



Government of **Western Australia**
Department of **Health**

Response to Overseas Student Health Cover Consultation Paper

General Comments

This consultation paper response attempts to address the issues and changes proposed, specifically that of access to reproductive services, being identified as the area of greatest impact on the Western Australian public health system and considering the impacts it may have on the business of public hospitals.

Change 1: Publication of OSHC product information on privatehealth.gov.au

Question 1: Is the proposal supported?

Yes, increase transparency and ease of access to information will enable overseas students to make independent decisions about their health cover.

Question 2: What is the likely impact on:

- **Premiums**

No comment.

- **Purchasing behaviour**

Would anticipate an increased uptake in direct applications for health coverage and reduction in applications via third parties.

Question 3: What are appropriate metrics for measuring the impact?

As the information will be published on the privatehealth.gov.au website, monitoring the number of hits on the page on which the information is published as well as the number of times the template and/or information is downloaded could be a way of measuring impact.

Question 4: What is the anticipated:

- **Regulatory burden**

No comment.

- **Implementation timeframe**

No comment.

Question 5: Are there differences between OSHC and CHIPs which must be considered?

The difference between the two should be clarified as part of the information/templates provided.

Change 2: Caps on certain payments by insurers to third-party agents

Question 1: Is the proposal supported?

Yes, this change could reduce the cost to students, assist retention, and promote more impartiality in recommendations of suitable value for money products.

Question 2: What is the likely impact on:

- **Premiums**
Anticipate it could likely reduce premiums.
- **Purchasing behaviour**
Same as for Change 1 - Would anticipate an increased uptake in direct applications for health coverage and reduction in applications via third parties.

Question 3: What are appropriate metrics for measuring the impact?

No comment.

Question 4: What is the anticipated:

- **Regulatory burden**
No comment.
- **Implementation timeframe**
No comment.

Question 5: Regarding third party agents:

- **How should agents be defined?**
No comment.
- **How should types of payments be defined?**
No comment.
- **What is an appropriate maximum amount or percentage that could be applied to the payment?**
No comment.
- **What issues should be considered to take account for differences in the marketing and/or business acquisition strategies between insurers?**
No comment.
- **What transition period should be applied?**
No comment.

Change 3: Waiting periods for pregnancy-related care

Question 1: Is the proposal supported?

Yes, specifically two month wait periods for hospital care and no wait periods for GP/urgent care with a mandatory requirement to uptake a family policy covering dependants on the birth of a child.

Question 2: What is the likely impact on:

- **Premiums**

Anticipate either no change or an increase, any increase in premium on top of current differences between standard policies and those that cover pregnancy/birth should consider affordability, as any policy that costs significantly more will dissuade consumers from taking up increased coverage.

- **Purchasing behaviour**

Increased uptake of pregnancy/birth policies prior to the birth of a child. At present students appear to be deterred from purchasing pregnancy/birth policies due to wait times and cost; any improvement in this area should see an increase in purchase of these policies.

Reduction in the waiting periods from 12 to 2 months, could produce a favourable outcome for Overseas Students and Local Health Networks i.e., the organisation can reduce the likelihood of accumulating bad debts whilst the students are able to access healthcare for a significant duration of their pregnancy stress free. Students are still able to consult a GP at a much-reduced cost in the meantime whilst serving the 2-month waiting period, and unlike with no wait period, students are not inadvertently encouraged to wait until just before the birth to take up increased health coverage.

Question 3: What are appropriate metrics for measuring the impact?

Data from OSHC providers on the number of policies purchased overall and the breakdown of the types of policy, plus information on the birth date of a child added to that parent's policy to determine the timeframe before a birth a pregnancy/birth policy is being taken out.

Question 4: What is the anticipated:

- **Regulatory burden**

No comment.

- **Implementation timeframe**

No comment.

Question 5: Regarding pregnancy-related care:

- **How should pregnancy related care be defined?**

No comment.

- **How should types of payments be defined?**

No comment.

- **What has been the previous experience when there was no waiting period for pregnancy related care?**

No comment.

- **How should waiting periods be applied to newborns?**

Newborns should have no wait periods and as few restrictions to being registered on a policy as possible and the newborn should be automatically covered from birth on registration, not from the date they were added to the policy.

- **Should there be a differentiation of waiting period based on product duration or type?**

Supportive of a static two month wait period for reasons previously stated, this should be applicable regardless of product duration or type.

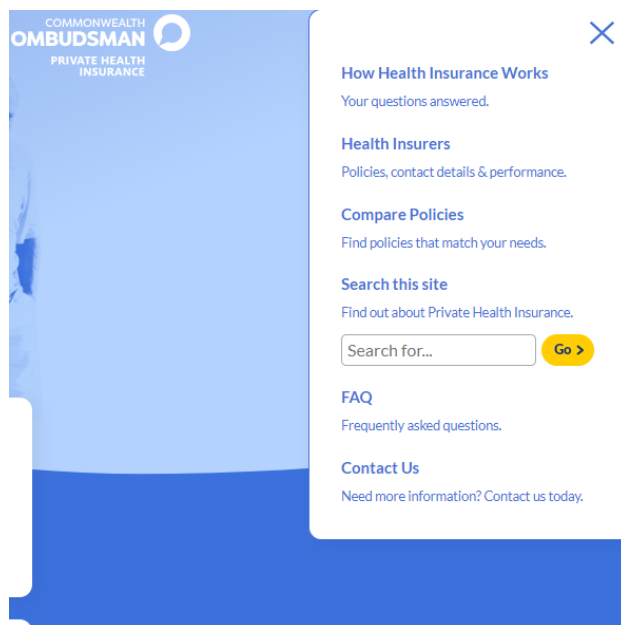
Other feedback:

1. On the [PrivateHealth.gov.au - Australian Health Insurance Information](http://PrivateHealth.gov.au) website is a glossary which is helpful in giving meaning to terminology that overseas students are unfamiliar with. However, it is not quite visible on the page; the reader must scroll to the very bottom of the home page to find the link to glossary.

A suggestion would be to have this as a tab in the drop-down menu on the right-hand side of the webpage (see screen shot below).

One of the reasons why overseas students might engage a third-party agent is because much of the terminology used in the Australian private health insurance industry and/or the Australian health system are new and unfamiliar to them.

Due to fear of making a mistake or selecting a choice that is unsuitable in meeting their needs, their preference would be to seek advice from an agent that understands it all better than they do.



2. As far as possible, provide all information and templates in easy English, and in small chunks to ensure that the information is not too overwhelming at first glance. This will make it easier to read through and understand.

3. Consider a page on your website that offers summarised information to support understanding of the Australian health system.
4. Consider providing on your website, a link to the [MyAus App](#) as an additional resource for supporting overseas students (and their families) during their settlement in Australia. In addition, consider having a short section on MyAus App that briefly describes private health insurance and directs users to your website through a link. This may also be a way of increasing the traffic to your website.

**This document can be made available in alternative formats
on request for a person with disability.**

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