37800-37854; 43981-43984	i. Feedback was separating male and female reproductive procedures is discriminatory, particularly if the two definitions are included in different product categories. ii. A question was raised if this category only covered incontinence in males, or if females are also covered.	i. Male reproductive services are included in this category as they are performed by an urologist. Internal clinical advice is to retain separate male and female reproductive categories as services are performed by different medical specialists. ii. Items in this category include treatment for incontinence in all sexes.
Digestive system conditions and services (hernia and appendicectomy is listed separately)	Admission for investigation and/or treatment of the digestive system. For example: stomach, bowel, gall bladder, pancreas, spleen, oesophagus, haemorrhoid surgery, and liver. Endoscopy is listed as a separate category. Hernia and appendix is listed separately under Hernia and appendicectomy. MBS Item Numbers¹: 11800-11810; 11830-11833; 12533; 12506-12509; 12512-12515; 12533; 13506; 14212; 30326-30336; 30373-30473; 30481-30483; 30488; 30492; 30495-30566; 30575-30599; 30600-30608; 30611; 30619; 30621-30622; 30623-30627; 30636-30639; 30676-30679; 31450-31458; 31460-31472; 32000-32018; 32023-32075; 32096-32102; 32105-32221; 34538; 38448; 43835-43838; 43900-43978; 43990-44114; 45564-45565	-	-
Hernia repair and appendicectomy	Admission for investigation and/or treatment of the appendix or hernia repair. MBS Item Numbers¹: 30404-30405; 30571-30574; 30609; 30614-30615; 30645-30646; 43835; 43841; 44108-44114	i. It was suggested that the inclusion of hernias with appendectomy will likely lead to an increase on premiums for entry level products that currently cover appendectomy. ii. There is mixed support in regards to the appropriate classification of hernia procedures. Some stakeholders prefer that hernia treatment is moved to the digestive systems category and other stakeholders support hernia repair remaining in this category.	i. The inclusion of hernias and appendicectomy as a single category was based on previous feedback received. ii. The department will continue to consider the appropriate placement of hernia treatment based on industry feedback.
Weight loss surgery or procedures	Admission for surgery that is designed to reduce a person's weight. For example: gastric banding, gastric bypass and sleeve gastrectomy. MBS Item Numbers¹: 30165-30172; 30177-30179; 31569-31591	There was feedback to consider how maintenance, removal/reversal and subsequent weight loss surgery are regarded in this category.	Reversal of the original weight loss surgery is included but not subsequent surgery as a result of weight loss e.g. excess skin reduction surgery due to weight loss. These services are included in the plastic and reconstructive surgery category. Both service types are mandatory inclusions in the proposed Gold product category, meaning patients covered for weight loss surgery in Gold products would also be covered for subsequent plastic surgery. It is uncertain what is meant by maintenance procedure and the department will require further clarification before a decision can be made.

Clinical Definition	Description	Feedback summary	Department's response
Endoscopy	Admission for the diagnosis, investigation and/or treatment of internal parts of the gastrointestinal system using an endoscope. For example: colonoscopy, gastroscopy, ERCP. MBS Item Numbers ¹ : 11820-11823; 30473-30479; 30484-30485; 30490-30491; 30494; 30568-30569; 30680-30694; 32023; 32084-32095; 32103-32105; 38404-38405; 38490-38491	There was a request to rename the category to make it easier for consumers to distinguish gastrointestinal endoscopies from other endoscopies.	The department's internal clinical advice was to retain the title in its current form as endoscopy generally refers to gastrointestinal endoscopy.
Breast surgery (non-medically necessary surgery is not covered under private health insurance)	Admission for investigation and/or treatment of breast disorders. For example: both male and female breast surgery and the associated lymph nodes; reconstruction and/or breast reduction if required to obtain symmetry after breast cancer surgery, treatment of the endocrine system. MBS Item Numbers ¹ : 12306-12322; 14203-14206; 30097; 30296-30324; 31500-31566; 32023	i. Stakeholders felt that the inclusion of the endocrine system in this category is inappropriate. It was proposed that treatment for endocrine related conditions be classified in a category of its own. ii. It was also suggested that breast reduction/removal, other than that required to obtain symmetry after breast cancer surgery, should be classified as plastic and reconstructive surgery.	i. The department's internal clinical advice was breast surgeons also specialise in the endocrine system and thus it is appropriate to include the two treatments together. ii. As it may be appropriate to include services in both categories the department will further consider this issue.
Chemotherapy, radiotherapy and immunotherapy for cancer	Admission for chemotherapy, radiotherapy and immunotherapy for the treatment of cancer. Surgical treatment of cancer is listed separately under each particular body system. MBS Item Numbers ¹ : 13015; 13030; 13915-13948; 15000-16018; 30071-30096; 30384; 30618; 35404-35408; 34521-34534; 34539-34540; 50950-50952 (please note MBS items for immunotherapy are yet to be included).	It was suggested that the insertion of permanent lines, etc., associated with delivery of chemotherapy be included in this category.	The implantation of a long-term drug delivery device for cytotoxic chemo (MBS item 13945) is included in the category.
Plastic and reconstructive surgery (non-medically necessary cosmetic surgery is not covered under private health insurance)	Admission for investigation and/or treatment of any physical deformity, whether acquired. For example: skin grafts following burns, scar revision, breast reduction, removal of breast prosthesis and angioma. These forms of treatment are considered medically necessary, rather than cosmetic. Cosmetic surgery is not covered under private health insurance. MBS Item Numbers ¹ : 30003-30049; 30055; 30165-30179; 31345; 31355; 31569-31591; 38457-38458; 39300-39303; 39318; 39331; 45000-45588; 45596-45647; 45650-45661; 45665-45676; 45716-45761; 45788; 45794-45996; 47000; 47736-47789; 52036; 52108-52131; 52300-52330; 52342-52430; 52600-52636; 75150-75153	There was a request to move skin flaps and grafts to the skin and skin lesions category.	As skin grafts for large damaged areas are performed by plastic surgeons these procedures are included in this category.
Plastic and reconstructive surgery of congenital defects and conditions	Admission for investigation and/or treatment of any physical congenital deformity. For example repair of cleft palates, club foot. MBS Item Numbers ¹ : 30213-30214; 30244; 31250; 39300-39303; 39318; 40100-40118; 43841-43882; 43900-43915; 43981-43984; 45564-45565; 45662; 45675-45676; 45714-45716; 45767-45785; 45791; 45897; 49878; 50315-50330; 50348-50354; 50411-50423; 50450-50476; 52333-52339; 52440-52484; 75024-75027	Previously, plastic and reconstructive services for congenital conditions were included in the larger plastics and reconstructive surgery category. Treatment for congenital conditions was separated into a category of its own on the suggestion of some insurers. There is now mixed support of the separation of the two plastic surgery categories. Those insurers who support the separation suggest that the category for congenital conditions be expanded into a paediatric-related surgery category.	Many non-plastic congenital services are included in the 'Pregnancy and birth related conditions' category. Other infant treatment is separated out into the different body systems, such as digestive system conditions or bone and joint conditions. Where appropriate, some MBS items may be included in more than one category.

Clinical Definition	Description	Feedback summary	Department's response
Surgery for skin and skin lesions	Admission for investigation and/or treatment of skin and skin-related conditions. For example: melanoma, wound repair, removal of foreign bodies, surgery to the nails and treatment of abscesses. MBS Item Numbers ¹ : 13020; 13030; 12000-12024; 14050-14124; 30023-30055; 30061; 30064-30071; 30180-30225; 31000-31250; 31340; 31356-31376; 44136; 47904-47918	It was suggested that this category should include skin grafts and some flaps.	Skin flaps are covered under the 'plastics and reconstructive surgery' category as services will be performed by a plastic surgeon.
Dental surgery	Admission for surgery to the teeth and gums. For example: surgery to remove wisdom teeth and dental implant surgery. MBS Item Numbers ¹ : 51700-51703; 75030-75051	i. Insurers would prefer the coverage of dental surgery in-hospital not be changed from the current arrangements where insurers are not required to pay for hospital benefits. ii. There was a request to distinguish temporomandibular joint (TMJ) surgery in this category.	i. MBS items included in this category relate to dental surgery performed by a maxillofacial surgeons. ii. The department's internal clinical advice was to not distinguish TMJ surgery in this category. TMJ procedures are in the plastic and reconstructive surgery category.
Insulin pumps	Provision or replacement of insulin pumps for treatment of diabetes. [TBA- pending industry advice on appropriate MBS items for this category]	-	The department is seeking industry advice on appropriate MBS items for this category. Please refer to the attachment <i>Alignment of specific procedures to standard clinical definitions</i> .
Management of ongoing (chronic) pain	Admission for the treatment of chronic pain. For example: injection, denervation and insertion of stimulators. MBS Item Numbers ¹ : 14218; 39100-39106; 39115-39139	i. It was requested that the term 'injection' be replaced with nerve destruction/neurotomy. ii. There was a suggestion that the category be expanded to include psychological interventions and pain cocktail infusions.	i. The department's internal clinical advice is to retain the current terminology. ii. Internal clinical advice was to not include psychological interventions in this category. The refilling of implanted infusion pump with therapeutic agents is included (MBS item 14218)
Podiatric surgery provided by an accredited podiatric surgeon	Admission for investigation and/or treatment of conditions affecting the foot and/or ankle. There are no Medicare items for a podiatric surgeon or associated anaesthetist's services. Health funds are required to pay the default benefit cover for accommodation for a surgical procedure provided by a podiatric surgeon and the cost of the prosthesis as listed in the Government approved prostheses list.	i. Stakeholders preferred that this category be removed from the standard clinical definitions. ii. If the category is to be included in the standard clinical definitions feedback was to require insurers to only cover hospital accommodation costs. Consumers should be warned of large out-of-pockets.	i. The <i>Private Health Insurance Act 2007</i> includes podiatric surgery as hospital treatment (Section 121.5) and therefore the category will remain in the standard clinical definitions. ii. No MBS items have been assigned to this category. In compliance with current regulations, insurers are only required to pay default accommodation costs. It is not appropriate to refer to out-of-pocket costs in the standard clinical definitions.
Sleep studies	Admission for the investigation of sleep patterns and anomalies. For example: sleep apnoea and snoring. MBS Item Numbers ¹ : 12203-12250	-	-
Blood and blood-related conditions and services	Admission for investigation and/or treatment of blood and blood-related conditions. For example: blood clotting disorders, cancers of the blood, blood transfusions and bone marrow transplants. [TBA- pending industry advice on appropriate MBS items for this category]	-	This is a new category that the department is considering of including in the standard clinical definitions. The department is seeking further advice on this category - please refer to the attachment <i>Alignment of specific procedures to standard clinical definitions</i> .

Hospital Product Design (PHMAC, 14 May 2018)

Excesses may be payable on some hospital policies	\$	\$	\$	\$
Hospital treatments & services by product category	Basic	Bronze	Silver	Gold
Rehabilitation	✓	✓	✓	✓
Psychiatric services	✓	✓	✓	✓
Palliative care	✓	✓	✓	✓
Brain and brain-related conditions and services		✓	✓	✓
Eye and eye-related conditions (cataract listed under cataract procedures)		✓	✓	✓
Ear, nose and throat conditions and services (hearing loss is listed separately and tonsils, adenoids and grommets listed separately)		✓	✓	✓
Tonsils, adenoids and grommet surgery		✓	✓	✓
Bone and joint conditions and services (joint replacements, joint reconstructions listed separately and spine listed under back, neck and spine)		✓	✓	✓
Joint reconstructions		✓	✓	✓
Kidney and bladder conditions and services (dialysis listed under dialysis for chronic kidney disease)		✓	✓	✓
Male reproductive conditions and services		✓	✓	✓
Digestive system conditions and services (hernia, appendicectomy listed separately)		✓	✓	✓
Hernia repair and appendicectomy		✓	✓	✓
Gastrointestinal endoscopy		✓	✓	✓
Gynaecology		✓	✓	✓
Miscarriages and termination of pregnancy services		✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer		✓	✓	✓
Surgery for skin and skin lesions		✓	✓	✓
Breast surgery		✓	✓	✓
Diabetes		✓	✓	✓
Heart, lung and vascular system conditions and services			✓	✓
Blood and blood-related conditions and services			✓	✓
Back, neck and spine conditions and services (spinal fusion listed separately under joint replacements and spinal fusion)			✓	✓
Plastic and reconstructive surgery			✓	✓
Dental surgery			✓	✓
Podiatric surgery provided by an accredited podiatric surgeon			✓	✓
Cataract procedures				✓
Implanted devices for hearing loss surgery				✓
Joint replacements and spinal fusion				✓
Dialysis for chronic kidney disease				✓
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)				✓
Assisted reproductive services				✓
Weight loss surgery or procedures				✓
Insulin pumps				✓
Management of ongoing (chronic) pain				✓
Sleep studies				✓

✓	A tick indicates that the treatment/service is a minimum requirement of the product category.
	A blank cell indicates that the treatment/service is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.

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Hospital Product Design (PHMAC, 14 May 2018)

Adjustments and updates to the Hospital Product Design Grid (PHMAC 14 May 2018)

Previous treatment and service category	New treatment and service category	Change in product tier
- Heart and heart-related conditions and services	- Heart, lung and vascular system related conditions and services (new combined category)	No, unchanged
- Lung and lung-related conditions and services		
- Vascular and vascular-related conditions and services		
- Plastic and reconstructive surgery	- Plastic and reconstructive surgery (new combined category)	No, unchanged
- Plastic and reconstructive surgery of congenital defects		
- Kidney, bladder and male reproductive conditions and services	- Male reproductive conditions and services (category split)	No, unchanged
	- Kidney and bladder conditions and services (category split)	No, unchanged
- Female reproductive conditions and services	- Gynaecology (category renamed)	Silver --> Bronze
- Breast surgery	- Breast surgery (category split)	Silver --> Bronze
	- Diabetes (category split; relevant endocrine services had previously been included under 'Breast surgery')	Silver --> Bronze
	Note: other endocrine services fall within the category covering the relevant body system. For example, thyroid is in 'Ear, nose and throat.	
- Endoscopy	- Gastrointestinal endoscopy (renamed)	No, unchanged

Other changes:

- *Removal of crosses from the grid:* Non-mandatory coverage requirements previously identified with crosses (x) have been replaced with blank white cells. Some feedback was received that the cross could be interpreted as meaning a service must not be covered or that cover of the service is banned within a given product tier.
- *Green bordering:* Consumer testing suggested the inclusion of the green border would help the consumer more easily identify those services that are offered in addition to the minimum coverage requirements.

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Clinical Categories

Private health insurers will be required to use the clinical categories to inform customers of treatments and services included in their hospital insurance policies within all product material.

At a minimum, the Medicare Benefit Schedule (MBS) items listed must be covered if the clinical category is listed as an inclusion in the insurance policy.

General notes

¹ If a patient is admitted for an investigative surgery that procedure and any treatment provided during the surgery is covered even if the investigation reveals a condition not included in the scope of cover.

² The following procedures are also covered by a clinical category if they are provided to an admitted patient as part of the treatment of a primary condition or service: consultation, diagnostic service and diagnostic imaging, pathology, pre-operative assessment, anaesthesia and regional nerve block, attendance at an operation by a physician and assistant, associated miscellaneous services related to the principal service, and management of complications related to the principal service.

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Rehabilitation	Admission for physical rehabilitation for a patient recovering from surgery or illness. For example: inpatient and admitted day patient rehabilitation, stroke recovery, cardiac rehabilitation.	Any episode of hospital treatment for the physical rehabilitation of a patient recovering from surgery or illness treated in hospital.
Hospital psychiatric services	Admission for the treatment and care of patients with psychiatric, mental, addiction or behavioural disorders. For example: psychoses such as schizophrenia, mood disorders such as depression, eating disorders and addiction therapy.	Any episode of hospital treatment for the investigation and treatment of a psychiatric condition, including (but not limited to) those referred to in the scope of cover. Electroconvulsive therapy (MBS item 14224) is also covered.
Palliative care	Admission for care where the intent is primarily providing quality of life for a patient with a terminal illness.	Any episode of hospital treatment for the care of a patient with a terminal illness. Relevant pain relief is also covered.

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Brain	Admission for the investigation and treatment of the brain, brain-related conditions, central nervous system and peripheral nervous system. For example: stroke, brain tumours, head injury, epilepsy and Parkinson's disease. Spinal conditions are included under <i>Back, neck and spine</i>. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the brain and brain-related condition, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 35000-35012; 35412-35414; 39000-39018; 39300-39330; 39333; 40000-40015; 40100-40118; 40339; 40342; 40600-40905; 43521; 52800-52832
Eye	Admission for the investigation and treatment of the eye and the contents of the eye socket. For example: retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye. Cataract procedures are listed separately as <i>Cataracts</i>. Eyelid procedures are included under <i>Plastic and reconstructive surgery</i>.	Any episode of hospital treatment for the investigation and treatment of the eye and eye-related condition, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 30061; 42503-42695; 42719-43023
Cataracts	Admission for surgery to remove cataract and replace with an artificial lens.	Any episode of hospital treatment for the treatment of cataracts, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 42698-42716
Heart, lung and vascular system	Admission for the investigation and treatment of heart-related conditions, lung-related conditions, the chest and vascular system. For example: heart failure and heart attack, monitoring of heart conditions, lung cancer, respiratory disorders, varicose veins and endarterectomy. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the heart, lungs, chest and vascular system, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13400; 14209; 30090; 30600-30601; 30696-30710; 32500-34518; 34800-34833; 35100-35363; 38200-38456; 38462-38812; 43900-43915

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Ear, nose and throat	Admission for the investigation and treatment of the ear, nose, throat, middle ear, thyroid, parathyroid, larynx, mouth, lymph nodes and related areas of the head and neck. For example: damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy, maxillofacial injuries, and throat cancer. Tonsils, adenoids and grommets are listed separately as <i>Tonsils, adenoids and grommets</i>. The implantation of a hearing device is listed separately as <i>Implanted devices for hearing loss surgery</i>. Orthopaedic neck conditions are included under <i>Back, neck and spine</i>. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the ear, nose, throat and related areas of the head and neck, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 30104-30105; 30244-30297; 30306-30320; 30326; 30618; 31400-31438; 41500-41599; 41608-41615; 41620-41629; 41635-41787; 41804-41910; 45632-45646; 45650-45653; 45659; 45675; 45714-45716; 45788; 45578-45581; 47735-47741; 52021-52035; 52108-52141; 52147-52158
Implantation of hearing devices	Admission for the treatment to correct hearing loss, including implantation of a prosthetic hearing device. Stapedectomy is included under <i>Ear, nose and throat</i>.	Any episode of hospital treatment for the implantation of a prosthetic hearing device. Any episode of hospital treatment including (but not limited to) the following MBS items: 41603- 41604; 41617-41618
Tonsils, adenoids and grommets	Admission for the investigation and treatment of the tonsils, adenoids and grommets.	Any episode of hospital treatment for the investigation and treatment of tonsils, adenoids and grommets. Any episode of hospital treatment including (but not limited to) the following MBS items: 41632; 41789-41801
Back, neck and spine	Admission for the investigation and treatment for the back, neck and spine. For example: sciatica, spinal cord tumours, prolapsed or herniated disc, scoliosis and lordosis (including spinal fusion). Spinal fusion for other conditions is listed separately as <i>Joint replacements and spinal fusion</i>. Management of chronic back pain is included under <i>Chronic pain</i>. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the back, neck and spine, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 14227-14242; 39140; 40018; 40309-40318; 40330-40351; 43509; 43518; 44133; 47681-47702; 47705-47723; 48600-48632; 50600

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Bone, joint and muscle	Admission for the investigation and treatment of diseases, disorders and injuries of the musculoskeletal system. For example: carpal tunnel, fractures, hand surgery, bone spurs, osteomyelitis and bone cancer. Joint reconstructions are listed separately as <i>Joint reconstructions</i>. Joint replacements and spinal fusions for conditions other than scoliosis are listed separately as <i>Joint replacements and spinal fusion</i>. Spinal conditions are included under <i>Back, neck and spine</i>. Rib surgery is included under <i>Heart, lung and vascular system</i>. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the musculoskeletal system, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 18365; 30068; 30075-30078; 30099-30103; 30107-30114; 30224-30244; 30672; 39331-39333; 43500-43524; 44325-44376; 46300-46307; 46327-46342; 46348-46405; 47003-47678; 47703; 47726-47732; 47900-47982; 48118-48242; 48400-48427; 48500-48512; 48900-48903; 48912; 48927-48957; 49100-49112; 49118-49206; 49212; 49218-49306; 49360-49512; 49545; 49566-49712; 49718-49854; 49860-50121; 50130-50239; 50300-50312; 50336-50345; 50357-50408; 50426-50476; 50500-50588; 50650-50658; 52056-52087; 52092; 52180-52186
Joint reconstructions	Admission for investigation and joint reconstruction procedures. For example: torn tendons, rotator cuff tears and damaged ligaments. Joint replacements and spinal fusions for conditions other than scoliosis are listed separately as <i>Joint replacements and spinal fusion</i>. Bone fractures and joint fusions are included under <i>Bone, joint and muscle</i>.	Any episode of hospital treatment for the investigation and reconstruction of a joint, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 46345; 46408-46535; 48906-48909; 48960; 49215; 49536-49542; 49548-49551; 49557-49564; 50333
Joint replacements and spinal fusion	Admission for surgery for joint replacements, including revisions, resurfacing, partial replacements and removal of prostheses, and spinal fusions for conditions other than scoliosis. For example: replacement of shoulder, wrist, finger, hip, knee, ankle, or toe joint, spinal disc replacement. Other spinal treatments, including spinal fusions for scoliosis, are included under <i>Back, neck and spine</i>. Joint fusions are included under <i>Bone, joint and muscle</i>.	Any episode of hospital treatment for the replacement of a joint, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 40300-40306; 40321-40327; 46309-46325; 48636-48694; 48915-48924; 49115-49117; 49209-49211; 49315-49346; 49515-49534; 49554; 49715-49717; 49839-49842; 49857; 50127; 50604-50644

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Digestive system	Admission for the investigation and treatment of the digestive system, including the oesophagus, stomach, gall bladder, pancreas, spleen, liver and bowel. For example: oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids. Endoscopy is listed separately as <i>Gastrointestinal endoscopy</i>. Hernia and appendicectomy procedures are included under <i>Hernia and appendix</i>. Bariatric surgery is listed separately as <i>Weight loss surgery</i>. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the digestive system, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13506; 13757; 14212; 30373-30472; 30483; 30492; 30495-30566; 30575-30608; 30611; 30619; 30621-30627; 30636-30639; 30676-30679; 31450-31472; 31591-32021; 32024-32069; 32096-32221; 43900-43936; 43942-43978; 43990-44105
Gastrointestinal endoscopy	Admission for the diagnosis, investigation and treatment of the internal parts of the gastrointestinal system using an endoscope. For example: colonoscopy, gastroscopy, endoscopic retrograde cholangiopancreatography (ERCP). Non-endoscopic procedures for the digestive system are included under <i>Digestive system</i>.	Any episode of hospital treatment for the investigation and treatment of the digestive system using an endoscope, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 11820-11823; 30473-30479; 30481-30482; 30484-30485; 30488-30491; 30494; 30568-30569; 30680-30694; 32023; 32072-32095
Hernia and appendix	Admission for the investigation and treatment of a hernia or appendicitis. Digestive conditions are included under <i>Digestive system</i>.	Any episode of hospital treatment for the investigation and treatment of a hernia or appendicitis. Any episode of hospital treatment including (but not limited to) the following MBS items: 30403-30405; 30571-30574; 30609; 30614-30615; 30645-30646; 43835-43838; 43841; 43939; 44108-44114

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Kidney and bladder	Admission for the investigation and treatment of the kidney, adrenal gland and bladder. For example: kidney stones, adrenal gland tumour and incontinence. Dialysis is listed separately under <i>Dialysis for chronic kidney disease</i>. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the kidney, adrenals and bladder, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 11900-11921; 12524-12527; 18375; 18379; 30097; 30324; 36500-37053; 37300-37390; 37444; 37800-37801; 37845-37854; 43984
Dialysis for chronic kidney disease	Admission for dialysis treatment for chronic kidney failure. For example: peritoneal dialysis and haemodialysis.	Any episode of hospital treatment for dialysis treatment for chronic kidney failure, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13100-13112
Male reproductive system	Admission for the investigation and treatment of the male reproductive system including the prostate. For example: male sterilisation, circumcision and prostate cancer. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the male reproductive system, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 30628-30635; 30640-30644; 30649-30666; 37200-37245; 37393-37438; 37601-37604; 37613-37623; 37803-37842
Gynaecology	Admission for the investigation and treatment of the female reproductive system. For example: endometriosis, polycystic ovaries, female sterilisation and cervical cancer. Fertility treatments are listed separately under <i>Assisted reproductive services</i>. Pregnancy and birth-related conditions are included under <i>Pregnancy, birth and neonates</i>. Miscarriage or termination of pregnancy is listed separately as <i>Miscarriage and termination of pregnancy</i>. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of the female reproductive system, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 30062; 35410; 35500-35638; 35641; 35644-35673; 35680-35759

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Pregnancy, birth and neonates	Admission for investigation and treatment of conditions associated with pregnancy, child birth and its complications. Neonates are covered under this category for single parent and family policies. Female reproductive conditions are included under <i>Gynaecology</i>. Fertility treatments are listed separately under <i>Assisted reproductive services</i>. Miscarriage and termination of pregnancy is listed separately as <i>Miscarriage and termination of pregnancy</i>.	Any episode of hospital treatment for the investigation and treatment of conditions associated with pregnancy, child birth, and neonates, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13300-13319; 16399-16627
Assisted reproductive services	Admission for fertility treatments or procedures. For example: retrieval of eggs or sperm, <i>In vitro</i> Fertilisation (IVF), and Gamete Intra-fallopian Transfer (GIFT). Treatment of the female reproductive system is included under <i>Gynaecology</i>. Pregnancy and birth-related services are included under <i>Pregnancy, birth and neonates</i>.	Any episode of hospital treatment for fertility procedures, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13200-13209; 13212-13292; 37605-37606
Miscarriage and termination of pregnancy	Admission for the investigation and treatment for a miscarriage or termination of pregnancy.	Any episode of hospital treatment for the investigation and treatment for a miscarriage or termination of pregnancy. Any episode of hospital treatment including (but not limited to) the following MBS items: 35640; 35643; 35674-35678
Breast surgery (medically necessary)	Admission for the investigation and treatment of breast disorders and associated lymph nodes, and reconstruction and/or reduction following breast surgery or a preventative mastectomy. For example: breast lesions, breast tumours, asymmetry due to breast cancer surgery, and gynecomastia. These forms of treatment are considered medically necessary, rather than cosmetic. Cosmetic surgery is not covered under private health insurance. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of breast disorders, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 30299-30303; 31500-31566; 45520-45559

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Plastic and reconstructive surgery (medically necessary)	Admission for the investigation and treatment of any physical deformity, whether acquired as a result of illness, accident or congenital. For example: burns requiring a graft, cleft palate, club foot and angioma. These forms of treatment are considered medically necessary, rather than cosmetic. Cosmetic surgery is not covered under private health insurance. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of any physical deformity, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 30003-30020; 30176; 30213-30214; 31350-31355; 38457-38458; 43843-43882; 45000-45519; 45560-45588; 45590-45647; 45650; 45656; 45660-45996; 47000; 47735-47789; 50315-50330; 50348-50354; 50411-50423; 51904-51906; 52018; 52036-52054; 52090-52131; 52144; 52300-52636; 75024-75027
Skin	Admission for the investigation and treatment of skin, skin-related conditions and nails. The removal of foreign bodies is also included. For example: melanoma, minor wound repair and abscesses. Plastic surgery relating to the treatment of a skin-related condition is also included. Chemotherapy and radiotherapy for cancer is listed separately as <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for skin and skin-related conditions, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13020; 30023-30055; 30061; 30064-30071; 30180-30216; 30223-30225; 31000-31250; 31340; 31356-31376; 44136; 47904-47918 51900-51902; 52000-52009
Weight loss surgery	Admission for surgery that is designed to reduce a person's weight, remove excess skin due to weight loss and reversal of a bariatric procedure. For example: gastric banding, gastric bypass, sleeve gastrectomy.	Any episode of hospital treatment for a bariatric procedure, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 30165-30172; 30177-30179; 31569-31591

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Chemotherapy, radiotherapy and immunotherapy for cancer	Admission for chemotherapy, radiotherapy and immunotherapy for the treatment of cancer or benign tumours. Surgical treatment of cancer is listed separately under each body system.	Any episode of hospital treatment for chemotherapy, radiotherapy and immunotherapy for the treatment of cancer, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13915-13948; 13760; 14245-16018; 35404-35408; 34521-34534; 34539-34540; 50950-50952
Blood	Admission for the investigation and treatment of blood and blood-related conditions. For example: blood clotting disorders and bone marrow transplants. Treatment for cancers of the blood is included under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Any episode of hospital treatment for the investigation and treatment of blood and blood-related conditions, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 13700
Diabetes	Admission for the investigation and treatment of diabetes. For example: contour problems due to insulin injections. Surgical procedures for diabetes-related complications are listed separately, according to the body system affected. For example, treatment for diabetes-related eye conditions is included under <i>Eye</i>. Implantation of insulin pumps is listed separately under <i>Insulin pumps</i>.	Any episode of hospital treatment for the investigation and treatment of diabetes, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 31346
Insulin pumps	Admission for the implantation and replacement of insulin pumps for treatment of diabetes.	Any episode of hospital treatment for implantation and replacement of insulin pumps for treatment of diabetes.
Chronic pain	Admission for the treatment of chronic pain. For example: nerve pain, chronic back pain, and chronic pain caused by coronary heart disease.	Any episode of hospital treatment for chronic pain, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 14218; 39100-39139

Clinical category	Scope of cover ¹	Treatments for which benefits must be paid ²
Podiatric surgery (provided by an accredited podiatric surgeon)	Admission for investigation and treatment of conditions affecting the foot and/or ankle, provided by an accredited podiatric surgeon.	Any episode of hospital treatment for the investigation of and treatment of conditions affecting the foot and/or ankle, provided by an accredited podiatric surgeon. Insurers are required to pay benefits for accommodation for a surgical procedure provided by a podiatric surgeon and the cost of the prosthesis as listed in the Government approved prostheses list.
Sleep studies	Admission for the investigation of sleep patterns and anomalies. For example: sleep apnoea and snoring.	Any episode of hospital treatment for the investigation of sleep patterns and anomalies, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 12203-12250
Dental surgery	Admission for surgery to the teeth and gums. For example: surgery to remove wisdom teeth, and dental implant surgery.	Any episode of hospital treatment for surgery to the teeth and gums, including (but not limited to) those referred to in the scope of cover. Any episode of hospital treatment including (but not limited to) the following MBS items: 75200-75615

**Department of Health
Private Health Insurance
Reform Package
Consumer Testing Report**

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2. Executive summary and recommendations

This study aimed to inform finalisation of private health insurance reforms to do with the introduction of:

- standard service categories for hospital treatments, with standardisation referring to both the terminology used to describe and explain the categories and the services covered within a particular category
- standard policy levels (basic, bronze, silver and gold) as a new framework that health insurers will use when structuring and communicating their products, and
- a new private health insurance information statement to replace the standard information statement.

Findings are based on the conduct of 19 group discussions and 74 depth interviews across Australia. Care was taken to include people with varying levels and types of health insurance cover (including basic-top, hospital and general treatment only and combined products, those who had recently used or changed their cover, and people who were yet to take out cover). Some respondents were recruited on the basis of having low literacy, and also as being culturally and linguistically diverse to understand if this impacted on information preferences. Fieldwork was undertaken in April 2018.

2.1 Summary of key findings

Consistent with previous studies, consumers welcome these changes as providing increased:

- fairness
- transparency, and
- empowerment.

However, they do not address the key issues of consistent premium increases above CPI and high out of pocket costs for those using their hospital insurance.

In summary:

Hospital treatment service categories

- The 36 proposed service categories (name and definition) tested in this study are mostly meeting consumer information requirements.
- People come to this information with different experiences of the health system and tolerance for uncertainty and willingness to engage in detailed information — hence interpret the categories in different ways and are more or less comfortable with what they don't understand. However, the generally agreed standard is that most of the terms used for the name and definition of each category are familiar, or anchored in familiar ideas, and that a good sense of the range of the category is conveyed. We have made recommendations where the service categories do not currently meet this standard.
- In addition, it appears that the format in which the categories are presented and ensuring ready consumer access to layers of responsive information — including a glossary, explanatory note and access to the full list of MBS items — will impact on the extent to which people are able to successfully negotiate the service categories. We have also made recommendations with respect to these items.
- Finally, it appears that translating names and definitions into common community languages would be a valuable exercise in ensuring equitable access to this information.

New policy levels

- Response to the new product levels (basic, bronze, silver and gold) suggests that optimal behavioural change will depend on:
 - contextualising the reform (so people understand it is a system wide change rather than assuming that a particular health fund has re-named its products)
 - continuing with the revamp of the privatehealth.gov.au site and its comparison tool (and ensuring that both are widely promoted)
 - presenting the new levels as product cover tables in 'searchable' and 'chunkable' responsive formats, and
 - presenting the tables in a simple and intuitive fashion that makes use of commonly understood semiotic standards and maximises the possibility of behaviour change.
- These recommendations are outlined further below.

Private health information statement

- Given that many private health insurance holders are not aware of the current Standard Information Statement, the idea of a minimum data set in the form of a private health information statement is typically seen as an additional benefit rather than a change to an existing template. The government's proposed information — including summary and cost information, and hospital and general treatment inclusion and exclusion tables — seems reasonable, however, the following was suggested as also being helpful:
 - That summary information also include: Fund name and contact details, policy type and name, names and birth dates of people insured, policy number, membership portal and login name.
 - That the following is provided as specific figures or limitations rather than generically or cross-referencing other parts of the statement: excess, remaining waiting periods, co-payment, terms of ambulance cover and restrictions, arrangements with particular doctors or hospitals and a reminder to 'mind the gap'. — to enquire about costs arising from co-payments or out of pocket costs before a hospital stay.
 - That explanations are provided for: each of the above.
- In addition, insurance holders want to be able to nominate their preferred way of receiving this information — e.g. post vs email, being sent the information vs being able to access it via their member portal.
- People are expecting that information presented at privatehealth.gov.au would come in a very different format to the private health information statement. Rather than a detailed fact sheet on each individual product, they wanted easy to use comparison tables.

2.2 Recommendations

Recommendation 1: Minimum standard for category names and definitions

We are recommending that the following minimum standard for consumer understanding of government information is adopted for category names and definitions:

- that a person can reasonably be expected to feel familiar with most of the terminology and have a good sense of the range of items covered by the category.

Rationale

There is an expectation that the category names and definitions will be useful and usable. While no one expects that they will understand each term — or do so in the same level of depth as a medical professional — people want to feel a certain level of confidence when negotiating the information. This sense of confidence derives from knowing a term or having a term anchored in familiar language or concepts, and a belief that one understands the range of what the category covers (e.g. anatomy, conditions and procedures).

Recommendation 2: Format for category names and definitions

We are recommending that the following format is adopted for the service category names and definitions (NB – we have used the category ‘Rehabilitation in hospital’ to illustrate this).

Name: Rehabilitation in hospital

Definition: Admission to hospital for physical rehabilitation for a patient recovering from surgery or illness.

Examples:

- Stroke recovery
- Cardiac rehabilitation

Included under separate categories (check to see if you are covered):

- Addiction therapy is covered under Psychiatric services in hospital

Full list of services covered in this category: www.phi.gov.au/servicecategories

We note that there was also a strong consumer preference for information of additional costs being provided in this format, and an alternative presentation is:

Name: Rehabilitation in hospital

Definition: Admission to hospital for physical rehabilitation for a patient recovering from surgery or illness.

Examples:

- Stroke recovery
- Cardiac rehabilitation

Included under separate categories (check to see if you are covered):

- Addiction therapy is covered under Psychiatric services in hospital

Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.

Full list of services covered in this category: www.phi.gov.au/servicecategories

Rationale

This study suggests that *how a service category is presented* is just as likely to impact on people's ability to interpret — and interest in using — the categories as the *terminology used for the names and definitions*.

In addition, because of low levels of understanding about health insurance, there is an opportunity for the format to include information on items that might result in extra costs: where private health insurance might not apply (e.g. out of hospital), and co-payments or gap fees.

Ideally, the format will:

- structure the content in a way that makes it easier to navigate (e.g. separating out the definition, examples, and items covered)
- clearly link to more information (e.g. the full list of services covered in the category)
- make it clear that service categories cover procedures and treatment inside a hospital (whether formal hospital, hospital in the home or hospice), and
- remind people that additional costs can be incurred.

In the body of this report (section 5.6) we have provided our recommendations with respect to language and layout for each of the 36 categories tested.

Recommendation 3: Glossary

That key terms included in the service category names and definitions are reflected in the glossary at privatehealth.gov.au

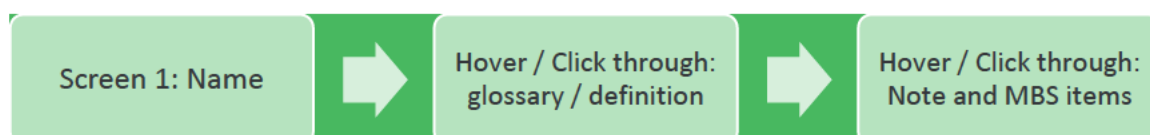
Rationale

People exhibit varying levels of confidence with respect to tackling the category names and definitions. For those with less self-assurance, being able to link to a glossary would go some way to allaying fears about what they don't know, or aren't covered for. The current privatehealth.gov.au glossary doesn't actually cover most of the terms tested in this study (e.g. admission to hospital, digestive system) and would need to be revised to be useful to people.

Recommendation 4: Responsive layers of information

That when standard categories are presented online, it is done so using Digital Technology Agency standards for responsive website design, and that the following architecture is observed with respect to accessing additional information.

We would assume that the privatehealth.gov.au site will undergo UX testing when it is designed, however suggest that when clicking through layers of information a) new information does not take over the whole screen and b) any pop up includes an easy 'return to table' mechanism.



Rationale

This study has indicated that while access to the full range of information with respect to a particular service category is important, people do not want access to all this information all of the time. It makes sense that the strong preference is for access to staged information.

Recommendation 5: Translation

That the service category names and definitions are translated into key community languages.

Rationale

This study has suggested that cultural diversity does not impact on the key drivers to taking up health insurance (e.g. similar ideas with respect to 'peace of mind' were referenced across the sample). While (lack of) cultural context can shape the extent to which people understand the Australian health system, including how the public and private aspects of the system work together, the key issue for this study is the technical and medical language used to describe. Migrant families told us that where children or other community members can be relied upon to translate government information, they typically can't do this for the service categories because they don't necessarily know the correct terms in language (e.g. Vietnamese for gall bladder). A dual English language-translated resource would overcome this barrier to accessing information.

Recommendation 6: Contextualising information

That the following or similar introductory information is provided when introducing the basic-gold reforms.

New Basic, Bronze, Silver and Gold hospital policy levels

- The Australian Government is introducing new Basic, Bronze, Silver and Gold policy levels for private health insurance.

- Health funds now need to tell you if an insurance policy is 'Basic', 'Bronze', 'Silver' or 'Gold' to make it easier to compare policies.

What will be included at each hospital policy level?

- Hospital services will be divided into 36 categories, based on type of condition or service (e.g. 'Heart conditions', 'Pregnancy, birth and newborns', 'Chemotherapy and radiation for cancer' etc).
- Each policy level will have to cover a minimum selection of hospital service categories (you can't pick and choose what the minimum consists of).
- 'Basic' policies cover the smallest number of service categories (at minimum, Rehabilitation in hospital, Palliative Care, and Psychiatric Services), whilst 'Gold' policies must cover all the categories (36). Funds can offer additional services if they wish for Basic to Silver policies.

Hospital service categories	What is covered for each policy			
	Basic	Bronze	Silver	Gold
Other costs: excesses, co-payments, ambulance, and gap fees can still apply – make sure you know what yours are.				
Rehabilitation in hospital	(R)	(R)	(R)	✓
Psychiatric services in hospital	(R)	(R)	(R)	✓
Palliative care in a hospital or hospice	(R)	(R)	(R)	✓
Brain conditions	✖	✓	✓	✓
Chemotherapy and radiotherapy for cancer	✖	✓	✓	✓
Endoscopy	✖	✓	✓	✓
Joint reconstruction	✖	✓	✓	✓
Included under separate categories: joint replacements	✖	✓	✓	✓
Miscarriages and termination of pregnancy	✖	✓	✓	✓
Tonsils, adenoids and grommets	✓	✓	✓	✓
Hernia and appendix	✓	✓	✓	✓
Breast cancer surgery	✖	✓	✓	✓
Endocrine system	✖	✓	✓	✓
Dental surgery	✖	✓	✓	✓
Eye and socket	✖	✓	✓	✓
Covered under separate categories: cataract procedures	✖	✓	✓	✓
Lungs, chest and ribs	✖	✓	✓	✓
Covered under separate categories: heart conditions	✖	✓	✓	✓
Kidney and bladder	✖	✓	✓	✓
Covered under separate categories: dialysis	✖	✓	✓	✓
Male reproductive system	✖	✓	✓	✓
Digestive system (gastrointestinal)	✖	✓	✓	✓
Ear, nose and throat (and related areas of head and neck)	✖	✓	✓	✓
Skin and nails	✖	✓	✓	✓
Bone and joints	✖	✓	✓	✓
Covered under separate categories: joint reconstruction	✖	✓	✓	✓
Plastic and reconstructive surgery - congenital (birth) conditions	✖	✖	✓	✓
Heart conditions	✖	✖	✓	✓
Sleep studies	✖	✖	✓	✓
Veins and arteries	✖	✖	✓	✓
Female reproductive system (gynaecology)	✖	✖	✓	✓
Back, neck and spine	✖	✖	✓	✓
Covered under separate categories: spinal fusion, joint surgery	✖	✖	✓	✓
Plastic and reconstructive surgery – acquired conditions	✖	✖	✓	✓
Podiatric (feet and ankles)	✖	✖	✓	✓
Pregnancy, birth and newborns	✖	✖	✖	✓
Joint replacements and spinal fusion	✖	✖	✖	✓
Ongoing (chronic) pain	✖	✖	✖	✓
Assisted reproductive services (e.g. IVF)	✖	✖	✖	✓
Cataract procedures	✖	✖	✖	✓
Dialysis for chronic kidney disease	✖	✖	✖	✓
Insulin pumps	✖	✖	✖	✓
Implantation of hearing prostheses	✖	✖	✖	✓
Weight loss surgery	✖	✖	✖	✓
✓	The green line shows what each different policy type has to cover as a minimum			
✓	Health funds can also choose to cover additional categories outside the minimum.			
✖	A cross says that the treatment/service is not a minimum requirement and not covered.			
(R)	Health funds can apply restrictions to rehabilitation, psychiatric services and palliative care for basic-silver policies. If a restriction is applied a health fund will pay reduced benefits and you may be left with significant out-of-pocket expenses.			

Rationale

This study has suggested that consumers require a highly visual table and the following introductory and benefits-led information to develop an initial understanding of the new policy levels:

- the government has introduced these standard treatment/service categories so that consumers can better compare between funds – and hence are more easily able to compare like with like

- the service categories are exhaustive — e.g. cover all possible types of treatments and services
- a minimum number of service categories need to be covered under each new policy type.
- health funds can choose to offer additional treatment/services
- if a policy includes a particular category it must provide all treatments and services in that category unless it notes there is a restriction (e.g. to palliative care, psychiatric services and rehabilitation), and
- where additional information can be found — definitions, a full glossary and a full list of services.

Recommendation 7: privatehealth.gov.au website and campaign

Provide the following information through the privatehealth.gov.au:

- Modifiable, searchable overall basic-gold tables for hospital cover.
- Responsive information — for example, where a clinical definition is easily linked to a glossary or MBS item.
- Comparison information — including allowing the user to provide enough information (e.g. number of people covered, their ages, their income, their state and their LHC years) to enable a reasonably precise price estimate. People envisage that this will be done through an easy to use site or app.

And promote the new comparison tool through a campaign.

Rationale

To enable full use of the new policy level tables people need to be able to ‘chunk’ information (e.g. organise it alphabetically, remove categories that are excess to requirements) and search for conditions or procedures that aren’t included as part of the service category names or definitions.

In addition, given that privatehealth.gov.au is being redeveloped, we are suggesting that rather than the government running a campaign about the introduction of the basic-gold and common language / standard category reforms, that it promote the re-jigged website with its comparison abilities. This would create a great deal of interest and excitement because:

- This is a rare area where government has the *most* credibility!
- The site would be agnostic — it would give the full list of insurers and not be beholden to recommending whatever insurer is paying the most as people believe is currently the case.

Recommendation 8: Providing information in hard copy format

There will be a requirement amongst the less digitally literate and those without internet access for key information (e.g. overall information and table, definitions) to be available in hard copy.

Rationale

In this study, provision of hard copy information was seen as an equity issue for those who don’t have access to the internet.

Recommendation 9: Private health information statement

Include the following summary information:

- The names of people covered under the policies and possibly their dates of birth.

- The name of their product – assuming names survive the shift to the new system.
- Annual premium in addition to their monthly premium with the later based on how frequently they pay — while people can pay in weeks or months, the annual figure is also important in being able to give an overall sense of what their insurance costs them.
- Policy number — this is needed when people are calling up their fund to ask questions. They say that they often don't have it to hand and that it would be useful to be able to easily locate this information.
- Member log in — having a user name and login address for their fund's member portal to hand would be ideal.
- How much they are receiving by way of the Private Health Rebate.
- How much are they being penalised with respect to the Lifetime Health Cover.
- When their Lifetime Health Cover loading will 'run out'.

Include the following cost information:

- Specific information on excesses, co-payments, gaps, travel and accommodation, waiting periods, ambulance cover. We note the opportunities to roll this information into the presentation of hospital inclusions and exclusions table to help make a 'one page' look up chart.

Include links to a glossary for the following:

- How waiting periods work, including pre-existing conditions.
- How ambulance cover works – where it is included and under what circumstances you would be covered.
- How excesses work and the range of excesses you might have.
- What a co-payment is.
- How you are not covered for services outside a hospital.
- What being covered as a private patient in a public hospital means

Include simple, policy specific tables as per below.

- We also note the opportunities to roll additional private health information statement details into the presentation of hospital inclusions and d table to help make a 'one page' look up chart.

Fund: Fund A		Contact number: 1800funda	Member portal: funda.com/portal
People covered: John Smith, 14.5.1976 johnsmith@gmail.com		Policy number: 12345AA	Portal user name:
Government loadings and discounts: Lifetime Health Cover loading: none, Private Health Insurance Rebate: \$x			
Mind the gap: always ask your fund, doctor and hospital about out of pocket fees before treatment		Covered	Waiting period
Hospital policy type / name		Silver	Waiting periods for this policy have been served.
Premium cost per year after loading / rebate		\$2,100	
Excess (pay once per year, does not apply to children)		\$250	
Co-payment		\$100/night	
Rehabilitation in hospital		(R)	
Psychiatric services in hospital		(R)	
Palliative care in a hospital or hospice		✓	

Brain conditions	✓
Chemotherapy and radiotherapy for cancer	✓
Endoscopy	✓
Joint reconstruction <i>Included under separate categories: joint replacements</i>	✓
Miscarriages and termination of pregnancy	✓
Tonsils, adenoids and grommets	✓
Hernia and appendix	✓
Breast cancer surgery	✓
Endocrine system	✓
Dental surgery	✓
Eye and socket <i>Covered under separate categories: cataract procedures</i>	✓
Lungs, chest and ribs <i>Covered under separate categories: heart conditions</i>	✓
Kidney and bladder <i>Covered under separate categories: dialysis</i>	✓
Male reproductive system	✓
Digestive system (gastrointestinal)	✓
Ear, nose and throat (and related areas of head and neck)	✓
Skin and nails	✓
Bone and joints <i>Covered under separate categories: joint reconstruction</i>	✓
Plastic and reconstructive surgery - congenital (birth) conditions	✓
Heart conditions	✓
Sleep studies	✓
Veins and arteries	✓
Female reproductive system (gynaecology)	✓
Back, neck and spine <i>Covered under separate categories: spinal fusion, joint surgery</i>	✓
Plastic and reconstructive surgery – acquired conditions	✓
Podiatric (feet and ankles)	✓
Pregnancy, birth and newborns	✖
Joint replacements and spinal fusion	✖
Ongoing (chronic) pain	✓
Assisted reproductive services (e.g. IVF)	✖
Cataract procedures	✖
Dialysis for chronic kidney disease	✖
Insulin pumps	✖
Implantation of hearing prostheses	✖
Weight loss surgery	✖
✓	The green line shows what each different policy level has to cover as a minimum
✓	The fund is choosing to offer this category in addition to the minimum.
✖	The treatment/service is not a minimum requirement for that policy level and not covered.
(R)	The fund is restricting this category. It will pay reduced benefits and you may be left with significant out-of-pocket expense
Minimum requirements by service type	
Bronze	

General Dental	\$300
Physiotherapy	\$100
Optical	\$150
Major Dental	x
Endodontic	x
Psychology	x
Chiropractic	x
Osteopathy	x
Podiatry	x
Hearing aids and audiology	x
Prostheses, Aids and Appliances	x
Preventative Health Products/Health Management Programs	x
\$	This is the minimum benefit limit.
x	A cross indicates that the service type is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.

Delivery:

- Allow people to select how the information is delivered to them.
- Ensure that people are able to log into the member area of their health fund at all times to have access to the full list of information.

Rationale

Having comprehensive information available on one's private health insurance policy is seen as being important. The government's proposed list of information for the private health information statement is believed to be comprehensive, and some small suggestions with respect to content and format have been made.

3. Background, objectives and methodology

3.1 Background

The government's 2015 private health insurance consultations revealed that key concerns for consumers were: product complexity, poor understanding of private health insurance products, and an inability to understand and properly compare policies. These concerns were also reflected in research conducted by Where to for the Department of Health (the Department) in 2017 in relation to basic hospital cover products. On 13 October 2017, the Minister for Health, the Hon Greg Hunt MP announced a wide-ranging package of reforms to make private health insurance simpler and more affordable for Australians, including:

- requiring insurers to categorise products as gold, silver, bronze or basic
- developing standardised clinical definitions for treatments

- introducing a minimum data set to replace the current Standard Information Statement (SIS) as the regulated method by which insurers provide information to consumers, and
- allowing insurers to be able to provide personalised information to consumers on their product every year.

3.2 Requirement for this study and research objectives

The Department commissioned this study to provide feedback on consumer perceptions and comprehension of the proposed:

- private health insurance product categories
- list of standard clinical definitions, descriptions and procedures, and
- minimum data set.

The research objectives were to:

- assist in the finalisation of the communications and labelling of gold/silver/bronze/basic private health insurance products
- provide any additional feedback on the categories
- assist in the finalisation of the new standard list of clinical definitions, descriptions and procedures
- assist in the finalisation of the minimum data set, and
- and hence provide the Department with clear advice to inform the amendments to Commonwealth Rules incorporating new product categorisation, standard clinical definitions and a new minimum data set.

3.3 Methodology

A qualitative approach was undertaken as being most appropriate to meeting study aims for evaluating and workshopping information. The following methodologies were adopted:

Cognitive investigations (62 interviews)

We adopted a modified cognitive testing approach to investigating consumer understanding of the proposed list of clinical definitions, descriptions and procedures.

In summary, the cognitive investigations comprised 1:1 face to face depth interviews lasting approximately 60 minutes.

In addition to comprehension of the clinical definition and their description, the investigations explored what contextualising information people might need to have to successfully interpret the proposed service category names and clinical definitions so as to be able to make a judgement as to whether or not this is a reasonable standard to expect of consumers, as well the extent to which people need to or are prepared to make a mental effort to understand the information, and the extent to which they feel they will be able to usefully use this information to make informed judgements about private health insurance cover.

Product categorisation communications and information provision (19 group discussions)

Product categorisation communications and the proposed minimum data set were addressed through group discussions (1.5 hours, 5-7 people).

Within group discussions, we tested people's understanding of the information presented (and how to maximise its clarity) as well as asking them to explore 'scenarios' reflecting the key points in time covered above to ensure that the findings and recommendations are applicable in a real-world context.

Culturally and linguistically diverse interviews

12 interviews were conducted with migrants to Australia who spoke languages other than English.

The discussion guides and stimulus are at Appendix 1.

Sampling factors and sample frames

The sample reflected a wide range of private health insurance cover including:

- Different types of cover (extras/general treatment only, hospital only and combined products)
- Different levels of cover for both extras/general treatment and hospital (basic-comprehensive)
- A range of experiences to do with private health insurance — including use and desire to change / a recent change in cover
- Location: Including metro (Melbourne VIC, Perth WA, Brisbane QLD); and regional (Murray Bridge SA, Ballarat VIC, Central Coast NSW, Hobart, TAS).
- Age and lifestage – from young singles to midlife families to empty nesters and retirees.
- Men and women.
- Low and high socioeconomic status.
- Low and high literacy.
- Culturally and linguistically diverse Australians.

Note that the sample was restricted to permanent residents and citizens.

As is best practice, we screened out people who work in: health, health insurance, insurance, market research, and core government agencies (e.g. not including teachers, police and emergency services and other frontline workers).

The full sample frame achieved is outlined overleaf. Fieldwork was conducted in April 2018.

Clinical definition depth interviews											
Depth no.	PHI cover level	PHI cover type– primary decision maker	PHI event – last / next 6 months	Gender and lifestage (* denotes low literacy)	SES	CALD	Location				
1	N.A	N.A	Want to take/ recently taken out cover for the first time	F, 20-35 years, singles / couples	Low-mid	1 in four across the sample	National: Melbourne, Gosford, Perth, Murray Bridge, Hobart, Brisbane				
2				M, 20-35 years, singles / couples	Mid-high						
3				M, 25-39 years, have children, looking to have children*	Low-mid						
4				F, 25-39 years, have children, looking to have children	Mid-high						
5			Want to take/ recently taken out cover for the first or subsequent time	M, 25-39 years, have children, looking to have children	Mid-high						
6				F, 25-39 years, have children, looking to have children*	Low-mid						
7				M, 40-59 years, midlife families	Low-mid						
8				F, 40-59 years, midlife families	Mid-high						
9				M, 60+ years, older families / empty nesters	Mid-high						
10				F, 60+ years, older families / empty nesters	Low-mid						
11	Basic	Combined	Want to change/ recently changed cover	F, 25-39 years, have children, looking to have children	Low-mid	1 in four across the sample	National: Melbourne, Gosford, Perth, Murray Bridge, Hobart, Brisbane				
12	As falls	-		M, 40-59 years, midlife families *	Low-mid						
13	Top	Hospital only / combined		F, 40-59 years, midlife families	Mid-high						
14	Medium			M, 40-59 years, midlife families	Mid-high						
15	Top	Combined		F, 40-59 years, midlife families	Mid-high						
16	Basic	General only		F, 40-59 years, midlife families	Low-mid						
17	Medium	Combined		M, 40-59 years, midlife families	Mid-high						
18	Medium	General / extras only		F, 40-59 years, midlife families	Low-mid						
19	Top	Hospital only / combined		M, 60+ years, older families / empty nesters	Mid-high						
20	Medium	Combined or extras only		F, 60+ years, older families / empty nesters	Low-mid						
21	As falls	-		M, 60+ years, older families / empty nesters *	High-mid						
22	Medium	Combined or extras only		F, 60+ years, older families / empty nesters	Mid-high						
23	Top	Hospital only	Would like to / have recently used cover	F, 20-35 years, singles / couples	Mid-high			1 in four across the sample	National: Melbourne, Gosford, Perth, Murray Bridge, Hobart, Brisbane		
24	Medium	Hospital only / combined		M, 20-35 years, singles / couples	Mid-high						
25	As falls	-		F, 20-35 years, singles / couples *	Low-mid						
26	Top	Combined		M, 20-35 years, singles / couples	Mid-high						
27	Basic	Combined		M, 25-39 years, have children, looking to have children	Low-mid						
28	Medium	General only or combined		F, 25-39 years, have children, looking to have children	Mid-high						
29	Medium	Combined / extras only		M, 25-39 years, have children, looking to have children	Mid-high						
30	Basic	Combined		F, 25-39 years, have children, looking to have children	Low-mid						
31	Top	Hospital only or combined		M, 40-59 years, midlife families	Mid-high						
32	Top	Combined		F, 40-59 years, midlife families	Mid-high						
33	Basic	General only		F, 40-59 years, midlife families	Low-mid						
34	Medium	Hospital only or combined		M, 40-59 years, midlife families	Mid-high						
35	Medium	Combined		F, 40-59 years, midlife families	Low-mid						
36	Top	Combined		F, 60+ years, older families / empty nesters	Mid-high						
37	As falls	-		M, 60+ years, older families / empty nesters*	Low-mid						
38	Medium	Combined		F, 60+ years, older families / empty nesters	Low-mid						
39	Top	General only or combined		M, 60+ years, older families / empty nesters	Mid-high						
40	Medium	Hospital only		F, 60+ years, older families / empty nesters	Low-mid						
41	Top	General treatment only	Want to change/ recently changed cover	F, 25-39 years, have children/looking to have children	Low-mid					1 in four across the sample	National: Melbourne, Gosford, Perth, Murray Bridge, Hobart, Brisbane
42	Basic	General treatment only		M, 40-59 years, midlife families	Mid-high						
43	Basic	General treatment		F, 40-59 years, midlife families	Mid-high						
44	Basic	Combined		M, 60+ years, older families/empty nesters	Mid-high						
45	Top	Hospital only	Would like to / have recently used cover	F, 20-35 years, singles/couples	Mid-high						
46	Basic	Combined		F, 25-39 years, have children/looking to have children	Low-mid						

47	Top	Combined		M, 40-59 years, midlife families	Mid-high		
48	Medium	Combined	Want to change/ recently changed cover	F, 60+ years, older families/empty nesters	Low-mid		
49	Medium	Combined		M, 25-39 years, have children/looking to have children	Mid-high		
50	Top	Hospital only		M, 25-39 years, have children/looking to have children	Mid-high		
51	Medium	Extras	Would like to / have recently used cover	F, 40-59 years, midlife families	Low-mid		
52	Top	Combined		M, 40-59, midlife families	Mid-high		
53	N/A	N/A		Looking to take out cover	F, 20-35 years, singles / couples	Low-mid	
54			M, 25-39 years, have children, looking to have children		Mid-high		
55			F, 60+ years, older families / empty nesters		Low-mid		
56	Basic	General Only	Want to change/ recently changed cover	F, 25-39 years, have children, looking to have children	Mid-high		
57	Medium	Combined		M, 40-59 years, midlife families	Low-mid		
58	Top	General Only		F, 40-59 years, midlife families	Mid-high		
59	Basic	Combined		M, 60+ years, older families / empty nesters	Mid-high		
60	Medium	Hospital Only	Would like to /have recently used cover	M, 40-59 years, midlife families	Low-mid		
61	Top	General Only		F, 40-59 years, midlife families *	Low-mid		
62	Basic	Combined		F, 60+ years, older families / empty nesters	Mid-high		
General population group discussions							
	Private health insurance cover level	PHI cover type– primary decision maker	PHI event	Gender and lifestage (* denotes low literacy)	SES	CALD	Location
1	No cover – never held	N/A	Have investigated taking out cover in last 6 months	F, 20-35 years, singles / couples	Low-mid	1 in 4 across the sample to be CALD	Central Coast
2	No cover – mix never held and dropped			M, midlife families, 40-59 years	Mid-high		Murray Bridge
3	No cover – mix never held and dropped			F, 60+ years, older families / empty nesters	Low-mid		Hobart
4	Basic	Mix combined products plus hospital only, general treatment only Respondent to be primary decision maker	1-2 per group to have: Recently taken out, investigated changing or dropping cover 1-2 per group to have used cover in last 12 months	M, 20-35 years, singles / couples	Mid-high		Perth
5				M, 40-59 years midlife families	Mid-high		Melbourne
6				F, 40-59 years midlife families *	Low-mid		Central Coast
7	Medium			F, 25-39 years, have children, looking to have children	Mid-high		Melbourne
8				M, 40-59 years, midlife families*	Low-mid		Central Coast
9				F, 40-59 midlife families	Mid-high		Melbourne
10				F, 25-39 years, have children, looking to have children	Low-mid		Ballarat
11				M, 40-59 years, midlife families	Low-mid		MB
12				F, 40-59 years, midlife families	Mid-high		Perth
13				M, 25-39 years, have children, looking to have children	Mid-high		Brisbane
14				F, 60+ years, older families / empty nesters*	Low-mid		Ballarat
15	Top			F, 25-39 years, have children, looking to have children	Low-mid		Hobart
16				F, 40-59 years, midlife families	Mid-high		Melbourne
17				M, 60+ years, older families / empty nesters	Low-mid		Perth
18				M, 25-39 years, have children, looking to have children	Mid-high		Murray Bridge
19				M, 40-59 years, midlife families	Low-mid		Brisbane
Culturally and linguistically diverse depths							
Depth no.	Private health insurance cover level	PHI cover type	PHI event	Gender and lifestage	CALD language speakers	Location	
1-12	Have or would like to buy private health insurance. Mix combined products plus hospital only, general treatment only. Respondent to be primary decision maker.			Good mix	Mandarin, Arabic, Cantonese, Vietnamese.	National	

4. Findings in detail

This report details findings in relation to: exploration of, and recommendations for:

- service category names and definitions
- how to present the new product categories, and
- how to present the new private health information statement.

5. Service category names and definitions

In this study we tested 36 different private hospital insurance service category names and clinical definitions. For each category, both the name and the definition were explored to understand what they contributed to people's understanding of what they might be covered for under private hospital insurance.

5.1 Common language and standard categories are welcomed

Similarly to the previous study conducted on this topic by Whereto in 2017, the idea of using common terminology for service category names and definitions was seen as a welcome step in making it easier for people to understand what is covered under a particular health insurance policy.

A key issue for people with respect to deciding between policies and funds and understanding what they are covered for is that different funds use different terminology to describe the same condition or service, and that it is hard to find precise information on what one is covered for. Common language and standard categories of service, as well as easier access to more information on each category, address these issues, with the overall potential for a fairer and more transparent system, and more empowered consumers.

5.2 Themes in interpretation

While individuals vary widely in their ability to interpret category names and definitions — as well as their interest in doing so — some clear patterns arose in this study with respect to the way in which people approached the task of explaining what the service category names and definitions meant, and how to go about using them. These are outlined below.

Depends on past experience

As makes sense, previous exposure to a particular service category heavily shapes how one goes about interpreting it.

One's own, or a loved one's experience of a specific condition or procedure assists in creating a feeling of being familiar with the category. This includes a deeper understanding of what that condition or procedure might look like — richer ideas of what the condition or medical procedures might entail — as well as a sense of confidence in one's ability to navigate the information. For example, those who have had a loved one experience palliative care are able to talk with more authority, and in more detail about what palliative care *is* (e.g. referencing items like difficulties with swallowing, spending time in a hospice, spiritual resolution) than those who have never had this experience and whose references are more vague, and to do with being 'comfortable' at the end of life.

Having said this, the community's expectation is that they should feel that they have a reasonable grasp of what a category covers, regardless of their experience.

In addition, while they can be more comfortable interpreting a category, people who have more experience can also be looking for a particular procedure or condition, and be disappointed or concerned if they can't find these listed as examples. They wonder if they wouldn't be covered for that condition and seeking reassurance about this. Below we further discuss people's anxieties around missing out — and what they aren't covered for.

Not seeing the 'hospital' in 'hospital insurance'

There is typically poor knowledge that private hospital insurance covers one only for treatment received as an admitted hospital patient.

In this context, and consistent with previous studies, items covered by general treatment are usually more familiar to people. Hence they are shaping how people approach the service categories that appear to have some overlap with general treatment — such as rehabilitation or sleep studies.

This lack of knowledge, and the greater salience of general treatment insurance information, means that people frequently misinterpret what they might be covered for — e.g. assuming that dental surgery includes removal of wisdom teeth in a dentist's rooms.

Again, this piece of information needs to be very prominent in all communications about private hospital insurance coverage.

Low tolerance for uncertainty

People vary widely in their tolerance for uncertainty about the extent to which they can understand a category.

Some are happy to read a category and feel that they have a 'flavour' of what they might be covered for, whilst others want to understand each and every term. This reflects personality, as well as people's overall tolerance for risk.

There is agreement that the terminology used for the service category names and definitions needs to be broadly medical or clinical. In this context, people feel comfortable when precise, technical language is used, as it gives them a sense of seriousness and rigour. They also reason that this is the language that their doctor will use — people believe the new standard terminology will only be as good as the extent to which it is universal and that funds, doctors and other reference points consistently use this language.

However, while people want medical and specific terms to be used, they also dislike the idea that they won't feel familiar with the majority, or even a few, of the terms used on a given page. In this, they are asking for a known reference point, rather than a detailed depth of understanding. For instance, there is general discomfort with the term 'vascular', and people have little idea what this references. Changing this to 'veins and arteries' doesn't mean that people have much more content knowledge of what the category covers, but a sense of familiarity and hence comfort is created.

Unacceptable	Don't understand anything — no familiar terms
Uncomfortable	Don't really know what the category covers — few terms familiar
Expected	Good sense of what would fall under the category — most terms familiar
Exceeds expectations	Understand the category precisely — have a good understanding of all the terms involved

Similarly, in the examples for this category, the term ‘endarectomy’ is not understood at all. Giving a short additional explanation ‘operating on carotid arteries (in the brain) to reduce stroke risk’ doesn’t give people a great deal more knowledge, but it contextualises the unfamiliar enough for people to feel comfortable.

‘They’ve given a variety of circumstances here so they’re showing that they’re willing to broaden out what is meant by, you know, capturing the scope of what is meant by it and I think that having one, two, three, four, five, six, they’ve done a good, they’ve made a good effort of listing examples, so I think it’s better than just having three for instance.’

In addition to familiarity with the terminology used, comfort is also created through giving people a sense of the full range the anatomy and procedures covered in a category. For instance, in Lung and lung-related conditions, the definition and examples refer to chest, lungs and lung-related conditions as well as rib surgery, surgery for chest trauma and treatment of respiratory disorders (e.g. asthma or pneumonia). People acknowledge that there are likely tens, hundreds, or possibly thousands of conditions or procedures that could potentially be added to this list — and they certainly don’t want to have to wade through these. However, the examples are sufficiently diverse to give people a sense of the lung, chest and ribs universe. This is sufficient.

Overall, the government’s proposed names and definitions for service categories and names do a very good job of meeting this balance of community expectations. In section 5.4 below we discuss each of the categories in more detail.

Willingness to engage in the detail

Related to the above, tolerance for risk can be traded off against people’s willingness to invest the time needed to understanding service names and definitions. To illustrate, someone with a low tolerance can appear unconcerned, when in reality they have made a decision not to — or are unable to — devote the required time to interpreting the categories.

Anxiety about what is missing

People approach the topic of insurance with a highly suspicious and cynical lens. Hence, their frame is not ‘what is included’ but rather ‘what is excluded’. What they don’t want is to feel like they have been tricked, and that the unpleasant details or lack of coverage on their policy has been hidden from them.

Therefore, a key step in creating confidence around the use of standard categories and common information will be to highlight information that has to do with what is included and what is not, for instance, to:

- reassure people that the service categories cover all the services provided
- include clear cross-referencing to other categories when something is not covered
- be very clear that waiting periods and additional costs arising from excesses, co-payments and out of pocket costs are not covered
- highlight that procedures outside hospital are not covered, and
- connect people to the ‘full list’ of services – e.g. the explanatory note and MBS items.

5.3 Requirements for the category name and definition

This analysis suggests that people while people don’t necessarily want to use it, they are interested in knowing they have access to detailed information. This helps overcome their fear of what is missing, and also enables

them to understand the category enough to be useful in selecting or using their cover. They would ideally have the following:

- name
- definition and examples
- glossary
- cross reference to what is not covered
- cost warning, and
- link to explanatory note and MBS items.

In more detail:

Name

This level of information is useful when skimming over categories. For categories that are about a particular procedure (e.g. insulin pumps, appendix removal) the name gives more of a sense of what the category covers although there is still room for confusion and misunderstandings. This level of detail helps navigate overall information (e.g. a product comparison table) however is not sufficient for situations where people need to understand what they are covered for.

A number of names were tested for the service categories. This suggested:

- That it should be as streamlined as possible.
- That it includes the term 'private hospital insurance' so as to try to reduce confusion between the public system and treatments outside hospital.
- That 'definition' covers both the additional explanatory text and words needed.

Hence we are recommending the following: 'Private hospital insurance service categories'.

Clinical definition and examples¹

People are likely to want this level of information if they believe a category will be personally relevant (they need to use it now or in the future), or if they are generally curious about health or extremely rigorous in their search for health insurance.

'Yeah, I like having examples. Once again I think you're under risk of making it exhaustive, it's too long, it's information overload, but..'

In addition, people would like access to the

- **What is not included:** Cross-referencing to other categories when people reasonably expect to find a certain condition or
- **Glossary:** To allay people's fears about what they don't know, or aren't covered for, being able to link to a glossary would be very useful. We note that the current privatehealth.gov.au glossary doesn't actually cover most of the terms tested in this study (e.g. admission to hospital, digestive system) and would need to be revised to be useful to people.

¹ The term 'clinical' can come across as quite cold, and a plain English 'definition' is likely a better way to describe this information.

- **Explanatory note:** We tested a number of iterations of an ‘explanatory note’ — a document seeking to reassure people about what is covered by the different categories. This flags that categories cover the full range of services for the procedure being performed, however people still say that they don’t know their insurance or the hospital system well enough to know what is missing. This makes the note a ‘nice to have’ rather than a must have. Despite saying this, people can tend to assume that they will be covered for ‘everything’ and hence a reminder around fees is necessary. The final recommended version of the note as

Private hospital insurance covers the following in hospital:

- Accommodation
- Consultations – being seen by a doctor
- Diagnostic procedures and pathology – e.g. xrays, scans, blood tests
- Pre-operative assessment – taking your history and making sure all aspects of the proposed surgery are right for you
- Anaesthesia and regional nerve blocks
- Theatre costs
- Prostheses that are surgically implanted
- Attendance at operations by doctors and other medical staff
- Management of complications from operations

These are covered in full except for excesses, gap fees and copayments.

tested is included below.

- **Full list of MBS item (numbers and names).** Interest in accessing the MBS items depends on people’s experience (chiefly whether they have previously been instructed by a doctor to see if an MBS item was included in their cover) and their confidence in using technical language. Some are happy for any conversation around MBS items to occur between their doctor, hospital and fund, whilst others want to be able to do their own due diligence, either when shopping around or when diagnosed for a particular condition, to make sure that they are covered for what they think they are. We note that to be useful:
 - a short explanation of what MBS items are (e.g. the context of the Medicare Benefits Schedule and health sector remuneration) will also need to be included with the list, and
 - a clear list of MBS items and names.

“What is an MBS item... that doesn’t make sense.”

“How would we know how to work that out.... It’s ridiculous to expect that we could look that up.”

“Yes because I had to have an aorta valve replacement, I have just had my test done today. If I looked at that, I wouldn’t have a clue if I was covered. And it can be covered with so many different items. And the amount of money that you get back is the item that the doctor puts on the form is it, what is put on your medical form when you make a claim you go and say, ‘I have had surgery on my heart’ if it is not a listed number then bad luck.

Should be stipulated, you should know what you are covered for. Those numbers don't mean anything to me and they wouldn't mean anything to a lot of people unless the doctor said, 'this is the medical procedure you are having and this is the number it is' and then you can go and look it up yourself."

"But that's how the doctors operate, that's how they make their money and that's how the private health funds, that's how Medicare, everyone, uses those, but it's not so user friendly to the consumer, no. So it's helpful in that when you're trying to ascertain very specific things, rather than just saying oh, is my bowel covered, like when you can get very specific, yes it is helpful to cross reference those and get a firm answer, but on the whole I wouldn't go looking for those item numbers, it's almost like a last resort of when you're trying to get a final answer of what's covered, it's a very precise way to get that information, those item numbers if that makes sense?"

- **A warning on costs:** People also wanted a flag that additional costs and treatment outside a hospital can be incurred. While such a warning is not technically a clinical definition, the rationale for including it is the low knowledge base people are working off with respect to private health insurance. Having said this, inclusion of the warning does add to the complexity of the definition. We have included this as an option in the detailed feedback in section 5.6. so that the Department is able to further consider this issue.

5.4 About format as much as content

In addition, how the information is presented is just as likely to impact on people's ability and interest in interpreting and using the categories.

Original material

Below we have provided an example of the original format tested. We note that this:

- Has too much information on the one page
- Doesn't provide the information in a structured fashion
- Is unnecessarily complex in ways that don't add meaning ('heart and heart related conditions', 'and/or')
- Is not consistent in layout
 - Things that aren't covered in the category are not always listed in the one place
 - The naming, definitions and examples aren't consistent — sometimes these refer to conditions and sometimes to procedures
- Doesn't use commonly understood semiotics — e.g. use of brackets to signal something isn't included when people take this to mean a clarification.
- Doesn't signal strongly enough that services provided outside a hospital won't be covered and that other costs may be incurred.

Service Category	Clinical Definition
Heart and heart-related conditions and services	Admission for investigation and/or treatment of heart and heart-related conditions. For example: angiography, stenting, pacemaker or defibrillator insertion, coronary bypass surgery, valve repair and replacement, heart failure and heart attack. Monitoring of heart conditions is also included in this category. For example ECGs and overnight BPs. Included procedures: MBS Item Numbers¹: 11700-11727; 12500; 13400; 13818; 13847-13854; 35361; 38200-38276; 38287-38293; 38300-38318; 38350-38393; 38460-38469; 38470-38473; 38475-38495; 38496-38509; 38512-38518; 38550-38577; 38588; 38600-38627; 38615-38627; 38637-38656; 38670-38680; 38700-38766; 39130-39131; 39134-39139

Recommended format

The recommended format is outlined below. It:

- Structures the content in a way that makes it easier to navigate (e.g. separating out the definition, examples, and items covered separately).
- Clearly links to more information (e.g. the full list of services covered in the category).
- Makes it much clearer that this is about procedures inside a hospital.
- Reminds people that additional costs can be incurred.

We are recommending that the following format is adopted for the service category names and definitions (NB – we have used the category ‘Rehabilitation in hospital’ to illustrate this).

Name: Rehabilitation in hospital

Definition: Admission to hospital for physical rehabilitation for a patient recovering from surgery or illness.

Examples:

- Stroke recovery
- Cardiac rehabilitation

Included under separate categories (check to see if you are covered):

- Addiction therapy is covered under [Psychiatric services in hospital](#)

Full list of services covered in this category: www.phi.gov.au/servicecategories

We note that there was also a strong consumer preference for information of additional costs being provided in this format, and an alternative presentation is:

Name: Rehabilitation in hospital

Definition: Admission to hospital for physical rehabilitation for a patient recovering from surgery or illness.

Examples:

- Stroke recovery
- Cardiac rehabilitation

Included under separate categories (check to see if you are covered):

- Addiction therapy is covered under [Psychiatric services in hospital](#)

Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.

Full list of services covered in this category: www.phi.gov.au/servicecategories

In the following section we outline our recommendations with respect to language and layout for each of the 36 categories tested.

5.5 Using the service categories

As flagged, people reason that they will not read the detail (e.g. further than category names) except when relevant. For example:

- if they were taking out or changing a policy and wanted to ensure that they would be covered for a particular condition or procedure, or
- if they needed to be treated for a particular condition or have a particular procedure and wanted to make sure that they were covered for this.

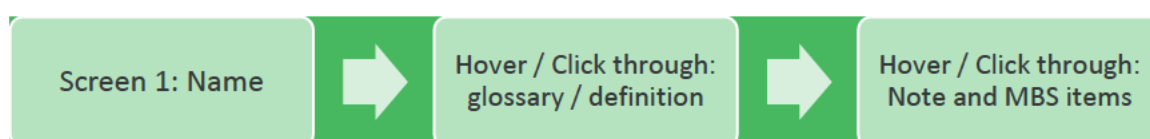
'I would only look at the things where I felt either high risk or whether there was a family history so some things I wouldn't potentially bother with, I would have a quick look and go, 'it looks fine' or not and then somewhere where I thought was an issue, maybe I would go digging in a bit further and making sure it is as comprehensive as possible for the policy. But in terms of those words, I don't have a huge understanding but I know what most of those are at the higher level and I don't think that is a huge problem.'

'Because this is your health that you are considering here, you don't want to be caught out and there is some condition, they have provided the examples but, it's not a comprehensive list, but then again, that is a lot of information to start digesting if they have a very comprehensive list.'

'I think with a very broad service category it allows that little bit of wriggle room where you just list the most common or things that people would most likely be looking for. Because if they were to write everything it would be a massive list, so what do they write and what don't they write, that's a really tricky thing.'

Hence, the temptation is to 'skim over' the definitions. The exceptions are the boffins (those who have a real interest in health) and the insurance experts (the sceptics who are willing to put in a great deal of time and effort to ensure that they gotten a good deal and the cover they need).

However, people want the reassurance of being able to access the full range of information when they need to. People envision this as having staged access to information, and that that this will occur online, for example:



Because of the importance of this information being able to be accessed in a responsive fashion, we are suggesting that the legislation also makes reference to health insurance funds ensuring that they can provide evidence of responsive website design that meets the Digital Transformation Agency's user-centred standards (www.dta.gov.au)

5.6 Detailed feedback: service categories

In this section we provide detailed feedback on the proposed service category names and clinical definitions and our subsequent recommendations for improving these.

Category wide feedback

Cancer

This is a common condition and it isn't immediately obvious where it is covered. We are recommending adding a reference to cancer to each of the anatomy categories, and then cross-referring to chemotherapy and radiotherapy to ensure that people don't assume this is covered.

Definitions for: investigation, treatment, diagnosis, care, management and monitoring

The terms investigation, treatment, diagnosis, care and monitoring are used throughout. These are mostly commonly understood, with the exception of 'care'. Broadly people believe these terms to mean:

- Investigation: To explore and determine the cause of a problem, including using technology such as xrays and endoscopes. Sometimes this can confuse people because it implies events that occur outside hospital (e.g. going to one's GP about a health issue that ends by being treated under health insurance).
- Diagnosis: To come to a decision about what the problem is.
- Treatment: To 'fix' the problem. Note — people typically can't distinguish between treatment and care.
- Monitoring: To keeping a watch on someone's condition.
- Management: Treating a condition on an ongoing basis. Similarly to investigation it can denote settings outside a hospital.

People's understanding of these terms is also highly shaped by context and they interpret them through the lens of specific conditions, for instance, when looking at the digestive system, thinking of a particular condition, such as bowel cancer, prompts ideas of specific investigations, such as colonoscopies.

Service category: Rehabilitation

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Rehabilitation	Admission for physical rehabilitation for a patient recovering from surgery or illness. For example: inpatient and admitted day patient rehabilitation.	Rehabilitation

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• The general sense of 'rehabilitation' is that it is to do with recovery. • However, without further clarification, people are just as likely to assume that this category refers to recovery from a drug or alcohol addiction or mental illness as it does to physical impairment. • In addition, because similar services are covered under general treatment cover (and because this cover is top of mind for those who have it), even when
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	the term 'physical recovery' is put to them, people's natural inclination is to think of the sorts of services that are likely to be addressed under former: a trip to the physiotherapist or osteopath at the local shopping centre is an easier reference point than the less familiar circumstance of someone needing inpatient support to recover from a serious operation.
Contribution of clinical definition to understanding	• The definition suggests, but does not confirm, that rehabilitation applies to physical (not mental or substance related) issues. • Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	• 'Inpatient' and 'day patient' are not always understood. There is a sense that 'inpatient' refers to an overnight stay, however people don't typically know what a 'day patient' is or how that is different to being an 'outpatient'.
Other areas of confusion	• People are unsure if this category covers treatment following an accident, emergency or illness treated outside hospital, or if the cover is only to do with planned postoperative rehabilitation? • Because of the ongoing nature of rehabilitation, people can also assume that it will occur outside hospital once a patient has recovered enough to be treated at a specialist rehabilitation facility (and hence wonder how hospital cover is applicable). • Some feel that rehabilitation should be treated as a generic term given it is covered under all policies – for instance in the same way as investigation or consultation is. • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	• Add 'in a hospital' to the title. • Alter the format so it is more structured. • Remove the and/or distinction. • Clarify that addiction therapy is covered elsewhere. • Include the option to click through to a glossary for more information on key terms. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Rehabilitation in hospital Definition: Admission to hospital for physical rehabilitation for a patient recovering from surgery or illness. Examples: • Stroke recovery • Cardiac rehabilitation

	Full list of services covered in this category: www.phi.gov.au/servicecategories Included under separate categories (check to see if you are covered): Addiction therapy is covered under Psychiatric services in hospital Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.*
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

'The first thing you think of is drug or alcohol [and also] more mental or psychological treatments. I guess mainly it would be physio wouldn't it? But where else would you go, what other rehabs do they do....? Any clue?'

'Now, it doesn't say accident, so you'd need to clarify whether that's included?'

'Well they have been a patient in a hospital and been moved to a rehab facility I suppose.'

"Rehabilitation. Why should that be a separate listing, that's part of the treatment of each, these different illnesses?"

Service category: Psychiatric services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Psychiatric services	Admission for the treatment and care of patients with psychiatric, mental, addiction or behavioural disorders. For example: <i>mood disorders</i> , eating disorders and addiction therapy.	Psychiatric services

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	The name psychiatric services indicates that this category is to do with disorders of the mind, or mental (ill) health. Rather than being admitted to a facility, the term 'psychiatric services' suggests a consultation with a mental health specialist in their rooms – for instance a counsellor, psychologist or psychiatrist — as well as appropriate drug regimes.
Contribution of clinical definition to understanding	- The definition connotes that a broad or comprehensive range of issues to do with mental health will be addressed under the category. This is signified by the inclusion of a range of examples — <i>mood disorders</i>, eating disorders and addiction therapy as well as the phrase 'patients with psychiatric, mental, addiction or behavioural disorders'. - For those who interpret the term 'admission' to mean a stay in hospital, they

	note that this will be for a person with a more serious mental illness, and possibly implies a high degree of risk or vulnerability (e.g. someone who is suicidal).
Unfamiliar terms	• People typically aren't clear on the difference between <i>treatment and care</i>. • They generally aren't able to name what would constitute a psychiatric, mental, behavioural or mood disorder – they ask how this terminology relates to more commonly understood conditions such as depression, anxiety, bipolar disorder and schizophrenia.
Other areas of confusion	• The term 'admission' doesn't always convey that services need to be delivered in hospital – it is not disruptive enough to overcome existing dominant perceptions of psychiatric care being delivered in the community. • Those who have some experience with psychiatric hospitals note that they are expensive, and can involve long stays, and question whether private health insurance would cover the totality of the costs. • Having said this, it is not always clear that additional costs might be incurred in addition to private health insurance premiums when receiving treatment under this category.
Opportunities to simplify /clarify	• Add 'in a hospital' to the title. • Alter the format so it is more structured. • Clarify cost and hospital admission issues. • Provide some more well-known examples. • Include the option to click through to a glossary for more information on key terms.
Recommended name and definition	Name: Psychiatric services in hospital Definition: Admission to hospital for the treatment and care of patients with psychiatric, mental, addiction or behavioural disorders. Examples: • Mood disorders, like depression or bipolar disorder • Eating disorders • Addiction therapy. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"I don't really know the difference between psychiatric and mental disorders, I thought they were the same thing. I think psychiatric is when you need to take medication but I'm not 100 percent sure."

"[Psychiatric services in hospital?] I think that's entry into a centre that will help you recover from eating disorders and different mental disorders."

"[Mental disorders?] I'm thinking depression or schizophrenia, I'm not sure because I'm just not sure of the different definition between psychiatric and mental disorders."

Service category: Palliative care

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Palliative Care	Admission for care where the intent is primarily providing quality of life for a patient with a terminal illness.	Palliative Care

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- The term 'palliative care' is either associated as being to do with care at the end of life – for some this is specifically to do with terminal illness and those close to death or dying — or care for those of an advanced age. Both inferences involve people who are less able to look after themselves. - Even for those who associate palliative care with terminal illness, there is typically not a great deal of depth to their ideas of what care might involve. They have a general sense that a person might be made more 'comfortable' — including by providing pain relief and other physical, psychological and spiritual comfort, but typically not anything further. - Those who see palliative care as a synonym for aged care — a minority in this sample — talk about the sort of services that might be received through an in home aged care package or in an aged care facility.
Contribution of clinical definition to understanding	- The terms 'quality of life' and 'terminal illness' reinforce the general understanding of palliative care as making end of life easier. For those who confuse palliative with aged care, they help clarify that this category isn't just about getting older and frailer, but specifically to do with the end of life. - Some, but not all, pick up on the reference to 'intent' as meaning care for an incurable condition, or care that isn't intended to cure.
Unfamiliar terms	N/A.
Other areas of confusion	There is some question about what aspects of palliative care might be covered under this category. People tend to assume that more medically oriented care is covered, but are less certain about whether this will also be true of general items to do with everyday life (e.g. being washed, getting the paper). Some want more certainty around this — they felt that dying is already a difficult time, and that this shouldn't be exacerbated by confusion or disagreement

	over what a health insurance provider will or won't cover. • The word 'care' adds to this confusion. For some this can signify that a doctor isn't involved — leaving people wondering again about what precisely is covered. • Hospitals are not as readily associated with palliative care, and people ask if palliative care services delivered in a hospice are also covered. • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category. • There may be confusion over cover for chemotherapy for palliative purposes.
Opportunities to simplify /clarify	• Adding 'palliative care in a hospital or hospice' to the title. • Alter the format so it is more structured. • Clarify that chemotherapy and radiotherapy are being covered elsewhere. • Include the option to click through to a glossary for more information on key terms. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Palliative care in a hospital or hospice Definition: Admission to a hospital or hospice for care where the intent is primarily providing quality of life for a patient with a terminal illness. Included under separate categories (check to see if you are covered): • <u>Chemotherapy and radiotherapy for cancer</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"I'm just thinking my grandpa went into palliative care when he only had a few weeks to live and that covers like all the nursing, they have like a nice room and things like that ..."

"The doctor come like not every day... because they still need the medicine and the... pain pillow [or] whatever."

"Well it's making someone that's terminally ill comfortable in their last days when there's no more to be done. So normally you'd find counsellors for the families, obviously good pain relief for the patient and a warm sort of environment instead of a hospital."

"Well yeah, palliative care involves medicines doesn't it and doctors, nurses, physio, anything that revolves around making your life comfortable while you still live, so, for me, it would be everything that you need, at that time... if I am assuming I am in a vegetable state, well I can't move anything so, and I might need feeding and help with drinking,

washing, keeping yourself clean, reading the paper, these things are not going to be covered.”

Service category: Management of chronic pain

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Management of ongoing (chronic) pain	Admission for the treatment of chronic pain. For example: injection, denervation and insertion of stimulators.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- Chronic pain is typically associated with ageing (the bad back) or an accident – for example, chronic pain arising from being seriously injured in a car or workplace accident. Some people also reference particular conditions, such as fibromyalgia or neuralgia, and others pain due to being in recovery from surgery. - The terms ‘chronic’ and ‘ongoing’ establish that this is pain that is being experienced over a period of time, and not a one-off instance. - For the most part, treatment of chronic pain is associated with medication or physical manipulation (e.g. by a physiotherapist) – not treatment in hospital. In fact it is very hard for people to imagine what might be done in a hospital. When pressed, they hypothesise that this might involve some sort of surgery.
Contribution of clinical definition to understanding	- People typically don’t know what injections, denervation and insertion of stimulators might be. The term injection is familiar, but not all can imagine what might be injected — some speculate about morphine, steroids and cortisone injections. Because of this, the clinical definition provided to people does not shed much light on what the category will cover unless they already have experience of chronic pain. - Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	- Denervation and insertion of stimulators. - For some, the term ‘chronic’ is unfamiliar – the word ‘ongoing’ makes more sense.
Other areas of confusion	- People speculate about what period of suffering is needed to qualify a condition as ‘chronic’. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this

	category.
Opportunities to simplify /clarify	• Add descriptions to the examples. • Alter the format so it is more structured. • Simplify the name. • Include the option to click through to a glossary for more information on key terms. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Ongoing (chronic) pain Definition: Admission to hospital for the management of chronic pain. Examples: • Injection, e.g. anaesthetic nerve blocks, epidural steroid injections • Removal of nerves to reduce muscle pain (denervation) • Insertion of stimulators, e.g. spinal cord stimulation therapy Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"So something to do with the nerves, whether it's desensitising nerves or whatever and insertion of stimulators, well that could be anything, injections I understand because they could be like cortisone and whatever."

"Well sort of demystifying things like denervation, I mean yes you could look it up and whatever but if you're there and you're trying to make a quick assessment, unless someone is there to actually tell you what it is, you could be in a bit of strife."

"And again, management of chronic pain, to me is like yes injections, remedial massage, even chiropractic if you're into that sort of stuff, but this sort of completely goes outside of that, those fields."

'It's like an example of a word that I don't know and is no use to me.'

Service category: Brain and brain-related services and conditions

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Brain and brain-related conditions and services	Admission for investigation and/or treatment of the brain and brain-related conditions. For example: removal of tumours and blood clots, treatment of head injuries, repairing blood vessels	

	and damaged nerves, and treatment of diseases such as epilepsy and Parkinson's disease.	
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Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• People understand 'brain' to broadly refer to what is 'inside one's head'. This category feels serious – a brain issue is likely to have a significant impact on one's life. • The phrase 'brain-related category' does not add to people's understanding or encourage them to consider that this category also covers the central nervous system. • The conditions that are most frequently raised in relation to this category are brain tumours and injuries. Some question whether developmental or intellectual disabilities (e.g. learning delays) or dementia would be included, others mention strokes and epilepsy. • Typically, surgery is the only treatment for brain conditions people can think of as being delivered in hospital, and they wonder how dementia and conditions such as epilepsy might be treated under this category. • 'Conditions and services' doesn't add to the name.
Contribution of clinical definition to understanding	• While the definition does not really expand on the name, the examples provided do give people a good sense of the range of conditions that might be treated in this category. These are reassuring because they are mostly familiar, however again, people struggle to articulate what treatment of these might entail beyond 'surgery'. • Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	• None.
Other areas of confusion	• A number of ideas associated with this category encourage people to think of services provided outside of hospital. For instance, dementia makes people think of nursing homes, whilst treatment of diseases such as Parkinson's also nudge people to envision physiotherapists and general treatment cover. • People can wonder (largely based on the name rather not the definition) if this category would also include psychiatric services. • Because of the mention of 'tumour', people can assume this category includes chemotherapy and radiotherapy. • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.

Opportunities to simplify /clarify	• Alter the format so it is more structured. • Remove the and/or distinction • Simplify the name • Clarify that the central nervous system is included. • Clarify that chemotherapy and radiotherapy are covered elsewhere. • Include the option to click through to a glossary for more information on key terms. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Brain and central nervous system Definition: Admission to hospital for investigation and treatment of the brain and central nervous system conditions. Examples: • Removal of tumours and blood clots • Treatment of head injuries • Repairing blood vessels and damaged nerves • Treatment of diseases such as epilepsy and Parkinson’s disease. • Treatment of central nervous system infections such as meningitis Included under separate categories (check to see if you are covered): • <u>Psychiatric care in hospital</u> • <u>Chemotherapy and radiotherapy for cancer</u> • Spine conditions are also covered under <u>Joint replacement and spinal fusion and Back, neck and spine</u> Additional costs: Doesn’t cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

“I know the seriousness of anything to do with the brain and you’d want to ensure that if just say you’ve got a tumour in your brain that your health insurance definitely covers it. It’s not like you’ve got a corn on your foot, it’s something so significant.”

“This confuses me — admission to where? The father of my children, he has dementia front lobe, so he has no surgeries, he got only medicine from the doctor and went to the nursing home. So there is no admission to the hospital for him.”

Service category: Heart and heart-related services and conditions

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Heart and heart-related conditions and services	Admission for investigation and/or treatment of heart and heart-related conditions. For example: angiography, stenting, pacemaker or defibrillator insertion, coronary bypass surgery, valve repair and replacement, heart failure and heart attack. Monitoring of heart conditions is also included in this category. For example ECGs and overnight BPs.	Cardiac and cardiac related services

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- The heart feels like quite familiar territory to people — even though their terminology may not be precise, they easily reference heart attacks, stents, pacemakers, irregular heartbeats, congenital heart defects (such as a hole in the heart), chronic heart disease and bypass surgery. Because of this familiarity people feel more confident and place fewer demands of the quality of information required as part of the category name and definition. ‘Conditions and services’ doesn’t add to the name.
Contribution of clinical definition to understanding	- The extent of the examples and their relative familiarity also leaves people feeling very comfortable with this category. - Interestingly, while the names of the conditions and procedures are familiar, when asked to describe these, people can struggle to articulate what these are beyond ‘operations’, ‘monitoring’, ‘insertion’ etc. - Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital. While it is clear that bypass surgery, for example, would take place in a hospital, not all realise that a consultation in a surgeon’s rooms prior to treatment would not be covered.
Unfamiliar terms	- ECG and overnight BPs – note these acronyms appear to be different in different countries. - Angiography. - For some, stenting and defibrillator.
Other areas of confusion	- When this category is read in conjunction with ‘Vascular’, people are confused about what is covered in each. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this

	category.
Opportunities to simplify /clarify	• Clarify what angiography is. • Clarify that ECGs and overnight BPs are monitoring . • Alter the format so it is more structured. • Remove the and/or distinction • Simplify the name • Include heart as being covered elsewhere. • Clarify that chemotherapy and radiotherapy are being covered elsewhere. • Clarify cost and hospital admission issues. • NB – we understand that a ‘mega’ category of ‘Lungs, heart, chest, ribs and vascular, may be created and have also provided an example of what that could look like.
Recommended name and definition	Name: Heart conditions Definition: Admission to hospital for investigation, treatment and monitoring of heart and heart-related conditions. Examples: • Angiography (a special xray of the blood vessels) • Stenting • Pacemaker or defibrillator insertion • ECGs and overnight BPs (monitoring) Covered under separate categories: • Treatment of veins and arteries in the heart done by a vascular surgeon is covered under <u>Veins and arteries</u>. Full list of services covered in this category: www.phi.gov.au/servicecategories Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.*
Recommended name and definition	Name: Heart, lungs, chest, ribs and vascular (veins and arteries). Definition: Admission to hospital for investigation, treatment of the heart, lungs, chest, ribs, veins and arteries. Examples: • Stenting • Pacemaker or defibrillator insertion • Surgery for lung cancer • Surgery for chest trauma • Treatment of respiratory disorders (e.g. asthma, pneumonia)

	- Arterial surgery Included under separate categories (check to see if you are covered): <u>Chemotherapy and radiotherapy for cancer</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"It could be pacemakers, it could be heart attack, it could be fast beating heart blood pressure, blood to the heart."

"Stenting, it's like a valve to open up where there's plaque. Pacemaker, it's a metal device, I don't know what it means by defibrillator insertion."

"Don't know what BPs is, blood pressure. Oh, beats per minute, so not blood pressure, no BPM, sorry, I don't know what that is."

"[Angiography.? I imagine that is maybe a test or something?]"

"Anything to do with the heart that would be your blood vessels going to the heart or murmur or anything like that, irregular heartbeat, that is what I think. Doesn't cover a broken heart!"

"Yeah, I don't really need to understand what a bypass is until I am having one, cause then they will tell me...It's telling me that I am covered for it so, worst case scenario, I am covered."

Service category: Vascular and vascular-related conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Vascular and vascular-related conditions and services	Admission for investigation and/or treatment of the veins and arteries. For example: varicose veins, endarterectomy, hyperbaric oxygen treatment, peripheral arterial bypass surgery, femoral artery bypass and aortic aneurysm surgery. Coronary artery procedures are listed separately under heart and heart-related conditions and services.	Cardiac and cardiac related services

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the	The terms 'vascular' and 'vascular-related' are not widely understood.
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service category name	
Contribution of clinical definition to understanding	- The definition very much helps people understand what this category is about: once the clarification 'veins and arteries' is given, people understand that this category is about blood travelling around the body. - However — with the exception of treatment of varicose veins (understood as lumpy veins that might need to be removed) — most of the examples given are unfamiliar. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	The following examples are typically not known: endarterectomy, hyperbaric oxygen treatment, peripheral arterial bypass surgery, femoral artery bypass and aortic aneurysm surgery.
Other areas of confusion	- Terms that sound like they belong to the heart — arterial bypass surgery, aortic aneurysm surgery confuse people. They ask for clarification about the cross over between the 'heart' and 'veins/arteries' categories. - People also ask where would blood disorders / cancers would be treated. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Clarify the examples used. - Change the names to 'Veins and arteries' (Vascular)'. - Alter the format so it is more structured. - Remove the and/or distinction. - Include the option to click through to a glossary for more information on key terms. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Veins and arteries (vascular) Definition: Admission to hospital for investigation and treatment of the veins and arteries. Examples: - Endarterectomy — operating on arteries in the brain to reduce stroke risk - Hyperbaric oxygen treatment — treating air bubbles in the blood caused by scuba diving and dialysis and other illnesses - Peripheral (leg) arterial bypass surgery - Femoral (thigh) artery bypass and aortic aneurysm surgery Included under separate categories (check to see if you are covered):

	Coronary artery procedures covered under <u>Heart conditions</u>. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories.
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Endarterectomy is medical jargon... they want to explain it in plain English because it's just blah-blah-blah."

"I don't really know what they are to be honest. Vascular... is it that thing you get on the plane?"

"I wasn't quite sure what vascular was... everybody talks about cardiovascular workouts so is vascular to do with your lungs?"

Service category: Lung and lung-related conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Lung and lung-related conditions and services	Admission for investigation and/or treatment of chest, lungs and lung-related conditions. For example: surgery for lung cancer, rib surgery, surgery for chest trauma, treatment of respiratory disorders, asthma, pneumonia and pleurodesis.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- The name conveys that issues to do with lungs are addressed but not the chest and ribs. - People raise cancer, and respiratory illnesses such as emphysema and asthma, with respect to conditions that might be related to the lungs. 'Conditions and services' doesn't add to the name.
Contribution of clinical definition to understanding	- The definition very much expands on what the category covers. The range of items is reassuring and signals that a broad range of conditions and procedures will be covered. - People find it easier to imagine surgical procedures compared to what might be done in hospital to treat respiratory disorders, e.g. they speculate about using gas or oxygen masks to treat the latter but don't get much further. - Because the term 'admission' is generally ignored or misunderstood, it does

	not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	People are unsure about what pleurodesis means.
Other areas of confusion	- NB – if the name is changed to lungs, chest and ribs, people think that heart is included and this has to be clarified. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Remove the and/or distinction - Ensure that the name better reflects the category. - Clarify that chemotherapy and radiotherapy and the heart are covered elsewhere. - Take out pleurodesis (there are enough examples, this doesn't particularly add anything). - Include the option to click through to a glossary for more information on key terms. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Lung, chest and ribs Definition: Admission to hospital for investigation and treatment of chest, lungs and lung-related conditions. Examples: - Surgery for lung cancer - Rib surgery - Surgery for chest trauma - Treatment of respiratory disorders (e.g. asthma, pneumonia) Included under separate categories (check to see if you are covered): <u>Heart conditions</u> <u>Chemotherapy and radiotherapy for cancer</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Lungs, chest and ribs? Basically anything in that area so you are looking at all the major organs in your chest are heart, throat, oesophagus type things, lung conditions, lung

disease, organ failure, circulatory problems as well, obviously the heart is essential to all of those. Ribs does that mean then, that area of the spine as well, thinking front and back?"

"Rib surgery? I know they crack your chest open for whenever they need to operate on your lungs and it's major surgery. The only other thing I can think of is if you have punctured a lung and they need to re-inflate it, again that is a bit of rib surgery as well."

"Surgery for chest trauma? That, to me is like a major accident, like a car accident or something like that, that you are in hospital for. God forbid some victim of crime or something like that, where something has been used and you have been stabbed, shot."

Service category: Eye and eye-related conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Eye and eye-related conditions and services (cataracts listed separately under cataract procedures)	Admission for investigation and/or treatment of the eye and surrounding structures such as the contents of the eye socket. For example: retinal surgery, eyelid surgery, tear duct surgery, corneal/scleral/conjunctiva procedures and hyphema, eye infections and medically managed trauma to the eye. Cataract procedures are listed separately.	Cataract and eye lens procedures Cataract and eye lens procedures

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- The name does not convey that the area around the eye is covered. - The term 'eye-related' does not add anything to the definition. - People imagine that procedures and conditions such as infections, degenerative conditions and corneal implants would be covered. 'Conditions and services' doesn't add to the name.
Contribution of clinical definition to understanding	- The definition provides the additional information that the surrounding structures are also included. - The examples give a good sense of what parts of the body eye and eye-related refers to. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital. Given that optometry is a core general treatment cover item, it is worth clarifying this.
Unfamiliar terms	The following terms are not understood: 'corneal', 'scleral' and 'conjunctiva'. Corneal is correctly associated by some with the front of the eye, however conjunctiva is conflated with conjunctivitis and there are less concrete

	associations with scleral and hyphema.
Other areas of confusion	- Whether other degenerative conditions would be covered given that cataracts aren't included. - Whether laser surgery is covered. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Remove the and/or distinction - Be clearer about what is covered in the category in the name. - Removing the lesser known examples: corneal/scleral/conjunctiva procedures and hyphema. - Include the option to click through to a glossary for more information on key terms. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Eyes and tear ducts Definition: Admission for investigation and treatment of the eye and surrounding structures such as the contents of the eye socket. Examples: - Retinal surgery - Eyelid surgery - Tear duct surgery - Infections and trauma to the eye Included under separate categories (check to see if you are covered): <u>Cataract procedures</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Eyes, it's pretty much all sorts from eye testing and glasses and that sort of thing to corneal implants, degenerative eye conditions. The socket, I guess they are being quite particular just to that particular eye area, so fractures and that sort of thing. Optic nerve damage, tears and other ducts, maybe issues with skin, your eyelids and things like that."

"So the retina is the back part of the eye, I think, the cornea, the lens that sits at the front helps with the focus and the conjunctiva for me is about having conjunctivitis where

basically the tissue around the eye can become inflamed, and you get all sorts of lovely discharge.”

“Conjunctivitis, so I’m presuming conjunctivitis is the same, so it would be a more serious bout of conjunctivitis, and corneal would be at the, behind the eye I would say.”

Service category: Cataract procedures

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Cataract procedures	Admission for surgery to remove cataract and replace with an artificial lens.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	Understanding of the name is linked with understanding of cataracts and their treatment. Some don’t really know what this might entail, others associate it with Fred Hollows, ageing and a growth on the eye. Few have much clarity about what the procedure would look like.
Contribution of clinical definition to understanding	- The definition adds the extra, and welcome, detail that an artificial lens is inserted. This makes people feel that they have been given some new and useful information. - Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	For a few, cataracts (they would appreciate being able to access a glossary for this term).
Other areas of confusion	- There are questions about why cataracts aren’t included in the general eye category. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name	Name: Cataract procedures.

and definition	Definition: Admission to hospital for surgery to remove cataract and replace with an artificial lens. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"I understand it to be a degenerative condition where vision becomes obscured in the eye. I am not exactly sure whether it is some sort of substance that starts to form in the eye that causes it. From what I understand it is treatable, especially the earlier it's caught."

"Dr Fred Hollows who did a lot of work in poorer countries in fixing people with cataracts."

"A cataract is you know, a disease or an affliction of the eyes."

Service category: Ear, nose and throat conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Ear, nose and throat conditions and services (hearing loss listed separately and tonsils, adenoids listed separately)	Admission for investigation and/or treatment to the ear, nose and throat and related areas of the head and neck (spine is listed separately under back, neck and spine). For example: sinus surgery, removal of foreign bodies, repair of the ear drum, middle ear surgery, throat cancer, thyroid procedures, larynx procedures, mouth and maxillofacial procedures and procedures relating to lymph nodes. Tonsils, adenoids and grommets are listed separately under Tonsils, adenoids and grommet surgery. Stapedectomy is listed under Hearing loss surgery.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• Ear, nose and throat makes sense as a category especially if people have seen an ENT specialist or know of an ENT hospital. • When asked what this category might involve, people think of tonsils, adenoids, grommets and ear (e.g. tinnitus) and sinus / breathing conditions, although apart from surgery to remove tonsils or insert grommets, they don't have much of a sense about how these conditions might be treated in a hospital.
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	• The name doesn't convey that the larynx, thyroid, parathyroid gland, mouth and maxillofacial procedures and lymph nodes are covered. • 'Conditions and services' doesn't add to the name.
Contribution of clinical definition to understanding	• The definition and examples add the key information that the category actually includes: larynx, thyroid, mouth and face procedures and lymph nodes. • The good range of relatively familiar terms also helps people understand what the category covers. • There is varied understanding of the examples. Thyroids are associated with goitres, but people are less clear about what mouth and maxillofacial might cover. Sinus is understood as the area behind the nose and cheeks. Foreign bodies are universally associated with children sticking pencils and peas (etc.) up their noses or in their ears. People are generally unsure about the difference between the ear drum and middle ear, although for some the middle ear is linked to balance. They know where the larynx is but can struggle to define lymph nodes. • People tend to rationalise that this category is different to 'Hearing loss' because the latter refers to a much more profound loss of hearing. • Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	• Maxillofacial — 'face' is easier to understand.
Other areas of confusion	• The conditions most commonly associated with this category are tonsils and adenoids (and grommets) and people are surprised that they are not included. • People can assume that the reference to mouth cancer in the definition means that chemotherapy and radiotherapy will be covered. • They also ask if radioactive iodine therapy for hyperthyroidism is included here. • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category. • Including the items that are listed separately in the name is distracting.
Opportunities to simplify /clarify	• Using 'face' instead of maxillofacial. • Alter the format so it is more structured. • Remove the and/or distinction • Be clearer about what is covered in the category in the name. • Include the option to click through to a glossary for more information on key terms. • Include the option to click through to a full list of services.

	Clarify cost and hospital admission issues.
Recommended name and definition	Name: Ear, nose and throat (and related areas of the head and neck) Definition: Admission to hospital for investigation and treatment to the ear, nose and throat and related areas of the head and neck — e.g. the larynx, thyroid, mouth, face and lymph nodes. Examples: - Sinus surgery - Removal of foreign bodies - Repair of the ear drum - Thyroid and parathyroid surgery Included under separate categories (check to see if you are covered): - Spine is included as part of <u>Brain and central nervous system</u>, <u>Joint reconstruction and spinal fusion</u> and <u>Back, neck and spine</u> <u>chemotherapy and</u> radiotherapy for cancer <u>Tonsils, adenoids and grommets</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Yeah, ENT, so, we've had a little bit of experience with ENT, my daughter had her adenoids done when she was three. Yeah, that's explanatory, that's tonsils, adenoids, grommets, all that stuff."

"I'll just find it, maybe if I look at it I'll think yeah, okay. I guess problems with your breathing through your nose, if you had like sinusitis or something, throat problem, I don't know, like problems with your voice box or I'm not really aware of that many throat conditions. Hearing loss is listed separately but I don't know, if you had problems with the pipes connecting your ears and your nose or something, yeah, I guess, I'm not very familiar with that area actually."

"Foreign bodies... like if a kid puts something in their ear."

"Right, so you can get the ear drum repaired but if it's hearing loss, that's specifically true hearing loss, okay."

Service category: Hearing loss surgery

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Hearing loss surgery	Admission for investigation and/or treatment to correct hearing loss, including implantation of a prosthetic hearing device and stapedectomy.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- The name only conveys ear operations. - It is not clear how this differs from Ear, Nose and Throat.
Contribution of clinical definition to understanding	- The addition of 'implantation of a prosthetic hearing device' gives people a reference point, but they still do not feel as if they have a good grasp about what the category covers in its entirety. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	- Stapedectomy. - For some, prosthesis — the term 'implantation' is needed to help convey meaning.
Other areas of confusion	- Whether or not procedures other than implantation of prosthesis are included. - Whether or not cochlear implants — the most well-known prosthesis — are included. - Whether hearing aids are included. - Does the category cover the cost of the device? - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Mention that non-implanted hearing aids are not covered. - Reference cochlear implants to ground understanding. - Alter the format so it is more structured. - Remove the and/or distinction - Be clearer about what is covered in the category in the name. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name	Name: Implanting of prosthetic hearing devices

and definition	Definition: Admission to hospital for investigation and treatment to do with implantation of prosthetic hearing devices. Includes the cost of prostheses. Examples: • Stapedectomy – surgical removal of stapes bone and replacement with micro prosthesis. • Cochlear implants. Not covered by private health insurance: Non-implanted hearing aids. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories.
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"So it's obviously for people that are deaf or suffering hearing loss, and so they need to have an artificial device to hear so it would be quite severe I would say."

"I have a niece who's deaf so she has cochlear implants so that's what that says to me."

"It's about making you hear whereas [ENT] is probably just about repairing."

"Just those three words hearing loss surgery leaves it a little bit open."

"And I saw stapedectomy, I think that'd be a stomach staple, I wondered what it had to do with the ears?"

Service category: Removal of tonsils and adenoids

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Removal of tonsils and adenoids	Admission for investigation and/or treatment of the tonsils, adenoids and grommets.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• Tonsils and adenoids are quite familiar, especially for those who have children. • Tonsils are understood to be removal of tonsils (from the throat area) – and almost uniformly with sore throats and eating ice-cream afterwards! • Adenoids are associated with ear operations.
Contribution of clinical definition to	• Confirming that grommets (associated with adenoid operations) are included in this category. Some have more detail on this procedure, and understand

understanding	that grommets are to do with draining fluid from the ear Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	N/A
Other areas of confusion	- Why this isn't covered under Ear, Nose and Throat? - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Add 'grommets' to the title. - Alter the format so it is more structured. - Remove the and/or distinction. - Be clearer about what is covered in the category in the name. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Definition: Admission to hospital for investigation and treatment of the tonsils, adenoids and/or insertion of grommets. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories.

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Alright well now that's self-explanatory, I'd only ask if grommets were included with this one, because they usually do that surgery at the same time."

"Grommets are little things, I think they put them, inside their ear if they get blockages, ear infections."

"Like I've never had my tonsils out, but I remember kids would eat a lot of ice cream, back then."

Service category: Back, neck and spine conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Back, neck and spine	Admission for investigation and/or treatment for the back, neck	

conditions and services (spinal fusion is listed separately under Joint replacements and spinal fusion)	and/or spine. For example: discectomy, spinal cord procedures, laminectomy, treatment of scoliosis and lordosis.	
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Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• This category is first of all understood through anatomy — and where the back, neck and spine are on the body. • People find it hard to think what conditions or procedures might be attached to this category. • ‘Conditions and services’ doesn’t add to the name. • The long list of exclusions adds to the cognitive load needed to interpret the name, and the brackets send a counter signal – that these are inclusions rather than exclusions.
Contribution of clinical definition to understanding	• The definition both adds to and detracts from understanding – spinal cord procedures (associated with discs, ligaments, pinched nerves, sciatica) sound familiar as does scoliosis (associated with curvature of the spine) but the other terms are very unfamiliar and can make people feel less confident about what the category might cover. • People reason that because they are less likely to know people who have experienced back, neck and spine conditions and procedures, there is a greater onus on the government to more clearly explain them. • Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	• The following terms are not understood: discectomy, laminectomy, lordosis.
Other areas of confusion	• Why isn’t spinal fusion covered by spinal cord procedures? • How does this category relate to pain management (e.g. bad backs)? • Whether this category would include treatment of arthritis? • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	• Alter the format so it is more structured. • Remove the and/or distinction. • Remove the exclusions from the name.

	• Better define the examples. • Include the option to click through to a glossary for more information on key terms. • Cross reference other categories that deal with the spine. • Include the option to click through to a full list of services. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Back, neck and spine Definition: Admission for investigation and treatment for the back, neck and spine. Examples: • Discectomy (disc removal) • Spinal cord procedures • Laminectomy (vertebrae removal) • Treatment of scoliosis and other spine curvature. Included under separate categories (check to see if you are covered): • Other spine related treatments, including spinal fusion, are also covered under <u>Joint replacement and spinal fusion</u> and <u>Brain and musculoskeletal system</u>. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Well first of all the spine, so going from the back of the head all the way down, your back it's all the spine as far as I'm concerned your neck your back that is your spine."

"I'm not sure I've heard of them before, spinal cord procedures I would imagine that would be releasing a pinched nerve near the spinal cord or reducing pressure in the spinal cord region, something like that."

"No only because they're using the proper technical name for what's happening but a lot of people unless they've had someone in their family have these sort of procedures or heard about them they wouldn't know what the hell they're getting."

Service category: Bone and joint conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Bone and joint conditions and	Admission for investigation and/or treatment of diseases, disorders and injuries of the musculoskeletal system. For	

services (joint replacements are listed as a separate category, joint reconstructions are listed separately and spine is listed separately under back, neck and spine)	example: carpal tunnel surgery, fracture surgery, hand surgery.	
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Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• People assume that this name refers to knee and hip operations (they can easily read the brackets as meaning that joint replacements and reconstructions are included) and perhaps sporting or workplace injuries resulting in broken bones. • When prompted to think beyond this, they start to list out other joints – fingers, elbows, shoulders. However, apart from knee reconstructions and knee and hip replacements they can struggle to think what this category might refer to. • ‘Conditions and services’ doesn’t add to the name.
Contribution of clinical definition to understanding	• The definition clarifies that the whole musculoskeletal system as well as specific joints is included in the category. • ‘Carpal tunnel’, ‘fracture’ and ‘hand surgery’ are all familiar terms that help anchor the category, but they only promote a surface understanding and what the procedures might entail. Neither do they speak to the whole of the system. • Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	• N/A
Other areas of confusion	• People ask if arthritis is included in this category. • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	• Alter the format so it is more structured. • Remove the and/or distinction. • Expand the definition to include reference to the musculoskeletal system. • Simplify the name. • Make it clearer that joint reconstruction and replacements are not included

	— and don't indicate exclusion by a bracket. • Include the option to click through to a glossary for more information on key terms. • Include the option to click though to a full list of services. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Bones and joints Definition: Admission to hospital for investigation and treatment of diseases, disorders and injuries of the musculoskeletal system – bones, joints, muscles, cartilage, tendons, ligaments, and other connective tissue. Examples: • Carpal tunnel surgery • Fracture surgery • Hand surgery. Included under separate categories (check to see if you are covered): • <u>Joint reconstruction</u> • <u>Joint replacements</u> • <u>Back, neck and spine</u> • <u>Lungs, ribs and chest</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

“Look, tendons, broken ankles, feet. I suppose anything related to sports injuries or for people with circulation problems, that type of thing.”

“I thought there would be some joint replacement, this is where I'm getting confused now, because there's nothing to do with joint replacement and that's what I would think bones and joints would mean”.

Well broken ribs you know I've got a son in law who had a very bad bike accident he's had so many broken ribs and cracked spine and all sorts of stuff so I would pick yeah that's a whole muscular skeletal system.”

Service category: Joint reconstruction surgery

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Joint reconstruction surgery	Admission for the investigation and/or treatment of a joint reconstruction. For example: knee repair (ACL repair), shoulder repair, arthroscopy.	Hip and knee replacements

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- People are happy that this category 'does what it says' – reconstructing a joint (usually a knee or hip) following an injury or accident. By this, they mean some kind of repair to a damaged joint. - They broadly understand joint repair to involve surgery.
Contribution of clinical definition to understanding	- This gives people a sense of the range of items that may be included in the category, and importantly mentions shoulders as well as knees. However it doesn't rule out <i>replacements</i>. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	For some, ACL and arthroscopy.
Other areas of confusion	- This category can be confused with joint replacement. - People ask if this category covers surgery after having broken a wrist or other joint or otherwise covers reconstruction to joints that aren't hips or knees. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Remove the and/or distinction. - Explain arthroscopy. - Simplify the name. - Make it clearer that joint replacements are not included. - Include the option to click through to a glossary for more information on key terms. - Define arthroscopy. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Joint reconstruction Definition: Admission to hospital for the investigation and treatment of a joint

	reconstruction. Examples: • Knee repair (ACL repair) • Shoulder repair • Arthroscopy (keyhole surgery). Included under separate categories (check to see if you are covered): • Joint replacements are covered under <u>Joint replacements and spinal fusion</u>. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Shoulder repair is pretty vague, ACL makes sense. And I guess an arthroscopy is sort of diagnostic work that relates to, so its saying that this category also covers the diagnostic side of things."

"So I would say a reconstruction would be if you needed like cartilage removed or more repairing of the actual joint instead of actually replacing the entire joint."

"Joint reconstruction surgery, so I would think of like hips and knees."

Service category: Joint replacements and spinal fusion

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Joint replacements and spinal fusion	Admission for surgery for all types of joint replacement, including revisions and partial replacements. For example: replacement of joints such as hip, knee, shoulder, ankle, wrist and finger, spinal disc replacement and spinal fusion. Other spinal treatments are listed separately under back, neck and spine.	Joint replacements ie shoulder, knee, hip and elbow including revisions Hip replacements

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• Similarly to joint reconstruction, the name of this category clearly signals what it covers.
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	• People mostly conjure up the idea of replacing knees and hips with a metal or other non-organic material. The procedure is associated with age. • Spinal fusion is less commonly known — people start to talk about ‘welding’.
Contribution of clinical definition to understanding	• The definition clarifies that partial and full replacements are covered and also broadens out the range of joints covered beyond knees and hips. • That spinal disc replacement is covered under this category is new information (it is not conjured up by the name). • Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	• For some, spinal fusion.
Other areas of confusion	• It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	• Alter the format so it is more structured. • Make it clearer that other spinal, bone and joint treatments are not included. • Include the option to click through to a glossary for more information on key terms. • Include the option to click through to a full list of services. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Joint replacements and spinal fusion Definition: Admission to hospital for surgery for all types of joint replacement, including revisions and partial replacements. Examples: • Replacement of joints such as hip, knee, shoulder, ankle, wrist, finger and toe • Spinal disc replacement • Spinal fusion Included under separate categories (check to see if you are covered): • Other spinal, bone and joint treatments are covered under: <u>Back, neck and spine</u>, <u>Brain and musculoskeletal system</u>, <u>Joint reconstruction</u> and <u>Bones and joints</u>. Additional costs: Doesn’t cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"They put some sort of steel pins in there like a bar that joins all those spinal sections together."

"I would say that that would be like what grandma's had. She had her old knee taken out and her whole new knee put in. I don't know what a spinal fusion is thought, maybe if somebody has had a car accident and hurt their spine and they have to fuse it back together I'm assuming to, I don't know."

"I think their examples are good, pretty much covers literally every joint you've got. Spinal disc replacement and spinal fusion. I do find it odd that spinal information is with joint information. "

Service category: Digestive system conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Digestive system conditions and services (hernia and appendicectomy is listed separately)	Admission for investigation and/or treatment of the digestive system. For example: stomach, bowel, gall bladder, pancreas, spleen, oesophagus, haemorrhoid surgery, and liver. Endoscopy is listed as a separate category. Hernia and appendix is listed separately under Hernia and appendicectomy surgery.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- The layperson's understanding of the digestive system has to do with the passage of food through the body. People don't typically expect that the gallbladder, pancreas, spleen and liver will be included in this context. - Specific conditions and procedures that people think might be covered include ulcers, irritable bowel syndrome, reflux and appendix removal. - Listing services that aren't covered as part of the name can be confusing, as is using brackets to signal inclusion. 'Conditions and services' doesn't add to the name.
Contribution of clinical definition to understanding	- By listing the different parts of the body included in the digestive system, the definition helps people understand what might be covered anatomically, however it doesn't provide much of a sense of what procedures might be covered. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.

Unfamiliar terms	Hernia (for some) and appendicectomy.
Other areas of confusion	- People wonder why hernias, appendix and endoscopy aren't covered in this category. - People wonder if weight loss surgery will be covered. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Add 'gastrointestinal' to the name. - Alter the format so it is more structured. - Include some more examples of procedures. - Make it clearer that weight loss surgery and chemotherapy and radiotherapy are not covered. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Digestive (gastrointestinal) system Definition: Admission to hospital for investigation and treatment of the digestive system – stomach, bowel, gall bladder, pancreas, spleen, oesophagus and liver. Examples: - Gallstones and gallbladder removal - Haemorrhoid surgery - Bowel and pancreatic cancer surgery Included under separate categories (check to see if you are covered): <u>Weight loss surgery</u> <u>Chemotherapy and radiotherapy for cancer</u> <u>Hernia and appendix</u> <u>Endoscopy</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"That's to do with your tummy and going to the toilet and food going into your belly."

"I guess anything that you have, you've got a gastric problem that you investigate but that's why I guess it's because of the acid juice and the stuff that's produced in the stomach and I guess eats into your lining of the stomach, all this would come under digestive..."

"Liver, now endoscopy is listed separately, now that is silly because investigation, the first thing they do is stick an endoscope down your mouth, hernia, appendix is listed separately under hernia and appendectomy surgery."

Service category: Endoscopy

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Endoscopy	Admission for the diagnosis, investigation and/or treatment of internal parts of the gastrointestinal system using an endoscope. For example: colonoscopy, gastroscopy, ERCP.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- People typically assume that an endoscopy is a colonoscopy (associated with bowel cancer) or a gastroscopy. - Those with less experience of the procedure think about this as an internal investigation via throat or anus. Those with more experience described the tube and camera and associated laboratory testing.
Contribution of clinical definition to understanding	Listing out the three different procedures helps some people understand that endoscopy is the generic term, encompassing both colonoscopy or gastroscopy.
Unfamiliar terms	ERCP
Other areas of confusion	- People would like a glossary link to more information on the colonoscopy, gastroscopy and ERCP so that they can explore in further detail if they are interested. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Define ERCP. - Include the option to click though to a full list of services.

	Clarify cost and hospital admission issues.
Recommended name and definition	Name: Endoscopy Definition: Admission to hospital for the diagnosis, investigation and/or treatment of internal parts of the gastrointestinal system using an endoscope. Examples: - Colonoscopy - Gastroscopy - ERCP — use of an endoscope with dye Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Colon into that area, and I know people get bowel cancer, I'm thinking it's the discovery of that. Again, there's quite a lot of words I'm not sure of, and the acronym there, ERCP."

"It's either down your throat or up your bum."

"Or are they both up your bottom? Your colon, isn't that up your bum, I don't actually know."

"Camera investigations in the rectum to check everything is all right in the colon and even up to the small intestines as well."

Service category: Hernia and appendicectomy surgery

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Hernia and appendicectomy surgery	Admission for investigation and/or treatment of the appendix or hernias.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- Appendix removal is one of the most clearly understood of all the categories — it is enshrined in people's own experience and popular culture. - Some, but not all, are able to articulate what a hernia is. Those who have more understanding are able to talk about the way in which organs protrude
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	through the stomach wall. Others find this a mystery.
Contribution of clinical definition to understanding	- The definition does not add to people's understanding. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	For some, hernia.
Other areas of confusion	It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Make it clearer that other parts of the digestive system are not covered. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Definition: Admission to hospital for investigation and treatment of the appendix and hernias. Included under separate categories (check to see if you are covered): Other part of the <u>Digestive system (gastrointestinal)</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply. * Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"No no, a hernia is nothing it's the ...like a woman having a baby and they do the what do they call it they ... and they have to knit all the muscles together again. So that's what a hernia is all the muscles have actually separated and allowed a bit of the stomach to protrude."

Service category: Insulin pumps

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Insulin pumps	Admission for implantation and/or replacement of insulin pumps for treatment of diabetes.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	People associate 'insulin' as being some a treatment for diabetes, and understand a pump as being a device to deliver insulin. Similarly to 'appendicitis', diabetes is a condition that is embedded in popular culture, and this helps make people feel as if an insulin pump is something they can understand.
Contribution of clinical definition to understanding	- The definition helps clarify that the pump is implanted for those who aren't aware of this already. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	For some, insulin pump is not a familiar enough term.
Other areas of confusion	- Whether the cost of purchasing the pump is included. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues. - Cross-reference kidney and bladder.
Recommended name and definition	Name: Insulin pumps Definition: Admission to hospital for implantation and/or replacement of insulin pumps for treatment of diabetes. This includes the cost of the pump. Included under separate categories (check to see if you are covered): <u>Kidney and bladder</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Oh yeah, so this is for diabetes. Yes, they pump insulin. My assumption on them would be they might be something a little bit like a pacemaker, so it might be, you might actually

have a line in your arm or the side of your stomach where it would administer insulin on a regular basis."

"Well I guess people with type 1, type 2 diabetes or overweight people or people with a history of that sort of, you know, diabetes in their family and such."

"You're not going to get a janitor to do an implantation or you're not going to get a GP to do it, you'd have some sort of person who had some specialist skills, you'd assume that you'd do it in a hospital or some place that's got the appropriate equipment and facilities."

Service category: Kidney, bladder and male reproductive conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Kidney, bladder and male reproductive conditions and services (dialysis is listed separately under dialysis for chronic kidney disease)	Admission for investigation and/or treatment of the kidney, bladder, prostate and other male reproductive organs. For example: cystoscopy, treatment of incontinence, prostate surgery, circumcision, male sterilisation and removal of kidney stones.	Sterilisation

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- People tend to understand what body parts are included in this category (or at least point to them in embarrassment!) however are harder put to name conditions or procedures. Some examples that are raised are: prostate issues, kidney stones, urinary tract conditions, vasectomies and incontinence. 'Conditions and services' doesn't add to the name.
Contribution of clinical definition to understanding	- Referencing a number of different body parts and range of treatments gives people a sense of the range this category reflects. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	Cystoscopy is not known.
Other areas of confusion	- Combining the kidney, bladder and male reproductive systems is highly confusing. For instance, people question whether this refers only to male kidney and bladder or also to the female kidney and bladder. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this

	category.
Opportunities to simplify /clarify	- Split out 'kidney and bladder' and 'male reproductive' into two categories. - For the kidney and bladder category, make it clear that dialysis is listed separately. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition – male reproductive system	Name: Male reproductive system Definition: Admission to hospital for investigation and treatment of the prostate and male reproductive system. Examples: - Prostate surgery - Surgery for testicular cancer Full list of services covered in this category: www.phi.gov.au/servicecategories Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.
Recommended name and definition – kidney and bladder	Name: Kidney and bladder Definition: Admission to hospital for investigation and treatment of the kidney and bladder. Examples: - Treatment of incontinence - Removal of kidney stones - Cytoscopy – investigation of the bladder using a micro camera Included under separate categories (check to see if you are covered): Dialysis for chronic kidney failure Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

“Well, the first thing that’s kind of weird is that they are including male reproductive conditions and kidneys.”

"I don't really know other kidney conditions but you know, kidney cancer affecting your kidneys or something, bladder infections."

Service category: Dialysis for chronic kidney disease

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Dialysis for chronic kidney disease	Admission and dialysis treatment for chronic kidney failure. For example: peritoneal dialysis and haemodialysis.	Dialysis for chronic renal failure

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	The term dialysis is extremely familiar, and people have a general sense that it is about — in some way — helping failing kidneys, although only a few have a very clear idea of exactly what this entails.
Contribution of clinical definition to understanding	- People don't typically understand the examples — peritoneal dialysis and haemodialysis — and hence the definition does not add much to the name. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	Peritoneal dialysis and haemodialysis.
Other areas of confusion	It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Ensure that the terms 'peritoneal dialysis' and 'haemodialysis' are connected to a glossary. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click through to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Dialysis for chronic kidney disease Definition: Admission to hospital for dialysis treatment for chronic kidney failure including peritoneal and haemodialysis. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.*

	Full list of services covered in this category: www.phi.gov.au/servicecategories
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**Optional inclusion — see discussion in recommendations (section 2.2).*

Illustrative quotes

“Yeah, so that one is explanatory as well, that’s always done in hospital anyway, my uncle went through this and yeah, I didn’t know that’s covered. I don’t even know if mine’s got that actually. So that’s good, yeah, because they’re frequent visits for people who have kidney disease.”

“Blood replacement so I think it would cover that, people that have to go into hospital 3 times a week to have the dialysis and the blood swapped over and stuff so I would assume from that that they’re covered for every time they have to go to hospital for that.”

Service category: Assisted reproductive services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Assisted reproductive services	Admission for fertility treatments or procedures. For example: retrieval of eggs, implantation of embryos, IVF and GIFT. Female reproductive services are listed as a separate category. Pregnancy and birth are listed separately under pregnancy and birth related conditions and services.	Assisted reproductive services

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	People either understand this category as — or question whether this is — IVF. Some have a better sense of the category (similar to the definition listed above) whilst others understand it more generally as ‘helping people get pregnant’. People in our sample who were undergoing IVF or who had close friends who had or were going through the process also acknowledged this as being a very emotive topic for them.
Contribution of clinical definition to understanding	- The list of procedures gives people a sense of confidence that they understand the range of services is covered. - Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	‘GIFT’ is not known.
Other areas of confusion	- Is what this category covers synonymous with GIFT and IVF? - Given this is usually undertaken in a clinic what exactly would be covered by

	private health insurance. • People also want to know if this category includes investigations into infertility. • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	• Add the term 'IVF' to the name to anchor understanding. • Alter the format so it is more structured. • Include the option to click through to a glossary for more information on key terms. • Include the option to click though to a full list of services. • Clarify cost and hospital admission issues. • Clarify that Female reproductive services (gynaecology), Miscarriages and termination of pregnancy services and Pregnancy and birth and newborns are covered separately.
Recommended name and definition	Name: Assisted reproductive services (e.g. IVF) Definition: Admission to hospital for fertility treatments or procedures. Examples: • Retrieval of eggs • Implantation of embryos • IVF and GIFT Included under separate categories (check to see if you are covered): • <u>Female reproductive services (gynaecology)</u> • <u>Miscarriages and termination of pregnancy services</u> • <u>Pregnancy and birth and newborns</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Retrieval of eggs, they do that for IVF, but some people also have them put away for later, and implantation is obviously like IVF but obviously if you've already got eggs stored and you've done the retrieval you're having an implantation aren't you?"

"I know what most of that is, I don't know what GIFT is but how it says, female reproductive services are listed as a separate category. I am guessing that just means general things, reproductive issues not like you might not want to have kids but you have got issues, that is what I would read that as but that is a bit confusing to me."

Service category: Pregnancy and birth related conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)	Admission for investigation and/or treatment of conditions associated with pregnancy, child birth and its complications Female reproductive services are listed as a separate category. Assisted reproductive services are listed as a separate category. Miscarriages and termination of pregnancy are listed separately as Minor female reproductive conditions and services.	Pregnancy and birth related services

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	- People understand this category to reflect care of a pregnant woman before a child is born and during childbirth. This is an area where people feel that they have a good 'real life' understanding of what is involved in the category — although those who aren't parents have a hazier idea of the mechanics of pregnancy and birth. 'Conditions and services' doesn't add to the name. - Few understand the term 'neonates'.
Contribution of clinical definition to understanding	- The term 'complications' alerts people to the idea that this category would also provide cover if something went wrong during a birth. People speculate on what complications might include and mention conditions suffered by a mother (e.g. pre-eclampsia) and child (e.g. Downs Syndrome). - The cross-referencing to assisted reproductive services, miscarriages and termination of pregnancy and female reproductive conditions is useful given all or some of these might be expected to be covered under this category. We note that referring to miscarriages and terminations of pregnancy as minor female reproductive conditions was highly insulting to some women in our sample.
Unfamiliar terms	Neonates.
Other areas of confusion	- People associate giving birth as something that happens in hospital and wonder how hospital services are delivered prior to birth. Hence they ask how much antenatal care this includes, given that this is mostly provided in a GP's, specialist's or midwife's rooms. - Cover once a child has been born — e.g. mothers wonder if they are covered for a stay whilst their child is in ICU.

	• Whether complications during pregnancy are covered. • It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	• Change the name to more simply reflect the cover of newborns. • Alter the format so it is more structured. • Include the option to click through to a glossary for more information on key terms. • Include the option to click though to a full list of services. • Define the term 'newborn'. • Clarify cost and hospital admission issues.
Recommended name and definition	Name: Pregnancy, birth and newborns Definition: Admission to hospital for investigation and treatment of conditions associated with pregnancy, child birth and its complications. Services provided to newborn infants following delivery and before discharge from hospital. Included under separate categories (check to see if you are covered): • <u>Assisted reproductive services (e.g. IVF)</u> • <u>Miscarriages and termination of pregnancy</u> • <u>Female reproductive system (gynaecology)</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Well that's usually always on, when you have pregnancy, mine was on, but it didn't actually, it did not cover the scans and all the blood tests, so whether they mean getting pregnant or your appointments during pregnancy I don't know. But the actual birth and the surgery and the hospital stay and you had to have surgery and all that..."

"Neonates are covered under this category for single parent or family. I don't know, I've heard of neonatal but obviously that, that's like pre-pregnancy like classes and stuff isn't it, neonatal, is that right?"

"That's quite difficult actually because complications is obviously a very, a word that covers a variety of things. I guess if you're a high risk pregnancy you would probably want to know the information about whether complications in your pregnancy, that certain conditions are actually covered, so I wasn't even aware as to whether all the investigations I got for having pre-eclampsia was covered but I just assumed they were, but I guess that's probably a bit naïve because I could have rocked up at the hospital and given me an out of pocket payment..."

Service category: Miscarriages and termination of pregnancy services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Miscarriages and termination of pregnancy services	Admission for investigation and/or treatment of miscarriages and termination of pregnancy services. For example evacuation and curettage of the pregnant womb.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	People understand this category as either treating a woman once she has lost a baby, or ending a pregnancy. They typically do not want to talk about the detail of these processes, although some refer to the circumstances in which they or they imagine other people might require these services. People emphasise the sensitivity required for this topic, and some bring a quality of moral judgement to it. Not all are sure that terminations are legal.
Contribution of clinical definition to understanding	- The phrase 'evacuation and curettage' is questioned — the more familiar phrase is dilatation and curettage. - Some — but certainly not all — feel that 'evacuation' is a harsh term. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	For some evacuation and curettage — this should be linked to in a glossary.
Other areas of confusion	It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Simplify and/or. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Definition: Admission to hospital for investigation and treatment of miscarriages, and termination of pregnancy. Examples: Evacuation and curettage of the pregnant womb.

	Included under separate categories (check to see if you are covered): • <u>Assisted reproductive services (e.g. IVF)</u> • <u>Pregnancy, birth and newborns</u> • <u>Female reproductive system (gynaecology)</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Admission into abortion clinics or investigation into why the person had a miscarriage. I haven't heard this term before, an evacuation and curette of the pregnant womb, I know that pretty much means abortion, it just sounds a bit weird reading it like that. But yeah, that's straightforward, I don't think there's, you need to add any other details really."

"From male's perspective totally different to a woman, I think they might have one to be a bit more subtle because it's a very sensitive issue with females because I know my wife had a miscarriage and it wasn't a very pleasant situation so I think to make things a bit more it depends also that you show people you've got make it subtle and especially like I say it's going to be a sore subject with females."

Service category: Female reproductive conditions and services

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Female reproductive conditions and services	Admission for investigation and/or treatment of the female reproductive system (gynaecology). For example: hysterectomy, hysteroscopy, ovarian surgery, treatment of endometriosis, laparoscopies, cervical surgery, vaginal prolapse, polycystic ovaries, removal of vulvar cysts and warts and female sterilisation. Assisted reproductive services are listed as a separate category. Pregnancy and birth are listed separately under pregnancy and birth related conditions and services. Miscarriages and termination of pregnancy is listed separately as Miscarriages and termination of pregnancy services.	Sterilisation

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• People say that reproductive conditions indicate pregnancy and reproductive services imply IVF. Not all notice the caveat the pregnancy and birth are listed
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	separately. • ‘Conditions and services’ doesn’t add to the name.
Contribution of clinical definition to understanding	• The range of examples provided help people understand the breadth of the category. Women in particular are familiar with all of the examples: hysterectomy (to remove the uterus and possibly other organs), cancer surgery, endometriosis as a particularly painful condition, vaginal prolapse as a post pregnancy condition, polycystic ovaries and vulvar cysts and warts as the removal of growths, and sterilisation as ‘having one’s tubes tied’. Men can be less familiar.
Unfamiliar terms	• N/A.
Other areas of confusion	• It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	• Simplify and/or. • Alter the format so it is more structured. • Include the option to click through to a glossary for more information on key terms. • Include the option to click though to a full list of services. • Clarify cost and hospital admission issues. • Add gynaecology to the name to distinguish this from pregnancy.
Recommended name and definition	Name: Female reproductive system (gynaecology) Definition: Admission to hospital for investigation and treatment of the female reproductive system. Examples: • Hysterectomy • Ovarian and cervical surgery • Treatment of endometriosis • Vaginal prolapse • Polycystic ovaries • Removal of vulvar cysts and warts • Female sterilisation. Included under separate categories (check to see if you are covered): • <u>Assisted reproductive services (e.g. IVF)</u> • <u>Pregnancy, birth and newborns</u> • <u>Miscarriages and termination of pregnancy</u> Additional costs: Doesn’t cover services outside a hospital or within a waiting

	period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

“What is reproductive conditions? If people have never had any issues, and they’ve had a perfect period and never had problems they would go well what is that, is that like getting pregnant? So, they could definitely have brackets. Assisted reproductive services, yeah. And yeah, that would probably help someone to have to not read through all of that but then I think that does give a good definition.”

“Reproductive organs, I don’t know, is that to do with IVF or getting pregnant?”

Service category: Breast surgery

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Breast surgery (non-medically necessary cosmetic surgery is not covered under private health insurance)	Admission for investigation and/or treatment of breast disorders. For example: both male and female breast surgery and the associated lymph nodes; reconstruction and/or breast reduction if required to obtain symmetry after breast cancer surgery, treatment of the endocrine system.	Non-cosmetic plastic surgery

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• People understand by the name that this category refers to breast surgery. • They interpret ruling out non medically necessary surgery as meaning that the category can’t be for the purposes of beautification, but could be for health reasons. • They feel it is important that surgery for non-medical reasons is ruled out, however doing this in the name and using brackets (that signal inclusion) creates complexity.
Contribution of clinical definition to understanding	• People can be little confronted by the definition – they don’t think of breast surgery as being for men, and they aren’t sure what the endocrine system is. • When they think about it, it makes sense the lymph nodes are included – the nodes under the arms are associated with the breast. • ‘Treatment of the endocrine system’ conjures a range of issues relating to the thyroid and parathyroid glands, adrenals, pituitary and ovaries.

	Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	Endocrine system.
Other areas of confusion	- Whether this covers breast surgery for conditions other than cancer (we understand that this will now be included in the category). - Breasts are not typically associated with the endocrine system. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Break down into two categories: breasts and the endocrine system. - Simplify and/or. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues. - Move the non-medically necessary surgery warning into 'included under separate categories'.
Recommended name and definition	Name: Breast surgery Definition: Admission to hospital for breast cancer surgery. Non-medically necessary cosmetic surgery is not covered under private health insurance). Examples: - Reconstructions due to cancer, mastectomies and breast inflammatory conditions. - Breast reconstructions due to non-cancer related conditions, e.g back and neck pain. - Breast reduction and removal of breast prothesis Included under separate categories (check to see if you are covered): - The thyroid and non-breast related lymph nodes are covered in <u>Ear, Nose and Throat</u> (and related areas of the head and neck). <u>Chemotherapy and radiotherapy for cancer.</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
	Name: Endocrine system Definition: Admission to hospital for investigation and treatment of endocrine

	system disorders. The endocrine system is collection of glands that produce hormones that regulate metabolism, growth and development, tissue function, sexual function, reproduction, sleep, and mood, among other things. Examples: - TBC — none were tested in this study. Included under separate categories (check to see if you are covered): - Lymph nodes are covered under <u>Ear, Nose and Throat (and related areas of the head and neck)</u> and <u>Breast surgery</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"When I first read it and read that it didn't include cosmetic surgery I was thinking what sort of breast disorders can you have and then I read male lymph nodes, reconstruction, yeah, I think it's really good."

"I definitely know about the endocrine system but I didn't know it was attached to the breast, or I suppose it is, I mean everything's attached to the endocrine, its such a big system like it's attached to your thyroid, your pituitary glands, your adrenal system."

"But it's not even just for, because they've already got, hold on, reconstruction and breast, they need to show that it's not just after cancer though. So, I'm going it needs to be clear that you can have it for after cancer but also for so maybe we need to go reconstruction of breasts and/or after cancer surgery, or breast cancer surgery, because it needs to be clear that it's not just for cancer but for anyone that, does that make sense?"

Service category: Chemotherapy and radiotherapy for cancer

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Chemotherapy and radiotherapy for cancer	Admission for chemotherapy and radiotherapy for the treatment of cancer. Surgical treatment of cancer is listed separately under each particular body system.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	People associate chemotherapy and radiotherapy with the treatment of cancer. Some clarify that this will likely be post-surgery. Chemotherapy is
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	associated with chemicals and radiotherapy with radiation. Other associations are that this treatment is regular and is also debilitating. The terms 'chemotherapy' and 'radiotherapy' have infiltrated into popular culture to the extent that people consider them 'layman's' rather than medical terms.
Contribution of clinical definition to understanding	- The reference to the surgical treatment of cancer confirms that this category is limited to chemotherapy and radiotherapy rather than broader cancer treatment. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	N/A
Other areas of confusion	- People wonder whether immunotherapy would be covered. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Chemotherapy and radiotherapy for cancer Definition: Admission to hospital for chemotherapy and radiotherapy for the treatment of cancer. Included under separate categories (check to see if you are covered): Surgical treatment of cancer is listed separately under each particular body system (e.g. lung cancer under <u>Lungs, chest and ribs</u>). Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"I think you could just say chemotherapy and radiotherapy. If you don't know what chemotherapy and radiotherapy is you've been living under a mushroom for 40 years."

"So, chemotherapy is medicine, so you basically sit on a drip for however long however many times a week, month or whatever for however many sessions you're supposed to as per your oncologist, whereas radiotherapy is exposure to radioactive isotopes I think and

that like kind of like is supposed to blast your cancer basically from orbit, and makes it shrink."

Service category: Surgery for skin and skin lesions

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Surgery for skin and skin lesions	Admission for investigation and/or treatment of skin and skin-related conditions. For example: melanoma, wound repair, removal of foreign bodies, surgery to the nails and treatment of abscesses.	Non-cosmetic plastic surgery

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	The name raises more questions than it does answers — people wonder whether or not it would include treatment for skin cancer, burns or being seen by a dermatologist.
Contribution of clinical definition to understanding	- People are surprised when nails is included in this category. However, when they think about it, both the skin and nails are an external body covering. - The range of examples gives people a sense of confidence about what is included in the category. Melanoma is seen as a synonym for cancer (implying the need for an operation to remove it). People also imagine all sorts of horrible accidents that would necessitate the need for wound repair, although they are less clear about what the repair procedure would entail. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	Lesion is not a clearly understood term, however it is familiar enough for people to feel happy with it.
Other areas of confusion	- Are toe nails be covered under this category or under Podiatrics? - Whether skin grafts are covered in this category or under Plastic surgery. - Whether chemotherapy and radiotherapy are covered. - People typically aren't sure what nail surgery, removal of foreign bodies or treatment of abscesses might entail. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to	Simplify the and/or.

simplify /clarify	• Alter the format so it is more structured. • Include the option to click through to a glossary for more information on key terms. • Include the option to click though to a full list of services. • Clarify cost and hospital admission issues. • Clarify that skin grafts and chemotherapy and radiotherapy for cancer aren't included.
Recommended name and definition	Name: Skin and nails Definition: Admission to hospital for investigation and treatment of skin and skin-related conditions. Examples: • Removal of skin cancers and melanoma • Wound repair • Nail surgery • Treatment of abscesses. Included under separate categories (check to see if you are covered): • Skin grafts are covered separately under <u>Plastic and reconstructive surgery (acquired conditions)</u>. • <u>Chemotherapy and radiotherapy for cancer</u> Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Surgery for skin, is that just surgery for skin is that like burn patients, is that cosmetic surgery?"

"I burnt my arm here years ago it was hot oil and not good, and had to have a lot of plastic surgery for a long time to get that to heal, luckily I didn't need grafting but does that include grafting?"

"Does this include removing moles and skin cancers, those kind of lesions. This would be of interest but I'd want to know exactly what it covered. I don't know nails what that would cover, maybe fungus or something."

"The only thing I can think of is with admission and needing more serious care for more chronic skin conditions and dermatitis and eczema and those kind of things and if that needed investigation or potential surgery I guess. Because surgery for skin that sounds broad. And just says skin and skin related conditions so. it is not a complete list."

Service category: Plastic and reconstructive surgery

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Plastic and reconstructive surgery (non-medically necessary cosmetic surgery is not covered under private health insurance)	Admission for investigation and/or treatment of any physical deformity, whether acquired. For example: skin grafts following burns, scar revision, breast reduction, removal of breast prosthesis and angioma. These forms of treatment are considered medically necessary, rather than cosmetic. Cosmetic surgery is not covered under private health insurance.	Non-cosmetic plastic surgery

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	Unless this category is presented next to the plastic and reconstructive surgery for congenital defects, people don't necessarily realise that it doesn't cover birth defects.
Contribution of clinical definition to understanding	- The range of examples gives people a good sense of what will be covered under this category. With the exception of angioma they all feel familiar, although beyond 'surgery' what surgery or treatment each might entail is not clear. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	- Angioma. - Whether this includes removal of implants obtained for cosmetic reasons.
Other areas of confusion	- People wonder where the boundaries for 'medically necessary' are set — for example: if one claimed body dysmorphia could one receive plastic surgery. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Simplify the and/or. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.

	• Not include angioma as an example. • Clarify in the name that this is about acquired conditions. • NB – we understand that breast surgery will now all be contained in the one item and have removed these examples.
Recommended name and definition	Name: Plastic and reconstructive surgery (acquired conditions) Definition: Admission to hospital for investigation and treatment of acquired physical deformities, e.g. as a result of illness or accident. Examples: • Scar revision • Skin grafts following burns or cancer treatment Not covered under private health insurance: • Non-medically necessary cosmetic surgery is not covered under private health insurance. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

“Possibly if you had a really bad accident that happened when you were older and you need some touch ups or might have broken your leg severely and have had a lot of damage, so you might need to get some plastic reconstructive surgery to support that. I suppose you’ve got in a brawl or something and you got your nose badly damaged, you got some teeth taken out, you might need to get some stuff done there. That’s why I think it could possibly be breast surgery but I not 100 percent sure of that.”

Service category: Plastic and reconstructive surgery of congenital defects and conditions

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Plastic and reconstructive surgery of congenital defects and conditions	Admission for investigation and/or treatment of any physical congenital deformity. For example repair of cleft palates, club foot.	Non-cosmetic plastic surgery

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	Plastic and reconstructive surgery is understood as surgery to improve one's appearance. However, because congenital is not always understood, the clarity of the name is undermined.
Contribution of clinical definition to understanding	Because the examples are conditions that one is born with, they help people understand what is meant by 'congenital'.
Unfamiliar terms	Congenital.
Other areas of confusion	It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Simplify the and/or. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues. - Clarify that congenital refers to from birth.
Recommended name and definition	Name: Plastic and reconstructive surgery - congenital conditions (from birth) Definition: Admission to hospital for investigation and/or treatment of any physical congenital deformity (from birth). Examples: - Repair of cleft palates - Club foot. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Say you were born with a congenital defect or some sort of condition and needed reconstructive surgery on the face or plastic surgery to fix an abnormality or whatever."

Service category: Weight loss surgery

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Weight loss surgery	Admission for surgery that is designed to reduce a person's weight. For example: gastric banding, gastric bypass and sleeve gastrectomy.	Gastric binding and related services

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	People are very comfortable with the idea of weight loss surgery (in fact they can be quite intrigued by the idea!) When asked to expand on the category, they describe procedures for obese people who want to be thinner. They vaguely refer to gastric banding and gastric bypass procedures but don't necessarily use the correct terminology. These are associated with surgery in hospital.
Contribution of clinical definition to understanding	- The addition of 'surgery designed to reduce weight' fits with people's ideas of what this category is about. They are expecting to see the terms 'gastric banding' and 'bypass' and this confirmation makes them feel at ease with the category. People in our sample who had weight loss surgery approved of this definition. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital (e.g. and excludes out of hospital procedures prior to surgery).
Unfamiliar terms	Sleeve gastroscopy.
Other areas of confusion	- People wonder whether complementary care or treatment associated with gastric banding would be included – e.g. including dieticians, counsellors, removal of excess skin. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues. - Clarify that excess skin removal is covered under Plastic surgery.

Recommended name and definition	Name: Weight loss surgery Definition: Admission to hospital for surgery that is designed to reduce a person's weight. Examples: • Gastric banding • Gastric bypass • Sleeve gastrectomy Included under separate categories (check to see if you are covered): • Excess skin removal is covered under <u>Plastic and reconstructive surgery</u>. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Yeah, so then like your skin removal so whether that could be an exclusion, because yeah, some people might go weight loss surgery, I'm going to go in and have my tummy, a tummy tuck and I'm going to lose 20 kilos from having that done but that's not included, like..."

Service category: Dental surgery

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Dental surgery	Admission for surgery to the teeth and gums. For example: surgery to remove wisdom teeth and dental implant surgery.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	• This category is confusing, not because dental surgery is unfamiliar, but because of the crossover with general treatment and dominant associations with a dentist's surgery rather than hospital. Here, the natural reference points are fillings, scale and cleans. • Some imagine horrible accidents (that do enough damage to one's teeth to land one in hospital), others speculate about wisdom teeth or other tooth removal surgery that would be major enough to require treatment in hospital.
Contribution of clinical definition to	• The examples — wisdom teeth and dental implant surgery — ground the definition as does clarification by moderators that this is only covered for in

understanding	hospital treatment.
Unfamiliar terms	N/A
Other areas of confusion	It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Add 'in hospital' to the name. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Dental surgery in hospital Definition: Admission to hospital for surgery to the teeth and gums. Examples: - Surgery to remove wisdom teeth - Dental implant surgery. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Yeah, like yeah. So, if you were in a car accident and you've smashed your jaw and your teeth, I'm assuming then jaw comes under plastics maybe then does it?"

"I know because I was going to have my wisdom teeth removed recently at the dentist, they offered to do it in chair at the dentist. Or they said you know, because mine weren't particularly complex they said we can do it here or if you prefer, if you're too nervous to do it in the chair, we can write a referral and you can go in and have it in hospital."

Service category: Sleep studies

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Sleep studies	Admission for the investigation of sleep patterns and anomalies. For example: sleep apnoea and snoring.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	People imagine a day or overnight stay in hospital where one's sleep is observed. Some mention sleep apnoea and snoring.
Contribution of clinical definition to understanding	- For those who don't associated sleep studies with sleep apnoea and snoring, this aspect of the definition is helpful. People welcome the simplicity and clarity of this definition. - Because the term 'admission' is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	N/A.
Other areas of confusion	It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues.
Recommended name and definition	Name: Sleep studies Definition: Admission to hospital for the investigation of sleep patterns and anomalies. Examples: - Sleep apnoea - Snoring Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories

*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Sleep studies. Well that to me indicates anything to do with if you're checking out sleep apnoea, those sort of sleep problems where you do have to go into a sleep clinic to be wired up and being monitored."

"Well to me you would have to be admitted into some sort of clinic, I know the Epworth, because I have investigated this in the past, the Epworth have a sleep centre I think so you would have to go in there overnight and get wired up and come out with all the results the

following day or whenever they sort through them, but yeah it would require some sort of admission.”

Service category: Podiatric surgery provided by an accredited podiatric surgeon

Service category name and definition tested

The following service category name and clinical definition was tested with respondents.

Service Category	Clinical Definition	Previous term
Podiatric surgery provided by an accredited podiatric surgeon	Admission for investigation and/or treatment of conditions affecting the foot and/or ankle.	

Feedback and opportunities for improvement

The following outlines how respondents understood or interpreted the service category name and clinical definition.

Understanding of the service category name	The term ‘podiatric’ is not necessarily known. If they know it, people associate it with the feet, and also treatment by a podiatrist. They aren’t really sure what would be covered by hospital cover and start to speculate – <i>is this about ingrown toenails, broken bones?</i>
Contribution of clinical definition to understanding	- People are startled to find that this category also includes ankles – this needs to be clarified in the title. - Because the term ‘admission’ is generally ignored or misunderstood, it does not provide the needed clarity that this is about a service provided in a hospital.
Unfamiliar terms	Podiatric – this can be clarified by adding ‘feet and ankles’ to the name.
Other areas of confusion	- People would like examples of exactly what this category covers. - It is not clear that costs might be incurred in addition to private health insurance premiums already paid when receiving treatment under this category.
Opportunities to simplify /clarify	- Simplify the and/or. - Alter the format so it is more structured. - Include the option to click through to a glossary for more information on key terms. - Include the option to click though to a full list of services. - Clarify cost and hospital admission issues. - Include the terms ‘feet’ and ‘ankles’ in the name. - Add examples.
Summary of proposed	Name: Podiatric (feet and ankle) surgery

improvements	Definition: Admission to hospital for investigation and treatment of conditions affecting the foot and ankle by a qualified podiatric surgeon. Examples: • Bunion surgery Included under separate categories (check to see if you are covered): • Surgery for ingrown toenails is covered under <u>Skin and nails</u>. Additional costs: Doesn't cover services outside a hospital or within a waiting period. Gap fees or an excess may also apply.* Full list of services covered in this category: www.phi.gov.au/servicecategories
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*Optional inclusion — see discussion in recommendations (section 2.2).

Illustrative quotes

"Just trying to think what it could cover, that wouldn't be ingrown toe nails but it would be some sort of disorder with your feet that requires correction, whether it's tightened ligaments on your toes that need to be released or whatever, so again yeah. It seems strange that they have to say an accredited, whereas all the other stuff you're talking about fusions and stuff like that they don't make that distinction, of course you're going to be operated on by someone who knows what they're doing but they make a point of it with feet."

6. New product categories – hospital

6.1 Context: response to the new product categories

Consistent with previous research, the idea of the new product categories is welcomed as a way to standardise and simplify — and hence make possible — meaningful comparison of hospital products between private health insurance funds. This is the key benefit of the proposed change.

"I like the idea of just a four tier system... it seems like that there's many, many, many different names for the same thing which is really confusing so you don't know where you are... if it's gold, silver, bronze, and basic it's really nice."

There is some debate amongst Australians as to the overall impact this change would have on them, and the industry. For example, people speculate that they might lose out as individuals in the transition to the new system — moving from a product that better suits them in terms of cost and coverage to a less appropriate and more expensive product within the strict definitions of basic-gold. They can push against the inflexibility of a product that appears to meet the needs of health funds rather than their own.

"What happens if there is a cross through something that I need."

"The perception is that because it has become more generalised it will be more expensive."

Others argue that for the first time that they will have good awareness of what they are covered for, and that they will be in a better position to compare and negotiate with insurers in the future.

People can also see positive and negative possibilities with respect to cost. Depending on their point of view they argue that the changes would increase or reduce competition, and hence increase or reduce policy prices. Either they feel that a more comparable product would lead to more competition on price (e.g. as the only way for insurers to differentiate) or that else that if there is nothing to compete on, there will be no downwards pressure on price.

People are also left confused about the rationale for including basic cover. Some recognise that this will be useful for people avoiding tax, others question what basic policy holders might be insured for — and why the government would allow this.

"It's saying that basic doesn't cover you for anything."

"It makes basic look very basic."

This range of responses suggests that how the changes are explained, and the transition managed, will be important in creating understanding and acceptance of the new system. It will not automatically be accepted as a positive step forward.

6.2 Introducing the new hospital product categories

In addition, this analysis indicates that how the new product categories are introduced will impact on people's ability to make full use of the new system.

To illustrate, in some group discussions, the idea of new product categories was put to people as part of a comparison table (showing inclusions and exclusions for basic to bronze). When presented without additional information people assume that 'basic to gold' is a rating system devised by a particular fund and not part of an overarching and system wide reform.

This study has suggested that consumers require the following introductory and benefits-led information:

- the government has introduced these standard treatment/service categories so that consumers can better compare between funds — and hence are more easily able to compare like with like
- the treatment / service categories are exhaustive — e.g. cover all possible types of treatments and services
- a minimum number of service categories need to be covered under each new policy type.
- health funds can choose to offer additional treatment/services
- if a policy includes a particular category it must provide all treatments and services in that category unless it notes there is a restriction, and
- where additional information can be found — definitions, a full glossary and a full list of services.

The following contextual information was developed and tested as part of this study.

New Basic, Bronze, Silver and Gold hospital policy levels

- The Australian Government is introducing new Basic, Bronze, Silver and Gold policy levels for private health insurance.
- Health funds now need to tell you if an insurance policy is 'Basic', 'Bronze', 'Silver' or 'Gold' to make it easier to compare policies.

What will be included at each hospital policy level?

- Hospital insurance services will be divided into 36 categories, based on type of condition or service (e.g.

‘Heart conditions’, ‘Podiatric (ankle & feet) surgery’, ‘Chemotherapy and radiation for cancer’ etc).

- Each policy level will have to cover the minimum selection of hospital service categories (you can’t pick and choose what the minimum will be).
- ‘Basic’ policies cover the smallest number of minimum service categories (Rehabilitation in hospital, Palliative Care, and Psychiatric Services), whilst ‘Gold’ policies must cover all the categories (minimum of 36). Funds can offer additional services if they wish for Basic to Silver policies.
- The service categories will be consistent across all health funds. For example ‘Heart’ cover means the same thing regardless of the health fund or selling the policy or whether a policy is Basic, Bronze, Silver or Gold. Funds will use the same language to describe them and cover the same things.
- For Basic, Bronze and Silver hospital products health funds can apply restrictions to Rehabilitation, Psychiatric services and Palliative care categories. If you purchase a product with restrictions your health fund will pay reduced benefits for these services and you may be left with significant out-of-pocket expenses.

However, because of the complexity of the topic, written information only goes so far in explaining to people what the new system is. A visual involving a sense of the different categories covered by each level is also required. We are recommending that a more detailed comparison table is presented, as discussed in the next sections.

Language note:

We tested ‘tier’ vs ‘level’ to describe the different types of cover, with the latter preferred as more plain English.

6.3 Interpreting the tables (hospital)

This study introduced the idea of new product categories through a range of possible table formats. These included:

- Tables that present comparisons of different types of cover — for example comparing different ‘silver’ policies, comparing a particular silver policy to generic basic-gold policies.
- Different ways of presenting inclusion/exclusion tables, arranged by inclusion, exclusion, basic to gold and gold to basic.

People’s initial thoughts when presented with a table are:

- a sense of being confused and overwhelmed
- an impression of comprehensiveness, and
- a belief that their knowledge has been increased.

More detail on each of these themes is outlined below.

Confused and overwhelmed

People who are less literate or involved in managing their private health insurance also appear less likely to delve into the detail of the table. Rather than a good understanding of what is covered under each policy level they are left with a general sense of ‘less’ or ‘more’ — they intuit that basic is the lowest cost and coverage

policy and gold the highest from a quick glance at the tables. This group will likely rely less on the tables and more on their usual strategies of calling funds or visiting offices in person to help them understand their current or potential future policies.

“Way too wordy.”

“Information overload.”

“I’d probably pick up the phone and ask because with the kids I just don’t have time, so yeah, a ten-minute conversation on the phone is better than half an hour of clicking and not finding what I’m looking for because I don’t know what I’m looking at.”

Comprehensiveness

And, despite this last, a sense of comprehensiveness, arising from the length of the list — and hence reassurance around what is included in private health insurance overall.

“Yeah, it looks quite comprehensive on first sight, it’s a long list. You know, there’s pregnancy, there’s dental, psychiatric services, there’s, it certainly looks at first sight like most of the areas are covered.”

Increased knowledge

People also feel a sense of increased knowledge. The more involved felt that this would not only help them understand what they might be covered for in the future, but also what they are currently covered for.

“Yeah, I think it’s more detailed than what I scanned through for my existing policy for instance, I don’t even know, as much as I thought I researched what I was paying for.”

6.4 Requirements for presenting the tables

Overall themes

People would ideally like information to be:

- presented as simply as possible
- modifiable
- searchable, and
- transparent.

More detail on each of these themes is outlined below.

Presented as simply as possible

We are suggesting that where possible the Department reduce the categories of cover. This study indicates that the rationale of separating out categories of cover so that they can be included in basic is likely not yielding the value that simplifying categories will. This indicates that it is worth considered whether the following categories (covered by basic and up) should not be listed separately: tonsils, adenoids, hernia, and appendix, joint reconstruction.

“Group more things together. Like miscarriages and pregnancy, if they're both covered under the same cover then why do we list them separately for? You know what I mean, like why complicate things that don't need to be complicated?”

Modifiable

People look for ways to chunk or order information to help sort through it – either alphabetically, by anatomy/condition or by life stage. For instance, they speculate that a young person would only need bronze, midlife families silver etc. (By this reasoning, having joint replacements and pregnancy in the same category is not intuitive). They also feel that being able to exclude items one would not want to consider from a table (they imagined this functionality could occur online) would also help reduce navigating the tables to a manageable task.

“What sort of order is it in, it's not actually, it's definitely not in alphabetical order. At first look as just a hodgepodge of things, so. Is that a fair comment?”

“Well again, I mean just as an idea, not being a medical person but it'd probably help if they started from the head down, and then I could, as I'm looking I'd see if my head, shoulders, again, that's something to do with order, so it'll be, I'm sure I'll go through it and say yeah, but because it's not in some sort of order, I won't know what I'm missing without trying to remember it all. And you know, because I'm a bit older my memory's suffering.”

However, when we presented tables ordered alphabetically or by anatomy/condition to respondents they felt that this was a visually confusing introduction to the idea of product categories (and also only offered limited benefits with respect to alphabetisation because it will only refer to the first word of a category name) and that the dominant presentation of tables should be the categories ordered by levels.

Because of this, we are recommending that the default presentation of the categories should be by level, however if the tables are presented online then there should be capability to re-order alphabetically or exclude items of cover one does not wish to consider.

Searchable

People say they will likely approach a look-up table with the aim of finding a particular term – a condition, service or treatment or apparatus. This task is made very difficult when the list of treatments and services is not in alphabetical order. Because of this, when looking at the comparison information online, people would like a chance to search by a particular term — and be directed to a particular category of cover.

“I am looking for where I have a CPAP machine... I don't know what category that would go under.”

Transparent

Because of people's overall lack of trust in private health insurance, and their lack of knowledge of how the system works, it will be very important to be transparent about conditions or procedures are not covered in a category as well as flagging where people might incur additional costs.

People expect that if a category is restricted it will be very easy to locate information on exactly what that restriction entails.

“You want to know what underpins this – what out of pocket expenses will you incur.”

“Look, it certainly would help, that way you, well, it's easy to compare one with the other, I'm not necessarily saying it's going to be easy to compare one plan with another, because

there's plans with lower excess, higher excess, you know, the whole, it's the whole mobile phone saga, which actually has become a lot easier."

Preferences and behavioural nudges arising out of order effects

There were strong preferences across the sample (with the exception of Arabic speakers and those who only looked for top cover or were more analytical, and shopping around based on exclusions) for tables that were ordered by basic to gold, and with inclusions first. This felt much more natural.

However, we suggest that this sense of ease is not because of any intrinsic value, but rather due to how people systematically approach selecting private health insurance, and also the extent to which they feel at risk because they cannot afford the level of cover that they would like.

The less well off are looking at the cover through the lens of what they can afford – they work their way up from the cheapest to the most expensive cover. They prefer basic-gold ordering for this reason. For this group, a table ordered by basic-gold is also less threatening or thought provoking. The column on the left of the table represents the 'standard' – if this is gold it will likely prompt more consideration of higher level policies, however it also implies — or rubs in — that people on lesser policies are missing out and stirs resentment at government and insurers for leaving them exposed or trying to 'trick' them into taking out higher levels of cover. Having said, this, putting gold first also tends to make people feel more positive about what is included in private health insurance overall.

"I'll look at the bottom ones first and see yeah okay what can I do without."

"Go the next level up and see okay, sleep studies, okay my husband takes that so he might need another one, so we might need that. Heart-related conditions I definitely want that because my husband's heart's not the best, so like all of a sudden I really can't go lower than silver."

"You think can you stretch yourself, the kids play sport, can we get the next level up?"

"It's a marketing gimmick to make us want gold – but it says to us – this is what you can't have. This is what you can't afford!"

If the Department presents the reforms as part of a Gold-Basic, exclusions-inclusions first table, this will likely nudge more behaviour change, however, if it decides that a greater priority is ease of comprehension and greater engagement (gained through reading a more natural seeming table) than a table ordered by inclusions to exclusions should be selected.

Use of icons and other semiotics

Of necessity, the tables use a number of icons and other semiotic indicators. Through the research these were evolved and refined. It became clear that:

- Understanding of the icons is hampered when people don't understand the service categories.

"What is dental surgery? It could be anything where you go to the dentist?"

- Not all will read the legend, but rather skim the table, and the so icons need to be relatively intuitive. A simple tick / cross system does this. Having said this, the legend also needs to be very simple and cater to the less literate.

"A tick means it is covered, a cross means that it is not"

"A tick means that you are covered."

"You don't need to read it [the legend] you know low and high and ticks and crosses."

- Each icon should only communicate one idea (for example, initially, the tested icons needed to communicate what is / isn't communicated as part of a particular cover as well as what a level of cover included at a minimum).

"I don't understand the tick in the dark grey box."

"That stuff about the minimum requirements is very confusing."

"So the dark grey tick means that you pay less?"

"Maybe they should have a double tick to show it is extra?"

- In addition, it was also clear that icons or indicators have existing meanings, and these need to be built on rather than countered. In particular, signalling an exclusion through a bracket, and an inclusion through an asterisk doesn't work, as a bracket signals clarification but something that still exists within a particular category while an asterisk signals 'fine print' and the idea that something will be left out.
- Finally, too many icons confused rather than clarified understanding.

Hence, we have moved from the initial tranche of icons tested:

✓	A tick indicates that the treatment/service is a minimum requirement of the product category.
✖	A cross indicates that the treatment/service is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.
R	An 'R' indicates the hospital treatment/service is restricted. Restrictions mean that reduced benefits are payable by the insurer for these services/treatments.
✓	A tick in a dark grey box indicates that this policy covers treatment/services in addition to the minimum requirements of the product category.
Excess	An excess is an amount payable by the consumer towards the cost of hospital treatment.

To recommending the following as reflected in the simplified legend below (this is also reflected in the table on page 91):

- Using colour to reinforce the meaning of the icons.
- Reducing the number of icons.
- Using a different visual reference system to indicate the minimum included in a policy level.
- Separating out cost information.

✓	The green line shows what each different policy type has to cover as a minimum
✓	Health funds can also choose to cover additional categories outside the minimum.
(R)	Health funds can apply restrictions to rehabilitation, psychiatric services and palliative care for basic-silver policies. If a restriction is applied a health fund will pay reduced benefits and you may be left with significant out-of-pocket expenses.
✖	A cross says that the treatment/service is not a minimum requirement and not covered.

6.5 How should the tables be promoted and made available?

Transition information

The expectation is that funds will provide transitional information to existing customers and introductory information to new customers on how the basic-gold system works.

privatehealth.gov.au

In addition, people see a strong role for the privatehealth.gov.au website in providing:

- Modifiable, searchable overall tables. People note that their first step will be a back and forwards process, looking for the conditions, procedures and categories they want to be covered for and then contrasting this information with the cost of that cover... Modifiable, searchable tables will enable this process. (They would make full use of the comparison tool once they have settled on a cover level that, they assume, will be some kind of compromise between what they want to be covered for and what they can afford.)

"It's putting everyone in a box, older people don't want pregnancy and we don't want joint replacement."

- Responsive information — e.g. being able to click through from the overall tables to the definitions for each of the service categories and then to a full glossary — e.g. where one can look up any the unfamiliar terms used as well as a full list of what is covered — note and MBS items.
- Comparison information (we note that people expected comparison information to be provided so that it shows like policies together, rather than a particular policy against the basic-gold system). The requirements for an online comparison tool are that it:
 - offers a simple way to compare like with like
 - doesn't overwhelm or offers an easy way of sorting policies down to a manageable number to compare
 - allows the user to provide enough information (e.g. number of people covered, their ages, their income, their state and their LHC years) to enable a reasonably precise price estimate.

The table overleaf example tested well as comparison information.

EXAMPLE PREMIUM COMPARISON: SILVER					
Number of people covered: 1		Age: 31	Other costs: ambulance, and gap fees can still apply – make sure you know what yours are.		
Income: \$90,000		State: VIC	LHC years: 0	Click here for more information.	
	Fund A	Fund B	Fund C	Fund D	Waiting period
Hospital policy type	Silver	Silver	Silver	Silver	
Premium cost per year after loading / rebate	\$2,100	\$2,800	\$2,500	\$3,000	
Excess (pay once per year, does apply to children)	\$250	\$300	\$0	\$500	
Co-payment	\$100/night	\$0	\$50/night	\$0	
Rehabilitation in hospital	(R)	✓	(R)	✓	2 months
Psychiatric services in hospital	(R)	(R)	(R)	(R)	2 months
Palliative care in a hospital or hospice	✓	✓	✓	✓	2 months
Brain conditions	✓	✓	✓	✓	12 months for pre-existing conditions, 2 months for all other circumstances
Chemotherapy and radiotherapy for cancer	✓	✓	✓	✓	
Endoscopy	✓	✓	✓	✓	
Joint reconstruction <i>Included under separate categories: joint replacements</i>	✓	✓	✓	✓	
Miscarriages and termination of pregnancy	✓	✓	✓	✓	
Tonsils, adenoids and grommets					
Hernia and appendix					
Breast cancer surgery	✓	✓	✓	✓	
Endocrine system	✓	✓	✓	✓	
Dental surgery					
Eye and socket <i>Included under separate categories: cataract procedures</i>	✓	✓	✓	✓	
Lungs, chest and ribs <i>Covered under separate categories: heart conditions</i>	✓	✓	✓	✓	
Kidney and bladder <i>Included under separate categories: dialysis</i>	✓	✓	✓	✓	
Male reproductive system	✓	✓	✓	✓	
Digestive system (gastrointestinal) <i>Included under separate categories: appendix and hernia</i>	✓	✓	✓	✓	
Ear, nose and throat (and related areas of head and neck)	✓	✓	✓	✓	
Skin and nails	✓	✓	✓	✓	
Bone and joints <i>Included under separate categories: joint reconstruction</i>	✓	✓	✓	✓	
Plastic and reconstructive surgery - congenital (birth) conditions	✓	✓	✓	✓	
Heart conditions	✓	✓	✓	✓	
Sleep studies	✓	✓	✓	✓	
Veins and arteries	✓	✓	✓	✓	
Female reproductive system (gynaecology)	✓	✓	✓	✓	
Back, neck and spine <i>Included under separate categories: spinal fusion, joint surgery</i>	✓	✓	✓	✓	
Plastic and reconstructive surgery – acquired conditions	✓	✓	✓	✓	
Podiatric (feet and ankles)	✓	✓	✓	✓	
Pregnancy, birth and newborns	x	x	x	✓	12 months
Joint replacements and spinal fusion	x	x	x	x	12 months for pre-existing conditions, 2 months for all other circumstances
Ongoing (chronic) pain	x	✓	x	x	
Assisted reproductive services (e.g. IVF)	x	x	x	✓	
Cataract procedures	x	✓	x	x	
Dialysis for chronic kidney disease	x	x	x	x	
Insulin pumps	x	x	x	x	
Implantation of hearing prostheses	x	x	x	x	
Weight loss surgery	x	x	✓	✓	
✓	The green line shows what each different policy level has to cover as a minimum				
✓	The fund is choosing to offer this category in addition to the minimum.				
x	The treatment/service is not a minimum requirement for that policy level and not covered.				
(R)	The fund is restricting this category. It will pay reduced benefits and you may be left with significant out-of-pocket expenses.				

Hard copy information

There will be a requirement amongst some for the basic information to be available in hard copy (e.g. overall information and table, definitions) to be available in hard copy.

"I wouldn't just want it online, I would want it to, I would like a hard copy because it is easier as you get older to read with your glasses on, black writing on white than on a screen especially if you have smaller screens as you go to iPads and phones and things, I would like this like that and I would keep it and I would file it away and I would know where it was."

Translated information

We recruited one in four across the study as being culturally and linguistically diverse, and also specifically recruited 12 depth interviews as being first generation migrants to Australia from non-English speaking backgrounds. Interestingly, people's reasons for taking out health insurance do not appear to alter depending on culture (e.g. reasons such as 'peace of mind' still dominate) although they may require some period of adjustment with respect to learning how Australian health system works.

Having said this, there is a sense that people with low or no English language skills can struggle with the information presented. Translating names and definitions into common community languages would be a valuable exercise in ensuring equitable access to this information.

A campaign

People are quite surprised that the government is not planning to broadcast the proposed reforms. Private health insurance holders believe that the changes are significant and say they do expect some kind of information campaign.

Given that privatehealth.gov.au is being redeveloped, we are suggesting that rather than the government running a campaign about the introduction of the basic-gold and common language / standard category reforms, that it promote the re-jigged website with its comparison abilities. This would create a great deal of interest and excitement because:

- This is a rare area where government has the *most* credibility!
- The site would be agnostic — it would give the full list of insurers and not be beholden to recommending whatever insurer is paying the most as people believe is currently the case.

7. New product categories – general treatment

People acknowledge that variations in the limits and sublimits for each category of cover mean that there is currently more 'complexity' with respect to the possible combinations of general treatment cover, and hence is it more difficult to 'categorise'.

"They weren't very specific... for instance with the health and wellbeing program you have to do some digging yourself.... they're not going to really advertise that they want you to claim it so I had to dig what it meant by health and wellbeing program."

People have been 'trained' to expect that general treatment insurance will be flexible, and that they will ideally receive at least 100% return on their payment — e.g. that they will get an equal or greater amount than they pay on their premium. Hence, there is more suspicion around a reform that will reduce flexibility with respect to this type of cover.

However, even more than this, people are unwilling to accept a system where the product levels rely on inclusion of particular service types, without reference to limits or sublimits (e.g. the ability to claim back an overall dollar amount per policy, for each service type and the % of an individual bill).

The first 'version' of a general treatment comparison table presented (below failed to give the required level of detail. People typically said that the quality of extras isn't judged by the number of areas that one is covered for (although it is important that this is tailored to one's circumstances) but rather by the limits and sublimits placed on what they can claim for. This additional information would be needed for the extra/comparison table to be meaningful.

	Kate Smith's extras policy is Bronze		
	↓		
Treatments/Services	Bronze	Silver	Gold
General Dental	✓	✓	✓
Physiotherapy	✓	✓	✓
Optical	✓	✓	✓
Major Dental	✕	✓	✓
Endodontic	✕	✓	✓
Psychology	✕	✓	✓
Chiropractic	✓	✓	✓
Osteopathy	✓	✓	✓
Podiatry	✕	✕	✓
Hearing aids and audiology	✕	✕	✓
Prosthesis, Aids and Appliances	✕	✕	✓
Preventative Health Products/Health Management Programs	✕	✕	✓
Non-PBS medicines	✓	☆	☆
Remedial Massage	✓	☆	☆
✓	A tick indicates that the treatment/service is a minimum requirement of the product category.		
✕	A cross indicates that the treatment/service is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.		
✓	A tick in a dark grey box indicates that this policy covers treatment/services in addition to the minimum requirements of the product category.		
✓	A tick in a pink box indicates that this policy covers additional treatment/services that may be offered by an insurer on an optional basis in any product category.		
☆	A star in a pink box indicates that policies in other product categories may also include these additional treatment/services on an optional basis in any product category.		

In addition, the icons used were confusing. Ticks and crosses do not work as well for general treatment products. Where hospital treatments are generally all or mostly covered, extras typically have yearly limits, a certain amount or percentage payable per visit to the physio etc. Ticks and crosses are therefore misleading, and potentially open up loopholes for insurers to e.g.: cover every category (but offer low yearly limits and low percentage payables per visit) and also the potential for people to assume that they are covered and then receive a nasty shock.

"You need to know that you can claim 40% up to a limit of x dollars... That's the point of difference."

"You need to know that you can claim two pairs of glasses and you have to go to Specsavers not OPSM."

"It's too general to be meaningful."

The pink boxes with stars are not easily interpretable – and the language in the descriptor box is quite difficult to understand. Very few seem to be able to tell the difference between the pink box with star and pink box with tick.

People felt that ideally general treatment products should show yearly limit, and minimum percentage for what they will cover. This was almost achieved in the last iteration tested — see below. In addition, including a minimum percentage claimable per treatment would also be welcome as making the yearly limit more meaningful. For instance, people say that the rules of their cover are that they will be reimbursed x% per trip to the dentist (or physio or chiro). To illustrate — under this logic, a policy that has a yearly minimum cover of \$300 but only allows 10% of the fee to be claimed per \$150 treatment will not be as valuable as a policy that has a yearly minimum cover of \$300 but that allows 70% of the fee to be claimed per \$150 treatment if the policy holder only seeks that treatment 2-3 times per year.

Minimum requirements by service type	Bronze	Silver	Gold
General Dental	\$300	\$500	\$2000
Physiotherapy	\$100	\$350	\$550
Optical	\$150	\$200	\$250
Major Dental		\$500	\$900
Endodontic		\$500	\$900
Psychology		\$350	\$600
Chiropractic		\$350	\$550
Osteopathy		\$350	\$550
Podiatry			\$300
Hearing aids and audiology			\$600
Prostheses, Aids and Appliances			\$500
Preventative Health Products/Health Management Programs			\$200

We note that people feel that they generally have a good sense of what is covered under each general treatment service type and do not want expanded definitions for these as they do for hospital cover, however a link to a glossary would be helpful.

8. Private health information statement

To understand how Australians might feel about a shift from the Standard Information Statement to a differently regulated Private Health Information Statement, the following were explored:

- awareness and use of the Standard Information Statement.
- summary of cost information
- warnings on out of pocket costs, and
- inclusion/exclusion tables for hospital and general treatment cover and directions on how to find out more information on these.

Below we outline how people responded to the information presented to them and their preferences for the finalised private health information statement.

8.1 Current awareness

As hypothesised, there was little to no awareness of a 'Standard Information Statement' amongst participants in this study. Those who are more alert to their health insurance talk about 'product disclosure statements' and of receiving updates to their policy, however others say they ignore correspondence from their fund — unless this is about premiums.

8.2 Response to the proposed private health information statement

The list of information proposed for the private health information statement — including summary and cost information, and hospital and general treatment inclusion and exclusion tables — seems reasonable. Response to each section and suggested changes are outlined below, as are preferences for presentation of the private health information statement information by funds and through privatehealth.gov.au.

Presenting and delivering the private health information statement

While people agree that the range of information suggested for inclusion as part of the private health information statement is important, there is little tolerance for lengthy documentation from their health funds.

People expect to be able to control how they receive the proposed private health information statement, opting in to receive it via email, or snail mail.

When their policy is first released and when something substantial changes about their policy they will expect to receive a full update of the revised exclusion/inclusion and cost structure, via email or post as per their preference.

They also expect to be able to log into the member area of their health fund at all times to have access to the full list of information.

We also note the opportunities to roll this information into the presentation of hospital inclusions and exclusions table to help make a 'one page' look up chart.

There is even less tolerance for lengthy information provided by as part of a generic quote or information statement through privatehealth.gov.au. The idea that a comparison website would produce 1-2 pages of information on each policy considered seems unrealistic, and out of proportion to the effort people are willing to devote to the process. Rather than a detailed fact sheet on each individual product, people want easy to use comparison tables. In section 6.5 (e.g. see section 6.5 above) we have provided more detail on what is expected of a comparison site.

Summary information

The following information was presented to people as an example of summary information:

Table 1. Example of summary information presented to respondents

Insurer:	Monthly premium before rebate/loading:
Acme Health Insurance	\$245.32
Level and type of cover:	Monthly premium after rebate/loading:

Silver hospital & silver general treatment	\$170.32
Who is covered:	State:
One adult	ACT
Contact details:	Website:
1800 222 555; info@acmehealth.com.au	www.acmehealth.com.au

The above summary information is seen as comprehensive, however not quite complete. People's expectations of what information should be included is shaped by what communications they already receive from funds. Hence they are also calling for the following:

- The names of people covered under the policies and possibly their dates of birth.
- The name of their product – assuming names survive the shift to the new system.
- Annual premium in addition to their weekly/monthly premium with the later based on how frequently they pay — while people can pay in weeks or months, the annual figure is also important in being able to give an overall sense of what their insurance costs them.
- Policy number — this is needed when people are calling up their fund to ask questions. They say that they often don't have it to hand and that it would be useful to be able to easily locate this information.
- Member log in — having a user name and login address for their fund's member portal to hand would be ideal.
- How much they are receiving / being penalised with respect to the Lifetime Health Cover and Private Health Insurance Rebate.
- When their Lifetime Health Cover loading will 'run out'.

Because they are not generally alert to the way in which the state or territory they live in impacts on the amount they pay for their insurance, people question the need to include 'state' as a field.

A note on language / required contexting information

When trying to interpret the summary information, this study indicates that people typically do not have the required level of knowledge to interpret the summary information. Rather than assume understanding, this analysis suggests that the private health information statement will need to provide links to the glossary for the following ideas:

- the idea of different levels of cover (i.e. basic, bronze, silver and gold), and
- the Lifetime Health Cover Loading and Private Health Insurance Rebate.

In the section above we have discussed how to introduce the new policy levels. We note that they also need access to the following or similar information on how to interpret government interaction with fees. This can easily be a 'click' for an online statement, however if disseminating the statement in hard copy, the Department may wish to give consideration to including a hard copy 'glossary'.

- Medicare Levy Surcharge: The Medicare Levy Surcharge (MLS) is a levy paid by Australian tax payers who do not have private hospital cover and who earn above a certain income. The levy can be up to 1.5% of your income, and starts to be applied for individuals earning \$90,000 and over and families earning \$180,000 and over.

- **Private Health Insurance Rebate:** Most Australians with private health insurance currently receive a rebate from the Australian Government to help cover the cost of their premiums. The rebate depends on income and age. High income earners (over \$140,000 for an individual and \$280,000 for a family do not receive a rebate). People can receive as much as 33.88%.
- **Lifetime Health Cover:** Lifetime Health Cover means that people will pay a 2% loading on top of their premium for every year you are aged over 30 and don't have cover.

Costs

The following information was presented to people in this study as an example of cost information that might be included as part of the proposed private health information statement:

Will I have to pay anything if I go to hospital?	Before you go to hospital, you should ask your doctor, hospital and health insurer about out-of-pocket costs that may apply to you.
Excess:	You will need to pay an excess on admission. This is limited to a maximum of \$250 per person and \$250 per policy per year. Excess payments do not apply to hospital admissions for dependents.
Extra cost per day (co-payments):	There are no co-payments
Doctors' and hospital bills:	This insurer also has arrangements that may mean lower out-of-pocket expenses on doctors' bills. You may also have to pay other costs depending on: The doctor(s) chosen The treatment you are having The hospital you go to.
Ambulance	Waiting period: two months Limit: unlimited For further details on your ambulance cover contact Acme Health
Travel and accommodation	N/A
Waiting periods	See the hospital treatment and general treatment tables for individual treatments. NOTE: There is a 12-month waiting period for pre-existing conditions.
Restrictions	See the hospital treatment table for restricted hospital treatment

Testing revealed that this information doesn't work when presented at the general level. People are interested in cost information as it is tangible and specific to their policy. For instance, *how much is my excess or co-payment.*

This is also true for other information that might have an impact on their policy such as the structure of their ambulance cover, the extent to which they will be subject to waiting periods and restrictions and what arrangements their fund has with particular doctors or hospitals.

If all this information could be included in the one place as specifics it would be very welcome. We note the opportunities to roll this information into the presentation of hospital inclusions and exclusions table to help make a 'one page' look up chart.

In addition, people also do not have enough contextual information about how excesses, co-payments, ambulance fees, travel and accommodation, waiting periods and restrictions work to be able to easily navigate the very simple or high level information that might be contained in this table. Because of this, we suggest that the Private Health Information Statement also provide links to the glossary for the following:

- How waiting periods work, and whether health insurers are allowed not to cover people for pre-existing conditions.
- Travel and accommodation (note that a reference to 'travel', without further explanation, could lead some to think that it was about medical insurance when travelling overseas, and can be very confusing)
- How ambulance cover works – where it is included and under what circumstances you would be covered.
- How excesses work and the range of excesses you might have.
- What a co-payment is.
- How you are not covered for services outside a hospital.
- What being covered as a private patient in a public hospital means.

"With ambulance they need to let us know what it's covered under and when you can claim for it. What is life threatening."

For instance, the following information tested well in group discussions.

- Waiting periods. Health funds can apply the following waiting periods:
 - 12 months for pre-existing conditions
 - 12 months for obstetric services
 - 2 months for psychiatric care, rehabilitation and palliative care
 - 2 months for all other services.
- A co-payment: People can agree to pay an insurer an 'co-payment' to reduce the amount of their premium. This is a per night charge applied when anyone covered by a policy stays in a private hospital.
- Excess. People can agree to pay an insurer an 'excess' to reduce the amount of their premium. How excesses are applied varies widely. It is important to check your policy to understand how many times this can be applied per year, and to how many people.
- Gap or out of pocket fee. Whenever you are treated by a specialist you can be charged a 'gap' fee that is the difference between what the Medicare Benefits Schedule and your health refund pays for and what your specialist charges. This can be reduced if your hospital and specialist have an existing arrangement with your fund. Always ask about the gap and existing arrangements before you go into hospital so you can avoid surprises.

Finally, there is confusion with respect to some of the specific wording presented to people with respect to the excess: "You will need to pay an excess on admission. This is limited to a maximum of \$250 per person and \$250 per policy per year. Excess payments do not apply to hospital admissions for dependents." And also the use of the Limit / Unlimited structure for ambulance cover.

"The \$250 – do you pay that each time you use a different category? Or each time you go to hospital?"

"Is the \$250 in addition to the premium?"

"Is a dependent only a child. If I pay for the policy and my husband is on the policy is he a dependent?"

Hospital inclusion/exclusion table

A simple table of inclusions and exclusions is considered to be an important component of the new private health insurance statement. However, on a private health insurance statement, people are not interested in comparison information (e.g. their cover compared to other policies at their level or their cover compared to the overall bronze-gold ratings).

People who know their product disclosure statement well can feel as if they already have access to something similar, although others can note that they don't have good access to the full list of what they are covered for, and that it can be hard to get clear information on this from their fund even if they ask.

Because people are so suspicious about what has been left out, showing the exclusions, and also giving people an opportunity — if they are interacting online — to click through to definitions, a glossary, the note and the full list of inclusions will be important in allaying fears.

"Just look at the actual PDS, like the full product description... Not a lot of the detail but more so of the exclusions and inclusions and you know, the terms of the inclusions because sometimes things could be included but when you read the fine print it's only you know, a small amount of a particular area that might be covered."

"Well it gives someone a better idea of what would be covered but I'd rather know what isn't and leave it at that rather than list a whole lot of things of... well it depends on which, you know, if it's only a snapshot you don't need so many examples."

We note that people did not react well to use of a generic waiting period in a supposedly tailored product – we suggest that this is only used as it applies, and that rather than the length of time, the end date of the waiting period is used.

In addition, using simplified category names and icons / visual descriptions as per section 7 of this report will be important.

We have provided an example of this below, and also included notes as to how additional private health information statement might be included in the table. Note that people would expect to be able to 'click through' to more information on precisely what is restricted under their cover.

Fund: Fund A Contact number: 1800funda Member portal: funda.com/portal		
People covered: John Smith, 14.5.1976 johnsmith@gmail.com	Policy number: 12345AA	Portal user name:
Government loadings and discounts: Lifetime Health Cover loading: none, Private Health Insurance Rebate: \$x		
Mind the gap: always ask your fund, doctor and hospital about out of pocket fees before treatment	Covered	Waiting period
Hospital policy type / name	Silver	Waiting periods for
Premium cost per year after loading / rebate	\$2,100	
Excess (pay once per year, does not apply to children)	\$250	

Co-payment	\$100/night	this policy have been served.	
Rehabilitation in hospital	(R)		
Psychiatric services in hospital	(R)		
Palliative care in a hospital or hospice	✓		
Brain conditions	✓		
Chemotherapy and radiotherapy for cancer	✓		
Endoscopy	✓		
Joint reconstruction <i>Included under separate categories: joint replacements</i>	✓		
Miscarriages and termination of pregnancy	✓		
Tonsils, adenoids and grommets	✓		
Hernia and appendix	✓		
Breast cancer surgery	✓		
Endocrine system	✓		
Dental surgery	✓		
Eye and socket <i>Covered under separate categories: cataract procedures</i>	✓		
Lungs, chest and ribs <i>Covered under separate categories: heart conditions</i>	✓		
Kidney and bladder <i>Covered under separate categories: dialysis</i>	✓		
Male reproductive system	✓		
Digestive system (gastrointestinal)	✓		
Ear, nose and throat (and related areas of head and neck)	✓		
Skin and nails	✓		
Bone and joints <i>Covered under separate categories: joint reconstruction</i>	✓		
Plastic and reconstructive surgery - congenital (birth) conditions	✓		
Heart conditions	✓		
Sleep studies	✓		
Veins and arteries	✓		
Female reproductive system (gynaecology)	✓		
Back, neck and spine <i>Covered under separate categories: spinal fusion, joint surgery</i>	✓		
Plastic and reconstructive surgery – acquired conditions	✓		
Podiatric (feet and ankles)	✓		
Pregnancy, birth and newborns	✗		
Joint replacements and spinal fusion	✗		
Ongoing (chronic) pain	✓		
Assisted reproductive services (e.g. IVF)	✗		
Cataract procedures	✗		
Dialysis for chronic kidney disease	✗		
Insulin pumps	✗		
Implantation of hearing prostheses	✗		
Weight loss surgery	✗		
✓	The green line shows what each different policy level has to cover as a minimum		
✓	The fund is choosing to offer this category in addition to the minimum.		
✗	The treatment/service is not a minimum requirement for that policy level and not covered.		

(R)

The fund is restricting this category. It will pay reduced benefits and you may be left with significant out-of-pocket expense

Extras / general treatment

Having all the information in one place on the opportunities and caveats included in their extras policy would

Minimum requirements by service type	Bronze
General Dental	\$300
Physiotherapy	\$100
Optical	\$150
Major Dental	x
Endodontic	x
Psychology	x
Chiropractic	x
Osteopathy	x
Podiatry	x
Hearing aids and audiology	x
Prostheses, Aids and Appliances	x

be welcomed. Similarly to hospital treatment, people were looking for a simple outline of what they were covered for.

Preventative Health Products/Health Management Programs		x
\$	This is the minimum benefit limit.	
x	A cross indicates that the service type is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.	

Appendix. Discussion guides and stimulus

Clinical definitions depth interviews

In venue, 1:1 depth interviews, 60 minutes, \$80 incentive, clinical definitions as per rotation

Moderators to cover privacy and introductions / then introduce the purpose of the interview...Note that health is a sensitive issue and if people don't feel comfortable with a particular term they don't need to talk to it.

From 1 April 2019, insurers will be required to:

- use new standard clinical definitions
- list all service categories, both included and excluded, for each policy, and
- cover all services in a particular category if the clinical definition is listed as an inclusion.

In this interview we are going to be looking at terms for clinical definitions and service categories. They are based on medical terms and so I'd like to get your sense of whether or not you think they are meaningful and useful – and whether they help you understand what we are covered for in relation to hospital and general treatment/extras insurance products.

The worry is that if we aren't doctors the terms don't really help us understand what we are covered for. We know that any jargon they can be difficult to understand for a layperson. Our job today is really to stick up for the layperson... to say 'well this term is useful' or 'this term actually requires more information to understand properly'...

Here is the full list (show example 2 hospital cover from the product category group stim as well as overall table for service categories and clinical definitions) how do we feel about this, does having this complete list of all the different types of hospital services we might need to be covered for help? How does this come across?

Probe in full.

Now I'm going to show you an example of the additional definitions for each of these terms to see if they help us work out what is going on?

As per the rotation order for each item, the moderator will show the service category and definition, i.e.

Rehabilitation — Admission for physical rehabilitation for a patient recovering from surgery or illness. For example: inpatient and admitted day patient rehabilitation.

Following exposure, the moderator will ask for people's initial thoughts: Can you talk me through this term / this statement and how you would go about working out what it means?

Additional probes:

- What terms are unfamiliar / do you have questions about? *[If they are not addressed, moderators will probe on key terms, e.g. for the above asking: what do you understand by the term 'rehabilitation' / 'physical rehabilitation' / 'admitted day patient' / 'in patient'?] What further explanations are needed?*
 - *NB. Here moderators are to use the relevant terms from the glossary to understand if cross-referencing the terms and the glossary format is useful/necessary: www.privatehealth.gov.au/faq/glossary.htm*

- *Can we gauge the preference with the interviewees between the terms ‘terminal illness’ and ‘end-of-life’?*
- Do you get a sense of whether or not this is relevant to you?
- Are you able to talk me through how you would work out what parts of the body are and aren’t included in that category of service? /What could you be sure about / what wouldn’t you be sure about?
- Are you able to talk me through how you would work out what medical procedure are and aren’t included in that category of service? /What could you be sure about / what wouldn’t you be sure about?
- How would this help you evaluate a health insurance product / whether or not you were covered for a particular medical procedure? Are we going to read this in detail when taking out a product? Only when we are ill?
- How does the description add or take away from our understanding of the service category? Do the terms ‘service category’ and ‘clinical definition’ really sum up what we are talking about?
- How does this compare to the old standard definition?
- How do we feel about the number of examples provided? Has this struck a good balance between enough detail and too much information?
- How do you feel about the way in which they are asking you to cross-reference clear (e.g. mentioning that something is ‘listed separately’? Could this be made clearer?
- Can you talk me through the difference between ‘monitoring’, ‘investigation’, ‘treatment’ and ‘care’?
- Is there a need to further clarify that these refer to in-hospital procedures and that specialist fees, gaps, and exclusions will still apply?
- What format helps us pay attention / get the right level of information when we need it – e.g. exclusions first, clicking through to the glossary, always being able to click through to the clinical definition.

We will then present the additional context with the mandatory MBS items, e.g.

Service Category	Clinical Definition
Heart and heart-related conditions and services	Admission for investigation and/or treatment of heart and heart-related conditions. For example: angiography, stenting, pacemaker or defibrillator insertion, coronary bypass surgery, valve repair and replacement, heart failure and heart attack. Monitoring of heart conditions is also included in this category. For example ECGs and overnight BPs. Included procedures: MBS Item Numbers¹: 11700-11727; 12500; 13400; 13818; 13847-13854; 35361; 38200-38276; 38287-38293; 38300-38318; 38350-38393; 38460-38469; 38470-38473; 38475-38495; 38496-38509; 38512-38518; 38550-38577; 38588; 38600-38627; 38615-38627; 38637-38656; 38670-38680; 38700-38766; 39130-39131; 39134-39139

As well as the note (Some MBS items are common across all surgical categories and are thus captured in a ‘Note’ that relates to all the relevant categories.) :

For each category (e.g. rehabilitation, palliative care), funds will cover the following services in hospital:

- Consultations
- General diagnostic procedures
- Diagnostic imaging
- Pathology services
- Pre-operative assessment
- Anaesthesia and regional nerve blocks
- General surgery items*
- Attendance at operations
- Management of complications

*General surgery items are services relevant to all surgical procedures, for example 13815 - Central vein catheterisation, 30058 – control of postoperative haemorrhage.

- How does including the MBS item numbers add or detract from our understanding?
- Are you able to talk me through what the note is trying to say? How could we make it clearer?

NB – Moderators will workshop the note text with depth respondents to make sure this note is easily understandable.

This will then be repeated for each of the service categories in the rotation – note that the MBS item / note will only be tested once. Thank and close

	Main terms	Particular terms that people are interested in or have experience in – to make sure that the terms work for people who have used this area of health.	Back up terms
CD depths 1, 4, 7, 10, 15, 17, 19, 21, 23, 40, 54 JM depth 3	1, 2, 3, 5, 6, 7 (6)		4, 14, 19, 20, 21, 27, 28 (7)
CD depths 12, 25, 27, 29, 31, 33, 35, 37, 39, 41, 55, 61	8, 9, 10, 12, 15, 29, (6)		25, 26, 27, 28, 31, 34, 35, 36 (7)
CD depths 2, 5, 8, 11, 14, 18, 22, 26, 30, 36, 56, 62	16, 17, 18, 19, 33, 36 (6)		11, 22, 24, 29, 30, 32 (6)
CD depths 6, 9, 13, 16, 34, 42, 44, 46, 48, 50, 52 JM depth 7	11, 13, 21, 22, 23, 30, 31, 32, (8)		16, 17, 18, 23, 33, 36 (6)
CD depths 20, 28, 32, 38, 43, 45, 47, 49, 53, 58, 57, 60	24, 25, 26, 27, 28, 29 (6)		1, 2, 3, 5, 6, 7 (6)
JM depths 1, 2, 4, 5, 6, 8, 9, 10, 16, 51, 59 CD depth 3, 25	4, 14, 20, 34, 35, 36, (6)		8, 9, 10, 12, 13, 15 (6)

Clinical definitions

Service Category (all are key terms)	Clinical Definition.	Previous term
1. Rehabilitation	Admission for physical rehabilitation for a patient recovering from surgery or illness. For example: inpatient and admitted day patient rehabilitation.	Rehabilitation
2. Psychiatric services	Admission for the treatment and care of patients with psychiatric, mental, addiction or behavioural disorders. For example: <i>mood disorders</i> , eating disorders and addiction therapy.	Psychiatric services
3. Palliative care	Admission for care where the intent is primarily providing quality of life for a patient with a terminal illness.	Palliative care
4. Management of ongoing (chronic) pain	Admission for the treatment of chronic pain. For example: injection, denervation and insertion of stimulators.	
5. Brain and brain-related conditions and services	Admission for investigation and/or treatment of the brain and brain-related conditions. For example: removal of tumours and blood clots, treatment of head injuries, repairing blood vessels and damaged nerves, and treatment of diseases such as epilepsy and Parkinson's disease.	
6. Heart and heart-related conditions and services	Admission for investigation and/or treatment of heart and heart-related conditions. For example: angiography, stenting, pacemaker or defibrillator insertion, coronary bypass surgery, valve repair and replacement, heart failure and heart attack. Monitoring of heart conditions is also included in this category. For example ECGs and overnight BPs.	Cardiac and cardiac related services
7. Vascular and vascular-related conditions and services	Admission for investigation and/or treatment of the veins and arteries. For example: varicose veins, endarterectomy, hyperbaric oxygen treatment, peripheral arterial bypass surgery, femoral artery bypass and aortic aneurysm surgery. Coronary artery procedures are listed separately under heart and heart-related conditions and services.	Cardiac and cardiac related services
8. Lung and lung-related conditions and services	Admission for investigation and/or treatment of chest, lungs and lung-related conditions. For example: surgery for lung cancer, rib surgery, surgery for chest trauma, treatment of respiratory disorders, asthma, pneumonia and pleurodesis.	
9. Eye and eye-related conditions and services (cataracts listed separately under cataract)	Admission for investigation and/or treatment of the eye and surrounding structures such as the contents of the eye socket. For example: retinal surgery, eyelid surgery, tear duct surgery, corneal/scleral/conjunctiva procedures and hyphema, eye infections and medically managed trauma to the eye. Cataract procedures are listed separately.	Cataract and eye lens procedures Cataract and eye lens procedures

procedures)		
10. Cataract procedures	Admission for surgery to remove cataract and replace with an artificial lens.	
11. Ear, nose and throat conditions and services (hearing loss listed separately and tonsils, adenoids listed separately)	Admission for investigation and/or treatment to the ear, nose and throat and related areas of the head and neck (spine is listed separately under back, neck and spine). For example: sinus surgery, removal of foreign bodies, repair of the ear drum, middle ear surgery, throat cancer, thyroid procedures, larynx procedures, mouth and maxillofacial procedures and procedures relating to lymph nodes. Tonsils, adenoids and grommets are listed separately under Tonsils, adenoids and grommet surgery. Stapedectomy is listed under Hearing loss surgery.	
12. Hearing loss surgery	Admission for investigation and/or treatment to correct hearing loss, including implantation of a prosthetic hearing device and stapedectomy.	
13. Removal of tonsils and adenoids	Admission for investigation and/or treatment of the tonsils, adenoids and grommets.	
14. Back, neck and spine conditions and services (spinal fusion is listed separately under Joint replacements and spinal fusion)	Admission for investigation and/or treatment for the back, neck and/or spine. For example: discectomy, spinal cord procedures, laminectomy, treatment of scoliosis and lordosis.	
15. Bone and joint conditions and services (joint replacements are listed as a separate category, joint reconstructions are listed separately and spine is listed separately under back, neck and spine)	Admission for investigation and/or treatment of diseases, disorders and injuries of the musculoskeletal system. For example: carpal tunnel surgery, fracture surgery, hand surgery.	
16. Joint	Admission for the investigation and/or treatment of a joint	Hip and knee

reconstruction surgery	reconstruction. For example: knee repair (ACL repair), shoulder repair, arthroscopy.	replacements
17. Joint replacements and spinal fusion	Admission for surgery for all types of joint replacement, including revisions and partial replacements. For example: replacement of joints such as hip, knee, shoulder, ankle, wrist and finger, spinal disc replacement and spinal fusion. Other spinal treatments are listed separately under back, neck and spine.	Joint replacements ie shoulder, knee, hip and elbow including revisions Hip replacements
18. Digestive system conditions and services (hernia and appendicectomy is listed separately)	Admission for investigation and/or treatment of the digestive system. For example: stomach, bowel, gall bladder, pancreas, spleen, oesophagus, haemorrhoid surgery, and liver. Endoscopy is listed as a separate category. Hernia and appendix is listed separately under Hernia and appendicectomy surgery.	
19. Endoscopy	Admission for the diagnosis, investigation and/or treatment of internal parts of the gastrointestinal system using an endoscope. For example: colonoscopy, gastroscopy, ERCP.	
20. Hernia and appendicectomy surgery	Admission for investigation and/or treatment of the appendix or hernias.	
21. Insulin pumps	Admission for implantation and/or replacement of insulin pumps for treatment of diabetes.	
22. Kidney, bladder and male reproductive conditions and services (dialysis is listed separately under dialysis for chronic kidney disease)	Admission for investigation and/or treatment of the kidney, bladder, prostate and other male reproductive organs. For example: cystoscopy, treatment of incontinence, prostate surgery, circumcision, male sterilisation and removal of kidney stones.	Sterilisation
23. Dialysis for chronic kidney disease	Admission and dialysis treatment for chronic kidney failure. For example: peritoneal dialysis and haemodialysis.	Dialysis for chronic renal failure

24. Female reproductive conditions and services	Admission for investigation and/or treatment of the female reproductive system (gynaecology). For example: hysterectomy, hysteroscopy, ovarian surgery, treatment of endometriosis, laparoscopies, cervical surgery, vaginal prolapse, polycystic ovaries, removal of vulvar cysts and warts and female sterilisation. Assisted reproductive services are listed as a separate category. Pregnancy and birth are listed separately under pregnancy and birth related conditions and services. Miscarriages and termination of pregnancy is listed separately as Miscarriages and termination of pregnancy services.	Sterilisation
25. Assisted reproductive services	Admission for fertility treatments or procedures. For example: retrieval of eggs, implantation of embryos, IVF and GIFT. Female reproductive services are listed as a separate category. Pregnancy and birth are listed separately under pregnancy and birth related conditions and services.	Assisted reproductive services
26. Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)	Admission for investigation and/or treatment of conditions associated with pregnancy, child birth and its complications Female reproductive services are listed as a separate category. Assisted reproductive services are listed as a separate category. Miscarriages and termination of pregnancy are listed separately as Minor female reproductive conditions services.	Pregnancy and birth related services
27. Miscarriages and termination of pregnancy services	Admission for investigation and/or treatment of miscarriages and termination of pregnancy services. For example evacuation and curettage of the pregnant womb.	
28. Breast surgery (non-medically necessary cosmetic surgery is not covered under private health insurance)	Admission for investigation and/or treatment of breast disorders. For example: both male and female breast surgery and the associated lymph nodes; reconstruction and/or breast reduction if required to obtain symmetry after breast cancer surgery, treatment of the endocrine system.	Non-cosmetic plastic surgery
29. Chemotherapy and radiotherapy for cancer	Admission for chemotherapy and radiotherapy for the treatment of cancer. Surgical treatment of cancer is listed separately under each particular body system.	
30. Surgery for skin and skin lesions	Admission for investigation and/or treatment of skin and skin-related conditions. For example: melanoma, wound repair, removal of foreign bodies, surgery to the nails and treatment of abscesses.	Non-cosmetic plastic surgery
31. Plastic and reconstructive surgery (non-	Admission for investigation and/or treatment of any physical deformity, whether acquired. For example: skin grafts following burns, scar revision, breast reduction, removal of breast prosthesis	Non-cosmetic plastic

medically necessary cosmetic surgery is not covered under private health insurance)	and angioma. These forms of treatment are considered medically necessary, rather than cosmetic. Cosmetic surgery is not covered under private health insurance.	surgery
32. Plastic and reconstructive surgery of congenital defects and conditions	Admission for investigation and/or treatment of any physical congenital deformity. For example repair of cleft palates, club foot.	Non-cosmetic plastic surgery
33. Weight loss surgery	Admission for surgery that is designed to reduce a person's weight. For example: gastric banding, gastric bypass and sleeve gastrectomy.	Gastric binding and related services
34. Dental surgery	Admission for surgery to the teeth and gums. For example: surgery to remove wisdom teeth and dental implant surgery.	
35. Sleep studies	Admission for the investigation of sleep patterns and anomalies. For example: sleep apnoea and snoring.	
36. Podiatric surgery provided by an accredited podiatric surgeon	Admission for investigation and/or treatment of conditions affecting the foot and/or ankle.	

Group discussions: categories & new minimum data set

1.5 hours, 5-7 people, short homework task \$80-90

Note – throughout the groups we will take a workshopping approach when it comes to the more detailed information, getting people to work through the stimulus together and then come back to the moderator with their thoughts.

Note — within your groups please rotate the extras and hospital treatment tables and presenting different versions first.

Minimum data set

Moderators to cover privacy and introductions / then introduce the purpose of the discussion

Today we are going to look at the standard information that private health insurers are required to give people by law – this is currently called a Standard Information Statement but will be known as a Private Health Information Statement from 1 April 2019. The SIS has to be provided: when people are first insured, at least once every 12 months, and as soon as practicable when 'a proposed change to insurance rules will be

detrimental to the policy holder'.² SISs are also made available on the government's privatehealth.gov.au website. The government is looking at making changes to the way this information is presented as the previous requirements were largely set in pre internet days. We now access information very differently.

Had anyone heard of the Standard Information Statement before today? What, where from? (For example you might have seen this as a one-pager with your insurance premium rise information).

This is the list of information that they are proposing to make mandatory.... How does this come across – does anything seem missing, does this appear fair? What information do we imagine each area is going to give us? *[moderators probe for expectations on information and understanding of terms: premium, rebate, loading, excess, exclusions, inclusions, waiting period etc.; How do people feel about the proposals for including the following information: Hospital contract information; Room covered; Services with limited cover.]*

[If have cover] Do we remember having access to this information about our policy? Would we know where to find it now?

[If don't have cover] Do we feel like this would help us choose cover?

Private health information statement

- Summary information
 - Insurer
 - Level and type of cover
 - Who is covered
 - Insurer contact details
 - Monthly premium before rebate / loading
 - Monthly premium after discounts
 - State
 - Website
- Detail of what is covered in your policy (hospital, extras separately)
 - Excess
 - List of exclusions and inclusions
 - Waiting period
- Other information relevant to payments?
 - Ambulance
 - Travel and accommodation
 - Restrictions

Then we will present the different component information parts – probing for:

- *understanding of the information and key terms (what people understand by each)*
- *whether explanations or definitions are required for key terms of concepts – is any info missing or extraneous*
- *the helpfulness of the resource in helping us choose and use cover*

² The form and content of a SIS is stipulated in the *Private Health Insurance (Complying Product) Rules 2015* Part 3 and Schedules 1, 2, 3 and 4. A hospital policy or general treatment SIS must not exceed one A4 page in length, while a combined hospital and general treatment policy must not exceed two A4 pages in length. Information contained in a SIS must include: monthly premium payable (before any rebate or loading); Medicare levy surcharge status; hospital coverage; services covered; waiting periods required; and hospital excess payable.

- *where should the out of pocket costs disclaimer ideally be place (in the discussion guide this information is currently located after the product category matrices – it has been raised that that this information should receive a more prominent position (ie the first piece of info people see on the statement)*

Before you go to hospital, you should ask your doctor, hospital and health insurer about out-of-pocket costs that may apply to you.

- *The relative importance of each part of the information and where it should be stored and improvements in terms and formats, e.g. what would you ideally want in a one pager from your health fund, do you need it all the time, or just need to know where to get the information, what do you want on your health fund's website, what would you go to your insurer for.*
- *Note that we will briefly explore how people interpret the inclusions/exclusions cover tables and will go into more detail on these in the next section (product categories), However, we want to understand how this level of information works as a nudge (e.g. without more comparison).*

This statement provides basic information for the purposes of comparison only. For a full explanation of this combined hospital and general treatment policy please contact the health insurer (contact information below).

Insurer:	Monthly premium before rebate/loading:
Acme Health Insurance	\$245.32
Level and type of cover:	Monthly premium after discounts:
Silver hospital & silver general treatment	\$170.32
Who is covered:	State:
One adult	ACT
Contact details:	Website:
1800 222 555	www.acmehealth.com.au
info@acmehealth.com.au	

What is covered in your policy under hospital treatment?

	↓	Maximum waiting period (months)*
An excess is payable on Kate's hospital policy	\$250	
Hospital treatments & services by product category	Silver	
Rehabilitation	R	2
Psychiatric services	R	2
Palliative care	✓	2
Brain and brain-related conditions and services	✓	2
Chemotherapy and radiotherapy for cancer	✓	2
Endoscopy	✓	2
Joint reconstruction surgery	✓	2
Miscarriages and termination of pregnancy services	✓	2
Removal of tonsils and adenoids	✓	2
Hernia and appendectomy surgery	✓	2
Breast surgery	✓	2
Dental surgery	✓	2
Eye and eye-related conditions (cataract listed under cataract procedures)	✓	2
Lung and lung-related conditions and services	✓	2
Kidney, bladder and male reproductive conditions and services (dialysis listed under dialysis for chronic kidney disease)	✓	2
Digestive system conditions and services (hernia, appendectomy listed separately)	✓	2
Ear, nose and throat conditions and services (hearing loss is listed separately and tonsils, adenoids is listed separately)	✓	2
Surgery for skin and skin lesions	✓	2
Bone and joint conditions and services (joint replacements, joint reconstructions listed separately and spine listed under back, neck and spine)	✓	2
Plastic and reconstructive surgery of congenital defects and conditions	✓	2
Heart and heart-related conditions and services	✓	2
Sleep studies	✓	2
Vascular and vascular-related conditions and services	✓	2
Female reproductive conditions and services	✓	2
Back, neck and spine conditions and services (spinal fusion listed separately under joint replacements and spinal fusion)	✓	2
Plastic and reconstructive surgery (non-medically necessary cosmetic service is not covered by Private Health Insurance)	✓	2
Podiatric surgery provided by an accredited podiatric surgeon	✓	2
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)	✗	N/A
Joint replacements and spinal fusion	✗	N/A
Management of ongoing (chronic) pain	✓	2
Assisted reproductive services	✗	N/A
Cataract procedures	✗	N/A
Dialysis for chronic kidney disease	✗	N/A
Insulin pumps	✗	N/A
Hearing loss surgery	✗	N/A
Weight loss surgery	✓	2

* For pre-existing conditions (except rehabilitation, psychiatric care and palliative care), the waiting period for benefits is 12 months. For all other conditions, the waiting period is 2 months

What is covered in your policy under general treatment?

Your general treatment
policy is Silver

Minimum requirements by product category	Silver	Waiting period (months)
General Dental	✓	2
Physiotherapy	✓	2
Optical	✓	2
Major Dental	✓	12
Endodontic	✓	12
Psychology	✓	2
Chiropractic	✓	2
Osteopathy	✓	2
Podiatry	✗	N/A
Hearing aids and audiology	✗	N/A
Prosthesis, Aids and Appliances	✗	N/A
Preventative Health Products/Health Management Programs	✗	N/A

✓	A tick indicates that the treatment/service is a minimum requirement of the product category.
✗	A cross indicates that the treatment/service is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.

What is included in each category

To find out what is included under each hospital treatment category see the standard clinical definitions. These can be found at www.somewhere.gov.au or at acmehealth.com.au

Will I have to pay anything if I go to hospital?	Before you go to hospital, you should ask your doctor, hospital and health insurer about out-of-pocket costs that may apply to you.
	Excess: You will need to pay an excess on admission. This is limited to a maximum of \$250 per person and \$250 per policy per year. Excess payments do not apply to hospital admissions for dependents.
	Extra cost per day (co-payments): There are no co-payments
	Doctors' and hospital bills: This insurer also has arrangements that may mean lower out-of-pocket expenses on doctors' bills. You may also have to pay other costs depending on: The doctor(s) chosen The treatment you are having

	The hospital you go to.
Ambulance	Waiting period: two months Limit: unlimited For further details on your ambulance cover contact Acme Health
Travel and accommodation	N/A
Waiting periods	See the hospital treatment and general treatment tables for individual treatments. NOTE: There is a 12-month waiting period for pre-existing conditions.
Restrictions	See the hospital treatment table for restricted hospital treatment

Product categories

We'd now like to go into more examples of how you might see the inclusions and the exclusions information.

From mid next year, insurers will have to offer cover as one of four categories of hospital products – Gold, Silver, Bronze and Basic – and four categories of general treatment (extras) products – Gold, Silver, Bronze and Ambulance only cover. Where insurers offer combined hospital and general treatment products, separate (or modular) ratings will apply to each component of the product.

The government wants to know what the best way of presenting information on these four categories of cover is...imagine that you are looking at a policy and this chat was given to you as part of that information, how easy would it be to choose a product based on this information.

We will hand out examples of cover in the group discussions, explaining that this is an example of a particular hospital policy – we will hand out example one, then example two, give people 5-10 minutes reading time, and then get them to interpret the policy, asking them to talk through:

- *How they would interpret this page.*
- *What the information means, including hospital treatment and services by category, gold, silver, bronze, basic, inclusions and exclusions, restrictions, and the excess). Whether they need to be linked or cross-referenced to the clinical definitions or PHIO glossary.*
- *If people are cross referencing exclusions e.g. obstetrics and IVF, and if this could be made clearer.*
- *Whether the matrix communicates minimum requirements and if there is confusion between the idea of minimum requirements and services that insurers are providing in addition to the minimum requirement.*
- *Whether the ticks and crosses are the best icons to use.*

Then we will hand out the alternative matrix presentations: Gold to basic, ordered by inclusions and exclusions, give people 5 minutes to review them, and ask people if this is clearer, and also seek to understand if this different presentation 'nudges' people towards alternative cover.

Then we will show people the two alternative extras/general treatment cover and the alternative matrix, give them some reading time and ask for their interpretation. Here we will also probe for people's understanding of the

Finally, moderators will probe for the idea of combined cover and ways of improving the presentation of ideas.

Sum up discussion – how this might change the way we buy, monitor, use health insurance.

Thank and close

Example 1

	Kate's hospital policy is a silver product			
			↓	
An excess is payable on Kate's hospital policy	\$500	\$300	\$250	\$0
Hospital treatments & services by product category	Basic	Bronze	Silver	Gold
Rehabilitation	✓	✓	R	✓
Psychiatric services	✓	✓	R	✓
Palliative care	✓	✓	✓	✓
Brain and brain-related conditions and services	✗	✓	✓	✓
Chemotherapy and radiotherapy for cancer	✗	✓	✓	✓
Endoscopy	✗	✓	✓	✓
Joint reconstruction surgery	✗	✓	✓	✓
Miscarriages and termination of pregnancy services	✗	✓	✓	✓
Removal of tonsils and adenoids	✗	✓	✓	✓
Hernia and appendectomy surgery	✗	✓	✓	✓
Breast surgery	✗	✓	✓	✓
Dental surgery	✗	✓	✓	✓
Eye and eye-related conditions (cataract listed under cataract procedures)	✗	✓	✓	✓
Lung and lung-related conditions and services	✗	✓	✓	✓
Kidney, bladder and male reproductive conditions and services (dialysis listed under dialysis for chronic kidney disease)	✗	✓	✓	✓
Digestive system conditions and services (hernia, appendectomy listed separately)	✗	✓	✓	✓
Ear, nose and throat conditions and services (hearing loss is listed separately and tonsils, adenoids is listed separately)	✗	✓	✓	✓
Surgery for skin and skin lesions	✗	✓	✓	✓
Bone and joint conditions and services (joint replacements, joint reconstructions listed separately and spine listed under back, neck and spine)	✗	✓	✓	✓
Plastic and reconstructive surgery of congenital defects and conditions	✗	✗	✓	✓
Heart and heart-related conditions and services	✗	✗	✓	✓
Sleep studies	✗	✗	✓	✓
Vascular and vascular-related conditions and services	✗	✗	✓	✓
Female reproductive conditions and services	✗	✗	✓	✓
Back, neck and spine conditions and services (spinal fusion listed separately under joint replacements and spinal fusion)	✗	✗	✓	✓
Plastic and reconstructive surgery (non-medically necessary cosmetic service is not covered by Private Health Insurance)	✗	✗	✓	✓
Podiatric surgery provided by an accredited podiatric surgeon	✗	✗	✓	✓
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)	✗	✗	✗	✓
Joint replacements and spinal fusion	✗	✗	✗	✓
Management of ongoing (chronic) pain	✗	✗	✓	✓

Assisted reproductive services	✖	✖	✖	✓
Cataract procedures	✖	✖	✖	✓
Dialysis for chronic kidney disease	✖	✖	✖	✓
Insulin pumps	✖	✖	✖	✓
Hearing loss surgery	✖	✖	✖	✓
Weight loss surgery	✖	✖	✓	✓

✓	A tick indicates that the treatment/service is a minimum requirement of the product category.
✖	A cross indicates that the treatment/service is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.
R	An 'R' indicates the hospital treatment/service is restricted. Restrictions mean that reduced benefits are payable by the insurer for these services/treatments.
✓	A tick in a dark grey box indicates that this policy covers treatment/services in addition to the minimum requirements of the product category.
Excess	An excess is an amount payable by the consumer towards the cost of hospital treatment.

Example 2

Excesses may be payable on some hospital policies	\$	\$	\$	\$
Hospital treatments & services by product category	Gold	Silver	Bronze	Basic
Rehabilitation	✓	✓	✓	✓
Psychiatric services	✓	✓	✓	✓
Palliative care	✓	✓	✓	✓
Brain and brain-related conditions and services	✓	✓	✓	✖
Chemotherapy and radiotherapy for cancer	✓	✓	✓	✖
Endoscopy	✓	✓	✓	✖
Joint reconstruction surgery	✓	✓	✓	✖
Miscarriages and termination of pregnancy services	✓	✓	✓	✖
Removal of tonsils and adenoids	✓	✓	✓	✖
Hernia and appendectomy surgery	✓	✓	✓	✖
Breast surgery	✓	✓	✓	✖
Dental surgery	✓	✓	✓	✖
Eye and eye-related conditions (cataract listed under cataract procedures)	✓	✓	✓	✖
Lung and lung-related conditions and services	✓	✓	✓	✖
Kidney, bladder and male reproductive conditions and services (dialysis listed under dialysis for chronic kidney disease)	✓	✓	✓	✖
Digestive system conditions and services (hernia, appendectomy listed separately)	✓	✓	✓	✖
Ear, nose and throat conditions and services (hearing loss is listed separately and tonsils, adenoids is listed separately)	✓	✓	✓	✖
Surgery for skin and skin lesions	✓	✓	✓	✖
Bone and joint conditions and services (joint replacements, joint reconstructions listed separately and spine listed under back, neck and spine)	✓	✓	✓	✖
Plastic and reconstructive surgery of congenital defects and conditions	✓	✓	✖	✖
Heart and heart-related conditions and services	✓	✓	✖	✖
Sleep studies	✓	✓	✖	✖
Vascular and vascular-related conditions and services	✓	✓	✖	✖

Female reproductive conditions and services	✓	✓	✗	✗
Back, neck and spine conditions and services (spinal fusion listed separately under joint replacements and spinal fusion)	✓	✓	✗	✗
Plastic and reconstructive surgery (non-medically necessary cosmetic service is not covered by Private Health Insurance)	✓	✓	✗	✗
Podiatric surgery provided by an accredited podiatric surgeon	✓	✓	✗	✗
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)	✓	✗	✗	✗
Joint replacements and spinal fusion	✓	✗	✗	✗
Management of ongoing (chronic) pain	✓	✗	✗	✗
Assisted reproductive services	✓	✗	✗	✗
Cataract procedures	✓	✗	✗	✗
Dialysis for chronic kidney disease	✓	✗	✗	✗
Insulin pumps	✓	✗	✗	✗
Hearing loss surgery	✓	✗	✗	✗
Weight loss surgery	✓	✗	✗	✗
✓	A tick indicates that the treatment/service is a minimum requirement of the product category.			
✗	A cross indicates that the treatment/service is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.			
Excesses may be payable on some hospital policies		\$	\$	\$

Example 3

Hospital treatments & services by product category	Gold	Silver	Bronze	Basic
Weight loss surgery	✓	✗	✗	✗
Hearing loss surgery	✓	✗	✗	✗
Insulin pumps	✓	✗	✗	✗
Dialysis for chronic kidney disease	✓	✗	✗	✗
Cataract procedures	✓	✗	✗	✗
Assisted reproductive services	✓	✗	✗	✗
Management of ongoing (chronic) pain	✓	✗	✗	✗
Joint replacements and spinal fusion	✓	✗	✗	✗
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)	✓	✗	✗	✗
Podiatric surgery provided by an accredited podiatric surgeon	✓	✓	✗	✗
Plastic and reconstructive surgery (non-medically necessary cosmetic service is not covered by Private Health Insurance)	✓	✓	✗	✗
Back, neck and spine conditions and services (spinal fusion listed separately under joint replacements and spinal fusion)	✓	✓	✗	✗
Female reproductive conditions and services	✓	✓	✗	✗
Vascular and vascular-related conditions and services	✓	✓	✗	✗
Sleep studies	✓	✓	✗	✗
Heart and heart-related conditions and services	✓	✓	✗	✗
Plastic and reconstructive surgery of congenital defects and conditions	✓	✓	✗	✗
Bone and joint conditions and services (joint replacements, joint reconstructions listed separately and spine listed under back, neck and spine)	✓	✓	✓	✗
Surgery for skin and skin lesions	✓	✓	✓	✗
Ear, nose and throat conditions and services (hearing loss is listed separately and tonsils, adenoids is listed separately)	✓	✓	✓	✗
Digestive system conditions and services (hernia, appendectomy listed separately)	✓	✓	✓	✗
Kidney, bladder and male reproductive conditions and services (dialysis listed under dialysis for chronic kidney disease)	✓	✓	✓	✗
Lung and lung-related conditions and services	✓	✓	✓	✗
Eye and eye-related conditions (cataract listed under cataract procedures)	✓	✓	✓	✗
Dental surgery	✓	✓	✓	✗
Breast surgery	✓	✓	✓	✗
Hernia and appendectomy surgery	✓	✓	✓	✗
Removal of tonsils and adenoids	✓	✓	✓	✗
Miscarriages and termination of pregnancy services	✓	✓	✓	✗
Joint reconstruction surgery	✓	✓	✓	✗
Endoscopy	✓	✓	✓	✗
Chemotherapy and radiotherapy for cancer	✓	✓	✓	✗
Brain and brain-related conditions and services	✓	✓	✓	✗
Palliative care	✓	✓	✓	✓
Psychiatric services	✓	✓	✓	✓
Rehabilitation	✓	✓	✓	✓

Example 4

Excesses may be payable on some hospital policies	\$	\$	\$	\$
Hospital treatments & services by product category	Basic	Bronze	Silver	Gold

Assisted reproductive services	x	x	x	✓
Brain and brain-related conditions and services	x	✓	✓	✓
Back, neck and spine conditions and services (spinal fusion listed separately under joint replacements and spinal fusion)	x	x	✓	✓
Bone and joint conditions and services (joint replacements, joint reconstructions listed separately and spine listed under back, neck and spine)	x	✓	✓	✓
Breast surgery (non-medically necessary cosmetic surgery is not covered under private health insurance)	x	x	✓	✓
Cataract procedures	x	x	x	✓
Chemotherapy and radiotherapy for cancer	x	✓	✓	✓
Dental surgery	x	x	✓	✓
Dialysis for chronic kidney disease	x	x	x	✓
Digestive system conditions and services (hernia, appendectomy listed separately)	x	✓	✓	✓
Ear, nose and throat conditions and services (hearing loss is listed separately and tonsils, adenoids is listed separately)	x	✓	✓	✓
Endoscopy	x	✓	✓	✓
Eye and eye-related conditions (cataract listed under cataract procedures)	x	✓	✓	✓
Female reproductive conditions and services	x	x	✓	✓
Hearing loss surgery	x	x	x	✓
Heart and heart-related conditions and services	x	x	✓	✓
Hernia and appendicectomy	x	✓	✓	✓
Insulin pumps	x	x	x	✓
Joint reconstructions	x	✓	✓	✓
Joint replacements and spinal fusion	x	x	x	✓
Kidney, bladder and male reproductive conditions and services (dialysis listed under dialysis for chronic kidney disease)	x	✓	✓	✓
Lung and lung-related conditions and services	x	x	✓	✓
Management of ongoing (chronic) pain	x	x	x	✓
Miscarriages and termination of pregnancy services	x	✓	✓	✓
Palliative care	✓	✓	✓	✓
Plastic and reconstructive surgery (non-medically necessary cosmetic service is not covered by Private Health Insurance)	x	x	✓	✓
Plastic and reconstructive surgery of congenital defects and conditions	x	x	✓	✓
Podiatric surgery provided by an accredited podiatric surgeon	x	x	✓	✓
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies)	x	x	x	✓
Psychiatric services	✓	✓	✓	✓
Rehabilitation	✓	✓	✓	✓
Sleep studies	x	x	x	✓
Surgery for skin and skin lesions	x	✓	✓	✓
Tonsils, adenoids and grommet surgery	x	✓	✓	✓
Vascular and vascular-related conditions and services	x	x	✓	✓
Weight loss surgery	x	x	x	✓

Product category	Bronze
General Dental	✓
Physiotherapy	✓
Optical	✓
Major Dental	✗
Endodontic	✗
Psychology	✗
Chiropractic	✓
Osteopathy	✓
Podiatry	✗
Hearing aids and audiology	✗
Prosthesis, Aids and Appliances	✗
Preventative Health Products/Health Management Programs	✗
Non-PBS medicines	✓
Remedial Massage	✓

A tick indicates that the treatment/service is a minimum requirement of the product category.
 A cross indicates that the treatment/service is not a requirement of the product category. Insurers may choose to offer these as additional services in policies under these product categories.
 A tick in a dark grey box indicates that this policy covers treatment/services in addition to the minimum requirements of the product category.
 A tick in a pink box indicates that this policy covers additional treatment/services that may be offered by an insurer on an optional basis in any product category.

Minimum requirements by product category	Gold	Silver	Bronze
Preventative Health Products/Health Management Programs	✓	✗	✗
Prosthesis, Aids and Appliances	✓	✗	✗
Hearing aids and audiology	✓	✗	✗

Example 5

Example 6

Podiatry	✓	✗	✗
Osteopathy	✓	✓	✗
Chiropractic	✓	✓	✗
Psychology	✓	✓	✗
Endodontic	✓	✓	✗
Major Dental	✓	✓	✗
Optical	✓	✓	✓
Physiotherapy	✓	✓	✓
General Dental	✓	✓	✓

Independent review of standardised clinical categories

Professor Nicholas J. Talley

A review of version 3 of the standardised clinical categories was conducted. The clinical categories aim to be transparent and clear, with a focus on being consumer friendly.

Once approved by the Minister, private health insurers will be required to use the clinical categories to inform customers of treatments and services included in their hospital insurance policies within all product material. At a minimum, the Medicare Benefit Schedule (MBS) items listed must be covered if the clinical category is listed as an inclusion in the insurance policy. Further, for a hospital patient consultation, diagnostic service and diagnostic imaging, pathology, pre-operative assessment, anaesthesia and regional nerve block, attendance at an operation by a physician and assistant, associated miscellaneous services related to the principal service, and management of complications related to the principal service will all be covered by a clinical category.

Below are the outcomes of the review by each clinical category. This follows assessing the MBS item numbers and the feedback to the Department provided to this reviewer. Satisfactory indicates the category appears fit for purpose as presented and where pertinent relevant MBS items have been allocated. Please note the recommendations are based on my opinion as a clinician. As no single specialist has expertise across all or even most areas of medicine, the views should be tested with a panel of speciality experts before being accepted.

One issue is the incorporation of paediatric procedures into all relevant other categories. However, for consumers who have no children or whose children are now adults, this may not be optimal for their needs. Hence, I suggest paediatrics be separated out from adult coverage across all clinical categories. However, I have not attempted to do this in my review below.

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Rehabilitation	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Hospital psychiatric services	s22		
Palliative care			
Brain			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Eye	s22		
Cataracts			

Heart, lung and
vascular system

s22



Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Ear, nose and throat	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Implantation of hearing devices	s22		
Tonsils, adenoids and grommets			
Back, neck and spine			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Bone, joint and muscle	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Joint reconstructions	s22		
Joint replacements and spinal fusion			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Digestive system	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Gastrointestinal endoscopy	s22		
Hernia and appendix			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Kidney and bladder	s22		
Dialysis for chronic kidney disease			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Male reproductive system	s22		
Gynaecology			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Pregnancy, birth and neonates	s22		
Assisted reproductive services			
Miscarriage and termination of pregnancy			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Breast surgery (medically necessary)	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Plastic and reconstructive surgery (medically necessary)	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Skin	s22		
Weight loss surgery			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Chemotherapy, radiotherapy and immunotherapy for cancer	s22		
Blood			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Diabetes	s22		
Insulin pumps			
Chronic pain			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Podiatric surgery (provided by an accredited podiatric surgeon)	Admission for investigation and treatment of conditions affecting the foot and/or ankle, provided by an accredited podiatric surgeon.	There are no Medicare items for a podiatric surgeon or associated anaesthetist's services. Health funds are required to pay the default benefit cover for accommodation for a surgical procedure provided by a podiatric surgeon and the cost of the prosthesis as listed in the Government approved prostheses list.	Satisfactory.
Sleep studies	s22		
Dental surgery			

Department's response to independent review of standardised clinical categories

Professor Nicholas J. Talley:

A review of version 3 of the standardised clinical categories was conducted. The clinical categories aim to be transparent and clear, with a focus on being consumer friendly.

Once approved by the Minister, private health insurers will be required to use the clinical categories to inform customers of treatments and services included in their hospital insurance policies within all product material. At a minimum, the Medicare Benefit Schedule (MBS) items listed must be covered if the clinical category is listed as an inclusion in the insurance policy. Further, for a hospital patient consultation, diagnostic service and diagnostic imaging, pathology, pre-operative assessment, anaesthesia and regional nerve block, attendance at an operation by a physician and assistant, associated miscellaneous services related to the principal service, and management of complications related to the principal service will all be covered by a clinical category.

Below are the outcomes of the review by each clinical category. This follows assessing the MBS item numbers and the feedback to the Department provided to this reviewer. Satisfactory indicates the category appears fit for purpose as presented and where pertinent relevant MBS items have been allocated. Please note the recommendations are based on my opinion as a clinician. As no single specialist has expertise across all or even most areas of medicine, the views should be tested with a panel of speciality experts before being accepted.

One issue is the incorporation of paediatric procedures into all relevant other categories. However, for consumers who have no children or whose children are now adults, this may not be optimal for their needs. Hence, I suggest paediatrics be separated out from adult coverage across all clinical categories. However, I have not attempted to do this in my review below.

Departmental response:

A paediatric category was considered by the department, but it was found not to be suitable from a cost perspective.

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Rehabilitation	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Hospital psychiatric services	s22		
Palliative care			
Brain			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Eye	s22		
Cataracts			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Heart, lung and vascular system	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Ear, nose and throat	s22		
Implantation of hearing devices			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Tonsils, adenoids and grommets	s22		
Back, neck and spine			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Bone, joint and muscle	s22		
Joint reconstructions			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Joint replacements and spinal fusion	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Digestive system	S22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Gastrointestinal endoscopy	s22		
Hernia and appendix			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Kidney and bladder	s22		
Dialysis for chronic kidney disease			
Male reproductive system			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Gynaecology	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Pregnancy, birth and neonates	s22		
Assisted reproductive services			
Miscarriage and termination of pregnancy			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Breast surgery (medically necessary)	s22		

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Plastic and reconstructive surgery (medically necessary)	s22		
Skin			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Weight loss surgery	s22		
Chemotherapy, radiotherapy and immunotherapy for cancer			
Blood			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Diabetes	s22		
Insulin pumps			
Chronic pain			

Clinical category	Scope of cover	Services for which benefits must be paid	Review and comment
Podiatric surgery (provided by an accredited podiatric surgeon)	Admission for investigation and treatment of conditions affecting the foot and/or ankle, provided by an accredited podiatric surgeon.	There are no Medicare items for a podiatric surgeon or associated anaesthetist's services. Health funds are required to pay the default benefit cover for accommodation for a surgical procedure provided by a podiatric surgeon and the cost of the prosthesis as listed in the Government approved prostheses list.	Satisfactory.
Sleep studies	s22		
Dental surgery			