

### Private Healthcare Australia

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### PHA Annual Hospital High Claims Report 2022

Released August 2022





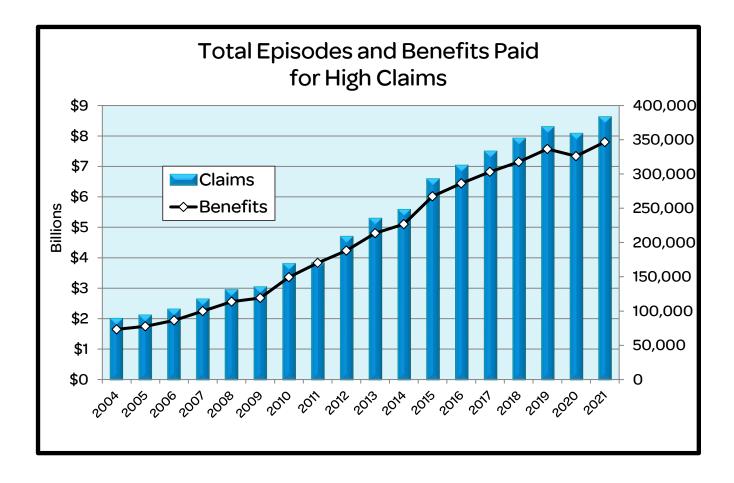
#### Summary

Private Healthcare Australia's Annual Hospital High Claims 2022 Report analyses the nature and magnitude of hospital treatment high claims paid by Health Funds over the past 12 months ending December 2021 and is collated using data from 34 health funds representing 100% of the private health insurance industry in Australia.

In 2021, the private health insurance sector paid out 382,400 hospital claims on behalf of members where the benefit payment for the episode of care exceeded \$10,000.

This represents an increase in the number of hospital high claims on the previous reporting year of 6.7% (an additional 24,025 hospital high claims), with total hospital benefits paid for these claims exceeding \$7.8 billion (a 6.3% increase from 2020 and a 3% increase from pre-pandemic 2019).

Hospital high claims represented 48.1% of total hospital benefits (0.2 percentage points increase on pre-pandemic 2019) paid out by health insurers on behalf of members for hospital treatments during 2021.







#### COVID-19 Impact on High Claims

Despite the Delta variant outbreak which saw NSW going into a 107-day lockdown at the end of June 2021 and the Omicron variant outbreak hitting Australia toward the year's end in 2021, the number of high claims in hospitals in 2021 increased by 6.7% compared to 2020 and increased by 3.9% compared to pre-pandemic 2019, with benefits expenditure on high claims increasing by 6.3% (c.f. 2020) and 3% (c.f. 2019).

This is in part due to the fact that COVID-19 vaccinations were administered for the first time in Australia at the end of February 2021 and there was no community transmission in NSW for 38 days which saw the easing of restrictions by the end of February 2021.

High claims and member benefits paid for high claimants ended last year at 104% of 2019 prepandemic levels, demonstrating the catch up of elective surgery that occurred in the private sector particularly in March 2021 (116% levels) and June 2021 (109% levels) and the quick rebound in November 2021 (101% levels) after state-wide lockdowns were lifted in the Eastern States in October 2021.

By the end of 2021, elective surgery levels had rebounded to 99% of normal activity levels (Dec 2021 c.f. Dec 2019). The Omicron variant outbreak in Australia (27<sup>th</sup> November 2021 onwards) caused elective surgery levels to significantly dip in the private sector to a January and February low in 2022 (71% and 89% of normal activity levels respectively). However, the latest monthly tracking figures from Private Healthcare Australia showed that over March 2022, elective surgery levels had rebounded and was operating at higher-than-normal monthly levels in the private sector by the end of March 2022 (104%).

#### **High Claims**

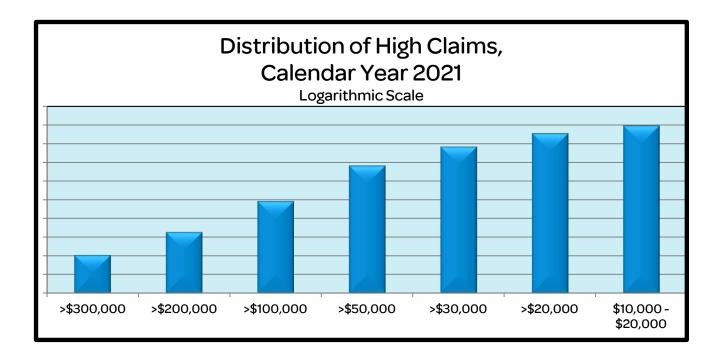
The highest benefit paid was \$714,134 for the treatment of diaphragmatic hernia (birth defect where there is a hole in the diaphragm) with anaemia, requiring tracheostomy with ventilation. The patient was in hospital for over 4 months.

Of the 382,400 high claims:

- 17 cost more than \$300,000
- 93 cost more than \$200,000
- 915 cost more than \$100,000
- 12,752 cost more than \$50,000
- 50,813 cost more than \$30,000
- 138,403 cost more than \$20,000
- 243,997 cost between \$10,000 and \$20,000







Hospital claims for which the benefit payment was over \$10,000 accounted for 8.45% of all hospital episodes in 2021 (0.3 percentage points increase from pre-pandemic 2019). Assuming each of these people were hospitalised once, then for the 382,400 high claims, they represent 3.31% of the total insured population with hospital cover (a 0.03 percentage points increase from pre-pandemic 2019 and a 0.15 percentage points increase from 2020).

#### COVID-19 and mental health claims: emerging trends

With the increase in hospital high claims in 2021, mental health high claims amongst young people have increased dramatically since the COVID-19 pandemic began in Australia in early 2020.

Mental health treatment in hospitals is defined as the treatment and care of patients in hospitals with psychiatric, mental, addiction or behavioural disorders.

In 2021 compared to pre-pandemic 2019:

- High claims for mental health treatment for PHI members under 30 have increased by 953 claims to 7,925 claims (13.7% increase), up \$19.06M to \$161.68M (13.4% increase)
- High claims for mental health treatment for PHI members aged 20 to 30 have increased by 529 claims to 6,270 claims (9.2% increase), up \$10.5M to \$128.2M (8.9% increase)
- For these young high claimants, the average length of stay in hospital for their mental health treatment episode of care was around 26 days (almost a month's stay in hospital).





- 74% of mental health treatment under 30s high claimants are females (4 percentage points increase from 2019).
- Amongst the under 30s high claimants for mental health treatment in hospitals, 30% were for *depressive disorders* followed by *anxiety disorders* (19%), *eating disorders* (12%), *other mental and substance use disorders (11%) and drug use disorders excluding alcohol* (9%) making up the top 5 mental health conditions.
- Severe depressive episode without psychotic symptoms (not postnatal related) was the top hospitalisation reason for under 30s high claimants for mental health treatment in hospitals (17% of under 30s high claims for mental health treatment in hospitals).
- Overall, 1 in 6 hospital claims for PHI members under 30 were for the hospital treatment and care of patients with psychiatric, mental, addiction or behavioural disorders. Whilst around 2 in 5 hospital high claims for PHI members under 30 were for psychiatric, mental, addiction or behavioural disorder treatments in hospitals.
- *Psychiatry/mental health-acute* is currently the top Service Related Group (SRG) for privately insured members aged up to 59 years of age (was only previously ranked #2 behind *Diagnostic gastrointestinal* as recent as 2018/19).

#### COVID-19 confirmed hospitalisations funded by private health insurance

All policies, regardless of whether they are Basic, Bronze, Silver or Gold, cover members for hospitalisation related to COVID-19. This includes any in-hospital treatment that may be required as a result of rare adverse reactions to COVID-19 vaccinations.

Since the beginning of the COVID-19 pandemic in Australia at the end of January 2020, there has been 4,751 COVID-19 confirmed hospitalisations (reported or detected to date) funded by private health insurance (220 in 2020, 825 in 2021 and 3,706 in 2022 so far). 11% of hospitalisation cases are for members under 30. The average member age with confirmed COVID-19 hospitalisation funded by private health insurance is 65 years old.

Of the 4,751 COVID-19 confirmed hospitalisations:

- 912 (1 in 5 or 19%) were high claims where total fund benefit payments exceeded \$10,000 (see the Top 20 listing of high claims in 2021 where members had laboratory confirmed COVID-19, on the following page).
- 358 (8%) were cases where the member's hospitalisation was prolonged due to contracting COVID-19 whilst in hospital.





- 216 (5%) were cases where the member's hospitalisation had laboratory confirmed COVID-19 documented as complicating pregnancy.
- 144 (3%) were cases where member died in hospital.
- 64 (1.3%) were cases requiring ICU stay
- 24 (0.5%) were cases requiring continuous ventilator support

In 2021, high claims where members were hospitalised and had laboratory confirmed COVID-19, tripled to 182 (a 214% increase on the previous year). The average age was 70 for these high claims.

The highest benefit paid for COVID-19 confirmed hospitalisation in 2021 was \$159,198, where the PHI member in the 80-84 age group spent 32 days (over 4.5 weeks) in ICU and required 338 hours (over 2 weeks) of mechanical ventilation and was in hospital for a total of 51 days.

There were also 3 high claim cases in 2021 where member's hospitalisation had laboratory confirmed COVID-19 documented as complicating pregnancy (the median total fund benefits paid per claim for these cases was \$10,737).

Currently, the two most common COVID-19 confirmed hospitalisation reasons are Other viral pneumonia (ICD-10-AM code, *J12.8*) and Cough (ICD-10-AM code, *R05*)

*Lung and chest* is the most common private health insurance clinical category for confirmed COVID-19 hospitalisations.

The average length of stay in hospital for the management of private patients with confirmed COVID-19 infection is 10 days.

The median total fund benefit paid by private health insurance for a COVID-19 confirmed hospitalisation for a PHI member was around \$3,400 per episode of hospital care and treatment in 2021.

To date, the cumulative total fund benefits paid for these hospitalisations is over \$31M.





#### Top 20 high claims in 2021 where members had laboratory confirmed COVID-19

Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
1	\$159,198	М	80-84	Coronary heart disease	51	Private
2	\$150,524	М	60-64	Other neurological disorders	248	Private
3	\$144,520	F	45-49	Guillain-Barré syndrome	291	Private
4	\$82,183	Μ	50-54	Severe depressive episode with psychotic symptoms	202	Public
5	\$73,972	М	0-4	Gastroenteritis and colitis	162	Public
6	\$61,021	М	40-44	Chronic liver disease	23	Public
7	\$60 <i>,</i> 682	М	50-54	Other viral pneumonia	97	Public
8	\$59 <i>,</i> 552	F	65-69	Tibia and ankle fracture	99	Private
9	\$57,250	М	85-89	Other viral pneumonia	45	Private
10	\$54,701	F	70-74	Ulcer of lower limb	45	Private
11	\$51,272	М	80-84	Back pain and problem	14	Private
12	\$44,316	М	80-84	Coronavirus infection	117	Public
13	\$43,353	F	80-84	Infection and inflammatory reaction due to internal joint prosthesis	101	Private
14	\$40,732	F	60-64	Non-Hodgkin lymphoma	119	Public
15	\$40,329	М	70-74	Gallbladder cancer	36	Private
16	\$37,334	F	80-84	Stroke	47	Private
17	\$36,165	F	85-89	Hip fracture	55	Private
18	\$36,093	М	80-84	Stroke	76	Private
19	\$35,171	М	45-49	Other viral pneumonia	15	Private
20	\$35,095	М	85-89	Cellulitis of lower limb	37	Private





High claims by main disease or body system groups as a proportion of total high claims (%), and the highest claim in each group

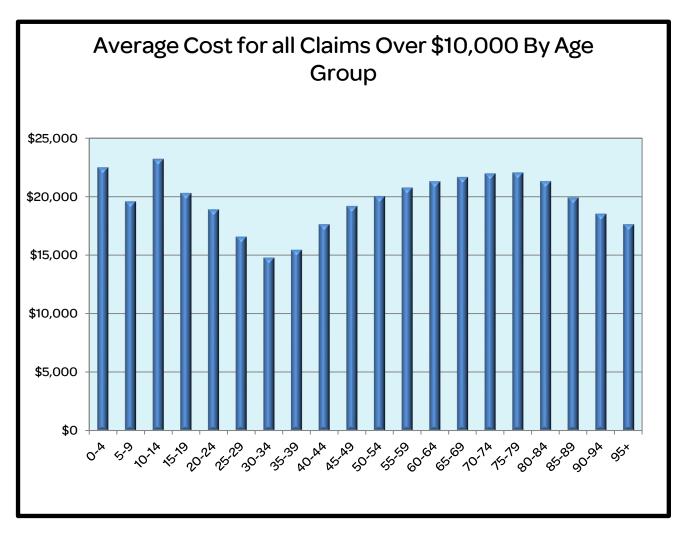
- Musculoskeletal System and Connective Tissue diseases (28%) \$279,019 for the treatment of scoliosis causing back pain and problems.
- Circulatory System diseases (19%) \$387,356 for the treatment of coronary heart disease.
- Cancers (9%) \$279,877 for the treatment of cancer in the back of the abdomen.
- Psychiatric, mental, addiction or behavioural disorders (8%) \$283,194 for the treatment of recurrent depressive disorder.
- Injury, Poisoning and certain other consequences of external causes (8%) \$408,192 for the treatment of an infection and inflammatory reaction due to internal fixation device.
- Digestive System Diseases (5%) \$714,134 for the treatment of diaphragmatic hernia with anaemia.
- **Pregnancy, Childbirth and Postpartum (5%)** \$69,048 for maternal care for cervical incompetence after multiple delivery by caesarean section.
- Endocrine, Nutritional and Metabolic Diseases (4%) \$382,102 for the treatment of obesity using gastric bypass.
- **Respiratory System Diseases (2%)** \$368,189 for the treatment of type 1 respiratory failure requiring tracheostomy with ventilation.
- Nervous System Diseases (2%) \$236,206 for the treatment of myelopathy (injury to the spinal cord due to severe compression).
- Genitourinary System Diseases (2%) \$265,512 for the treatment of female reproductive conditions.
- Skin and Subcutaneous Tissue Diseases (1%) \$144,772 for the treatment of ulcer of lower limb.





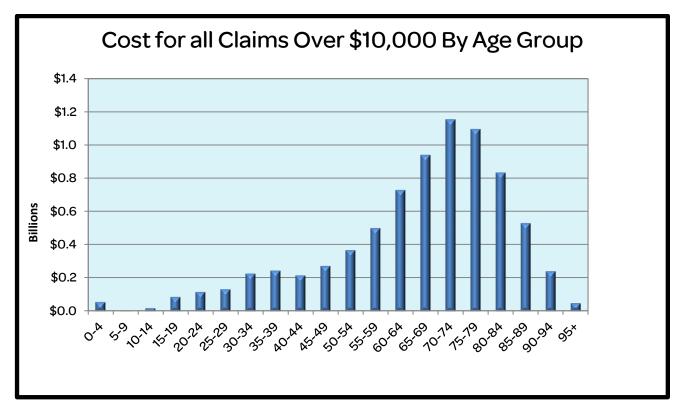
#### Average Cost per High Claim by Age Group

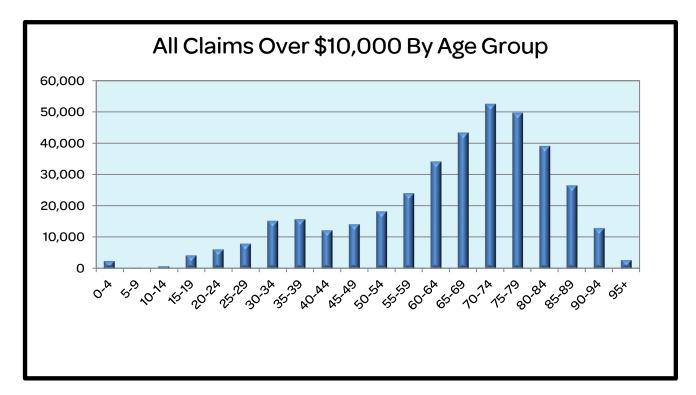
It can be seen from the below chart that the average cost of high claims for each age group was approximately similar in 2021. The average cost per age group ranged from \$14,790 for those aged 30-34 to \$23,228 for those aged 10-14.















#### Hospital High Claims for PHI Members Aged Under 30

For PHI members aged under 30, there were 21,693 hospital claims with benefits exceeding \$10,000, 1,853 more claims in 2021 compared to 2020 (9.3% increase) and 2,238 more claims in 2021 compared to pre-pandemic 2019 (11.5% increase).

Of these 21,693 under 30s high claims in 2021, 1,808 claims were for neonatal care provided to premature babies with a total cost of nearly \$41 million.

Benefits for all hospital high claims over \$10,000 for under 30s cost \$409.8 million in 2021 (an 8.8% benefits increase from 2020 and a 9.4% benefits increase from pre-pandemic 2019).

Of the 21,693 claims (see Table 8 for description of individual claims), the highest identifiable hospital claim for a PHI Member aged under 30 (excluding neonates) was for \$172,270 for the treatment of Guillain-Barré syndrome. The PHI member in the 0-4 age group spent 9 months in hospital with intestinal obstruction and required tracheostomy with ventilation.

Tables attached show the following High Claims:

- Table 1: Top 20 Identifiable High Claims for all Private Health Insurance members
- Table 2: Top 20 Identifiable High Claims Cardiovascular Diseases
- Table 3: Top 20 Identifiable High Claims Musculoskeletal System and Connective Tissue diseases
- Table 4: Top 20 Identifiable High Claims Psychiatric, mental, addiction or behavioural disorders
- Table 5: Top 20 Identifiable High Claims Cancers
- Table 6: Top 20 Identifiable High Claims Diabetes
- Table 7: Top 5 Selected High Claims by Age Group
- Table 8: Top 30 Identifiable High Claims for Private Health Insurance Members Aged Under 30 (excluding neonates)





#### Table 1: Top 20 Identifiable Hospital High Claims for Private Health Insurance

Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
1	\$714,134	F	80-84	Diaphragmatic hernia without obstruction or gangrene	135	Private
2	\$534,976	F	60-64	Intestinal obstruction without hernia	163	Private
3	\$410,448	М	75-79	Abnormal twisting of a part of the large or small intestine.	80	Private
4	\$408,192	F	80-84	Infection and inflammatory reaction due to internal fixation device	93	Private
5	\$405,382	F	65-69	Fungal infection causing cough, difficulty of breathing and fever	72	Private
6	\$387,356	М	70-74	Coronary heart disease	103	Private
7	\$382,102	М	45-49	Gastric bypass surgery	77	Private
8	\$371,073	М	70-74	Infection and inflammatory reaction due to electronic cardiac device	77	Private
9	\$368,189	М	55-59	Type 1 respiratory failure	107	Private
10	\$362,696	F	65-69	Gallbladder and bile duct disease	86	Private
11	\$345,280	М	80-84	Aortic aneurysm	87	Private
12	\$320,535	F	55-59	Other gastrointestinal diseases	55	Private
13	\$312,745	F	50-54	Infection and inflammatory reaction due to internal orthopaedic prosthetic device	48	Private
14	\$312,436	F	0-4	Pre-term birth and low birthweight complications	113	Private
15	\$304,061	F	0-4	Pre-term birth and low birthweight complications	134	Private
16	\$301,180	F	0-4	Pre-term birth and low birthweight complications	107	Private
17	\$297,313	F	65-69	Gastric bypass surgery	44	Private
18	\$294,977	F	90-94	Other blood and metabolic disorders	552	Private
19	\$290,034	М	35-39	Chronic liver disease	89	Private
20	\$289,095	F	70-74	Stroke	105	Public





### Table 2: Top 20 Identifiable High Claims for the treatment of Cardiovascular Diseases

Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
1	\$387,356	М	70-74	Coronary heart disease	103	Private
2	\$345,280	М	80-84	Aortic aneurysm	87	Private
3	\$289,095	F	70-74	Stroke	105	Public
4	\$281,204	М	75-79	Coronary heart disease	71	Private
5	\$272,561	М	85-89	Aortic aneurysm	64	Private
6	\$261,275	F	40-44	Other cardiovascular diseases	105	Public
7	\$247,758	М	55-59	Coronary heart disease	78	Private
8	\$236,827	М	65-69	Cardiomyopathy	51	Public
9	\$235,510	М	75-79	Coronary heart disease	34	Private
10	\$235,368	М	70-74	Inflammatory heart disease	72	Private
11	\$228,919	F	80-84	Other cardiovascular diseases	78	Private
12	\$228,725	М	75-79	Coronary heart disease	48	Private
13	\$216,960	М	75-79	Aortic aneurysm	64	Private
14	\$216,608	М	70-74	Coronary heart disease	120	Private
15	\$203,649	М	65-69	Coronary heart disease	75	Private
16	\$198,552	М	65-69	Non-rheumatic valvular disease	56	Private
17	\$191,793	М	70-74	Stroke	44	Private
18	\$190,693	М	85-89	Atrial fibrillation and flutter	104	Private
19	\$188,067	F	65-69	Coronary heart disease	46	Private
20	\$187,153	М	80-84	Stroke	69	Private





## Table 3: Top 20 Identifiable High Claims for the treatment of MusculoskeletalSystem and Connective Tissue diseases

Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
1	\$279,019	F	75-79	Scoliosis	147	Private
2	\$269,108	F	75-79	Scoliosis	40	Private
3	\$254,466	М	70-74	Other kyphosis	63	Private
4	\$246,664	М	80-84	Osteoarthritis of the hip joint	78	Private
5	\$246,322	F	75-79	Inflammatory spondylopathy	36	Private
6	\$235,638	F	75-79	Other forms of scoliosis	40	Private
7	\$233,811	F	70-74	Other forms of scoliosis lumbar region	60	Private
8	\$230,944	М	70-74	Spinal stenosis lumbar region	69	Private
9	\$226,397	М	80-84	Knee arthrosis	73	Private
10	\$222,776	М	50-54	Weakness in the spinal bones	30	Private
11	\$219,090	F	70-74	Other forms of scoliosis	25	Private
12	\$208,633	F	75-79	Other spondylosis	55	Private
13	\$207,398	F	55-59	Lumbago with sciatica	39	Private
14	\$200,449	F	60-64	Spinal stenosis lumbar region	53	Private
15	\$197,996	F	65-69	Scoliosis	19	Private
16	\$196,389	F	65-69	Scoliosis	19	Private
17	\$196,256	F	75-79	Low back pain	81	Private
18	\$195,732	F	55-59	Lumbar and other intervertebral disc disorders	70	Private
19	\$195,314	F	80-84	Other dorsalgia (severe back pain)	11	Private
20	\$186,511	М	65-69	Other spondylosis	82	Private





# Table 4: Top 20 Identifiable High Claims for the treatment of Psychiatric, mental, addiction or behavioural disorders

Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
1	\$283,194	F	35-39	Recurrent depressive disorder	125	Private
2	\$234,499	F	55-59	Dissociative disorder	122	Private
3	\$175,774	F	50-54	Recurrent depressive disorder	89	Private
4	\$169,858	М	50-54	Delusional disorder	335	Public
5	\$143,682	F	30-34	Recurrent depressive disorder	75	Private
6	\$142,933	F	75-79	Schizoaffective disorder	64	Private
7	\$142,123	F	90-94	Other delirium	47	Public
8	\$140,784	F	65-69	Bipolar affective disorder with severe depression	64	Private
9	\$138,048	F	60-64	Mild cognitive disorder	92	Public
10	\$132,798	М	70-74	Recurrent depressive disorder	58	Private
11	\$125,707	F	35-39	Bipolar disorder	55	Private
12	\$124,784	М	45-49	Post traumatic stress disorder	56	Private
13	\$122,408	F	30-34	Recurrent depressive disorder	55	Private
14	\$121,033	F	20-24	Agoraphobia with panic disorder	245	Private
15	\$120,521	F	70-74	Schizoaffective disorder, mixed type	261	Public
16	\$118,417	F	45-49	Post traumatic stress disorder	61	Private
17	\$117,518	F	30-34	Recurrent depressive disorder	62	Private
18	\$113,121	М	50-54	Bipolar disorder	51	Private
19	\$111,170	М	60-64	Delirium	50	Private
20	\$110,284	М	25-29	Schizophrenia	50	Private





#### Table 5: Top 20 Identifiable High Claims for the treatment of Cancers

Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
1	\$279,877	М	65-69	Cancer in the back of the abdomen	106	Private
2	\$276,011	М	70-74	Bowel cancer	79	Private
3	\$243,928	М	80-84	Bowel cancer	91	Private
4	\$237,432	М	80-84	Other benign, in situ and uncertain neoplasms	172	Private
5	\$219,075	F	30-34	Brain and central nervous system cancer	52	Private
6	\$218,451	М	70-74	Mouth and pharyngeal cancer	55	Private
7	\$213,950	М	60-64	Bowel cancer	83	Private
8	\$199,743	М	70-74	Stomach cancer	42	Private
9	\$194,098	F	50-54	Pancreatic cancer	62	Private
10	\$192,995	М	70-74	Oesophageal cancer	41	Private
11	\$191,247	М	65-69	Brain and central nervous system cancer	27	Private
12	\$188,641	F	80-84	Bowel cancer	66	Private
13	\$171,439	М	45-49	Other malignant neoplasms (cancers)	25	Private
14	\$161,418	М	70-74	Thyroid cancer	41	Private
15	\$160,904	М	55-59	Ill-defined malignant neoplasms	13	Private
16	\$156,398	М	65-69	Mouth and pharyngeal cancer	23	Private
17	\$155,375	М	60-64	Oesophageal cancer	59	Private
18	\$155,207	М	75-79	Pancreatic cancer	56	Private
19	\$153,768	М	75-79	Bowel cancer	55	Private
20	\$151,326	М	70-74	Prostate cancer	49	Private





#### Table 6: Top 20 Identifiable High Claims for the treatment of Diabetes

Rank	Total Benefits Paid	Ge nd er	Age Group	Description	Bed Days	Hospital Type
1	\$117,868	М	75-79	Type 2 diabetes	38	Private
2	\$112,946	М	70-74	Type 2 diabetes with foot ulcer	61	Private
3	\$99,615	F	85-89	Type 2 diabetes with foot ulcer	84	Private
4	\$98,498	М	75-79	Type 2 diabetes with foot ulcer	61	Private
5	\$96,692	F	70-74	Type 2 diabetes with foot ulcer	79	Private
6	\$86,770	М	65-69	Type 2 diabetes	84	Private
7	\$85,353	Μ	65-69	Type 2 diabetes with foot ulcer	33	Public
8	\$83,772	Μ	45-49	Type 1 diabetes	28	Private
9	\$83,030	Μ	75-79	Type 2 diabetes with foot ulcer	15	Private
10	\$81,643	F	75-79	Type 2 diabetes with poor blood circulation and gangrene	63	Private
11	\$81,347	Μ	70-74	Type 2 diabetes with poor blood circulation and gangrene	44	Private
12	\$80,330	М	85-89	Type 2 diabetes with foot ulcer	88	Private
13	\$79,206	М	85-89	Type 2 diabetes with poor blood circulation	14	Private
14	\$77,622	М	60-64	Type 2 diabetes with poor blood circulation and gangrene	49	Private
15	\$77,588	F	70-74	Type 2 diabetes with foot ulcer	20	Private
16	\$75,108	М	75-79	Type 2 diabetes with poor blood circulation and gangrene	115	Private
17	\$74,200	М	70-74	Type 2 diabetes with foot ulcer	16	Private
18	\$72,943	М	80-84	Type 2 diabetes with poor blood circulation	27	Private
19	\$70,671	Μ	80-84	Type 2 diabetes with foot ulcer	100	Private
20	\$70,604	Μ	70-74	Type 2 diabetes with poor blood circulation and gangrene	45	Private





#### Table 7: Top 5 Identifiable High Claims by 5 Year Age Group

Age Group	Total Benefits Paid	Gender	Description	Bed Days	Hospital Type
	\$312,436	F	Pre-term birth and low birthweight complications	113	Private
	\$304,061	F	Pre-term birth and low birthweight complications	134	Private
0-4	\$301,180	F	Pre-term birth and low birthweight complications	107	Private
	\$274,986	М	Pre-term birth and low birthweight complications	95	Private
	\$269,456	М	Pre-term birth and low birthweight complications	129	Private
	\$136,224	F	Cardiomyopathy	134	Public
	\$115,481	М	Other blood and metabolic disorders	247	Public
5-9	\$93,037	М	Disruption of operation wound, not elsewhere classified	60	Private
	\$90,013	М	Other congenital malformations of musculoskeletal system	27	Private
	\$65,999	F	Congenital cardiovascular defects	90	Public
	\$128,909	М	Traumatic brain injury	115	Public
	\$100,203	F	Scoliosis	8	Private
10-14	\$94,553	F	Juvenile idiopathic scoliosis	16	Private
	\$93,575	F	Other idiopathic scoliosis	5	Private
	\$90,486	F	Scoliosis	7	Private
15-19	\$118,907	F	Acquired deformity of pelvis	62	Private
	\$114,957	F	Other idiopathic scoliosis	8	Private





Age Group	Total Benefits Paid	Gender	Description	Bed Days	Hospital Type
	\$108,448	М	Scoliosis	8	Private
15-19	\$105,295	F	Anorexia nervosa (eating disorder)	266	Public
	\$104,064	F	Other idiopathic scoliosis	10	Private
	\$163,122	F	Disruption of operation wound	141	Private
	\$140,582	F	Inflammatory bowel disease	54	Private
20-24	\$140,130	М	Scoliosis	7	Private
	\$123,603	F	Scoliosis	31	Private
	\$121,033	F	Agoraphobia with panic disorder (a form of anxiety disorder)	245	Private
	\$145,437	F	Pneumonitis due to food and vomit	39	Private
	\$127,383	М	Other and unspecified kyphosis	13	Private
25-29	\$112,037	М	Disorder of the development of bone and cartilage	15	Private
	\$110,284	М	Schizophrenia	50	Private
	\$104,411	F	Temporomandibular joint disorders (oral disorder)	5	Private
	\$219,075	F	Brain and central nervous system cancer	52	Private
	\$143,682	F	Recurrent depressive disorder	75	Private
30-34	\$125,590	F	Low back pain	12	Private
	\$122,408	F	Recurrent depressive disorder	55	Private
	\$117,518	F	Recurrent depressive disorder	62	Private
35-39	\$290,034	М	Chronic liver disease	89	Private
	\$283,194	F	Recurrent depressive disorder	125	Private





Age Group	Total Benefits Paid	Gender	Description	Bed Days	Hospital Type
	\$125,707	F	Bipolar disorder	55	Private
	\$114,384	М	Spinal stenosis Lumbar region	18	Private
	\$98,923	F	Ill-defined malignant neoplasms	32	Private
	\$261,275	F	Congestive heart failure	105	Public
	\$220,383	F	Guillain-Barré syndrome	58	Private
40-44	\$209,676	F	Major procedures for obesity	78	Private
	\$192,206	F	Sepsis	44	Private
	\$139,018	F	Dorsalgia (severe back pain)	14	Private
	\$382,102	М	Gastric bypass surgery	77	Private
	\$224,853	F	Chronic liver disease	104	Private
45-49	\$215,290	F	Other gastrointestinal diseases	101	Private
	\$195,678	М	Guillain-Barré syndrome	51	Private
	\$171,439	М	Other malignant neoplasms (cancers)	25	Private
	\$312,745	F	Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices	48	Private
50-54	\$273,768	F	Complications following insertion of internal orthopaedic prosthetic devices	215	Private
	\$222,776	M	Other secondary kyphosis	30	Private
	\$194,098	F	Pancreatic cancer	62	Private
	\$189,121	F	Obstruction of bile duct	44	Private
	\$368,189	М	Type 1 respiratory failure	107	Private
55-59	\$320,535	F	Other intraoperative and postprocedural disorders of digestive system	55	Private





Age Group	Total Benefits Paid	Gender	Description	Bed Days	Hospital Type
	\$251,054	F	Perforation of oesophagus	77	Private
	\$247,758	М	Coronary heart disease	78	Private
	\$234,499	F	Dissociative disorder	122	Private
	\$534,976	F	Intestinal obstruction without hernia	163	Private
	\$263,274	F	Sepsis due to E. coli	522	Private
60-64	\$262,571	М	Interstitial lung disease	70	Private
	\$222,459	F	Enterocolitis due to Clostridium difficile	96	Private
	\$213,950	М	Bowel cancer	83	Private
	\$405,382	F	Fungal infection causing cough, difficulty breathing and fever	72	Private
	\$362,696	F	Gallbladder and bile duct disease	86	Private
65-69	\$297,313	F	Gastric bypass surgery	44	Private
	\$280,671	F	Malfunction of stoma of the digestive system	281	Private
	\$279,877	М	Cancer in the back of the abdomen	106	Private
	\$387,356	М	Coronary heart disease	103	Private
70.74	\$371,073	М	Infection and inflammatory reaction due to electronic cardiac device	77	Private
70-74	\$289,095	F	Stroke	105	Public
	\$280,902	М	Benign and uncertain brain tumours	92	Private
	\$279,995	F	Gallbladder and bile duct disease	85	Public
75-79	\$410,448	М	Abnormal twisting of a part of the intestine causing bowel obstruction	80	Private
	\$281,204	М	Coronary heart disease	71	Private





Age Group	Total Benefits Paid	Gender	Description	Bed Days	Hospital Type
	\$279,019	F	Scoliosis	147	Private
	\$269,108	F	Scoliosis	40	Private
	\$265,512	F	Female reproductive conditions	94	Private
	\$714,134	F	Diaphragmatic hernia without obstruction or gangrene	135	Private
80-84	\$408,192	F	Infection and inflammatory reaction due to internal fixation device	93	Private
	\$345,280	M	Aortic aneurysm	87	Private
	\$284,274	M	Pneumonia	41	Private
	\$246,664	M	Osteoarthritis of the hip joint	78	Private
	\$272,561	M	Aortic aneurysm	64	Private
	\$190,693	M	Atrial fibrillation and flutter	104	Private
85-89	\$173,299	F	Infection and inflammatory reaction due to internal joint prosthesis	182	Private
	\$154,798	М	Sepsis due to E. coli	57	Private
	\$149,240	М	Mitral (valve) insufficiency	45	Private
	\$294,977	F	Other thrombophilia	552	Private
	\$142,123	F	Other delirium	47	Public
90-94	\$135,219	F	Acute subendocardial myocardial infarction	33	Private
	\$127,944	F	Low back pain	44	Private
	\$118,226	F	Scoliosis	14	Private
95+	\$95,823	М	Acute subendocardial myocardial infarction	23	Private





Age Group	Total Benefits Gender Description Paid		Bed Days	Hospital Type	
	\$95,336	F	Urinary tract infection	208	Private
	\$87,604	F	Peripheral vascular disease	130	Private
	\$87,323	Μ	Acute subendocardial myocardial infarction	24	Private
	\$79,759	М	Hip fracture	31	Private

## Table 8: Top 30 Identifiable High Claims for Private Health Insurance MembersAged Under 30 (excluding neonates)

Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
1	\$172,270	М	0-4	Guillain-Barré syndrome	274	Public
2	\$163,122	F	20-24	Disruption of operation wound	141	Private
3	\$145,437	F	25-29	Pneumonitis due to food and vomit	39	Private
4	\$140,582	F	20-24	Inflammatory bowel disease	54	Private
5	\$140,130	М	20-24	Scoliosis	7	Private
6	\$136,224	F	5-9	Cardiomyopathy	134	Public
7	\$128,909	М	10-14	Traumatic brain injury	115	Public
8	\$127,383	М	25-29	Other and unspecified kyphosis	13	Private
9	\$123,603	F	20-24	Scoliosis	31	Private
10	\$121,033	F	20-24	Agoraphobia with panic disorder (anxiety disorder)	245	Private
11	\$118,907	F	15-19	Acquired deformity of pelvis	62	Private





Rank	Total Benefits Paid	Gender	Age Group	Description	Bed Days	Hospital Type
12	\$116,794	F	20-24	Cardiac arrest with successful resuscitation	30	Public
13	\$115,481	М	5-9	Other specified metabolic disorders	247	Public
14	\$114,957	F	15-19	Other idiopathic scoliosis	8	Private
15	\$112,037	М	25-29	Disorder of the development of bone and cartilage	15	Private
16	\$110,284	М	25-29	Schizophrenia	50	Private
17	\$109,954	М	20-24	Scoliosis	8	Private
18	\$108,967	М	20-24	Inflammatory heart disease	33	Private
19	\$108,448	М	15-19	Scoliosis	8	Private
20	\$108,124	F	20-24	Bipolar disorder	159	Private
21	\$107,236	F	20-24	Spinal instabilities causing back pain and problems	35	Private
22	\$105,295	F	15-19	Anorexia nervosa (eating disorder)	266	Public
23	\$104,411	F	25-29	Temporomandibular joint disorders (oral disorder)	5	Private
24	\$104,064	F	15-19	Other idiopathic scoliosis	10	Private
25	\$103,888	F	15-19	Other dentofacial anomalies (oral disorder)	5	Private
26	\$103,007	М	20-24	Mechanical complication of internal fixation device of other bones	6	Private
27	\$102,372	F	25-29	Spondylolisthesis	9	Private
28	\$102,313	F	15-19	Scoliosis	6	Private
29	\$101,325	F	15-19	Scoliosis	8	Private
30	\$100,576	М	25-29	Metaphyseal dysplasia	16	Private