



Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10)¹

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

Richard Bartlett
First Assistant Secretary
Medical Benefits Division
Department of Health and Ageing
21 December 2012

Contents

PART 1	PRELIMINARY	
1.	Name of Rules	3
2.	Commencement	3
3.	Amendment of the <i>Private Health Insurance (Benefit Requirements) Rules 2011</i>	3
SCHEDULE	AMENDMENTS	4

Part 1 Preliminary

1 Name of Rules

These Rules are the *Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10)*.

2. Commencement

These Rules commence on:

- (a) 1 January 2013; or
- (b) if registered after 1 January 2013, the day after registration.

3. Amendment of the Private Health Insurance (Benefit Requirements) Rules 2011

The Schedule amends the *Private Health Insurance (Benefit Requirements) Rules 2011*.

Schedule — Amendments

[1] Schedule 5, Subclause 1(1) Interpretation

Substitute:

(1) In this Schedule:

accredited means:

- (a) assessed by an appropriate accrediting body as being fully compliant with the National Safety and Quality Health Service Standards; or
- (b) a hospital that was listed in the table at clause 4 of this Schedule (the table) as in force immediately before the commencement of the *Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10)* until the first time from the commencement of the *Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10)* that hospital's accreditation expires or otherwise ceases.

Note: Facilities are not required to be assessed against the National Safety and Quality Health Service Standards until such time as their current accreditation expires or where new accreditation is sought.

Accreditation for the purposes of paragraph (b) of this definition means the accreditation used in respect of the facility for the purposes of being listed in the table.

appropriate accrediting body means a body approved by the Australian Commission on Safety and Quality in Healthcare to accredit health care organisations or health care providers against the National Safety and Quality Health Service Standards as a 1 January 2013.

Note: The Australian Commission on Safety and Quality in Healthcare is established under section 8 of the *National Health Reform Act 2011*.

facility has the meaning given in clause 4.

Hospital Casemix Protocol Data means the data required to be provided by hospitals to insurers under Rule 4 of the *Private Health Insurance (Health Insurance Business) Rules* made under item 6 of the table in section 333-20 of the Act.

Note: Rule 4 of the *Private Health Insurance (Health Insurance Business) Rules* made under item 6 of the table in section 333-20 of the *Private Health Insurance Act 2007*, specifies the information to be provided by hospitals to the insurer.

Rule 7 of the *Private Health Insurance (Health Insurance Business) Rules* specifies the information to be provided by the hospital to the Department of Health and Ageing.

informed financial consent in respect of a hospital means the hospital having procedures in place to inform a patient or nominee, in writing, of what hospital charges, insurer benefits and out-of-pocket costs (where applicable) are expected in respect of the hospital treatment. A patient or nominee must be informed:

- (a) for scheduled admissions – at the earliest opportunity before admission for the hospital treatment; or
- (b) for unplanned admissions – as soon after the admission as the circumstances reasonably permit.

National Safety and Quality Health Service Standards means the standards developed by the Australian Commission on Safety and Quality in Healthcare as at 1 January 2013.

Note: Development of the *National Safety and Quality Health Service Standards* is a function of the Australian Commission on Safety and Quality in Healthcare under paragraph 9(1)(e) of *National Health Reform Act 2011*.

simplified billing in respect of a hospital means:

- (a) providing patients, within 1 month after the patient has been discharged from the hospital, a single account in respect of that hospital treatment, covering all hospital services and related services (not necessarily including professional services); and
- (b) having processes in place that would allow the inclusion of in-hospital medical bills in a simplified billing arrangement.

Note: The facility may also issue interim accounts where an episode of hospital treatment exceeds 7 days (excluding leave periods) and where the patient to whom the admission applies has been advised that this will occur.

[2] **Schedule 5, Clause 4 Facilities**

Substitute

4. Facilities

- (1) A hospital is a facility for the purposes of this Schedule if it is included in the list of second-tier eligible facilities approved by the Second Tier Advisory Committee existing at the time that the *Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10)* commence.
- (2) To be considered a second-tier eligible facility for the purposes of clause 4, the hospital must be assessed by the Second Tier Advisory Committee as:
 - (a) being a private hospital within the meaning of subsection 121-5(8) of the Act;
 - (b) being accredited;
 - (c) providing simplified billing;
 - (d) providing informed financial consent; and
 - (e) submitting Hospital Casemix Protocol Data to health insurers electronically, where possible, with claims.

Notes

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