Reporting Standard HRS 603.0

Statistical Data on Medical Devices or Human Tissue Products~~Prosthetic~~ Benefits

Objective of this Reporting Standard

This Reporting Standard sets out the requirements for the provision of information to APRA allowing for the publication of aggregate statistics on the use of medical devices or human tissue products~~prostheses~~ by State and Territory.

It includes *Form HRF 603.0 Statistical Data on Medical Devices Or Human Tissue Products~~Prosthetic~~ Benefits* and associated specific instructions.

Authority

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

Purpose

2. Information collected under this Reporting Standard, as set out in *Form HRF 603.0 Statistical Data on Medical Devices Or Human Tissue Products~~Prosthetic~~ Benefits* (HRF 603.0), is used for the purposes of assisting the Department of Health in performing its functions and for publication by APRA.

Application and commencement

3. This Reporting Standard applies to all private health insurers.

4. This Reporting Standard applies for reporting periods ending on or after ~~the day that the *Private Health Insurance (Prudential Supervision) Act 2015* commences~~31 December 2023.

Information required

5. A private health insurer must provide APRA with the information required by HRF 603.0 in respect of each reporting period.

6. The information required by this Reporting Standard, as set out in HRF 603.0, must be provided for each health benefits fund of the private health insurer.

~~Forms and m~~Method of submission

7. 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

~~(a)~~(b) by a method notified by APRA prior to submission~~The The information required by this Reporting Standard must be lodged as electronic data via the PHIAC Extranet, or an alternate method notified by APRA, in writing, prior to submission~~.

Reporting periods and due dates

~~7.~~8. A private health insurer to which this Reporting Standard applies must provide the information required by this Reporting Standard in respect of each calendar quarter (i.e. the periods ending 30 September, 31 December, 31 March and 30 June).

~~8.~~9. The information required by this Reporting Standard must be provided to APRA within 28 calendar days after the end of the reporting period to which the information relates.[1]

~~9.~~10. APRA may, in writing, grant a private health insurer an extension of a due date, in which case the new due date for the provision of the information will be the date on the notice of extension.

Quality control

~~10.~~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.

Authorisation

~~11.~~12. A person who submits the information required under this Reporting Standard must be suitably authorised by an officer of the private health insurer.

Variations

~~12.~~13. APRA may, in writing, vary the reporting requirements of this Reporting Standard in relation to a private health insurer.

Transitional

[1] 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.

14. An insurer must report under the old reporting standard in respect of a transitional reporting period. For these purposes:

old reporting standard means the reporting standard revoked in the determination making this Reporting Standard; and

transitional reporting period means a reporting period under the old reporting standard:

(a) which ended before 1 July 2023; and

(b) in relation to which the insurer was required, under the old reporting standard, to report by a date on or after the date of revocation of the old reporting standard.

Note: For the avoidance of doubt, if an insurer was required to report under an old reporting standard, and the reporting documents were due before the date of revocation of the old reporting standard, the insurer is still required to provide any overdue reporting documents in accordance with the old reporting standard~~Any approval, determination or other exercise of discretion, made prior to the commencement of this reporting standard by PHIAC, in relation to the PHIAC 3 return, will continue to have effect after the commencement of this reporting standard, as if made under this reporting standard, until revoked by APRA.~~

~~Information that would have been required to be submitted to PHIAC on the PHIAC 3 return in respect of the quarter ending 30 June 2015 must instead be submitted to APRA as though it was required under this Reporting Standard.~~

~~Information that had previously been required to be submitted to PHIAC on the PHIAC 3 return relating to a period ending before 30 June 2015, but which had not been submitted to PHIAC by the end of 30 June 2015, must be submitted to APRA.~~

~~If, at the end of 30 June 2015, a private health insurer was under an obligation to submit an amended quarterly return, to replace a quarterly return that the private health insurer submitted to PHIAC prior to 1 July 2015, the private health insurer must submit the amended quarterly return to APRA as soon as practicable.~~

~~If APRA, acting reasonably, is satisfied that information submitted by a private health insurer to PHIAC on the PHIAC 3 return prior to 1 July 2015 is inaccurate, APRA may, by notifying the private health insurer in writing of the basis of APRA's concern, require resubmission of that information in a way that corrects the inaccuracy~~.

Interpretation

~~13.~~15. 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) ***APRA*** means the Australian Prudential Regulation Authority established under the *Australian Prudential Regulation Authority Act 1998*;

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

~~***PHIAC*** means the Private Health Insurance Administration Council continued in existence under subsection 264-1(1) of the *Private Health Insurance Act 2007*, as it existed immediately prior to the commencement of the *Private Health Insurance (Prudential Supervision) Act 2015*; and~~

~~***PHIAC 3 return*** means the form titled PHIAC 3 return issued under sections 264-10(2), 264-20 and 172-1 of the *Private Health Insurance Act 2007*, as it existed immediately prior to the commencement of the *Private Health Insurance (Prudential Supervision) Act 2015*;~~

~~***PHIAC Extranet*** is an environment (based on SharePoint) for secure (user ID and password required) sharing of documents, accessible via the internet;~~

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

reporting period means a period mentioned in paragraph 8.

HRF_603_0_1: Statistical Data on Medical Devices Or Human Tissue Products~~Prosthetic~~ Benefits - NSW

Australian Business Number	Institution Name

Reporting Period	Scale Factor
Quarterly	Whole dollars to two decimal places

Reporting Consolidation
Health Benefits Fund

Medical devices or human tissue products ~~Prosthetic~~ benefits paid by registered private health insurer

	Private hospitals and day hospitals					Public hospitals				
Medical devices or human tissue products~~P rostheses~~ category (1)	Number of no gap medical devices or human tissue products~~p rostheses~~ (2)	No gap benefits paid (3)	Number of gap permitted medical devices or human tissue products~~p rostheses~~ (4)	Gap permitted charge (5)	Gap permitted benefits paid (6)	Number of no gap medical devices or human tissue products~~p rostheses~~ (7)	No gap benefits paid (8)	Number of gap permitted medical devices or human tissue products~~p rostheses~~ (9)	Gap permitted charge (10)	Gap permitted benefits paid (11)
1 - Ophthalmic										
2 - Ear, Nose & Throat										

3 - General Miscellaneous
4 - Neurosurgical
5 - Urogenital
6 - Specialist Orthopaedic
7 - Plastic and Reconstructive
8 - Cardiac
9 - Cardiothoracic
10 - Vascular
11 - Hip
12 - Knee
13 - Spinal
Other

1. Total										

Number (1)	**Benefits (2)**

2. Total public and private hospital	