



## Reporting Standard HRS 603.0

### Statistical Data on 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 prostheses by State and Territory.

It includes *Form HRF 603.0 Statistical Data on 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 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 1 July 2015.
5. 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.
6. 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.
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 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.

### **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, as set out in HRF 603.0, must be provided for each health benefits fund of the private health insurer.

### **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 in respect of 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.<sup>1</sup>
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.

### **Authorisation**

16. A person who submits the information required under this Reporting Standard must be suitably authorised by an Officer<sup>2</sup> of the private health insurer.

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<sup>1</sup> 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.

## Variations

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

## Approvals and Exemptions

18. 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

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) **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*; and

**reporting period** means a period mentioned in paragraph 12.

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<sup>2</sup> As defined in *Private Health Insurance (Prudential Supervision) Act 2015*.