

**Health Insurance Fund of Australia  
Limited**

**Addendum to Fund Rules  
(COVID-19)**

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## Temporary Suspension of Membership

HIF has established dedicated temporary arrangements for the management and control of requests from Members for Temporary Suspension of Membership due to the consequence(s) resulting from the Coronavirus (COVID-19) (**TSoM Covid-19**).

These arrangements for TSoM COVID-19 are for requests made from 30 March 2020 to 30 June 2022. From 1 July 2022, requests for temporary suspension of membership will be as listed in **C9 Temporary Suspension of Membership** of the Fund Rules.

### Conditions of Temporary Suspension of Membership

To qualify for TSoM COVID-19, the following criteria will apply;

- a) Member must have been financial for a continuous period of three (3) months immediately before becoming eligible for TSoM COVID-19.
- b) Maximum continuous period (i.e. uninterrupted) of TSoM COVID-19 is twelve (12) months.
- c) A further six (6) months extension of TSoM COVID-19 can be granted after the initial twelve months has been completed.
- d) Actual and/or anticipated ongoing financial hardship resulting from the Member's (or the Payer's) employment being terminated, suspended or reduced by their employer (the employer's "Response" howsoever described), or resulting from another significant event(s) or set of circumstances, significantly reducing the Member's (or Payer's) primary, dominant or material source of household income as a result of the employer's Response to or the event(s) or the set of circumstances arising from the Coronavirus (COVID-19).
- e) HIF may require the Member to supply evidence that in the circumstances HIF considers is reasonable to support the Member's application for TSoM COVID-19.
- f) All health insurance products under the Member's membership may be suspended via TSoM COVID-19. A Fund Membership that includes an Insurance Policy comprising a component relating to Hospital Treatment and a component relating to General Treatment can be partly or fully suspended by suspending either the Hospital Treatment component or the General Treatment component or both.

### Request for Additional Suspension Requirements

There is no minimum period between two (2) periods of TSoM COVID-19 or minimum period between a period of any other form of suspension and a period of TSoM COVID-19.

TSoM COVID-19 can be accessed in addition to previously approved financial hardship suspensions and doesn't impact any application for financial hardship in the future.

### Membership Recommencement from Temporary Suspension of Membership

During a period of TSoM COVID-19, if the Member wishes to discontinue this suspension type, they must provide notification to HIF requesting the TSoM COVID-19 be discontinued.

Following a period of TSoM COVID-19, the Membership will automatically resume:

- If for two (2) months immediately after a period of TSoM COVID-19 the membership remains unfinancial, the membership may, at HIF's absolute discretion, be cancelled by HIF without any reference to the Member.
- In instance where the membership has been cancelled, a Member may rejoin HIF at a later date, however, the membership would be considered new, and all relevant waiting periods would apply.
- All remaining waiting periods that have not been served prior to the suspension, must continue to be served once the membership resumes.
- A period of TSoM COVID-19 may not necessarily impact the Member's liability for the Medicare Levy Surcharge for the period of TSoM COVID-19.
- Any period of TSoM COVID-19 will follow the same conditions for Lifetime Health Cover for permitted days without hospital cover and date of lifetime health cover loading reset as listed in **D4 Lifetime Health Cover** of the Fund Rules.

## Digital Telehealth Services for Mental Health Programs

It is important during this COVID-19 period that HIF Members continue to have access to and maintenance of the continuity of care for their mental health programs. HIF has approved a set of mental health programs that have been traditionally performed in a Hospital setting to be conducted via a telehealth environment.

Benefits and coverage for these mental health telehealth programs will be at the discretion of HIF based on reduced access to inpatient services due to enforced COVID-19 related restrictions.

### Approved Mental Health Telehealth Programs

The following mental health programs have been approved for telehealth consultations:

Approved program	Type of service	Hospital Cover
Multidisciplinary mental health services	<ul style="list-style-type: none"> <li>▪ Half-day programs</li> <li>▪ Outreach services</li> </ul>	All domestic Hospital Products
The program must be included in the hospital's current contract with HIF		All Overseas Visitor Hospital Products, except Visitor Saver Hospital

### Criteria for Mental Health Telehealth Consultations

Telehealth consultations are available at approved facilities and the following criteria are used to define when a teleconsultation may take the place of a hospital visit:

- Where the Member has been confirmed with the COVID-19 infection.
- Where the Member is suspected as having the COVID-19 infection and has been mandated to self-isolate in accordance with the policy from the Australian Health Protection Principal Committee in response to COVID-19.
- Where the Member has perceived there is a risk of COVID-19 transmission.
- Where there is limited access to the facility due to enforced COVID-19 restrictions.

### Criteria for the Hospital to Claim

The medical record must include supporting documentation to confirm that a patient is not able to physically attend a healthcare setting as a result of a confirmed, suspected or perceived risk of COVID-19.

Patients will need to remit a signed participation/claim form, as per standard arrangements for day hospital admission or outreach.

The telehealth episodes of care delivered must be recorded in the patient's medical record and care plan and such records must clearly indicate when care is delivered as telehealth.

HIF reserves the right to verify adherence to the stated criteria and guidelines via audit where necessary.

Telehealth care provided must align with the Practice Standards for Telepsychiatry as published by the Royal Australian and New Zealand College of Psychiatrists.

Standard measures for assessing clinical outcomes will still apply to the Member in the same way as would have otherwise been assessed had the Member received the treatment in hospital.

All other Hospital Provider Purchasing Agreement rules continue to apply.

### **Circumstances that the Hospital Cannot Charge**

No fee will be charged to either HIF or the Member where:

- The telehealth session does not occur or is disrupted (for example connection issues or the failure of the member to attend the telehealth session as per the contract requirements)
- If the Member is unable or refuses to participate
- Where telehealth services have been provided to the Member and the hospital has failed to comply with the above criteria and guidelines

### **Coverage Across All Hospital Policies**

From 1 April 2020, HIF has approved for COVID-19 related admissions to be covered under all levels of Domestic Hospital Products and all Overseas Visitors Products, with the exception of Visitor Saver Hospital.

It is anticipated that the main clinical category that would be impacted as a result of COVID-19 would be *Lung and Chest, Heart & Vascular and Dialysis* which is not covered under Bronze Plus Hospital, Bronze Hospital or Basic Plus Hospital.

The member must have served the two-month hospital waiting period for general hospitalisation before benefits are payable.

All benefits for hospital admissions that are not related to COVID-19 will comply with the clinical categories of the Member's chosen hospital product.

Due to the complexity and uncertainty of the current environment there is currently no end date for this initiative. HIF will continue to monitor this situation and will add an end date at the appropriate time.