



Health Benefits Reinsurance (Records of Organisations) Amendment Determination 2003 (No. 1)

I, GAYLE GINNANE, Chief Executive Officer of the Private Health Insurance Administration Council, make this Determination under subsection 73BB (1) of the *National Health Act 1953*.

Dated 13 January 2003

G. GINNANE
Chief Executive Officer

1 Name of Determination

This Determination is the *Health Benefits Reinsurance (Records of Organisations) Amendment Determination 2003 (No. 1)*.

2 Commencement

This Determination commences on gazettal.

3 Amendment of *Health Benefits Reinsurance (Records of Organisations) Determination 1998*

Schedule 1 amends the *Health Benefits Reinsurance (Records of Organisations) Determination 1998*.

Schedule 1 Amendment

(section 3)

[1] Schedule, Part 2, Form PHIAC 1

substitute

PHIAC 1 Template		Page1	
<div style="display: flex; justify-content: space-between;"> <div> Quarter FundID (For Council use only) </div> <div> <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px;">FundID</div> <div style="border: 1px solid black; width: 100px; height: 15px;">Err.</div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 15px;">DE</div> <div style="border: 1px solid black; width: 100px; height: 15px;">Exp.</div> </div> </div>			
Name of Your Organisation	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
State	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Phone	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Contact Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Fax	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Part 1 Membership and Coverage			
<u>Total Hospital Membership</u>			
	Front-end deductible	Non Front-end deductibles	Total
ExclusionaryTables	0	0	0
Non-Exclusionary	0	0	0
Total Contributors	0	0	0
Total persons covered	0	0	0
	Age 64 & <	Age 65+	Total
Total persons covered	0	0	0
<u>Single Membership</u>			
	Front-end deductible	Non Front-end deductibles	Total
ExclusionaryTables	0	0	0
Non-Exclusionary	0	0	0
Total Contributors	0	0	0
Total persons covered	0	0	0
	Age 64 & <	Age 65+	Total
Total persons covered	0	0	0
<u>Family Membership</u>			
	Front-end deductible	Non Front-end deductibles	Total
ExclusionaryTables	0	0	0
Non-Exclusionary	0	0	0
Total Contributors	0	0	0
Total persons covered	0	0	0
	Age 64 & <	Age 65+	Total
Total persons covered	0	0	0
The following Check Total must be Printed ———>			
0.00			

Part 1 (Cont.) Membership and Coverage				
			Page 2	
<u>Single Parent Membership</u>				
	Front-end deductible	Non Front-end deductibles	Total	
Exclusionary Tables	0	0	0	
Non-Exclusionary	0	0	0	
Total Contributors	0	0	0	
Total persons covered	0	0	0	
	Age 64 & <	Age 65+	Total	
Total persons covered	0	0	0	
<u>Couples Membership</u>				
	Front-end deductible	Non Front-end deductibles	Total	
Exclusionary Tables	0	0	0	
Non-Exclusionary	0	0	0	
Total Contributors	0	0	0	
Total persons covered	0	0	0	
	Age 64 & <	Age 65+	Total	
Total persons covered	0	0	0	
<u>Hospital Membership Changes During the Quarter</u>				
	Members	Persons Covered		
Hospital Membership at start of quarter	0	0		
New Membership Joining	0	0		
Membership Transferring from another state	0	0		
Membership Transferring from another Fund	0	0		
Discontinued Membership	0	0		
Hospital Membership at end of quarter	0	0		
<u>Medical Only Membership</u>				
	Single Members	Family Members	Single Parents	Couples
Medical Only Contributors	0	0	0	0
Total persons covered	0	0	0	0
The following Check Total must be Printed ———>				
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Part 1 (Cont.) Membership and Coverage

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Ancillary Insurance Tables**1. Ancillary Only Tables****Ambulance Only**

	Single	Family	Single Parents	Couples	Total
Contributors	0	0	0	0	0
Total persons covered	0	0	0	0	0

Other Ancillary Only Tables

	Single	Family	Single Parents	Couples	Total
Contributors	0	0	0	0	0
Total persons covered	0	0	0	0	0

Total Ancillary Only Tables

	Single	Family	Single Parents	Couples	Total
Contributors	0	0	0	0	0
Total persons covered	0	0	0	0	0

2. All Ancillary Tables (Includes hospital and ancillary, and Total ancillary only)

	Single	Family	Single Parents	Couples	Total
Contributors	0	0	0	0	0
Total persons covered	0	0	0	0	0

The following Check Total must be Printed ———>

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Part 2 Hospital Benefits Paid			
All Tables – Reinsurance Account Transactions			Page 4
For Persons Aged 65 and Over			
Acute Patients	Episodes	Days	Benefits Paid
Day Hospital Facilities	0	0	0
Recognised (Public) Hospitals	0	0	0
Day Only	0	0	0
Overnight	0	0	0
Private Hospitals	0	0	0
Day Only	0	0	0
Overnight	0	0	0
Total Acute Patients – Reinsurance Aged 65 and Over	0	0	0
Nursing Home Type Patients	Episodes	Days	Benefits Paid
Recognised (Public) Hospitals	0	0	0
Private Hospitals	0	0	0
Total Nursing Home Type Patients	0	0	0
Medical Benefits – Reinsurance Account (65+)	Number	Benefits Paid	
Up to Schedule Fee	0	0	
Up to 16% Above Schedule Fee	0	0	
Above 16% Above Schedule Fee	0	0	
	Number	Benefits Paid	
Prostheses Benefits	0	0	
Total Reinsurance Benefits For Persons Aged 65 and Over	0		
All Tables – All Reinsurance Account Transactions			
	Episodes	Days	Benefits Paid
Day Hospital Facilities	0	0	0
Recognised (Public) Hospitals	0	0	0
Day Only	0	0	0
Overnight	0	0	0
Private Hospitals	0	0	0
Day Only	0	0	0
Overnight	0	0	0
Total Acute Patients – All Reinsurance	0	0	0
Nursing Home Type Patients	Episodes	Days	Benefits Paid
Recognised (Public) Hospitals	0	0	0
Private Hospitals	0	0	0
Total Nursing Home Type Patients	0	0	0
Medical Benefits – All Reinsurance	Number	Benefits Paid	
Up to Schedule Fee	0	0	
Up to 16% Above Schedule Fee	0	0	
Above 16% Above Schedule Fee	0	0	
	Number	Benefits Paid	
Prostheses Benefits	0	0	
All Tables Total Reinsurance	0		
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Part 2 (Cont.) Hospital Benefits Paid

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All Tables – Total Benefits**All Claims (Ordinary and Reinsurance)****Acute Patients**

	Episodes	Days	Benefits Paid
Day Hospital Facilities	0	0	0
Recognised (Public) Hospitals	0	0	0
Day Only	0	0	0
Overnight	0	0	0
Private Hospitals	0	0	0
Day Only	0	0	0
Overnight	0	0	0

	Episodes	Days	Benefits Paid
Total Acute Patients – All Claims	0	0	0

Nursing Home Type Patients

	Episodes	Days	Benefits Paid
Recognised (Public) Hospitals	0	0	0
Private Hospitals	0	0	0
Total Nursing Home Type Patients	0	0	0

Medical Benefits

	Number	Benefits Paid
Up to Schedule Fee	0	0
Up to 16% Above Schedule Fee	0	0
Above 16% Above Schedule Fee	0	0

	Number	Benefits Paid
Prostheses Benefits	0	0

Total Benefits	
Ordinary and Reinsurance Accounts Combined	0
(EXCLUDING INELIGIBLE BENEFITS)	

Ineligible Benefits 0**Total Benefits** (INCLUDING INELIGIBLE BENEFITS) 0

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The following Check Total must be Printed —> 0.00

Part 3 Hospital Benefits by Age Category						
DO NOT INCLUDE INELIGIBLE BENEFITS						
All Tables – Benefits Paid by Age Category - Males - All Hospital Members						
Age Group	Persons Covered	SEU's	Episodes	Days	Benefits	Fees Charged
0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0
10-14	0	0	0	0	0	0
15-19	0	0	0	0	0	0
20-24	0	0	0	0	0	0
25-29	0	0	0	0	0	0
30-34	0	0	0	0	0	0
35-39	0	0	0	0	0	0
40-44	0	0	0	0	0	0
45-49	0	0	0	0	0	0
50-54	0	0	0	0	0	0
55-59	0	0	0	0	0	0
60-64	0	0	0	0	0	0
65-69	0	0	0	0	0	0
70-74	0	0	0	0	0	0
75-79	0	0	0	0	0	0
80-84	0	0	0	0	0	0
85-89	0	0	0	0	0	0
90-94	0	0	0	0	0	0
95+	0	0	0	0	0	0
Total	0	0	0	0	0	0
All Tables – Benefits Paid by Age Category - Males - Members with Commencement Date of 1 January 2000 or later						
Age Group	Persons Covered	SEU's*	Episodes	Days	Benefits	Fees Charged**
0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0
10-14	0	0	0	0	0	0
15-19	0	0	0	0	0	0
20-24	0	0	0	0	0	0
25-29	0	0	0	0	0	0
30-34	0	0	0	0	0	0
35-39	0	0	0	0	0	0
40-44	0	0	0	0	0	0
45-49	0	0	0	0	0	0
50-54	0	0	0	0	0	0
55-59	0	0	0	0	0	0
60-64	0	0	0	0	0	0
65-69	0	0	0	0	0	0
70-74	0	0	0	0	0	0
75-79	0	0	0	0	0	0
80-84	0	0	0	0	0	0
85-89	0	0	0	0	0	0
90-94	0	0	0	0	0	0
95+	0	0	0	0	0	0
Total	0	0	0	0	0	0
The following Check Total must be Printed ———>					0.00	

Part 3 (Cont.) Hospital Benefits by Age Category						
DO NOT INCLUDE INELIGIBLE BENEFITS						
All Tables – Benefits Paid by Age Category -Females - All Hospital Members						
Age Group	Persons Covered	SEU's	Episodes	Days	Benefits	Fees Charged
0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0
10-14	0	0	0	0	0	0
15-19	0	0	0	0	0	0
20-24	0	0	0	0	0	0
25-29	0	0	0	0	0	0
30-34	0	0	0	0	0	0
35-39	0	0	0	0	0	0
40-44	0	0	0	0	0	0
45-49	0	0	0	0	0	0
50-54	0	0	0	0	0	0
55-59	0	0	0	0	0	0
60-64	0	0	0	0	0	0
65-69	0	0	0	0	0	0
70-74	0	0	0	0	0	0
75-79	0	0	0	0	0	0
80-84	0	0	0	0	0	0
85-89	0	0	0	0	0	0
90-94	0	0	0	0	0	0
95+	0	0	0	0	0	0
Total	0	0	0	0	0	0
All Tables – Benefits Paid by Age Category - Females - Members with Commencement Date of 1 January 2000 or later						
Age Group	Persons Covered	SEU's*	Episodes	Days	Benefits	Fees Charged**
0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0
10-14	0	0	0	0	0	0
15-19	0	0	0	0	0	0
20-24	0	0	0	0	0	0
25-29	0	0	0	0	0	0
30-34	0	0	0	0	0	0
35-39	0	0	0	0	0	0
40-44	0	0	0	0	0	0
45-49	0	0	0	0	0	0
50-54	0	0	0	0	0	0
55-59	0	0	0	0	0	0
60-64	0	0	0	0	0	0
65-69	0	0	0	0	0	0
70-74	0	0	0	0	0	0
75-79	0	0	0	0	0	0
80-84	0	0	0	0	0	0
85-89	0	0	0	0	0	0
90-94	0	0	0	0	0	0
95+	0	0	0	0	0	0
Total	0	0	0	0	0	0
The following Check Total must be Printed —>					0.00	

Part 4 Ancillary Benefits by Age Category

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Ancillary Benefits Paid by Age Category**Males**

Age Group	Persons Covered	SEU's*	Services	Benefits	Cost
0-4	0	0	0	0	0
5-9	0	0	0	0	0
10-14	0	0	0	0	0
15-19	0	0	0	0	0
20-24	0	0	0	0	0
25-29	0	0	0	0	0
30-34	0	0	0	0	0
35-39	0	0	0	0	0
40-44	0	0	0	0	0
45-49	0	0	0	0	0
50-54	0	0	0	0	0
55-59	0	0	0	0	0
60-64	0	0	0	0	0
65-69	0	0	0	0	0
70-74	0	0	0	0	0
75-79	0	0	0	0	0
80-84	0	0	0	0	0
85-89	0	0	0	0	0
90-94	0	0	0	0	0
95+	0	0	0	0	0
Total	0	0	0	0	0

The following Check Total must be Printed ———>

0.00

Part 4 (Cont.) Ancillary Benefits by Age Category

Page 9

Ancillary Benefits Paid by Age Category**Females**

Age Group	Persons Covered	SEU's*	Services	Benefits	Cost
0-4	0	0	0	0	0
5-9	0	0	0	0	0
10-14	0	0	0	0	0
15-19	0	0	0	0	0
20-24	0	0	0	0	0
25-29	0	0	0	0	0
30-34	0	0	0	0	0
35-39	0	0	0	0	0
40-44	0	0	0	0	0
45-49	0	0	0	0	0
50-54	0	0	0	0	0
55-59	0	0	0	0	0
60-64	0	0	0	0	0
65-69	0	0	0	0	0
70-74	0	0	0	0	0
75-79	0	0	0	0	0
80-84	0	0	0	0	0
85-89	0	0	0	0	0
90-94	0	0	0	0	0
95+	0	0	0	0	0
Total	0	0	0	0	0

The following Check Total must be Printed ———>

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Part 5 Hospital Membership by Type of Cover					
Hospital Membership					
	Number of Contributors				Total
	Full Cover	Reduced Cover but no Lifetime Exclusions	Reduced Cover and Some Lifetime Exclusions	Some Lifetime Exclusions but no Reduced Cover	
Excess/Co-Payments					
NIL	0	0	0	0	0
<= \$500/\$1,000 per Single/Family Membership	0	0	0	0	0
> \$500/\$1,000 per Single/Family Membership	0	0	0	0	0
Total	0	0	0	0	0

The following Check Total must be Printed —> 0.00

Part 6 Benefits paid From Ancillary Tables

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Benefits paid from Ancillary Tables

TYPE OF ANCILLARY	Services	Cost	Benefits
Accidental Death / Funeral Expenses	0	0	0
Acupuncture / Acupressure	0	0	0
Ambulance	0	0	0
Chiropractic	0	0	0
Community, Home, District Nursing	0	0	0
Dental	0	0	0
Dietetics	0	0	0
Domestic Assistance	0	0	0
Ex gratia Payments	0	0	0
Fitness & Lifestyle Courses/Equipment	0	0	0
Hearing Aids and Audiology	0	0	0
Hypnotherapy	0	0	0
Maternity Services	0	0	0
Natural Therapies	0	0	0
Occupational Therapy	0	0	0
Optical	0	0	0
Orthoptics (Eye Therapy)	0	0	0
Osteopathic Services	0	0	0
Overseas	0	0	0
Pharmacy	0	0	0
Physiotherapy	0	0	0
Podiatry (Chiropody)	0	0	0
Prostheses, Aids and Appliances	0	0	0
Psych/Group Therapy	0	0	0
School	0	0	0
Sickness and Accident	0	0	0
Speech Therapy	0	0	0
Theatre Fees	0	0	0
Travel and Accommodation	0	0	0
Other (Please specify)			
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Total Ancillaries	0	0	0

* Ancillary Services, Cost and Benefits include both non-contractual and contractual services.

The following Check Total must be Printed ———>

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Part 7 Lifetime Health Cover

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Hospital Membership

Certified age at entry	Number of adult beneficiaries			LHC Loading %
	Male	Female	Total	
30	0	0	0	0%
31	0	0	0	2%
32	0	0	0	4%
33	0	0	0	6%
34	0	0	0	8%
35	0	0	0	10%
36	0	0	0	12%
37	0	0	0	14%
38	0	0	0	16%
39	0	0	0	18%
40	0	0	0	20%
41	0	0	0	22%
42	0	0	0	24%
43	0	0	0	26%
44	0	0	0	28%
45	0	0	0	30%
46	0	0	0	32%
47	0	0	0	34%
48	0	0	0	36%
49	0	0	0	38%
50	0	0	0	40%
51	0	0	0	42%
52	0	0	0	44%
53	0	0	0	46%
54	0	0	0	48%
55	0	0	0	50%
56	0	0	0	52%
57	0	0	0	54%
58	0	0	0	56%
59	0	0	0	58%
60	0	0	0	60%
61	0	0	0	62%
62	0	0	0	64%
63	0	0	0	66%
64	0	0	0	68%
65	0	0	0	70%
Total	0	0	0	

The following Check Total must be Printed —>

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Part 8 Medical Services Statistics							
Page 13							
	1 Amount Charged*	2 Medicare Benefit	3 Fund Benefit	4 Gap(d)	5. No. of Services	6. % of Services	7. Amount Charged/ CMBS (%)
MPPA HPPA/PA							
No-Gap(a) Agreement							
A	<= MBS Fee			0		0%	0%
B	>MBS to 125% MBS Fee			0		0%	0%
C	>125% to 150% MBS Fee			0		0%	0%
D	>150% to 200% MBS Fee			0		0%	0%
E	>200% MBS Fee			0		0%	0%
Known Gap(b) Agreement							
F	>MBS to 125% MBS Fee			0		0%	0%
G	>125% to 150% MBS Fee			0		0%	0%
H	>150% to 200% MBS Fee			0		0%	0%
I	>200% MBS Fee			0		0%	0%
J	Sub-Total	0	0	0	0	0%	0%
Gap Cover Schemes							
No Gap(a) Scheme							
K	<= MBS Fee			0		0%	0%
L	>MBS to 125% MBS Fee			0		0%	0%
M	>125% to 150% MBS Fee			0		0%	0%
N	>150% to 200% MBS Fee			0		0%	0%
O	>200% MBS Fee			0		0%	0%
Known Gap(b) Scheme							
P	>MBS to 125% MBS Fee			0		0%	0%
Q	>125% to 150% MBS Fee			0		0%	0%
R	>150% to 200% MBS Fee			0		0%	0%
S	>200% MBS Fee			0		0%	0%
T	Sub-Total	0	0	0	0	0%	0%
No Agreement(c)							
U	<= MBS Fee			0		0%	0%
V	>MBS to 125% MBS Fee			0		0%	0%
W	>125% to 150% MBS Fee			0		0%	0%
X	>150% to 200% MBS Fee			0		0%	0%
Y	>200% MBS Fee			0		0%	0%
Z	Sub-Total	0	0	0	0	0%	0%
AA	Grand Total	0	0	0	0	0%	0%
AB	Total Services with no gap	0	0	0	0	0%	0%
AC	Total services with no or known gap	0	0	0	0	0%	0%
The following Check Total must be Printed —> 0.00							