

# **Private Health Insurance Clinical Categories Review Advisory Committee Terms of Reference**

## **Background**

The private health insurance clinical categories for hospital treatment were introduced as part of the package of reforms announced by the Government on 13 October 2017, to make private health insurance simpler for consumers. The clinical categories improve the transparency of services covered in a product and form the minimum requirements for the Gold, Silver, Bronze and Basic private health insurance hospital product tiers.

The clinical categories commenced 1 April 2019 and insurers had until 1 April 2020 to fully transition all their hospital products to the new arrangements. As part of the implementation process, a review of the clinical categories will be conducted by an independent committee.

## **Scope**

The Private Health Insurance Clinical Categories Review Advisory Committee (the Committee) will advise the Department on the:

- effectiveness and clarity of the ‘scope of cover’ of the clinical categories, as set out in Column 2, Schedule 5 of the *Private Health Insurance (Complying Product) Rules 2015* (the Rules);
- effectiveness of the list of procedures for the clinical categories, as set out in Column 3 of Schedule 5, Schedules 6 and Schedule 7 of the Rules, and the effectiveness and practicality of introducing additional procedure and diagnostic codes;
- establishment of a framework to review, consult and communicate amendments to the clinical categories; and
- stakeholder feedback on implementation issues.

Consideration on the arrangement of the clinical categories within the private health insurance hospital product tiers will not be a focus of the Review.

## **Membership**

The Committee will bring together key stakeholders with expertise in private health insurance, clinical practice and health service management. Members will be appointed by the Department for their relevant knowledge and experience.