

Caring for the carers

GOING TO HOSPITAL guide



Using the guide

If you're new to all this, we recommend you read the guide from start to finish so you don't miss anything important.

If you're a healthcare professional, it can help to have a step-by-step guide to follow. The info here is generic – it may not all be relevant to your condition, treatment or recovery; that kind of detailed advice needs to come from your healthcare team.

If there's anything in the guide that you don't understand, or want to know more about, please **call us on 1300 344 000**.

If you think we've missed something important, **let us know**. Your feedback will help us make the guide better, for you and the rest of the Nurses & Midwives Health family.

Let's get started.

Contents





Where to Start?

Finding out you need hospital treatment can be stressful.

You may be worried about your short and/or long-term health. You may be concerned about money. Even if you work in the healthcare system, you may be confused by aspects of it, and unsure what to do next. The good news is that as a Nurses & Midwives Health member, we've got your back. We're here to help you understand how your hospital cover can support you, so you can make informed decisions about your healthcare.

Using your Hospital cover

If you have private hospital insurance, this guide will help you:

- Get the most from your Nurses & Midwives Health cover
- Understand and control your costs
- Be an active participant in your healthcare
- Know what to ask, and when
- Deal with the admin, then focus on your health





Check your cover

The first thing to do is find out if you're covered for the category of treatment you need.

Check your **Hospital Product Sheet** or call us on **1300 344 000** (with your membership number) to find out if your treatment is covered, restricted or excluded.



Great! Move on to page 5 - Can you claim for it now?



You can choose your specialist but are likely to have significant out-of-pocket costs if they treat you at a private hospital.

With public hospitals it depends on what the hospital charges private patients. Your other alternative is to be treated as a public patient at a public hospital.

For more on this go to nmhealth.com.au/restricted



You won't be able to claim anything for this one. Your options are to go through the public system, or upgrade and serve the relevant waiting period.

If the treatment is for a pre-existing health issue, it's likely to be 12 months.



Can you claim for it now?

If you're planning to use your Hospital cover, next check you're eligible to claim right away.

- Have you served any applicable waiting period?
- Could the rules around pre-existing conditions affect your timeline?

Either can be an issue if you're new to hospital cover or have recently upgraded to a higher level of cover.



If you have any doubt about either of these, please call us on **1300 344 000** before you book your treatment, so we can check it out.

What you definitely can't claim for

Australian health funds can't cover outpatient hospital services – medical care you get when you're not formally admitted to hospital (even if they happen **at** the hospital). Examples can include specialist consultations, tests and scans.

This is a big source of confusion, and frustration, for many Aussies, who (understandably) assume that if hospital insurance includes a certain treatment it'll cover all the bills. Unfortunately, government legislation means we can't. And neither can any other fund. On a brighter note, if you're eligible for Medicare the government may pay part of the cost of standard outpatient services (for medically necessary treatment).

> When you call to give us a precise breakdown of your treatment (which we'll get into in step 3), we'll let you know if there's anything else you can't claim for.



Reach out

Extra support (at no extra cost)

Did you know we have a team dedicated to helping Nurses & Midwives Health members access support services if they need hospital treatment? And generally boosting members' physical and mental health? It's called Teachers Healthcare Services.

It's all about you

What sets the Teachers Healthcare Services team apart (other than being highly qualified, compassionate humans – which they are), is their **personalised approach**.

They take the time to get to know you. Not just your medical condition and treatment plan, but what's going on in your life; what challenges you may be facing and how you're coping. Then they figure out how they can help you, or if they can't, who can.

What's happening now

Teachers Healthcare Services can address your immediate needs. Like advice on navigating the healthcare system when you need treatment. Or connecting you to external support services. Or even organising home-based nursing care^{*} or rehab^{*} so you can get out of hospital sooner.



^{*}These programs are brought to members through Teachers Healthcare Services, an initiative of Teachers Health, to support members' health and wellbeing through quality, evidence-based health management programs and services. To be eligible for this program you must be a member of Nurses & Midwives Health and have Hospital cover with all waiting periods served. Additional eligibility criteria may apply.

STEP 2 - Reach out



Setting you up for the future

They can also help you take care of yourself down the track. This could be personalised advice over the phone. Or getting you into programs for mental wellness, weight loss or managing a chronic condition. It's all part of the service – at no extra cost to you*.

Accessing the service

If you call us to confirm you're covered for a hospital treatment, the Teachers Healthcare Services team may get in touch to ask if you'd like their help. If you do, you're in great hands. If you don't, that's fine too.

If they don't reach out to you, feel free to ask if you're eligible for any of the programs or services they offer.

For more on Teachers Healthcare Services go to nmhealth.com.au/ths

To find out more, contact **Nurses & Midwives Health** on **info@nmheath.com.au** or call **1300 344 000**.

Eligible members are connected with a dedicated **Teachers Healthcare Services** care coordinator who supports them on their personal journey.



Choose a specialist

Understanding specialists' costs

One of the great things about private hospital cover is that you can choose your specialist. If you haven't been to hospital before this may not sound like a big deal, but it can be.

It means you can pick someone you trust and feel comfortable with. It's also a chance to limit your out-of-pocket costs (what you pay). Hospitals bill separately – we'll talk about that in step 4.

For many people, specialists' fees are a source of misunderstanding. You may not know that in the private system **specialists can set their own fees**. Some charge a lot more than others, and a higher price doesn't guarantee higher quality.

If your specialist charges more than the fee set out by the government in the **Medicare Benefits Schedule** (MBS), you'll have to pay the difference (known as the "gap").

To avoid, or minimise, gap payments ask your specialist if they'll treat you under our Access Gap Cover scheme. If they say yes, you'll pay a known (agreed) gap, or even nothing at all.

Finding an Access Gap specialist

You and your GP can use the **Healthshare** tool to search for specialists who've treated other people under Access Gap. Then you can ask if they'll do the same for you (it's up to them if they want to participate in the scheme).

Once you've chosen a specialist ask them about any other doctors who may be involved in your treatment, like an anaesthetist or assistant surgeon, and whether they'll treat you under Access Gap. This is something many people have no idea they should be asking. We don't want you to be one of them.

Only once you've seen, and understood, a breakdown of all the specialists' costs can you give Informed Financial Consent.

To learn more about Access Gap, or to find an Access Gap doctor, go to: nmhealth.com.au/access-gap-cover

While you're there, ask your doctor for every **MBS item number** that'll figure in your treatment. Then call us on **1300 344 000** so we can double check you're covered.

Short term pain, long term gain

This process may sound like a lot of work, especially when all you want to do is get better – and, frankly, it can be. But it's worth doing. Even if you're uncomfortable talking about money, having these conversations upfront is the best way to understand the costs and do everything you can to avoid bill shock later on. So please do persist.





Choose a hospital

Which hospital will you be treated at?

Your hospital costs include the inpatient stuff that specialists' bills don't, like an operating theatre, nursing care, bed and food (which can be surprisingly good in a private hospital).

Once you've chosen a specialist, ask which hospitals they work out of, as this is another opportunity to make decisions about your care and control your costs. How you do this depends on whether the service is **covered** or **restricted**.



Ask your specialist if they can treat you at an agreement hospital, as this can help minimise your out-of-pocket costs.

At an agreement hospital your insurance should cover most of the costs for covered services, but it's important to ask the hospital about any additional expenses you may have.

They could be related to your care, like high-cost medicines or robotic surgery. Or non-medical stuff like TV, internet or phone use.

You'll also have to pay any applicable excess on your cover.

Restricted services

You can avoid out-of-pocket costs at many (but not all) public hospitals. Ask what the hospital charges private patients and whether you'll have to pay anything other than an excess (if you have one).

At a private hospital you could have a large bill as they're likely to charge more than the amount we'll pay for your accommodation (which is the fee set by the government for that service). You'll also have to pay any operating theatre, intensive care or neonatal intensive care costs.

For more on restricted services go to nmhealth.com.au/restricted



Prepare for hospital

Get informed

In the lead-up to your hospital treatment you may feel apprehensive. Even if you're a health professional, your emotions could range from "quietly confident" to "terrified" or somewhere in between. All of which are perfectly understandable.

Being clear about your preparation, treatment and recovery can help you physically and mentally prepare. It's also a good idea to keep family and friends in the loop so they can offer moral, and practical, support.

What to take



Be sure to take your:

- Nurses & Midwives Health membership card
- Medicare card
- medication list (detailing any prescription, over-the-counter, supplements or complementary medicines you're taking – including dosage). You could ask your GP or pharmacist to give you a list
- letters from your GP, specialists or any other health professionals
- x-rays, other imaging or test results (if relevant)
- hospital pre-admission pack (if available).



If you're in overnight, or longer, also think about:

- 🗸 toiletries
- clothes (day and night)
- non-slip slippers
- any regular medication you should keep taking
- entertainment
 (books, music, iPad, etc.)
- phone

 (don't forget chargers for any devices)
- headphones

 (in case you're in a shared room)
- ear plugs or eye mask (if they'll help you sleep).

What to ask your specialist

Tests

- Do you need any tests before hospital (like blood tests or scans)?
- Will you need tests in hospital? If so, what, and why?

Food and drink

You may need to fast (stop eating or drinking) for a period of time before you go to hospital. It's important to follow your doctor's instructions. Be sure to ask:

- When do you need to stop eating and drinking?
- Should you stop taking any medicines?
- Are there any medicines you should keep taking?

Restrictions

There may be some restrictions to your usual activities when you get home. Things you need to consider, and prepare for, before you go to hospital could include:

- meals / diet
- cleaning
- personal hygiene
- travelling to medical appointments
- taking care of kids or pets
- any modifications to your home (like hand rails or ramps).

Ask your specialist how long any restrictions will last so you know what to expect and how much help you may need.



Any other questions?

If you list your questions as and when you think of them, you can make the most of whatever time you have with your specialist. If they're time-poor, ask who else you can talk to.

There's no such thing as a stupid question. If it's bothering you, it's important. And if you're still nervous after all this fact-finding, be kind to yourself – we're all human.





Go to hospital

Admission

When you arrive, you may have to sign any paperwork you haven't already completed. If you're being treated as a private patient in a public hospital this will include a 'patient election form' to confirm your private patient status.

You'll also pay any excess on your cover before you're admitted.

If your admission time is later in the day be prepared for possible delays. If you're easily bored, have a book, device or something else on-hand to amuse you, just in case.



After your treatment

What happens afterwards depends on what you're in for. But unless you're going to the ICU (intensive care), you'll normally be taken to recovery until you're discharged or transferred to a ward.

Waking up

If you've had sedation or a general anaesthetic, you'll be closely monitored until you wake up. When you do you may be attached to various bits of equipment. This is another thing you can ask about upfront, so you know what to expect.

You may feel dazed and confused for a while. Even if you feel competent, avoid driving, alcohol or making any big decisions for at least 24 hours, or until your head is clear.

Recover

STEP

Going Home

However long you're in hospital for, ask your medical team how to take care of yourself when you leave. Ideally get all instructions in writing.

General advice

- What aftercare does your doctor recommend?
- How long should your recovery take?
- What should you know about your condition or treatment?
- What lifestyle changes could help you recover?
- What changes would benefit your long-term health?

Restrictions

- What activities should you avoid (e.g. exercise or flying)?
- How long should you avoid them for?
- When can you go back to work (if relevant)?

Symptoms

- What symptoms can you expect when you get home?
- What can you do to relieve them?
- What symptoms may need medical attention?
- If your symptoms get worse when should you get medical attention?
- Who should you contact if this happens?
- What should you do if you're worried about any symptoms after-hours?

Any questions?

As with every other step in this guide, if you have any concerns, ask your medical team before leaving hospital.

Medicines

You may have new medicines while you're in hospital. You need to know about any changes to your medication, the reason for the change, and any side-effects you should look out for.

Hospitals usually give you a list of your medicines to take home. Keep it safe and share it with your GP at your next appointment. They may not have got this info from the hospital yet and it's really important they understand any changes to your medications.

Being fully informed will help you focus on your recovery. Which is way better than lying awake worrying about it at 4am when you're home.

If you've already spoken to Teachers Healthcare Services (or even if you haven't) they can help to support you while you're in, or after you leave, hospital. If they can't answer your question, they can point you in the right direction.

Be clear on:

- name of the medicine
- strength of the medicine
- what the medicine is for
- how much to take and when
- any special instructions (e.g. take with food)
- start date
- if any of your regular medicines were stopped in hospital, should you restart them? If so, when?
- if you started any new medicines in hospital, do you need to keep taking them? If so, for how long for?
- if stopping a medicine, do you need to be 'weaned off' it slowly? In some cases, it can be dangerous to suddenly stop
- could any of the medicines you're taking interact with each other (this could include supplements, complementary medicines and over-the-counter medicines)?

Follow up

Make sure you have a follow-up booked with the specialist who treated you. And any other relevant doctors or health professionals.

It's also important to share any discharge info from your specialist or the hospital with your GP. Your GP co-ordinates your care, so they need to be across everything that's happening.

Claim

STEP

Back to money...

If you've followed steps 1–3, and checked in with us along the way, settling the bills should be straightforward.

The hospital part

The bill should come straight to us. If it comes to you instead, send it to us by email: **submitclaim@nmhealth.com.au** or post to: **GPO Box 9812, Sydney NSW 2001**.

The specialist part

- **Under Access Gap Cover** any specialists involved in your treatment should submit their bill to us. If you have a known gap with anyone, you'll be billed directly for that.
- No Access Gap Cover you'll need to go to Medicare first to submit a two-way claim form. Medicare will send it to us once they've processed it.

If it's not adding up

If you're unsure about anything to do with billing, call us on **1300 344 000** and we'll talk you through it. We don't want you to have any extra stress while you recover.

See the numbers

You can check exactly what you've claimed through your hospital cover at Online Member Services. Log in, then go to *Claims and benefits > Benefit statements*.

It can take a couple of months after your hospital treatment for all the bills to come in and be settled, so wait until then to be sure of getting the full picture.

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We hope this guide has given you some insight into hospital treatment. Best of luck with yours.



We're here if you need us.



