



Financial Sector (Collection of Data) (reporting standard) determination No. 98 of 2023

Reporting Standard HRS 104.0 Forecasts and Targets

Financial Sector (Collection of Data) Act 2001

I, Michael Murphy, delegate of APRA, under paragraph 13(1)(a) of the *Financial Sector (Collection of Data) Act 2001* (the Act) and subsection 33(3) of the *Acts Interpretation Act 1901*, determine *Reporting Standard HRS 104.0 Forecasts and Targets*, 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 it is registered on the Federal Register of Legislation.

This instrument commences upon registration on the Federal Register of Legislation.

Dated: 26 May 2023

Michael Murphy
General Manager - Chief Data Officer (Acting)
Technology and Data Division

Interpretation

In this Determination:

APRA means the Australian Prudential Regulation Authority.

Federal Register of Legislation means the register established under section 15A of the *Legislation Act 2003*.

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

Schedule

Reporting Standard HRS 104.0 Forecasts and Targets comprises the document commencing on the following page.



Reporting Standard HRS 104.0

Forecasts and Targets

Objective of this Reporting Standard

This Reporting Standard sets out requirements for the provision of information to APRA relating to a private health insurer's forecasts and targets.

It includes associated specific instructions and should be read in conjunction with *Prudential Standard HPS 110 Capital Adequacy* (HPS 110).

Authority

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

Purpose

2. The information reported to APRA under this Reporting Standard is used by APRA for the purpose of prudential supervision including assessing compliance with capital standards.

Application and commencement

3. This Reporting Standard applies to all private health insurers. This Reporting Standard applies for reporting periods ending on or after:
 - (a) 1 July 2023 for significant financial institutions and any private health insurer that is classified as a non-significant financial institution but is subject to an APRA determination under paragraph 53(b) of HPS 110; and
 - (b) 1 July 2025 for all private health insurers that are classified as a non-significant financial institution and are not subject to an APRA determination under paragraph 53(b) of HPS 110.

Information required

4. A private health insurer must provide APRA with the information required by this Reporting Standard for each reporting period.

Method of submission

5. 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
 - (b) by a method notified by APRA prior to submission.

Reporting periods and due dates

6. Subject to paragraph 7, a private health insurer must provide the information required by this Reporting Standard in respect of each year ending 30 June.
7. If, having regard to the particular circumstances of a private health insurer, APRA considers it necessary or desirable to obtain information more or less frequently than as provided by paragraph 6, APRA may, by notice in writing, change the reporting periods, or specify reporting periods, for the particular private health insurer.
8. The information required by this Reporting Standard must be provided to APRA:
 - (a) in the case of annual information, by 30 September each year; or
 - (b) in the case of information provided in accordance with paragraph 7, within the time specified by notice in writing.
9. APRA may, in writing, grant a private health insurer an extension of a due date, in which case the new due date will be the date on the notice of extension.

Note: 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.

Quality control

10. 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.

Annual audit requirements

11. The information submitted for the purposes of paragraph 8(a) is to be subject to external audit to ensure consistency with the private health insurer's statutory financial accounts and faithful application of the capital standards.
12. Audit certification and opinion must be provided to by 30 September each year.

13. If a private health insurer received a qualified auditor's report for a health benefits fund, the general fund, or the private health insurer 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.
14. 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

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

Variations

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

Interpretation

17. In this Reporting Standard:
 - (a) unless the contrary intention appears, words and expressions have the meanings given to them in HPS 001; and
 - (b) the following definitions are applicable:

APRA means the Australian Prudential Regulation Authority established under the *Australian Prudential Regulation Authority Act 1998*;

capital standards means the prudential standards which relate to capital adequacy as defined in HPS 001;

non-significant financial institution has the same meaning as in HPS 001;

officer has the same meaning as in the Act;

private health insurer has the same meaning as in the Act;

reporting period means a period mentioned in paragraph 6 or, if applicable, paragraph 7;

significant financial institution has the same meaning as in HPS 001; and

the Act means the *Private Health Insurance (Prudential Supervision) Act 2015*.

18. Unless the contrary intention appears, a reference to an Act, Prudential Standard, Reporting Standard, Australian Accounting or Auditing Standard is a reference to the instrument as in force from time to time.

Reporting Standard HRS 104.0

Forecasts and Targets

General instructions

Reporting tables

Tables described in this reporting standard list each of the data fields required to be reported. The data fields are listed sequentially in the column order that they will appear in the reported data set. Constraints on the data that can be reported for each field have also been provided.

Any specific combination of values in a table must not appear on more than one row in that table when reported.

Definitions

Terms highlighted in ***bold italics*** indicate that the definition is provided in these instructions.

C

<i>Capital base</i>	<i>Capital base</i> is defined in <i>Prudential Standard HPS 112 Determination of Capital Base</i> .
<i>Capital transfers in / out of the fund amount</i>	This is the amount expected to be transferred to/from parent entity and to/from other <i>health benefits funds</i> or <i>general funds</i> per <i>Reporting Standard HRS 101.0 Regulatory Income Statement – Supplementary Information</i> (HRS 101.0). This excludes transfers to reserves and changes in accounting policies.
<i>Central estimate</i>	This is an estimate of the mean of the range of possible outcomes. The private health insurer must choose its own methodology, assumptions and data in order to determine the <i>central estimates</i> .

F

<i>Future quarter</i>	This is the <i>central estimate</i> forecasts provided for each of the next four quarters starting from the reporting date.
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G

<i>General fund (Private Health Insurer Fund Type)</i>	This refers to the portion of the insurer referred to as the <i>general fund</i> as defined in HPS 001.
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Gross margin	As defined in HPS 001.
Gross margin forecast percent	This is the gross margin forecast for the 12-month period following the reporting date.
Gross margin target percent	The gross margin target percent is the target value of the gross margin . Insurers that use a range for their gross margin target should report the lower bound of the range for this Reporting Standard.

H

Health benefits fund (Private health insurer fund type)	Health benefits fund has the same meaning as in the Act.
Health insurance business (HIB)	Health insurance business (HIB) has the same meaning as in the Act.
Health insurance business policy forecasts type	Health insurance business policy forecasts types include: <ul style="list-style-type: none"> • new HIB policies to PHI; • new HIB policy transfers; and • HIB terminated policies.
Health-related business (HRB)	Health-related business (HRB) has the same meaning as in the Act.
Health-related business non-insurance profit / loss amount	The central estimate forecast of health-related business non-insurance profit / loss for that future quarter . Health-related business non-insurance profit / loss means health-related business non-insurance revenue amount less the central estimate forecast expenses related to conducting HRB non-insurance. HRB non-insurance expenses are to be the forecast of other business expenses as defined in HRS 101.0, for the private health insurer business type of HRB – non-insurance.
Health-related business non-insurance revenue amount	The central estimate forecast revenue from HRB , excluding revenue related to health-related insurance business .

<i>Health-related insurance business</i>	As defined in HPS 001.
<i>HIB terminated policies</i> <i>(Health Insurance Business Policy Forecasts Type)</i>	This is a reported item and should equal the sum of: <ul style="list-style-type: none"> • policies in force at start of quarter; and • <i>new HIB policies</i> less: <ul style="list-style-type: none"> • policies in force at end of quarter. <p>Where possible, actuals are to be used as a start point when calculating terminated policies for the next quarter in the future. For subsequent quarters, forecasts for the start and end of that quarter are to be used.</p>
<i>Hospital category gross margin type</i>	<i>Hospital category gross margin types</i> are: <ul style="list-style-type: none"> • Gold; • Silver +; • Silver; • Bronze +; • Bronze; • Basic +; and • Basic.

N

<i>New HIB policies to PHI</i> <i>(Health Insurance Business Policy Forecasts Type)</i>	A <i>new HIB policy</i> which is not a <i>new HIB policy transfer</i> .
<i>New HIB policy</i>	Means a <i>new HIB policy</i> , in force at the end of the quarter, where none of the policy holders held a policy with the health insurer at the start of the quarter.
<i>New HIB policy transfer</i> <i>(Health Insurance Business Policy Forecasts Type)</i>	Means a <i>new HIB policy</i> where at least one policy holder of a policy would be expected to have a transfer certificate.

P

<p><i>Policy forecasts average monthly premium amount</i></p>	<p>For <i>new HIB policies to PHI</i>, this is the average monthly premium rate for those policies at the points in the forecast quarter where they first become in force.</p> <p>For <i>new HIB policy transfers</i>, this is the average monthly premium rate for those policies where at least one policy holder of a policy would be expected to have a transfer certificate in the forecast quarter where they first become in force.</p> <p>For <i>HIB terminated policies</i>, this is the average monthly premium rate for those policies immediately before the points in the forecast quarter where they first stop being in force.</p>
<p><i>Policy forecasts count</i></p>	<p>For <i>new HIB policies to PHI</i>, this is the count of those policies to become in force in the forecast quarter.</p> <p>For <i>new HIB policy transfers</i>, this is the count of those policies where at least one policy holder of a policy would be expected to have a transfer certificate in the forecast quarter.</p> <p>For <i>HIB terminated policies</i>, this is the count of those policies stop being in force in the forecast quarter.</p>
<p><i>Prescribed Capital Amount</i></p>	<p><i>Prudential Capital Amount</i> means the minimum amount of capital that an insurer must hold as defined in HPS 110.</p>
<p><i>Private health insurer business type</i></p>	<p>This is either <i>health insurance business</i> or <i>health-related insurance business</i>.</p>
<p><i>Private health insurer fund</i></p>	<p>This is either <i>health benefits fund</i> or <i>general fund</i>.</p>

T

<p><i>Target capital amount</i></p>	<p>The <i>target capital amount</i> is determined in accordance with the Internal Capital Adequacy Assessment Process. This is to be expressed as a target for the <i>capital base</i> of the <i>health benefits fund</i> or <i>general fund</i>.</p> <p>Insurers that use a range for its target capital should report the lower bound of the range for this reporting standard.</p>
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Specific instructions

Table 1: HIB Policy Forecasts

Reporting basis

This table applies to *health benefits funds* only.

Units of measurement

Report values in whole Australian dollars (no decimal places).

	Name	Valid values	Description
1	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund</i> . This is in the event an insurer has multiple <i>health benefits funds</i> . In the event an insurer has only one <i>health benefits fund</i> , its name should be the same as the insurer.
2	Future Quarter	<ul style="list-style-type: none"> • Quarter 1 • Quarter 2 • Quarter 3 • Quarter 4 	Report the <i>future quarter</i> .
3	Health Insurance Business Policy Forecasts Type	<ul style="list-style-type: none"> • <i>New HIB policies to PHI</i> • <i>New HIB policy transfers</i> • <i>HIB terminated policies</i> 	Report the <i>health insurance business policy forecasts type</i> .
4	Policy Forecasts Count	Whole numbers	Report the <i>policy forecasts count</i> .

	Name	Valid values	Description
5	Policy Forecasts Average Monthly Premium Amount	Whole dollars	Report the <i>policy forecasts average monthly premium amount</i> .

Table 2: HRB Non-Insurance and Capital Forecasts

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars (no decimal places).

	Name	Valid values	Description
1	Private Health Insurer Fund Type	<ul style="list-style-type: none"> • <i>Health benefits fund</i> • <i>General fund</i> 	Report the <i>private health insurer fund</i> type.
2	Private Health Insurer Fund Name	Free text	<p>Report the name of the <i>private health insurer fund</i>. This is in the event an insurer has multiple <i>health benefits funds</i>.</p> <p>In the event an insurer has only one <i>health benefits fund</i>, its name should be the same as the insurer.</p> <p>For the <i>general fund</i>, report the same name as the insurer.</p>
3	Future Quarter	<ul style="list-style-type: none"> • Quarter 1 • Quarter 2 • Quarter 3 • Quarter 4 	Report the <i>future quarter</i> .
4	Health-Related Business Non-Insurance Revenue	Whole dollars	Report the <i>health-related business non-insurance revenue amount</i> .

	Name	Valid values	Description
	Amount		
5	Health-Related Business Non-Insurance Profit / Loss Amount	Whole dollars	<p>Report the <i>health-related business non-insurance profit / loss amount</i>.</p> <p>Report <i>health-related business</i> non-insurance profits as a positive value.</p> <p>Report <i>health-related business</i> non-insurance losses as a negative value.</p>
6	Capital Transfers In / Out Of The Fund Amount	Whole dollars	<p>Report the <i>capital transfers in / out of the fund amount</i>.</p> <p>Report capital transfers into the <i>health benefits fund</i> or <i>general fund</i> as a positive value.</p> <p>Report capital transfers out of the <i>health benefits fund</i> or <i>general fund</i> as a negative value.</p>
7	Capital Base Amount	Whole dollars	Report the <i>capital base</i> amount.
8	Prescribed Capital Amount	Whole dollars	Report the <i>prescribed capital amount</i> .

Table 3: Target Capital**Reporting basis**

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars (no decimal places).

	Name	Valid values	Description
1	Private Health Insurer Fund Type	<ul style="list-style-type: none"> • <i>Health benefits fund</i> • <i>General fund</i> 	Report the <i>private health insurer fund</i> type.
2	Private Health Insurer Fund Name	Free text	<p>Report the name of the <i>private health insurer fund</i>. This is in the event an insurer has multiple <i>health benefits funds</i>.</p> <p>In the event an insurer has only one <i>health benefits fund</i>, its name should be the same as the insurer.</p> <p>For the <i>general fund</i>, report the same name as the insurer.</p>
3	Future Quarter	<ul style="list-style-type: none"> • Quarter 0 • Quarter 1 • Quarter 2 • Quarter 3 • Quarter 4 	<p>Report the <i>future quarter</i>.</p> <p>Report <i>Quarter 0</i> for the <i>target capital amount</i> as at the reporting date.</p>
4	Target Capital Amount	Whole dollars	Report the <i>target capital amount</i> .

Table 4: Hospital Category Gross Margin Forecasts**Reporting basis**

This table applies to *health benefits funds* only.

Units of measurement

Report values in whole Australian dollars (no decimal places).

	Name	Valid values	Description
1	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund</i> . This is in the event an insurer has multiple <i>health benefits funds</i> . In the event an insurer has only one <i>health benefits fund</i> , its name should be the same as the insurer.
2	Hospital Category Gross Margin Type	<ul style="list-style-type: none"> • Gold • Silver + • Silver • Bronze + • Bronze • Basic + • Basic 	Report the <i>hospital category gross margin type</i> .
3	Gross Margin Forecast Percent	Percentage	Report the <i>gross margin forecast percent</i> .

Table 5: Gross Margin Targets**Reporting basis**

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values to two decimal places.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	<ul style="list-style-type: none"> • <i>Health benefits fund</i> • <i>General fund</i> 	Report the <i>private health insurer fund</i> type.
2	Private Health Insurer Fund Name	Free text	<p>Report the name of the <i>private health insurer fund</i>. This is in the event an insurer has multiple <i>health benefits funds</i>.</p> <p>In the event an insurer has only one <i>health benefits fund</i>, its name should be the same as the insurer.</p> <p>For the <i>general fund</i>, report the same name as the insurer.</p>
3	Private Health Insurer Business Type	<ul style="list-style-type: none"> • <i>Health insurance business</i> • <i>Health-related insurance business</i> 	<p>Report the <i>private health insurer business type</i>.</p> <p><i>Health insurance business</i> does not apply where the <i>private health insurer fund</i> type is <i>general fund</i>.</p> <p>Report <i>health-related insurance business</i> where the <i>private health insurer fund</i> type is <i>general fund</i>.</p>

	Name	Valid values	Description
4	Gross Margin Target Percent	Percentage	Report the <i>gross margin target percent</i> .