



STATUTORY INSTRUMENTS.

S.I. No. 148 of 2022

HEALTH INSURANCE ACT 1994 (INFORMATION RETURNS)
(AMENDMENT) REGULATIONS 2022

HEALTH INSURANCE ACT 1994 (INFORMATION RETURNS)
(AMENDMENT) REGULATIONS 2022

I, STEPHEN DONNELLY, Minister for Health, in exercise of the powers conferred on me by sections 3 (as amended by section 13(b) of the Health Insurance (Amendment) Act 2001 (No. 17 of 2001) and section 5 of the Health Insurance (Miscellaneous Provisions) Act 2009 (No. 24 of 2009)) and 7D(1) (as inserted by section 9 of the Health Insurance (Miscellaneous Provisions) Act 2009 (No. 24 of 2009)) of the Health Insurance Act 1994 (No. 16 of 1994), hereby make the following regulations:

1. (1) These Regulations may be cited as the Health Insurance Act 1994 (Information Returns) (Amendment) Regulations 2022.

(2) The Principal Regulations, the Health Insurance Act 1994 (Information Returns) (Amendment) Regulations 2011 (S.I. No. 690 of 2011), the Regulations of 2013, the Regulations of 2015 and these Regulations may be cited together as the Health Insurance Act 1994 (Information Returns) Regulations 1994 to 2022.

2. In these Regulations—

“Principal Regulations” means the Health Insurance Act 1994 (Information Returns) Regulations 2009 (S.I. No. 294 of 2009);

“Regulations of 2013” means the Health Insurance Act 1994 (Information Returns) (Amendment) Regulations 2013 (S.I. No. 522 of 2013);

“Regulations of 2015” means the Health Insurance Act 1994 (Information Returns) (Amendment) Regulations 2015 (S.I. No. 608 of 2015).

3. Regulation 2(1) (as amended by Regulation 3 of the Regulations of 2015) of the Principal Regulations is amended—

(a) by inserting after the definition of “fixed price procedure” the following definition:

“Fund” and ‘high cost claim credit’ have the meanings assigned to them by section 6A(1) of the Act of 2004;”,

(b) by inserting after the definition of “medical condition” the following definition:

“member number” means an identifiable unique number corresponding to an insured person and all consecutive or continuous contracts held by the said insured person;”, and

- (c) by inserting after the definition of “net provider payment” the following definition:

“‘notifiable claim’ means an amount or amounts discharged or reimbursed on application by, or on behalf of, an insured person to a registered undertaking, under the terms of a health insurance contract where such amount exceeds €10,000 for that contract;”.

4. Regulation 5 (as amended by Regulation 4 of the Regulations of 2013) of the Principal Regulations is amended—

- (a) in paragraph (2), by substituting “Notwithstanding paragraph (3)(c), Form No. 1” for “Form No. 1”,
- (b) in paragraph (3)—
 - (i) in subparagraph (a), by substituting for clauses (vii) and (viii) the following:
 - “(vii) the cell claim value for the quarter, with a breakdown of the sum of in-patient and day-patient days between publicly funded hospitals and private hospitals;
 - “(viii) the cell claim value (overnight stays) for the quarter, with a breakdown of the sum of all in-patient days between publicly funded hospitals and private hospitals;”,
 - (ii) in subparagraph (b), by substituting “by gender; and” for “by gender.”, and
 - (iii) by inserting after subparagraph (b) the following subparagraph:

“(c) for all notifiable claims, the details specified herein, split by contract period and split monthly based on date of provision of services and date of payment, in the form specified by the Authority pursuant to section 11G of the Act of 2004:

 - (i) details of insured individual for each health insurance contract including membership number, age, gender, type of cover and whether the type of cover is specified as advanced cover by the Authority under section 11E of the Act of 1994;
 - (ii) details of risk equalisation credit claimed from the Fund under section 11C of the Act of 1994 excluding high cost claim credits.
 - (iii) breakdown of the notifiable claim amount into that relating to services rendered—
 - (I) in a publicly funded hospital,
 - (II) in a private hospital, and
 - (III) by a hospital consultant;
 - (iv) the total amount reimbursed for drugs which are not on the Reimbursement List established by the Health

- Service Executive under section 17 of the Health (Pricing and Supply of Medical Goods) Act 2013;
- (v) the cell claim value (publicly funded hospitals);
 - (vi) the cell claim value (private hospitals);
 - (vii) the cell claim value (overnight stays) (publicly funded hospitals) and
 - (viii) the cell claim value (overnight stays) (private hospitals).”.

5. The Principal Regulations are amended by substituting for Schedule 2 (as amended by Regulation 6 of the Regulations of 2013) the following:

“SCHEDULE 2

Form No. 1

Return to the Health Insurance Authority pursuant to section 7D of the Health Insurance Act 1994

Return for the Period ending

(NOTE: Where the returned benefits payable under a type of cover to which this form relates have materially changed, then the undertaking concerned shall make separate returns of this form in respect of each material level of returned benefit. Also, the undertaking concerned shall make separate returns of this form in respect of the sum of all types of cover to which this form relates.)

PART 1 OF RETURN

Data for First Quarter of Period: Gender: Female

Type of cover:

Returning undertaking:

PART 1 OF RETURN (Continued)

Data for First Quarter of Period:

Gender: Male

Type of cover:

Returning undertaking:

PART 2 OF RETURN

Data for Second Quarter of Period:

Gender: Female

Type of cover:

Returning undertaking:

PART 2 OF RETURN

Data for Second Quarter of Period:

Gender: Male

Type of cover:

Returning undertaking:

Cell	No. of insured persons on first day of the first month of that quarter	No. of insured persons on first day of the second month of that quarter	No. of insured persons on first day of the third month of that quarter	Cell returned benefits for the quarter (€000s)	Cell returned benefits (publicly funded hospitals) for the quarter (€000s)	Cell returned benefits (private hospitals) for the quarter (€000s)	Cell prescribed benefit for the quarter (€000s)	Cell claim value for the quarter (publicly funded hospitals)	Cell claim value for the quarter (privately funded hospitals)	Cell claim value (overnight stays) for the quarter (privately funded hospitals)	Cell claim value (overnight stays) for the quarter (private hospitals)
Age below 1											
Age 1											
And so on											
Age 88											
Age 89											
Age 90 and over											
Total all cells for that gender and type of cover											

Return for the Period Endingas confirmed by:

Name: _____

Name: _____

*Position: _____

*Position: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

* One of the signatories must be managing director, the chief executive officer, or the company secretary, of the returning undertaking, or a member of the Board of the returning undertaking, or a person of similar status in relation to the returning undertaking.”.

L.S.

GIVEN under my Official Seal,
30 March, 2022.

STEPHEN DONNELLY,
Minister for Health.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations amend the Health Insurance Act 1994 (Information Returns) Regulations 2009.

The purpose of these Regulations is to provide for additional information to be provided by insurers to the Health Insurance Authority in relation to high cost claims.

These Regulations may be cited as the Health Insurance Act 1994 (Information Returns) (Amendment) Regulations 2022.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
BÓTHAR BHAILE UÍ BHEOLÁIN,
CILL MHAIGHNEANN,
BAILE ÁTHA CLIATH 8,
D08 XAO6

Tel: 046 942 3100
r-phost: publications@opw.ie

DUBLIN
PUBLISHED BY THE STATIONERY OFFICE
To be purchased from
GOVERNMENT PUBLICATIONS,
MOUNTSHANNON ROAD,
KILMAINHAM, DUBLIN 8,
D08 XAO6

Tel: 046 942 3100
E-mail: publications@opw.ie

€ 3.50

ISBN 978-1-3993-1548-7



9 781399 315487