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Forthcoming issues

This publication will be released according to the timetable published on the APRA website.

Revisions

This publication will include revisions to previously published statistics if better source data becomes available or if compilation errors are uncovered.

APRA regularly analyses past revisions to identify potential improvements to the source data and statistical compilation techniques, in order to minimise the frequency and scale of any future revisions.

Rounding

Details on tables may not add up to totals due to rounding of figures.

Enquiries

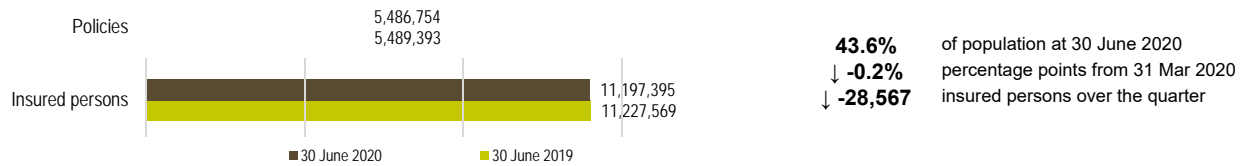
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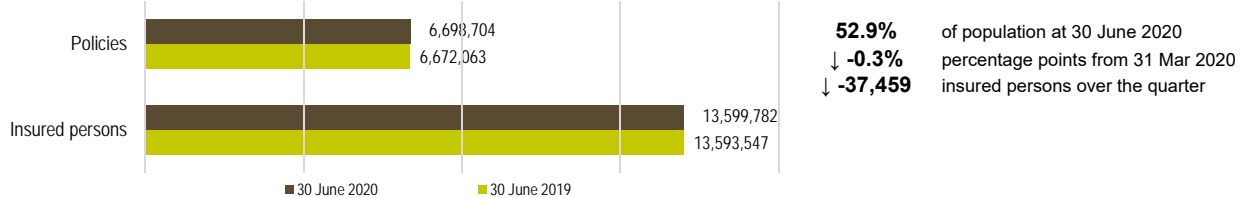
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Key metrics

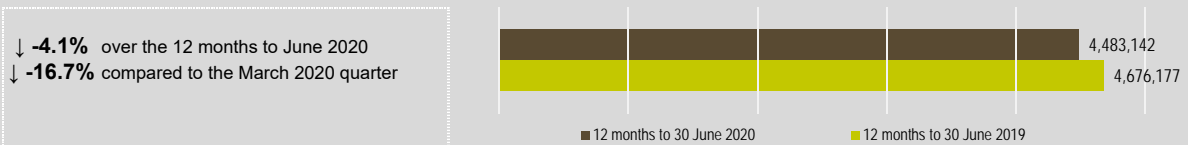
Hospital treatment membership



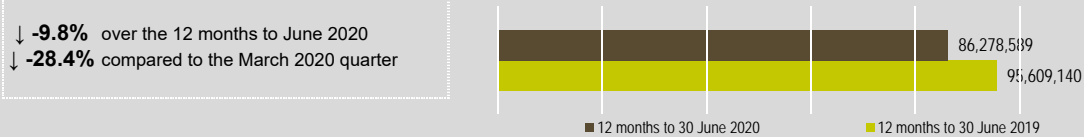
General treatment membership



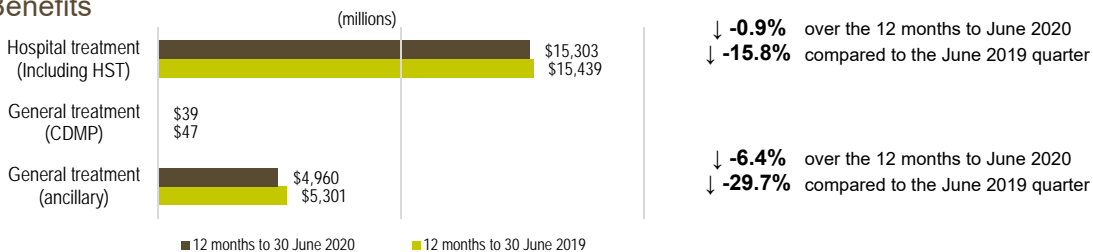
Hospital treatment episodes



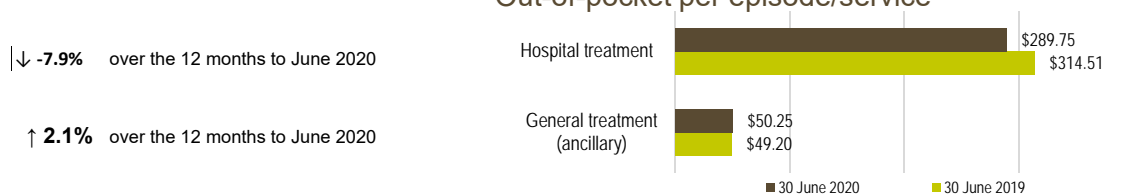
General treatment services (ancillary)



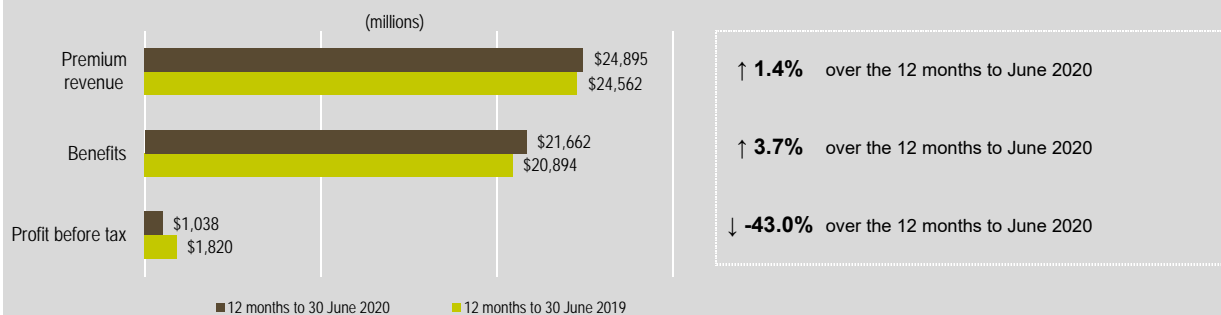
Benefits



Out-of-pocket per episode/service



Financial

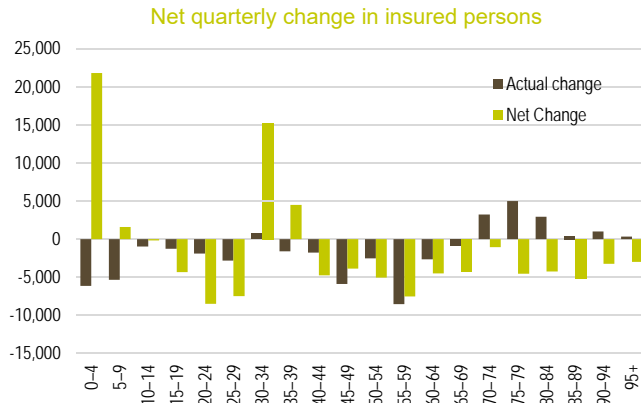


Hospital Treatment

At 30 June 2020, 11,197,395 people, or 43.6% of the population, were covered by hospital treatment cover. This was a drop of 0.2 percentage points in coverage compared to March 2020.

There was a decrease in coverage of 28,567 insured people in the June 2020 quarter compared to March 2020. Family policies decreased by 7,064 and single policies increased by 2,997 during the quarter.

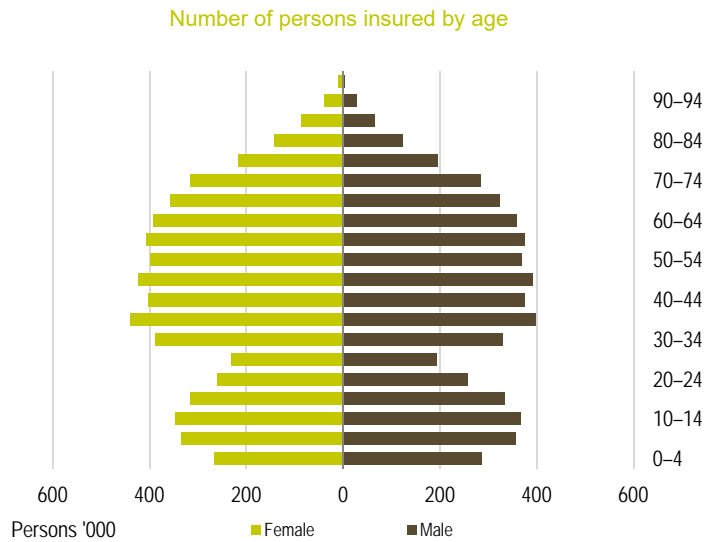
The largest decrease in coverage during the quarter was 8,544 for people aged between 55 and 59. The largest net decrease (taking into account movement between age groups) was for people age between 20 and 24 with a drop of 8,492 people.



Lifetime health cover

The majority of adults with hospital cover (89.3%) have a certified age of entry of 30, with no penalty loading; a 0.2 percentage points increase compared to March 2020.

At the end of the June 2020 quarter, there were 863,625 people with a certified age of entry of more than 30 and subject to a Lifetime Health Cover loading; a net decrease in people paying a penalty over the preceding 12 months of 52,629. There was a net increase in people with a certified age of entry of 30 (with no penalty) over the year of 33,324. Over the year, 124,601 people had their loading removed after paying a loading for ten years.



Hospital treatment tables						
State/Territory	Insured persons (%)	Non insured persons (%)	Male (Persons '000)	Female (Persons '000)	Single policies (%)	Family policies (%)
Aust.	43.6%	56.4%	5,412,525	5,784,870	48.3%	51.7%
NSW	45.1%	54.9%	1,784,893	1,898,268	48.3%	51.7%
VIC	40.0%	60.0%	1,290,295	1,391,155	50.6%	49.4%
QLD	40.3%	59.7%	1,001,608	1,080,355	46.3%	53.7%
SA	44.0%	56.0%	372,359	404,770	48.5%	51.5%
WA	53.5%	46.5%	698,451	721,588	46.8%	53.2%
TAS	41.9%	58.1%	107,250	119,054	48.6%	51.4%
ACT	54.1%	45.9%	111,205	121,333	48.6%	51.4%
NT	38.8%	61.2%	46,464	48,347	47.9%	52.1%

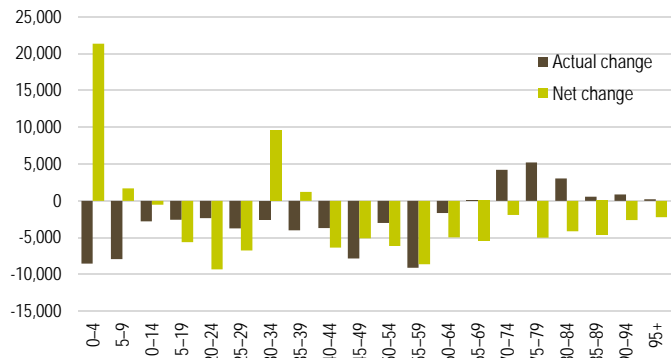
General Treatment

At 30 June 2020, 13,599,782 people or 52.9% of the population had some form of general treatment cover. There was a decrease of 37,459 people when compared to the March 2020 quarter decrease was mainly driven by family policies (down 9,646). For the 12 months to 30 June 2020, the number of insured persons with general treatment cover has increased by 6,235.

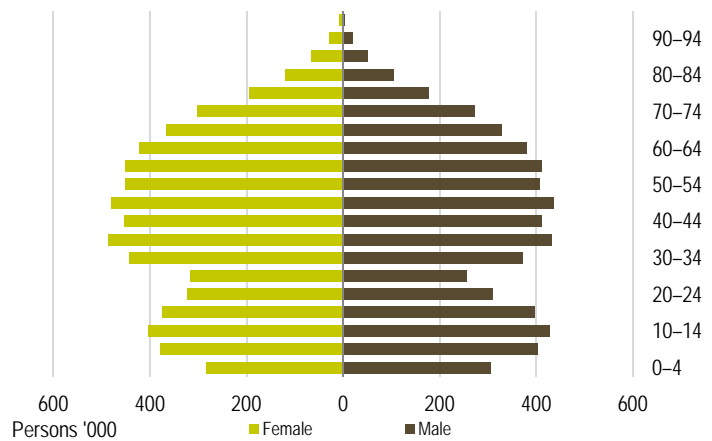
The general treatment (ancillary) by age charts and data in this report show data for those people that have general treatment policies covering ancillary services, regardless of other treatment included in the product. This excludes those general treatment policies that do not cover ancillary treatment.

There was a decrease of 45,265 people with general treatment (ancillary) coverage in the June 2020 quarter. The largest net decrease in coverage, after accounting for movements across age groups, was 9,289 for people in the 20 to 24 age group.

Net quarterly change in insured persons (ancillary)



Number of persons insured by age (ancillary)



General treatment tables (ancillary)

State/Territory	Insured persons (%)	Not insured persons (%)	Total Insured	Total Not Insured	Single policies (%)	Family policies (%)
Aust.	52.9%	47.1%	5,901,457	6,367,143	49.3%	50.7%
NSW	55.4%	44.6%	1,984,721	2,117,271	48.7%	51.3%
VIC	46.9%	53.1%	1,273,965	1,381,644	51.4%	48.6%
QLD	46.7%	53.3%	1,048,380	1,152,017	47.9%	52.1%
SA	58.5%	41.5%	459,292	505,616	49.5%	50.5%
WA	68.6%	31.4%	852,615	899,476	48.6%	51.4%
TAS	49.5%	50.5%	115,605	129,739	50.1%	49.9%
ACT	66.3%	33.7%	118,857	130,803	49.6%	50.4%
NT	43.3%	56.7%	48,022	50,577	49.1%	50.9%

Benefits Paid

Hospital treatment

Benefits per episode/service

	June 2020	Change from March 2020
Hospital Treatment		
Acute	\$2,518	6.1%
Medical	\$59	-2.4%
Prostheses	\$683	2.2%
Cardiac	\$3,857	-1.9%
Hip	\$1,638	-2.6%
Knee	\$1,752	-1.2%
Total benefits and growth rate		
Hospital	\$3,314,170,705	-12.9%
General	\$925,799,872	-32.5%

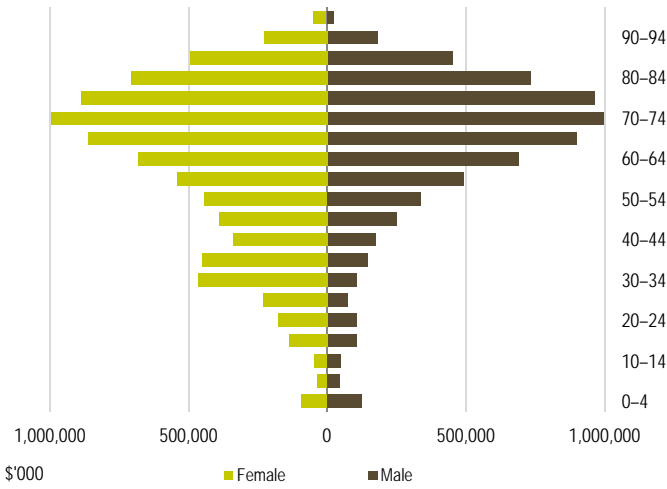
During the June 2020 quarter, insurers paid \$3,314 million in hospital treatment benefits, a decrease of 12.9% compared to the March 2020 quarter. Hospital treatment benefits were comprised of:

- ◇ \$2,397 million for hospital services such as accommodation and nursing
- ◇ \$473 million for medical services
- ◇ \$444 million for prostheses items.

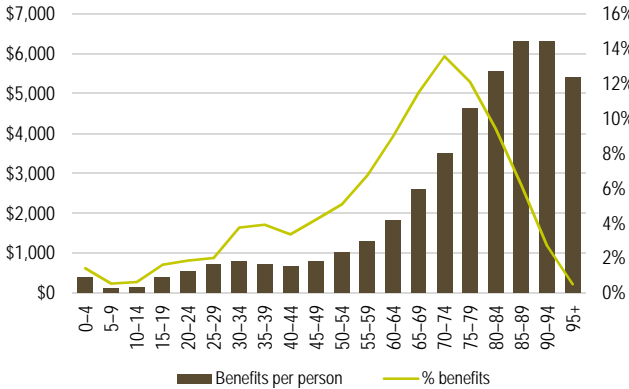
The age group for which most hospital benefits are paid is between 60 and 84 (top chart). Total benefits by age group is affected by the average benefits paid per person (displayed in the second chart) and the number of people in each age group. Older age groups have a higher claiming rate. The rise in benefits in the 20–39 age cohorts is due to increases in female benefits associated with child bearing.

Average hospital benefits per person decreased from \$1,375 for the year ending June 2019 to \$1,366.68 for the year ending June 2020. The largest amount of benefits per person was spent on hospital accommodation and nursing, followed by medical and prostheses benefits.

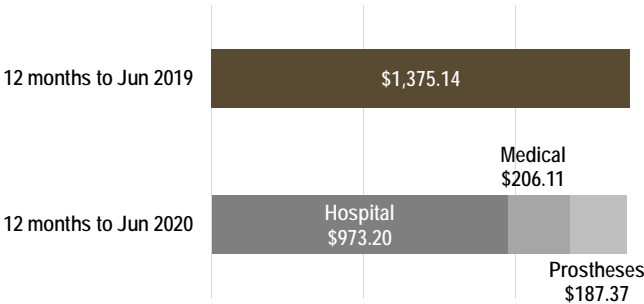
Hospital treatment benefits paid by age 12 months to 30 June 2020



Hospital treatment benefits per person covered and percentage of benefits paid by age cohort



Hospital treatment benefits per person



General treatment

Benefits per service

	June 2020	Change from March 2020
Dental	\$64	-6.5%
Chiropractic	\$33	-3.9%
Physiotherapy	\$39	0.4%
Optical	\$77	1.3%

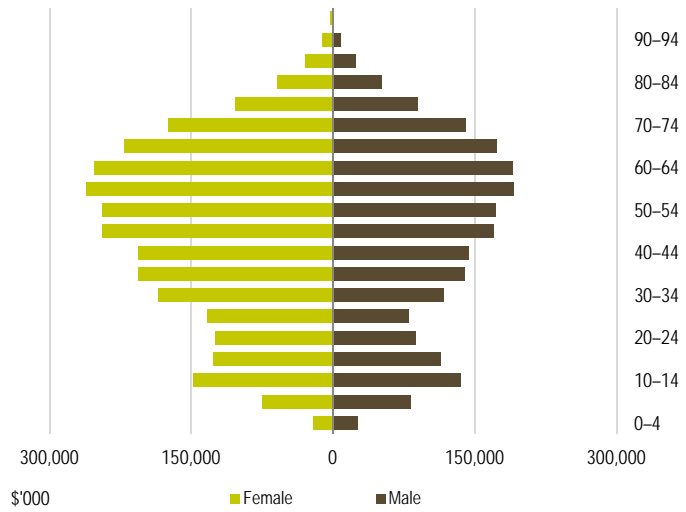
During the June 2020 quarter, insurers paid \$915 million in general treatment (ancillary) benefits. This was a decrease of 32.9% compared to the March 2020 quarter. Ancillary benefits for the June 2020 quarter included the major categories of:

- ◇ Dental \$457 million
- ◇ Optical \$133 million
- ◇ Physiotherapy \$90 million
- ◇ Chiropractic \$72 million.

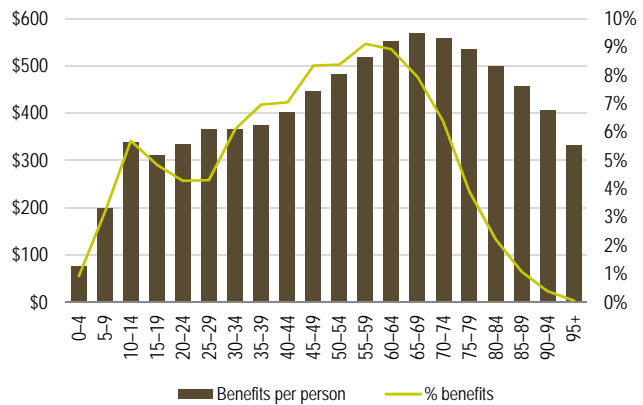
There is a marked difference between the distribution of benefits over age groups between hospital benefits and ancillary benefits. The major difference is the higher claiming rate in older age groups for hospital benefits while benefits per person for ancillary benefits are more evenly spread over the age groups.

General treatment (ancillary) benefits per person during the year to June 2019 were \$432, decreasing to \$404 for the year to June 2020. The largest component of ancillary benefits is dental, for which \$212.17 was paid per insured.

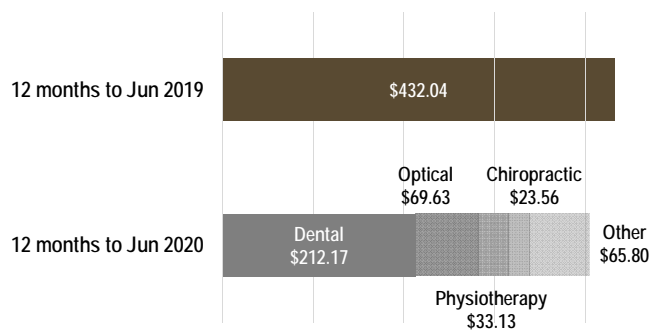
General treatment benefits paid by age 12 months to 30 June 2020 (ancillary)



General treatment benefits per person covered and percentage of benefits paid by age cohort (ancillary)



General treatment benefits per person (ancillary)



Medical benefits

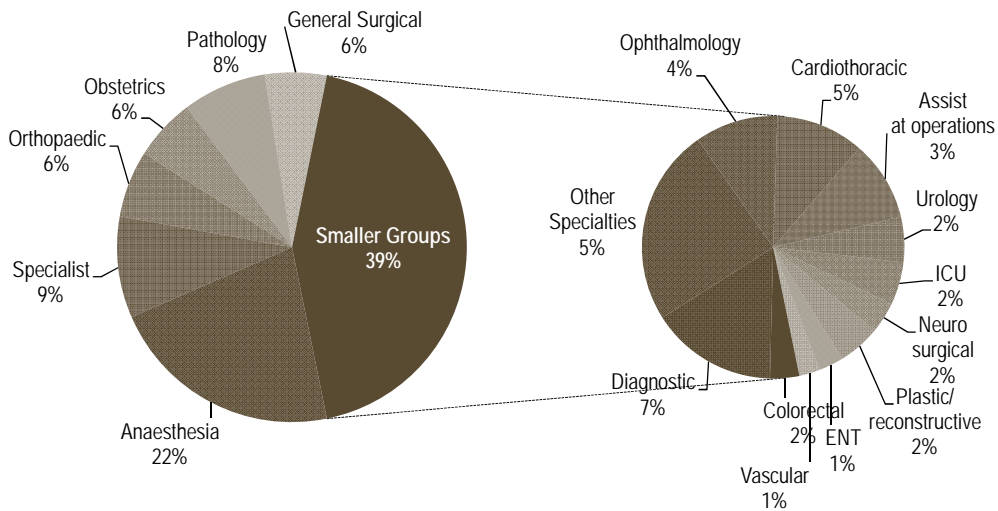
Total benefits for medical services decreased 56.7% during the June quarter 2020, driven largely by a 58.4% decrease in the number of services.

The change in medical benefits paid per service was calculated over a range of medical services and does not mean medical services overall decreased or increased in cost. The average benefits paid reflects the type of medical services utilised during the quarter as well as the volume of services. The medical service for which the greatest amount of benefits was paid was anaesthetics, comprising 21.6% of all medical benefits and totalling \$53.9 million.

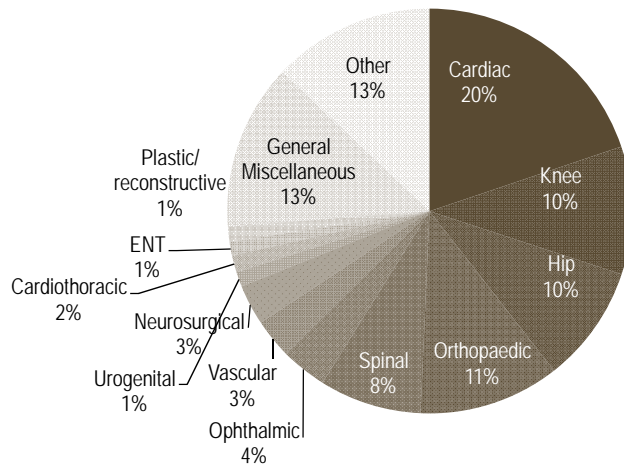
Prostheses benefits

Total benefits paid for prostheses decreased by 14.7% in the June quarter 2020 compared to the March quarter 2020. Similar to medical services, the change in benefits paid for prostheses was calculated over a range of prosthetics (see chart) and does not mean prostheses overall changed in cost. The change in benefits paid may reflect a change in the type of prosthetics utilised, or a change in the overall utilisation of prosthetics. The prosthetic group for which the greatest amount of benefits were paid was cardiac, comprising 19.8% of all prosthetic benefits and totalling \$88.1 million.

Medical benefits by Speciality group



Benefits paid for prostheses



Service utilisation

Episodes/Services by type

	June 2020	Change from March 2020
Hospital Episodes	951,800	-16.7%
Hospital Days	2,650,378	-11.3%
Medical Services	8,074,825	-15.7%
Prostheses Items	650,716	-16.5%
Specialist Orthopaedic	122,995	-13.7%
Ophthalmic	60,496	-27.0%
Spinal	49,352	-7.0%
General Treatment	16,366,614	-28.4%
Dental	7,168,067	-30.7%
Chiropractic	2,183,321	-6.0%
Physiotherapy	2,289,773	-17.8%
Optical	1,724,244	-48.0%

Hospital utilisation is distributed over four categories of hospital—public, private, day only facilities and hospital-substitute. During the June 2020 quarter, hospital episodes were distributed as follows:

- ◇ public hospitals 176,687 episodes
- ◇ private hospitals 611,496 episodes
- ◇ day hospital facilities 123,435 episodes
- ◇ hospital substitute 40,182 episodes.

For the June 2020 quarter, hospital utilisation (measured in episodes) decreased by 16.7%, driven by both public and private hospital in the year ending June 2020.

During the June 2020 quarter, insurers paid benefits for 2.65 million days in hospital, arising from 0.95 million hospital episodes of care.

	Quarter change	Year change
◇ public hospitals	↓ -8.9%	↓ -4.0%
◇ private hospitals	↓ -19.0%	↓ -3.5%
◇ day hospital facilities	↓ -14.4%	↓ -5.9%
◇ hospital-substitute	↓ -18.4%	↓ -8.4%

Day-only episodes in the four categories of hospital totalled 627,675, a decrease of 17.4% compared to the March 2020 quarter.

