



# Financial Sector (Collection of Data) (reporting standard) determination No. 34 of 2015

## Reporting Standard HRS 604.0 Medical Specialty Block Grouping Information

### *Financial Sector (Collection of Data) Act 2001*

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I, Ian Laughlin, delegate of APRA, under paragraph 13(1)(a) of the *Financial Sector (Collection of Data) Act 2001* (the Act) DETERMINE *Reporting Standard HRS 604.0 Medical Specialty Block Grouping Information*, in the form set out in the Schedule, which applies to the financial sector entities to the extent provided in paragraph 3 of the reporting standard.

Under section 15 of the Act, I DECLARE that the reporting standard shall begin to apply to those financial sector entities on the day that the *Private Health Insurance (Prudential Supervision) Act 2015* commences.

This instrument commences on the day that the *Private Health Insurance (Prudential Supervision) Act 2015* commences.

Dated: 26 June 2015

[Signed]

Ian Laughlin  
Deputy Chairman

### **Interpretation**

In this Determination:

*APRA* means the Australian Prudential Regulation Authority.

*financial sector entity* has the meaning given by section 5 of the Act.

## **Schedule**

*Reporting Standard HRS 604.0 Medical Specialty Block Grouping Information* comprises the 5 pages commencing on the following page.



## Reporting Standard HRS 604.0

# Medical Specialty Block Grouping Information

### 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 medical services by State and Territory.

It includes *Form HRF 604.0 Medical Specialty Block Grouping Information* 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 604.0 Medical Specialty Block Grouping Information* (HRF 604.0), 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.

### Information required

5. A private health insurer must provide APRA with the information required by HRF 604.0 in respect of each reporting period.
6. The information required by this Reporting Standard, as set out in HRF 604.0, must be provided for each health benefits fund of the private health insurer.

### **Forms and method of submission**

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

### **Reporting periods and due dates**

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).
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.<sup>1</sup>
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**

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**

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**

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

### **Transitional**

14. Any approval, determination or other exercise of discretion, made prior to the commencement of this reporting standard by PHIAC in relation to the PHIAC 4 return, will continue to have effect after the commencement of this reporting standard, as if made under this reporting standard, until revoked by APRA.

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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.

15. Information that would have been required to be submitted to PHIAC on the PHIAC 4 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.
16. Information that had previously been required to be submitted to PHIAC on the PHIAC 4 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.
17. 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.
18. If APRA, acting reasonably, is satisfied that information submitted by a private health insurer to PHIAC on the PHIAC 4 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

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*;

**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 4 return** means the form titled PHIAC 4 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.

**Form HRF 604.0 Medical Specialty Block Grouping Information**

Name of health benefits fund Quarter ended Officer name Email Phone Fax	State	Page1	Page2	Page3	Gap Services																	
					4.1.1 Total number of services			4.1.2 Total amount charged for hospital and general medical services			4.1.3 Total Medicare benefits paid for hospital and general medical services			4.1.4 Total fund benefits paid for hospital and general medical services			4.1.5 No of gap services			4.1.6 Average gap per service where gap paid		
					No gap agreement	Known gap agreement	No Agreement	No gap agreement	Known gap agreement	No Agreement	No gap agreement	Known gap agreement	No Agreement	No gap agreement	Known gap agreement	No Agreement	No gap agreement	Known gap agreement	No Agreement	No gap agreement	Known gap agreement	No Agreement
					MBS Speciality Block Groupings																	
1) Specialist, consultant physician, and consultant psychiatric attendances: Groups A3, A4 and A6; items 104-108, 110-131, 300-352.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
2) Procedures associated with intensive care and cardiopulmonary support and management: Subgroups T1.9 and T1.10; items 13815 – 13888.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
3) Obstetrics and gynaecology obstetrics: Subgroup T4; items 16500 – 16636; and Surgical operations gynaecological: Subgroup T8.4; items 35500 – 35759.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
4) Anaesthesia: Groups T6, T7, and T10; items 17603 - 18298, 20100-25205.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
5) General surgical operations: Subgroup T8.1; items 30001 – 31472.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
6) Colorectal surgical operations: Subgroup T8.2; items 32000 – 32212.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
7) Vascular surgical operations: Subgroup T8.3; items 32500 – 35330.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
8) Urology: Subgroup T8.5, items 36500 - 37854	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
9) Cardio-thoracic surgical operations: Subgroup T8.6; items 38200 – 38766; and Diagnostic procedures and investigations cardiovascular: Subgroup D1.6; items 11700-11724	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
10) Neurosurgical surgical operations: Subgroup T8.7; items 39000 – 40903.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
11) Ear, nose and throat surgical operations: Subgroup T8.8; items 41500 – 41910.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
12) Ophthalmology surgical operations: Subgroup T8.9; items 42503 – 42872.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
13) Plastic and reconstructive surgical operations: Subgroup T8.13; items 45000-45797.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
14) Orthopaedic surgical operations: Subgroup T8.15; items 47000 – 50426.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
15) Assistance at operations: Group T9; items 51300 – 51318.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
16) Diagnostic imaging services: Category 5; all Groups I1-15; items 55028-63946.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
17) Pathology services: Category 6; all Groups P1-P10; items 65060 and over.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
18) All other items.	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	0	0	\$ -	\$ -	\$ -		
<b>Total all services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		