



# Newsletter

## 1<sup>st</sup> September 2015

### From the CEO

Welcome to the September Newsletter. As many of you may well know I am currently tending to an ailing mother on the other side of the world. I do apologise for any late responses to queries and I appreciate the understanding of members during this time.

Our Code of Conduct is now well and truly in use by members. Whilst the responses have been a little slower than planned, I am pleased to update members that the renewed Code of Conduct Committee is functioning well.



Please note that all relevant documentation relating to the Code of Conduct can be found:

[www.phiiia.au/resources/](http://www.phiiia.au/resources/)

### Code of Conduct Committee

Under the new Chair – Ken Ramsay, the committee has reviewed 4 Self-Assessment Questionnaires and provided Feedback accordingly. As at the date of the newsletter, two of the 4 have provided responses.

The Committee consists of:

- Ken Ramsay – Chair
- David Wright – CEO
- Andrew Davis
- Venessa Almond.

The next meeting of the CoC Committee is scheduled for the 9<sup>th</sup> September.

All members who have yet to send in their Self-Assessment Questionnaire are reminded to do so. The timeline for bringing all members up to date with the June 2015 Code of Conduct will need to be

completed by the October meeting of the CoC Committee in preparation for the updated list of Members who are compliant with and signatory to the Code. All members who are not compliant will not be listed and published on the PHIIA website and communicated to all registered Health Funds post the AGM.

### Industry News

#### PHIO Report

[www.phio.org.au/publications/quarterly-bulletins.aspx](http://www.phio.org.au/publications/quarterly-bulletins.aspx)

The latest Private Health Insurance Ombudsman's report highlights that complaints there has been a significant increase in complaints of around 30% from the previous year.

The main reasons revolve around consumer's bad advice and the time delays in membership cancellations.

It also notes an increase in complaints around membership cancellations where requests for clearance certificate and refunds are not responded to promptly.

A major component of the PHIIA Code of Conduct is attention to training of staff, to ensure that they are up to speed with latest issues and product information.

Please see PHIIA's submission to the ACCC's Report on the Private Health Insurance Industry submitted in January 2015.

[www.phiiia.com.au/resources](http://www.phiiia.com.au/resources)

Policy Responses 150128\_ACCC\_PHIIA

#### Health Funds – Contracts with Hospitals.

Many members will be aware of the current situation whereby health funds are trying to influence the quality of services delivered in hospitals and what will be reimbursed. The recent approach by Medibank by publishing a list of 165 complications (mostly falls and infections), which they believe should not be funded, places the onus on to the hospitals to minimise risk substantially.

Delivering quality outcomes is all about risk reduction and risk minimisation and there are many approaches to achieve this. The approach by Medibank is putting a “stake in the sand” and will be very challenging for clinician bodies and health care professionals, who end up the “meat in the sandwich” in trying to deliver quality care.

Medibank are also seeking to withhold cover for any readmissions within 28 days of a procedure.

PHIIA Members are encouraged to watch the debate as well as the outcomes of the negotiations between health funds and providers as there will be implications for health fund products.

It is envisaged that this issue will gather momentum in the coming months. The Government body, the Australian Commission on Safety and Quality in Health Care, has a considerable role to play in this space.

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

#### Website:

Reminder – Please ensure that the details on the PHIIA website are current for your organisation. Please check and send any new details via email to the address below:



## Board Update

The next Board meeting is scheduled for the 24<sup>th</sup> September 2015. All members are encouraged to send any requests and or business to be considered to [david.wright@improve.org.au](mailto:david.wright@improve.org.au) for consideration for placement on the Agenda by no later than 17<sup>th</sup> September. The Agenda is confirmed with the Board Chair prior to circulation.

At the July Board meeting, Mr Andrew Merrilees resigned as he has taken up a new position within AON. His replacement on the Board is Venessa Almond. The Chair thanked Andrew for the work and the contribution he had made to PHIIA and the private health insurance industry.

## Membership Fees

There are still several outstanding Membership Fees payable for the financial year 2015-16.

For those members who have yet to send in their Membership Status Declaration Form, please do so asap. Please note that this form is only viewed in confidence by the CEO.

If you require a new Declaration Form or wish to discuss any issue relating to membership please contact the CEO via [david.wright@improve.org.au](mailto:david.wright@improve.org.au) in the first instance.

## Educational Activities

As noted in the July Newsletter [www.phia.com.au/resources](http://www.phia.com.au/resources) there is plans underway to organise two educational activities for staff of PHIIA members. One in late 4<sup>th</sup> Quarter 2015 and the second in 2<sup>nd</sup> Quarter 2016.

If you have any ideas re content and or format please forward them to the CEO.

For reference:

A series of slide presentations from the 15<sup>th</sup> AHI Conference in Sydney 2015 is available at the following website. There are many good presentations to review.

[www.slideshare.net/mobile/informaoz/tagged/HISummitt15](http://www.slideshare.net/mobile/informaoz/tagged/HISummitt15)

*Many of the presentations have interlinking themes. I.e. The BUPA presentation by Dwayne Crombie cross references the one by Tony Lembke highlighting the trend towards PHI taking a role in ambulatory care.*

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