



Reporting Standard HRS 111.0

Adjustments and Exclusions

Objective of this Reporting Standard

This Reporting Standard sets out the requirements for the provision of information to APRA relating to a private health insurer's adjustments. It includes associated specific instructions.

Authority

1. This Reporting Standard is made under section 13 of the *Financial Sector (Collection of Data) Act 2001*.

Purpose

2. The information reported to APRA under this Reporting Standard is used by APRA for the purpose of prudential supervision including assessing compliance with capital standards.

Application and commencement

3. This Reporting Standard applies to all private health insurers. This Reporting Standard applies for reporting periods ending on or after 1 July 2023.

Information required

4. A private health insurer must provide APRA with the information required by this Reporting Standard for each reporting period.
5. The information required by this Reporting Standard must be provided, as relevant, for:
 - (a) each health benefits fund of the private health insurer; and
 - (b) the general fund of the private health insurer.

Method of submission

6. The information required by this Reporting Standard must be given to APRA:
 - (a) in electronic format using an electronic method available on APRA's website; or

(b) by a method notified by APRA prior to submission.

Reporting periods and due dates

7. Subject to paragraph 8, a private health insurer must provide the information required by this Reporting Standard:
 - (a) in respect of each calendar quarter (i.e. the periods ending 30 September, 31 December, 31 March and 30 June); and
 - (b) in respect of each year ending 30 June.
8. If, having regard to the particular circumstances of a private health insurer, APRA considers it necessary or desirable to obtain information more or less frequently than as provided by subparagraph 7(a) or 7(b), APRA may, by notice in writing, change the reporting periods, or specify reporting periods, for the particular private health insurer.
9. The information required by this Reporting Standard must be provided to APRA:
 - (a) in the case of quarterly information, within 28 calendar days after the end of the reporting period to which the information relates;
 - (b) in the case of annual information, by 30 September each year; or
 - (c) in the case of information provided in accordance with paragraph 8, within the time specified by notice in writing.
10. APRA may, in writing, grant a private health insurer an extension of a due date, in which case the new due date will be the date on the notice of extension.

Note: For the avoidance of doubt, if the due date for a particular reporting period falls on a day other than a usual business day, a private health insurer is nonetheless required to submit the information required no later than the due date.

Quality control

11. All information provided by a private health insurer under this Reporting Standard must be subject to systems, processes and controls developed by the private health insurer for the internal review and authorisation of that information. It is the responsibility of the Board and senior management of the private health insurer to ensure that an appropriate set of policies and procedures for the authorisation of information submitted to APRA is in place.

Annual audit requirements

12. By 30 September each year, a private health insurer must give to APRA an auditor's report relating to:
 - (a) the information provided by the private health insurer under this Reporting Standard for each quarter in the year ending 30 June of that year; or
 - (b) if the private health insurer provides an amended quarterly return to replace a return referred to in paragraph (a) — the amended quarterly return.

13. The auditor providing the report to a private health insurer must not be an Officer of, or employed by, the private health insurer.
14. For the purposes of paragraph 12, the auditor's report must be addressed to APRA and must set out the auditor's opinion as to whether:
 - (a) the records for the health benefits fund and general fund contain the information required to be kept by this Reporting Standard and the *Private Health Insurance Risk Equalisation (Administration) Rules 2015*;
 - (b) the submitted information for the purposes of this Reporting Standard, accurately reflects the information contained in the records of the health benefits fund and general fund; and
 - (c) the records of the health benefits fund and general fund have been accurately compiled so as to permit the private health insurer to fairly state the information required by this Reporting Standard.
15. If a private health insurer received a qualified auditor's report for a health benefits fund or the general fund for the year previous to the year for which the report is provided, the report for the year for which the report is provided must state whether the auditor has examined the issues identified and is satisfied that the private health insurer has taken the appropriate steps to rectify the matters raised in the previous report.
16. The auditor's report must:
 - (a) state details of the program adopted to carry out the audit; and
 - (b) include the name of, and be signed by, the auditor who takes responsibility for the accuracy of the report.

Authorisation

17. A person who submits the information required under this Reporting Standard must be suitably authorised by an officer of the private health insurer.

Variations

18. APRA may, in writing, vary the reporting requirements of this Reporting Standard in relation to a private health insurer.

Interpretation

19. In this Reporting Standard:

- (a) unless the contrary intention appears, words and expressions have the meanings given to them in *Prudential Standard HPS 001 Definitions* (HPS 001); and
- (b) the following definitions are applicable:

APRA means the Australian Prudential Regulation Authority established under the *Australian Prudential Regulation Authority Act 1998*;

capital standards means the prudential standards which relate to capital adequacy as defined in HPS 001;

fund means each health benefits fund and the general fund, unless otherwise noted;

officer has the meaning in the *Private Health Insurance (Prudential Supervision) Act 2015*;

private health insurer has the meaning in the *Private Health Insurance (Prudential Supervision) Act 2015*; and

reporting period means a period mentioned in paragraph 7 or, if applicable, paragraph 8.

20. Unless the contrary intention appears, a reference to an Act, Prudential Standard, Reporting Standard, Australian Accounting or Auditing Standard is a reference to the instrument as in force from time to time.

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General instructions

Reporting tables

Tables described in this reporting standard list each of the data fields required to be reported. The data fields are listed sequentially in the column order that they will appear in the reported data set. Constraints on the data that can be reported for each field have also been provided.

Definitions

Terms highlighted in ***bold italics*** indicate that the definition is provided in these instructions.

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| <i>APRA-approved adjustment amount</i> | If APRA is of the view that the <i>APRA-approved adjustment type</i> does not produce an appropriate outcome in respect of a fund, or if a private health insurer has used inappropriate judgement or estimation in calculating the <i>APRA-approved adjustment type</i> for a fund, APRA may adjust the <i>APRA-approved adjustment type</i> calculation for that fund. |
| <i>APRA-approved adjustment type</i> | This means the type of APRA-approved adjustment. Possible types are: <ul style="list-style-type: none"> • <i>Prescribed Capital Amount</i> • <i>Asset Risk Charge</i> • <i>Insurance Risk Charge - OCL Risk Charge</i> • <i>Insurance Risk Charge - PL Risk Charge</i> • <i>Insurance Risk Charge - RE Risk Charge</i> • <i>Insurance Risk Charge - Other Insurance Liabilities Risk Charge</i> • <i>Insurance Risk Charge - Future Exposure Risk Charge (HIB)</i> • <i>Insurance Risk Charge - Future Exposure Risk Charge (HRIB)</i> • <i>Asset Concentration Risk Charge</i> • <i>Operational Risk Charge</i> |
| <i>Asset Concentration Risk Charge</i> | The <i>Asset Concentration Risk Charge</i> is the minimum amount of capital required to be held against asset concentration risks. The <i>Asset Concentration Risk Charge</i> relates to the risk resulting from investment concentrations in individual assets or large exposures to individual counterparties or groups of related counterparties resulting in adverse movements in the fund's capital base. It is determined in accordance with <i>Prudential Standard HPS 117 Capital Adequacy: Asset Concentration Risk Charge</i> . |
| <i>Asset Risk Charge</i> | The <i>Asset Risk Charge</i> relates to the risk of adverse movements in the value of a fund's capital base due to credit or market risks. It is |

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| | determined in accordance with <i>Prudential Standard HPS 114 Capital Adequacy: Asset Risk Charge</i> . |
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| <i>Insurance Risk Charge</i> | <p>The <i>Insurance Risk Charge</i> is the minimum amount of capital required to be held against insurance risks. The <i>Insurance Risk Charge</i> relates to the risk of adverse impacts due to movements in future mortality, morbidity, longevity, servicing expenses and lapses.</p> <p>This is to be determined in accordance with <i>Prudential Standard HPS 115 Capital Adequacy: Insurance Risk Charge</i>.</p> |
| <i>Insurance Risk Charge - Future Exposure Risk Charge (HIB)</i> | The <i>Insurance Risk Charge – Future Exposure Risk Charge (HIB)</i> relates to the risk that financial performance of the health insurance business may be materially worse than expected. It is determined in accordance with HPS 115. |
| <i>Insurance Risk Charge - Future Exposure Risk Charge (HRIB)</i> | The <i>Insurance Risk Charge – Future Exposure Risk Charge (HRIB)</i> relates to the risk that financial performance of the health-related insurance business may be materially worse than expected. It is determined in accordance with HPS 115. |
| <i>Insurance Risk Charge - OCL Risk Charge</i> | The <i>Insurance Risk Charge – OCL Risk Charge</i> is the Insurance Liability Risk Charge in respect of outstanding claims risk, which relates to the risk that the value of the OCL is greater than the value determined in accordance with HPS 340. It is determined in accordance with HPS 115. |
| <i>Insurance Risk Charge - Other Insurance Liabilities Risk Charge</i> | The <i>Insurance Risk Charge – Other Insurance Liabilities Risk Charge</i> is the Insurance Liability Risk Charge in respect of other insurance liabilities, which relates to the risk that the value of other insurance liabilities is greater than the value determined in accordance with HPS 340. It is determined in accordance with HPS 115. |
| <i>Insurance Risk Charge - PL Risk Charge</i> | The <i>Insurance Risk Charge – PL Risk Charge</i> is the Insurance Liability Risk Charge in respect of premiums liabilities risk, which relates to the risk that the value of the OCL is greater than the value determined in accordance with HPS 340. It is determined in accordance with HPS 115. |
| <i>Insurance Risk Charge - RE Risk Charge</i> | The <i>Insurance Risk Charge – RE Risk Charge</i> is the Insurance Liability Risk Charge in respect of risk equalisation, which relates to the risk that the value of the net risk equalisation asset/liability is less favourable than the value determined in accordance with HPS 340. It is determined in accordance with HPS 115. |

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| <i>Operational Risk Charge</i> | <p>The <i>Operational Risk Charge</i> is the minimum amount of capital required to be held against operational risks. The <i>Operational Risk Charge</i> relates to the risk of loss resulting from inadequate or failed internal processes, people and systems or from external events.</p> <p>It is determined in accordance with <i>Prudential Standard HPS 118 Capital Adequacy: Operational Risk Charge</i>.</p> |
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| <i>Prescribed capital amount</i> | <p>The <i>prescribed capital amount</i> for a fund is determined in accordance with <i>Prudential Standard HPS 110 Capital Adequacy</i>.</p> |
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Specific Instructions

Table 1: Adjustments and exclusions

Reporting basis

Report data for each individual *private health insurer fund*. Table 1 applies to health benefit, and general funds only.

Units of measurement

This values in this table must be completed in whole Australian dollars.

| | Name | Valid values | Description |
|---|----------------------------------|---|---|
| 1 | Private Health Insurer Fund Type | <ul style="list-style-type: none"> • Health benefits fund • General fund | Report the private health insurer fund type. |
| 2 | Private Health Insurer Fund Name | Free text | Report the name of the private health insurer fund. |
| 3 | APRA-Approved Adjustment Type | <ul style="list-style-type: none"> • <i>Prescribed Capital Amount</i> • <i>Asset Risk Charge</i> • <i>Insurance Risk Charge - OCL Risk Charge</i> • <i>Insurance Risk Charge - PL Risk Charge</i> • <i>Insurance Risk Charge - RE Risk Charge</i> • <i>Insurance Risk Charge - Other Insurance Liabilities Risk Charge</i> • <i>Insurance Risk Charge - Future Exposure Risk Charge (HIB)</i> • <i>Insurance Risk Charge - Future Exposure Risk Charge (HRIB)</i> • <i>Asset Concentration Risk Charge</i> | Report the <i>APRA-approved adjustment type</i> . |

| | Name | Valid values | Description |
|---|---|--|--|
| | | <ul style="list-style-type: none"> • <i>Operational Risk Charge</i> | |
| 4 | APRA-Approved Adjustment Description | Free text | <p>Provide a description of the <i>APRA-approved adjustment amount</i>.</p> <p>Where the adjustment is a transitional adjustment, the end date for the transitional period is to be clearly included in the description of the item.</p> |
| 5 | APRA-Approved Adjustment Transitional Indicator | <ul style="list-style-type: none"> • Y • N | <p>Report whether the <i>APRA-approved adjustment amount</i> is transitional.</p> <p>Report 'Y' if the adjustment is transitional. Report 'N' if the adjustment is not transitional.</p> |
| 6 | APRA-Approved Adjustment Amount | Whole dollars | <p>Report the <i>APRA-approved adjustment amount</i>.</p> <p>Adjustments that would result in an increase to the <i>APRA-approved adjustment amount</i> should be reported as a positive value.</p> |