# HAMBS



31 August 2023

## **General Manager**

Data Analytics and Insights Australian Prudential Regulation Authority GPO Box 9836 SYDNEY NSW 2001 Email: <u>Dataconsultations@apra.gov.au</u>

Dear General Manager,

Thank you for the opportunity to comment on the Australian Prudential Regulation Authority's (APRA) *proposed consequential amendments to the three APRA Private Health Insurance (PHI) reporting standards*, HRS 601.0, HRS 603.0 and HRS 605.0 which outlines the regulator's approach to amend the PHI reporting standards to ensure consistency between terminology used across the updated PHI legislations and APRA PHI reporting standards.

HAMBS has reviewed the proposed amendments to HRS 601.0, HRS 603.0 and HRS 605.0 and supports the changes in principle.

We would like to provide the following in response to the consequential amendments:

# 1. HRS 605.0 Private Health Insurance Reform Data Collection

Amendments to the term Prosthetics in section 4 *Hospital services, benefits, fees charged, treatment days and episodes* column 7 *Hospital and Hospital Substitute Treatment Types* will require amendments to the health insurers core system. The function to output the relevant data from the core platform will need to be updated to incorporate this change. Given HAMBS is the vendor for health insurer systems, we would need to make the change and provide the solution to multiple insurers and each insurer will then require additional time to test and implement the solution to their production environments. This would need to occur prior to implementation date mandated by APRA. It would not be feasible to make the necessary update in time for the reporting period ending 31 December 2023. We recommend that this change be delayed until the reporting period ending 31 March 2024 to allow sufficient time for vendors and insurers to implement the change.

### 2. HRS 603.0 Statistical data on prosthetic benefits

In our view we would require APRA to issue a revised template with the amendments made to remove the term prosthesis, prostheses and prosthetic and replaced with the term medical device/s or human tissue product/s. This change would not require amendments to the health insurers core system. It appears that there is no change in the method of which health insurers submit the data to APRA for this standard. We seek confirmation that health insurers will continue to provide their data submissions to APRA via D2A for this data collection. Provided that is the case then we would support this change for the reporting period ending 31 December 2023.



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#### 3. HRS 601.0 Statistical data by State

In our view we would require APRA to issue a revised template with the amendments made to remove the term prosthesis, prostheses and prosthetic and replaced with the term medical device/s or human tissue product/s. This change would not require amendments to the health insurers core system. It appears that there is no change in the method of which health insurers submit the data to APRA for this standard. We seek confirmation that health insurers will continue to provide their data submissions to APRA via D2A for this data collection. Provided that is the case then we would support this change for the reporting period ending 31 December 2023.

We support the proposed changes in principle and have the following recommendations:

1. The changes to the HRS 605.0 Private Health Insurance Reform Data Collection be delayed until the reporting period ending 31 March 2024 to allow sufficient time for vendors and insurers to implement the change. This would include the provision of the final standards well in advance of the anticipated implementation dates; ideally a minimum of 6 months before implementation.

2. The changes to the HRS 603.0 Statistical data on prosthetic benefits and HRS 601.0 Statistical data by State data collections be implemented for the reporting period ending 31 December 2023, provided that the submission method remains via D2A.

We look forward to further engagement on this initiative and invite any queries regarding our responses.

Kind regards,

Head of Operations



