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**Financial Sector (Collection of Data) (reporting standard) determination No. 2 of 2024**

**Reporting Standard HRS 603.0 Statistical Data on Medical Devices or Human Tissue Products Benefits**

*Financial Sector (Collection of Data) Act 2001*

I, Andrew Robertson, 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*:

1. revoke Financial Sector (Collection of Data) (reporting standard) determination No. 33 of 2015, including *Reporting Standard HRS 603.0 Statistical Data on Prosthetic Benefits* made under that Determination; and
2. determine *Reporting Standard HRS 603.0 Statistical Data on Medical Devices or Human Tissue Products Benefits*, 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, and the revoked reporting standard shall cease to apply, at the start of the day after the instrument is registered on the Federal Register of Legislation.

This instrument commences at the start of the day after the day that the instrument is registered on the Federal Register of Legislation.

Dated: 1 February 2024

Andrew Robertson

General Manager – Chief Data Officer

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 603.0* *Statistical Data on Medical Devices or Human Tissue Products Benefits* comprises the document commencing on the following page.

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**Reporting Standard HRS 603.0**

**Statistical Data on Medical Devices or Human Tissue Products 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 medical devices or human tissue products by State and Territory.

It includes *Form HRF 603.0 Statistical Data on Medical Devices or Human Tissue Products 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**

1. Information collected under this Reporting Standard, as set out in *Form HRF 603.0 Statistical Data on Medical Devices or Human Tissue Products 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**

1. This Reporting Standard applies to all private health insurers.
2. This Reporting Standard applies for reporting periods ending on or after 31 March 2024.

**Information required**

1. A private health insurer must provide APRA with the information required by HRF 603.0 in respect of each reporting period.
2. 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.

**Method of submission**

1. The information required by this Reporting Standard must be given to APRA:
2. in electronic format using an electronic method available on APRA’s website; or
3. by a method notified by APRA prior to submission.

**Reporting periods and due dates**

1. 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).
2. 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]](#footnote-2)
3. 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**

1. 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**

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

**Variations**

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

**Transitional**

1. An insurer must report under the old reporting standard in respect of a transitional reporting period. For these purposes:

***old reporting standard*** means the reporting standard revoked in the determination making this Reporting Standard; and

***transitional reporting period*** means a reporting period under the old reporting standard:

1. which ended before 31 March 2024; and
2. in relation to which the insurer was required, under the old reporting standard, to report by a date on or after the date of revocation of the old reporting standard.

*Note:* For the avoidance of doubt, if an insurer was required to report under an old reporting standard, and the reporting documents were due before the date of revocation of the old reporting standard, the insurer is still required to provide any overdue reporting documents in accordance with the old reporting standard.

**Interpretation**

1. In this Reporting Standard:
2. unless the contrary intention appears, words and expressions have the meanings given to them in *Prudential Standard HPS 001 Definitions* (HPS 001); and
3. ***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*;

***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.

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| **HRF\_603\_0\_1: Statistical Data on Medical Devices or Human Tissue Products Benefits - NSW** |

|  |  |
| --- | --- |
| **Australian Business Number** | **Institution Name** |
|  |  |
| **Reporting Period** | **Scale Factor** |
| Quarterly | Whole dollars to two decimal places |
| **Reporting Consolidation** |  |
| Health Benefits Fund |  |

|  |
| --- |
| **Medical devices or human tissue products benefits paid by registered private health insurer** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Private hospitals and day hospitals** | | | | | **Public hospitals** | | | | |
| **Medical devices or human tissue products category** | **Number of no gap medical devices or human tissue products** | **No gap benefits paid** | **Number of gap permitted medical devices or human tissue products** | **Gap permitted charge** | **Gap permitted benefits paid** | **Number of no gap medical devices or human tissue products** | **No gap benefits paid** | **Number of gap permitted medical devices or human tissue products** | **Gap permitted charge** | **Gap permitted benefits paid** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** | **(9)** | **(10)** | **(11)** |
|  |  |  |  |  |  |  |  |  |  |  |
| 1 - Ophthalmic |  |  |  |  |  |  |  |  |  |  |
| 2 - Ear, Nose & Throat |  |  |  |  |  |  |  |  |  |  |
| 3 - General Miscellaneous |  |  |  |  |  |  |  |  |  |  |
| 4 - Neurosurgical |  |  |  |  |  |  |  |  |  |  |
| 5 - Urogenital |  |  |  |  |  |  |  |  |  |  |
| 6 - Specialist Orthopaedic |  |  |  |  |  |  |  |  |  |  |
| 7 - Plastic and Reconstructive |  |  |  |  |  |  |  |  |  |  |
| 8 - Cardiac |  |  |  |  |  |  |  |  |  |  |
| 9 - Cardiothoracic |  |  |  |  |  |  |  |  |  |  |
| 10 - Vascular |  |  |  |  |  |  |  |  |  |  |
| 11 - Hip |  |  |  |  |  |  |  |  |  |  |
| 12 - Knee |  |  |  |  |  |  |  |  |  |  |
| 13 - Spinal |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Total** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Benefits** |
|  | **(1)** | **(2)** |
| 1. **Total public and private hospital** |  |  |

1. For the avoidance of doubt, APRA’s expectation is that if the due date for a particular reporting period falls on a day other than a usual business day, a private health insurer will submit the information required no later than the due date. [↑](#footnote-ref-2)