

Health fund failures warrant review

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A report that health insurance funds have failed to meet regulated requirements concerning their coverage obligations is disturbing and warrants a review by the Government into the handling of pre-existing condition disputes, the Consumers Health Forum said today.

Three health funds are reported in *The Guardian* to have rejected the claims of thousands of people on the basis of pre-existing health conditions without appointing a doctor to review the medical evidence of each case as is legally required.

“Whatever the rights and wrongs are of individual cases, this story will further shake public confidence in health insurance. It highlights the need for health funds to be seen to be following the rules rigorously in such cases,” the CEO of the Consumers Health Forum, Leanne Wells, said.

“This issue goes to the accountability and transparency that should be central to health insurance system and the disclosures should prompt the Government to examine the circumstances surrounding these breaches and provide a report to the public.

“Consumers have every reason to expect that the funds to whom they pay thousands of dollars in premiums are behaving with the utmost integrity.

“This latest episode underscores the need for a strengthened role for the Commonwealth Ombudsman to monitor health insurance activities which was announced in October 2017. And it’s vital that consumers should check reasons given by their insurer for a denied claim.

“Central to the value of health insurance for members is the need for them to have confidence and trust in their health insurance fund.

“The frustration and uncertainty many members experience concerning the cost and complexity of their health insurance is aggravated by indications funds have failed to follow the rules when it comes to disputes over pre-existing conditions,” Ms Wells said.

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