From: s22
Sent: Sunday, 22 June 2025 5:40 PM
To: CASEMIX QUERIES; s22
Subject: RE: Public Interest Certificate application by Private Healthcare Australia (PHA) to access HCP1 and GT-Dental unit record data [SEC=OFFICIAL]

My thoughts

We will not be providing aggregated data.

I also question if "in order to perform our role and function effectively, it is critical that we continue having ongoing access to HCP1 data (our member fund's data) to analyse PHI funded hospital resources and utilisation at a more granular level, e.g. looking at HCP1 medical devices and human tissue products (PL) data aggregated by individual billing codes for calendar year and financial year reporting period" is actually true and the question 4 response if unitelligable.

If this is of value for their members surely they should be able to collect it from their members.

I would also question if this data (if it was provided on a non aggregated basis) would be shared with Mandala hence introducing the consultant issue again

Cheers
s22

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From: CASEMIX QUERIES
Sent: Tuesday, 17 June 2025 3:50 PM
To: s22 ; s22
Subject: FW: Public Interest Certificate application by Private Healthcare Australia (PHA) to access HCP1 and GT-Dental unit record data [SEC=OFFICIAL]

FYI – PHA have requested AGGREGATE data which is what we have said we don't have capacity to do.

From: s47F pha.org.au>
Sent: Tuesday, 17 June 2025 2:27 PM
To: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Cc: s22 @Health.gov.au>
Subject: RE: Public Interest Certificate application by Private Healthcare Australia (PHA) to access HCP1 and GT-Dental unit record data [SEC=OFFICIAL]

Hi s22

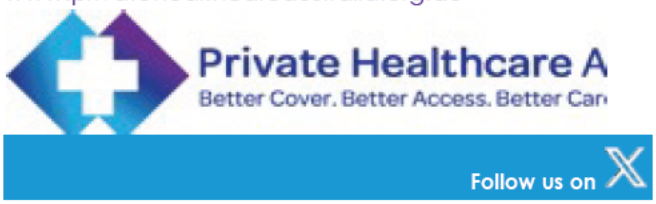
Hope you are both doing well and thank you for your email below. Please find attached our completed data request form to progress our annual data requests.

If you have any further queries from this, please don't hesitate to reach out.

Thank you both for your assistance with this and looking forward in anticipation to a favourable reply in due course.

Kind regards,
s47F

s47F
CHIEF ANALYTICS OFFICER
T 02 6202 1000 | E s47F pha.org.au
www.privatehealthcareaustralia.org.au



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From: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Sent: Friday, 24 January 2025 2:13 PM
To: s47F pha.org.au>
Cc: s22 @Health.gov.au>; CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Subject: FW: Public Interest Certificate application by Private Healthcare Australia (PHA) to access HCP1 and GT-Dental unit record data [SEC=OFFICIAL]

Hi s47F

Thank you for contacting the Department regarding accessing HCP1 and GTD unit record data to support PHA's work.

The next step is to complete the Departments data request form to establish the data request is in the public interest, meets the requirements of release under the *Private Health Insurance Act 2007* and will be protected using a five safes assessment. Only relevant parts of the form are required to be completed.

We have provided addition information below and at any point in the process you can contact casemix.queries@health.gov.au for clarification.

Once this form is completed the Department will undertake the assessment and will submit to the delegate for review. We will be in touch if additional information is required.

Additional information
Unit record HCP1 and GT-Dental data is legally protected information under the *Private Health Insurance Act 2007* (PH Act).

- Access to protected information requires authorisation by the Minister (or their delegate)
- Recipients are legally bound by the Secrecy Provisions of the legislation that protects the relevant data (the PH Act), the breach of which constitutes an offence.
- Recipients who receive protected information are required to sign a Deed Poll and Letter of Agreement by which the recipient agrees to abide by the Secrecy Provisions of the PH Act and the requirements for the secure and safe management of the protected information (including storage and destruction).

The department is responsible for ensuring that protected information is accessed and managed legally, safely, securely by appropriate recipients.
Data requests for health data must meet the Five Safes Framework standards for safe data access, with appropriate risk management in place.

- More information on the Five Safes is available here: Five Safes framework | Australian Bureau of Statistics and data-sharing-principles-best-practice-guide-15-mar-2019.pdf (the data sharing principles mirror the Five Safes Framework)
- Recipients of protected health data must demonstrate their data request meets the requirements for safe, secure and appropriate data sharing (as addressed in the attached data request form and Five Safes Assessment forms)
- The department conducts a comprehensive assessment process of requests to access protected information to ensure data sharing is lawful, safe, secure, ethical and appropriate.

Examples of types of information addressing safety and security of data management, storage and disposal

Security measures in place to safeguard the physical project workspace(s)

- *Outline building security measures (e.g. electronic access control system)*
- *Outline the measures used to protect against theft and unauthorised access to workspace(s) (e.g. visitor protocols, reception staff, anti-theft controls)*

Data storage and backup

- *Identify where the data will be stored and backed up (e.g. organisational server managed by IT staff)*
- *Outline server security arrangements (e.g. firewalls, anti-virus software, intrusion detection or intrusion prevention systems (IDS/IPS)*
- *Note: Storage on laptops, computer hard drives, personal or external storage devices alone is highly risky and not recommended*
- *Identify who is responsible for back-up, how often this occurs and procedures for managing data recovery in the event of an incident*

Data access control arrangements

Describe how access to the data is managed and controlled

- *Outline how access permission levels are set (i.e. read-only, write (read and modify), administrator (read, modify, manage others' access)*
- *Include specifications of breadth of access (how much data can be accessed) and depth of access (what actions can be performed on the data)*
- *Include requirements for network password security (strength, complexity, renewal)*
- *Specify how administration and research logins and controls are managed*
- *Include a rationale linking access level to project needs*
- *Include protocols for revoking or reduction of access levels (i.e. when no longer needed or project is completed)*
- *Describe how access to project data is logged*
- *Are unique individual identifiers required to access project data?*
- *Is a log of access to the data automatically created and stored (i.e. available for review)?*
- *Outline the steps taken to ensure all individuals with access to the data are aware of the data management and security protocols and requirements*

Data breach protocols

Note: A data breach occurs when personal information an organisation or agency holds is lost or subjected to unauthorised access or disclosure (e.g. a database with personal information is hacked, personal information is mistakenly given to the wrong person) (Office of the Australian Information Commissioner)

- *Outline the protocols to be followed for minor and major data breach incidents*

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- *Note: Guidance available from the OAIC here*
- *Declare the full history of any data breaches in your organisation*

Regards,

s22
Assistant Director – Private Hospitals Operations Section
Private Hospitals

Health Systems Strategy Division | Health Strategy, First Nations & Sport Group
Australian Government, Department of Health and Aged Care
T: s22 | E: s22 @health.gov.au
Location: Sirius Building 10.N.311
PO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: s47F @pha.org.au>
Sent: Wednesday, 15 January 2025 11:43 AM
To: Data Release <data.release@health.gov.au>
Subject: RE: Public Interest Certificate application by Private Healthcare Australia (PHA) to access HCP1 and GT-Dental unit record data [SEC=OFFICIAL]

Hi

Thank you for your email reply. These annual requests are ongoing and have been made by PHA in the past at least twice a year;

1) At the start of each new year for the previous year's financial year reporting period data (with the expectation that we will receive the data by end of Feb to meet internal research, evaluation and reporting requirements).
2) Towards the end of the year for the previous year's calendar year reporting period data (with the expectation that we will receive the data by end of Nov to meet internal research, evaluation and reporting requirements).

Again, we have received the aggregated data in the past back from the team at casemix.queries@health.gov.au usually within the 10 business days timeframe.

I would just like to particularly emphasise that the Department has already provided this data in the past to PHA on an ongoing basis, with no issues and that we have obviously cleared any previous Department business and approval checks. As per Suzi's email, to continue having access to this aggregated de-identified data at the more granular level that we require, we have been strongly recommended and advised by her to go down this path to access data in order to free up resource constraints for her team and the Department overall. The benefits of having access to data in this way via a Public Interest Certificate for us, is that it will allow PHA to independently analyse the data periodically according to our own timeframes.

We have been using the data provided to work closely and collaboratively with Brian Kelleher (Assistant Secretary - Private Health Industry Branch) and his team, as well as with Andrew Rintoul (Assistant Secretary - Protheses List Reform Taskforce) and his team in particular, on an ongoing basis.

Thank you for your assistance with this important matter for us as a critical private healthcare stakeholder for the private health insurance sector.

Kind regards,
s47F

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s47F
CHIEF ANALYTICS OFFICER
T s47F | E s47F @pha.org.au
www.privatehealthcareaustralia.org.au



From: Data Release <data.release@health.gov.au>
Sent: Wednesday, 15 January 2025 9:57 AM
To: s47F @pha.org.au>; Data Release <data.release@health.gov.au>
Subject: RE: Public Interest Certificate application by Private Healthcare Australia (PHA) to access HCP1 and GT-Dental unit record data [SEC=OFFICIAL]

Hi s47F

Thanks for your email. Acknowledging receipt.

Can you please advise if PHA have any external deadlines (eg reporting requirements) that relate to this request?

A team from the department will be in touch with next steps.

Best regards,

Data Governance, Access and Policy (DGAP)
Data and Analytics Branch (DAB)
Health Economics and Research Division (HERD)
Australian Government Department of Health and Aged Care
E: data.release@health.gov.au

Good data governance is everyone's business – visit DG OSS

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From: s47F pha.org.au>
Sent: Monday, 13 January 2025 9:22 AM
To: Data Release <data.release@health.gov.au>
Subject: Public Interest Certificate application by Private Healthcare Australia (PHA) to access HCP1 and GT-Dental unit record data

Hi

s22 (Acting Director for the Private Hospital Operations Section, Private Hospital Branch at the Department of Health and Aged Care) has recommended that Private Healthcare Australia (PHA) apply for a "Public Interest Certificate" to apply for access to HCP1 and GT-Dental unit record data to perform our own analysis for our own internal research and evaluation. See her email response to us attached further down below, dated 18th December 2024.

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body that currently has 22 registered health funds throughout Australia and collectively represents over 98% of people covered by private health insurance. PHA member funds today provide healthcare benefits for over 14.76 million Australians.

The Department of Health and Aged Care (via casemix.queries@health.gov.au) has provided aggregated de-identified data extracts to PHA on an ongoing basis for several years containing HCP1 and GT-dental data at a more granular level than what is currently reported in the HCP1 annual report publications.

Every year, PHA makes the following three annual data requests to casemix.queries@health.gov.au and have received completed data extracts back from the Department with no issues and with our annual requests usually completed within the 10 business days timeframe:

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1) ***Medical devices utilisation data by individual billing codes [HCP1 data]***
PHA needs this aggregated by individual medical device billing codes (at the lowest granular aggregate level) for a given reporting year period in terms of number of items and total PL benefits paid (with the ability to have the extract either in Calendar Year or Financial Year period).
Reason for this request: Used for internal analysis and evaluation. This allows PHA as the peak private health insurance industry lobby group to see where the blowout growth areas for medical devices and human tissue item (PL) products have been in terms of utilisation and benefits paid (over the last 5 years). This also greatly assists PHA with our ongoing engagement and collaboration with the Department of Health and Aged Care's Prescribed List Reform Taskforce on the ongoing issue of PL (medical device) reform for the private health insurance sector, to ensure value and affordability of private health insurance for health consumers and to keep private health insurance premiums down.

2) ***Total Hospital Separations and Total Fund Benefits Paid, Total Number of Hospital Separations with Medical Devices, Total Medical Devices Paid, Total Number of Hospital Separations for Hip and Knee Replacements by Patient Residential Postcode [HCP1 data]***
PHA needs this aggregated by individual patient residential postcodes (at the lowest granular aggregate level) for a given reporting year period (with the ability to have the extract either in Calendar Year or Financial Year period).
Reason for this request:
Used for internal analysis and evaluation. This allows PHA as the peak private health insurance industry lobby group to review, evaluate and have demographic insights over where PHI members are accessing hospital services and expenditure by health insurers, to ensure better provision and distribution of health care services to meet the needs of PHI members living in different areas throughout Australia (e.g. rural, non-metro and metro areas) amidst an ageing population with growing chronic diseases and conditions requiring different types of hospital treatments.

3) ***GT-dental dental services as funded by private health insurers [GT-Dental data]***
PHA needs this aggregated by individual ADA dental item numbers in terms of number of services, total dental charges and total dental benefits paid (at the lowest granular aggregate level) for a given reporting financial year period
Reason for this request:
Used for internal analysis and evaluation. This allows PHA as the peak private health insurance industry lobby group to examine the number of dental services that are provided gap free by individual ADA billing dental codes and roughly work out what percentage of the total "no-gap" dental services make up.

The above information that PHA seeks every year from the Department is completely reasonable and of direct consumer interest and benefit, as we are seeking to look out for the overall interest of insured members (our member funds' customers) to ensure that private health insurance remains an affordable product for all Australians through analysing and addressing rising private patient out-of-pockets in hospitals, Medicare and health insurer billing fraud to reduce claims leakage, low-value care treatments in hospitals, etc. As an invested private healthcare stakeholder, we work very closely and collaboratively with the Department to develop evidence-based and sound private health insurance health policies to achieve results together for the Australian Government and for the greater good of the Australian community, via the Department's *Private Health Strategy Branch, Prescribed List Reform Taskforce*, *Medical Devices and Human Tissue Advisory Committee, HCP and PHDB Working Group*, etc.

We have been informed that the Department's future modified versions of the HCP Annual report publication will not contain the exact information (at a more granular level) that the Department (via casemix.queries@health.gov.au) has produced for PHA additionally on an ongoing basis for several years now.

As the peak industry group for private health insurers in Australia, in order to perform our role and function effectively, it is critical that we continue having ongoing access to HCP1 data (our member fund's data) to analyse PHI funded hospital resources and utilisation at a more granular level, e.g. looking at HCP1 medical devices and human tissue products (PL) data aggregated by individual billing codes for calendar year and financial year reporting periods.

Thank you for your assistance in initiating our "Public Interest Certificate" application and looking forward in anticipation to your favourable reply throughout the process.

If you have any further questions or concerns, please do not hesitate to contact me.

Regards,
s47F

s47F
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www.privatehealthcareaustralia.org.au

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From: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Sent: Wednesday, 18 December 2024 3:59 PM
To: s47F @pha.org.au>
Cc: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Subject: RE: PHA usual data request - prostheses utilisation data by individual billing codes [SEC=OFFICIAL]

Hi s47F

I apologise for the delay in responding.

Since the Private Hospital Sector Financial Health Check was released, there have been changes to our team's structure and responsibilities. Unfortunately, this has meant we have not had the capacity to undertake this request nor your other request but we will provide the data as soon as we have capacity to do so which is likely in the new year.

Moving forward, we are taking a more transparent data sharing approach to ensure data access consistency among external stakeholders. As a result, we will be ceasing undertaking direct external requests in 2025 after actioning the current requests we have received to date. Instead, we will expand the published data in the annual reports to include more details on medical device and human tissue product utilisation and introduce a new report for general treatment dental data. We will be seeking feedback on what should be included in these reports through consultation with the HCP PHDB Working Group and encourage you to provide suggestions through that mechanism.

We apologise for the inconveniences this may cause. If the published annual reports do not meet your needs, we suggest applying for access to a extract of the unit record data to perform your own analysis. This would require a Public Interest Certificate, and to start this process please email data.release@health.gov.au.

I hope you have a safe and happy break.

Regards
s22

s22
Acting Director – Private Hospital Operations Section
Private Hospitals Branch
Health System Strategy Division | Strategy Evidence and Research Group
Australian Government Department of Health and Aged Care
T: s22 | E: s22 health.gov.au
Location: Sirius Building 6.S.308
GPO Box 9848, Canberra ACT 2601, Australia

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For all hospital data requests or quality assurance please contact casemix.queries@health.gov.au

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From: CASEMIX QUERIES
Sent: Thursday, 5 February 2026 11:48 AM
To: s22
Subject: FW: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

Its data sourced from its members.

OFFICIAL

From: s47F
Sent: Thursday, 5 February 2026 11:36 AM
To: CASEMIX QUERIES
Subject: RE: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

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Hi s22

Happy New Year to you and hope you had a restful break over the Christmas and New Year period.

Regarding the data source, this means that we directly received access to de-identified and aggregated HCP data from our own member funds for the purpose of producing the PHA/Mandala report.

Trust that this clarifies things.

Regards,
s47F

s47F
CHIEF ANALYTICS OFFICER
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From: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Sent: Thursday, 5 February 2026 11:18 AM

To: s47F @pha.org.au>
Subject: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

Hi s47F

I hope you have been well.

I have been asked to write a summary on the report PHA/Mandela released on Restoring affordable access to specialist care in Australia. I note in the report the source for some of the data presented is 'Department of Health and Aged Care (accessed via PHA) Hospital Casemix Protocol data. Mandala analysis.'. I wasn't sure exactly what this is referring to. Do you know or have a contact I could reach out to so I can find out more information.

Regards
s22

s22
Assistant Director – Private Hospital Operations Section
Private Hospitals Branch
Health System Strategy Division | Strategy Evidence and Research Group
Australian Government Department of Health, Disability and Ageing
T: s22 | E:
s22 @health.gov.au
Location: Yaradhang Building 6.S.308
GPO Box 9848, Canberra ACT 2601, Australia

For all hospital data requests or quality assurance please contact casemix.queries@health.gov.au

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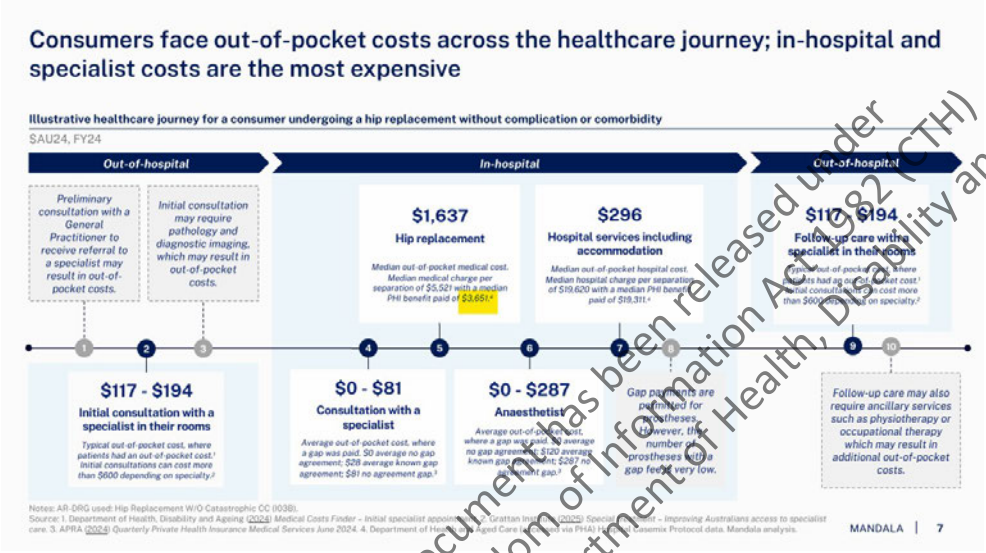
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From: s22
Sent: Thursday, 5 February 2026 8:52 AM
To: s22
Subject: RE: Media: PHA report - Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

Hi

I was just wondering what HCP data PHA had access to for their report?



I also noted an error of this page this figure includes the Medicare contribution – PHI averaged around $1,900. The other figures seem more reasonable albeit a bit lower than I am seeing for 2024-25. I haven't gone through the whole report but overall I think the conclusions are valid at least when it comes to hospital costs.

I can go through the report in detail if you want.

s47F

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OFFICIAL

From: s22
Sent: Thursday, 5 February 2026 8:27 AM
To: DL Private Hospitals Branch
Subject: Media: PHA report - Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

The Australian **Patients can no longer afford to be sick as medical fees, wait times blow out**, 5/2/26, A new report by Private Healthcare Australia has documented a steep increase in gap fees for medical services and wait times for specialist appointments. PHA calls for a suite of reforms to the referral process to give GPs better information on specialist fees, stronger consumer protections to prevent surprise billing and hidden fees, changes to the scope of practice, and increasing supply of specialists in the bush. Out-of-pocket fees are firmly in Health Minister Mark Butler's sights. The government is planning to soon upload comprehensive information on fees to the Medical Costs Finder website. He has also told the medical profession that the government may intervene to control specialist out-of-pocket costs, including raising the spectre of legislative action.
https://readnow.isentia.com/articlepresenter.aspx?&guid=46e1efb5-32db-43c4-9943-0fff520f874a&ArticleId=1168284378&serid=186408&output=pdf

Private Healthcare Australia **Australians demanding action to keep medical specialist fees affordable, research reveals**, 5/2/26, A national survey of more than 4,000 randomly selected Australians — including 2,300 referred to a specialist recently - reveals widespread concern about affordability and access to specialist doctors. The vast majority want the federal government to make specialist care more accessible. The survey found almost one-in-three Australians (30 per cent) have delayed or cancelled specialist care due to cost in the past three years. Between 2019 and 2024, GP attendances rose by four per cent, while initial specialist consultations fell by eight per cent, suggesting patients are being funnelled back to GPs rather than receiving timely specialist treatment.
https://privatehealthcareaustralia.org.au/australians-demanding-action-to-keep-medical-specialist-fees-affordable-research-reveals/

PHA commissioned Report **Restoring affordable access to specialist care in Australia**, February 2026: https://privatehealthcareaustralia.org.au/wp-content/uploads/260202-PHA-Mandala-Restoring-affordable-access-to-specialists-final.pdf

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OFFICIAL

From: s22
Sent: Monday, 9 February 2026 11:20 AM
To: KELLEHER, Brian
Cc: s22
Subject: FW: Information for meeting: Mandela/PHA Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

Hi Brian

On Thursday 5 February, Mandela/PHA released a Restoring affordable access to specialist care in Australia.

In summary, the report states that out-of-pocket costs are rising for insured patients and the following reforms will be beneficial:

1. Implementing MCF expansion
2. Increasing supply of specialists in regional areas
3. Scope of practise reforms to maximise workforce capabilitise and improve medical services supply
4. Fix inappropriate billing practices (admin charges or booking fees etc)

We did note two issues with the report and we would welcome being provided an embargoed copy prior to release in the future to provide factual edits.

Issues:

1. In the report the source for some of the data presented is 'Department of Health and Aged Care (accessed via PHA) Hospital Casemix Protocol data. Mandala analysis.'. PHA (s47F) has informed the Department "Regarding the data source, this means that we directly received access to de-identified and aggregated HCP data from our own member funds for the purpose of producing the PHA/Mandala report".
    a. **Accurate sourcing is important and PHA/Mandela should be reminded of this requesting a change in the online report**
2. Mandela has reported PHI Benefits of $3,651 for a hip replacement (p7), according to our analysis this include the Medicare contribution which is the majority and misrepresents what PHIs are contributing to the medical component of the separation.
    a. This should be (and has now been) corrected as it overstates the insurer contribution and downplays the government contribution.

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***PHA commissioned Report* Restoring affordable access to specialist care in Australia**, February 2026: https://privatehealthcareaustralia.org.au/wp-content/uploads/260202-PHA-Mandala-Restoring-affordable-access-to-specialists-final.pdf

Regards
s22

OFFICIAL

From: s47F @pha.org.au>
Sent: Thursday, 5 February 2026 11:36 AM
To: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Subject: RE: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

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Hi s22

Happy New Year to you and hope you had a restful break over the Christmas and New Year period.

Regarding the data source, this means that we directly received access to de-identified and aggregated HCP data from our own member funds for the purpose of producing the PHA/Mandala report.

Trust that this clarifies things.

Regards,
s47F

s47F
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From: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Sent: Thursday, 5 February 2026 11:18 AM
To: s47F @pha.org.au>
Subject: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

Hi s47F

I hope you have been well.

I have been asked to write a summary on the report PHA/Mandela released on Restoring affordable access to specialist care in Australia. I note in the report the source for some of the data presented is 'Department of Health and Aged Care (accessed via PHA) Hospital Casemix Protocol data. Mandala analysis.'. I wasn't sure exactly what this is referring to. Do you know or have a contact I could reach out to so I can find out more information.

Regards
s22

s22
Assistant Director – Private Hospital Operations Section
Private Hospitals Branch
Health System Strategy Division | Strategy, Evidence and Research Group
Australian Government Department of Health, Disability and Ageing
T: s22 | E:
s22 health.gov.au
Location: Yaradhang Building 6.S.308
GPO Box 9848, Canberra ACT 2601, Australia

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From: KELLEHER, Brian
Sent: Tuesday, 17 February 2026 5:53 PM
To: s22
Subject: RE: Information for meeting: Mandela/PHA Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

Thanks – agree re 1 – go back to s47F and seek the online ref be revised – please cc me
Re 2 if not please bring to attention of s22 and s22 if so thanks
In terms of the request to s22 to write a summary of the report, could you advise / remind whether I tasked or another area of dept
Cheers
B

OFFICIAL

From: s22
Sent: Monday, 9 February 2026 11:20 AM
To: KELLEHER, Brian
Cc: s22
Subject: FW: Information for meeting: Mandela/PHA Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

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Hi Brian

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In summary, the report states that out-of-pocket costs are rising for insured patients and the following reforms will be beneficial:

1. Implementing MCF expansion
2. Increasing supply of specialists in regional areas
3. Scope of practise reforms to maximise workforce capabilitise and improve medical services supply
4. Fix inappropriate billing practices (admin charges or booking fees etc)

We did note two issues with the report and we would welcome being provided an embargoed copy prior to release in the future to provide factual edits.

Issues:

1. In the report the source for some of the data presented is 'Department of Health and Aged Care (accessed via PHA) Hospital Casemix Protocol data. Mandala analysis.'. PHA (s47F) has informed the Department "Regarding the data source, this means that we directly received access to de-identified and aggregated HCP data from our own member funds for the purpose of producing the PHA/Mandala report".
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***PHA commissioned Report* Restoring affordable access to specialist care in Australia**, February 2026: https://privatehealthcareaustralia.org.au/wp-content/uploads/260202-PHA-Mandala-Restoring-affordable-access-to-specialists-final.pdf

Regards
s22

OFFICIAL

OFFICIAL

From: s47F @pha.org.au>
Sent: Thursday, 5 February 2026 11:36 AM
To: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Subject: RE: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22

Happy New Year to you and hope you had a restful break over the Christmas and New Year period.

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Trust that this clarifies things.

Regards,
s47F

s47F
CHIEF ANALYTICS OFFICER
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From: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Sent: Thursday, 5 February 2026 11:18 AM
To: s47F @pha.org.au>
Subject: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

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Regards
s22

s22
Assistant Director – Private Hospital Operations Section
Private Hospitals Branch
Health System Strategy Division | Strategy Evidence and Research Group
Australian Government Department of Health, Disability and Ageing
T: s22 | E:

s22 @health.gov.au
Location: Yaradhang Building 6.S.308
GPO Box 9848, Canberra ACT 2601, Australia

For all hospital data requests or quality assurance please contact casemix.queries@health.gov.au

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From: CASEMIX QUERIES
Sent: Friday, 6 February 2026 12:24 PM
To: s22 ; CASEMIX QUERIES
Subject: Information for meeting: Mandela/PHA Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

OFFICIAL

Hey s22

Did you want me to flesh out more for the summary or make any changes? I didn't add anything about the email to mandela as I wasn't sure if you sent it.

s
2

#####

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s47F

s47F
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T 02 6202 1000 | **E** s47F @pha.org.au
www.privatehealthcareaustralia.org.au



From: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>
Sent: Thursday, 5 February 2026 11:18 AM
To: s47E(d) @pha.org.au>
Subject: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

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From: s47F pha.org.au>
Sent: Thursday, 12 February 2026 8:25 AM
To: s22
Subject: FW: errors in the Mandala report on specialist fees

Hi s22 just a reminder to let me know the precise errors in the Mandala report so I can get them corrected. Can you please send me the page numbers and references?
Here is the link to the report: 260202-PHA-Mandala-Restoring-affordable-access-to-specialists-final.pdf
Thank you.
s47

s47F
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From: s47F
Sent: Tuesday, 10 February 2026 11:37 AM
To: s22 health.gov.au'
Subject: errors in the Mandala report on specialist fees

Hi s22

Can you please send me the errors you just mentioned in the report, so I can get them corrected asap.

Many thanks and apologies.

s47

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Modernising referral pathways

March 2026

This document has been released under the Freedom of Information Act 1982 (CTH) By the Department of Health, Disability and Ageing

Contact:
s47F Director Policy and Research
s47F
pha.org.au

About Private Healthcare Australia

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have more than 20 registered health funds throughout Australia as members and collectively represent 99% of people covered by private health insurance. PHA member funds provide healthcare benefits for more than 15 million Australians.

Introduction

PHA welcomes the opportunity to contribute to the consultation on modernising referral pathways.

Urgent action is necessary to curb rising medical specialist fees, which are forcing a growing number of Australians to delay or abandon vital medical care. Modernising referral pathways is a vital component of this work.

PHA applauds the legislation currently before the Parliament, which will allow the Australian Government to publish the fees of all medical non-GP specialists on the Medical Costs Finder (MCF) website. This will increase transparency and improve access to care.

PHA has also recommended stronger consumer protections to prevent surprise billing and hidden fees, improving specialist supply in regional areas and increasing competition in cities with shortages. Scope-of-practice reforms to better utilise the healthcare workforce, including nurses, midwives, and nurse-practitioners, are also required to expand patient choice.

In February 2026, PHA released a report with Mandala titled ***Restoring affordable access to specialist care in Australia***. This report was based on a national survey of more than 4,000 randomly selected Australians — including 2,300 referred to a specialist recently — which revealed widespread concern about affordability and access to specialist doctors. The vast majority said they wanted the federal government to make specialist care more accessible.

The survey found almost one-in-three Australians (30 per cent) have delayed or cancelled specialist care due to cost in the past three years. This rises to one-in-two families with multiple children managing long-term health conditions.

Patients are also experiencing widespread bill shock and hidden fees when accessing community-based care from non-GP specialists such as psychiatrists, surgeons and cardiologists, according to the survey. Families, young people and regional Australians are hardest hit. In addition, 61 per cent of rural Australians says they cannot get a timely appointment with a medical specialist due to shortages in regional areas.

People are delaying medical care they need because they are worried about the cost, cannot afford the fees, or access a specialist near where they live. The alternative is joining long waiting lists to see a specialist at public hospitals free of charge, which can take years. In some cases, there may not even be a suitable specialist available nearby in the public system.

This is forcing people to make impossible choices for themselves and their families. It is causing unnecessary pain and anxiety for people across the country. It is also reducing productivity.

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The survey found:

- one-in-two people did not know the fee for their specialist appointment before attending
- 38 per cent received a bill they were not expecting
- 55 per cent received a bill larger than expected
- 29 per cent were charged illegal 'administration' or 'booking fees' not visible through Medicare, and
- 18 per cent were asked to pay non-refundable deposits before their appointment.

Between 2019 and 2024, GP attendances rose by four per cent, while initial specialist consultations fell by eight per cent. This suggests patients are being funnelled back to GPs rather than receiving timely specialist treatment.

A total of 89 per cent of respondents supported a reform package that included referral tools to help GPs show patients local specialists and typical fees.

Within this broader context, modernising the referral pathways from general practitioners to other medical specialists is both welcome and necessary.

Quantitative research

Consumers who took part in our recent research were asked multiple questions related to referral pathways.

They were asked about the perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon. The survey revealed an overwhelming 94% of Australians perceived it as important (66% very, 28% somewhat, 3% not important). These numbers were consistent across location, country of birth, language spoken at home, voting intentions and income levels, while slightly more important for people aged over 35, and more important to women than men.

For participants with chronic disease themselves and in their family, these numbers were even higher – 76% deemed it very important, 21% somewhat important and 1% not important. For families under a great deal of financial stress, it was more likely to be seen as very important (76%).

The full report, with other relevant data, has been made available to the Department.

Qualitative research

In the lead up to the release of the above report, PHA also conducted focus group with a wide range of Australians. It revealed participant attitudes toward medical specialists (including fees) and policy proposals in this space are seen through the four inter-related factors:

- **Quality** – while specialists, in a general sense, still hold a high degree of trust and goodwill (borne of the relief/reassurance they represent) there are strong perceptions of variability in quality. This variability has eroded any clear and consistent sense of there being a natural relationship between care cost and quality.

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- **Cost and Sacrifices** – in a context where participants see specialist fees being set by factors other than quality, they are animated by the quantum of the cost. Across demographics, participants relay stories of the sacrifices and hard choices they have to make to be able to afford specialist care. The frustration, anxiety and guilt associated with these sacrifices should not be under-estimated.
- **Transparency** – cost anxieties are exacerbated by uncertainties around the cost of specialist medical care and billing processes due to a lack of transparency. The murkiness around costs/billing erodes participants' sense of agency (i.e. they can't plan care costs) and dignity (i.e. they have to ring clinics to find out if they can afford an appointment or not). Qualitatively, transparency does appear to be worse in the surgical space compared with other specialists.
- **Choice** – there is a prevailing sense among these participants of having little real choice in their specialist. They feel their options are constrained either by supply/availability of specialists/appointments, especially in regional areas, or by the simple fact that GPs typically only provide them with one referral. Indeed, some participants say initiatives that aim to reduce costs or improve transparency cannot be effective if choice isn't there.

The full report on the focus groups has been provided to the Department.

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Response

Standard information on referrals

PHA supports mandating standard information being provided with medical referrals.

PHA recommends this information include:

- **Un-named referrals** - A referral should be for a specialty with recommended providers listed after a clear statement that the referral is valid for any specialist in the field. This is beyond the current "small print" regulations for pathology and provides a clearer signal to the consumer.
- **Fee information** - The referral should provide a link to the Medical Costs Finder website, and where possible, information about any named doctors' fees. If the fee information is not known, that should be stated.
- **Rights to informed financial consent** - A brief statement should be included to acknowledge the patient should be informed of the fees before attending the consultation. The referral should also state that additional charges must be disclosed to both the patient and to Services Australia. The referral's small print should also note that private health insurers are prohibited from covering medical specialist fees for services provided outside hospital.

From the research

Another key part of the feeling of having no or limited agency is the perception that patients have very little choice when it comes to selecting a specialist. While this factor was present across groups, it was most notably intense in CALD groups.

There is seen to be a particular choke point in the process that restricts a patient's ability to find a specialist they can afford (even if transparency was not issue): ***the GP only writes a referral for one specialist****. Many participants report feeling constrained by this.*

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Sharing to MyHealth Record

PHA supports all referrals to non-GP specialists being automatically shared to MyHealth Record, unless the patient specifically requests otherwise.

Referral validity periods

PHA supports changes to referral validity periods to align with modern clinical practice and contemporary healthcare needs.

Second opinions

PHA supports allowing patients to use an existing referral to seek a second opinion. This would empower patients and reduce costs and inconvenience. We recommend this right be encoded in the mandated form of referral (see example above).

Issues not covered in the consultation paper

Facilitating discussions on cost

The proposed referral pathways will require additional support for general practitioners. GPs may not know the cost structures for every specialist in their area and collecting that information for each referral through Medical Costs Finder will be cumbersome.

Further, patients may be reluctant to discuss their financial capacity with their GP.

PHA recommends that the Australian Government collaborate with general practice representative bodies and software vendors to ensure that, when the referral process is initiated, the screen displays relevant specialists along with their fees (populated through Medical Costs Finder). This would enable the GP to present several options to the patient and provide a more supportive and less confronting way for patients to raise any financial concerns.

Automation of the referral process

To properly implement the improved referral pathways, the government should set a goal of fully automating the referral process.

Automating the referral process from general practitioners to other medical specialists, incorporating the Medical Cost Finder data, will improve access to care for consumers, increase compliance, and allow for reporting so if a patient does not follow through with the referral for any reason, this is flagged to the referring doctor.

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General consultation questions

On a scale of 1-5, where 1 means you disagree completely and 5 means you strongly agree, how much do you agree with the below statements?

1. The current referral process makes it easy for patients to access specialist care.

   Disagree completely 1 2 **3** 4 5 Strongly agree

2. Common referral validity periods (12 months for GP referrals, 3 months for specialist-to specialist referrals) meet health needs.

   Disagree completely 1 **2** 3 4 5 Strongly agree

3. Longer or indefinite referral validity periods would improve patient experience and reduce unnecessary costs.

   Disagree completely 1 2 3 4 **5** Strongly agree

4. Patients should always receive a copy of their referral.

   Disagree completely 1 2 3 4 **5** Strongly agree

5. Including cost information and links to Medical Costs Finder on referrals would help patients make more informed financial decisions.

   Disagree completely 1 2 3 4 **5** Strongly agree

6. Patients should be able to switch specialists under the same referral without needing a new referral.

   Disagree completely 1 2 3 4 **5** Strongly agree

7. The treating non-GP specialist should be required to inform the referring doctor of a patient's treatment progress throughout the duration of the referral.

8. Disagree completely 1 2 3 **4** 5 Strongly agree

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Consultation questions for peak bodies

On a scale of 1-5, where 1 means you disagree completely and 5 means you strongly agree, how much do you agree with the below statements?

1. Consumers understand current referral arrangements, including who can issue them, how they can be used, and what their rights as patients are.

Disagree completely 1 **2** 3 4 5 Strongly agree

3. The current referral default/maximum validity periods (12 months for GP referrals, 3 months for non-GP specialist-to-non-GP specialist referrals) reflect the clinical needs of patients.

Disagree completely 1 **2** 3 4 5 Strongly agree

4. Extending referral validity periods would better support patients with chronic and complex conditions.

Disagree completely 1 2 3 4 **5** Strongly agree

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Possible example standard referral form

You are being referred for specialist [gastroenterology]. This referral is valid for any specialist [gastroenterologist].

You may wish to consider:

- Dr X (location, contact details, fees for an initial consultation)
- Dr Y (location, contact details, standard fees are not available, please contact the practice for fee information)
- Dr Z (location, contact details, fees for an initial consultation)

You have a right to know the fees for a specialist consultation at the time of booking, and any Medicare rebate. If you are concerned about the fees, please talk to the specialist practice about your circumstances.

The fees listed above are for the initial specialist consultation. Your specialist may also provide other services (such as diagnostic tests) which may also have an additional charge. Please ask your specialist practice about common additional fees.

Should you wish to seek a second opinion, this referral will remain valid for the same course of treatment.

Note that any booking fees, administrative charges or other fees must be clearly displayed and included on the invoice with your consultation fee – it is illegal to bill another charge when billing Medicare.

Note that private health insurance is prohibited from covering out of hospital specialist fees but may cover any in-hospital care you receive. Please check with your insurer.

A copy of this referral will be available on your MyHealth Record unless you specifically ask me not to include it.

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From: s47F
To: Pre-Budget Submissions
Cc: MCBRIDE, Paul; KELLEHER, Brian; s47F
Subject: PHA Budget Submission 2026-27
Date: Friday, 30 January 2026 11:10:13 AM
Attachments: image001.png
image002.png
20260130 PHA Budget Submission 2026-27.pdf
Attachment 1 - PHI Participation Levers for PHA Budget Submission 2026-27.pdf
Attachment 2 - PHA-Mandala - Restoring affordable access to specialist care in Australia EMBARGOED AND NOT TO BE SHARED UNTIL RELEASED BY PHA ON 5 FEBRUARY 2026.pdf

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The URL Reputation Scanner encountered an error and was unable to determine the reputation of one or more URLs contained within the e-mail message. Use caution when clicking on URLs contained within an e-mail message that has been sent to you by an unfamiliar sender.

Good morning, please find attached Private Healthcare Australia's 2026-27 Budget Submission.

Regards,

s47F
PUBLIC AFFAIRS AND POLICY MANAGER
M s47F E s47F pha.org.au
www.privatehealthcareaustralia.org.au

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From: s22
To: KELLEHER, Brian
Cc: s22
Subject: FW: Information for meeting: Mandela/PHA Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]
Date: Monday, 9 February 2026 11:20:23 AM
Attachments: image002.png
image003.png
image004.png
image001.png

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Regards

s22

OFFICIAL

OFFICIAL

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From: s47F @pha.org.au>

Sent: Thursday, 5 February 2026 11:36 AM

To: CASEMIX QUERIES <CASEMIX.QUERIES@health.gov.au>

Subject: RE: Report: Restoring affordable access to specialist care in Australia [SEC=OFFICIAL]

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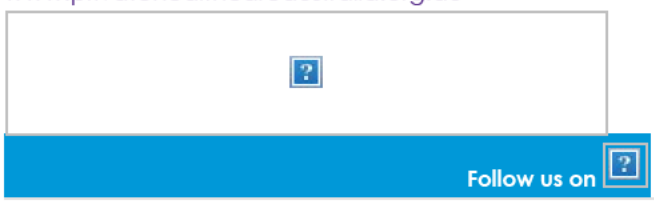
Regards,

s47F

CHIEF ANALYTICS OFFICER

T 02 6202 1000 | E s47F pha.org.au

www.privatehealthcareaustralia.org.au



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I hope you have been well.

I have been asked to write a summary on the report PHA/Mandela released on Restoring affordable access to specialist care in Australia. I note in the report the source for some of the data presented is 'Department of Health and Aged Care (accessed via PHA) Hospital Casemix Protocol data. Mandala analysis.'. I wasn't sure exactly what this is referring to. Do you know or have a contact I could reach out to so I can find out more information.

Regards

s22

Assistant Director – Private Hospital Operations Section
Private Hospitals Branch

Health System Strategy Division | Strategy Evidence and Research Group
Australian Government Department of Health, Disability and Ageing
T: s22 | E:
s47F @health.gov.au
Location: Yaradhang Building 6.S.308
GPO Box 9848, Canberra ACT 2601, Australia

For all hospital data requests or quality assurance please contact
casemix.queries@health.gov.au

The Department of Health, Disability and Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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From: s47F
To: Specialist Affordability
Cc: s22 ; MCBRIDE, Paul; KELLEHER, Brian
Subject: PHA submission on modernising referral pathways
Date: Tuesday, 3 March 2026 1:20:22 PM
Attachments: 20260303 PHA submission on GP referrals .pdf

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Hi team,

The online form doesn't have the space for the consumer research we have done on this topic, so we are presenting our submission in narrative form.

For your consideration

Thanks

s47
F
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