



23 February 2018



THE PRACTICE MANAGER
SAMPLE MEDICAL PRACTICE
1 SAMPLE STREET
MELBOURNE VIC 3000

Bupa Practice ID: **9999999**

Dear Practice Manager

We are writing regarding some changes to the services covered under selected Bupa products, including how we describe some categories of services, and important changes to the Bupa Medical Gap Scheme (Scheme).

Product entitlements and terminology

Bupa's goal is to make health cover easier to understand for our customers. Based on customer feedback, we will be making changes to the services covered under some products.

From **1 July 2018**, depending on a customer's level of cover, Bupa hospital products will no longer pay minimum benefits (restricted cover) towards procedures like:

- hip and knee replacement
- cataract and eye lens procedures
- renal dialysis for chronic renal failure
- pregnancy (including childbirth)
- IVF and assisted reproductive services
- gastric banding and obesity-related services, abdominoplasty and lipectomy.

Bupa will, however, continue to pay minimum benefits for psychiatric, rehabilitation and palliative care as required by legislation.

Full details on product entitlements can be found online at www.bupa.com.au/for-providers

We have also changed how we define some categories of services:

- From **1 April 2018**, instead of 'Gastric Banding and Obesity', we will be calling these treatments 'Obesity-related procedures and surgeries', which refer to obesity-related, and metabolic procedures or surgeries, that require a hospital admission. This includes Gastric Sleeve, Gastric Banding, Gastric Bypass, Gastric Balloon, and other weight-loss related procedures.
- From **1 July 2018**, we're updating our Fund Rules to clarify the definition of 'Cosmetic Surgery' so our customers have a better idea of what is excluded and deemed as Cosmetic Surgery.

Prior to the commencement of any treatment, patients should be encouraged to contact Bupa directly to confirm their cover entitlements, and any possible out of pocket expenses that may be applicable.

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Changes to the Medical Gap Scheme

The Scheme is designed to provide greater transparency and certainty for customers when receiving inpatient medical treatment. Importantly, it is intended to help eliminate or reduce out of pocket expenses across the entire episode of care.

From **1 August 2018**, new Scheme Terms and Conditions will take effect and it is important that all Providers familiarise themselves with the updated Scheme Terms and Conditions, which can be found online at www.bupa.com.au/for-providers

Higher Gap Scheme benefits

From **1 August 2018**, the higher Scheme benefits will only apply when participating Providers choose to use the Scheme at Hospital facilities that have an agreement with Bupa. These include Members First, Network or Fixed Fee facilities.

Of course, Providers can still choose to provide services in a Hospital that does not have an agreement with Bupa, which includes Public Hospitals, however Scheme benefits will now be limited to 25% of the MBS, i.e. the total benefit payable is equal to 100% of the MBS fee.

To find out if a hospital has an agreement with Bupa, go to www.bupa.com.au/bupa-hospital-listing or visit our Find a Provider tool www.bupa.com.au/find-a-provider

Publication of participating Provider details

To make it easier for Bupa customers and referring Providers to identify who participates in the Scheme, all participating Providers will automatically be included on Bupa's search tools, including details of participation in the Scheme. This means that from **1 August 2018**, Scheme Providers will no longer be able to opt out of being promoted to Bupa customers.

Of course, Scheme Providers will continue to have the option to choose when they wish to apply the Scheme for an individual customer. Where this occurs, customers should be provided Informed Financial Consent, preferably in writing, prior to the commencement of treatment.

Your Scheme registration

Please see the table below which shows the Provider(s) in your practice and their current Scheme registration status.

The Terms and Conditions of Bupa's Medical Gap Scheme allow No or Known Gap Providers two options, namely:

1. Use the Scheme which provides higher Scheme rates.
2. Don't use the Scheme and bill the patient directly.

It is important to note that if the Scheme is used, no additional charges can be raised by No Gap Providers, and a maximum of \$500 can be raised by Known Gap Providers. This includes charges listed as administration fees, booking fees or any item not being a professional service described by a Medicare MBS item.

If an additional charge is raised over and above your registration status, our Scheme must not be used. Bupa undertakes regular audits to ensure that the Terms and Conditions of the Scheme are adhered to.



Submission of Claims

Whilst we encourage the use of ECLIPSE as it provides a secure method for the submission of accounts for in-patient medical services, we realise on occasion there will be instances where Scheme Providers may need to submit a claim manually.

On these occasions, and to ensure a streamlined claims experience, it is important that you attach a Bupa Batch Header form to your claim, and include all necessary information required to facilitate the processing of a claim. This includes your Bupa Practice Identification (ID) number, as this will assist us to identify your practice, and full details relating to the patient and services provided including the total fees charged (inclusive of any gaps). You must also include details of the Facility at which the service was provided, including the Facility Name and number (ID), and if applicable, the referring Provider's details.

Failure to provide the required information may delay the processing of your claim, or in some instances, the return of your claim. For more information on claiming, or to obtain a Bupa Batch Header, go to www.bupa.com.au/for-providers

What happens next?

Customers will shortly be advised of the Scheme changes and importantly any changes to their cover. Customers affected by these changes will be given an opportunity to upgrade their cover should they wish to receive full coverage for services that were previously only restricted cover.

Further information on these changes can be found online at www.bupa.com.au/for-providers

Yours sincerely,

Andrew Ashcroft
Head of Medical Benefits

TABLE OF PROVIDERS AND THEIR SCHEME STATUS AS AT 21/01/2018

Provider Name	Provider Number	Gap Scheme Status
DR A ADAM	1111111A	No Gap
DR B BOB	2222222B	Known Gap
DR C CATHY	3333333C	No Gap
DR D DAISY	4444444D	Known Gap
DR E EDITH	5555555E	No Gap

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