

EXPLANATORY STATEMENT

Issued by the Authority of the Minister for Health and Ageing

Private Health Insurance Act 2007

Private Health Insurance (Data Provision) Rules 2009

Section 333-20 of the *Private Health Insurance Act 2007* (the Act) provides that the Minister may make Private Health Insurance (Data Provision) Rules (the Rules) providing for matters required or permitted by Part 4-5 of the Act, or necessary or convenient in order to carry out or give effect to Part 4-5 of the Act.

These Rules specify the kinds of information relating to the treatment of insured persons that private health insurers are to give to the Secretary of the Department under section 172-10 of the Act.

The kinds of information specified are those set out in the new GT-Dental Data from Insurers to the Department, HCP1 Data from Insurers to the Department and HCP2 Data from Insurers to the Department documents that were signed on 27 May 2009 by the Assistant Secretary of the Private Health Insurance Branch of the Department of Health and Ageing. These documents replace the documents that were referred to in the Private Health Insurance (Data Provision) Rules 2008 (the previous Rules) and can be found on the Department of Health and Ageing website at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-casemix-data-collections-about-HCP>

The introduction of the new GT-Dental document requires insurers to report to the department information on 21 specific dental services, which are identified in the specification.

The initial scope of this collection was to include all general treatment services, including hospital-substitute treatment, chronic disease management programs, physiotherapy, chiropractic etc. However, developing a robust data specification, addressing industry concerns and time constraints required the department to limit the scope to a specific set of dental item numbers. As industry concerns are addressed the current general treatment services insurers are required to report on is likely to expand in the future to include other general treatment services.

The Act does not specify any conditions that need to be met before the power to make the Rules may be exercised.

Consultation

In 2008-09, the department consulted with the private health insurance industry regarding minor 'housekeeping' type amendments required for the HCP1 and HCP2 specifications.

Private health insurers were also consulted regarding the new GT-Dental data document. Discussion papers on the proposed general treatment data collection were published on the Departmental website for comment on 12 September 2008, 10 October 2008 and 5 January 2009. Industry feedback on the discussion papers were used to finalise the GT-Dental data specification. A PHI Circular releasing the final GT-Dental data specification was published on the Departmental website on 11 June 2009.

Regulation Impact Statement

A preliminary Regulation Impact Statement (RIS) was prepared for the Office of Best Practice Regulation to assess the need for a RIS. The Office of Best Practice Regulation has advised that a RIS is not required.

Details of the Rules are set out in the Attachment.

The Rules are a legislative instrument for the purposes of the *Legislative Instruments Act 2003*.

These Rules commence on 1 July 2009 or if the Rules are registered after 1 July 2009, on the day after they are registered.

Authority: Section 333-20 of the
 Private Health Insurance
 Act 2007.

ATTACHMENT**DETAILS OF THE *PRIVATE HEALTH INSURANCE (DATA PROVISION) RULES 2009*****1. Name of Rules**

Rule 1 provides that the title of the Rules is the Private Health Insurance (Data Provision) Rules 2009.

2. Commencement and revocation

Subrule 2(1)(a) provides for the Rules to commence on 1 July 2009.

Subrule 2(1)(b) or if the Rules are registered after 1 July 2009, on the day after they are registered.

Subrule 2(1)(c) provides for reporting under the GT-Dental data from Insurers to the Department to commence on 1 January 2010.

Subrule 2(2) provides for the Rules to revoke the Private Health Insurance (Data Provision) Rules 2008.

3. Definitions

Rule 3 provides for the Definitions of these Rules. The terms used in these Rules have the same meaning as in the Act. Rule 3 of the Rules now also defines GT-Dental Data from Insurers to the Department

4. Information to be provided

Subrule 4 (1) provides, for the purpose of section 172-10 of the Act that 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 GT-Dental Data from Insurers to the Department, HCP1 Data from Insurers to the Department and HCP2 Data from Insurers to the Department.

Subrule 4(2) now provides that for the purposes of interpreting the kinds of information to be provided with respect to “Data Specifications (GT-Dental)”, reference must be made to “Explanatory Notes (GT-Dental)”.

Subrule 4 (3) now provides that for the purposes of interpreting the kinds of information to be provided with respect to “Data Specifications (HCP1)”, reference must be made to “Explanatory Notes (HCP1)”.

Subrule 4 (4) now provides that for the purposes of interpreting the kinds of information to be provided with respect to “Data Specifications (HCP2)”, reference must be made to “Explanatory Notes (HCP2)”