



Private Health Insurance (Data Provision) Rules 2007

I, ANTHONY JOHN ABBOTT, Minister for Health and Ageing, make these Rules under item 9 of the table in section 333-20 of the *Private Health Insurance Act 2007*.

Dated 30 March 2007

TONY ABBOTT

Minister for Health and Ageing

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1. Name of Rules

These Rules are the *Private Health Insurance (Data Provision) Rules 2007*.

2. Commencement

These Rules commence:

- (a) if the Rules are registered before the Act commences—at the same time as the Act commences; or
 - (b) if the Rules are registered on or after the day on which the Act commences—on the date on which the Rules are registered,
- whichever occurs first.

3. Definitions

Note: Terms used in these Rules have the same meaning as in the Act—see section 13 of the *Legislative Instruments Act 2003*. These terms include:

health fund
hospital
policy holder
private health insurer

In these Rules:

Act means the *Private Health Insurance Act 2007*.

Hospital Casemix Protocol means the protocol set out in Schedule 7 of the *National Health Regulations 1954* as in force immediately before the commencement of the Act, but as if:

- (a) a reference to a registered health benefits organisation were a reference to a private health insurer; and
- (b) a reference to a contracted hospital is a reference to a hospital which has entered into an agreement with a private health insurer that includes provisions to the effect that, except to the extent (if any) provided in the agreement, the hospital agrees to accept payment by the insurer in satisfaction of any amount that would, apart from the agreement, be owed to the hospital, in relation to an episode of hospital treatment, by an insured person under a complying health insurance policy; and
- (c) a reference to DRG means a Diagnosis Related Group listed in one of the documents specified in regulation 49B of the *National Health Regulations 1954* for the purposes of subparagraph 73BD (4) (a) (i) of the *National Health Act 1953* as in force immediately before the commencement of the Act; and
- (d) a reference to a contracted doctor is a reference to a doctor who has entered into an agreement with a private health insurer where the doctor agrees to accept payment by the insurer in satisfaction of the amount that would, apart from the agreement, be owed to the doctor in relation to the treatment provided to the insured person; and

- (e) a reference to a day facility or 'outreach' is a reference to a hospital;
and
- (f) the reference to Acorn Prudential in Part 6 of Schedule 7 is omitted.

4. Information to be provided

- (1) For section 172-10 of the Act, the kinds of information, relating to the treatment of insured persons, that private health insurers are to give to the Secretary of the Department are the kinds of information specified in the Hospital Casemix Protocol.
- (2) For the purposes of interpreting the kinds of information to be provided, reference shall be made to the explanatory notes in Part 1 of the Hospital Casemix Protocol.

Note

- 1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*. See www.frli.gov.au