

ACA Health's customer satisfaction achieves another record high!

ACA Health's 2010 customer satisfaction results are in, and we are happy to announce that they have again reached a record high; rising from 83.7% (2009) to 88.5% CSI this year.

In particular, you noted that customer service, telephone responsiveness, and claims turnaround has improved compared to 2009.

Thank you to everyone who participated in the survey and took the time to tell us what you think. We encourage you to continue to use the survey to make suggestions for the future and give us feedback on your service experience.

See page 3 for more about what we're doing in response to your feedback...

Lost your tax statement?

To download your current or past tax statements follow the member login prompts at www.acahealth.com.au



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- Inside this issue:
- Feedback survey results 2010
 - New maternity services benefits
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 - Hospital cover explained
 - Claiming tips & tricks
 - NEW kids books & activities



From the Manager *Jody says...*

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The results are in! Thank you again to all who participated in the feedback survey. This survey is a valuable tool which helps us to have a two way conversation with you and to compare, share and learn with other industry participants so that we can improve our products and services for you. In telling us that you are the most satisfied that you have been to date, the ACA Health Team knows that we have been concentrating our efforts in the areas that mean the most to you. Your comments have helped me to map out what we need to do next. Thank you again for telling us what you really think.

Some of our policy holders are paying a Lifetime Health Cover loading because they joined hospital cover for the first time when they were older than 30 years. New legislation changes now mean that once you have paid this loading continuously for 10 years that you may be entitled to remove the loading. However, don't drop your hospital cover because the loading still applies for 10 years. If this change applies to you then we will be contacting you to let you know.

The new *e-HealthWise* edition of our newsletter has been welcomed by many policy holders who prefer receiving correspondence by email. For those of you still reading this in hard copy (if you want to) making the switch is easy. Just log into Online Member Services and select the

electronic mail option. From this edition onward, those who have elected to receive the newsletter electronically will no longer receive a printed edition.

For those of you who work for an Adventist organisation, keep a look out for Alex at a workplace near you. The ACA Health presentations are an easy way to have your questions answered and Alex is always happy to stop and chat about your individual circumstances.

Private health insurance is strongly affected by Federal Government health policy. I have been avidly watching the development in health reform policy and like most Australians believe that the health industry is in need of positive change and resourcing. With changes to the federal government, health policy may be affected, so we will continue to monitor the political environment and keep you informed if this will effect you.

Wishing you good health and happiness,

Jody Burgoyne
Manager

Feedback Survey... Winners DRAWN!

To say thanks for your feedback we entered all survey respondents in a competition draw to win some great prizes. On March 2 we drew the following lucky winners...

Jorge Munoz, QLD - Main Prize winner!

Jorge was quite chuffed at his win, however his family were not impressed given it was his third lucky win in as many years!! Good on your Jorge! We hope you enjoy your new glasses courtesy of our friends at OPSM.

- Main Prize \$500 OPSM voucher Jorge Munoz, QLD
- Runner-up \$100 OPSM voucher Sally Nowlanski, NSW
- Runner-up \$100 OPSM voucher Simon Moala, NSW
- Runner-up \$100 OPSM voucher Weng Leong, NSW
- Runner-up \$100 OPSM voucher Amanda Neirinckx, NSW
- Runner-up \$100 OPSM voucher Marlene Heap, NSW

Missed out this year? To receive your personal invitation to participate in February 2011 make sure we have your correct email address. To update your details visit www.acahealth.com.au and follow the Member Login prompts.



Jorge Munoz, QLD

Dates to Remember!

9 Sept 2010:	2pm - 5pm limited staff (professional development)
14 Sept 2010:	12pm - 5pm limited staff (professional development)
3 Dec 2010:	Office closed (phones will be monitored for staff Christmas function)
23 Dec 2010:	5pm office closes for Christmas break
29 - 21 Dec 2010:	9am - 5pm limited staff over the Christmas break
4 Jan 2011:	8:45am office re-opens business as usual



What would you like to read in *HealthWise*?

Send us your suggestions and questions!

Email: info@acahealth.com.au or phone 1300 368 390.

Public or Private hospital? It's your choice

How do you choose a hospital in an emergency? What do you or your family say when hospital staff ask if you have private health insurance? Going to a hospital of your choice and knowing what to say when you get there can be quite tricky in emergency situations. Member, **Roger (WA)**, was kind enough to share his experience after going to hospital following a stroke. Hearing his story demonstrates how to navigate your way through the hospital system and where having private health insurance can be helpful...



What cover did you have before and after going to hospital?

I have had Deluxe Hospital and Complete Ancillary Cover for about 25 years. Although my wife and I haven't used it much, we like to know we'll be covered for whatever life throws at us - particularly now as we're maturing, and our bodies aren't quite as robust as they used to be.

Walk us through what happened when you went to hospital in an emergency?

A while ago, I had another stroke. The first was very "out of the blue" as I was still in my 40s. This time I was at home with my wife, and we were able to call an ambulance. The ambulance took me to the nearest public hospital emergency department which happened to be Royal Perth Hospital in WA. My wife followed in the car. After being assessed in Emergency, which took about 5 hours, I was taken through to the section where they discharge or admit you to hospital. It was like a factory in there, people moving through quickly being shunted around, the staff were very busy and didn't have time to talk me through my options. The lady who spoke to us simply asked if I wanted to be a public patient, a private patient in the public hospital or be transferred to a private hospital. We hadn't thought through this in advance and I wasn't sure what costs would be incurred for rehabilitation if I went private, so without much time to think about it, I told her I would be a public patient. They then took my details and admitted me to the acute neurology ward of the hospital.

What was most confusing or difficult about using your cover?

Although I have top hospital cover, I wasn't 100% sure of what I was covered for in this situation (eg rehabilitation, speech therapy or counselling) or the difference in doctors and level of care between public and private hospitals. In other accident/emergency situations, I have chosen to be a public patient simply because it's easier and I know what will happen. It would be great to have a list of what to do in an emergency situation, what the options are, and know exactly what my wife and I are covered for so in the future we can be confident in knowing what to say and what to expect. I think it's important to think about having your own "emergency" plan, so that you and your family will know what to do when you need to go to hospital in an unexpected hurry!

Would you like to be a private or public patient next time you need to go to hospital?

Hopefully there won't be a next time, but where possible I am planning to go to a private hospital or be a private patient in a public hospital. My experience in the neurology ward (which is also the psychiatric ward in WA), was not pleasant. I would have preferred to have a private room where possible away from all the ruckus and noise of other patients. I would also prefer a private room to escape the bacteria and viruses that can sweep through large wards and inevitably catch everyone in their path.

Do you have any suggestions for others going to hospital in an emergency?

Yes, avoid it! But sickness is inevitable, so don't be afraid of making plans to deal with emergency situations. None of us want to think about gloomy scenarios, however accidents do happen and medical problems do occur at anytime for the young and old, so it's good to have your family prepared. It's a distressing enough time as it is, without the added stress of dealing with not knowing how the system works or how your health cover can help you. Our private health insurance is there to give us peace of mind not make it more confusing!

- ✓ Have a list of your medications on hand. You could save a list in your mobile phone, or in your wallet so it is accessible wherever you are or can be accessed by a relative or friend.
- ✓ If you are living alone, have a back-up person ready to help look after your home and pets if you need to go to hospital
- ✓ If you are a single person, in the event that you are incapacitated, have an authority set up on your membership for a trusted person to liaise with the hospital & health fund on your behalf
- ✓ If you are on a family membership, in the event that you are incapacitated, make sure your spouse or partner has the appropriate authority to manage your membership and discuss your medical affairs with ACA Health

Quick Facts ... Did you know?

- ✓ If you have access to Medicare, you can choose to be a public or private patient?
- ✓ You can lower your "gap" on your doctor's fee if your doctor participates in the 'No-Gap' Scheme or Access Gap Cover Scheme? Just ask your doctor.
- ✓ Your hospital cover covers you for accommodation, theatre, and part of your doctor's fee (see page 5 for more info)

New maternity services benefits

Under Complete Ancillary family cover, mothers to-be have previously been covered for attending pre-natal classes. This benefit has now been extended to cover a range of maternity services to help families meet the costs associated with having a baby. Changes are effective retrospectively from 1 July 2009.

Service Description	Previous Benefit	New Benefit	Annual Limit
Prenatal classes	Up to \$18 limited to 7 classes		
Settling and postnatal classes, lactation consultant	Nil		
Maternity appliances including: Breast pump hire/purchase, TENS machine hire/purchase, blood sugar machine for gestational diabetes, infant sound and respiratory monitor (to prevent SIDS), Ted stockings	Nil	Up to 80% of cost	\$500 per family policy

Waiting periods are for 12 months for maternity appliances and 2 months for everything else

Other pregnancy related items you can claim...

- ✓ Chiropractic treatment for babies suffering from gastric reflux
- ✓ Tresillian or Karitane (respite care) for mums and babies needing a break under Deluxe Hospital or Private Hospital cover
- ✓ Vitamins under Complete Ancillary cover
- ✓ Midwife confinement, if not using an Obstetrician under Complete Ancillary

(The Government is now considering adding a benefit for Midwifery under Medicare. When this is passed, Government law requires Health Funds to discontinue benefits for this item).

Feedback Survey Results 2010 *Continued from page 1...*

In February of each year, we invite you to give us feedback and tell us what you think about your ACA Health cover. Thank you to all who responded, we value what you said and are committed to meeting your needs as best we can. Below we have outlined some important points that came from the survey and how we are addressing these to better serve your needs.

What we learnt from you	What we're doing about it	What you can do to help
Your claims processing time is most important to you	<ul style="list-style-type: none"> ✓ We are committed to processing all claims within 3-5 working days of when we receive them. This is our team's first priority. 	<ul style="list-style-type: none"> ✓ Keep in mind that at certain times of the year (eg Christmas) mail deliveries can be delayed. We will endeavour to process your claim within 3-5 days of when we receive it ✓ Make sure your claim form is signed and completed with the correct invoice/receipt attached before posting it. Also make sure all of the necessary information for processing is clearly shown on the invoice.
Sometimes you do not understand why your claim is returned to you unpaid	<ul style="list-style-type: none"> ✓ We are reviewing the effectiveness of our written communication to you, and are working towards making it simple and easy to understand where possible. ✓ If you attempt to claim for an item which is not listed under your policy we may ask you for additional information and get advice from our Medical Advisor or Board. This requires additional time and may or may not result in a paid claim. Once we know the outcome we will either send you a letter explaining that the item is not covered or we will begin processing the claim for payment. 	<ul style="list-style-type: none"> ✓ If you are aware that we are following up with the Medical Advisor or Board, please be patient. We will respond to you as soon as we have an answer. ✓ If you have sent us a claim and have not received anything back within 14 days, please contact us to confirm the status of your claim and if/when we received it.
You would like to check your claiming limits before claiming (especially to avoid the embarrassment of a declined claim)	<ul style="list-style-type: none"> ✓ You can now check your "limits usage" 24 hours, 7 days a week via Online Member Services on our website. ✓ You can also download your tax statement and claims history for tax purposes via Online Member Services 	<ul style="list-style-type: none"> ✓ To login or register visit www.acahealth.com.au and follow the Member Login prompts (in the top right hand corner of the website). ✓ If you would like some help navigating our website please call us during office hours on 1 300 368 390.
You like to claim and transact with us electronically in a time that is convenient to you (not just within our office hours)	<ul style="list-style-type: none"> ✓ We now offer BPAY, so you can make payments 24 hours, 7 days a week using your telephone or internet banking. ✓ We have introduced online credit card payments through your Online Member Services account from 01/01/10 ✓ We are working to improve the 24 hour private hospital eligibility checking system so that whenever you need to be admitted, hospital staff can conduct an online check so that your admission is as smooth as possible. 	<ul style="list-style-type: none"> ✓ If your direct debit payment is rejected, you will be able to make a catch up payment using BPAY or credit card at a time which is convenient to you. ✓ Contact us to confirm your level of cover before planning your admission to hospital. ✓ Remember to take your membership card to your appointments to take advantage of electronic on-the-spot claiming.
You like our telephone service. You also would like us to continue improving the self serve options on our website.	<ul style="list-style-type: none"> ✓ We will continue to train our staff via our weekly training program to provide excellent and personal telephone service ✓ Later this year we will improve the usability and look and feel of Online Member Services, so that you can access your account at a time convenient to you - 24 hours, 7 days a week 	<ul style="list-style-type: none"> ✓ Keep in mind our office hours when calling (9am to 5pm Mon – Thurs and 9am to 12:15pm on Friday) ✓ Outside of office hours you can manage your membership using Online Member Services. You will be pleased with the self serve options available here. ✓ Continue to give us feedback on our customer service, and give us your ideas for how we can improve our online service.
You would like us to confirm receipt of written communications (ie membership changes).	<ul style="list-style-type: none"> ✓ Changes to your cover are always confirmed by posted mail, while other changes to membership details will be confirmed via email. 	<ul style="list-style-type: none"> ✓ Please make sure that we have your current email address, so we can confirm receipt of your correspondence. ✓ You can update this via Online Member Services or by emailing us
<p>Although most are happy with our current products and benefits you did ask us to consider reviewing;</p> <ul style="list-style-type: none"> • Pregnancy related benefits. • Cover for well being and preventative services. • Tailoring cover to meet varying lifestyles and different life stages. 	<ul style="list-style-type: none"> ✓ We have introduced a new Maternity Services benefit under Complete Ancillary cover (<i>see page 3 for details</i>). We are unable to change benefits for specialist obstetricians as these benefits are governed by legislation and the Medicare Benefits Schedule. ✓ We are looking to reintroduce gym membership in a way which will be acceptable under current legislation (and dependant on premium increases in 2011). ✓ A couple's option is not available at present but we will continue to evaluate the viability of couples cover. As the price of a cover is influenced by the age of the individuals covered and their claims experience, couples cover would currently be more expensive than family cover. When you think of couples cover you naturally think of young couples but this is often not the case. 	<ul style="list-style-type: none"> ✓ Early in your pregnancy ask your obstetrician if they will bill you using the Access Gap or "No Gap" Scheme. If your doctor chooses to participate we can pay more of your "gap" for you. ✓ Keep letting us know what you would like to see covered in our annual Member Feedback Survey.

Myth busters: Hospital Cover Explained Part 1

A common theme in this year's survey showed that many members found "hospital cover" confusing, were not sure what it covered or how it worked in-conjunction with Medicare. We'd like to fully unpack hospital cover and answer all your questions over a two part series. First, let us answer some common questions about our health system and going to hospital...

Are you choosing to be a private patient or public patient?

One of the first steps in planning for your health care is to decide whether you wish to be treated as a private patient or a public patient.

What does it mean to be a public patient?

Under Medicare, **Australian residents** who choose to be admitted as a public patient are entitled to free treatment in a public hospital, including accommodation, doctor's services, diagnostic tests and medications (excluding personal expenses such as TV hire or telephone calls). As a Public patient you cannot choose your own doctor and may not have a choice about when you are admitted to hospital.

What does it mean to be a private patient?

A private patient can either be self-insured (ie. you must meet all the costs yourself except those medical costs covered by Medicare) or have private health insurance.

A private patient in a public hospital

Being a private patient in a public hospital gives you a choice of doctor. Depending on your illness or condition and your needs, this may or may not be the same doctor who would have been allocated to you by the hospital as a public patient.

A private patient in a private hospital

Depending on the circumstances, being a private patient in a private hospital or day hospital facility allows you to choose the doctor who treats you at a time that suits you. This is provided your doctor has an arrangement with the hospital you would like to go to and that the hospital can provide the services you will need.

As a private patient in either a private or public hospital, you may be charged for a range of services which could include:

- hospital accommodation;
- care in intensive/critical care units;
- doctors' services (including diagnostic tests);
- operating theatre, labour ward fees;
- allied health services (eg. physiotherapy);
- dressings, medications/drugs, other consumables
- surgically implanted prostheses (eg. artificial hips); and
- personal expenses such as TV hire and telephone calls.

What does your private health insurance cover?

As a private patient with private health insurance, all your hospital and medical bills may be covered by your insurance, or you may have to pay an amount out of your own pocket. The amount you will have to pay, if anything, depends on your type of cover. It also depends on whether your health fund, doctor and/or hospital have a 'gap agreement' or 'gap cover scheme' in place.

There are 5 areas of going to hospital that, depending on your type of cover you may be able to claim on:

1. Claiming on hospital accommodation

When you are treated in a hospital, whether it is for day surgery, a simple procedure or for several nights, the hospital will charge you for the use of a bed/accommodation for your stay. If you are a public patient this charge is covered by Medicare. If you are a private patient, with private health insurance this charge may be partially covered or fully covered by your hospital cover, depending on the type of cover you have.

2. Claiming on private hospital theatre, procedure room or labour ward use

Whether you are admitted for major surgery or a small procedure, the hospital will charge you for the use of their operating theatre, procedure room or labour ward with the necessary equipment and staff that they provide to run these facilities. As a private patient, this charge is partially covered or fully covered by ACA Health, depending on your type of hospital cover (not covered under Basic Hospital).

3. Claiming on surgically implanted prosthesis items (eg. stent, hip replacement, steel rod)

A prosthesis is an artificial extension that replaces a missing body part. These include pacemakers, defibrillators, joint replacements and other devices that are surgically implanted during a stay in hospital. There are often a number of different choices available with any particular prosthesis, which can vary in cost. The Department of Health and Ageing has created an approved Prosthesis List of items considered appropriate by specialists with the majority as 'no gap'. This means, you and your surgeon can choose a prosthesis for every Medicare procedure from the prostheses list that will be fully covered by ACA Health with no gap amount to pay.

With all of our hospital covers, ACA Health will fully cover 'no gap' prosthesis items. Other, more expensive prostheses may be available for your surgery, and your surgeon may recommend one of these. If you agree to have one of these, you will have to pay the gap amount.

4. Claiming on in-hospital doctor's services

When you receive medical treatment in a hospital or a day surgery facility as a private patient, Medicare pays 75% of the Medicare Benefits Schedule (MBS) fee for your doctors services, and ACA Health pays the remaining 25% of the MBS fee, provided you have hospital cover.

If your doctor charges above the MBS fee, ACA Health may be able to cover this 'gap' if your doctor chooses to participate in the "Access Gap Cover Scheme". Before agreeing to be admitted for hospital treatment you should ask your doctor whether he or she participates in the Access Gap Cover Scheme. You should also ask your associated specialist, which could include your specialist doctor, assisting surgeons, anaesthetist, pathology or radiology. This will help to ensure you don't receive any unexpected bills after your treatment.

What is the Access Gap Cover or No Gap Scheme?

If you have hospital cover and your doctor chooses to participate in the Access Gap Cover Scheme, and has charged you in accordance with these arrangements, we can pay a higher benefit, and you will either:

- ✓ Have ZERO gap expenses, or
- ✓ Know how much you will have to pay before treatment begins, - up to a maximum of \$400 (\$800 for obstetrics)

In certain circumstances, you may be referred by your General Practitioner (GP) to a specialist who has a private practice in rooms at a public or private hospital. If this happens, you are not an admitted patient of the hospital and will only receive 85% of the MBS fee from Medicare. The law does not permit health funds to provide any benefits for medical treatment provided outside hospital (ie. not admitted to hospital) for which there is a Medicare benefit payable.

5. Claiming on in-hospital "take home" expenses

During a hospital stay you may purchase "take home" prescription medicines. As you will be taking these medicines home with you, they cannot be claimed under hospital cover. If they are listed on the Pharmaceutical Benefits Scheme (PBS) you can however, claim them under ancillary cover, if you have it. If you receive rehabilitative treatment in-hospital such as physiotherapy, in most cases this would be covered under your hospital cover, if you are admitted to hospital. If you are admitted to hospital for a half day or full day rehabilitative program, this also will be covered under hospital cover. As similar services are offered to non-admitted patients, please check with the hospital before receiving these services.

To check your current level of cover contact us, or Login to www.acahealth.com.au.

did you know... Claiming Tips & Tricks...

"I'm here
to help!"



How to get your claim processed asap!

Step 1 - Check your limits usage online or by calling us before going to your appointment

Step 2 - Visit a HICAPS (electronic claiming) health provider where possible for instant claiming

Step 3 - If making a paper claim, post original itemised receipts and make sure your claim form is signed

(we do not accept faxed or emailed claims)

Can you claim on your doctor's fee?

- ✓ Yes - when you are an "admitted" patient in-hospital you can claim on your doctor's bill from Medicare & Private Health Insurance provided you have hospital cover
- ✗ No - when you visit a doctor (GP or specialist) in their private rooms or receive medical services as an "outpatient" - this is not claimable on Private Health Insurance, only from Medicare.

These rules are determined by the Australian Government and we are legally bound to comply with them.

Claiming on items purchased online

In this age of the internet we are seeing more glasses and pharmacy items purchased online. We are happy for you to find the best price for your purchase but before you buy please check the website's country of origin. Health insurance benefits can only be paid for goods and services provided in Australia. This is important to understand particularly as more items are being purchased over the internet and imported into Australia. Under Australian legislation, health insurers cannot pay benefits for services provided outside of Australia or for items where the transaction occurs outside of Australia. When using the internet to purchase items *please make sure the transaction occurs on an Australian based website* to avoid disappointment. (www.phio.org.au)

If you have any questions, please call our friendly customer service team on 1300 368 390.



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Supporting your children's healthy choices: FREE kids resources

Order now!

Each year ACA Health, in conjunction with the Adventist Health Department sponsors a Teaching Resource Project Competition for Avondale College final year education students on a health related topic. This year, students developed resources to teach primary aged kids about childhood obesity. While the Adventist Health Department recognises the best resources to be used in Adventist Primary Schools, ACA Health awards prizes for the most creative and user friendly resources to be used "at home".

Congratulations to our winners!

First Prize \$200: Linda Ross 'I am God's Princess'

Linda wrote and illustrated her story "I am God's Princess" (for girls) and "I am God's Warrior" (for boys). While most students created resources about exercise and healthy eating, Linda took a different angle. She designed her resource to teach kids about holistic health, targeting self-esteem, self-image and purpose as well as exercise and healthy food.

Runner-up Prize \$100: Bev McMurray 'Size-Wise'

Bev created a game to teach children about healthy portion sizes. Children can cut-out the game from sheets of paper and match the portion sizes to the types of foods.

ORDER NOW!

Email or call us to order your FREE kids book and/or game!

Where's Alex?

July - NSW
August - SA, NSW
October - VIC

If you'd like Alex to drop by your Adventist workplace, ask your employer to contact us



Want cheaper glasses?

Save 23%
on glasses & lenses

Save 15%
on contact lenses

If you have **Complete Ancillary** or **Ancillary Lite** cover you can save on new glasses, sunglasses or contact lenses over Christmas! Reached your limit? It doesn't matter - this offer is available all year round, independent of your optical limits. Just swipe your card or ask the shop assistant to contact us to confirm your eligibility.

What items does the special offer apply to:

23% off all glasses frames purchased at retail stores (excl. Chanel, Bvlgari & Tiffany & Co. brands)

23% off all lenses and lense add-ons

15% off all contact lenses

FREE delivery for all OPSM Direct online purchases within Australia



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the eye people

OPSM
confidence guaranteed

*Excl. Chanel, Bvlgari and Tiffany & Co. brands

ACA Health Benefits Fund is a restricted access, registered Health Fund operated by ACA Health Benefits Fund Limited. For the community of Seventh-day Adventist Church employees, we aim to provide the freedom to live a life with vitality and the assurance of knowing your health needs will be taken care of...because we care.