



Reporting Standard HRS 601.0

Statistical Data by State

Objective of this Reporting Standard

This Reporting Standard sets out the requirements for the provision of information to APRA allowing for the calculation of the risk equalisation special account and calculation of levies in respect of private health insurers, administered by APRA.

It includes *Form HRF 601.0 Statistical Data – Cover Page*, *Form HRF 601.1 Statistical Data - by State* 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 601.0 Statistical Data – Cover Page* and *Form HRF 601.1 Statistical Data - by State*, is used by APRA for prudential supervision, risk equalisation purposes and for publication.

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 1 July 2015.
5. Information that would have been required to be submitted to PHIAC on the PHIAC 1 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.
6. Information that had previously been required to be submitted to PHIAC on the PHIAC 1 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.
7. 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.

8. If APRA, acting reasonably, is satisfied that information submitted by a private health insurer to PHIAC on the PHIAC 1 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.

Information required

9. A private health insurer must provide APRA with the information required by this Reporting Standard in respect of each reporting period.
10. The information required by this Reporting Standard must be provided for:
 - (a) each health benefits fund of the private health insurer; and
 - (b) in relation to *Form HRF 601.1 Statistical Data - by State*, each risk equalisation jurisdiction of the health benefits fund.

Forms and method of submission

11. 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

12. A private health insurer to which this Reporting Standard applies must provide the information required by this Reporting Standard for each calendar quarter (i.e. the periods ending 30 September, 31 December, 31 March and 30 June).
13. 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
14. 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

15. 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.

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.

Annual audit requirements

16. 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.
17. The auditor providing the report to a private health insurer must not be an Officer of, or employed by, the private health insurer.
18. For the purposes of paragraph 16, 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 contain the information required to be kept by this Reporting Standard and the *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
 - (c) the records of the health benefits fund have been accurately compiled so as to permit the private health insurer to fairly state the information required by this Reporting Standard.
19. If a private health insurer received a qualified auditor's report for a health benefits 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.
20. 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

21. A person who submits the information required under this Reporting Standard must be suitably authorised by an Officer² of the private health insurer.

Variations

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

² As defined in the *Private Health Insurance (Prudential Supervision) Act 2015*.

Approvals and Exemptions

23. Any approval, determination or other exercise of discretion prior to 1 July 2015 by PHIAC in relation to reporting obligations of a private health insurer will continue to have effect following 1 July 2015 until revoked by APRA.

Interpretation

24. 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*;

PHIAC means the *Private Health Insurance Administration Council* established under the *National Health Act 1953*;

reporting period means a period mentioned in paragraph 12;

risk equalisation jurisdiction means the risk equalisation jurisdiction as defined in the *Private Health Insurance (Prudential Supervision) Act 2015*; and

risk equalisation special account means the risk equalisation special account as defined in the *Private Health Insurance (Prudential Supervision) Act 2015*.