



Private Health Insurance (Benefit Requirements) Amendment Rules 2007 (No. 4)

I, VERONICA HANCOCK, delegate of the Minister for Health and Ageing, make these Rules under item 3A of the table in section 333-20 of the *Private Health Insurance Act 2007*.

Dated __22__ November 2007

Veronica Hancock
Assistant Secretary
Private Health Insurance Branch
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Department of Health and Ageing

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Part 1 Preliminary

1. Name of Rules

These Rules are the *Private Health Insurance (Benefit Requirements) Amendment Rules 2007 (No. 4)*.

2. Commencement

These Rules commence on the day after they are registered.

3. Amendment of the *Private Health Insurance (Benefit Requirements) Rules 2007 (No 4)*

The Schedule amends the *Private Health Insurance (Benefit Requirements) Rules 2007 (No. 4)*.

Schedule—Amendments

[1] Rule 3—Definitions

Delete the definition of *nursing-home type patient*, substitute
nursing-home type patient has the meaning given by Schedule 4.

[2] Schedule 4, Clause 1

After Clause 1 in Schedule 4, insert

2. Interpretation

Nursing-home type patient, in relation to a hospital, means a patient who has been provided with hospital treatment whether:

- (a) acute care; or
- (b) accommodation and nursing care, as an end in itself; or
- (c) a mixture of both,

for a continuous period of hospitalisation exceeding 35 days (*35-day period*), but a patient receiving acute care immediately after the 35-day period does not become a nursing-home type patient unless the period of acute care ends and the patient is then provided with accommodation and nursing care, as an end in itself, as part of a continuous period of hospitalisation.

Note 1: 'Continuous period of hospitalisation' is defined in rule 3 of Part 1 of these Rules.

Note 2: Clause 4 deals with nursing-home type patients whose care needs change to requiring acute care.

Note 3: If there is disagreement as to whether a patient is, or is not, a nursing-home type patient, an insured person, a private health insurer or a health care provider may make a complaint to the Private Health Insurance Ombudsman under Part 6-2 of the Act. The Ombudsman has various powers to deal with complaints, including conducting mediation if the complainant agrees.

3. Application

- (1) Clause 2 of this Schedule applies to a patient who on or after the day on which the *Private Health Insurance (Benefit Requirements) Amendment Rules 2007 (No. 4)* commence:
 - (a) returns to hospital for hospital treatment at a hospital not later than 7 days after receiving hospital treatment at that hospital or another hospital; or
 - (b) is otherwise admitted to a hospital for hospital treatment at the hospital.
- (2) If subclause (1) does not apply to a patient, the definition of 'nursing-home type patient' in these Rules before the commencement of the *Private Health Insurance (Benefit*

Requirements) Amendment Rules 2007 (No. 4) continues to apply to that patient.

Note: Clause 4 deals with nursing-home type patients whose care needs change to requiring acute care.

4. Provision of acute care

If a nursing-home type patient is provided with acute care at the hospital (the *first hospital*), or at another hospital, the patient:

- (a) ceases to be a nursing-home type patient only for the days on which the acute care is provided; and
- (b) again becomes a nursing-home type patient when the provision of acute care ends and the patient is then provided with accommodation and nursing care as an end in itself, whether at the first hospital or another hospital.

5. Ceasing and resuming hospital treatment

If a nursing-home type patient, or a person referred to in paragraph 4 (a), leaves hospital but returns to a hospital, whether or not at the same hospital, not more than 7 days later and is provided with hospital treatment at the hospital, the patient is a nursing-home type patient for each subsequent day that the patient is provided with accommodation and nursing care, as an end in itself, until the patient ceases to be provided with hospital treatment at a hospital for a period of more than 7 days.

Note: If the relevant period of hospitalisation is broken by more than 7 days, clause 2 of this Schedule may again apply to the person.

[3] Schedule 4, Clause 2

Delete the title

2. Minimum benefit

and substitute

6. Minimum benefit

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
2. These Rules amend the *Private Health Insurance (Benefit Requirements) Rules 2007 (No. 4)*, which commenced on 29 October 2007.